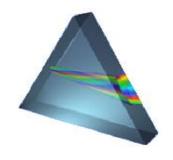
Red Herrings Cause Alzheimer's Disease



MEDS Conference January 27th, 2018



Shawn Bugden
College of Pharmacy
Rady Faculty of Health Science
University of Manitoba



Faculty/Presenter Disclosure

- Relationships with commercial interests:
 - No Conflicts to Declare



Red Herrings

red her-ring
',red 'heriNG/
noun
plural noun: red herrings



1.

a dried smoked herring, which is turned red by the smoke.

2.

something, especially a clue, that is or is intended to be misleading or distracting.



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Red Herrings?

Original Investigation

Association of Proton Pump Inhibitors With Risk of Dementia A Pharmacoepidemiological Claims Data Analysis

Willy Gomm, PhD; Klaus von Holt, MD, PhD; Friederike Thomé, MSc; Karl Broich, MD; Wolfgang Maier, Anne Fink, MSc; Gabriele Doblhammer, PhD; Britta Haenisch, PhD

JAMA Neurol. 2016;73(4):410-416.



CONCLUSIONS AND RELEVANCE The avoidance of PPI medication may prevent the development of dementia.

What does that look like?







The Take Home





Consequences

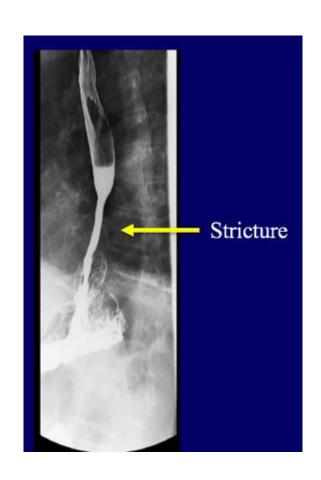
- TB is an octagenarian who is a regular user of PPIs for Stage C Reflux
- His PPI is stopped by his family doctor in response to family concerns about cognitive decline





Consequences

- A few months later
 TB presents with
 heartburn and
 difficulty
 swallowing
- Endoscopy reveals stricture
- Harmed by "fake news"







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| | Risk of Incident Dementia | | | |
|------------------------------------|---------------------------|---------|--|--|
| | Both Sexes | | | |
| Risk Factor | HR (95% CI) | P Value | | |
| PPI use calculated ^a | | | | |
| With potential confounding factors | 1.44 (1.36-1.52) | <.001 | | |



Fake News?



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Meta-analysis of RCTs

Individual RCT

Observational Studies (Patient Important Outcomes)

Observational Studies

Basic Research
(Test tube, animal/human physiology)

-

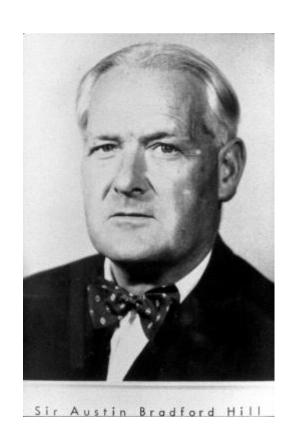
Clinical Experience (Non-systematic clinical observation)

Sir Austin Bradford Hill



Validate cause and effect

- 1. Biologically Plausible
- 2. Be Strong
- 3. Reflect a biological gradient dose response relationship
- 4. Be found consistently
- 5. Hold over time –
 temporal incidence of
 the disease should
 reflect prevalence of
 offending agent
- 6. Confirmed by experiment

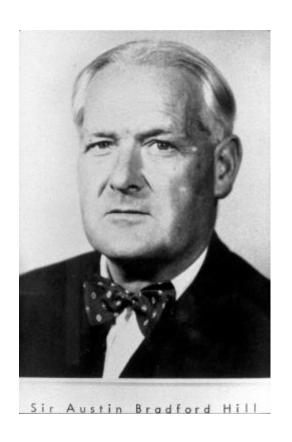


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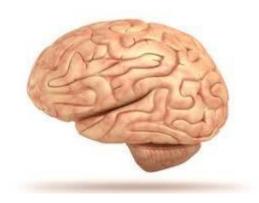








PPIs cross BBB so could directly effect brain



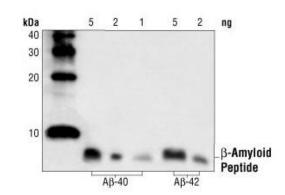


- Increased Aß levels in amyloid cell model in mice brains.
- Inverse γ –secretase modulation in combination with augmented βsecretase BACE1 activity leads to accumulation of Aβ peptides which are a major pathological sign of dementia



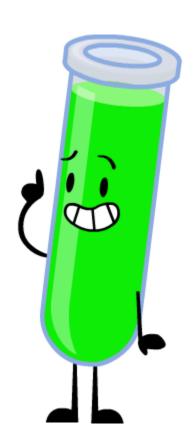


- Modulation of degradation of Aß by lysosomes in microglia Fibrillar Aß clearance is pH dependent. So the vacuolar—type H+ ATPase mediate this acidification.
- PPIs inhibit V-ATPase. Reduce Aß degradation and increase Aß levels





PPIs associated with vitamin B12 deficiency which is associated with lower cognition and neurological damage via impaired DNA synthesis and methylation







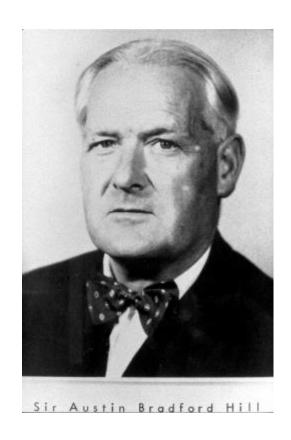




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Strong?

| Zone of interes | t Zon | e of potentia | l bias | Zone of interest | | | |
|-----------------------------|---------------------|----------------------|-------------|------------------|--|--|--|
| Reduced risk Increased risk | | | | | | | |
| 0.1 | 0.33 O dc | 1 Is ratio (log s | 3 (cale) | 10 | | | |
| odds ratio (log scale) | | | | | | | |

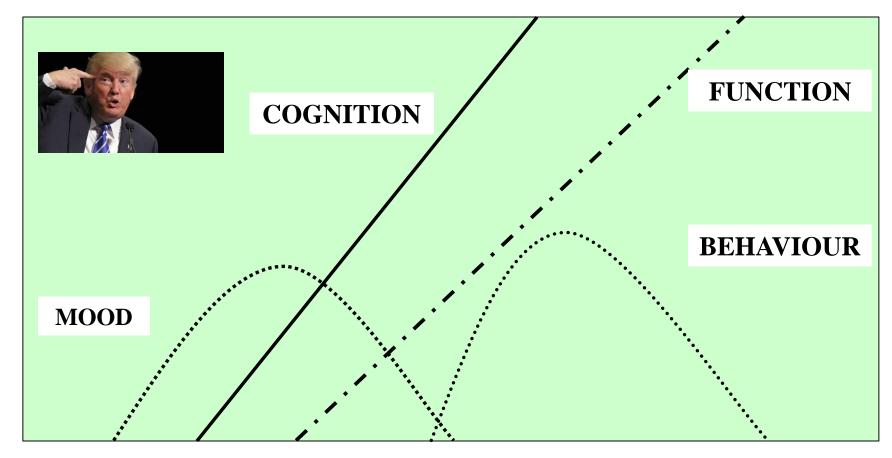
No difference

1.44 95% CI 1.36 to 1.52 Data base Large Number Greater Precision BUT Not Greater Validity Precisely Wrong Answer Selection Bias Inadequate Control of Confounding

Deterioration



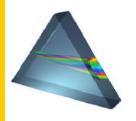
Natural History of ALZ



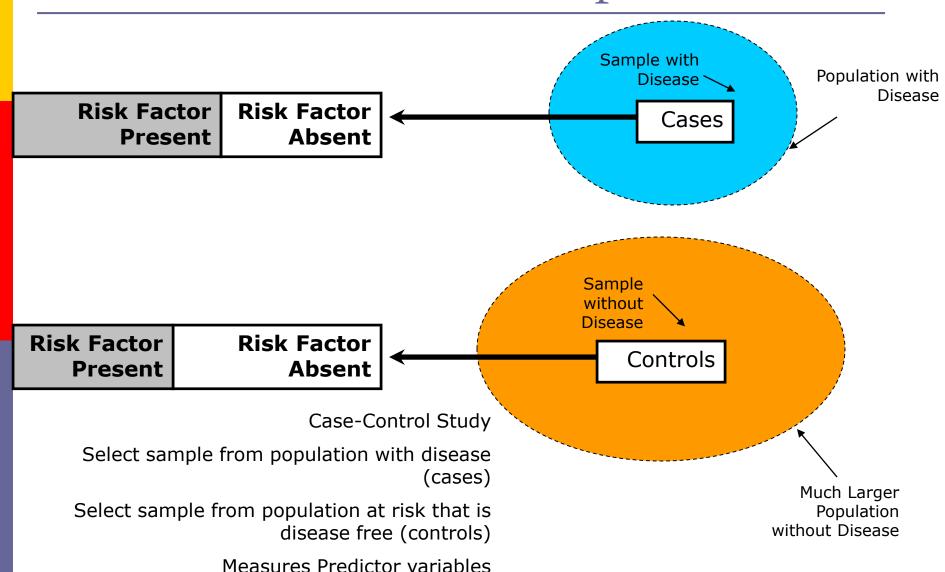
TIME

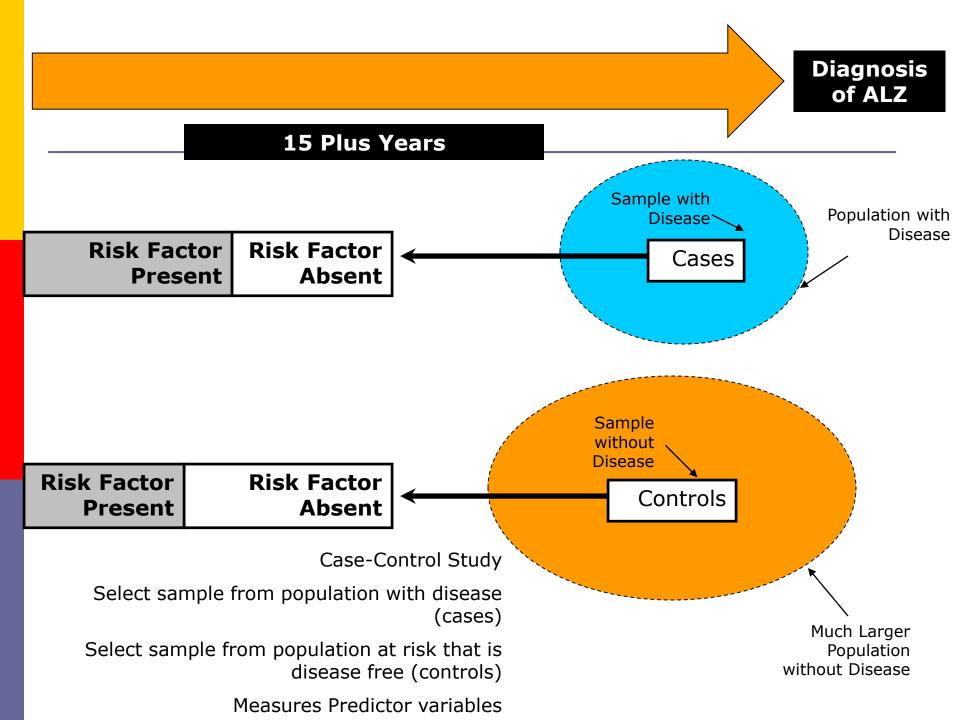
Brodaty et al. 2003. J. Clin Psychiatry 64:36.

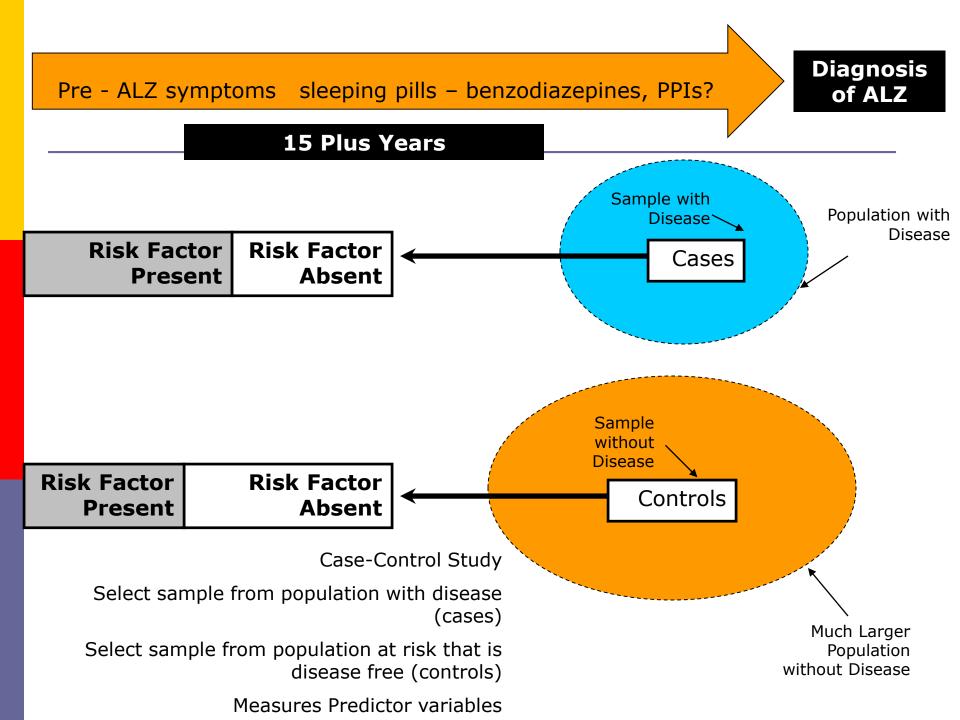
http://www.ucc.ie/en/

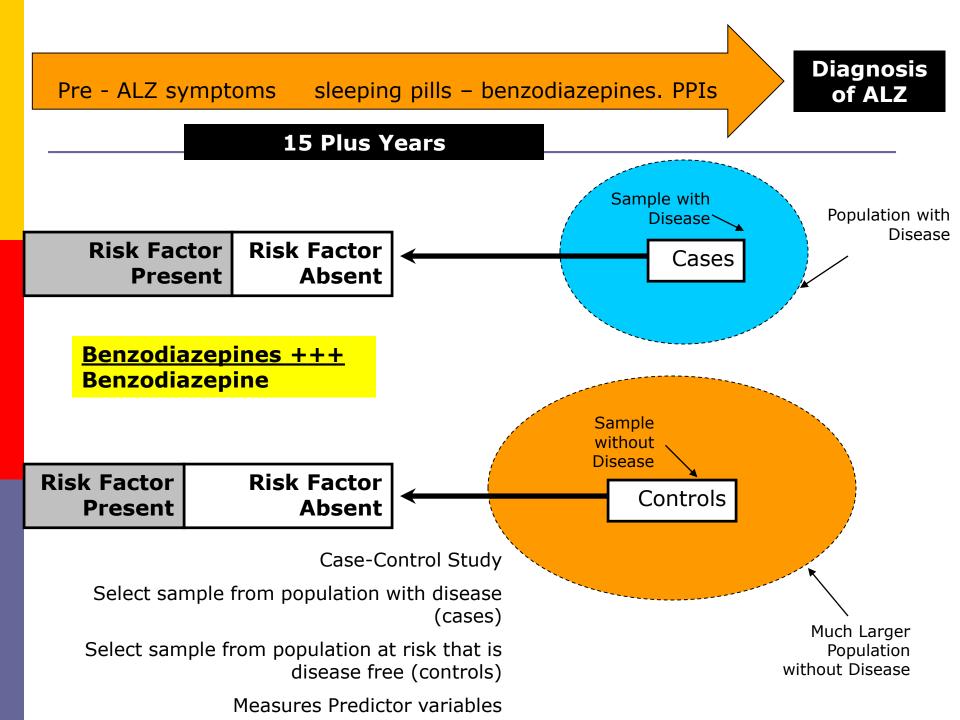


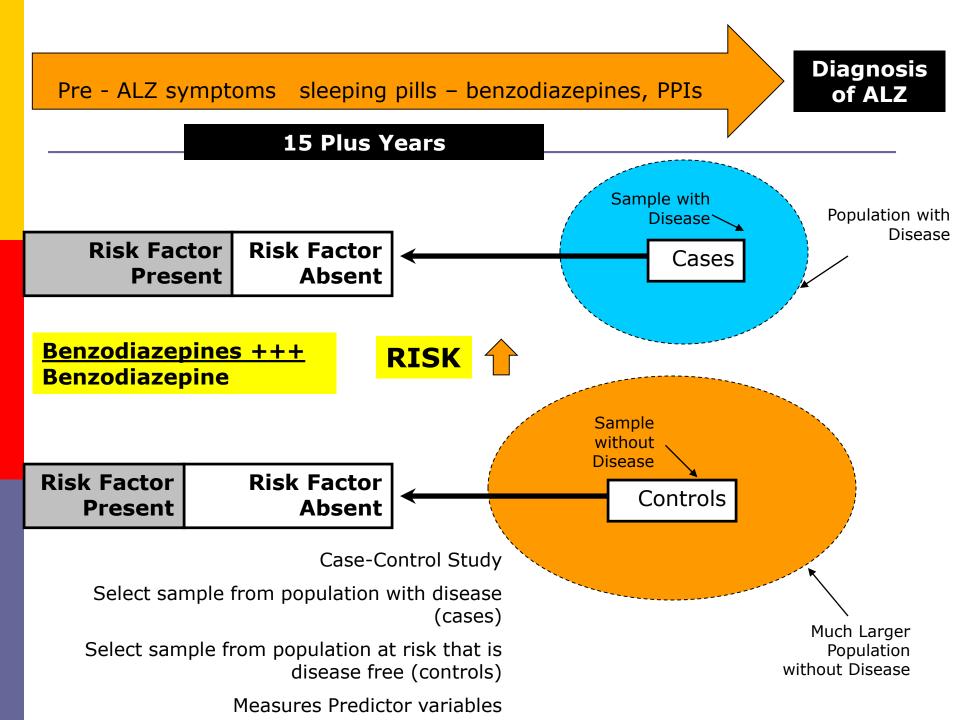
Protopathic Bias





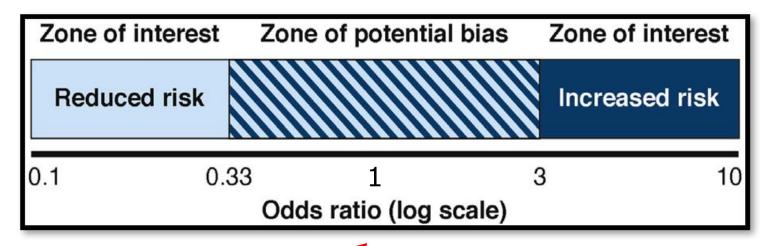








Strong?





Age, Sex, Depression, Diabetes, Stroke, Ischemic Heart Disease

Obstet Gynecol 2012;120:920-7

Alcohol, Smoking,

Hypertension, Obesity

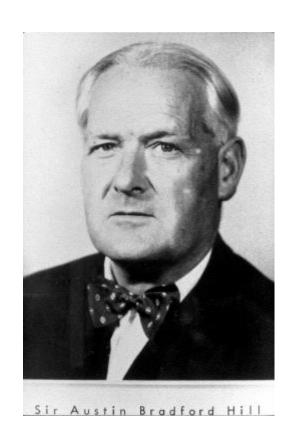
Physical Inactivity...



Sir Austin Bradford Hill

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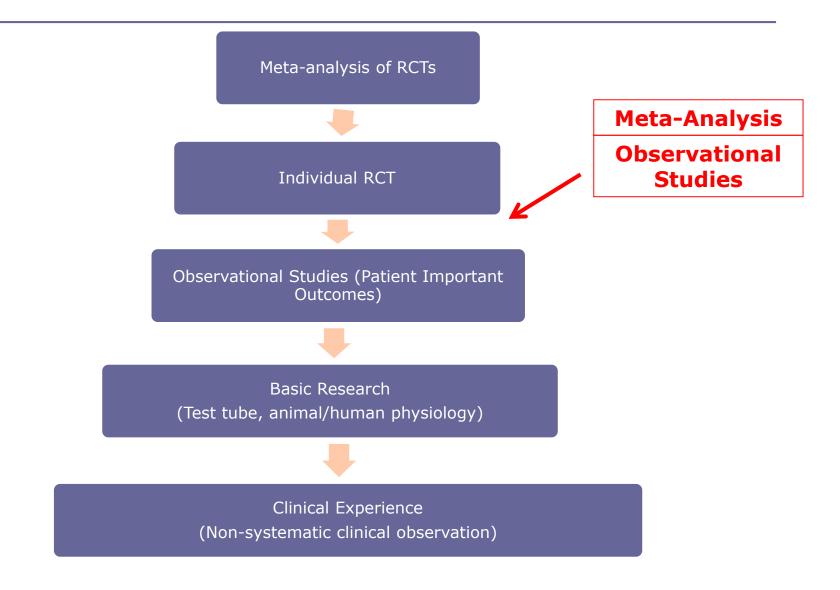


Hierarchy of Evidence

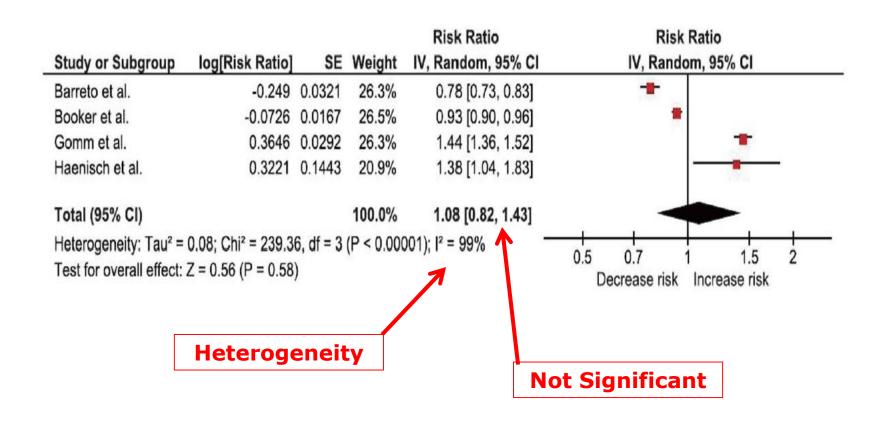
Meta-Analysis

Meta-analysis of RCTs Individual RCT Observational Studies (Patient Important Outcomes) Basic Research (Test tube, animal/human physiology) Clinical Experience (Non-systematic clinical observation)

Hierarchy of Evidence









| Study or Subgroup | log[Risk Ratio] | | | Risk Ratio IV, Random, 95% CI | Risk Ratio IV, Random, 95% CI |
|-----------------------------------|--------------------------------|-----------|------------|----------------------------------|---|
| Barreto et al. | -0.249 | 0.0321 | 26.3% | 0.78 [0.73, 0.83] | * |
| Booker et al. | -0.0726 | 0.0167 | 26.5% | 0.93 [0.90, 0.96] | • |
| Gomm et al. | 0.3646 | 0.0292 | 26.3% | 1.44 [1.36, 1.52] | - |
| Haenisch et al. | 0.3221 | 0.1443 | 20.9% | 1.38 [1.04, 1.83] | |
| Total (95% CI) | | | 100.0% | 1.08 [0.82, 1.43] | . 00 |
| Heterogeneity: Tau ² = | 0.08; Chi ² = 239.3 | 6, df = 3 | (P < 0.000 | 001); I ² = 99% | 05 07 1 15 0 |
| Test for overall effect: | | | M. | | 0.5 0.7 1 1.5 2 Decrease risk Increase risk |









| Composite score | No PPI use | 1-4 y | 5-8 y | 9-14 y |
|----------------------------------|------------|-----------------------|-----------------------|------------------------------|
| Psychomotor speed, attention (n) | (9235) | (2328) | (1181) | (1094) |
| Model 1 ^b | ref | -0.02 (-0.06 to 0.02) | -0.05 (-0.11 to 0.00) | -0.10 (-0.15 to -0.04) |
| Model 2 ^c | ref | -0.01 (-0.05 to 0.03) | -0.04 (-0.09 to 0.02) | -0.06 (-0.12 to -0.01) |
| Model 3 ^d | ref | 0.00 (-0.04 to 0.04) | -0.03 (-0.08 to 0.03) | -0.06 (-0.11 to 0.00) |
| Learning to working memory (n) | (9248) | (2334) | (1181) | (1095) |
| Model 1 ^b | ref | -0.02 (-0.05 to 0.01) | -0.03 (-0.07 to 0.02) | -0.08 (-0.12 to -0.03) |
| Model 2 ^c | ref | -0.01 (-0.04 to 0.02) | 0.00 (-0.04 to 0.05) | -0.03 (-0.08 to 0.01) |
| Model 3 ^d | ref | 0.00 (-0.04 to 0.03) | 0.01 (-0.03 to 0.05) | -0.03 (-0.07 to 0.02) |
| Overall cognition (n) | (9231) | (2328) | (1181) | (1092) |
| Model 1 ^b | ref | -0.02 (-0.05 to 0.01) | -0.04 (-0.08 to 0.00) | -0.08 (-0.13 to -0.04) |
| Model 2 ^c | ref | -0.01 (-0.04 to 0.02) | -0.02 (-0.06 to 0.02) | -0.05 (-0.09 to 0.00) |
| Model 3 ^d | ref | 0.00 (-0.03 to 0.03) | -0.01 (-0.05 to 0.03) | -0.04 (-0.08 to 0.00) |

CONCLUSIONS: In an analysis of data from the Nurses' Health Study II, we did not observe a convincing association between PPI use and cognitive function. Our data do not support the suggestion that PPI use increases dementia risk.

Not Significant

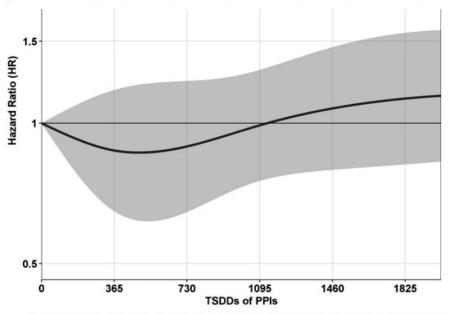


Proton Pump Inhibitor Use and Dementia Risk: Prospective Population-Based Study

Shelly L. Gray, PharmD, MS,* Rod L. Walker, MS,† Sascha Dublin, MD, PhD,† Onchee Yu, MS,† Erin J. Aiello Bowles, MPH,† Melissa L. Anderson, MS,† Paul K. Crane, MD, MPH,§ and Eric B. Larson, MD, MPH†§



| Adjustment | 365 TSDDs | 730 TSDDs | 1095 TSDDs | 1460 TSDDs | 1825 TSDDs |
|------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Minimal | 1.04 (0.77, 1.39) | 1.11 (0.81, 1.52) | 1.19 (0.91, 1.56) | 1.26 (0.94, 1.70) | 1.31 (0.95, 1.81) |
| Primary | 0.87 (0.65, 1.18) | 0.89 (0.65, 1.23) | 0.99 (0.75, 1.30) | 1.08 (0.80, 1.46) | 1.13 (0.82, 1.56) |



All-cause dementia HR (95% CI) comparing given level of PPI exposure to no exposure (0 TSDDs)

Adjustment 365 TSDDs 730 TSDDs 1095 TSDDs 1460 TSDDs 1825 TSDDs

Minimal 1.04 (0.77, 1.39) 1.11 (0.81, 1.52) 1.19 (0.91, 1.56) 1.26 (0.94, 1.70) 1.31 (0.95, 1.81)

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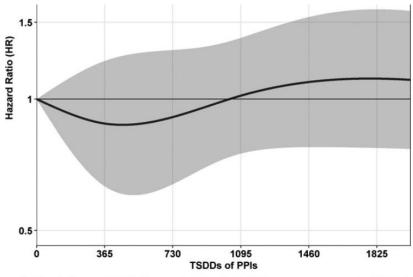


 Alzheimer's Disease HR (95% CI) comparing given level of PPI exposure to no exposure (0 TSDDs)

 Adjustment
 365 TSDDs
 730 TSDDs
 1095 TSDDs
 1460 TSDDs
 1825 TSDDs

 Minimal
 1.01 (0.73, 1.39)
 1.08 (0.77, 1.52)
 1.18 (0.88, 1.59)
 1.25 (0.89, 1.75)
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 Primary
 0.88 (0.63, 1.22)
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 1.11 (0.77, 1.61)



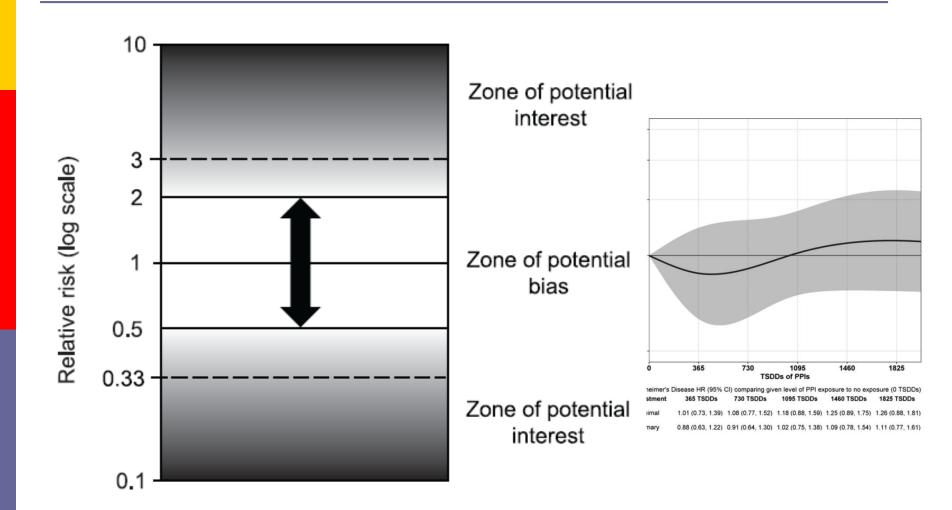
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Sir Austin Bradford Hill

Validate cause and effect

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- 2. Be Strong NO
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Sir Austin Bradford Hill

And the Winner Is?



Original Investigation

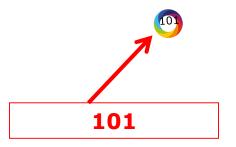
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