Cocoa in cardiovascular medicine. Remedy or hype?



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Conflict of interest: none



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Chocolate: Popular for thousands of years

In Honduras, archaeologists uncovered elaborately designed bowls dating to 1600 BC, and believe that the Aztecs used these bowls to serve *liquid chocolate* thousands of years ago.

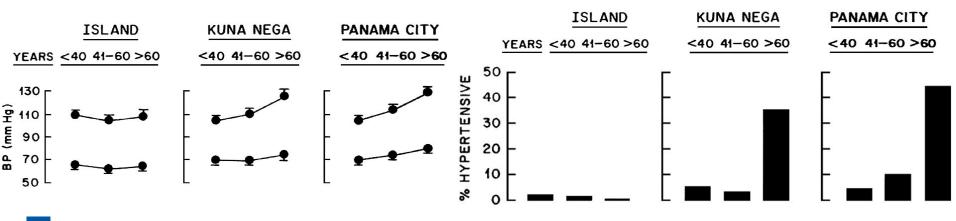
Cocoa was revered by Mayans, and was considered a food of the gods. This is how the cocoa tree got its scientific name theobroma cacao, from the Greek words "*theo*" (god) and "*broma*" (drink).





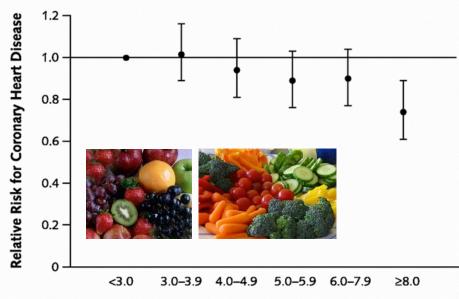
The Chocolate Story begins....





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Holenberg, J Cardiovasc Pharm 06



Intake of fruits and vegetables and CAD risk

Joshipura, K. J. et. al. Ann Intern Med 2001

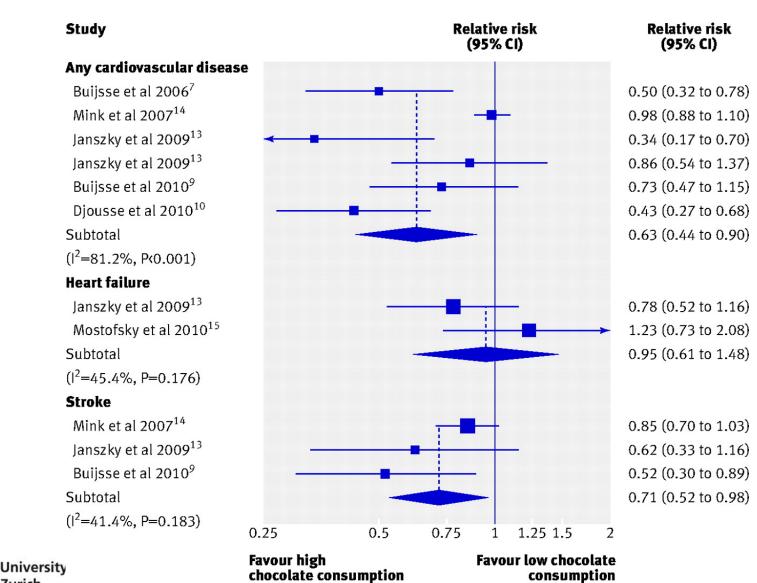
Fruit and Vegetable Intake, servings/d

Cocoa intake and 15-year mortality among elderly men (n=470)

	Tertile of Cocoa Intake							
Mortality Data	Lowest (<0.50 g/d)	Middle (0.50-2.25 g/d)	Highest (>2.25 g/d)	<i>P</i> Value for Tren				
No. of subjects	161	147	162	NA				
Person-time, person-years	1481	1573	1854	NA				
All-cause mortality								
No. (%) of cases	122 (75.8)	100 (68.0)	92 (56.8)	NA				
Mortality (per 1000 person-years)	82.4	63.6	49.6	NA				
RR (95% CI)								
Age adjusted	1.00	0.76 (0.58-0.99) 24%	0.57 (0.43-0.75) 43%	<.001				

Buijsse, B. et al. Arch Intern Med 2006

Relative Risks for CV disease, heart failure, and stroke in adults with higher levels of chocolate consumption compared with lower levels

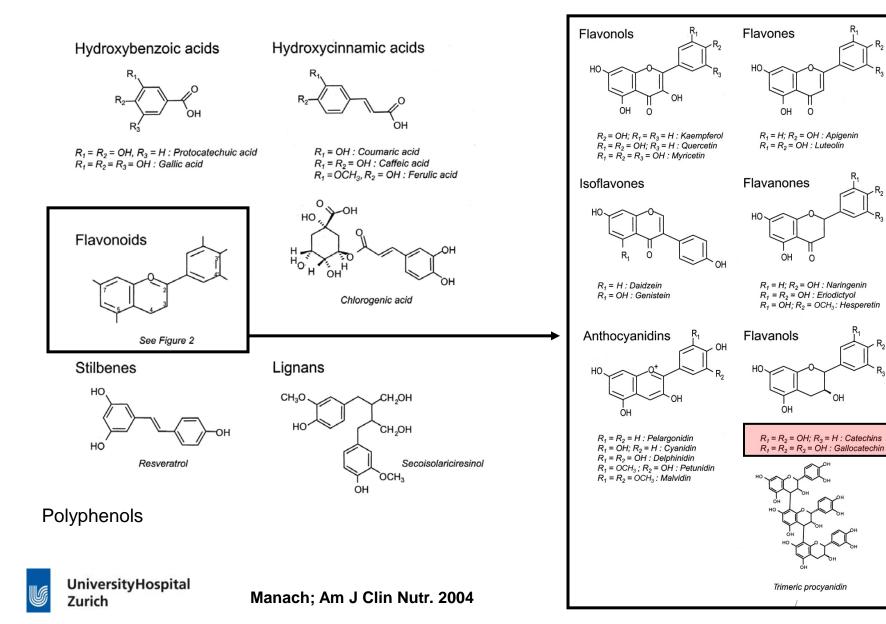


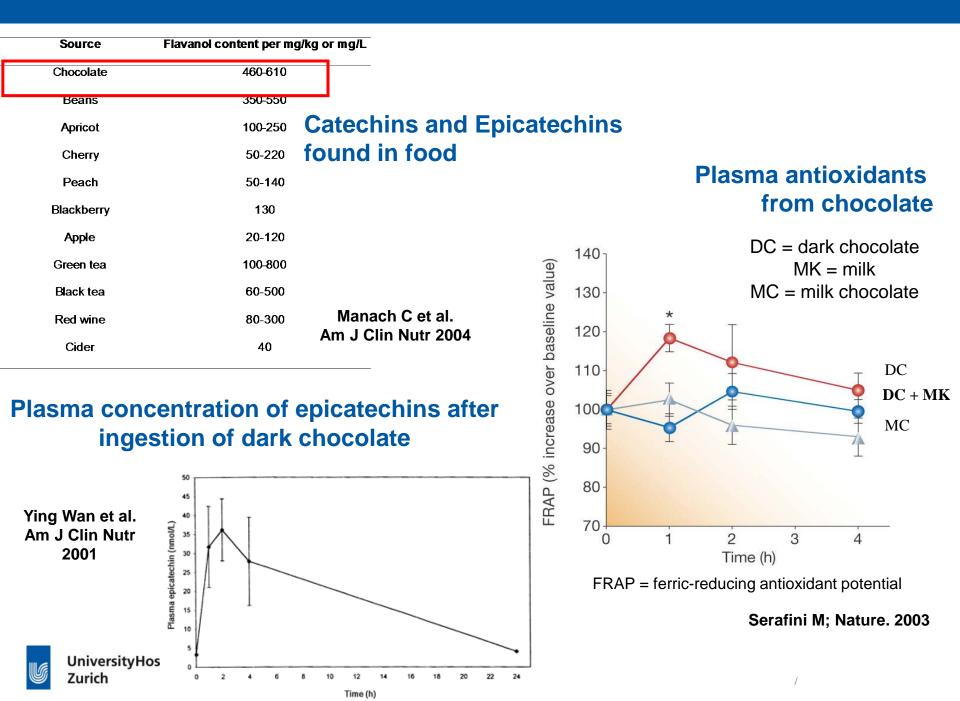
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Buitrago-López A et al. BMJ 2011

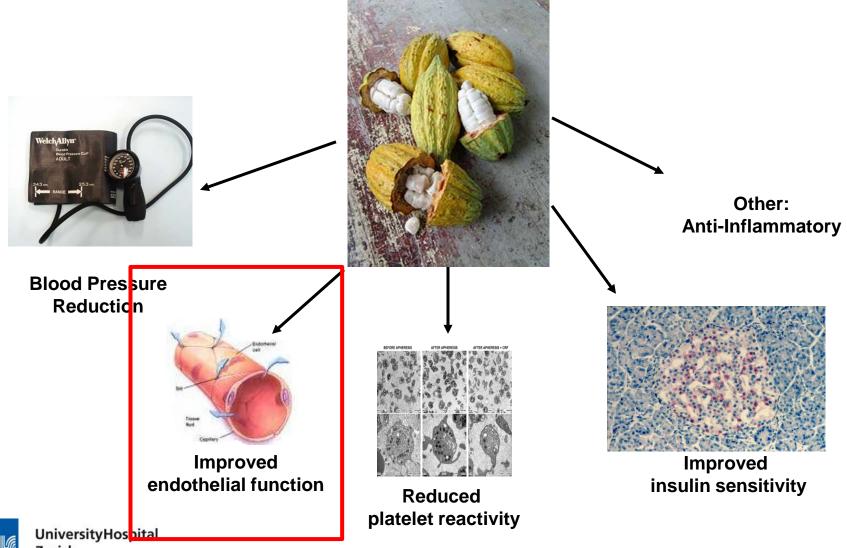
Polyphenols: Chemical Structure

C



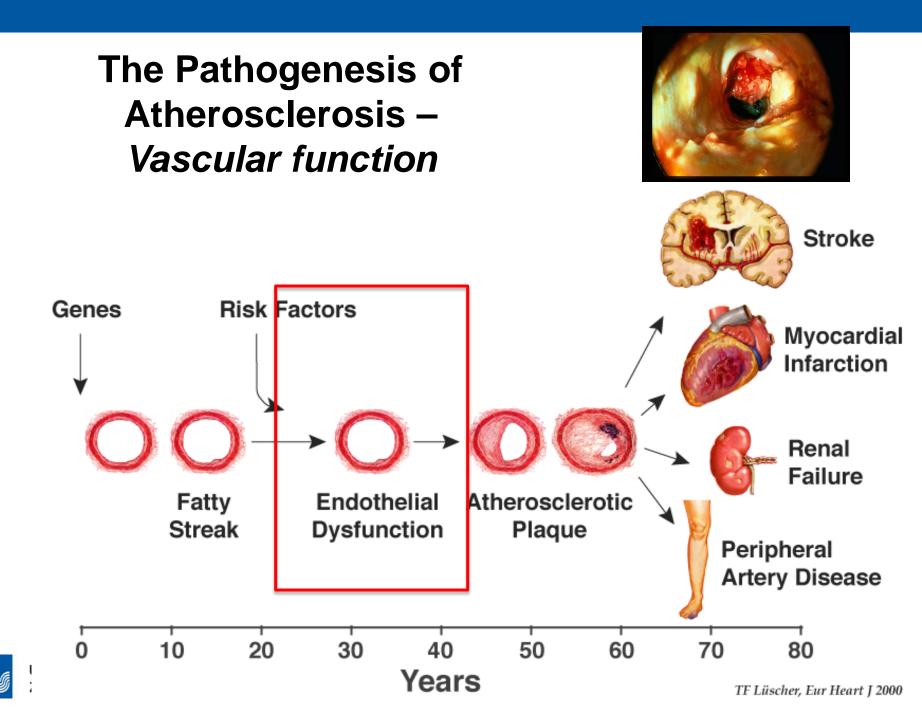


Cocoa as a remedy?

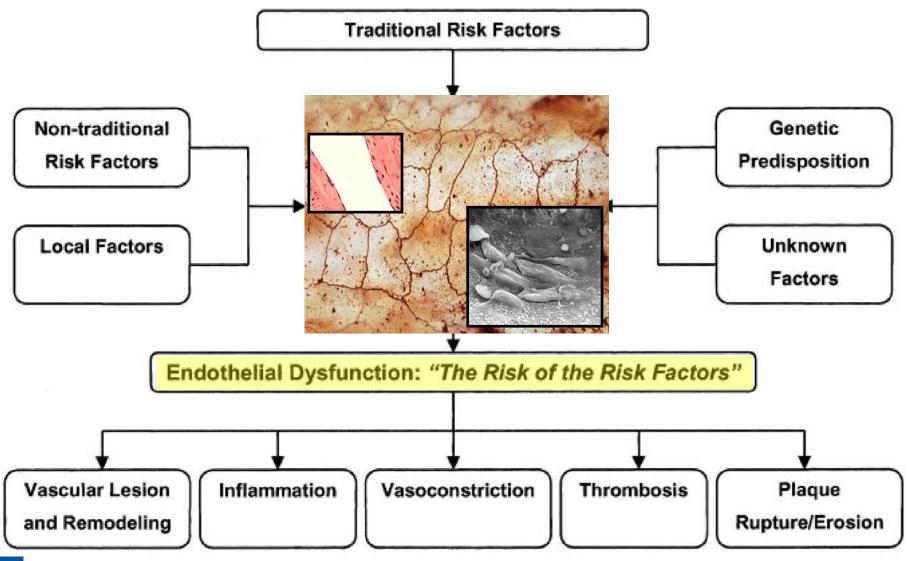


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Endothelial Dysfunction

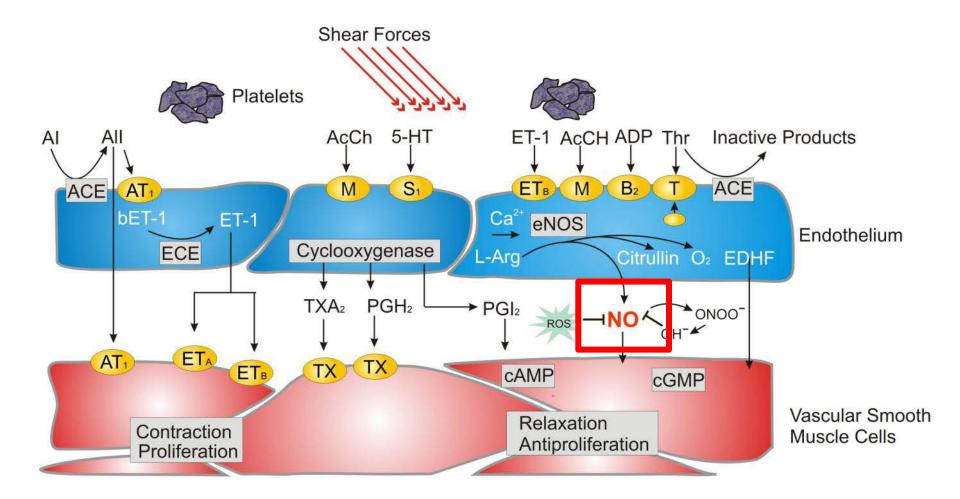


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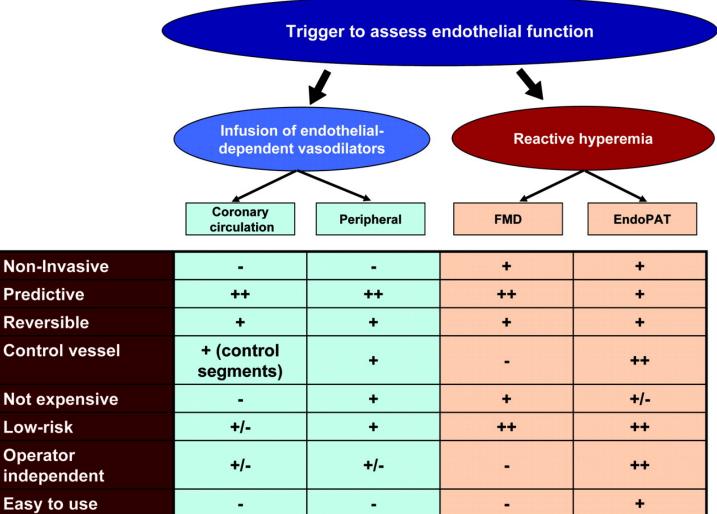
Modified form Pierro Bonetti and Amir Lerman et al, ATVB 2003

Endothelial function. Mechanisms





The principles of the most commonly used methods to assess endothelial function

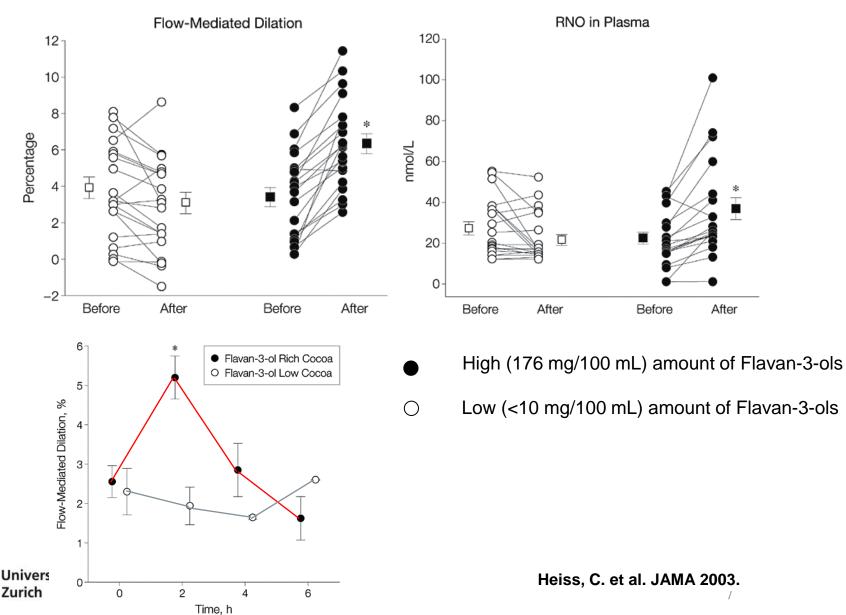




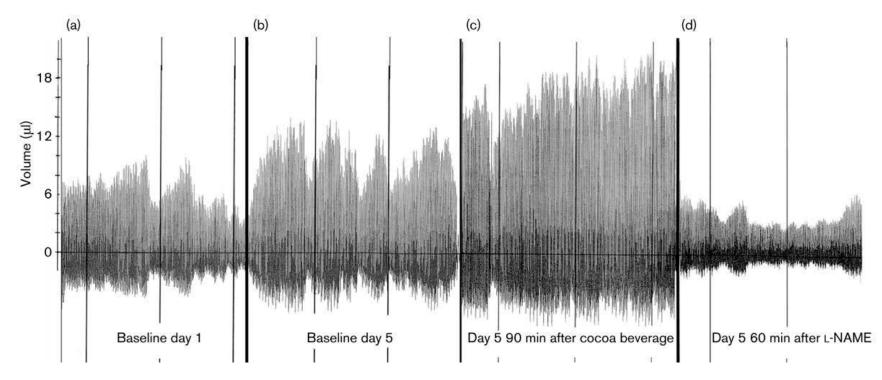
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Acute consumption of a flavanol-rich cocoa drink reverses endothelial dysfunction in patients with cvRF



Central role of Nitric Oxide



Baseline demonstrates normal variability in digital pulse wave amplitude After 4 days of ingestion of flavanolrich cocoa there is an increase more than 12 h after the last dose of cocoa (P = 0.01) Exposure to an additional 230 ml dose of cocoa led to a further increase 90 min later (*P* = 0.01) After ingestion of cocoa on day 5 the nitric oxide synthesis inhibitor, I-NAME, had a dramatic effect in reversing dilation (P= 0.004)

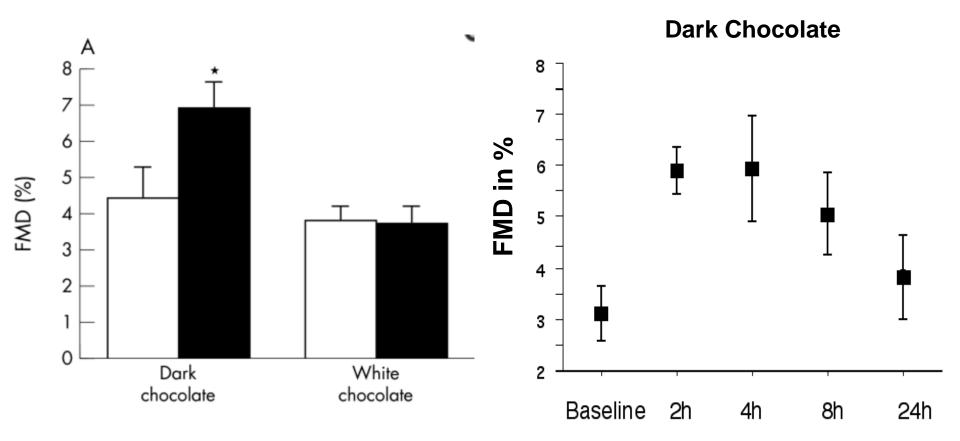


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L-NAME = N^G-nitro-I-arginine methyl ester

Fisher et al. J Hypertens, 2003

Effect and time course of commercially available flavanolrich chocolate on vascular function in young smokers

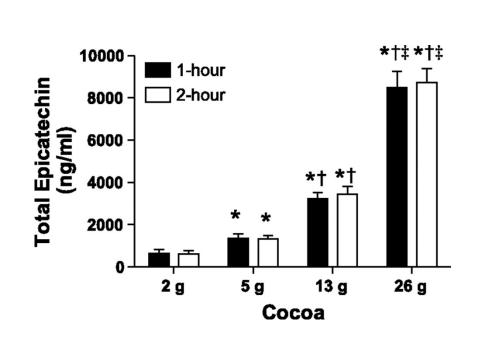


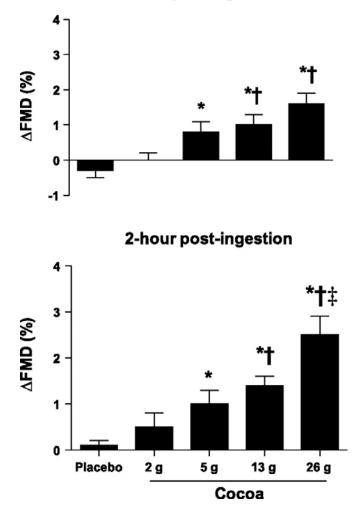


F. Hermann et al Heart 2006





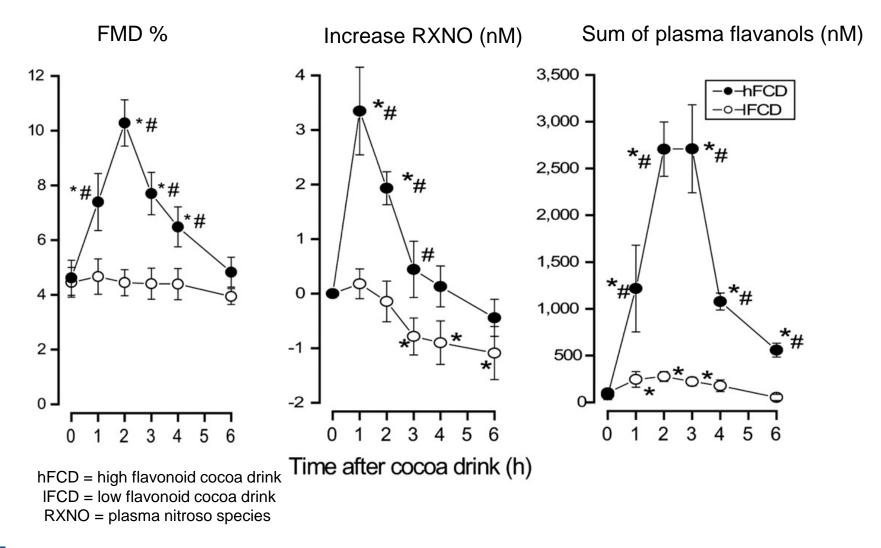




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Monahan K D et al. J Appl Physiol 2011

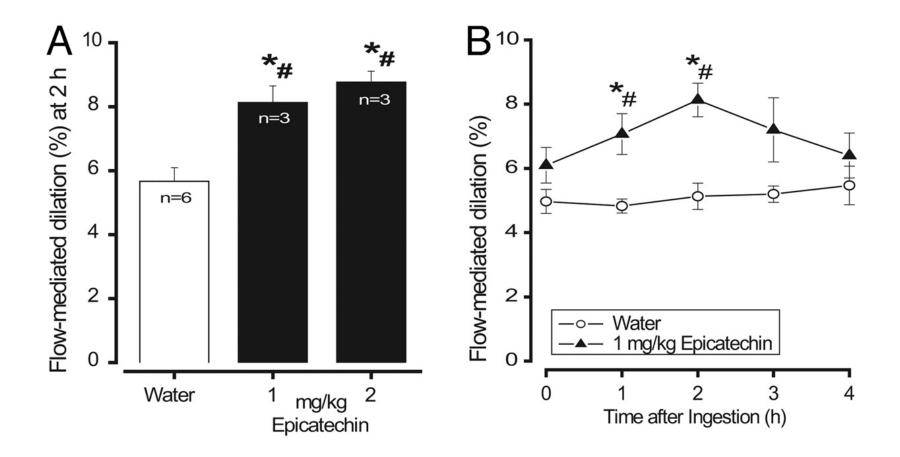
Parallel elevation of circulating NO species, plasma flavanols and enhancement of endothelial function





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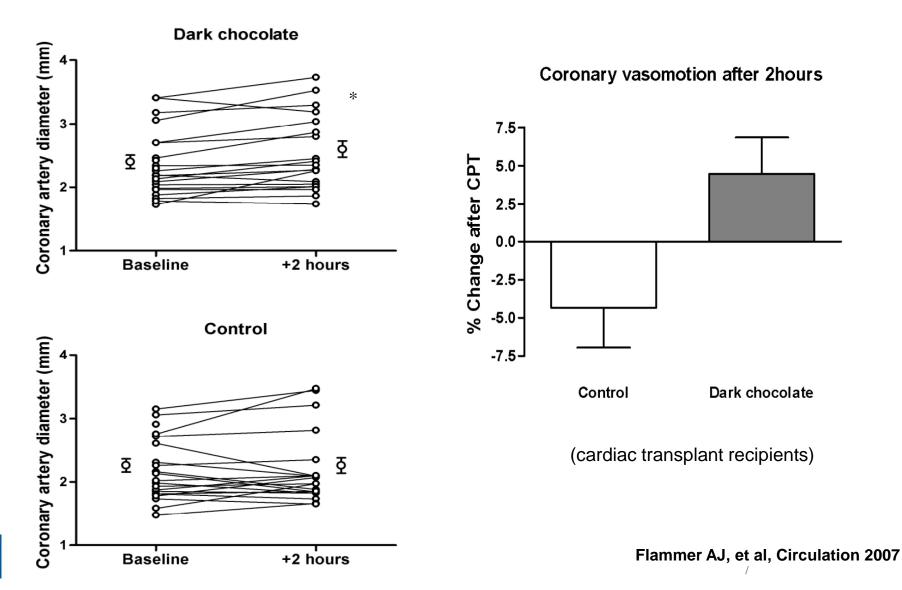
Proof of concept: Vascular response after oral ingestion of (-)-Epicatechin



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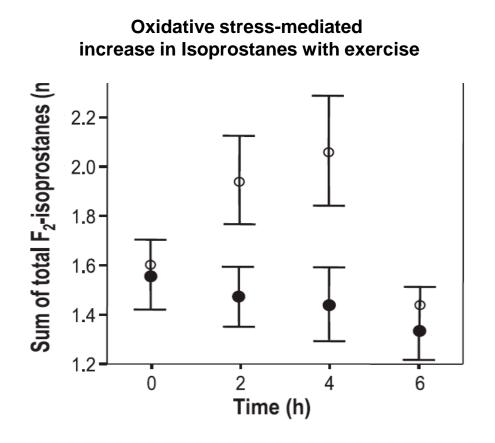


Improvement in endothelial function also at the level of the coronary arteries

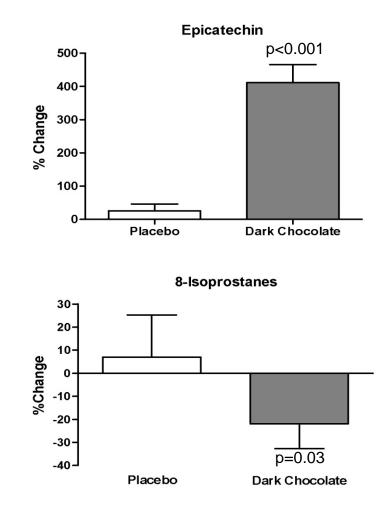


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Cocoa decreases Isoprostanes (indicators of in vivo lipid peroxidation) in certain patients



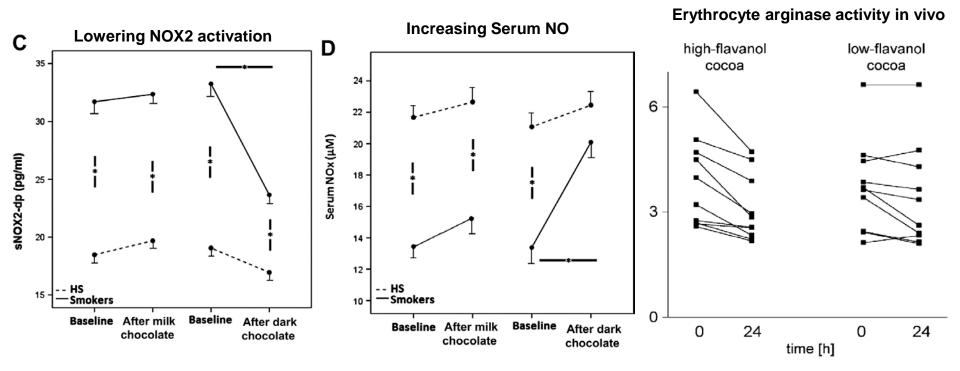
Wiswedel I et al. Free Radic Biol Med 2004





Flammer AJ, et al, Circulation 2007

Lowering NOX2 activation (catalytic core of NADPH oxidase), increasing Serum NO and lowering arginase activity



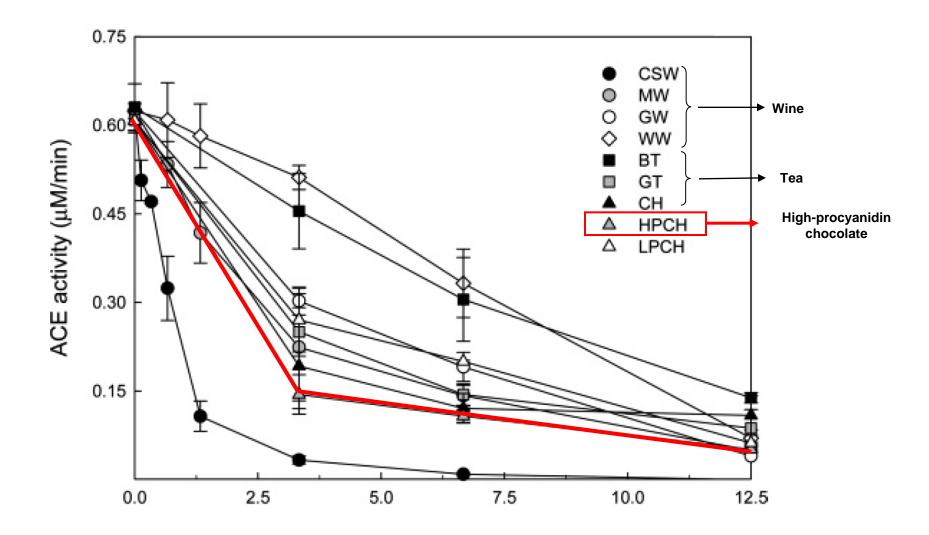
Loffredo L et al. Heart 2011

Schnorr O et al. Arch Biochem Biophys. 2008



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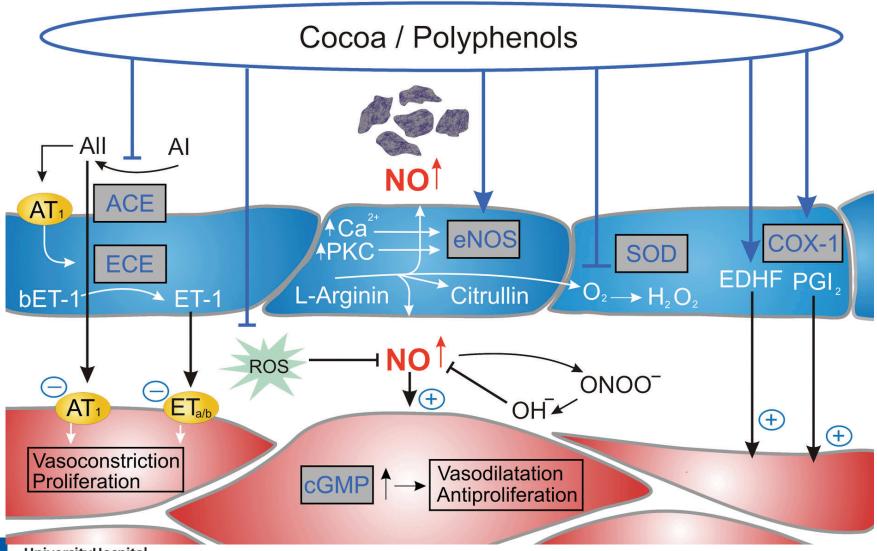
Effect of flavanol-rich foods on ACE activity in vitro



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Actis-Goretta L; J Agric Food Chem. 2006

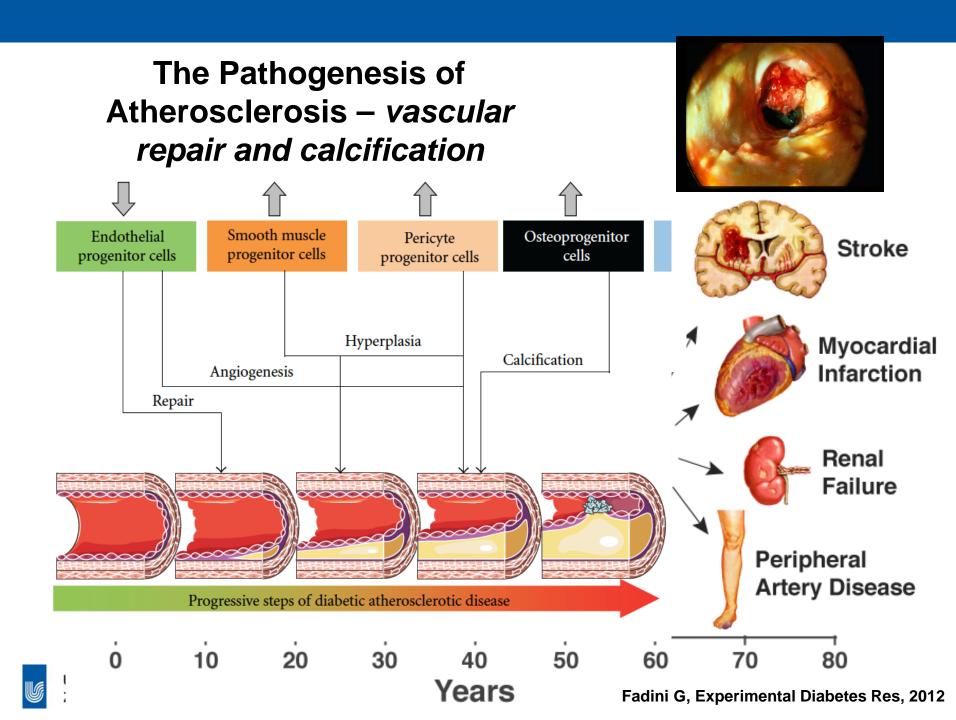
Summary of potential mechanisms



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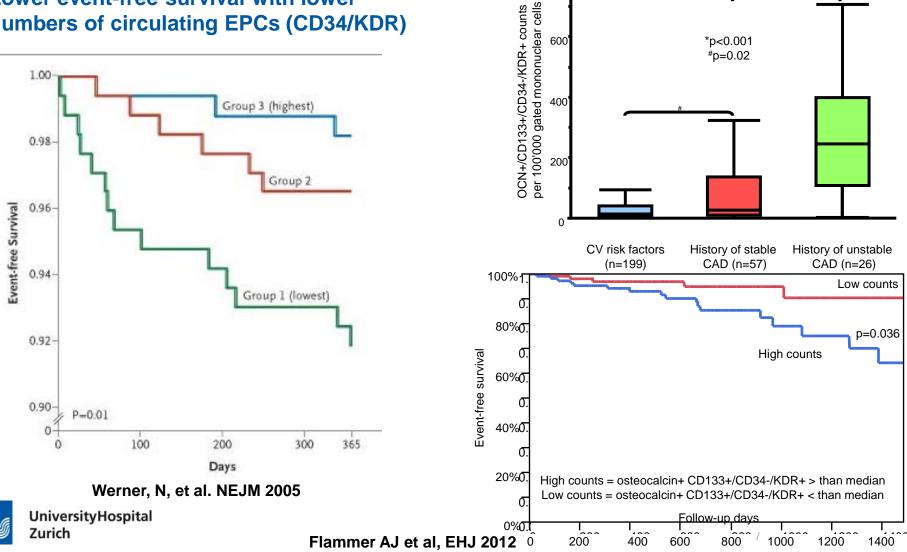
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Corti, Flammer et al. Circulation 2009



Progenitor Cells in cardiovascular disease

Lower event-free survival with lower numbers of circulating EPCs (CD34/KDR)

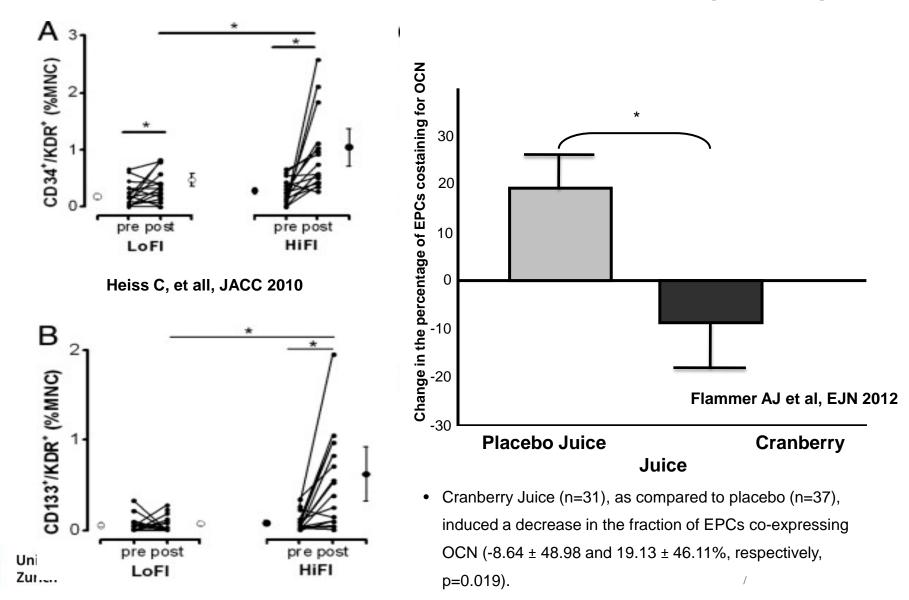


Osteocalcin co-expressing EPCs as

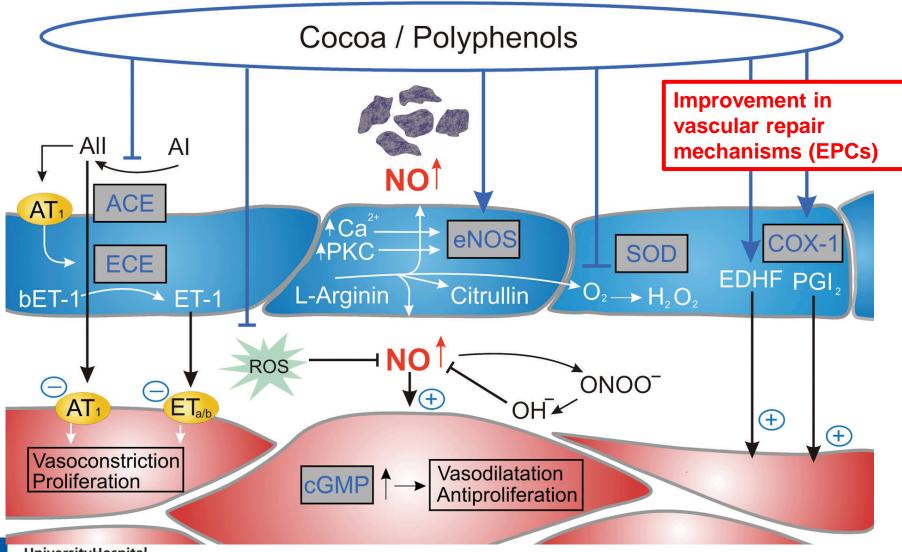
a marker for CAD

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Mobilization of EPCs in Patients with Flavanol-rich drink (Cranberry juice) CAD after high flavanol intake lowers the fraction of osteogenic progenitors



Summary of potential mechanisms

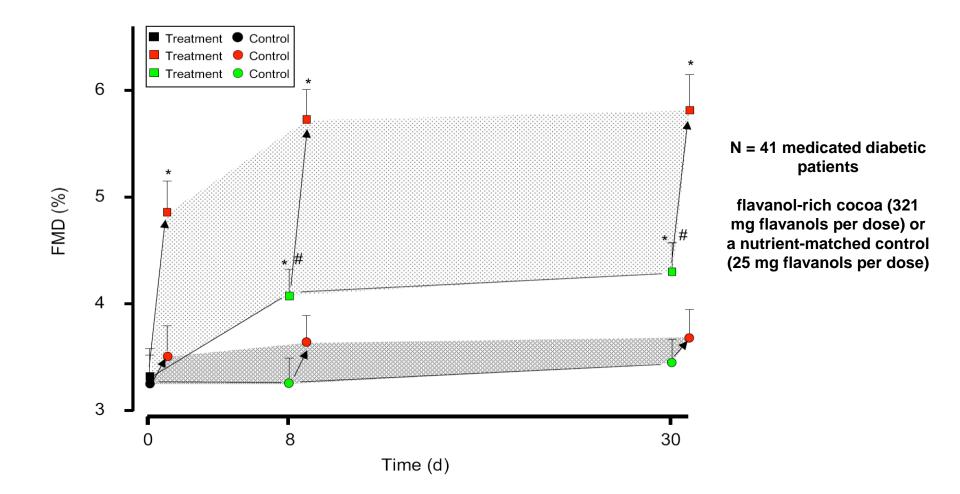


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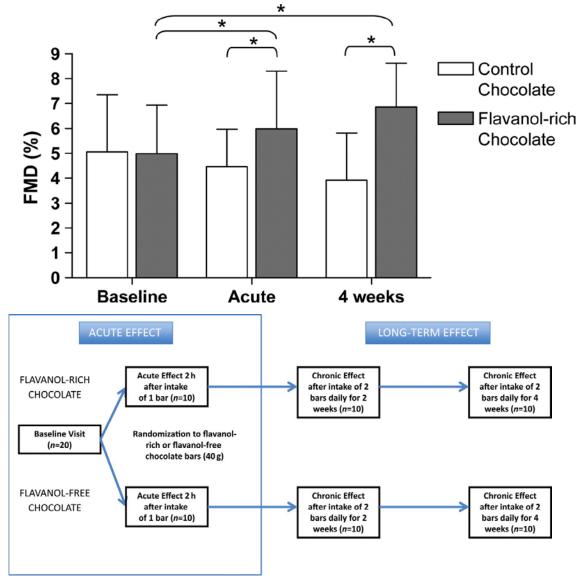
Corti, Flammer et al. Circulation 2009

Long-term benefits in diabetes patients





Sustained effects in patients with heart failure

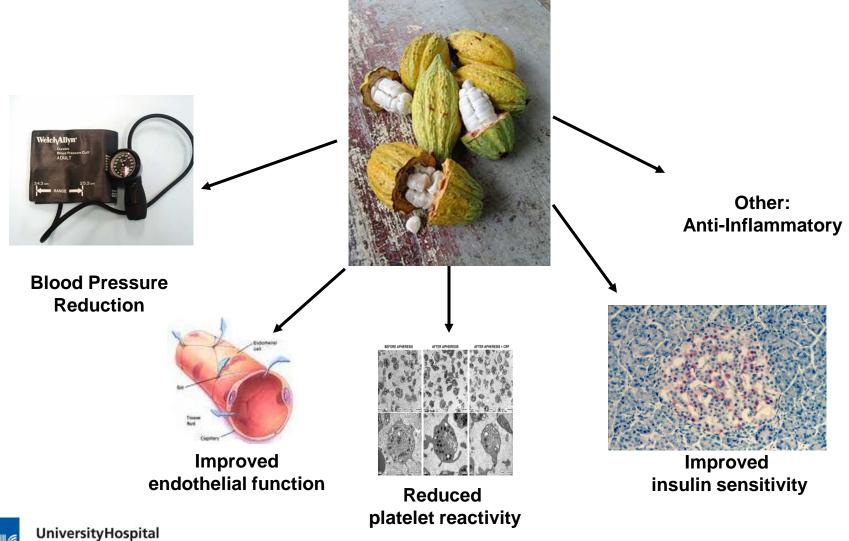




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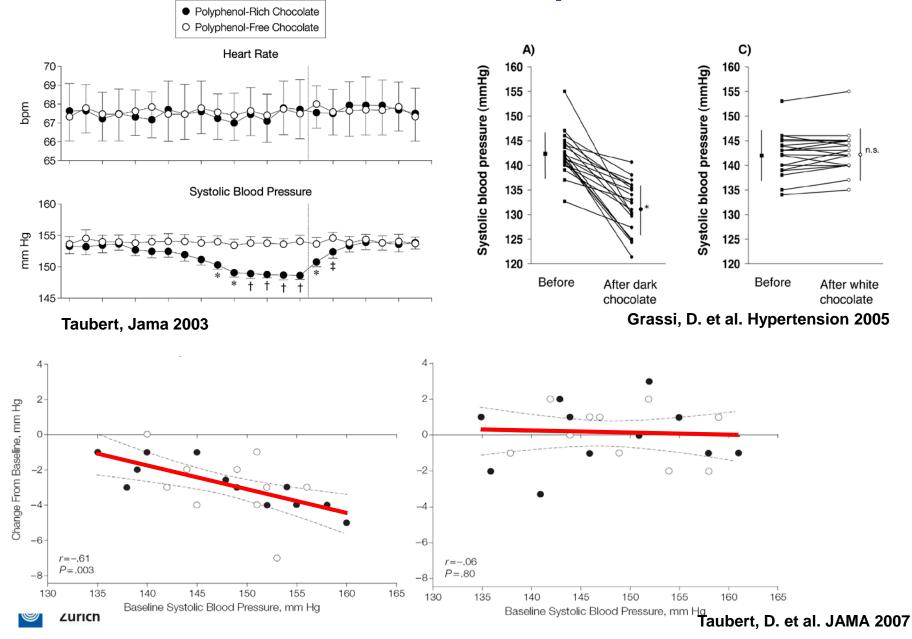
Flammer AJ et al. Eur Heart J 2012

Cocoa as a remedy?



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Cocoa and blood pressure



Blood pressure lowering effects of cocoa in controlled studies of cocoa administration

Source	Cocoa, n/∆SBP/SD	Control, n/∆SBP/SD	SBP Change Weight, % (95% Cl)
Taubert et al, ²⁰ 2003	13/-4.7/2.7	13/0.4/1.9	
Engler et al, ²¹ 2004	11/-1.0/4.9	10/-2.8/2.5	
Grassi et al, ²² 2005	15/-5.9/5.4	15/-0.5/3.7	18.14 -5.4 (-8.7 to -2.1)
Grassi et al, ²³ 2005	20/-11.0/6.3	20/-0.5/1.6	→ 19.33 −10.5 (−13.3 to −7.7)
Fraga et al, ²⁴ 2005	28/-6.0/2.6	28/-2.0/2.6	
	Pooled E	stimate	-4.7 (-7.6 to -1.8) -15 -10 -5 0 5 10 Change in SBP, mm Hg Favors Cocoa Favors Control
Source	Cocoa, n/∆DBP/SD	Control, n/△DBP/SD	DBP Change Weight, % (95% Cl)
Taubert et al, ²⁰ 2003	13/-1.6/1.4	13/0.2/1.6	21.95 −1.9 (−3.0 to −0.7)
Engler et al, ²¹ 2004	11/0.9/2.3	10/-0.1/1.9	19.86 1.0 (−0.8 to −2.8)
Grassi et al, ²² 2005	15/-4.1/4.1	15/-0.6/2.1	
Grassi et al, ²³ 2005	20/-6.2/4.2	20/-0.3/3.1	18.06 -5.9 (-8.2 to -3.6)
Fraga et al, ²⁴ 2005	28/-5.0/2.0	13/	22.24 −4.0 (−5.1 to −3.0)
Meta-analysi	Pooled Es		-2.8 (-4.8 to -0.8) -10 -8 -6 -4 -2 0 2 4 Change in DBP, mm Hg
cocoa admi			onango ni por, nini rig

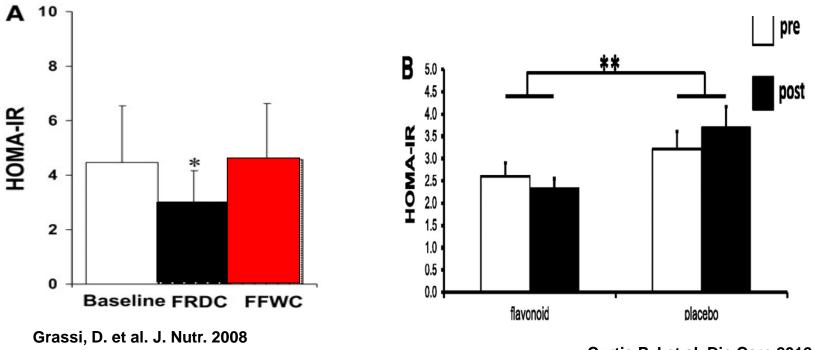


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Effect of Cocoa on Insulin resistance

Cocoa improves insulin resistance in patients with impaired glucose tolerance

1-year flavonoid intervention on insulin resistance



Curtis P J et al. Dia Care 2012



UniversityHospital Zurich HOMA-IR = homeostasis model assessment of insulin resistance = fasting insulin*glucose/22.5

Effect of chocolate/cocoa flavan-3-ols on measures of glucose and insulin metabolism or homeostasis

	Cocoa Control		Mean Difference		Mean Difference						
Study or Subgroup	Mean		Total	Mean	SD	Total	Weight	IV, Random, 95% Cl	IV, Random, 95% Cl		
Insulin Resistance in	Insulin Resistance index, HOMA-IR										
Davison 2008 (Ex) (41)	-0.41	0.79	13	0.14	0.61	13	33.5%	-0.55 [-1.09, -0.01]			
Davison 2008 (noEx) (41)	-0.21	1.18	12	0.08	0.56	11	17.8%	-0.29 [-1.04, 0.46]			
Grassi 2005 (nBP) (49)	-0.55	0.77	15	0.3	0.86	15	28.9%	-0.85 [-1.43, -0.27]	-8-		
Grassi 2005(†BP) (48)	-1	1.39	20	-0.4	1.58	20	11.6%	-0.60 [-1.52, 0.32]			
Grassi 2008 (50)	-1.4	1.72	19	0.1	2.03	19	6.9%	-1.50 [-2.70, -0.30]			
Mellor 2010 (57)	0	3.61	12	1.2	3.43	12	1.2%	-1.20 [-4.02, 1.62]			
Subtotal (95% CI)			91			90	100.0%	-0.67 [-0.98, -0.36]	•		
Heterogeneity: Tau ² = 0.00;			•	= 0.61);	l² = 09	6					
Test for overall effect: Z = 4.	.18 (P < (0.0001)								
F											
Fasting insulin, µU/m		_									
Davison 2008 (Ex) (41)		6.13	13		4.69	13	22.7%				
Davison 2008 (noEx) (41)		9.35	12		4.44	11	11.5%				
Grassi 2005(†BP) (48)	9.3	4.4	20	13.1	6.5	20	33.8%				
Mellor 2010 (57)		11.2	12		10.2	12	5.4%				
Muniyappa 2008 (59)	8.9	6.7	20	8.6	5.8	20	26.5%	0.30 [-3.58, 4.18]			
Subtotal (95% CI)			77				100.0%	-2.65 [-4.65, -0.65]			
Heterogeneity: Tau ² = 0.00;		•	= 4 (P =	= 0.50);	1 ² = 09	6					
Test for overall effect: Z = 2.	.59 (P = l	J.U1U)									
Fasting glucose, mm	ol/L										
Baba 2007 men (36)	-0.34	0.47	13	-0.66	0.49	12	11.8%	0.32 [-0.06, 0.70]	-		
Balzer 2008 (38)	0.29	1.18	21	-0.12	1.69	20	3.9%	0.41 [-0.49, 1.31]	+		
Davison 2008 (Ex) (41)	-0.03	0.29	13	0.23	0.51	13	13.5%	-0.26 [-0.58, 0.06]	-		
Davison 2008 (noEx) (41)	-0.23	3.22	12	-0.12	0.4	11	1.1%	-0.11 [-1.95, 1.73]			
Farouque 2006 (45)	-0.3	1.59	19	-0.1	1.64	19	3.1%	-0.20 [-1.23, 0.83]			
Grassi 2005(†BP) (48)	-0.3	0.31	20	0	0.25	20	18.0%	-0.30 [-0.47, -0.13]	-		
Mellor 2010 (57)	-0.1	0.9	12	0.4	0.9	12	5.4%	-0.50 [-1.22, 0.22]	+		
Monagas 2009 (58)	0.45	2.07	42	0.11	2.17	42	3.8%	0.34 [-0.57, 1.25]	-+		
Muniyappa 2008 (59)	0.29	0.48	20	0.18	0.48	20	14.1%	0.11 [-0.19, 0.41]	+		
Njike 2009 (61)	-0.11	0.58	37	-0.46	1	37	11.9%	0.35 [-0.02, 0.72]	-		
Taubert 2007 (69)	-0.12	0.66	22	0.05	0.38	22	13.5%	-0.17 [-0.49, 0.15]	+		
Subtotal (95% CI)			231			228	100.0%	-0.02 [-0.22, 0.17]	•		
Heterogeneity: Tau ² = 0.05;			if = 10 ((P = 0.0)	2); I² =	54%					
Test for overall effect: Z = 0.	23 (P = 0	D.82)									
i											
Heener Let el Am 101 m Norte 0040									-4 -2 0 2 4		
Hooper L et al. Am J Clin Nutr 2012								Favors cocoa Favors control			

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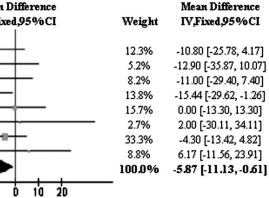
Favors cocoa Favors control

Meta-analysis of the effect of cocoa consumption blood lipids as compared with placebo

LDL

			Experimental			Control		Mean Difference			
Study	Year	N	Changes in	LDL	N	Changes in	LDL	IV,Fixed,95%CI	W		
-			Mean(mg/dL)	SD		Mean(mg/dL)	SD				
Baba (12)	2007	13	-16.98	19.48	12	-6.18	18.72		12		
Balzer (19)	2008	21	-8.50	33.44	20	4.40	41.01		5		
Fraga (17)	2005	27	-16.00	33.54	27	-5.00	35.43		8		
Grassi (11)	2005	20	-15.44	24.04	20	0.00	21.66		13		
Grassi (18)	2005	15	0.00	19.76	15	0.00	17.33		1.		
Muniyappa (20)	2008	20	-9.00	52.84	20	-11.00	50.74		2		
Taubert(15)	2007	22	-2.30	9.38	22	2.00	19.70		33		
Wan (14)	2001	23	8.49	35.92	23	2.32	24.33		8		
Total (95% CI)		161			159			◆	10		
Heterogeneity: Ch	i ² = 5.69, di	f=7(P=	= 0.58); I² = 0%						_		
Test for overall eff	ect: Z = 2.1	19 (P = 0	.03)					-2D -10 D 10 2D			

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experimental control

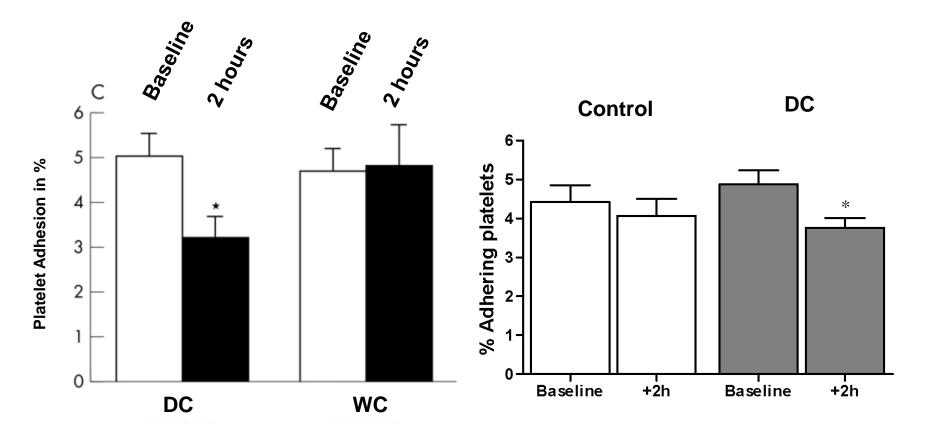
HDL

	Experimental			Control		Mean Difference	Mean Difference			
Study	Year	N	Changes in	HDL	N	Changes in HDL		IV,Random,95%CI	Weight	IV,Random,95%CI
			Mean(mg/dL)	SD		Mean(mg/dL)	SD			
Baba (12)	2007	13	12.35	6.96	12	2.70	4.01		15.2%	9.65 [5.24, 14.06]
Balzer (19)	2008	21	0.00	7.33	20	3.40	11.25		13.2%	-3.40 [-9.24, 2.44]
Fraga (17)	2005	27	-2.00	7.90	27	2.00	11.15		14.2%	-4.00 [-9.15, 1.15]
Grassi (11)	2005	20	0.00	9.41	20	0.00	9.41		13.2%	0.00 [-5.83, 5.83]
Grassi (18)	2005	15	3.86	9.41	15	0.00	9.41	<u>+</u>	12.0%	3.86 [-2.87, 10.59]
Muniyappa (20)	2008	20	-8.00	10.90	20	-7.00	10.90		12.0%	-1.00 [-7.76, 5.76]
Taubert(15)	2007	22	1.70	7.04	22	0.40	19.23	<u> </u>	9.8%	1.30 [-7.26, 9.86]
Wan (14)	2001	23	4.63	13.80	23	2.70	13.80	<u> </u>	10.4%	1.93 [-6.05, 9.91]
Total (95% CI)		161			159			+	100.0%	1.12 [-2.70, 4.95]
Heterogeneity: Tau	1 ² = 19.93;	Chi ² = 2	1.44, $df = 7 (P = 0.0)$	003); I ² = 6	7%				_	
Test for overall eff	ect: Z = 0.1	58 (P = 0	.56)					-20 -10 0 10 2D		

lothos listnemineque



Less platelet adhesion after Cocoa intake



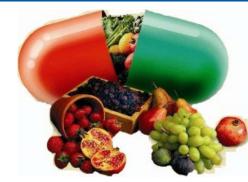
F. Hermann, Heart 2006

Flammer AJ, et al, Circulation 2007

Assessed by a cone and platelet analyzer

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Chocolate as medicine?



Hippocrates: "let food be the medicine"!

High caloric load and high sugar content of commercially available chocolate!

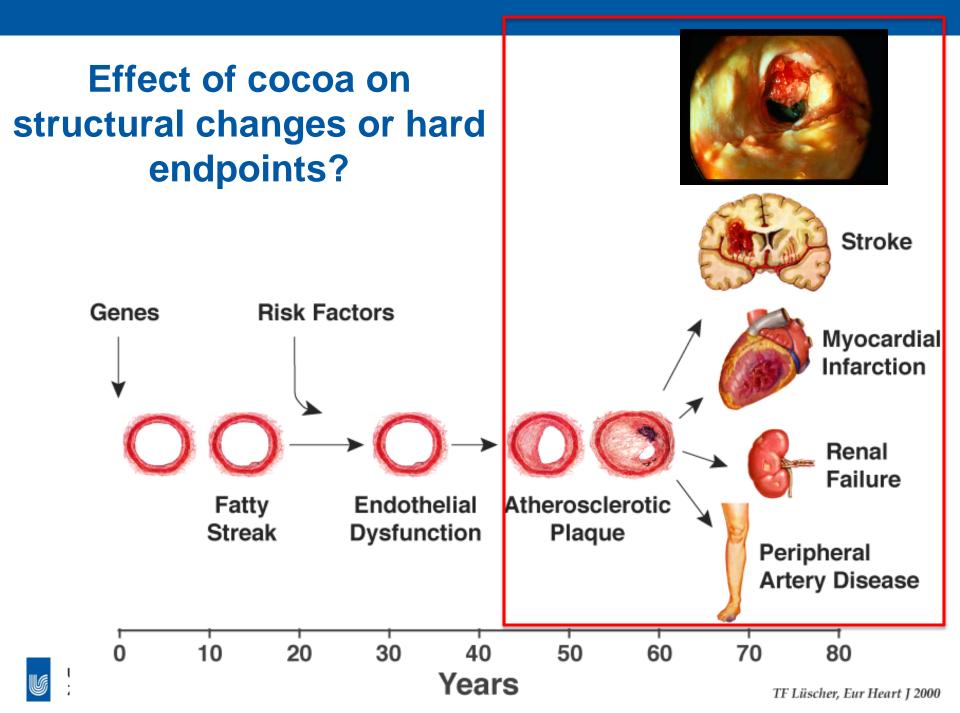
Direct supplementation with flavanols should be evaluated in more detail

At this point, recommendation of flavanol supplementation (similar as with vitamins) appears problematic (pro-oxidative effects?)

However, as with pharmaceuticals, nutraceuticals should undergo the same strict evaluation of potential benefit or harm

To clarify protective effects, further studies are necessary, particularly on morbidity and mortality

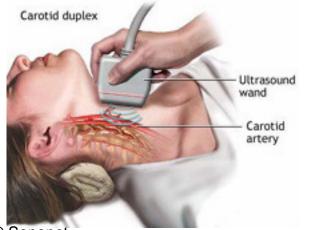




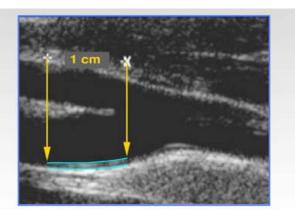
Structural vascular disease markers

A

Carotid Intima Media Thickness



© Sononet

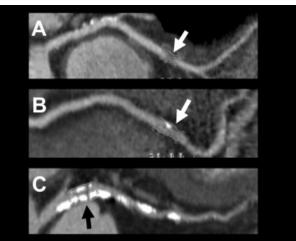


Nicholls SJ: The Heart.org



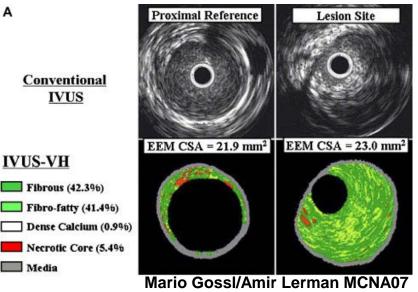
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Coronary Calcifications

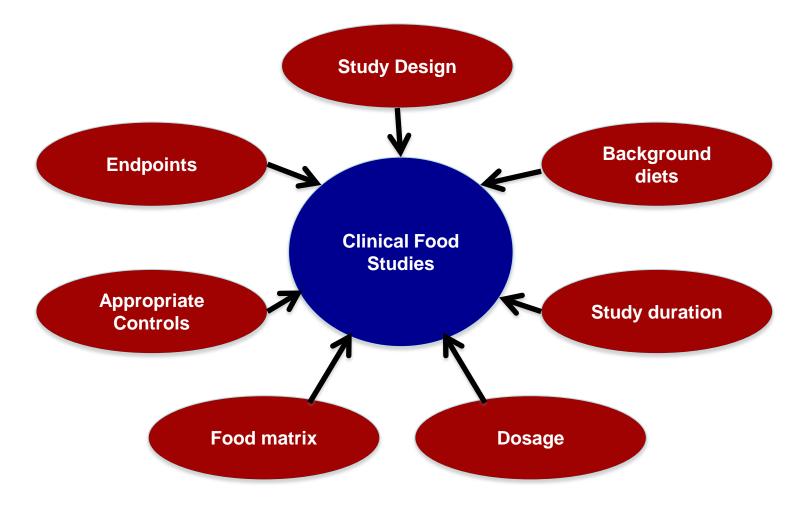


Ferencik M, et al AJC 2012

Intravascular Ultrsound with Virtual Histology



Issues with non-pharmacological studies (nutrition, nutraceutials...)





[Chocolate is not equal to Cocoa]

During conventional chocolate manufacturing the concentrations of polyphenols markedly decrease

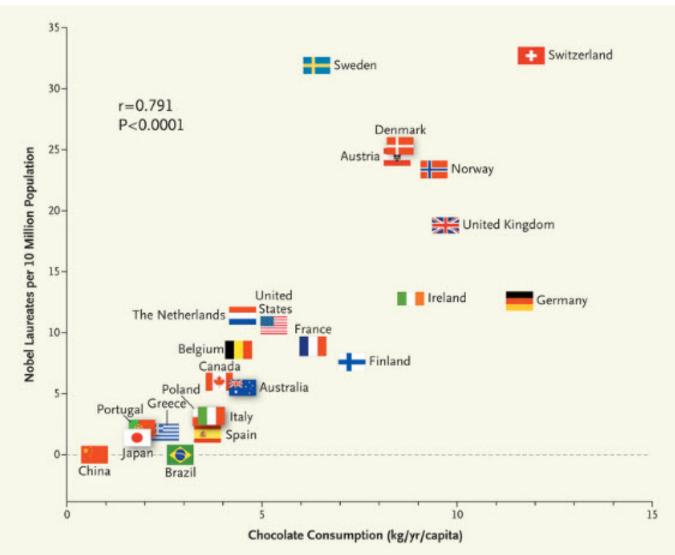
In particular fermentation and roasting have detrimental impact

Polyphenol concentration depend on the agriculural origin of raw cocoa





Correlation between Countries' Annual Per Capita Chocolate Consumption and the Number of Nobel Laureates per 10 Million Population





Messerli FH, NEJM 2012

Thank you!



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