

Meso-zeaxanthin Ocular Supplementation Trial (MOST)

Submission date 05/09/2008	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
Registration date 23/10/2008	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
Last Edited 07/12/2011	Condition category Eye Diseases	<input type="checkbox"/> Individual participant data

Plain English Summary

Not provided at time of registration

Study website

<http://www.wit.ie/mprg>

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

NA

Study information

Scientific Title

Macular and serum responses to supplemental Meso-zeaxanthin, Lutein and Zeaxanthin (Macushield™/MacuHealth with LMZ)

Acronym

MOST

Study hypothesis

Age-related macular degeneration (AMD) is the most common cause of blind registration in the western world. It is estimated that AMD affects approximately 1.4 million individuals in the United States, 417,000 people in the United Kingdom and 70,000 people in the Republic of Ireland, and this number is likely to increase due to increasing longevity. Although the aetiological mechanisms leading to AMD are uncertain, there is a growing consensus that cumulative short wavelength (blue) light damage and/or oxidative stress play a role.

The central retina, known as the macula, is responsible for central, colour and fine-detail vision. A pigment, composed of the three dietary hydroxycarotenoids, meso-zeaxanthin (MZ), lutein (L) and zeaxanthin (Z) (MZ is also formed in the retina following conversion from L), accumulates at the macula where it is known as macular pigment (MP). MP is a blue light filter and a powerful antioxidant, and is therefore believed to protect against AMD. In addition, there is good reason to believe why supplementation with MZ, L and Z would enhance a patient's retinal sensitivity.

Several studies have investigated the relationship between dietary and serum concentrations of L (and Z) and MP optical density in humans, and all have demonstrated a positive relationship between these variables. Non-dietary variables suspected of acting as determinants of serum concentrations of L (and Z) and/or MP optical density include: age; sex; iris colour; race; body fat; ultraviolet light exposure; cumulative visible light exposure; tobacco and drinking habits; and genetic background. However, the exclusively dietary origins of L and Z suggest that dietary intake (fruit and vegetables and/or dietary supplements) of these carotenoids represents one of the most important determinants of serum L (and Z) and MP optical density.

To date, there have been several published studies in the literature reporting on L and/or Z supplementation with respect to serum carotenoid and MP levels, in human subjects. In 1997, Hammond et al. showed that dietary modification, for as little as four weeks, could augment MP, with this effect being maintained for several months following resumption of a normal, unmodified diet. Of note, two of the 11 subjects involved in that study did not show a significant rise in MP optical density despite a significant increase in serum L. These subjects were termed "retinal non-responders" and this phenomenon may be due to a compromised ability to capture and/or stabilise the macular carotenoids in these individuals. Landrum et al. investigated the effect of L supplementation in two individuals over a 140 day period. They found an increase in serum L levels in both individuals, coupled with a parallel increase in MP optical density. Most recently, a study by Trieschmann et al. concluded that supplementation with 12 mg L and 1 mg Z, combined with co-antioxidants, resulted in a significant increase in MP optical density in a majority of subjects. However, there has only been one study which has investigated the effects of supplemental MZ and that study consisted of only 10 subjects and nine controls which were recruited in a non-randomised manner. MZ is a particularly interesting macular carotenoid for

the following reasons:

1. MZ is the dominant carotenoid in the central fovea: of the three macular carotenoids, MZ is the most powerful antioxidant in the presence of its binding protein
2. MZ facilitates a wider range of blue light filtration
3. At an anatomic level, MZ is more closely related to vulnerable photoreceptors than either L or Z, and is therefore ideally located to afford protection against free radical damage.

In addition, the design of all studies to date are limited, as no study has yet investigated supplementation of any macular carotenoid in subjects using a double-blind randomised placebo controlled design. Also, all supplementation studies to date have reported only on the peak MP optical density. This is a major limitation, due to the fact that most of the studies to date would have supplemented with L only, and it is known that L accumulates in the periphery of the MP and not at the centre where these measurements would have been made. In other words, it is likely that previous studies reporting on L supplementation with respect to MP levels would have missed (or were unable to detect) significant increases in peripheral MP levels. In brief, therefore, a properly designed study capable of investigating MZ, L and Z supplementation with respect to serum and MP levels (including its entire spatial profile), in human subjects is truly merited.

This study is designed to investigate (in a double-blind, randomised placebo controlled fashion) changes in MP optical density (including its entire spatial profile), and in serum concentrations of MZ, L and Z, in response to supplementation with MacuShield™/MacuHealth with LMZ (a specialised, comprehensive formula of MZ, L and Z) in normal subjects, and investigate whether MP augmentation in such subjects enhances retinal sensitivity.

Please note that, as of 21/01/2009, the public title of this trial has been amended from "Human response to Macushield™/MacuHealth with LMZ" to "Meso-zeaxanthin Ocular Supplementation Trial (MOST)". Acronym has also been changed from "MZ Trial" to "MOST".

Ethics approval required

Old ethics approval format

Ethics approval(s)

Granted by the Research Ethics Committee in the Waterford Regional Hospital, Ireland on the 11th August 2008.

Study design

Double-blind randomised placebo-controlled trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Not specified

Study type(s)

Treatment

Participant information sheet

Patient information sheet can be found at <http://www.wit.ie/mprg>

Condition

Age-related macular degeneration (AMD)

Interventions

Patients were randomised to:

1. Intervention group: one tablet of Macushield™/MacuHealth with LMZ (dosage: 10 mg L, 10 mg MZ, 2 mg Z) orally, once daily
2. Control group: one tablet of placebo (rice flour) orally, once daily

The total duration of treatment was six months, the total duration of follow-up was three months.

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

Macushield™/MacuHealth with LMZ (Meso-zeaxanthin, Lutein and Zeaxanthin)

Primary outcome measure

MP optical density (including its entire spatial profile), as measured by heterochromatic flicker photometry [HFP].

Primary and secondary outcome measures will be carried out at baseline, three, six and nine months.

Secondary outcome measures

1. Assessment of retinal sensitivity using microperimetry
2. Serum L and Z (including MZ) concentrations as measured by high-performance liquid chromatography [HPLC]
3. Comparison of MP optical density values measured using the validated gold standard customised HFP device (Densitometer™) to MP optical density values obtained using a MP screening device (MacuScope™)

Primary and secondary outcome measures will be carried out at baseline, three, six and nine months.

Overall study start date

01/10/2008

Overall study end date

01/01/2010

Eligibility

Participant inclusion criteria

1. Any race
2. Male or female
3. Aged 18 to 60 years
4. No presence of ocular pathology
5. Visual acuity of at least 6/18 in the study eye

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

50

Participant exclusion criteria

1. Outside age range 18 to 60 years
2. Pregnancy
3. Presence of ocular pathology

Recruitment start date

01/10/2008

Recruitment end date

01/01/2010

Locations**Countries of recruitment**

Ireland

Study participating centre

Macular Pigment Research Group

Waterford

Ireland

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Sponsor information

Organisation

Macuvision Europe Limited (UK)

Sponsor details

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Sponsor type

Industry

Website

<http://www.macushield.com>

ROR

<https://ror.org/001zd1d95>

Funder(s)**Funder type**

Industry

Funder Name

Macuvision Europe Ltd (UK)

Funder Name

MacuHealth US (USA)

Funder Name

MacuHealth Canada (Canada)

Funder Name

Macuscope US (USA)

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	29/11/2011		Yes	No