Nutritional Interventions to Ameliorate Effect of Endocrine Disruptors on Reproductive Health A Semi-Structured Review



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BACKGROUND & AIM

Endocrine disruptors (EDCs) are exogenous agents that interfere with the body's hormones. The main source of EDCs is diet. They affect a host of physiological systems and can have detrimental effects on reproductive, perinatal and obstetric health. Guidance on how to minimise the harm from EDCs is lacking. This study's aim was to analyse the evidence on nutritional interventions to ameliorate the effects of endocrine disruptors on reproductive health for regulatory bodies, healthcare providers, and patients alike.

METHODS

A systematic search was conducted of MEDLine (Pubmed), Allied Health Literature (CINAHL), EMBASE, Web of Science and the Cochrane Database was conducted from inception to May 2021. Inclusion criteria was experimental studies on human populations Data was collected from eligible studies. Risk of bias assessment was completed using Cochrane risk of bias tool and the ROBINS-I Tool.

RESULTS

Database searches yielded 15,362 articles. Removing 11,181 duplicates, 4,181 articles underwent abstract screening. Twenty-six articles were eligible for full manuscript review. Sixteen met full inclusion criteria. Key characteristics of each study are presented below. The studies were published between 2009 and 2021. Population size per study varied between fifteen and 355 participants Of the sixteen included studies, eight were randomised controlled trials. In addition, there were three crossover trials and six nonrandomised experimental trials.

RESULTS

There is high-quality evidence to show that these interventions reduce endocrine disruptor exposure:

- Plastic containers, bottles and packaging avoidance
- Canned food/beverage avoidance
- Fresh and organic food consumption
- Fast/processed foods avoidance
- Supplementation with Vitamin C, lodine and Folic Acid
- There were few interventional studies examining therapies to improve

clinical outcomes related to endocrine disruptors.

Intervention	Study Author, Year	Intervention and Duration vs Control	Summary of Findings
Organic Food Consumption	Ŭ	Intervention: Lifestyle interventions include Education sessions, BPA-Free tupperware/water bottles, make up, hygiene and feminine products), organic foods packaged in BPA-free glass/cardboard containers; For Three Weeks;	Lifestyle Intervention significantly reduced BPA Urine concentration
	Sathyanarayana 2012	Intervention: Dietary replacement consistent of fresh/organic food, catered foods prepared without plastics; Duration of Intervention: Five days Control: Education alone, conducted via handouts	
	Curl 2019	Intervention: Organic Fruit and Veg; Duration of Treatment: Twenty-four weeks Control: Conventional Fruit and Veg	Organic diet significantly reduces BPA. No difference in PBP or TCPY
	Rudel 2011	Intervention: diet consisting of fresh organic fruit, beg, grains and meats. No canned foods, Avoiding plastic utensils, non-stick cookware, glass containers with BPA-free plastics, stainless steel water bottles and containers; Duration of Treatment: Three days ; Control: Typical Diet	EDC urinary levels decreased with intervention and increased again with resumption of typical diet
	Lu 2006	Intervention: Organic Food Diet; Duration of Treatment: Five Day Control: Conventional Diet	Organic diet caused immediate reduction in median urinary concentrations of organophosphorus pesticide metabolites
Plastics Avoidance	Sessa 2021	Intervention: certified compostable materials only. Control: typical plastic beverage bottles, plates etc Duration of Intervention: Five days	Significant reduction in urinary BPA levels with non-plastic intervention
Canned Food and Beverage Avoidance		Intervention: Fresh soup; Control: Canned soup Duration of Intervention: Five days of each intervention/control, with two day washout period in between crossover	Canned soup 1221% higher urinary BPA compared to fresh soup
	Bae 2014	Intervention: Glass containers for beverages; Control: Canned containers Duration of Intervention: One week on each intervention, with weeklong wash-out period between	Canned beverage avoidance reduced urinary BPA. But this did not translate to improvements in blood pressure
Iodine Supplementation		Intervention: lodine supplementation of 150ug/day in lodine-enriched pregnancy vitamin; Control: pregnancy vitamins not enriched with iodine Duration of Treatment: From first trimester through pregnancy	Exposure to PCB118 linked with dysfunctional early language development – not improved with iodine supplementation

Fatty Fish Diet	Dusanov 2019	Intervention: Fatty fish consumption, Nuts consumption	No reduction in POPs with fatty fish consumption
		Control: Usual diet with avoidance of fatty fish / nuts	
		Duration of Treatment: Six months	
Personal Care Product	Harley 2016	Intervention: Consumer-choice of specific EDC-free personal care products as specified on product label	Intervention was associated with 27.4% reduction in urinary mono-ethyl
Alterations		Control: Pre intervention measurement	phthalate levels, 43.9% reduction in methyl parabens and 45.5%
		Duration of Treatment: three-day intervention period	reduction in propyl parabens.
Vitamin C	Guo 2016	Intervention: Vitamin C 1000mg/day; Duration of treatment: two months	Vit C reduced PCBs and OCPs but not PBDEs
Supplementation		Control samples: Prior to Vitamin C supplementation	

CONCLUSION

Diets rich in fresh organic foods reduces harm from Endocrine Disruptors.

Avoiding processed canned and plastic-contaminated foods also aids to reduce harmful exposure

