CARDIOVASCULAR AND MENTAL HEALTH BENEFITS OF SOY CONSUMPTION:

ROLE OF SOY ISOFLAVONES

Alicia A Thorp

B Med Pharm Biotech (Hons)

A thesis submitted for the degree of Doctor of Philosophy

Discipline of Physiology

University of Adelaide

South Australia

May 2008

TABLE OF CONTENTS

ABSTRACT	xiii
DECLARATION	xv
ACKNOWLEDGEMENTS	xvii
GLOSSARY OF ABBREVIATIONS	xix
LIST OF FIGURES	xxiii
LIST OF TABLES	xx vii
PUBLICATIONS	xxix
1.0 INTRODUCTION	1
1.1 Overview	
1.2 Health Benefits of Soy Consumption - Epidemiological Evidence	
1.3 Soybeans	3
1.3.1Composition	3
1.3.2 Methods of Processing Soybeans	4
1.3.3 Food Products Manufactured from Soybeans	
1.4 Soybean Isoflavones	6
1.4.1 Variability of Isoflavone Content in Soy foods	6
1.4.2 Sources of Isoflavones	8
1.4.3 Typical Dietary Soy Isoflavone Intakes	
1.5 Properties of Isoflavones	9
1.5.1 Phytoestrogens	9
1.5.2 Isoflavones and their Biosynthesis	10
1.5.3 Soy Isoflavones	12
1.5.3.1 Distribution of Isoflavones in the Soybean	12
1.5.4 Bioavailability of Isoflavones in Humans	13
1.5.4.1 Factors that Influence Isoflavone Bioavailability	14
1.5.5 Absorption of Isoflavones	15
1.5.6 Metabolism of Isoflavones	16
1.5.6.1 Formation of Isoflavone Metabolites	17
1.5.6.2 Factors that Influence Isoflavone Metabolite Formation	18
1.5.7 Pharmacokinetics of Isoflavones	19
1.5.8 Discovery of Equol	19
1.5.9 Diversity of Equol Production	20
1.5.10 Biological and Structural Properties of Equol	21
1.6 Mechanism of Action of Isoflavones	22

1.6.1 Estrogen Receptors- Structure, Location and Activation	22
1.6.2 Isoflavones Action on Estrogen Receptors	26
1.6.2.1. Isoflavones Action in the Presence of Estrogen	28
1.6.2.2. Other Mechanisms of Action- Anticarcinogenic and Antioxidant Properties	of
Isoflavones	28
1.7 Equol	29
1.7.1 Potency of Equol Relative to Estradiol and other Isoflavones on Estrogen Receptors.	29
1.7.2 Other Pharmacological Activities of Equol	30
1.8 Cardiovascular Health	31
1.8.1 Cardiovascular Disease	31
1.8.1.1 Rates of Incidence	31
1.8.2 Pathogenesis of Cardiovascular Disease	32
1.8.3 Biomarkers of Cardiovacular Disease Progression	33
1.8.3.1 Endothelium	33
1.8.3.1.1 Nitric Oxide	34
1.8.3.2 Endothelial Dysfunction	35
1.8.3.2.1 Identifying Peripheral Endothelial Dysfunction	35
1.8.3.3 Arterial Compliance	36
1.8.3.3.1 Identifying Impaired Arterial Compliance	37
1.8.4 Modifiable Risk Factors for Cardiovascular Disease	37
1.8.4.1 Hypercholesterolemia	38
1.8.4.2 Hypertriglyceridemia	39
1.8.4.3 Hypertension	39
1.8.4.4 Obesity	40
1.8.4.5 Abdominal Obesity	40
1.8.4.6 Insulin Resistance	41
1.9 Soy and Cardiovascular Disease	41
1.9.1 Current Strategies to Reduce Cardiovascular Disease	
1.9.2 The Soy Health Claim	42
1.9.3 Role of Soy Protein in Cholesterol Reduction	42
1.9.4 Role of Isoflavones in Cholesterol Reduction	44
1.9.5 Molecular Mechanism of Isoflavones on Cholesterol and Triglyceride Reduction	44
1.9.6 Soy and Blood Pressure	45
1.9.7 Soy and Markers of Cardiovascular Disease Progression	46
1.9.7.1 Soy and Endothelial Function	46
1.9.7.2 Soy and Arterial Compliance	47

1.9.7.3 Molecular Mechanism of Isoflavones Effects on Vascular Function	48
1.9.7.3.1 Isoflavones Increase Nitric Oxide Bioavailability	48
1.9.7.3.2. Other Mechanisms of Isoflavones in Regulating Vascular Tone an	ld Blood
Pressure	52
1.9.8 Clinical Implications of Equol Production in Cardiovascular Disease	53
1.10. Soy and Cognition	54
1.10.1 Cognitive Sex Differences	54
1.10.2 Role of Estrogen Receptors in Cognitive Processes	55
1.10.3 Importance of Cerebral Vasodilatation in Cognitive Performance	57
1.10.4 Isoflavones and Cognitive Performance	58
1.10.5 Molecular Mechanism of Isoflavones Effects for Enhancing Cognition	59
1.10.5.1 Isoflavones as Neuroprotectants and Neuroenhancers	59
1.10.5.2 Isoflavone Regulation of Cerebrovascular Blood Flow	60
1.10.6 Clinical Implications of Equol Production in Cognitive Function	60
1.11 Thesis Direction and Aims	61
1.11.1 Direction of Research	61
1.11.2 Thesis Aims and Significance	61
2.0 SOY FOOD INTERVENTION	63
2.0 SOY FOOD INTERVENTION	
	63
2.1 Rationale for Intervention	63 64
2.1 Rationale for Intervention 2.2 General Aims of the Intervention	63 64 65
2.1 Rationale for Intervention2.2 General Aims of the Intervention2.3 Hypotheses of the Intervention	63 64 65 65
 2.1 Rationale for Intervention 2.2 General Aims of the Intervention 2.3 Hypotheses of the Intervention 2.4 Significance and Expected Outcomes 	63 64 65 65 66
 2.1 Rationale for Intervention 2.2 General Aims of the Intervention	63 64 65 65 66 66
 2.1 Rationale for Intervention	63 64 65 65 66 66
 2.1 Rationale for Intervention	63 65 65 66 66 66 67
 2.1 Rationale for Intervention	63 65 65 66 66 66 67 67
 2.1 Rationale for Intervention. 2.2 General Aims of the Intervention. 2.3 Hypotheses of the Intervention. 2.4 Significance and Expected Outcomes. 2.5 Subjects. 2.5.1 Inclusion and Exclusion Criteria. 2.5.2 Justification for Inclusion and General Exclusion Criteria. 2.5.3 Subject Intakes. 2.5.4 Ethical Considerations. 	63 65 65 66 66 66 67 67 67
 2.1 Rationale for Intervention	63 64 65 65 66 66 67 67 67 68
 2.1 Rationale for Intervention	63 64 65 65 66 66 66 67 67 68 68 68
 2.1 Rationale for Intervention	63 64 65 65 66 66 66 67 67 68 68 68
 2.1 Rationale for Intervention. 2.2 General Aims of the Intervention. 2.3 Hypotheses of the Intervention. 2.4 Significance and Expected Outcomes. 2.5 Subjects. 2.5.1 Inclusion and Exclusion Criteria. 2.5.2 Justification for Inclusion and General Exclusion Criteria. 2.5.3 Subject Intakes. 2.5.4 Ethical Considerations. 2.6 Recruitment. 2.7 Screening of Subjects. 2.7.1 Suitability Assessment and Telephone Screening Interview. 2.7.2 Screening Visit and Information Session. 	
 2.1 Rationale for Intervention	

2.8.2.2 Intake 2	72
2.8.2.3 Intake 3	72
2.9 Anthropometric Assessments	72
2.9.1 Weight	72
2.9.2 Height	72
2.9.3 Waist and Hip Circumference Measurements	72
2.9.4 Body Mass Index (BMI)	73
2.10 Study Foods	73
2.10.1 Range	73
2.10.2 Nutritional Composition of Study Foods	73
2.10.3 Availability of Study Foods to Intakes	74
2.10.4 Assessment of Palatability and Market Potential of Study Foods	75
2.11 Dietary Assessments of Subjects	76
2.11.1 Macronutrient Intake of Subjects during Diets	76
2.11.2 Isoflavone Intake and Measures of Compliance	76
2.11.2.1 Food Record Forms	76
2.11.2.2 Overnight Urine Collection	77
2.12 Analysis of Isoflavones in Overnight Urine Samples	77
2.12.1 Method Development	77
2.12.1.1 HPLC Conditions	77
2.12.1.2 Extraction Protocol	78
2.12.2 Final Method	
2.12.2.1 External Standards	78
2.12.2.2 HPLC Conditions	79
2.12.2.3 Extraction Protocol	80
2.12.2.4 Recovery of Isoflavones in Urine Sample	81
2.13 Quantification of Equol Production	82
2.14 HPLC Analysis of Isoflavones in Trial Foods	83
2.14.1 Standards	83
2.14.2 HPLC Conditions	83
2.14.3 Extraction Method	83
2.14.3.1 Extraction Protocol for Solid Study Foods	83
2.14.3.2 Extraction Protocol for Study Milks	84
2.14.4 Hydrolysis Method for Solid and Milk Study Foods	85
2.15. Statistical Analyses	85
2.16 Results	86

2.16.2 Gender Variation in Soy Food Intervention	
2.16.3 Compliance of Subjects	87
	87
2.16.4 Isoflavone Content of Study Foods	
2.16.5 Macronutrient and Energy Intakes of Subjects during the Intervention	90
2.16.6 Intake of Study Foods by intakes	92
2.16.7 Isoflavone Intake of Subjects during Diet Treatments	92
2.16.8 Equol Producers in Trial	93
2.16.9 Palatability of Study Foods	93
2.16.10 Market Potential of Trial Foods	95
2.17 Discussion	96
2.17.1 Characteristics of Subjects in the Intervention	96
2.17.2 Attrition and Compliance of Subjects in the Intervention	96
2.17.3 Strength of Intervention to Detect Outcome Measures	97
2.17.4 Variability of Isoflavone Content in Trial Foods	97
2.17.5 Macronutrient and Isoflavone Intakes of Subjects during the Intervention	98
2.17.6 Hedonics of Trial foods and their Potential Marketability	
2.18 Summary	99
3.0 EFFECT OF SOY FOODS ON BLOOD LIPIDS	101
3.1 Introduction	101
3.2 Aims of the Intervention in Relation to Plasma Lipids	103
3.3 Methods	104
3.3.1 Subjects and Recruitment	104
	104
3.3.2 Study Design and Protocol	
	104
3.3.2 Study Design and Protocol 3.3.2.1 Protocol for Collecting Blood Samples 3.3.3 Blood Plasma Analysis	104 104
3.3.2.1 Protocol for Collecting Blood Samples	104 104 104
3.3.2.1 Protocol for Collecting Blood Samples 3.3.3 Blood Plasma Analysis 3.3.4 Study Foods, Intake and Compliance	104 104 104 105
3.3.2.1 Protocol for Collecting Blood Samples 3.3.3 Blood Plasma Analysis 3.3.4 Study Foods, Intake and Compliance 3.3.5 Identification of Equol Producers in the Intervention	104 104 104 105 105
3.3.2.1 Protocol for Collecting Blood Samples 3.3.3 Blood Plasma Analysis 3.3.4 Study Foods, Intake and Compliance 3.3.5 Identification of Equol Producers in the Intervention 3.4 Statistics	104 104 105 105 105
3.3.2.1 Protocol for Collecting Blood Samples 3.3.3 Blood Plasma Analysis 3.3.4 Study Foods, Intake and Compliance 3.3.5 Identification of Equol Producers in the Intervention 3.4 Statistics 3.5 Results	104 104 105 105 105 105
3.3.2.1 Protocol for Collecting Blood Samples 3.3.3 Blood Plasma Analysis 3.3.4 Study Foods, Intake and Compliance 3.3.5 Identification of Equol Producers in the Intervention 3.4 Statistics 3.5 Results 3.5.1 Plasma Lipids during Dietary Phases of the Intervention	104 104 104 105 105 105 105 105
3.3.2.1 Protocol for Collecting Blood Samples 3.3.3 Blood Plasma Analysis 3.3.4 Study Foods, Intake and Compliance 3.3.5 Identification of Equol Producers in the Intervention 3.4 Statistics. 3.5 Results 3.5.1 Plasma Lipids during Dietary Phases of the Intervention 3.5.2 Influence of Macronutrient Intake on Plasma Lipids	104 104 104 105 105 105 105 106
3.3.2.1 Protocol for Collecting Blood Samples 3.3.3 Blood Plasma Analysis 3.3.4 Study Foods, Intake and Compliance 3.3.5 Identification of Equol Producers in the Intervention 3.4 Statistics 3.5 Results 3.5.1 Plasma Lipids during Dietary Phases of the Intervention	104 104 104 105 105 105 105 106 107

3.5.6 Nested Analysis of Soy vs Dairy Consumption on Lipids	111
3.6 Discussion	111
3.6.1 Effect of Trial Foods on Blood Cholesterol	111
3.6.2 Influence of Isoflavones on Lipids	113
3.6.3 Influence of Equol Production on Lipids	114
3.6.4 Effect of Soy Foods in Relation to Reducing Cardiovascular Disease Risk	114
3.7 Summary	115

4.0 EFFECT OF SOY FOODS ON METABOLIC RISK FACTORS	117
4.1 Introduction	117
4.2 Aims	118
4.3 Methods	118
4.3.1 Subjects and Recruitment	118
4.3.2 Study Design and Protocol	118
4.3.3 Anthropometric Assessments	118
4.3.4 Metabolic Assessments	118
4.3.4.1 Plasma Glucose and Insulin	118
4.3.4.2 HOMA 2 Calculation	119
4.3.5 Study Foods, Intake and Compliance	119
4.3.6 Identification of Equol Producers in the Intervention	119
4.4 Statistics	119
4.5 Results	120
4.5.1 Effect of Diets on Anthropometric and Metabolic Factors	120
4.5.2 Influence of Equol Production on Anthropometric and Metabolic Measures	122
4.5.3 Correlation between Isoflavone Intake and Changes in Anthropometric and Metaboli	C
Markers	123
4.5.4 Influence of Gender and Age on Anthropometric and Metabolic Measures	123
4.6 Discussion	124
4.6.1 Effect of Diets on Metabolic Measures	124
4.6.2 Effects of Diets on Anthropometric Measures	124
4.6.3 Effect of Equol Production on Anthropometric and Metabolic Measures	125
4.7 Summary	126
5.0 EFFECT OF SOY FOODS ON MARKERS OF CIRCULATORY FUNCTION	127
5.1 Introduction	127
5.2 Aims of the Intervention in Relation to Vascular Function	129

5.3 Methods	129
5.3.1 Subjects and Recruitment	129
5.3.2 Study Design and Protocol	129
5.4 Protocols for Vascular Assessments	130
5.4.1 Measuring Blood Pressure	130
5.4.2 Measuring Arterial Compliance	130
5.4.3 Measuring Peripheral Vascular Function	132
5.4.3.1 Endothelial Dependent Vasodilatation	133
5.4.3.2 Endothelial Independent Vasodilatation	133
5.4.3.3 Analysis of Peripheral Vascular Function Assessments	134
5.5 Study Foods, Intake and Compliance	135
5.6 Statistics	135
5.7 Results	136
5.7.1 Subjects	136
5.7.2 Effects of Diets on Vascular Function	136
5.7.2.1 Arterial Compliance and Blood Pressure for All Subjects (n=91)	136
5.7.2.2 Peripheral Vascular Function for Adelaide Based Subjects (n=55)	138
5.7.3 Influence of Isoflavone Intake on Vascular Function	139
5.7.4 Influence of Equol Production on Vascular Function	140
5.7.5 Influence of Plasma Lipids on Flow Mediated Dilatation	140
5.7.6 Influence of Age and Gender on Vascular Function	141
5.8 Discussion	141
5.8.1 Effects of Trial Foods on Peripheral Endothelial Function	141
5.8.2 Effects of Diet Treatments on Arterial Compliance and Blood Pressure	144
5.9 Summary	145
6.0 EFFECT OF ISOFLAVONE SUPPLEMENTATION ON COGNITIVE FUNCTION	147
6.1 Introduction	147
6.2 Aims	150
6.3 Hypotheses	151
6.4 Significance and Expected Outcomes	151
6.5 Subjects	152
6.5.1 Inclusion and Exclusion Criteria	152
6.5.2 Justification of Exclusion Criteria	152
6.6 Recruitment of Subjects	153
6.7 Screening of Subjects	153

6.7.1 Suitability Assessment and Telephone Screening Interview	
6.7.2 Screening Visit and Information Session	
6.8 Study Design	154
6.9 Study Protocol	155
6.10 Ethical Considerations	156
6.11 Cognitive Assessments	156
6.11.1 Memory and Learning	157
6.11.2 Auditory Memory Recall	158
6.11.2.1 Rey Auditory Verbal Learning Test	159
6.11.2.2 Paired-Associated Learning Task	159
6.11.3 Working Memory	
6.11.3.1 Backwards Digit Span Task	
6.11.3.2 Letter Number Sequencing Task	160
6.11.4 Spatial Working Memory Task	161
6.11.5 Visual- Spatial Processing	161
6.11.5.1 Metal Rotation Task	162
6.11.6 Executive Mental Function	162
6.11.6.1 Initial Letter Fluency Task	162
6.11.7 Planning Ability	163
6.11.7.1 Trail Making Test	163
6.12 Assessment of Peripheral Vascular Function	164
6.13 Composition of Isoflavone and Matching Placebo Supplements	164
6.14 Measures of Compliance	165
6.15 Overnight Urine Collection	165
6.16 Identification of Equol Producers in the Intervention	165
6.17 Statistics	165
6.18 Results	
6.18.1 Subjects	166
6.18.2 Equol Producers in Intervention	167
6.18.3 Compliance during Intervention	
6.18.4 Isoflavone Intake of Subjects during Active Treatment of Intervention	167
6.18.5 Effect of Isoflavone Supplementation on Cognitive Performance	
6.18.6 Effect of Isoflavone Supplementation on Peripheral Endothelial Function	169
6.18.7 Influence of Peripheral Endothelial Function on Cognition	171
6.18.8 Correlation between Isoflavone Intake and Changes in Cognitive and Vascular	Function
	171

	474
6.18.8.1 Isoflavone Consumption and Cognitive Performance	
6.18.8.2 Isoflavone Consumption and Peripheral Endothelial Function	173
6.18.9 Influence of Equol Production on Cognitive and Vascular Function	174
6.18.9.1 Influence of Equol on Cognition	174
6.18.9.2 Influence of Equol on Flow Mediated Dilatation	175
6.18.10 Influence of Age on Cognitive and Vascular Function	175
6.19 Discussion	175
6.19.1 Cognitive Performance during Intervention and the Effect of Equol Production	175
6.19.2 Effect of Isoflavones on Cognitive Tests with Known Sexual Differences	177
6.19.3 Effect of Isoflavones on Peripheral Endothelial Function	180
6.19.4 Correlation between Cognitive Performance and Flow Mediated Dilatation Respo	onse of
Subjects in the Intervention	181
6.20 Summary	182
7.0 GENERAL DISCUSSION	183
7.0 GENERAL DISCUSSION 7.1 Key Outcomes from the Interventions	
	183
7.1 Key Outcomes from the Interventions	183 183
7.1 Key Outcomes from the Interventions 7.1.1 Benefits of Novel Soy Foods in Relation to Cardiovascular Risk Reduction	183 183 185
7.1 Key Outcomes from the Interventions.7.1.1 Benefits of Novel Soy Foods in Relation to Cardiovascular Risk Reduction.7.1.2 Benefits of Isoflavones in Relation to Cognition in Healthy Males.	183 183 185 186
 7.1 Key Outcomes from the Interventions. 7.1.1 Benefits of Novel Soy Foods in Relation to Cardiovascular Risk Reduction. 7.1.2 Benefits of Isoflavones in Relation to Cognition in Healthy Males. 7.2 Significance of Key Outcomes from Interventions. 	183 183 185 186 188
 7.1 Key Outcomes from the Interventions. 7.1.1 Benefits of Novel Soy Foods in Relation to Cardiovascular Risk Reduction. 7.1.2 Benefits of Isoflavones in Relation to Cognition in Healthy Males. 7.2 Significance of Key Outcomes from Interventions. 7.3 Study Limitations of Interventions. 7.3.1 Soy Food Intervention. 	183 183 1 85 186 188 188
 7.1 Key Outcomes from the Interventions. 7.1.1 Benefits of Novel Soy Foods in Relation to Cardiovascular Risk Reduction. 7.1.2 Benefits of Isoflavones in Relation to Cognition in Healthy Males. 7.2 Significance of Key Outcomes from Interventions. 7.3 Study Limitations of Interventions. 	183 183 185 186 188 188 190
 7.1 Key Outcomes from the Interventions. 7.1.1 Benefits of Novel Soy Foods in Relation to Cardiovascular Risk Reduction. 7.1.2 Benefits of Isoflavones in Relation to Cognition in Healthy Males. 7.2 Significance of Key Outcomes from Interventions. 7.3 Study Limitations of Interventions. 7.3.1 Soy Food Intervention. 7.3.2 Isoflavone Supplement Intervention. 	183 183 1 85 186 188 188 190
 7.1 Key Outcomes from the Interventions. 7.1.1 Benefits of Novel Soy Foods in Relation to Cardiovascular Risk Reduction. 7.1.2 Benefits of Isoflavones in Relation to Cognition in Healthy Males. 7.2 Significance of Key Outcomes from Interventions. 7.3 Study Limitations of Interventions. 7.3.1 Soy Food Intervention. 7.3.2 Isoflavone Supplement Intervention. 	183 1 83 1 85 186 188 190 190
 7.1 Key Outcomes from the Interventions. 7.1.1 Benefits of Novel Soy Foods in Relation to Cardiovascular Risk Reduction. 7.1.2 Benefits of Isoflavones in Relation to Cognition in Healthy Males. 7.2 Significance of Key Outcomes from Interventions. 7.3 Study Limitations of Interventions. 7.3.1 Soy Food Intervention. 7.3.2 Isoflavone Supplement Intervention. 7.4 Future Directions of Research. 	183 183 185 186 188 188 190 190 193

APPENDIX 2- Recruitment Material for Soy Food Intervention	205
APPENDIX 3- Assessment Tools for Soy Food Intervention	231
APPENDIX 4- Macronutritent Profile of Trial Foods used in Soy Food Intervention	243
APPENDIX 5- Recruitment Material for Isoflavone Supplement Intervention	
APPENDIX 6- Isoflavone Supplement Specification Information	273
APPENDIX 7- Cognitive Tests used in Isoflavone Supplement Intervention	

BIBLIOGRAPHY

ABSTRACT

Regular soy consumption has been shown to reduce cardiovascular (CV) risk through plasma cholesterol reduction. According to the current health claim, this benefit is attributed to soy protein (SP). Dietary intervention trials indicate that isoflavones (ISO), weak phytoestrogens in soy, may also contribute by offering additional vascular and metabolic protection. Equol, a metabolite of the ISO daidzein (DAZ) with greater estrogenic potency, may be an important mediator of such effects.

This thesis examines effects of soy, in particular, ISO consumption on CV risk factors and the potential for ISOs to enhance cognition, possibly through improvements of circulatory function. Two crossover design intervention trials were undertaken: a food-based intervention, investigating differential effects of SP and ISO on plasma lipids and other risk factors for CVD, and an ISO supplementation trial, examining effects on cognition and vascular function. Both addressed whether benefits were dependent on equol production.

In the first trial, 91 subjects with untreated mild hypercholesterolemia were randomised to consume each of the following three diets in random order for sequential 6 week periods: (S) soy foods containing 24 g of SP and 75-90 mg ISO per day, (SD) soy/dairy foods containing 12 g SP, 12 g dairy protein (DP) and 75-90 mg ISO per day or (D) dairy foods containing 24 g DP only per day. At the end of each diet period, blood lipids, flow-mediated dilatation (FMD) of the brachial artery, blood pressure, arterial compliance and anthropometric measures were assessed. Compared with the control diet (D), there was a small but significant reduction in total cholesterol on the S diet only (2.8 + 1.1%, P<0.05), which could be accounted for by a decrease in saturated fat intake. FMD was found to be significantly improved when SD and S diet data were nested (P=0.03). Plasma triglycerides (TG) improved on both the SD and S diets compared with D (P<0.01). Other lipid, metabolic and vascular parameters did not differ between diets. There were no differences in outcomes between equol (n=30) and non equol producers (n=61).

In a subsequent 12 week double-blind supplementation trial, 34 healthy males were randomised to take 4 capsules providing 120mg ISO per day or a matching placebo for 6 weeks, after which they crossed over to the alternate supplement. FMD and cognitive assessments relating to measures of

Xİİİ

memory and executive function were performed at the beginning and end of each treatment phase. Spatial working memory, a test in which females consistently perform better than males, was significantly improved by ISO supplementation (P<0.02). However, other measures of cognition and FMD were unaffected and there were no differences between equol (n=8) and non-equol producers (n=26).

These interventions indicate that ISOs offer specific health benefits, independent of equol production. ISO supplementation can enhance specific cognitive processes which appear dependent on estrogen activation. Additionally, soy foods containing ISOs improved FMD and TG but were unable to improve LDL cholesterol, even in equol producers. Thus dietary ISOs may reduce CV risk but the validity of the current health claim for SP is questioned.

DECLARATION

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

I give consent to this copy of my thesis, when deposited in the University Library, being made available in all forms of media, now or hereafter known.

Signed: Ms Alicia Thorp (Wednesday 28th May, 2008)

ACKNOWLEDGEMENTS

I would like to acknowledge the Australian Research Council, So Natural Foods and Soy Health Pty Ltd who provided financial assistance and food products/supplements to conduct research for my PhD.

To my principal supervisor Professor Peter Howe, thank you allowing me the opportunity to work with you over the last five years. It's been a genuine privilege to be able to utilise your extensive skills and expertise in the area of nutrition research. The knowledge and advice you shared with me during the numerous hours spent in your counsel is sincerely appreciated.

To my co-supervisors, Associate Professor Jon Buckley and Dr Alison Coates thank you for your enthusiasm, patience and friendship over the years. I have learnt a great deal from you both and am extremely appreciative how approachable and supportive you have been as supervisors.

To those researchers I collaborated with throughout my candidature; Associate Professor Barbara Meyer, Dr Trevor Mori, Dr Jonathon Hodgson and Dr Natalie Sinn. Thank you for all your advice, the technical assistance you provided in order for me to conduct my research and for helping critique my manuscript and thesis drafts. I am especially grateful to Roger King for teaching me how to operate the HPLC system and perform isoflavone analysis. Your time and support was truly invaluable!

To my fellow NPRC postgraduates and my amazing circle of friends, thank you for all your uplifting words, keeping me grounded and never letting me lose site of my ultimate goal.

And last but not least to my beautiful family, thank you for all your love and encouragement. I can honestly say I would not have been able to complete my PhD if it had not been for your tremendous support over the last few years.

GLOSSARY OF ABBREVIATIONS

5-DHT	=	5α-dihydrotestosterone
AMP	=	adenylate cyclase
ANPA	=	atrial natriuretic peptide receptor A
ANOVA	=	analysis of variance
β-conglycinin	=	7S globulin
BDNF	=	brain derived neurotrophic factor
BMI	=	body mass index
BP	=	blood pressure
Ca2+	=	calcium
cAMP	=	cyclic adenylate cyclase
ССК	=	cholecystokinin
cDNA	=	complimentary DNA
cGMP	=	cyclic guanosine monophosphate
ChAT	=	choline acetyl transferase
CHD	=	coronary heart disease
COX	=	cyclo-oxygenase
CO2	=	carbon dioxide
CPT-1	=	carnitine- palmitoyl transferase 1
CV	=	cardiovascular
CVD	=	cardiovascular disease
D	=	dairy diet
DAZ	=	daidzein
DBP	=	diastolic blood pressure
DP	=	dairy protein
GEN	=	genistein
EC50	=	transcriptional potency

ECD	=	electrochemical detection
ECE-1	=	endothelin converting enzyme-1
EDHF	=	endothelium derived hyperpolarizing factor
EDTA	=	ethylene diamine tetra acetic acid
eNOS	=	endothelial nitric oxide synthase
ER	=	estrogen receptor
ERα	=	estrogen receptor alpha subtype
ERβ	=	estrogen receptor beta subtype
ERE	=	estrogen response element
ERK	=	extracellular signal-regulated kinase
ERR-α1	=	estrogen related receptor alpha 1
ET-1	=	endothelin
FATP	=	fatty acid transport protein
FDA	=	food and drug administration
FMD	=	flow mediated dilatation
fMRI	=	functional magnetic resonance imaging
GLY	=	glycitin
Glycinin	=	11S globulin
H2O2	=	hydrogen peroxide
HAEC	=	human aortic endothelial cell
HCI	=	hydrochloric acid
HDL-C	=	high density lipoprotein cholesterol
HMG-CoA	=	hydroxymethyl glutaryl- CoA
HPLC	=	high performance liquid chromatography
HRT	=	hormone replacement therapy
HREC	=	human research ethics committee
ISO	=	soy isoflavone

K+	=	potassium
LAEI	=	large artery elasticity index
LBD	=	ligand binding domain
LDL-C	=	low density lipoprotein cholesterol
LDL-R	=	low density lipoprotein receptor
LPH	=	lactase phlorizin hydrolase enzyme
LXR-α	=	nuclear liver X receptor
MAP	=	mean arterial pressure
MAPK	=	mitogen-activated protein kinase
mDNA	=	messenger DNA
MeOH	=	methanol
MnSOD	=	manganese superoxide dismutase
Na2+	=	sodium
NADPH	=	nicotinamide adenine dinucleotide phosphate
NGF	=	nerve growth factor
NO	=	nitric oxide
NTG	=	nitrotriglycerate
0-	=	superoxide
O-DMA	=	O-desmethylangolensin
PET	=	photo emission tomography
PGI2	=	prostacyclin
PPAR	=	peroxisome proliferator activator receptor
PPRE	=	peroxisome proliferator hormone response element
PKG	=	cGMP- dependent protein kinase
РТК	=	protein tyrosine kinase
PWV	=	pulse wave velocity
RAVLT	=	rey's auditory verbal learning task

RBA%	=	relative binding affinity as a percentage compared to estradiol
RIA	=	radio immunoassay
ROS	=	reactive oxygen species
RXR	=	retinoid X receptor
S	=	soy diet
SD	=	combination soy and dairy diet
SAC	=	systemic arterial compliance
SAEI	=	small artery elasticity index
SBP	=	systolic blood pressure
SERMs	=	selective estrogen receptor modulators
SHBG	=	sex hormone binding globulin
SMC	=	smooth muscle cell
smRLC	=	smooth muscle myosin regulatory light chains
SP	=	soy protein
SREBP	=	sterol regulatory element binding protein
SVR	=	systemic vascular resistance
TChol	=	total cholesterol
TG	=	triglyceride
TNF-α	=	tumour necrosis factor α
TVI	=	total vascular impedance
vLDL	=	very low density lipoprotein
VSMC	=	vascular smooth muscle cell
WHR	=	waist hip ratio
WT	=	wild type

LIST OF FIGURES

Figure 1.1: Processing methods for soybean products
Figure 1.2: The effect of processing on the average mg concentration of isoflavone/100g of soy flour7
Figure 1.3: Structure and source of notable phytoestrogens
Figure 1.4: A partial diagram of the phenylpropanoid pathway showing intermediates and enzymes
involved in isoflavone synthesis, as well as some branch pathways11
Figure 1.5: Structure of soy and red clover derived isoflavones11
Figure 1.6: Four chemical forms of three analogues of isoflavones found in soybeans
Figure 1.7: Transformation of esterified malonyl glucoside into an aglycone15
Figure 1.8: Mechanism of intestinal absorption and metabolism of isoflavone glycosides16
Figure 1.9: Main metabolites and respective intermediates produced from daidzein and genistein17
Figure 1.10: In vitro metabolism of daidzein in a colonic model of fermentation of human faecal flora
showing the influence of a high carbohydrate milieu on the rate of conversion of daidzein
to the intestinal bacterially derived metabolite equol18
Figure 1.11: Pathway for equol formation after hydrolysis of the glycoside conjugates daidzein from soy,
and the methoxylated isoflavone, formononetin found in clover
Figure 1.12: Comparison of the structure of the isoflavone metabolite equol with that of estradiol22
Figure 1.13: Comparison of the chemical structures of the diastereoisomers of equol to estradiol,
showing the site position of the chiral carbon centre
Figure 1.14: Anatomical distribution of estrogen receptors; ERα and ERß in males and females23
Figure 1.15: Structural comparison of ER α and ER β . The approximate percentage of the amino-acid
identity between the structural domains of the two subtypes is given under the $ER\beta$
figure24
Figure 1.16: ER β inhibits ER α mediated gene transcription in the presence of ER α , whereas it can
partially replace ERα in the absence of ERα25
Figure 1.17: Genomic and non genomic actions of estrogen and ligands for estrogen receptors26
Figure 1.18: Schematic diagram of processes involved in atherosclerosis

Figure 1.19: Physiological events which precede atherosclerosis
Figure 1.20: Nitric oxide production from the L-Arginine pathway and its activation of smooth muscle
relaxation
Figure 1.21: Summary of the multiple causes and locations of arterial stiffness
Figure 1.22: General mechanism of PPAR activated transcription45
Figure 1.23: Postulated estrogen receptor – dependent genomic and non genomic mechanism by
which isoflavones improve vascular function49
Figure 1.24: Mechanisms by which soy isoflavones may increase antioxidant gene expression (as well
as endothelial nitric oxide synthase; eNOS)51
Figure 1.25: The NF-kB pathway as a potential molecular target of isoflavones
Figure 1.26: Genistein and other isoflavones increase the survival and growth of a neuron, and synaptic
plasticity via antioxidant and estrogen receptor-mediated pathways60
Figure 2.1: Outline of protocol design for Soy Food Intervention
Figure 2.2: Urinary Isoflavone Concentration Chromatograph from HPLC Analysis
Figure 2.3: Subject recruitment, randomisation and completion rates during the Soy Food
Intervention
Figure 2.4: Log 10 of mean equol:daidzein concentration ratio of all subjects
Figure 3.1: Change in lipids on SD and S Diets from D (Control) for all subjects106
Figure 3.2: Change in lipids on the SD Diet compared to D (control) for equol and non-equol
producers108
Figure 3.3: Change in lipids on the S Diet compared to D (control) for equol and non-equol
producers108
Figure 3.4: Percent change in Lipids on SD Diet from D for genders110
Figure 3.5: Percent Change in Lipids on S Diet from D for genders110
Figure 5.1: Interpretation of blood pressure waveform derived from CV Profiler
Figure 5.2: Model of CV Profiler rationale for analysis and determination of LAEI (C1) and
SAEI (C2)132

Figure 5.3: Ultrasound analysis of brachial arterial diameter using digital callipers		
Figure 5.4: Analysis of brachial arterial diameter using either the posterior and anterior M-lines or		
I- lines		
Figure 5.5: Nested analysis for effect of SD and S Diets on FMD compared to D for n=55 subjects139		
Figure 5.6: Correlation between mean isoflavone intake/day and % change in SAEI for all subjects		
(n=91) on the SD diet140		
Figure 6.1: Outline of protocol for Isoflavone Supplement Intervention		
Figure 6.2: Schematic diagram of Novel Spatial Working Memory Task		
Figure 6.3: Schematic diagram of question from the Mental Rotation Task162		
Figure 6.4: Subject recruitment, randomisation and completion rates for the Isoflavone Supplement		
Intervention168		
Figure 6.5: Correlation between mean daily isoflavone intake and total recall component of the RAVLT		
for non equol producers (n=26) only172		
Figure 6.6: Correlation between mean daily isoflavone intake and Initial Letter Fluency Task for equol		
producers (n=8) only172		
Figure 6.7: Correlation between mean daily isoflavone intake on the active treatment and % change in		
FMD for all subjects (n=34)173		
Figure 6.8: Correlation between mean daily isoflavone intake on the active treatment and % change in		
FMD for non equol producers (n=24) only174		

LIST OF TABLES

Table 1.1: Typical isoflavone concentrations of commercial soy products
Table 1.2: Relative binding affinity expressed as a percentage (RBAa %) and transcriptional potencies
(EC50C) of isoflavones and equol for ER α and ER β at equivalent concentrations
Table 1.3: Selective and co-expression of estrogen receptors in the brain
Table 1.4: Areas of the brain where ER β are located and their potential role in cognition
Table 2.1: General exclusion criteria for Soy Food Intervention
Table 2.2: Randomisation of Treatments on the Soy Food Intervention
Table 2.3: Protein and isoflavone content per serve of each trial food
Table 2.4: Individual serving size of trial foods and their availability to the different intakes of subjects
during each of the dietary phases75
Table 2.5: Baseline characteristics of all subjects in Soy Food Intervention
Table 2.6: Total isoflavone content (in mg) of trial foods per serving
Table 2.7: Mean daidzein, genistein and glycitein concentrations in trial foods
Table 2.8: Macronutrient intake of subjects during intervention based on Food Frequency Questionnaire
data analysis91
Table 2.9: Percent energy derived from macronutrients on diet treatments for all subjects
Table 2.10: Summary of trial food consumption rates (as a percentage of total serves) for intakes92
Table 2.11: Mean daily and treatment isoflavone consumption rates for all subjects and across
intakes
Table 2.12: Mean hedonic scores for trial foods used during the Soy Food Intervention
Table 2.13: Percentage of subjects willing to purchase the trial foods used in the Soy Food
Intervention95
Table 3.1: Lipid concentrations and changes across diets for all subjects
Table 3.2: Lipid concentrations and changes on diets based on equol status
Table 3.3: Influence of gender on lipid concentrations on the diets
Table 3.4: Correlation between changes in isoflavone intake/day and changes in lipid parameters111

Table 4.1: Anthropometric and metabolic measurements of all subjects on the diets	120
Table 4.2: Anthropometric and metabolic measures on the diets based on glucose tolerance	121
Table 4.3: Baseline anthropometric and metabolic measures for equol and non equol producers	122
Table 4.4: Anthropometric and metabolic measures on diets for equol and non equol producers	123
Table 5.1: Baseline vascular characteristics of subjects	136
Table 5.2: Effect of diet treatments on arterial compliance for all subjects	137
Table 5.3: Effect of diet treatments on blood pressure for all subjects	137
Table 5.4: Effect of diets on peripheral endothelial dependent and independent vasodilatation	138
Table 6.1: General exclusion criteria for Isoflavone Supplement Intervention	152
Table 6.2: Battery of cognitive tests used in the Isoflavone Supplement Intervention	157
Table 6.3: Composition of isoflavone supplements used in the intervention	164
Table 6.4: Screening characteristics of males in the Isoflavone Supplement Intervention	167
Table 6.5: Absolute and change scores of cognitive tests in Isoflavone Supplement Intervention for	or all
subjects, equol and non equol producers	170
Table 6.6: Effect of treatments on FMD response of subjects in the Isoflavone Supplement	
Intervention	169

PUBLICATIONS

Publications arising from PhD Thesis

Papers- In Press

Thorp AA, Howe PRC, Mori TA, Coates AM, Buckley JD, Hodgson J, Mansour J, Meyer BJ. Soy food consumption does not lower LDL-cholesterol in either equal or non-equal producers. American Journal of Clinical Nutrition (accepted for publication on April 24th, 2008)

Abstracts and Conference Presentations

Thorp A, Sinn N, Buckley J, Coates A & Howe P. Soy Isoflavone Supplementation Improves Spatial Working Memory in Healthy Males. Nutrition Societies of New Zealand and Australia Annual Scientific Meeting. Asia Pac J Clin Nutr 2007; 16 (Suppl 3): S34.

Thorp A, Buckley J, Coates A, Mori T, Hodgson J, Mansour J, Howe P and Meyer B. Importance of soy protein and isoflavone intake for protection against heart disease. NSA Annual Scientific Meeting. Asia Pac J Clin Nutr 2006;15(Suppl 3): S47.

Awarded Best Student Oral Presentation; Nutrition Society of Australia (NSA), 30th Annual Scientific Meeting, 29 November 2006 Sydney

Thorp A, Morris A, Buckley J, Mori T, Hodgson J, Meyer B & Howe P. Lack of effect of soy diets on LDL cholesterol. ASMR SA Divn. Annual Scientific Meeting, 2006; pg 57 (Poster Presentation)

Thorp A, Morris A, Buckley J, Mori T, Hodgson J, Meyer B & Howe P. Lipid lowering effects of foods containing soy protein and isoflavones. ASMR SA Divn. Annual Scientific Meeting, 2005; abstr. O20

Awarded Healthy Aging Research Cluster (HARC) and Australian Society of Medical Research (ASMR) Healthy Ageing Research Prize for best oral presentation; ASMR Annual Scientific Meeting, 15 June, 2005.

Additional Publications during PhD Candidature

Papers- Published

Buckley JD, Thorp AA, Murphy KJ, Howe PRC. Dose-Dependent Inhibition of the Post-Prandial Glycaemic Response to a Standard Carbohydrate Meal following Incorporation of Alpha-Cyclodextrin. Ann Nutr Metab 2006; 50:108-114

Abstract-Published

Parker B, Thorp A, Denichilo M, Rowney M, Coates A, Buckley J, Howe P. Effect of dairy based replacement meals on food intake and appetite in lean and obese subjects. Nutrition Societies of New Zealand and Australia Annual Scientific Meeting. Asia Pac J Clin Nutr 2006; 15 (Suppl 3): S128