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Abstracts

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FM1

Is dairy intake associated with less cognitive decline? A systematic review and meta-analysis of longitudinal studies

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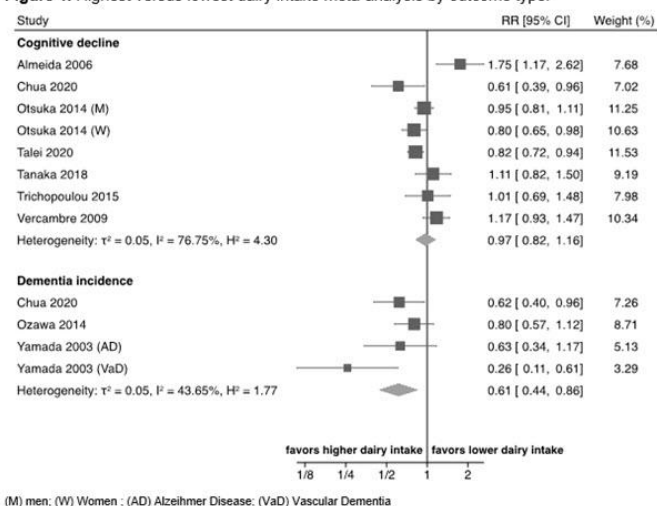
Introduction: With aging population, prevention of cognitive decline is a major concern in primary care. Nutrition is a modifiable factor that could have a clinical impact in this prevention. In particular, the effects of the dairy intake on cognition are still controversial. We conducted a systematic review and meta-analysis on association between the dairy intake and cognitive decline or incidence of dementia with dose-response analysis.

Methods: We included longitudinal studies with community-dwelling adults ≥ 18 years unselected on the basis of chronic conditions. Our primary outcomes were the decline of cognitive function as defined in studies and incidence of dementia at end of follow-up. We identified relevant literature through a systematic search of Embase, Medline Ovid, Cochrane, Web of Science and Google Scholar from inception to end of July 2020. Two investigators conducted abstract and full-text screenings, data extractions, and risk-of-bias assessments using the Academy of Nutrition and Dietetics Quality Criteria Checklist (QCC). We performed a meta-analysis using a random-effects model.

Results: We included 11 prospective studies with 46,896 participants. We rated all studies at low risk of bias. Mean follow-up time was 11.7 years. Seven studies assessed cognitive decline through decrease in scores of various neuropsychological tests including MMSE (Mini-Mental State Examination). Three studies assessed dementia incidence using either MMSE threshold or DSM-IIIR/DSM-IV criteria. Comparing highest vs. lowest dairy intake, we found no association between dairy and cognitive decline. (Summary risk ratio-sRR=0.97; 95%CI 0.82, 1.16; 7 studies) although with large statistical heterogeneity (I^2=76.75%). The dose-response analyses using g/day with 4 studies showed U-shaped curve, with lowest risk at approximately 120-130 g/day. We found an inverse association between the dairy intake and dementia incidence (sRR=0.61; 95%CI 0.44, 0.86; I^2 =43.65%; 3 studies).

Conclusion: Our study suggests no association between the dairy intake and cognitive decline. However, the dose-response analyses infer a possible protective role, limited to a tight range of daily intakes. Moreover, we found that high dairy intake might decrease dementia incidence. Nevertheless, we should consider results with caution due to the heterogeneity of assessment. We need further studies to help guide patients with appropriate lifestyle recommendations to prevent cognitive decline.

Figure 1. Highest versus lowest dairy intake meta-analysis by outcome type.

Study		RR [95% CI]	Weight (%)
Cognitive decline			
Almeida 2006		1.75 [1.17, 2.62]	7.68
Chua 2020		0.61 [0.39, 0.96]	7.02
Otsuka 2014 (M)		0.95 [0.81, 1.11]	11.25
Otsuka 2014 (W)		0.80 [0.65, 0.98]	10.63
Talei 2020		0.82 [0.72, 0.94]	11.53
Tanaka 2018		1.11 [0.82, 1.50]	9.19
Trichopoulou 2015		1.01 [0.69, 1.48]	7.98
Vercambre 2009		1.17 [0.93, 1.47]	10.34
Heterogeneity: $\tau^2 = 0.05$, $I^2 = 76.75\%$, $H^2 = 4.30$		0.97 [0.82, 1.16]	
Dementia incidence			
Chua 2020		0.62 [0.40, 0.96]	7.26
Ozawa 2014		0.80 [0.57, 1.12]	8.71
Yamada 2003 (AD)		0.63 [0.34, 1.17]	5.13
Yamada 2003 (VaD)		0.26 [0.11, 0.61]	3.29
Heterogeneity: $\tau^2 = 0.05$, $I^2 = 43.65\%$, $H^2 = 1.77$		0.61 [0.44, 0.86]	

favors higher dairy intake | favors lower dairy intake

1/8　1/4　1/2　1　2

(M) men; (W) Women ; (AD) Alzeihmer Disease; (VaD) Vascular Dementia

[Figure 1. Highest versus lowest dairy intake meta-analysis by outcome type.]

FM2

Reflexivity as a tool to raise medical students' awareness on gender bias

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Introduction: Gender bias interferes with optimal medical care for both men and women, leading to health risks for patients and contributing to health inequalities. Reflexivity is used in medical education to improve professionalism and health provision. This study aimed at assessing the adequacy of the reflective practice to raise awareness of gender bias in medical practice in undergraduate teaching.

Methods: This qualitative study was conducted in general ambulatory medicine in Lausanne, Switzerland, between March and August 2019 with 160 master students. Through group discussions and on-line reflective sheets (figure 1), students were asked to discuss encountered clinical cases with a focus on potential gender bias. We analyzed the reflective sheets using a thematic analysis framework.

1. INDIVIDUAL OBSERVATIONS AND SELF-REFLECTION BASED ON AN ENCOUNTERED CLINICAL CASE

Briefly describe a clinical case encountered during the internship: …

Anamnesis: Would the anamnesis have been different if the patient had been of the opposite sex?

☐ Yes ☐ No

Clinical exam: would the clinical exam have been different if the patient had been of the opposite sex?

☐ Yes ☐ No

Differential diagnosis: Would the differential diagnosis assumptions have been different if the patient had been of the opposite sex?

☐ Yes ☐ No

Management: Would the proposed diagnostic and/or therapeutic measures have been different if the patient had been of the opposite sex?

☐ Yes ☐ No

Using your previous answers, describe for each step related to the clinical consultation (anamnesis, etc.) the elements that support an identical or different approach depending on the gender of the patient: …..

2. COLLECTIVE REFLECTION

Following the group session, are there any important points (agreement or disagreement) that were raised from your presented clinical case?

3. PERSONAL SYNTHESIS AND SELF-REFLECTION

What are the most important elements I have learned?

What aspects have been most difficult for me?

What will I integrate into my medical practice?

[FIGURE 1 – Reflective sheet (Accessed by students via their electronic portfolio)]

Results: The reflection structured along clinical reasoning steps from a real clinical case, enabled the identification of gender bias at each stage of a clinical case management. The analysis of the reflective sheets revealed four factors that facilitated gender reflexivity (**figure 2**): the gender expert´s guidance, the peer-to-peer exchanges, the selected clinical cases and the student's awareness. Group discussions through expert guidance and peer-to-peer exchanges made the majority of students aware of their own gender bias or/and of bias in their colleagues. The students found the exercise useful in linking theoretical lectures and clinical practice. They did not have the same opinion regarding the benefits or disadvantages of having little clinical experience; some thought it was protective against gender bias while others thought the opposite.