

EUROPEAN RESEARCH ACTIVITIES ON HEALTHY AGEING , DIET AND MALNUTRITION (15/01/2015)

Study	PI	Recruitment partners	Other Partners	Objectives/Intervention	Endpoints/Follow-up
FP7, IMI					
DO-HEALTH FP7 2011-2016	-Zurich Pr Heike Bischoff-Ferrari Heike.Bischoff@usz.ch	-Genève Pr René Rizzoli Rene.Rizzoli@unige.ch -Basel Pr RW Kressig rkressig@uhbs.ch -Innsbruck Pr Michael Blauth michael.blauth@i-med.ac.at -Coimbra Pr José Pereira da Silva jdasilva@ci.uc.pt -Berlin Pr Dieter Felsenberg dieter.felsenberg@charite.de	Industrial -Roche Diagnostics (biomarkers) Monika Reuschling -DSM Nutritional Products (DNP) Dr Elisabeth Stöcklin -Nestlé Dr Michaela Hoehne, Dr Héléne Chevrou-Séverac -Pfizer Consumer Health Care Academic -Karlsruhe /Biomarkers of immunity Dr Bernahrd Watzl bernhard.watzl@mri.bund.de - Manchester /Osteoarthritis Pr David T Felson david.felson@manchester.ac.uk - Sheffield /Osteoporosis Pr John Kanis pmckenney@iofbonehealth.org -Zurich/Health Economic Modeling Pr Andreas Maetzel andreas.maetzel@utoronto.ca -Dresden/Novel biomarker Dr Lorenz Hofbauer Lorenz.Hofbauer@uniklinikum-dresden.de	To establish long-term efficacy and safety data for the 3 interventions in the prevention of age-related diseases in seniors. <u>Subjects:</u> N=2152 community-dwelling people, 70 y and + <u>Intervention:</u> individual and combined effect of 2000 IU vit D/day, 1g O3 PUFAs/day and a simple home exercise program in an efficient factorial trial design <u>Duration:</u> 3 y	<u>5 primary endpoints:</u> -the risk of incident non-vertebral fractures; -the risk of functional decline; -the risk of blood pressure increase; -the risk of cognitive decline; -the rate of any infection. <u>Key secondary endpoints include</u> -risk of hip fracture, -rate of falls, -pain in symptomatic knee osteoarthritis, -glucose tolerance, -gastro-intestinal symptoms, -mental and oral health, -quality of life, -mortality. <u>Follow-up</u> will be face-to-face, at a 3-month interval (4 clinical visits and 9 phone calls).
NUTRIMAL	-Dublin Pr Helene Roche Helene.roche@ucd.ie (Nutrigenomics)			NUTRIMAL is a large project grant addressing 'Novel Nutritional Solutions to Combat Malnutrition in the Elderly' in collaboration with the HSE, SafeFood and a number of industry partners. In collaboration with UCC APC, another FIRM award ImmunoMet will address the interactions between nutritional status, metabolic health and the gut microbiome.	

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<p>Nu-Age FP7 2011-2016</p>	<p>-Bologne Pr Claudio Franceschi claudio.franceschi@unibo.it</p>	<p>Wagenigen Dr Agnes Berendsen Dr Edith Feskens Pr Lisette de Groot Agnes.berendsen@wur.nl Edith.Feskens@wur.nl Lisette.deGroot@wur.nl</p> <p>Bologne Mme Aurelia Santoro Dr Elisa Pini Dr Elisa Cevenini Dr Rita Ostan Aurelia.santoro@unibo.it Elisa.Pini5@unibo.it Elisa.Cevenini3@unibo.it Rita.Ostan3@unibo.it</p> <p>Warsaw Dr Barbara Pietruszka Dr Katarzyna Rolf Barbara_Pietruszka@sggw.pl Katarzyna_Rolf@sggw.pl</p> <p>Clermont-Ferrand Dr Noel Cano Dr Aurélie Caille Dr Noëlle Lyon-Belgy Noel.cano@clermont.inra.fr Aurelie.caille@clermont.inra.fr nlyonbelgy@chu-clermontferrand.fr</p> <p>Norwick Dr Susan Fairweather-Tait S.Fairweather-Tait@uea.ac.uk</p>		<p>To investigate whether a newly designed, personally tailored diet, designed to meet the nutritional needs of people over 65 years of age can counteract or slow down the decline of function at the level of different organs and systems occurring with age. This approach will allow an evaluation of the whole-organism's response using a systems biology approach. It will consider several tissues and systems as a functional network instead of assessing the single tissue and organ responses separately.</p> <p><u>Population:</u> 1250 apparently healthy, independent living European participants aged 65-80 years.</p> <p><u>Intervention:</u> Participants are randomized into either the diet group or control group. Participants in the diet group received dietary advice aimed at meeting the nutritional requirements of the ageing population. Special attention was paid to nutrients that may be inadequate or limiting in diets of elderly, such as vitamin D, vitamin B12, and calcium.</p> <p><u>Duration:</u> 1 y</p>	<p><u>Primary endpoint:</u> -inflammation status (C-reactiv protein)</p> <p><u>Secondary endpoints:</u> -Insulin sensitivity, liver function status, hormonal function status, bone health, cardiovascular health, cognitive status, mental health, quality of life, physical functioning, digestive health, anthropometry and measures of nutritional status. -genetic analysis (polymorphisms involved in nutrition, ageing and inflammaging to explain the individual variability of the effect of a healthful diet intervention)</p>
<p>PhysioDom-HDIM ICT Policy Support Programme 2013-2016</p>	<p>-Paris Pr Serge Herberg (U557/UREN) herberg@uren.smbh.univ-paris13.fr</p>		<p><u>Industrial</u> -Habitat et Santé (project initiator with UREN) -Cybermoor -Meditecnologia -Viveris technologies -Sirlan Technologies -ST Microelectronics</p>	<p>To propose an ICT platform offering a new service on a large territory – Home Dietary Intake Monitoring based on readings and monitoring of weight, lean/fat ratio and physical activity, complemented with an intervention structure and strategy – the Home Diet Coaching.</p>	<p><u>Primary endpoint:</u> Acceptability of the proposed system, i.e. use of the instruments and the services associated with them (to be conducted using the Bastien & Scapin method).</p>

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			<p>-Télécom Santé</p> <p><u>Academic</u> -The Consorti Sanitari de Terrassa (Hôpital, 7 Primary Care centres, 2 Mental Health centers, Healthcare unit) - Wagenigen University</p>	<p><u>Population:</u> Seniors (> over age 65) who are active, are in a state of pre-frailty or frail health, are dependent and/or have chronic illnesses – heart failure, diabetes, high blood pressure, are receiving chemotherapy</p> <p><u>Intervention:</u> Home Dietary Coaching dedicated to the Seniors for ageing well. The main challenges are: -Improve the current technical platform -Roll out the PhysioDom System in three - UE Pilot sites gathering 750 equipped homes and 150 professionals -Train the persons and the professionals -Manage the changes in the organizations -Validate the HDIM service: scientific & good uses -Set up a business model at the EU scale.</p>	<p><u>Secondary endpoint:</u> Efficacy of the HDIM service: -based on how patients (seniors) perceive their quality of life, the main criterion (SF12), combined with a study of changes in the following parameters (weight, BMI/FM ratio, distance covered, appetite measurement, dietary monitoring and monitoring of physiological parameters: blood pressure and blood sugar); all of these factors will be measured at M18 and M29. -In two working groups and two steps: <ul style="list-style-type: none"> ▪ the Nutritional and Medical Approach, covering all persons involved in the study for the three pilot sites; this is the “trajectory” view¹ of the entire population included in PhysioDom-HDIM, i.e. 750 persons total ▪ the Assessment of PhysioDom Results (Does PhysioDom add anything?), comparing the results of the Nutritional and Medical Approach with those obtained for a control population residing in the area of the pilot sites and specially selected² i.e. 150 controlled persons. We might add an additional study comparing the results obtained at each pilot site with the overall results in order to assess the performance of each of the pilot sites.</p> <p><u>Third endpoint:</u> The cost/efficacy ratio of PhysioDom-HDIM: the value of this ratio will tell us about the efficiency of the service in terms of the various types of seniors cared for.</p>
<p>SPRINTT IMI 2014-2019</p>	<p>-Sanofi-Aventis Research and Development</p>	<p>-Centre Hospitalier Universitaire de Toulouse -Univerzita Karlova v Praze</p>	<p><u>Industrial</u> -Sanofi-Aventis Research and Development</p>	<p>To evaluate the effectiveness of an intervention consisting in physical activity, nutritional assessment/counseling and</p>	<p><u>Primary outcome :</u> The primary outcome will be the incidence of mobility disability (i.e. incident inability to</p>

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	<p>(Coordinator) -Università Cattolica del Sacro Cuore Prof. Leocadio Rodriguez Mañas (Managing entity of IMI JU funding) Irodriguez.hugf@salud.madrid.org</p>	<p>-Roessingh Research and Development BV -Helsingin yliopisto (University of Helsinki) -Servicio Madrilenos de Salud -Université Paris Descartes -Università degli Studi di Firenze -Friedrich-Alexander-Universität Erlangen-Nürnberg -Uniwersytet Jagiellonski -Istituto Nazionale di Riposo e Cura per Anziani-INRCA -Universitätsmedizin Göttingen, -Georg-August-Universität -Centre of Diabetes for Older People at Niche Science & Technology</p>	<p>-Caretek s.r.l. -EU-Open S.R.L. -Glaxosmithkline Research and Development LTD -Institut de Recherches Internationales Servier -Novartis Pharma AG -Eli Lilly and Company Ltd</p>	<p>information & computer technology (ICT) intervention in terms of incidence of mobility disability (defined as incident inability to complete a 400 m walk with 15 min without assistive device or help) in comparison with a HALE program (Healthy Aging Lifestyle Educational program) in clinically frail and sarcopenic community-dwelling subjects aged ≥ 70 years. SPRINT-T will be an international, multi-center, open, randomized trial. <u>Population:</u> Approximately 1,500 older persons will be enrolled in the study (about 750 per treatment arm) <u>Intervention:</u> The multicomponent intervention will be administered for two years, one year at the study center and one year at the participant's home via the support of dedicated ICT devices. <u>Duration:</u> 3 y.</p>	<p>walk 400 meters). <u>Secondary outcomes :</u> -changes in physical performance; -ability of selected biomarkers to predict the rate of change in muscle mass & functional capacity; -changes in frailty status; -changes in sarcopenia parameters; -incidence of falls, “near-falls” and injurious falls; -changes in nutritional status; -changes in physical function, cognitive function and mood; -changes in healthcare services utilization; -- -changes in drugs consumption and polypharmacy; -changes in quality of life; -incident cognitive impairment; -mortality rate.</p>
<p>CHANCES FP7 2011 - 2015</p>	<p>-Bologne Pr Francesco Capozzi Pr Alessandra Bordoni francesco.capozzi@uni-bo.it alessandra.bordoni@unibo.it http://www.chancefood.eu/</p>	<p>-Vilnius, Lithuania Pr Vaiva Hendrixson (WP1 leader) -Leeds, UK Dr Santosh Khokahr (WP2 leader) -Copenhagen, Denmark Dr Soren Balling Engelsen (WP3 leader) -Mme Anamarija Mandic (WP4 leader) -Budapest, Hungary Dr Andras Salgo (WP6 leader)</p>	<p><u>Industrial</u> VTT – Technical Research Centre of Finland, Finland FINS – Institute for Food Technology of Novi Sad, Serbia VALIO – Valio oy, Finland ZDRAVO – Zdravo Organic d.o.o., Serbia LIPOTI – Proteus Gold KFT, Hungary LP - UAB Lietpak, Lithuania STRAND – STRAND d.o.o., Serbia <u>Academic</u> IFR – Institute of Food Research, United Kingdom CIRMMP - Consorzio Interuniversitario Risonanze Magnetiche di Metalloproteine Paramagnetiche, Italy</p>	<p>Successful development of attractive and affordable food products addressing specific nutrition problems in people at risk of poverty requires solid evidence to build on. This is accounted for in the organization of the CHANCE research activities. In the initial phase the necessary evidence base is constructed. The population groups at greatest risk of poverty in Europe will be identified. By analyzing food intake data, weight, height and other body measurements as well as bio-markers collected from volunteers from these groups their specific nutrition-related issues and needs will be clarified. Perceptions of barriers and facilitators to a healthful diet will also be looked into before the processing</p>	

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			<p>IMR – Institute for Medical Research, Serbia EUFIC – European Food Information Council, Belgium CEN – Comité Européen de Normalisation, Belgium</p>	<p>of developing food products will start. All this will be considered in the selection of ingredients, formulation of the CHANCE foods and design of packaging. CHANCE ingredients and food products will be evaluated in order to meet consumer expectations and production requirements.</p> <p>The research activities are divided in the following work packages: -Identification of population groups at risk of poverty -From nutrition data to targets for new foods -Nutri-metabonomics to assess metabolic consequences of different diets -Methods for food production and packaging -Processing scale up and technology optimization -Technology transfer and test of production <u>Duration</u> : 3 y</p>	
<p>EuroDISH FP7 2012-2015</p>	<p>-LEI Wagenigen UR Missing Krijn Poppee (EuroDISH coordinator) Pieter van 't Veer (Scientific Coordinator)</p> <p>http://www.wageningenur.nl/en/Contact-person.htm?contactpersonid=928 Karin Zimmerman (Project Manager) karin.zimmermann@wur.nl</p> <p>http://www.eurodish.eu/partners</p>	<p>-LEI Wagenigen UR Dora Lakner Harriette Snoek Marc Jeroen Bogaardt -Université Paris 13, France -Université Lyon 1 Claude Bernard Léopold Fezeu - Institute of Food Research (IFR), United Kingdom Hans Verhagen Paul Finglas Rachel Berry -CRA-NUT Giuditta Perozzi - Nutrigenomics Organisation (NuGO), Netherlands</p>		<p>EuroDISH's overall objective is to provide advanced and feasible recommendations to the European Strategy Forum on Research Infrastructures (ESFRI) and future European funding programmes as well as other stakeholders for food and health research infrastructures development, under the following conditions: -Based on the needs of different stakeholders (e.g. policy-makers at the EU and national level and researchers covering a broad range of disciplines from the public sector and industry); -With a focus upon integration of existing and the development of new food and health research infrastructures; -Which are most relevant for innovations in</p>	

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		<p>Chris Evelo Fré Pepping - Rijksinstituut Voor Volksgezondheiden Milieu/National Institute for Public Health and the Environment (RIVM), Netherlands Marga Ocké Marjolein Geurts - International Life Sciences Institute (ILSI Europe), Belgium Diana Banati Stéphane Vidry Jeroen Schuermans - University of Surrey, United Kingdom Lada Timotijevic -Lund University, Sweden -European Food Information Resource (EuroFIR), Belgium Paul Finglas -Istituto Nazionale di Ricerca per gli Alimenti e la Nutrizione (INRAN), Italy -International Agency for Research on Cancer (IARC), France -European Food Information Council (EUFIC), Belgium -Danmarks Tekniske Universitet (DTU Food), Denmark</p>		<p>mechanistic research and public health nutrition strategies across Europe; -Building upon past experiences and aligned with on-going activities.</p> <p>The project will: -Systematically map existing research infrastructures; -Identify gaps and needs of infrastructures and governance issues of different stakeholders; -Synthesise needs for integration of existing and for developing new research infrastructures; -Design governance structures and test the acceptance of these structures in case studies; -Develop an overall conceptual design and roadmap for implementation for key research infrastructures; -Design, test and evaluate pilot research infrastructures; -Engage and encourage stakeholders to contribute to and promote the project for sustainable impact of the results.</p> <p><u>The DISH Model</u> The work of EuroDISH will be organised around the 'DISH' model, which represents four key building blocks of food and health research, as well as different stages of research infrastructure development :</p> <ul style="list-style-type: none"> • Determinants of dietary behaviour • Intake of foods and nutrients • Status and functional markers of nutritional health • Health and disease risks of foods and nutrients <p>To ensure its recommendations are actionable, EuroDISH will perform case studies on research infrastructures for</p>	
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				<p>dietary assessment, and those for innovative research into the biological mechanisms linking diet and disease.</p> <p>The work of the project broken down into different areas (work packages):</p> <ol style="list-style-type: none"> 1 - Methodological support 2 - Mapping, gaps and needs regarding "Determinants of dietary behaviour" 3 - Mapping, gaps and needs regarding "Intake of foods & nutrients" 4 - Mapping, gaps and needs regarding "Status and functional markers of nutritional health" 5 - Mapping, gaps and needs regarding "Health and disease risk of food and nutrients" 6 - Synthesis and Governance 7 - Research Infrastructure for pan-EU nutritional surveillance 8 - Research Infrastructure for innovative mechanistic studies 9 - Conceptual design and Roadmap 10 - Dissemination & community building 11 - Management 	
<p>Food4ME 2011-2015</p>	<p>-Dublin, Ireland Professor Mike Gibney Mike.Gibney@ucd.ie</p> <p>http://www.food4me.org/</p>	<p>-Newcastle University, UK John Mathers</p> <p>-Lund University, Sweden Ulf Görman</p> <p>- Dublin, Ireland Marianne Walsh</p> <p>- Technische Universität München (TUM), Germany Hannelore Daniel</p>	<p><u>Industrial</u> -Belgium, Bio-Sense Jo Goossens</p>	<p>The strategic aims of Food4Me are:</p> <ul style="list-style-type: none"> -To determine the application of personalised nutrition, through the development of suitable business models, research on technological advances, and validation of delivery methods for personalised nutrition advice. -To compile current scientific knowledge and consumer understanding of personalised nutrition—including best practice communication strategies and ethical boundaries—to be shared with the EU institutions, the food industry, and other stakeholders. 	<p>Among many research outcomes, the Food4Me project will achieve the following:</p> <ul style="list-style-type: none"> -Conduct a comprehensive assessment of the opportunities and challenges for personalised nutrition business models in the future. -Develop new scientific tools that use dietary, genetic, and phenotypic data for personalised nutrition. -Validate the impact of different levels of personalised nutrition advice (dietary vs. phenotypic vs. genetic) to consumers, using the results from a large study in 8 EU countries. -Report on the attitudes and beliefs of

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					European consumers to all aspects of personalised nutrition. -Describe the ethical and legal dimensions of personalized nutrition. -Produce best practice guidelines for communicating about personalised nutrition
FP6					
EURECCA FP6 2007-2012	-Belgium International Life Sciences Institute (ILSI) Europe (Coordinator)	-Belgium Catholic University of Leuven Euro Consultants SA European Food Information Council (EUFIC) -Cyprus Foodlab -Czech Republic National Institute of Public Health (NIPH) -Denmark Aarhus School of Business (ASB-MAPP) -World Health Organization Regional Office Europe (WHOEURO) -France Institut National de la Recherche Agronomique (INRA) -Germany University of Munchen (LMUMU) -Greece Consumers' Association "The Quality of Life" (E.K.PI.ZO) National & Kapodistrian University of Athens (NKUA) -Ireland University College Cork (UCC) -Italy Hylobates Consulting (HYLO) University of Milano (UNIMI) -Hungary National Association for Consumer		EURRECA (EUROpean micronutrient REcommendations Aligned) was a Network of Excellence that developed building blocks to harmonize European micronutrient recommendations EURRECA has three key strategic objectives: <ul style="list-style-type: none"> • Deliver an aligned set of standards providing a robust scientific basis for establishing micronutrient requirements and for devising micronutrient recommendations. • Focus on the needs of specific vulnerable groups: infants, children and adolescents, adults, pregnant and lactating women, elderly, people with low income and immigrants. • Evaluate the impact of socio-economic status, ethnic origin, inter-individual variability and vulnerability due to genetics, environmental factors and epigenetic phenomena. 	The EURRECA activities have delivered databases, best practices and systematic reviews of literature, case studies and methods. These outputs have been disseminated via different channels, such as scientific articles (about 110 published since 2007) and presentations at key events and exhibitions (about 65 in 2010). Over the years, EURRECA has built strong collaborations with stakeholders and scientists in the field (e.g. EFSA, WHO, NIH, UNICEF, NuGO, EuroFIR).

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	<p>Protection (NACPH) University of Pecs (UNIFECS)</p> <p>-Norway University of Oslo (UOSLO)</p> <p>-Poland Warsaw University of Life Sciences (SWWG)</p> <p>-Portugal BioTempo</p> <p>-Serbia Institute of Medical Research</p> <p>-Spain Community Nutrition Unit of Bilbao (UNC-SENC) Nutritional Research Foundation (FIN) University of Las Palmas de Gran Canaria (ULPGC) University of Zaragoza (UNIZAR)</p> <p>-The Netherlands Plant Research International / BioMetris TNO Quality of Life TNO Triskelion BV Topshare International BV Wageningen University & Research Centre (WUR) Triskelion</p> <p>-United Kingdom Minerva Public Relations and Communications Oxford Brookes University (OBU) University of Central Lancashire (UCLAN) University of East Anglia University of Surrey (UniS) University of Ulster (ULSTER)</p> <p><u>Investigators:</u> Susan Fairweather-Tait (UEA) Lisette de Groot (WU),</p>			
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		Pieter van't Veer (WU), Kate Ashton (UEA), Amélie Casgrain (UEA), Adriënne Cavelaars (WU), Rachel Collings (UEA), Rosalie Dhonukshe-Rutten (WU), Esmée Doets (WU), Linda Harvey (UEA), Lee Hooper (UEA).			
SENECA (EURONUT)	Wageningen, The Netherlands JGAJ Hautvast WA van Staveren L de Groot	Ghent, Belgium L de Prins, JP Deslypere, GG de Backer Copenhagen, Denmark M Osler, M Schroll, C Hansen, HG Nielsen, K Palmvang, KM Christensen Paris, France B Lesourd, C Gamier, N Mariotte, J Tichet Strasbourg, France JL Schlienger, F Griinenberger, A Pradignac Valence, France M Ferry, B Sidobre, H Majorel-Riviere Athens, Greece A Trichopoulou, T Vassilakou Heraklion, Crete, Greece A Kafatos, C Theodorou, J Vlachonikolis, I Apostolaki Budapest, Hungary G Zajkas, V Molnar, G Lengyel Padova, Italy G Enzi, EM Inelmen Rome, Italy A Ferro-Luzzi, S Sette, E Toti, A Ghiselli Wageningen, The Netherlands JGAJ Hautvast, WA van Staveren, CPGM de Groot, YH Blauw, RPJ van der Wielen		In order to gather much-needed information on the nutritional status and health of elderly persons living in Europe, a large collaborative study was performed from November 1988 to May 1989 in several European towns. The study made use of the large contrasts in food habits and social environments across Europe to investigate the nutrition and health status of 70-75-year-old elderly persons in association with their food intake, lifestyle, social network, activities of daily living, and physical activity. The SENECA study was designed and implemented within the Euronut Concerted Action on nutrition and health in the European Community, with the objective of "exploring the dietary patterns of the elderly living in different European communities in relation to health and performance." <u>Subjects:</u> The study took place in 19 small traditional towns of 10,000-20,000 inhabitants, located in 12 European countries non-commuting population with limited immigration, and a socioeconomic structure similar to that of the region/country. <u>Study design:</u> Two options were offered for the study protocol; one, mandatory for all centers, included 30 women and 30 men, born in 1913 and	

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		<p>Zeist, The Netherlands MRH Lowik, H van den Berg</p> <p>Oslo, Norway M Nes, K Lund-Larsen, K Trygg, HO Hoivik</p> <p>Warsaw, Poland Roszkowski, A Kiepuski, A Nowik, WB Szostak</p> <p>Coimbra, Portugal MH Saldanha de Oliveira, J Ermida</p> <p>Lisbon, Portugal JA Amorim Cruz, I Martins, C Mano, A Dantas, L Airoso, M Filipe</p> <p>Madrid, Spain Moreiras-Varela, A Carbajal, I Perea, B Ruiz- Roso, M Perez, G Varela-Moreiras</p> <p>Lausanne, Switzerland H Dirren, D Barclay, B Decarli</p> <p>Basel, Switzerland D Schlettwein-Gsell G Brubacher, HB Stahelin</p> <p>F Hofmann-La Roche Ltd, Basel, Switzerland J Haller, W Schüep</p>		<p>1914, and a single data collection (transversal study); the other option consisted of a longitudinal study with 220 women and men, born from 1913 to 1918, with repeated measurements on the same subjects after 4 years; this mixed longitudinal design allowed for separation of the age, cohort, and period effects. The transversal protocol (single measurement) was applied in 10 towns, the longitudinal protocol in 9 towns.</p> <p>A large body of information was collected by questionnaire for assessment of the nutrition and health status of the participants and of associated factors. This included information on food habits (purchase, preparation, meal pattern, special diets, and supplements) and intakes, health (self-perceived health, chronic ailments, use of medication), physical activity, activities of daily living, lifestyle, social network, socioeconomic status, and education.</p> <p>For the dietary survey, a modified dietary history method, including a food frequency list based on local food patterns and a 3-day estimated record, was used.</p> <p>Anthropometric measurements (weight, height, biceps and triceps skinfolds, arm, waist, and hip circumferences) and blood sampling for the analysis of biochemical markers of nutritional status (blood hemoglobin, hematocrit, serum/plasma albumin, total cholesterol, high-density lipoprotein [HDL] cholesterol, carotenes, vitamins A, D, E, B,, folate, B,*) were carried out.</p> <p>A small questionnaire including six key questions was applied to as many as possible of those persons who refused to participate in the full survey for post-</p>	
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				correction of possible bias due to nonparticipation.	
HALE (FP6)	<p>-Bilthoven, The Netherlands Prof.dr.ir. D. Kromhout Daan.Kromhout@rivm.nl</p>	<p>-Wageningen, The Netherlands Prof. W. Van Staveren wya.vanstaveren@wur.nl</p> <p>-Roma, Italy Prof. A. Menotti menottia@tin.it Dr. S. Giampaoli sgiamp@iss.it</p> <p>-Helsinki, Finland Prof. A. Nissinen aulikki.nissinen@ktl.fi</p> <p>-Heraklion-Crete, Greece Prof. A. Kafatos kafatos@med.uoc.gr</p> <p>-Perugia, Italy Prof. F. Fidanza fidanzaflaminio@libero.it</p> <p>-Lisbon, Portugal Prof. J.A. Amorim Cruz amorim.cruz@insa.min-saude.pt</p> <p>-Valence, France Dr. M. Ferry mferry@ch-valence.fr</p> <p>-Padova, Italy Prof. G. Enzi Guiliano.enzi@unipd.it</p> <p>-Gent, Belgium Prof. G. de Backer guy.debacker@rug.ac.be</p> <p>-Copenhagen, Denmark Prof. M. Schroll ms09@bbh.hosp.dk</p> <p>-Strasbourg, France Prof. J.L. Schlienger Jean-Louis.Schlienger@chru.strasbourg.fr</p> <p>-Madrid, Spain</p>		<p>The aim of the HALE project was to study changes in and determinants of usual and healthy ageing in 13 European countries. For this project longitudinal data were used of three international studies: the Seven Countries Study database (7047 men followed for 35 years in five European countries) and the combined database of the FINE and SENECA Study (3805 elderly men and women followed for 10 years in 12 European countries).</p>	<p><u>Main results</u> The HALE project showed an increase in Body Mass Index in the different age cohorts, suggesting that the current obesity epidemic went back as far as the 1960s. In some countries favorable changes in systolic blood pressure and serum cholesterol levels occurred. In general, low systolic blood pressure and serum cholesterol levels were related to a low cardiovascular diseases mortality risk. Consumption of a Mediterranean type of diet, moderate consumption of alcohol, non-smoking and regular physical activity were related to a lower mortality risk. These were taken both separately and in combination, the relationship was even stronger in the latter. In the elderly, health and functional status decreased with age, although in subsequent cohorts the proportion of healthy elderly has increased. Regular physical activity, moderate coffee consumption, being married, and living with others were all associated with a smaller cognitive decline in elderly men.</p>

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Current National Research Activities					
<p>Muscle Health and Function Top Institute Food and Nutrition 2012-2015</p>	<p>-Wageningen, The Netherlands Pr Lisette de Groot Lisette.deGroot@wur.nl</p>			<p>Muscle mass, strength, and physical performance are critical for athletic performance but also for healthy ageing and survival. Strategies which are considered effective in improving muscle growth and physical performance in athletes might be equally effective in countering loss of muscle mass and function in diseased and/or elderly people. Nutrition and exercise are considered the most effective measures to stimulate muscle growth and physical performance. The present project includes intervention studies that aim to (1) demonstrate the efficacy of novel nutritional strategies and (2) contribute to the understanding of their mode of action on muscle tissue and performance. Novel nutritional strategies include night-time protein provision and the supply of specific micronutrients or bioactive compounds that improve the muscles' ability to respond to anabolic stimuli.</p>	<p>The Muscle Health and Function project will define dietary strategies and novel nutritional concepts to enhance muscle mass and improve strength and physical performance. Populations likely to benefit the most from these strategies include those aiming to improve sports performance and those most prone to loss of muscle mass and function due to immobilization, disease and/or malnutrition.</p>

EUROPEAN RESEARCH ACTIVITIES ON HEALTHY AGEING , DIET AND MALNUTRITION (15/01/2015)

				<p>Several acute, human intervention trials are ongoing within this project to establish the impact of protein intake prior to sleep on subsequent overnight muscle-protein accretion. Furthermore, a randomized placebo-controlled trial has been designed to establish the benefits of vitamin D supplementation on physical performance in compromised elderly people. An additional randomized placebo-controlled trial is ongoing, investigating the proposed anabolic properties of creatin to attenuate the loss of muscle mass and strength during a period of muscle disuse. To uncover the mechanistic routes beyond the presumed effects of the novel nutritional strategies, gene-expression profiles and metabolic profiles in skeletal-muscle tissue are being identified.</p>	
<p>Cater with Care Co-financed by EFRO XXXX-2015</p>	<p>-Wageningen, The Netherlands Pr Lisette de Groot (supervisor) Lisette.deGroot@wur.nl Pr FJ Kok (supervisor) Frans.Kok@wur.nl Dr HW Peppelenbos (project leader) http://www.wageningenur.nl/en/show/Cater-with-Care.htm</p>			<p>Cater with Care develops and tests fortified foods that can be incorporated into a regular diet in order to improve the health of the sick and the elderly. The consortium is converting scientifically reliable knowledge into optimal foods. The partners in Cater with Care are using their knowledge and expertise to look for possible solutions to malnourishment. The companies will conduct research into improving existing products and developing new, tasty and high-quality food products. Various studies will examine the effects on consumption, acceptance, quality of life and nutritional status. The result will be a varied supply of tasty, effective products and new services, which will improve the health of the sick and the elderly at home, in care institutions and in hospitals.</p>	

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<p>IPOP Customized Protein Nutrition 2014-2015</p>	<p>-Wageningen, The Netherlands Dr M. Gorselink http://www.wageningenur.nl/nl/project/IPOP-Customized-nutrition-5.htm</p>				
<p>MAPT</p>					

FP6: NuGO, HealthSense, Diogenes, InterAct, EFCOVAL, EUROFIR, SEAFOODPLUS

FP7: INSTAPA, HabEat, Full for Health, IDEAL, EUROFIR-Nexus, DIETS