

Vitamin E status has an impact on plasma n-3 fatty acid proportion in a healthy adult Irish population

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Many of the health benefits of vitamin E intake are believed to derive from its antioxidant properties⁽¹⁾, among them the prevention of oxidation of PUFA⁽²⁾. Previous animal studies have demonstrated the importance of dietary vitamin E in protecting circulating PUFA^(3, 4); however, to our knowledge this has not been investigated in humans.

This study aimed to determine the relationship between habitual vitamin E intake and plasma α -tocopherol concentrations on plasma fatty acid proportion, in a nationally representative sample. Dietary intake data from the National Adult Nutrition Survey (NANS)⁽⁵⁾ were used; valid reporters who did not consume supplements containing PUFA were included in the study (n = 601). Plasma α -tocopherol concentrations were measured by HPLC and plasma fatty acids were extracted and quantified using GC-MS. Participants were divided into vitamin E intake quartiles and plasma α -tocopherol quartiles and differences in plasma fatty acid proportion were explored by general linear regression using SPSS.

Across both vitamin E intake and plasma α -tocopherol quartiles, PUFA intake significantly increased. Following adjustment for

	Vitamin E intake quartiles								GLM*
	1 (n = 150)		2 (n = 150)		3 (n = 151)		4 (n = 150)		
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
Vitamin E mean daily intake (mg/d)	6.0	1.1	9.0	0.7	11.9	1.0	20.5	8.5	
PUFA (%)	42.1	4.5	41.8	4.4	42.7	4.0	43.0	4.4	0.412
n-3 PUFA (%)	5.0 ^c	1.2	5.2 ^{bc}	1.4	5.6 ^{ab}	2.0	5.8 ^a	2.0	P < 0.001
α -Linolenic acid (C18:3n3) (%)	0.80	0.31	0.82	0.26	0.86	0.22	0.88	0.28	0.282
Eicosatetraenoic acid (C20:4n3) (%)	0.20	0.20	0.19	0.08	0.28	1.13	0.18	0.09	0.828
Eicosapentaenoic acid (C20:5n3) (%)	1.08 ^b	0.46	1.20 ^{ab}	0.63	1.29 ^{ab}	0.69	1.43 ^a	0.94	0.011
Docosapentaenoic acid (C22:5n3) (%)	0.79	0.19	0.79	0.19	0.83	0.20	0.83	0.20	0.110
Docosahexaenoic acid (C22:6n3) (%)	2.10 ^c	0.68	2.21 ^{bc}	0.78	2.37 ^{ab}	0.92	2.47 ^a	1.03	0.002
n-6 PUFA (%)	36.9	4.4	36.5	4.4	36.9	3.9	37.2	4.3	0.799
Linoleic acid (C18:2n6c) (%)	26.0	4.1	25.7	3.9	26.5	3.5	26.6	4.0	0.767
γ -Linolenic (C18:3n6) (%)	0.57	0.19	0.56	0.18	0.54	0.19	0.56	0.20	0.534
Eicosadienoic acid (C20:2n6) (%)	0.38	0.22	0.39	0.18	0.39	0.19	0.39	0.15	0.537
Eicosatrienoic acid (C20:3n6) (%)	2.09 ^a	0.44	2.12 ^a	0.53	2.04 ^{ab}	0.45	1.99 ^b	0.47	0.023
Arachidonic acid (C20:4n6) (%)	7.74	1.87	7.53	2.05	7.52	1.67	7.44	1.62	0.873
Docosatetraenoic acid (C22:4n6) (%)	0.27 ^a	0.10	0.24 ^b	0.08	0.24 ^{ab}	0.10	0.23 ^{ab}	0.08	0.043
n-3/n-6	0.14 ^b	0.04	0.14 ^{ab}	0.04	0.16 ^a	0.07	0.16 ^a	0.06	0.001

* general linear model univariate analysis, adjusted for gender, vitamin E containing supplement use, total energy and corresponding PUFA intake as percentage of total energy (%TE) intake, was carried out to determine significance with log transformed value; different superscript letters denote significant differences across vitamin E intake quartiles (P < 0.05)

PUFA intake, vitamin E intake showed positive correlations with plasma n-3 PUFA (P < 0.001), EPA (P = 0.011) and DHA (P = 0.002) proportion and plasma n-3/n-6 ratio (P = 0.001) and a negative correlation with plasma eicosatrienoic acid (P = 0.023) proportion. When plasma α -tocopherol was examined, only plasma α -linolenic acid (ALA) proportion significantly increased with increasing plasma α -tocopherol (data not shown). These results suggest that circulating plasma n-3 PUFA (EPA and DHA) may be protected by vitamin E intake.

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