

## Additional effects of dietary advanced glycation end products



To the Editor:

The excellent review by Smith et al<sup>1</sup> makes a convincing case for the contribution of dietary advanced glycation end products (AGEs) to the development of food allergy. There is also additional evidence that AGEs may be involved in asthma. Induced sputum levels of the AGE pentosidine are higher in patients with asthma than in those without asthma, and increase with age at a markedly faster rate in patients with asthma than in controls, such that they are higher in young patients with asthma than in old people without asthma.<sup>2</sup> In contrast to most tissues, where the receptor for advanced glycation endproducts (RAGE) is low or absent unless specifically upregulated, RAGE is present on eosinophils<sup>3</sup> and in upper and lower airways,<sup>4</sup> and at particularly high levels in the airways of patients with chronic obstructive pulmonary disease.<sup>5</sup>

In addition, there is at least 1 instance in which an allergy to a pharmaceutical results from the formation of immunogenic AGE epitopes on the drug.<sup>6</sup>

The negative effects of AGEs are not limited to allergy. There is strong evidence of a causal relationship between AGEs and aging, so much so that the beneficial effects of caloric restriction on decreasing oxidative stress and increasing longevity in mice are reversed when the restricted-calorie diet is modified to also be high in AGEs.<sup>7</sup>

AGEs do not appear on the list of ingredients printed on packaged foods. Anyone interested in eating a healthful diet that is not proinflammatory would do well to consider the high-temperature cooking that creates these immunoreactive compounds.

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## Reply



To the Editor:

We thank Dr Miller for his letter<sup>1</sup> in response to our recent *Rostrum* article in the *Journal*.<sup>2</sup> We agree that there is a strong body of literature linking advanced glycation end products (AGEs) in the diet and diseases such as atherosclerosis, renal failure, cataracts, and forms of dementia such as Parkinson disease and Alzheimer disease.<sup>3-5</sup> The focus of our article was to point out that increase in dietary AGEs and sugars (particularly fructose), which leads to the formation of AGEs, appears to have epidemiological associations with the rise of severe food allergy and there are laboratory correlates showing that the activation of the receptor for advanced glycation end products (RAGE) has pivotal roles in allergic inflammation.<sup>2</sup> From a health point of view, beyond possibly implications for allergy, we agree that food labeling indicating the AGE content would be desirable. For those who would like a guide now, Uribarri et al<sup>6</sup> have published a list of common foods and their AGE content. In addition, we take this opportunity to stress that RAGE—the ligand for AGEs—increases with lack of exercise, obesity, and hyperglycemia.<sup>7,8</sup> Exercise and vitamin D increase the production of a soluble form of RAGE,<sup>9,10</sup> which acts as a decoy and higher levels of soluble RAGE have been shown to be of benefit in asthma.<sup>11</sup> Awareness of AGEs and modifying diet and lifestyle would appear to have benefits well beyond those we hypothesize for risk of food allergy.

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