

Alma Mater Studiorum Università di Bologna  
Archivio istituzionale della ricerca

Main biomarkers associated with age-related plasma zinc decrease and copper/zinc ratio in healthy elderly from ZincAge study

This is the final peer-reviewed author's accepted manuscript (postprint) of the following publication:

*Published Version:*

Giacconi, R., Costarelli, L., Piacenza, F., Basso, A., Rink, L., Mariani, E., et al. (2017). Main biomarkers associated with age-related plasma zinc decrease and copper/zinc ratio in healthy elderly from ZincAge study. EUROPEAN JOURNAL OF NUTRITION, 56(8), 2457-2466 [10.1007/s00394-016-1281-2].

*Availability:*

This version is available at: <https://hdl.handle.net/11585/621018> since: 2018-02-09

*Published:*

DOI: <http://doi.org/10.1007/s00394-016-1281-2>

*Terms of use:*

Some rights reserved. The terms and conditions for the reuse of this version of the manuscript are specified in the publishing policy. For all terms of use and more information see the publisher's website.

This item was downloaded from IRIS Università di Bologna (<https://cris.unibo.it/>).  
When citing, please refer to the published version.

(Article begins on next page)

This is the final peer-reviewed accepted manuscript of:

Giacconi R, Costarelli L, Piacenza F, Basso A, Rink L, Mariani E, Fulop T, Dedoussis G, Herbein G, Provinciali M, Jajte J, Lengyel I, Mocchegiani E, Malavolta M.

*Main biomarkers associated with age-related plasma zinc decrease and copper/zinc ratio in healthy elderly from ZincAge study.*

Eur J Nutr. 2017 Dec;56(8):2457-2466

The final published version is available online at: <https://doi.org/10.1007/s00394-016-1281-2>

#### Rights / License:

The terms and conditions for the reuse of this version of the manuscript are specified in the publishing policy. For all terms of use and more information see the publisher's website.

This item was downloaded from IRIS Università di Bologna (<https://cris.unibo.it/>)

**When citing, please refer to the published version.**

# Main biomarkers associated with age-related plasma zinc decrease and copper/zinc ratio in healthy elderly from ZincAge study

R. Giacconi<sup>1</sup> L. Costarelli<sup>1</sup> F. Piacenza<sup>1</sup> A. Basso<sup>1</sup> L. Rink<sup>2</sup> E. Mariani<sup>3</sup> T. Fulop<sup>4</sup> G. Dedoussis<sup>5</sup> G. Herbein<sup>6</sup> M. Provinciali<sup>7</sup> J. Jajte<sup>8</sup> I. Lengyel<sup>9</sup> E. Mocchegiani<sup>1</sup> M. Malavolta<sup>1</sup>

## Abstract

**Purpose** :Zinc (Zn) plays an essential role in many biological processes including immune response. Impaired Zn status promotes immune dysfunction, and it has been associated with enhanced chronic inflammation during aging. It has been suggested that the measurement of circulating Zn by itself could not reflect the real Zn status of an individual. It is therefore necessary to identify other determinants associated with plasma Zn to better understanding how physiopathological conditions during aging may affect the concentration of this metal.

**Methods** We have investigated the association between Zn levels and some biomarkers in 1090 healthy elderly from five European countries to increase the accuracy in the assessment of the Zn status. Stepwise multivariate linear regression models were used to analyze the influence of factors such as age, dietary intake, inflammatory mediators,

laboratory parameters and polymorphisms previously associated with Zn homeostasis.

**Results** Plasma Zn decrement was most strongly predicted by age, while positive correlations were found with albumin, RANTES and Zn intake after adjustment for multiple confounders. HSP70 4267 AA genotype was an independent factor associated with Zn plasma concentrations. Cu/Zn ratio was positively associated with markers of systemic inflammation and age and negatively associated with albumin serum levels.

**Conclusions** Our findings show the most important independent determinants of plasma Zn concentration and Cu/Zn ratio variability in elderly population and suggest that the decline with age of Zn circulating levels is more dependent on physiopathological changes occurring with aging rather than to its nutritional intake.

**Keywords** Zinc plasma levels · Inflammation · Polymorphisms · Zinc homeostasis · Aging

R. Giacconi [giacconi@inrca.it](mailto:giacconi@inrca.it)

<sup>1</sup> Translational Research Ctr. of Nutrition and Ageing, Scientific and Technological Pole, Italian National Institute of Health and Science on Aging (INRCA), Ancona, Italy

<sup>2</sup> Institute of Immunology, Medical Faculty, RWTH Aachen University, Aachen, Germany

<sup>3</sup> Laboratory of Immunoreumatology and Tissue Regeneration/ RAMSES, Department of Medical and Surgical Sciences, Rizzoli Orthopedic Institute, University of Bologna, Bologna, Italy

<sup>4</sup> Department of Medicine, Faculty of Medicine, Research Center on Aging, University of Sherbrooke, Sherbrooke, Canada

<sup>5</sup> Department of Dietetics and Nutritional Science, Harokopio University of Athens, Athens, Greece

<sup>6</sup> Department Pathogens and Inflammation EA 4266, Université Bourgogne Franche-Comté, CHRU Besançon, Besançon, France

<sup>7</sup> Advanced Technology Center for Aging Research, Scientific and Technological Pole, Italian National Institute of Health and Science on Aging (INRCA), Ancona, Italy

<sup>8</sup> Department of Toxicology, Faculty of Pharmacy, Medical University, Lodz, Poland

<sup>9</sup> UCL Institute of Ophthalmology, University College London, 11-43 Bath Street, London, UK

## Introduction

Zinc (Zn) is an essential micronutrient required for many bio-logical processes including growth and development, neuro-logical function and dysfunction, reproduction, cancer and diabetes. Impaired Zn status has also been associated with immune dysregulation, increased susceptibility to infections and chronic inflammation especially in the elderly [1, 2].

Several studies show a decline of Zn plasma levels with age [3–6] that may be attributed to a reduced dietary Zn intake, decreased intestinal absorption, alteration in Zn transporter proteins, inadequate mastication, drug inter-actions and dietary phytate intake [2, 7]. However, studies comparing the effect of age in Zn absorption between young and elderly individuals are inconclusive [8]; therefore, it has not been fully clarified what determines the decrease of Zn concentrations in the plasma. Phytic acid intake seems clearly associated with an impaired Zn bioavailability [9, 10]; however, similar phytate intake has been found between young and elderly populations, especially after adjusting for differences in energy intake [11].

Cellular Zn homeostasis is regulated by two main classes of proteins: Zn transporters and metallothioneins (MT). Zn transporters include two families: hZIP (pro-tein solute carrier family SLC39A) and hZnT (human Zn transporter, SLC30A) which play critical roles in cellular and physiological functions by modulating the Zn influx, efflux and compartmentalization across biological membranes [12]. MT exert a homeostatic buffering role, maintaining the free intracellular concentration of Zn ions at a low level and supplying Zn to various protein targets, such as Zn-dependent enzymes and Zn finger-dependent transcription factors [13]. MT and Zn transporters expression is closely related to Zn plasma concentrations [14, 15] and is influenced by genetic variations, for example in single-nucleotide polymorphisms [15–19].

It appears that there is strict relationship between dysregulation of Zn transporter expression, Zn homeostasis and inflammatory response, and this phenomenon may contribute to low Zn status and immune dysfunction during aging contributing to the development of age-related diseases [20–22]. Inflammatory conditions can be accompanied by an increase in copper (Cu) serum concentration leading to an altered copper/zinc ratio (Cu/Zn) [23]. An increased Cu/Zn ratio has been suggested to represent an inflammatory–nutritional biomarker and a sensitive predictor of disability and mortality in elderly subjects aged 70 years and above [24].

To date, there is no single reliable biomarker of Zn status, and, despite the known limitations, plasma Zn concentration remains the measurement used in most studies. It is therefore important to identify other determinants that are associated with plasma Zn levels both to reveal possible

confounding factors and to use this information to develop a better understanding of how physiopathological processes (e.g., aging) affect plasma Zn concentration. The present study will analyze the main predictors of Zn plasma levels in a large cohort of healthy old people including dietary intake, inflammatory mediators, polymorphisms previously associated with Zn homeostasis and laboratory parameters.

## Materials and methods

### Subjects

The study included 1090 elderly healthy independent-living subjects enrolled in the ZincAge project ([www.zincage.org](http://www.zincage.org)). Subjects were recruited by announcements at general practitioners' surgeries from five European centers located in Italy ( $n = 361$ ), Greece ( $n = 209$ ), Poland ( $n = 158$ ), France ( $n = 213$ ) and Germany ( $n = 149$ ). According to the inclusion criteria of the ZincAge protocol [15], all subjects (602 females and 488 males; mean age = 74.6 ± 8.7) were in good health without functional impairment. The participants of the study were free of steroids, diuretics, anticonvulsants, anti-depressive drugs, antibiotics, antimetabolites, nonsteroid anti-inflammatory drugs and micronutrient supplementation. The health status was evaluated by a specific questionnaire on health and morbidity planned for the ZincAge study and completed by the general practitioner of the participants after medical examination and review of the clinical records. Subjects were excluded if they had autoimmune, neurodegenerative, cardiovascular, kidney or liver disease, diabetes, infections, cancer, chronic inflammatory bowel disease, acrodermatitis enteropathica, sickle cell anemia, chronic skin ulcerations or endocrine disorders. All participants gave informed consent for the genetic analysis and the ethics committees from each country approved the protocol.

### Laboratory determinations

Venous peripheral blood samples, collected after an overnight fast, underwent basal biochemical laboratory tests. The hematocrit and hemoglobin counts and erythrocyte sedimentation rate were performed by standard automated procedures (Sysmex XE-2100).

Blood concentrations of total cholesterol [limit of detection (LoD) was 3 mg/dl; high values  $\geq 240$  mg/dl], HDL cholesterol, glucose (LoD was 2 mg/dl, normal values 70–110 mg/dl) and albumin (LoD was 0.2 g/dl, normal values 3.5–5.2 g/dl) were measured by an enzymatic colorimetric test on modular automated clinical chemistry analyzers (Roche–Hitachi). Serum concentration of high-sensitive C-reactive protein (hs-CRP) was determined by amplified immunonephelometry assay (CardioPhase

hsCRP—Dade Behring Inc Deerfield, IL). Serum, plasma and buffy coats were separated, aliquoted and stored frozen at  $-80^{\circ}\text{C}$  in the Biological Bank of INRCA until analysis.

### Assessment of dietary Zn intake and the Mediterranean diet score

A qualitative food frequency questionnaire, designed for the needs of ZincAge project (ZincAge project, 2004–2007, [www.ZincAge.org](http://www.ZincAge.org)), was used for the assessment of dietary Zn intake in healthy elderly subjects. The consumption of 53 food items was recorded and, based upon these data, a “zinc score” for each volunteer was determined. To provide a continuous variable, representative of Zn dietary habits, frequency, quantity estimation and Zn content of foods consumed were all considered for the “zinc score” calculation (zinc score = frequency  $\times$  quantity  $\times$  zinc content). A validation study of the “zinc score” has been previously reported [25]. A dietary pyramid has been developed to describe the Mediterranean dietary pattern. According to this dietary pattern, we calculated each participant’s special diet score, which assessed adherence to the Mediterranean diet (range 0–55), as described elsewhere [26]. In brief, for the consumption of items presumed to be close to this pattern (non-refined cereals, fruit, vegetables, potatoes, legumes, fish and olive oil), it has been assigned a score of 0 for no consumption and scores 1–5 for rare to daily consumption. On the other hand, for the consumption of foods presumed to be away from this diet (red meat and red meat products, poultry and full-fat dairy products), it has been assigned the opposite scores (i.e., 0 when a participant reported daily consumption to 5 for rare or no consumption). For alcohol, the assigned score was 5 for consumption of  $>300$  ml/day, a score of 0 for consumption of more than 700 ml/day, and scores of 1–4 for consumption of 300, 400, 500 and 600 ml/day (containing 12 g of ethanol per 100 ml).

### Genotyping

Genomic DNA was isolated from whole blood using a commercially available kit (Wizard® Genomic DNA Purification Kit, Promega Corporation) according to the manufacturer’s instruction. Genotyping was performed for the following single-nucleotide polymorphisms:

1267 A/G (rs1061581) HSP70-2;  $-308$  G/A (rs1800629) TNF- $\alpha$ ;  $-174$  G/C (rs 1800795). IL-6; Gln/Arg/Leu variation Zip-2 (rs2234632);  $+647$  A/C (rs11640851) and  $+1245$  A/G (rs8052394) MT1A;  $-209$  A/G (rs1610216) MT2A.

All polymorphisms were performed following the methods reported in our previous studies [17, 19, 27–29].

### Zinc and copper plasma measurements

The plasma zinc (Zn) and copper (Cu) concentrations were determined by a Thermo XII Series ICP-MS (Thermo Electron Corporation, Waltham, MA, USA) by adapting methods used for the measurement of trace elements in human plasma with slight modifications [24]. Plasma samples were diluted 1:10, with a diluent containing 0.1 % triton and 0.15 %  $\text{HNO}_3$ , to ensure that trace elements are maintained in solution and to favor the washout of these elements between samples. External calibration solutions containing Zn and Cu (blank to 2000 ppb) were prepared by serial dilution of a parent multi-element solution (1000 ppm for Zn and Cu) (VHG Labs, Manchester, USA), using the same diluent used for the samples. Rhodium (Rh) at 200 ng/ml was used as internal standard. Data were acquired for  $^{66}\text{Zn}$ ,  $^{65}\text{Cu}$ .

Quality of the analysis was assured by the assessment of “quality standard samples” (SERONORM™ TRACE ELEMENT SERUM, Sero AS, Billingstad, Norway). Zn and Cu levels of the quality standard samples were within 10 % of the certified levels, as previously reported [24]. Limits of detection estimated with the post-column calibration were 0.5 ppb for  $^{65}\text{Cu}$  and 5 ppb for  $^{66}\text{Zn}$ . The instrument was operated with a Peltier cooled impact bead spray chamber, single-piece quartz torch (1.5 mm i.d. injector) together with Xi interface cones and a Cetac-ASX 100 autosampler (CETAC Technologies, Omaha, NE). A Burgener Trace nebulizer was used as this device does not block during aspiration of clinical samples. The instrument was operated in standard mode (non-CCT), using 1400 WRF power, 1.10 l/min nebulizer gas flow, 0.70 l/min auxiliary gas flow, 13.0 l/min cool gas flow, 70 ms dwell time, 30 s sample uptake and 35 s wash time (2 repeats per sample).

### Multiple immunoassay for chemokine and cytokine plasma assessment

Fourfold-diluted plasma samples were assayed in duplicate using commercially available multiplex bead-based immunoassay kits. IL-6, IL-8, TNF- $\alpha$ , MCP-1, MIP-1 $\alpha$  and RANTES concentrations were simultaneously evaluated using multiplex reagent kits and the Bio-Plex Protein Array System (Bio-Rad Laboratories, Hercules, CA, USA) as previously described [29]. Standard curves used for each soluble factor ranged for IL-6, from 39,525 to 2.4 pg/ml; for IL-8 from 31,592 to 1.9 pg/ml; for MCP-1 from 22,802 to 1.4 pg/ml; for MIP-1 $\alpha$  from 15,460 to 0.9 pg/ml; for RANTES from 22,134 to 1.4 pg/ml; and for TNF- $\alpha$  from 126,859 to 7.7 pg/ml.

Values presenting a coefficient of variation beyond 10 % were discarded before the final data analysis. Data were analyzed using the Bio-Plex Manager software version 3.0 (Bio-Rad Laboratories, USA) and expressed as pg or ng/ml.

**Table 1** Baseline characteristics of elderly subjects

	All subjects <i>N</i> = 1090	Females	Males	<i>p</i> value
Age (years)	74.6 ± 8.7	74.3 ± 9.0	73.8 ± 8.2	0.41
BMI	25.8 ± 3.9	26.0 ± 5.1	25.3 ± 3.4	0.71
WBC (10 <sup>3</sup> /μl)	6.32 ± 2.68	6.32 ± 2.63	6.46 ± 2.75	0.10
Lymphocytes (%)	31.3 ± 8.3	32.2 ± 8.2	30.1 ± 8.3	0.001
Neutrophils (%)	58.0 ± 8.8	57.6 ± 8.8	57.6 ± 8.7	0.13
Erythrocytes (10 <sup>6</sup> /μl)	4.6 ± 0.5	4.5 ± 0.4	4.8 ± 0.5	0.001
Hemoglobin (g/dl)	14.0 ± 1.4	13.5 ± 1.3	14.6 ± 1.3	0.001
CRP (pg/ml)	0.45 ± 1.20	0.41 ± 0.81	0.54 ± 1.47	0.060
Albumin (g/dl)	4.20 ± 0.41	4.14 ± 0.44	4.21 ± 0.40	0.01
Glycemia (mg/dl)	94.3 ± 14.9	93.1 ± 15.2	95.5 ± 15.0	0.01
TG (mg/dl)	119.8 ± 62.0	123.5 ± 62.0	118.5 ± 64.7	0.23
TC (mg/dl)	220.2 ± 42.2	227.5 ± 41.1	211.8 ± 40.2	0.001
HDL-C (mg/dl)	59.1 ± 14.8	62.4 ± 15.6	55.4 ± 13.8	0.001
Zinc score	156 ± 94	147 ± 93	168 ± 95	0.001
Mediterranean diet scores	28.9 ± 4.1	28.6 ± 4.2	29.4 ± 4.1	0.003
Zinc plasma levels (μM)	12.1 ± 2.3	12.1 ± 2.2	12.2 ± 2.3	0.36
Cu/Zn ratio	1.54 ± 0.43	1.63 ± 0.45	1.4 ± 0.43	0.001

Data are mean ± SD

Comparisons between males and females were performed by ANCOVA adjusting for age and country

WBC white blood cells, CRP C-reactive protein, TG triglycerides, TC total cholesterol, HDL-C high-density lipoprotein cholesterol, Cu/Zn copper/zinc ratio

## Statistical analysis

An automatic linear modeling was carried out to explore the main predictors of Zn plasma levels. The variables inserted were: age, gender, Zn score, Mediterranean score, center, cytokines and chemokines, C-reactive protein, albumin and LDL cholesterol serum levels, BMI and genetic determinants [MT1A +647 (Asp/Thr), MT1A 1245 (Lys/Arg), MT2A −209 A/G, TNF-α −308 A/G, IL-6 174 G/C, ZIP2 Gln/Arg/Leu (rs2234632), HSP70 1267 A/G SNPs].

A stepwise model selection procedure was used to build a multiple linear regression model for determining effect sizes and significance of associations between Zn plasma levels SNPs, Zn score, Mediterranean score, inflammatory mediators and biochemical parameters. Log transformation of the variables was performed if they were not normally distributed as assessed by the Kolmogorov–Smirnov test. Data analyses were performed with SPSS Statistics version 20.0.0 (IBM, IL, USA).

## Results

### Baseline characteristics of healthy elderly population

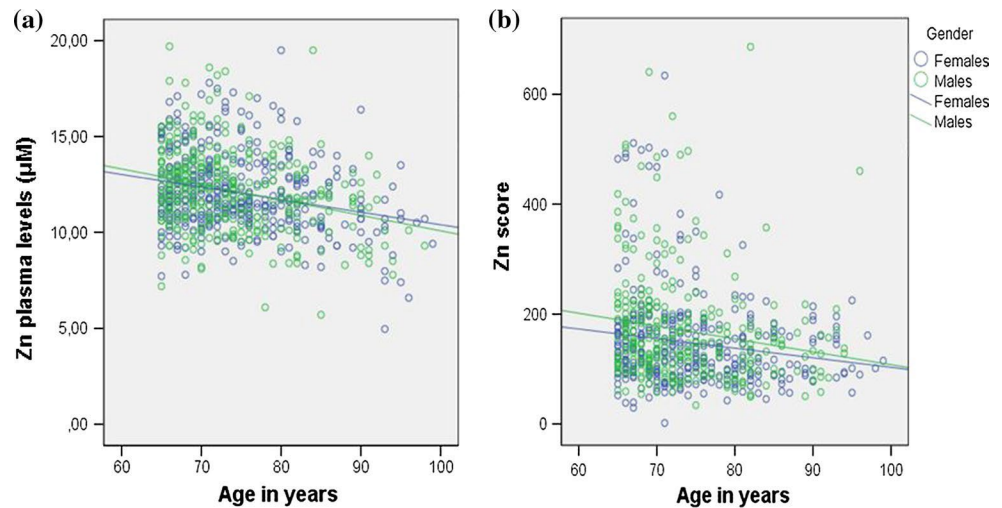
Baseline characteristics of the ZincAge sample are shown in Table 1. No differences between gender were observed

for age, WBC, BMI, percentage of neutrophils, Zn plasma concentrations, CRP and triglyceride serum levels. Females displayed higher percentage of lymphocytes, total and HDL cholesterol, Cu/Zn ratio and lower values of hemoglobin, erythrocytes, albumin and fasting glucose than males ( $p < 0.01$ ). Zn score and Mediterranean diet scores were higher in males as compared to females (Table 1;  $p < 0.01$ ). Genotypic frequencies of MT1A +647 (Asp/Thr), MT1A +1245 (Lys/Arg), MT2A −209 A/G, TNF-α −308 A/G, IL-6 174 G/C, ZIP2 Gln/Arg/Leu (rs2234632), and HSP70 1267 A/G SNPs ZIP2 Gln/Arg/Leu in the ZincAge population were consistent with the Hardy–Weinberg equilibrium ( $p > 0.05$ ). No significant differences in the genotype or allele frequencies distribution were observed in relation to gender (Supplementary Materials, Table 1S–7S).

### Automatic linear modeling and multivariate linear regression analyses for variables independently associated with Zn plasma levels and Cu/Zn ratio

Figure 1 shows a negative correlation of age with plasma Zn (A) and zinc score (B) in elderly males and females. According to the automatic linear modeling, we have categorized the top 7 important predictors of Zn plasma level variations as follows: center of recruitment, albumin serum levels, age, RANTES plasma levels, Zn score, Mediterranean score and HSP70 SNP (Fig. 2). To confirm the

**Fig. 1** Scatter plot illustrating the relationship between Zn plasma levels (a) and Zn score (b) with age  $N = 1090$ ; females:  $r = -0.312$  (a);  $r = -0.19$  (b); males:  $r = -0.332$  (a);  $r = -0.312$  (b)



independent contributions of the variables to the Zn plasma concentrations, a multiple linear regression model was built (Table 2). The variability in the plasma Zn concentrations was best explained by age, albumin serum concentration, RANTES plasma levels, Zn score and HSP70+1267 A/G SNP.

The adjusted coefficient of determination ( $R^2$ ) was 0.169 (Model 5, Table 2). Genetic Hsp70 determinant explained approximately 10 % of the total variability.

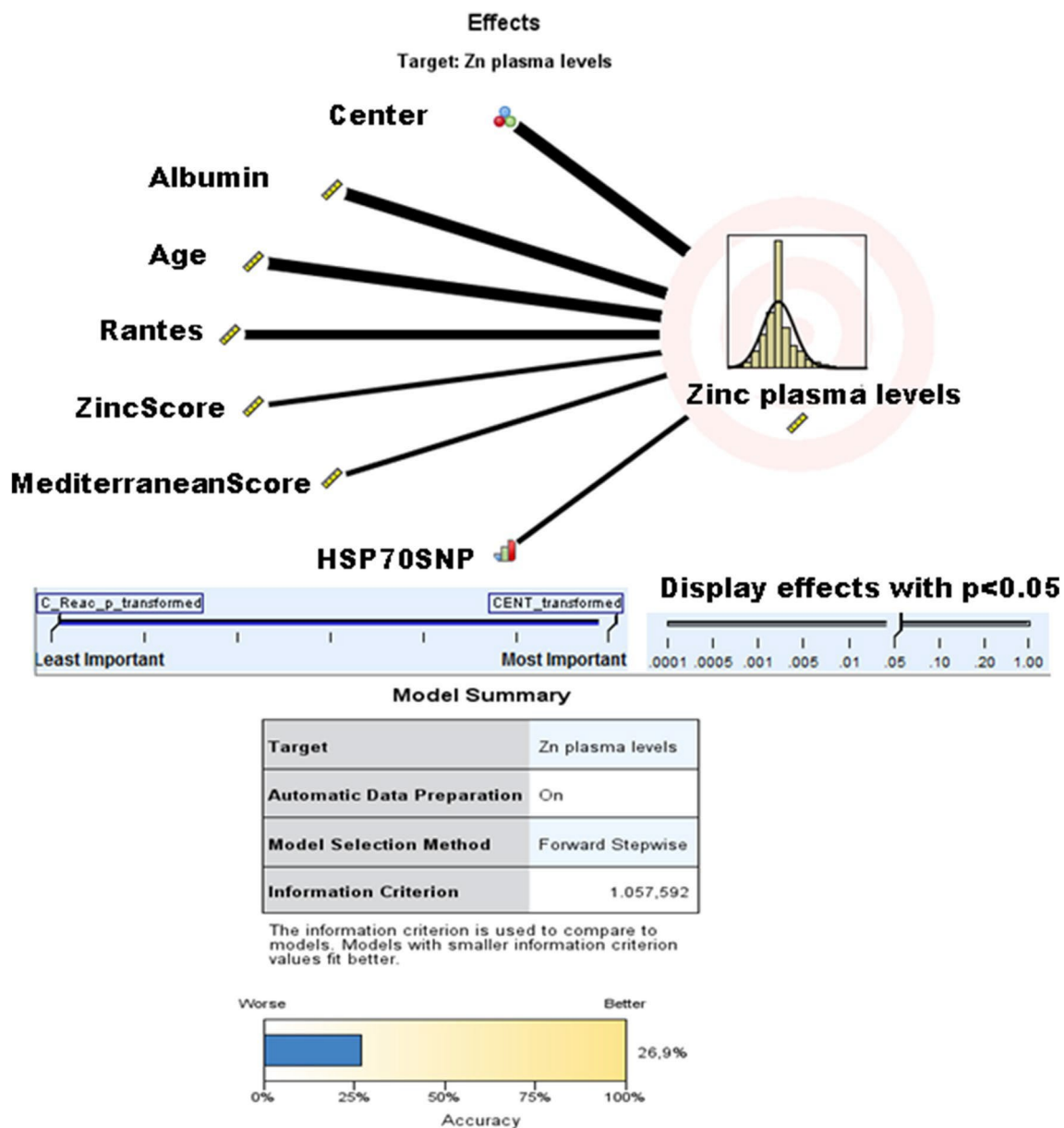
As expected from the previous literature [3], there was a negative association between plasma Zn concentration and age (Table 2; Fig. 1). In contrast, there was a positive association between Zn score, albumin serum levels and RANTES plasma concentrations (Table 2, Model 5). A significant association was found with 1267 A/G HSP70 SNP; indeed, AA variant showed lower Zn plasma levels than AG + GG ones (Fig. 3). Only a trend was observed for the recruitment center (data not shown,  $p = 0.100$ ). The positive association between Mediterranean score and Zn plasma levels in the automatic linear modeling has not been confirmed with the multiple linear modeling (data not shown,  $p = 0.27$ ).

Following, we evaluated the main determinants of Cu/Zn ratio changes that has been suggested an important inflammatory–nutritional biomarker and a sensitive predictor of disability and mortality in elderly subjects [24]. The multiple linear regression model showed that the Cu/Zn is associated with erythrocyte sedimentation rate (ESR), albumin levels, gender, age and CRP serum concentration. A positive correlation was observed with age, ESR and CRP, while a negative association was found with albumin levels. The adjusted coefficient of determination ( $R^2$ ) was 0.239 (Model 5, Table 3). As previously reported [24], females under 85 years of age showed higher values of Cu/Zn ratio than males (Fig. 4;  $p < 0.05$ ).

## Discussion

Zn plays an important role in the regulation of the immune response, particularly T cell-mediated function [30]. Zn deficiency can impair immunity, induce inflammatory response [31] and increase susceptibility to infectious diseases, a major cause of mortality in the elderly [1, 32]. Plasma Zn concentrations are under tight homeostatic control and may not reflect changes in Zn intakes and status [23, 33]. Still, circulating Zn levels remains the most widely used method to determine Zn status, despite the known limitations.

For the first time in this study, we have analyzed the influence of multiple determinants involved in immune–inflammatory response and Zn homeostasis on Zn plasma concentrations in a large population of elderly subjects to better understanding how physiopathological states during aging affect circulating Zn levels. Age was the most important predictor of Zn plasma level changes followed by albumin and RANTES levels, Zn dietary intake (Zn score) and HSP70 +1267 A/G variants. Moreover, the Cu/Zn ratio appears to be strongly associated with systemic inflammatory factors. Herein, the plasma Zn concentrations decreased with age similarly to what observed in previous reports [3, 4, 6]. The negative correlation between plasma Zn and age remained significant even after adjustment for confounders. Consistent with previous studies [34, 35], we found a positive association between plasma Zn and its main serum carrier, albumin. An important factor that may have a dramatic impact on albumin and Zn during aging is inflammation [36]. Pro-inflammatory cytokines can also upregulate the Zn importer Zip14 in the liver that contributes to the serum hypozincemia during the inflammatory response [37]. Reduced intracellular Zn in immune cells has been also



**Fig. 2** Coefficients (SPSS automatic linear modeling) for Zn plasma levels. This chart displays the intercept first and then sorts effects from top to bottom in decreasing predictor importance. Within effect containing factors, coefficients are sorted by ascending order of data

values. The width of connecting lines in the diagram reflects the coefficient significance, with greater line width corresponding to more significant coefficients (smaller  $p$  values)

linked to increased production of inflammatory mediators in aging [21, 29]. Surprisingly, we have not found a significant association with the main inflammatory factors, but a positive correlation with RANTES plasma levels. RANTES, also known as chemokine ligand 5 (CCL5), modulates leukocyte migration and plays a role in T cell activation, thus enhancing T cell proliferation and cytotoxicity [38], as well as promoting a prompt and efficacious inflammatory response and host defense against

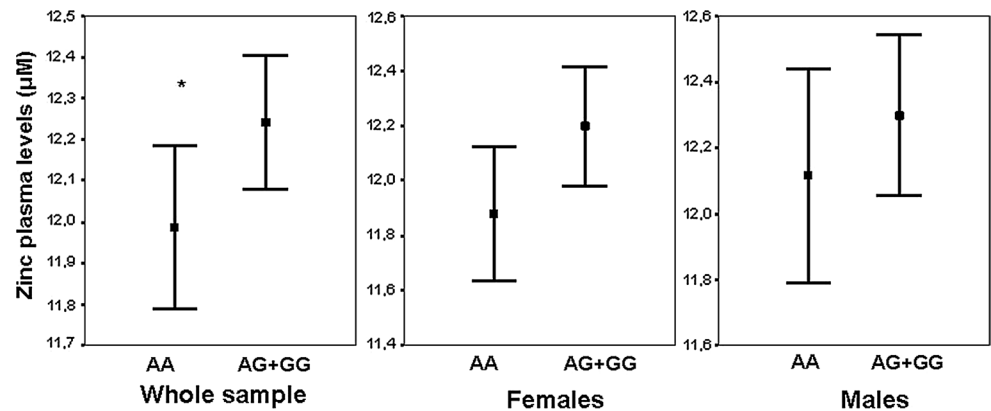
infection [39]. Contradictory results exist on circulating RANTES changes with aging [40, 41]. LPS-induced RANTES production was shown to be impaired in peritoneal leukocytes from old mice, but preserved in long-lived animals [42]. In our cohort, the circulating levels of RANTES are unaffected by age even after correction for the main covariates (Zn score, BMI, center) (Fig. 5S Supplementary Material), but our population consisted entirely of elderly subjects.

**Table 2** Multivariate linear regression analyses for variables independently associated with Zn plasma levels

Model	Predictors	Standardized beta coefficients	Adjusted $R^2$	$p$ value
1	Age	-0.298	0.087	0.0001
2	Age	-0.225	0.123	0.0001
	Albumin	0.208		0.0001
3	Age	-0.201	0.153	0.0001
	Albumin	0.201		0.0001
	RANTES	0.183		0.0001
4	Age	-0.181	0.162	0.0001
	Albumin	0.202		0.0001
	RANTES	0.183		0.0001
	Zn score	0.103		0.025
5	Age	-0.177	0.169	0.0001
	Albumin	0.204		0.0001
	RANTES	0.184		0.0001
	Zn score	0.104		0.023
	HSP70 +1267 A/G SNP <sup>a</sup>	0.098		0.028

<sup>a</sup> Reference genotype was B+ (AG and GG)

**Fig. 3** Zn plasma levels according to HSP70 1267 A/G SNP in the total population and in elderly subjects subdivided by gender. Error bars represent 95 % CIs for the mean values. The genotype effect was determined by ANCOVA correcting for age, gender, Zn score, center, CRP, albumin levels and BMI \* $p < 0.05$  as compared to AG and GG carriers



The positive association between RANTES and Zn may be explained by the influence of this cation on Zn finger transcription factor activity, including RFLAT-1, that represents a strong transactivator for RANTES in T cells [43, 44].

We confirmed the relationship previously observed [29] between HSP70 +1267 A/G SNP and circulating Zn levels. In this regression model, HSP70 polymorphism is found as the most important predictor among the SNPs included in the analysis, although its relevance in comparison with other non-genetic predictors is relatively low. Several investigations report that Zn may induce HSP70 production [45–47]. However, there is not a clear evidence on the link among HSP70+1267 A/G SNP, Hsp70 levels and Zn. Some studies report a reduced HSP70 protein or mRNA levels in 1267 HSP70 GG genotype, as compared to AG and AA genotypes, [48, 49] that may be in line with the reduced Zn levels in

GG carriers herein found. Anyhow, more research should be performed to better clarify the relationship between HSP70 and Zn status and their role on the susceptibility to age-related diseases. Our linear regression model with a stepwise approach didn't show significant association between the 174 G/C IL-6 polymorphism and plasma Zn, but in this manuscript we have not considered the whole set of indexes for Zn status as previously reported [16]. In any case, an association between IL-6 SNP and Zn plasma concentration was found using ANCOVA correcting for center, age, gender, BMI and Zn score (Fig. 6S, Supplementary Material).

Cu/Zn ratio is an important predictor of disability and mortality [24]. This ratio is mostly associated with inflammatory mediators rather than nutritional factors [24, 50]. Herein, the multivariate linear regression analysis shows a positive association between Cu/Zn ratio with markers of systemic inflammation (ESR and CRP) and age, while

a negative association has been found with albumin serum levels, confirming our previous results [24]. On the other hand, inflammation determines a reduced albumin synthesis [51].

The increment of Cu/Zn ratio with aging may depend on several factors such as (1) a decrease in serum Zn due to a diminished requirement of Zn–albumin for proliferation and growth, (2) a reduced nutritional intake, (3) a dissociation of Zn from the serum albumin pool to other tissue and

compartments to sustain stress response, and (4) an increment of Cu-ceruloplasmin (the major carrier of copper in serum) to counteract oxidative stress occurring with aging and age-related diseases [23].

Cu/Zn ratio is higher in females than males, and this is consistent with several previous reports [24, 52, 53]. The difference of Cu/Zn ratio in relation to gender may be in part explained by an increased Zn dietary intake in males than females, as observed in our cohort and by other authors [52], but this is likely to play a minor role compared to the gender differences reported for copper and ceruloplasmin [54]. Moreover, it has been shown that postmenopausal therapy is associated with increased concentrations of serum copper [53].

This study presents some limitations, such as the lack of data on medication consumption and dietary phytate intake that might affect Zn plasma concentrations. Moreover, in our model we have not considered the expression of Zn transporters that are the most important regulators of Zn status, although we have included the Gln/Arg/Leu Zip-2 SNP previously related to Zn transporter gene expression [19].

In conclusion, our findings show that the most important independent determinants of plasma Zn concentration are age, albumin and RANTES circulating levels, Zn dietary intake and HSP70 + 1267 A/G variants. Moreover, the main predictors of Cu/Zn ratio variability were represented by systemic inflammatory factors (ESR and CRP), albumin levels, gender and age. These results confirm that circulating Zn represents a weak indicator of Zn deficiency in elderly, as the decline with age of this trace element in the plasma is more dependent on physiopathological changes occurring with aging rather than to its nutritional intake.

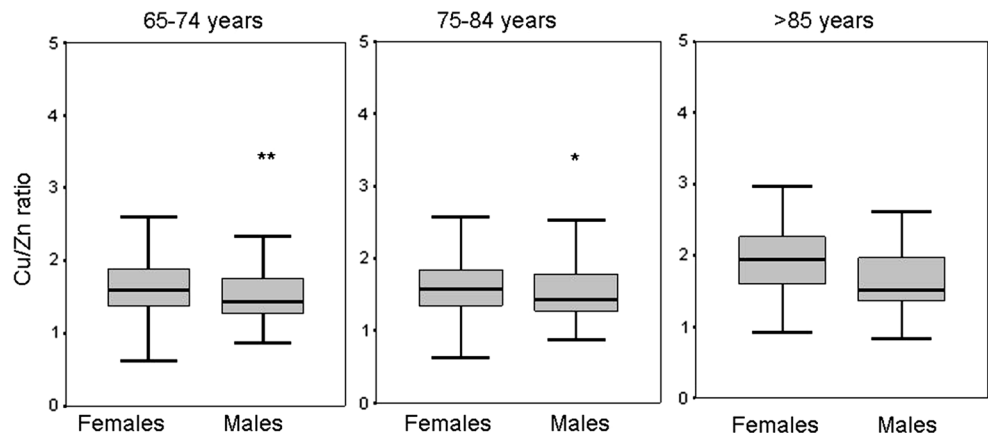
**Table 3** Multivariate linear regression analyses for variables independently associated with copper/zinc ratio

Model	Predictors	Standardized beta coefficients	Adjusted $R^2$	$p$ value
1	ESR	0.418	0.172	0.0001
2	ESR	0.409	0.223	0.0001
	Albumin	−0.230		0.0001
3	ESR	0.351	0.254	0.0001
	Albumin	−0.204		0.0001
	Gender	0.194		0.0001
4	ESR	0.322	0.276	0.0001
	Albumin	−0.137		0.006
	Gender	0.218		0.0001
	Age	0.169		0.001
5	ESR	0.284	0.286	0.0001
	Albumin	−0.118		0.021
	Gender	0.239		0.0001
	Age	0.177		0.004
	CRP	0.115		0.018

Gender was categorized as follows: 0 = males and 1 = females

ESR erythrocyte sedimentation rate, CRP C-reactive protein

**Fig. 4** Plasma Cu/Zn ratio in males and females at different age classes (65–74; 75–84; >85 years). The box plots display the median, interquartile range, the 5th and 95th percentile. \*\* $p < 0.001$ ; \* $p < 0.05$



**Acknowledgments** This study was supported by INRCA, European Commission (Project ZincAge: FOOD-CT-2003-506850; E. Mocchegiani, Coordinator) and COST Action TD1304 The Network for the Biology of Zinc (Zinc-Net).

### Compliance with ethical standards

**Conflict of interest** On behalf of all authors, the corresponding author states that there is no conflict of interest.

## References

- Mocchegiani E, Muzzioli M, Gaetti R, Vecchia S, Viticchi C, Scalise G (1999) Contribution of zinc to reduce CD4 risk factor for 'severe' infection relapse in aging: parallelism with HIV. *Int J Immunopharmacol* 21:271–281
- Mocchegiani E, Romeo J, Malavolta M, Costarelli L, Giacconi R, Diaz LE, Marcos A (2013) Zinc: dietary intake and impact of supplementation on immune function in elderly. *Age* 35:839–860. doi:10.1007/s11357-011-9377-3
- Mariani E, Mangialasche F, Feliziani FT, Cecchetti R, Malavolta M, Bastiani P, Baglioni M, Dedoussis G, Fulop T, Herbein G, Jajte J, Monti D, Rink L, Mocchegiani E, Mecocci P (2008) Effects of zinc supplementation on antioxidant enzyme activities in healthy old subjects. *Exp Gerontol* 43:445–451
- Prasad AS, Beck FW, Bao B, Fitzgerald JT, Snell DC, Steinberg JD, Cardozo LJ (2007) Zinc supplementation decreases incidence of infections in the elderly: effect of zinc on generation of cytokines and oxidative stress. *Am J Clin Nutr* 85:837–844
- Hotz C, Pearson JM, Brown KH (2003) Suggested lower cutoffs of serum zinc concentrations for assessing zinc status: reanalysis of the second National Health and Nutrition Examination Survey data (1976–1980). *Am J Clin Nutr* 78:756–764
- Yasuda H, Tsutsui T (2016) Infants and elderly are susceptible to zinc deficiency. *Sci Rep* 25(6):21850. doi:10.1038/srep21850
- Bel-Serrat S, Stammers AL, Warthon-Medina M, Moran VH, Iglesia-Altaba I, Hermoso M, Moreno LA, Lowe NM, Network EURRECA (2014) Factors that affect zinc bioavailability and losses in adult and elderly populations. *Nutr Rev* 72:334–352. doi:10.1111/nure.12105
- Wong CP, Ho E (2012) Zinc and its role in age-related inflammation and immune dysfunction. *Mol Nutr Food Res* 56:77–87. doi:10.1002/mnfr.201100511
- Couzy F, Mansourian R, Labate A, Guinchard S, Montagne DH, Dirren H (1998) Effect of dietary phytic acid on zinc absorption in the healthy elderly, as assessed by serum concentration curve tests. *Br J Nutr* 80:177–182
- Cantoral A, Tellez-Rojo M, Shamah-Levy T, Schnaas L, Hernandez-Avila M, Peterson KE, Ettinger AS (2015) Prediction of serum zinc levels in mexican children at 2 years of age using a food frequency questionnaire and different zinc bioavailability criteria. *Food Nutr Bull* 36:111–119. doi:10.1177/0379572115586400
- Amirabdollahian F, Ash R (2010) An estimate of phytate intake and molar ratio of phytate to zinc in the diet of the people in the United Kingdom. *Public Health Nutr* 13:1380–1388. doi:10.1017/S1368980010000704
- Fukada T, Kambe T (2011) Molecular and genetic features of zinc transporters in physiology and pathogenesis. *Metallomics* 3:662–674. doi:10.1039/c1mt00011j
- Zalewska M, Trefon J, Milnerowicz H (2014) The role of metallothionein interactions with other proteins. *Proteomics* 14:1343–1356. doi:10.1002/pmic.201300496
- Noh H, Paik HY, Kim J, Chung J (2014) The changes of zinc transporter ZnT gene expression in response to zinc supplementation in obese women. *Biol Trace Elem Res* 162:38–45. doi:10.1007/s12011-014-0128-z
- Mocchegiani E, Giacconi R, Costarelli L, Muti E, Cipriano C, Tesei S, Pierpaoli S, Giuli C, Papa R, Marcellini F, Gasparini N, Pierandrei R, Piacenza F, Mariani E, Monti D, Dedoussis G, Kanoni S, Herbein G, Fulop T, Rink L, Jajte J, Malavolta M (2008) Zinc deficiency and IL-6<sub>-174</sub> G/C polymorphism in old people from different European countries: effect of zinc supplementation. ZINCAGE study. *Exp Gerontol* 43:433–444. doi:10.1016/j.exger.2008.01.001
- Cipriano C, Malavolta M, Costarelli L, Giacconi R, Muti E, Gasparini N, Cardelli M, Monti D, Mariani E, Mocchegiani E (2006) Polymorphisms in MT1a gene coding region are associated with longevity in Italian Central female population. *Biogerontology* 7:357–365
- Giacconi R, Bonfigli AR, Testa R, Sirolla C, Cipriano C, Marra M, Muti E, Malavolta M, Costarelli L, Piacenza F, Tesei S, Mocchegiani E (2008) 467 A/C and 1245 MT1A polymorphisms in the susceptibility of diabetes mellitus and cardiovascular complications. *Mol Genet Metab* 94:98–104. doi:10.1016/j.ymgme.2007.12.006
- Giacconi R, Kanoni S, Mecocci P, Malavolta M, Richter D, Pierpaoli S, Costarelli L, Cipriano C, Muti E, Mangialasche F, Piacenza F, Tesei S, Galeazzi R, Theodoraki EV, Lattanzio F, Dedoussis G, Mocchegiani E (2010) Association of MT1A haplotype with cardiovascular disease and antioxidant enzyme defense in elderly Greek population: comparison with an Italian cohort. *J Nutr Biochem* 21:1008–1014. doi:10.1016/j.jnutbio.2009.08.008
- Giacconi R, Costarelli L, Malavolta M, Cardelli M, Galeazzi R, Piacenza F, Gasparini N, Basso A, Mariani E, Fulop T, Rink L, Dedoussis G, Herbein G, Jajte J, Provinciali M, Busco F, Mocchegiani E (2015) Effect of ZIP2 Gln/Arg/Leu (rs2234632) polymorphism on zinc homeostasis and inflammatory response following zinc supplementation. *BioFactors* 41:414–423. doi:10.1002/biof.1247
- Wong CP, Magnusson KR, Ho E (2013) Increased inflammatory response in aged mice is associated with age-related zinc deficiency and zinc transporter dysregulation. *J Nutr Biochem* 24:353–359. doi:10.1016/j.jnutbio.2012.07.005
- Giacconi R, Malavolta M, Costarelli L, Busco F, Galeazzi R, Bernardini G, Gasparini N, Mocchegiani E (2012) Comparison of intracellular zinc signals in nonadherent lymphocytes from young-adult and elderly donors: role of zinc transporters (Zip family) and proinflammatory cytokines. *J Nutr Biochem* 23:1256–1263. doi:10.1016/j.jnutbio.2011.07.005
- Michaud M, Balardy L, Moulis G, Gaudin C, Peyrot C, Vellas B, Cesari M, Nourhashemi F (2013) Proinflammatory cytokines, aging, and age-related diseases. *J Am Med Dir Assoc* 14:877–882. doi:10.1016/j.jamda.2013.05.009
- Malavolta M, Piacenza F, Basso A, Giacconi R, Costarelli L, Mocchegiani E (2015) Serum copper to zinc ratio: relationship with aging and health status. *Mech Ageing Dev* 151:93–100. doi:10.1016/j.mad.2015.01.004
- Malavolta M, Giacconi R, Piacenza F, Santarelli L, Cipriano C, Costarelli L, Tesei S, Pierpaoli S, Basso A, Galeazzi R, Lattanzio F, Mocchegiani E (2010) Plasma copper/zinc ratio: an inflammatory/nutritional biomarker as predictor of all-cause mortality in elderly population. *Biogerontology* 11:309–319. doi:10.1007/s10522-009-9251-1
- Kanoni S, Dedoussis GV, Herbein G, Fulop T, Varin A, Jajte J, Rink L, Monti D, Mariani E, Malavolta M, Giacconi R, Marcellini F, Mocchegiani E (2010) Assessment of gene-nutrient interactions on inflammatory status of the elderly with the use of a zinc diet score—ZINCAGE study. *J Nutr Biochem* 21:526–531. doi:10.1016/j.jnutbio.2009.02.011

26. Dedoussis GV, Kanoni S, Mariani E, Cattini L, Herbein G, Fulop T, Varin A, Rink L, Jajte J, Monti D, Marcellini F, Malavolta M, Mocchegiani E (2008) Mediterranean diet and plasma concentration of inflammatory markers in old and very old subjects in the ZINCAGE population study. *Clin Chem Lab Med* 46:990–996. doi:10.1515/CCLM.2008.191
27. Giacconi R, Cipriano C, Albanese F, Boccoli G, Saba V, Olivieri F, Franceschi C, Mocchegiani E (2004) The -174 G/C polymorphism of IL-6 is useful to screen old subjects at risk for atherosclerosis or to reach successful ageing. *Exp Gerontol* 39:621–628
28. Giacconi R, Cipriano C, Muti E, Costarelli L, Maurizio C, Saba V, Gasparini N, Malavolta M, Mocchegiani E (2005) Novel -209 A/G MT2A polymorphism in old patients with type 2 diabetes and atherosclerosis: relationship with inflammation (IL-6) and zinc. *Biogerontology* 6:407–413
29. Giacconi R, Costarelli L, Malavolta M, Piacenza F, Galeazzi R, Gasparini N, Basso A, Mariani E, Fulop T, Rink L, Dedoussis G, Kanoni S, Herbein G, Jajte J, Busco F, Mocchegiani E (2014) Association among 1267 A/G HSP70-2, -308 G/A TNF-alpha polymorphisms and pro-inflammatory plasma mediators in old ZincAge population. *Biogerontology* 15:65–79. doi:10.1007/s10522-013-9480-1
30. Kahmann L, Uciechowski P, Warmuth S, Malavolta M, Mocchegiani E, Rink L (2006) Effect of improved zinc status on T helper cell activation and TH1/TH2 ratio in healthy elderly individuals. *Biogerontology* 7:429–435
31. Wong CP, Rinaldi NA, Ho E (2015) Zinc deficiency enhanced inflammatory response by increasing immune cell activation and inducing IL6 promoter demethylation. *Mol Nutr Food Res* 59:991–999. doi:10.1002/mnfr.201400761
32. Barnett JB, Hamer MB, Meydani SN (2010) Low zinc status: a new risk factor for pneumonia in the elderly? *Nutr Rev* 68:30–37. doi:10.1111/j.1753-4887.2009.00253.x
33. Bales CW, DiSilvestro RA, Currie KL, Plaisted CS, Joung H, Galanos AN, Lin PH (1994) Marginal zinc deficiency in older adults: responsiveness of zinc status indicators. *J Am Coll Nutr* 13:455–462
34. Belbraouet S, Biaudet H, Tebi A, Chau N, Gray-Donald K, Debry G (2007) Serum zinc and copper status in hospitalized vs. healthy elderly subjects. *J Am Coll Nutr* 26:650–654
35. Arnaud J, Touvier M, Galan P, Andriollo-Sanchez M, Ruffieux D, Roussel AM, Hercberg S, Favier A (2010) Determinants of serum zinc concentrations in a population of French middle-age subjects (SU.VI.MAX cohort). *Eur J Clin Nutr* 64:1057–1064. doi:10.1038/ejcn.2010.118
36. Hoeger J, Simon TP, Doemming S, Thiele C, Marx G, Schuerholz T, Haase H (2015) Alterations in zinc binding capacity, free zinc levels and total serum zinc in a porcine model of sepsis. *Biometals* 28:693–700. doi:10.1007/s10534-015-9858-4
37. Beker Aydemir T, Chang SM, Guthrie GJ, Maki AB, Ryu MS, Karabiyik A, Cousins RJ (2012) Zinc transporter ZIP14 functions in hepatic zinc, iron and glucose homeostasis during the innate immune response (endotoxemia). *PLoS One* 7:e48679. doi:10.1371/journal.pone.0048679
38. Taub DD, Turcovski-Corales SM, Key ML, Longo DL, Murphy WJ (1996) Chemokines and T lymphocyte activation: I. Beta chemokines costimulate human T lymphocyte activation in vitro. *J Immunol* 156:2095–2103
39. Adams DH, Lloyd AR (1997) Chemokines: leucocyte recruitment and activation cytokines. *Lancet* 349:490–495
40. Mansfield AS, Nevala WK, Dronca RS, Leontovich AA, Shuster L, Markovic SN (2012) Normal ageing is associated with an increase in Th2 cells, MCP-1 (CCL1) and RANTES (CCL5), with differences in sCD40L and PDGF-AA between sexes. *Clin Exp Immunol* 170:186–193. doi:10.1111/j.1365-2249.2012.04644.x
41. Mariani E, Cattini L, Neri S, Malavolta M, Mocchegiani E, Ravaglia G, Facchini A (2006) Simultaneous evaluation of circulating chemokine and cytokine profiles in elderly subjects by multiplex technology: relationship with zinc status. *Biogerontology* 7:449–459
42. Arranz L, Lord JM, De la Fuente M (2010) Preserved ex vivo inflammatory status and cytokine responses in naturally long-lived mice. *Age* 32:451–466. doi:10.1007/s11357-010-9151-y
43. Song A, Chen YF, Thamtrakoln K, Storm TA, Krensky AM (1999) RFLAT-1: a new zinc finger transcription factor that activates RANTES gene expression in T lymphocytes. *Immunity* 10:93–103
44. Choi S, Bird AJ (2014) Zinc'ing sensibly: controlling zinc homeostasis at the transcriptional level. *Metallomics* 6:1198–1215. doi:10.1039/c4mt00064a
45. Lee JM, Lee JM, Kim KR, Im H, Kim YH (2015) Zinc preconditioning protects against neuronal apoptosis through the mitogen-activated protein kinase-mediated induction of heat shock protein 70. *Biochem Biophys Res Commun* 459:220–226
46. Biaggio VS, Alvarez-Olmedo DG, Perez Chaca MV, Salvetti NR, Valdez SR, Fanelli MA, Ortega HH, Gomez NN, Gimenez MS (2014) Cytoprotective mechanisms in rats lung parenchyma with zinc deprivation. *Biometals* 27:305–315. doi:10.1007/s10534-014-9713-z
47. Lodemann U, Einspanier R, Scharfen F, Martens H, Bondzio A (2013) Effects of zinc on epithelial barrier properties and viability in a human and a porcine intestinal cell culture model. *Toxicol In Vitro* 27:834–843. doi:10.1016/j.tiv.2012.12.019
48. Szondy K, Rusai K, Szabo AJ, Nagy A, Gal K, Fekete A, Kovats Z, Losonczy G, Lukacsovits J, Muller V (2012) Tumor cell expression of heat shock protein (HSP) 72 is influenced by HSP72 (HSPA1B A(1267)G) polymorphism and predicts survival in small Cell lung cancer (SCLC) patients. *Cancer Invest* 30:317–322. doi:10.3109/07357907.2012.657815
49. Boiocchi C, Osera C, Monti MC, Ferraro OE, Govoni S, Cuccia M, Montomoli C, Pascale A, Bergamaschi R (2014) Are Hsp70 protein expression and genetic polymorphism implicated in multiple sclerosis inflammation? *J Neuroimmunol* 268:84–88. doi:10.1016/j.jneuroim.2014.01.004
50. Leone N, Courbon D, Ducimetiere P, Zureik M (2006) Zinc, copper, and magnesium and risks for all-cause, cancer, and cardiovascular mortality. *Epidemiology* 17:308–314
51. Don BR, Kaysen G (2004) Serum albumin: relationship to inflammation and nutrition. *Semin Dial* 17:432–437
52. Ghayour-Mobarhan M, Taylor A, New SA, Lamb DJ, Ferns GA (2005) Determinants of serum copper, zinc and selenium in healthy subjects. *Ann Clin Biochem* 42:364–375
53. Johnson PE, Milne DB, Lykken GI (1992) Effects of age and sex on copper absorption, biological half-life, and status in humans. *Am J Clin Nutr* 56:917–925
54. Yunice AA, Lindeman RD, Czerwinski AW, Clark M (1974) Influence of age and sex on serum copper and ceruloplasmin levels. *J Gerontol* 29:277–281