Association between the systemic Omega-3 Index and corneal nerve architecture

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Background

- Long-chain omega-3 polyunsaturated fatty acids (PUFAs) have neuroprotective properties, including in diabetes.¹
- The Omega-3 Index is a measure of the relative concentration of the long-chain omega-3 fatty acids, EPA and DHA, in erythrocyte membranes.
- Low Omega-3 Index (<4%) has been associated with poorer systemic health outcomes; an Omega-3 index of over 8% is considered optimal.²
- A relationship between the Omega-3 Index and corneal nerve health could indicate a potential role for omega-3 PUFAs in modulating peripheral nerve health in diabetes.

Aim

To investigate the association between systemic omega-3 fatty acid levels and corneal nerve parameters in healthy controls and those with diabetes.

Methods

Prospective, cross-sectional clinical study

 Diabetes (n=26) and healthy control (n=21) participants with no neuropathy symptoms, defined as a score of <16 using the Norfolk Quality of Life Questionnaire—Diabetic Neuropathy (Norfolk QOL-DN).³

Ocular surface assessments

Dry eye disease diagnosed according to TFOS DEWS II criteria,⁴ using:

- Dry eye symptoms: Ocular Surface Disease Index (OSDI)
- Tear osmolarity (Tearlab Corp; mOsm/L)
- Clinical examination: slit lamp examination and grading, tear break-up time with sodium fluorescein, ocular surface staining

Central corneal sub-basal nerve plexus structure

- Measured using *in-vivo* confocal microscopy (IVCM) images, from the average of 12 non-overlapping regions in the central cornea
- Parameters quantified using automated software (ACCMetrics)
- Corneal nerve fibre length (CNFL; mm/mm²)
- Corneal nerve fibre density (CNFD; fibres/mm²)
- Corneal nerve branch density (CNBD; branches on main fibre/mm²)
- Corneal nerve total branch density (CTBD; total branches/mm²)

Central corneal sensitivity

Measured using non-contact corneal esthesiometry with both room temperature stimuli (~25°C)
and cooled stimuli (~20°C)

Systemic omega-3 fatty acid levels

• Erythrocyte analysis using capillary dried blood spot (DBS) and analysed by an independent laboratory (Waite Lipid Analysis Service (WLAS), University of Adelaide, Australia) ⁵

Statistical Analyses

- Inter-group comparisons:
- Independent sample t-test (normally distributed variables)
- Mann-Whitney-U test (non-normally distributed variables)
- The relationship between systemic fatty acid levels and corneal nerve parameters:
- Multiple linear regression, adjusted for for age, sex, neuropathy symptom score, and the presence of both diabetes and dry eye disease

Results

Tables 1 & 2: Participant characteristics

Baseline clinical parameter	Control (n=21)	Diabetes (n=26)	P-value
Age, years	48 (26–64)	49.0 (30–63)	0.86
Sex, % female	67	58	0.56
Diabetes type, % type 1	N/A	58	-
Diabetes duration, years	N/A	13 (6–22)	-
HbA1c, %	N/A	7.0 (6.6–8.0)	-
Presence of dry eye disease [†] , %	9.5	15.4	0.68
CNFL, mm/mm ²	14.71 ± 2.99	12.60 ± 3.41	0.030*
CNFD, fibres/mm ²	24.67 ± 6.05	20.99 ± 6.67	0.054
CNBD, branches on main fibre/mm ²	35.00 ± 12.57	23.60 ± 11.45	0.002*
CTBD, total branches/mm ²	50.88 ± 18.72	35.48 ± 16.49	0.005*
Corneal sensitivity threshold, mbarRoom temperatureCooled temperature	0.28 (0.18–0.35) 0.15 (0.05–0.23)	0.59 (0.42–0.75) 0.48 (0.35–0.69)	<0.001* <0.001*
Blood fatty acid parameter	Control (n=21)	Diabetes (n=26)	P-value
Total AA (22:4 omega-6), %	6.77 ± 1.50	5.61 ± 1.63	0.016*
Total EPA (20:5 omega-3), %	0.60 (0.45-0.73)	0.62 (0.51–0.82)	0.52
Total DHA (22:6 omega-3), %	2.05 (1.88–2.60)	1.96 (1.49–2.31)	0.26
Omega-3 Index, %	5.54 (4.54–6.06)	5.00 (4.25-5.68)	0.32

Data are shown as mean \pm SEM or median (IQR). AA=Arachidonic acid. *indicates a statistically significant difference (p < 0.05). †Dry eye disease was diagnosed according to TFOS DEWS II criteria.

Omega-3 Index and corneal nerve structure

	Low Omega-3 Index (< 4%)	High Omega-3 Index (> 8%)
Control		B
Diabetes		

Figure 1: Representative IVCM images from control participants with Omega-3 Indices of 3.89% (A) and 8.50% (B), and diabetes participants with Omega-3 Indices of 3.85% (C) and 9.61% (D)

Table 3: Multiple linear regression models for dependent variable: central CNFL

Predictor variables:	β	p-value	β	p-value	β	p-value	β	p-value
	Omega-3 index		EPA		DHA		Total omega-6	
Fatty acid variable	0.33	0.02*	0.25	0.064	0.32	0.027*	-0.03	0.86
Age	-0.46	0.001*	-0.48	0.001*	-0.41	0.003*	-0.44	0.004*
Diabetes (Present)	-0.30	0.03*	-0.33	0.02*	-0.27	0.051	-0.33	0.045*
Sex (Male)	0.13	0.35	0.07	0.61	0.13	0.348	-0.02	0.90
Dry eye disease (Present)	0.10	0.42	0.08	0.56	0.12	0.367	-0.07	0.61
Norfolk score	-0.03	0.82	-0.02	0.90	-0.05	0.739	-0.04	0.81
Model statistics	R=0.62. R ² =0.39.		R=0.59. R ² =0.35.		R=0.61. R ² =0.37.		R=0.54. R ² =0.30.	
	F=4.22. p=0.002 .		F=3.60. p=0.006 .		F=3.99. p=0.003 .		F=2.75. p=0.025 .	

 β , standardised regression coefficient. * indicates a statistically significant difference (p < 0.05).

Table 4: Multiple linear regression models for dependent variable: central CNFD

Predictor variables:	β	p-value	β	p-value	β	p-value	β	p-value
	Omega-3 index		EPA		DHA		Total omega-6	
Fatty acid variable	0.35	0.01*	0.24	0.09	0.37	0.013*	-0.16	0.33
Age	-0.44	0.001*	-0.47	0.002*	-0.39	0.005*	-0.45	0.003*
Diabetes (Present)	-0.27	0.054	-0.30	0.039*	-0.24	0.09*	-0.36	0.031*
Sex (Male)	0.12	0.38	0.054	0.70	0.13	0.34	0.01	0.94
Dry eye disease (Present)	0.13	0.32	0.10	0.45	0.15	0.26	0.10	0.48
Norfolk score	-0.004	0.98	0.006	0.97	-0.024	0.86	-0.04	0.81
	R=0.60. R ² =0.36.		R=0.56. R ² =0.31.		R=0.60. R ² =0.36.		R=0.52. R ² =0.27.	
Model statistics	F=3.79. p=0.004.		F=2.97. p=0.017.		F=3.82. p=0.004.		F=2.51. p=0.037.	

 β , standardised regression coefficient. * indicates a statistically significant difference (p < 0.05).

Other findings

- A positive association exists between both the systemic Omega-3 Index and erythrocyte DHA levels, with each of CNFL and CNFD, independent of age or diabetes status.
- Participant age and diabetes status were the only factors associated with corneal sensitivity thresholds. Neither systemic omega-3 nor omega-6 fatty acid levels were related to corneal sensitivity thresholds with roomtemperature or cooled stimuli.

Conclusion

This study newly describes a relationship between the systemic Omega-3 Index and CNFL and CNFD, the major anatomical features of the corneal sub-basal nerve plexus. These findings suggest that omega-3 fatty acid intake may influence corneal nerve health.

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