Effects of Nutrient Supplementation on Immune Function in Cats and Dogs

Kay J. Rutherfurd-Markwick,¹ PhD, and David Thomas,² PhD

¹ Massey University
School of Food and Nutrition
Auckland, New Zealand
² Massey University
Institute of Veterinary, Animal and Biomedical Sciences
Palmerston North, New Zealand
K.J.Rutherfurd@massey.ac.nz

Abstract

Immune function is known to decline with age, and chronic stress can impair immune function and exacerbate the effects of aging. Dietary supplementation, with immunomodulatory ingredients, has potential in preventing or slowing such changes. Any modulation of the immune system should be balanced so that the immune system is primed to be optimally and appropriately active; however, not overstimulated, which could lead to negative effects such as chronic inflammation, allergy and autoimmune disorders. This article will explore the advantages and disadvantages of nutritional immunomodulation and examine the evidence behind the immunomodulating effects of certain nutrients.

Glossary of Abbreviations ConA: Concanavalin A **CRP:** C-Reactive Protein **DM:** Dry Matter IL-1: Interleukin 1 IL-2: Interleukin 2 IL-6: Interleukin 6 IL-10/STAT3: Interleukin 10/Signal Transducer and Activator of Transcription 3 MHC: Major Histocompatibility Complex NK: Natural Killer ω-3: Omega 3 ω-6: Omega 6 PHA: Phytohaemagglutinin Se: Selenium **TNF-\alpha:** Tumor Necrosis Factor α Vit: Vitamin

tibody responses and defective T-helper cell subpopulations¹ that can be reversed by feeding a highprotein diet.² However, research in several species, including dogs, indicates that overfeeding also has a detrimental effect on the immune system, resulting in a decreased resistance to the canine distemper virus³ and salmonella infection, increased severity and frequency of disease,⁴ reduced wound healing, and a greater mortality rate. With more and more cats and dogs being categorized as overweight or obese, weight control represents a simple mechanism to maintain or improve immune health in companion animals.

Excesses of individual amino acids

Introduction

Dietary components are able to impact the health of an animal in two ways; first, in a purely nutritive sense, supplying the necessary energy and amino acids to the animal, and second, by acting as bioactive molecules and influencing a number of functions within the animal, including immune health. The field of immunonutrition encompasses the latter by studying the effects of dietary supplementation with nutrients (including macronutrients, vitamins, minerals, and trace elements) on aspects of the immune system including inflammation, leukocyte function, antibody production, as well as resistance to disease.

Factors Causing Changes in Immune Function

It is widely recognized that malnutrition results in an impairment of the immune system, with a reduction of an-

also can be detrimental to the function of the immune system. It is well known that excessive intake of leucine has a detrimental effect on both cellular and humoral immunity in a number of species leading to decreased numbers of T lymphocytes and decreased antibody-forming cells or antibody titres.^{5,6} These findings emphasize the importance of a balanced diet.

Aging and natural stress are two of the key causes of impaired function of the immune system and cause many of the same specific changes in immune function. The effects of age and psychological stress are viewed as being interactive, with chronic stress thought to exacerbate the effects of aging on the immune system.^{7,8} Increased stress is associated with lower telomerase activity and shorter telomere length, which are both markers of aging.

Changes in Immune Function with Aging

In all species, age-related changes in the immune system

are considered to impact risk of infection and diseases such as cancer, diabetes and autoimmune diseases,⁹⁻¹¹ making these changes one of the key factors that influence life expectancy, mortality and survival.^{9,12-15} This age-related deterioration of the immune system is known as immunosenescence.¹⁶

A fully functioning immune system is comprised of both innate and adaptive arms, which are interdependent, relying on interaction between the two for activation and therefore generation of an efficient immune response. However, since individuals are exposed to an unique set of antigens and the nature and duration of the accompanying immune response differs considerably, the status of the immune system should be considered the result of both chronological age and immunological history of the individual.¹⁵ The status of the immune system will also reflect differences as a result of genetics, nutrition and environment.¹⁰

Immunosenescence is generally considered to be due to a decline in adaptive responses rather than innate immunity and can be attributed at least in part to the involution of tissues such as the lymph nodes, Peyer's patches, the thymus, and tonsils and to physiological changes in the spleen and bone marrow that occur with age.¹⁷ However, in the absence of disease, innate immunity remains relatively intact or even increased in older individuals,¹⁵ and compensatory mechanisms appear to help maintain it. For example, the function of natural killer (NK) cells appears to decline with age; however, NK cell numbers increase thus compensating for the lower efficacy. The importance of this elevation in NK cell numbers was shown in a study in a group of over 85-yearold humans, in which individuals with NK cell numbers in the lowest quartile were three times more likely to die over the following two years.9

The decline in the adaptive immune system, primarily the T-cell system that characterises immunosenescence, begins following puberty and is manifested by decreasing CD8+ naive T cells numbers, decreased proliferative capacity, increased numbers of memory T and B cells, and a reduction in the diversity of antigen recognition.¹⁴

Since a successful humoral response is highly dependent on a fully functioning cell-mediated response, antibody responses are affected, and decreased responses to vaccination have been reported in both older individual humans (17-53% cf, 70-90% in young adults⁹) and laboratory animal models.¹⁵ Even when older individuals show adequate antibody responses, the level of protection from infection is less than in younger adults. This is thought to be due to the antibodies produced having a lower affinity¹⁰ and therefore, being less effective at neutralizing the viral pathogen.⁹ Despite this, the immune system can function successfully for the majority of adult life without the deleterious effects that normally are seen only in the very late stages of life.

There also appears to be age-associated defects in non-T cells, such as antigen-presenting cells and dendritic cells,

which fail to activate T cells effectively¹⁵ and contribute to a loss of immune function by affecting regulatory control, primarily via indirect changes in cytokine expression.⁹

Inflammatory processes are also closely linked with immune function, and in older individuals conditions that would normally cause an acute inflammatory response such as acute infection or tissue damage tend to take longer to heal due to a reduction in the production of proinflammatory cytokines.¹⁸ In contrast, chronic inflammation, which is prevalent in older individuals, confers an increased risk of both the development and the severity of diseases such as rheumatoid arthritis, cancer, cardiovascular disease, atherosclerosis, and osteoporosis.⁸ Such chronic inflammation is manifested by high levels of proinflammatory cytokines such as IL-6 and TNF- α , as well as increased levels of C-reactive protein (CRP), which is produced in response to elevated IL-6.⁸

Changes in Immune Function with Stress

Physical and mental stress both impact the immune system, with acute stress tending to enhance immune responses, potentially as an adaptive response to help ensure survival by preparing the immune system to respond to challenges resulting from the stress, such as wounding or infection. In contrast, chronic stress results in immunosuppression, with decreased responses to vaccines,¹⁹ a reduction in lymphocyte numbers due to apoptosis following activation of the Il-10/ STAT3 axis,²⁰ decreased mitogen-induced lymphocyte proliferation, decreased NK cell function, altered cytokine production, and decreased skin cell-mediated immunity, all leading to slower wound healing and an increased risk of infectious disease, with the severity of the disease increasing as the duration of the stress increases.²¹ In addition, dysregulation of the immune system is often still apparent several years after the cessation of the chronic stress;⁸ hence, the individual remains at greater risk of infection and disease though the stress episode has been resolved.

The risks of maladaptive immune responses to stress in later life are also increased following prenatal or early life stressors.⁸ Aside from maternal stress resulting in decreased maternal antibody transfer, early life stress results in decreased NK cell activity and lower antibody responses against vaccines and hence decreased resistance to infection and disease. These effects have also been shown to persist for at least several years after the stress has been resolved and are reflected in faster pathogenesis of viruses in adulthood, indicating that the early life stress can result in a significant and perhaps permanent compromise in immune cell populations.

It is not only the immune system that exhibits long-term effects of early life stress. Stress hormone (cortisol) responses to acute stress in adulthood are greater in those who experienced stress effects during early life. Due to the connections among the nervous, endocrine and immune systems, early life stress events could lead to significant lifelong health implications.

Potential and Issues of Immunomodulation

There is increasing evidence that supplementing a complete and balanced diet with certain dietary compounds is frequently able to enhance immune function, thus indicating that ingestion of a complete and balanced diet is not always sufficient to achieve an optimally performing immune system and compensate for factors that impair immune function.

Given that both age and stress can negatively impact the immune system, on the surface it would appear that dietary enhancement of the immune system could be beneficial. There is also the question whether it is possible to use targeted dietary supplementation to prime the immune system for upcoming events, such as an upregulation of the immune system in preparation for a potential disease challenge (e.g., before placing pets in catteries/boarding kennels), or downregulation of the immune system with a dampening of excess inflammatory/allergic responses before the challenge is apparent (e.g., spring pollen levels, etc.).

In any modulation of the immune system there needs to be a balance such that the immune system is primed to be optimally and appropriately active when faced with an immunological challenge, and not overstimulated, which could lead to negative effects such as chronic inflammation, allergy and autoimmune disorders. It is, therefore, necessary not only to explore the issues surrounding nutritional immunomodulation but also to consider the criteria by which you would determine optimum immune function and how to assess it. This is particularly important given the many factors that can occur over the life span of the animal (including *in utero*) to influence immune function and hence affect the potential diversity of immune status of our companion animals.

There is considerable literature describing the immunomodulatory effects of various feed ingredients and pronutrients in a wide range of species.²² For most immunomodulatory nutrients, a concentration range will exist within which consumption will result in optimal immune function; however, consumption at levels below or above this range can result in immunosuppression. For many immunomodulatory nutrients, excess consumption is not an issue as the levels required to elicit immunosuppression would be difficult to achieve. For other nutrients, the excess level at which immunosuppression occurs may be relatively low and easily achievable even with moderate supplementation. It is, therefore, important to clearly define the optimal immunomodulatory concentration levels for each species and also to educate the consumer of potential dangers of overconsumption.

The question as to what constitutes optimal immune function and how it can be measured is an important one. On the surface, optimal immune function would seem to be the ability to fight and/or prevent infection and disease; the difficulty arises in how it can be assessed. Frequency of illness and long-term survival would seem to be one answer, but neither is particularly informative, especially in the short

term, and large numbers of subjects are needed to investigate this. There is considerable debate as to whether changes in immune parameters such as lymphocyte proliferation, phagocytosis and natural killer cell activity observed with in vitro and ex vivo studies will, in fact, result in a health benefit such as resistance to disease or infection in vivo. Although these methods can give indications of changes in immune function parameters, the clinical outcome remains unclear. Information on the frequency, severity and mortality rates from infection and disease challenge studies could potentially give a much clearer answer as to immune status, but this would come at a potentially very high ethical cost. Studies investigating the ability of ingredients to enhance antibody production against vaccines do provide relevant information on the immune function system; however, such studies are only providing information on one arm of the immune system, the adaptive arm. Taken together, most of the currently available methods for assessing optimal immune function are imperfect and therefore the results from work assessing the impact of dietary supplementation on immune function should be interpreted with this caveat in mind.

Effect of Nutritional Components on the Immune System

Omega 3 (ω -3) and Omega 6 (ω -6) Fatty Acids

The potential therapeutic benefits of dietary supplementation with ω -3 fatty acids (including eicosapentaenoic acid), which are found primarily in fish oils including salmon, and the optimal ratio of ω -6 (including arachidonic acid) to ω -3 fatty acids, has led to great interest in the functional foods arena. Interest in these fatty acids was triggered in humans in 1976 following the observation that Inuit people, who normally have a diet high in fish, also have a low incidence of heart disease.²³ Since then, investigations into the effects of ω -6 and ω -3 fatty acids on immune function, eicosanoid production, inflammatory responses, lipid peroxidation cancer, rheumatoid arthritis, ulcerative colitis, psoriasis, organ transplantation, and heart disease have been carried out in a number of species including dogs,²⁴⁻²⁸ rats,²⁹ monkeys,³⁰ and humans.^{31,32}

Results from these studies have been somewhat contradictory in nature, particularly among different species.²² In addition, since the effects on the immune system, either immunoenhancing or immunosuppressive, appear to be ω -6: ω -3 fatty acid ratio dependent, this highlights the importance of determining the dose response effects of immunomodulatory components in the relevant species. It also shows the importance of raising consumer awareness that consumption of more of an immunomodulatory ingredient isn't necessarily advantageous and in some circumstances could even be deleterious for health.

Wound inflammation has been shown to be reduced in dogs following dietary supplementation with $\omega\text{-}3$ fatty acids.^{25}

Since ω -3 fatty acids act as substrates for eicosanoid metabolism, and changes in the feeding levels of ω -3: ω -6 fatty acids in dogs result in altered eicosanoid metabolism, ^{26,28} the likely mechanism of action is through the production of eicosanoids with lower inflammatory potential than those produced from ω -6 fatty acids.³³

A study in geriatric Beagles investigating the effects of feeding three different ratios of ω -6: ω -3 fatty acids (31:1, 5.4:1 and 1.4:1) for 12 weeks reported that PGE₂ production and DTH responses tended to decrease with increasing ω -3 fatty acids in the diet, with a significant decrease observed at an ω -6: ω -3 ratio of 1.4:1.²⁸ Humoral responses were not affected, however, increased lipid peroxidation and decreased plasma vitamin E levels were also observed in the dogs as the level of enrichment of ω -3 fatty acids in the diet increased. Old and young Fox Terriers and Labrador Retrievers fed a diet containing an ω -6: ω -3 ratio of 5:1 for 60 days showed increases in PGE₃ production, but no effect on PGE₂ production (indicating no effect on eicosanoid production), and no effects on production of proinflammatory cytokines (IL-1, IL-6, TNF- α) or antibody production.²⁷ However, enhancement of T and B cell mitogenic responses were observed in the young dogs consuming the ω -3 enriched diets. The authors concluded that feeding Fox Terriers and Labrador Retrievers a diet containing an ω -6: ω -3 ratio of 5:1 had no negative effects on immune function. However, perhaps most important, they reported that the regulation of metabolism of ω -3 fatty acids appeared to differ between the two breeds.²⁷ These results emphasis the fact that feeding different ratios of ω -6: ω -3 can elicit different effects on the immune system and also may have different effects in different dog breeds.

In cats, some studies investigating the effects of dietary supplementation with ω -3 fatty acids on the immune system have shown that supplementation results in immunosuppression.³⁴⁻³⁶ Cats consuming fatty acids derived from fish oil at an ω -6: ω -3 ratio of 5:1 for 12 weeks exhibited decreased lymphocyte proliferation to pokeweed mitogen, but no changes in responses to ConA or PHA³⁶ and a reduction in the numbers of B, T and Th cells.^{34,36} Supplementation at the ω -6: ω -3 ratio of 5:1 also resulted in decreased skin inflammatory responses in cats.³⁶ In contrast, results from our study³⁷ that showed cats fed a diet supplemented with fish oil to an ω -6: ω -3 ratio of 1.77:1 for 35 days exhibited enhancement of lymphocyte proliferative responses to PHA, increased peripheral blood phagocytic activity, and no changes in the expression of B or Th cell subsets. These differences in the results may be due to the different lengths of the trials, the different ω -6: ω -3 ratio fed, or perhaps as suggested in previous canine studies, the breed of cat, and thus indicate that more work is required to determine the optimum ratio of ω -6: ω -3 fatty acids for overall health in the cat. Trials investigating the effects of feeding different

 ω -6: ω -3 ratios over varying periods of times and in different breeds of cats are also needed.

Potential Issues with Omega-3 Supplementation

Studies in cats, ³⁸ dogs³⁹ and humans⁴⁰ indicate that consumption of diets enriched with ω -3 fatty acids (e.g., 1.31:1 ω -6: ω -3 ratio) led to prolonged bleeding times. In addition, some studies suggest that diets enriched with ω -3 fatty acids may lead to impaired immune responses and have other deleterious effects such as increased lipid peroxidation and adverse effects on the gut and wound healing (reviewed in⁴¹). Therefore, due to the apparent broad spectrum of effects that ω -3 fatty acids seem able to elicit, caution is needed when supplementing diets with ω -3 fatty acids. In stimulating one function, such as controlling inflammatory responses, other deleterious effects may result.

Trace Elements

Minerals have many roles within the body such as acting as cofactors for enzymes, maintenance of the 3D structure of proteins, forming a vital part of metalloenzymes, and relaying intercellular and intracellular messages. Minerals such as selenium and zinc are important for the endogenous synthesis of other compounds with antioxidant capacity including glutathione, glutathione peroxidase and superoxide dismutase. It is not surprising, therefore, that minerals play a role in maintaining a healthy immune system, with at least 20 minerals reported to have an impact on immune function in some way.⁴² Even moderate deficiencies of trace elements such as zinc can prove detrimental to health by decreasing cell-mediated, humoral and nonspecific immunity in animals and leading to greater susceptibility to disease. 42-47 Conversely, consumed in excess, zinc has also been shown to impair immune function, reducing the phagocytic and bactericidal activity of neutrophils and macrophages.⁴⁸⁻⁵⁰ Again, these results emphasize the importance of characterizing the levels required for optimal functioning of the immune system in each species.

Selenium (Se) is a component of several enzymes that are involved in protecting cellular components from oxidative damage⁵¹⁻⁵³ and provide some of the mechanisms through which Se is proposed to modulate immune function and reduce inflammation.⁵⁴ The role of glutathione peroxidase, which contains Se, is to remove immunosuppressive radical peroxides and regulate the lipoxygenase and cyclo-oxygenase pathways of the arachidonic acid cascade, which, in turn, control the synthesis of leukotrienes, thromboxanes, prostaglandins, and lipoxins, and modulate the products of the respiratory burst of phagocytes.^{55,56} In addition, Se-containing enzymes (the glutathione peroxidase family of enzymes) control the production of proinflammatory cytokines (e.g., IL-1, IL-6, TNF- α), and prevent the activation of the proin-

flammatory nuclear factor κB cascade by the removal of free radicals from the cell.⁵⁶ Se also is thought to increase T-cell activity by increasing expression of the high-affinity interleukin-2 receptor on T cells.⁵⁷

Se deficiency has been reported to impair humoral and nonspecific immune responses in a variety of animal species, resulting in reduced neutrophil bactericidal activity,⁵¹ lower levels of antibody producing cells, and hence lower levels of antibodies,^{58,59} and the animal being more susceptible to infection than normal controls.⁶⁰ These effects are easily reversed by providing an adequate Se-containing diet.⁵¹ Se toxicity also suppresses humoral and nonspecific immune function, while adequate and supplementary Se can improve immune function parameters, including lymphocyte proliferation, NK cell activity, expression of IL-2R, and cytotoxic T cell activity.^{55,56,61} These changes are due at least in part to the ability of Se to enhance the clonal expansion of a range of immunocompetent cells.²²

We carried out a trial⁶² to determine if cats responded to dietary supplementation of Se with enhancement of certain immune parameters as has been seen in other species. Cats were fed a complete and balanced diet with and without Se supplementation (Se content DM basis: control, o.38mg/kg (o.3mg/kg DM minimum SE requirement;⁶³ moderate Se, 2mg/kg; and high Se 10mg/kg)) for a period of four weeks. The results showed that in contrast to work in other species, dietary supplementation with Se had no effect on any immune function parameters measured (lymphocyte proliferative responses, peripheral blood phagocytosis and expression of lymphocyte subsets).⁶² Outcomes such as this support the fact that results from trials assessing the effects of immunomodulatory

nutrients on immune enhancement cannot be extrapolated across species.

Antioxidants

Immune cells are particularly susceptible to oxidative damage for two reasons: First, their cell membranes have high levels of unsaturated fatty acids, and second, they are capable of producing large concentrations of free radicals during periods of intense activity such as inflammation.²² Such oxidative damage can lead to a decline in immune function. There is growing interest in the utilization of antioxidants for improving health status by slowing the aging process⁶⁴ and preventing the generation of free radicals that can damage healthy cells and hence the immune system.

The antioxidants most studied in cats and dogs include vitamin E, ascorbic acid, β -carotene, lutein, and isoflavo-noids.^{62,65-71} The effects of some of these compounds on the immune system will be described here.

Vitamin C (Vit C) deficiency has been shown to result in impairment of the immune system in a number of species

including guinea pigs and primates. Under normal conditions Vit C levels are high in leukocytes, and during infection are rapidly reduced in order to prevent free radicals from causing DNA damage to immune cells.²² Vit C supplementation has been shown to be beneficial in humans by enhancing mitogeninduced lymphocyte proliferation, phagocytic function of neutrophils,⁷² and in the treatment of several autoimmune diseases including HIV (reviewed in⁷³). In addition, Vit C has been shown to reduce the toxic effects of chemicals on the immune system in both humans and animals.²²

Lutein has been shown to have immunomodulatory effects in several species including cats and dogs. Kim, et al.⁶⁹ showed that a 12-week supplementation with dietary lutein in cats increased the levels of CD4+ and CD21+ lymphocytes and lymphocyte proliferative responses to ConA and pokeweed mitogen but did not affect pan T, CD8 or MHC class II markers. Lutein supplementation also resulted in a significant increase in plasma IgG levels in cats⁶⁹ and dogs,⁷⁴ possibly due to alterations in the cell membrane, which influence antigen presentation.⁷⁵ Significant increases in the levels of CD5+, CD4+, T and MHC II+ lymphocytes following dietary supplementation with lutein have been observed in dogs.⁷⁴

The protective effects of Vit E on immune function can largely be explained by its antioxidant activity, ^{76,77} with Vit E reducing the immunosuppressive effects of free radicals and lipid peroxidation.⁷⁸ However, Vit E supplementation has also been shown to influence both the innate and acquired immune systems in various production animals, laboratory animals and humans, ^{77,79} though results are mixed. Enhancement of phagocytic activity by Vit E supplementation is likely due to its effects reducing the production of immunosuppressive compounds such as free radicals and PGE_2^{80-82} and the cell signaling molecule, nuclear factor $\kappa B.^{56}$ Vit E also stimulates IL-2 production by T helper 1 cells, and since IL-2 is an important promoter of T and B cell proliferation and differentiation, ^{77,80} this mechanism may also explain the immune-enhancing effects of Vit E.

Trials investigating the immune-enhancing effects of Vit E in cats have shown enhancement of lymphocyte proliferative response to ConA, but not to PHA in aged (9.92 years) though not young cats (2.65 years)⁸¹ when the diet was supplemented at either 250 IU/kg DM (225 mg/kg DM) or 500 IU/kg DM Vit E (450 mg/kg DM). In the same study, young cats exhibited a significant increase in the response to pokeweed mitogen when fed a diet supplemented with 500 IU/kg Vit E (450 mg/kg DM) but not 250 IU/kg DM (225 mg/kg DM).⁸¹ These results demonstrate both age-related and dose response effects when supplementing with Vit E. Results from our own work in a mixed age group of cats (1.5-10 years) showed similar enhancement of lymphocyte proliferative responses to ConA and PHA and enhancement of phagocytic activity when animals were fed a diet containing either 250 IU/kg

DM (225 mg/kg DM) or 500 IU/kg DM Vit E (450 mg/kg DM). This indicated that in this group of cats supplementation at a level above 250 IU/kg DM was of no additional benefit.⁶²

Combined supplementation of Vit E and Se has also been found to produce a greater enhancement of immune function in some species; an effect that is thought to be due to the synergistic antioxidant effects of Vit E and Se in the cell membrane and their control of arachidonic acid metabolism.⁷⁹ However, our own work in cats showed that diets supplemented with both Vit E and Se had no immune-enhancing effect above the level of Vit E alone.⁶²

Trials in dogs have indicated that greater benefits of antioxidant supplementation can be expected during conditions of increased oxidative stress, such as exercise, leading to enhanced endurance⁸³ and reduction in exercise-induced oxidative damage.⁶⁶ Hence, antioxidant supplementation prior to such exercise may be useful in dogs, though the duration of the supplementation and period of administration prior to the event needs to be determined.

Antioxidants impact a range of immune functions, and since each antioxidant benefits the immune system uniquely, it is possible that a blend of several antioxidants may be more effective at enhancing the immune system than a single antioxidant at a high dose rate. In support of this, a study in dogs⁸⁴ showed that supplementation with Vit E and Vit C resulted in increased neutrophil bactericidal activity. Again, further trials comparing various dose rates and combinations of antioxidants are needed to provide substantiated evidence of the most effective formulation for each species.

Nucleotides

Studies in animals have shown that nucleotide-free diets lead to impaired cell-mediated and humoral immune responses, including decreased macrophage and NK cell activity, DTH responses, cytokine levels, lower antibody production, and an increased susceptibility to infection.^{22,85} These changes can be reversed by dietary nucleotide supplementation. A number of animal studies suggest that the supplementation of diets with nucleotides leads to enhancement of immune function including mitogen-induced lymphocyte proliferation, IL-2 production, improved resistance to infection, enhanced cell-mediated immunity, and enhanced enterocyte and lymphocyte maturation.^{86,87} Our own work in cats³⁷ showed that dietary supplementation with nucleotides for five weeks resulted in enhancement of phagocytic activity and lymphocyte proliferative responses to the T-cell mitogen PHA, which is agreement with work carried out in mice and humans.87-89

Conclusion

There is evidence to suggest that a number of dietary ingredients have the potential to modulate the immune system of healthy cats and dogs. However, we are still a considerable

way from being able to recommend the targeted consumption of specific immunomodulatory ingredients to overcome upcoming challenges to the immune system. The evidence shows that different immune responses are sometimes seen in different species and possibly even in different breeds; therefore, results cannot be extrapolated across species and may not even be applicable in different breeds. In addition, as excess consumption of some immunomodulatory nutrients can result in deleterious effects, it is important to determine safe but efficacious levels of consumption. While this field is extremely promising, more work is needed to clarify the levels of supplementation required to optimize immune function in individual breeds, the effects of mixtures of immune-enhancing nutrients, and the efficacy and safety of term and even lifelong feeding of immunomodulatory ingredients.

References

1. Burkholder WJ, Swecker Jr. WS. Nutritional Influences on Immunity. *Semin Vet Med Surg.* 1990;5:154-166.

2. Barry WS, Pierce NF. Protein Deprivation Causes Reversible Impairment of Mucosal Immune Response to Cholera Toxoid/ Toxin in Rat Gut. *Nature*. 1979;281(5726):64-65.

3. Bresnahan MR, Newberne PM. Interaction of Diet and Distemper Virus Infection on Lipid Metabolism in the Dog. *Brit J Exp Pathol.* 1968;49:223-234.

4. Gottschlich MM, Mayes T, Khoury JC, et al. Significance of Obesity on Nutritional, Immunologic, Hormonal, and Clinical Outcome Parameters in Burns. *J Am Diet Assoc*. 1993;93:1261-1268.

5. Chevalier P, Aschkenasy A. Hematological and Immunological Effects of Excess Dietary Leucine in the Young Rat. *Am J Clin Nutr*. 1977;30:1645-1654.

6. Kuhlman G, Roth JA, Flakoll PJ, et al. Effects of Dietary Leucine, Alpha-Ketoisocaproate and Isovalerate on Antibody Production and Lymphocyte Blastogenesis in Growing Lambs. *J Nutr.* 1988;118:1564-1569.

7. Glaser R, Kiecolt-Glaser JK. Stress-Induced Immune Dysfunction: Implications for Health. *Nat Rev Immunol*. 2005:5:243-251.

8. Graham JE, Christian LM, Kiecolt-Glaser JK. Stress, Age, and Immune Function: Toward a Lifespan Approach. *J Behav Med*. 2006;29:389-400.

9. Castle S. Clinical Relevance of Age-Related Immune Dysfunction. *Clin Infect Dis*. 2000;31:578-585.

10. Caruso C, Buffa S, Candore G, et al. Mechanisms of Immunosenescence. *Immun Ageing*. 2009;6:10-13.

11. Day MJ. Ageing, Immunosenescence and Inflammageing in the Dog and Cat. *J Comp Pathol*. 2010;142:S60-S69.

12. Linton P J, Dorshkind K. Age-Related Changes in Lymphocyte Development and Function. *Nat Immunol*. 2004;5:133-139.

13. Blount DG, Pritchard DI, Heaton PR. Age-Related Alterations to Immune Parameters in Labrador Retriever Dogs. *Vet Immunol Immunop*. 2005;108:399-407.

14. Weng N-P. Aging of the Immune System: How Much Can the Adaptive Immune System Adapt? *Immunity*. 2006;24:495-499.

15. Pawelec G, Larbi A, Derhovessian E. Senescence of the Human Immune System. *J Comp Pathol*. 2010;142;S39-S44.

16. Pawelec G, Wagner W, Abidzadeh M, et al. T Cell Immunosenescence *In Vitro* and *In Vivo. Exp Gerontol*. 1999;34:419-426.

17. Mosier JE. Effect of Aging on Body Systems of the Dog. *Vet Clin N Am-Small.* 1989;19:1-12.

18. Gomez CR, Boehmer ED, Kovacs EJ. The Aging Innate Immune System. *Curr Opin Immunol*. 2005;17:457-462

19. Kiecolt-Glaser JK, Glaser R, Gravenstein S, et al. Chronic Stress Alters the Immune Response to Influenza Virus Vaccine in Older Adults. *P Natl Acad Sci*. 1996;93:3043-3047.

20. Hu D, Wan L, Chen M, et al. Essential Role of IL-10/STAT3 in Chronic Stress-Induced Immune Suppression. *Brain Behav Immun.* 2014;36:118-127.

21. Cohen S. The Pittsburgh Common Cold Studies: Psychosocial Predictors of Susceptibility to Respiratory Infectious Illness. *Int J Behav Med*. 2005;12:123-131.

22. Field CJ, Johnson IR, Schley PD. Nutrients and Their Role in Host Resistance to Infection. *J Leukocyte Biol*. 2002;71:16-32.

23. Bang HO, Dyerberg J, Hjoerne N. The Composition of Food Consumed by Greenland Eskimos. *Acta Med Scand*. 1976;200:69-73.

24. Billman GE, Hallaq H, Leaf A. Prevention of Ischemia-Induced Ventricular Fibrillation by ω -3 Fatty Acids. *P Natl Acad Sci*. 1994;92:4427-4430. 25. Mooney MA, Vaughn DM, Reinhart GA, et al. Evaluation of the Effects of Omega-3 Fatty Acid-Containing Diets on the Inflammatory Wound Healing in Dogs. *Am J Vet Res.* 1998;59:859-863.

26. Vaughan DM, Reinhart GA, Swaim SF, et al. Evaluation of the Effects of Dietary n-6 to n-3 Fatty Acid Ratios on Leukotriene B Synthesis in Dog Skin and Neutrophils. *Vet Dermatol.* 1994;5:163-173.

27. Kearns RJ, Hayek MG, Turek JJ, et al. Effect of Age, Breed and Dietary Omega-6 (n-6): Omega-3 (n-3) Fatty Acid Ratio on Immune Function, Eicosanoid Production, and Lipid Peroxidation in Young and Aged Dogs. *Vet Immunol Immunop*. 1999;69:165-183.

28. Wander RC, Hall JA, Gradin JL, et al. The Ratio of Dietary (n-6) to (n-3) Fatty Acids Influences Immune System Function, Eicosanoid Metabolism, Lipid Peroxidation and Vitamin E Status in Aged Dogs. *J Nutr*. 1997;127:1198-1205.

29. McLennan PL, Abeywardena MY, Charnock JS. Dietary Fish Oil Prevents Ventricular Fibrillation following Coronary Artery Occlusion and Reperfusion. *Am Heart J*. 1988;16:709-717.

30. McLennan PL, Bridle TM, Abeywardena MY, et al. Comparative Efficacy of n-3 and n-6 Polyunsaturated Fatty Acids in Modulating Ventricular Fibrillation Threshold in Marmoset Monkeys. *Am J Clin Nutr.* 1993;58:7834-7838.

31. Sontrop J, Campbell MK. ω - 3 Polyunsaturated Fatty Acids and Depression: A Review of the Evidence and a Methodological Critique. *Prev Med.* 2006;42:4-13.

32. MacLean CH, Newberry SJ, Mojica WA, et al. Effects of Omega-3 Fatty Acids on Cancer Risk. A Systematic Review. *J Am Med Assoc.* 2006;295:403-415.

33. Reinhart GA. Review of Omega-3 Fatty Acids and Dietary Influences on Tissue Concentration. In: *Recent Advances in Canine and Feline Nutritional Research*. Carey DP, Norton SA, Bolser SM (eds). *Proc of the 1996 Iams International Nutrition Symposium*. Wilmington, OH: Orange Frazer Press. 1996:235-242.

34. Chew BP, Park HJ, Park JS, et al. Role of Omega-3 Fatty Acids on Immunity and Inflammation in Cats. In: *Recent Advances in Canine and Feline Nutrition*. Reinhart GA, Carey DP (eds). Wilmington, OH: Orange Frazer Press. 2000:55-67.

35. Calder PC, Krauss-Etschmann S, de Jong EC, et al. Early Nutrition and Immunity — Progress and Perspectives. *Brit J Nutr*. 2006;96:774-790.

36. Park JP, Park JS, Hayek MG, et al. Dietary Fish Oil and Flaxseed Oil Suppress Inflammation and Immunity in Cats. *Vet Immunol Immunop.* 2011;141:301-306.

37. Rutherfurd-Markwick KJ, Hendriks WH, Morel PCH, et al. The Potential for Enhancement of Immunity in Cats by Dietary Supplementation. *Vet Immunol Immunopl.* 2013;152: 333-340.

38. Saker KE, Eddy AL, Thatcher CD, et al. Manipulation of Dietary (n-6) and (n-3) Fatty Acids Alters Platelet Function in Cats. *J Nutr*. 1998;128(12 Suppl):2645S-2647S.

39. Casali RE, Hale JA, LeNarz L, et al. Improved Graft Patency Associated with Altered Platelet Function Induced by Marine Fatty Acids in Dogs. *J Surg Res.* 1986;40:6-12.

40. Kristensen SD, Schmidt EB, Dyerberg J. Dietary Supplementation with n-3 Polyunsaturated Fatty Acids and Human Platelet Function: A Review with Particular Emphasis on Implications for Cardiovascular Disease. *J Intern Med.* 1989; 225(731):141-150.

41. Lenox CE, Bauer JE. Potential Adverse Effects of Omega-3 Fatty Acids in Dogs and Cats. *J Vet Intern Med.* 2013;27:217-226.

42. Beisel WR. Single Nutrients and Immunity. *Am J Clin Nutr*. 1982;35:417-468.

43. Beach RS, Gershwin ME, Hurley LS. Altered Thymic Structure and Mitogen Responsiveness in Postnatally Zinc-Deprived Mice. *Dev Comp Immunol*. 1979;3:725-738.

44. Beach RS, Gershwin ME, Hurley L S. Nutritional Factors and Autoimmunity. III. Zinc Deprivation versus Restricted Food Intake in MRL/1 Mice — The Distinction between Interacting Dietary Influences. *J Immunol*. 1982;129:2686-2692.

45. Beach RS, Gershwin ME, Hurley LS. Persistent Immunological Consequences of Gestation Zinc Deprivation. *Am J Clin Nutr.* 1983;38:579-590.

46. Cunningham-Rundles C, Cunningham-Rundles S, Iwata T, et al. Zinc Deficiency, Depressed Thymic Hormones, and T Lmphocyte Dysfunction in Patients with Hypogammaglobulinemia. *Clin Immunol Immunop*. 1981;21:387-396.

47. Iwata T, Incefy GS, Tanaka T, et al. Circulating Thymic Hormone Levels in Zinc Deficiency. *Cell Immunol*. 1979;47: 100-105.

48. Chvapil M. Effect of Zinc on Cells and Biomembranes. *Med Clin N Am.* 1976;60:799-812.

49. Chvapil M, Stankova L, Bernhard DS, et al. Effect of Zinc on Peritoneal Macrophages *In Vitro*. *Infect Immun*. 1977;16:367-373.

50. Chvapil M, Stankova L, Bartos Z, et al. Mobility of Peritoneal Inflammatory Cells after *In Vivo* Supplementation with Zinc. *J Reticuloendoth Soc*. 1979;25:345-350.

51. Spallholz JE, Stewart JR. Advances in the Role of Minerals in Immunobiology. *Biol Trace Elem Res.* 1989;19:129-151.

52. Behne D, Wolters W. Distribution of Selenium and Glutathione Peroxidase in the Rat. *J Nutr*. 1983;113:456-461.

53. Behne D, Hofer-Bosse T. Effects of a Low Selenium Status on the Distribution and Retention of Selenium in the Rat. *J Nutr.* 1984;114:1289-1296.

54. Mocchegiani E, Costarelli L, Giacconi R, et al. Micronutrient-Gene Interactions Related to Inflammatory/Immune Response and Antioxidant Activity in Ageing and Inflammation. A Systematic Review. *Mech Ageing Dev.* 2014(Mar-Apr); 136-137:29-49.

55. Spallholz JE, Boylan LM, Larsen HS. Advances in Understanding Selenium's Role in the Immune System. In: *Micronutrients and Immune Functions/Cytokines and Metabolism*. Bendich A, Chandra RK (eds). New York: The New York Academy of Science. 1990:123-139.

56. Rooke JA, Robinson JJ, Arthur JR. Effects of Vitamin E and Selenium on the Performance and Immune Status of Ewes and Lambs. *J Agr Sci*. 2004;142:253-262.

57. McKenzie RC, Rafferty TS, Beckett GJ. Selenium: An Essential Element for Immune Function. *Immunol Today*. 1998;19:342-345.

58. Spallholz JE, Martin JL, Gerlach ML, et al. Enhanced Immunoglobulin M and Immunoglobulin G Antibody Titers in Mice Fed Selenium. *Infect Immun.* 1973;8:841-842.

59. Spallholz JE, Martin JL, Gerlach ML, et al. Immunologic Responses of Mice Fed Diets Supplemented with Selenite Selenium. *P Soc Exp Biol Med*. 1973;143:685-689.

60. Boyne R, Arthur JR. The Response of Selenium-Deficient Mice to *Candida Albicans* Infection. *J Nutr.* 1986;116:816-822.

61. Hoffman PR, Berry MJ. The Influence of Selenium on Immune Responses. *Mol Nutr Food Res.* 2008;52:1273-1280.

62. O'Brien T, Thomas DG, Morel PCH, et al. Moderate Dietary Supplementation with Vitamin E Enhances Lymphocyte Functionality in the Adult Cat. *Res Vet Sci.* 2015;99:63-69.

63. Nutrient Requirements of Dogs and Cats. National Research Council. Washington, D.C.: The National Academies Press. 2006.

64. De la Fuente M. Effects of Antioxidants on Immune System Ageing. *Eur J Clin Nutr.* 2002;56:S5-S8.

65. Allison RW, Lassen ED, Burkhard MJ, et al. Effect of a Bioflavonoid Dietary Supplement on Acetaminophen-Induced Oxidative Injury to Feline Erythrocytes. *J Am Vet Assoc.* 2000;15:1157-1161.

66. Baskin CR, Hinchcliff KW, DiSilvestro RA, et al. Effects of Dietary Antioxidant Supplementation on Oxidative Damage and Resistance to Oxidative Damage during Prolonged Exercise in Sled Dogs. *Am J Vet Res.* 2000;61:886-891.

67. Chew BP, Park JS, Weng BC, et al. Dietary β -Carotene Absorption by Blood Plasma and Leukocytes in Domestic Cats. *J Nutr.* 2000;130:2322-2325.

68. Kim HW, Chew BP, Wong TS, et al. Dietary Lutein Stimulates Immune Response in the Canine. *Vet Immunol Immunop*. 2000;74:315-327.

69. Kim HW, Chew BP, Wong TS, et al. Modulation of Humoral and Cell-Mediated Immune Responses by Dietary Lutein in Cats. *Vet Immunol Immunop.* 2000;73:331-341.

70. Hill AS, O'Neill S, Rogers QR, et al. Antioxidant Prevention of Heinz Body Formation and Oxidative Injury in Cats. *Am J Vet Res.* 2001;62:370-374.

71. Scott KC, Hill RC, Lewis DD, et al. Serum Ascorbic Acid Concentrations in Previously Unsupplemented Greyhounds After Administration of a Single Dose of Ascorbic Acid Intravenously or *Per Os. J Anim Physiol An N.* 2002;86:222-228.

72. De la Fuente M, Ferrandez MD, Burgos MS, et al. Immune Function in Aged Women Is Improved by Ingestion of Vitamins C and E. *Can J Physiol Pharml*. 1998;76: 373-380.

73. Kodama M, Kodama T. Vitamin C and the Genesis of Autoimmune Disease and Allergy. *In Vivo*. 1995;9:231-238.

74. Kim HW, Chew BP, Wong TS, et al. Dietary Lutein Stimulates Cell-Mediated Immune Response in the Canine. *FASEB J.* 1998;12:A966.

75. Jyonouchi H, Sun S, Mizokami M, et al. Effects of Various Carotenoids on Cloned, Effector-Stage T-Helper Cell Activity. *Nutr Cancer*. 1996;26(3):313-324.

76. Bendich A. Antioxidant Micronutrients and Immune Responses. In: *Micronutrients and Immune Function*. Bendich A, Chandra RK (eds). New York: The New York Academy of Sciences. 1990:168-180.

77. Meydani SN, Han SN, Wu D. Vitamin E and Immune Response in the Aged: Molecular Mechanisms and Clinical Implications. *Immunol Rev.* 2005;205:269-284.

78. Chew BP. Importance of Antioxidant Vitamins in Immunity and Health in Animals. *Anim Feed Sci Tech*. 1996;59: 103-114.

79. Liu S, Masters D, Ferguson M, et al. Vitamin E Status and Reproduction in Sheep: Potential Implications for Australian Sheep Production. *Anim Prod Sci*. 2014;54:694-714.

80. Beharka A, Redican S, Leka L, et al. Vitamin E Status and Immune Function. *Method Enzymol*. 1997;282:247-263.

81. Hayek MG, Massimino SP, Burr JR, et al. Dietary Vitamin E Improves Immune Function in Cats. In: *Recent Advances in Canine and Feline Nutrition*. Reinhart GA, Carey DP (eds). *Proc of the 2000* Iams *Nutrition Symposium Proceeding*. Wilmington, OH: Orange Frazer Press. 2000:555-563.

82. Wu D, Meydani SN. Age-Associated Changes in Immune Function: Impact of Vitamin E Intervention and the Underlying Mechanisms. *Endocr Metab Immune Disord Drug Targets*. 2014;14:283-289.

83. Piercy RJ, Hinchcliff KW, Morley PS, et al. Association between Vitamin E and Enhanced Athletic Performance in Sled Dogs. *Med Sci Sport Exer*. 2001;33:826-833.

84. Hall JA, Chinn RM, Vorachek WR, et al. Influence of Dietary Antioxidants and Fatty Acids on Neutrophil Mediated Bacterial Killing and Gene Expression in Healthy Beagles. *Vet Immunol Immunop*. 2011;139:217-228.

85. Carver JD, Cox WI, Barness LA. Dietary Nucleotide Effects upon Murine Natural Killer Cell Activity and Macrophage Activation. *Jpen-Parenter Enter*. 1990;14:18-22.

86. Yamauchi K, Hales NW, Robinson SM, et al. Dietary Nucleotides Prevent Decrease in Cellular Immunity in Ground-Based Microgravity Analog. *J Appl Physiol*. 2002; 93:161-166. 87. Gil A. Modulation of the Immune Response Mediated by Dietary Nucleotides. *Eur J Clin Nutr*. 2002;56:S1-S4.

88. Kulkarni A, Fanslow W, Higley H, et al. Expression of Immune Cell Surface Markers *In Vivo* and Immune Competence in Mice by Dietary Nucleotides. *Transplant P*. 1989;21:121-124. 89. Carver JD, Walker WA. The Role of Nucleotides in Human Nutrition. *J Nutr Biochem*. 1995;6:58-72.