

SU.VI.MAX 2 - Study of the relations between global food behaviors and/or specific nutritional factors and ageing on a large population of mature adults

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General

Identification

Detailed name Study of the relations between global food behaviors and/or specific nutritional factors and ageing on a large population of mature adults

Sign or acronym SU.VI.MAX 2

CNIL registration number, number and date of CPP agreement, AFSSAPS (French Health Products Safety Agency) authorisation

CNIL

General Aspects

Medical area Endocrinology and metabolism
General practice
Geriatrics

Health determinants Nutrition

Keywords chronic diseases, Prevention, mortality

Scientific investigator(s) (Contact)

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Collaborations

Funding

Funding status Mixed

Details ANR, Inserm, Mederic, IPSEN, Pierre Fabre

Governance of the database

Sponsor(s) or organisation(s) responsible INSTITUT NATIONAL DE LA SANTE ET DE LA RECHERCHE MEDICALE - INSERM

Organisation status Public

Additional contact

Main features

Type of database

Type of database	Study databases
Study databases (details)	Cohort study
Database recruitment is carried out by an intermediary	An administrative base or a register
Database recruitment is carried out as part of an interventional study	No
Additional information regarding sample selection.	Prospective. Other organizations actives in the constitution of the cohort: public health school of Nancy
Database objective	
Main objective	<p>General objective: study the relations between global eating behaviors and/or some specific nutritional factors (provisions and status of anti-oxydants, folates, Omega 3 PUFA, energetic and protein provision, etc.) evaluated from data collected between 1994 and 1996 on a large population of mature adults, and:</p> <ul style="list-style-type: none"> - The global quality of ageing among this population, evaluated 12 and 15 years later (2006 and 2009) through a global indicator, realized from different components determining successful aging (cognitive state, mood, nutritional status, bone status, balance disorders, sensory disorders, perceived health, integration, social, physical activity, pathologies existence). - Each specific different specific functional component related to the quality of aging: cognitive functions and depression, risk of sarcopenias or osteoporosis, insulin resistance, life quality, chronic diseases (cancers, cataract, macular degeneration). <p>Secondary objective: evaluate the role of oxidative stress, inflammatory status, insulin resistance, some genetic factors implied in the relation between nutritional behaviors, and/or some more specific nutritional factors, and aging quality</p>
Inclusion criteria	Voluntary subjects, having participated to the SUI.VI.MAX cohort, and aged between 55 and 70.
Population type	
Age	<p>Adulthood (25 to 44 years)</p> <p>Adulthood (45 to 64 years)</p> <p>Elderly (65 to 79 years)</p>

Population covered	General population
Gender	Male Woman
Geography area	National
Detail of the geography area	France
Data collection	
Dates	
Date of first collection (YYYY or MM/YYYY)	2007
Date of last collection (YYYY or MM/YYYY)	2009
Size of the database	
Size of the database (number of individuals)	[1000-10 000[individuals
Details of the number of individuals	7000
Data	
Database activity	Data collection completed
Type of data collected	Clinical data Declarative data Paraclinical data Biological data
Clinical data (detail)	Medical registration
Details of collected clinical data	Clinical examination at inclusion and during the follow-up. Frequency of the examination: 2006-2009. Information collected through the clinical examination: nutritional condition, cognitive functions, mood, complete clinical condition, visual and auditive functions, locomotor condition, postural balance, risk of osteoporosis-related fracture, neuropsychological check, life quality.
Declarative data (detail)	Paper self-questionnaire
Details of collected declarative data	Clinical examination at inclusion and during the follow-up. Frequency of the examination: 2006-2009. Information collected through the clinical examination: nutritional condition, cognitive

functions, mood, complete clinical condition, visual and auditive functions, locomotor condition, postural balance, risk of osteoporosis-related fracture, neuropsychological check, life quality.

Paraclinical data (detail)

Anthropometry

Biological data (detail)

Samples: blood, urine

Presence of a biobank

Yes

Contents of biobank

Serum
Plasma
Blood cells isolated
DNA

Details of biobank content

Serum bank, DNA bank, plasma bank, cell lines

Health parameters studied

Health event/morbidity
Health event/mortality

Procedures

Data collection method

- Self-questionnaire of alimentary registration (inclusion): food consumption data collected through an ad hoc self-questionnaire of half-quantitative alimentary frequency. - Other self-questionnaires (inclusion): data concerning life condition and habits, regular medication, vitamin, supplement and mineral use, hormone replacement treatments, medical, personal and family history will be collected through ad hoc questionnaires. - Life quality self-questionnaire (inclusion): particular questionnaire, adapted to aging people, concerning physical activity, budget aspects, nutrition and food preference evolution. - Clinical data collected from the subject (at inclusion and every 6 months during the follow-up): nutritional condition, cognitive functions, mood, complete clinical condition, visual and auditive functions, locomotor condition, postural balance, risk of osteoporosis-related fracture, neuropsychological check,, life quality, anthropometric measures. Self-questionnaire: manual entry. Interviews: paper questionnaire with double data entry. Clinical examination: manual with double data entry. Biological examination: manual with double data entry.

Quality procedure(s) used

Coherence request during and after computer data entry. Missing data checked back to the original file or asked back to the patient or a third. Doctors and subjects reminders for follow-up visits. Internal quality audit reports every year. Patients receive

information about the use of their data.

Participant monitoring Yes

Details on monitoring of participants Follow-up duration: 3 years

Links to administrative sources No

Promotion and access

Promotion

Link to the document <http://www.hal.inserm.fr/SUVIMAX>

Description List of publications in HAL

Link to the document <http://www.ncbi.nlm.nih.gov/pubmed/?term=SUVIMAX+OR+SU.VI.MAX+OR+Suppl%C3%A9mentation+en+Vitamines+et+Min%C3%A9raux+Antioxydants+NOT+animals>

Description List of publications in Pubmed

Access

Terms of data access (charter for data provision, format of data, availability delay) Data utilization possible for academic teams and for industrials.

Access to aggregated data Access on specific project only

Access to individual data Access on specific project only