Abstract

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Long-term use of standardised Ginkgo biloba extract for the prevention of Alzheimer's disease (GuidAge): a randomised placebo-controlled trial.

Vellas B, Coley N, Ousset PJ, Berrut G, Dartigues JF, Dubois B, Grandjean H, Pasquier F, Piette F, Robert P, Touchon J, Garnier P, Mathiex-Fortunet H, Andrieu S; GuidAge Study Group.

Collaborators (117)

Abstract

BACKGROUND: Prevention strategies are urgently needed to tackle the growing burden of Alzheimer's disease. We aimed to assess efficacy of long-term use of standardised **ginkgo biloba** extract for the reduction of incidence of Alzheimer's disease in elderly adults with **memory** complaints.

METHODS: In the randomised, parallel-group, double-blind, placebo-controlled GuidAge clinical trial, we enrolled adults aged 70 years or older who spontaneously reported **memory** complaints to their primary-care physician in France. We randomly allocated participants in a 1:1 ratio according to a computer-generated sequence to a twice per day dose of 120 mg standardised **ginkgo biloba** extract (EGb761) or matched placebo. Participants and study investigators and personnel were masked to study group assignment. Participants were followed-up for 5 years by primary-care physicians and in expert **memory** centres. The primary outcome was conversion to probable Alzheimer's disease in participants who received at least one dose of study drug or placebo, compared by use of the log-rank test. This study is registered with ClinicalTrials.gov, number NCT00276510.

FINDINGS: Between March, 2002, and November, 2004, we enrolled and randomly allocated 2854 participants, of whom 1406 received at least one dose of **ginkgo biloba** extract and 1414 received at least one dose of placebo. By 5 years, 61 participants in the **ginkgo** group had been diagnosed with probable Alzheimer's disease (1·2 cases per 100 person-years) compared with 73 participants in the placebo group (1·4 cases per 100 person-years; hazard ratio [HR] 0·84, 95% CI 0·60-1·18; p=0·306), but the risk was not proportional over time. Incidence of adverse events was much the same between groups. 76 participants in the **ginkgo** group died compared with 82 participants in the placebo group (0·94, 0·69-1·28; p=0·68). 65 participants in the **ginkgo** group had a stroke compared with 60 participants in the placebo group (risk ratio 1·12, 95% CI 0·77-1·63; p=0·57). Incidence of other haemorrhagic or cardiovascular events also did not differ between groups.

INTERPRETATION: Long-term use of standardised **ginkgo biloba** extract in this trial did not reduce the risk of progression to Alzheimer's disease compared with placebo.

FUNDING: Ipsen.

Comment in

ACP Journal Club. **Ginkgo biloba** extract did not reduce risk for Alzheimer disease in elderly patients with **memory** complaints. [Ann Intern Med. 2013]

Ginkgo and AD: key negatives and lessons from GuidAge. [Lancet Neurol. 2012]

Acupressure and postoperative vomiting, soy and breast cancer, gingko **biloba** and Alzheimer's disease, acupuncture and irritable bowel syndrome, mediterranean and low-carbohydrate diets. [Explore (NY). 2013]

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