## NUTRITION REPORTS INTERNATIONAL

# FAMILIAL ENZYMIC PATTERNS: I. SERUM 

 glutamic oxalacetic transaminase [SGOT] IN THE DENTIST AND hIS WIFEby
E. Cheraskin, M.D. D.M.D. Professor in Oral Medicine
and
W. M. Ringsdorf, Jr., D.M.D., M.S. Associate Professor in Oral Medicine

From the Department of Oral Medicine, University of Alabama Medical Center, Birmingham, Alabama

## Abstract

orty-eight dental practitioners, 48 wives, and 48 women [wives of ther dentists] age-paired with the wives were studied in terms of erum glutamic oxalacetic transaminase [SGOT]. The data reveal a tatistically significant correlation coefficient only in the older larried couples $[r=+0.686]$. Thus, environmental influences unoubtedly play a major role since the SGOT levels are not signifiantly correlated in the younger marriages.

## Introduction

arlier reports disclosed a significant positive correlation of genral symptoms and signs [1,2] and psychologic responses [3] in farried couples. Subsequent studies revealed similar parallelisms ith regard to blood glucose [4] and serum cholesterol [5]. Finally, series of reports designed ta study familial dietary patterns lso revealed positive correlations in the family unit with regard o total caloric consumption [6] and total and refined carbohydrate ntake [7].
his series of reports is designed to study the enzymic pattern in he family unit. The first in this series attempts to study serum ilutamic oxalacetic transaminase [SGOT]. Specifically, this report s designed to answer the following three questions:

1. What is the relationship of serum glutamic oxalacetic transaminase [SGOT] in married couples?
2. How does the husband-wife correlation compare with the patterns in

## NUTRITION REPORTS INTERNATIONAL

> the husband versus an age-paired unrelated female group?
> 3. What conclusions may be drawn from these two sets of findings?

## Method of Investigation

Three hundred forty-one dentists and their wives shared in this study. These individuals are participants in the multiphasic screening program conducted in Los Angeles under the auspices of the Southern California Academy of Nutritional Research, in Columbus under the aegis of the Ohio Academy of Clinical Nutrition, and in Florida under the sponsorship of the Southern Academy of Clinical Nutrition. Specifically, three groups were studied: 48 dental practitioners, 48 wives, and 48 women [wives of other dentists] age-paired with the wives. The age patterns are summarized in Table $I$.

Table I
age distribution

| age groups | males |  | wives |  | unrelated females |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 20-29 | 0 | [ 0.0\%] | 3 | 6.3\%] | 3 | [ 6.3\%] |
| 30-39 | 16 | [ 33.3\%] | 17 | [ 35.4\%] | 17 | [ 35.4\%] |
| 40-49 | 20 | [ 41.7\%] | 23 | [ 47.9\%] | 23 | [ 47.9\%] |
| 59-59 | 11 | [ 22.9\%] | 3 | [ 6.3\%] | 3 | [ 6.3\%] |
| 60-69 | 1 | [ 2.1\%] | 2 | [ 4.2\%] | 2 | [ 4.2\%] |
| total | 48 | [100.0\%] | 48 | [100.0\%]* |  | [100.0\%]* |
| mean |  | 43.8 |  | 41.2 |  | 41.2 |
| S.D. |  | 7.1 |  | 8.0 |  | 8.0 |
| minimum |  | 32 |  | 27 |  | 27 |
| maximum |  | 60 |  | 60 |  | 60 |
| range |  | 28 |  | 33 |  | 33 |

Serum glutamic oxalacetic transaminase was measured [as Karmen units] in each subject. Table II summarizes the findings. It will be noted that there is no statistically significant difference between the husbands and wives and the wives and unrelated females.

February 1970 Vol. 1 No. 2

## NUTRITION REPORTS INTERNATIONAL

Table II
serum glutamic oxalacetic transaminase [SGOT] distribution

| SGOT <br> groups <br> [units] | males | wives | unrelated <br> females |
| :--- | :---: | :---: | :---: |
| $0-9$ | 0 | 0 | 1 |
| $10-19$ | 12 | 17 | 22 |
| $20-29$ | 28 | 23 | 15 |
| $30-39$ | 7 | 4 | 7 |
| $40-49$ | 1 | 2 | 1 |
| $50+$ |  | 28 | 2 |
|  |  |  | 48 |
| total | 23 | 24 | 48 |
|  | 6 | 12 | 23 |
| mean | 15 | 13 | 13 |
| S.D. | 43 | 86 | 7 |
| minimum | 28 | 73 | 86 |
| maximum |  | $>0.500$ | $>0.500$ |

## Results

Question One: In order to resolve the first question, a correlation coefficient was performed for the husband versus the wife [Table III] with respect to SGOT levels. It will be noted that there is no statistically significant correlation $[r=+0.215, P$ $>0.05]$. Hence, in answer to the first question, the SGOT levels were not similar in these married couples.

Question Two: Women age-paired against the wives were used as a third group in the study. The correlation coefficient between the husband and the unrelated female is not statistically significant $[\mathrm{r}=+0.132, \mathrm{P}>0.05]$. Therefore, in answer to the second question, there is no significant correlation with regard to SGOT levels in these men and women unrelated by marriage.

## Discussion

The question arises as to whether time plays a role in these relationships. To resolve this question, the groups were subdivided as near equally as possible into two age categories. Thus, one group of men ranged up to 43 years of age and the other group from 44 and above.

Question Three: The correlation of this particular enzyme in the

February 1970 Vol. 1 No. 2

## NUTRITION REPORTS INTERNATIONAL

Table III
correlation coefficients of serum glutamic oxalacetic transaminase [SGOT] levels

|  | number of pairs | r | P |
| :---: | :---: | :---: | :---: |
| husband vs wife | 48 | +0.215 | $>0.05$ |
| husband vs unrelated female | 48 | +0.132 | $>0.05$ |
| wife vs unrelated female | 48 | -0.050 | $>0.05$ |
| husband vs wife |  |  |  |
| [husband's age <44] | 25 | -0.023 | $>0.05$ |
| [husband's age 44+] | 23 | +0.686 | <0.01* |
| husband vs unrelated female |  |  |  |
| [husband's age <44] | 25 | +0.258 | $>0.05$ |
| [husband's age 44+] | 23 | -0.058 | $>0.05$ |
| wife vs unrelated female |  |  |  |
| [age <43] | 22 | -0.071 | $>0.05$ |
| [age 43+] | 26 | -0.123 | $>0.05$ |

husband and the wife, for the entire sample, was not statistically significant. However, when the husband-wife combinations were subdivided with respect to age, the findings are different [Table III]. Specifically, there is still no significant correlation in the younger married couples. However, in the older group, the correlation coefficient $[r=+0.686]$ is statistically significant [ $P<0.01$ ]. A study of the husband versus the unrelated female and the two female groups in terms of age did not show statistically significant relationships in any instance.

Table IV sumarizes the husband-wife correlation coefficients for the younger and older couples in terms of the clinical findings [1-3], biochemical observations [5], dietary patterns [6,7], and serua glutamic oxalacetic transaminase. The highest correlation observed in these studies is the correlation of 0.686 in the older couples with regard to SGOT levels. It is possible that all these parameters and others may have, as a portion of their etiologic denominator, one or more common participating factors other than age. There is an abundance of discussion in the current medical literature that one such factor is dietary carbohydrate and that it is causally related to a variety of clinical signs and symptoms including psychologic disorders [8-11], ischemic heart disease [8,12-14], serum fat levels [13],

February 1970 Vol. 1 No. 2

# NUTRITION REPORTS INTERNATIONAL 

Table IV
husband versus wife correlation coefficients

| parameter | married couples <br> younger <br> older |  |
| :--- | :--- | :--- |
| general symptoms and signs | $+0.264 *$ | $+0.412 *$ |
| psychologic findings | +0.124 | $+0.502 *$ |
| serum cholesterol | +0.174 | $+0.558 * *$ |
|  |  | $+0.419 * *$ |
| daily total caloric consumption | $+0.336 *$ |  |
| daily total carbohydrate intake | $+0.473 * *$ | $+0.652 * *$ |
| daily refined carbohydrate intake | $+0.442 * *$ | $+0.669 * *$ |
| SGOT | -0.023 | $+0.686 * *$ |
| $* P<0.05$ |  |  |
| $* * P<0.01$ |  |  |

varicose veins [14], and peptic ulcer [14].
References

1. Cheraskin, E. and Ringsdorf, W. M., Jr. Frequency of Reported Symptoms and Signs in the Dentist and his Wife. Geriatrics 23, 158 [1968].
2. Cheraskin, E. and Ringsdorf, W. M., Jr. Familial Clinical Patterns: I. Reported Symptoms and Signs in the Dentist and his Wife. Geriatrics [pending publication]
3. Cheraskin, E. and Ringsdorf, W. M., Jr. Familial Factors in Psychic Adjustment. J. Amer. Geriat. Soc. 17, 609 [1969].
4. Cheraskin, E., Ringsdorf, W. M., Jr., Setyaadmadja, A. T. S. H., Barrett, R. A., Sibley, G. T., and Reid, R. W. Environmental Factors in Blood Glucose Regulation. J. Amer. Geriat. Soc. 16, 823 [1968].
5. Cheraskin, E. and Ringsdorf, W. M., Jr. Familial Biochemical Patterns: I. Serum Cholesterol in the Dentist and his Wife. [submitted for publication]
6. Cheraskin, E. and Ringsdorf, W. M., Jr. Familial Dietary Patterns: I. Daily Caloric Consumption. J. Appl. Nutrit. [in press]

February 1970 Vol. 1 No. 2

## NUTRITION REPORTS INTERNATIONAL

7. Cheraskin, E. and Ringsdorf, W. M., Jr. Familial Dietary Patterns: II. Daily Carbohydrate Consumption. [submitted for publication]
8. Cheraskin, E., Ringsdorf, W. M., Jr., and Clark, J. W. Diet and Disease. 1968. Rodale Books, Emmaus, Pennsylvania.
9. Buckley, R. E. Hypogiycemic Symptoms and the Hypoglycemic Experience. Psychosomatics 10, 7 [1969].
10. Salzer, H. M. Relative Hypoglycemia as a Cause of Neuropsychiatric Illness. J. Nat1. Med..Assn. 58, 12 [1966].
11. Pitts, F. N., Jr. The Biochemistry of Anxiety. Scientif. Amer. 220, 69 [1968].
12. Yudkin, J. Sucrose and Heart Disease. Nutrit. Today 4, 16 [1969].
13. Macdonald, I., Kreh1, W. A., and Hodges, R. E. Symposium on Dietary Carbohydrates in Man. Amer. J. Clin. Nutrit. 20, 65 [1967].
14. Cleave, T. L. and Campbell, G. D. Diabetes, Coronary Thrombosis and the Saccharine Disease. 1966. John Wright and Sons, Ltd., Bristol, England.
