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Burden of impaired vitality in the general population and potential nutritional solution

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A recent study based on the National Health and Wellness Survey, the world's largest online database of patient-reported health outcomes, found that low vitality negatively impacts quality of life, daily activities and productivity. While dietary supplement solutions exist to prevent fatigue, the study also showed that people disengaged in self-managing their health have the lowest vitality level.

Fatigue/low vitality is a common complaint in primary care. However, most healthcare professionals (HCPs) are unable to provide relevant solutions due to issues, such as lack of awareness of the negative impact of low vitality on patient's quality of life (QoL) and absence of epidemiological data in the general population [1–3].

The National Health and Wellness Survey (NHWS) database (April–July 2018) was analysed to better understand the profile of healthy Europeans with impaired vitality level and its impact on their QoL [4]. A total of 24,295 adults in good health, aged between 18 and 64 years, were assigned to one of the four vitality groups based on statistical distribution of their vitality score (12-Item Short Form Survey [SF-12] questionnaire): <40: lowest vitality (n = 4,173), 40 to <50 (n = 9,327), 50 to <60 (n = 9,059) and ≥60: highest vitality (n = 1,736) [4].

Low vitality level had a high impact on QoL deterioration and was associated with a high economic burden in the general population. The lowest vitality group (<40) was related to an increased odds ratio (OR; 95% confidence interval [CI]) of reporting any problem regarding anxiety/depression (10.3; 8.7–12.3), pain/discomfort (5.6; 4.8–6.5) and usual activities (5.3; 4.2–6.6) evaluated by the EuroQoL 5-Dimension 5-Level (EQ-5D-5L) questionnaire compared to the highest vitality group (>60) (**Fig. 1**). Also, the low vitality group was related to an increased OR for impairment of presenteeism and activity compared to the highest vitality group (>60).

With an OR of 2.6 (95% CI: 2.3–2.9), patient activation measurement (PAM) level 1 (lack of knowledge and confidence for managing their own health) was the characteristic most associated with vitality impairment. This

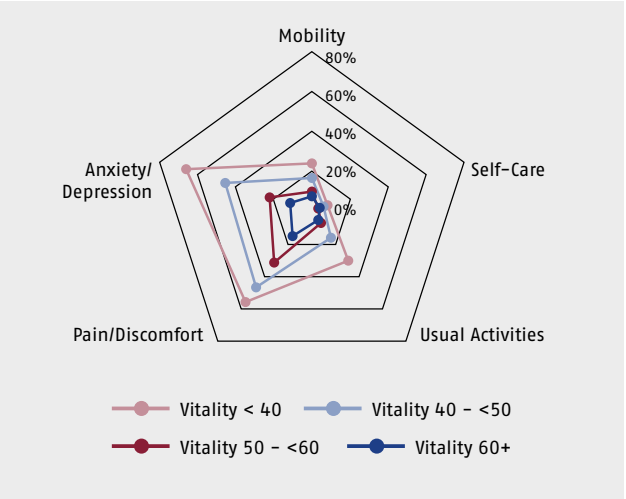

Fig. 1. Percentage of participants experiencing at least one quality of life issue, according to the EQ-5D-5L (adapted from Tardy et al. 2023 [4])

suggests that for this population, higher engagement in self-care might considerably reduce the daily life burden of low vitality, and opens new roads for innovative health strategies, including accessible solutions, helping to modify people's behaviour.

Open-label study on Panax ginseng G115®

Interestingly, previous open-label studies have shown the benefits of vitamins, minerals and natural ingredients on mental and physical well-being [5, 6]. The root of Panax ginseng C.A. Meyer (Asian ginseng) has been used for centuries in traditional Asian medicines for a wide variety of ailments, including fatigue. A specific extract, G115®,

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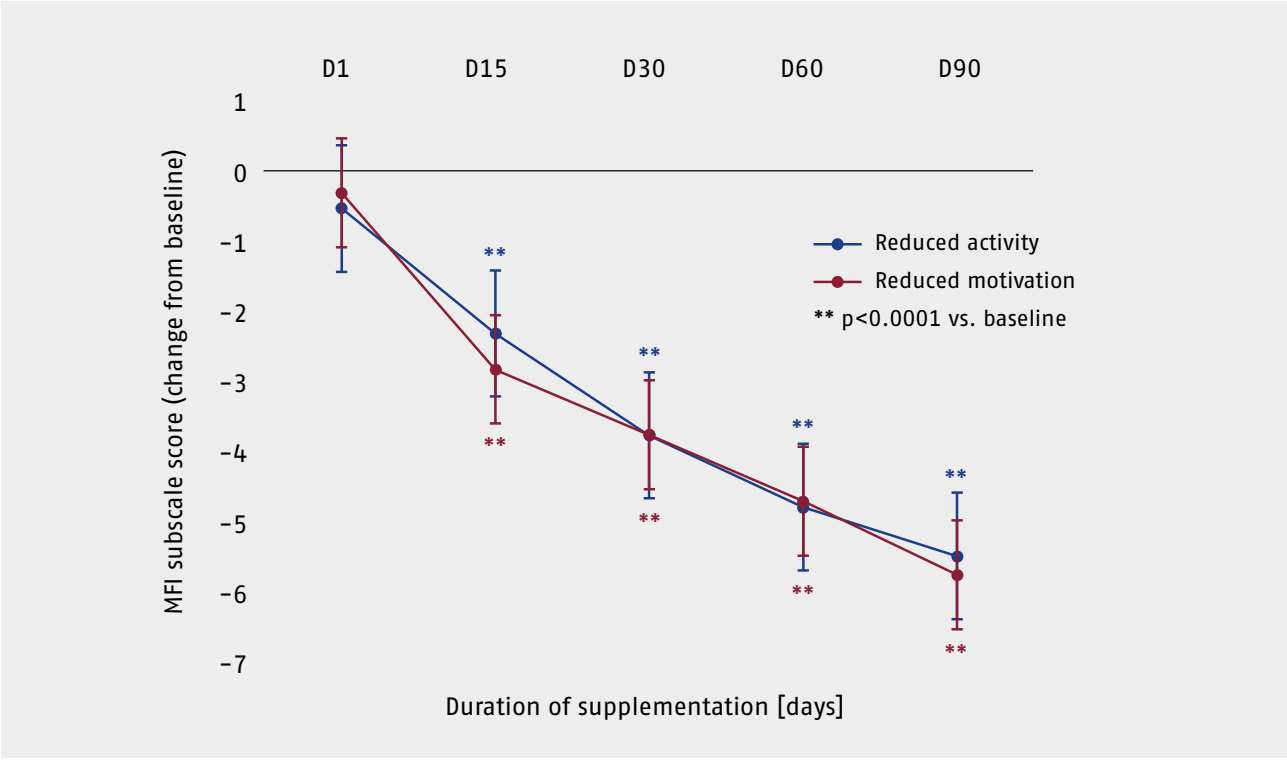

Fig. 2. Mean difference in Multidimensional Fatigue Inventory (MFI) subscales scores between the baseline and post-baseline visits (adapted from Tardy et al. 2021 [5])

standardized to 4% of ginsenosides, has notably shown its efficacy in several clinical studies [7–12]. In individuals (n = 103) experiencing fatigue and/or lack of vitality for at least two weeks, a 3-month supplementation with Panax ginseng G115®, vitamins, minerals and natural ingredients improved mental and physical fatigue, starting from two weeks of intake and throughout the study period, as compared to baseline [5]. Comparisons between baseline and 90-day Multidimensional Fatigue Inventory (MFI) were performed using a mixed model for repeated measurements with time points (baseline, D1, D15, D30, D60, D90) as categorical and subject as a random effect. The levels of reduced activity and motivation improved starting from week 2 (reduced activity: −2.29 units; 95% CI: −3.18 to −1.40; $p < 0.0001$; reduced motivation: −2.82 units; 95% CI: −3.58 to −2.05; $p < 0.0001$) compared to baseline (mean ± SD, 14.1 ± 4.16; 13.5 ± 3.36, respectively) (**Fig. 2**).

Summary

These data showed that a low vitality score, in otherwise healthy adults, is associated with decreased QoL (mobility, pain and anxiety/depression) and impaired daily activity and work productivity. Identification of patient profiles may help HCPs in recognising the at-risk population, and in raising their awareness about the importance of being engaged in the self-management of their health. This includes healthy habits with exercise, a good sleep, a balanced diet, and sometimes the intake of relevant supplement solutions (e.g. multivitamin + G115®) to better manage fatigue and its impact on daily life and work.

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