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Obesity and Metabolic flexibility: the key to metabolic health?

Ellen E Blaak

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 NUGO week 2015 Barcelona*

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Overview

- Prevalence Diabetes
- Insulin resistance, Interorgan cross talk and metabolic inflexibility
- Muscle lipid accumulation/lipid turnover
- Gut-host metabolism crosstalk: SCFA
- Dietary polyphenols and metabolic inflexibility

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The prevalence of obesity and type 2 diabetes mellitus is increasing

Somewhere, something went terribly wrong

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Age-adjusted prevalence of obesity among U.S. adults

OBESITY

1994 2000 2010

No Data
 <14.0%
 14.0%–17.9%
 18.0%–21.9%
 22.0%–25.9%
 ≥26.0%

Overweight: >50% (>1 billion) adults
 Obesity: 12% (475 million) adults

In every region of the world, 2-fold increase in obesity since 1980
 WHO Factsheet 311

Department of Human Biology Source: www.cdc.gov

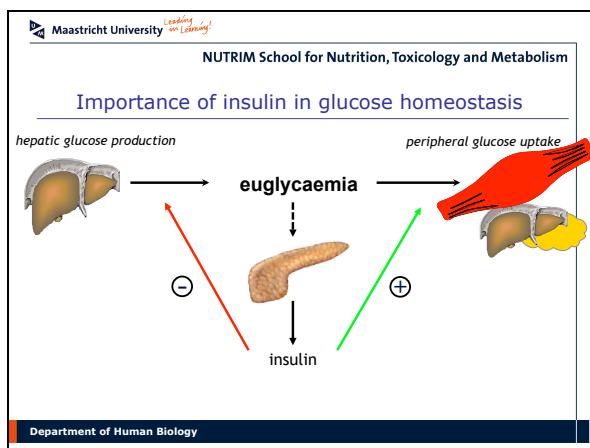
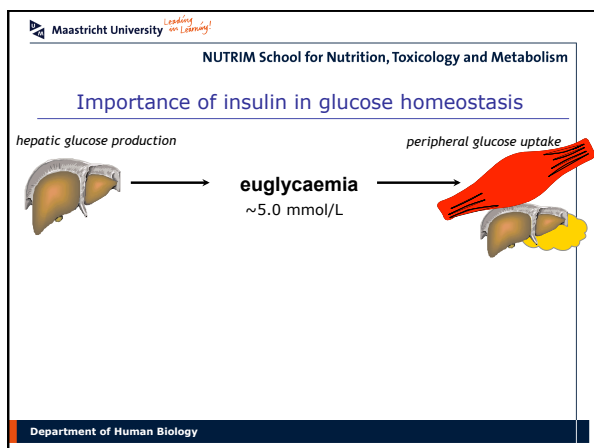
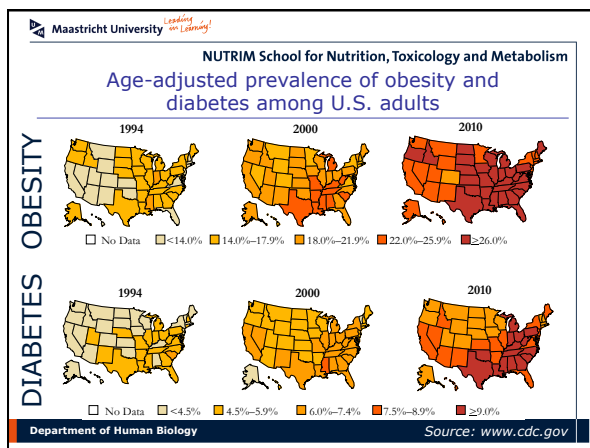
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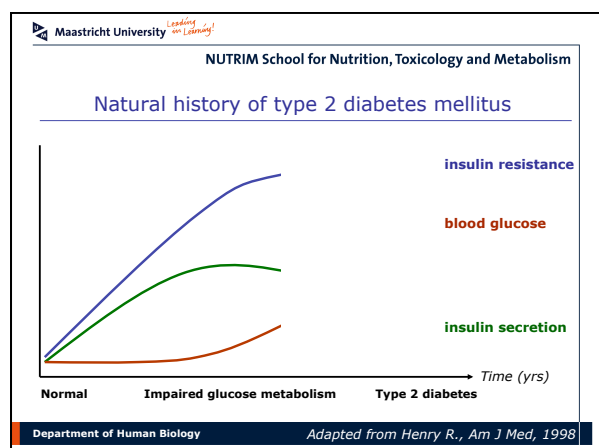
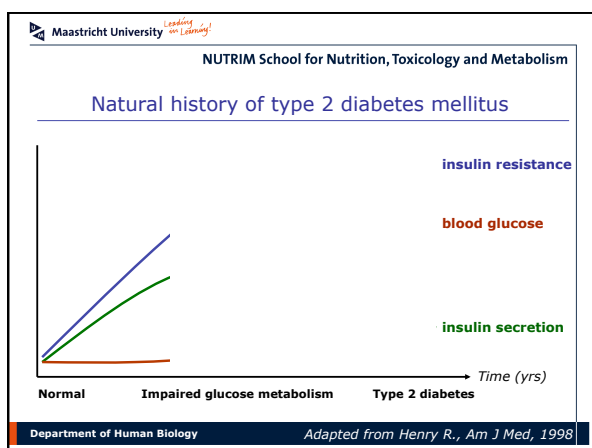
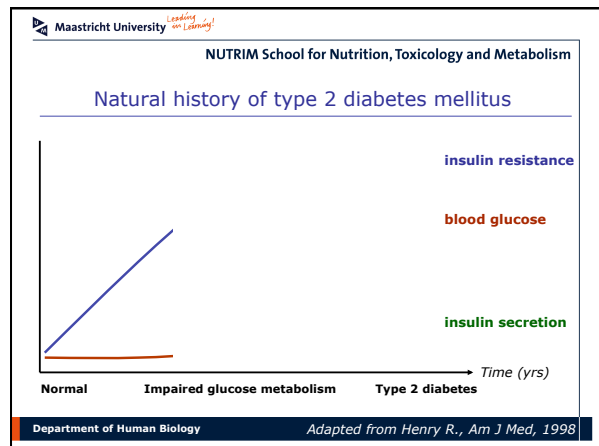
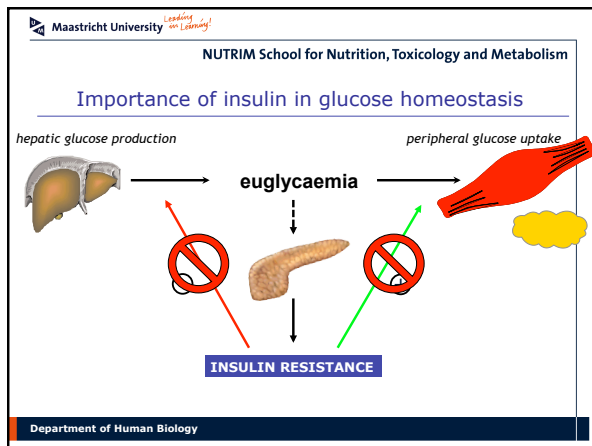
Obesity: a major risk factor for chronic diseases

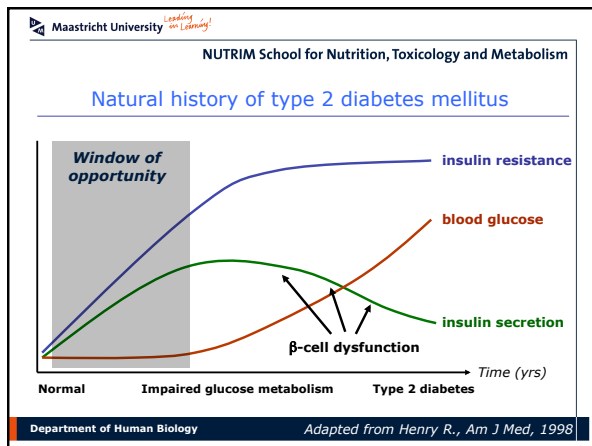
OBESITY

Cardiovascular disease Type 2 diabetes Liver steatosis Cancer

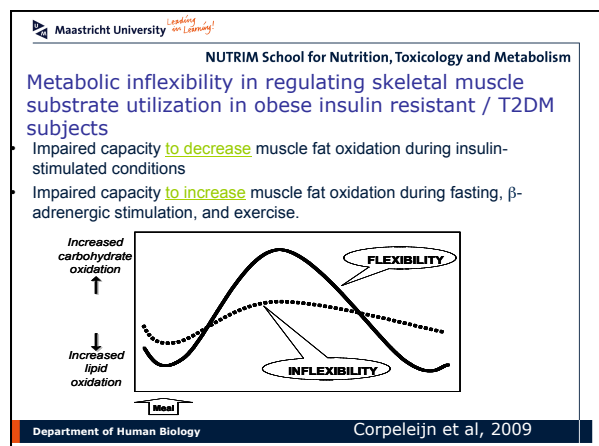
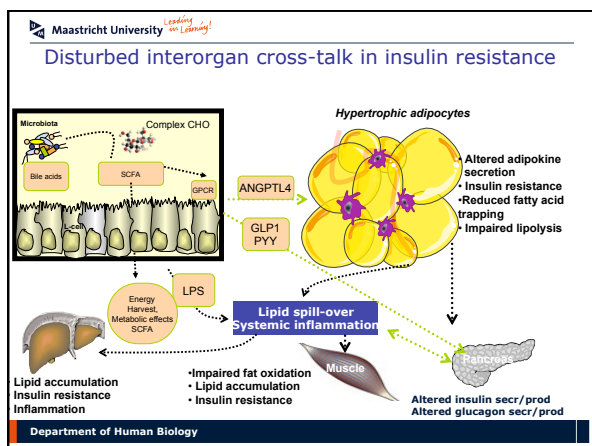
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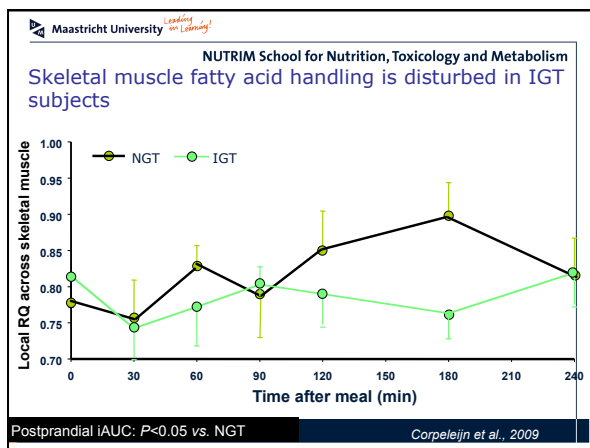
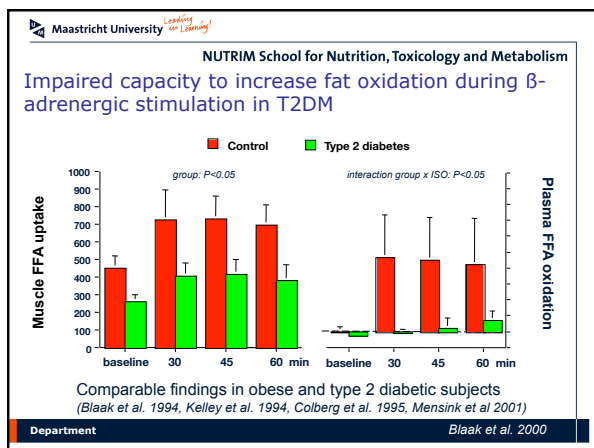






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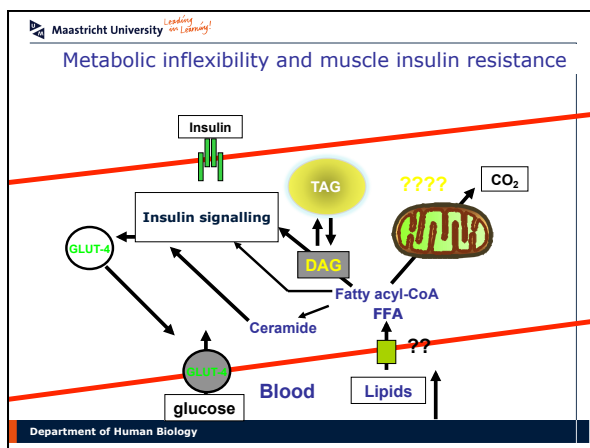
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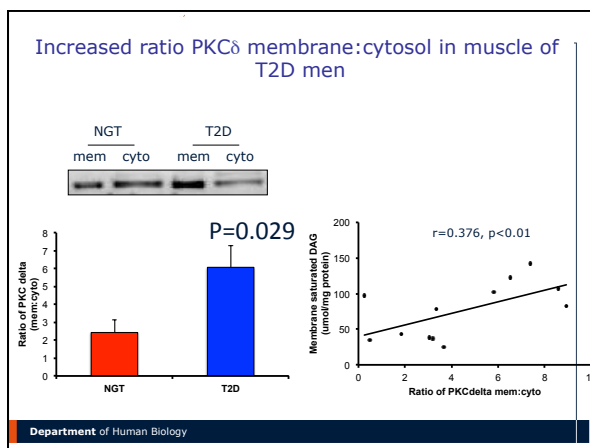
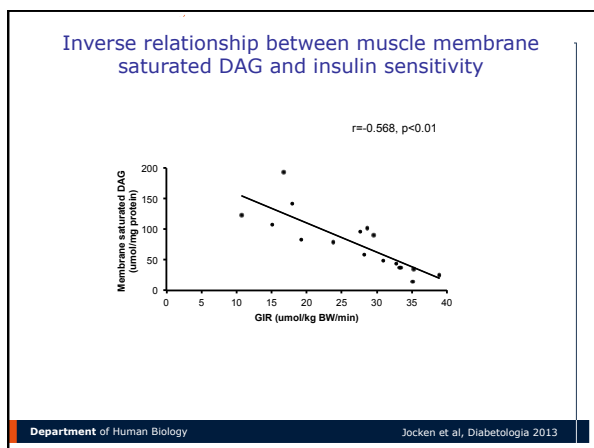
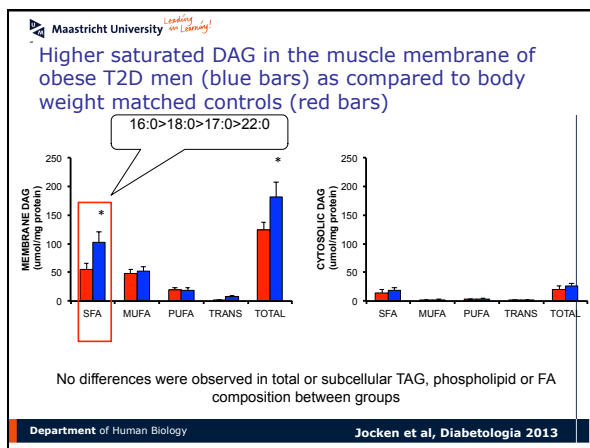
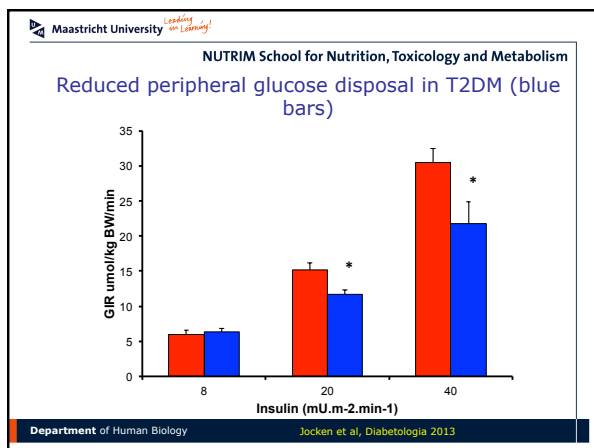
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Accumulation of saturated DAG in the muscle membrane

↓

PKC activation

↓

Reduced glucose disposal

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Cellular localization and composition of DAG might be of importance

Eichmann et al. JBC 2012
 Bergman et al. Diabetologia 2012
 Jocken et al. JCEM 2010

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Fatty acyl CoA? DAG? Ceramides?

THE GOOD, THE BAD AND THE UGLY

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Disturbed interorgan cross-talk in insulin resistance

Microbiota → Complex CHO → Bile acids → SCFA → GPCR → ANGPTL4, GLP1/PYY

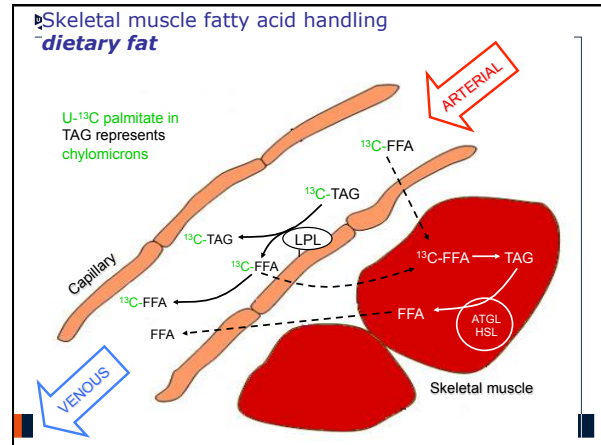
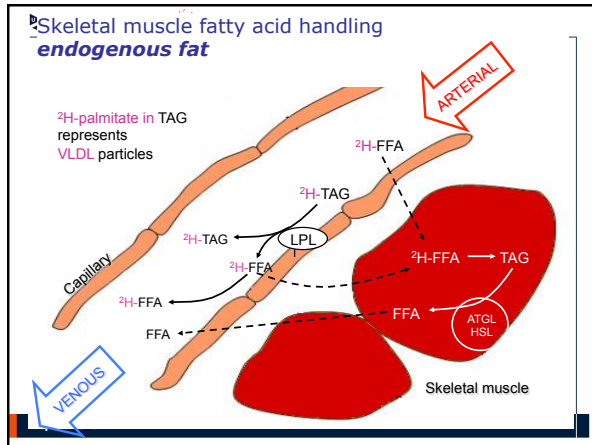
SCFA → Hypertrophic adipocytes → Altered adipokine secretion, Insulin resistance, Reduced fatty acid trapping, Impaired lipolysis

LPS → Energy Harvest, Metabolic effects, SCFA → Lipid spill-over, Systemic inflammation

Systemic inflammation → Muscle: Impaired fat oxidation, Lipid accumulation, Insulin resistance

Systemic inflammation → Liver: Altered insulin secr/prod, Altered glucagon secr/prod

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Skeletal muscle fatty acid handling

- High fat mixed meal (2.6 MJ: 62.3 en% fat, 32.6 en% CHO, 5.1 en% proteins)
- Arterio-venous differences across forearm muscle
- Forearm blood flow using venous occlusion plethysmography

Net flux = plasma flow x (arterio-venous difference)

Positive: Net uptake from plasma

Negative: Net release from tissue

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Stable Isotope Study Study design

Cannulation

Background enrichment

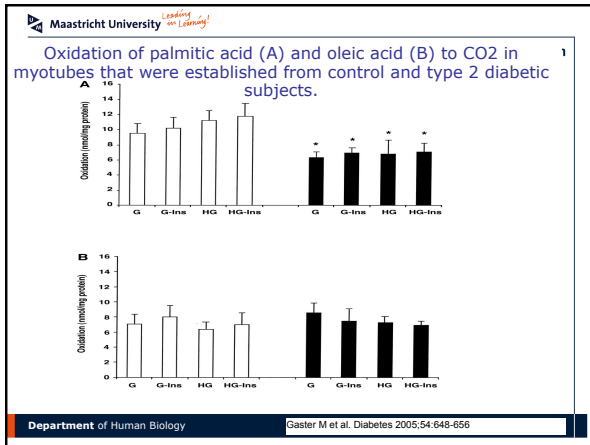
Mixed meal containing 200mg U-¹³C palmitate

²H₂-palmitate infusion (0.035 μmol · kg⁻¹ · min⁻¹)

↑ simultaneous arterial and deep venous blood sampling

forearm blood flow

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Intervention

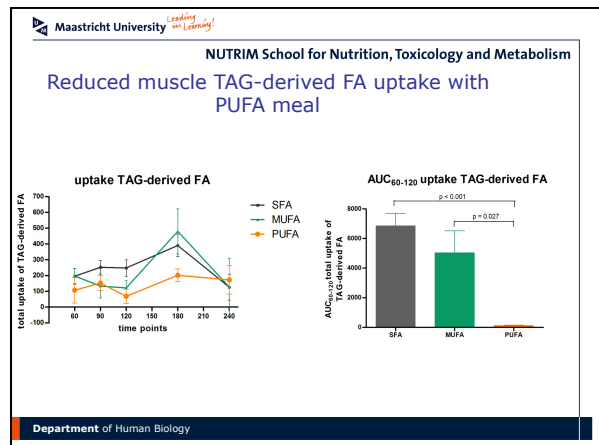
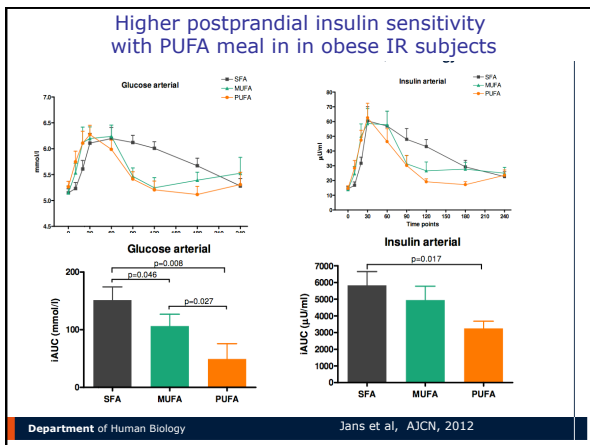
Dietary fat quality and muscle fatty acid Handling in obese insulin resistant subjects

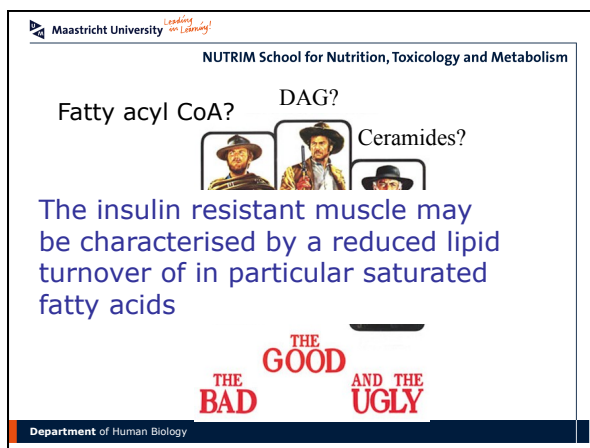
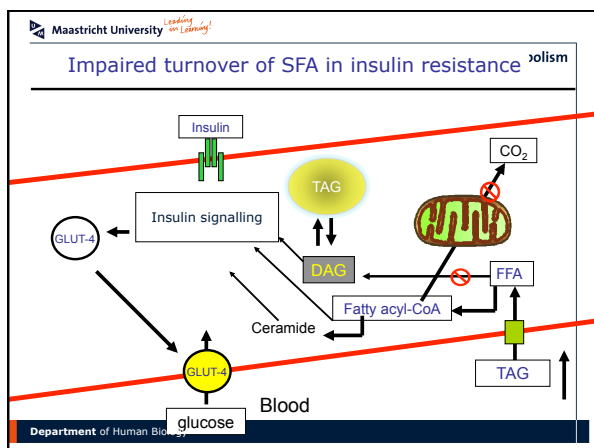
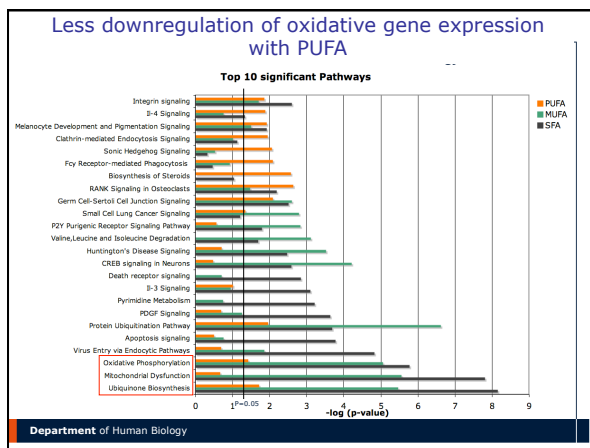
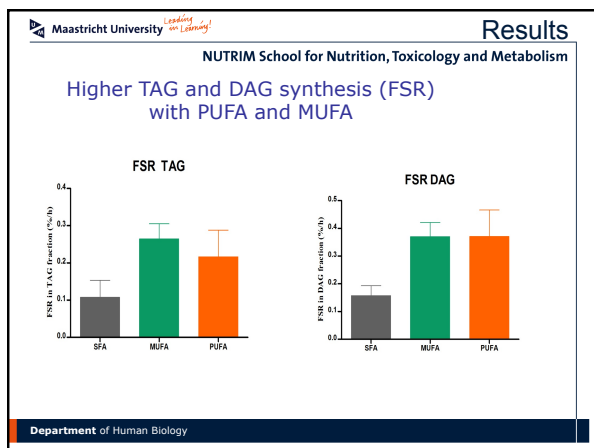
3 postprandial high fat meals (2,6 MJ), randomized order

	SFA	MUFA	PUFA
Protein (en%)	6.3	6.5	6.5
Carbohydrate (en%)	32.6	32.3	32.3
Fat (en%)	61.2	61.2	61.2
SFA (en%)	35.5	12.9	18.6
MUFA (en%)	18.8	42.7	12.4
PUFA (en%)	1.7	8.1	34.8

MUFA: Olive oil
PUFA: n-6 safflower oil and n-3 fish oil (Ratio 1:1)

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Disturbed interorgan cross-talk in insulin resistance

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SCFA and interorgan crosstalk

Nature Reviews | Endocrinology

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Dietary SCFAs affect body weight and glucose homeostasis in mice.

Lin HV, Frassetto A, Kowalik Jr EJ, Nawrocki AR, et al. (2012). PLoS ONE 7(4): e35240.

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Colonic SCFA administration and metabolism: acetate study

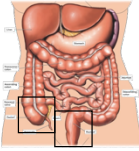
Aim:
To investigate differential effects of proximal and distal colonic infusions with sodium acetate on human substrate and energy metabolism

Study design

- Double blind, placebo controlled, randomized crossover study
- 6 healthy overweight males (BMI 25 – 34.9 kg/m²)
- Aged 20 – 50 years;
- Caucasian;
- Weight stable for at least 3 months (± 2 kg)
- No use of antibiotics, pre- or probiotics

Intervention

1. Sodium acetate 100mM in 120mL
2. Sodium acetate 180mM in 120mL
3. Placebo (0.9 NaCl) 120mL

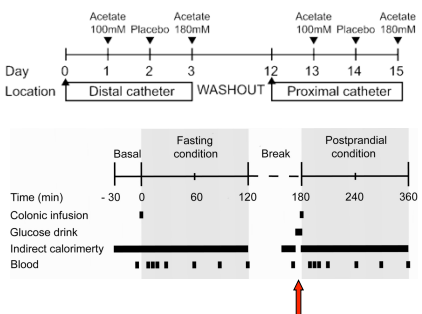


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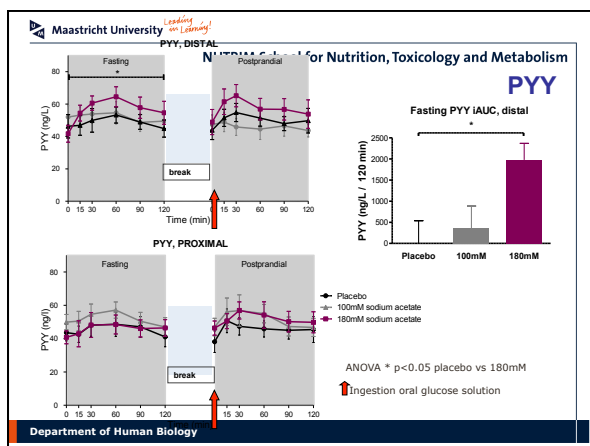
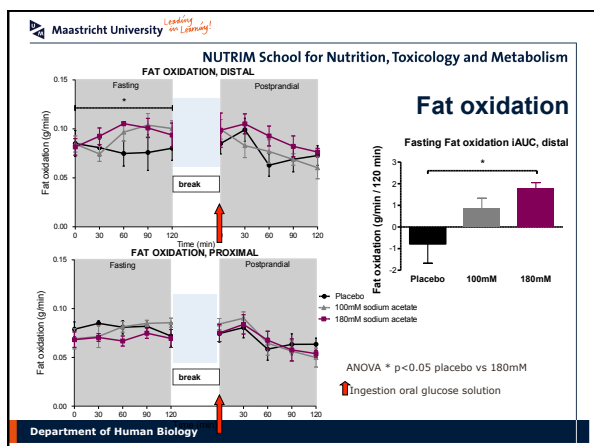
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Intervention protocol



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Conclusion

- Distal acetate infusions increase fat oxidation, plasma PYY, and decrease TNF- α
- Relevant mixtures of SCFAs all increase fat oxidation and plasma PYY after distal colonic administration

Improved metabolic profile and reduced systemic inflammatory state after colonic SCFA infusions

→ *Modulating colonic SCFAs may yield new mechanisms for treating or preventing obesity and T2DM: link with dietary fibres*



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Polyphenols and metabolic health

- Epigallocatechin-gallate (EGCG)
 - Benefits on body weight management & risk for T2DM
Hursel '09, Phung '10, Thiruvanan '11, Jing '09
 - Human studies on RQ & fat oxidation data inconclusive
Boschmann '07, Dulloo '09, Ichinose '10, Gosselin '13 vs Berube-Parent '05, Gregersen '09, Basu '11, Lonac '11 van Can, 2015
- Resveratrol (RSV)
 - Improved mitochondrial function & insulin sensitivity in rodents
Lagouge '06, Baur '06, Andersen '11, Chen '11, Mornikien '11
 - Benefits on energy metabolism & metabolic profile in humans
Timmers & Konings '11, Brasnyo '11 vs. Yoshino '12, Poulsen '12; Liu '14 (meta-analysis on glucose homeostasis)

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Short term study

International Journal of Obesity (2014), 1–9
 © 2014 Macmillan Publishers Limited All rights reserved 0307-0552/14
www.nature.com/ijo

ORIGINAL ARTICLE

Short-term supplementation with a specific combination of dietary polyphenols increases energy expenditure and alters substrate metabolism in overweight subjects

J Most, GH Goossens, JWE Jocken and EE Blaak


Epigallocatechin-gallate (EGCG) Resveratrol (RSV) Soy Isoflavones (SI)


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Short-term study (3d)

Complete picture of the combined short term effects of EGCG either in combination with RSV or with RSV and SI on lipolysis and fat oxidation

A) Placebo 

B) EGCG+RSV 

C) EGCG+RSV+SI 

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Subject characteristics

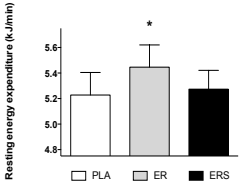
Subjects	18	(9/9)
Age (years)	34	+/- 2.57
BMI (kg/m ²)	28.9	+/- 0.42
Body fat (%)	28.0	+/- 1.88
WHR	0.83	+/- 0.02
Fasting Glucose (mmol/l)	5.02	+/- 0.08
Fasting Insulin (mU/l)	15.05	+/- 1.40
HOMA-IR	3.44	+/- 0.32

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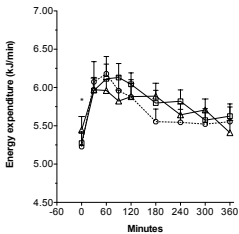
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Energy Expenditure

Legend:
 ○ PLA
 △ E+R
 □ E+R+S



Group	Resting energy expenditure (kJ/min)
PLA	~5.25
ER	~5.45*
ERS	~5.30

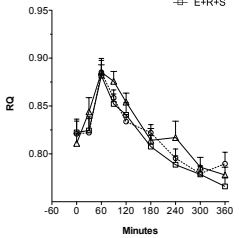
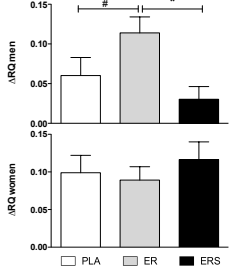


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Respiratory quotient & metabolic flexibility

Legend:
 ○ PLA
 △ E+R
 □ E+R+S

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Conclusion


Combination of EGCG and RSV seems to be most effective in increasing energy expenditure & improving metabolic flexibility (in men)

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Hypothesis



Epigallocatechin-gallate (EGCG) Resveratrol (RSV)

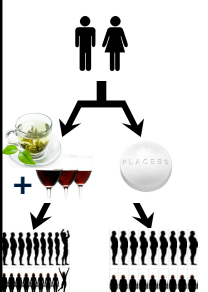
12 wk-supplementation with EGCG+RSV may improve insulin sensitivity which is accompanied by improvements in fat oxidation, lipolysis & mitochondrial function

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Long-term effects of the more effective polyphenol combination




Meal test	Lipid handling
Indirect calorimetry	Substrate Oxidation
Microdialysis (men)	Local lipolysis & blood flow in SM & AT
Hyperinsulinemic euglycemic clamp (10 & 40mU/m ² /min)	Hepatic & systemic insulin sensitivity
Indirect Calorimetry	Substrate oxidation in response to insulin
Skeletal muscle biopsy	Mitochondrial function
	RNA expression, microarray analysis
	Protein levels & activity
Adipose tissue biopsy	Adipocyte size
	RNA expression, microarray analysis
	Protein levels & activity
Fasting blood & urine sample	Oxidative stress
	Inflammation & Adipokines
Feces sample	Microbial composition
	Energy content
	Short-chain fatty acid composition
DEXA-scan	Body composition
	Adipose tissue depots

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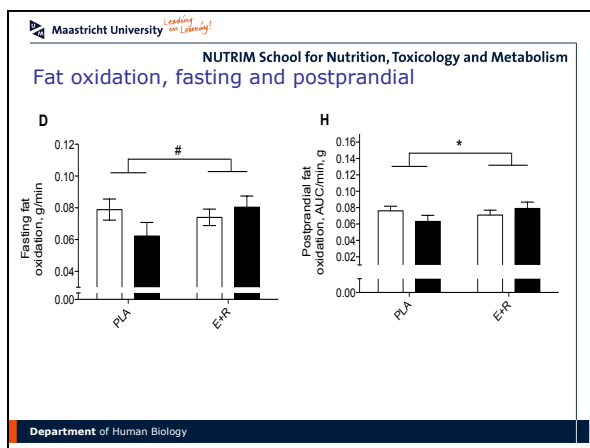
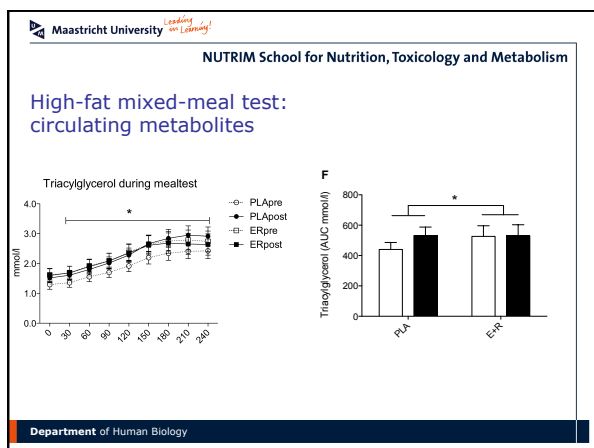
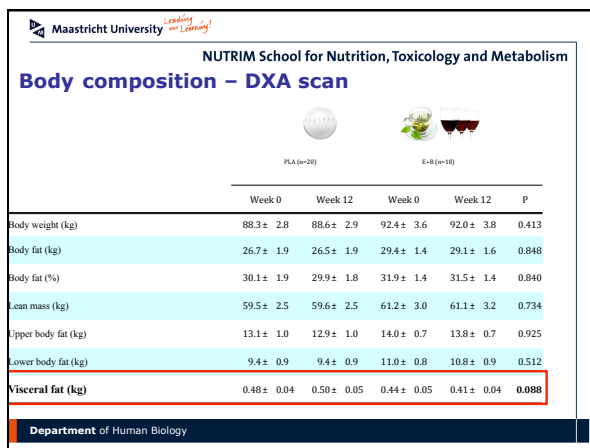
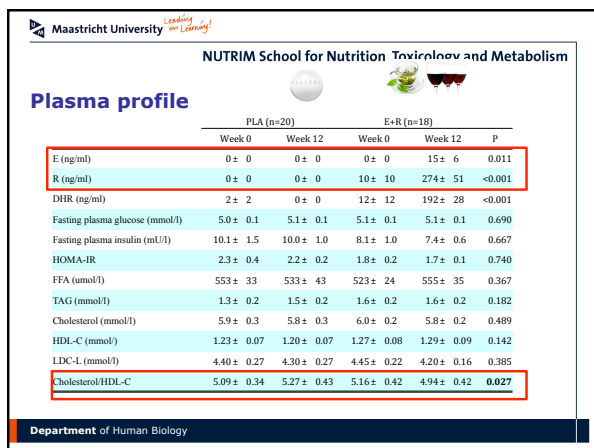
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Subject characteristics



	PLA (n=20)	E+R (n=18)	P
Age (years)	38.7 ± 2.2	36.1 ± 2.2	0.43
BMI (kg/m ²)	29.5 ± 0.7	29.9 ± 0.6	0.67
Waist-Hip-ratio	0.87 ± 0.02	0.87 ± 0.02	0.78
Systolic blood pressure (mmHg)	114 ± 2	117 ± 2	0.27
Diastolic blood pressure (mmHg)	76 ± 2	76 ± 2	0.86
Fasting plasma glucose (mmol/l)	5.10 ± 0.08	5.19 ± 0.09	0.44
2h-Plasma Glucose (mmol/l)	5.38 ± 0.21	5.34 ± 0.24	0.92
HbA1c (%)	5.15 ± 0.06	5.12 ± 0.06	0.76
Hemoglobin (mmol/l)	8.9 ± 0.1	8.6 ± 0.2	0.22
Hematocrit (L/L)	0.43 ± 0.01	0.39 ± 0.02	0.18
Creatinin (µmol/l)	79.5 ± 3.7	74.2 ± 2.7	0.29
ALAT (U/l)	27.9 ± 4.4	26.9 ± 2.2	0.86

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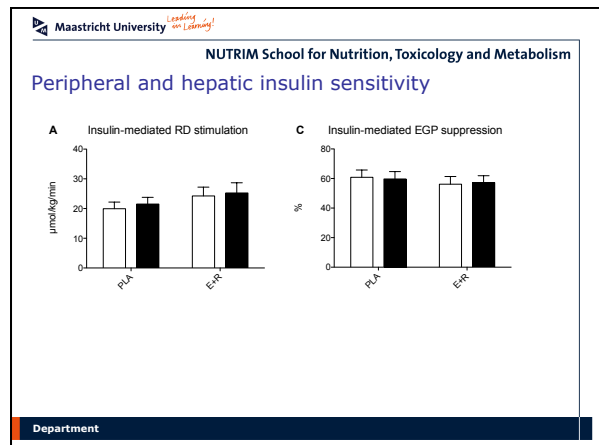
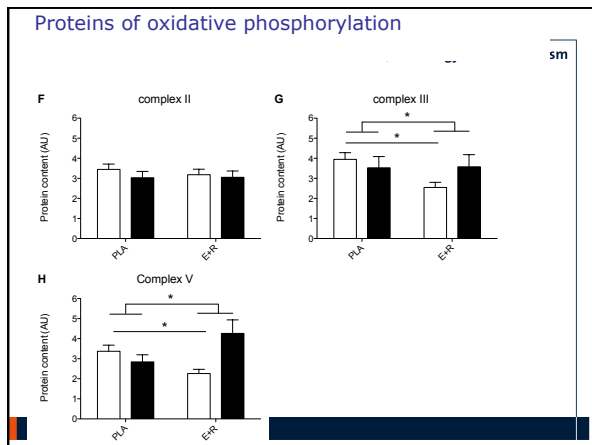
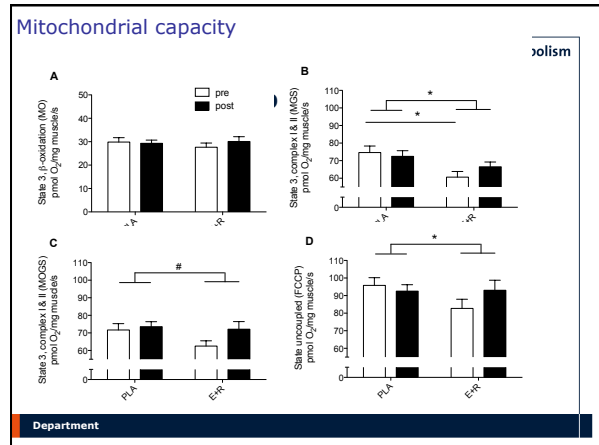


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Adipose tissue and Skeletal muscle biopsies

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Conclusion

12 wk-supplementation EGCG+RSV...

- Tended to reduce visceral fat
- Reduced triglyceride concentrations
- Increased fat oxidation
- Improved mitochondrial oxidative capacity

...did not affect

- Insulin sensitivity
- Body mass/composition

in overweight men and women

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Summary

- The insulin resistant muscle is characterized by a reduced lipid turnover of in particular saturated fatty acids
- Manipulation of diet or dietary components may improve metabolic flexibility and metabolic profile
 - via SCFA (dietary fibre)
 - polyphenols
- Towards an optimised lifestyle intervention?

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ZonMw

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Collaborations/Acknowledgements

- Gijs Goossens
- Johan Jocken
- Dorien Reijnders
- Emanuel Canfora
- Rudi Stinkens
- Max Vogel
- Jasper Most
- Kenneth Verboven
- Kirsten vander Beek
- Kees Dejong
- Ad Masclee
- Freddy Troost

Dept Human Biology, general Surgery, gastroenterology, MUMC

And external Collaborations

Top Institute Food and Nutrition (project GH003, microbiota, energy balance and metabolism)
Max Nieuworp, AMC
EU consortia: EU-Lipgene, MIRdiet



EFSD European Foundation for the Study of Diabetes