




# Personalized Nutrition by Prediction of Glycemic Responses

Tal Korem






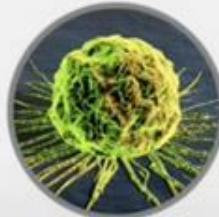


Lab of Prof. Eran Segal

Weizmann Institute of Science

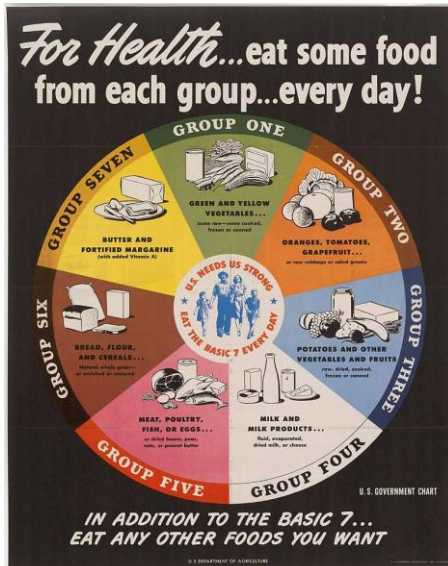
# Changes in our nutrition greatly contributed to the recent metabolic syndrome epidemic



## THE METABOLIC SYNDROME

 <b>HEART DISEASE</b>	 <b>LIPID PROBLEMS</b>	 <b>HYPERTENSION</b>	 <b>TYPE 2 DIABETES</b>
 <b>DEMENTIA</b>	 <b>CANCER</b>	 <b>POLYCYSTIC OVARIAN SYNDROME</b>	 <b>NON-ALCOHOLIC FATTY LIVER DISEASE</b>

# General recommendations in nutrition



1943

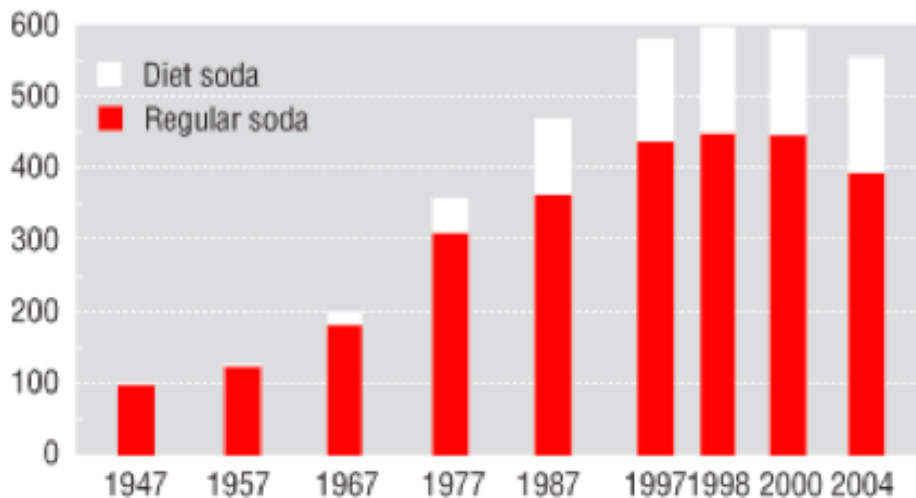
1992

2015

# Consumption of artificial sweeteners

# Increase in artificial sweetener consumption is a major recent change in our nutrition

**Annual soft drink production in the United States (12-oz. cans/person)**



Sources: USDA Economic Research Service (1947–87); Beverage Digest (1997–2004).



- 86% of Americans use 'diet' products
- Consumers spend \$21B per year on diet drinks

# Artificial sweeteners are recommended for weight loss and for assisting in blood glucose control



## AHA & ADA joint statement

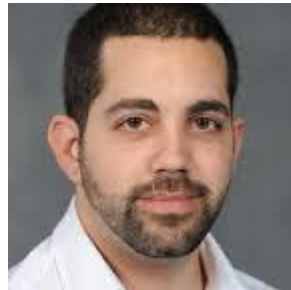
From Gardner *et al.*, published July 2012 in *Circulation* and in *Diabetes care*:

**“REPLACING SUGARY FOODS AND DRINKS WITH SUGAR-FREE OPTIONS CONTAINING NON-NUTRITIVE SWEETENERS IS ONE WAY TO LIMIT CALORIES AND **ACHIEVE OR MAINTAIN A HEALTHY WEIGHT.**”**

**“WHEN USED TO REPLACE FOODS AND DRINKS WITH ADDED SUGARS, IT CAN **HELP PEOPLE WITH DIABETES MANAGE BLOOD GLUCOSE LEVELS**”**

## Artificial sweeteners induce glucose intolerance by altering the gut microbiota

Jotham Suez<sup>1</sup>, Tal Korem<sup>2\*</sup>, David Zeevi<sup>2\*</sup>, Gili Zilberman-Schapira<sup>1\*</sup>, Christoph A. Thaiss<sup>1</sup>, Ori Maza<sup>1</sup>, David Israeli<sup>3</sup>, Niv Zmora<sup>4,5,6</sup>, Shlomit Gilad<sup>7</sup>, Adina Weinberger<sup>2</sup>, Yael Kuperman<sup>8</sup>, Alon Harmelin<sup>8</sup>, Ilana Kolodkin-Gal<sup>9</sup>, Hagit Shapiro<sup>1</sup>, Zamir Halpern<sup>5,6</sup>, Eran Segal<sup>2</sup> & Eran Elinav<sup>1</sup>

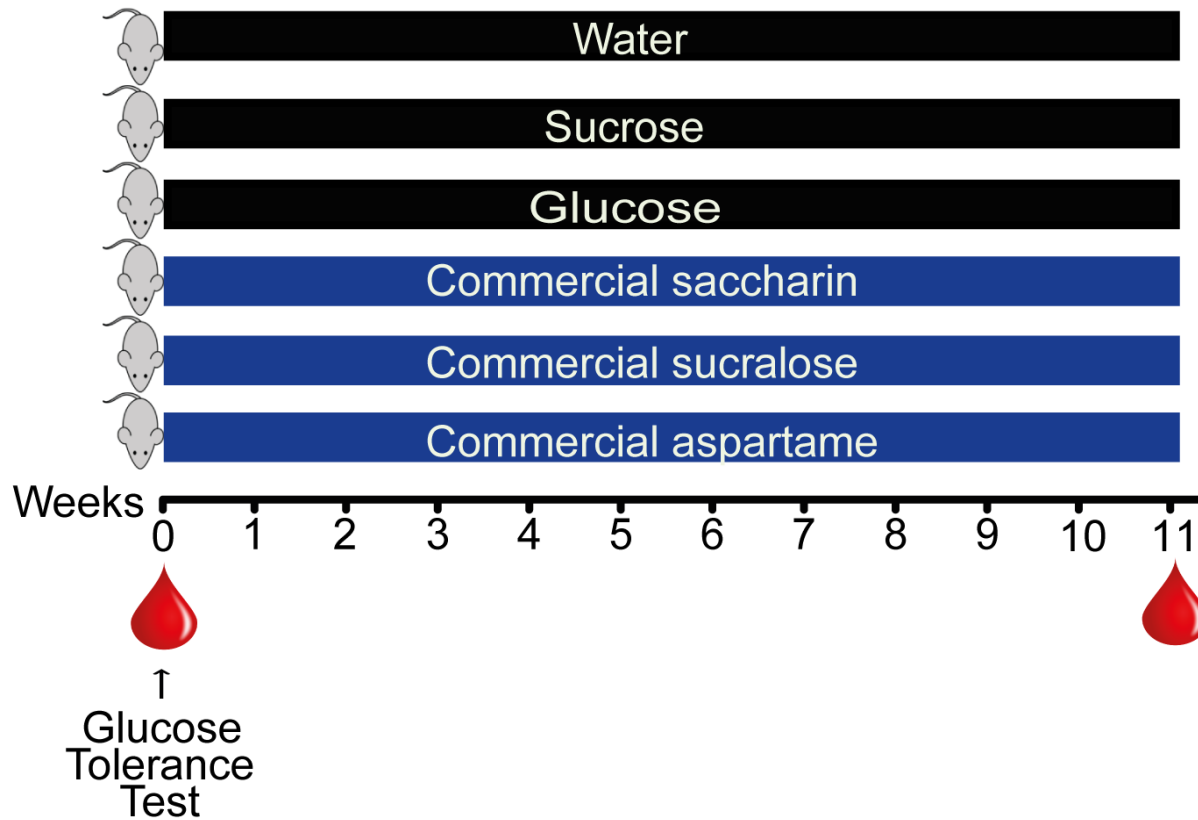


Jotham  
Suez



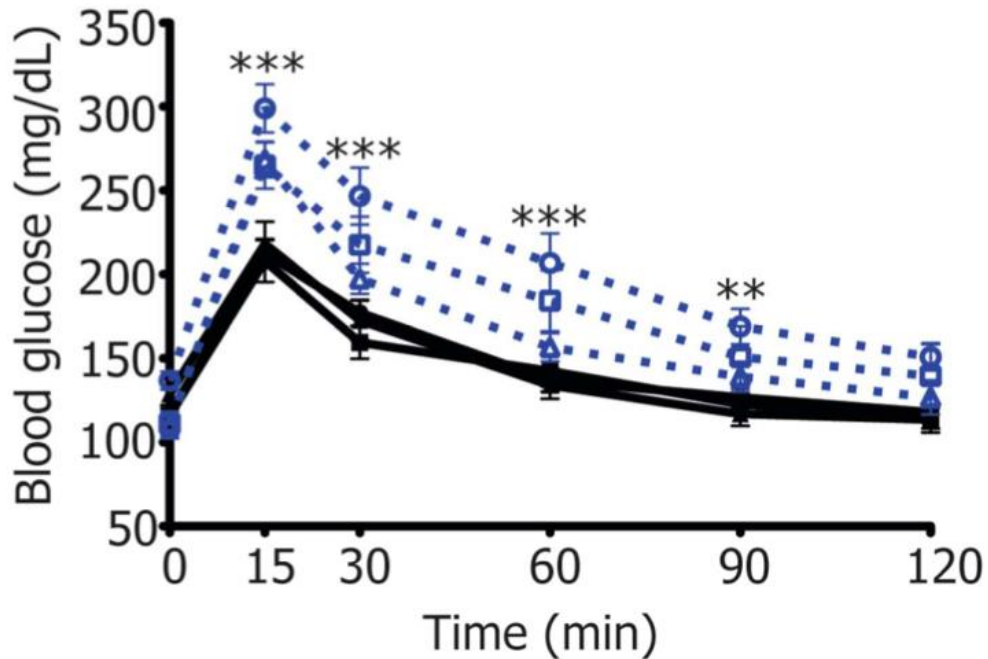
Eran Elinav

# What is the effect of artificial sweeteners on mice?



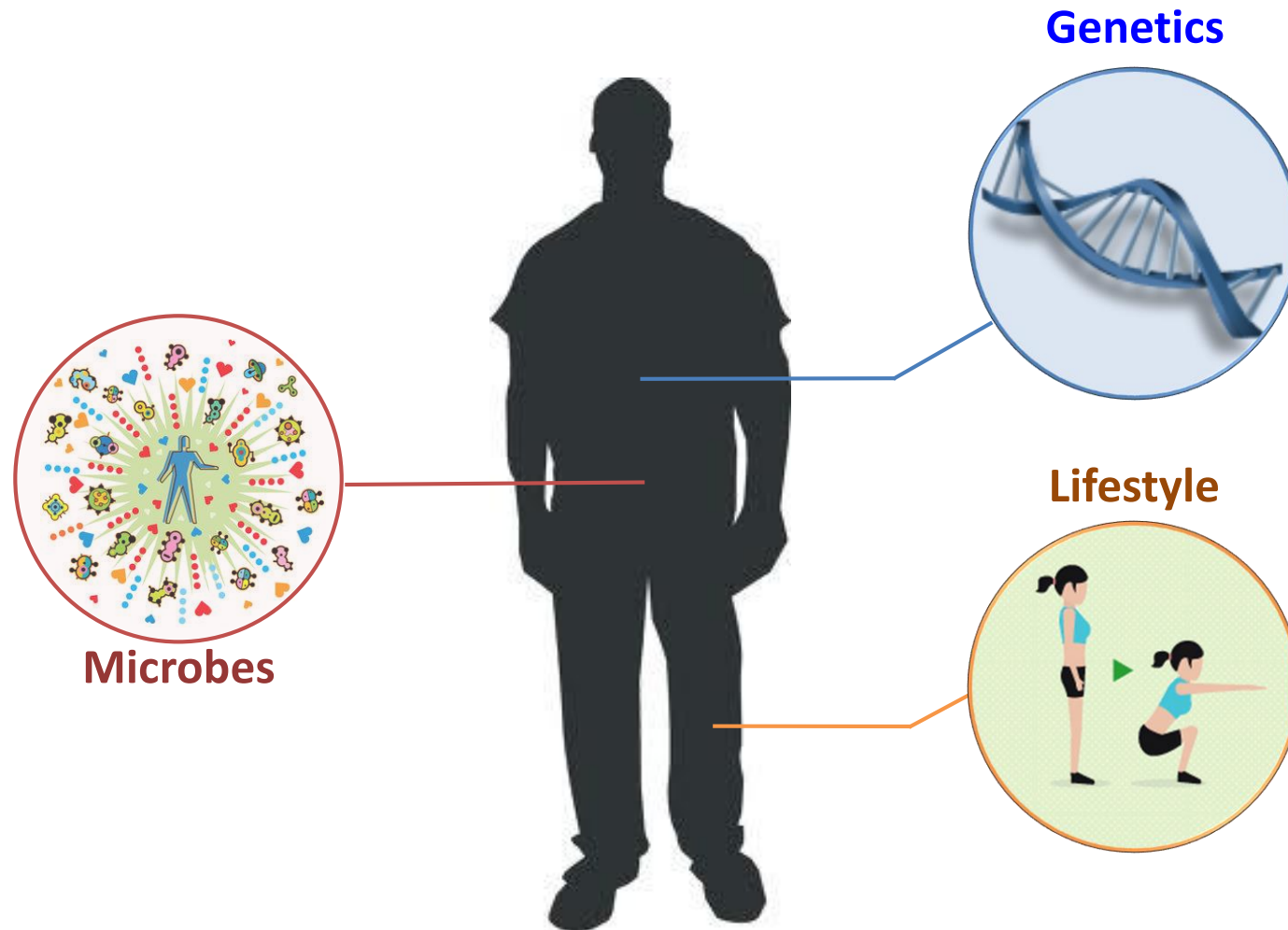


# Artificial sweeteners induce glucose intolerance in mice

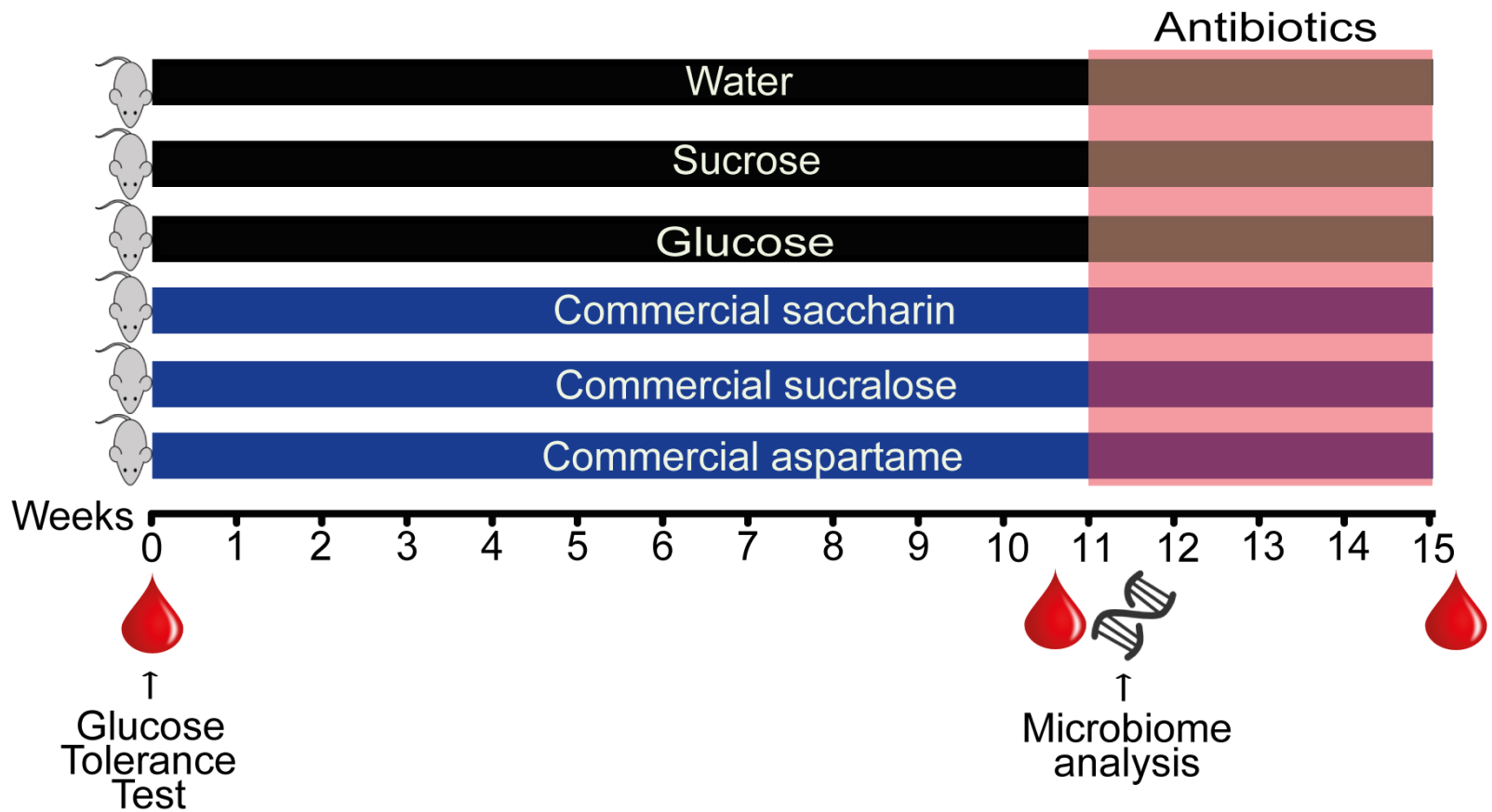


- ✓ Lean mice
- ✓ Obese mice
- ✓ Different formulations
- ✓ Different doses
- ✓ Different mouse strains

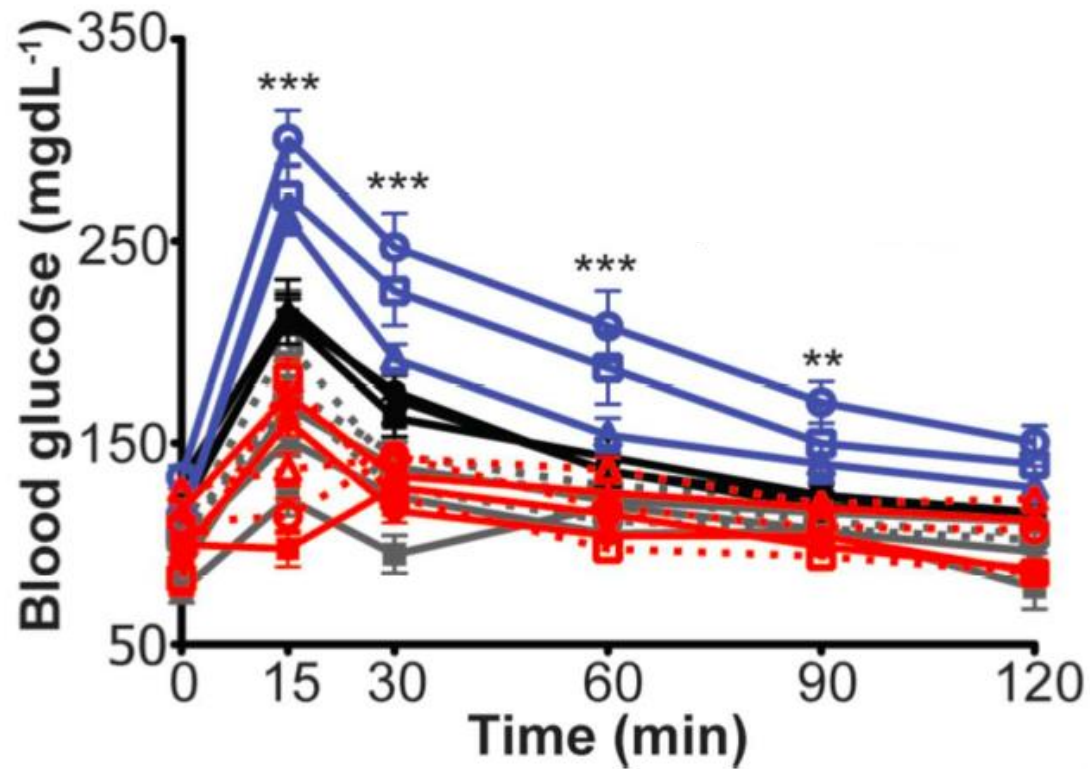
# Do artificial sweeteners interact with the microbiome?



# What is the effect of artificial sweeteners on mice?

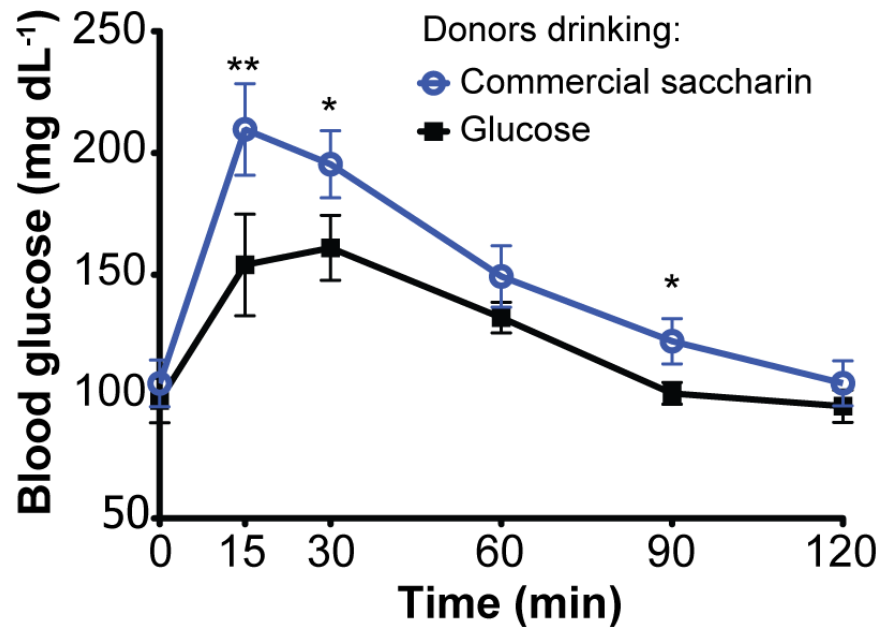
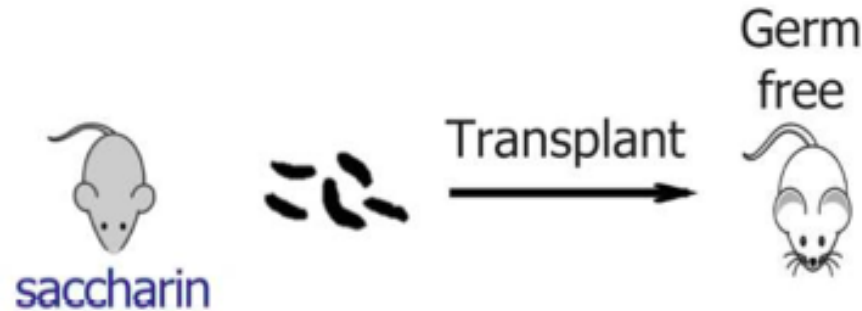


# Antibiotics reverse the effect of artificial sweeteners

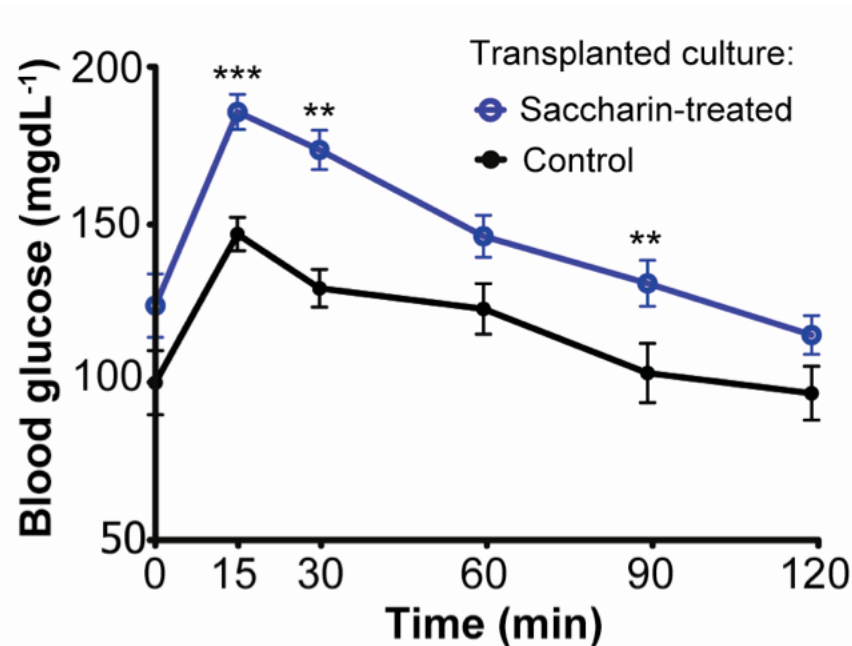
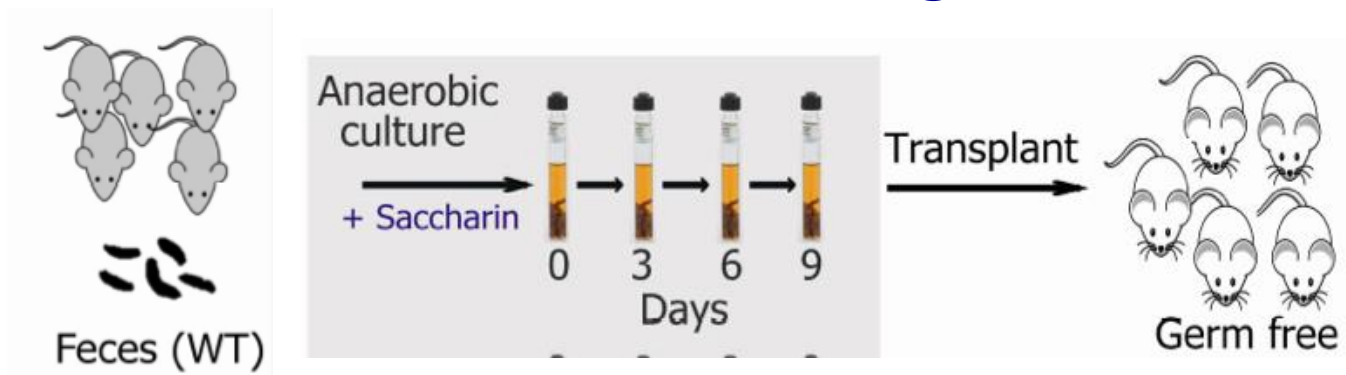


A, Ciprofloxacin & Metronidazole (targets Gram-)  
B, Vancomycin (targets Gram+)

# Transferring the microbiota of mice that consume artificial sweeteners transfers the glucose intolerance



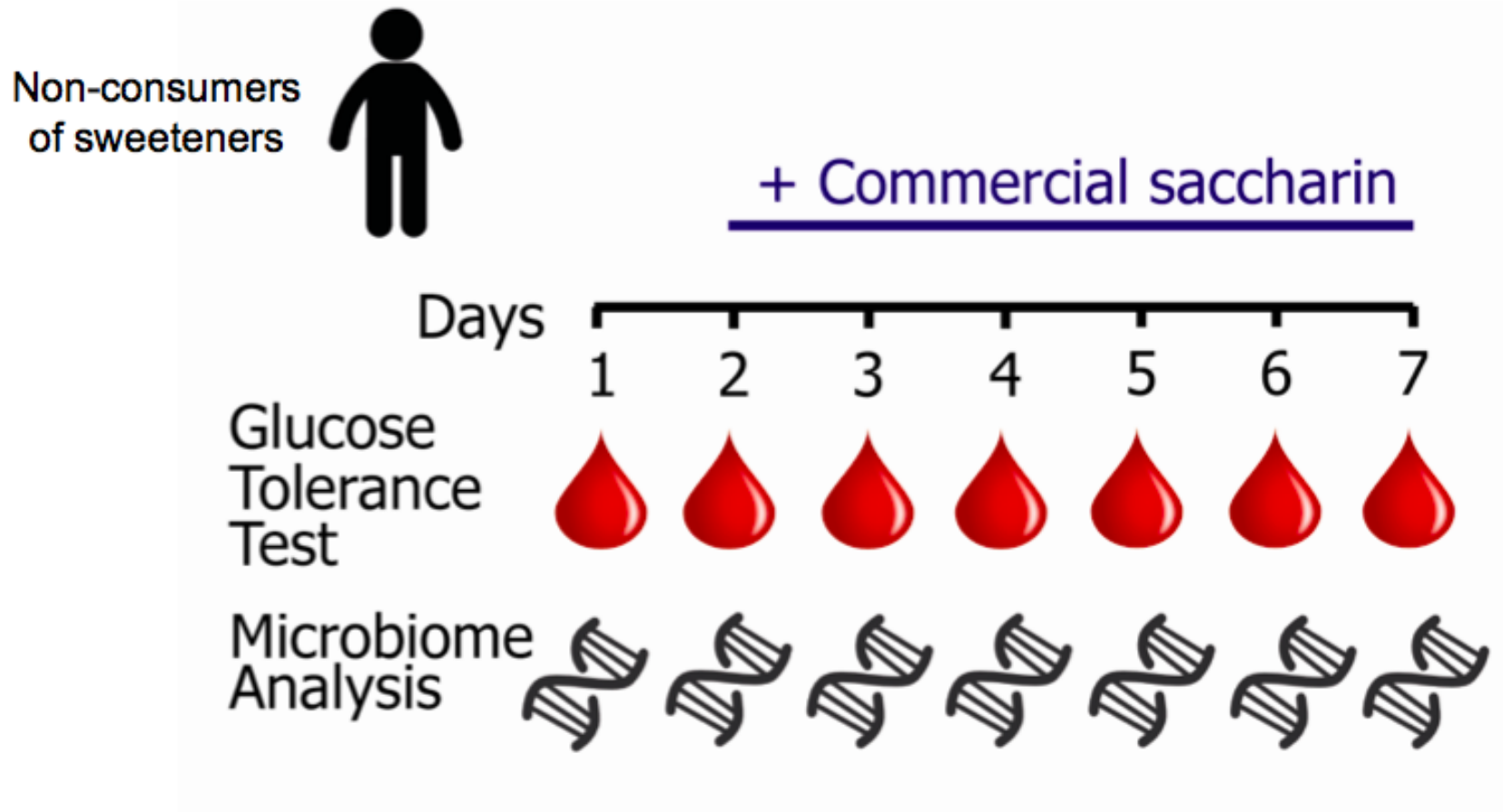
# Transferring the microbiota grown in the presence of artificial sweeteners transfers the glucose intolerance



**Artificial sweeteners drive glucose  
intolerance in mice by altering the  
gut microbiota**

**... but what about people?**

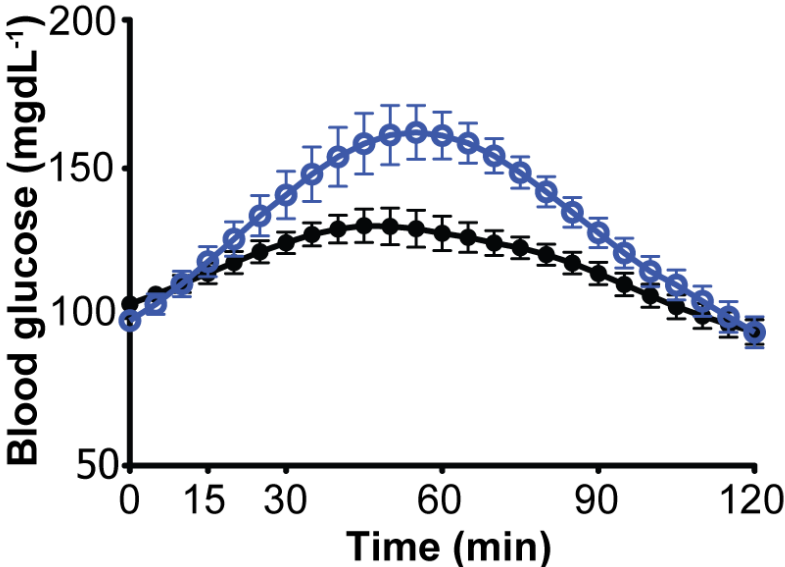
# What happens to humans after just five days of consuming artificial sweeteners?



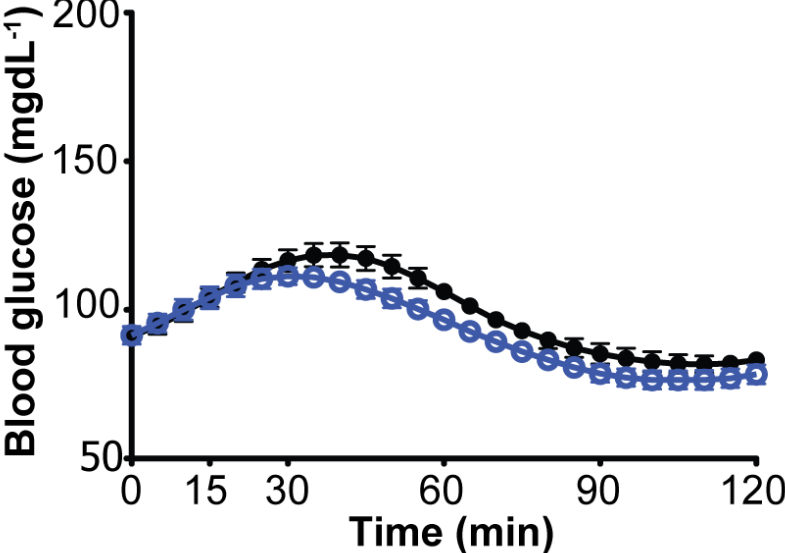


# Artificial sweeteners induce glucose intolerance in most but not all individuals

## Responders



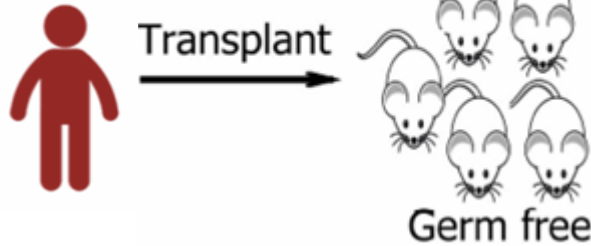
## Non-responders



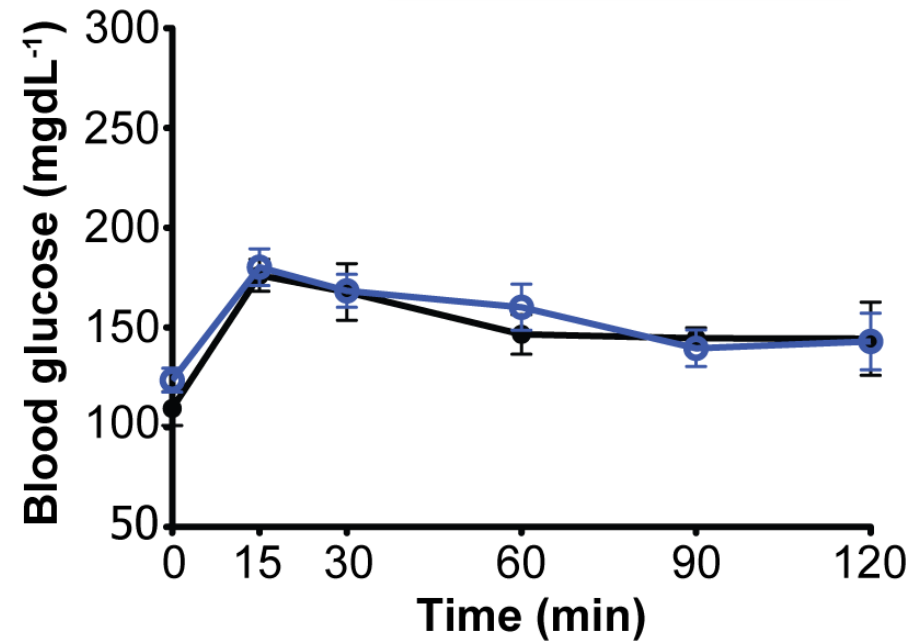
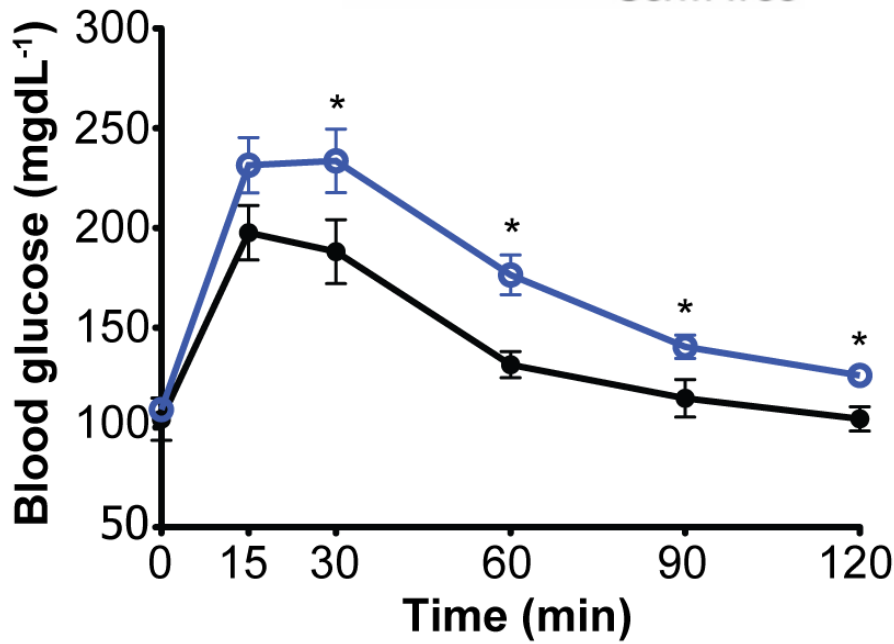
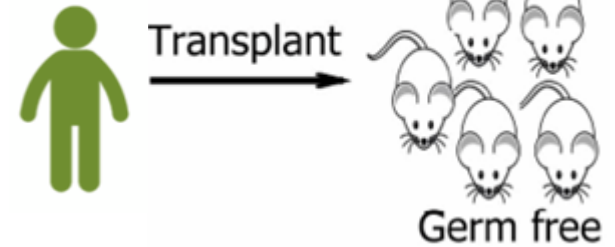
- Before massive consumption
- After massive consumption

# Transferring the microbiota of responders to artificial sweeteners transfers the glucose intolerance phenotype

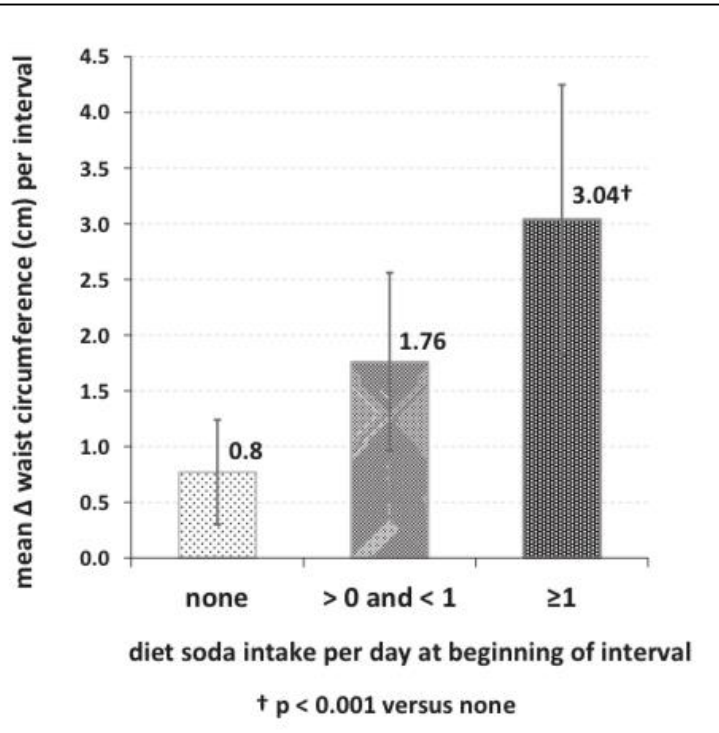
**Responders**



**Non-Responders**



# Validation studies (2015)



## CLINICAL INVESTIGATIONS

### Diet Soda Intake Is Associated with Long-Term Increases in Waist Circumference in a Biethnic Cohort of Older Adults: The San Antonio Longitudinal Study of Aging

Sharon P.G. Fowler, MPH,\* Ken Williams, MS,\*† and Helen P. Hazuda, PhD\*

### Positive association between artificially sweetened beverage consumption and incidence of diabetes

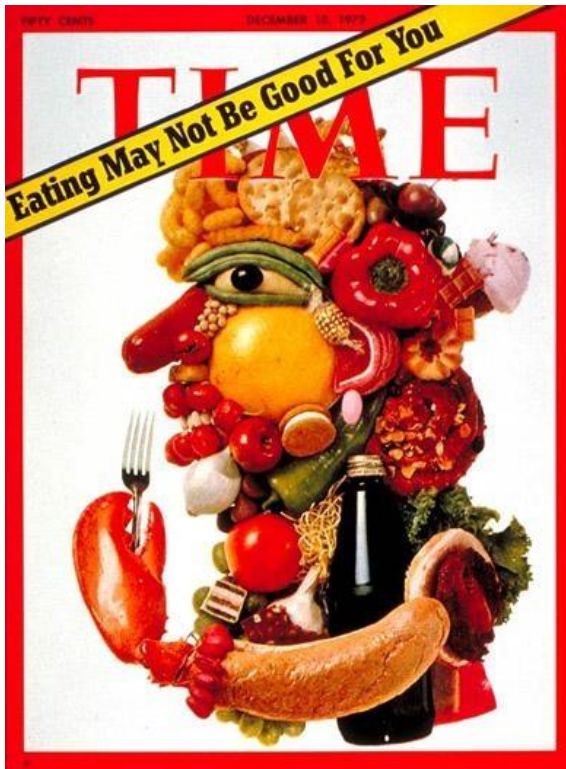
Allison C. Sylvetsky Meni<sup>1,2</sup> & Susan E. Swithers<sup>3</sup> & Kristina I. Rother<sup>1</sup>

### Diet Drink Consumption and the Risk of Cardiovascular Events: A Report from the Women's Health Initiative

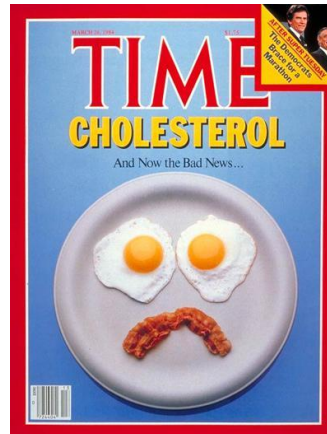
Ankur Vyas, MD<sup>1</sup>, Linda Rubenstein, PhD<sup>2</sup>, Jennifer Robinson, MD, MPH<sup>1,2</sup>, Rebecca A. Seguin, PhD, CSCS<sup>3</sup>, Mara Z. Vitolins, DrPH, MPH, RD<sup>4</sup>, Rasa Kazlauskaitė, MD, MSc, FACE<sup>5,6</sup>, James M. Shikany, DrPH<sup>7</sup>, Karen C. Johnson, MD, MPH<sup>8</sup>, Linda Sneltselaar, RD, PhD<sup>2</sup>, and Robert Wallace, MD, MSc<sup>2,9</sup>

**If nutritional changes drove the metabolic syndrome epidemic, can it be treated by restoring healthy nutrition?**

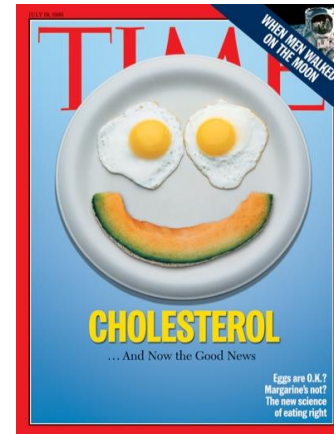
# What is healthy nutrition?



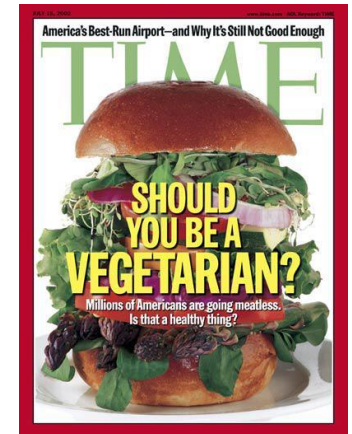
1972



1984



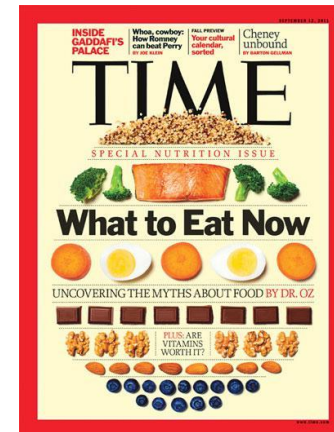
1999



2002



2003



2011



2014

# How can we take a science-based approach to nutrition?

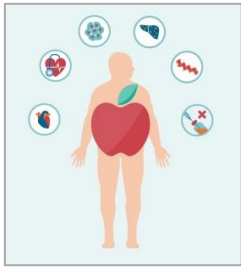


David Zeevi

# What should a marker of healthy nutrition satisfy?



Relevant for weight management



Relevant for metabolic disease



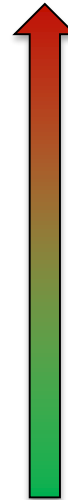
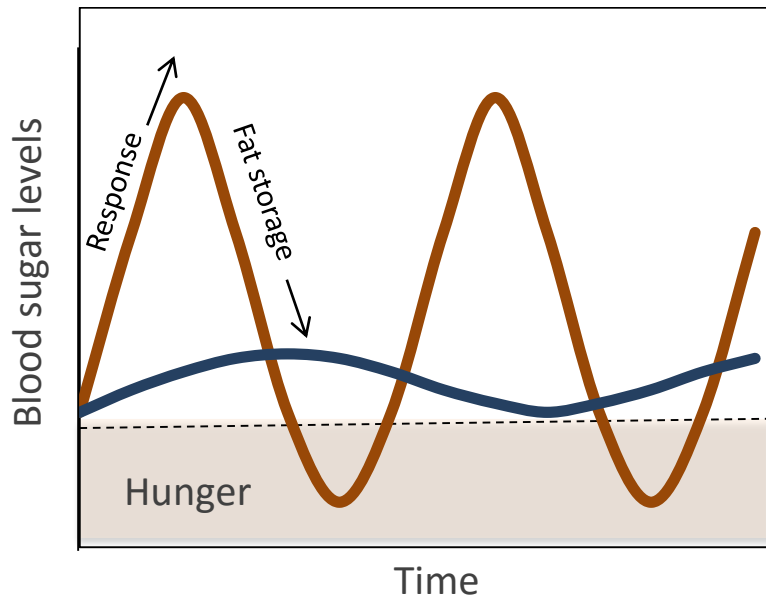
Easily measurable quantitatively

# Postprandial (post-meal) glucose response as a measure of healthy nutrition

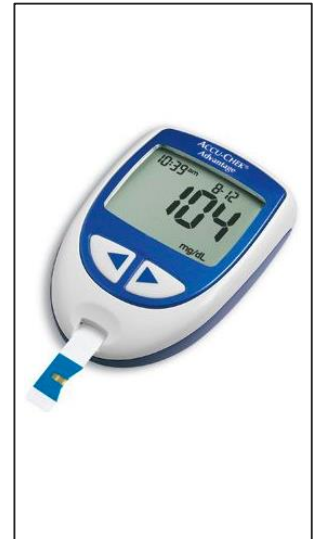
Directly affects fat storage, weight gain and hunger

Strongly associated with disease

Easily measurable



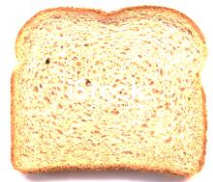
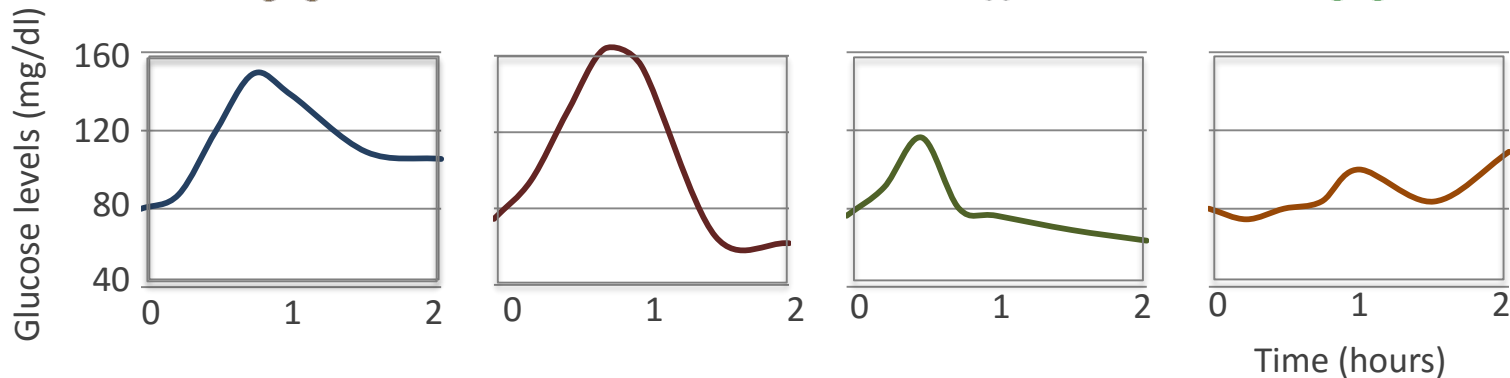
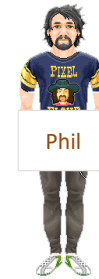
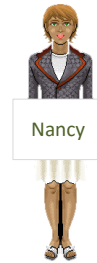
Diabetes  
Obesity  
Cardiovascular disease  
Chronic metabolic disorders





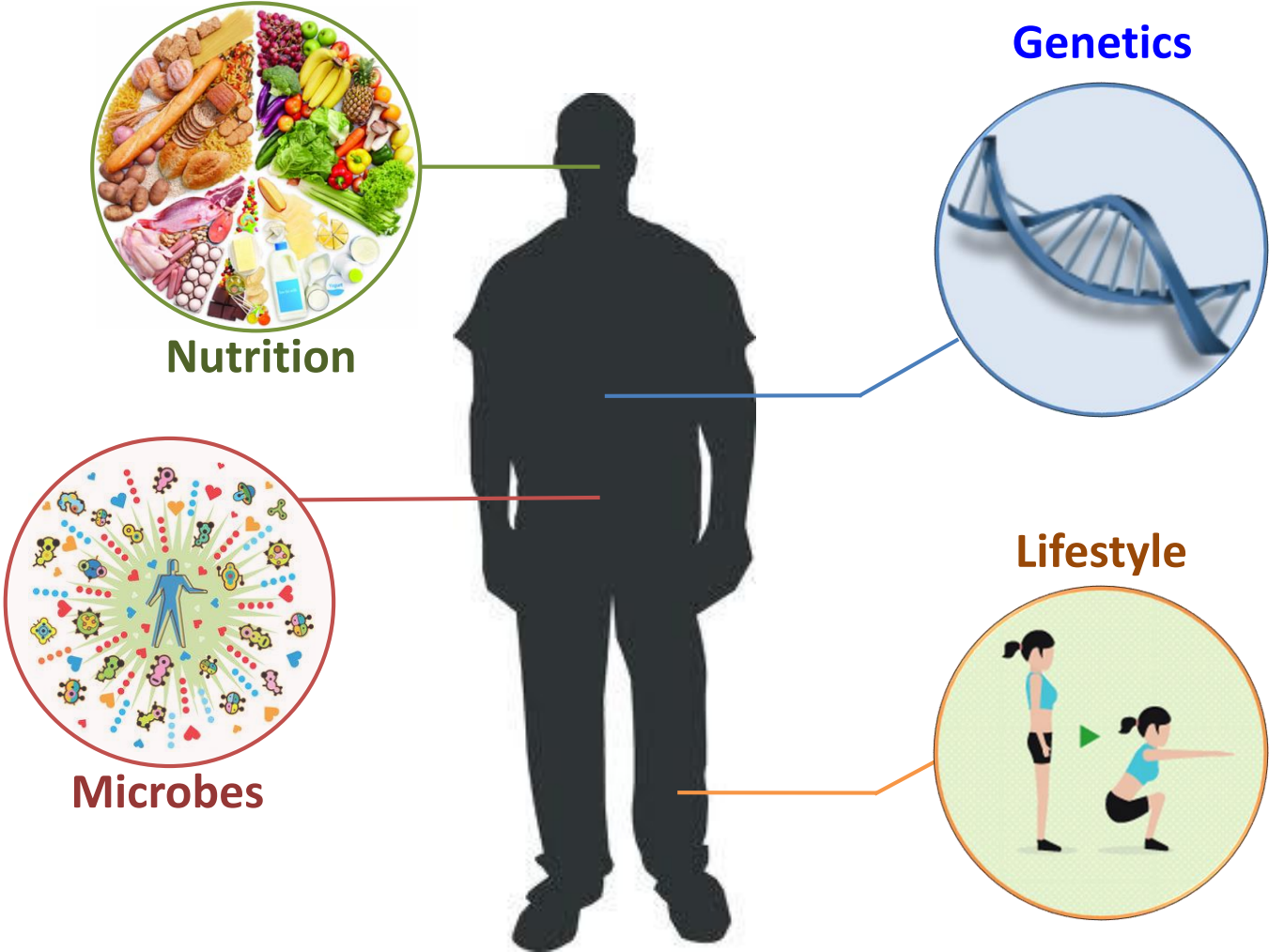
**Maintaining normal blood glucose levels  
is key to fighting the rise in disease**

# People have widely different glucose responses to the same food

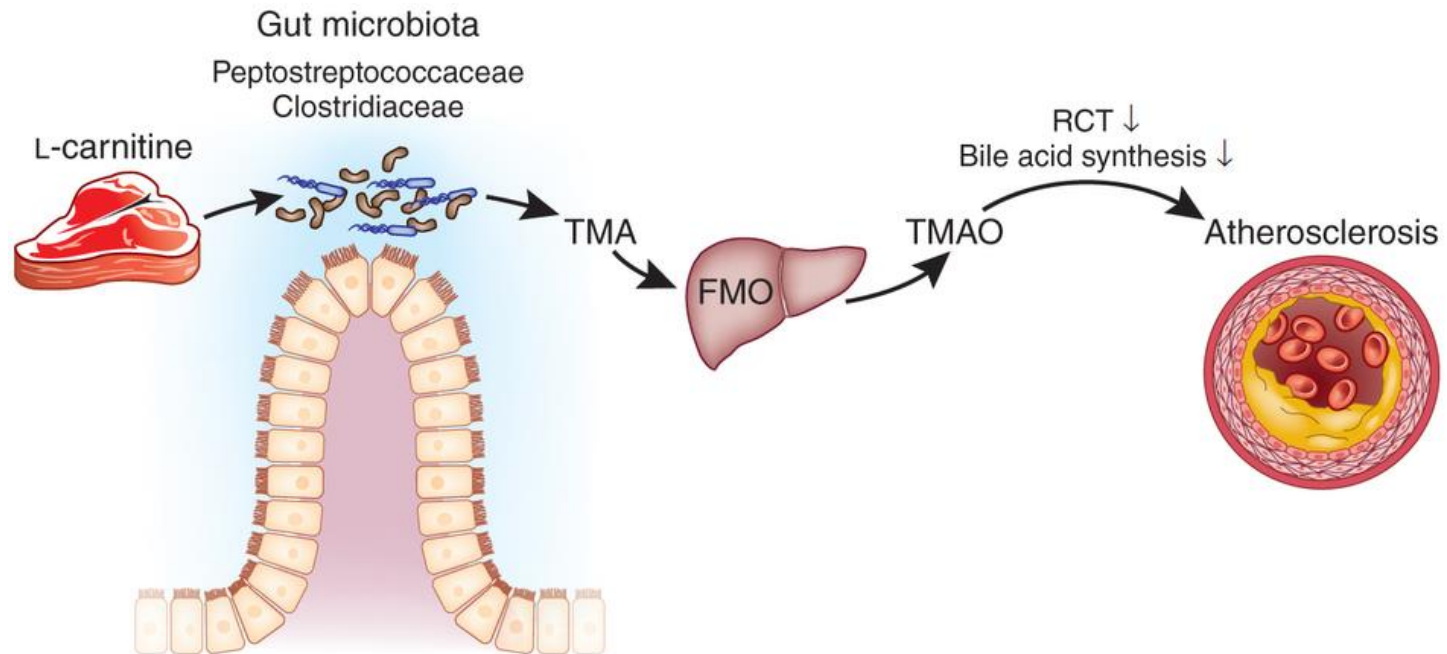


**Diets that maintain normal blood glucose levels must be personally tailored**

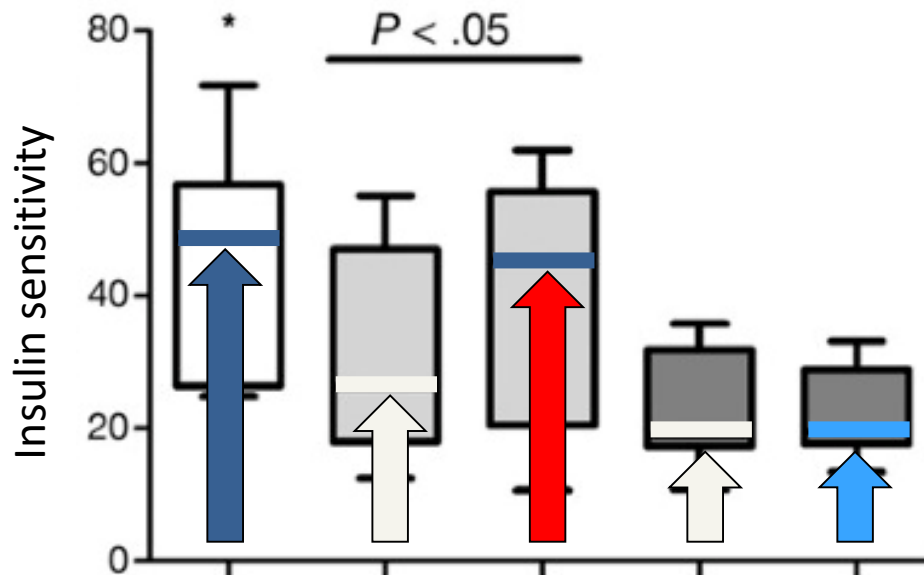
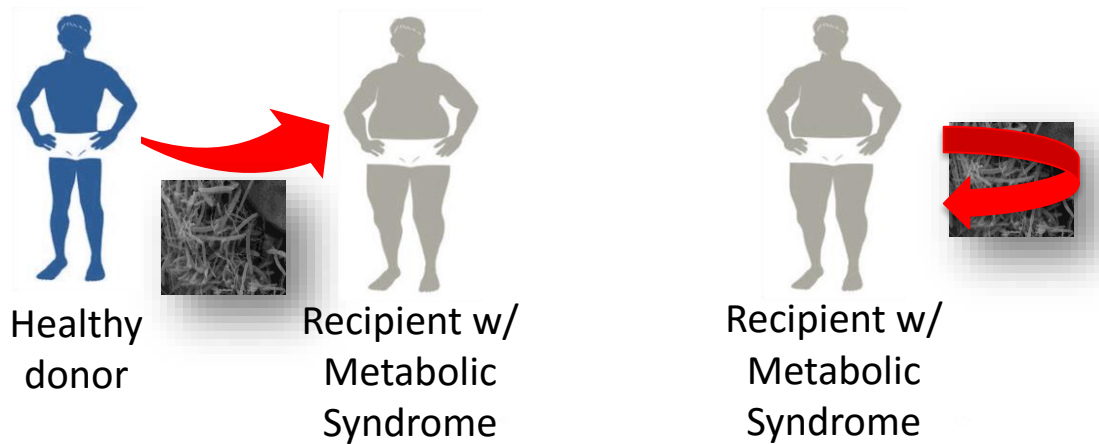
# What could affect our response to food?



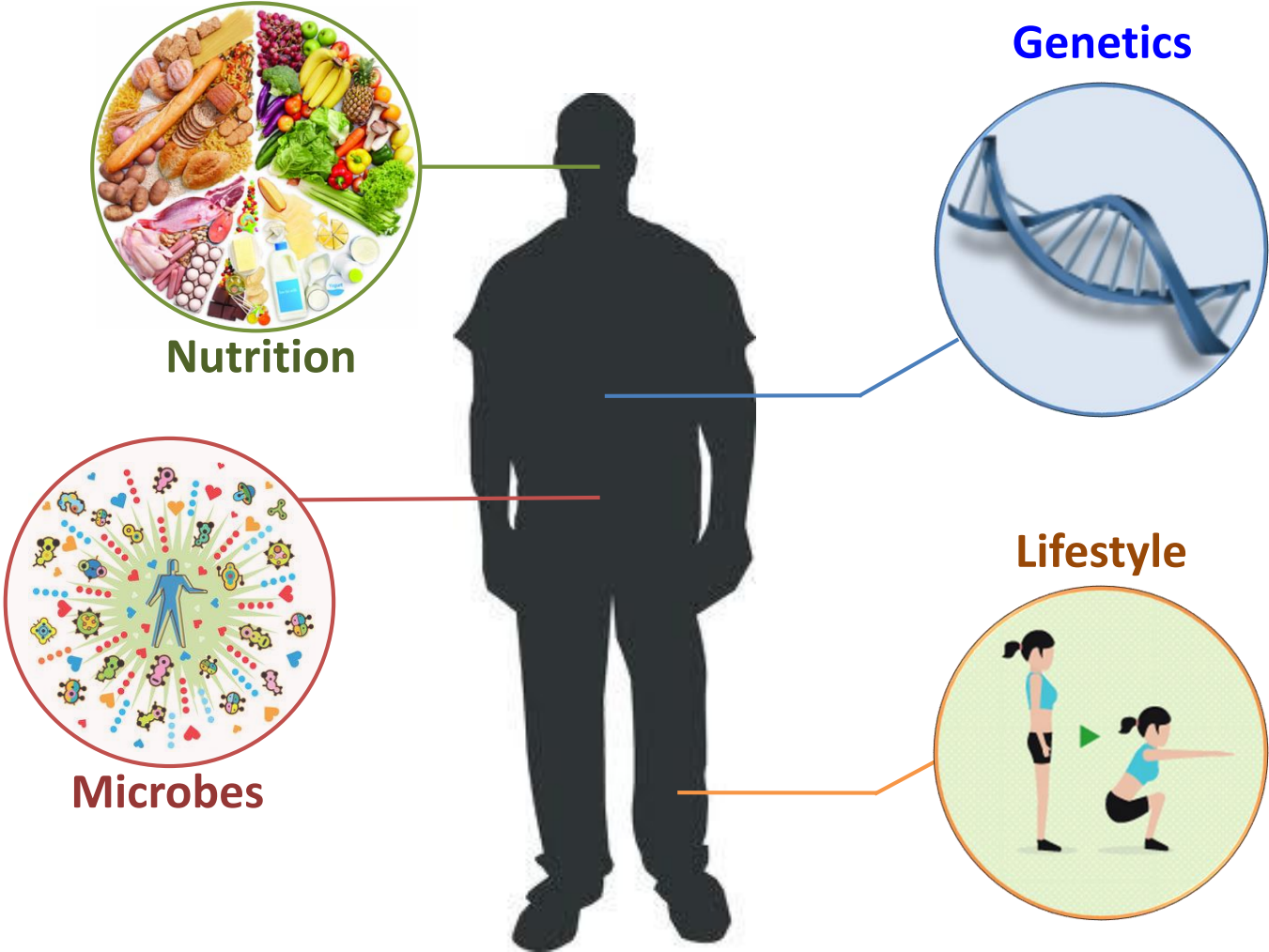
# The microbiome affects our response to food



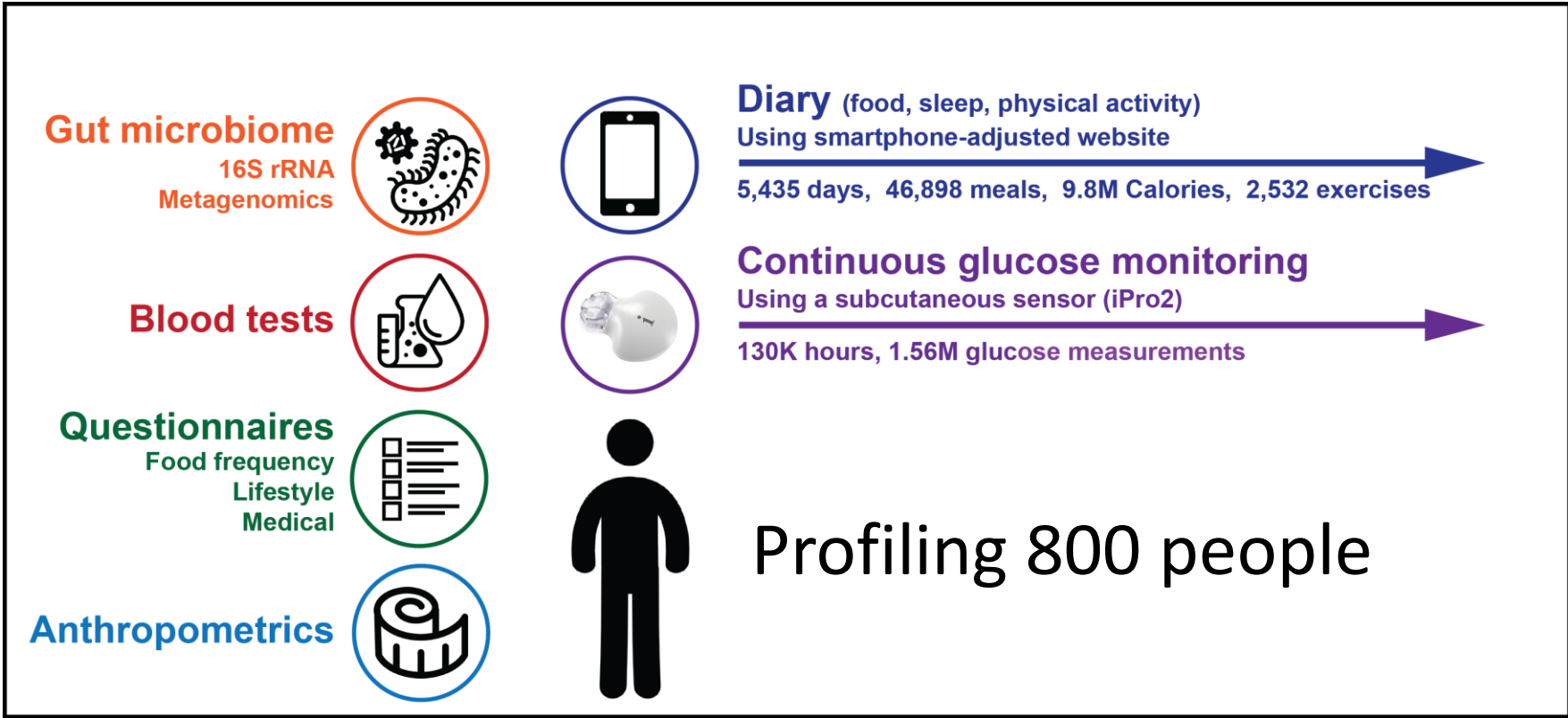
# Transfer of intestinal microbiota from lean donors increases insulin sensitivity in individuals with metabolic syndrome



# What could affect our response to food?

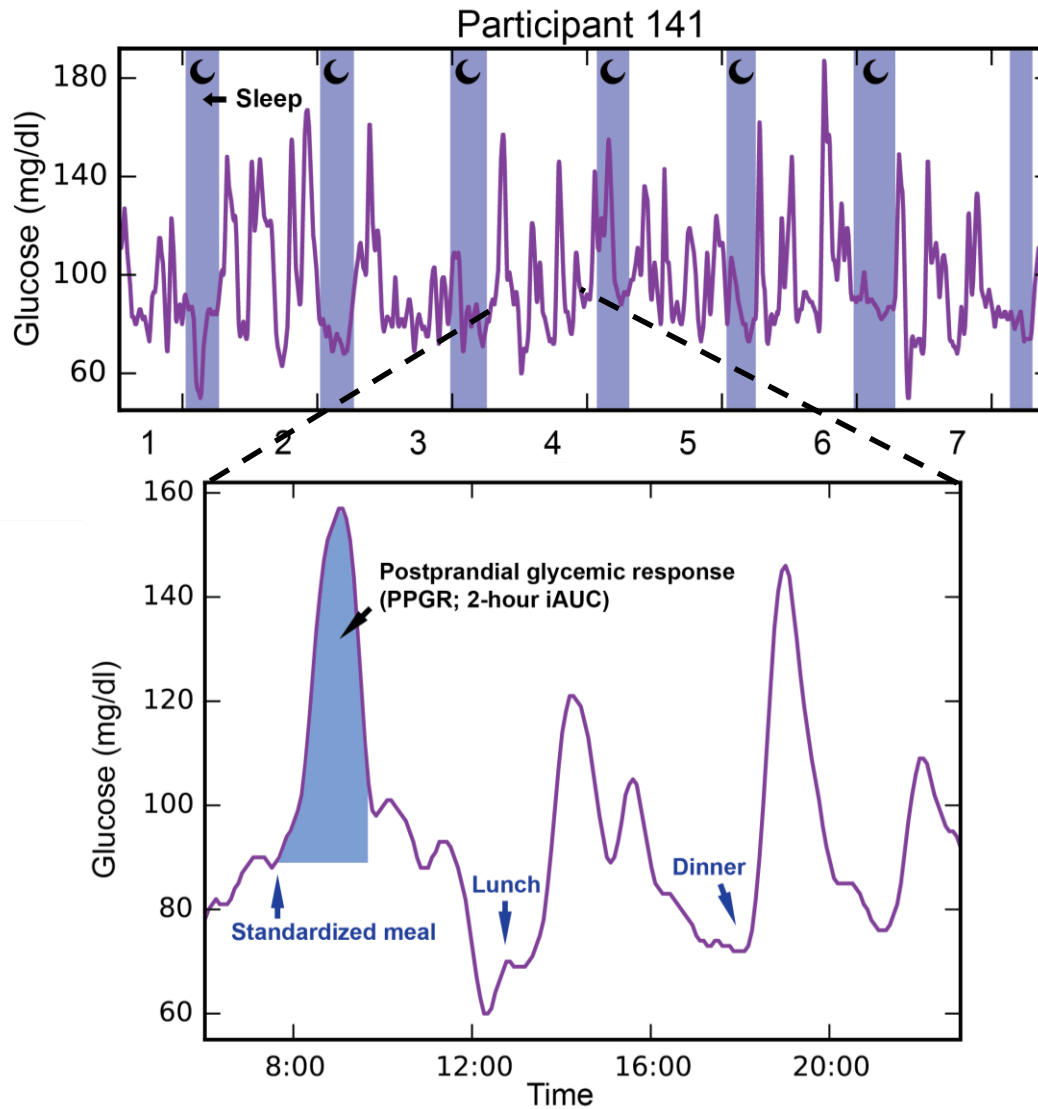


# The Personalized Nutrition Project: Clinical and microbiome data collected

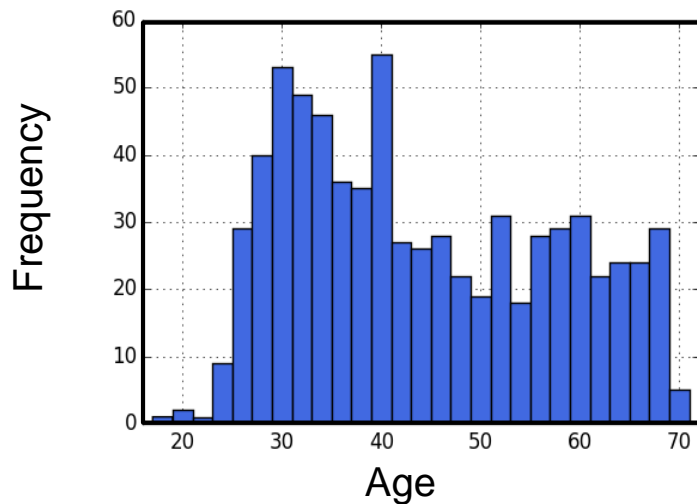
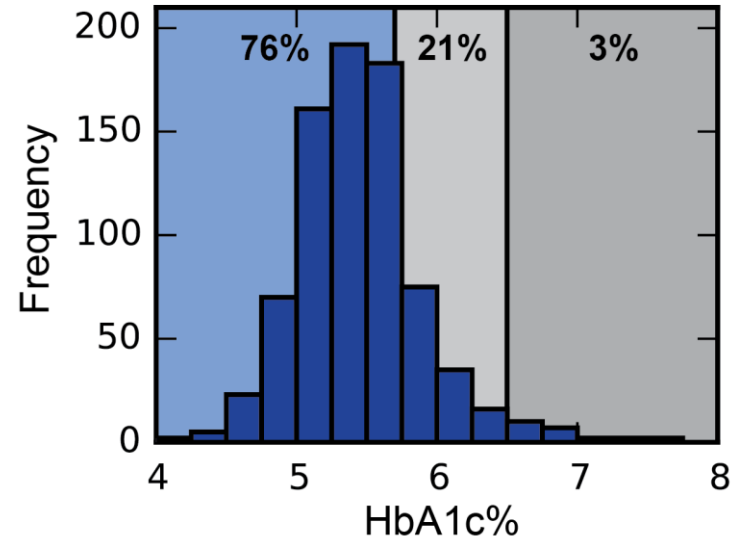
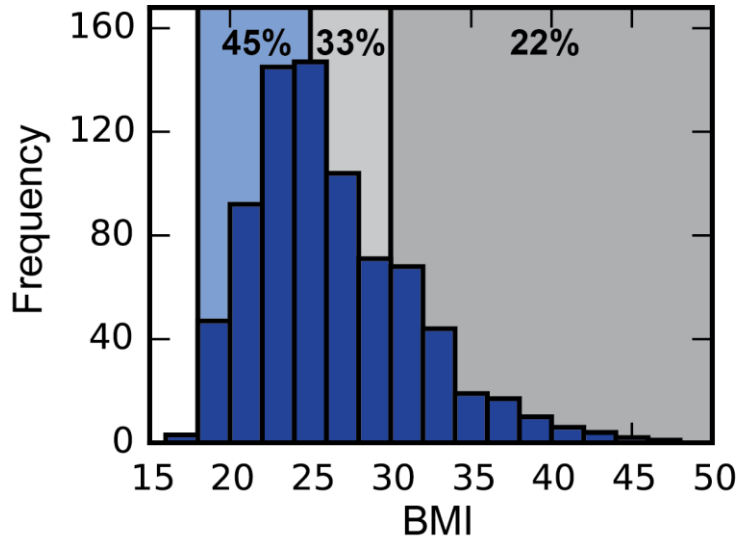




# Continuous glucose monitoring

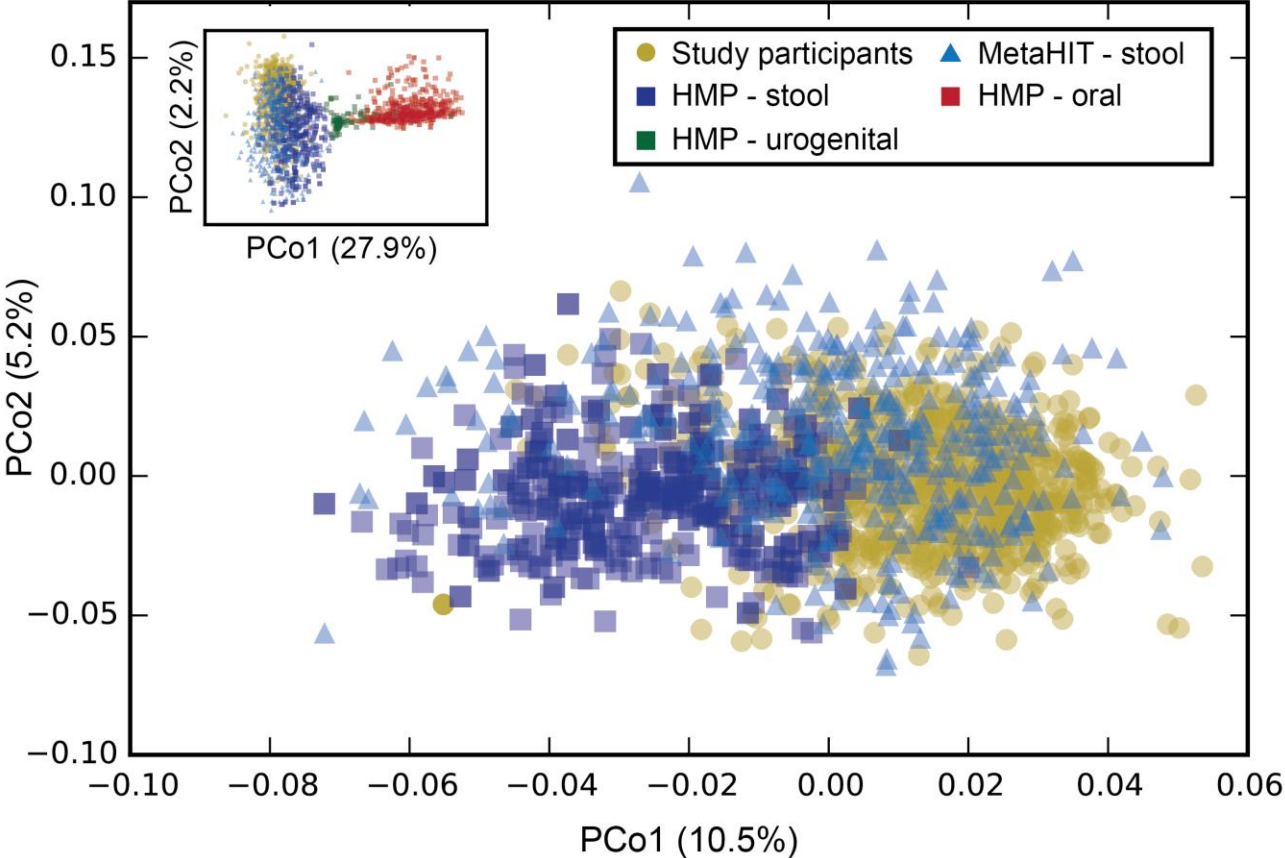


# The Personalized Nutrition Project: Cohort statistics



- 25-70 years of age
- 55% overweight
- 22% obese
- 21% pre-diabetic

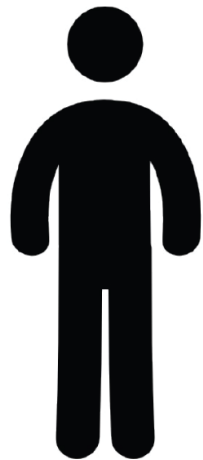
# Cohort bacterial composition comparable to other international cohorts



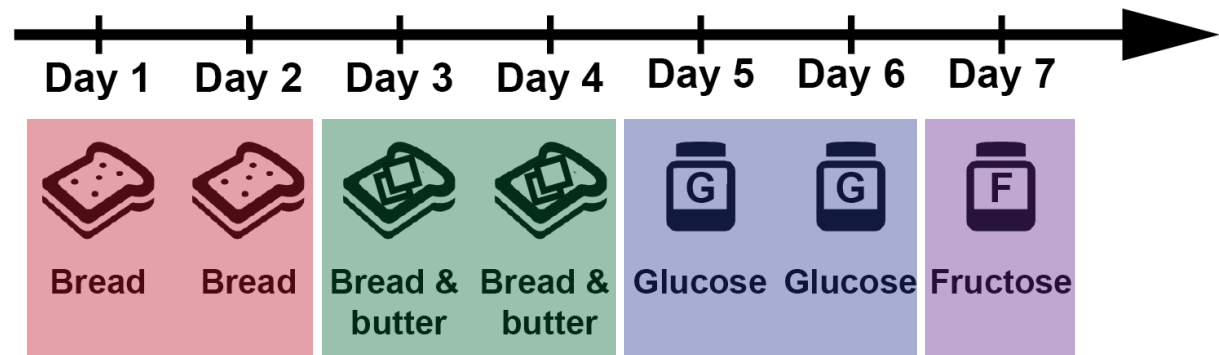
**What is the variability across people in the response to the same food?**

# Testing the cohort response to standardized meals

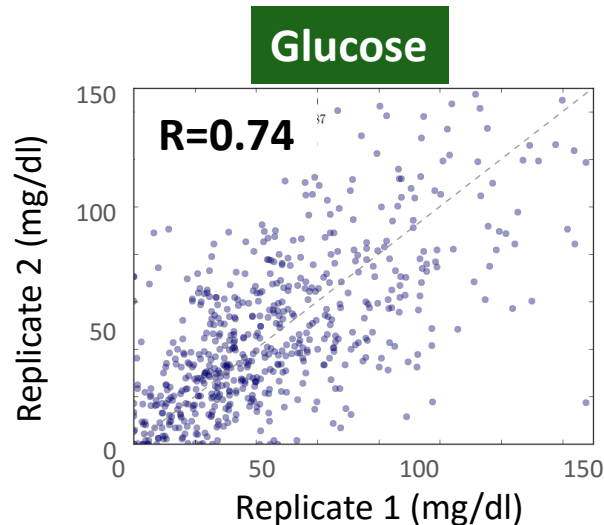
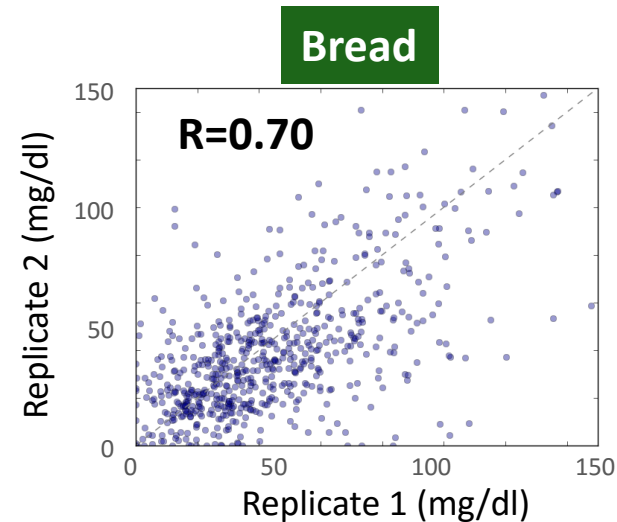
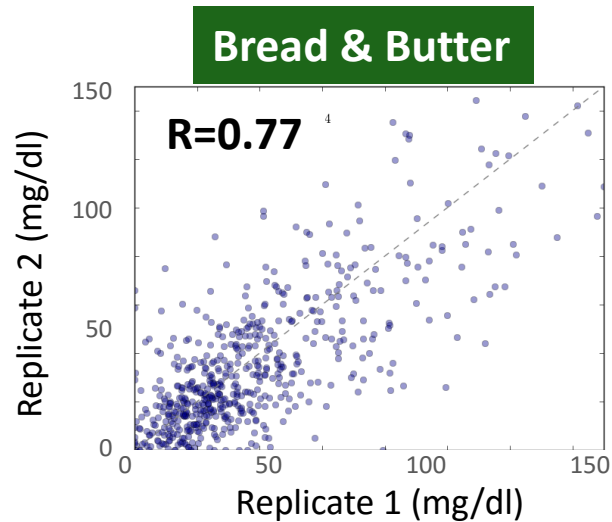
800 x



**Standardized meals** (50g available carbohydrates)

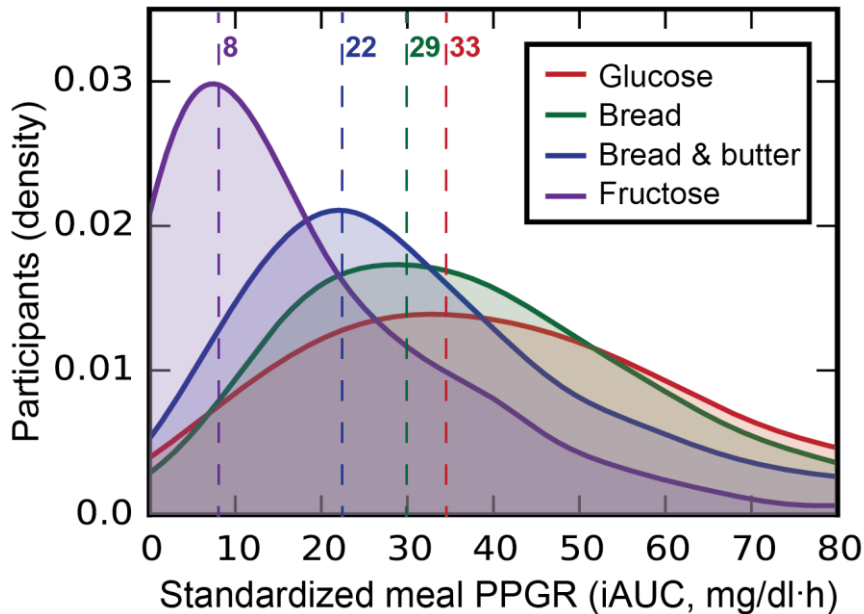


# The same person has a highly similar post-meal response to the same standardized meal across different days

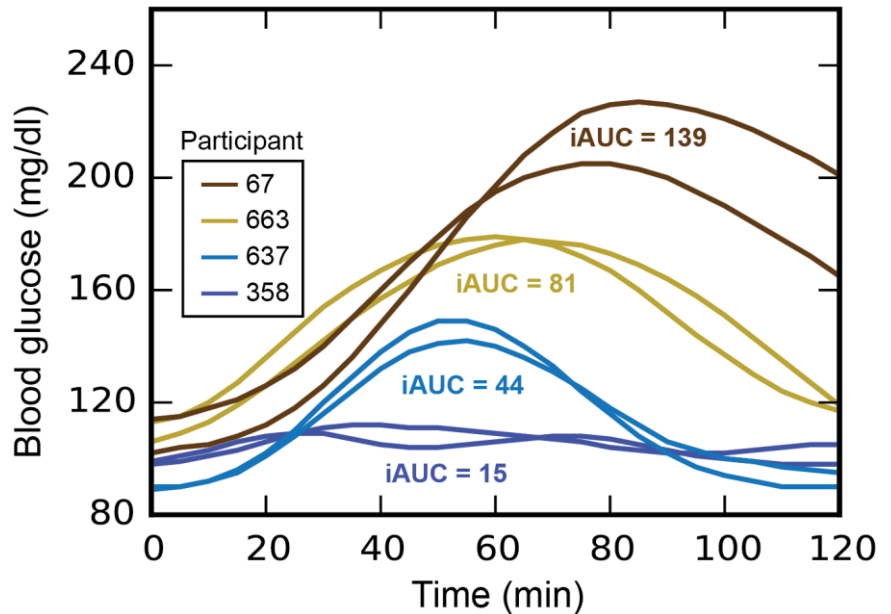


# Different people have widely different post-meal responses to the same standardized meal

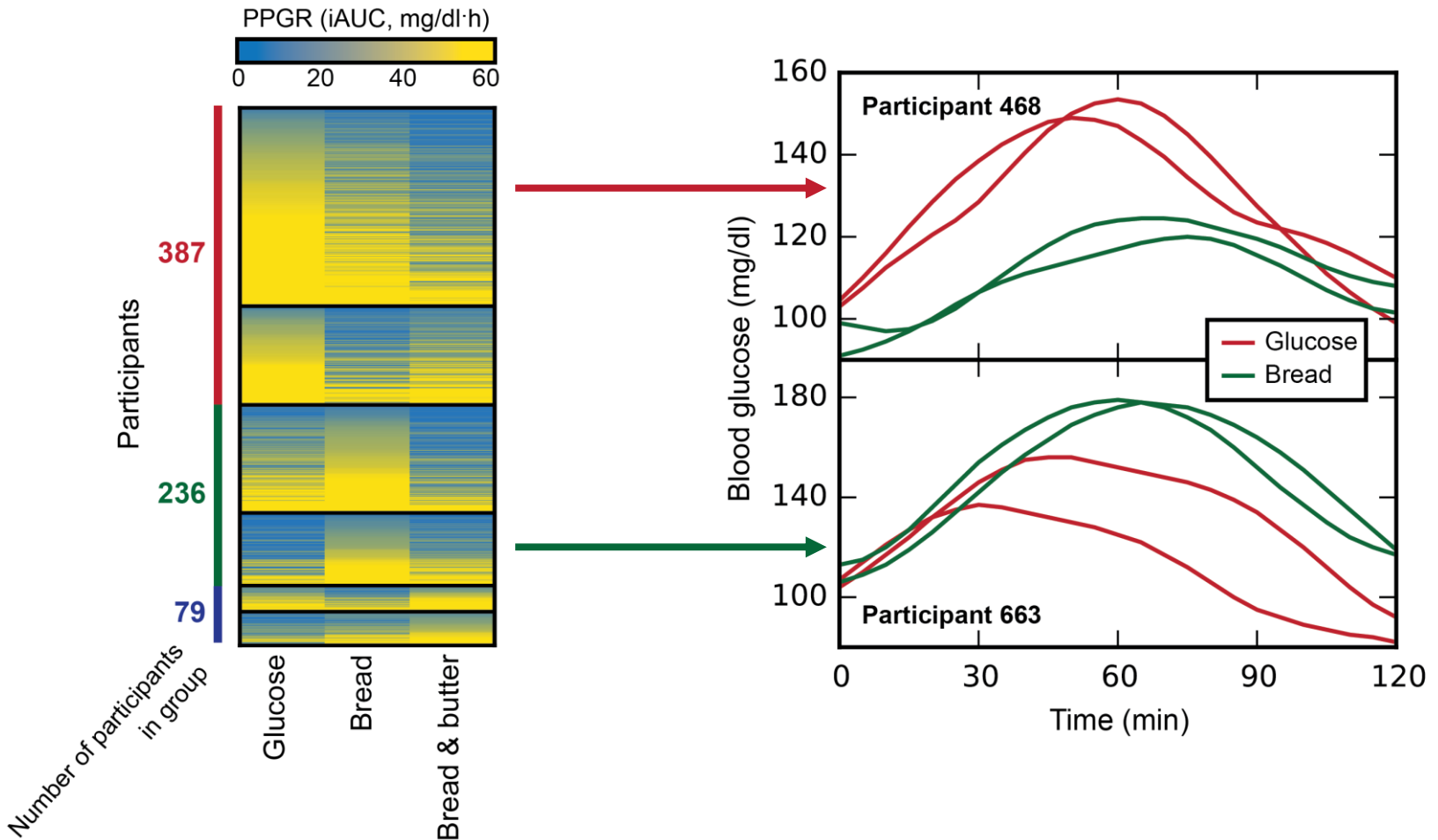
Population Responses to Standardized Meals



Four Individual Responses to Bread

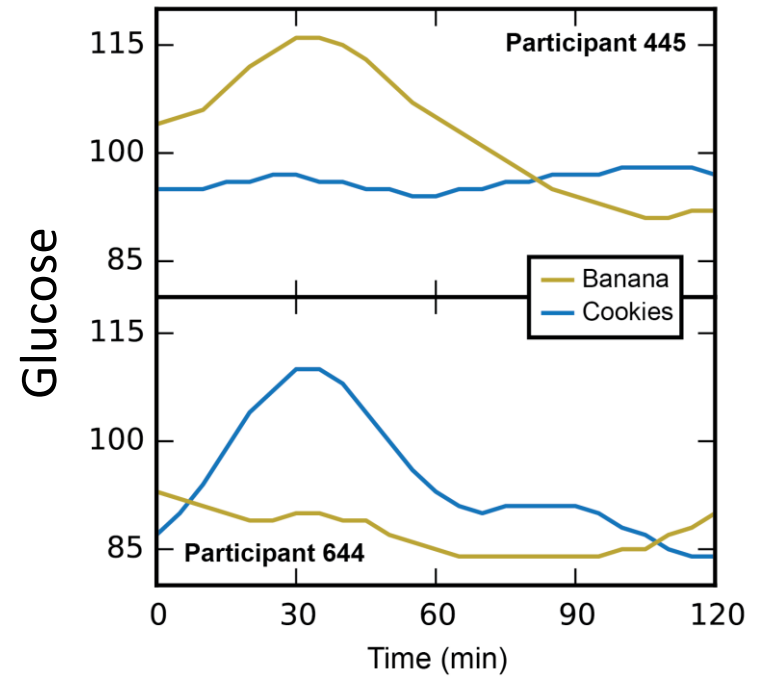
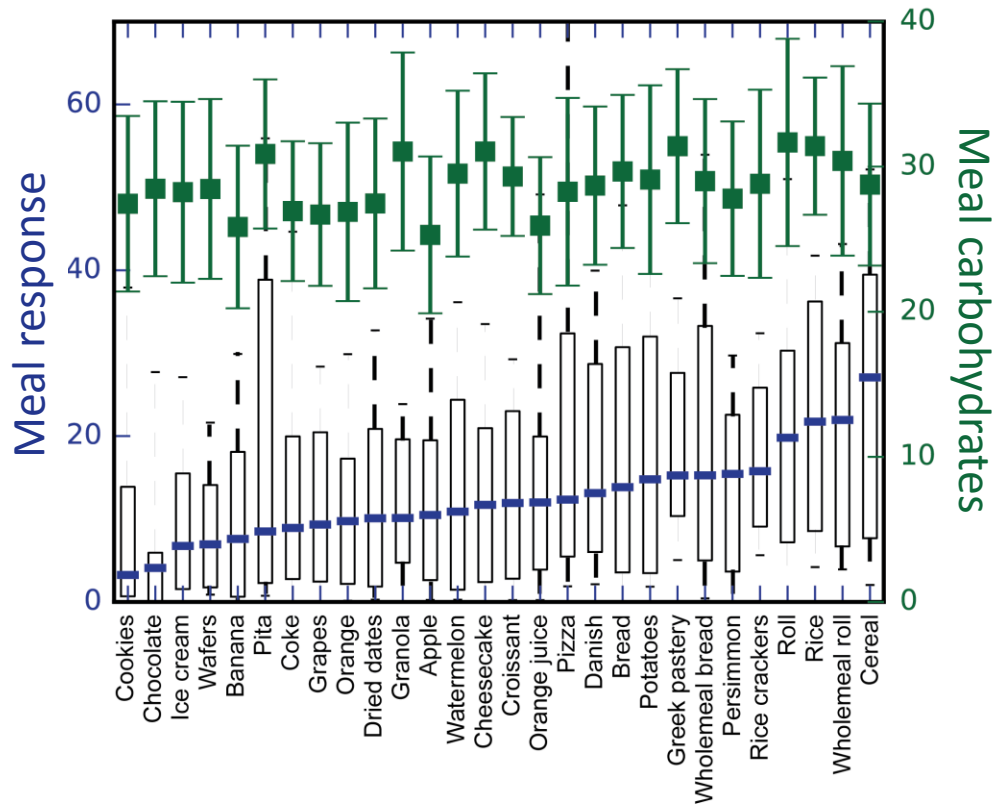


# Different people have opposite responses to different standardized meals

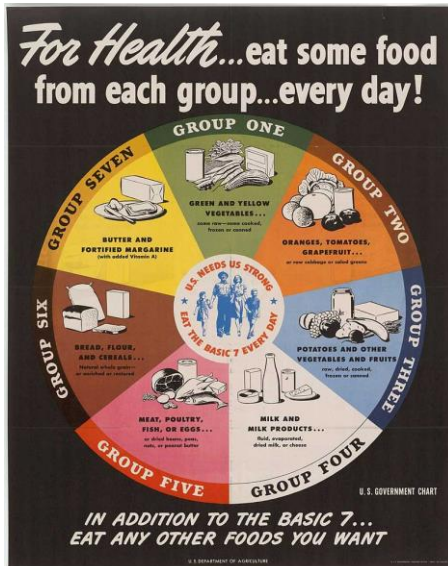




# Different people have widely different post-meal responses to the same real-life meals



# General recommendations in nutrition



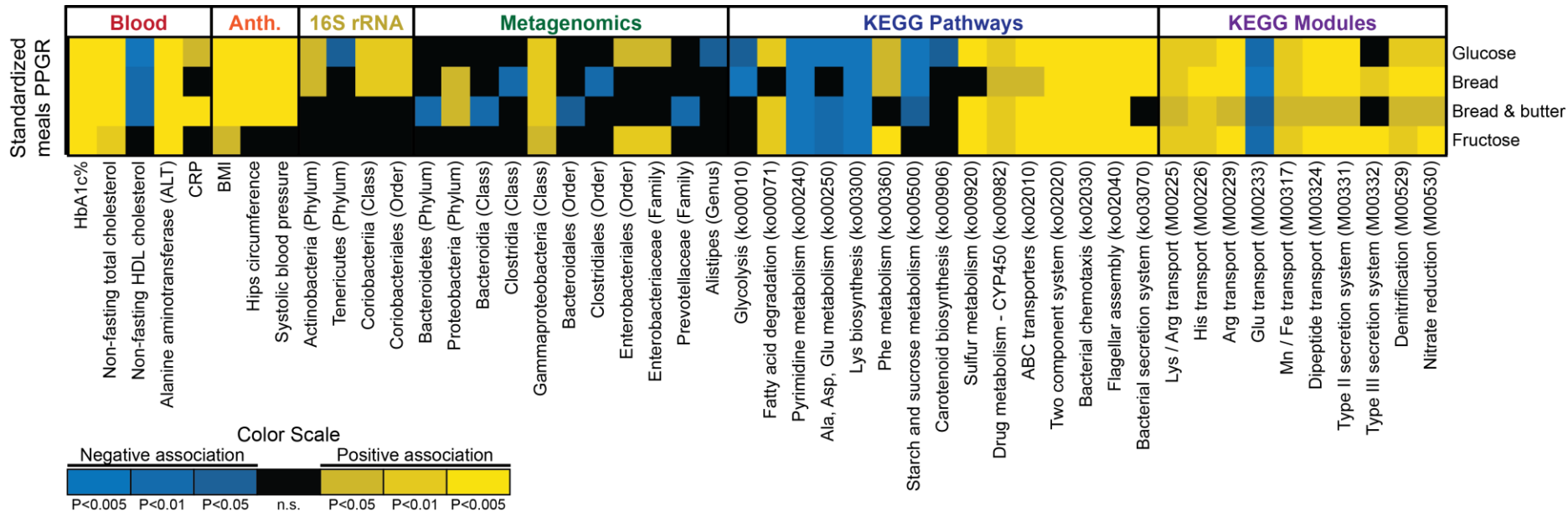
1943

1992

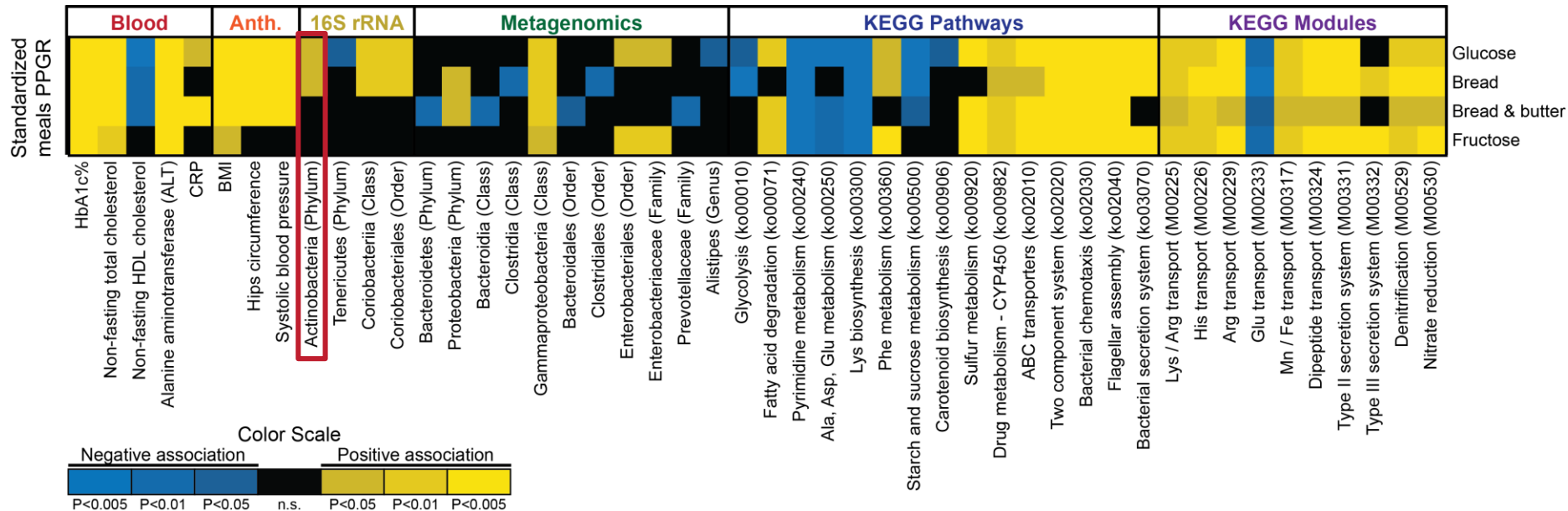
2015

**What explains the variability in  
people's response to the same food?**

# Variability in post-meal glucose response across people associates with microbiota composition and function

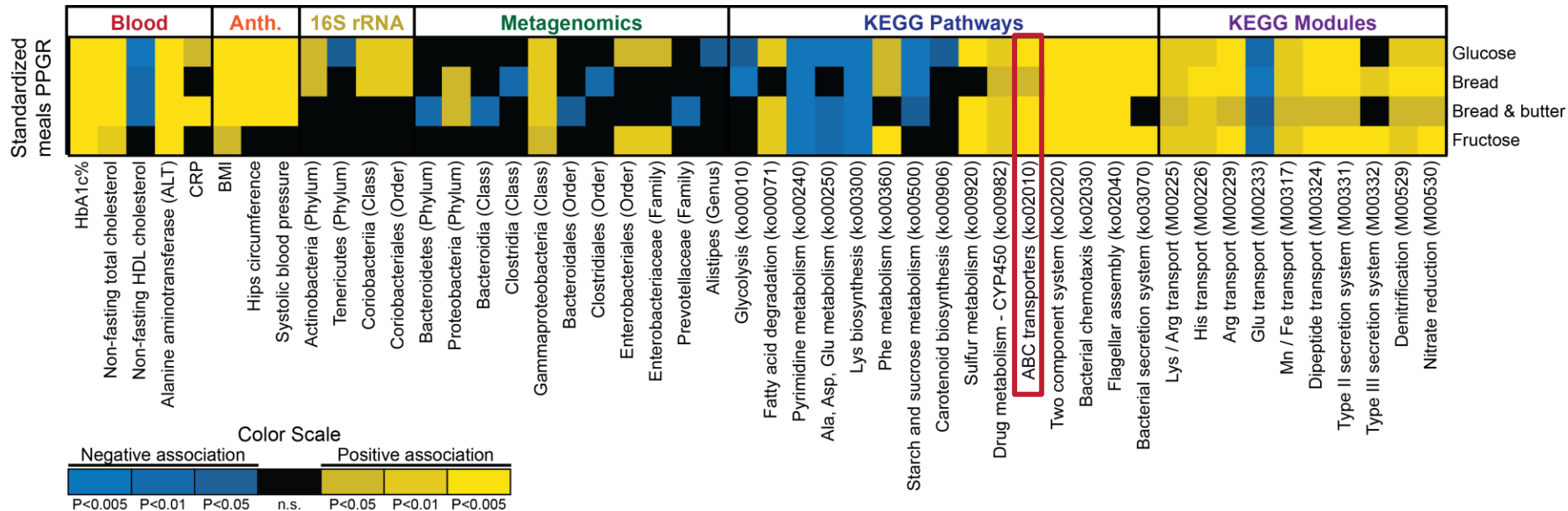


# Variability in post-meal glucose response across people associates with microbiota composition and function



- **Positive association with PPGR to glucose + bread**
  - **High levels associate with a high-fat low-fiber diet**
- (Wu et al., 2011)

# Positive association between ABC transporters and post-meal glucose response to all standardized meals



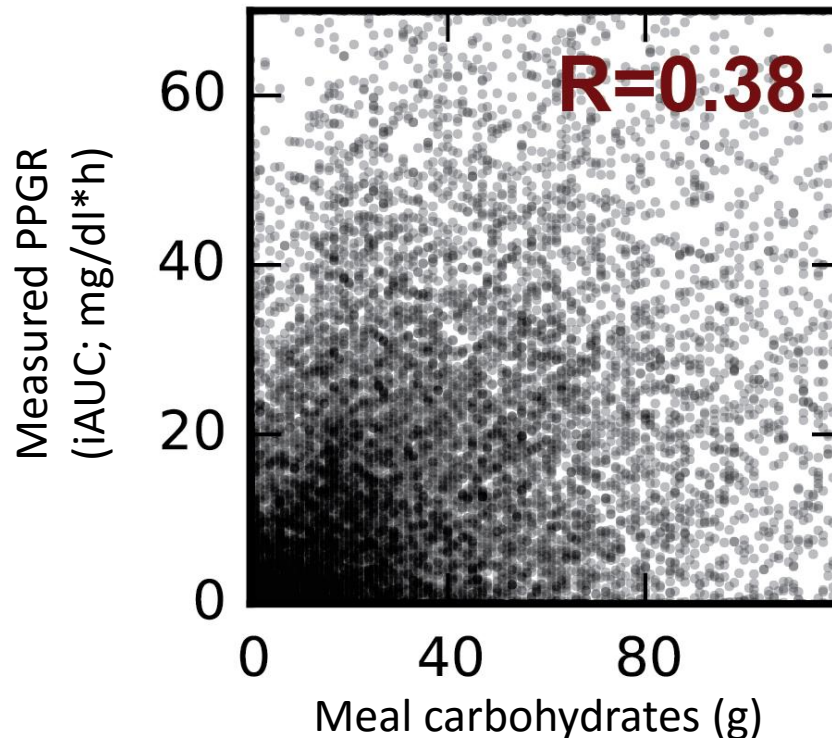
- Positive association with **TIIDM** (Karlsson et al., 2013)
- Positive association with **western high-fat/high-sugar diet** (Turnbaugh et al., 2009)

**Can we predict the personal post-prandial  
glucose response to any complex meal?**

# Meal Carbohydrates: State of the art in predicting post-meal glucose responses

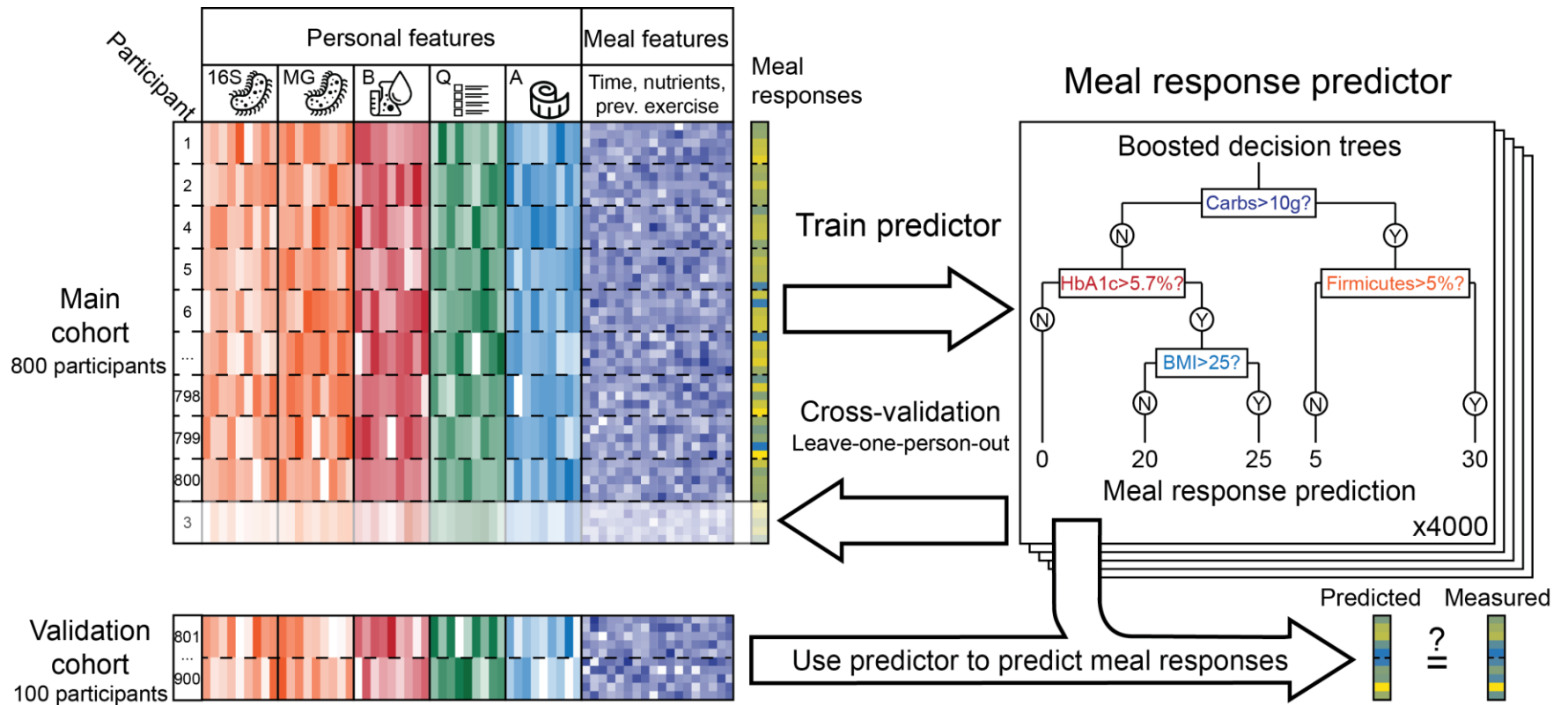
State of the art

Carbohydrate-only prediction

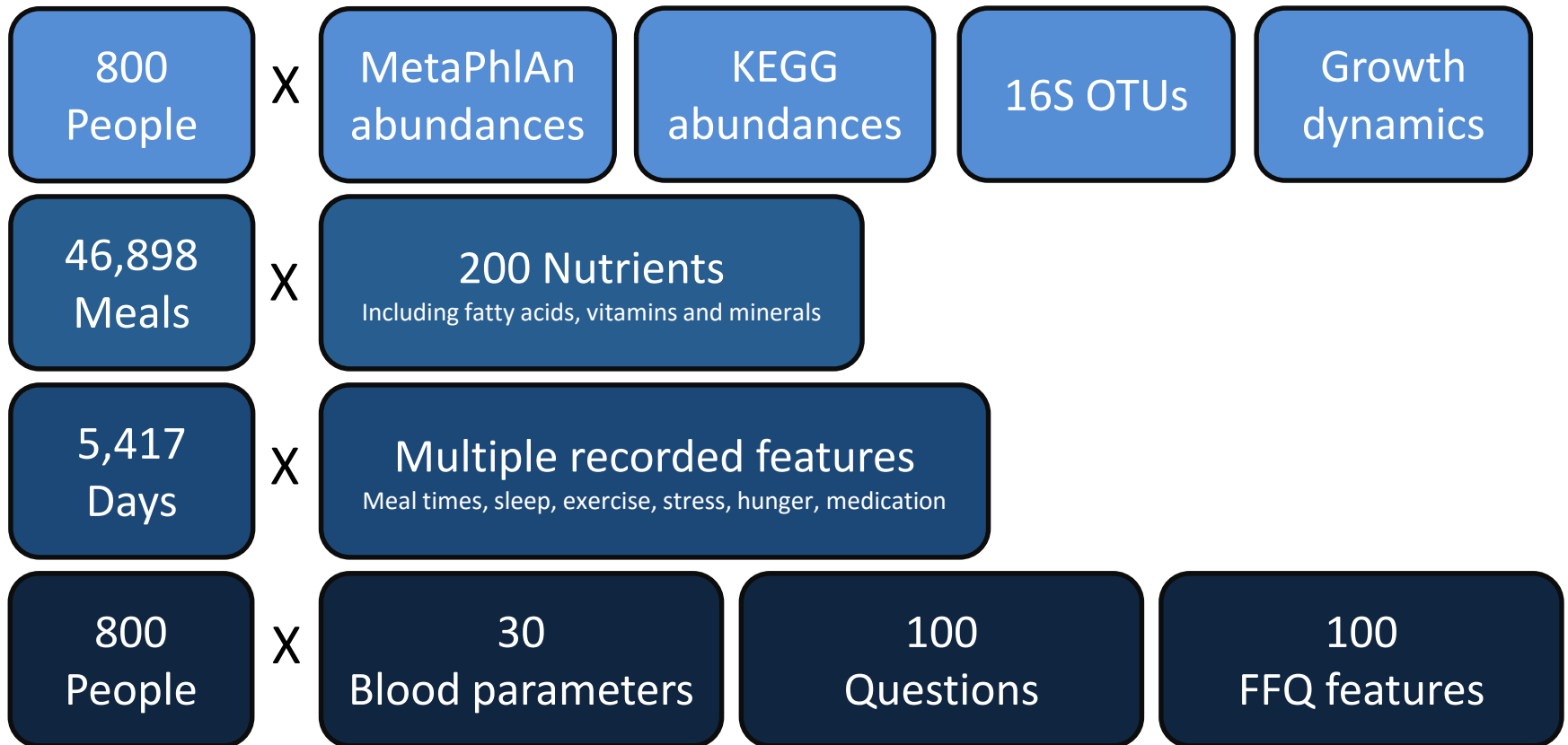




# Prediction scheme



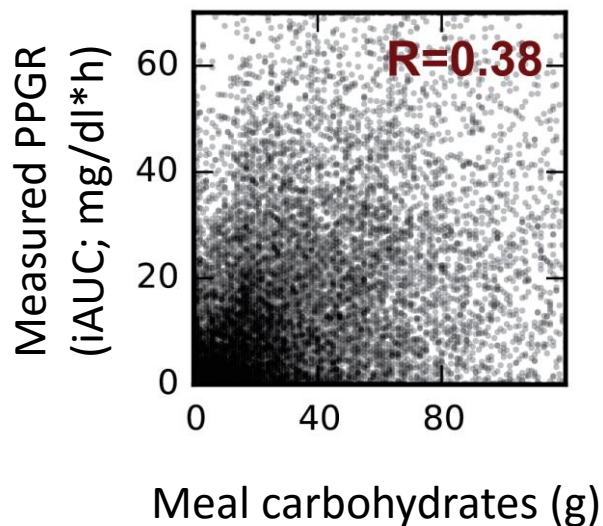
# Model features



# Accurate predictions of personalized glucose responses

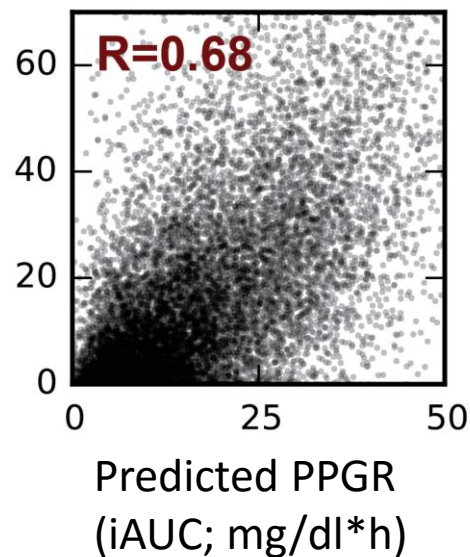
State of the art

Carbohydrate-only prediction



Our prediction  
800 participants

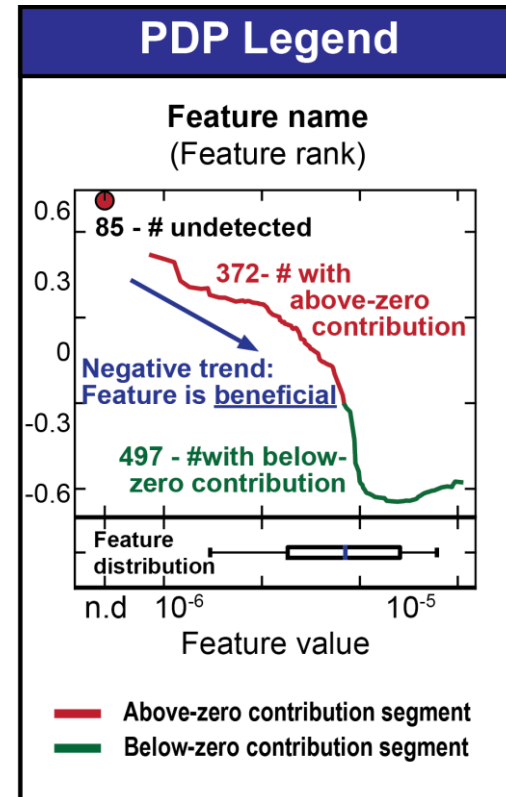
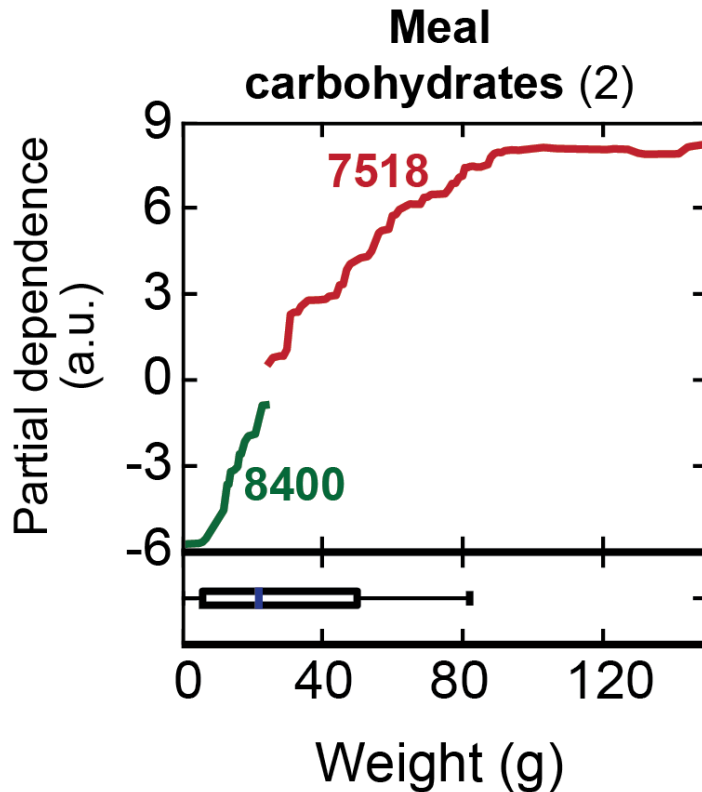
Main cohort prediction  
(cross-validation)



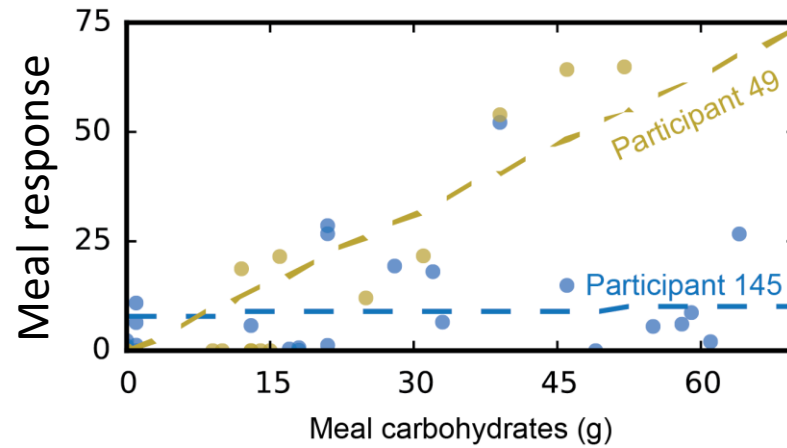
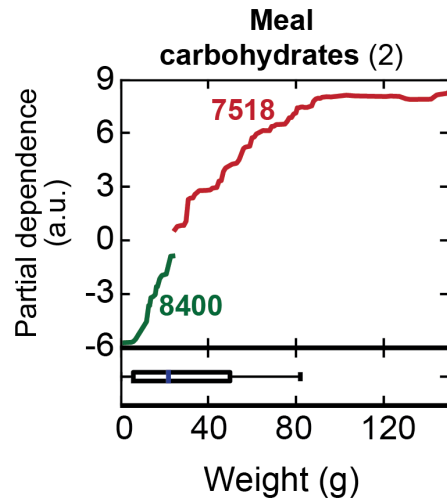
Prediction validation  
100 participants

Predicted PPGR  
(iAUC; mg/dl\*h)

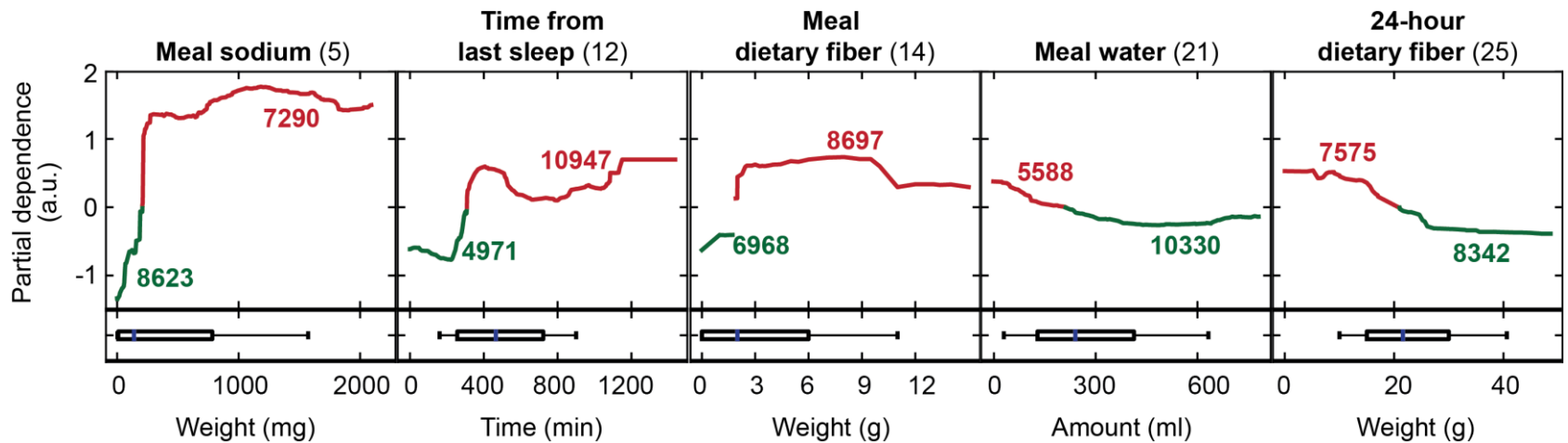
# Features contributing to prediction



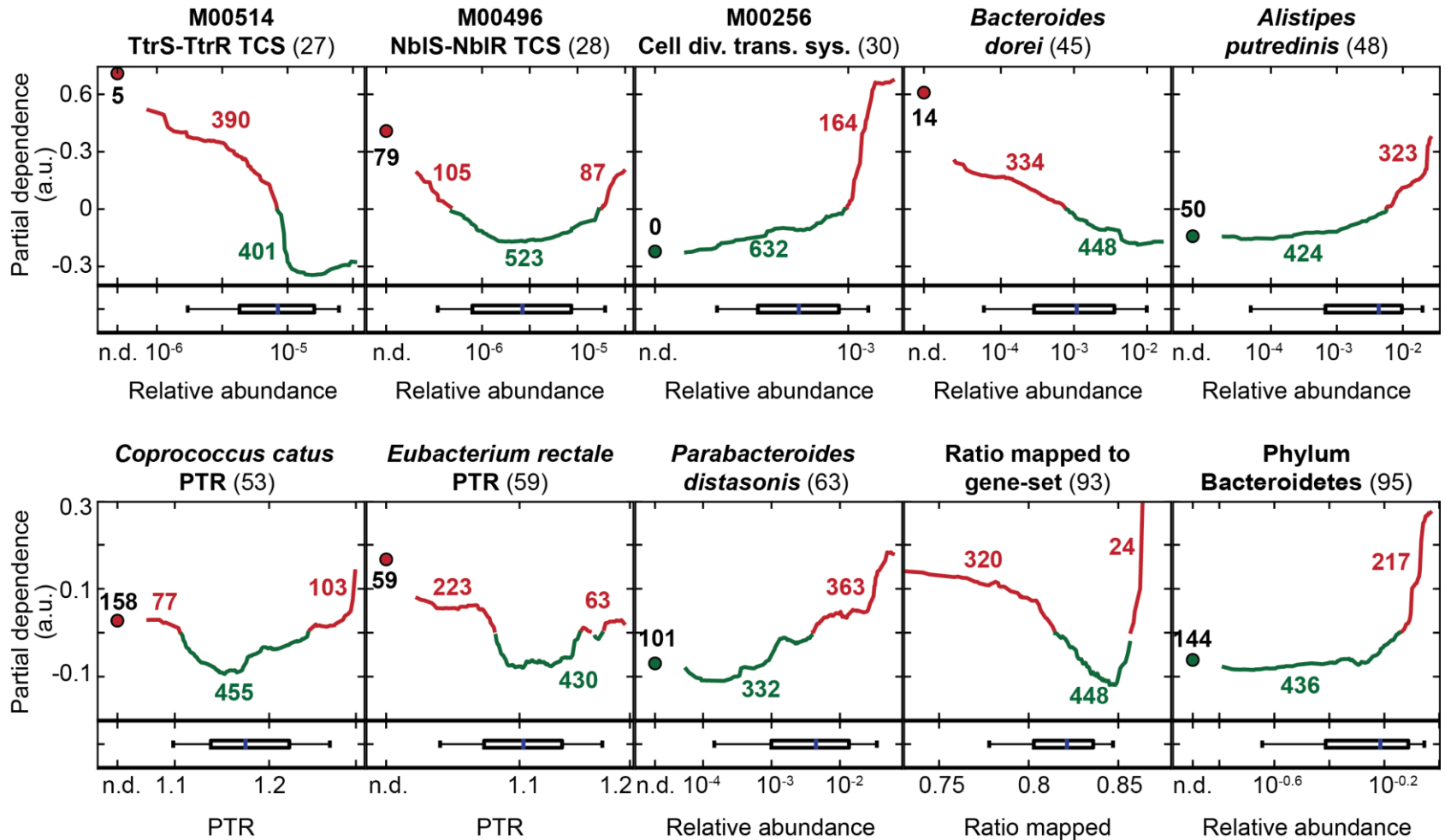
# Features contributing to prediction



# Features contributing to prediction



# Features contributing to prediction



**Can personally tailored dietary interventions  
improve post-prandial glucose responses?**



# Constructing personally tailored diets that achieve normal post-prandial glucose responses

One week profiling  
(26 participants)

Dietitian prescribed meals

Day	1	2	3	4	5	6
Breakfast	B <sub>1</sub>	B <sub>2</sub>	B <sub>3</sub>	B <sub>4</sub>	B <sub>5</sub>	B <sub>6</sub>
Lunch	L <sub>1</sub>	L <sub>2</sub>	L <sub>3</sub>	L <sub>4</sub>	L <sub>5</sub>	L <sub>6</sub>
Snack	S <sub>1</sub>	S <sub>2</sub>	S <sub>3</sub>	S <sub>4</sub>	S <sub>5</sub>	S <sub>6</sub>
Dinner	D <sub>1</sub>	D <sub>2</sub>	D <sub>3</sub>	D <sub>4</sub>	D <sub>5</sub>	D <sub>6</sub>

Personal features



Color-coded response  
(blue - low; yellow - high)

L<sub>6</sub> - Text meal identifier

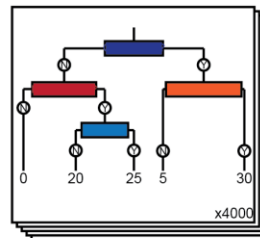
Choose meals for dietary intervention weeks

Expert-based



14 participants  
(E1, E2, ..., E14)

Predictor-based



12 participants  
(P1, P2, ..., P12)

Find best and worst meals for each row

'Good' diet

B <sub>4</sub>	L <sub>2</sub>	S <sub>5</sub>	D <sub>2</sub>
B <sub>6</sub>	L <sub>5</sub>	S <sub>6</sub>	D <sub>3</sub>

'Bad' diet

B <sub>1</sub>	L <sub>3</sub>	S <sub>1</sub>	D <sub>1</sub>
B <sub>2</sub>	L <sub>6</sub>	S <sub>2</sub>	D <sub>5</sub>

'Good' diet

B <sub>4</sub>	L <sub>4</sub>	S <sub>5</sub>	D <sub>2</sub>
B <sub>5</sub>	L <sub>5</sub>	S <sub>6</sub>	D <sub>4</sub>

'Bad' diet

B <sub>1</sub>	L <sub>1</sub>	S <sub>1</sub>	D <sub>1</sub>
B <sub>3</sub>	L <sub>6</sub>	S <sub>2</sub>	D <sub>6</sub>

# Can you distinguish between the good and bad menus?



**“Bad”  
Diet** / **“Good”  
Diet** ?

**“Bad”  
Diet** / **“Good”  
Diet** ?

Breakfast



Muesli



Egg with  
bread and  
coffee

Lunch



Sushi



Hummus  
and pita

Snack



Marzipan



Edamame

Dinner



Corn and  
nuts



Vegetable  
noodles  
with tofu

Night snack



Toblerone  
and coffee



Ice cream

# Can you distinguish between the good and bad menus?



## Bad Diet

## Good Diet

Breakfast



Muesli



Egg with  
bread and  
coffee

Lunch



Sushi



Hummus  
and pita

Snack



Marzipan



Edamame

Dinner



Corn and  
nuts



Vegetable  
noodles  
with tofu

Night snack

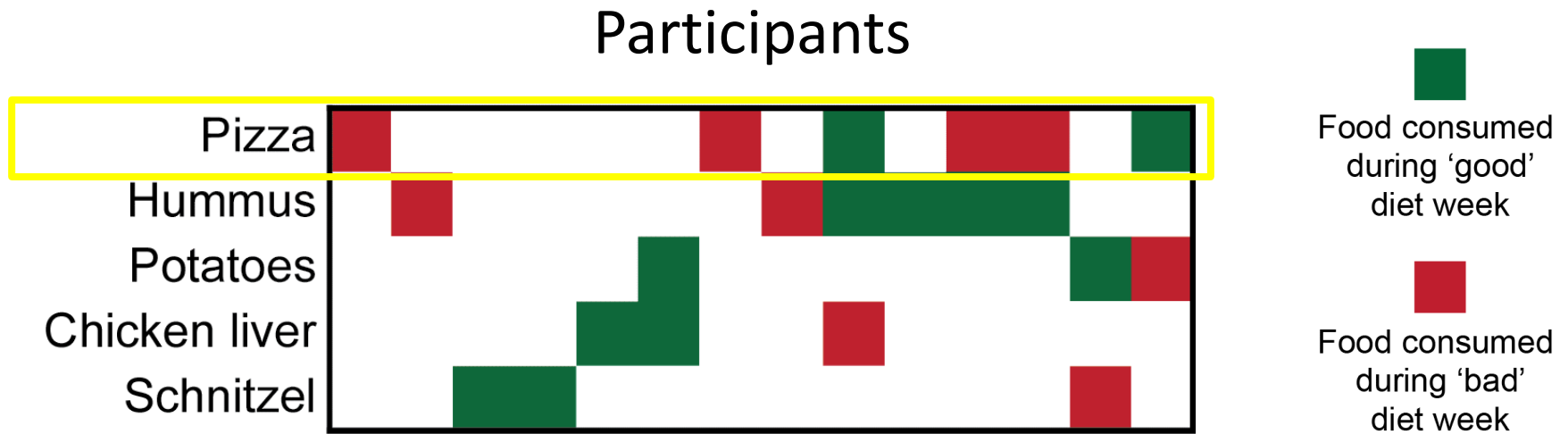


Toblerone  
and coffee

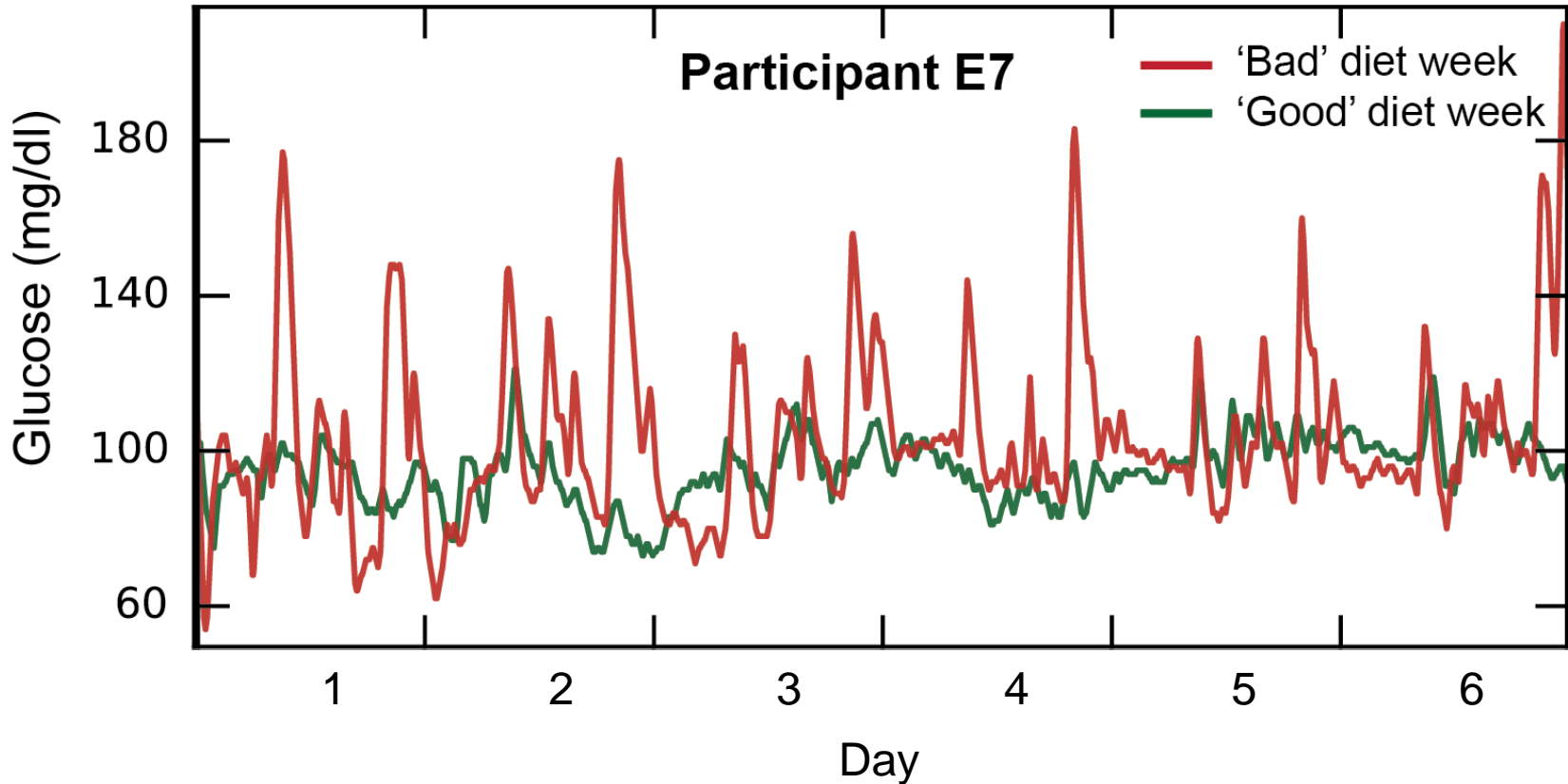


Ice cream

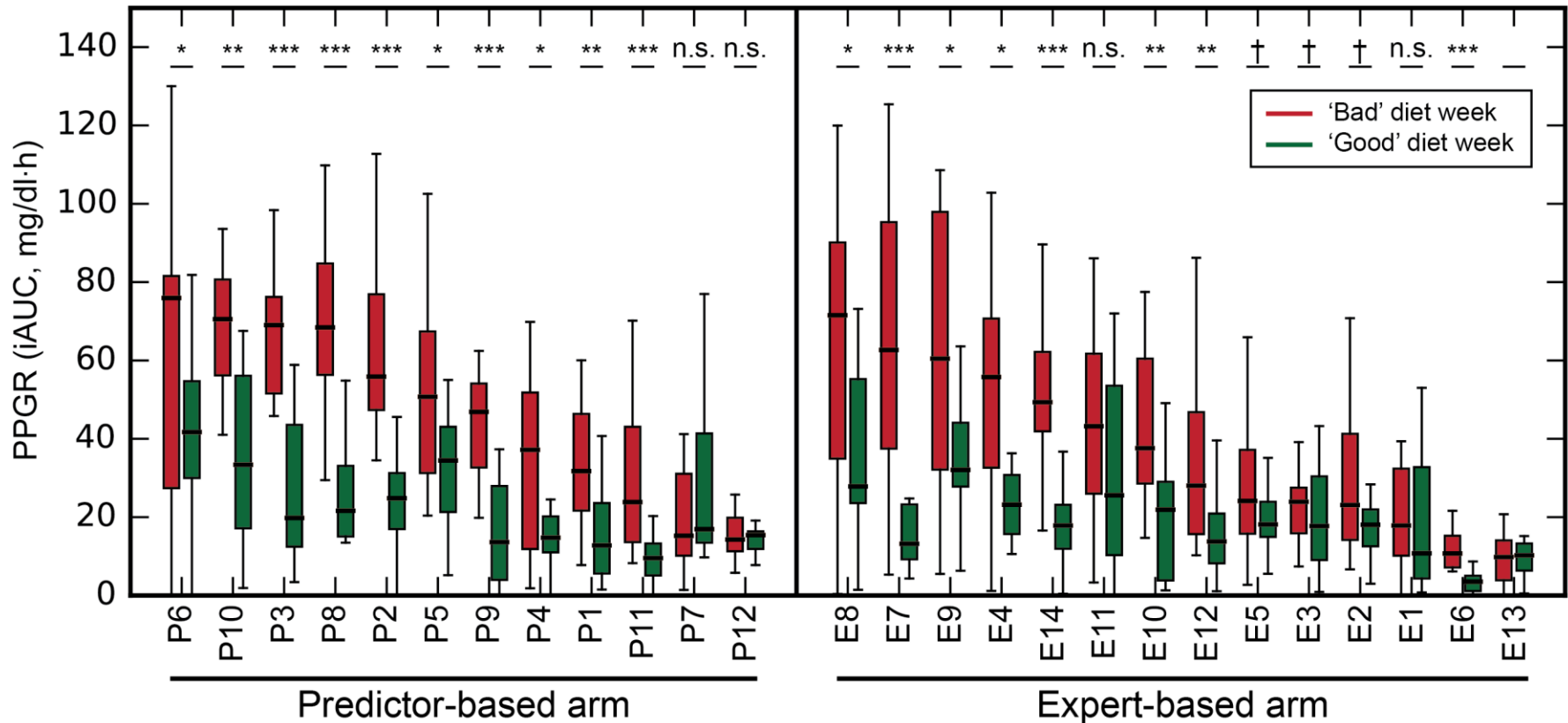
# A 'good' meal for one person can be a 'bad' meal for another



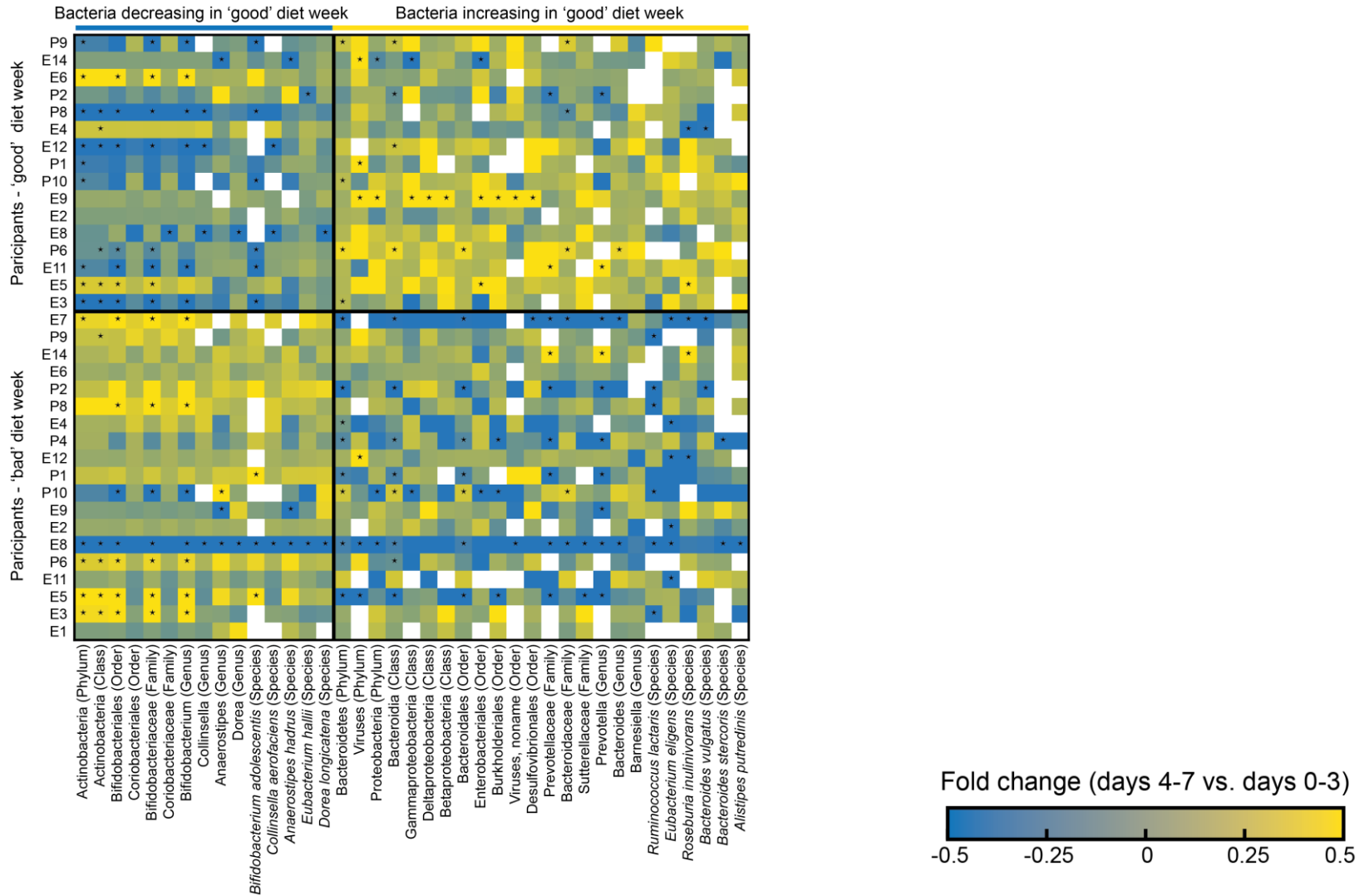
# Personally tailored diets reduce the post-prandial glucose response



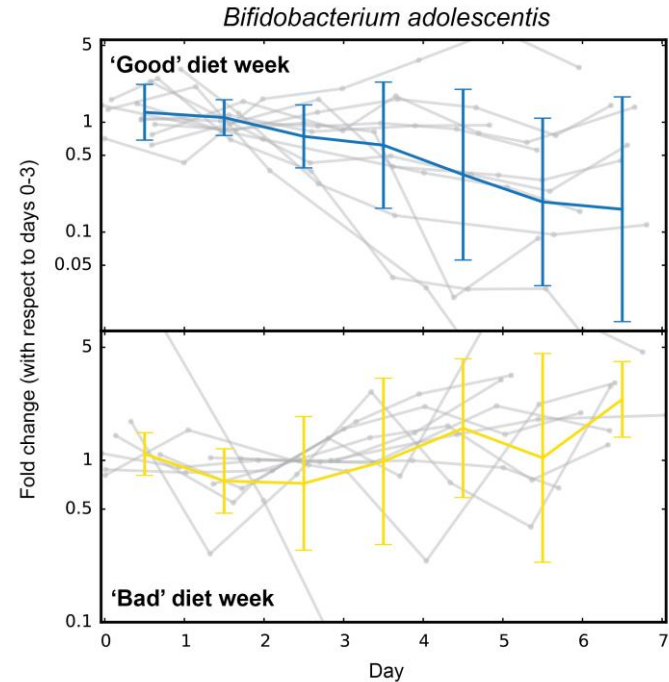
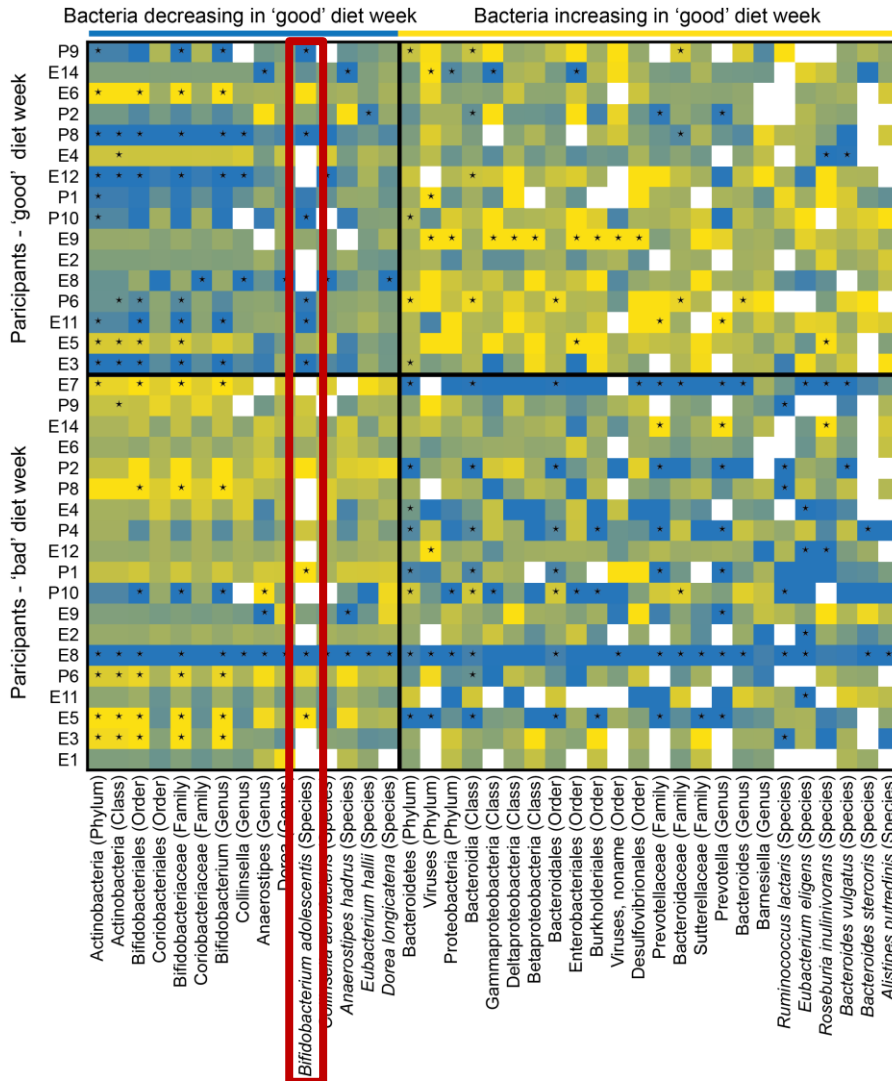
# Personally tailored diets improve post-meal responses



# Dietary interventions targeting post-meal glucose responses induce consistent changes in microbiota



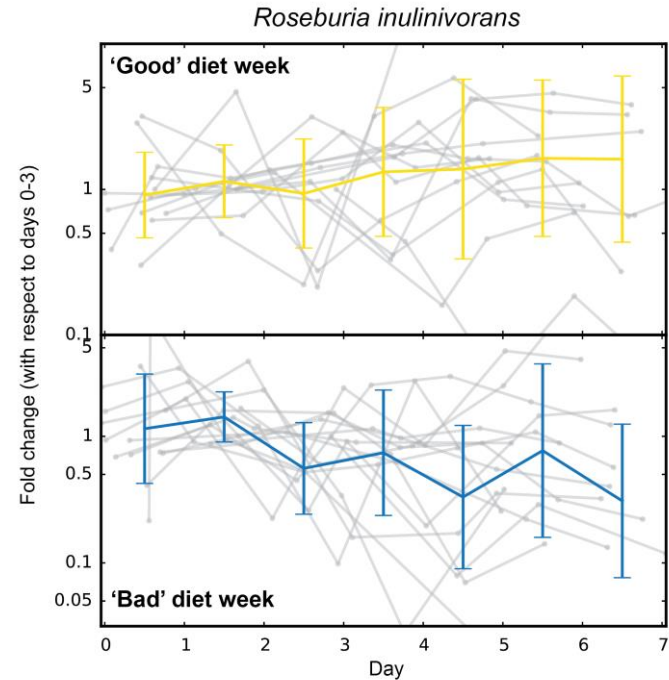
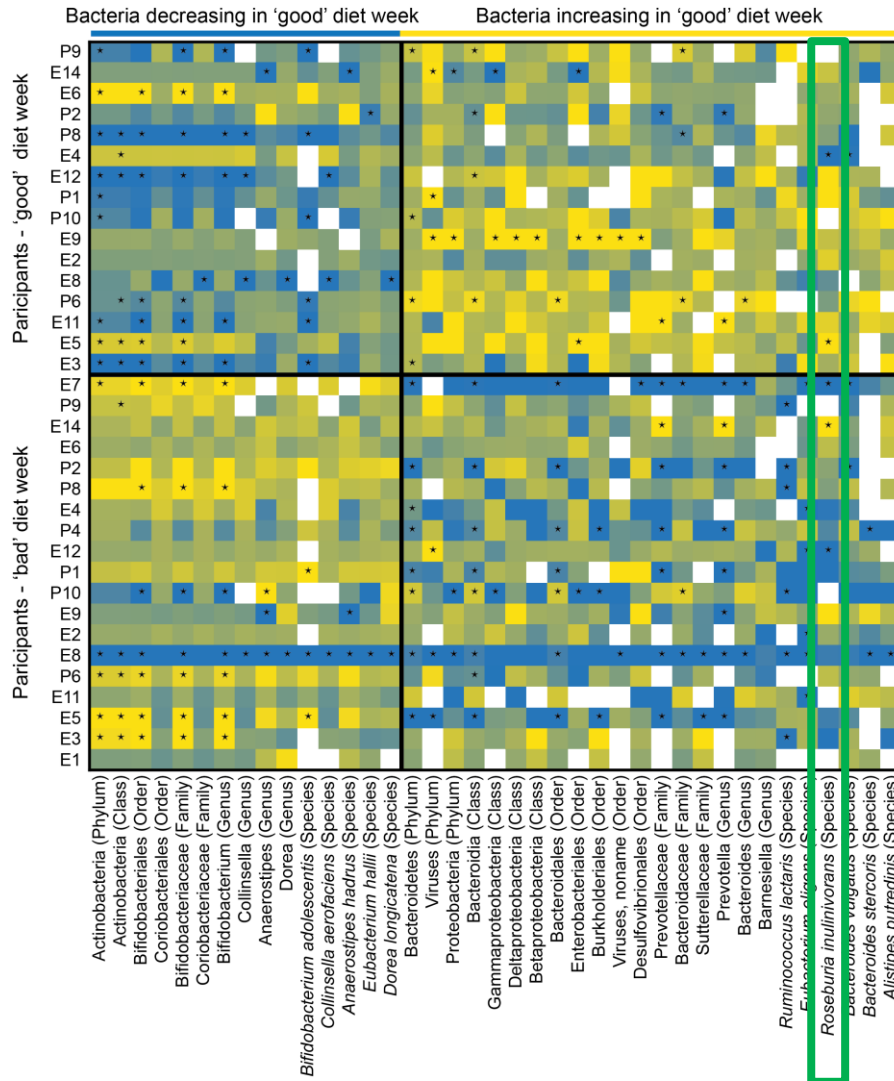
# Dietary interventions targeting post-prandial glucose responses induce consistent changes in microbiota



- *Bifidobacterium adolescentis* decreases during 'good' week.
- Low levels associated with greater weight loss (Santacruz et al., 2009)



# Dietary interventions targeting post-meal glucose responses induce consistent changes in microbiota



- *Roseburia inulinivorans* increases following the 'good' diet week
- Low levels associate with T1DM (Qin et al., 2012)

# Summary

- **Artificial sweeteners induce glucose intolerance** driven by gut microbial changes
- **High interpersonal variability** in post-meal glucose observed in an 800-person cohort
- Using personal and microbiome features enables **accurate glucose response prediction**
- Short-term personalized dietary interventions **successfully lower post-meal glucose**



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The Personalized  
Nutrition Project