

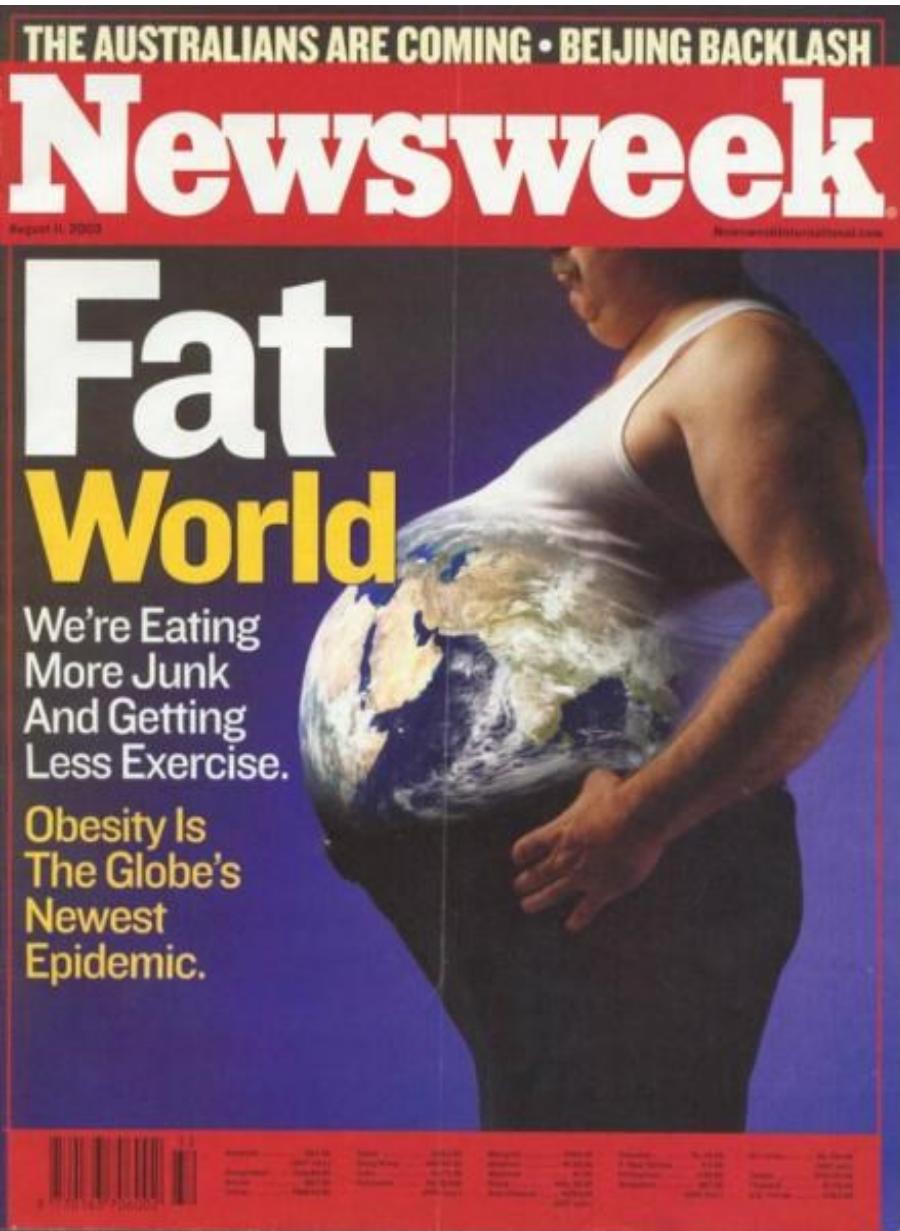
Sjømat og helse konferansen, Bergen, September 14-15, 2016

Kan (mager) sjømat beskytte mot fedme og diabetes?

Bjørn Liaset

Nasjonalt institutt for ernærings- og
sjømatforskning(NIFES)

Bergen, Norway



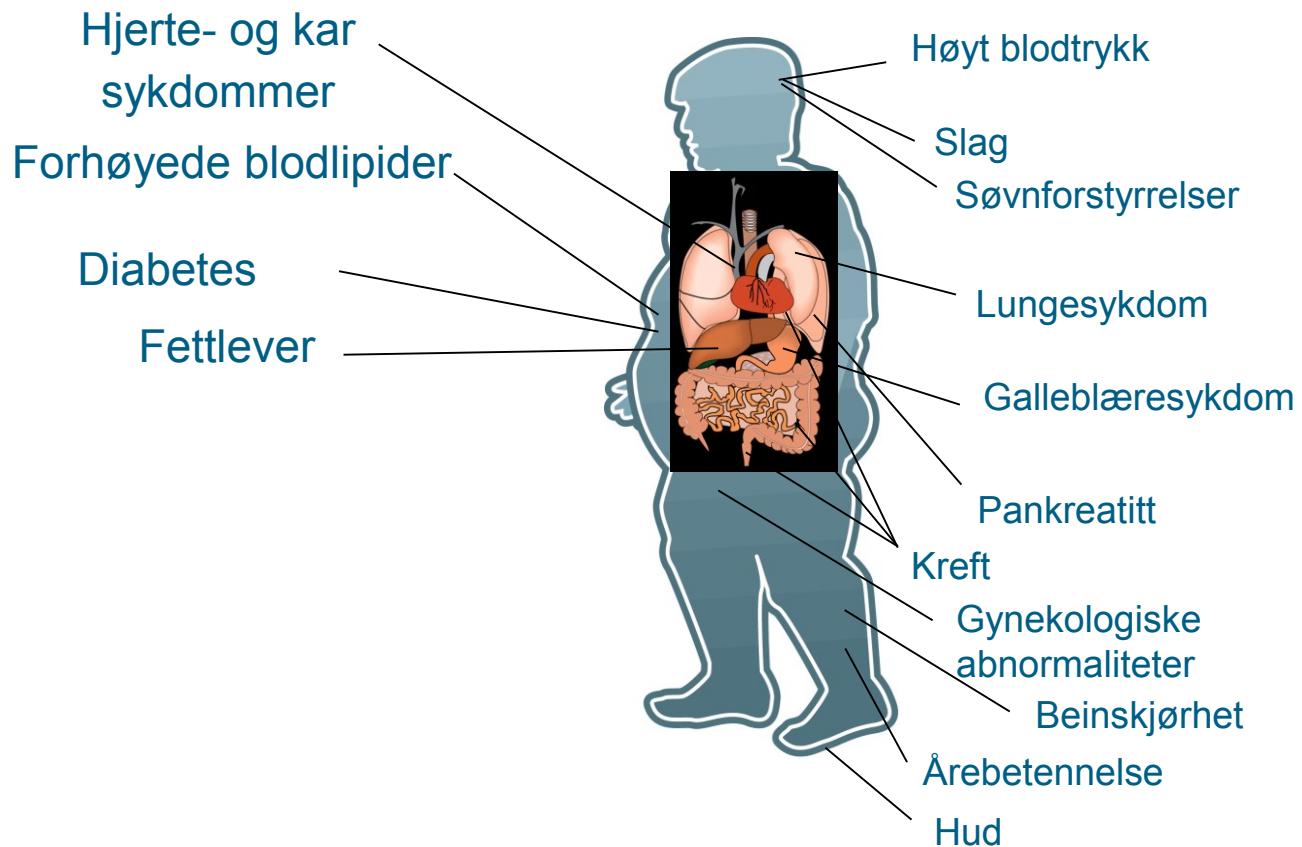
Undervekt

Overvekt

Overvekt og fedme medfører økt risiko for: N I F E S



World Health Organization



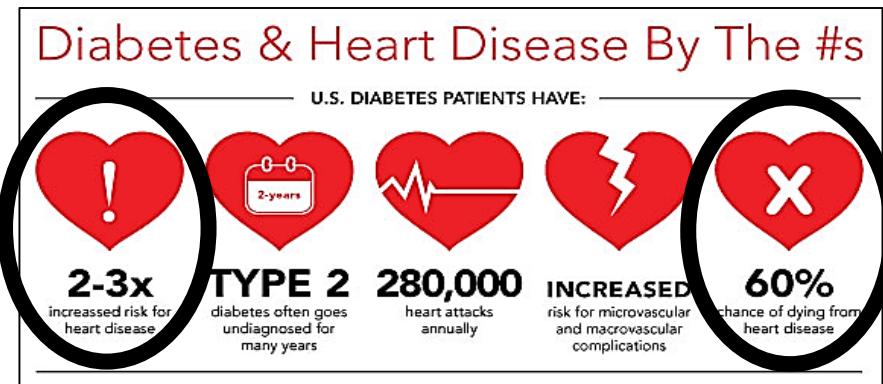
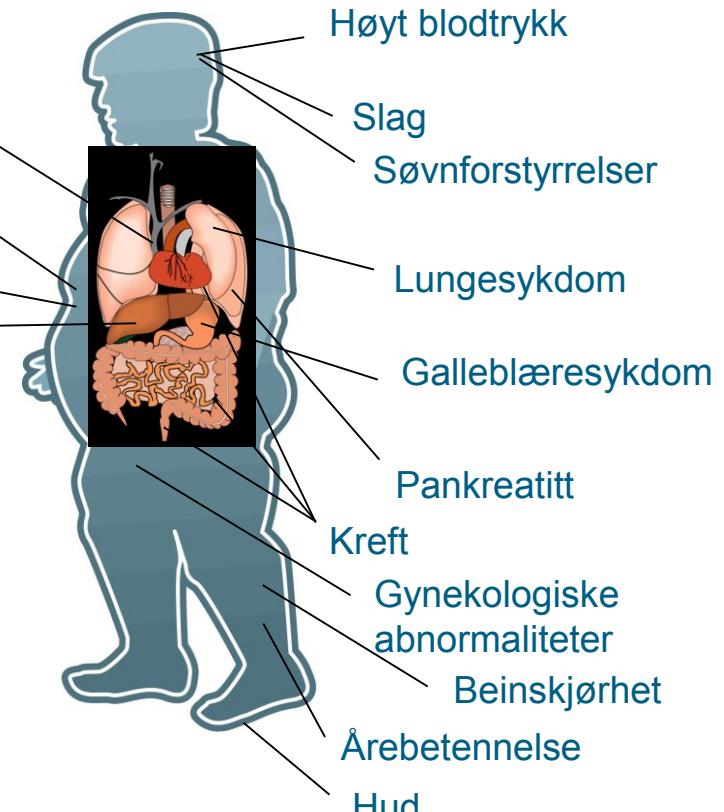
Overvekt og fedme medfører økt risiko for: N I F E S



World Health Organization

- Hjerte- og kar-sjuke (1)
- Forhøyede blodlipider
- Diabetes (9)
- Fettlever

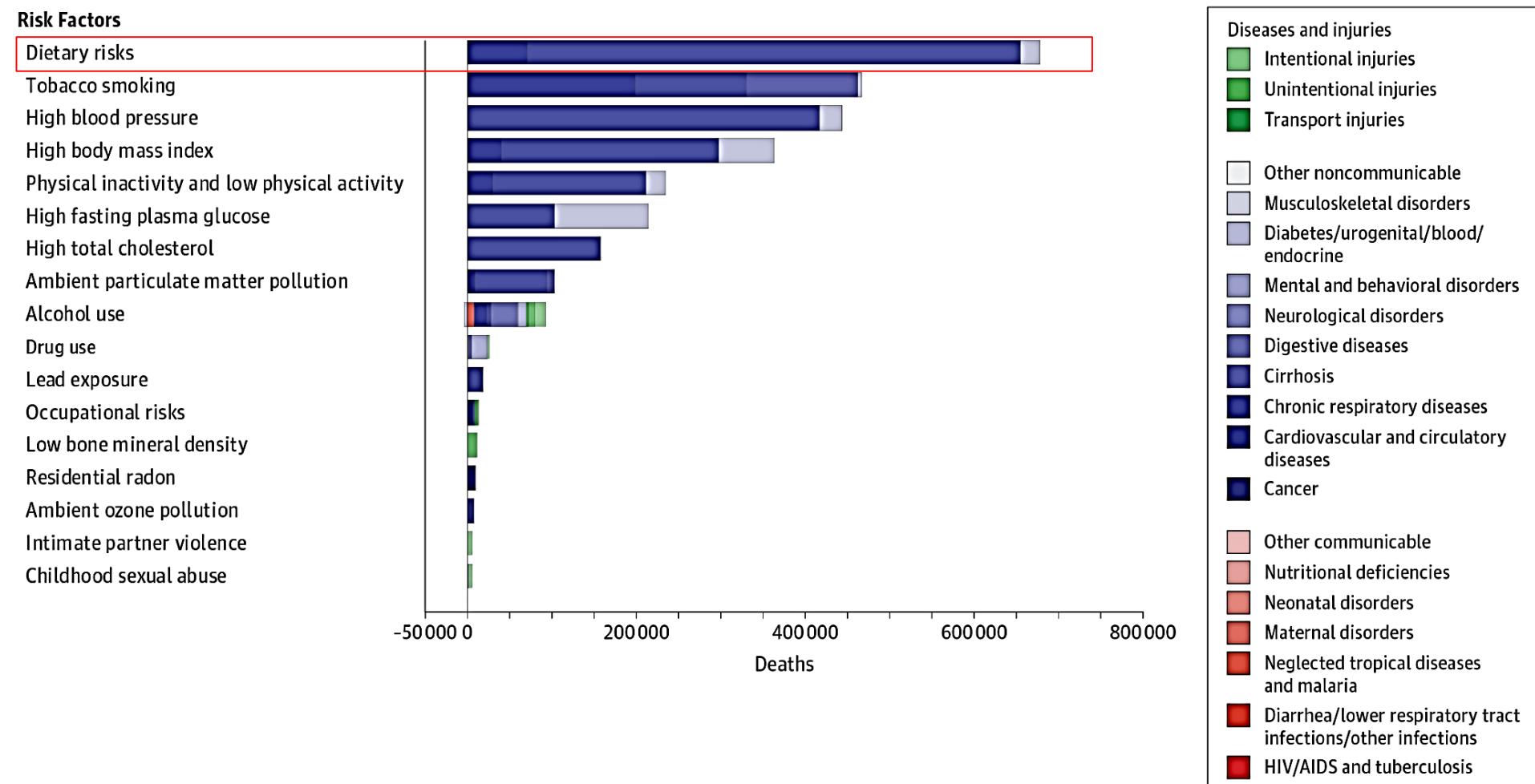
Lozano R, 2012 Lancet



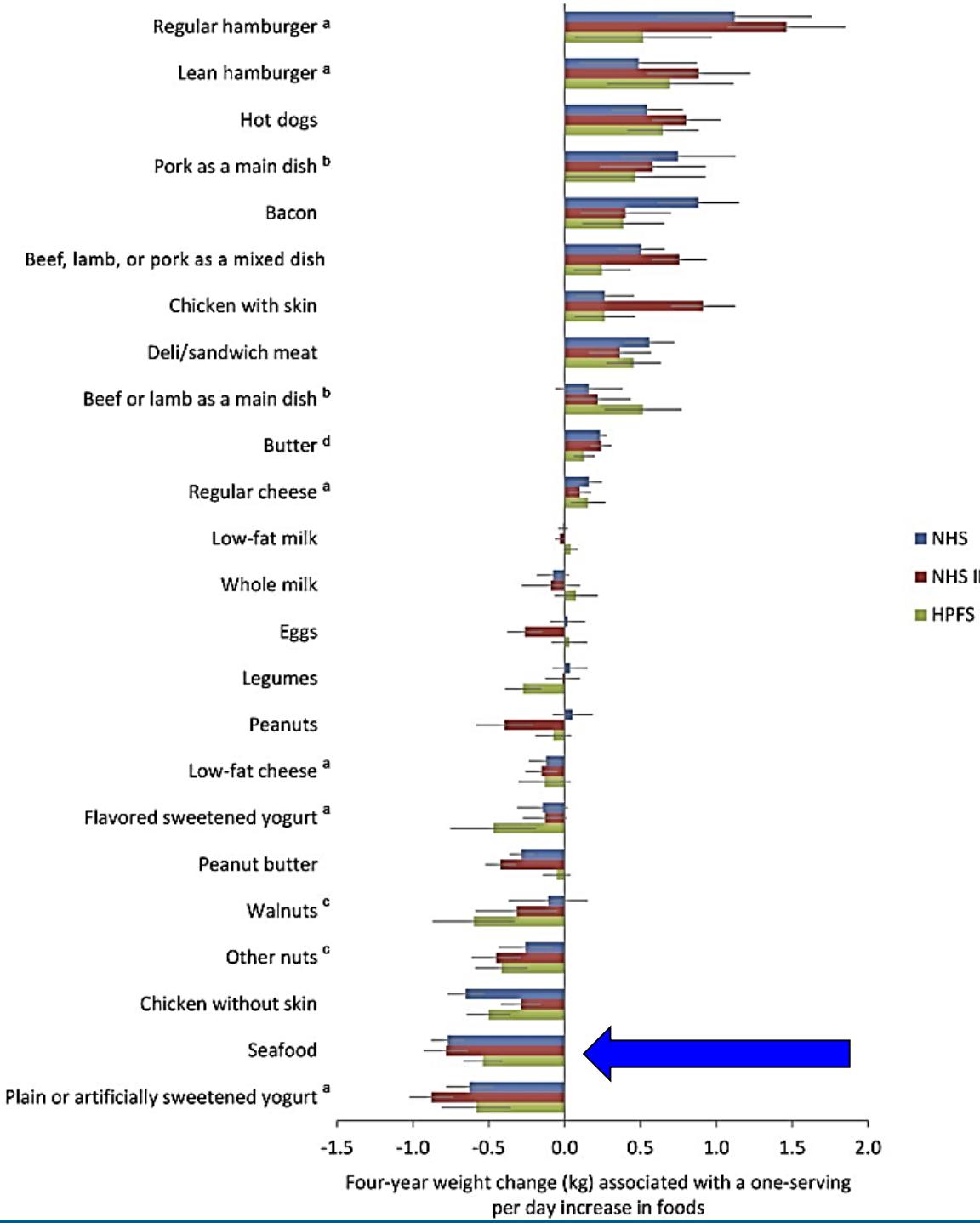
Korleis påverkar ulike typar diett utvikling av fedme og risikofaktorar for diabetes og hjarte- og karsjuke?

The State of U.S. health, 2010

N I F E S



Dietet er den leiande enkeltfaktor for dårleg helse i USA – dette gjeld også globalt



3 separate US prospective cohort studies based on 16 to 24 years of follow-up for:

- 46,994 women in the NHS,
- 47,928 women in the NHS II,
- 25,862 men in the HPFS.

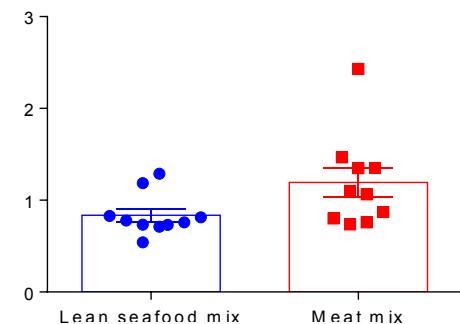
Vil vi sjå same utvikling i fedme i intervensionsstudier med sjømat vs kjøt ?

Smith JD, 2015 Am J Clin Nutr
Mozaffarian D, 2016 Circulation

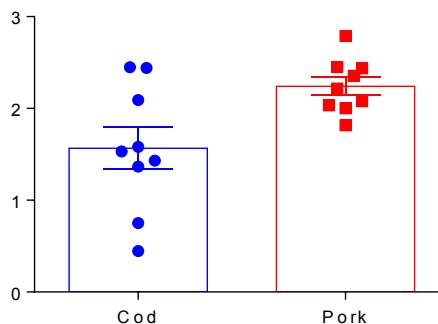
Musestudier med mager sjømat og fedme

N I F E S

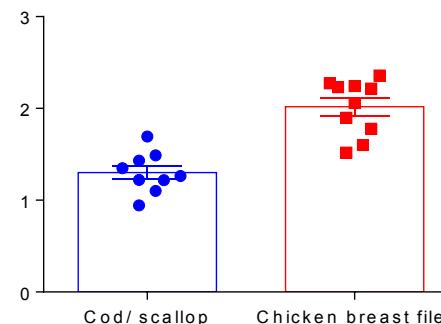
Adipose tissue mass (g)



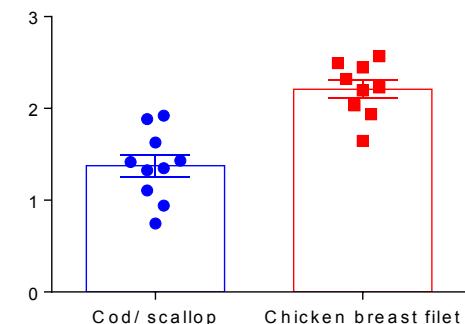
Adipose tissue mass (g)



Adipose tissue mass (g)



Adipose tissue mass (g)



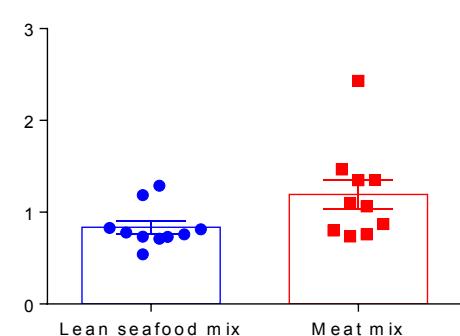
©Maren Thøgersen

Gjennomsnitt skilnad bukfett = 33 %

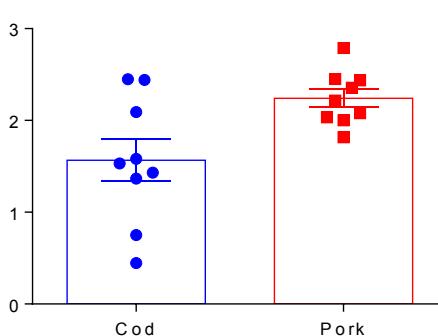
Musestudier med mager sjømat og fedme

N I F E S

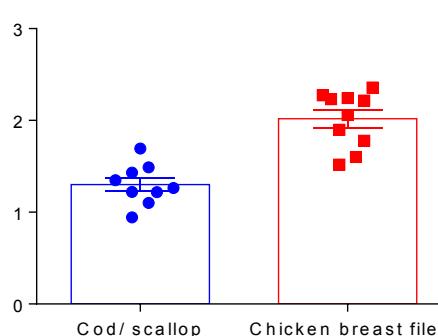
Adipose tissue mass (g)



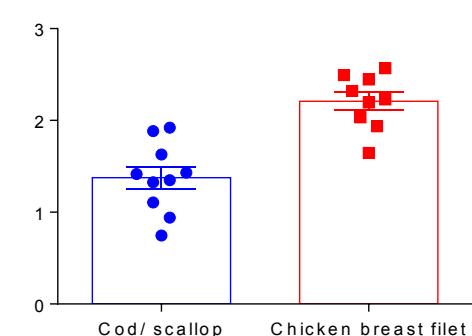
Adipose tissue mass (g)



Adipose tissue mass (g)

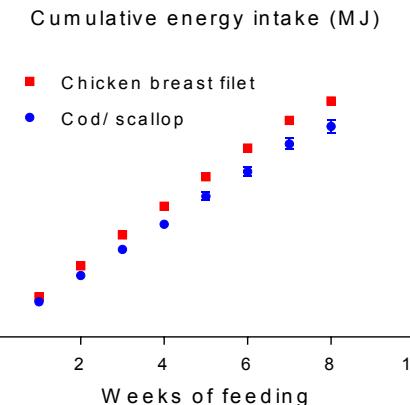
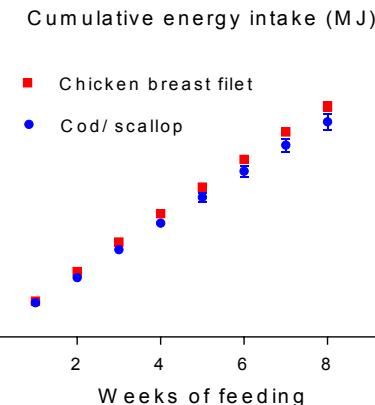
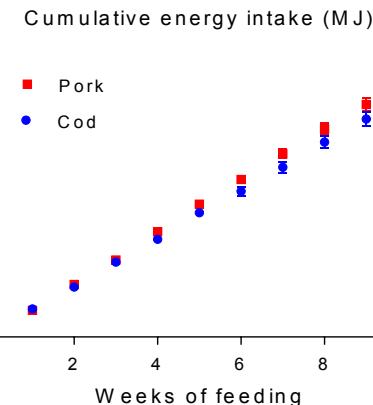
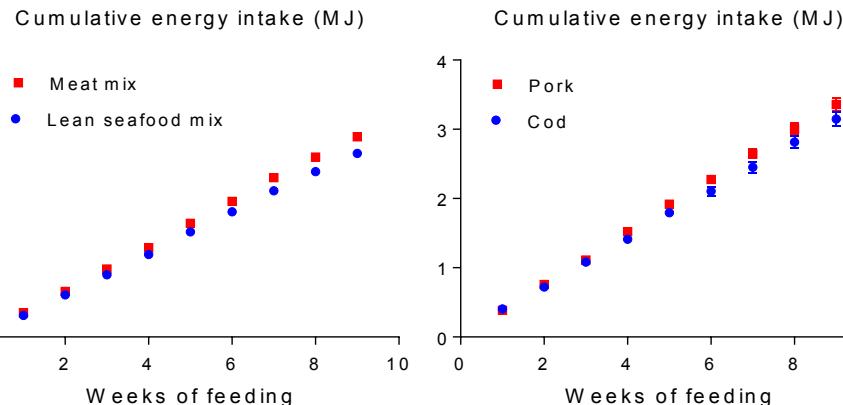


Adipose tissue mass (g)



Gjennomsnitt skilnad bukfett = 33 %

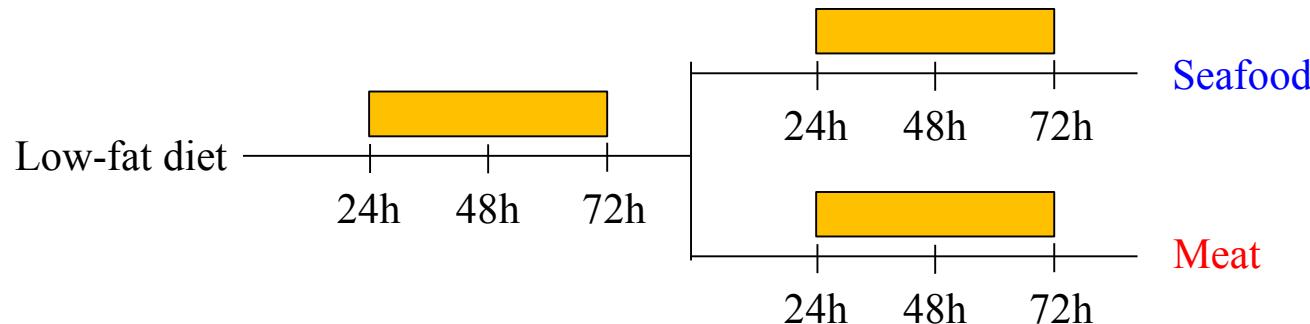
©Maren Blasberg



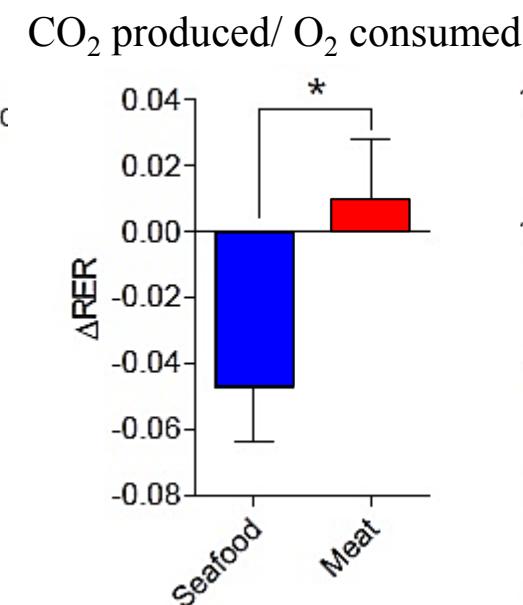
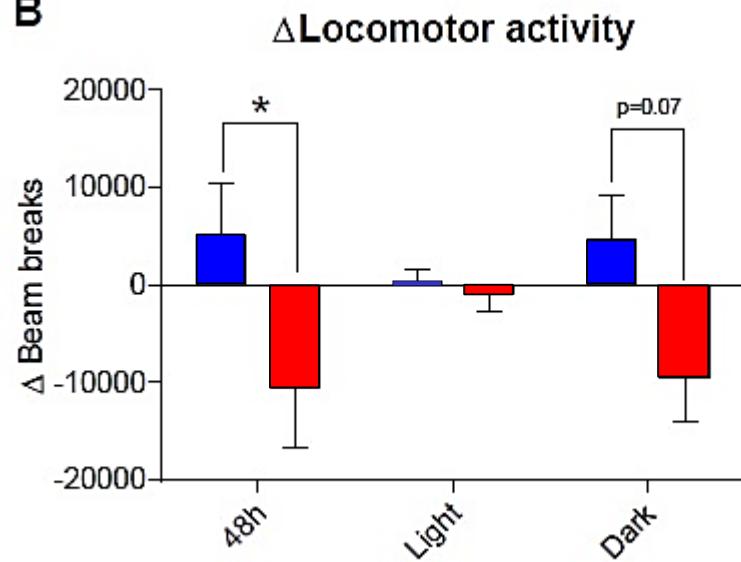
Gjennomsnitt skilnad spist energi = 8 %

Musestudier med mager sjømat og fedme

N I F E S



B



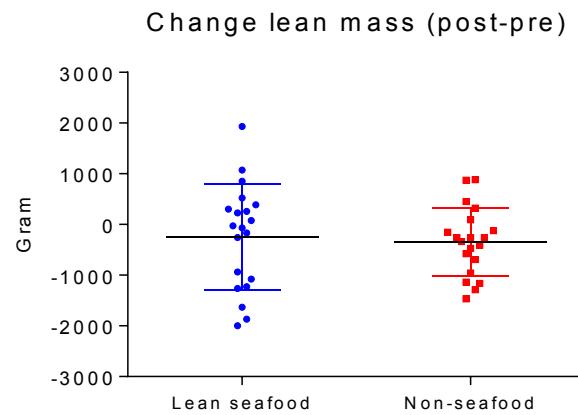
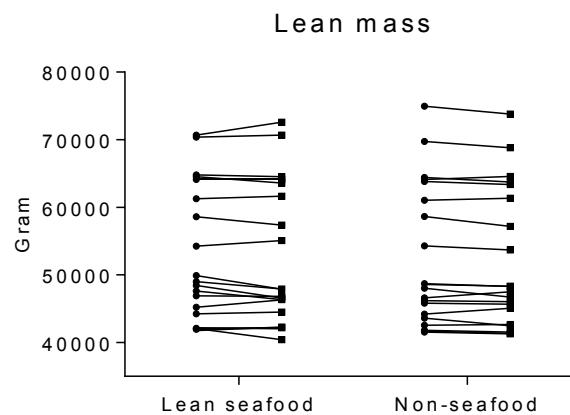
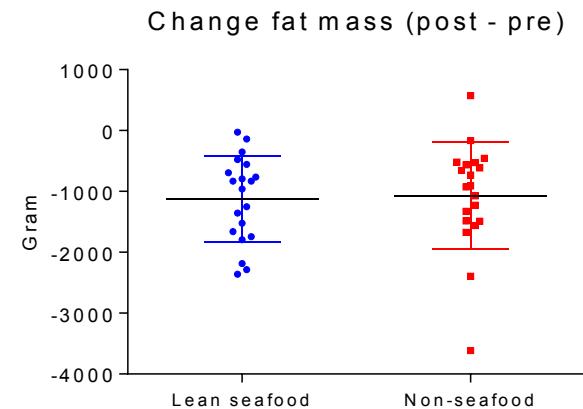
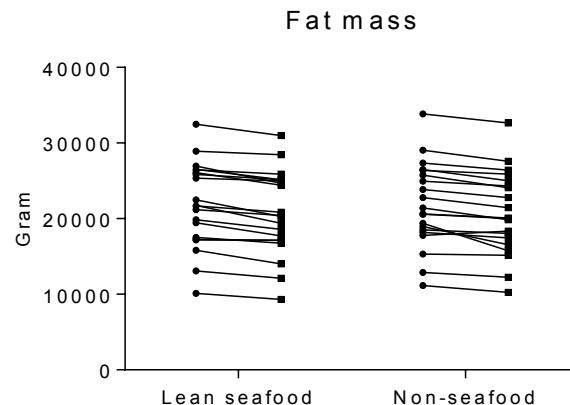
Skilnad i spontan røyrsle og karbohydrat forbrenning

Studie med mager sjømat i friske voksne

N I F E S



- Overkrysningstudie
- 4-vekers diettperiode
- n = 19 og 20
- DEXA måling



Inntak av mager sjømat og magert kjøt førte til lik nedgang i fettmasse

Kan inntak av mager sjømat, samanlikna med inntak av magert kjøt beskytte mot fedme?

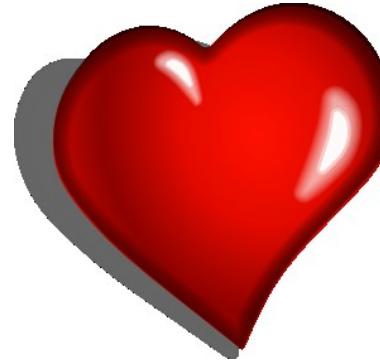
- Inntak av mager sjømat minkar utvikling av fedme i mus, men **lik påverknad av kroppsamansetnad** i friske, normalvektige vaksne i løpet av 4 veker med balanserte diettar og kontrollerte betingelsar

Påverkar inntak av mager sjømat risikofaktorar for diabetes og hjarte- og karsjuke?

Studie med mager sjømat i friske voksne N I F E S



Torsk
Sei
Lyr
Kamskjell



Primært endepunkt:

- Risikofaktorar hjarte- og karsjuke



Storfe
Svin
Kyllingfilet
Kalkunfilet
Egg
Lav-fett meieri



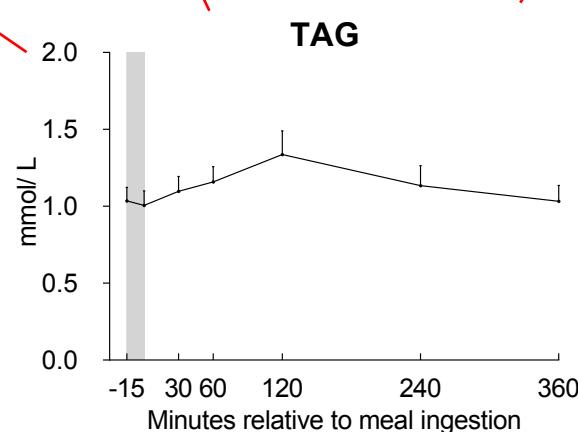
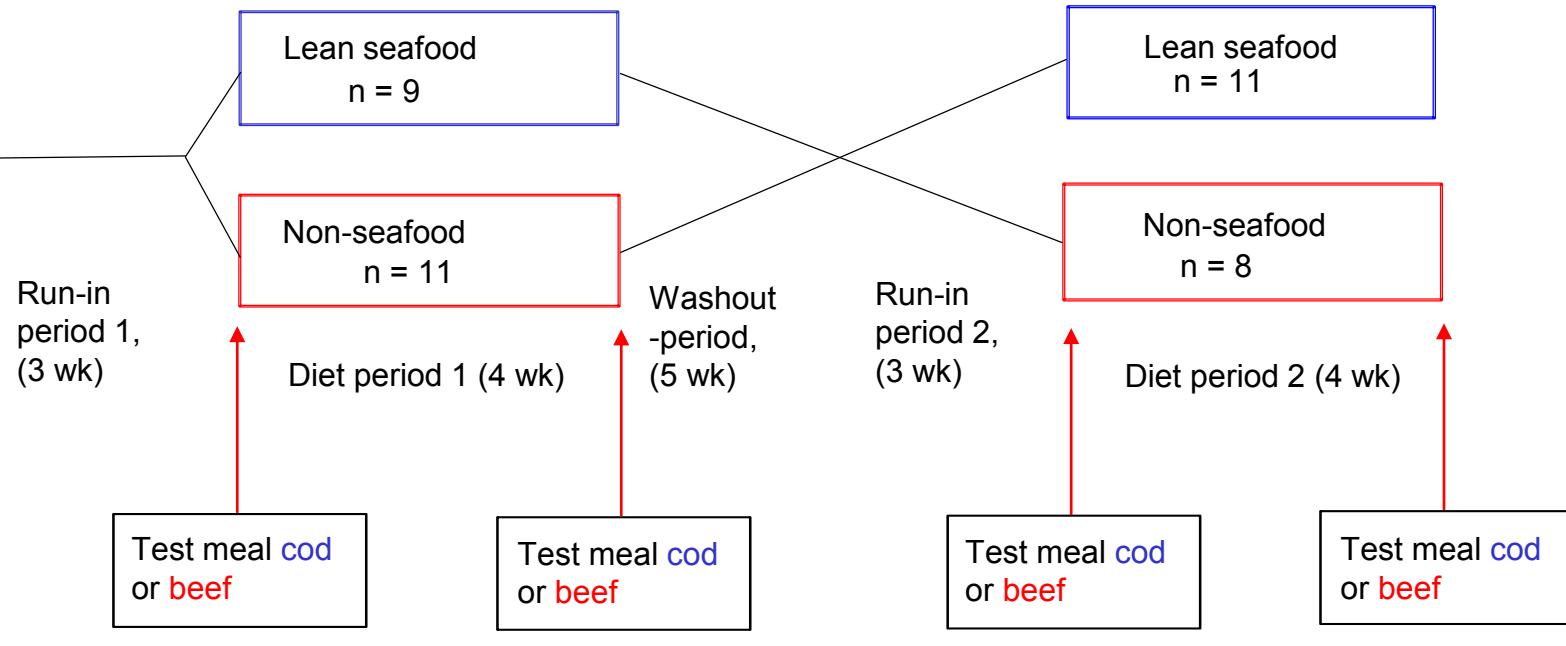
Sekundært endepunkt:

- Risikofaktorar T2D

Randomisert kontrollert studie

Overkrysningsstudie

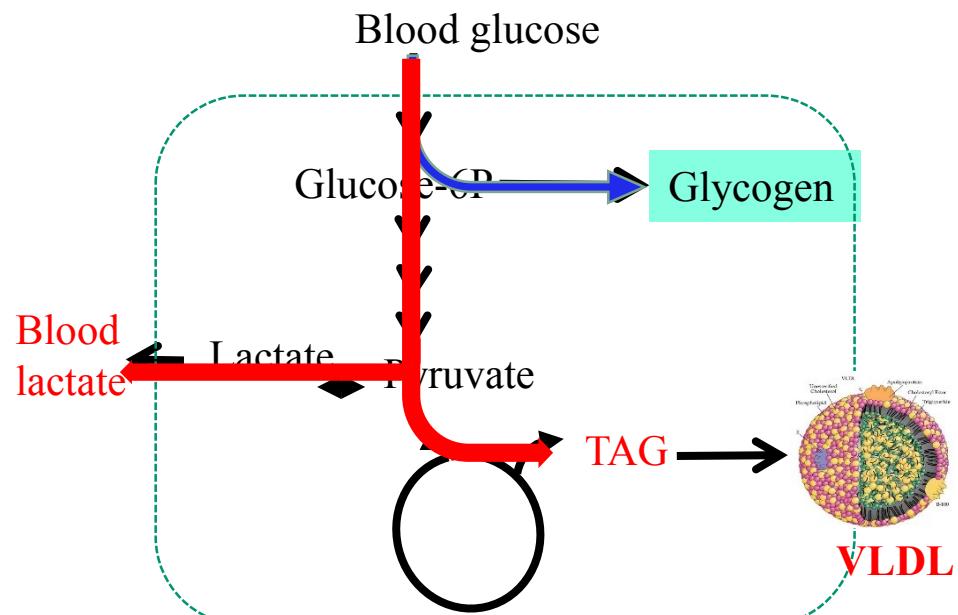
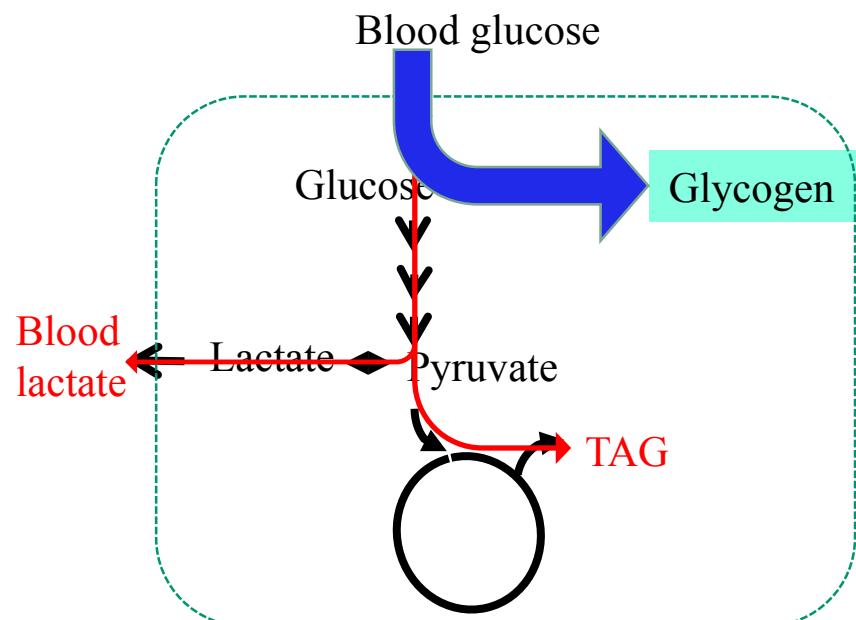
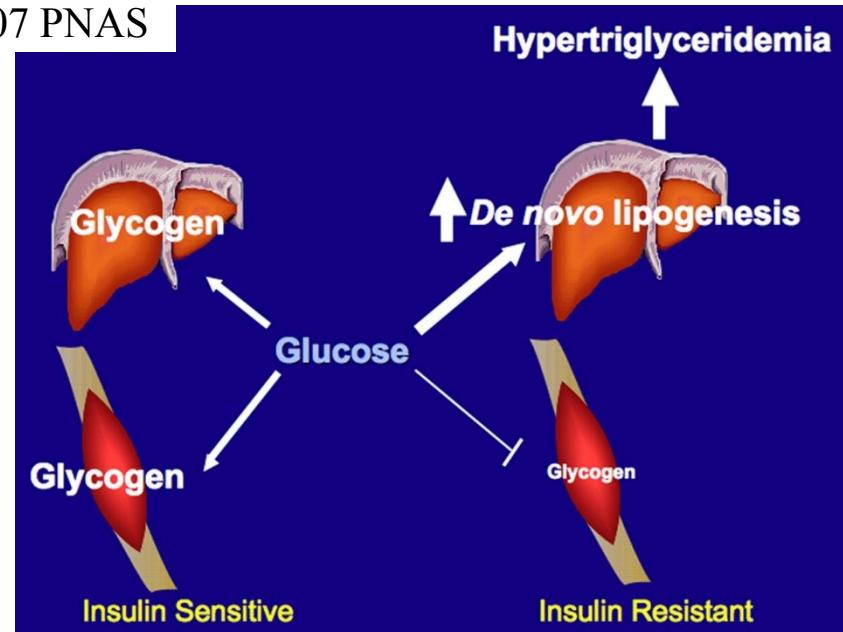
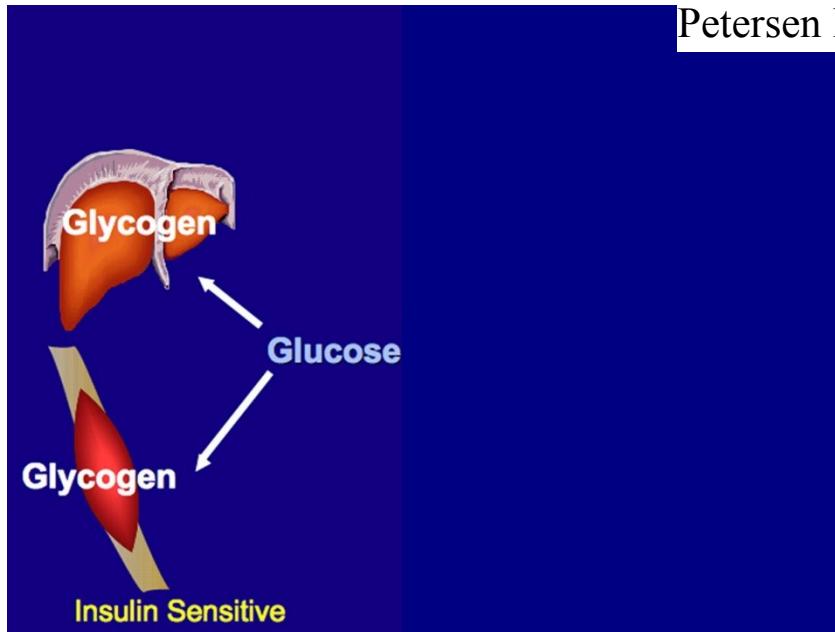
N I F E S



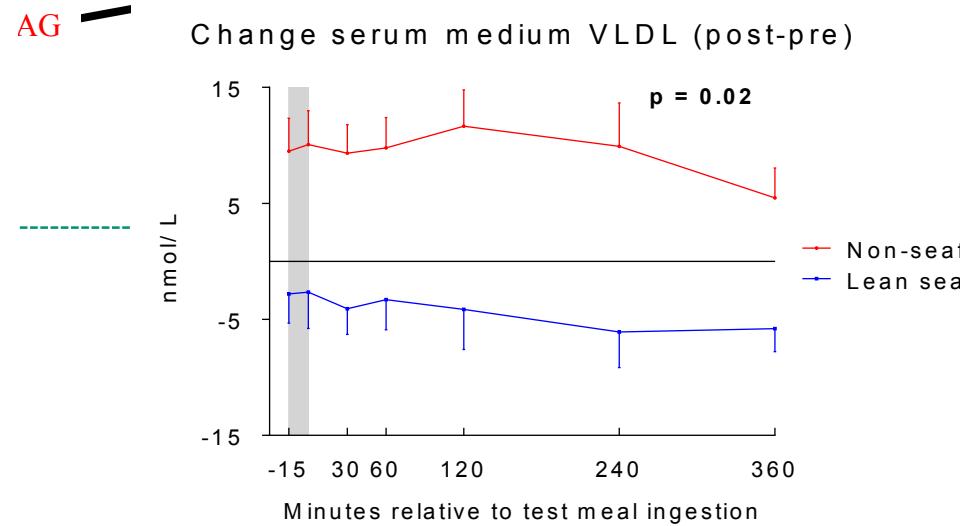
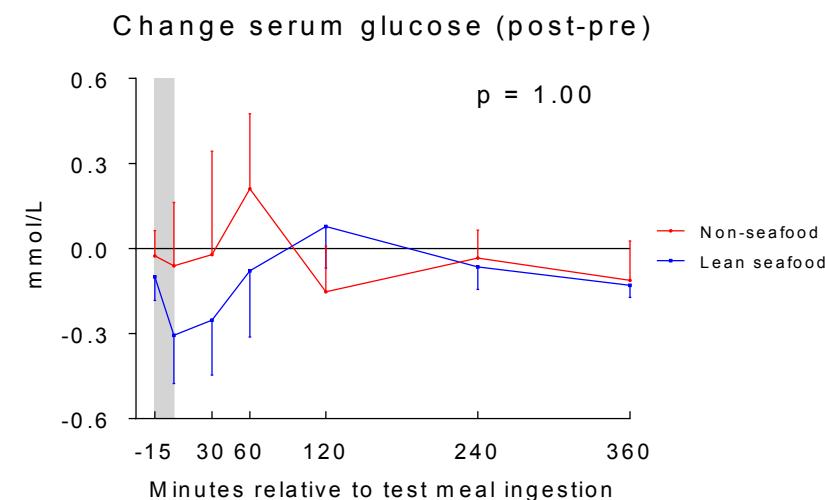
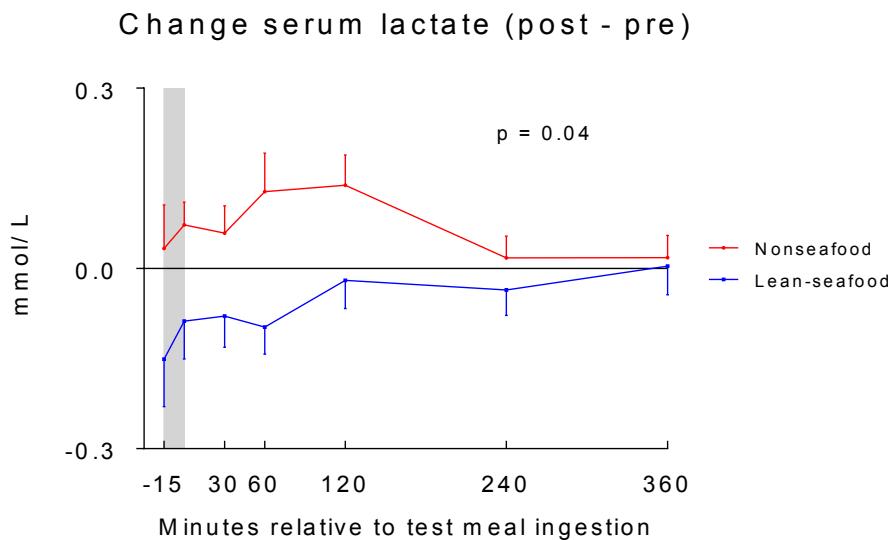
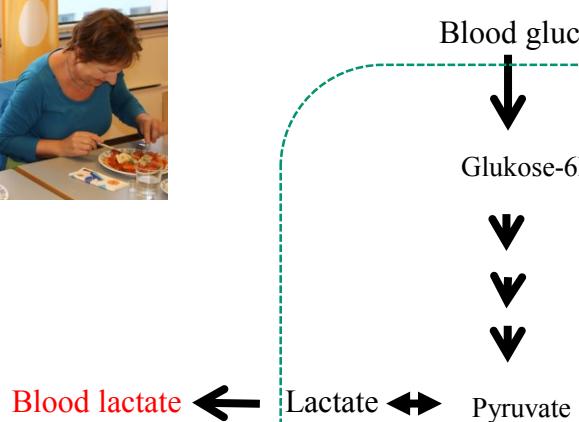
Insulin resistanse og hyperlipidemia

N I F E S

Petersen KF 2007 PNAS



Mager sjømat inntak, glukose- og fettmetabolisme i friske voksne

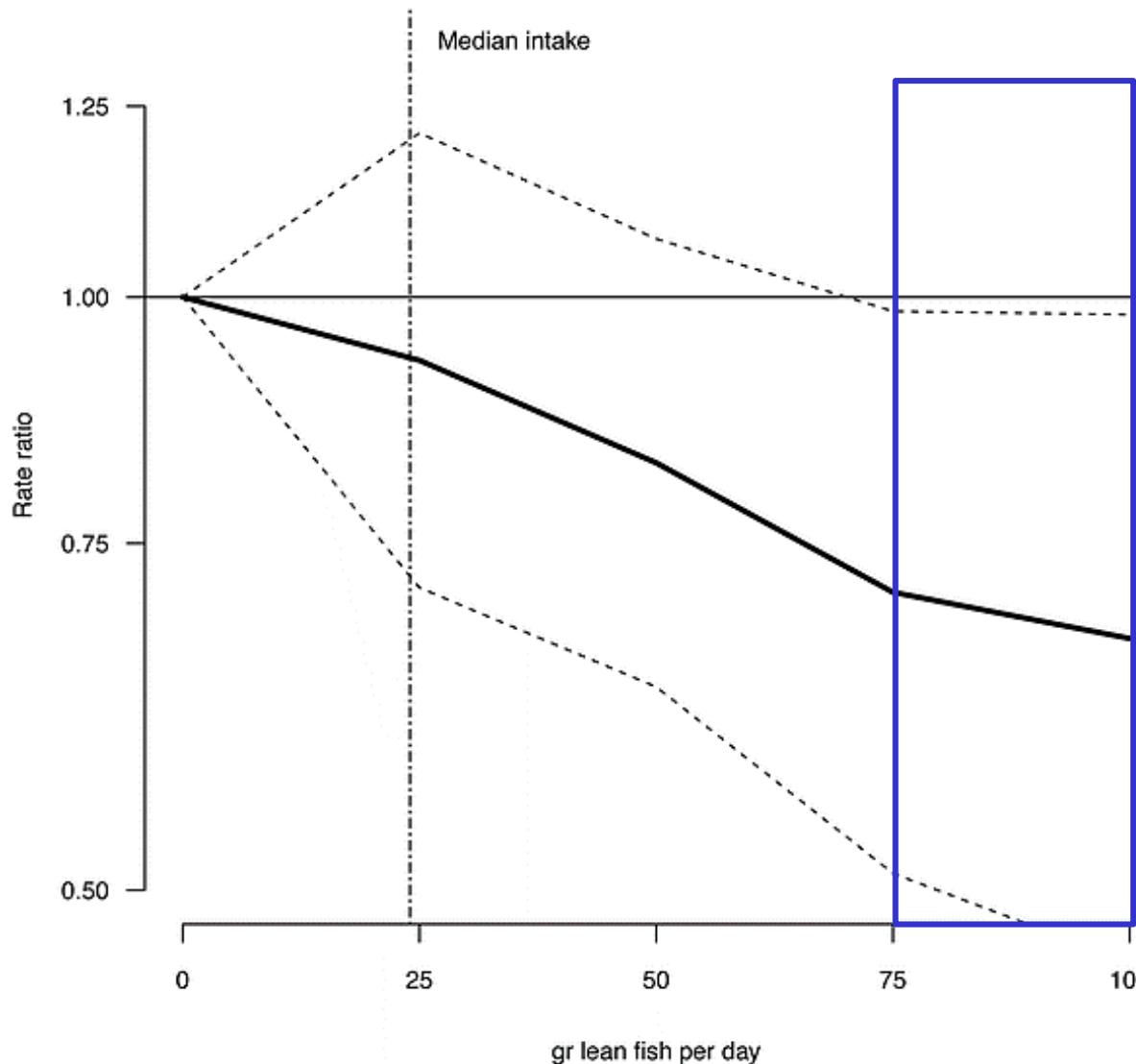


Oppsummering

Kan inntak av mager sjømat, samanlikna med inntak av magert kjøt beskytte diabetes?

- Risikomarkørar diabetes og hjarte- og karsjuke:
 - Både i musestudier og i intervensionsstudiet med friske voksne førte inntak av mager sjømat til ein **reduksjon av risikomarkørar** assosiert med seinare utvikling av **diabetes** og/eller **hjarte- og karsjuke**
- Kan ikkje dra konklusjon ut frå eit intervensionsstudie med høgt inntak av mager sjømat, men våre data er i samsvar med eit observasjonsstudie frå Tromsø:

Prospective study in Norwegian women, n= 21 954



Redusert risiko for å utvikle T2D ved dagleg inntak av **75 og 100 g** mager fisk

- Underliggande årsaker til observasjonar ikkje kjende
- Fleire uavklarte spørsmål omkring inntak av mager sjømat:

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812

APRIL 25, 2013

VOL. 368 NO. 17

Intestinal Microbial Metabolism of Phosphatidylcholine and Cardiovascular Risk

W.H. Wilson Tang, M.D., Zeneng Wang, Ph.D., Bruce S. Levison, Ph.D., Robert A. Koeth, B.S., Earl B. Britt, M.D., Xiaoming Fu, M.S., Yuping Wu, Ph.D., and Stanley L. Hazen, M.D., Ph.D.

ABSTRACT

BACKGROUND

Recent studies in animals have shown a mechanistic link between intestinal microbial metabolism of the choline moiety in dietary phosphatidylcholine (lecithin) and coronary artery disease through the production of a proatherosclerotic metabolite, trimethylamine-N-oxide (TMAO). We investigated the relationship among intestinal microbiota-dependent metabolism of dietary phosphatidylcholine, TMAO levels, and adverse cardiovascular events in humans.

METHODS

We quantified plasma and urinary levels of TMAO and plasma choline and betaine levels by means of liquid chromatography and online tandem mass spectrometry after a phosphatidylcholine challenge (ingestion of two hard-boiled eggs and deuterium [d9]-labeled phosphatidylcholine) in healthy participants before and after the suppression of intestinal microbiota with oral broad-spectrum antibiotics. We further examined the relationship between fasting plasma levels of TMAO and incident major adverse cardiovascular events (death, myocardial infarction, or stroke) during 3 years of follow-up in 4007 patients undergoing elective coronary angiography.

RESULTS

Time-dependent increases in levels of both TMAO and its d9 isotopologue, as well as other choline metabolites, were detected after the phosphatidylcholine challenge. Plasma levels of TMAO were markedly suppressed after the administration of antibiotics and then reappeared after withdrawal of antibiotics. Increased plasma levels of TMAO were associated with an increased risk of a major adverse cardiovascular event (hazard ratio for highest vs. lowest TMAO quartile, 2.54; 95% confidence interval, 1.96 to 3.28; $P < 0.001$). An elevated TMAO level predicted an increased risk of major adverse cardiovascular events after adjustment for traditional risk factors ($P < 0.001$), as well as in lower-risk subgroups.

From the Department of Cellular and Molecular Medicine, Lerner Research Institute, Cleveland Clinic, Cleveland. Address reprint requests to Dr. Hazen at the Cleveland Clinic, 9500 Euclid Ave. NC-10, Cleveland, OH 44195, or at hazens@ccf.org.

N Engl J Med 2013;368:1575-84.
DOI: 10.1056/NEJMoa1109400
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ARTICLE

doi:10.1038/nature09922

Gut flora metabolism of phosphatidylcholine promotes cardiovascular disease

Zeneng Wang^{1,2}, Elizabeth Klipfell^{1,2}, Brian J. Bennett³, Robert Koeth³, Bruce S. Levison^{1,2}, Brandon DuGar¹, Ariel E. Feldstein^{1,2}, Earl B. Britt^{1,2}, Xiaoming Fu^{1,2}, Yoon-Mi Chung^{1,2}, Yuping Wu⁴, Phil Schauer⁵, Jonathan D. Smith^{1,6}, Hooman Allayee⁷, W. H. Wilson Tang^{1,2,6}, Joseph A. DiDonato^{1,2}, Alton S. Lusis³ & Stanley L. Hazen^{1,2,6}

Metabolomics studies hold promise for the discovery of pathways linked to disease processes. Cardiovascular disease (CVD) represents the leading cause of death and morbidity worldwide. Here we used a metabolomics approach to generate unbiased small-molecule metabolic profiles in plasma that predict risk for CVD. Three metabolites of the dietary lipid phosphatidylcholine—choline, trimethylamine N-oxide (TMAO) and betaine—were identified and then shown to predict risk for CVD in an independent large clinical cohort. Dietary supplementation of mice with choline, TMAO or betaine promoted upregulation of multiple macrophage scavenger receptors linked to atherosclerosis, and supplementation with choline or TMAO promoted atherosclerosis. Studies using germ-free mice confirmed a critical role for dietary choline and gut flora in TMAO production, augmented macrophage cholesterol accumulation and foam cell formation. Suppression of intestinal microflora in atherosclerosis-prone mice inhibited dietary-choline-enhanced atherosclerosis. Genetic variations controlling expression of flavin monooxygenases, an enzymatic source of TMAO,

SCIENTIFIC REPORTS



OPEN

Relationship of Serum Trimethylamine N-Oxide (TMAO) Levels with early Atherosclerosis in Humans

Received: 29 March 2016

Accepted: 09 May 2016

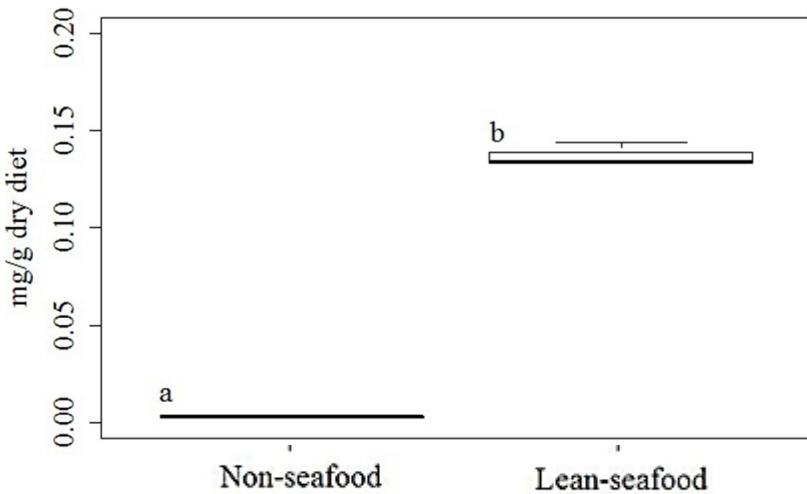
Published: 27 May 2016

Elko Randrianarisoa^{1,2,*}, Angela Lehne-Stefan^{1,2,3,*}, Xiaolin Wang⁴, Miriam Hoene^{1,2}, Andreas Peter^{1,2,3}, Silke S Heinzmann^{3,5}, Xinjie Zhao⁴, Ingmar Königsrainer⁶, Alfred Königsrainer⁶, Bernd Balletshofer¹, Jürgen Machann^{2,3}, Fritz Schick^{2,3,7}, Andreas Fritzsche^{1,2,3}, Hans-Ulrich Häring^{1,2,3}, Guowang Xu⁴, Rainer Lehmann^{1,2,3} & Norbert Stefan^{1,2,3}

Circulating trimethylamine N-Oxide (TMAO) levels predict cardiovascular disease (CVD), possibly by impacting on cholesterol metabolism and oxidative stress. Because hepatic TMAO production is regulated by insulin signalling and it is unclear whether and to what extent circulating TMAO levels associate with CVD risk, independently of insulin resistance and its important determinants fatty liver and visceral obesity, we have now addressed this question in 220 subjects who participated in the Tübingen Lifestyle Intervention Program. Visceral fat mass ($r = -0.40$, $p < 0.0001$), liver fat content ($r = 0.23$, $p = 0.0005$) and TMAO levels ($r = 0.26$, $p < 0.0001$) associated positively, and insulin sensitivity associated negatively ($r = -0.18$, $p = 0.009$) with carotid intima-media thickness (cIMT). Higher TMAO levels (std.—Beta 0.11, $p = 0.03$) predicted increased cIMT, independently of age, sex and visceral fat mass. While during the lifestyle intervention most cardiovascular risk parameters improved, mean TMAO levels did not change ($p = 0.18$). However, cIMT decreased significantly ($p = 0.0056$) only in subjects in the tertile with the largest decrease of TMAO levels ($> 20\%$). We provide novel information that increased serum TMAO levels associate with increased cIMT, independently of established cardiovascular risk markers, including insulin resistance, visceral obesity and fatty liver. Furthermore, the decrease of cIMT during a lifestyle intervention may be related to the decrease of TMAO levels.

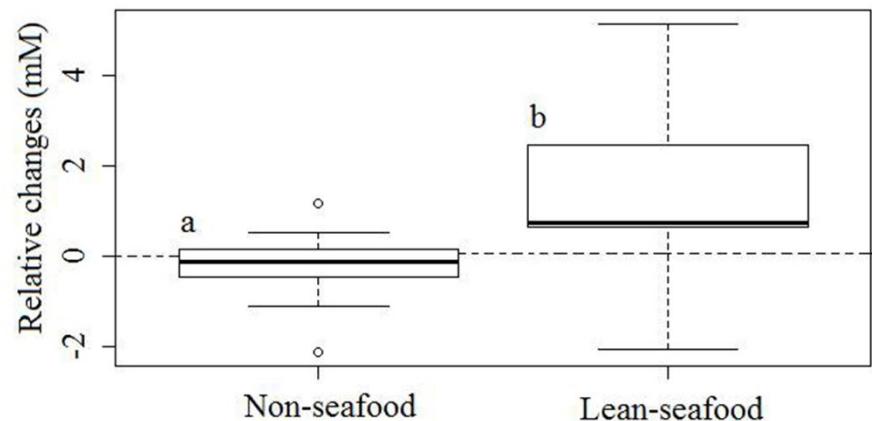


A TMAO in diets

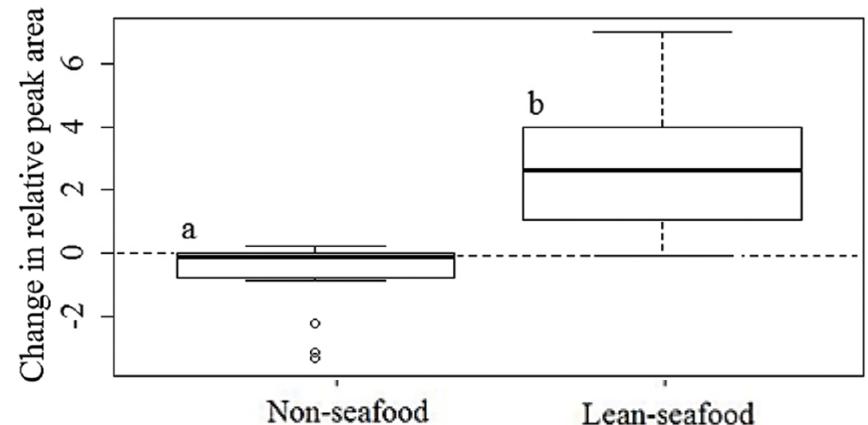


Fysiologisk relevans auka TMAO?

Change in fasting serum TMAO concentration



Change in morning spot urine TMAO concentration



Mice studies



- University of Copenhagen
 - Karsten Kristiansen
 - Jacob Bak Holm
 - Hanne Tastesen
- NIFES
 - Lise Madsen
 - Ulrike Liisberg
 - Alexander Rønnevik
 - Lene Secher Myrmel
 - Even Fjære
 - Kristin Røen Fauske

Human intervention study

- Laval University
 - Helene Jaques
- Aarhus University
 - Mette Schmedes
 - Hanne C Bertram
 - Morten Rahr Clausen
- Haukeland University Hospital/ University of Bergen
 - Øyvin Eng
 - Gunnar Mellgren
- Bergen University College
 - Asle Holthe
- NIFES
 - Eli K Aadland
 - Charles Lavigne
 - Ingvild Eide Graff



- Research Council of Norway
- Norwegian Seafood Research Fund
- Danish Council for Strategic Research
- Danish Research Council
- Danish Dairy Research Foundation
- EU FP7



Forbrukerinspektørene, onsdag 7.sept 2016:



Familien spiste fisk hver dag i én måned

– Hadde aldri trodd på så store forandringer.

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