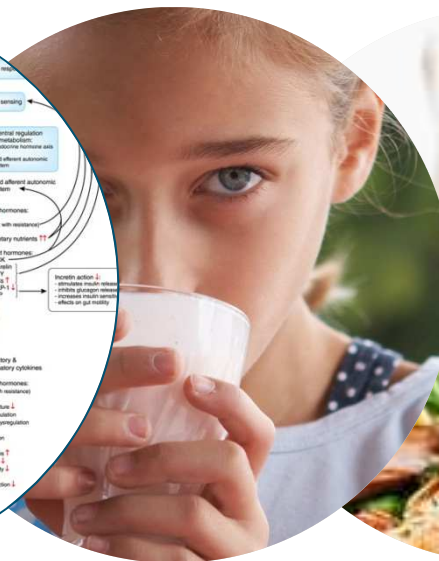
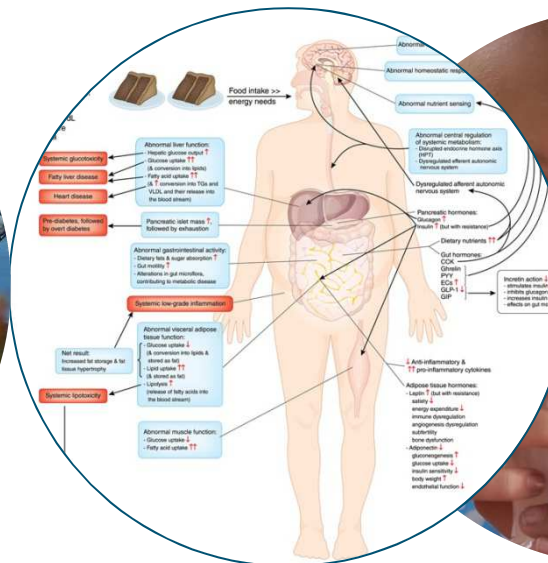


# Dietary Protein and the Metabolic syndrome

## *Opportunities for marine ingredients?*

Marco Mensink, Wageningen University, the Netherlands  
*Division of Human Nutrition, chair Nutrition and Health*

**MIC 2013, Oslo, Norway**



# Metabolic syndrome

Clustering of risk factors or medical disorders that increases the risk of developing cardiovascular disease or type II diabetes

**Definition (IDF):**

- Central obesity  
(usually BMI > 30 kg/m<sup>2</sup>),  
plus 2 of the following:
- TGs > 150 mg/dL
  - HDL < 40-50 mg/dL
  - ↑ blood pressure
  - hyperglycemia

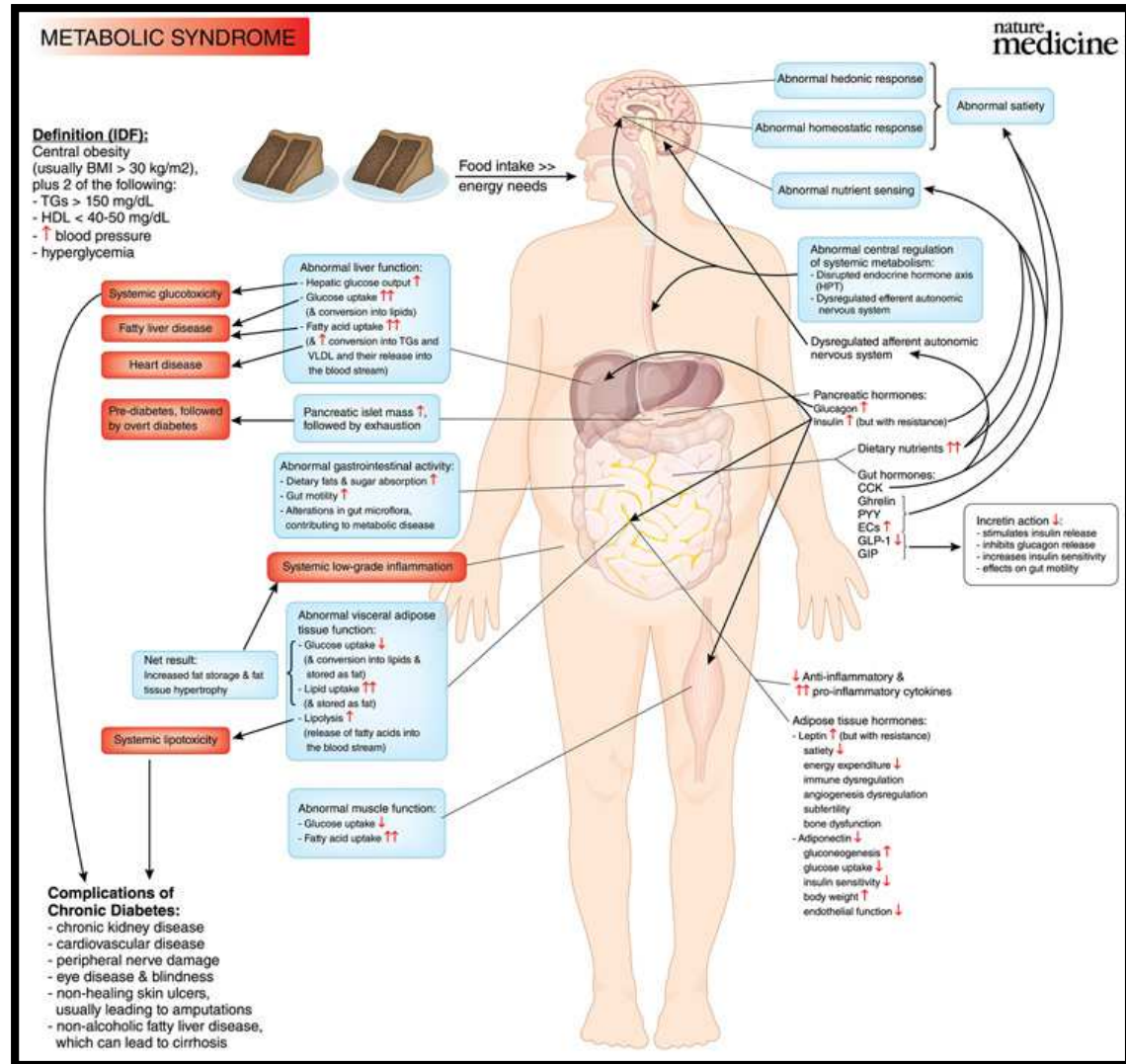
“ syndrome X...  
... cardiometabolic syndrome  
insulin resistance syndrome...  
... Reaven's syndrome “

... Reaven's syndrome “  
insulin resistance syndrome...  
... cardiometabolic syndrome

# Metabolic syndrome

Insulin resistance

Ectopic fat / lipotoxicity

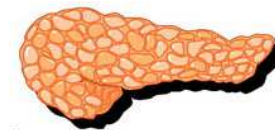
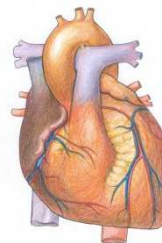
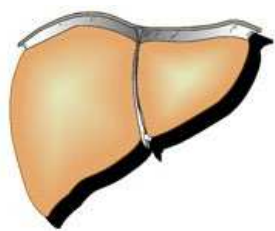


# Ectopic Fat / Lipotoxicity

*'when tissues overeat'*

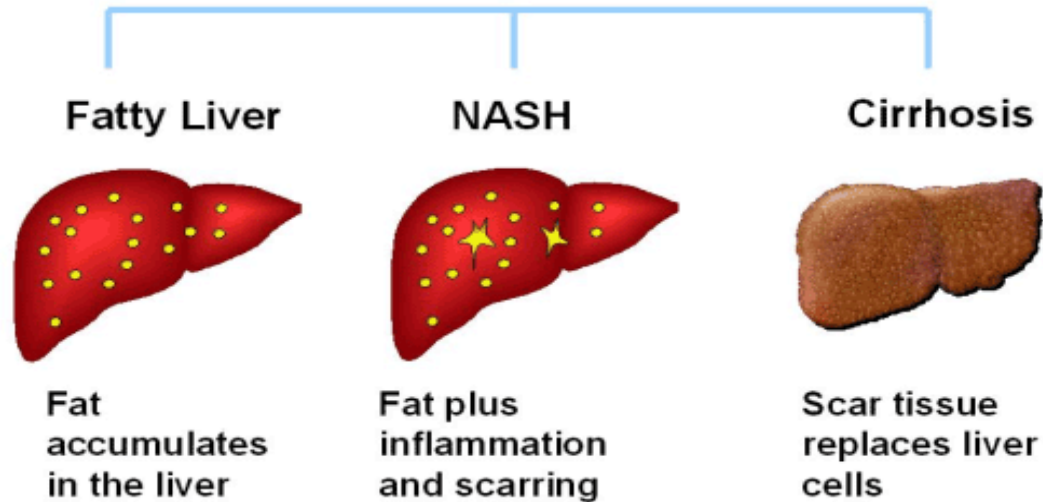
the deposition of triglycerides within cells of non-adipose tissue that normally contain only small amounts of fat

leading to cell dysfunction or cell death.



# Intra Hepatic lipids (IHL)

## The Spectrum of NAFLD



### ■ Consequences:

- *Hepatic insulin resistance*
- *Decreased insulin clearance*
- *Disturbed lipid metabolism*

### ■ High Prevalence

(e.g. 33.6% in the Dallas Heart study;  
*Szczepaniak, L.S. et al, 2005*)



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# DIETARY PROTEINS

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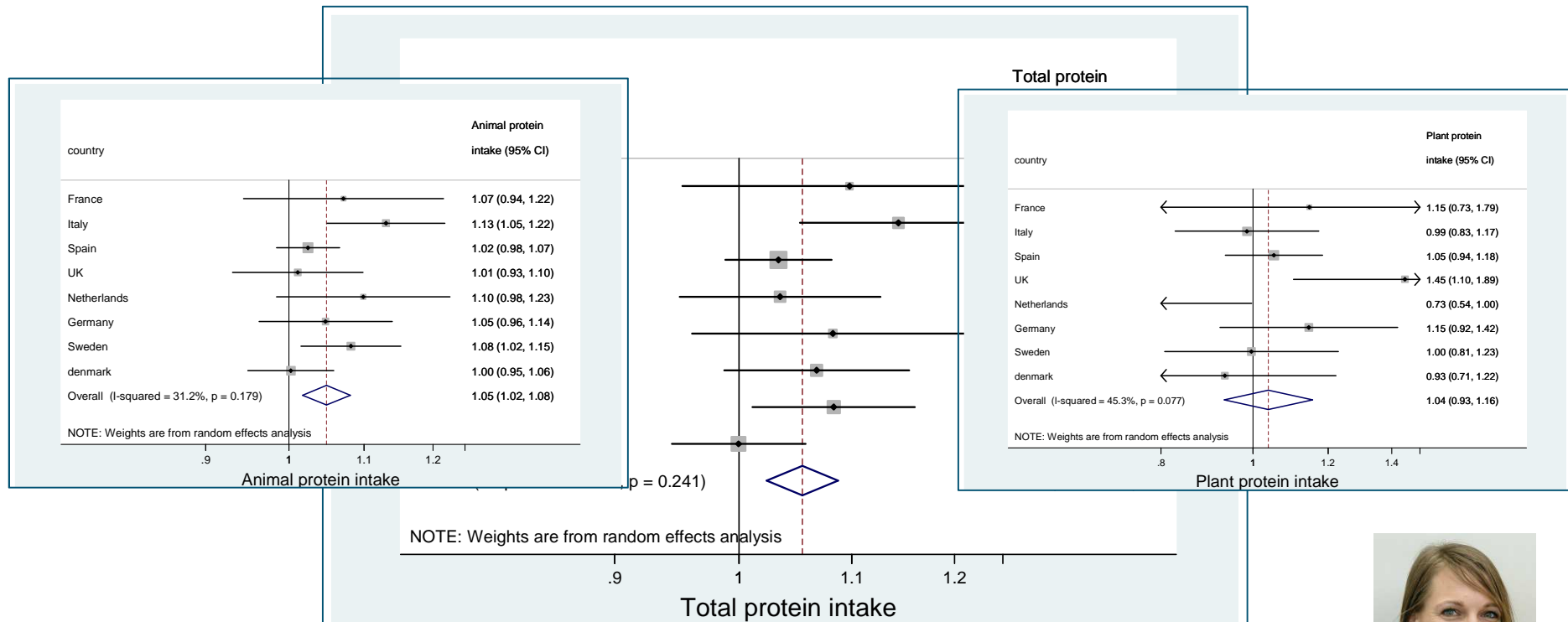
# Dietary Protein & Metabolic Syndrome

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- Epidemiological data
  - Increased risk type 2 diabetes mellitus



# Dietary protein intake and incidence of Type 2 Diabetes in Europe: The EPIC-InterAct Case-Cohort Study.





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# Dietary Protein & Metabolic Syndrome

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- Epidemiological data
  - Increased risk type 2 diabetes mellitus
  
- BCAA: biomarker associated with DM risk
  - Cross-sectional and prospective
  
- Infusion amino acids
  - Decrease insulin sensitivity



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# Dietary Protein & Metabolic Syndrome

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- Weight-loss, improved weight maintenance
  - Preservation lean mass
  - Increased satiety
  - Increased thermogenesis
  
- Metabolic improvements
  - Insulin secretion
  - Glucose homeostasis, insulin resistance
  
- Liver metabolism
  - Decrease IHL, lower circulating markers of liver dysfunction
  - reduced lipogenesis, increased gluconeogenesis and glycogen synthesis (*rodent data*)

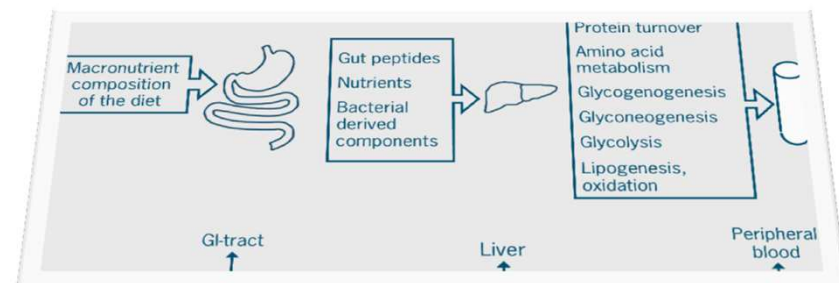


# Influence of dietary protein on metabolic phenotype and gene expression in the gut-liver axis



To understand the effects of **increasing protein intake at the expense of carbohydrates**, in a high-fat-hypercaloric-diet

- on **phenotype adaptation** of body composition, intra hepatic lipids and the gut.
- on *nutrients homeostasis*, risk of metabolic disorders and associated diseases.
- on *gene expression in liver, adipose tissue and intestine*



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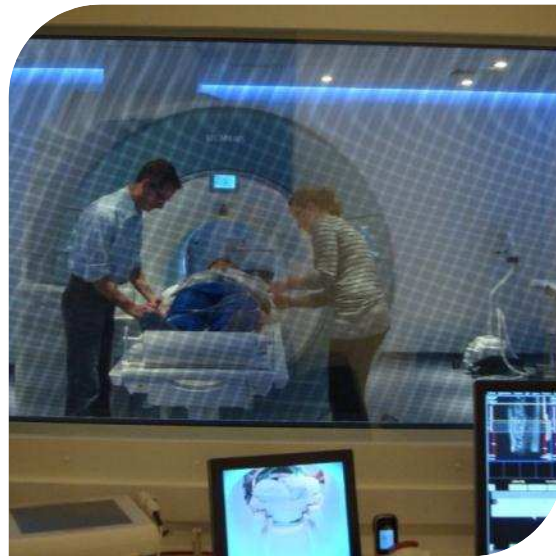
# Human Research Facilities

## *Division of Human Nutrition*

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Controlled intervention  
*Dietary Facilities*



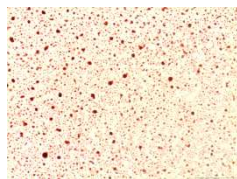
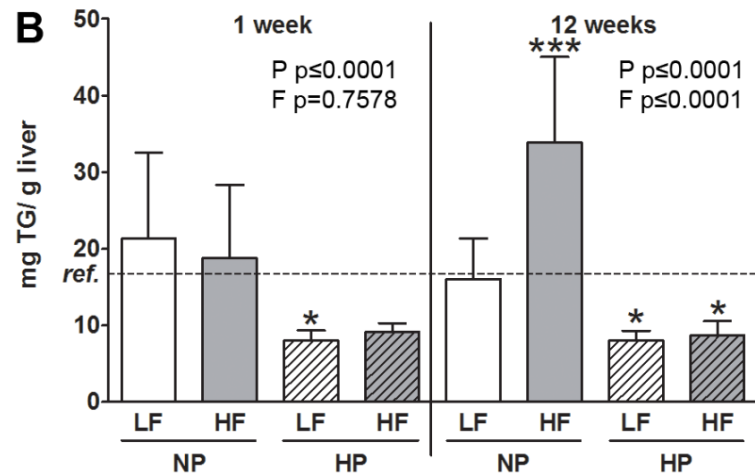
Hepatic steatosis  
*Nutritional Imaging*



Metabolism  
*Metabolic Ward*

# Protein manipulation modifying phenotype: *prevention of fat induced increase in liver fat*

## Mouse study:

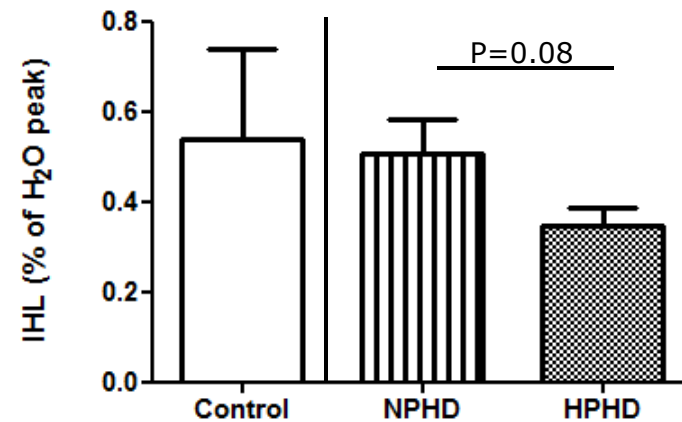


15 en% protein (NP)



50 en% protein HP

## Human study:



Rietman, A. unpublished data

Chaumontet, C. unpublished data

Schwarz, J. et al., PLoS ONE 2012.



# Dietary Protein and IHL

High protein intake reduces intrahepatocellular lipid deposition in humans<sup>1-3</sup>

*Murielle Bortolotti, Roland Kreis, Cyrille Debard, Bertrand Cariou, David Faeh, Maud Chetiveaux, Michael Ith, Peter Vermathen, Nathalie Stefanoni, Kim-Anne Lê, Philippe Schneiter, Michel Krempf, Hubert Vidal, Chris Boesch, and Luc Tappy*

HEPATOLOGY

## **Open-labeled pilot study of cysteine-rich whey protein isolate supplementation for nonalcoholic steatohepatitis patients**

Taned Chitapanarux,\* Prasong Tienboon,† Suwalee Pojchamarnwiputh‡ and Donrawee Leelarungrayub§

Effects of a whey protein supplementation on intrahepatocellular lipids in obese female patients

Murielle Bortolotti<sup>a,d</sup>, Elena Maiolo<sup>a,d</sup>, Mattia Corazza<sup>a,d</sup>, Eveline Van Dijke<sup>a,d</sup>, Philippe Schneiter<sup>a,e</sup>, Andreas Boss<sup>b,f</sup>, Guillaume Carrel<sup>a,e</sup>, Vittorio Giusti<sup>c,g</sup>, Kim-Anne Lê<sup>a,h</sup>, Daniel Guae Quo Chong<sup>b,f</sup>, Tania Buehler<sup>b,f</sup>, Roland Kreis<sup>b,f</sup>, Chris Boesch<sup>b,f</sup>, Luc Tappy<sup>a,c,\*</sup>

<sup>a</sup>Department of Physiology, University of Lausanne, 7, rue du Bugnon, 1005 Lausanne, Switzerland

<sup>b</sup>Department of Clinical Research/AMSM, University of Bern, Pavilion 52A, Inselspital, P.O. Box 35, 3010 Bern, Switzerland

<sup>c</sup>Service of Endocrinology, Diabetes and Metabolism, CHUV, 1011 Lausanne, Switzerland

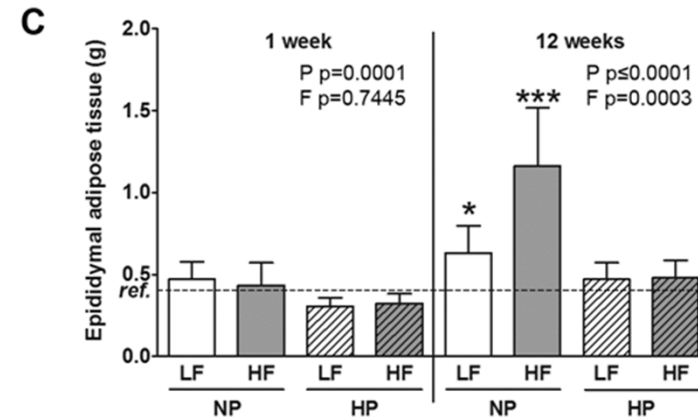
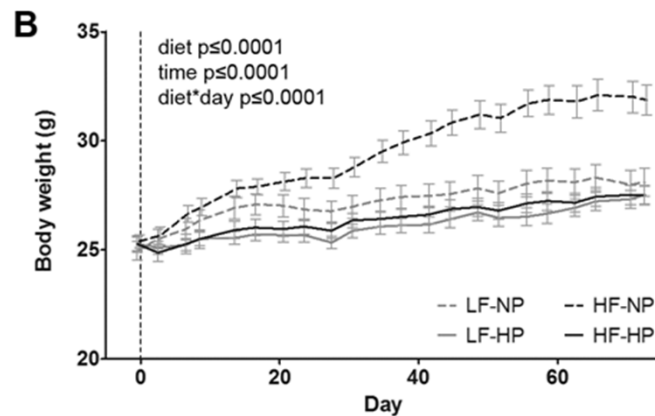


WAGENINGEN UNIVERSITY

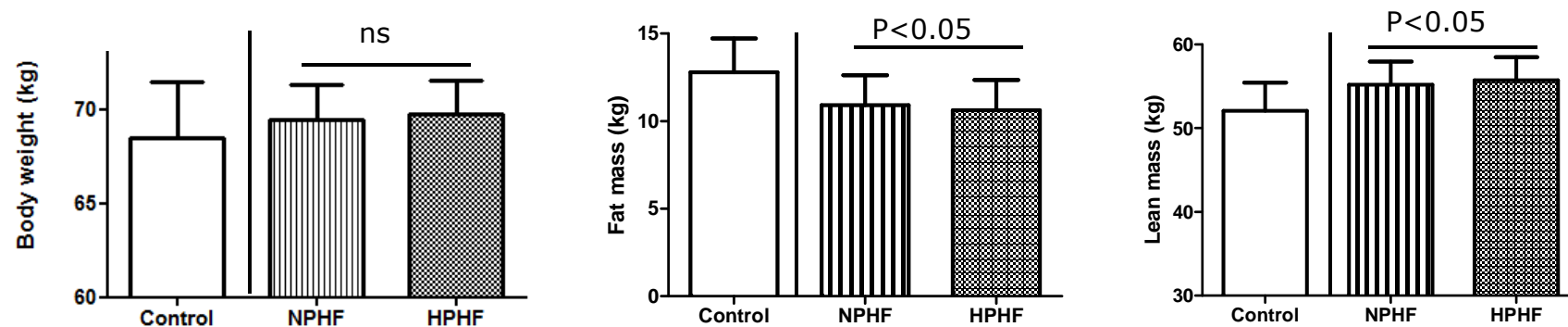
WAGENINGEN UR

# Protein manipulation modifying phenotype: *prevention of increase BW and adipose tissue*

## Mouse study:



## Human study:





# Protein manipulation modifying phenotype: *insulin resistance*

## Human study:

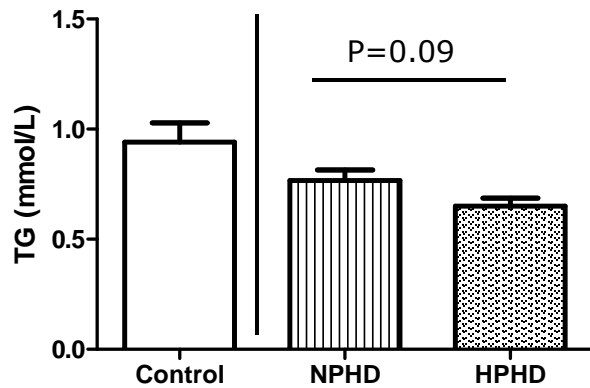
|                                       | control     | HD          |             |
|---------------------------------------|-------------|-------------|-------------|
|                                       | 2 weeks     | NPHF        | HPHF        |
| HOMA-IR <sup>2</sup> (mmol/L × μU/ml) | 0.91 ± 0.14 | 0.95 ± 0.14 | 0.90 ± 0.15 |
| Glucose (mmol/L)                      | 5.07 ± 0.04 | 5.03 ± 0.08 | 5.05 ± 0.09 |
| Insulin (μU/L)                        | 4.01 ± 0.62 | 4.21 ± 0.62 | 3.95 ± 0.63 |

## Rat study:

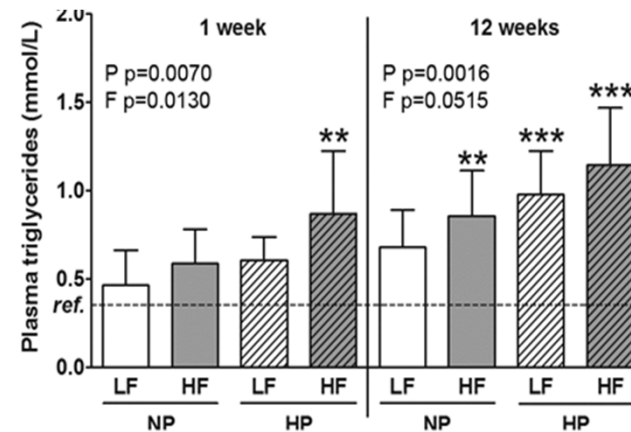
- No effect of increasing protein intake on several markers of insulin action and glycemic control

# Protein manipulation modifying phenotype: *blood lipids*

## Human study:



## Mouse study:



## Rat study:

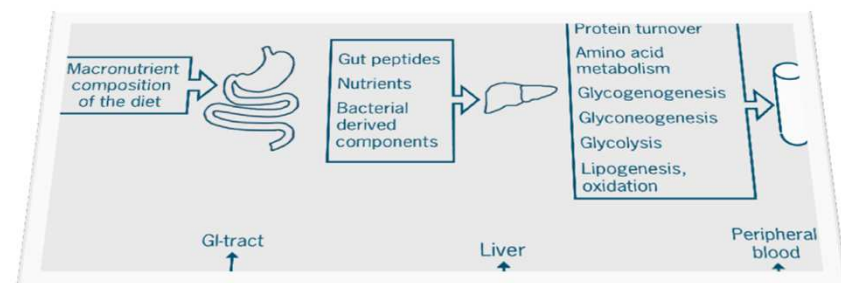
|                     | NP      |         |         | HP      |         |         |            |
|---------------------|---------|---------|---------|---------|---------|---------|------------|
|                     | C       | HS      | HS-HF   | C       | HS      | HS-HF   |            |
| <b>Fasted</b>       |         |         |         |         |         |         |            |
| Triglyceride (mM/l) | 0.9±0.9 | 1.0±0.4 | 1.1±0.3 | 0.6±0.1 | 0.6±0.1 | 0.6±0.1 | P (<0.001) |
| Cholesterol (mM/l)  | 1.8±0.2 | 1.9±0.3 | 1.8±0.2 | 2.0±0.5 | 1.7±0.5 | 2.1±0.5 | NS         |
| HDL (mM/l)          | 1.2±0.1 | 1.2±0.2 | 1.2±0.1 | 1.4±0.3 | 1.2±0.3 | 1.4±0.3 | P (<0.05)  |



# Conclusions

## Impact of high dietary protein on biomarkers of metabolic syndrome when fed a high-fat diet:

- Liver lipids (IHL): reduced
- *Central* adiposity: reduced
- Lipids
  - Triglycerides: decreased / increased
  - HDL-cholesterol: increased
- Insulin sensitivity:
  - no effect in a young, metabolic flexible population



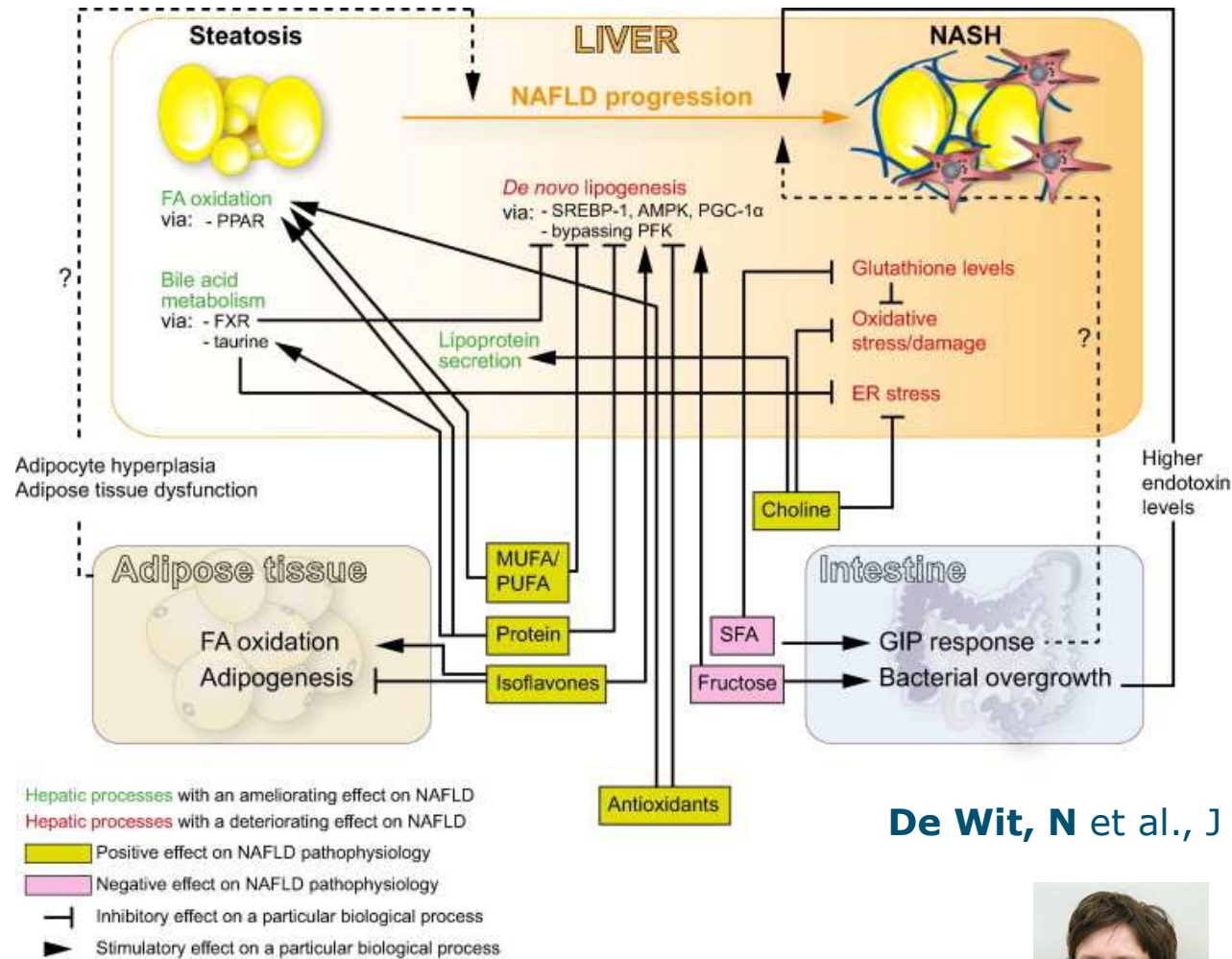
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# MARINE INGREDIENTS

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# 'Phenotyping the effect of diet on NAFLD'



De Wit, N et al., J Hepatol 2012.



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# Fish and NAFLD

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## ■ Fish oil

- consumption of n-3 fatty acids reduce inflammation, steatosis, and liver damage in NAFLD
  - *MUFA may be useful*
  - *Fish oil improves circulating lipids and lipoproteins*

## ■ Fish Protein

- Protein source important for steatosis (?)

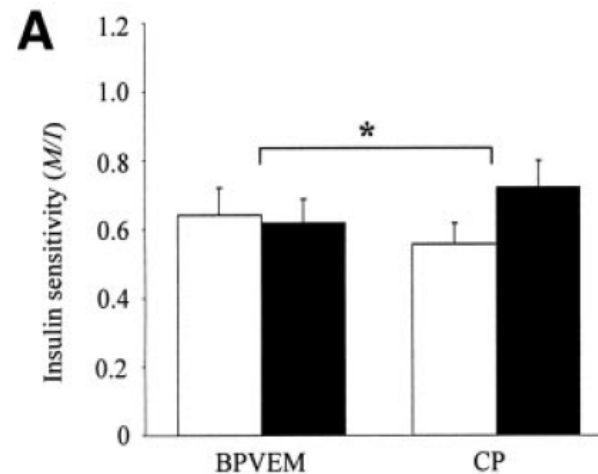
## ■ Vitamin D

- Vitamin D concentrations have been shown to be associated with NAFLD



# Fish protein and glucose metabolism

- **Cod** versus BPVEM
- 4 weeks isocaloric diets
- 19 en% protein
- ~60% of protein cod
- Equivalent amounts SFA/MUFA/PUFA



(Ouellet et al, Diabetes Care 2007)

- Fish protein supplements improve glycemic control in overweight adults (Vikøren, British J Nutrition 2013)



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# Conclusion - *Opportunities*

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■ **High-protein diets** can be considered in people with the metabolic syndrome

- *supports weight loss and improves body composition*
  - *Improve insulin action/glucose homeostasis*
  - *Reduces intrahepatic lipids*
- *Need to know the consequences of (excess) protein*

■ **Fish protein** could be a good quality protein

- More well-controlled human intervention studies needed



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# Acknowledgements

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Prof Frans Kok

Prof Daniel Tomé

Prof Edith Feskens

Jessica Schwarz

Annemarie Rietman

Monique van Nielen

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Lydia Afman

Nicole de Wit

Prof Michael Muller

*Dietetics:*

Els Siebelink



nederlandse zuivel organisatie



ALPRO FOUNDATION

