Developmental Programming and Metabolic Health: Obesity and Diabetes

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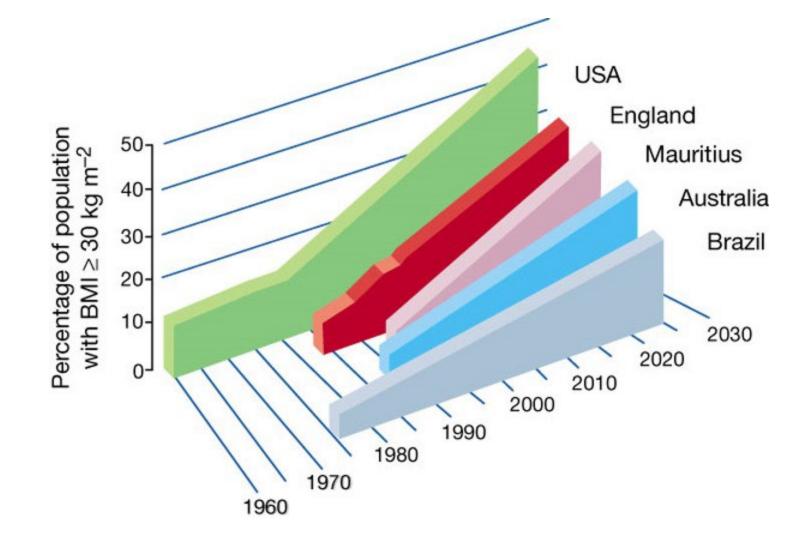
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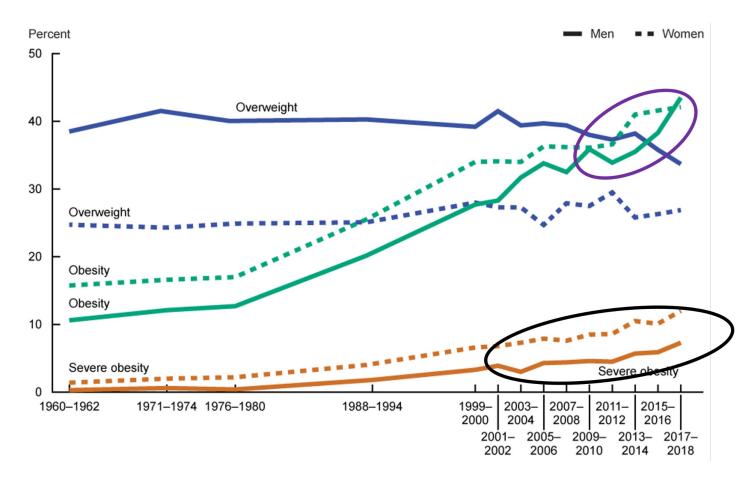


Current and Projected Obesity Prevalence Rates from 1960 to 2025

Kopelman. Nature 404, 635 - 643 (2000)

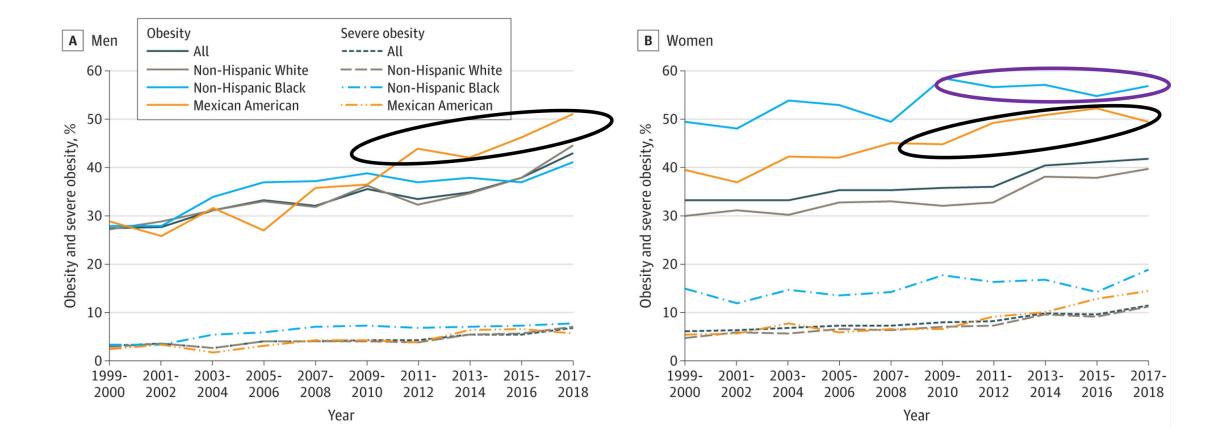


Prevalence of Overweight, Obesity, and Severe Obesity in US Adults: 1960-2018



Fryar CD, Carroll MD, Afful J. NCHS Health E-Stats. 2020.

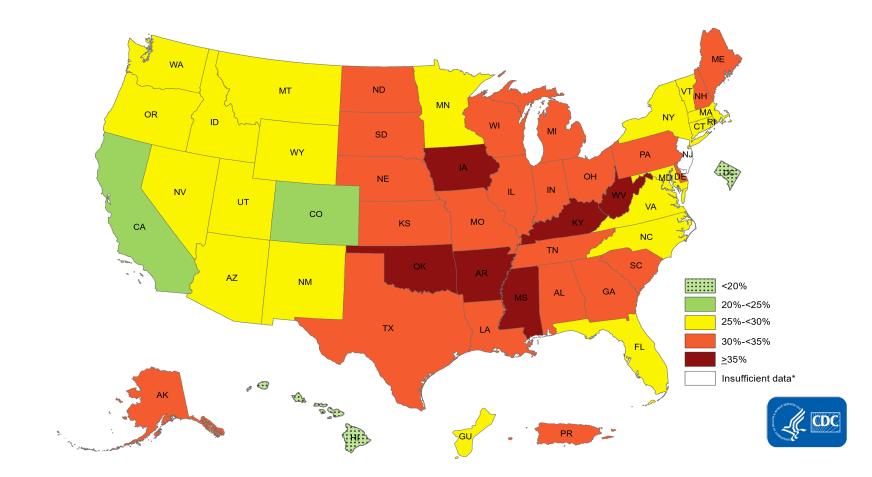
Trends in US Obesity Prevalence by Race and Hispanic Origin—1999-2000 to 2017-2018



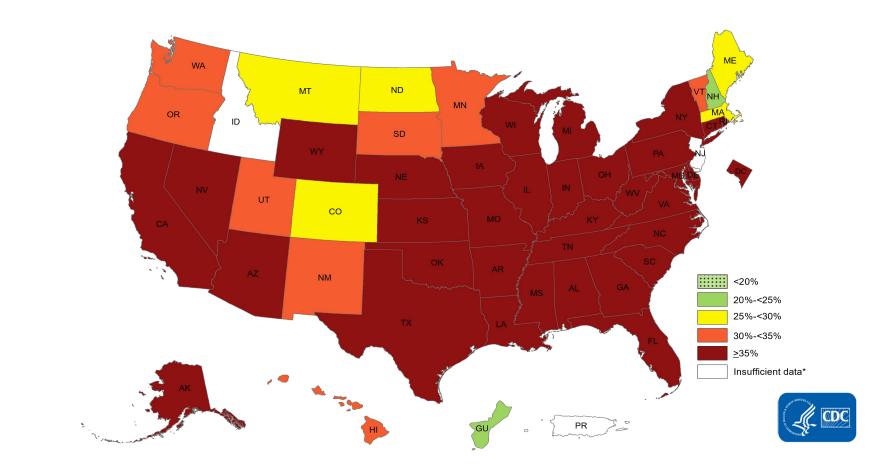
Ogden CL, et al. JAMA. 2020;324(12):1208-1210.

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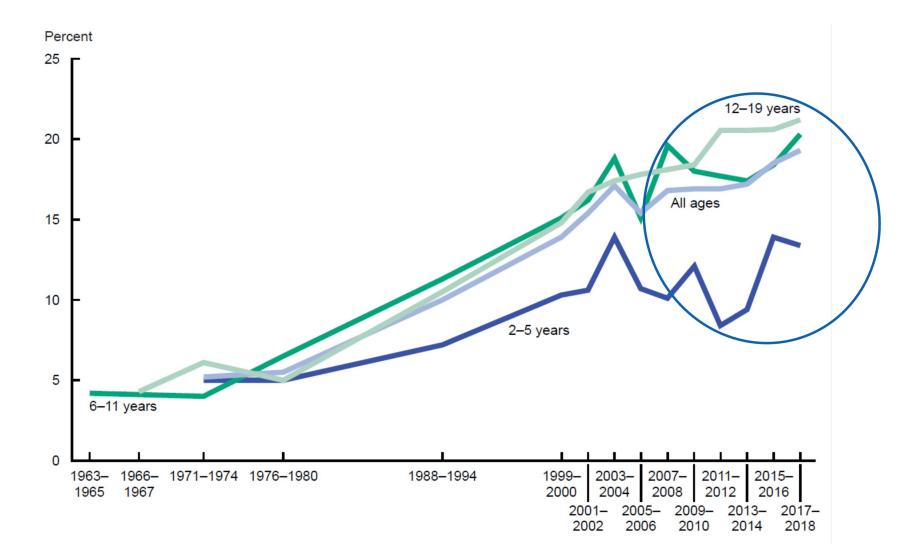
Prevalence of Obesity Among Non-Hispanic White Adults, by State and Territory, BRFSS, 2017-2019



Prevalence of Obesity Among Non-Hispanic Black Adults, by State and Territory, BRFSS, 2017-2019



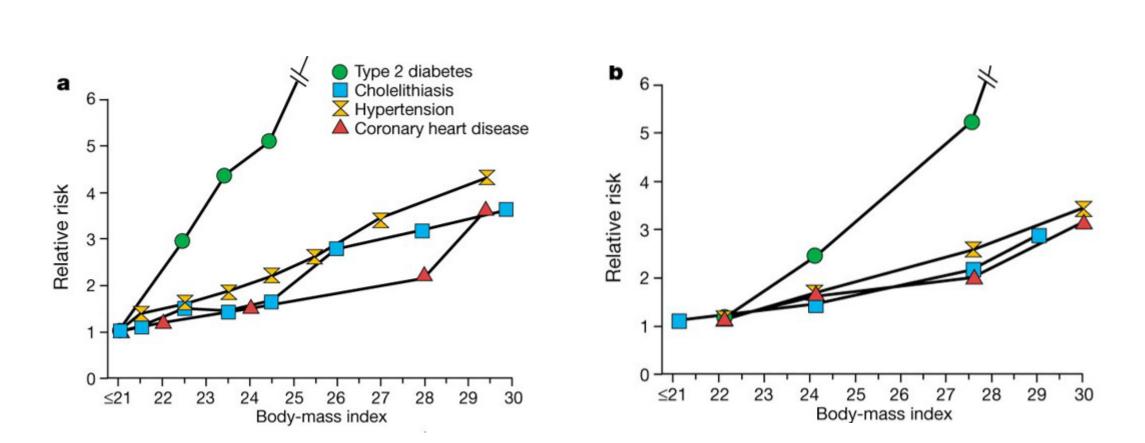
Trends in Obesity in US Children: 1963-2018



https://www.cdc.gov/nchs/data/hestat/obesity-child-17-18/obesity-child.htm

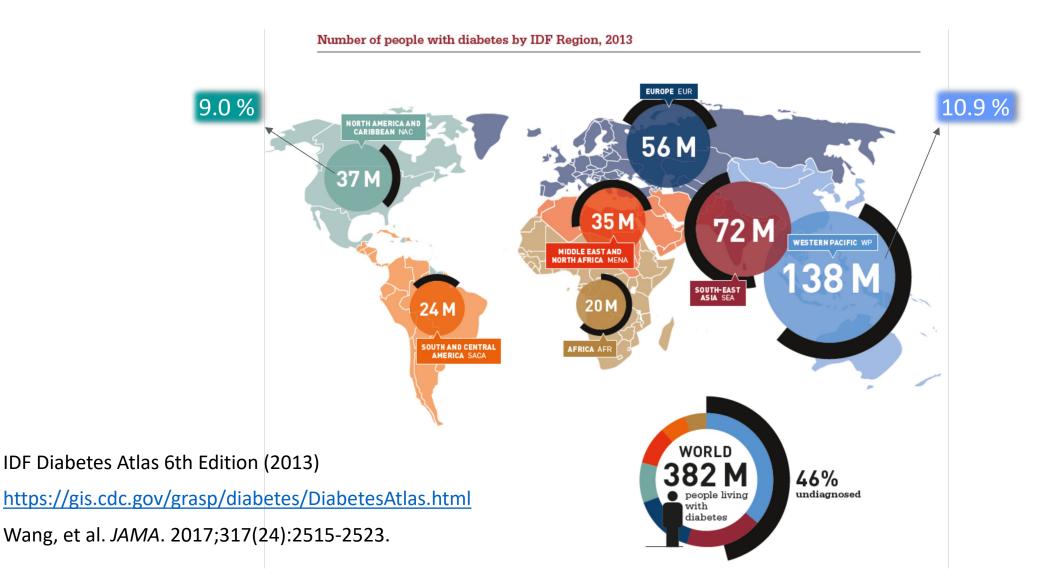
Relationship of Obesity to Co-Morbid Diseases Willet, et al. NEJM. 341:427-34, 1999

Women



Men

Worldwide Diabetes Prevalence: 2013



Epidemiology: Summary

- Trends for obesity, diabetes continue to rise
- Communities of color are disproportionately affected
- Number of "healthy weight" Americans is now < 30%



Causes of Obesity

Primary:

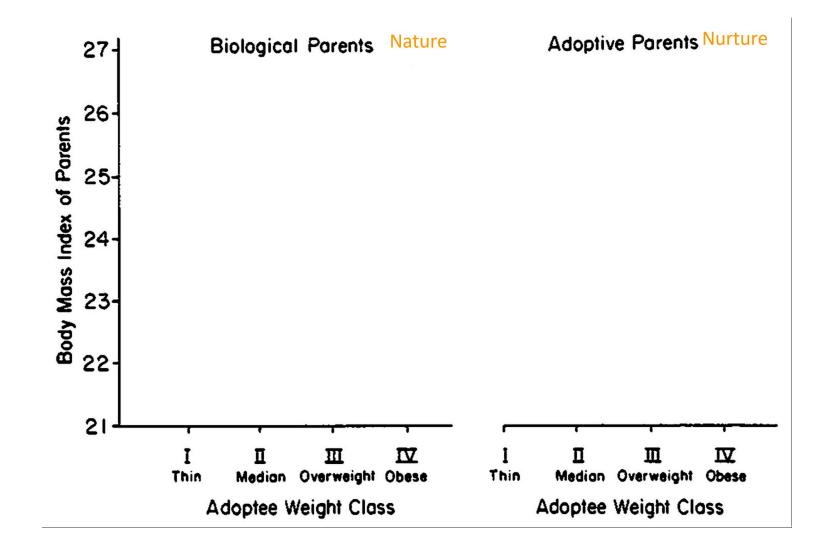
- Genetics: 40 70%
- Environment

Secondary:

- Hypercortisolemia
- Drugs



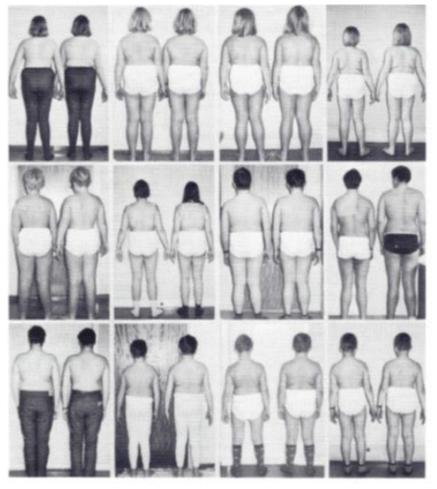
Danish Adoptees Study Stunkard AJ et al. N Engl J Med 1986;314:193-198.



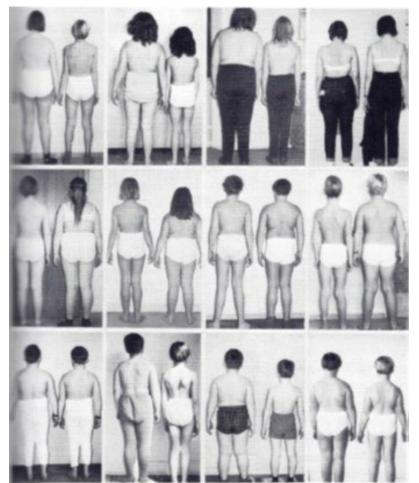
Twins Studies

Acta Ptediatr Scand 65: 279-287, 1976

Monozygous (Identical) Twins



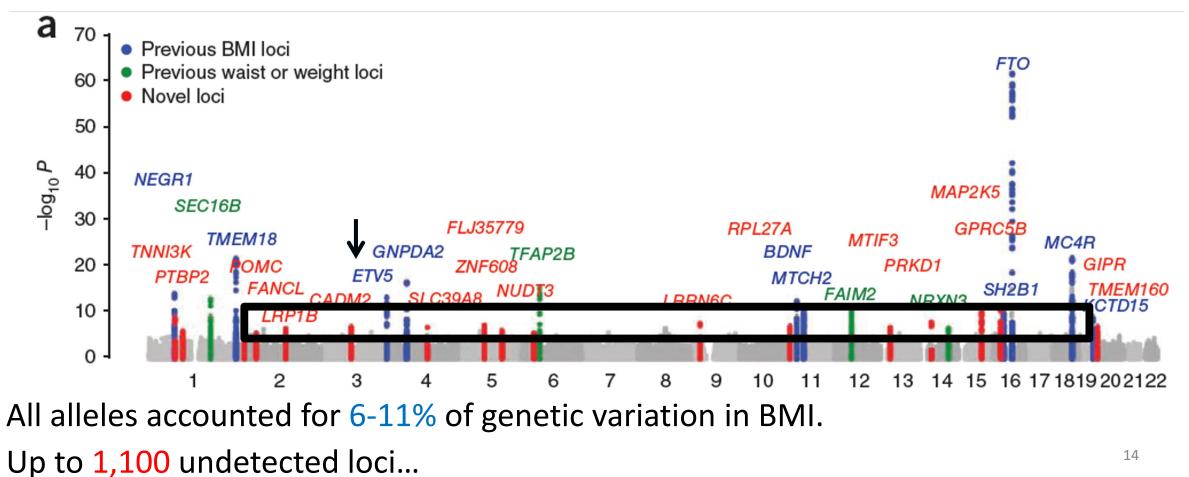
Dizygous (Fraternal) Twins



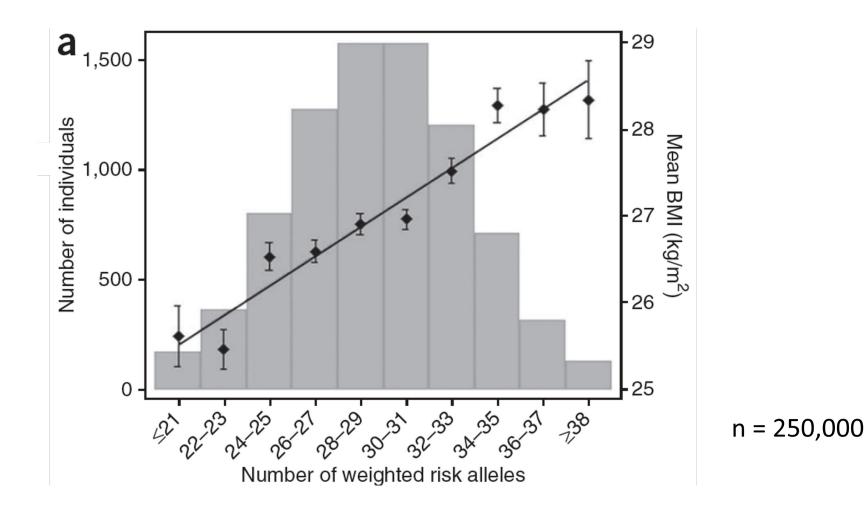
Genetic Mutations Associated With BMI and Obesity Measures

Nature Genetics 45, 501–512 (2013) Buniello, A. et al. Nucleic Acids Res. 2019. 47, D1005–D1012.

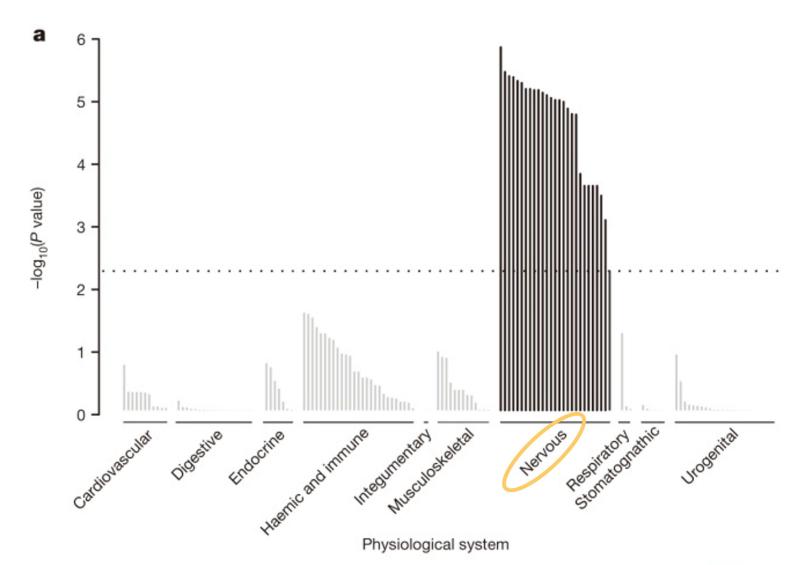
n = 250,000. 165 Loci associated with BMI or waist circumference.



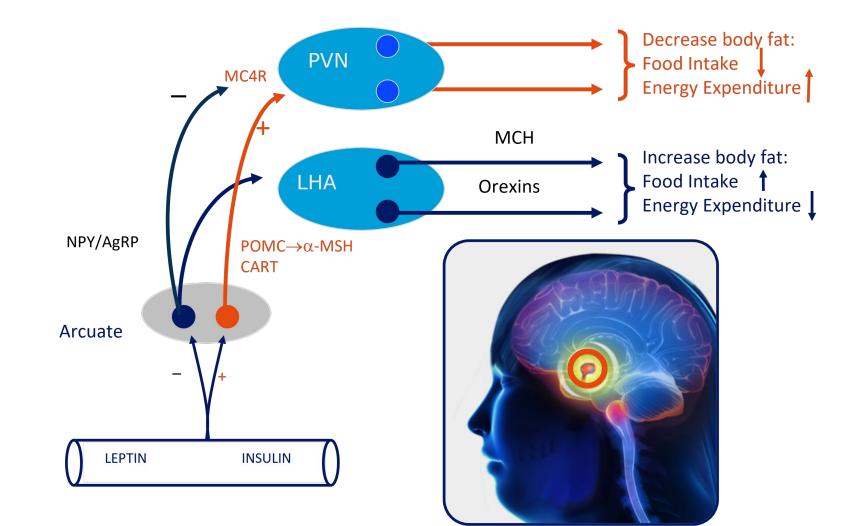
Genetic Mutations Associated With BMI Nat Genetics. 2010. 42:937-48.



BMI-associated Genetic Loci: Tissue Specificity AE Locke et al. Nature. 2015. 518, 197-206.



Hypothalamic control of energy homeostasis by adiposity signals: The Set Point





Causes of Obesity – Environmental Factors

Primary:

- Genetics: 40 70%
- Environment
 - Low activity
 - Calorie dense foods (high fat, refined sugar)
 - Microbiome
 - Environmental toxins
 - In-utero

Secondary:

- Hypercortisolemia
- Drugs





Causes of Obesity – In-Utero Environment

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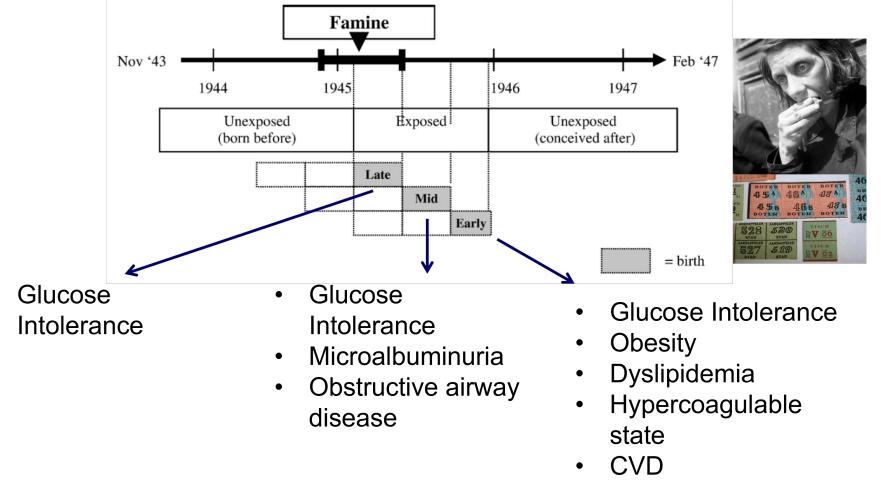




Early Life Programming of Diabetes and Obesity:

<u>Under</u>nutrition

Dutch Famine ("Hongerwinter") Study Roseboom, et al. Early Human Development (2006) 82, 485—491

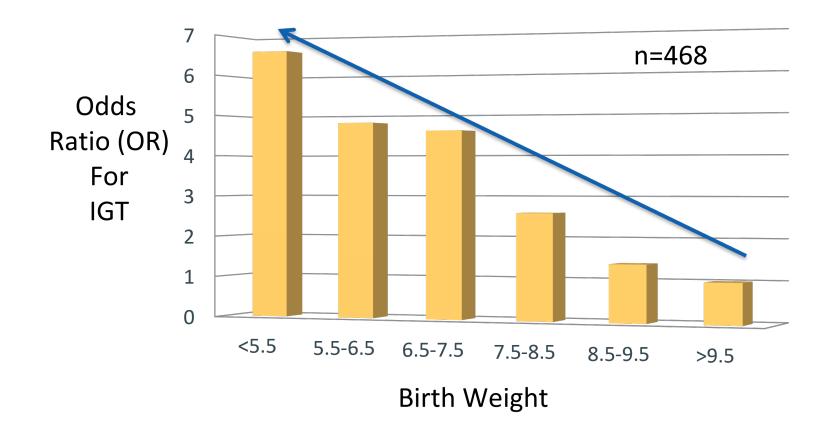


• Breast CA

Fetal Undernutrition & Later Obesity

SPECIES	TIMING	ТҮРЕ	OUTCOME
Human: Dutch Famine	Early-mid gestation	Decrease Global Calories	Increase Obesity
Human: Birth-to-10 (S Afr)	Throughout gestation	Decrease Global Calories	Increase Visceral fat IF increase postnatal nutrients
Sheep	Early-mid gestation	Decrease Global Calories	Increase Visceral fat
Rats	Throughout gestation	Decrease Global Calories	Increase Visceral fat

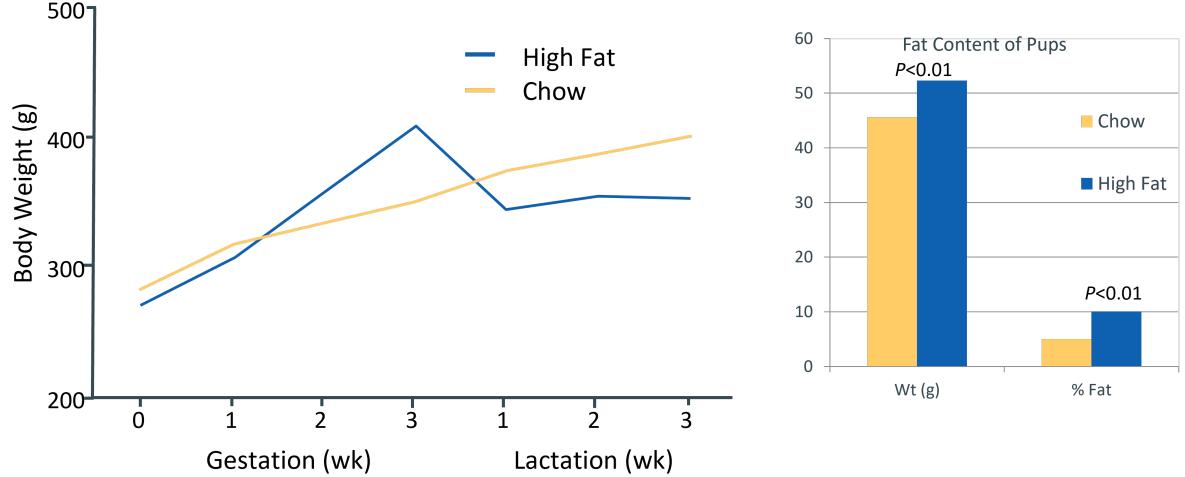
Adult Offspring Impaired Glucose Tolerance (IGT) Risk by Birthweight Hales, et al. BMJ. 1991. 303:2019-22.



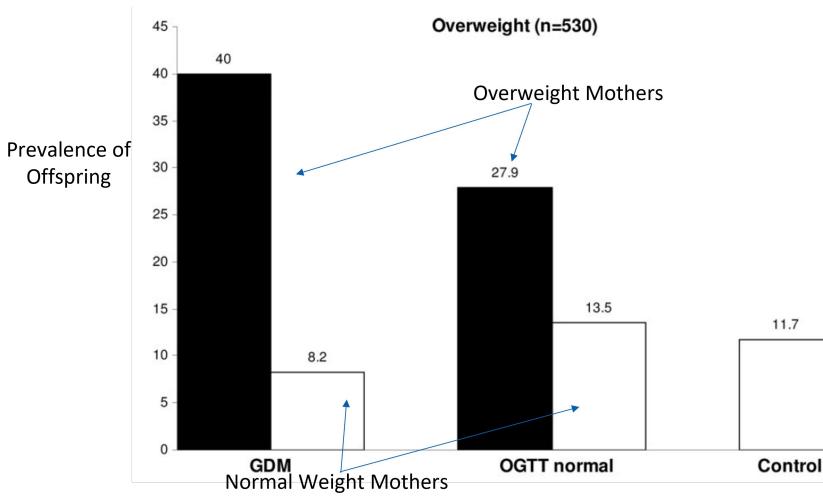
Early Life Programming of Diabetes and Obesity:

Over (mal) nutrition

Progeny Wt Gain of Wistar Rat Moms Fed a High Fat Diet Guo and Jen. Physiol Behav. 1995;681-6.



Increased Prevalence of Offspring Overweight at Age 16 From Overweight Women and GDM Pirkola, et al. Diabetes Care. 2010. 33: 1115-21.



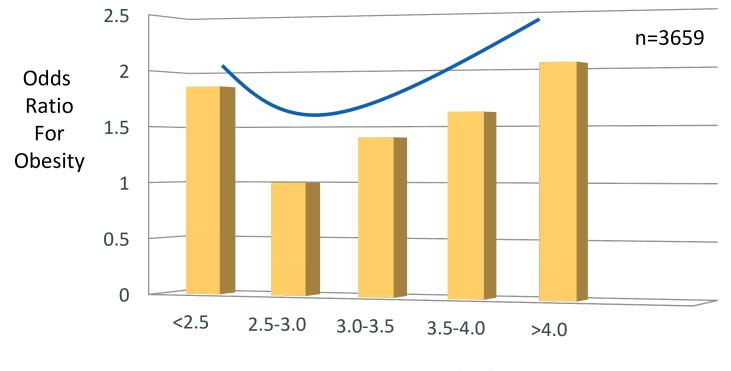


Maternal Glycemia and Offspring Obesity At Age 5 – 7 Years

Hillier, et al. Diabetes Care. 30:2287–2292, 2007.

Maternal glucose scale with screening		Child's weight >95th percentile*	
for GDM by GCT and OGTT	n	Prevalence (%)†	OR (95% CI)‡§
Women with normal GCT (quartiles)	7,609		
43_94 mg/dl	1,987	10.3	Reference
95–108 mg/dl	1,953	12.0	1.15 (0.92-1.44)
109–121 mg/dl	1,801	13.4	1.20 (0.96–1.50)
122–140 mg/dl	1,868	13.2	1.28 (1.02–1.60)
Women with GCT/OGTT	9,439		

Birth Size and Obesity in Adult Life: Trouble at Both Ends of the Birth Weight Spectrum Eriksson, et al. IJO. 2001. 25:735-740.

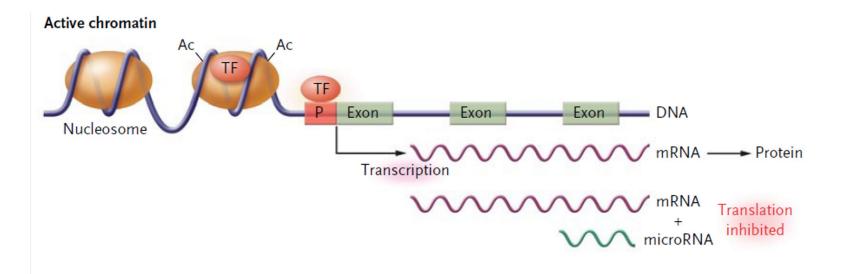


Birth Weight (Kg)

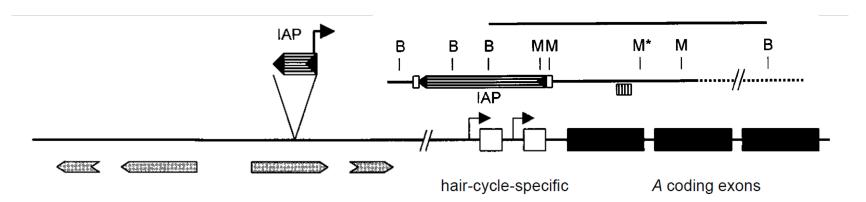
Early Life Programming of Diabetes and Obesity:

Mechanisms

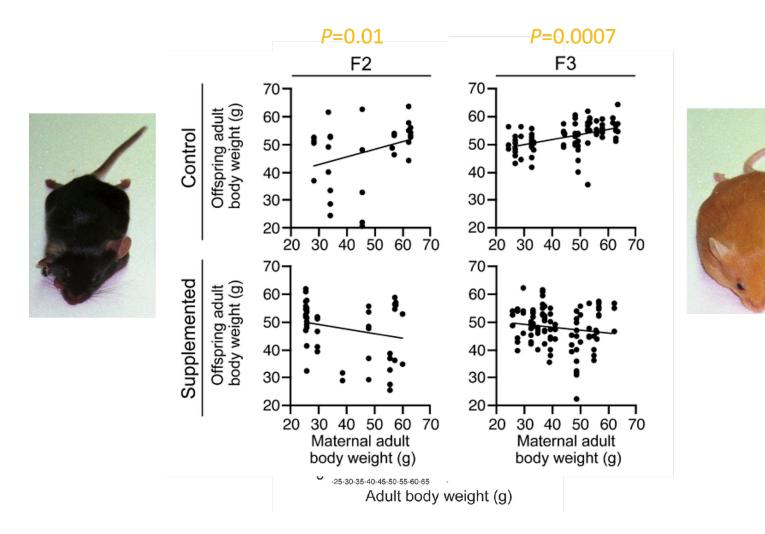
Effect of In Utero and Early-Life Conditions on Adult Health and Disease: Epigenetics Gluckman, et al. NEJM. 2008;359:61-73.



Epigenetic inheritance at the agouti locus in mice. Morgan, et al. Nat Genetics. 1999.



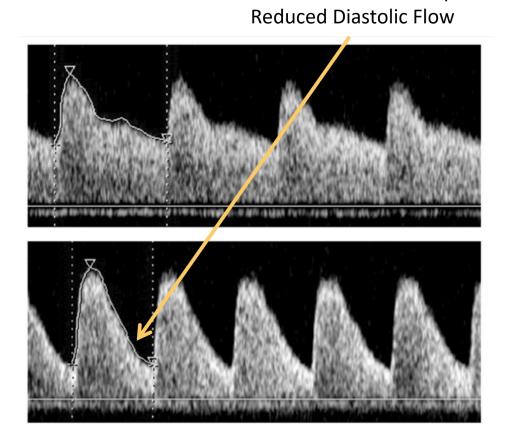
Transgenerational Obesity Phenotype of Agouti Mouse is Modified by Methyl Supplemented Diet Waterland, et al. IJO. 2008. 32:1373-79.



Early Life Programming of Diabetes and Obesity:

Placental Health

High Fat Diet Impairs Placental Health in Primates Frias, et al. Endocrinology 152: 2456–2464, 2011



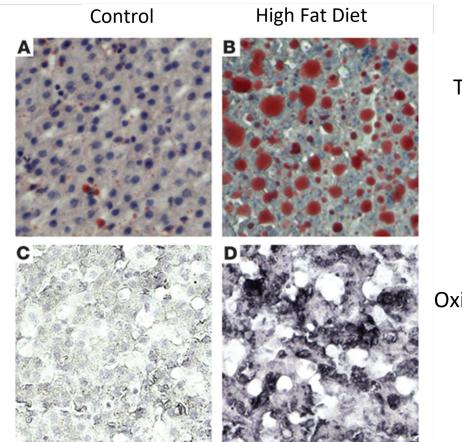
Increased Vascular Impedance.

Uterine Artery Volume Blood Flow 50 40 cQuta mL/min /kg 30 20 10-CTR HFD R HFD S Ε **Placental Volume Blood Flow** ↑ Placental infarctions cQuv mL/min/cm 3. ↑ Placental inflammation 34 CTR HFD R HFD S

Early Life Programming of Diabetes and Obesity:

Inflammation

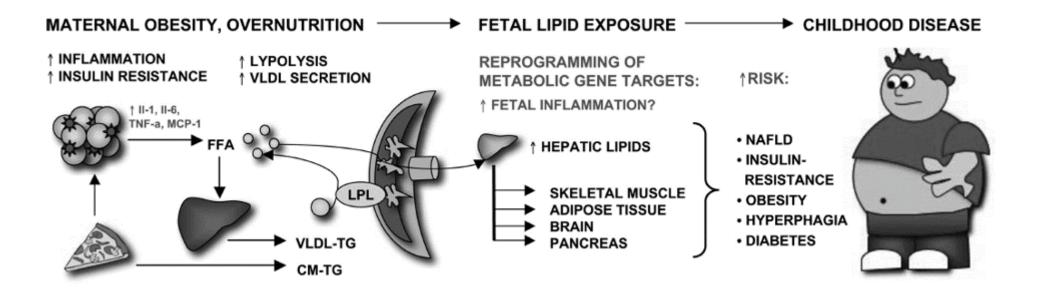
Fetal Liver Fat Accumulation/Lipotoxicity in Offspring of Monkey Mom's on Chronic High Fat Diet McCurdy et al, J Clin Investigation. 2009



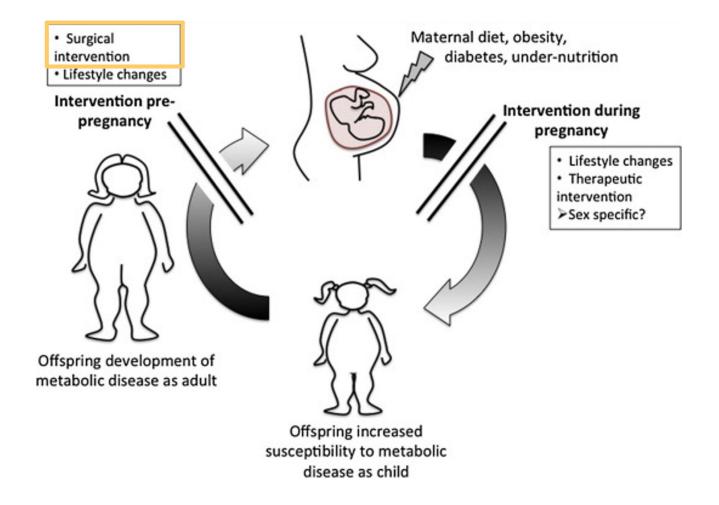
Triglyceride Staining

Oxidative Stress Staining

Maternal Obesity/Overnutrition leading to Childhood Disease

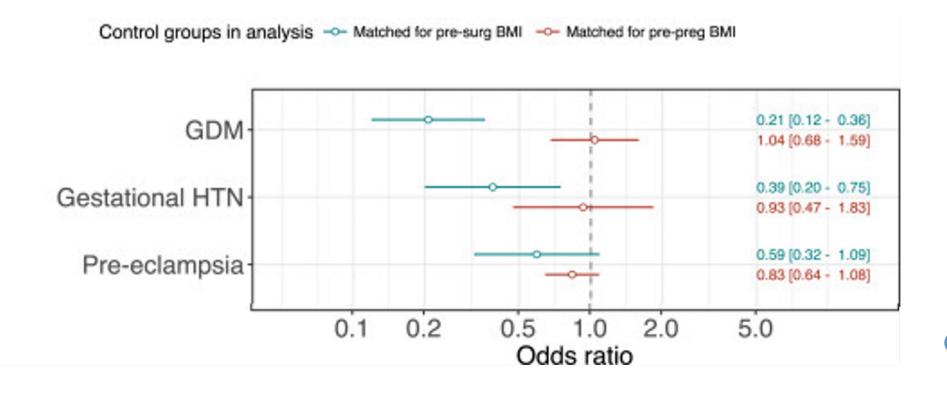


Early Life Programming of Diabetes and Obesity: Effect of Weight Loss



Maternal Fetal Outcomes after Bariatric Surgery – High Blood Pressure and Blood Sugar Kwong W, et al. AJOG. 2018. 218:573-580

20 cohort studies, ~ 2.8 million subjects, 8364 of whom had bariatric surgery

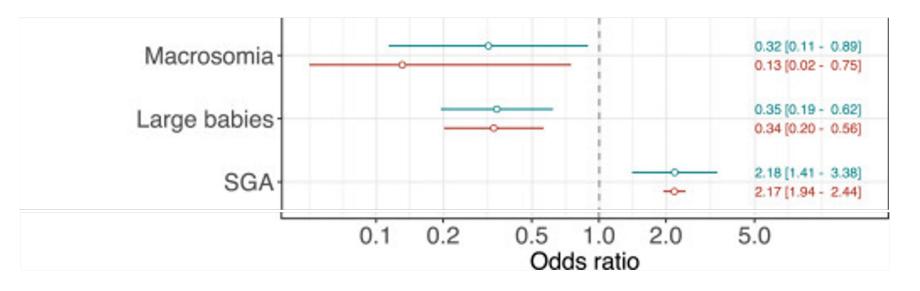




Maternal Fetal Outcomes after Bariatric Surgery – Larger Birth Weights ^{Kwong W, et al. AJOG. 2018. 218:573-580}

20 cohort studies, ~ 2.8 million subjects, 8364 of whom had bariatric surgery

Control groups in analysis --- Matched for pre-surg BMI --- Matched for pre-preg BMI

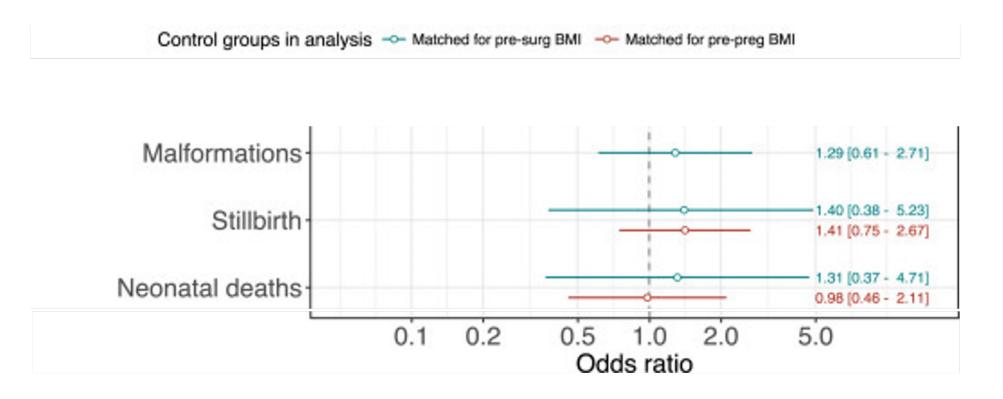




Maternal Fetal Outcomes after Bariatric Surgery – Birth Issues

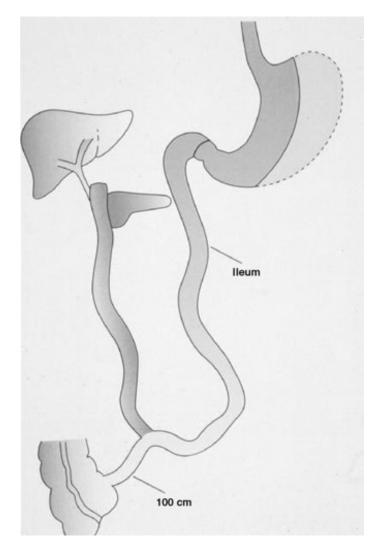
Kwong W, et al. AJOG. 2018. 218:573-580

20 cohort studies, ~ 2.8 million subjects, 8364 of whom had bariatric surgery





Maternal Weight Loss From Biliopancreatic Diversion Prevents Transmission of Obesity to Children Kral, et al. Pediatrics. 118:e1644-49, 2006.



- N=113 women
- BPD with pylorus-preserving sleeve gastrectomy ("duodenal switch")
- Mean BMI decreased from 48 to 31 kg/m2

Maternal Weight Loss From Biliopancreatic Diversion Prevents Transmission of Obesity to Children (con't) Kral, et al. Pediatrics. 118:e1644-49, 2006.

Weight Group	Before BPD (n = 45)	After BPD (n = 172)	Change
Normal weight, n (%)	16 (36)	98 (57*)	Increase
Overweight, n (%) ^a	9 (20)	28 (16)	Decrease
Obese, n (%) ^b	18 (40)	33 (19)	Decrease
Severe Obese, n (%) ^c	11 (24)	23 (13)	Decrease
Underweight, n (%)	2 (4.4)	13 (7.5)	Level

^a Overweight + obese among BMS versus AMS: P = 0.006.
^b Obese among BMS versus AMS: P = 0.005.
^c Severe obese among BMS versus AMS: P = 0.04
* Same as general population.

Summary

- Both maternal undernutrition (low birth weight) and over (mal) nutrition (increased birth rate) contribute to increased risk for obesity and diabetes.
- Evidence supports independent effects of both body weight and maternal diet on offspring risk.
- Proposed mechanisms include
 - Metabolic programming
 - Epigenetics
 - Altered placental health
 - Inflammatory mediators
- Implications are for a "feed forward," transgenerational potentiation of obesity and T2DM.
- Preliminary data support benefits of maternal weight loss.

