Optimizing the Exercise Drug to Oppose Glucose Intolerance/T2D

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May 20th, 2:30 PM

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Optimizing the Exercise Drug to Oppose Glucose Intolerance/T2D

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Lab mission: Metabolic rehabilitation

Understand how physical activity, diet and pharmacology can be optimally integrated to reverse insulin resistance and prevent T2D
79 million with prediabetes =

everyone in U.S. that is left-handed (30) +
everyone who is Jewish (6) +
all households in U.S. that own dogs (43).

Insulin resistance is an underlying theme for
Type-2 diabetes (as well as CVD)
Insulin Resistance

LIVER

MUSCLE

islet cells

FAT

CNS

Energy Metabolism Laboratory
Diabetes Prevention Program, NEJM, 2001

Cumulative Incidence of Diabetes (%)

Year

Placebo
Metformin
Lifestyle

>150’ exercise/wk. goal to lose 7% BW.
Lifestyle change

Weight loss

beneficial impact on metabolic health
Mean weight loss: 3.3 kg

Activity maintained at about 150'/wk
Lifestyle change

habitual activity

Weight loss

beneficial impact on metabolic health

Metformin
Single dose

King et al., JAP, 1995
Lifestyle change

- exercise training
- acute exercise

Weight loss

beneficial impact on metabolic health

Metformin
Exercise as drug

At sufficient **dose**, exercise improves metabolic function for a period of time but the effect wanes, requiring subsequent doses.

**Tailoring dose to achieve maximal effect** is likely to result in biggest long-term reward
What do we need to know?

Dose:
- Threshold (≈ 150 min/week)
- Frequency (3+ d/wk)
- Intensity/Duration (HIIT, sedentary time?)

Interactions with diet

Interactions with other medications
No-Exercise

LO = 3 bouts at 50%
$VO_2^{\text{max}}$, = 750 kcal

HI = 3 bouts at 75%
$VO_2^{\text{max}}$, = 750 kcal

Braun et al. J Appl. Physiol. 1995
Interactions with diet: Energy balance?

16 men and women

Energy Deficit “DEF”

Energy Balance “BAL”

Weight Maintenance Period

Pre-Training Insulin Action

6 DAYS OF EXERCISE

Post-Training Insulin Action
<table>
<thead>
<tr>
<th></th>
<th>DEF</th>
<th>BAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy Ingested (kcals)</td>
<td>2246 ± 97</td>
<td>2925 ± 159</td>
</tr>
<tr>
<td>Estimated Energy Expenditure (kcal)</td>
<td>2727 ± 182</td>
<td>2917 ± 169</td>
</tr>
<tr>
<td>Energy Balance (kcal)</td>
<td>-481 ± 24</td>
<td>+8 ± 20</td>
</tr>
<tr>
<td>Weight Change (kg)</td>
<td>-0.62 ± 0.2</td>
<td>+0.03 ± 0.2</td>
</tr>
</tbody>
</table>

All food provided, EE derived from RMR, accelerometers, food, activity records
Whole-body and hepatic insulin action (CIG-SIT)

### Outcomes:
whole-body glucose uptake and
suppression of liver glucose output
Energy balance the only difference?

CHO content of diets in 2 groups different.

DEF = 330 g CHO/day; BAL = 410g/day.

Meal (60% CHO) immediately post-exercise
Weight loss

Lifestyle change

Pharmacology

exercise training

acute exercise

energy balance

meal CHO

timing

beneficial impact on metabolic health
Diabetes Prevention Program, NEJM, 2001

Lifestyle + metformin = even better?
Exercise and metformin

**Purpose**: Combined effect of metformin and acute exercise on insulin sensitivity and AMPK α2

**Hypothesis**: $1 + 1 = 2$
Metformin group: pre-Met, Met + rest, post Met + Ex

<table>
<thead>
<tr>
<th>Overnight Fast</th>
<th>40 min rest or exercise</th>
<th>BIOPSY</th>
<th>90 min. stable isotope [6,6-2H] glucose infusion</th>
<th>Euglycemic hyperinsulinemic clamp</th>
</tr>
</thead>
</table>

Percutaneous biopsy of vastus lateralis

Goodyear lab for analyses of AMPK activity, glycogen, and western blots.

Placebo group: rest, exercise

Blood sampling
Sharoff et al., Am J Phys, 2010
Sharoff et al., Am J Phys, 2010
Does metformin blunt beneficial effects of training?

32 men and women with prediabetes

12 wks training with or w/o metformin, metformin only and control

Insulin sensitivity using clamp and tracers
Insulin sensitivity enhanced more with exercise alone than when combined with metformin

Malin et al. Diabetes Care, 2011
Non glycemic outcomes

SBP:
C = +6.5%, M = -7.3%, EP = -6.3%, EM = 0.0%

hs-CRP:
C = +6.4%, M = -20.1%, EP = -27.4%, EM = -8.4%

TAG:
C = +3.1%, M = -13.8%, EP = -13.5%, EM = -12.0%
Why?

Wt? Only M and E+M lost weight
Fat? M = nc, E+M and E+P = -2%
Central fat? M = nc, E+M and E+P = -1.5%

CRF? M = nc, E+M ≈ +10%, E+P ≈ +20%

ΔVO\text{2peak} and Δinsulin sensitivity: r = .70
Weight loss

Lifestyle change

Exercise training

acute exercise

Timing

Meal CHO

energy balance

beneficial impact on metabolic health

metformin
Role of “sedentary behavior” in mediating efficacy of the exercise drug??
14 normally active men and women
3 conditions, balanced order

Active, energy bal (no sit 15 hr.)

Inactive (sit 15 hr, no diet change )

Inactive, (sit 15 hr, cut kcals )
Stephens et al. Metabolism 2010
Sedentary subjects
Control, 12 wks training (EX), reduced sedentary time (rST) OR both (EX+rST).

EX+rST accentuated impact of EX alone
C-ISI up by 24% vs. 17.5% (but TG same)

Little impact of rST alone
Weight loss

Lifestyle change

exercise training

acute exercise

metformin

energy balance

meal CHO

timing

beneficial impact on metabolic health
Conclusions

At sufficient dose, exercise/physical activity potent countermeasure

Less sedentary behavior useful but not sufficient

Interxns between exercise and nutritional context

Interactions with other meds NOT predictable
beneficial impact on metabolic health
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NIH 5 R56 DK081038
American Diabetes Assoc. 7-04-JF-10
Glass Charitable Trust
Baystate/UMass CBRP
ACSM Student grants