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Optimizing the Exercise Drug to Oppose Glucose Intolerance/T2D

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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
Energy Metabolism Laboratory
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

islet cells

MUSCLE

FAT

CNS
Diabetes Prevention Program, NEJM, 2001

>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

Weight loss

beneficial impact on metabolic health

habitual activity

Metformin

habitual activity
Single dose

![Graph showing Insulin Area (μU·ml⁻¹·min⁻¹) for different time points after a single dose of insulin.

* Significant difference from baseline.

King et al., JAP, 1995

Energy Metabolism Laboratory
Lifestyle change

Weight loss

exercise training

acute exercise

Metformin

beneficial impact on metabolic health
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 (kcal)</td>
<td>2246 ± 97</td>
<td>2925 ± 159</td>
</tr>
<tr>
<td>Estimated Energy</td>
<td>2727 ± 182</td>
<td>2917 ± 169</td>
</tr>
<tr>
<td>Expenditure (kcal)</td>
<td></td>
<td></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)

<table>
<thead>
<tr>
<th>90 min [6,6 $^2$H] glucose</th>
<th>Change infusate</th>
<th>60 min (20% glucose + 2% [6,6 $^2$H] glucose)</th>
</tr>
</thead>
</table>

Fasted state

0

75 90

Steady-state

140 145 150

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
Energy Metabolism Laboratory

Lifestyle change

Pharmacology

Weight loss

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

- Overnight Fast
- 40 min rest or exercise
- BIOPSY
- 90 min. stable isotope [6,6-2H] glucose infusion

### Placebo group: rest, exercise

- euglycemic hyperinsulinemic clamp

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**Percutaneous biopsy of vastus lateralis**

**Blood sampling**

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

ΔVO2peak 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

![Graph showing metabolic rates with percentage changes](image)
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
Lifestyle change

exercise training

Weight loss

- exercise

acute exercise

metformin

- energy balance

meal CHO

energy balance

meal 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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