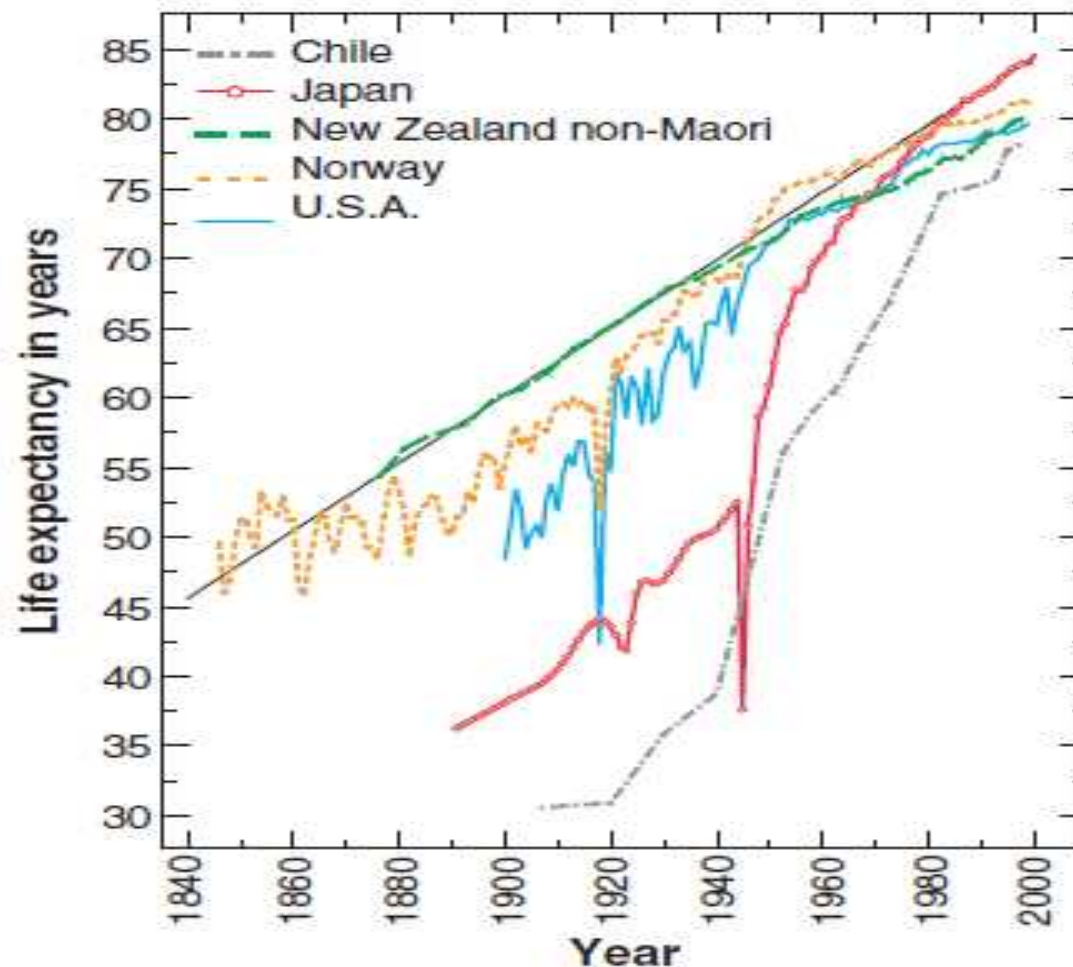


# Excessive adiposity, calorie restriction and age-associated disease

**LUIGI FONTANA, MD, PhD**

Istituto Superiore di Sanità, Division of Nutrition and Aging  
Washington University in St.Louis, Division of Geriatrics

# Life expectancy almost doubled between 1840 and 2007



## Demographics: older adults (65 yrs or older) in Italy

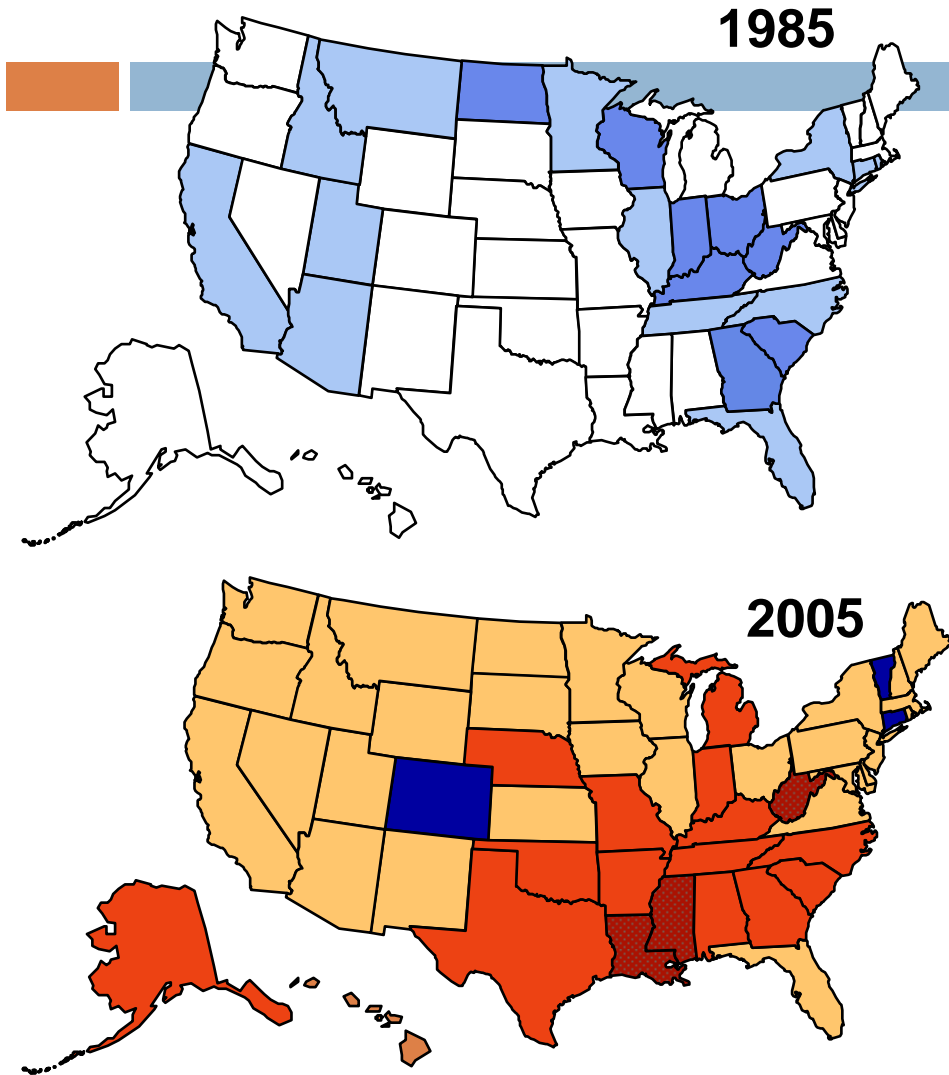
Years	Age distribution (%)			
	0-14	15-64	65+	80+
2001	14.4	67.4	18.2	4.1
2010	14.1	65.3	20.6	5.9
2030	11.6	60.4	28.0	9.4
2050	11.4	54.2	34.4	14.2

# Prevalence of chronic disease

---

- **About 80% of adults over 65 years of age have at least one chronic disease, and 50% have two or more chronic diseases.**
- **Cardiovascular disease, cancer, stroke and diabetes account for nearly 70% of the deaths in the United States and Europe**

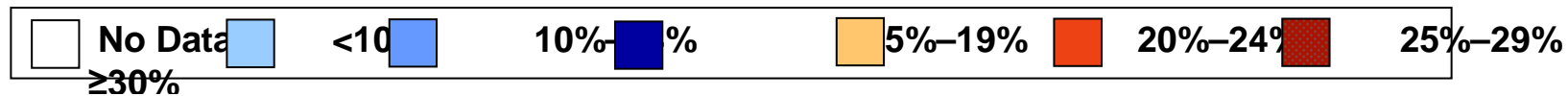
# Epidemic of overweight/obesity in USA



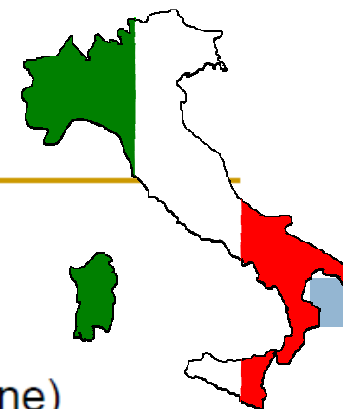
Source: CDC



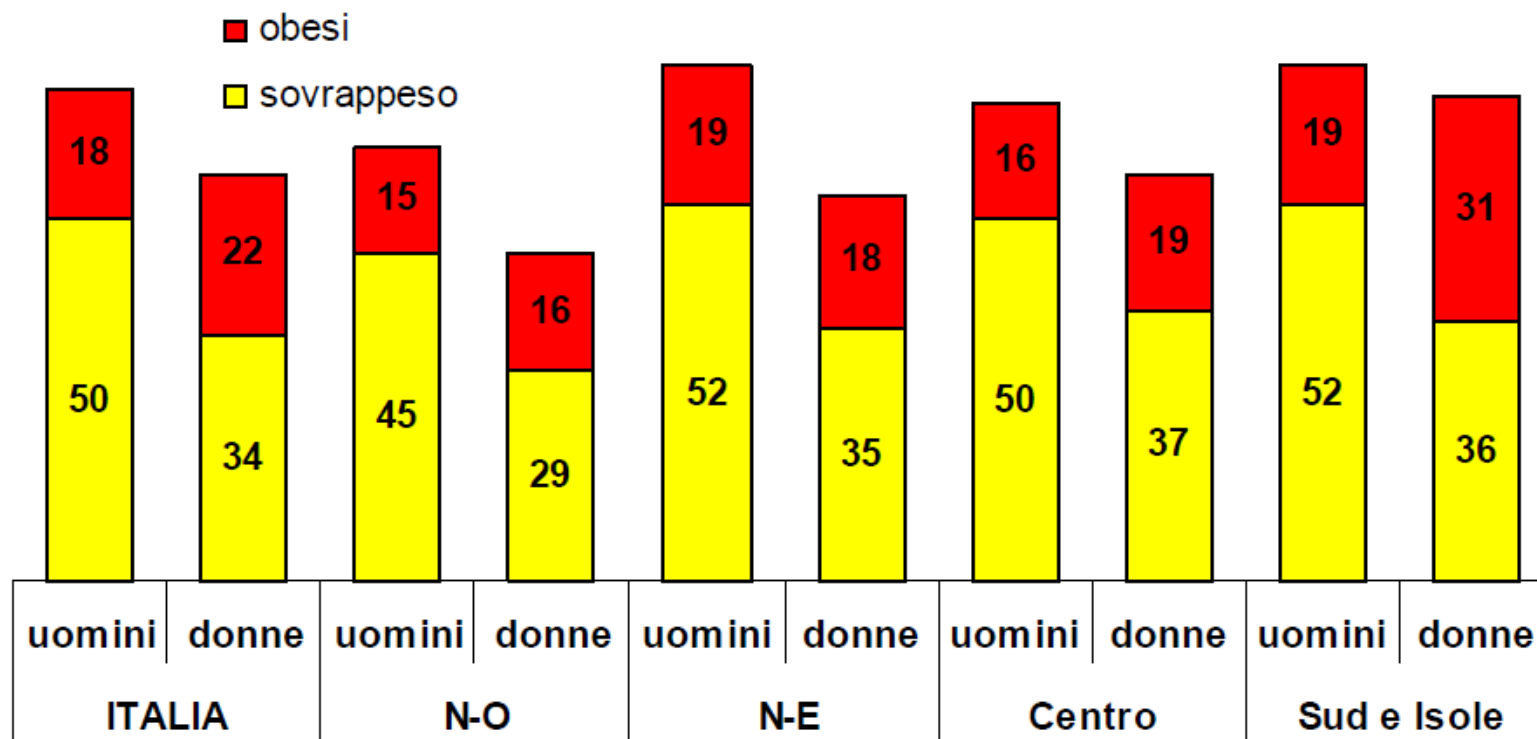
Botero: Una Familia



# DATI EPIDEMIOLOGICI: ITALIA



Percentuali di obesi e sovrappeso  
in campioni della popolazione italiana di età 35 - 74 anni  
numerosità del campione: 9.712 soggetti (4.908 uomini e 4.804 donne)

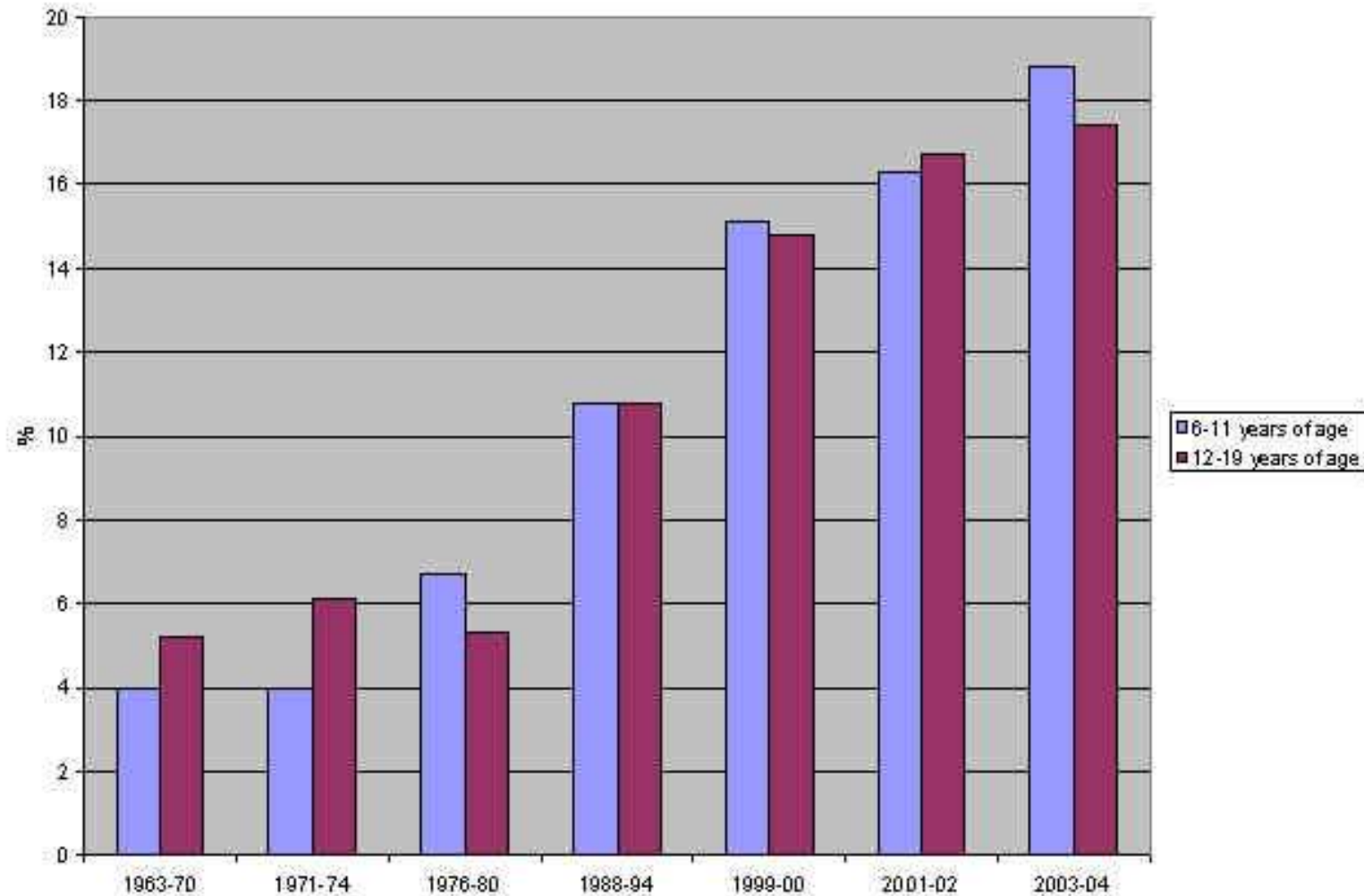


Fonte: Ministero della Salute – ISS: Progetto “CUORE” – anni 1998-2002

# OBESITY: A Weighty Issue for Children

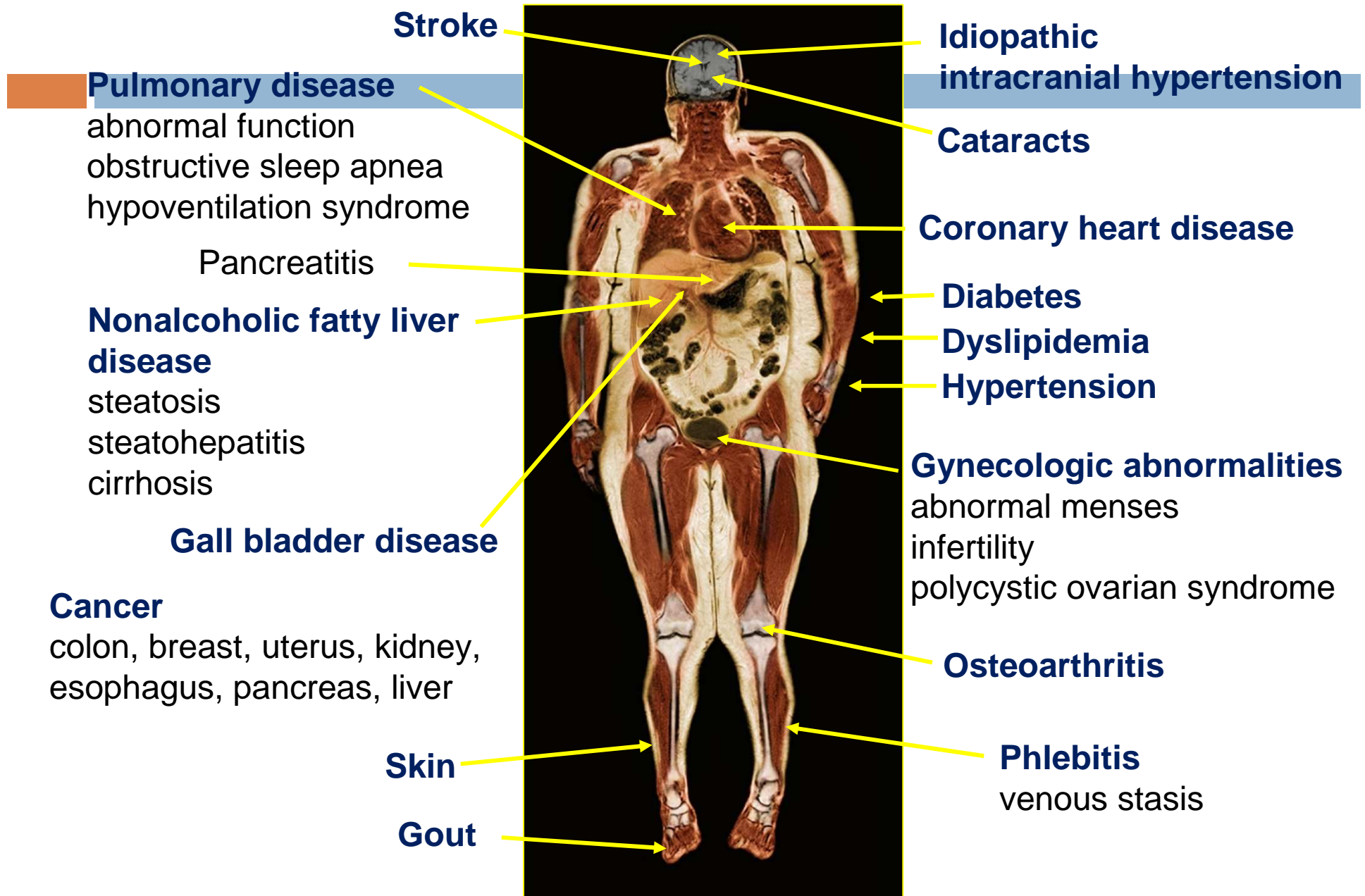


# *Prevalence of obesity among children and adolescents in the USA*

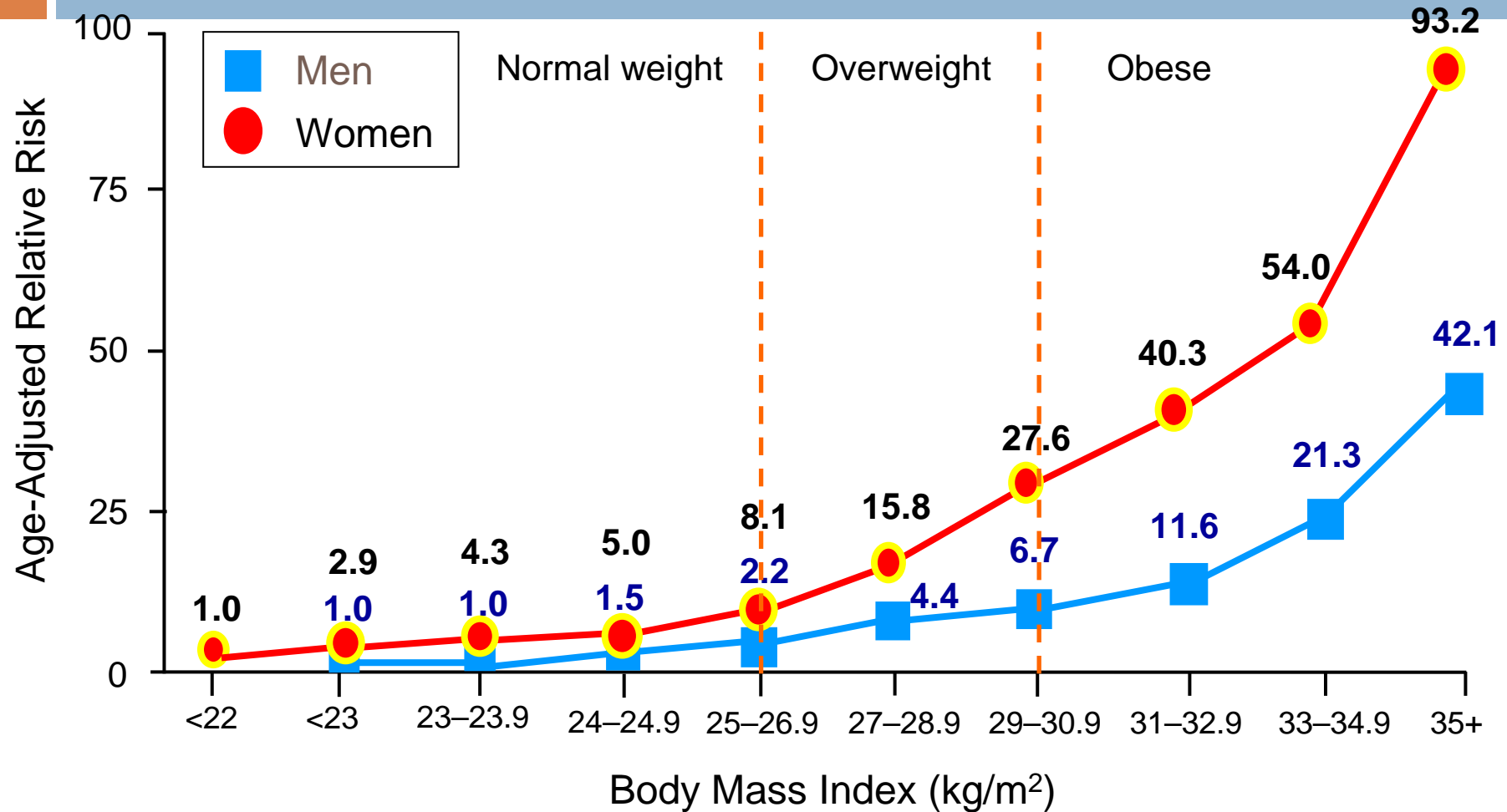




# Medical Complications of Excessive Adiposity

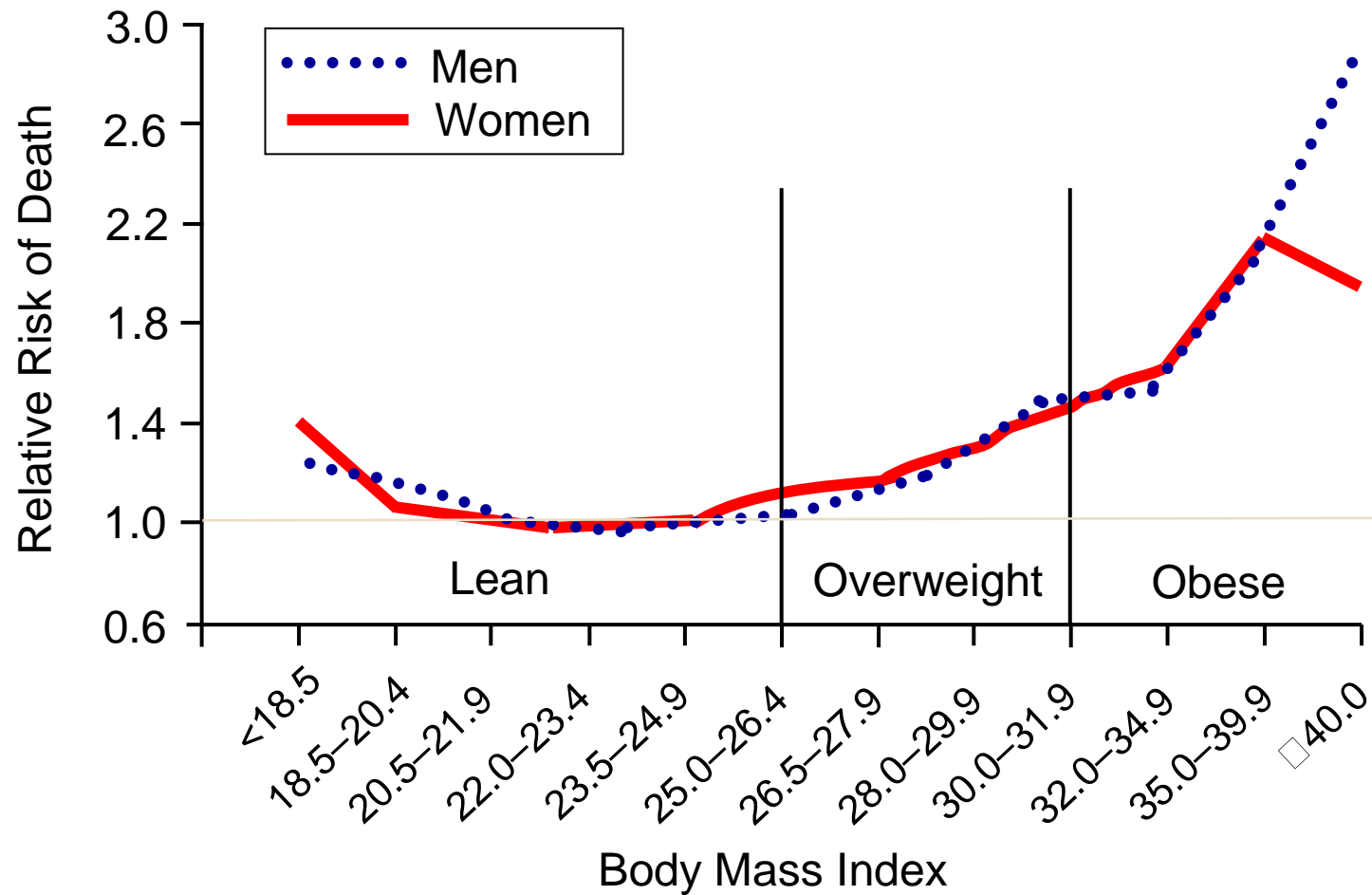


# Relationship Between BMI and Risk of Type 2 Diabetes Mellitus

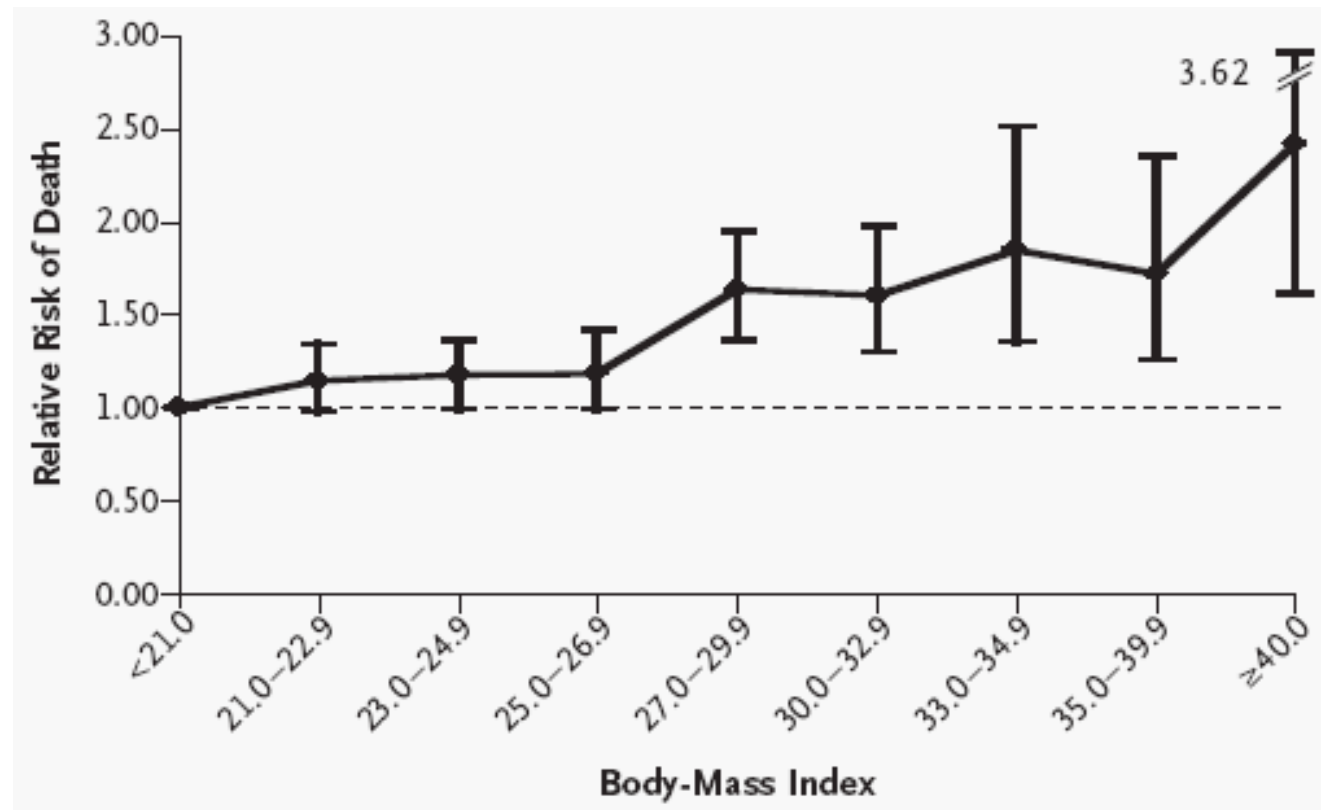


Chan J et al. *Diabetes Care* 1994;17:961.  
Colditz G et al. *Ann Intern Med* 1995;122:481.

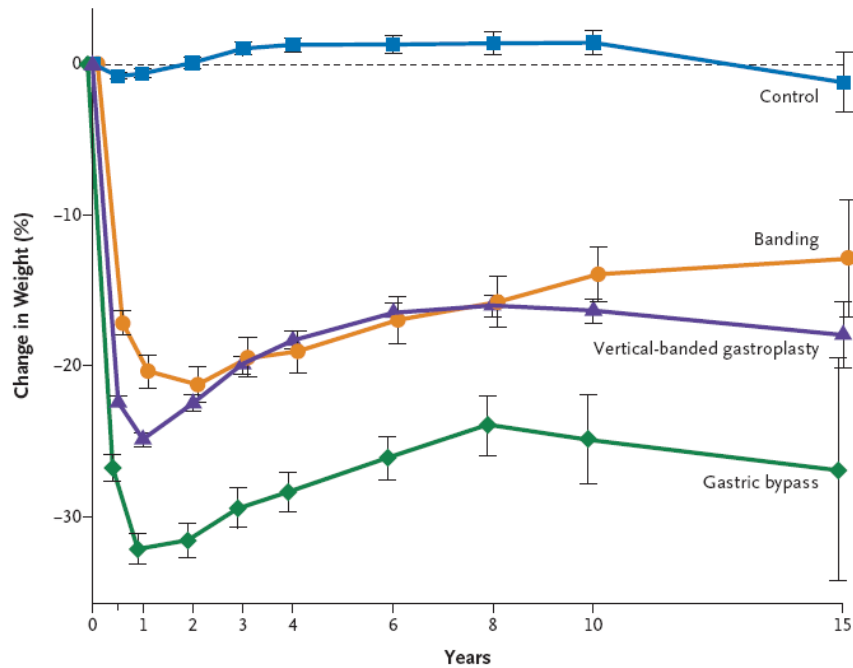
# Relationship Between BMI and Cardiovascular Disease Mortality



# Relationship Between BMI and Cancer Mortality in Women who never smoked



# Effects of Bariatric Surgery on Mortality in Swedish Obese Subjects

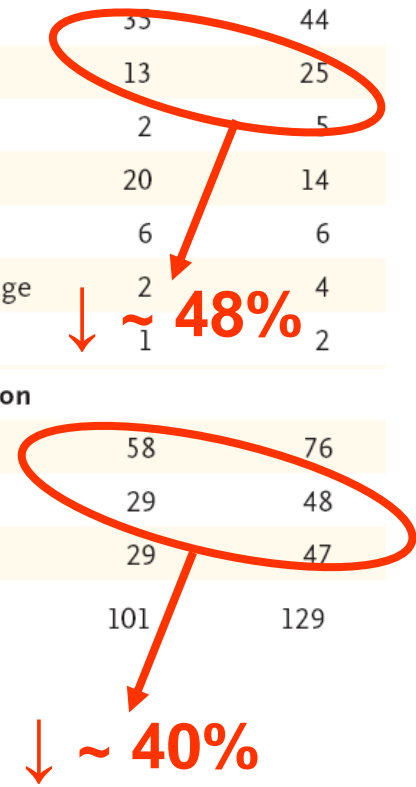


No. Examined	2037	1768	1660	1553	1490	1281	982	886	190
Control	2037	1768	1660	1553	1490	1281	982	886	190
Banding	376	363	357	328	333	298	267	237	52
Vertical-banded gastroplasty	1369	1298	1244	1121	1086	1004	899	746	108
Gastric bypass	265	245	245	211	209	166	92	58	10

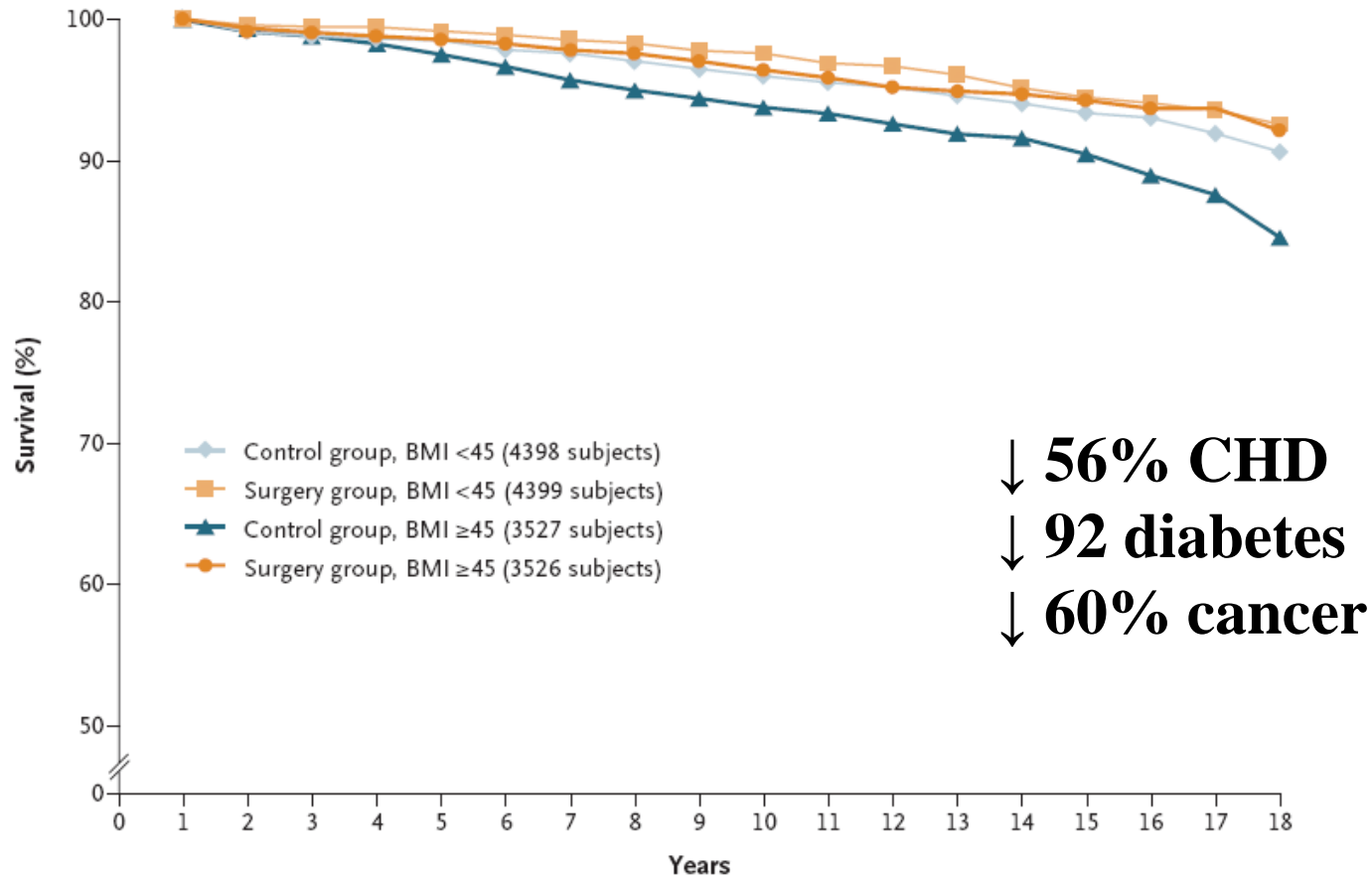
Variable	Surgery Group (N=2010)	Control Group (N=2037)
----------	------------------------	------------------------

Cardiovascular condition	no. of subjects	
Any event	43	53
Cardiac	55	44
Myocardial infarction	13	25
Heart failure	2	5
Sudden death	20	14
Stroke	6	6
Intracerebral hemorrhage	2	4
Infarction	1	2

Noncardiovascular condition	no. of subjects	
Any event	58	76
Tumor	29	48
Cancer	29	47
<b>Total no. of deaths</b>	<b>101</b>	<b>129</b>



# Long-Term Mortality after Gastric Bypass Surgery Reduced by 40%

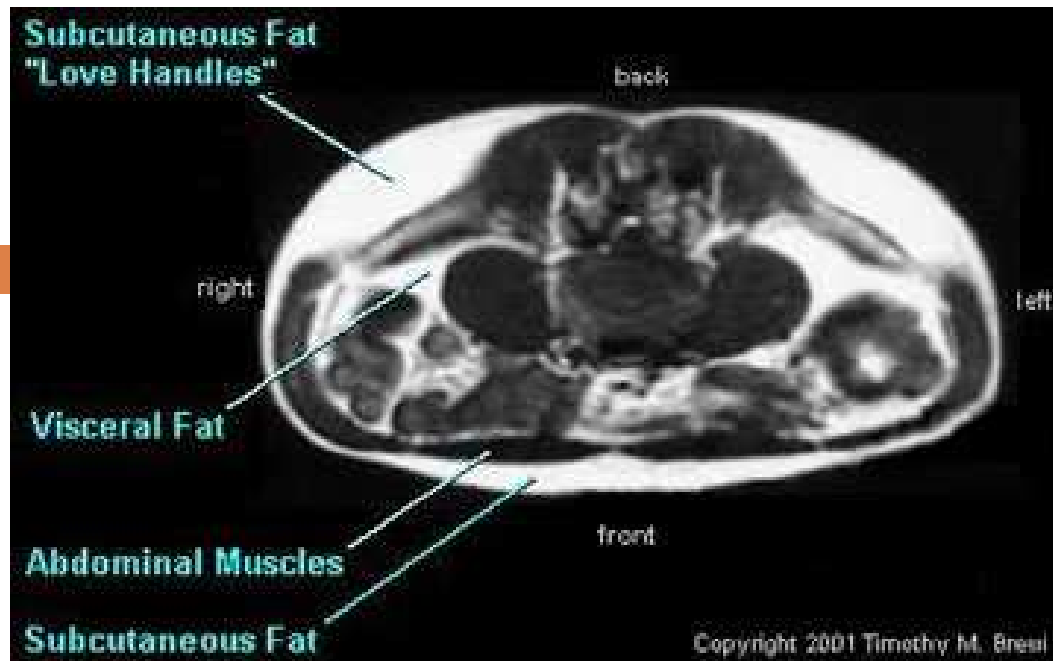


## No. of Deaths

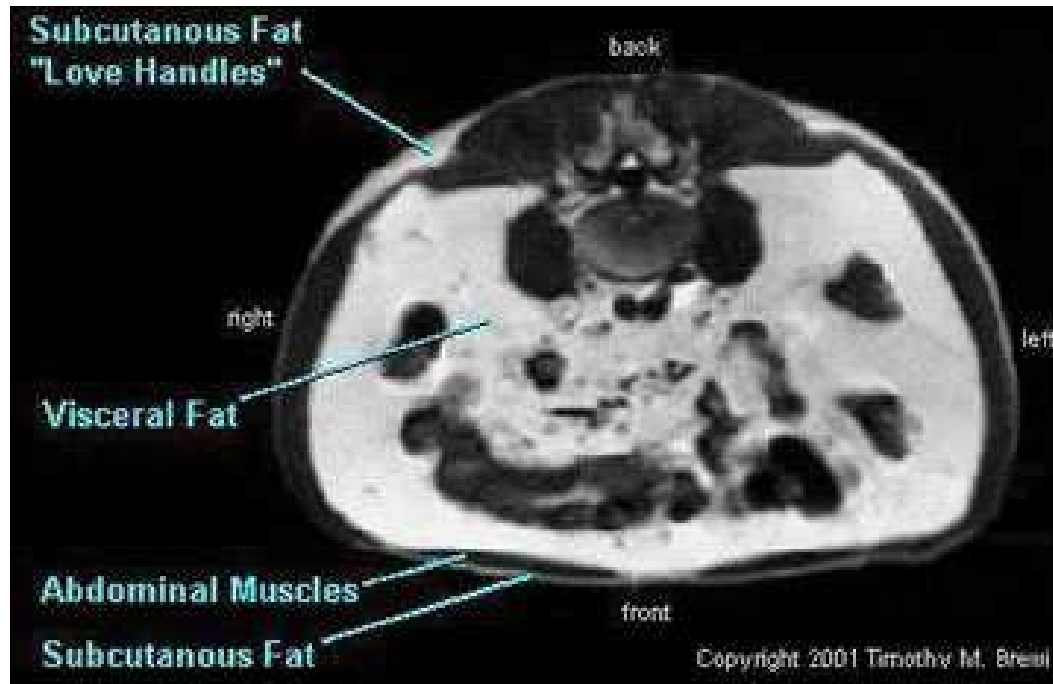
Control group	41	66	85	117	153	176	199	219	234	244	259	271	281	294	302	310	318	327
Surgery group	42	54	62	74	86	102	113	132	141	159	169	182	192	202	206	210	213	213



© copyright 1999  
Lynn S. Ludwig



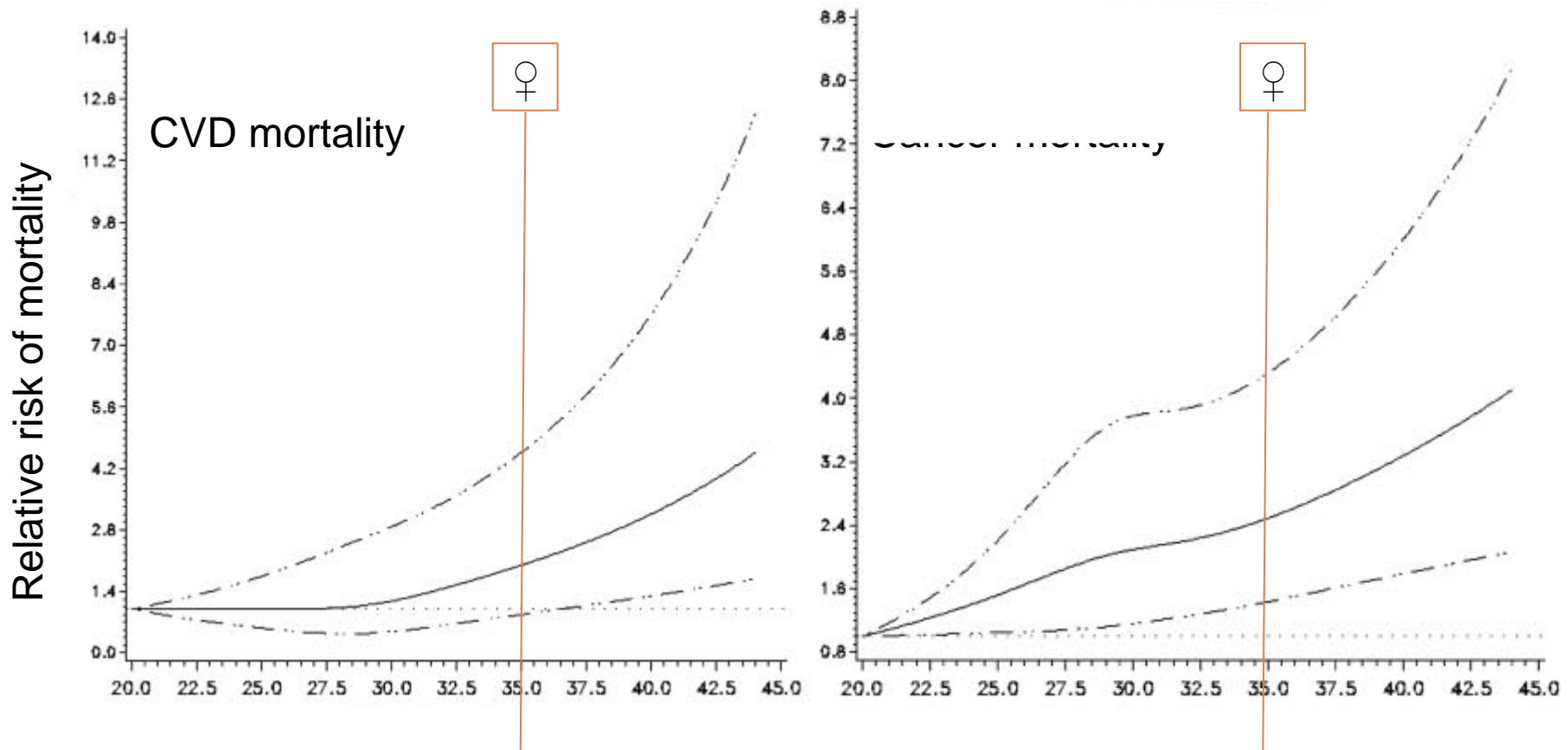
**Normal**



**Visceral Obesity**



# Waist circumference and relative risk of CVD and cancer mortality



# Ethnic specific values for waist circumference

Country/Ethnic group		Waist circumference*
<b>Europids</b> <i>In the USA, the ATP III values (102 cm male; 88 cm female) are likely to continue to be used for clinical purposes</i>	Male	≥ 94 cm
	Female	≥ 80 cm
<b>South Asians</b> <i>Based on a Chinese, Malay and Asian-Indian population</i>	Male	≥ 90 cm
	Female	≥ 80 cm
<b>Chinese</b>	Male	≥ 90 cm
	Female	≥ 80 cm
<b>Japanese</b>	Male	≥ 85 cm
	Female	≥ 90 cm
<b>Ethnic South and Central Americans</b>	<i>Use South Asian recommendations until more specific data are available</i>	
<b>Sub-Saharan Africans</b>	<i>Use European data until more specific data are available</i>	

# Odds ratios of successful aging to age 70+ associated with mid-life waist circumferences in women

	<b>Waist circumference</b>				<i>P</i> for trend
	<b>&lt;71 cm</b>	<b>71-75 cm</b>	<b>76-80 cm</b>	<b>81-87 cm</b>	
<b>Case/No.</b>	<b>232/1081</b>	<b>304/1642</b>	<b>238/1683</b>	<b>211/2208</b>	
<b>Age-adjusted</b>	<b>1.0</b>	<b>0.87</b> (0.72 to 1.05)	<b>0.66</b> (0.54 to 0.81)	<b>0.45</b> (0.37 to 0.55)	<b>&lt;0.001</b>
<b>Multivariable‡</b>	<b>1.0</b>	<b>0.87</b> (0.71 to 1.07)	<b>0.74</b> (0.58 to 0.93)	<b>0.59</b> (0.45 to 0.77)	<b>&lt;0.001</b>

Successful survival to age 70+ years was defined as having no history of 11 major chronic diseases and having no substantial cognitive, physical, or mental limitations.

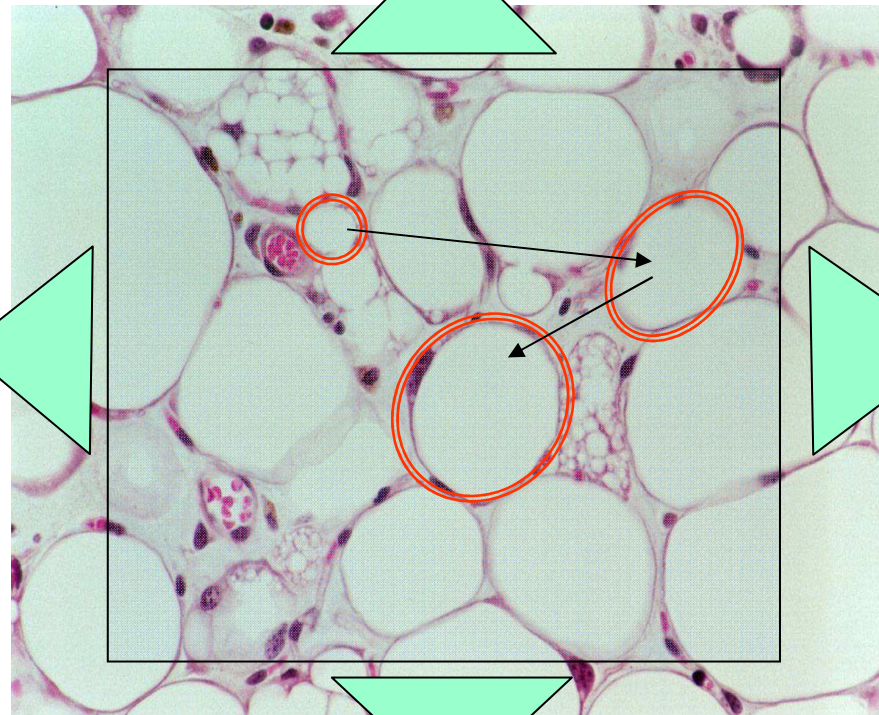
# Adipose tissue as a secretory organ

↑ PAI-1, Angiotensinogen, IGF-1, TGF- $\beta$

↑ Leptin

↓ Adiponectin

↑ Resistin



↑ IL-6

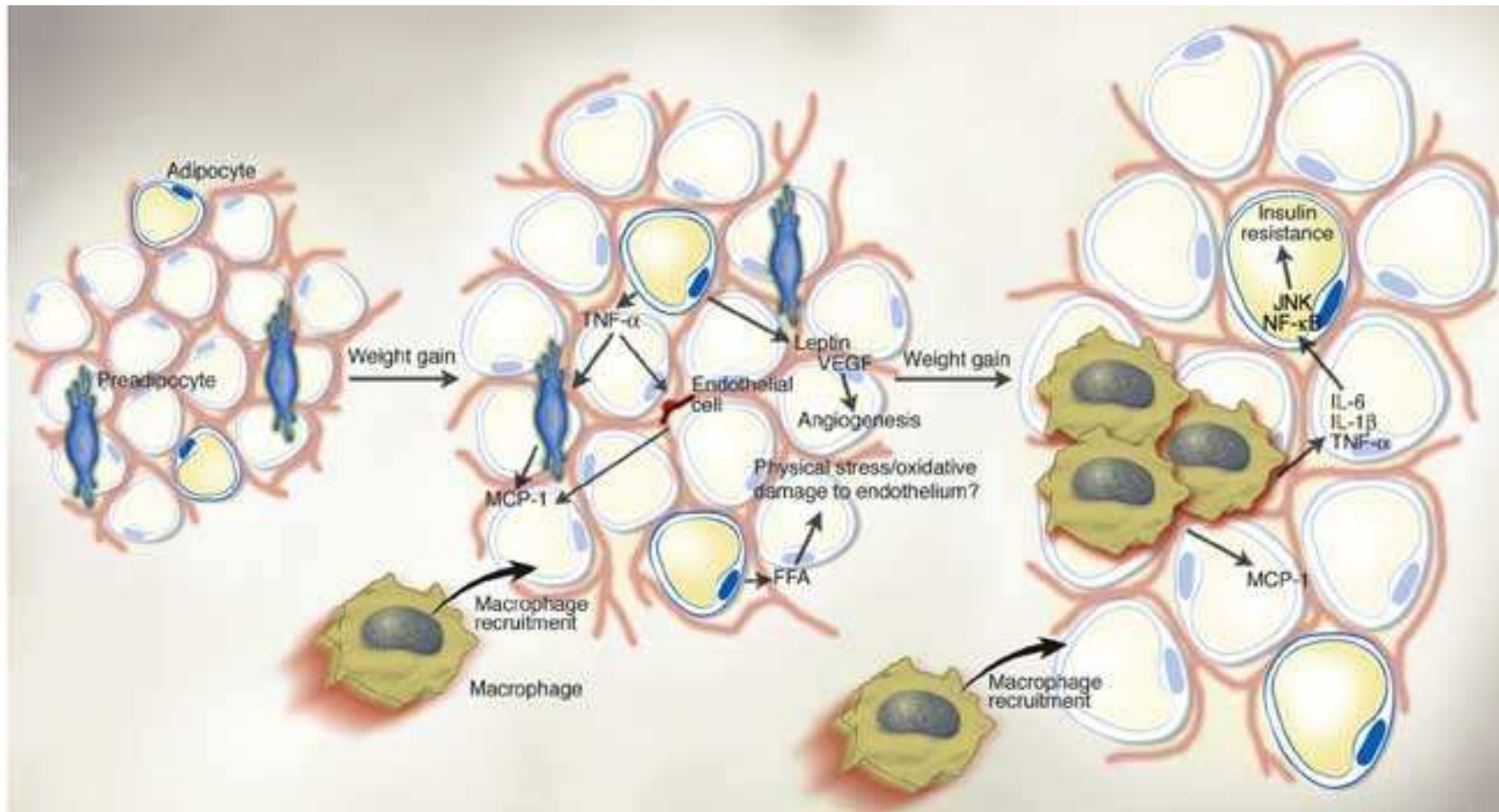
↑ TNF- $\alpha$

↑ MCP-1

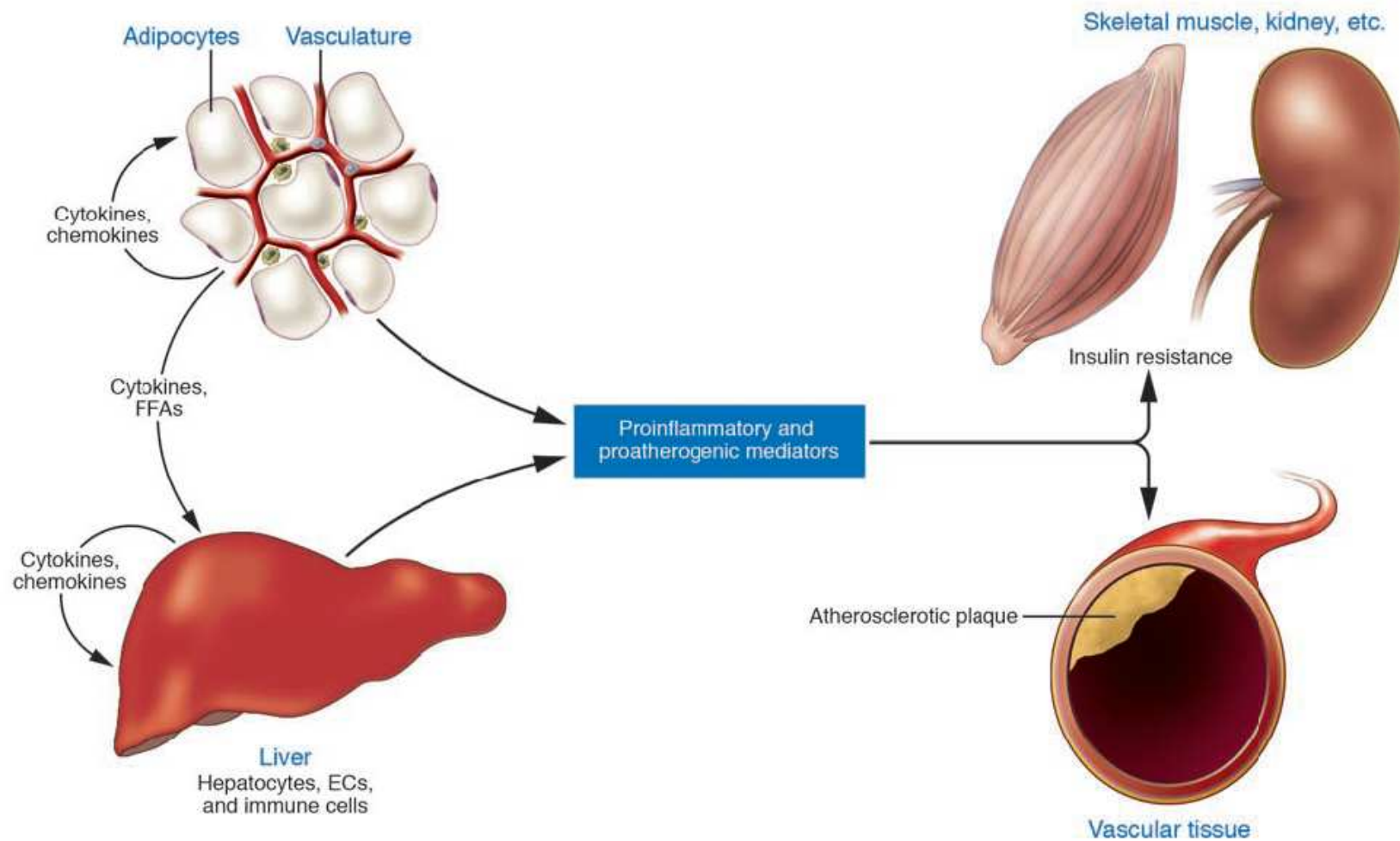
↑ MIF

↑ Free fatty acids, Steroids, Prostaglandins, Complement factors

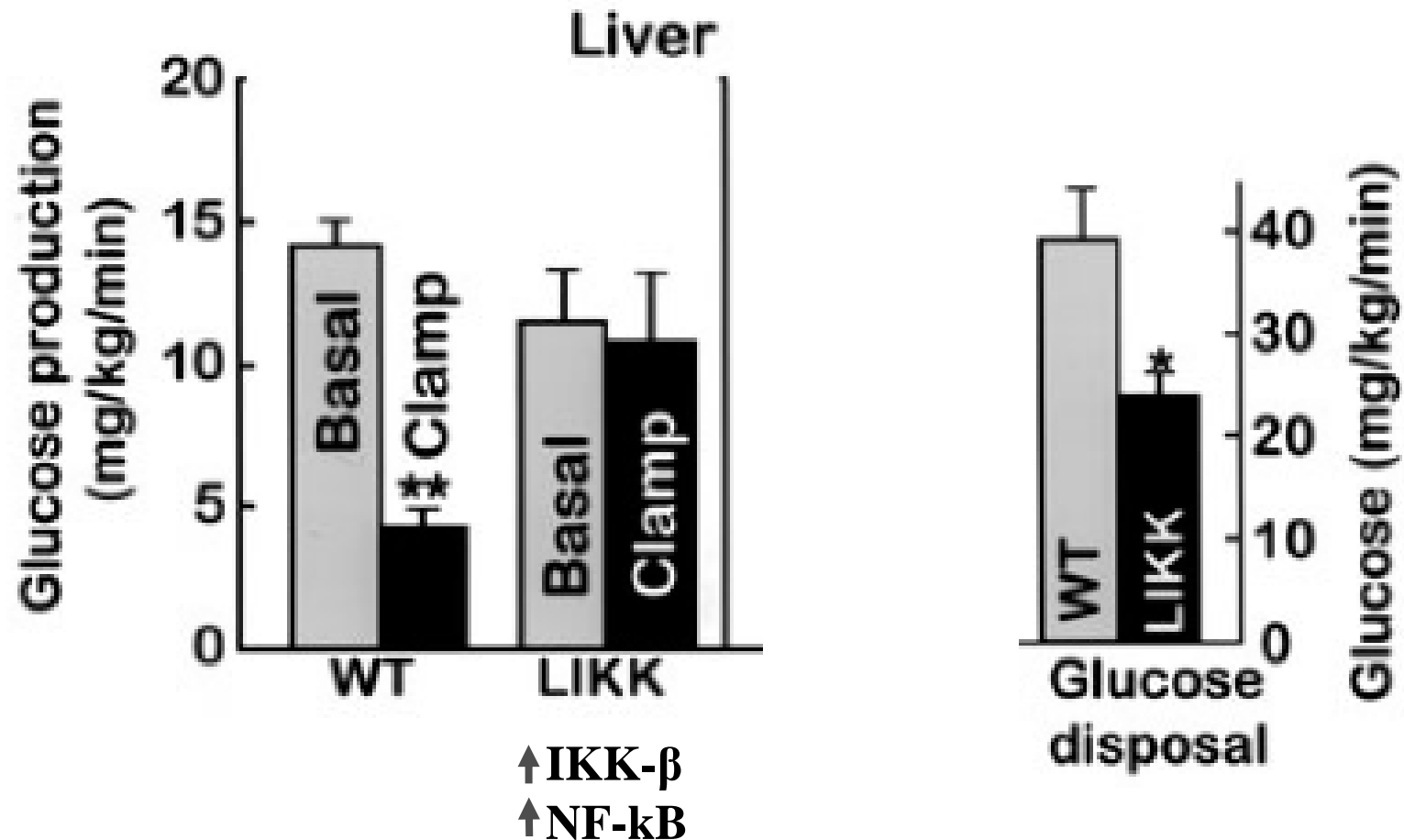
# Adipose tissue a site of inflammation and cytokine production

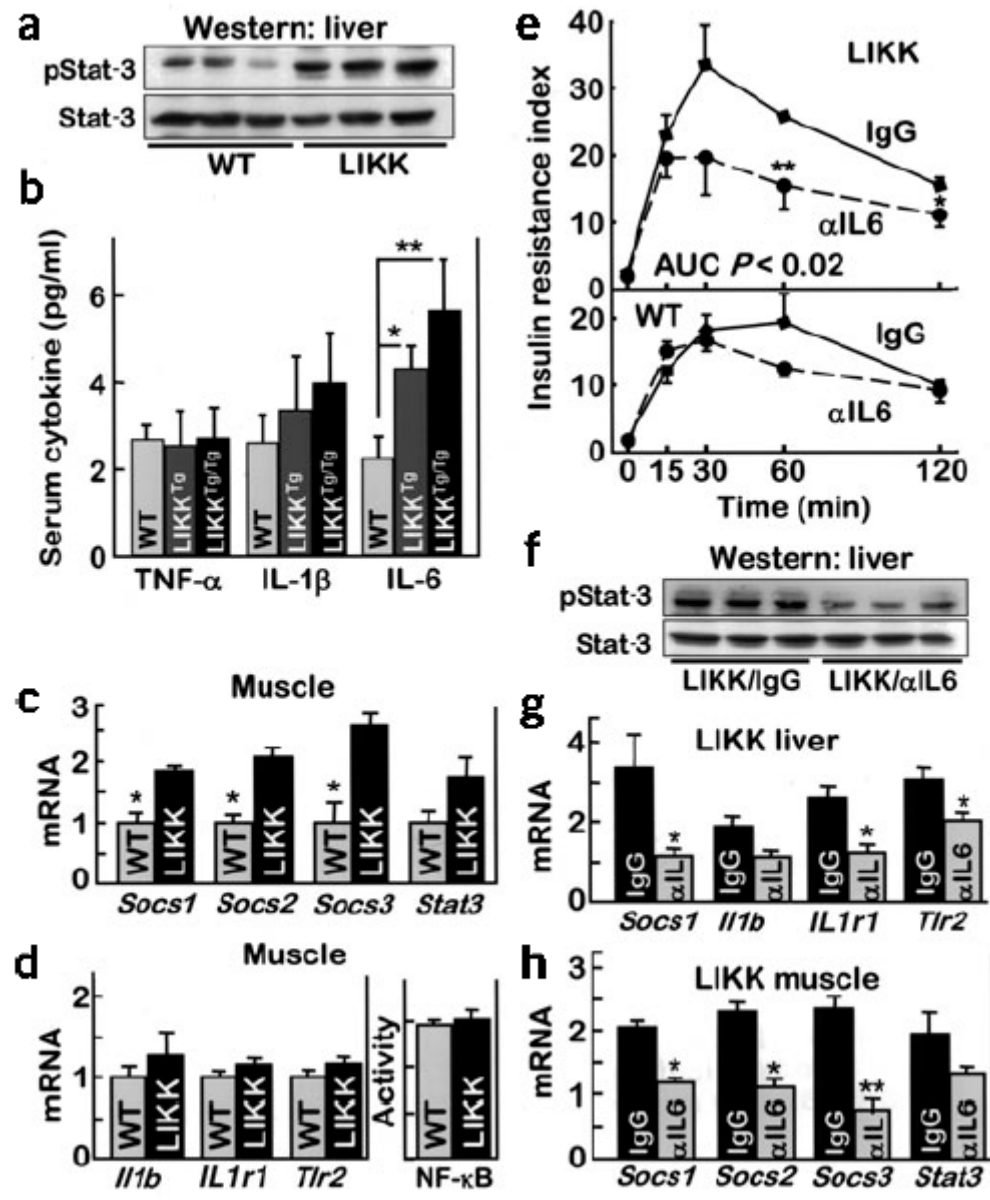


# Inflammation, insulin resistance and atherogenesis



# Hepatic “Inflammation” Causes Local and Systemic Insulin Resistance



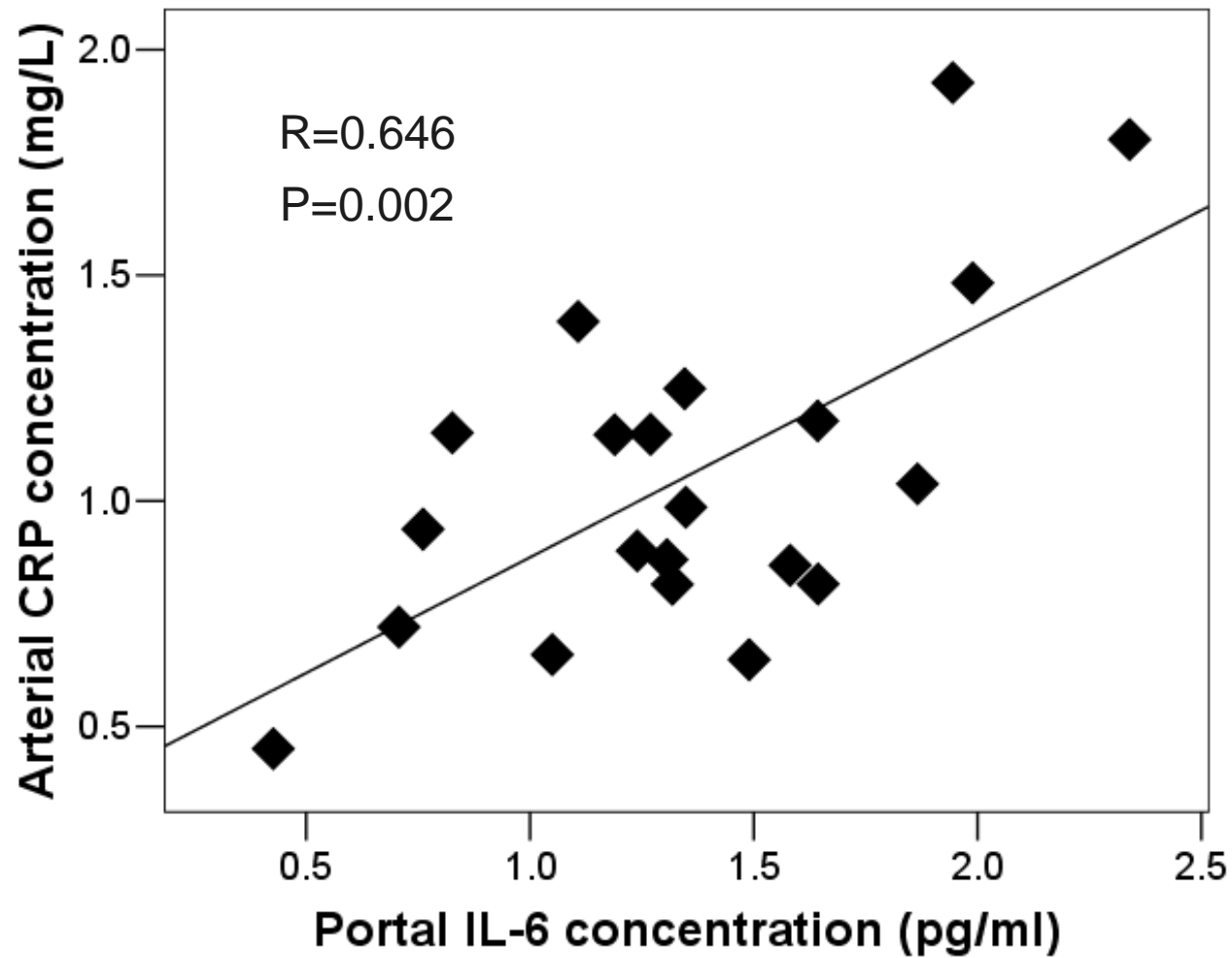




# Visceral fat is an important endocrine organ that regulates systemic inflammation

	Radial artery	Portal vein
<b>IL-6 (pg/ml)</b>	28.5 ± 27.6	42.1 ± 41.8*
<b>TNF-<math>\alpha</math> (pg/ml)</b>	1.87 ± 0.8	1.93 ± 0.8
<b>MCP-1 (pg/ml)</b>	205 ± 88	190 ± 99
<b>Resistin (pg/ml)</b>	18.5 ± 11	18.1 ± 11
<b>Leptin (ng/ml)</b>	101 ± 51	81 ± 42**
<b>Total adiponectin (<math>\mu</math>g/ml)</b>	14.3 ± 10	14.7 ± 11
<b>Insulin (<math>\mu</math>UI/ml)</b>	15.2 ± 8	34.4 ± 21***

# Relationship between Portal Vein IL-6 and Systemic Inflammation (C-reactive protein)





# **Cardiometabolic effects of weight loss in non-obese individuals**

Fontana et al. JAMA 2007



# Washington University Calorie

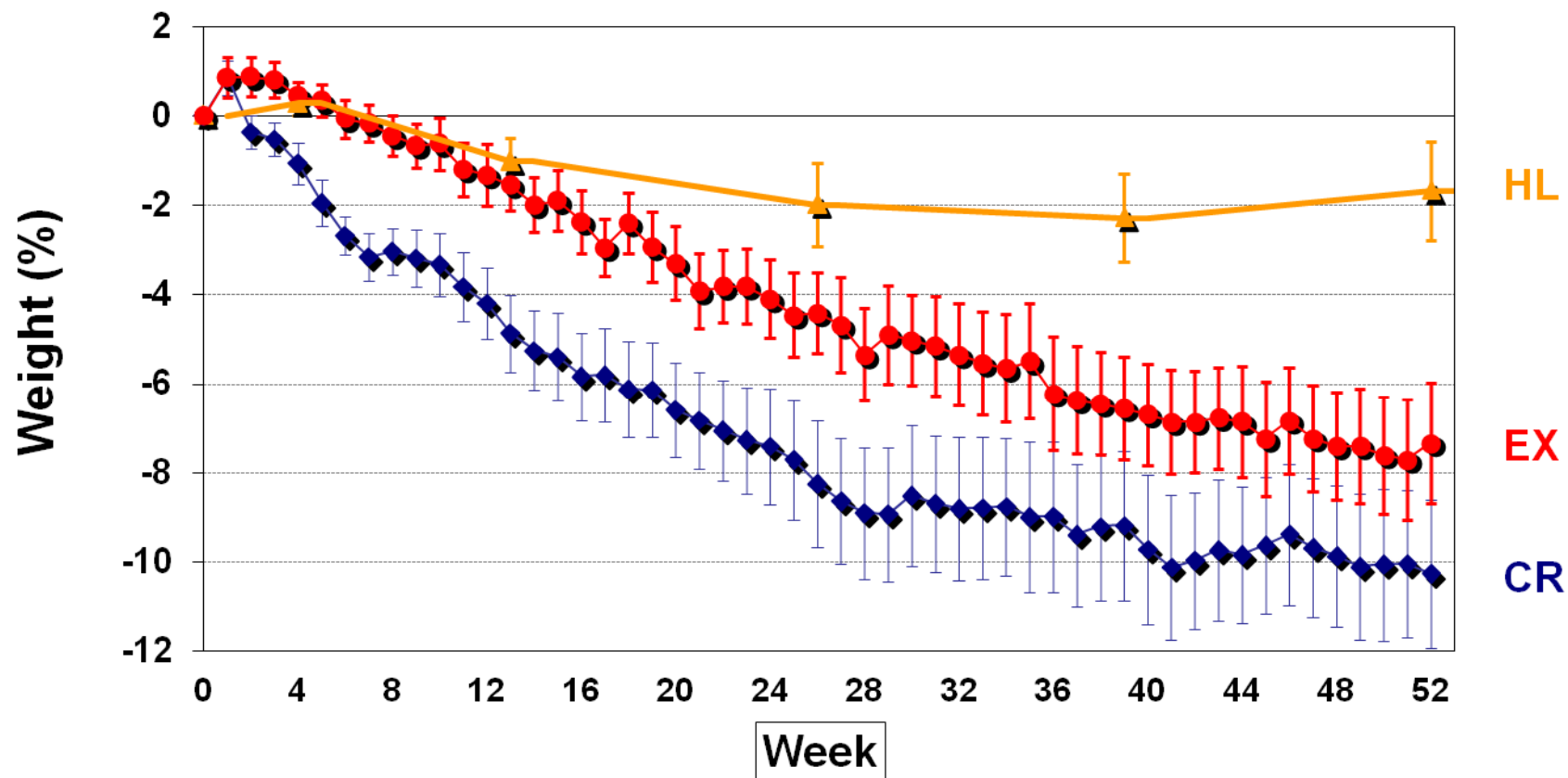
## Restriction Randomized Clinical Trial

**Subjects:** 50-60 yrs, overweight, relatively healthy, sedentary

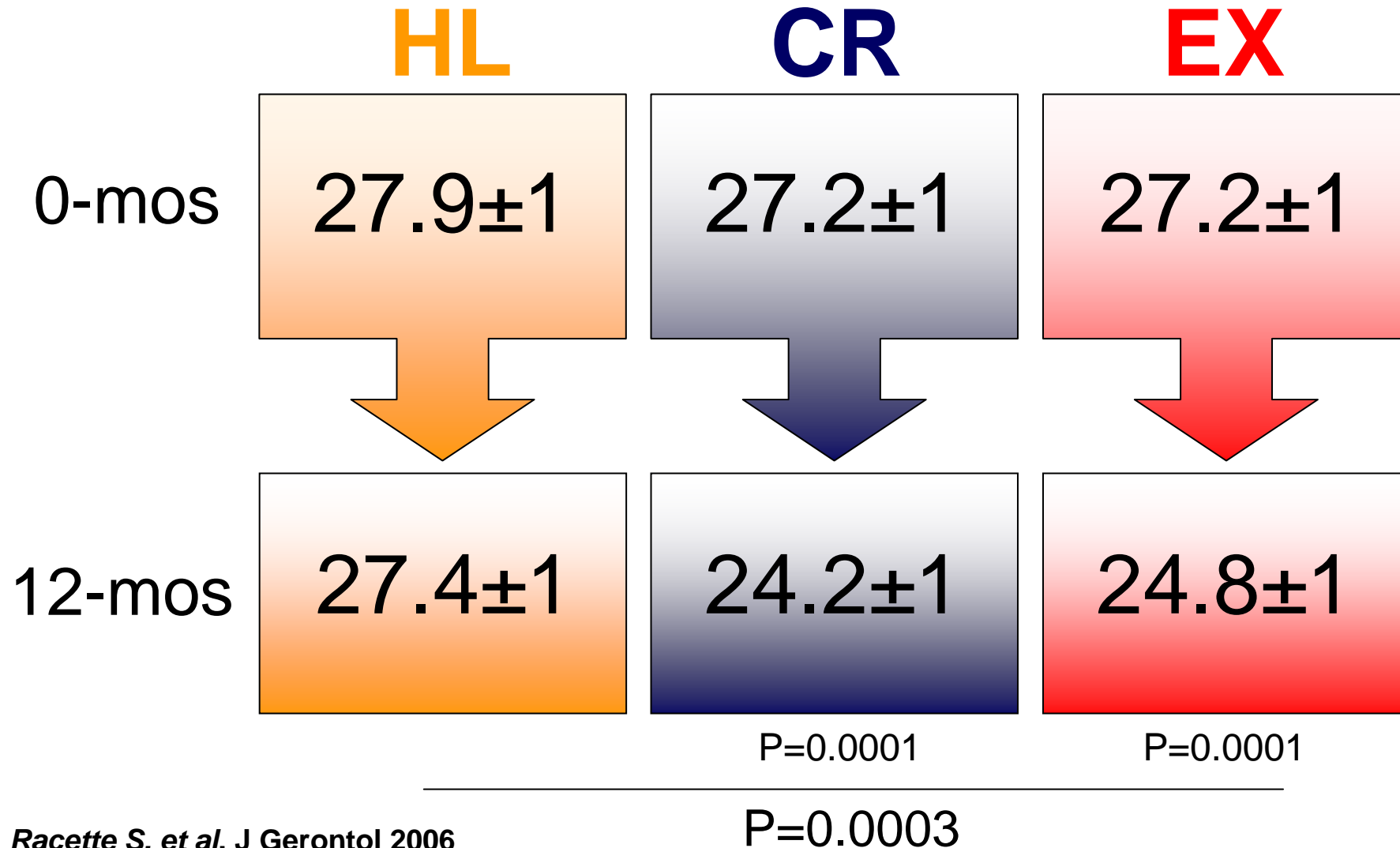
**Randomized clinical trial**

<b>Groups:</b>	<b>Interventions: 1 Year</b>
<b>Healthy Lifestyle (HL)</b>	nutrition education, yoga (n=10)
<b>Caloric Restriction (CR)</b>	20% ↓ in caloric intake (n=18)
<b>Exercise (EX)</b>	20% ↑ in energy expenditure (n=18)

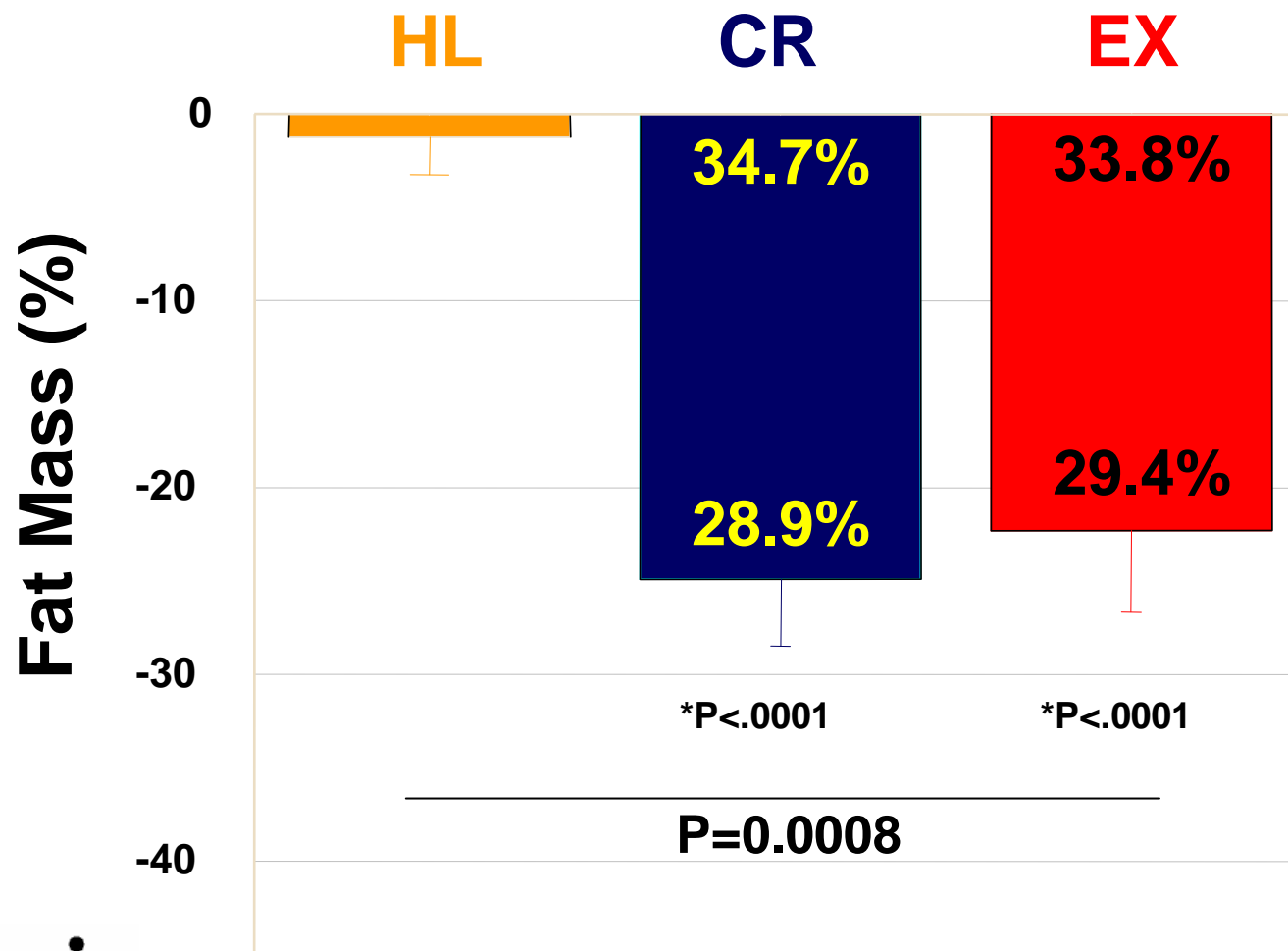
# Reduction of body weight Ds (%)



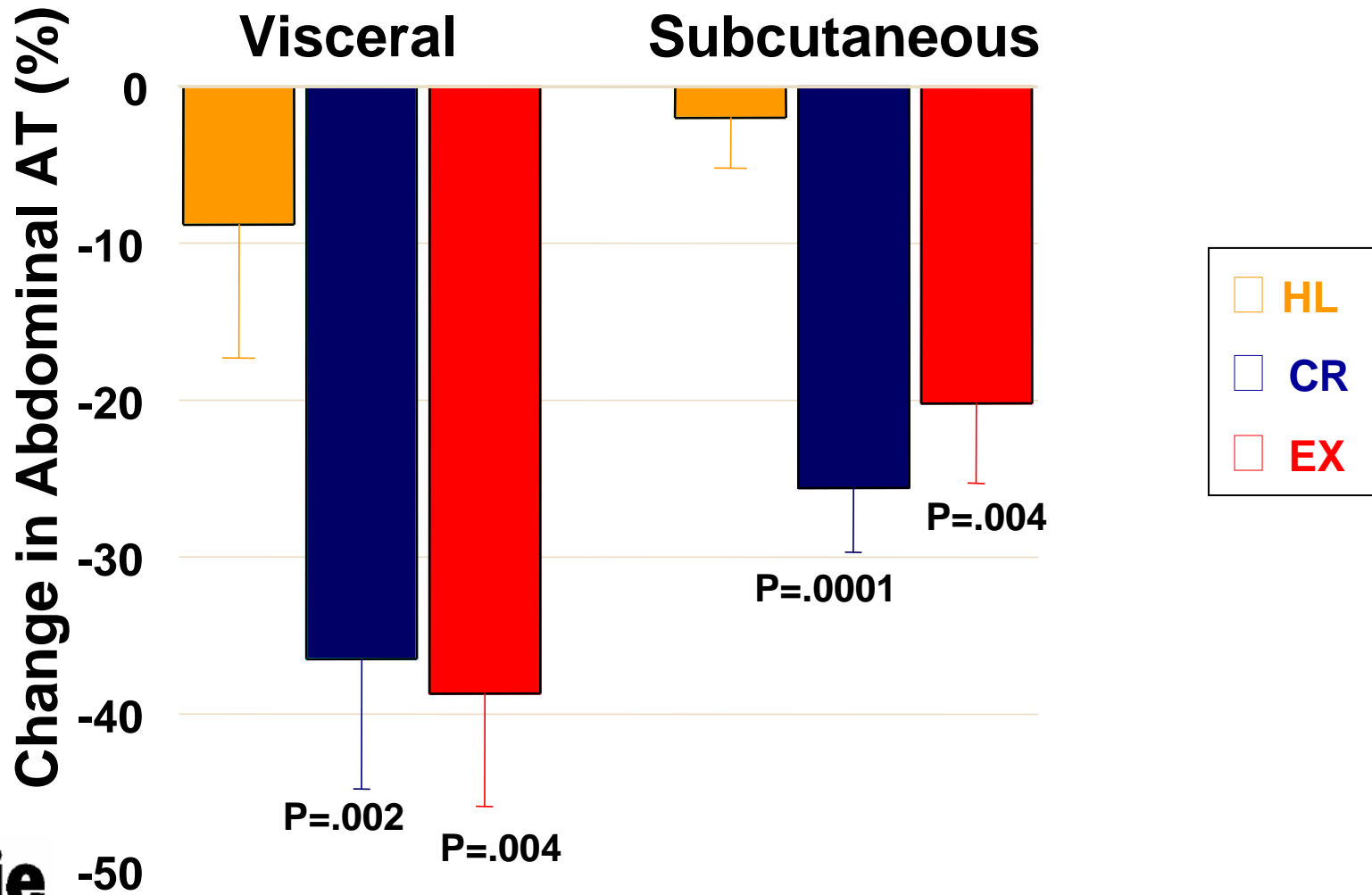
# Body Mass Index - Absolute Values



# Reduction of % Fat Mass Ds



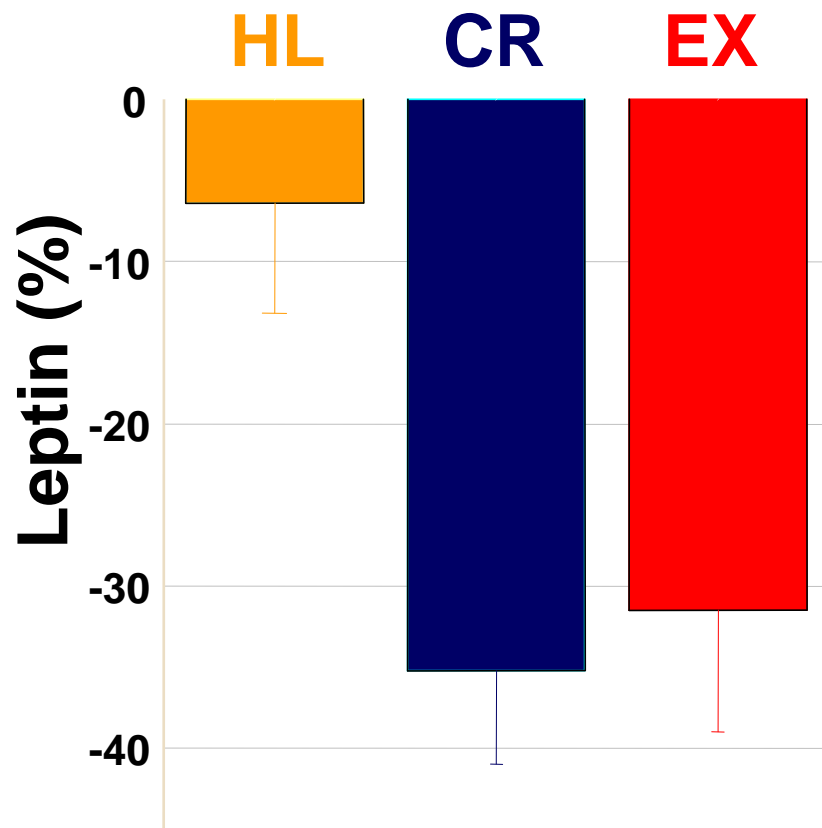
# Reduction in Abdominal Adipose Tissue



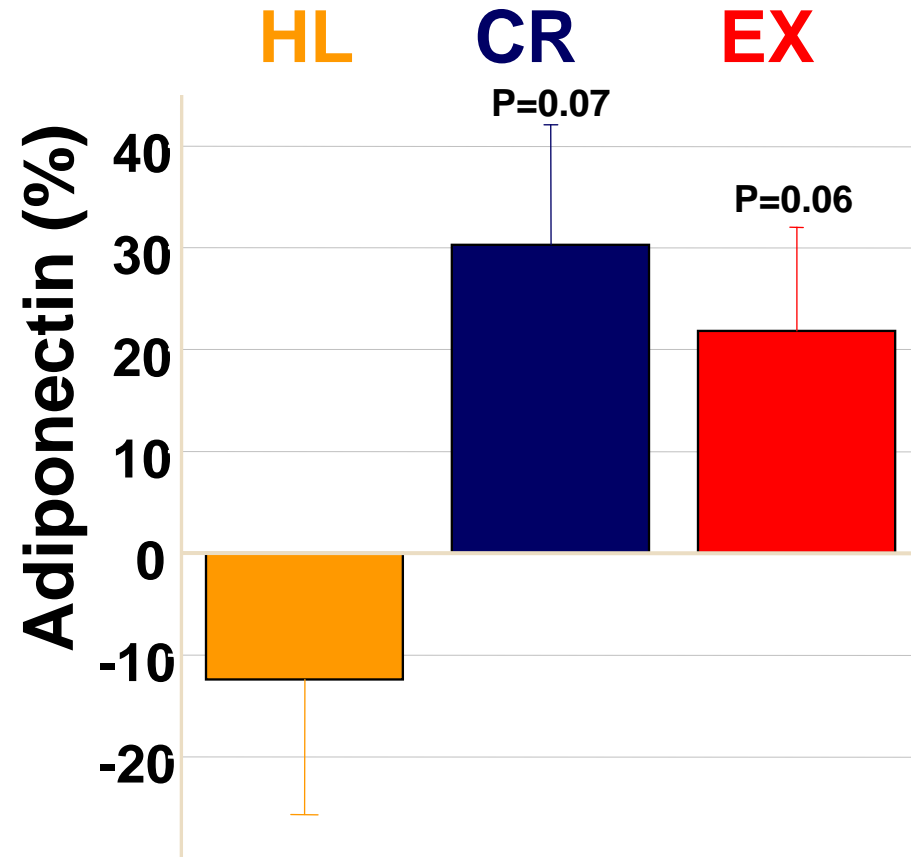




# Leptin and Adiponectin Ds



P=0.0001



P=0.005

# Improvement of cardiovascular risk

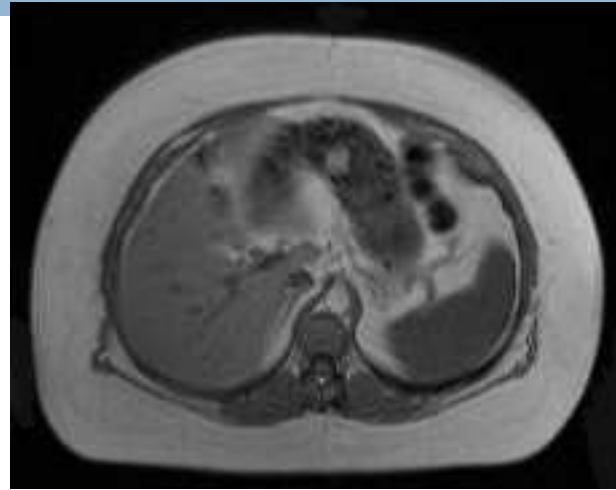


- Reduction of total and LDL cholesterol
- Increased HDL-cholesterol
- Improvement in insulin sensitivity
- Reduction of inflammation
- Improvement of left ventricular diastolic function



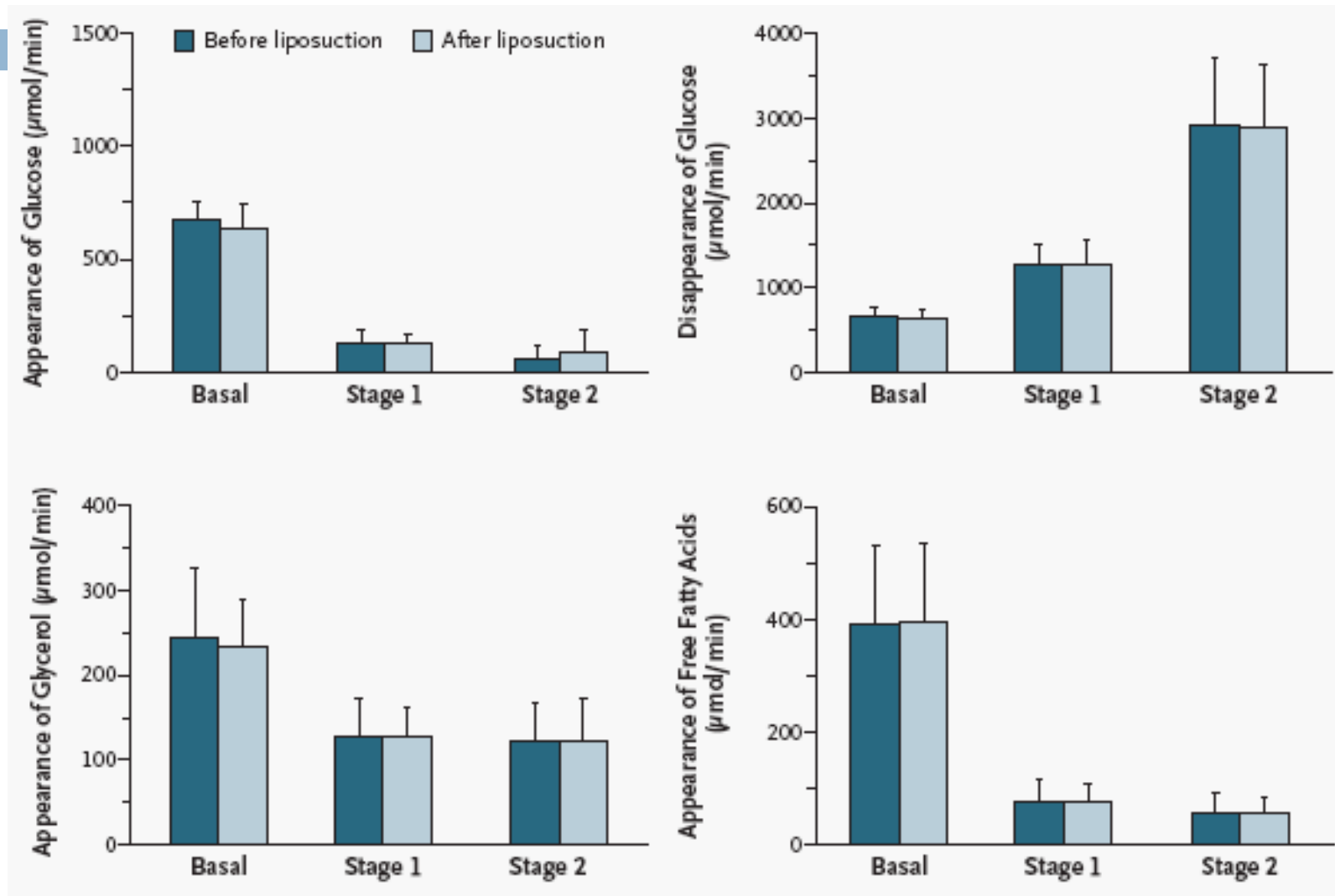
Fontana et al. AJP-EM 2007  
Weiss EP et al. AJCN 2006  
Riordan MM et al. AJP-HCP 2008

# Metabolic effects of surgical fat removal in obese women



↓ ~19% total BF  
=  
↓ ~12% total BW

# Effect of Liposuction on Insulin Sensitivity



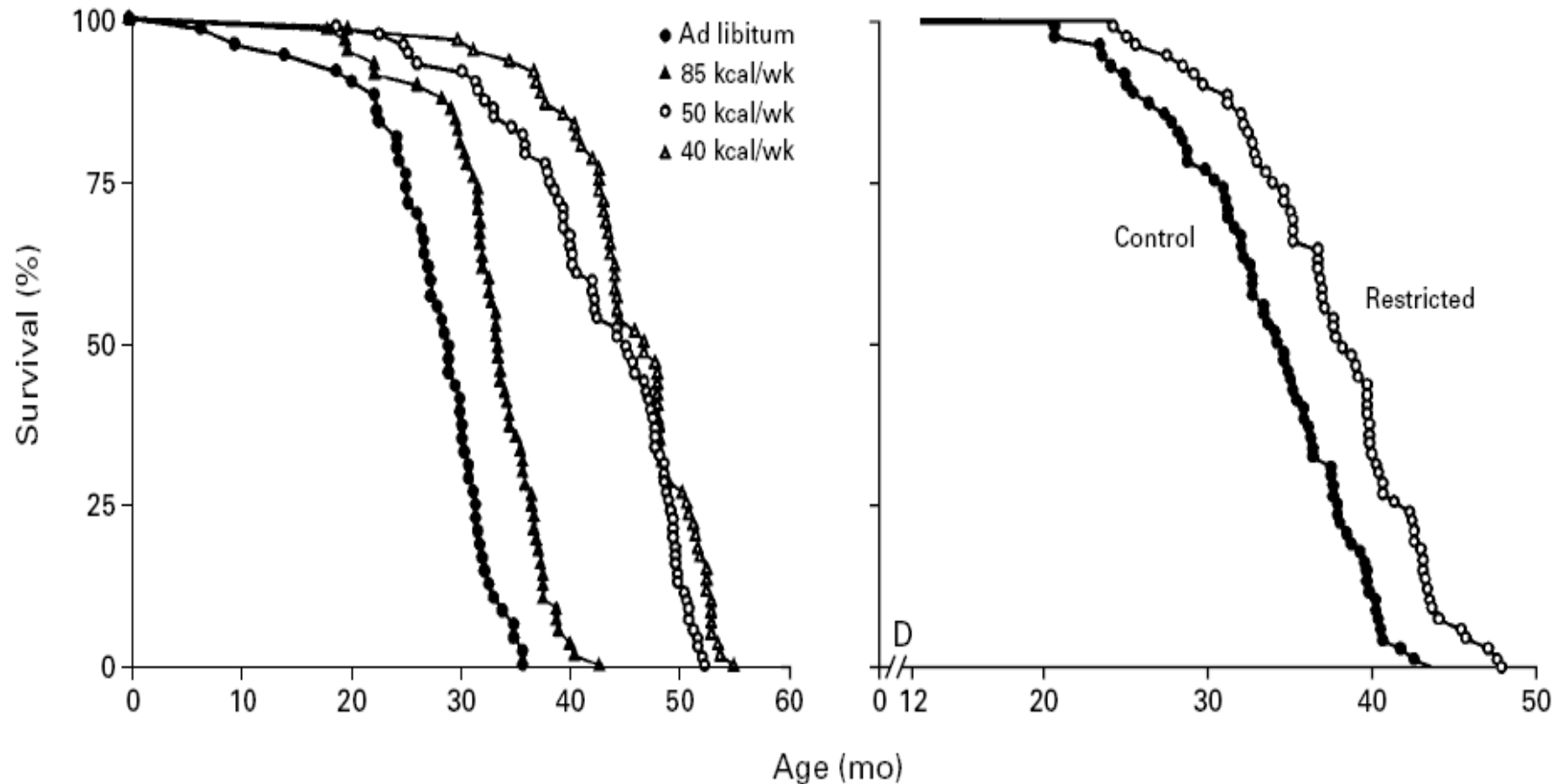
# Effect of liposuction on CHD risk factors

	Obese normal OGT		Obese diabetes	
	Before	After	Before	After
Waist circumference	108±5	94±3**	119±4	107±3**
Systolic BP	119±5	124±4	132±4	137±6
Diastolic BP	70±3	65±4	73±3	68±4
Plasma glucose	89±1	90±2	121±15	123±15
Plasma insulin	11±3	9±2	15±2	14±3
Triglycerides	151±28	121±21	162±19	173±24
Total cholesterol	189±12	174±13	160±9	157±10
LDL cholesterol	113±9	110±11	82±7	80±11
HDL cholesterol	45±8	41±9	44±3	43±3

# Effect of liposuction on adipokines

	<u>Obese normal OGT</u>		<u>Obese diabetes</u>	
	Before	After	Before	After
Leptin (ng/ml)	32±12	23±5**	36±13	30±13**
Adiponectin (ng/ml)	5.0±2	4.5±2	4.3±2	3.6±2
TNF-α (pg/ml)	3.5±5	2.8±3	7.6±8	7.7±8
IL-6 (pg/ml)	1.5±1	2.4±1	3.8±4	3.2±2
CRP (mg/L)	6.9±6	6.7±6	8.2±7	7.7±7

# Calorie restriction without malnutrition increases healthspan and lifespan up to 50% in rodents



# Calorie restriction protects against spontaneous, radiation- and chemical- induced tumors

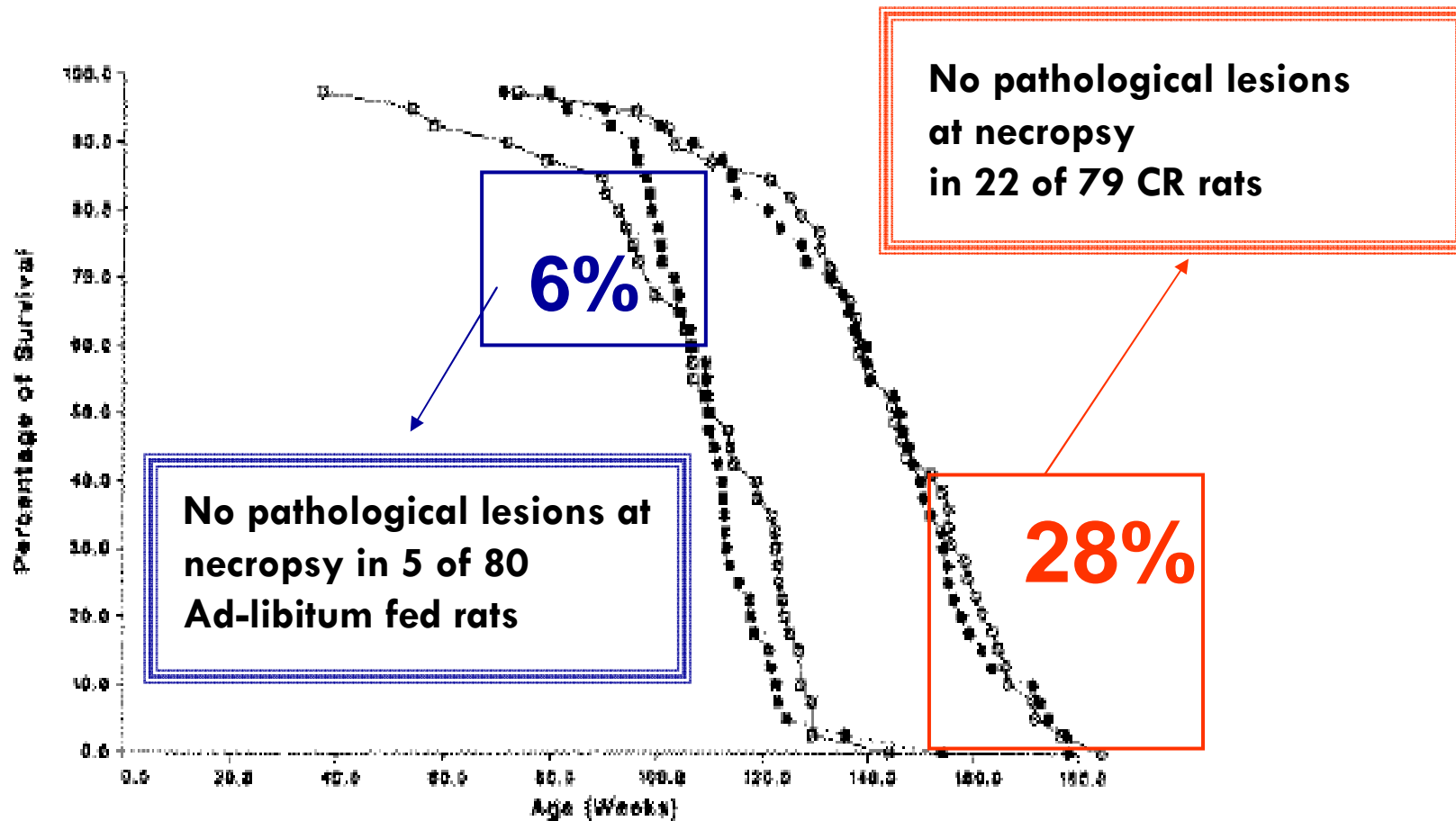
Number of experiments	Caloric restriction (%)		Tumor reduction (%)
	Range	Mean (SE)	Mean (SE)
9	0	0 (1.5)	-9.5 (10.2)
18	7-20	15.3 (1.2)	20.2 (8.1)
22	21-30	25.9 (1.1)	49.6 (6.4)
17	31-40	37.0 (1.2)	52.5 (7.8)
16	41-58	52.9 (1.1)	62.2 (7.6)

Site- and fat-adjusted means  $\pm$  SE, weighted by number of animals per experimental group.

Data from 82 published experiments involving several tumor sites in mice



# ~30% of the CR rodents dies without any gross pathological lesion



# ~20% of centenarians are escapers



In a longitudinal study of the 424 centenarians:

- 19% were ESCAPERS (= without common age-associated disease before 100 years of age)
- 43% were delayers (= age-associated disease after the age of 80 years)
- 38% were survivors (= age-associated disease before the age of 80 years)

# Mammalian animal models of longevity

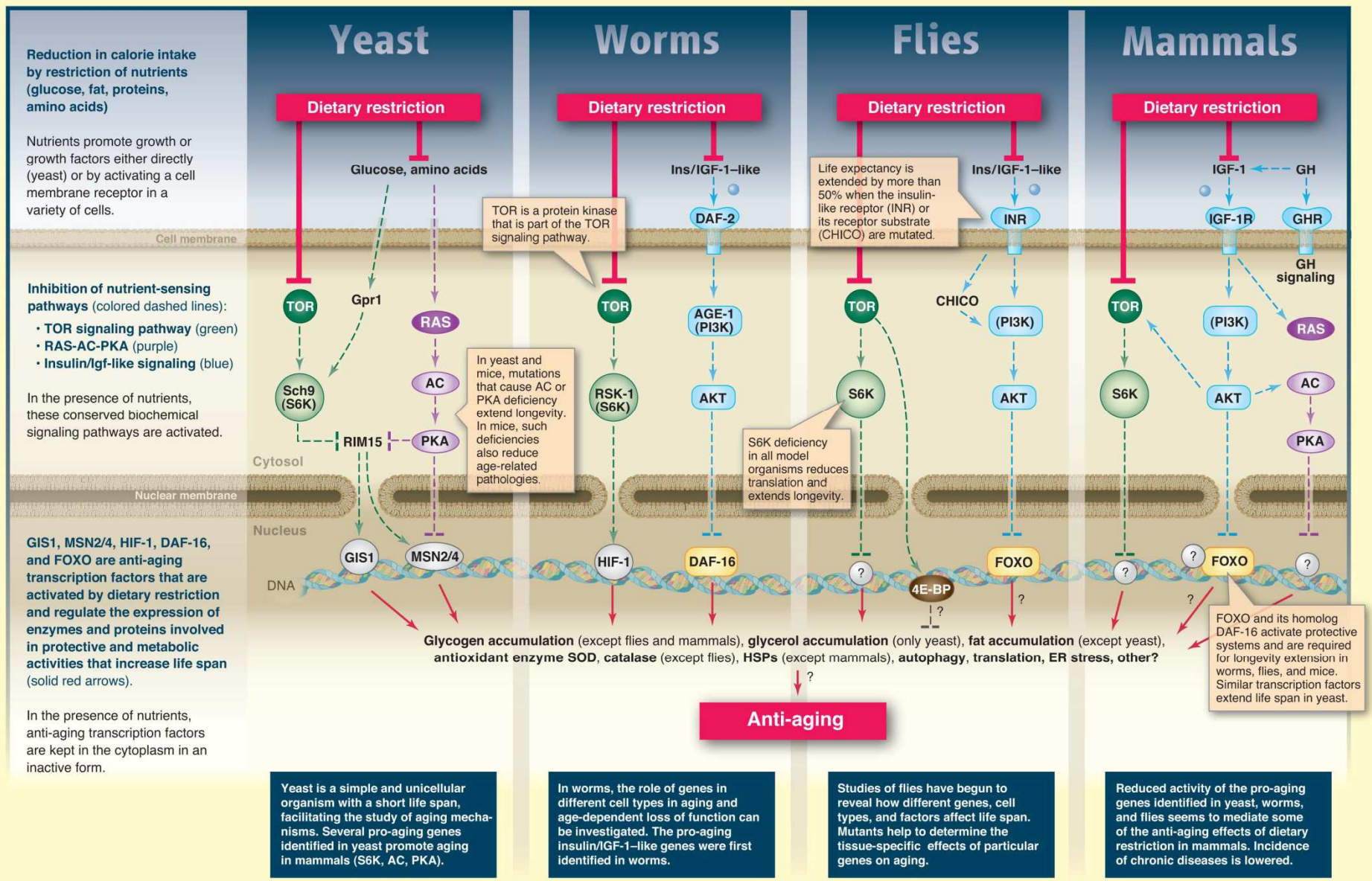
- Calorie restriction and intermittent fasting
- Methionine restriction
- Ames and Snell dwarf mice
- Growth hormone receptor KO mice
- IGF-1 receptor deficient mice
- Klotho overexpressing mice
- Fat Insulin Receptor KO (FIRKO) mice
- Insulin Receptor Substrate 1 KO mice
- Brain IRS-2 KO mice
- PAPP-A KO mice
- Ribosomal S6 protein kinase-1 KO mice
- Rapamycin supplementation
- p66shc KO mice
- Type 5 Adenylyl Cyclase KO mice
- Angiotensin II type 1 receptor KO mice
- Mice overexpressing catalase targeted to mitochondria

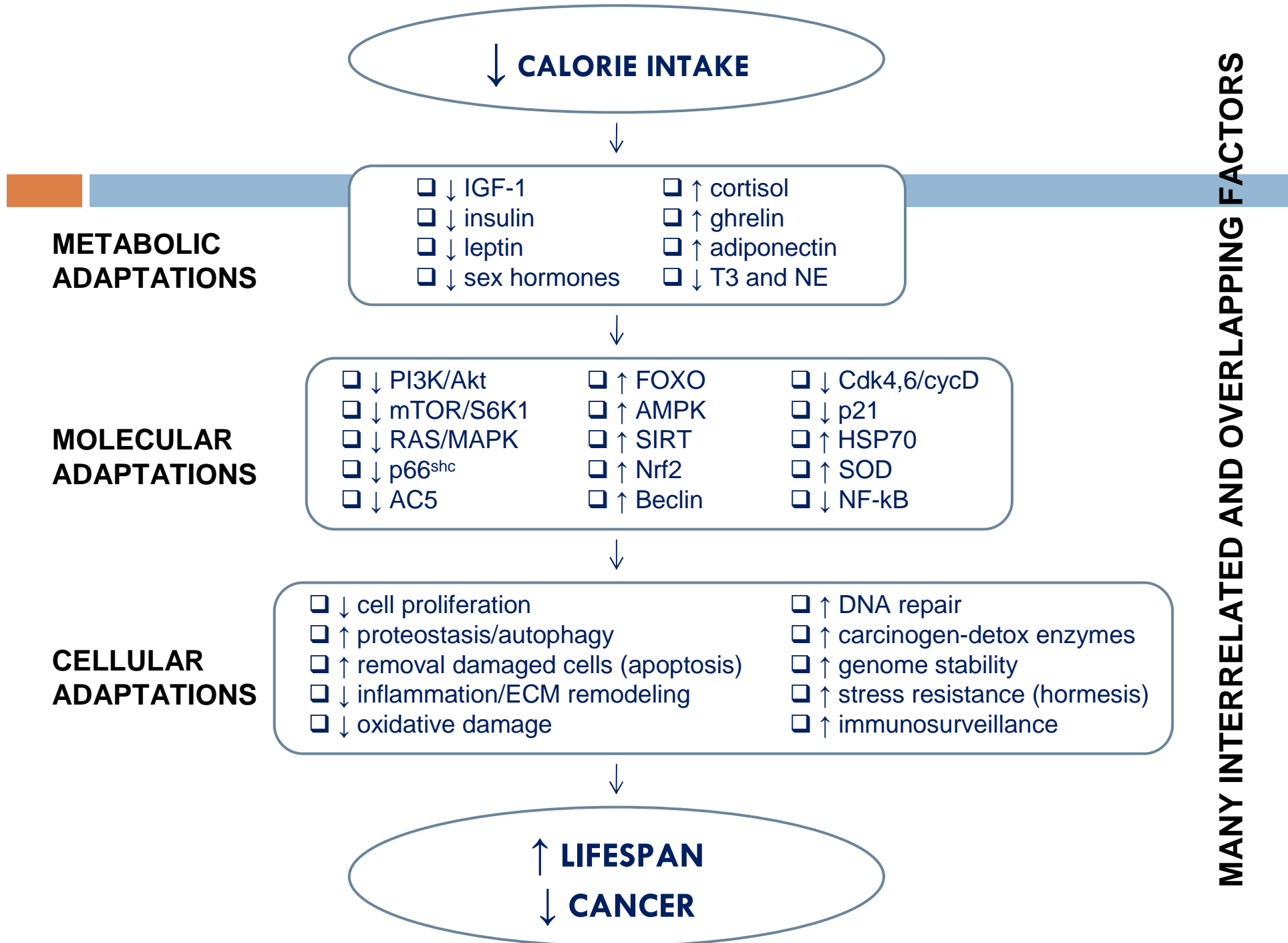
Down regulation  
Insulin/IGF-1/mTOR  
pathways

=

Nutrient –sensing  
signaling pathways

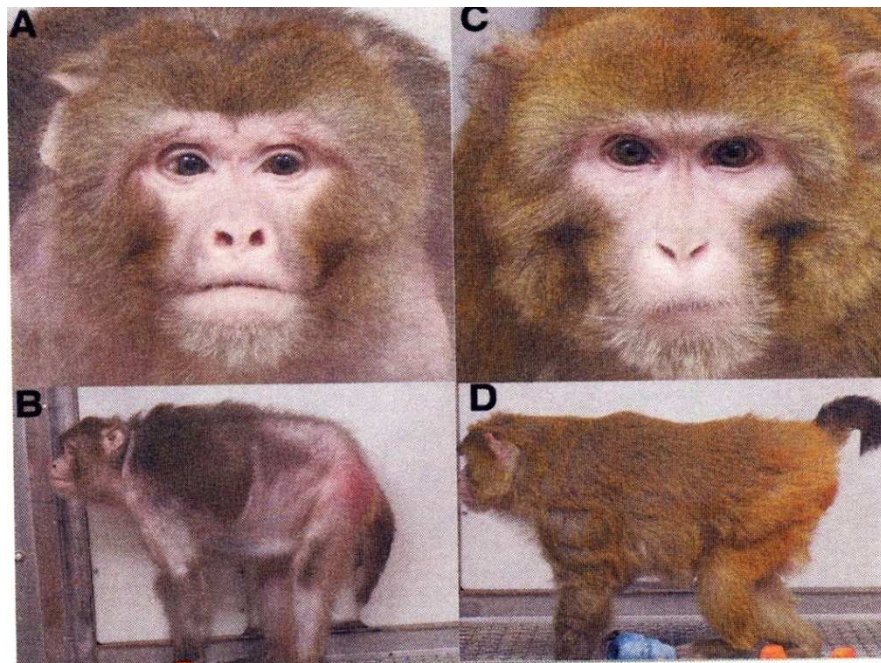
# Conserved Nutrient Signaling Pathways Regulating Longevity





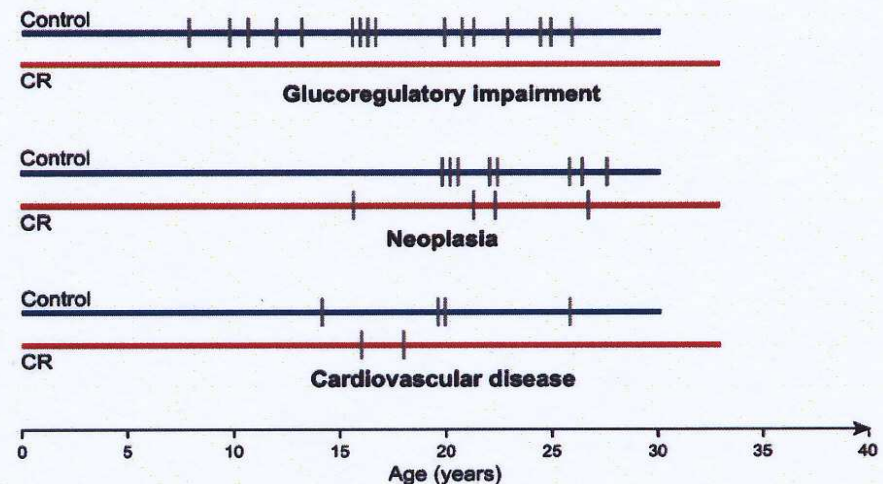
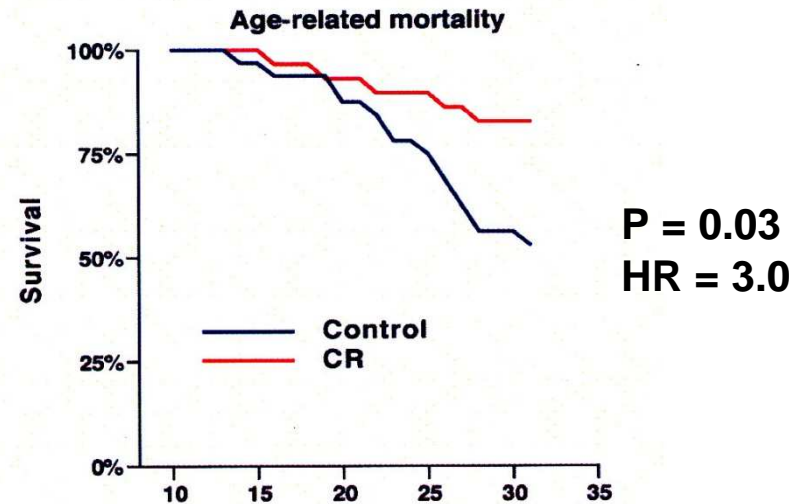
**MANY INTERRELATED AND OVERLAPPING FACTORS**

# Calorie restriction reduces cardiovascular and cancer mortality by 50% in non-human primates

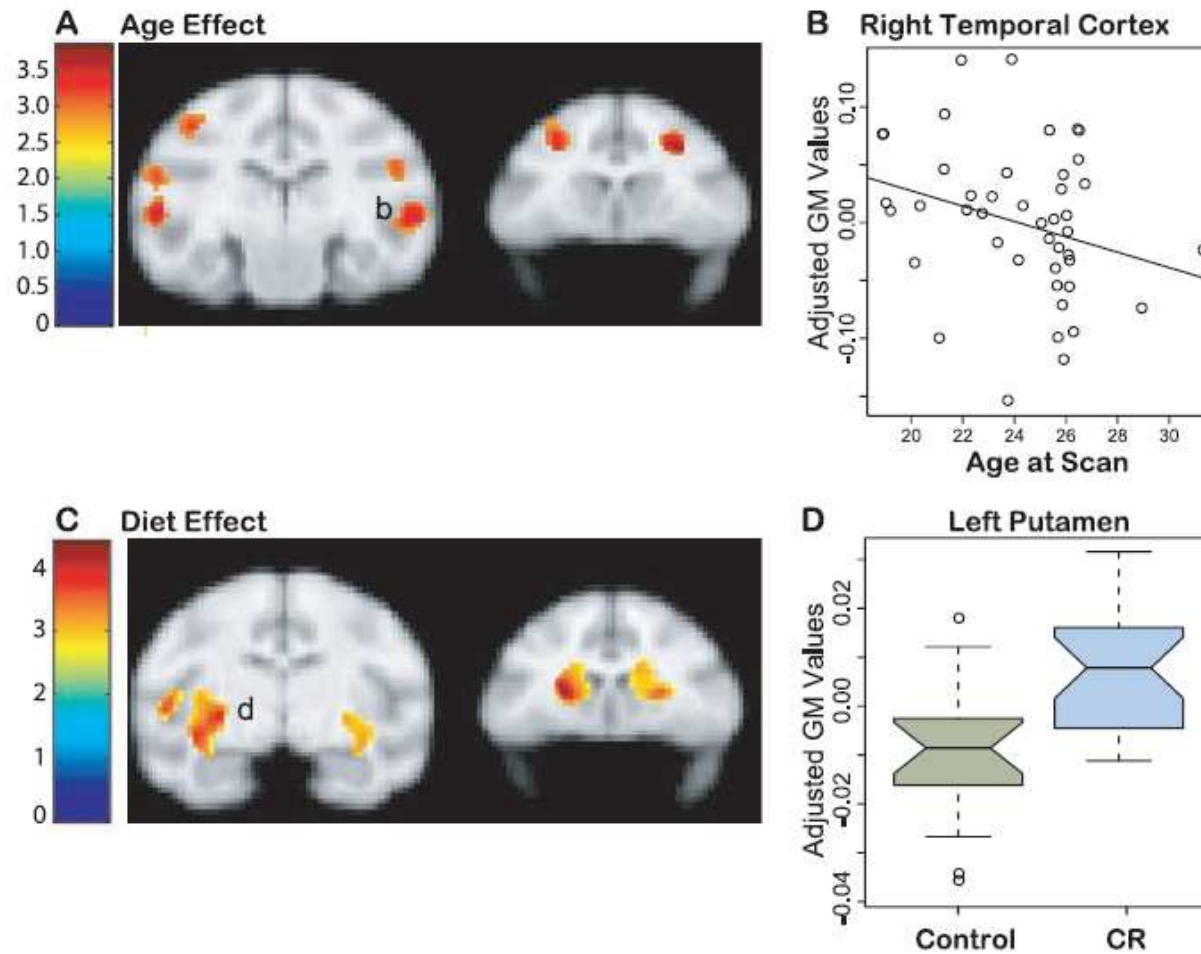


**Ad libitum**

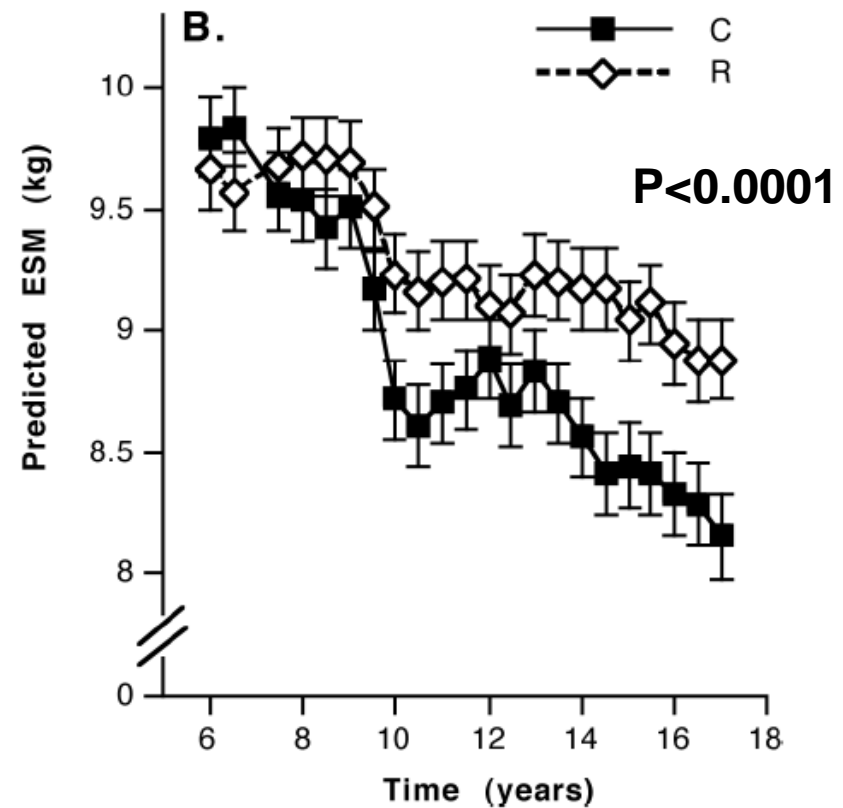
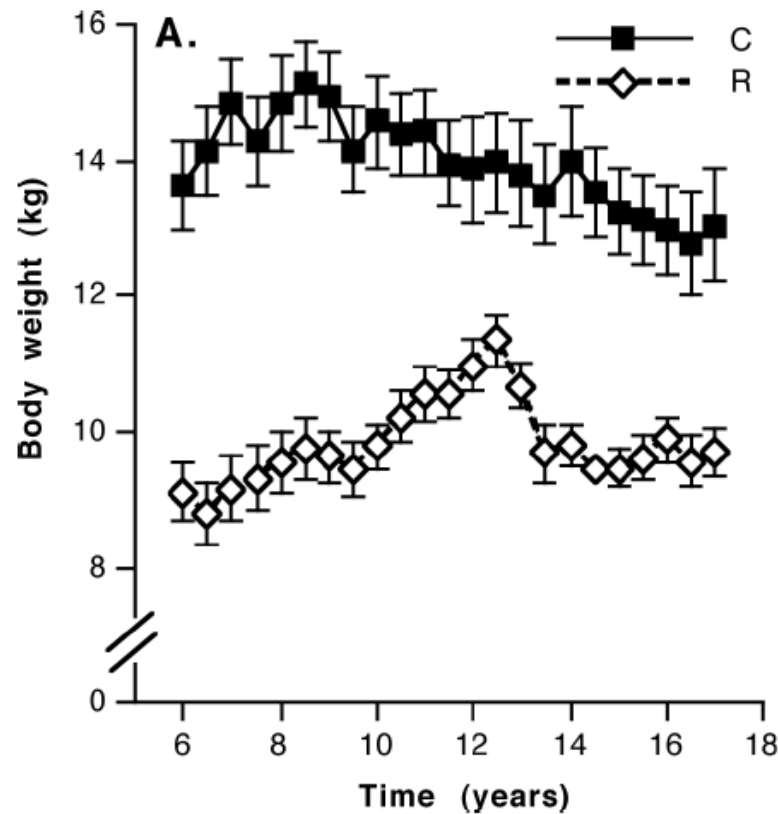
**CR**



# Calorie restriction reduces the age-associated brain atrophy in non-human primates



# Attenuation of sarcopenia by CR in non-human primates





# Effects of long-term CR in humans

	CR group (n=28)	EX group (n=28)	WD group (n=28)	Among group P
Age (years)	53.0±11	54.0±11	53.0±10	ns
Sex (M/F)	24/4	24/4	24/4	
Height (m)	1.73±0.1	1.75±0.1	1.76±0.1	ns
Weight (kg)	58.1±6.0*,**	68.0±7.6*	81.1±14.5	0.0001
BMI (kg/m <sup>2</sup> )	19.5±1.7*,**	22.2±2.1*	26.0±3.0	0.0001
Total body fat (%)				
Men	9.7±4.6*	10.9±4.5*	23.2±6.2	0.0001
Women	20.5±9.9	20.1±1.7	32.0±7.8	0.085
Trunk fat (%)				
Men	7.0±5.0*	8.4±6.0*	25.2±8.4	0.0001
Women	14.1±8.8	13.2±2.6	27.5±10.4	0.056
Lean mass (kg)				
Men	51.7±4.8*,**	59.2±5.0	59.9±8.8	0.0001
Women	38.9±5.3	40.3±3.0	35.6±2.0	ns

Values are means ± SD

\* $P \leq 0.0001$ , significantly different from Western diet group; \*\* $P \leq 0.001$ , significantly different from EX group

# Circulating adipokines and cytokines

	CR group (n=28)	EX group (n=28)	WD group (n=28)	Among group P
Adiponectin (µg/mL)	15.7±8.2*,**	11.1±5.5	9.5±4.3	0.001
Resistin (pg/mL)	7.0±2.2***	8.1±1.7	8.7±2.3	0.015
IL-6 (pg/ml)	0.73±0.3*	0.71±0.3*	1.21±0.8	0.001
s-TNF R-I (ng/mL)	1.05±0.33***	0.95±0.28*	1.30±0.27	0.0001
s-TNF R-II (ng/mL)	2.77±0.83***	2.81±0.69***	3.40±0.84	0.008
Fructosamine (µmol/L)	269±40**	241±17	262±34	0.005
sRAGE (µg/mL)	1.27±0.66	1.63±0.53***	1.11±0.69	0.01
Free fatty acids (mEq/L)	0.72±0.35***	0.59±0.18	0.51±0.20	0.015

All values are means ± SD

\* $P \leq 0.003$ , significantly different from Western diet group; \*\* $P \leq 0.05$ , significantly different from EX group; \*\*\* $P \leq 0.05$ , significantly different from Western diet group

# Glucose tolerance and insulin action

	CR	EX	WD
HOMA-IR index	0.3±0.1*	0.4±0.3*	1.6±1.3
ISI Matsuda index	18.5±6.7*	20.4±9.2*	7.0±3.6
Fasting glucose (mg/dl)	83±8*,†	91±8	95±8
Fasting Insulin (μU/ml)	1.4±0.7*	2.0±1.3*	6.9±5.6
2-hr glucose (mg/dl)	132±42†	103±28	116±28
2-hr insulin (μU/ml)	37.7±24†	16.8±11*	60.4±55
Glucose AUC (mg•min/dl)	16.1±3.2	14.9±2.6*	16.8±3.0
Insulin AUC (μU•min/dl)	3.5±1.7*	2.7±1.8*	6.2±3.6

# Cardiometabolic risk factors

	CR	EX	WD	P value
Total cholesterol (mg/dl)	162±36*	166±35*	202±36	0.0001
LDL cholesterol (mg/dl)	88±24*	92±26*	122±33	0.0001
HDL cholesterol (mg/dl)	63±19*	61±17*	50±11	0.004
T Chol/HDL Chol ratio	2.7±0.5*	2.8±0.6*	4.3±1.1	0.0001
Triglycerides (mg/dl)	58±18*	65±22*	159±94	0.0001
SBP (mm Hg)	103±9*,†	125±17	131±13	0.0001
DBP (mm Hg)	62±7*,†	72±8*	84±8	0.0001
Fasting glucose (mg/dl)	82±7*,†	90±7	95±9	0.0001
hsCRP (mg/L)	0.2±0.3*,†	0.8±1.1	1.1±1.1	0.004

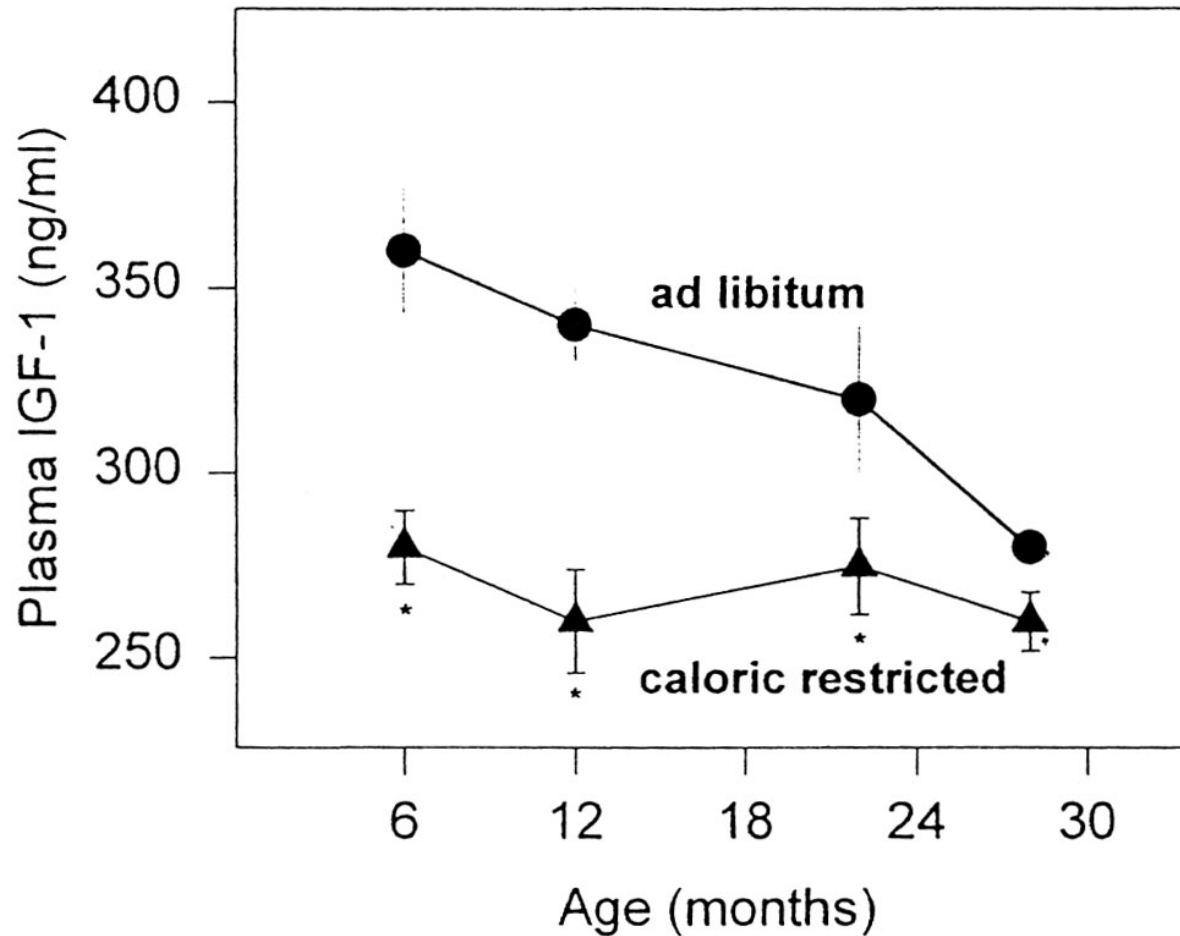
# CR ameliorates the decline in diastolic function

	Western Diet	CR	
Parameter	Mean±SD	Mean±SD	p value
<b>Diastolic Function</b>			
E <sub>peak</sub> (cm/sec)	64.3 ± 12.6	70.8 ± 13.4	ns
A <sub>peak</sub> (cm/sec)	53.0 ± 10.2	45.7 ± 9.0	0.011
E/A	1.24 ± 0.28	1.61 ± 0.44	0.001
Atrial filling fraction	0.35 ± 0.05	0.29 ± 0.06	0.0001
<b>Tissue Doppler Imaging</b>			
E' Lateral (cm/sec)	10.2 ± 2.8	14.3 ± 3.0	0.001
<b>Model Derived Parameters</b>			
c (g/sec)	19.6 ± 3.6	14.9 ± 5.0	0.001
k (g/sec <sup>2</sup> )	218.9 ± 44.6	180.1 ± 41.6	0.003

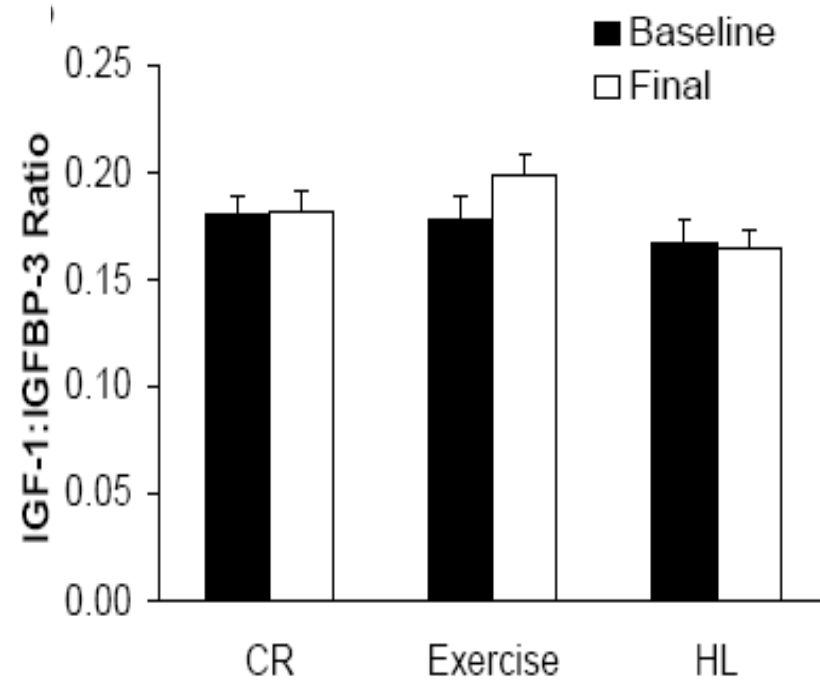
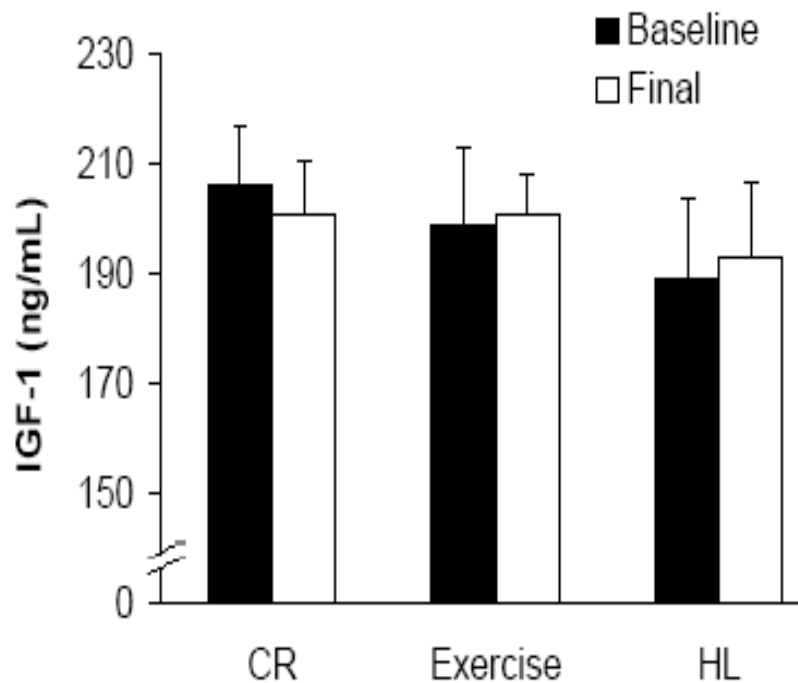
# Long-term CR reduces metabolic factors associated with cancer in humans

- ❑ Reduces adiposity
- ❑ Reduces insulin
- ❑ Reduces growth factors such as IGF-1  
(if associated with lower protein intake)
- ❑ Reduces sex hormones
- ❑ Reduces inflammation
- ❑ Reduces oxidative stress

# Long-term CR reduces plasma IGF-1 concentration by 30-40% in rats

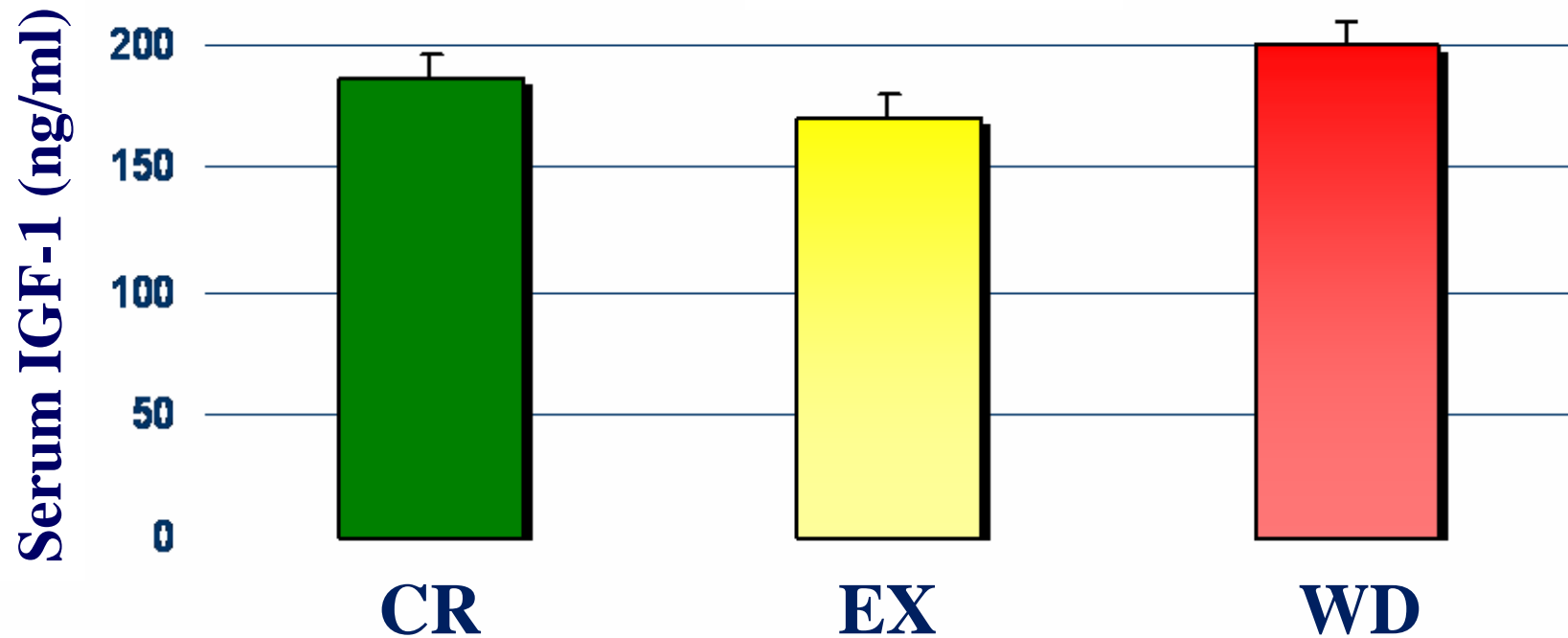


# 1-yr CR intervention does NOT reduce serum IGF-1 concentration

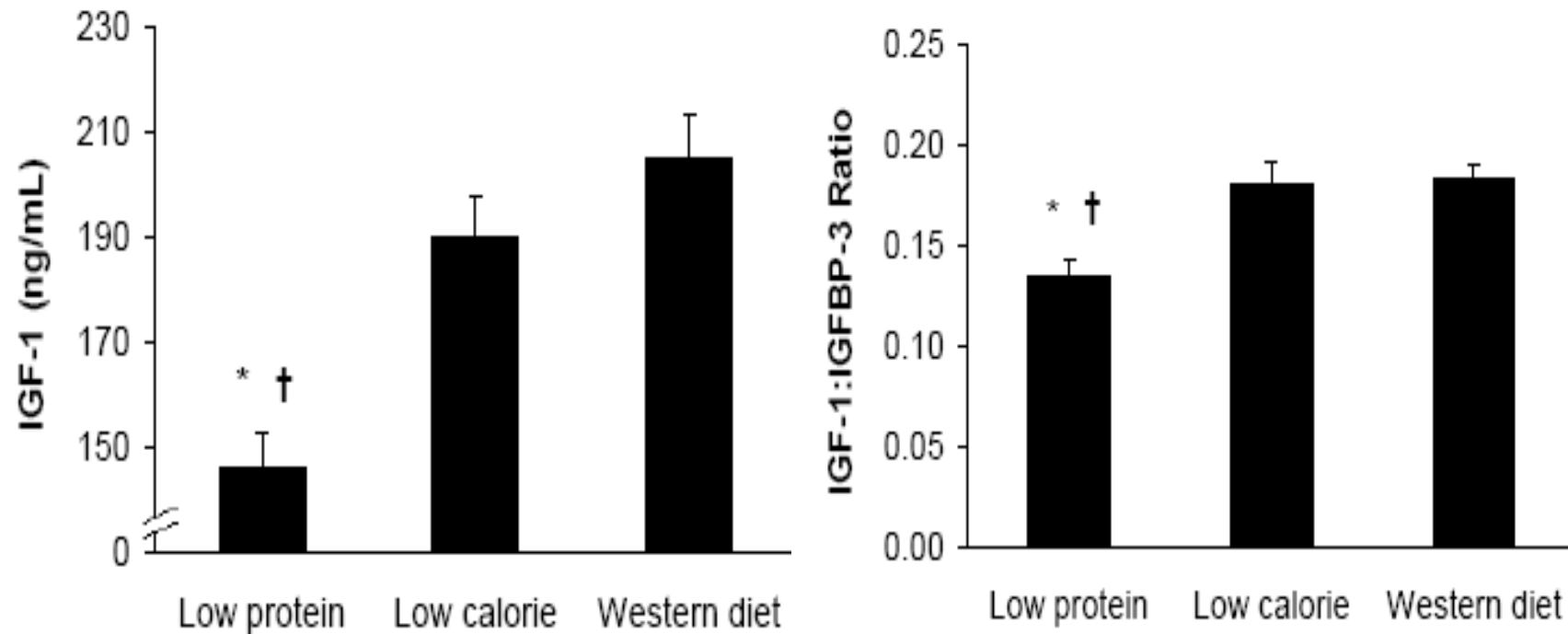




# Long-term CR does NOT reduce serum IGF-1 concentration



# Moderate protein restriction reduces serum IGF-1 concentration



# Diet composition: protein restricted vegan diet versus CR diet

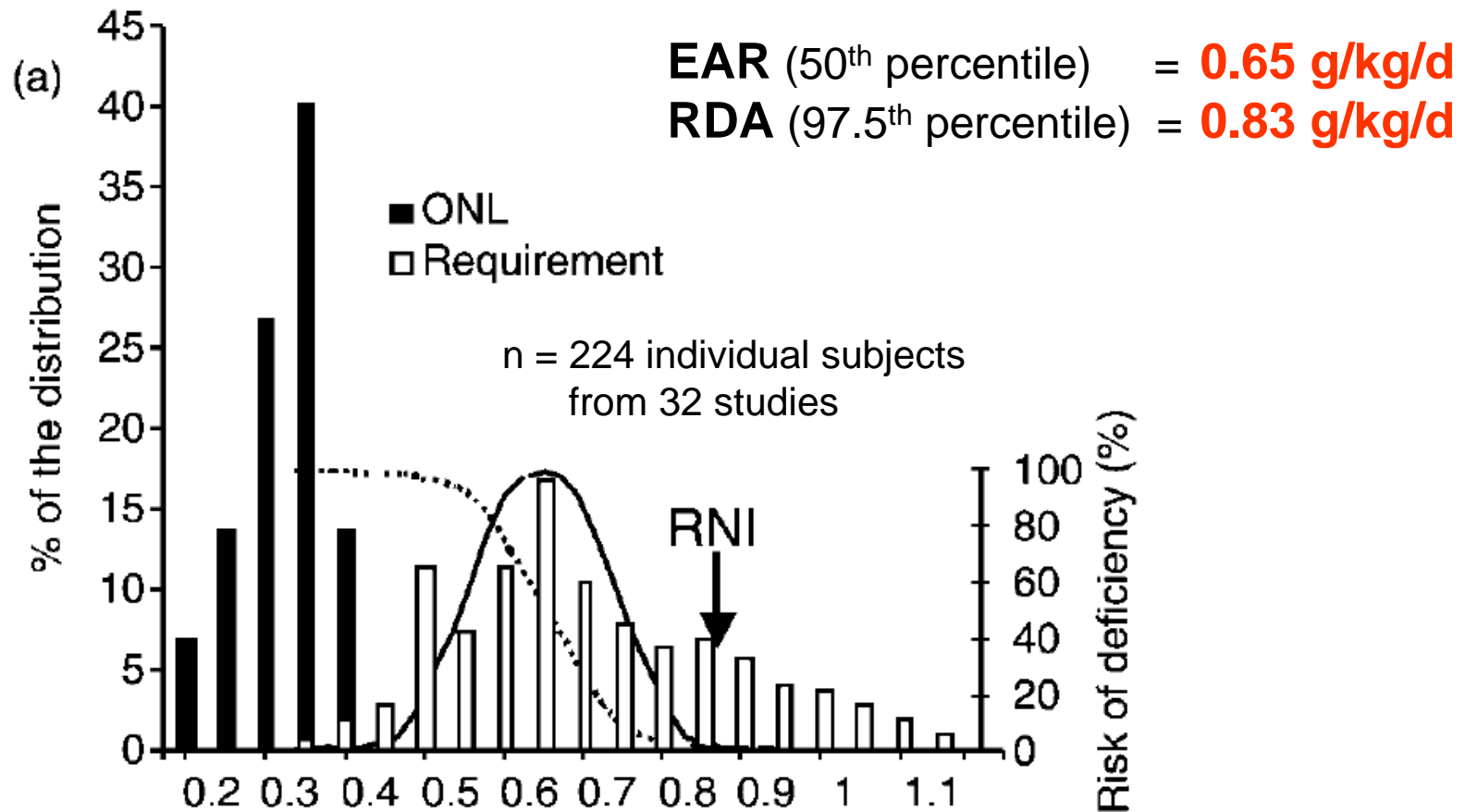
	<b>PR vegan (n=28)</b>	<b>CR diet (n=28)</b>	<b>WD (n=28)</b>
<b>Age (yrs)</b>	53.4±11	52.2±12	53.7±8.2
<b>Body fat (%)</b>			
men	15.2±5.4*†	7.1±4.6*	23.6±6.5
women	25.8±7.7*	20.5±9.9*	36.9±3.9
<b>Calorie intake (kcal/d)</b>	1980±535*	1772±351*	2505±522
<b>Protein intake</b>			
(%)	9.6±3.3*†	23.5±5.7*	15.9±3.0
(g/Kg/day)	0.76±0.2*†	1.73±0.4*	1.24±0.3
<b>Fat intake (%)</b>	41.3±10*†	28.1±9*	33.6±6

# Serum IGF-1 is associated with increased risk of breast and prostate cancer

Plasma IGF	RR	RAR
<b>Breast cancer (premenopausal, &lt;50 years)</b>		
<158 ng/mL	1.0	1.0
158–206 ng/mL	2.64	3.12
>207 ng/mL	4.58	7.28
<b>Prostate cancer</b>		
99–184 ng/mL	1.0	1.0
185–236 ng/mL	1.32	1.94
237–293 ng/mL	1.81	2.83
294–500 ng/mL	2.41	4.32

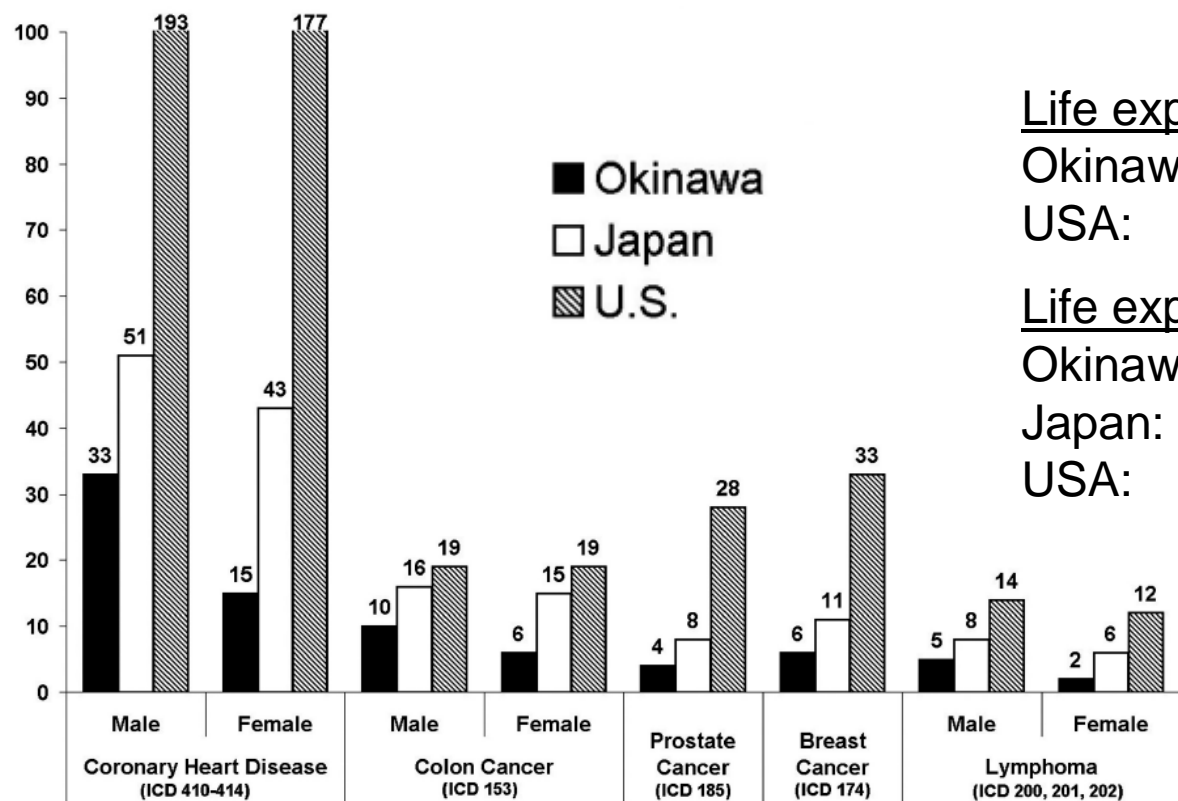
RR, relative risk; RAR, risk adjusted for IGFBP3.

# Protein requirements for healthy adults



# Traditional dietary intake of Okinawans and Japanese in 1950

	Okinawa, 1949 <sup>a</sup>	Japan, 1950 <sup>b</sup>
Total calories	1785 <sup>c</sup>	2068
Total weight (grams)	1262	1057
Caloric density (calories/gram)	1.4	2.0
Total protein in grams (% total calories)	39 (9)	68 (13)
Total carbohydrate in grams (% total calories)	382 (85)	409 (79)
Total fat in grams (% total calories)	12 (6)	18 (8)



## Life expectancy at birth:

Okinawa: 86 y F; 77.6 y M

USA: 80 y F; 75 y M

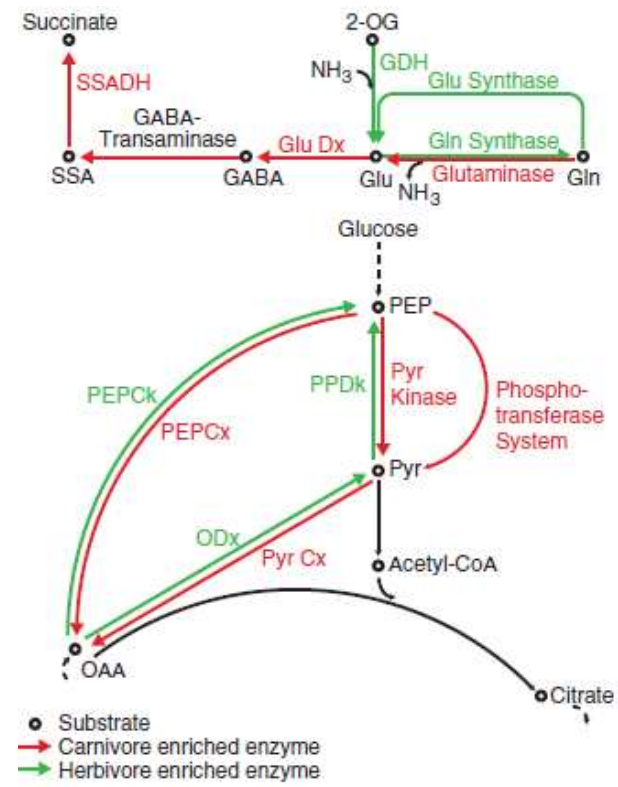
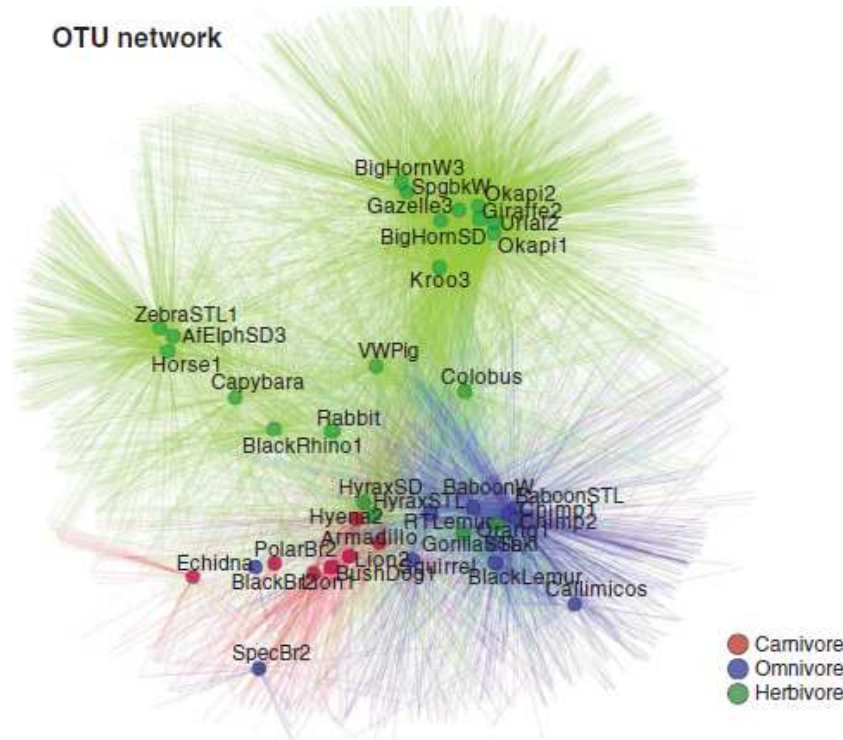
## Life expectancy at age 65:

Okinawa: 24.1 y F; 18.5 y M

Japan: 22.5 y F; 17.6 y M

USA: 19.3 y F; 16.2 y M

# Diet drives convergence in gut microbiome functions across mammalian phylogeny and within humans



## In 18 CR individuals:

- Protein intake associated with KO data (R=0.307; adjusted p=0.030)
- Insoluble fiber associated with bacterial OTU (R=0.371; adjusted p=0.013)

OTU = operational taxonomic units  
 KO = KEGG orthology groups

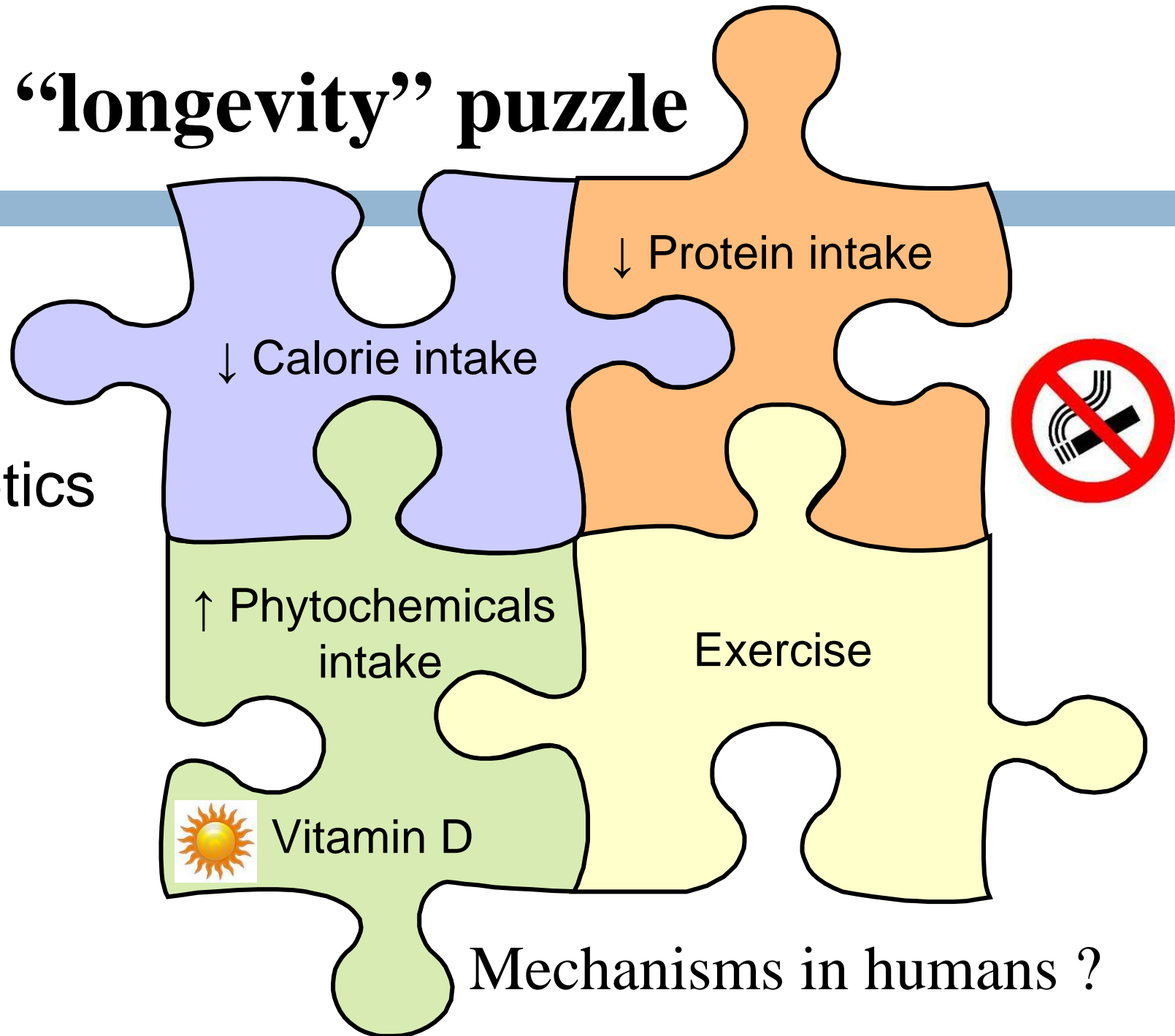


# **CONCLUSIONS AND FUTURE DIRECTIONS**



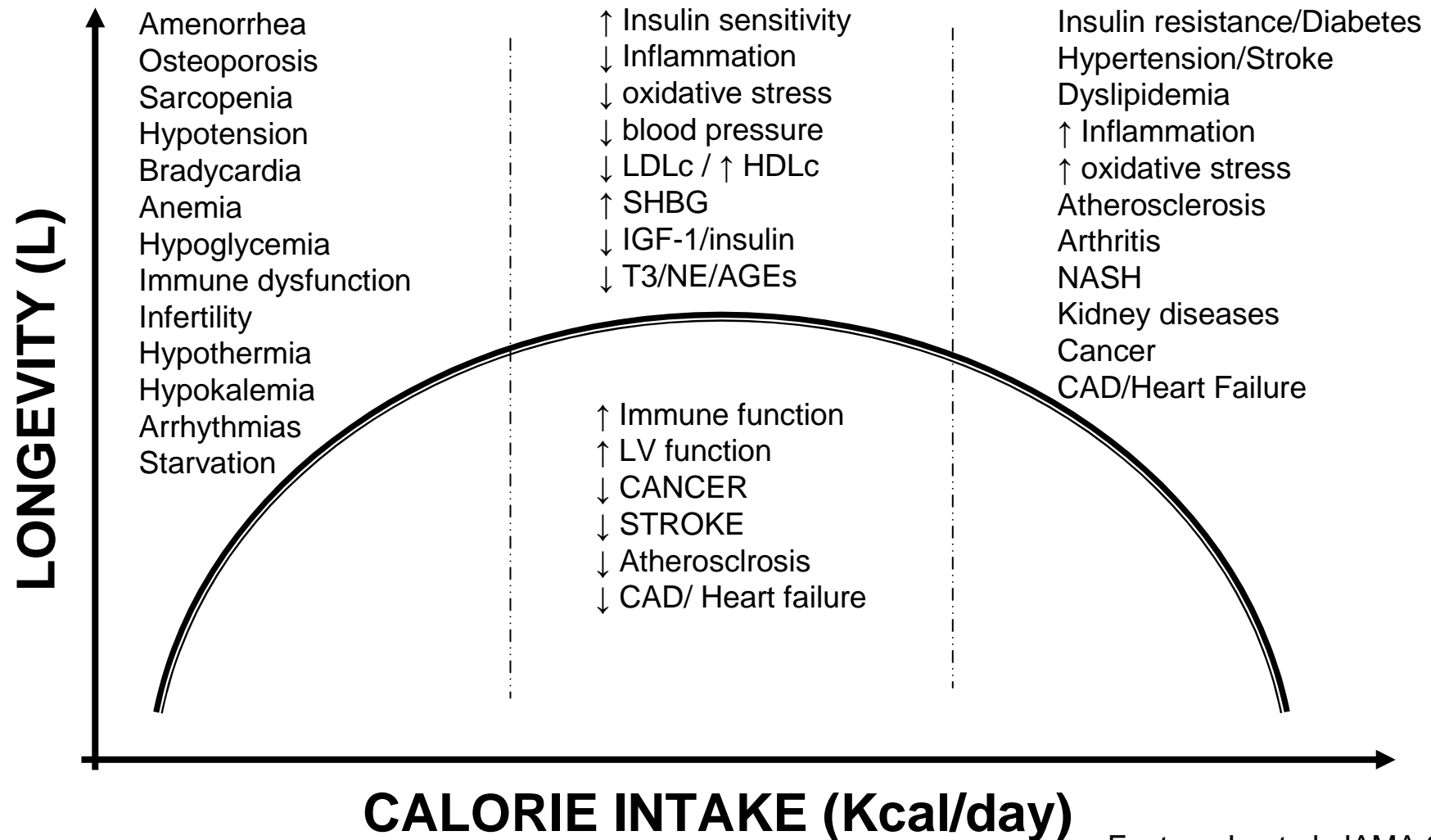
# The ‘longevity’ puzzle

Genetics



Mechanisms in humans ?

# OPTIMAL CALORIE INTAKE FOR SUCCESSFUL/HEALTHY AGING



## Acknowledgments

### Division of Geriatrics and Nutritional Science, WUSTL, USA

- Timothy Meyer
- Ted Weiss
- Dennis Villareal
- Kathie Obert
- John Holloszy

### Cardiovascular Biophysics Laboratory, WUSTL, USA

- Sándor J. Kovács

### Department of Immunology and Pathology, WUSTL, USA

- Marco Colonna
- Marina Cella

### Division of Nutrition and Aging Italian NIH, Rome, Italy

- Francesca Mailetti
- Manuela Abbate
- Daniela Omodei
- Claudio Di Sanza
- Roberto Cangemi
- Andreea Soare
- Gemma Fraternigo