

# This Little Piggy Had None

Effects of maternal protein restriction  
in microswine offspring

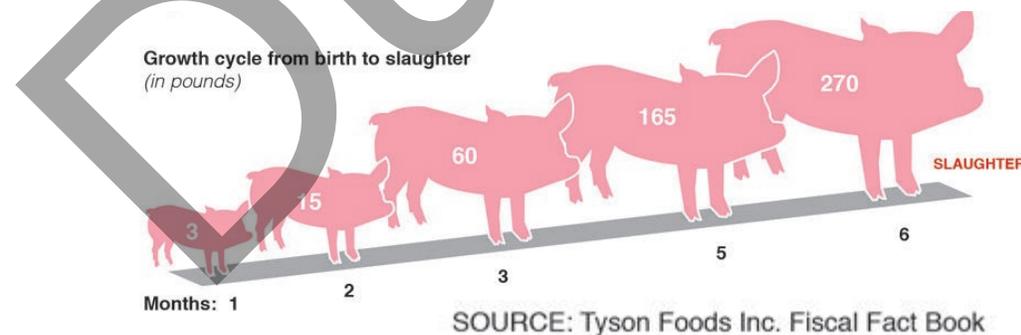
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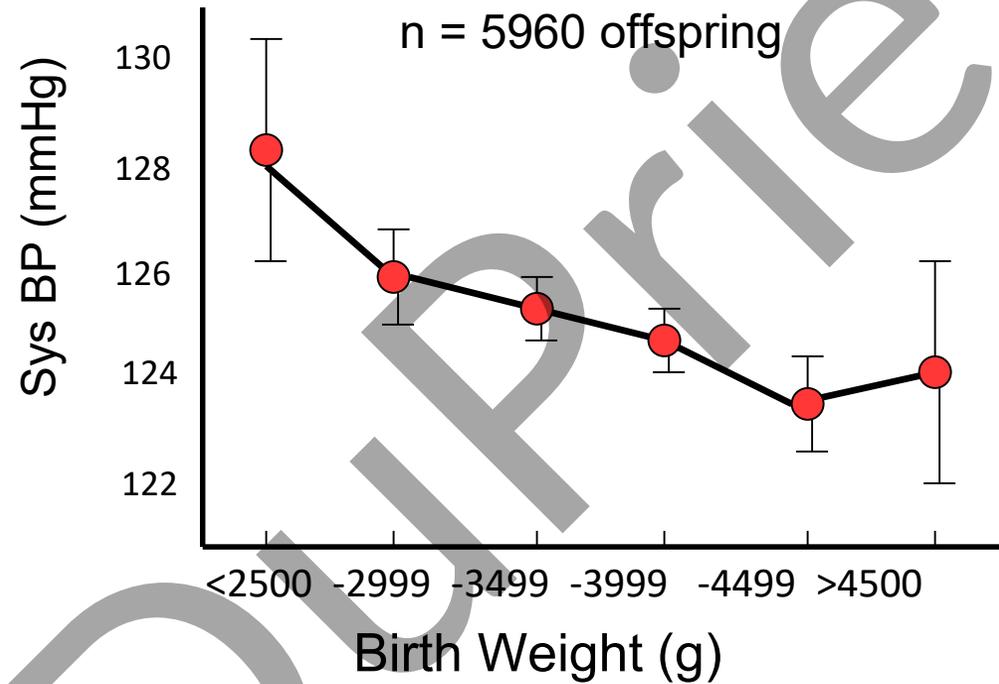
Adult blood pressure, body composition, and metabolic health are influenced by early life events that affect prenatal and postnatal growth.

Is growth rate itself part of the programming mechanism?



# Birth Weight Predicts Blood Pressure at Age 31

1966 Northern Finland Birth Cohort

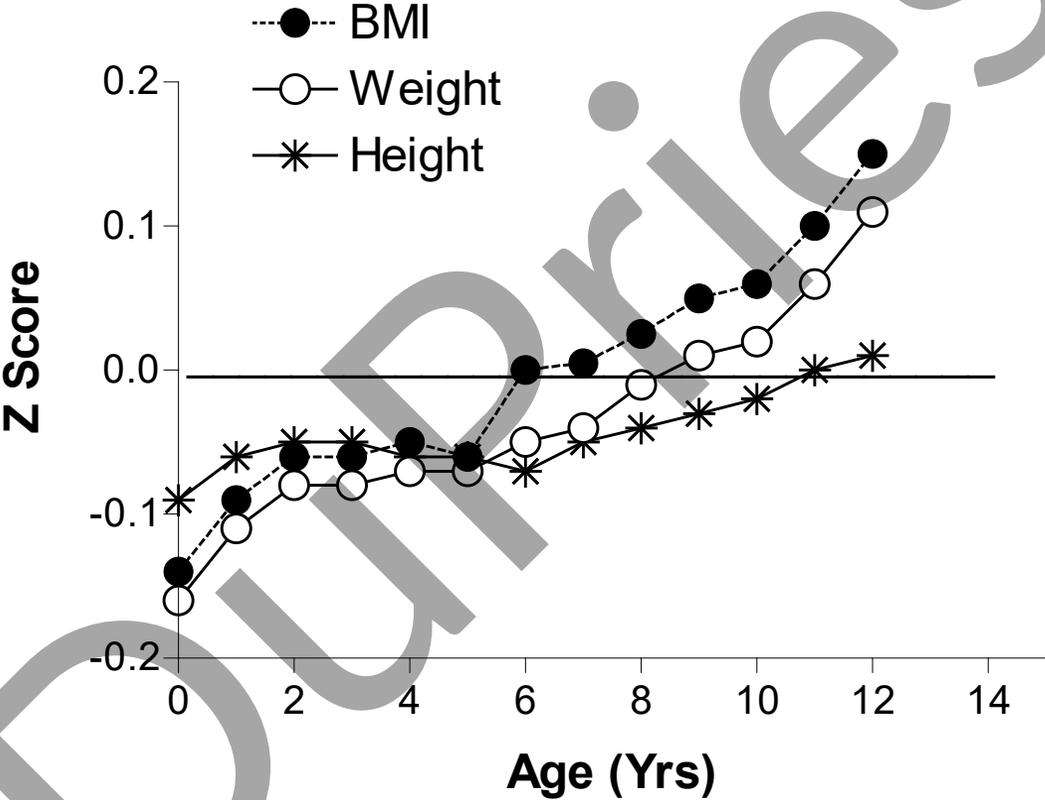


Järvelin M et al. *Hypertension* 2004

# Exposure to famine in early gestation programs obesity, especially in women

Sex	Body characteristic	3 <sup>rd</sup> trimester exposure	2 <sup>nd</sup> trimester exposure	1 <sup>st</sup> trimester exposure
1944-45 Dutch Famine	Men			
	Weight (kg)	0.8 (-3.1, 4.7)	-2.3 (-6.6, 1.9)	1.5 (-3.5, 6.6)
	BMI (% of control)	0.4 (-3.5, 4.5)	-1.2 (-5.5, 3.3)	0.5 (-4.6, 6.0)
	Waist circumference (cm)	1.8 (-1.4, 4.9)	-1.0 (-4.5, 2.5)	1.8 (-2.4, 6.0)
	Waist-to-hip ratio (x 100)	1.3 (-0.5, 3.1)	-0.4 (-2.4, 1.6)	1.5 (-0.9, 3.9)
Women	Weight (kg)	-1.8 (-6.1, 2.5)	-1.5 (-5.7, 2.8)	7.9 (2.5, 13.2)
	BMI (% of control)	-2.1 (-7.0, 3.1)	-1.3 (-6.3, 3.9)	7.4 (0.7, 14.5)
	Waist circumference (cm)	-0.7 (-4.4, 3.0)	0.4 (-3.2, 4.1)	5.7 (1.1, 10.3)
	Waist-to-hip ratio (x 100)	0.8 (-1.2, 2.8)	0.9 (-1.1, 2.9)	2.2 (-0.3, 4.7)

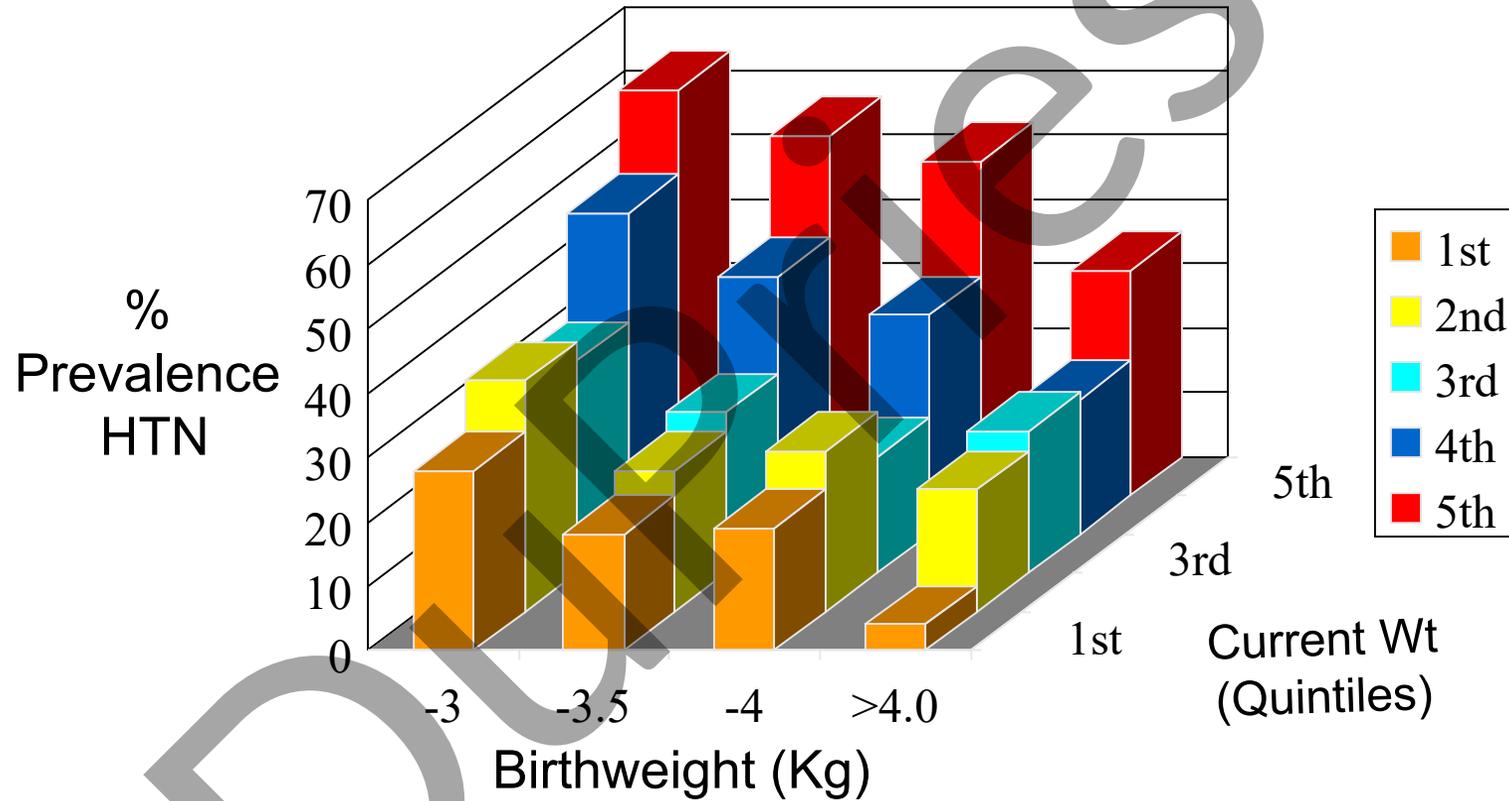
# Growth Patterns in 1404 Children who later developed Hypertension



1934-44 Finland Birth Cohort:  
8760 total individuals

# Birth Weight Interacts with Current BMI to Amplify Risk of Hypertension

Avg Age 62 yrs  
n = 2003



Eriksson et al. *Hypertension* 2007

# Potential mechanisms for programming of hypertension include:

- Altered organ structure leading to altered function
  - Low nephron number shifts pressure-natriuresis curve
- Altered homeostatic setpoints
  - “Thrifty phenotype” – increased metabolic efficiency leading to insulin resistance
- Mismatch between functional load and capacity
  - High body weight but low nephron number
- Question: How do fetal and childhood growth contribute to risk of hypertension and metabolic disease?

# Development of a new programming model: maternal protein restriction in microswine

- Similarities to humans:
  - Size
  - Longevity
  - Gestation length
  - Major systems, including:
    - Cardiovascular
    - Renal
    - Nutritional/metabolic
    - Immunologic



**6-Mo Adult Microswine**

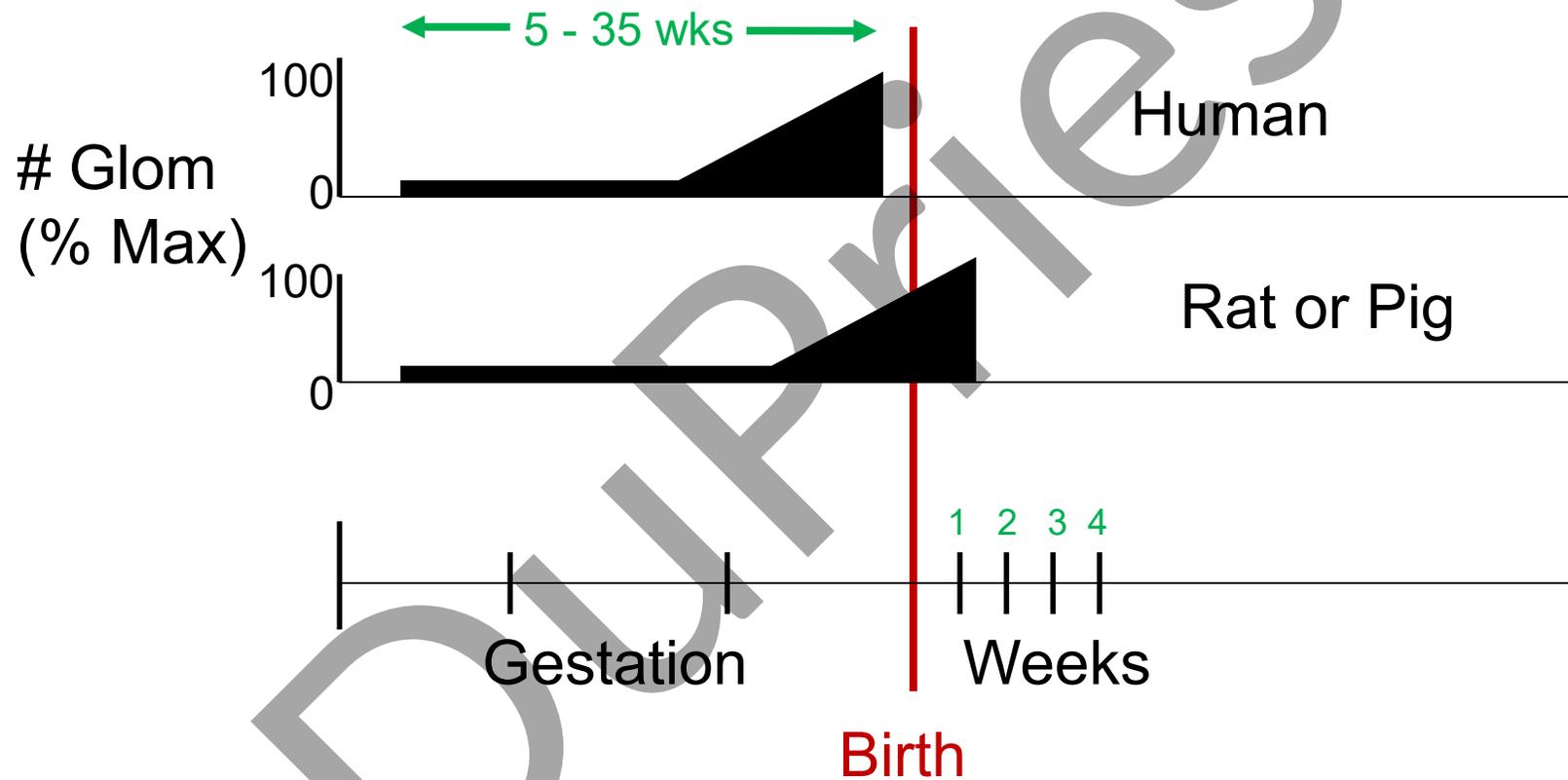
# Maternal Protein Restriction yields IUGR

- Microswine MPR was used to generate intrauterine growth restriction (IUGR) rather than to model a specific human condition
  - Kwashiorkor – severe protein malnutrition – wasting with edema – common in children in developing countries but rare in the US
  - IUGR can arise due to myriad reasons at any location

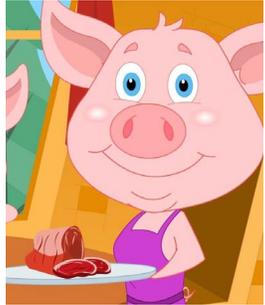
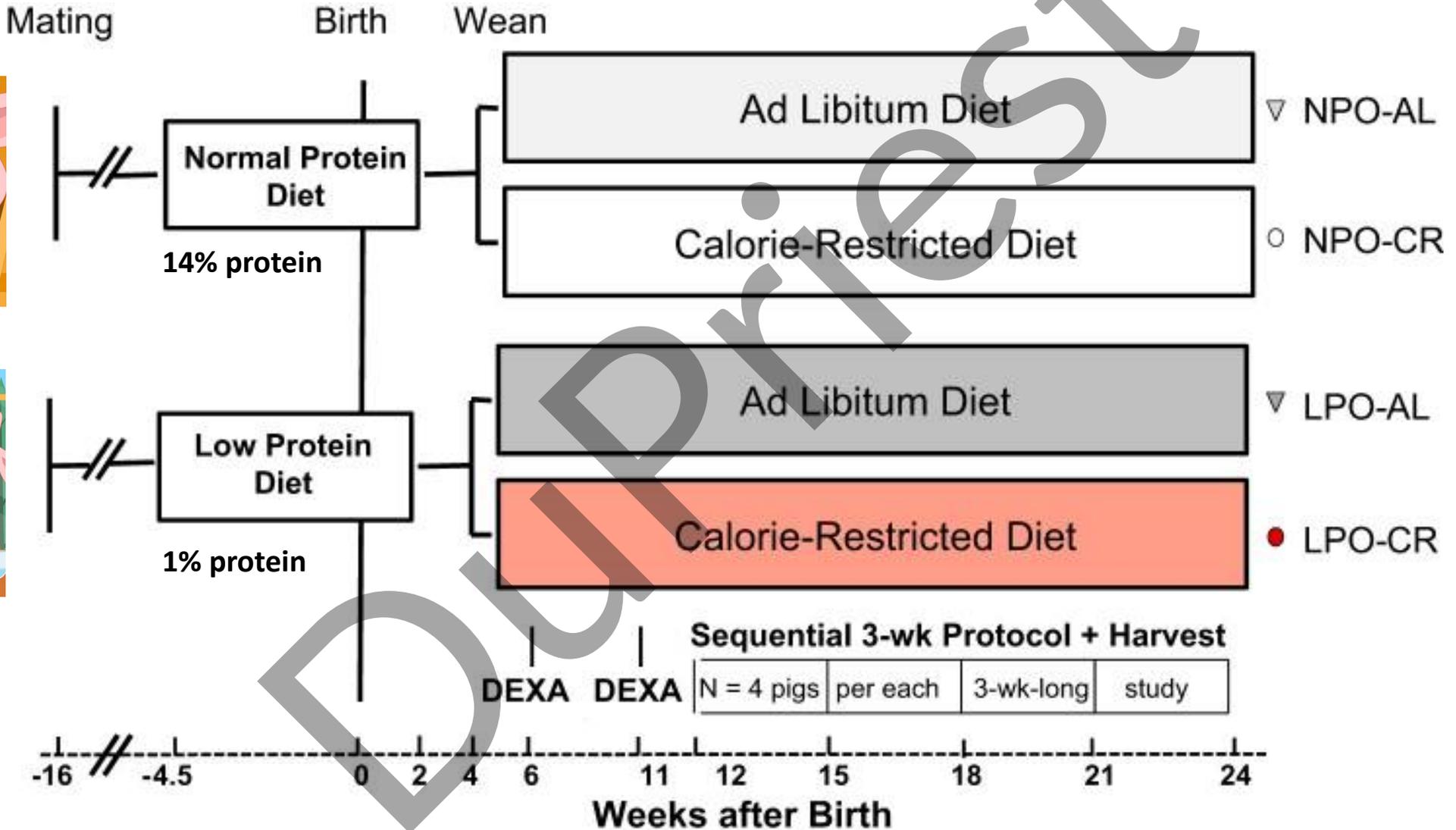
# Protein/Amino Acid needs during pregnancy

- Protein Recommended Daily Allowance (meets needs of 98% of people):
  - Non-pregnant adults: 0.8 g/kg body weight/day
  - Pregnant: 1.1 g/kg /day
  - Newer data: 1.2 g/kg/day in early gestation (16 wks), 1.52 g/kg/d in late gestation (36 wks) (Elango and Ball, 2016)
  - Don't overdo protein intake in pregnancy – too much can reduce birth length and childhood linear growth (Switkowski, 2016)
- Amino acid needs increase too, but in differing amounts by A.A.
  - No human data published yet
  - Swine data (Elango and Ball, 2016) show increases in late vs. early gestation of:
    - 55% for Thr
    - 45% for Lys
    - 63% for Ile
    - 35% for Trp

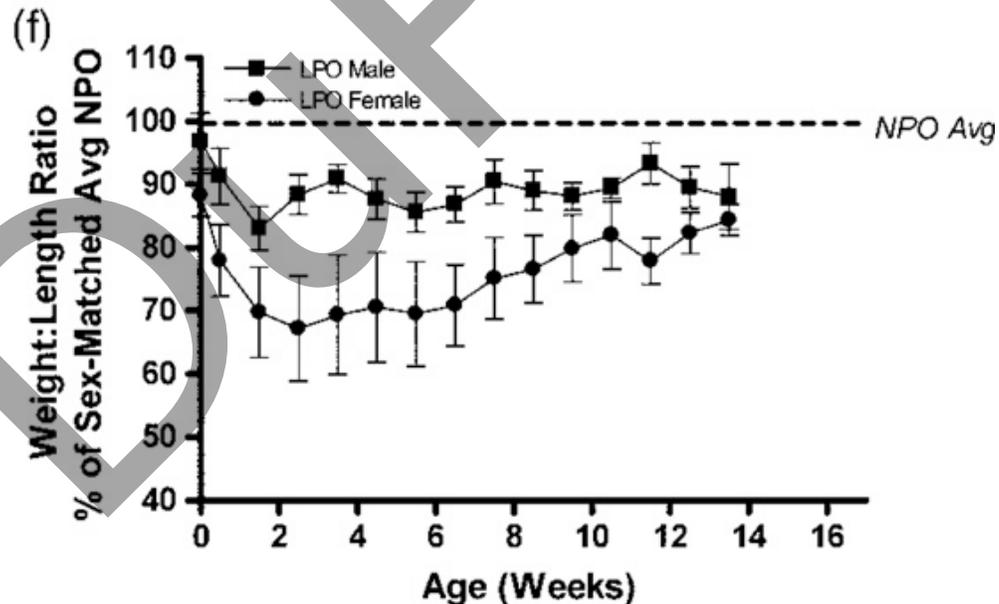
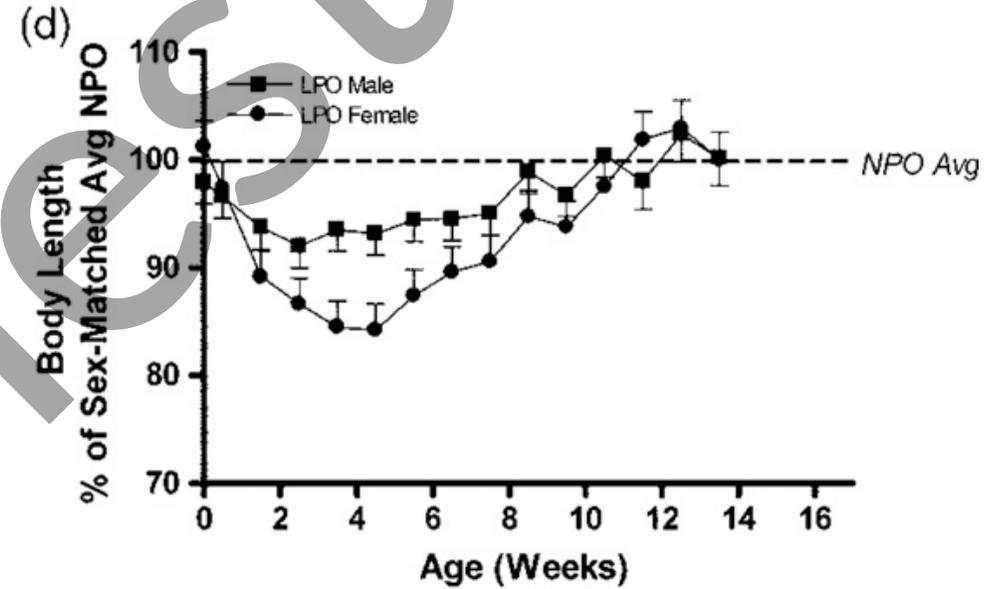
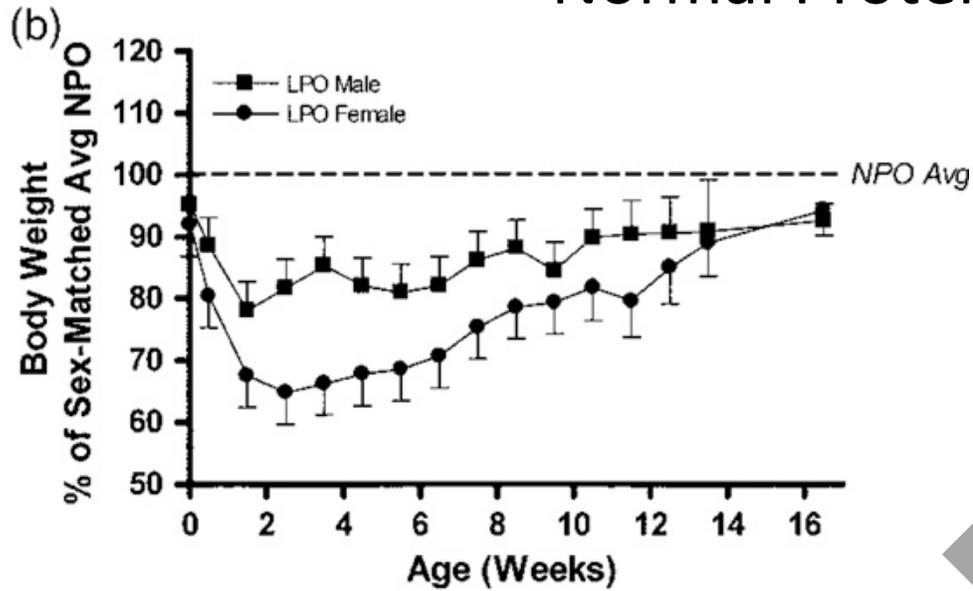
# Time Course of Renal Development



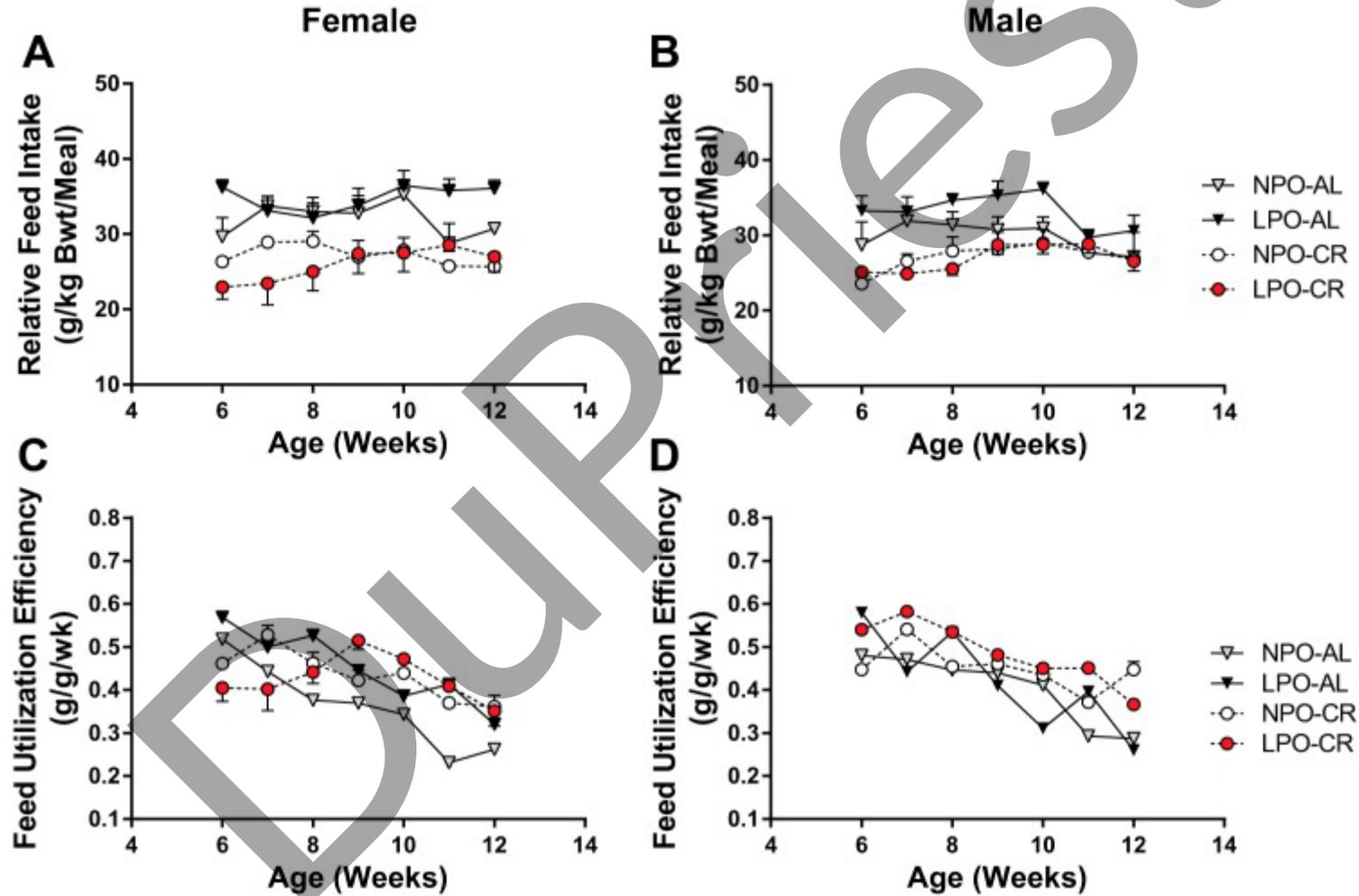
# Experimental Protocol



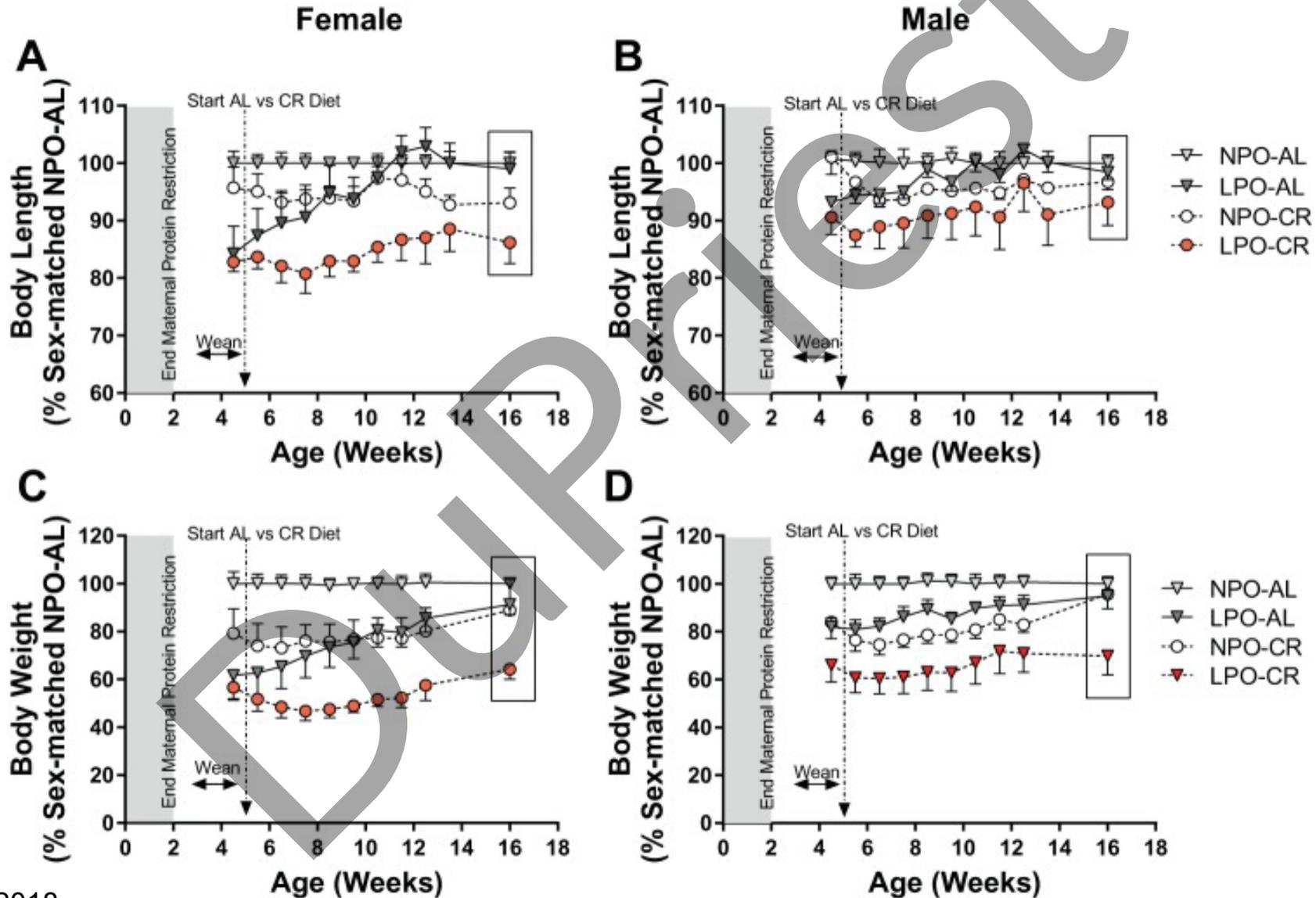
# Low Protein Offspring are born smaller than Normal Protein Offspring but grow rapidly



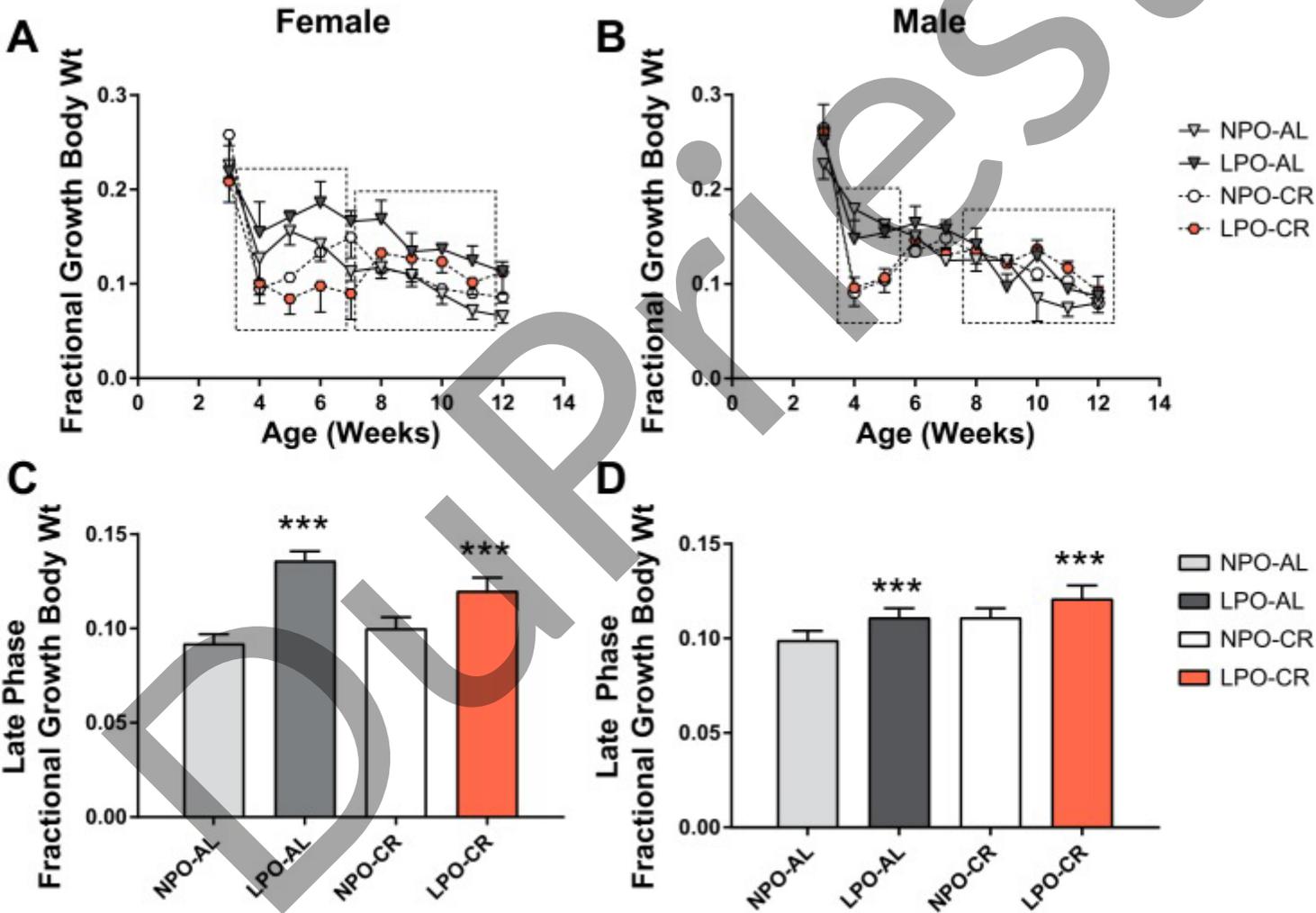
# LPO have increased food intake and feed utilization efficiency



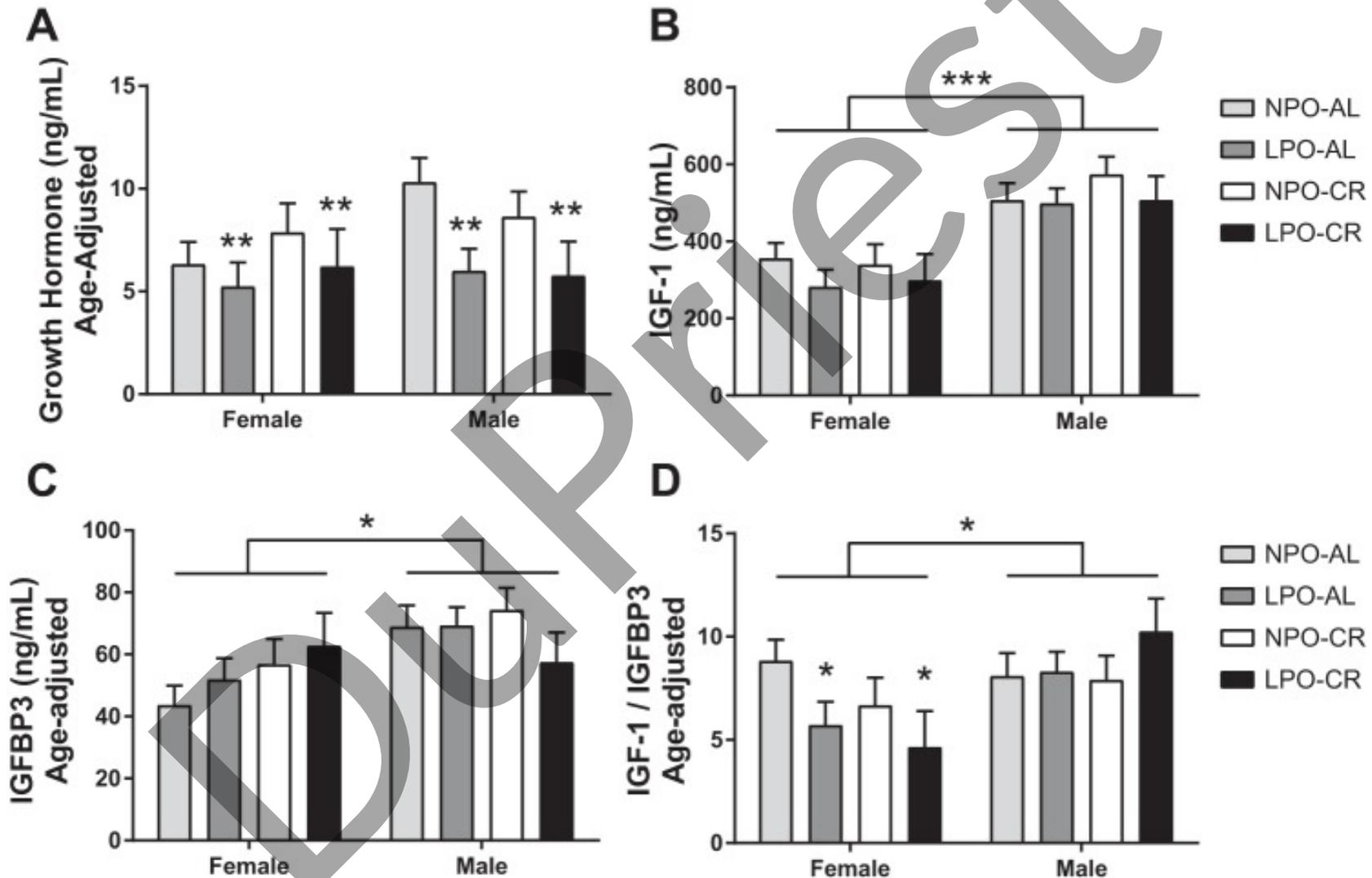
# Caloric Restriction after weaning prevents catch-up growth



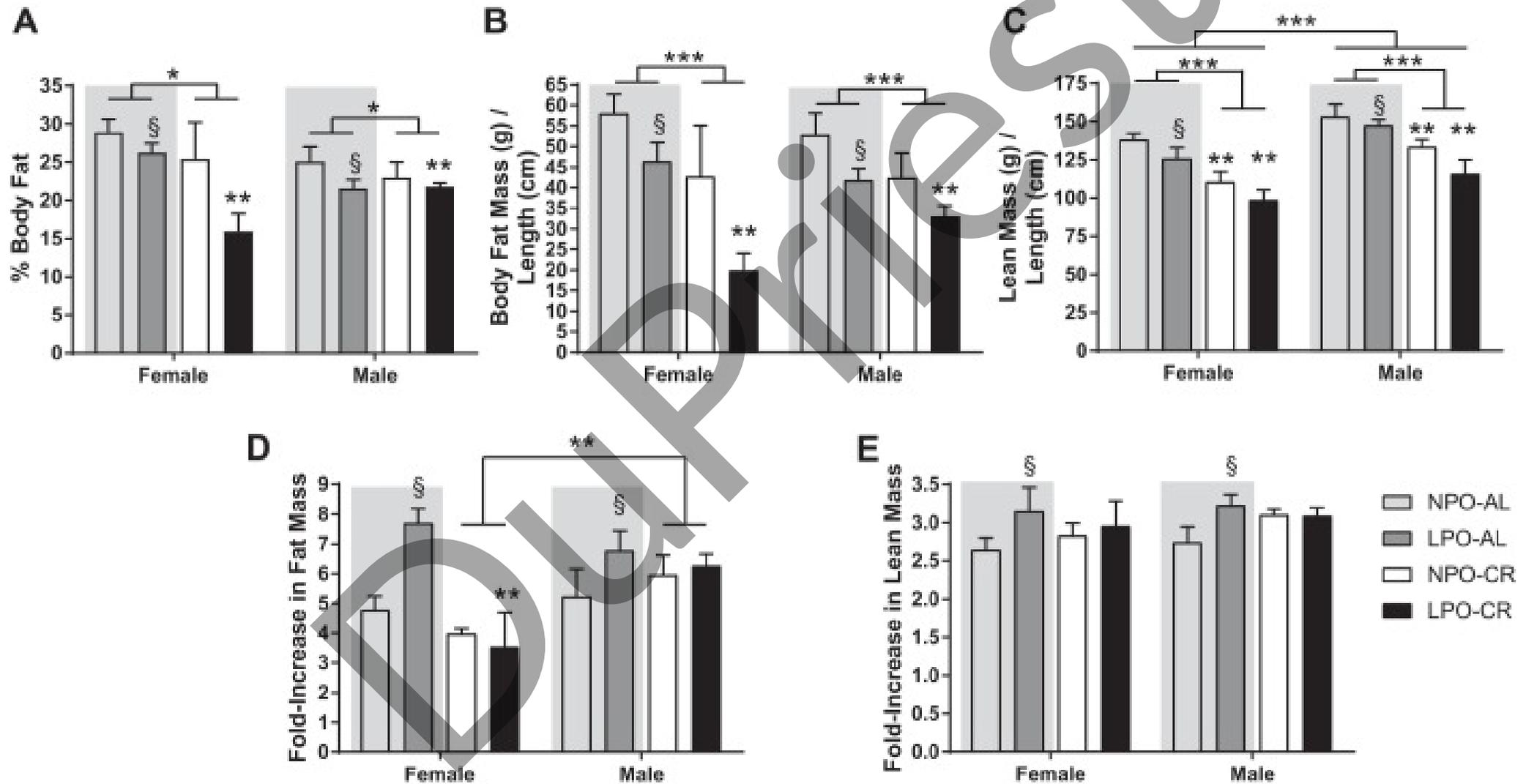
# LPO gain more weight, pound for pound – not changed by CR



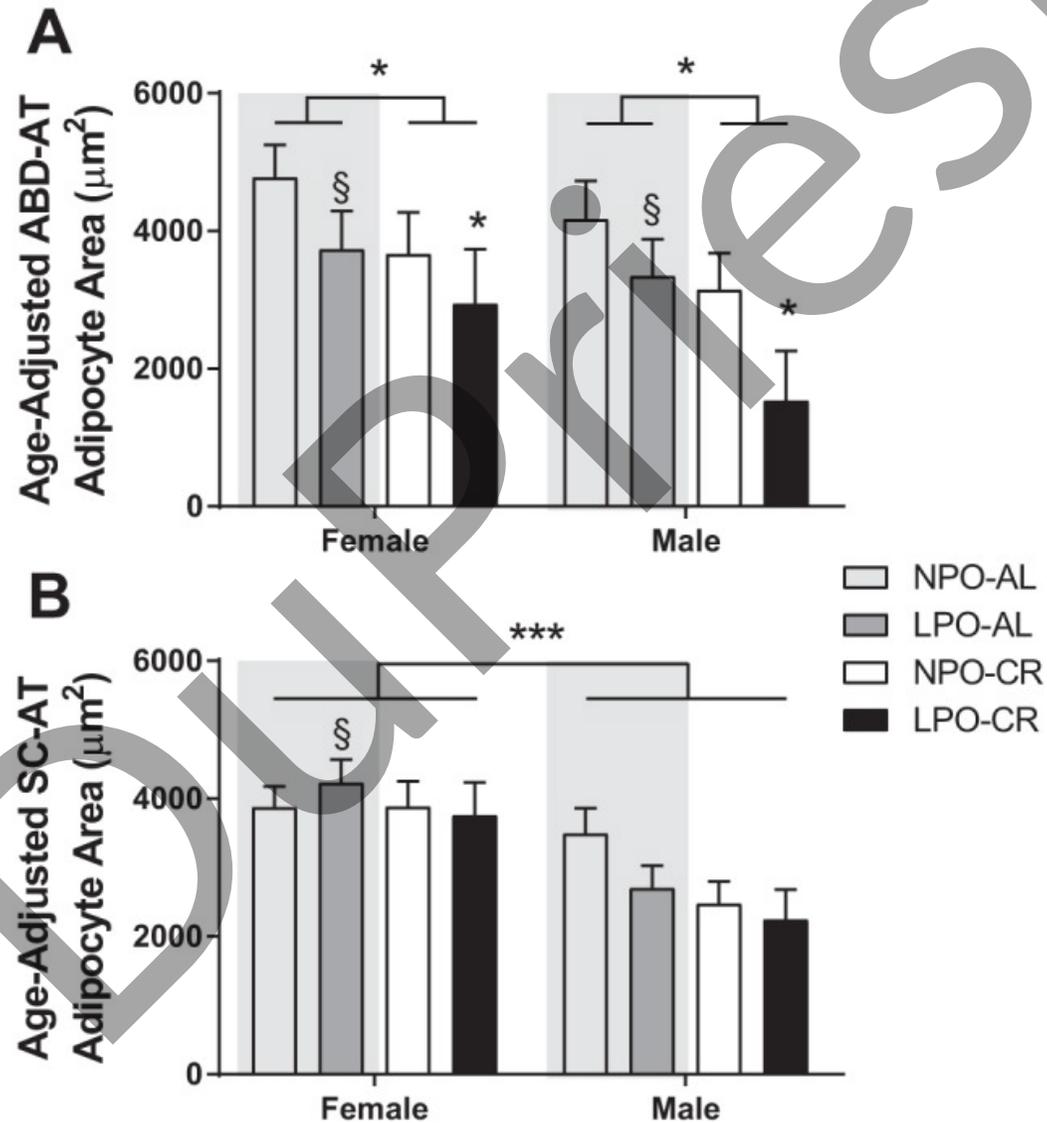
# Growth Hormone is paradoxically reduced in LPO



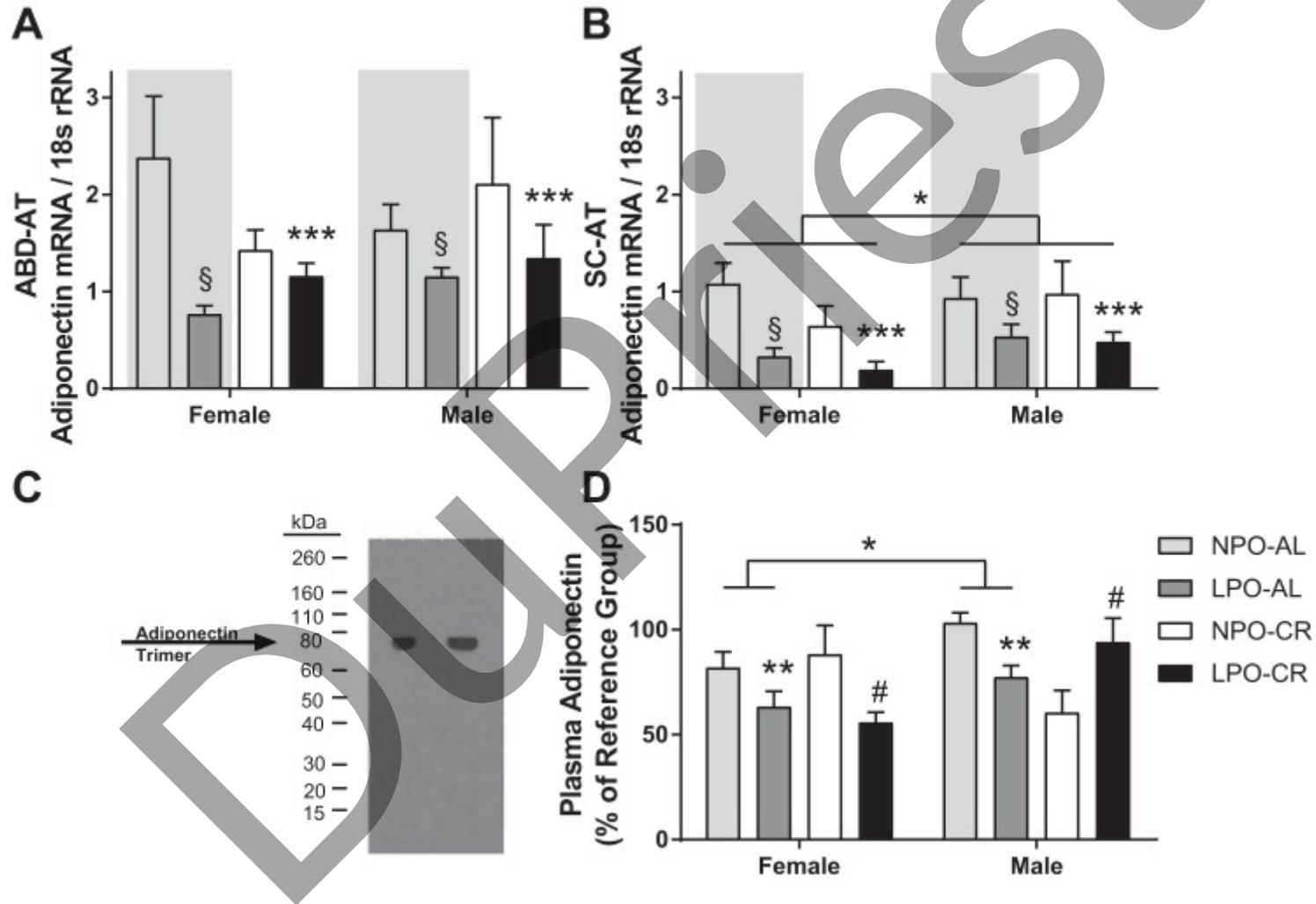
# LPO are “skinny”, and CR reduces their fat and lean tissue accrual



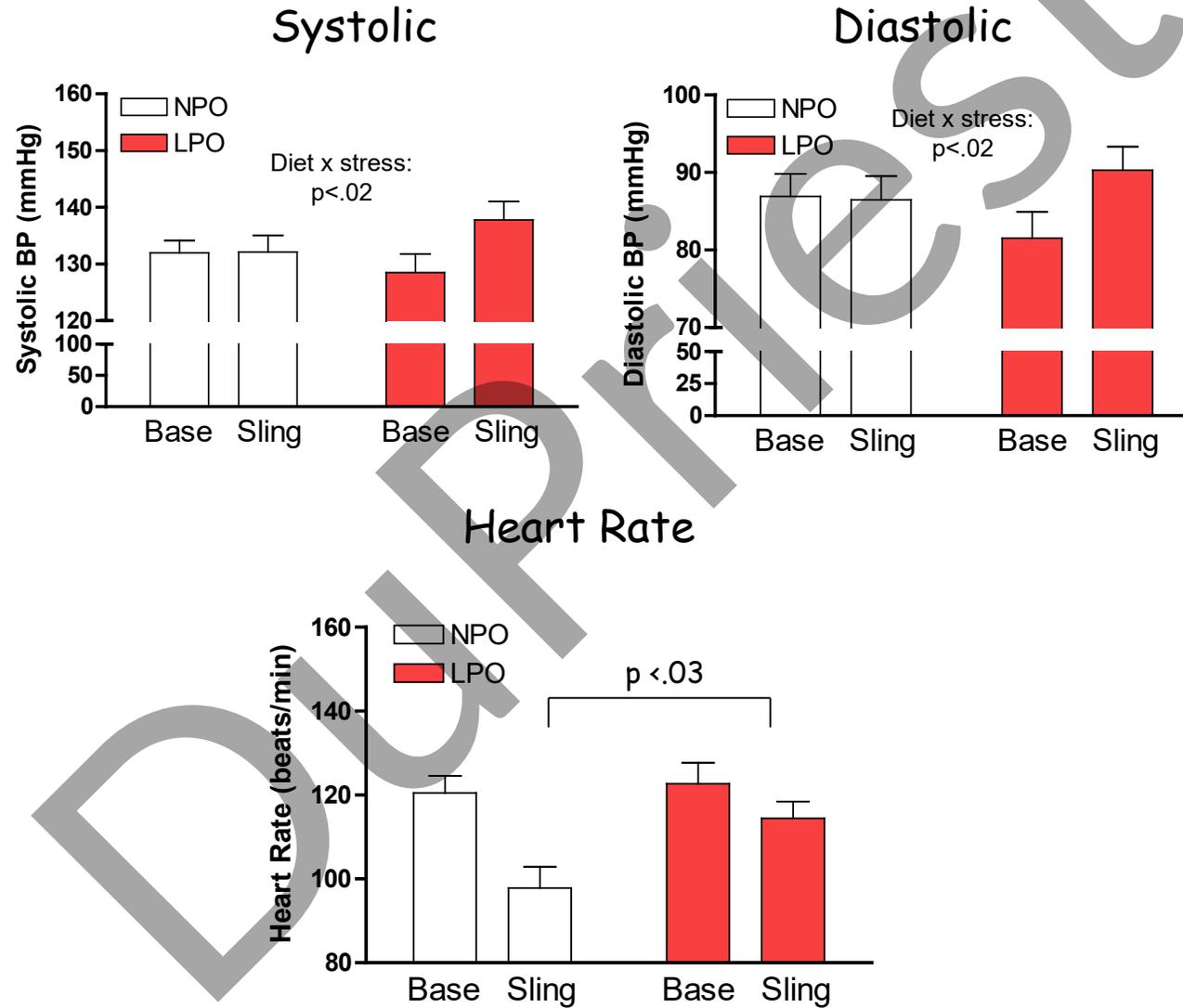
# LPO have small intra-abdominal adipocytes; CR makes them even smaller



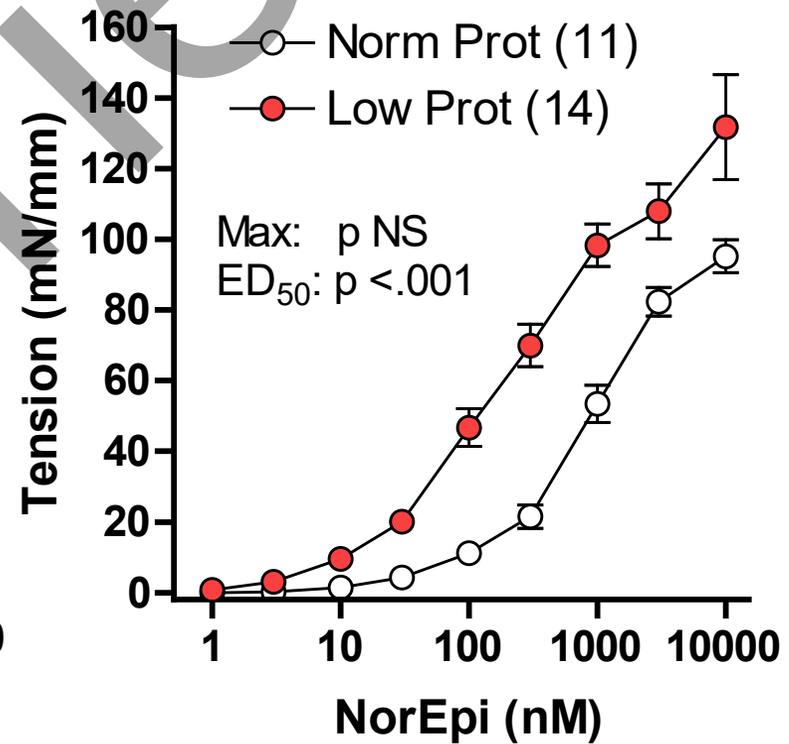
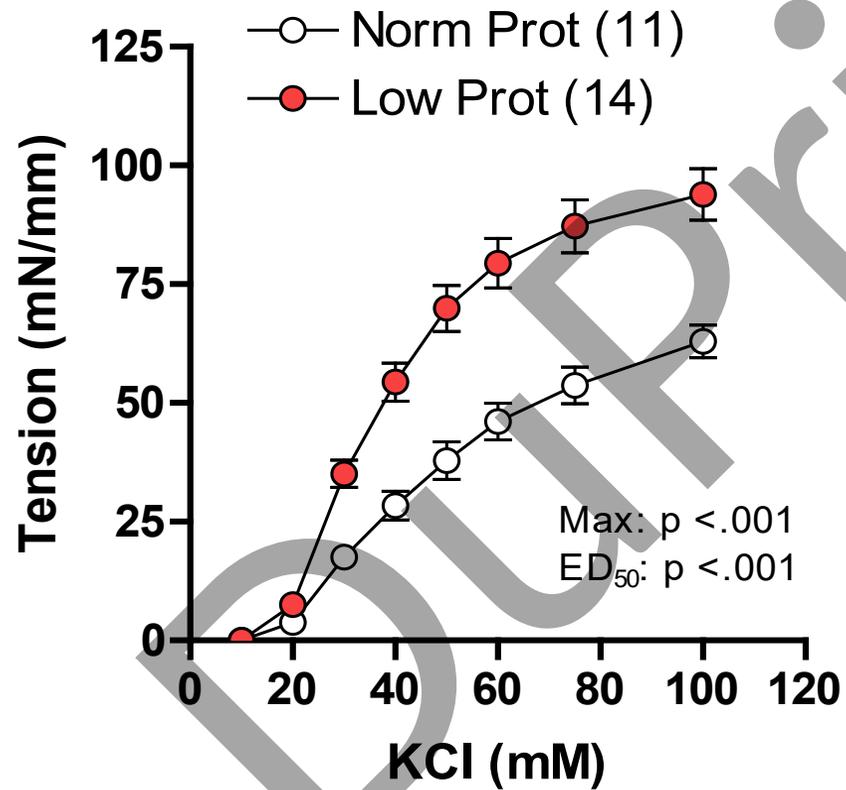
LPO have low adiponectin mRNA and circulating protein; CR does not ameliorate this



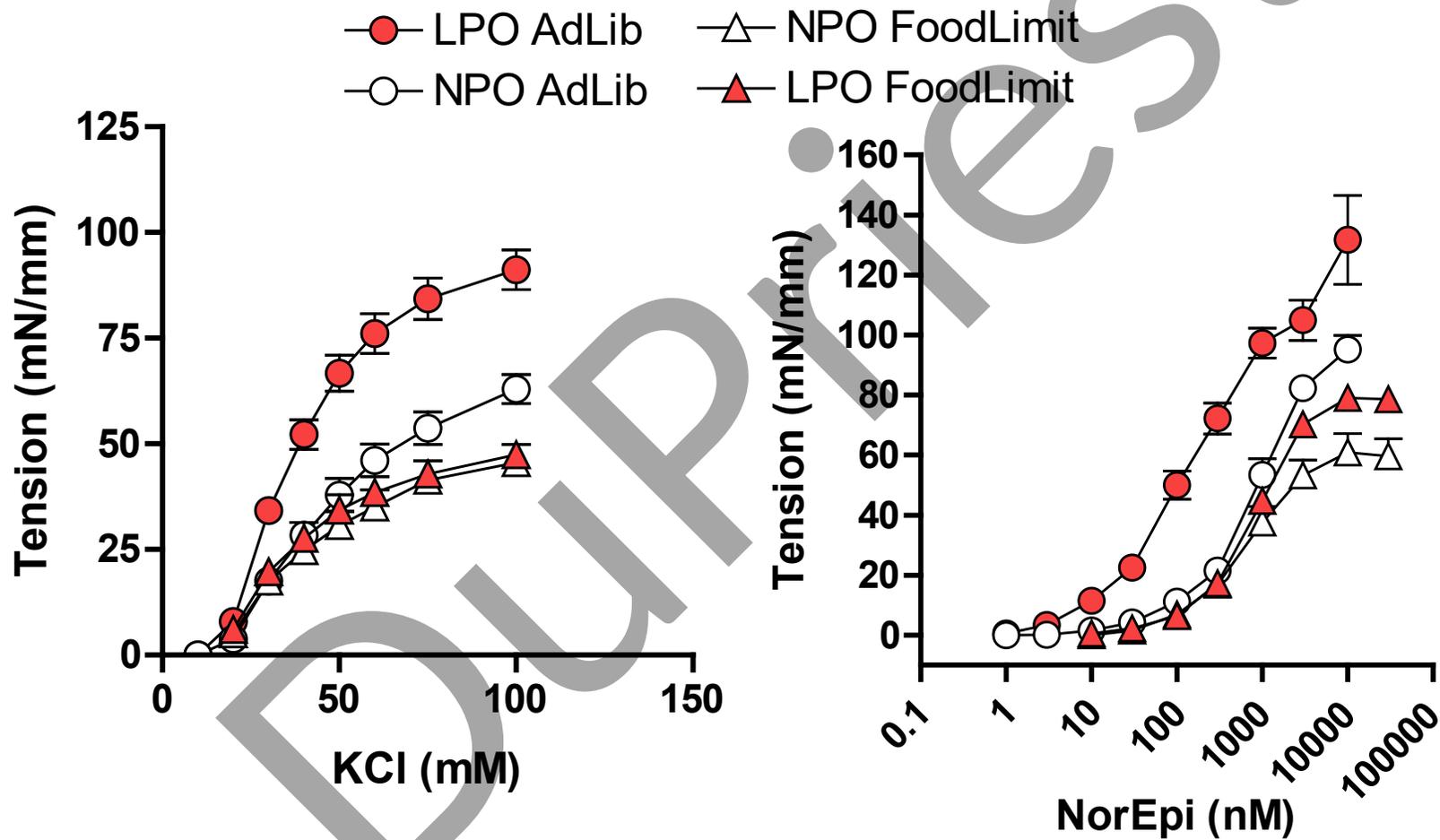
# Hemodynamic Responses to Restraint in Juvenile Offspring



# LPO have vascular hypersensitivity to pressors



# CR restores normal vascular sensitivity to pressors



# Effects of MPR in microswine:

- Generates IUGR with postweaning catch-up growth without increased adiposity
  - Rapid growth occurs despite low plasma GH and low-normal IGF-1
- Alters adipose tissue structure and function and influences circulating metabolic factors, especially adiponectin
- Causes stress-dependent increases in BP with increased vascular sensitivity to pressors

# Effects of postweaning caloric restriction in juvenile microswine:

- Prevents catch-up growth in absolute terms (by design) but not in relative (fractional) terms
- Increases feed utilization efficiency, at least temporarily
- Reduces fat mass >>> lean mass, and lowers intra-abdominal adipocyte size
- Restores normal vascular reactivity to pressors

# Summaries and conclusions

- Some things are determined by prenatal exposure only
  - Adiponectin levels
  - Feed utilization efficiency
- Some things are determined by prenatal exposure but can be modified by postweaning caloric restriction
  - Vascular hyper-reactivity to pressors
  - Insulin sensitivity

# Additional thoughts

- It is critical to examine the sexes separately – there are different responses even during the juvenile period prior to exposure to high levels of sex hormones
- DOHaD models likely do not program individual outcomes (e.g., HTN, insulin resistance, obesity, etc.). They change entire interconnected systems

# Where do we go from here?

- What is behind the increased feed utilization efficiency, and does it persist into adulthood? Is it reflective of the human condition?
- What is behind the increased sensitivity to GH, IGF-1, pressors?
- What is causing the reduction in adiponectin, and what are the long-term metabolic consequences of this reduction?
- Does sustained hypertension develop late in life in DOHaD settings, and if so, what is the mechanism?

# Thank you!



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*That's all Folks!*

