Fatty Acids Produced by De Novo Lipogenesis (DNL) of Refined Carbohydrates are Associated with Worsening of Metabolic Syndrome (MetS) Components: The Prospective Metabolism and Islet Cell Evaluation (PROMISE) Cohort

Luke W. Johnston¹ Ravi Retnakaran^{3,4} Stewart B. Harris² Zhen Liu¹ Richard P. Bazinet¹ Anthony J. Hanley^{1,3,5}

¹Department of Nutritional Sciences, University of Toronto, CA ²Centre for Studies in Family Medicine, University of Toronto, CA ³Division of Endocrinology, University of Endocrinology, Univer

Background

Hypertriglyceridemia is a known risk factor for metabolic dysfunction and is a component of the metabolic syndrome (MetS) (1,2); however, the role of the specific fatty acid (FA) composition of the serum triacylglycerol (TAG) fraction on MetS has not been well studied.

Objectives: To investigate the contribution of individual TAGFA on the components of MetS and to identify potential clusters of TAGFA underlying MetS.

Methods

Cohort: Adults (n=477) at-risk for diabetes were recruited from Toronto and London, ON and followed every 3-yrs.

Predictors: Fasting TAGFA were quantified as mol% (proportion of total) by thin layer chromatography and gas chromatography from the baseline. **Outcomes:** The MetS components fasting glucose (FG), waist circumference (WC), HDL, clinically measured triglyceride (Tg), and mean arterial pressure (MAP; used in the analyses as systolic and diastolic blood pressure are highly correlated) were measured using standard laboratory procedures. **Statistics:** Done using R version 3.4.0 (2017-04-21) and statistical methods are described within each figure. The code is available at *doi.org/10.6084/m9.figshare.5077663*.

Key findings

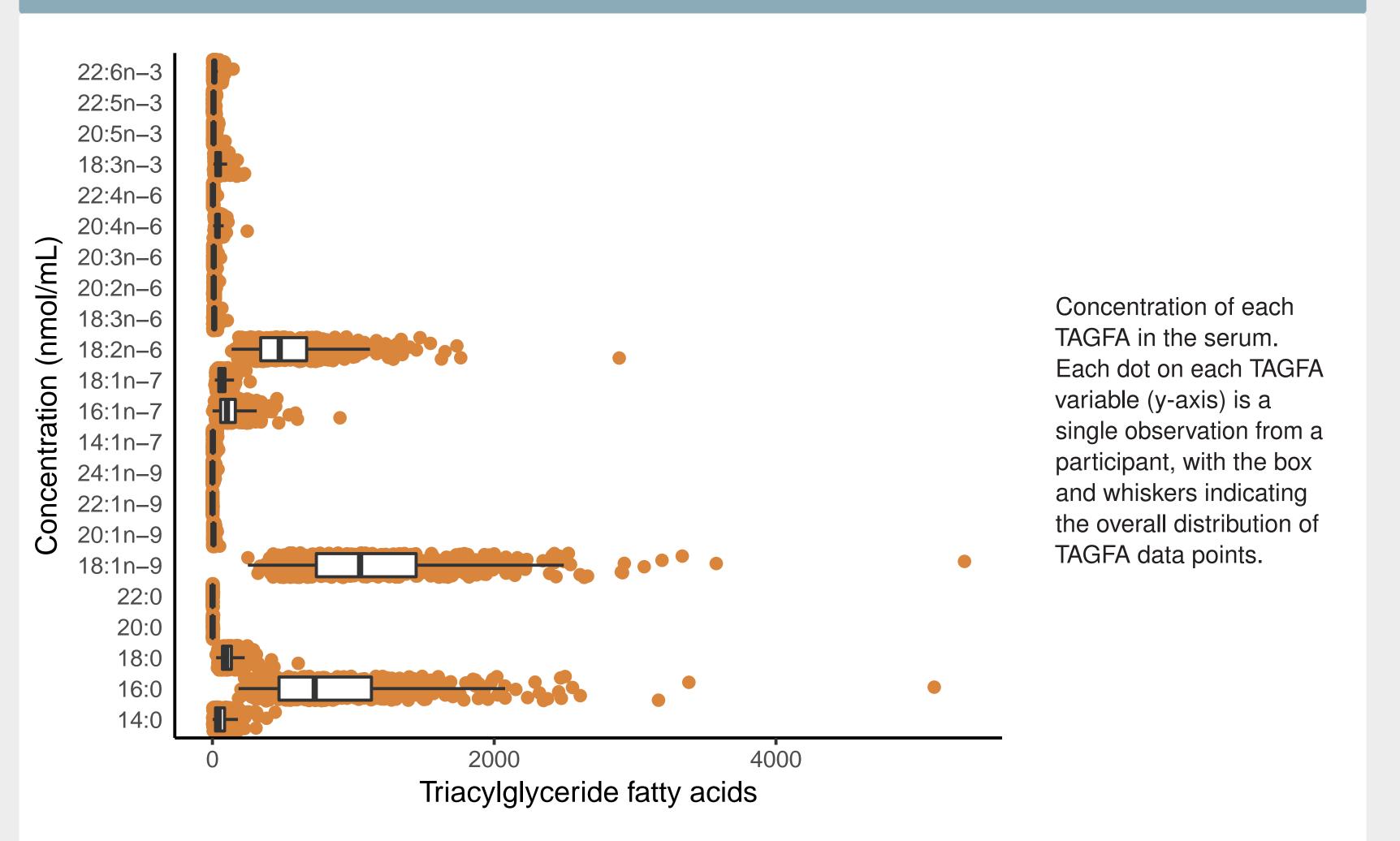
We found that a higher proportion of four TAGFA strongly predicted worsening of MetS components. These four TAGFA are products of DNL from refined carbohydrates (3,4). Our results provide further evidence to support the harmful impact of refined/simple carbohydrates on metabolic health.

Results: Descriptive summary of basic characteristics of participants in the PROMISE cohort for 3 clinic visits over 6 years

Values are presented as either mean (standard deviation) or count (percent of total).

ul). ————————————————————————————————————				
Measure	Baseline	3-yr	6-yr	
Tg (mmol/L)	1.5 (0.8)	1.4 (0.8)	1.4 (0.7)	
Chol (mmol/L)	5.2 (0.9)	5.1 (1.0)	5.1 (0.9)	
HDL (mmol/L)	1.4 (0.4)	1.3 (0.4)	1.4 (0.4)	
MAP (mmHg)	95.3 (11.4)	95.4 (11.0)	94.6 (10.6)	
Age (yrs)	50.1 (9.8)	53.2 (9.7)	56.5 (9.6)	
BMI (kg/m ²)	31.1 (6.4)	31.4 (6.5)	31.1 (6.6)	
WC (cm)	98.5 (15.5)	99.3 (15.7)	100.4 (15.7)	
Ethnicity				
- European	336 (70%)			
- Latino/a	58 (12%)			
- Other	51 (11%)			
- South Asian	32 (7%)			
Sex				
- Female	349 (73%)			
- Male	128 (27%)			

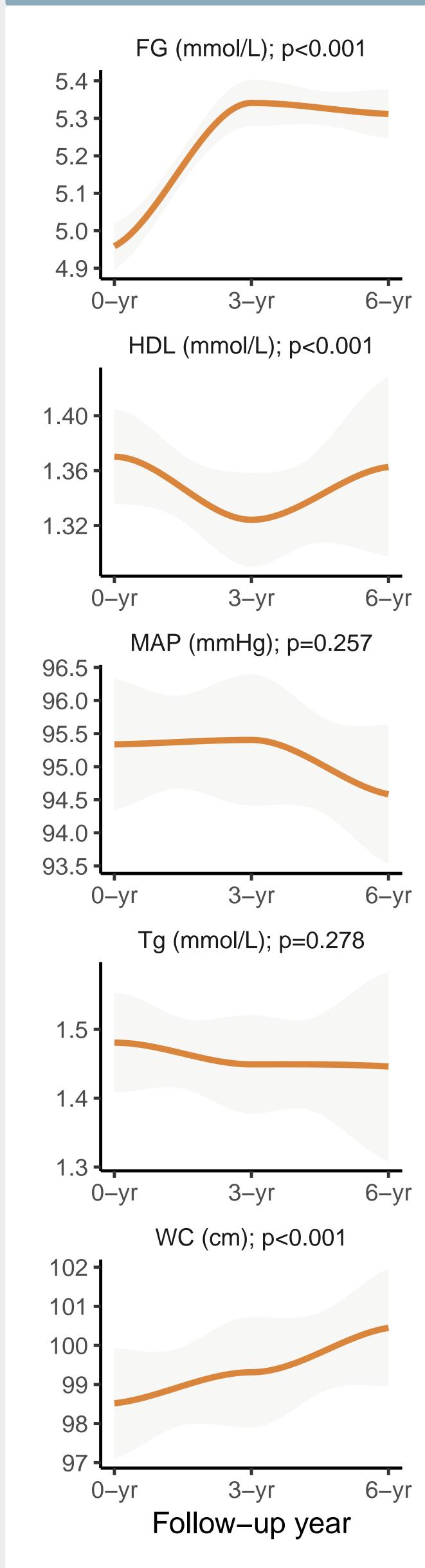
Results: Distribution of individual TAGFA as a concentration in the serum of PROMISE participants.



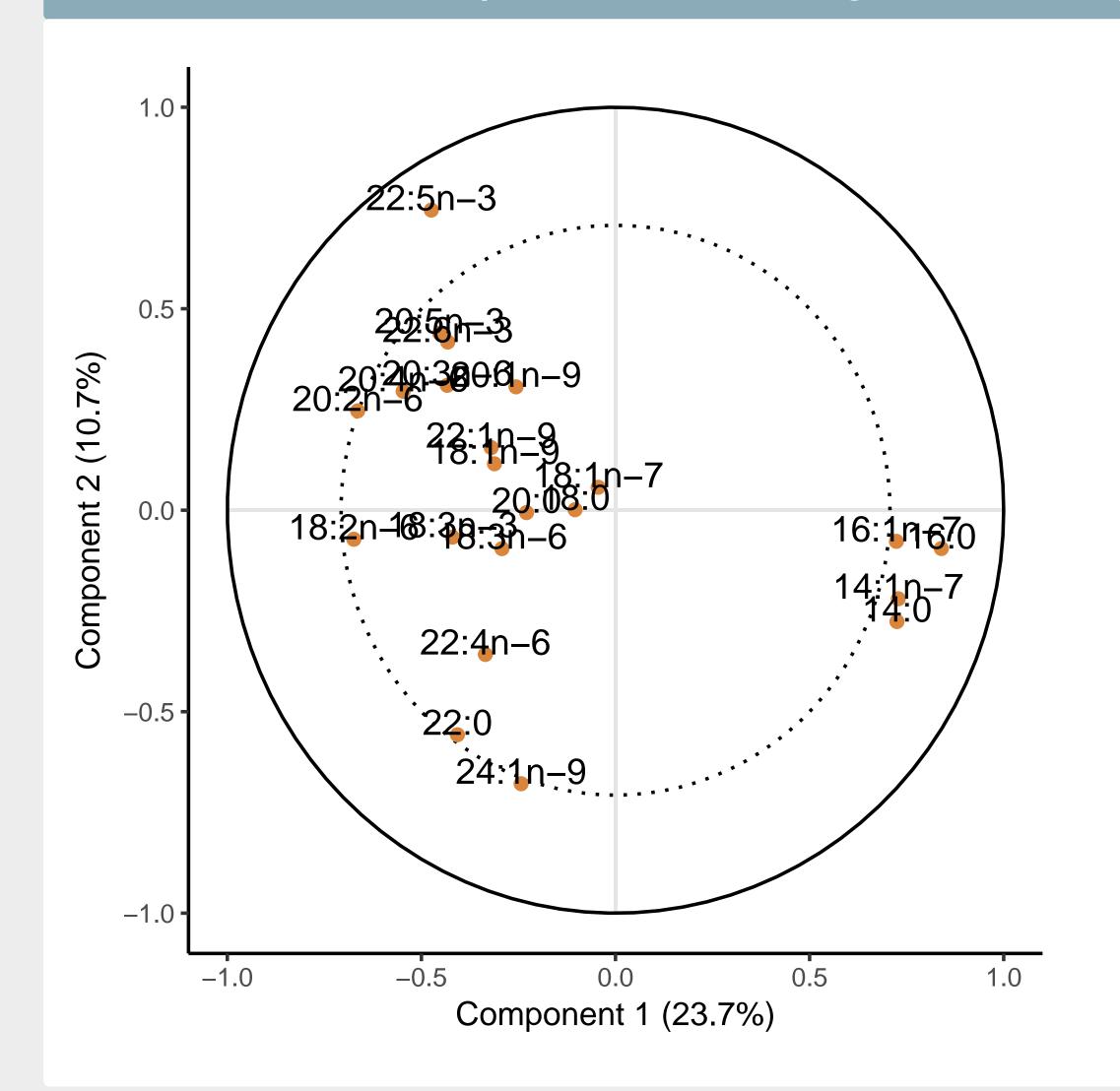
Results: Correlation heatmap of individual TAGFA with each MetS component

Results:	Correlati	on neatma	ap of indiv	/Idual TAC	ara with e	each MetS componer	τ
_							
22:6n-3	-0.1	-0.23	0.21	0.03	0.05		
22:5n-3	-0.05	-0.33	0.29	0.07	0.11		
20:5n-3	-0.1	-0.25	0.25	0	0.06		
18:3n-3	-0.13	-0.05	-0.02	-0.06	0.01		
22:4n-6	-0.05	-0.09	0.04	-0.13	-0.11		
20:4n-6	-0.1	-0.41	0.35	-0.03	0.03		
20:3n-6 20:2n-6	-0.01	-0.19	0.19	0	-0.01		
E 20:2n–6	-0.19	-0.48	0.42	-0.05	-0.12		
<u>\$</u> 18:3n-6	-0.13	-0.16	0.21	-0.09	-0.09	Correlation o	
9 18:3n-6 18:2n-6	-0.21	-0.26	0.05	-0.12	-0.07	Correlation ρ _{Correlation}	
₹ 18:1n−7	0	-0.29	0.21	0.03	-0.08	VISUAIIZ	ed as a heatmap of AGFA (as mol%) with
<u>o</u> 16:1n–7	0.17	0.4	-0.09	0.09	-0.01	0.0	letS component.
ည် 14:1n–7	0.12	0.44	-0.17	0.07	-0.02	-0.5 Positive	e correlations are in
cylidical colling of the colling of the cyling of the cyli	-0.17	0	0	-0.18	-0.15		and negative
22:1n-9	-0.05	-0.36	0.23	-0.03	0.01	correla	tions are in blue.
20:1n-9	-0.05	-0.21	0.18	0.06	0.08		
18:1n-9	-0.09	-0.3	0.16	-0.07	0		
22:0	-0.15	-0.12	0.03	-0.21	-0.13		
20:0	-0.1	-0.26	0.14	0	0.02		
18:0	-0.06	-0.21	0.16	0.01	0.01		
16:0	0.28	0.49	-0.27	0.14	0.07		
14:0	0.14	0.48	-0.27	0.06	-0.01	_	
	NC	< 0	HDL	MAR	¢ [©]		
				14			

Results: MetS components' change over 6 years of followup

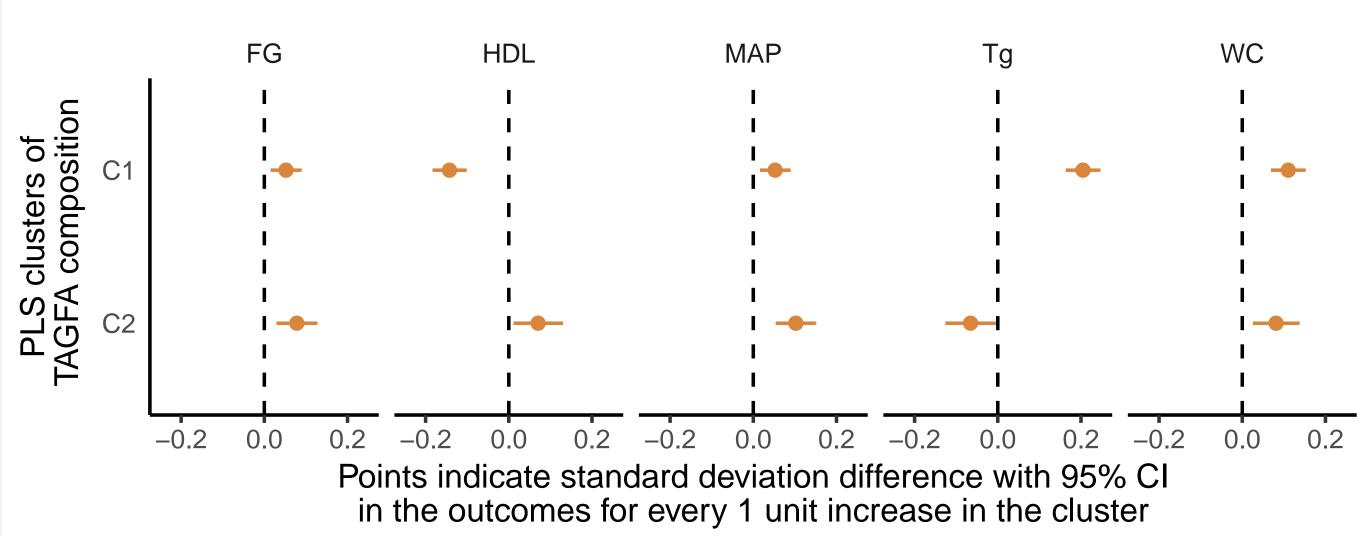


Results: Partial least squares (PLS) clustering of TAGFA composition underlying the MetS components.



To analyze the high-dimensional, multivariate nature of the TAGFA (as mol%) composition with the MetS components, we used partial least squares analysis (PLS). The TAGFA variables are included as the predictors (x) and the five MetS components (FG, HDL, MAP, Tg, WC) as the outcomes (y) within a single model. This technique is used to identify underlying structures or clusters of variables (TAGFA) contained within the outcome (MetS). Each axis is the extracted score or PLS component, with the explained variance shown on the axes. TAGFA between the two circles (solid and dotted) contribute substantially to the explained variance of the MetS components. Two clusters are identified: four TAGFA (14:0, 16:0, 14:1n-7, 16:1n-7) and every other TAGFA.

Results: Longitudinal associations of the partial least squares clustering of TAGFA composition on each MetS component



PLS scores were extracted from the PLS model with the TAGFA clusters and used as predictors in generalized estimating equation (GEE) modeling (adjusting for time, baseline age, ethnicity, and sex) to analyze the data for longitudinal associations with the MetS components as outcomes.

Acknowledgements

- ► We'd like to thank the study participants and the research nurses (Jan Neuman, Paula Van Nostrand, Stella Kink, Annette Barnie, Sheila Porter, Mauricio Marin, Marnie Orcutt, and Nicole Rubio).
- LWJ received a Canadian Diabetes Association Doctoral Student Research Award.
- ► This study is supported by funding from: Canadian Diabetes Association, the Canadian Institutes of Health Research, and the Banting and Best Diabetes Centre
- ► Comments or questions? Please contact: luke.johnston@mail.utoronto.ca

References

- 1. Alberti K, Eckel RH, Grundy SM, Zimmet PZ, Cleeman JI, Donato KA, et al. Harmonizing the Metabolic Syndrome: A Joint Interim Statement of the International Diabetes Federation Task Force on Epidemiology and Prevention; National Heart, Lung, and Blood Institute; American Heart Association; World Heart Federation; International Atherosclerosis Society; and International Association for the Study of Obesity. Circulation. 2009;120(16):1640–5.
- 2. Vergès B. Pathophysiology of diabetic dyslipidaemia: Where are we? Diabetologia. 2015;58(5):886–99.
- 3. Hodson L, Skeaff CM, Fielding BA. Fatty acid composition of adipose tissue and blood in humans and its use as a biomarker of dietary intake. Prog Lipid Res. 2008;47(5):348–80.
- 4. Kawano Y, Cohen DE. Mechanisms of hepatic triglyceride accumulation in non-alcoholic fatty liver disease. J Gastroenterol. 2013;48(4):434–41.

