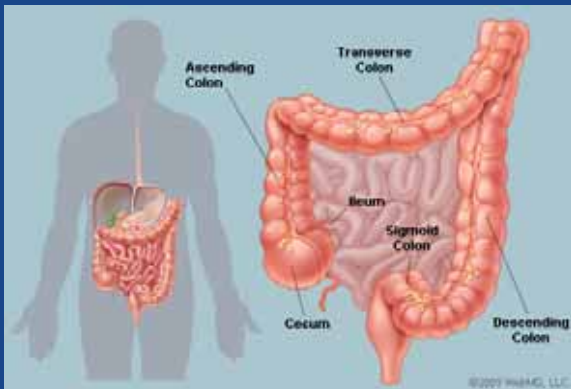


Concepts for enhanced butyrate production to improve colonic health and insulin sensitivity – ButColns

Knud Erik Bach Knudsen
Department of Animal Science



Background

- › It is generally recognized that an unhealthy dietary pattern – **high intake** of **fat** and **refined carbohydrates** and **low intake** of **dietary fibre** have been linked to several diseases of the affluent societies:
 - › Inflammatory bowel disease
 - › Colorectal cancer
 - › Coronary heart disease
 - › Type II diabetes, etc.

Background: The large intestine – diet and health

- › Dietary fibre is the limiting factor for maintaining a viable and diverse microbial community
- › Dietary fibre controls the production of short chain fatty acids

Approximately 70 % of the incidences of colorectal cancer and inflammatory bowel diseases are related to dietary factors



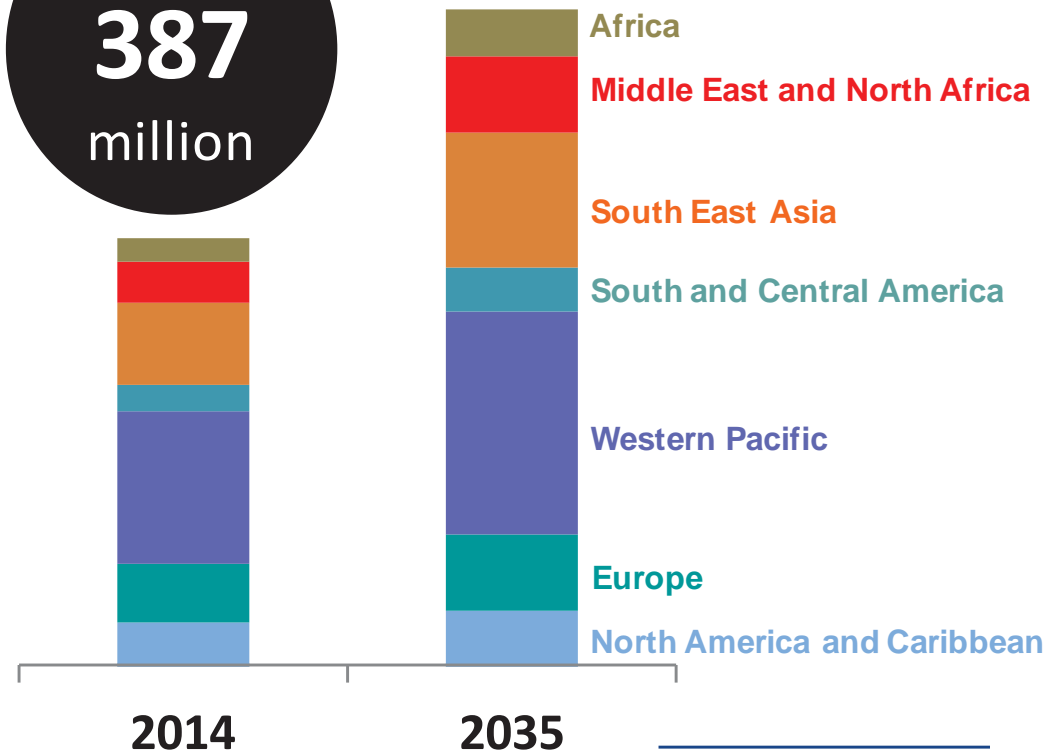
Background: Lifestyle-related diseases

- › Rapid economic growth
- › Increased urbanization
- › Access to diets rich in easily digestible carbohydrates and fat



WORLD
592
million
people living
with diabetes

WORLD
387
million

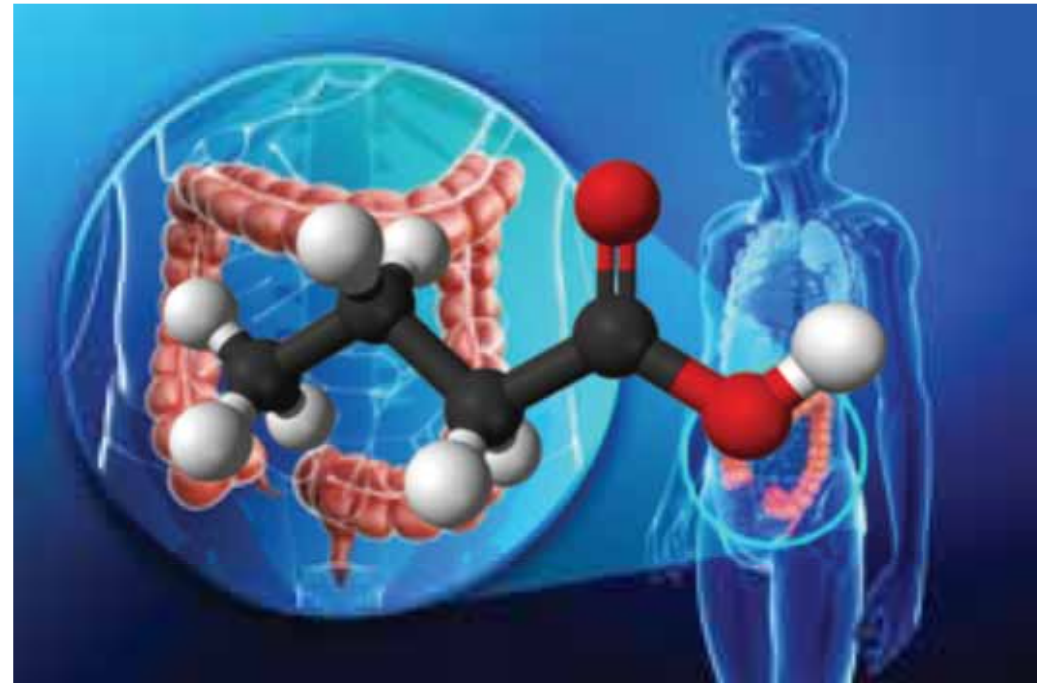


2 March 2016

Source: IDF Diabetes Atlas 2014

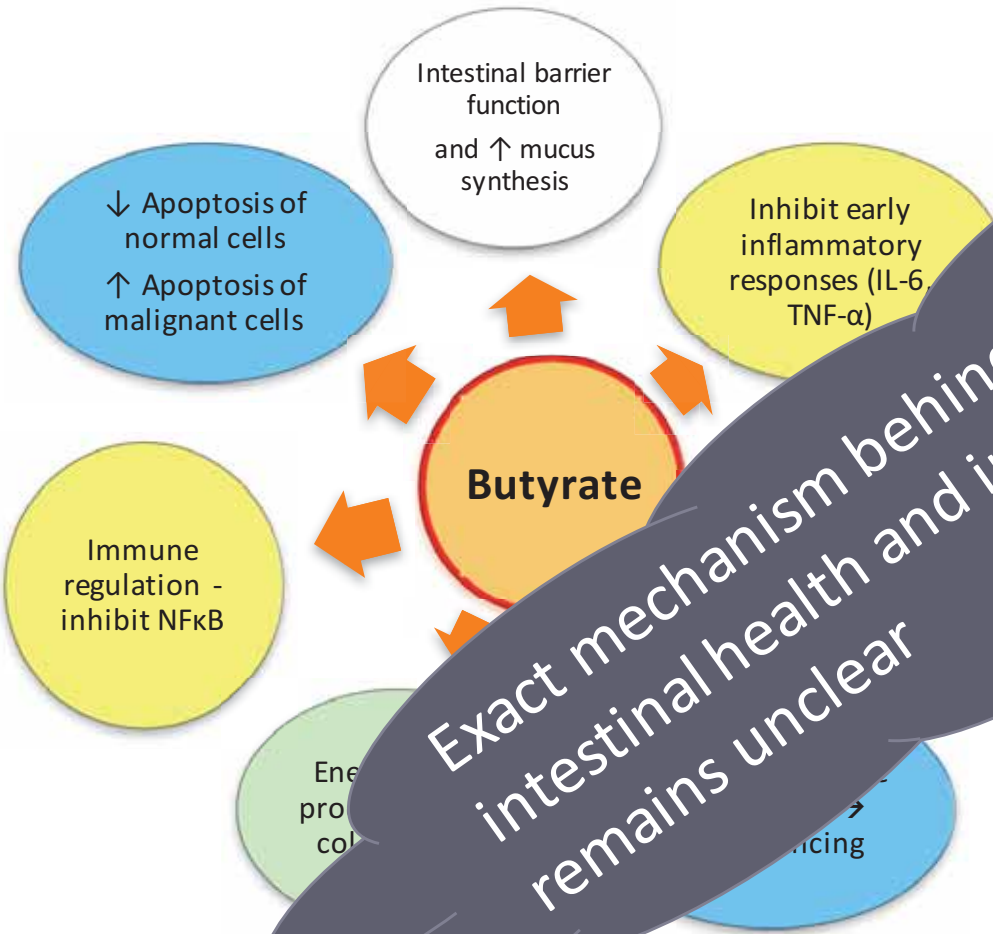
Background: Short-chain fatty acids

- › It has increasingly been recognised that short-chain fatty acids, **butyrate** in particular, plays an important regulatory role for events in the large intestine and peripheral tissues



Background: Butyrate – *in vitro* and *in vivo*

Intestinal level



Systemic level

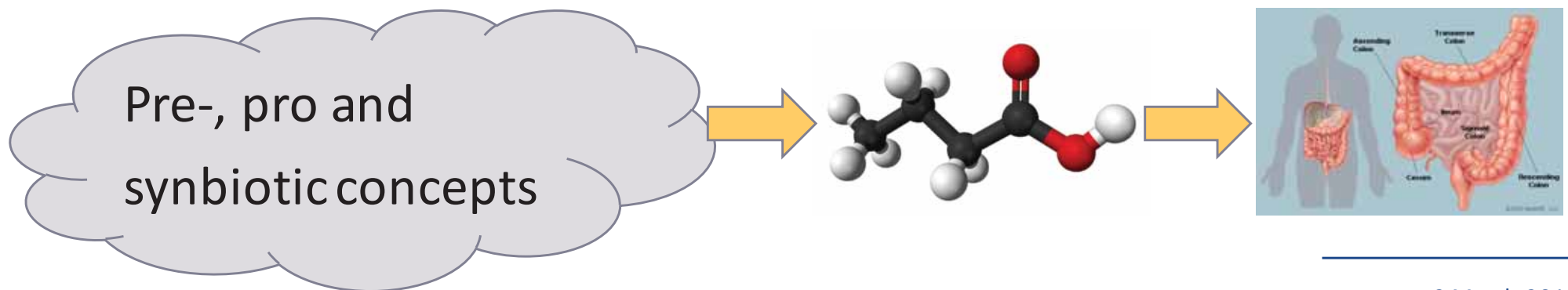
- ↑ GLP-1 (GLP-1) secretion
- Effects against diet induced obesity and insulin resistance in mice
- Improving insulin sensitivity
- Mechanism of action related to promotion of **energy expenditure and induction of mitochondria function**

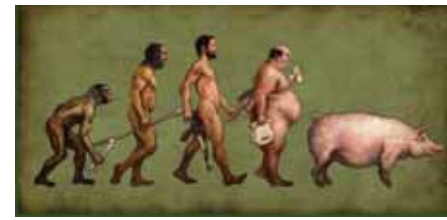
Exact mechanism behind improved intestinal health and insulin sensitivity remains unclear

R. C. Canani et al., *World Journal of Gastroenterology* (2011), 17(12): 1519-28.

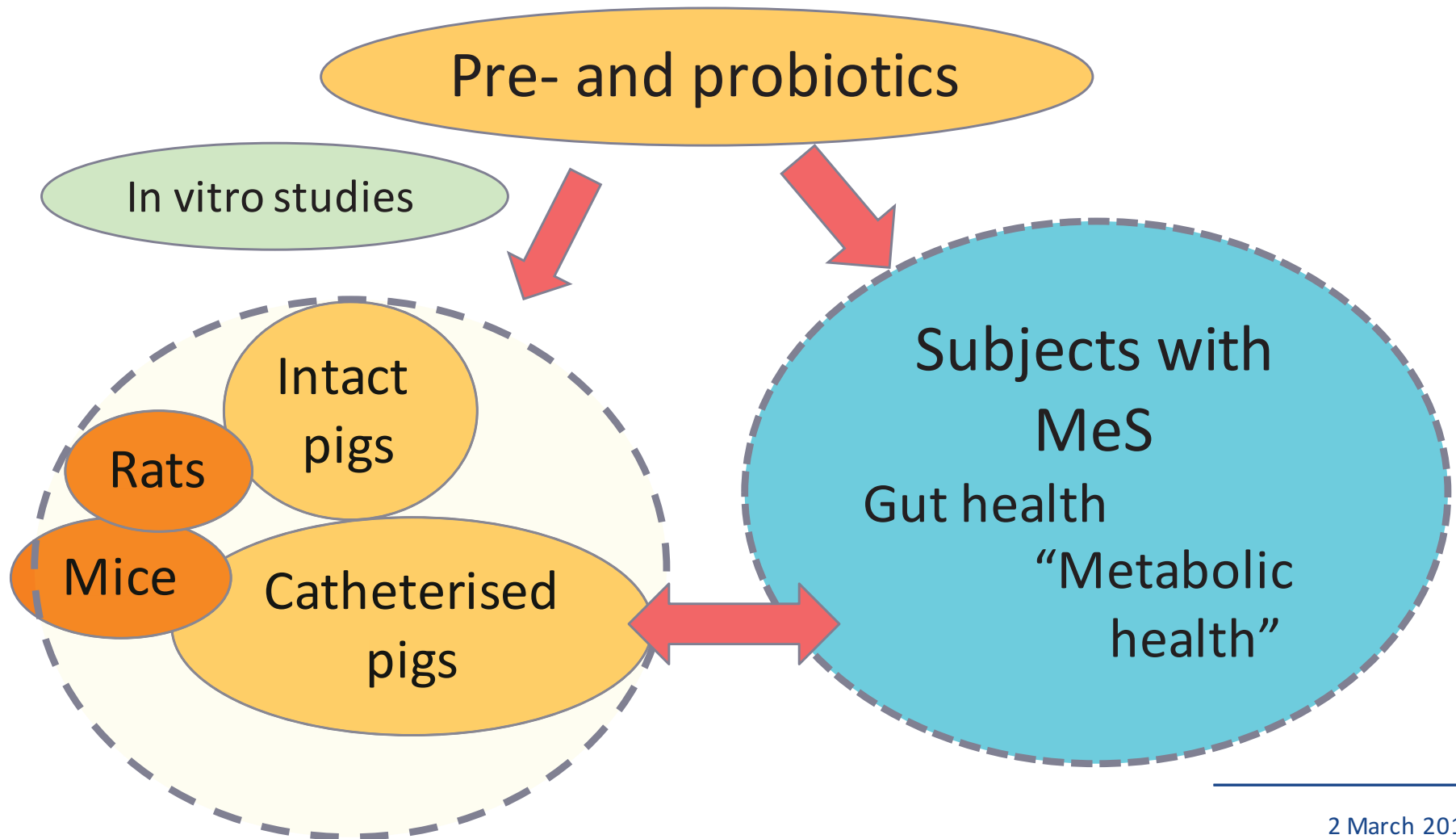
Concepts for enhanced butyrate production to improve colonic health and insulin sensitivity - **ButColns**

- › The overall objective was to improve **colonic health**, peripheral **insulin sensitivity** and **glucose homeostasis** by increased colonic **butyrate production** brought about by **pre-, pro- and synbiotic concepts**





ButColns: Research elements



ButColns – collaborating and funding bodies

- › Aarhus University, Department of Animal Science
- › Aarhus University Hospital, Department of Gastroenterology and Hepatology
- › Aarhus University Hospital, Department of Endocrinology and Metabolism
- › University of California, Davis
- › Companies:
 - › DuPont (formerly Danisco)
 - › Lantmännen Foods
 - › KMC



Programme

9:00-9:30	Registration and coffee
Moderator:	Knud Erik Bach Knudsen
9:30-9:45	Welcome, background and introduction to the ButColns project <i>Knud Erik Bach Knudsen, Aarhus University, Dept. of Animal Science</i>
9:45-10:00	Arabinoxylan and resistant starch – two dietary fibre components with the potential to influence butyrate production <i>Helle Nygaard Lærke, Aarhus University, Dept. of Animal Science</i>
10:00-10:30	Butyrogenic effects of pre- and probiotics in vitro <i>Stig Purup, Aarhus University, Dept. of Animal Science</i>
10:30-11:00	Gut formation of butyrate and influence on gene expression parameters related to gut health – model studies with pigs and rats <i>Tina Skau Nielsen, Aarhus University, Dept. of Animal Science</i>
11:00-11:20	<i>Coffee break</i>
11:20-11:50	Dietary effects on butyrate absorption, insulin secretion and peripheral release <i>Peter Kappel Theil, Aarhus University, Dept. of Animal Science</i>
11:50-12:20	Beyond short-chain fatty acids – what complex arabinoxylan and resistant starch rich diets also deliver to the body <i>Mette Skou Hedemann, Aarhus University, Dept. of Animal Science</i>
12:20-13:20	Lunch

Programme

12:20-13:20	Lunch
Moderator:	Kjeld Hermansen
13:20-13:50	Human subjects with the metabolic syndrome – why the target group for studying gut and metabolic health? Søren Gregersen and Jens Frederik Dahlerup, Aarhus University Hospital, Dept. Endocrinology and Metabolism and Dept. of Gastroenterology and Hepatology
13:50-14:30	Impact of arabinoxylan and resistant starch on gut health parameters in human subjects with metabolic syndrome Stine Hald, Dept. of Gastroenterology and Hepatology
14:30-15:00	<i>Coffee break</i>
15:00-15:40	Impact of microbial metabolites on the peripheral tissue and insulin sensitivity in human subjects with metabolic syndrome Anne Grethe Schioldan, Aarhus University Hospital, Dept. Endocrinology and Metabolism
15:40-16:00	General discussion
16:00-17:00	Meet the researchers - a chance for matchmaking under relaxed conditions

ARABINOXYLAN and RESISTANT STARCH

- two dietary fibre components with the
potential to influence butyrate production

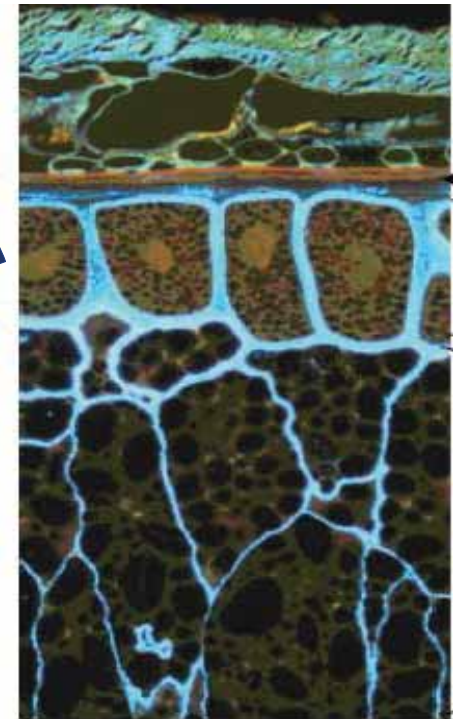
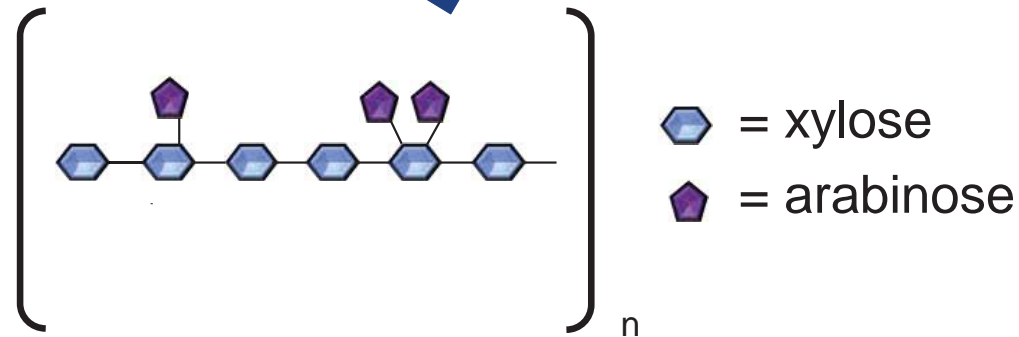
WHY ARABINOXYLAN and RESISTANT STARCH?

Both escape digestion and absorption in the small intestine

Both have been demonstrated to induce butyrate production by the commensal microbiota

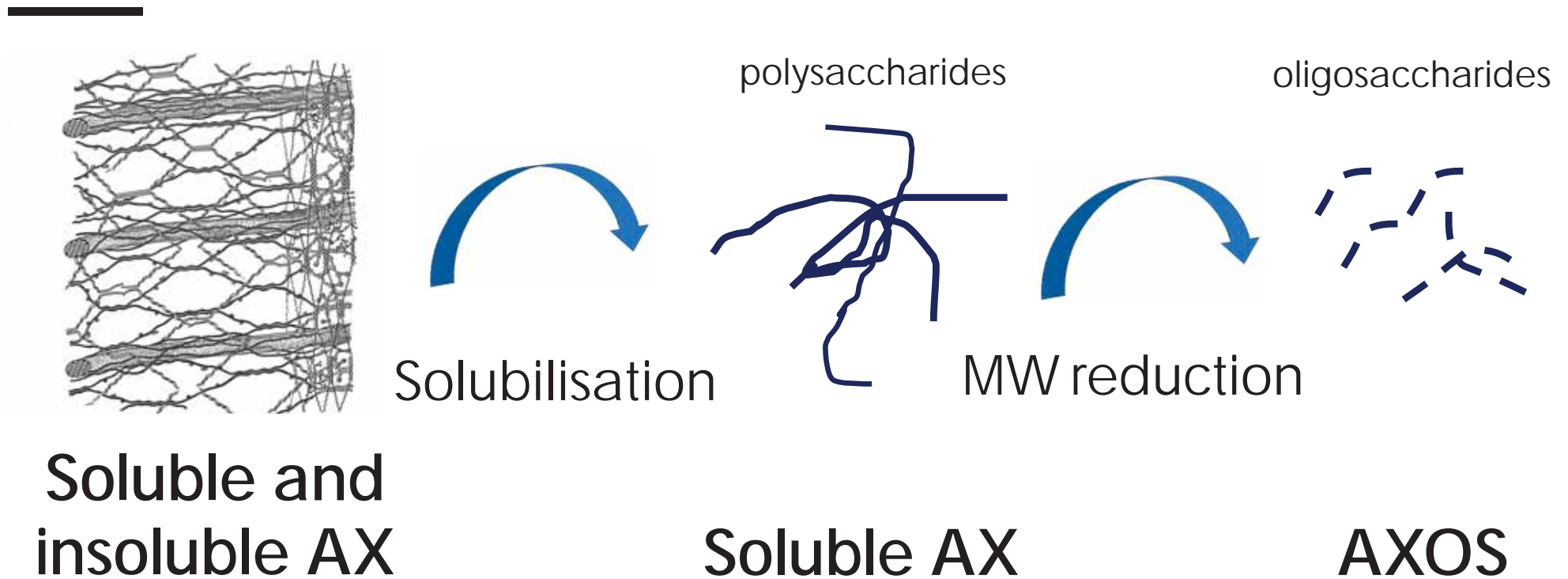
ARABINOXYLAN - AX

Plant cell-wall component
High in cereals
Particularly in the bran-fraction



Food & Nutrition Research 2009.
DOI: 10.3402/fnr.v53i0.1912

ENZYMATIC TREATMENT OF AX



ENZYMATIC TREATMENT OF WHEAT BRAN

Where is the arabinoxylan located?	Wheat bran No enzyme	Wheat bran Enzyme-treated
	g/kg dry matter	
Non-starch polysaccharides (NSP)	148	114
Soluble NSP	26	22
Insoluble NSP	122	93
Low molecular weight (AXOS)	33	52

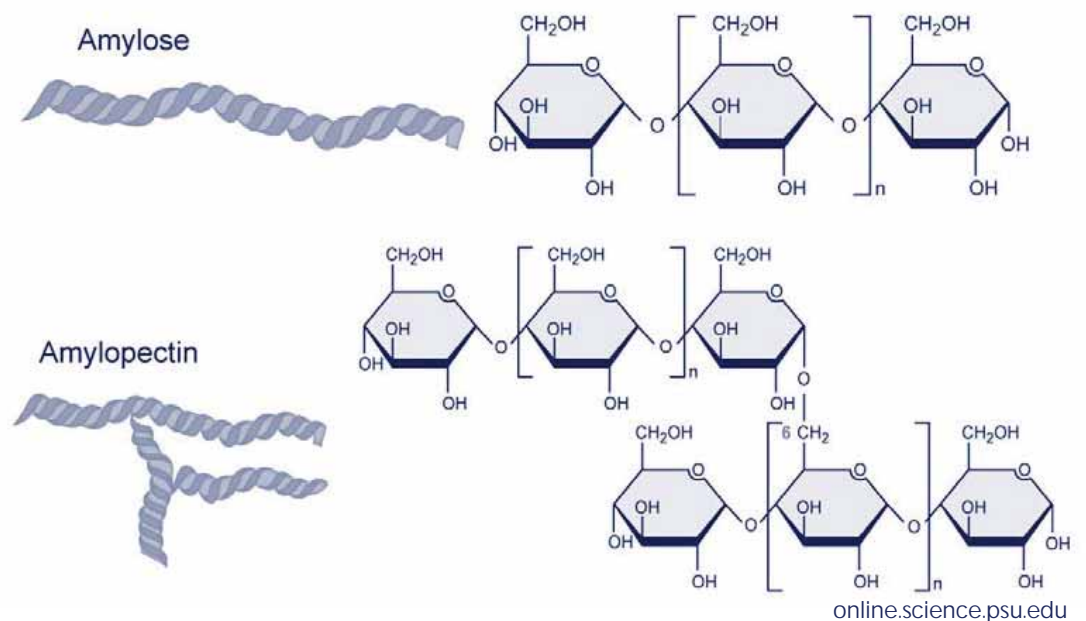
AXOS COMPOSITION (g/kg dry matter)

Enzyme treatment	No	Yes
AXOS	33	52
Arabinose	<0.1	0.8
Xylose	0	2.1
Xylobiose	0	0.8
Xylotriose	0.2	0.9
Xylotetraose	0.1	0.8
Xylopentaose	<0.1	0.4
Xylohexaose	0	0.4
Σ AXOS 1-6 units	0.3	5.9
AXOS > 6 units	27.7	49.1

STARCH

Glucose-units linked by α -1,4-linkages = amylose *or* α -1,4 and α -1,6 linkages = amylopectin

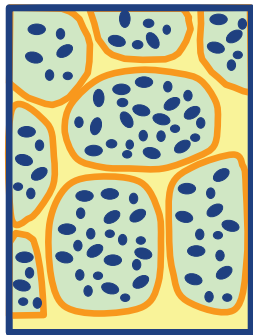
In different starch sources both polymers are present but in varying ratio



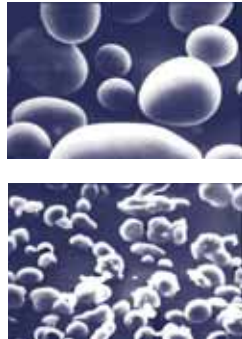
RESISTANT STARCH

- ▶ Humans - and all other monogastric animals- have the digestive enzymes required to degrade starch into glucose, which is then taken up in the small intestine
- ▶ SOME starch may escape digestion and absorption
 - ▶ fermented to varying degree in the large intestine

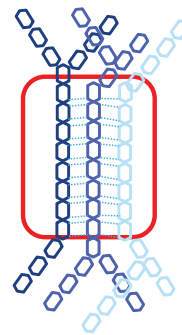
CLASSES OF RESISTANT STARCH



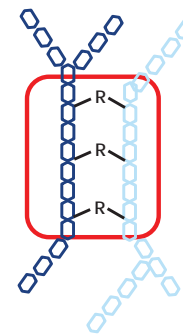
Physically
inaccessible
RS1



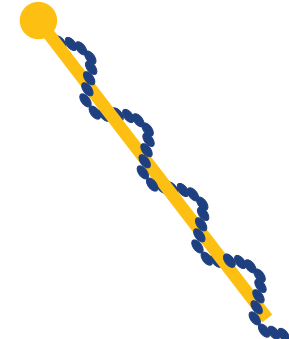
Native starch granules
crystallinity
RS2



Retrograded
amylose
RS3

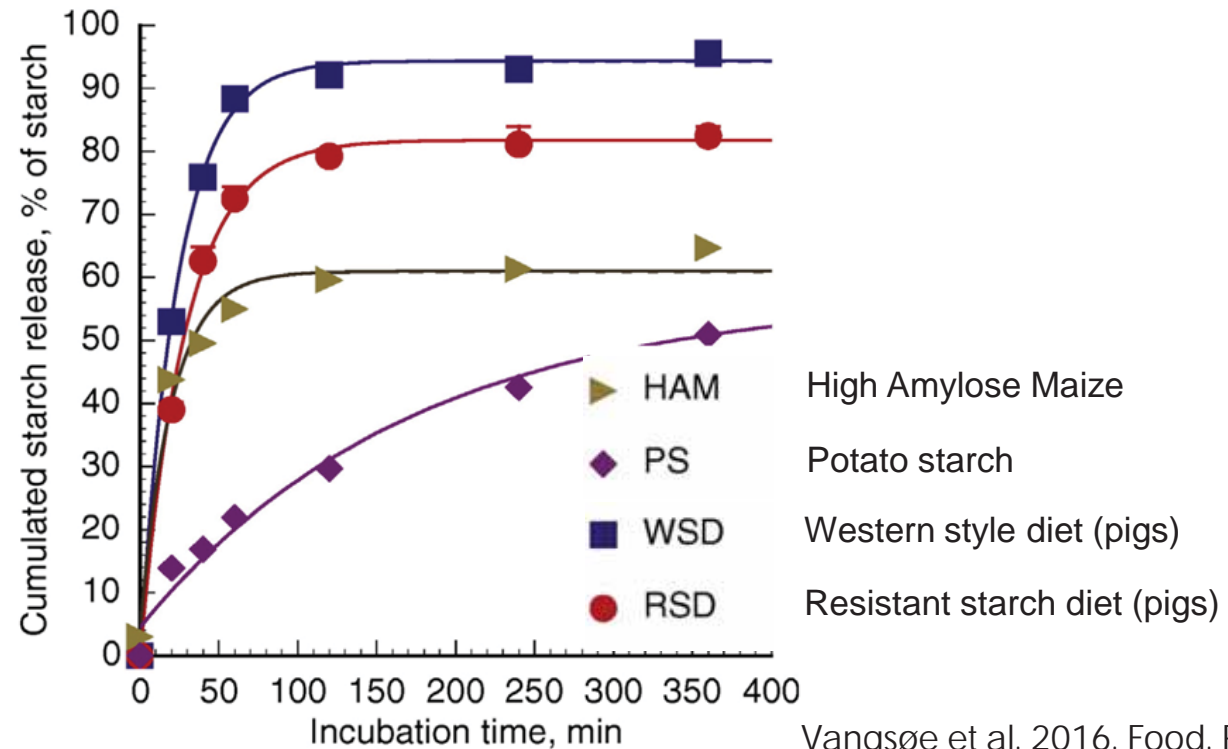


Chemically
modified
RS4



Amylose-lipid
complexes
RS5

IN VITRO DIGESTION OF STARCHES



Vangsøe et al. 2016. Food. Res. Int. (in press)

TEST SETUP IN *IN VIVO* STUDIES

Pig studies

WSD

Western style diet

RS

Rich in resistant starch

AX

Rich in arabinoxylan
incl. AXOS



Human studies

WSD

Western style diet

RS

+

AX

TEST SETUP IN *IN VIVO* STUDIES

Pig studies

WSD

Western style diet

RS

Rich in resistant starch

AX

Rich in arabinoxylan
incl. AXOS



Human studies

WSD

Western style diet

HCD

Healthy
carbohydrate diet

THE PIG DIETS

WSD

Western style diet



RSD

Resistant starch diet



HI-Maize
Raw potato starch

AXD

Arabinoxylan diet



Rye flakes
Enzymatic treated
wheat bran

COMPOSITION OF PIG THE DIETS

% of DM	WSD	RSD	AXD
Energy (kJ)	1970	2030	1930
Protein	20.7	19.1	15.4
Fat	15.2	15.0	13.5
Sugars	11.3	0.3	2.2
Starch	42.2	47.0	42.0

% of dry matter	WSD	RSD	AXD
Dietary fibre	7.2	18.6	19.6
AX	1.8	1.5	7.2
AXOS	0.2	0.2	0.7
RS	0.6	11.3	0.8

COMPOSITION OF PIG THE DIETS

% of energy	WSD	RSD	AXD
Energy (kJ)	1970	2030	1930
Protein	18	16	14
Fat	28	28	26
Sugars	52	49	53
Starch			

% of dry matter	WSD	RSD	AXD
Dietary fibre	2	7	7
AX	1.8	1.5	7.2
AXOS	0.2	0.2	0.7
RS	0.6	11.3	0.8

Intake of available carbohydrates in absorption studies

g/meal	199	197	199
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THE HUMAN DIETS

WSD



HCD



COMPOSITION OF FOOD ITEMS

% of dry matter

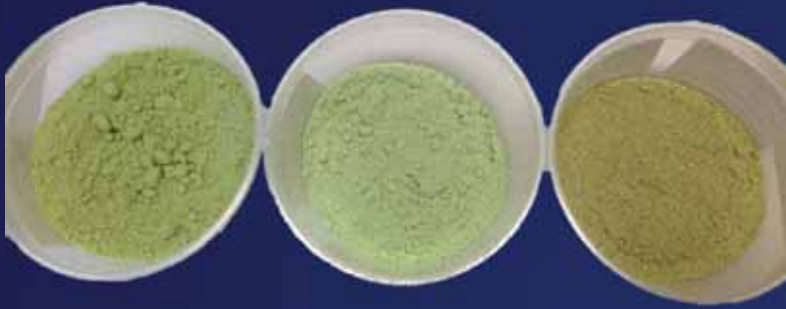
Key foods	Corn flakes	Rye flakes	Toast bread	Rye bread	Wheat pasta	Rye pasta	Spelt rolls	Combo rolls	Wheat pancake	Combo pancake	Smoothie	Smoothie + potato starch
Digestible carbohydrates	86.0	67.8	76.4	61.2	79.1	72.0	74.4	60.0	48.4	30.0	68.4	105.5
Dietary fibre	4.7	19.2	6.2	20.3	5.8	13.8	5.0	17.2	4.5	20.3	10.3	71.8
Resistant starch	1.8	0.4	1.2	2.1	0.9	1.1	0.6	5.4	0.7	6.5	0.0	59.6
Arabinoxylan	0.3	9.1	1.7	8.4	1.8	5.6	1.3	3.4	0.9	3.3	0.4	0.4
AXOS	0.1	0.0	0.3	0.0	0.4	0.0	0.3	0.4	0.2	0.7	0.2	0.5

INTAKE FROM KEY FOOD ITEMS/d

	WSD	HCD
Energy (KJ)	5280	4722
Protein (g)	40.4	31.7
Fat (g)	17.3	17.3
Digestible carbohydrates (g)	226	181
Sugars (g)	29.7	28.3
Starch (g)	196	153

INTAKE FROM KEY FOOD ITEMS/d

	WSD	HCD
Dietary fibre (g)	17.7	63.9
Non-digestible carbohydrates (g)	14.4	58.9
Resistant starch (g)	8.5	32.3
Arabinoxylan (g)	3.6	16.0



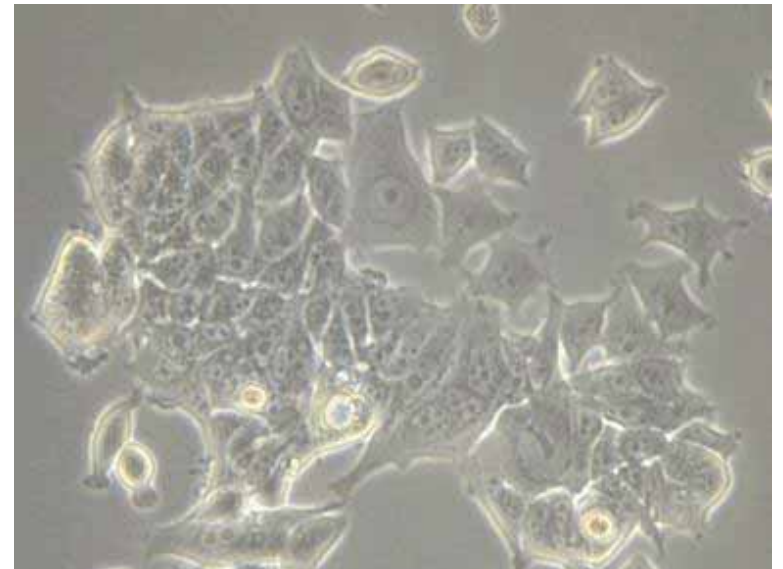
AARHUS
UNIVERSITY



Butyrogenic effects of pre- and probiotics in vitro

Stig Purup, Ditte Søvsø G. Nielsen
Aarhus University
Department of Animal Science

Markku Saarinen
DuPont Nutrition and Health
Kantvik, Finland





Outline:

Fermentation products produced *in vitro* by pre- and probiotics:

- Arabinoxylan products (AX)
Butyrate producing bacteria
- DuPont food ingredients
Human fecal slurry

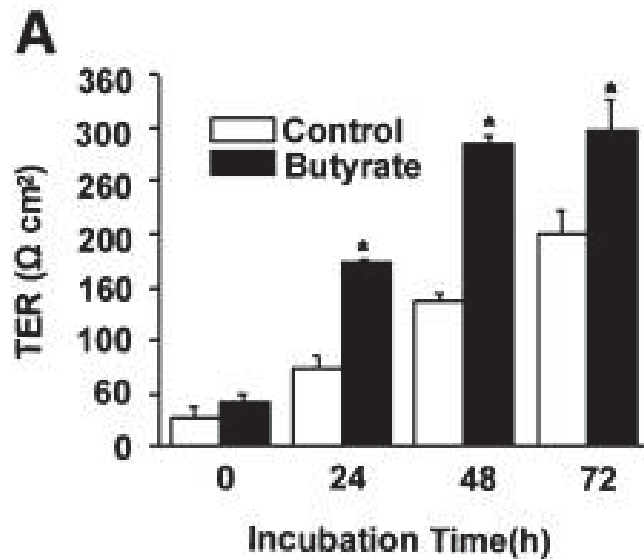


Effect on colonic health *in vitro* (epithelial barrier function):

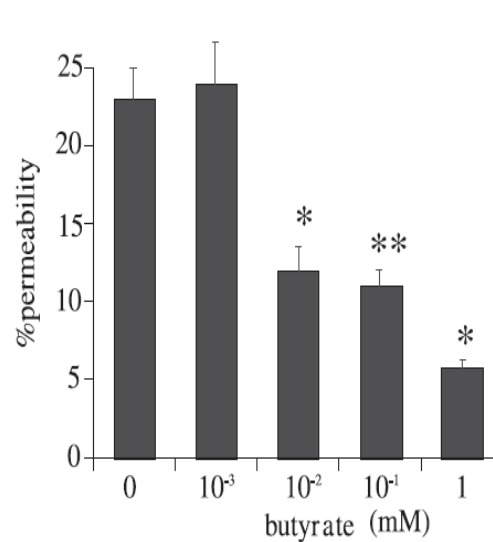
- Cellular parameters
transepithelial electrical resistance (TEER)
permeability
- Transcriptome analyses (gene expression)

Does fermentation products with increased butyrate affect colon health positively?

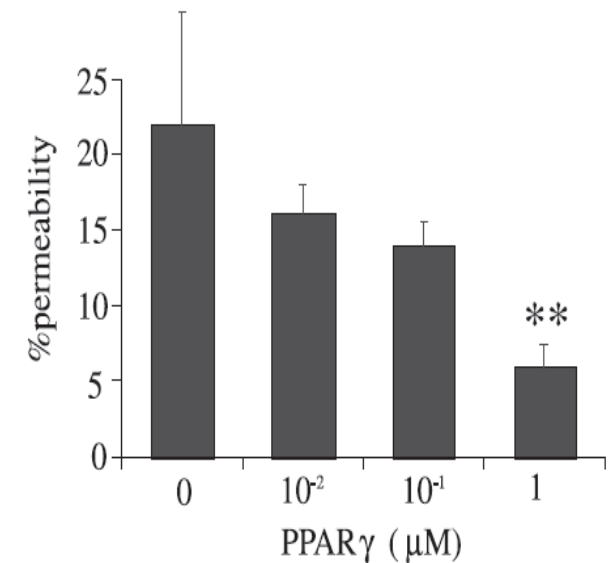
› Positive effects of butyrate *in vitro*:



Caco-2 human colon cell monolayers treated with 2 mM butyrate.
(Peng et al., *J Nutr* 139, 2009)



HT-29 human colon cell monolayers
(Kinoshita et al., *Biochem Biophys Res Comm* 293, 2002)



› Intestinal barrier function

- › Two-layered mucus (MUC2 and MUC5AC) protects the epithelium against pathogens.

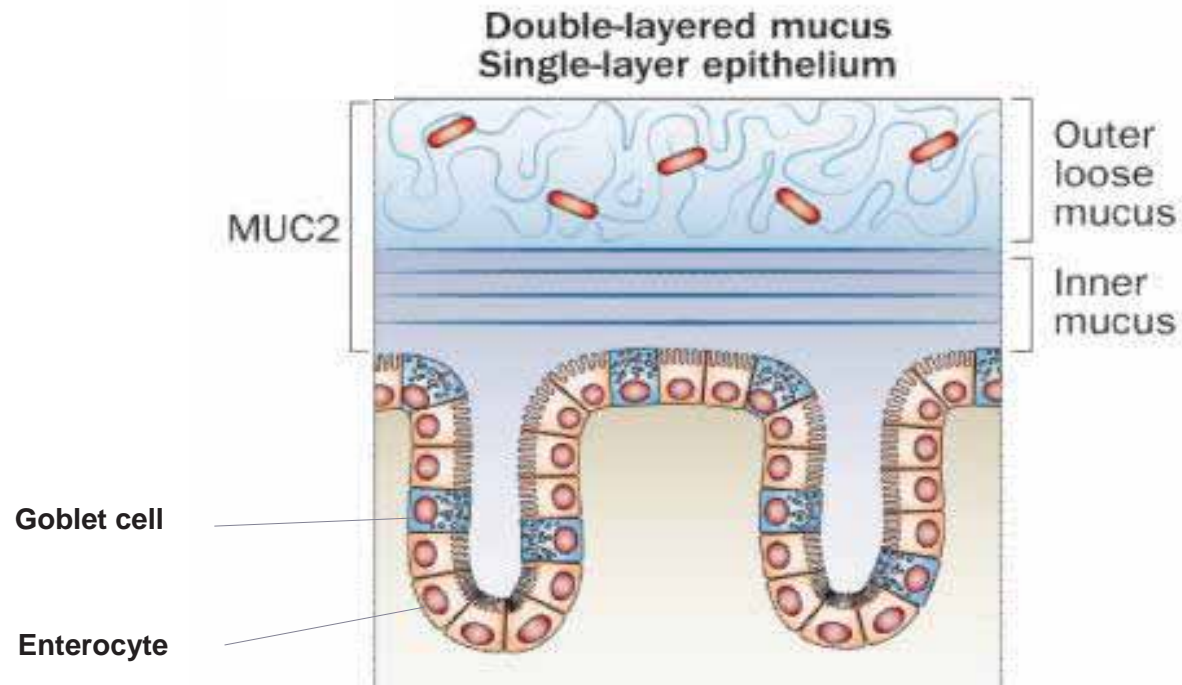
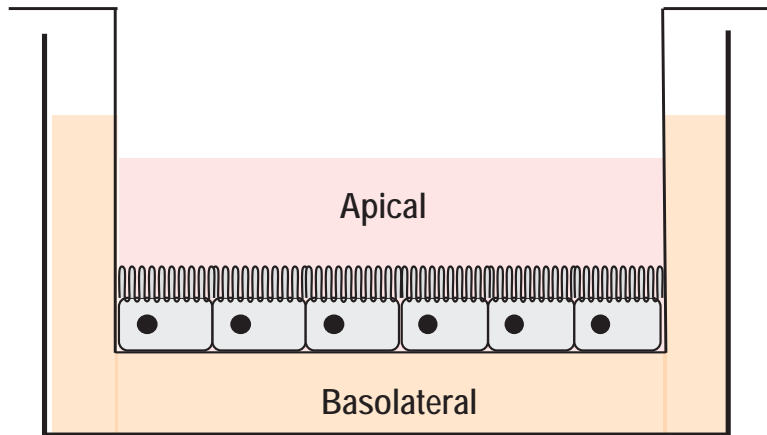


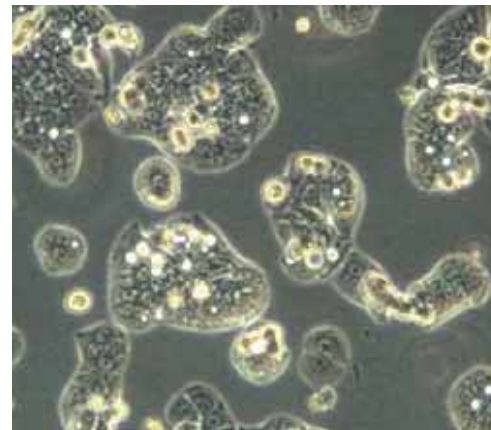
Figure modified from Johansson et al. 2013

› Which *in vitro* model to choose?

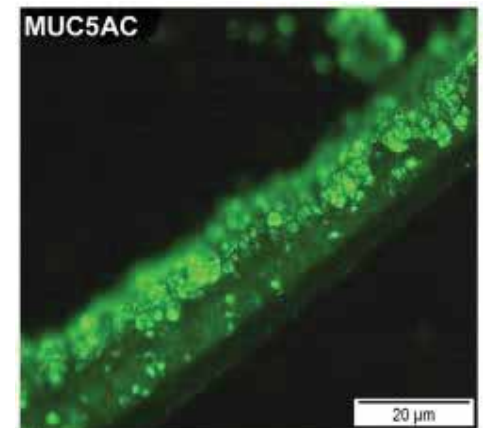
- › 2-compartment model
 - › Caco-2 or HT29 colon cells: epithelial cells (enterocytes)
 - › HT29-MTX-E12 colon cells; 70-80 % mature goblet cells producing mucus layer



2-compartment model



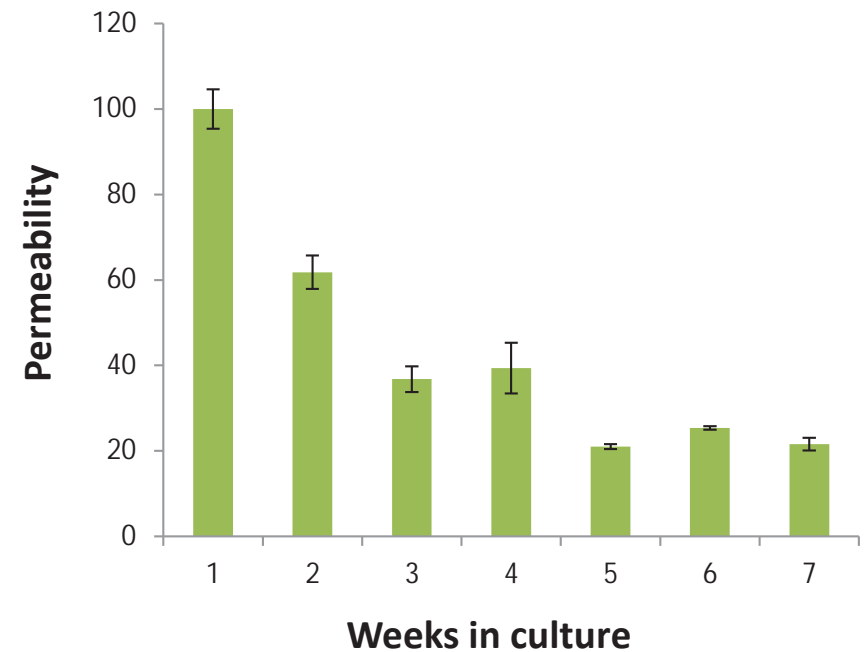
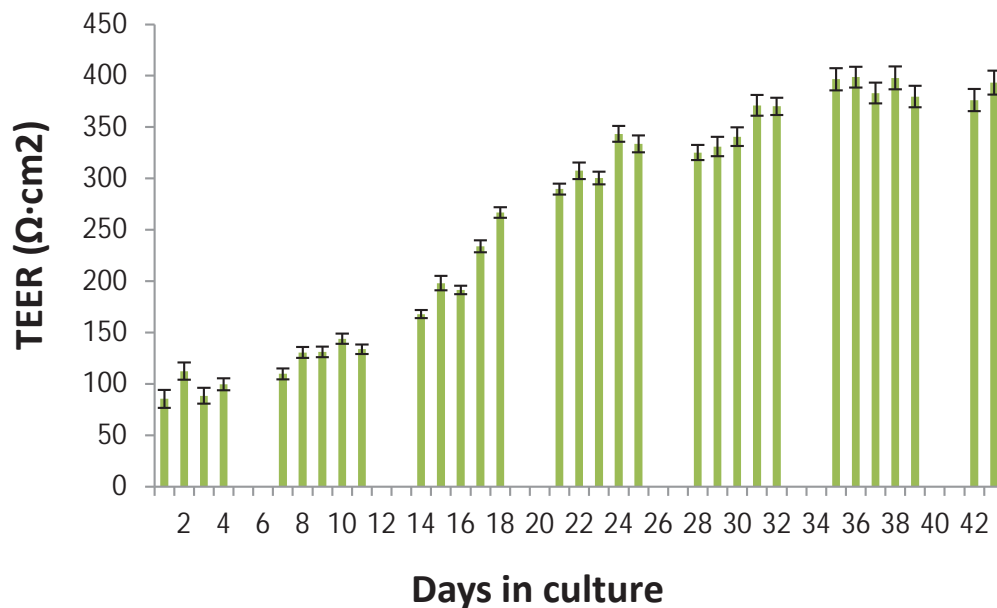
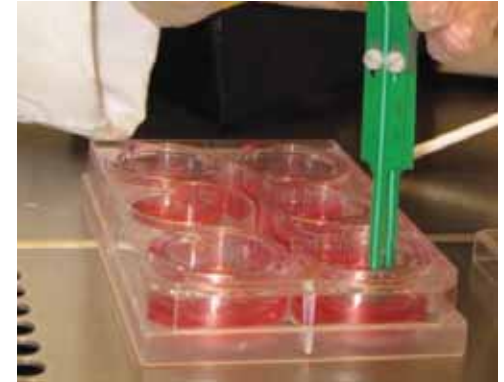
HT29-MTX-E12 human intestinal cells



Mucus layer on HT29-MTX-E12 cells (*Dolan et al., 2012*)

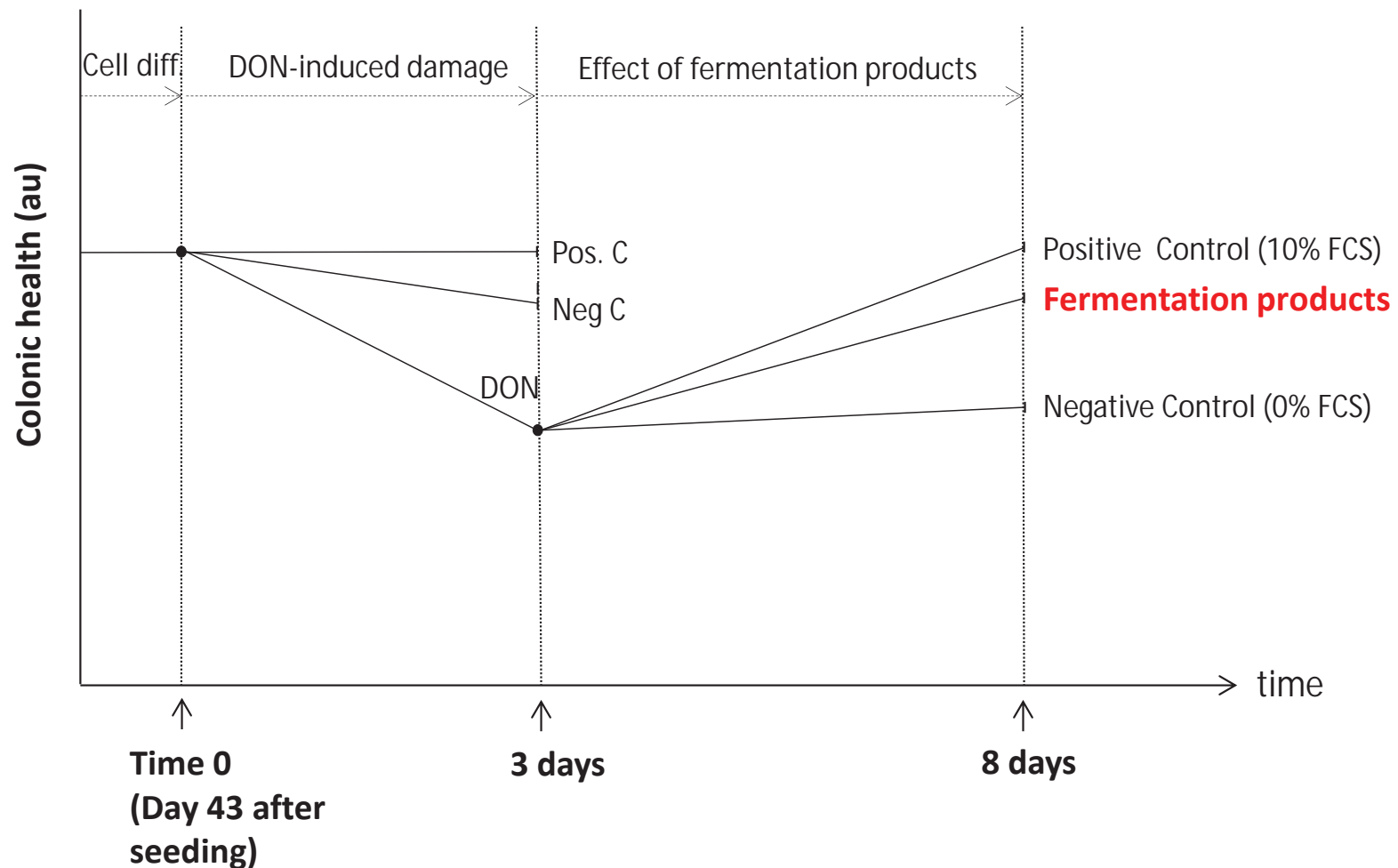
› Intestinal barrier function in colon cells

- › Trans-epithelial electrical resistance (TEER)
- › Paracellular flux of FITC-dextran (4 kDa)

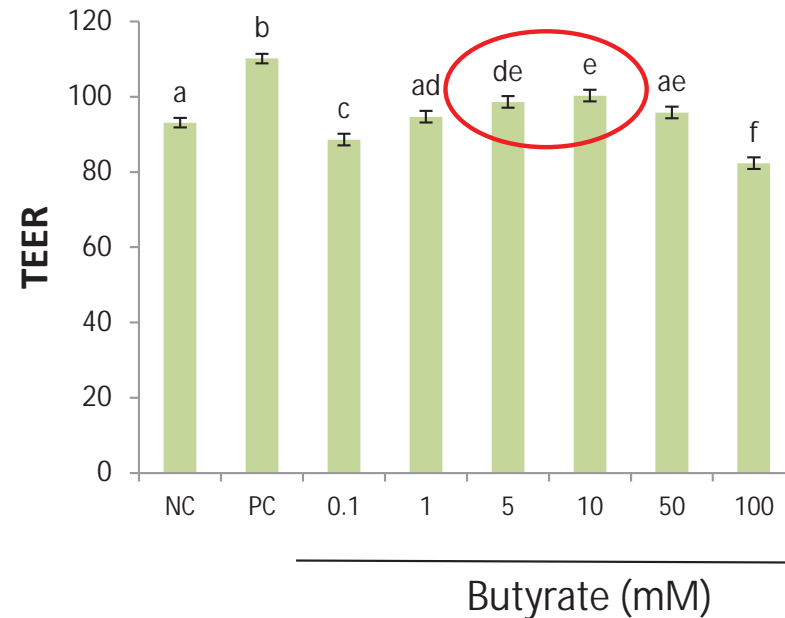
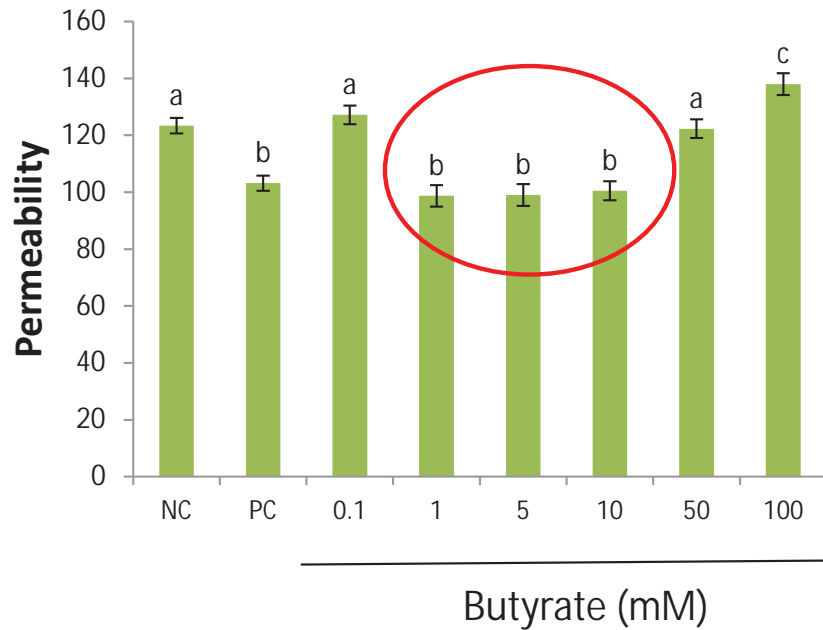


› Intestinal barrier function in colon cells

› Treatment with the mycotoxin deoxynivalenol (DON) for 72 h.



› Postive effect of butyrate



- › 1-10 mM butyrate decreased the paracellular permeability ($P < 0.01$)
- › 5-10 mM butyrate increased TEER ($P < 0.05$)
- › 0.1-5 mM butyrate increased transcription of MUC2 ($P < 0.05$; data not shown)
- › 10-100 mM butyrate decreased transcription of MUC2 and MUC5AC ($P < 0.01$; data not shown)
- › 50-100 mM increased transcription of anti-oxidative stress genes superoxide dismutase 2 (SOD2) and catalase (CAT) (data not shown).

› Butyrate concentrations in fermentations products

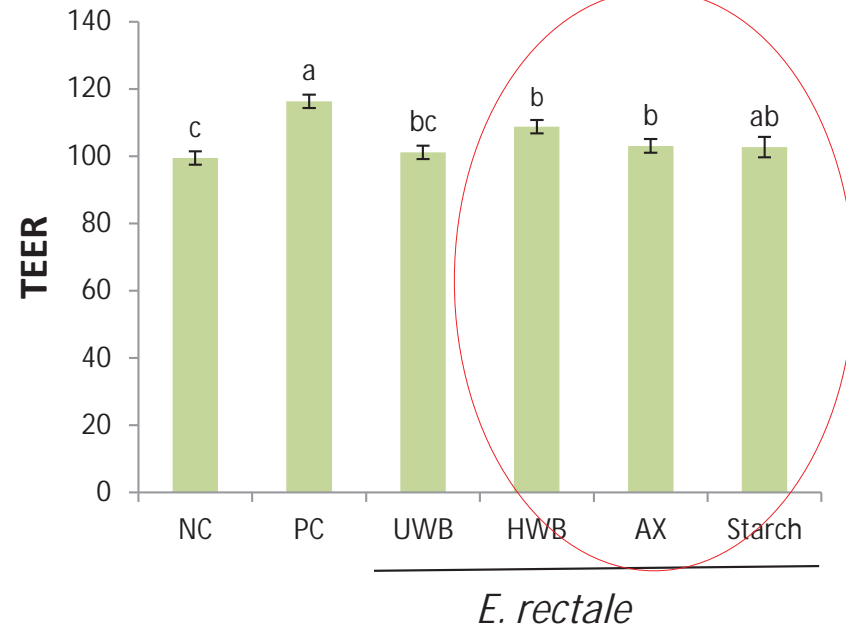
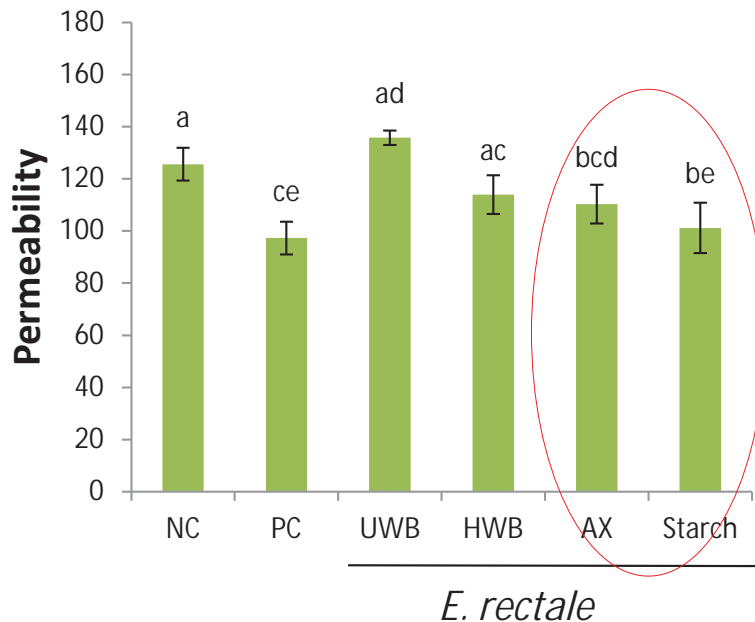
	Butyrate (mM)				
	<i>Roseburia intestinalis</i>	<i>Faecalibacterium prausnitzii</i>	<i>Eubacterium rectale</i>	<i>Butyrivibrio fibrisolvens</i>	<i>Control – no bacteria</i>
Unhydrolysed wheat bran	7.4*	7.2*	6.9*	10.8*	3.1*
Hydrolysed wheat bran	12.2*	13.5*	8.0*	17.2*	2.9*
Pure AX	3.5	3.5	6.7*	17.7*	3.2*
Starch	3.6	5.4	3.6*	3.9*	3.1*

*) Selected fermentation products for test on intestinal barrier function

› Positive effects of fermentation products

Butyrate (mM)

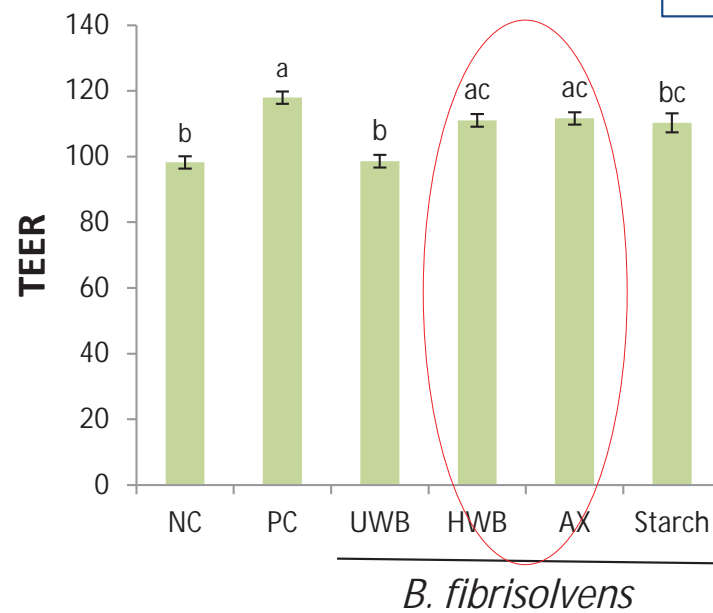
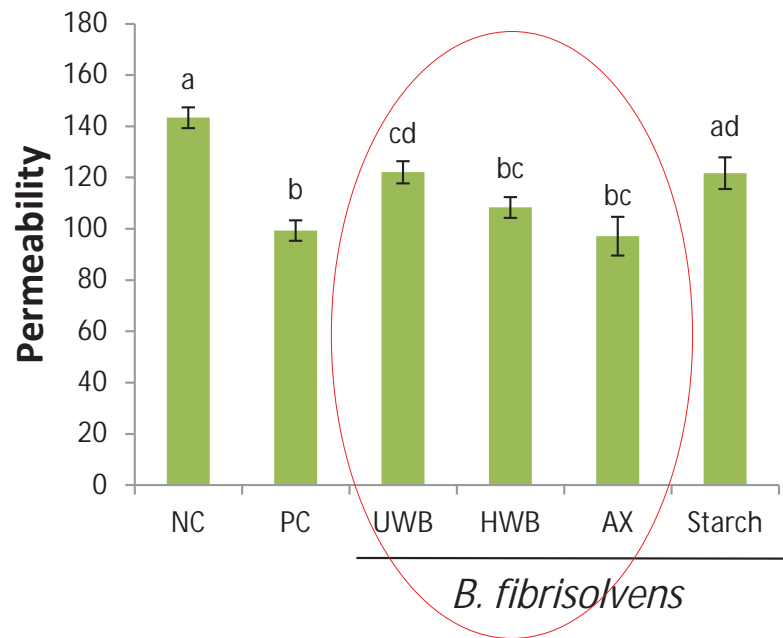
UWB:	6.9
HWB:	8.0
AX:	6.7
Starch:	3.6



- › No effects of *F. prausnitzii* & *R. intestinalis* (data not shown)
- › *E. rectale* w. arabinoxylan or starch: decrease in permeability ($P < 0.05$)
- › *E. rectale* w. hydrolysed wheat bran, arabinoxylan or starch: increase in TEER ($P < 0.05$)
- › *E. rectale* alone increased transcription of MUC2 ($P < 0.05$; data not shown)

› Effect of fermentation products

Butyrate (mM)	
UWB:	10.8
HWB:	17.2
AX:	17.7
Starch:	3.9



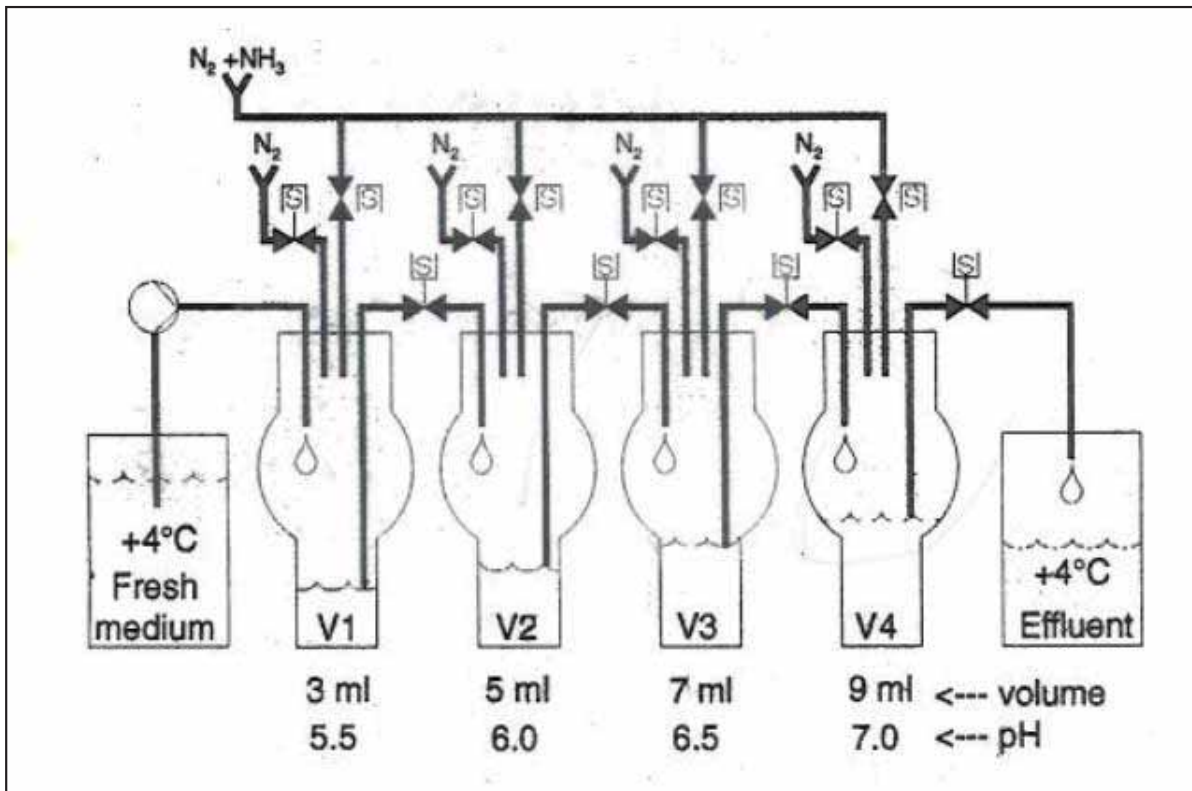
- › *B. fibrisolvens* w. unhydrolysed- or hydrolysed wheat bran or arabinoxylan: decrease in permeability ($P < 0.01$)
- › *B. fibrisolvens* w. hydrolysed wheat bran or arabinoxylan: increase in TEER ($P < 0.01$)
- › *B. fibrisolvens* w. hydrolysed wheat bran or arabinoxylan tended to decrease transcription of MUC2 ($P < 0.1$)



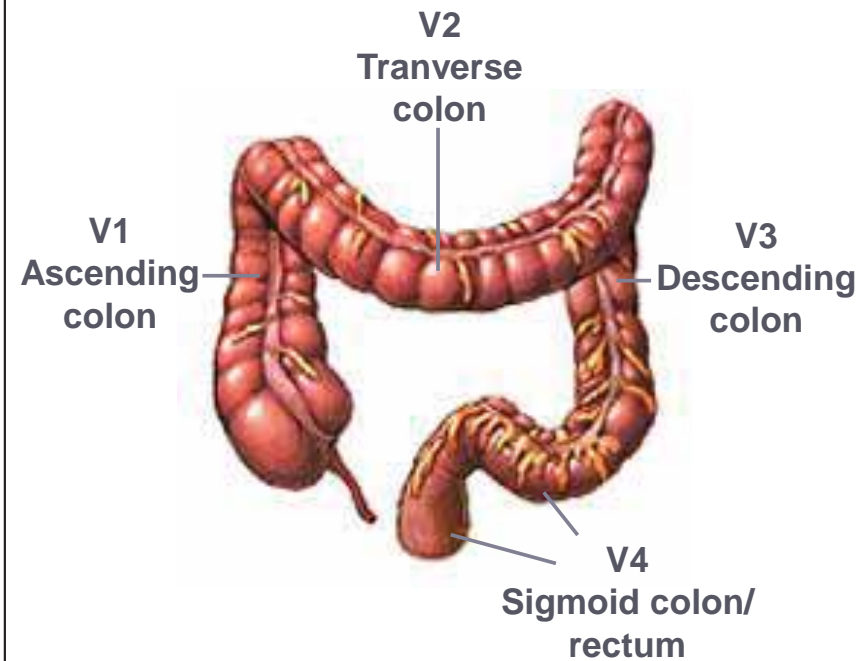
Summary – fermentation products with AX-containing substrates

- › Butyrogenic bacteria and substrates containing AX increased the production of butyrate.
- › Fermentation products had varying effect on epithelial barrier function.
- › Some genes related to epithelial integrity were affected by fermentation products.
- › *B. fibrisolvens* are of specific interest (rumen bacterium).
- › Hydrolysed wheat bran and pure arabinoxylan are of specific interest.

› Enteromix colon simulation model (DuPont, Kantvik)



Rautonen et al. 2005



› Substrates for Enteromix colon simulation model

› Prebiotics

› **Lactitol:** sugar alcohol, increases acetate, butyrate and total SCFA in colon.

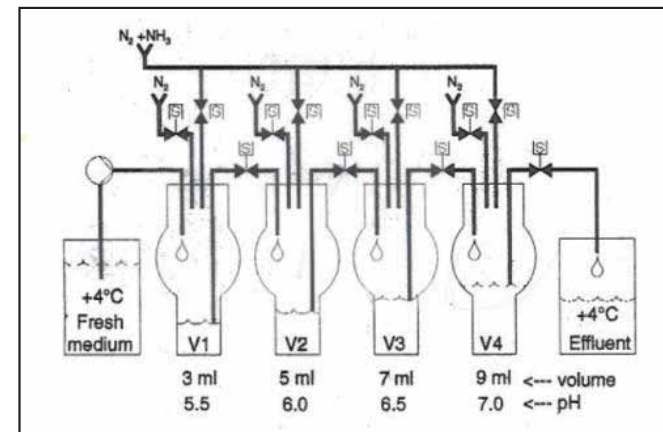
› **PDX:** polydextrose, polymer of glucose, increases propionate and butyrate in colon.

› **Xylitol:** sugar alcohol, increases butyrate in colon.

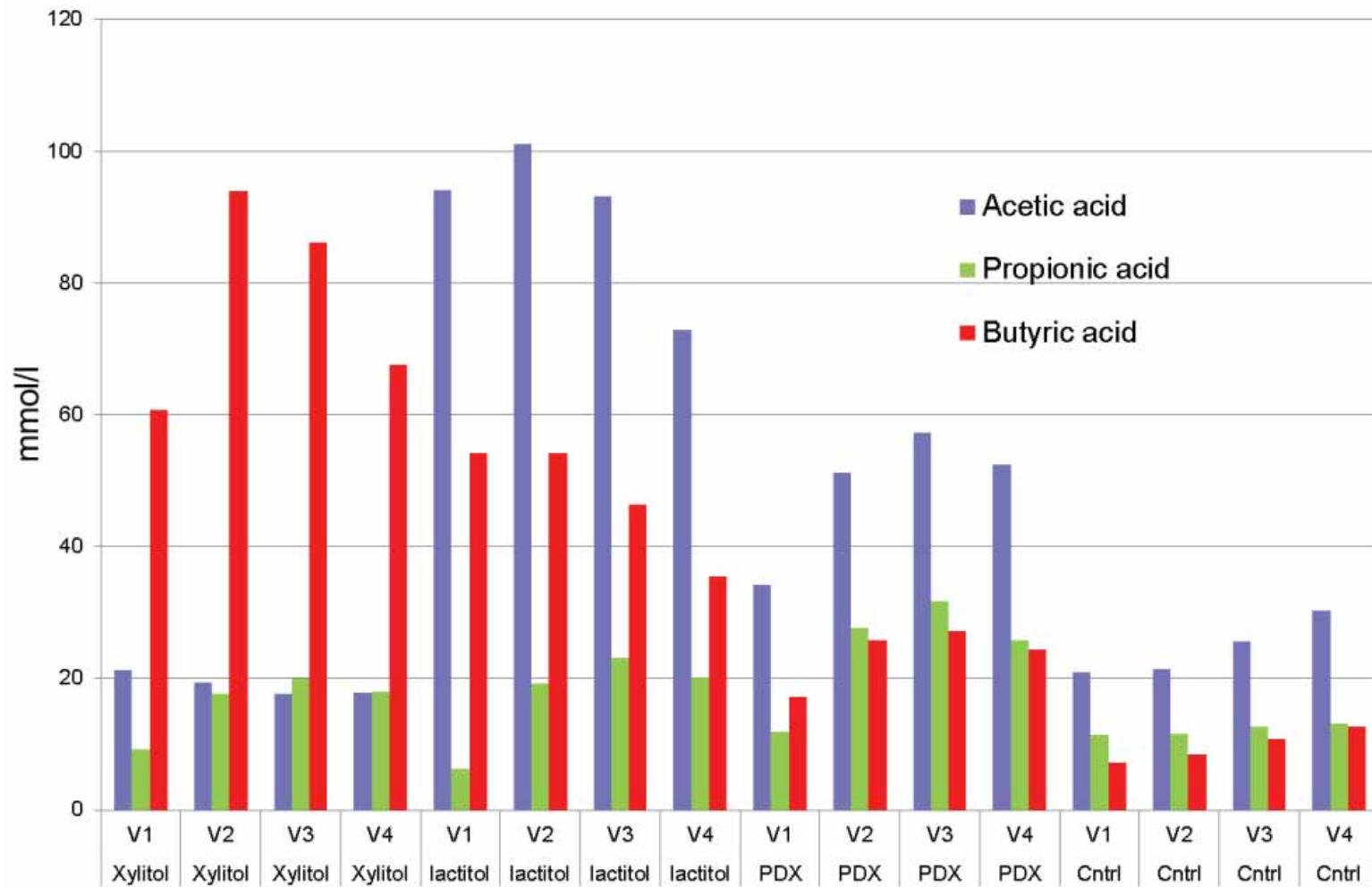
› **Control:** synthetic medium mimicking the content of the small intestine.

Inoculation: Faecal sample from healthy donor.

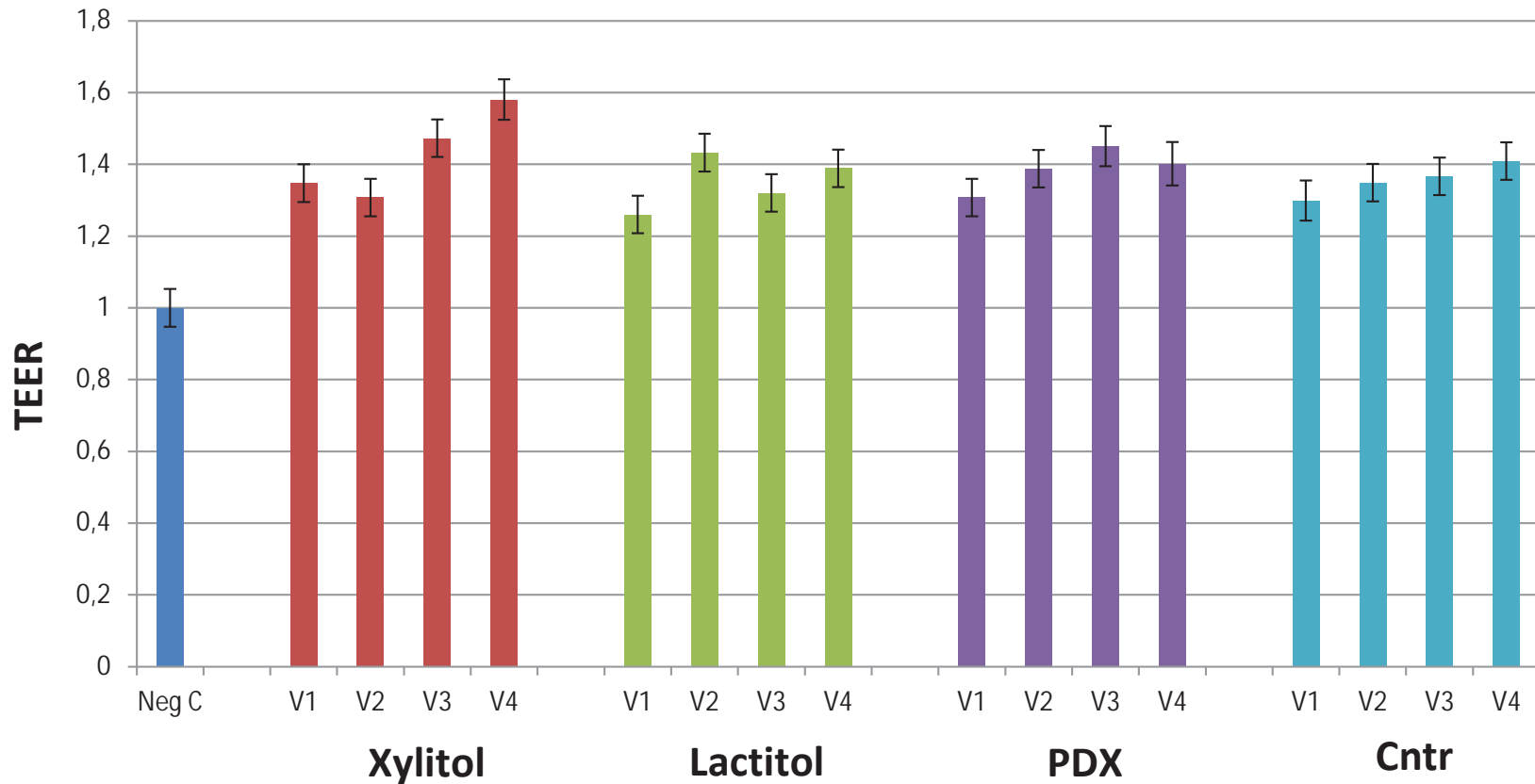
Simulation: 48 h incubation.



› Enteromix colon simulation – SCFA content

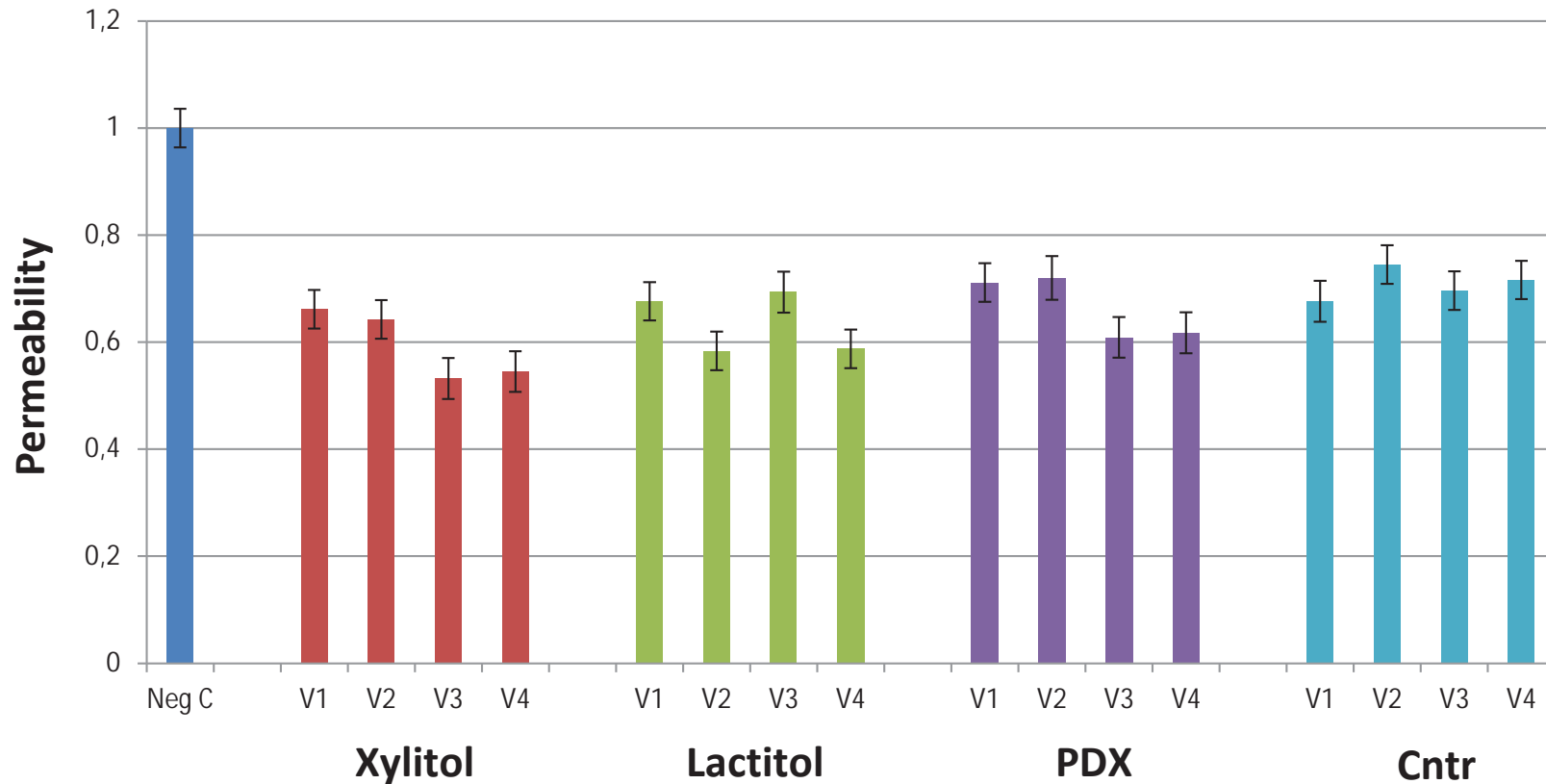


› Enteromix colon simulation – epithelial barrier function



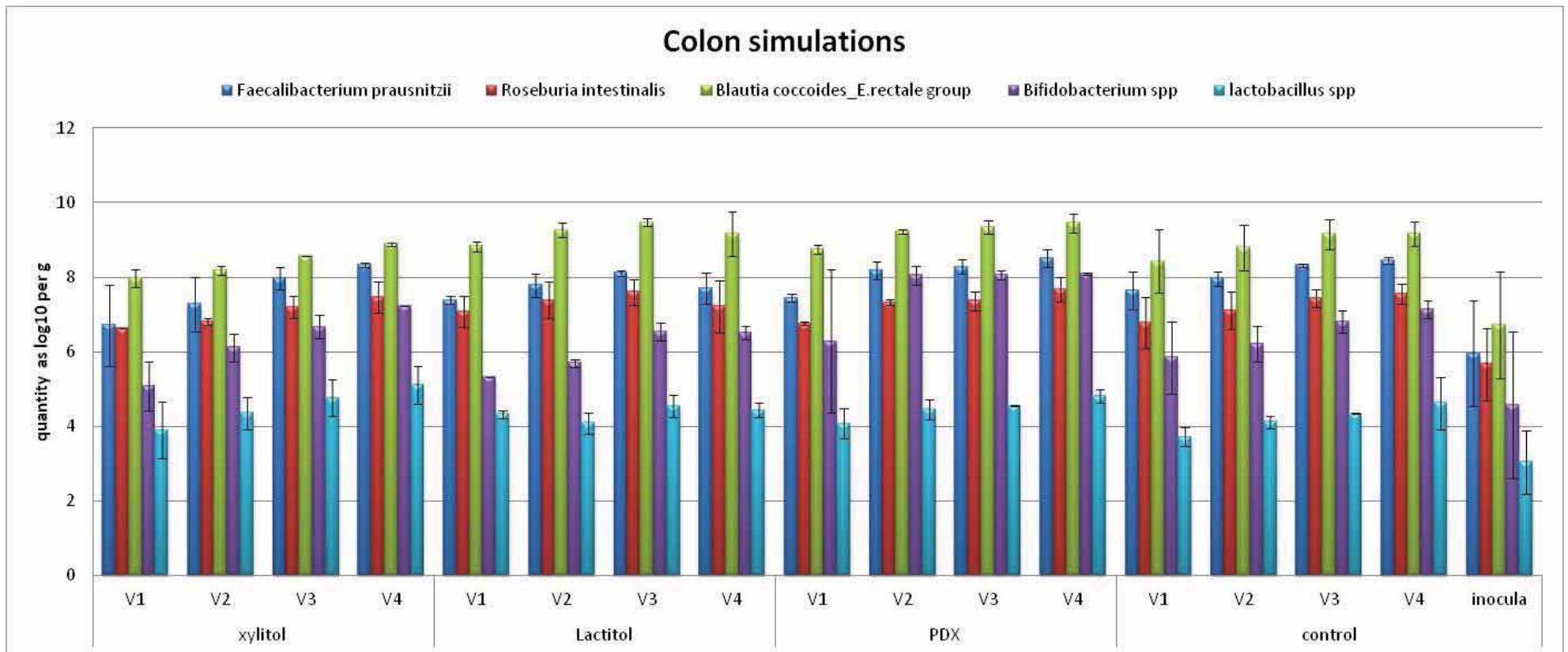
Butyric acid	77,1	47,5	23,6	9,8
Acetic acid	19,0	90,3	48,8	24,5
Propionic acid	16,2	17,2	24,2	12,2
Total (mM)	112	155	97	46

› Enteromix colon simulation – epithelial barrier function



Butyric acid	77,1	47,5	23,6	9,8
Acetic acid	19,0	90,3	48,8	24,5
Propionic acid	16,2	17,2	24,2	12,2
Total (mM)	112	155	97	46

› Enteromix colon simulation – microbial analysis





Conclusion

- › We have developed an *in vitro* model with mucus producing intestinal cells to investigate the epithelial barrier function with butyrate or fermentation products – an important step before proceeding to animal or clinical trials with the most promising candidates.
- › The Enteromix simulator is an effective tool for modeling prebiotic fermentation of the human colon representing different compartments.
- › Combining butyrogenic bacteria and substrates - specifically *B. fibrisolvens* with hydrolysed wheat bran (HWB) and pure arabinoxylan (AX) – increase production of butyrate and positively affects the epithelial barrier function.
- › Fermentation products from the Enteromix simulation suggest that the proportion of SCFA rather than butyrate alone might explain the effects observed on intestinal barrier function.

Acknowledgement

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Arthur Ouwehand
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Lantmännen Cerealia A/S
Vejle, DK

DuPont Industrial Biosciences
Brabrand, DK

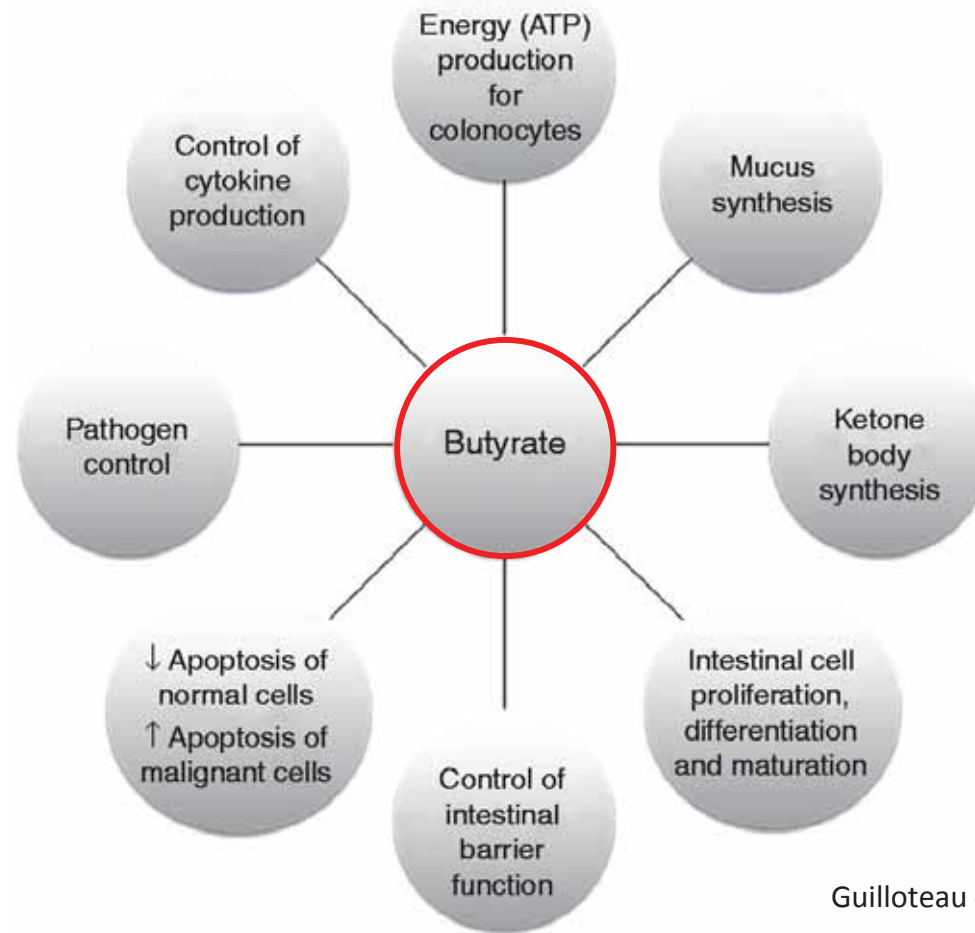
Gut formation of butyrate and large intestinal gene expression as indicators of intestinal health - animal studies

Tina Skau Nielsen, post doc



Multiple (positive) effects of butyrate locally in the intestine

...also potential positive systemic effects.



Guilloteau et al., Nutr. Res. Rev. 23, 2010

How can we increase the production of butyrate in the gut by dietary means ?

Resistant starch (RS)



Arabinoxylan (AX)



+



= Butyrate

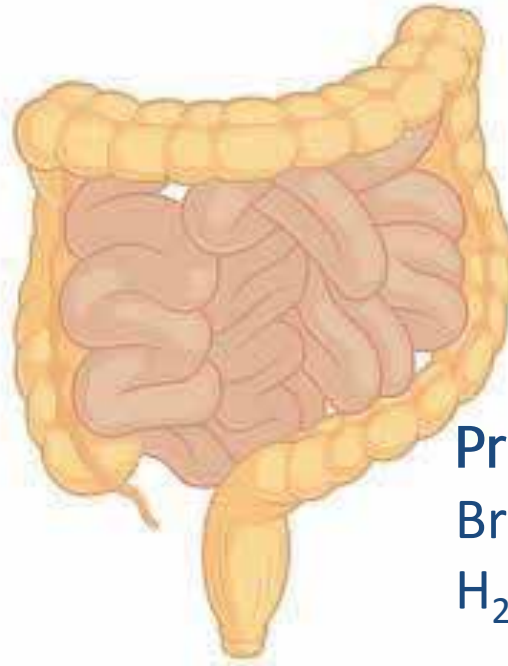
Butyrogenic substrates

Butyrogenic bacteria

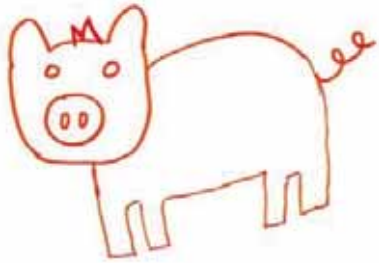
Butyrate production:

Cecum > proximal colon > mid colon > distal colon

Saccharolytic bacteria:
linear SCFA's, CO₂, H₂



Proteolytic bacteria:
Branched SCFA's, CO₂, CH₄,
H₂, phenols, amines



Experimental design

Western style
diet
WSD



7 % fiber

Resistant starch
diet
RSD



19 % fiber

Arabinoxylan
diet
AXD



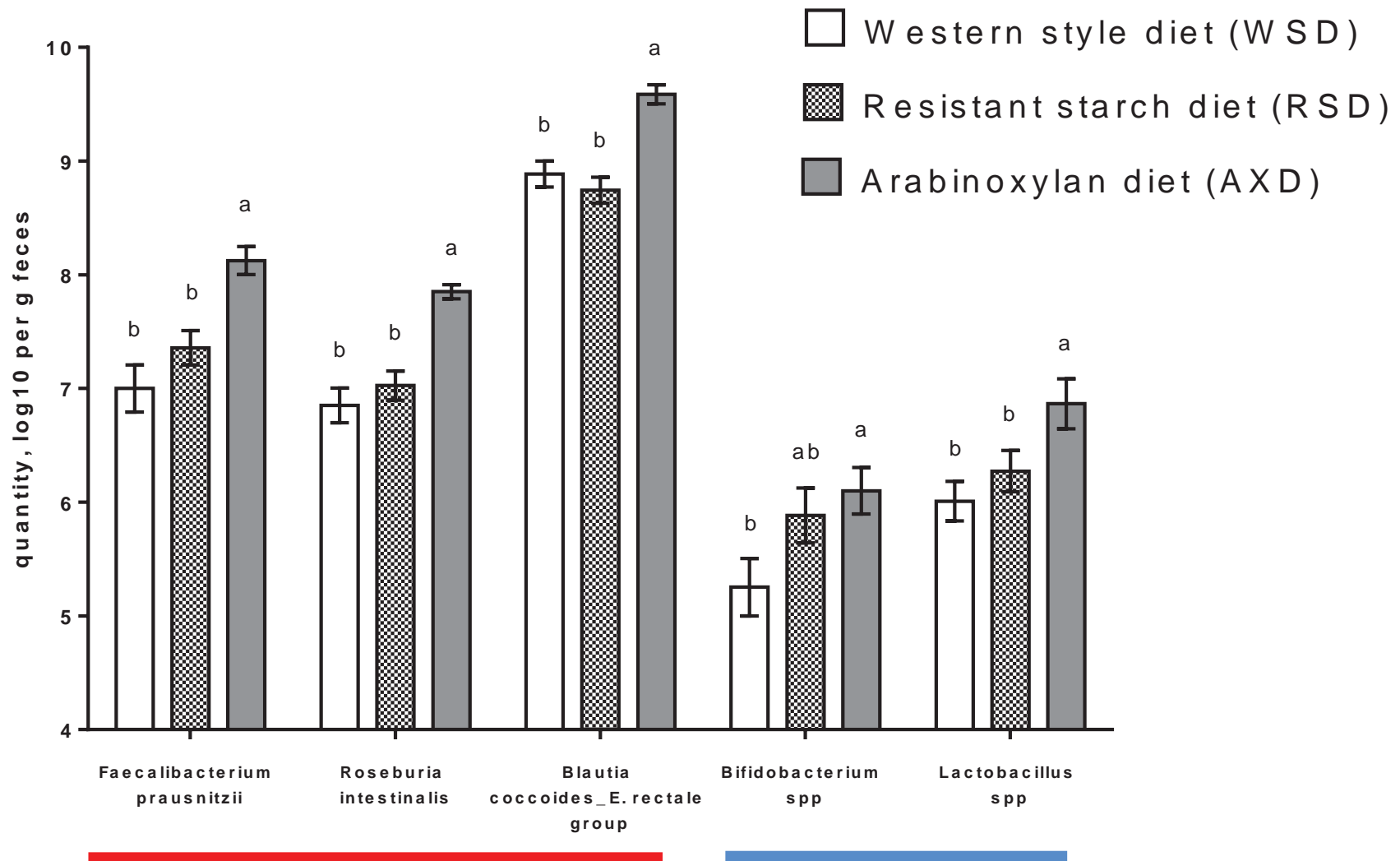
19 % fiber

- High in refined carbohydrates
- Equal and high in fat
- Equal in protein

10 pigs per diet

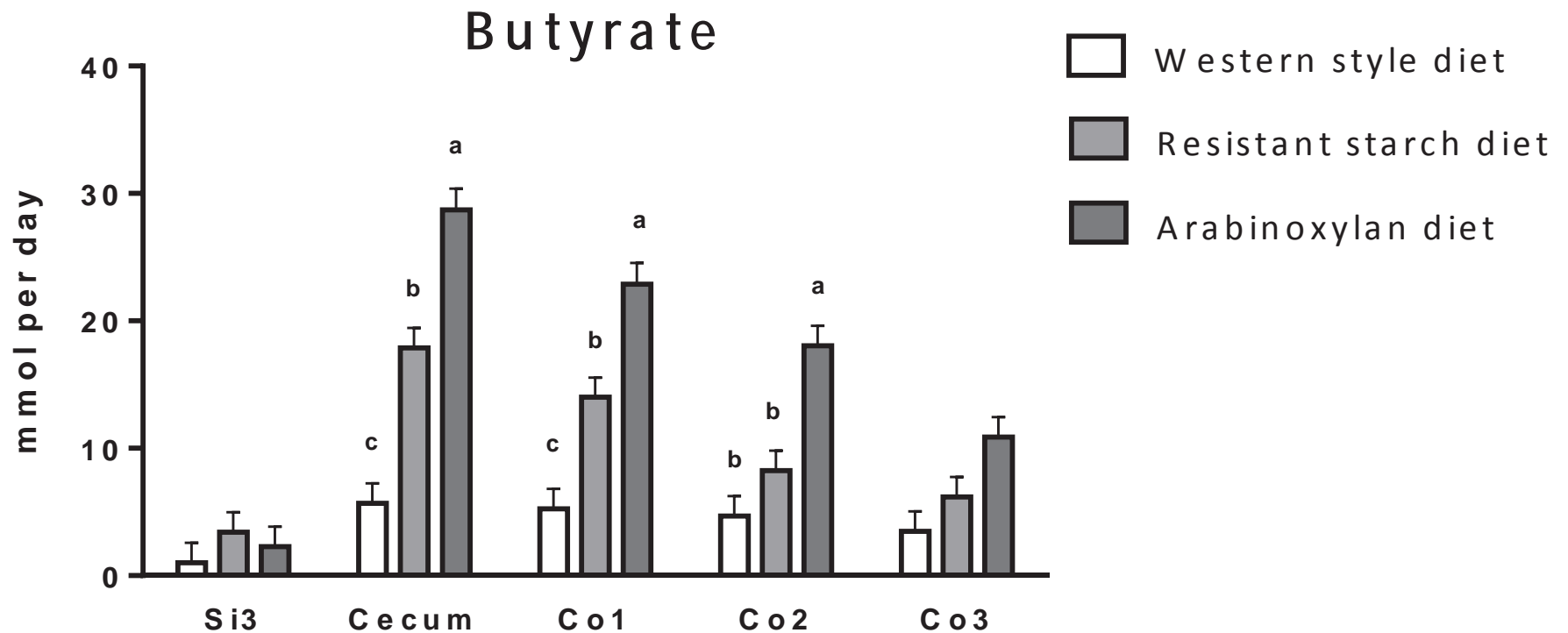
3 week experimental period

Microbial composition in faeces after 3 weeks



AXD = higher number of **butyrate producing** and **commensal beneficial** bacteria

Butyrate production

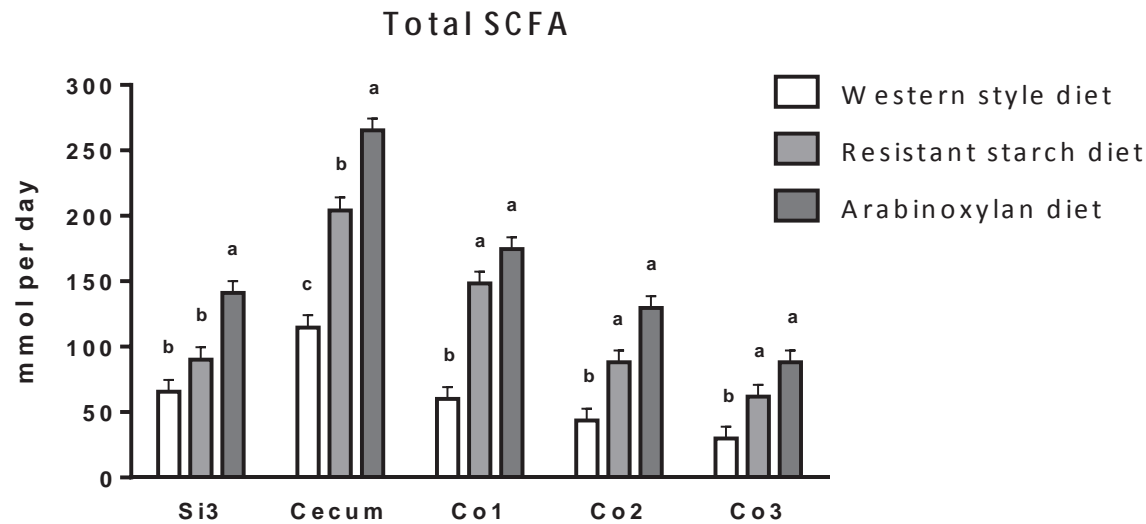
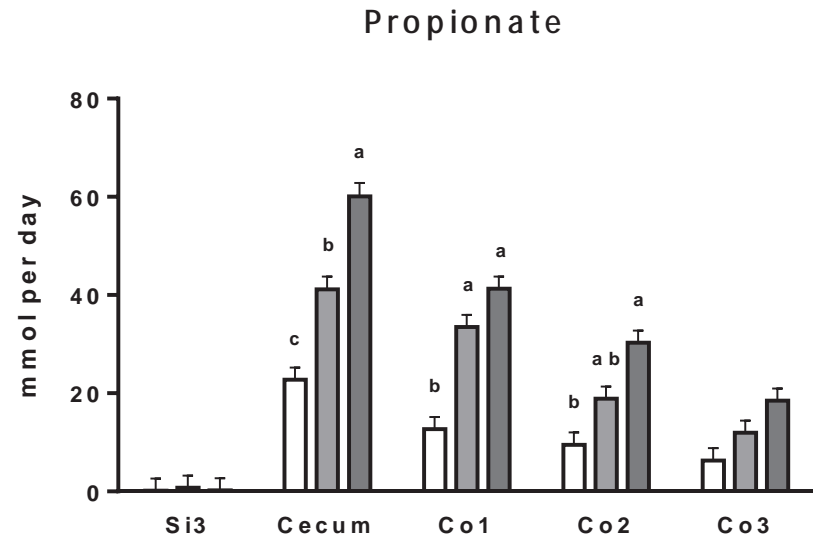
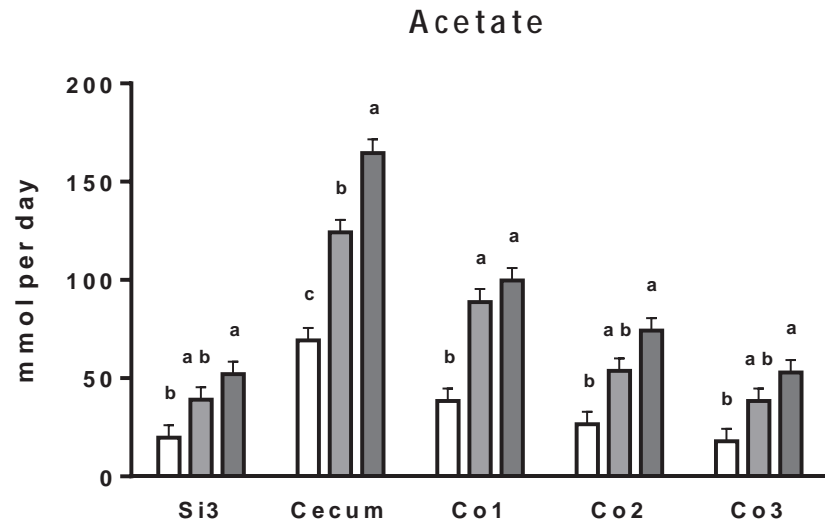


Cecum, Co1 and Co2: AXD vs. WSD = 3 to 5 fold increase

Cecum, Co1 and Co2: AXD vs. RSD = 1.6 to 2.2 fold increase

Tendency for increased butyrate production in the distal colon

SCFA production



Expression of genes as indicators of large intestinal health

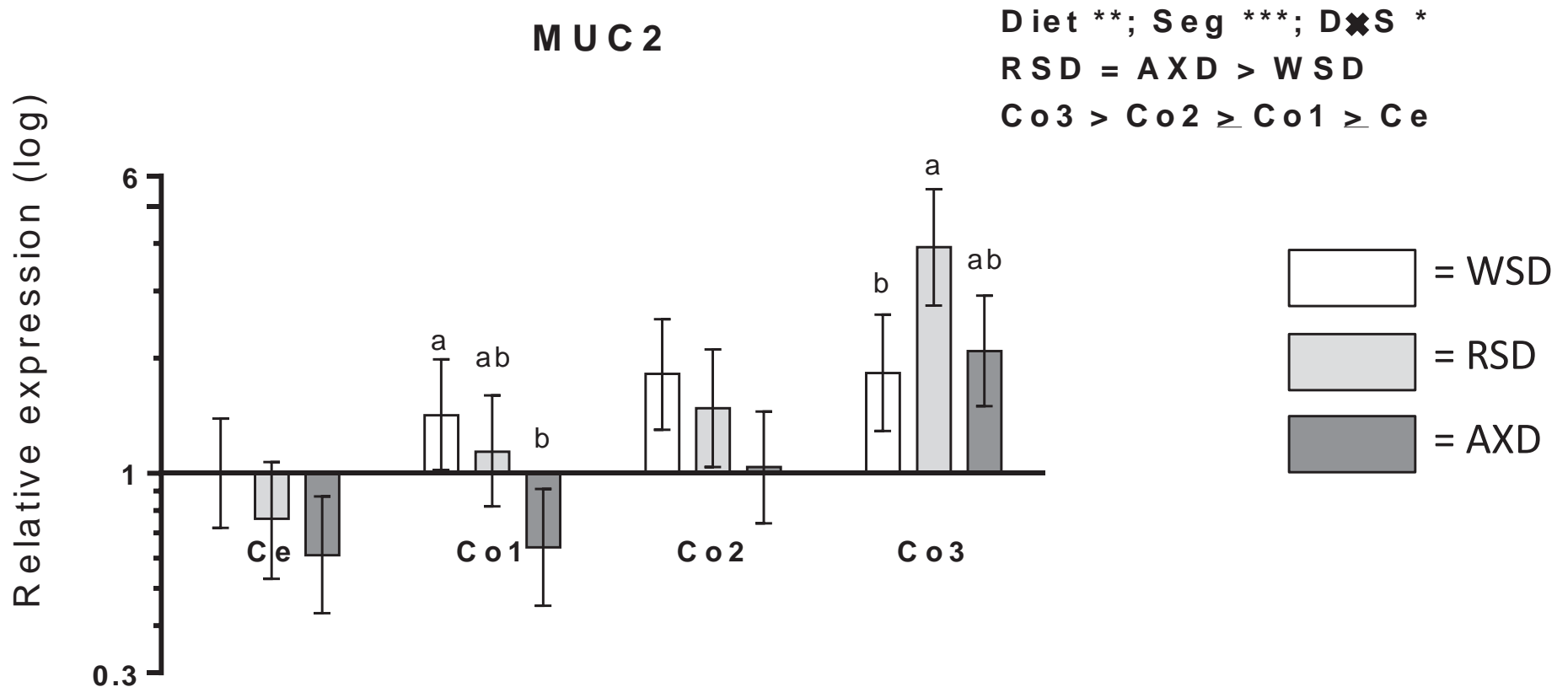
10 selected genes potentially affected by SCFA's (butyrate)

	Cecum	Colon1	Colon2	Colon3
Butyrate transport				
MCT1	X	X	X	X
SCFA sensing				
GPR41	X	X	X	X
GPR43	X	X	X	X
Immunity/inflammation				
MCP1	X	X	X	X
TNF- α	X	X	X	X
NF- $\kappa\beta$	X	X	X	X
PPAR γ	X	X	X	X
Epithelial permeability				
MUC2	X	X	X	X
ZO1	X	X	X	X
OCLN	X	X	X	X

6 of 10 genes regulated by diet or diet × segment

	Cecum	Colon1	Colon2	Colon3	
Butyrate transport					
MCT1	X	X	X	X	
SCFA sensing					
GPR41	X	X	X	X	G-protein coupled receptor 41
GPR43	X	X	X	X	G-protein coupled receptor 43
Immunity/inflammation					
MCP1	X	X	X	X	Monocyte chemoattractant protein 1
TNF- α	X	X	X	X	Tumor necrosis factor-alpha
NF- $\kappa\beta$	X	X	X	X	Nuclear transcription factor kappa-beta
PPAR γ	X	X	X	X	
Epithelial permeability					
MUC2	X	X	X	X	Mucin 2
ZO1	X	X	X	X	
OCLN	X	X	X	X	

Epithelial permeability - mucus secretion (positive if expression is high)



Expression increases throughout the large intestine

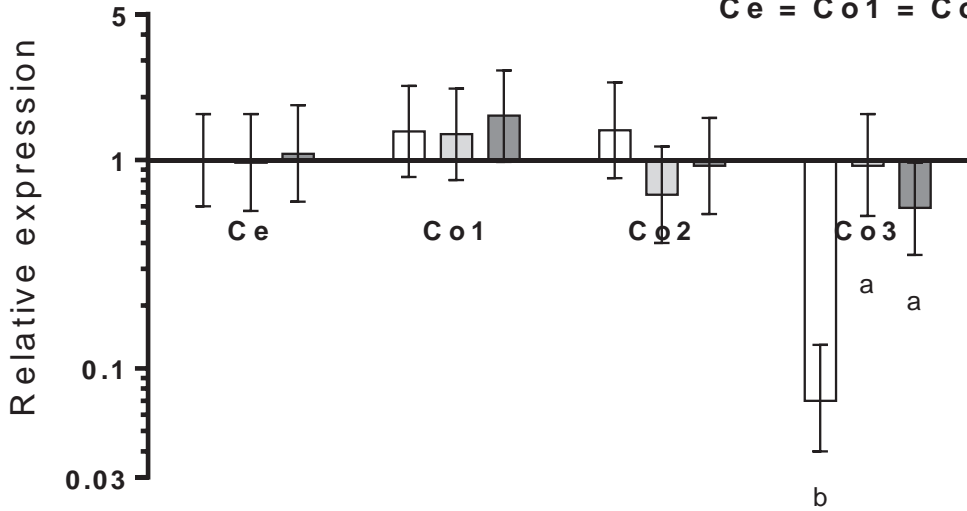
Effect of diet depends on segment

(WSD highest in the proximal colon, RSD highest in the distal colon)

Pro-inflammatory markers (positive if expression is low)

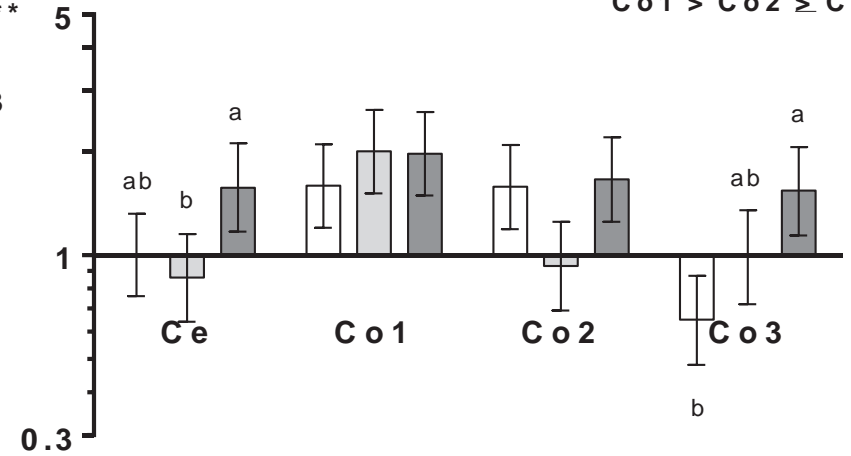
MCP1

Diet *; Seg ***; D x S ***
 AXD = RSD > WSD
 Ce = Co1 = Co2 > Co3



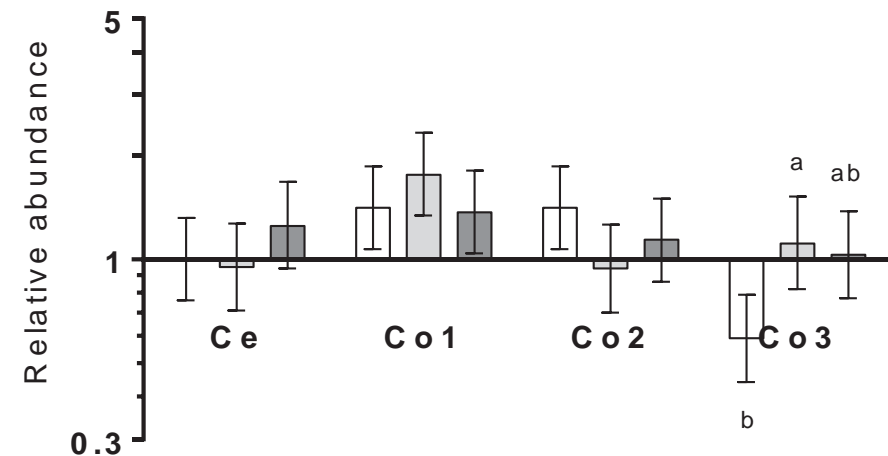
TNFα

Diet **; Seg ***; D x S **
 AXD > RSD = WSD
 Co1 > Co2 ≥ Ce ≥ Co3



NFκB

Diet NS; Seg ***; D x S *
 Co1 ≥ Co2 ≥ Ce = Co3



Conclusions

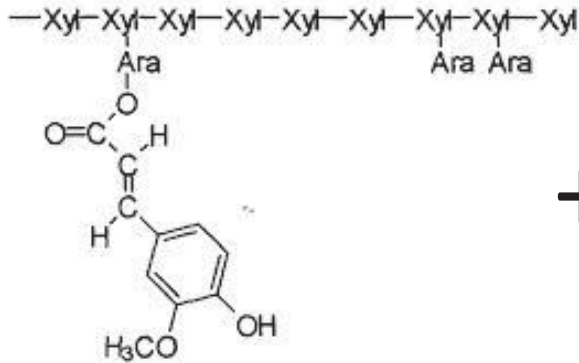


- AX most efficiently shifted the microbial composition towards butyrogenic species, more commensal bacteria and increased butyrate production throughout the large intestine
- AX and RS affected the expression of a number of genes in the large intestine
- Gene expression changes was not unambiguously health-promoting, could not directly be related to SCFA

Difficult to show a "health-promoting effect" in the large intestine of an already healthy animal (human)

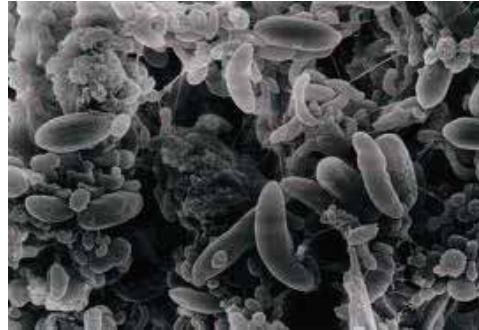


Question: Can large intestinal butyrate production be maximized through a synbiotic concept ?



Prebiotic (AX)

+



Probiotic (Butyrate producer)

= Butyrate



In vitro fermentation:
B. fibrisolvens + AX = maximum butyrate conc.



In vitro



In vivo



The diets



AXD: 15% dietary fibre

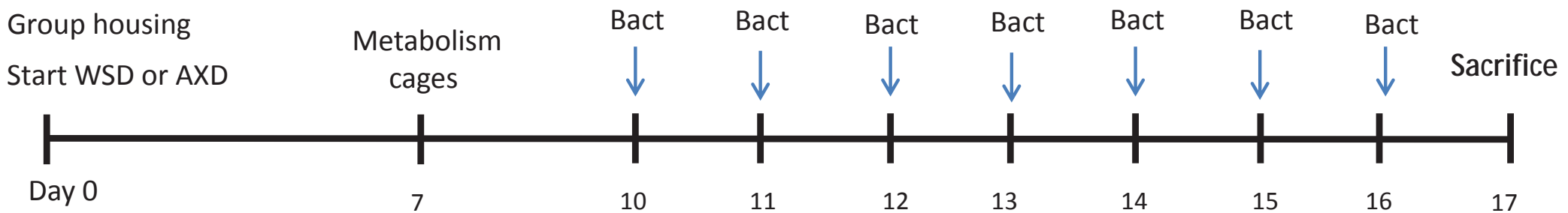
Both high fat and protein

WSD: 5% dietary fibre

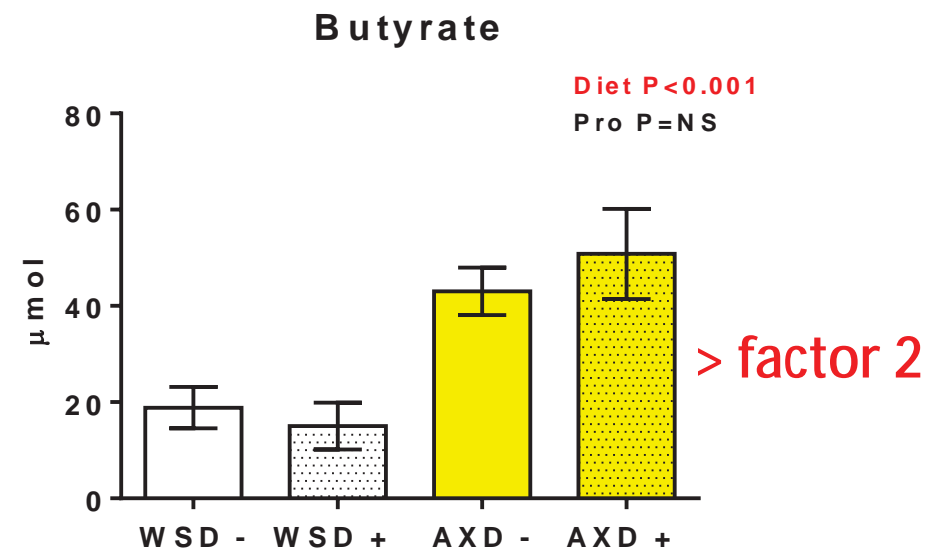
Design

4 groups (10 rats per group):

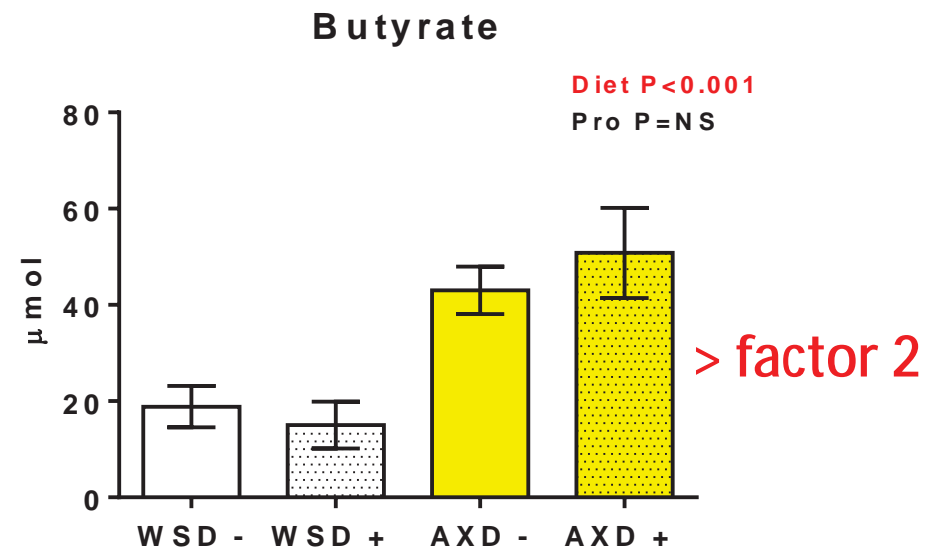
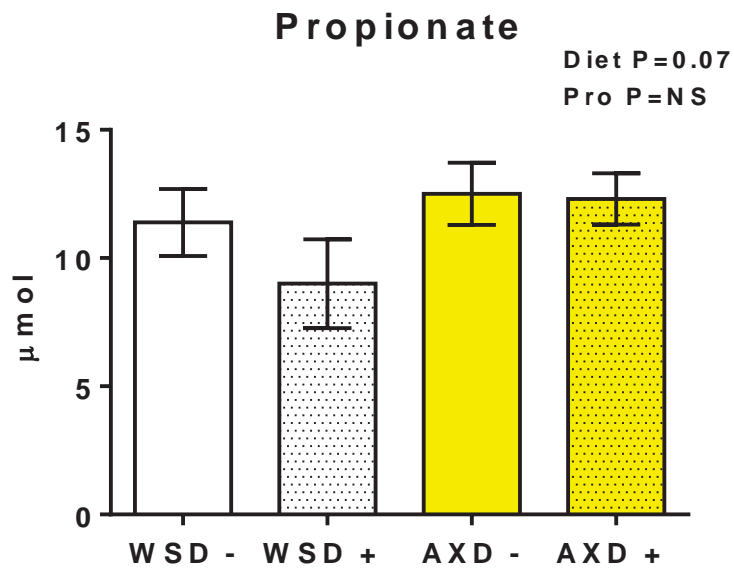
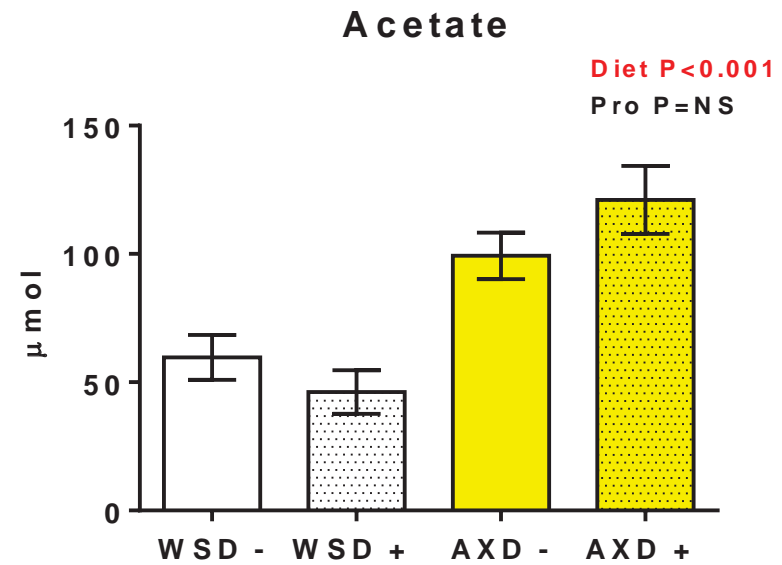
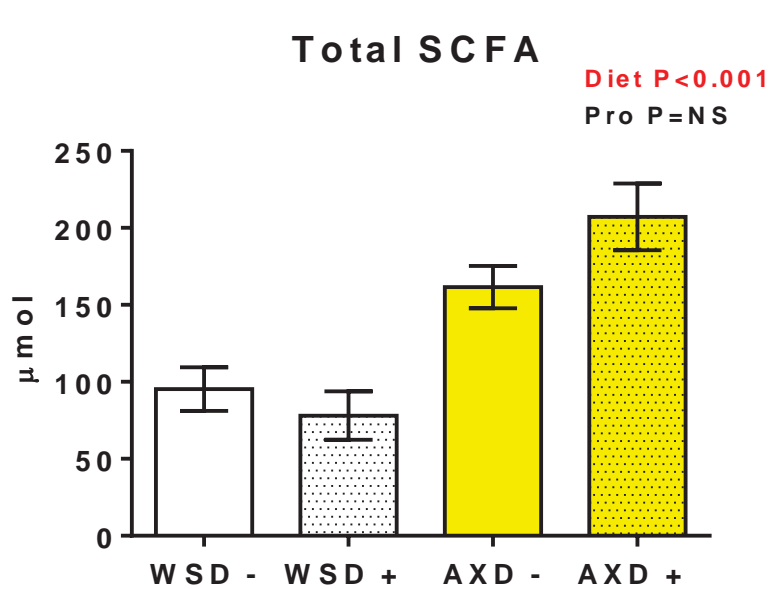
- WSD +/- *B. fibrisolvens* (live intact cells, oral gavage)
- AXD +/- *B. fibrisolvens*



Results: Pool of SCFA (μmol) in cecum digesta

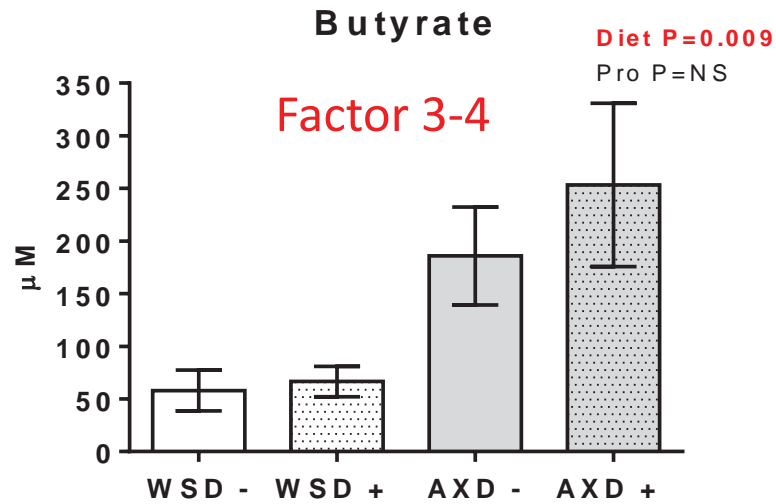


Results: Pool of SCFA (μmol) in cecum digesta



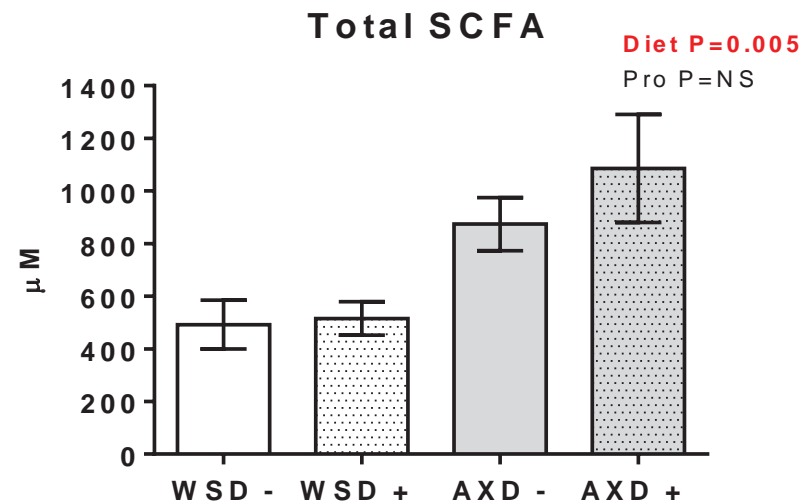
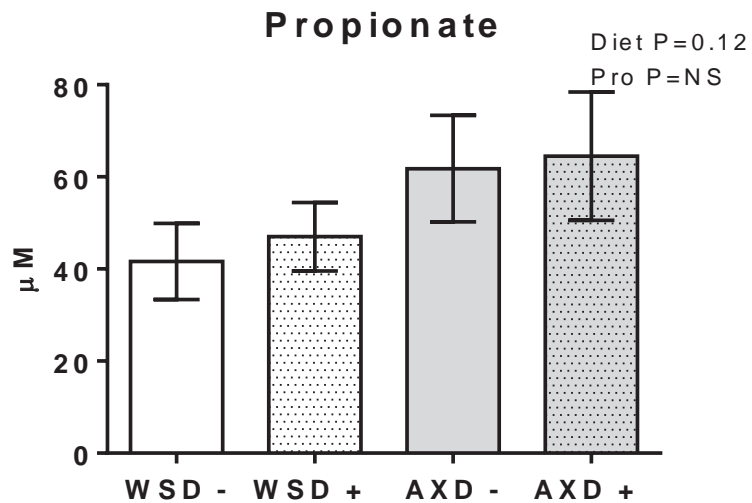
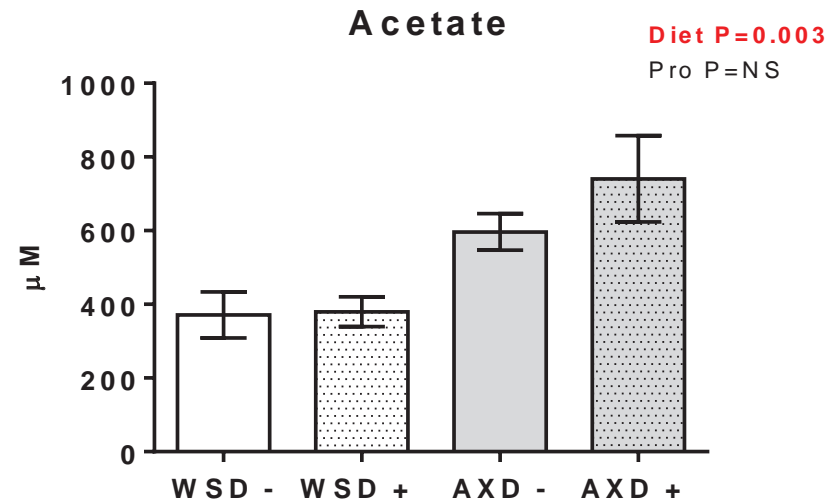
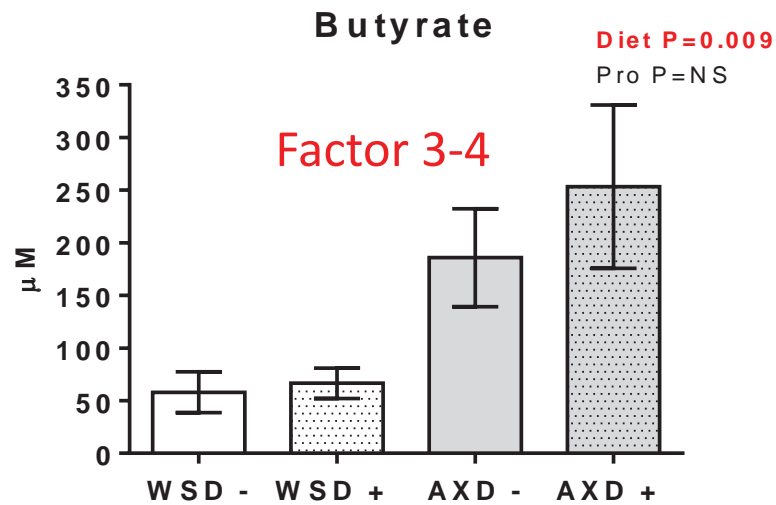
SCFA concentrations in blood

Portal blood



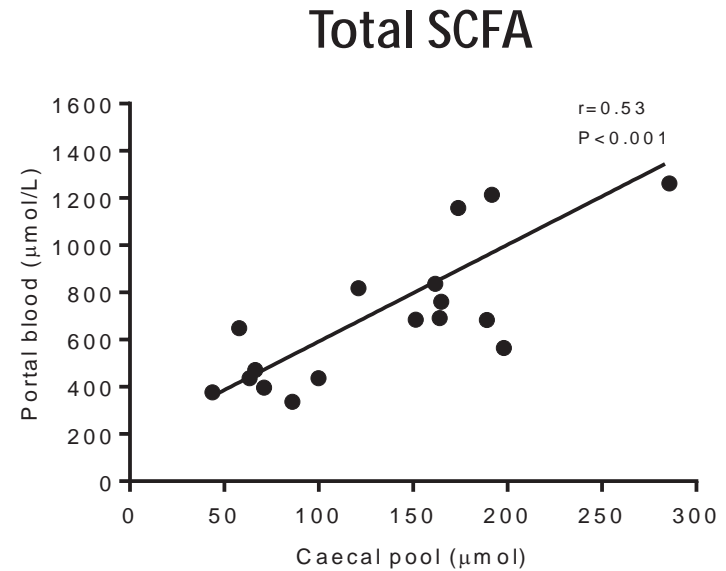
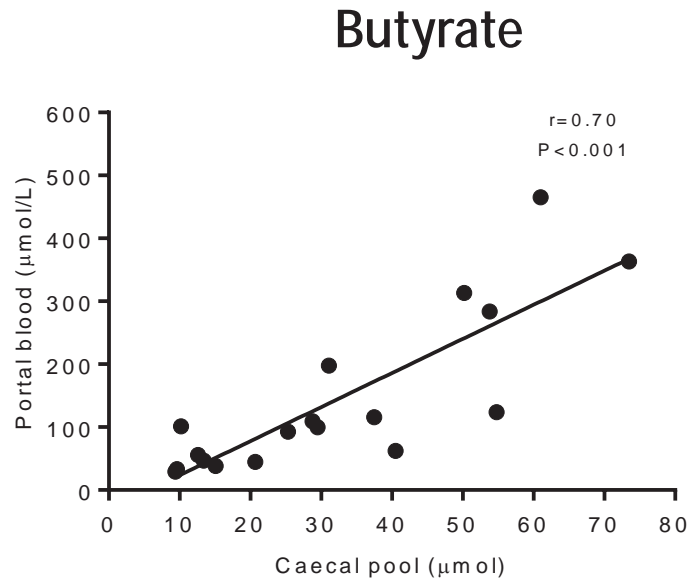
SCFA concentrations in blood

Portal blood



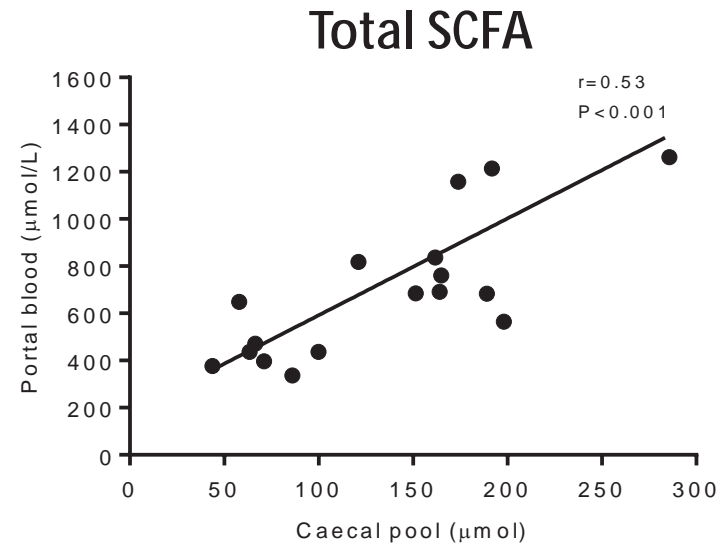
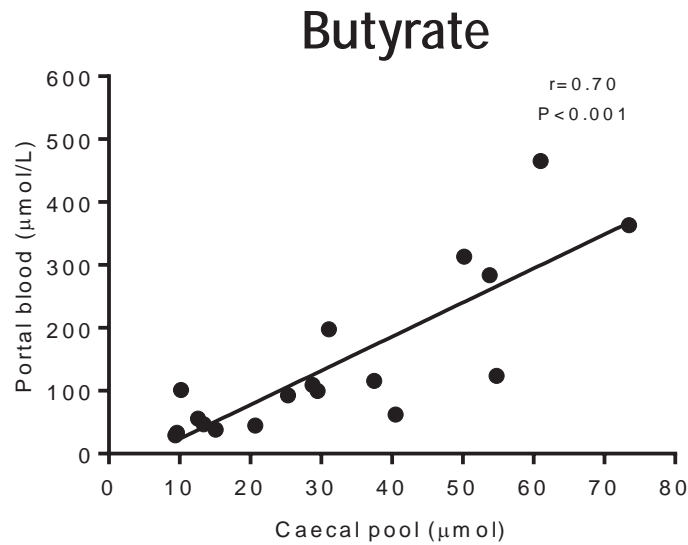
Correlations between A) Caecal pool and portal blood SCFA conc.

A

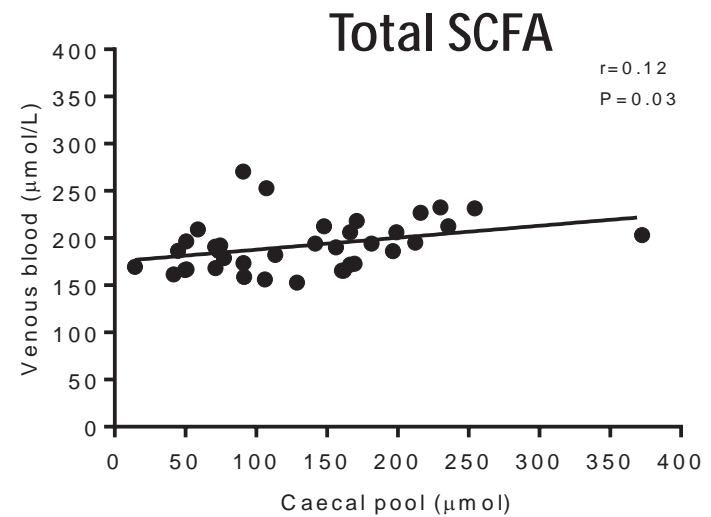
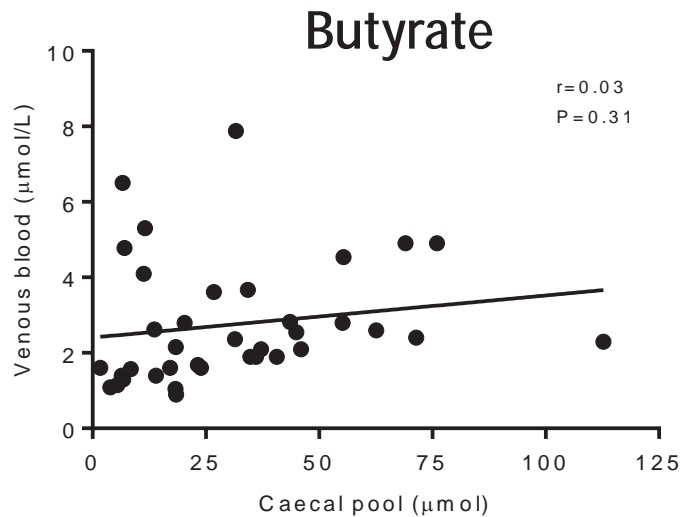


Correlations between A) caecal pool and portal blood SCFA conc. and B) caecal pool and venous blood SCFA conc.

A



B



Conclusions:

- AX efficiently increased large intestinal butyrate production and portal blood butyrate concentration
- Increased caecal butyrate production was not reflected as an increased peripheral blood butyrate concentration
- No effect of *B. fibrisolvens* - no synbiotic effect on butyrate production in the cecum and portal blood butyrate concentration

Diets high in resistant starch and arabinoxylan modulate digestion processes and SCFA pool size in the large intestine and faecal microbial composition in pigs

Tina S. Nielsen^{1*}, Helle N. Lærke¹, Peter K. Theil¹, Jens F. Sørensen², Markku Saarinen³, Sofia Forssten³ and Knud E. Bach Knudsen¹

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FOOD CHEMISTRY**

DOI:10.1021/acs.jafc.5b03372
J. Agric. Food Chem. 2015, 63, 10418–10430

Article

pubs.acs.org/JAFC

Effects of Resistant Starch and Arabinoxylan on Parameters Related to Large Intestinal and Metabolic Health in Pigs Fed Fat-Rich Diets

Tina Skau Nielsen,* Peter Kappel Theil, Stig Purup, Natalja P. Nørskov, and Knud Erik Bach Knudsen

Searching for synbiotics: Effects of enzymatically modified arabinoxylan and *Butyrivibrio fibrisolvens* on short-chain fatty acids in cecum content and plasma of rats

Tina S. Nielsen^{a*}, Bent B. Jensen^a, Stig Purup^a, Stephanie Jackson^b, Markku Saarinen^c, Anna Lyra^c, Jens F. Sørensen^d, Peter K. Theil^a & Knud E. Bach Knudsen^a

Submitted to “Food & Function”

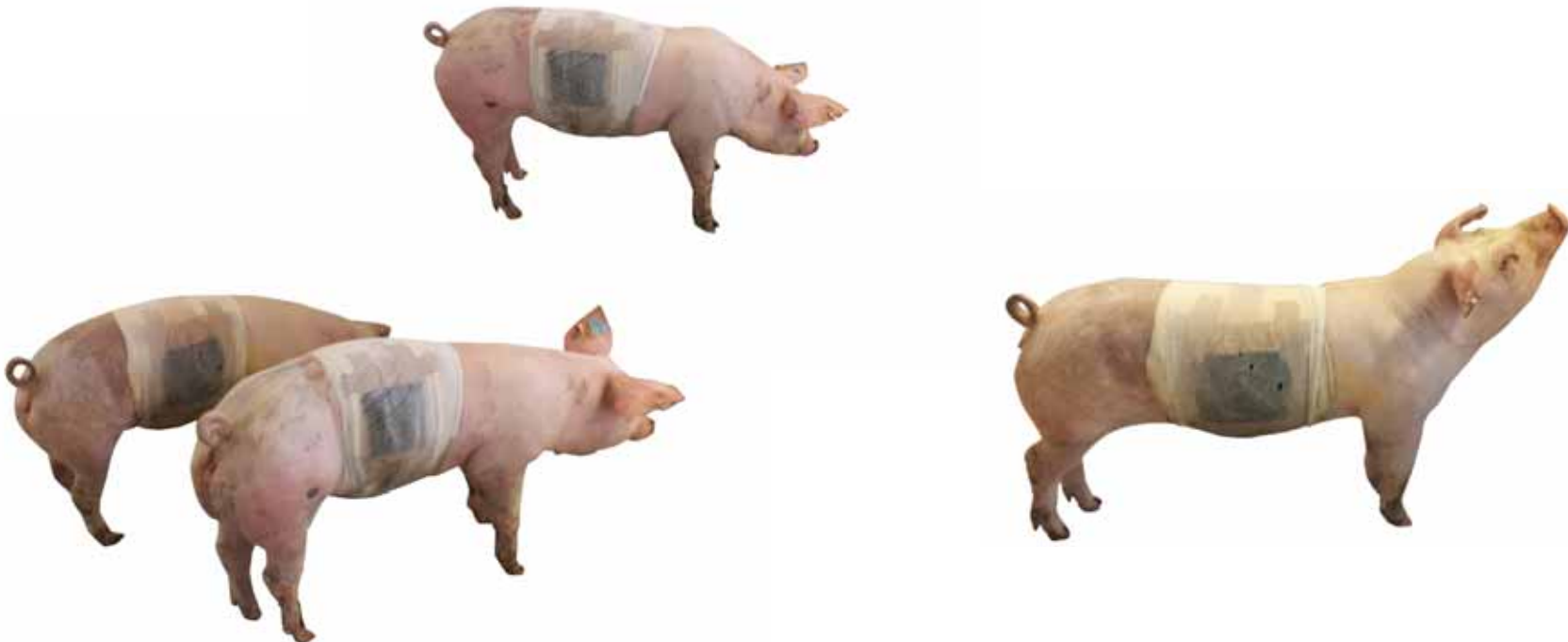
Thank you for your attention

Questions ?



Dietary effects on butyrate absorption, insulin secretion and peripheral release

Peter K. Theil
Department of Animal Science
Aarhus University



Life style related disorders

What is the real problem?

- **Calorie intake (appetite regulation)?**
- **Calorie density (Fat ↑, fiber ↓)?**
- **Fiber intake / butyrate production daily?**
- **Insulin (Available carbohydrates, glycaemic index)?**
- **Too low physical activity?**



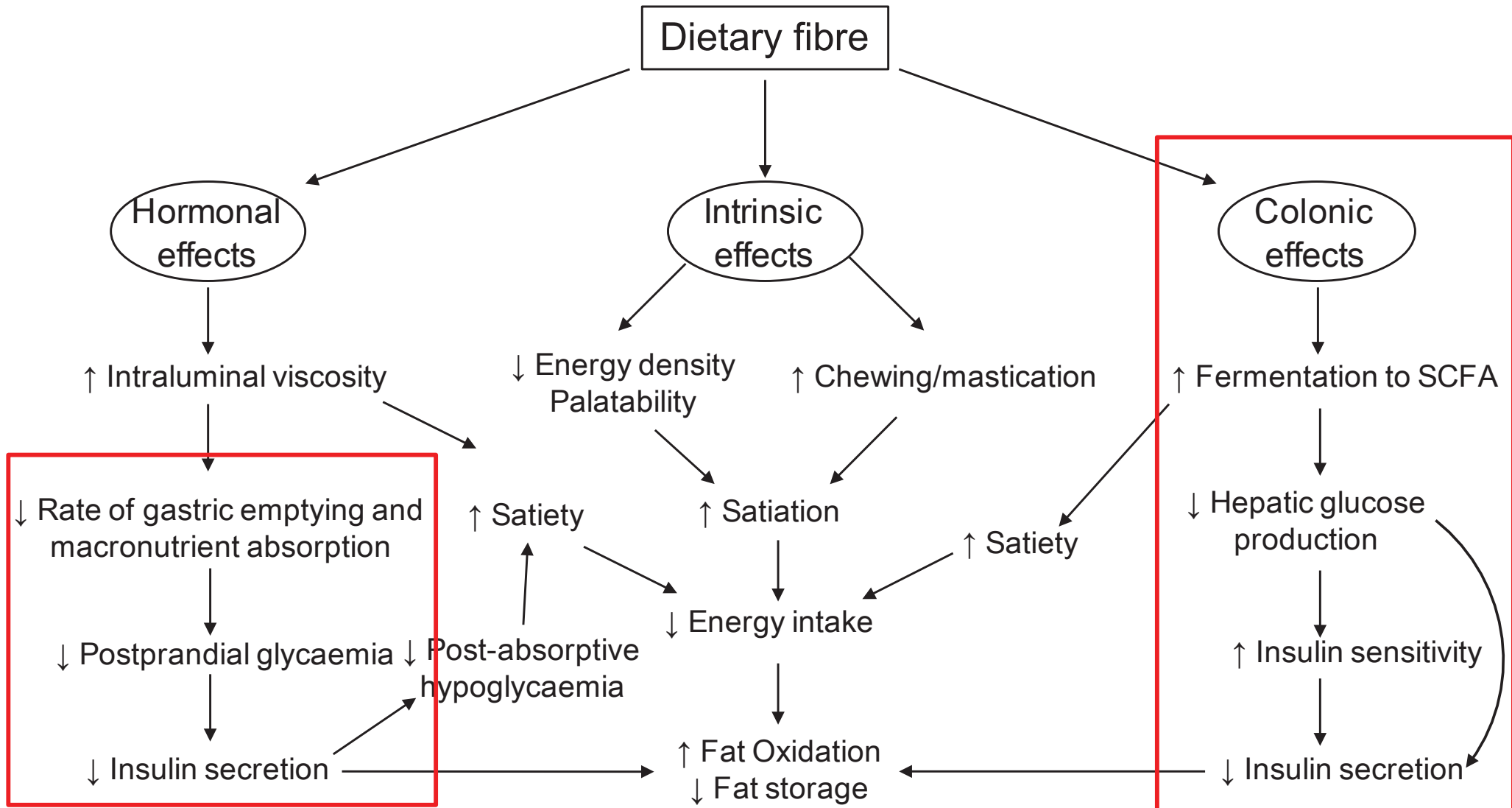
Life style related disorders

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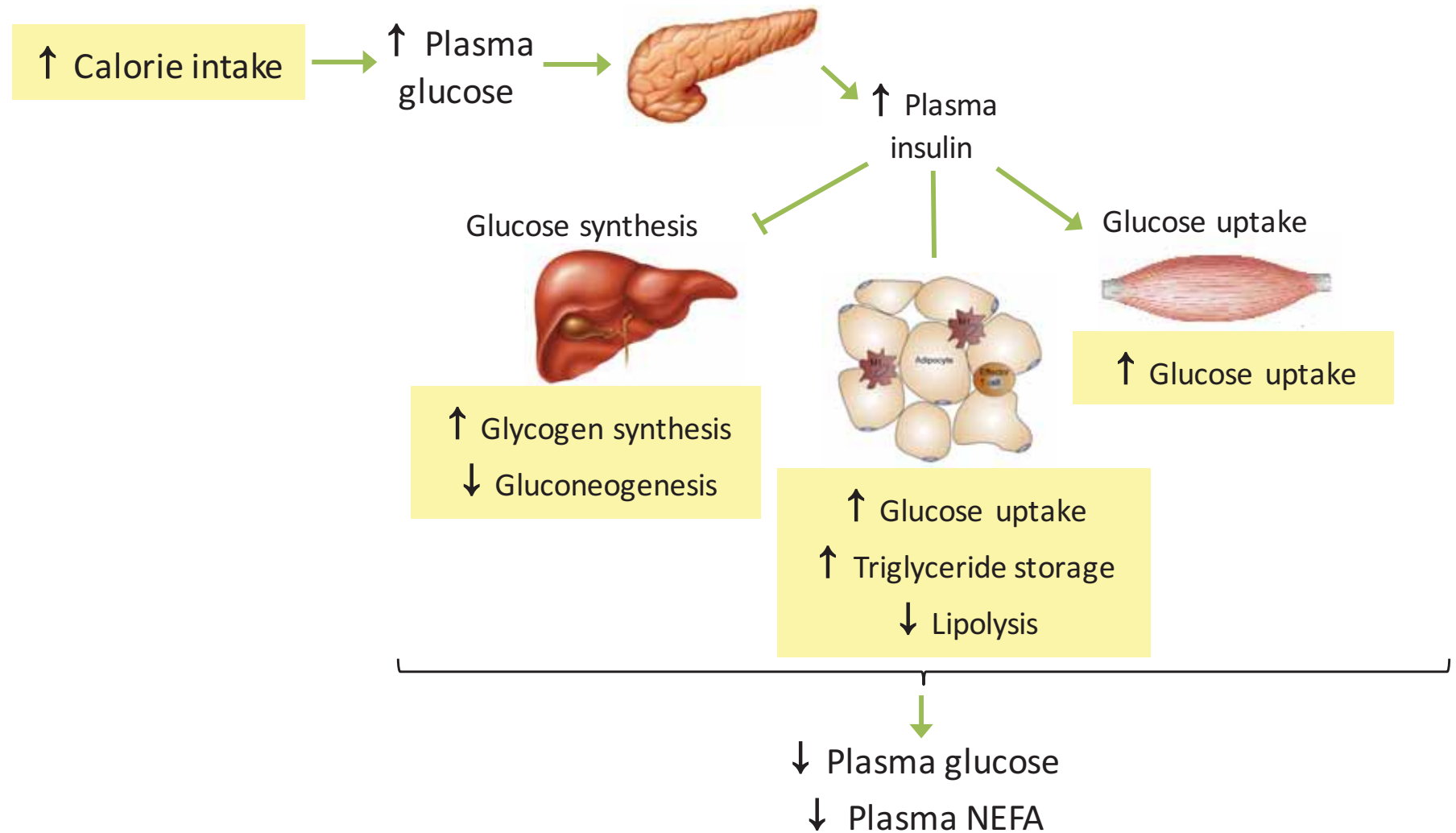
Dietary fibre effects



SCFA: short-chain fatty acids

Modified from J. L. Slavin., *J Nutr.* 2005, 21(3): 411-18.

Postprandial glucose homeostasis



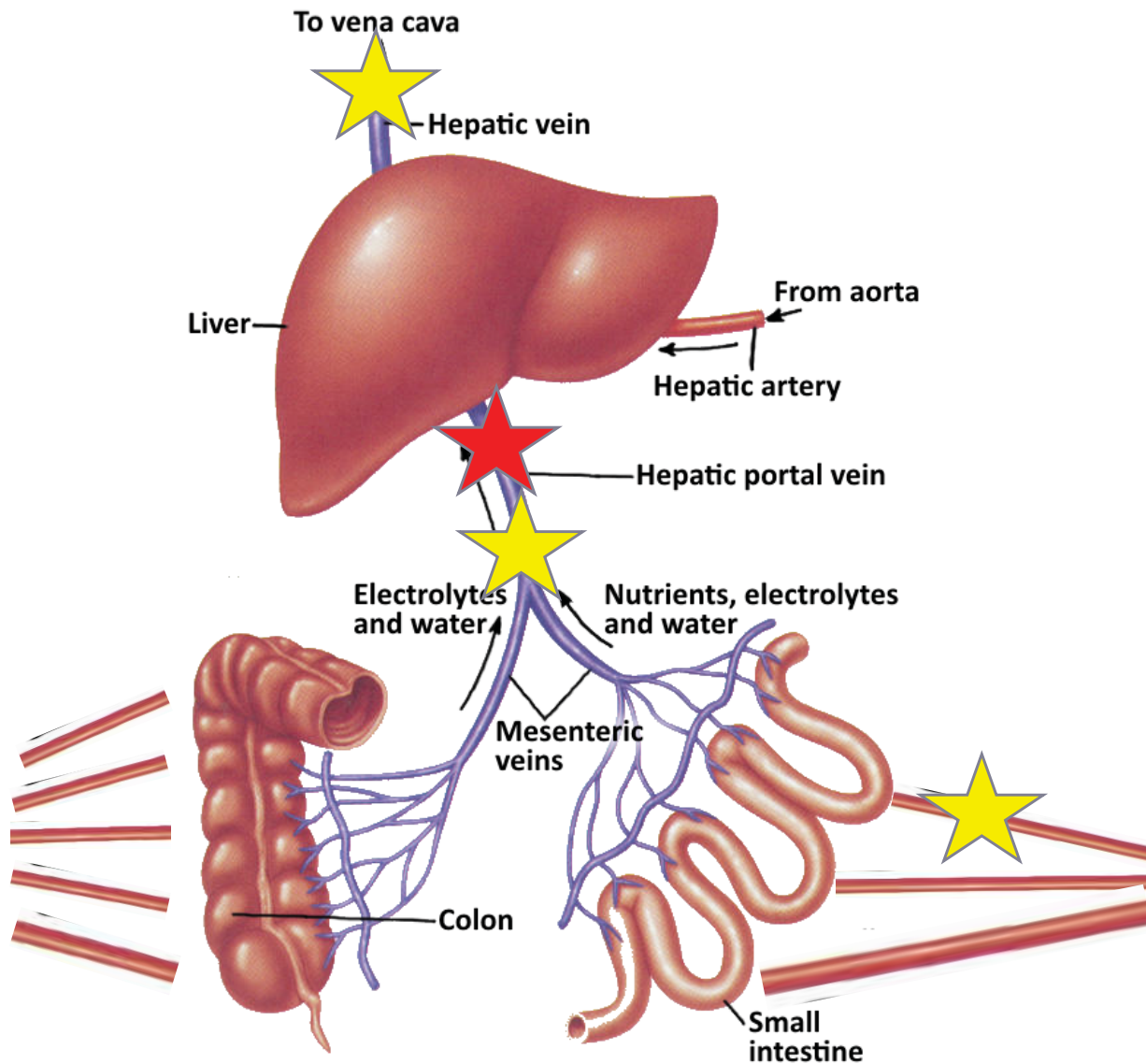
Hypotheses:

High intake of fiber increases butyrate production and alleviates negative consequences of western style diets (high fat, protein and refined sugar)

Short chain fatty acids (especially butyrate) may be implicated in lowering postprandial insulin secretion

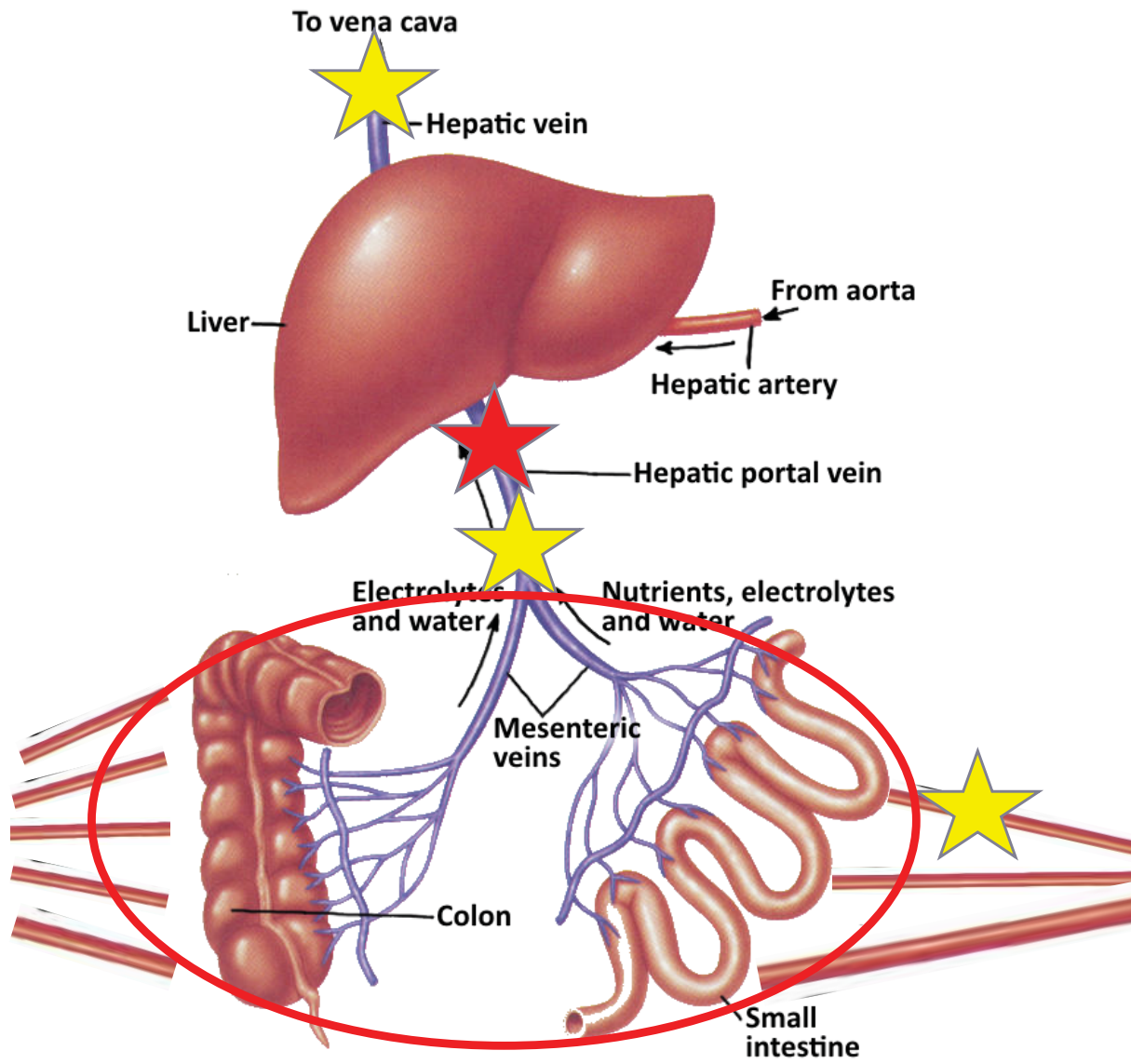


Animal experiment with multi-catheterised pigs - a mechanistic study



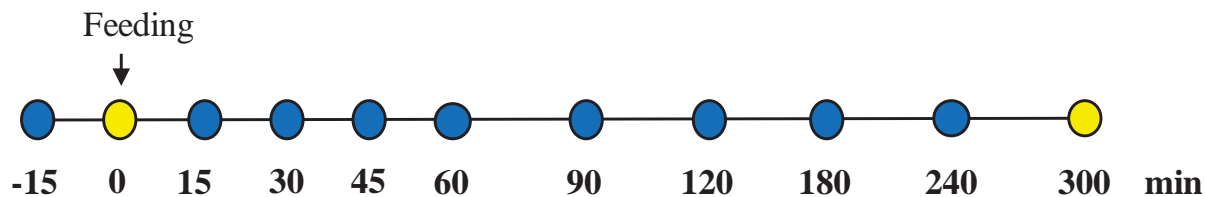
Absorption of nutrients from gastrointestinal tract

Insulin secretion from pancreas



Experimental design – catheterised pigs

- › 3 different diets
 - › WSD
 - › RSD
 - › AXD
- › 6 pigs
- › One diet per week – repeated 3x3 Latin square design
- › 3 meals per day
- › 200 g available carbohydrates per meal
- › Sampling 5 h postprandial on day 7



Experimental diets

**Western-style
WSD (Control)**



RSD



AXD



Available carbohydrates (g/meal)

199

197

199

Dietary fiber content (g/kg dry matter)

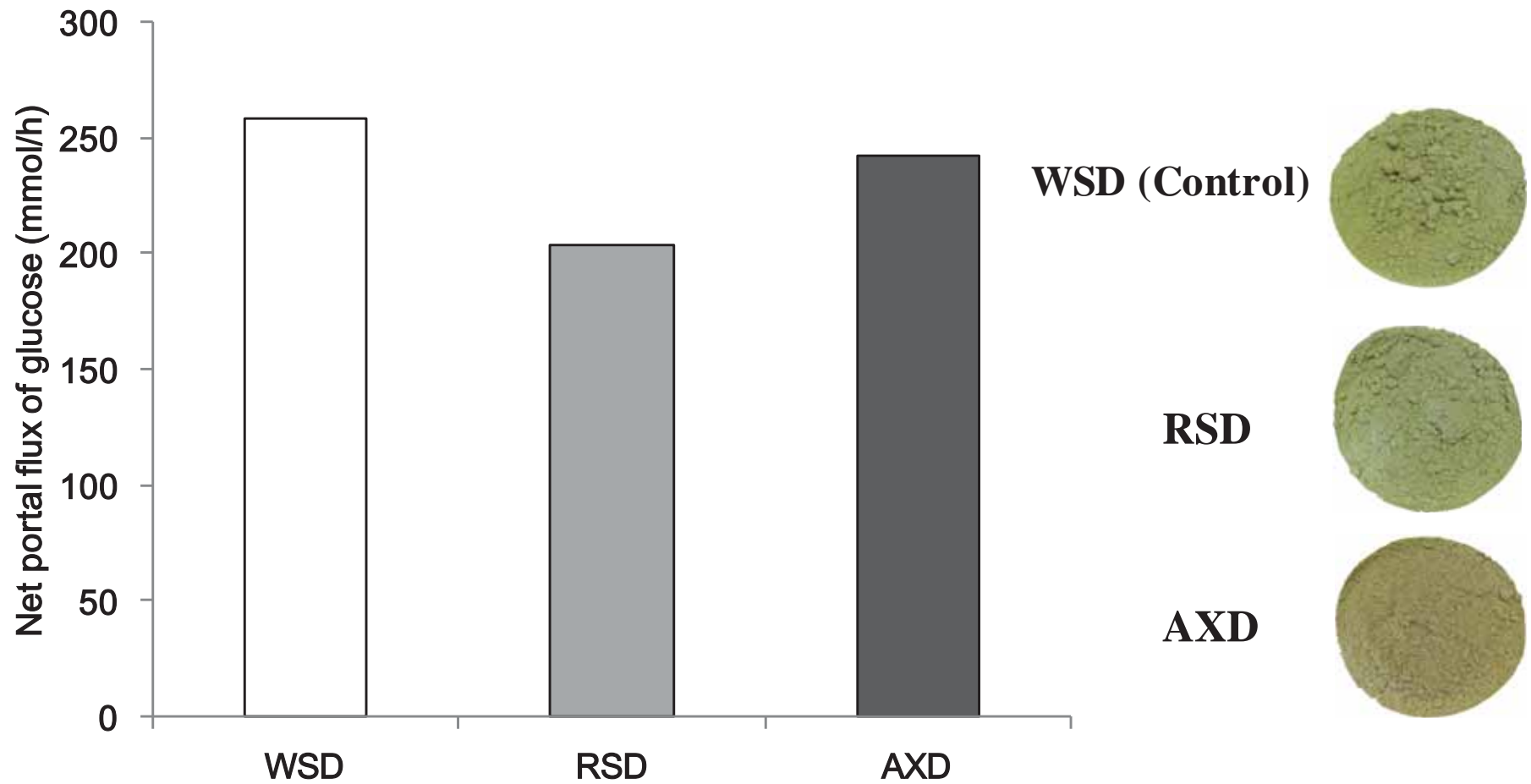
70

192

189 (~2.7xWSD)

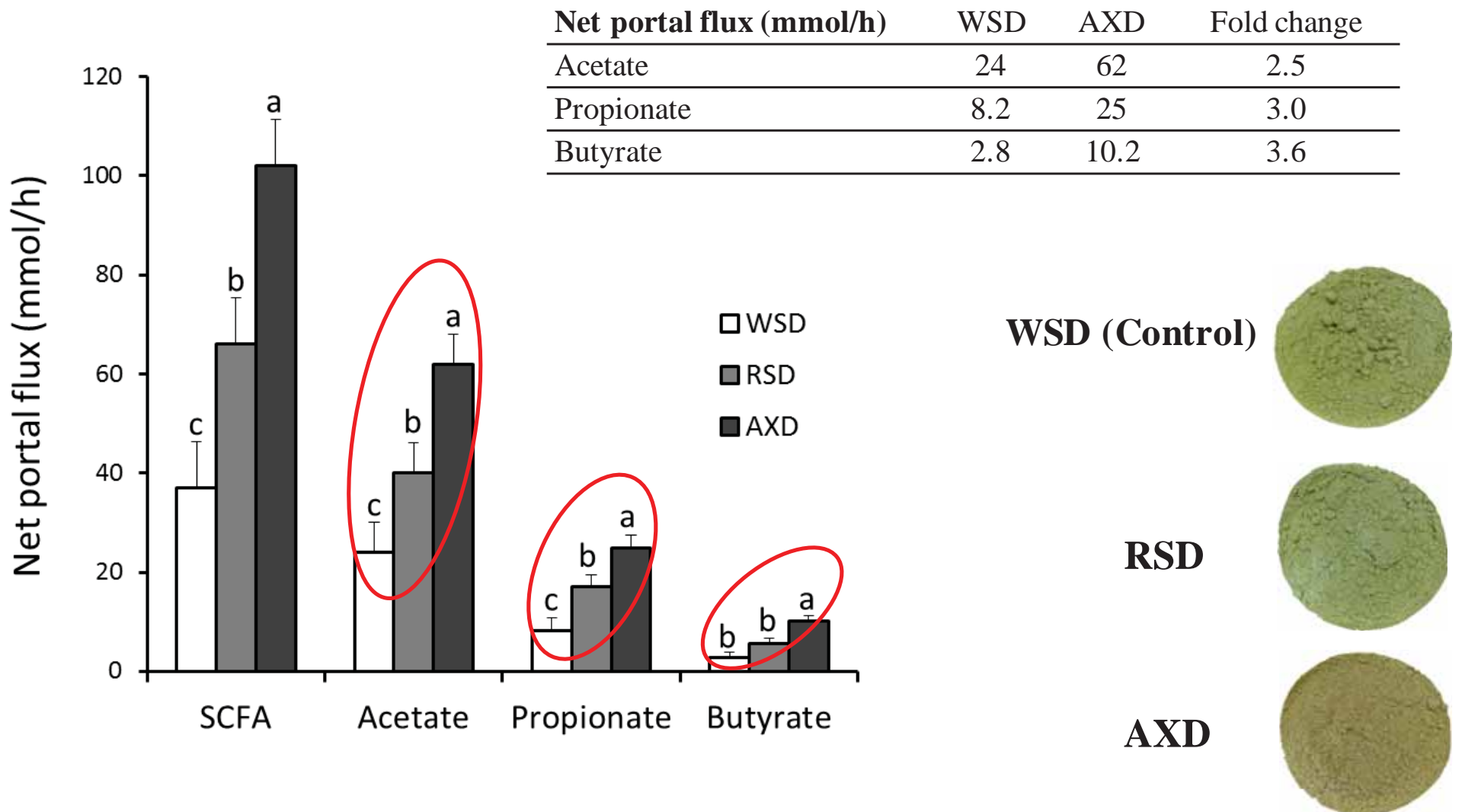
Absorption of glucose

Effect of diet (Not significant)



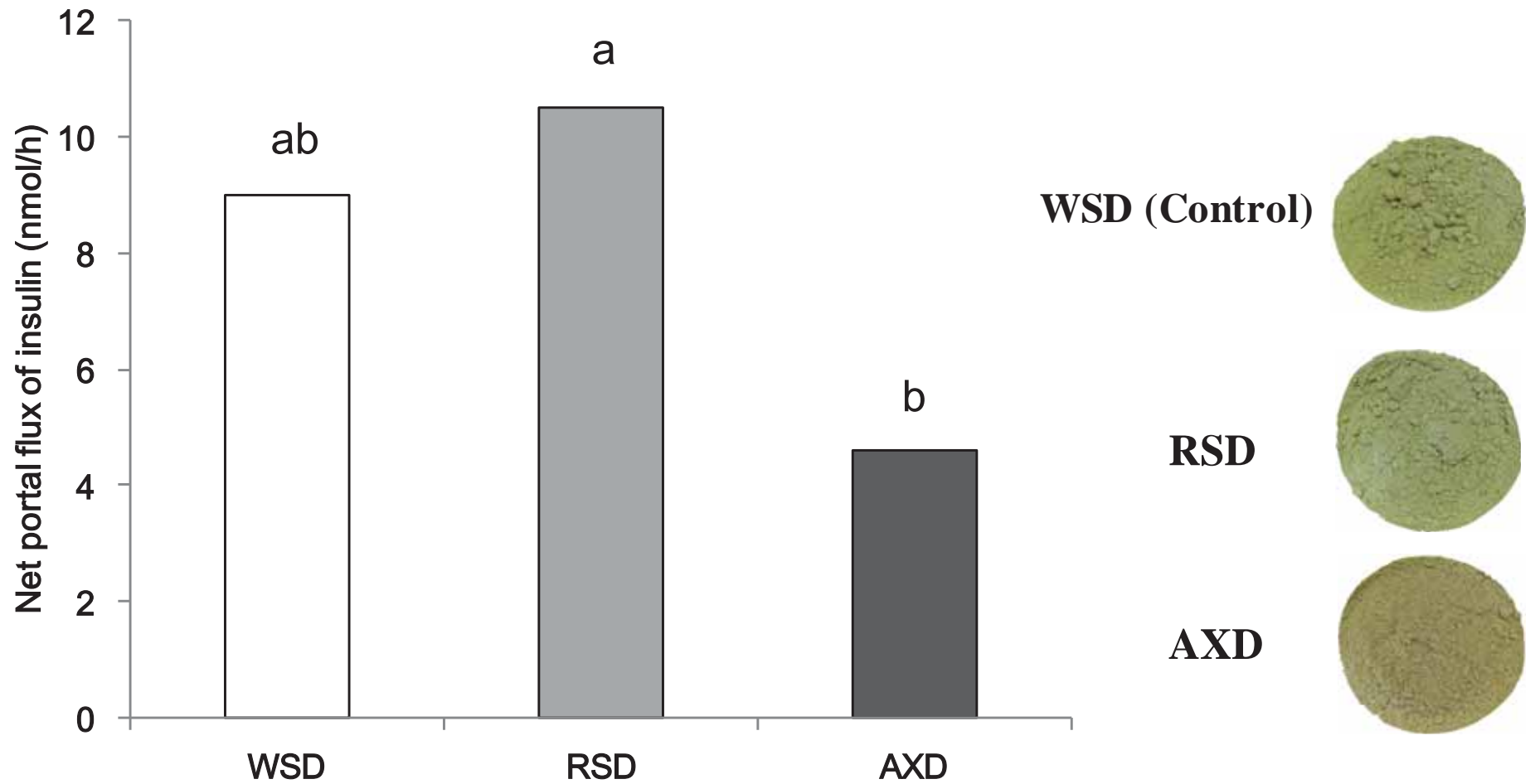
Absorption of short chain fatty acids

Effect of diet ($P \leq 0.001$)



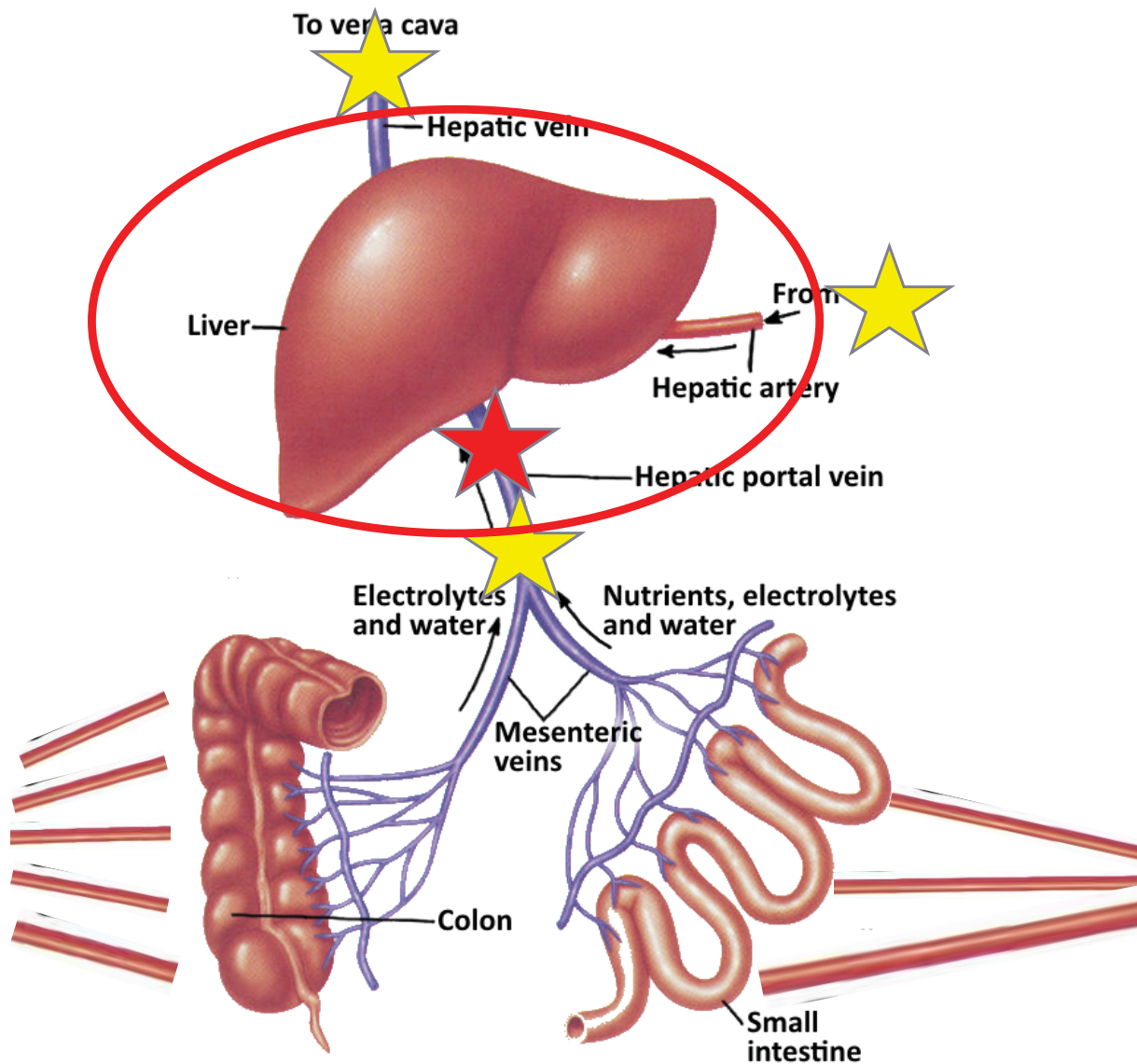
Secretion of insulin

Effect of diet (P = 0.09)

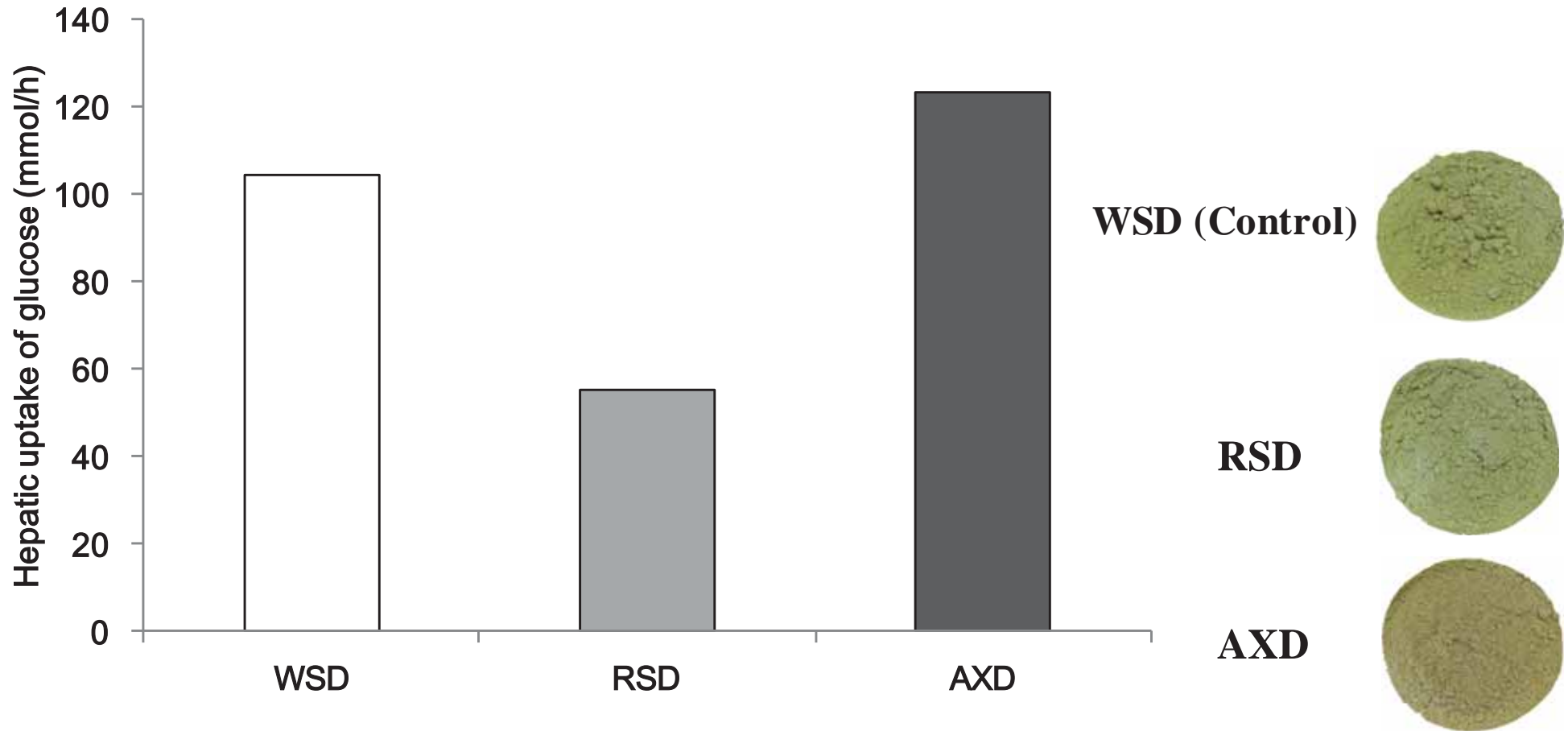


Hepatic uptake of nutrients

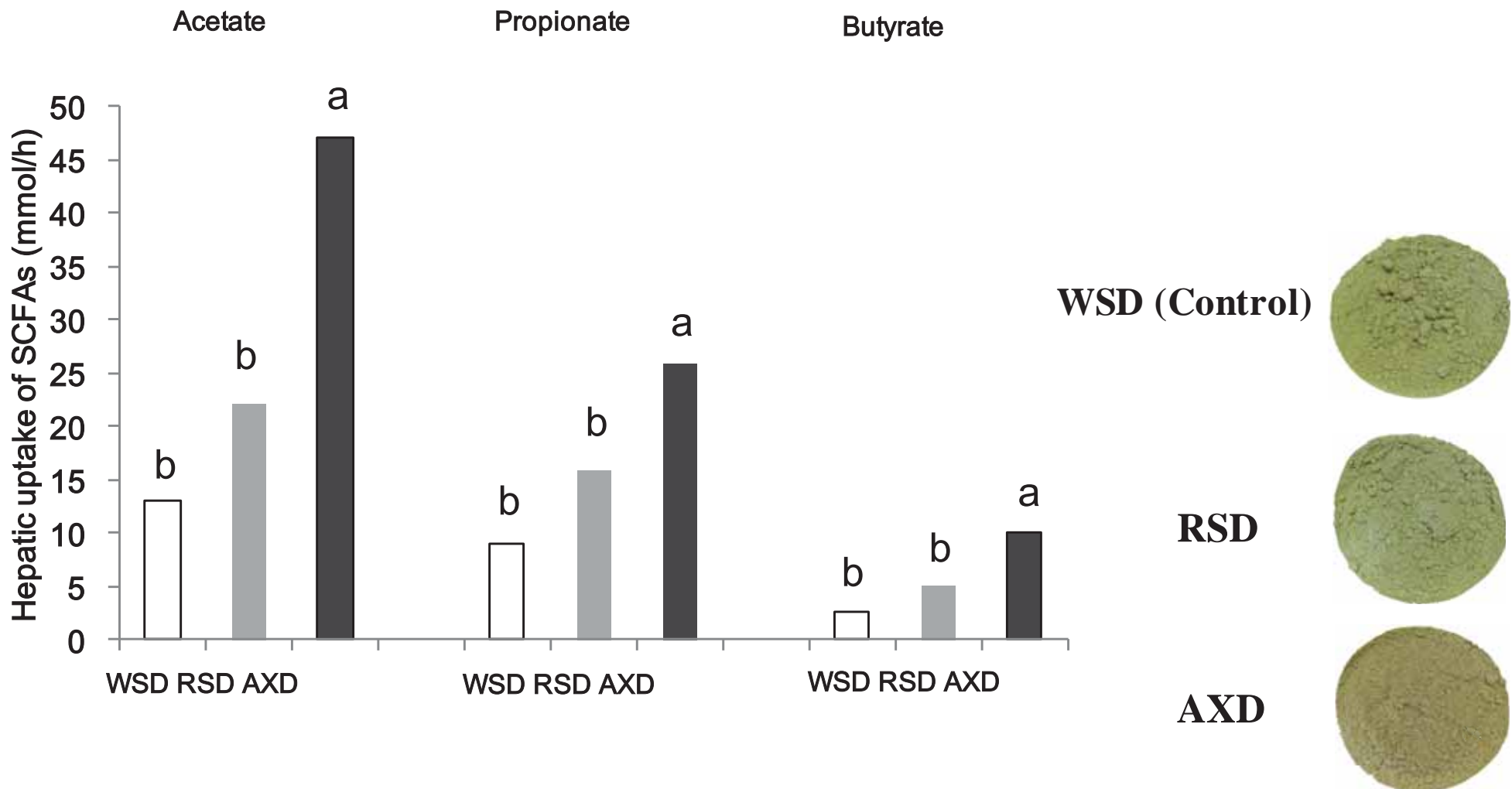
Hepatic clearance of insulin



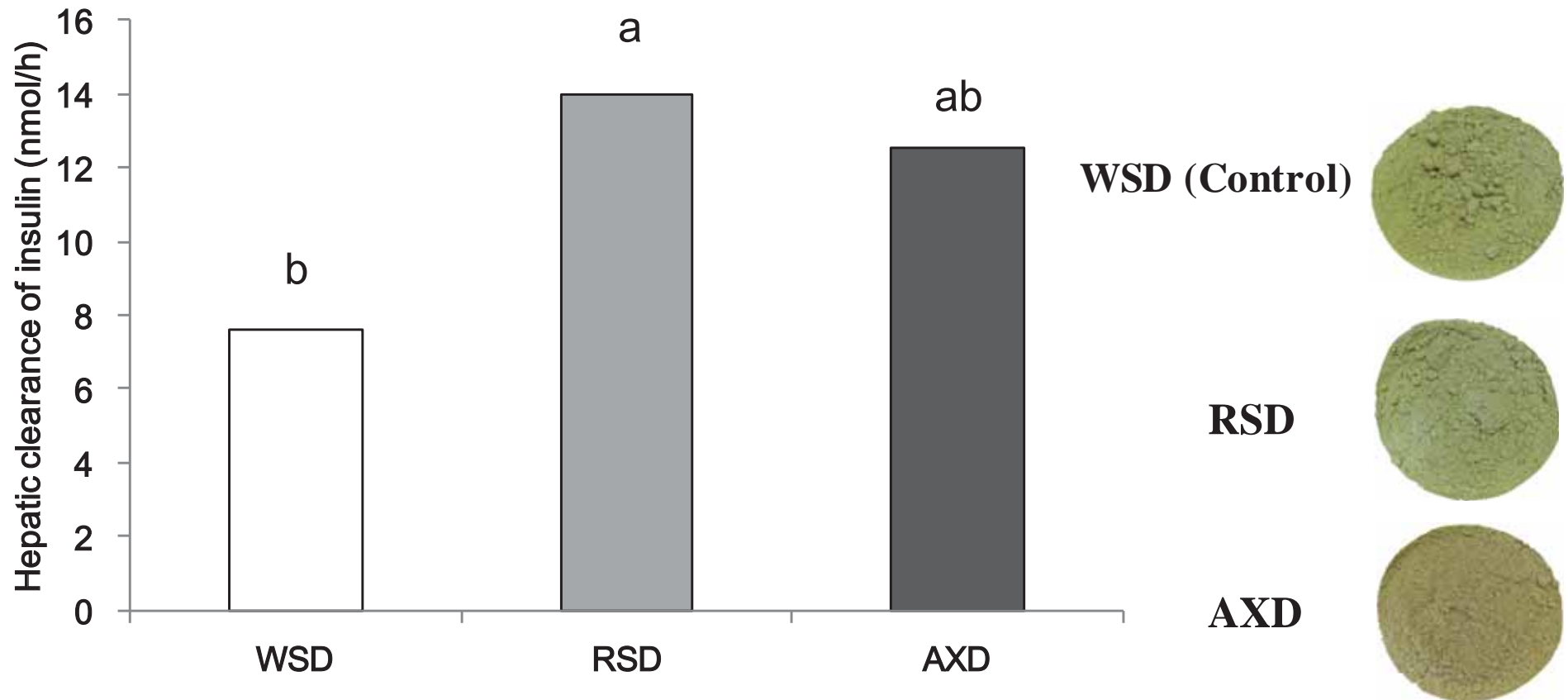
Hepatic uptake of glucose (i.e. removal from blood) Effect of diet (Not significant)



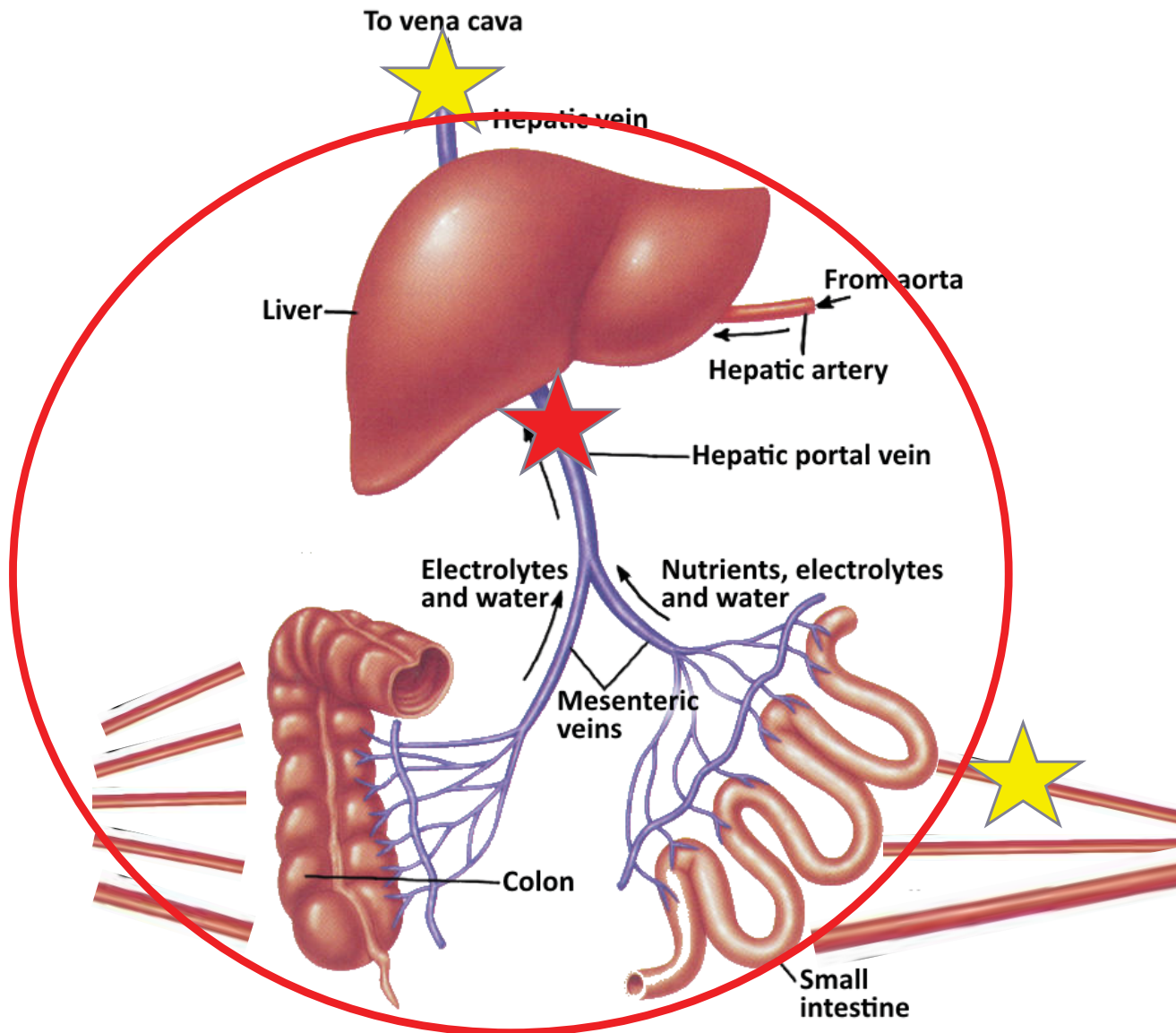
Hepatic uptake of acetate, propionate and butyrate (i.e. removal from blood) Effect of diet ($P < 0.05$)



Hepatic clearance of insulin (removal from blood) Effect of diet ($P = 0.05$)

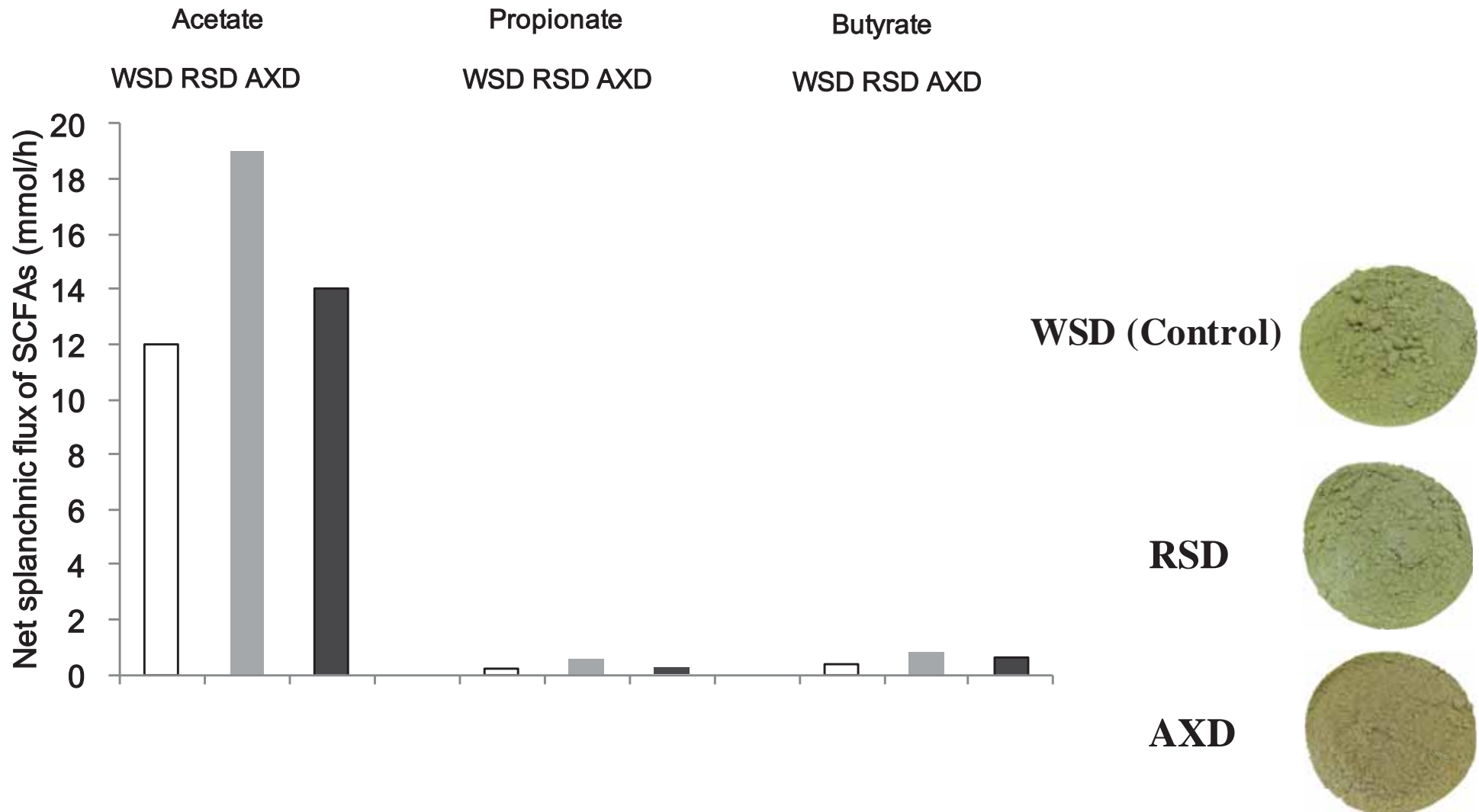


Peripheral release of acetate, propionate and butyrate (exposure to peripheral tissues)



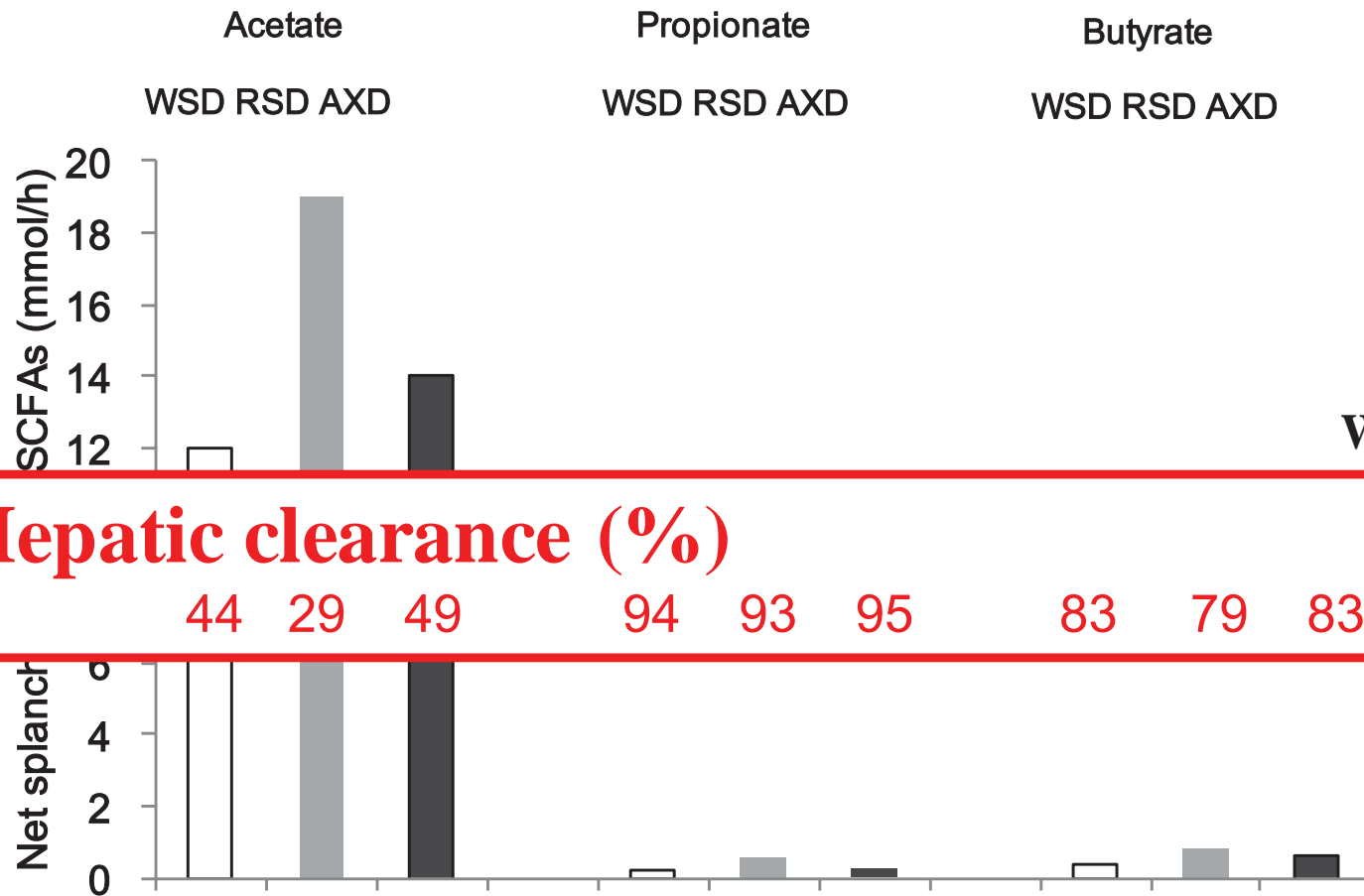
Peripheral release of acetate, propionate and butyrate from gastrointestinal tract and liver

Effect of diet (Not significant)



Peripheral release of acetate, propionate and butyrate from gastrointestinal tract and liver

Effect of diet (Not significant)



WSD (Control)



RSD

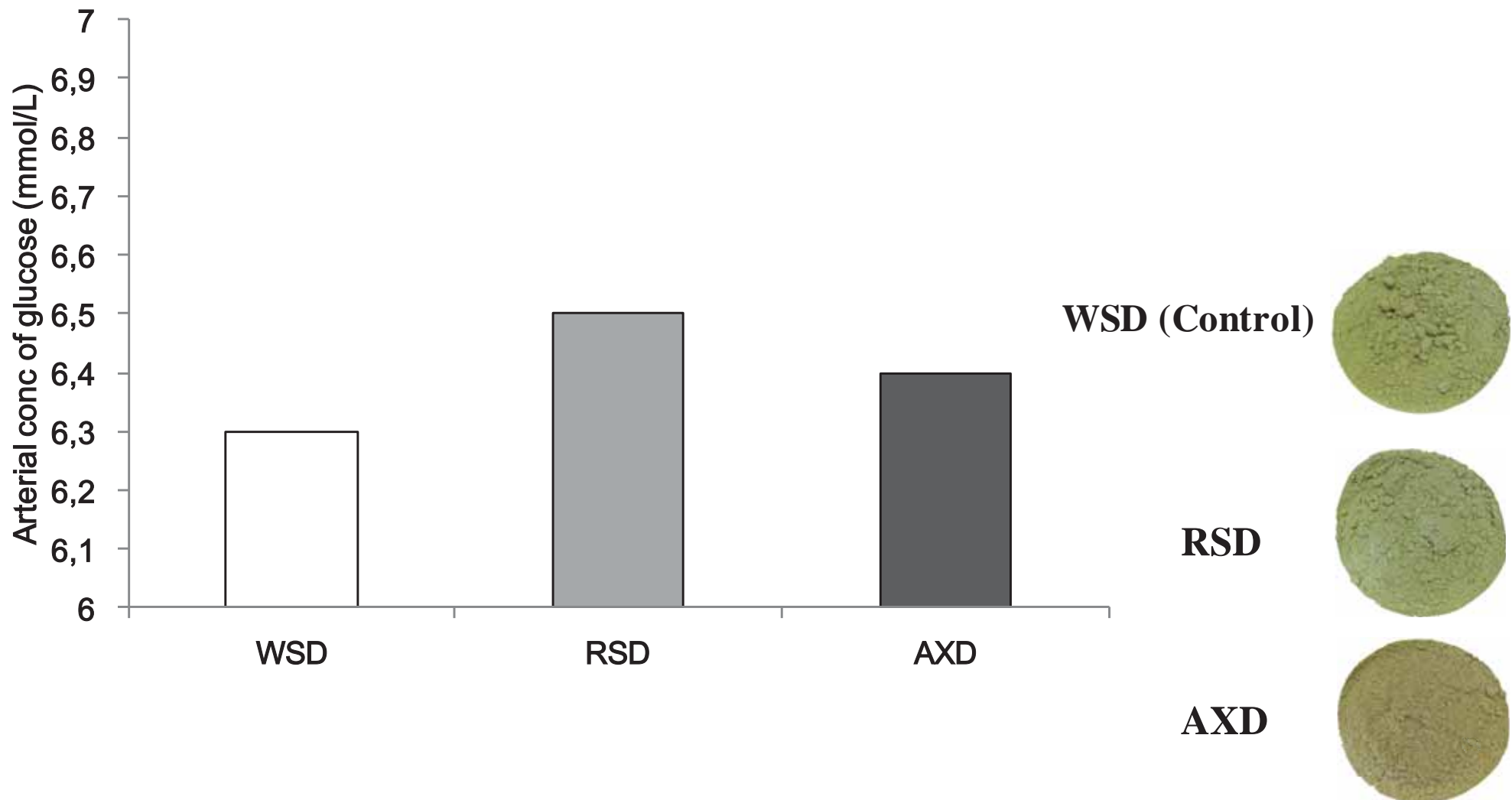


AXD



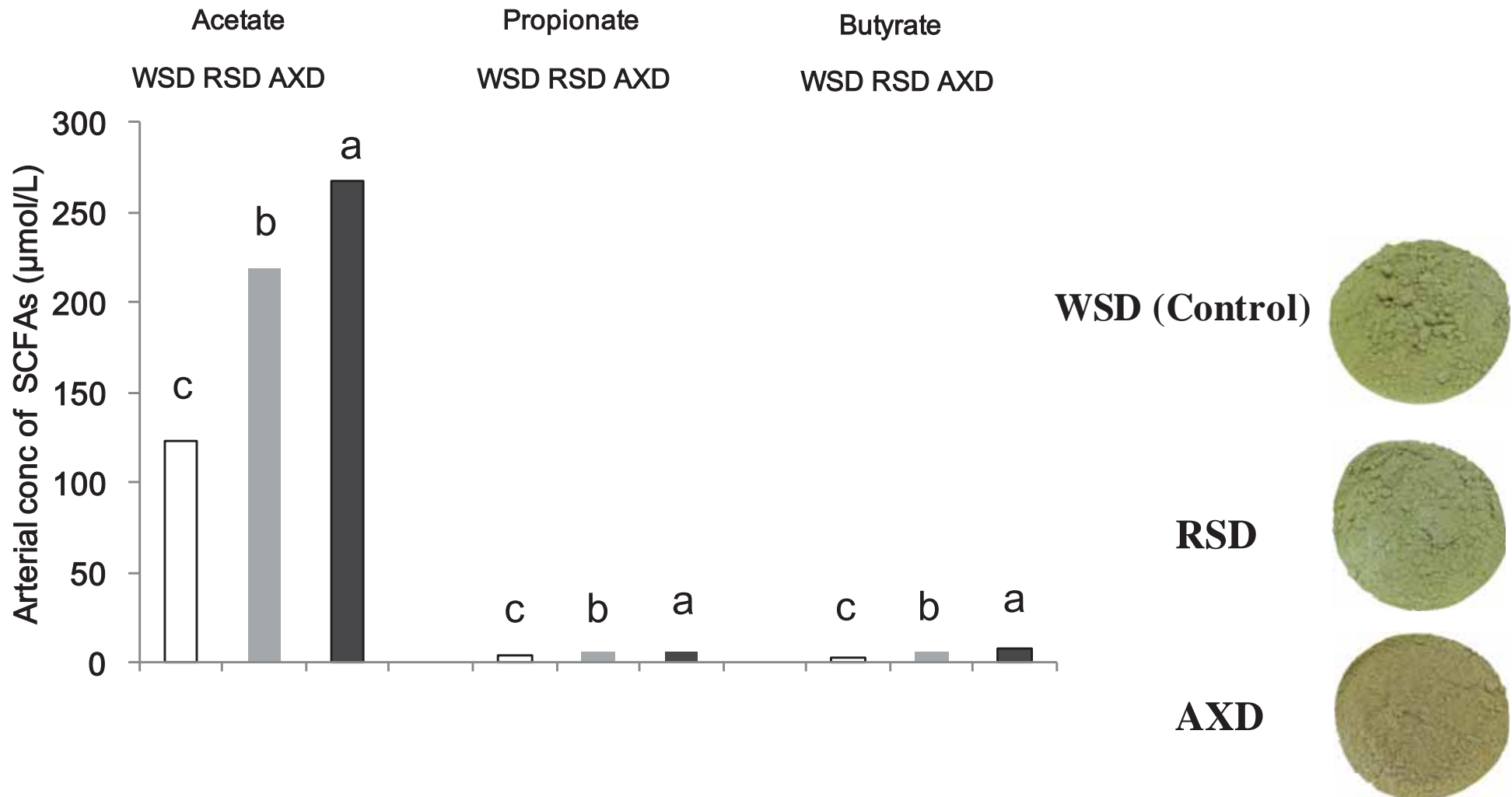
Arterial concentration of glucose

Effect of diet (Not significant)



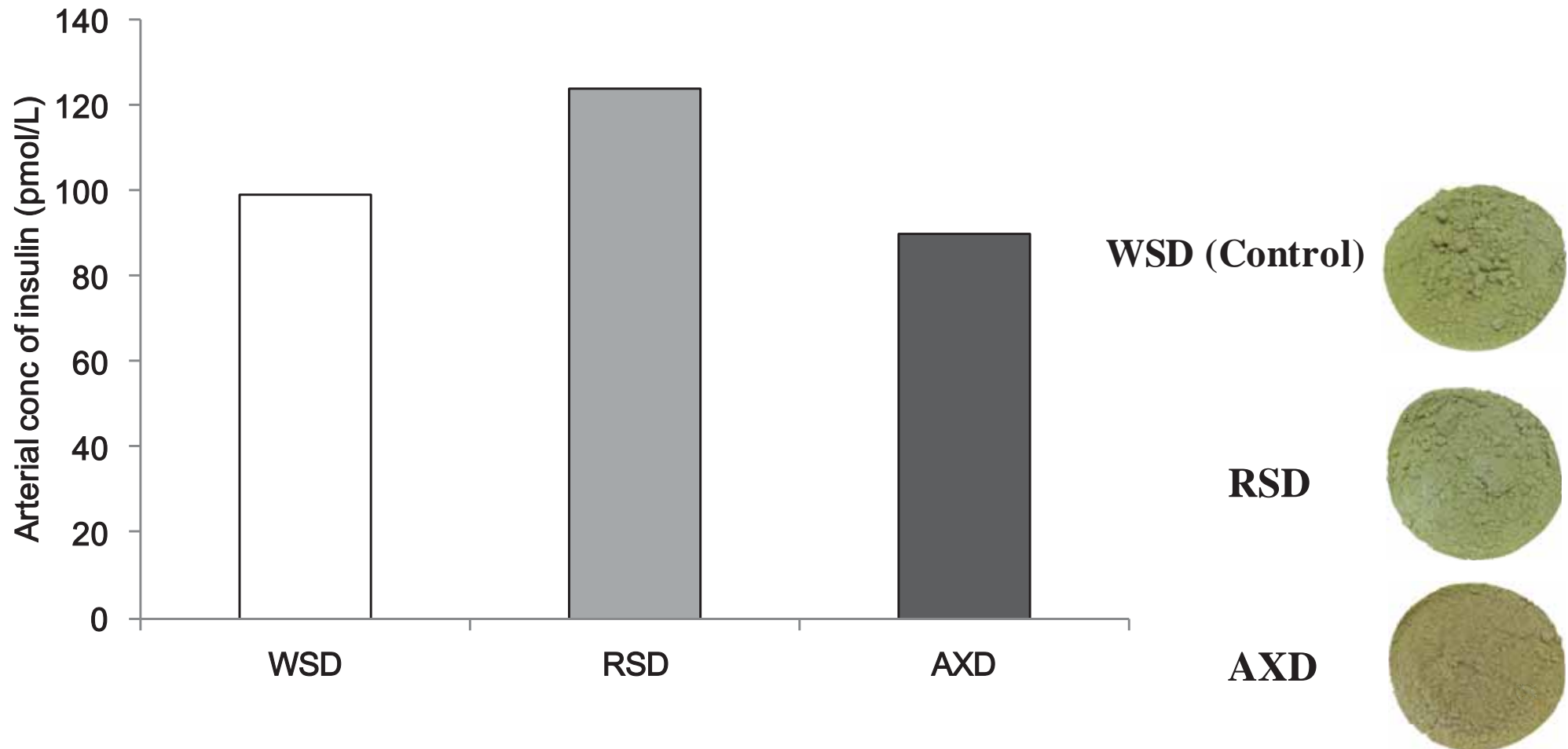
Arterial concentration of SCFAs

Effect of diet ($P < 0.01$)



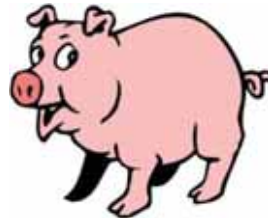
Arterial concentration of insulin

Effect of diet (Not significant)



Experimental design - intact pigs

- › 3 diets
 - › WSD
 - › RSD
 - › AXD



- › 10 pigs per diet
- › 3 weeks experimental period

Week 0
(fasting)

Plasma

Week 1
(fasting)

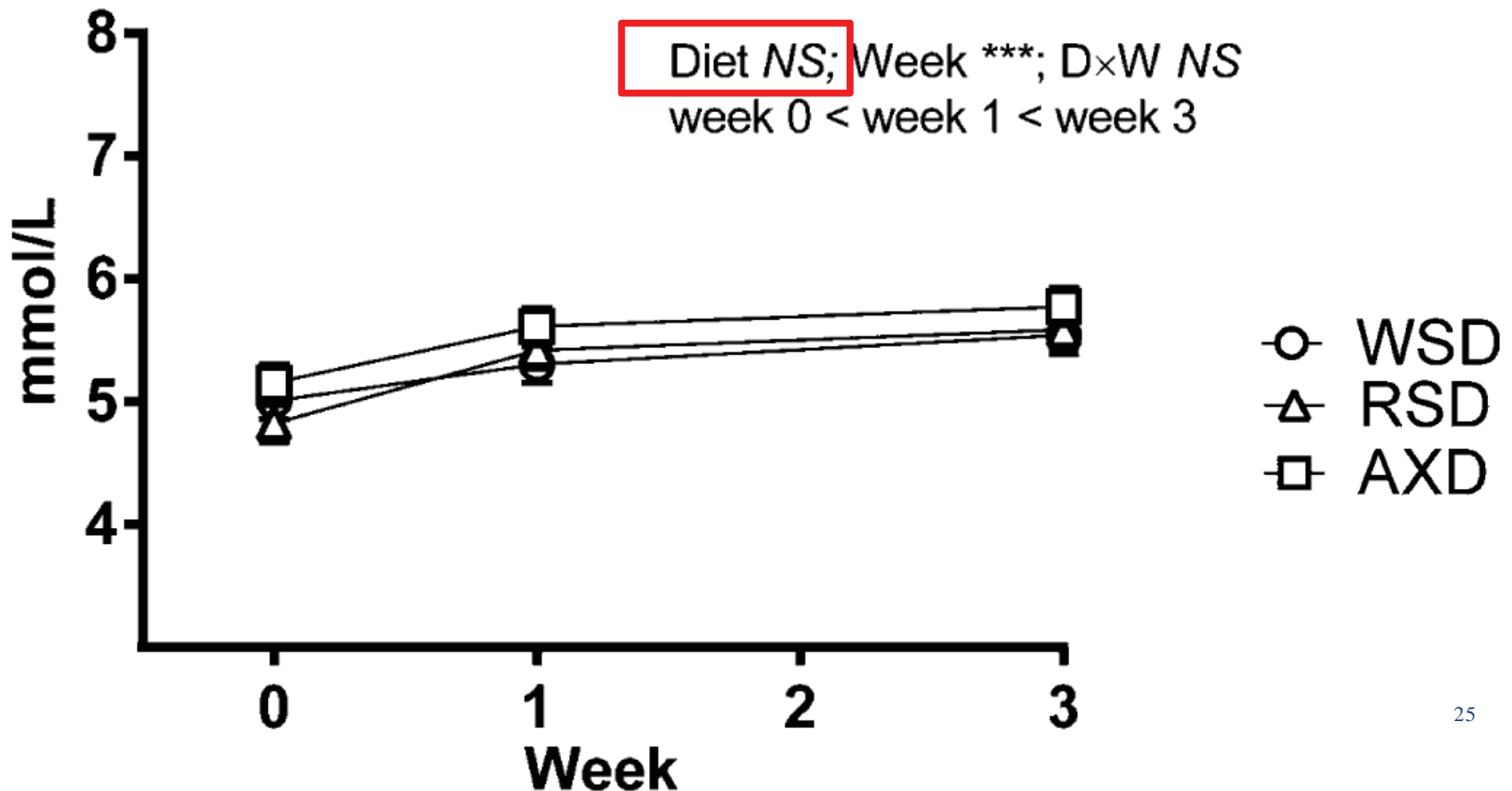
Plasma

Week 3
(fasting)

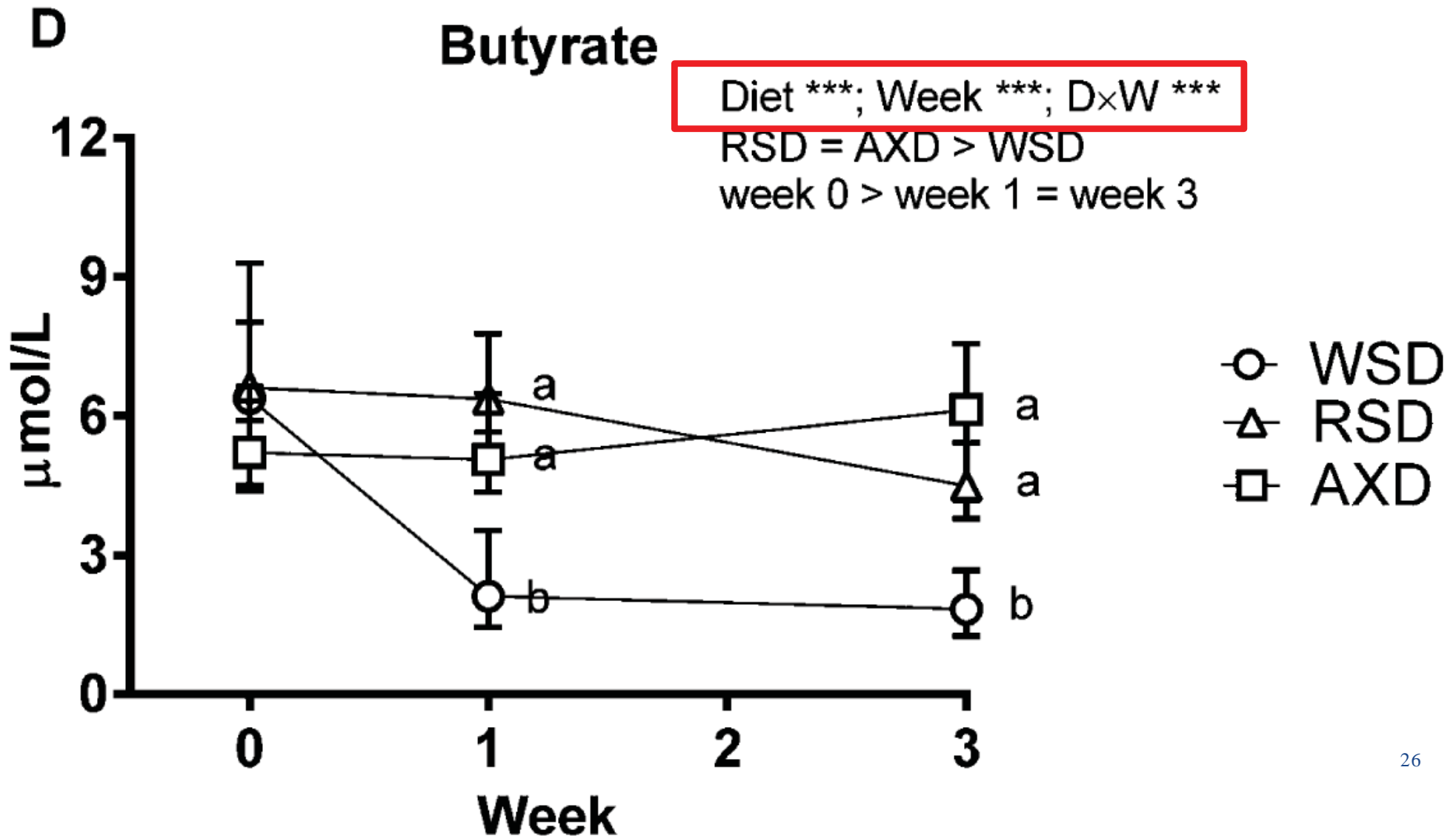
Plasma

Peripheral concentration of glucose after 0, 1, or 3 weeks of intervention

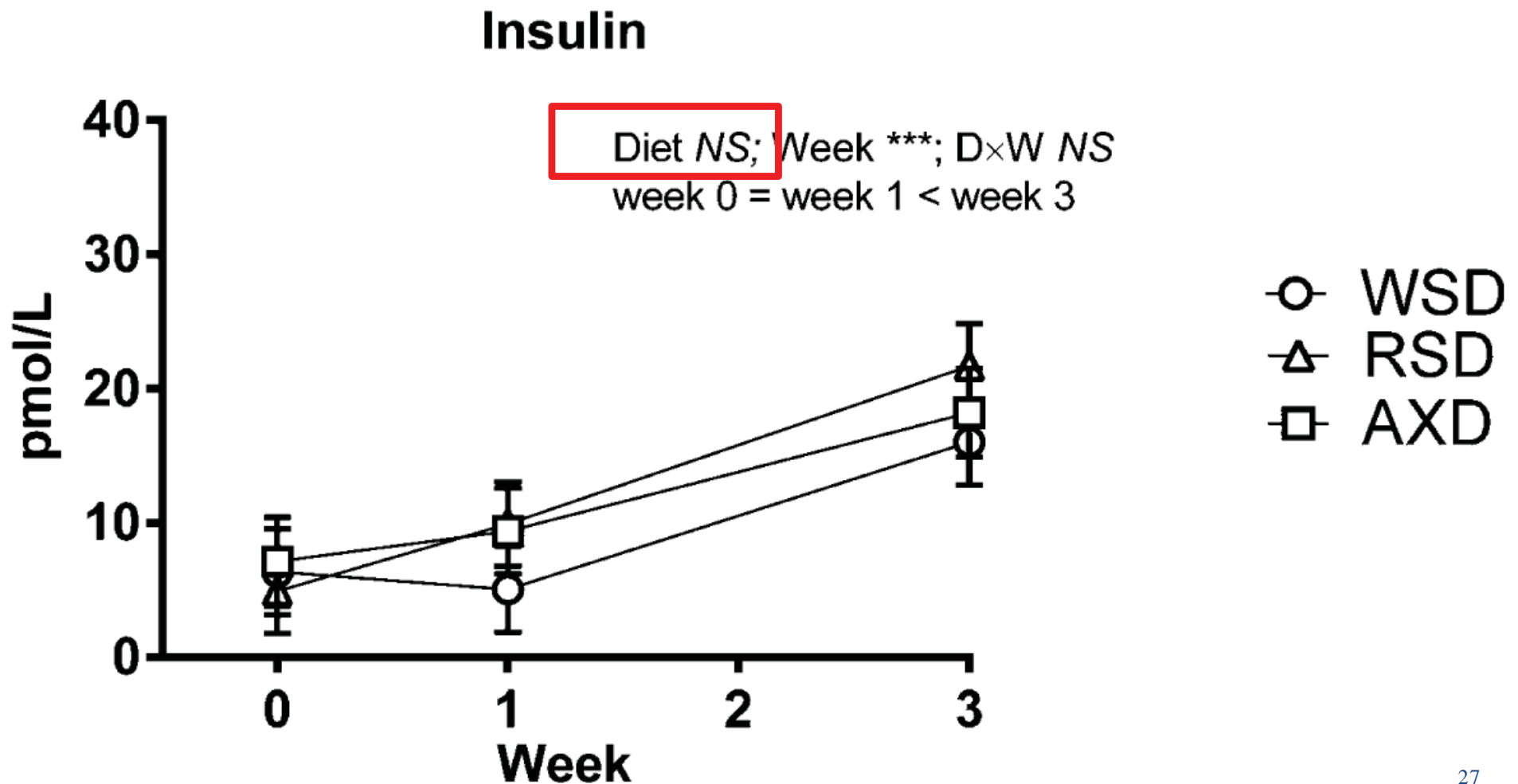
Glucose



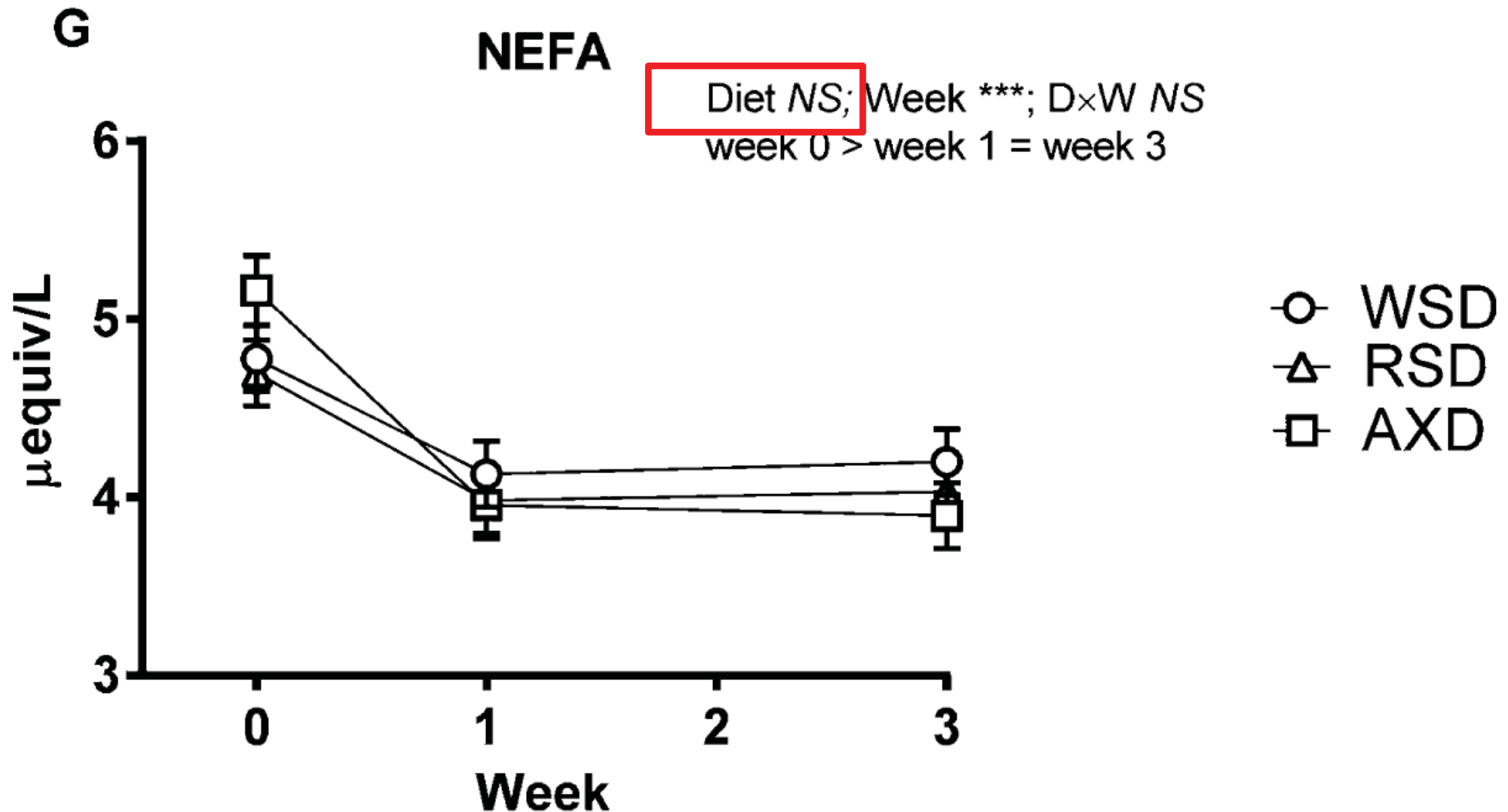
Peripheral concentration of butyrate after 0, 1, or 3 weeks of intervention



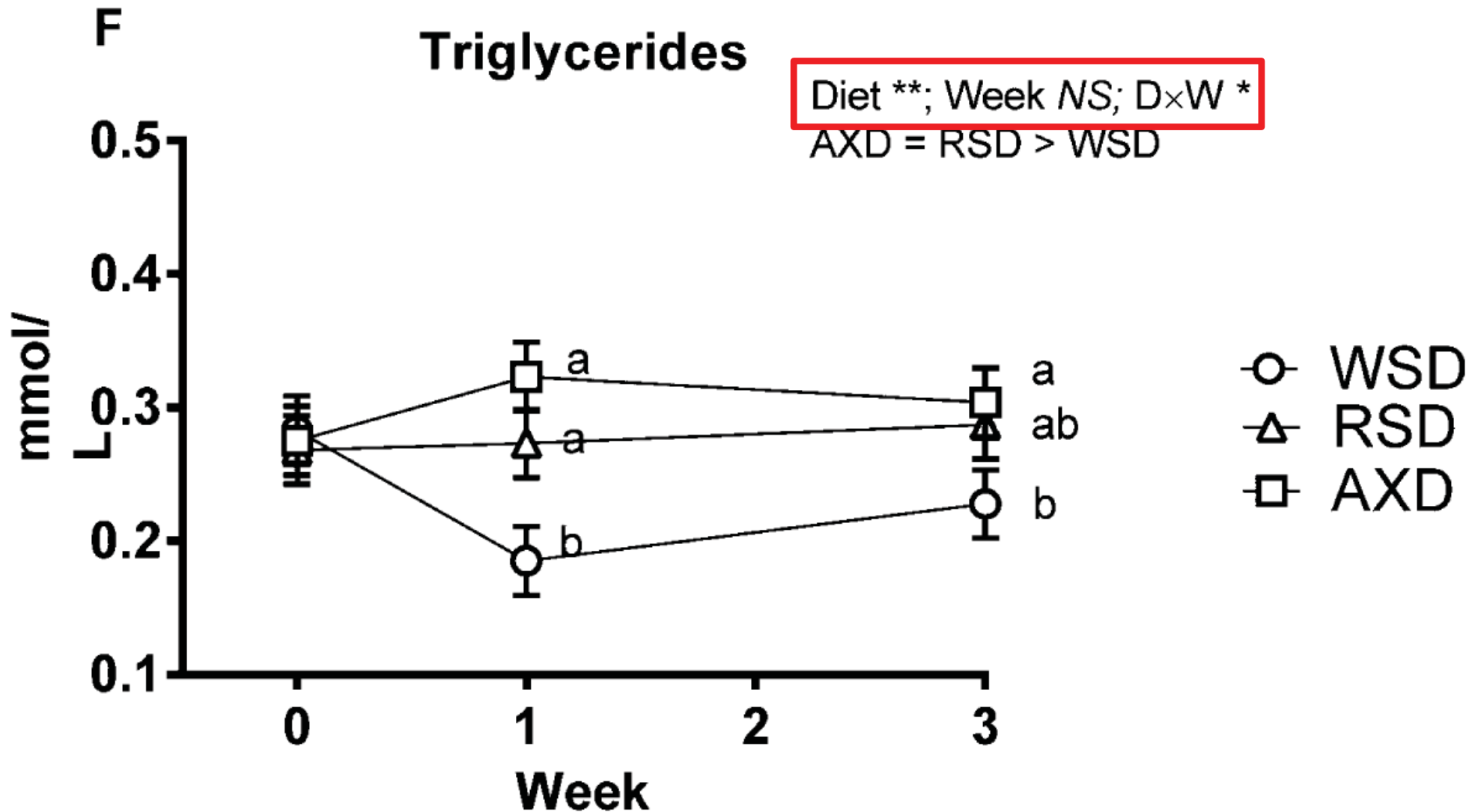
Peripheral concentration of insulin after 0, 1, or 3 weeks of intervention



Peripheral concentration of non-esterified fatty acids (NEFA) after 0, 1, or 3 weeks of intervention



Peripheral concentration of Triglycerides after 0, 1, or 3 weeks of intervention



Conclusions

- › **Dietary fibres increased absorption of short chain fatty acids**
 - › AXD > RSD > WSD

- › **Dietary fibres stimulated butyrate production**
 - › AXD > RSD > WSD

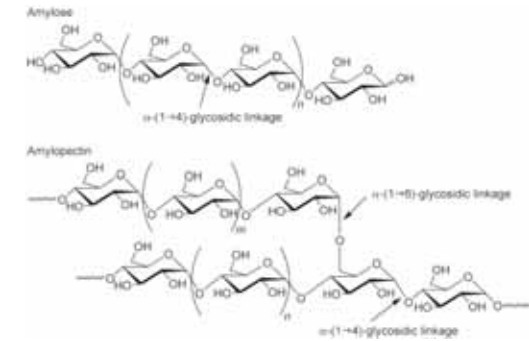
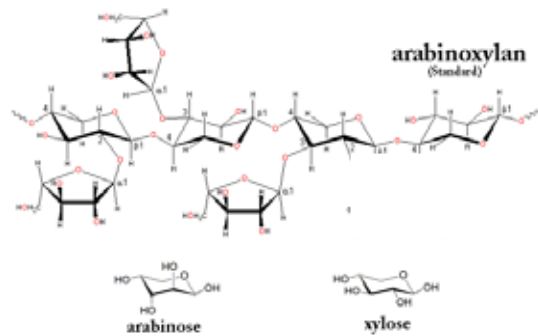
- › **Dietary fibres affected Insulin economy**
 - › AXD tended to reduce apparent insulin secretion
 - › AXD and RSD increased hepatic clearance of insulin
 - › No clear relation between insulin economy and butyrate absorption

- › **Fate of short chain fatty acids**
 - › Liver clearance: Propionate (95%) > Butyrate (80%) > Acetate (29-49%)
 - › Peripheral release: Acetate > Propionate = Butyrate

- › **3-week intervention study with slaughter pigs:**
 - › Plasma SCFAs reflect pattern of SCFA absorption
 - › Plasma insulin increased from week 0 to week 3, no diet effect
 - › Surprisingly, the plasma triglycerides was reduced by the WSD diet!

BEYOND SHORT-CHAIN FATTY ACIDS – WHAT COMPLEX ARABINOXYLAN AND RESISTANT STARCH RICH DIETS ALSO DELIVER TO THE BODY

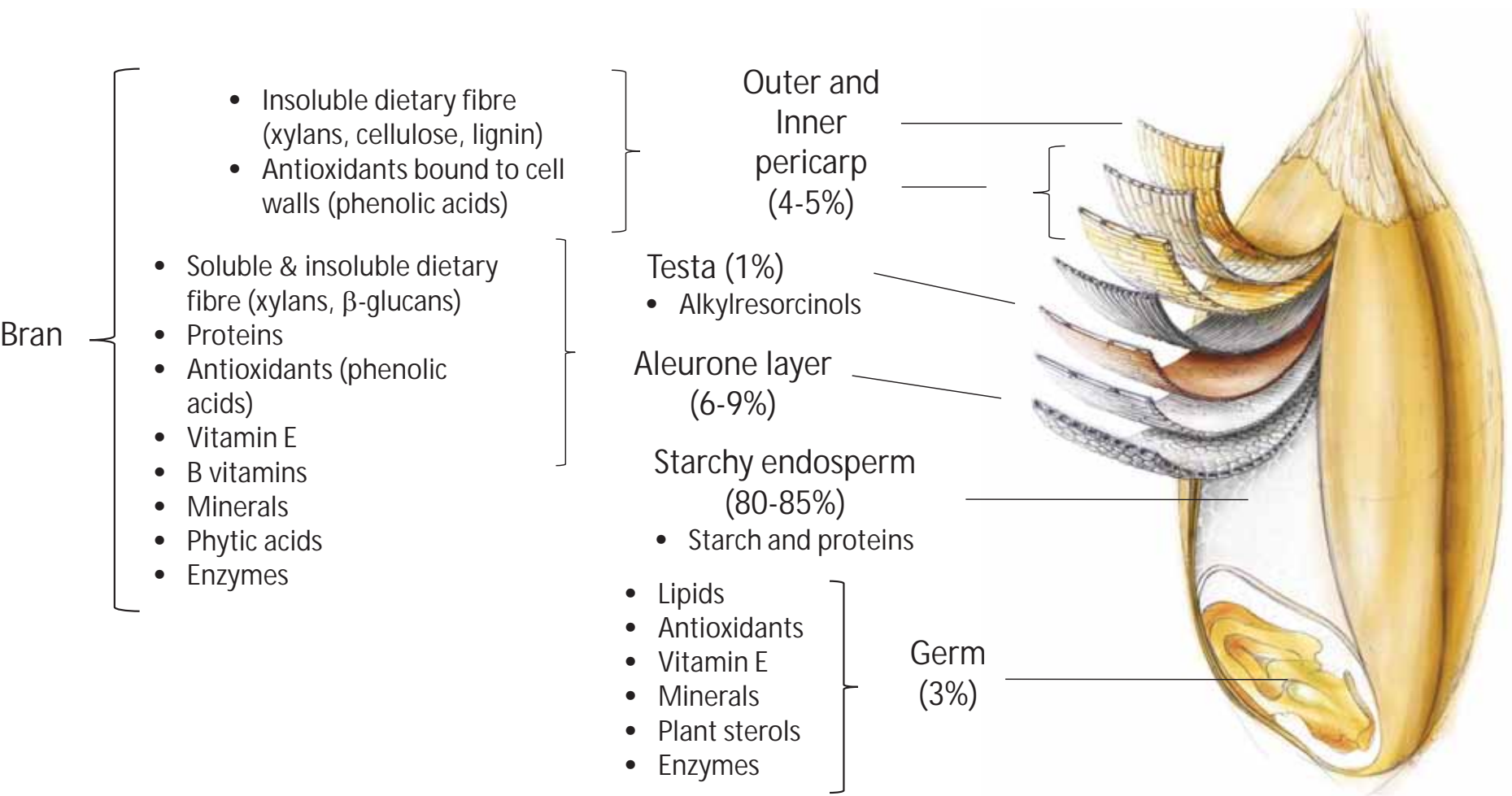
ARABINOXYLAN AND RESISTANT STARCH



Rye and wheat bran (enzymatically hydrolysed)



High amylose maize and raw potato starch

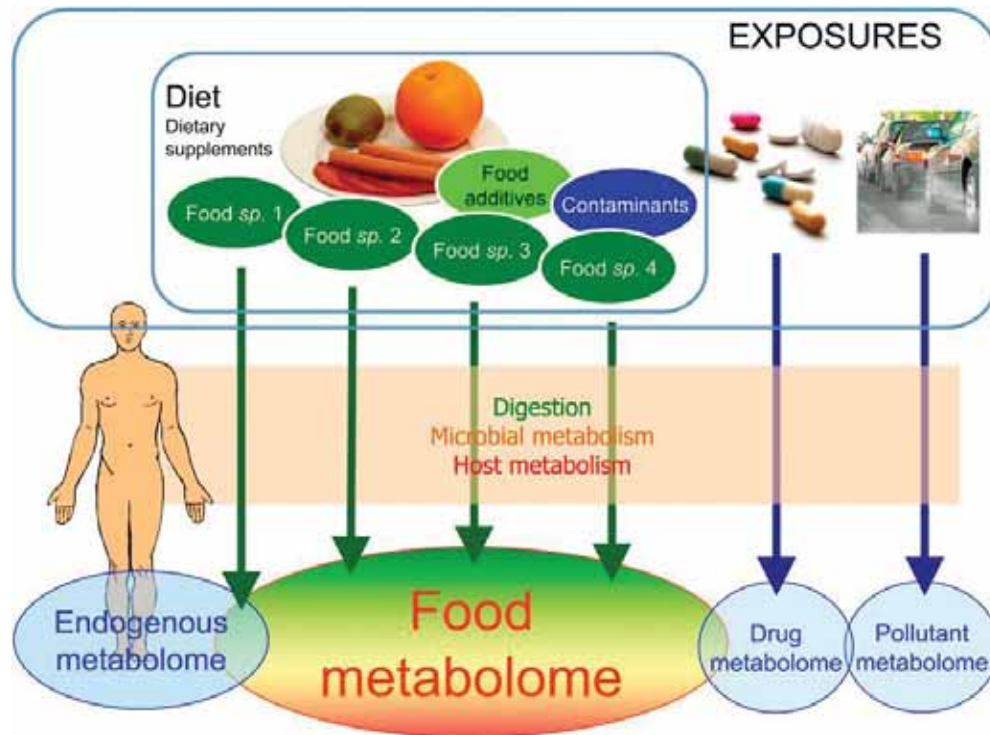


HOW TO MEASURE WHAT'S BEYOND

Characterizing the metabolome – the small molecules associated with metabolism

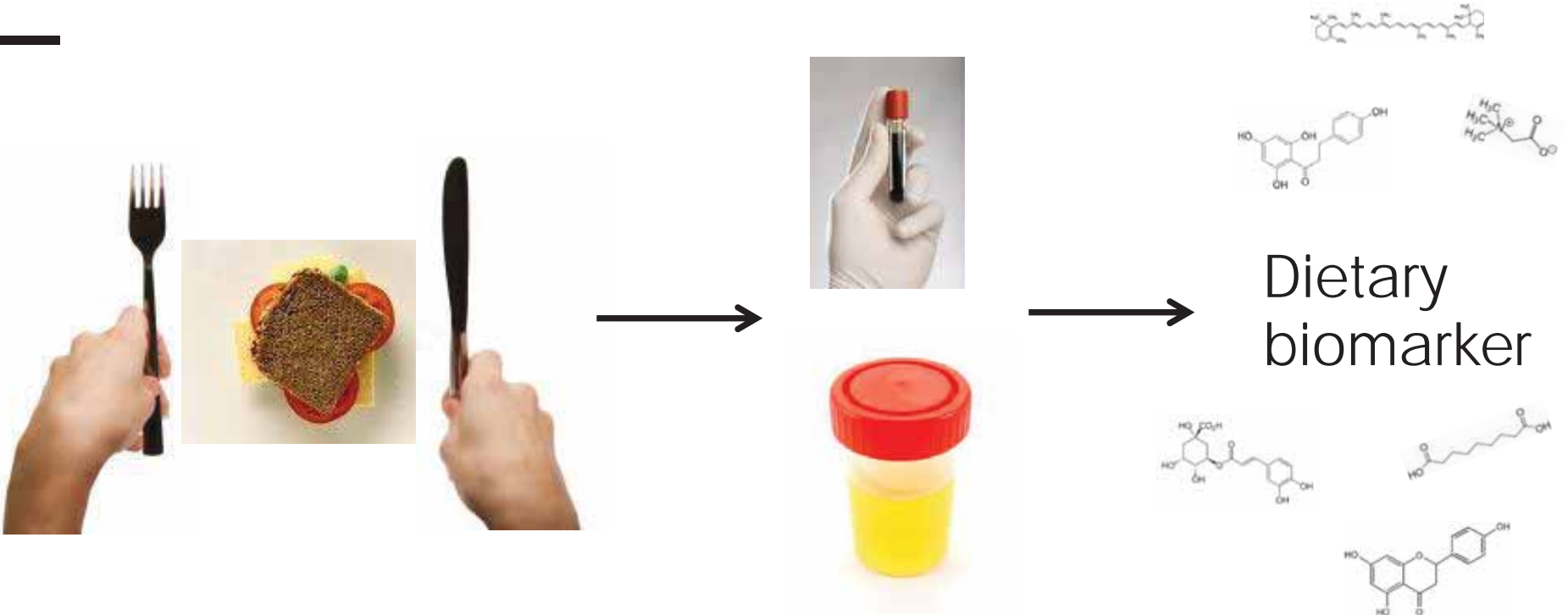
Non-targeted metabolomics – a non-biased technology that allows measurement of hundreds or even thousands metabolites at a time

THE METABOLOME

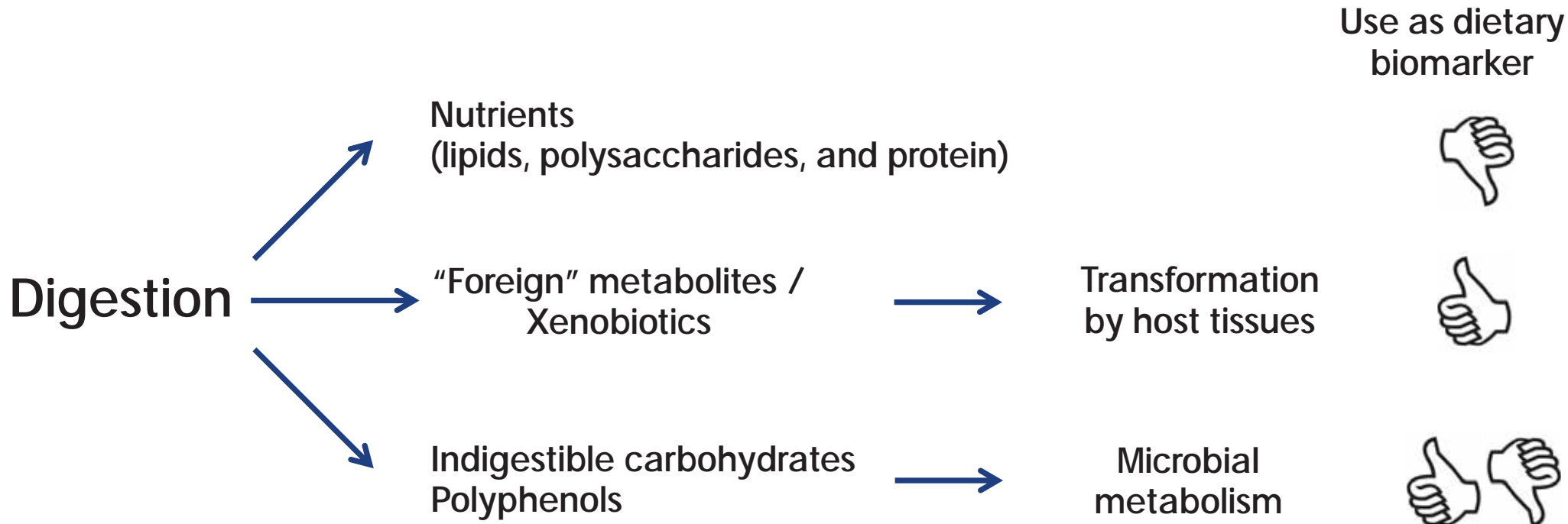


Scalbert et al., Am. J. Clin. Nutr. 2014; 99: 1286-1308

DIETARY BIOMARKERS:



Metabolism of food constituents

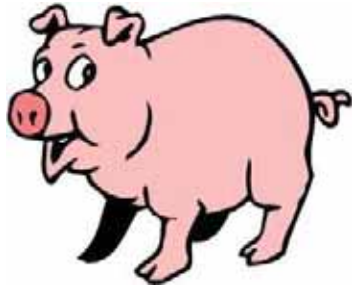


BIOMARKERS USED AS SURROGATE INDICATORS OF CONSUMPTION OF FOOD AND FOOD GROUPS

Food category	Biomarkers
Fruit and vegetables	Polyphenols, carotenoids, vitamin C
Whole-grain cereals	Alkylresorcinols
Soy	Isoflavones
Meat	Amino acids, fatty acids
Dairy products and fish	Fatty acids
Tea and wine	Polyphenols

STUDIES IN BUTCOINS WHERE THE METABOLOME WAS INVESTIGATED

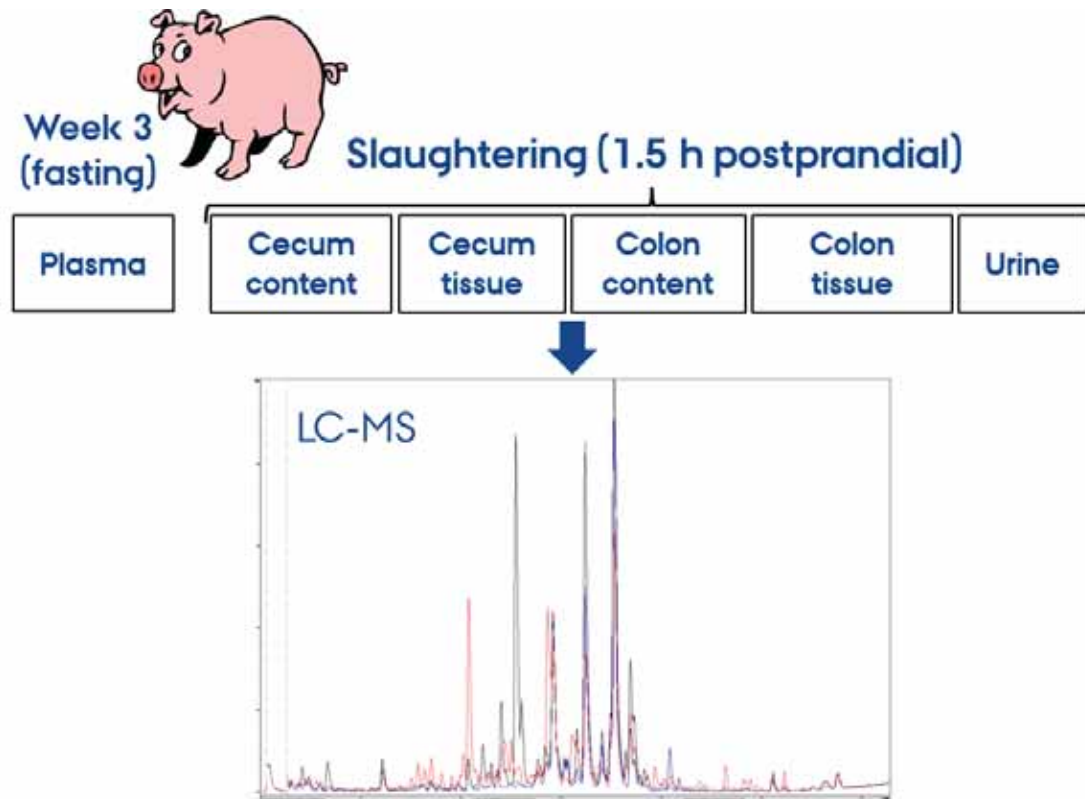
Healthy, lean pigs fed diets with high content of arabinoxylan and resistant starch



Zucker Diabetic Fatty rats (ZDF rats) fed diets based on starch or resistant starch



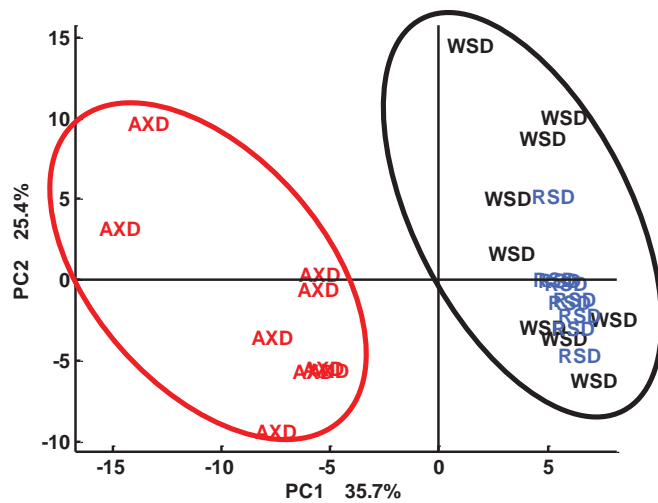
METABOLITES OF DIETARY ORIGIN WHEN FEEDING HEALTHY PIGS ARABINOXYLAN AND RESISTANT STARCH RICH DIETS



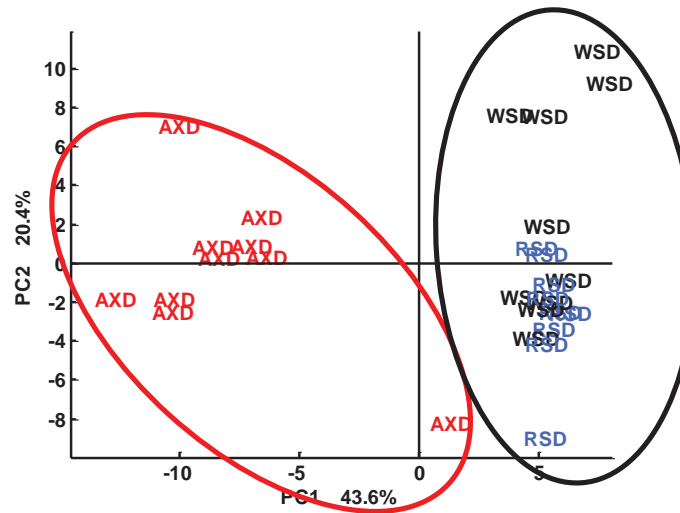
Ingerslev et al., J. Proteome Res.
2015; 14: 3095-3110

SEPARATION IN GASTROINTESTINAL CONTENTS AND URINE (PCA)

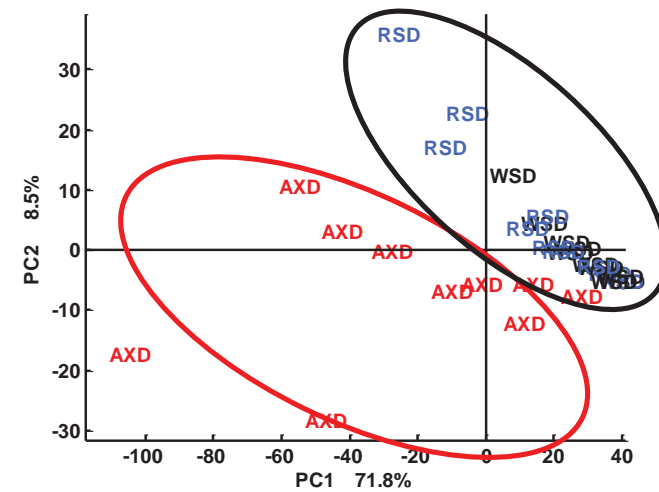
Cecum content



Colon content



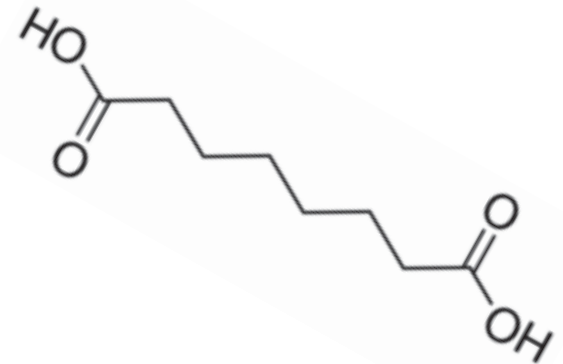
Urine



METABOLITES IN DIGESTA CAUSING SEPARATION BETWEEN DIETS

Suberic acid }
Azelaic acid } Dicarboxylic acids increased after consumption of AXD
Sebacic acid }

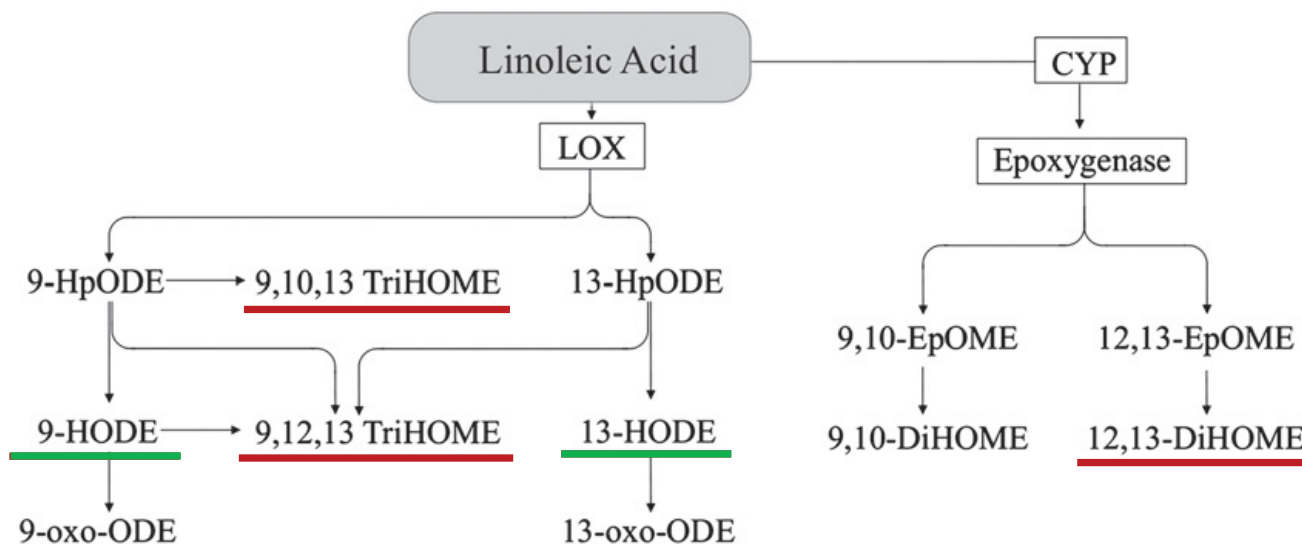
- Azelaic acid is naturally occurring in wheat and rye
- Oleic acid is a precursor for dicarboxylic acids
- Dicarboxylic acids are suggested as marker for feeding of medium-chain triglycerides*



*Brass et al., Am. J. Clin. Nutr.
1990; 52: 923-6

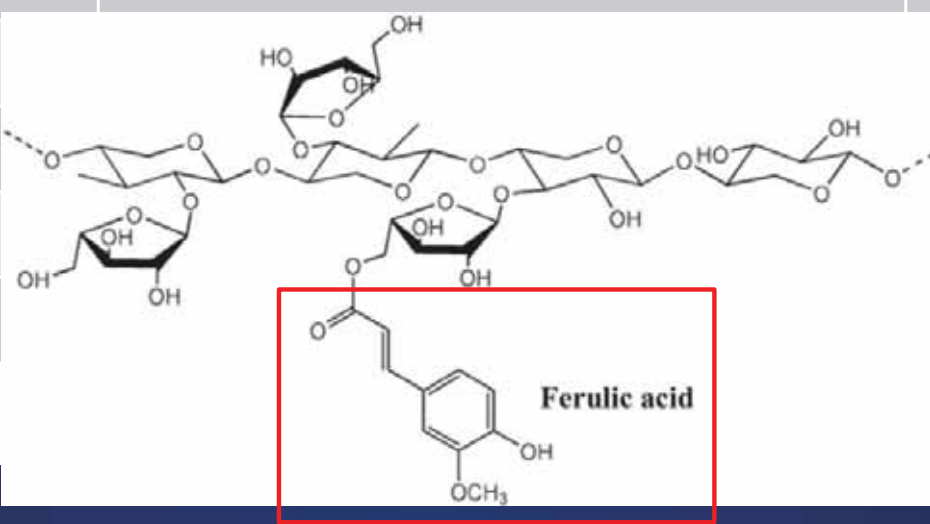
OXYLIPINS IN DIGESTA

The main metabolites causing the separation between diets where oxylipins of the linoleic acid cascade



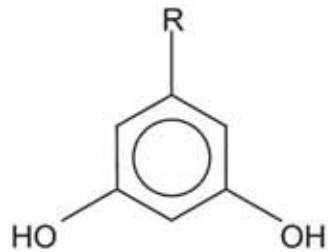
Gabbs et al., Adv. Nutr. 2015; 6: 6513-40

METABOLITES IN URINE CAUSING SEPARATION BETWEEN DIETS (AXD VS. WSD)

Metabolite	Pathway	Fold change
Hippuric acid	Phenolic acid metabolism	8.3
p-Cresol sulfate		3.5
4-Pyridoxic acid		3.5
n-feruloylglycine		42.3
DHPPA glucuronide		34.1

METABOLITES IN URINE CAUSING SEPARATION BETWEEN DIETS (AXD VS WSD)

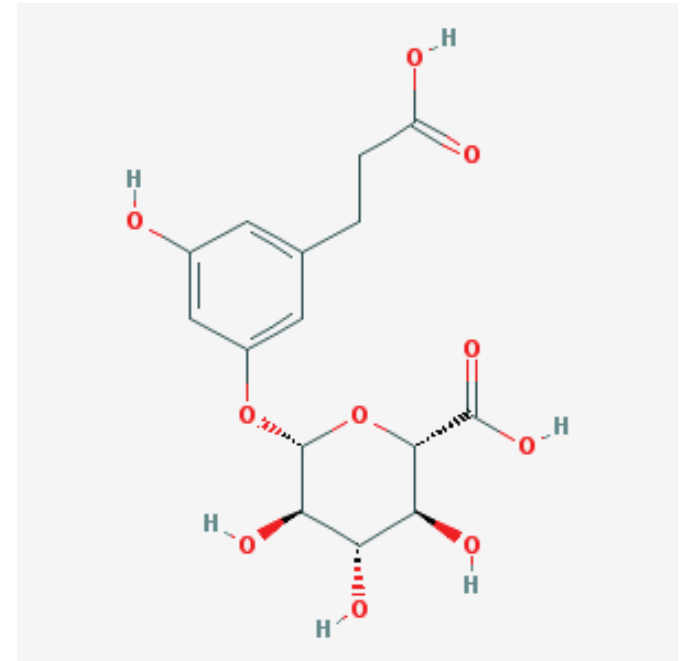
Metabolite	Pathway	Fold change
Hippuric acid	Phenolic acid metabolism	8.3
p-Cresol sulfate	Microbial fermentation	3.5
4-Pyridoxic acid	Vitamin B6 metabolism	3.5
n-feruloylglycine	Phenolic acid metabolism	42.3
DHPPA glucuronide	Alkylresorcinol metabolism	34.1



Metabolism,
glucuronidation and
excretion in urine



Alkylresorcinol	Abbreviation used	R	Molecular weight (g/mol)
5-n-Heptadecylresorcinol	(C17:0)	C ₁₇ H ₃₅	348
5-n-Nonadecylresorcinol	(C19:0)	C ₁₉ H ₃₉	376
5-n-Heneicosylresorcinol	(C21:0)	C ₂₁ H ₄₃	404
5-n-Tricosylresorcinol	(C23:0)	C ₂₃ H ₄₇	432
5-n-Pentacosylresorcinol	(C25:0)	C ₂₅ H ₅₁	460



3-(3,5-Dihydroxyphenyl)-1-Propanoic acid glucuronide

Bran

- Insoluble dietary fibre (xylans, cellulose, lignin)
- Antioxidants bound to cell walls (phenolic acids)
- Soluble & insoluble dietary fibre (xylans, β -glucans)
- Proteins
- Antioxidants (phenolic acids)
- Vitamin E
- B vitamins
- Minerals
- Phytic acids
- Enzymes

Outer and Inner pericarp (4-5%)

Testa (1%)

- Alkylresorcinols

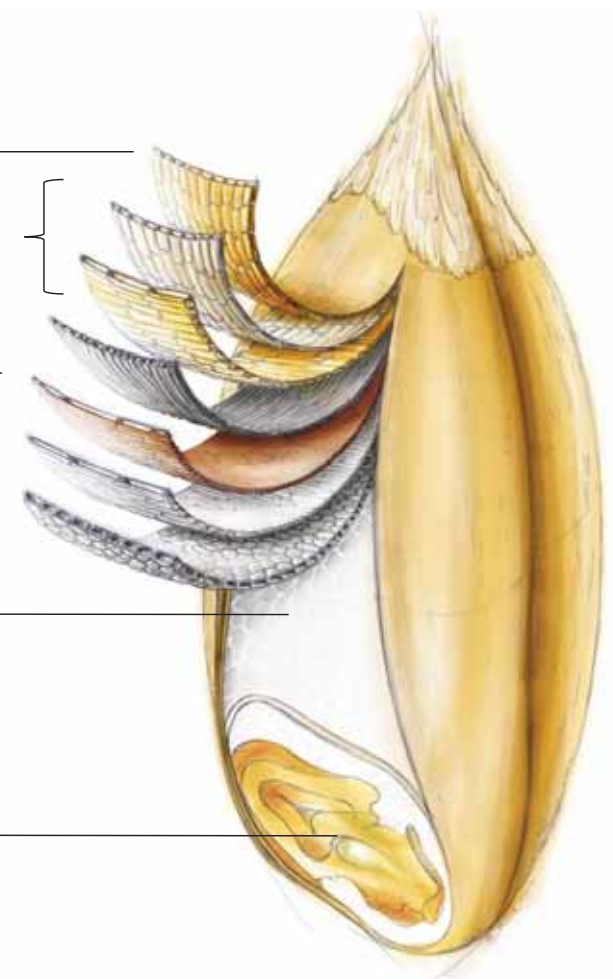
Aleurone layer (6-9%)

Starchy endosperm (80-85%)

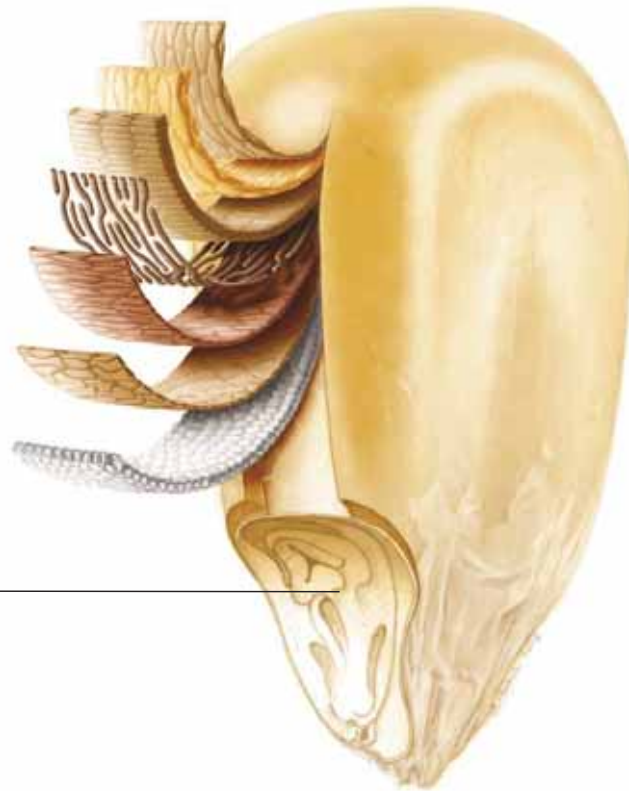
- Starch and proteins

Germ (3%)

- Lipids
- Antioxidants
- Vitamin E
- Minerals
- Plant sterols
- Enzymes



RESISTANT STARCH FROM CORN AND POTATO



Starchy endosperm
(80-85%)

- Starch and proteins



Whole Grain Consumption Increases Gastrointestinal Content of Sulfate-Conjugated Oxylipins in Pigs – A Multicompartmental Metabolomics Study

Anne Krog Ingerslev,^{*,†} Ibrahim Karaman,[‡] Murat Bağcıoğlu,[§] Achim Kohler,^{§,||} Peter Kappel Theil,[†] Knud Erik Bach Knudsen,[†] and Mette Skou Hedemann^{*,†}

DOI: 10.1021/acs.jproteome.5b00039
J. Proteome Res. 2015, 14, 3095–3110

CONCLUSION: WHAT'S BEYOND SHORT-CHAIN FATTY ACIDS?

Arabinoxylans:

- ▶ Specific markers for intake of whole-grain - alkylresorcinols and phenolic acids
- ▶ Oxylipins - importance in relation to whole-grain intake
- ▶ Changed metabolism - phenolic acids and vitamins
- ▶ Other changes to metabolism not evident - healthy, lean pigs

AU AARHUS
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**Human subjects with the metabolic syndrome –
why the target group for studying gut and metabolic health?**

Søren Gregersen, MD, PhD
Department of Endocrinology and Internal Medicine
Aarhus University Hospital

After the ButColns party



Reflection



2013



2016

Objective and aims

- The **overall objective** is to improve colonic health, peripheral insulin sensitivity and glucose homeostasis by increased colonic butyrate production brought about by pre-, pro- and synbiotic concepts
- **Specific aims:**
 - **Quantify** the implication of pre- and probiotics on colonic butyrate production
 - **Develop** novel synbiotic concepts for improved butyrate production
 - **Document** the impact of enhanced butyrate production on colonic health parameters
 - **Document** the impact of increased butyrate production on insulin sensitivity and glucose homeostasis

Study design considerations

What exactly do we aim to study (outcome) ?

- and in what population –

**Healthy
Pre-disease
Diseased**

± disposition for disease

Gender, age etc.

**Compliance – impact of medication
Lifestyle**

Extrapolation

many more.....

Based on our aim we choosed to study subjects who were

”metabolically challenged”



Metabolic syndrome

Reaven 1988 –

A condition consisting of metabolic risk factors for type 2 diabetes and cardiovascular disease

Abdominal obesity



→ **insulin resistance** (reduced glucose uptake and fat oxidation)

→ increased insulin levels and elevated glucose
cytokines
endothelial dysfunction / inflammation
elevated blood pressure
dyslipidemia



CARDIOVASCULAR DISEASE

Metabolic syndrome

”Cluster” of important cardiovascular risk factors

Prevalence: approx. 20-25 % of the adult population has metabolic syndrome

The metabolic syndrome is a strong predictor for type 2 diabetes

Subjects with the metabolic syndrome have a
5 x increased risk of type 2 diabetes
2-3x increased risk of CVD

The number of individual elements potentiates the risk for cardiovascular disease

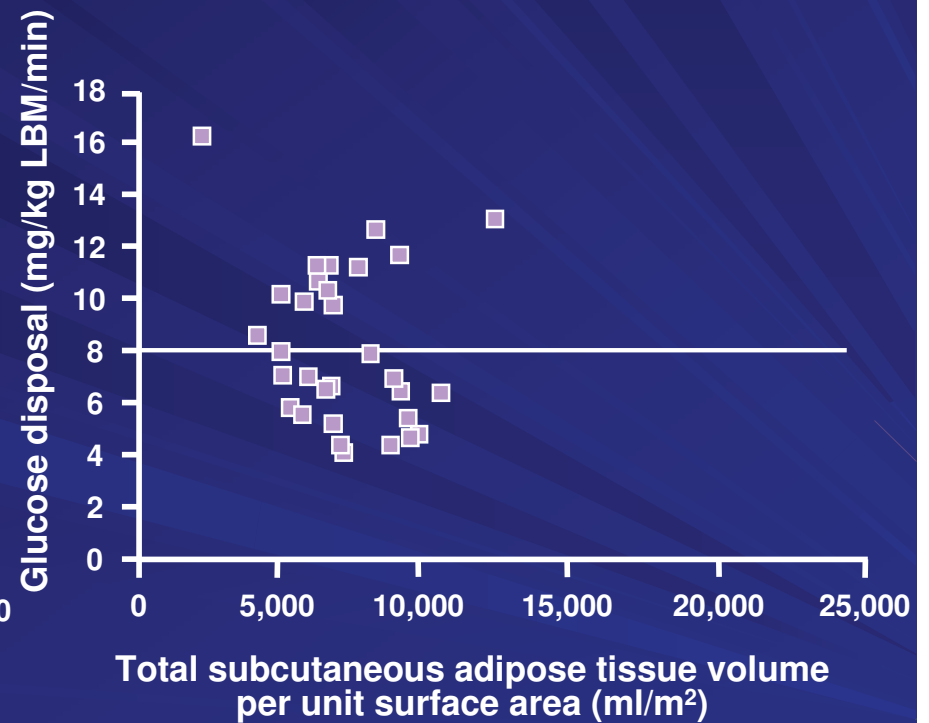
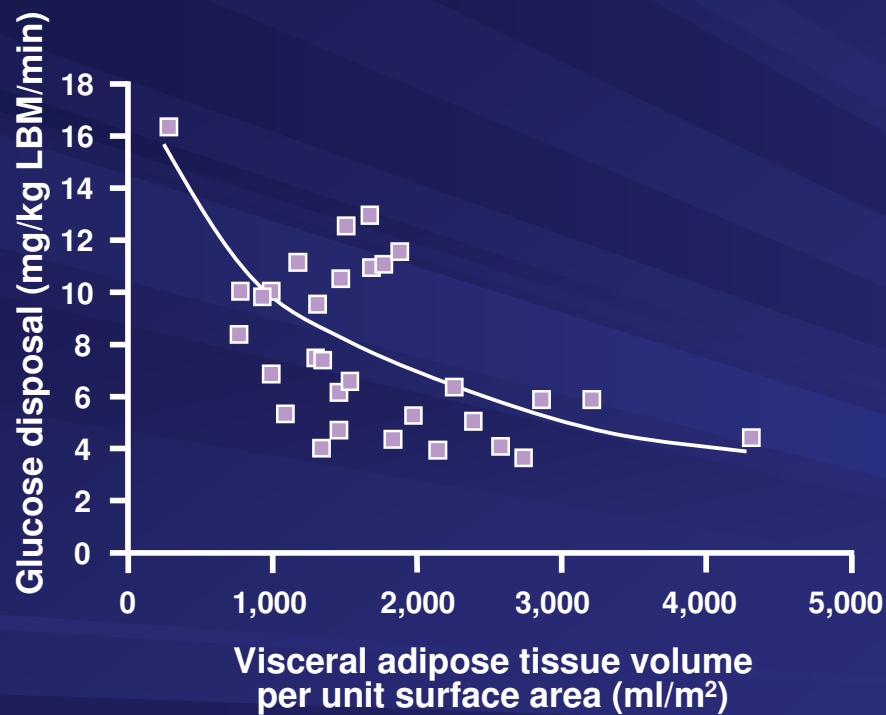
Causal elements : obesity and insulin resistance



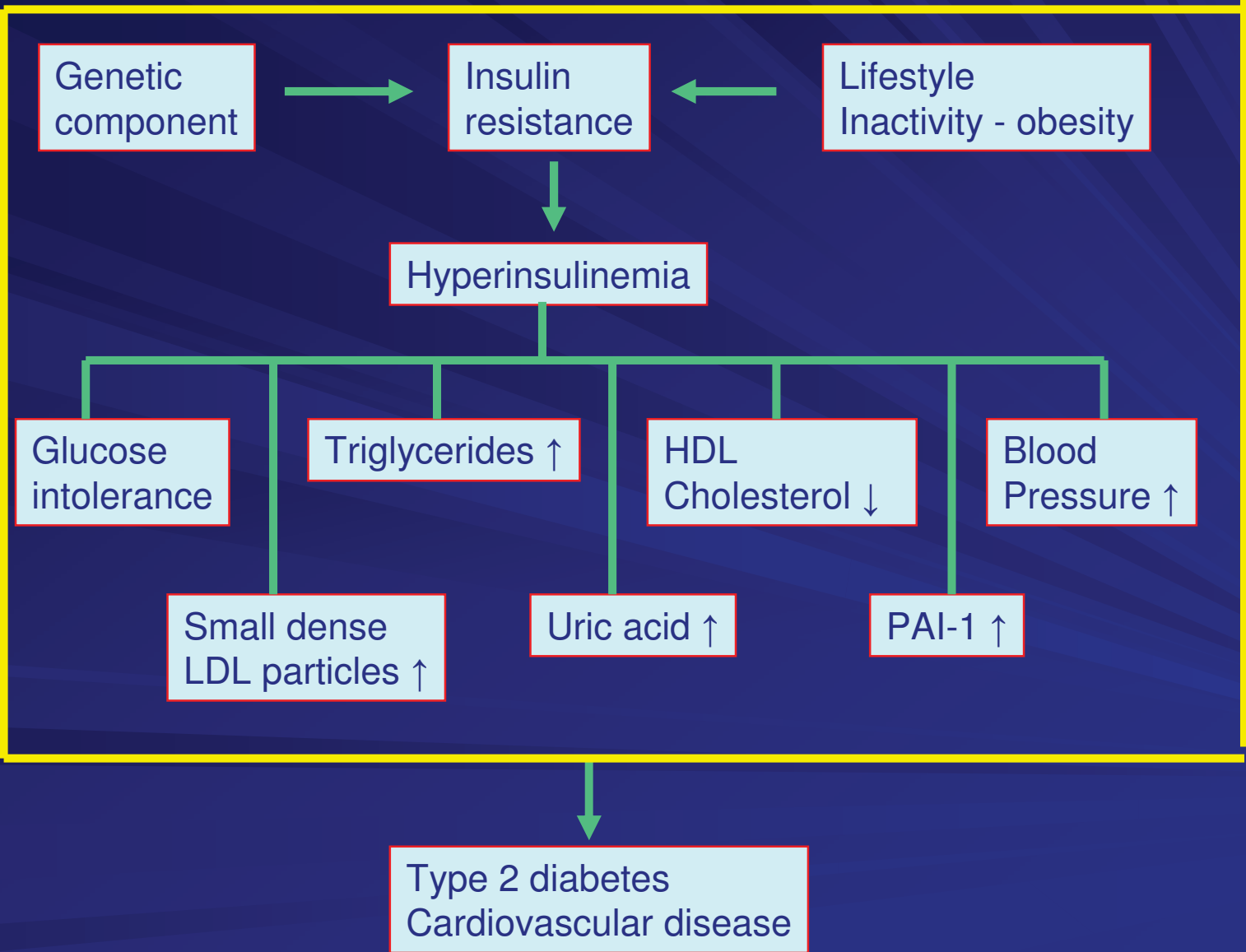
Table 2 | The association of VAT with metabolic risk factors in the FHS⁹

Risk factors	Women		Men		Sex interaction (P)
	Effect size or odds ratio	P	Effect size or odds ratio	P	
<i>Continuous risk factors*</i>					
Systolic blood pressure [‡]	4.8±0.4	<0.0001	3.3±0.4	<0.0001	<0.0001
Diastolic blood pressure [‡]	2.6±0.3	<0.0001	2.6±0.2	<0.0001	0.01
Fasting plasma glucose [§]	4.8±0.4	<0.0001	3.1±0.5	<0.0001	<0.0001
Log[triglycerides]	0.23±0.01	<0.0001	0.22±0.01	<0.0001	0.0002
HDL cholesterol	-5.9±0.4	<0.0001	-4.5±0.7	<0.0001	<0.0001
<i>Dichotomous risk factors[¶]</i>					
Hypertension	2.1 (1.8–2.4)	<0.0001	1.9 (1.6–2.1)	<0.0001	0.01
Impaired fasting glucose	2.5 (2.1–2.9)	<0.0001	1.8 (1.6–2.0)	<0.0001	<0.0001
T2DM	2.1 (1.6–2.6)	<0.0001	1.6 (1.3–2.0)	<0.0001	0.03
Metabolic syndrome	4.7 (3.9–5.7)	<0.0001	4.2 (3.5–5.0)	<0.0001	0.002

Abdominal fat = insulin resistance



Metabolic syndrome



Metabolic syndrome

Associated to

Fatty liver (non-alcoholic fatty liver disease)

Cirrhosis – hepatocellular carcinoma

Chronic kidney disease

Polycystic ovary syndrome (PCOS)

Sleep apnoea

Gout

Dementia – cognitive impairment

Cancer, e.g. colo-rectal

..... and more.....



Metabolic syndrome



Several definitions of the metabolic syndrome (WHO, EGIR, NCEP ATPIII).

Most clinical studies uses the IDF definition with its central components

Obesity

Insulin resistance

Dyslipidemia

Raised blood pressure

Definition Metabolic syndrome

Table 1: The new International Diabetes Federation (IDF) definition

According to the new IDF definition, for a person to be defined as having the metabolic syndrome they must have:

Central obesity (defined as waist circumference* with ethnicity specific values)

plus any two of the following four factors:

Raised triglycerides	≥ 150 mg/dL (1.7 mmol/L) or specific treatment for this lipid abnormality
Reduced HDL cholesterol	< 40 mg/dL (1.03 mmol/L) in males < 50 mg/dL (1.29 mmol/L) in females or specific treatment for this lipid abnormality
Raised blood pressure	systolic BP ≥ 130 or diastolic BP ≥ 85 mm Hg or treatment of previously diagnosed hypertension
Raised fasting plasma glucose	(FPG) ≥ 100 mg/dL (5.6 mmol/L), or previously diagnosed type 2 diabetes If above 5.6 mmol/L or 100 mg/dL, OGTT is strongly recommended but is not necessary to define presence of the syndrome.

Table 2: Ethnic specific values for waist circumference

Country/Ethnic group	Waist circumference	
Europeids* In the USA, the ATP III values (102 cm male; 88 cm female) are likely to continue to be used for clinical purposes	Male	≥ 94 cm
	Female	≥ 80 cm



Metabolic syndrome

Negative

It is unknown if "metabolic syndrome" confers a higher risk than the risks associated with the individual components of the syndrome

The syndrome does not include the (maybe most important) determinants
i.e. age, family history, physical activity¹

Positive

Identification of the metabolic syndrome in a subject followed by a "management plan" can reduce the risk for type 2 diabetes and cardiovascular disease

Easy risk prediction model identifying subjects at risk

Metabolic syndrome

The concept has opened for numerous studies on the pathogenesis of type 2 diabetes and for preventive measures to reduce the risk of related disorders

It has thus become an important research tool for clinicians

Metabolic syndrome

Table 3: Additional metabolic measurements for research

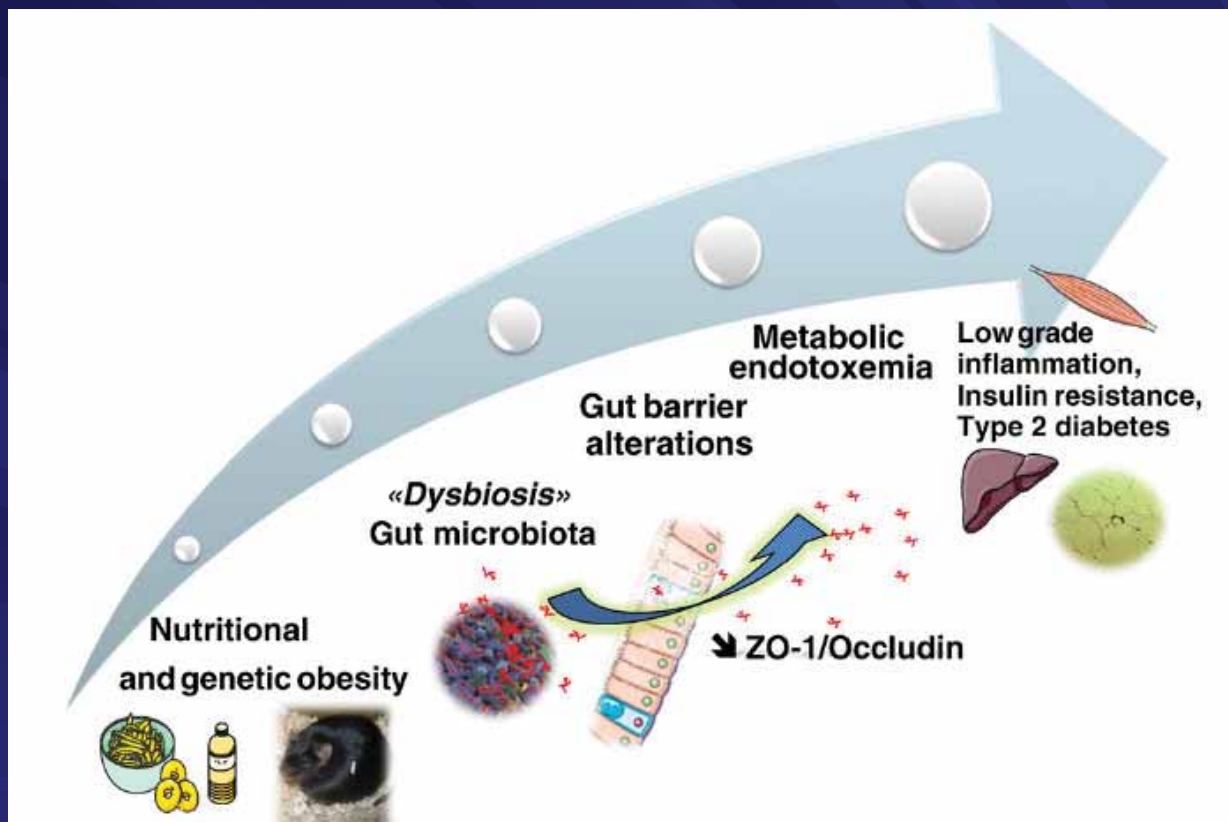
Abnormal body fat distribution	General body fat distribution (DEXA) Central fat distribution (CT/MRI) Adipose tissue biomarkers: leptin, adiponectin Liver fat content (MRS)
Atherogenic dyslipidaemia (beyond elevated triglyceride and low HDL)	ApoB (or non-HDL-c) Small LDL particles
Dysglycaemia	OGTT
Insulin resistance (other than elevated fasting glucose)	Fasting insulin/proinsulin levels HOMA-IR Insulin resistance by Bergman Minimal Model Elevated free fatty acids (fasting and during OGTT) M value from clamp
Vascular dysregulation (beyond elevated blood pressure)	Measurement of endothelial dysfunction Microalbuminuria
Proinflammatory state	Elevated high sensitivity C-reactive protein Elevated inflammatory cytokines (eg TNF-alpha, IL-6) Decrease in adiponectin plasma levels
Prothrombotic state	Fibrinolytic factors (PAI-1, etc) Clotting factors (fibrinogen, etc)
Hormonal factors	Pituitary-adrenal axis

Metabolic syndrome

We aimed to see if a combination of dietary fibers in subjects with the metabolic syndrome improves

- key metabolic parameters
- and colon health

Note: Risk markers only
Short intervention period
Metabolic challenge – study population



P.D. Cani, N.M. Delzenne / *Pharmacology & Therapeutics* 130 (2011) 202–212

Thank you



Human subjects with the metabolic syndrome

– Why the target group for studying gut and metabolic health



Gut feelings and number of participants needed?

Jens F. Dahlerup,

Aarhus University Hospital, Department of Hepatology and Gastroenterology

Metabolic syndrome

abdominal fat + 2 risk factors (type 2 diabetes and cardiovascular disease)

Waist circumference

≥ 94 cm (men)

≥ 80 cm (women)

- *Plus any two of the following:*

Triglyceride concentration

≥ 1.17 mmol/L

High density lipoprotein cholesterol

< 1.0 mmol/L (men)

< 1.3 mmol/L (women)

Blood pressure

Systolic > 130 mmHg and / or

Diastolic > 85 mmHg

Fasting plasma glucose

> 5.6 mmol/L



Gut barrier – structure and function

Physical barrier

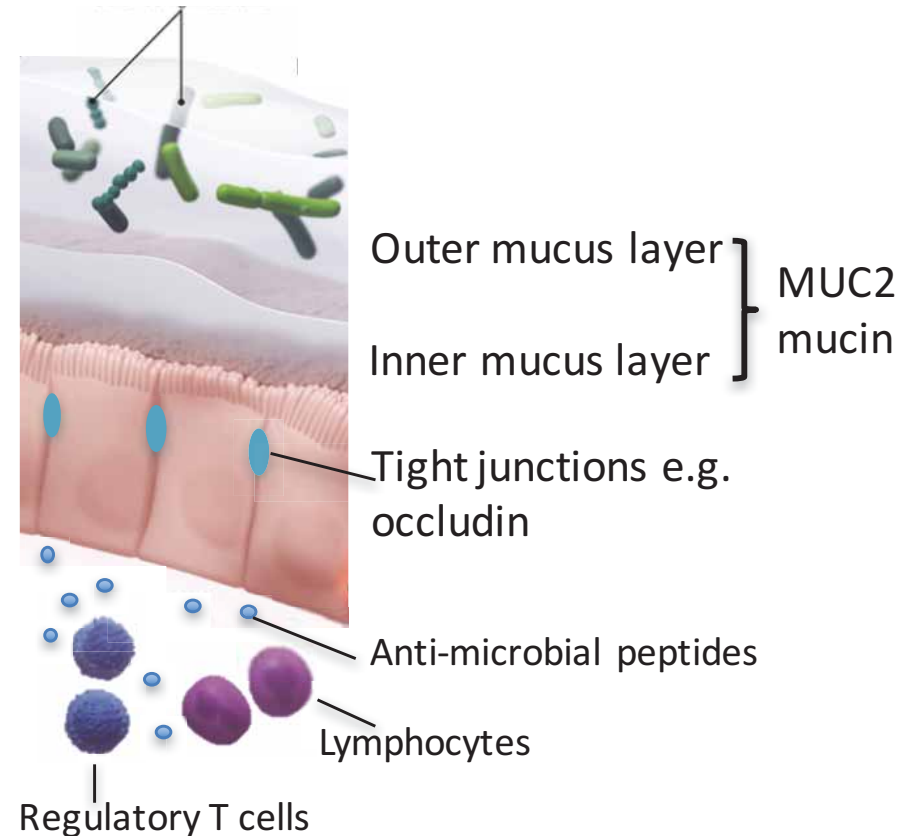
- Prevents bacterial adhesion
- Regulates paracellular diffusion



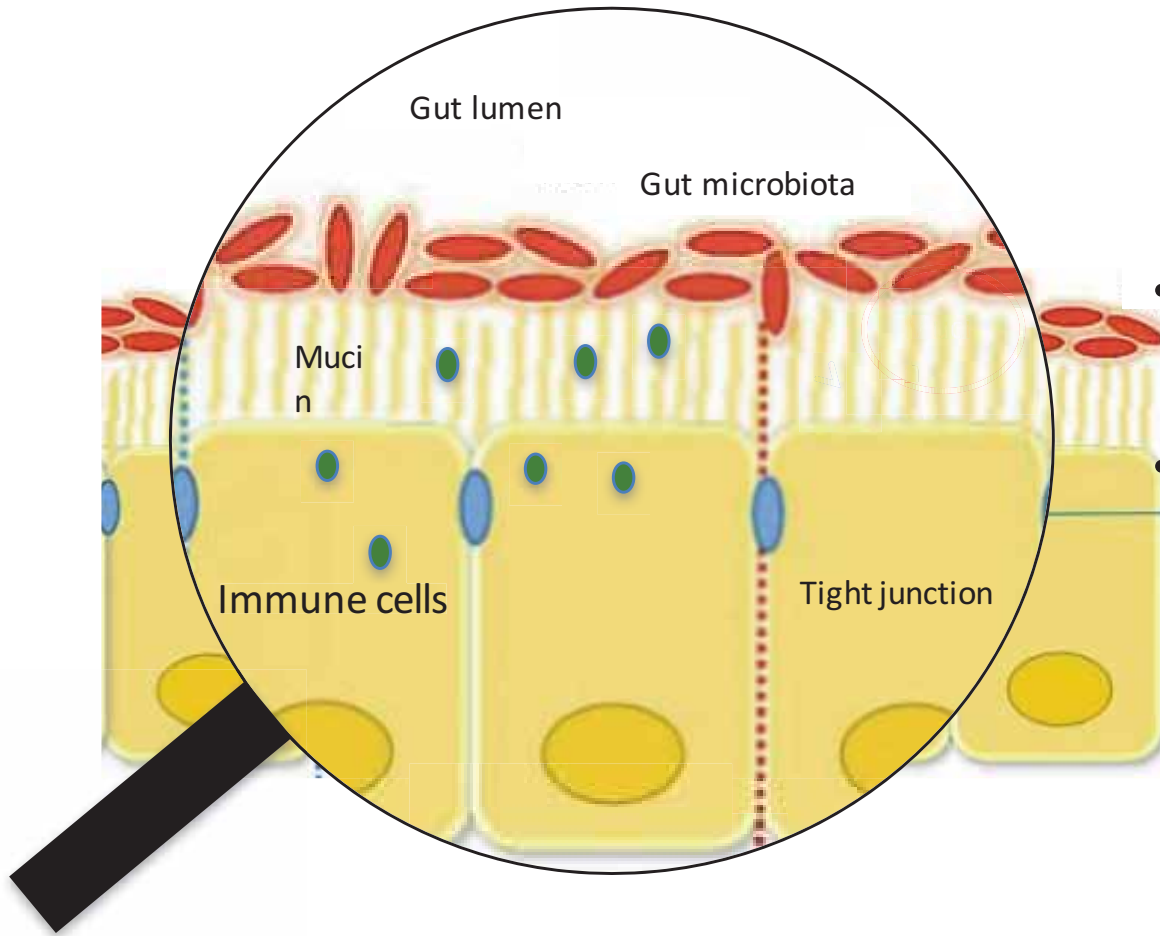
Functional barrier

- Maintains tolerance towards commensal bacteria
- Initiates immune responses against pathogens

Mucosa-associated bacteria

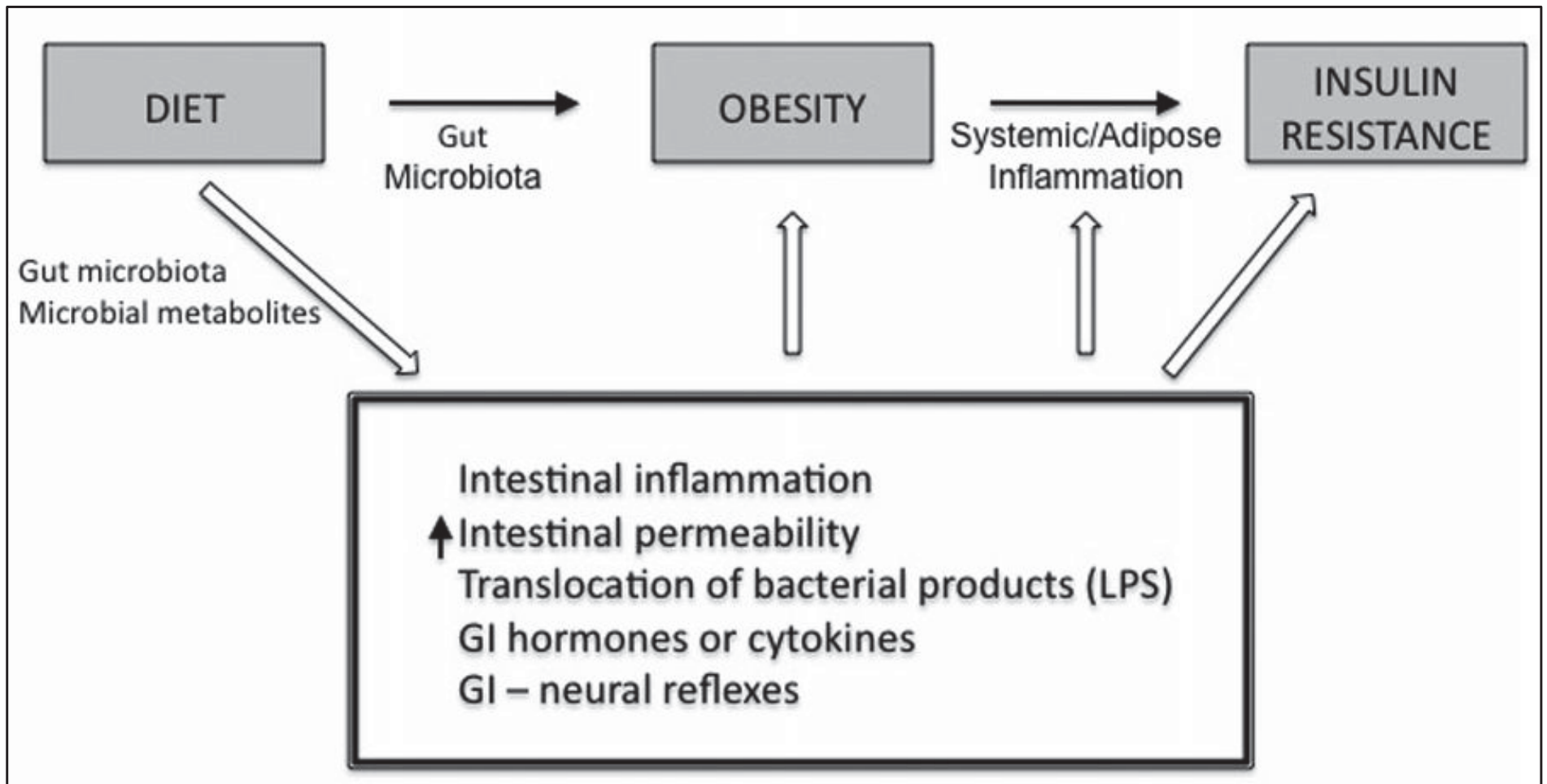


Intestinal inflammation in the metabolic syndrome?

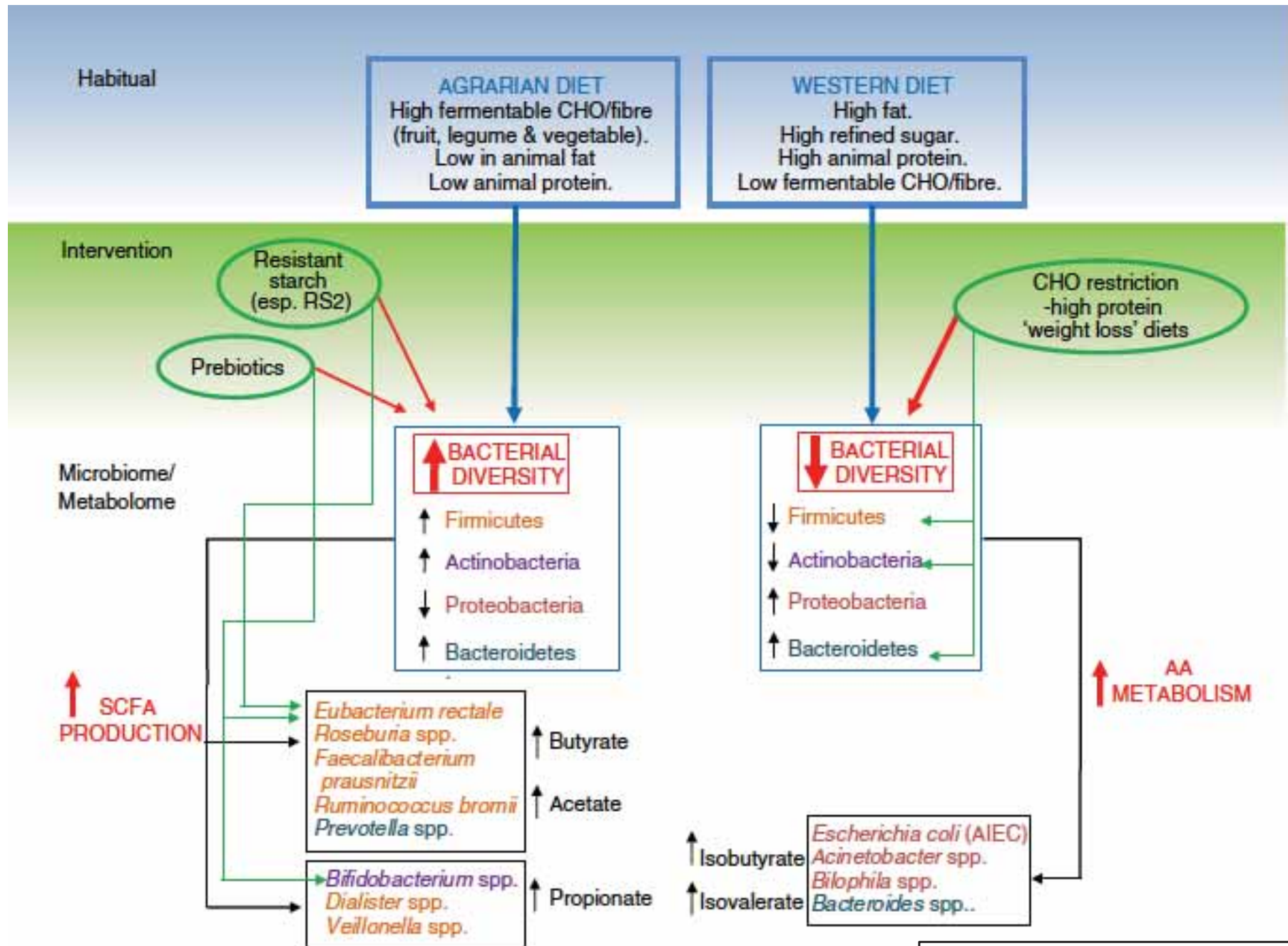


- Elevated faecal-calprotectin in obese subjects (Verdam et al. *Obesity*, 2013)
- Pro-inflammatory shift in T cells in obese subjects (Luck et al. *Cell metabolism*, 2015)

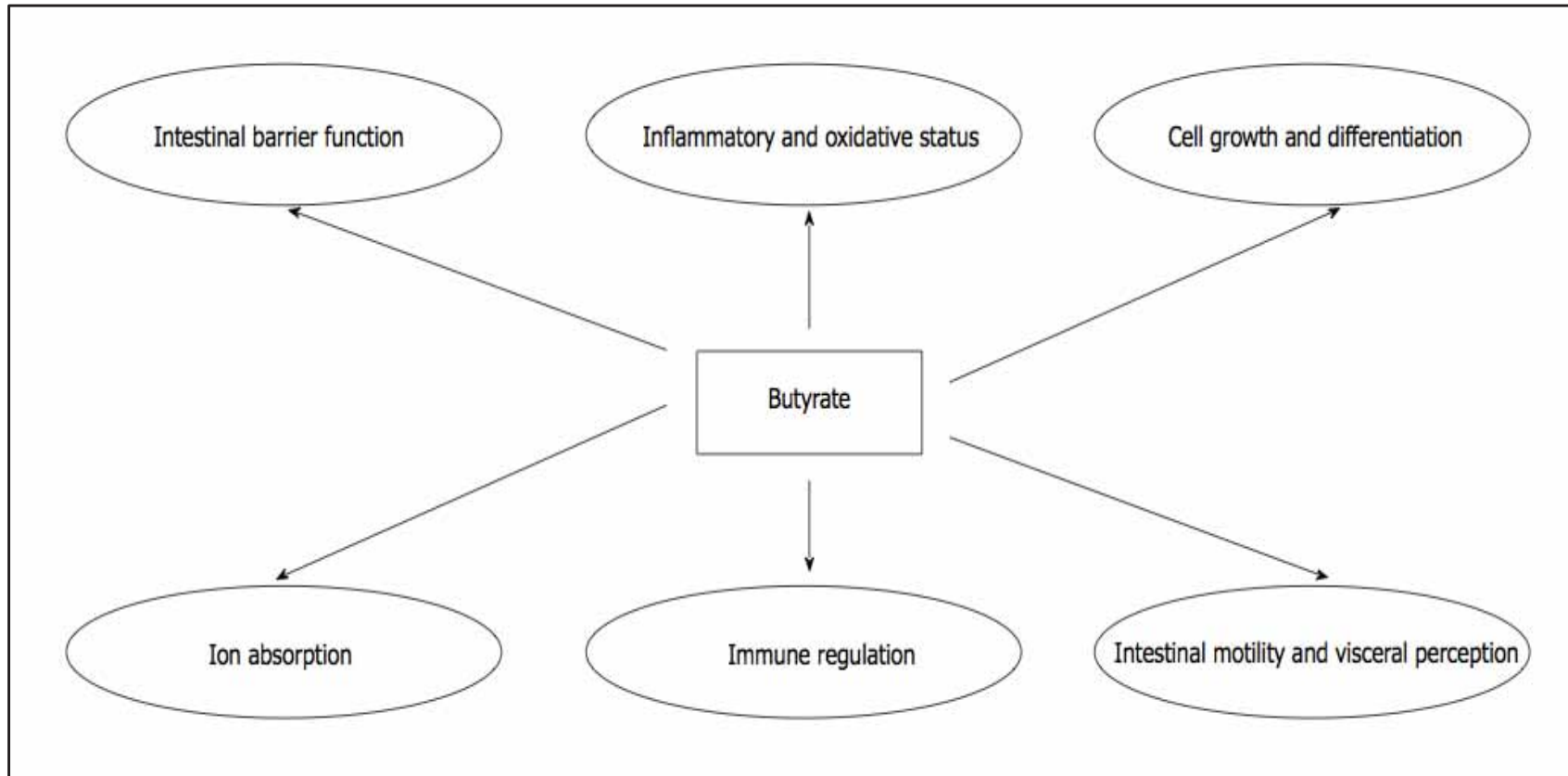
Diet – Microbiota – Gut – Obesity



What to expect – Healthy Carbohydrate Diet (HCD) versus Western Style Diet (WSD)



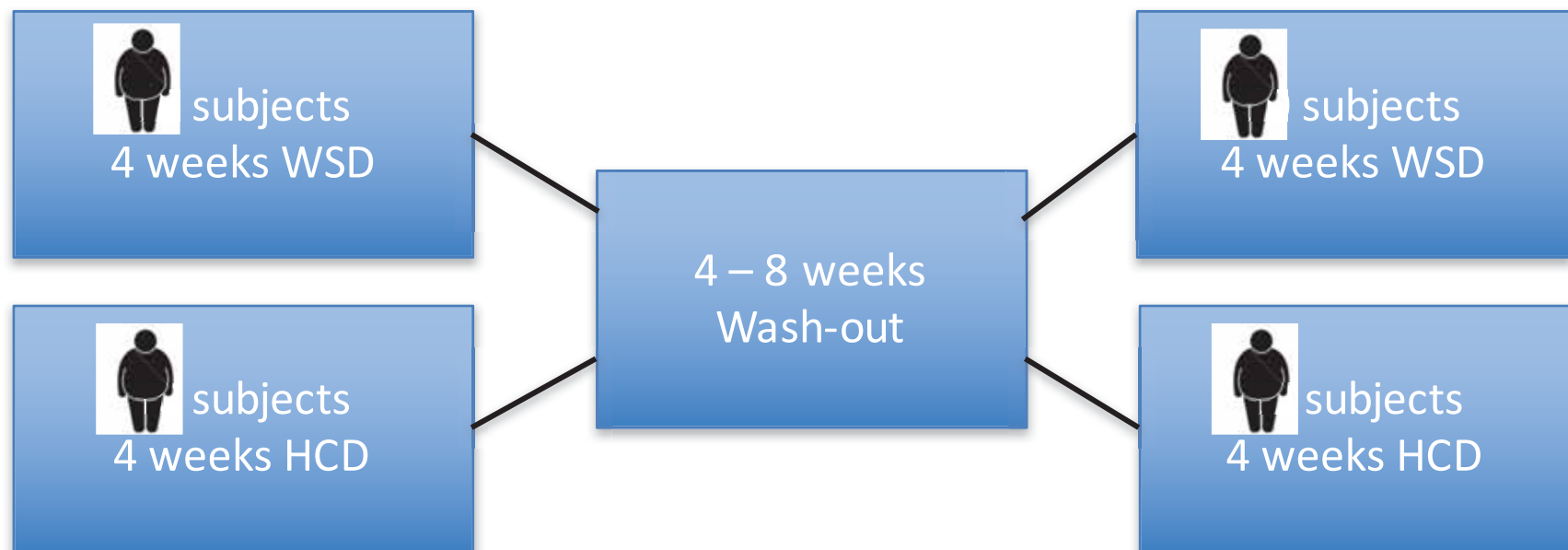
Butyrate and intestinal "health"



Design – cross-over - but how many participants?



A single blinded randomized cross-over study



WSD - Western Style Diet
HCD - Healthy Carbohydrate Diet

Number of participants needed in human BUTCOINS?

Is HCD in relation to WSD able to increase faecal butyrate concentration?

What minimal difference in faecal butyrate concentration is important – and should not be overlooked?

Goal is to: have sufficient **power** to choose between two **simple** hypotheses

- Variability of the “building block” response (σ^2)
- Type I error (α), significant level
- Type II error (β), power = $1 - \beta$
- Size of minimal difference considered important (Δ)

Number of participants needed in human BUTCOINS?

Is HCD in relation to WSD able to increase faecal butyrate concentration?

What minimal difference in faecal butyrate concentration is important – and should not be overlooked?

- From the results of a Danish study population treated with a fiber diet of 18 g of dietary fibre (*Plantago ovata* seeds) for 4 weeks versus control diet could be calculated:
- the standard deviation of the mean difference in faecal butyrate concentrations between the diets in that study were 7.5 mmol/l
- We choosed that a minimal relevant difference between means would be 7.5 mmol/l
- Thus we used a standardized minimal relevant difference (d) of 1 (7,5/7.5) in a crossover design

Number of participants needed in human BUTCOINS?

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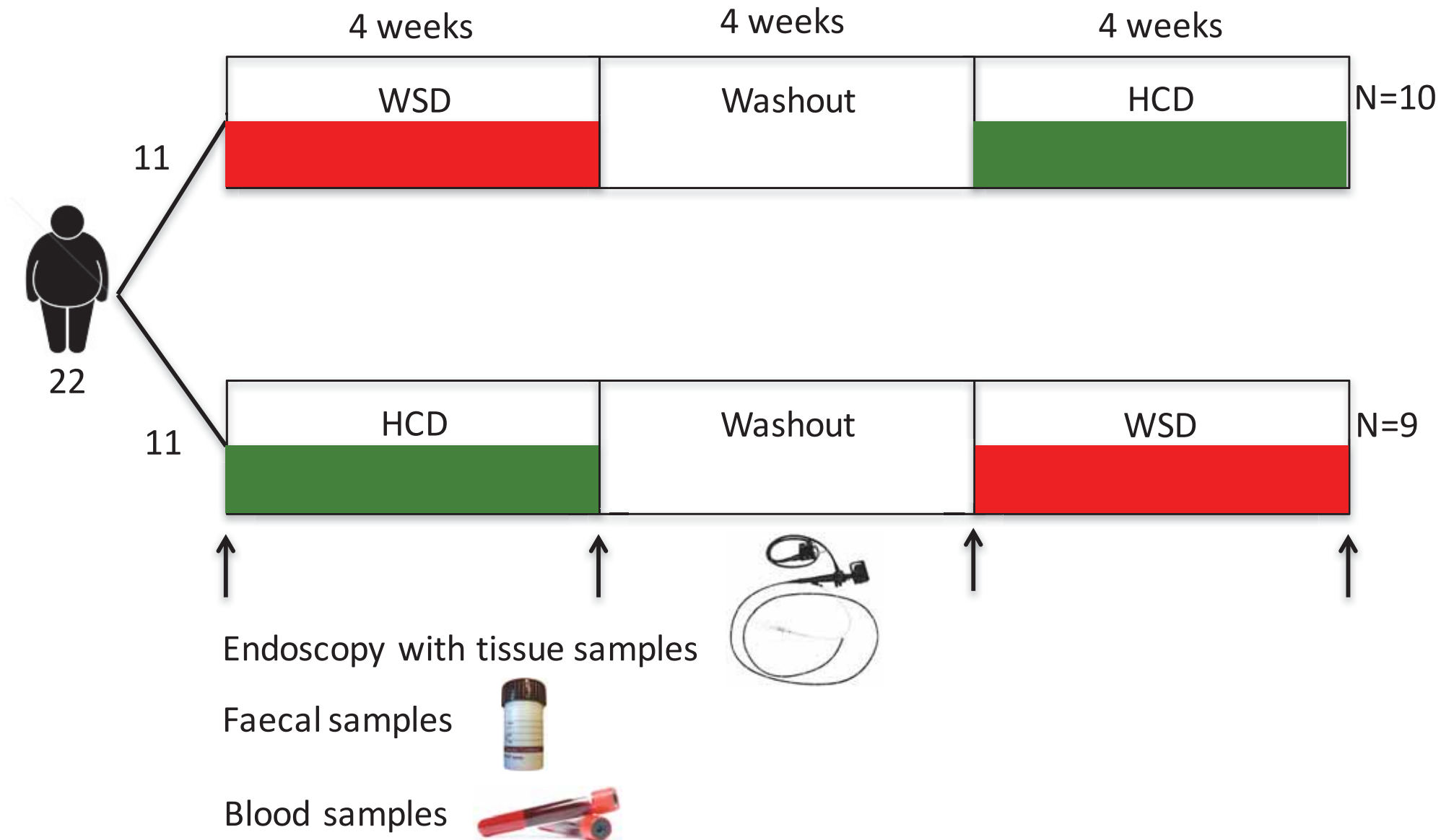
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- We choosed that a minimal relevant difference between means would be 7.5 mmol/l
- Thus we used a standardized minimal relevant difference (d) of 1 (7,5/7.5) in a crossover design

- Total number needed = $(10.5/d^2) + 2$ (type I error of 5% and power of 90%)
- The power calculation was also done using software http://hedwig.mgh.harvard.edu/sample_size/size.html#cross
- The total number of subjects needed was 13 (type I error of 5% and power of 90%)
- The anticipated dropout rate was set to 33%
- We included 22 participants in the human BUTCOINS project

22 participants were enrolled in the human BUTCOINS project

Randomized crossover study with two diet interventions



GUT and Fecal Microbiota might rule local and systemic inflammation

(BUTCOINS certainly ruled our sparetime)



Mission accomplished !!

After more than 3600 colonic biopsies

THE final biopsy in ButColns project

Thank you for your attention!

Impact of Arabinoxylan and Resistant Starch on The Gut Microbiome and Gut Health Parameters in Subjects with Metabolic Syndrome

Stine Hald

PhD, MD

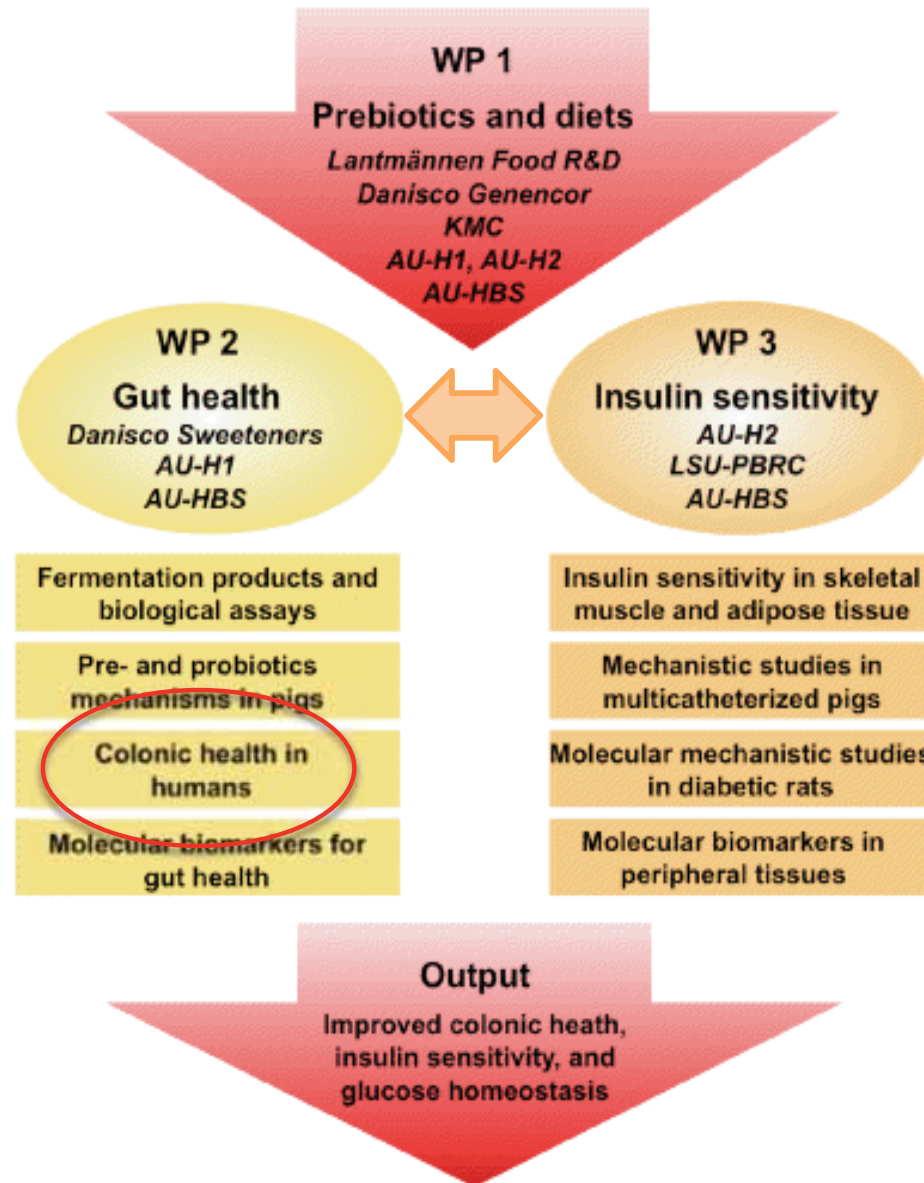


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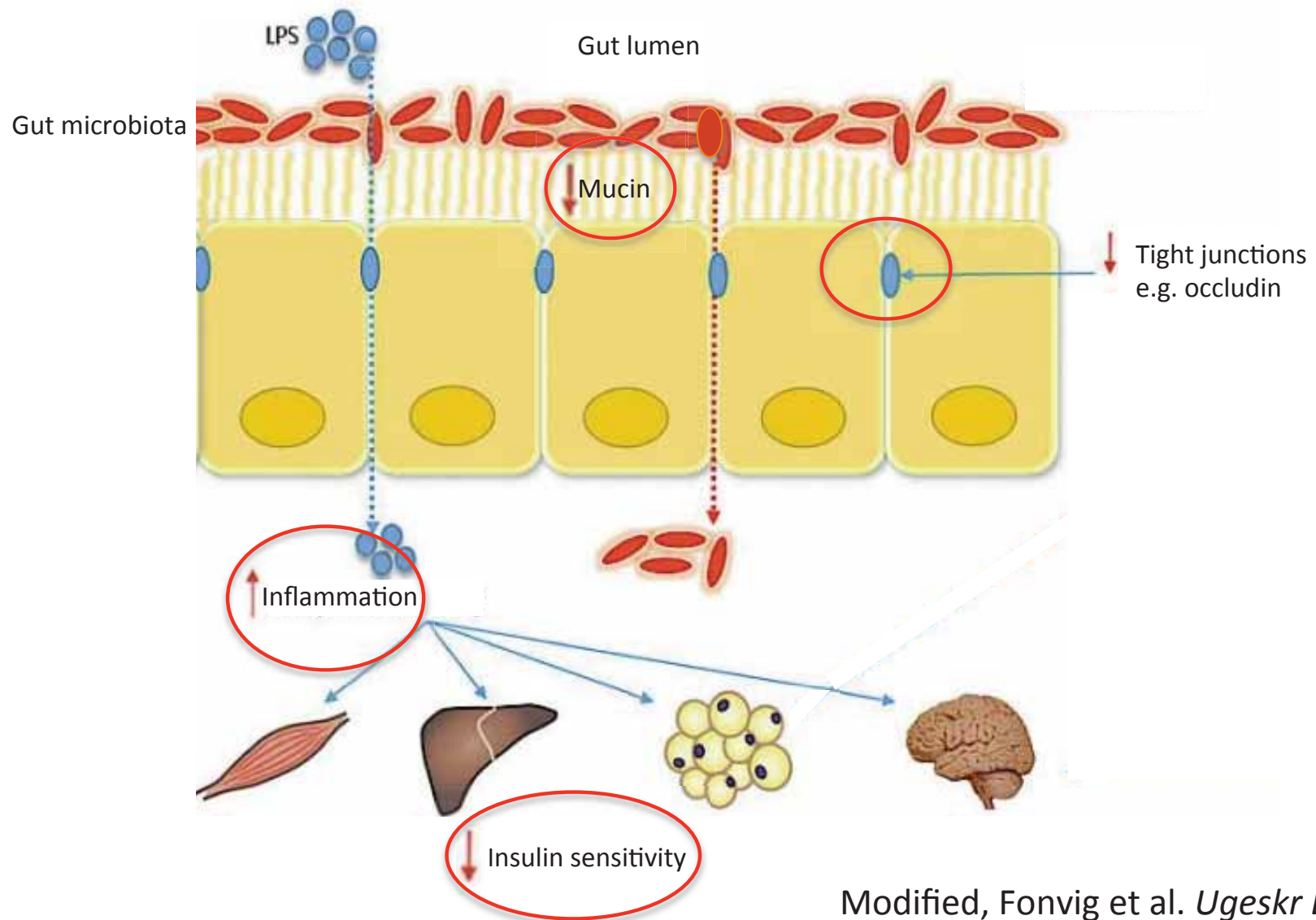


Aarhus University Hospital

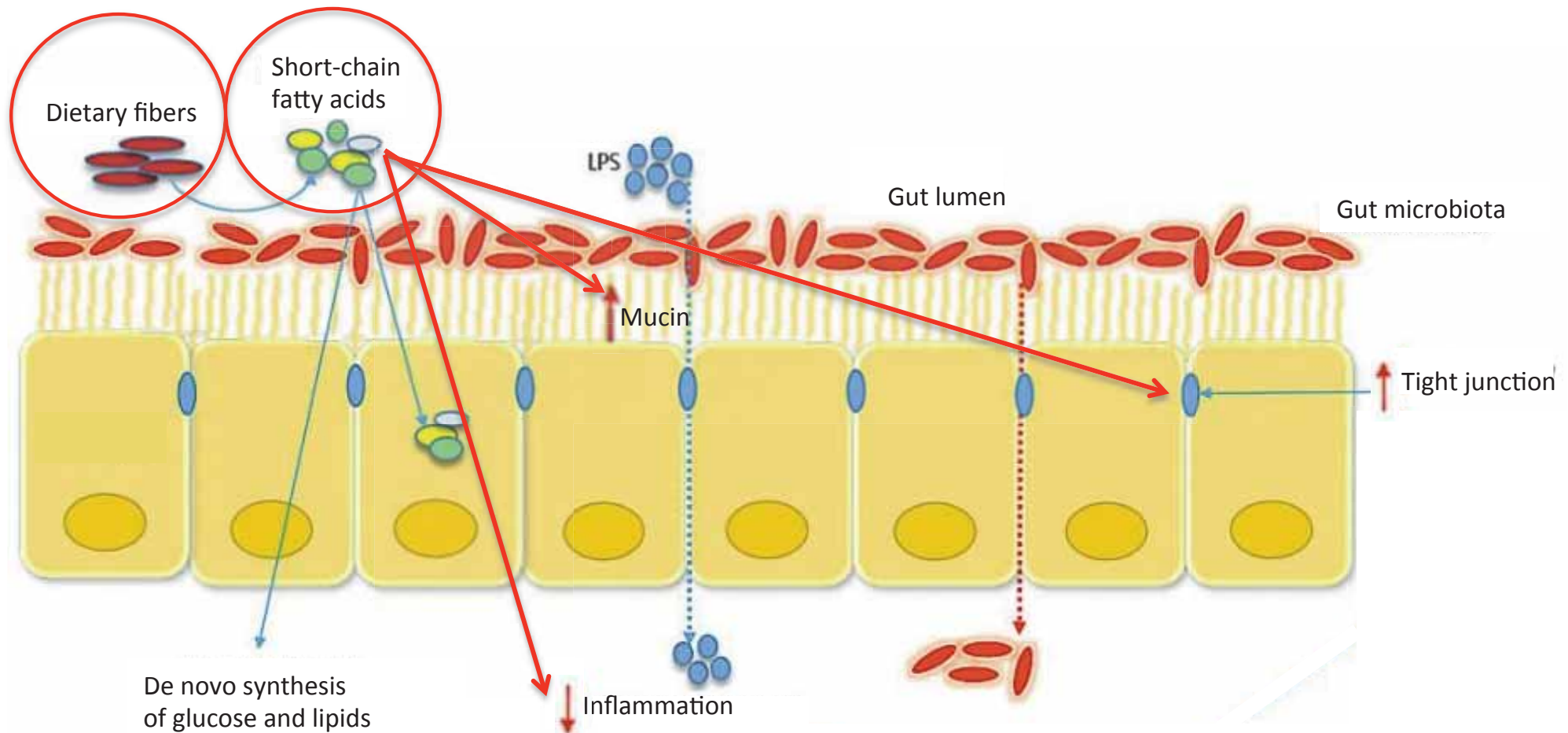
ButCoIns



The metabolic syndrome - from a gut perspective



Dietary fibres and the metabolic syndrome



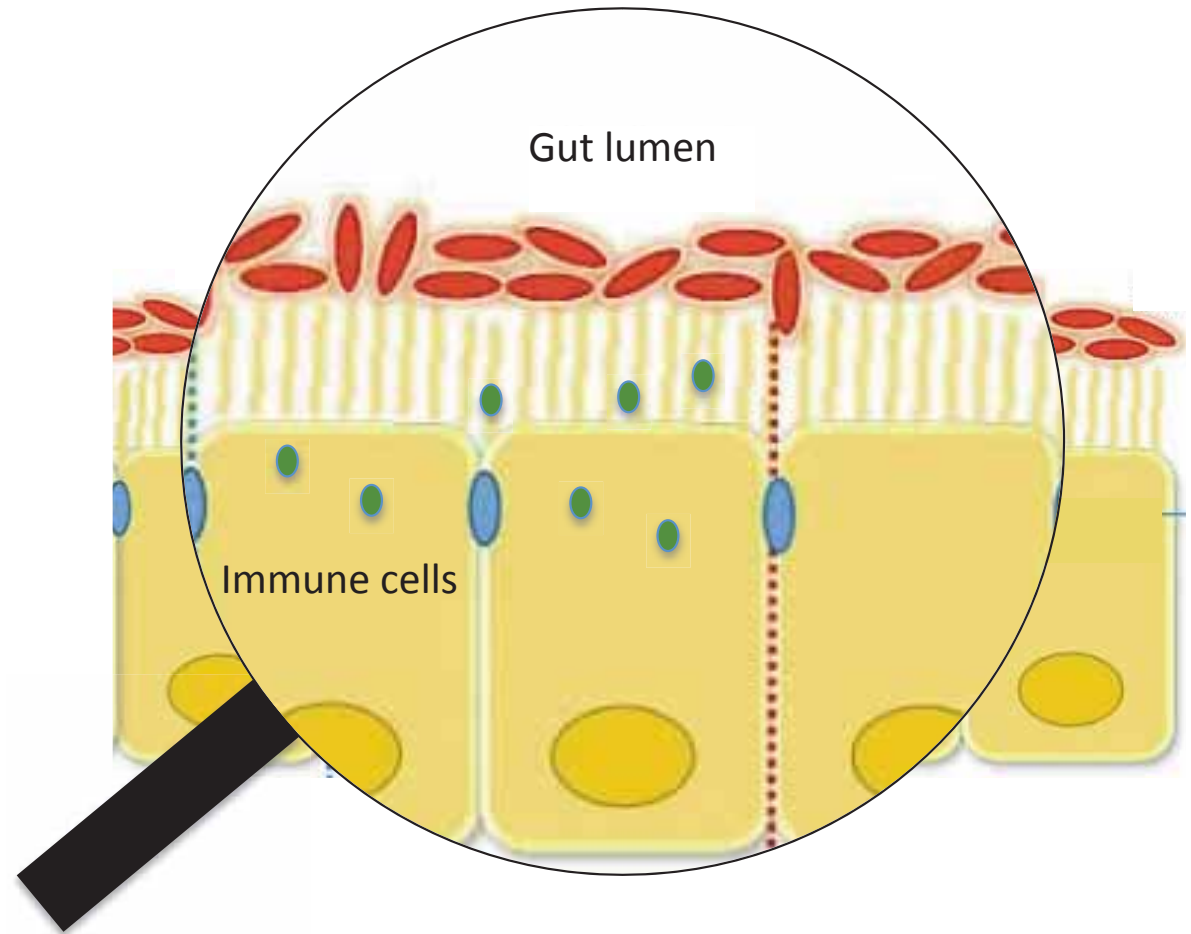
Study I

Hypothesis

Subjects with metabolic syndrome have a low degree of intestinal inflammation

Aim

Examine the colonic mucosal immune activity in subjects with metabolic syndrome compared to healthy controls



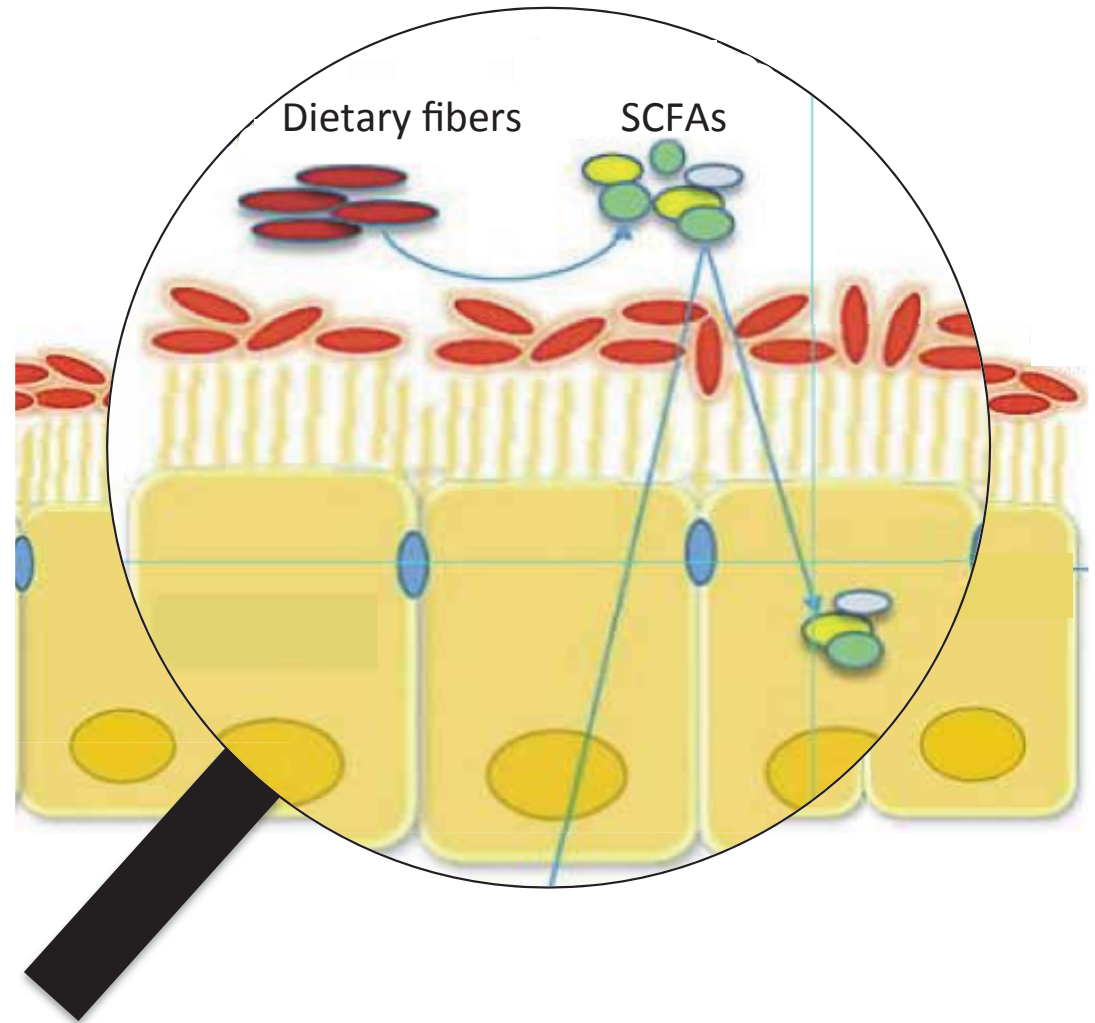
Study II

Hypothesis

A diet rich in AX and RS modulates the gut microbiota and increases SCFAs

Aim

Investigate the ability of AX and RS to modulate the gut microbiota and to affect the production of SCFAs



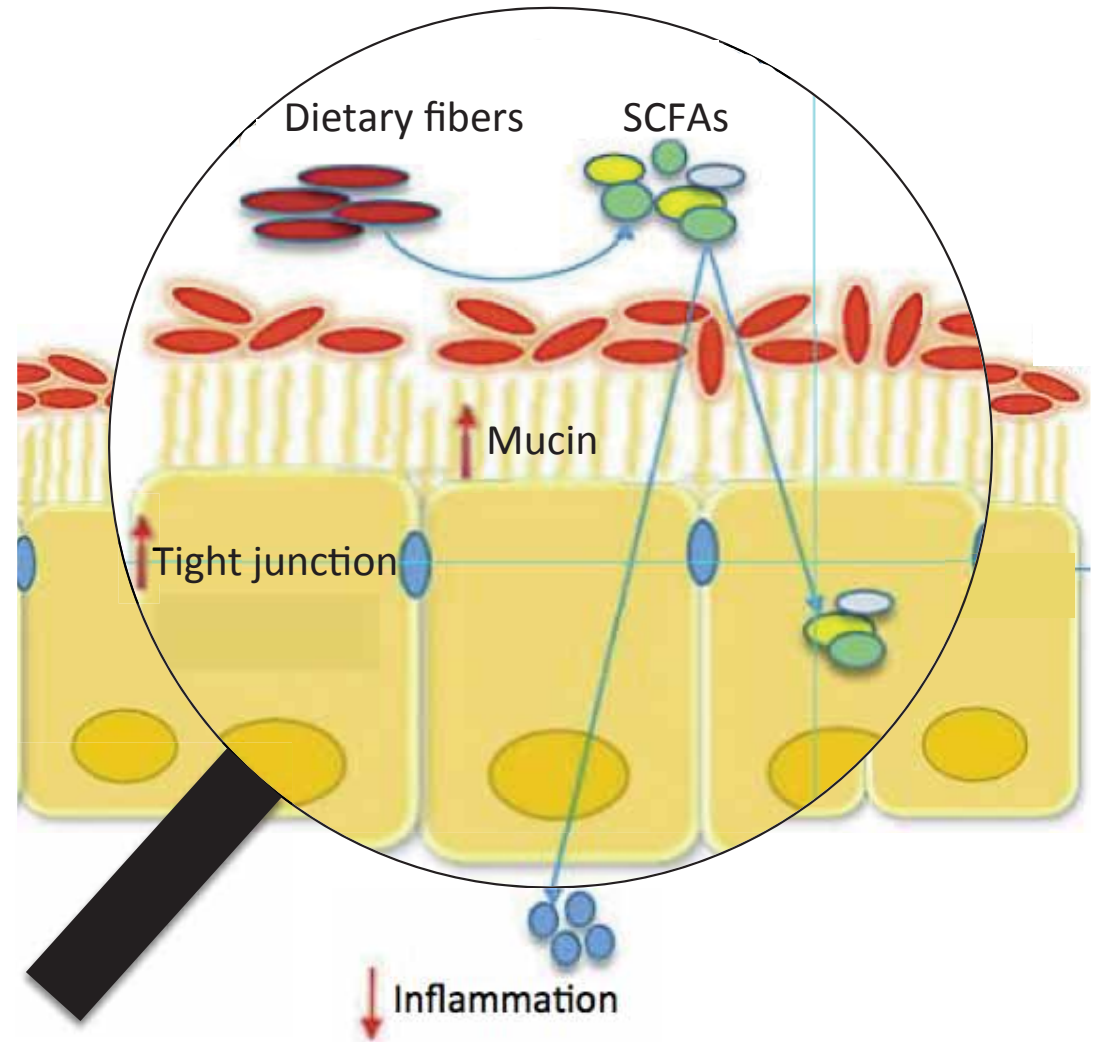
Study III

Hypothesis

AX and RS strengthen the gut barrier and reduce intestinal inflammation

Aim

Study the the mucosal expression of MUC2 and occludin and the degree of intestinal inflammation



Study I

Participants



22



12

Materials



Endoscopy with tissue samples



Faecal samples



Blood samples

Analyses

- Histology
- T-cell phenotype and activation (flow-cytometry)
- Inflammation-associated genes (qPCR)

Mucosal inflammation

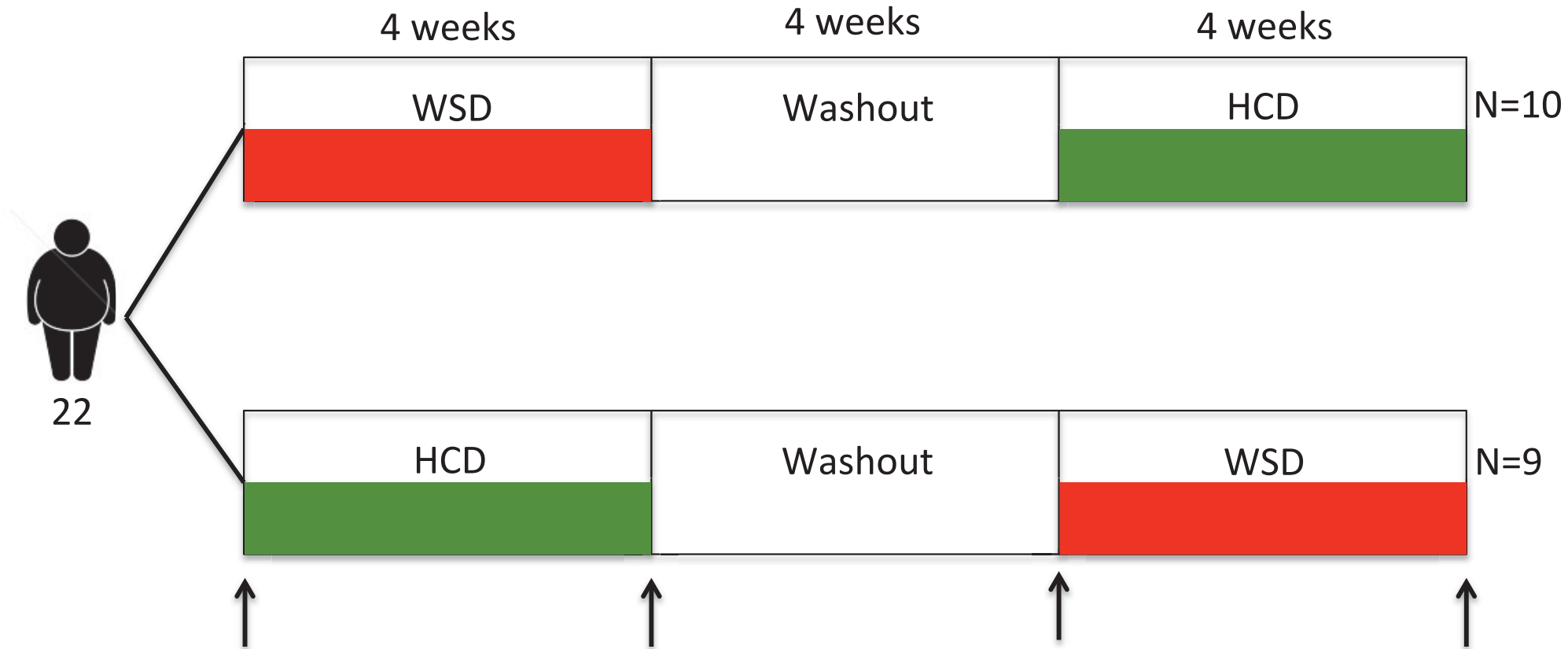
- Faecal calprotectin (ELISA)
- SCFAs (gas chromatography)

- Hs-CRP, IL-1Ra, IL-6, Adiponectin (ELISA)

Systemic inflammation

Studies II - III

Randomized crossover study with two diet interventions



Faecal samples (study II – III)

Endoscopy with tissue samples (study III)

Studies II - III

Healthy Carbohydrate Diet (HCD) and Western Style Diet (WSD)



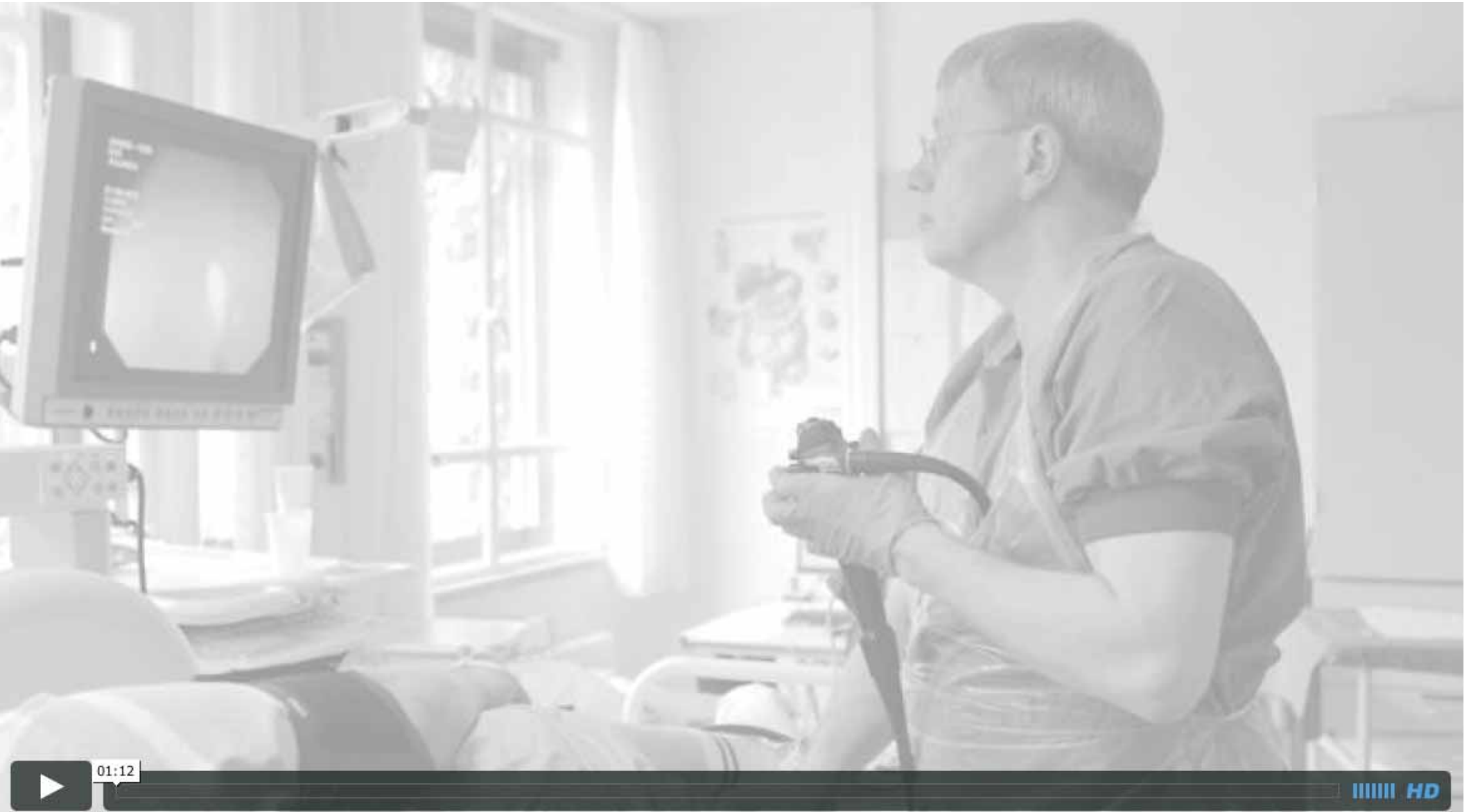
~ 50% of the subjects' calculated daily energy needs

Studies II - III

Dietary composition of the diets

Daily intake from key foods	WSD	HCD
Energy (kJ)	5280	4722
Protein (g)	40	32
Fat (g)	17	17
Dietary fiber (g)	18	64
- Arabinoxylan (g)	4	16
- Resistant starch (g)	3	21

Methods - endoscopy



Perspective

Where do I want to go from here

Further investigate the possible immune modulatory effects of AX and RS

- Gene chip analysis

Correlate changes in gut microbiota with SCFA concentrations and inflammatory markers

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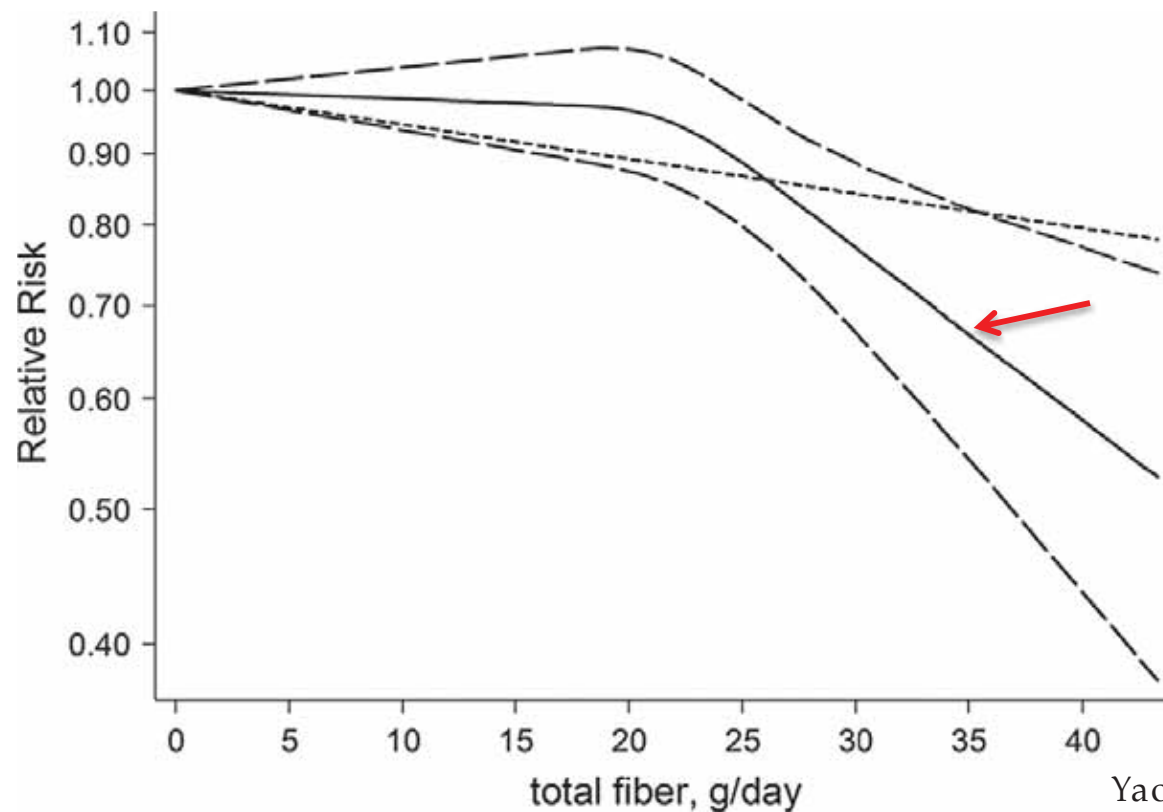
Conflict of interest

None



*IMPACT OF MICROBIAL
METABOLITES ON THE PERIPHERAL
TISSUE AND INSULIN SENSITIVITY IN
HUMAN SUBJECTS WITH
METABOLIC SYNDROME*

DIETARY FIBRE AND TYPE 2 DIABETES



Yao et al. Eur J Epidemiol 2014



Insulin
Resistance

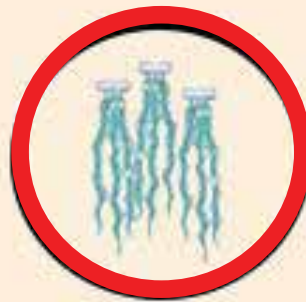
High
Blood
Pressure



METABOLIC



SYNDROME

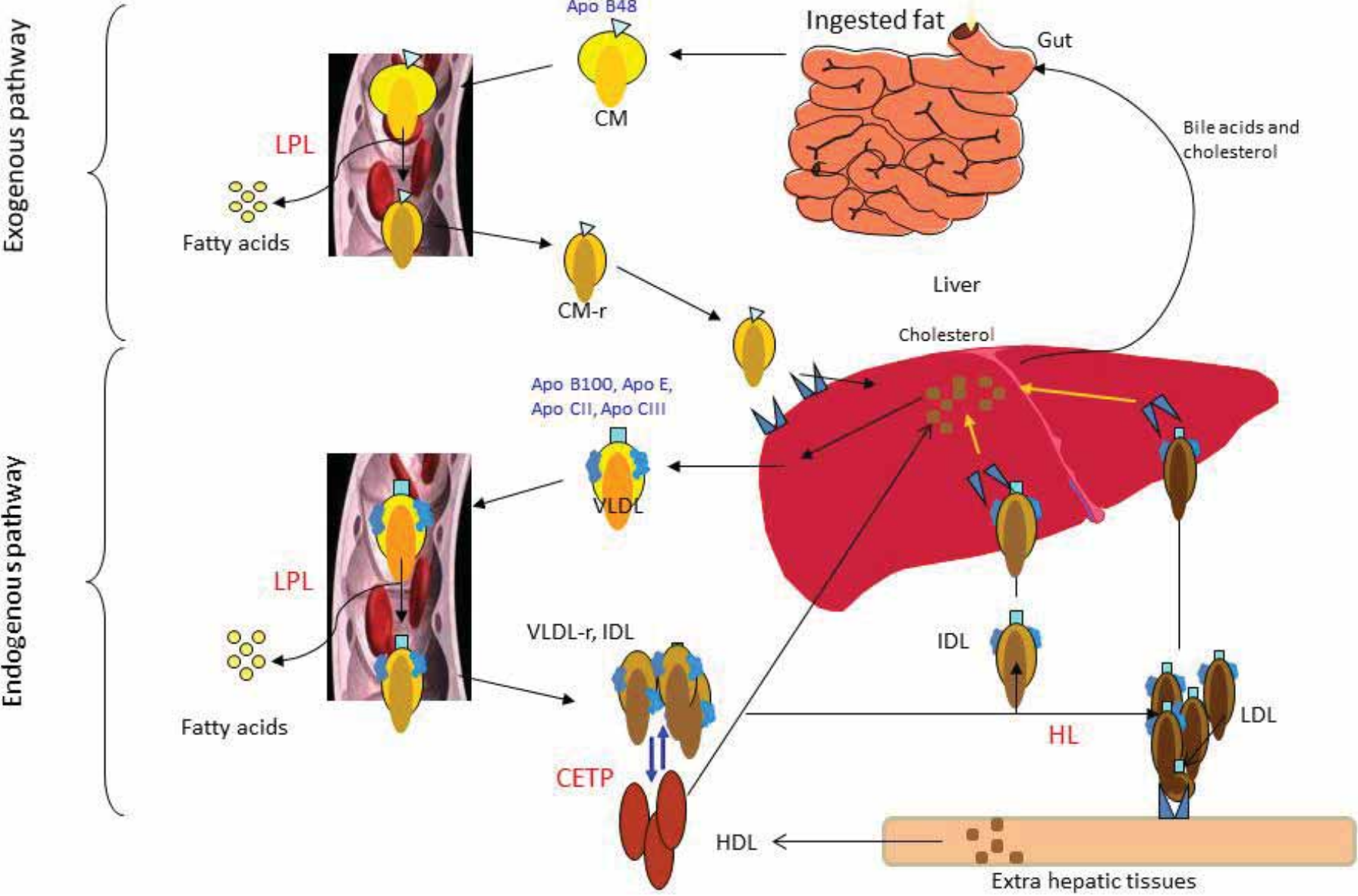


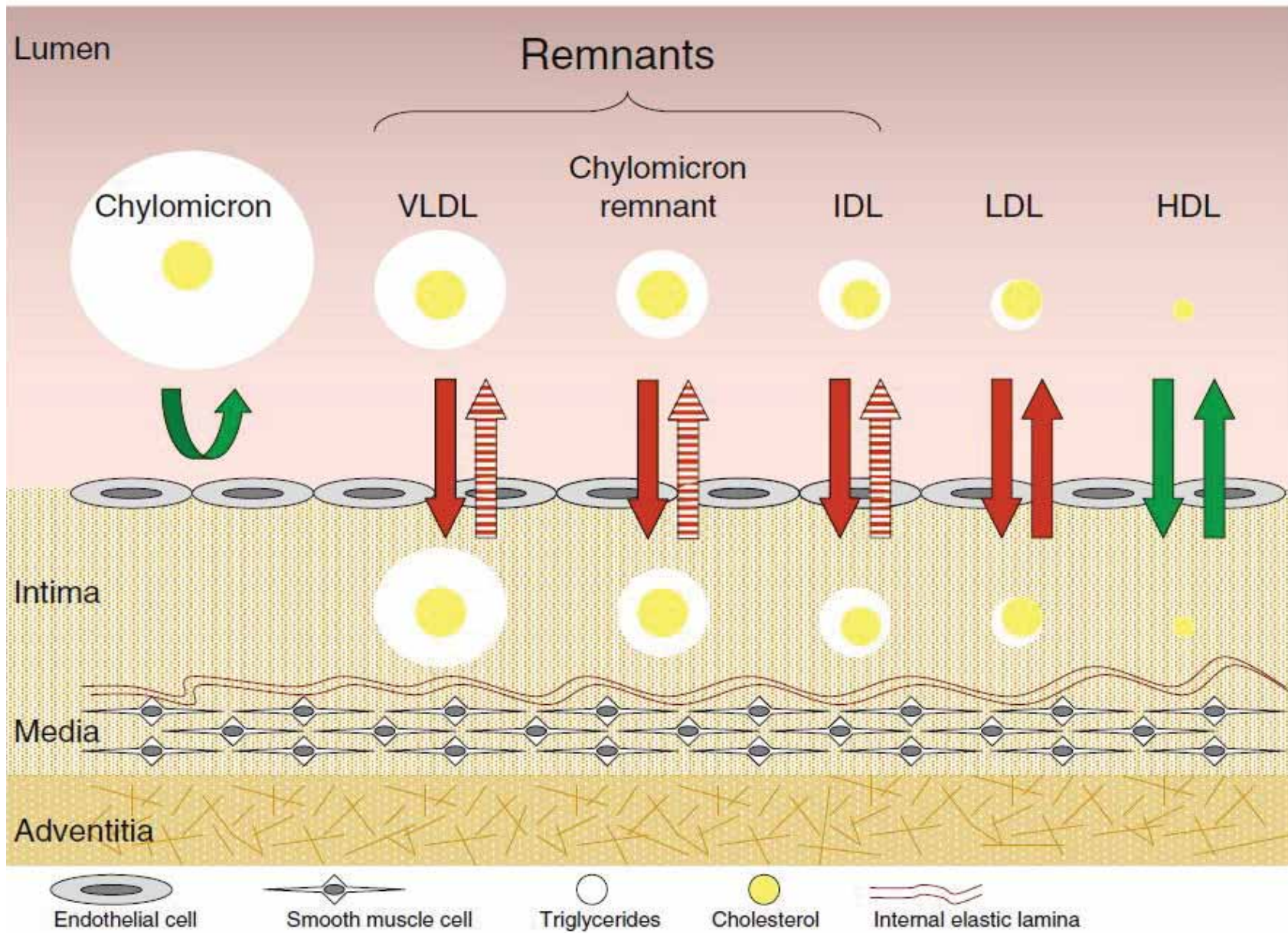
High
Triglyceride
Levels

Low
HDL
Cholesterol



PATHWAYS INVOLVED IN DYSLIPIDAEMIA





POSTPRANDIAL LIPÆMIA

- *Postprandial lipæmia: The increased level of plasma triglyceride following meal*
- *Non-fasting triglyceride between 2 and 10 mmol/l markedly increases the risk of cardiovascular disease*
- *Abdominally obese subjects exhibit greater postprandial triglyceride responses than lean controls despite normal fasting triglyceride*

Nordestgaard BG, Varbo A (2014). Lancet 384:626-635
Mekki N, et al. (1999) J Clin Endocrinol Metab 84:184-191

STUDY 1

Hypothesis:

A diet rich in arabinoxylan and resistant starch improve postprandial lipaemia and postprandial glucose regulation

Aim:

Investigate the effect of arabinoxylan and resistant starch on postprandial responses of circulating triglycerides, chylomicrons (apoB-48), FFA, glucose, insulin, glucagon, GLP-1 and GLP-2. Furthermore, fasting cholesterol were measured.

DESIGN

Healthy carbohydrate diet (HCD)

Western-style diet (WSD)



4 weeks
washout

Total dietary fibre

63.9 g/dag

Total dietary fibre

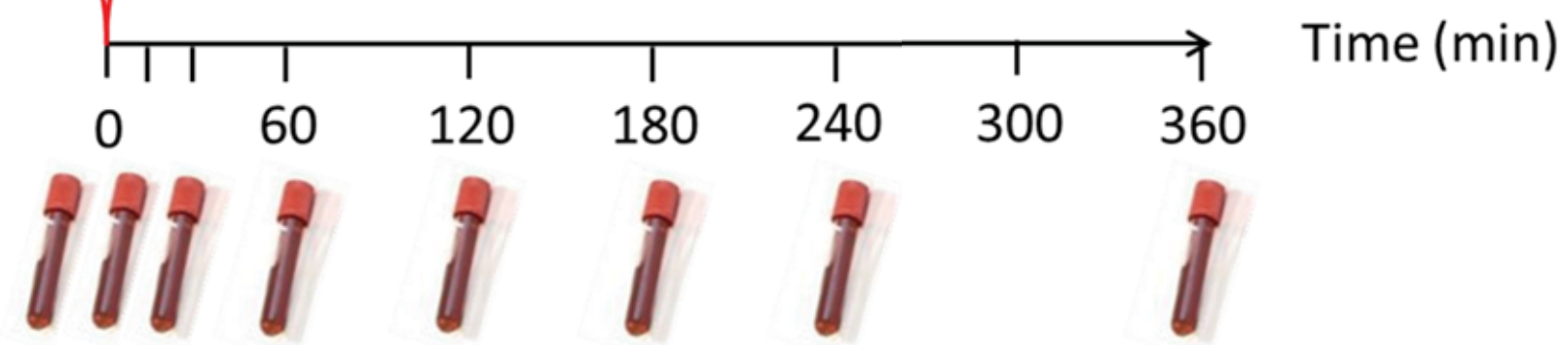
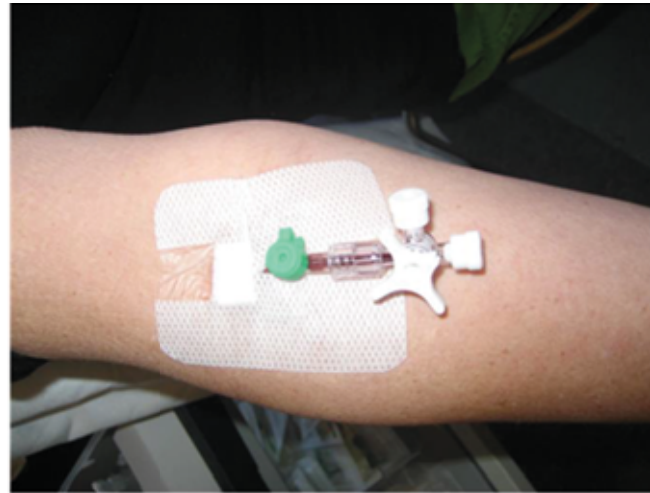
17.7 g/dag



BASELINE CHARACTERISTICS

	<i>Median (Range)</i>
<i>Gender (n)</i>	5 F/14 M
<i>Age (years)</i>	60 (40-75)
<i>BMI (kg/m²)</i>	30.6 (25.9-41.0)
<i>Waist (cm)</i>	106 (89-130)
<i>Systolic blood pressure (mmHg)</i>	140 (124-164)
<i>Diastolic blood pressure (mmHg)</i>	90 (84-105)
<i>Fasting P-Glucose (mmol/l)</i>	6.3 (5.4-6.9)
<i>Total cholesterol (mmol/l)</i>	5.4 (3.8-7.1)
<i>HDL cholesterol (mmol/l)</i>	1.3 (0.78-3.7)
<i>LDL cholesterol (mmol/l)</i>	3.3 (1.5-5.3)
<i>Triglyceride (mmol/l)</i>	1.5 (0.9-4.0)
<i>Statin treatment (n)</i>	7
<i>Antihypertensive treatment (n)</i>	7

STANDARD MIXED MEAL TEST



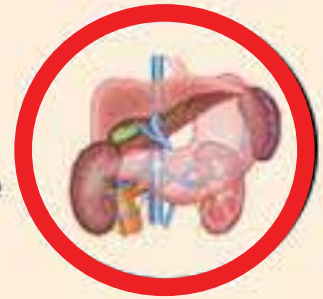
CONCLUSIONS FROM STUDY 1

- Postprandial lipaemia was not significantly reduced
- No other improved postprandial responses
- Significant interaction between statin and diet treatment



Insulin
Resistance

High
Blood
Pressure



METABOLIC

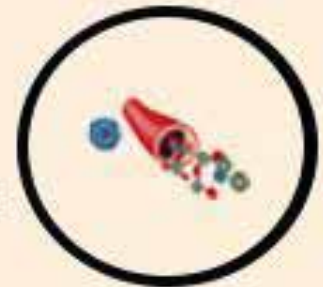


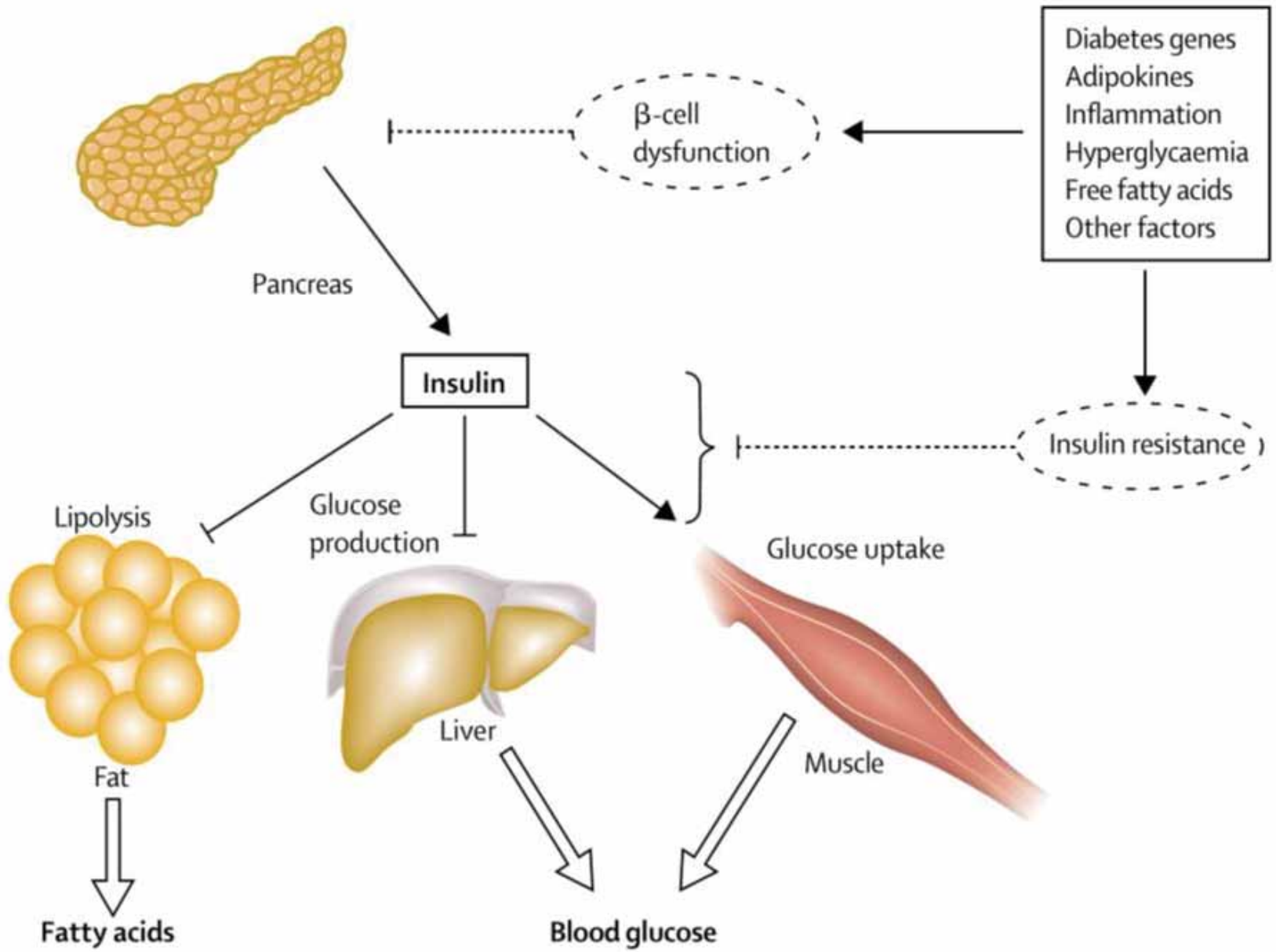
SYNDROME



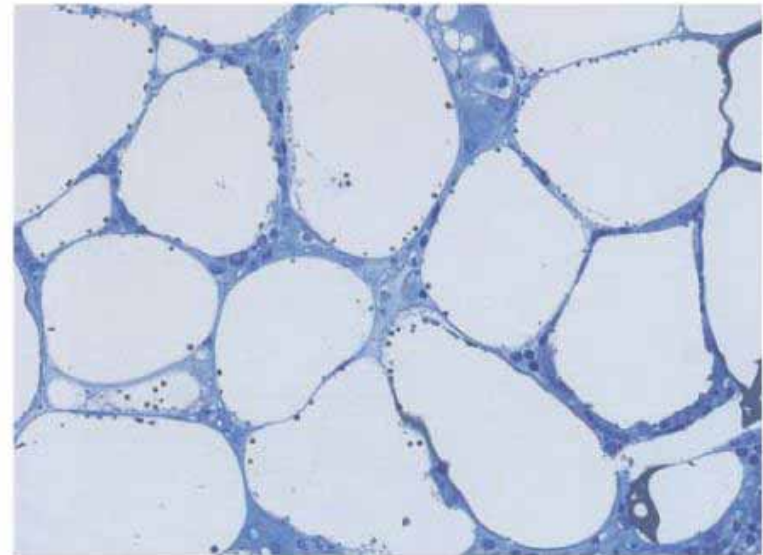
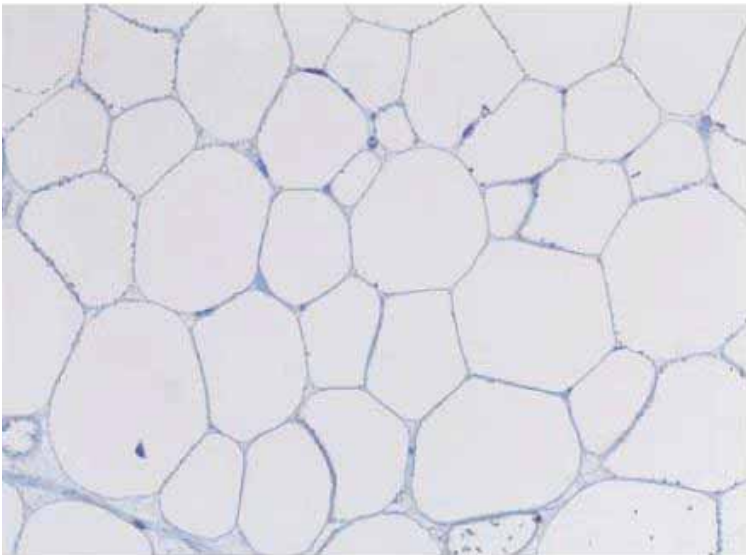
High
Triglyceride
Levels

Low
HDL
Cholesterol

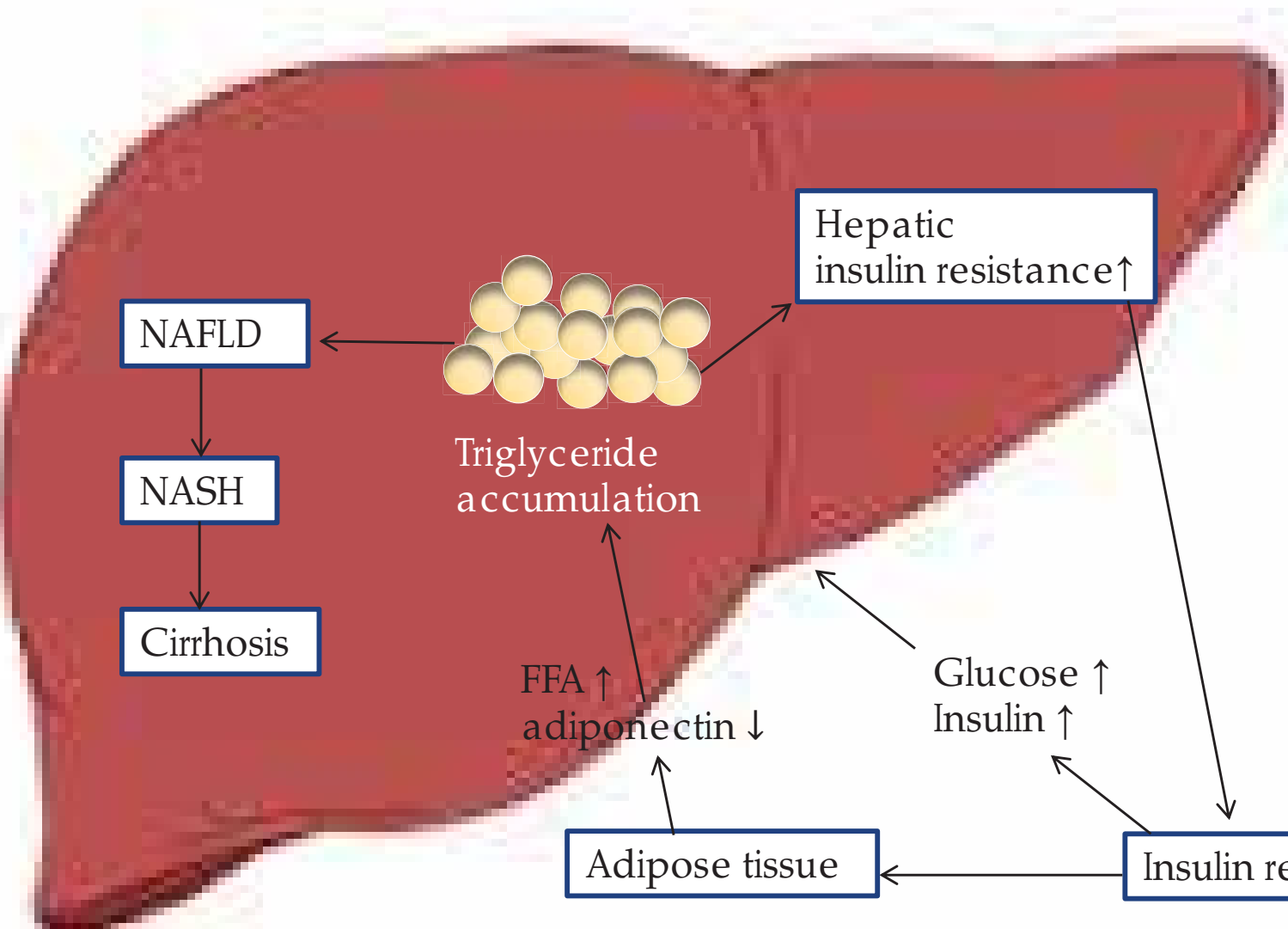




INSULIN SENSITIVITY AND RESISTANCE



HEPATIC STEATOSIS



STUDY 2

Hypothesis:

A diet rich in arabinoxylan and resistant starch decrease insulin resistance, intrahepatic lipid content, low-grade inflammation and blood pressure compared with a western-style diet

Aims:

Investigate whether a diet rich in arabinoxylan and resistant starch would improve insulin sensitivity, decrease intrahepatic lipid content and circulating low-grade inflammatory markers and blood pressure

DESIGN

Healthy carbohydrate diet (HCD)

Western-style diet (WSD)



CONCLUSIONS FROM STUDY 2

- Insulin resistance was not reduced by arabinoxylan and resistant starch
- Intrahepatic lipid content remained stable throughout the study
- Inflammatory markers were not significantly changed by the diets
- The blood pressure was not affected by the diets

PERSPECTIVES

- Longer intervention trials
- Measurement of the hormone PYY
- Weight loss vs. Weight stability
- Statin interaction with dietary fibre

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Maria Marco

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Lantmännen Food R&D

Dupont Industrial Biosciences, Danisco A/S

KMC

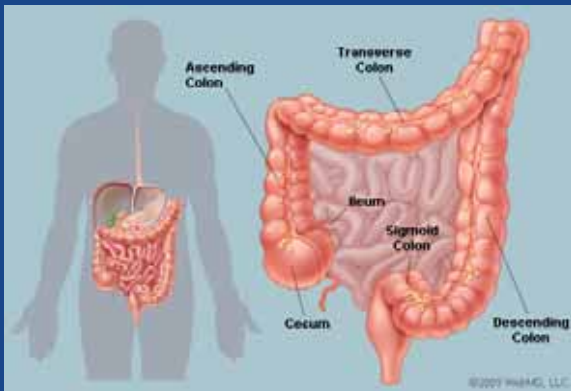
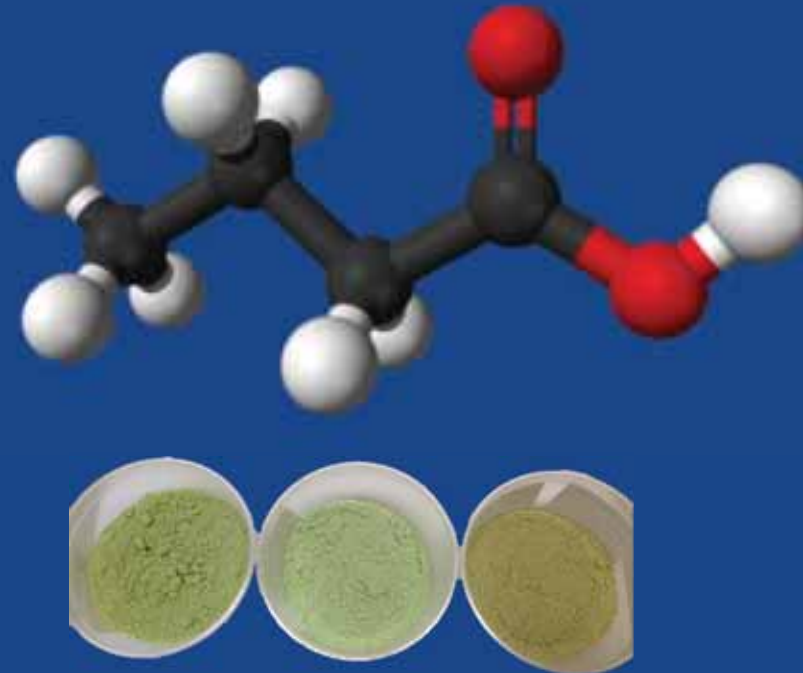
Ingredion Incorporated Inc.

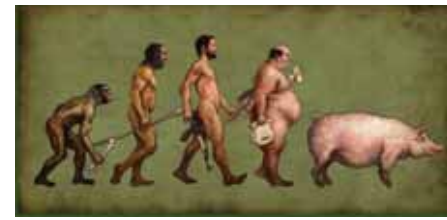


AU AARHUS
UNIVERSITET

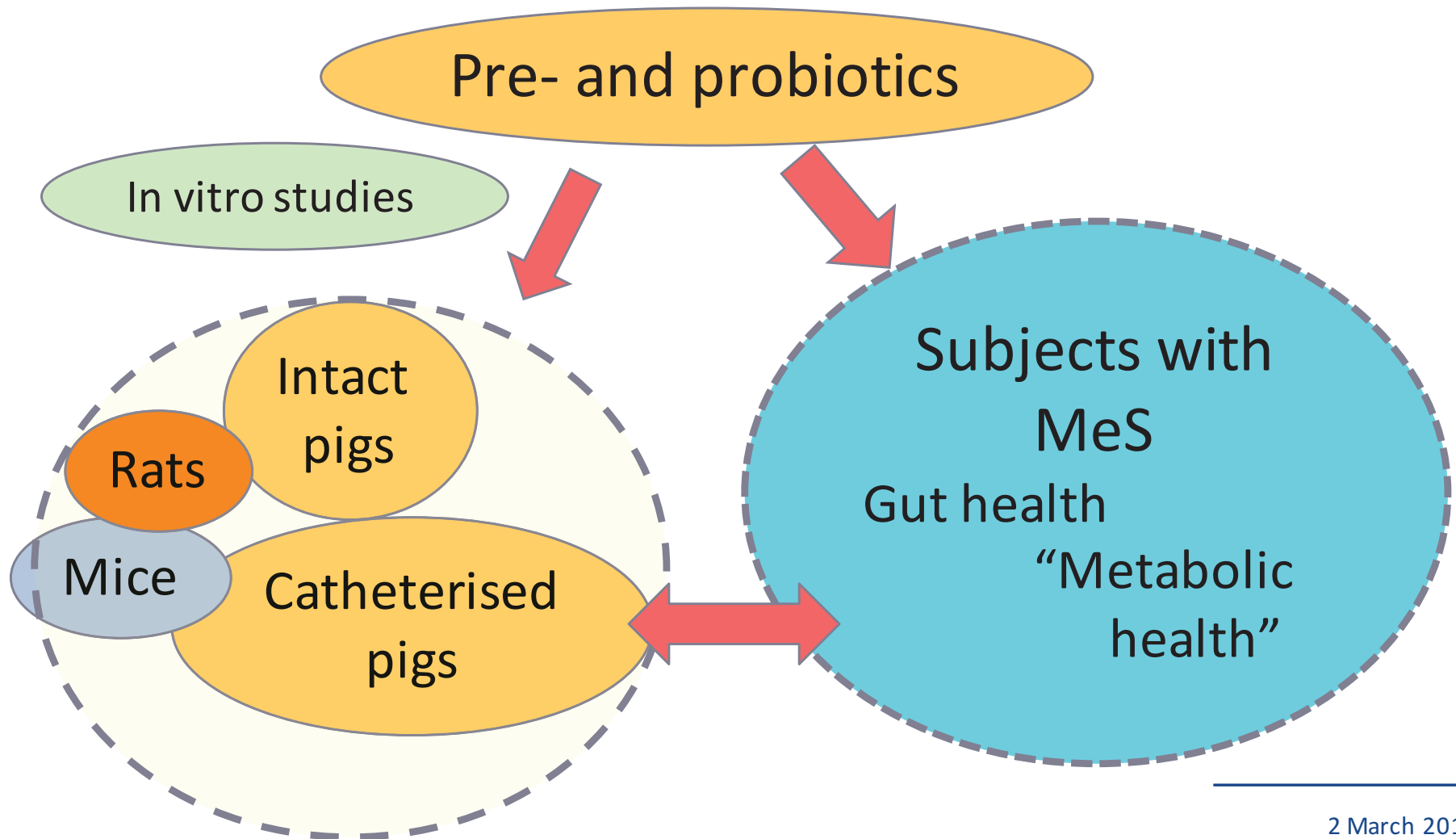
ButColns – concluding remarks

Knud Erik Bach Knudsen
Department of Animal Science





ButColns: Research elements



Publications

Peer reviewed:

Ingerslev, A. K., P. K. Theil, M. S. Hedemann, H. N. Lærke, K. E. Bach Knudsen (2014). Resistant starch and arabinoxylan augment SCFA absorption, but affect postprandial glucose and insulin responses differently. *British Journal of Nutrition* **111**, 1564-1576.

Nielsen T. S., H. N. Lærke, P. K. Theil, J. F. Sørensen, M. Saarinen, S. Forssten and K. E. Bach Knudsen (2014). Diets high in resistant starch and arabinoxylan modulate digestion processes and SCFA pool size in the large intestine and faecal microbial composition in pigs. *British Journal of Nutrition* **112**, 1837–1849.

Ingerslev, A.K., I. Karaman, M. Bağcıoğlu, A. Kohler, P. K. Theil, K. E. Bach Knudsen, M. S. Hedemann (2015). Whole grain consumption increases gastrointestinal content of sulfate-conjugated oxylipins in pigs – A multicompartamental metabolomics study. *Journal of Proteom Research* **14**, 3095-3110.

Nielsen, T. S., P. K. Theil, S. Purup, N. P. Nørskov, K. E. Bach Knudsen (2015). Effects of resistant starch and arabinoxylan on parameters related to the large intestinal and metabolic health in pigs fed fat-rich diets. *Journal of Agricultural and Food Chemistry* **63**, 10418-10430

Vangsøe, C. T., A. K. Ingerslev, P. K. Theil, M. S. Hedemann, H. N. Lærke, K. E. Bach Knudsen (2016). *In vitro* starch digestion kinetics of diets varying in resistant starch and arabinoxylan compared with *in vivo* portal appearance of glucose in pigs. *Food Research International* xxx, xxx-xxx (online) doi.org/10.1016/j.foodres.2016.02.005.

Nielsen, T. S., B. B. Jensen, P. K. Theil, S. Jackson, M. Saarinen, S. Forssten, S. Purup, K. E. Bach Knudsen (2016). Searching for synbiotics: Effects of enzymatically modified arabinoxylan and *Butyrivibrio fibrisolvens* on short-chain fatty acids in cecum content and plasma of rats. *Food & Function* **xx**, xxx-xxx (online) DOI: 10.1039/C6FO00114A.

Publications

PhD thesis:

Ingerslev, A. K. (2015). The impact of short-chain fatty acids on metabolic responses - Studies in pigs fed diets with contrasting sources and levels of dietary fibres. PhD thesis Faculty of Science and Technology, Aarhus University.

Stine Hald. (2015). Effects of dietary fibres on gut microbiota, faecal short-chain fatty acids and intestinal inflammation in the metabolic syndrome. PhD thesis. Health, Aarhus University.

MSc thesis:

Nielsen, D. S. G. (2013). Colonic health in humans - in vitro effects of fermentation products on epithelial integrity parameters obtained by cellular- and transcriptome analysis. MSc thesis, Faculty of Science of Technology Aarhus University.

Dahl, R. C. (2013): Establishment of an adipocyte cell-based model to investigate the effect of short-chain fatty acids, especially butyrate, on insulin sensitivity and glucose homeostasis in fat tissue. MSc thesis, Faculty of Science of Technology Aarhus University.

BSc thesis:

Rydtoft, S. M. (2012). Effects of dietary fibre on glucose and insulin responses in pigs. BSc thesis, Faculty of Science of Technology Aarhus University

Vangsøe, C. T. (2014). In vitro starch digestion kinetics of diets varying in resistant starch and arabinoxylan compared with in vivo portal appearance of glucose in pigs. BSc thesis, Faculty of Science of Technology Aarhus University.

Publications, work in progress

Peer reviewed:

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Manuscripts: 5

Thesis:

PhD: 2

MSc: 1

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