

Nutrition for Skeletal Muscle Health ...in Aging

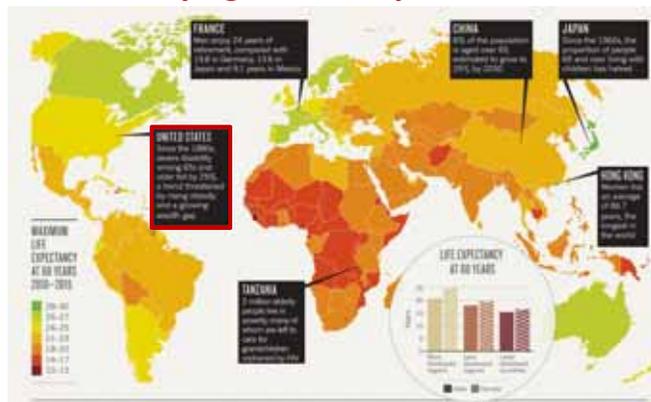
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Overview

- Silver tsunami
- Skeletal muscle
 - Protein synthesis—blunted anabolic response
 - Heightened inflammation
- Challenges faced
 - Poorly defined therapies to attenuate muscle deterioration
 - Poor understanding of etiology
- A new therapy?

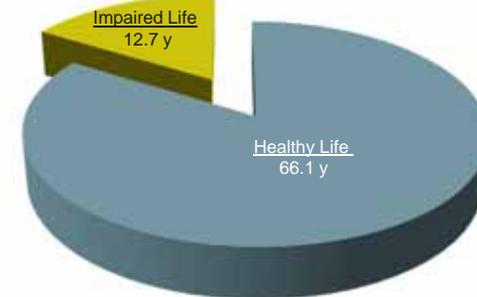
The “Graying” of society: Global



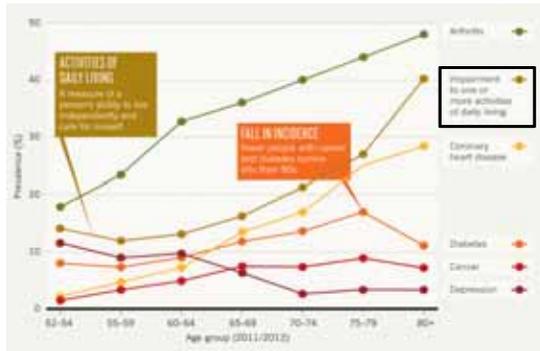
Nature, 2012.

Life expectancy at birth (2013) 78.8 years cdc.gov

Chronic disease
Acute illness



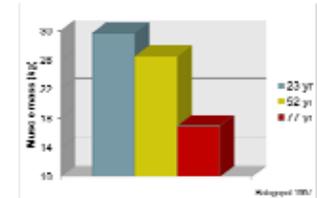
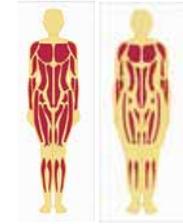
“...the prevalence of health problems increases with age while people become increasingly dependent on healthcare and community support to survive.”



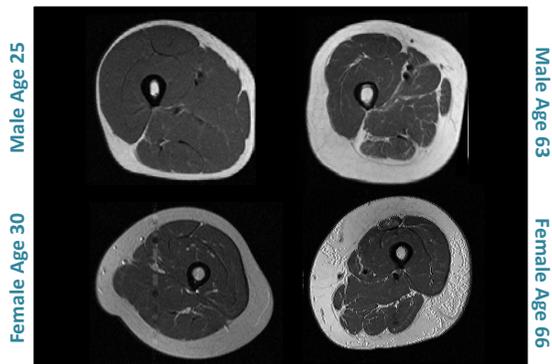
Nature, 2012

Skeletal muscle

- Skeletal muscle is the largest organ (system)
 - ~45% of body weight (BW) in young men
 - ~35% of BW in young women
 - ↓ 25-30% of BW by 70 y (**sarcopenia**)
- Functions
 - Strength, power, endurance
 - Skeleton support
 - Metabolic processes
 - Endocrine functions



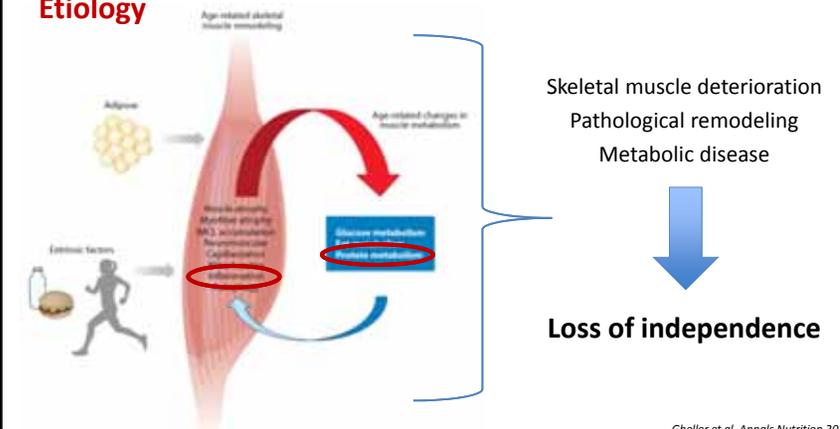
Age-related change in thigh muscle and fat masses in BMI and sex matched adults



Similar BMI

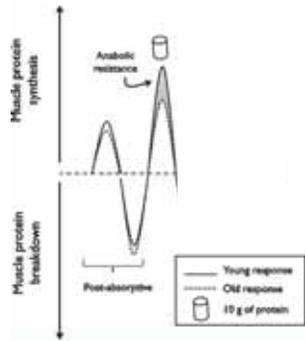
UAB Core Muscle Research Laboratory

Etiology



Gheller et al. Annals Nutrition 2016

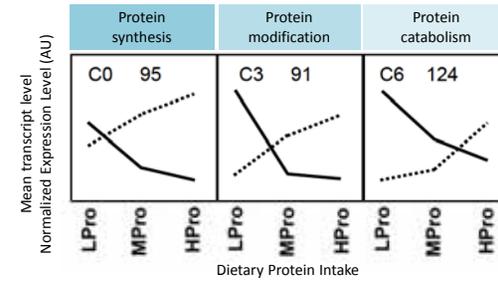
Blunted anabolic response in older human skeletal muscle



- Anabolic response in older adult skeletal muscle can be stimulated with:
 - Large bolus of dietary protein
 - Greater amounts of essential amino acids
 - Greater amounts of leucine

Burd et al, *MedScience* 2013

Skeletal muscle gene expression profile reflects an accommodative response to dietary protein in old males

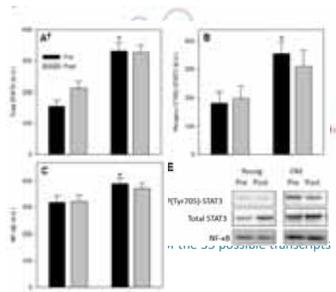


LPro = 0.50, MPro = 0.75, HPro = 1.00 g•kg⁻¹•d⁻¹
 Young --- Old —

Thalacker-Mercer, *JNB* 2010

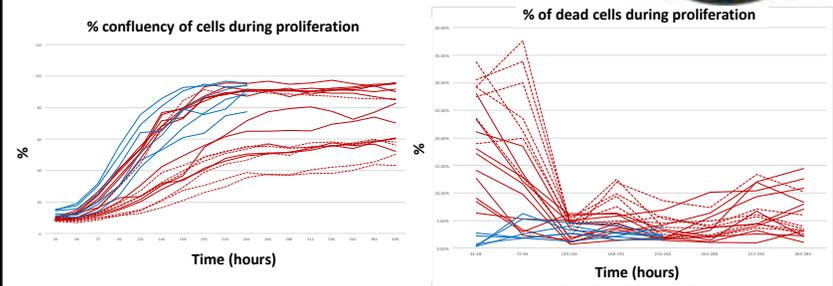
Older adult skeletal muscle has heightened inflammation and stress

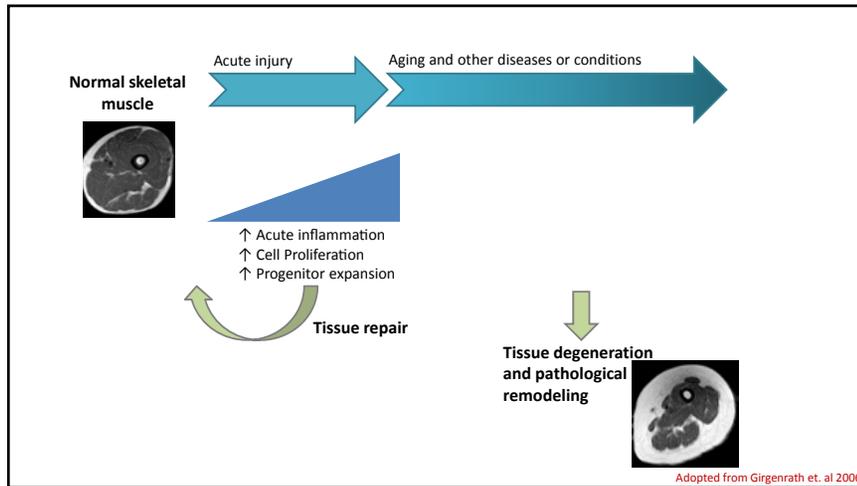
- Differentially expressed genes 24-h post RL:
 - Old: 128 ↓ and 223 ↑
 - Young: 36 ↓ and 55 ↑
- Among old, inflammation and stress at the center of primary damage responses
- Old have heightened inflammatory protein signaling before injury



Thalacker-Mercer et al. *Physiol Genomics* 2010

Heightened inflammation and stress response—impaired regenerative capacity





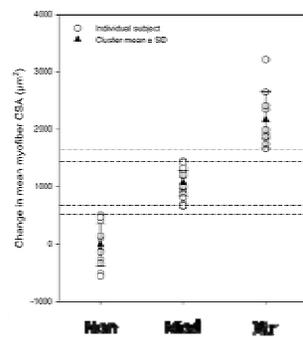
Challenges faced—Therapies

- Appropriate therapies to attenuate sarcopenia and functional decline are not clearly defined for all adults
- Current therapies
 - Resistance exercise training
 - Dietary protein
 - Leucine, an essential amino acid



"What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?"

Not everyone has the same hypertrophic response to RT



16 weeks resistance exercise training

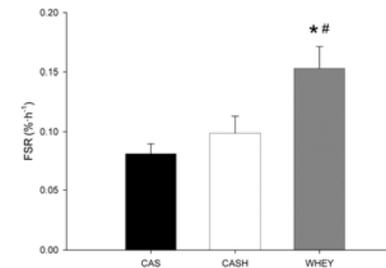
- Extreme Responders
 $\text{Xtr} = +2,475 \pm 140 \mu\text{m}^2$
- Moderate Responders
 $\text{Mod} = +1,111 \pm 46 \mu\text{m}^2$
- Non Responders
 $\text{Non} = -16 \pm 99 \mu\text{m}^2$

*Responses independent of age and sex

Bamman et al. 2007

Whey protein stimulates muscle protein synthesis more effectively in older men—Acute response

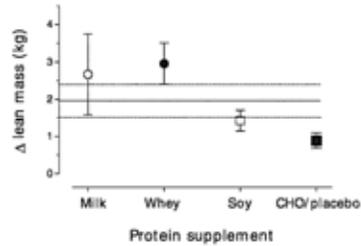
- 20 g of protein, No exercise stimulus



*WHEY significantly different from CAS, $P < 0.01$.
#WHEY significantly different from CASH, $P < 0.05$.

Pennings, AJCV 2011

Milk and milk proteins result in greater lean mass gains with RE training in young and old adults

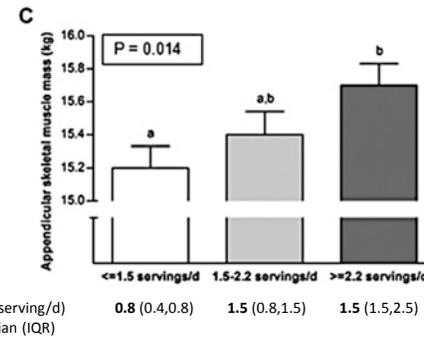


HOWEVER...

- Large inter-individual variation in muscle gains
- Gains in muscle can be marginal

Phillips et al., *J Am Coll Nutr*, 2009

Higher dairy intake is associated with greater muscle mass in older age women



Differences in lean mass are marginal

Milk (serving/d)
*Median (IQR)

≤1.5 servings/d	1.5-2.2 servings/d	≥2.2 servings/d
0.8 (0.4,0.8)	1.5 (0.8,1.5)	1.5 (1.5,2.5)

Radavelli-Bagatini et al., *J Bone Miner Res*, 2014

Challenges faced

- **Therapies:** Appropriate therapies to attenuate sarcopenia and functional decline are not clearly defined for all adults
- **Etiology:** Underlying etiology not well-understood
 - What causes chronic inflammation?
 - What causes anabolic resistance to stimuli?

Can we maximize gains or maintenance of skeletal muscle by understanding the etiology?

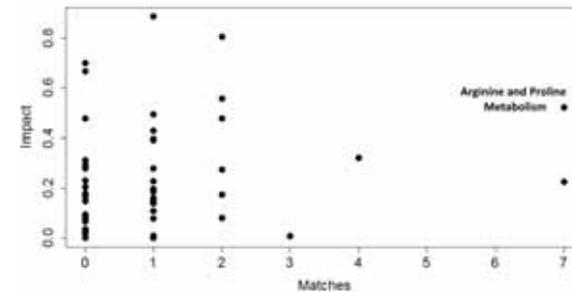
Serum metabolite profile of skeletal muscle mass in older adults

- **Purpose:** To identify serum metabolites and metabolic pathways associated with skeletal muscle mass in older adults
- Develop hypotheses about the metabolic changes that underlie sarcopenia—**potential for new therapies**

Study design

- **Participants:** 19 older adults
 - 60-75 years
 - 13 female, 6 male
- **DXA:** measured appendicular lean mass
- **Skeletal Muscle Index (SMI):** appendicular lean mass (kg) / height² (m²)
- **Blood draw:** collected serum after an overnight fast
- **Metabolomics:** Measured metabolite concentrations for ~340 polar metabolites
- **MetaboAnalyst:** Determined metabolic pathways associated with SMI based on the serum metabolites

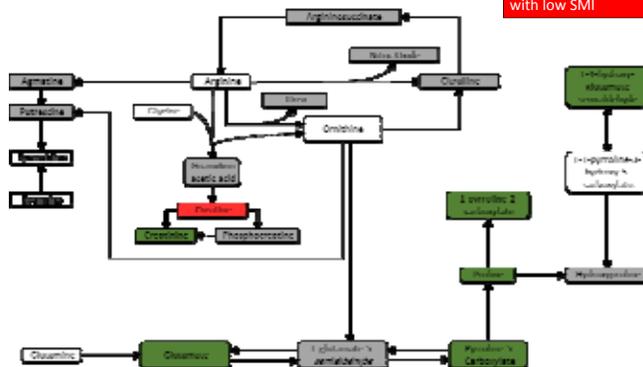
Arginine and proline metabolism—most strongly associated with SMI in older adults



Arginine and proline metabolism

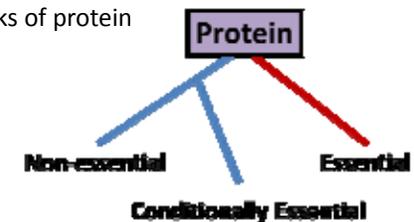
Low concentrations in older adults with low SMI

High concentrations in older adults with low SMI



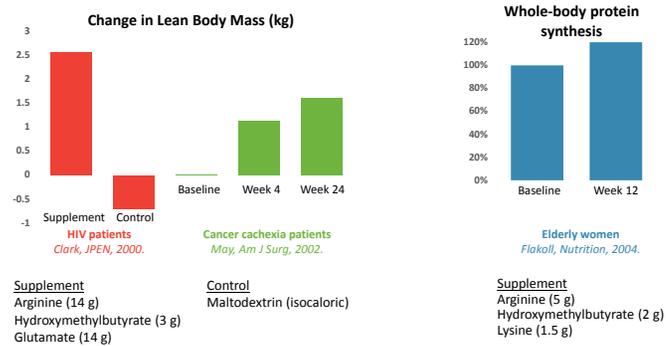
Amino acids

- Basic building blocks of protein



- **Arginine** = a conditionally essential amino acid
 - Growth
 - Trauma and stress

Supplements containing arginine increase skeletal muscle mass



- Arginine supplements are ineffective in young athletes (Bescós, IJNEM, 2009., Liu, J Nutr Biochem, 2009., Sunderland, JSCR, 2011., Tsai, Chin J Physiol, 2009.)

Supplements are effective in populations with elevated *inflammation*—is there an interaction between arginine metabolism and inflammation?

How could arginine affect muscle mass?

- **Attenuating inflammatory susceptibility**
 - Arginine attenuates hindlimb suspension-induced increases in the E3 ubiquitin ligases *MURF-1* and *atrogin-1* in rats (Lomonosova, Biochem (Mosc), 2011)
 - Arginine is important for attenuating NF-κB activity (inflammation induced signaling) (Kagemann et al. J Mol Med 2007)
- **Anabolic response to stimuli**
 - Arginine stimulates mTORC1, mediated by the lysosomal protein SLC38A9 (Wang, Science, 2015)
- **Alternative mechanism**
 - A metabolite of arginine could have an undefined effect on muscle mass

Cationic Amino Acid Transporters (CAT)

- Bidirectional, sodium-independent transport
- Transport arginine, ornithine, and lysine
- CAT-1 and CAT-2 isoforms are found in skeletal muscle
- CAT-2 gene expression is stimulated by inflammatory mediators, insulin, and glucocorticoids in human endothelial cells (Visigalli, Biochimica et Biophysica Acta – Biomembranes, 2004)

Purpose

- To investigate the effect of age on inflammatory signaling and arginine transport in human skeletal muscle.
- Hypotheses:
 - Older adults will have elevated inflammatory signaling in skeletal muscle
 - Older adults will have increased expression of the arginine transporters, *CAT-1* and *CAT-2*, in skeletal muscle

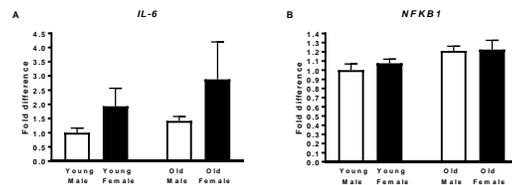
Study design

- Participants were healthy adults
 - Young: 11 adults (21-39 years)
 - Old: 10 adults (68-80 years)
- Skeletal muscle biopsies after an overnight fast
- qPCR to measure gene expression in muscle samples
- Statistics – ANOVA to assess the effects of age (and sex) on expression of arginine transport and inflammation genes

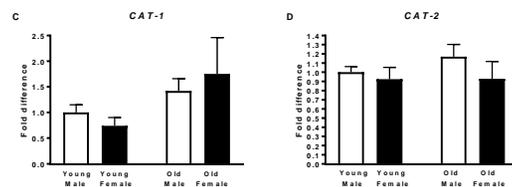


Inflammatory biomarkers and arginine transporters do not differ with age(?)

Inflammatory biomarkers



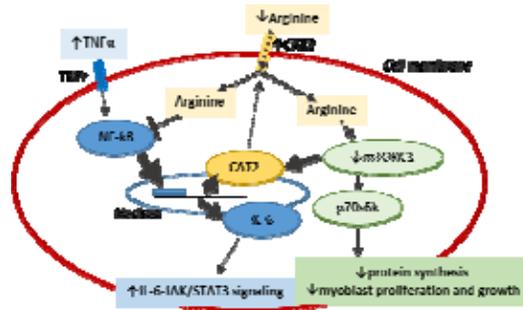
Arginine transporters



Purpose

- To investigate the effects of exogenous $TNF\alpha$ on skeletal muscle arginine transporters in human primary skeletal muscle cells
- Hypotheses:
 - $TNF\alpha$ will elevate inflammatory signaling
 - $TNF\alpha$ will increase gene expression of the arginine transporters, *CAT-1* and *CAT-2*

Working hypothesis



Summary:

- One of the biggest challenges faced is sarcopenia—appropriate therapies to offset muscle loss are needed
- Therapies to attenuate inflammation and improve anabolic responses are necessary
- Therapies to manipulate arginine availability could improve skeletal muscle health in populations with elevated muscle inflammation, including many older adults.

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