

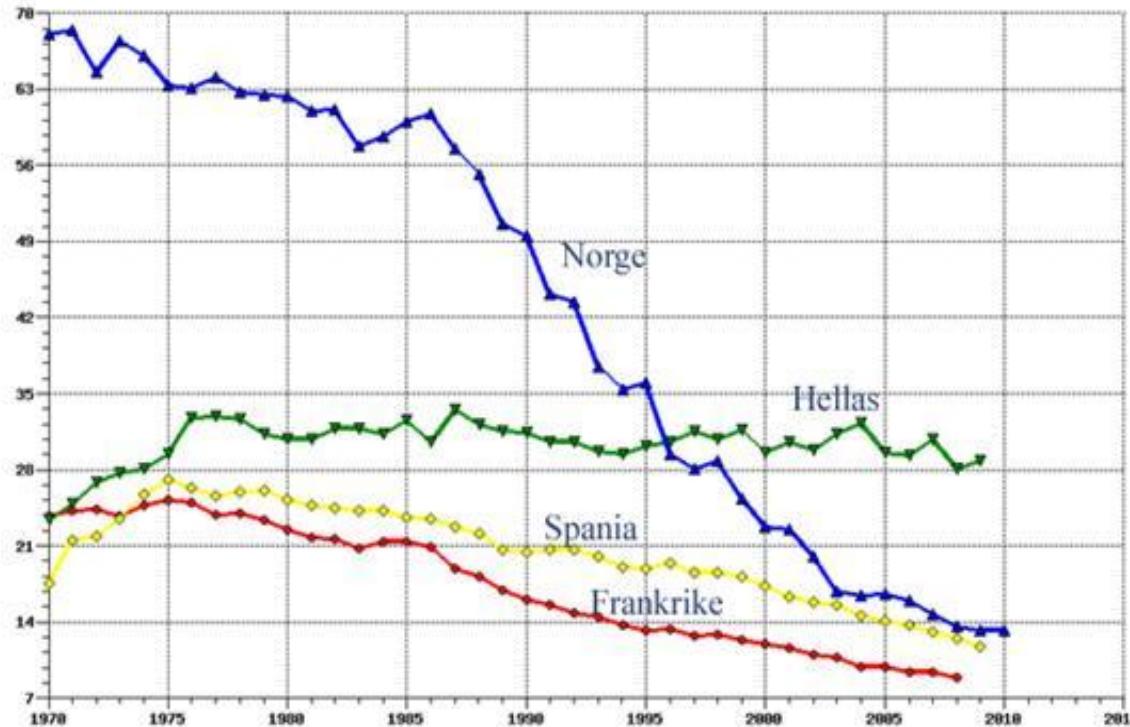
# *Marine proteins and heart disease*

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Professor of Nutrition at Université Laval  
and  
Guest Researcher at NIFES*

**Marine FagDag**  
*November 29, 2012*

# Decline in heart disease in Norway

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A strong decline in the prevalence of heart disease has been observed in Norway due a reduction in smoking, blood cholesterol and blood pressure.

Reikvam & Hagen. *Journal of the Norwegian Medical Association*, 2011

# Increase in the prevalence of type 2 diabetes in the world and in Norway

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The prevalence of type 2 diabetes is increasing in the world:  
it was estimated  
to 8.3% in 2011 and will be 9.9% in 2030.

IDF, 2009

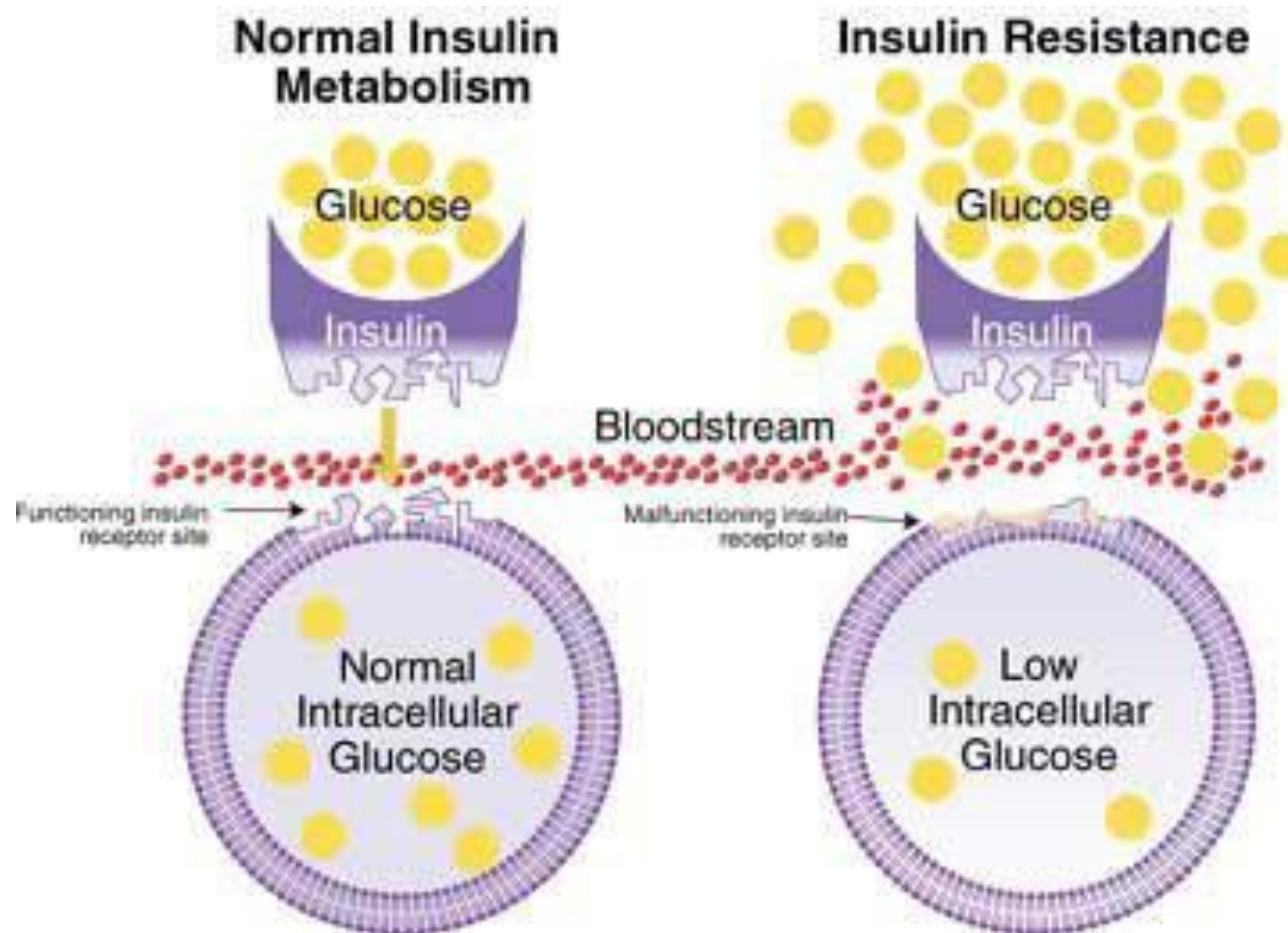
In Norway,  
the estimated prevalence was 4.3% in 2007  
and is projected to rise to 5.4% in 2025.

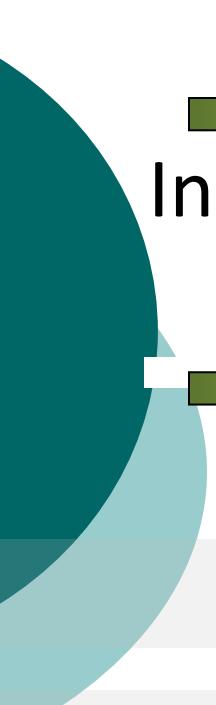
IDF, 2009

Among people who die with diabetes,  
the main cause of death is cardiovascular disease.

# Insulin resistance is preclinical condition to type 2 diabetes

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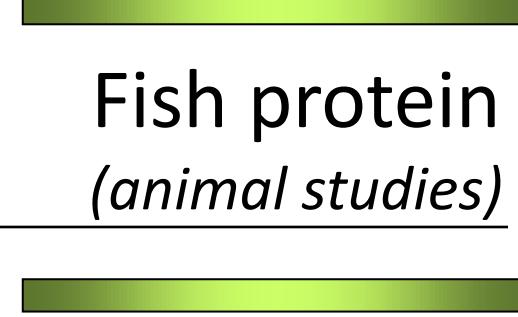




## Insulin resistance *(animal studies)*



## Fish protein *(animal studies)*



Fasting insulinemia



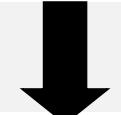
Fasting glycemia



Triglycerides



LDL cholesterol



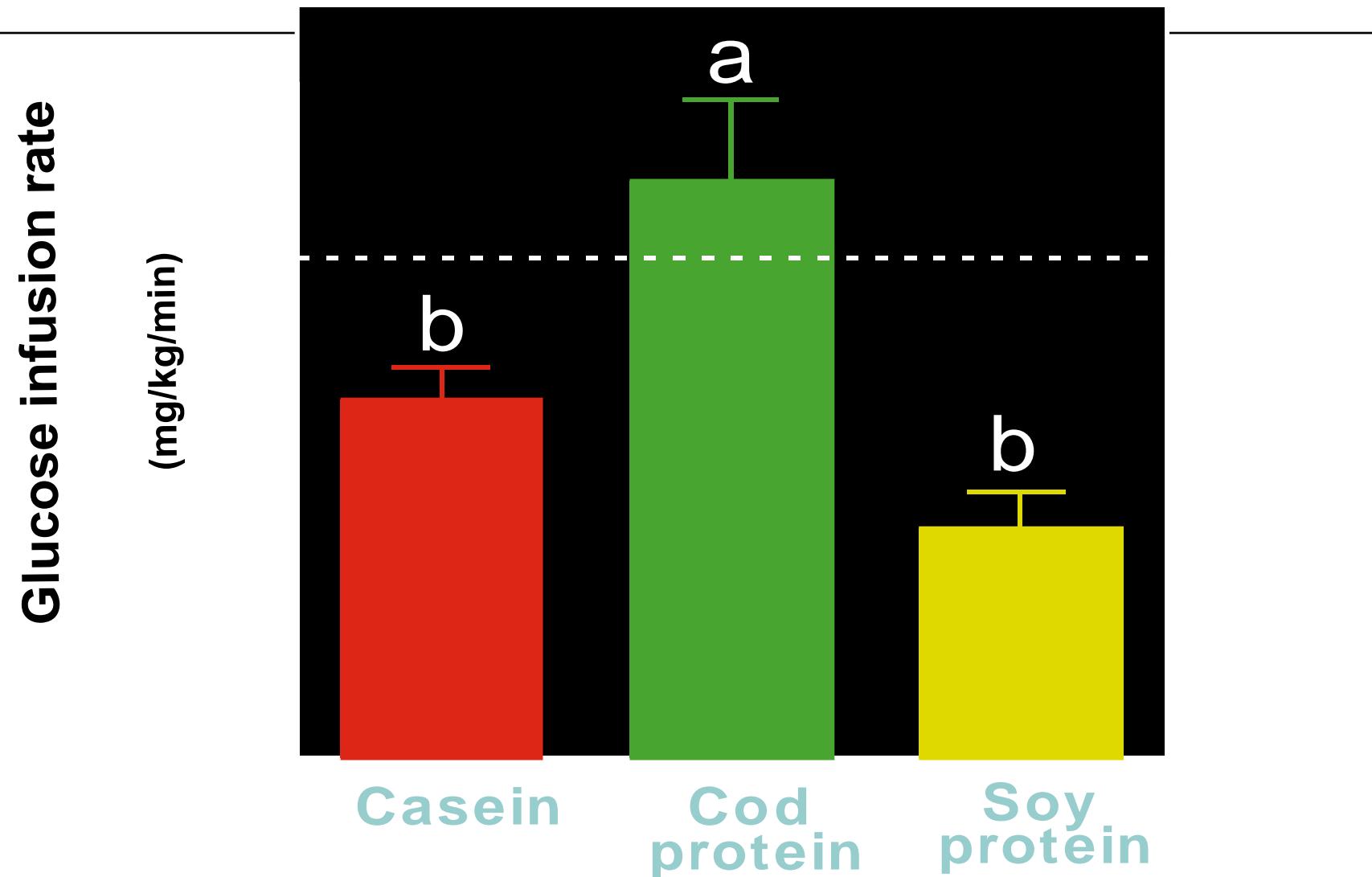
HDL cholesterol



Hypertension

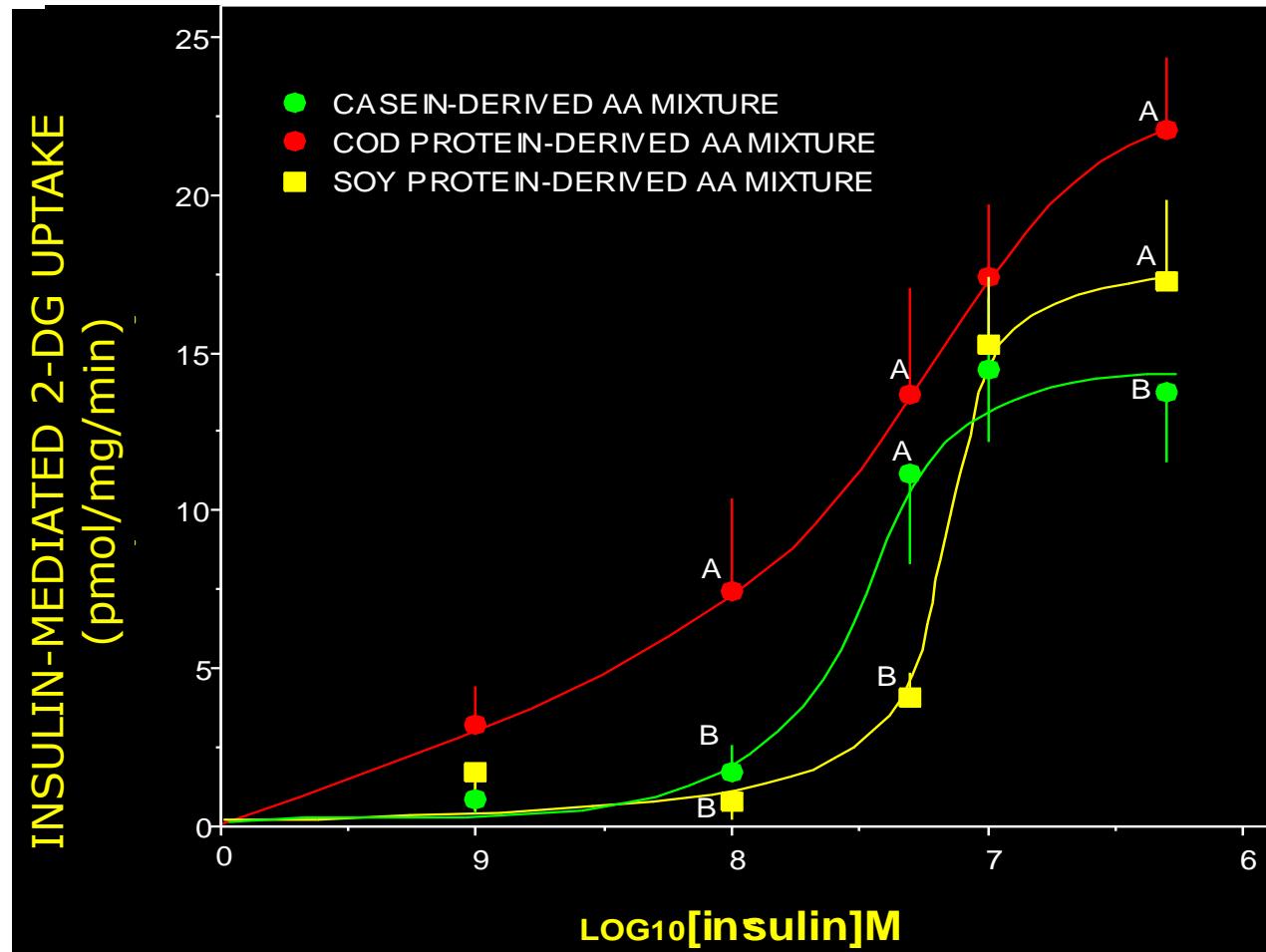


# *Cod protein normalized insulin sensitivity in high-fat fed rats*

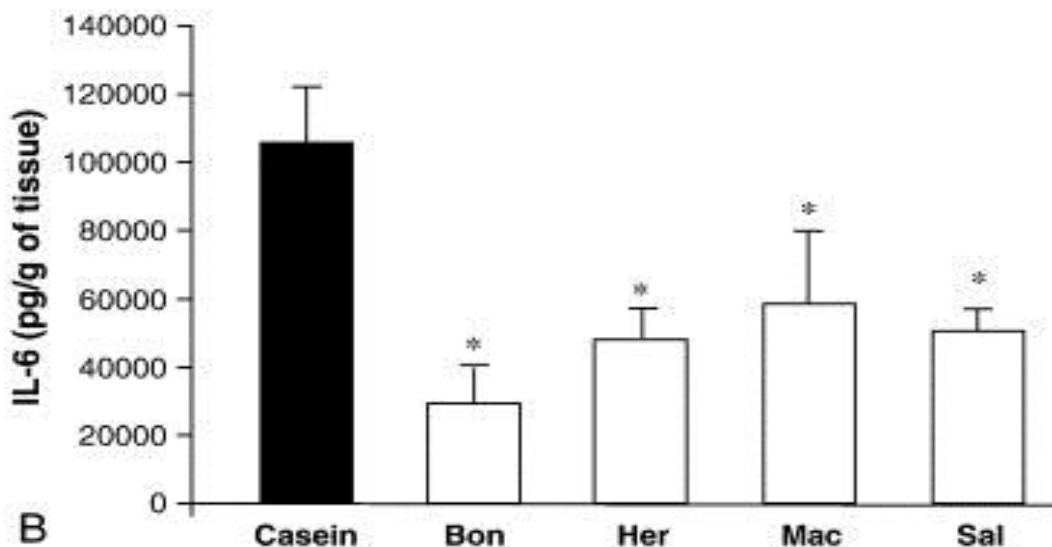
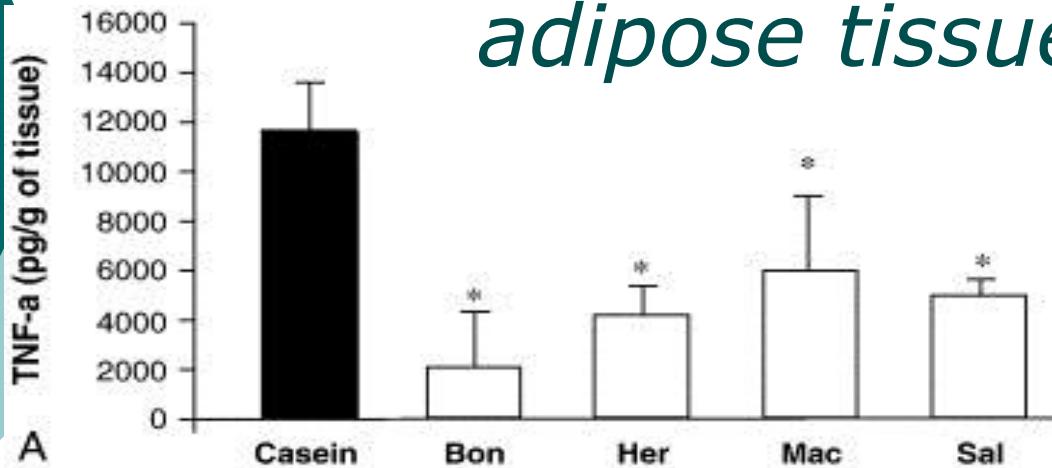


(Lavigne et al. Am J Physiol Endocrinol Metab 2001 ;281 :E62-E71)

# *Amino acid mixtures and in vitro insulin sensitivity*



# *Inflammatory cytokines in visceral adipose tissue (retroperitoneal)*



↓TNF- $\alpha$  & IL-6  
following the consumption  
of fish protein sources

\* $p < 0.05$  vs  
casein.

Pilon G et al. Metabolism.  
2011;60:1122-30.

## *Human studies*

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*Hypothesis:*

*Fish (cod) protein improves cardiovascular risk compared with other animal proteins in humans.*

*Objective:*

*To compare the effects of fish (cod) protein to those of other animal proteins on plasma lipids, insulin sensitivity and reduces inflammatory markers in insulin-resistant humans.*

## Experimental diets

	Diets	
	BPVEM	Lean fish
<b>Energy (Kj)</b>	<b>10984</b>	<b>10920</b>
<b>Carbohydrate (% energy)</b>	<b>51</b>	<b>52</b>
<b>Lipids (% energy)</b>	<b>32</b>	<b>32</b>
<b>Protein (% energy)</b>	<b>19</b>	<b>18</b>
<b>PUFA (g)</b>	<b>25</b>	<b>26</b>
<b>MUFA (g)</b>	<b>39</b>	<b>39</b>
<b>SFA (g)</b>	<b>22</b>	<b>23</b>
<b>PUFA:MUFA:SFA</b>	<b>1.1:1.8:1.0</b>	<b>1.1:1.7:1.0</b>
<b>Omega-3 (g)</b>	<b>3.5</b>	<b>3.3</b>
<b>Omega-6 (g)</b>	<b>20.9</b>	<b>21.6</b>
<b>Cholesterol (mg)</b>	<b>228</b>	<b>220</b>
<b>Dietary fibers (g)</b>	<b>28.0</b>	<b>29.7</b>
<b>Calcium (mg)</b>	<b>1595</b>	<b>1487</b>
<b>Vitamin D (µg)</b>	<b>15.3</b>	<b>12.8</b>

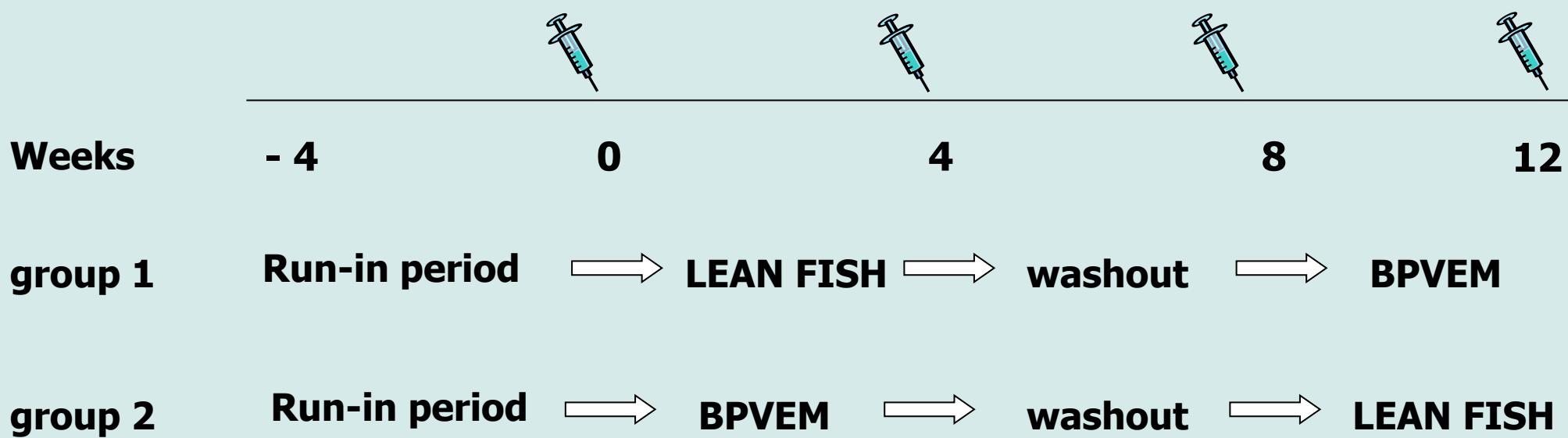
<sup>1</sup>x ± SEM; n = 19. BPVEM, beef, pork, eggs, milk products

# *Experimental design (crossover)*

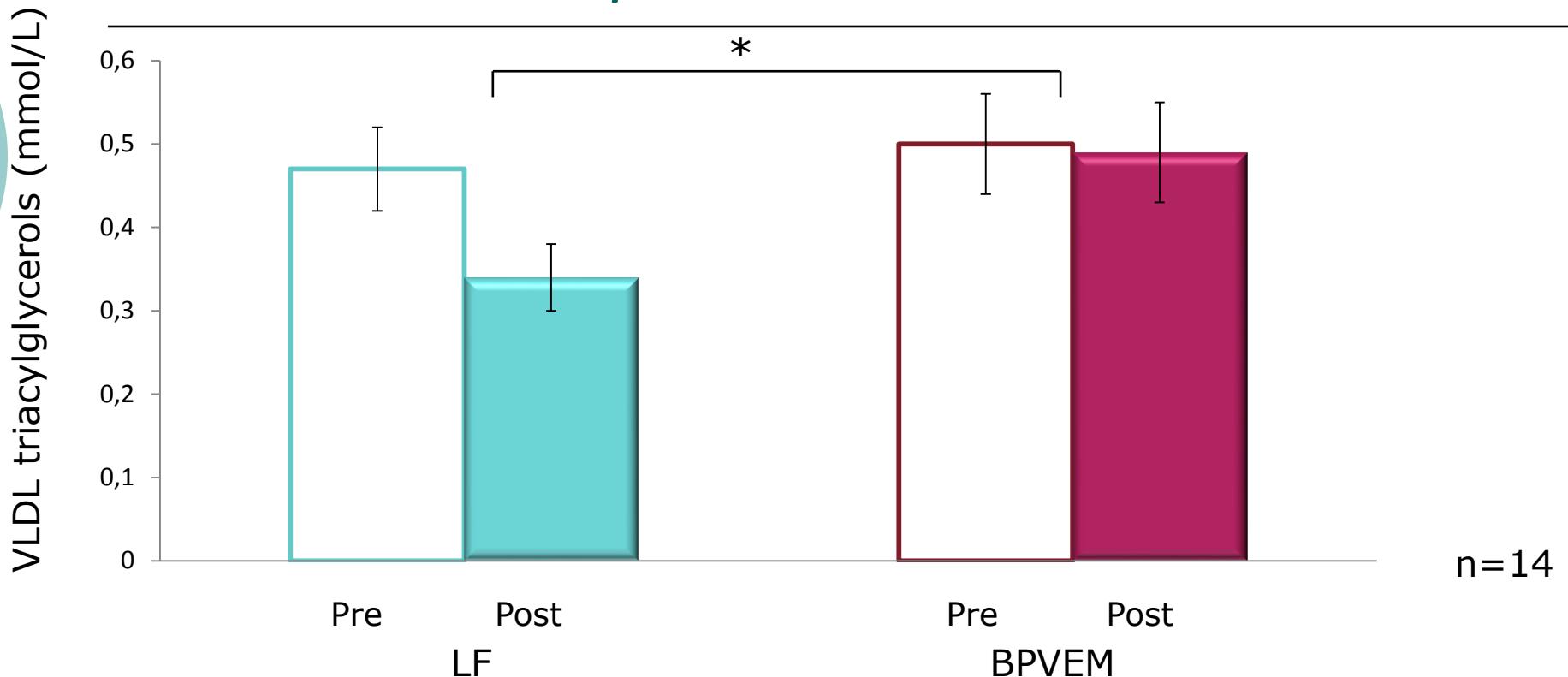
## Legend



= Blood sampling



# *Lean fish diet reduced VLDL triacylglycerols in normolipidemic women*



• $p<0.05$  between changes following lean fish and BPVEM diets  
BPVEM: beef, pork, veal, eggs, milk and milk products

# *Dietary protein sources and risk of coronary disease in women*

Bernstein et al

Dietary Protein and Risk of Coronary Disease

881

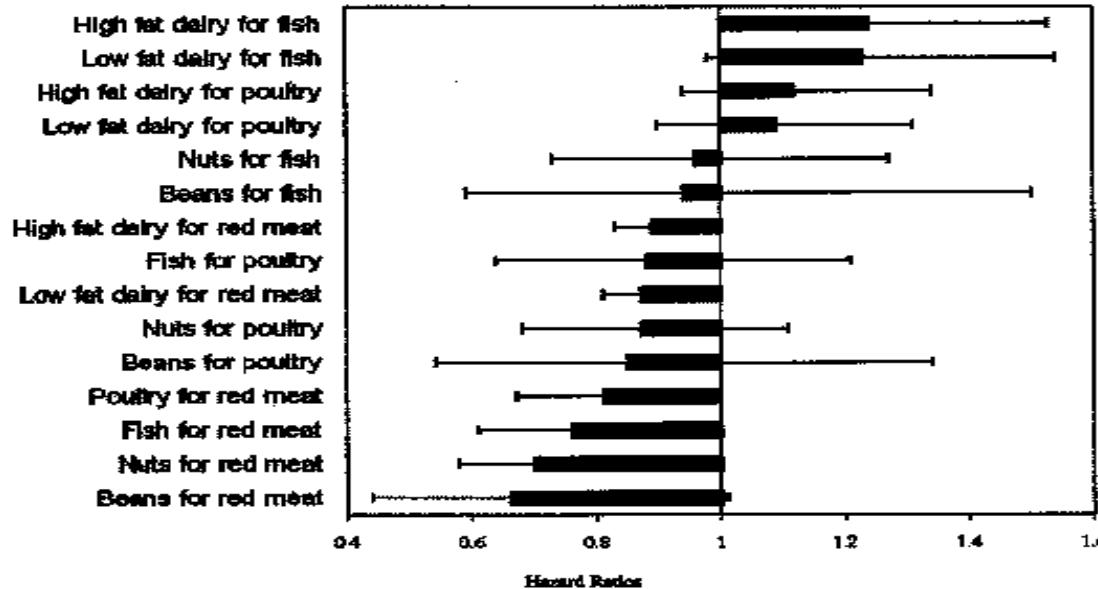
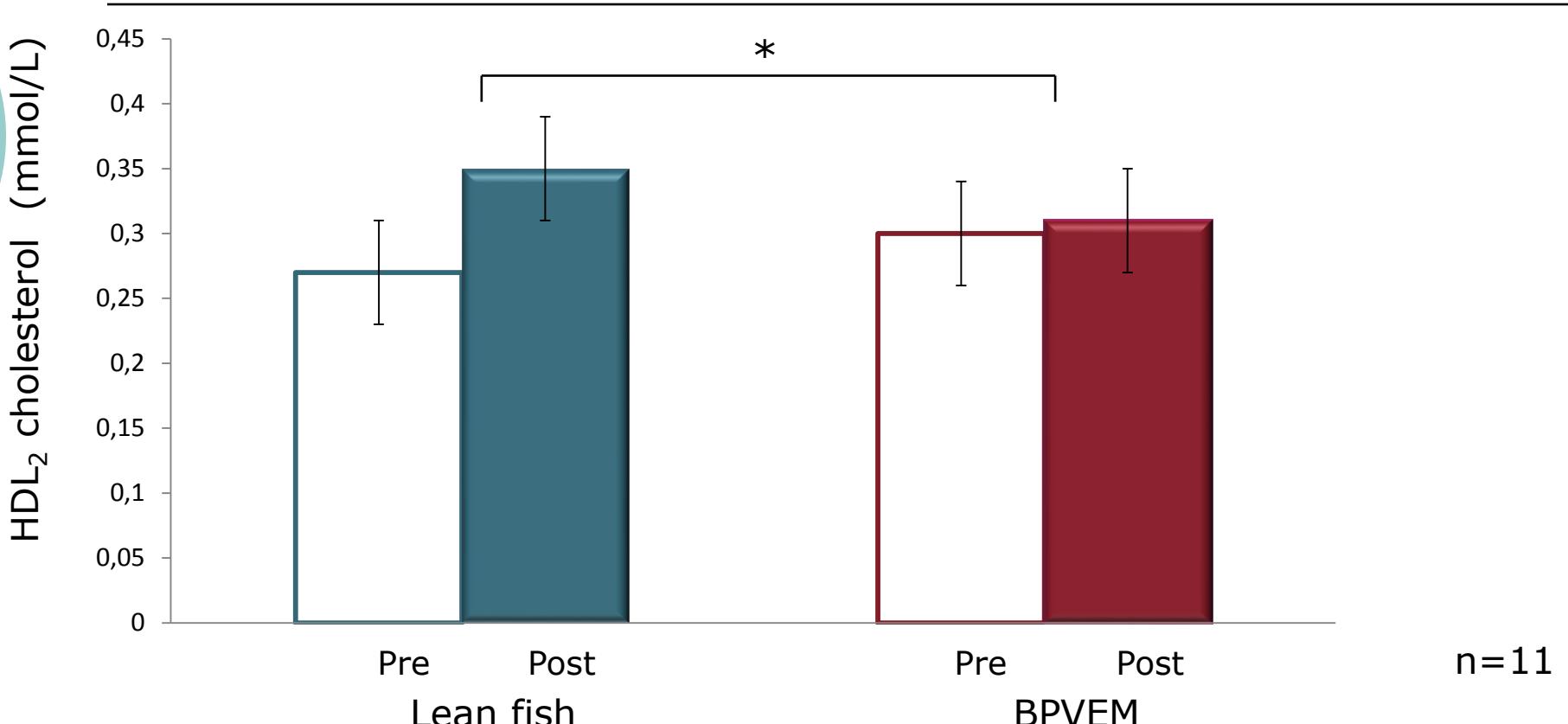


Figure. RRs and 95% CIs for CHD associated with replacement of a major dietary protein source with another.

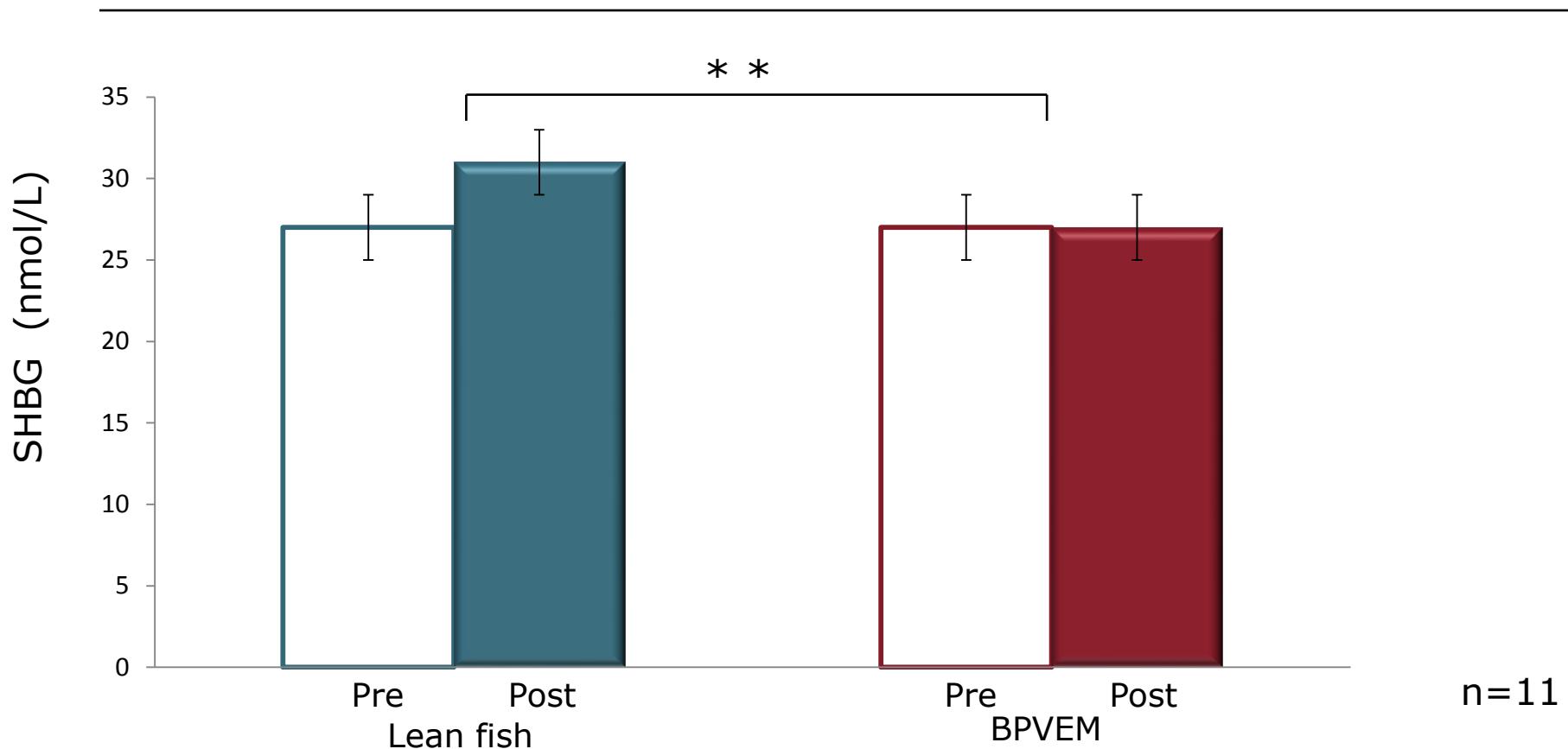
Human prospective study, n= 84 136

# *Lean fish diet increased HDL<sub>2</sub> cholesterol in normolipidemic men*



\* p<0.05 between changes following lean fish and BPVEM and diets  
BPVEM: beef, pork, veal, eggs, milk and milk products

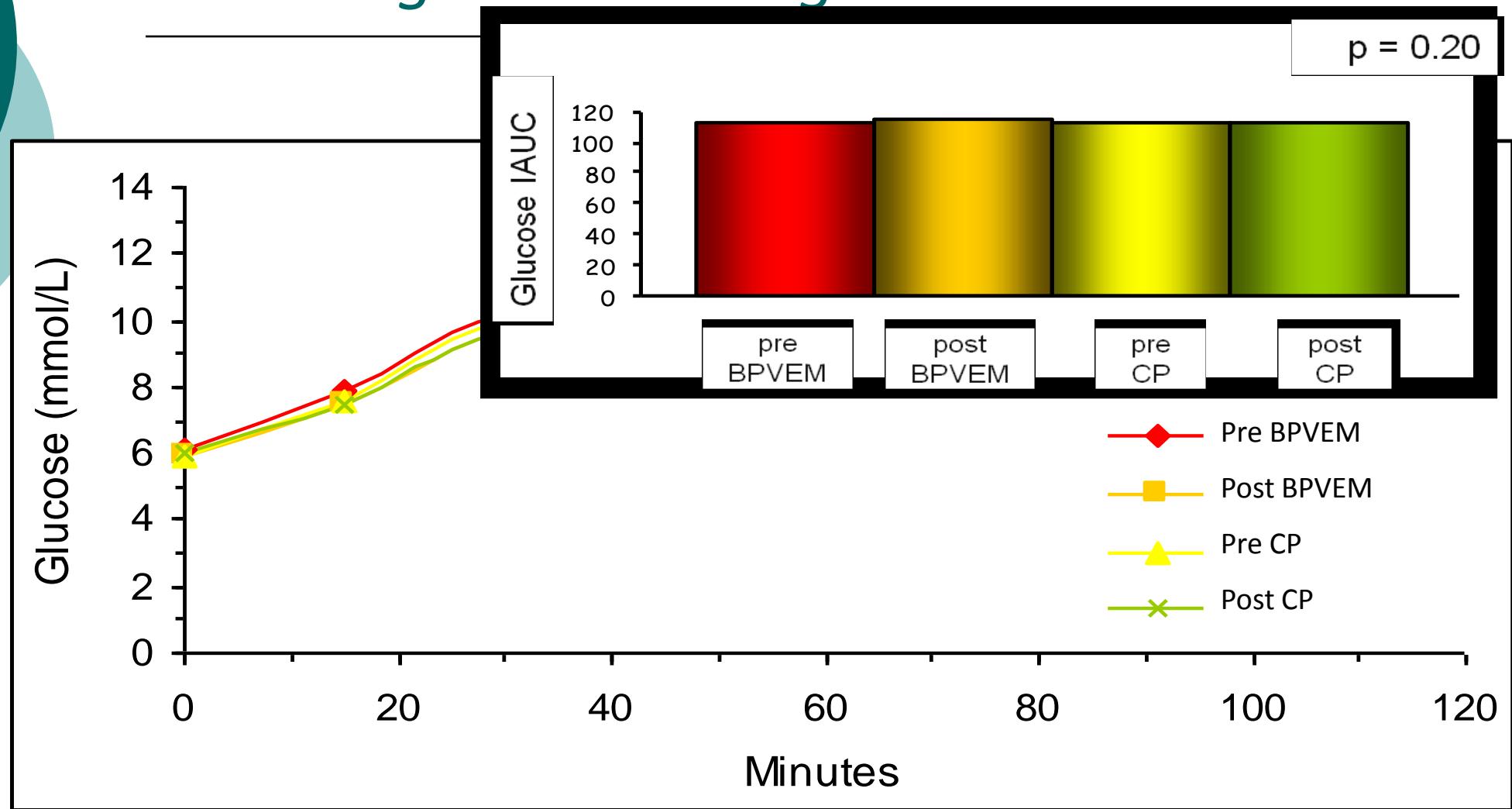
# *Lean fish diet increased SHBG in normolipidemic men*



\*\* p<0.01 between changes following BPVEM and lean fish diets  
BPVEM: beef, pork, veal, eggs, milk and milk products

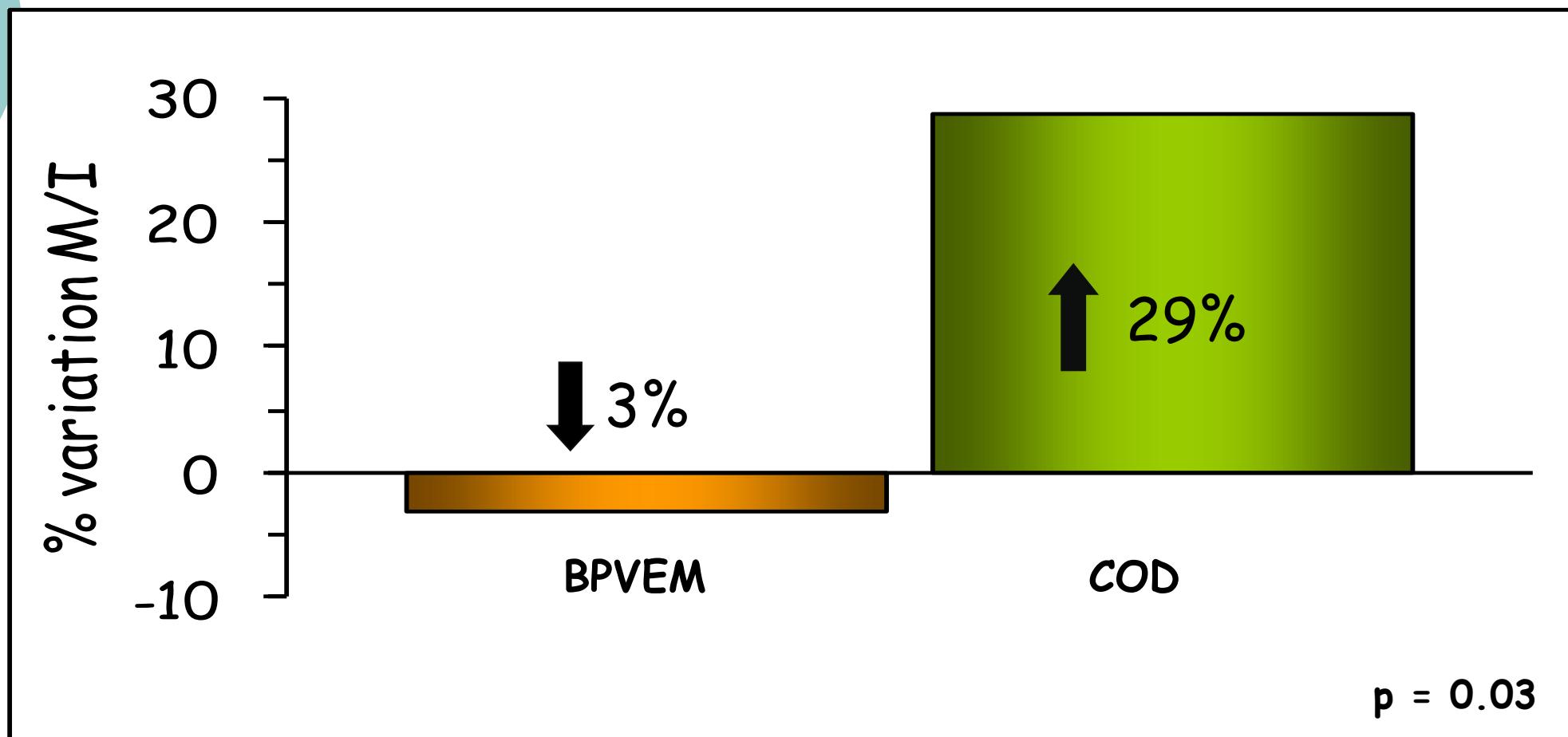
Lacaille et al JACN 2000;19:745-753.

## *Plasma glucose during OGTT*

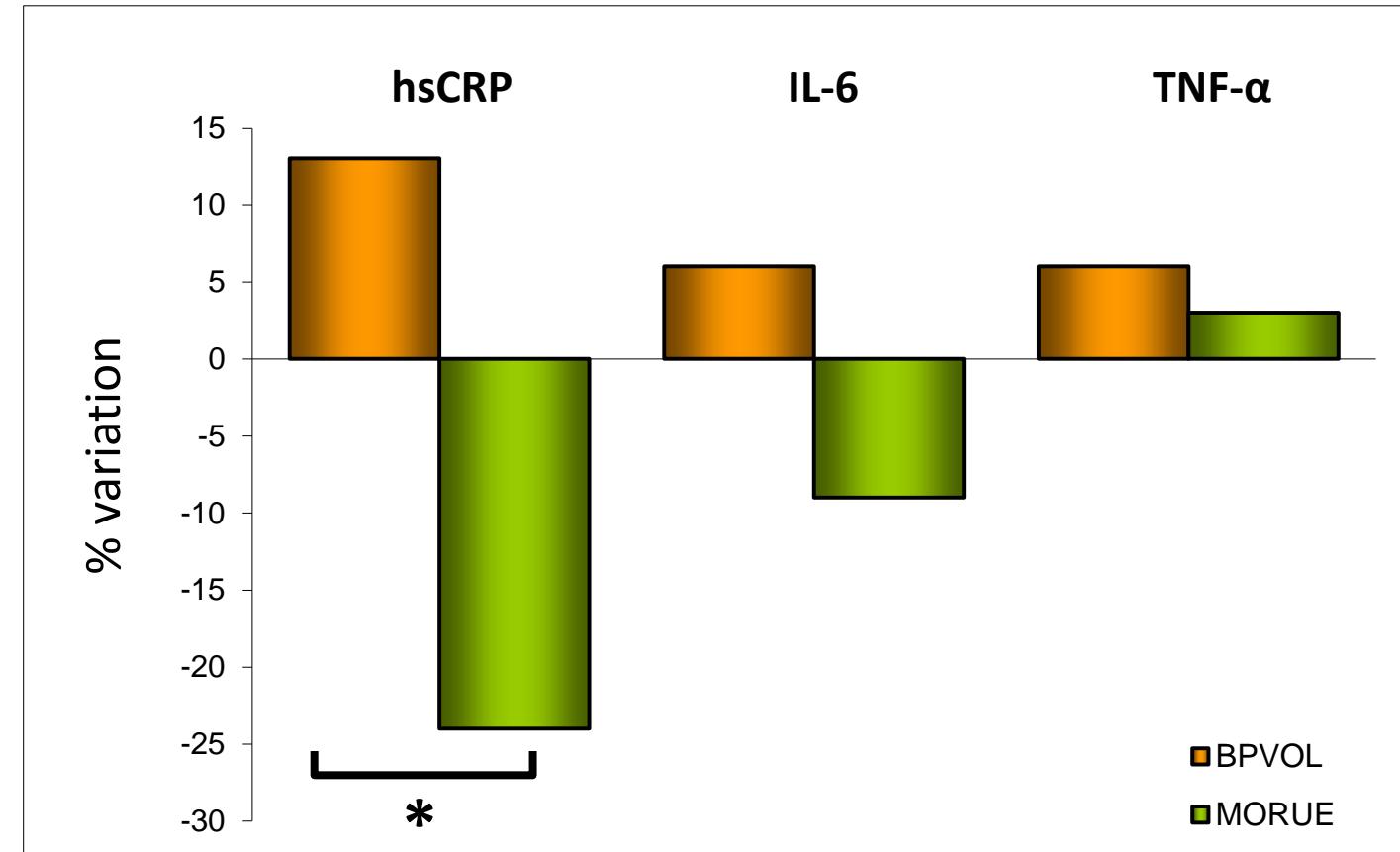


(Ouellet et al. Diabetes Care 2007 ;30 :2816-2821)

## *Cod protein improved insulin sensitivity in obese insulin-resistant men and women*



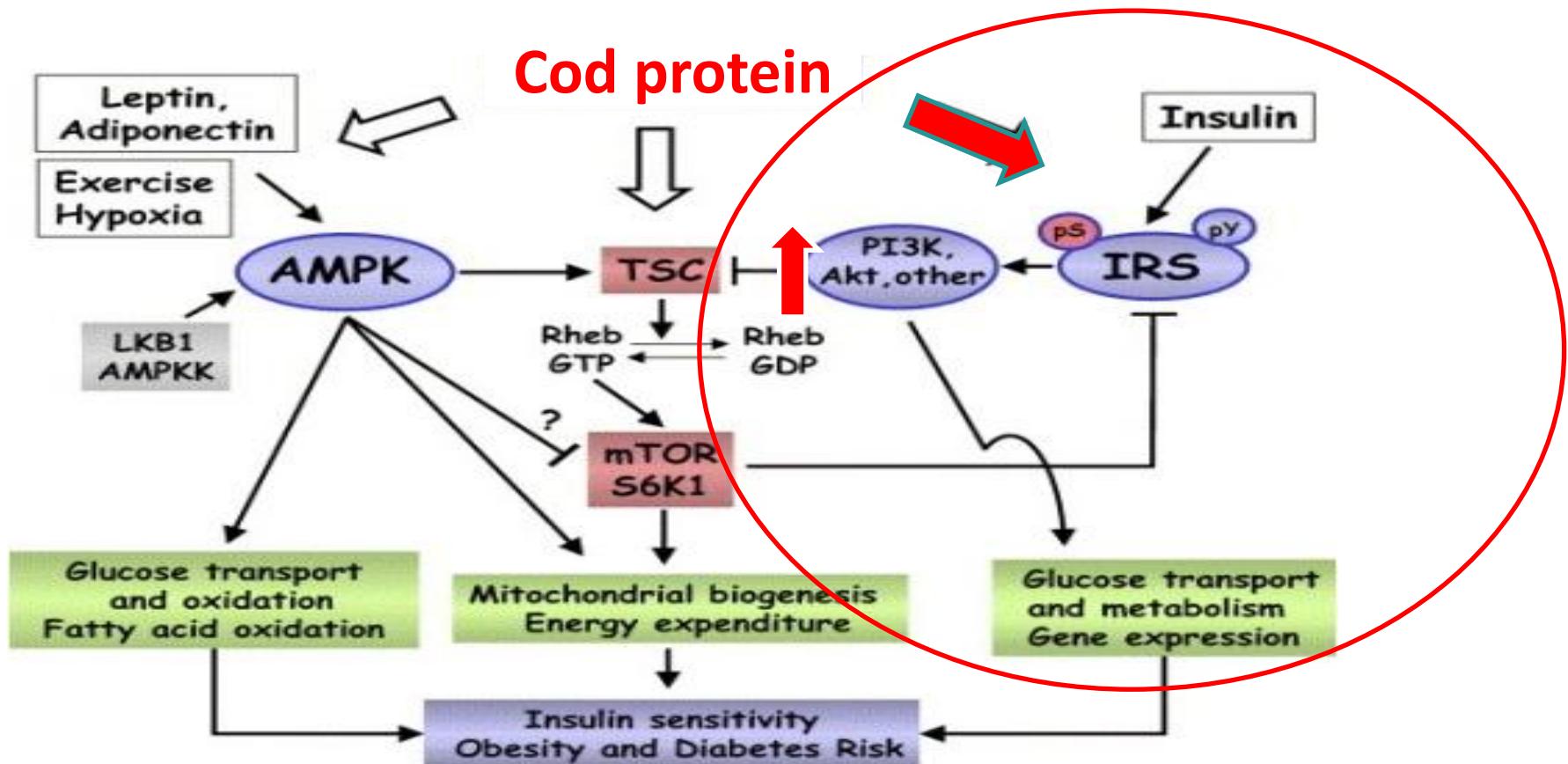
# *Cod protein reduced hsCRP, an inflammatory marker, in obese insulin-resistant men and women*



P = 0.04

(Ouellet et al. J. Nutr 2008;138: 2386–2391)

# Cod protein contributes to enhance insulin signalling in insulin resistant humans



## Amino acid content of experimental diets

Amino acids	BPVEM	Cod
Alanine	5,5	6,0
Arginine	6,3	7,0
Aspartic acid	10,1	11,6
Glutamic acid	23,4	21,1
Glycine	5,0	5,2
Histidine	3,4	3,1
Isoleucine	5,4	5,0
Leucine	9,3	8,6
Methionine	2,5	2,7
Lysine	7,8	8,2
Phenylalanine	5,1	4,8
Proline	7,9	5,6
Serine	5,3	5,0
Threonine	4,6	4,5
Tyrosine	4,2	3,7
Valine	6,2	5,7

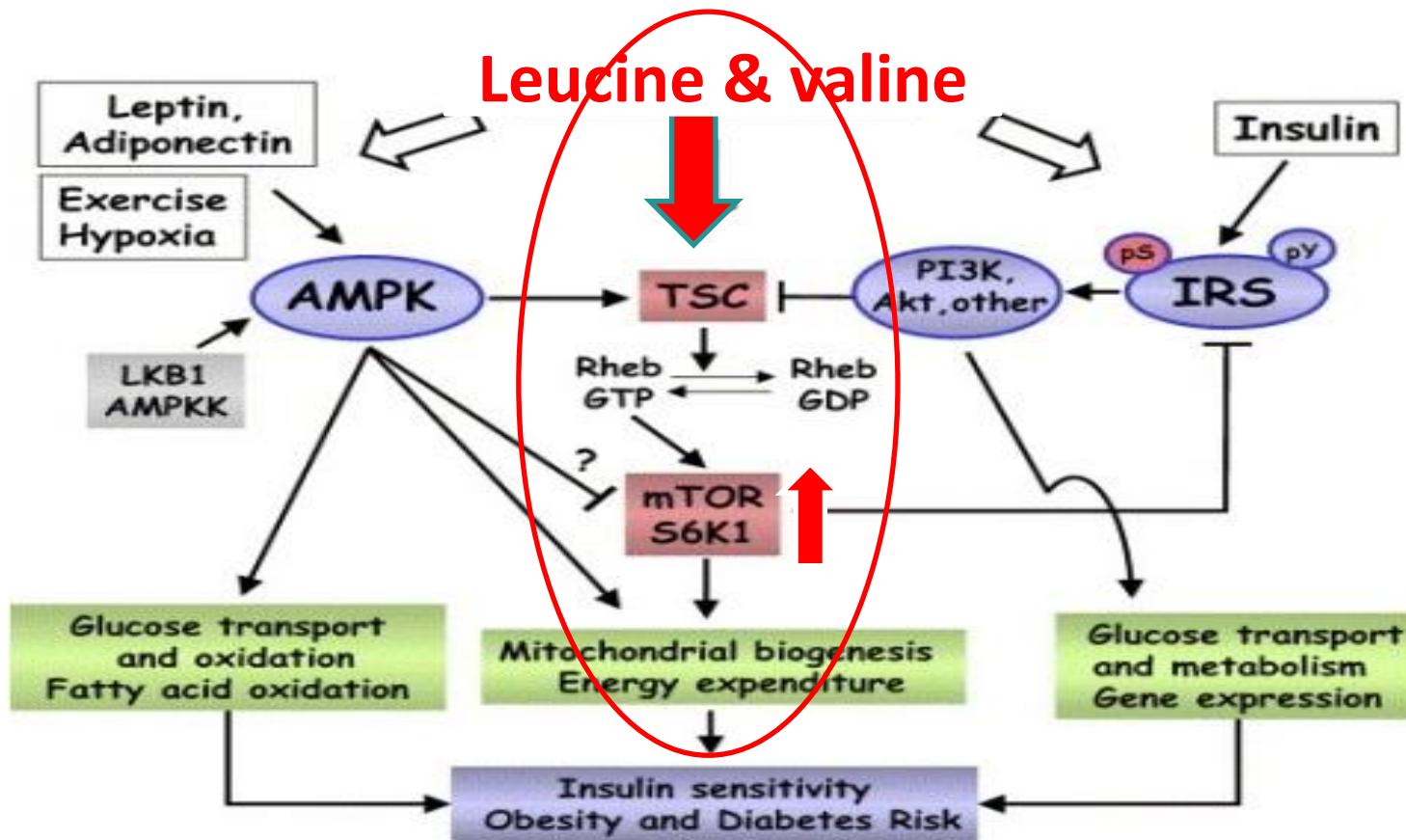
(Ouellet et al. Diabetes Care 2007 ;30 :2816-2821)

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(Ouellet et al. Diabetes Care 2007 ;30 :2816-2821)

# Mode of action of leucine and valine



## *Conclusion (Controlled studies)*

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*These results indicate that fish (cod) protein may improve blood lipids in healthy subjects, and insulin sensitivity in overweight/obese insulin-resistant men and women.*

*These beneficial effects may be partly mediated by attenuated low-grade inflammation associated with insulin resistance and type 2 diabetes.*

*The insulin-sensitizing effect of cod protein may result from an activation of insulin signalling cascade, partly through an increase in IRS-1 associated PI 3-kinase activity.*

# *Free-living Study*

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## ***Fish gelatin supplementation in insulin-resistant subjects consuming omega-3 PUFA supplement***

***Hélène Jacques, Julie Bisson, Eliane Picard-Deland, Julie Marois, Charles Lavigne, Bruce Holub, Eugene Chu, Jiri Frohlich, John Hill, André Marette, S. John Weisnagel***

*Picard-Deland E et al. J Nutr Sci, in press.*

*Bisson J et al. Manuscript in preparation.*

## *Objective*

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*To test whether fish protein supplement enhances the effects of fish n-3 PUFA, also given as a supplement, on plasma lipid profile and other markers of CVD risk in obese insulin-resistant subjects.*

## *Choice of the ingredients*

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Marine fish oil: *1.8 g marine omega-3 FA  
(Capsules, Ocean Nutrition Canada)*



Fish protein source: *Fish Gelatin (Norland Products, Nova Scotia Canada)  
given in a broth*



## Results-Plasma lipid response

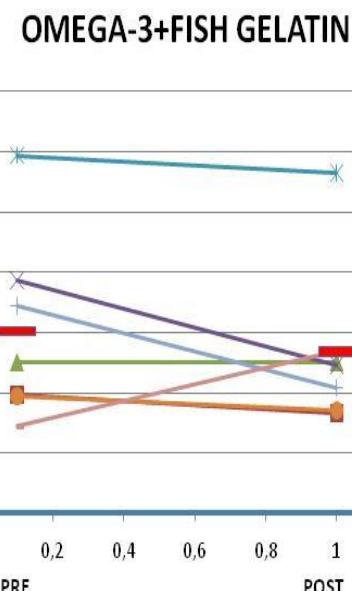
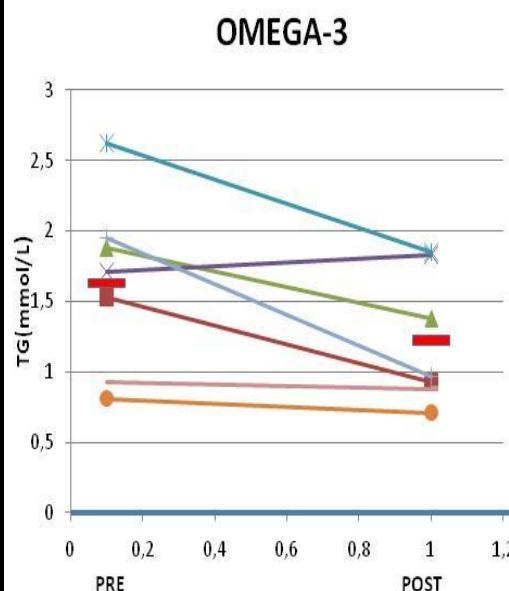
	Omega-3			Omega-3+Fish Gelatin			P value
	Pre	Post	Δ	Pre	Post	Δ	
Blood lipids (mmol/L)							
Total Cholesterol	5.7 ± 0.3	5.5 ± 0.3	-0.2 ± 0.1	5.4 ± 0.3	5.4 ± 0.3	-0.06 ± 0.10	<b>0.30</b>
Triglycerides	1.5 ± 0.1	1.2 ± 0.1	-0.2 ± 0.1	1.5 ± 0.1	1.2 ± 0.1	-0.3 ± 0.10	<b>0.58*</b>
HDL-Cholesterol	1.1 ± 0.04	1.1 ± 0.1	0.04 ± 0.03	1.0 ± 0.1	1.1 ± 0.1	0.09 ± 0.03	<b>0.13</b>
LDL-Cholesterol	4.0 ± 0.3	3.8 ± 0.2	-0.14 ± 0.1	3.7 ± 0.2	3.7 ± 0.2	-0.02 ± 0.08	<b>0.24</b>
Total Chol/HDL-Chol	5.5 ± 0.4	5.1 ± 0.4	-0.4 ± 0.1	5.5 ± 0.4	5.0 ± 0.4	-0.5 ± 0.1	<b>0.46</b>

Mean ± SEM

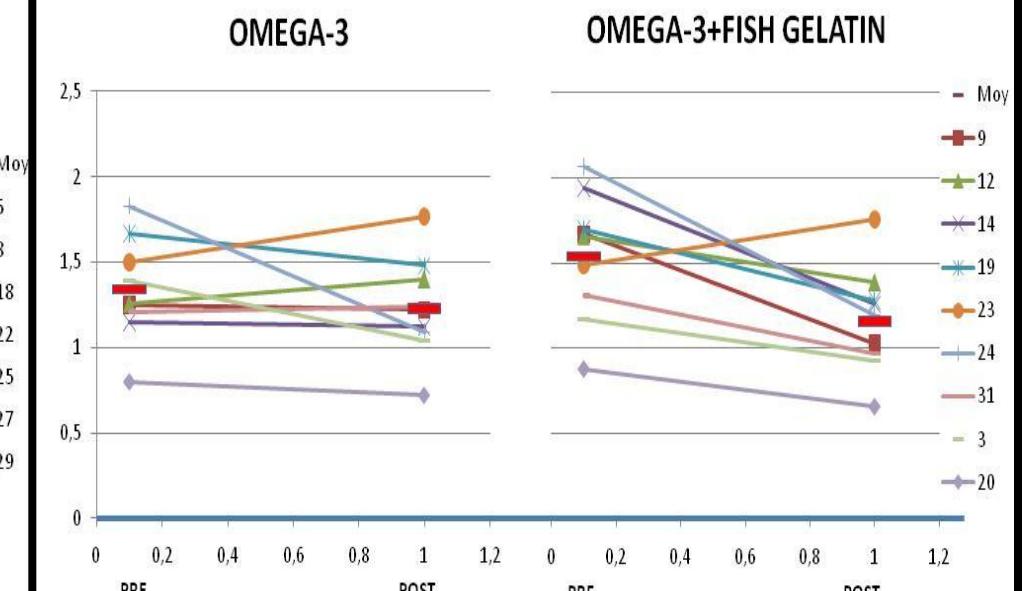
\* Gender effect

# *Sex-dependent response on triglycerides*

Men



Women



P=0.02

Fish gelatin potentiates the decreasing effects of n-3 PUFA on plasma triglycerides in women

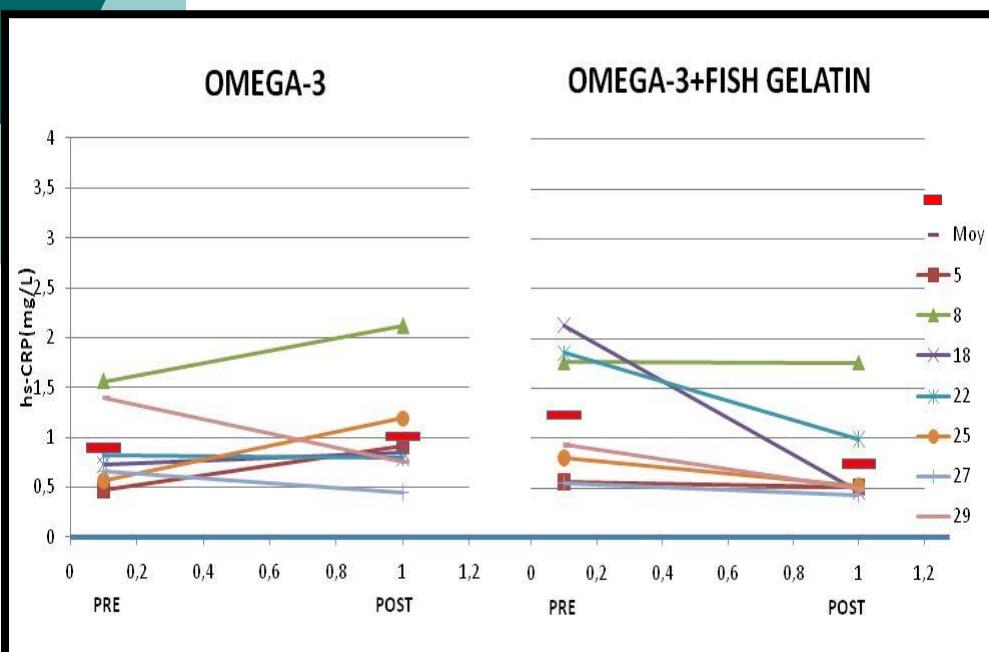
## Results-Inflammatory and cardiovascular markers

	Pre	Post	Omega-3 Δ	Pre	Post	Omega-3+Fish Gelatin Δ	P value
MCP-1 (pg/ml) <sup>2</sup>	650 ± 44	665 ± 47.0	15.3 ± 49.6	579 ± 57	633 ± 44.0	53.0 ± 33.3	0.30
TNF-α (pg/ml) <sup>2</sup>	6.73 ± 1.31	5.83 ± 0.66	-0.90 ± 0.82	4.93 ± 0.47	5.33 ± 0.46	0.40 ± 0.42	0.12
hs-CRP (mg/L)	1.57 ± 0.34	1.58 ± 0.41	0.01 ± 0.20	1.75 ± 0.32	1.68 ± 0.50	-0.07 ± 0.29	0.70*
IL-10 (pg/ml) <sup>2</sup>	1.06 ± 0.78	0.21 ± 0.07	-0.85 ± 0.77	1.94 ± 1.43	0.49 ± 0.25	-1.45 ± 1.52	0.82
IL-1β (pg/ml) <sup>2</sup>	9.29 ± 2.14	6.17 ± 1.86	-3.12 ± 2.80	7.08 ± 2.09	5.42 ± 1.67	-1.66 ± 1.25	0.61
IL-1ra (pg/ml)	115 ± 7.0	111 ± 11.0	-3.20 ± 7.86	119 ± 9.0	111 ± 7.31	-7.0 ± 5.90	0.69
IL-6 (pg/ml)	116 ± 38.0	81.6 ± 27.3	-34.7 ± 36.5	99.7 ± 29.5	59.3 ± 24.1	-40.3 ± 29.2	0.90
PAI-1 (ng/ml)	2.18 ± 0.38	3.45 ± 0.73	1.27 ± 0.58	1.78 ± 0.43	3.14 ± 0.46	1.36 ± 0.26	0.96
Adiponectin (ug/ml)	14.3 ± 1.3	14.8 ± 1.5	0.46 ± 0.69	13.4 ± 1.6	14.7 ± 1.53	1.25 ± 1.40	0.82
Homocysteine (umol/L)	10.1 ± 0.4	9.56 ± 0.45	-0.53 ± 0.36	9.49 ± 0.55	9.76 ± 0.44	0.28 ± 0.44	0.19
Leptin (ng/ml)	16.6 ± 2.5	15.2 ± 2.4	-1.40 ± 0.89	18.0 ± 3.5	16.5 ± 2.60	-1.48 ± 1.91	0.81
Cystatin C (mg/L)	0.76 ± 0.03	0.72 ± 0.03	-0.03 ± 0.01	0.73 ± 0.03	0.71 ± 0.03	-0.02 ± 0.170	0.73
Résistin (ng/ml)	26.7 ± 2.6	36.6 ± 4.4	9.92 ± 3.33	26.2 ± 2.5	35.7 ± 4.32	9.49 ± 4.02	0.86
Serum amyloid A (ug/ml)	82.4 ± 35.0	51.2 ± 6.1	-31.2 ± 34.7	112 ± 57.0	63.3 ± 10.5	-48.6 ± 17.2	0.47
Myeloperoxidase (pg/ml)	39.1 ± 11.0	75.0 ± 27.8	35.9 ± 18.3	40.7 ± 8.8	62.3 ± 15.2	21.7 ± 14.9	0.99
ADMA (ug/L)	87.0 ± 2.5	112 ± 14	24.9 ± 13.4	83.7 ± 4.2	97.6 ± 10.1	13.9 ± 11.0	0.35

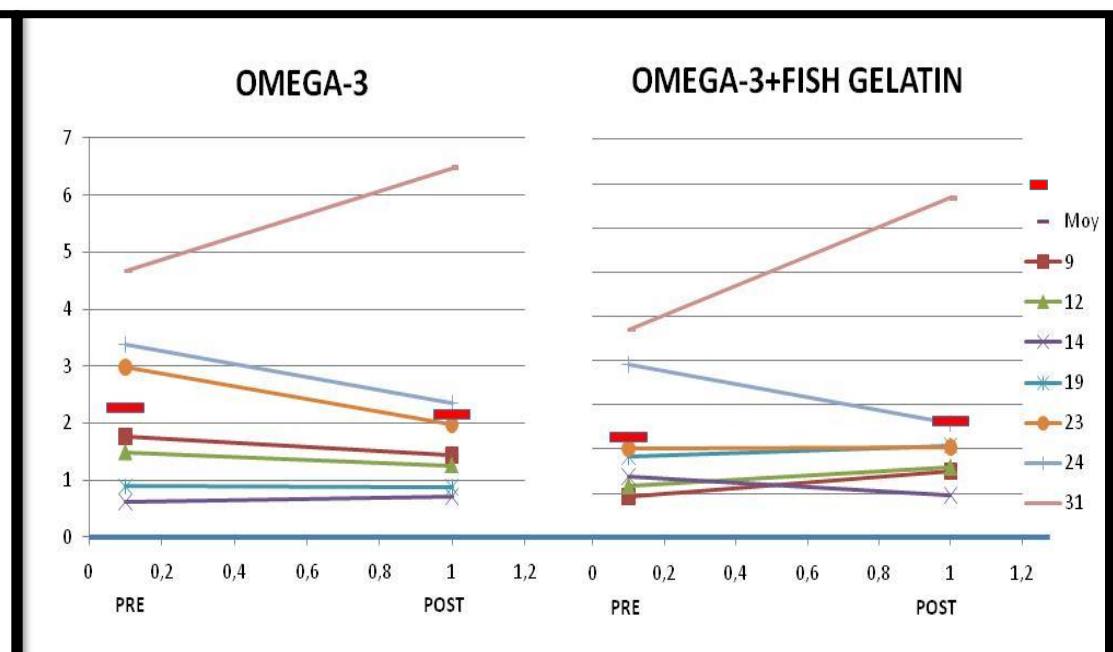
**Mean ± SEM; \* Gender effect**

# *Sex-dependent response on hsCRP*

Men

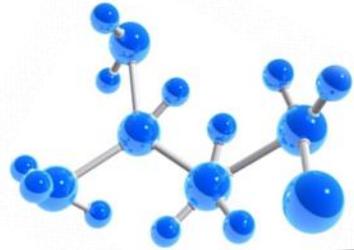


Women



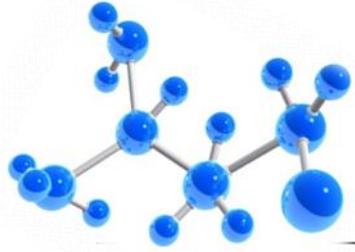
P=0.03

Fish gelatin counteracted the slight increasing effect of n-3 PUFA on plasma hsCRP in men.



## Conclusion (*Free-living study*)

*In free living conditions, fish gelatin, given as a supplement, may exert a beneficial effect on CVD risk by lipid-lowering and anti-inflammatory effect in free-living insulin-resistant women and men, respectively.*



## *Key messages*

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*The prevalence of insulin resistance and type 2 diabetes is increasing in the world and in Norway.*

*Fish protein may help to prevent type 2 diabetes and heart disease by improving blood lipids and insulin sensitivity.*

*We need further studies to determine all the potential of fish protein in preventing type 2 diabetes and heart disease.*

# *Research Team for Human Trials on Fish protein at Université Laval*

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*Collaborators: S. John Weisnagel, MD, endocrinologist*

*André Marette, PhD (Univ. Laval)*

*Réjeanne Gougeon, PhD (McGill Univ.)*

*Coordinator: Julie Marois MSc, PDt*

*Graduate students: Annie Gascon MSc, PDt*

*Brigitte Lacaille MSc, PDt*

*Eliane Picard-Deland MSc, PDt*

*Julie Bisson MSc, PDt*

*Véronique Ouellet, PhD, PDt*

*Undergraduate students: 4 per year*

*On-going collaborative study:  
Ability of a seafood protein diet to modulate postprandial  
metabolism in human-beings*

---

**Eli Kristin Aadland**, PhD candidate, University of Bergen & NIFES

**Ingvild Eide Graff**, NIFES, Bergen

**Gunnar Mellgren**, Haukeland University Hospital, Bergen

**Oddrun Anita Gudbrandsen**, University of Bergen

**Charles Lavigne**, NIFES, Bergen

**Jutta Dierkes**, University of Bergen

**Hélène Jacques**, Laval University, Quebec, Canada

**Bjorn Liaset**, NIFES, Bergen, SIP project leader

**BON APPÉTIT!**

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**BON APPÉTIT!**



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*Takk!*

*Spørsmål?*