

Nutrition and Gut hormones – can we apply learning to clinical practice

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Learning points

1. Gastrointestinal hormones play an important role in appetite regulation, gut motility and gut integrity
1. The relationship between trauma and gut hormones is complicated and we have a lot to learn
1. To use nutrition as a method to regulate gut hormones in trauma we need to be smart

Cholecystokinin
 Gall bladder contraction
 Gastrointestinal motility
 Pancreatic exocrine secretion

Secretin
 Pancreatic exocrine secretion

GIP
 Incretin activity

Motilin
 Gastrointestinal motility

Ghrelin
 Hunger
 Growth hormone release

Gastrin
 Acid secretion

Insulin and glucagon
 Glucose homeostasis

Pancreatic polypeptide
 Gastric motility
 Satiety

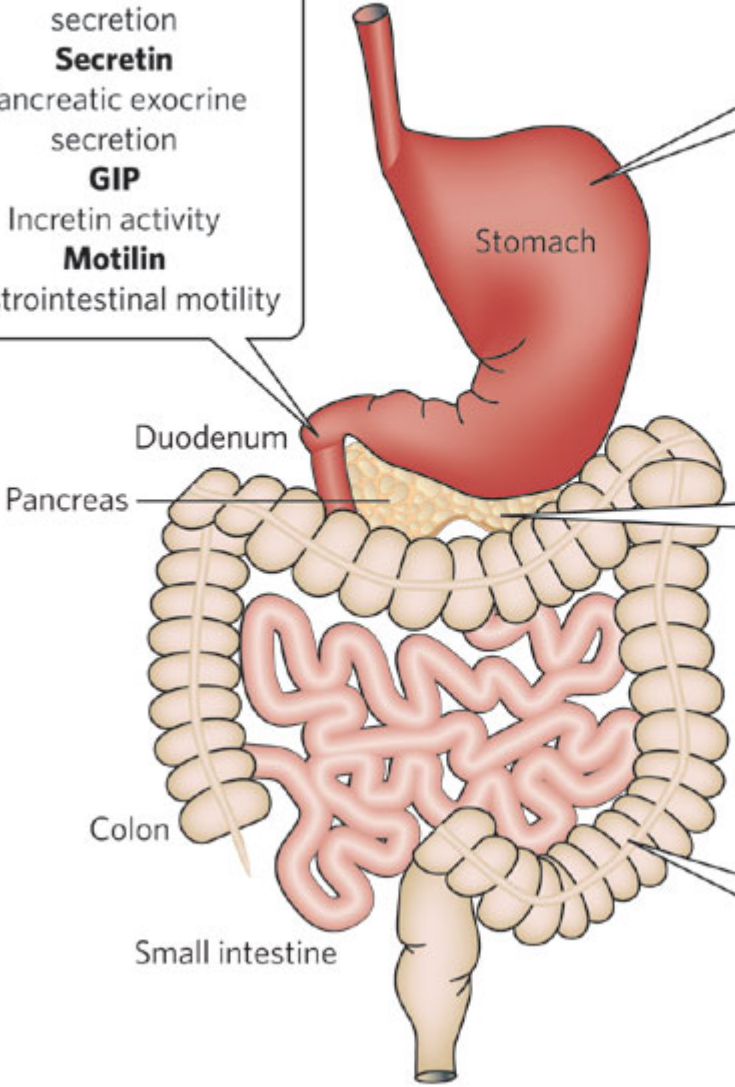
Amylin
 Glucose homeostasis
 Gastric motility

GLP-1
 Incretin activity
 Satiety

GLP-2
 Gastrointestinal motility and growth

Oxyntomodulin
 Satiety
 Acid secretion

PYY₃₋₃₆
 Satiety



What do they do?

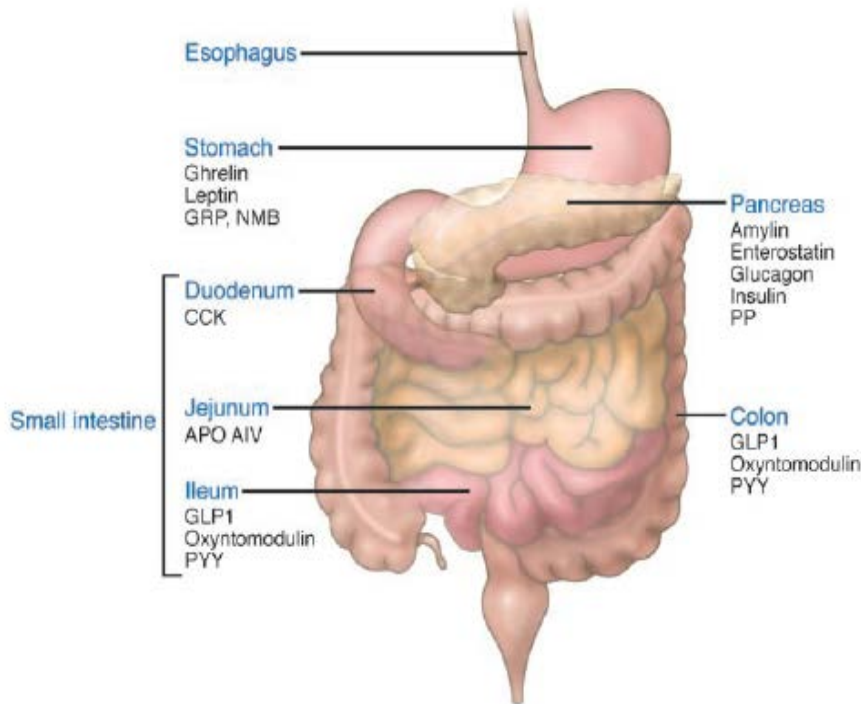
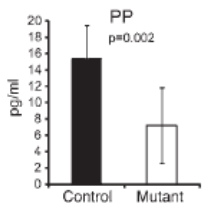
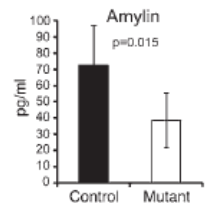
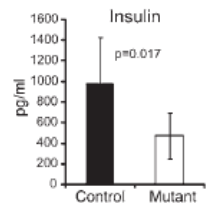
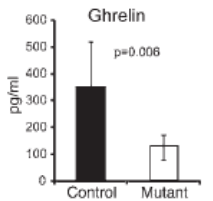
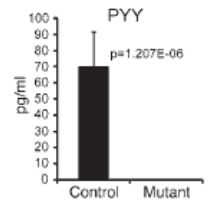
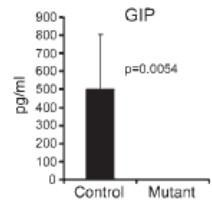
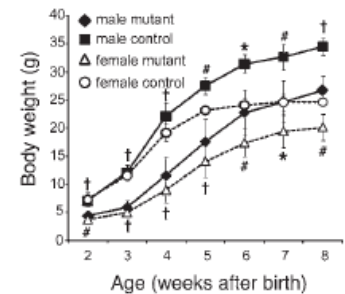
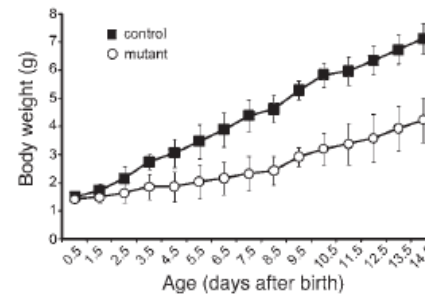
- Appetite
- Glucose homeostasis
- Gut motility
- Acid secretion
- Gall bladder contraction
- One peptide many roles:
 - GLP-1 play a role in glucose homeostasis, appetite, gut motility, lipid handling, liver metabolism

This the enteroendocrine system

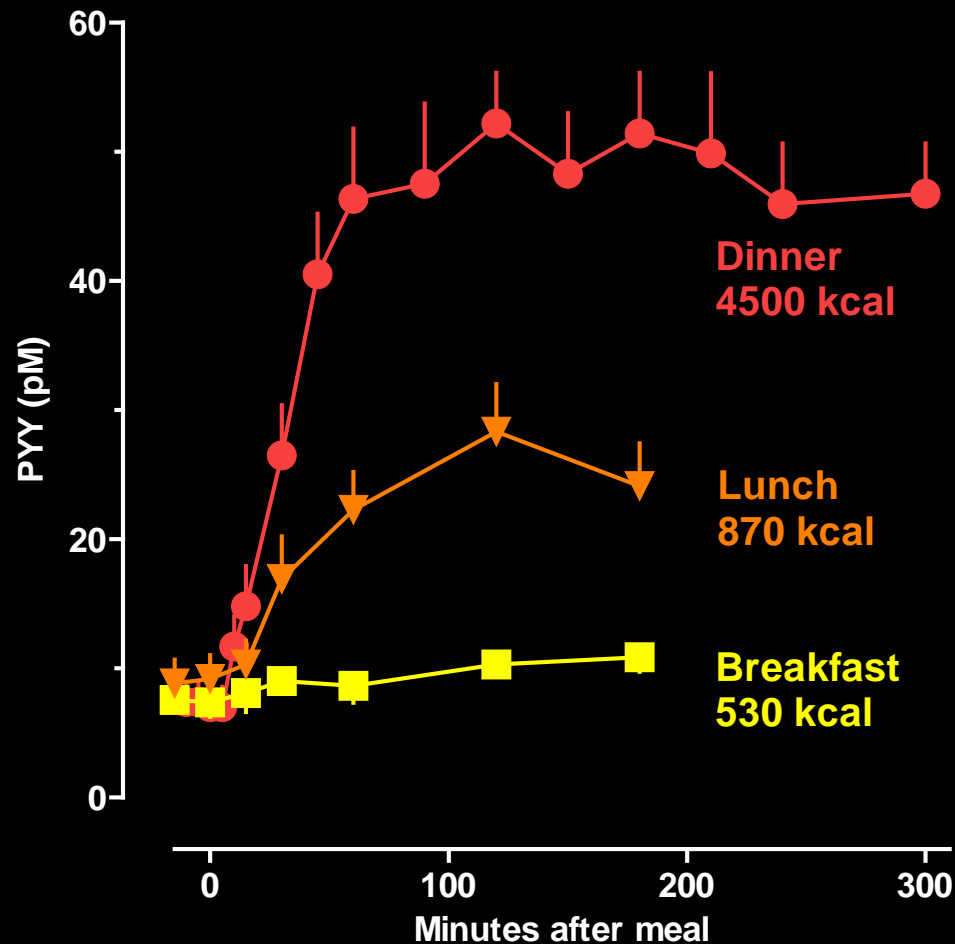
Loss of enteroendocrine cells in mice alters lipid absorption and glucose homeostasis and impairs postnatal survival

Georg Mellitzer,¹ Anthony Beucher,¹ Viviane Lobstein,¹ Pascal Michel,² Sylvie Robine,³ Michèle Kedinger,² and Gérard Gradwohl¹

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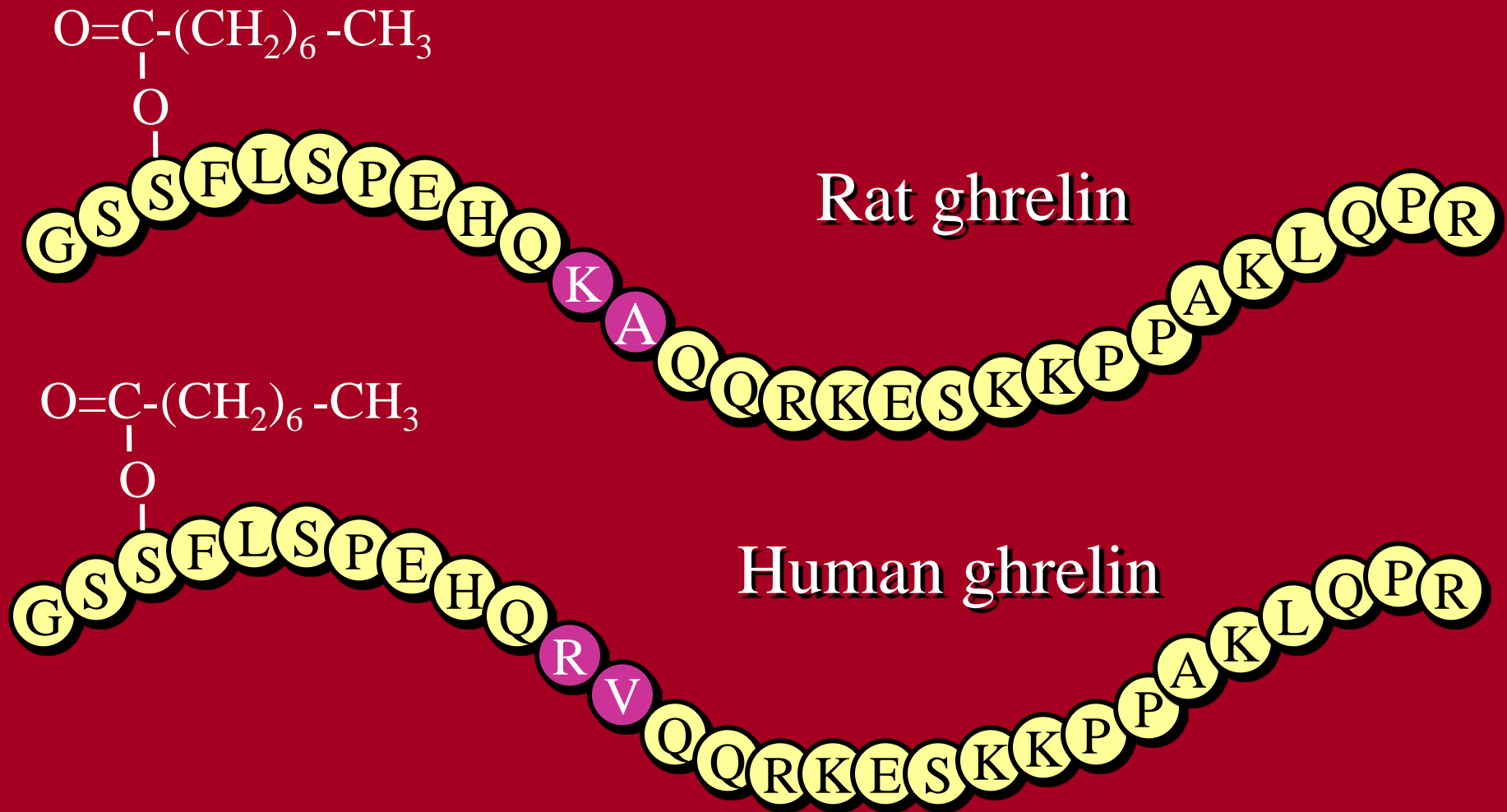
Post-prandial secretion of PYY



Adrian et al. (1985), Gastroenterology 89:1070-7

Ghrelin

28aa gastric hormone, high fasting & falls after eating



Sustained appetite improvement in malnourished dialysis patients by daily ghrelin treatment

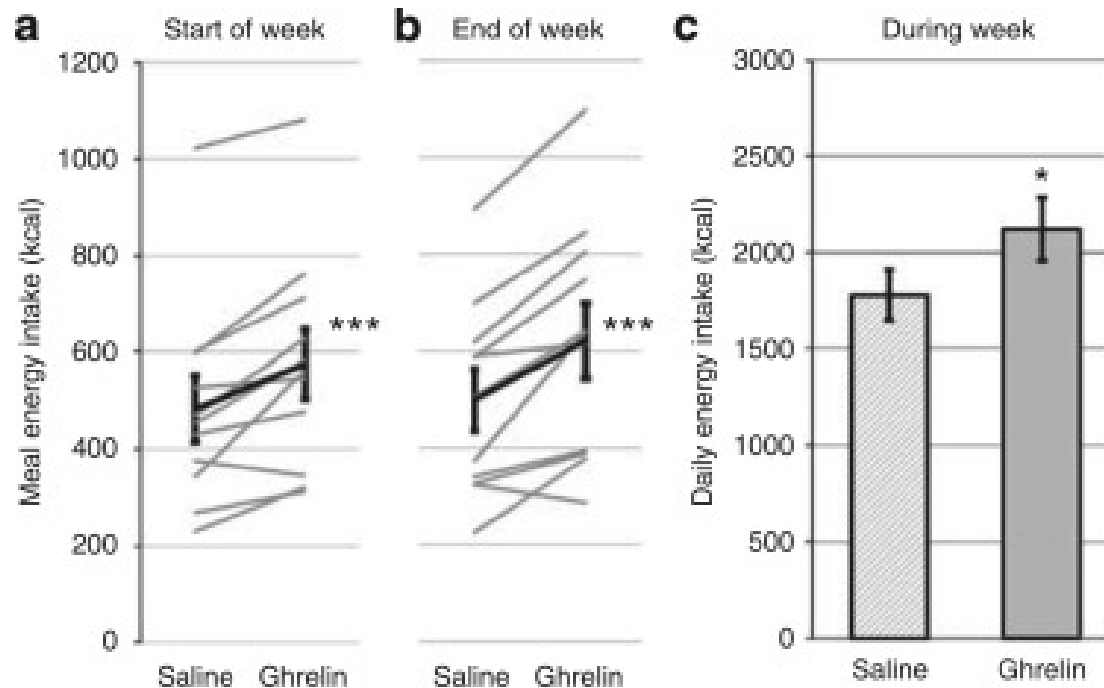
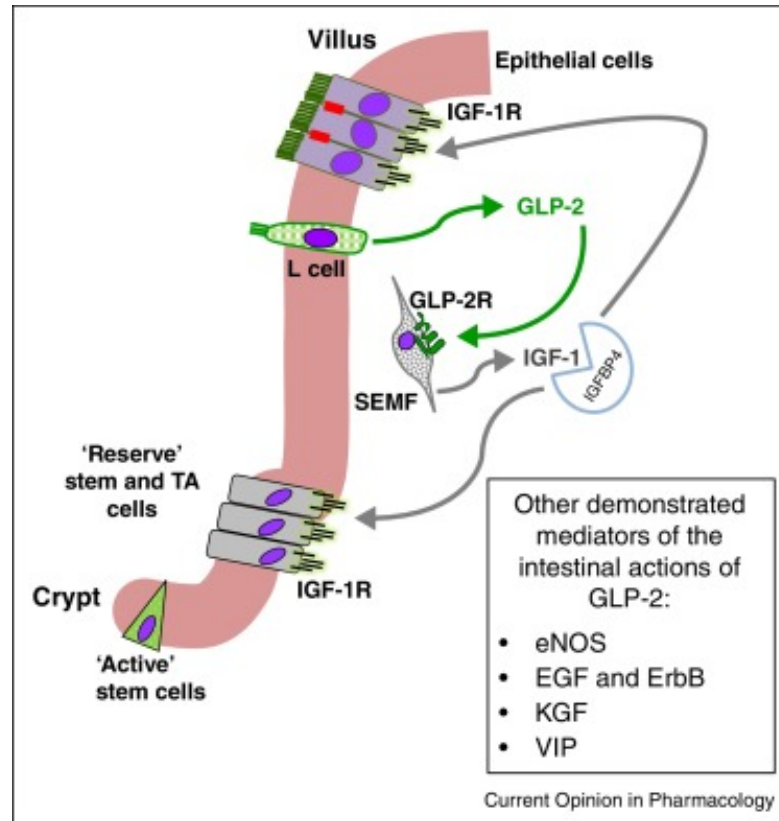


Figure 2. Energy intake with saline compared with ghrelin. (a) Study meals at the start of saline and ghrelin weeks showing an increase in energy intake after the first injection (individual values and mean±s.e., $P < 0.001$); (b) study meals at the end of saline and ghrelin weeks showing a sustained increase in energy intake (individual values and mean±s.e., $P < 0.001$); (c) Daily energy intake (kcal) during the week for saline and ghrelin groups, showing a significant difference ($P < 0.05$).

GLP-2

1. Release from the L-cell – same cell as GLP-1 and PYY
2. Promotes highly specific growth and function of the intestinal epithelium
3. Increases intestinal digestive, absorptive and barrier functions
4. GLP-2 receptor (GLP-2R) is almost exclusively restricted to the intestinal tract
5. GLP-2 increases expression of the intestinal stem and transit-amplifying cell markers

Current and potential therapeutic targets of glucagon-like peptide-2



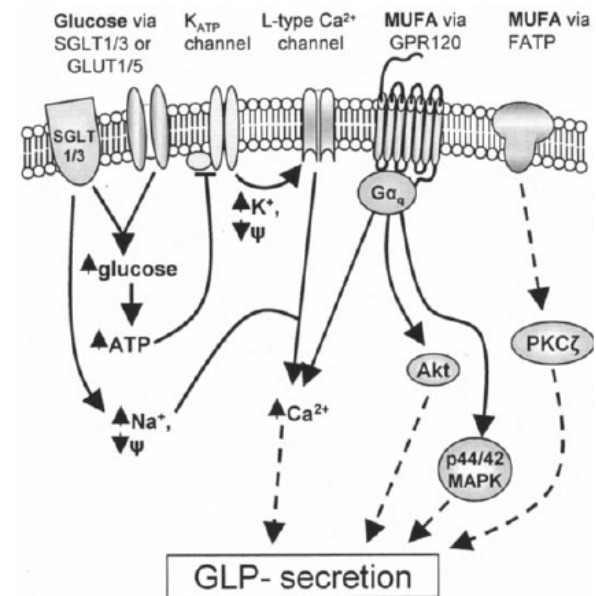
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5. GLP-2 increases expression of the intestinal stem and transit-amplifying cell markers
6. In a number of bowel condition IBF it is Dipeptidyl peptidase-4 activity that is high

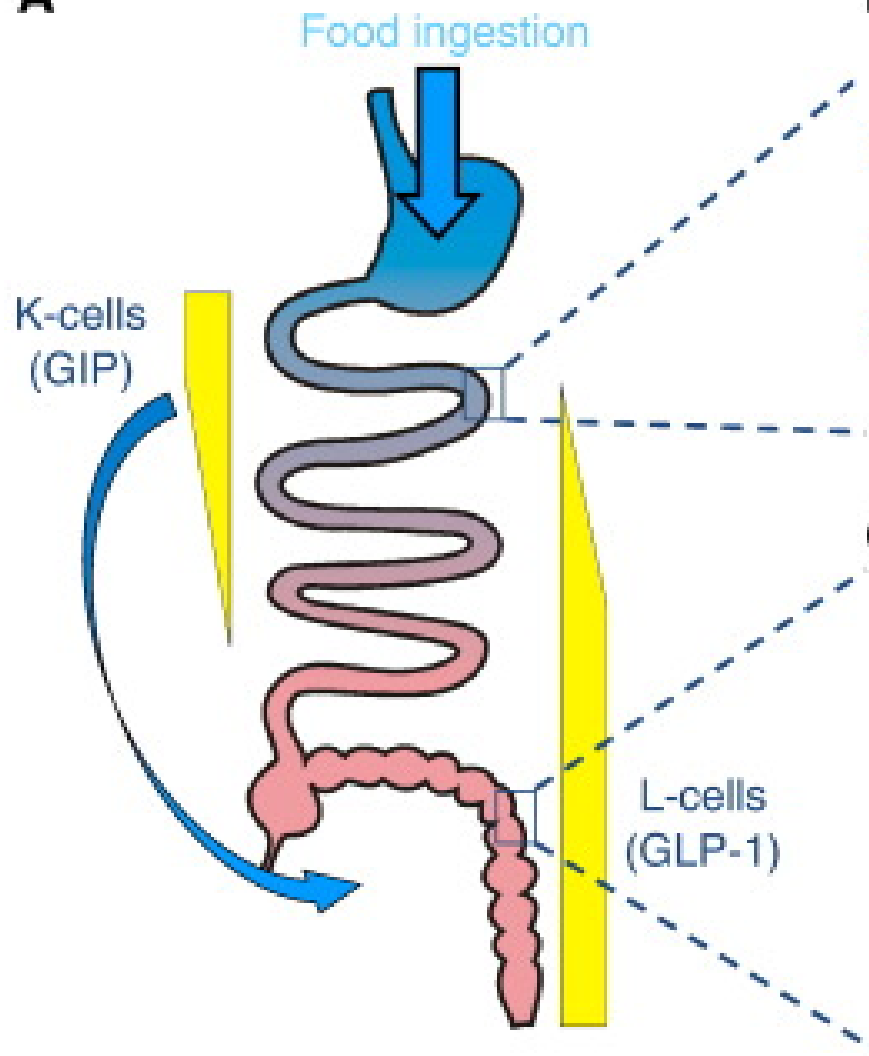
Enteroendocrine cells

- P/D1 - ghrelin
- G cell – gastrin
- I cells - CCK
- K cells – GIP
- S cells – secretin
- N cells - neurotensin
- L cell – GLP-1 and PYY
- All variants of one cell population

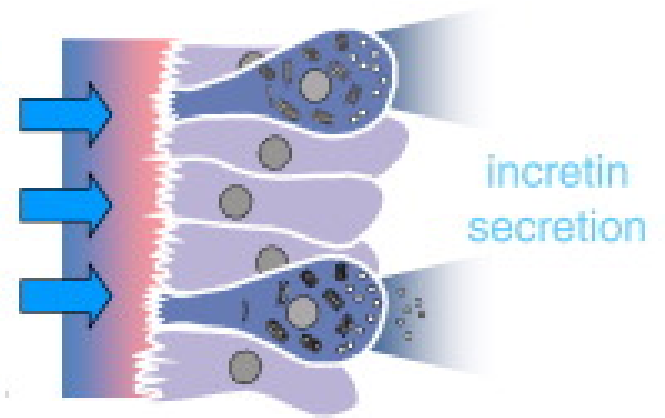
Each cell expresses a large array of G protein coupled receptor nutrient receptors



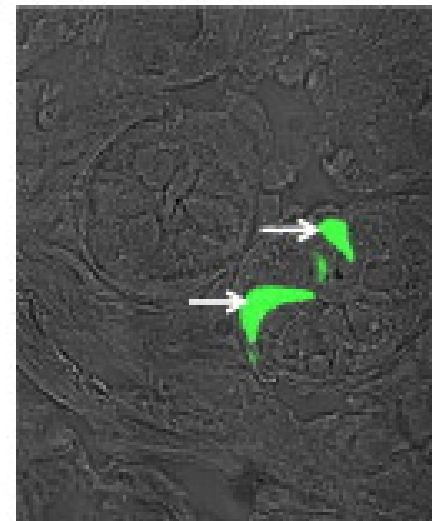
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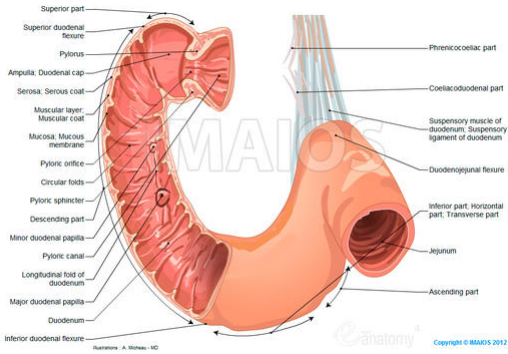
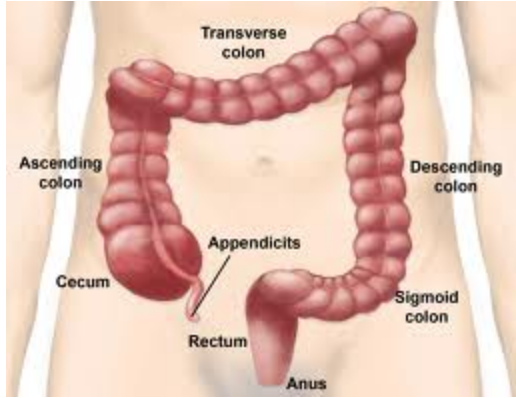
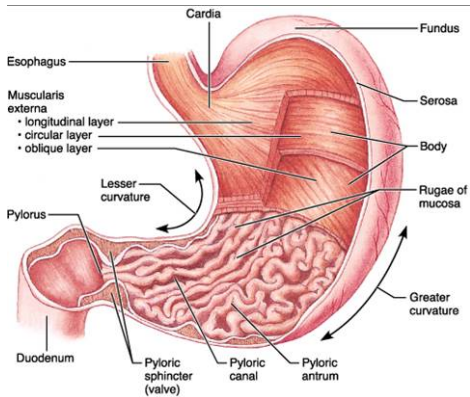
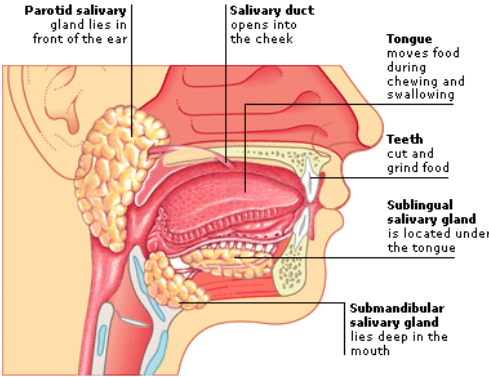
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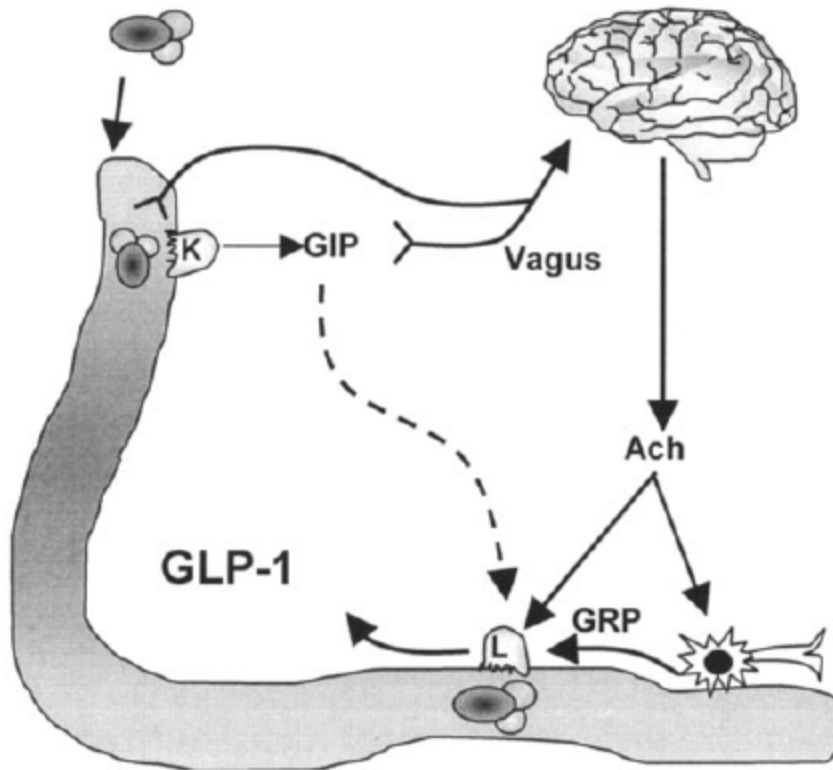
C



Fragmented science



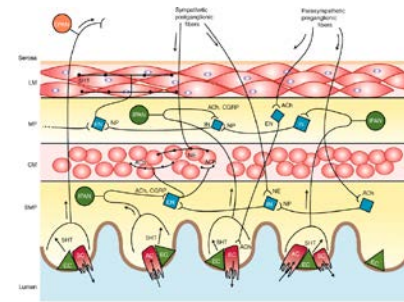
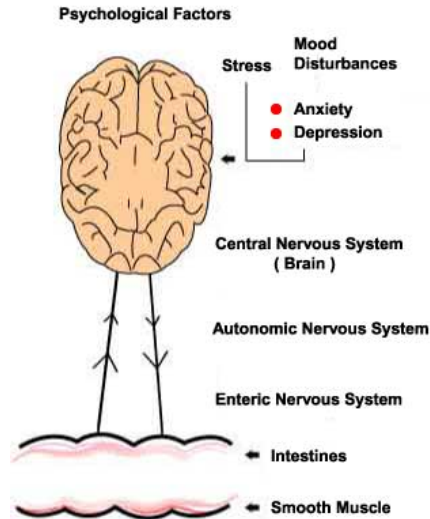
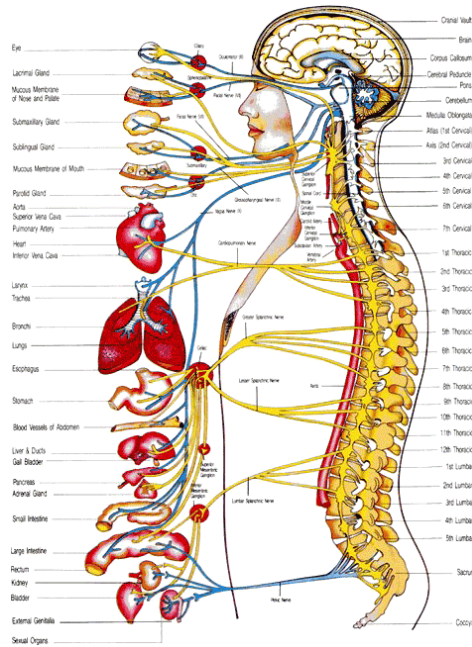
Working Together



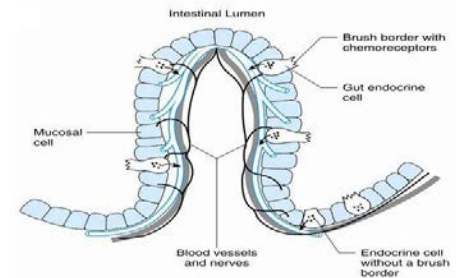
Investigation into short release of GLP-1 possibly reflects indirect release through GIP

FIG. 2. Regulation of GLP-1 secretion by ingested nutrients. After a meal, nutrients in the duodenum activate a proximal-distal neuroendocrine loop, which stimulates GLP-1 secretion from L-cells in the ileum and colon. In rodents, GIP, released from K-cells, activates vagal afferents, which subsequently causes GLP-1 secretion through vagal efferents and enteric neurons that release acetylcholine (ACh) and GRP. Movement of nutrients toward more distal sections of the intestine leads to the direct interaction of nutrients with L-cells, which also stimulates GLP-1 secretion.

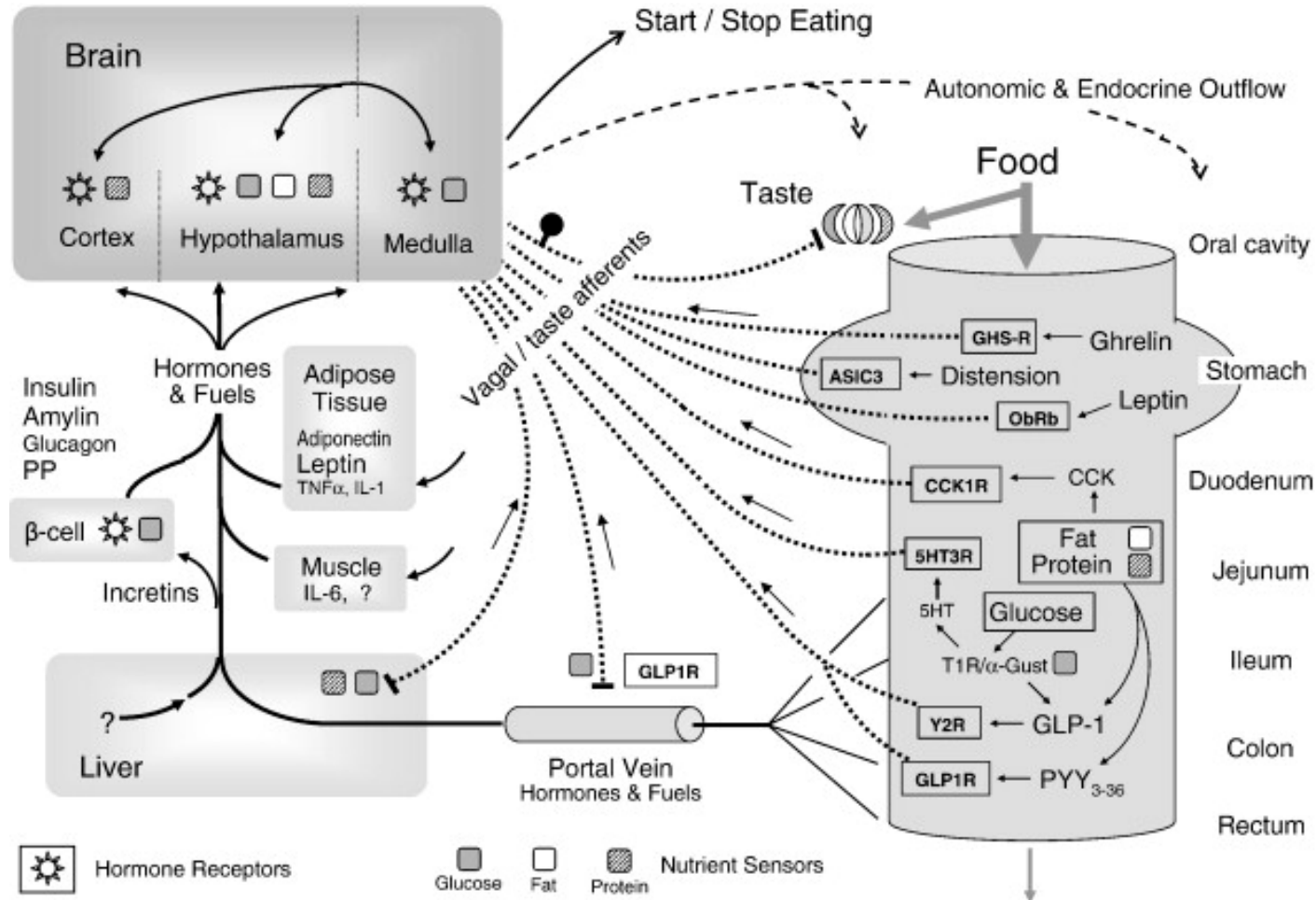
Neuronal integration



Source: Lehninger Principles of Biochemistry, Sixth Edition © 2013 W. H. Freeman and Company. Copyright © The McGraw-Hill Companies, Inc. All rights reserved.



Nutrient signalling is complicated: Old and the new



Research

Open Access

Changes in appetite related gut hormones in intensive care unit patients: a pilot cohort study

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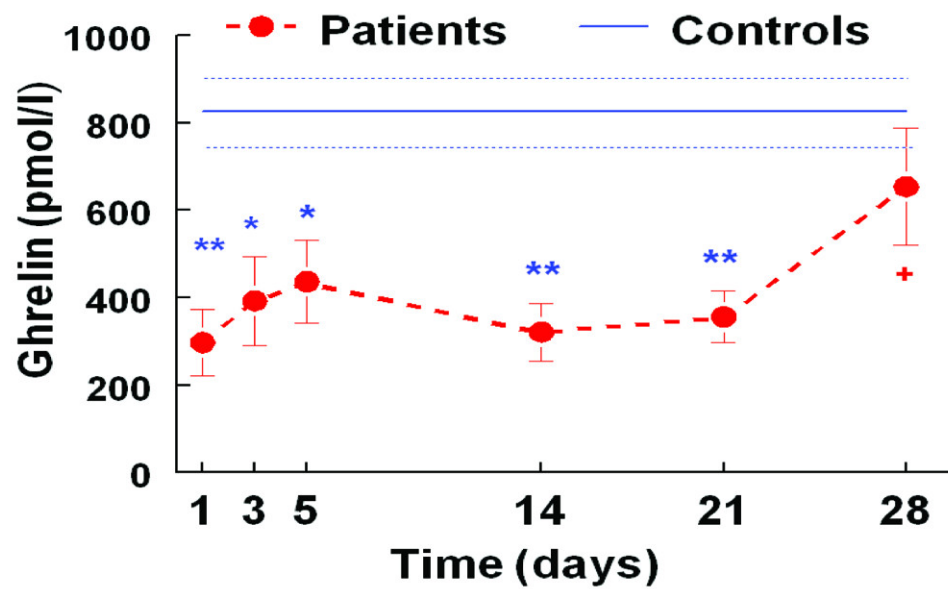
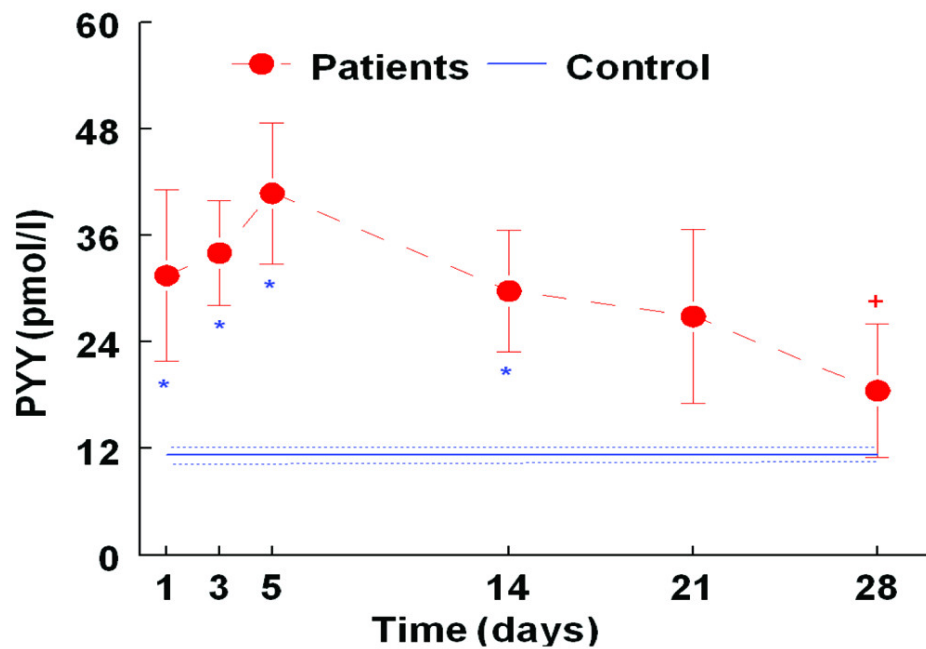
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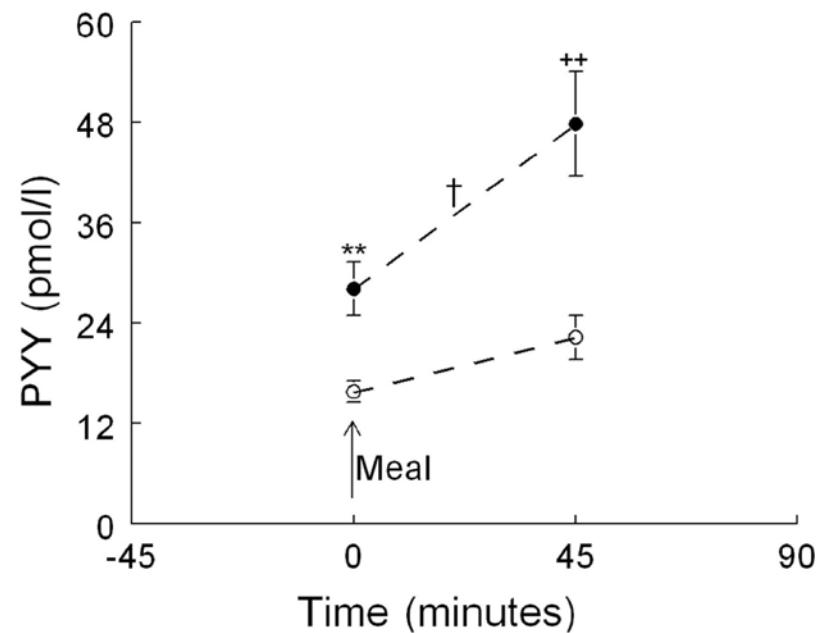
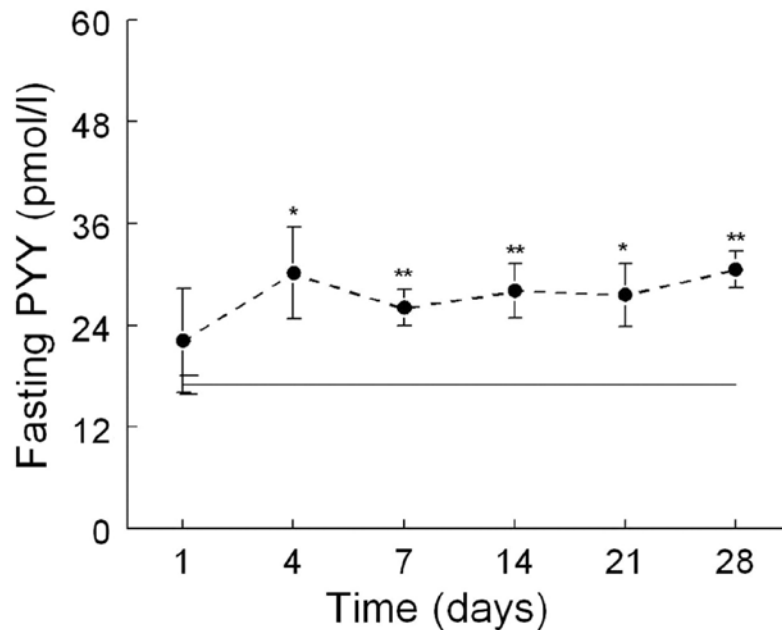
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Peptide YY (PYY) Is Increased in Elderly Patients With Femoral Neck Fractures: A Prospective Cohort Study

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What happens to the gut in
trauma

Why does this occur in trauma

- It is complicated
 - Movement of blood flow away from the gut
 - Relative hypoxia at the gut epithelium
 - Loss of tight junction
 - Decrease mucus
 - Change in luminal environment
 - Change in microbiota
 - Result in translocation of PLS and bacteria

Integrated models of gut-origin sepsis

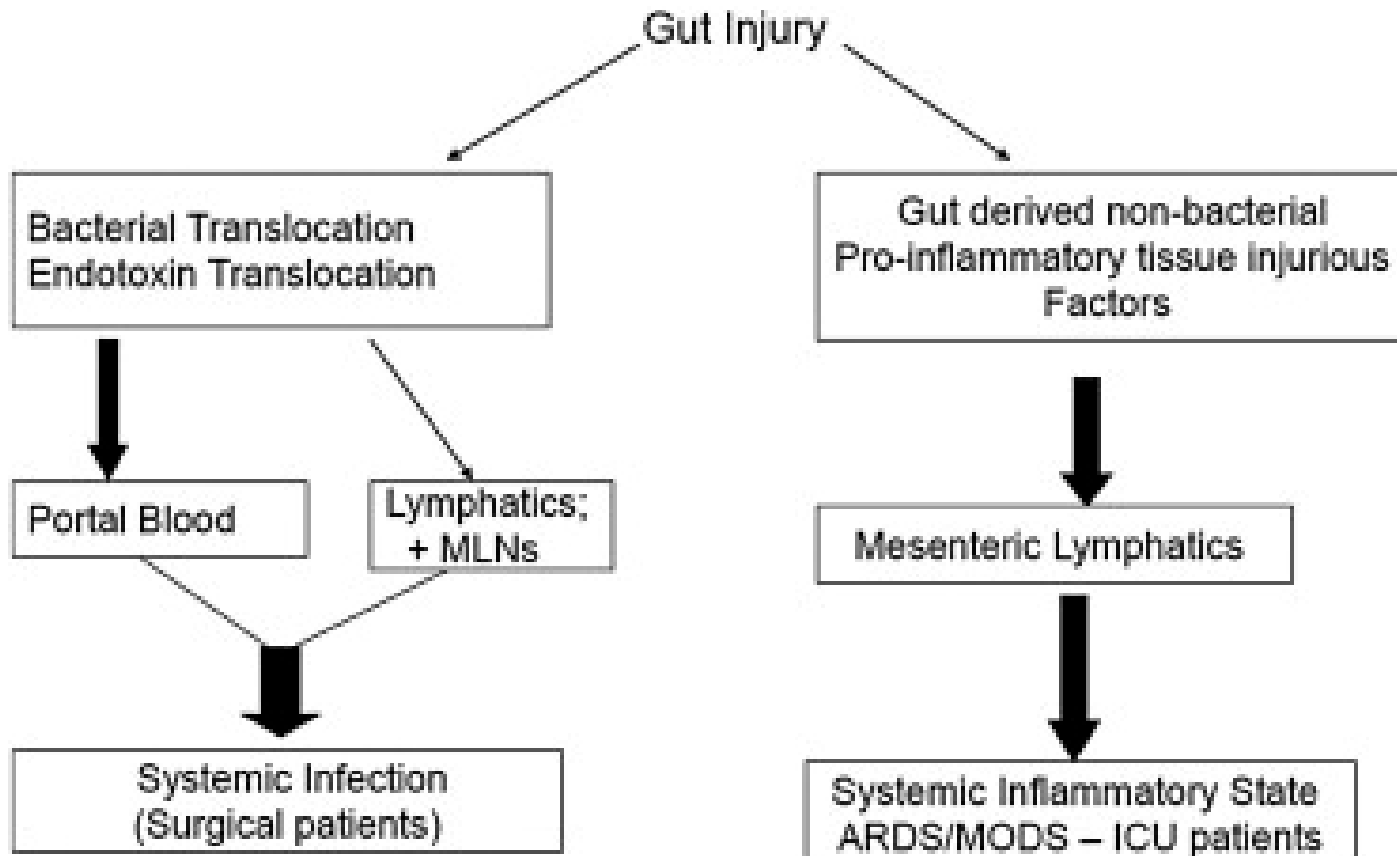
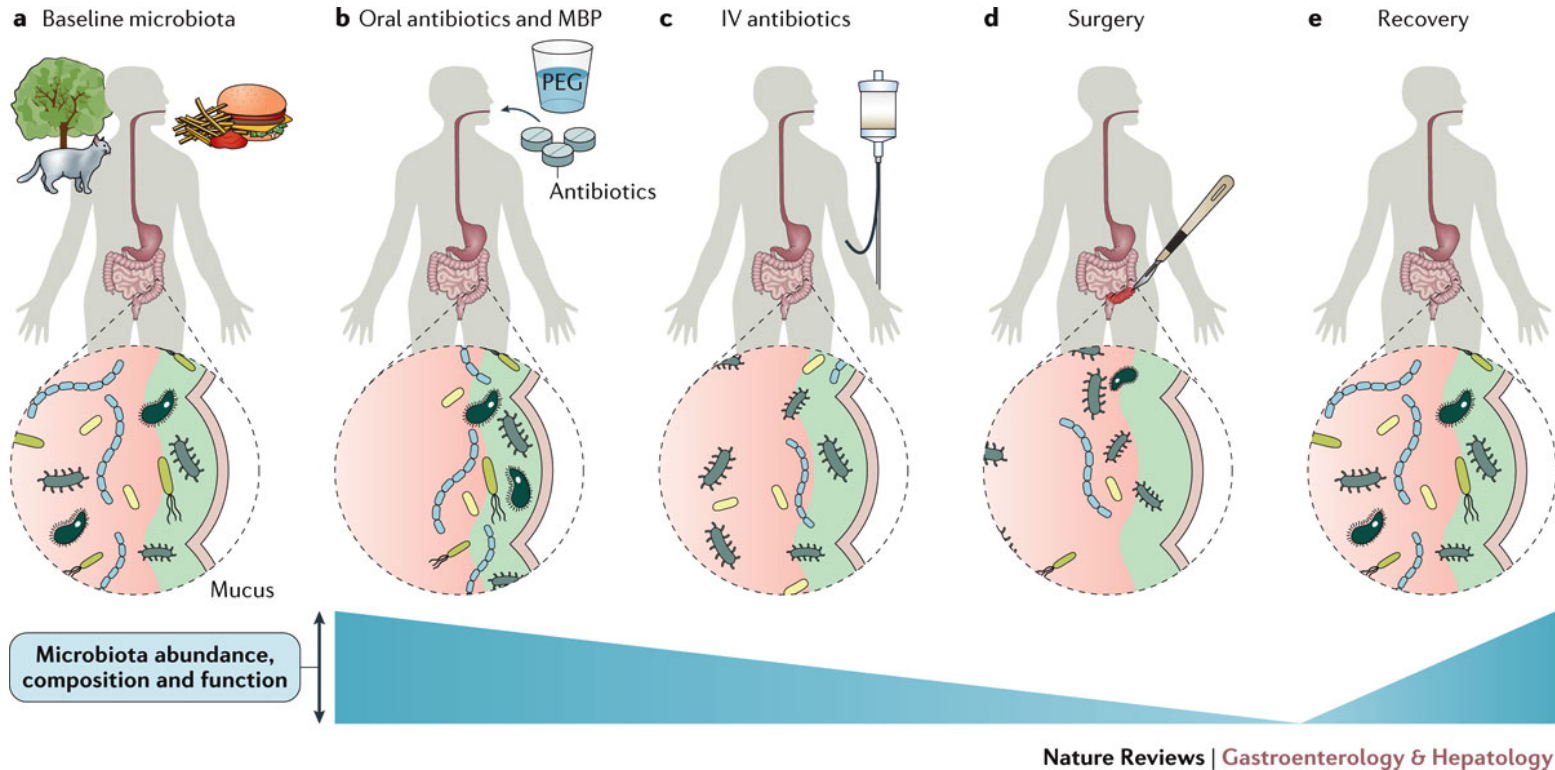


Figure 1 The effect of perioperative events on the intestinal microbiota



Guyton, K. & Alverdy, J. C. (2016) The gut microbiota and gastrointestinal surgery
Nat. Rev. Gastroenterol. Hepatol. doi:10.1038/nrgastro.2016.139

Lumen

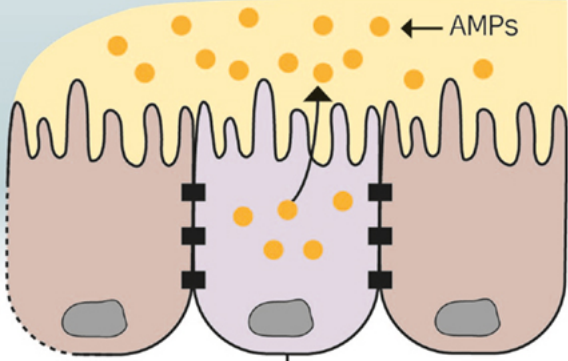
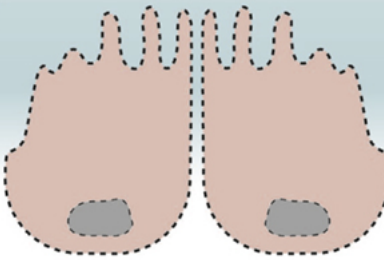
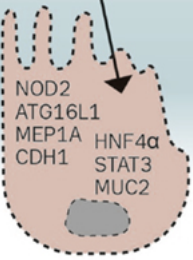
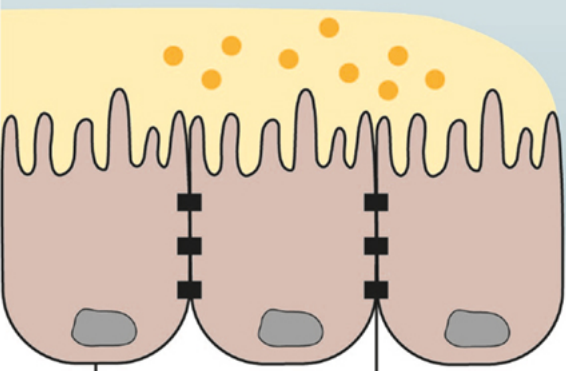
Mucus

Epithelium

Lamina propria

Host genetic factors

Increased microbiota



Enterocyte

Tight junction

Loss of epithelial barrier integrity
Tissue destruction
Mucosal inflammation

Paneth cell

IL-6
IL-23

TNF
IL-6
IL-1 β
IL-12

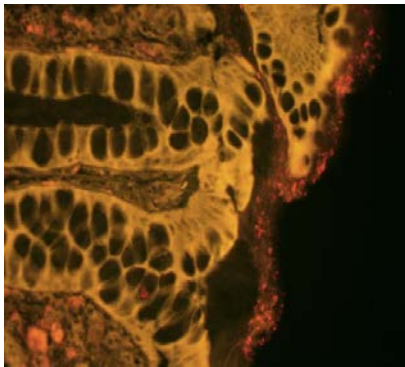
Uncontrolled immune response

IBD

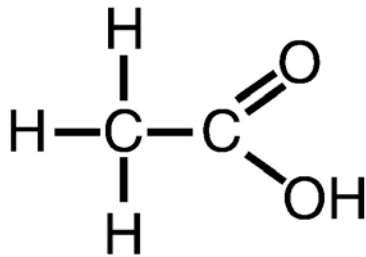
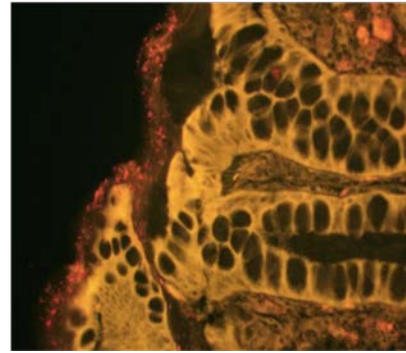
Loss of gut integrity = abnormal
gut hormones

Is the answer short chain fatty acids (SCFA)

Non-digestible carbohydrates

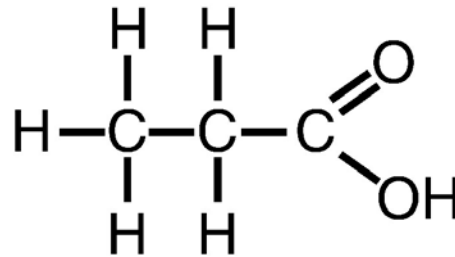


Colonic bacterial fermentation



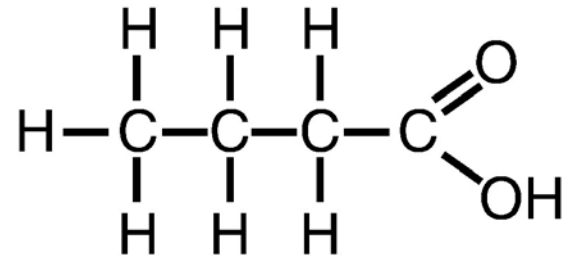
Acetic acid

60%



Propionic acid

25%

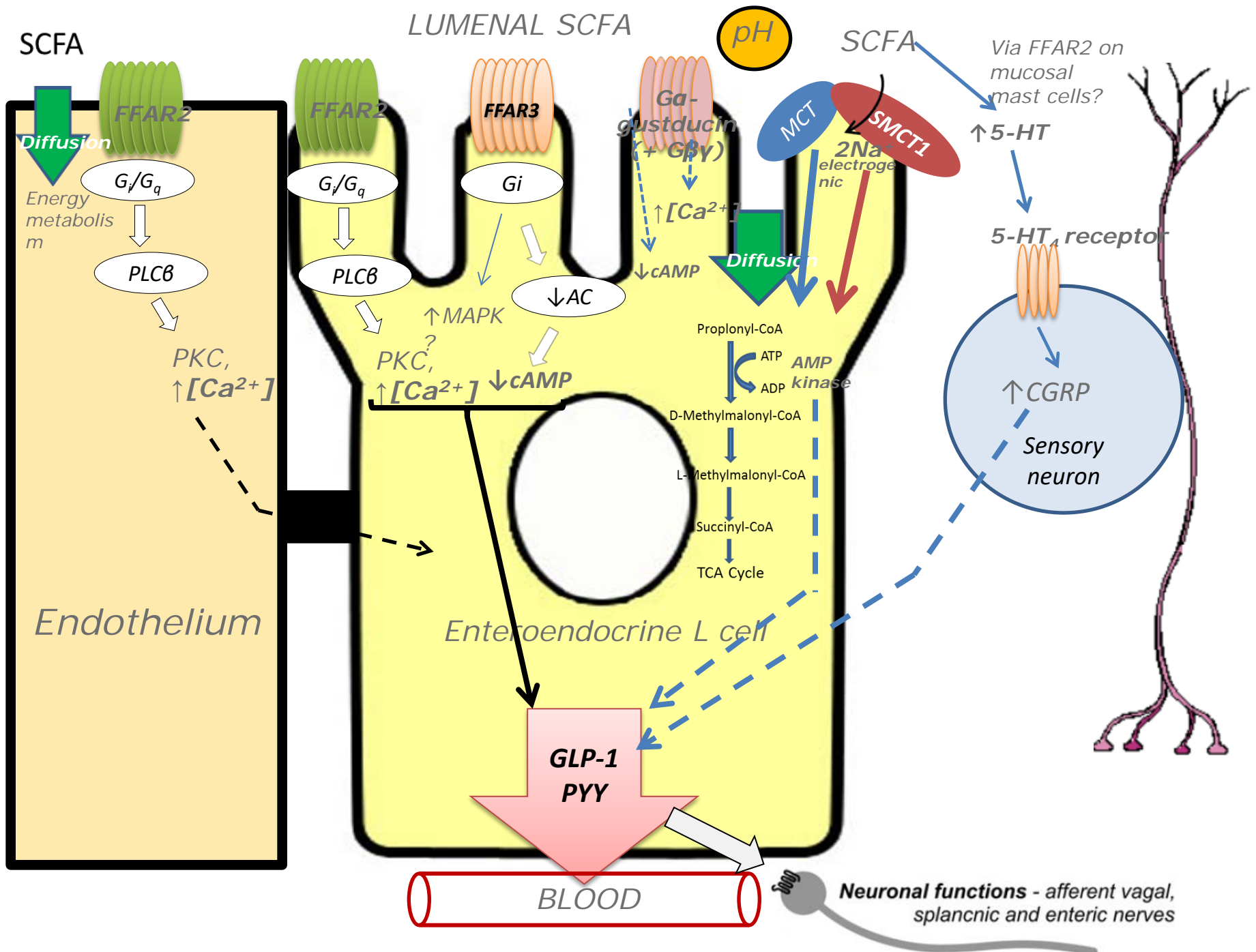


Butyric acid

15%

SCFA

- Short-chain fatty acids (SCFAs) are an important energy source for the colonic epithelium and a chronic lack of luminal SCFAs may lead to a nutritional deficiency of the colonic epithelium, causing mucosal atrophy
- SCFA stimulate GLP-2
- Colonic concentration of SCFA in trauma fall



What does this all mean for dietetics

- The gut is important
- We need research in humans with the condition
 - Models of trauma show positive response
- Complicated by antibiotics, change in GI function and food intake

The problem

Nothing seems to work

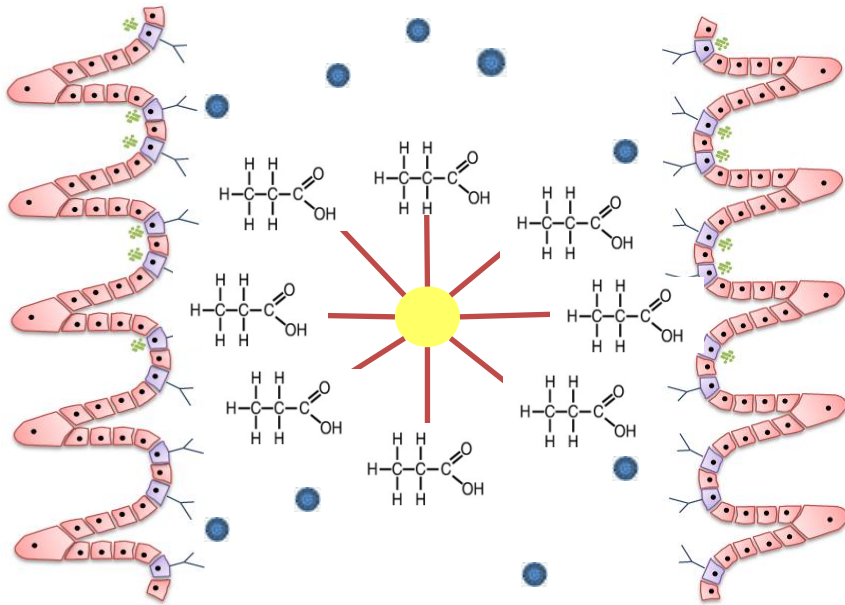
No evidence for dietary fibre in trauma

Complicated by cocktail of drugs which effects the gut microbiota

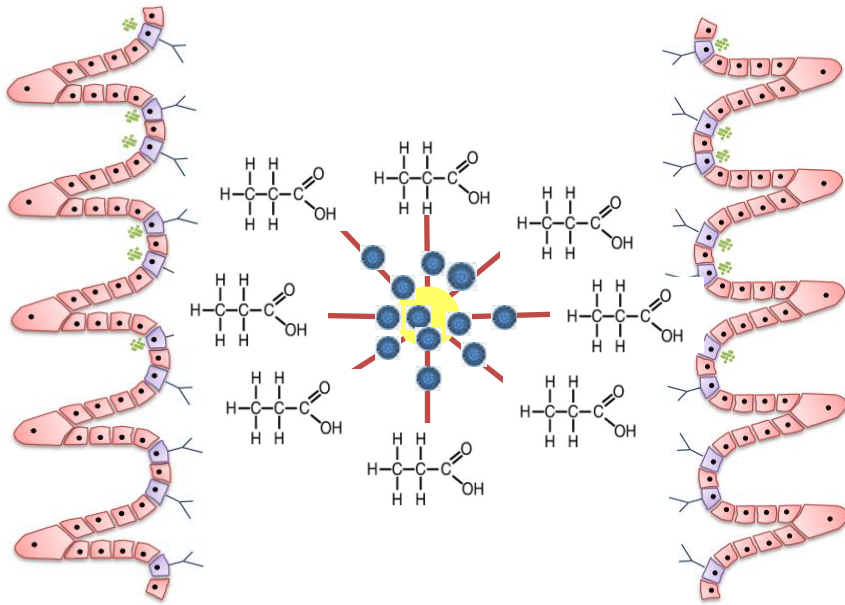
Could colonic delivery of SCFA work

Partnership with Dr Morrison and
Prof Preston University of Glasgow

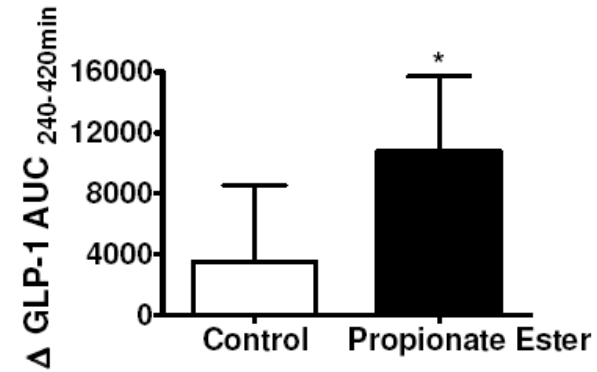
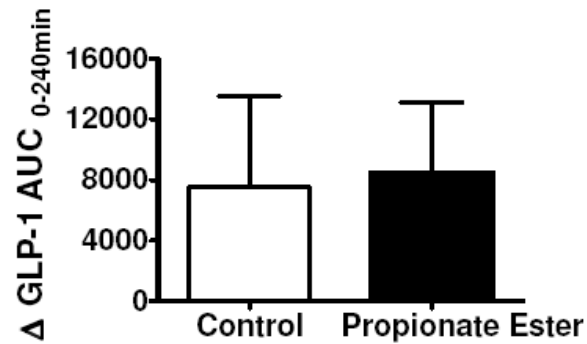
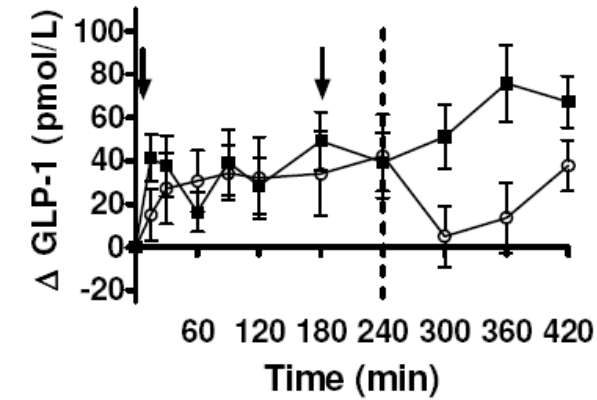
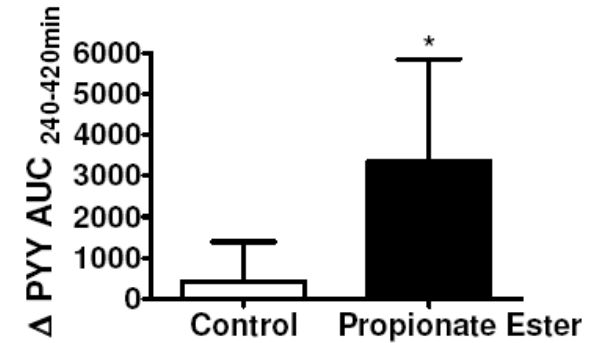
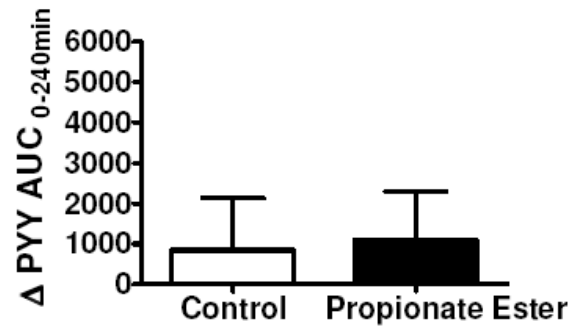
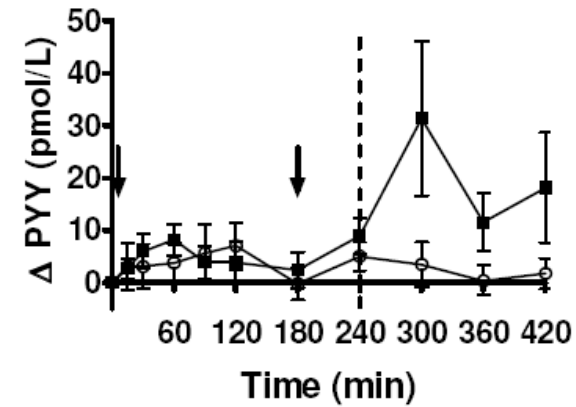
SCFA Ester



SCFA Ester



Effect of Ester on gut hormones



Different SCFA may play different role

- Butyrate
 - energy source of gut endothelium
 - GLP-2 stimulation
 - Gut integrity
- Propionate
 - Stimulation of PYY and GLP-1
- Acetate
 - Energy source

Food for the colon

- Can targeting nutritional support to the colon lead to
 - Improved barrier function
 - Decrease in sepsis
 - Improved appetite regulation
 - Lots of questions to be answers