

# Early Metabolic Programming of Growth and Long-Term Health

Miami Neonatology 2022—46th Annual International Conference

*Presented by*

**Berthold Koletzko, MD, PhD**



**Pediatric Nutrition**

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This activity is supported by an educational grant from  
**Mead Johnson Nutrition.**

# Faculty Presenter

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# Learning Objectives

- Recognize the implications and long-term outcomes of rapid, early weight gain after birth
- Recognize how a longer duration of breast-feeding modulates growth and body composition, as well as later health, performance, and disease risk



# Outline

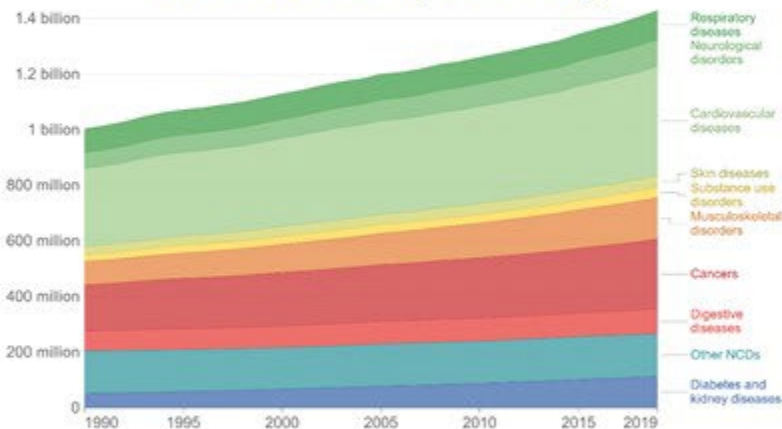
- Global burden of disease
- Early prevention of obesity and NCD
- Prenatal metabolic programming
- Postnatal metabolic programming
- Exploring potential underlying mechanisms: epigenetics, metabolome



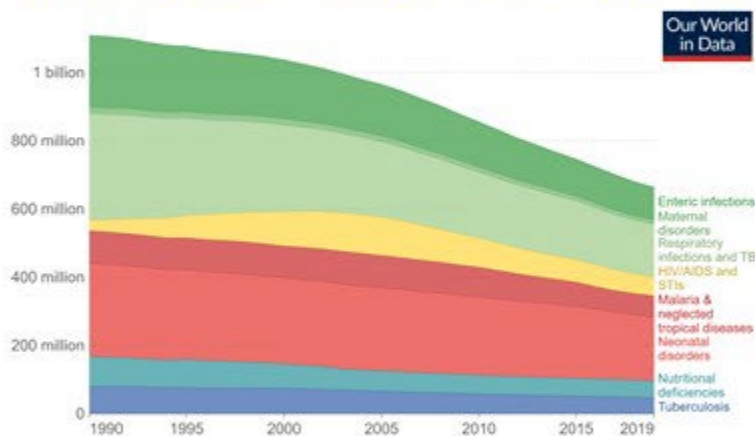


# Global burden of disease

## Non-communicable diseases (NCDs)

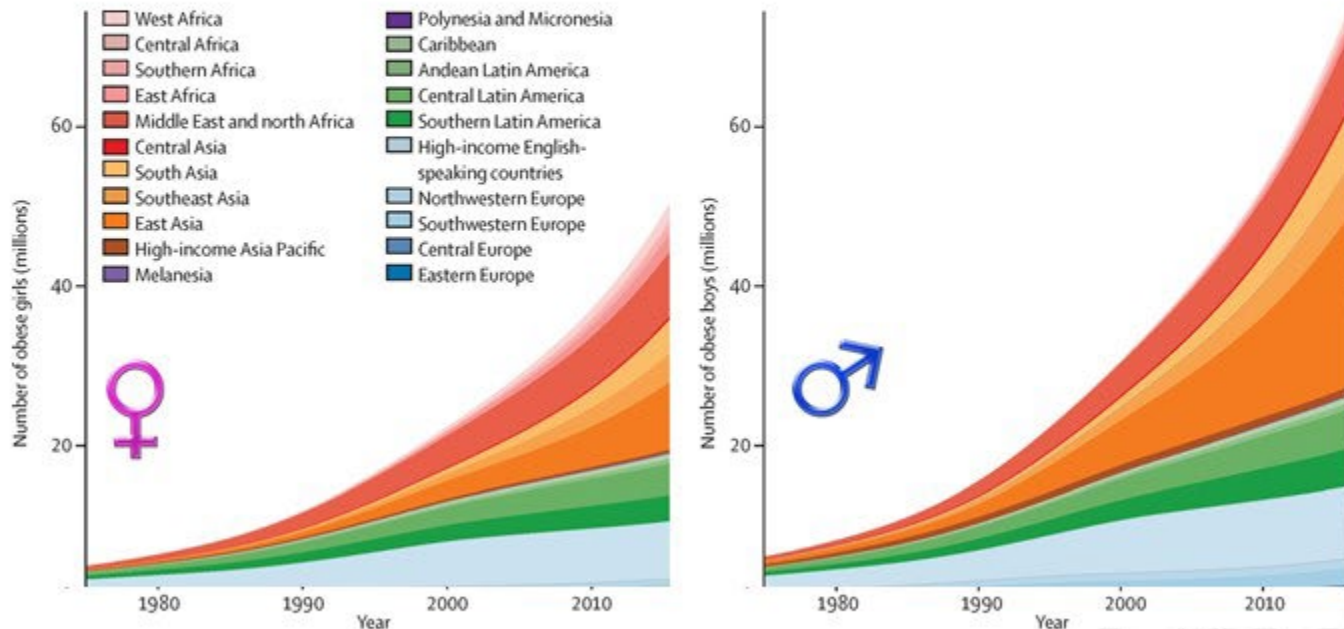


## Communicable, neonatal, maternal & nutr. diseases



Europe 2021: NCDs cause **90% of deaths**,  
**85% of years lived with disability**

# Eight-fold increase of obesity in 5-19 year olds from 1975 to 2016



The Lancet 2017 390, 2627-2642 DOI: (10.1016/S0140-6736(17)32129-3)

# ENDING CHILDHOOD OBESITY



## Preventive potential in 3 life phases

Pregnancy  
& pre-conception



Infancy &  
early childhood



Adolescence  
(pre-conception)





# Early metabolic programming of later health

*Developmental origins of adult disease*



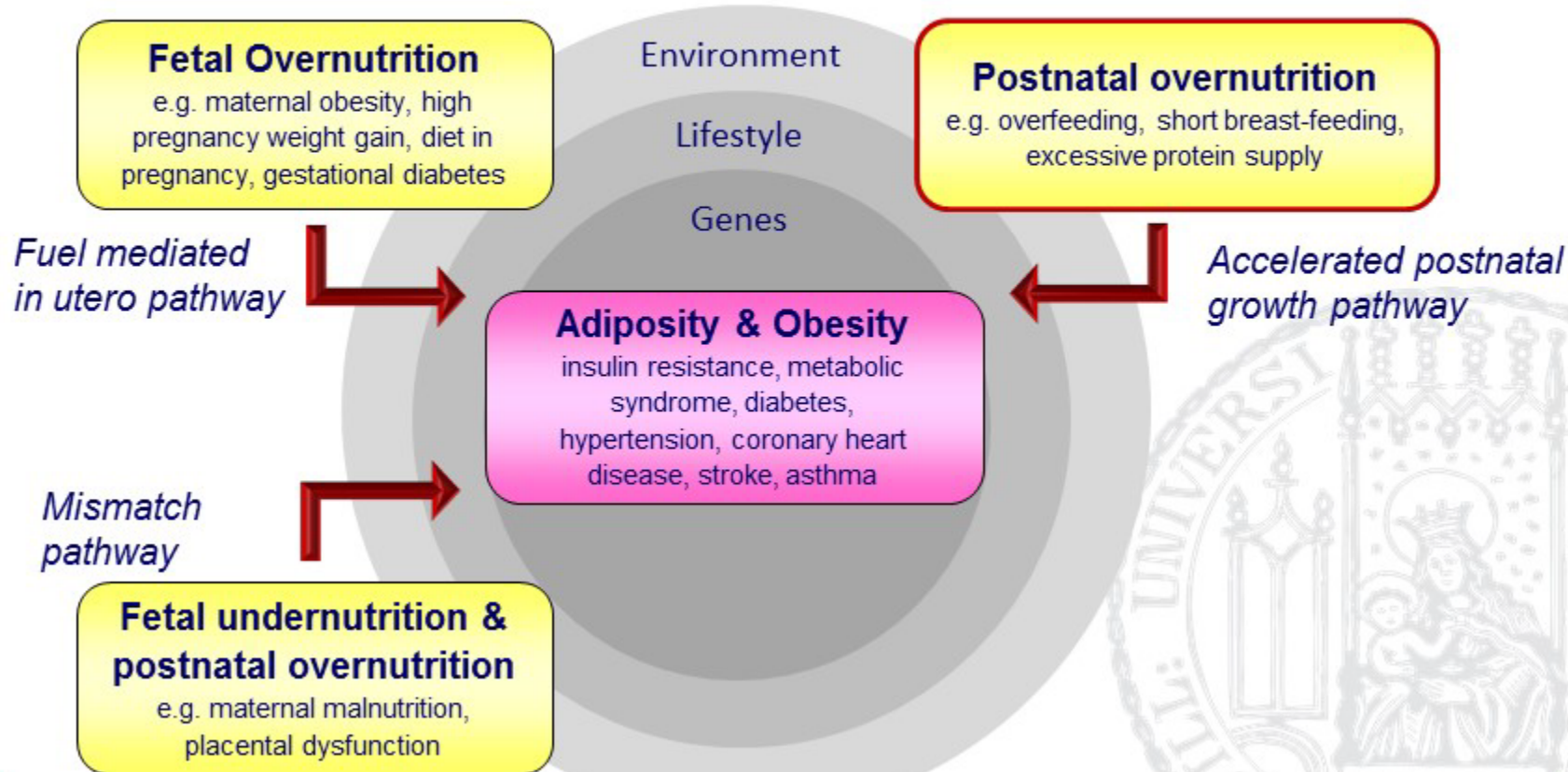
**Environmental & nutritional cues**



*limited, sensitive times  
of developmental plasticity*

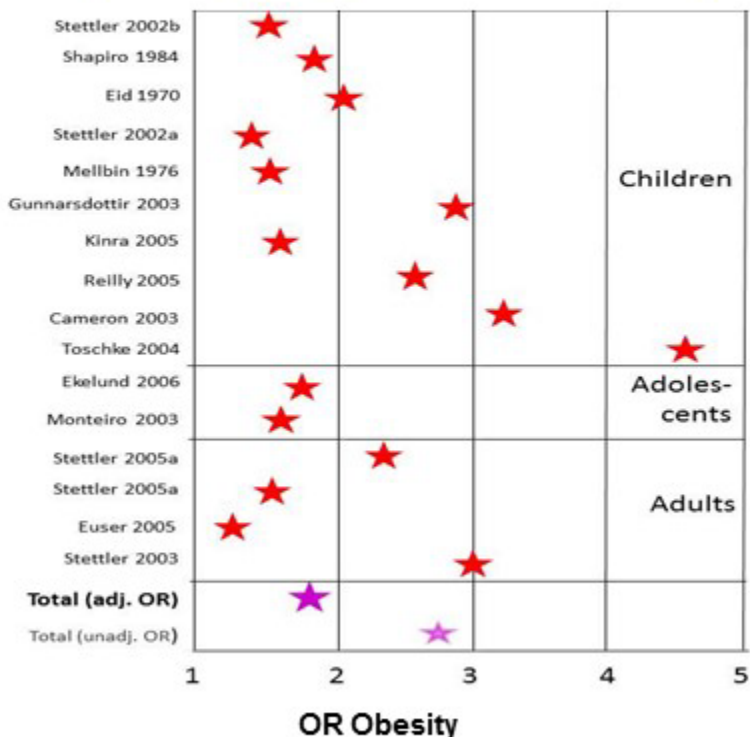
**Lasting effects on health & disease risk**

# Key Programming Pathways

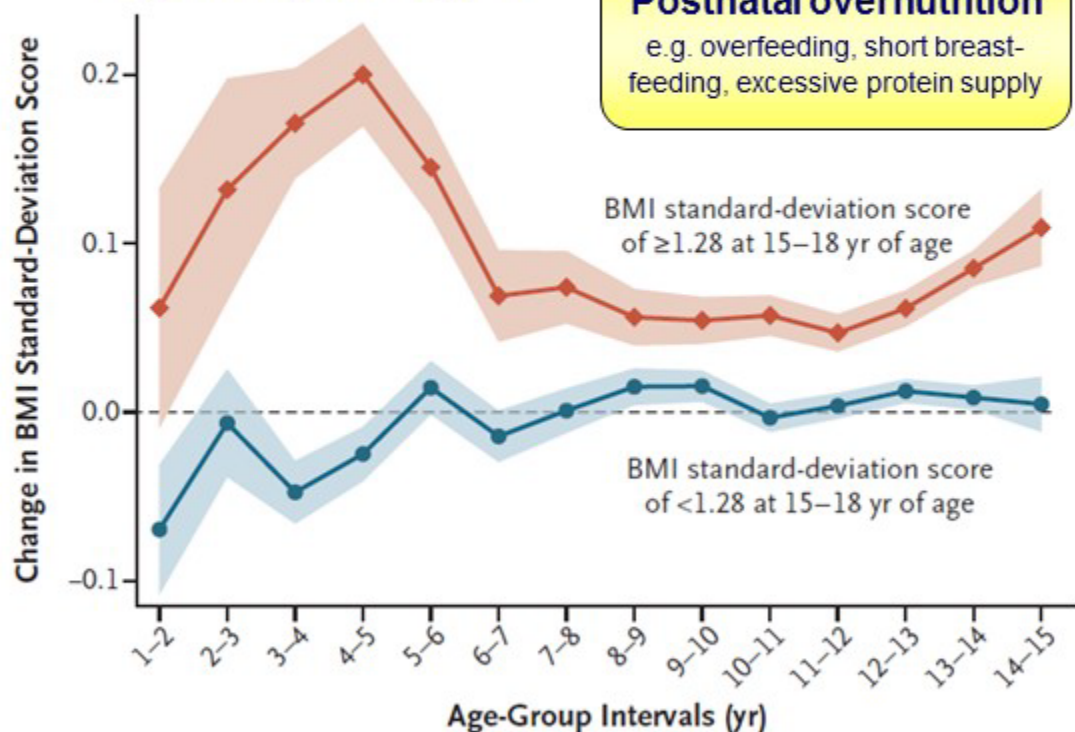


# Postnatal overnutrition / rapid weight gain

## High weight gain in 1<sup>st.</sup> & 2<sup>nd.</sup> yr.

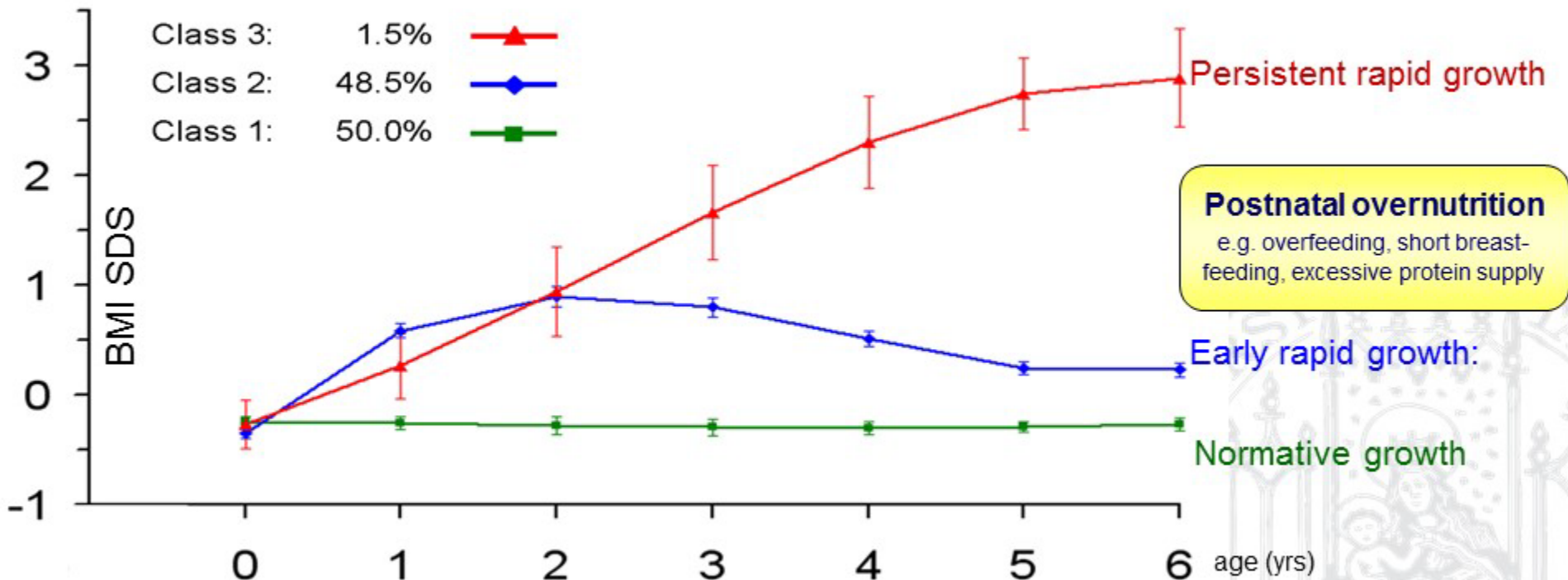


## High early BMI gain





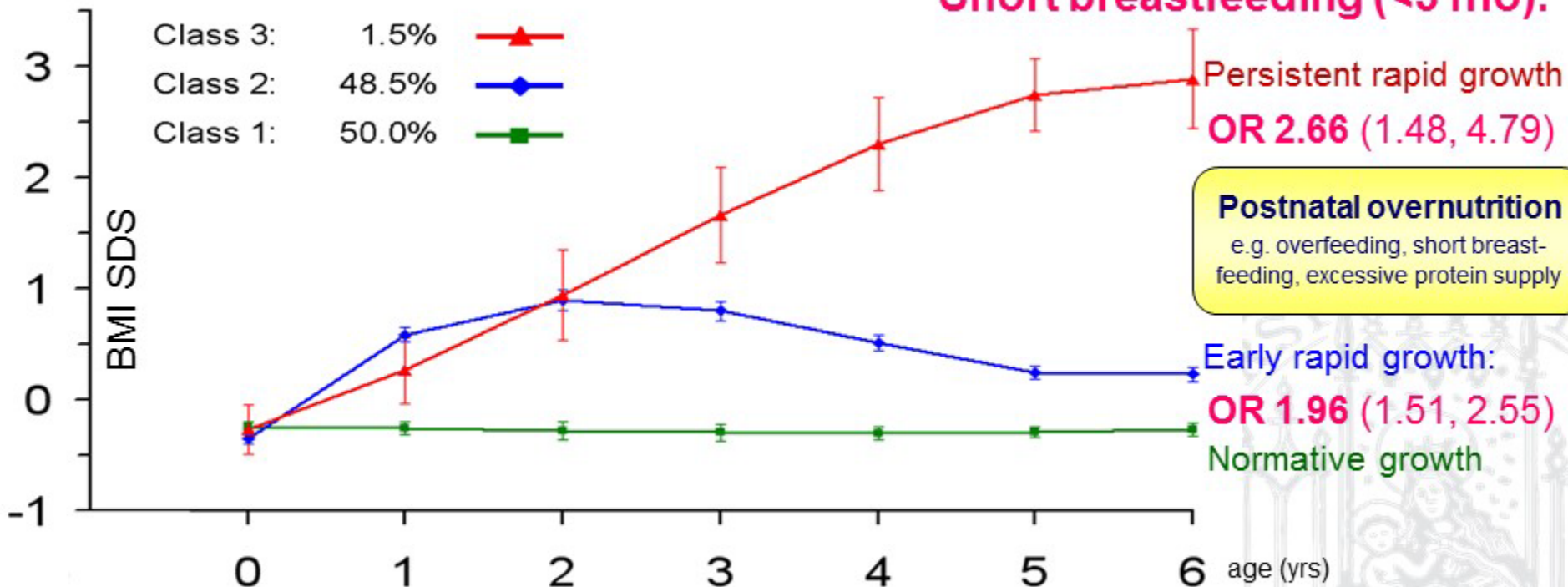
# Early growth clusters in 6708 children



Data of kids from 11 countries, West Australian Pregnancy Cohort (RAINE) European Childhood Obesity Project Trial (CHOP), Norwegian Human Milk Study (HUMIS), & Prevention of Coeliac Disease (PreventCD), EU Early Nutrition Project.

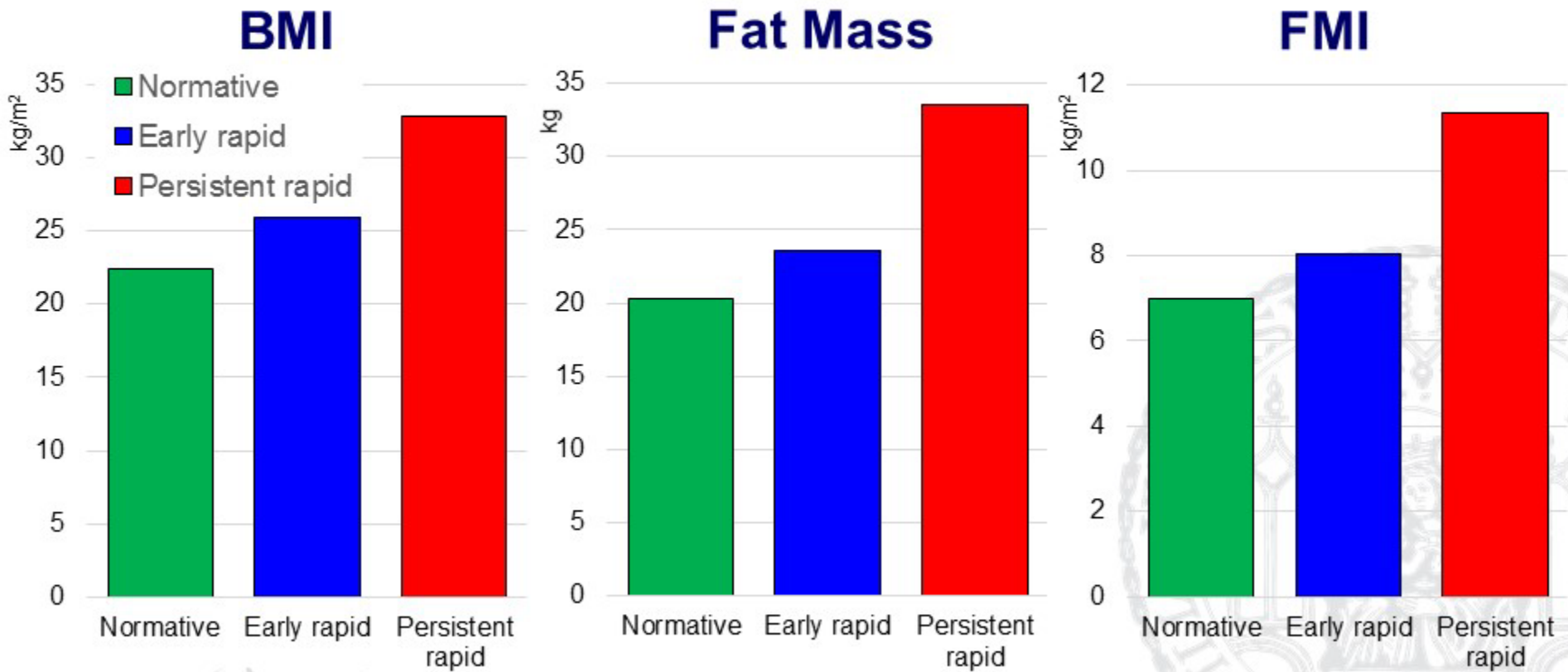
# Early growth clusters in 6708 children

Short breastfeeding (<3 mo):



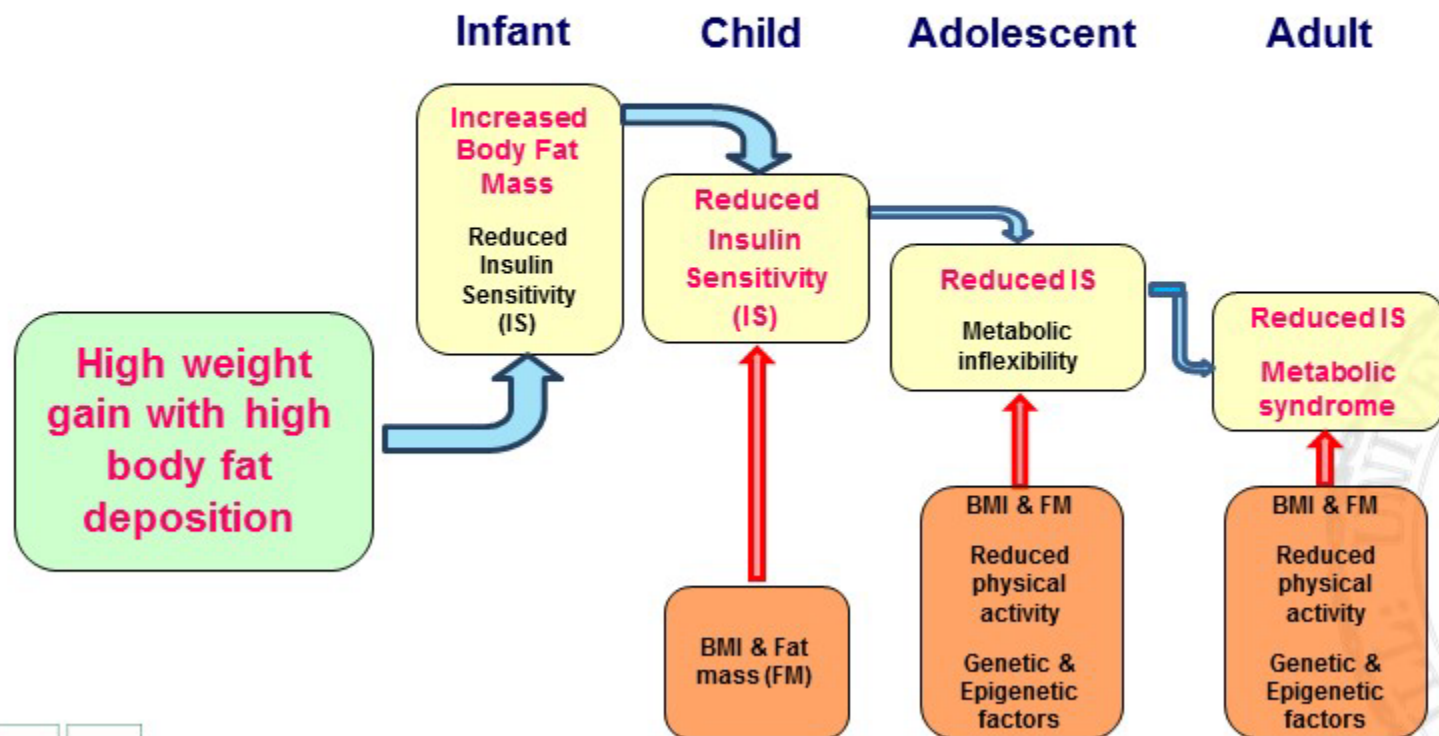
Data of kids from 11 countries, West Australian Pregnancy Cohort (RAINE) European Childhood Obesity Project Trial (CHOP), Norwegian Human Milk Study (HUMIS), & Prevention of Coeliac Disease (PreventCD), EU Early Nutrition Project.

# Early growth clusters and outcome @20 yrs



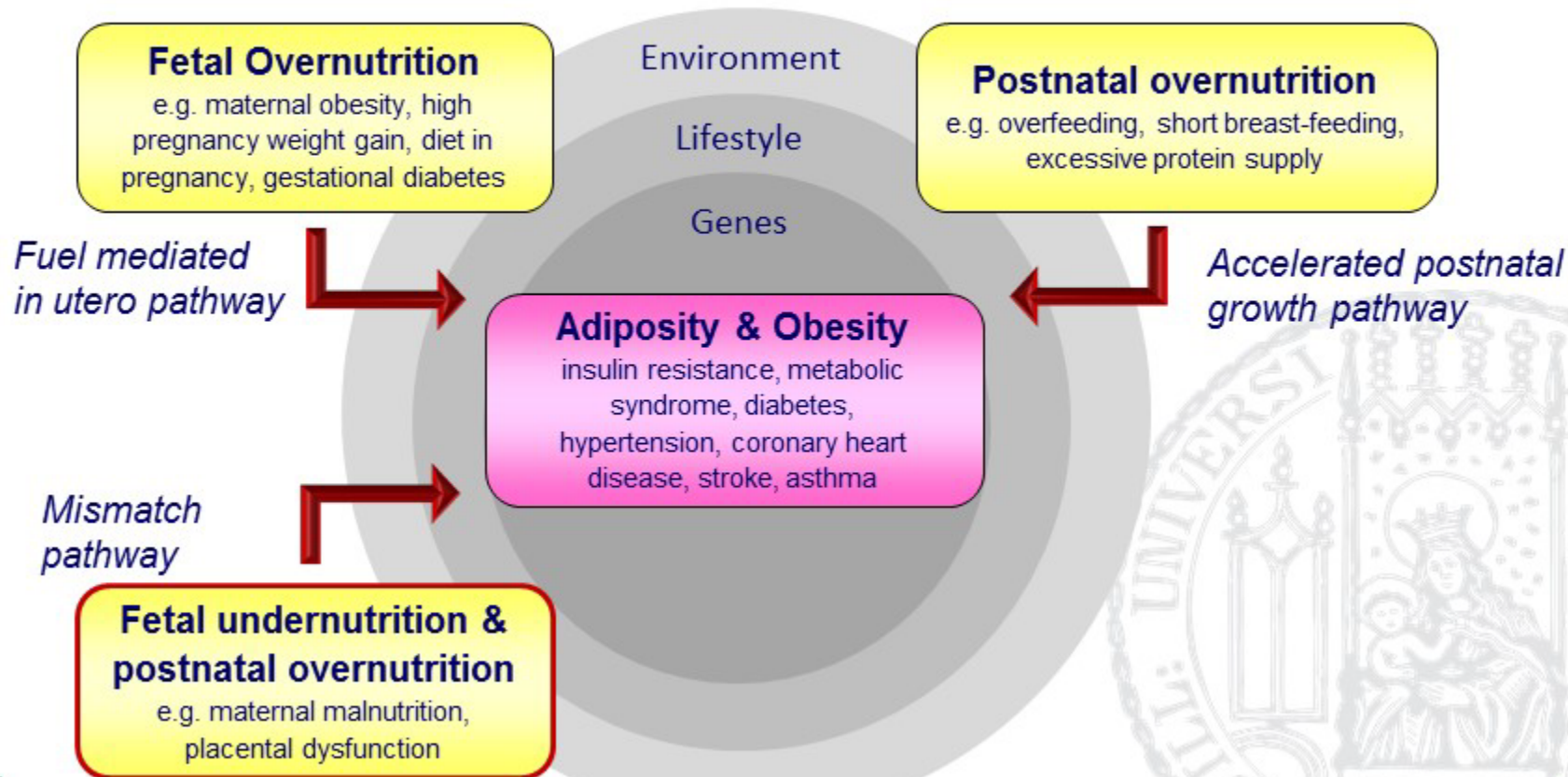
# Rapid growth $\Rightarrow$ deposit excessive body fat

## $\Rightarrow$ risk for later metabolic disease

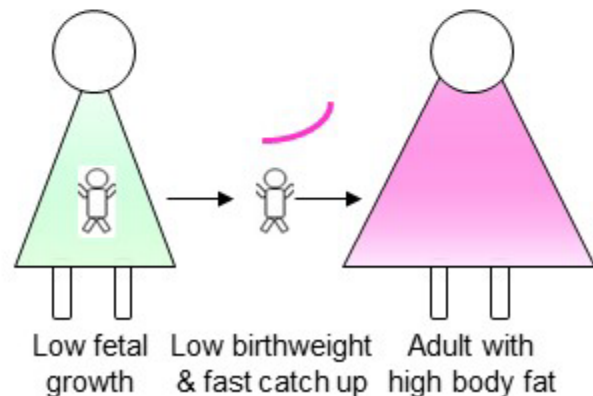
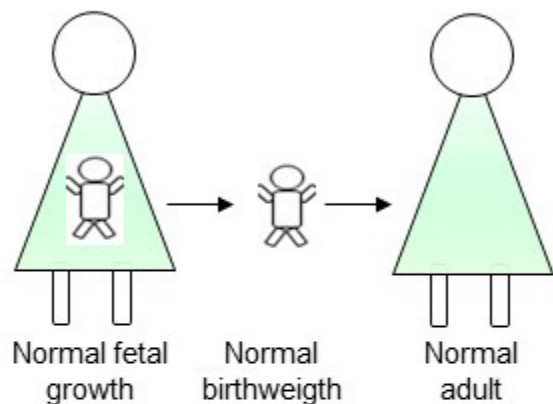




# Key Programming Pathways



# The Mismatch Pathway



**Fetal undernutrition & postnatal overnutrition**

e.g. maternal malnutrition,  
placental dysfunction

Mismatch of low fetal and  
rapid postnatal growth:

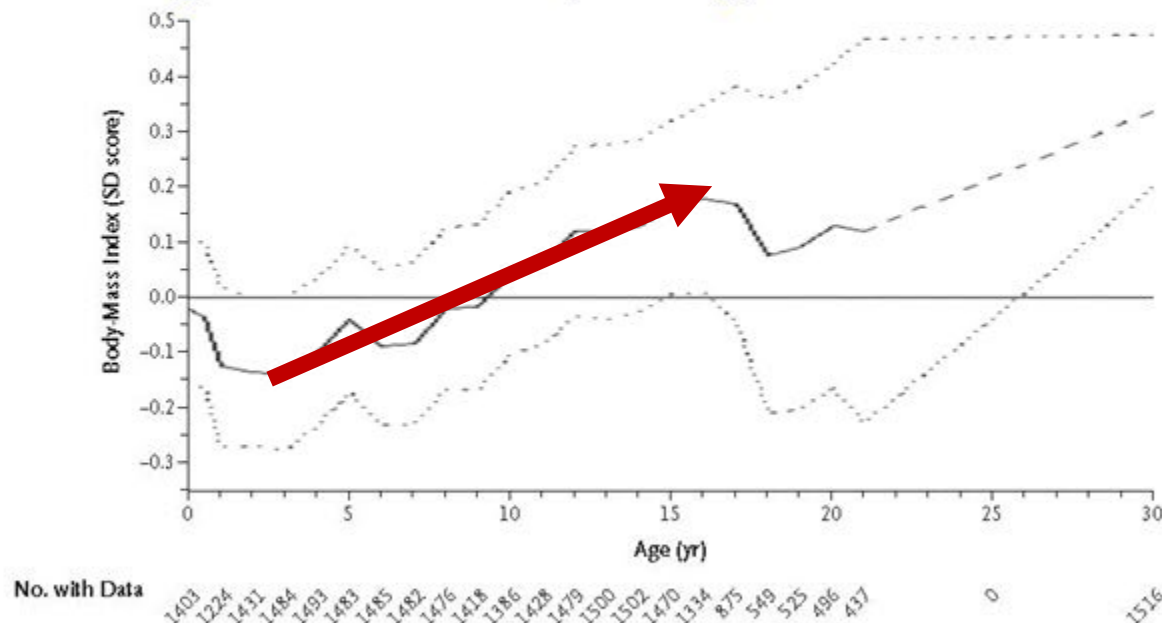
**↑ adult adiposity & NCD risk**

*Drawn after Edwards M. In: Preedy V & Patel V (eds)  
Handbook of Famine, Starvation, & Nutrient Deprivation.  
Springer, 2017.*



# Low initial weight followed by rapid weight gain: high later risk of NCD

⇒ High risk of diabetes, obesity, cardiovascular disease



1492 men and women aged 26 to 32 years, measures at birth and every 3-6 months through infancy, childhood, and adolescence in a prospective, population-based study

© office.koletzko@med.lmu.de

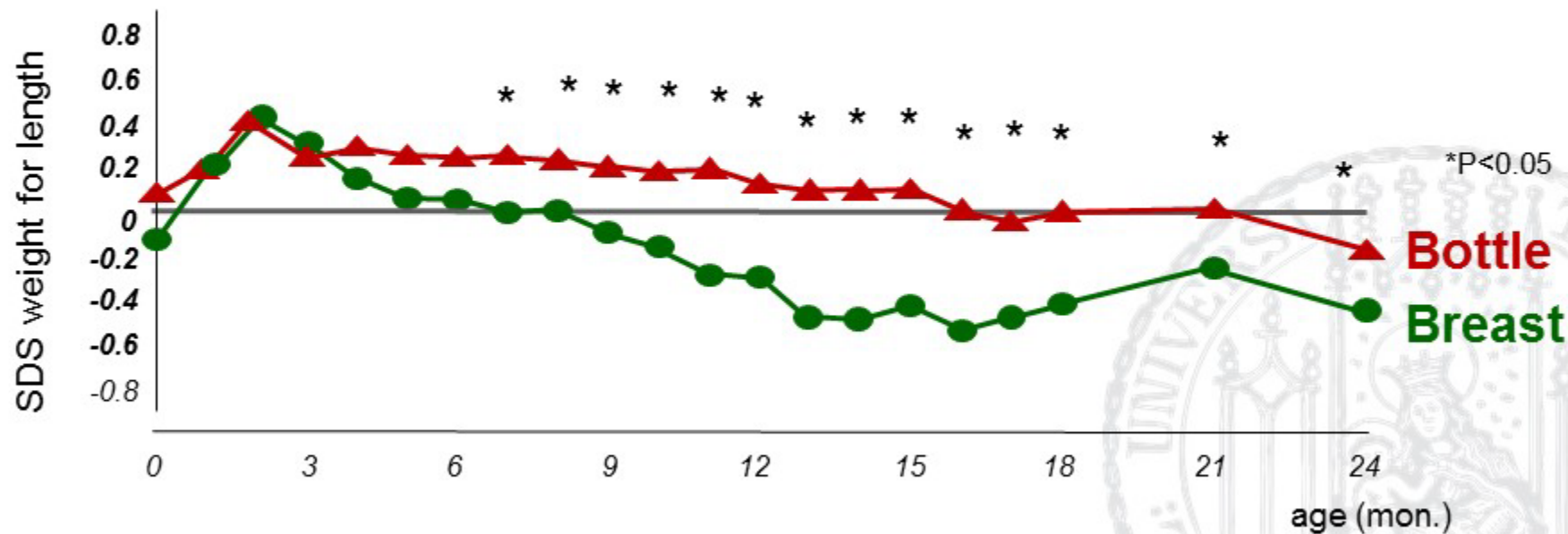
Bhargava et al, NEJM 2004.

# High early weight gain

- Is it genetically determined?
- Does early feeding matter?

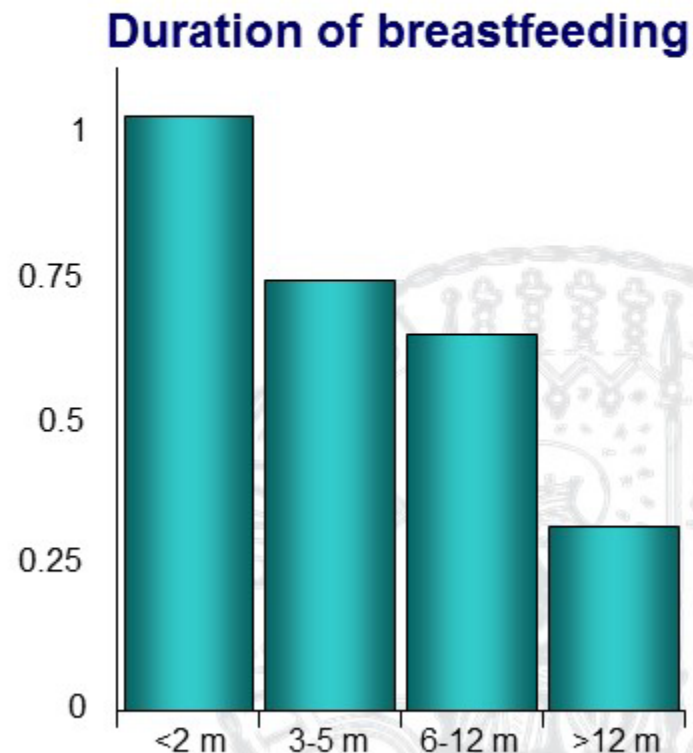
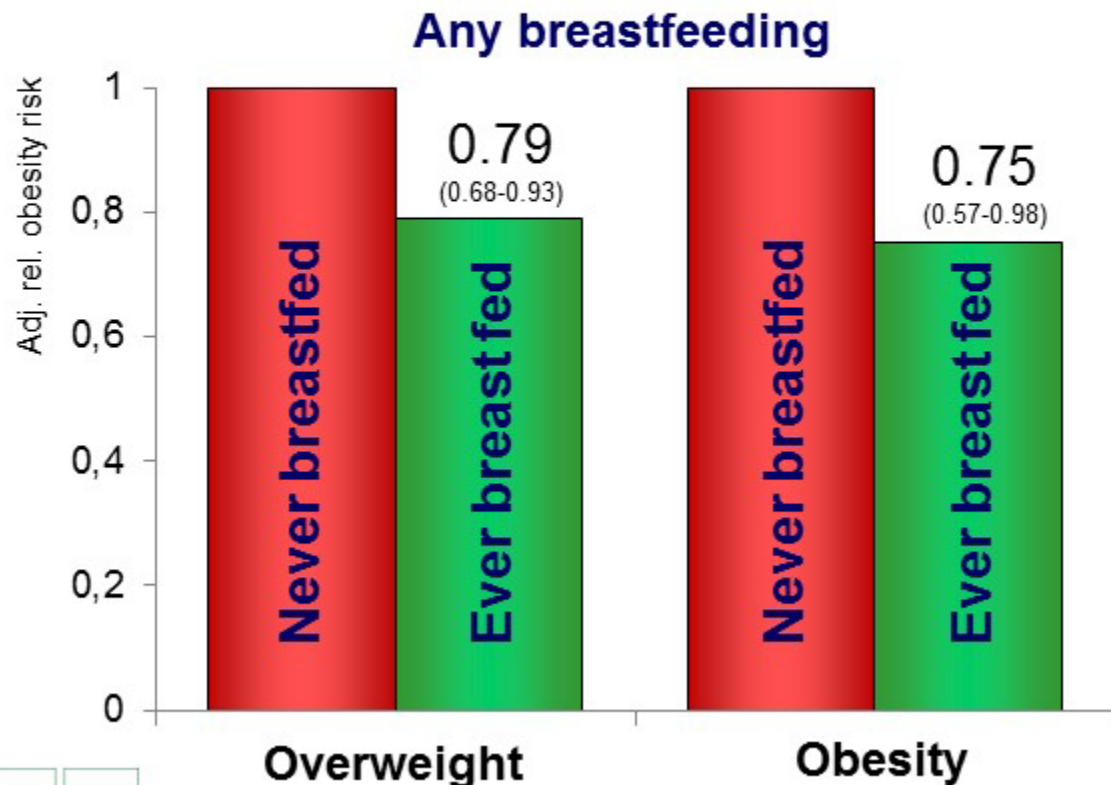


# Breastfed infants: lower weight for length (SDS) after the first months than bottle fed infants



# Breast feeding: less obesity at school age

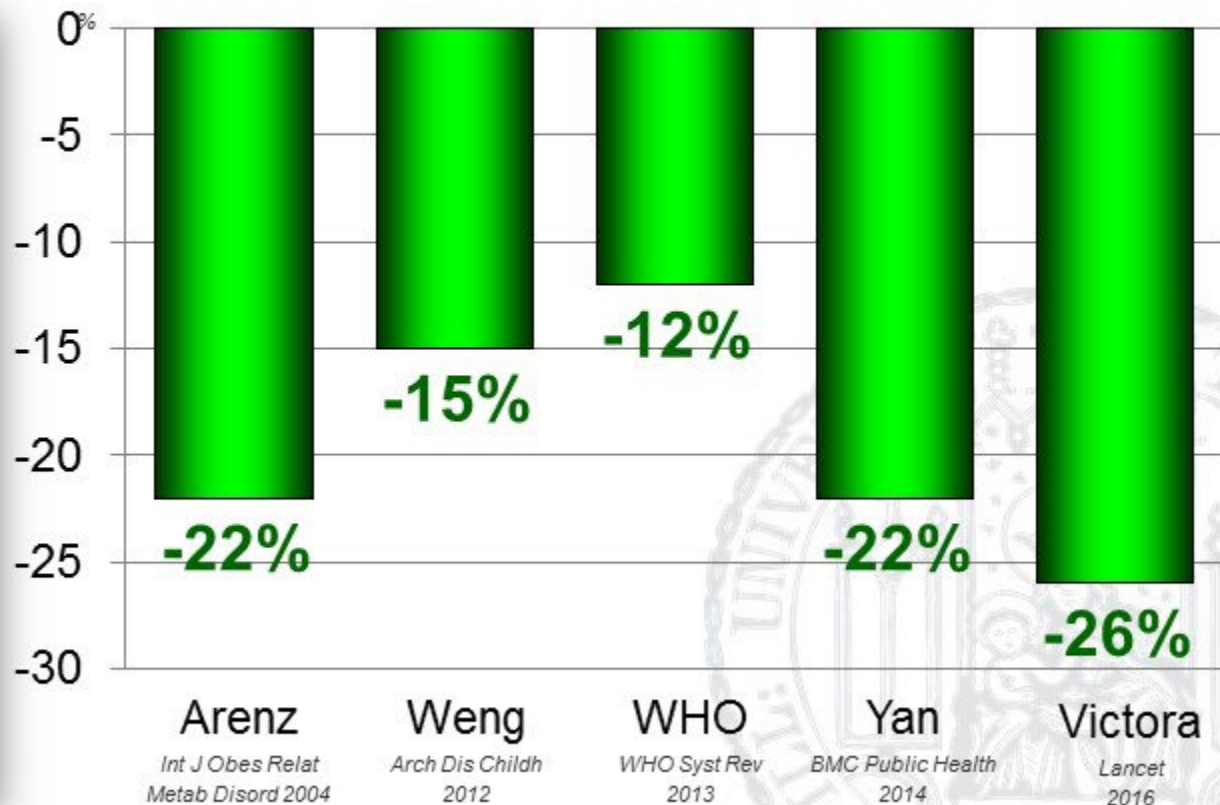
9357 children, school entry health examination, Bavaria, Germany, OR adjusted for confounders



Koletzko et al. *Ann Nutr Metab* 2014;65:99-107.  
v. Kries et al. *Brit Med J* 1999;319:147-50.



# Breastfeeding and obesity risk: meta-analyses



# Early Protein Hypothesis

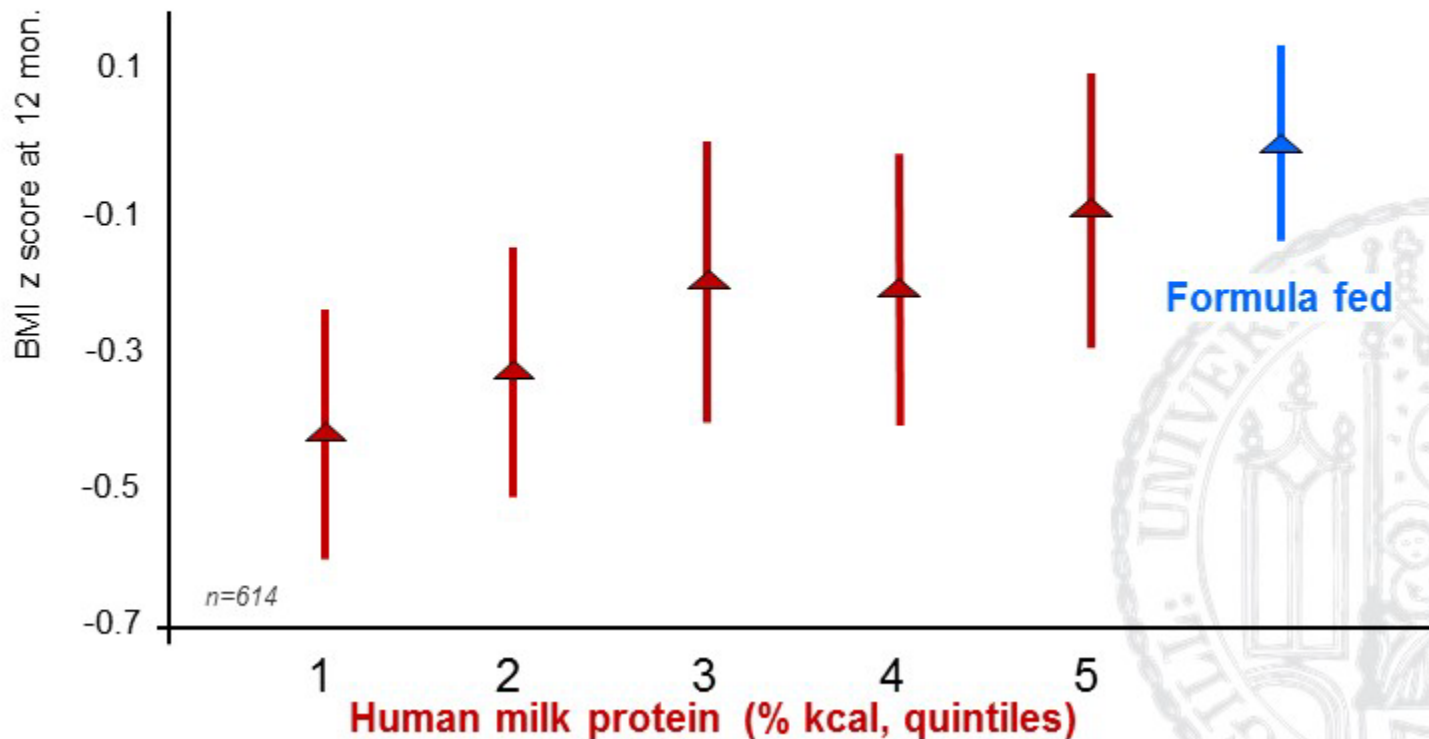
High early protein:  
↑ weight gain  
& later obesity



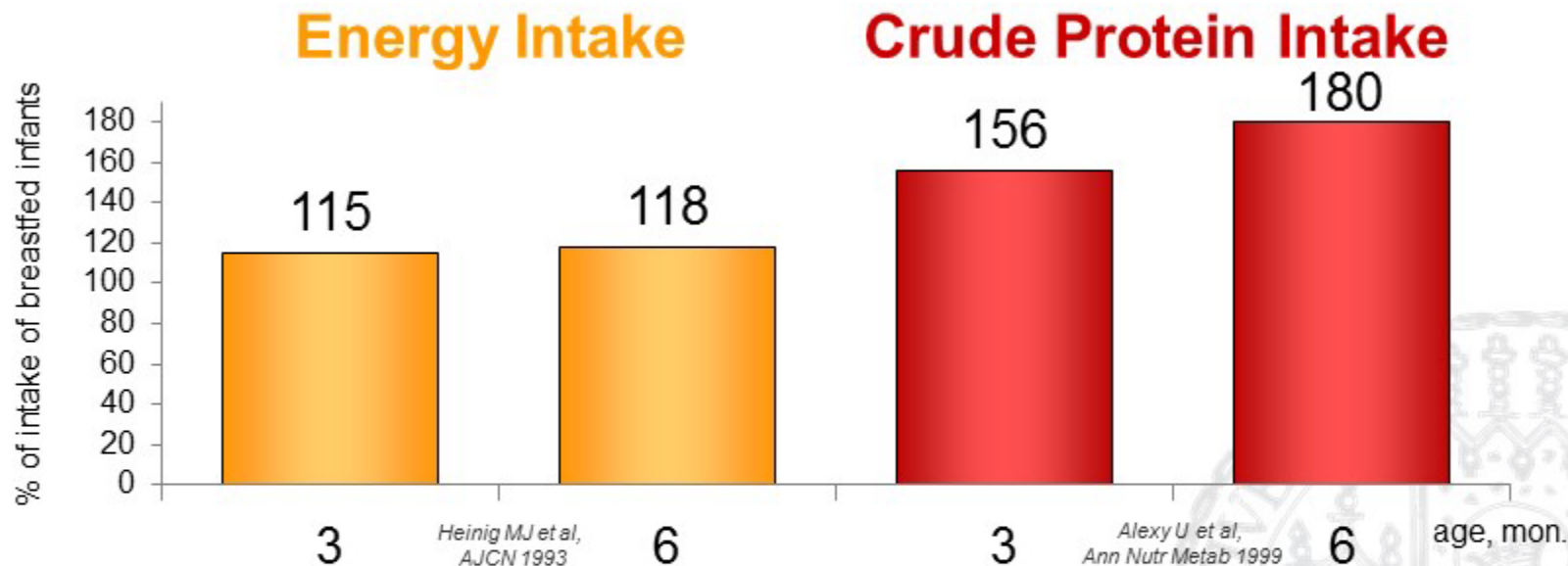
Photo: © Berthold Koletzko



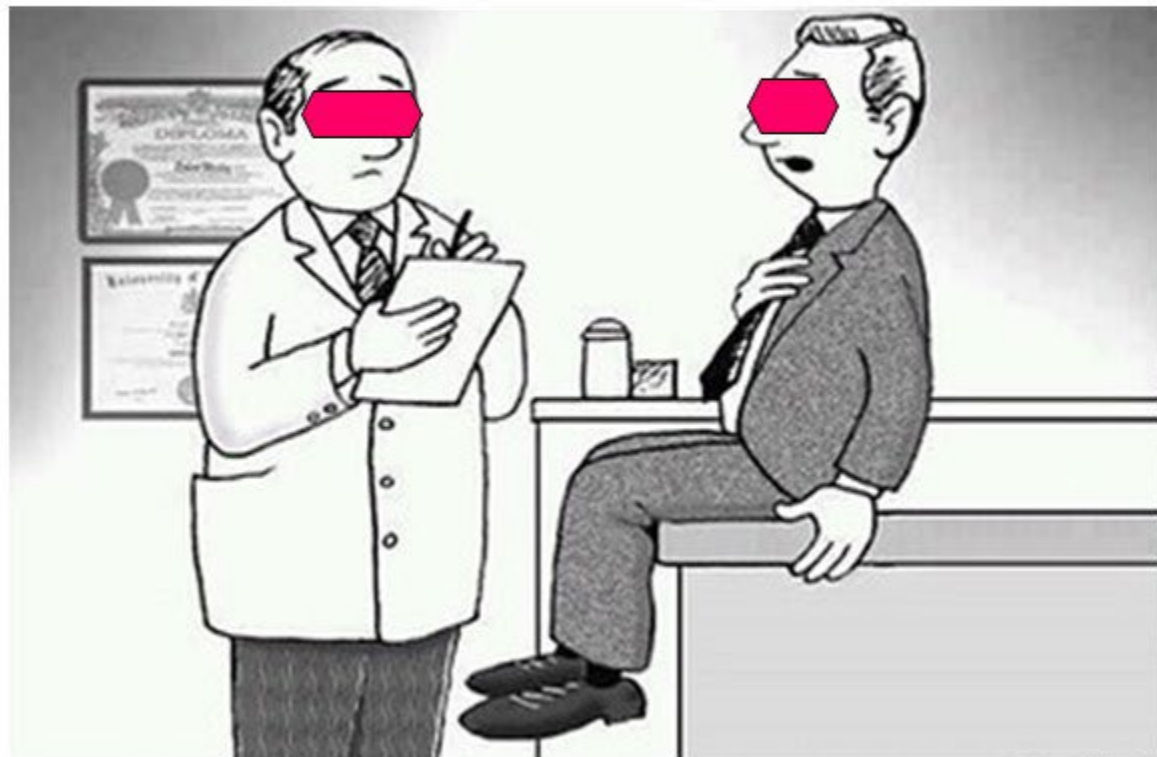
# BMI at 12 months predicted by human milk protein at 4-8 wks *but not by milk kcal or fat*



# Early Protein Hypothesis



# Double-blind randomized trial needed



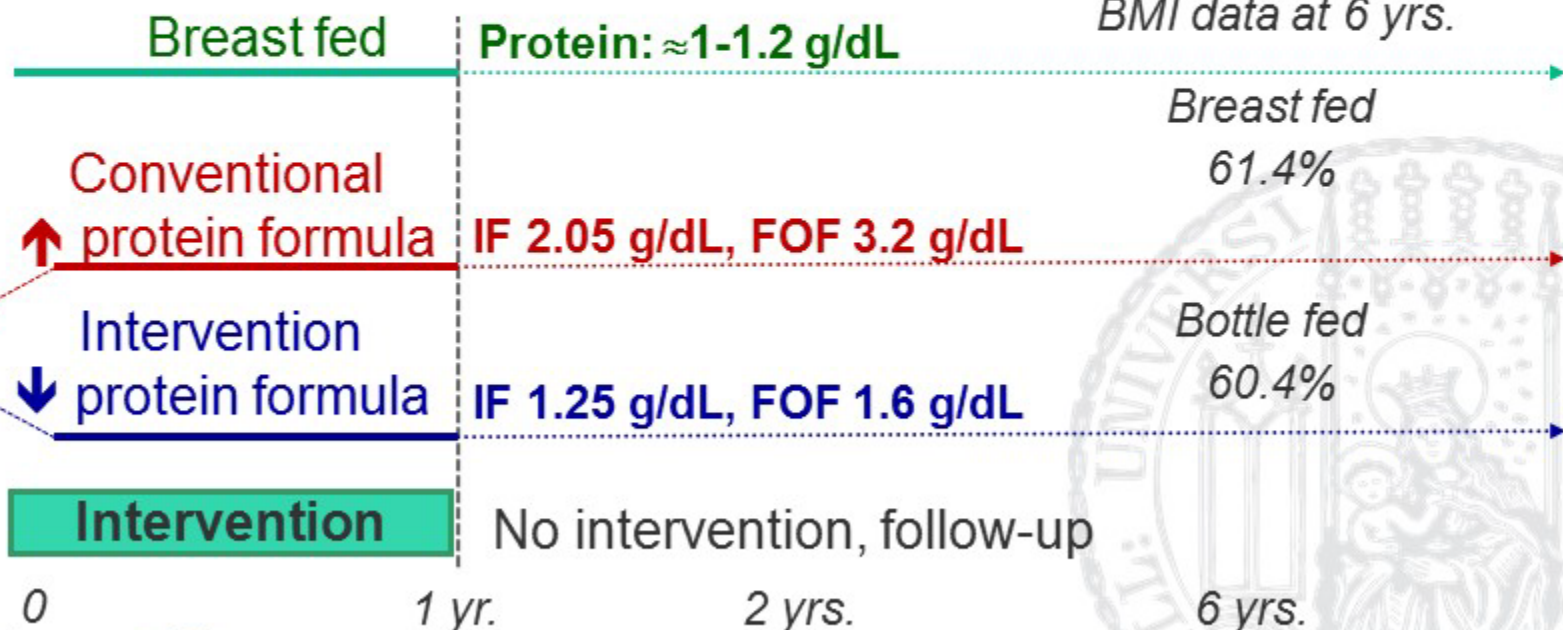
CC BY by DES daughter

# Childhood obesity project (CHOP) RCT

EU funded double-blind RCT, 1678 healthy term infants enrolled in 5 countries



BMI data at 6 yrs.



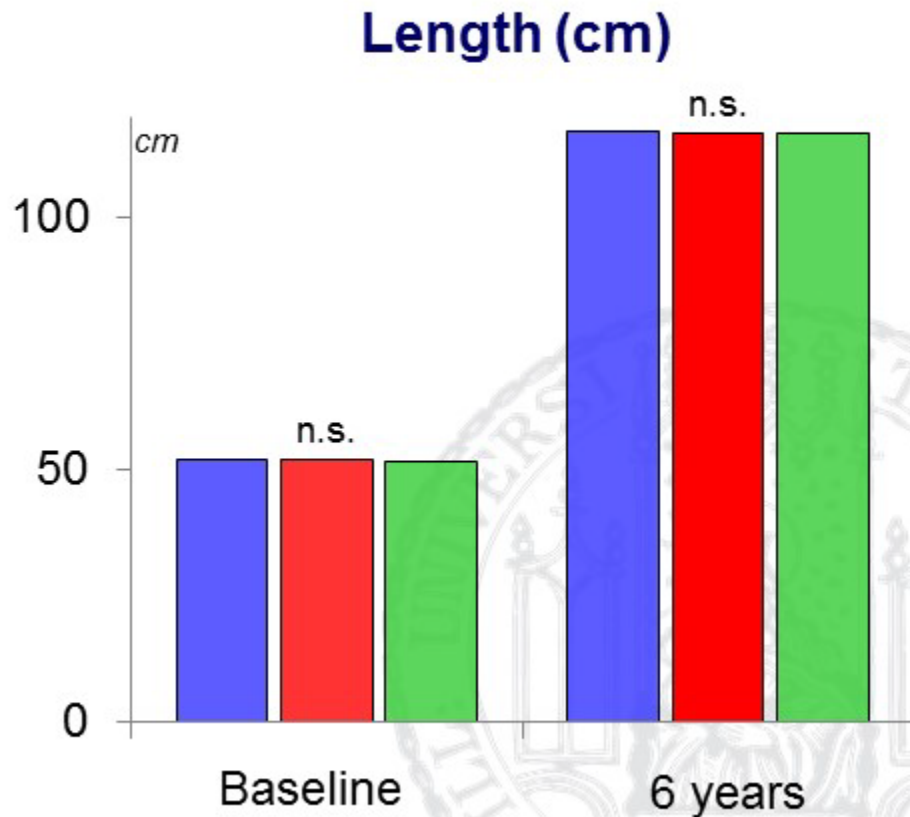
Double blind  
randomised  
iso-energetic  
formulae



# Lower protein formula: no safety concerns

No difference between randomized groups for

- Length growth
- Tolerance
- Acceptance
- Lab safety markers

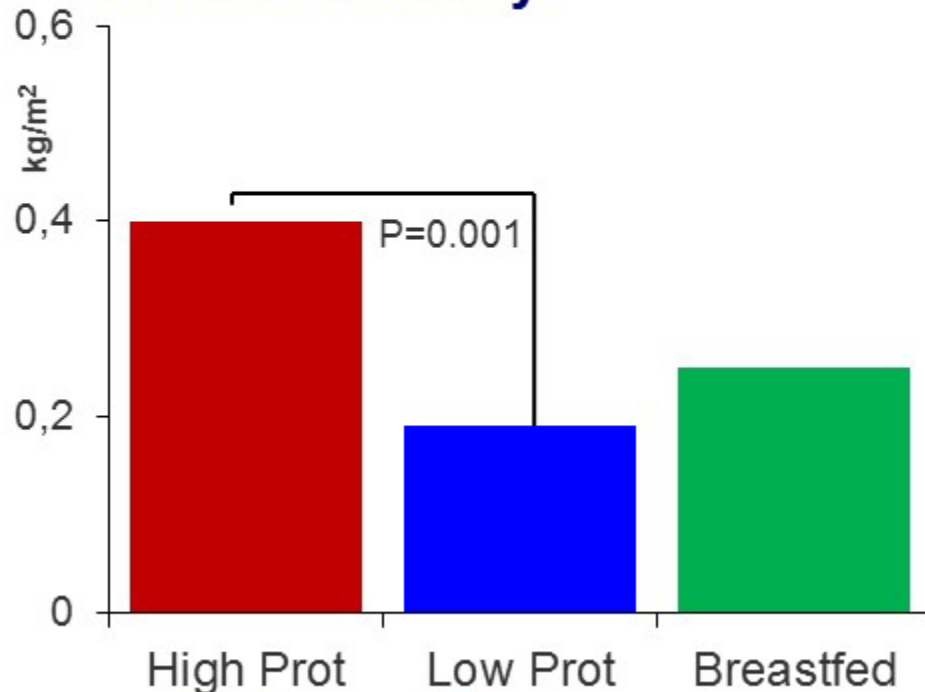


# BMI at 2 and 6 yrs.

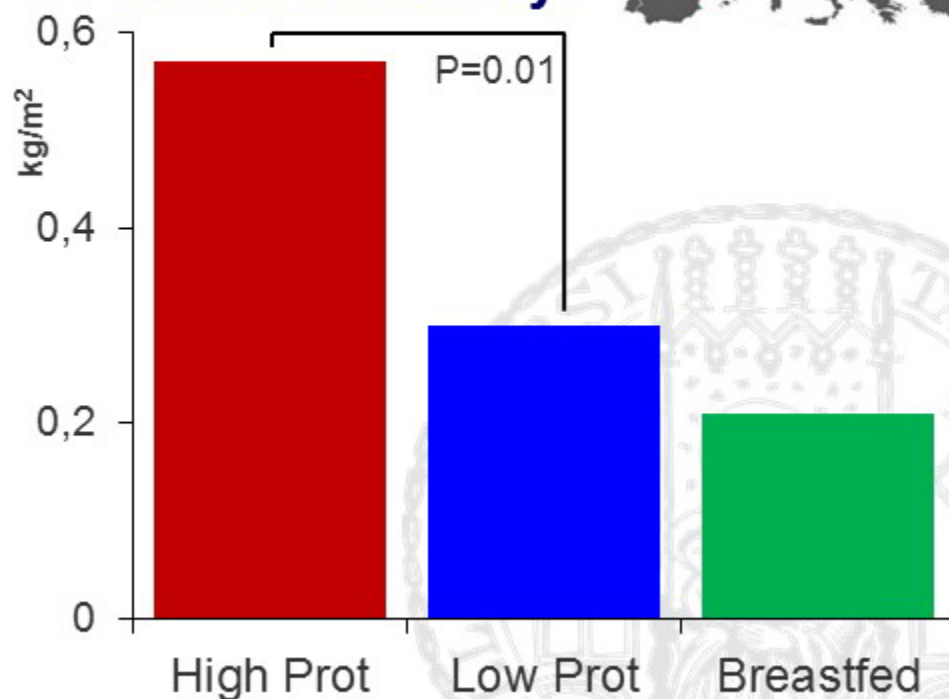
EU funded CHOP RCT



## Mean BMI at 2 y.



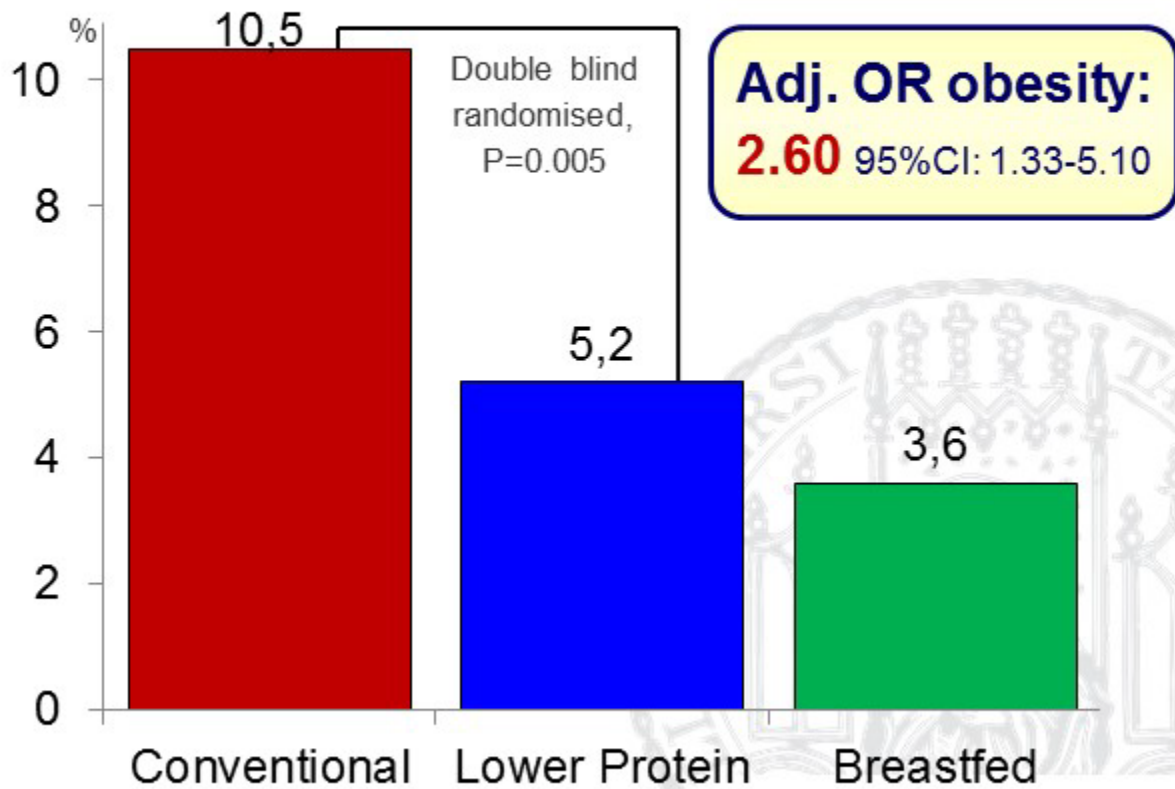
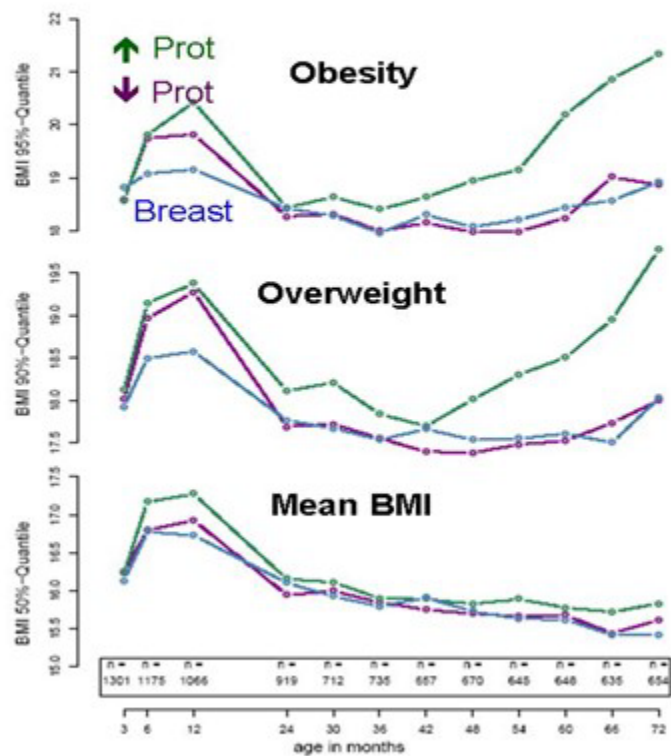
## Mean BMI at 6 y.





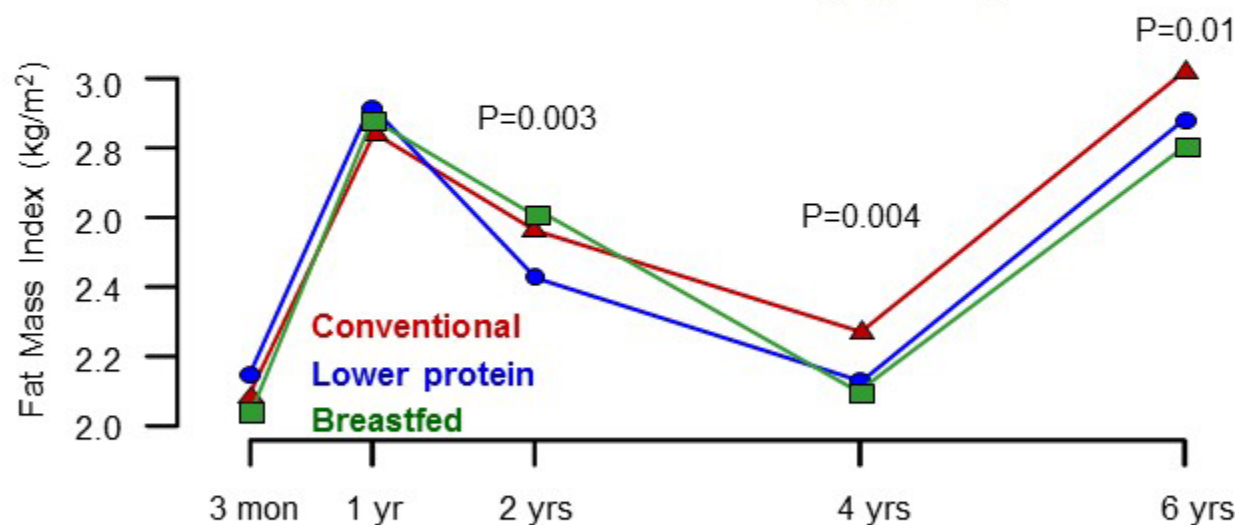
# Less protein to infants ⇒ less obesity later

RCT, Childhood Obesity Project (CHOP) Study, 1678 infants, 5 European countries

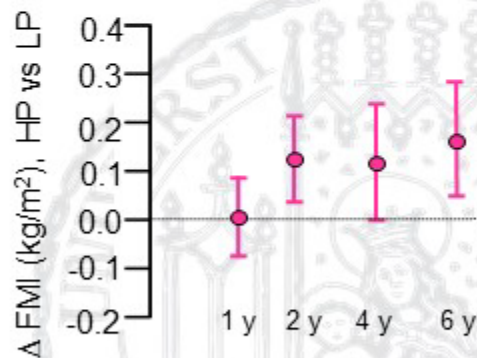


# High protein to infants $\Rightarrow$ fatter at 2-6 yrs.

## Fat Mass Index (kg/m<sup>2</sup>)



## Difference High vs. Low Protein



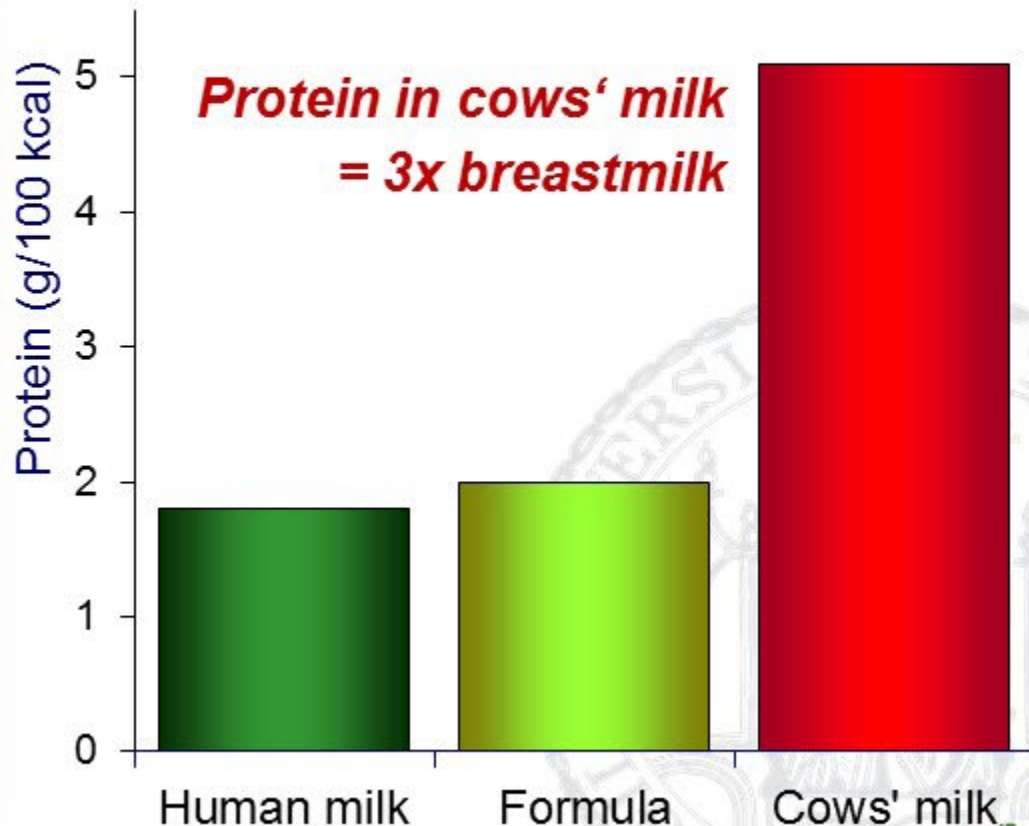
# Conclusion: infant feeding and later obesity

- Infant feeding has very marked effects on later obesity
- Breastfeeding protects
  - ⇒ **promote, protect & support breastfeeding**
- Avoid high protein supply
  - ⇒ Infants not (fully) breast fed: **infant formula with less protein**, but **high protein quality**
  - ⇒ Improved protein composition may provide further benefits
- **First year: no cows' milk as a drink** *if feasible & affordable*



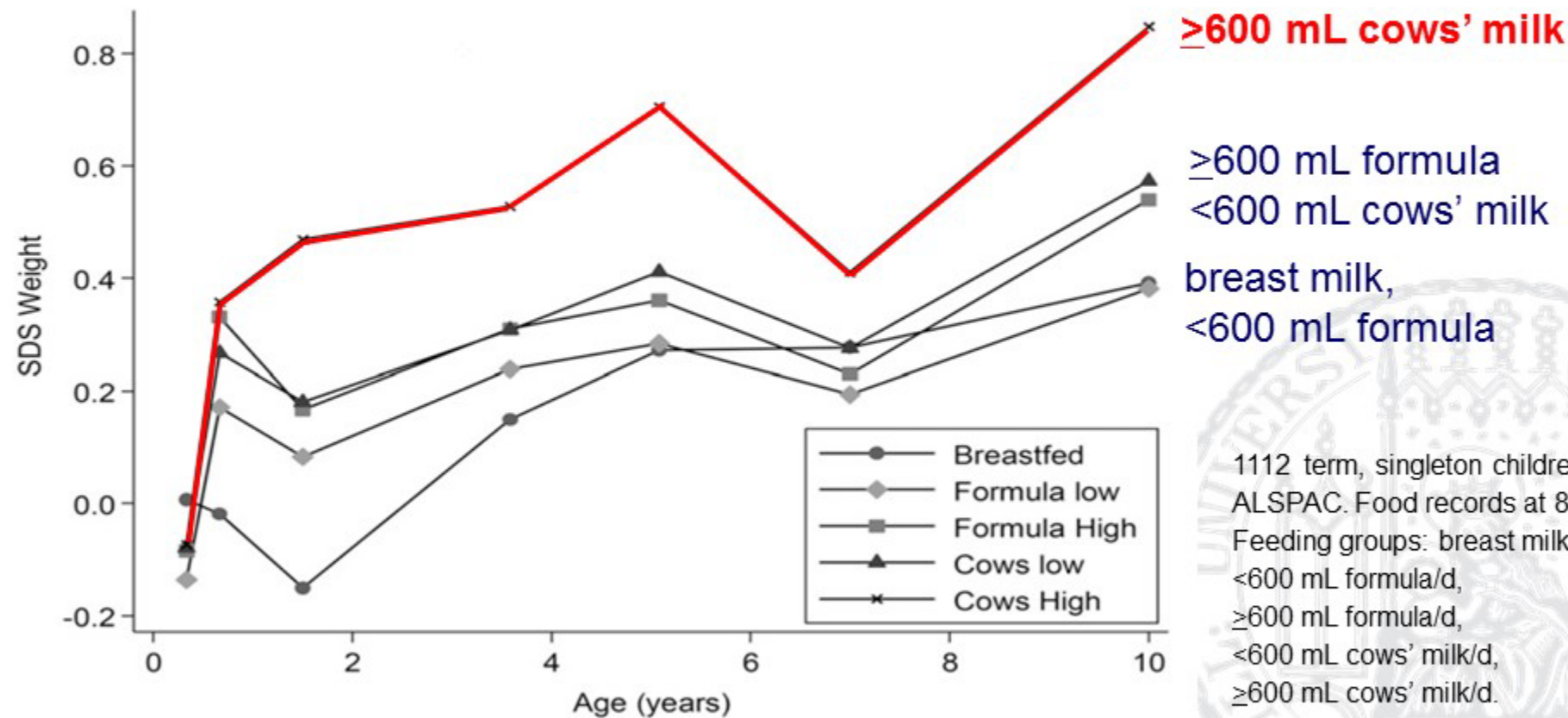
# Avoid cows' milk as a drink in the first year

*if feasible and affordable*





# Cows' milk at 8 mon. and weight at 10 yrs.



1112 term, singleton children, ALSPAC. Food records at 8 mo. Feeding groups: breast milk,  $< 600$  mL formula/d,  $\geq 600$  mL formula/d,  $< 600$  mL cows' milk/d,  $\geq 600$  mL cows' milk/d.



*No cow's milk  
in the first year  
of life!*



## **EARLYNUTRITION**

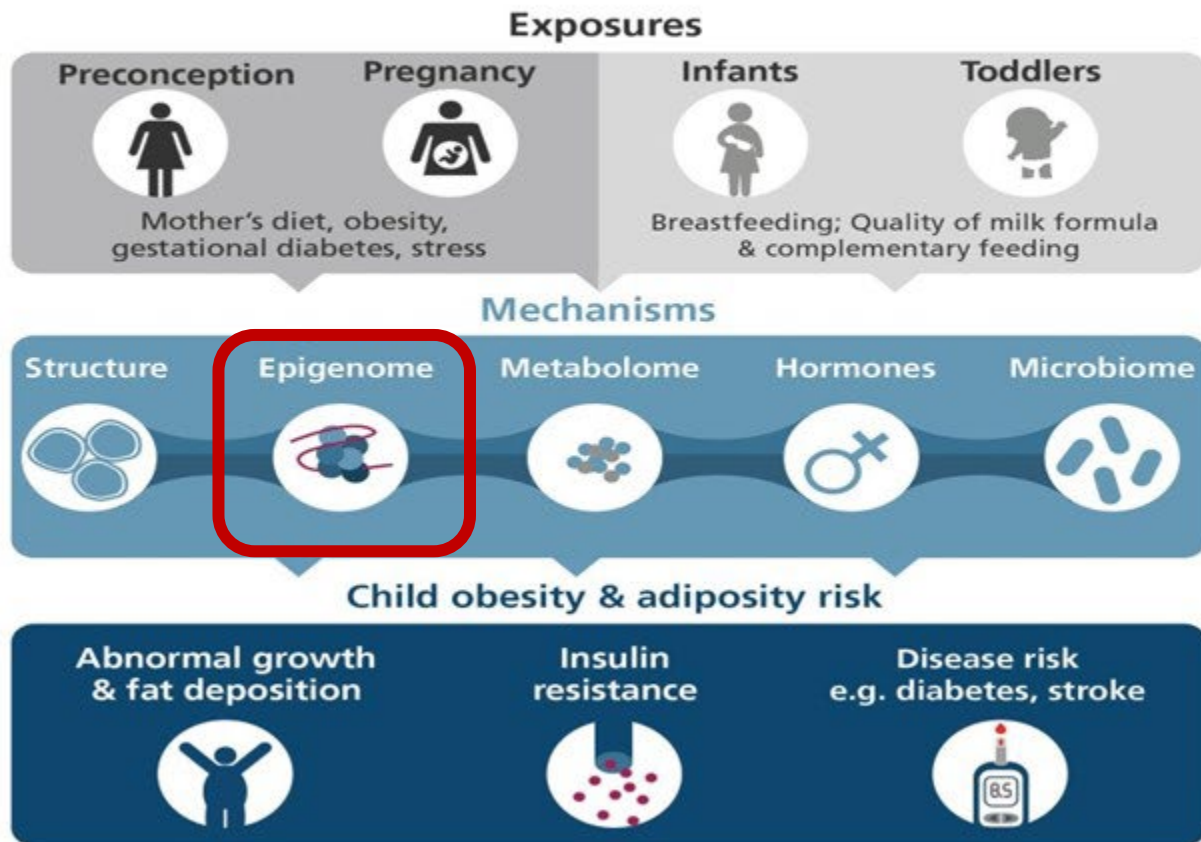
Long-term effects of early nutrition on later health

[www.project-earlynutrition.eu/recommendations](http://www.project-earlynutrition.eu/recommendations)

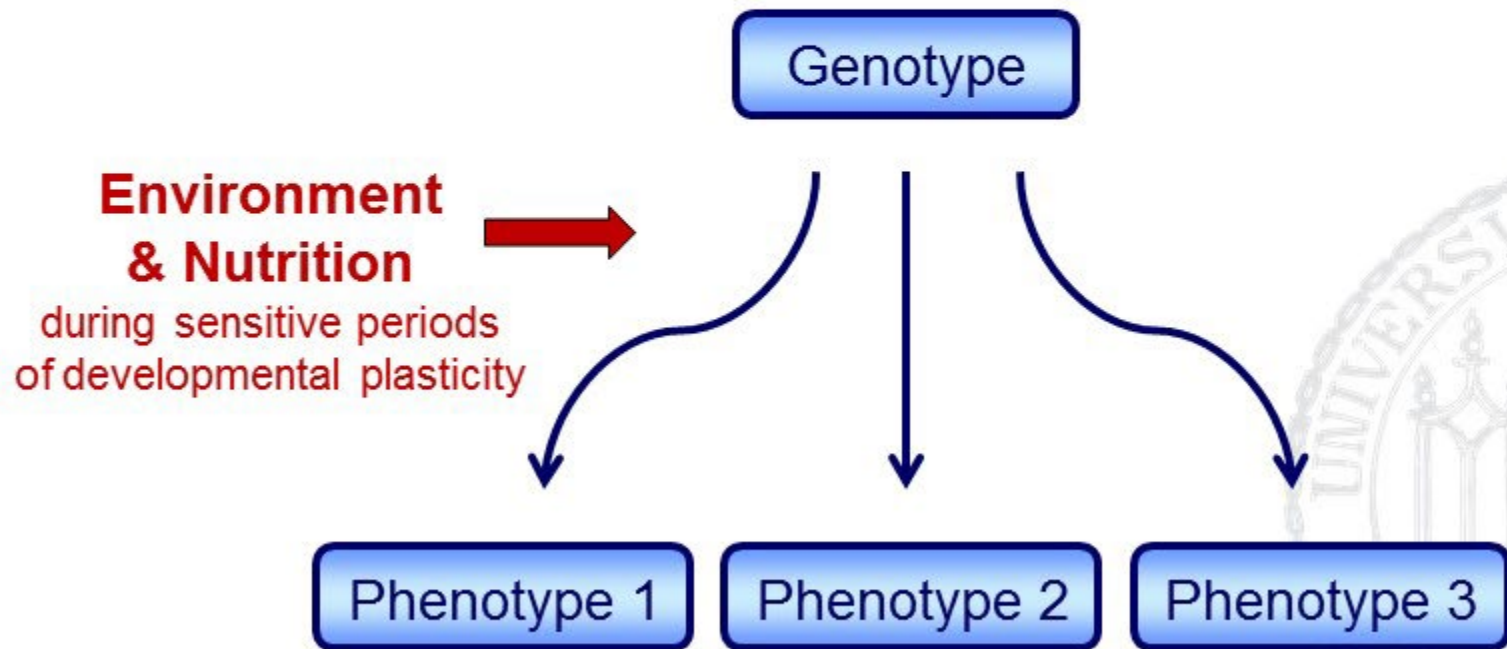


Project No. 289346

# Understanding mechanisms is important



# Epigenetics: environment & nutrition modify genotype effect on phenotype

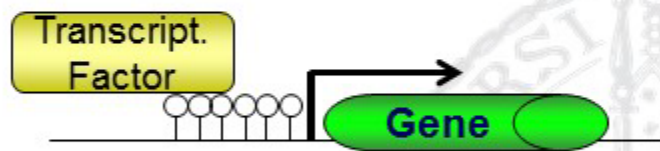




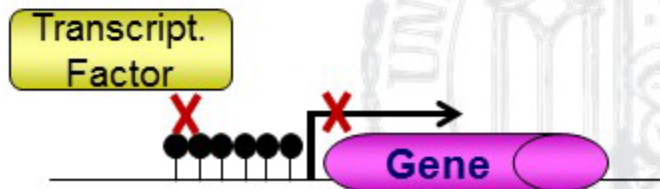
# Cytosine - phosphatidyl - Guanine (CpG)



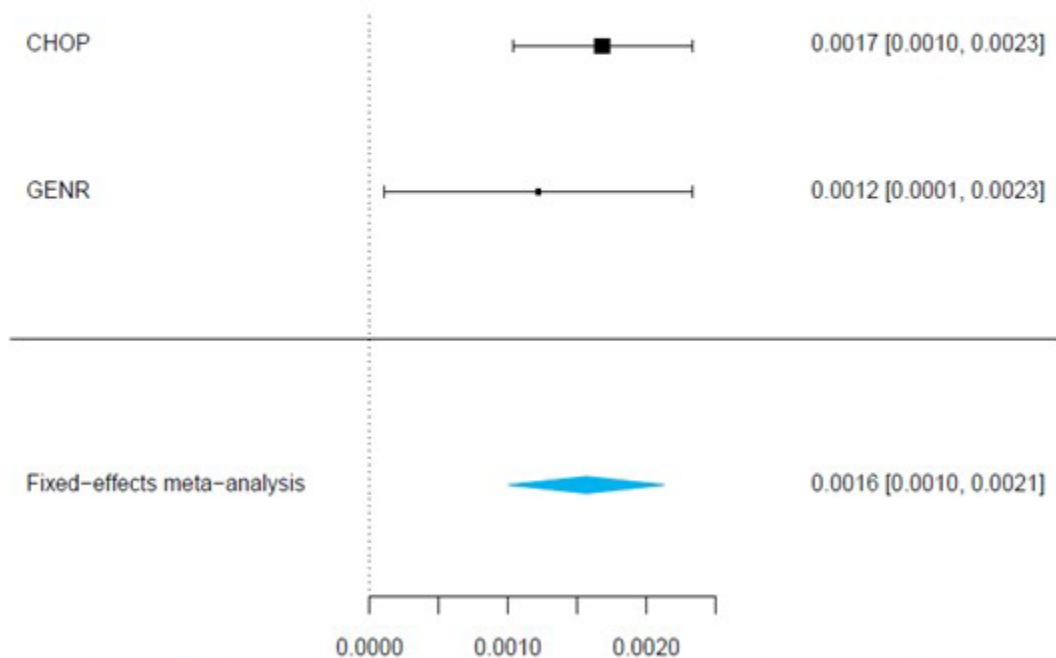
○ CpG island not methylated  
⇒ gene is expressed



● CpG island methylated  
⇒ gene is not expressed



# Infant animal protein intake modifies DNA methylation in childhood: meta-Analysis



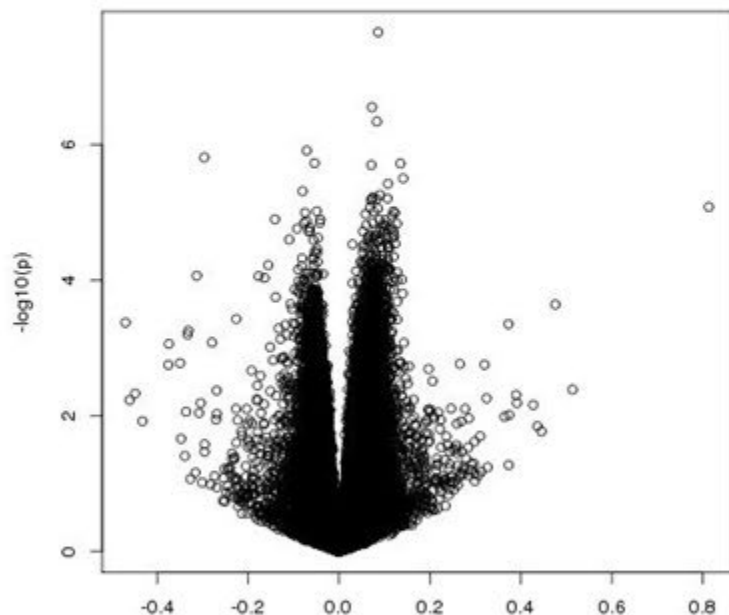
Change in late childhood's DNA methylation per 1% change in energy from animal protein sources

Animal protein intake (E%) @ $\approx$  1 yr  
and DNAm @7-12 years (n= 604)

# DNA-methylation and childhood fat mass

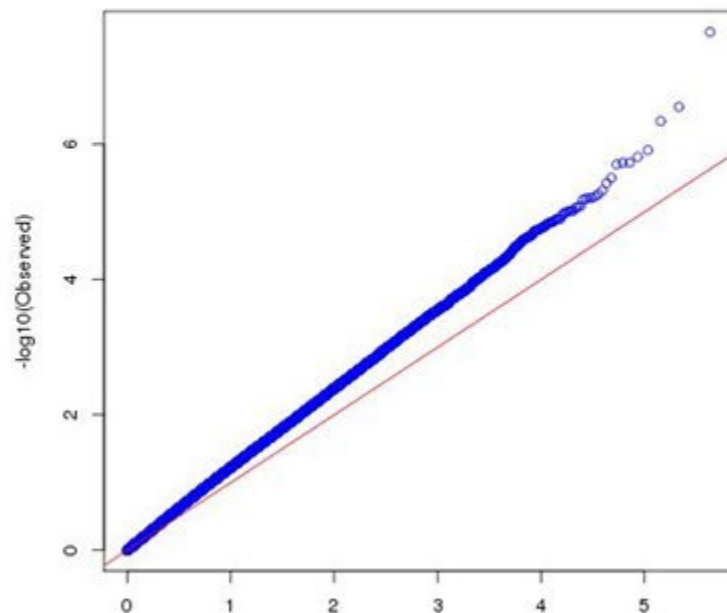
FMI, 5.5 yrs. 378 children, CHOP

Regression of children's CpG-site at age 5.5 yrs on FMI<sub>t66</sub>



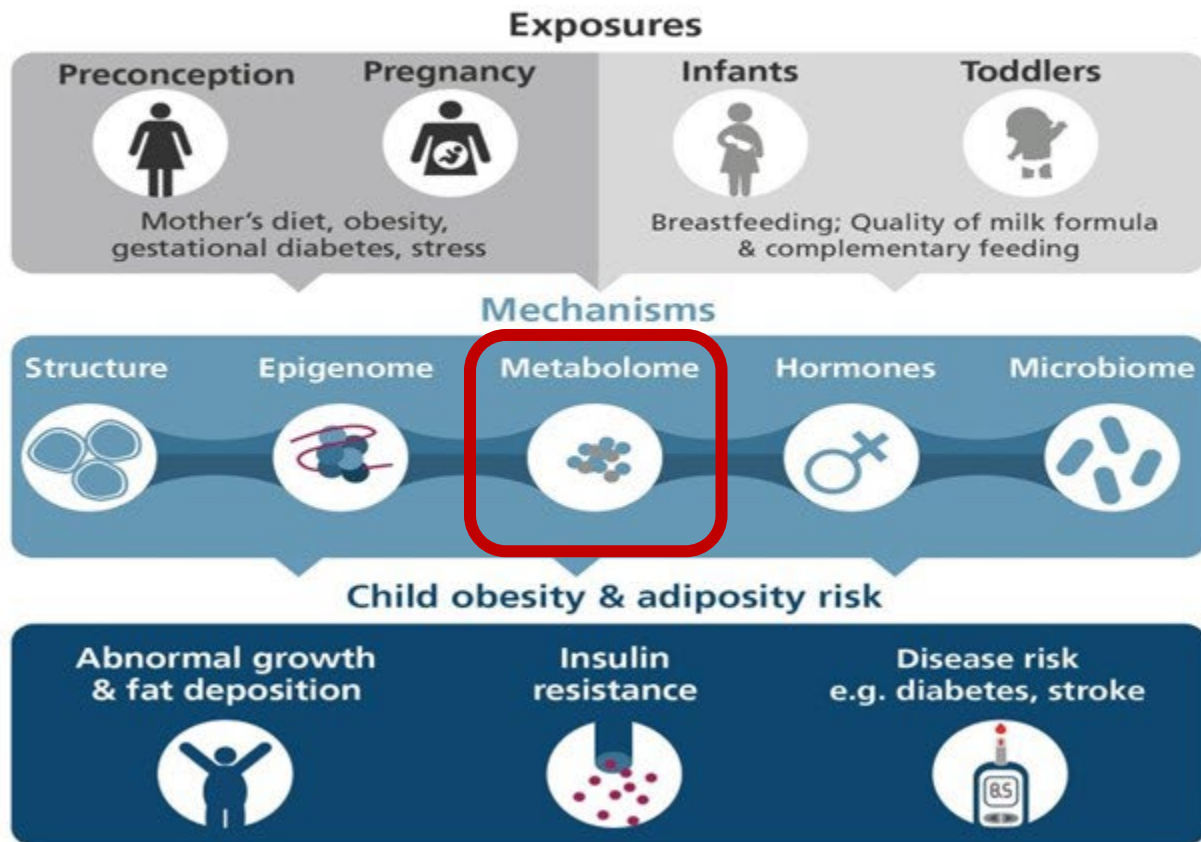
FMI<sub>t66</sub> (reg-coeff)  
Volcano-plot of 431313 CpG-sites for 378 Children

QQplot of P-values for Regress. of CpG-sites on FMI<sub>t66</sub>



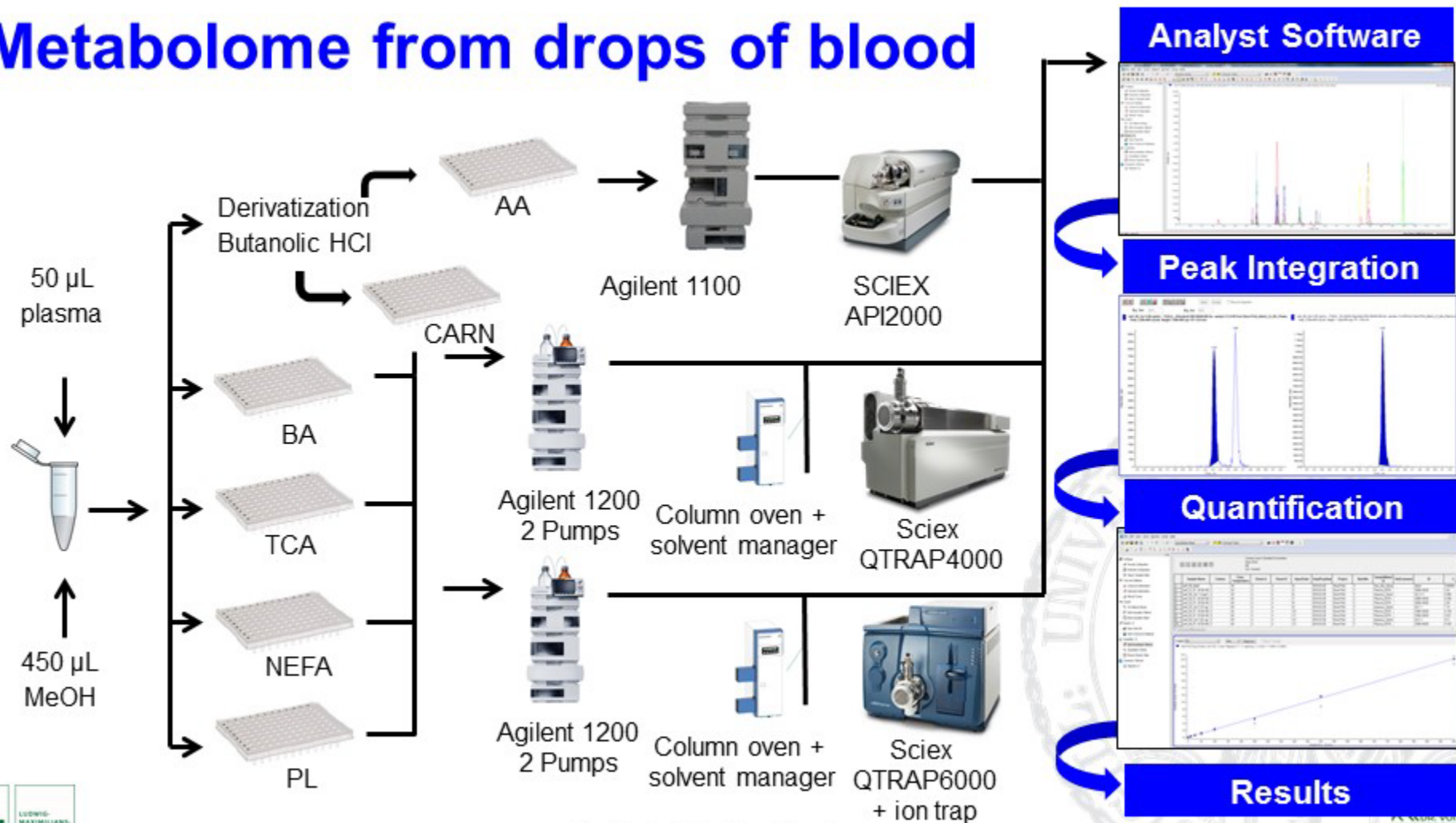
-log10(Expected)

# Understanding mechanisms is important



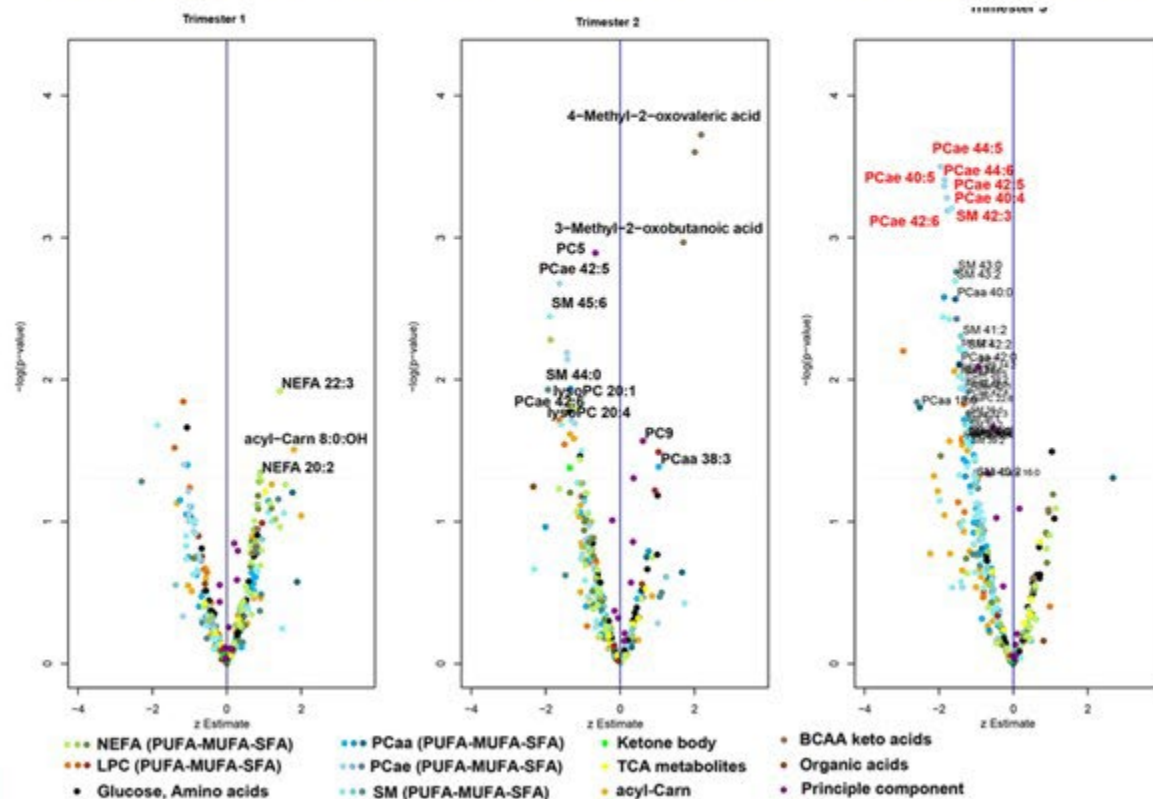


# Metabolome from drops of blood





# Plasma metabolites in 3 pregnancy trimesters and neonatal adiposity



Six alkyl-linked phosphatidylcholines (PCae) with 20:4 significantly associated with neonatal body fat percentage

253 mother infant pairs.

Helmuth C et al, Mol Nutr Food Res. 2019;63(1):e1700889.

# Penalized regression models predicting birthweight

Models	$\Delta$ Birthweight SDS (95% CI)	Adjusted R <sup>2</sup> (%)
Prepregnancy BMI	0.03 (0.00; 0.05)	<b>6.1</b>

Wahab RJ et al. *J Clin Endocrinol Metab* 2022;107:e315-27.  
doi: 10.1210/clinem/dgab596.



# Penalized regression models predicting birthweight

Models	$\Delta$ Birthweight SDS (95% CI)	Adjusted R <sup>2</sup> (%)
Prepregnancy BMI	0.03 (0.00; 0.05)	<b>6.1</b>
Biomarker model, prepregn. BMI + glucose & lipids	0.02 (0.00; 0.04)	<b>6.2</b>

Wahab RJ et al. *J Clin Endocrinol Metab* 2022;107:e315-27.  
doi: 10.1210/clinem/dgab596.

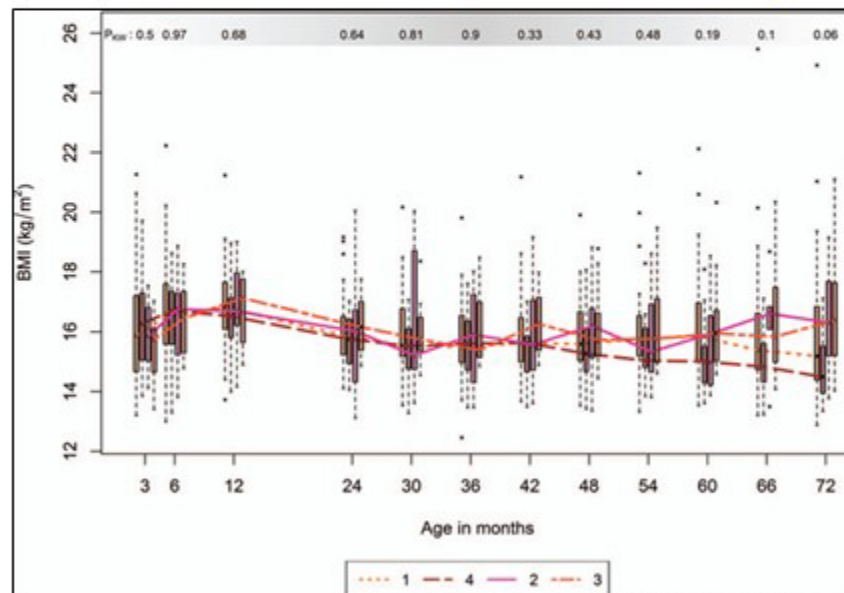
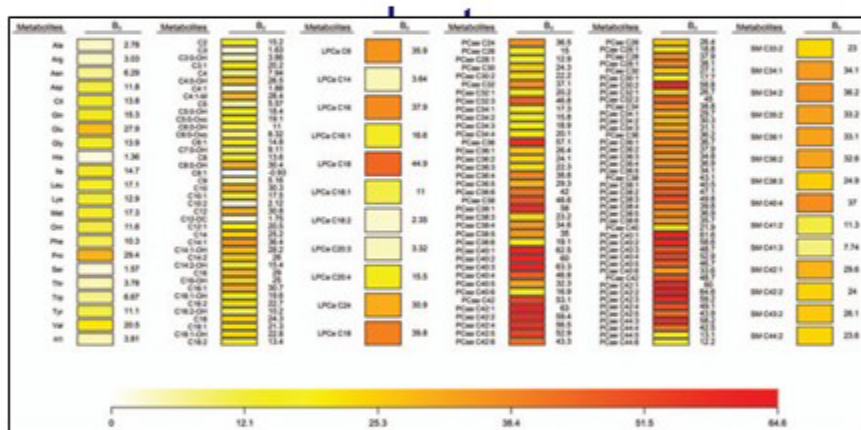
# Penalized regression models predicting birthweight

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Prepregnancy BMI	0.03 (0.00; 0.05)	<b>6.1</b>
Biomarker model, prepregn. BMI + glucose & lipids	0.02 (0.00; 0.04)	<b>6.2</b>
Metabolite model, prepregn. BMI with added metabolome	0.05 (0.03; 0.07)	<b>12.9</b>

# Are all breast-fed infants equal?

Bayesian agglomerative clustering identified 20 metabolite

Major metabolite clusters at 6 mon. predict BMI development to 6 yrs.



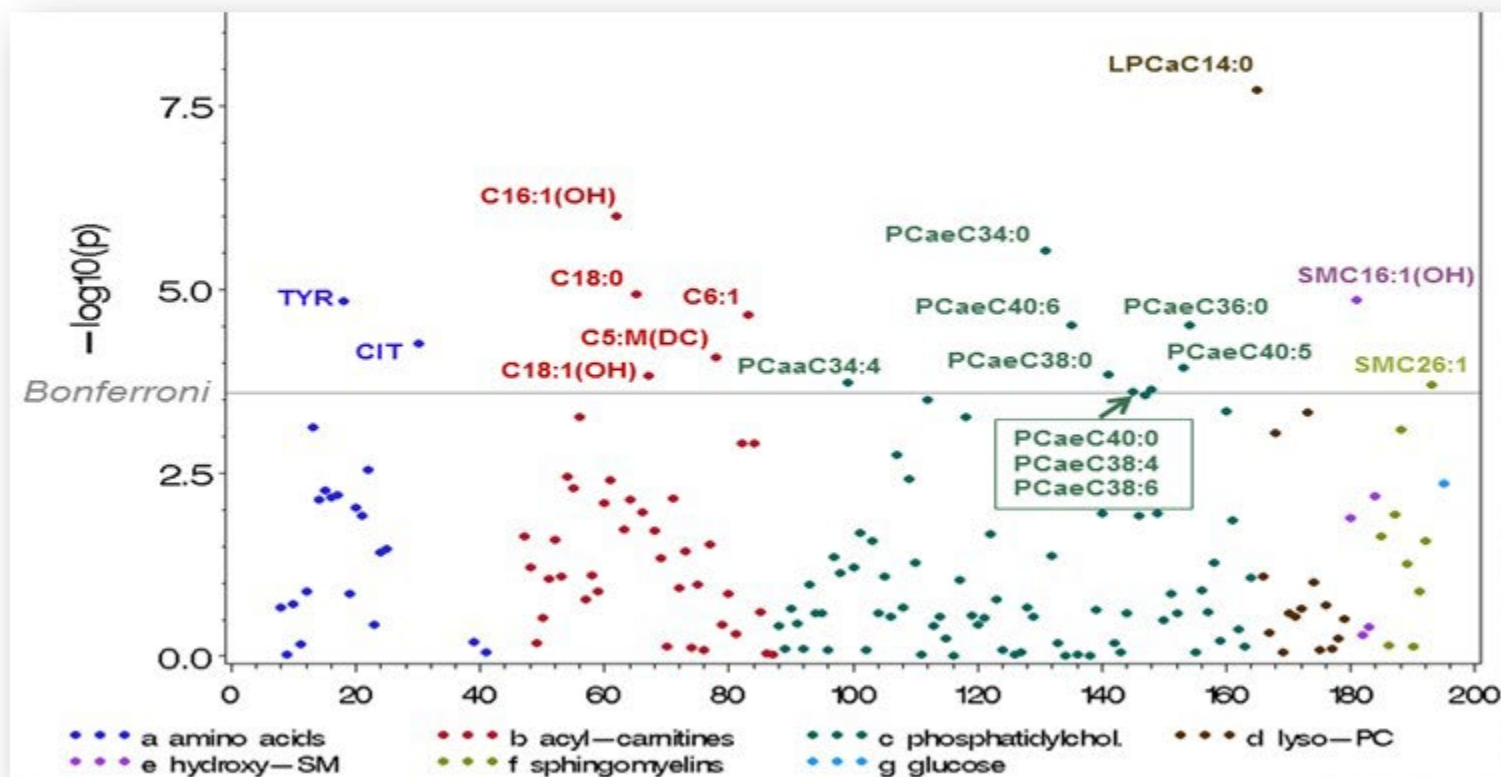




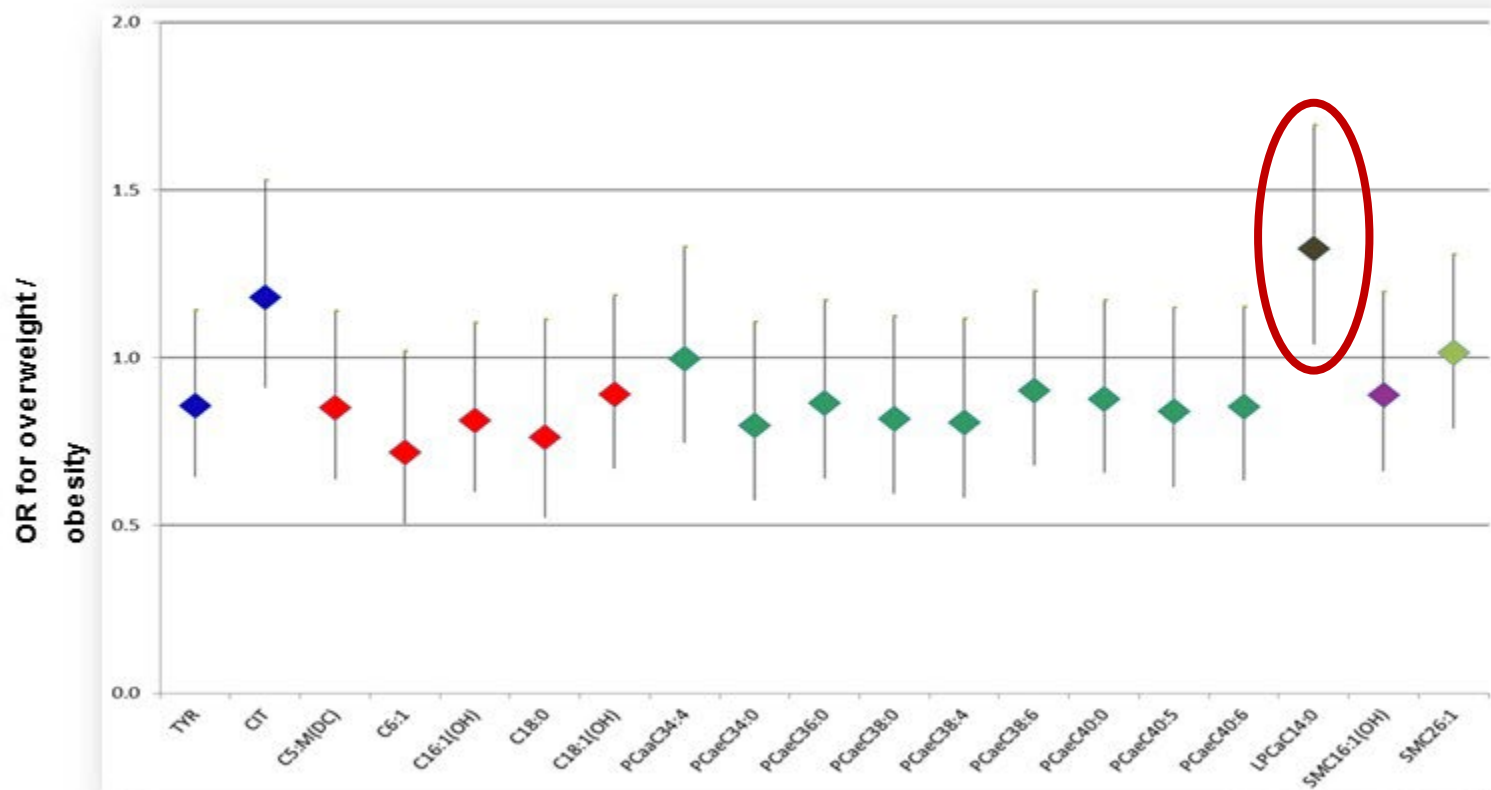


# Plasma metabolites predict weight gain

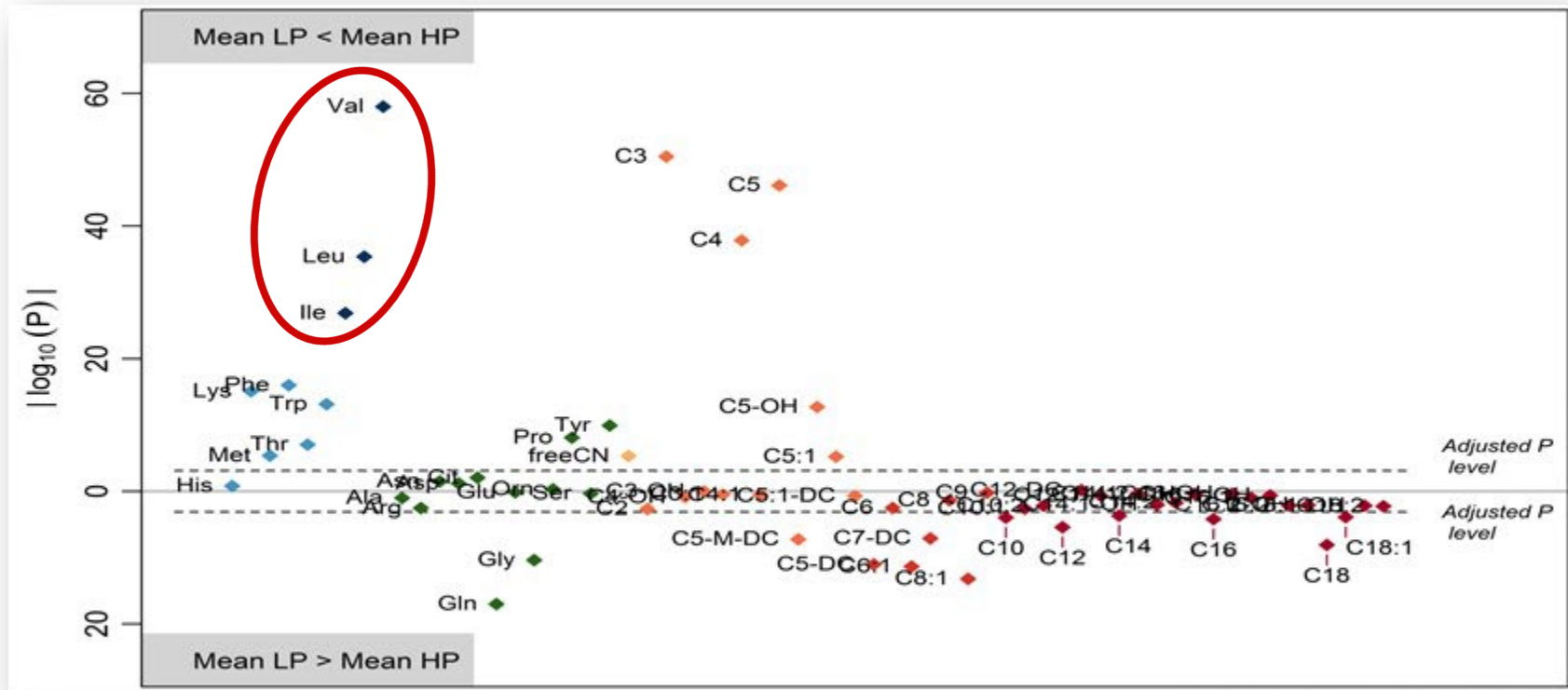
birth to 6 mon. 726 infants, CHOP study



# Infant LPC 14:0 and obesity at school age

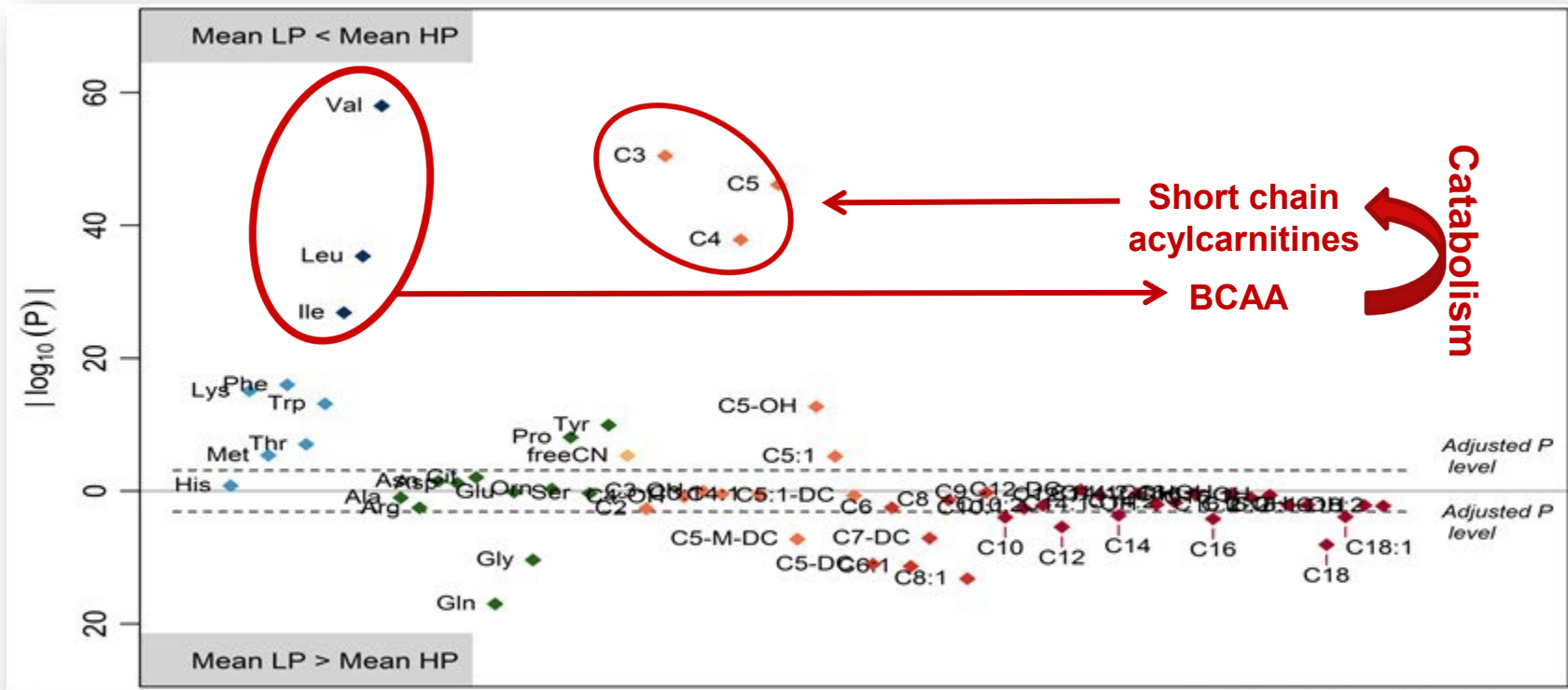


# Formula protein changes metabolites



- ◆ Essential AA
- ◆ BCAA
- ◆ Nonessential AA
- ◆ Free Carnitine
- ◆ Medium Acylcarnitines
- ◆ Long Acylcarnitines

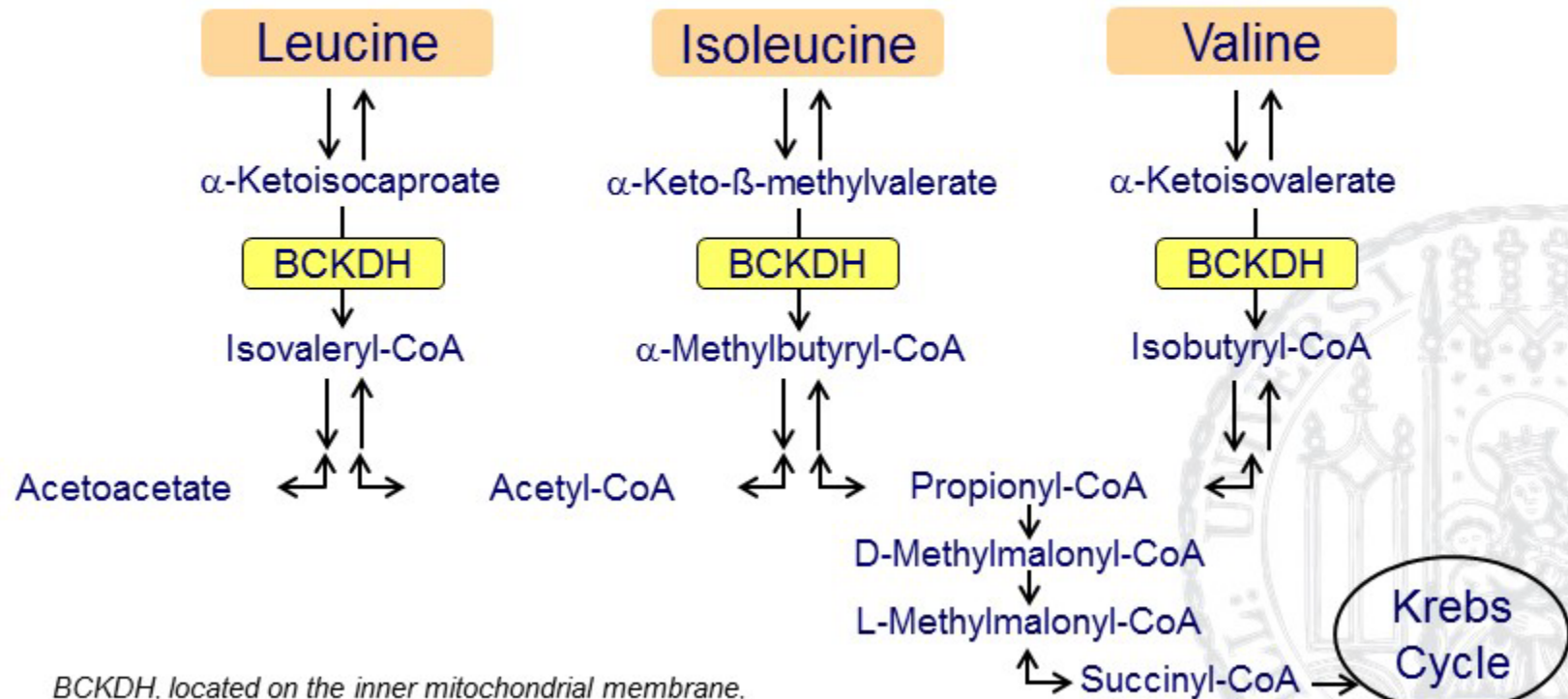
# Formula protein changes metabolites



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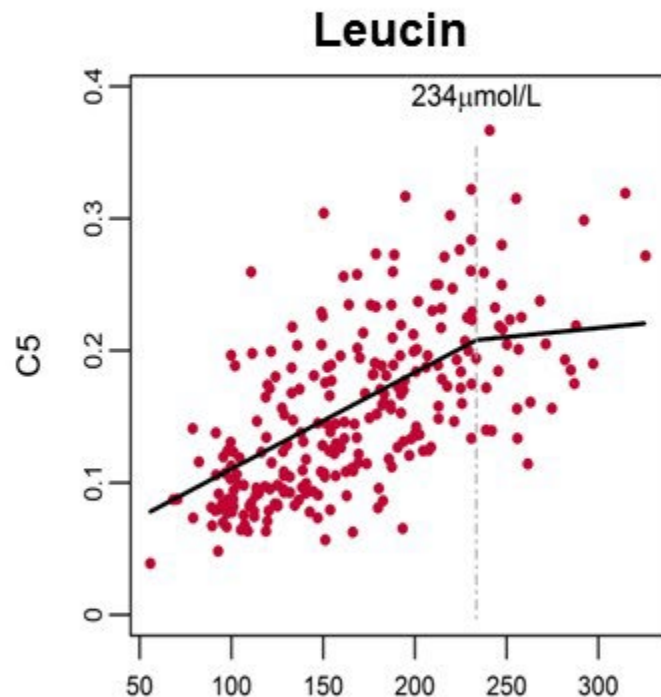
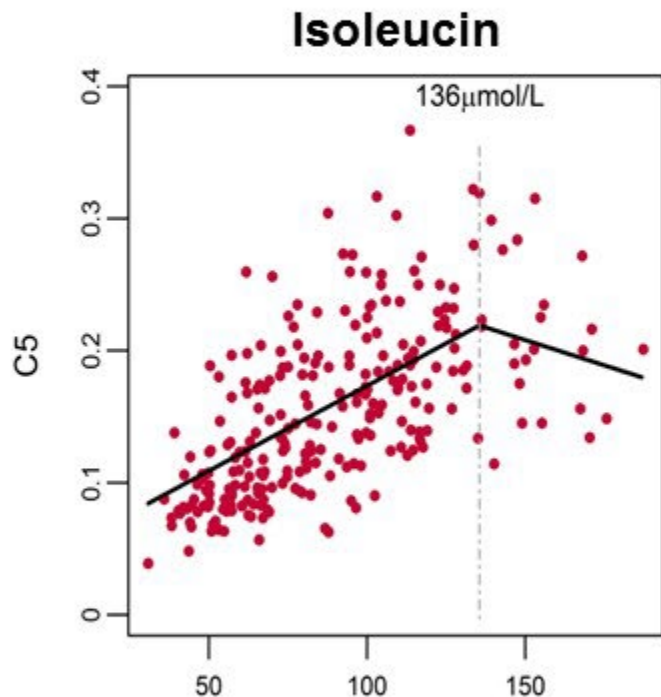
# Branched-chain $\alpha$ -ketoacid dehydrogenase (BCKDH)



*BCKDH, located on the inner mitochondrial membrane, catalyzes irreversible catabolism of BCAA to their derivatives*

# BCKDH capacity limited

exceeded by high protein intake



# Early nutrition matters for growth and later health, exploring mechanisms is important

- Early nutrition and metabolism markedly modulates growth, body composition, later health, performance & disease risk
- Exploring underlying mechanisms may improve targeted and even more impactful preventive interventions
- Implementation of evidence based early nutrition practices has great benefits and a large return of investment



**Thanks to you for your kind attention, and to a great team of colleagues and friends at LMU**

