

*The Fat-to-Protein ratio:
the missing link in Obesity and Diabetes?*



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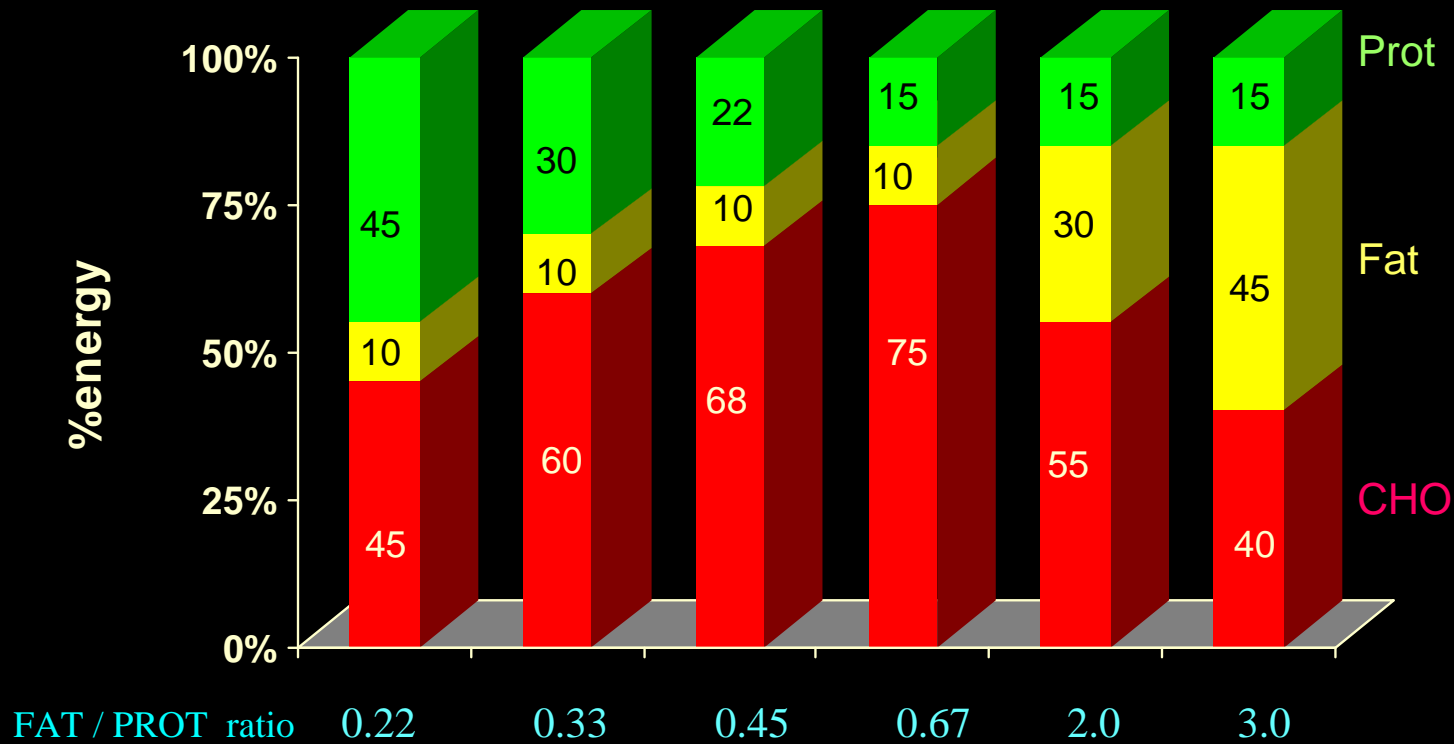
Waltham, MA 02454

BACKGRD: How important is the basic macronutrient intake profile in shaping obesity and diabetes?

- Historical blame initially was placed on fat...
“eat fat to become fat”...so the public health logic was to remove diet fat.
- So a hi-CHO, low-fat diet developed, and the obesity epidemic became even more rampant...
“too much CHO causes obesity”...so now what?
- How important is diet PROT, the neglected energy source?

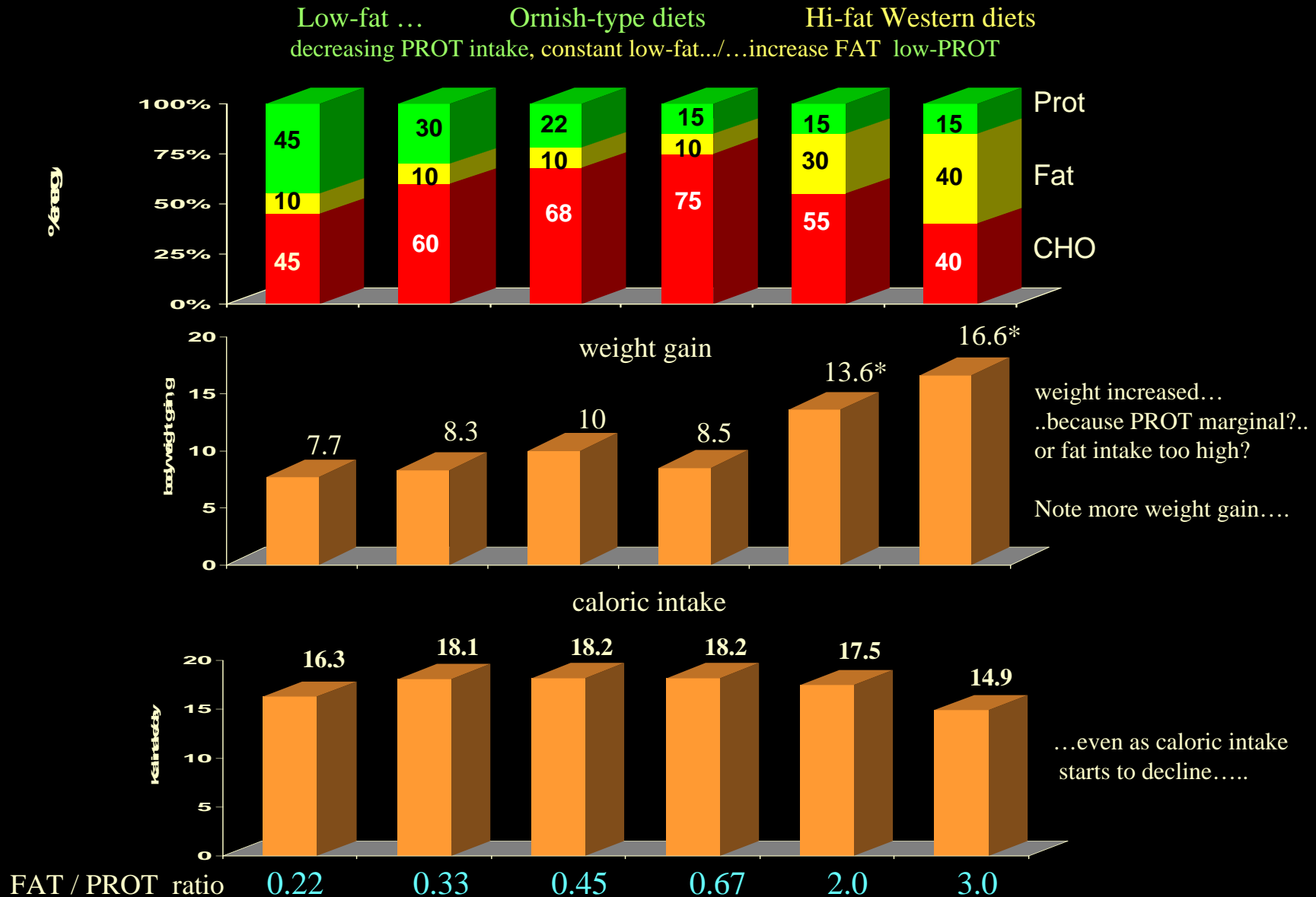
Study 13: **Macronutrient Composition** for diets fed to **young male C57BL/6j mice (DIO mice)**

All low-fat ... with 2 Ornish-type diets 2 Hi-fat Western diets
 decreasing PROT intake, constant low-fat ... increase FAT at low-PROT

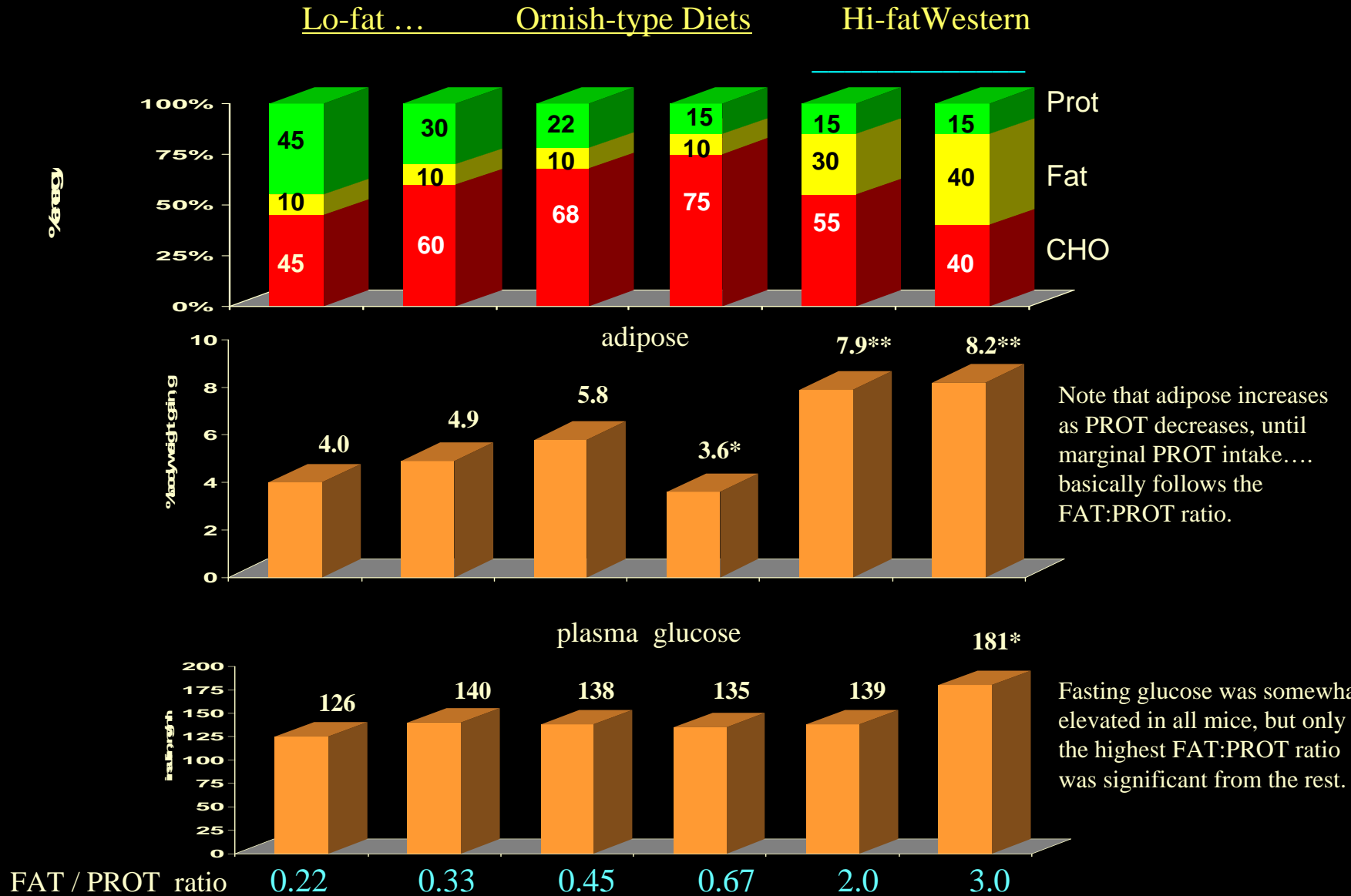


Q: How important is PROT at low-fat intake, and increased FAT at low-protein intakes?

Study 13: Body weight and caloric intake for young male C57BL/6J mice over 17wks



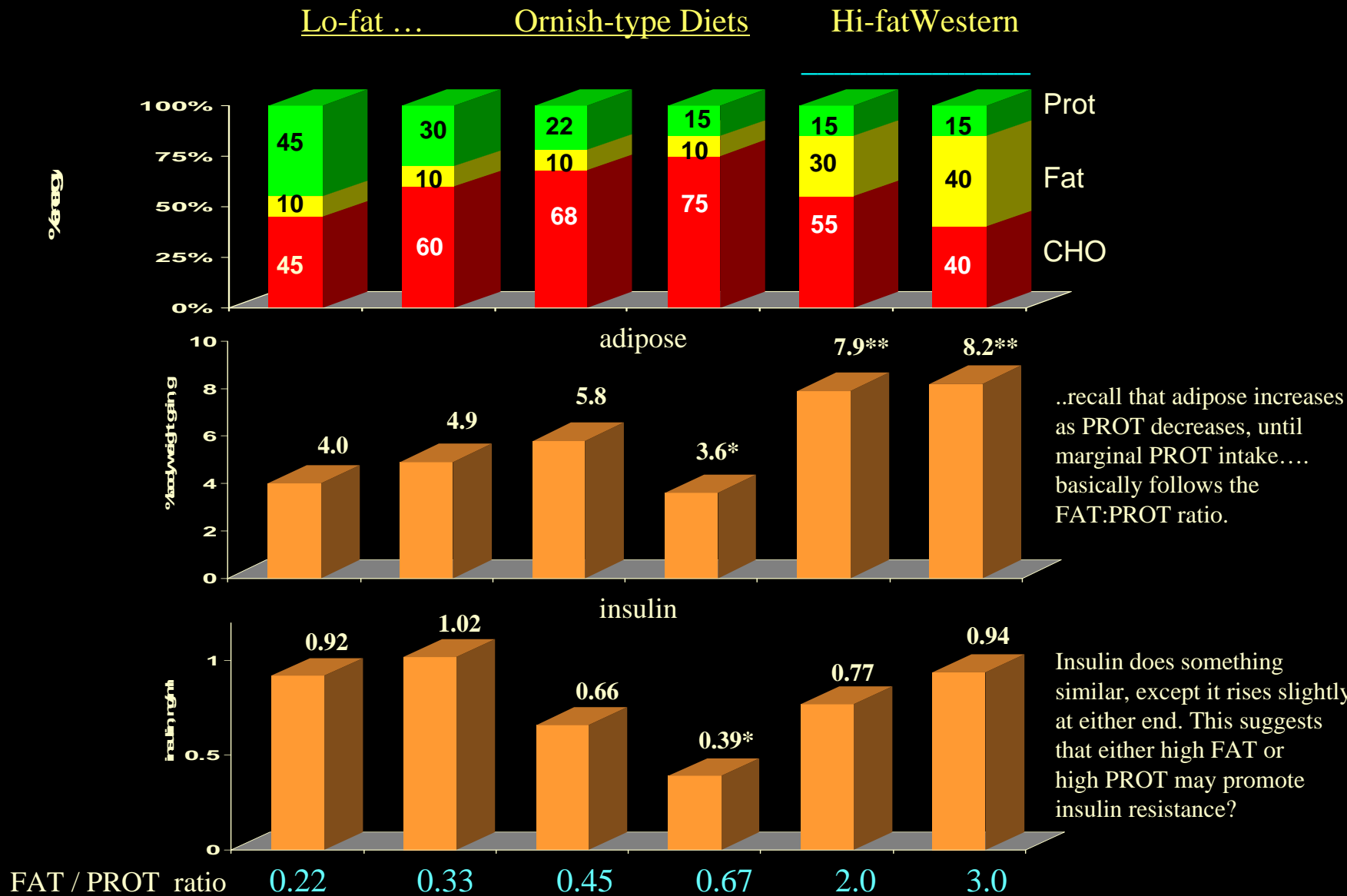
Study 13: Adipose and plasma glucose for young male C57BL/6J mice



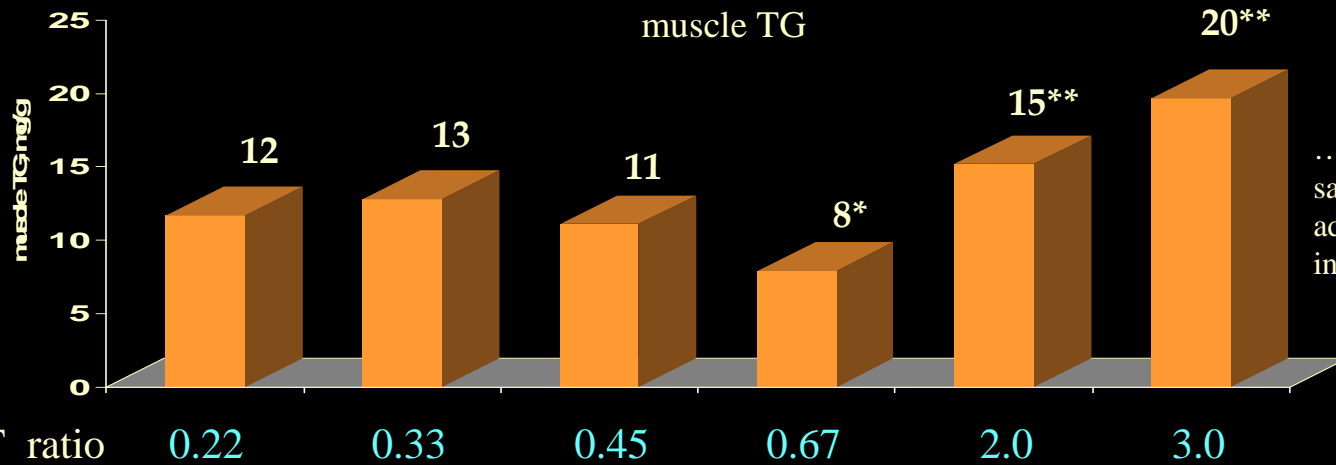
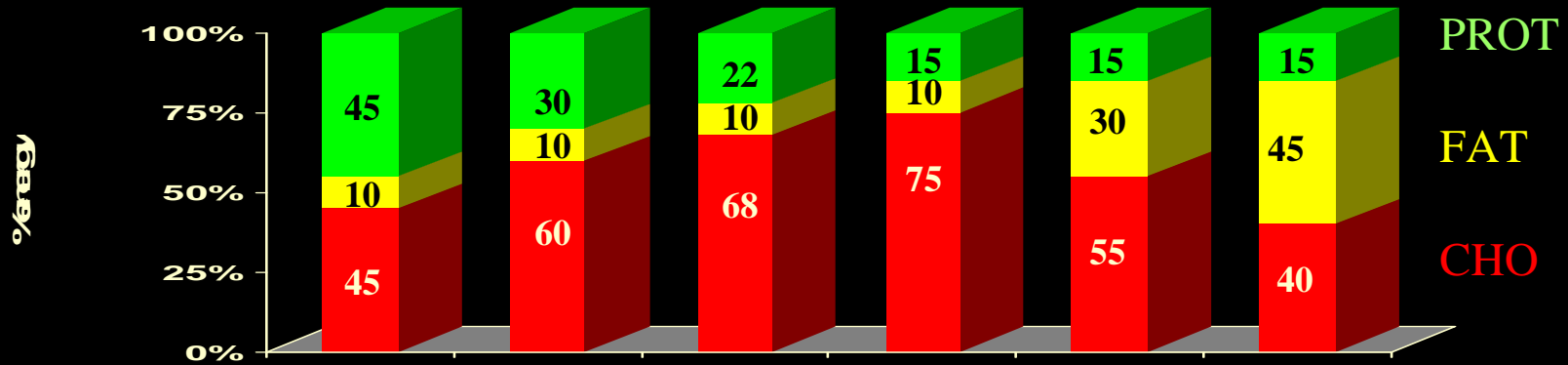
Study 13: Adipose and plasma leptin for young male C57BL/6J mice



Study 13: Adipose and plasma insulin for young male C57BL/6J mice



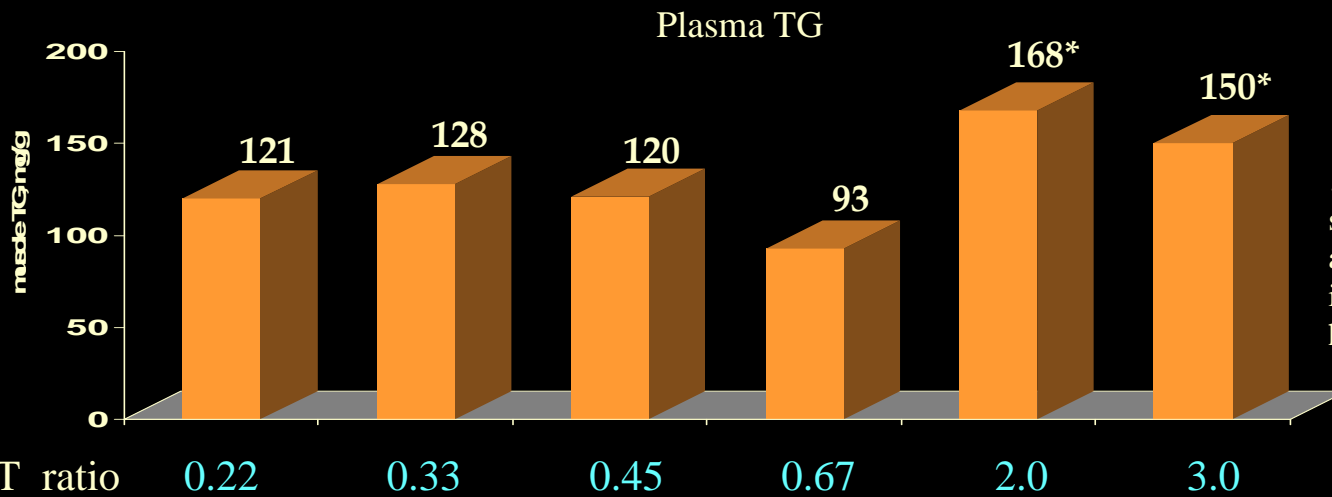
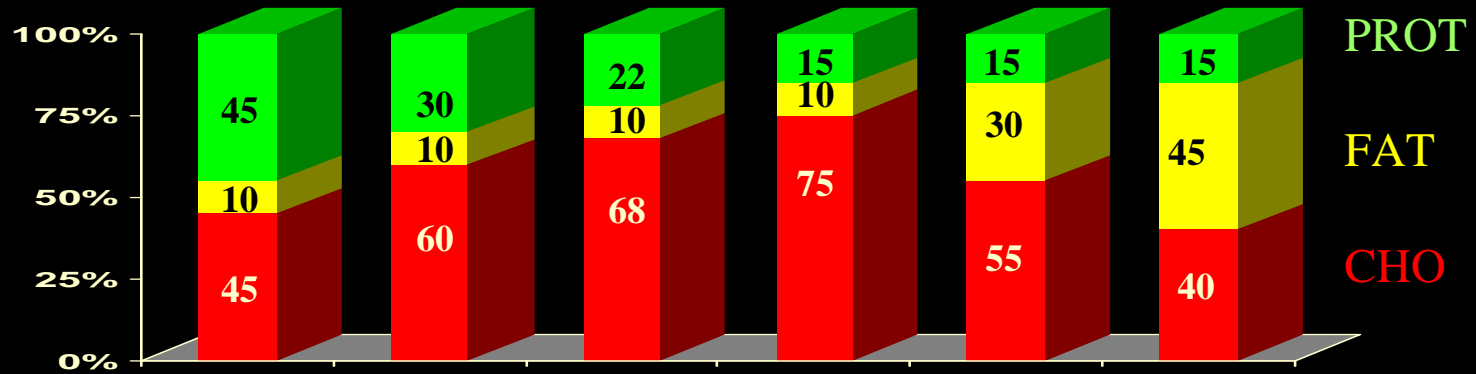
Study 13 : Muscle TG in C57BL/6J mice after 14wk



...muscle TG follows same pattern of other adipose pools...may cause insulin resistance?

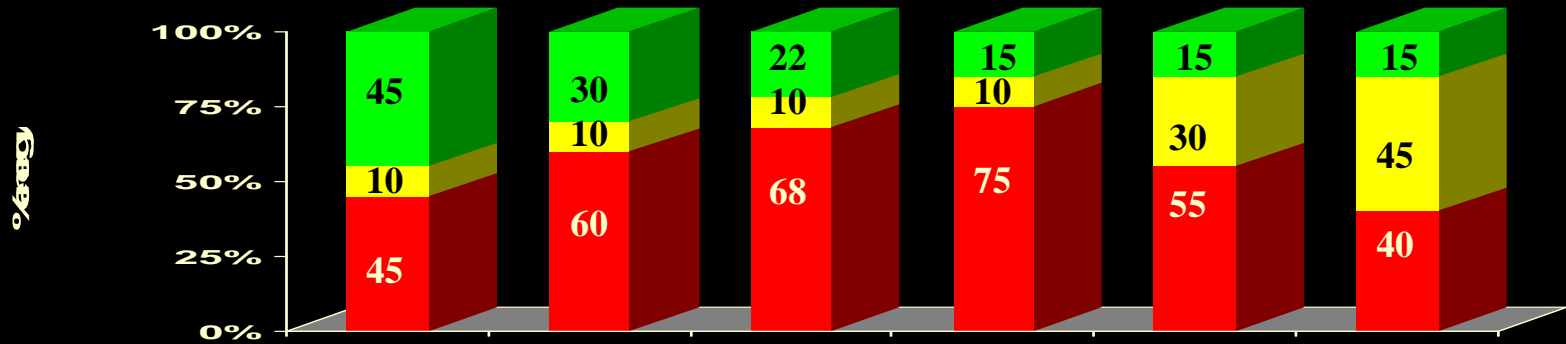
FAT / PROT ratio

Study 13 : Muscle TG in C57BL/6J mice after 14wk

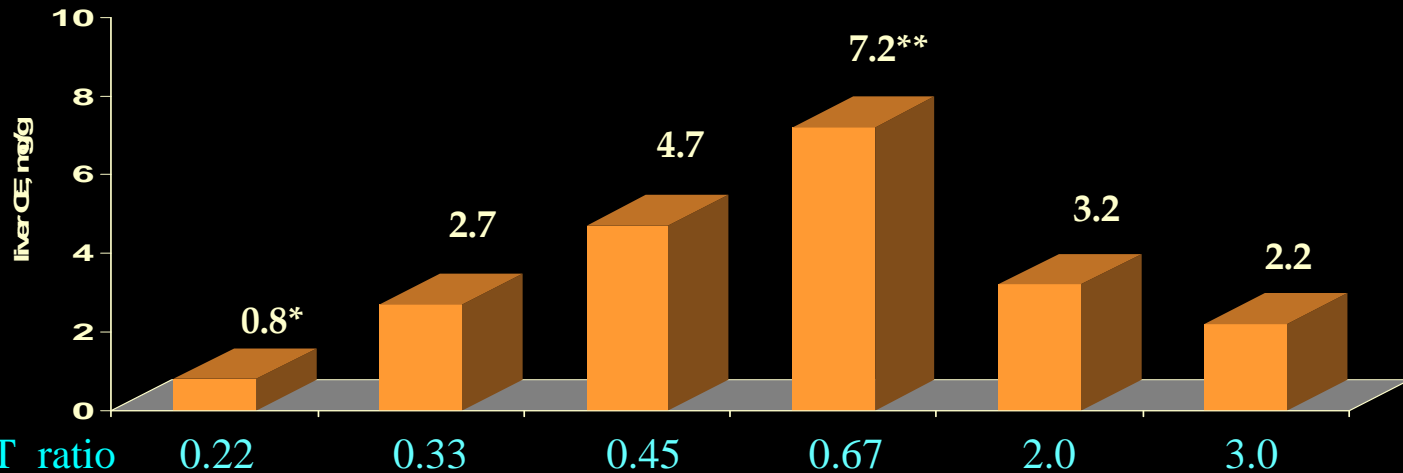


...plasma TG follows same pattern of adipose pools at high fat intake only....highest CHO had the lowest plasma TG!

Study 13: Liver CE in C57BL/6J mice after 14wk



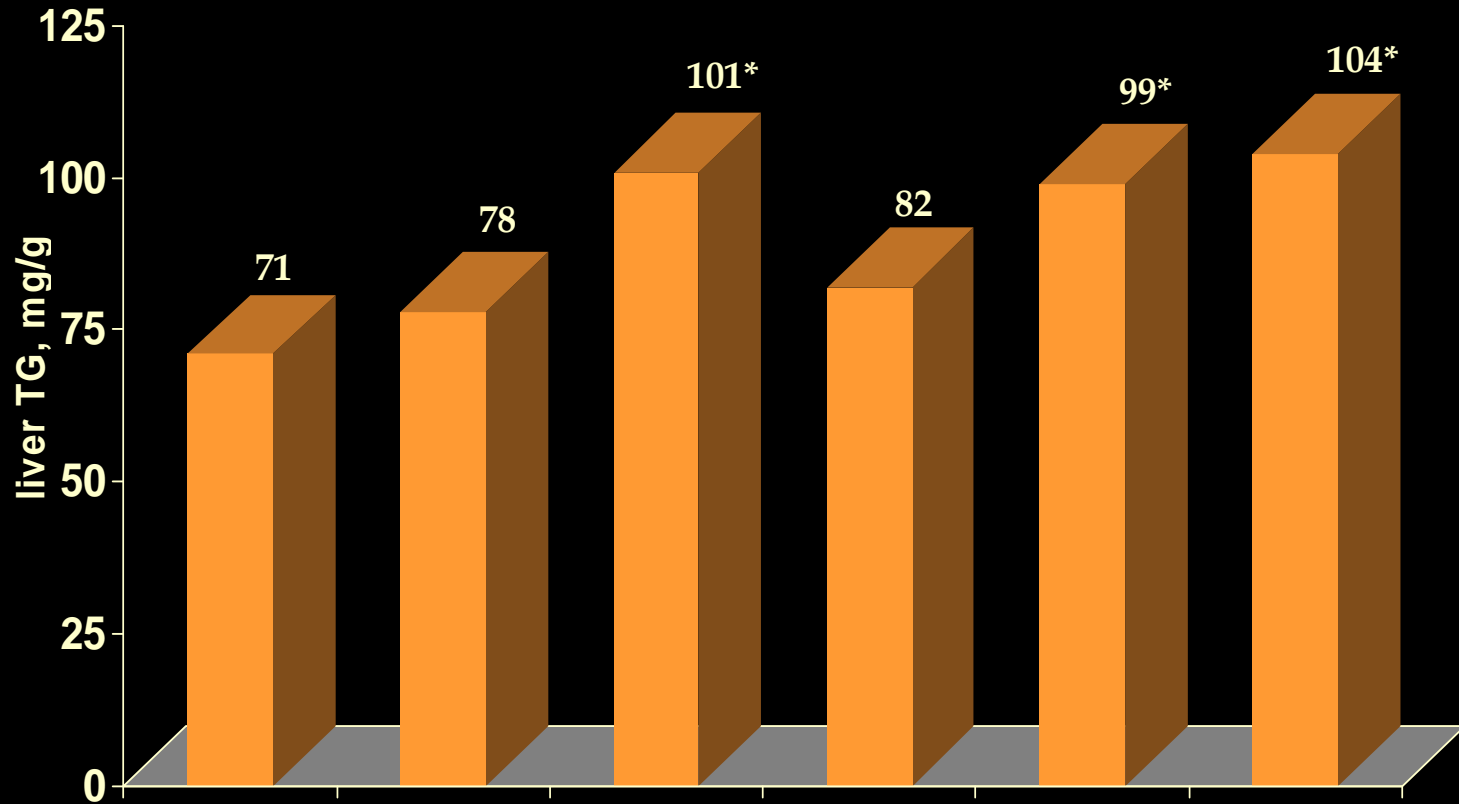
liver CE



Implies that high CHO induces liver cholesterol storage, no matter which other energy source it replaces...part of the Metab Syndr ?

FAT / PROT ratio

Study 13 : Liver TG in C57BL/6J mice after 14wk



Fat energy	10	10	10	10	30	45
Protein energy	45	30	22	15	15	15
FAT / PROT ratio	0.22	0.33	0.45	0.67	2.0	3.0

Study 13. Insulin Tolerance Test : (increasing Protein at low Fat)

% change glucose

120

100

80

60

40

20

0

0

15

30

45

60

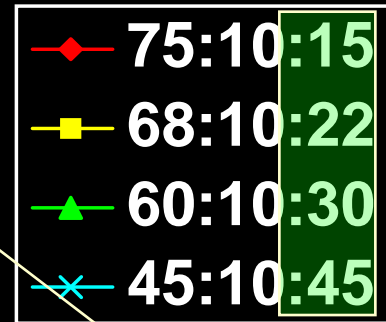
75

90

Time (min) after insulin injection

all FAT:PROT ratios <1.0 seem equally good for insulin sensitivity

CHO: FAT: PROT



FAT:PROT ratio=0.2

0.3

0.5

FAT:PROT ratio=0.7

*

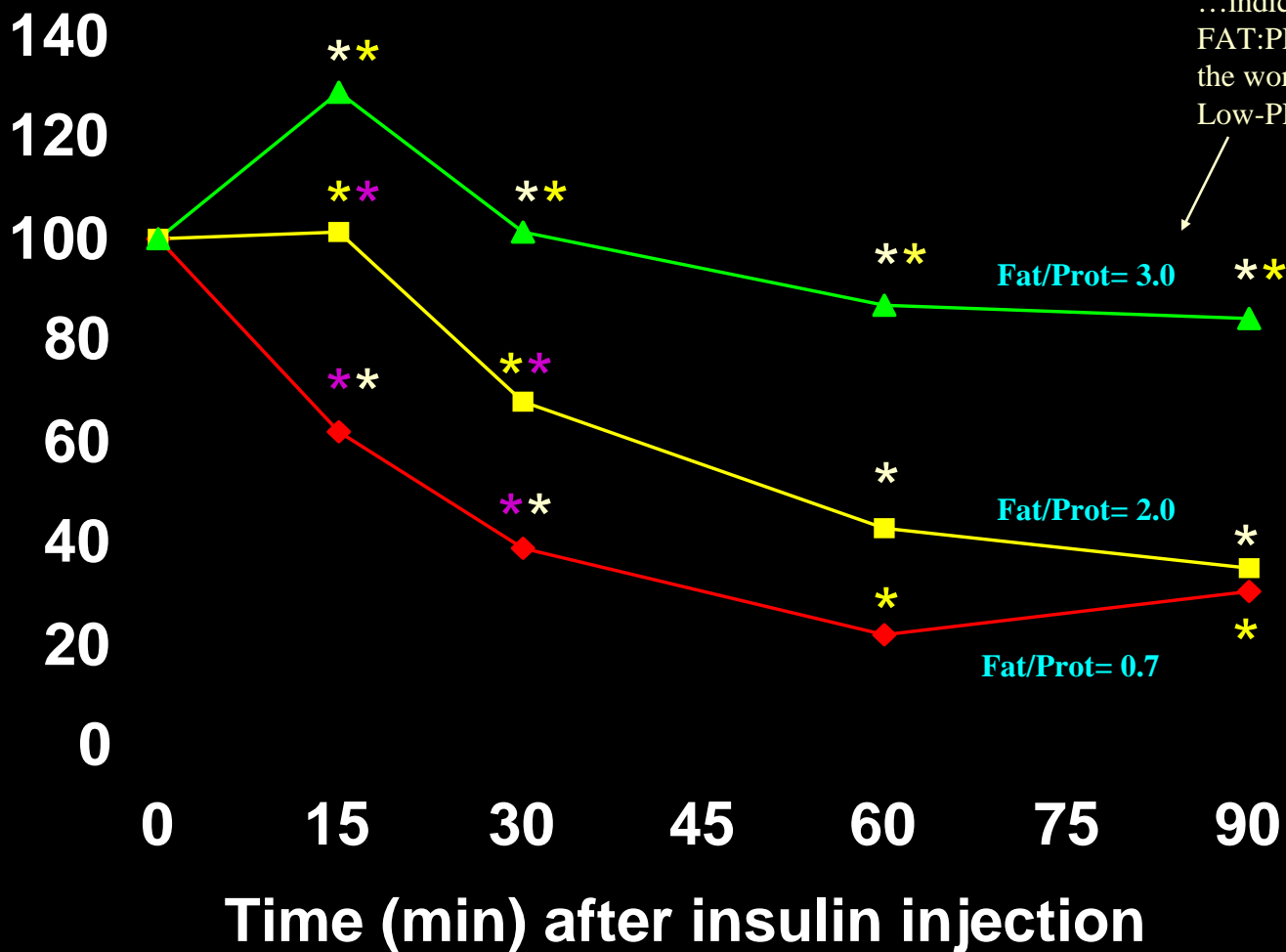
*

...Suggests that high PROT was not as good as lower PROT intake when fat is low with FAT:PROT ratio <1.0. Also suggests that Hi-CHO liver CE accumulation is NOT necessarily detrimental to ITT.

* significantly lower than 0.2 ratio (p<0.05) by one-way ANOVA and Fisher's PLSD test.

Study 13. Insulin Tolerance Test : (increasing Fat at low Protein)

% change glucose



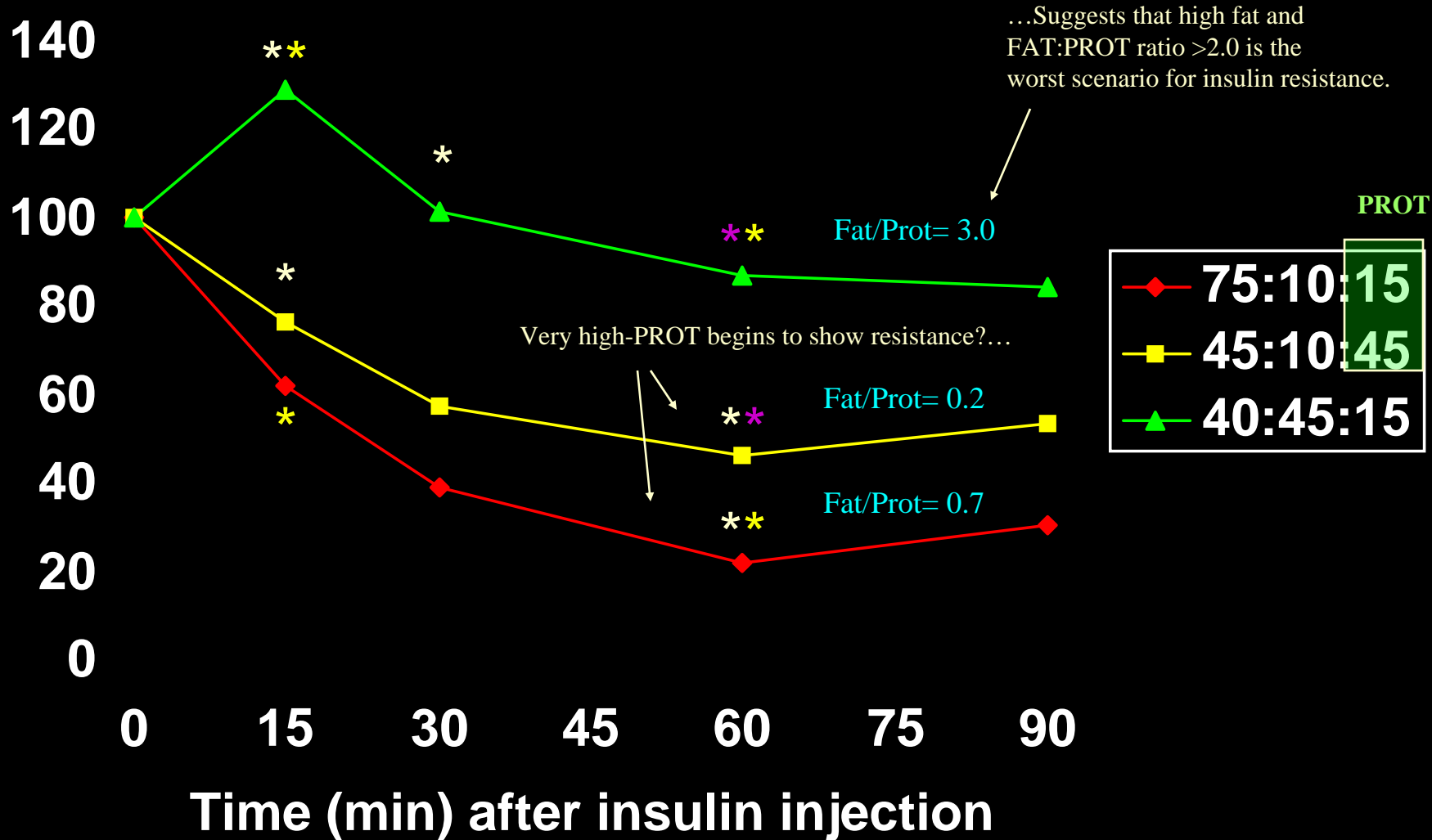
...indicates that high fat and FAT:PROT ratio >2.0 represents the worst case scenario at constant Low-PROT...like plasma glucose.

CHO:FAT:PROT

◆	75	10	15
■	55	30	15
▲	40	45	15

*** means differ between diet Fat/Prot ratios (p<0.05) by one-way ANOVA and Fisher's PLSD test.

Study 13. Insulin Tolerance Test: Comparing various Fat/Prot ratios in C57BL/6j mice



* * * means differ between diet Fat/Prot ratios (p<0.05) by one-way ANOVA and Fisher's PLSD test.

Conclude 1... concerning obesity and insulin resistance



- Increasing fat appears detrimental when PROT intake is low
- At low-fat intake PROT intake has minimal effect

(Question: does PROT protect against high-fat intake?)

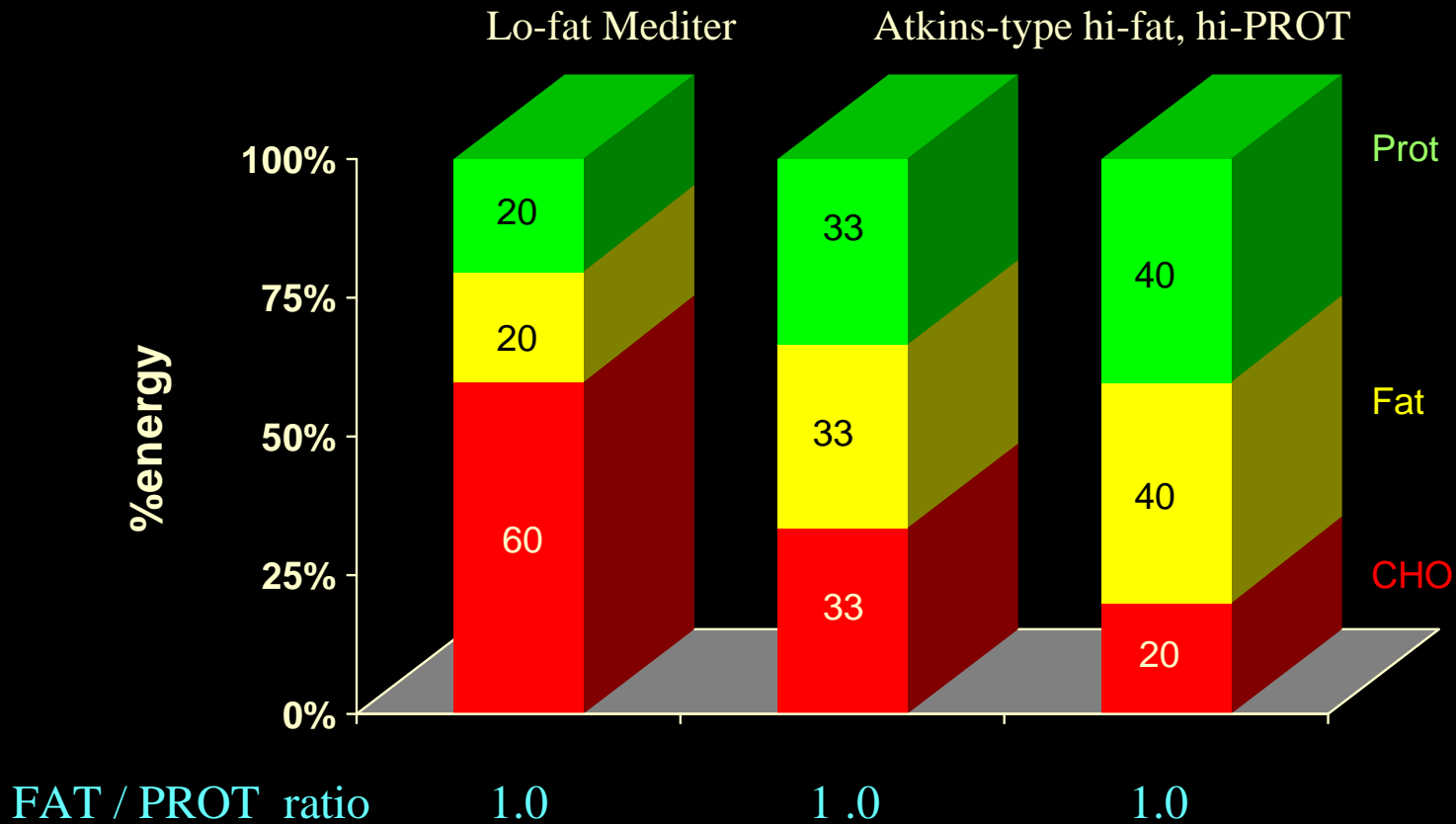
Study 2 *older obese male C57BL/6j mice*

- What happens if you increase FAT and replace CHO, but keep the FAT:PROT ratio constant at 1.0 ?

... ie. increase FAT and PROT together at expense of CHO.

Study 17: Macronutrient Composition fed to obese adult male C57BL/6J mice

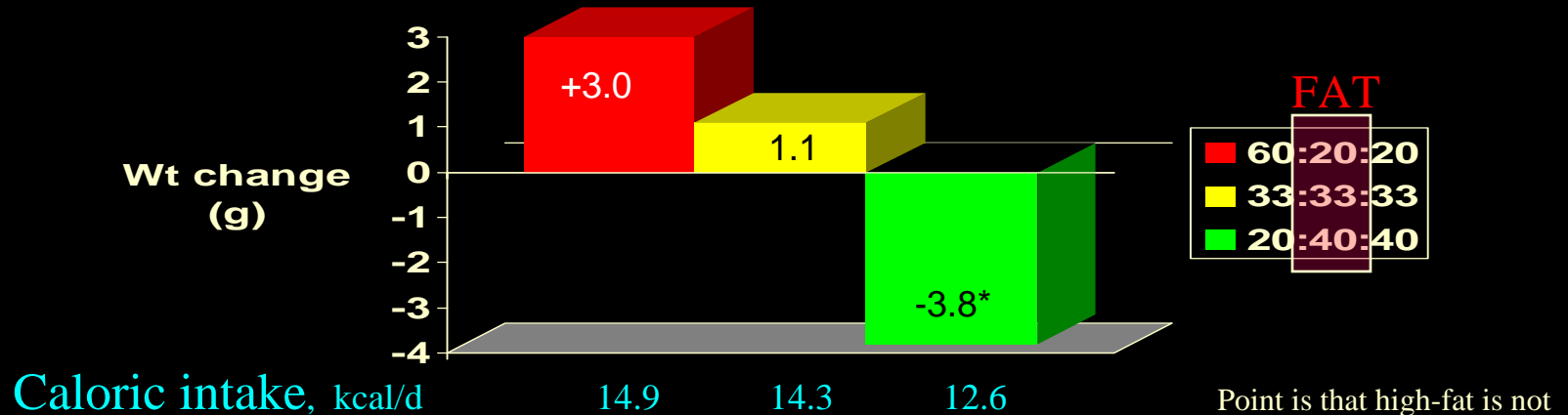
(question: would increasing PROT calories be important for weight control?)



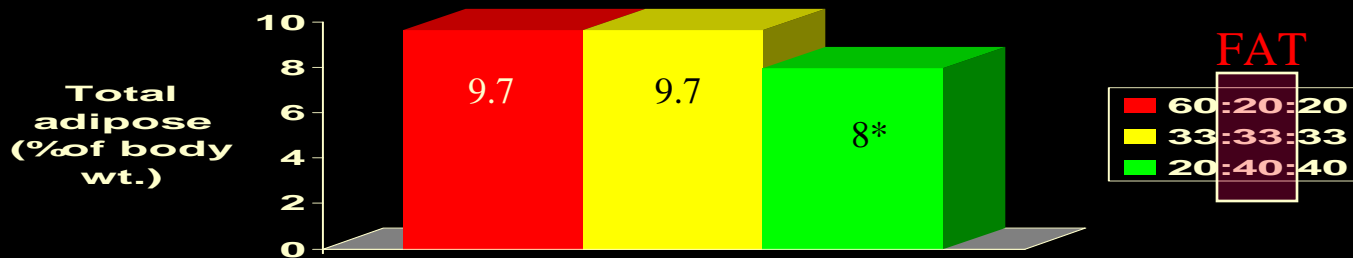
(ratio held constant, ie as FAT calories increased, the PROT calories increased in step so both replace CHO)

Study 17: Weight Gain/Loss in 14wks

in overweight male C57BL/6J Mice fed diets with increasing protein content



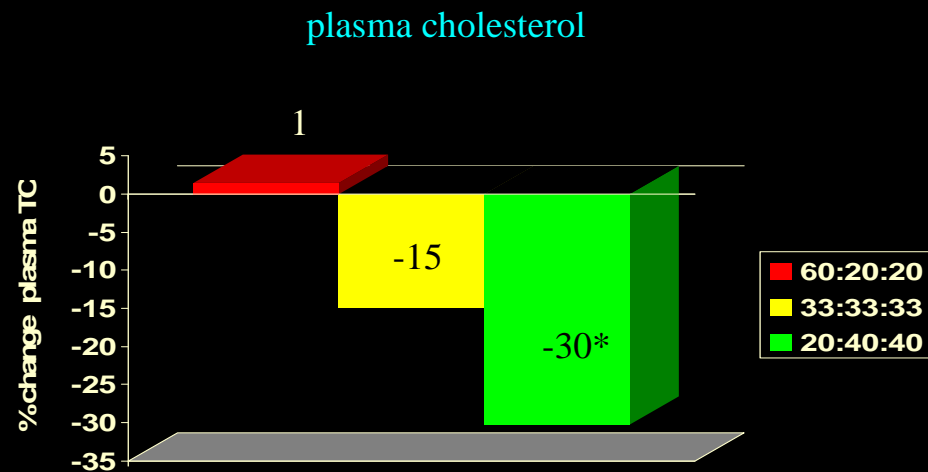
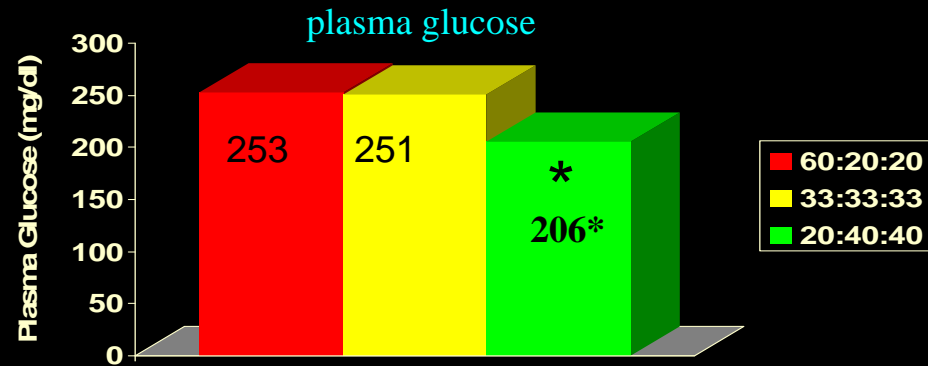
Point is that high-fat is not bad with sufficient protein intake.



all Fat/Protein ratios constant at 1.0

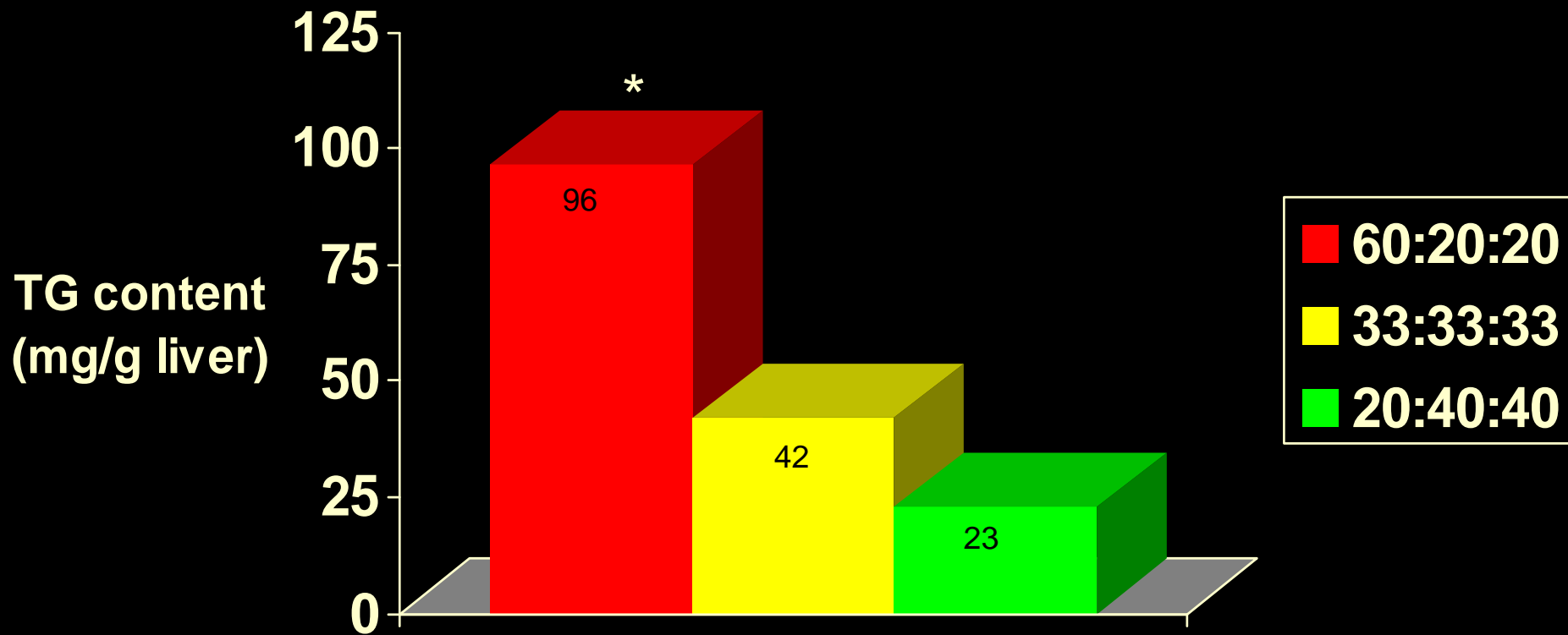
* Significantly lower (p<0.05) by one-way ANOVA and Fisher's PLSD test

Study 17. Terminal fasting plasma glucose, cholesterol, and triglycerides for overweight male C57BL/6J mice fed diets of increasing PROT content



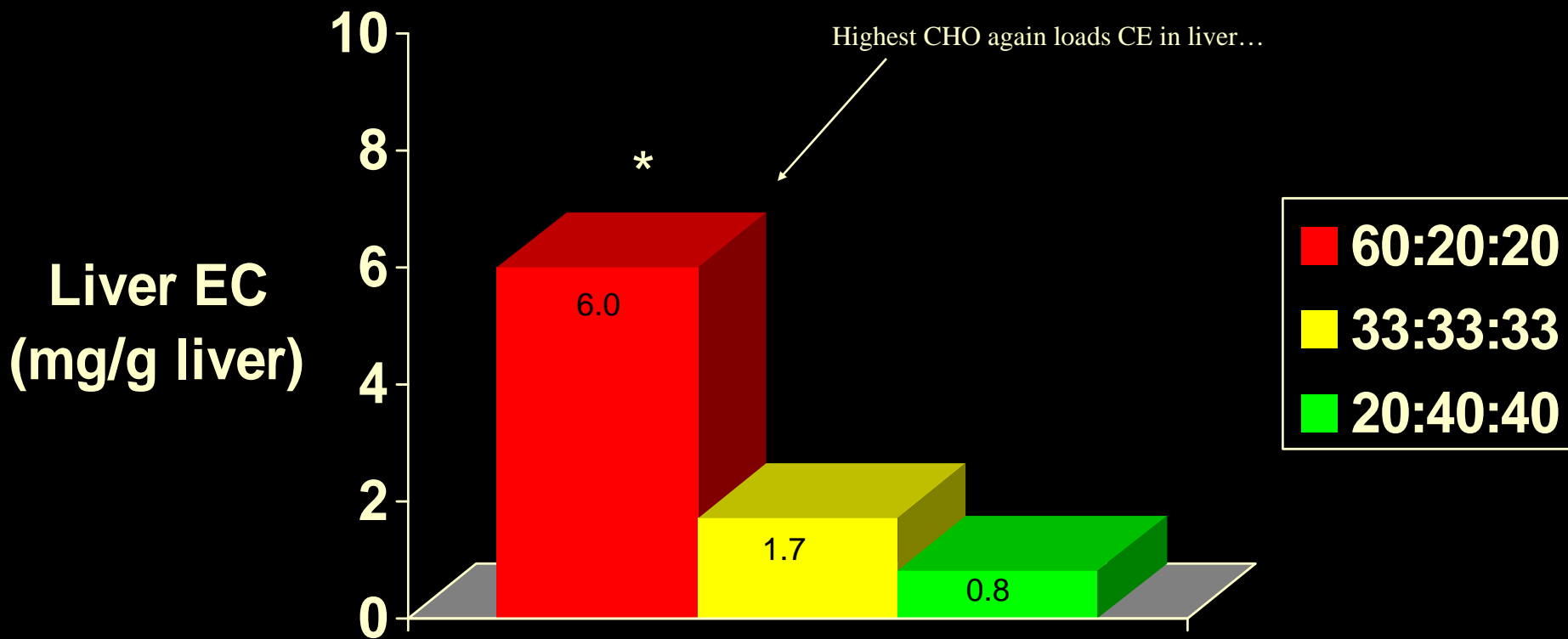
* significant ($p < 0.05$) by one-way ANOVA and Fisher's PLSD test.

Study 17. Liver Triglycerides in Overweight Male C57BL/6J Mice fed diets of increasing PROT and Fat/Prot ratio of 1.0



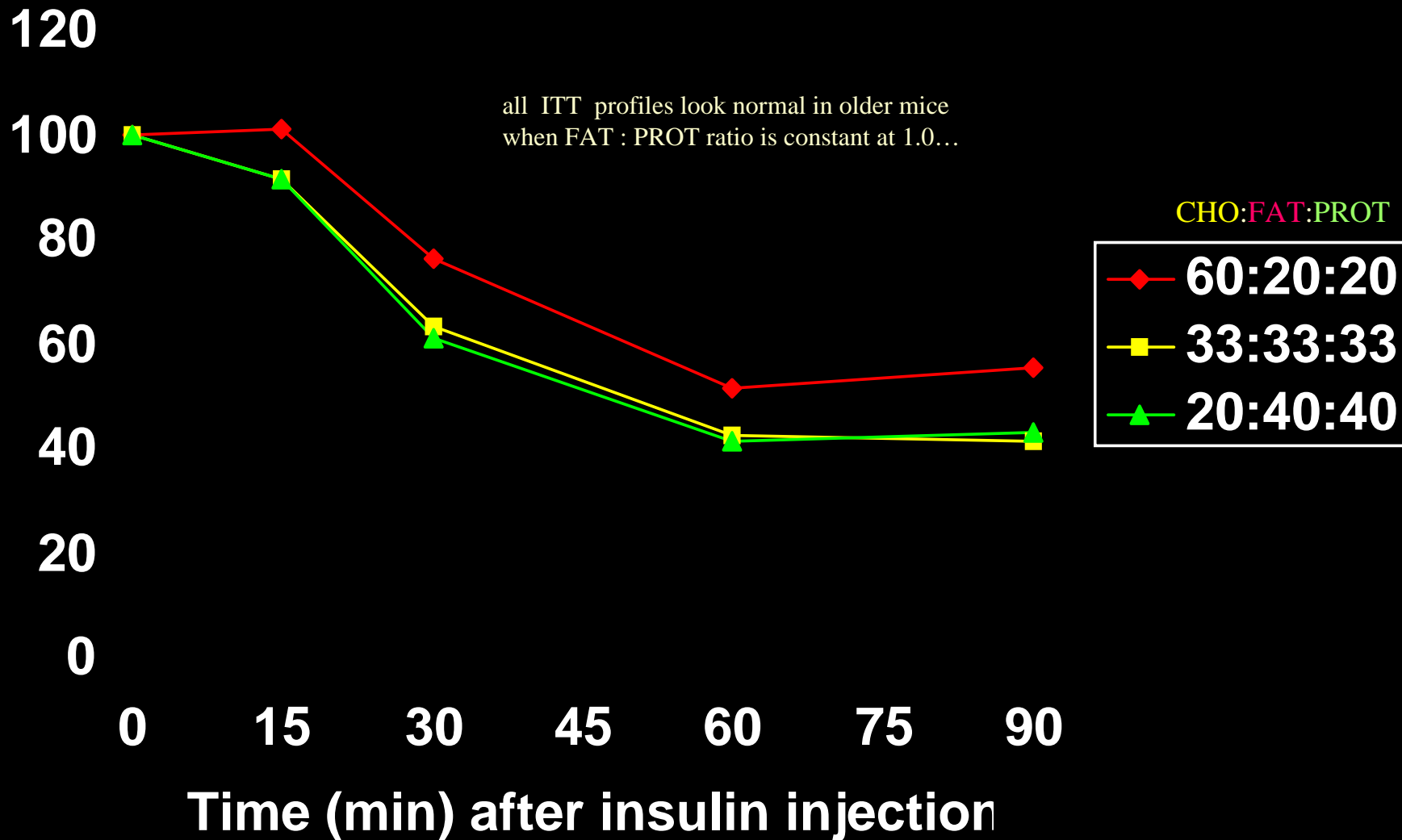
* Significantly increased ($p < 0.05$) by one-way ANOVA and Fisher's PLSD test.

*Study 17. Liver Esterified Cholesterol
in Male C57BL/6J Mice Fed Diets of Increasing PROT Content*

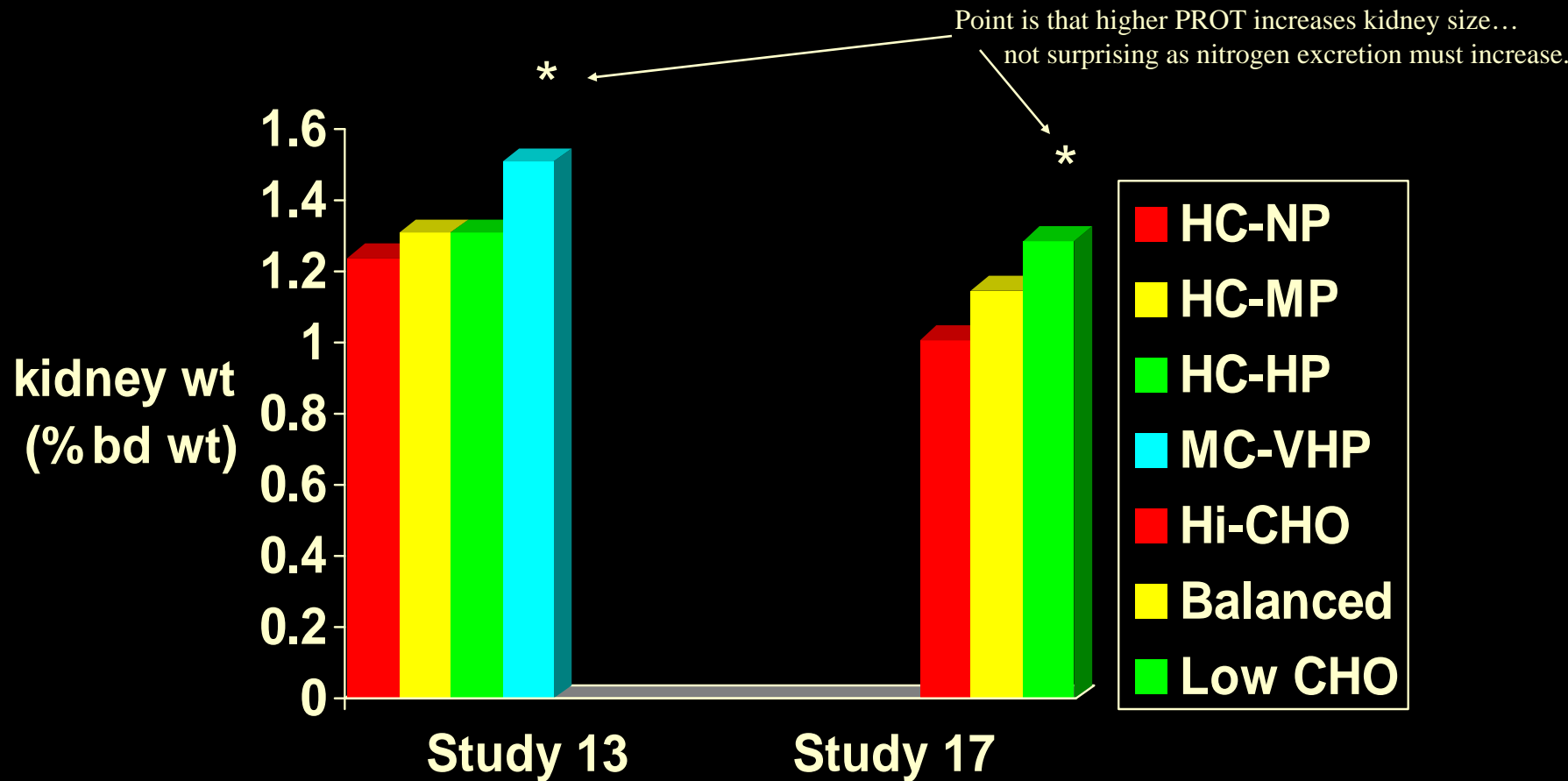


* Significantly increased ($p < 0.05$) by one-way ANOVA and Fisher's PLSD test.

Study 17. Insulin Tolerance Test in Overweight Male C57BL/6J Mice fed diets with increasing fat-protein content



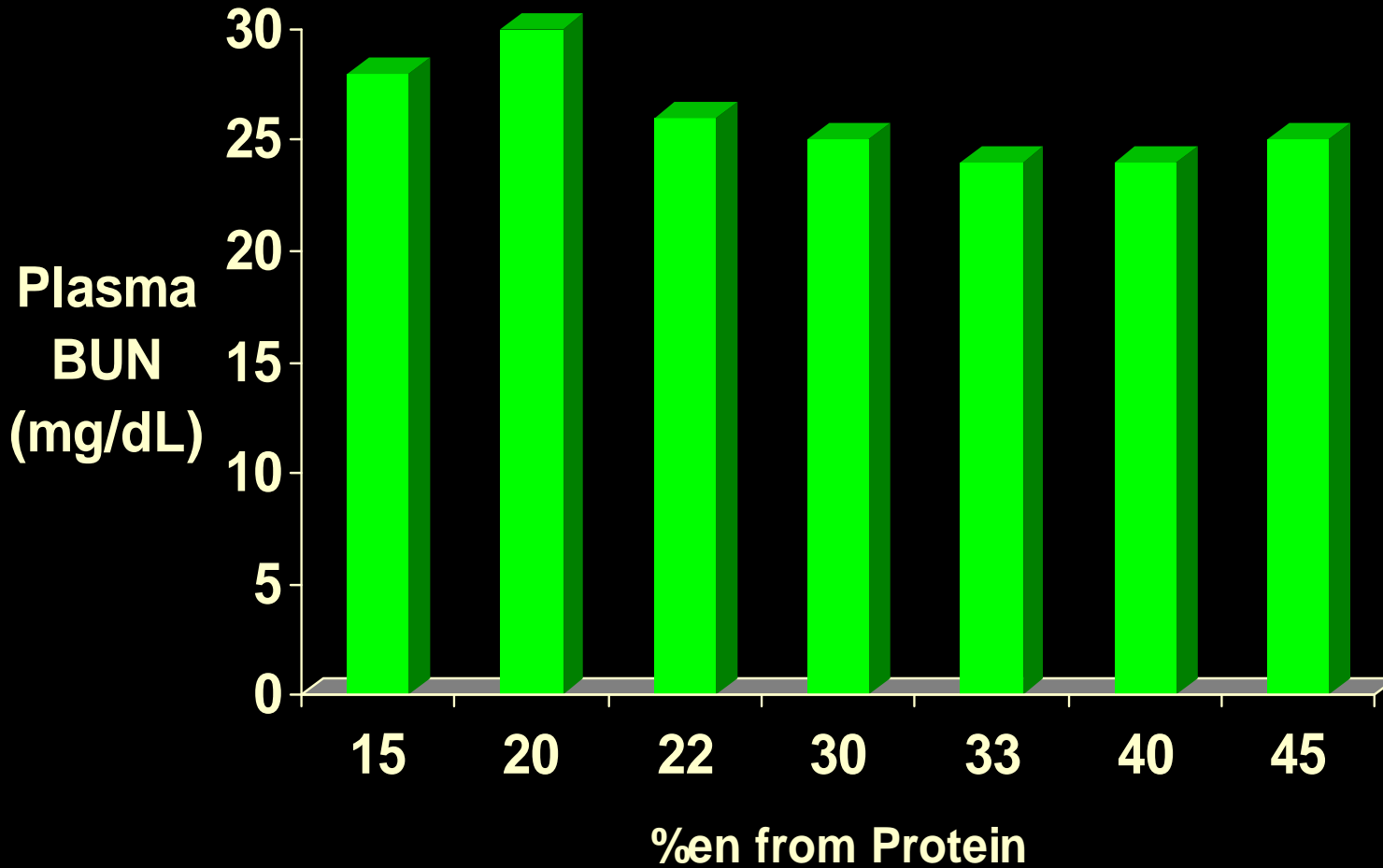
Study 17. Effect of increasing dietary protein on kidney weight in growing and adult male C57BL/6j Mice



* Significantly greater ($p < 0.05$) by one-way ANOVA and Fisher's PLSD test

Plasma BUN

at Different Levels of Dietary Protein

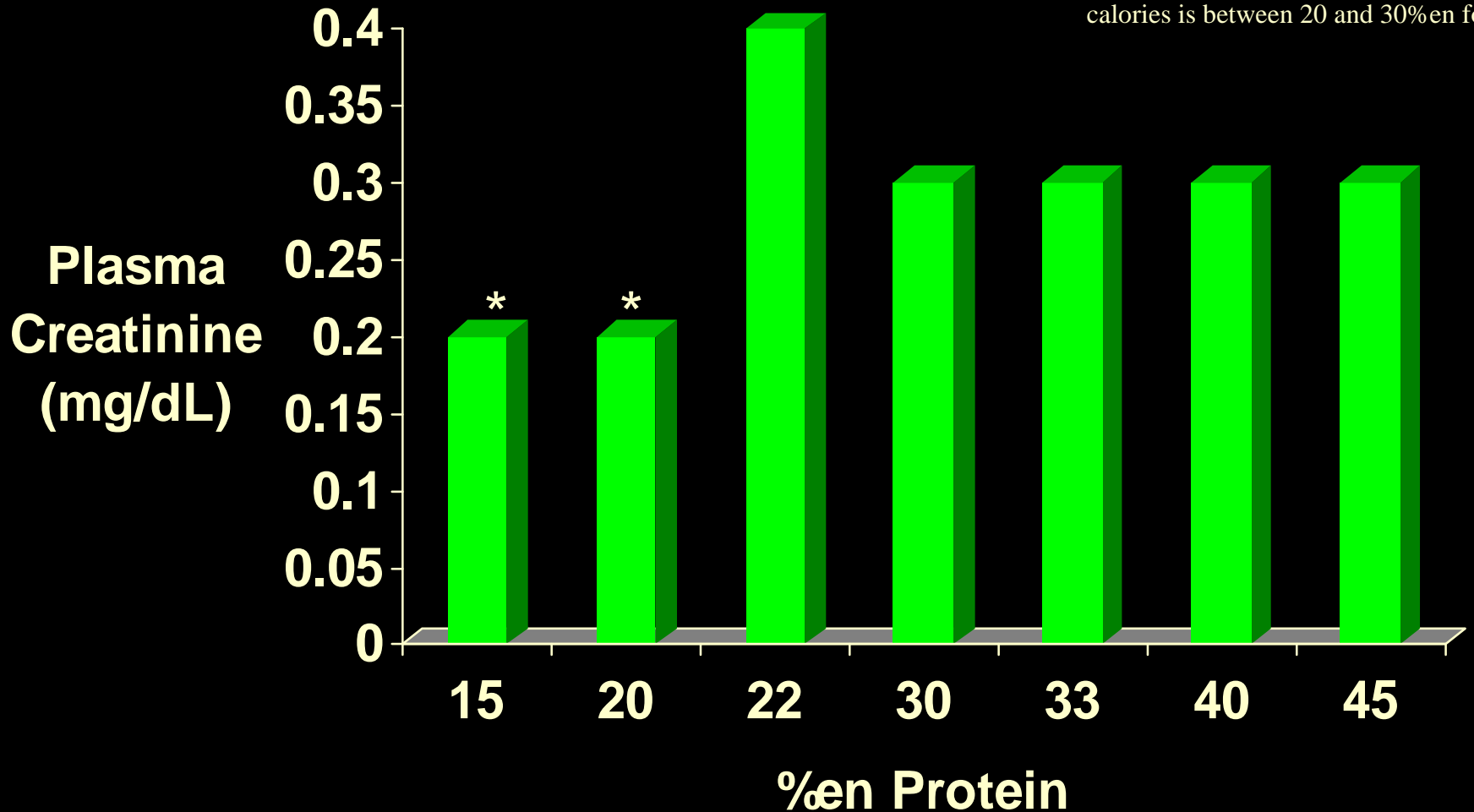


...but PROT had no effect on BUN...

Plasma Creatinine

at different levels of dietary protein

...suggests that the optimal level of PROT calories is between 20 and 30%en for mice.



*value is below published normal range for male C57BL/6J mice.

Conclude 2

- Increasing PROT calories (to 40%en) along with FAT calories while maintaining 1:1 ratio, led to similar 15-18% reduction in energy intake and body weight (as fat).
- Maintaining the FAT:PROT ratio at 1.0 was without effect on insulin sensitivity, which was normal at all intakes.
- Feeding up to 40%en as PROT (and FAT) to mice had no adverse effects on PROT utilization or turnover, and had a favorable effect on lipid and glucose metabolism.
- Feeding high-fat to mice is not problematic if protein accompanies the fat.