MITTENDORFER, Bettina Longer Life Foundation Final Research Report

Abstract

Loss of muscle mass is a normal consequence of aging, worsened by chronic illness, poor appetite and diet, and reduced physical activity in many older adults. The ensuing decline in physical function is a major cause of frailty, disability and death. Approximately half of the population over 60 y of age is considered sarcopenic (i.e., muscle mass one standard deviation or more below the sex-specific value for young adults). Treatments that can reverse or reduce the age-associated loss of muscle mass are therefore much needed. Anabolic resistance, i.e., the inability of aging muscle to adequately increase muscle protein synthesis and decrease muscle breakdown in response to nutritional anabolic stimuli (e.g., amino acids and insulin) is considered a major cause for the loss of muscle mass in advanced age. Evidence is emerging that long-chain omega-3 polyunsaturated fatty acid (LCn-3PUFA) consumption may be important for maintenance of muscle mass and physical function throughout the life-span. For example, feeding fish oil, which is rich in LCn-3PUFA, was found to increase whole-body disposal of amino acids in growing steers. And, fatty fish consumption was found to be the most important independent dietary factor in relation to grip strength in the Hertfordshire, UK study, including 2983 men and women aged 59 to 73 y. These findings have led us to hypothesize that dietary LCn-3PUFA supplementation stimulates muscle protein anabolism. To test this hypothesis, we measured the protein fractional synthetic rate (FSR) and the phosphorylation of elements of the anabolic pathway (Akt, mTOR, and p70s6k) during basal, postabsorptive conditions and during a hyperinsulinemic-hyperaminoacidemic clamp and muscle protein, RNA, and DNA concentrations before and after eight weeks of LCn-3PUFA supplementation (4 g·d⁻¹ of Lovaza[™]) in two groups of older adults who were randomized to receive LCn-3PUFA or an isoenergetic LCn-3PUFA free control-oil for 8 weeks. Our preliminary results indicate that dietary LCn-3PUFA supplementation stimulates protein anabolism in human muscle and might therefore be useful for the prevention and treatment of sarcopenia.

Lay Summary

Defects in the processes responsible for building muscle, in particular the building of muscle after eating, is a major cause for loss of muscle mass in older people which leads to physical impairments and frailty, loss of independence, admission to assisted living facilities and often premature death. Our main goal was to determine whether consumption of long-chain omega-3 polyunsaturated fatty acids (LCn-3PUFA; i.e., fish oil) can help build muscle in older adults. We found that LCn-3PUFA can help build muscle. Increased consumption of oily fish or LCn-3PUFA supplementation could therefore provide a safe, simple, and relatively cheap intervention to reduce the loss of muscle mass and its consequences.

Introduction

Long-chain n-3 polyunsaturated fatty acids (LCn-3PUFA) are essential nutrients that have antiinflammatory properties¹ and reduce the risk for cardiovascular disease¹. Evidence for a potentially anabolic effect of LCn-3PUFA is also emerging. For example, supplementation with LCn-3PUFA increased whole-body protein synthesis and whole-body protein net balance in burned rats². Moreover, in a recent study conducted in growing steers it was found that when they ate feed enriched in menhaden oil, a fish oil rich in LCn-3PUFA, the insulin-stimulated non-oxidative whole-body disposal of amino acids (a marker of increased whole-body protein synthesis) doubled while activation of the AktmTOR-p70s6k signaling pathway in muscle was increased significantly³. The purpose of the present study therefore was to determine the effect of LCn-3PUFA supplementation on the rate of muscle protein synthesis *in vivo* in human muscle. The following Specific Aims were investigated in healthy young and older adults.

Aim 1. *Evaluate the effect of LCn-3PUFA on skeletal muscle protein synthesis.* We hypothesize that LCn-3PUFA increase the stimulatory effect of combined hyperinsulinemiahyperaminoacidemia on muscle protein synthesis.

Aim 2. *Evaluate the effect of LCn-3PUFA on anabolic signalling pathways in skeletal muscle.* We hypothesize that LCn-3PUFA increase the activation of anabolic signalling pathways in muscle by hyperinsulinemia-hyperaminoacidemia.

Aim 3. Evaluate the effect of LCn-3PUFA on inflammatory cytokines in the systemic circulation and inflammatory signalling pathways in skeletal muscle.

We hypothesize that LCn-3PUFA decrease the plasma concentration of pro-inflammatory cytokines and decrease the activity of inflammatory pathways in muscle.

Methods

We measured the fractional synthesis rate (FSR) of muscle proteins (by using stable isotope labeled tracer techniques) during basal, post-absorptive conditions and during hyperinsulinemia-hyperaminoacidemia (within the range normally seen after meal consumption^{4, 5}), the concentrations of protein, RNA, and DNA in muscle (to obtain indices of the protein synthetic capacity, translational efficiency^{6, 7} and cell size⁸), the activation (as phosphorylation) of elements of intracellular signaling pathways involved in the regulation of muscle protein synthesis (Akt; mTOR; p70s6k; eEF2)^{9, 10}, and markers of inflammation in plasma (C-reactive protein [CRP], interleukin 6 [IL-6], tumor necrosis factor alpha [TNF- α]) and muscle (nuclear factor kappa-light-chain-enhancer of activated B cells [NF κ B]) in two groups (n = 8 each) of older adults who were randomized to receive LCn-3PUFA (4 g·d⁻¹ of LovazaTM) or an isoenergetic LCn-3PUFA (4 g·d⁻¹ of LovazaTM) for 8 weeks and in nine 25-45 y old healthy subjects who received LCn-3PUFA (4 g·d⁻¹ of LovazaTM) for 8 weeks (Table 1).

Results

To date we have completed all data analyses for nine young and middle-aged subjects and eight older adults (Table 1). The basal muscle protein fractional synthesis rate (FSR) before supplementation was not different in young and old subjects; during amino acid, glucose and insulin infusion, the muscle

protein FSR increased in both groups but to a greater extent in the young than in the old subjects (Figure 1). These results are consistent with earlier observations made by ourselves and other investigators who found no difference in the basal rate of muscle protein synthesis in healthy young and old subjects¹¹⁻¹⁵, but resistance to the anabolic effect of nutritional stimuli (amino acids, insulin)^{11, 14, 16-18}.

	Young LCn-3PUFA	Old	
		Cornoil	LCn-3PUFA
N (male/female)	9 (5/4)	4 (3/1)	4 (2/2)
Age (years)	39.7 ± 1.7	70 ± 3	71 ± 2
BMI (kg/m ²)	25.9 ± 1.0	26.9 ± 1.0	25.4 ± 1.2

Values are means ± SEM.

LCn-3PUFA supplementation had no effect on the basal muscle protein fractional FSR; however, the increase (above basal values) in the muscle protein FSR during insulin/amino acid infusion was greater after than before LCn-3PUFA supplementation (Figure 1), most likely because of greater activation of the mTOR signaling pathway (Figure In addition, the muscle protein 1). concentration and the protein-to-DNA ratio (an index of muscle cell size) were after LCn-3PUFA both greater supplementation (Figure 2).



Discussion, including implications and potential long-term extensions

Our pilot data provide evidence that LCn-3PUFA supplementation causes a considerable increase in the muscle protein anabolic response to hyperinsulinemia-hyperaminoacidemia in healthy young, middle-aged and older adults. This was probably mediated by the stimulatory effect of LCn-3PUFA on mTOR^{Ser2448} phosphorylation (an integral control point for muscle cell growth¹⁹⁻²¹) and consequent downstream signaling during hyperinsulinemia-hyperaminoacidemia.

Our findings are consistent with the reported effects of LCn-3PUFA supplementation on protein metabolism and muscle mass assessed in vivo in animals and extend those observations. Low-dose LCn-3PUFA supplementation (i.e., 1 - 2% of total daily energy intake - as in our study), alone or in combination with amino acid supplementation, has been reported to help maintain whole-body protein synthesis, whole-body protein net balance, and muscle mass in burned rats and tumor-bearing mice^{2, 22}. Moreover, growing steers eating feed enriched in LCn-3PUFA doubled their non-oxidative whole-body disposal of amino acids (a marker of increased whole-body protein synthesis) during a hyperinsulinemiceuglycemic-euaminoacidemic clamp while simultaneously inducing greater activation of the Akt-mTORp70s6k signaling pathway in muscle³. Somewhat puzzlingly, large doses of LCn-3PUFA (>20% of total daily energy intake) reportedly have no effect on rat muscle protein synthesis²³⁻²⁵ or even decreased it²⁶ This, however, may have been because of an unsuspected subclinical toxicity of LCn-3PUFA themselves or possibly accompanying impurities^{1, 27, 28}. Based on the evidence we provide, we contend that LCn-3PUFA, along with their other health benefits, are good candidates to be considered as intervention agents in a variety of conditions of muscle wasting ¹. In addition, our study provides compelling evidence for an interaction of fatty acid and protein metabolism in human muscle. This research area and the significance of the interaction between fatty acid and muscle protein metabolism remain to be explored.

Future plans including planned grant submissions

Future studies will be designed to: i) investigate the effect of LCn-3PUFA on muscle mass and function, physical performance and quality of life in a larger, population based randomized, placebo-controlled trial, ii) further evaluate the mechanisms responsible for the beneficial effect of LCn-3PUFA on muscle protein metabolism (e.g. measure the rates of muscle protein synthesis and breakdown; evaluate the specific signalling pathways involved in mediating the effect of LCn-3PUFA on muscle protein metabolism), and iii) evaluate whether the red blood cell membrane and/or muscle phospholipid fatty acid composition can be used as biomarkers for the age-associated loss of muscle mass and thus the risk of frailty and early mortality.

To achieve these goals we have submitted an R01 application to the NIH, which is currently undergoing review.

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