

# RESIST

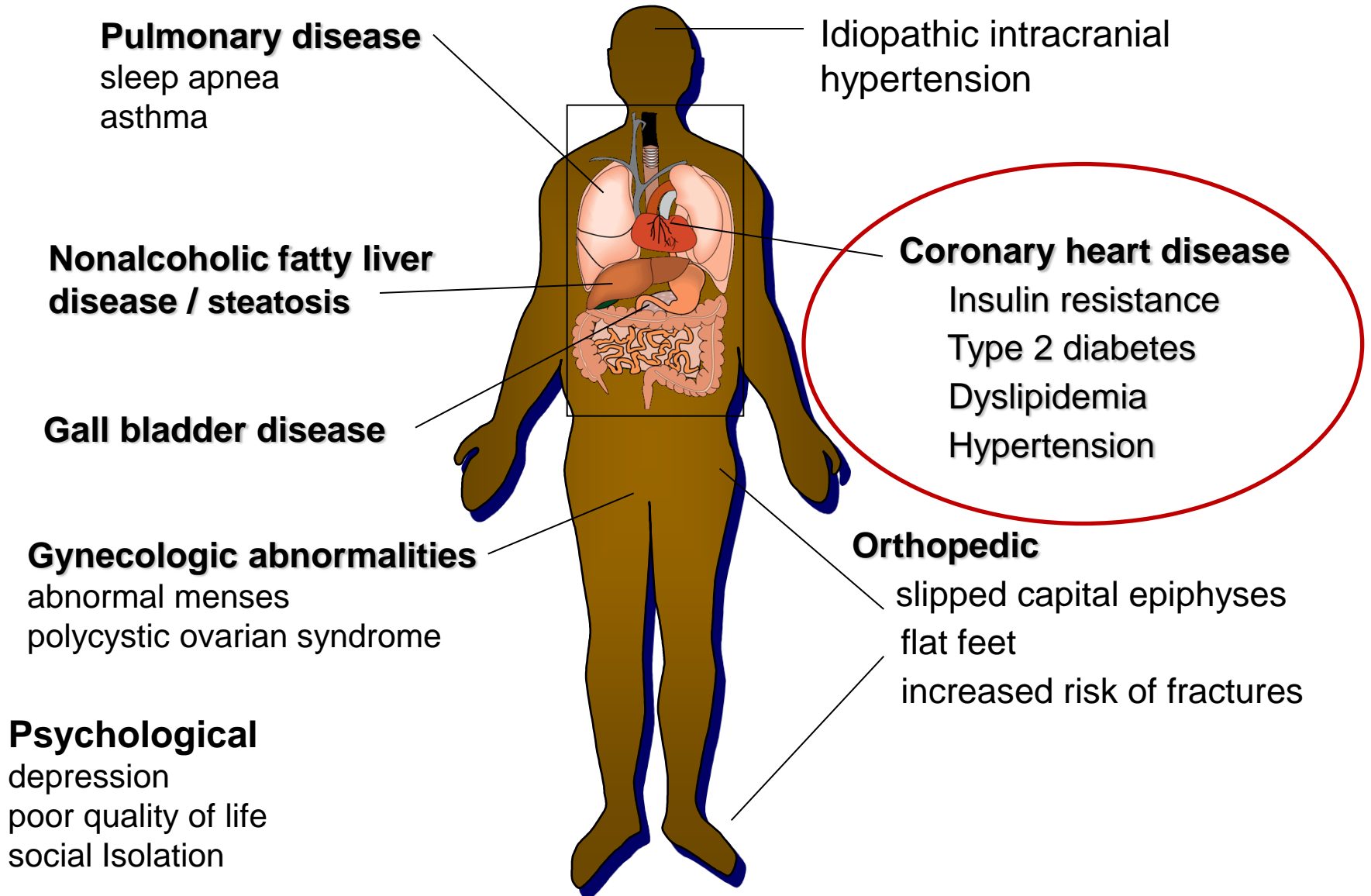
## Dietary strategies to improve insulin sensitivity in overweight adolescents

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# **Childhood obesity Australia**

One of the most common chronic diseases in children and adolescence  
1:4 school aged children are overweight or obese

# Consequences of childhood obesity



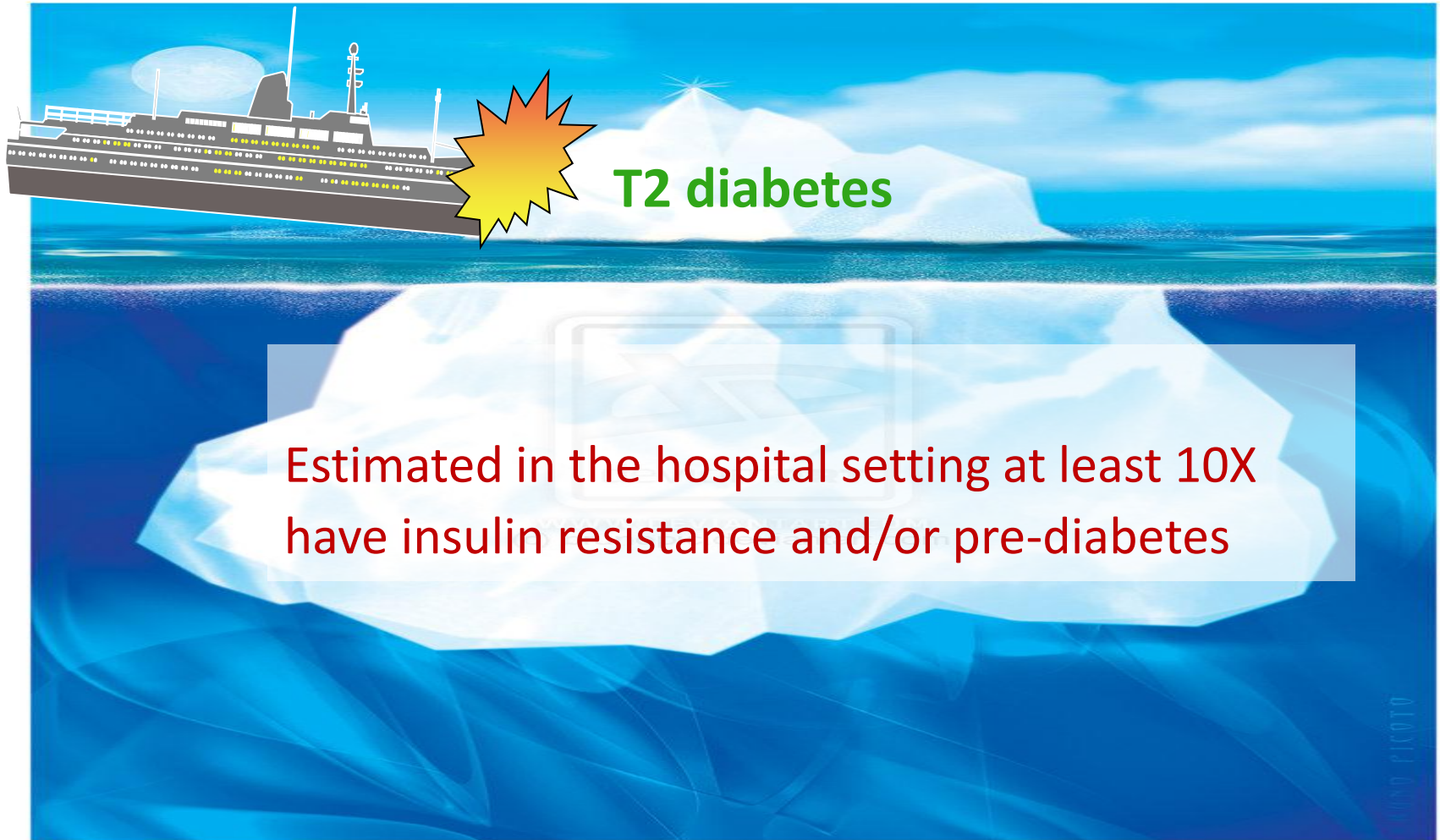
## **Type 2 diabetes**

- ❑ costly & burdensome chronic disease in Australia (~\$10.3 billion 2005)
- ❑ significant health problem in children
  - ❑ ~11% of children presenting with diabetes
  - ❑ higher indigenous & migrant populations
  - ❑ Mean BMI z-score 2.2 at presentation
  - ❑ 90% had BMI >85th%
- ❑ increased risk of complications compared to T1D
  - ❑ microalbuminuria, hypertension, dyslipidaemia
  - ❑ present at diagnosis or appear early

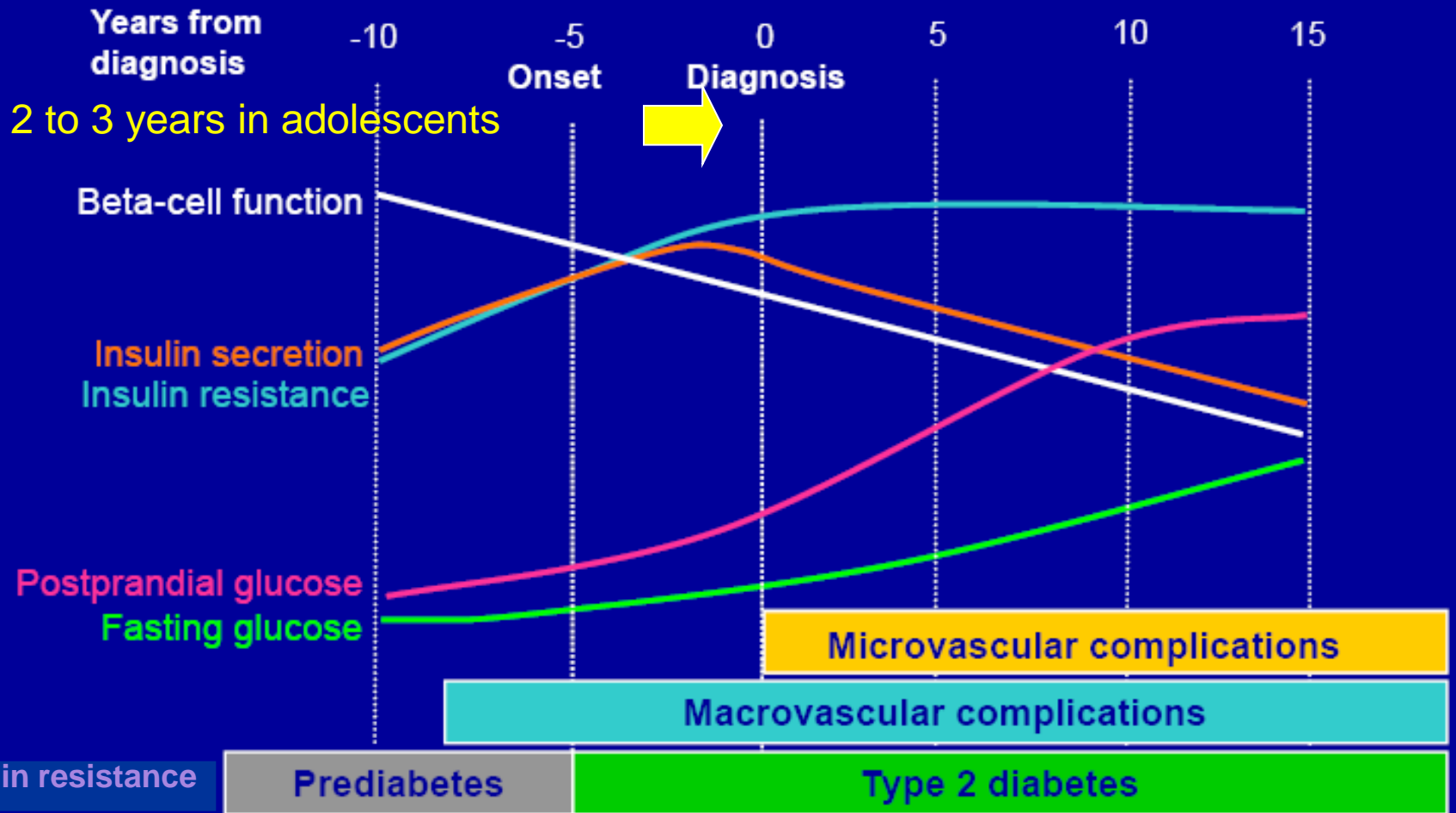
## **Type 2 diabetes**

- ❑ complications highlight the severity of T2D in the young
- ❑ 164 Canadians with early-onset T2D
  - ❑ 69 were followed into adulthood (mean age 23 years)
    - ❑ 9% mortality
    - ❑ 35% had microalbuminuria
    - ❑ 6% required dialysis
    - ❑ 45% had hypertension
    - ❑ 67% had poor glucose control.

# Type 2 diabetes

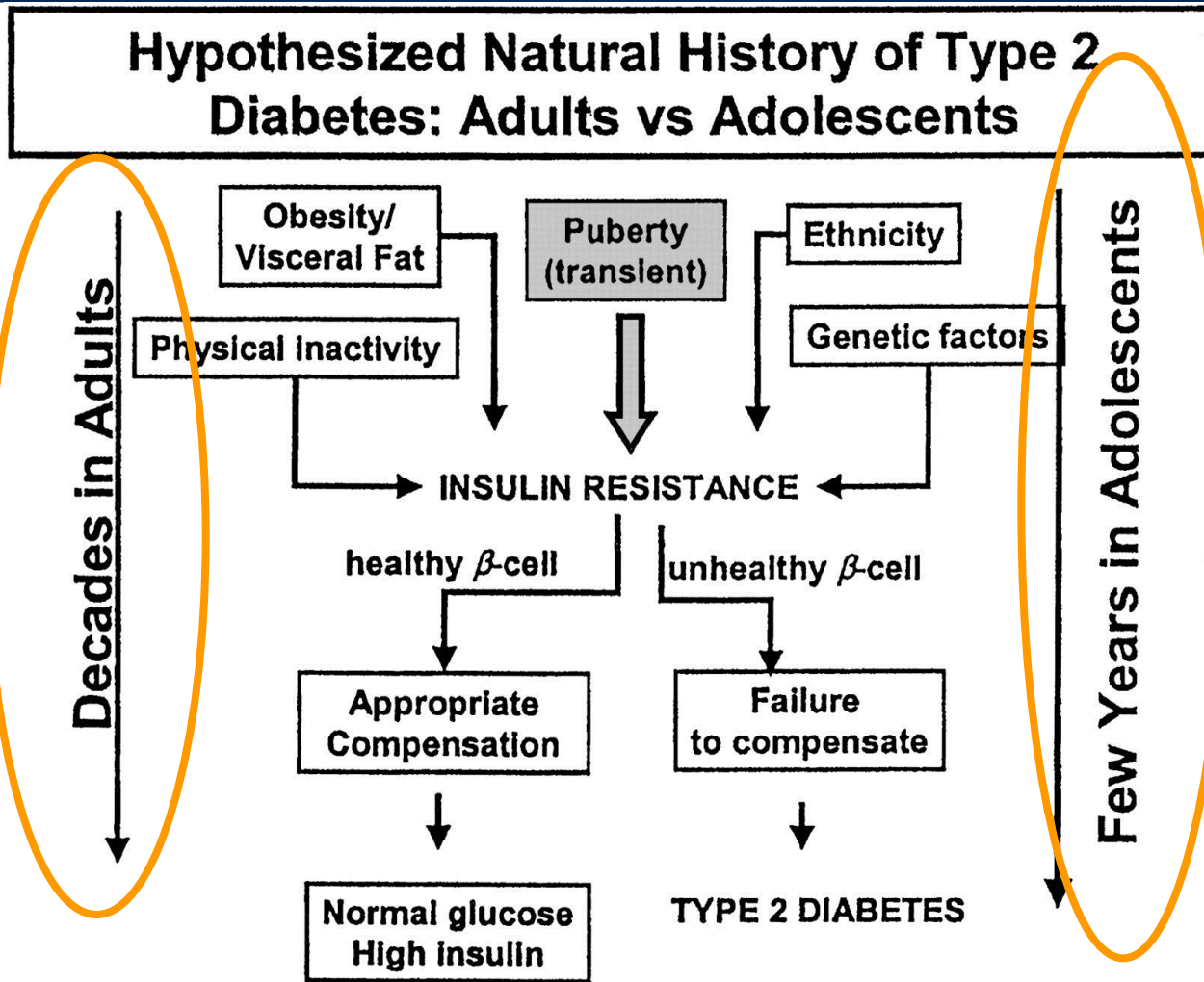


# Natural History of T2DM in Adults



Data extrapolated.

Adapted from Holman RR. *Diabetes Res Clin Pract.* 1998;40(Suppl):S21-S25; Ramlo-Halsted BA, et al. *Prim Care.* 1999;26:771-789; Nathan DM. *N Engl J Med.* 2002;347:1342-1349.





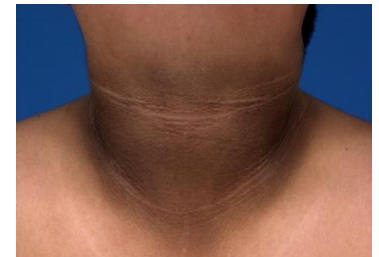
# Presentation: Clinical insulin resistance & pre-diabetes

## ☐ Overweight or obese

- elevated insulin to glucose ratio

## • With one or more of the following

- acanthosis nigricans
- polycystic ovarian syndrome
  - Oligomenorrhoea
  - hyperandrogenism
    - +/- polycystic ovaries on USS
- hypertension
- dyslipidaemia
- non alcoholic fatty liver disease



# Young people at risk

## Family History

- T2D, gestational diabetes
- Obesity (central obesity)
- Premature heart disease
- Dyslipidaemia
- Hypertension
- Sleep apnoea

## Ethnicity

- Maoris & Pacific Islanders
- Indigenous Australians
- Middle-  
Eastern/Mediterranean
- Indian sub-continent
- Native Americans

# **Management: Clinical insulin resistance & pre-diabetes**

## Limited Evidence

Metformin

Diet

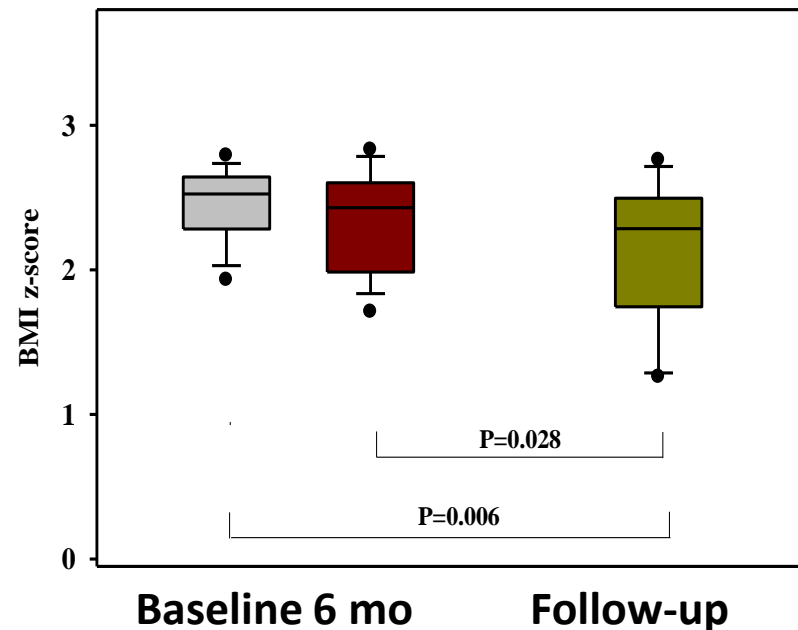
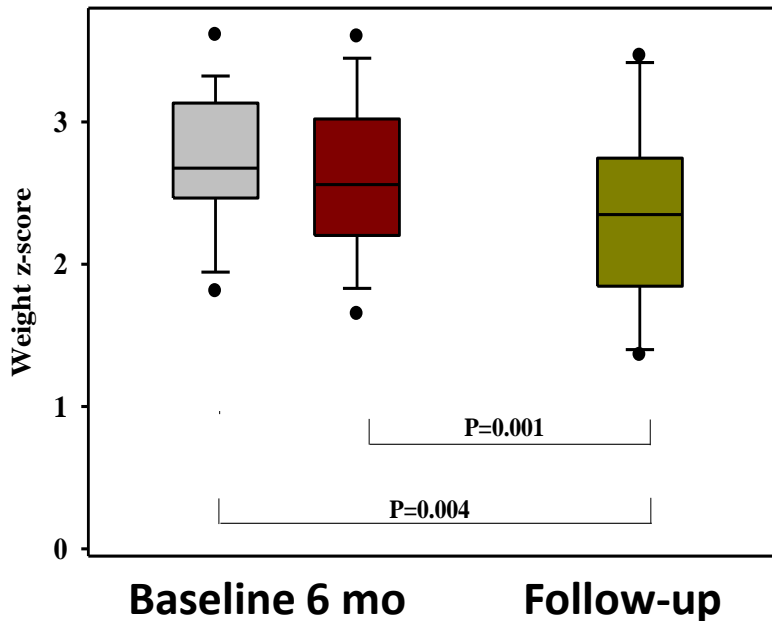
Exercise

# Metformin **I**nsulin sensitiser

- Five RCTs: beneficial effects on weight, body composition, insulin, glucose

*Quinn SM, Baur LA, Garnett SP, Cowell CT. Treatment of clinical insulin resistance in children: a systematic review Obes Rev 2009.*

- ↓ hepatic glucose & intestinal absorption of glucose
- ↑ peripheral glucose uptake & utilisation
- ↓ the feeling of hunger & reduces food intake



# **Diet: Clinical insulin resistance & pre-diabetes**

- ❑ Intensive diet interventions can achieve weight loss
- ❑ No evidence based recommendations
- ❑ Consensus: national nutrition guidelines
  
- ❑ Recent systematic review (wt loss): Mandy Ho (PhD Student)
  - ❑ 6 RCTs macronutrients, small sample & length of study. Generally interested in low CHO diets <40grams

# **Diet: Clinical insulin resistance & pre-diabetes**

- ❑ Increased protein, moderate CHO diet
  - ❑ ↑ satiety & thermogenesis
  - ❑ preserves fat free mass & ↓ fat mass
  - ❑ easier to achieve RDI for micronutrients (calcium, B12)
  - ❑ anecdotal evidence (Weight Management Services, CHW)
  - ❑ adults moderate carbohydrate, increased protein diets for both weight loss & improved metabolic profile

# RESIST

## The Children's Hospital at Westmead

Researching Effective Strategies to improve Insulin Sensitivity in children and Teenagers

ACTRN 12608000524392

Multicentred, randomised control trial  
(CHW, Campbelltown Hospital)

## **AIM**

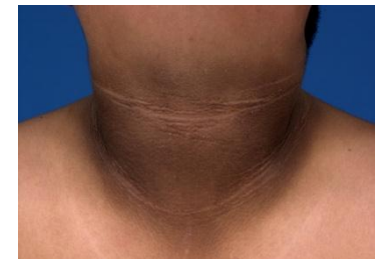
Establish an evidence based management plan for adolescents at risk of type 2 diabetes by examining the role of dietary protein in improving insulin sensitivity.



## Target group: Young people with insulin resistance

### Inclusion criteria

- 10 to 17 years of age
- Overweight or obese
- Pre diabetic and/or fasting insulin/glucose >20
- with one or more of the following
  - acanthosis nigricans
  - polycystic ovarian syndrome
  - hypertension
  - dyslipidaemia

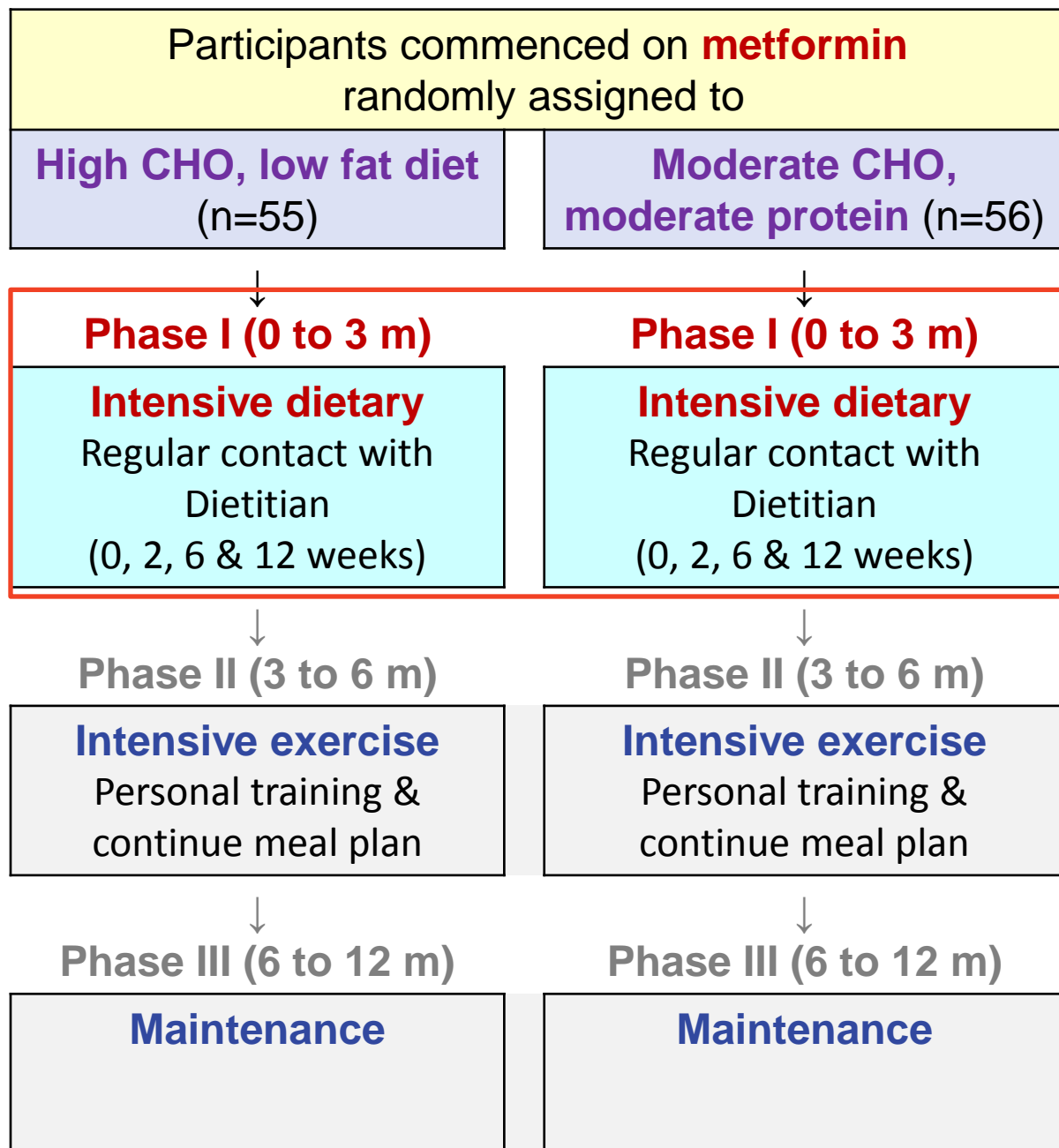


# RESIST

## Overview

(ACTRN12608000416392)

24 months: Follow up  
Repeat outcome measures



# RESIST Dietary Intervention

## Diet 1: high CHO

55-60% CHO, 30% fat ( $\leq$  10% saturated fat), 15% protein

## Diet 2: moderate CHO, increased protein

40-45 % CHO, 30% fat ( $\leq$  10% saturated fat), 25-30% protein

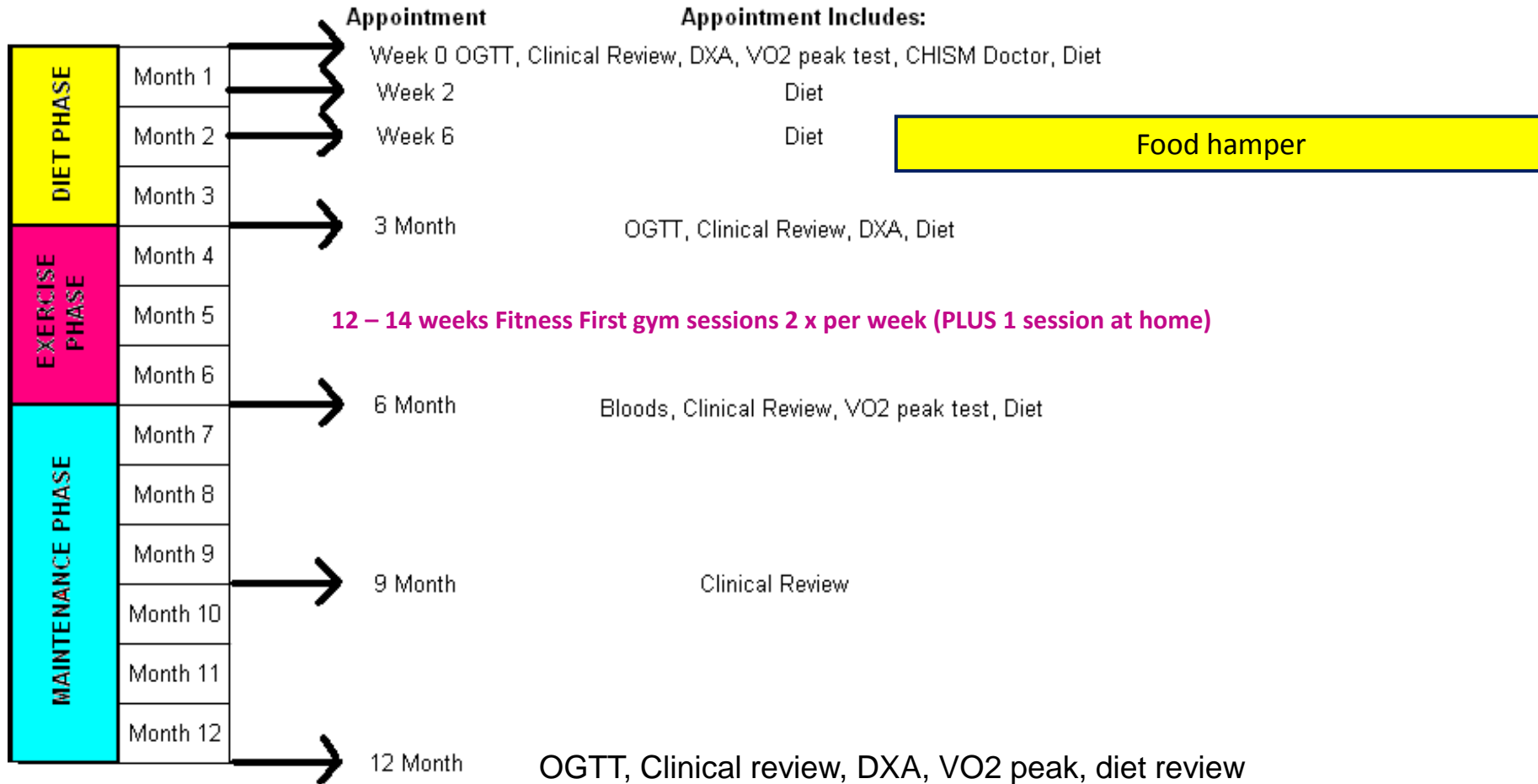
All participants receive metformin and the same lifestyle intervention

Both diets are structured

## Outcome measures

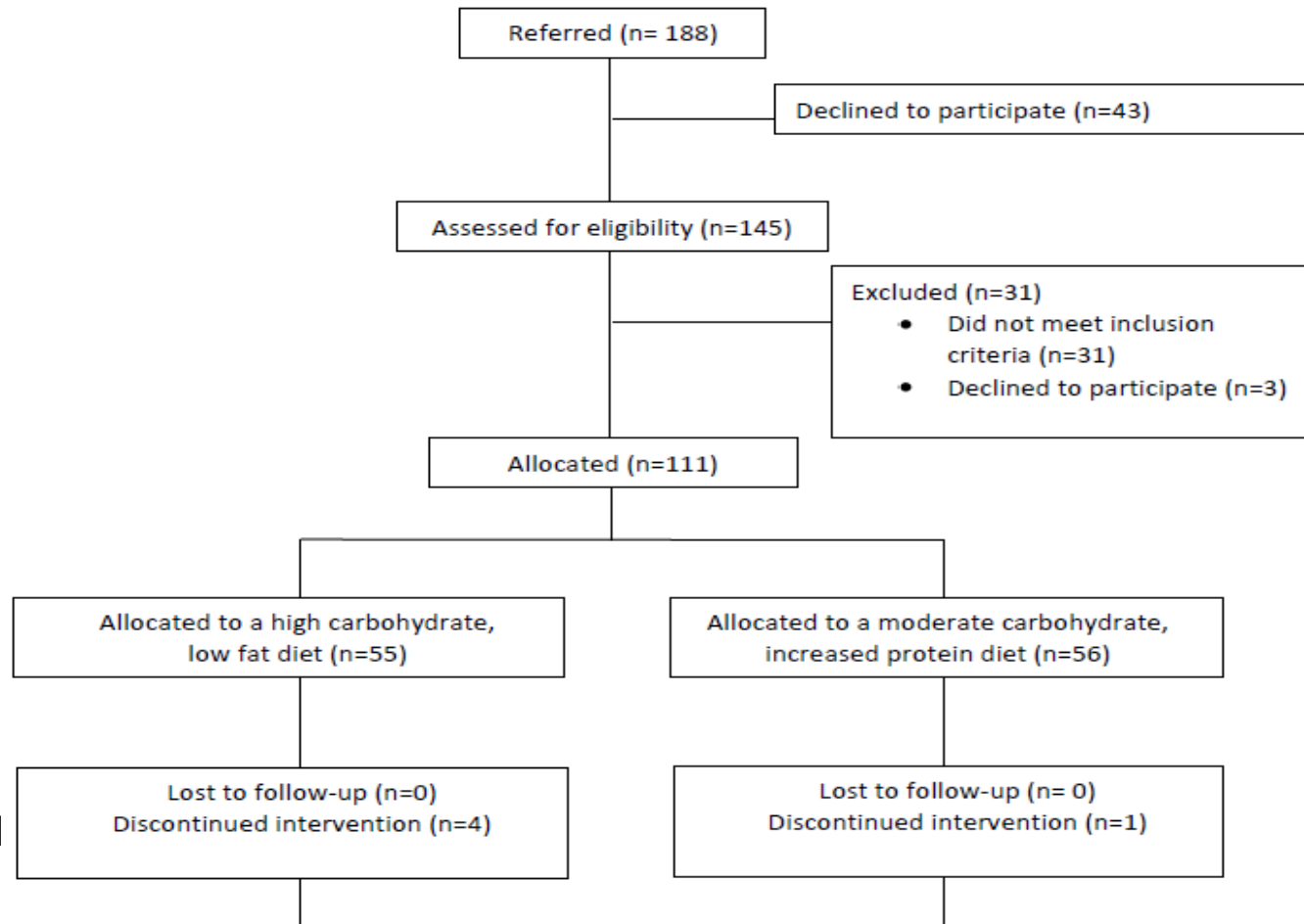
- Insulin sensitivity index: 2hr OGTT  
 $10\ 000/\sqrt{((\text{fasting insulin} \times \text{fasting glu}) \times (\text{mean 2hr glu} \times \text{mean 2hr insulin}))\#}$
- Weight and %fat change (DXA)
- Cardiometabolic and clinical indicators

# RESIST Overview



Plus Dietitian support at weeks 4, 9, 16, 20, 24, 32, 38 and 44

# Recruitment and progress



Phase 1: completed