Herbal extract reduced energy intake by modulating gastrointestinal hormones in overweight women.

Dr. Marcelo Lima Ribeiro

Celestino, MM, Gomes, AC, Botelho, PB, Gambero, A, Mota, JF



NUGO WEEK 2015

Obesity is a major public health concern.

 1.9 billion adults were overweight, and 600 million were obese (WHO, 2014)



2014



Increase morbidity and mortality

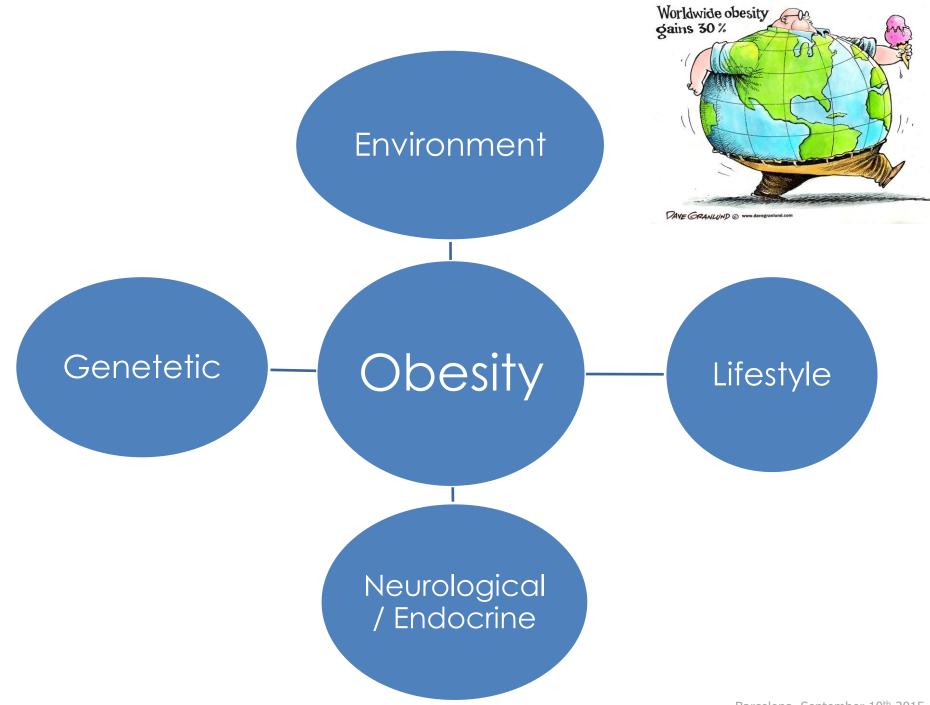
• 50.8% of people are overweight and, 17.5% are obese

- Atherosclerosis
- Hepatic steatosis
- Type 2 diabetes

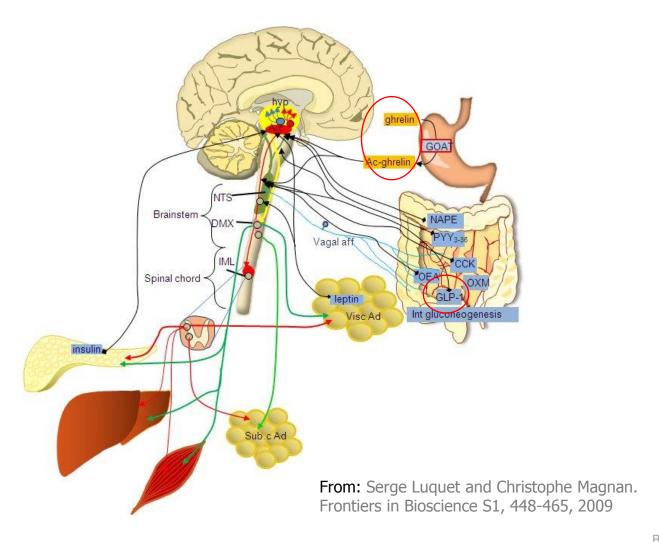
Global epidemy

Evolution

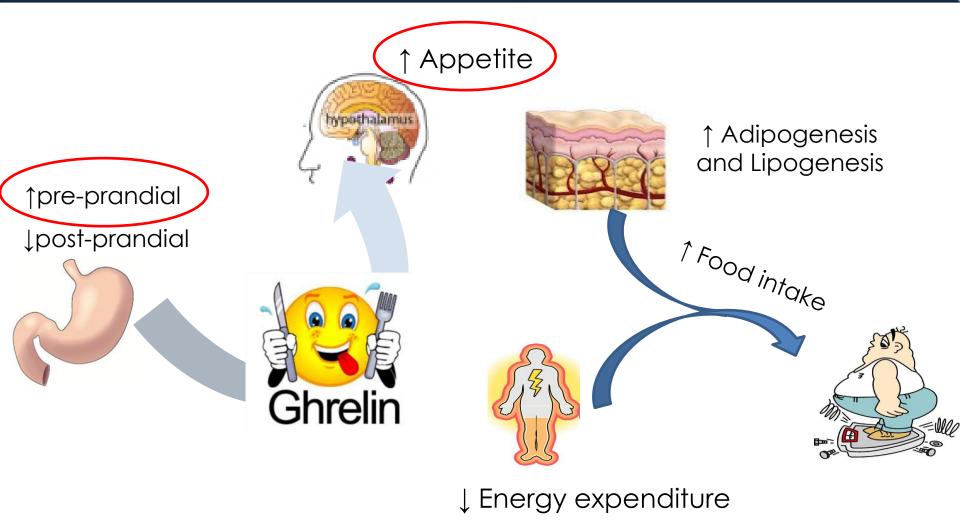




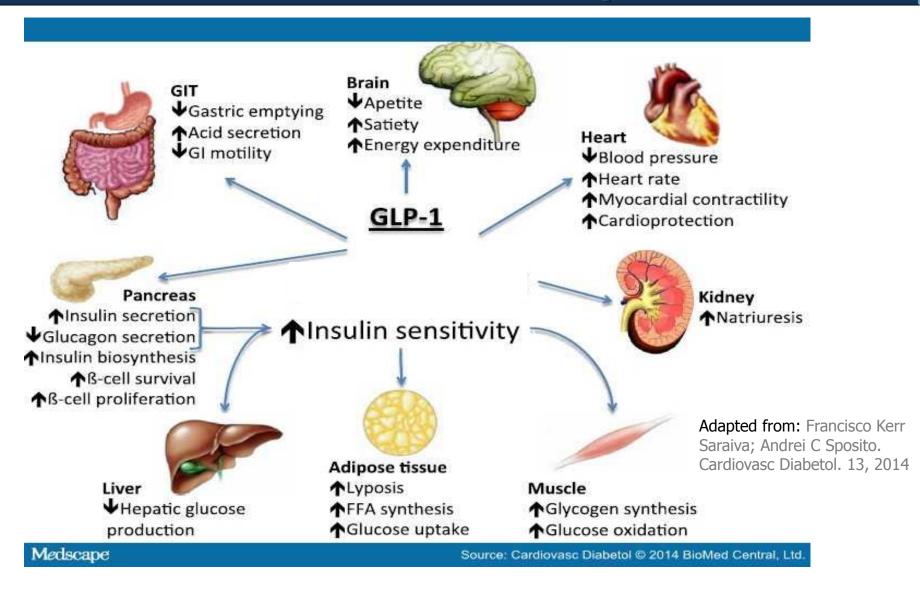
Hypothalamus is crucial for appetite regulation.

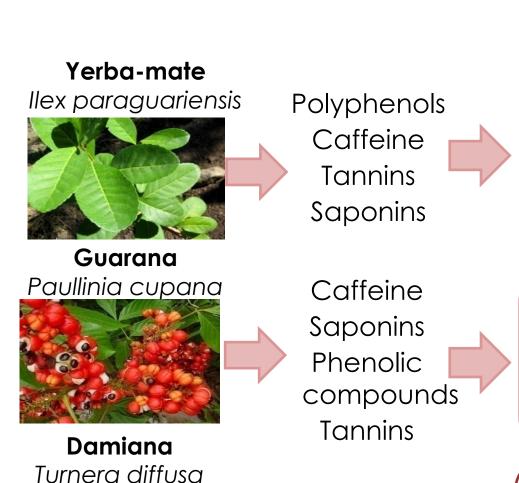


Ghrelin, the "hunger hormone"



GLP-1 controls satiety





Antiinflammatory Vasodilator Cardioprotective CNS stimulant Antimutagenic Thermogenic **Antioxidant** Weight loss

CNS stimulant **Antioxidant** Antiinflammatory **Immunomodulatory** Thermogenic Reducing appetite

Anti-anxiolytic **Antioxidant** Antiinflammatory GLP-1 receptor agonists Inhibiting DPP-IV

Flavonoids

Yerba-mateIlex paraguariensis



GuaranaPaullinia cupana



DamianaTurnera diffusa



Antiinflammatory
Vasodilator
Cardioprotective
CNS stimulant
Antimutagenic
Thermogenic
Antioxidant
Weight loss

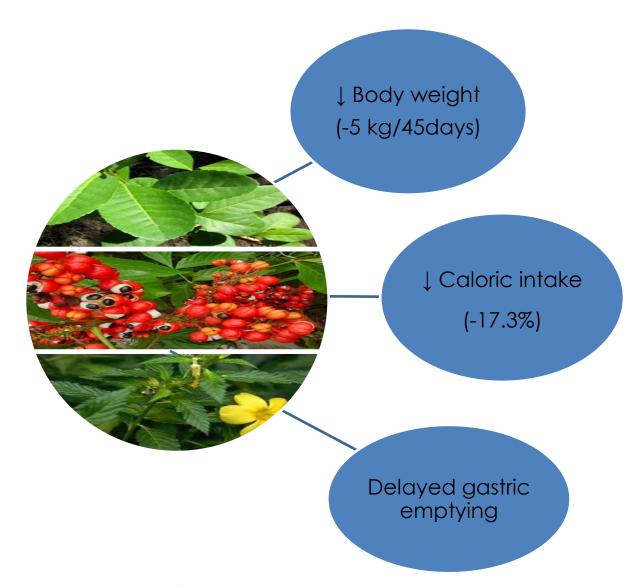
CNS stimulant
Antioxidant
Antiinflammatory
Immunomodulatory
Thermogenic
Reducing appetite

Anti-anxiolytic
Antioxidant
Antiinflammatory
GLP-1 receptor agonists
Inhibiting DPP-IV

Oxidative stress
Inflammation
Adiposity
Adipogenesis
Energy intake
Appetite

Satiety Thermogenesis [GLP-1]

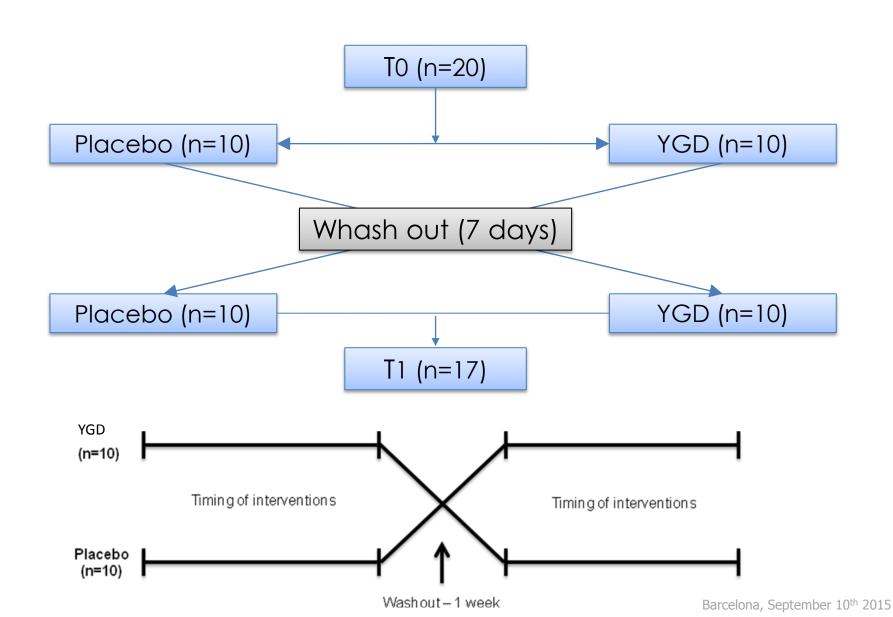
YGD reduced body weight in clinical trials



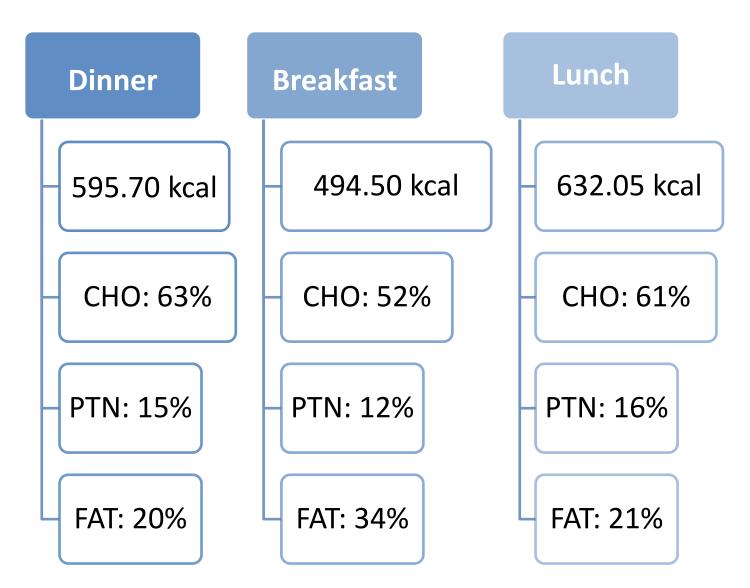
MIA

Evaluate the effects of YGD on food intake, acylated ghrelin and GLP-1 concentrations after consuming meals in overweight and obese women

Subjects and Study Design



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Placebo - 100 mg of lactose, OR **YGD** - three tablets containing Yerba Mate (112 mg), Guarana (95 mg) and Damiana (36 mg) standardized extracts

Anthropometric Assessment



 BMI was calculated as: current weight (kg)/ height2 (m)

Waist circumference

(ISBD, 2007)

• DEXA DPX NT GE®

Biochemical Assessment

Glucose was measured using a glucose meter

 Acylated ghrelin and GLP-1 were analyzed using a magnetic beadbased multiplex kit (Millipore)

Anthropometric characteristics of participants.

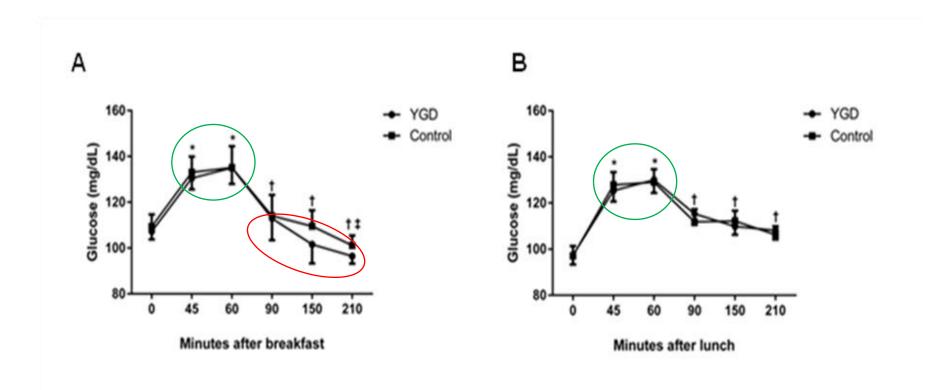
Variable	Mean ± SEM
Age (years)	32.8 ± 1.6
BMI (kg/m²)	31.49 ± 0.84
Body mass (kg)	82.29 ± 2.68
Body fat (%)	49.28 ± 0.86
Fat-free mass (%)	49 ± 0.82
Waist circumference (cm)	88.0 ±2.0

Energy intake and grams of macronutrients at the test meals across the study (mean \pm SEM).

	Control (n=17)	YGD (n=17)	
	Mean ± SEM	Mean ± SEM	<i>p</i> value
Energy-Breakfast (kcal)	455.70 ± 12.67	435.25 ± 15.78	0.088
Energy-Lunch (kcal)	548.98 ± 14.37	505.71 ± 17.52	0.005*
Carbohydrate-Breakfast (g)	57.73 ± 2.00	56.41 ± 2.35	0.522

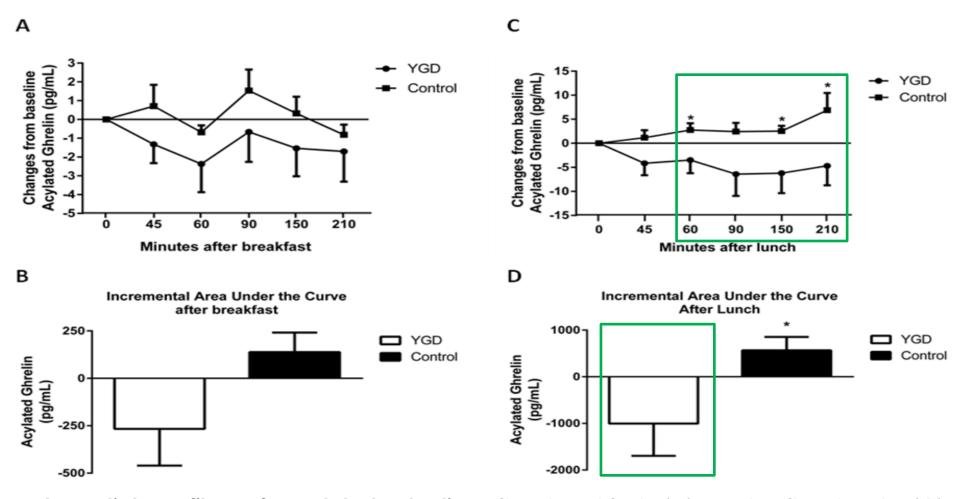
Energy-Breakfast (kcal)	455.70 ± 12.67	435.25 ± 15.78	0.088
Energy-Lunch (kcal)	548.98 ± 14.37	505.71 ± 17.52	0.005*
Carbohydrate-Breakfast (g)	57.73 ± 2.00	56.41 ± 2.35	0.522
Carbohydrate-Lunch (g)	79.66 ± 3.12	70.02 ± 3.82	0.004*
Protein-Breakfast (g)	14 92 + 0 56	13 73 + 0 76	0.022*

Protein-Breakfast (g) \cup . \cup ZZ 0.039* Protein-Lunch (g) 24.58 ± 0.42 23.69 ± 0.47 0.018* Lipid-Breakfast (g) 18.34 ± 0.43 17.19 ± 0.67 0.031* Lipid-Lunch (g) 14.54 ± 0.07 14.67 ± 0.06

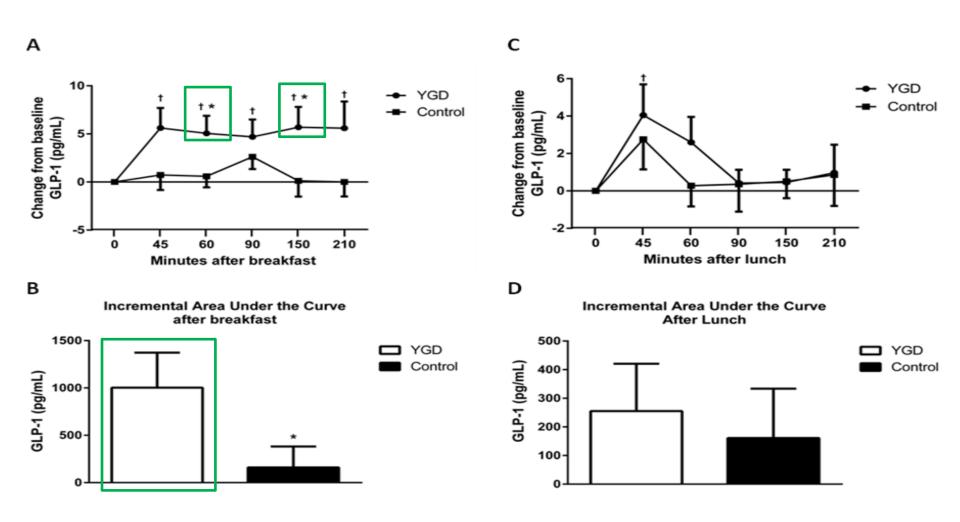


Glucose concentrations after breakfast (A) or lunch (B) with YGD or placebo supplementation. * p< 0.05 vs 0 minutes in both groups; † p<0.05 vs 45 and 60 minutes in both groups; † p<0.05 vs 90 minutes after breakfast only in YGD group.

Barcelona, September 10^{th} 2015

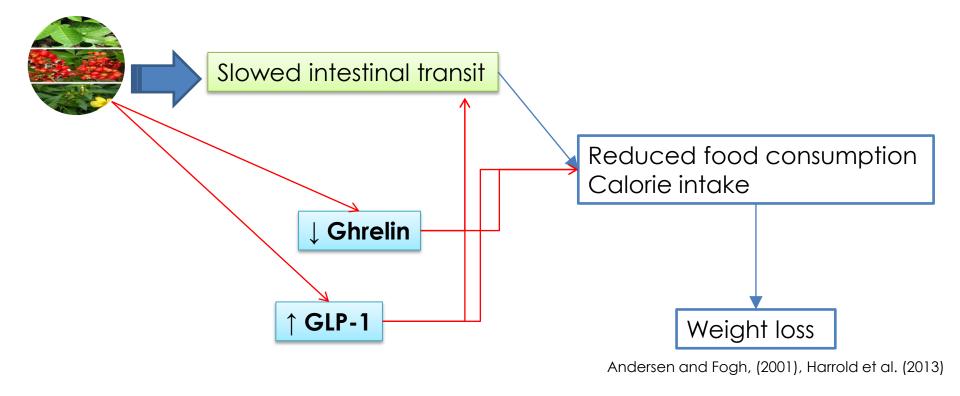


Postprandial profiles of acylated ghrelin after breakfast (A) and after lunch (C). Incremental area under the curve for acylated ghrelin after breakfast (B) and after lunch (D). *p<0.05 versus control group.



Postprandial profiles of GLP-1 after breakfast (A) and after lunch (C). Incremental area under the curve for GLP-1 after breakfast (B) and after lunch (D). *p< 0.05 versus control group; † p<0.05 versus baseline.

Discussion



It is concluded YGD is capable of reducing energy and macronutrient intake by decreasing acylated ghrelin concentrations and increasing GLP-1 concentrations in overweight and obese women.

Acknowledgements

