

EN GENNEMGANG AF RESULTATER FRA THE HOLBÆK STUDY

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Børne- og Ungeafdeling, Holbæk Sygehus



INDHOLD

- Baggrund
 - The HOLBÆK Study
 - Kohorterne
 - Undersøgelser og prøveindsamling
- Resultater
 - Komplikationer til overvægt
 - Behandlingseffekt
 - Referenceværdier – biomarkører
 - Genetik
- Fremtid
- Take home message



TAKE HOME MESSAGE

Behandling af overvægt/svær overvægt:

Holbæk-modellen

- Effektiv i mange aspekter af barnets/den unges liv og helbred
- Vedvarende og med stabile resultater i forskellige sektorer

Forskning:

The HOLBÆK Study

- Store, veldefinerede kohorter
- Dybdegående fænotype- og genotypebestemmelse



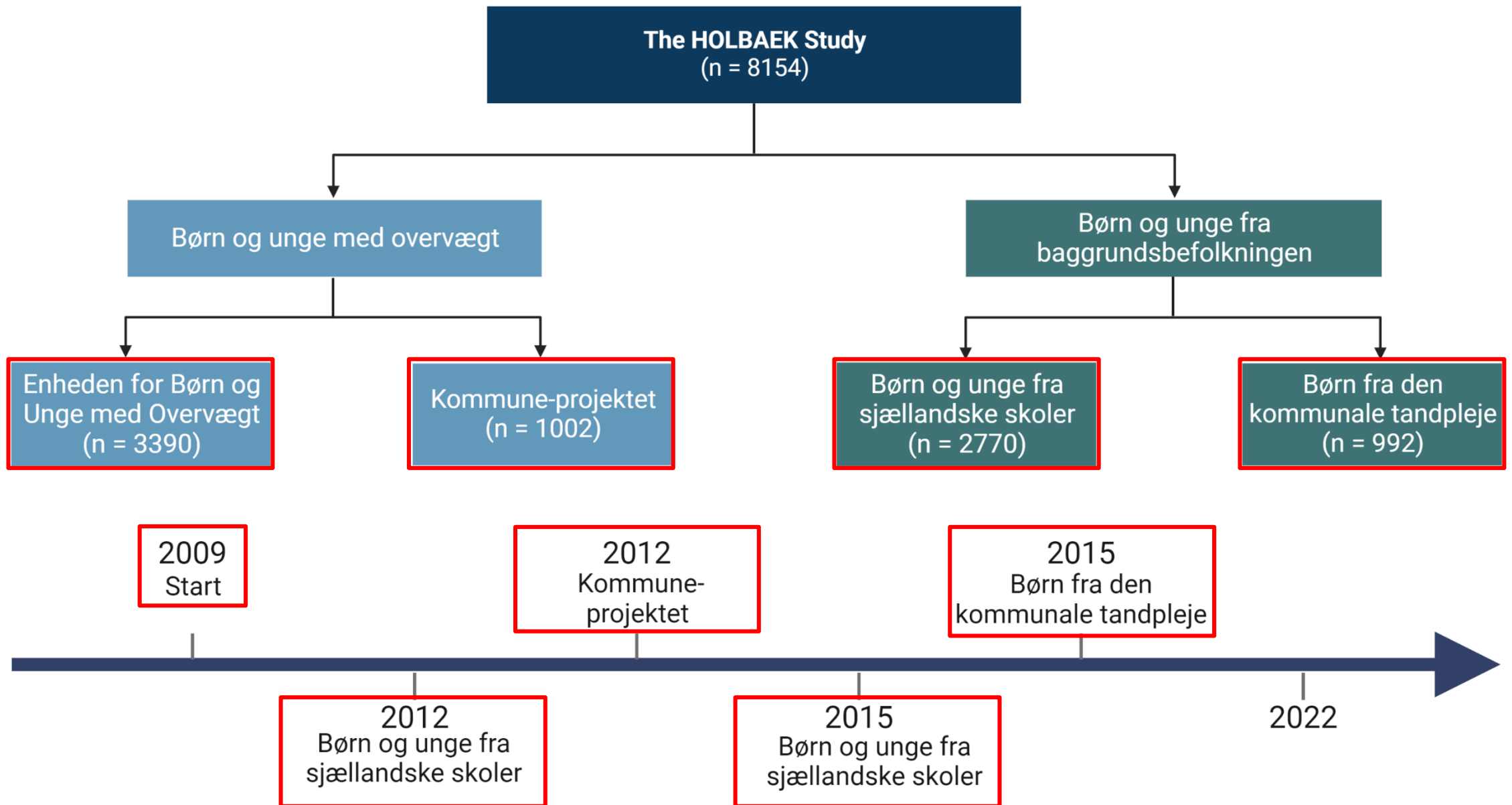
THE HOLBÆK STUDY

2007: Holbæk-modellen

- Udviklet af klinisk lektor og forskningsleder Jens-Christian Holm, Holbæk, Danmark
 - Holistisk, personcentreret, familiebaseret model til behandling af overvægt
 - Effektiv både på hospitaler og i kommuner
 - 5 timers sundhedsprofessionel tid per patient per år
 - Høj grad af patient-uddannelse

2009: The HOLBÆK Study

- (tidligere kendt som Den Danske Data- og Biobank for Børn og Unge med Overvægt)
 - Klinisk lektor og forskningsleder Jens-Christian Holm (Enheden for Børn og Unge med Overvægt, Holbæk Sygehus)
 - Professor Torben Hansen (Novo Nordisk Foundation Center for Basic Metabolic Research, Københavns Universitet, DK)
 - Professor Michael Christiansen (Statens Serum Institut, DK)












The HOLBAEK Study (n=8,154)










Enheden for Børn og Unge med Overvægt
(n=3390)

Kommune-projektet
(n=1002)










Børn og unge fra sjællandske skoler
(n=2770)










Børn fra den kommunale tandpleje
(n=992)

	100%
	100%
	76%
	92%
	92%
	94%
	36%
	29%
	29%

	100%
	100%
	84%
	94%
	35%
	9%
	3%
	8%
	9%

Højde og vægt
Spørgeskemaer
Pubertet
Blodtryk
Blodprøver
DXA scanning
MR scanning (lever)
Afføringsprøver
Urinprøver

	100%
	100%
	74%
	98%
	92%
	14%
	7%
	5%
	5%

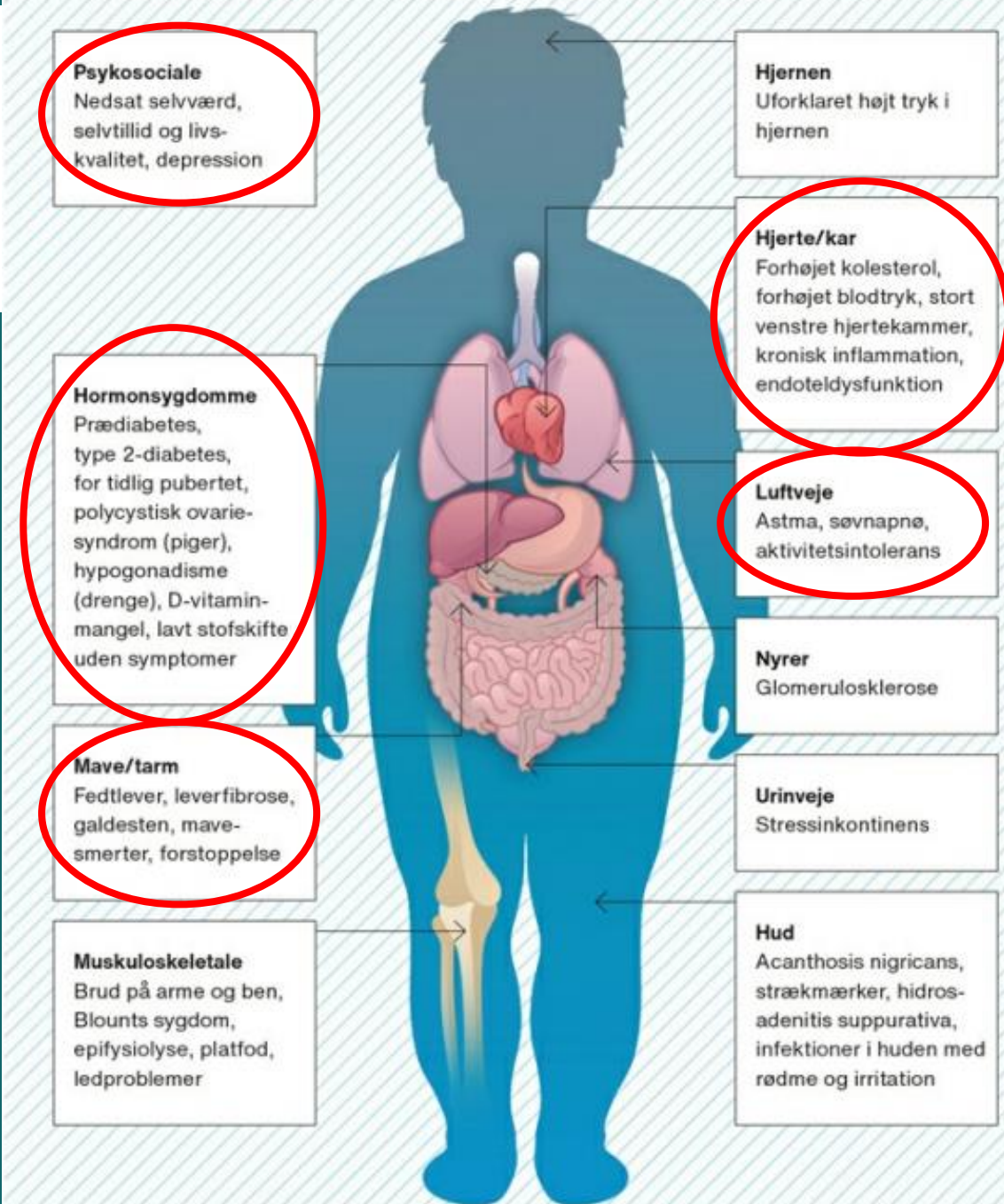
	100%
	100%
	-
	29%
	28%
	-
	-
	36%
	34%



KOMPLIKATIONER TIL OVERVÆGT

- 75% med lavt selvværd, selvtillid eller livskvalitet
- 82% med forstyrret spisning
- 50% med hypertension eller præhypertension
- 28% med dyslipidæmi
- 60% med vitamin-D insufficiens
- 14% med prædiabetes
- 45% med søvnapnø
- 31% med hepatisk steatose

- Fogh, J Paediatr Child Health. 2020; 56(4):542-549
- Møllerup, J Hum Hypertens. 2017;31(10):640-646
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- Kloppenborg, Pediatr Diabetes. 2018 May;19(3):356-365
- Andersen, Eur Arch Otorhinolaryngol. 2019 Mar;276(3):871-878
- Fonvig, PLoS One. 2015 Aug 7;10(8):e0135018



(Courtesy of Dr Holm)



KOMPLIKATIONER TIL OVERVÆGT

- En prediktiv model som med brug af undersøgelsesresultater der allerede forefindes, giver mulighed for at identificere personer med risiko for at udvikle fedtlever.
- Forhøjet glucagon er associeret til øget kardiometabolisk risiko, hos børn og unge med overvægt.

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Clinical Research Article



Hyperglucagonemia in Pediatric Adiposity Associates With Cardiometabolic Risk Factors but Not Hyperglycemia

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ORIGINAL RESEARCH

Possible prediction of obesity-related liver disease in children and adolescents using indices of body composition

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Abstract
Context: In adults, hyperglucagonemia is associated with type 2 diabetes, impaired glucose 1 pediatric overweight/obesity remains unclear.
Objective: We examined whether fasting concentrations of glucagon are elevated in youth with alic with cardiometabolic risk profiles.
Methods: Analyses were based on the cross-sectional HOLBAEK study, including children an weight/obesity from an obesity clinic group (n = 2154) and with normal weight from a population- of plasma glucagon and cardiometabolic risk outcomes were assessed, and multiple linear and 1
Results: The obesity clinic group had higher glucagon concentrations than the population-base d with body mass index (BMI) standard deviation score (SDS), waist, body fat %, liver fat C-reactive protein, homeostasis model assessment of insulin resistance, insulin, C-peptide, LD blood pressure, and was inversely associated with fasting glucose. The inverse relationship bet individuals with high BMI SDS and high fasting insulin. Glucagon was associated with a higher f dyslipidemia, and hypertension, but not with hyperglycemia. Glucagon was positively associated
Conclusion: Compared with normal weight peers, children and adolescents with overweight/ob cation, which corresponded to worsened cardiometabolic risk outcomes, except for hyperglyce may precede impairments in glucose regulation.
Key Words: adolescent, cardiometabolic risk, child, glucagon, hyperglycemia, obesity
Abbreviations: ALT, alanine aminotransferase; BMI, body mass index; BP, blood pressure; GLP-1, glucan HDL-C, high-density lipoprotein-cholesterol; HOMA-IR, homeostatic model assessment of insulin resistan interquartile range; LDL-C, low-density lipoprotein-cholesterol; LOD, lower limit of quantitation; OR, odds

Glucagon opposes the glucose-lowering actions of insulin and stimulates hepatic glucose production (1). Glucagon also mediates several nonglucose-related metabolic effects, including regulation of amino acid metabolism (ureagenesis) (2); stimulation of insulin secretion (3); break down of fatty acids and lipogenesis inhibition in the liver (4); potential reduction of food intake (5); increased energy expenditure (6); and possibly regulation of heart rate and contractility (7), although the latter effects may not be physiological. The regulation of glucagon secretion paracrine, endocrine. Inhibitors of glucagon beta cell-derived δ cell-derived feedback gastrin, ttc-1 (GLP-1); and and glucose. Conversely, increased amino acid

Summary

Background: Diagnosis of nonalcoholic fatty liver disease in children and adolescents currently requires advanced or invasive technologies.

Objectives: We aimed to develop a method to improve diagnosis, using body composition indices and liver biochemical markers.

Methods: To diagnose non-alcoholic fatty liver disease, 767 Danish children and adolescents underwent clinical examination, blood sampling, whole-body dual-energy X-ray absorptiometry scanning and proton magnetic resonance spectroscopy for liver fat quantification. Fourteen variables were selected as a starting point to construct models, narrowed by stepwise selection. Individuals were split into a training set for model construction and a validation test set. The final models were applied to 2120 Danish children and adolescents to estimate the prevalence.

Results: The final models included five variables in different combinations: body mass index-standard deviation score, android-to-gynoid fat ratio, android-regional fat percent, trunk regional fat percent and alanine transaminase. When validated, the sensitivity and specificity ranged from 38.6% to 51.7% and 87.6% to 91.9%, respectively. The estimated prevalence was 24.2%–35.3%. Models including alanine transaminase alongside body composition measurements displayed higher sensitivity.

Conclusions: Body composition indices and alanine transaminase can be used to estimate non-alcoholic fatty liver disease, with 38.6%–51.7% sensitivity and 87.6%–91.9% specificity, in children and adolescents with overweight (including obesity). These estimated a 24.2%–35.3% prevalence in 2120 patients.

KEYWORDS

adolescents, body composition, children, DXA-scan, MAFLD, NAFLD

Abbreviations: ¹H MRS, proton magnetic resonance spectroscopy; AIC, Akaike information criterion; ALT, alanine transaminase; AUC, area under the curve; BMI SDS, body mass index standard deviation score; DXA, whole-body dual-energy X-ray absorptiometry; MAFLD, metabolic dysfunction-associated fatty liver disease; NAFLD, non-alcoholic fatty liver disease; NPV, negative predictive value; PPV, positive predictive value; ROC, receiver operating characteristic; VAI, visceral adiposity index.

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Holbæk-modellen

4-5 timer sundhedsprofessionel tid pr. patient pr. år

Reducerer graden af overvægt hos 74-76% (op til 90%) af børn og unge med overvægt

Fogh, M., J Paediatr Child Health 2020; Mollerup, P., PLoS One 2017; Most, SW., BMC Pediatr. 2015; Nielsen TRH., PLoS One 2018;

Reducerer graden af dyslipidæmi

Nielsen, TRH., Child Obes. 2012

Reducerer graden af hypertension

Hvidt, KN., J Hypertens. 2014

Reducerer graden af fedtlever

Fonvig, CE., BMC Pediatr. 2015

Reducerer graden af overvægt hos forældrene

Trier, C., PLoS One. 2016

Reducerer appetit og mobning

Fonvig, CE., Qual Life Res. 2017

Implementeret i primær og sekundær sektor

Holm, J-C., Int J Pediatr Obes. 2011; Mollerup, P., PLoS One 2017

Livskvalitet og selvværd øges

Mollerup, P., Qual Life Res. 2017

Uafhængigt af genetisk risikoscore (15 gener)

Hollensted, M., Obes. 2018

eHealth løsning (vægtreduktion hos 72-85% voksne)

Langkjær, IOJ., Mhealth. 2022

Vægtreduktion hos 80-85% voksne i Norge

Unpublished

Uafhængigt af SØS og graden af overvægt ved start

J-C., Int J Pediatr Obes. 2011

Uafhængigt af familær disponering til overvægt

Nielsen, LA., PLoS ONE 2015

Uafhængigt af sukkerindtag

Trier, C., Pediatr Obes. 2016

Uafhængigt af insulinresistens

Kloppenborg, JT., Pediatr Diabetes 2018

Uafhængigt af forstyret spisning

Fogh, M., J Paediatr Child Health 2020



REFERENCE VÆRDIER - BIOMARKØRER

- Adipokiner: Resistin, Leptin og Adiponectin
- Plasmalipider (Total kolesterol, LDL, HDL og triglycerider)
- Lever biomarkører (ALT, AST, LDH, GGT og ALP)
- Sukkerstofskiftet (glukose, HbA1c, insulin, C-peptide og HOMA-IR)
- Energistofskiftet (TSH, T3 og T4)
- Vitamin D, kalcium, fosfat og PTH
- Immunoglobuliner (ikke publiceret)
- Jern (ikke publiceret)



FREMTID

- Randomiseret, kontrolleret forsøg: HOT versus COT
 - Holbæk-modellen (HOT) versus konventionel behandling af overvægt (COT)
- Longitudinelle studier
 - Langsigtet behandlingseffekt hos børn og unge med overvægt
 - Langsigtet opfølgning på gruppen af børn og unge i befolkningsgruppen
- The HOLBÆK Study
 - Forbinder dybdegående fænotype- og genotypebestemmelse



TAKE HOME MESSAGE

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- Dybdegående fænotype- og genotypebestemmelse



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Participants in The HOLBAEK Study

Doctors
Nurses
Dieticians
Research year students
Secretaries

Consortia:

EGG
TARGET
BIOCHILD
MicroLiver

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The Region Zealand health research fund
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SPØRGSMÅL?