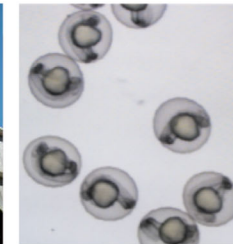
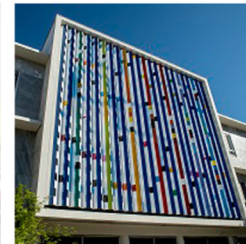
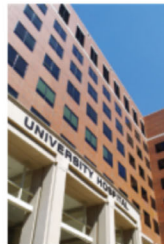


# Nutrition, Gut Microbiome, and Cardiometabolic Health in Individuals with Spinal Cord Injury

Jia Li, PhD

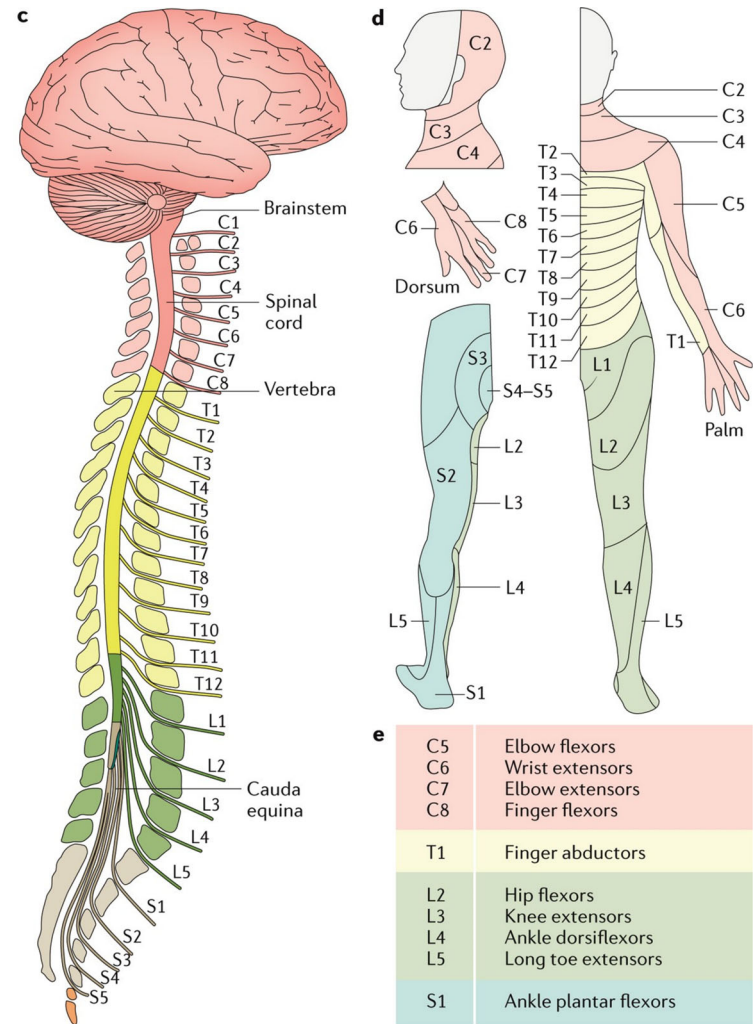
University of Alabama at Birmingham, Department of Physical Medicine and Rehabilitation

**UAB** MEDICINE



# What is a Spinal Cord Injury (SCI)?

- Damage to the spinal cord, which is a bundle of nerves and cells responsible for sending and receiving signals from the brain to and from the rest of the body
- SCI hinders the body's ability to send and receive neurological signals, which impacts sensation, movement, and bodily function
- Levels of injury: section of the spinal cord damaged
- Severeness of injury:
  - Complete = no sensory or motor function preserved in affected areas
  - Incomplete = partial sensory and motor function; some messages can be transmitted to and from brain to rest of body



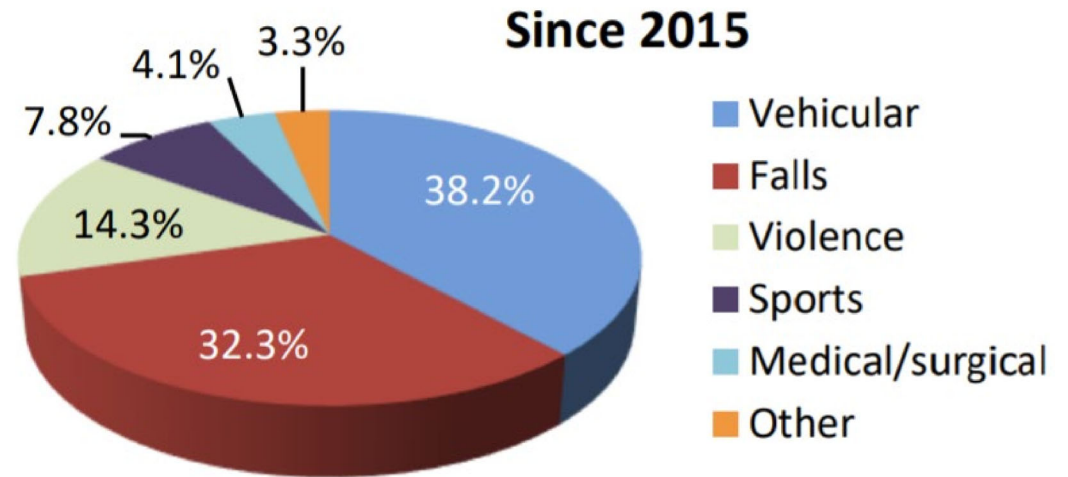
## SCI: Incidence, Causes, Demographics

- 17,900 new SCI cases each year in the U.S.
- Lifetime cost ~1-5 million direct health care cost per person.

National Spinal Cord Injury Statistical Center (NSCISC)

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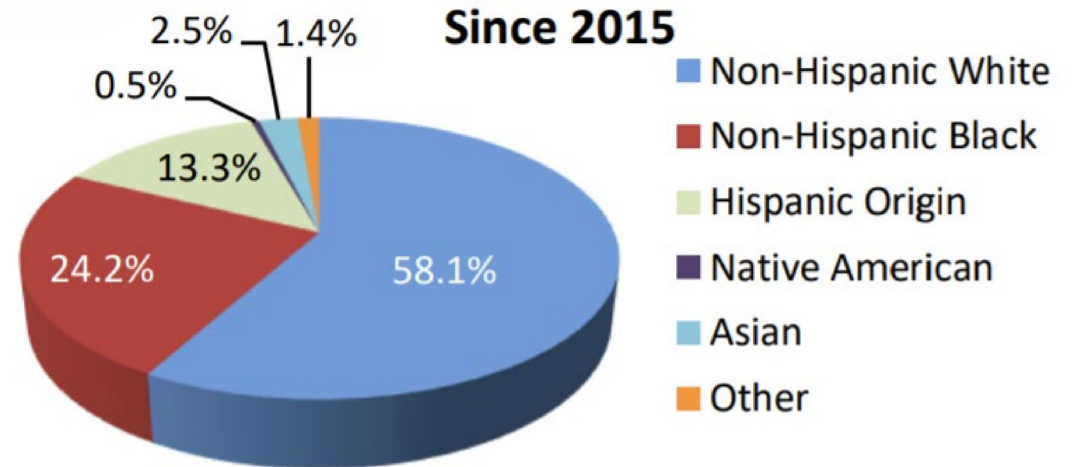
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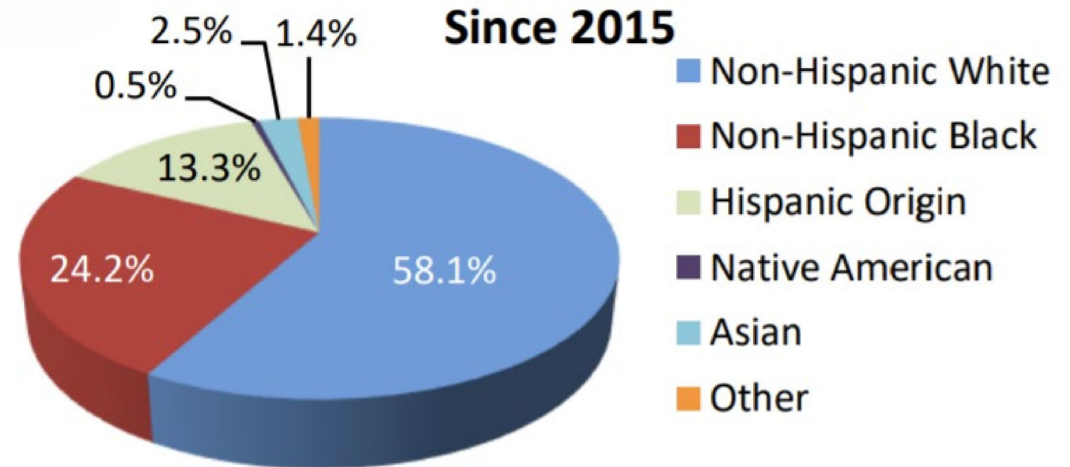
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# Impact of SCI on the Human Body

Impaired physical function

Sensory Loss

**Secondary Conditions:**

Muscle Atrophy and Adiposity

Glucose and lipid disorders

Gut dysbiosis

Many more conditions (autonomic dysreflexia, kidney diseases, pressure ulcers, infections)

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## **Secondary Conditions:**

a condition that is causally related to a disabling condition (that is, occurs as the result of a primary disabling condition)



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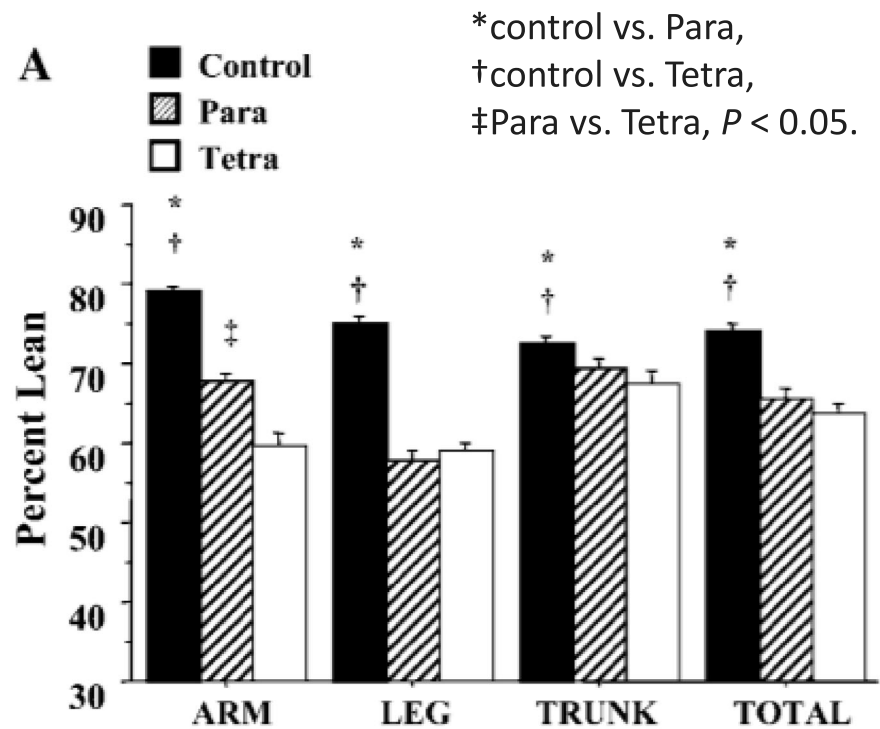
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Spungen AM. J Appl Physiol 2003 (95)

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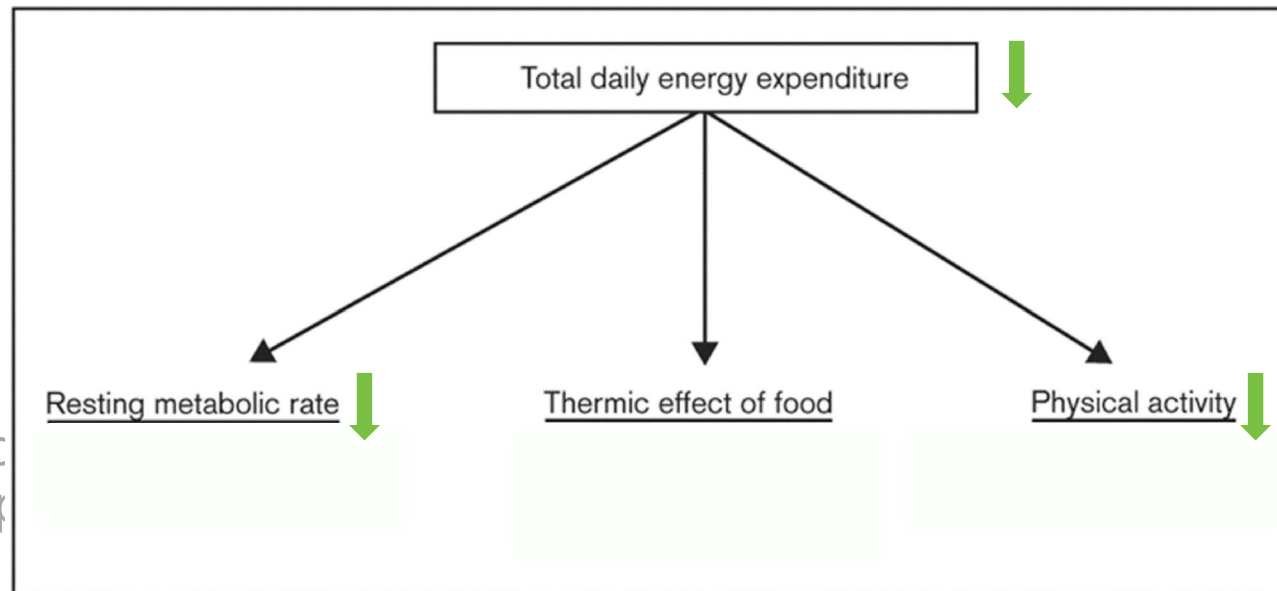
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Green Line: SCI  
Black line: Controls

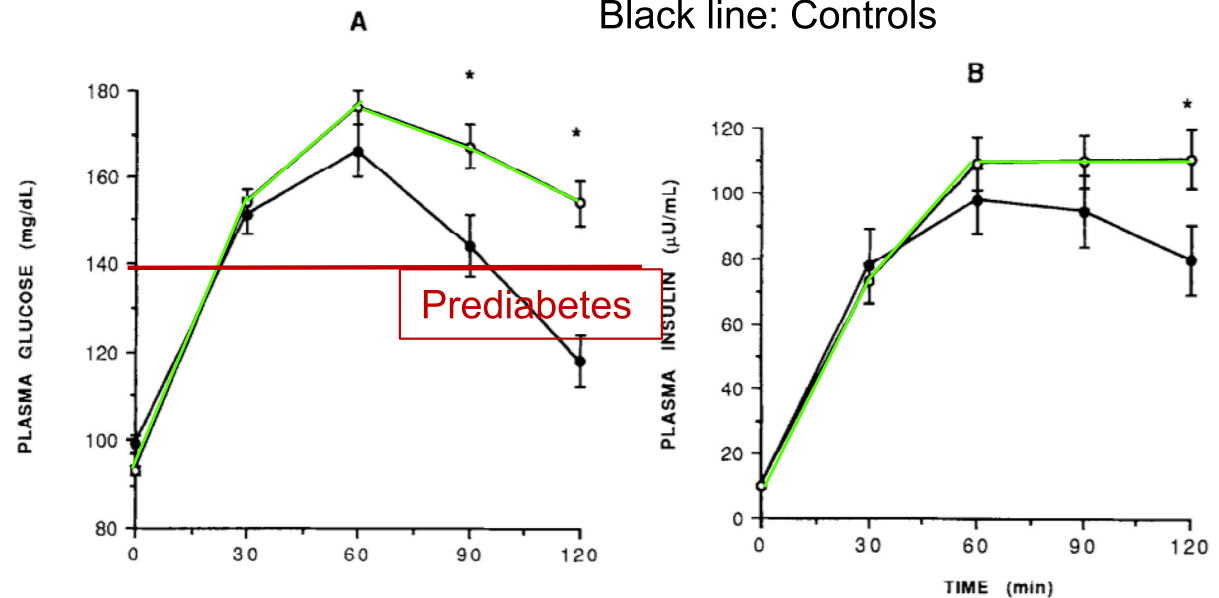


Fig 1. Mean plasma (A) glucose and (B) insulin values  $\pm$  SEM during a 2-hour OGTT performed on 100 subjects with SCI (O) and 50 control subjects (●). \* $P < .05$ .

Bauman WA, et al. Metabolism, 1994 (143)

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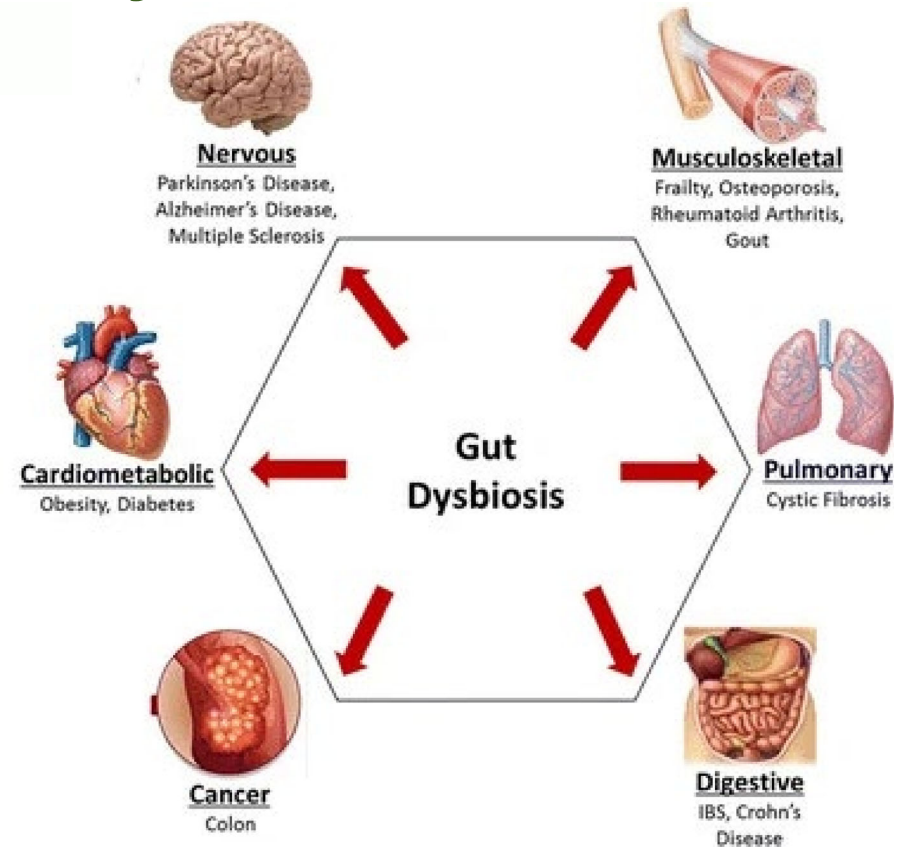
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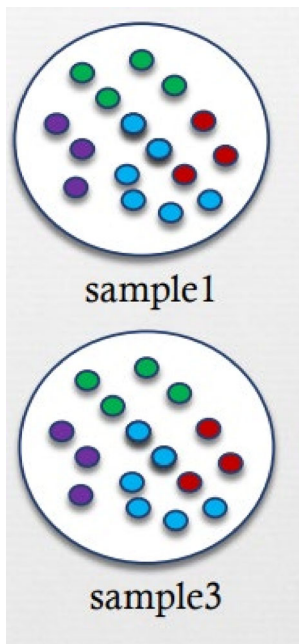
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## **Alpha diversity: Measurement of Microbiome Diversity within a Sample**

- Richness: a measure of number of species present in a sample.
- Evenness: a measure of relative abundance of different species that make up the richness in that area

# Impact of SCI on the Human Body

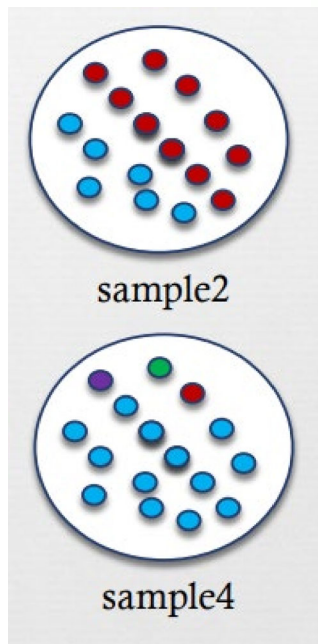


Equally rich and even

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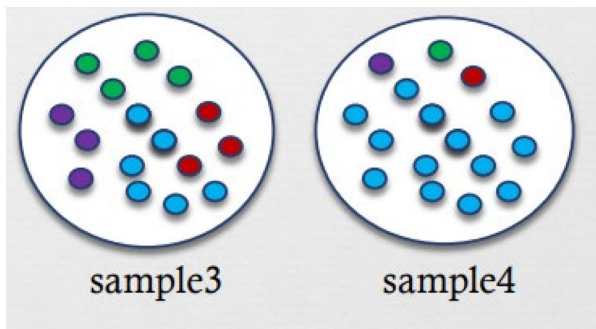


Sample 4 is richer  
but less even

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Equally rich

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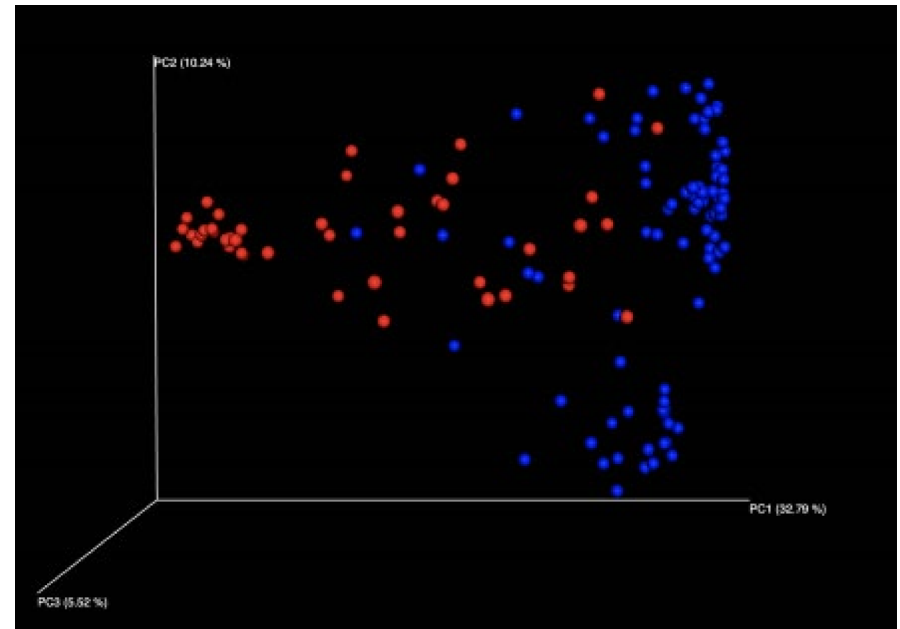
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# Impact of SCI on the Human Body

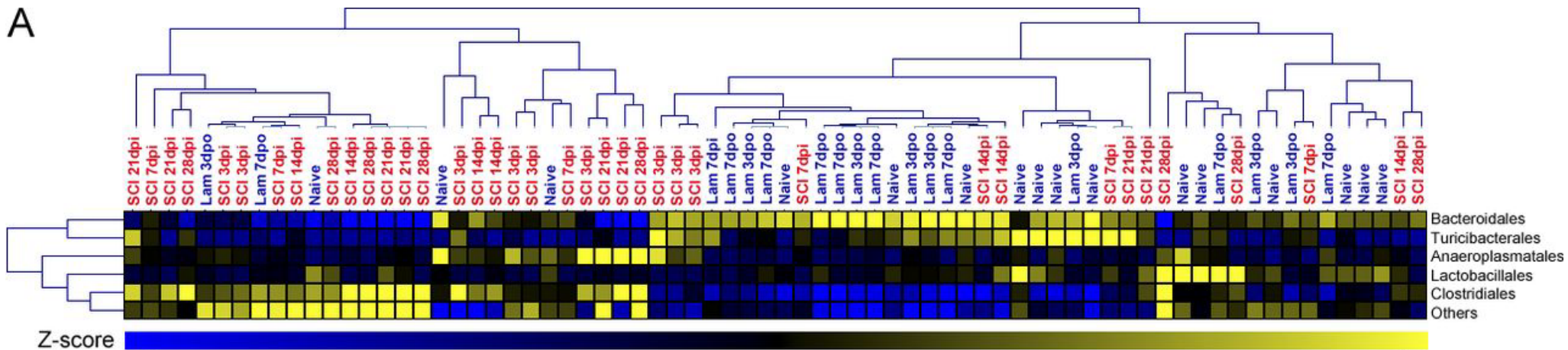
## Beta-diversity: Measure of the Microbiome Diversity between Samples

- When more than two samples are used, the beta diversity is calculated for every pair of samples to generate a distance/dissimilarity matrix
- Distances between groups can be compared
- Allows visualization of group distances



# Acute SCI Induces Gut Dysbiosis and Bacteria Translocation

Mice, T9 contusion spinal injury (3, 7, 17, 28 days after injury, acute phase)  
vs.  
Sham control

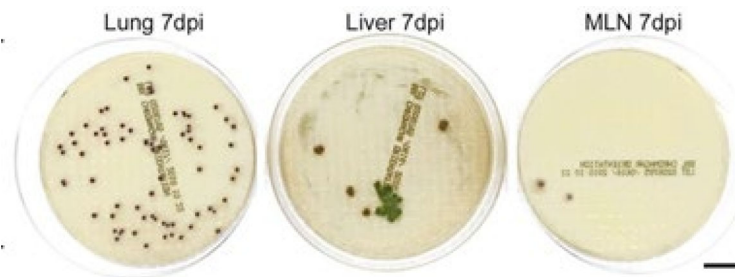


Kigerl KA, et al. J Exp Med 2016(12)

## Acute SCI Induces Gut Dysbiosis and Bacteria Translocation

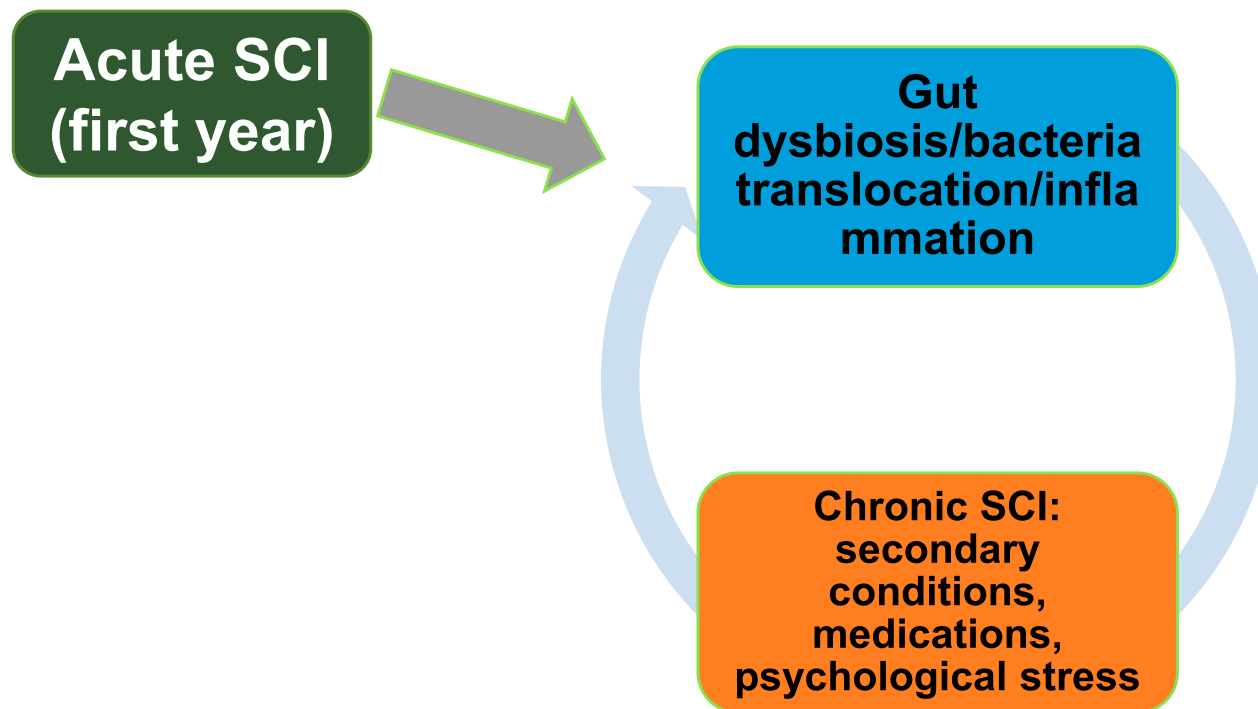
	Naive	1dpi	3dpi	7dpi
Blood	0% (0/4)	0% (0/4)	0% (0/4)	25% (1/4)
Lung	0% (0/4)	0% (0/4)	25% (1/4)	100% (4/4)**
Liver	0% (0/4)	0% (0/4)	0% (0/4)	75% (3/4)**
Spleen	0% (0/4)	0% (0/4)	0% (0/4)	50% (2/4)*
MLNs	0% (0/4)	0% (0/4)	0% (0/4)	75% (3/4)**

\* $p < 0.05$ , \*\* $p < 0.01$



Kigerl KA, et al. J Exp Med 2016(12)

## SCI Creates A Vicious Cycle of Gut Dysbiosis



## Does Gut Microbiome Deteriorate Overtime after SCI?

Group	Controls	A-SCI	C-SCI
Total, n	25	7	25
Age, y	42 ± 13	36 ± 12	46 ± 13
Sex (Female/Male)	9F/16M	2F/5M	6F/19M
Level of Injury <sup>§</sup> , n	N/A	C: 5 T: 2	C: 6 T: 17 L: 2
Severity of Injury, n	N/A	AIS A: 2 AIS B: 1 AIS C: 3 AIS D: 1	AIS A: 17 AIS B: 2 AIS C: 2 AIS D: 4
Time of stool collection post-injury	N/A	7 days; min 4, max 11	18 years; min 3, max 53
Antibiotics Use	0	n=6	0

Li J, et al. J Spinal Cord Medicine, 2020

## Participants' Characteristics

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Li J, et al. J Spinal Cord Medicine, 2020

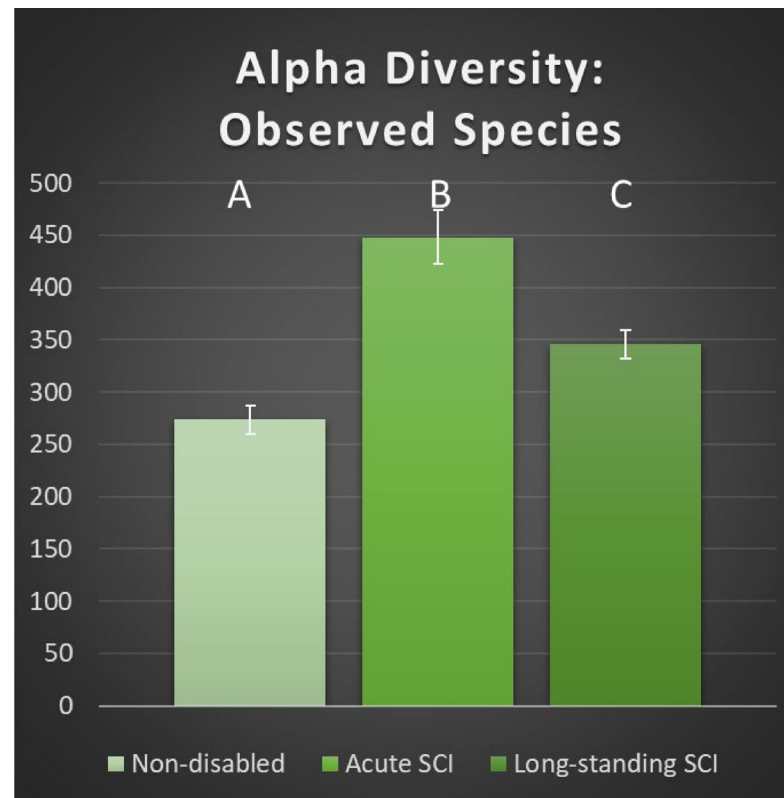
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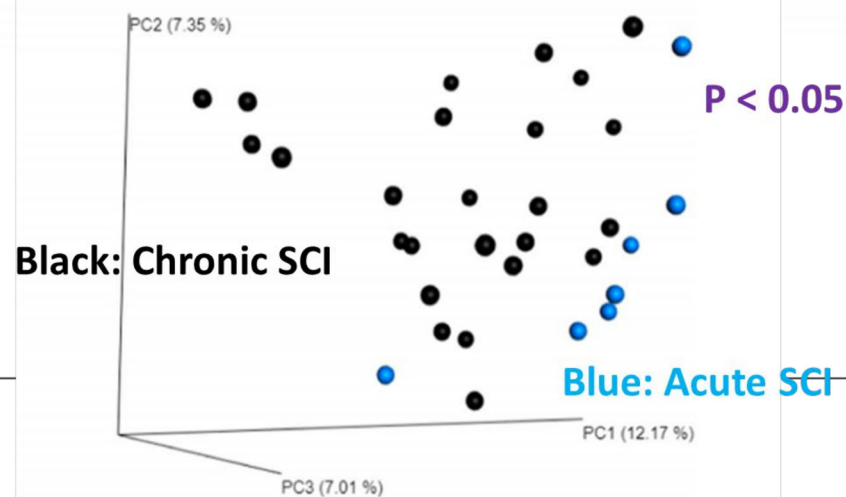
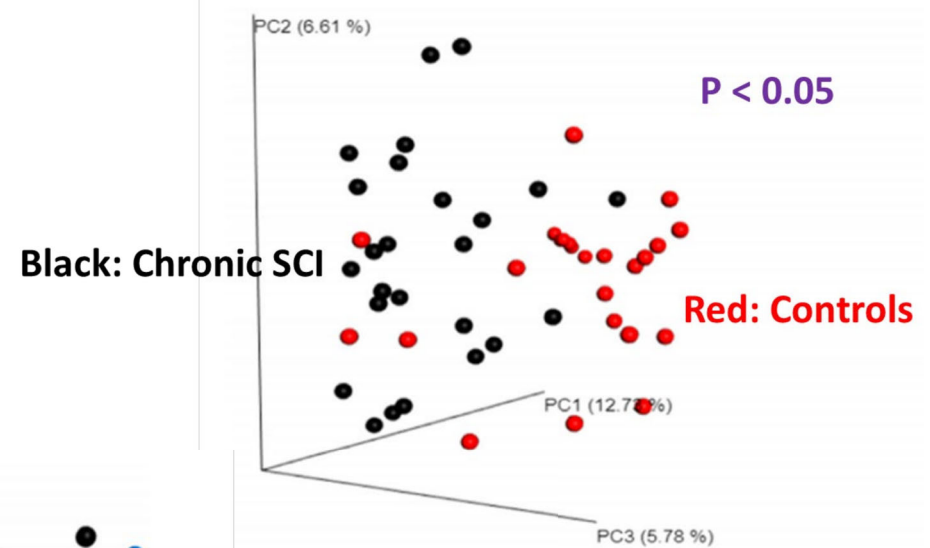
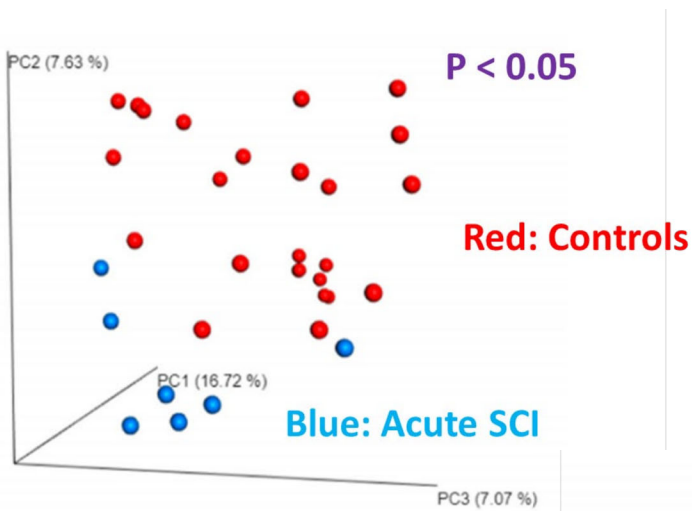


# Gut Microbiome Differed among the Groups



Li J, et al. J Spinal Cord  
Medicine, 2020

# Gut Microbiome Differed among the Groups



Li J, et al. J Spinal Cord Medicine, 2020

## Changes in gut microbiome may be unfavorable:

- ❑ Compared to the control group, microbiome composition in the SCI groups share features linked to metabolic syndrome, inflammation-related bowel disorders, depressive disorders, or antibiotics use.
- ❑ Compared to A-SCI and control groups, individuals with C-SCI share features linked to physical inactivity.

## SCI Negatively Affects Many Organ Systems

Impaired physical function

Sensory Loss

### **Secondary Conditions:**

Muscle Atrophy and Adiposity

Glucose and lipid disorders

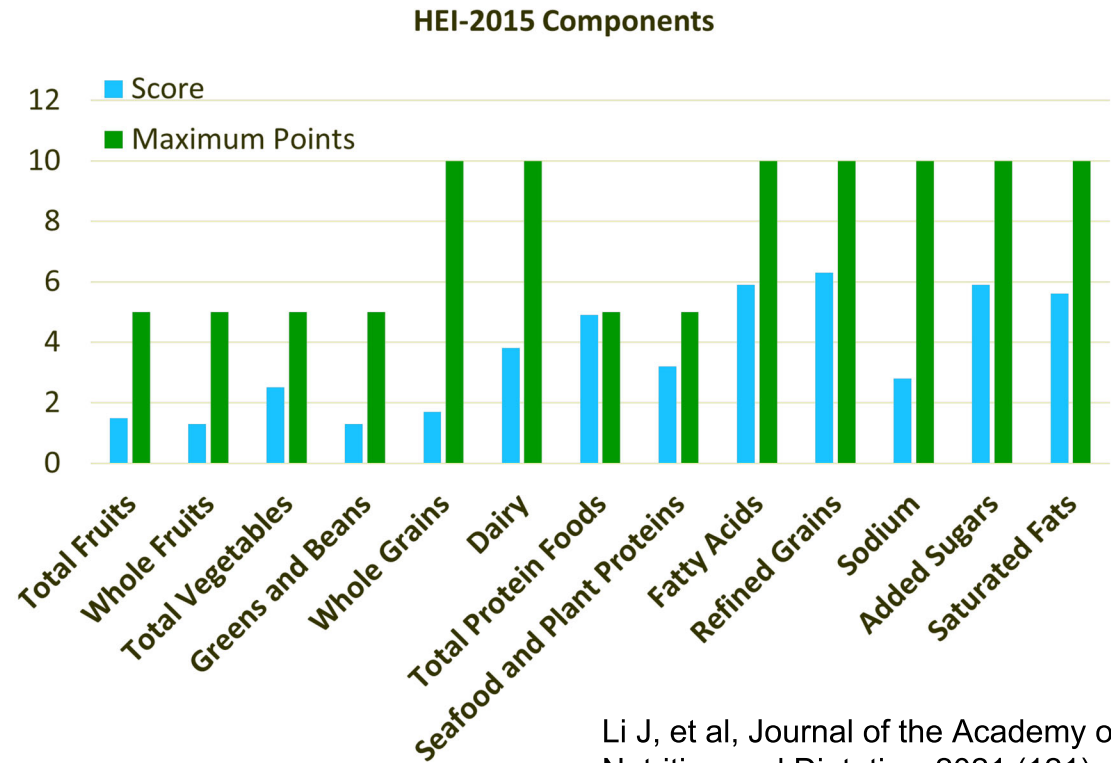
Gut dysbiosis

Many more conditions (autonomic dysreflexia, kidney diseases, pressure ulcers, infections)

# Individuals with SCI Consumes Poor Diets

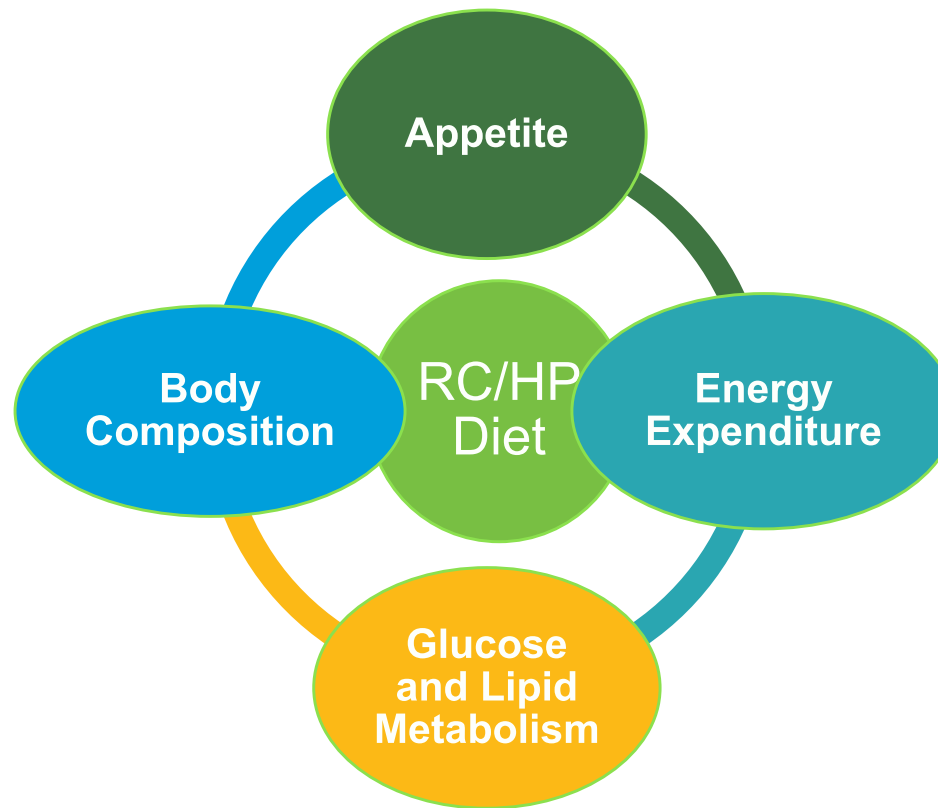
Average Healthy Eating Index: 47

Healthy Eating Index of the U.S. Adults: 59



Li J, et al, Journal of the Academy of Nutrition and Dietetics, 2021 (121)

## Could a Reduced-Carbohydrate/High-Protein Diet (with Healthy Components) Benefit Individuals with SCI?



Leidy H. Mo Med. 2014 (111)

## Study Design

- **8 week, randomized controlled parallel study**
- **RC-HP Diet:**
  - Isocaloric (30% Protein; 30% Fat, 40% Carbohydrate)
  - Focuses on healthy components: whole grains, lean meat, fruits and vegetables, etc.
  - Meals delivered to participants weekly
- **Control group:** continue with their regular diets.

## Study Design

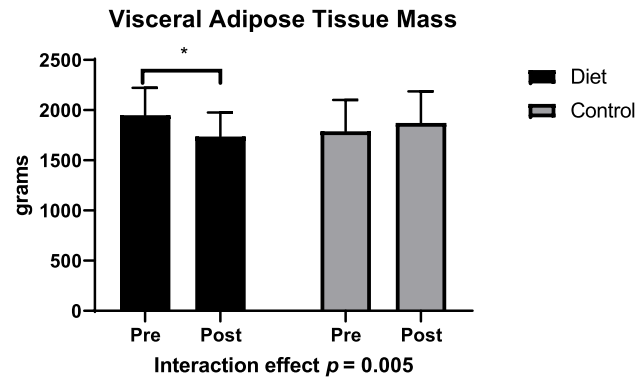
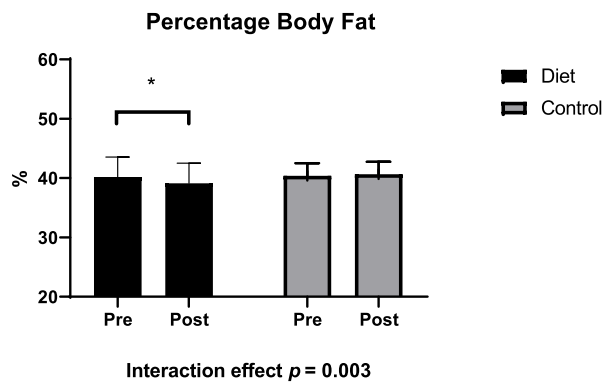
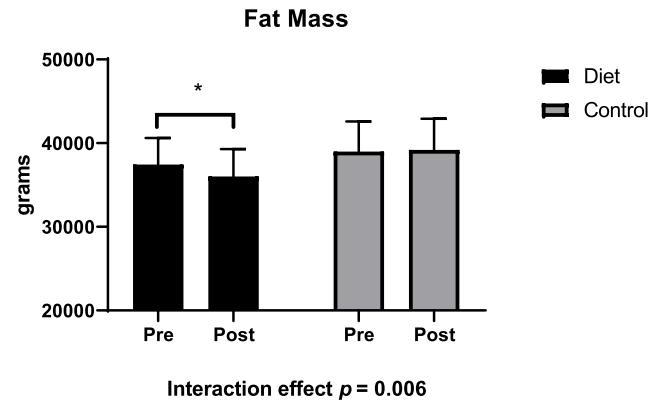
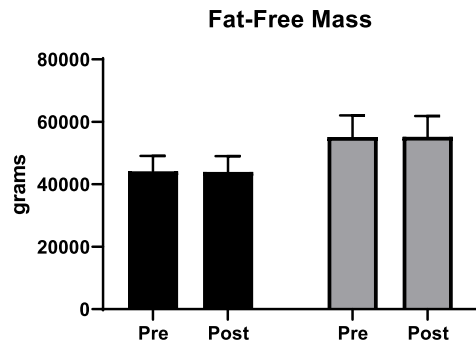
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### Eligibility:

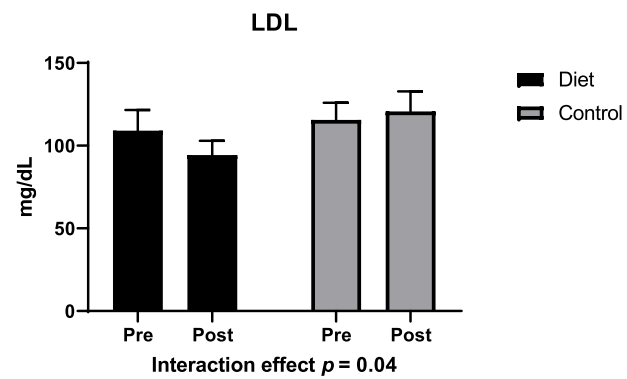
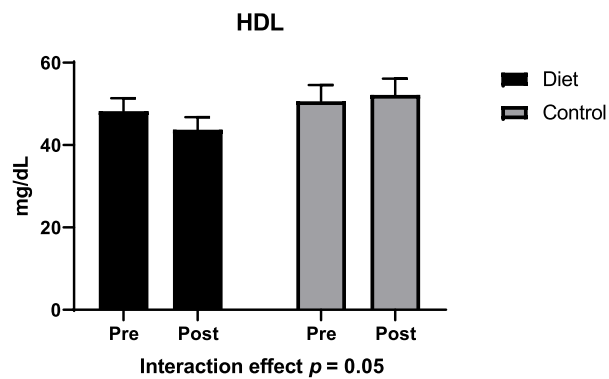
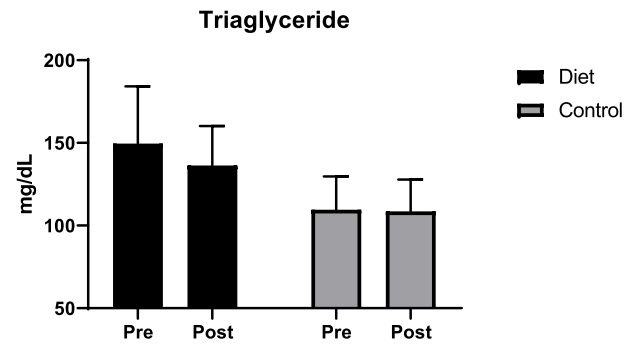
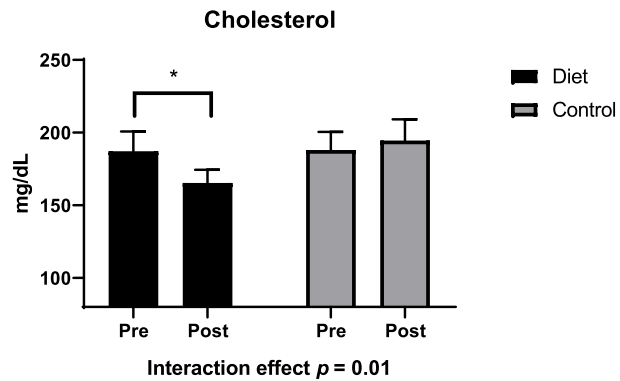
- 1) 18 to 65 years;
- 2) traumatic SCI at the cervical, thoracic, or lumbar level (C5-L2) classified as AIS A, B, C, or D;
- 3) Insulin resistant or impaired glucose tolerance
- 4) No antibiotics within 4 weeks prior to study
- 5) Not previously consuming a high-protein diet
- 6) No pressure ulcer



# Results: RC/HP Diet Improved Body Composition



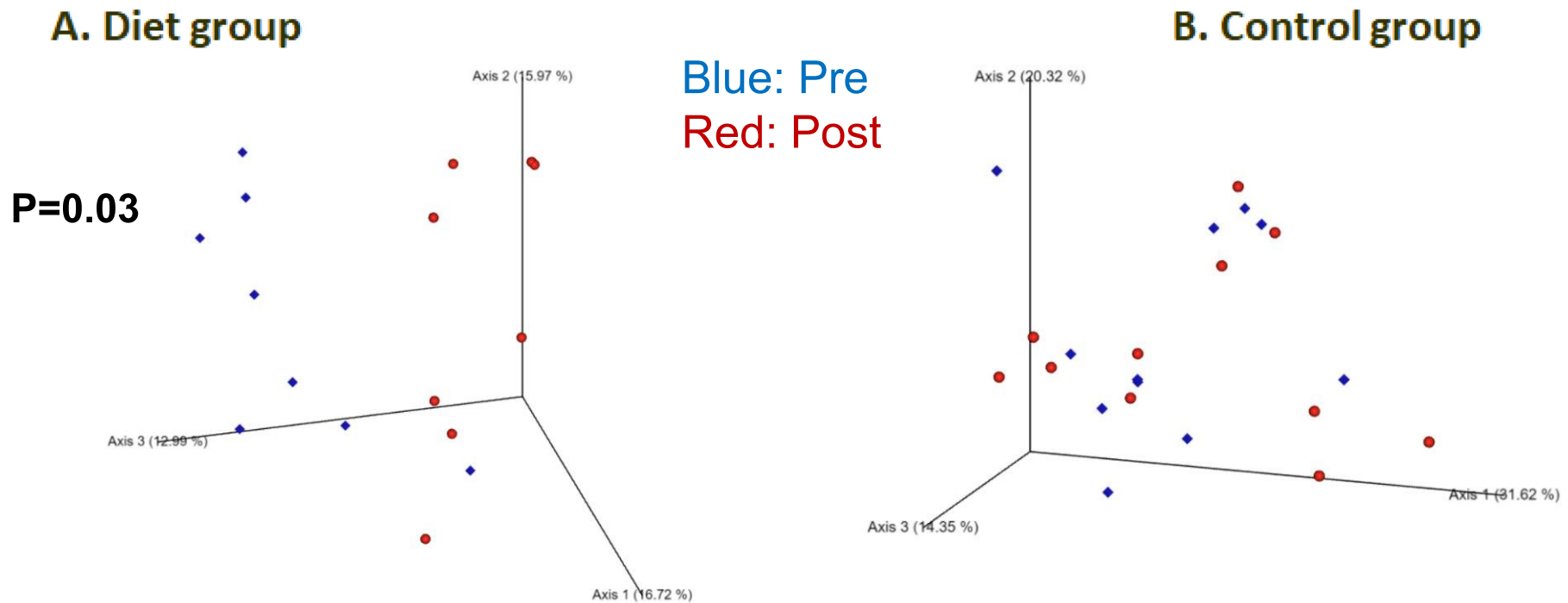
# Results: RC/HP Diet improved Blood Lipid Profile



## Results: Gut Microbiome Changed in Response to the RC/HP Diet

Alpha Diversity	Diet			Control			P (interaction)
	Pre	Post	P(pre and post)	Pre	Post	P (pre and post)	
<b>OTU (richness)</b>	<b>105.4 ± 38.8</b>	<b>78.3 ± 24.2</b>	<b>0.03</b>	101.1 ± 55.6	95.6 ± 51.1	0.76	0.6
<b>Pilou's evenness</b>	0.63 ± 0.17	0.70 ± 0.07	0.74	0.71 ± 0.08	0.66 ± 0.11	0.28	0.4
<b>Shannon (richness + evenness)</b>	4.1 ± 1.0	4.3 ± 0.4	0.61	4.6 ± 0.9	4.3 ± 0.9	0.40	0.5

# Results: Gut Microbiome Changed in Response to the RC/HP Diet



## Results: Gut Microbiome Changed in Response to the RC/HP Diet

- Several microbial communities that are involved in fiber digestion and metabolism were increased [*Bacteroides thetaiotaomicron* (species), Coprococcus 3 (genus), and Fusicatenibacter (genus)]
  - ❑ Community stability (providing fuels to other beneficial bacteria)
  - ❑ Alleviate intestinal inflammation
  - ❑ Maintain gut barrier integrity
  - ❑ Improved bowel function (constipation)
- Several bacteria taxa implicated in inflammation, metabolic disorders, and cardiovascular diseases were reduced [Tyzzarella, Phascolarctobacterium, Clostridium.sensu.stricto 1]

## Summary/Discussion

- Spinal cord injury may be associated with progressive deterioration of the gut microbiome
- A RC/HP diet with healthy dietary components may use adopted to improve metabolic health and gut microbiome composition
  - Limitation: macronutrient composition or healthy components?
  - If and the extent of microbiome-conferred benefits?
  - Long-term safety, generalization?
- Future directions:
  - Prebiotic/Probiotics supplementation
  - Dietary manipulations to improve other secondary health conditions (pressure ulcer, blood pressure, etc)

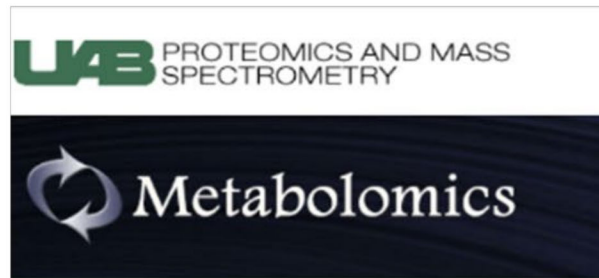
## Study Participants

### Rehabilitation Medicine Laboratory

- Ceren Yerar-Fisher, PT, PHD
- Erika Womack, PhD
- Amal Alharbi, MS, PT
- Marguerite Marquez (PT student)
- Miles Gregorian (med student)
- Sarah Taylor (pre-med undergrad)
- Zoe Evans (undergrad)

### Other faculty and staff

- Stephen Barnes, PhD
- Casey Morrow, PhD
- Amie McLain, MD
- Cassie Renfro, MD



### Funding

- 90SI5019, The UAB Spinal Cord Injury Model Systems Grant NIDILRR Research PI: Ceren Yerar-Fisher
- 1R01NR016443 NIH/NINR PI: Ceren Yerar-Fisher
- 1K01HD087463 NIH/NCMRR PI: Ceren Yerar-Fisher
- KL2TR001419-01 UAB/CCTS PI: Ceren Yerar-Fisher
- 90SFGE0018, NIDILRR PI: Jia Li
- Craig Neilsen Foundation Postdoctoral Fellowship, Jia Li

**Thank you and questions?**