

# gut microbiome, diet, and human health

Thursday, June 14  
1pm EST / 10am PST

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a webinar offering from

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# webinar housekeeping

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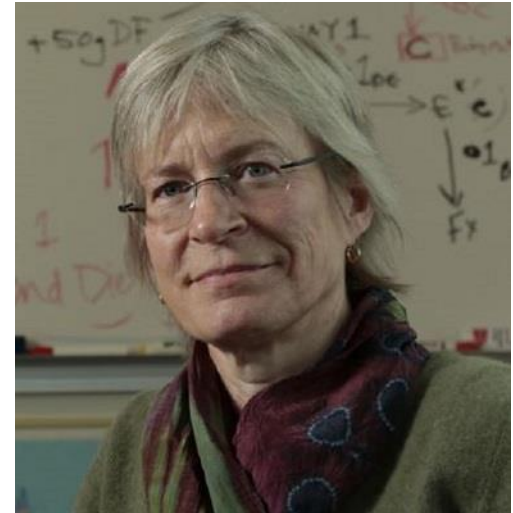
- you are muted
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- will be emailing the following after the webinar:
  - presentation slides
  - summary handout
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# webinar speaker & disclosures

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## Johanna W. Lampe, PhD, RD

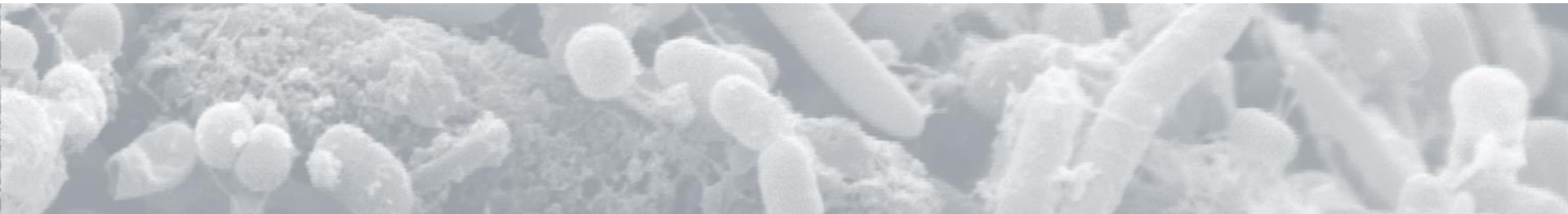
- Public Health Sciences Division, Fred Hutchinson Cancer Research Center,
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- affiliation/financial interests (past 12 months):
  - grants/research support: NIH
  - Scientific Advisory Board/Consultant: US Highbush Blueberry Council Health Research Committee



# outline

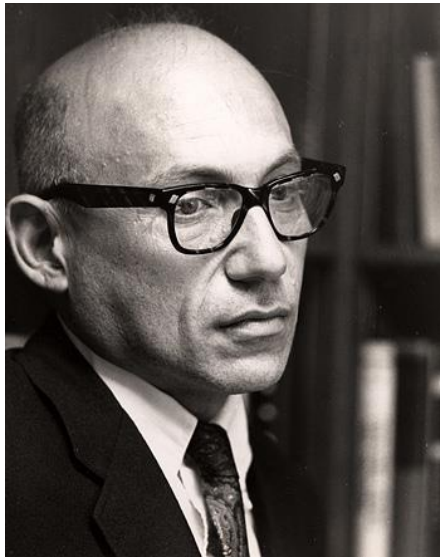
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- introduction to the gut microbiome
- diet's effect on the gut microbiome
- gut microbiome's effect on diet
- pro-, pre- and synbiotics
- potential contributions of fermented foods
- impact of the gut microbiome on human health
- consumer takeaways



# what is the microbiome?

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“The ecological community of commensal, symbiotic, and pathogenic microorganisms that literally share our body space.”

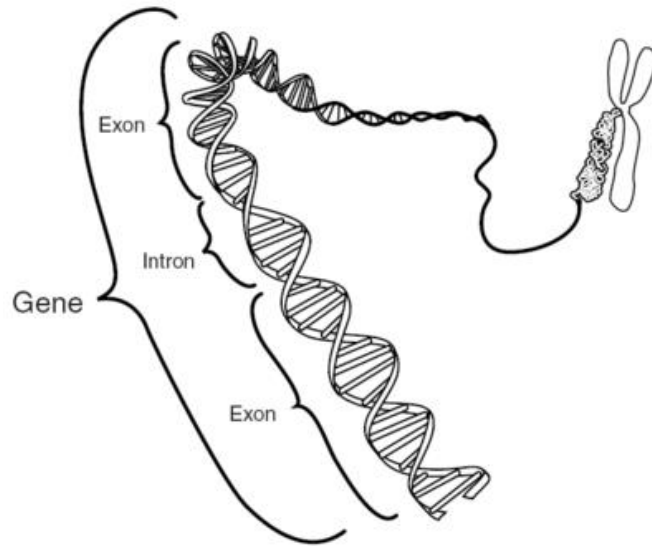
**Joshua Lederberg**  
1925-2008

# microbiome vs microbiota?

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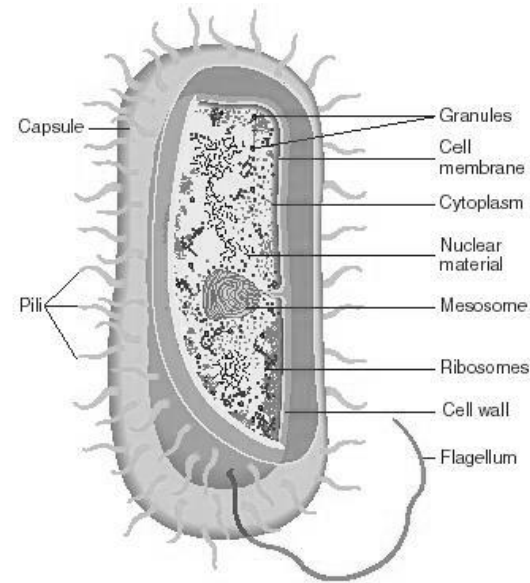
**microbiome:** all the genes in the microbial community

collective genetic material



**microbiota:** all community members, including bacteria, archaea, and eukarya

collective microbes



# the gut microbiome: who is there?

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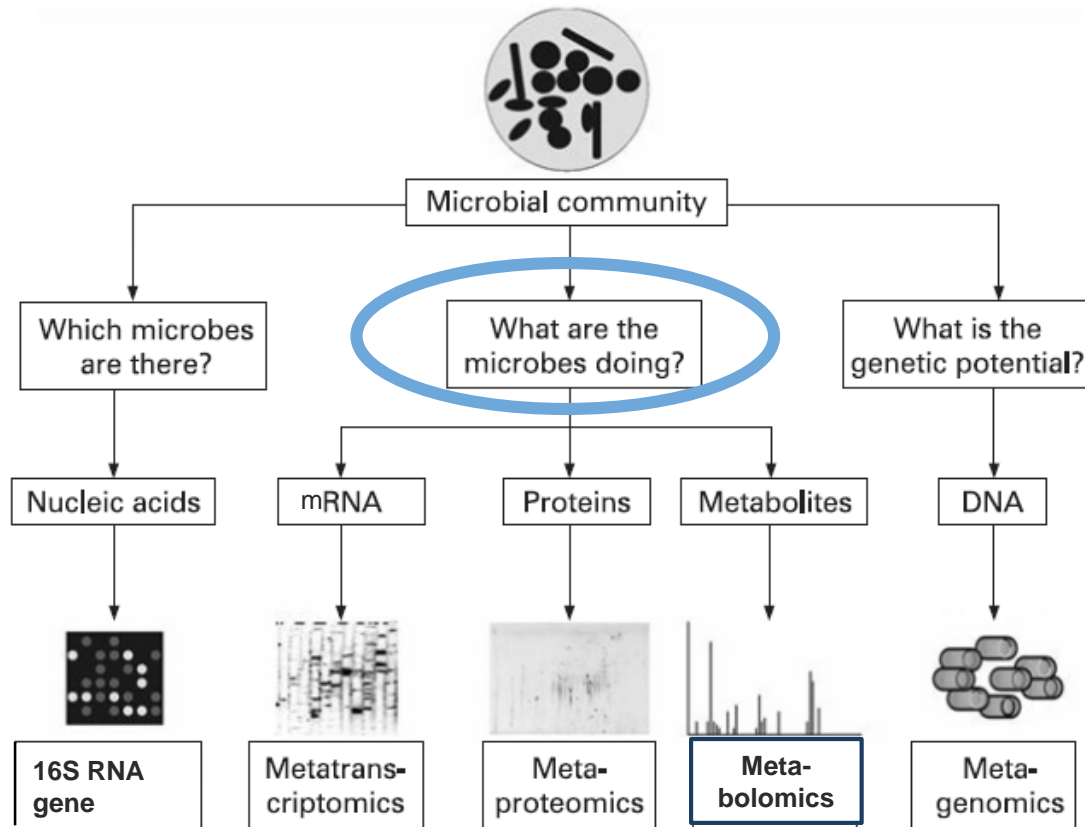
**bacteria**

**viruses**

**protozoa**

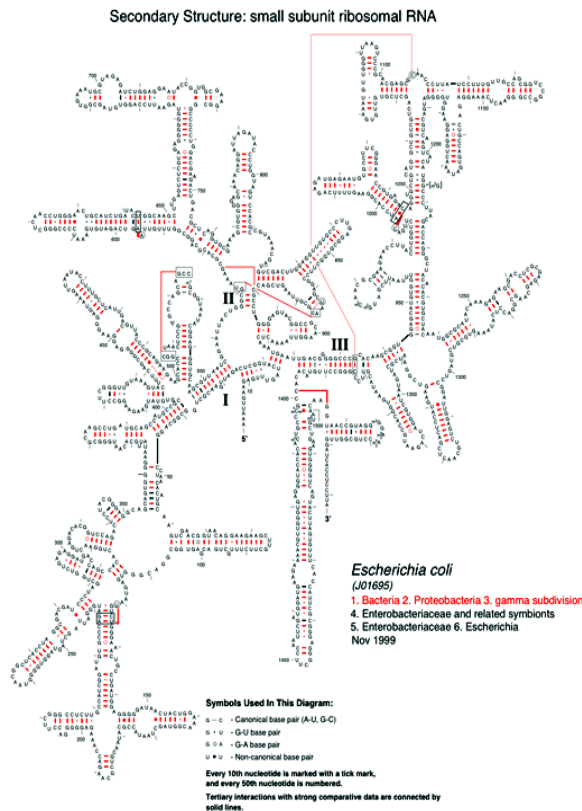
**fungi**

# characterizing the gut microbial community: who is there and what are they doing?





# characterizing the gut microbiome with 16s rRNA genes: who is there?

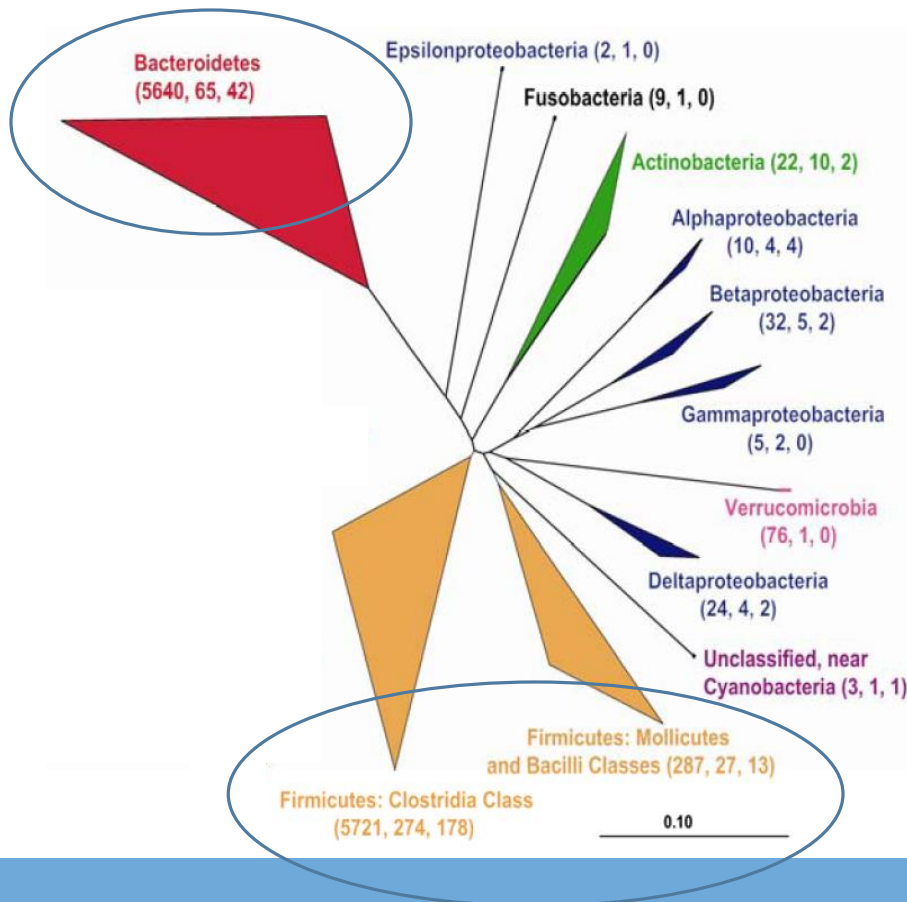


Citation and related information available at <http://www.ncbi.nlm.nih.gov/nuccore/J01695>

- component of small subunit of prokaryotic ribosomes
- highly conserved in different species of bacteria and archaea
- no horizontal gene transfer
- hyper-variable regions provide species-specific signature sequences for bacterial identification.

# bacterial diversity in the adult human gut

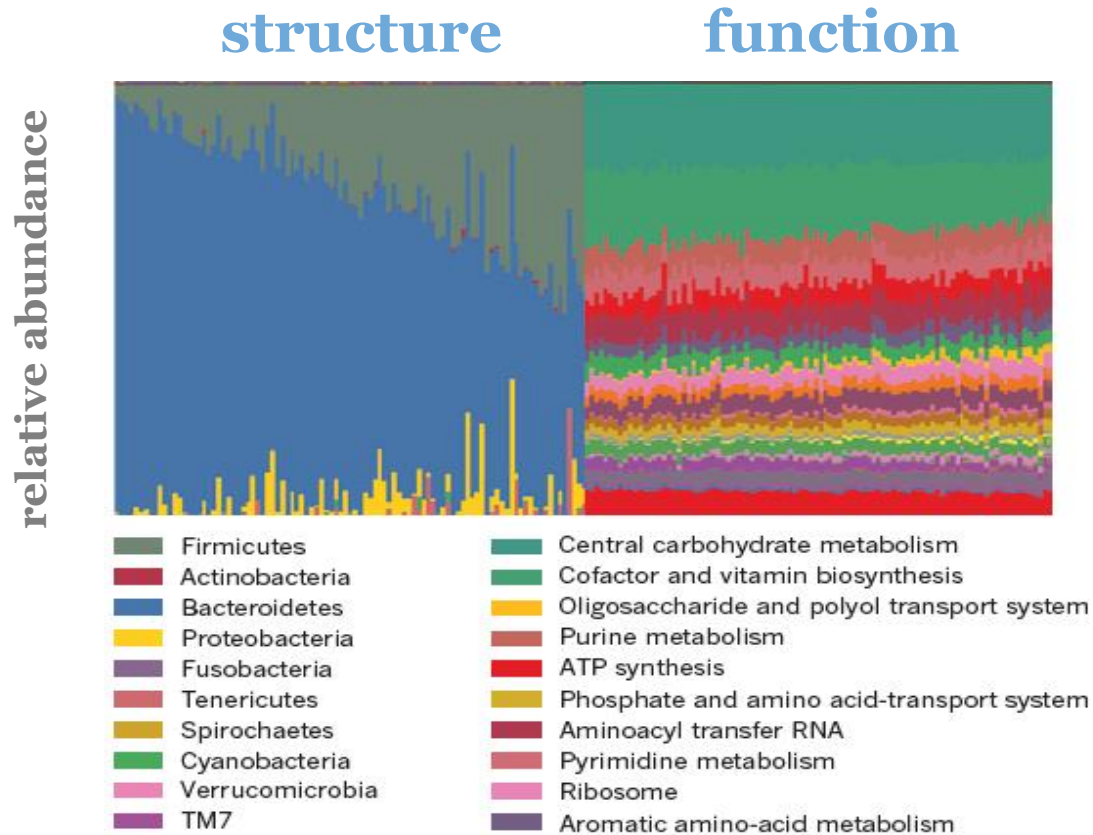
kingdom • **phylum** • class • order • family • genus • species • strain



At least 10 different phyla of bacteria found in the human gut

- 5 phyla represent majority of bacteria
- bacteroidetes and firmicutes dominate.
- 100s of species

# functional redundancy: structural (taxonomic) vs functional variation in the gut microbiome

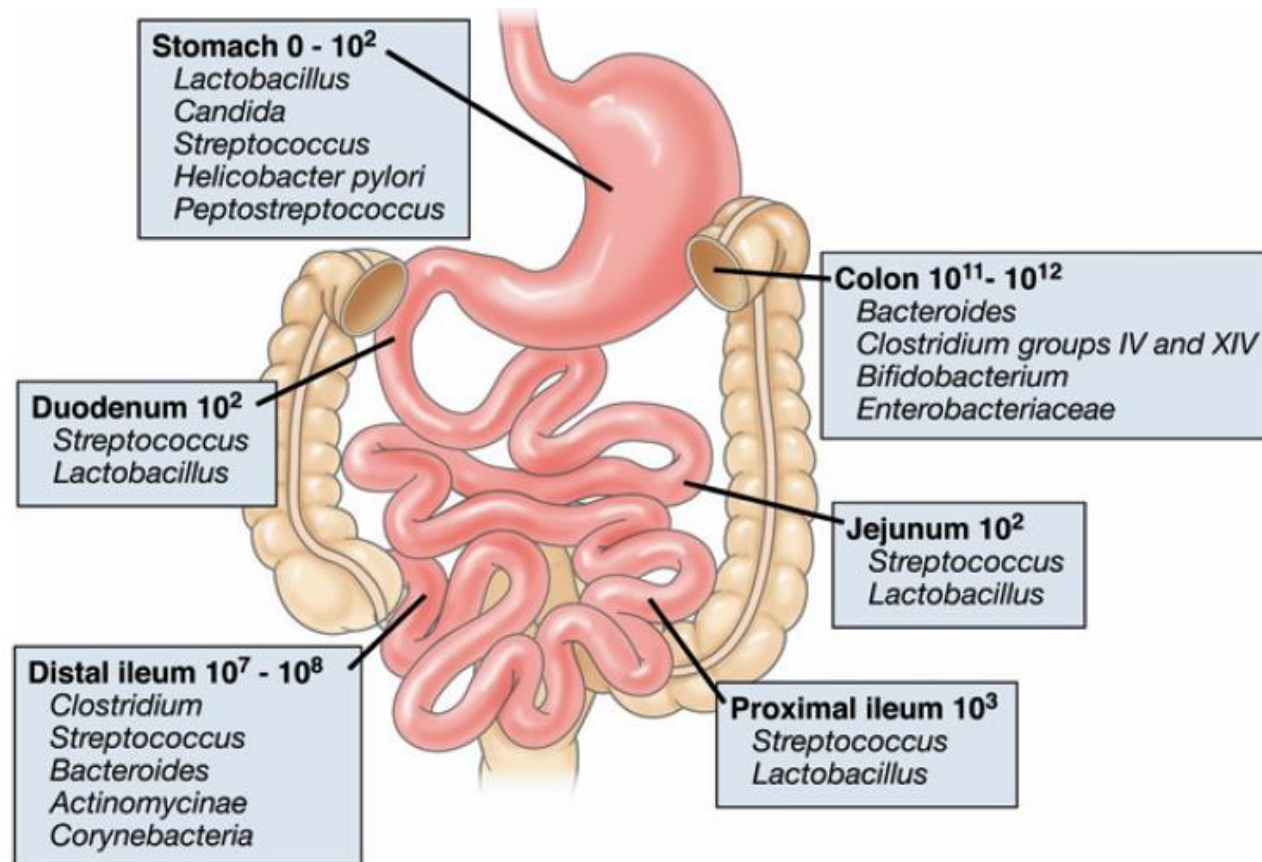


diet's effect on  
the gut microbiome  
gut microbiome's  
effect on diet

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# the human gut microbiome

composition and luminal concentrations of microbial groups vary along the GI tract.



# gut microbial metabolism

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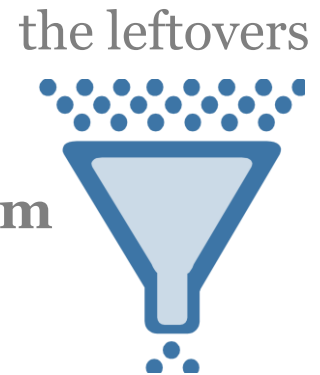
- obtain energy and nutrients to live and reproduce
- microbiome: >100 times as many genes as human genome
- carry out reactions that human gut enzymes cannot:
  - fermentation
  - denitrification
  - sulfate reduction
  - aromatic fission
  - hydrolysis/deconjugation

**human  
digestion**

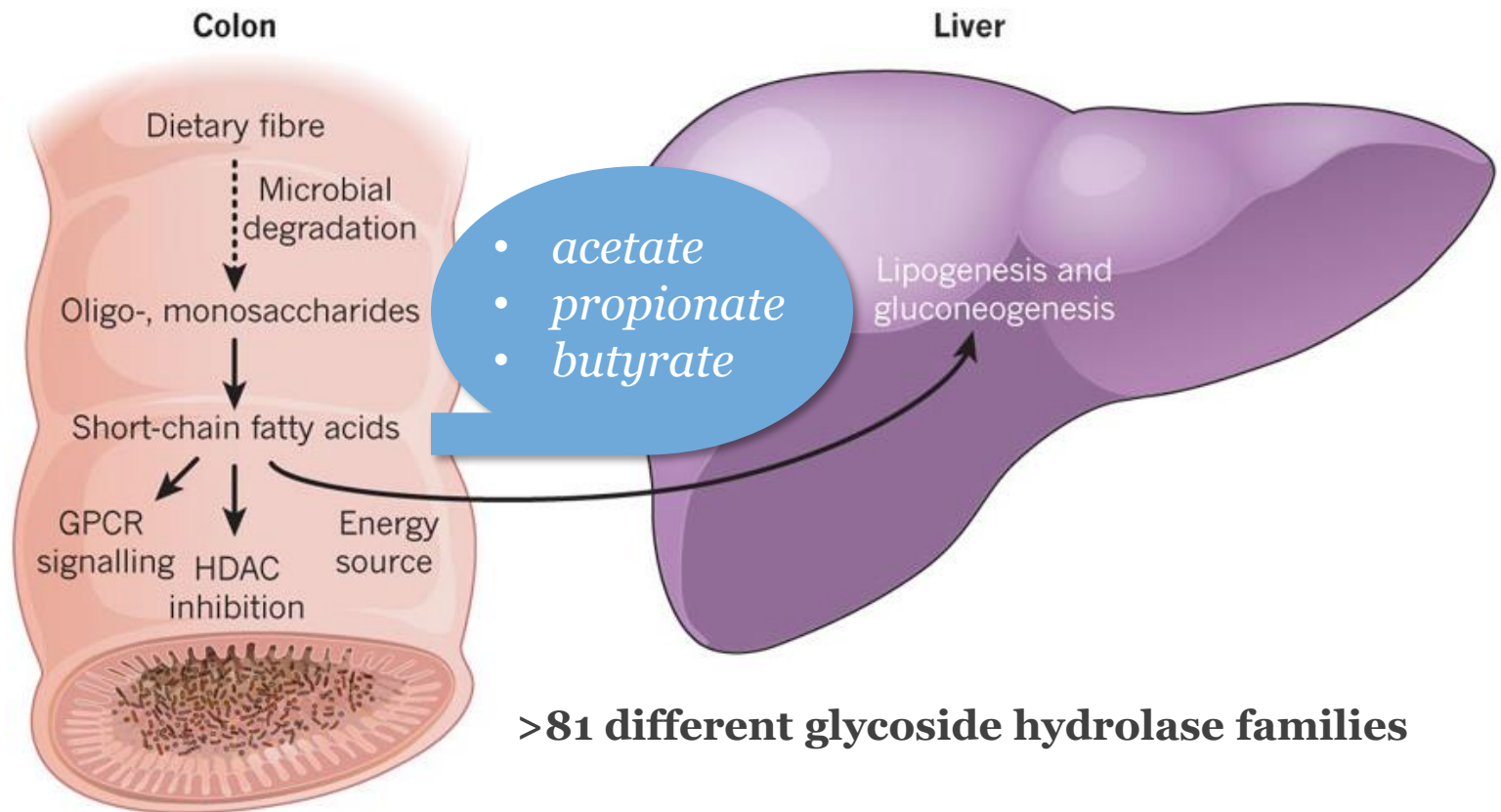


the indigestibles

**bacterial  
metabolism**

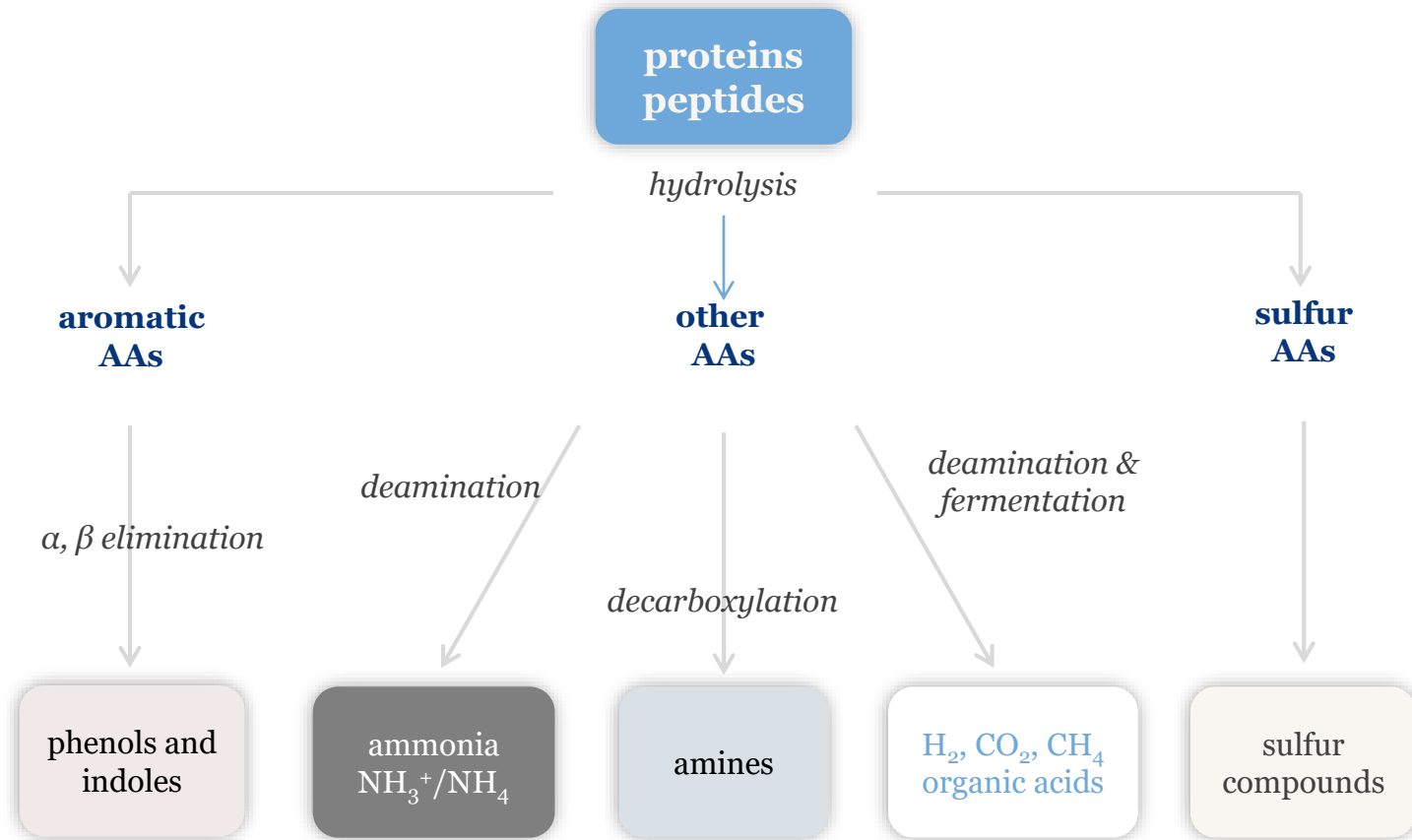


# microbial fermentation of carbohydrates: sugars, dietary fiber and resistant starch



# microbial metabolism of proteins & amino acids

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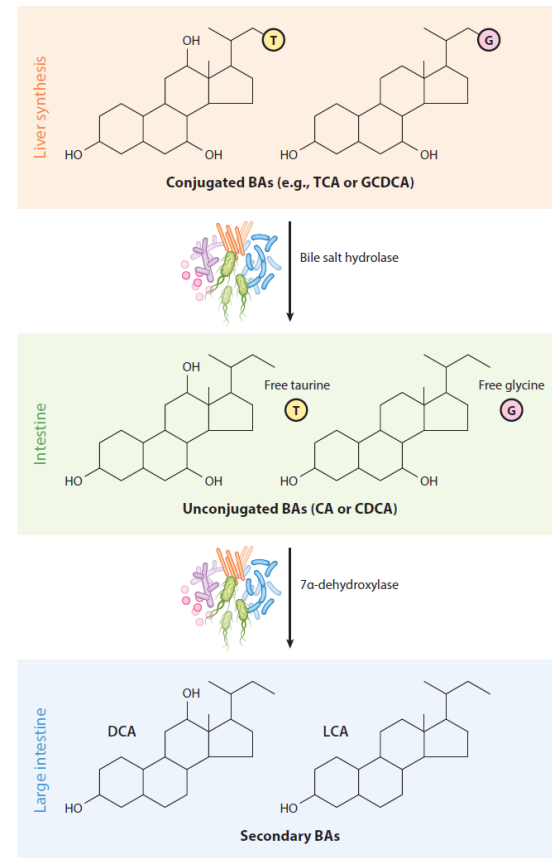


Adapted from Nyangale et al. *J Proteome Res*, 2012



# microbial metabolism of dietary fats

- metabolism of lipids
- bile acid metabolism
  - primary to secondary bile acids
  - altered microbial community
  - changes in signaling to liver



# diet's effect on the gut microbiome

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## evidence from:

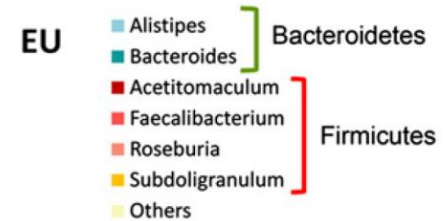
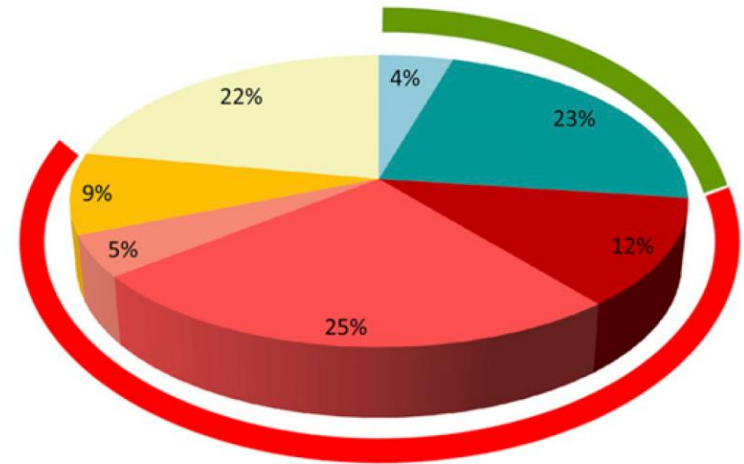
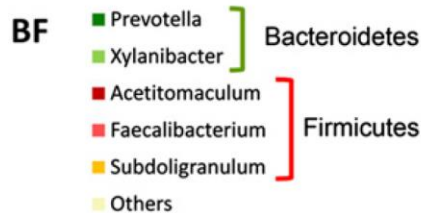
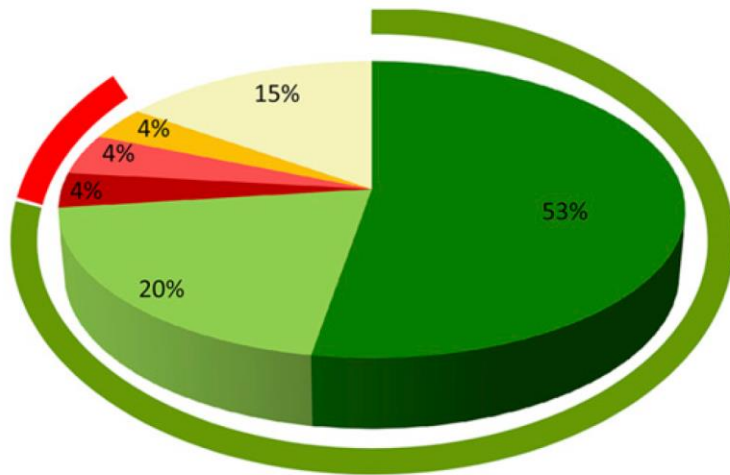
### observational studies

- globally distinct populations
- long-term food pattern consumption

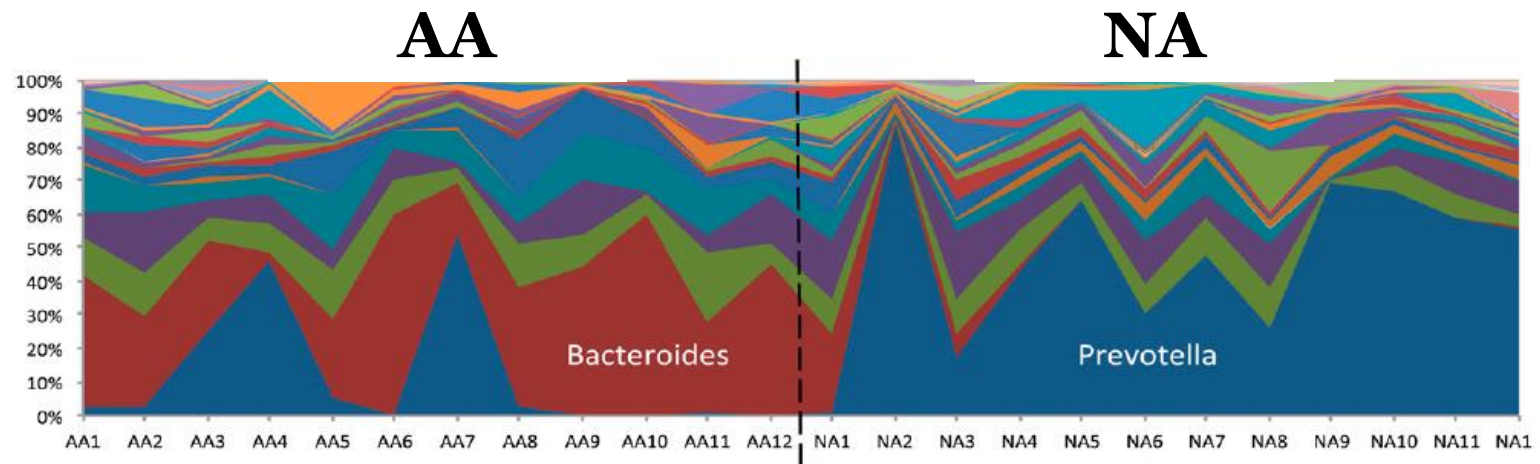
### short-term dietary interventions

- low- vs high-fiber diets
- animal vs plant food sources
- macronutrient ratios

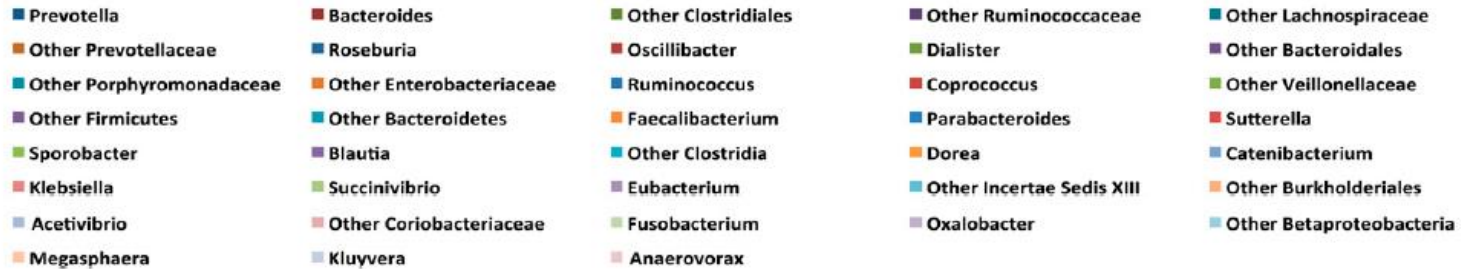
# global population differences: children in rural Africa (BF) vs urban Europe (EU)



# global population differences: african-americans in US vs native south africans



## bacterial genera



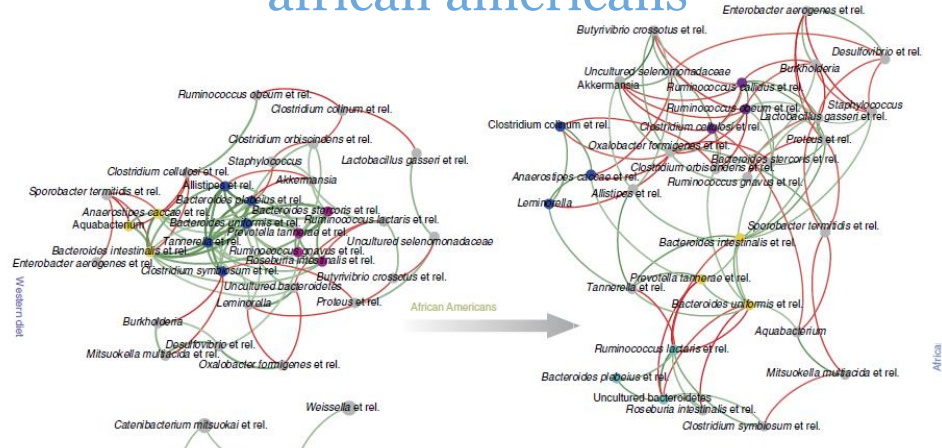
# microbiota change with diet switch in african americans and native south africans

## african americans

2-wk feeding study

- US AAs fed:
- fiber: 14 → 55g/d
  - fat: 35 → 16%

western diet

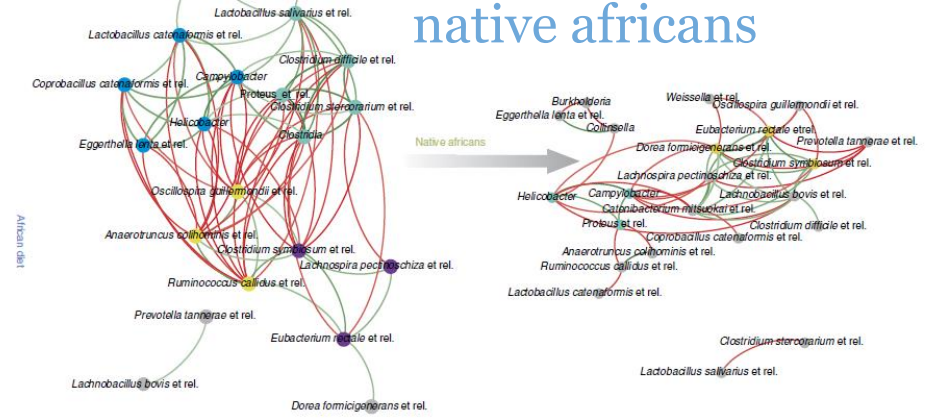


african diet

## native africans

- native africans fed:
- fiber: 66 → 12g/d
  - fat: 16 → 52%

african diet



western diet

# diet differences within a population: dietary patterns and gut microbiome

## Mediterranean Diet Pyramid

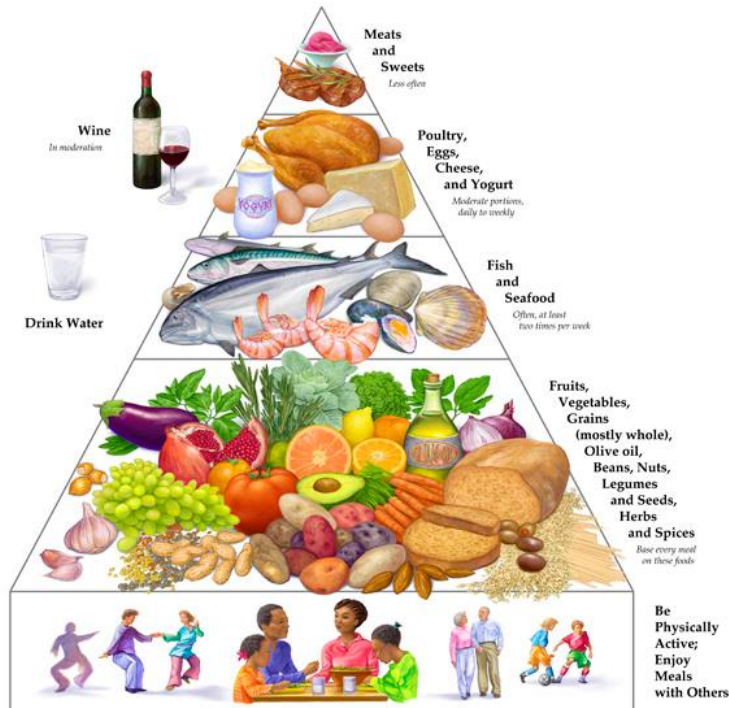


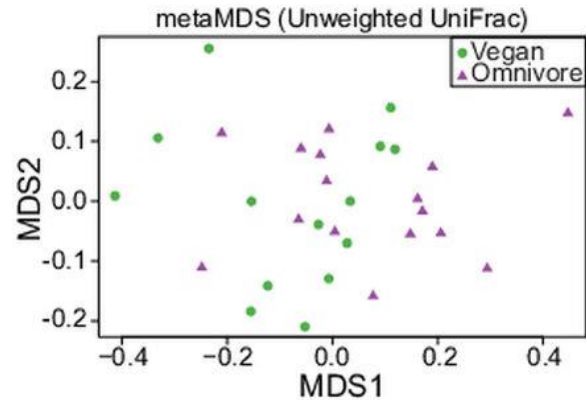
Illustration by George Middleton  
© 2009 Oldways Preservation and Exchange Trust • [www.oldwayspt.org](http://www.oldwayspt.org)

## Dietary Patterns:

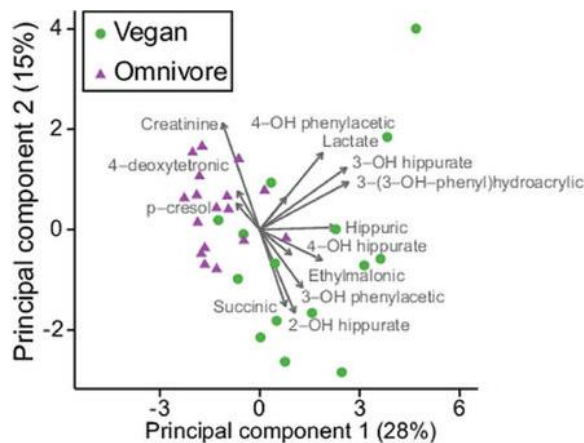
- Healthy Eating Index 2010
- Alternative Healthy Eating Index
- Mediterranean diet
- DASH diet

To date, few studies have examined associations between specific healthy eating patterns and the gut microbiome.

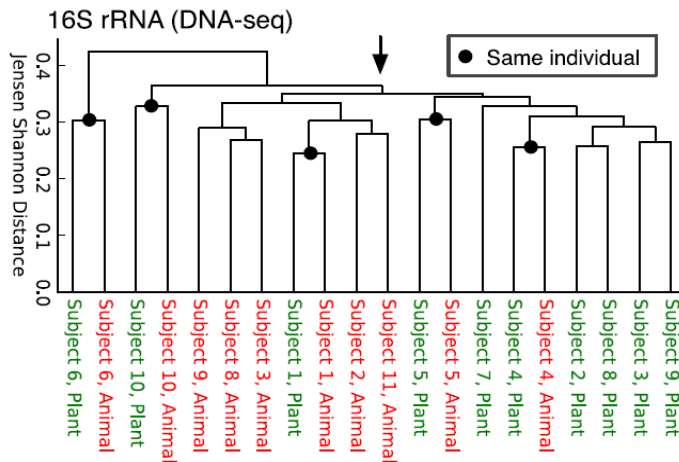
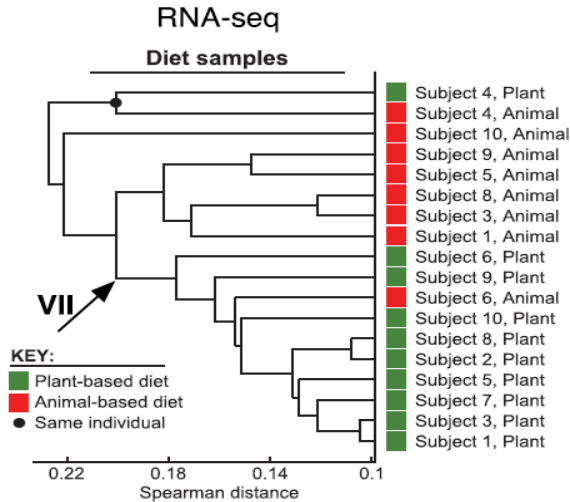
# small gut microbial differences in vegans and omnivores in an urban US setting



- Sampled 15 vegans and 16 omnivores.
- 16S rRNA sequence data showed:
  - A. Modest difference in composition in unweighted (presence/absence) UniFrac (PERMANOVA,  $p=0.007$ ).
  - B. No difference in abundance weighted analysis ( $p=0.15$ ).
- Plasma metabolome differed more substantially.



# short-term feeding of plant- and animal-based diets alters gut microbiota



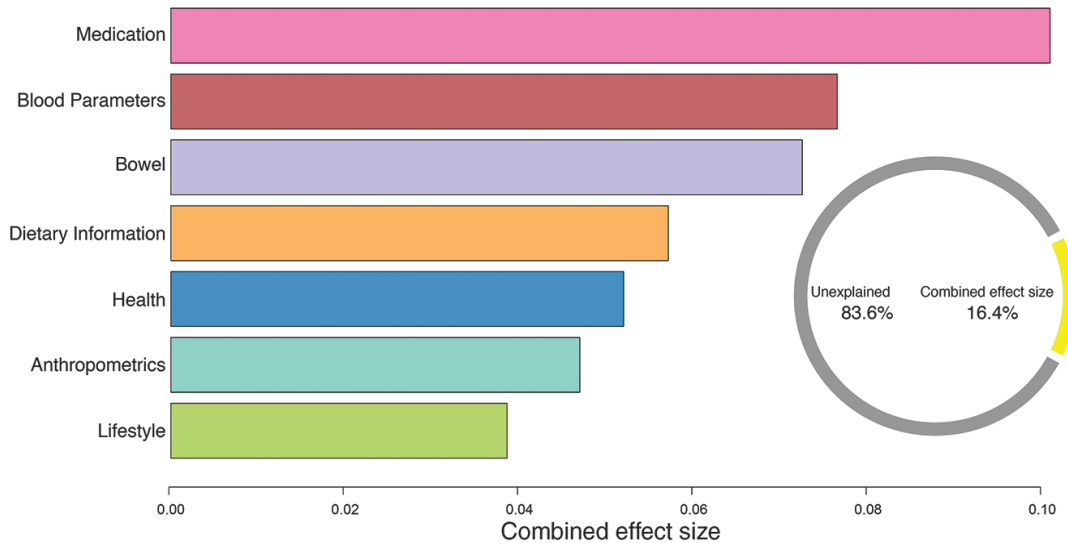
- 10 subjects tracked across 5-d animal- and plant-based diets.

|                    | Baseline | Animal | Plant |
|--------------------|----------|--------|-------|
| Fat, % kcal        | 32       | 69     | 22    |
| Protein, % kcal    | 16       | 30     | 10    |
| Fiber, g/1000 kcal | 9        | 0      | 26    |

- Bacterial metabolic gene expression (RNA-seq) tends to cluster by diet.
- Animal-based diet increased bile-tolerant microbes and decreased microbes that ferment fibers.
- Diet doesn't always overcome inter-individual differences in GMC structure (16S rRNA).



# what explains gut microbiome composition variation within a homogenous population?



- Belgian Flemish Gut Flora Project (n=1106)
- 69 clinical and questionnaire-based covariates associated with microbiota compositional variation
- Medication use explained largest total variance
- Stool consistency showed largest effect size
- Still only explain ~16% of total variation

# the gut microbiome's effect on diet

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- **alters exposure to nutrients and bioactives**
- **generates new compounds, that:**
  - serve as energy sources
  - regulate metabolism
  - increase or reduce inflammation
  - cause or reduce oxidative stress
  - are genotoxic/carcinogenic

# bacteria can produce new compounds from dietary constituents

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## food component

## bacterial metabolites

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dietary fiber

butyrate and other SCFAs

soy isoflavones

equol, *O*-desmethylangolensin

anthocyanins

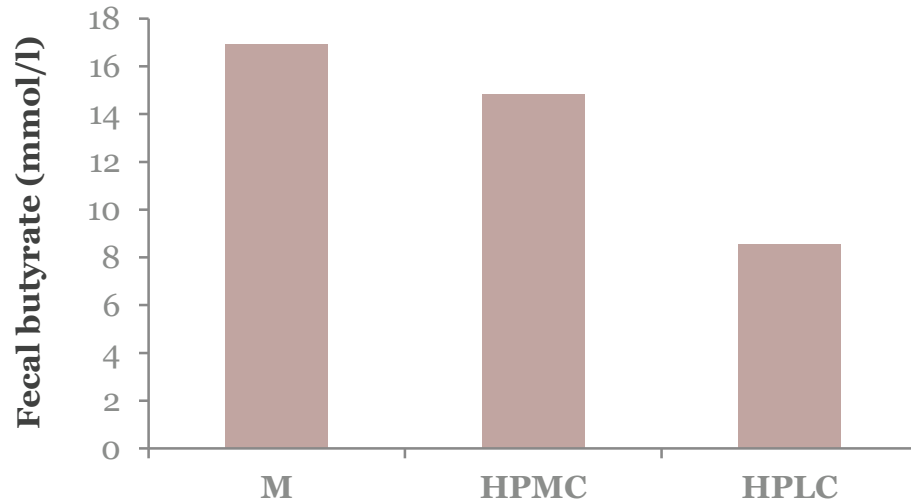
hippuric acid & small phenolics

glucosinolates

isothiocyanates



# diet-microbial community interaction affects exposure to metabolites



- 17 obese men, randomized cross-over design
- 4 weeks of weight-reduction diets:
  - high-protein; med carb (HPMC)
  - high-protein; low-carb (HPLC)
- HPLC diet decreased butyrate levels

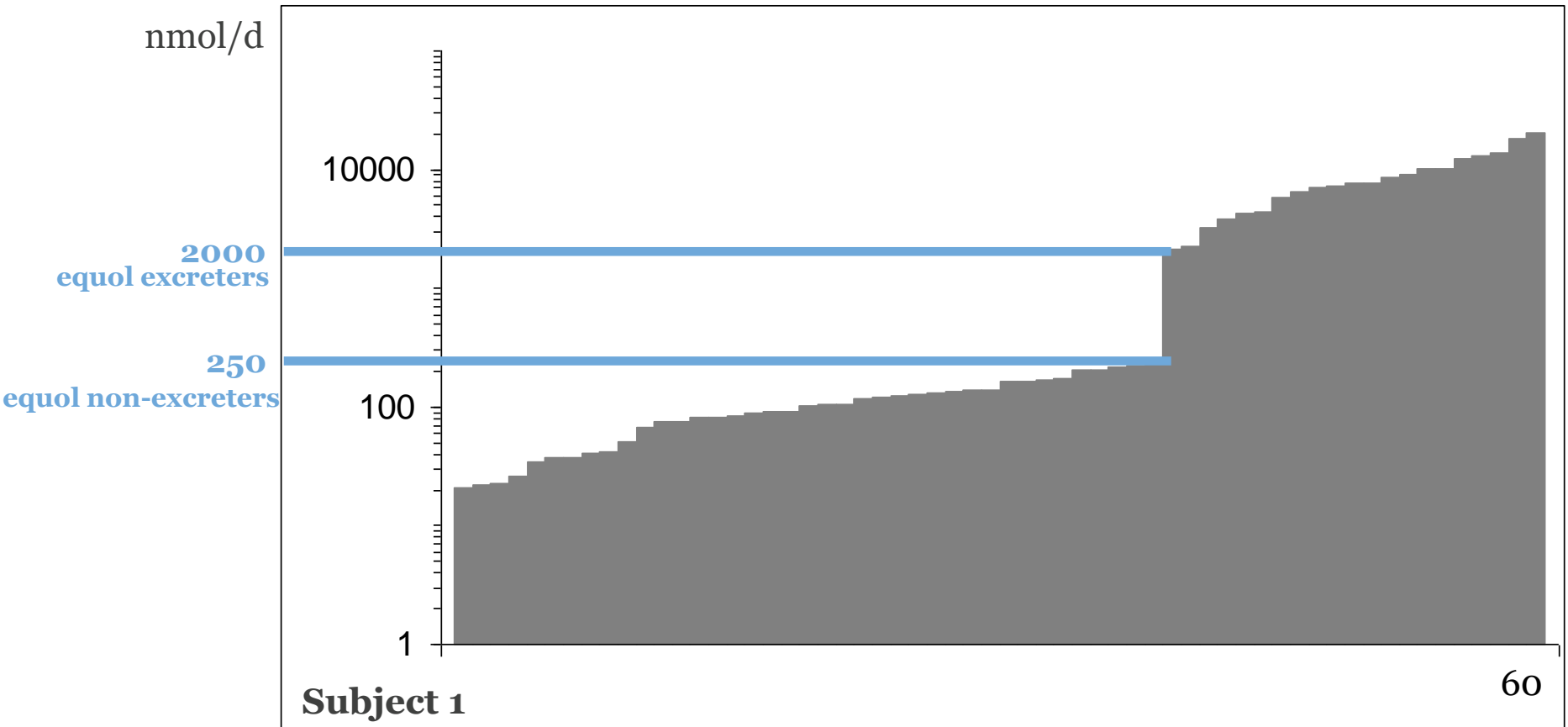
|                   |    |    |    |
|-------------------|----|----|----|
| <b>Protein, %</b> | 13 | 28 | 29 |
| <b>Fat, %</b>     | 37 | 37 | 66 |
| <b>Carb, %</b>    | 50 | 35 | 5  |
| <b>NSP, g</b>     | 22 | 9  | 13 |

# diet fiber-microbial community interactions affect exposure to short chain fatty acids

- 20 healthy participants, in randomized, double-blind, cross-over design
- five 7-d treatments
  - maltodextrin control
  - 20-25 g fiber from
    - soluble maize fiber (SCF)
    - SCF + pullulan (P)
    - resistant starch (RS)
    - RS + P

|  | Treatments          |                   |                     |                   |                     |
|--|---------------------|-------------------|---------------------|-------------------|---------------------|
|  | Control             | SCF               | SCF + P             | RS                | RS + P              |
| Stool pH                                   | 6.70 <sup>a</sup>   | 6.47 <sup>b</sup> | 6.54 <sup>a,b</sup> | 6.70 <sup>a</sup> | 6.59 <sup>a,b</sup> |
| Stool weight (g)                           | 100.1               | 94.3              | 102.0               | 119.0             | 109.6               |
| Number of stools (self-reported)           | 1.15 <sup>b</sup>   | 1.15 <sup>b</sup> | 1.37 <sup>a,b</sup> | 1.71 <sup>a</sup> | 1.65 <sup>a</sup>   |
| Stool consistency (self-reported)*         | 2.08                | 2.33              | 2.32                | 2.13              | 2.27                |
| Stool consistency (investigator-reported)† | 2.00                | 2.20              | 2.10                | 2.15              | 2.35                |
| Total SCFA (μmol/g stool)                  | 31.2 <sup>b</sup>   | 35.5 <sup>a</sup> | 32.9 <sup>a,b</sup> | 31.1 <sup>b</sup> | 33.7 <sup>a,b</sup> |
| SCFA ratio (% of total SCFA)               |                     |                   |                     |                   |                     |
| Acetate                                    | 38.9 <sup>b</sup>   | 40.7 <sup>a</sup> | 40.6 <sup>a</sup>   | 41.3 <sup>a</sup> | 38.5 <sup>b</sup>   |
| Propionate                                 | 29.6 <sup>a</sup>   | 29.1 <sup>a</sup> | 28.6 <sup>a</sup>   | 25.6 <sup>b</sup> | 25.5 <sup>b</sup>   |
| Butyrate                                   | 31.6 <sup>b,c</sup> | 30.2 <sup>c</sup> | 30.9 <sup>c</sup>   | 33.1 <sup>b</sup> | 36.0 <sup>a</sup>   |

# urinary equol excretion with soy challenge: not everyone's gut microbes make equol



pro-, pre- and  
synbiotics

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# defining probiotics, prebiotics and synbiotics

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## probiotics

- *definition:* live microorganisms which when administered in adequate amounts confer a health benefit on the host  
–WHO

## prebiotics

- *definition:* non-digestible carbohydrates which are selectively fermented by the gut microbiota, leading to improvements in health outcomes
- in principle, all dietary fibers that are fermented have prebiotic properties  
–Lim et al, Mol Nutr Food Res, 17:72, 2005

## synbiotics

- combination of pro- and prebiotics in one product  
– Selma et al, Food Funct, 7:1769, 2016



# use of probiotics for GI conditions

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- meta-analysis of 74 randomized, placebo controlled studies showed significant efficacy of probiotic treatment for:
  - antibiotic associated diarrhea
  - Clostridium difficile disease
  - Helicobacter pylori positive
  - pouchitis
  - irritable bowel syndrome
  - infectious diarrhea
- not effective for necrotizing enterocolitis or traveler's diarrhea
- magnitude of effect varied by study

# use of probiotics for obesity treatment?

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- obesity and obesity-related metabolic disorders characterized by altered gut microbiome composition and function.
- altering gut microbial communities can reduce adiposity in rodents.
- lack of consistent data in humans that probiotics reduce or prevent adiposity.



# probiotics and CVD risk management

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- systematic review of 13 studies of type 2 diabetic patients:
  - 10 RCTs, 1 single-blinded and 2 crossover trials
  - 352 intervention; 358 placebo
- showed efficacy of probiotic treatment in:
  - reducing total- and LDL-cholesterol and triglycerides
  - reducing systolic and diastolic blood pressure
- no effect on HDL-cholesterol
- treatments and magnitude of effect varied

# probiotic mechanisms of action

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## effects on GI symptoms

- modification and stabilization of gut community
- reduction in gut permeability
- stimulation of non-specific and specific immune responses

## effects on markers of metabolic disorders

- reduction in cholesterol absorption
- alterations in microbial bile acid metabolism and reabsorption

# potential contributions of fermented foods

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# fermented foods as probiotics?

*legumes • grains • vegetables • fruit • milk • fish • meat*



# benefits of fermented foods

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- preserve foods between time of harvest and consumption
- render foods resistant to microbial spoilage and development of food toxins
- enrich the diet through development of diverse flavors, aromas, and textures in food substrates
- enrich biologically with protein, essential amino acids, essential fatty acids, and vitamins
- reduce content of antinutrients (e.g., phytate, lectins)

# fermented milk products

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- source of probiotics, mostly *Lactobacillus* and *Bifidobacterium*
- yogurt delivers a large number of live active cultures to GI tract.
- yogurt consumption:
  - positively associated with improved glucose metabolism
  - inversely associated with risk of type 2 diabetes
- randomized controlled interventions are needed to unequivocally show that yogurt and its components can prevent the onset of diabetes






# impact of the gut microbiome on human health

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# microbes and disease

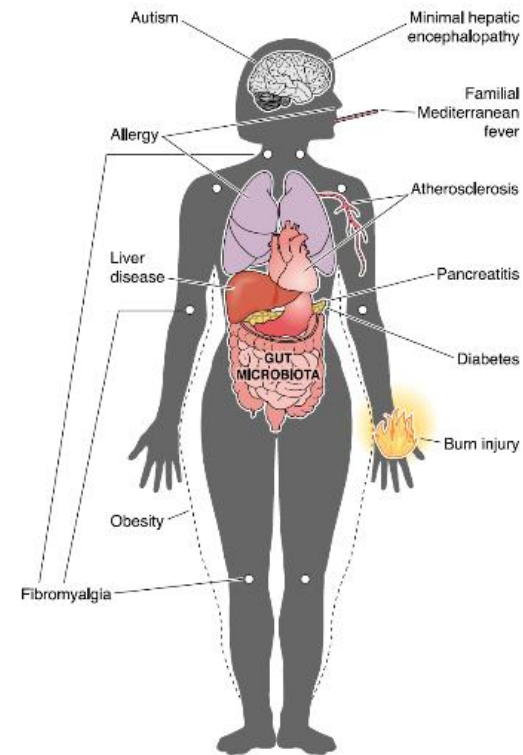
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- microbes as infectious agents
  - account for ~20% of cancers worldwide
  - cervical, liver and gastric cancers
- microbes as modifiers of physiology
-  ○ microbes as modifiers of exposures
  - metabolize dietary constituents, drugs, carcinogens
  - affecting energetics and obesity

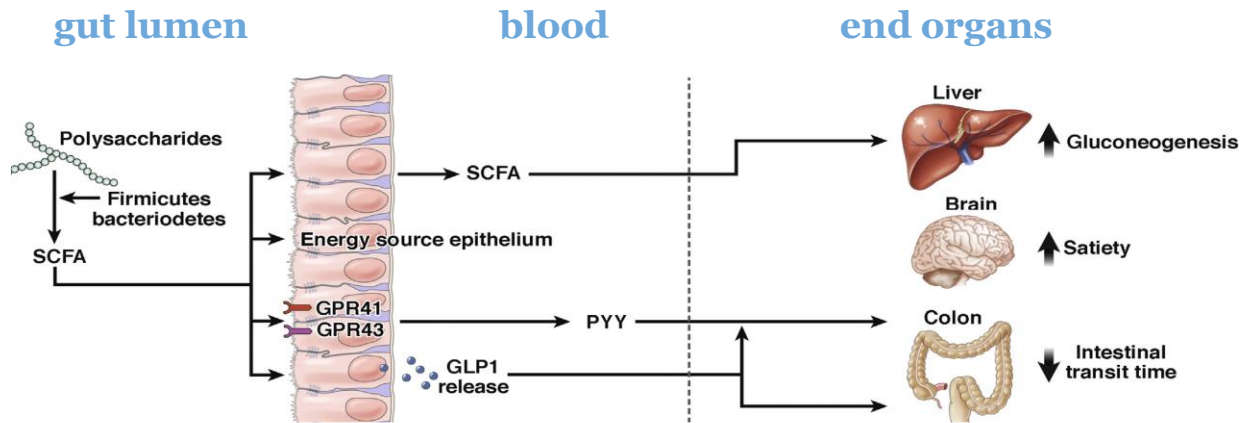
# microbiome dysbiosis and disease

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- autism
- autoimmune diseases
- colon cancer
- hepatic encephalopathy
- irritable bowel syndrome (IBS)
- inflammatory bowel disease (IBD)
- metabolic syndrome/diabetes
- non-alcoholic fatty liver disease
- obesity



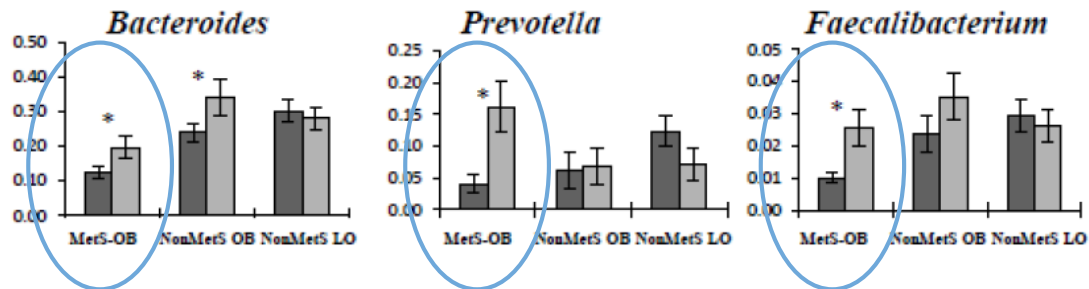
# role of the gut microbiome in obesity-related metabolic dysfunction



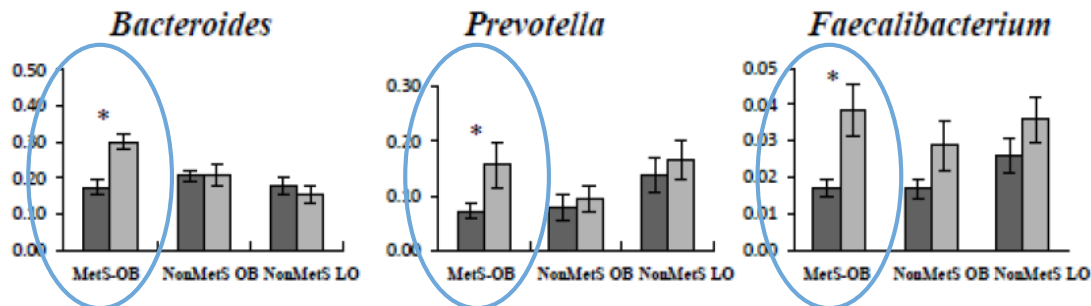
# low-fat and Mediterranean diets restore microbiota in obese patients with metabolic syndrome

- 106 subjects in CARDIOPREV
  - 33 obese with MetS
  - 32 obese
  - 41 non-obese
- LF and MED diets increased key genera in MetS-OB group.

## LFHCC



## MED



diet did not alter microbiota in non-obese and obese groups

# things to consider when exploring microbiome and disease literature: study design

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## **observational, association studies:**

- prospective cohort study vs case-control?
- effects of confounding?

## **interventions:**

- parallel arm vs crossover?
- placebo or other relevant control?
- long enough intervention period?
- well-described intervention?
- participant adherence?

## **issues of association vs causation**

# things to consider: study population and sampling

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## **study sample**

- large enough and adequately powered?
- well-defined population?
- sufficient meta-data?
- any issues of bias?

## **how was microbiome assessed?**

- phylum, genus, or species level?
- is there sufficient granularity to test the hypothesis?

## **limited insight into magnitude of risk or benefit**

- statistically significant, but is it clinically relevant?

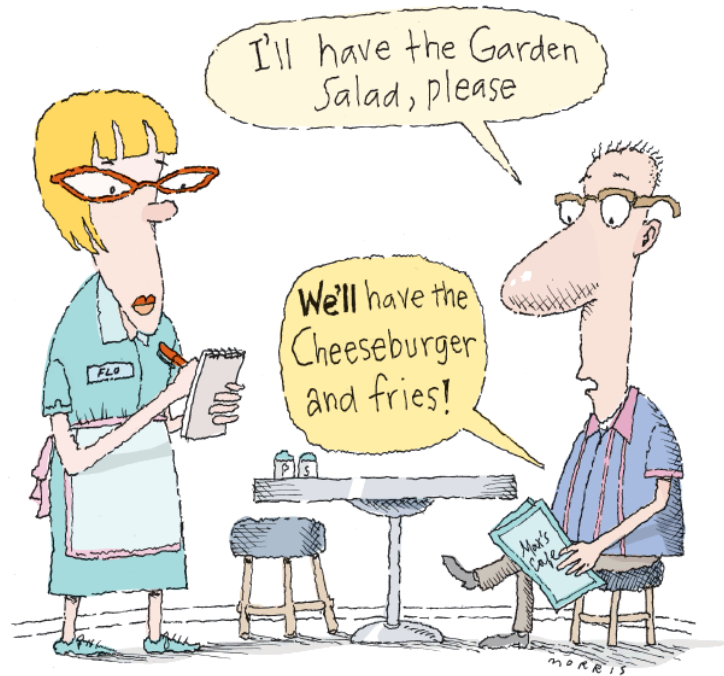
# consumer takeaways

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# recommendations for gut microbiome health: the microbial perspective

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- a young field of research
- a lot we still don't know

## general recommendation:

- avoid indiscriminate use of antibiotics
- make food choices to maintain gut microbiome diversity and function

# dietary recommendations for gut microbiome and human health

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## choose a healthy eating pattern including:

- a variety of vegetables from all the subgroups
- fruits, especially whole fruits
- grains, at least half of which are whole grains
- a variety of protein foods, including ... dairy, legumes, nuts, and seeds
- oils from plant sources



## summary

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- diet influences the gut microbiome and its impact on the host
- large variation in gut microbiome across individuals and diet-induced changes often small
- microbial production of bioactive substances varies greatly across individuals
- substantial work needed to establish causal relationships and therapeutic potential in humans

questions?

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Thank you!

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