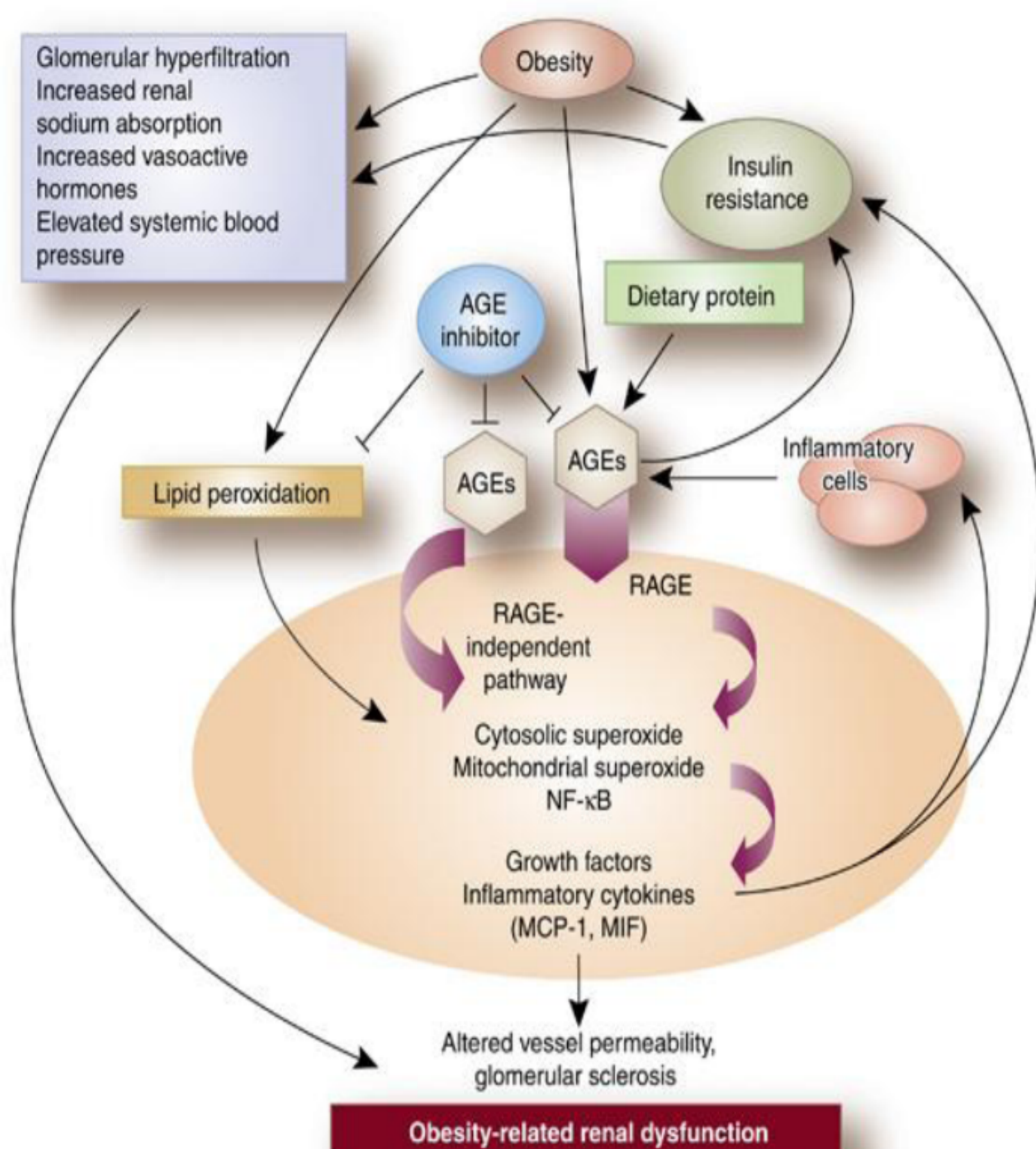


# IMPACT OF HIGH FAT DIET FEEDING DURING CHILDHOOD ON ADULT SYSTEMIC AND RENAL PARAMETERS: ROLE OF THE PHYSICAL EXERCISE

Rosemara S. Ribeiro<sup>1</sup>, Clévia S. Passos<sup>1</sup>, Maria A. Glória<sup>1</sup>, Lila M. Oyama<sup>2</sup>, Mirian A. Boim<sup>1</sup>

Department of Medicine<sup>1</sup> and Department of Physiology<sup>2</sup>  
Federal University of São Paulo - São Paulo, Brazil.

## INTRODUCTION



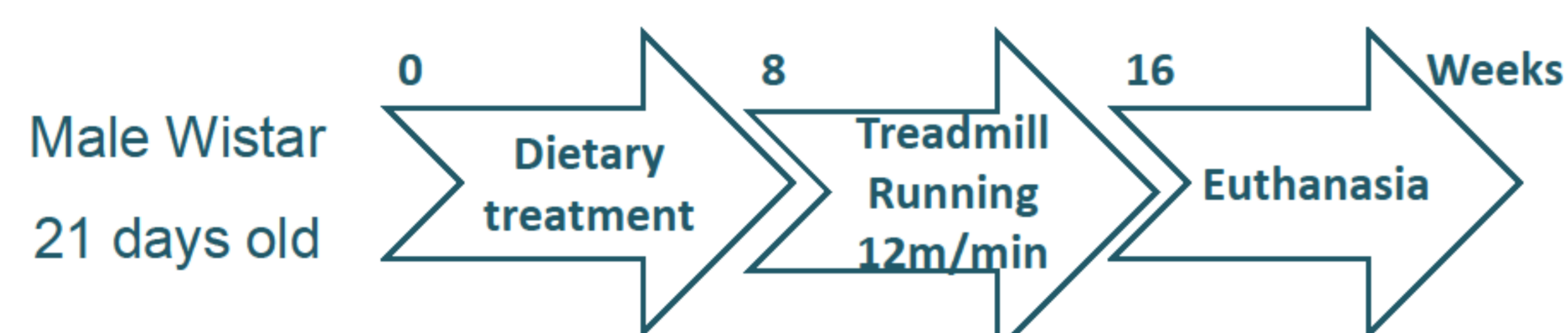
AGE-RAGE interaction and oxidative stress in obesity-related renal dysfunction (Kidney International 2014)

## OBJECTIVES

To evaluate:

1. The consequences of high fat feeding during the childhood on adult systemic parameters and renal function
2. The possible beneficial effects of the physical exercise

## METHODS



**Groups:**  
Control (4% fat)  
Control Exercise  
High Fat (21% fat)  
High Fat Exercise

24 hr Urine  
Blood  
Kidney  
Liver  
Visceral Fat

Statistics: ANOVA post test Tukey or Dunn

## RESULTS

Table 1: Body Weight and Adiposity

	CT (n=5)	CTEX (n=5)	HF (n=6)	HFEX (n=4)
Initial Body Weight (g)	67 0,7	68 4,1	67 2,1	66 2,4
Final Body Weight (g)	441 8,8	410 10,9	520 9,9 <sup>a</sup>	482 25,6 <sup>b</sup>
Weight Body Gain (g)	374 9,2	342 8,1	452 8,2 <sup>a</sup>	417 23,6 <sup>b</sup>
Epididymal fat Weight (% BW)	1,2 0,1	0,8 0,1	2,4 0,2	2,0 0,4 <sup>b</sup>
Retroperitoneal fat Weight (% BW)	0,6 0,1	0,5 0,1	2,5 0,2 <sup>a,b</sup>	2,2 0,4 <sup>a,b</sup>
Mesenteric fat Weight (% BW)	0,4 0,1	0,3 0,1	1,6 0,1 <sup>a,b</sup>	1,1 0,2
Adiposity Index (%)	2,2 0,1	1,6 0,1	6,5 0,4 <sup>a,b</sup>	5,3 0,9 <sup>a,b</sup>
Carcass Fat (% BW)	5,6 0,3	4,1 0,4	13,5 0,8 <sup>a,b</sup>	12,4 2,0 <sup>a,b</sup>

Data expressed mean EP; <sup>a</sup> vs CT and <sup>b</sup> vs CTEX

Table 2: Physiological Parameters

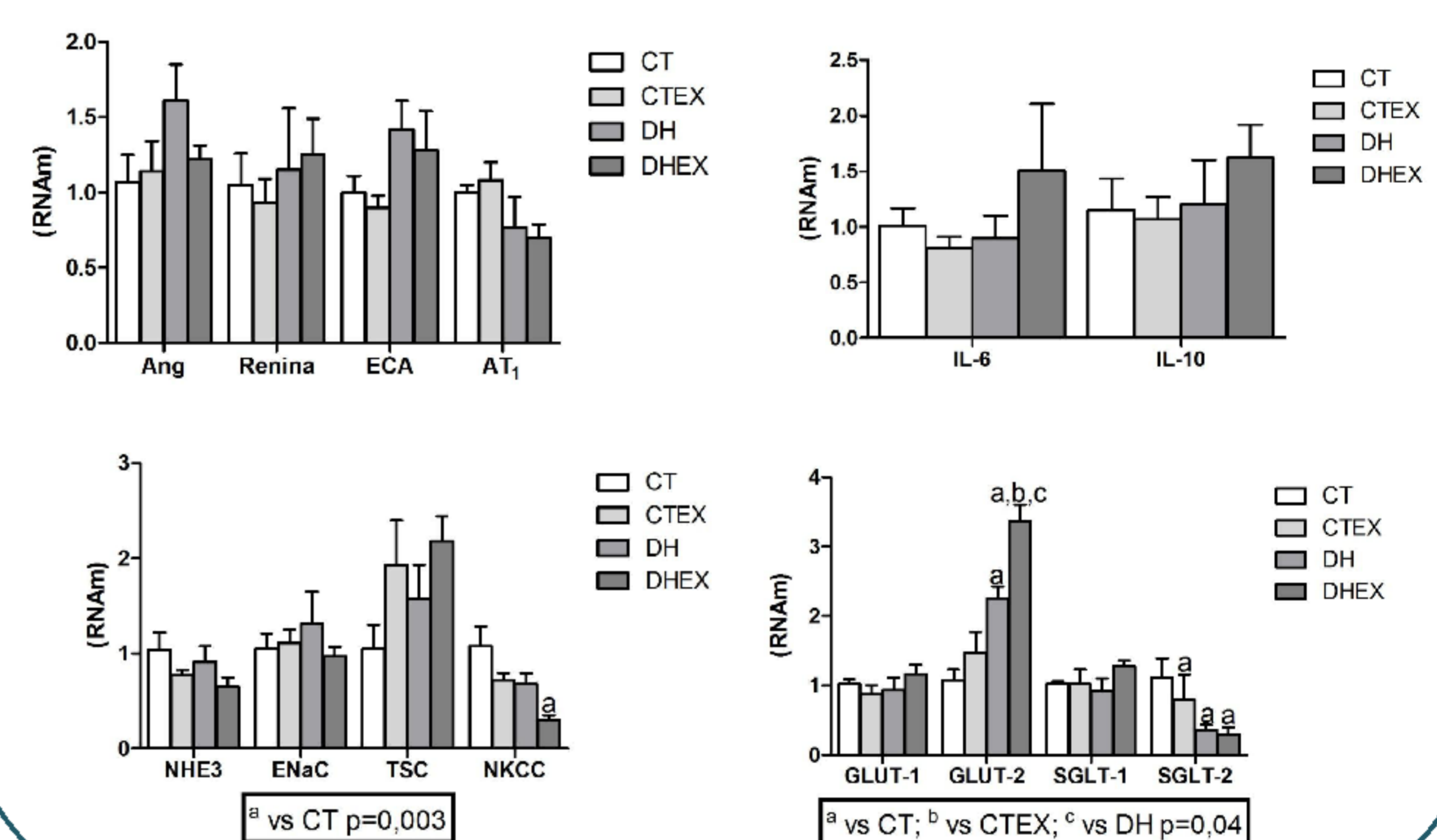
	CT (n=5)	CTEX (n=5)	HF (n=6)	HFEX (n=4)
Food Intake (g/day)	18 ± 1,4	20 ± 1,3	10 ± 1,1 <sup>a,b</sup>	13 ± 1,0 <sup>a,b</sup>
Water Intake (mL/day)	28 ± 3,7	34 ± 2,4	11 ± 0,8 <sup>a,b</sup>	22 ± 2,0
Urinary Volume (mL/day)	14 ± 1,4	16 ± 1,6	7 ± 0,3 <sup>a,b</sup>	10 ± 2,3
Systolic Blood Pressure (mm Hg)	138 ± 3,3	140 ± 3,5	144 ± 1,3	145 ± 5,1
Fasting Blood Glucose (mg/dL)	99 ± 4,3	97 ± 3,8	120 ± 5,7 <sup>a,b</sup>	114 ± 3,0
Fasting Blood Insulin (mg/dL)	0,34 ± 0,1	0,23 ± 0,1	0,92 ± 0,2 <sup>a,b</sup>	0,77 ± 0,2 <sup>b</sup>

Data expressed mean ± EP; <sup>a</sup> vs CT and <sup>b</sup> vs CTEX

Table 3: Biochemical Parameters

	CT (n=5)	CTEX (n=5)	HF (n=6)	HFEX (n=4)
Total Cholesterol (mg/dL)	64 ± 4,8	71 ± 7,0	87 ± 5,1 <sup>a</sup>	80 ± 7,5
HDL Cholesterol (mg/dL)	22 ± 1,0	21 ± 1,4	24 ± 1,9	22 ± 1,6
LDL Cholesterol (mg/dL)	32 ± 3,8	41 ± 5,5	44 ± 3,3	40 ± 7,7
VLDL Cholesterol (mg/dL)	10 ± 0,2	9 ± 0,9	19 ± 1,8 <sup>a</sup>	18 ± 2,3 <sup>a,b</sup>
Triglyceride (mg/dL)	47 ± 0,7	43 ± 4,0	95 ± 9,4 <sup>a</sup>	90 ± 11,3 <sup>a</sup>
P creat (mg/dL)	0,39 ± 0,1	0,38 ± 0,1	0,38 ± 0,1	0,34 ± 0,1
Cl creat (mL/min)	2,40 ± 0,5	2,22 ± 0,2	2,20 ± 0,3	3,26 ± 0,7
UNaV (mEq/24hrs)	0,99 ± 0,2	1,42 ± 0,1	0,19 ± 0,1 <sup>a,b</sup>	0,46 ± 0,1 <sup>a,b</sup>
UKV (mEq/24hrs)	3,98 ± 0,3	4,50 ± 0,6	2,15 ± 0,2 <sup>a,b</sup>	2,30 ± 0,1 <sup>a,b</sup>
FENa (%)	0,24 ± 0,1	0,33 ± 0,1	0,04 ± 0,1 <sup>a,b</sup>	0,05 ± 0,1 <sup>a,b</sup>
FEK (%)	20 ± 3,6	20 ± 1,7	11 ± 0,8 <sup>a,b</sup>	8 ± 1,5 <sup>a,b</sup>
Proteinuria (mg/24hrs)	15 ± 2,6	15 ± 2,0	7 ± 0,7	10 ± 0,9 <sup>a,b</sup>

Data expressed mean ± EP; <sup>a</sup> vs CT, <sup>b</sup> vs CTEX and <sup>c</sup> vs HF.



## SUMMARY AND CONCLUSION

The consumption of high fat diet induced:

- Body weight gain and visceral fat accumulation
- Metabolic disorders (diabetes, hyperinsulinemia and dyslipidemia)
- No significant change in the creatinine clearance
- Reduction in FENa and FEK
- No effect in gene expression of the intrarenal RAS components, inflammatory markers and of the main sodium transporters, however, there was an increase in Glut-2 and a reduced in SGLT-2 mRNA expression levels
- The physical exercise was able to attenuate these changes
- These results suggest that the high-fat diet during childhood contributes to development of metabolic disorders, that can be relevant since they appear very early and may be aggravated lifelong
- Exercise was able to attenuate these metabolic disorders