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Microbiota y síndrome metabólico

- Obesidad e insulinoresistencia -

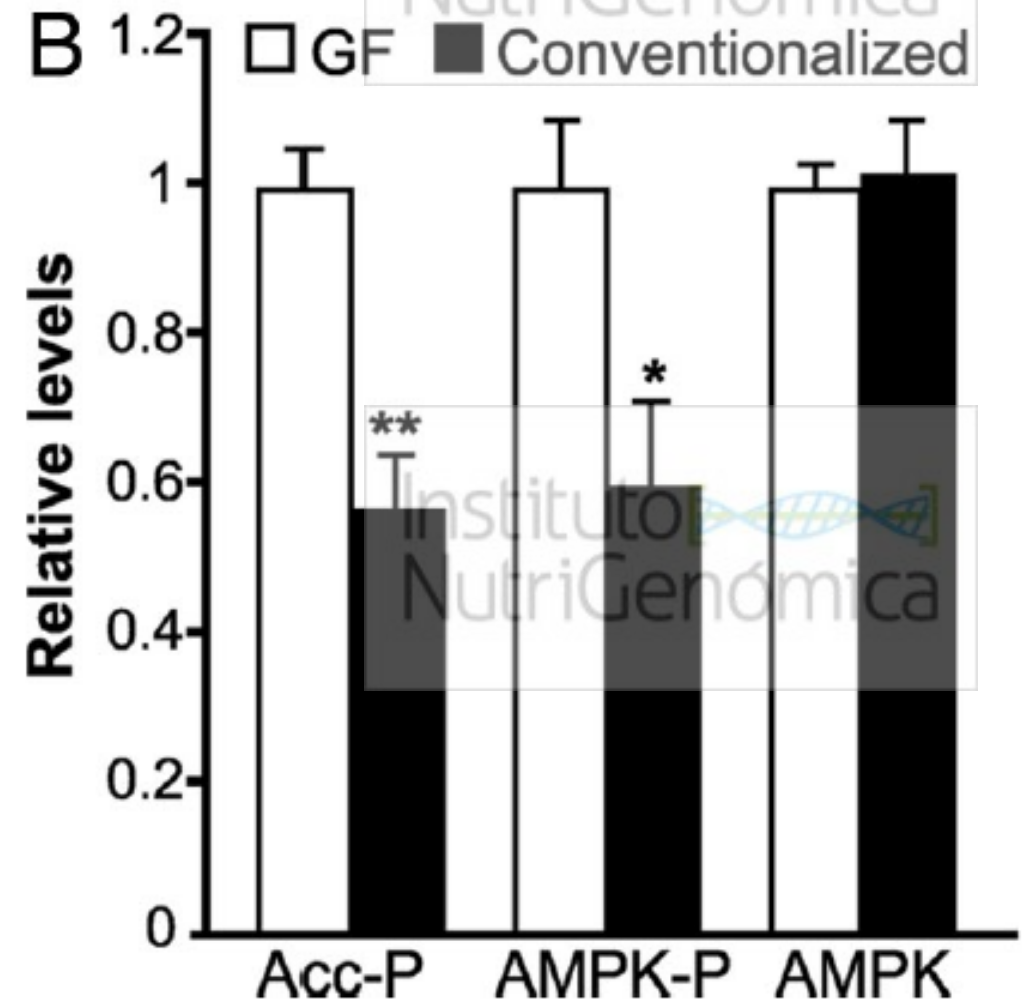
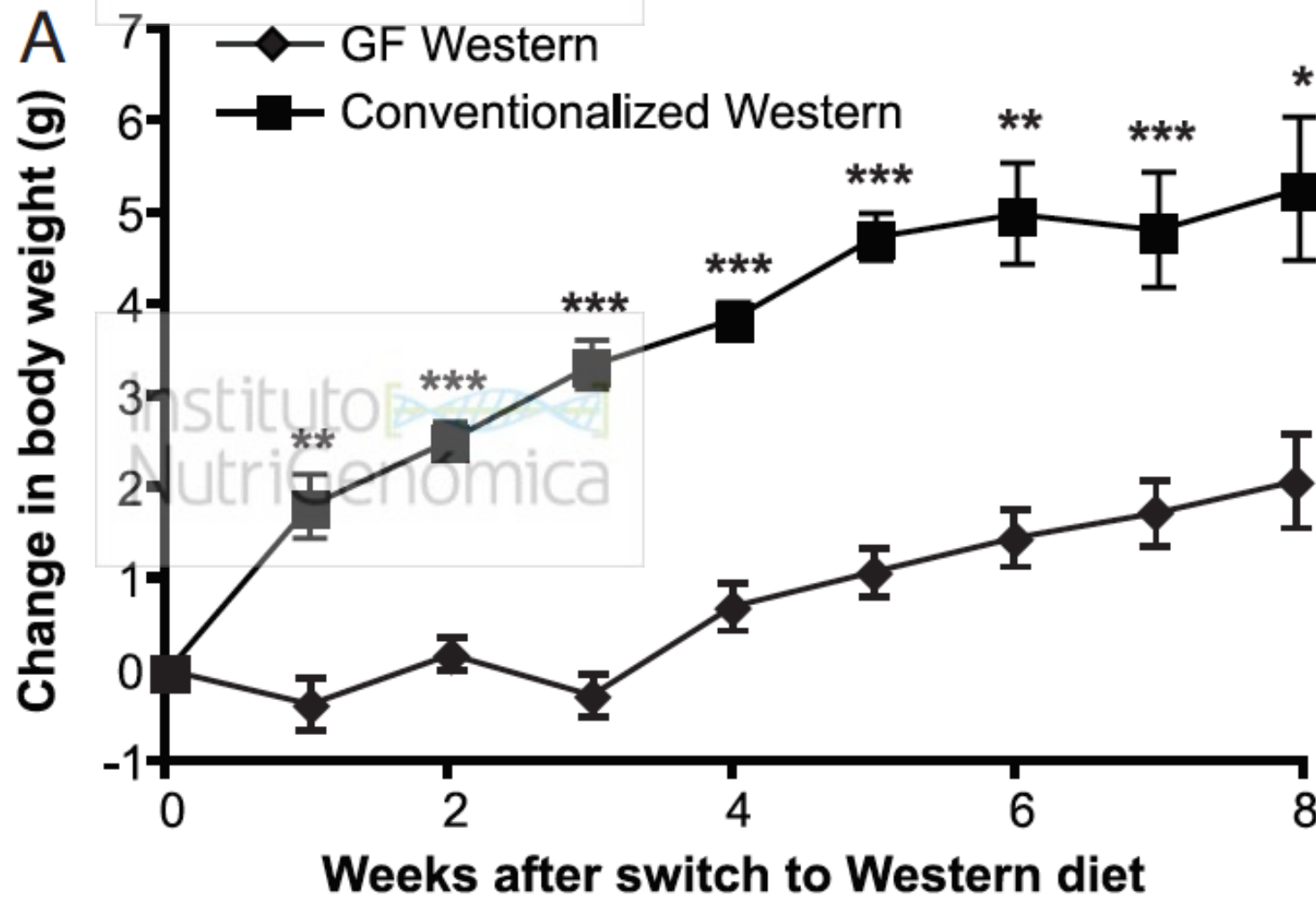
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Mechanisms underlying the resistance to diet-induced obesity in germ-free mice

(Backhed et al, 2007)

PNAS 105:2117-2122



Fermentación colónica

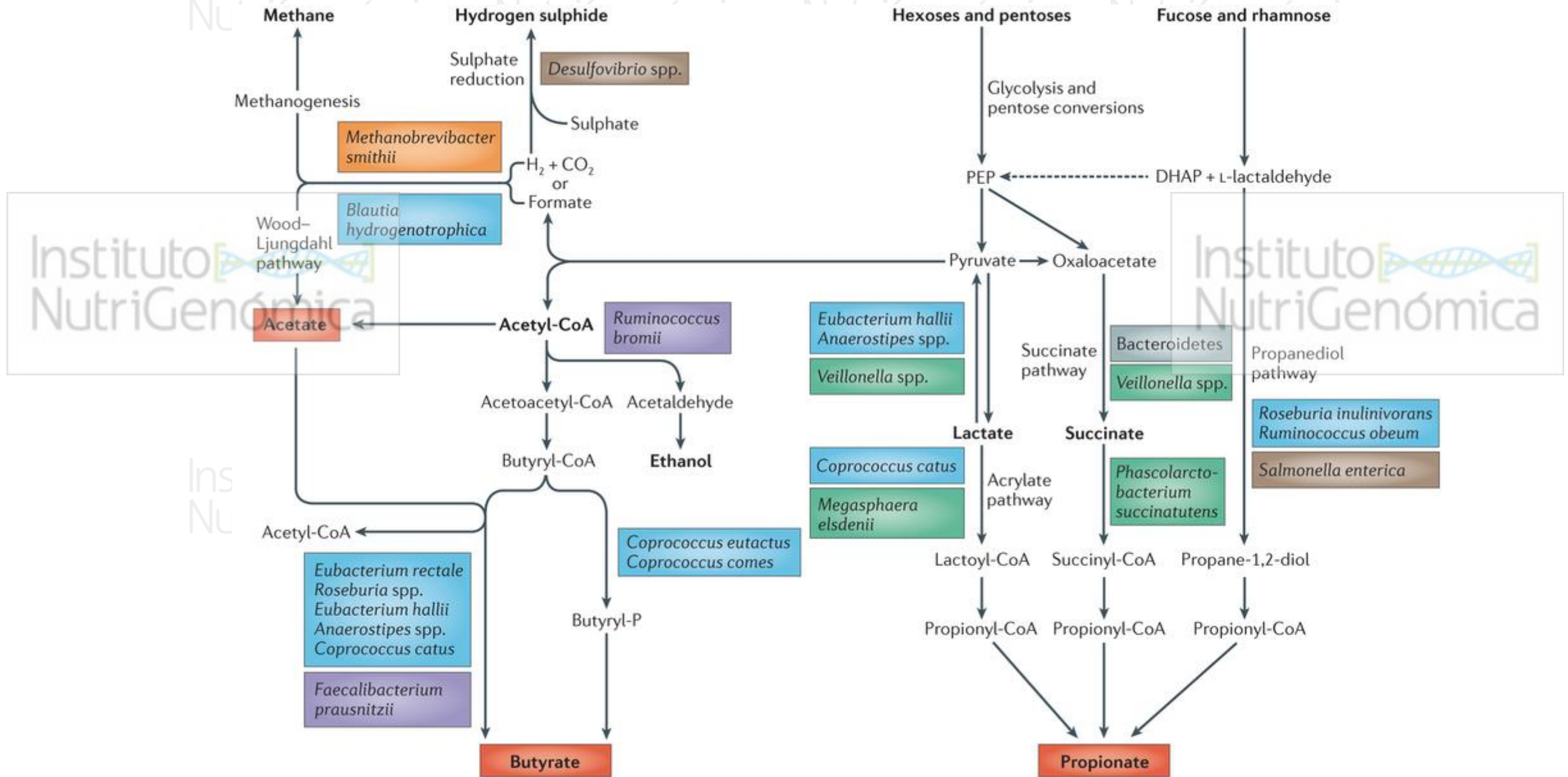
Fracción indigerible + Flora bacteria = Gases (CO_2 , H_2 , metano)

+ Biomasa

+ Ácidos grasos de cadena corta (acético, propiónico, butírico)

+ Ácidos orgánicos (láctico, succínico y pirúvico)

+ Otros productos de fermentación (sustancias tóxicas, amoníaco, aminas, nitrosaminas), antioxidantes, etc.



Microbiota and SCFA in lean and overweight healthy subjects

(Schwartz *et al*, 2009)

Obesity 18:190-195.

Table 2 Mean SCFA (mmol/l) concentration and gross energy content (kJ/g) in dry feces of volunteers with different BMI

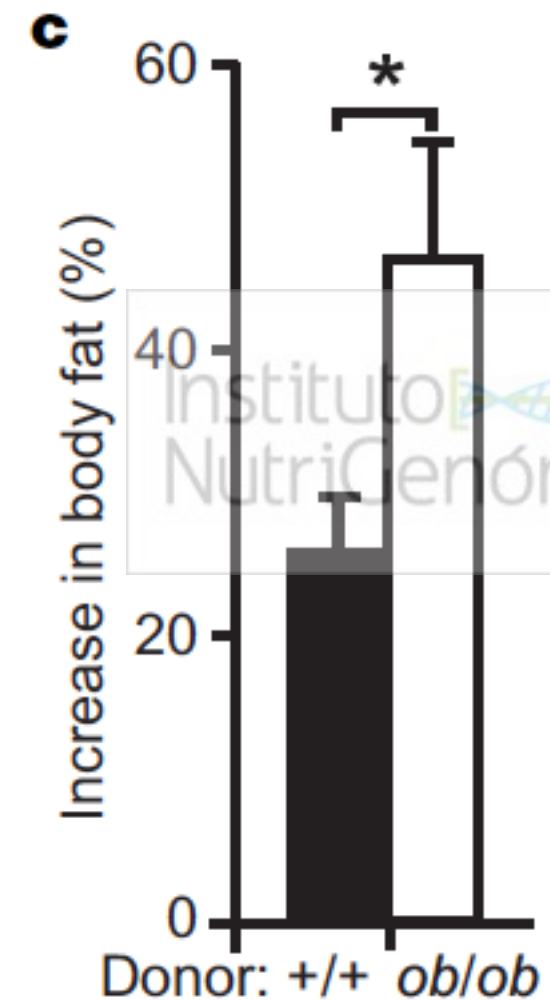
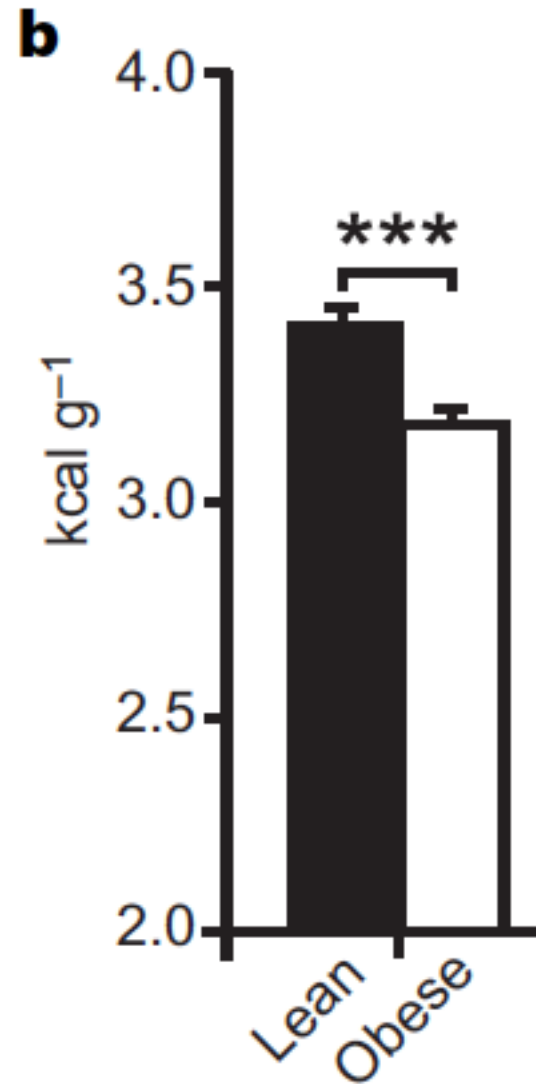
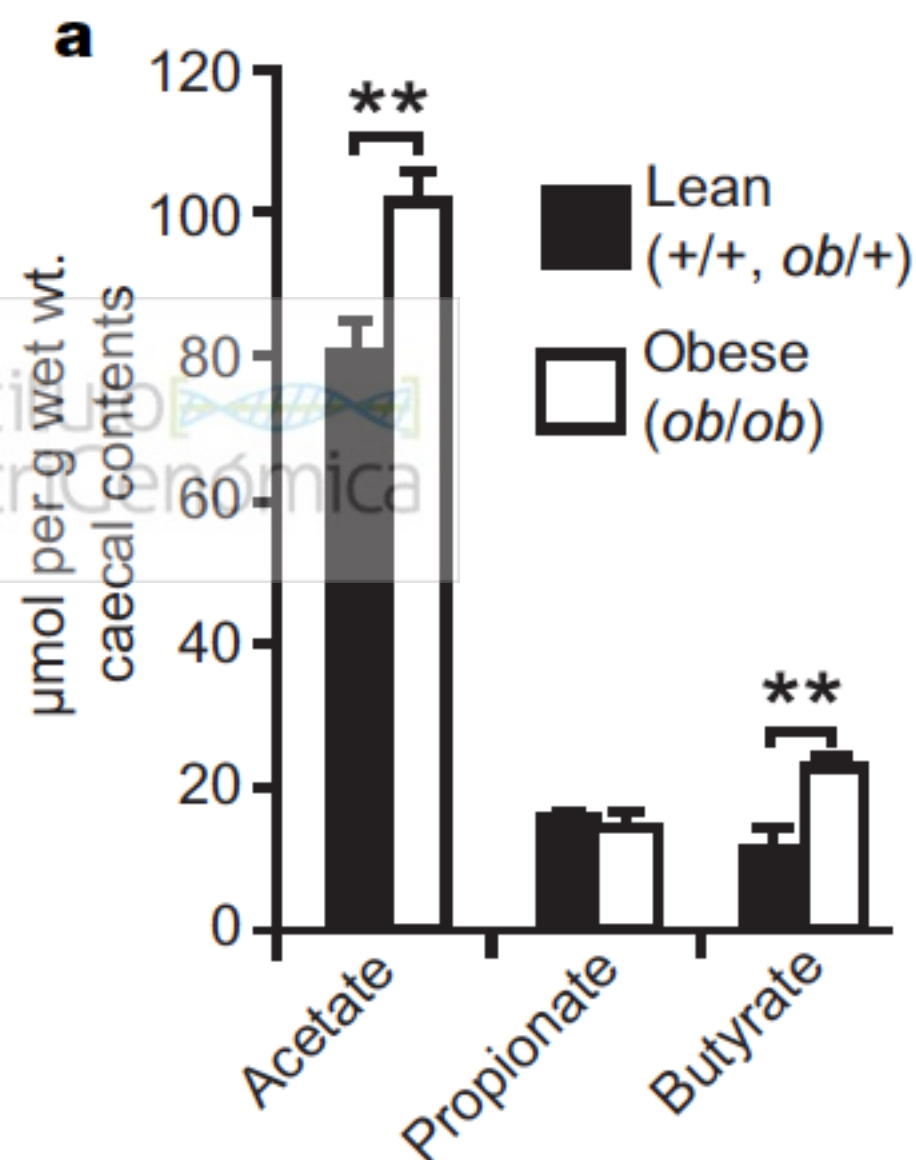
BMI	Category	n	Acetate	Propionate	Iso-butyrate	Butyrate	Iso-valerate	Valerate	Total SCFA	Energy
18.5–24.9	Normal	30	50.5 ± 12.6	13.6 ± 5.2	1.8 ± 0.9	14.1 ± 7.6	2.7 ± 2.1	1.9 ± 0.7	84.6 ± 22.9	21.7 ± 1.3
25–30	Overweight	35	56.0 ± 18.2	18.3 ± 7.9 ^a	1.6 ± 0.9	18.5 ± 10.1	2.3 ± 1.7	2.0 ± 1.1	98.7 ± 33.9 ^a	21.6 ± 1.6
>30	Obesity	33	59.8 ± 18.3	19.3 ± 8.7 ^a	1.7 ± 1.2	18.1 ± 10.0	2.8 ± 2.0	2.3 ± 1.1	103.9 ± 34.3 ^a	21.6 ± 1.6

^aSignificant increase in comparison to lean volunteers ($P < 0.05$).

An obesity-associated gut microbiome with increased capacity for energy harvest

(Turnbaugh et al, 2006)

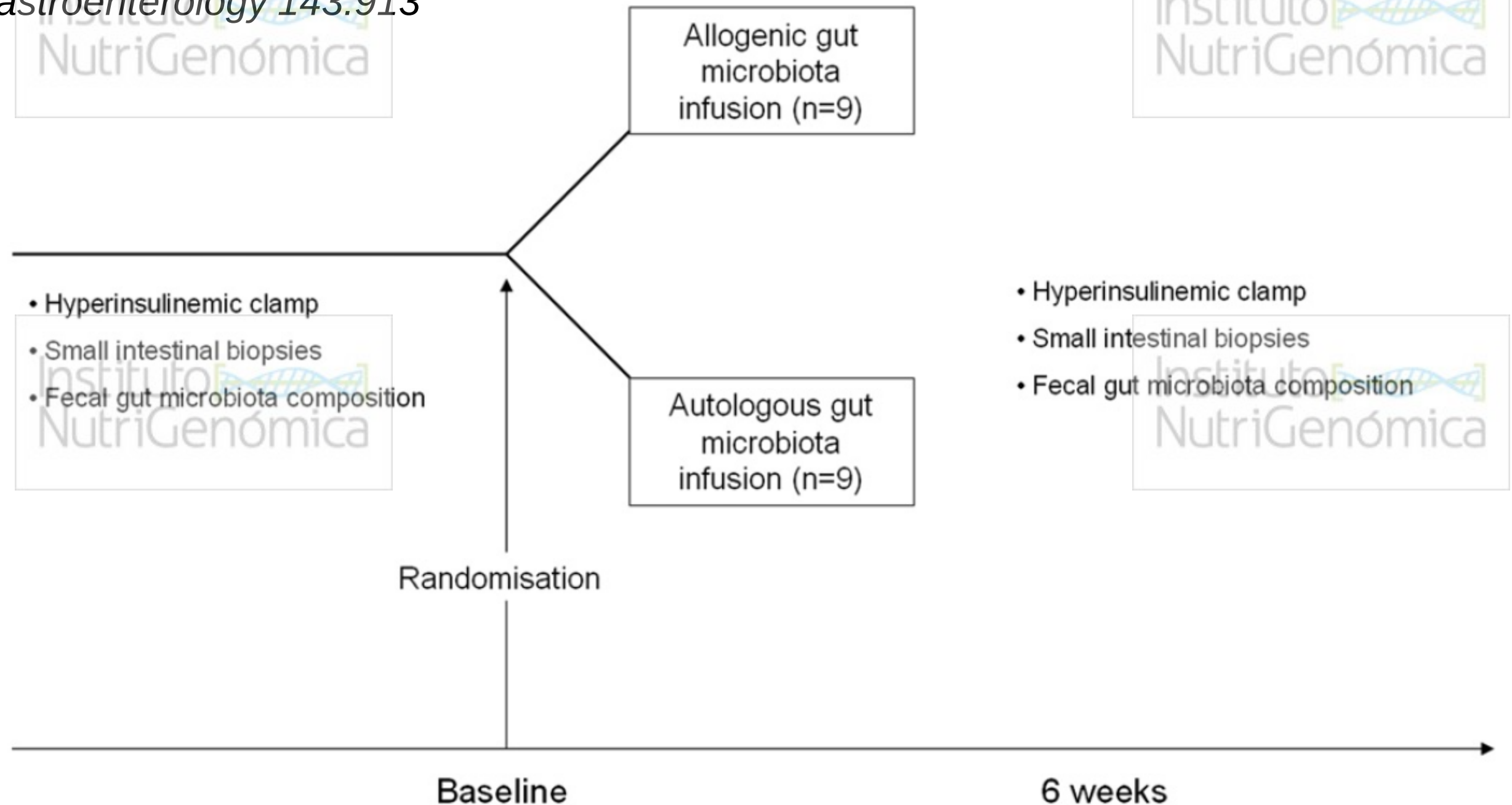
Nature 444:1027-1031



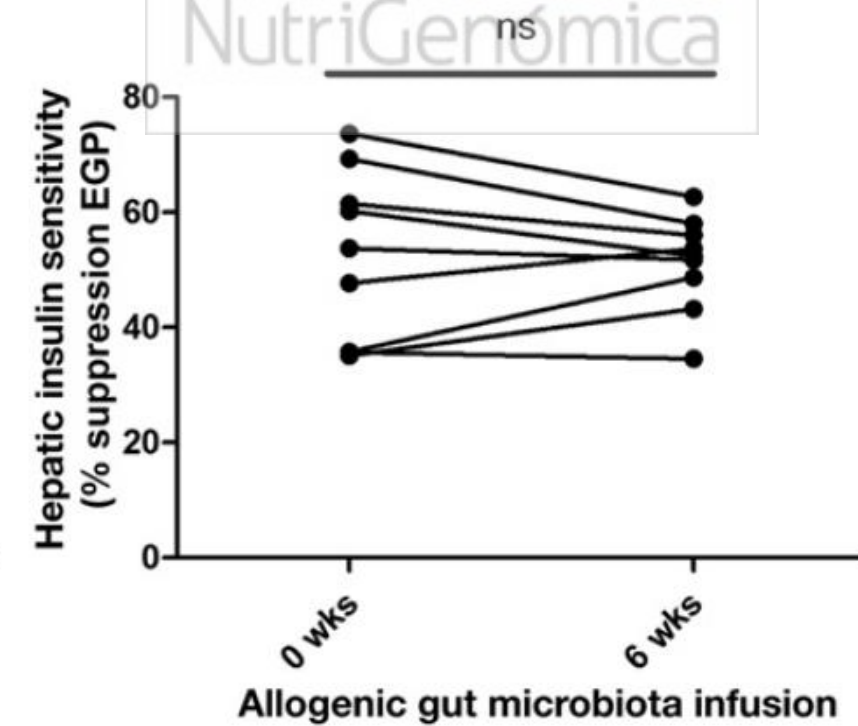
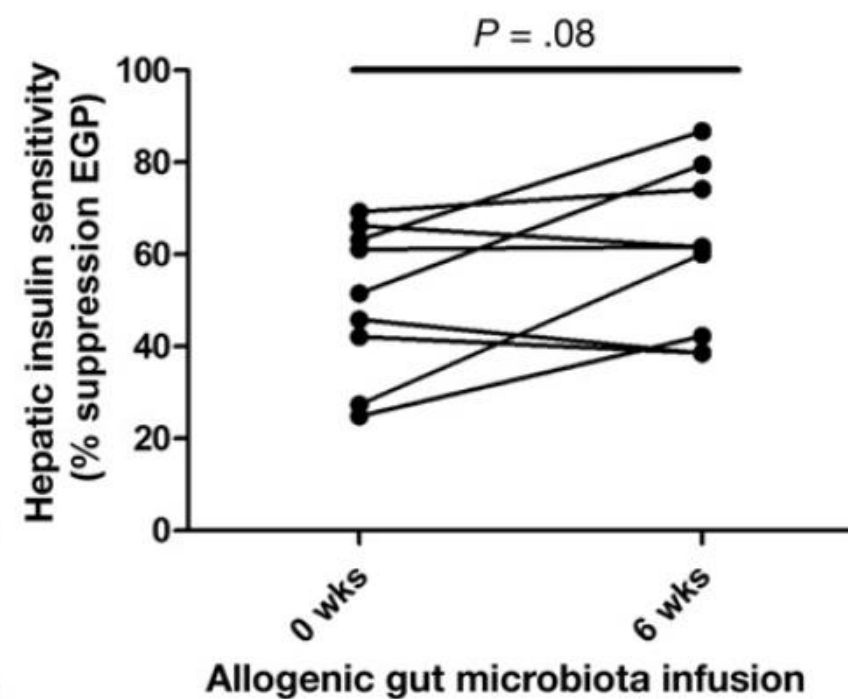
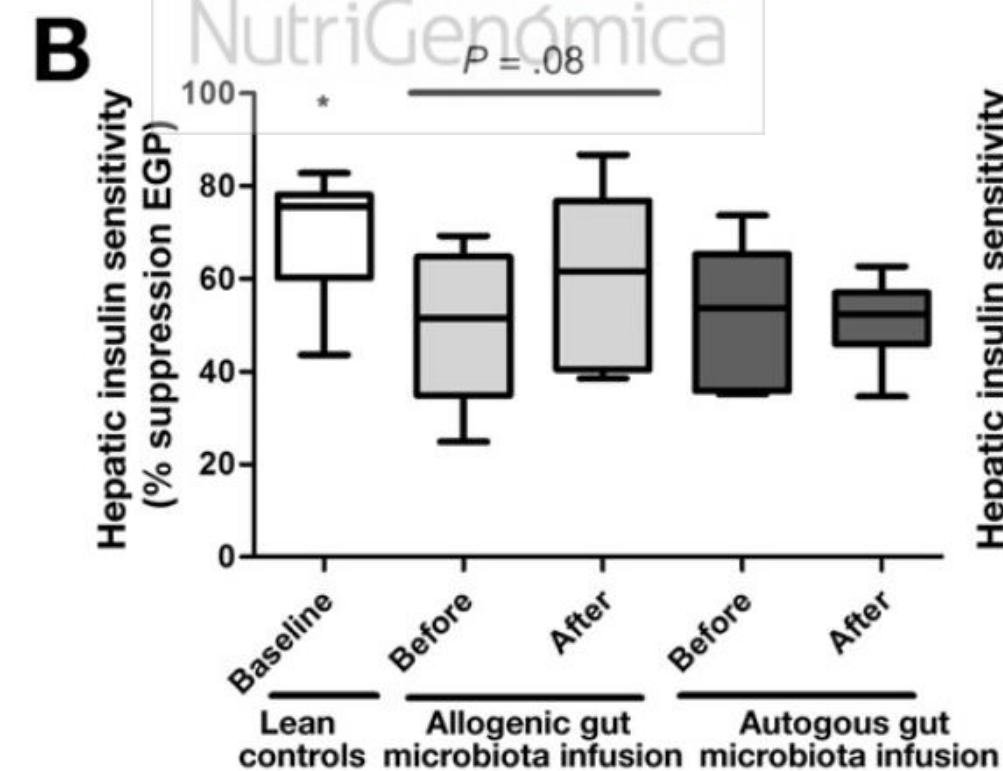
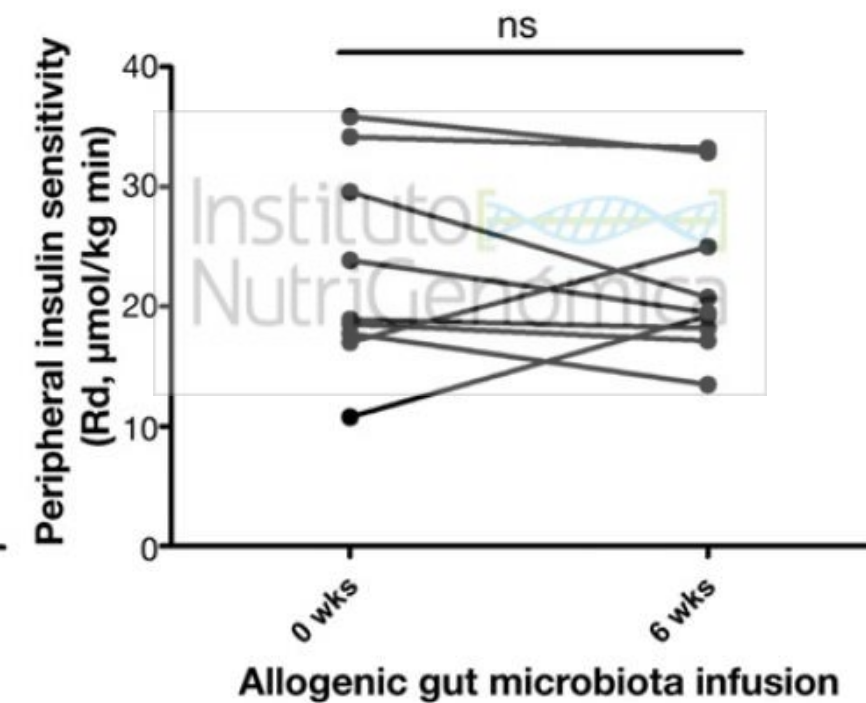
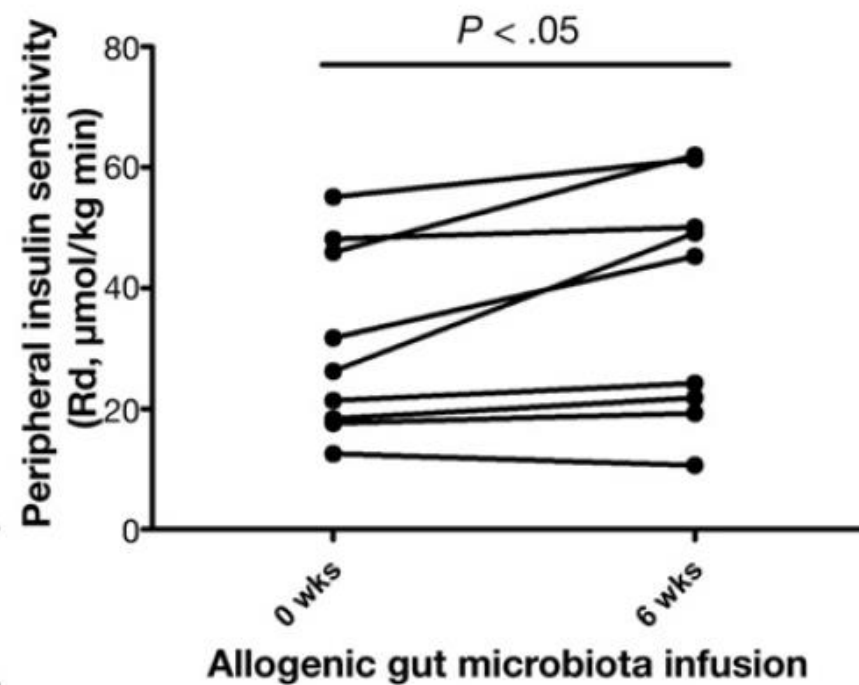
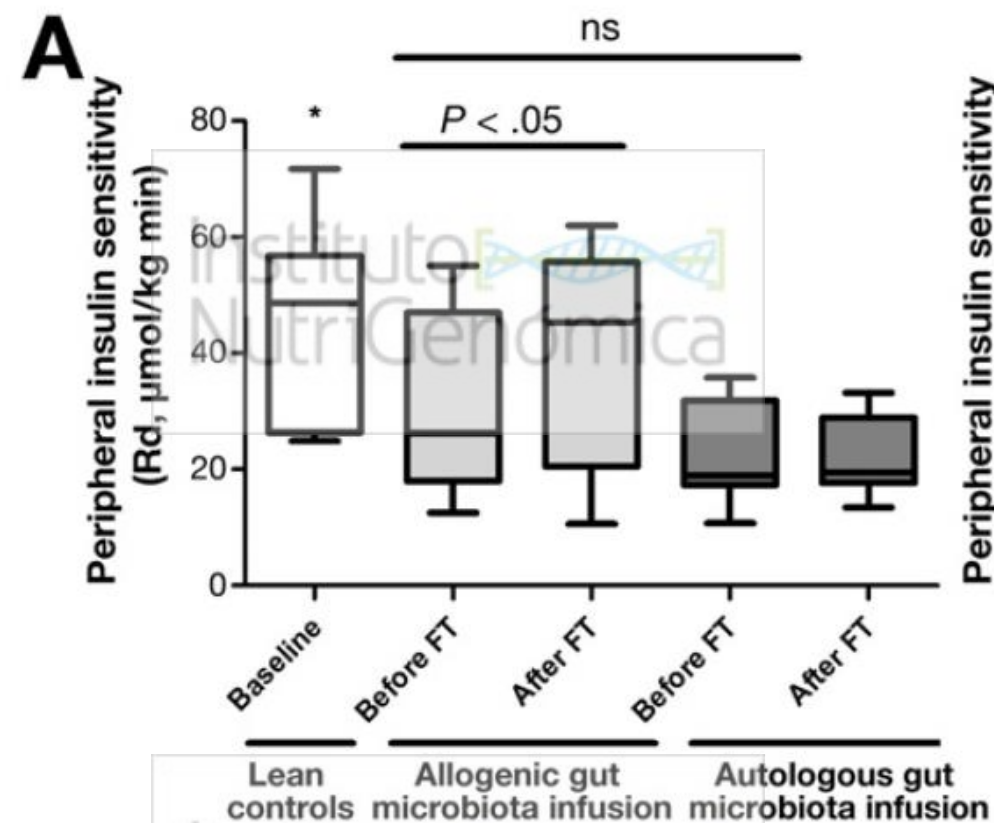
Transfer of intestinal microbiota from lean donors increases insulin sensitivity in individuals with metabolic syndrome

(Vrieze *et al*, 2012)

Gastroenterology 143:913



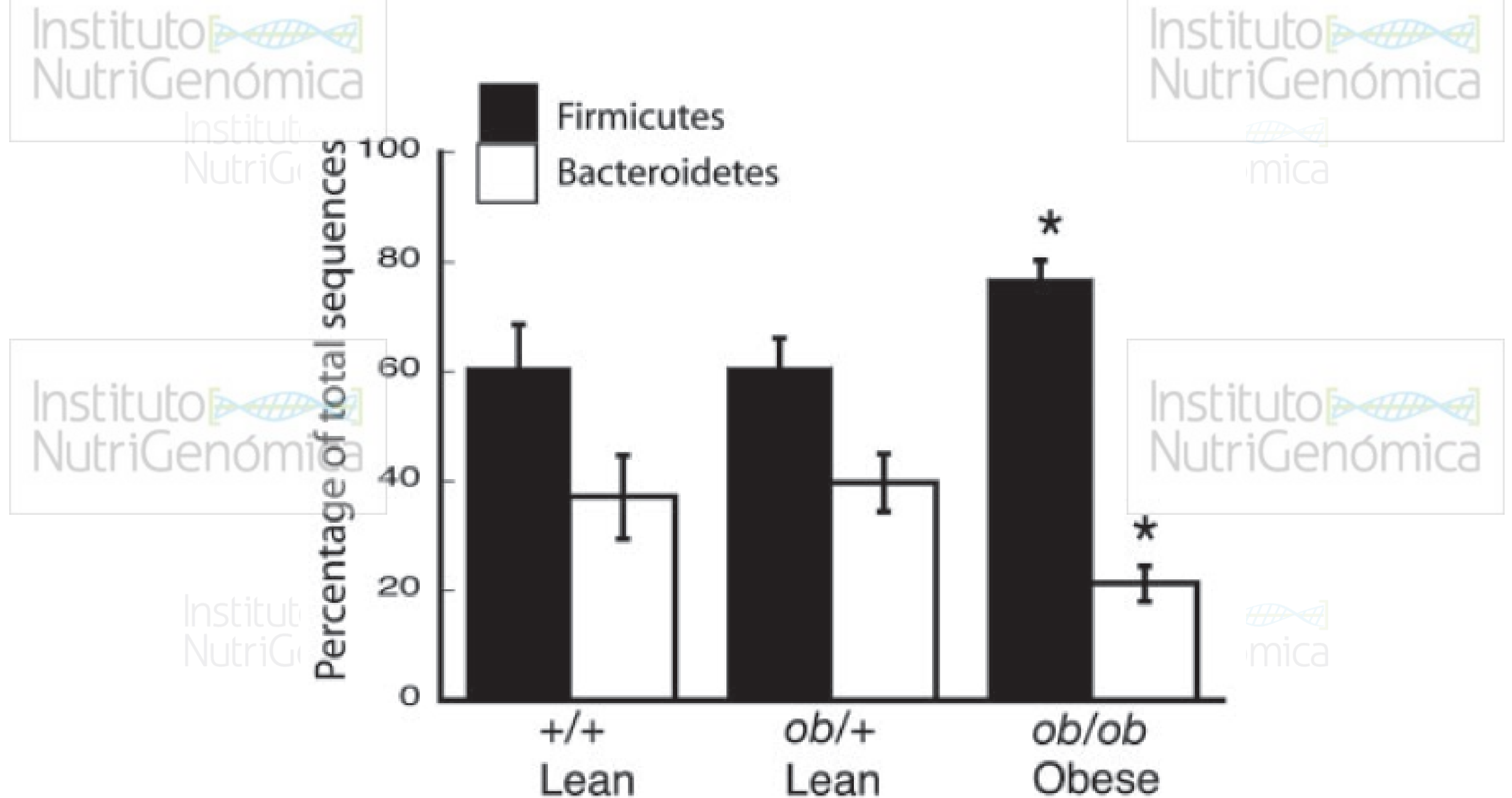
Supplementary Figure 1. Overview of study scheme.



Obesity alters gut microbial ecology.

(Ley et al, 2005)

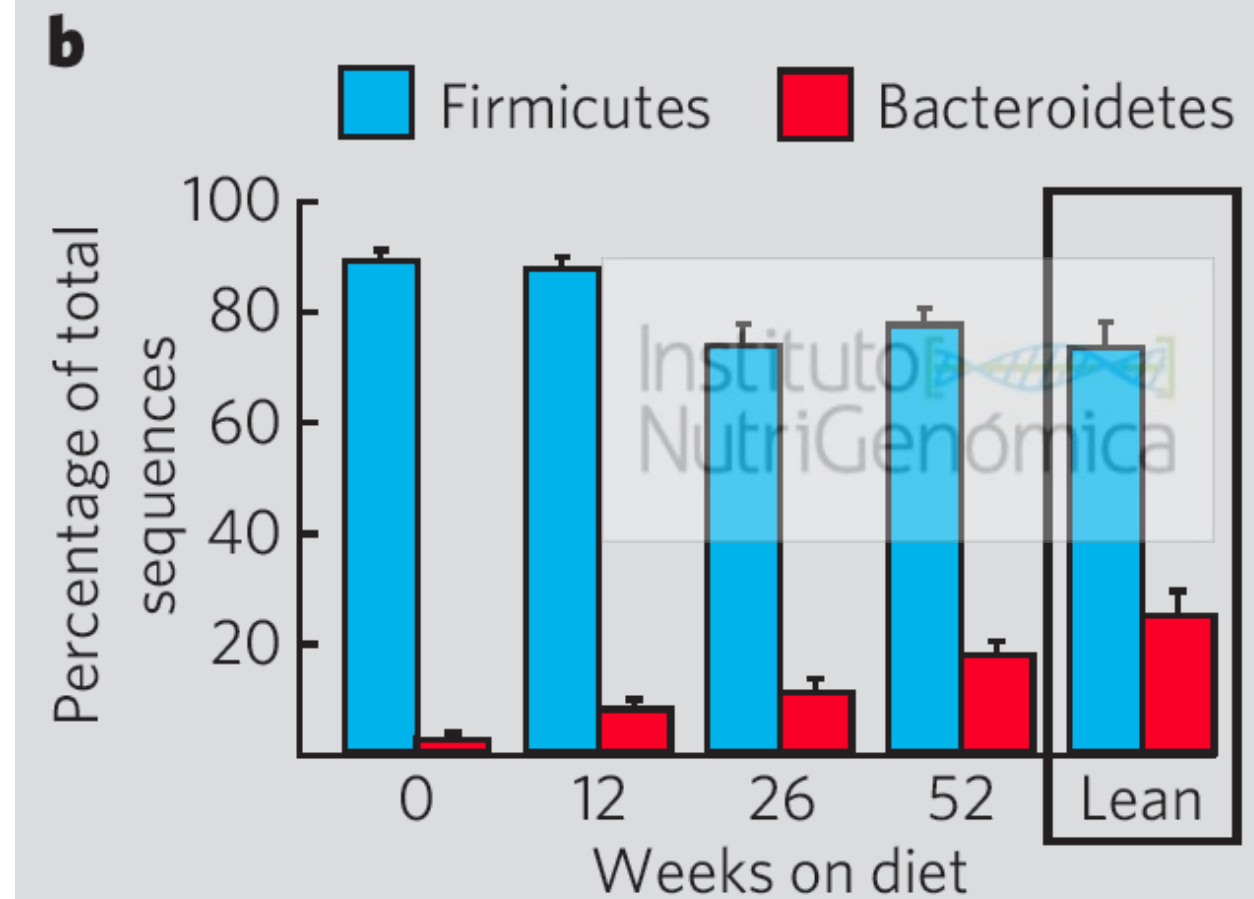
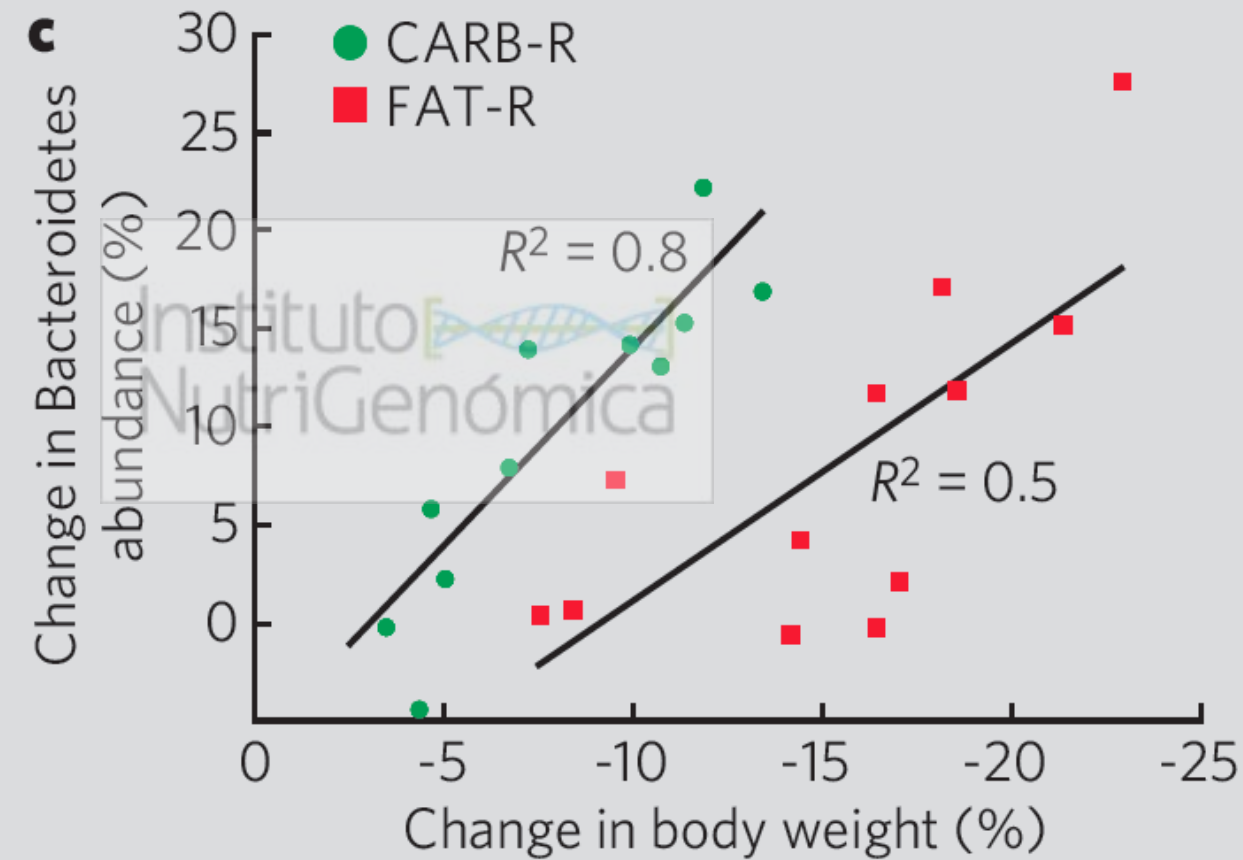
Proc Natl Acad Sci U S A. 102:11070-5.



Microbial ecology: Human gut microbes associated with obesity

(Ley et al, 2006)

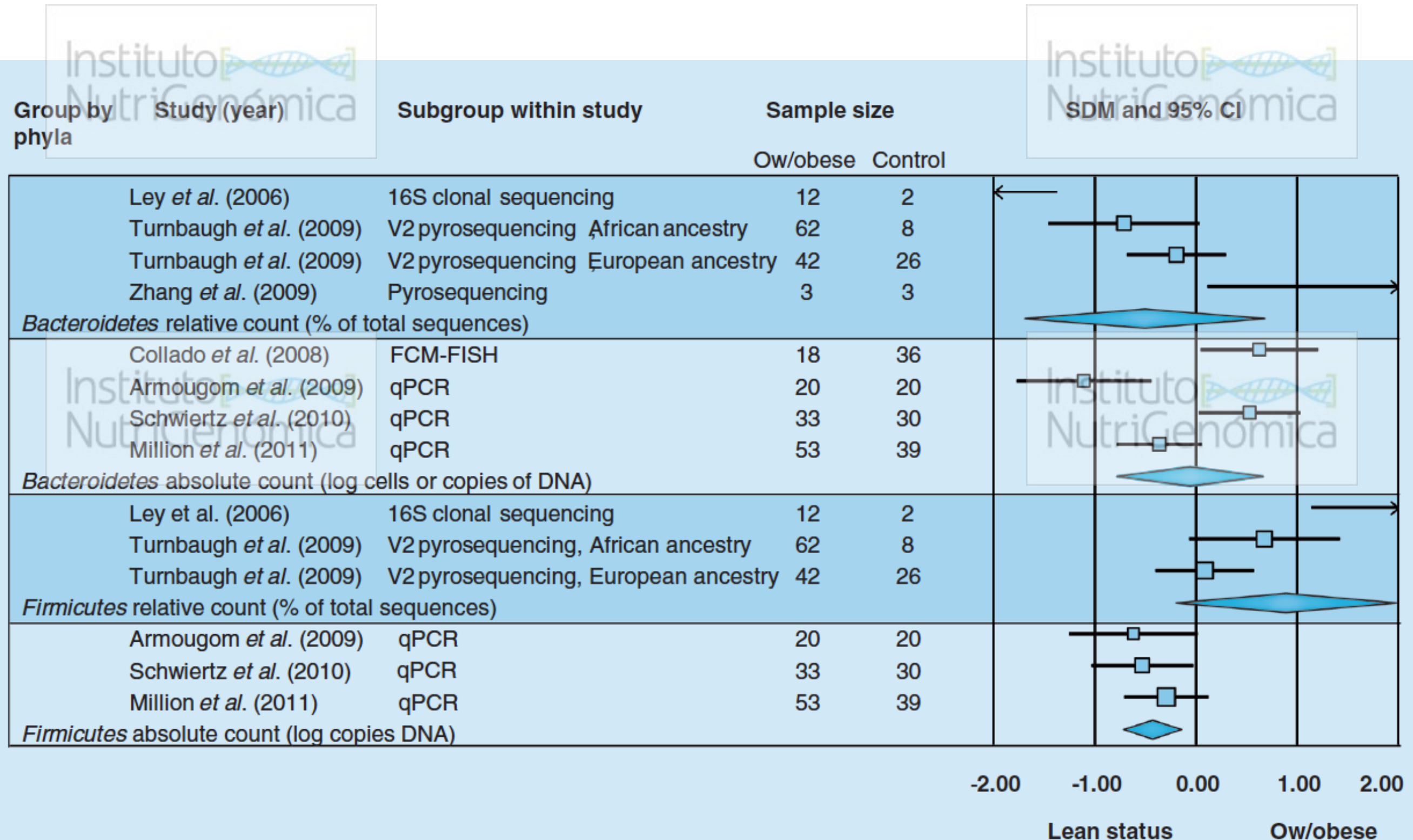
Nature 444:1022-1023



The relationship between gut microbiota and weight gain in humans

(Angelakis *et al*, 2012)

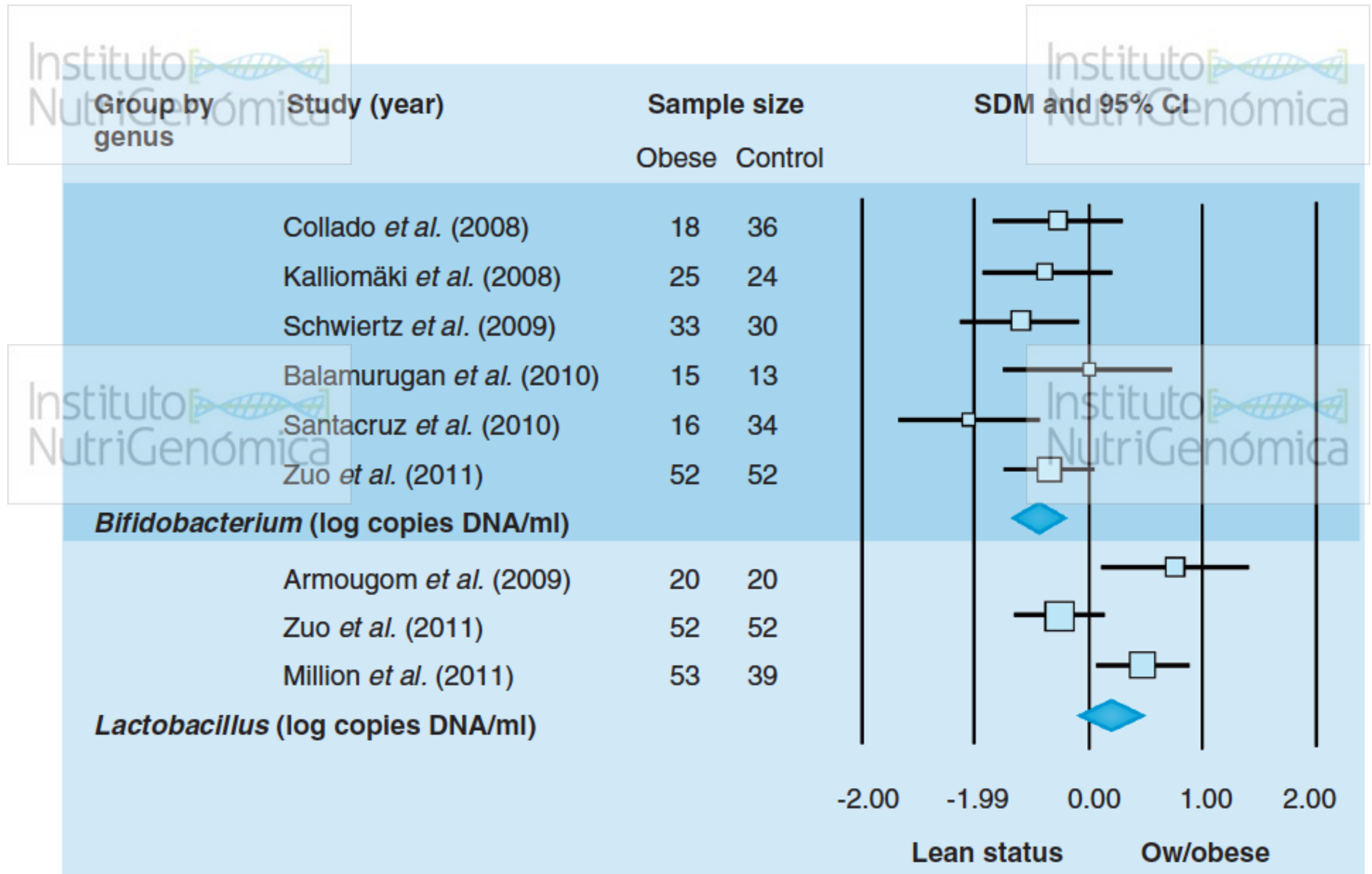
Fut Microbiol 7:91-109.



The relationship between gut microbiota and weight gain in humans

(Angelakis *et al*, 2012)

Fut Microbiol 7:91-109.



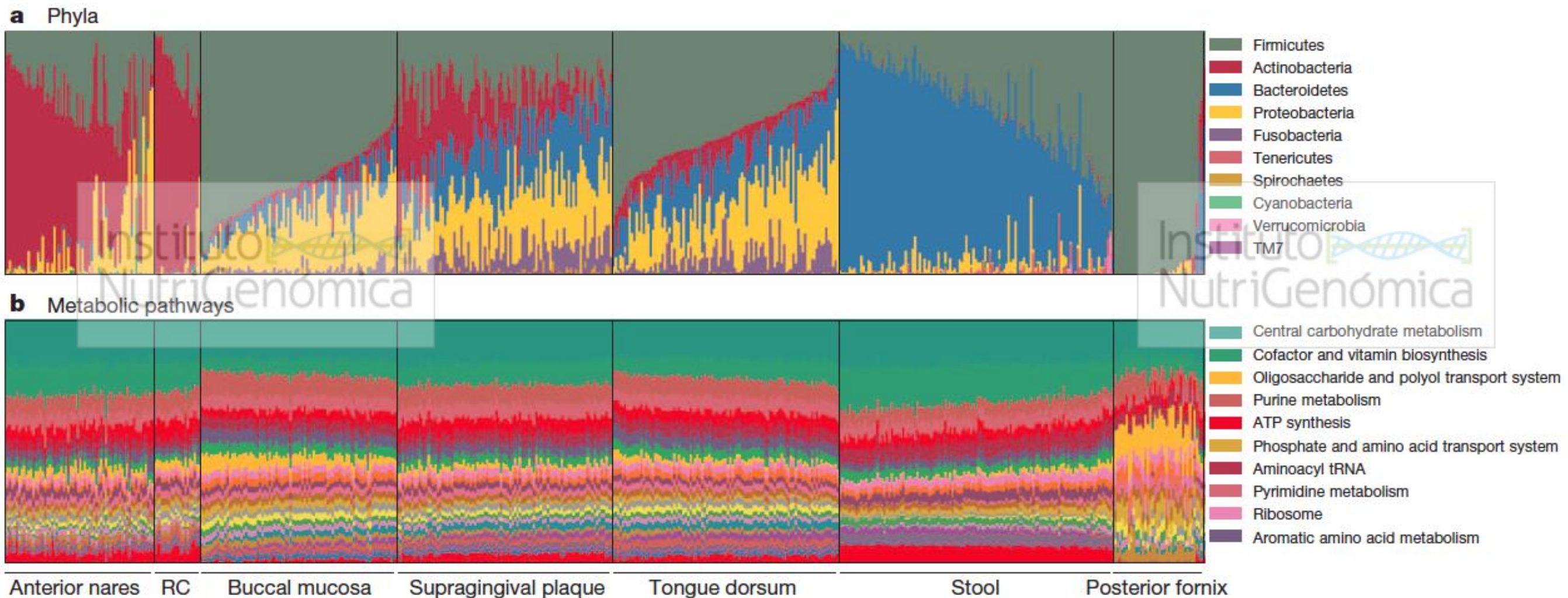
Structure, function and diversity of the healthy human microbiome

The human microbiome project consortium, 2012

Nature 486, 207-214.

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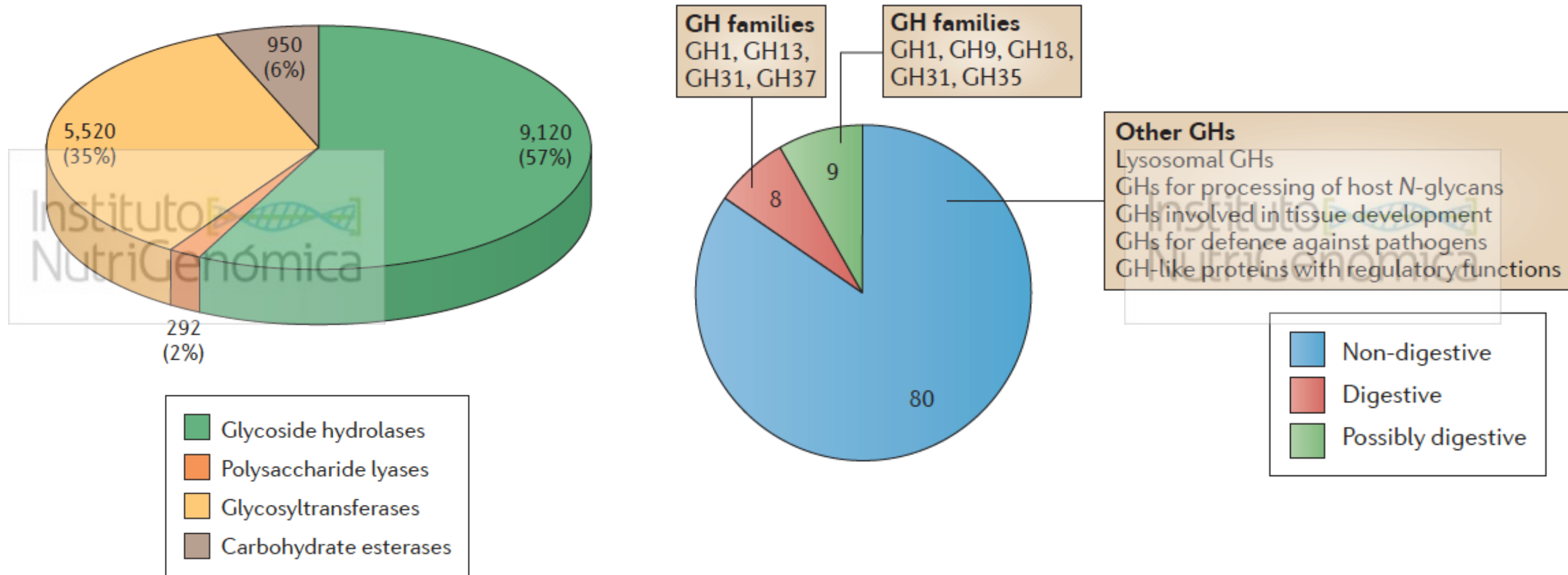
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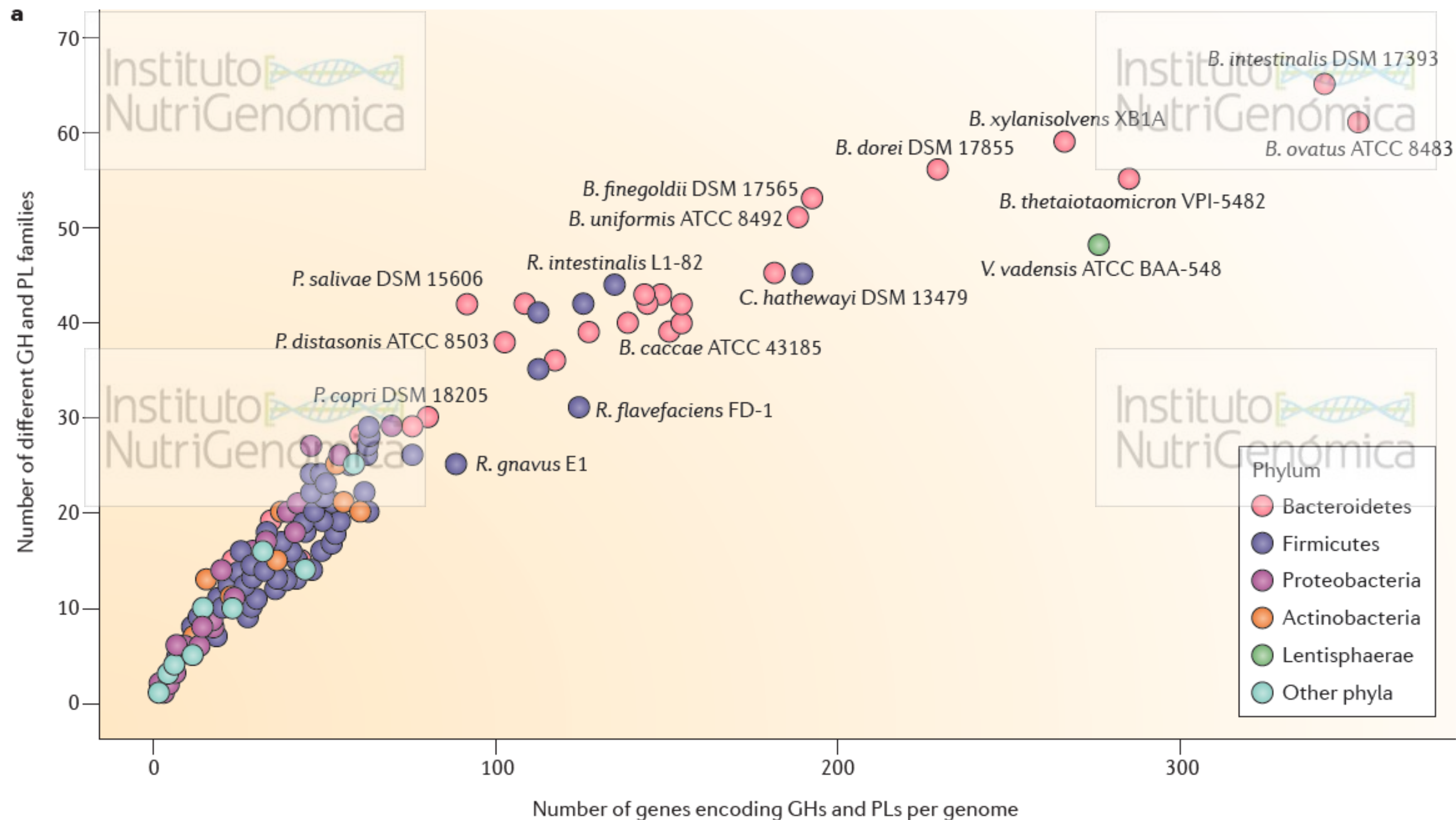


The abundance and variety of carbohydrate-active enzymes in the human gut microbiota

(El Kaoutari et al, 2013)

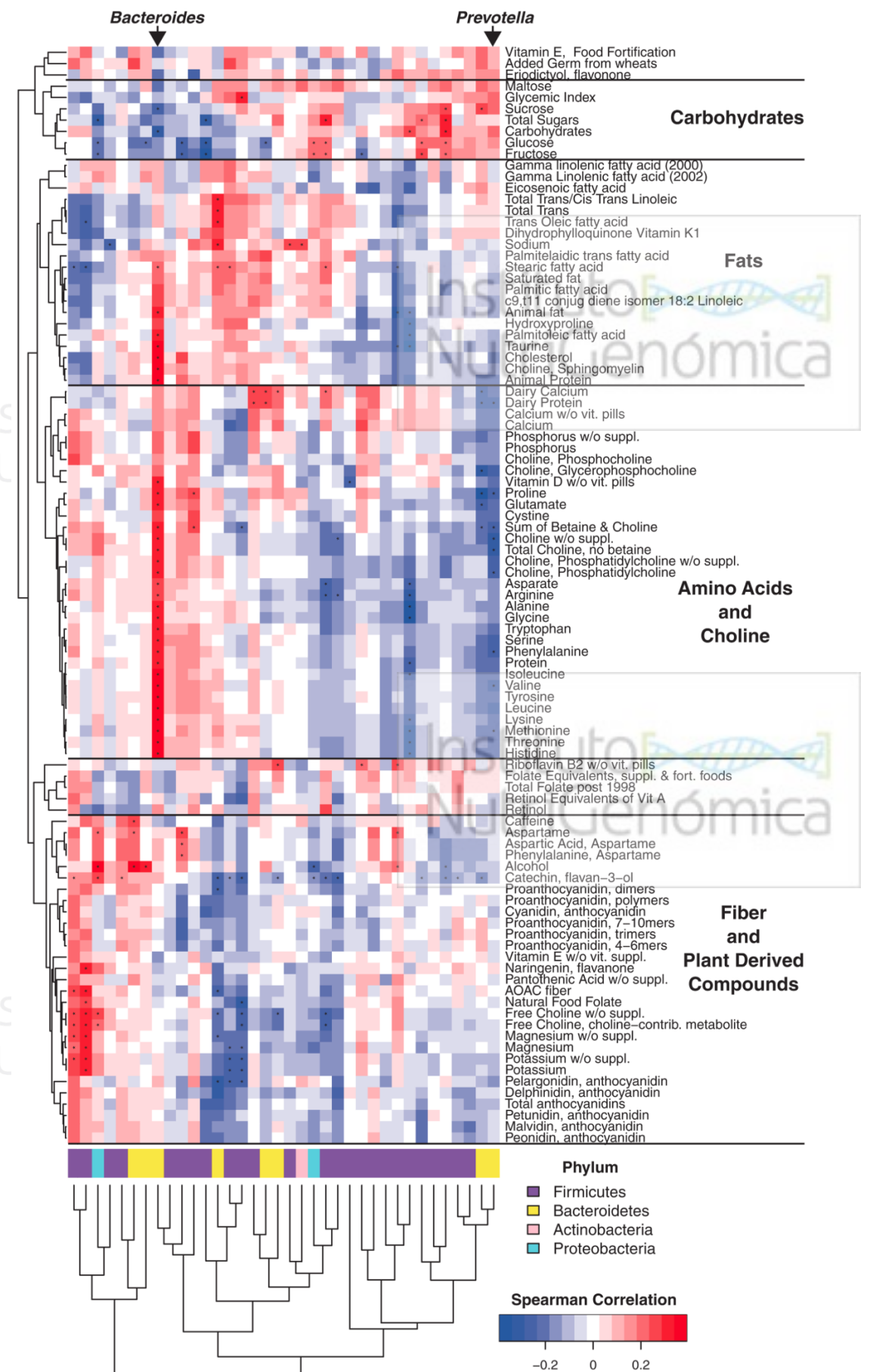
Nature reviews Microbiology 11:497





Linking long-term dietary patterns with gut microbial enterotypes

(Wu et al, 2011)
Science 334:105-8.



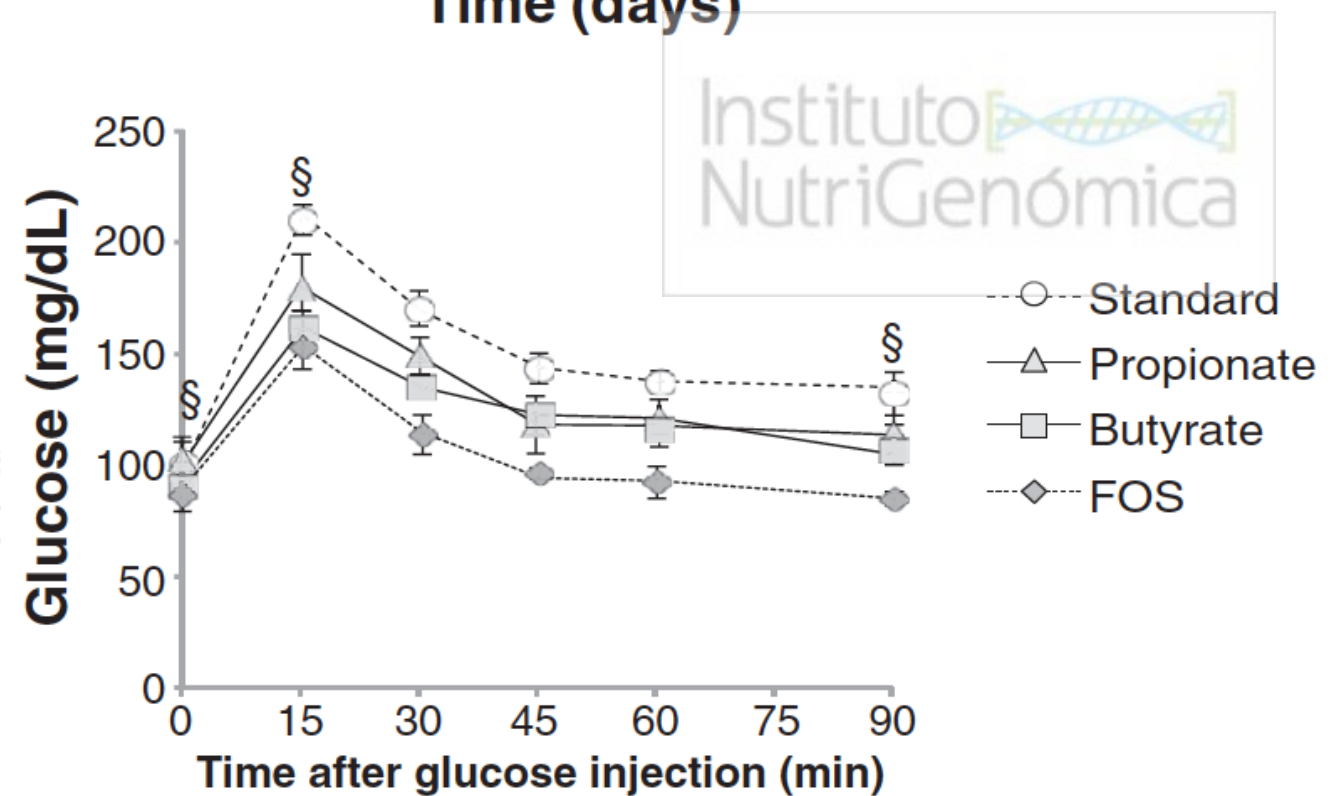
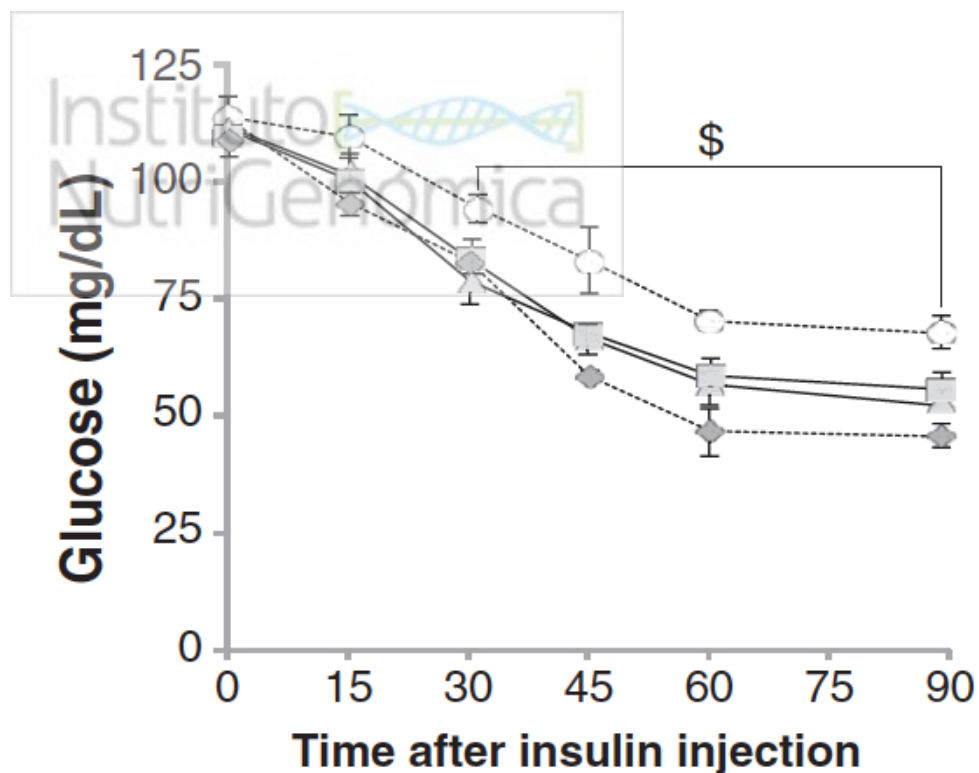
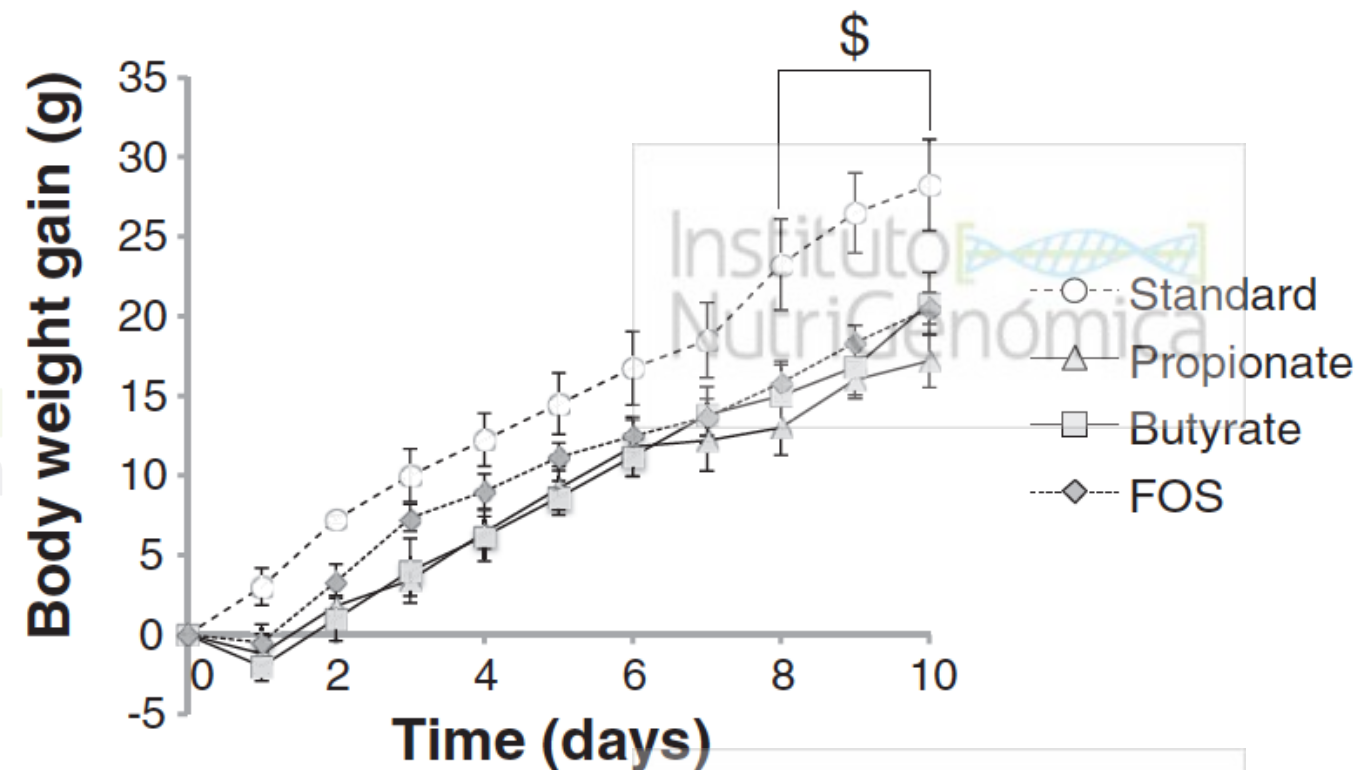
Microbiota y síndrome metabólico

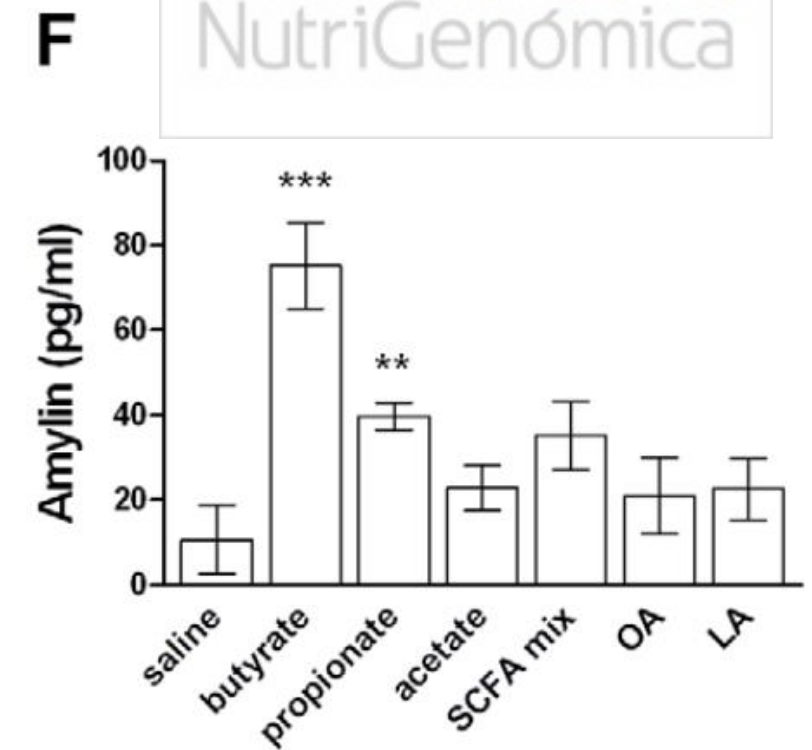
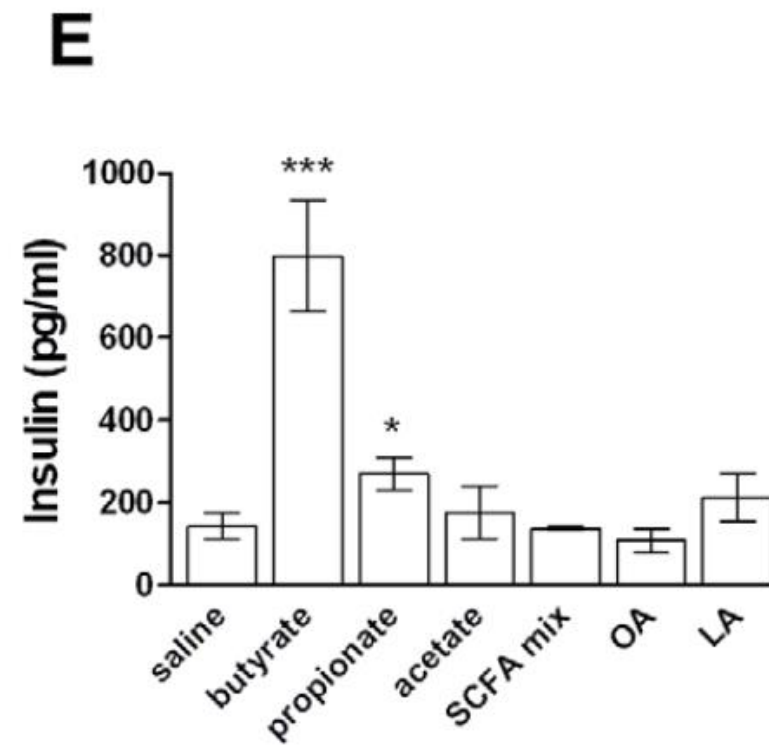
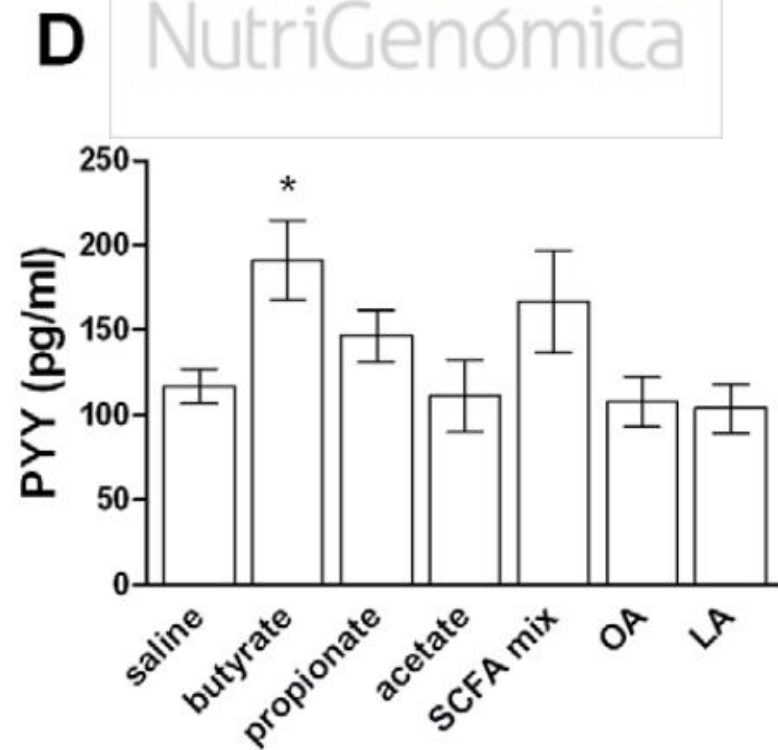
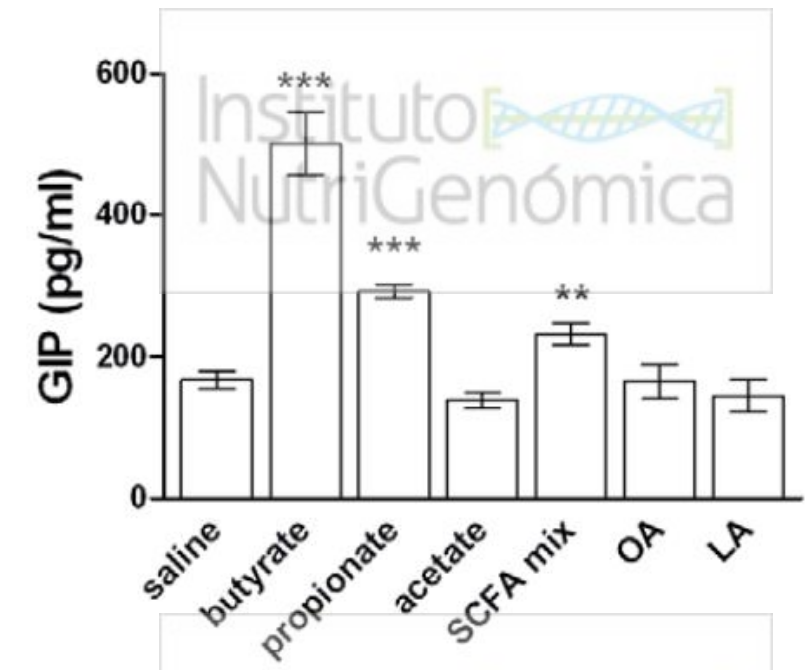
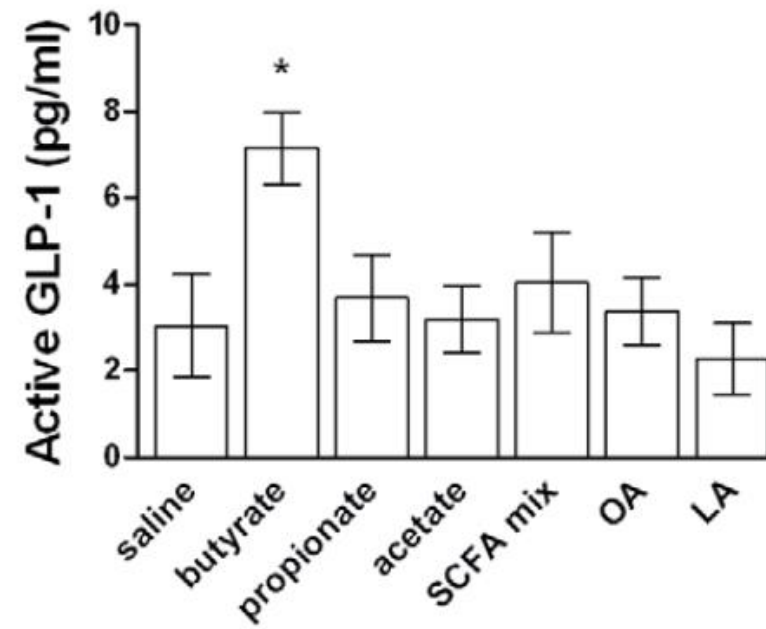
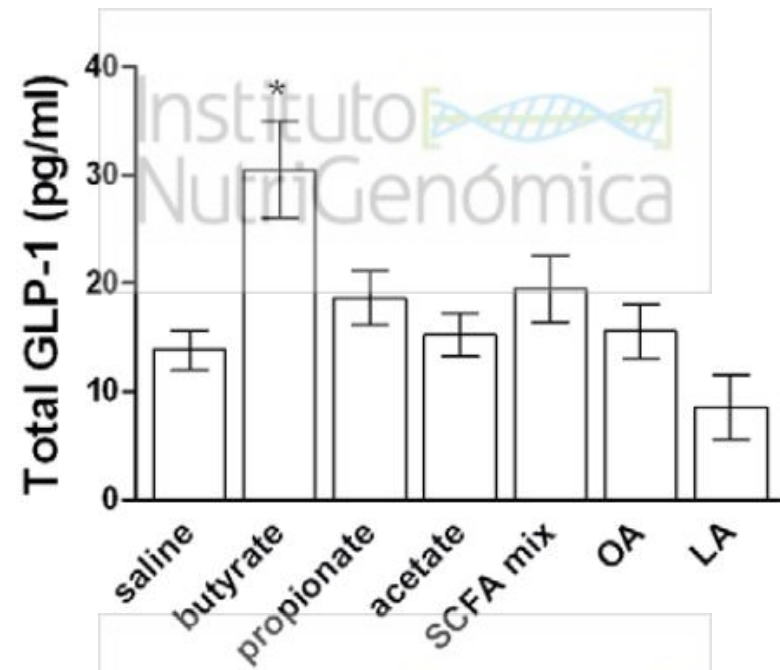
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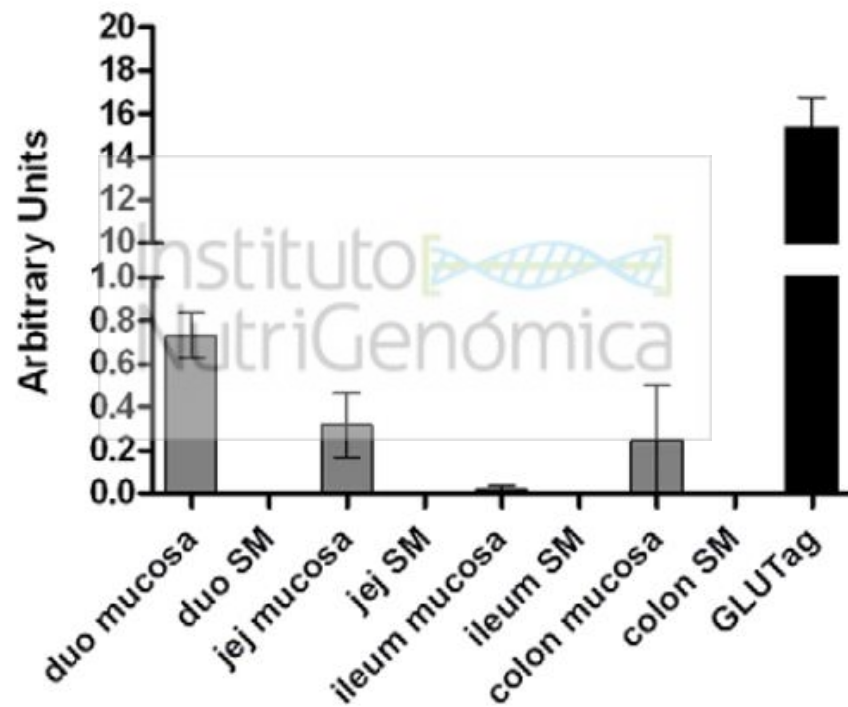
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Efecto de ácidos grasos de cadena corta en parámetros de sensibilidad a la insulina

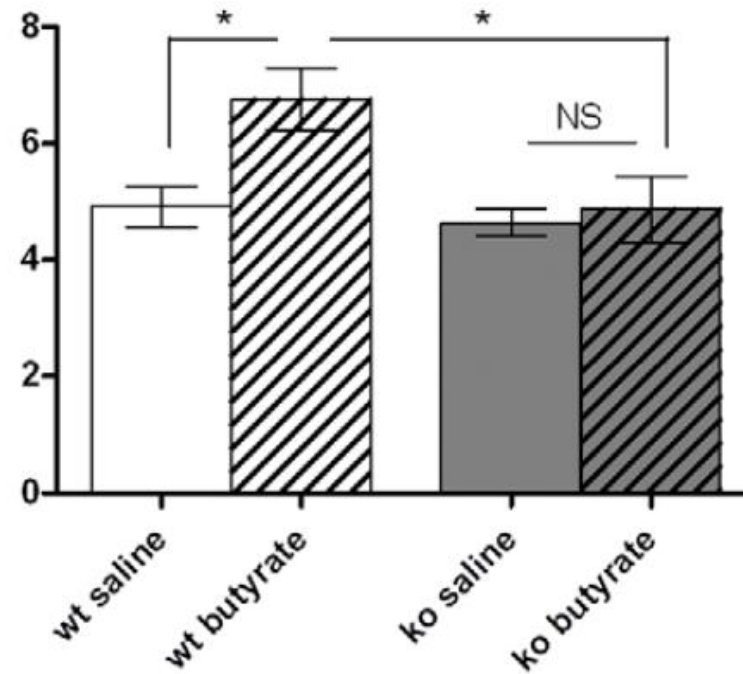




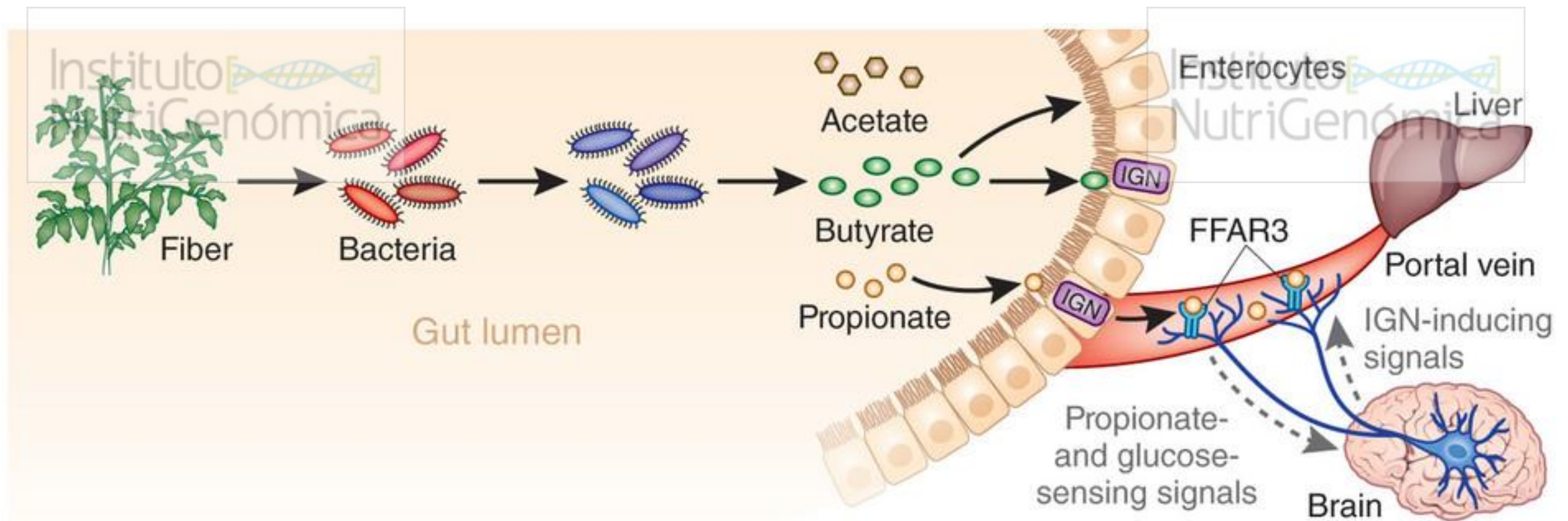
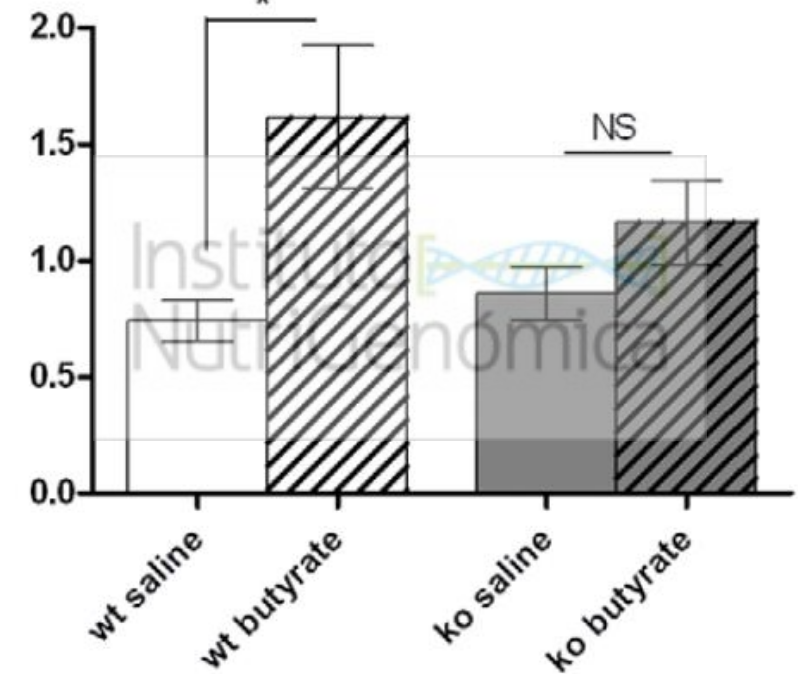
Ffar3 mRNA



Total GLP-1 (pg/ml)



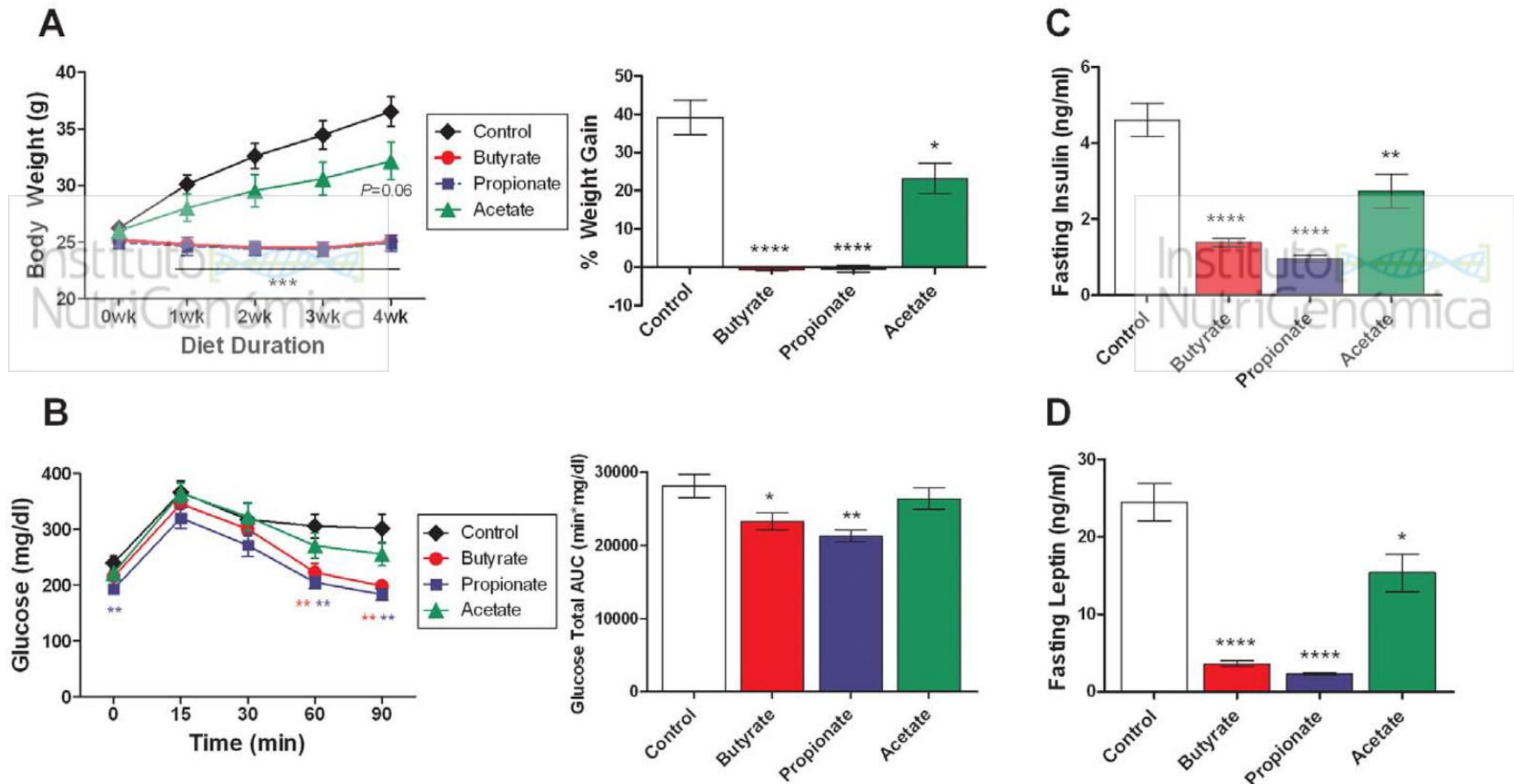
Active GLP-1 (pg/ml)



Butyrate and Propionate Protect against Diet-Induced Obesity and Regulate Gut Hormones via Free Fatty Acid Receptor 3-Independent Mechanisms

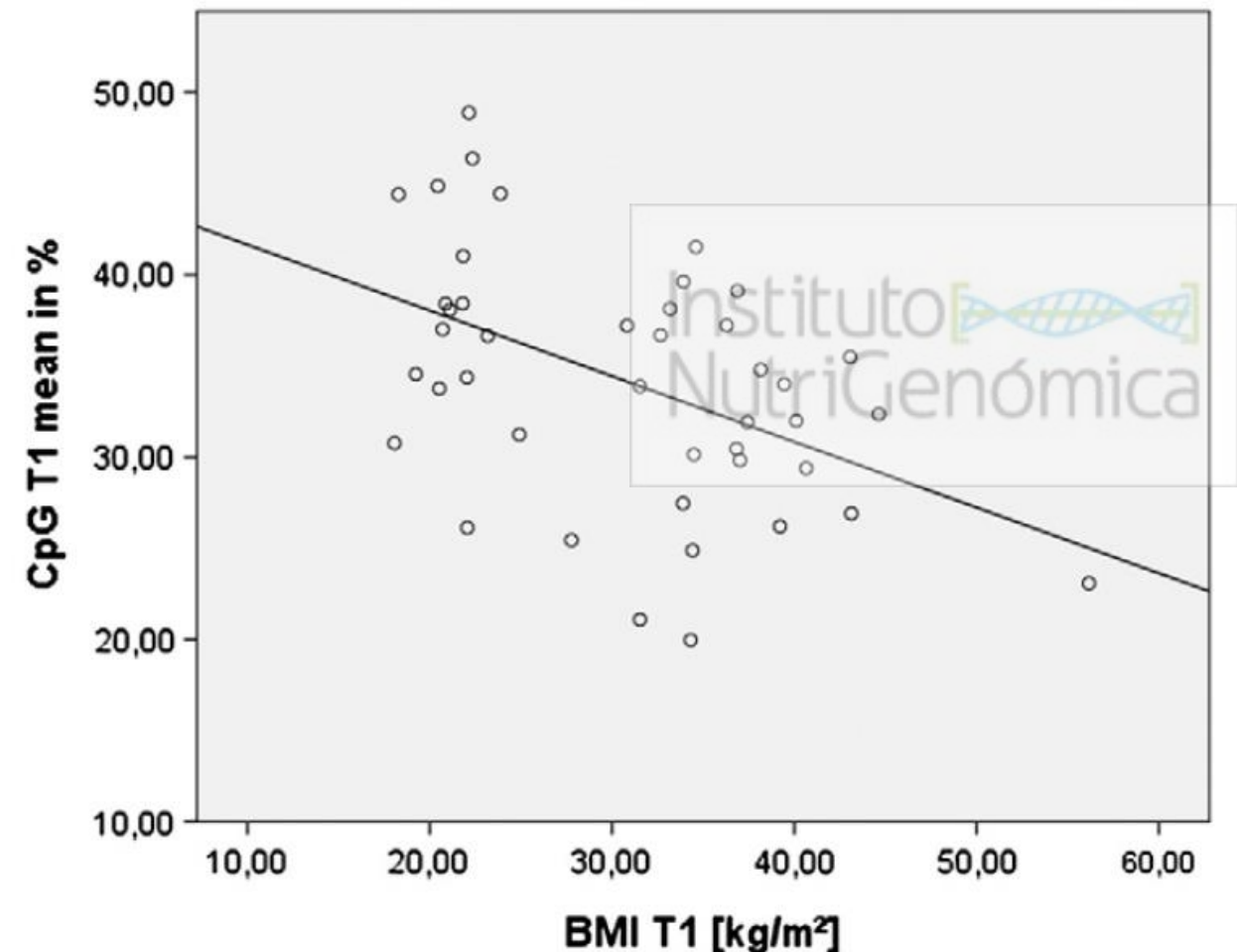
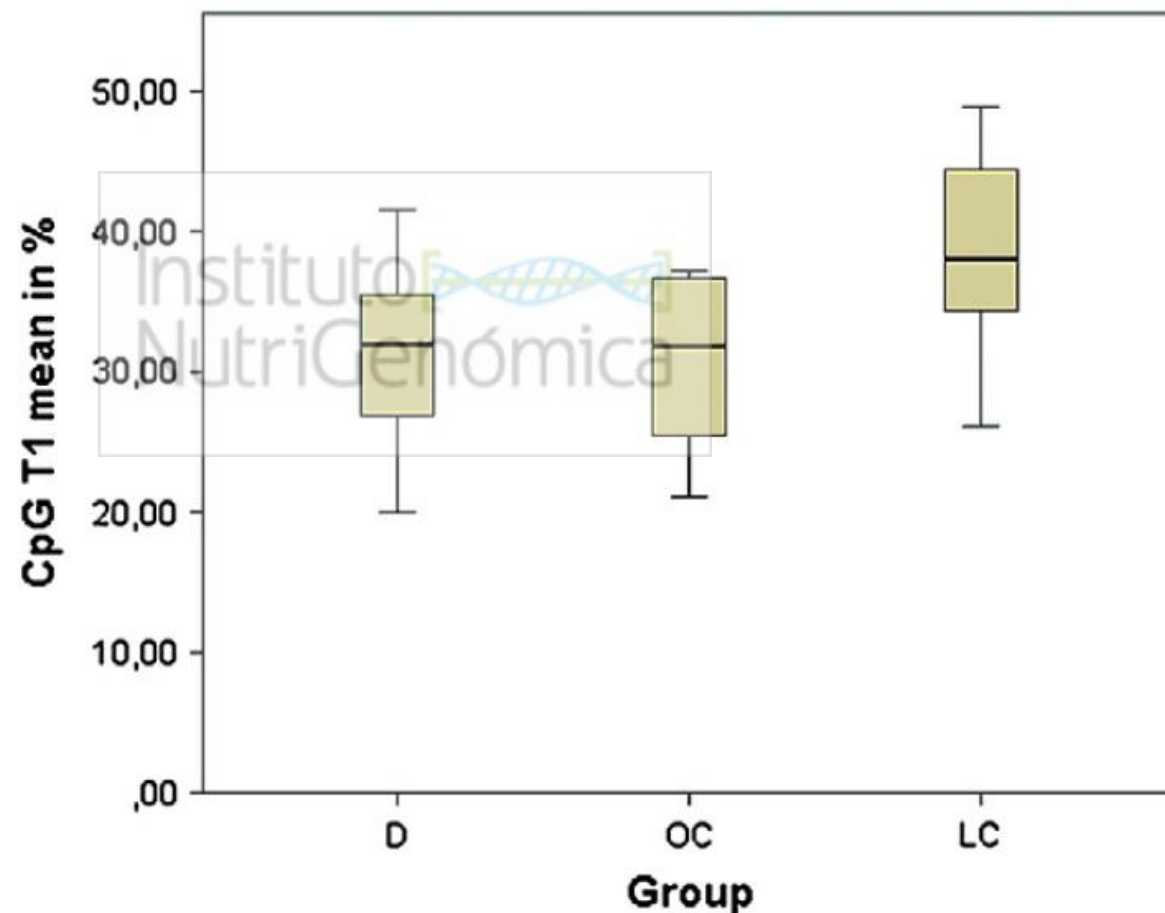
(Lin et al, 2012)

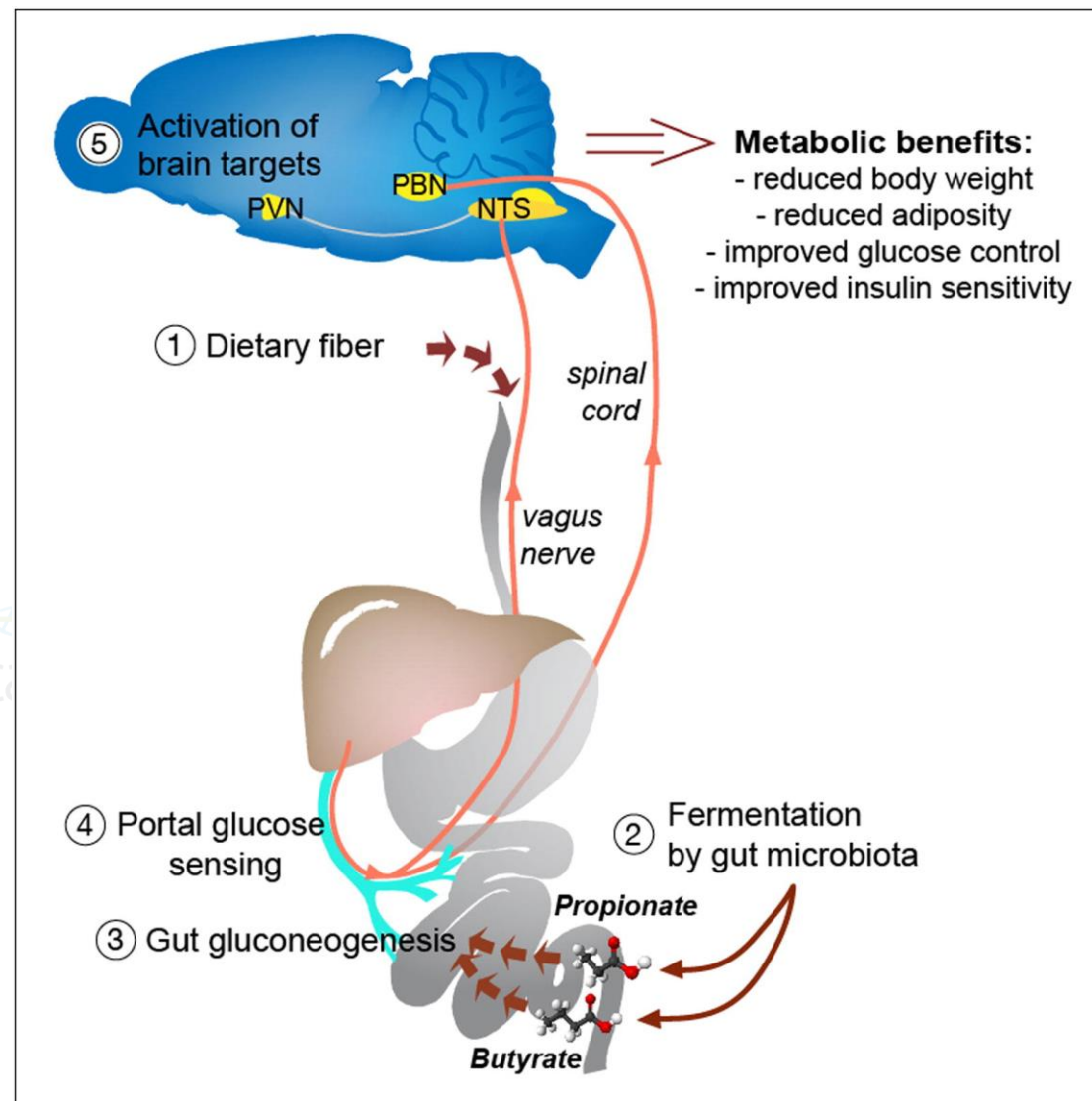
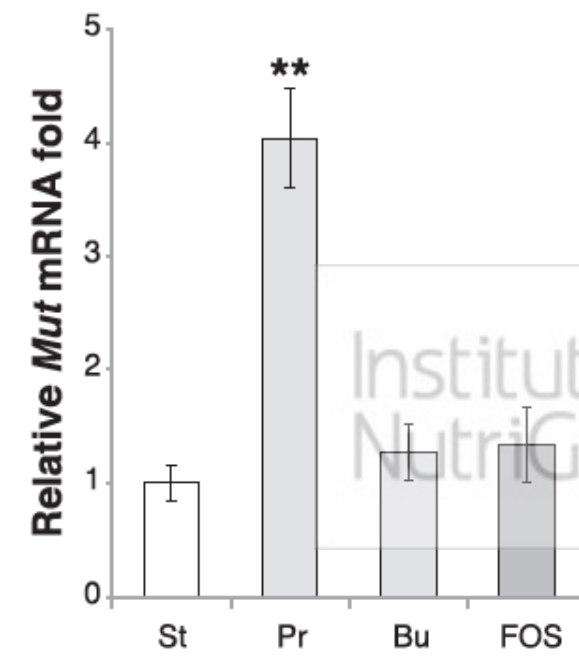
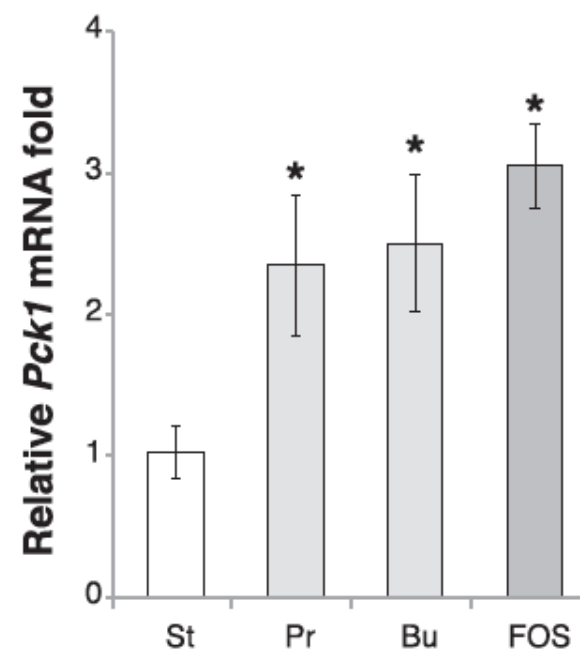
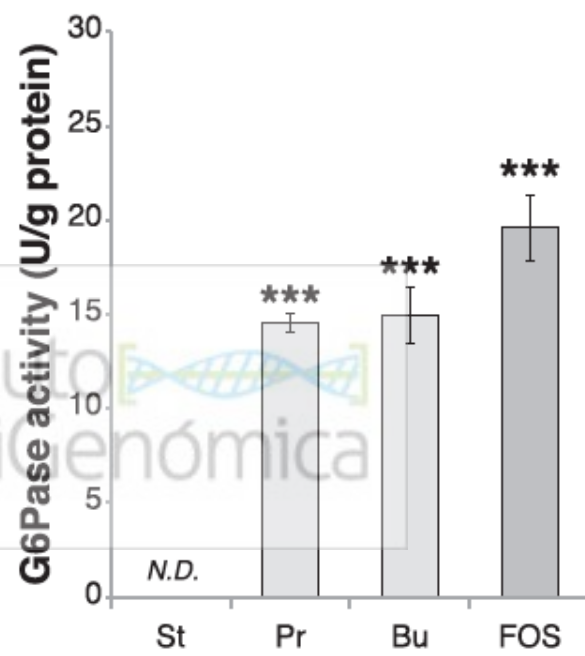
PLoS ONE 7:e35240



Effects of short chain fatty acid producing bacteria on epigenetic regulation of FFAR3 in type 2 diabetes and obesity

(Remely et al, 2014)
Gene 537:85-92





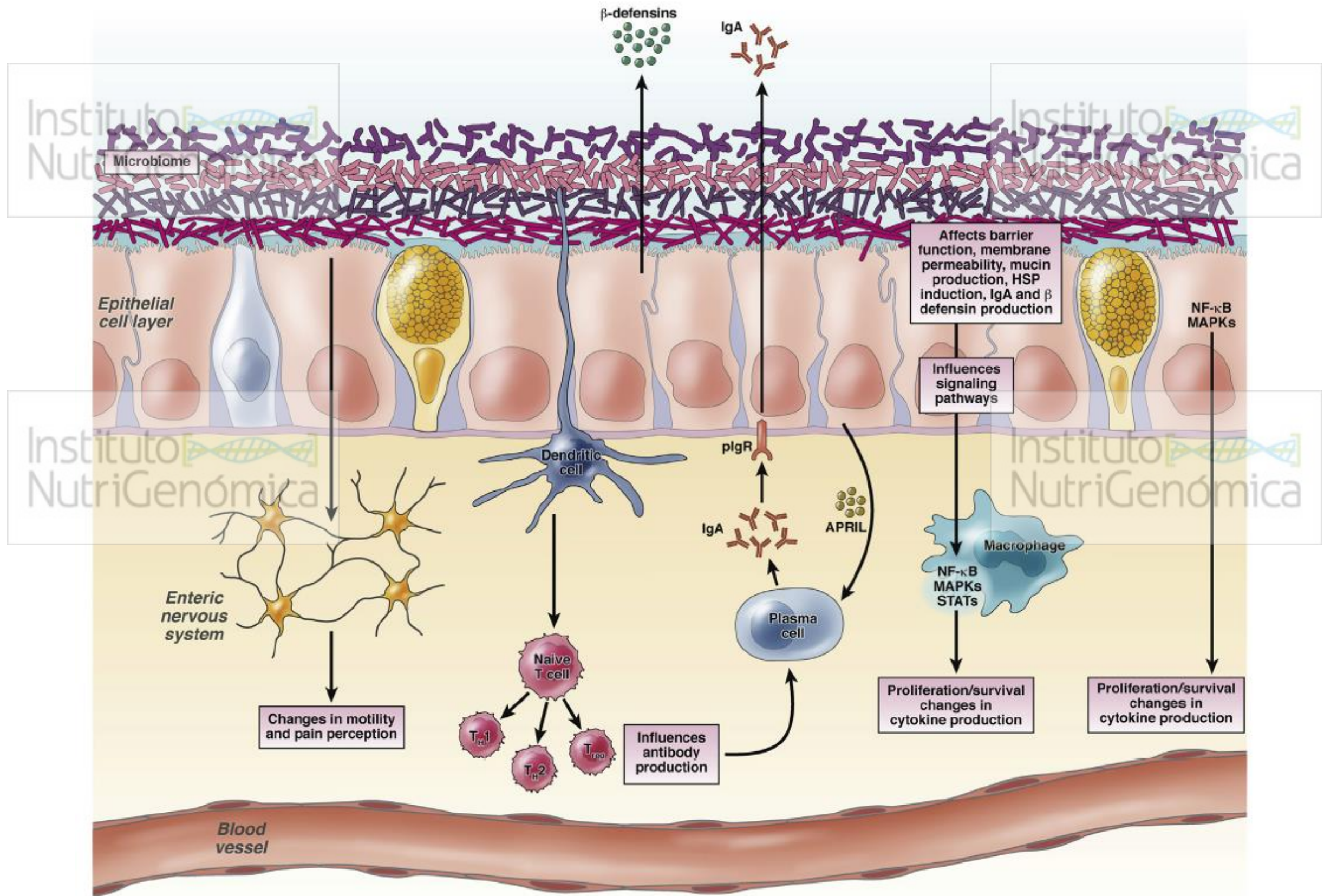
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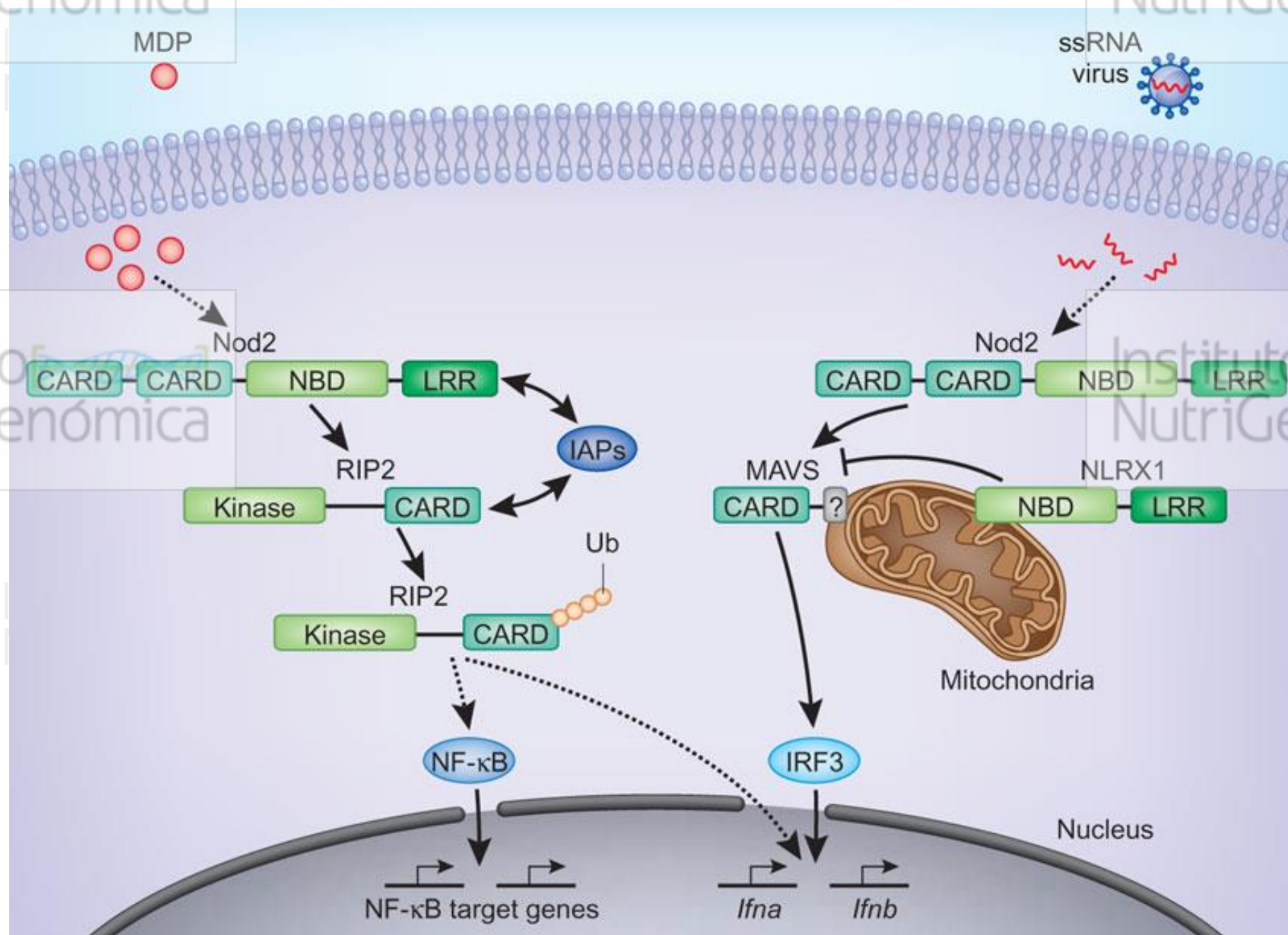
Entendiendo la simbiosis microbiota-huesped



Nod2 is essential for temporal development of intestinal microbial communities

(Rehman et al, 2011)

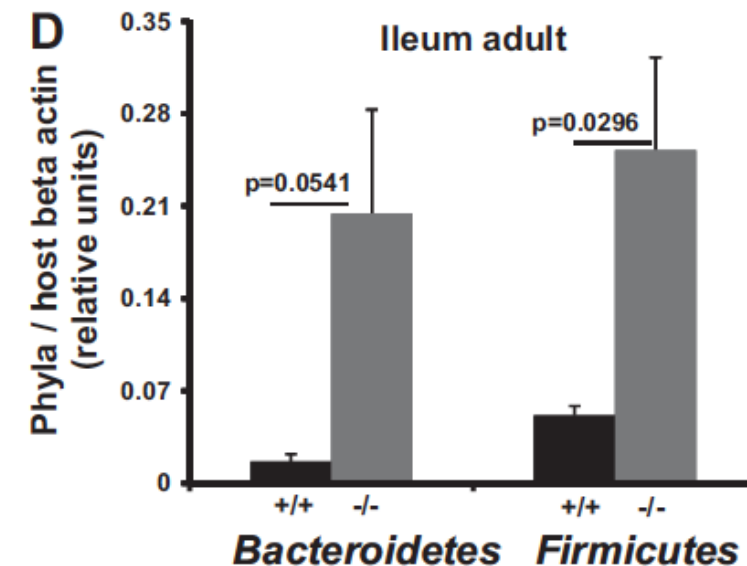
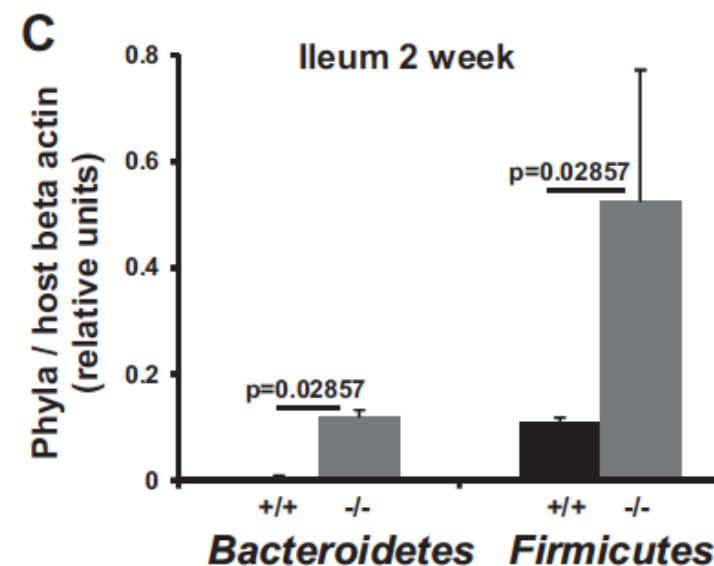
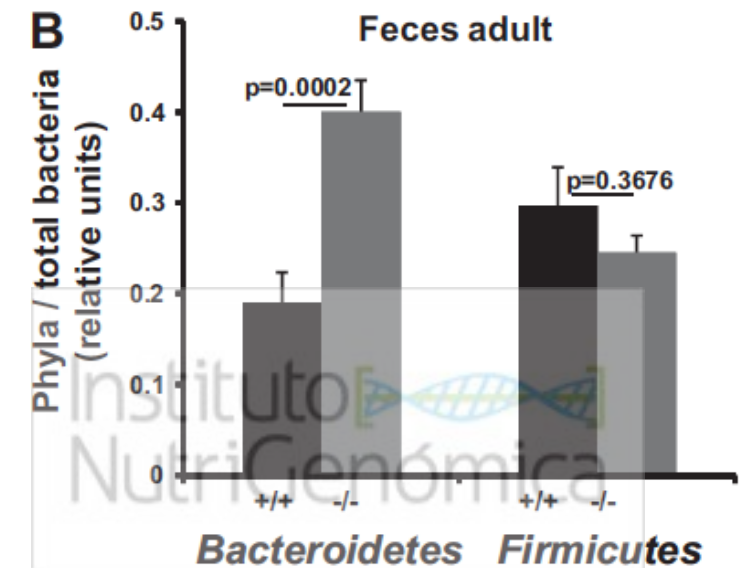
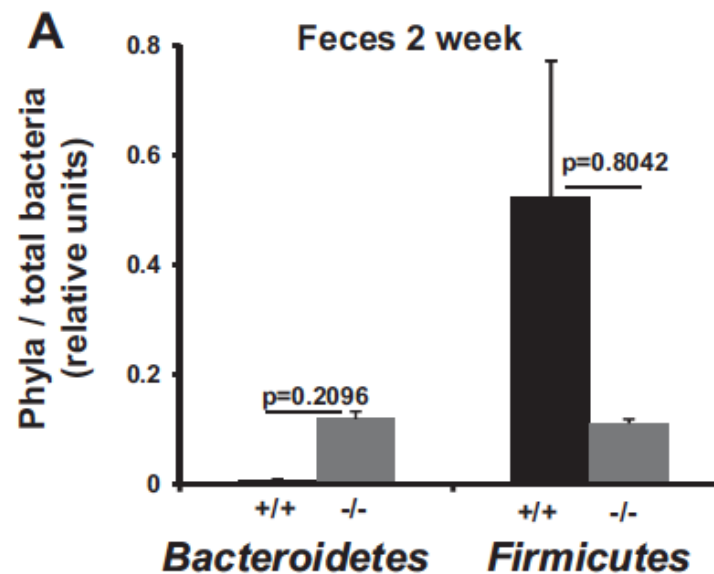
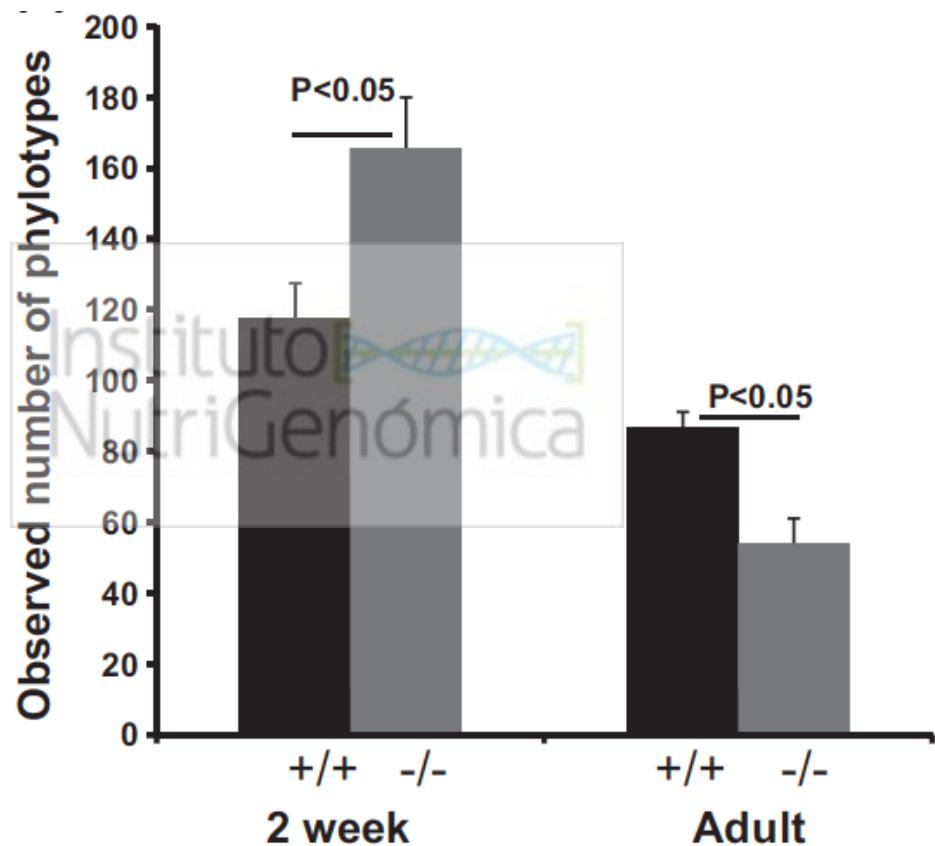
Gut 60:1354-1362



Nod2 is essential for temporal development of intestinal microbial communities

(Rehman et al, 2011)

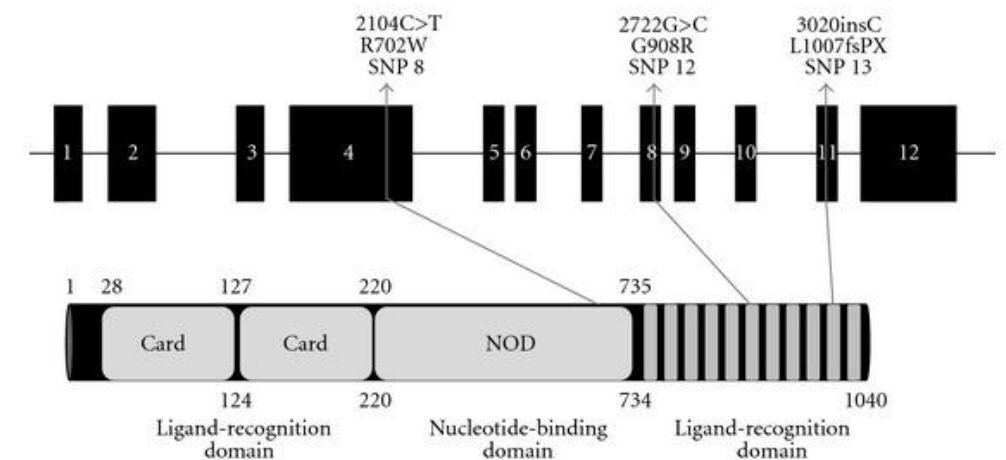
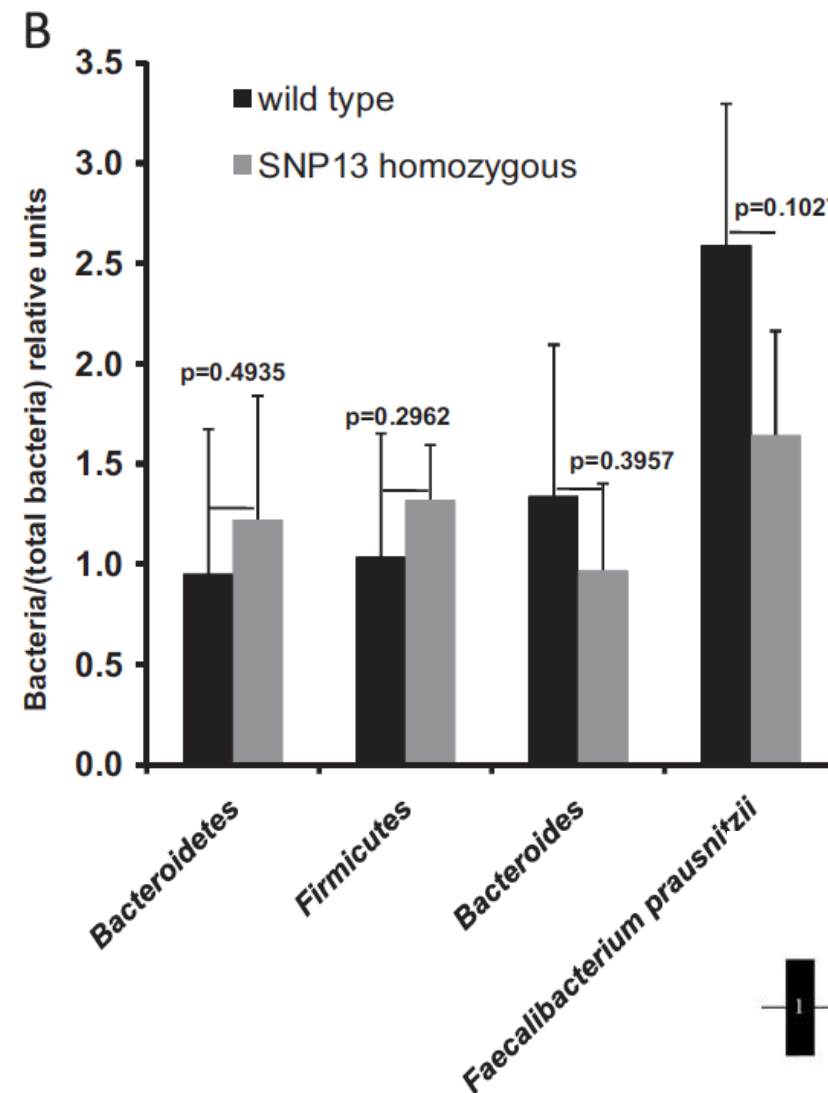
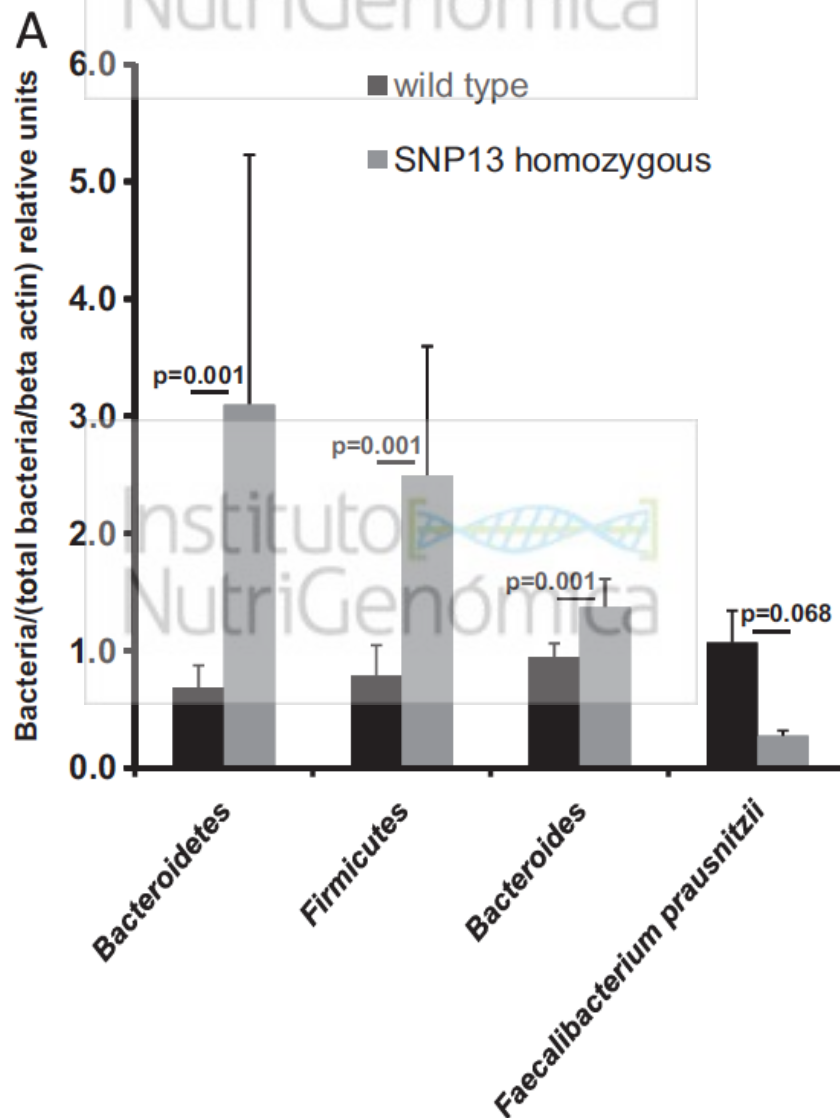
Gut 60:1354-1362

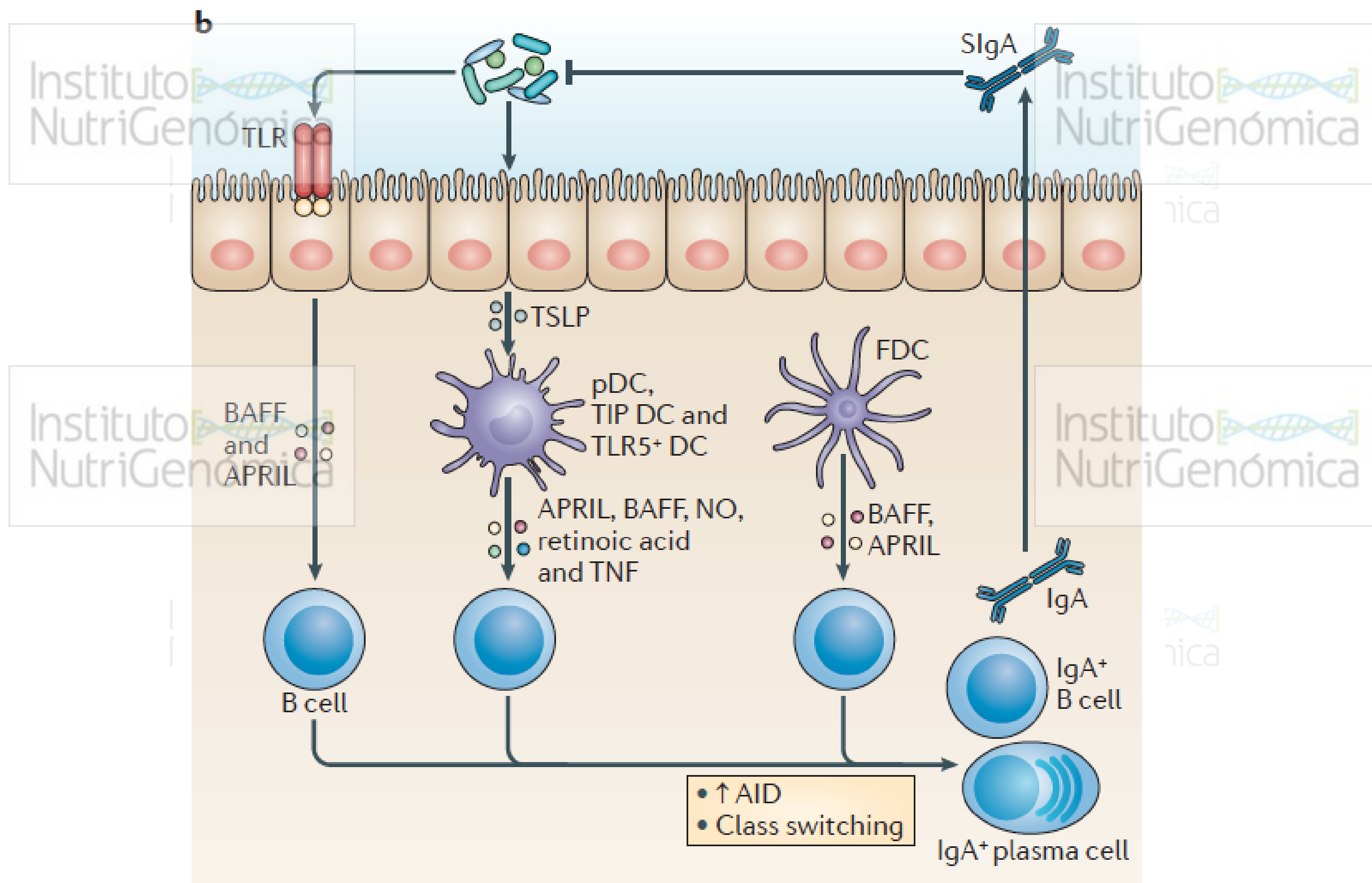


Nod2 is essential for temporal development of intestinal microbial communities

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Gut 60:1354-1362

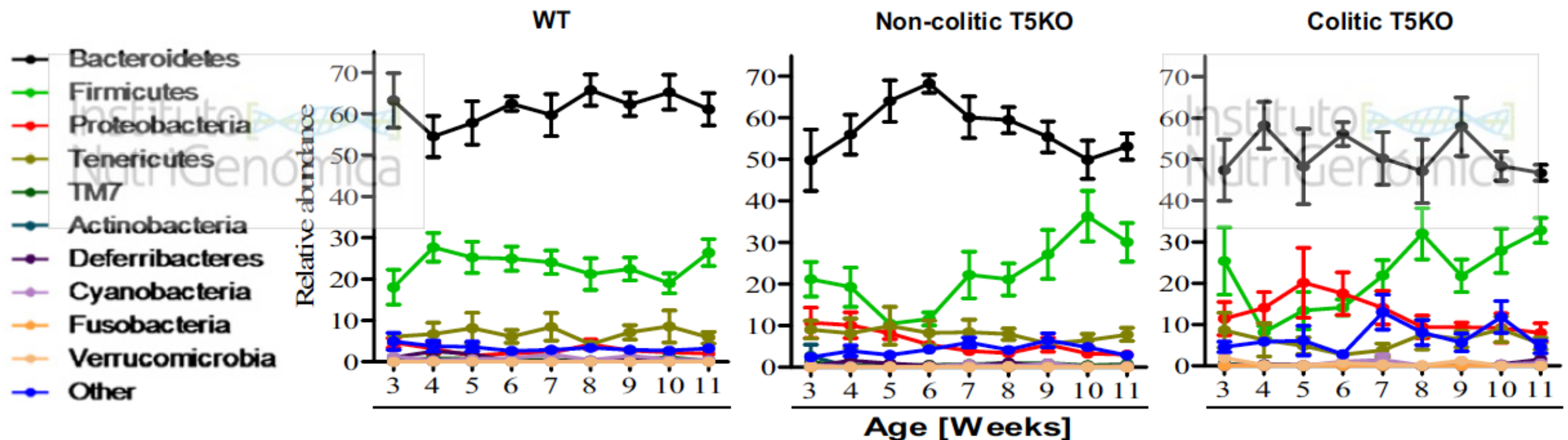




Transient inability to manage proteobacteria promotes chronic gut inflammation in TLR5-deficient mice.

(Carvalho et al, 2012)

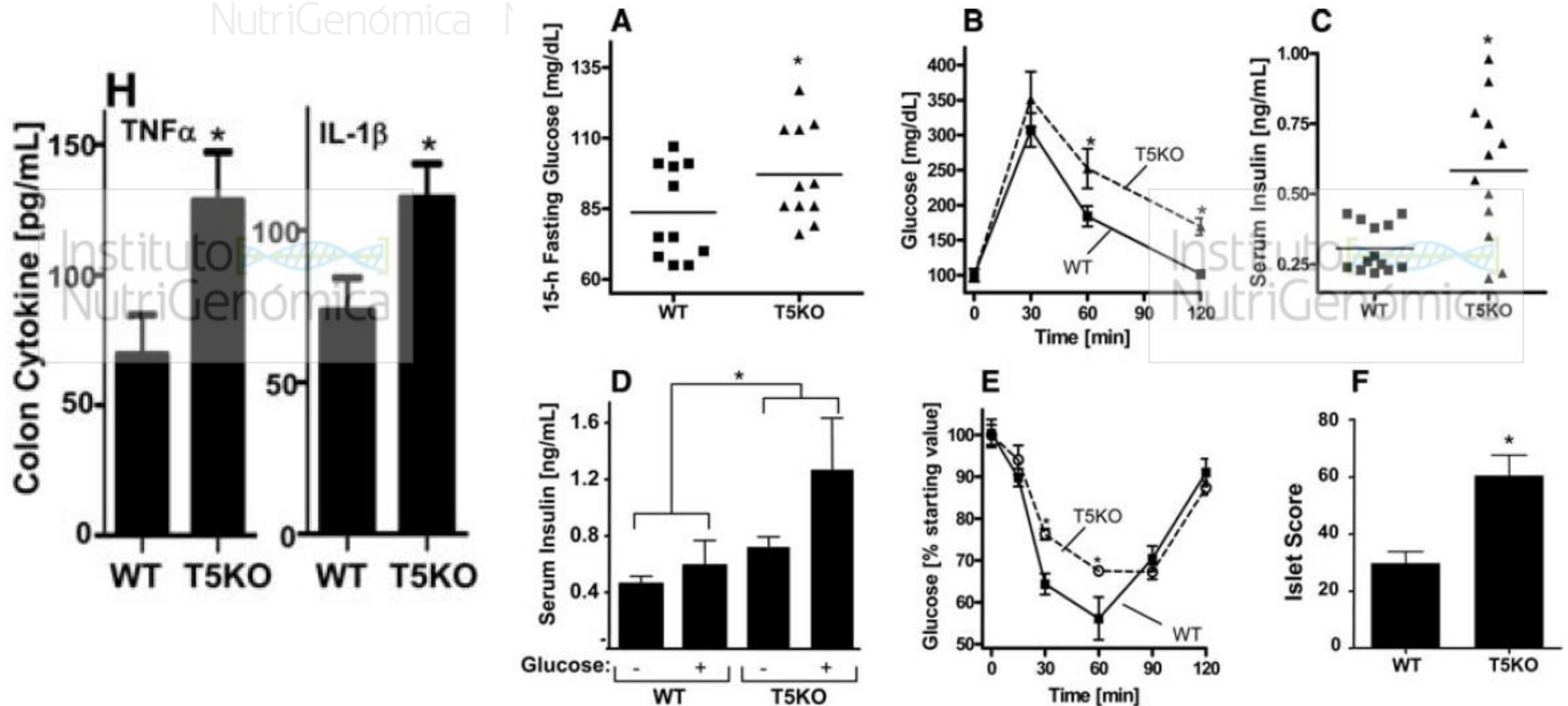
Cell Host Microbe 12:139-152



Metabolic syndrome and altered gut microbiota in mice lacking Toll-like Receptor 5

(Vijay-Kumar et al, 2010)

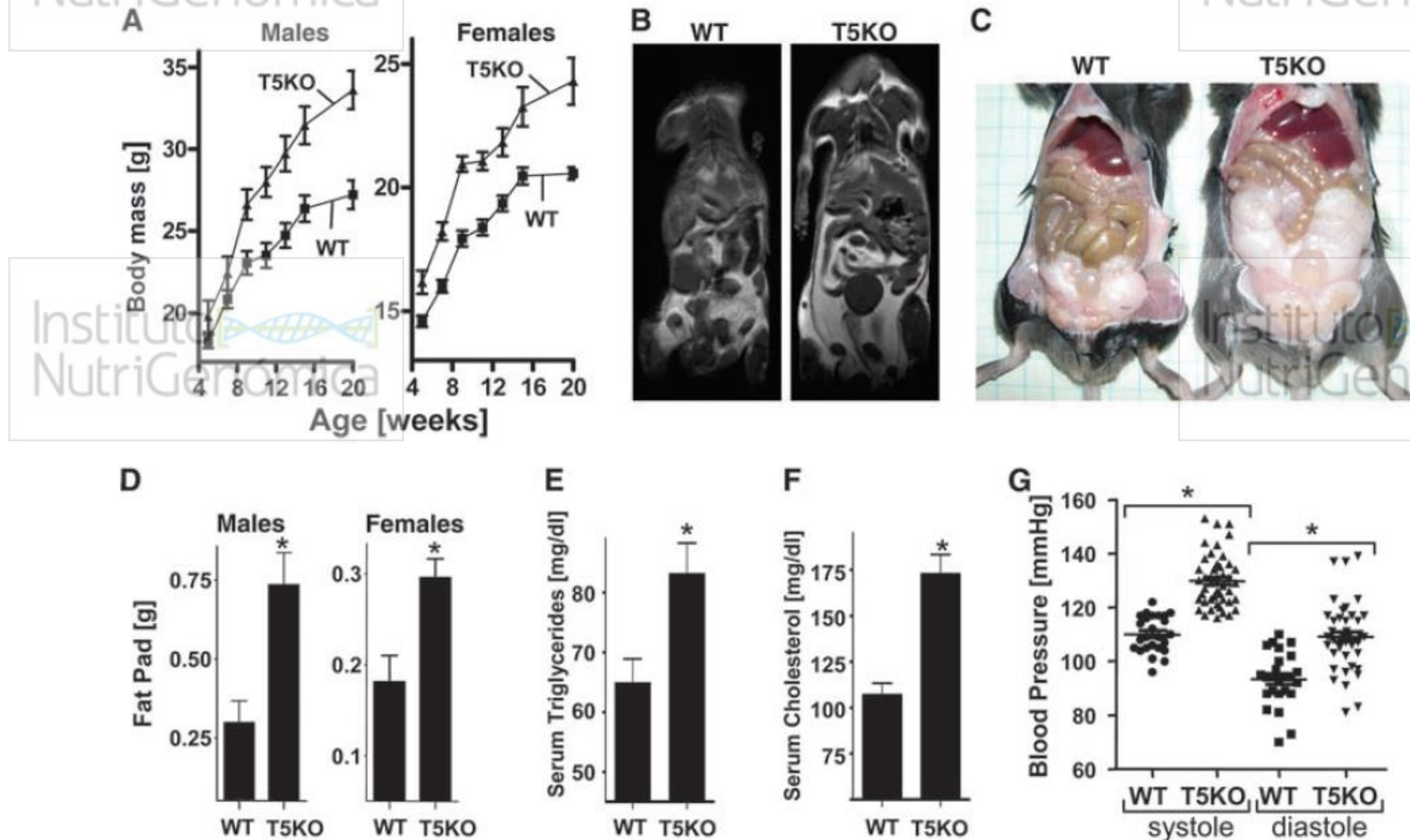
Science 328;228



Metabolic syndrome and altered gut microbiota in mice lacking Toll-like Receptor 5

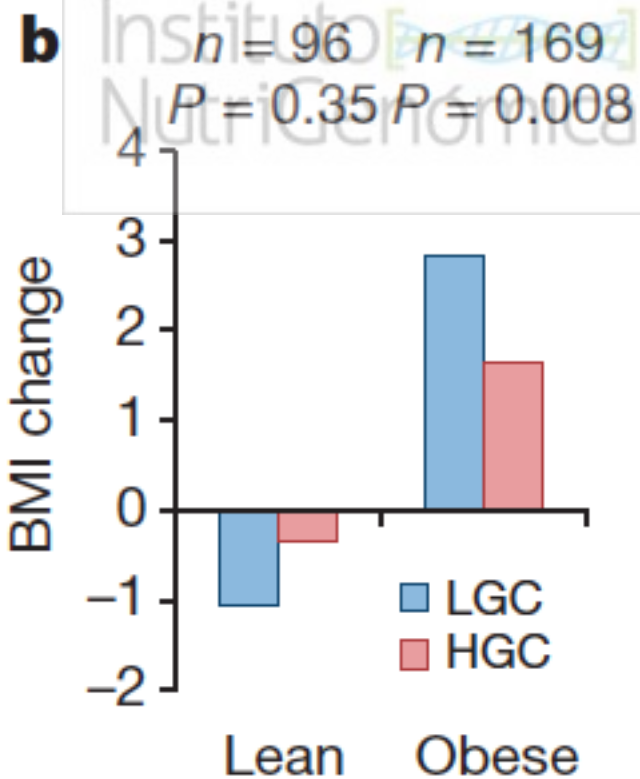
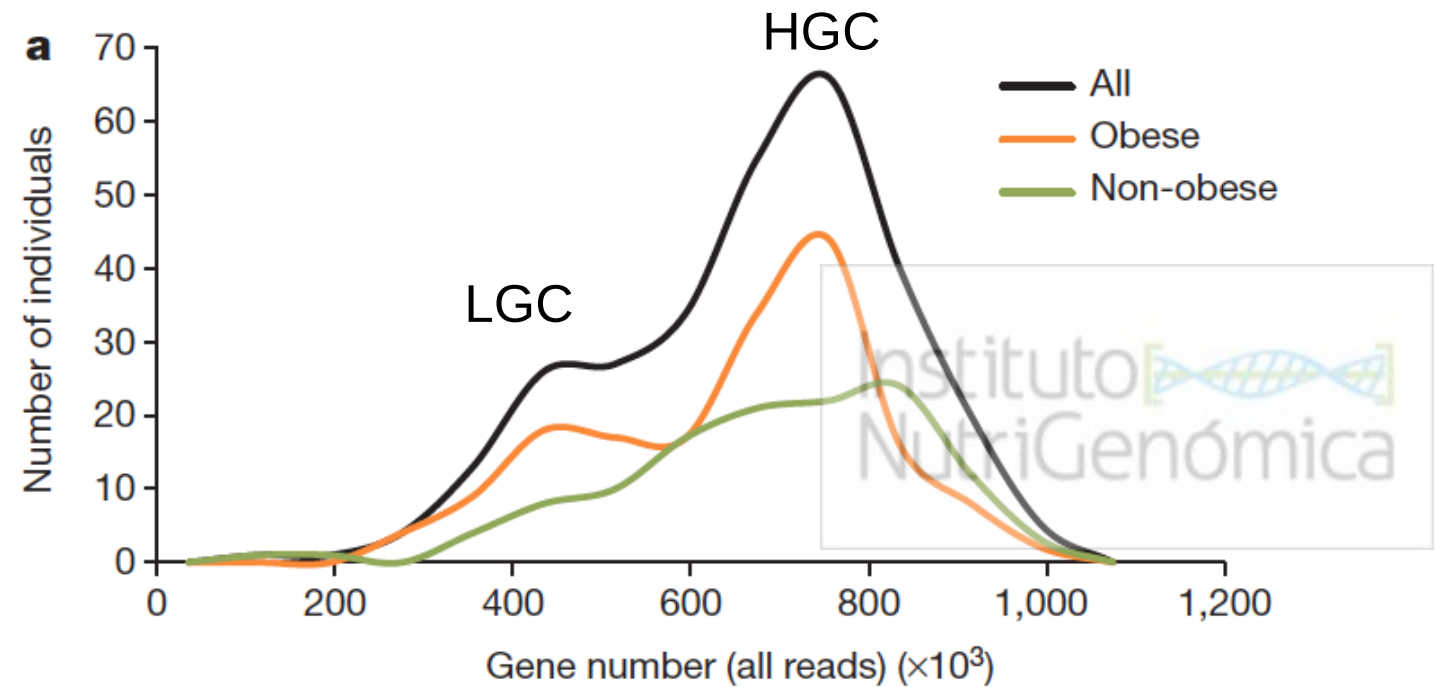
(Vijay-Kumar et al, 2010)

Science 328;228



Richness of human gut microbiome correlates with metabolic markers

(Le Chatelier et al, 2013)
Nature 500:541.



9 años seguimiento

N (men/women)	68 (23/45)	224 (113/111)
Age (years)	55 (50–62)	57 (50–61)
BMI (kg m^{-2})	32 (29–34)	30 (23–33)
Weight (kg)	95 (75–103)	86 (71–102)
Whole body fat (%)	37 (29–42)	31 (25–39)
S-insulin (pmol l^{-1})	50 (35–91)	44 (26–66)
HOMA-IR	1.9 (1.2–3.3)	1.6 (0.9–2.6)
P-triglycerides (mmol l^{-1})	1.32 (0.97–1.76)	1.15 (0.82–1.57)
P-free fatty acids (mmol l^{-1})	0.55 (0.39–0.70)	0.48 (0.35–0.60)
P-ALT (U l^{-1})	20 (14–30)	19 (15–26)
S-leptin ($\mu\text{g l}^{-1}$)	17.0 (6.7–32.6)	8.3 (3.4–26.4)
S-adiponectin (mg l^{-1})	7.5 (5.5–12.9)	9.6 (6.7–13.7)
B-leucocytes (10^9l^{-1})	6.4 (5.2–7.8)	5.6 (4.8–6.9)
B-lymphocytes (10^9l^{-1})	2.1 (1.6–2.3)	1.8 (1.5–2.1)
P-hsCRP (mg l^{-1})	2.3 (1.1–5.7)	1.4 (0.6–2.7)
S FIAF ($\mu\text{g l}^{-1}$)	88 (72–120)	78 (60–101)

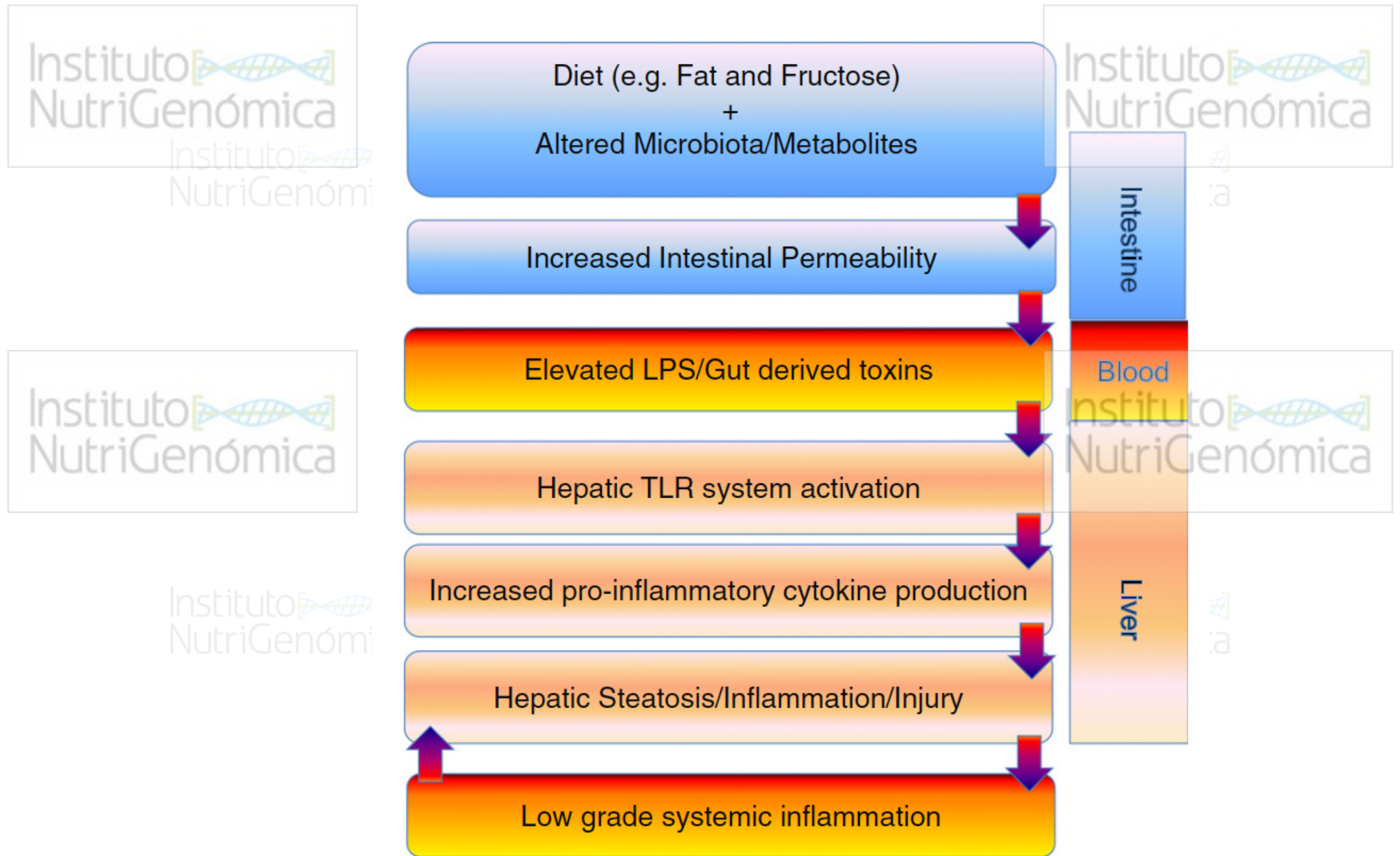
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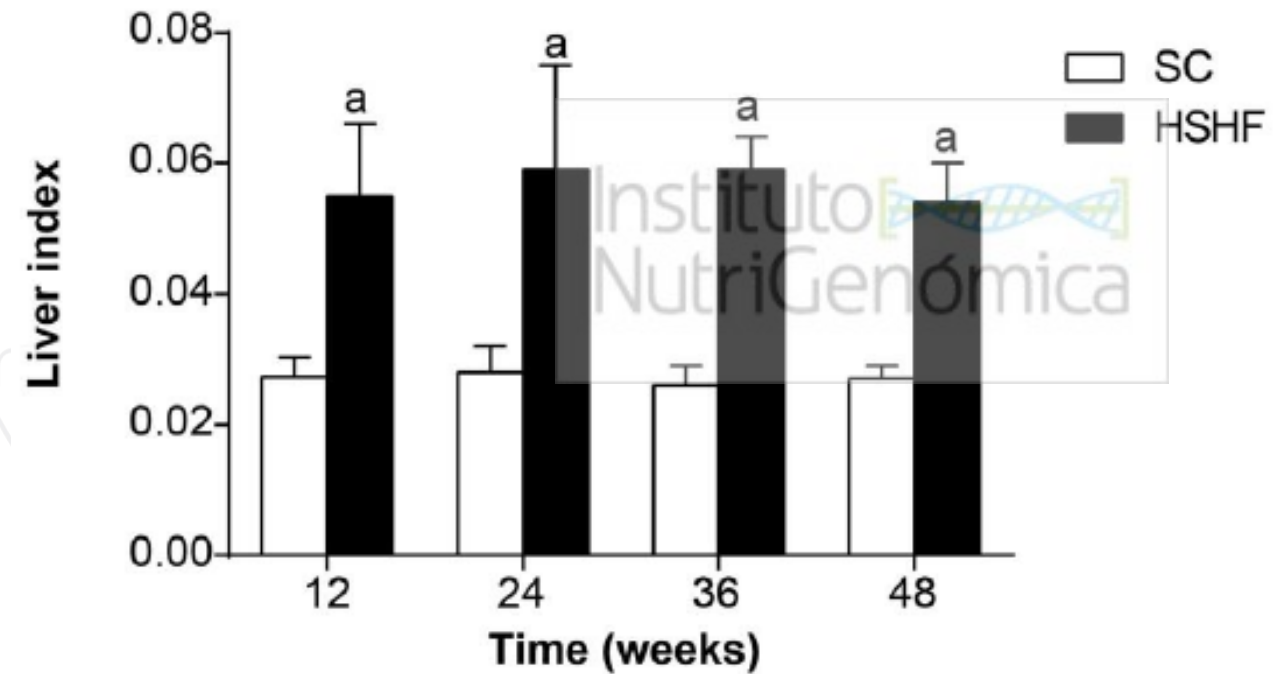
Eje intestino-hígado y esteatohepatitis no alcohólica



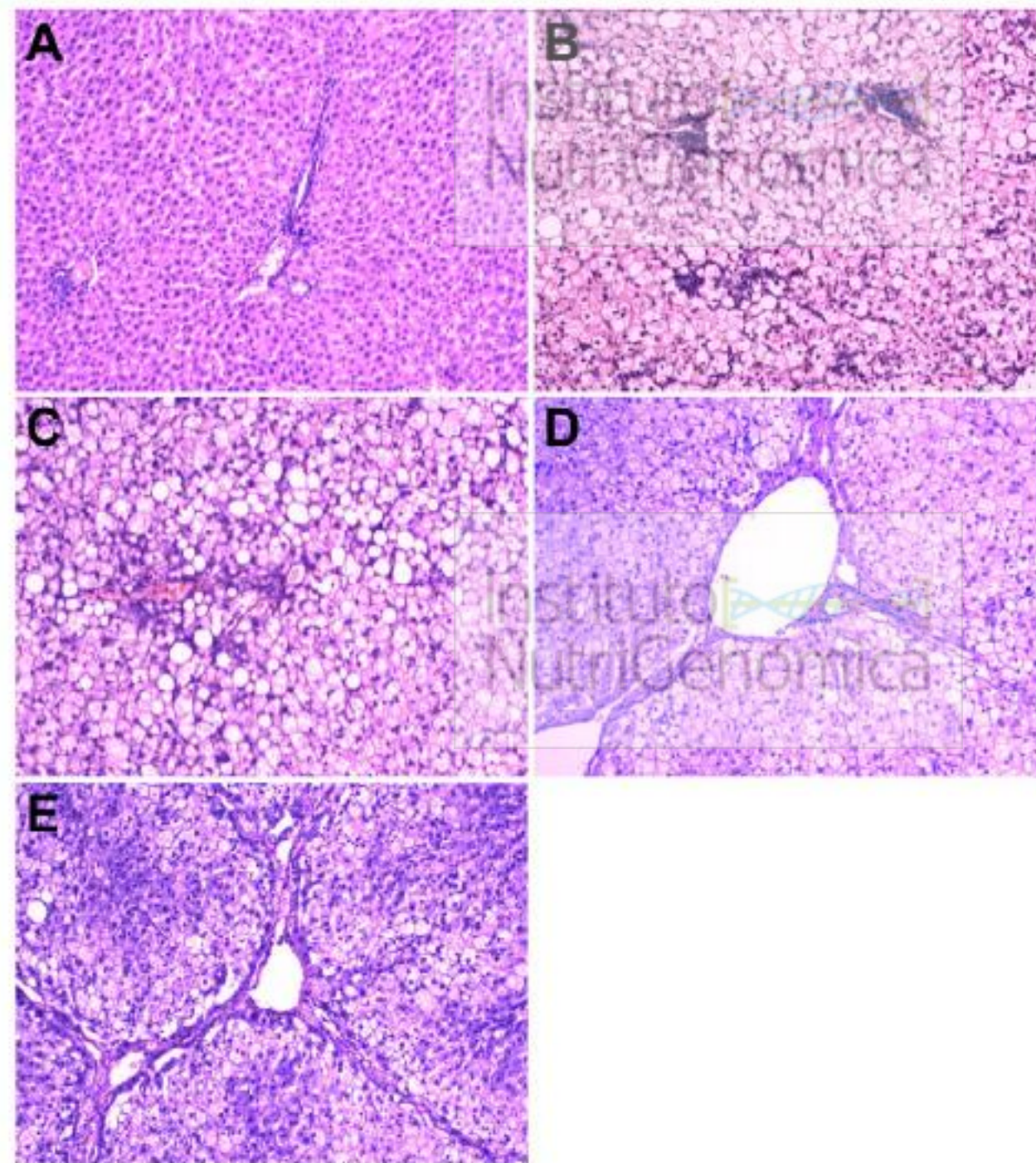
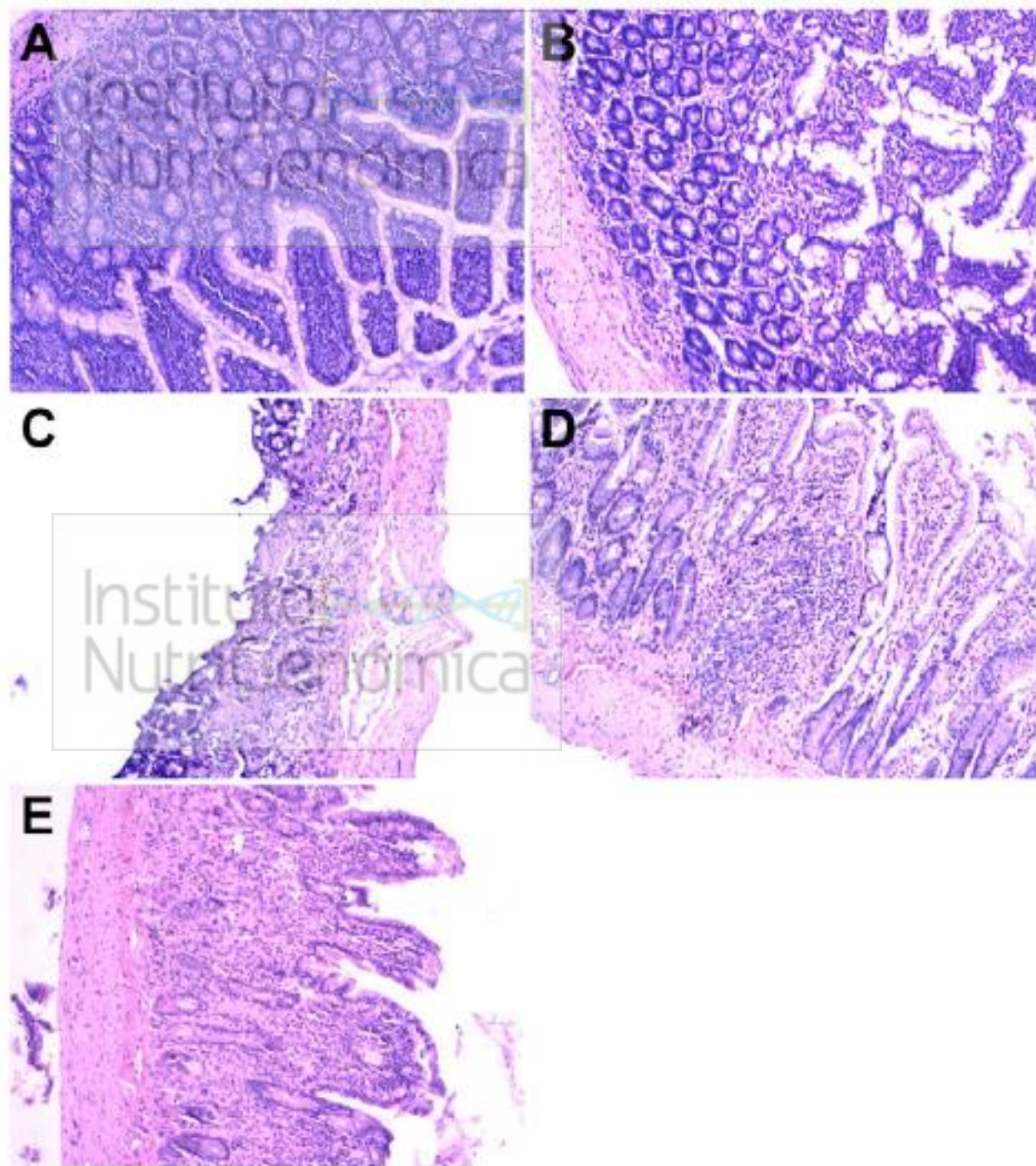
A model of metabolic syndrome and related diseases with intestinal endotoxemia in rats fed a high fat and high sucrose diet.

(Zhou et al, 2014)

PLoS One, 9:e115148



Indexes	Groups	12 th week	24 th week	36 th week	48 th week
LPS, EU/ml	SC	0.07 ± 0.01	0.07 ± 0.01	0.08 ± 0.01	0.08 ± 0.01
	HSHF	0.67 ± 0.07 ^a	0.73 ± 0.09 ^a	0.74 ± 0.07 ^a	0.74 ± 0.08 ^a
ALP, U/gprot	SC	0.015 ± 0.008	0.019 ± 0.007	0.02 ± 0.013	0.019 ± 0.016
	HSHF	0.05 ± 0.017 ^a	0.073 ± 0.02 ^a	0.075 ± 0.02 ^a	0.075 ± 0.024 ^a
TNFα, ng/ml	SC	1.09 ± 0.21	1.02 ± 0.13	7.24 ± 1.48	6.56 ± 3.5
	HSHF	2.01 ± 0.75 ^a	2.1 ± 0.31 ^a	1.96 ± 0.31 ^a	1.93 ± 0.30 ^a
TNFα in pancreas, ng/ml	SC	0.02 ± 0.01	0.02 ± 0.004	0.019 ± 0.01	0.018 ± 0.005
	HSHF	0.02 ± 0.01	0.03 ± 0.02	0.15 ± 0.04 ^{abc}	0.17 ± 0.045 ^{abc}
TNFα in fat, ng/ml	SC	0.022 ± 0.01	0.017 ± 0.004	0.019 ± 0.003	0.016 ± 0.004
	HSHF	0.063 ± 0.01 ^a	0.094 ± 0.01 ^{ab}	0.166 ± 0.027 ^{abc}	0.18 ± 0.031 ^{abc}
IL-6, pg/ml	SC	0.11 ± 0.05	0.10 ± 0.21	0.10 ± 0.014	0.11 ± 0.013
	HSHF	0.18 ± 0.03 ^a	0.24 ± 0.03 ^a	0.24 ± 0.041 ^a	0.25 ± 0.042 ^a



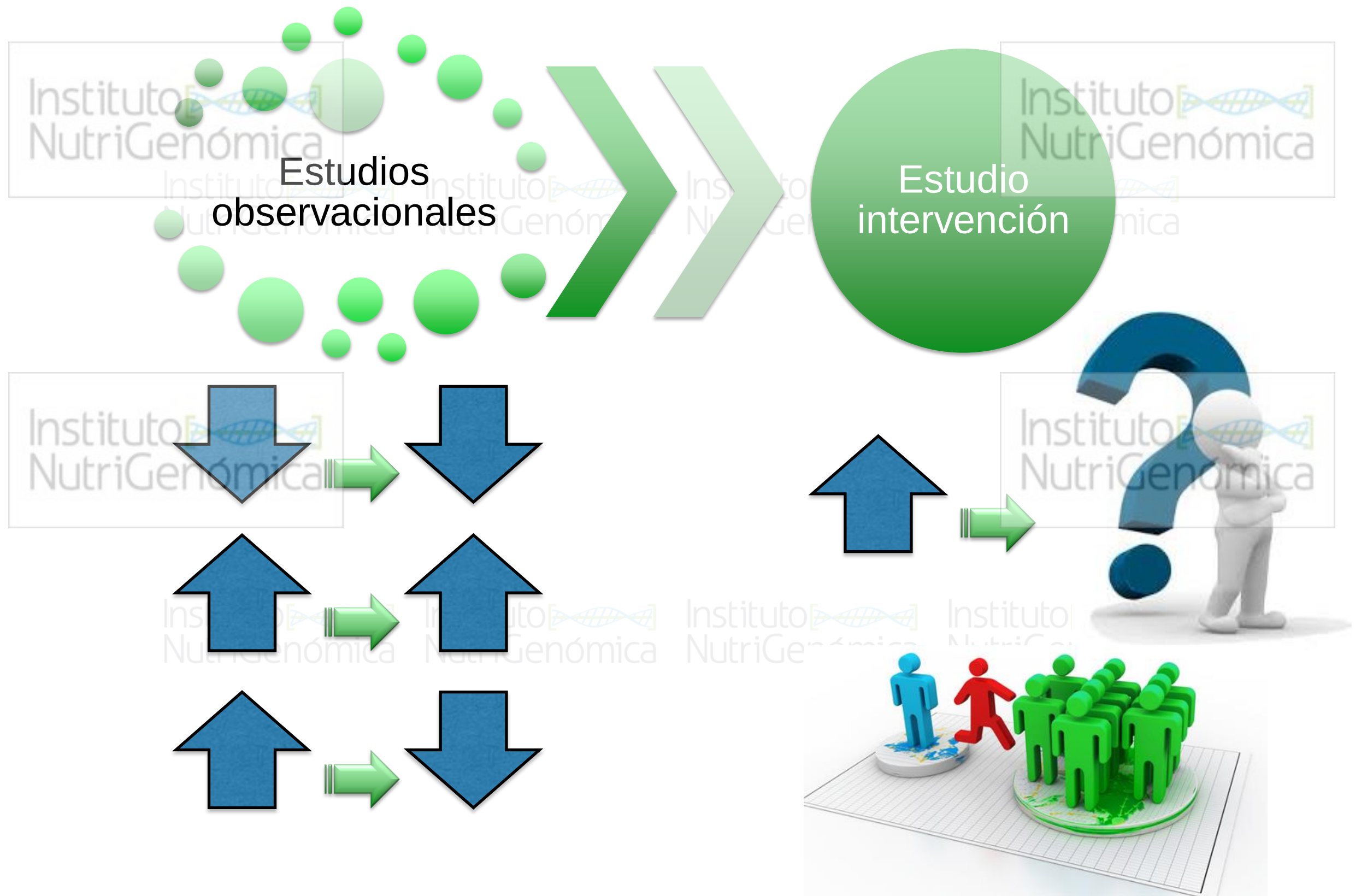
Microbiota y síndrome metabólico

- Obesidad e insulinoresistencia -

Índice

1. La microbiota intestinal como factor clave en el inicio y desarrollo del síndrome metabólico
2. Ácidos grasos de cadena corta y síndrome metabólico
3. Entendiendo el concepto de simbiosis microbiota-huesped
4. Eje intestino-hígado y esteatohepatitis no alcohólica
- 5. Modulación de la microflora intestinal como diana terapéutica**
6. Efecto de los probióticos en el control glucémico
7. Efecto de los edulcorantes artificiales, microbiota colónica y síndrome metabólico

Limitaciones de la información actual

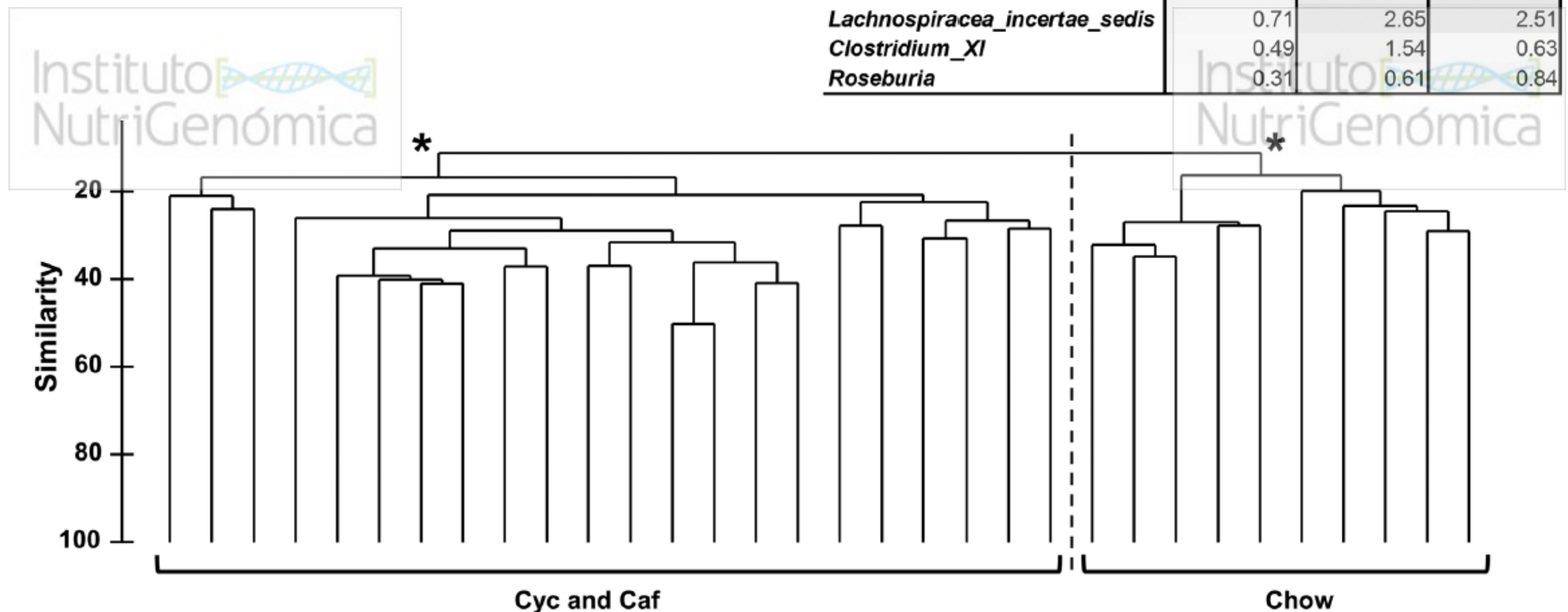


Alternating or continuous exposure to cafeteria diet leads to similar shifts in gut microbiota compared to chow diet

(Kaakoush et al, 2016)

Mol Nutr Food Res

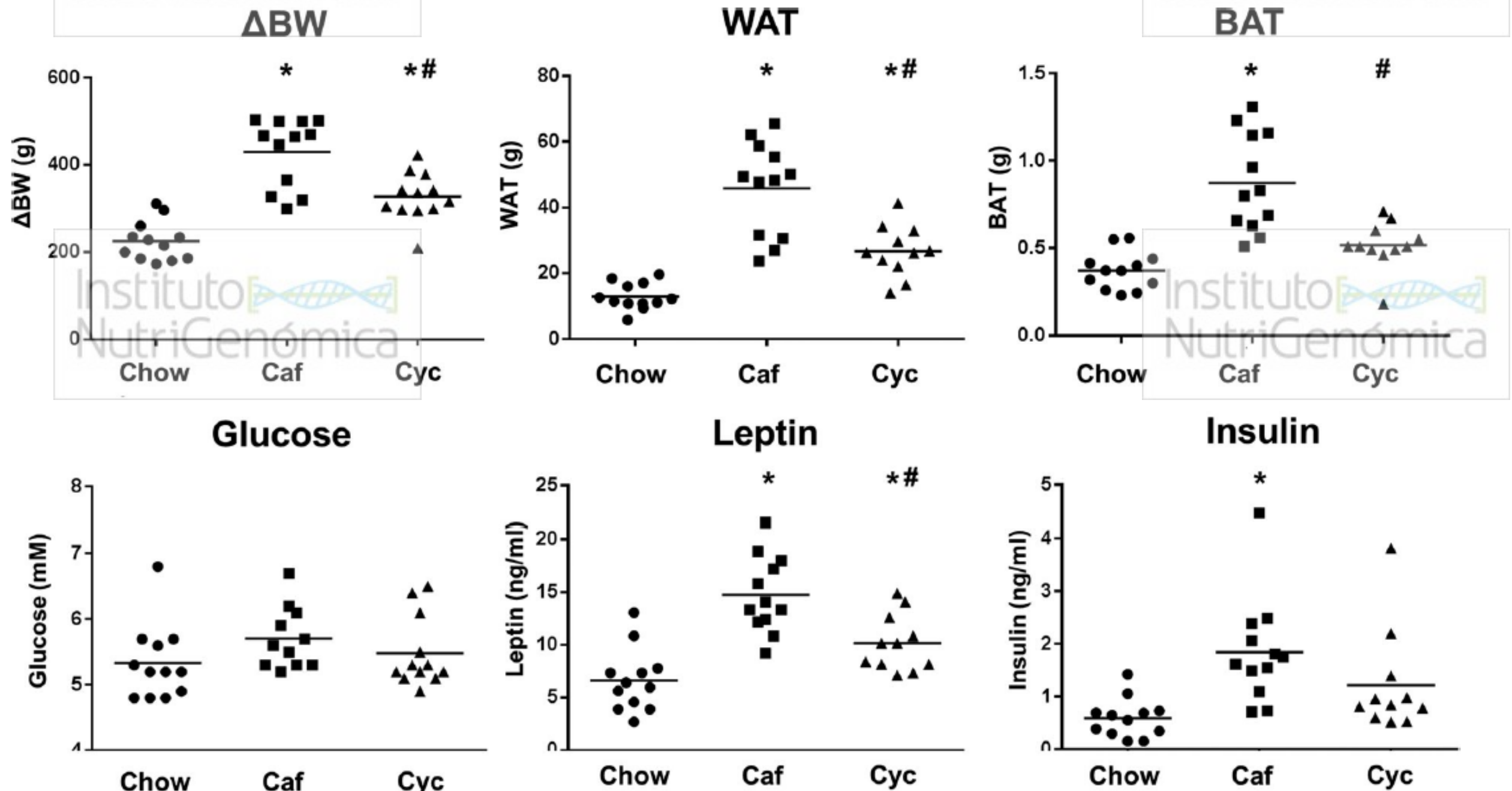
Family	Chow	Caf	Cyc
<i>Lachnospiraceae</i>	32.35	30.69	44.46
<i>Coriobacteriaceae</i>	0.87	6.13	6.97
<i>Ruminococcaceae</i>	26.24	27.50	20.41
<i>Enterobacteriaceae</i>	17.00	0.25	1.53
<i>Bacteroidaceae</i>	0.26	6.24	2.82
<i>Porphyromonadaceae</i>	1.99	7.04	4.85
<i>Prevotellaceae</i>	0.96	2.17	1.99
<i>Peptostreptococcaceae</i>	0.51	1.54	0.68
Genus	Chow	Caf	Cyc
<i>Blautia</i>	0.19	10.77	22.97
<i>Collinsella</i>	0.00	5.93	6.37
<i>Ruminococcus</i>	0.17	10.36	1.90
<i>Escherichia_Shigella</i>	12.80	0.04	1.32
<i>Bacteroides</i>	0.26	6.24	2.82
<i>Parabacteroides</i>	0.28	1.74	2.16
<i>Prevotella</i>	0.89	1.69	1.89
<i>Lachnospiraceae_incertae_sedis</i>	0.71	2.65	2.51
<i>Clostridium_XI</i>	0.49	1.54	0.63
<i>Roseburia</i>	0.31	0.61	0.84



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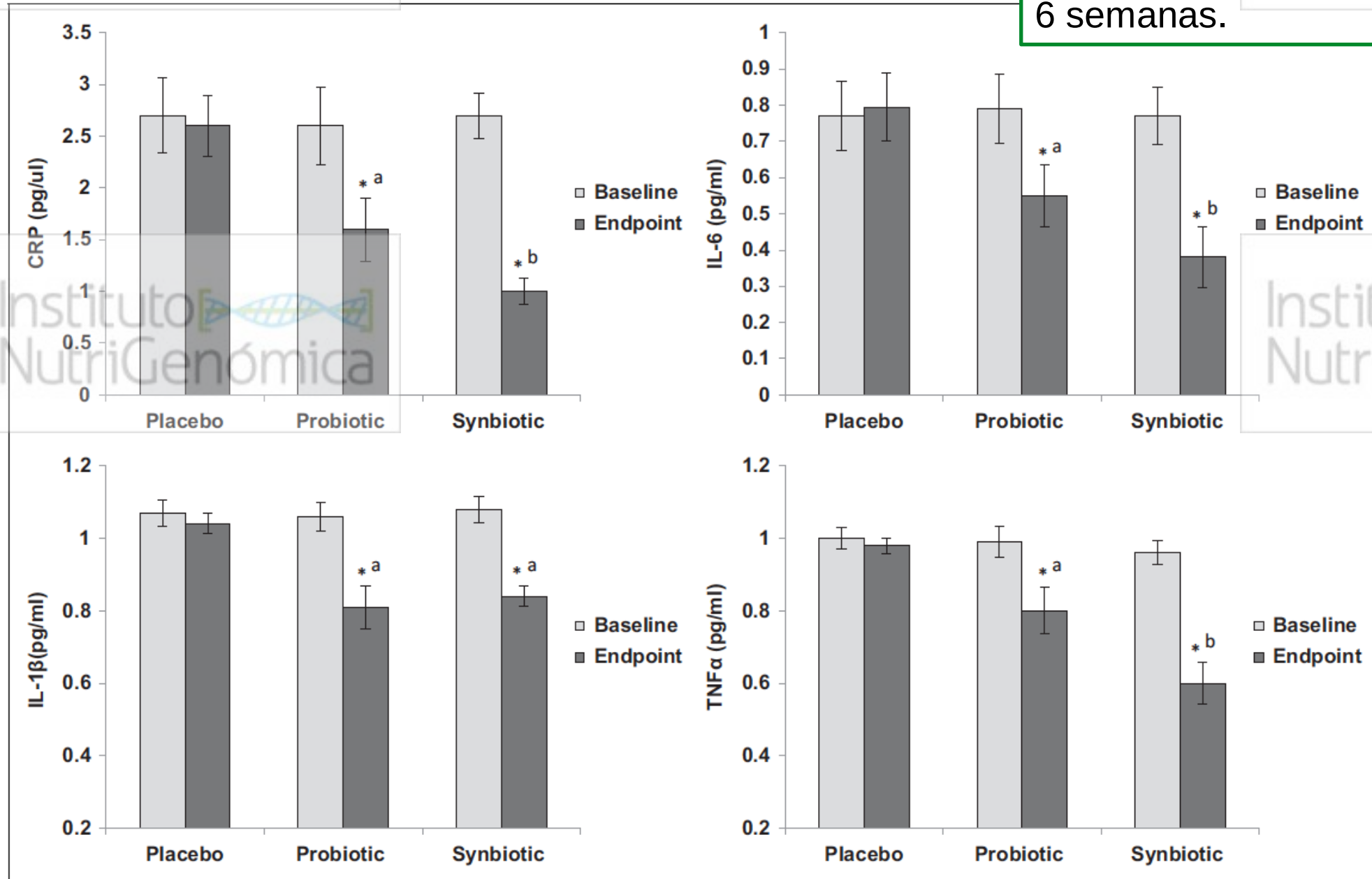
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Effect of Probiotic *Lactobacillus salivarius* UBL S22 and Prebiotic Fructo-oligosaccharide on Serum Lipids, Inflammatory Markers, Insulin Sensitivity, and Gut Bacteria in Healthy Young Volunteers: A Randomized Controlled Single-Blind Pilot Study

(Rajkumar et al, 2015)

J Cardiovasc Pharmacol Ther 20:289-98

(Placebo) gelatina,
(Probiotic) 2×10^9 CFUs *L. salivarius*
(Synbiotic) *L. salivarius* y FOS (10 g/d)
6 semanas.



Effect of multispecies probiotic supplements on metabolic profiles, hs-CRP, and oxidative stress in patients with type 2 diabetes

(Asemi et al, 2013)
Ann Nutr Metab 63:1-9

- Lactobacillus acidophilus (2×10^9 CFU),
- L. casei (7×10^9 CFU),
- L. rhamnosus (1.5×10^9 CFU),
- L. bulgaricus (2×10^8 CFU),
- Bifidobacterium breve (2×10^{10} CFU),
- B. longum (7×10^9 CFU),
- Streptococcus thermophilus (1.5×10^9 CFU)

	Placebo (n = 27)				Probiotic supplement (n = 27)				p ^b
	week 0	week 8	change	p ^a	week 0	week 8	change	p ^a	
FPG, mg/dl	134.5±9.6	163.3±12	28.8±8.5	0.002	143.8±10.7	145.4±9.5	1.6±6	0.80	0.01
HbA1c, %	6.35±0.3	6.53±0.28	0.18±0.31	0.55	7.71±0.37	7.41±0.41	-0.3±0.37	0.42	0.32
Insulin, µIU/ml	5.82±1	9.93±1.51	4.11±0.91	<0.0001	5.7±0.8	7.74±1.11	2.04±0.82	0.02	0.09
HOMA-IR	2.03±0.44	4.41±0.88	2.38±0.65	0.001	1.98±0.33	2.76±0.44	0.78±0.31	0.02	0.03
Total cholesterol, mg/dl	164.6±10.1	177.8±6.6	13.2±8.9	0.15	171.3±9.4	176.2±7.4	4.9±6.9	0.48	0.46
Triglycerides, mg/dl	134±11.7	150.2±11.6	16.2±11.5	0.17	159.5±15.2	160.3±13.7	0.8±10.5	0.93	0.33
LDL-C, mg/dl	84.2±7.5	102.8±5.9	18.6±6.6	0.009	83.4±6.3	97.4±6.4	14±4.6	0.006	0.56
HDL-C, mg/dl	53.6±2.8	44.9±1.7	-8.7±2.2	0.001	56±3	46.8±2	-9.2±2.3	<0.0001	0.83
Total:HDL-C ratio	3.1±0.2	4±0.2	0.9±0.15	<0.0001	3±0.1	3.8±0.2	0.8±0.1	<0.0001	0.30
Hs-CRP, ng/ml	2,107.75±361.79	2,986.47±652.09	878.72±586.44	0.14	2,793.42±617.2	2,015.85±380.16	-777.57±441.7	0.09	0.02
TAC, mmol/l	870.06±30.75	955±28.06	84.94±24.32	0.002	925.3±41.59	1,005.27±40.49	79.97±41.8	0.06	0.91
GSH, µmol/l	750.5±60.72	717.04±40.06	-33.46±69.54	0.63	832.96±68.95	1,073.59±65.76	240.63±101.29	0.02	0.03
Uric acid, mg/dl	4.73±0.27	4.88±0.24	0.15±0.21	0.47	4.71±0.27	5.51±0.28	0.8±0.27	0.008	0.07

Effect of Probiotic (VSL#3) and Omega-3 on Lipid Profile, Insulin Sensitivity, Inflammatory Markers, and Gut Colonization in Overweight Adults: A Randomized, Controlled Trial

(Rajkumar et al, 2014)

Mediators of Inflammation, 2014:348959

VSL#3 (manufactured in India by Sun Pharmaceutical Ind. Ltd.) is a freeze-dried pharmaceutical probiotic preparation containing 112.5×10^9 CFU/capsule of three strains of *bifidobacteria* (*Bifidobacterium longum*, *Bifidobacterium infantis*, and *Bifidobacterium breve*), four strains of *lactobacilli* (*Lactobacillus acidophilus*, *Lactobacillus paracasei*, *Lactobacillus delbrueckii* subsp. *bulgaricus*, and *Lactobacillus plantarum*), and one strain of *Streptococcus salivarius* subsp. *thermophilus*

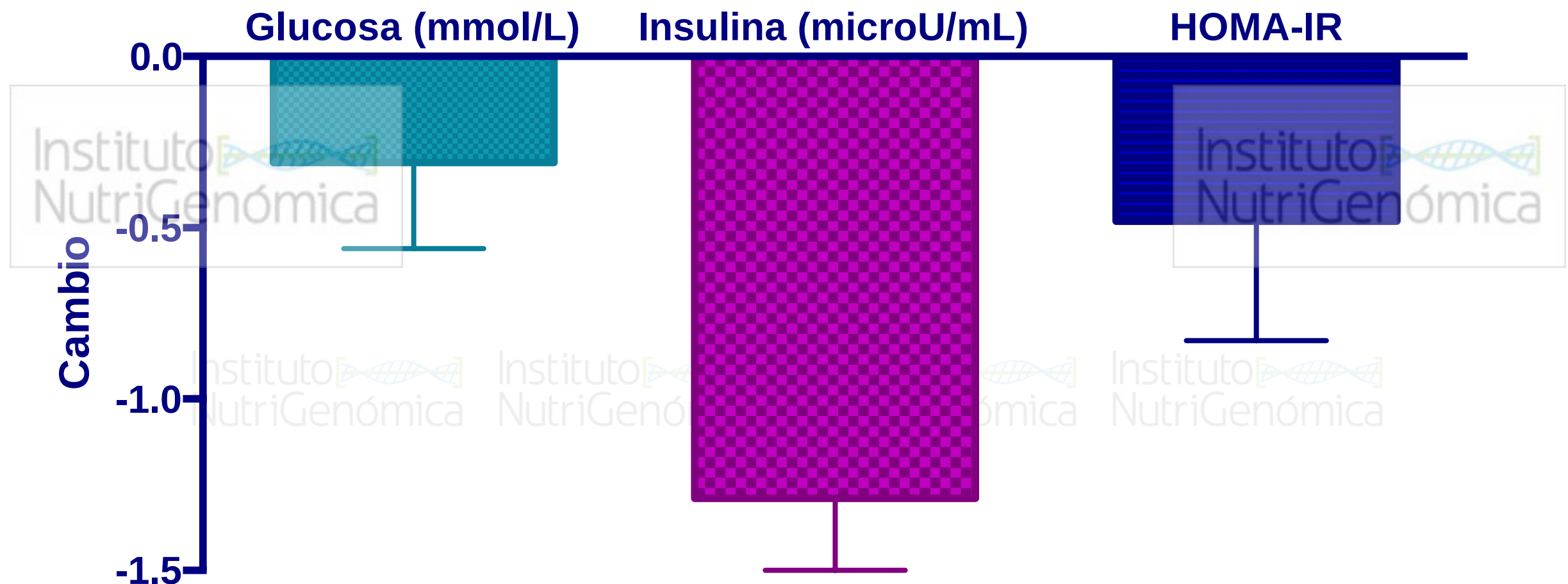
	Placebo		Probiotic		Omega-3		Probiotic + omega-3	
	Pretreatment	Posttreatment	Pretreatment	Posttreatment	Pretreatment	Posttreatment	Pretreatment	Posttreatment
Fasting blood glucose (mg/dL)	89.30 ± 3.3	91.92 ± 3.18 ^a	88 ± 1.01	79.38 ± 1.05 ^{*b}	87.60 ± 1.4	83.93 ± 1.23 ^{*c}	86.70 ± 2.15	74.46 ± 1.188 ^{*cd}
Cholesterol (mg/dL)	197.80 ± 13.92	197.91 ± 13.93 ^a	165.10 ± 5.76	156.06 ± 5.85 ^{*a}	165.50 ± 9.73	161.06 ± 9.74 ^{*a}	215.10 ± 7.86	204.46 ± 7.73 ^{*a}
Triglyceride (mg/dL)	128 ± 2.26	128.85 ± 27.7 ^a	140.70 ± 17.6	133.13 ± 17.39 ^{*ab}	105.90 ± 6.53	102.62 ± 6.44 ^{*a}	150.00 ± 8.49	138.74 ± 8.35 ^{*b}
LDL (mg/dL)	136.30 ± 14.19	136.67 ± 14.2 ^a	102.80 ± 4.91	94.50 ± 4.31 ^b	106.10 ± 10.1	99.87 ± 10.08 ^{*b}	150.30 ± 8.41	134.58 ± 7.93 ^{*a}
HDL (mg/dL)	35.90 ± 2.85	35.46 ± 2.85 ^a	29.60 ± 1.12	34.93 ± 1.08 ^{*a}	38.20 ± 1.65	40.66 ± 1.62 ^{*b}	34.80 ± 2.23	42.13 ± 1.89 ^{*b}
VLDL (mg/dL)	25.60 ± 5.45	25.77 ± 5.54 ^a	32.60 ± 4.38	26.62 ± 3.47 ^a	21.10 ± 1.3	20.51 ± 1.28 ^{*a}	30.00 ± 1.69	27.74 ± 1.67 ^{*a}
Atherogenic factor	196.80 ± 13.92	196.91 ± 13.93 ^a	164.10 ± 5.76	155.75 ± 5.8 ^a	164.50 ± 9.73	160.06 ± 9.74 ^{*a}	214.10 ± 7.86	203.46 ± 7.73 ^{*a}
Insulin level (μU/mL)	17.90 ± 0.52	18.26 ± 0.43 ^a	18.40 ± 0.27	17.59 ± 0.28 ^{*b}	18.50 ± 0.23	17.84 ± 0.22 ^{*a}	18.00 ± 0.3	16.75 ± 0.25 ^{*b}
Insulin resistance	3.90 ± 0.1	4.11 ± 0.12 ^{*a}	4.00 ± 0.03	3.44 ± 0.04 ^{*b}	4.00 ± 0.08	3.69 ± 0.07 ^{*c}	3.80 ± 0.08	3.07 ± 0.04 ^{*d}
CRP (mg/L)	5.30 ± 0.58	5.35 ± 0.58 ^{*a}	5.60 ± 0.52	4.36 ± 0.49 ^{*a}	5.60 ± 0.74	5.26 ± 0.72 ^{*a}	6.20 ± 0.41	4.22 ± 0.41 ^{*a}

	Placebo		Probiotic		Omega-3		Pro + Omega-3	
	Pretreatment	Posttreatment	Pretreatment	Posttreatment	Pretreatment	Posttreatment	Pretreatment	Posttreatment
Total bacteria	7.74 ± 0.21	7.71 ± 0.18 ^a	8.77 ± 0.09	9.13 ± 0.18 ^{*b}	7.7 ± 0.19	7.78 ± 0.16 ^a	8.83 ± 0.09	9.55 ± 0.12 ^{**b}
Total anaerobes	9.32 ± 0.17	9.27 ± 0.12 ^a	9.66 ± 0.06	10.71 ± 0.07 ^{**b}	9.44 ± 0.18	9.54 ± 0.09 ^a	9.61 ± 0.1	10.86 ± 0.05 ^{**b}
Lactobacillus	6.87 ± 0.12	6.86 ± 0.14 ^a	6.77 ± 0.1	7.95 ± 0.13 ^{**b}	6.76 ± 0.26	6.8 ± 0.12 ^a	6.76 ± 0.12	7.96 ± 0.12 ^{**b}
Bifidobacteria	8.89 ± 0.17	8.88 ± 0.14 ^a	8.71 ± 0.11	9.94 ± 0.01 ^{**b}	8.71 ± 0.08	8.75 ± 0.17 ^a	8.71 ± 0.08	9.9 ± 0.03 ^{**b}
Streptococcus	2.81 ± 0.21	2.80 ± 0.31 ^a	2.66 ± 0.1	8.96 ± 0.16 ^{**b}	2.67 ± 0.19	2.89 ± 0.29 ^a	2.67 ± 0.11	8.99 ± 0.13 ^{**b}
Coliform	6.82 ± 0.19	6.83 ± 0.13 ^a	6.59 ± 0.1	6.35 ± 0.2 ^a	6.54 ± 0.13	6.44 ± 0.12 ^a	6.99 ± 0.14	6.58 ± 0.11 ^{**a}
<i>E.coli</i>	6.59 ± 0.14	6.93 ± 0.19 ^{**a}	6.58 ± 0.09	6.47 ± 0.13 ^b	6.55 ± 0.18	6.53 ± 0.09 ^a	6.69 ± 0.19	6.39 ± 0.09 ^b
Bacteroides	6.61 ± 0.19	6.98 ± 0.15 ^{**a}	6.99 ± 0.18	7.57 ± 0.17 ^{**b}	6.59 ± 0.1	6.45 ± 0.25 ^c	6.96 ± 0.15	7.87 ± 0.11 ^{**d}

Effect of probiotics on glycemic control: a systematic review and meta-analysis of randomized, controlled trials.

(Ruan et al, 2015)

PlosOne 10:e0132121



Probiotic intervention has strain-specific anti-inflammatory effects in healthy adults

(Kekkonen et al, 2008)

World J Gastroenterol. 14:2029-36

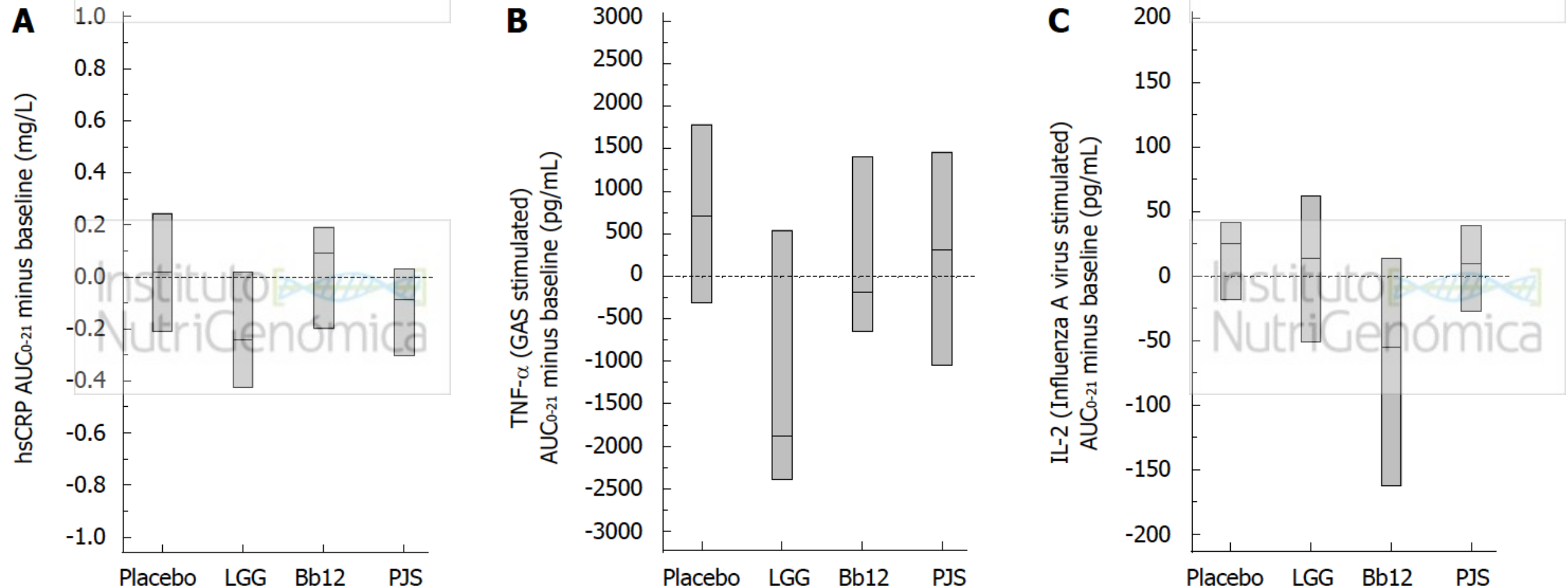
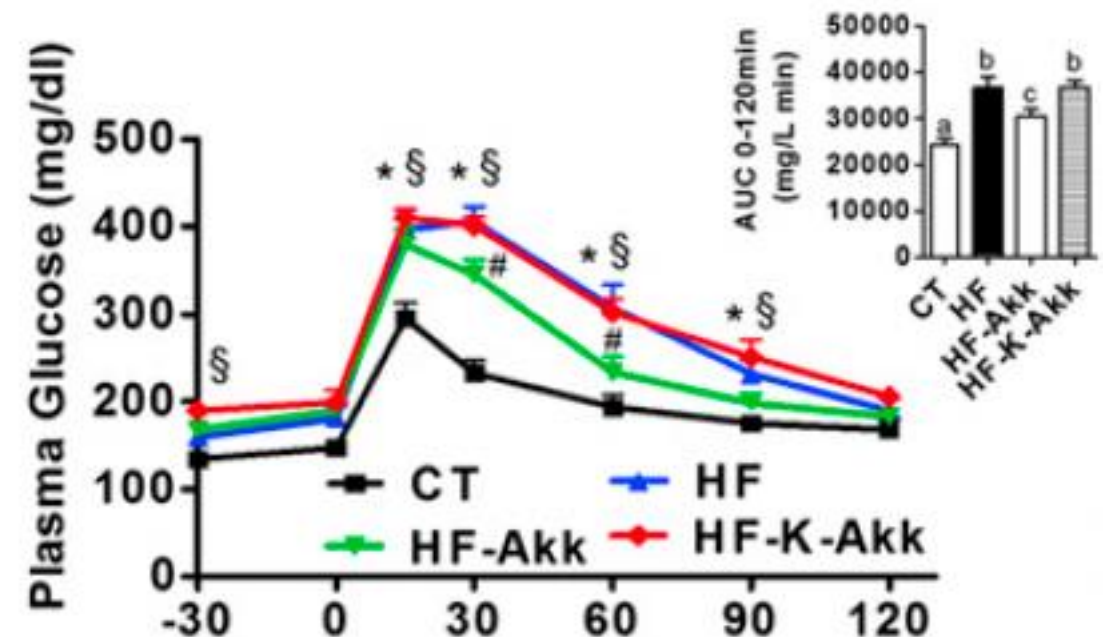
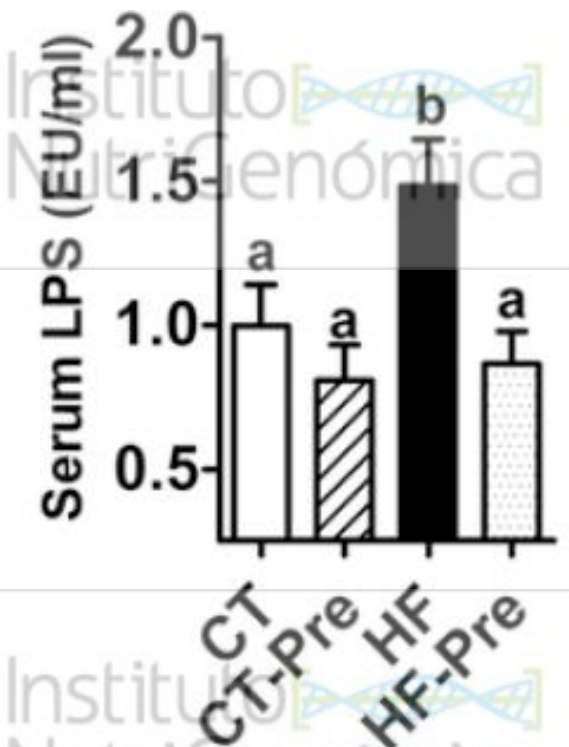
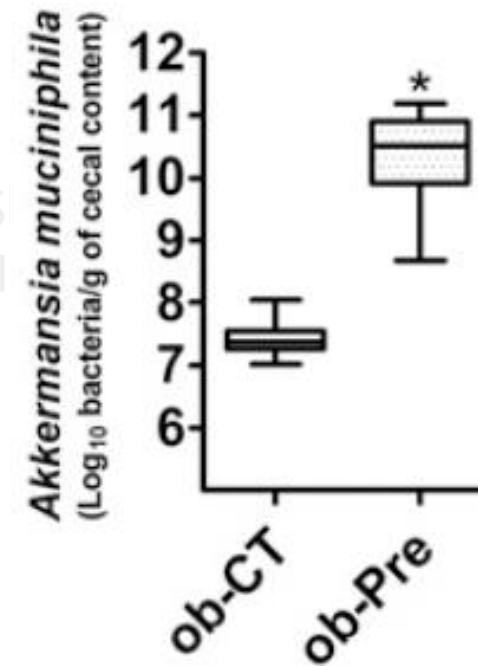
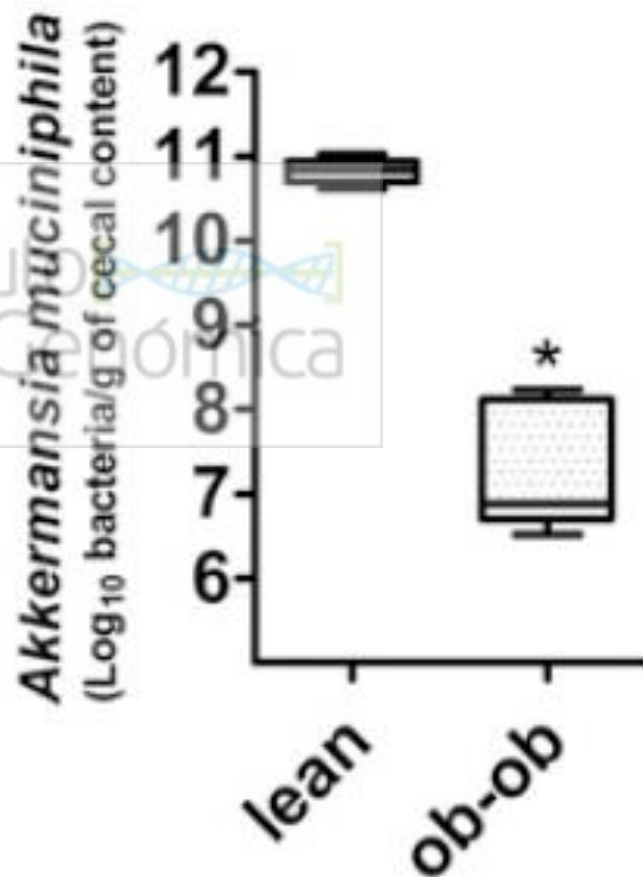


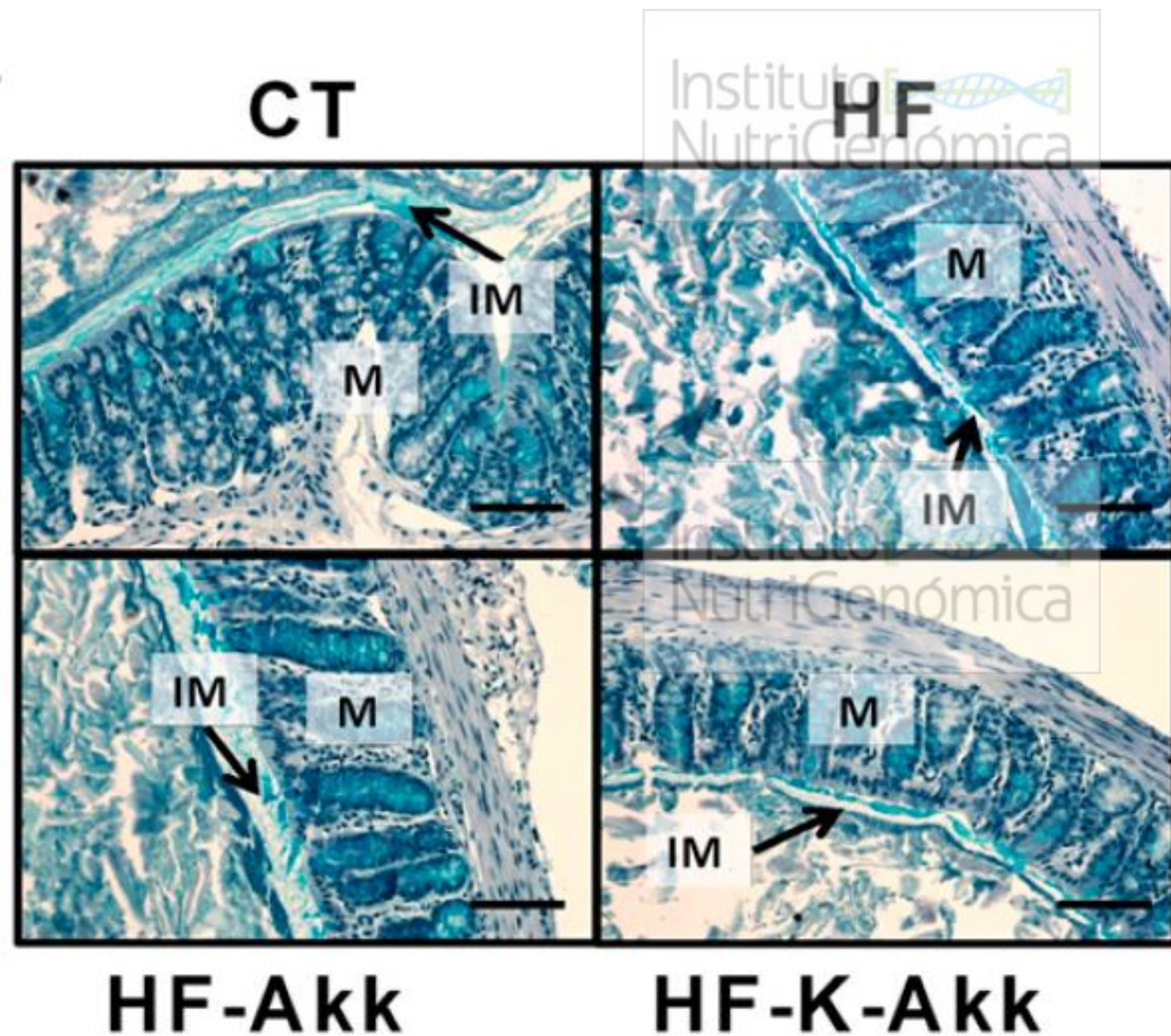
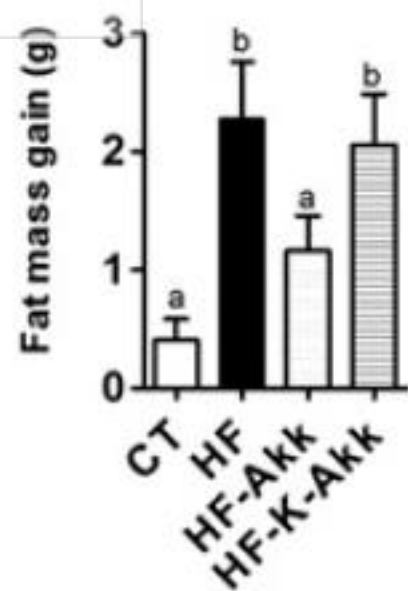
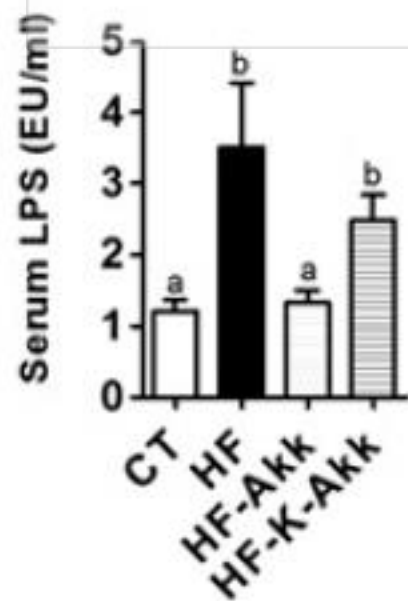
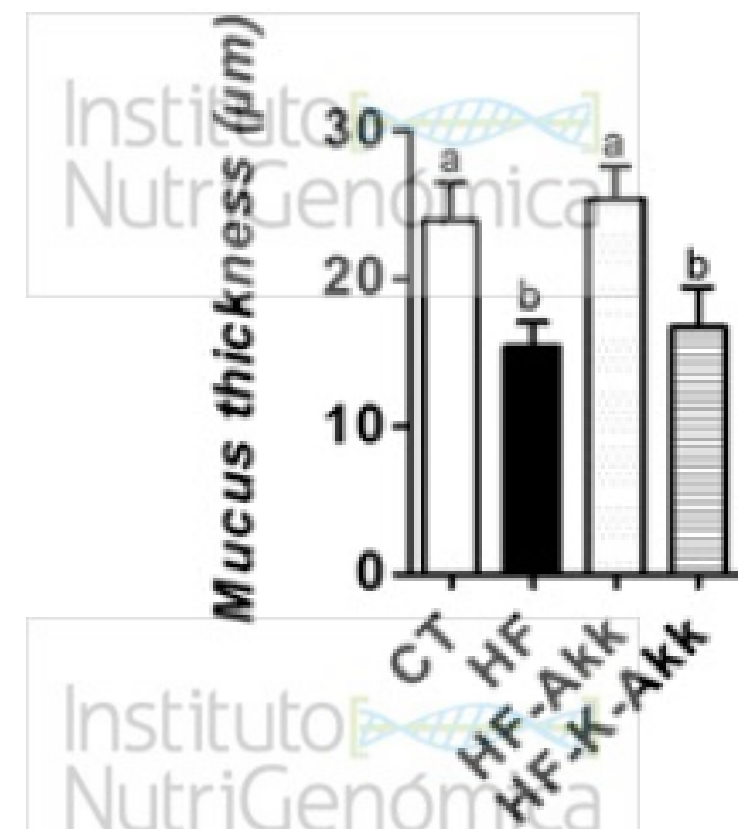
Figure 1 The median AUC₀₋₂₁ (minus baseline) with IQR for serum highly sensitive CRP (hsCRP) levels (**A**), for *Streptococcus pyogenes* (GAS) -stimulated TNF- α production from peripheral blood mononuclear cells (**B**) and for Influenza A virus-stimulated IL-2 production from peripheral blood mononuclear cells (**C**) during the 3-wk intervention period in healthy adults ($n = 62$). LGG: *Lactobacillus rhamnosus* GG; Bb12: *Bifidobacterium animalis* ssp. lactis Bb12; PJS: *Propionibacterium freudenreichii* ssp. *shermanii* JS.

Cross-talk between *Akkermansia muciniphila* and intestinal epithelium controls diet-induced obesity

(Everard et al, 2013)

PNAS 111:9066-9071





Microbiota y síndrome metabólico

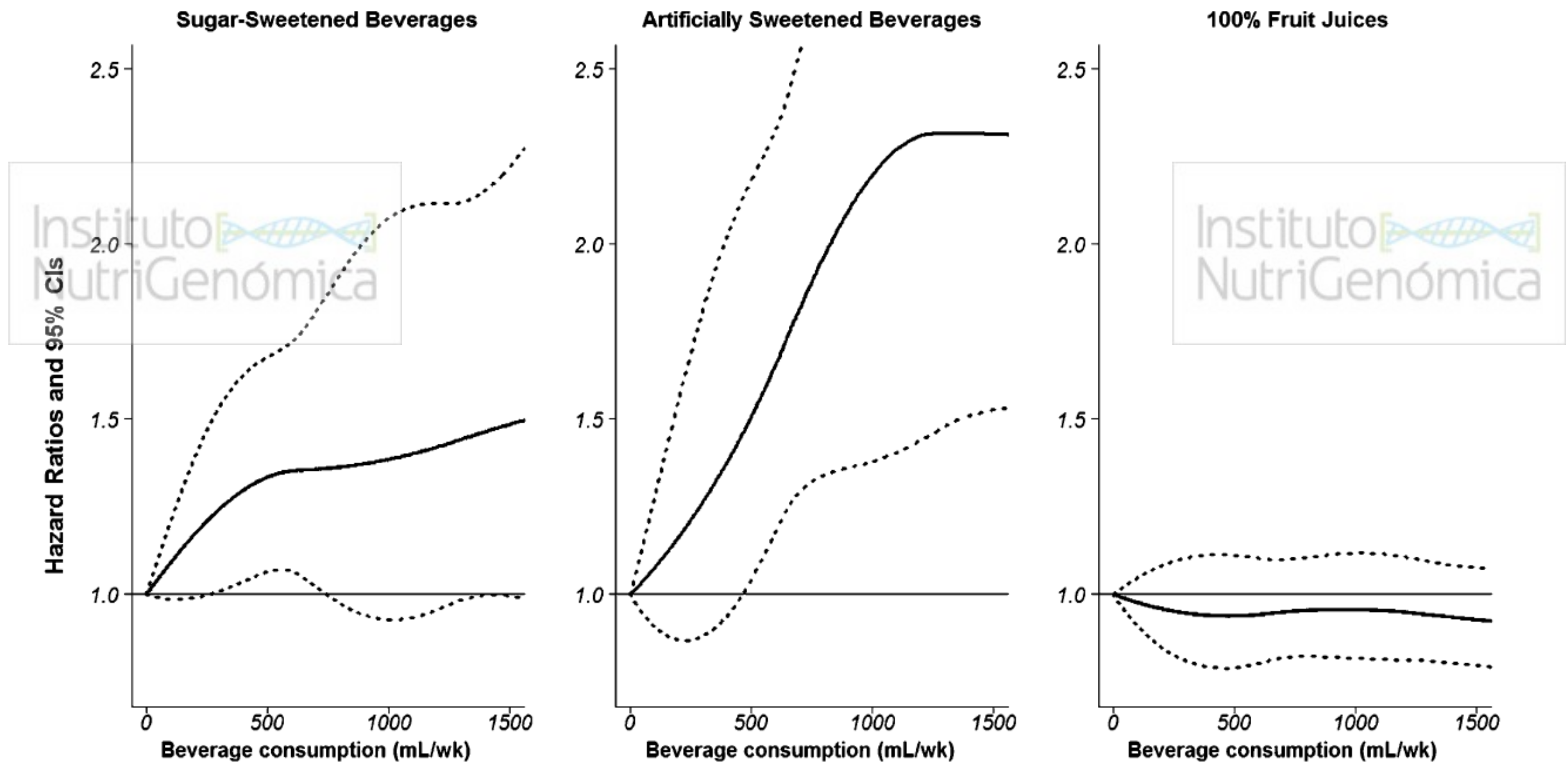
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Consumption of artificially and sugar-sweetened beverages and incident type 2 diabetes in the Etude Epidemiologique aupres des femmes de la Mutuelle Generale de l'Education Nationale-European Prospective Investigation into Cancer and Nutrition cohort (Fagherazzi et al, 2013)

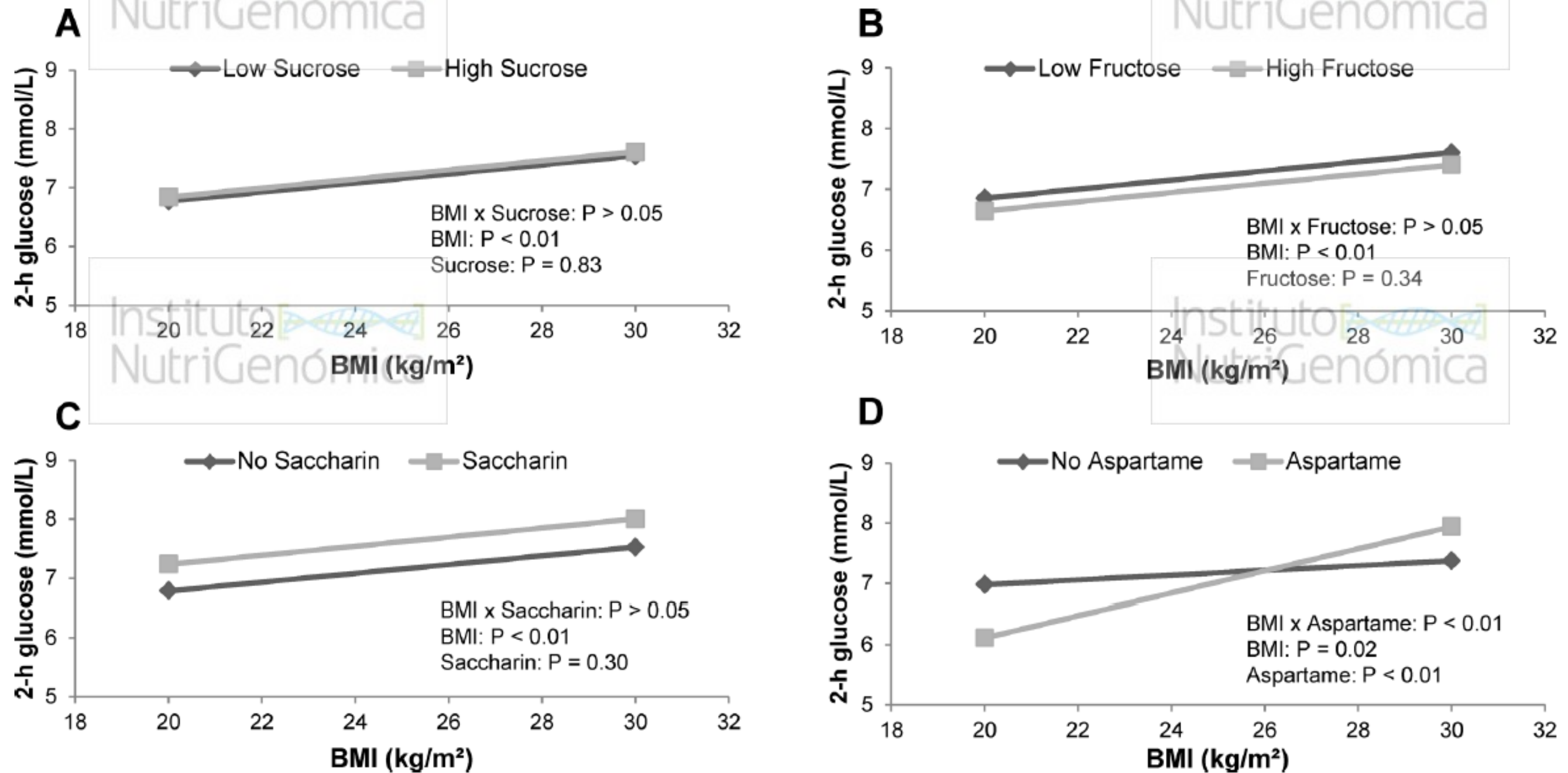
Am J Clin Nutr 97:517-523



Aspartame intake is associated with greater glucose intolerance in individuals with obesity

(Kuk & Brown, 2016)

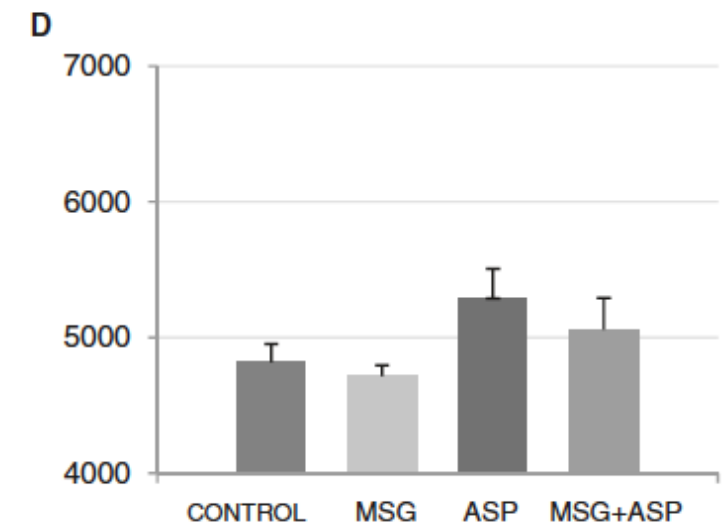
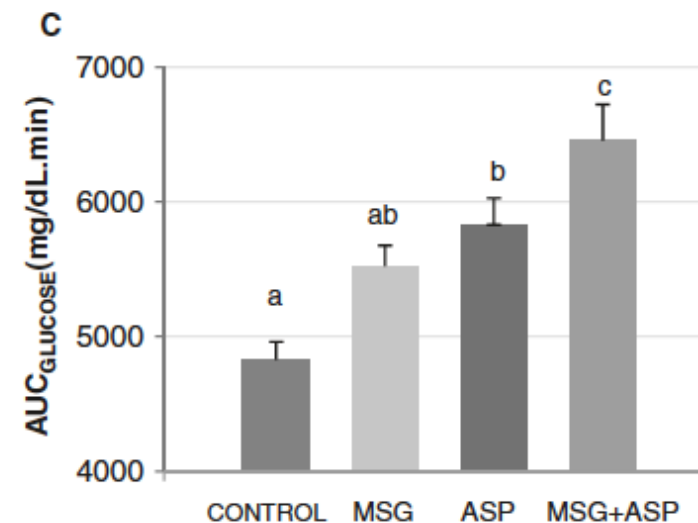
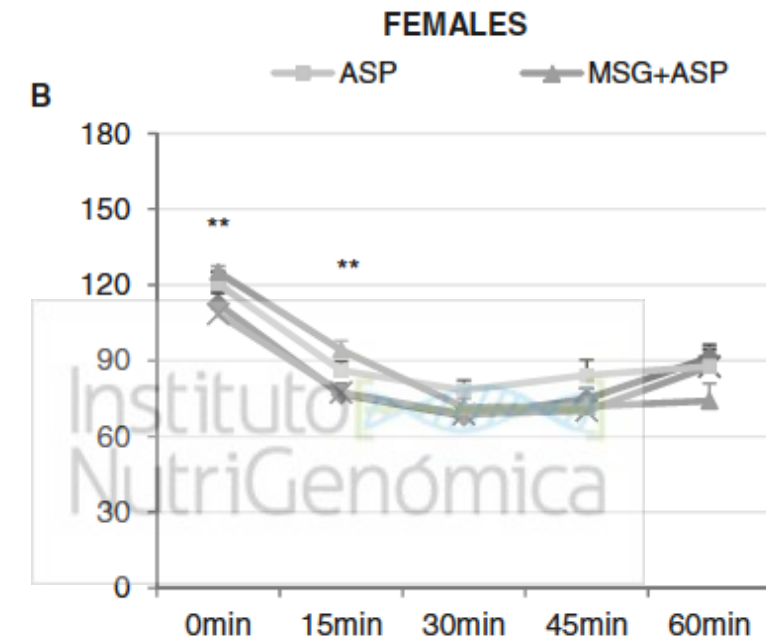
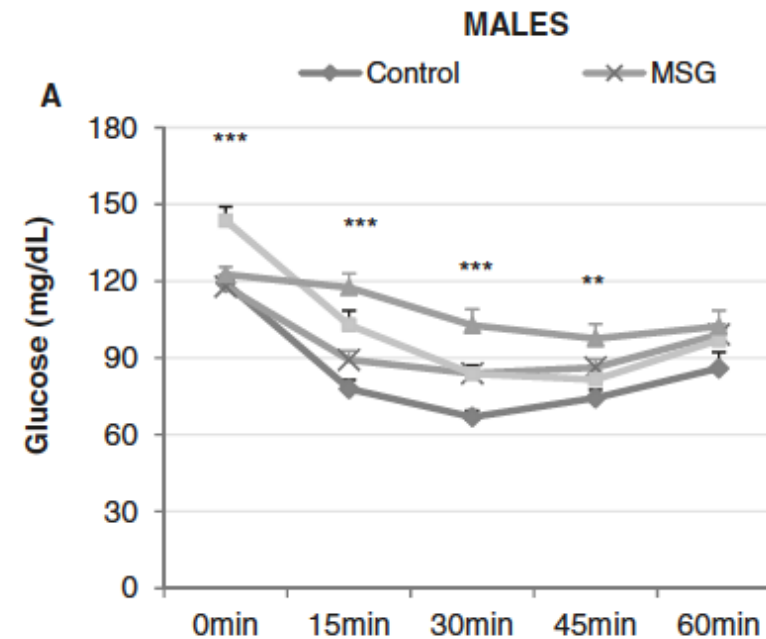
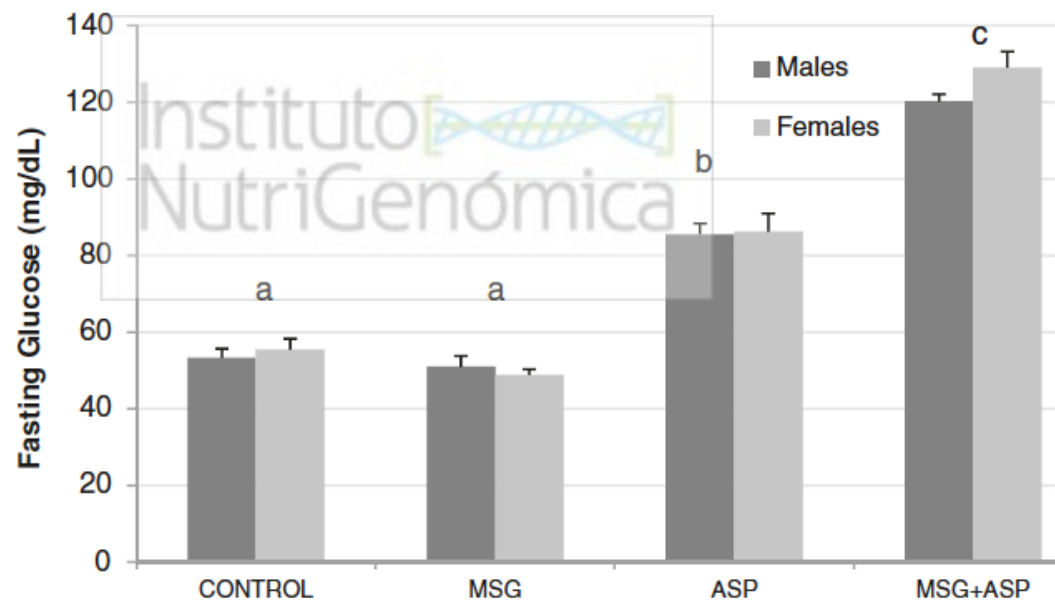
Appl Physiol Nutr Metab 41:795-798



Interactive effects of neonatal exposure to monosodium glutamate and aspartame on glucose homeostasis

(Collison et al, 2012)

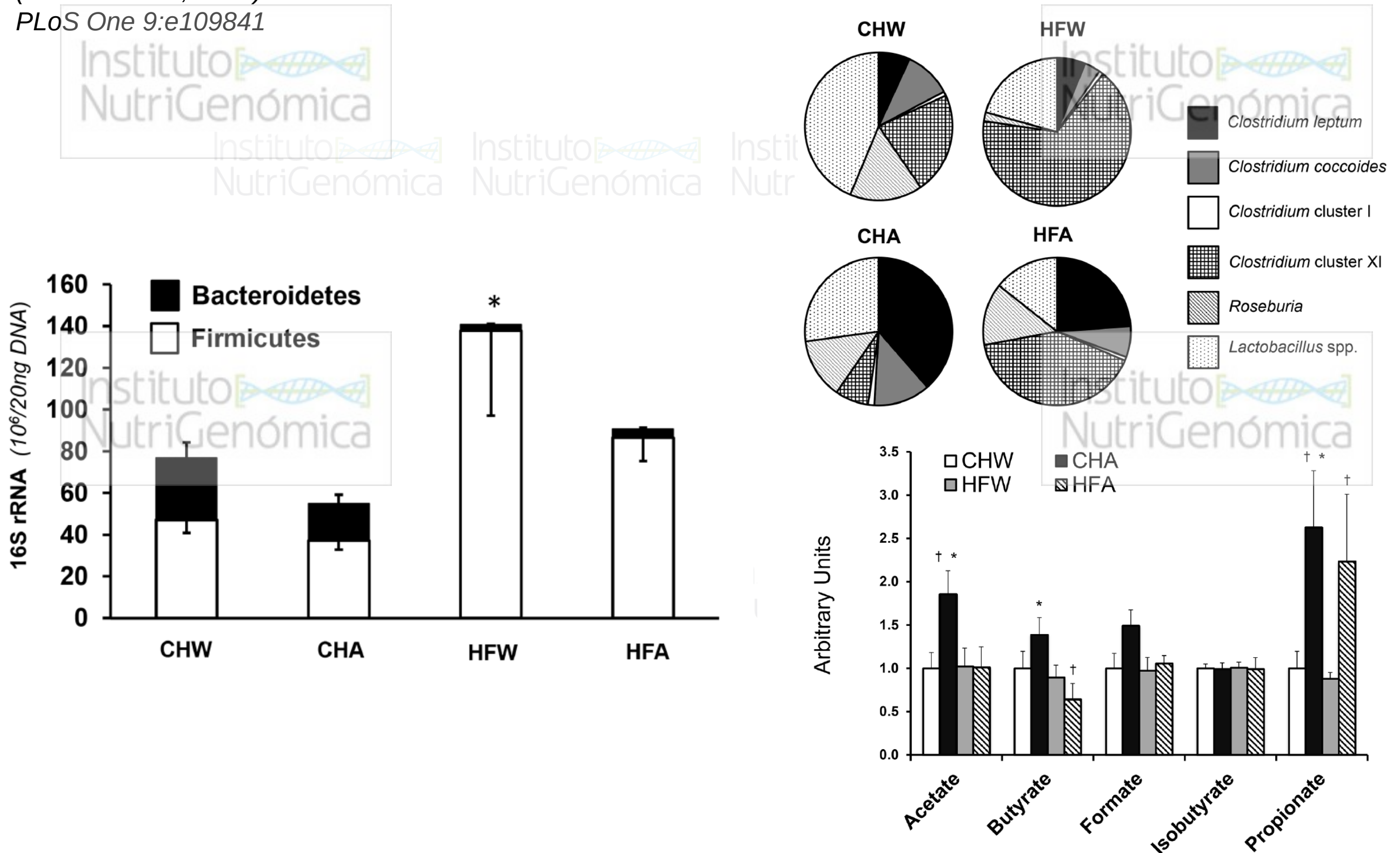
Nutr Metab 9:58



Low-Dose Aspartame Consumption Differentially Affects Gut Microbiota-Host Metabolic Interactions in the Diet-Induced Obese Rat

(Palmnäs et al, 2014)

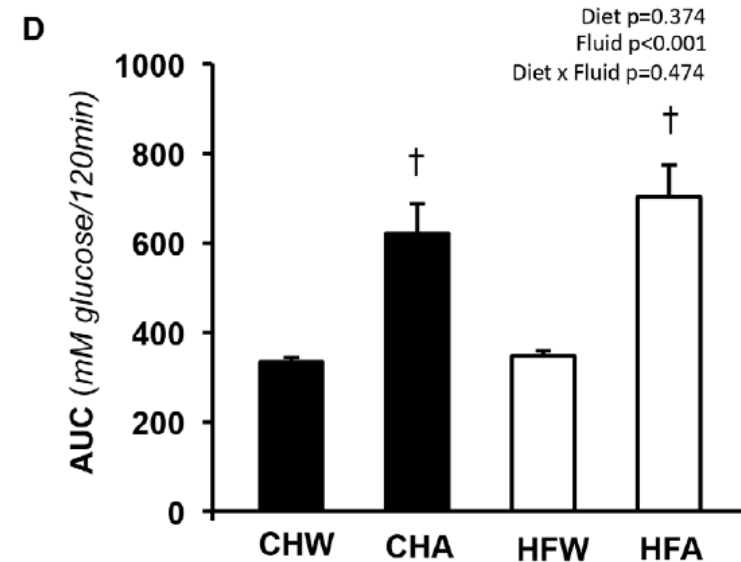
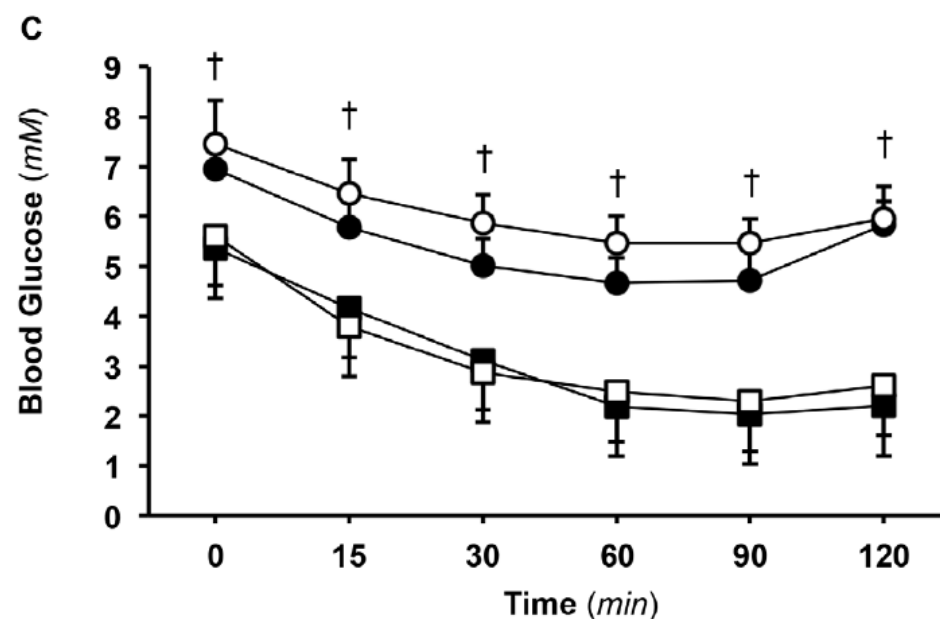
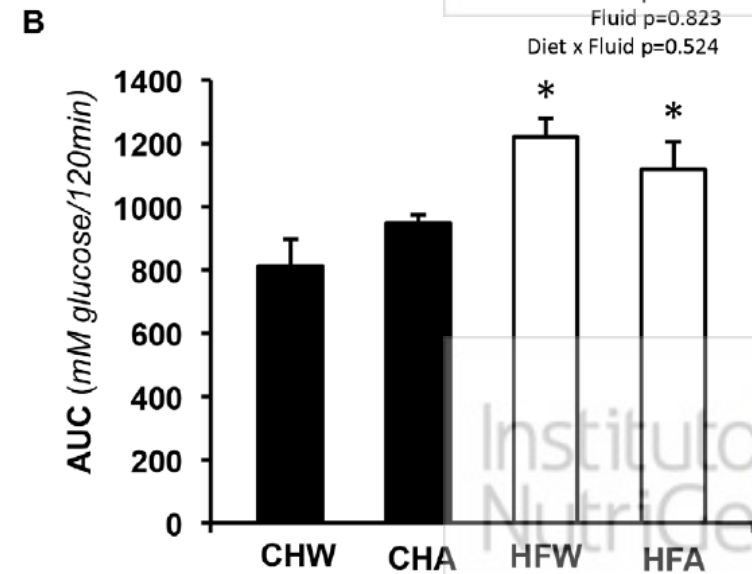
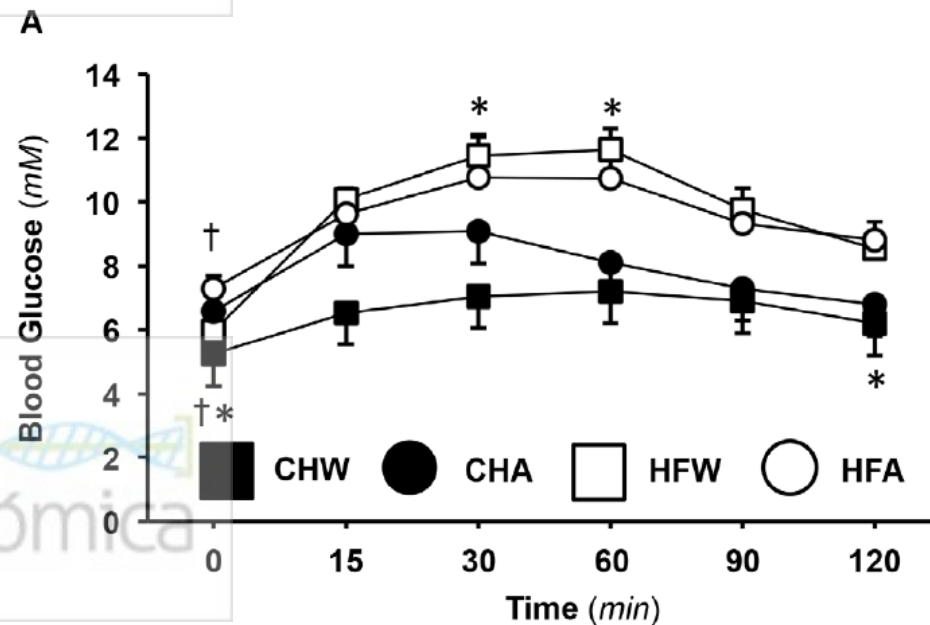
PLoS One 9:e109841



Low-Dose Aspartame Consumption Differentially Affects Gut Microbiota-Host Metabolic Interactions in the Diet-Induced Obese Rat

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Aspartame

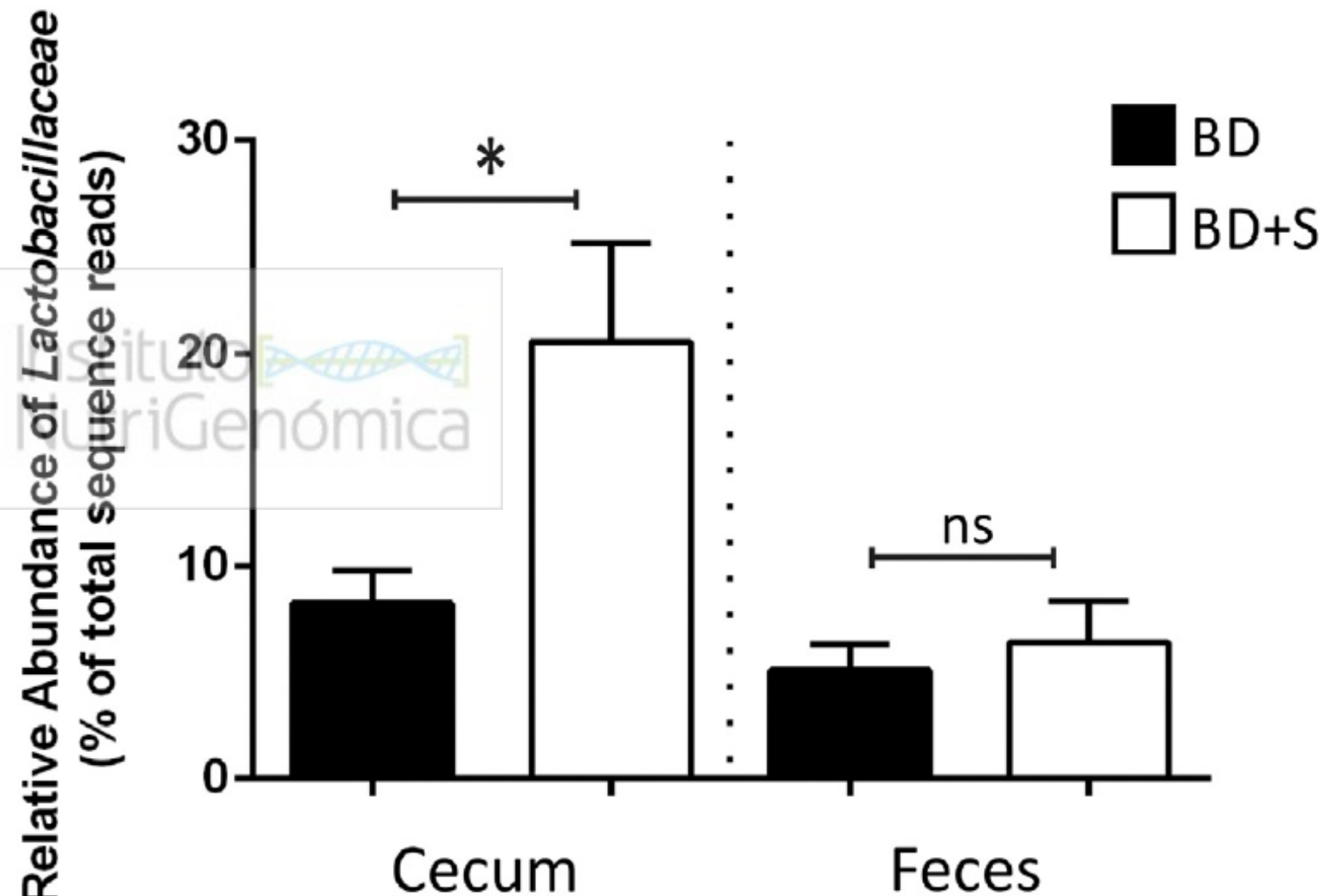


Low calorie sweeteners and gut microbiota

(Daly et al, 2016)

Physiology and behavior.

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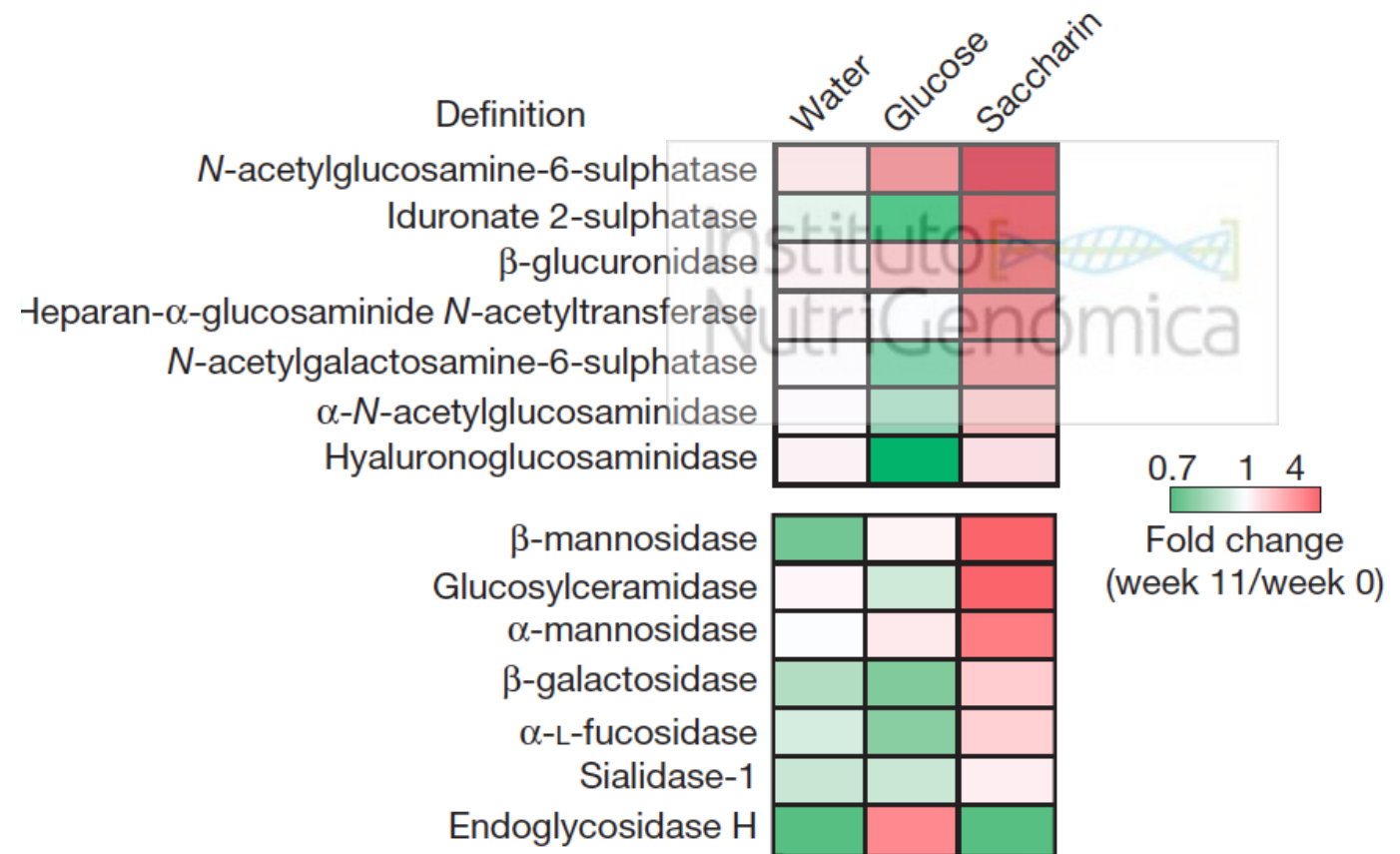
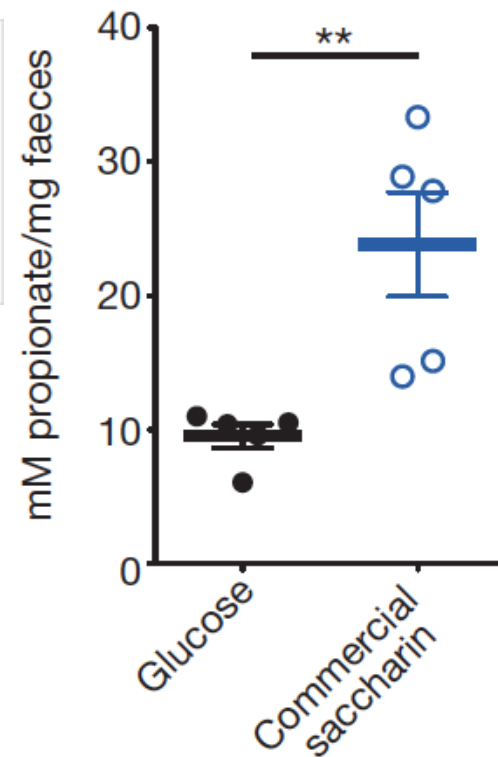
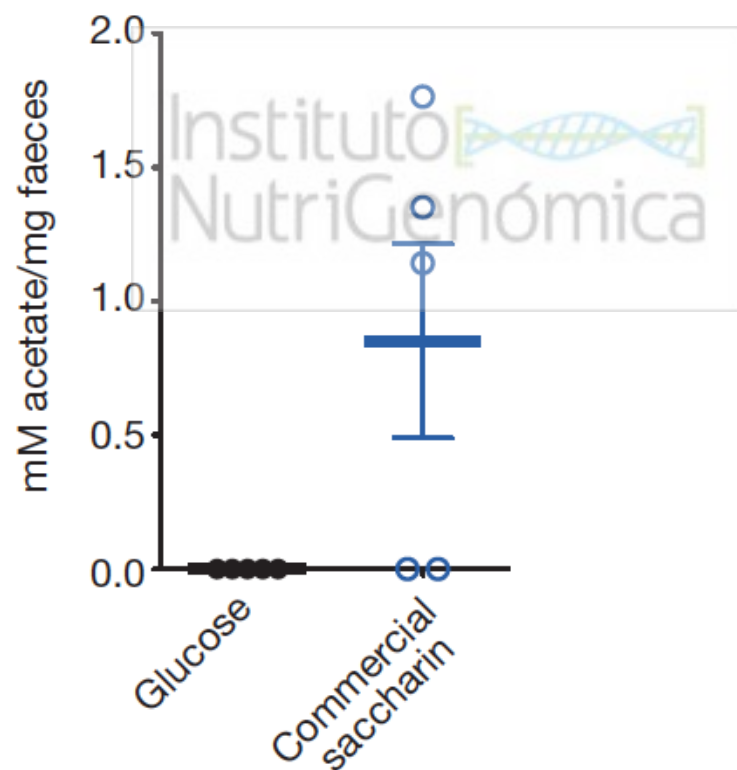
at least 50 parts by weight of a
saccharine-type sweetener, at least
0.15 part by weight of glycyrrhizine,
neohesperidin dihydrochalcone

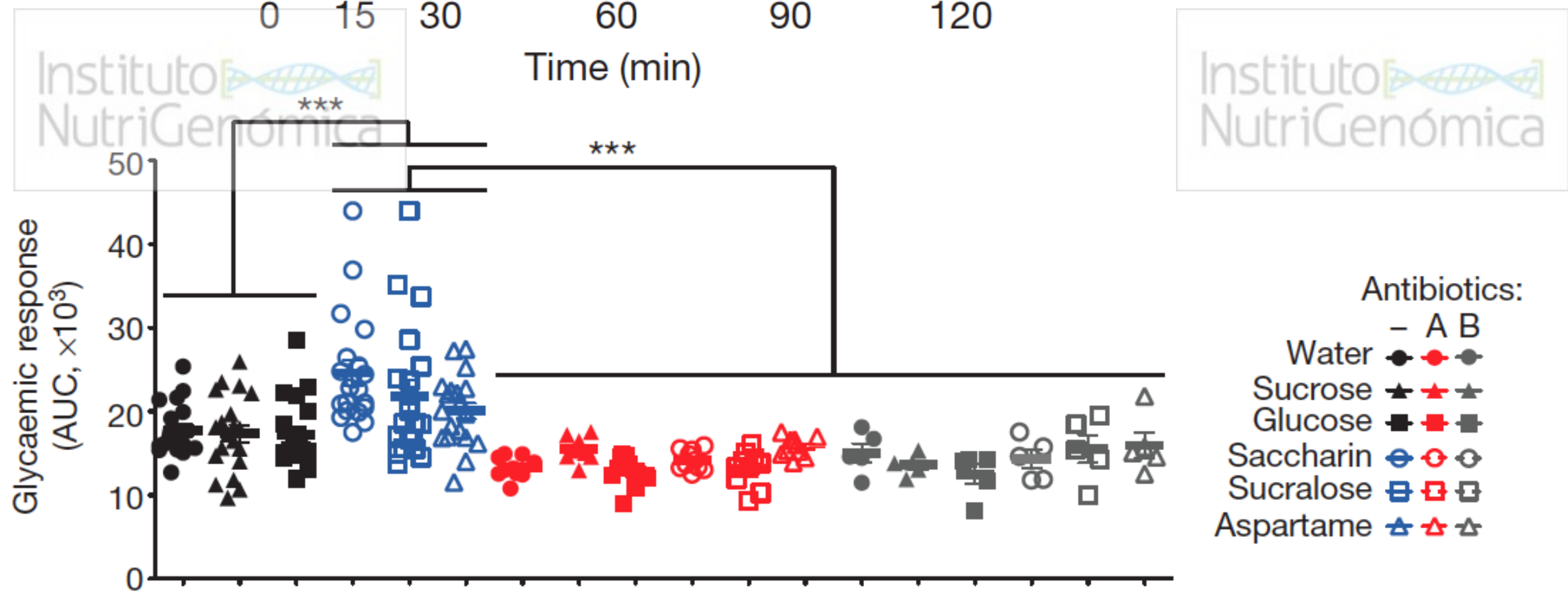
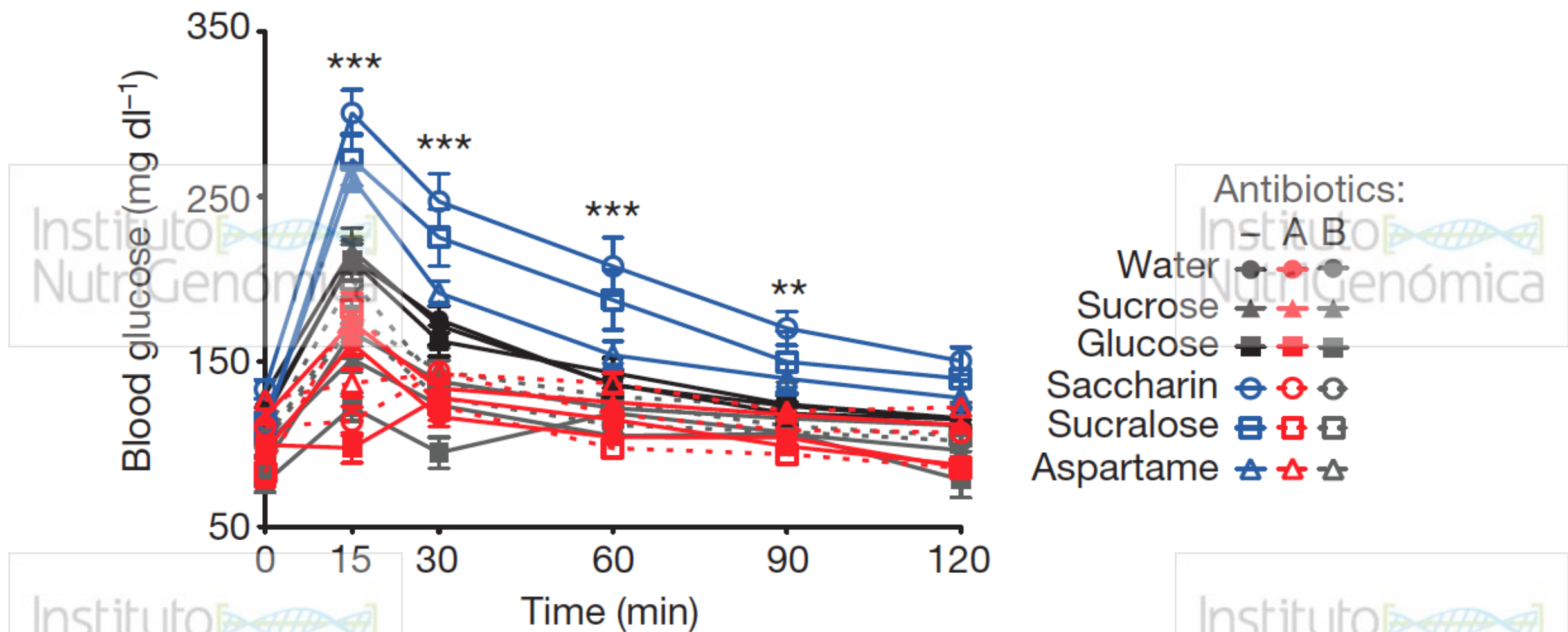
Artificial sweeteners induce glucose intolerance by altering the gut microbiota

(Suez et al, 2014)

Nature **514**, 181–186

Sacarina

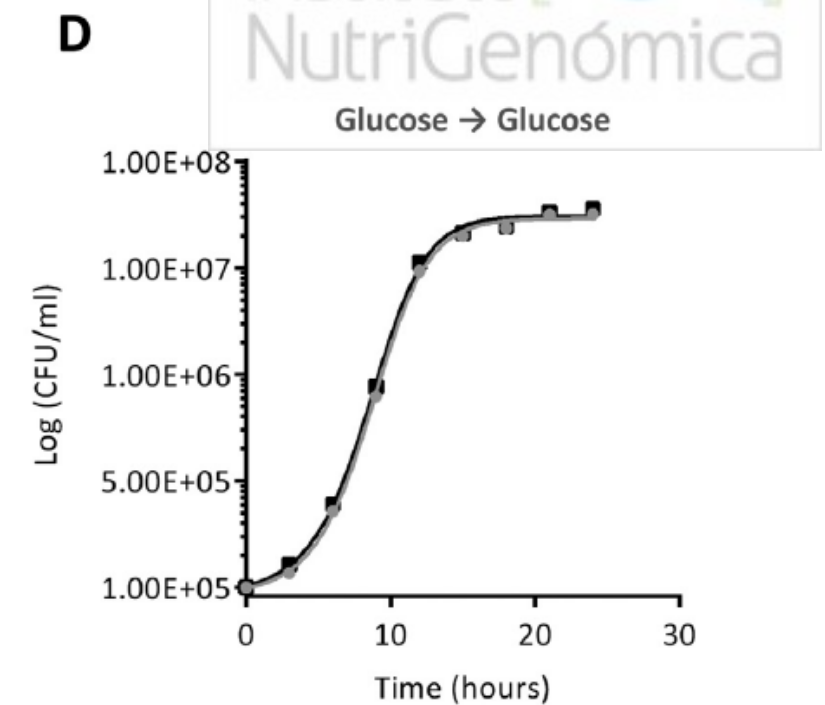
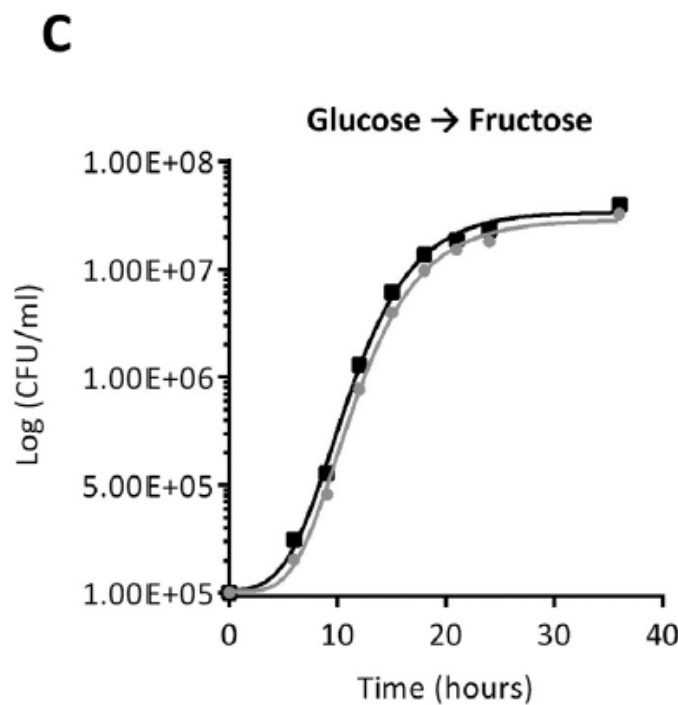
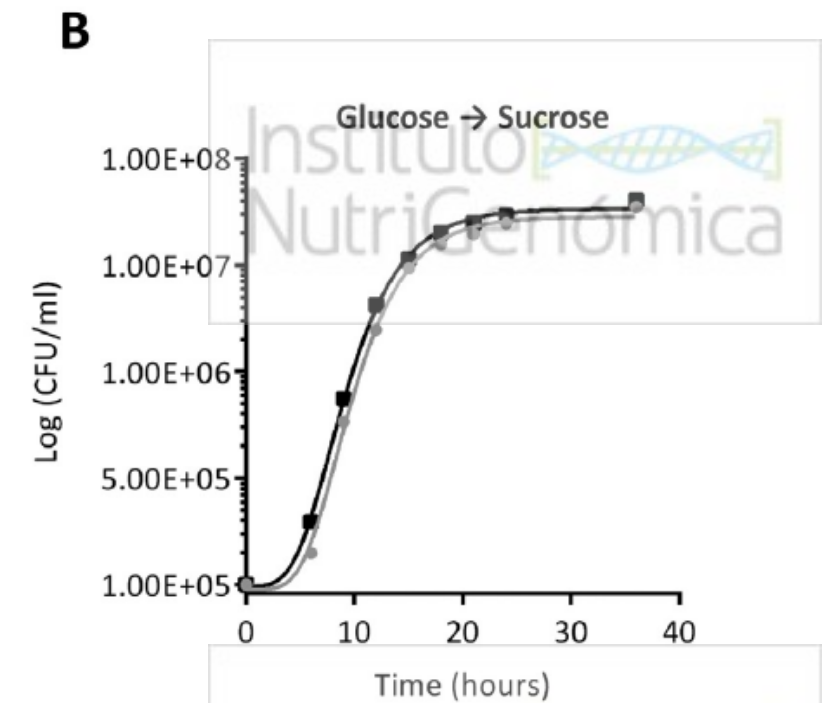
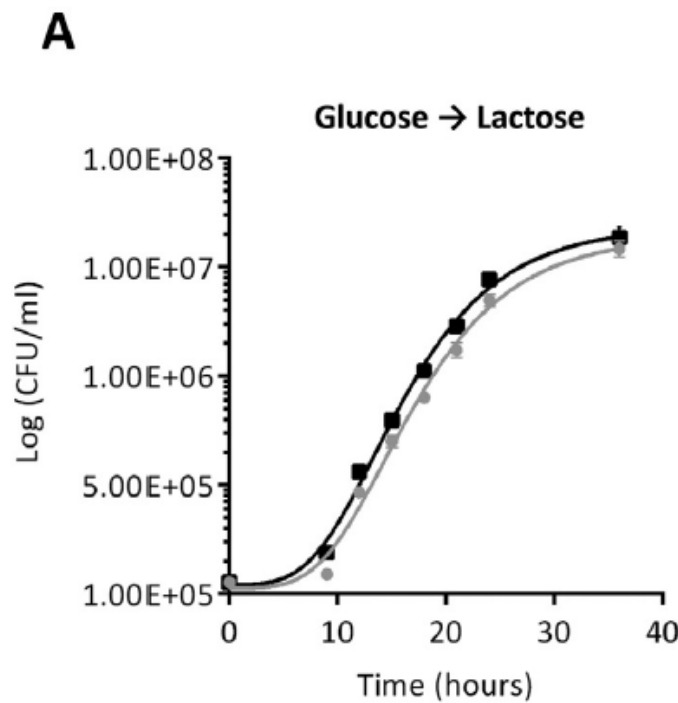




Low calorie sweeteners and gut microbiota

(Daly et al, 2016)

Physiology and behavior.



Conclusiones

- Definitivamente la microbiota colónica tiene una relación en el desarrollo del síndrome metabólico:
 - Utilización de energía derivada de la fracción indigerible
 - Inflamación crónica sub-aguda
- No existe suficiente evidencia que relacione un enterotipo específico con el desarrollo del síndrome metabólico. Parece que es más importante la diversidad
- Existen evidencias de algunos tratamientos nutricionales (e.g. probióticos) para mejorar el síndrome metabólico.