

METAMOB PROJECT

*Identify metabolic pathways associated with frailty
in a cohort of elderly people*

MOBILITY

NUTRITION

HEALTHY AGEING

PREDICTION

METABOLOMICS

MetaMob

FUNDING

I-SITE Clermont
 Clermont Auvergne Project
 Innova
Innova

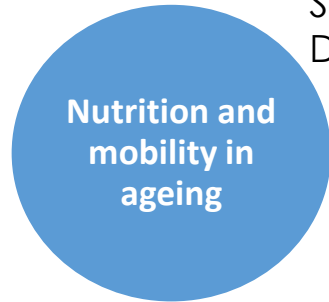
[RESEARCH](#) | [INNOVATION](#) | [TALENT POLICY](#) | [INTERNATIONAL](#) | [TRAINING](#)

[Home](#) > [Research](#) > [Scientific Challenges](#) > [Personalised mobility as a key factor in health](#)

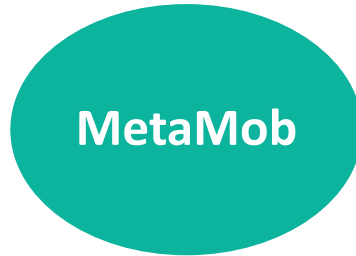
Challenge 3: Personalised mobility as a key factor in health

...

⋮ **Objective:** Analyze the mechanisms driving or impeding individual mobility and propose optimization strategies



Sergio Polakof
Dominique Dardevet



FUNDING

CAP 20-25 **I-SITE Clermont**
Clermont Auvergne Project

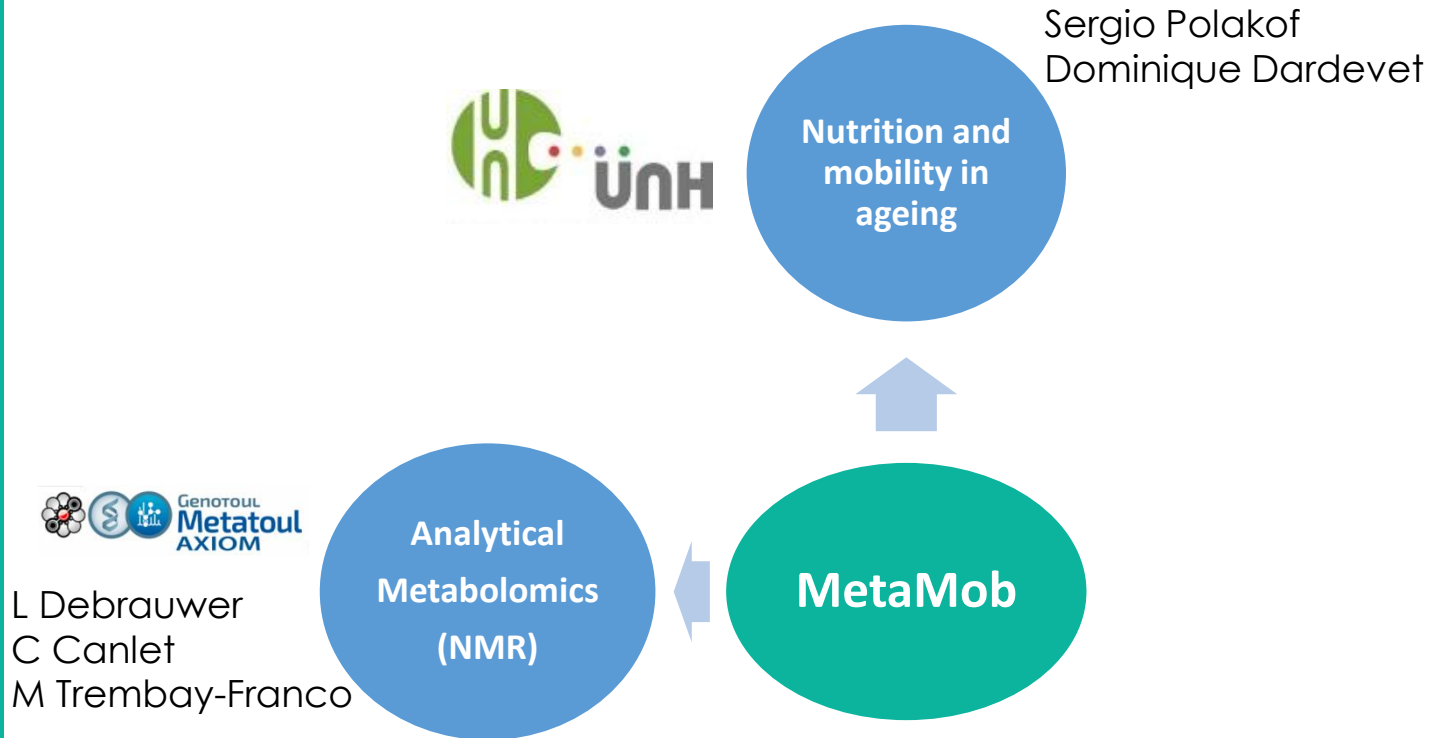
RESEARCH | INNOVATION | TALENT POLICY | INTERNATIONAL | TRAINING

Home > Research > Scientific Challenges > Personalised mobility as a key factor in health

Challenge 3: Personalised mobility as a key factor in health

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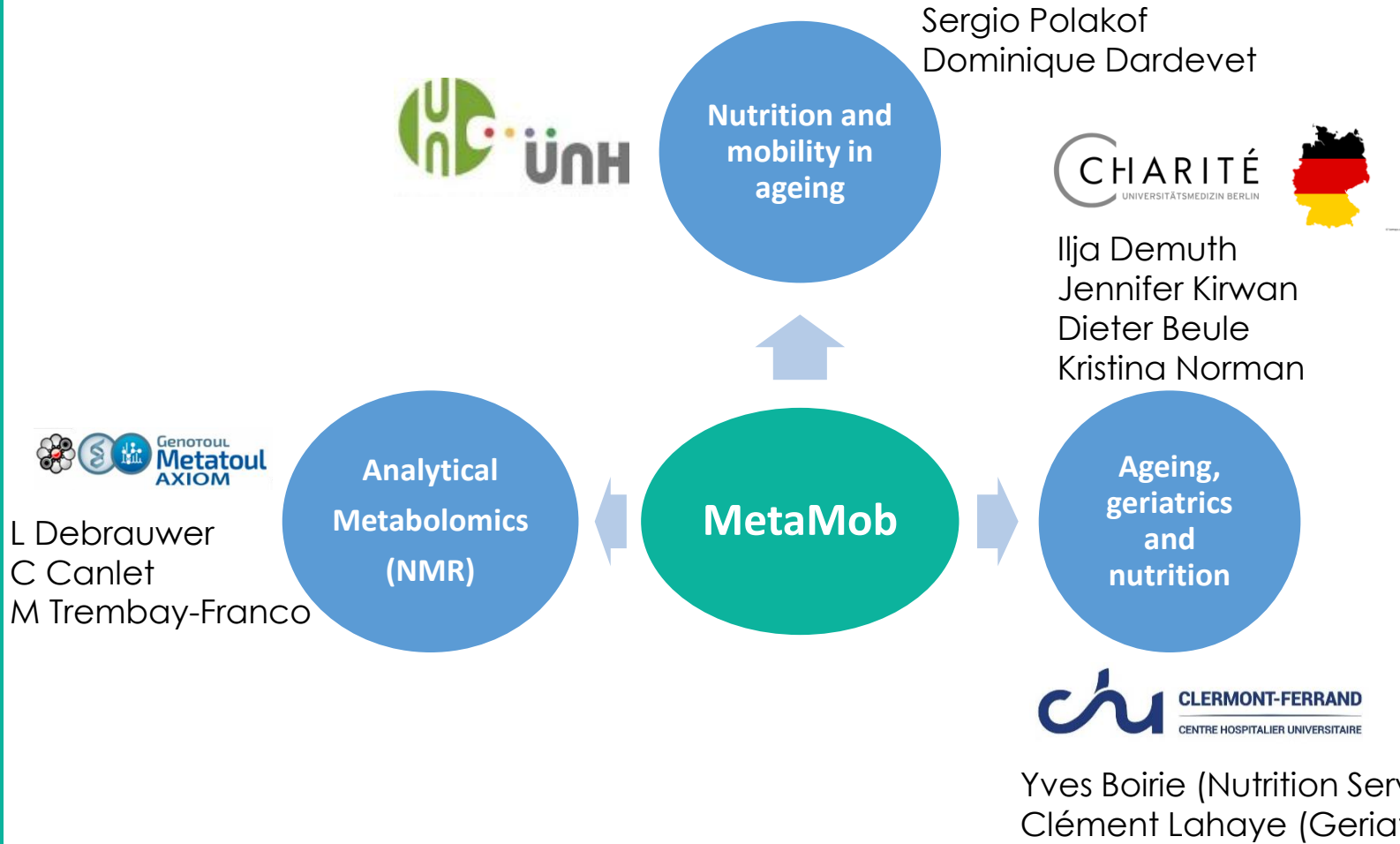
RESEARCH | INNOVATION | TALENT POLICY | INTERNATIONAL | TRAINING

Home > Research > Scientific Challenges > Personalised mobility as a key factor in health

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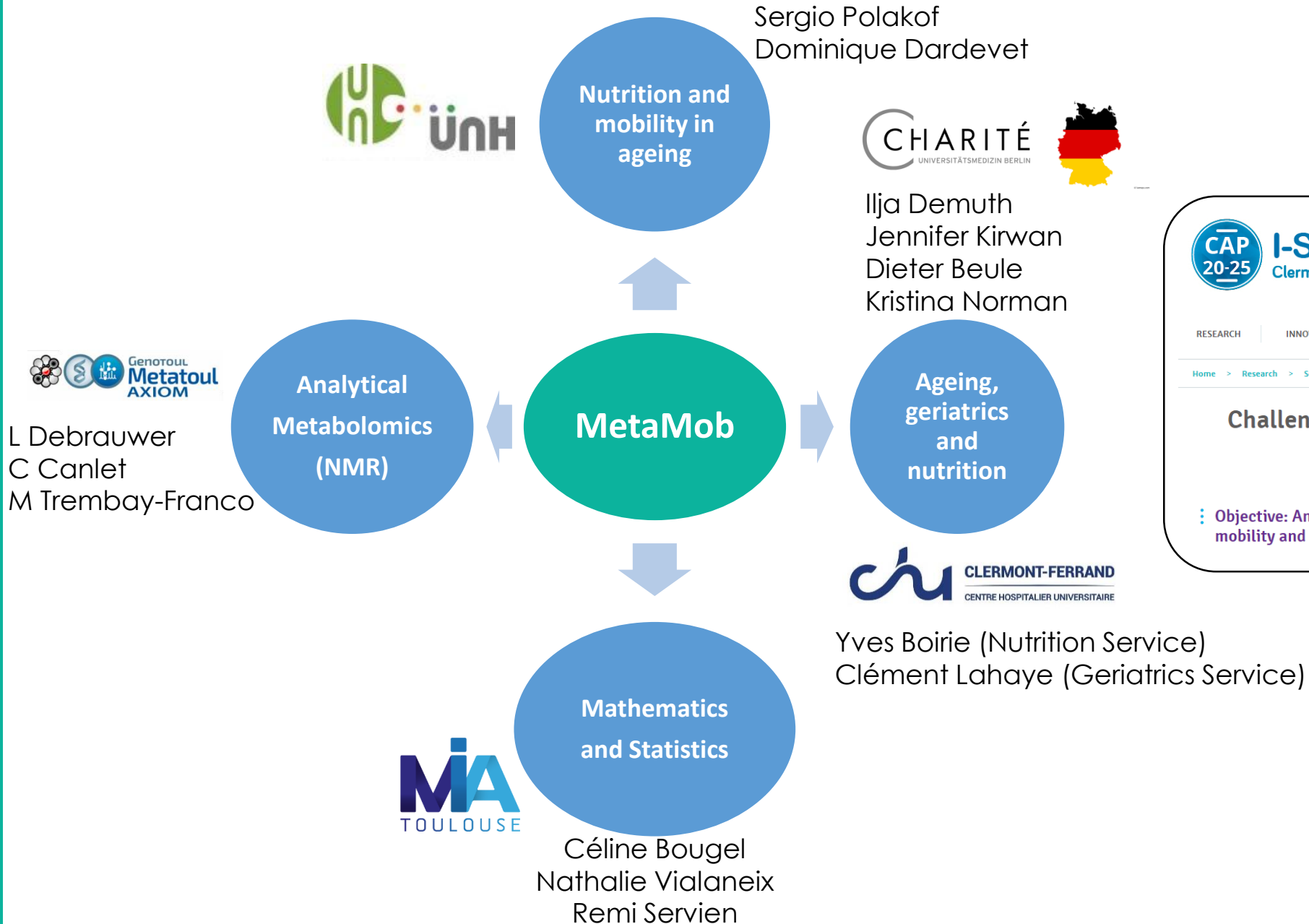
RESEARCH | INNOVATION | TALENT POLICY | INTERNATIONAL | TRAINING

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Challenge 3: Personalised mobility as a key factor in health

Objective: Analyze the mechanisms driving or impeding individual mobility and propose optimization strategies

Yves Boirie (Nutrition Service)
 Clément Lahaye (Geriatrics Service)

Why study frailty?

Complex clinical state

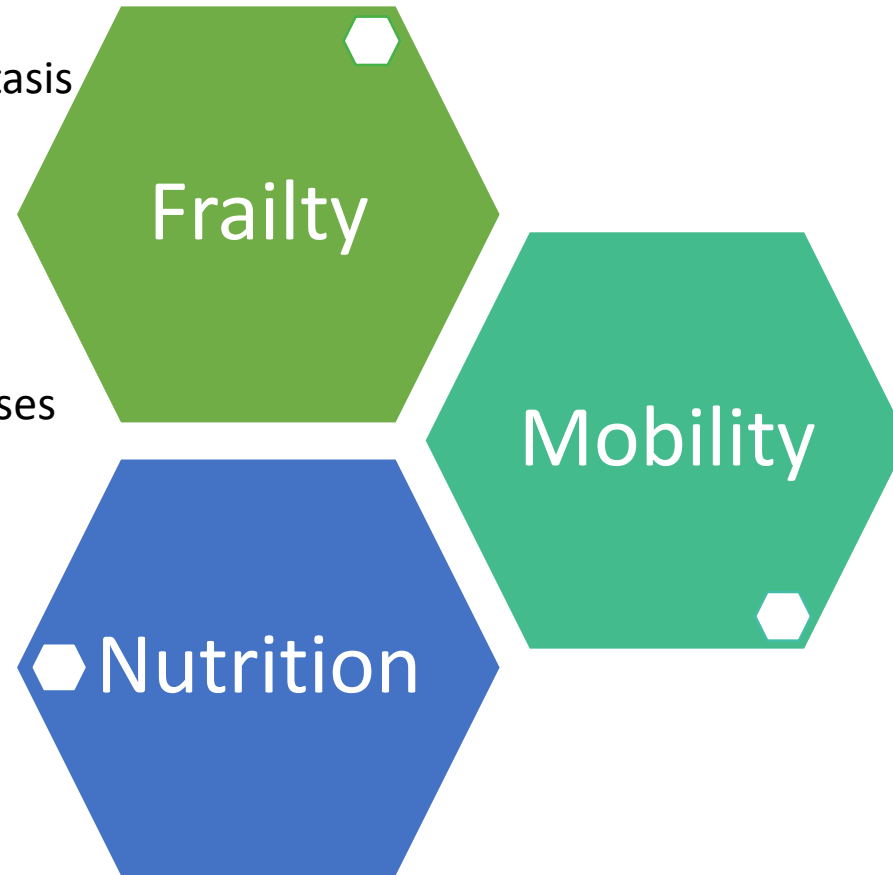
- Loss of physiological homeostasis
- Loss of ability to adapt to the environment



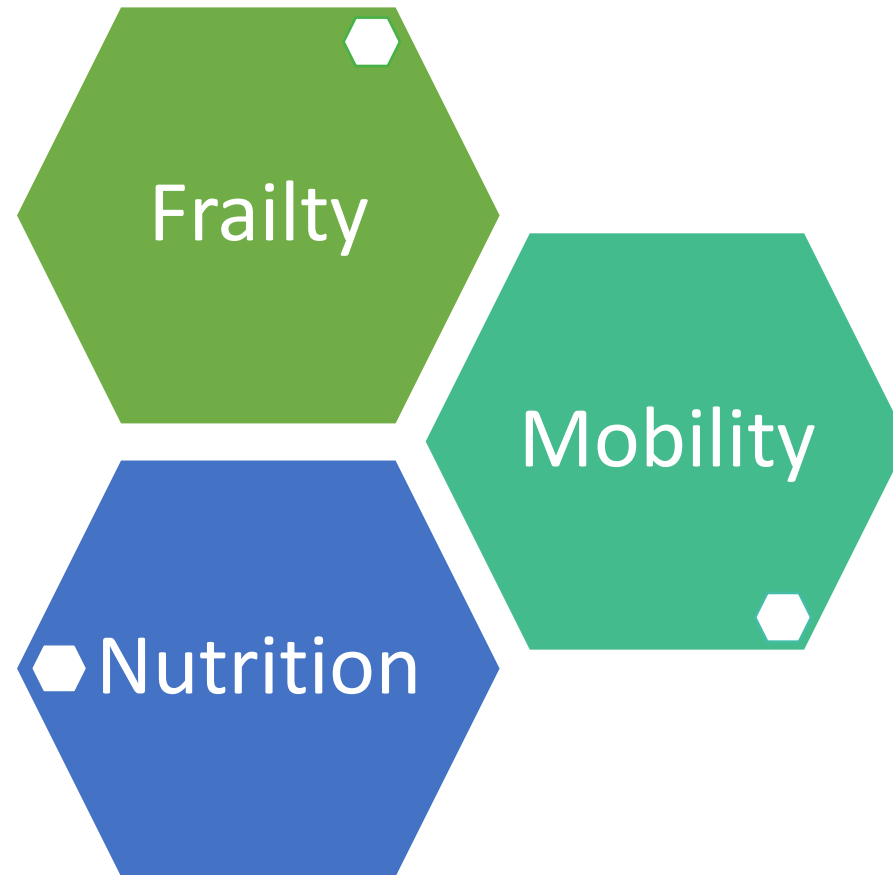
Risk of adverse outcomes increases



Identify fragility levels + prevention



Why study frailty?



Frailty diagnostic?

- functional and nutritional status
- cognition
- Emotional state,
- comorbidities
- polypharmacy
- socio-economic status
- Other geriatric syndromes
gériatriques (sensory impairment,
urinary incontinence, ...)

Identify metabolic pathways associated with frailty in a cohort of elderly people.

Open access

Cohort profile

Where are the data to do this project?

BMJ Open Cohort profile: follow-up of a Berlin Aging Study II (BASE-II) subsample as part of the GendAge study Ilja Demuth et al. (2021)

At baseline:

At the end of follow-up:

901 old people

1

2

Open access

Cohort profile

Where are the data to do this project?

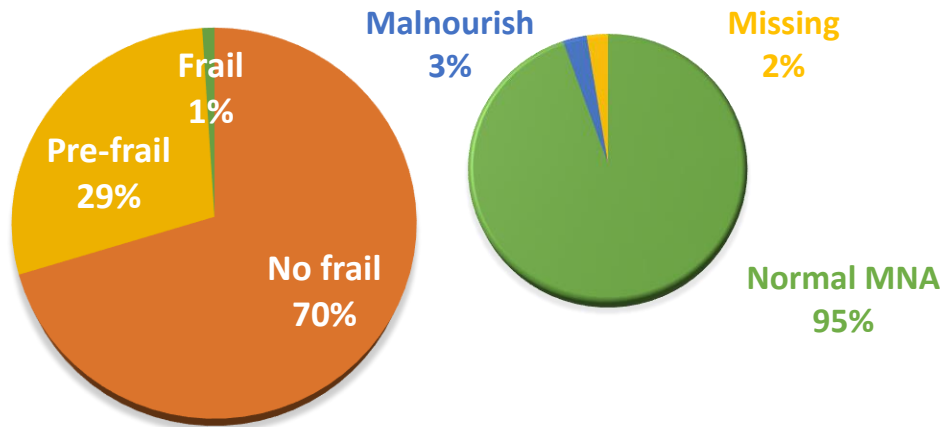
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At baseline:

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Clinical phenotypic data
+ NMR metabolomic serums

901 old people



Open access

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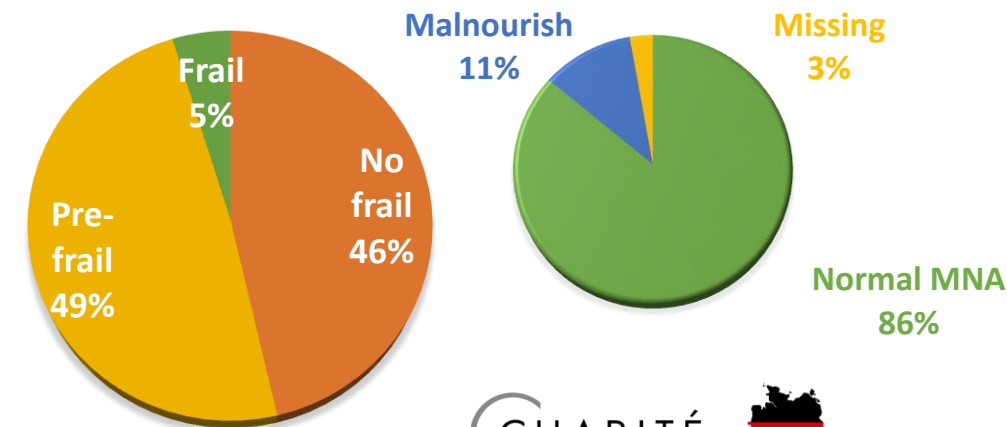
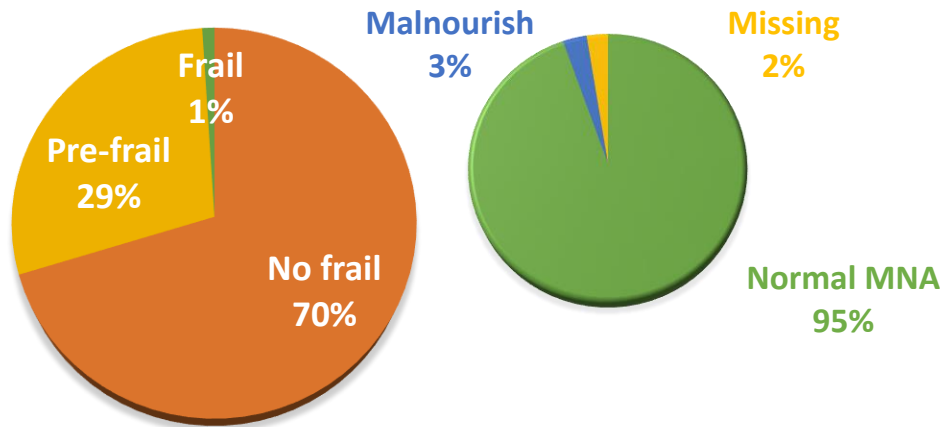
At baseline:

At the end of follow-up:

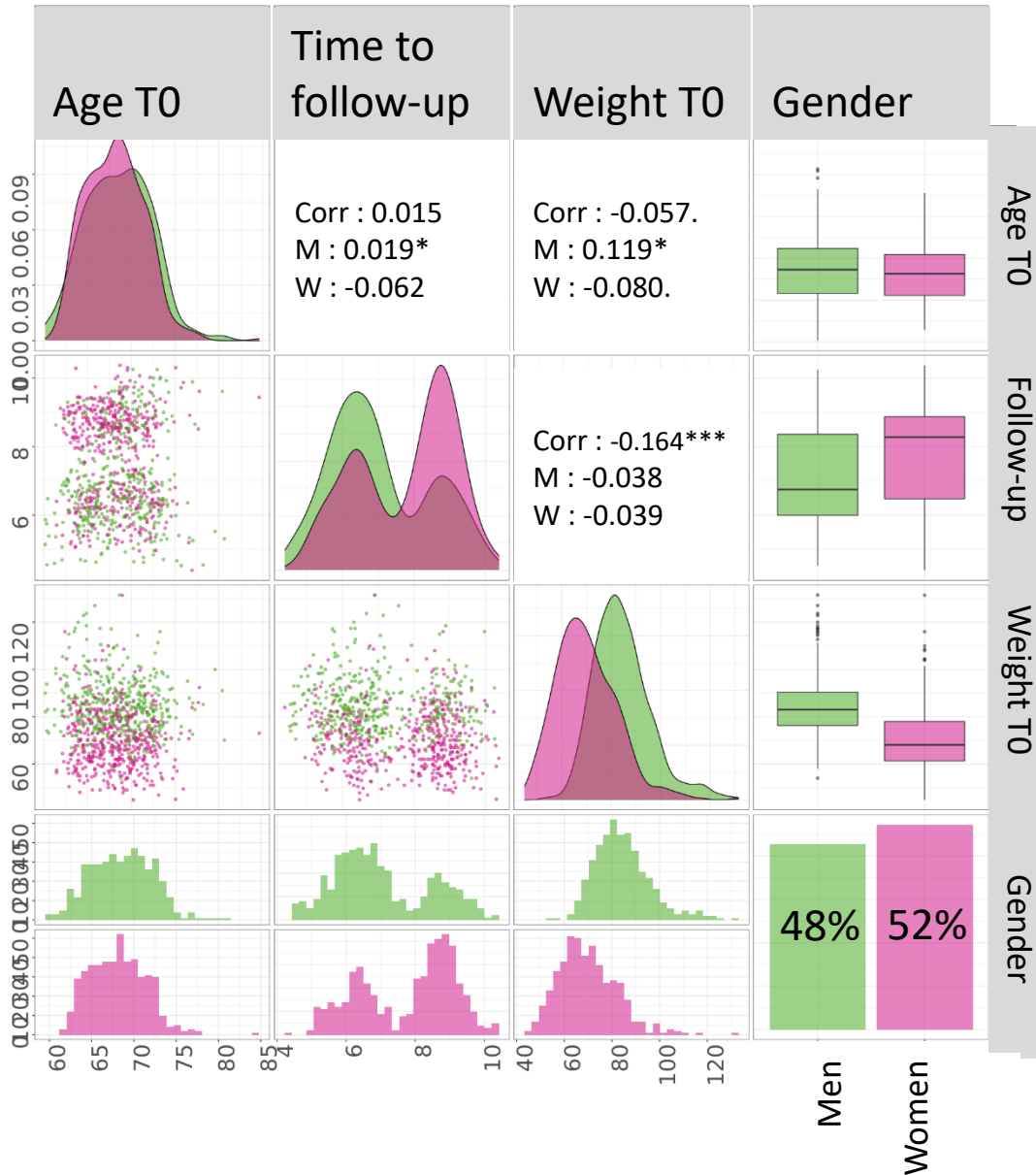
Clinical phenotypic data
+ NMR metabolomic serums

Clinical phenotypic data

901 old people
7,4 years ± 1,5 years



Where are the data to do this project?



68,3 years ± 3,5 years

⇒ Bimodality according to gender

1

2

1

Base-II cohort

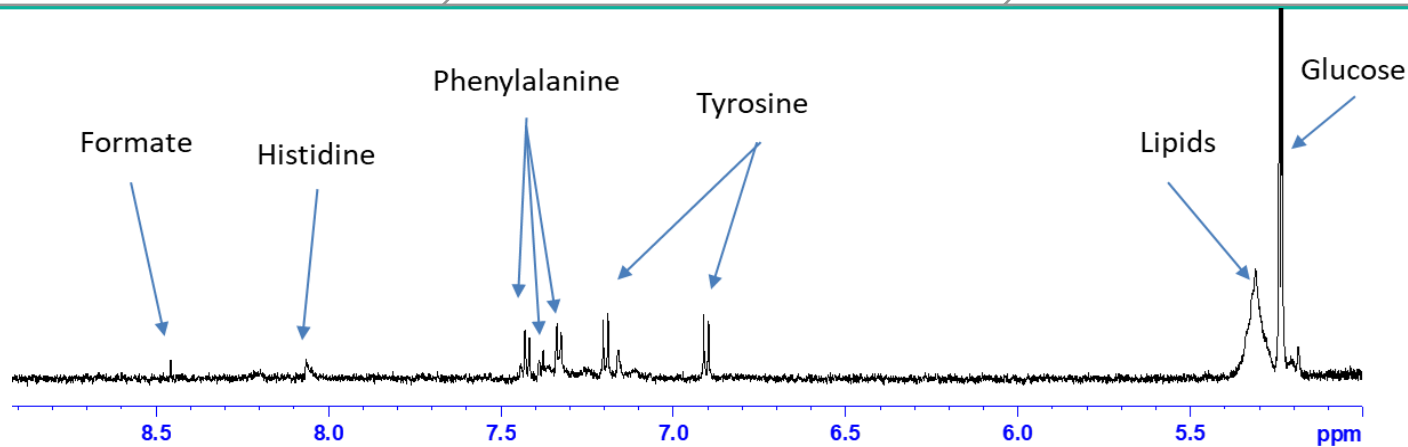
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1H-NMR spectra

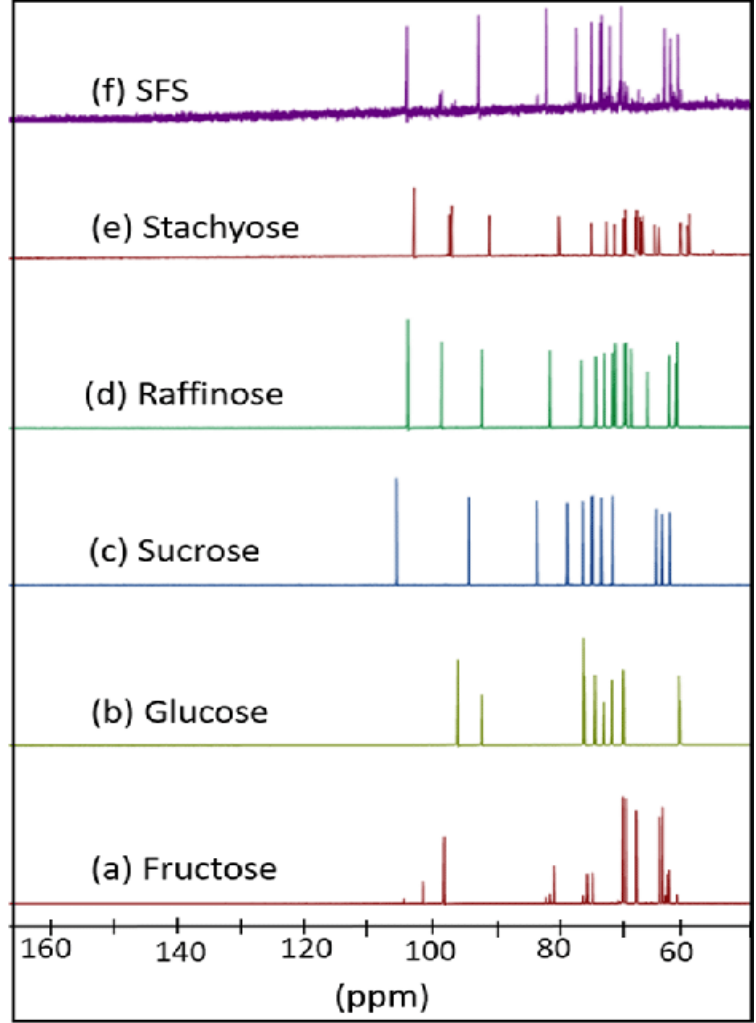
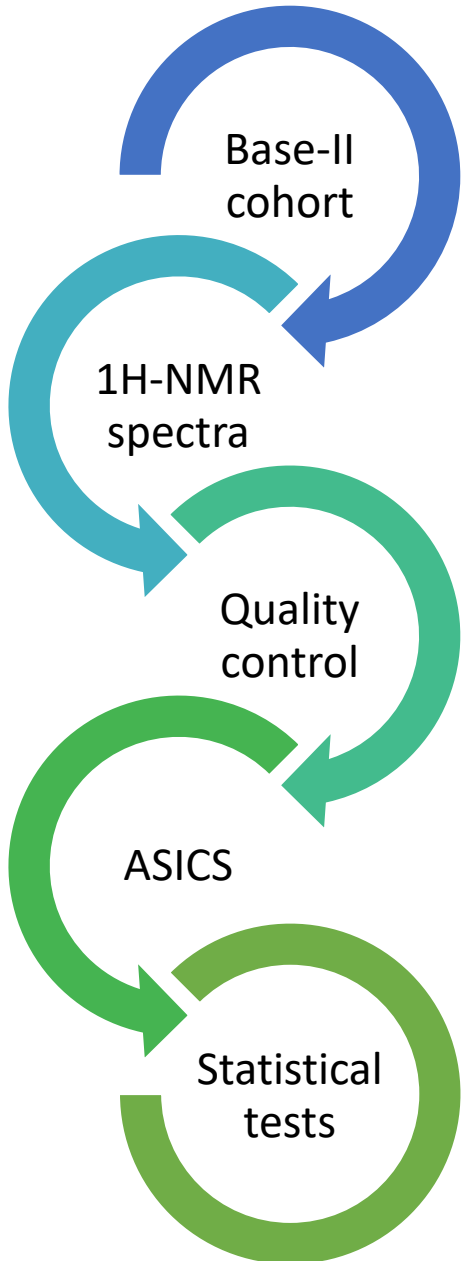
Quality control

ASICS

Statistical tests



1
2



~ 200 pure spectra of ¹H NMR spectra in ASICS

¹³C NMR spectra of (a) fructose, (b) glucose, (c) sucrose, (d) raffinose, (e) stachyose, and (f) SFS.

Extracted from Patil, Namrata & Netravali, Anil. (2019)

1

2

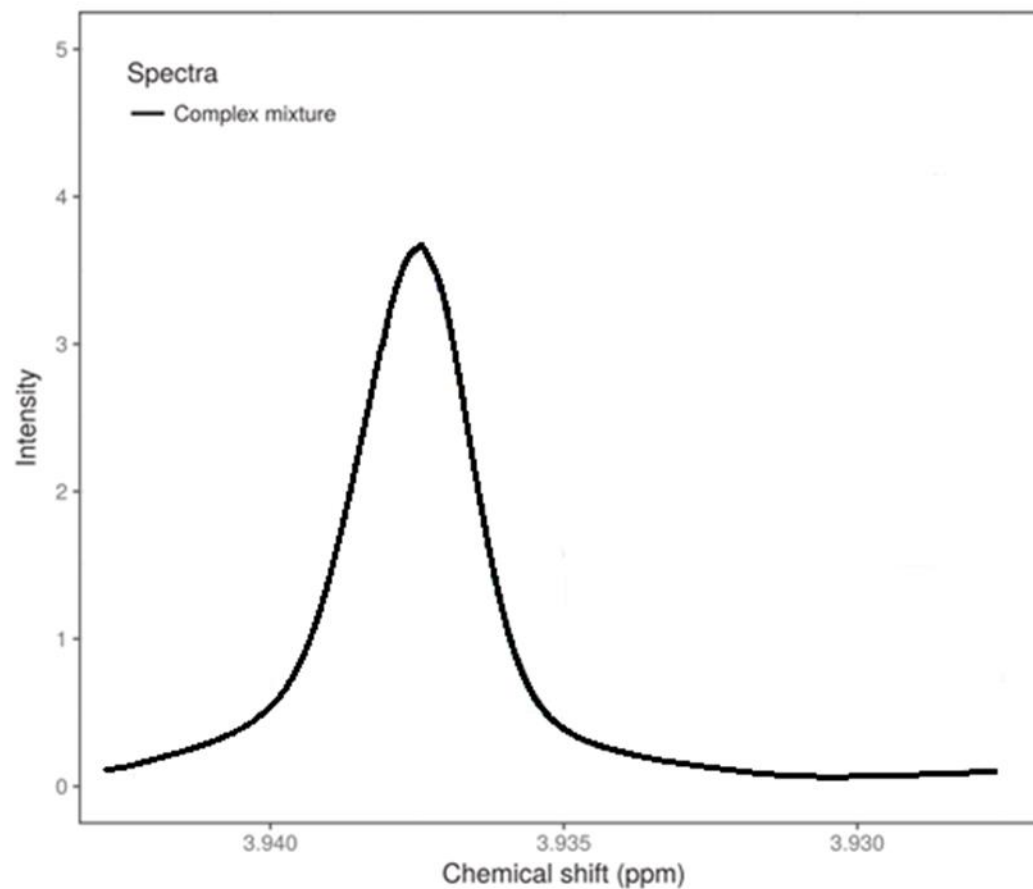
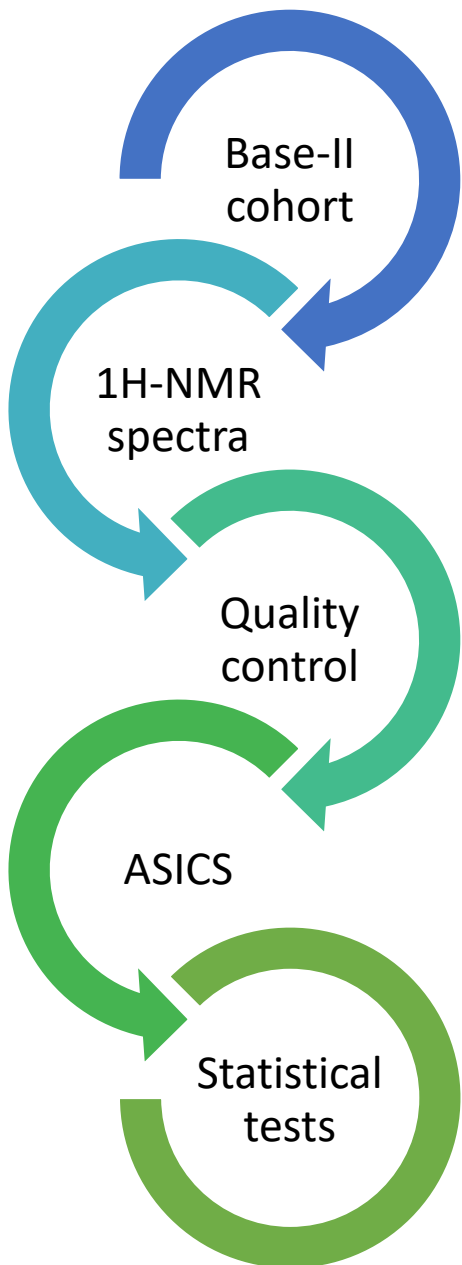


Fig. 2. Two steps distortion procedure for the main peak of the creatine. ① Global translation of the creatine spectrum. ② Local distortion of one of the creatine peak

1

2

Base-II cohort

1H-NMR spectra

Quality control

ASICS

Statistical tests

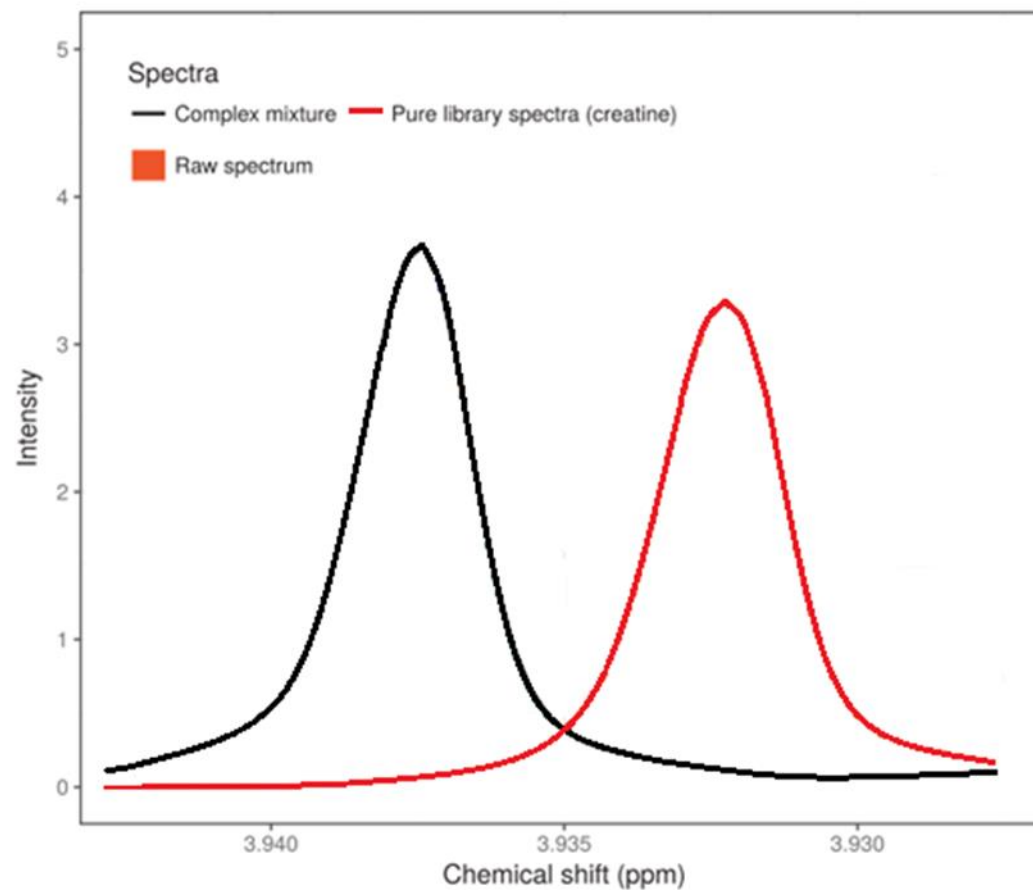


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1H-NMR spectra

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ASICS

Statistical tests

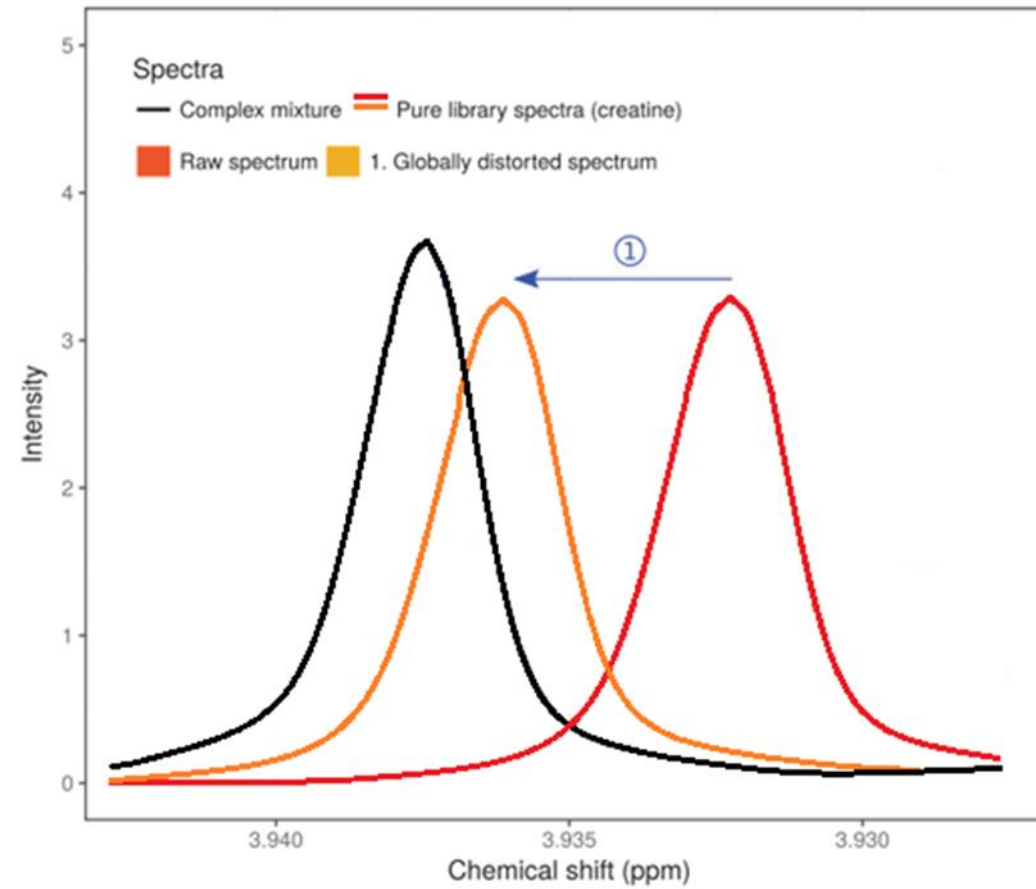


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Base-II cohort

1H-NMR spectra

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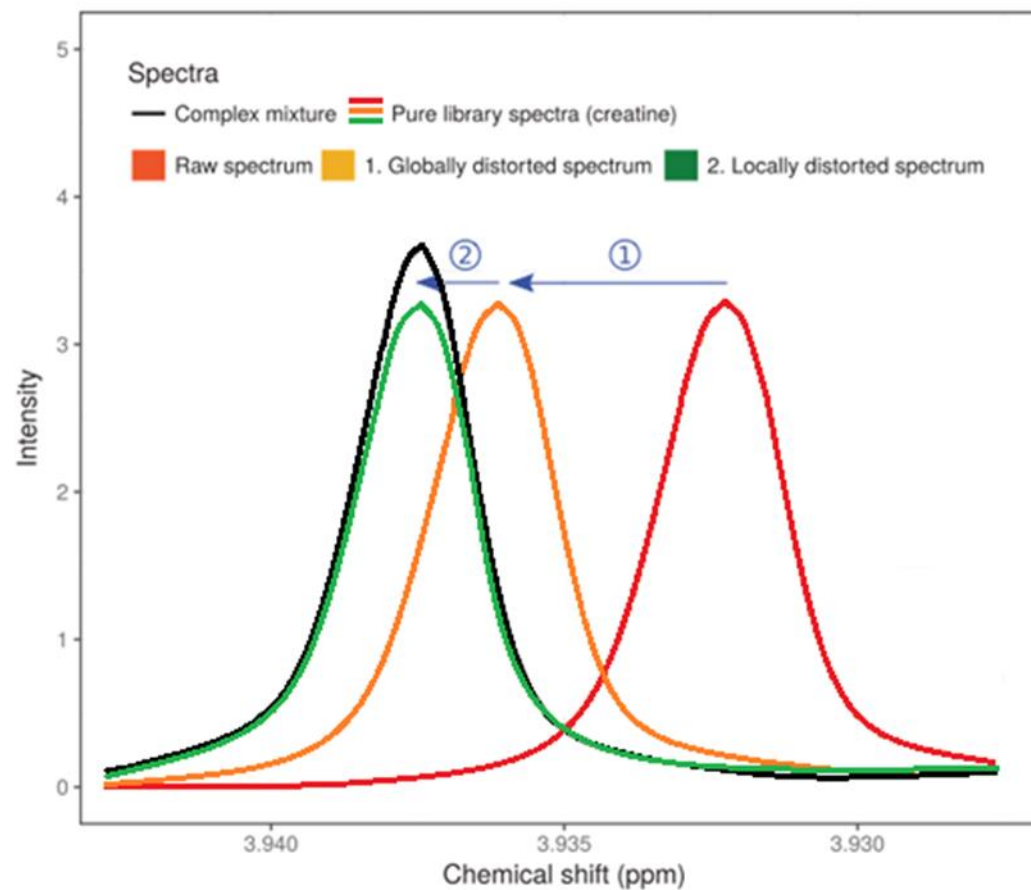
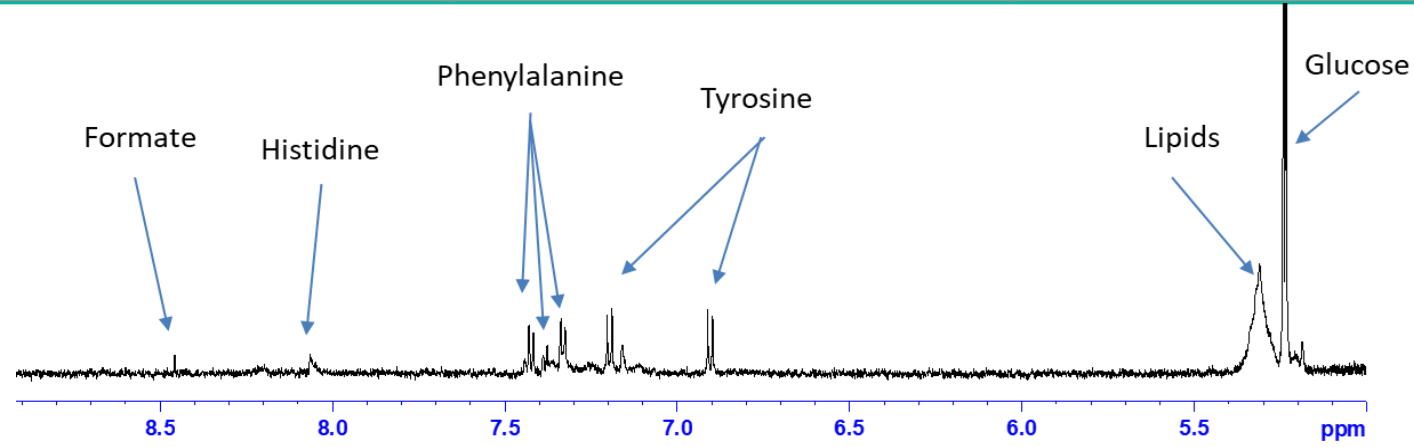
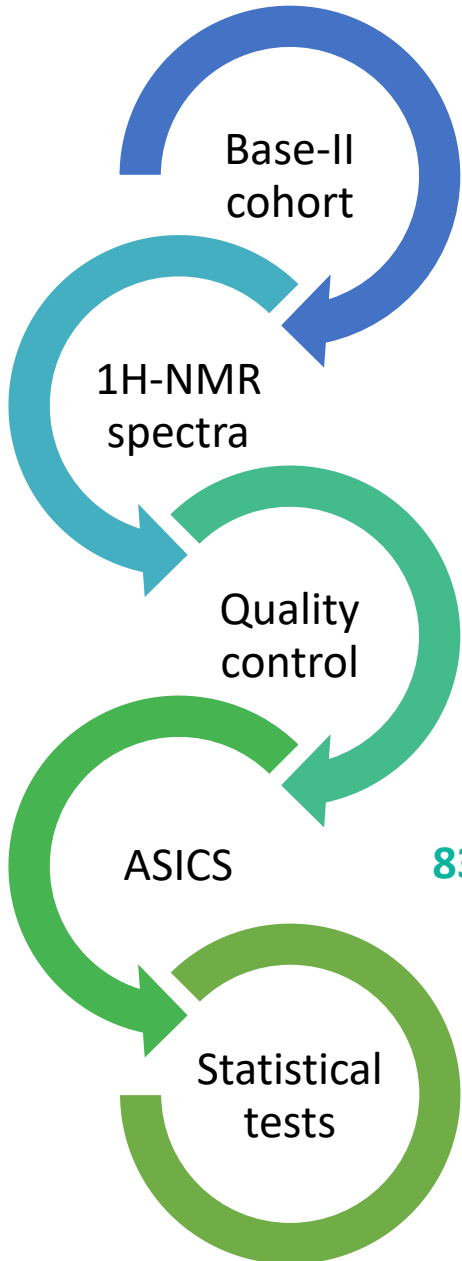


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1
2



901 subjects

| | 211001184-0001 | 211001184-0002 | 211001184-0004 | 211001184-0005 | 211001184-0006 | 211001184-0007 |
|-----------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| D_Glucose | 0.053637504 | 0.0269908876 | 0.074241899 | 0.0532884023 | 0.056823830 | 0.052105032 |
| Lactate | 0.025744483 | 0.0137337715 | 0.033183863 | 0.0235813410 | 0.030771858 | 0.015871980 |
| L_Glycine | 0.007335422 | 0.0021609698 | 0.005943973 | 0.0037103629 | 0.006243144 | 0.005031519 |
| L_Proline | 0.006793431 | 0.0031346472 | 0.008011630 | 0.0046917477 | 0.006056754 | 0.005878591 |
| EthylmalonicAcid | 0.006611386 | 0.0013646610 | 0.004731661 | 0.0017133684 | 0.004892053 | 0.005126834 |
| L_Alanine | 0.005964911 | 0.0034611321 | 0.007756894 | 0.0051744429 | 0.006054566 | 0.004886721 |
| M2_HydroxybutyricAcid | 0.005105685 | 0.0007250717 | 0.002684368 | 0.0005777885 | 0.002840396 | 0.002043006 |
| SebacicAcid | 0.004506666 | 0.0008176683 | 0.002354617 | 0.0007221891 | 0.002892575 | 0.002283709 |
| DehydroAscorbicAcid | 0.003578119 | 0.0017121190 | 0.004691496 | 0.0027102315 | 0.004129003 | 0.003595136 |

83 metabolites

Quantifications

Definition of frailty evolution:

1

Baseline

Follow-up

Evolution

2

No frail

No frail

Control

3

Prefrail

Prefrail

Improve

Frail

Frail

Stable

Damage

Definition of frailty evolution:

Baseline

Follow-up

Evolution

No frail



No frail



Control

332

Prefrail

Prefrail

Improve

Frail

Frail

Stable

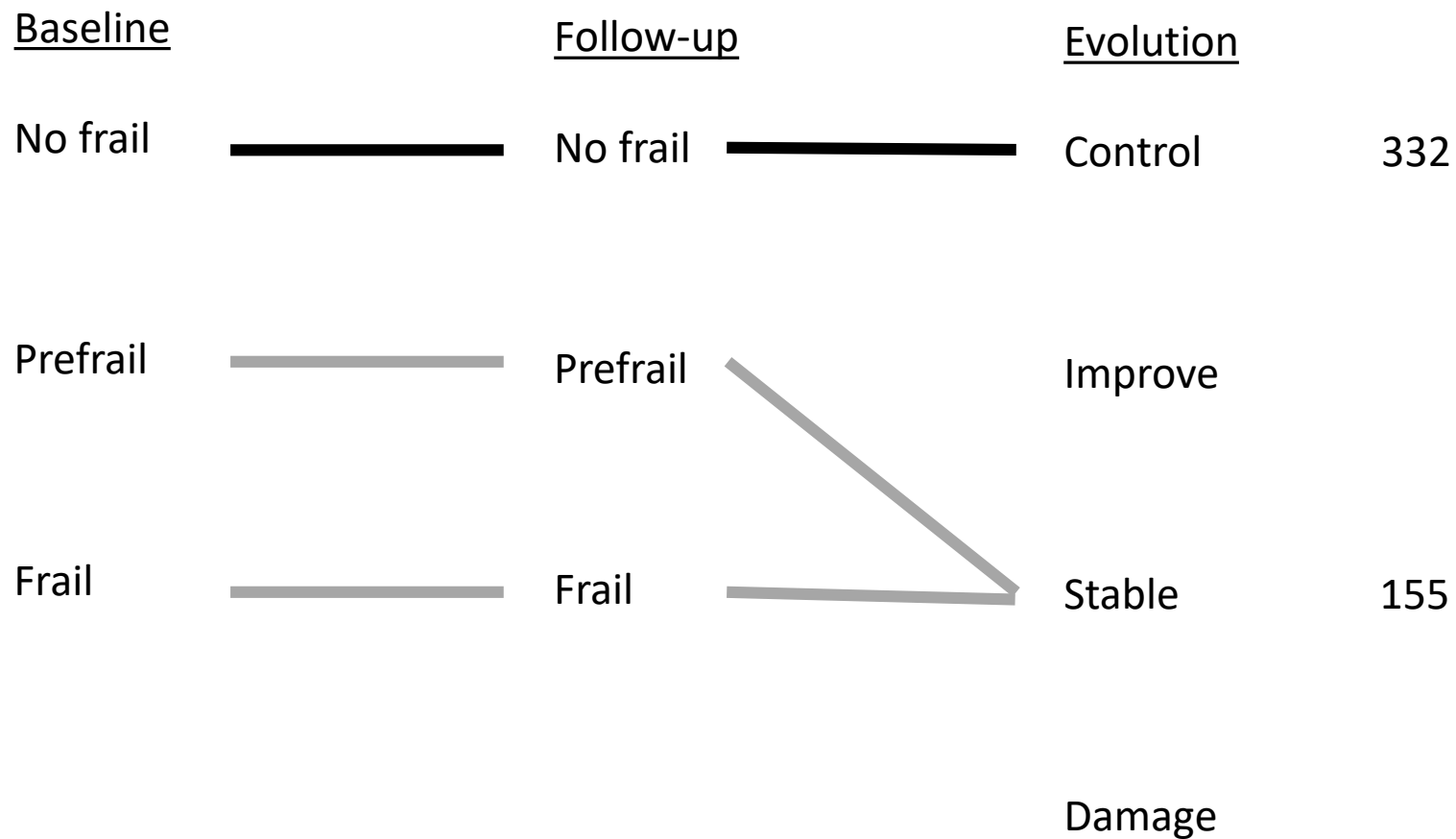
Damage

1

2

3

Definition of frailty evolution:

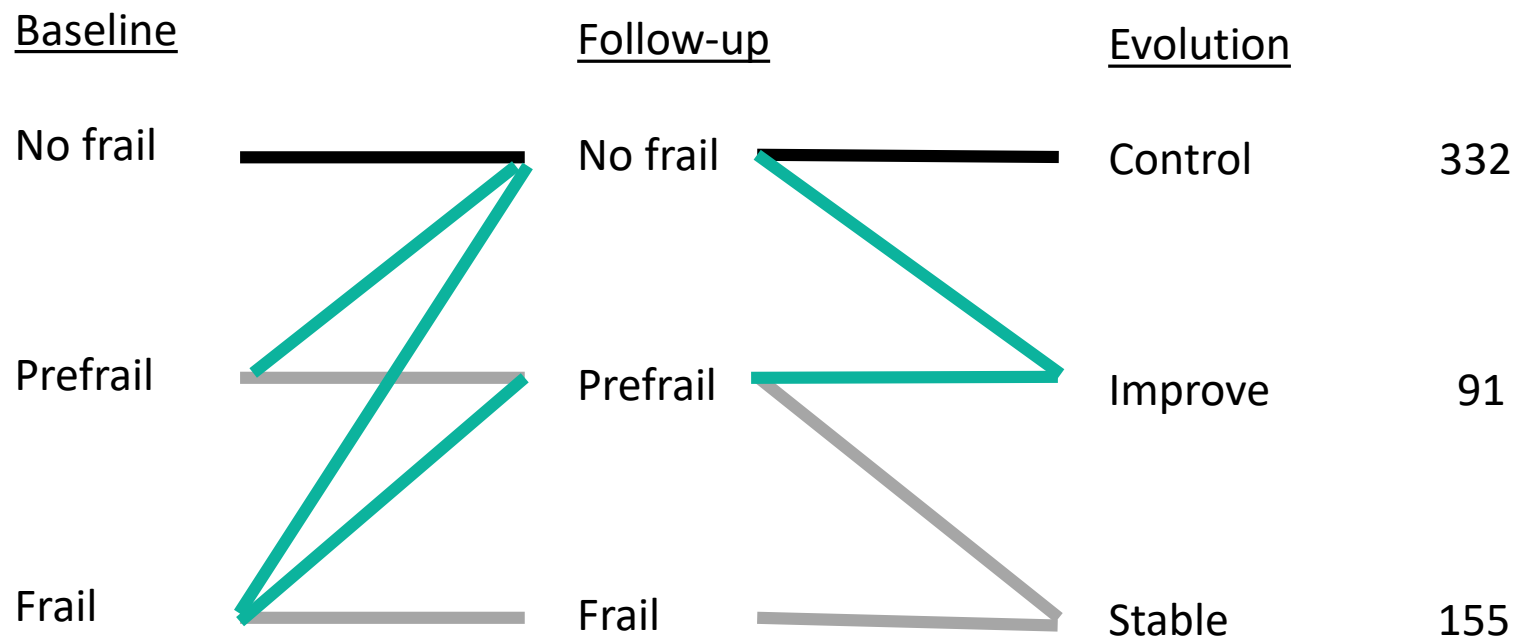


1

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3

Definition of frailty evolution:



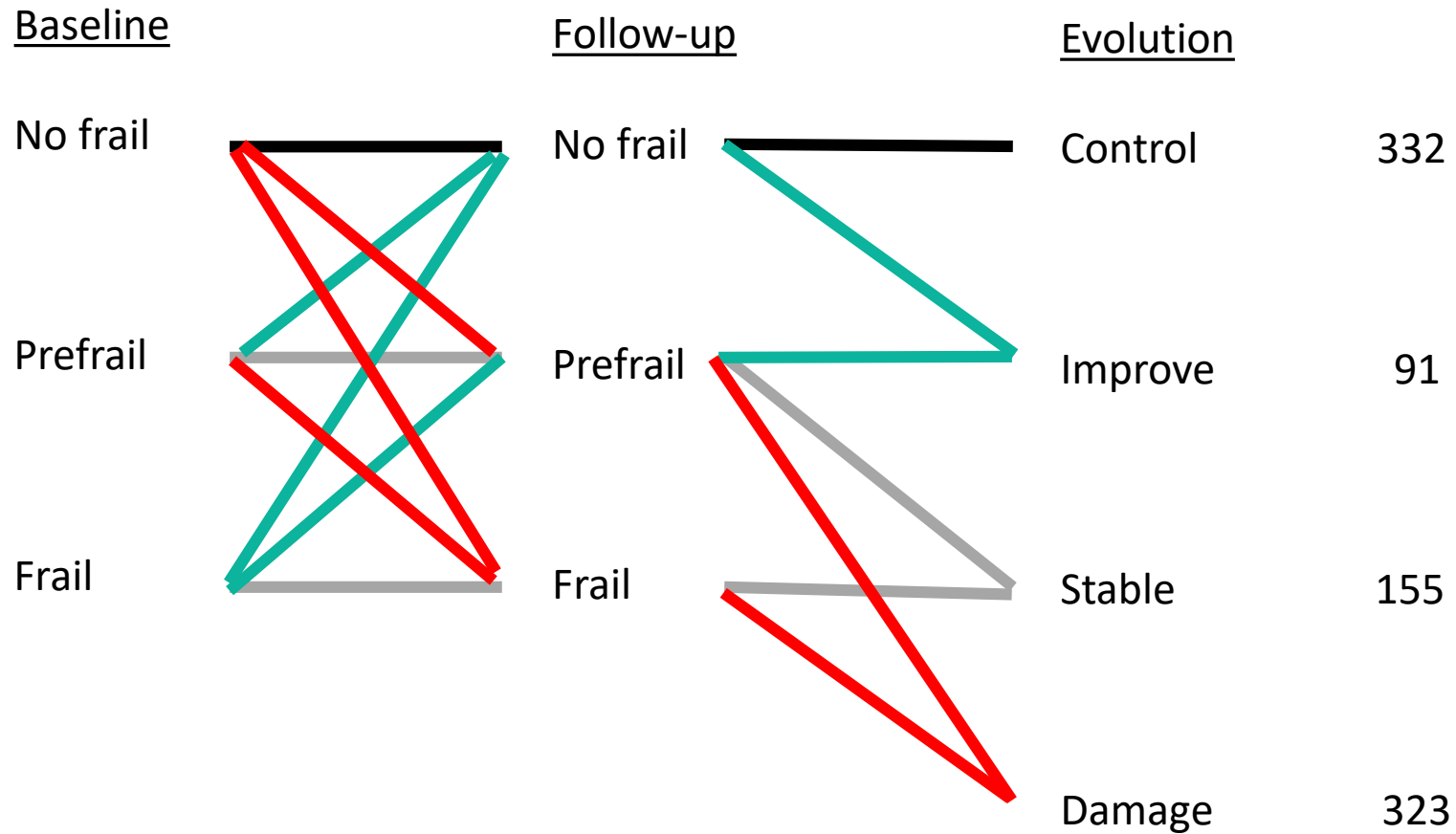
Damage

1

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3

Definition of frailty evolution:

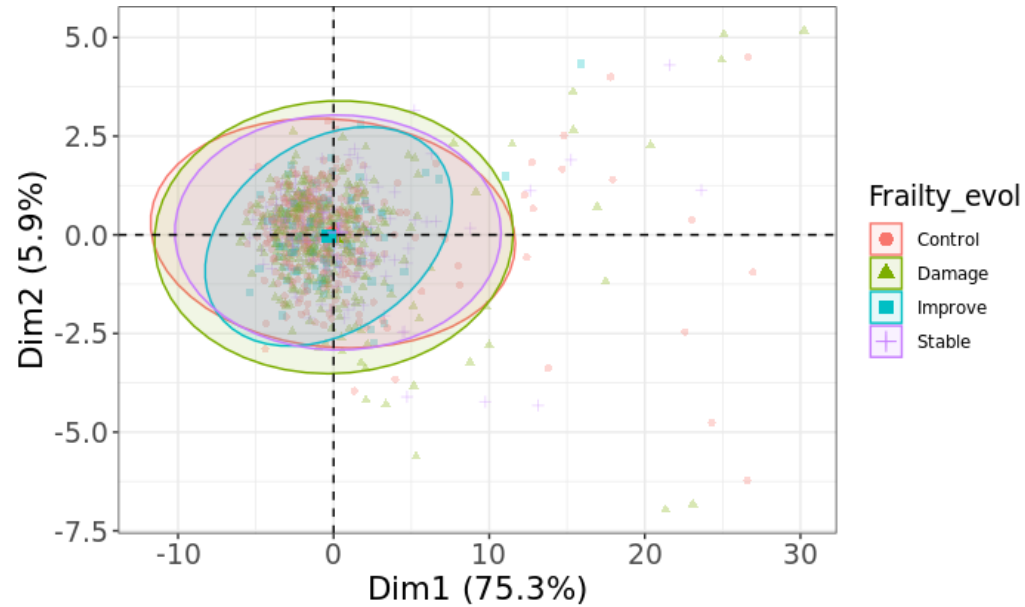


1

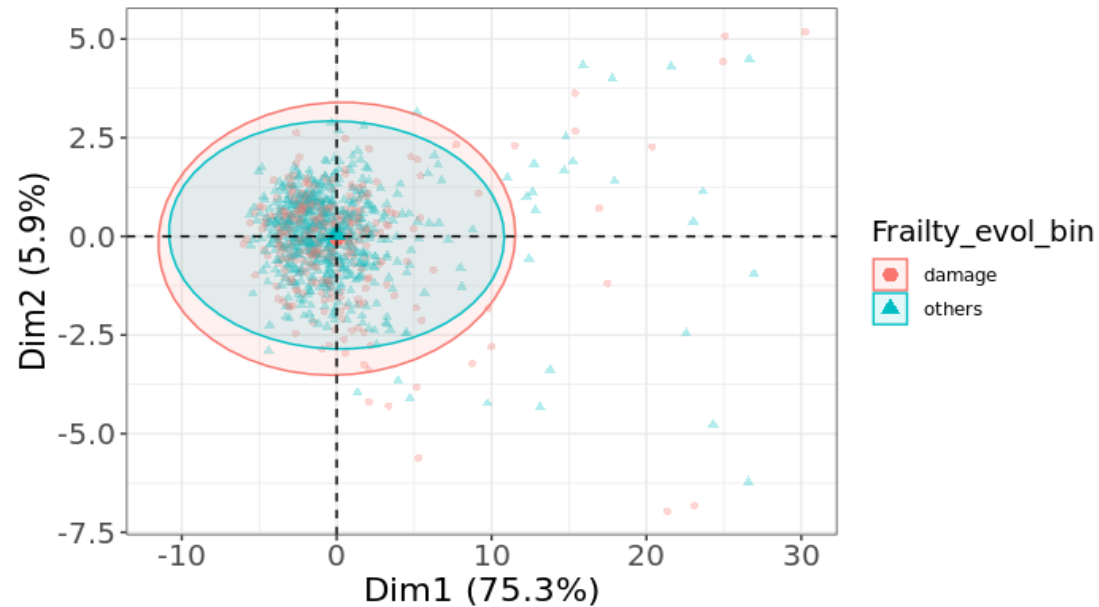
2

3

PCA on quantifications:



⇒ Homogeneous population
 ⇒ Weak signal on frailty



Which metabolites exhibit a significant interaction effect between frailty and gender?

| Tested outcomes | All population (N = 901 subjects) |
|--------------------------|--------------------------------------|
| Frailty evolution | |
| Frailty evolution binary | |
| Frailty T0 binary | |
| Frailty T7 binary | |
| Grip T0 | |
| Grip T7 | |
| Grip evolution | |
| Grip abs Var | |
| Grip binary T0 | |
| Grip binary T7 | |
| CES-D T0 | |
| CES-D T7 | |
| CES-D evolution | |
| CES-D abs Var | |
| CES-D binary T0 | |
| CES-D binary T7 | |
| MNA score T0 | |
| MNA score T7 | |
| MNA binary T0 | |
| MNA binary T7 | |

Linear models:

$$H1 : \text{Quantif}_i \sim \beta_0 + \text{outcome}_i + \text{gender}_i + \text{outcome}_i * \text{gender}_i + \text{ageDiff}_i + \text{age_T0}_i + \text{weight_T0}_i + \epsilon_i$$

$$H0 : \text{Quantif}_i \sim \beta_0 + \text{outcome}_i + \text{gender}_i + \text{ageDiff}_i + \text{age_T0}_i + \text{weight_T0}_i + \epsilon_i$$

1

2

3

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| Grip abs Var | |
| Grip binary T0 | |
| Grip binary T7 | |
| CES-D T0 | |
| CES-D T7 | |
| CES-D evolution | |
| CES-D abs Var | |
| CES-D binary T0 | |
| CES-D binary T7 | |
| MNA score T0 | |
| MNA score T7 | |
| MNA binary T0 | |
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$$H0 : \text{Quantif}_i \sim \beta_0 + \text{outcome}_i + \text{gender}_i + \text{ageDiff}_i + \text{age_T0}_i + \text{weight_T0}_i + \epsilon_i$$

No significant interaction effect between frailty and gender on the metabolome.

1

2

3

Which metabolites have significantly different quantifications according to frailty, for men and women respectively?

| Tested outcomes | Men (N = 428 subjects) | Women (N = 473 subjects) |
|--------------------------|---------------------------|-----------------------------|
| Frailty evolution | | |
| Frailty evolution binary | | |
| Frailty T0 binary | | |
| Frailty T7 binary | | |
| Grip T0 | | |
| Grip T7 | | |
| Grip evolution | | |
| Grip abs Var | | |
| Grip binary T0 | | |
| Grip binary T7 | | |
| CES-D T0 | | |
| CES-D T7 | | |
| CES-D evolution | | |
| CES-D abs Var | | |
| CES-D binary T0 | | |
| CES-D binary T7 | | |
| MNA score T0 | | |
| MNA score T7 | | |
| MNA binary T0 | | |
| MNA binary T7 | | |

Linear models:

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$$H0 : \text{Quantif}_i \sim \beta_0 + \text{ageDiff}_i + \text{age_T0}_i + \text{weight_T0}_i + \epsilon_i$$

1

2

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|--------------------------|---------------------------|-----------------------------|
| Frailty evolution | | |
| Frailty evolution binary | | |
| Frailty T0 binary | | |
| Frailty T7 binary | | |
| Grip T0 | 27 metabolites | |
| Grip T7 | 31 metabolites | |
| Grip evolution | | Dimethylsulfone |
| Grip abs Var | | |
| Grip binary T0 | | |
| Grip binary T7 | | |
| CES-D T0 | | |
| CES-D T7 | | |
| CES-D evolution | | |
| CES-D abs Var | | |
| CES-D binary T0 | | |
| CES-D binary T7 | | |
| MNA score T0 | | |
| MNA score T7 | | |
| MNA binary T0 | 21 metabolites | |
| MNA binary T7 | | |

Linear models:

$$H1 : \text{Quantif}_i \sim \beta_0 + \text{outcome}_i + \text{ageDiff}_i + \text{age_T0}_i + \text{weight_T0}_i + \epsilon_i$$

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1

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| Grip binary T0 | | |
| Grip binary T7 | | |
| CES-D T0 | | |
| CES-D T7 | | |
| CES-D evolution | | |
| CES-D abs Var | | |
| CES-D binary T0 | | |
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Linear models:

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$$H0 : \text{Quantif}_i \sim \beta_0 + \text{ageDiff}_i + \text{age_T0}_i + \text{weight_T0}_i + \epsilon_i$$

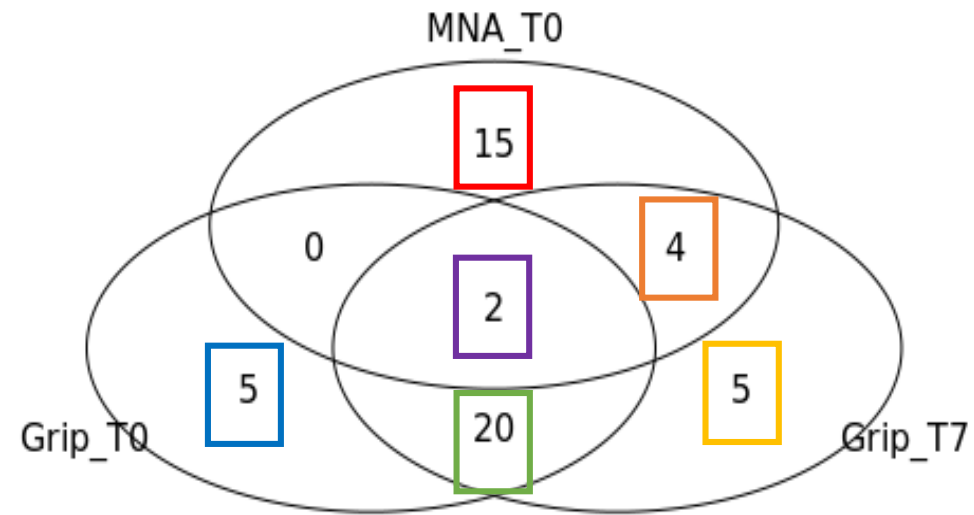
} Metabolism of inositol phosphate

} Catabolism of branched chain amino acids

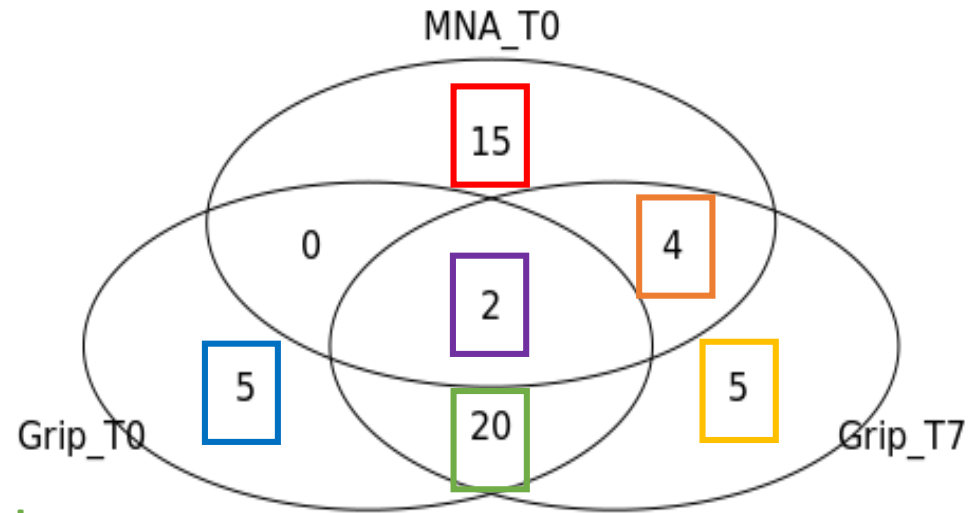
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Betaine
1,3-Diaminopropane



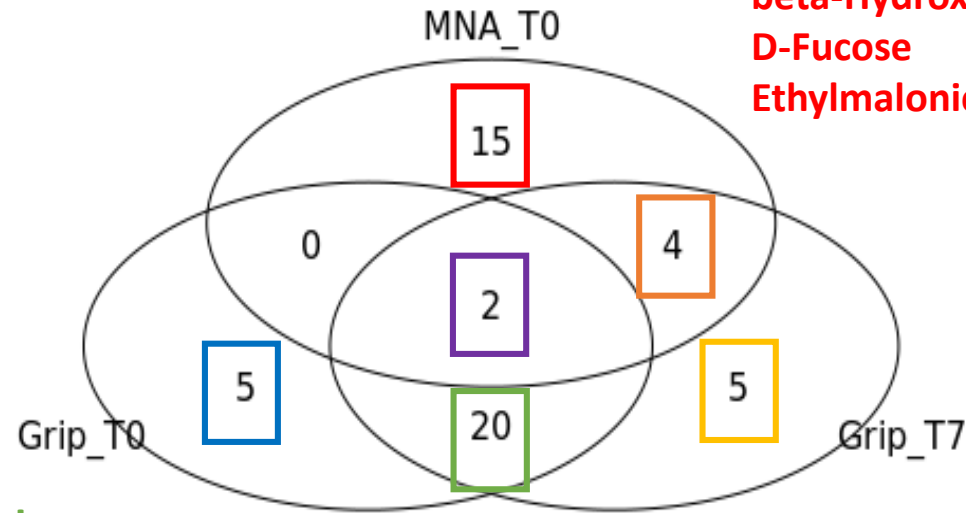
D-Maltose
L-Cystine
Myo-Inositol
GlycericAcid
L-GlutamicAcid
L-Methionine
D-Mannose
Taurine
Galactitol
D-Fructose

Lactate
PropyleneGlycol
D-GlucuronicAcid
3-Methylxanthine
D-Glucose
GuanidinoaceticAcid
DehydroAscorbicAcid
L-Carnitine
Levoglucosan
7-Methylxanthine"

Betaine
1,3-Diaminopropane

2-HydroxybutyricAcid
2-Oxoisovalerate
3-PhenylPropionicAcid
alpha-HydroxyisobutyricAcid
beta-HydroxyisovalericAcid
D-Fucose
EthylmalonicAcid

GABA
IsovalericAcid
L-Isoleucine
Lactose
MethylmalonicAcid
PyroglutamicAcid
SebacicAcid
Valerate

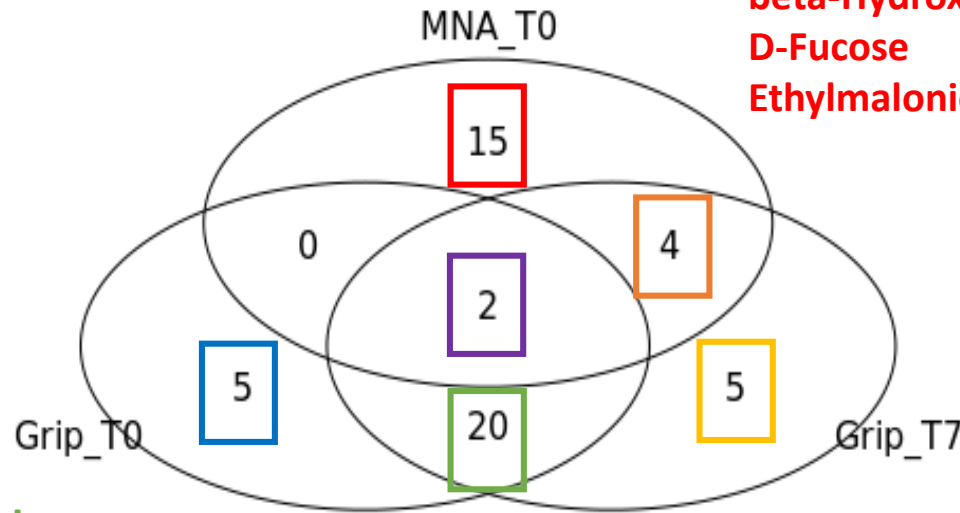


D-Maltose
L-Cystine
Myo-Inositol
GlycericAcid
L-GlutamicAcid
L-Methionine
D-Mannose
Taurine
Galactitol
D-Fructose

Lactate
PropyleneGlycol
D-GlucuronicAcid
3-Methylxanthine
D-Glucose
GuanidinoaceticAcid
DehydroAscorbicAcid
L-Carnitine
Levoglucosan
7-Methylxanthine"

Betaine
1,3-Diaminopropane

Beta-Alanine
L-Lysine
L-Serine
MalicAcid
O-Acetyl-L-Carnitine



2-HydroxybutyricAcid
2-Oxoisovalerate
3-PhenylPropionicAcid
alpha-HydroxyisobutyricAcid
beta-HydroxyisovalericAcid
D-Fucose
EthylmalonicAcid

GABA
IsovalericAcid
L-Isoleucine
Lactose
MethylmalonicAcid
PyroglutamicAcid
SebacicAcid
Valerate

2-Oxoglutarate
PantothenicAcid
L-Aspartate
N-Acetylglycine

D-Maltose
L-Cystine
Myo-Inositol
GlycericAcid
L-GlutamicAcid
L-Methionine
D-Mannose
Taurine
Galactitol
D-Fructose

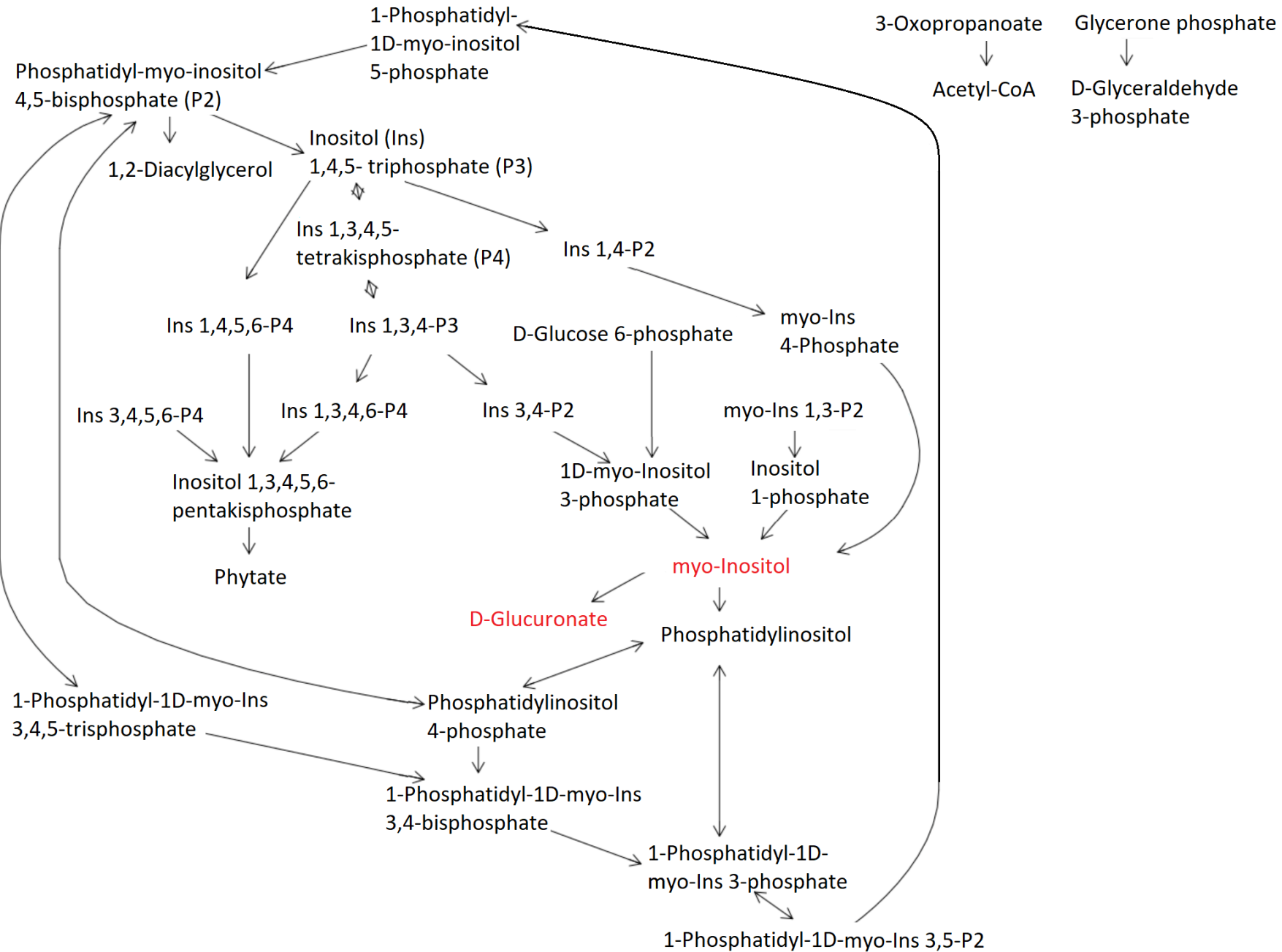
Lactate
PropyleneGlycol
D-GlucuronicAcid
3-Methylxanthine
D-Glucose
GuanidinoaceticAcid
DehydroAscorbicAcid
L-Carnitine
Levoglucosan
7-Methylxanthine"

L-Valine
Putrescine
TMAO
L-Tyrosine
L-Threonine

1

2

3



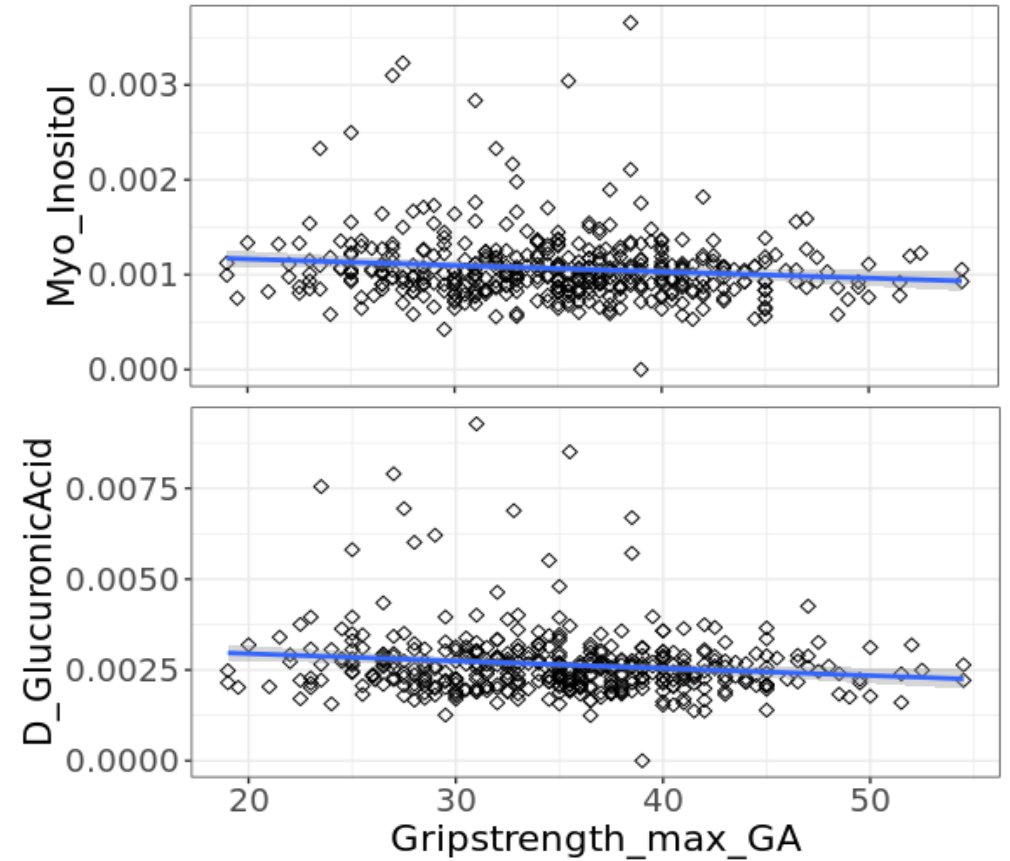
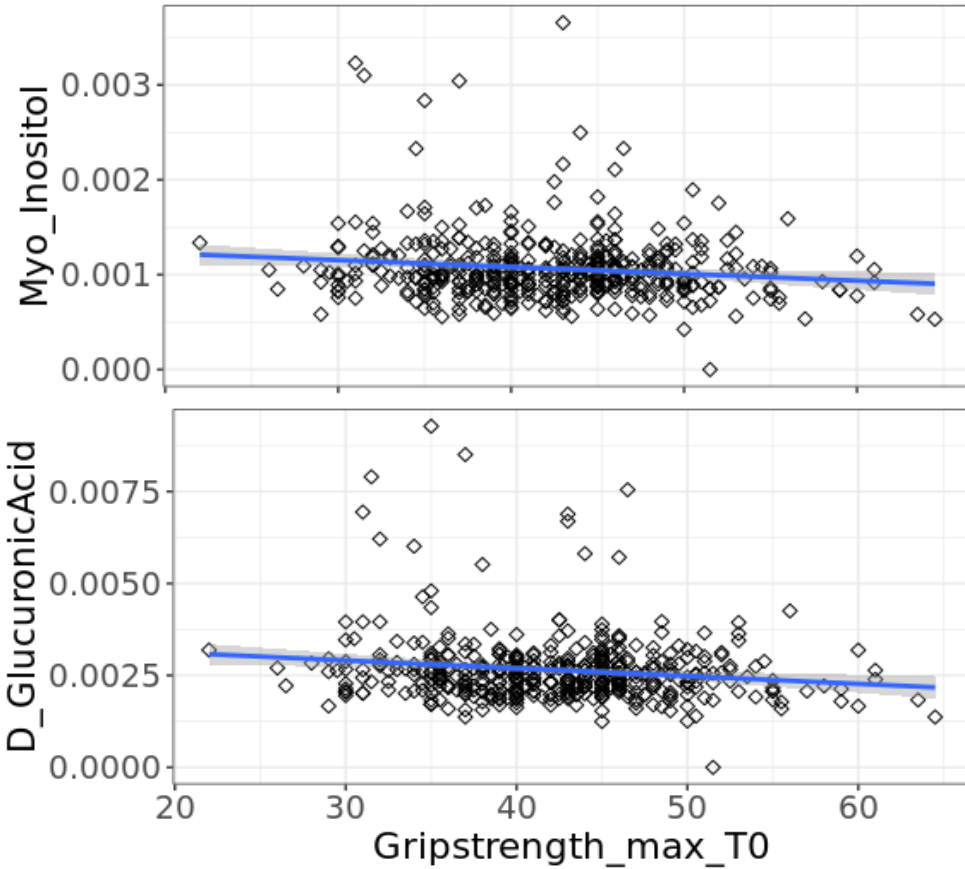
3-Oxopropanoate
↓
Acetyl-CoA

Glycerone phosphate
↓
D-Glyceraldehyde 3-phosphate

1

2

3



To sum up:

identification of pathways related to hand grip strength or nutritional status

Short term objectives:

- Add mobility and/or nutritional parameters
- Build a new frailty criterion
- Compare old and young metabolomic signatures



***MERCI POUR VOTRE
ATTENTION!***