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# THE SOUTH PACIFIC ISLANDS RESIST DIABETES WITH INTENSE TRAINING (SPIRIT) STUDY

# Impact of Progressive Resistance Training and Aerobic Training on Glycaemic Control in Māori and Pacific Islands People with Type 2 Diabetes and Grade III Obesity



A thesis presented in partial fulfilment of the requirements for the degree of Doctor of Philosophy in Exercise and Sport Science

Institute of Food, Nutrition, and Human Health
College of Sciences
Massey University at Wellington
New Zealand

# William Reed Sukala

#### **ABSTRACT**

The purpose of the South Pacific Islands Resist diabetes with Intense Training (SPIRIT) study was to evaluate and compare the effectiveness of two conventional training modalities for improving glycosylated haemoglobin (HbA<sub>1c</sub>) and related physiological and psychological outcomes in Polynesian adults diagnosed with type 2 diabetes and visceral obesity. Twenty-six adults of self-identified Māori or Pacific Islands descent (20 women, 6 men;  $47 \pm 8$  years;  $116.3 \pm 27.5$  kg; waist circumference  $124.0 \pm 17.8$  cm) were randomised to progressive resistance training (PRT) or aerobic training (AER), 3x/week, for 16 weeks. Nine subjects per exercise group (n = 18) completed the study and were included in per protocol analyses. Within-group ANOVAs revealed that HbA<sub>1c</sub> remained elevated in PRT and AER after 16 weeks of training (10.7  $\pm$  2.1 to 10.6  $\pm$  2.4%, P > 0.05; 8.9  $\pm$  1.9 to 8.8  $\pm$  2.1%, P = 0.05> 0.05, respectively). AER resulted in significant reductions in systolic (P = 0.006) and diastolic blood pressure (P = 0.02), an increase in skeletal muscle GLUT4 (P =0.02), capillary density (P = 0.05), and power output (watts) (P < 0.001), while PRT resulted in a significant increase in upper (P = 0.001) and lower body strength (P <0.001) and a reduction in hip circumference (P = 0.05). Eight (5 AER, 3 PRT) of 18 subjects completed  $\geq 75\%$  of available training sessions. Post-hoc analysis on these eight patients revealed a significant reduction in waist circumference (P < 0.001). Despite low attendance, many SF-36 QOL domains scores and the Physical Component Summary scores significantly improved in both groups ( $P \le 0.002$ ). The findings of this doctoral research project suggest that improvement of metabolic outcomes may be delayed or overwhelmed by a combination of low attendance and class III morbid obesity (BMI  $\geq 40 \text{ kg/m}^2$ ). The improvements observed in QOL and muscle outcomes suggest that psychological and myocellular changes may precede

changes in systemic metabolic outcomes. Additional research is required to investigate these hypotheses and overcome barriers to exercise adoption in Māori and Pacific Islands people with morbid obesity and type 2 diabetes.

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#### LIST OF ACRONYMS

1RM 1 Repetition Maximum

ACSM American College of Sports Medicine

AER Aerobic exercise

AHA American Heart Association

ANOVA Analysis of Variance

β-blockerBMIBody Mass IndexBSABovine Serum Albumin

CONSORT Consolidated Standards of Reporting Trials

CRP C-Reactive Protein
CV Coefficient of Variation
DBP Diastolic Blood Pressure

DEXA Dual Energy X-ray Absorptiometry

FFA Free Fatty Acids

GLUT4 Glucose Transporter 4<sup>th</sup> isoform

GOX Glucose Oxidation

HbA<sub>1c</sub> Haemoglobin A<sub>1c</sub> (glycated haemoglobin)

HDL High Density Lipoprotein

HOMA-β Homeostasis Model Assessment beta cell function

HOMA2-IR Homeostasis Model Assessment Insulin Resistance (v.2)

HRR Heart Rate Reserve

LDL Low Density Lipoprotein MET Metabolic Equivalent

NOX Non-oxidative glucose metabolism

OCT Optimal Cutting Temperature embedding medium

PBS Phosphate Buffered Saline PRT Progressive Resistance Training

QOL Quality of Life

RMANOVA Repeated Measures Anova RPE Rating of Perceived Exertion SBP Systolic Blood Pressure

SF36 Medical Outcomes Trust Short-Form 36 questionnaire

SPARC Sport and Recreation New Zealand

SPIRIT South Pacific Islands Resist diabetes with Intense Training

VLDL Very Low Density Lipoprotein VO<sub>2</sub> Volume Oxygen consumed

WRS William R. Sukala