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Effect of Highbush blueberry consumption on markers of metabolic syndrome

A thesis presented in partial fulfilment of the requirements for the degree of

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Abstract

Background:

Metabolic syndrome (MS) is becoming a major public health challenge worldwide, and is associated with a higher risk of the development of several chronic diseases including type II diabetes. Being physically active would provide the most effective management for metabolic disorders; however, the use of dietary bioactive compounds from various plants has also been proposed as an alternative approach. A number of experimental studies indicate that Lowbush blueberries may be able to reduce symptoms of MS but the evidence for Highbush blueberries, which are commonly consumed, is scarce and their benefits remain doubtful. Therefore, the primary objective of this thesis was to investigate the effect of selected Highbush blueberries grown in New Zealand on their potential for managing metabolic-related disorders in order to provide further knowledge of the role for bioactive compounds from Highbush blueberries.

Method:

The selected eight Highbush blueberry cultivars were initially characterised by measuring total phenolic content using a Folin-Ciocalteu procedure; anthocyanin profiles and chlorogenic acid concentration by HPLC; and antioxidant capacity by the ferric reducing antioxidant power (FRAP) and by 2,2, diphenyl-picrylhydrazyl (DPPH) assays (Chapter 3). Further experiments were then carried out to investigate whether these Highbush blueberries possess any activity against measures of MS *in vitro*. The ability of Highbush blueberries to inhibit α -amylase and α -glucosidase, the enzymes involved in breaking down starch, and their abilities to enhance the growth of beneficial probiotic bacteria, another mechanism associated with improving insulin resistance, were tested in Chapter 4. Finally, the physiological effects of Highbush blueberry consumption on metabolic syndrome biomarkers were assessed *in vivo* using animal models of diet-induced metabolic syndrome (Chapter 5-7).

Results:

Our results demonstrated that selected Highbush blueberries grown in New Zealand contained considerable amounts of polyphenolics and total anthocyanins, and exhibited high antioxidant activities, with 'Burlington' and 'Elliott' cultivars exhibiting the highest total phenolic content (> 3.4 mg GAE/g frozen berries (FB)), total anthocyanins (> 2.2 mg/g FB) and antioxidant capacities (FRAP; > 3.0 mg FeSO₄/g FB, DPPH; > 65% inhibition at 5 mg FB). Further in vitro experiments

supported the ability of these blueberries to inhibit α -amylase (10-40% inhibition at 20 mg FB) and α-glucosidase (10-50% inhibition at 25 mg FB); additionally, some blueberry cultivars possessed the ability to increase the growth of the probiotic bacteria Lactobaccillus acidophilus by more than 0.5 log₁₀ CFU/mL. However, the extent of these benefits was not closely correlated with total phenolic content ($R^2 < 0.27$), total anthocyanins ($R^2 < 0.23$), or antioxidant capacities (FRAP; $R^2 < 0.23$) 0.42, DPPH; $R^2 < 0.24$) across all genotypes, indicating that these anti-metabolic syndrome abilities were not simply due to the total bioactives or antioxidant capacities presented in the berries. 'Burlington' and 'Bluecrop', which exhibited strong enzyme inhibition as well as enhanced beneficial probiotic bacterial growth but contained different components of individual anthocyanins, were chosen for further testing in vivo. Rats fed a high-fat-high-sugar diet plus 1% freeze-dried whole blueberries (both cultivars) for 8 weeks showed signs of improvement of glucose tolerance and exhibited between 30 and 36% decrease in the degree of insulin resistance (HOMA-IR) as compared to the controls. The blueberries also showed a trend to increase the growth of beneficial bacteria, Lactobacillus spp. (P = 0.20) and Bifidobacterium spp. (P = 0.15), in the rats' caecal content. However, no reduction in body weight or fat accumulation was observed with blueberry supplementation. There were no significant differences (P > 0.05) in the abilities of 'Burlington' and 'Bluecrop' to modulate any metabolic biomarkers assessed in vivo.

Conclusion:

Inclusion of the blueberries into the diet showed promise for management of some markers of metabolic syndrome, in particular the improvement of insulin sensitivity and glucose tolerance. The results of these studies shed some light on the beneficial effect of selected NZ Highbush blueberries against insulin resistance associated with metabolic syndrome.

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Abbreviations

2DG 2-deoxyglucose

2-h PG 2 hours plasma glucose

A1C hemoglobin A1C or glycated hemoglobin

AACE American Association of Clinical Endocrinology

ACNs anthocyanins

ACP acepromazine

AHA/NHLBI American Heart Association/Nation Heart, Lung and Blood Institute

AMPK adenosine monophosphate-activated protein kinase

ANOVA analysis of variance
AOA antioxidant activity

ATPIII National Cholesterol Education Program Adult Treatment Panel III

AUC area under the curve

BB blueberry

BMI body mass index

BW body weight

CFU colony forming unit

Cmax maximum concentration

CONT starch-based control diet

CRP C-reactive protein

CVD cardiovascular disease

db/db mouse model of diabetes and obesity where leptin receptor is deficient

DEXA dual-energy x-ray absorptiometry

DNS 3,5-dinitrosalicylic acid

DP degree of polymerization

DPPH 2,2-diphenyl-1-picrylhydrazyl

DSF defatted soybean flour

EGCG epigallocatechin gallate

EGIR European Group for the study of Insulin Resistance

ER endoplasmic reticulum

ESR Environmental Science and Research

FB frozen berries
FeCl₃ ferric chloride

FeSO₄ ferrous sulphate

FFA free fatty acids

FFM fat-free mass

FISH fluorescent in situ hybridization

FPG fasting plasma glucose

FPI fasting plasma insulin

FRAP ferric reducing antioxidant power

FW fresh weight

G6Pase glucose-6-phosphatase

GAE gallic acid equivalent

GIT gastrointestinal tract

GLUT glucose transporter

HDL-C high density lipoprotein cholesterol

HF high-fat

HFD+BB high fat diet plus blueberry

HFHS high-fat-high-sugar

HFR high-fructose

HFR1B high-fructose diet containing 1% freeze-dried blueberry powder

HFR4B high-fructose diet containing 4% freeze-dried blueberry powder

HOMA-IR homeostasis model assessment of insulin resistance

HPLC High Performance Liquid Chromatography

HS high-sugar (sucrose)

iBAT interscapular brown adipose tissue

IC₅₀ inhibitory concentration of 50%

IDF International Diabetes Federation

IFG impaired fasting glucose

IGT impaired glucose tolerance

IL-6 interleukin-6

IL-10 interleukin-10

IRS insulin receptor substrate

ITT insulin tolerance test

LFD low fat diet

LPS lipopolysaccharide

MRS Man-Rogaso-Sharpe

MS metabolic syndrome

Na₂CO₃ sodium carbonate

NAFLD non-alcoholic fatty acid liver disease

NCEP-ATP III National Cholesterol Education Program Adult Treatment Panel III

NGSP National Glycohemoglobin Standardization Program

NHANES National Health and Examination Survey

NIDDK National Institute of Diabetes and Digestive and Kidney Diseases

ob/ob leptin-deficient obese mouse model

OD optical density

OGTT oral glucose tolerance test

ORAC oxygen radical absorbance capacity

PAs proanthocyanidins

PCA principal component analysis

PEPCK phosphoenolpyruvate carboxykinase

PI3K phosphotidylinositol 3-kinase

PKB/Akt protein kinase B

pNPG p-nitrophenyl α -D-glucopyranoside

PPAR-y peroxisome proliferator-activated receptor gamma

QUICKI quantitative insulin sensitivity check index

ROS reactive oxygen species

SAPU Small Animal Production Unit

SD Sprague-Dawley

T2DM type II diabetes mellitus

TG triglycerides

TNF- α tumour necrosis factor α TPC total polyphenolic content TPTZ 2,4,6-tripyridyl-s-triazine

VHFD very high fat diet

WAT white adipose tissue
WC waist circumference

WHO World Health Organization

WHR waist-hip ratio