

Exercise, Hormones, and Disease Prevention

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Outline

- 1. Potential consequences of the loss of gonadal function – working model**
- 2. Metabolic consequences of the loss of estrogens – preclinical**
 - Mitigation by exercise**
- 3. Metabolic consequences of the loss of estrogens – clinical**
 - Mitigation by exercise**

Loss of Gonadal Function

Women
51 y

Men
>70 y

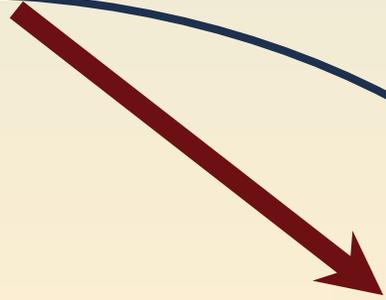
Impact on Other Systems

Increased Disease Risk



**Loss of Gonadal
Function**

**↓ Spontaneous
Physical Activity**



Other Tissues

Fat Gain

Bone Loss



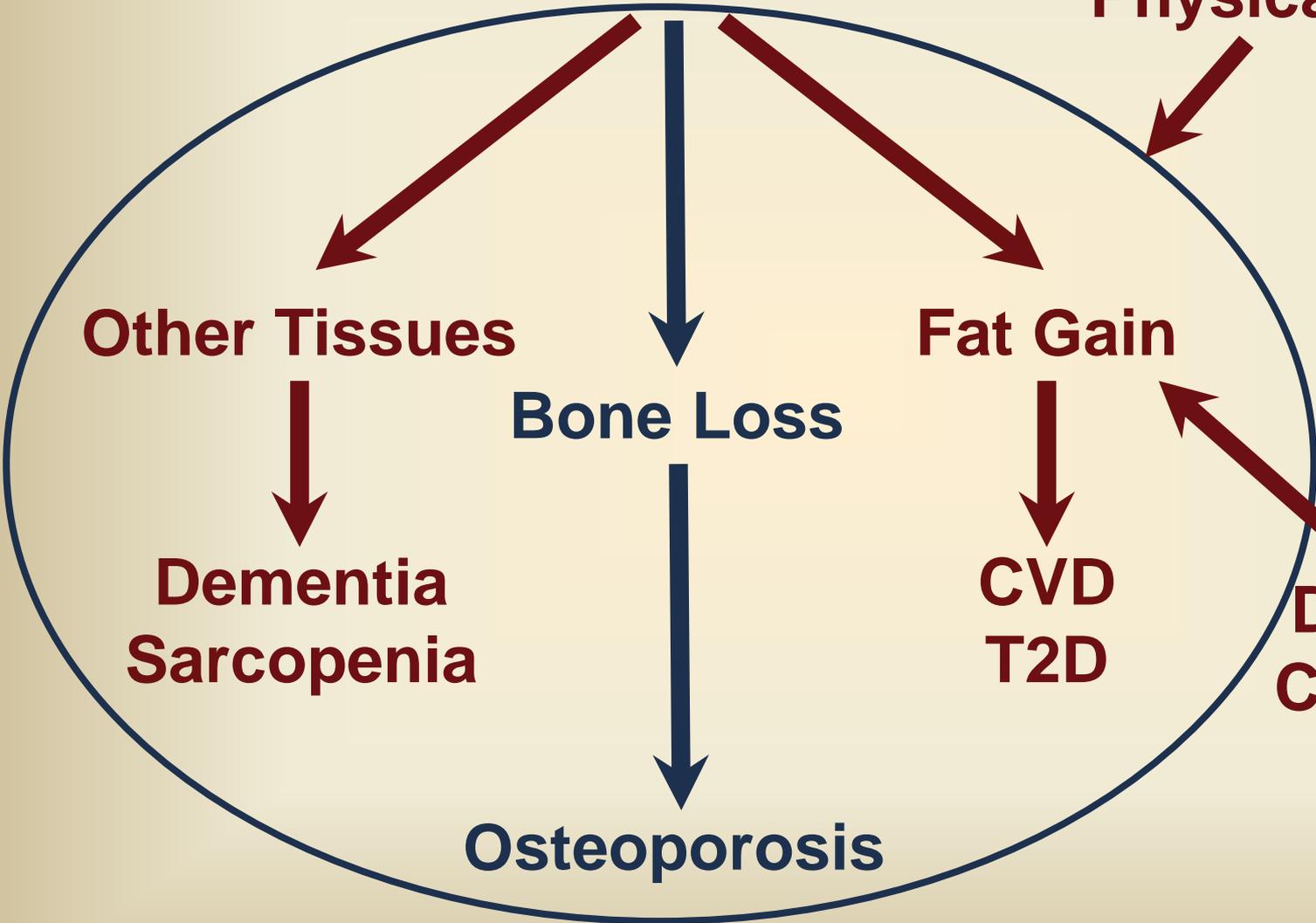
**Dementia
Sarcopenia**

**CVD
T2D**

**Distribution
Composition**



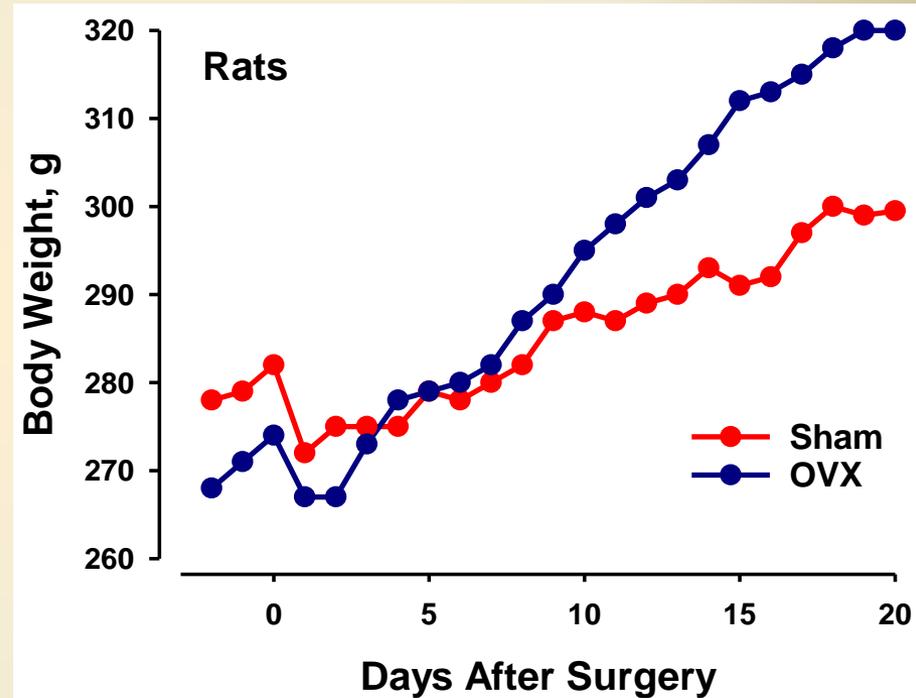
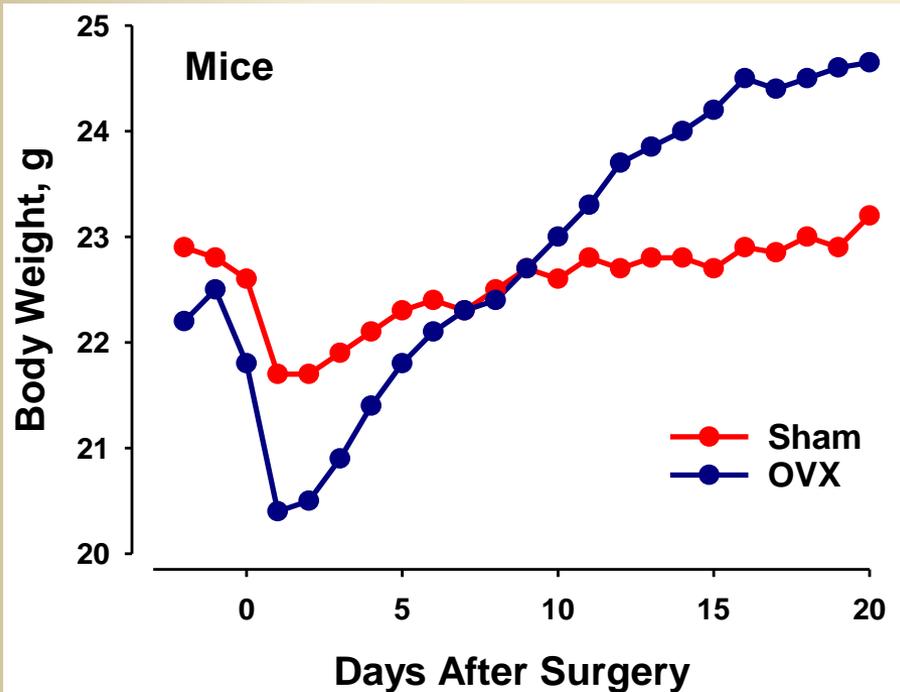
Osteoporosis



Outline

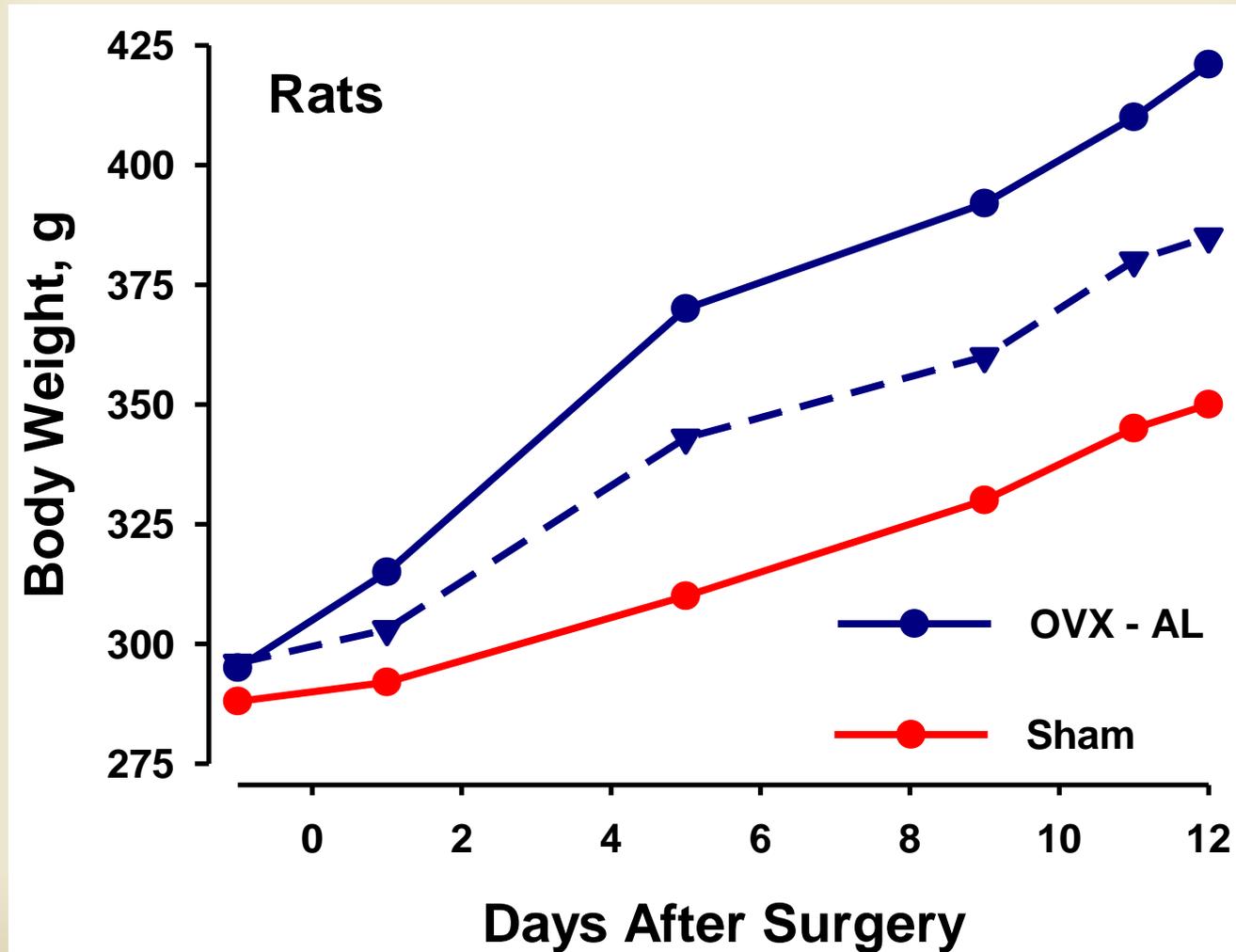
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 - Mitigation by exercise**

Body Weight in Mice and Rats OVX vs Sham



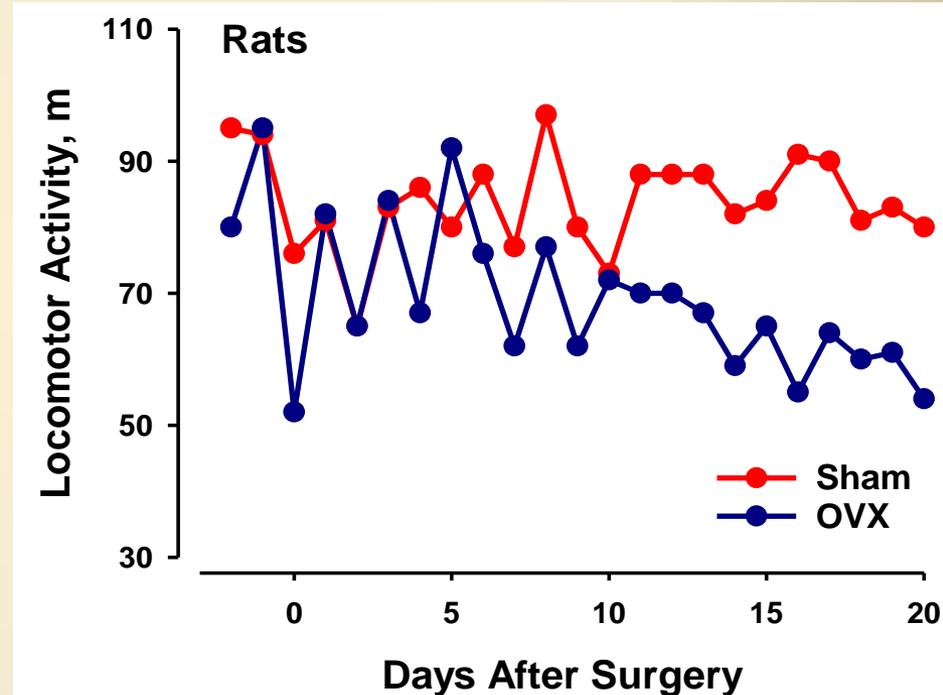
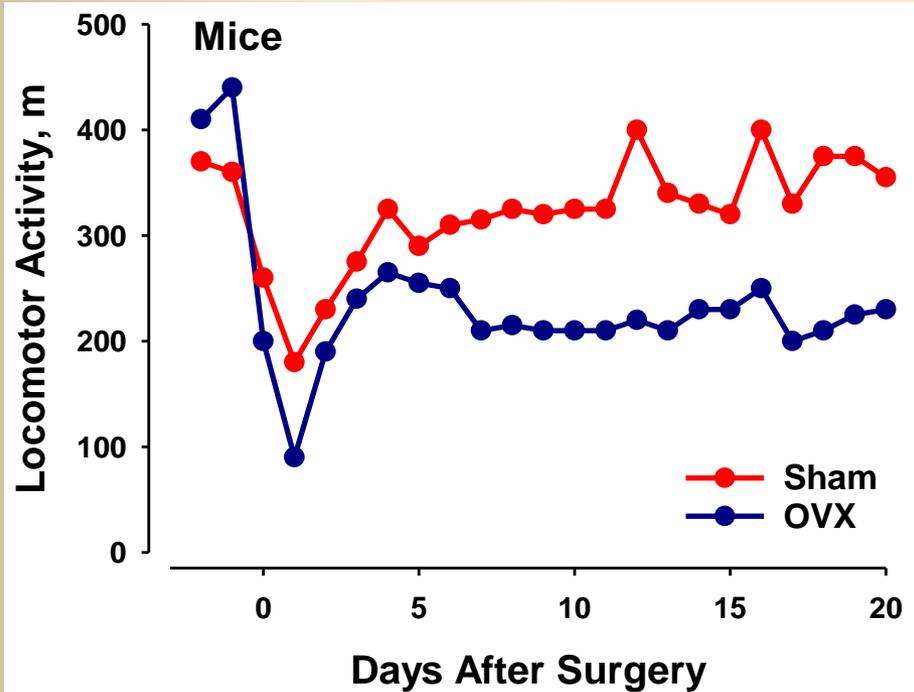
Adapted from: Witte MM et al. *General Compar Endocrinol* 166:520, 2010

Body Weight in Rats OVX-AL vs OVX-PF vs Sham



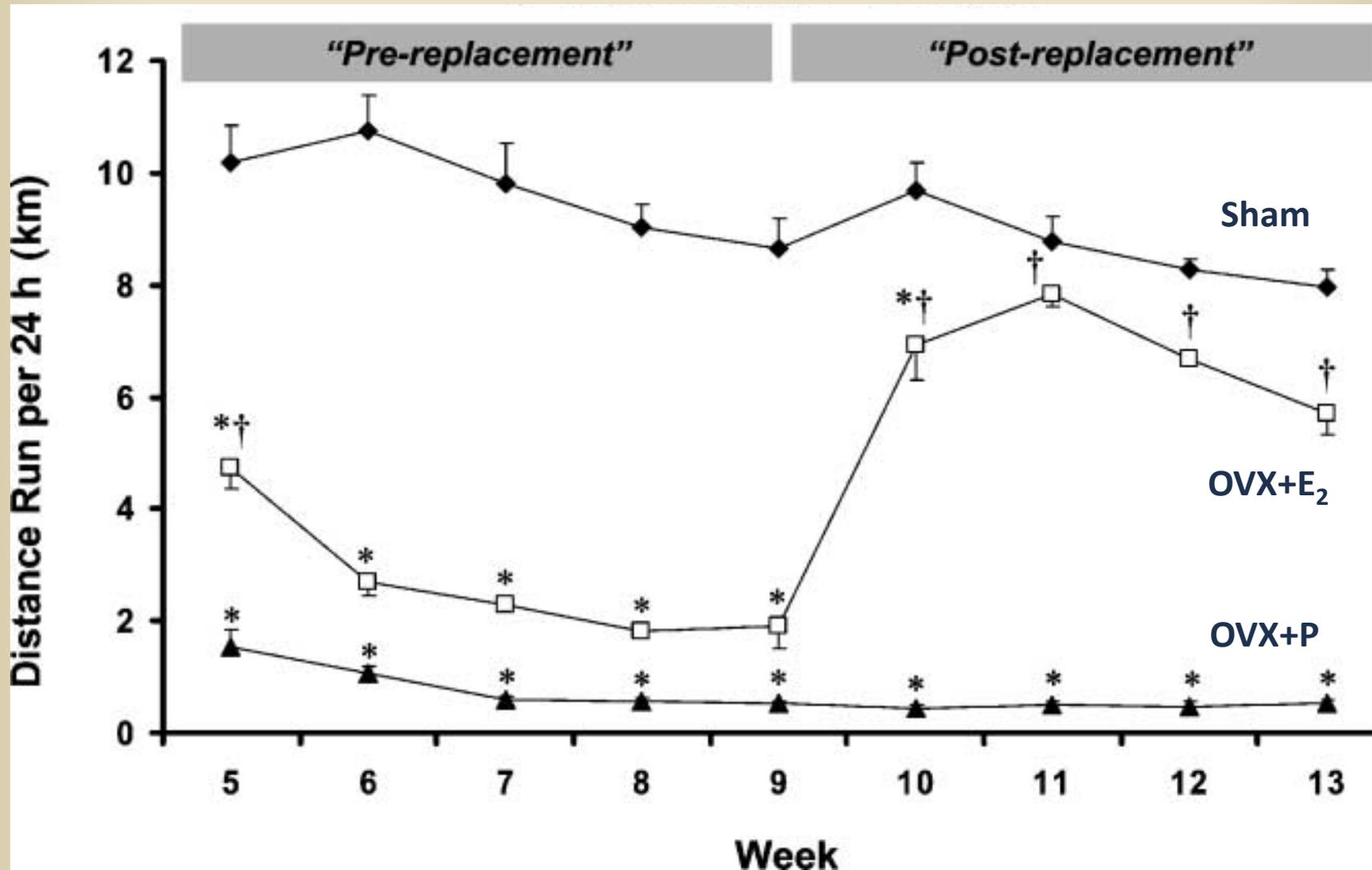
Adapted from: Witte MM et al. *General Compar Endocrinol* 166:520, 2010

Locomotor Activity in Mice and Rats OVX vs Sham



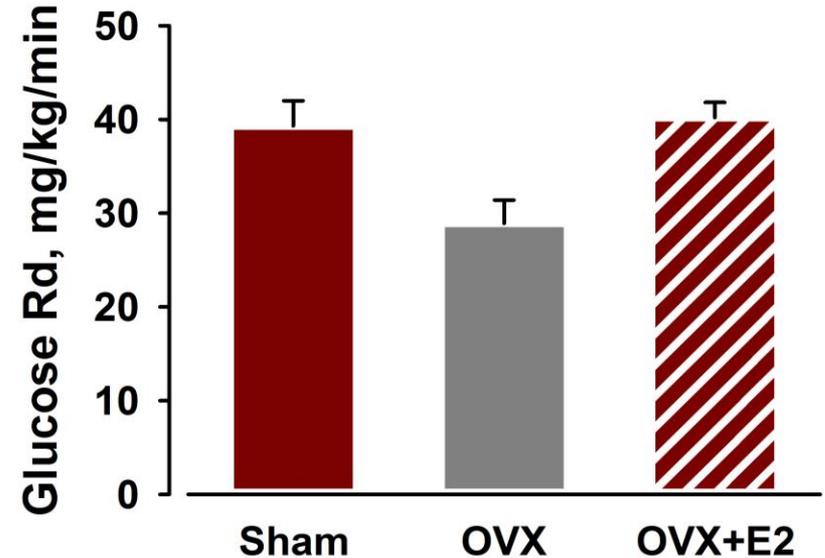
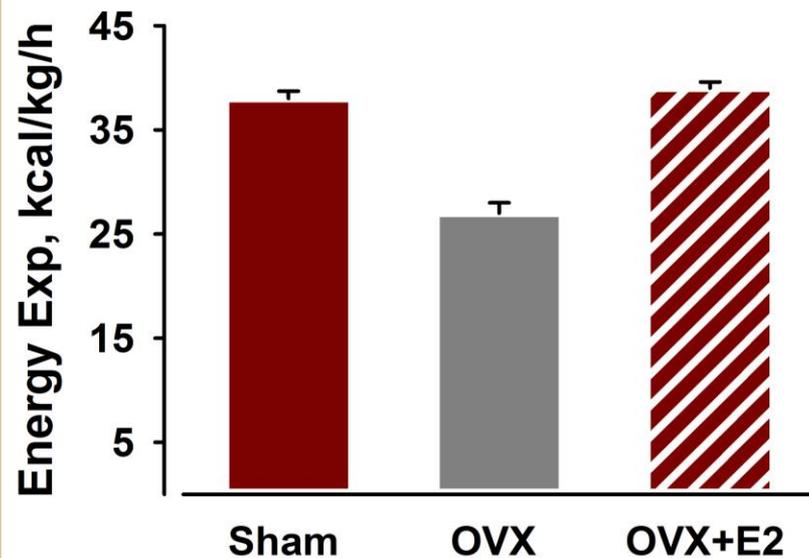
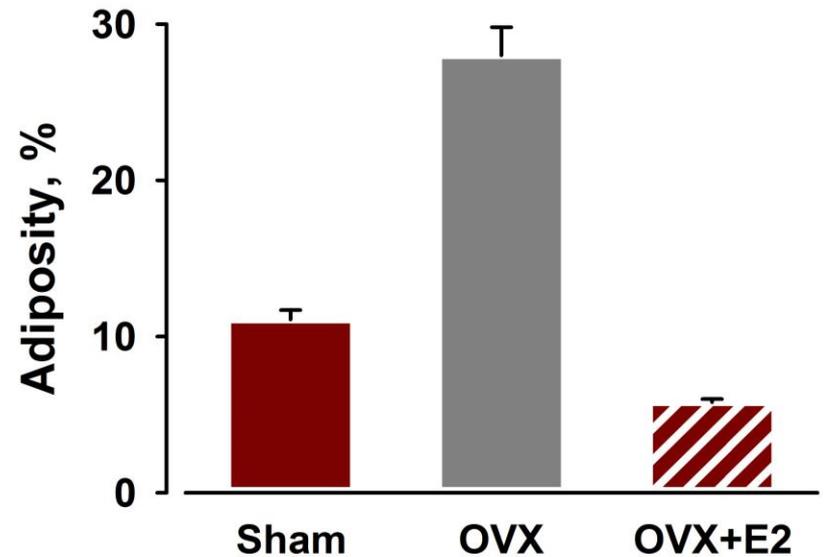
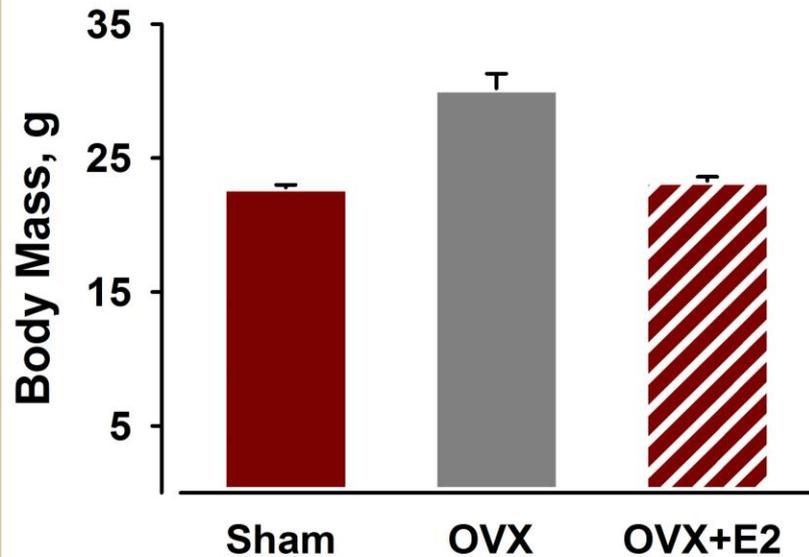
Adapted from: Witte MM et al. *General Compar Endocrinol* 166:520, 2010

Wheel-running Distance in Sham and OVX Mice

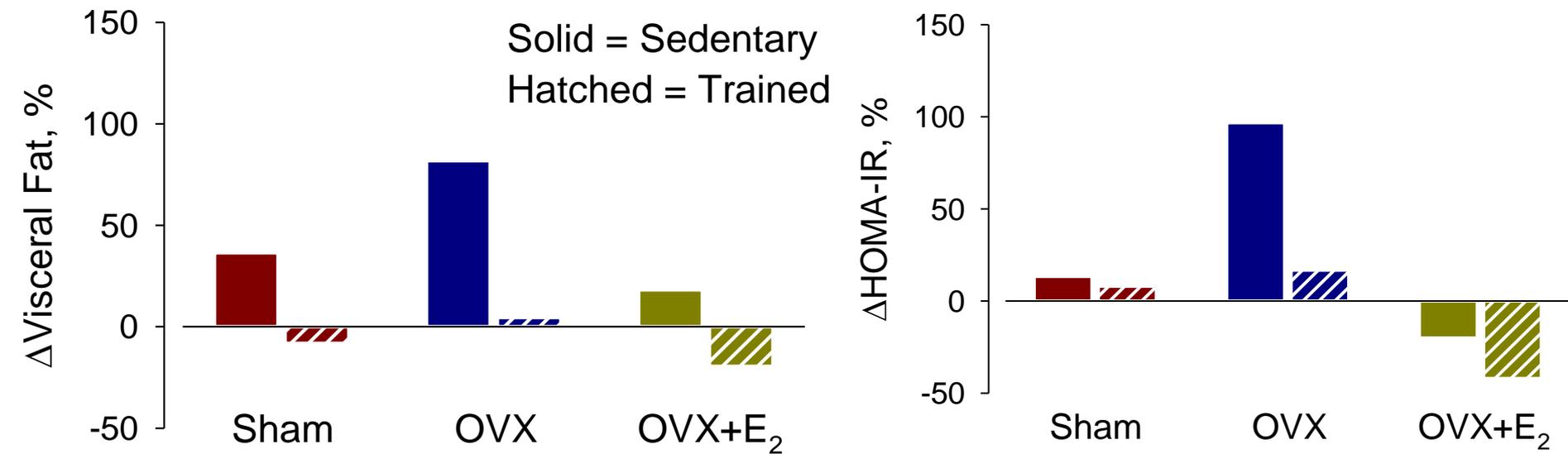


From: Gorzek JF et al. *Med Sci Sports Exerc* 39:248, 2007

Effects of OVX and E₂ Add-back in Mice



Effects of Programmed Exercise on Adiposity and Insulin Action



Adapted from: Pignon A et al. *Climacteric* 13:238, 2010

Effects of OVX:

- **decreased physical activity**
- **decreased resting metabolic rate**
- **increased energy intake (some species)**
- **increased abdominal fat gain**
- **metabolic dysfunction**

Prevented by E₂ treatment and by exercise

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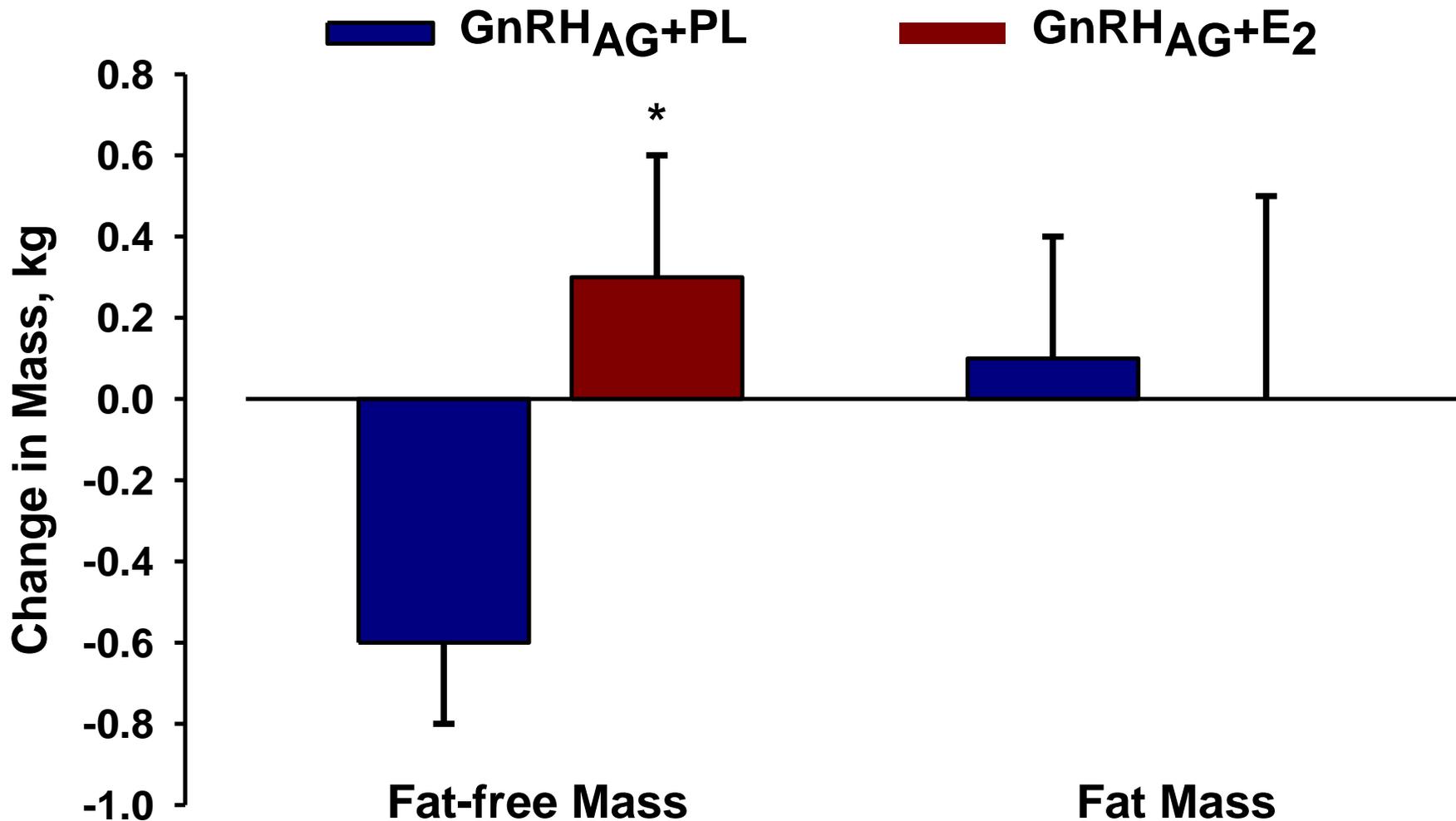
Ovarian Hormone Suppression (GnRH_{AG}; 5 months) With Placebo or E₂

2-group model	GnRH_{AG}+PL n=35	GnRH_{AG}+E₂ n=35
Age, y	36 ± 2	35 ± 2
Wt, kg	74 ± 3	76 ± 3
BMI, kg/m ²	28 ± 2	28 ± 1
FM, kg	28 ± 2	28 ± 3
FFM, kg	46 ± 1	48 ± 1

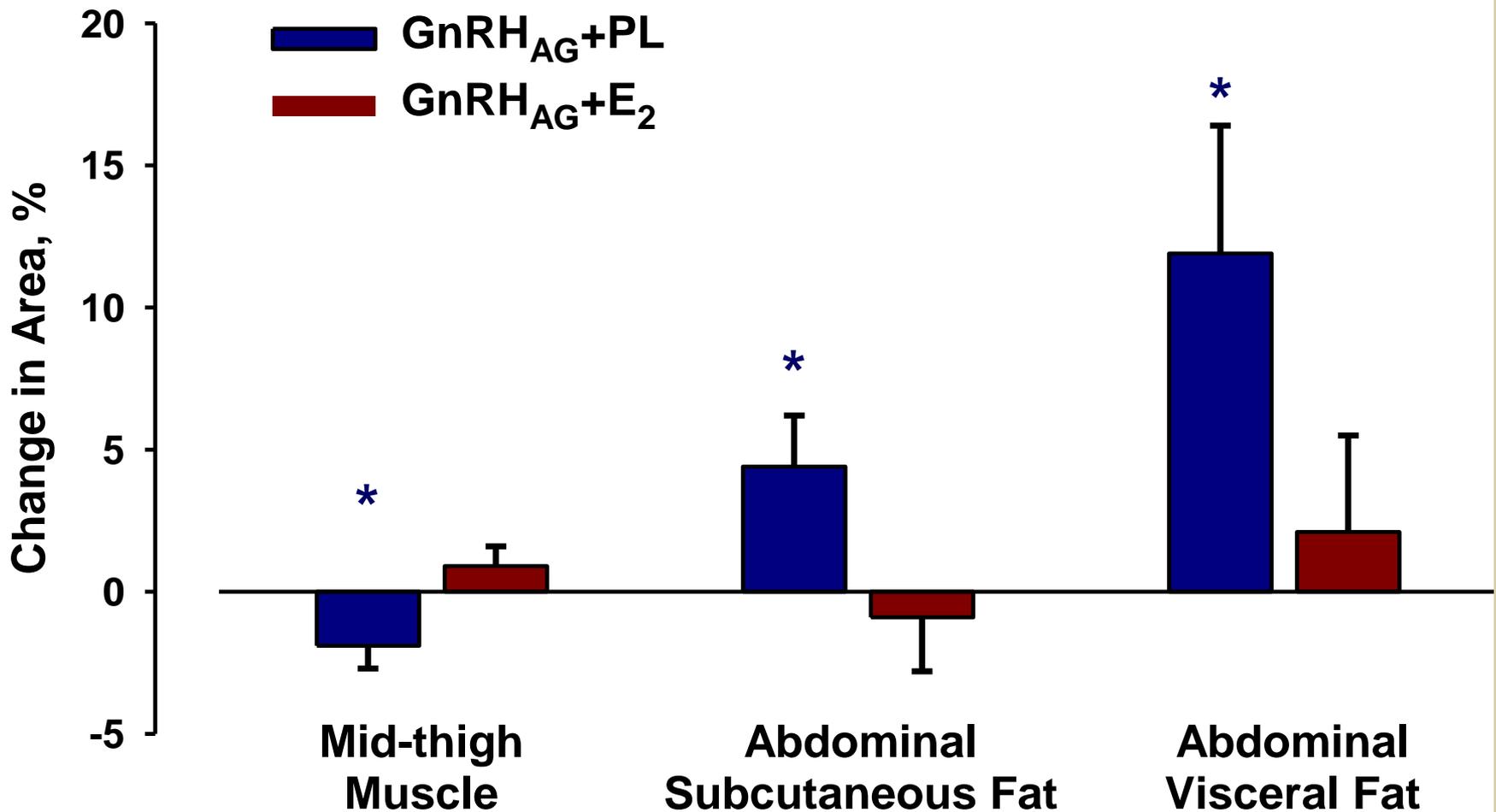
Ovarian Hormone Suppression (GnRH_{AG}; 5 months) + Placebo or E₂, ± Resistance Exercise

4-group model	GnRH _{AG} +PL n=35		GnRH _{AG} +E ₂ n=35	
	-Ex n=23	+Ex n=12	-Ex n=23	+Ex n=12
Age, y	36 ± 2	36 ± 2	34 ± 2	36 ± 2
Wt, kg	74 ± 4	75 ± 4	76 ± 4	78 ± 5
BMI, kg/m ²	28 ± 1	28 ± 2	28 ± 1	29 ± 2
FM, kg	27 ± 3	28 ± 3	28 ± 3	28 ± 3
FFM, kg	47 ± 1	47 ± 2	48 ± 1	50 ± 2

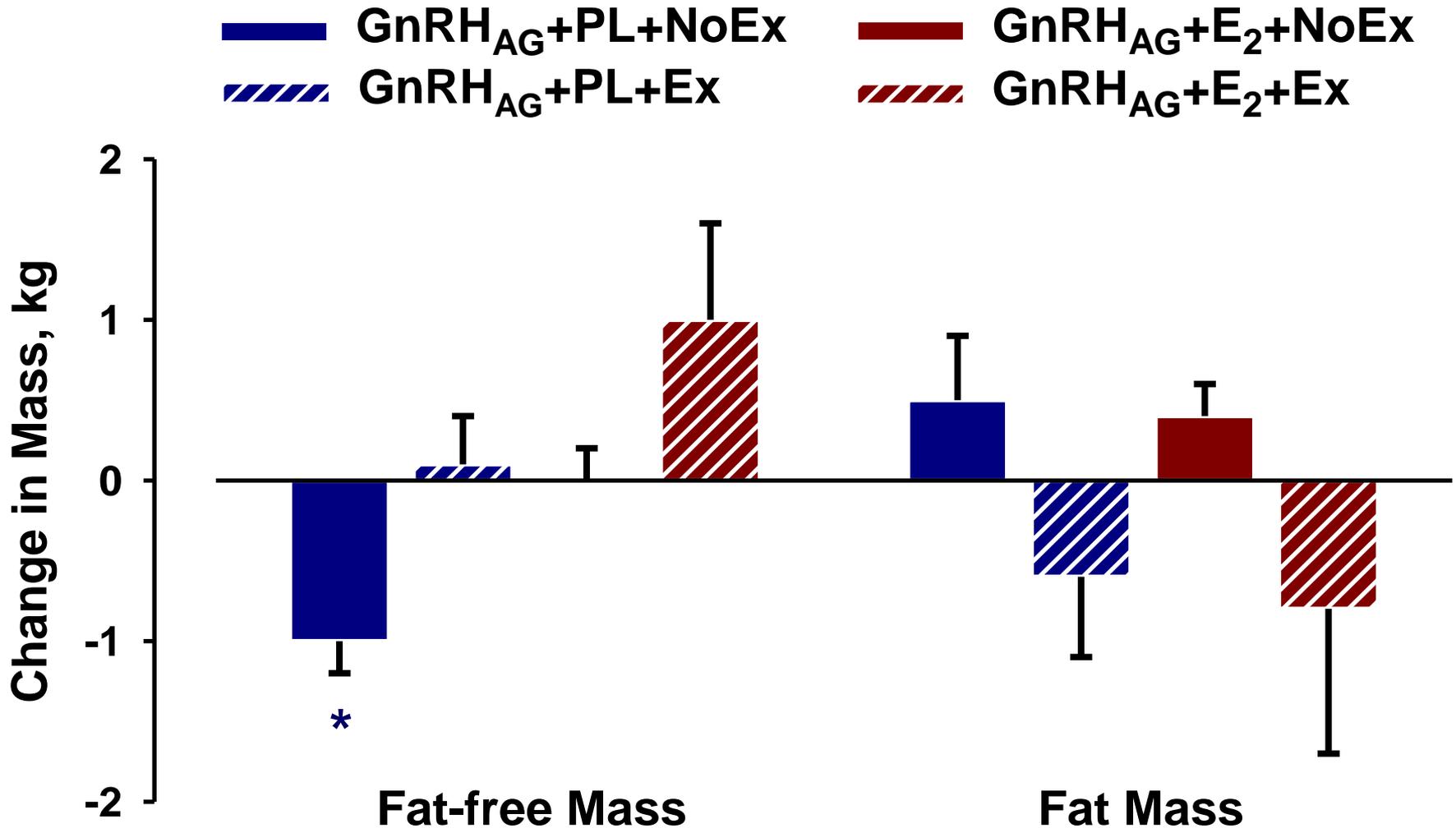
GnRH_{AG}+PL vs GnRH_{AG}+E₂ 5-mo Changes in Body Composition (DXA)



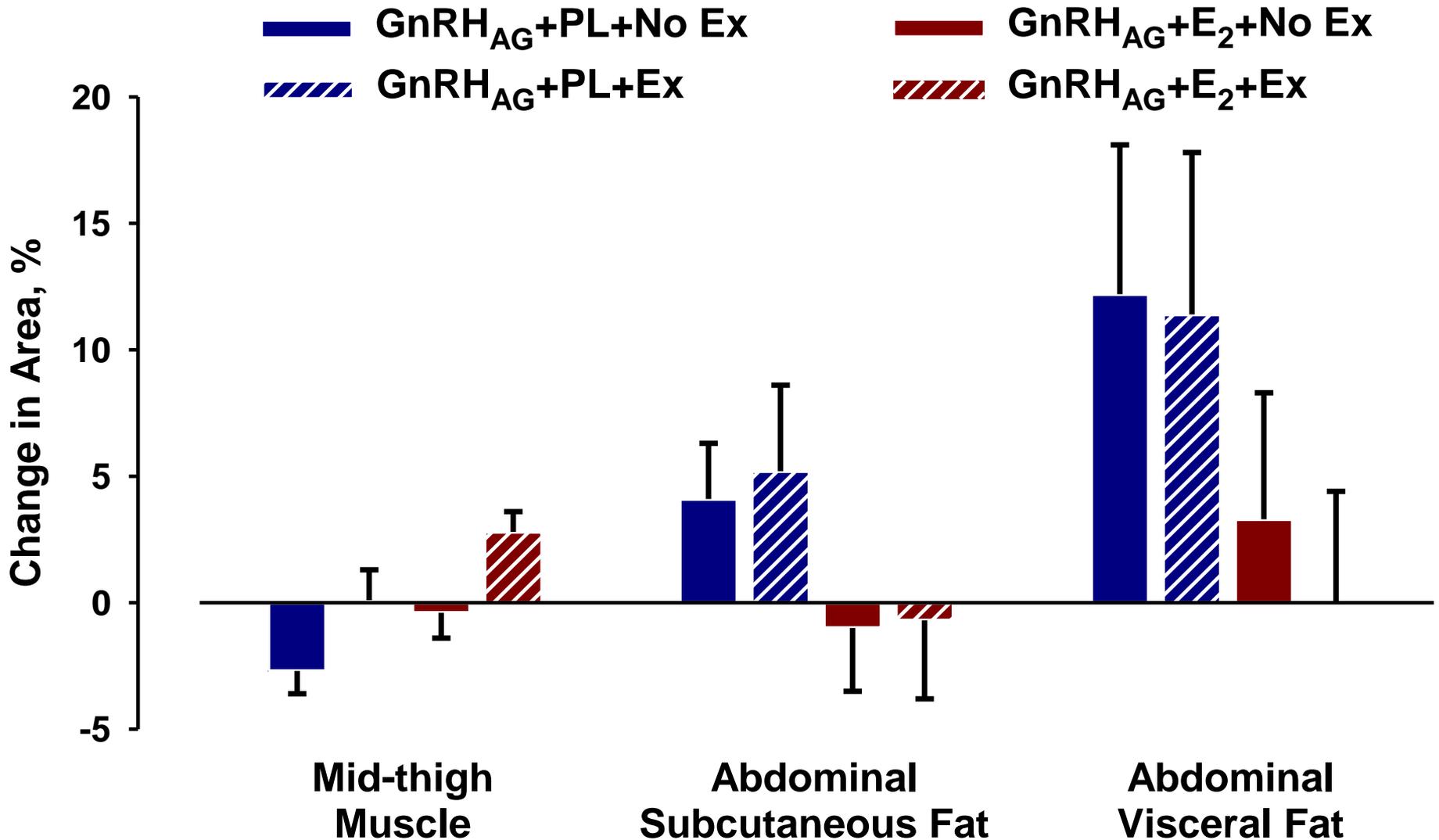
GnRH_{AG}+PL vs GnRH_{AG}+E₂ 5-mo Changes in Body Composition (CT)



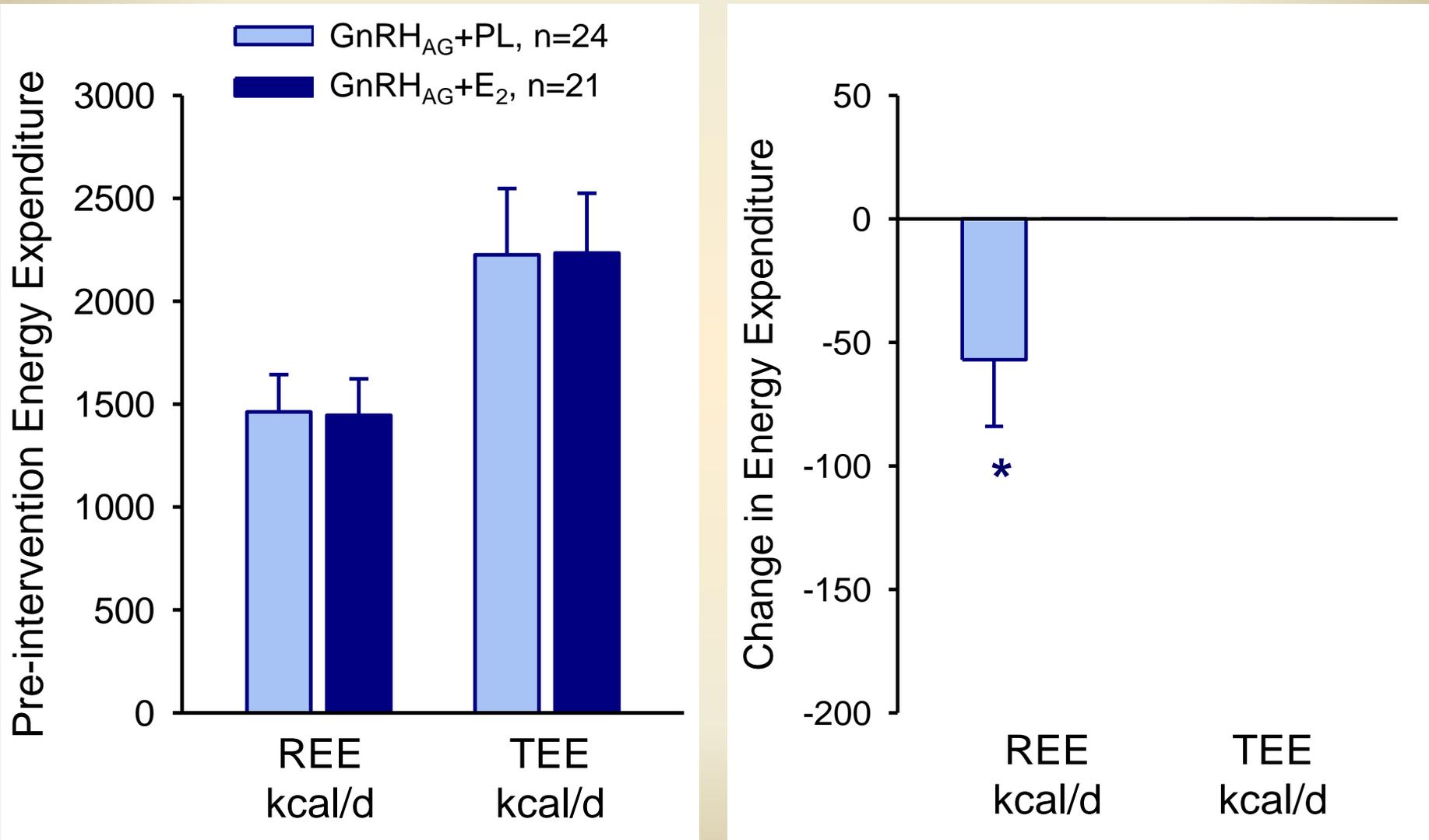
GnRH_{AG}, +/- E₂, +/- Exercise Training 5-mo Changes in Body Composition (DXA)



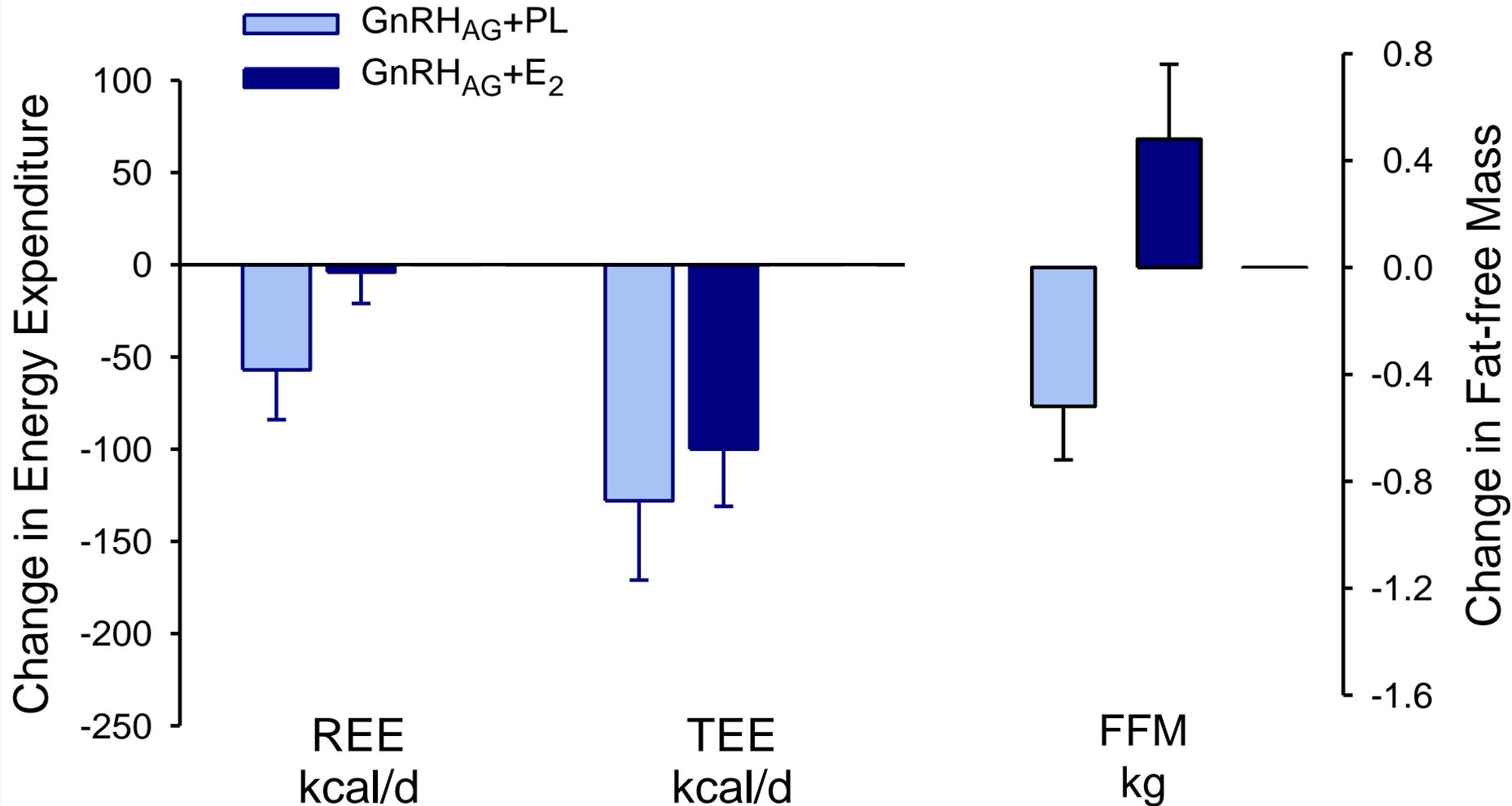
GnRH_{AG}+PL vs GnRH_{AG}+E₂ 5-mo Changes in Body Composition (CT)



GnRH_{AG}+PL vs GnRH_{AG}+E₂ 5-mo Changes in Energy Expenditure

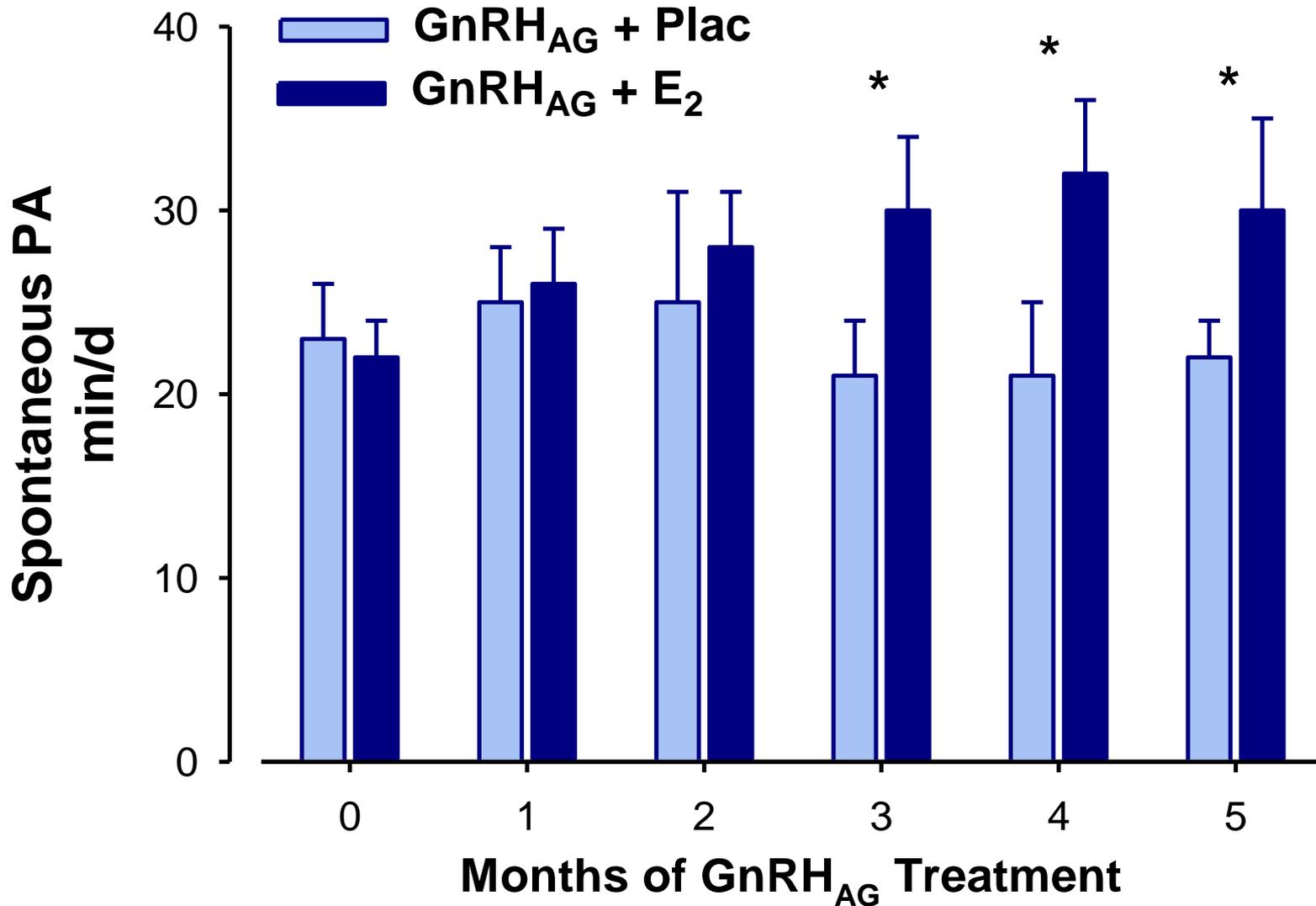


GnRH_{AG}+PL vs GnRH_{AG}+E₂ vs GnRH_{AG}+PL+Ex 5-mo Changes in Energy Expenditure



GnRH_{AG}+PL vs GnRH_{AG}+E₂

5-mo Changes in Spontaneous Physical Activity



Ovarian Suppression – Body Composition

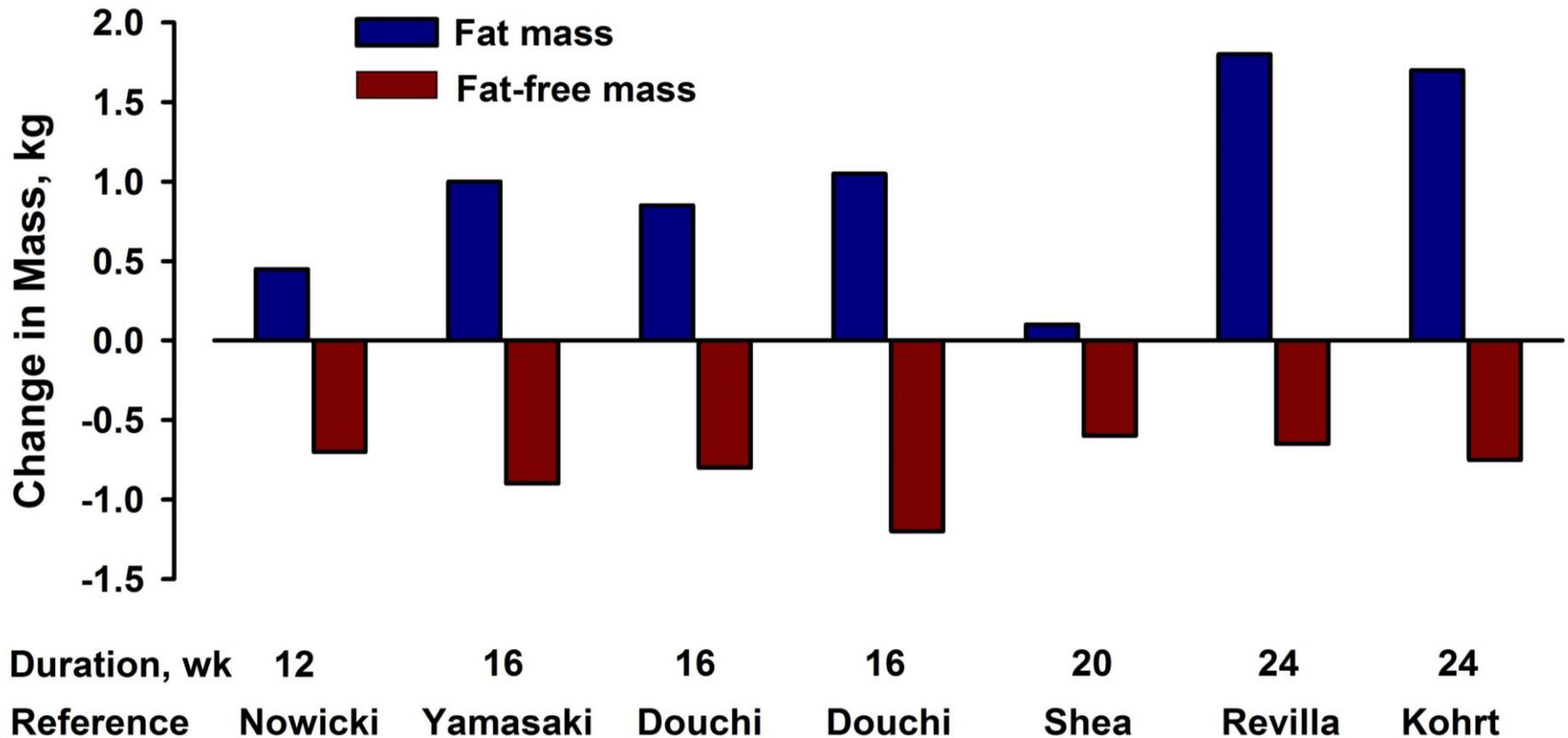


Figure 4. Changes in fat mass and fat-free mass in response to 12 to 24 weeks of gonadotropin releasing hormone therapy.

Estrogen Status and Energy Homeostasis

- Preclinical (OVX) and clinical studies (GnRH_{AG}) provide consistent evidence for the role of estrogens in the regulation of energy balance
- The loss of estrogens (OVX, GnRH_{AG}) promotes fat gain through multiple system-level mechanisms
 - decreased resting metabolic rate
 - decreased physical activity
 - increased energy intake (some species)

Estrogen Status and Energy Homeostasis

- Mitigation by Exercise -

- In animals, exercise prevents the effects of OVX to increase abdominal adiposity and metabolic dysfunction
- In women, *resistance* exercise attenuates the loss of lean mass during ovarian suppression, but not the increase in abdominal adiposity or decrease in RMR.
- *Endurance* exercise may attenuate total fat gain, but not in central regions, and may not attenuate the loss of lean mass.

*Investigations in Metabolism,
Aging, Gender, and Exercise*

IMAGE

medschool.ucdenver.edu/image

W Kohrt, PhD
R Schwartz, MD
R Boxer, MD
S Creasy, PhD
K Gavin, PhD
K Hildreth, MD
K Jankowski, PhD
H Lum, MD
E Melanson, PhD
K Moreau, PhD
Y-M Park, PhD
C Rynders, PhD
C Swanson, MD
S Wherry, PhD



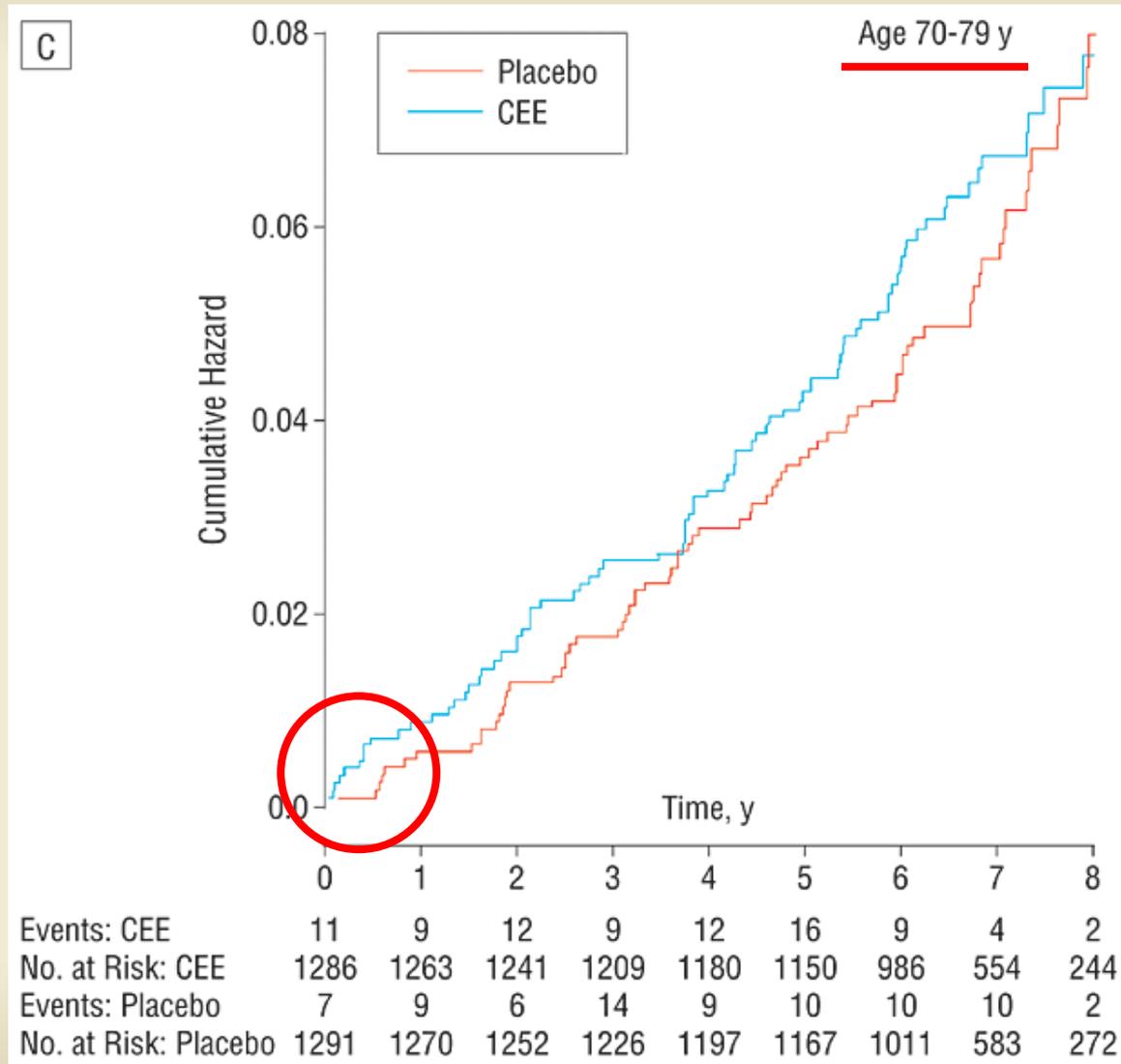
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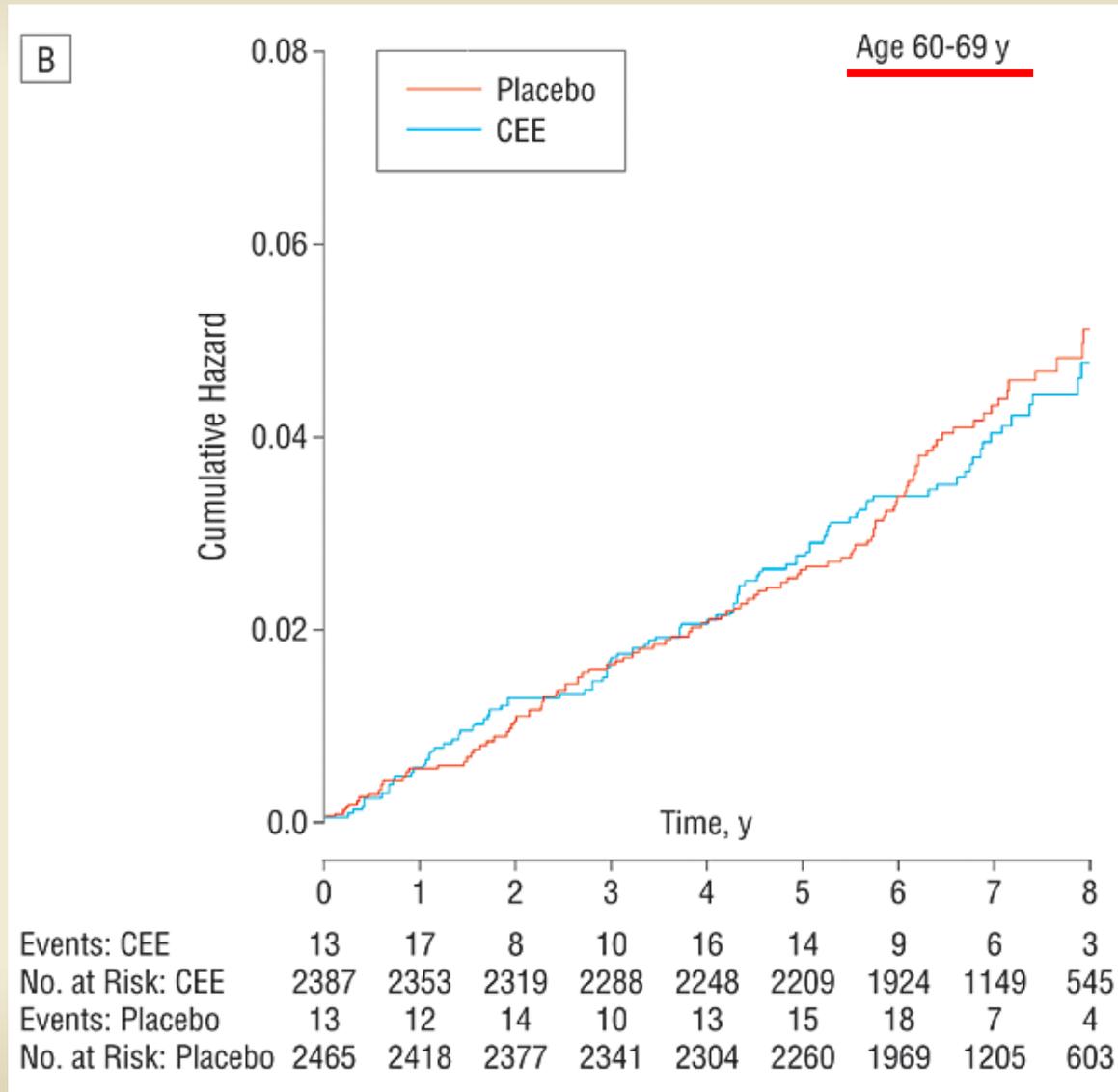


Menopausal HT and CVD Risk



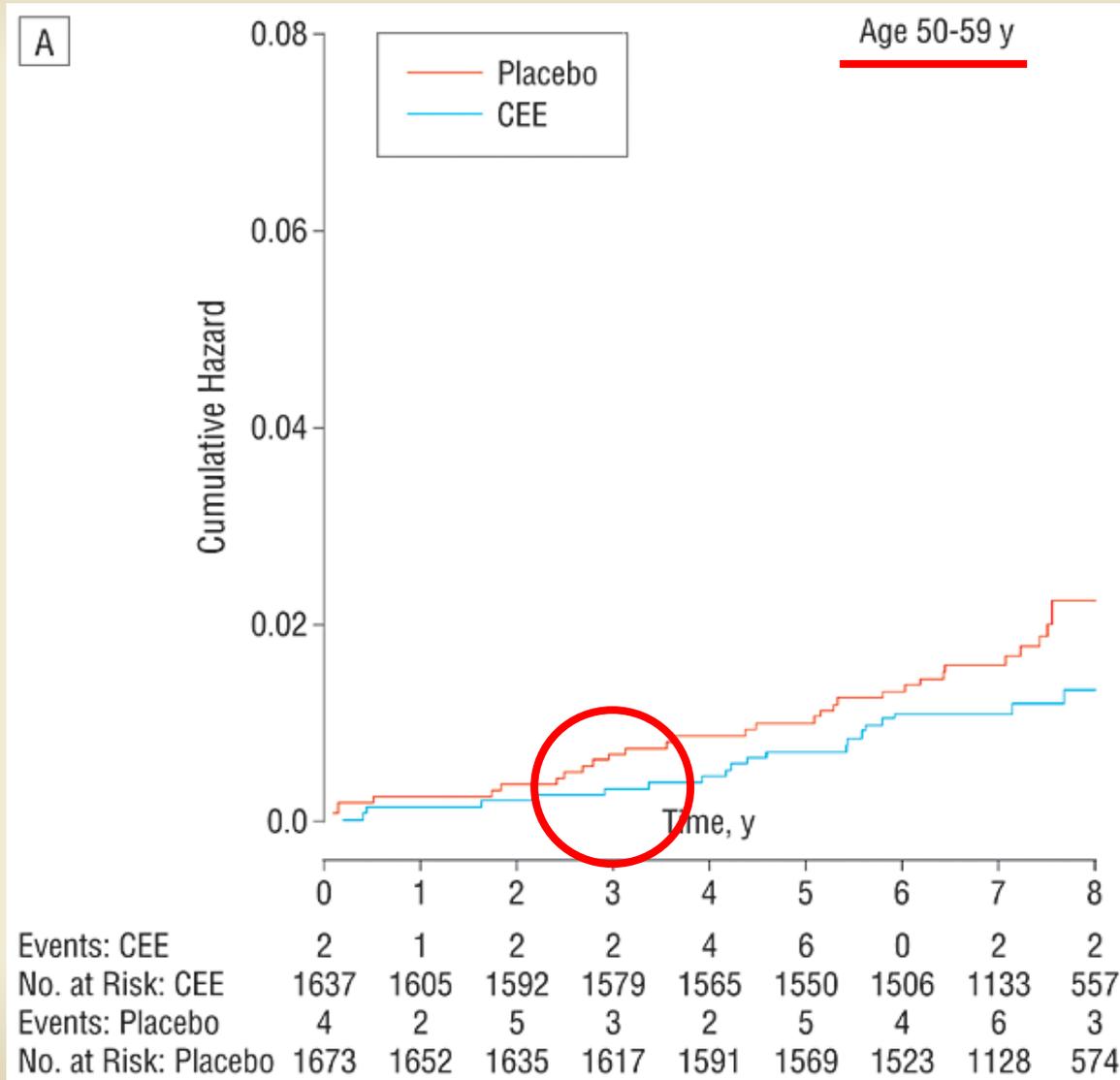
Hsia J et al. Arch Intern Med 166:357-365, 2006

Menopausal HT and CVD Risk



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