



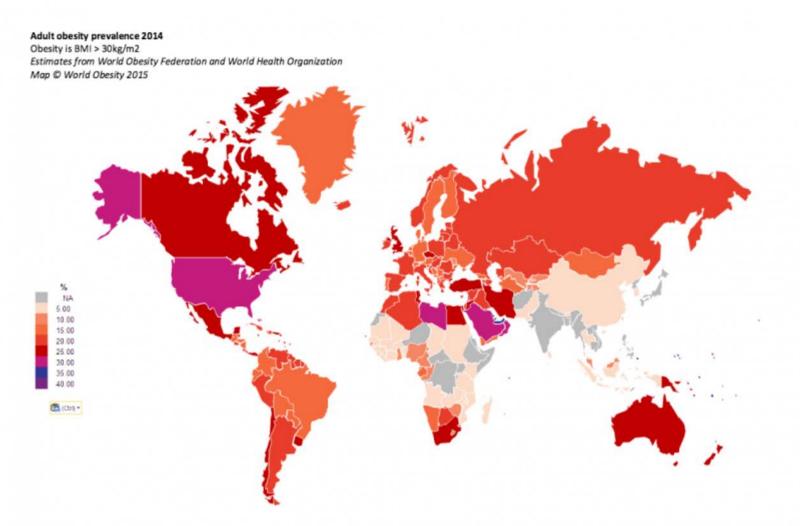
NEUROMUSCULAR CONSEQUENCES OF OBESITY

Vincent MARTIN

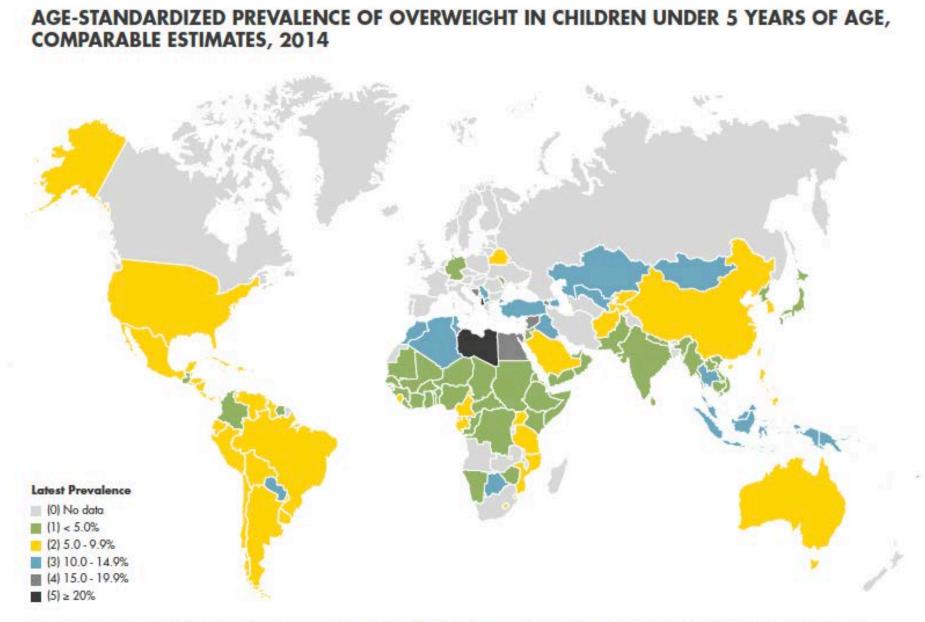
Clermont Auvergne University – Faculty of Sports Sciences

Laboratory of Metabolic Adaptations to Exercise in Physiological and Pathological Conditions

Obesity facts (WHO)



- ✓ Worldwide obesity has nearly tripled since 1975.
- ✓ In 2016, all over the world, 39% of adults aged 18 years and over were overweight in 2016, and 13% were obese.



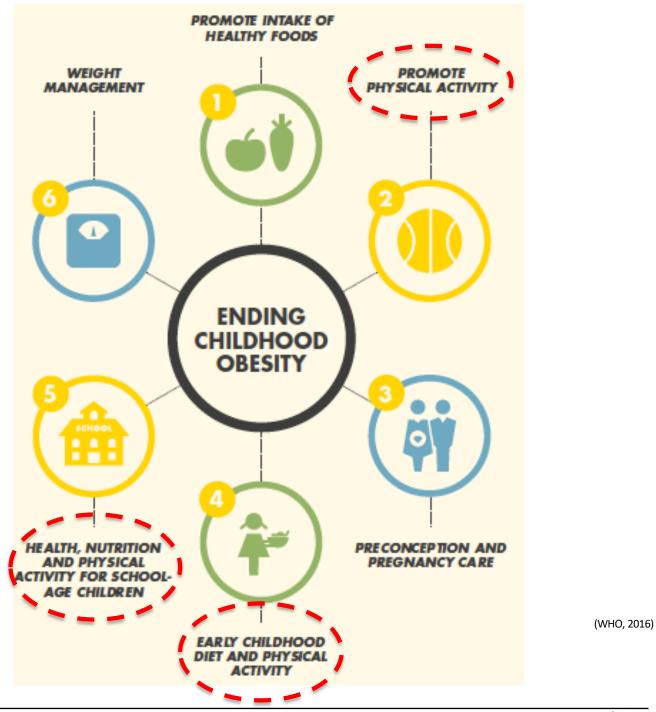
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Source: Tracking tool (http://www.who.int/nutrition/trackingtool)

<mark>81%</mark>

of adolescents do not achieve the recommended 60 minutes of physical activity each day.

(Boys: 78%; Girls: 84%)



Effects of growth and obesity





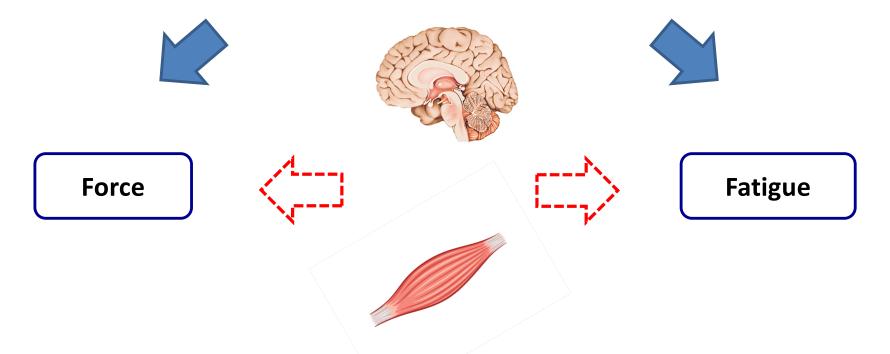
Promotion of physical activity among children and adolescents

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Need of physical activity programs suited to functional abilities

Context

Functional abilities

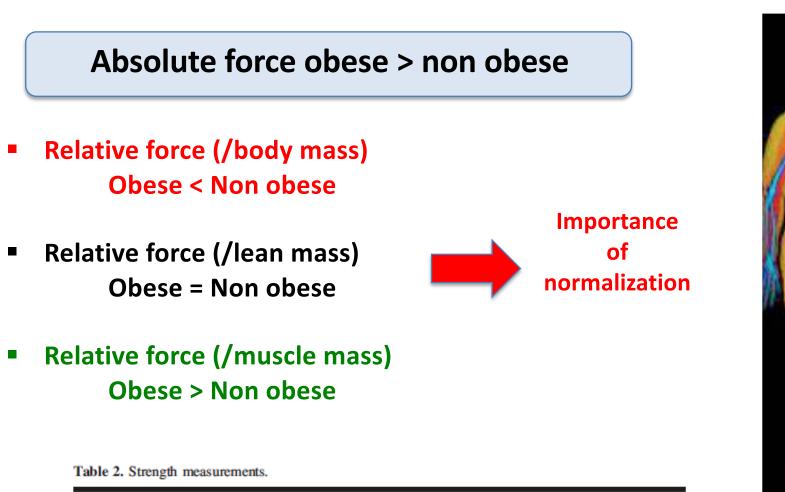




(Maffiuletti et al., 2013)

What are the effects of youth obesity on the force production capacity ?





	Obese $(n = 12)$	P value	Controls $(n = 10)$
MVC torque (N·m)	232.1±65.2	< 0.05	176.0±55.1
MVC torque/BM (N·m·kg ⁻¹)	2.46±0.59	< 0.05	3.27±0.78
MVC torque/FFM (N·m·kg ⁻¹)	4.31±0.70	NS	3.94±0.82
MVC torque/LM _{thigh} (N·m·kg ⁻¹)	40.2±9.3	< 0.05	33.0±5.9
MVC torque/MM _{thigh} (N·m·kg ⁻¹)	57.3±12.8	< 0.05	46.9±8.7

(Abdelmoula et al., 2012)

Force obese > non obese

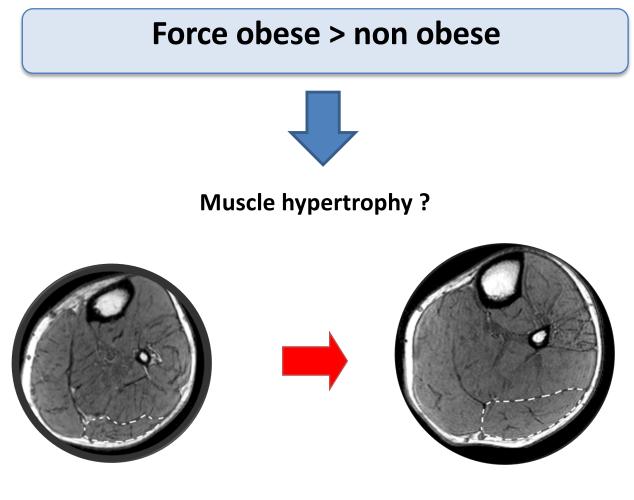




(Forbes, 1964; Duché et al., 2002; Abdelmoula et al., 2012)



Hypothesis: Overweight could act as a training stimulus.



Negative impact of obesity on muscle hypertrophy ?

(Blimkie et al., 1990; Sitnick et al., 2009)

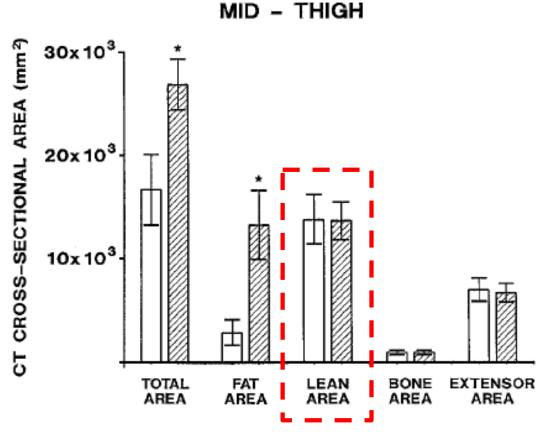
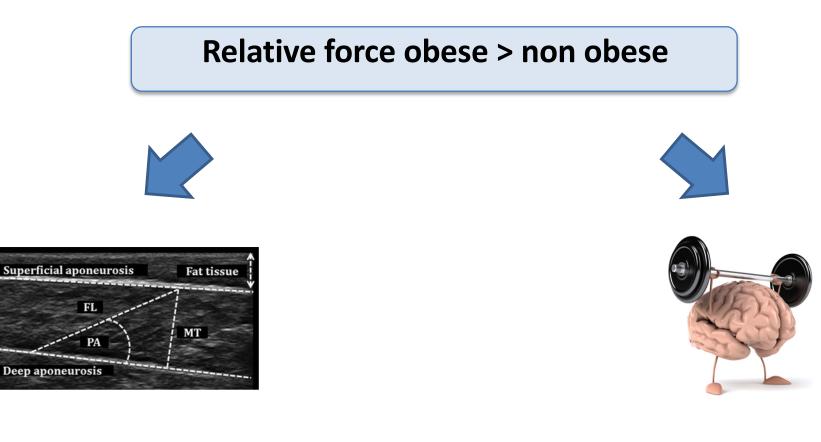


Fig. 3. Morphological characteristics of the right mid-thigh of obese (\boxtimes) and non-obese (\square) adolescent males determined from CT scans. Values are means (mm²) and SD. * Significant difference (P < 0.05) between groups

(Blimkie et al., 1990)



Hypothesis: No/limited muscle hypertrophy in obese adolescent girls.



Muscle architecture ?

Activation level ?



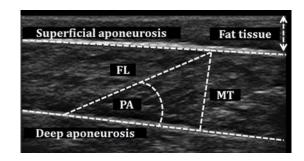
Hypothesis: Overweight could trigger positive adaptations of the muscle architecture and neural drive in the muscles involved in weight bearing.

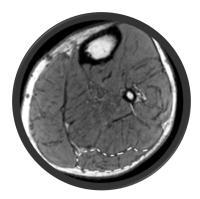
LIBM seminar

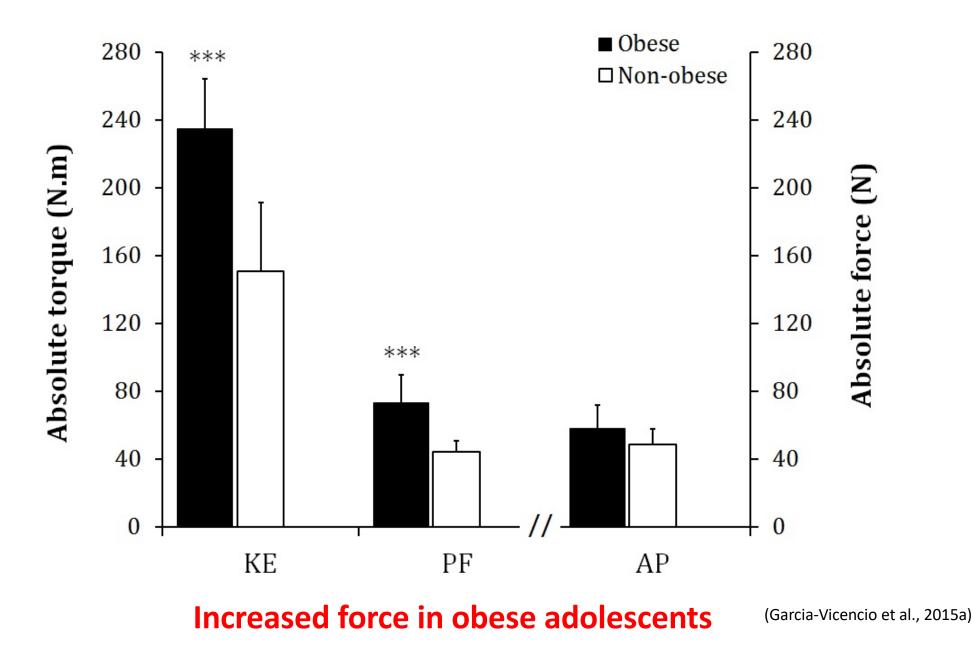
✓ **Participants:** Obese vs. non obese adolescent girls, comparable PA & maturation levels

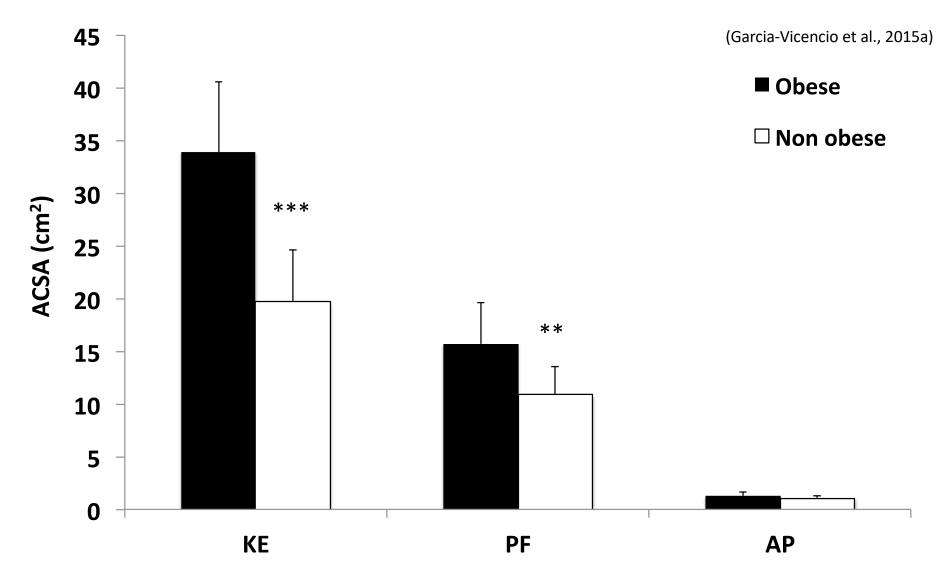
- ✓ Muscles: involved (KE & PF) vs. non-involved (AP) in weight bearing
- Main outcomes: maximal voluntary force (MVC), maximal voluntary activation level (AL), pennation angle & CSA.



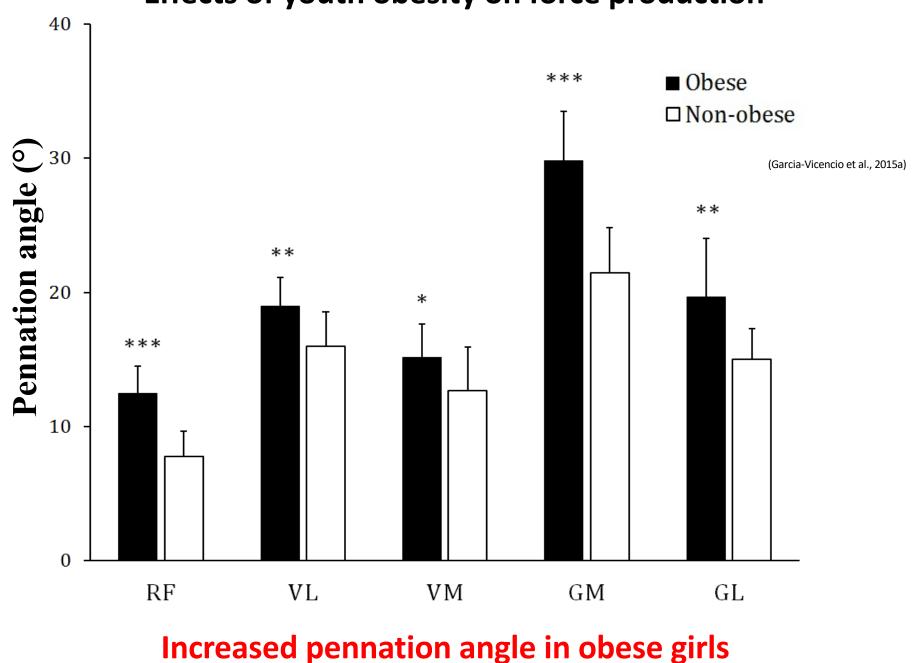


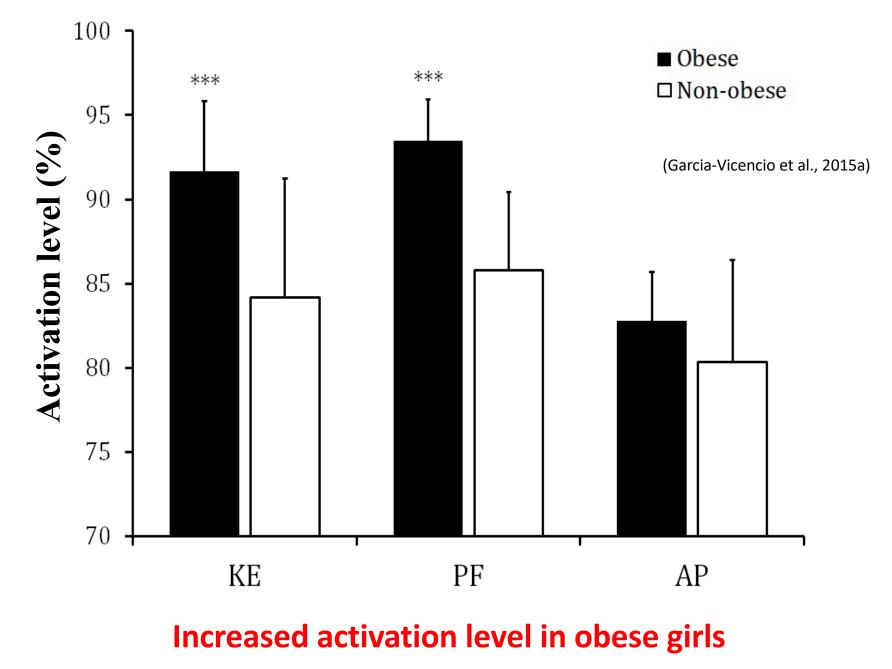






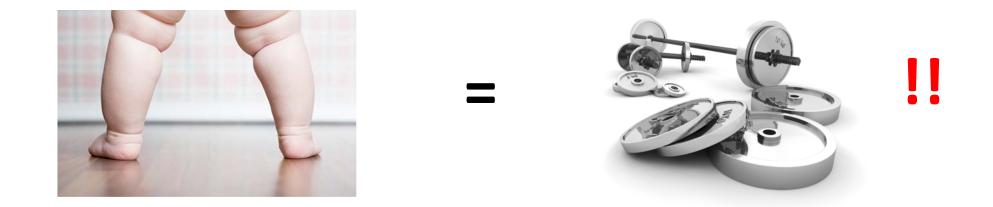
Muscle hypertrophy in the weight bearing muscles in obese girls





In obese adolescent girls:

- ✓ Hypertrophy
- $\checkmark\,$ Increased pennation angle
- ✓ Increased activation level
- ✓ Adaptation restricted to muscles involved in weight bearing



Overweight = training stimulus. Neuromuscular consequence of weight loss ?

Weight loss strategies





Energy expenditure



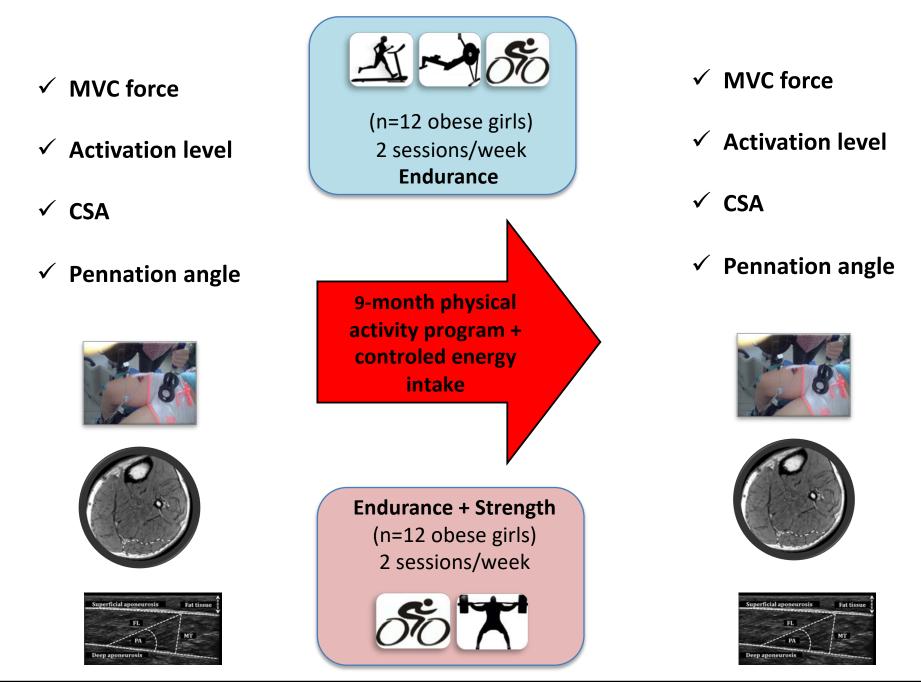
VS.

Energy expenditure

Lean mass preservation Preservation of neuromuscular adaptations ?



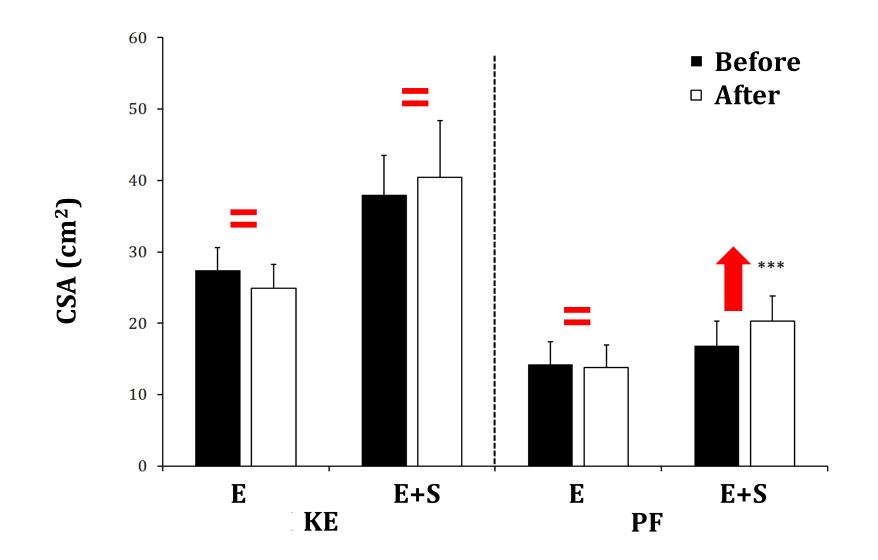
Hypothesis: Strength training (= artificial overload) could help preserving the neuromuscular adaptations to obesity.



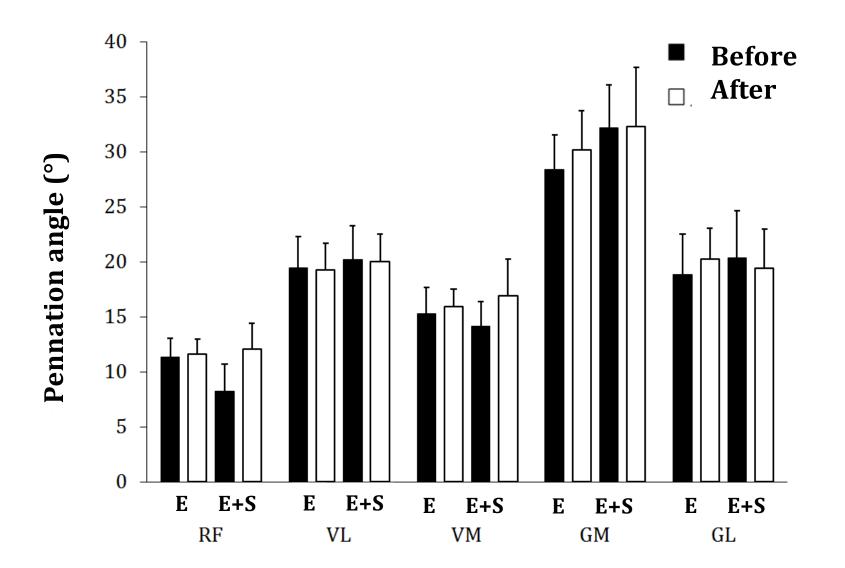
350 . Before *** □ After 300 Absolute torque (N.m) 250 200 150 *** *** 100 50 0 E+S E+S E E KE PF

Effects of youth obesity on force production

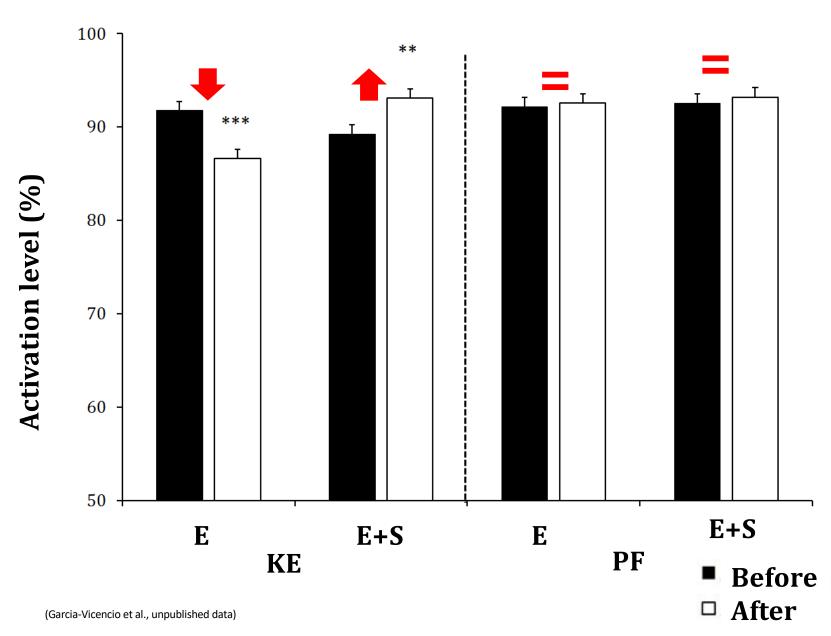
(Garcia-Vicencio et al., unpublished data)



(Garcia-Vicencio et al., unpublished data)



(Garcia-Vicencio et al., unpublished data)



Differential effects of PA programs on neuromuscular function:

- Maintenance/improvement of neuromuscular properties with endurance + strength training
- Maintenance/decrease of neuromuscular properties with endurance training



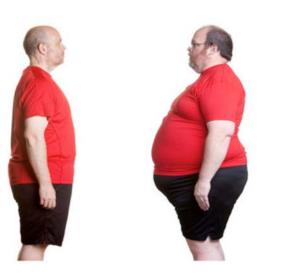


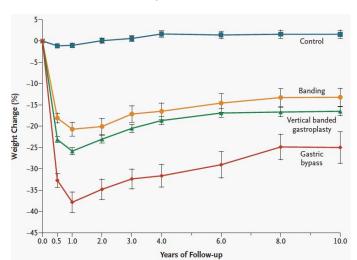
Artificial loading as a compensation for weight loss.

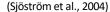
Bariatric surgery

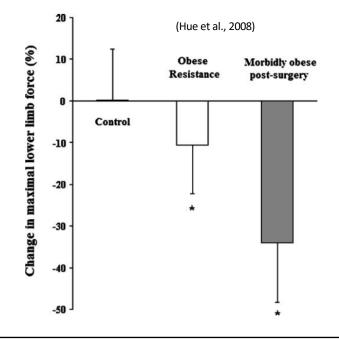
Bariatric surgery as an acute unloading model

- Force loss etiology ?
 → mass vs. nervous factors & architecture
- Counter-measures ?
- → Physical activity modality ?

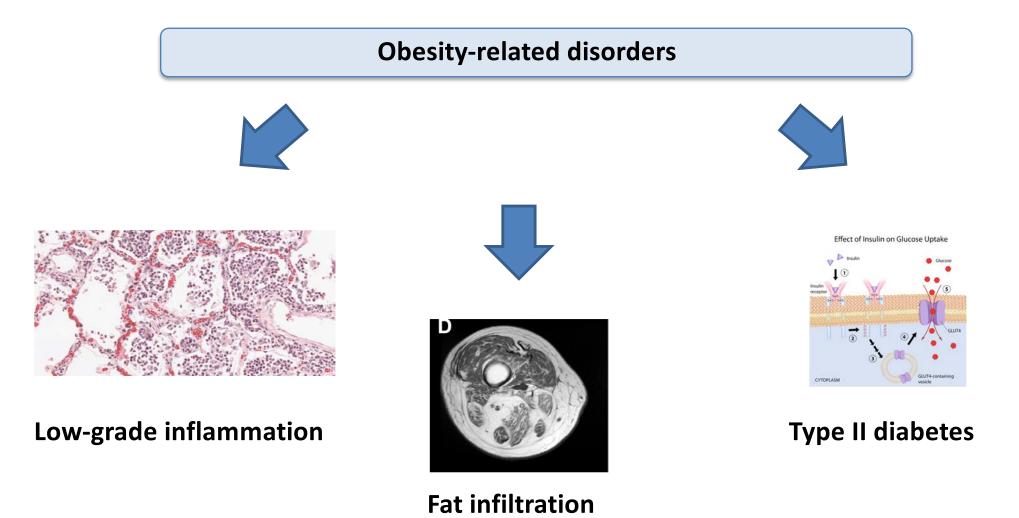


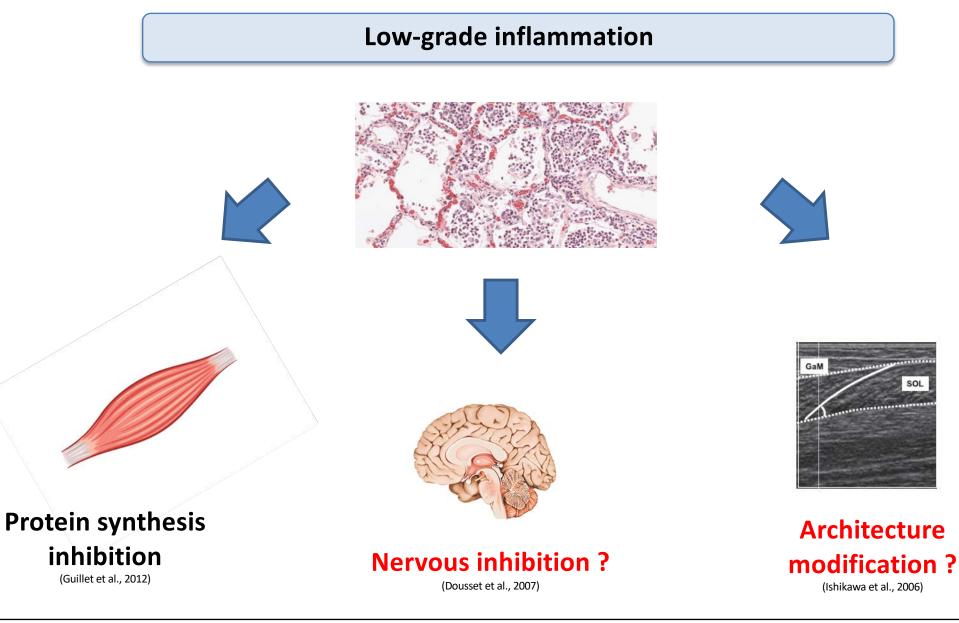


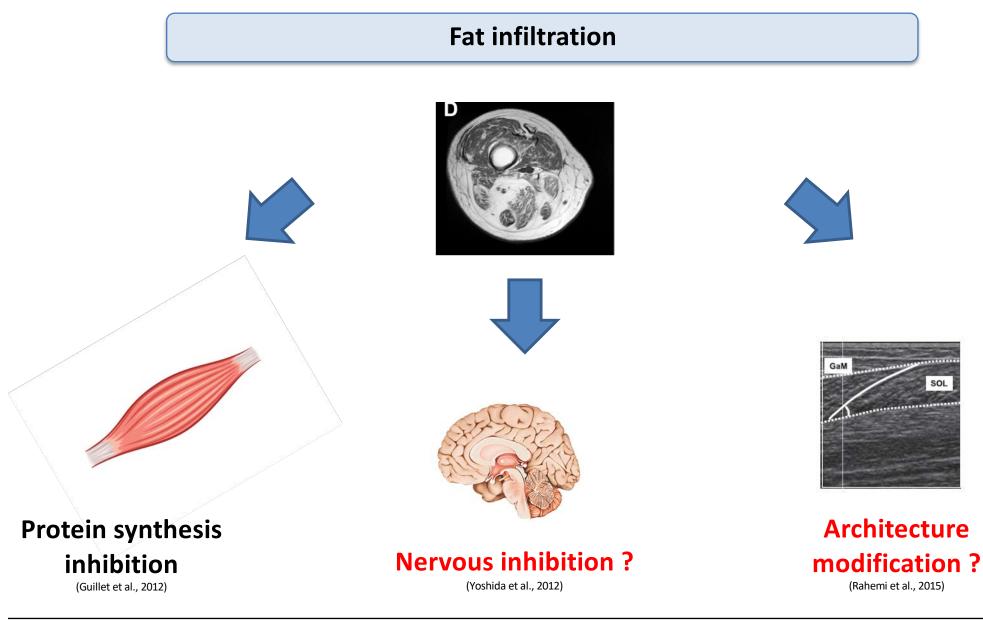




Healthy vs. non-healthy obese ?







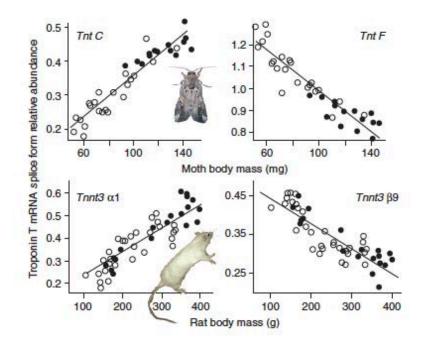
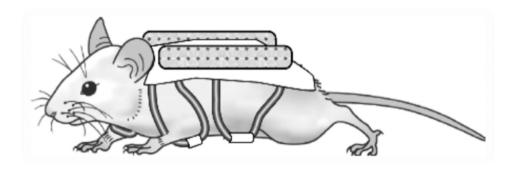


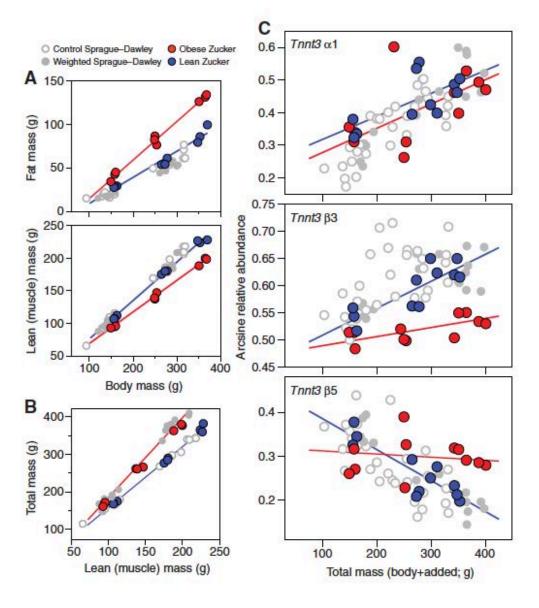
Fig. 7. Comparison of body weight-dependent *troponin T* alternative splicing in insects and mammals. Insects [upper panels; graphs are modified from data originally published in Marden et al. (Marden et al., 2008)] and mammals (lower panels; data from this study) show very similar body weight-dependent reaction norms for the troponin T mRNA splice form profile. In both taxa the response is identical for growth-related changes in body mass (open circles) and experimental weight loading (filled circles). There is not a direct homology of the exon structure of the alternative troponin T mRNA transcripts for which relative abundance is shown here; precisely how these molecular variations affect function in either taxa remains to be determined.

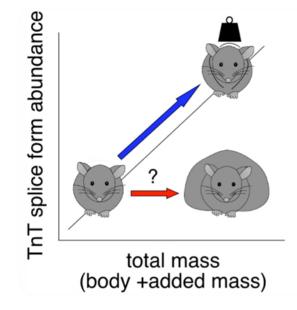
(Schilder et al., 2011)



Artificial loading paradigms

Body-weight « sensing » mechanisms



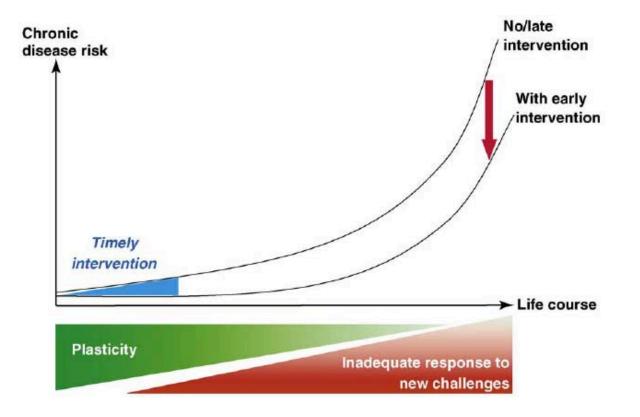


Inability to adjust the molecular composition of muscles to the increased body weight.

(Schilder et al., 2011)

Influence of age ?

Youth vs. adult vs. old obese ?



(Godfrey et al., 2010)

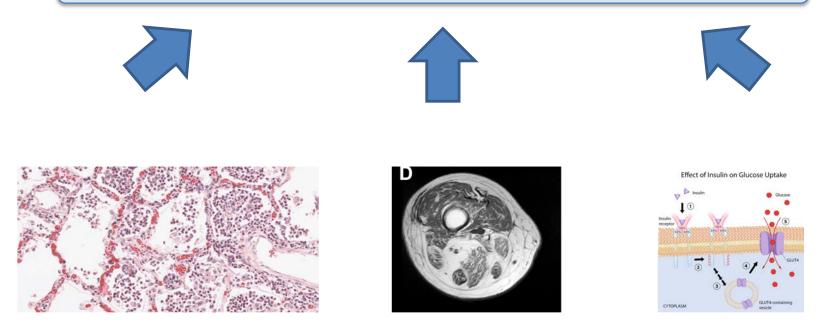


Healthy vs. non-healthy obese ?



Young vs. old obese ?

Neuromuscular function – human and animal models



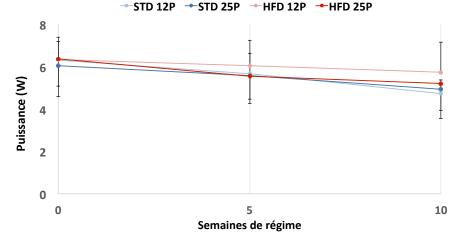
Effect of age

Ageing & obesity

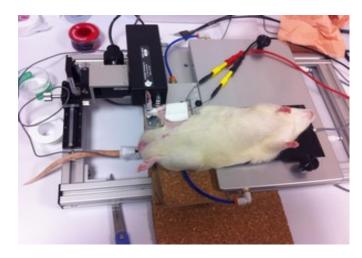


After 10 weeks of high-fat diet, with conventional or increased protein intake:

- ✓ Increased body mass
- ✓ Unchanged muscle power
- ✓ Unchanged muscle force



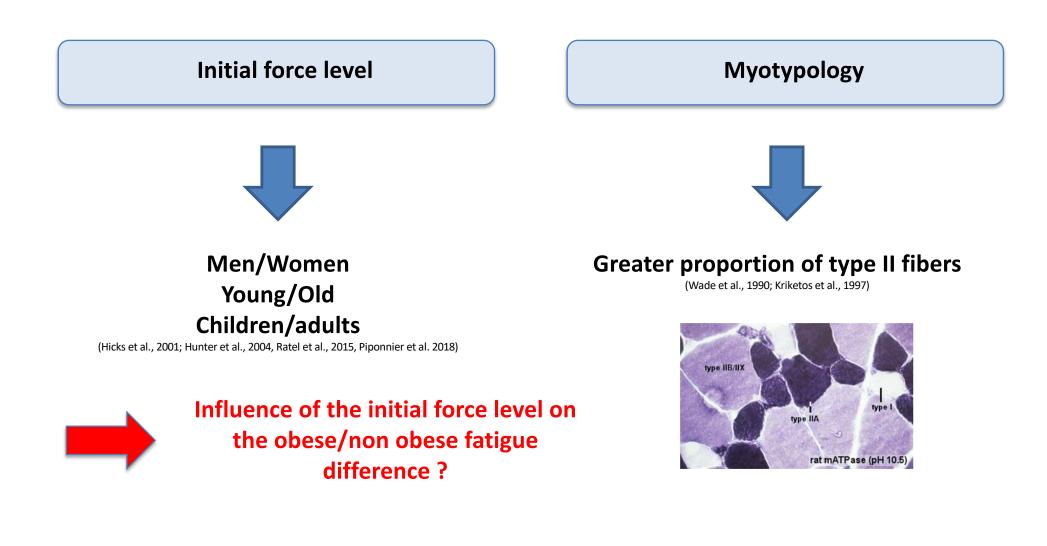
(Carayon et al., pilot data)



What are the effects of youth obesity on neuromuscular fatigue ?



Effects of youth obesity on fatigability





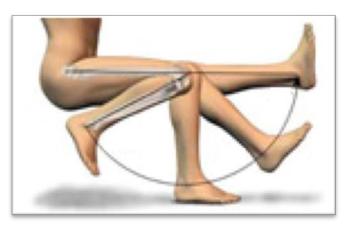
Hypothesis: Increased peripheral fatigue and reduced central fatigue in obese youth. Smaller difference when initial force level taken into account.

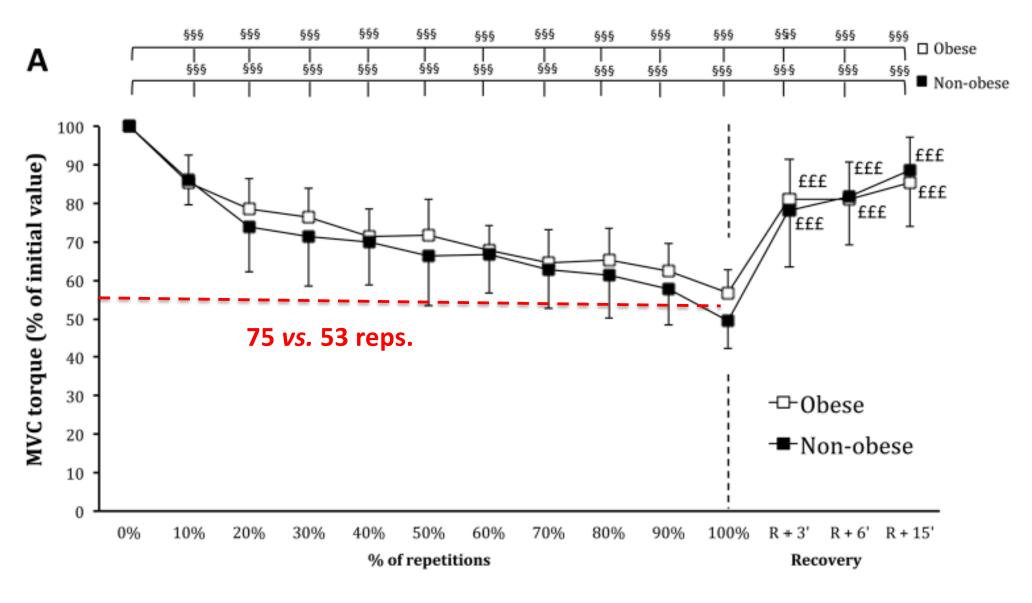


Hypothesis: Increased peripheral fatigue and reduced central fatigue in obese youth. Smaller difference when initial force level taken into account.

- ✓ Participants: Obese vs. non obese adolescent girls, comparable PA & maturation levels
- **Exercise:** 5-s MVCs (R = 10 s) repeated until MVC reduction = 45%
- Main outcomes: number of repetitions, KE maximal voluntary force (MVC) & maximal voluntary activation level (AL), twitch amplitude.

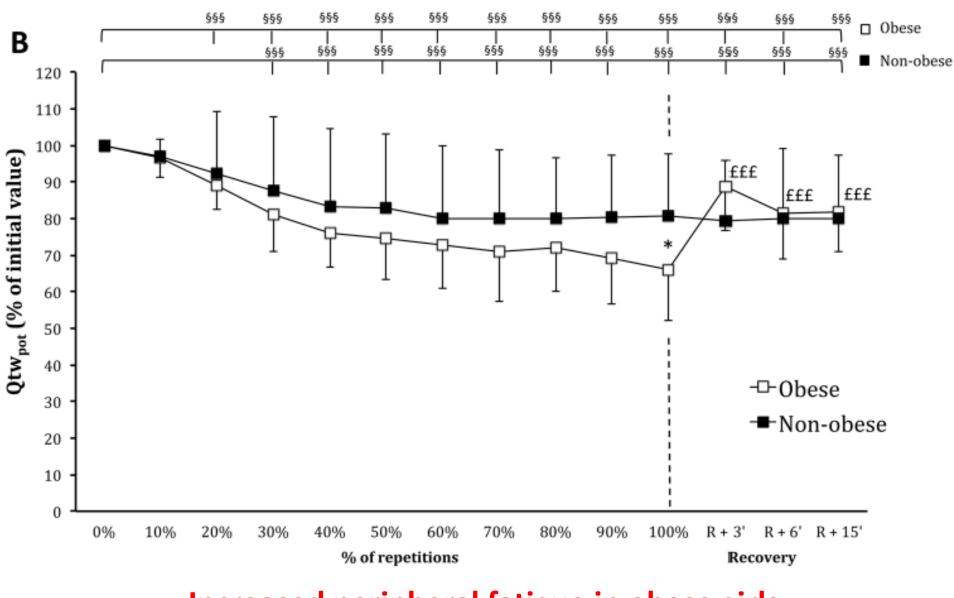






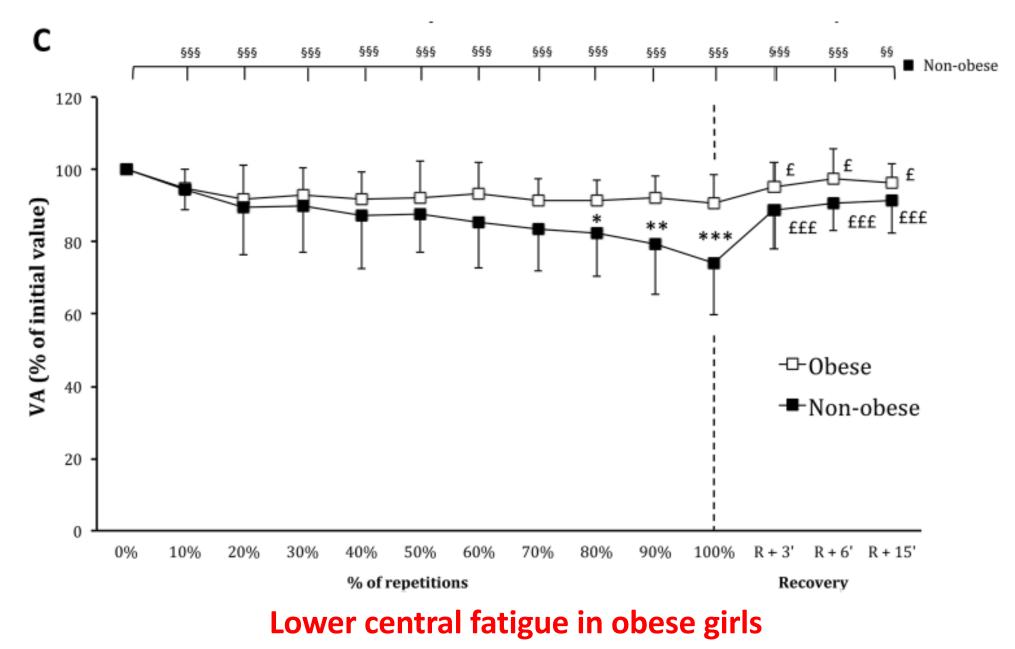
(Garcia-Vicencio et al., 2015b)

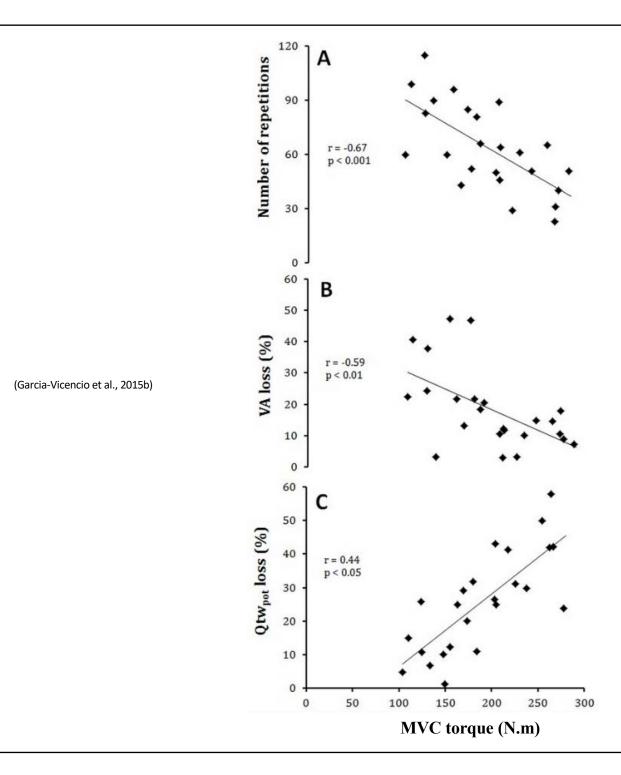
(Garcia-Vicencio et al., 2015b)

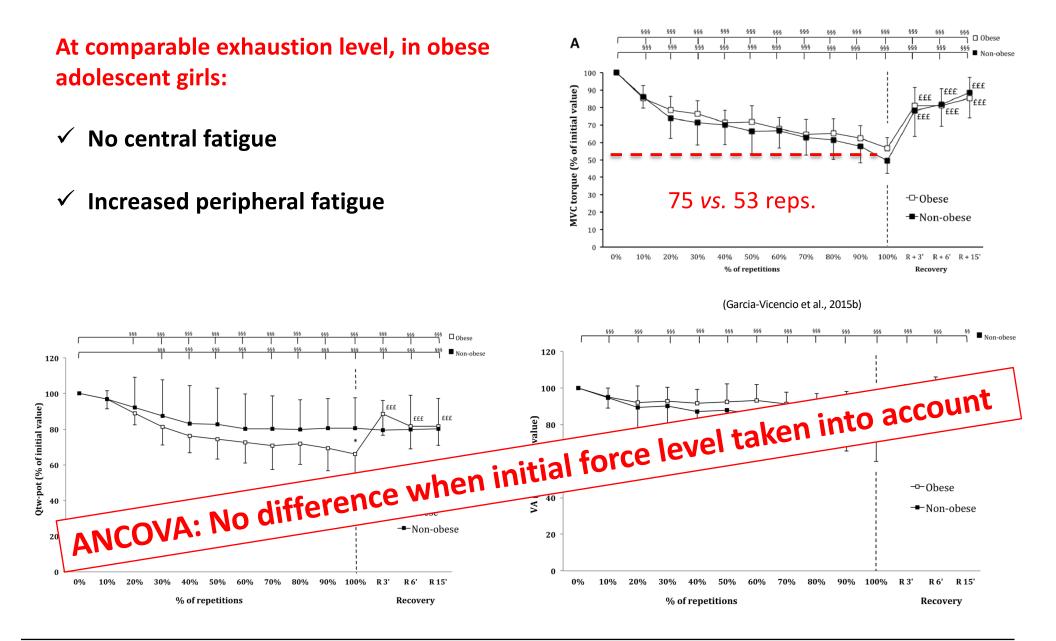


Increased peripheral fatigue in obese girls

(Garcia-Vicencio et al., 2015b)







Effects of youth obesity on force production

Differential effects of PA programs on neuromuscular fatigue ?

- ✓ Improved fatigue resistance with endurance training ?
- ✓ Altered fatigue resistance with endurance + resistance training ?

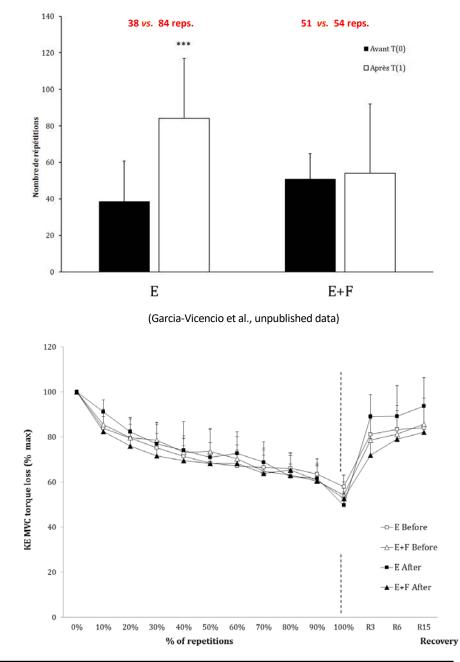




Effects of youth obesity

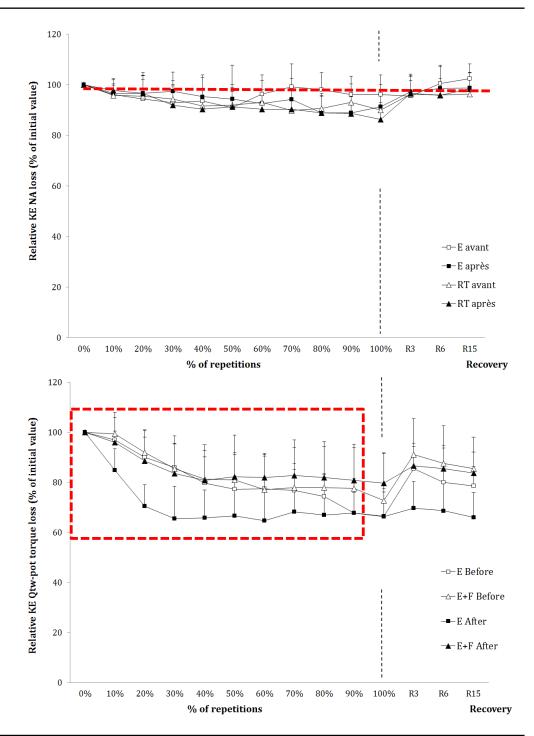


- ✓ Increased fatigue resistance after endurance training
- ✓ Unchanged fatigability after E + S but higher force level → relative improvement



Differential effects of PA programs:

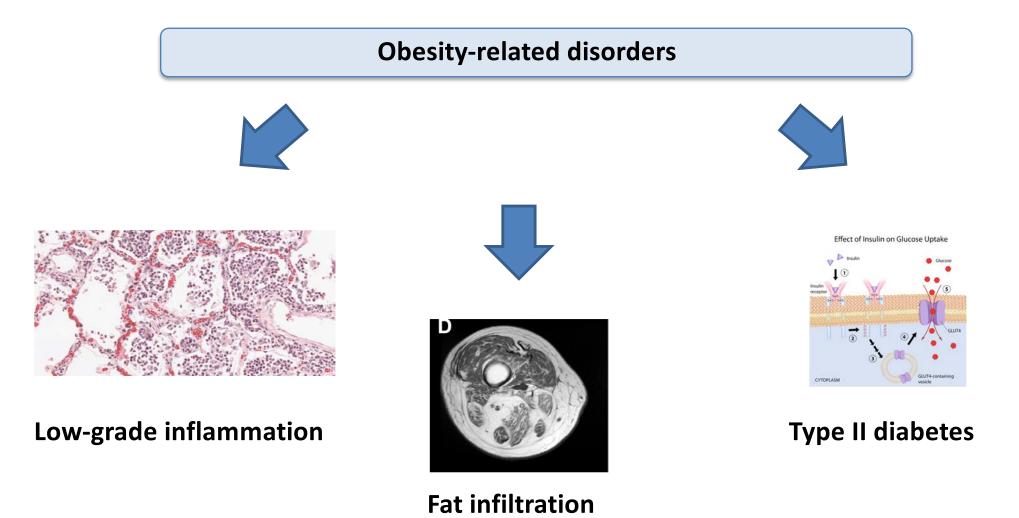
- ✓ No change in central fatigue
- ✓ Increased peripheral fatigue after E



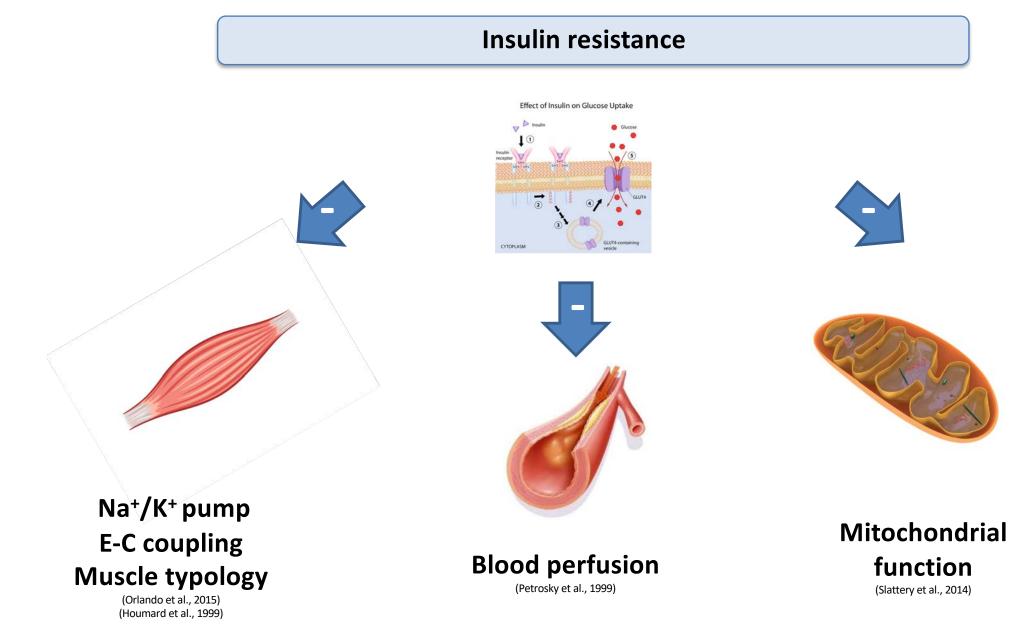


Influence of obesity-related diseases ?

Healthy vs. non-healthy obese ?



Influence of obesity-related diseases ?



Influence of insulin resistance

For a comparable exhaustion level, in insulinresistant obese girls:

- ✓ Early peripheral fatigue (M-wave alteration)
- ✓ Increased central fatigue
- ✓ Altered recovery

