



# **Lipides, métabolisme des hydrates de carbone et maladies cardio-vasculaires**

Prof. J. Philippe

## Effect of estrogens on glucose metabolism : Fasting Glucose, HbA1c and C-Peptide in subjects with NIDDM after treatment with estradiol and placebo according to (8)

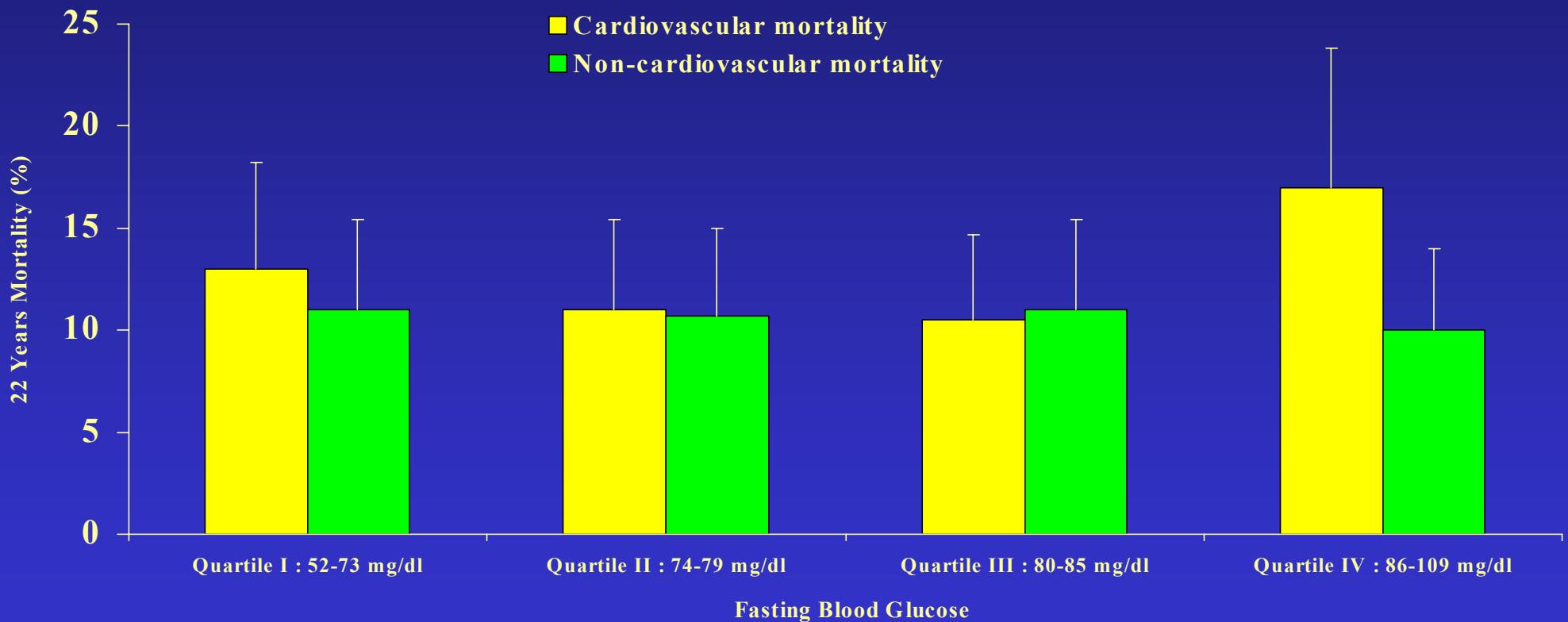
Variable	Baseline	After treatment	<i>p</i> -value
<b>Glucose (mmol/l)</b>			
Estradiol	$12.1 \pm 0.4$	$0.9 \pm 0.4$	P <0.001
Placebo	$12.2 \pm 0.5$	$12.8 \pm 0.4$	
<b>HbA1c (%)</b>			
Estradiol	$8.7 \pm 0.2$	$7.5 \pm 0.2$	P < 0.001
Placebo	$8.5 \pm 0.2$	$9.0 \pm 0.3$	
<b>C-Peptide (nmol/l)</b>			
Estradiol	$1.29 \pm 0.11$	$1.09 \pm 0.11$	P < 0.001
Placebo	$1.21 \pm 0.11$	$1.27 \pm 0.13$	

## **Glucose level and coronary heart disease rates in the Honolulu Heart Study (12-Year Follow-up)\***

Postchallenge Glucose Level mmol/L	Fatal Coronary Heart Disease %	Total Coronary Heart Disease %
2.2-6.3	9.3	35.6
6.4-7.4	12.2	40.0
7.4-8.7	17.1	48.9
8.7-10.5	20.7	52.6
10.5-29.5	30.3	59.9

\* The study included 6394 Japanese-American men (exclusion criteria were previous cardiovascular disease, treated hypertension, and known diabetes) and had a 12-year, age-adjusted incidence rate per 1000.

# **Crude 22 years cardiovascular and noncardiovascular mortality according to fasting blood glucose quartiles. Error bars indicate 95 % CI**



	<i>n</i>	Mean	All subjects		
			Age	<i>n</i>	Mean
All subjects	3220	90.12 5.01	20-29	854	86.32 4.80
Men	1560	92.80 5.16	30-39	855	89.54 4.97
Women	1660	87.62 4.87	40-50	673	90.89 5.05
Non menopausal	1207	86.41 4.80	+50	838	94.01 5.22
Menopausal	453	90.82 5.05			

Men		
Age	<i>n</i>	Mean
20-29	479	88.72 4.93
30-39	462	92.15 5.12
40-50	270	94.54 5.25
+50	349	97.94 5.44

Women		
Age	<i>n</i>	Mean
20-29	375	83.25 4.63
30-39	393	86.47 4.80
40-50	403	88.45 4.91
+50	489	91.20 5.07

# Anthropometric variables and blood pressure before and after treatment with estradiol and placebo (mean $\pm$ SEM; n = 25)

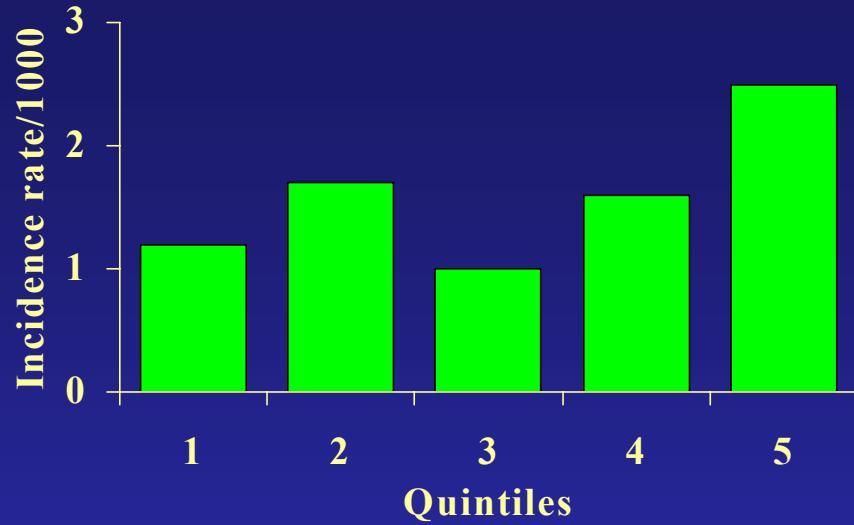
**2 mg 17 $\beta$ -estradiol 3 months - 1 mg norethisterone acetate 10d**

Variables	Baseline	After treatment	P - val
<b>Body weight (kg)</b>			
Estradiol	82.1 $\pm$ 3.1	83.4 $\pm$ 3.2	P < 0.001
Placebo	83.5 $\pm$ 3.2	83.2 $\pm$ 3.2	
<b>Body fat (kg)</b>			
Estradiol	38.0 $\pm$ 2.0	38.4 $\pm$ 2.0	P < 0.005
Placebo	40.1 $\pm$ 2.2	38.5 $\pm$ 2.2	
<b>Lean body mass (kg)</b>			
Estradiol	43.9 $\pm$ 1.4	44.7 $\pm$ 1.4	ns
Placebo	43.5 $\pm$ 1.3	44.5 $\pm$ 1.4	
<b>Waist/hip ratio</b>			
Estradiol	0.96 $\pm$ 0.02	0.96 $\pm$ 0.02	ns
Placebo	0.96 $\pm$ 0.02	0.96 $\pm$ 0.02	
<b>SBP (mmHg)</b>			
Estradiol	139 $\pm$ 3	136 $\pm$ 3	ns
Placebo	140 $\pm$ 4	139 $\pm$ 3	
<b>DBP(mmHg)</b>			
Estradiol	73 $\pm$ 2	72 $\pm$ 72	ns
Placebo	74 $\pm$ 42	74 $\pm$ 2	

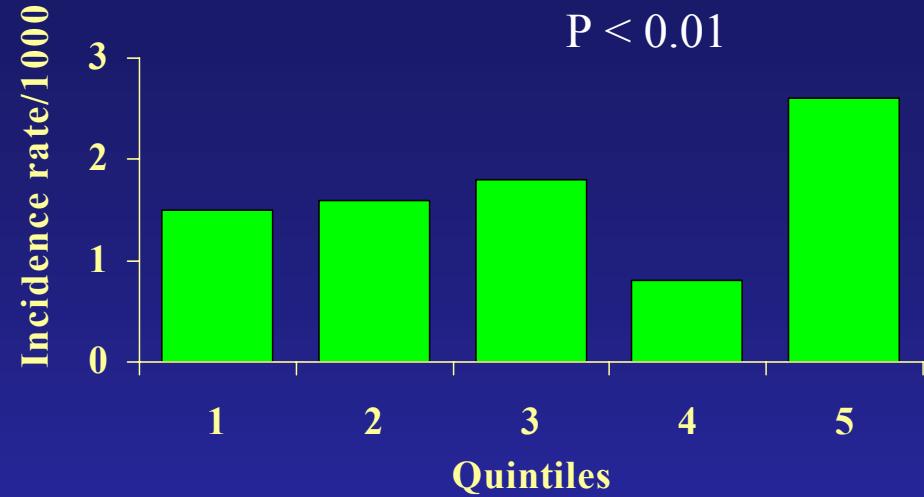
SBP, Systolic blood pressure; DBP, diastolic blood pressure, ns, not significant

p-values for comparison between changes during estradiol treatment vs. placebo treatment

### Fasting plasma glucose

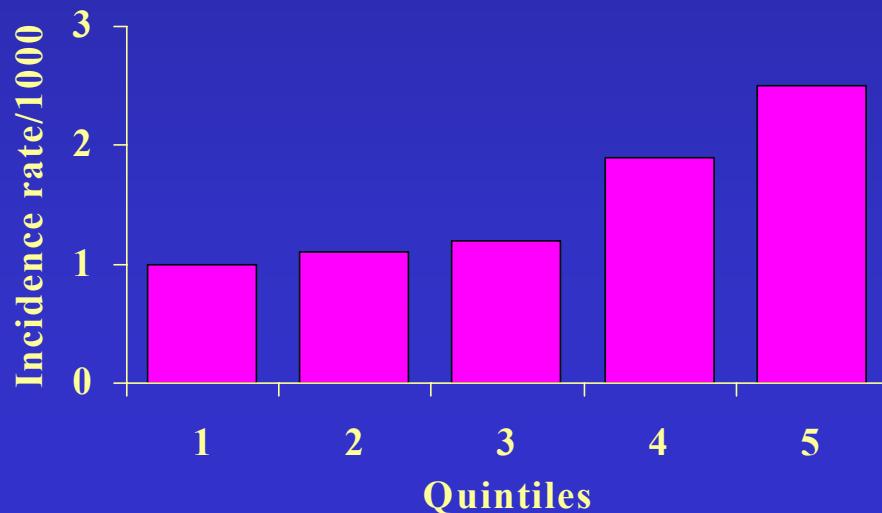


### 2- hour plasma glucose

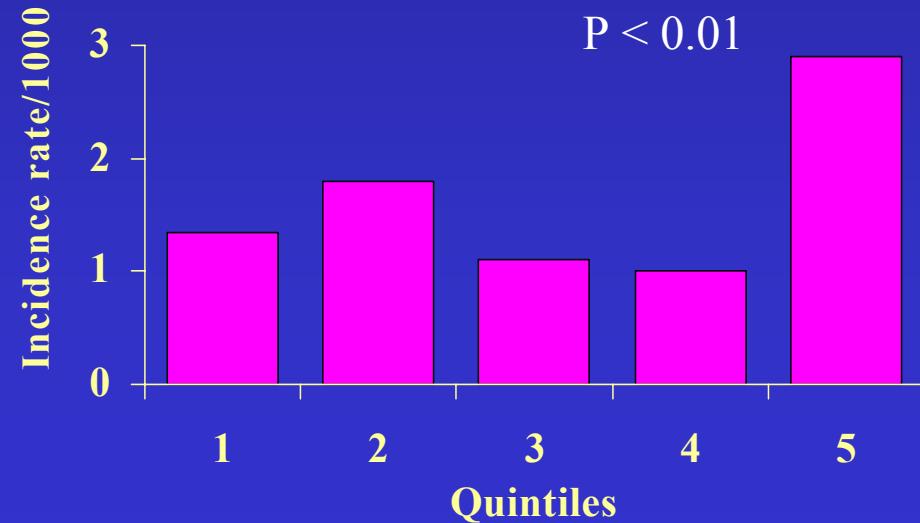


## Incidence of CVD according to fasting and 2-hour plasma glucose and insulin concentrations

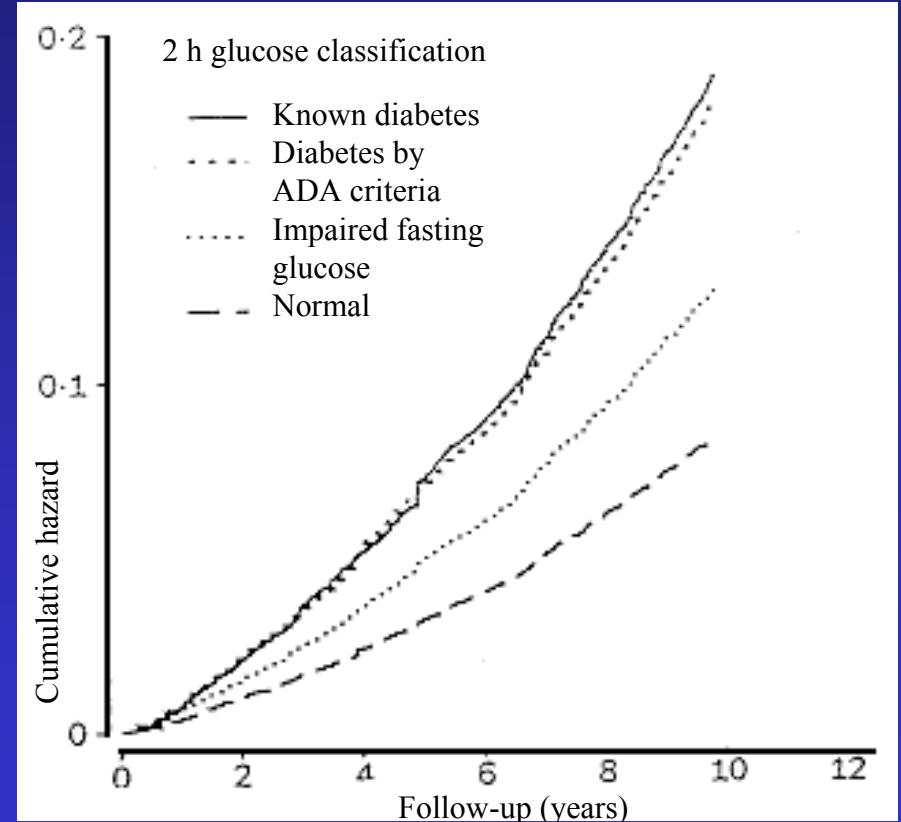
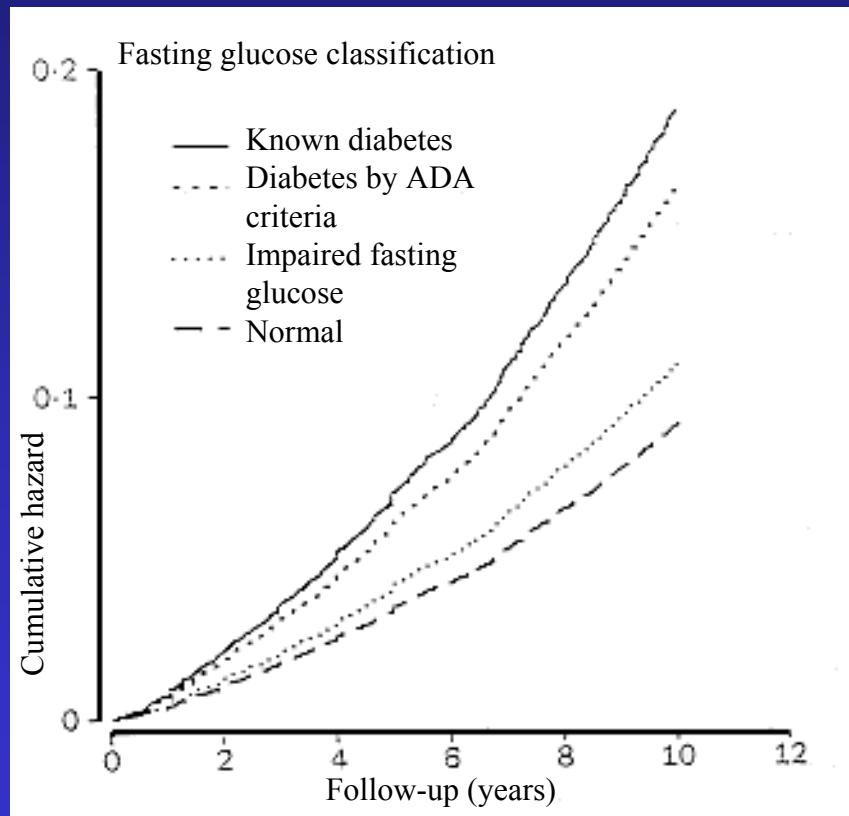
### Fasting plasma insulin



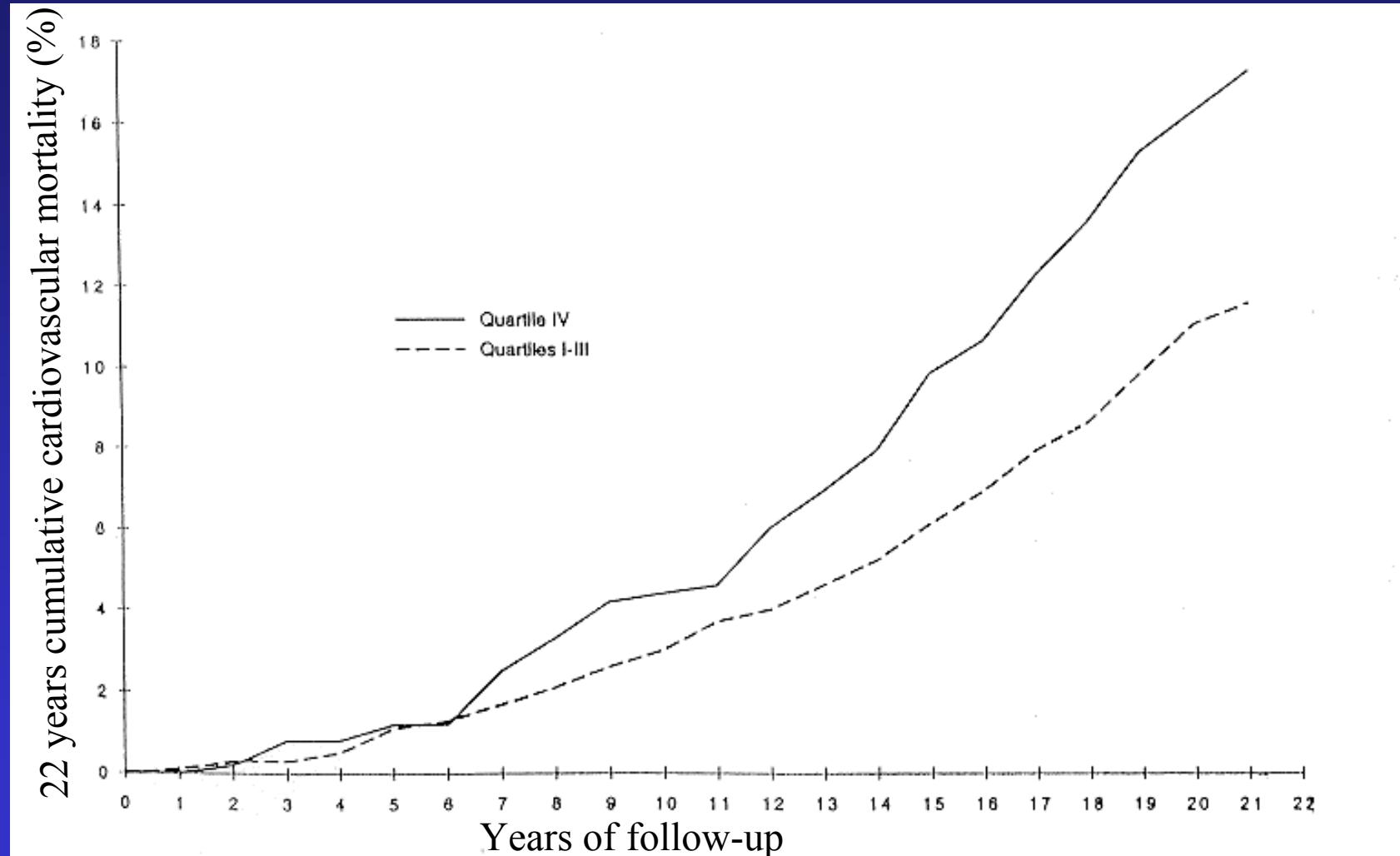
### 2- hour plasma insulin



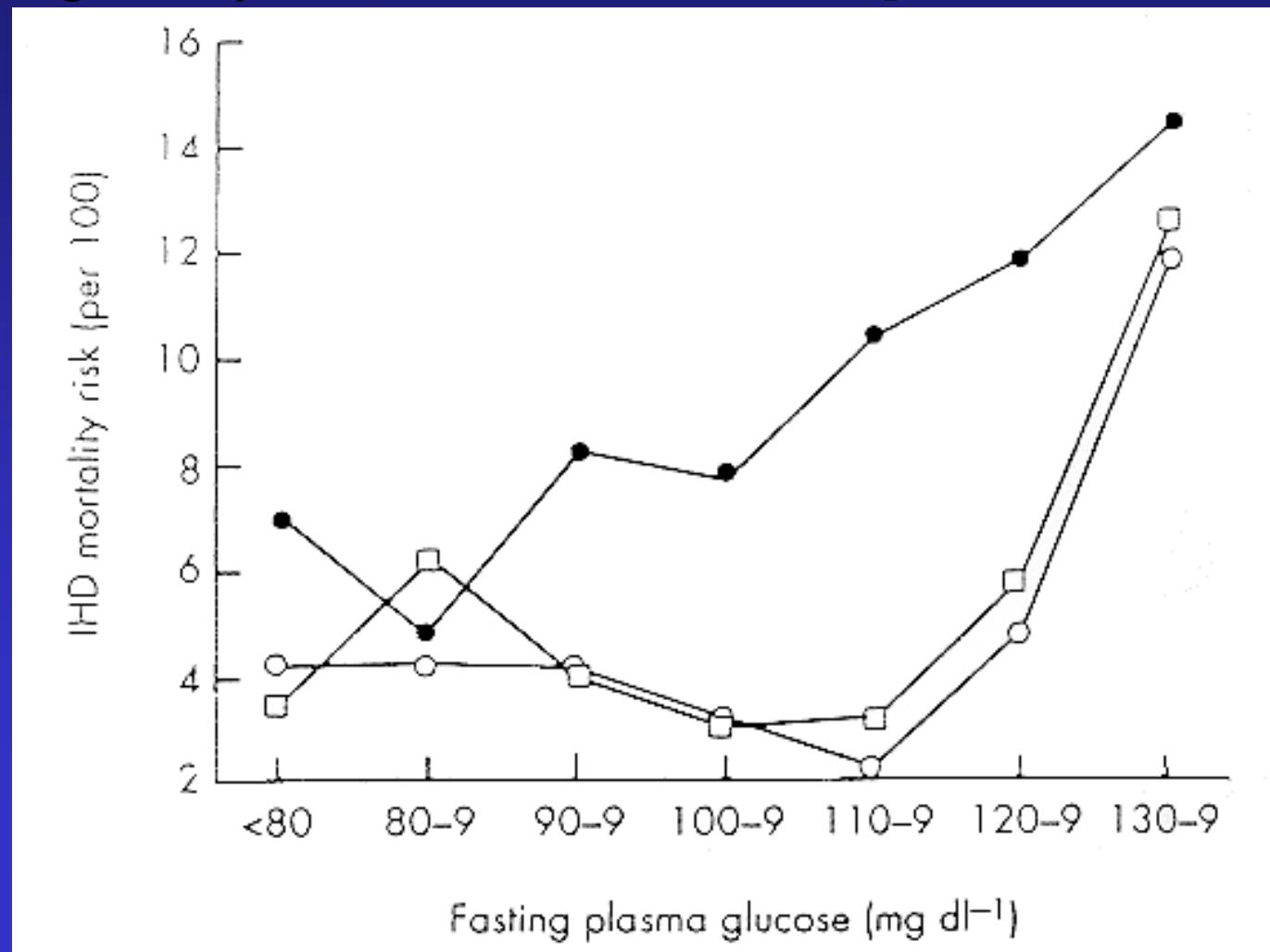
## Cumulative hazard curves for ADA fasting glucose criteria and WHO 2h glucose criteria adjusted by age, sex, and study center



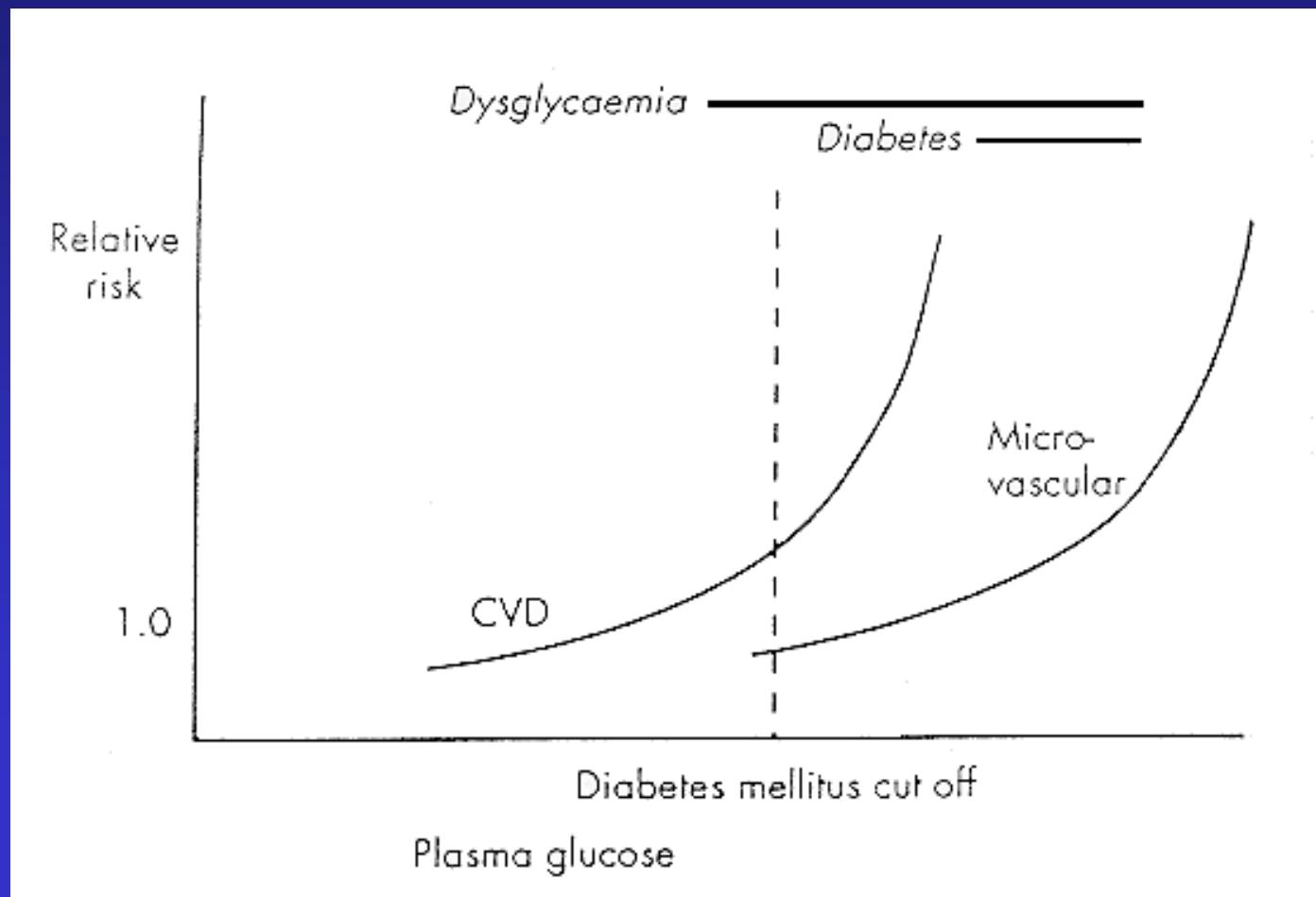
**Age adjusted 22 years cumulative cardiovascular mortality comparing fasting blood glucose quartiles I-III ( $\leq 85$  mg/dl) with quartile IV ( $> 85$  mg/dl)**



The relationship between non-diabetic glycemia and ischaemic heart disease (IHD) mortality in men (●); premenopausal women (○); and postmenopausal women (□). Non-diabetic men and women aged 40-79 years were followed for an average of 14 years. (Schmidt-Nave et al. Am J Epidemiol 1991; 133: 565-76)



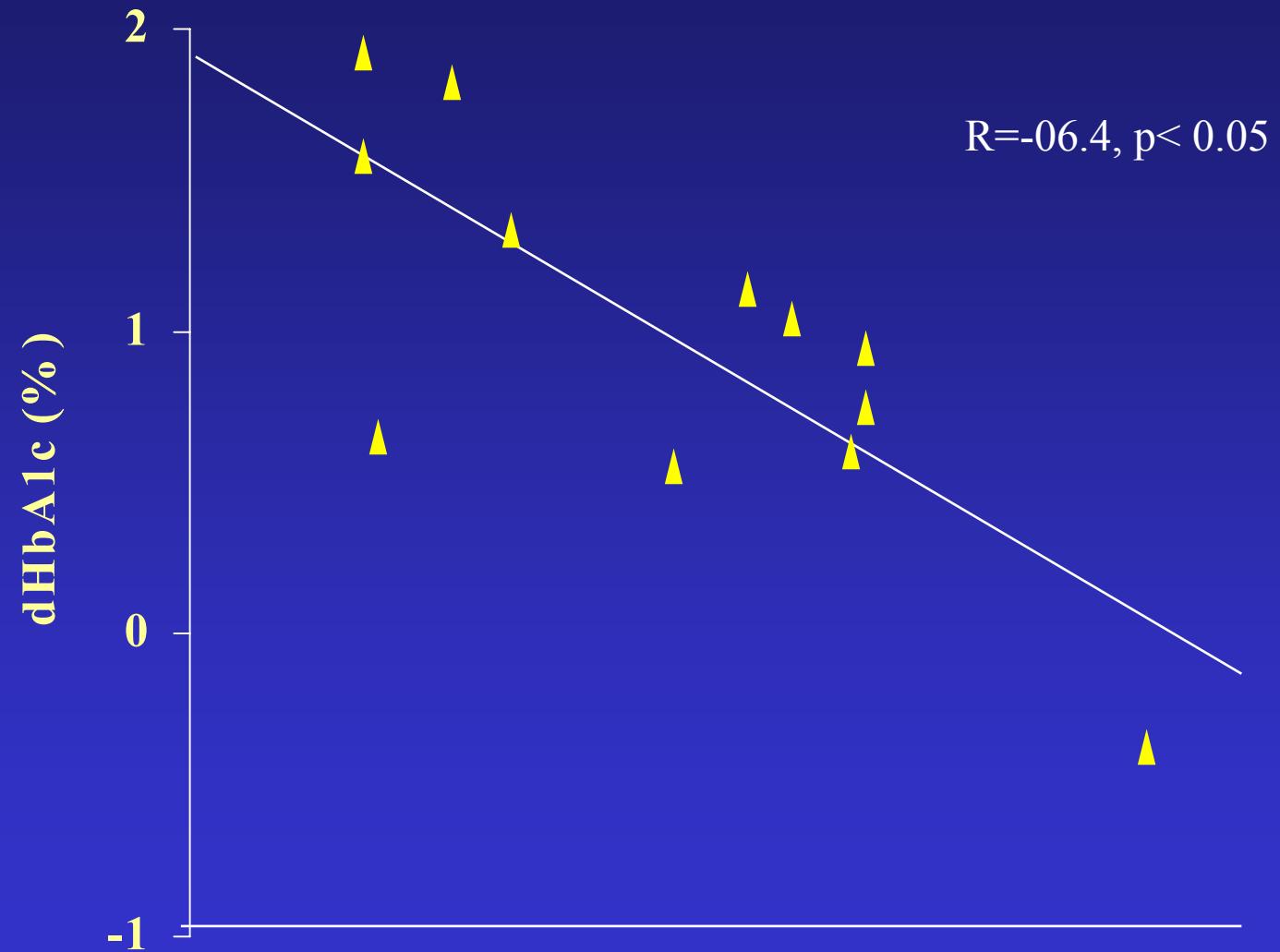
The significance of glucose concentrations as a risk factor for chronic disease. Plasma glucose concentrations above the diabetic cut off are associated with an increasing risk of cardiovascular and microvascular disease; levels above the IGT cut off are associated with an increasing risk of diabetes; and elevated levels above some, as yet undefined, "dysglycaemic" cut off are associated with an increasing risk of cardiovascular disease.



# Blood lipids before and after treatment with estradiol and placebo (mean $\pm$ SEM; n = 25)

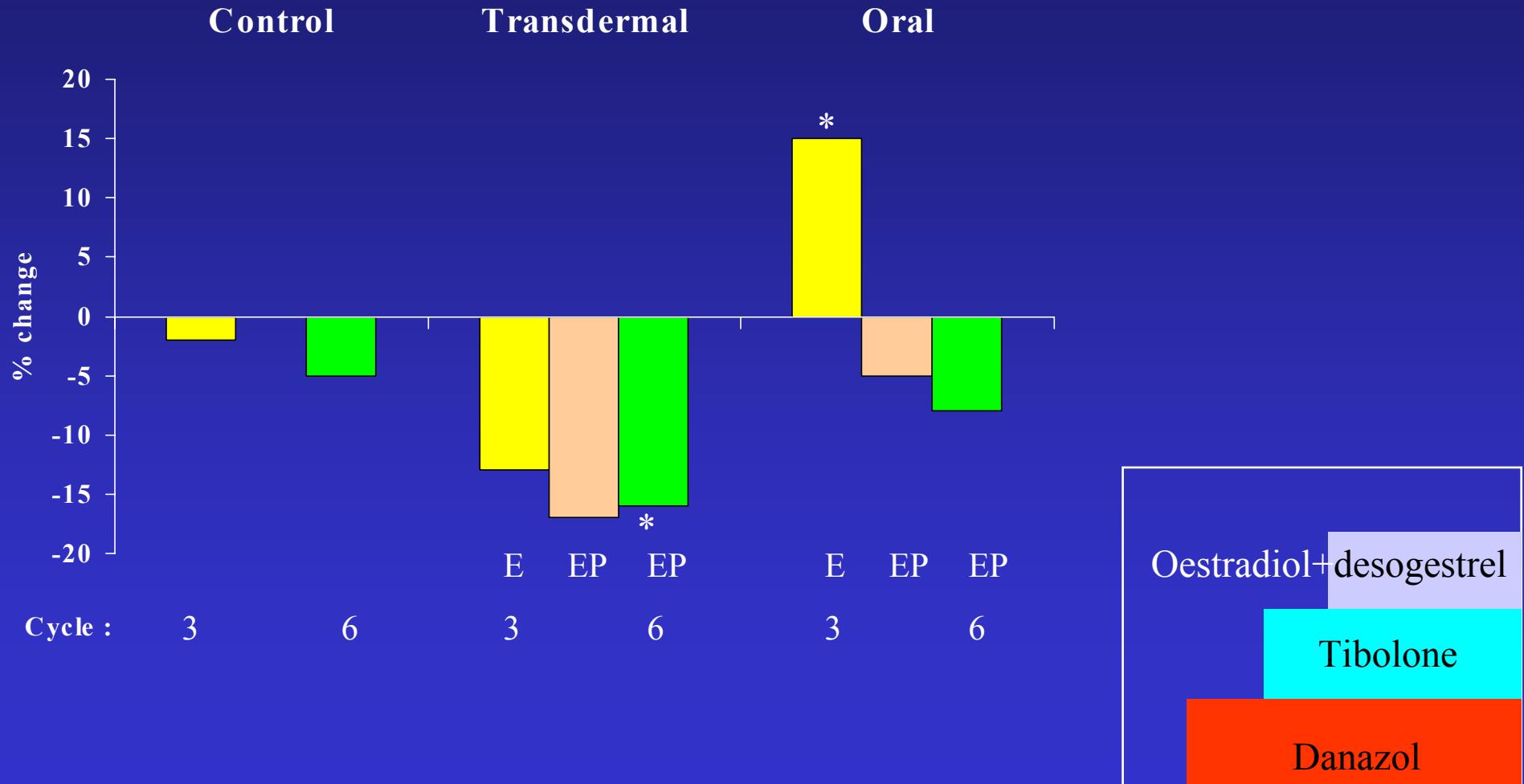
Variables	Baseline	After treatment	P - val
Cholesterol (mmol/L)			
Estradiol	5.7 $\pm$ 0.2	5.2 $\pm$ 0.1	P < 0.01
Placebo	5.9 $\pm$ 0.2	5.8 $\pm$ .2	
HDL-C (mmol/L)			
Estradiol	1.10 $\pm$ 0.05	1.33 $\pm$ 0.06	P < 0.001
Placebo	1.11 $\pm$ 0.06	1.11 $\pm$ 0.05	
LDL-C (mmol/L)			
Estradiol	3.74 $\pm$ 0.17	2.86 $\pm$ 0.14	P < 0.001
Placebo	3.54 $\pm$ 0.19	3.72 $\pm$ 0.15	
Triglycerides (mmol/L)			
Estradiol	2.04 $\pm$ 0.16	2.28 $\pm$ 0.17	ns
Placebo	2.39 $\pm$ 0.25	2.36 $\pm$ 0.26	

HDL-C, High density lipoprotein cholesterol; LDL-C, low density lipoprotein cholesterol  
*p*-values for comparison between changes during estradiol treatment vs. placebo treatment

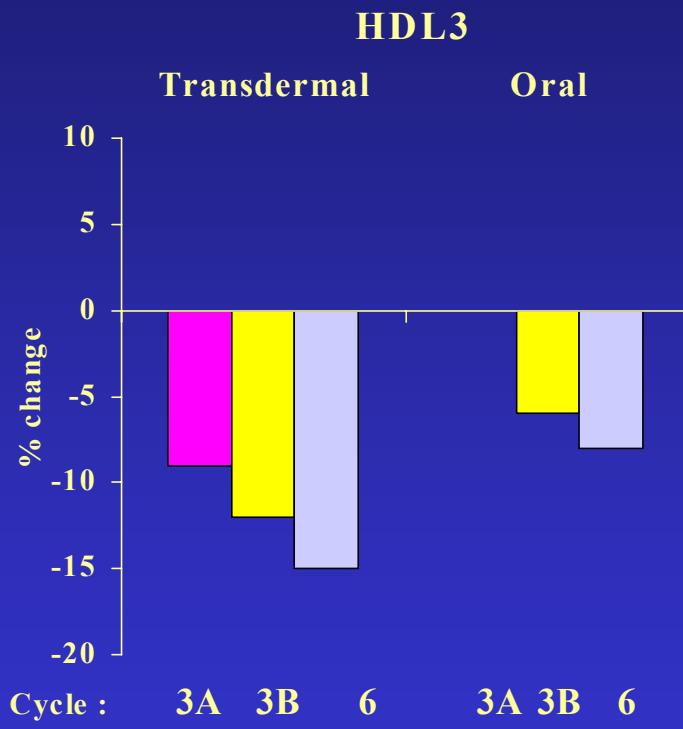
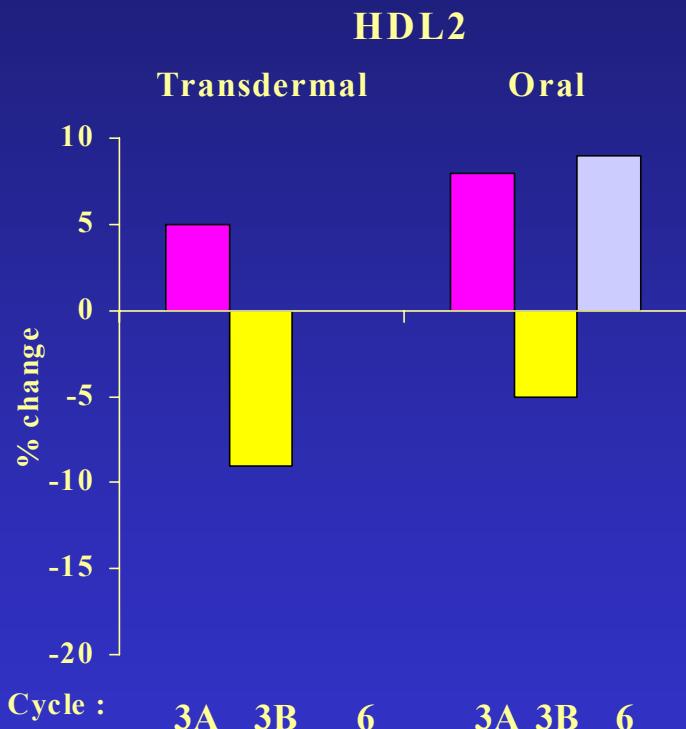


**Changes in triglycerides in post-menopausal women receiving either no treatment, transdermal oestradiol- $17\beta$  0.05 mg daily with cyclical transdermal norethisterone acetate 0.25 mg daily, or oral conjugated equine oestrogens 0.625 mg daily with cyclical oral dl-norgestrel 0.15 mg daily.**

**3A, oestrogen alone phase; 3B, combined phase, 6, combined phase. (\*p < 0.05).**



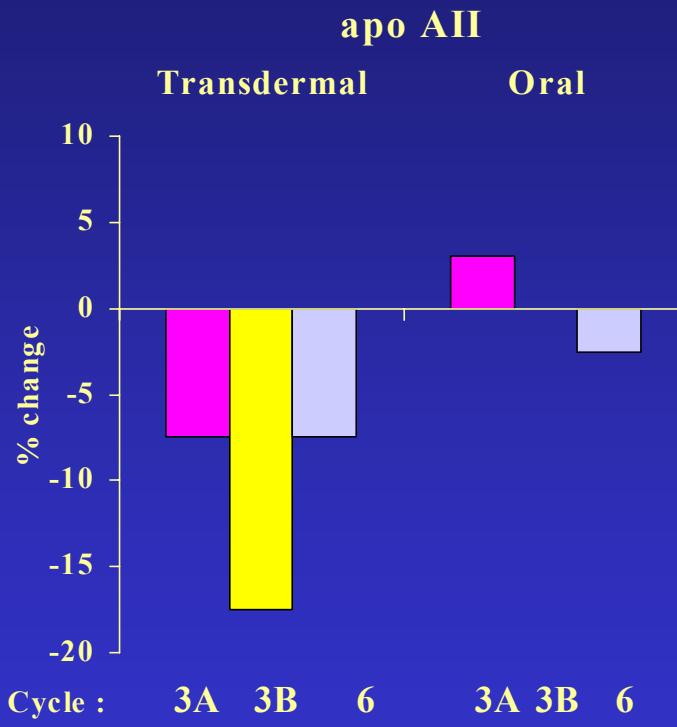
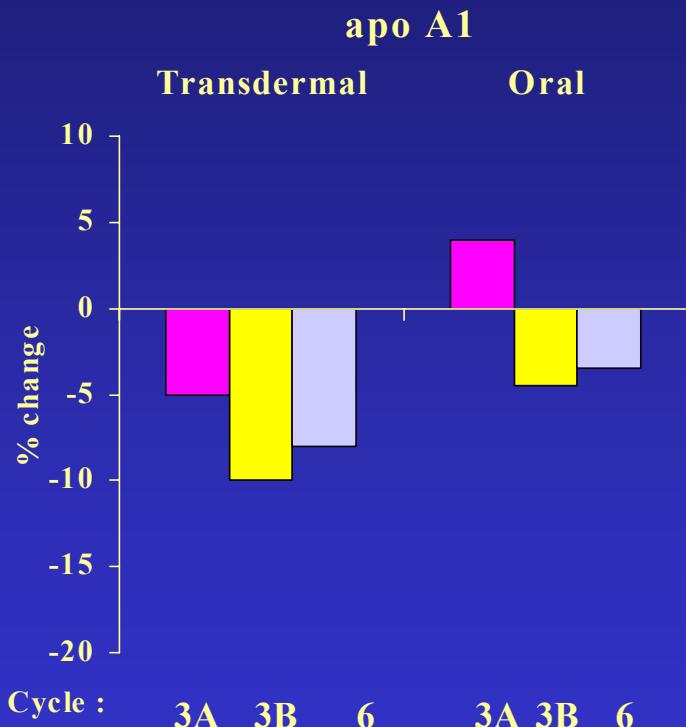
**Changes in high density lipoprotein (HDL) subfractions and apolipoproteins AI and AII in post-menopausal women receiving either transdermal oestradiol- $17\beta$  0.05 mg daily with cyclical transdermal norethisterone acetate 0.25 mg daily, or oral conjugated equine oestrogens 0.625 mg daily with cyclical oral *dl*-norgestrel 0.15 mg daily**



3A : oestrogen alone phase - 3B : combined phase - 6 : combined phases

\*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$

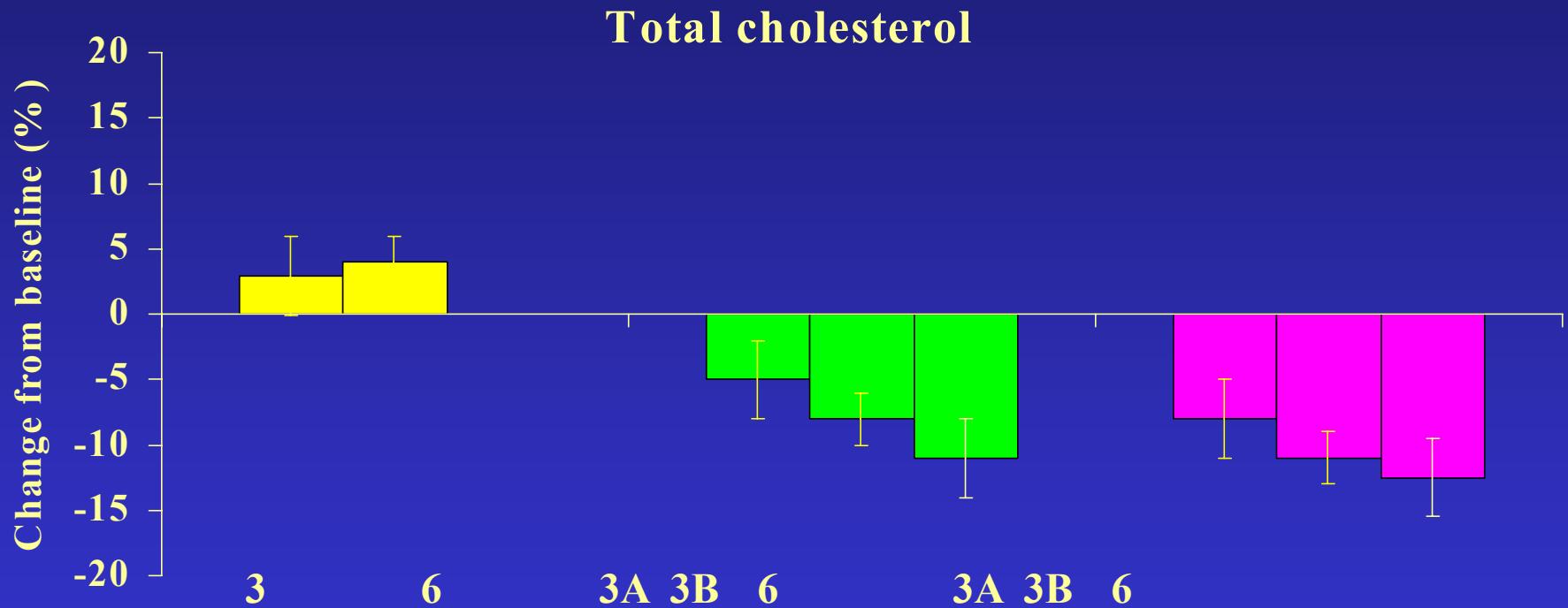
**Changes in high density lipoprotein (HDL) subfractions and apolipoproteins AI and AII in post-menopausal women receiving either transdermal oestradiol- $17\beta$  0.05 mg daily with cyclical transdermal norethisterone acetate 0.25 mg daily, or oral conjugated equine oestrogens 0.625 mg daily with cyclical oral *dl*-norgestrel 0.15 mg daily**



3A : oestrogen alone phase - 3B : combined phase - 6 : combined phases

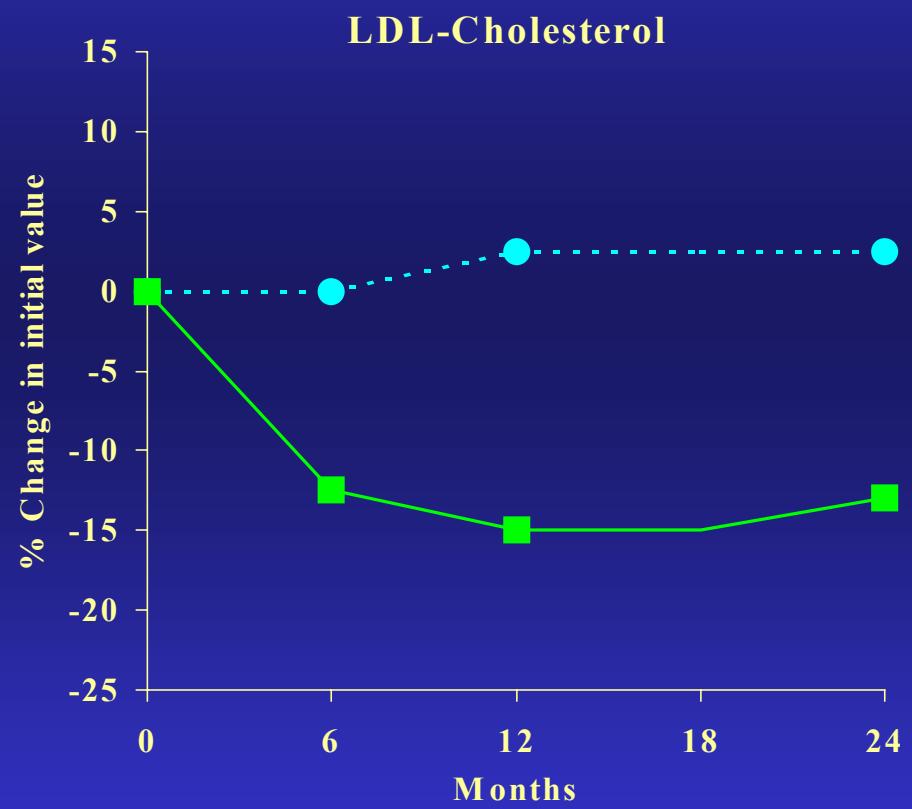
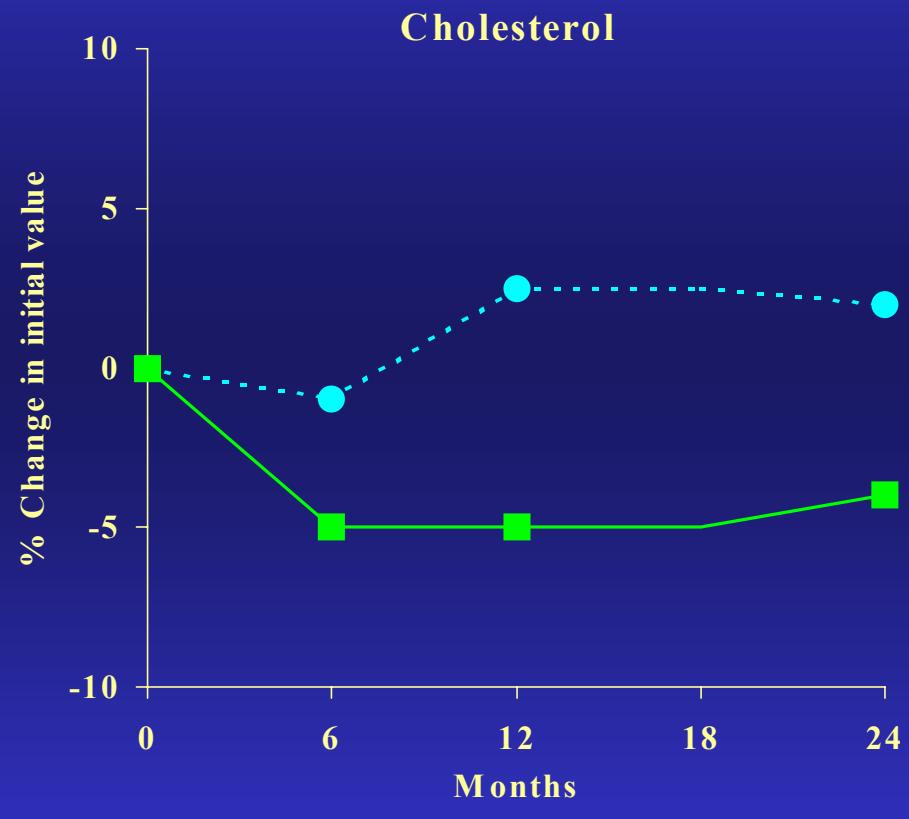
\*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$

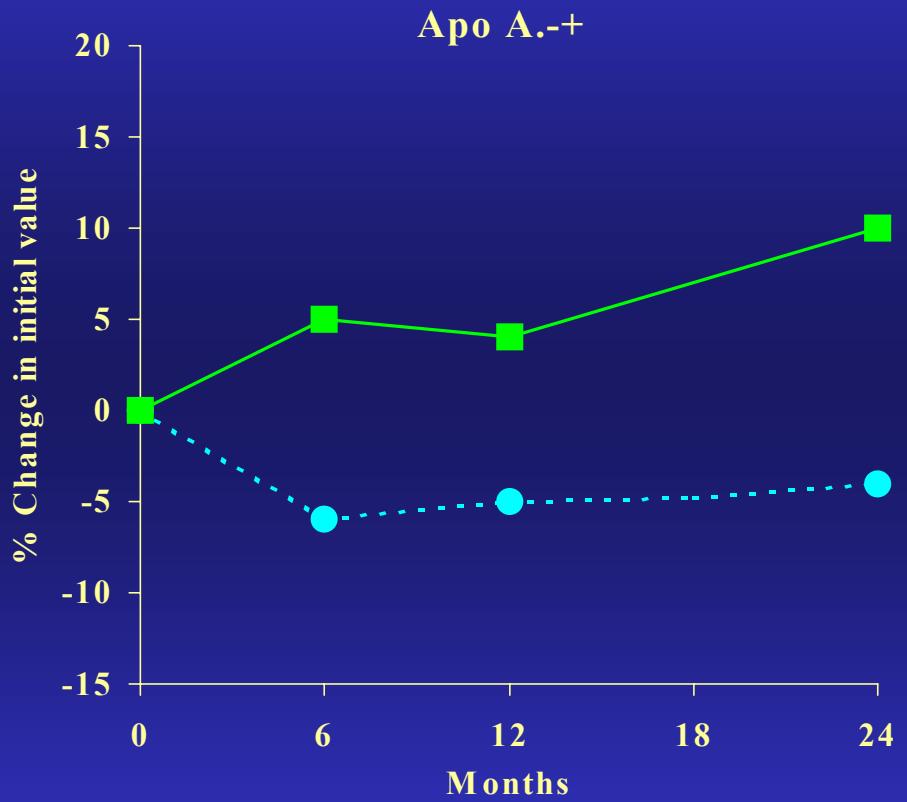
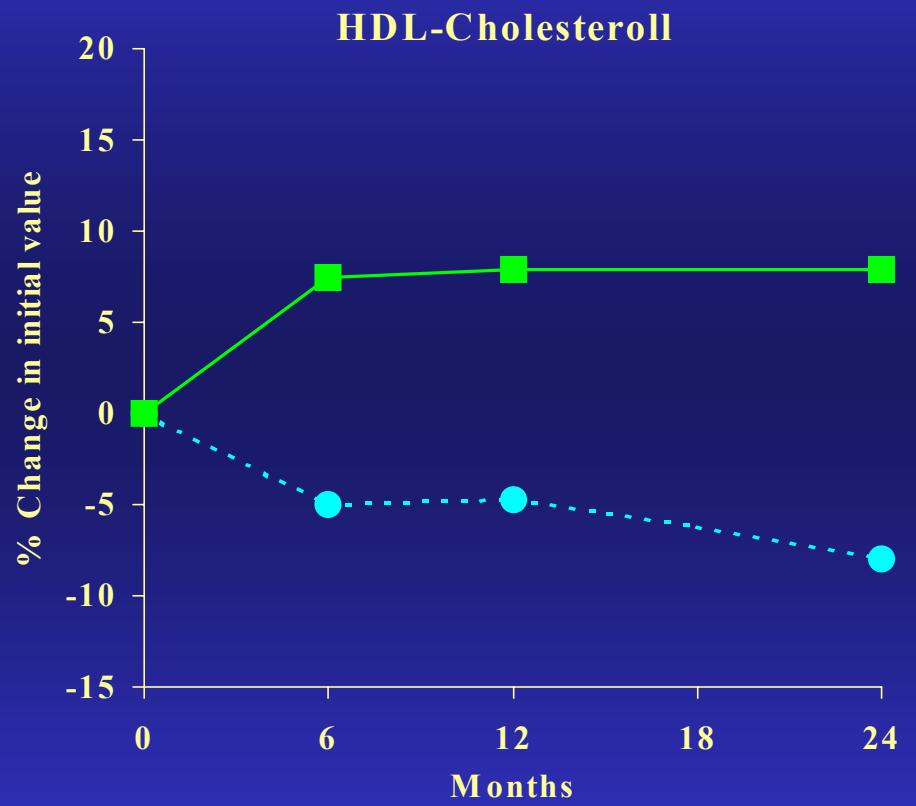
**Changes in total cholesterol in post-menopausal women receiving either no treatment ■, transdermal oestradiol- $17\beta$  0.05 mg daily with cyclical transdermal norethisterone acetate 0.25 mg daily □, or oral conjugated equine oestrogens 0.625 mg daily with cyclical oral dl-norgestrel 0.15 mg daily ▨.**

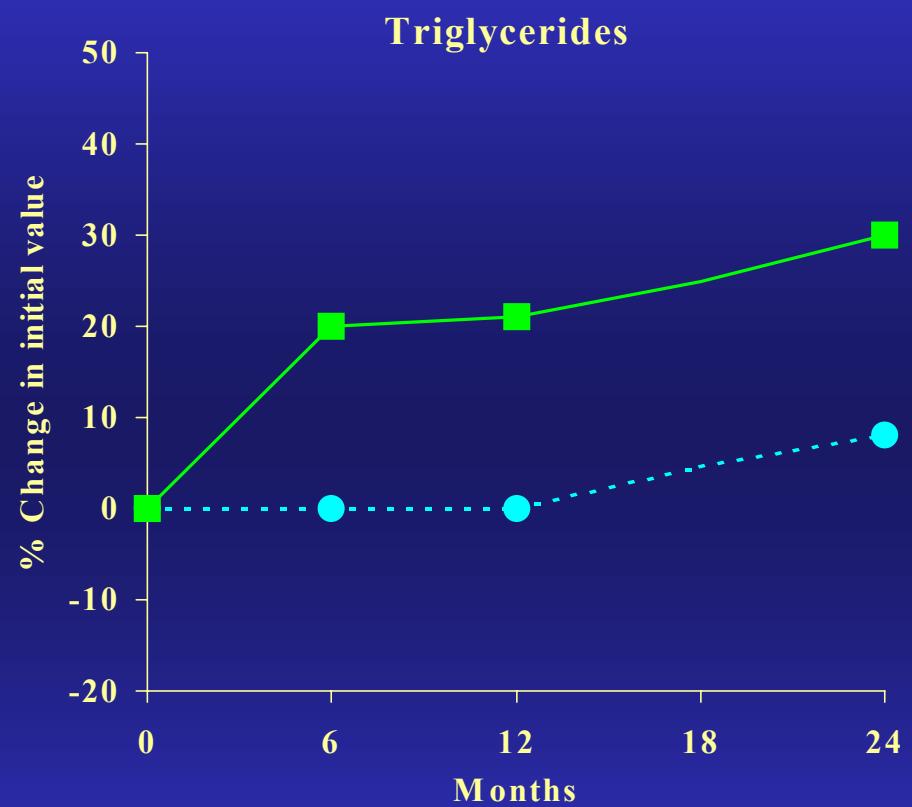
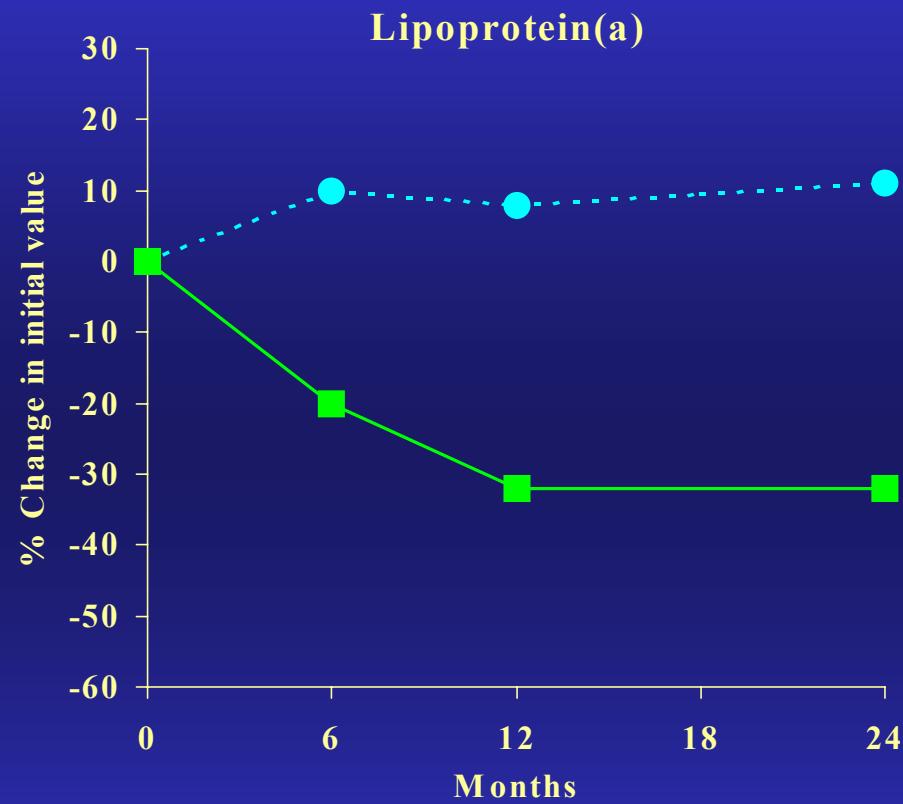


3A : oestrogen alone phase - 3B : combined phase - 6 : combined phases

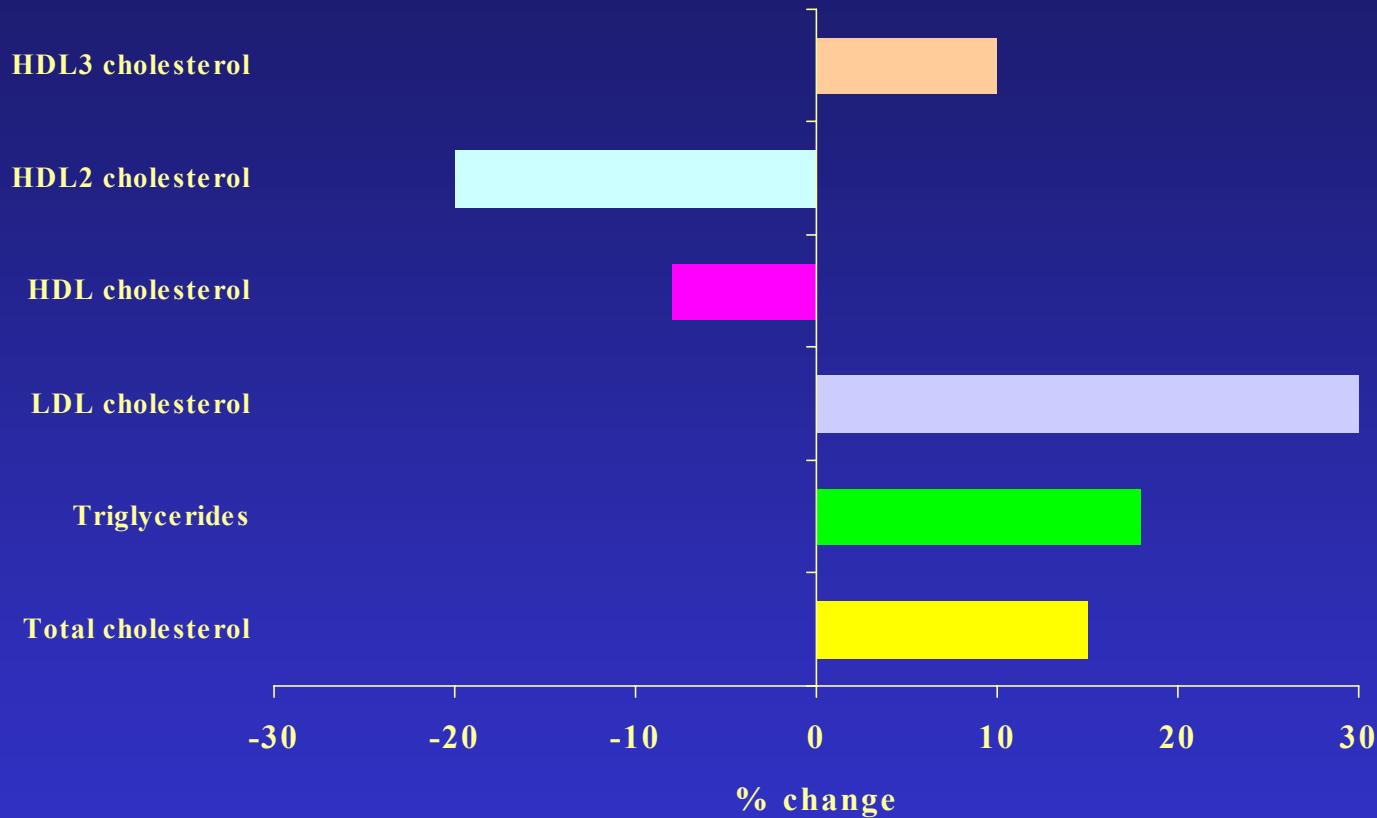
\*\*\*  $p < 0.001$







# Effect of menopause on lipids and lipoproteins.

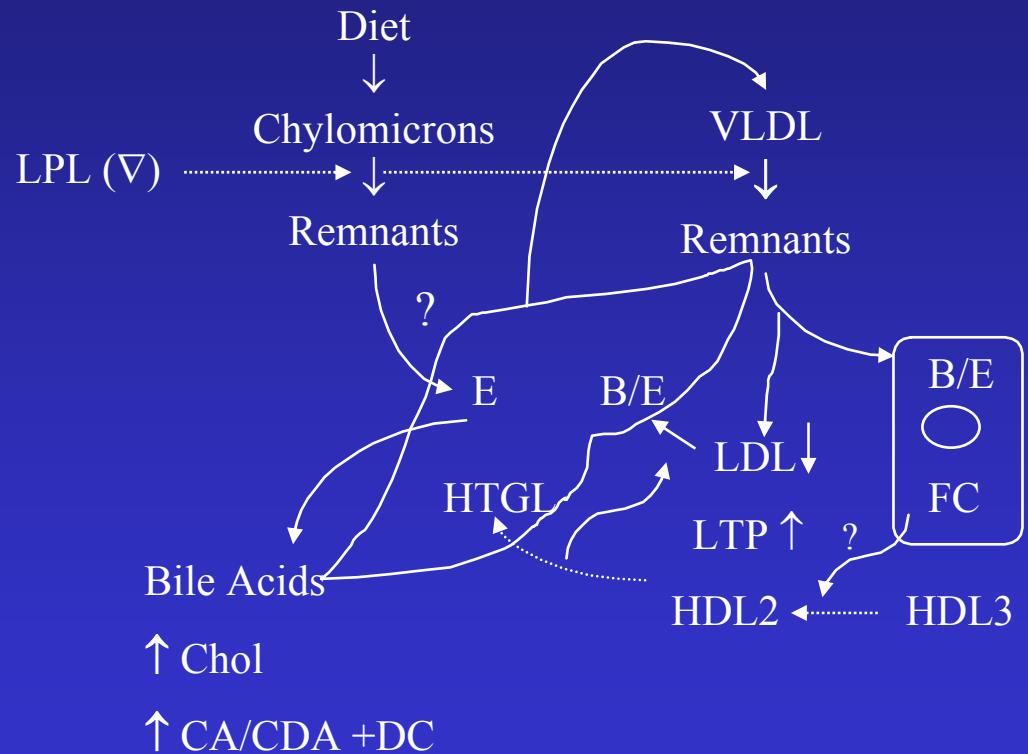


542 healthy, non obese caucasian females 18-70 yrs

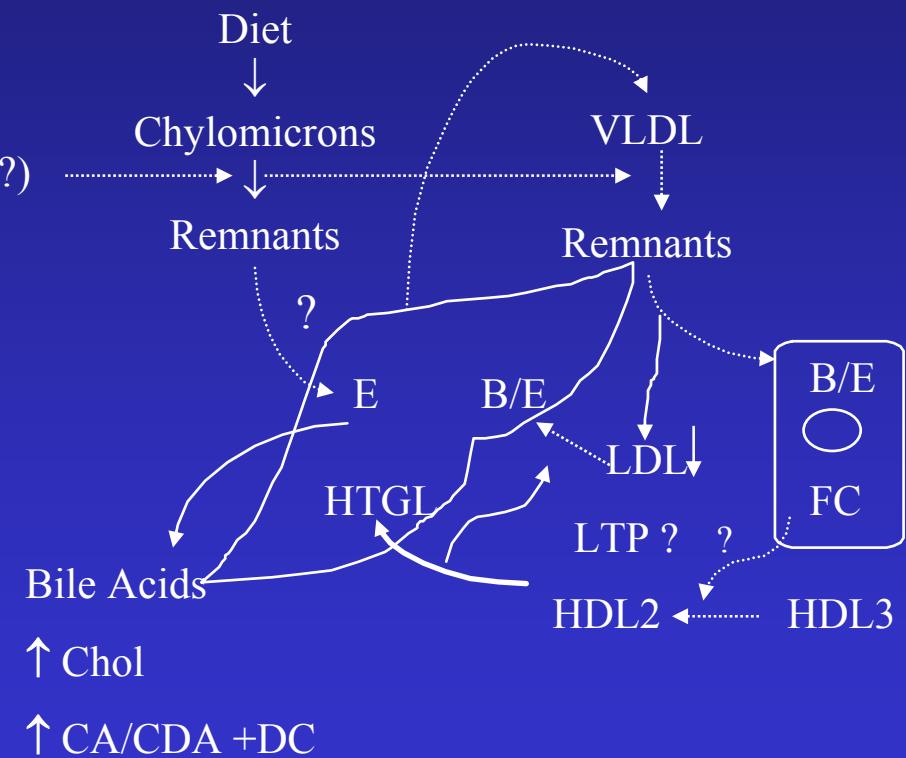
LDL, low density lipoproteins; HDL, high density lipoproteins

**Effects of sex steroids on lipid metabolism. Width of lines indicate the rate of cholesterol traffic under influence of estrogen (L) or progestin/androgen (R). Question marks indicate effects for which documentation is uncertain or unclear**

### ESTROGEN



### PROGESTIN / ANDROGEN



## Effect of treatment with Placebo or 17 $\beta$ -Estradiol on concentrations of plasma lipids, lipoproteins, plasma nonesterified Fas, C Peptide, and HbA1c (6 weeks)

	Baseline			Absolute and percentage changes after treatment		
	Placebo (n=20)	Estradiol (n=20)	p	Placebo (n=20)	Estradiol (n=20)=	p
TC, mmol/L	<b>5.28 ± 0.66</b> (4.07-6.52)	<b>5.25 ± 0.60</b> (3.96-7.02)	.81	<b>0.04 ± 0.46</b> (1%±9%)	<b>-0.28 ± 0.44</b> (-5%±8%)	.02 (.04)
LDL-C, mmol/L	<b>3.36 ± 0.68</b> (2.32-4.72)	<b>3.30 ± 0.74</b> (2.11-4.68)	.68	<b>0.06 ± 0.38</b> (2 %±11%)	<b>-0.48 ± 0.44</b> (-14 %±12 %)	.0001 (.0001)
HDL-C, mmol/L	<b>1.20 ± 0.30</b> (0.77-1.95)	<b>1.20 ± 0.47</b> (0.47-2.24)	.88	<b>0.03 ± 0.16</b> (3 %±13 %)	<b>0.26 ± 0.18</b> (23 %±14 %)	.0002 (.0001)
HDL <sub>2</sub> -C, mmol/L	<b>0.36 ± 0.19</b> (0.13-0.85)	<b>0.41 ± 0.29</b> (0.06-1.18)	.89	<b>0.02 ± 0.12</b> (11% ± 35 %)	<b>0.20 ± 0.17</b> (60%±44%)	.0007 (.0007)
HDL <sub>3</sub> -C, mmol/L	<b>0.84 ± 0.14</b> (0.62-1.10)	<b>0.79± 0.21</b> (0.38-1.12)	.47	<b>0.02 ± 0.08</b> (3 % ± 9 %)	<b>0.07 ± 0.11</b> (11 % ± 15 %)	.14 (.10)
VLDL-C, mmol/L	<b>0.64 ± 0.35</b> (0.20-1.48)	<b>0.69± 0.43</b> (0.22-1.76)	.86	<b>-0.04 ± 0.20</b> (-11 % ±29 %)	<b>-0.06 ± 0.25</b> (-11 % ± 37 %)	.61 (.70)

## Effect of treatment with Placebo or 17 $\beta$ -Estradiol on concentrations of plasma lipids, lipoproteins, plasma nonesterified Fas, C Peptide, and HbA1c (6 weeks)

	Baseline			Absolute and percentage changes after treatment		
	Placebo (n=20)	Estradiol (n=20)	p	Placebo (n=20)	Estradiol (n=20)=	p
TGs, mmol/L	1.53 ± 0.83 (0.39-3.83)	1.74 ± 0.95 (0.28-3.72)	.48	0.08 ± 0.48 (4 % ± 24 %)	0.05 ± 0.62 (13 % ± 59 %)	.65 (.66)
VLDL TGs, mmol/L	1.06 ± 0.63 (0.11-2.44)	1.09 ± 0.83 (0.22-3.13)	.7	0.02 ± 0.32 (2 % ± 31 %)	0 ± 0.32 (4 % ± 41 %)	.85 (.67)
ApoA-1, g/L	1.44 ± 0.18 (1.16-1.81)	1.39 ± 0.28 (0.81-1.85)	.68	0.05 ± 0.10 (3 % ± 7 %)	0.22 ± 0.13 (17 %± 10 %)	.0001 (.0001)
ApoB, g/L	1.27 ± 0.28 (0.87-1.88)	1.26 ± 0.36 (0.72-2.09)	.89	0.03 ± 0.14 (2 % ± 11 %)	-0.13± 0.13 (-9 % ± 9 %)	.0004 (.001)
Nonesterified Fas, mmol/L	0.36 ± 0.21 (0.12-0.81)	0.47 ± 0.32 (0.06-1.13)	.30	0.05 ± 0.29 (29 % ±113 %)	-0.02 ± 0.37 (37 % ± 105%)	.79 (.62)
C peptide, nmol/L	0.54 ± 0.38 (0-1.41)	0.38± 0.39 (0-1.68)	.11	-0.02 ± 0.42 (8 %± 90 %)	-0.14± 0.33 (-16 % ± 89 %)	.26 (.10)
HbA1c, %	8.1 ± 1.6 (5.6-11.2)	8.7± 1.5 (6.3-11.2)	.24	-0.34± 0.45 (-4% ± 5 %)	-0.66 ± 0.67 (-7 %± 7 %)	.02 (.03)