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Exercise intensity-dependent metabolic benefits in muscle, adipose tissue, and liver of candidates to undergo bariatric surgery

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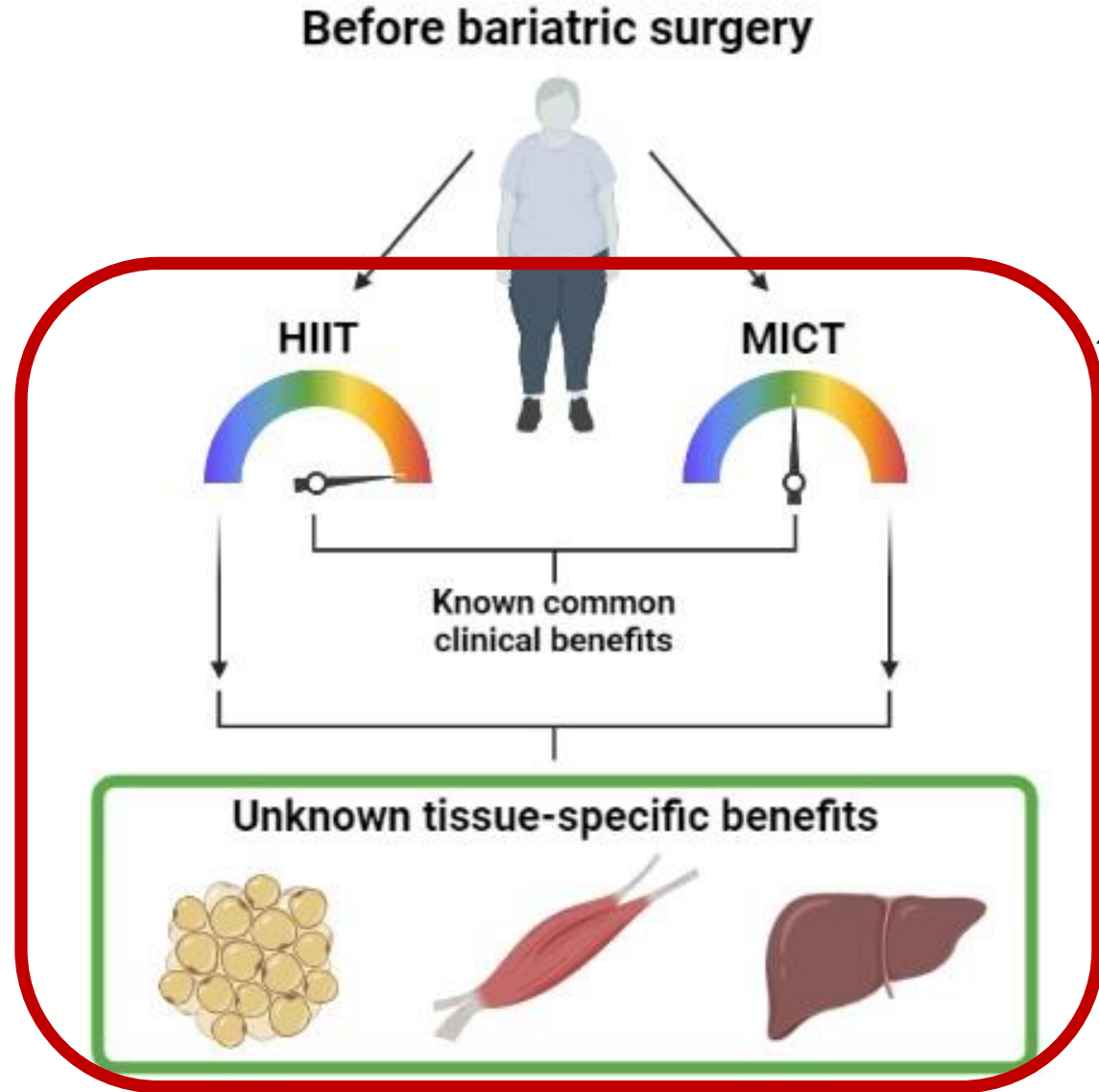
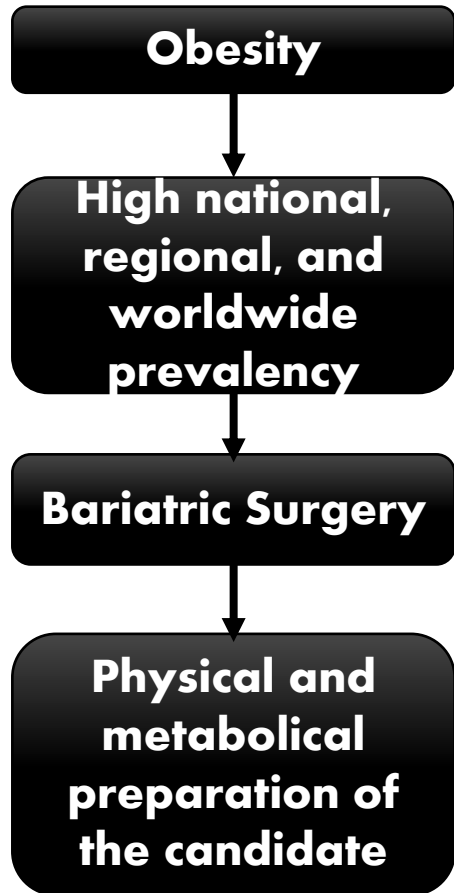
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Introduction

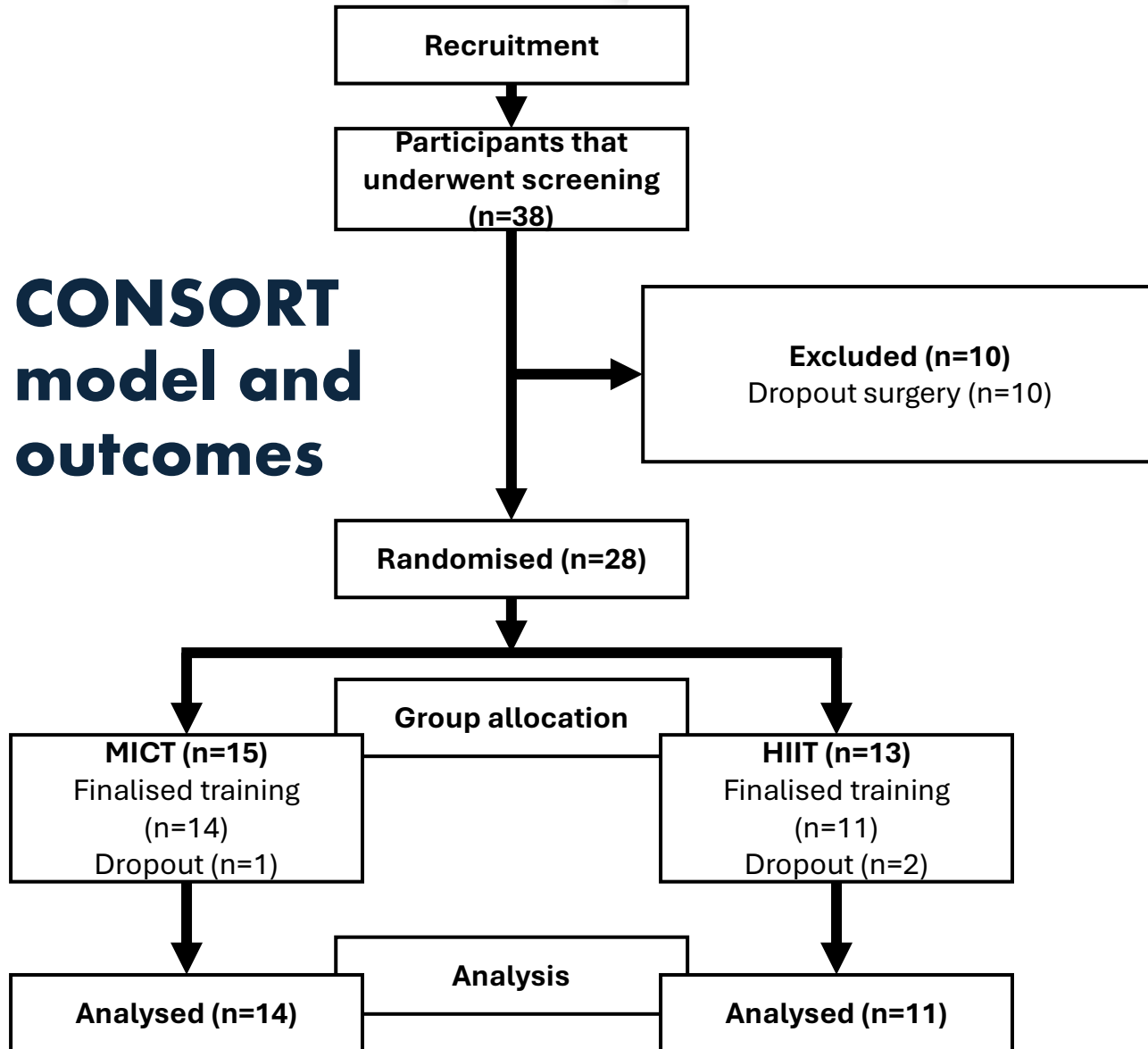


Major challenge in finding a precise exercise prescription

Martinez-Huenchullan S, Kalazich-Rosales M, Mautner-Molina C, Fuentes Leal F, Cárcamo-Ibaceta C, Tam C, Ehrenfeld P. Physiological relevance of aerobic exercise training for the preparation of bariatric surgery candidates. *Physiological Mini Reviews*. 2021;14(3):20-33.

To compare the physical and metabolic effects of Moderate-Intensity Constant Training (MICT) and High-Intensity Interval Training (HIIT) on the phenotype and metabolic function of candidates to undergo bariatric surgery

CONSORT model and outcomes



Phenotype

- **Anthropometry**
 - Bioimpedance (InBody® 270)
 - Measurements (dietitian)
- **Spontaneous physical activity**
 - IPAQ short-form
- **Grip strength**
 - Dinamometry (Jamar®)
- **Aerobic capacity**
 - Modified Bruce's protocol

Metabolic function

- **Lipid profile**
 - Cholesterol (total and lipoproteins)
- **Renal function markers**
 - Creatinine, BUN, urea
- **Transaminases**
 - GOT, GPT
- **Glucose metabolism**
 - Fasting and OGTT (2 hours)
- **Circulatory and tissue proteins**
 - Western Blot and ELISA

Inclusion Criteria

- Between 18 to 60 years old
- Sleeve gastrectomy

Exclusion Criteria

- Could not attend exercise sessions
- Medical contraindication to perform physical activity
- Functional limitation that don't allow the participant to complete a submaximal cardiorespiratory test
- Uncontrolled neuropsychiatric illnesses



This study was reviewed and approved by the Valdivia Health Service Scientific Ethics Committee (Code 350/2020)

International Traditional Medicine Clinical Trial Registry (N° ISRCTN42273422)

4 weeks (2-3 sessions/week)

Baseline measurements

Phenotype
Metabolic function

MICT: 30 min at 50% HRR
HIIT: 6 cycles of 2.5 min at 80% HRR and 6 active rest periods of 2.5 min at 20% HRR

30 min of common strengthening exercises

Post-training measurements
Tissue samples (muscle, liver, adipose tissue)

Phenotype
Metabolic function

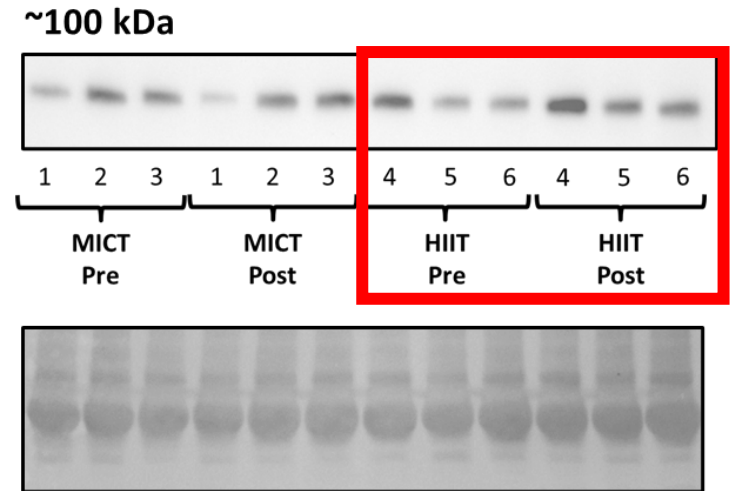
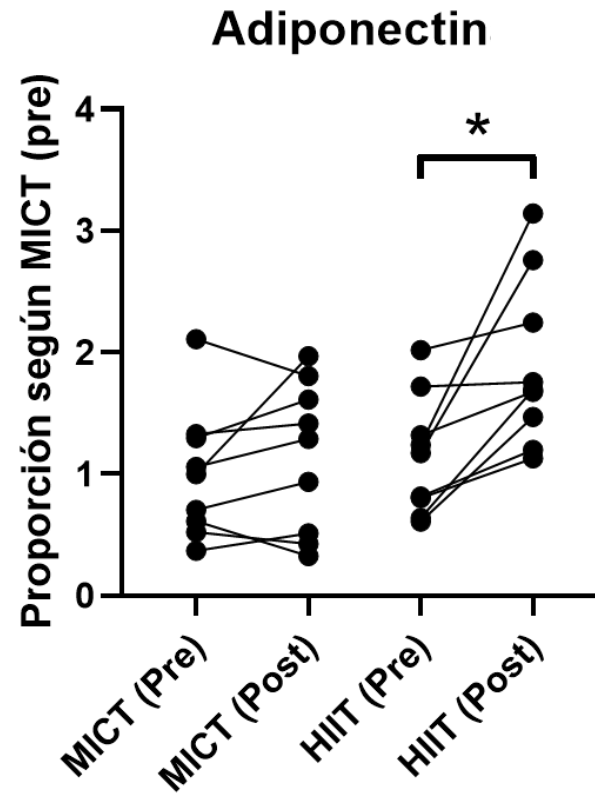
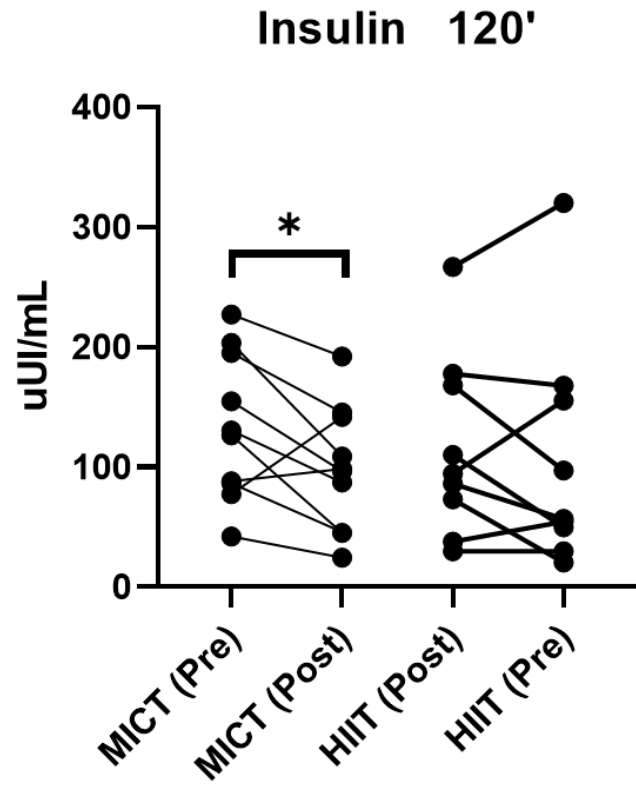
Results

Significant effect ($p < 0.05$) from:

MICT: █
 HIIT: █
 Both: █

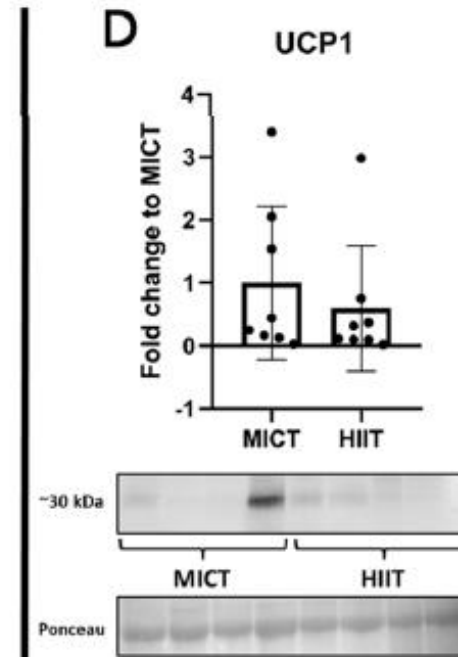
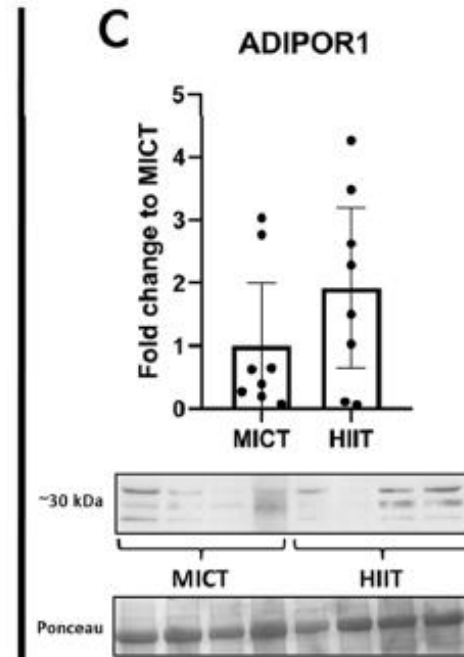
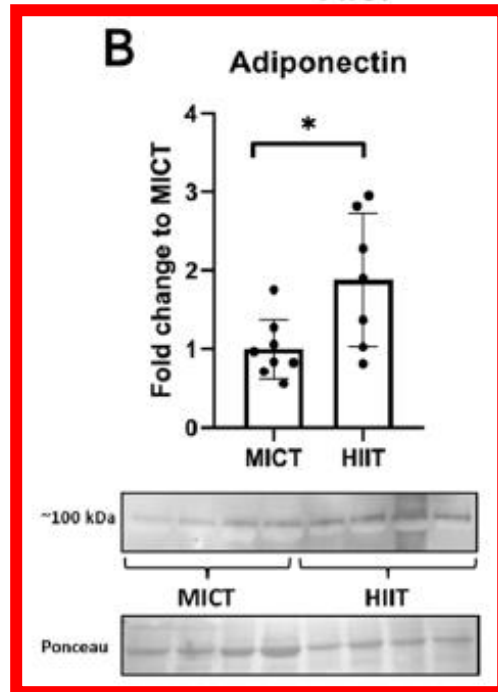
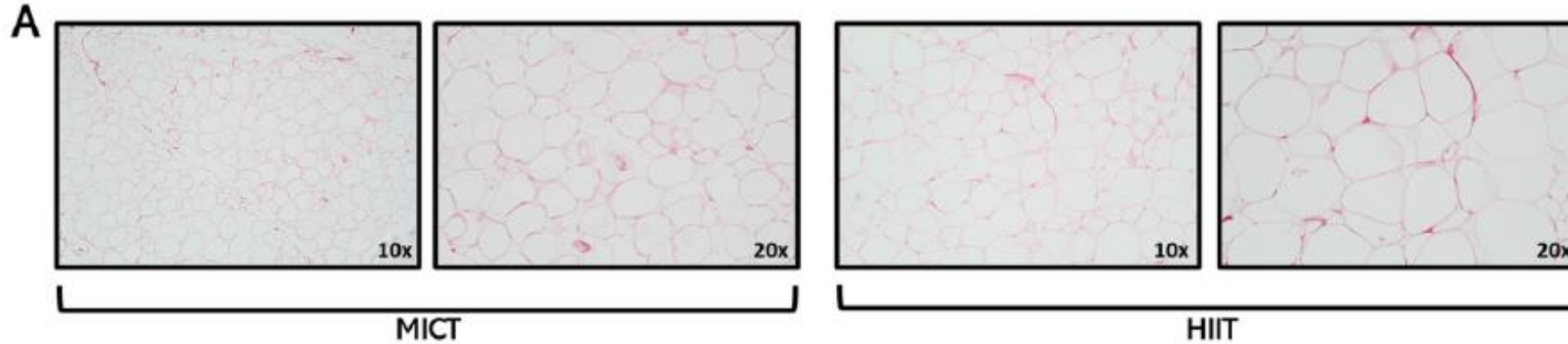
Parameter	Pre-MICT	Post-MICT	Pre-HIIT	Post-HIIT
Sex (M/F)	2/12	--	1/10	
Age (años)	38,9 ± 7,7		33,0 ± 7,2	
Height (m)	1,63 ± 0,8		1,64 ± 0,7	
Weight (kg)	107 ± 21	103 ± 18	112 ± 17	108 ± 17
BMI (kg/m ²)	41,0 ± 5,3	38 ± 4,1	41,9 ± 6,9	40,5 ± 7,2
Total fat mass (%)	48,9 ± 3,2	47,4 ± 3,5	47,7 ± 6,0	48,6 ± 4,3
Total muscle mass (%)	28.5 ± 1.8	29.3 ± 2.1	28.6 ± 2.7	30.6 ± 6.4
Waist circumference (cm)	119 ± 15	115 ± 16	124 ± 16	116 ± 15
Hip circumference (cm)	125 ± 8	121 ± 7	129 ± 9	126 ± 10
Waist-to-hip ratio	0,95 ± 0,08	0,95 ± 0,1	0,95 ± 0,09	0,91 ± 0,07
Waist-to-height ratio	0,73 ± 0,08	0,65 ± 0,2	0,75 ± 0,1	0,72 ± 0,1
Aerobic capacity (m)	639 ± 177	730 ± 193	646 ± 197	754 ± 135
Spontaneous physical activity (MET*min*week)	1235 ± 1125	2287 ± 1495	993 ± 867	1798 ± 1139
Sitting hours (n)	6,2 ± 3	4,9 ± 2,2	6,1 ± 3	5,3 ± 2,7
Grip strength (kg)	33 ± 7,8	33 ± 7,7	31 ± 5,4	30 ± 4,8

Results (circulatory)



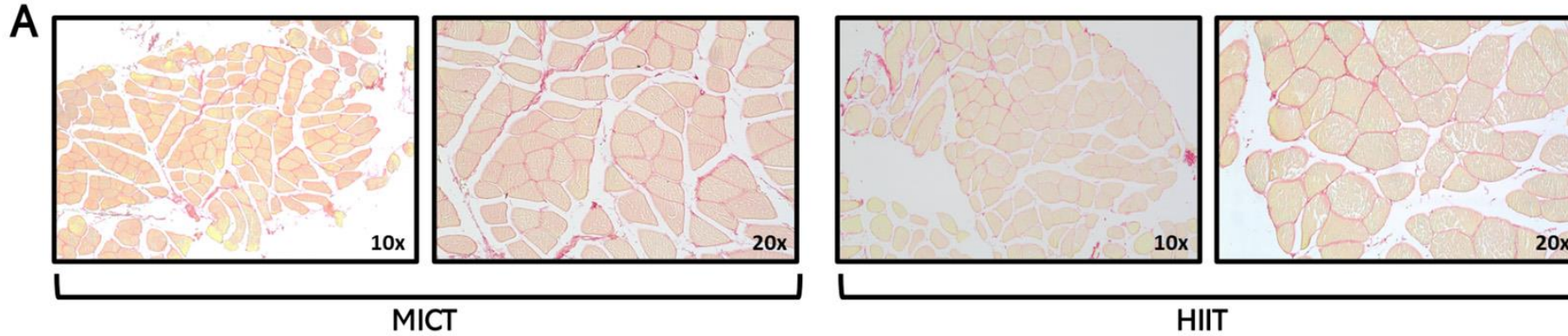
Results from circulatory proteins suggest tissue-dependent effects of exercise depending on its intensity

White adipose tissue

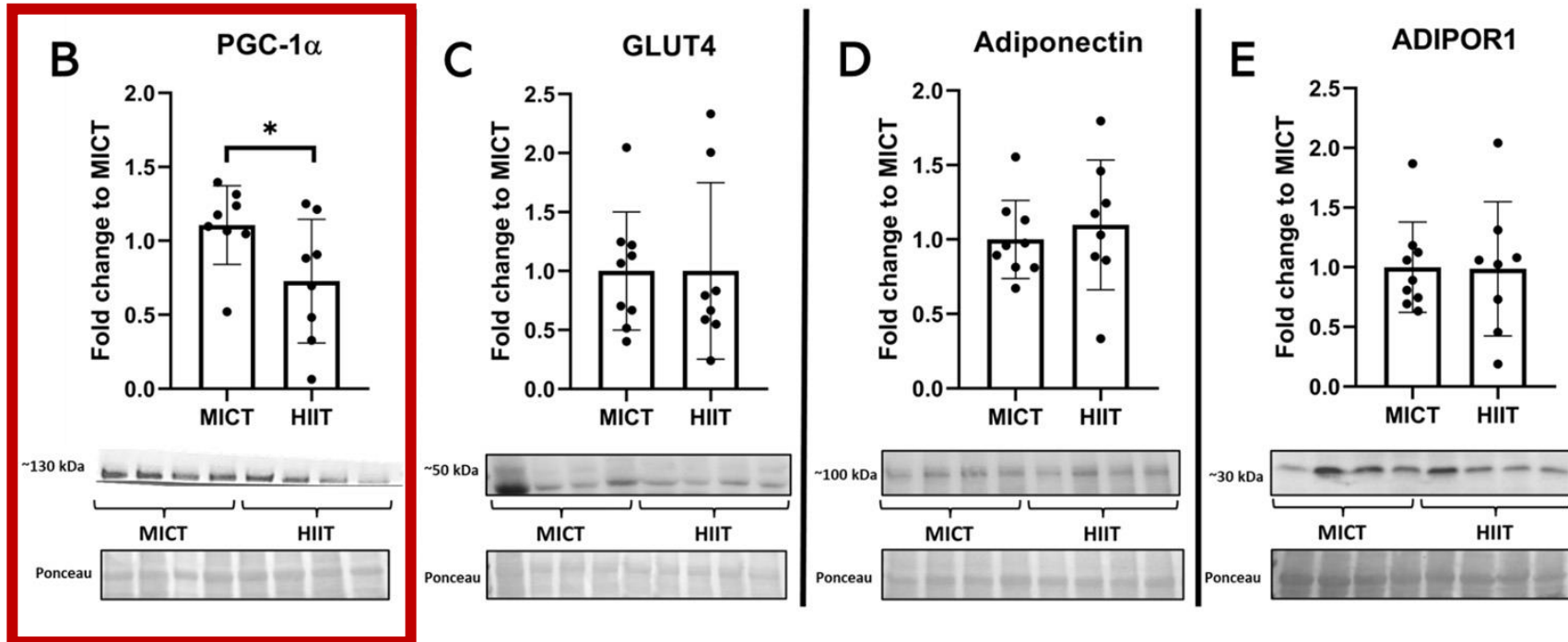


Higher adiponectin after HIIT are tightly associated with what was measured in plasma

Skeletal muscle (*transversus abdominis*)

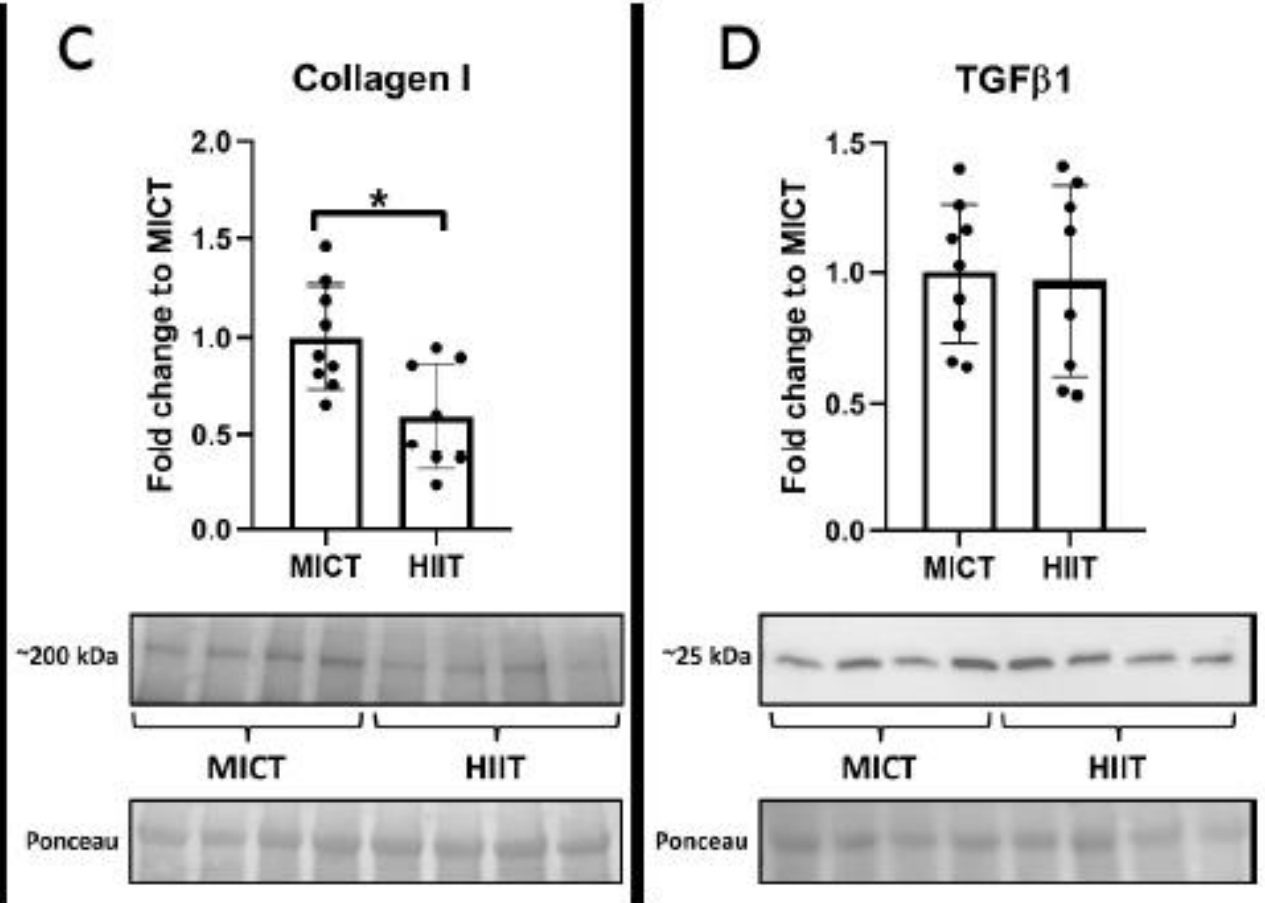
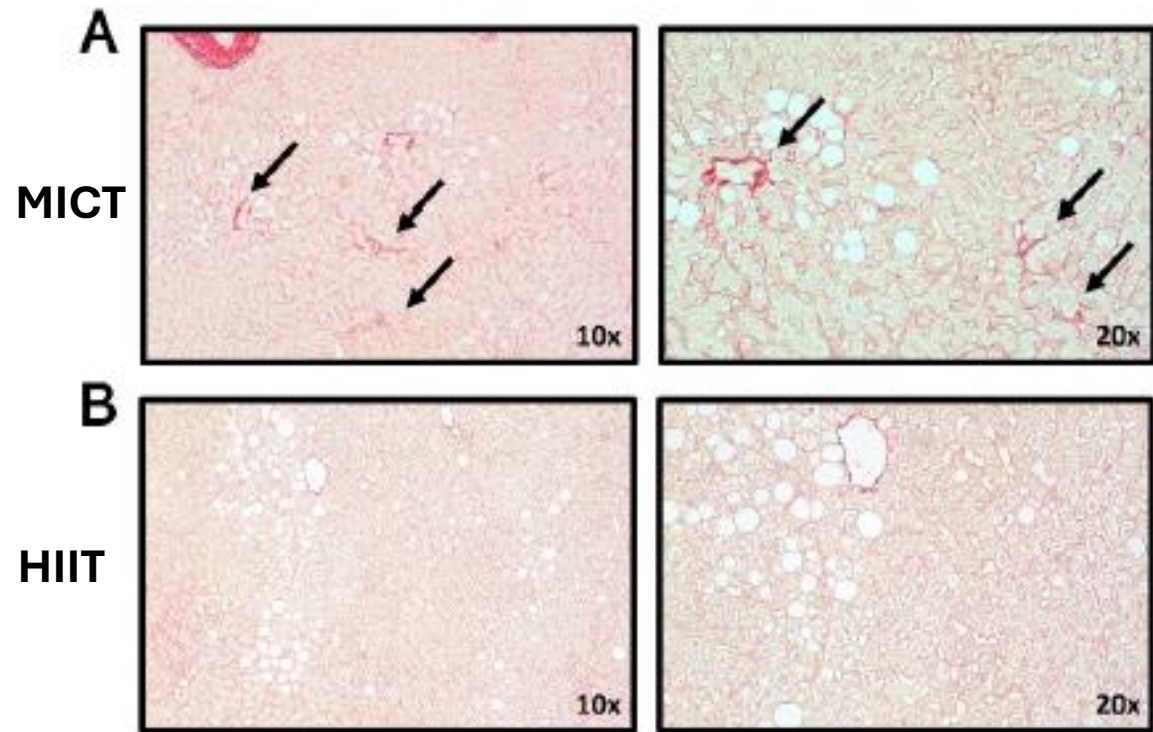


Higher insulin sensitivity after MICT, which is associated with higher levels of PGC-1 α in skeletal muscle

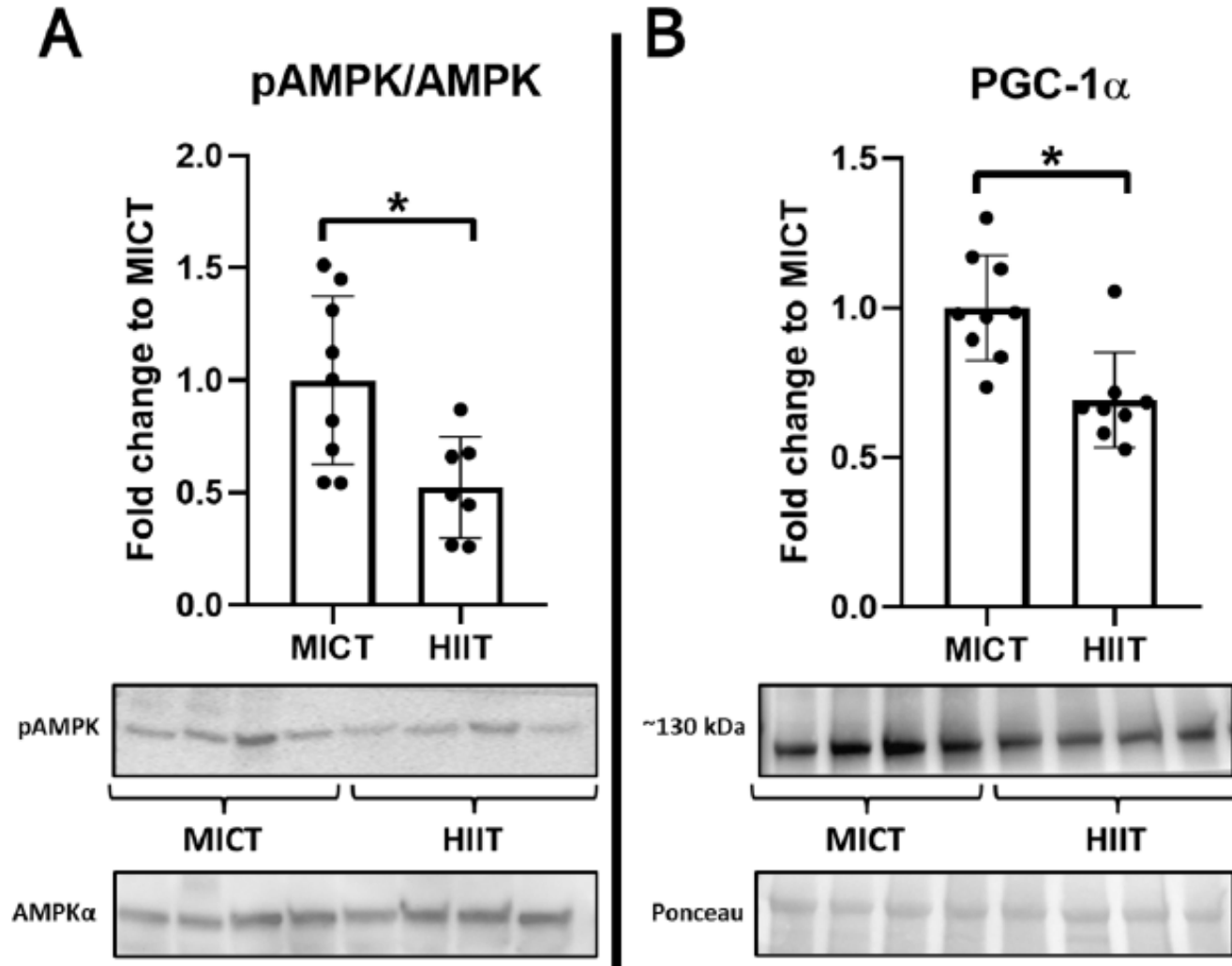


Liver (1)

Arrows: fibrotic sites



Liver (2)



Conflicting results could suggest that HIIT ameliorates metabolic alterations, which results in a lower metabolic burden

Conclusions

- **Both MICT and HIIT conferred phenotypical and metabolic benefits in candidates to undergo bariatric surgery**
 - Exercise must be included in the preparation programs for these candidates
- **MICT and HIIT conferred differential metabolic benefits**
 - Exercise should be prescribed depending on the metabolic dysfunctions present in our users (no recipes)

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- Exercise Physiology Laboratory, Universidad Austral de Chile
- Nephrology Laboratory, Universidad Austral de Chile



Project N°
11200391





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Metabolic function

Results

Significant effect ($p < 0.05$) from:

MICT: —
 HIIT: —
 Both: —

Parameter	Pre-MICT	Post-MICT	Pre-HIIT	Post-HIIT
Cholesterol (mg/dL)	176 ± 22	172 ± 24	188 ± 45	189 ± 50
Triglycerides (mg/dL)	113 ± 50	121 ± 63	143 ± 107	135 ± 82
HDL (mg/dL)	42 ± 10	41 ± 11	43 ± 10	46 ± 10
LDL (mg/dL)	111 ± 22	106 ± 26	120 ± 37	119 ± 38
VLDL (mg/dL)	23 ± 10	24 ± 12	28 ± 21	27 ± 16
No-HDL (mg/dL)	133 ± 23	130 ± 22	144 ± 45	143 ± 47
Albumin (g/dL)	4,2 ± 0,2	4,2 ± 0,1	4,3 ± 0,2	4,3 ± 0,2
Ureic acid (mg/dL)	4,9 ± 1,3	4,9 ± 1,3	4,8 ± 1,4	4,5 ± 0,9
Creatinine (mg/dL)	0,75 ± 0,11	0,82 ± 0,14	0,77 ± 0,10	0,76 ± 0,13
Urea (mg/dL)	27 ± 8	34 ± 10	27 ± 7	25 ± 6
BUN (mg/dL)	13 ± 3	16 ± 5	12 ± 3	12 ± 2
GOT (UI/L)	21 ± 6	28 ± 29	45 ± 70	28 ± 22
GPT (UI/L)	29 ± 13	44 ± 44	55 ± 66	40 ± 32
Glycaemia (mg/dL)	97 ± 11	98 ± 11	95 ± 12	95 ± 11
Insulin (μUI/mL)	21 ± 7	20 ± 12	20 ± 9	20 ± 8
HOMA-IR	5,1 ± 1,8	5,1 ± 3,7	4,9 ± 2,5	4,7 ± 2,1
HbA1c (%)	5,7 ± 0,7	5,5 ± 0,6	5,6 ± 0,5	5,4 ± 0,3
Glycaemia post-OGTT	126 ± 59	128 ± 50	121 ± 53	115 ± 28
TSH (μUI/mL)	3,6 ± 4,7	6,1 ± 12	6,2 ± 13	3,1 ± 2,9