



UNIVERSITY OF  
**Southampton**

**Institute of  
Developmental Sciences  
and DOHaD Centre**



# **Healthy Cardiovascular Ageing: the life course perspective**

## **Mark Hanson**

**@MarkHansonUoS**



**DOHaD**

**International Society  
for Developmental  
Origins of Health  
and Disease**

# Unlike communicable diseases, globally everyone is at risk of non-communicable diseases (NCDs)

- NCDs account for >60% all global deaths (*but tackling them was not part of the Millennium Development Goals!*)
- Risk is partly established during early development
- Risk is passed across generations, by processes which are not simply genetic
- 'Mismatch' later amplifies the risk of NCDs established during development
- A life course model suggests that early prevention is needed and indicates periods to intervene
- Addressing this challenge is the greatest public health opportunity since germ theory

A widely believed “*fact*”

Noncommunicable disease risk =  
genetic predisposition + bad adult  
lifestyle

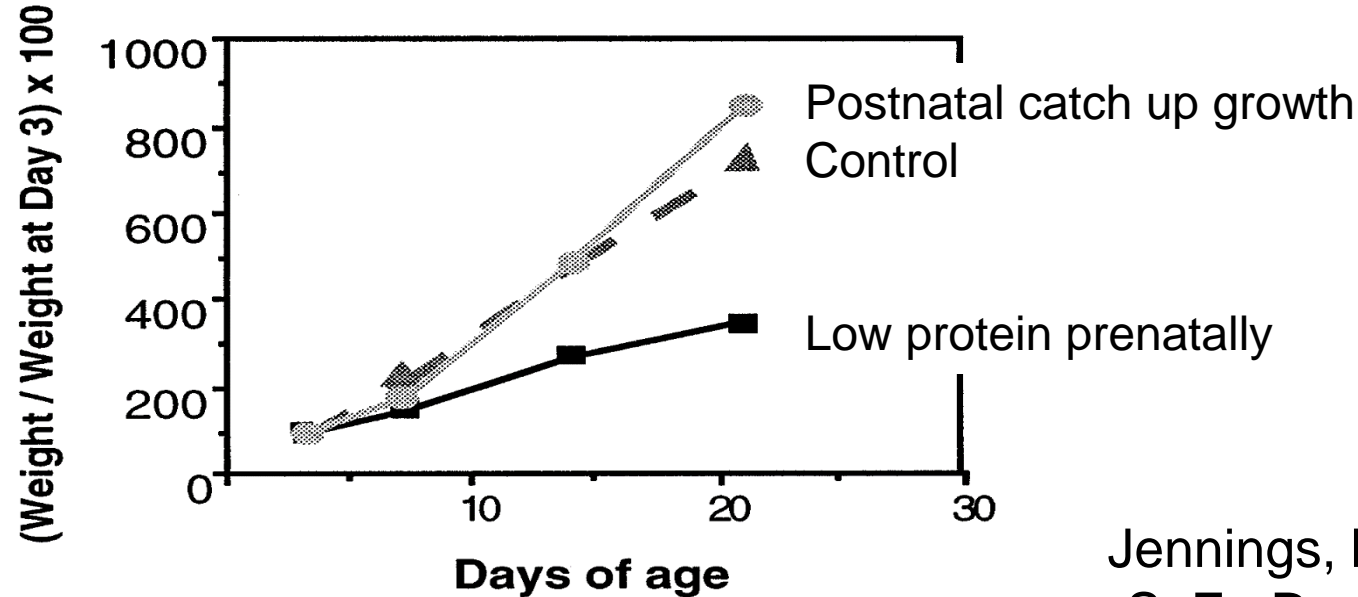
Shuldiner AR, Roden M, Barroso I, et al. with Morris AP, Voight BF, Teslovich TM et al., Wellcome Trust Case Control Consortium, MAGIC Investigators, GIANT Consortium, AGEN-T2D Consortium, SAT2D Consortium.

Large-scale association analysis provides insights into the genetic architecture and pathophysiology of type 2 diabetes. Nature Genetics 2012;44(9):981-990.

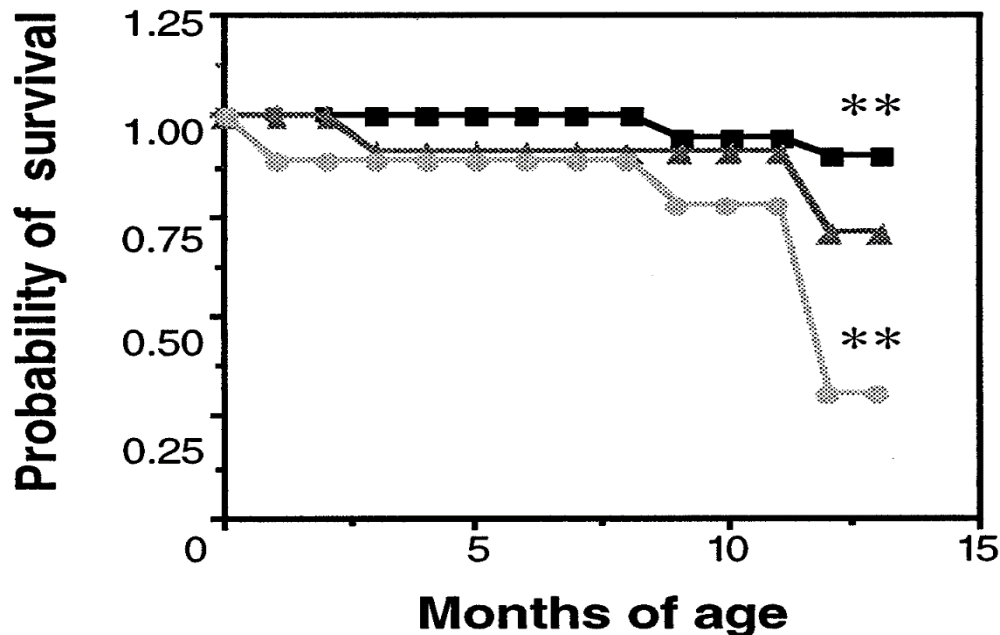
GWAS study of 63 newly discovered and established autosomal loci found that together these **genetic variants accounted for only 5.7% of variance in Type 2 diabetes susceptibility in the general population**

## Development casts a long shadow.....

**A**



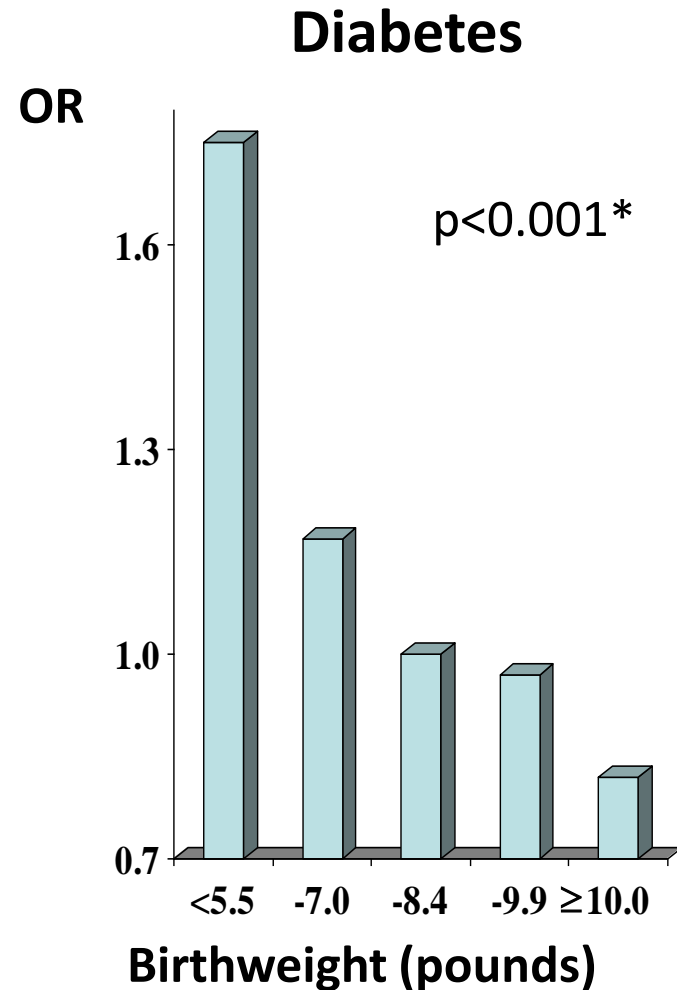
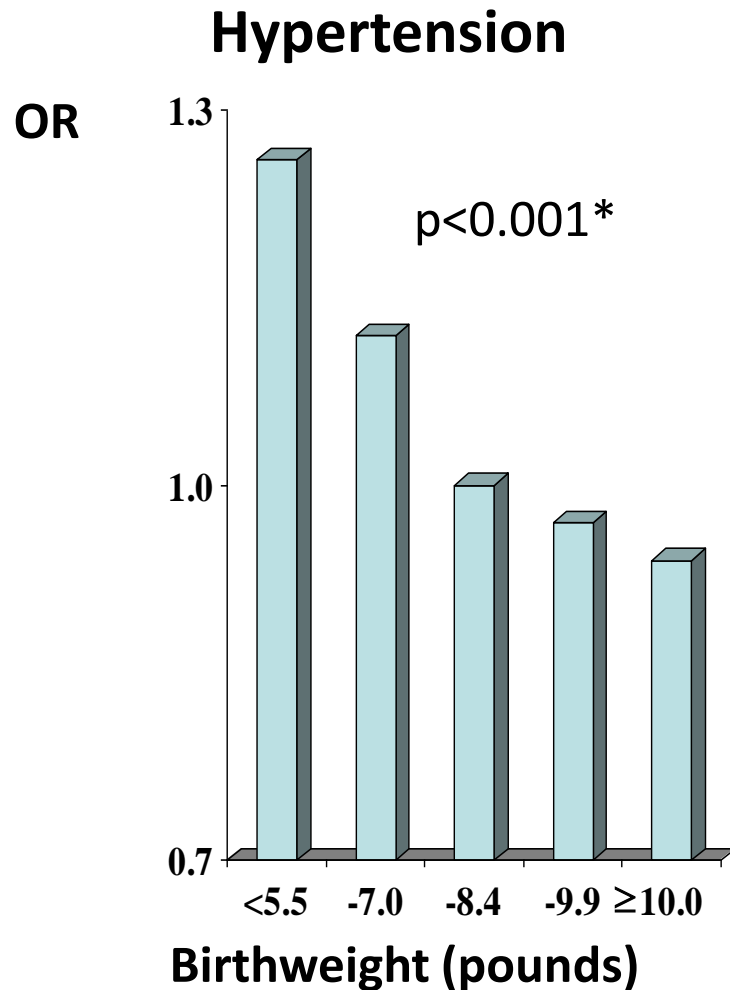
**B**



Jennings, B. J., Ozanne, S. E., Dorling, M. W., & Hales, C. N. (1999). Early growth determines longevity in male rats and may be related to telomere shortening in the kidney. *FEBS letters*, 448(1), 4-8.

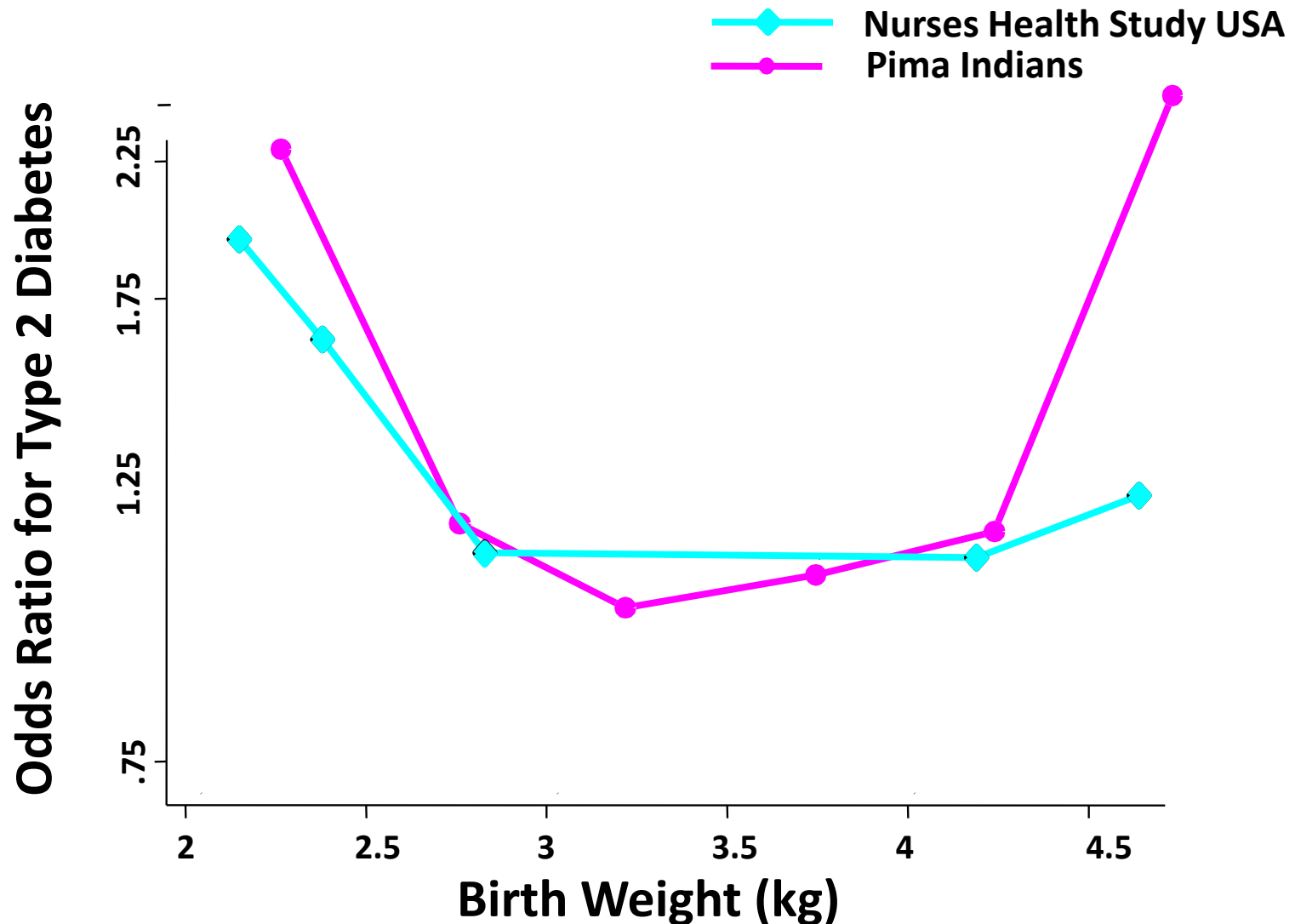
# Odds ratios for hypertension and diabetes

22,846 US men aged 48-83 years



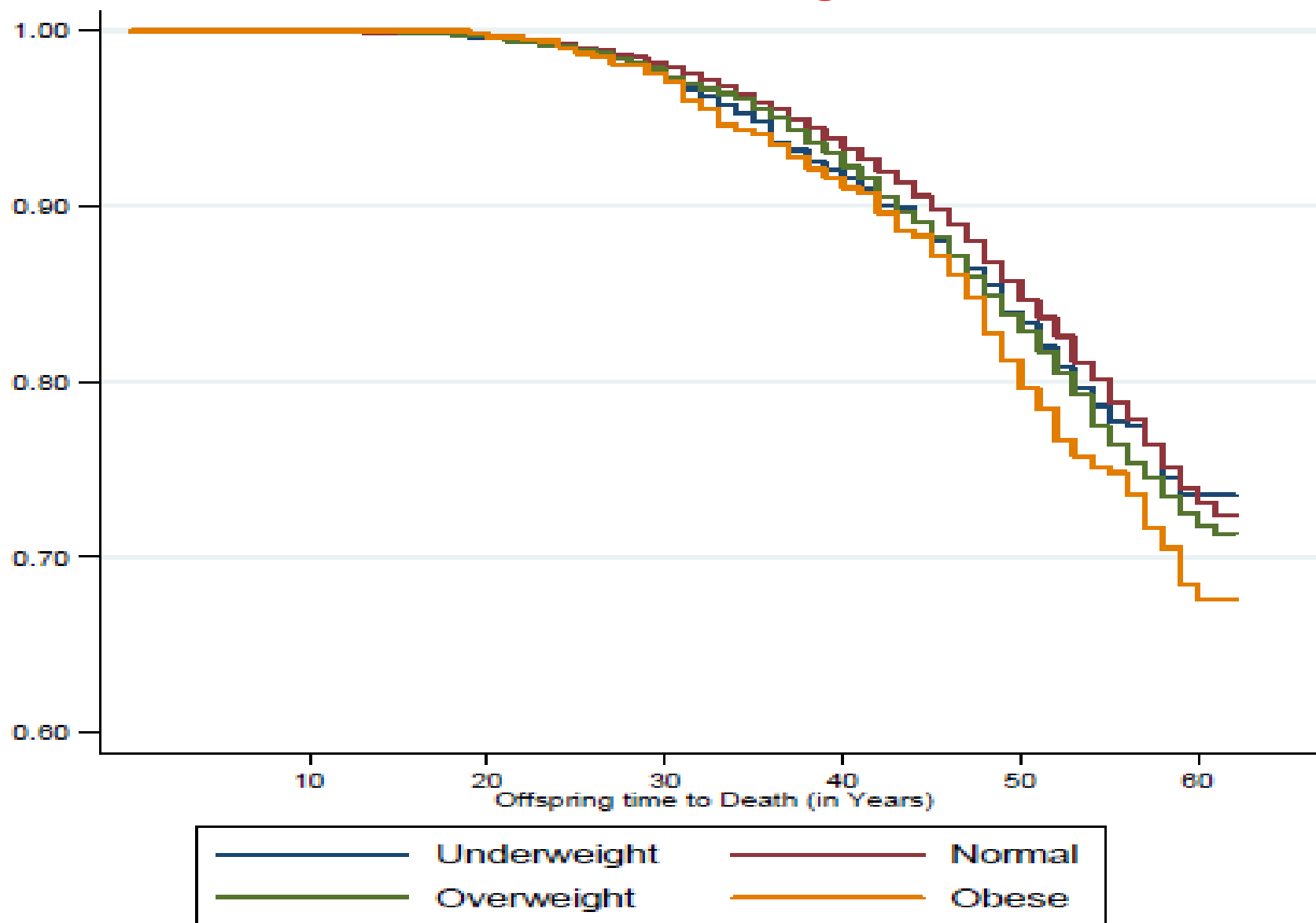
\*p adjusted for age only

# Birthweight and type 2 diabetes



*Earlyread collaboration JAMA 2009*

# Survival (or death from CVD) of population according to maternal BMI categories



*From Reynolds RM et al BMJ 2013.*



# Trends in adult body-mass index in 200 countries from 1975 to 2014: a pooled analysis of 1698 population-based measurement studies with 19.2 million participants

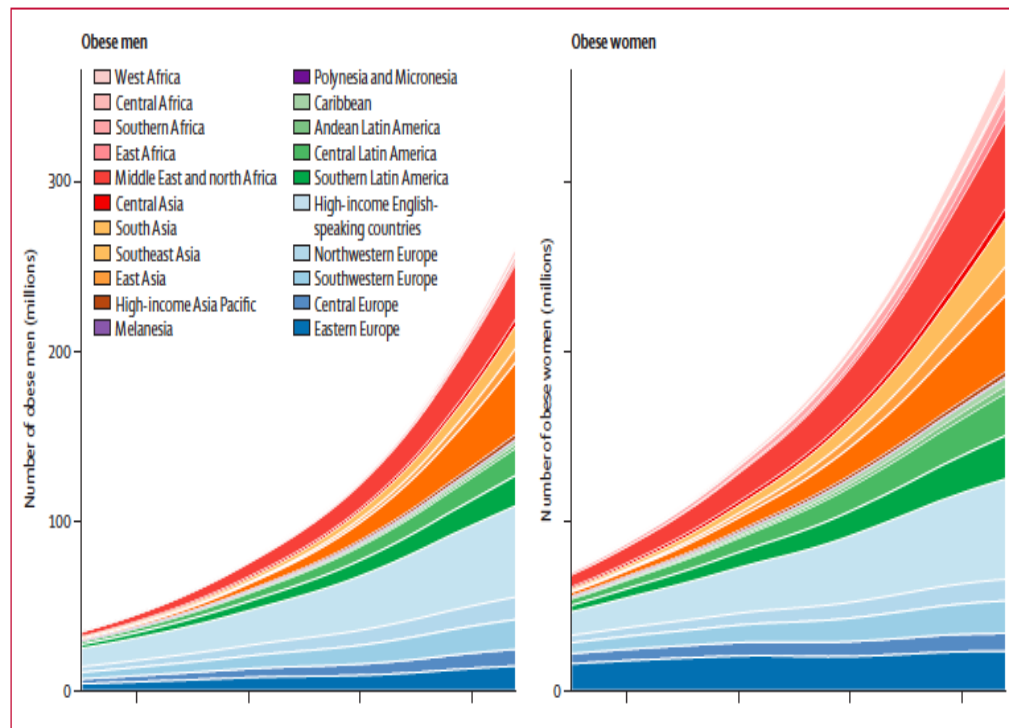
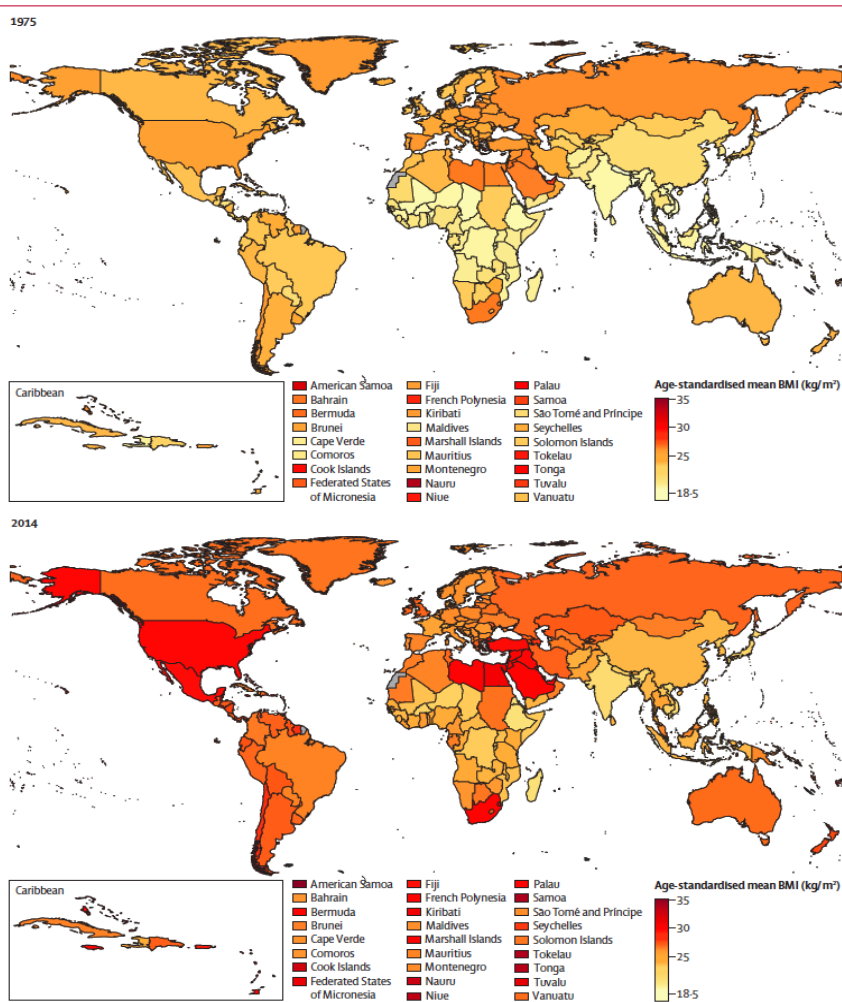


NCD Risk Factor Collaboration (NCD-RisC)\*

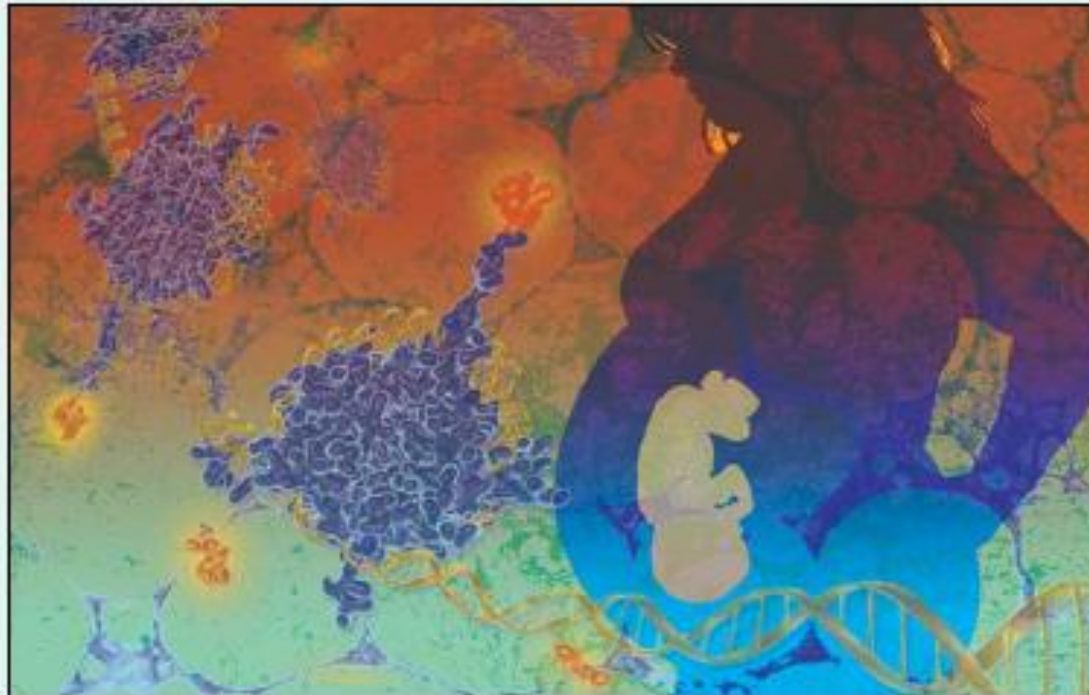
Lancet 2016; 387: 1377-96



**By 2025 more than 21% of women in the world will be obese**

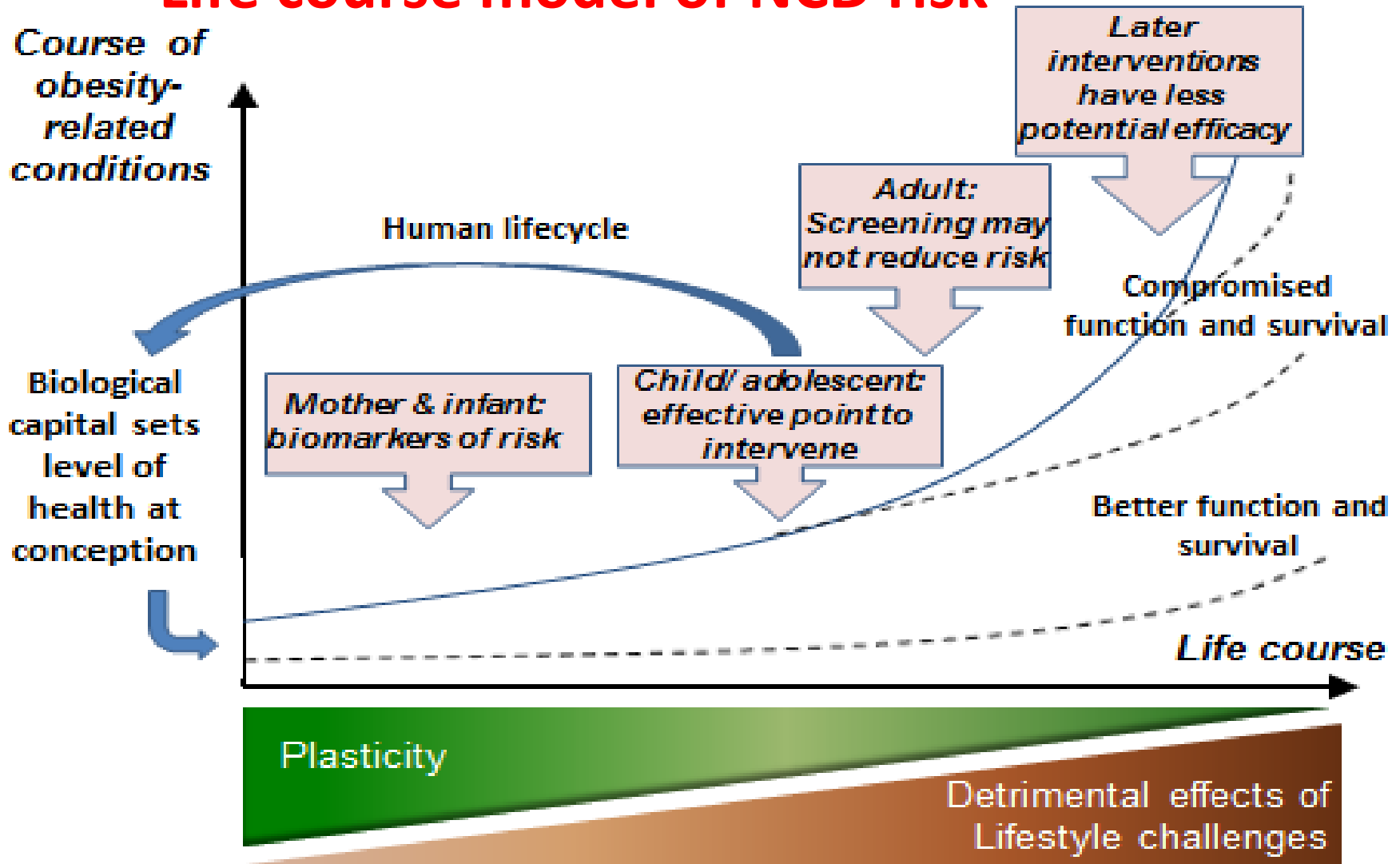


## Maternal obesity

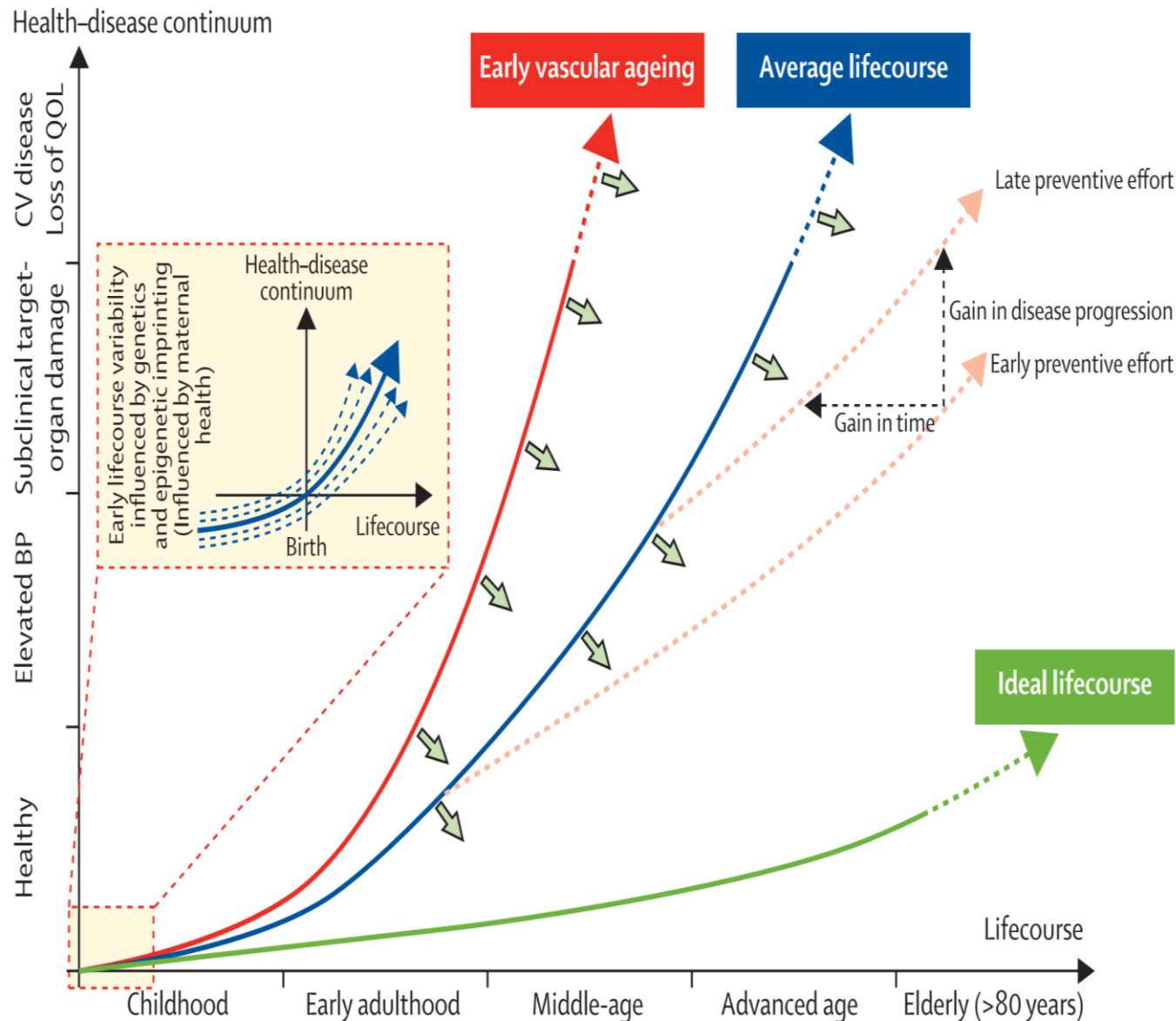


**"Maternal obesity propagates intergenerational cycles of obesity and diabetes...interruption of these cycles before, during, or after pregnancy might help to stem the rising tide of non-communicable diseases worldwide."**

# Life course model of NCD risk

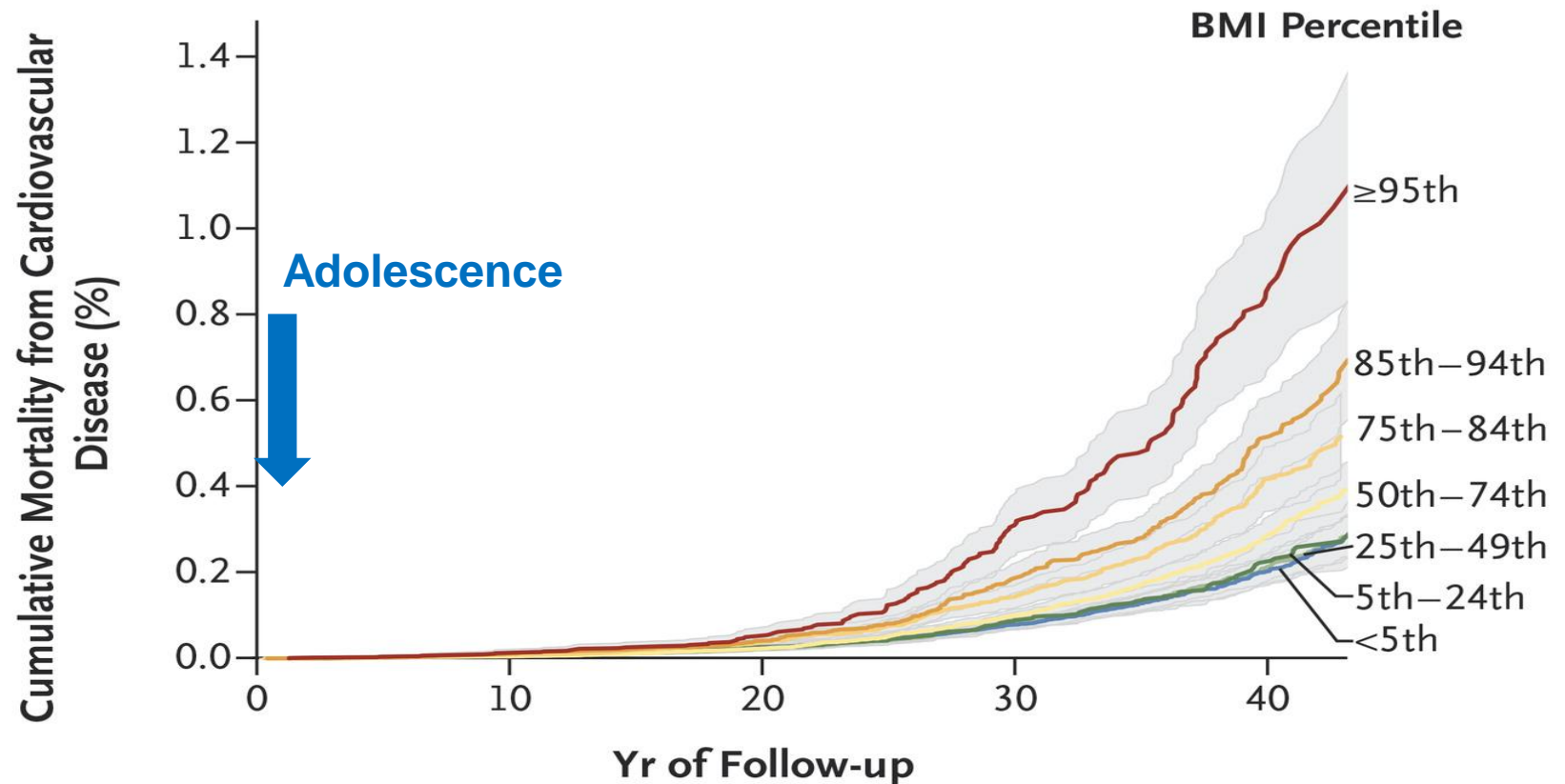


# Lancet Commission: lifecourse strategy to address the global burden of raised blood pressure



**Lancet 2016;  
388: 2665–712**

# Body-Mass Index (BMI) during Adolescence and Subsequent Cardiovascular Mortality.

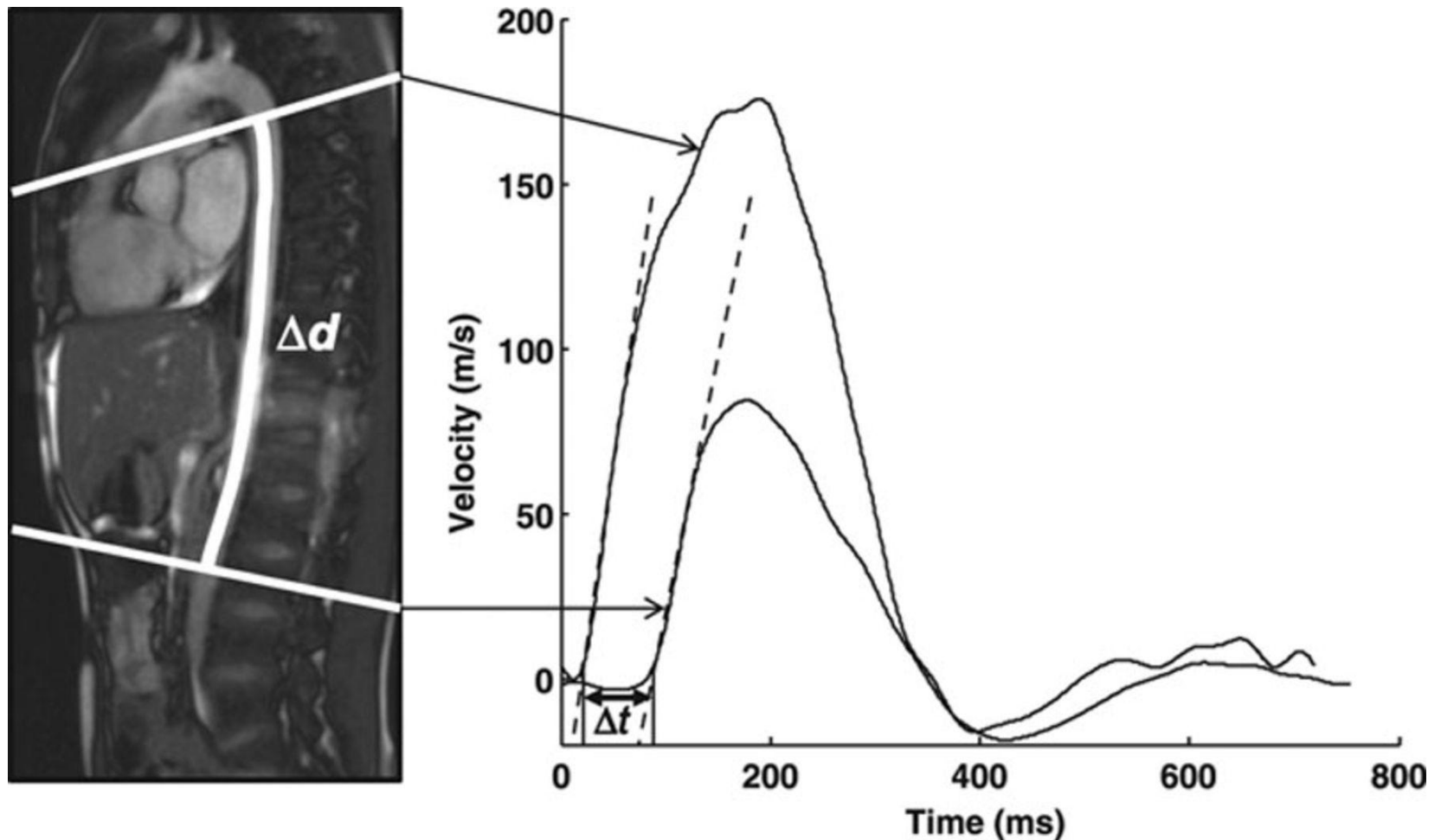


## No. at Risk

Participants at risk	1,712,018	1,042,018	540,636	160,145
Cumulative person-yr	17,201,301	30,718,320	38,472,521	41,926,636
Cumulative cardio-vascular deaths	185	609	1,577	2,676

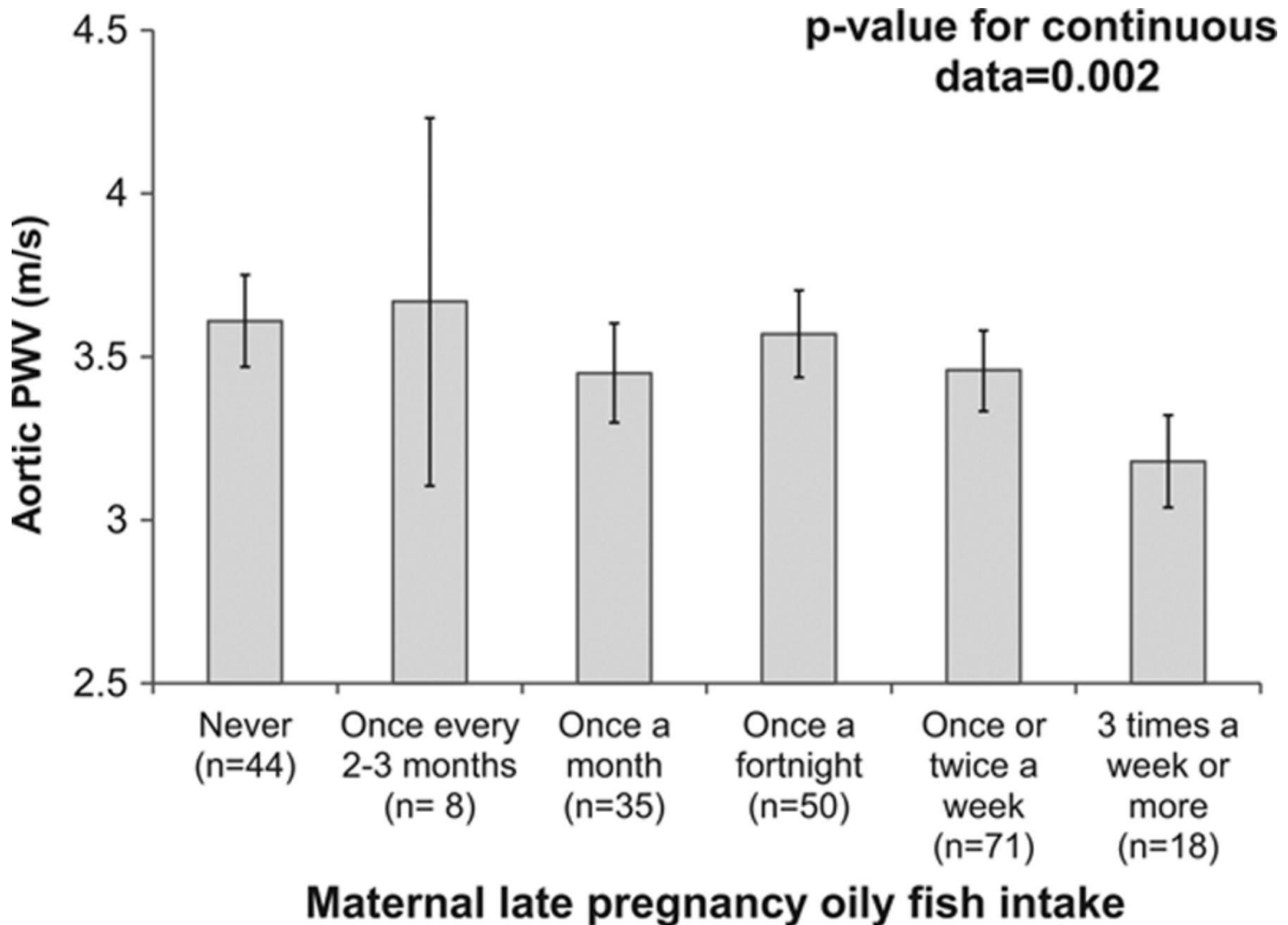


# Aortic pulse wave velocity (PWV) as an early marker of cardiovascular risk in 9 year old children



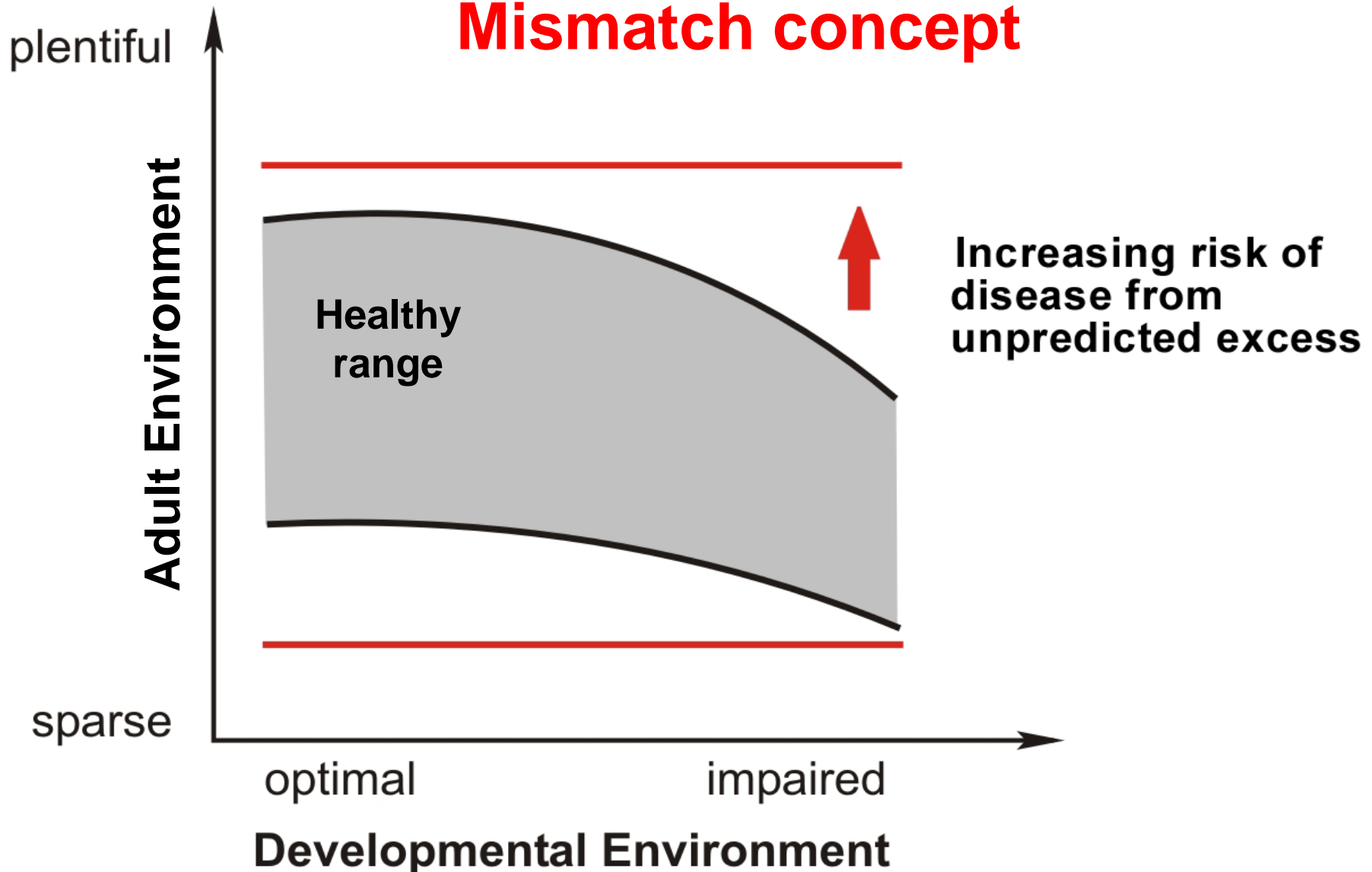
Bryant et al. Circ Res. 2015;116:1202-1205

# Maternal oily fish intake in late pregnancy and child's aortic PWV.



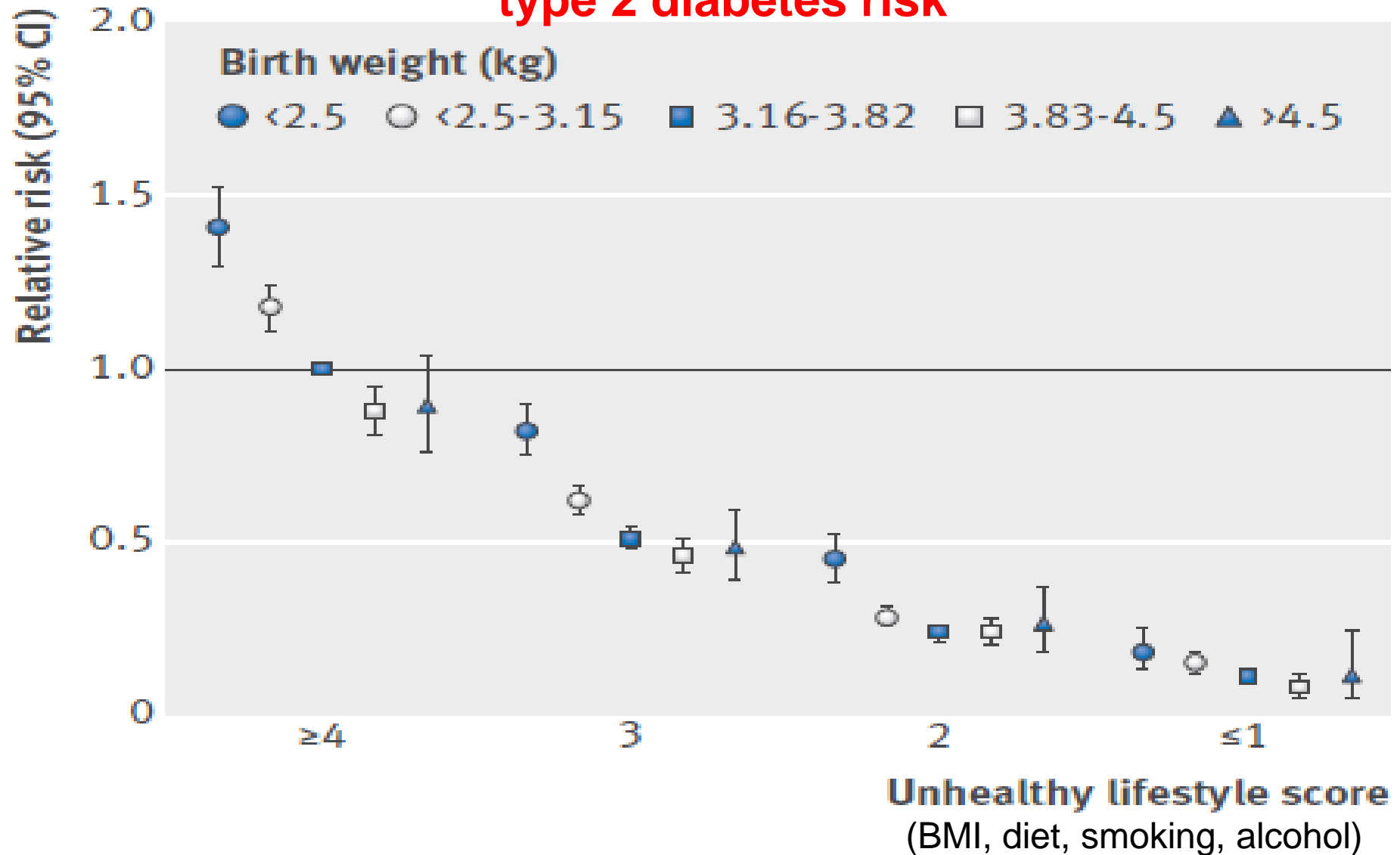
Jennifer Bryant et al. Circ Res. 2015;116:1202-1205

# Mismatch concept



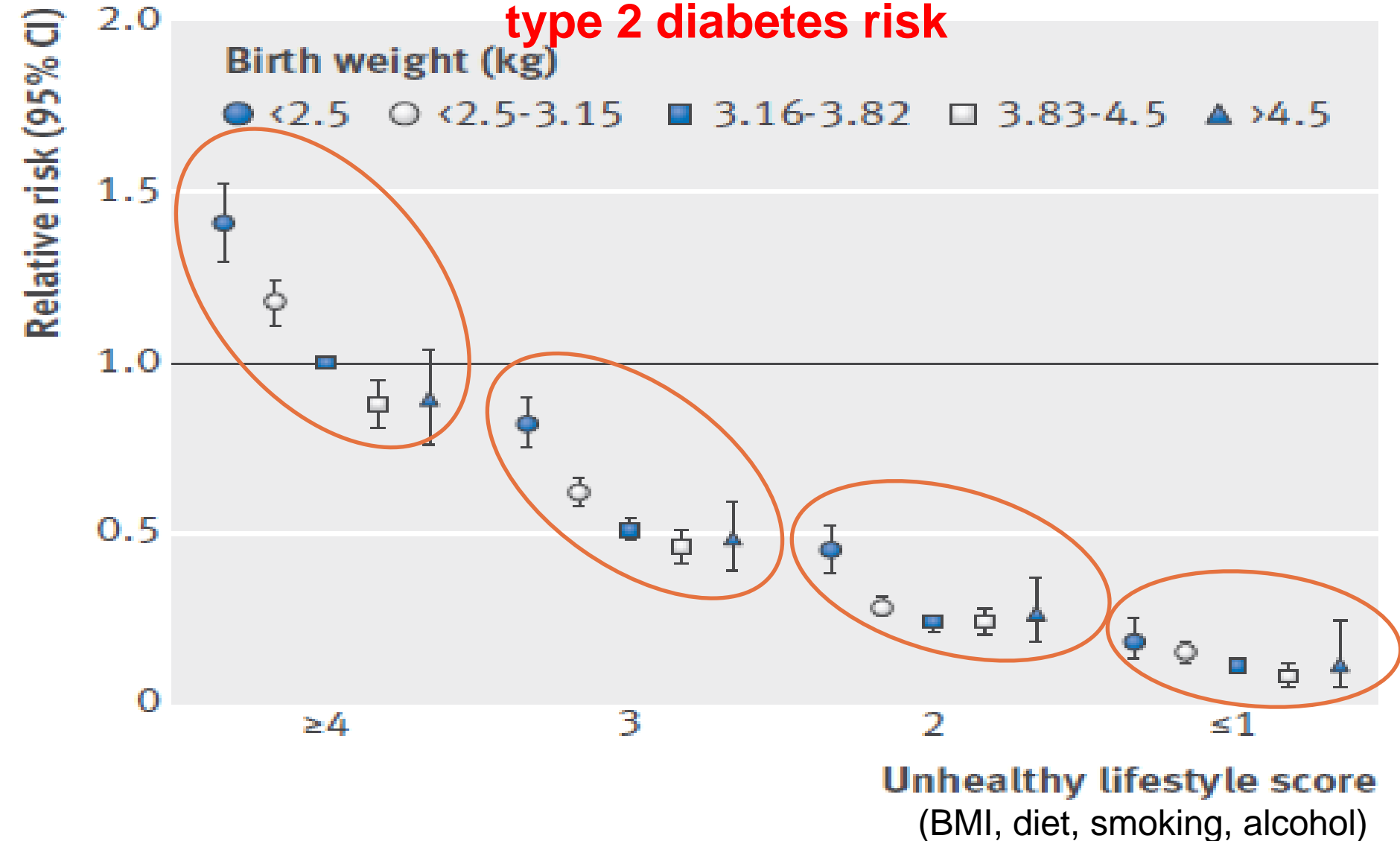


# Developmental factors amplify effects of later lifestyle on type 2 diabetes risk



Li Y et al (2015). Birth weight and later life adherence to unhealthy lifestyles in predicting type 2 diabetes: prospective cohort study. BMJ 351: h36731

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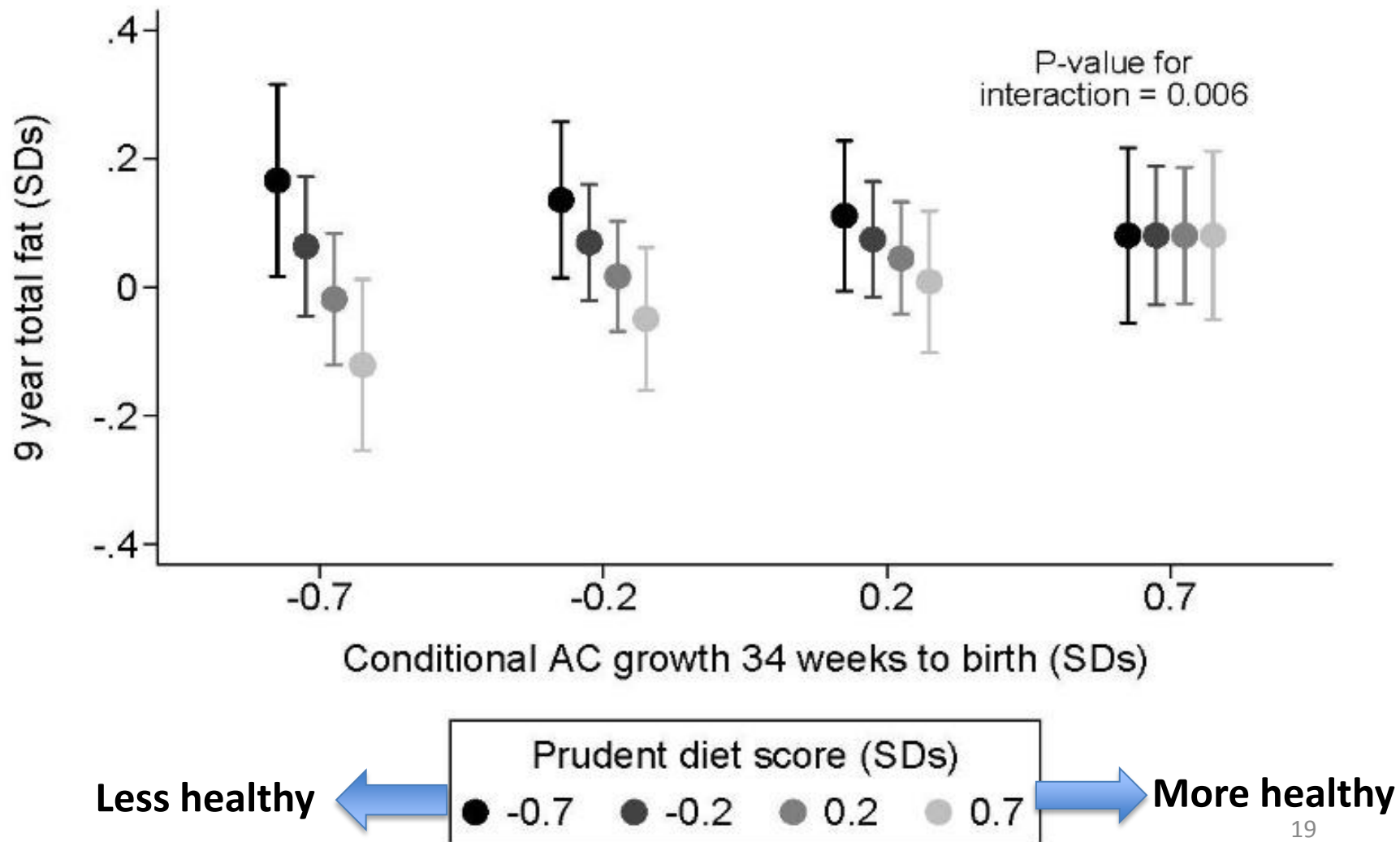


Li Y et al (2015). Birth weight and later life adherence to unhealthy lifestyles in predicting type 2 diabetes: prospective cohort study. BMJ 351: h36731

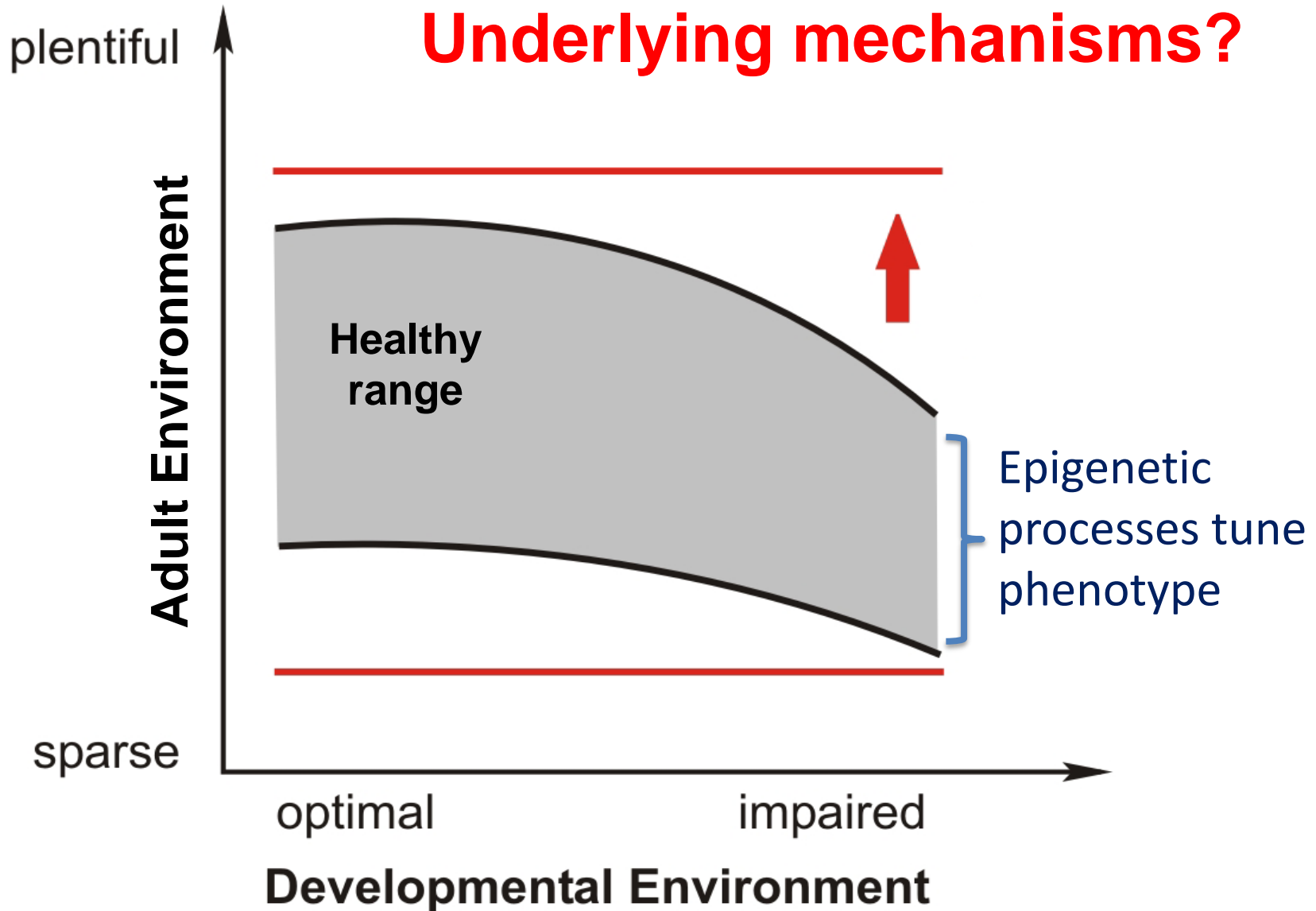
# Testing the mismatch hypothesis:

## Adiposity responses to unhealthy childhood diet depend on prenatal growth trajectory

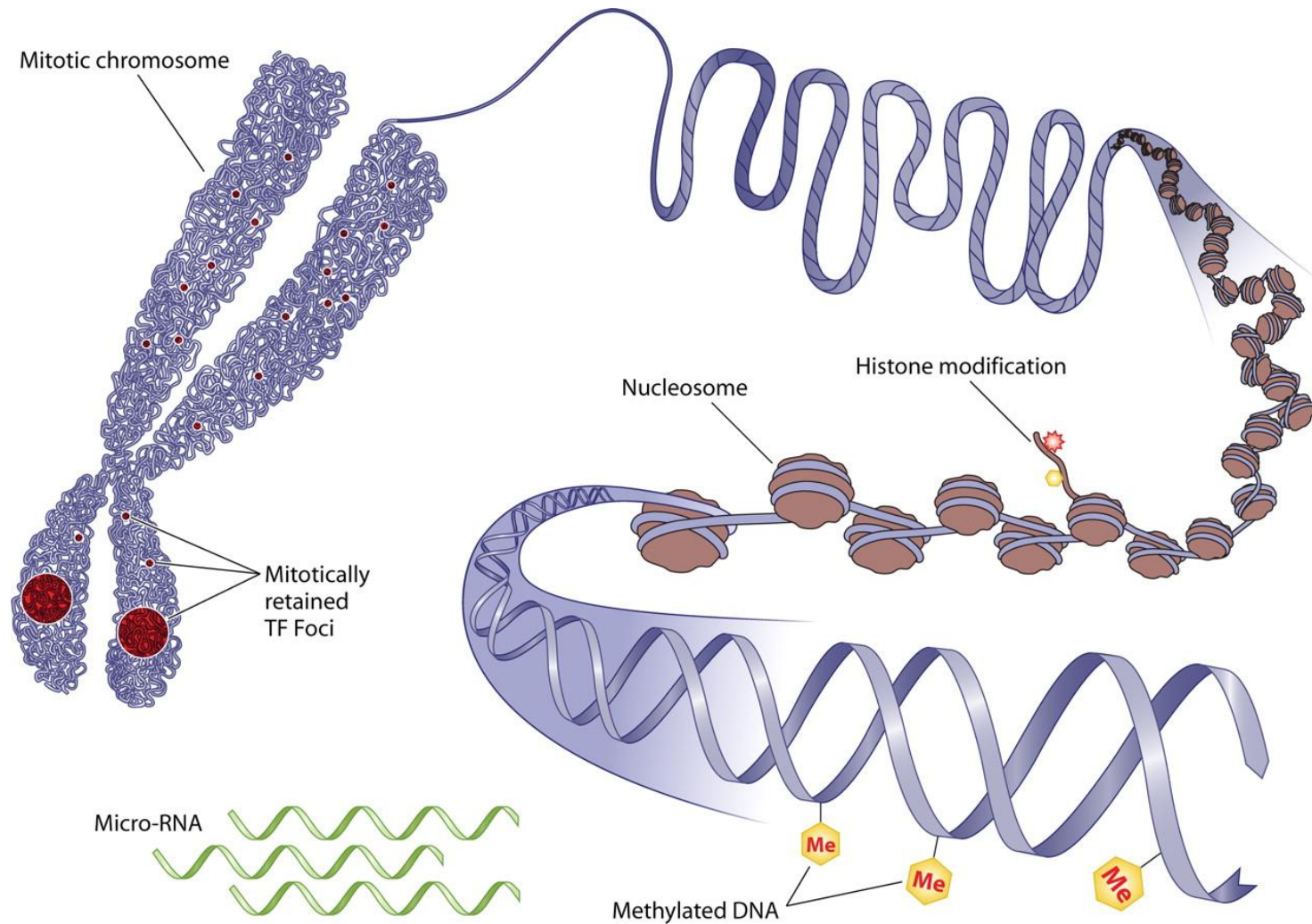
S.R. Crozier, J. Bird, H.M. Inskip, N.C. Harvey, S.M. Robinson, C. Cooper, M. Hanson, K.M. Godfrey (DOHaD 2017)



# Underlying mechanisms?



# Mechanisms of epigenetics



Zaidi S K et al. Mol. Cell. Biol. 2010;30:4758-4766

Molecular and Cellular Biology

## Lillicrop K *et al.* ANRIL promoter DNA methylation: a perinatal marker for later adiposity. *EBioMedicine*. Apr 26 2017

- inter-individual DNA methylation differences in umbilical cord associated with child's adiposity at age 6 years. Search for DMRs
- level of CpG methylation at birth within the promoter of the long non-coding RNA ANRIL (encoded at CDKN2A gene) significantly related to childhood adiposity at age 6 years. Functionally plausible.....
- Association between ANRIL methylation and adiposity also observed in
  - ethnically diverse neonates in Singapore (skinfolts at 1wk, ponderal index at 18mo
  - peripheral blood from adolescents
  - adipose tissue from obese vs. lean adults
- CpG methylation was associated with ANRIL expression *in vivo*
- CpG mutagenesis *in vitro* inhibited ANRIL promoter activity
- CpG methylation enhanced binding to an Estrogen Response Element within the ANRIL promoter.

# The Sustainable Development Goals (SDGs)

**In September 2015, the Sustainable Development Goals (SDGs) were adopted by the UN General Assembly and the international community, setting goals to achieve by 2030**



**SUSTAINABLE  
DEVELOPMENT  
GOALS**

# Sustainable Development Goal 2.2

By 2030, **end all forms of malnutrition**, including achieving, by 2025, the **internationally agreed targets** on stunting and wasting in children under five years of age, and **address the nutritional needs of adolescent girls**, pregnant and lactating women and older persons



End hunger, achieve food security and improved nutrition and promote sustainable agriculture



# Sustainable Development Goal 3.4

By 2030, reduce by one third premature mortality from **non-communicable diseases** through **prevention** and treatment and promote mental health and well-being



Ensure healthy lives and promote well-being for all at all ages



EVERY WOMAN  
EVERY CHILD

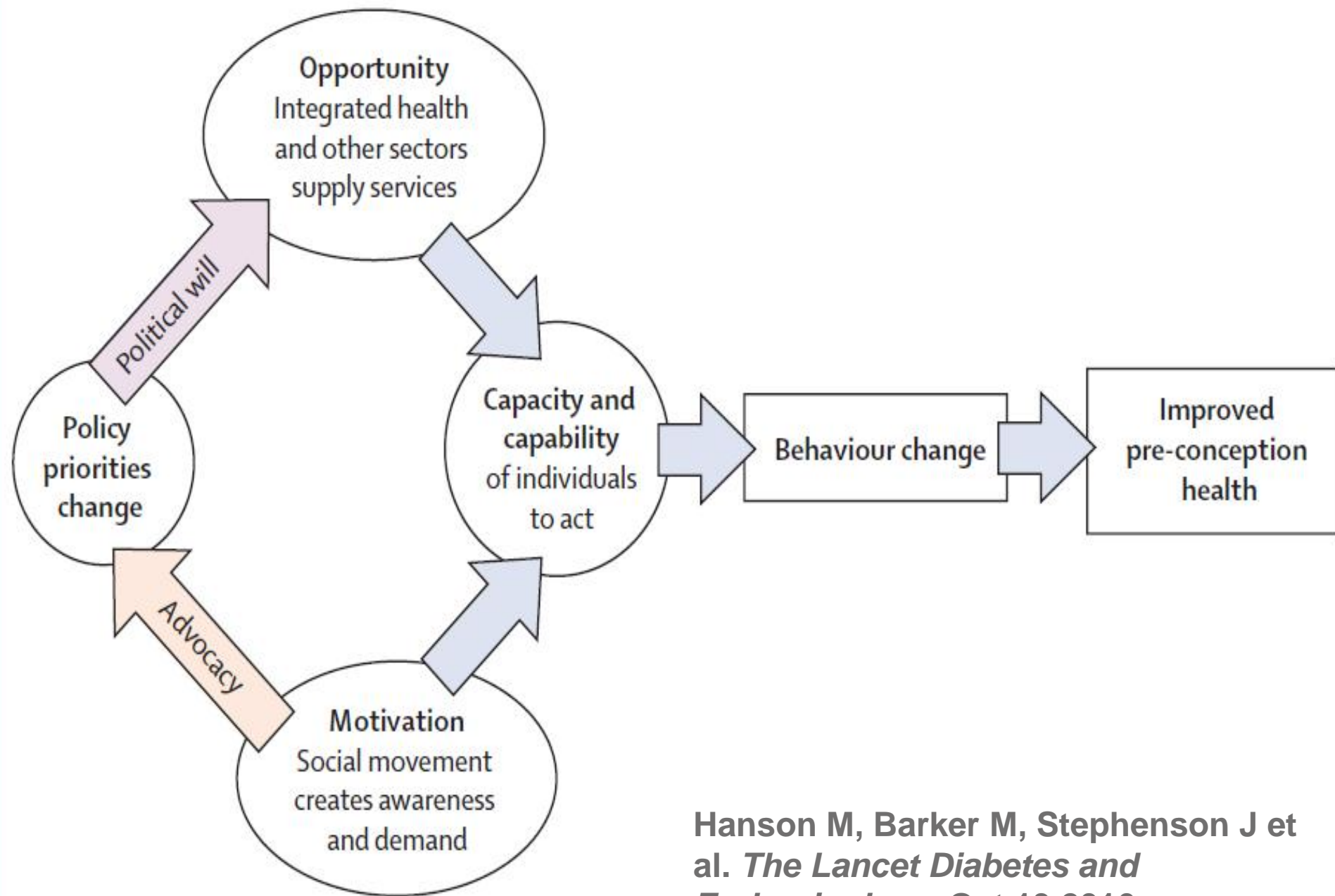
**THE GLOBAL  
STRATEGY  
FOR WOMEN'S,  
CHILDREN'S AND  
ADOLESCENTS'  
HEALTH  
(2016-2030)**

**SURVIVE  
THRIVE  
TRANSFORM**

**“Implementing the *Global Strategy* ...  
would yield tremendous returns by 2030:  
at least a 10-fold return on investments in  
the health and nutrition of women,  
children and adolescents through better  
educational attainments,  
workforce participation  
and social contributions”**

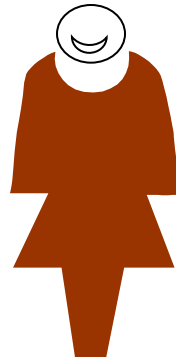
# Why focus on pre-conception interventions?

- Young people often do not know that they may be on a risky health trajectory, even if they appear healthy
- Many young people postpone adopting healthy lifestyles until some future date
- They do not realise that risk of NCDs can be transmitted to their future children by biological as well as environmental processes
- Many young people are not on primary health-care radar, and have poor levels of health literacy so are less likely to access services
- Whether pregnancy is planned or not, many women and their partners do not alter their lifestyles in preparation for it, nor indeed do so during pregnancy
- Women may not access health care until late in the first trimester of pregnancy – too late to prevent some risks for them and their children



Hanson M, Barker M, Stephenson J et al. *The Lancet Diabetes and Endocrinology*, Oct 13 2016

**Poor educational attainment**  
**Poor diet**  
**Take less exercise**  
**Obese**



**Ill-prepared for pregnancy.**

**Minimal changes in diet and health behaviours**



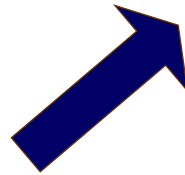
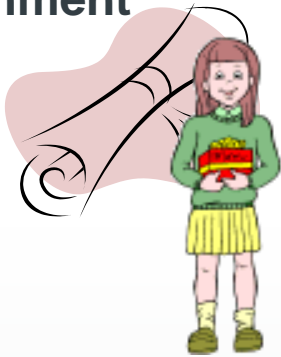
**Poor infant diet**



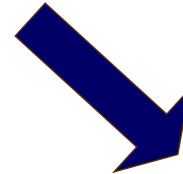
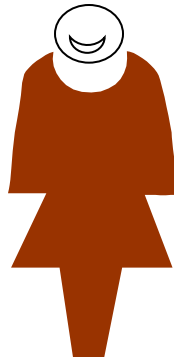
**Greater fat mass,  
less lean mass and  
lower IQ at age 4**



**Poorer educational attainment**



**Poor educational attainment**  
**Poor diet**  
**Take less exercise**  
**Obese**



**Ill-prepared for pregnancy.**

**Minimal changes in diet and health behaviours**



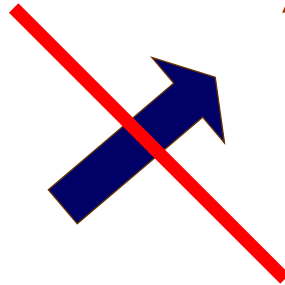
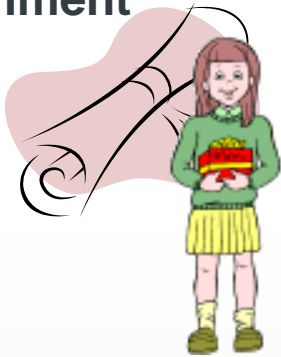
**Poor infant diet**



**Greater fat mass,  
less lean mass and  
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**Poorer educational attainment**









**Would you be more careful if  
it was you that got pregnant?**

# **Animal studies showing paternal epigenetic effects on offspring**

- Low paternal dietary folate alters the mouse sperm epigenome and is associated with negative pregnancy outcomes - Lambrot R et al *Nature Communications* 10 Dec 2013.
- Male rats fed a high fat diet have female offspring with altered pancreatic DNA methylation – Ng S-F et al (2010) *Nature* 467: 963-966
- Male mice fed a low protein diet have offspring with altered expression of cholesterol genes in liver – Carone BR et al (2010) *Cell* 143: 1084-96
- Male mice with pre-diabetes have abnormal sperm methylation and pass increased risk of diabetes to next two generations – Wei Y et al (2014) *PNAS* 111: 1873-78



# The Healthy Generation

LifeLab: educating young people through science for their health and that of their future children

**First LifeLab RCT. Odds ratio of response to questions 12 months after LifeLab / no visit, relative to baseline response and adjusted for sex and deprivation score.**

<b>Question</b>	<b>Outcome response</b>	<b>OR</b>	<b>95%CI</b>	<b>P-value</b>
At what age do you think our nutrition starts to affect our future health?	Before birth	<b>1.87</b>	(1.42,2.45)	<0.001
The food I eat now may affect my health in the future	Strongly agree or agree	<b>1.19</b>	(1.08,1.32)	<0.001
The food a woman eats when she is pregnant does not affect the health of her child	Strongly disagree or disagree	<b>1.62</b>	(1.20,2.20)	0.002
The food I eat now may affect the health of any children I have in the future	Strongly agree or agree	<b>1.43</b>	(1.17,1.74)	<0.001
The food a father eats before having a baby will affect the health of his children	Strongly agree or agree	<b>4.05</b>	(2.34,7.01)	<0.001
It is not important for me to eat healthy food now	Strongly disagree or disagree	<b>1.00</b>	(0.88,1.14)	0.9
At school I feel I have to eat and drink the same things as my friends	Strongly disagree or disagree	<b>1.12</b>	(0.90,1.39)	0.3

# DOHaD 2017

15-18<sup>th</sup> October 2017

Rotterdam, The Netherlands

10<sup>th</sup> World Congress

DEVELOPMENTAL ORIGINS  
OF HEALTH AND DISEASE

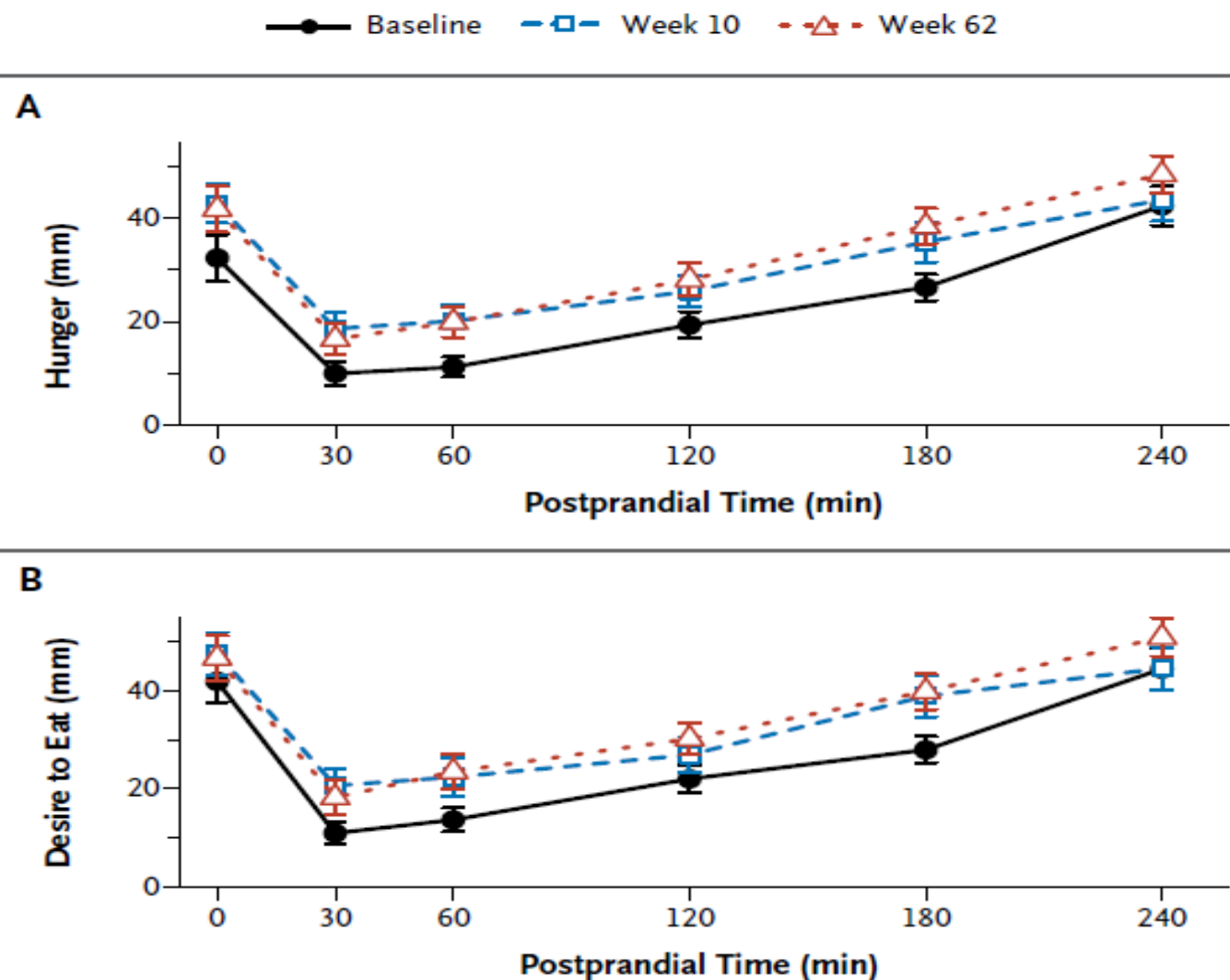


[www.dohad2017.org](http://www.dohad2017.org)



# Long-Term Persistence of Hormonal Adaptations to Weight Loss

Sumithran et al NEJM  
(2011) 365: 1597-604



**Figure 3.** Mean ( $\pm$ SE) Fasting and Postprandial Ratings of Hunger and Desire to Eat at Baseline, 10 Weeks, and 62 Weeks.