

Relationships between adiposity and left ventricular function in adolescents: mediation by blood pressure and other cardiovascular measures

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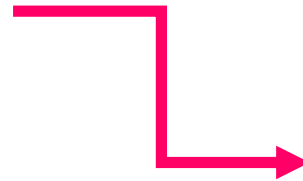
Avon Longitudinal Study
of Parents and Children



University of
BRISTOL

Body composition and cardiovascular health

↑ BMI

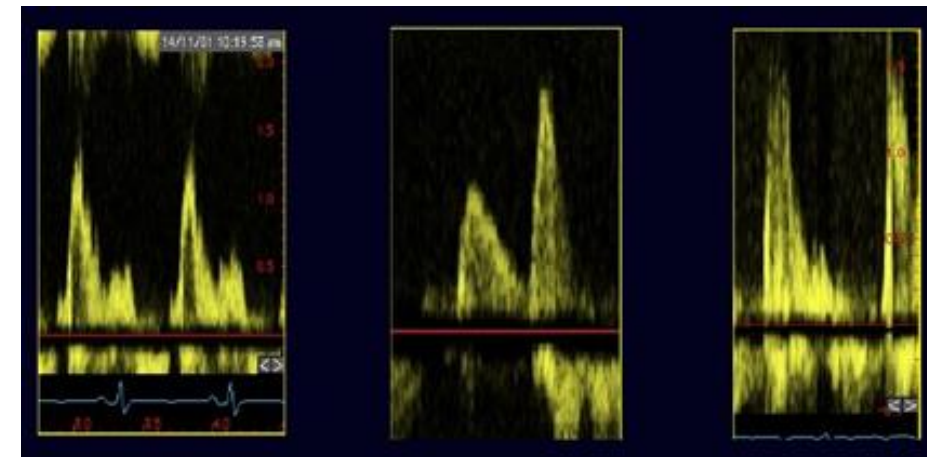


↑ Risk of developing cardiovascular disease

Including ↑ risk of developing LV diastolic dysfunction

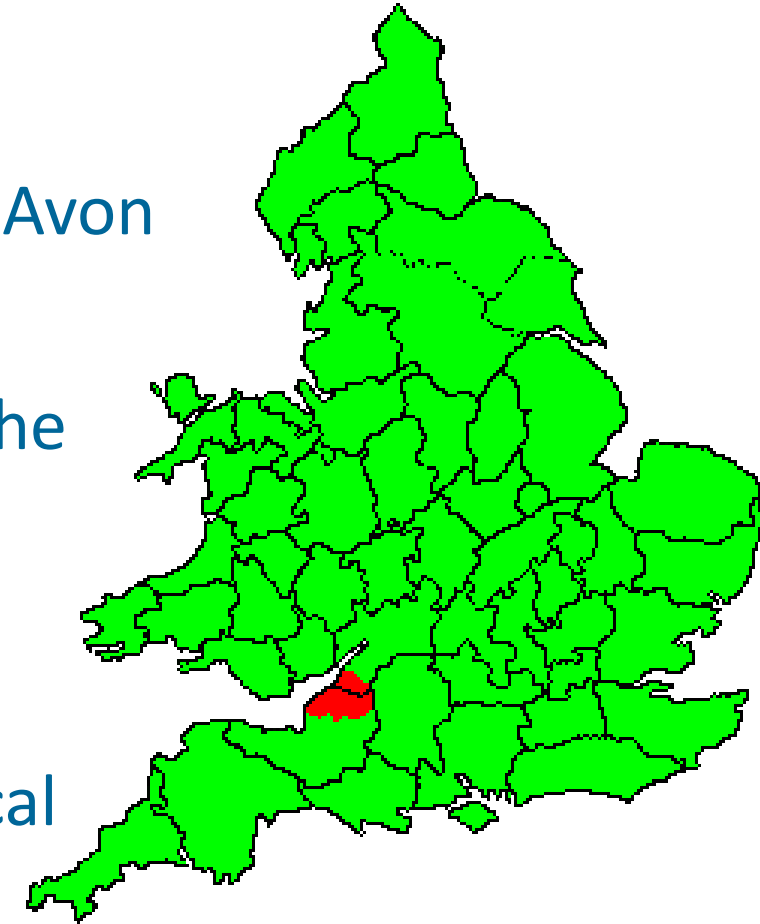
Study Outline

- No studies have considered the role of mediators in the association observed between fat mass and E/A
- **Youth** is an important period for consideration in the development of cardiovascular risk
- *Do haemodynamic risk factors for heart disease mediate the effect of total fat mass on mitral inflow (E/A) in adolescents?*



The Avon Longitudinal Study of Parents and Children (ALSPAC) cohort

- 14541 pregnant women were recruited in 1990s from Avon
- 13988 infants have been followed up, at intervals, to the present time, participating in over 90 questionnaires, 10 clinical assessment visits and genetics
- Large range of data available (behavioural and biological factors (inc. biometric and genomic data))



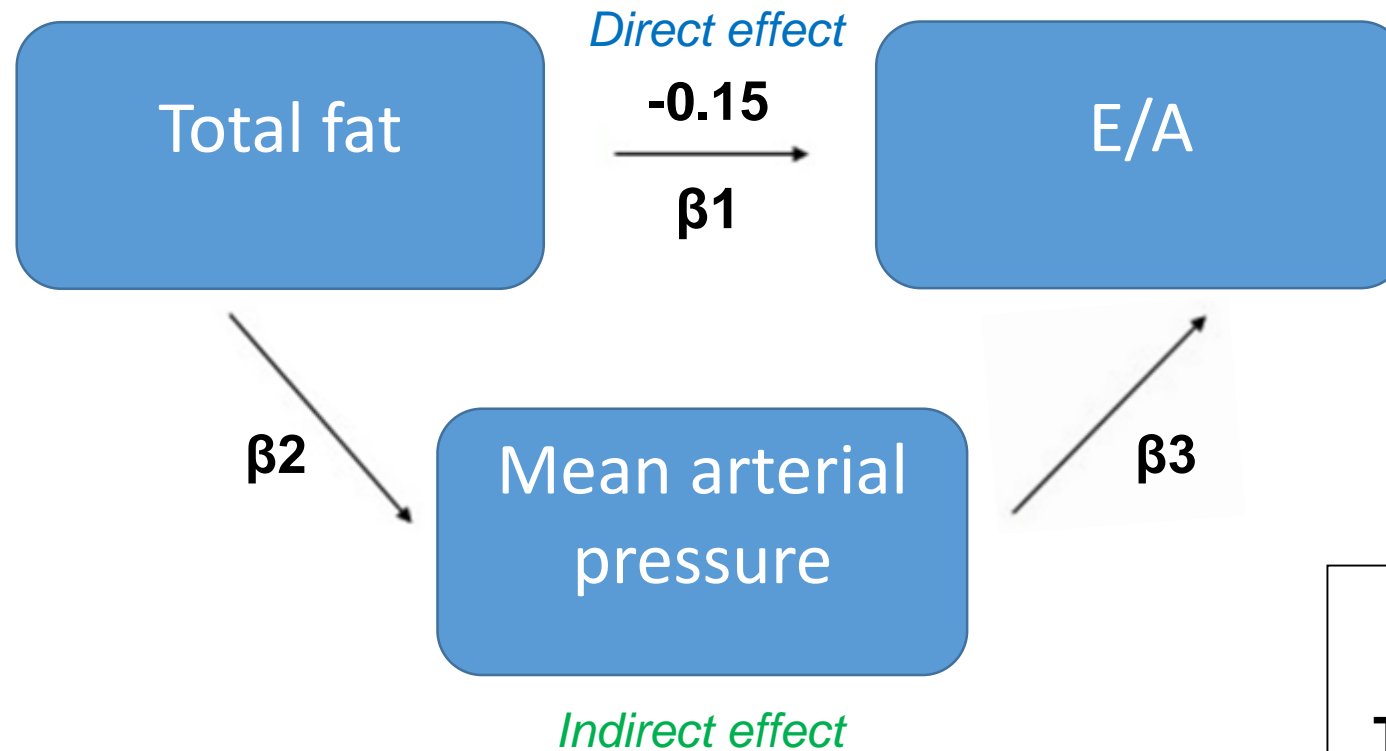
Methods

- Body composition was assessed by dual energy X-ray absorptiometry (DXA) in 2,068 individuals (age 17.7(SD 0.32) years; 45% male; weight 67(SD 13) kg)
- Sedentary blood pressure was measured and echocardiography was performed
- Associations between total fat mass and transmitral E/A and the extent of mediation by individual risk factors were estimated using structural equation modelling (SEM)

Introduction to SEM

- SEM is used to quantify the extent of mediation by a particular variable of interest
- Directed acyclic graphs (DAGs) are constructed to represent the known causal relationships between different variables

Mediation – A basic model:

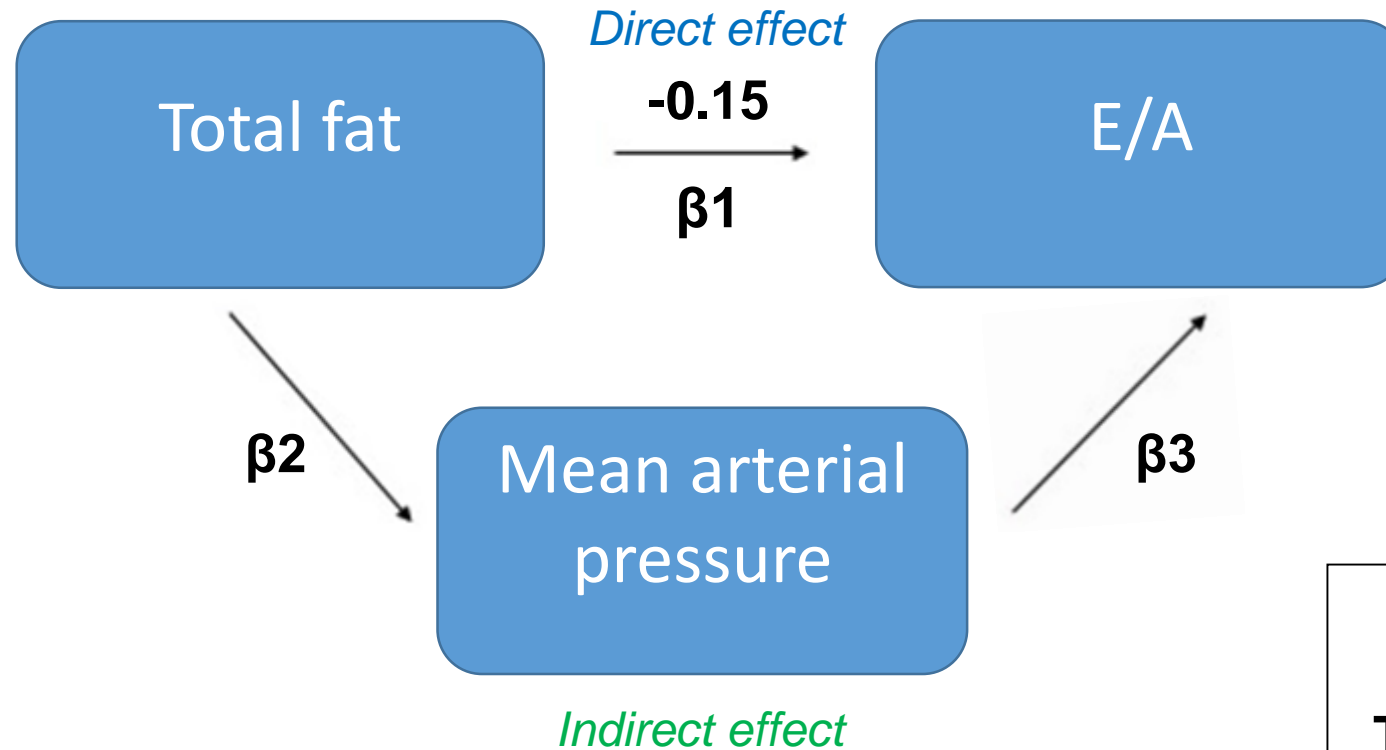


β_1 (males) = -0.13
 β_1 (females) = -0.16

Direct effect = β_1
Indirect effect = $\beta_2 * \beta_3$
Total effect = $\beta_1 + \beta_2 * \beta_3$

Indirect effect = difference between the direct and total effects

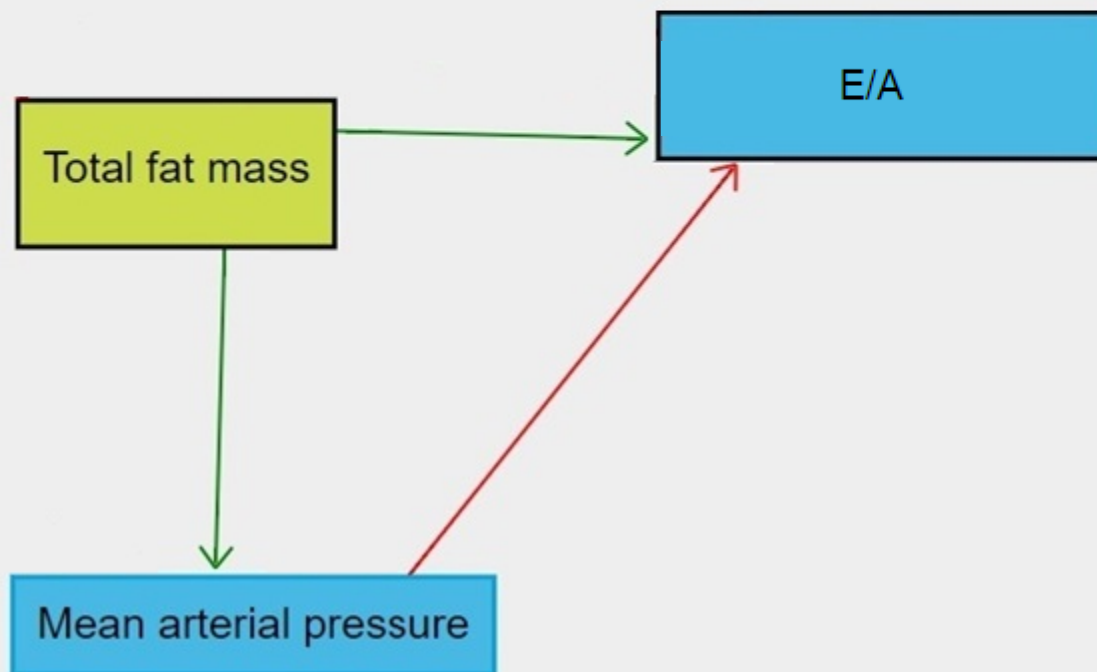
Mediation – A basic model:

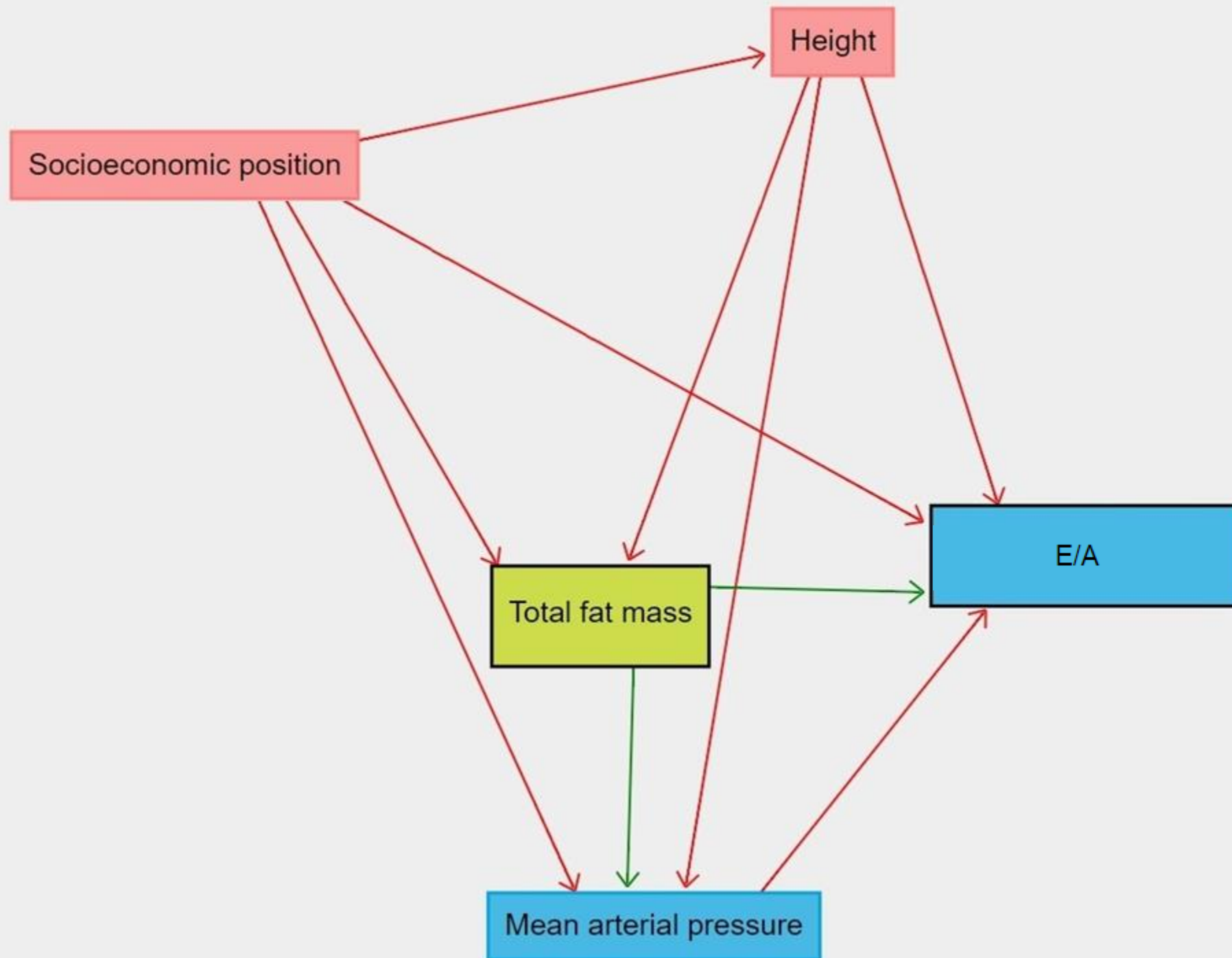


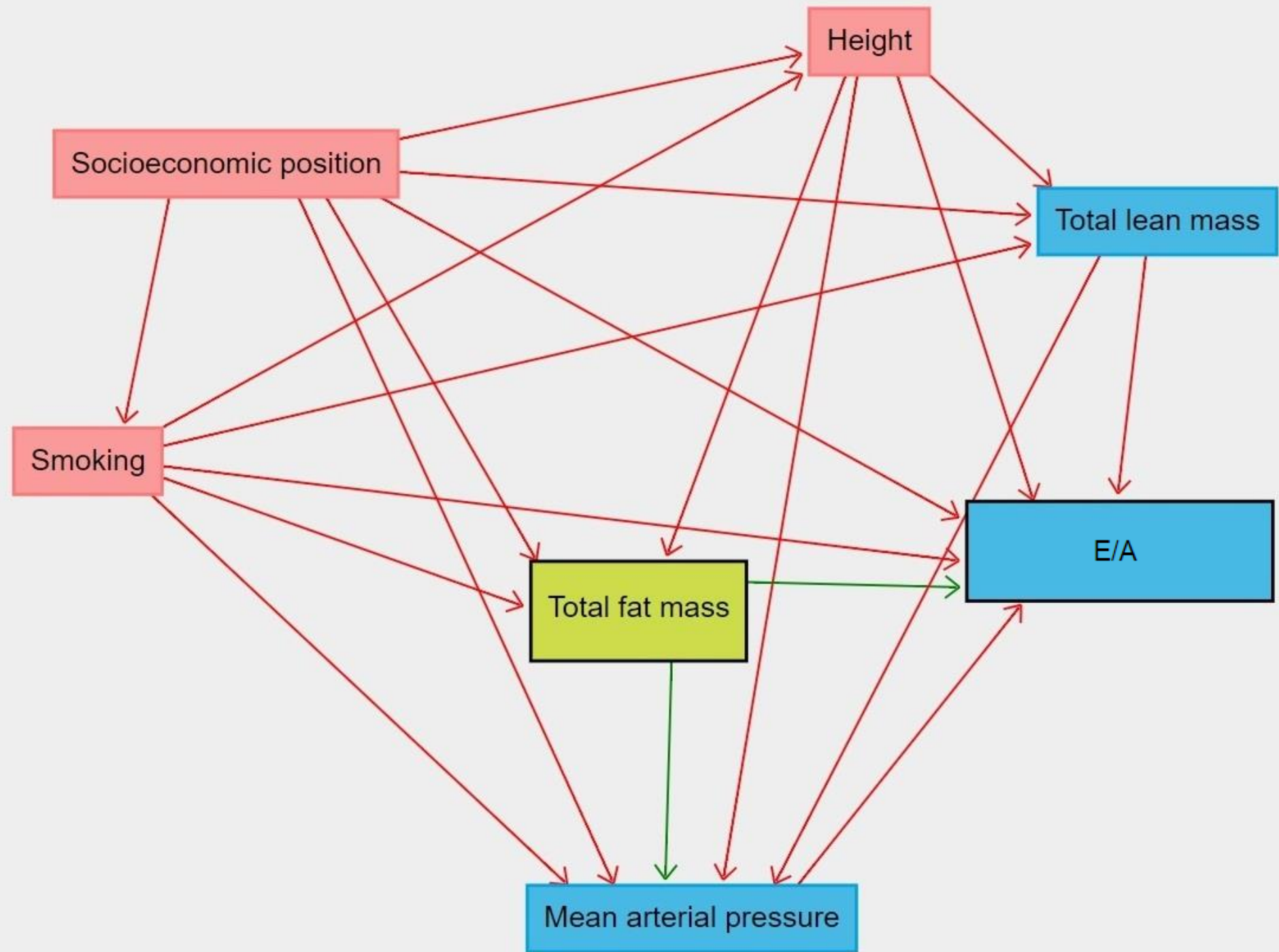
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Total effect = $\beta_1 + \beta_2 * \beta_3$

More sophisticated models must account for confounders...





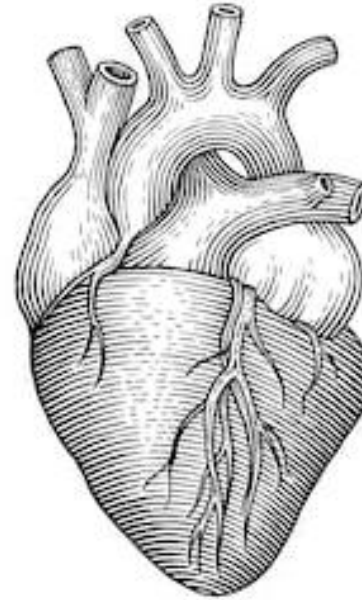


Methods

- STATA SE(15) was used to construct SEM models
- Height, smoking, socioeconomic position and lean mass were included as potential confounders in all models
- Analyses were also stratified by sex to assess the possible existence of a gender difference

Mediators

- We investigated the role of the following haemodynamic risk factors as mediators:
 - Mean arterial pressure
 - Pulse pressure
 - Heart rate
 - End-diastolic volume
 - Total arterial elastance
 - Total peripheral resistance



Descriptive Characteristics

| | N | Mean \pm SEM |
|--|-----------|-------------------|
| Age (years) | 2,057 | 17.7 \pm 0.007 |
| Males (n) | 941 (45%) | |
| Height (cm) | 2,057 | 171.20 \pm 0.21 |
| Total body mass (kg) | 2,056 | 67.09 \pm 0.29 |
| Body mass index (kg/m ²) | 2,056 | 22.90 \pm 0.09 |
| Left ventricular mass | 2,057 | 124 \pm 0.72 |
| Fat mass (kg) | 2,030 | 18.30 \pm 0.23 |
| Lean mass (kg) | 2,030 | 45.60 \pm 0.22 |
| SBP (mmHg) | 2,057 | 117 \pm 0.25 |
| DBP (mmHg) | 2,057 | 65 \pm 0.17 |
| HR (bpm) | 1,692 | 69 \pm 0.26 |
| Moderate to vigorous physical activity (minutes/day) | 960 | 23.9 \pm 0.62 |

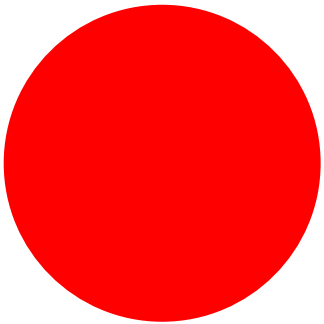
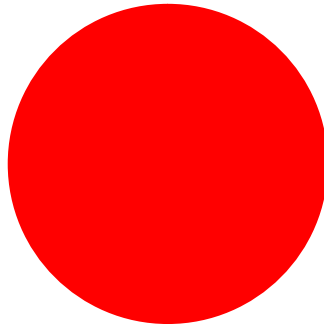
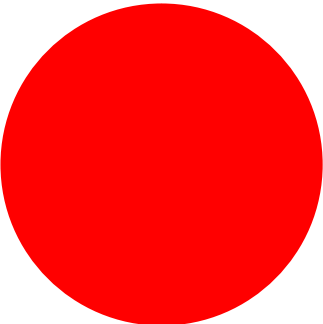
| | | N | % |
|----------------------|-------------------------------|------|-------|
| Smoking | | | |
| | Never | 991 | 53.17 |
| | Ever | 402 | 21.57 |
| | Current | 471 | 25.27 |
| | Total | 1864 | 100 |
| Socioeconomic status | | | |
| | I - Professional | 220 | 11.48 |
| | II - Managerial and technical | 762 | 39.77 |
| | IIINM - Skilled non-manual | 223 | 11.64 |
| | IIIM - Skilled manual | 527 | 26.51 |
| | IV - Partly skilled | 132 | 6.89 |
| | V - Unskilled | 52 | 2.71 |
| | | 1864 | 100 |

Total Fat -> E/A

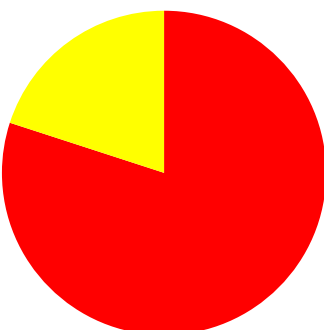
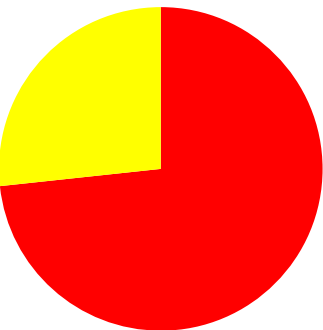
Mean arterial pressure




Pulse pressure



Heart Rate



 = extent of mediation

Greatest mediative effect is by *heart rate* (male): 31%

*All p values <0.05

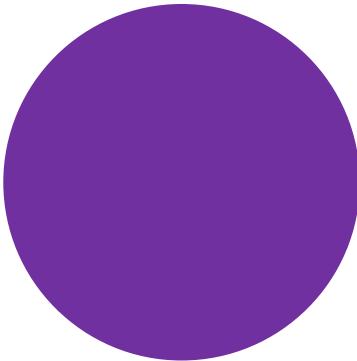
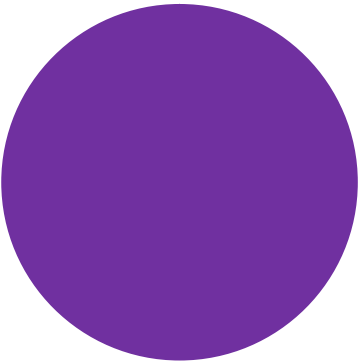
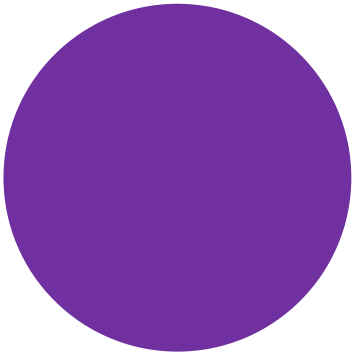
Total Fat -> E/A

Total

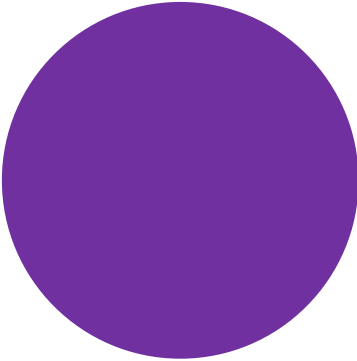
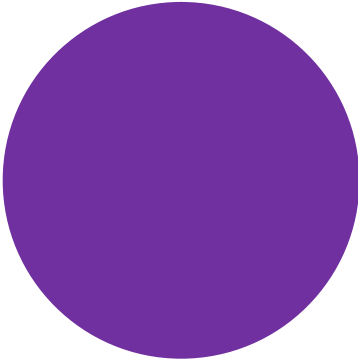
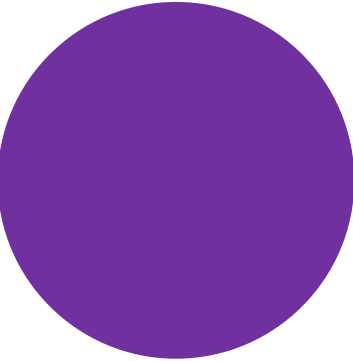
Male

Female

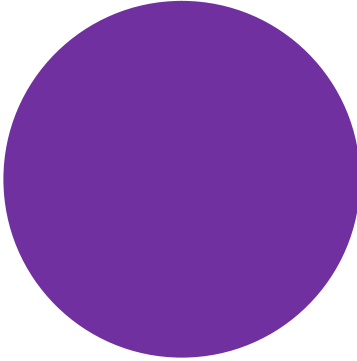
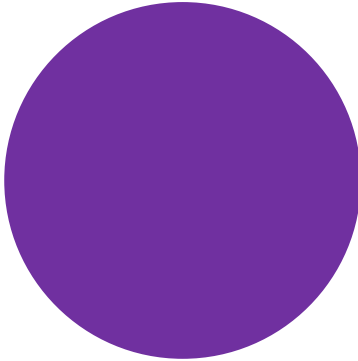
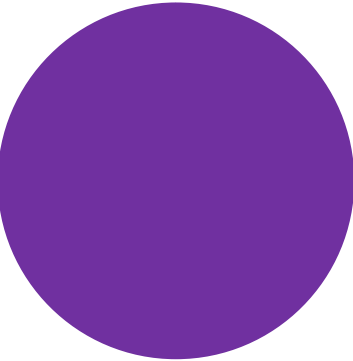
Total arterial elastance



Total peripheral resistance




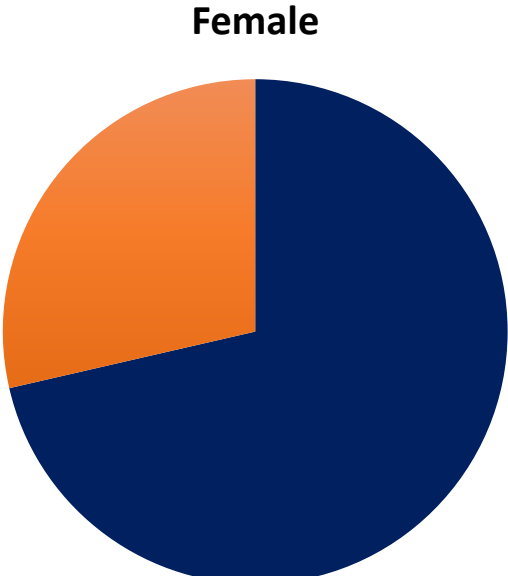
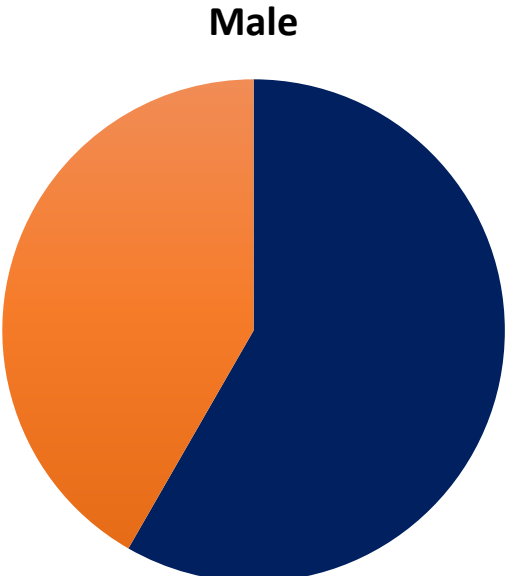
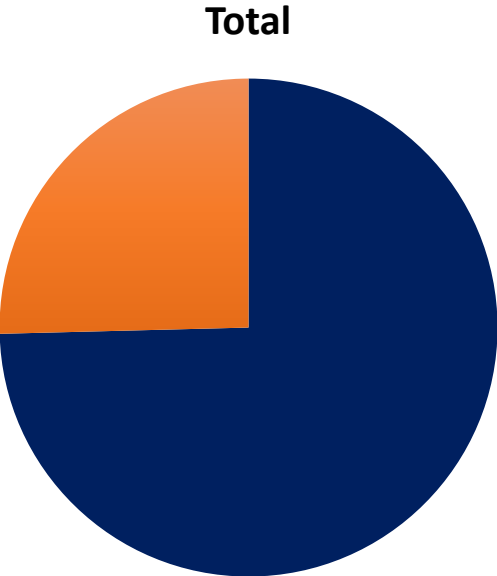
End-diastolic volume



***All p values <0.05**

No evidence of any mediative effect by TAE, TPR or EDV

 = extent of mediation



Variable but considerable mediation – greatest effect can be seen
in the male group: **42%**

In the association between total fat and E/A...

- MAP and HR showed the greatest mediative effects individually (MAP = 27% (in both total and female groups); HR = 31% (male group))
- There was no evidence of any mediative effect by pulse pressure, total arterial elastance, total peripheral resistance or end-diastolic volume
- Collectively, mediators appear to have the greatest effect (42%, male group)

Concluding Remarks

- MAP and HR are important mediators of the effect of adiposity on diastolic function in adolescence
- These findings emphasise the importance of monitoring adiposity, cardiac function and risk factor control through adolescence



With many thanks to

Prof Alun Hughes
Dr Chloe Park

*Cardiometabolic Phenotyping group,
Institute of Cardiovascular Science,
University College London*

All ALSPAC clinic staff and participants!

Dr Laura Howe
Dr Abigail Fraser
Prof Debbie Lawlor
Prof George Davey Smith

*MRC Integrative Epidemiology Unit,
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Any questions?

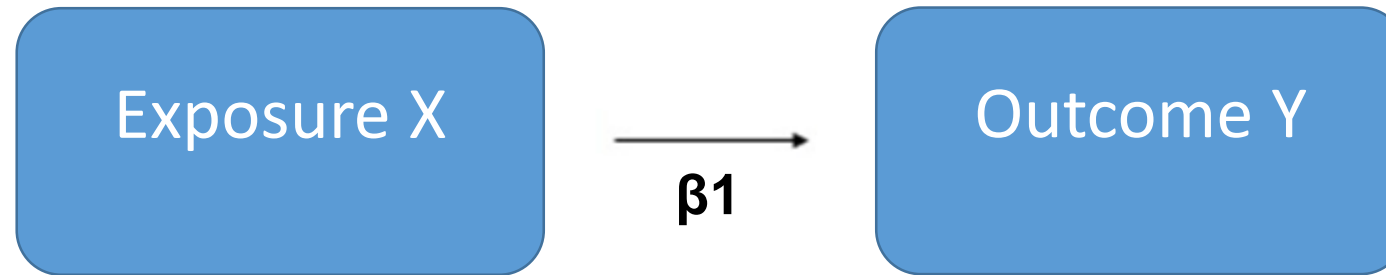


Strengths and Weaknesses



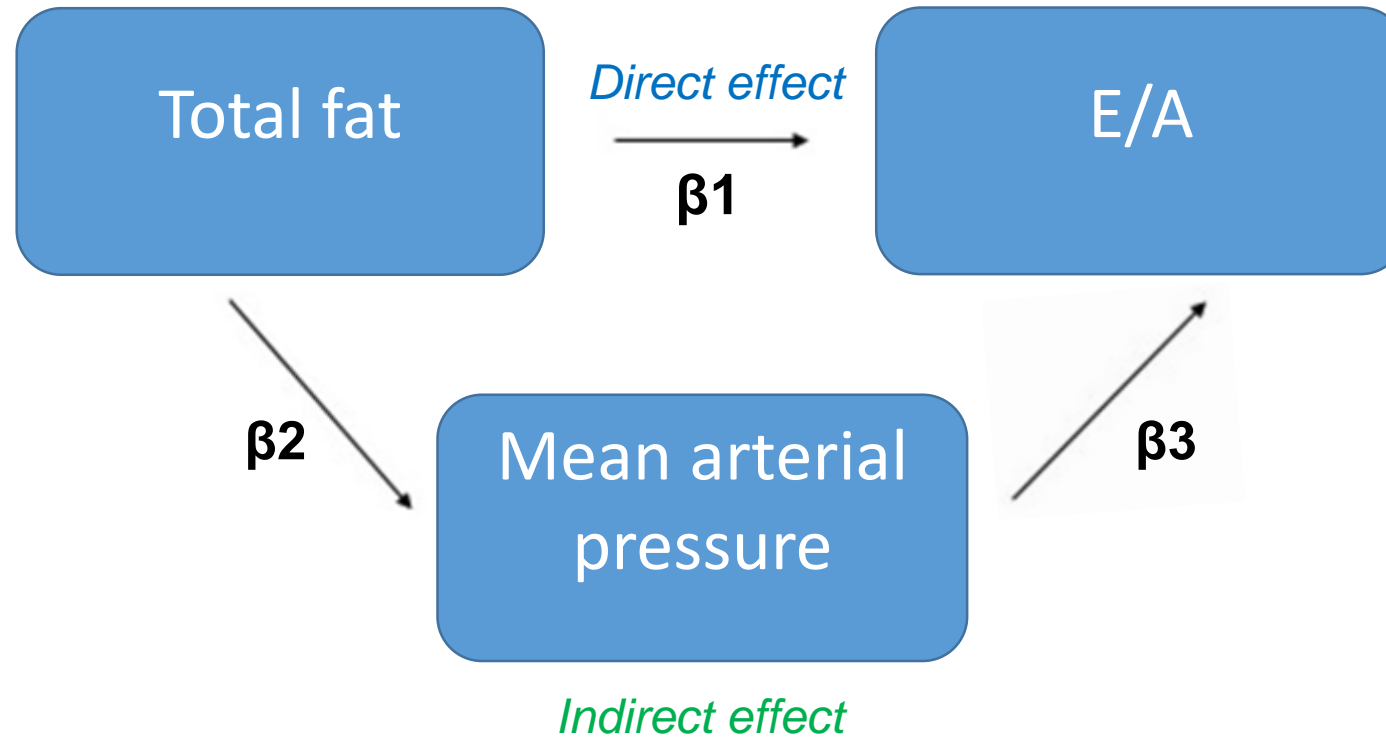
- Observational mediation is weakened by measurement error
- Possibility of collider bias
- Age, ethnicity, sample size
- With a larger sample size it would be possible to interrogate mediation through Mendelian randomisation (using genetic data)

Mediation – A basic model:



*Provided that X is a significant predictor for Y, X is a significant predictor for M
and M is a significant predictor for Y*

Mediation – A basic model:



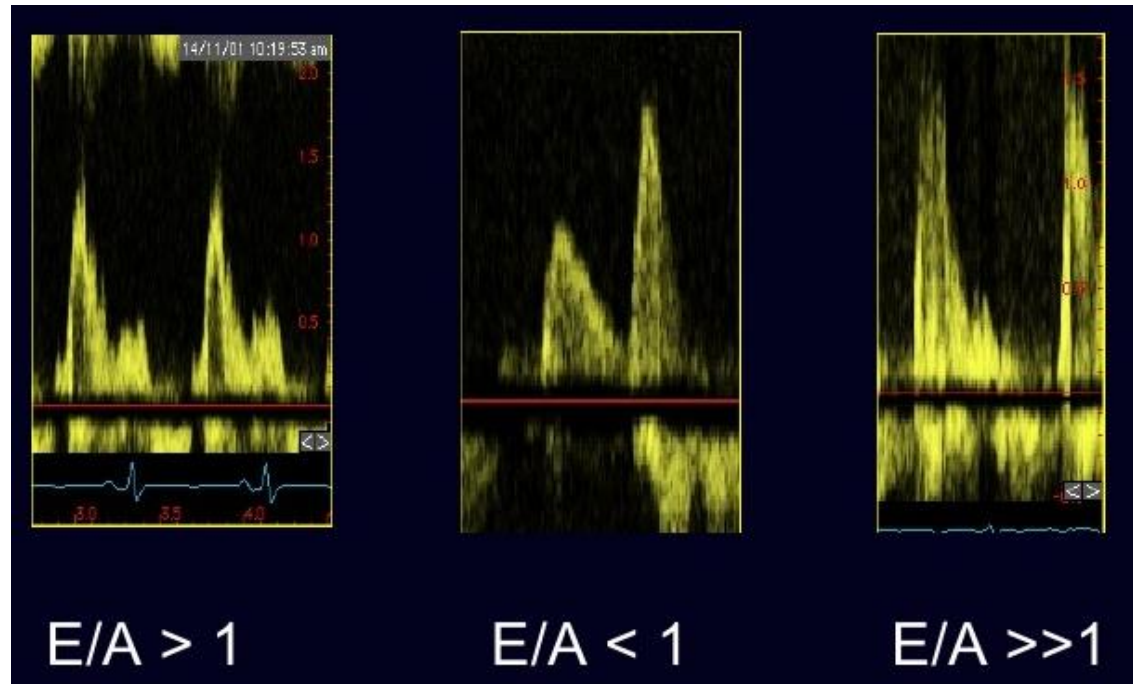
Provided that X is a significant predictor for Y , X is a significant predictor for M and M is a significant predictor for Y

Mitral inflow (measured by E/A)

- Numerous factors impact mitral inflow as measured by E/A

Congenital heart disease

Genetic disposition



*Infectious disease
e.g. rheumatic fever*

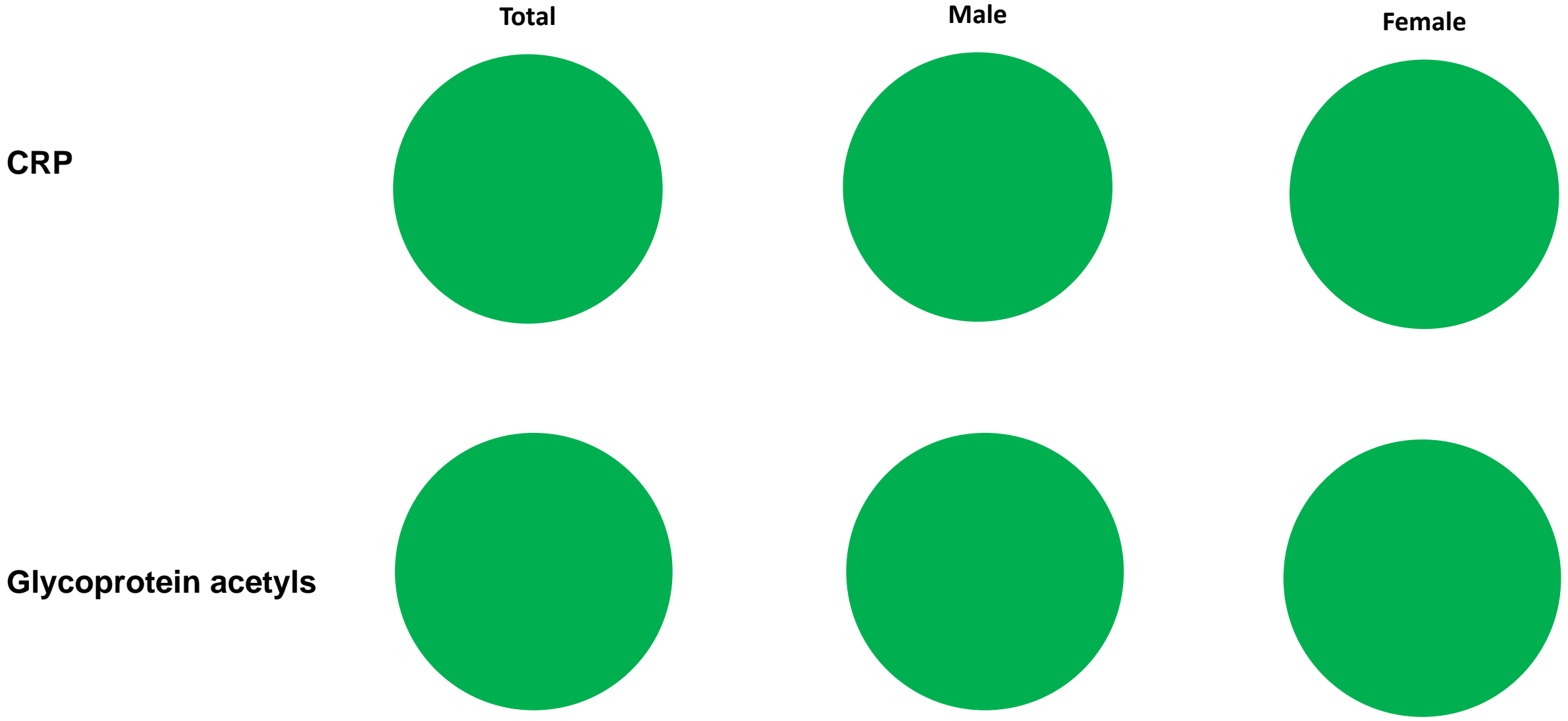
*Persistent inflammatory
valve damage
& haemodynamic
injury*

- No studies have considered the role of mediation by other cardiovascular risk factors during **youth**, when risk may emerge

Total Fat -> LVM

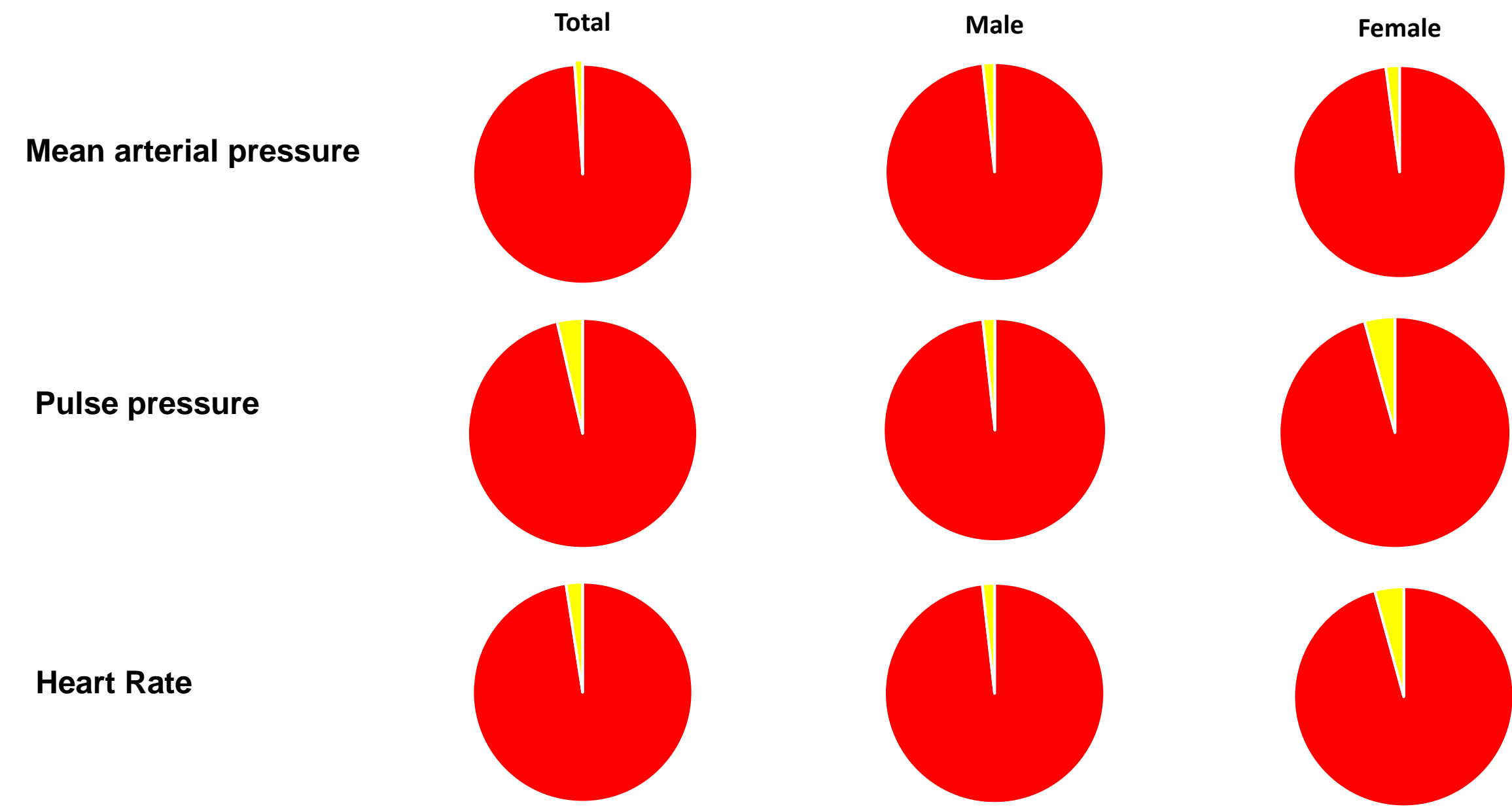
Inflammatory mediators:

- No evidence of any mediative effect by either CRP or glycoprotein acetyls



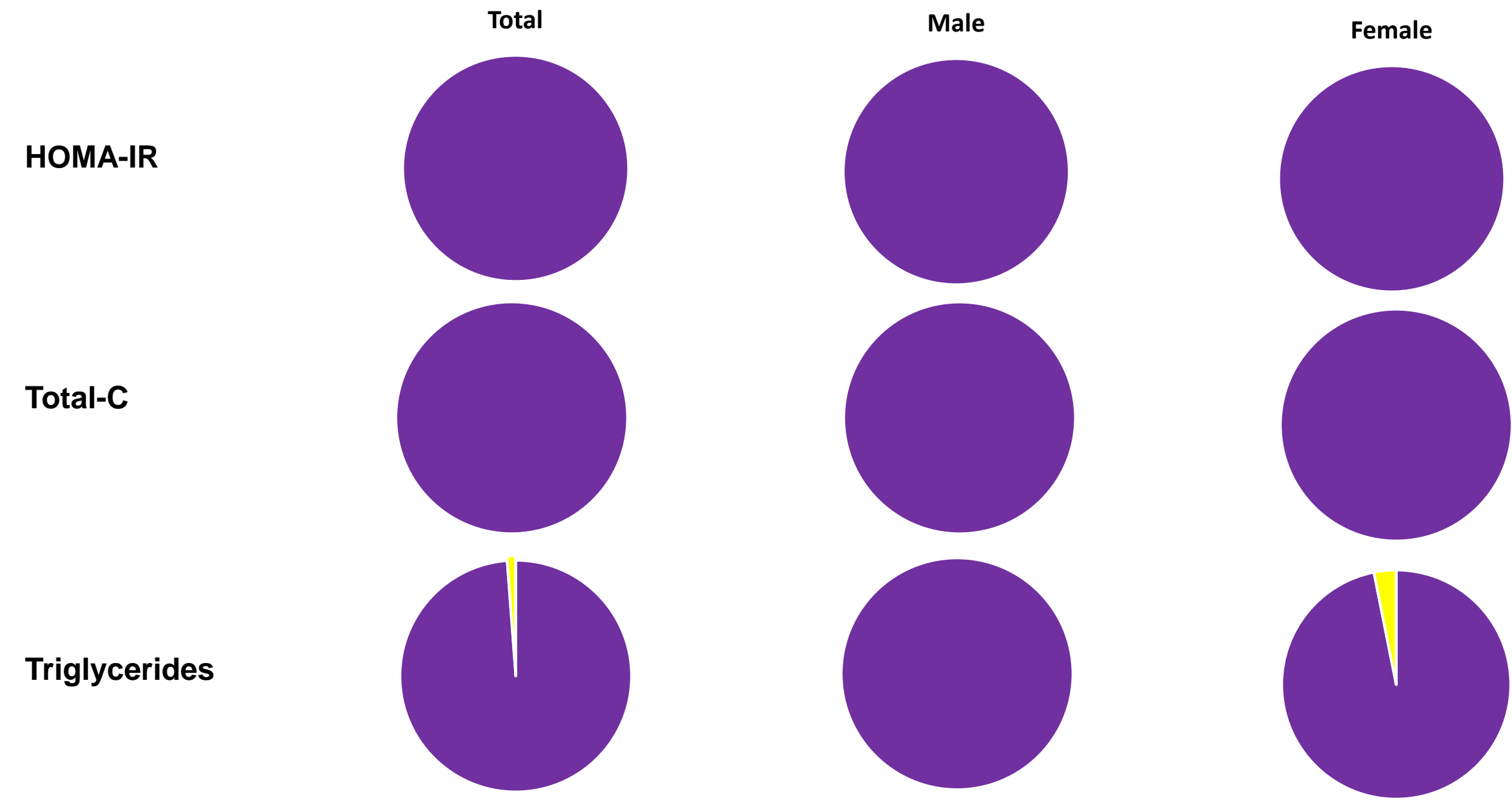
Haemodynamic mediators:

- Negligible mediation - greatest mediative effect is by pulse pressure (female): 4.3%



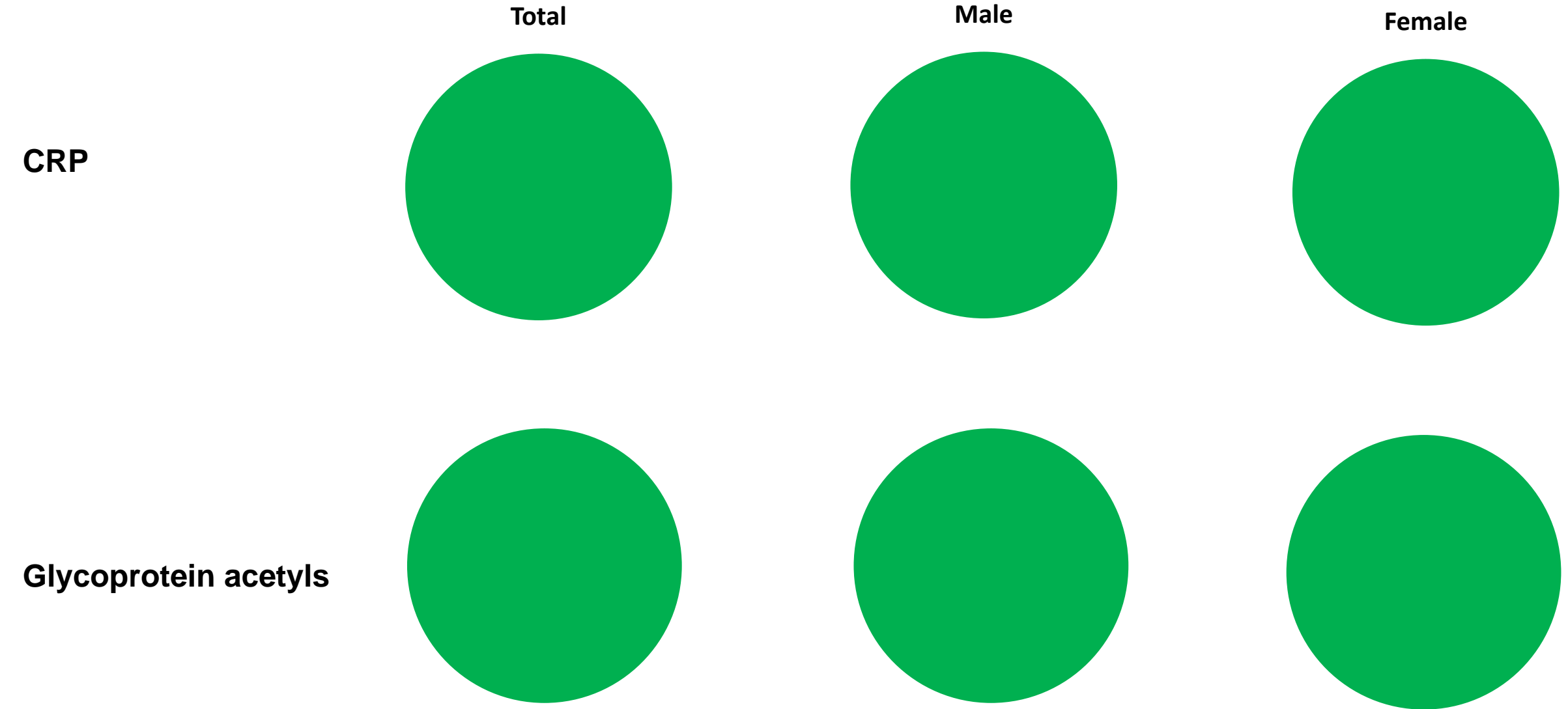
Metabolic mediators:

- Negligible mediation - greatest mediative effect is by triglycerides (female): 2.13%



Inflammatory mediators:

- No evidence of any mediative effect either by CRP or glycoprotein acetyls

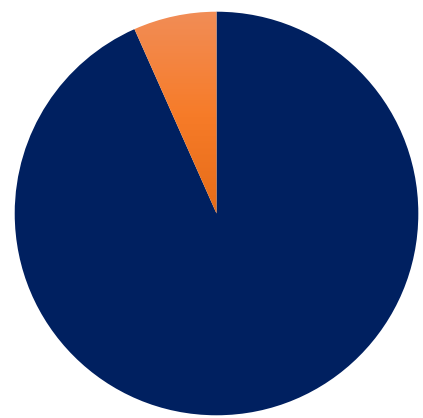


Total Fat -> LVM

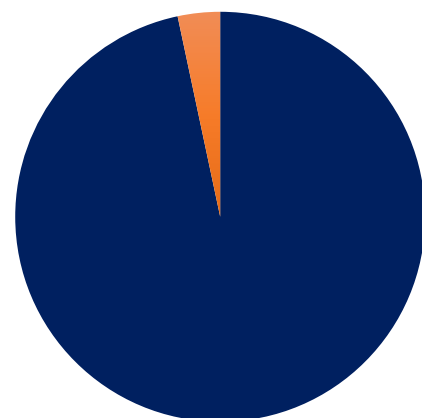
Complete models:

- Variable mediation – greatest collective effect is in the female lean subgroup: **8.9%**

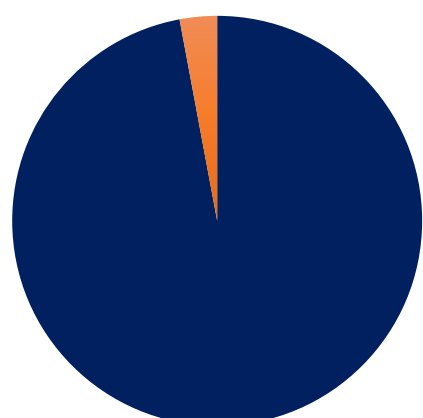
Total



Male

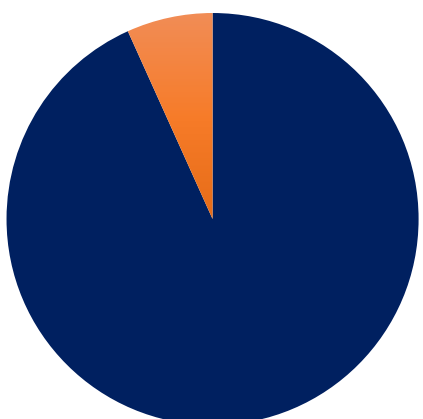


Female

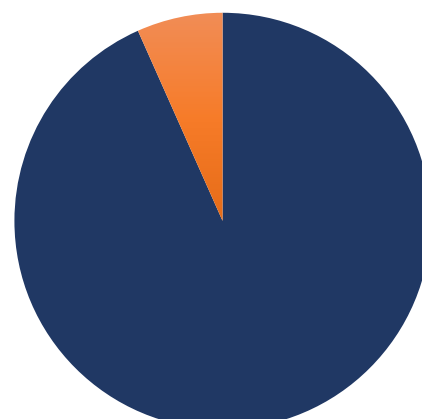


Total Lean -> LVM

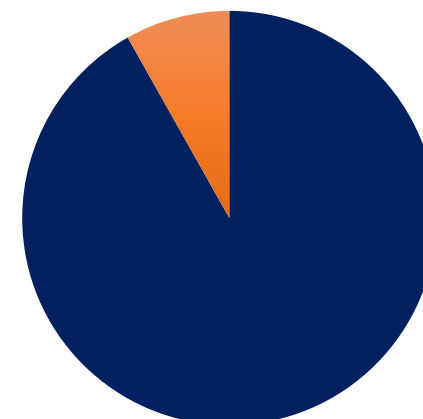
Total



Male



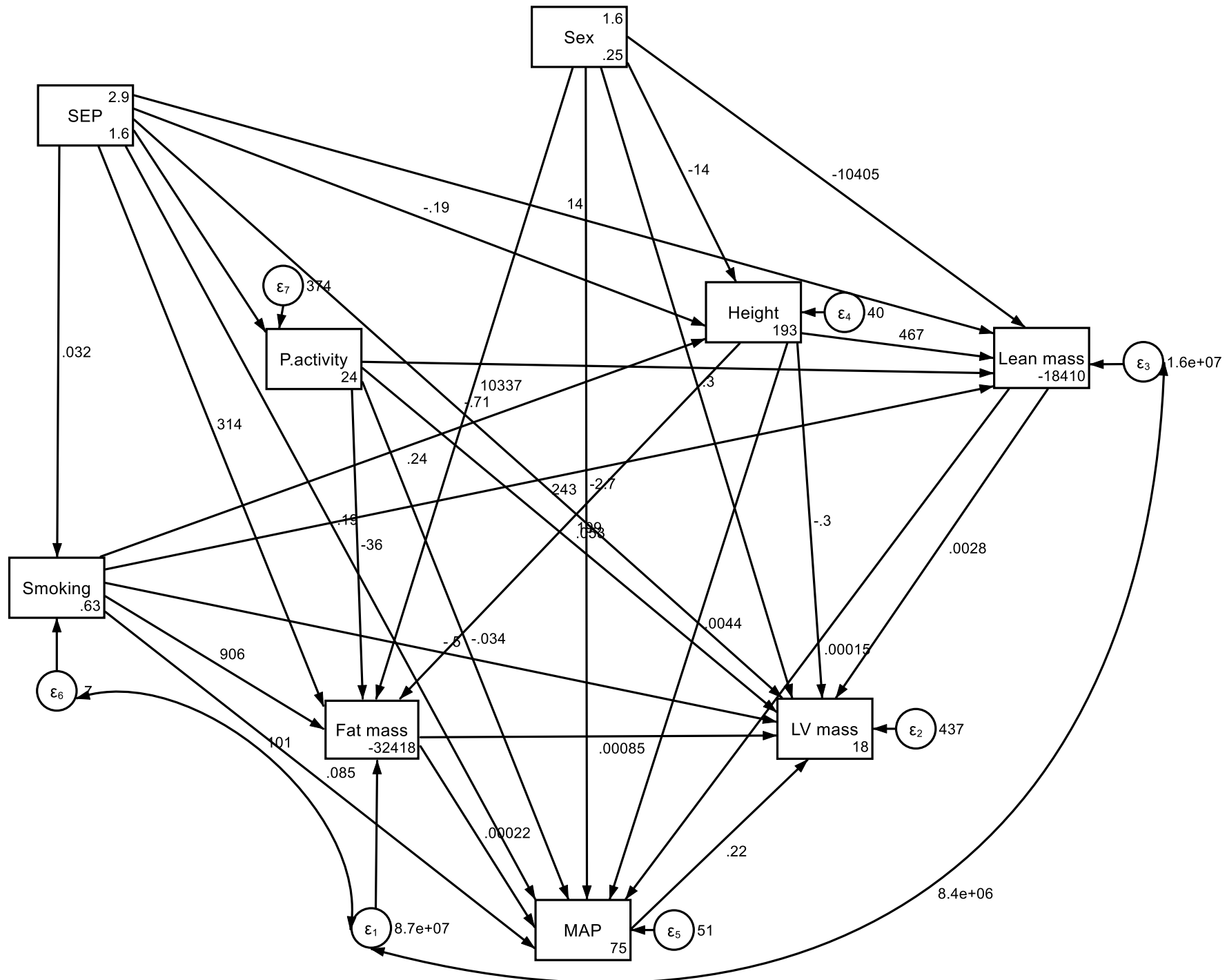
Female

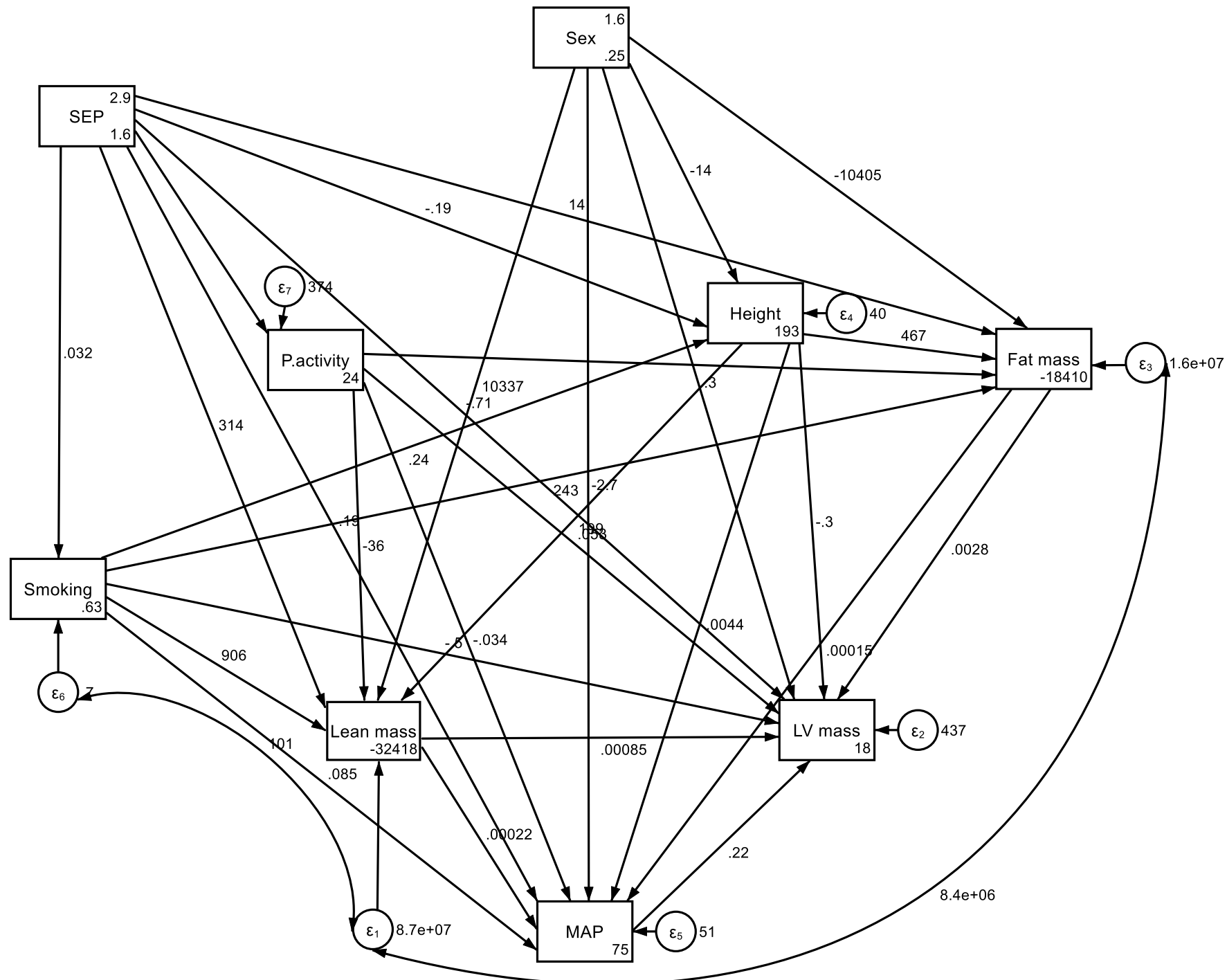


Strengths and Weaknesses



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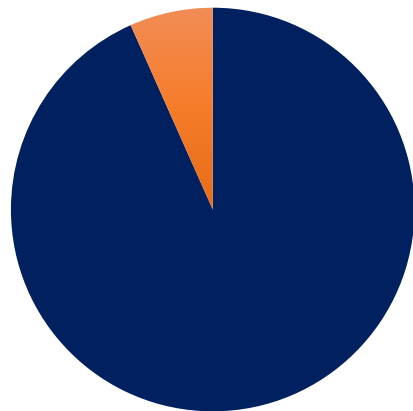


Total Fat -> LVM

Complete models:

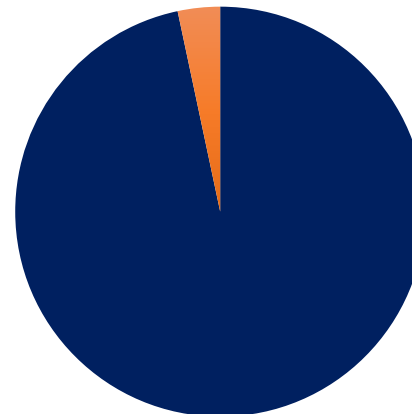
- Variable mediation – greatest mediative effect is by mediators for female lean: **8.9%**

Total



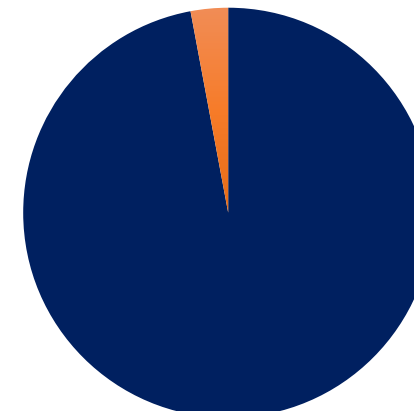
7.14%

Male



3.33%

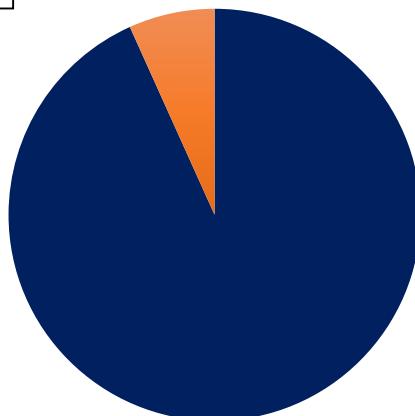
Female



3.03%

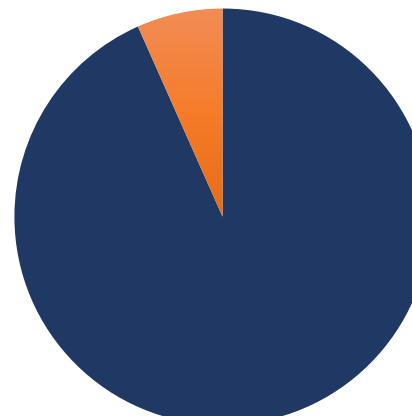
Total Lean -> LVM

Total



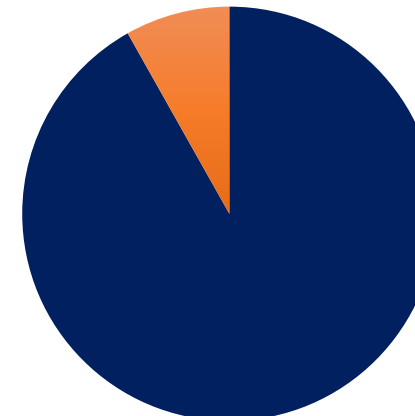
7.22%

Male



7.14%

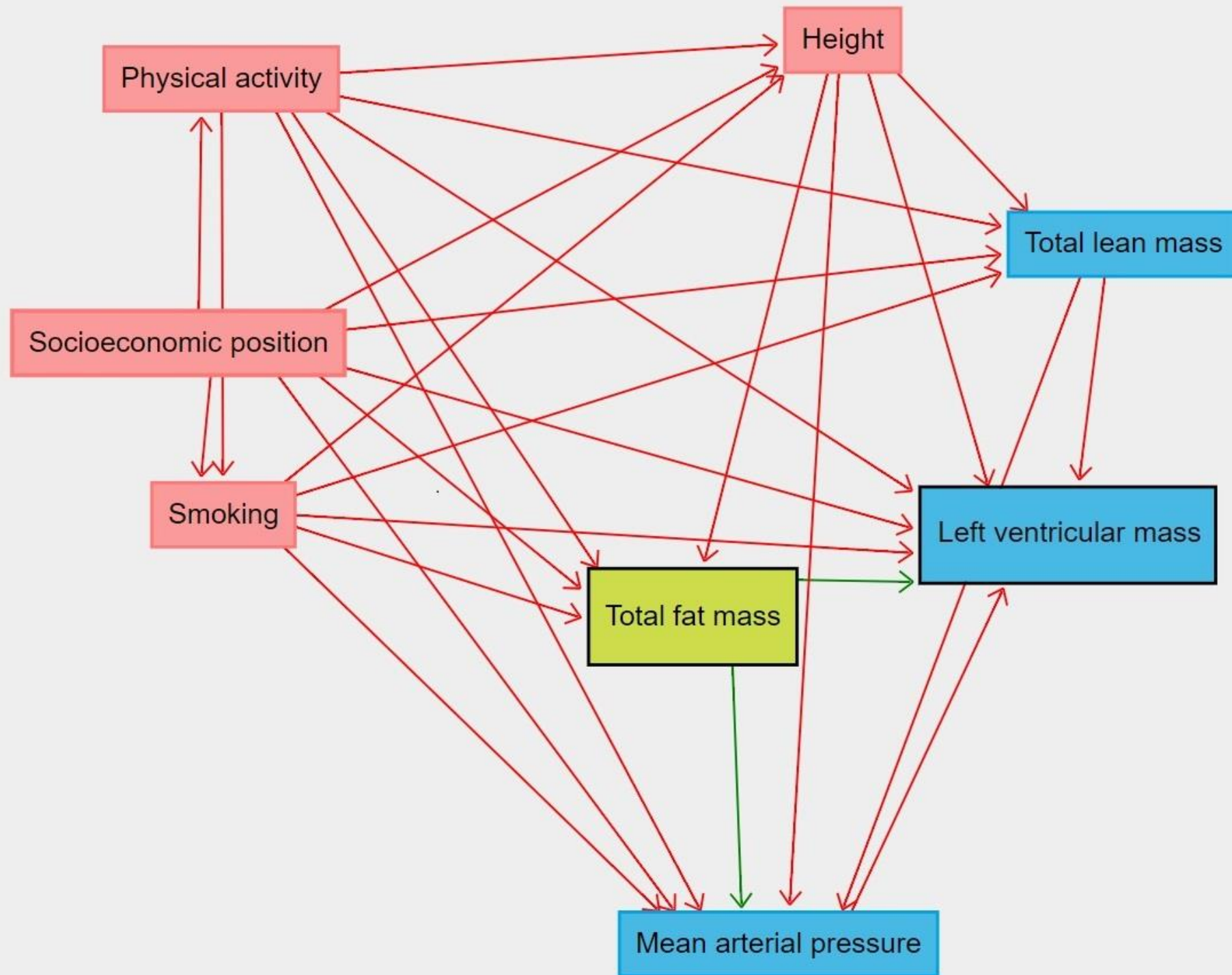
Female



8.89%

| Biomarker | Total Fat Mass | | Male Fat Mass | | Female Fat Mass | |
|-----------------------------|----------------|--------------|---------------|--------------|-----------------|--------------|
| <i>NB: All p < 0.001</i> | Direct effect | Total effect | Direct effect | Total effect | Direct effect | Total effect |
| Mean arterial Pressure | 0.27 | 0.28 | 0.31 | 0.33 | 0.31 | 0.33 |
| Pulse pressure | 0.28 | 0.28 | 0.28 | 0.33 | 0.33 | 0.34 |
| Heart rate | 0.30 | 0.28 | 0.34 | 0.33 | 0.35 | 0.34 |
| Insulin | 0.28 | 0.28 | 0.31 | 0.32 | 0.36 | 0.33 |
| HOMA-IR | 0.28 | 0.28 | 0.31 | 0.32 | 0.36 | 0.33 |
| HDL cholesterol | 0.28 | 0.28 | 0.34 | 0.32 | 0.34 | 0.33 |
| Total cholesterol | 0.27 | 0.28 | 0.31 | 0.32 | 0.33 | 0.33 |
| Triglycerides | 0.28 | 0.28 | 0.33 | 0.33 | 0.32 | 0.33 |
| C-reactive protein | 0.28 | 0.28 | 0.32 | 0.32 | 0.32 | 0.33 |
| Glycoprotein acetyls | 0.27 | 0.28 | 0.32 | 0.32 | 0.31 | 0.33 |

| Biomarker | Total Lean Mass | | Male Lean Mass | | Female Lean Mass | |
|-----------------------------|-----------------|--------------|----------------|--------------|------------------|--------------|
| <i>NB: All p < 0.001</i> | Direct effect | Total effect | Direct effect | Total effect | Direct effect | Total effect |
| Mean arterial Pressure | 0.83 | 0.84 | 0.57 | 0.58 | 0.47 | 0.48 |
| Pulse pressure | 0.81 | 0.84 | 0.56 | 0.57 | 0.45 | 0.47 |
| Heart rate | 0.80 | 0.82 | 0.55 | 0.56 | 0.44 | 0.46 |
| Insulin | 0.84 | 0.84 | 0.58 | 0.58 | 0.47 | 0.46 |
| HOMA-IR | 0.84 | 0.84 | 0.58 | 0.58 | 0.47 | 0.46 |
| HDL cholesterol | 0.84 | 0.83 | 0.58 | 0.57 | 0.47 | 0.47 |
| Total cholesterol | 0.84 | 0.83 | 0.57 | 0.57 | 0.47 | 0.47 |
| Triglycerides | 0.83 | 0.84 | 0.57 | 0.57 | 0.46 | 0.47 |
| C-reactive protein | 0.84 | 0.84 | 0.57 | 0.57 | 0.47 | 0.47 |
| Glycoprotein acetyls | 0.84 | 0.83 | 0.57 | 0.57 | 0.47 | 0.47 |

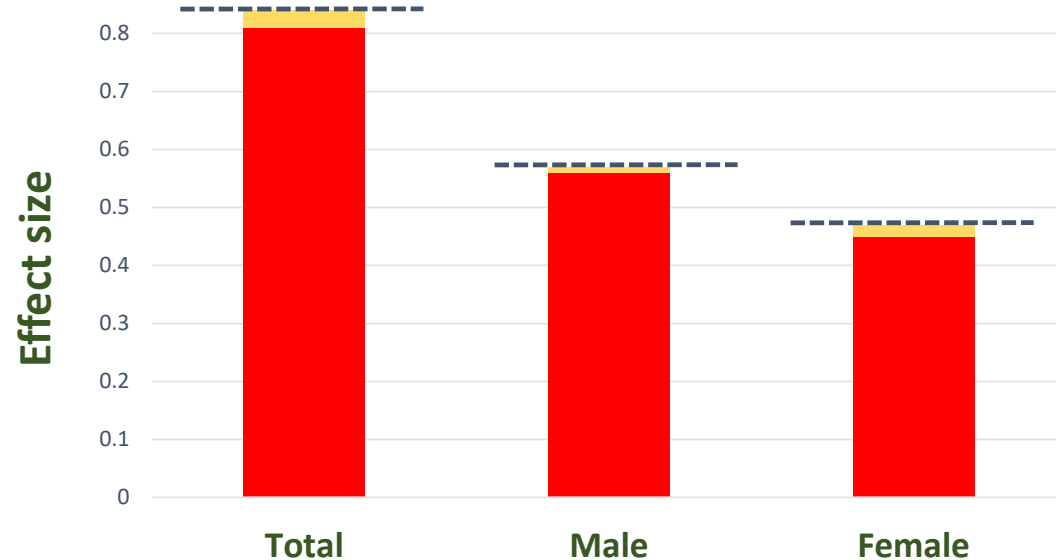


Total Lean -> LVM

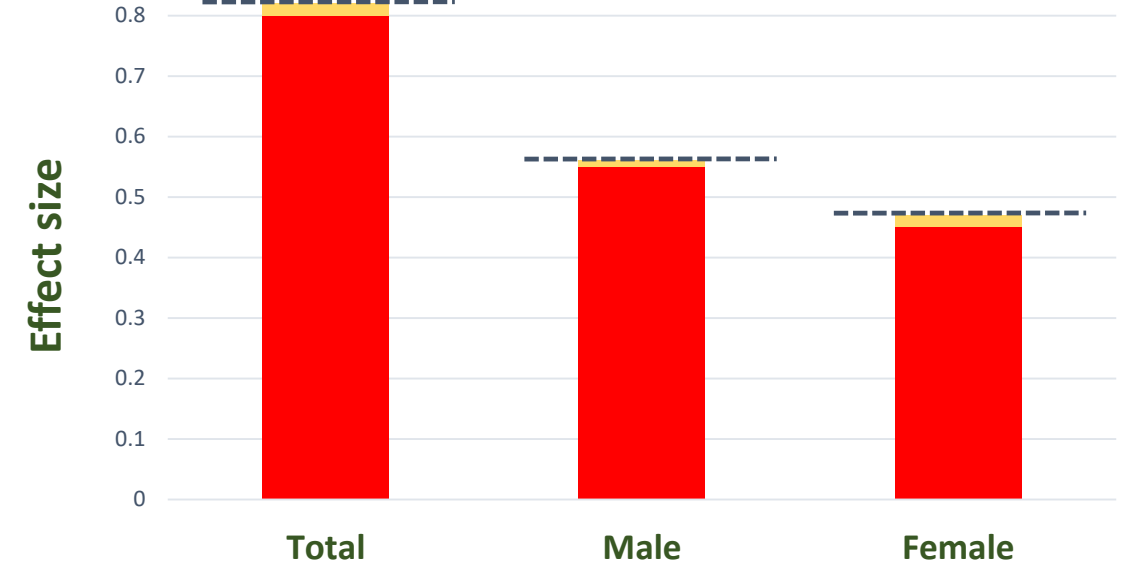
Haemodynamic factors:

- Minimal mediation
- Greatest effect in pulse pressure (total group) (2.5%)

Pulse Pressure



Mean arterial pressure



Heart Rate

