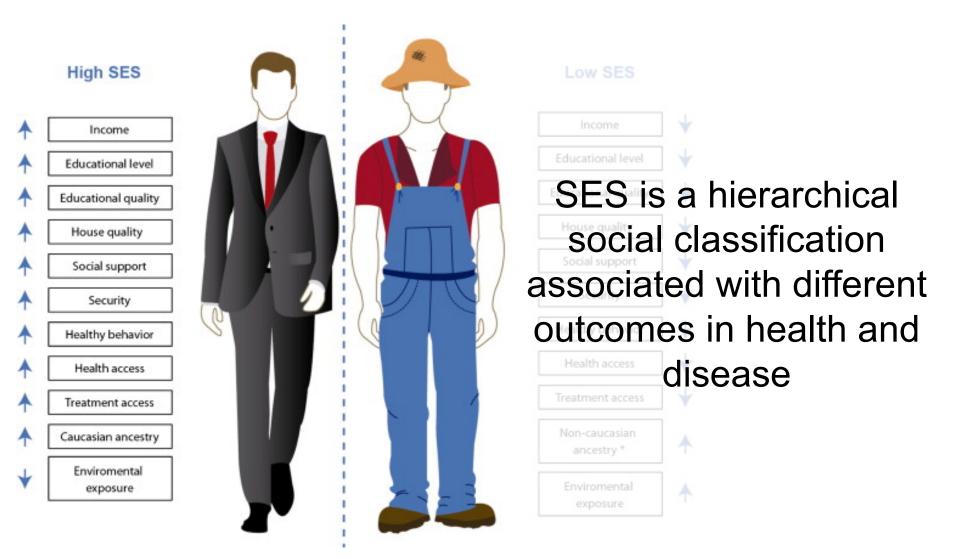


# Socioeconomic State & Intestinal Microbiota

Ali Keshavarzian, MD Rush University Medical Center Chicago, IL

# Socioeconomic Status (SES)



Calixto & Anaya, Autoimmunity Reviews (2014), 13(6): 641-654

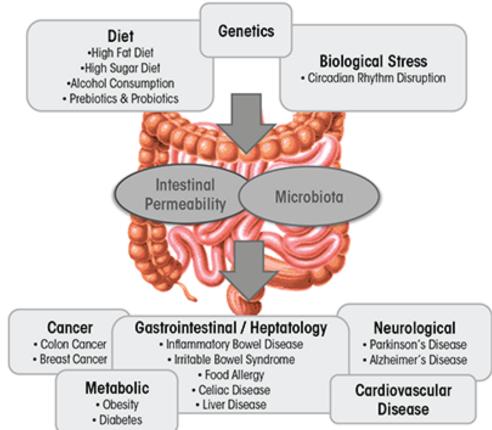
# Socioeconomic (SES) and Disease

- SES disparities in morbidity/mortality from chronic disease is well-established
- Residents of low SES neighborhoods have higher rates of disease than individuals from more affluent neighborhoods including:
  - Asthma
  - Diabetes
  - Myocardial infarction
  - Stroke
  - Overall mortality

Common feature of many of these diseases... *low-grade inflammation* 

# Inflammatory Disease and the Microbiota

- <u>Many inflammatory conditions are characterized by</u> <u>alterations in the composition of the intestinal microbiota</u>, with a decrease in microbiota diversity including:
  - Obesity
  - Diabetes
  - IBD
  - Asthma
  - Heart disease
  - Cancer



Engen et al., ARCR (2015), 37(2)

# Intestinal Microbiota

- Genetics, life history (vaginal/cesarean, bottle/breastfed), and diet impact the intestinal microbiota and although most humans have similar microbiota no two people are exactly the same
- Cohabitating individuals tend to have similar microbiota suggesting that diet and shared environment shape the intestinal microbiota
- Lifestyle factors also influence the microbiota
  - Consumption of processed foods
  - Physical inactivity
  - Visceral adiposity
  - Psychosocial stress
  - Antibiotic use
  - Exposure to pollutants or toxicants

#### Socioeconomic Status (SES) & Microbiota

Could lifestyle factors associated with low SES communities influence the intestinal microbiota and predispose low SES communities to higher inflammationmediated disease?

#### RESEARCH ARTICLE

#### Lower Neighborhood Socioeconomic Status Associated with Reduced Diversity of the Colonic Microbiota in Healthy Adults

Gregory E. Miller<sup>1</sup>\*, Phillip A. Engen<sup>2</sup>, Patrick M. Gillevet<sup>3</sup>, Maliha Shaikh<sup>2</sup>, Masoumeh Sikaroodi<sup>3</sup>, Christopher B. Forsyth<sup>2</sup>, Ece Mutlu<sup>2</sup>, Ali Keshavarzian<sup>2</sup>

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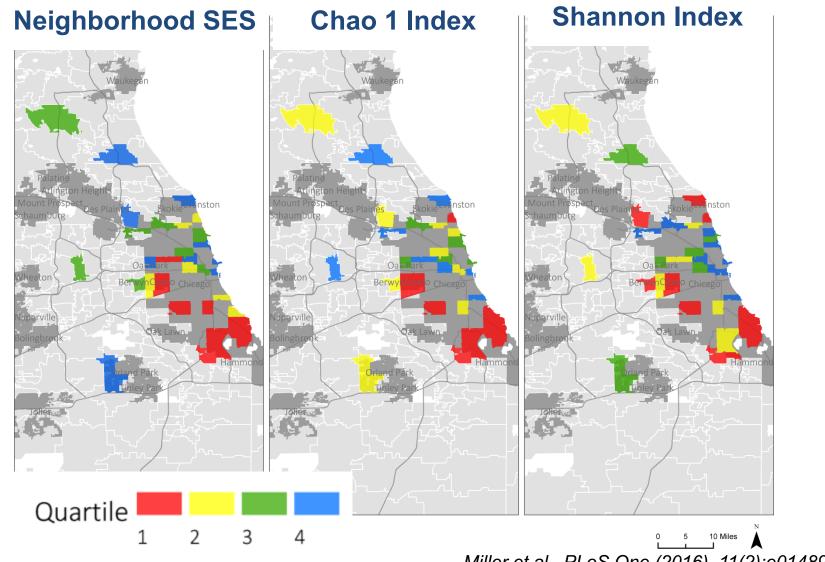
### Methods

- <u>Neighborhood SES</u>
  - 3y estimates (2010-2012) of median household income, education and employment characteristics, and median home value were obtained for each neighborhood. Indicators were standardized and averaged to form a neighborhood SES composite score
  - Higher scores represent more affluent and educated neighborhoods
- <u>Specimen collection</u>
  - Mucosal biopsies (n=41) and fecal samples (n=26) were collected via a limited, un-prepped sigmoidoscopy (20–25cm from anal verge). Suction was not used during advancement of the scope and the biopsy forceps was not taken out of the channel of the scope until sample collection. Biopsies were taken from pink mucosa without visible feces at the sigmoid colon ~20cm from the anal verge

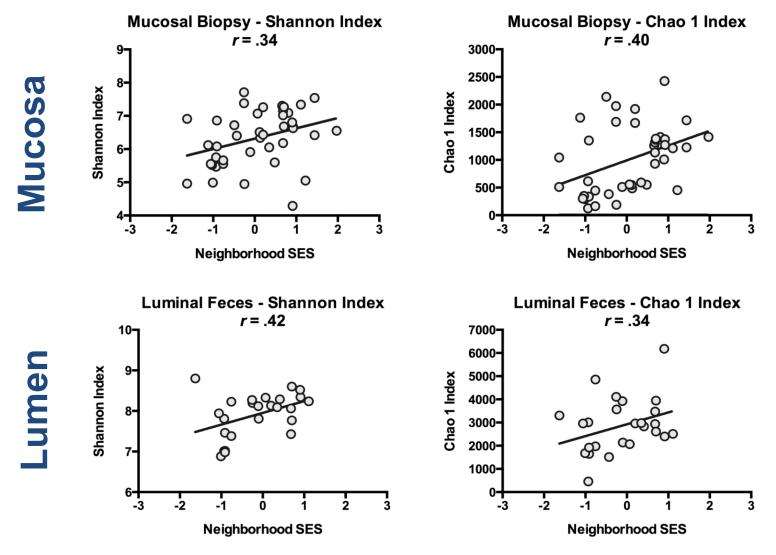
### Subject Cohort

Healthy Control Subjects (n = 44)		
	Mean (SD) or Percent	Range
Age (years)	39.1 (14.2)	20-72
Gender (Female)	61.4%	-
Caucasian	50.0%	-
African-American	34.1%	-
Body Mass Index (kg/m <sup>2</sup> )	27.9 (6.7)	19.6-45.4
Current Smoker	14.3%	-
Alcohol Use (years)	12.1 (9.9)	0-43
Median Household Income (2012 dollars)	58,042 (22,400)	20,100-129,570
Median Home Value (2012 dollars)	297,495 (123,762)	121,259–565,975
Percent Employed	89.1 (5.4)	65.3-95.6
Percent High School Graduates	86.4 (9.3)	61.8-99.5
Neighborhood SES Composite	0.05 (0.89)	-2.0 -+1.9
Sigmoid Mucosa Alpha-Diversity (Shannon)	6.3 (0.8)	4.3-7.7
Sigmoid Mucosa Alpha-Diversity (Chao1)	1009 (613)	124–2426
Feces Alpha-Diversity (Shannon)	7.8 (0.7)	5.7-8.8
Feces Alpha-Diversity (Chao1)	2841 (1175)	459-6182
	Caucasian African-American Body Mass Index (kg/m <sup>2</sup> ) Current Smoker Alcohol Use (years) Median Household Income (2012 dollars) Median Home Value (2012 dollars) Median Home Value (2012 dollars) Percent Employed Percent High School Graduates Neighborhood SES Composite Sigmoid Mucosa Alpha-Diversity (Shannon) Sigmoid Mucosa Alpha-Diversity (Chao1) Feces Alpha-Diversity (Shannon)	Caucasian50.0%African-American34.1%Body Mass Index (kg/m²)27.9 (6.7)Current Smoker14.3%Alcohol Use (years)12.1 (9.9)Median Household Income (2012 dollars)58,042 (22,400)Median Home Value (2012 dollars)297,495 (123,762)Percent Employed89.1 (5.4)Percent High School Graduates86.4 (9.3)Neighborhood SES Composite0.05 (0.89)Sigmoid Mucosa Alpha-Diversity (Shannon)6.3 (0.8)Sigmoid Mucosa Alpha-Diversity (Chao1)1009 (613)Feces Alpha-Diversity (Shannon)7.8 (0.7)

#### Mucosal Associated-Microbiota SES and α-Diversity



## α-Diversity Positively Correlates with SES



#### α-Diversity Positively Correlates with SES

	Muce	osa	Feces	
	Sigmoid Mucosa Shannon Index n = 41	Sigmoid Mucosa Chao1 Index n = 41	Feces Shannon Index n = 26	Feces Chao1 Index n = 25
Unstandardized Coefficient (B)	0.31	0.27	0.29	0.51
Standard Error B	0.14	0.10	0.13	0.29
95% Confidence Interval	.03, .59	.07, .47	.02, .56	09, 1.12
Standardized Coefficient (β)	0.34	0.40	0.42	0.34
P-Value	0.03*	0.01*	0.04*	0.09
Variance Explained (R <sup>2</sup> )	0.12	0.16	0.18	0.12

\**P*-Value < 0.05

doi:10.1371/journal.pone.0148952.t002

#### Neighborhood SES Predicts α-Diversity After Adjusting for Covariates

	Muc	osa	Feces	
	Sigmoid Mucosa Shannon Index <i>n</i> = 41	Sigmoid Mucosa Chao1 Index <i>n</i> = 41	Feces Shannon Index n = 26	Feces Chao1 Index n = 25
Adjusted for Demographic Covariates	Demographic Co			
Unstandardized Coefficient (B)	0.35	0.29	0.35	0.66
Standard Error B	0.17	0.12	0.16	0.36
Standardized Coefficient (β)	0.39	0.42	0.52	0.43
P-Value	0.09	0.02*	0.04*	0.08
Incremental Variance ( $\Delta R^2$ )	0.11	0.13	0.18	0.13
Adjusted for Lifestyle Covariates	Lifestyle Covaria	ites		
Unstandardized Coefficient (B)	0.45	0.30	0.28	0.77
Standard Error B	0.18	0.13	0.16	0.30
Standardized Coefficient (β)	0.45	0.41	0.42	0.54
P-Value	0.02*	0.03*	0.09	0.02*
Incremental Variance ( $\Delta R^2$ )	0.14	0.12	0.13	0.22

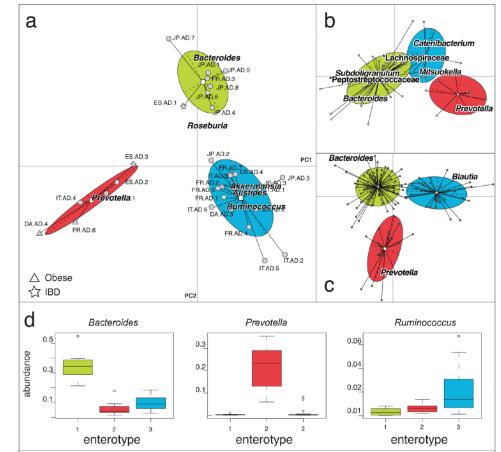
\*P-Value < 0.05

Values reflect association of neighborhood SES with alpha-diversity indicators. Demographic covariates include age, gender, and dummy codes for Caucasian and African-American. Lifestyle covariates include body mass index, smoking status, and alcohol use.

doi:10.1371/journal.pone.0148952.t003

#### Microbiota Communities Can be Classified into Enterotypes

- Enterotype is a classification of the intestinal microbiota that vary in species and functional composition:
  - Prevotella
  - Bacteroides
  - Ruminococus



#### Arumugam et al., Nature (2011), 473(7346): 174-180

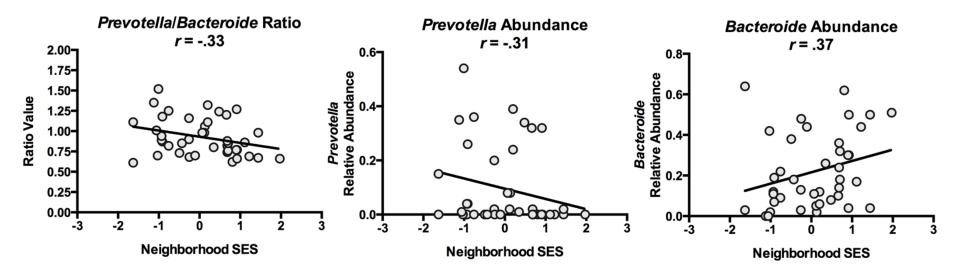
## Enterotype is Associated with SES

	Prevotella n = 41	Bacteroides n = 41	<i>P/B</i> Ratio <i>n</i> = 41	Ruminococcus $n = 41$
Rank-order correlation	-0.31	0.37	-0.33	-0.05
P-Value	0.05*	0.02*	0.04*	0.77
Variance Explained (R <sup>2</sup> )	0.10	0.14	0.11	0.03

\*P-Value < 0.05

P/B = Prevotella to Bacteroides Ratio

doi:10.1371/journal.pone.0148952.t004

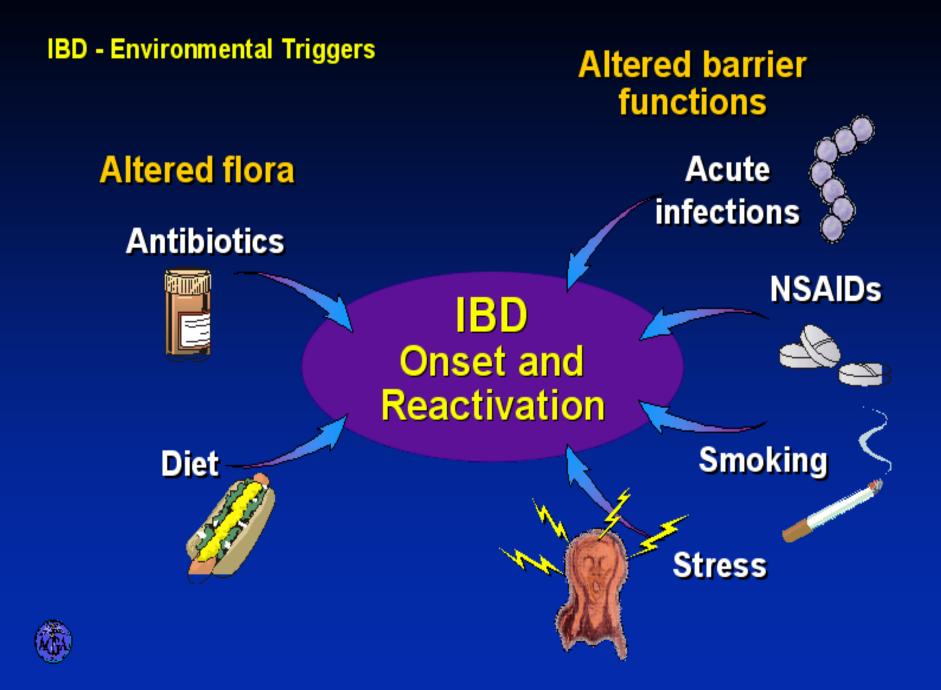


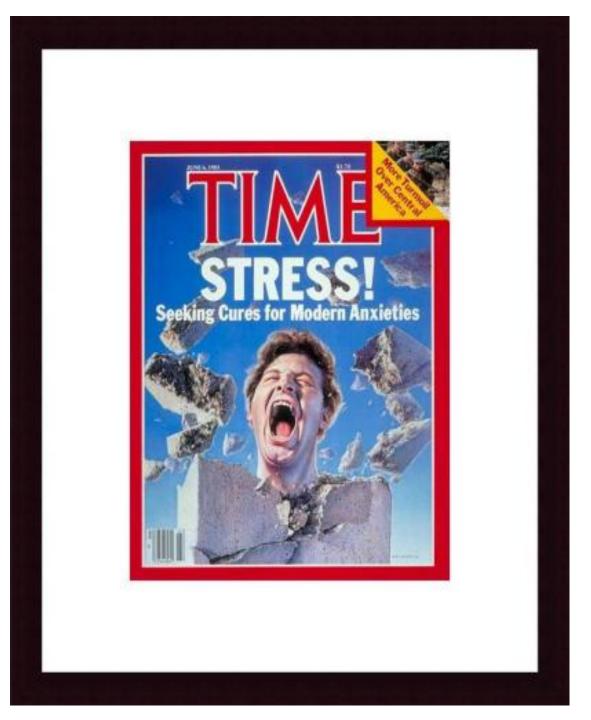
## Summary

- Significant relationships were observed between SES and microbiota diversity in both feces and mucosal-associated microbiota communities
- As SES increased so did the level of diversity
  - 10-20% of variations in diversity were accounted for by SES
  - Does not appear to be related to adiposity, smoking, or alcohol consumption and not completely explained by diet
- In the greater Chicago area, individuals from more affluent neighborhoods might have diets that are enriched in animal products relative to carbohydrates (based on abundance of Bacteroides and Prevotella)
- There was <u>no</u> correlation between SES and serum cytokines, markers of endotoxemia and intestinal permeability

# Why should SES of the host impact microbiota composition?

- Diet
- Alcohol consumption
- Physical activity/inactivity
- Antibiotic use
- Exposure to pollutants or toxicants
- Stress- social support, security
- Early life events
- "Generational" factors
- Sleep/Circadian Misalignment

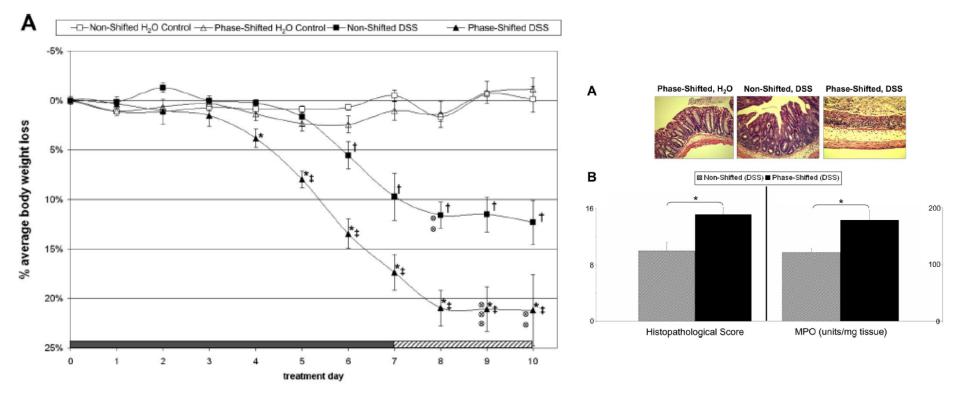






#### Stressed & Sleep deprived

# Circadian disruption augments vulnerability to chemically induced intestinal injury (DSS)



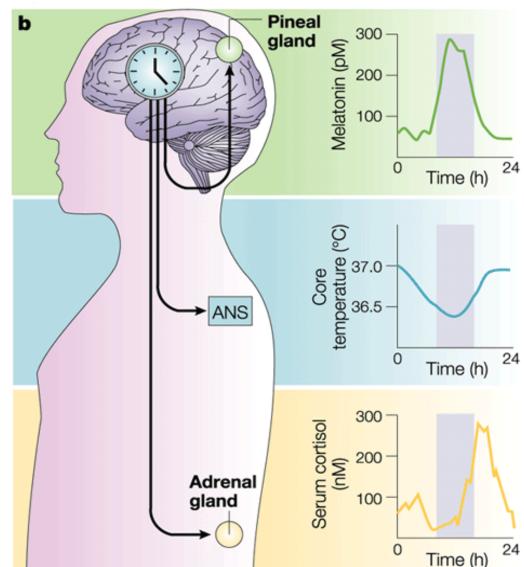
Preuss et al. Am. J. Physiol. 2008. 295: R2034-R2040.

## What are Circadian Rhythms?

- A <u>circadian rhythm</u> is any biological process that displays an endogenous, entrainable, oscillation of ~24h
  - Endogenous: self-sustained
  - *Entrainable:* adjust to cues in the environment
  - Circadian comes from the Latin words circa ("around") and diēs ("day")

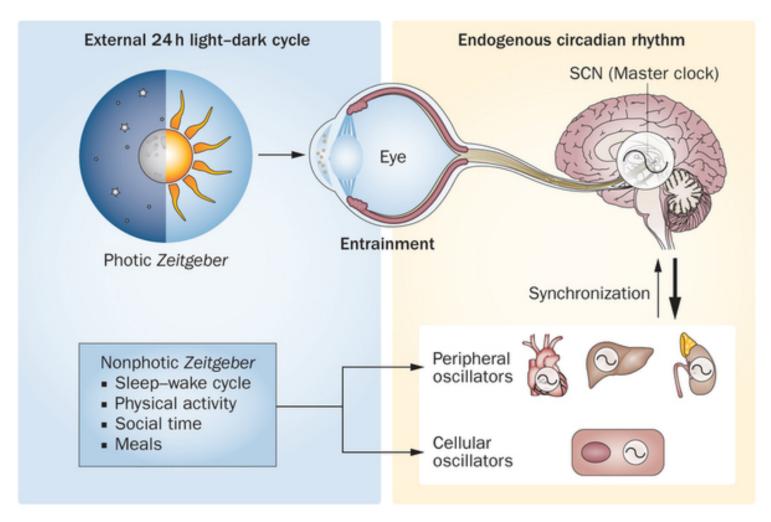
### What are Circadian Rhythms?

- Allow an organism to prepare for predictable changes in the environment
  - Light:dark cycles
  - Food availability
  - Physical demands
- Regulate nearly everything!



Hastings et al, Nature Reviews Neuroscience 4: 649-661, 2003

#### What Factors Disrupt the Circadian Clock?



Buttgereit et al, Nature Reviews Rheumatology 11: 349-356, 2015

#### <u>Threats to Good Sleep &</u> <u>Circadian Homeostasis</u>

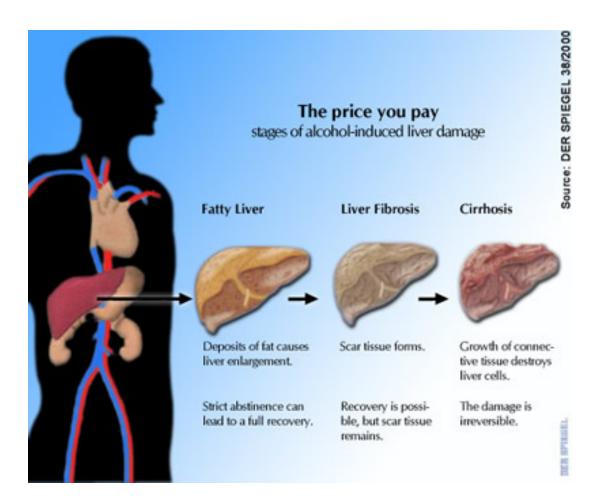


### **Diseases Associated with Shift Work**

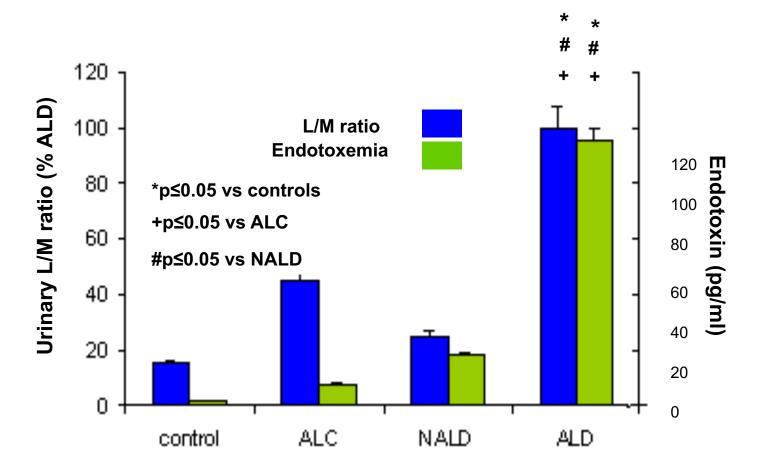
- Obesity, NASH
- Metabolic Syndrome, Diabetes
- Cancer (breast, prostate, colon)
- Cardiovascular Disease
- Inflammatory Bowel Disease (IBD)

## Inflammation

### **Alcoholic Liver Disease**

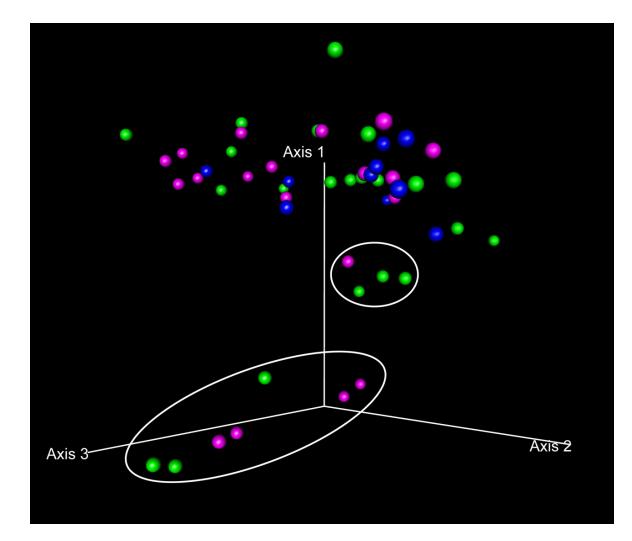


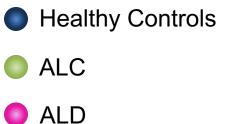
#### Alcoholics with ALD had endotoxemia and gut leakiness.



Keshavarzian A. et al., Am J Gastroenterol. 1999;94:200-207

#### 25% of Alcoholics Differ from the Main Cluster



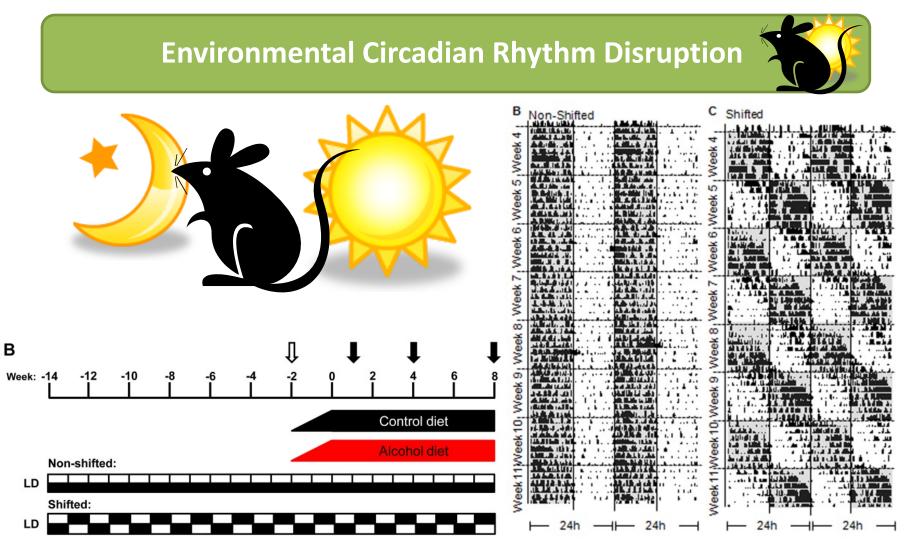


Mutlu, et al. Am J Physiol Gastrointest Liver Physiol 2012;302:G966-G978

#### Can disrupted circadian homeostasis promote gut leakiness and dysbiosis in alcohol fed mice?

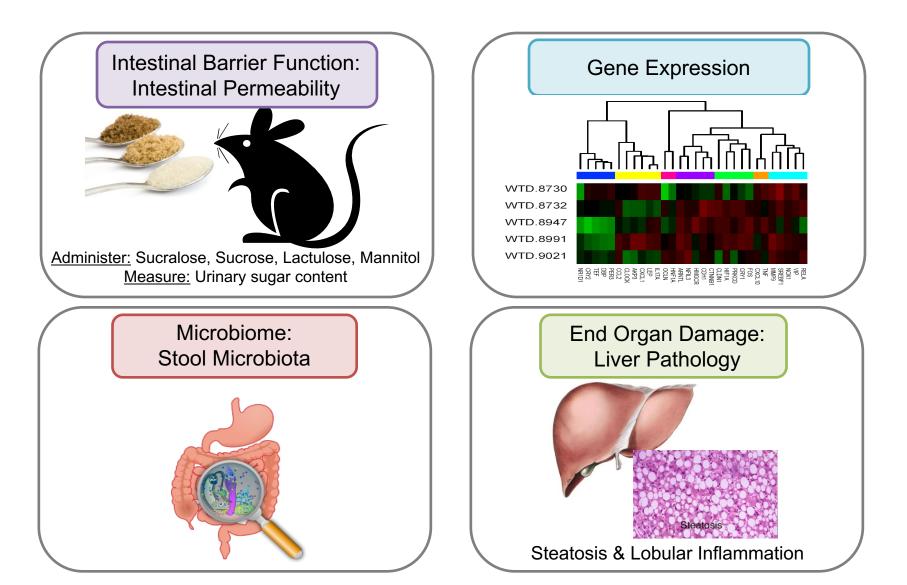


### **Models of Circadian Rhythm Disruption**

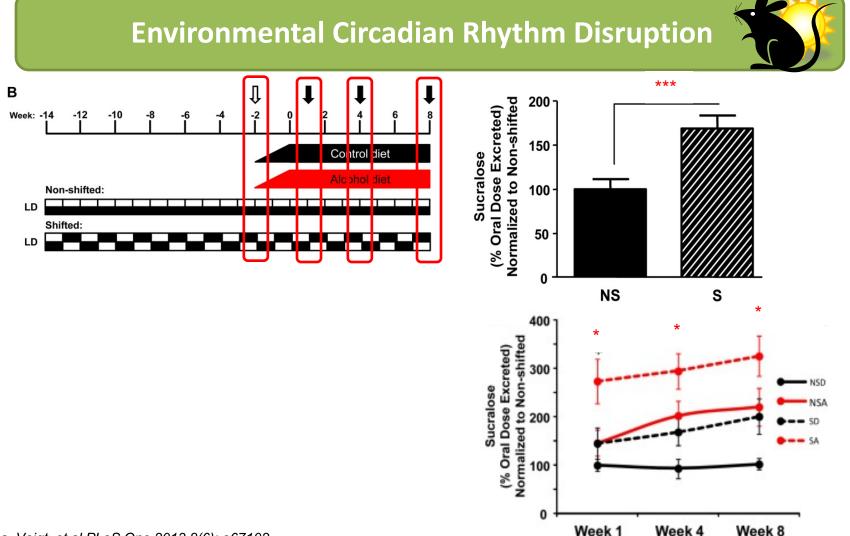


Summa, Voigt, et al PLoS One 2013 8(6): e67102 & Voigt, et al PLoS One 2014 9(5): e97500

## **Experimental Outcomes**



#### Disrupted Circadian Rhythm Promotes alcohol-induced Intestinal Permeability

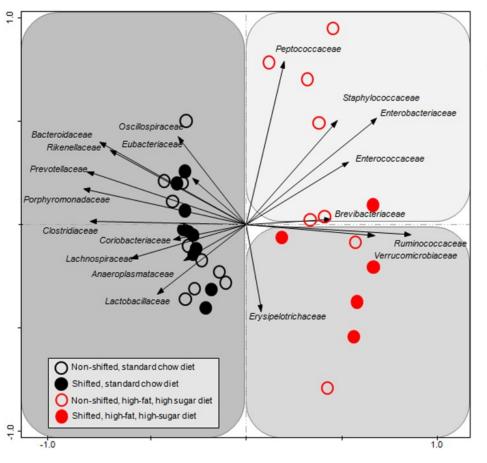


Summa, Voigt, et al PLoS One 2013 8(6): e67102

#### Environmental Disruption Alters the Microbiota Under "Challenging" Conditions

40

60

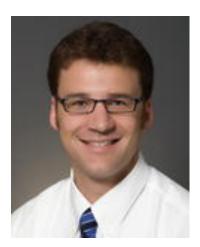


Family level

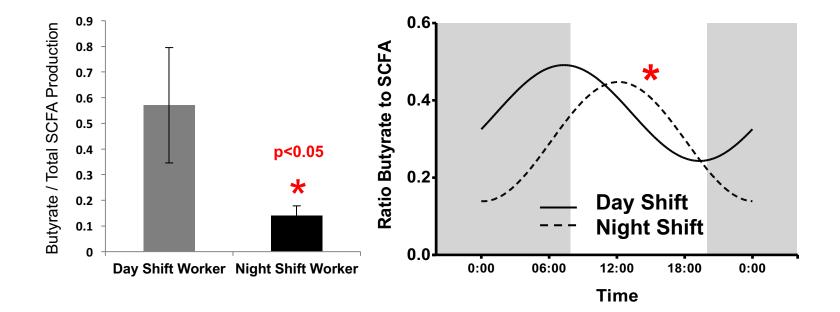
80 0 8 4 8 8 5 100 Allobaculum Tin da Ilia Shigella Enterococcus Akkermansla Escherichia Anaerofilum Doreg Clostridium (Erysip.) Staphylococcus Brevibacterium Enterorhabdus Enterobacter PseudoflavonIfractor Desulfosporosinus Rum Ino co ccus Tannerella Clostridium Atopoblum Olsenella Coprococcus Blautia Butyrivibrio Rikenella Oscillibacter Oscillospira Roseburia Eubacterium - Bacteroides Prevotella Turicibacter Lactobacillus Angerostipes Bryantella Lachnospira Oribacterium Anaeroplasma Catonella Genus level

Voigt et al, PLoS One, 2013

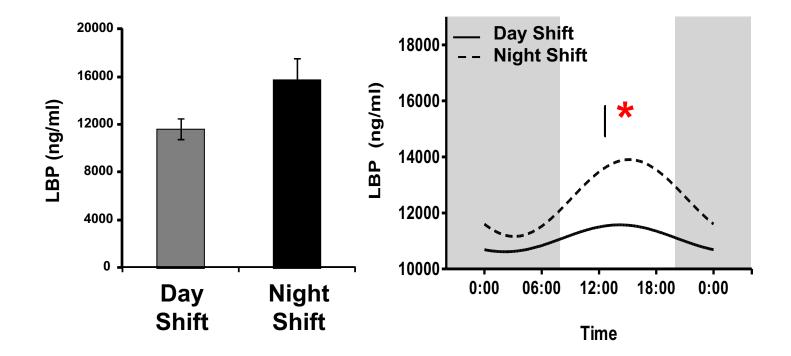
# Can disrupted circadian homeostasis promote gut leakiness in humans?



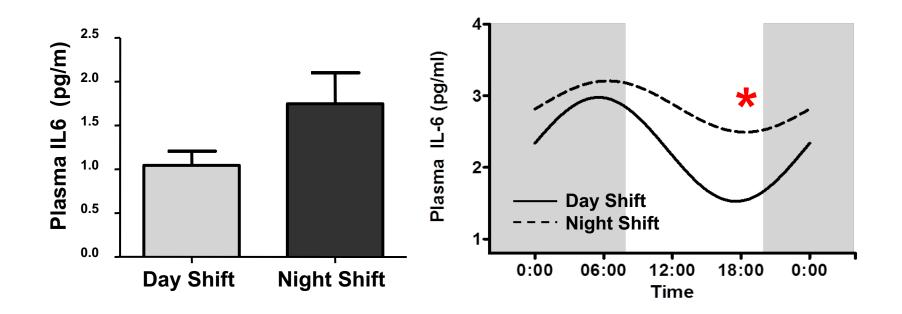
#### Butyrate Production as a Ratio of Total SCFA Production



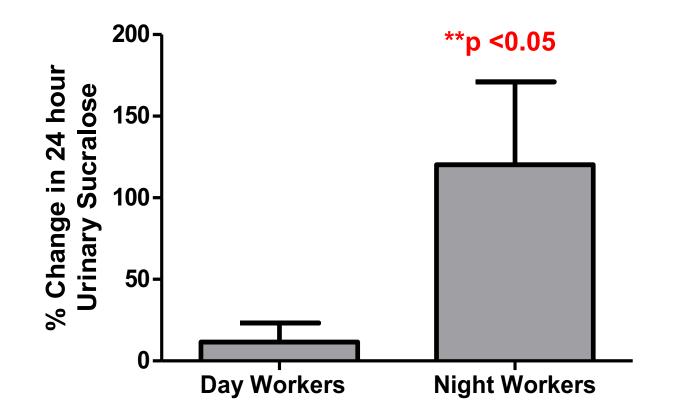
#### Serum LBP in Day Shift & Night Shift Workers



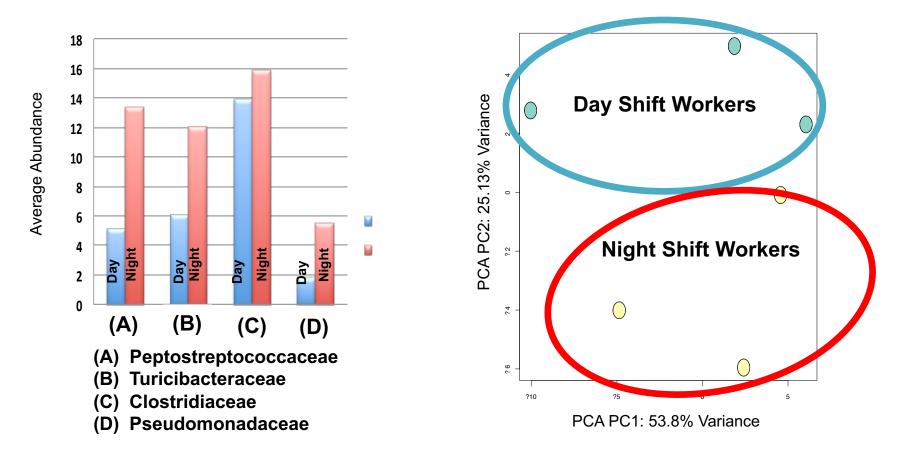
### Plasma IL6 in Day Shift and Night Shift Workers



### <u>Change in Intestinal Permeability</u> After Moderate Alcohol Consumption



#### Fecal Microbiota Analysis in Day Shift and Night Shift Workers



# Conclusion

- Health disparities due to SES may be related to sub-optimal intestinal microbiota communities associated with different lifestyle, genetic, or environmental factors associated with different neighborhoods
- Targeting the intestinal microbiota with strategies to alter the intestinal microbiota (high fiber diet or dietary supplementation) may be a viable strategy to reduce SES related health disparities

# Impact of SES on microbiota was reported in A Subsequent Study

ORIGINAL ARTICLE: GASTROENTEROLOGY

#### Gut Microbiota Differences in Children From Distinct Socioeconomic Levels Living in the Same Urban Area in Brazil

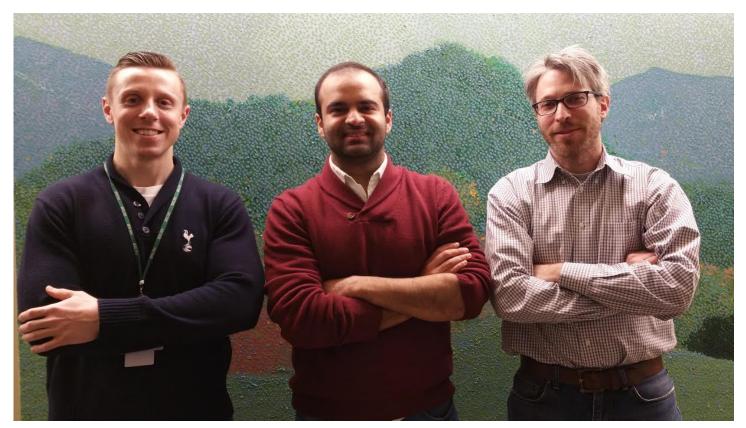
\*Carolina S. Mello, <sup>†</sup>Mirian S. Carmo-Rodrigues, <sup>†‡</sup>Humberto B.A. Filho, <sup>†‡</sup>Lígia C.F.L. Melli, <sup>‡</sup>Soraia Tahan, <sup>§</sup>Antônio C.C. Pignatari, and <sup>‡</sup>Mauro B. de Morais

		Slum (n = 100)	Private school $(n = 30)$	$P^{*}$
Total eubacteria	CFU/g (×10 <sup>14</sup> )	2.32 (0.40-10.88)	0.02 (0.0-0.05)	< 0.001
Bacteroidetes phyla	$CFU/g (\times 10^9)$	1.61 (0.51-2.53)	0.12 (0.02-0.46)	< 0.001
Bacteroides fragilis	CFU/g (×10 <sup>10</sup> )	1.22 (0.21-6.12)	0.43 (0.05-4.22)	0.219
Firmicutes phyla	$CFU/g (\times 10^8)$	0.96 (0.35-3.07)	0.13 (0.04-0.43)	< 0.001
Lactobacillus spp.	$CFU/g (\times 10^7)$	6.45 (1.71-31.15)	2.56 (0.23-12.50)	0.016
Clostridium difficile	$CFU/g (\times 10^3)$	1.69 (0.78-7.26)	8.85 (2.1-17.78)	0.002
Clostridium perfringens	$CFU/g (\times 10^5)$	0.71 (0.17-6.08)	10.91 (1.52-39.76)	< 0.001
Staphylococcus aureus	$CFU/g (\times 10^5)$	5.20 (1.81-24.50)	5.23 (0.19-17.56)	0.483
Bifidobacterium spp.	$CFU/g (\times 10^5)$	4.30 (0.97-21.18)	4.31 (2.13-14.58)	0.719
Salmonella spp.	$CFU/g (\times 10^2)$	2.13 (0.84-7.29)	8.86 (3.02-22.35)	0.046
Escherichia coli	$CFU/g (\times 10^9)$	1.38 (0.30-11.84)	0.37 (0.07-2.75)	0.037
Methanobrevibacter smithii	$CFU/g (\times 10^7)$	3.34 (1.04-8.71)	0.02 (0.0-0.55)	< 0.001

TABLE 3. Bacterial genera and species (colony-forming units: CFU/g feces) in stool samples representing the colonic microbiota of the slum children and children from the private school

\*Mann-Whitney test (median and 25th and 75th percentiles).

#### Microbiota and Bioinformatics Collaboration Team



Phillip Engen, BS Research Technician 2 Rush University Ankur Naqib PhD Student Research Assistant University of Illinois at Chicago Stefan J. Green, PhD Director DNA Services Facility University of Illinois at Chicago

#### The Research Team



### Neighborhood SES Predicts α-Diversity After Adjusting for Covariates

	Neighborhood SES Composite <i>n</i> =44	Sigmoid Mucosa Shannon Index <i>n</i> =41	Sigmoid Mucosa Chao1 Index <i>n</i> =41	Feces Shannon Index <i>n</i> =26	Feces Chao1 Index n=25
Age	0.15	-0.06	-0.07	-0.08	0.10
Gender	0.03	-0.05	-0.05	-0.14	-0.31
Caucasian	0.47 ^	0.24	0.24	0.14	0.12
African-American	-0.51 ^	-0.21	-0.19	-0.01	0.04
Body Mass Index	-0.39*	-0.27	-0.26	-0.24	-0.12
Current Smoker	0.04	0.16	0.17	-0.23	-0.26
Alcohol Use	-0.04	0.07	0.06	0.04	0.34

Values are Pearson (for age, body mass index, alcohol) or Point-Biserial correlations (for Gender, Caucasian, African-American, and Smoking). Gender is coded as 0 = Male, 1 = Female. Caucasian, African-American, and Smoker are coded as 0 = No, 1 = Yes. For sigmoid mucosa, where n = 41, the critical value of r at  $\alpha = 0.05$  is 0.30. For Feces, where n = 26, the critical value of r at  $\alpha = 0.05$  is 0.37. \* p < 0.01;  $^{\circ}p < 0.001$ .

#### S5 Table. Percent variance in alpha diversity explained by covariates.

	Sigmoid Mucosa Shannon Index <i>n</i> =41	Sigmoid Mucosa Chao1 Index <i>n</i> =41	Feces Shannon Index <i>n</i> =26	Feces Chao1 Index <i>n</i> =25
Age	0.004	0.005	0.006	0.010
Gender	0.003	0.003	0.020	0.096
Caucasian	0.058	0.058	0.020	0.014
African-American	0.044	0.036	0.000	0.002
Body Mass Index	0.073	0.068	0.058	0.014
Current Smoker	0.026	0.029	0.053	0.068
Alcohol Use	0.005	0.004	0.002	0.116

Table shows R<sup>2</sup> values, reflecting percentage of variance in alpha diversity indices explained by each covariate (for age, body mass index, alcohol). Gender is coded as 0 = Male, 1 = Female. Caucasian, African-American, and Smoker are coded as 0 = No, 1 = Yes. For sigmoid mucosa, where n = 41, the critical value of *r* at  $\alpha = 0.05$  is 0.30. For Feces, where n = 26, the critical value of *r* at  $\alpha = 0.05$  is 0.37. \* p < 0.01; p < 0.001.