

Determinants and consequences of exaggerated adrenarche in simple obesity



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Introduction & Aims

- ✓ Obese children are at risk for increased DHEAS production, which is assumed to arise from hyperinsulinemia, hyperleptinemia, increased IGF-1 production or chronic low grade inflammation.
 - ✓ The consequences of exaggerated adrenarche in boys have not been well studied.
- Therefore, a retrospective study was set up :
- ✓ To evaluate the prevalence of exaggerated adrenarche in a cohort of obese boys and girls and its correlation with obesity- associated hormonal changes.
 - ✓ To evaluate whether obese children with exaggerated adrenarche are at higher risk for a more advanced pubertal maturation, dyslipidemia or central obesity.

Patients & Methods

234 overweight or obese (BMI SDS > 1.3) children, aged between 4 and 18 years, with simple obesity , starting a weight loss program at the UZ Brussel in 2013 and 2014, were studied retrospectively.

Standardanthropometric measurements including 4 site skinfolds thickness measurements and pubertal staging

Body composition by BIA (Bodystat 1500)

DHEAS, fasting insulin, IGF1, leptin by automated immunoassay and fibrinogen and lipid levels by standard laboratory methods)

Logarithms of all hormones were standardized for age using residuals of a simple regression analysis (res).

Statistical analysis : Spearman Rank, Pearson correlation test, Mann-Whitney test

Definitions : Exaggerated adrenarche : DHEAS > 2.4 mg/L

Results

| | Boys (n= 99) | Girls (n = 135) | P value |
|--------------------|--------------------|-------------------|---------|
| Age (years) | 9.8 (4-17.3) | 9.8 (4.6-16.6) | 0.818 |
| Birth weight (SDS) | -0.08 (-3.04-3.27) | -0.11 (-84-3.43) | 0.653 |
| Height (SDS) | 0.79 (-1.63-3.99) | 0.78 (-2.95-3.22) | 0.679 |
| BMI (SDS) | 2.41 (1.44-3.68) | 2.38 (1.40-5.72) | 0.626 |
| Waist (SDS) | 2.24 (1.09-3.91) | 2.24 (0.44-5.54) | 0.942 |
| Body fat BIA (%) | 34 (18-58) | 36 (16-69) | 0.062 |
| 4 Skinfolds (mm) | 101 (47-219) | 105 (26-212) | 0.586 |
| Insulin (pmol/l) | 105(20-496) | 124(37-461) | 0.126 |
| IGF1 (µg/l) | 191 (88-972) | 250 (85-677) | <0.0005 |
| Leptin (µg/l) | 25 (6.4-99) | 33 (8.3-145) | <0.0005 |
| Fibrinogen (mg/dl) | 294 (123-524) | 325 (171-514) | 0.069 |
| HDL chol. (mg/dl) | 46 (22-76) | 42 (17-82) | 0.049 |
| Triglycer. (mg/dl) | 88 (36-133) | 87 (41-356) | 0.282 |

| DHEAS (mg/L)/ log DHEASres | Rho value | P value | R value | P value |
|-------------------------------|-----------|---------|---------|---------|
| Age | 0.706 | <0.0005 | | |
| Birth weight SDS | -0.192 | 0.005 | -0.221 | <0.0005 |
| BMI SDS | -0.042 | 0.523 | 0.110 | 0.094 |
| Waist SDS | -0.026 | 0.703 | 0.221 | 0.001 |
| Body fat % | -0.137 | 0.053 | 0.040 | 0.571 |
| 4 Skinfolds | 0.390 | <0.0005 | 0.176 | 0.011 |
| Insulin / Log insulin res | 0.501 | <0.0005 | 0.262 | <0.0005 |
| IGF1 / Log IGF1 res | 0.442 | <0.0005 | 0.033 | 0.619 |
| Leptin / Log Leptin res | 0.403 | <0.0005 | 0.163 | 0.013 |
| Fibrinogen / Logfibr.res | 0.181 | 0.007 | -0.128 | 0.056 |

Patient characteristics (median/ range)

| | Children with DHEAS < 2.4 mg/L N = 211 | Children with DHEAS >2.4 mg/L N = 23 (14 M) | P value |
|-------------------|--|--|---------|
| Age (years) | 9.4 (4-16.6) | 14.0 (7.7-17.3) | <0.0005 |
| Birthweight(SDS) | 0.03 (-3.04-3.43) | -0.33 (-2.34-1.76) | 0.231 |
| Height (SDS) | 0.79 (-2.95-3.99) | 0.62 (-1.85-3.99) | 0.305 |
| BMI (SDS) | 2.38 (1.40-5.72) | 2.48 (2.03-3.55) | 0.069 |
| Waist (SDS) | 2.24 (0.44-5.54) | 2.30 (1.41-2.94) | 0.631 |
| Body fat BIA (%) | 35 (16-69) | 35 (18-53) | 0.682 |
| 4 Skinfolds(mm) | 100 (26-207) | 131 (62-219) | <0.005 |
| Insulin (pmol/l) | 115 (20-495) | 177 (62-413) | <0.0005 |
| IGF1 (µg/l) | 211 (85-972) | 367(107-677) | <0.0005 |
| Leptin (µg/L) | 29.7 (6.4-99.2) | 38.7 (7.0-144.8) | 0.056 |
| Fibrino.(mg/dl) | 304 (123-514) | 355 (197-524) | 0.056 |
| HDLchol.(mg/dl) | 44 (17-82) | 41 (27-72) | 0.050 |
| Triglycer.(mg/dl) | 84 (36-356) | 95 (55-156) | 0.716 |

Correlates of DHEAS /logDHEAS res

| | Children > 10 yrs DHEAS < 2.4mg/L N = 90 | Children > 10 yrs DHEAS > 2.4 mg/L N = 20 | P value |
|---------------------|--|---|---------|
| Gender (M/F) (n) | 36/54 | 11/9 | 0.164 |
| Genital St (1-5)(n) | 15/12/7/0/2 | 1/2/1/3/4 | 0.001 |
| Age (years) | 12.1(10-16) | 14.2(10.2-17.4) | <0.0005 |
| Birthweight (SDS) | -0.10 (-3.04-3.43) | -0.68 (-2.34-1.30) | 0.156 |
| Height (SDS) | 0.60 (-1.94-3.22) | 0.61 (-1.85-3.99) | 0.535 |
| BMI (SDS) | 2.29 (1.46-5.72) | 2.46 (2.03-3.55) | 0.016 |
| Waist (SDS) | 2.10 (0.93-5.54) | 2.28 (1.41-2.94) | 0.168 |
| Body fat BIA (%) | 33 (18-60) | 35 (18-53) | 0.299 |
| 4 Skinfolds (mm) | 112 (26-199) | 177 (62-413) | 0.004 |
| Insulin (pmol/l) | 147 (53-461) | 177 (62-413) | 0.185 |
| IGF1 (µg/l) | 291 (88-972) | 370 (107-677) | 0.141 |
| Leptin (µg/L) | 38 (10-99) | 37 (7-144) | 1.000 |
| Fibrino.(mg/dl) | 327 (196-485) | 351 (197-524) | 0.386 |
| HDL chol. (mg/dl) | 43 (19-61) | 40 (27-72) | 0.051 |
| Triglycer.(mg/dl) | 106 (36-342) | 89 (55-156) | 0.196 |

Comparison between children with and without exaggerated adrenarche

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Conclusions

- ✓ Exaggerated adrenarche is observed in 10 % of obese children and adolescents
- ✓ Exaggerated adrenarche appears to be mainly driven by compensatory hyperinsulinemia
- ✓ Exaggerated adrenarche is associated with lower HDL cholesterol levels and a more advanced genital development in obese adolescents

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No conflicts of interest to declare

