Resting Energy Expenditure in the Kennedy's disease

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Aims

Spinal and bulbar muscular atrophy (SBMA), known as Kennedy's disease, is a rare and incurable X-linked recessive genetic, progressive, adult-onset neuromuscular disease. SBMA has a wide non-neural clinical phenotype, including metabolic disorders such as insulin-resistance and dyslipidemia. While in other neuro-muscular diseases an increase of energy expenditure has been described, in SBMA patients this aspect have not yet been assessed.

| Body composition (mean ± DS) | | | | |
|---------------------------------|--|--|--|--|
| | | | | |
| 24,4 ± 3,4 | 24,5 ± 3,5 | | | |
| 25,5 ± 6.4 | 24,3 ± 7,3 | | | |
| 35.3 ± 6,3 | 31,7 ± 7.4 | | | |
| _ | (mean \pm DS) SBMA subjects $24,4 \pm 3,4$ $25,5 \pm 6.4$ $35.3 \pm 6,3$ | | | |

Methods.

Heighteen SBMA patients ranged in age from 42 to 67 years and 18 age matched healthy men were evaluated. Resting energy expenditure (REE) was measured by an open-circuit indirect calorimeter after an overnight fast. Harris-Benedict equation was used to calculate the predicted REE. Body composition was assessed by bioimpedence analysis (BIA 101 RJL, Akern, Bioresearch, Florence, Italy). Free fat mass (FFM) was obtained by subtracting fat mass from total body weight.

Results

BMI and age did not differ significantly between the two groups. In SBMA subjects FFM was 46.8 ± 5,8 kg (64.7 ± 4.9%), REE was 1550 ±170 kilocal/24h, predicted value 1605 ±118 kilocal/24h (+15 ± 12,4%; p<0,01), REE/body weigth was 22.2 ± 2,5 kilocal/kg, REE/FFM was 34,8 ± 3,5 kilocal/kg. In control subjects REE was 1638 ±148,0 kilocal/24h, REE/body weigth was 21,7± 1,3 kilocal/kg and REE/FFM was 31,6± 2,1 kilocal/kg

| FFM Kg | $\textbf{46.8} \pm \textbf{5,8}$ | $51,9\pm5.4$ |
|--------|----------------------------------|----------------|
| FFM % | 64.7 ± 4.9 | 58.9 ± 4.4 |

Tab. 1- BMI and body composition in SMA and in control subjects.

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| | SBMA subjects | Controls |
|-----------------------------|---------------|------------|
| Kilocal/ Kg body weight/24h | 22.2 ± 2,5 | 21,7± 1,3 |
| Kilocal /kg FFM/24h | 34,8 ± 3,5 | 31,6± 2,1* |

**p*<0,005

Tab.2 - REE in SBMA and in control subjects.

Conclusions

Our results indicate that SBMA patients expend more energy respect to normal subjects when the REE is normalized for the FFM. An altered protein turnover and respiratory chain defects were observed in SBMA animal model (1,2). These abnormalities can explain the hypermetabolism observed in SBMA patients.

References

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