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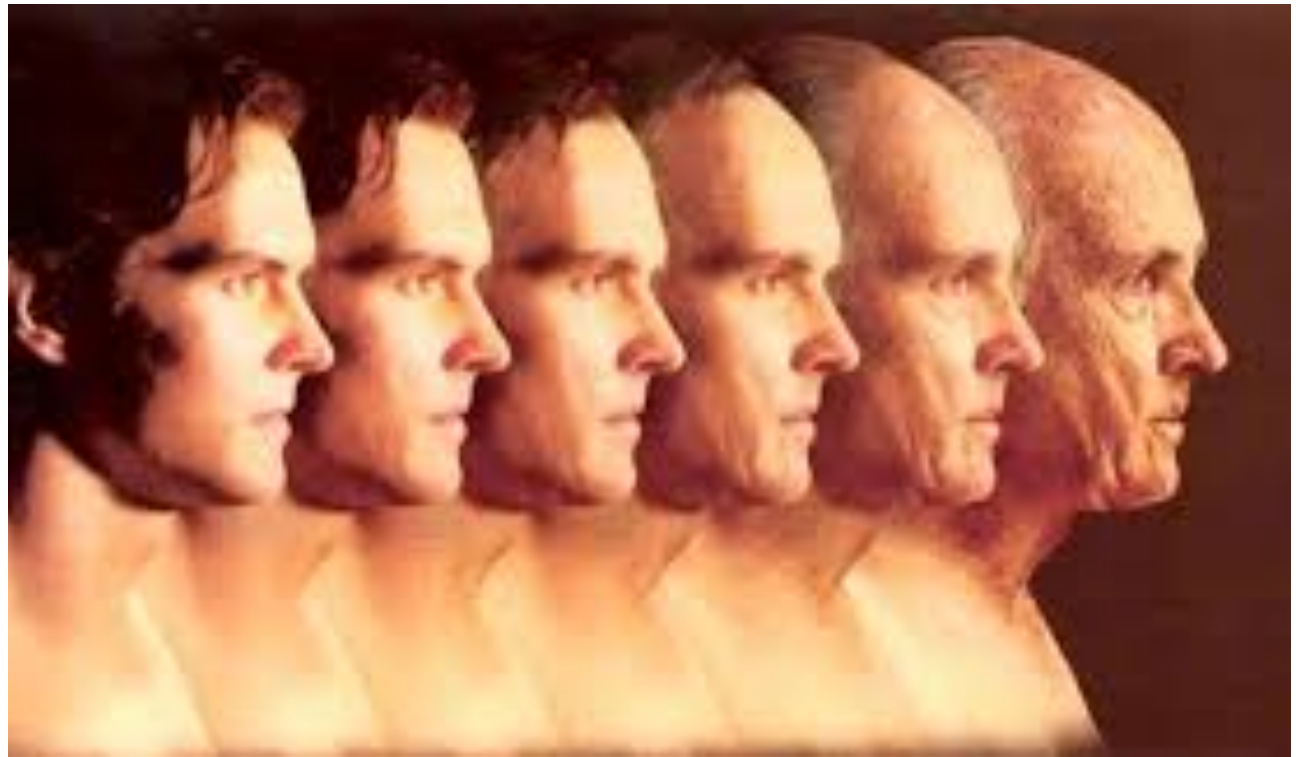
IDADE CRONOLÓGICA IDADE BIOLÓGICA

Dieta Individualizada

ALEXANDRE AGUIAR

QUÍMICA E NUTRIÇÃO







PAPEL DO NUTRICIONISTA

- Abordagem individualizada
- Saber atuar em todas as fases



Expectativa de vida



ENVELHECIMENTO

- ESTRESSE OXIDATIVO
- PRODUTOS DE GLICAÇÃO AVANÇADA - AGEs
- POLUIÇÃO
- RADIAÇÃO SOLAR
- STRESS

EDITORIAL

Coping with the Longevity Revolution

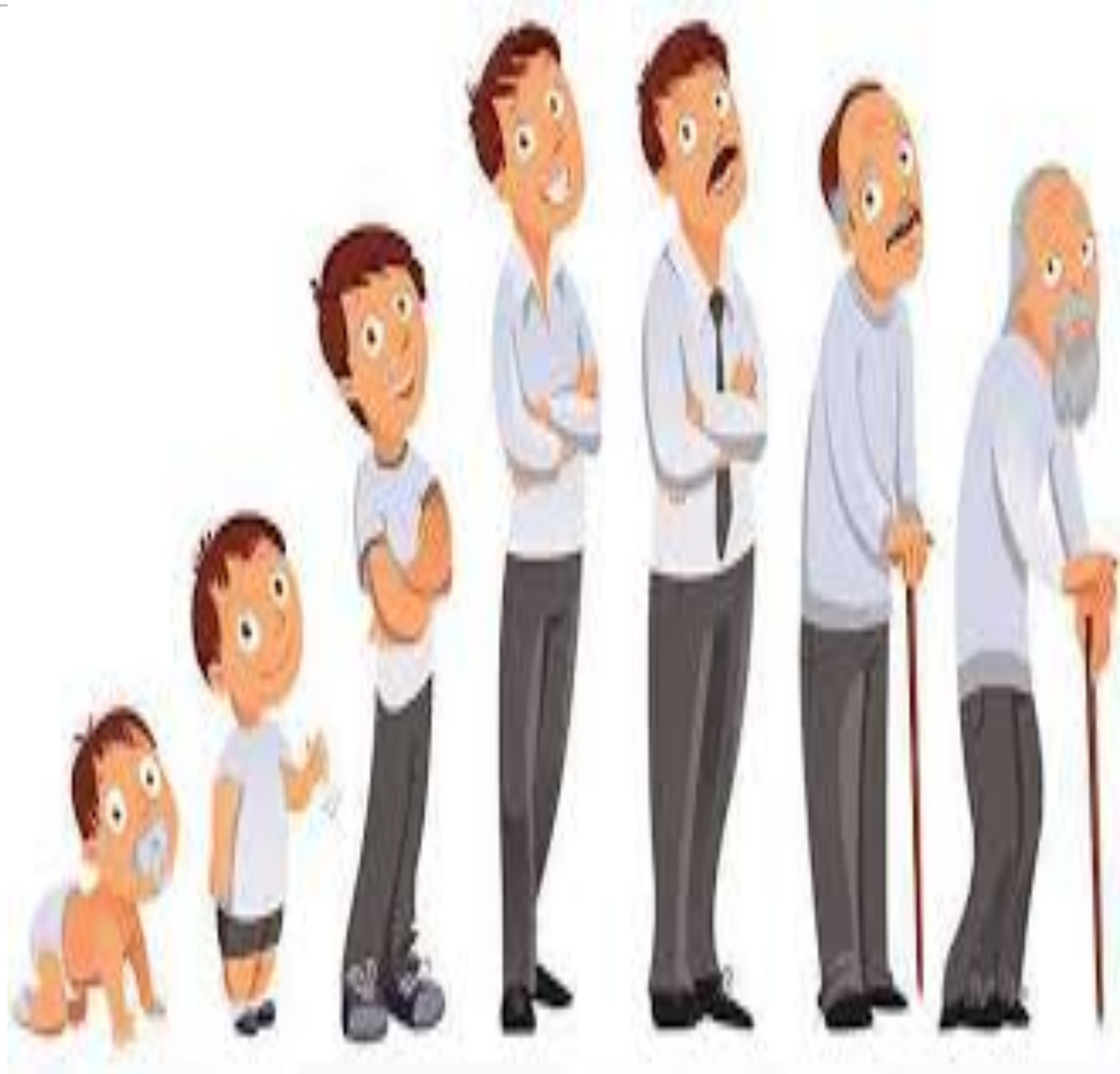
Alexandre Kalache²

²President of the International Longevity Center/Brazil

The longevity we witness today at a global level - and undoubtedly in Brazil - is a revolution. We already live thirty or more years longer than our grandparents. The implications of this process transcend the individual dimension and impact the legal, health, education, culture, labor, social services and social security sectors. Longevity also has a retroactive effect, with impacts on all stages of life: it is not a further thirty years of *old age*, but a further thirty years of *life*.

My first impression of an aging country was in England where I went to study for a Masters in Public Health in 1975. From that time onwards, I realized that Brazil was also aging quickly, albeit in a context of poverty, unlike developed countries that first evolve, prosper, and then grow old. I realized years later that Brazilian aging occurred in an extraordinarily compressed manner: our life expectancy now exceeds that of England in the 1970s and the fertility rate rose from the threshold to replacement in a few years.

My 20 years of academic experience in London and Oxford, in addition to the period when I ran the Department of Ageing and Health of the WHO, helped me formulate Active Aging: a Policy Framework, as defined by the WHO: *the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age*. Those who grow old with health and knowledge can participate fully in society. In the absence of such conditions, it is





Exp Ther Med. 2018 Aug; 16(2): 635–642.

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PMID: [30116319](https://pubmed.ncbi.nlm.nih.gov/30116319/)

GSH levels affect weight loss in individuals with metabolic syndrome and obesity following dietary therapy

[Nikolaos Goutzourelas](#),^{1,2} [Marina Orfanou](#),² [Ioannis Charizanis](#),³ [George Leon](#),² [Demetrios A. Spandidos](#),⁴ and [Demetrios Kouretas](#)¹

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O objetivo deste estudo foi investigar os efeitos dos níveis de status redox sobre a capacidade dos pacientes para perder peso após a terapia dietética e exercício.

- Um total de 103 participantes com SM e obesidade
- 73 eram mulheres e 30 eram homens
- Intervenção dietética – 6 meses
- A dieta consistiu de 6 refeições por dia, nas quais as duas principais refeições compreendem alimentos bio funcionais contendo 10 g de proteína de soro de leite de ovelha, carboidratos vegetais de baixo a médio IG.
- Fibras: mínimo → 25g Mulheres e 35g Homens: OMS/SM
- 30:50:20 macronutrientes (proteínas: carboidratos: gorduras)

Table I.

Values of redox status biomarkers, RQ, weight and BF% before and after the intervention.

Parameters	PRE (mean \pm SEM)	POST (mean \pm SEM)	% of PRE
GSH ($\mu\text{mol/g Hb}$)	3.75 \pm 0.11	2.64 \pm 0.10 ^e	71.26 \pm 1.95 ^e ←
CARB (nmol/mg protein)	0.51 \pm 0.01	0.53 \pm 0.01	109.1 \pm 3.26
TBARS ($\mu\text{mol/l plasma}$)	5.26 \pm 0.13	5.32 \pm 0.11	107.47 \pm 3.68
RQ	0.90 \pm 0.03	0.78 \pm 0.01 ^b	89.97 \pm 2.70 ^b
Weight (kg)	83.33 \pm 2.63	75.77 \pm 2.06 ^a	92.37 \pm 0.68 ^c ←
BF%	30.70 \pm 0.89	24.31 \pm 0.82 ^c	79.43 \pm 1.29 ^c ←

Changes are also shown percentages relative to PRE condition.

^aP<0.05

^bP<0.01

^cP<0.001, significantly different compared to the pre-intervention condition. PRE, pre-intervention; POST, post-intervention; RQ, respiratory quotient; BF%, body fat percentage; GSH, glutathione; CARB, protein carbonyls; TBARS, thiobarbituric acid reactive substances; SEM, standard error of the mean.

Tabela II

Valores de biomarcadores de status redox, RQ, peso e BF em altos grupos GSH e GSH baixo antes e após a intervenção.

Parâmetros	Alta GSH PRE	Alto GSH POST	Baixo GSH PRE	Baixo GSH POST
	(média ± SEM)	(média ± SEM)	(média ± SEM)	(média ± SEM)
GSH (µmol / g Hb)	4,55 ± 0,09	3,11 ± 0,13 ^a	2,67 ± 0,08 ^f	2,01 ± 0,11 ^e
CARB (nmol / mg de proteína)	0,48 ± 0,01	0,52 ± 0,01	0,54 ± 0,02	0,54 ± 0,02
TBARS (plasma µmol / l)	5,26 ± 0,17	5,26 ± 0,15	5,27 ± 0,21	5,39 ± 0,17
RQ	0,91 ± 0,04	0,76 ± 0,01 ^b	0,88 ± 0,06	0,81 ± 0,03
Peso (kg)	86,68 ± 3,73	77,65 ± 2,89 ^c	78,83 ± 3,57	73,83 ± 2,90 ^d
% BF	31,94 ± 1,15	24,78 ± 1,06	29,57 ± 1,35	23,97 ± 1,31

Dados existentes sugerem que níveis reduzidos de GSH ativam a via do fator de transcrição do fator nuclear (Nrf2)



Formato : resumo ▾

Obesidade (Silver Spring). Dezembro de 2011; 19 (12): 2429-32. doi: 10.1038 / oby.2011.298. Epub 2011 29 de setembro.

Glutathione depletion prevents diet-induced obesity and enhances insulin sensitivity.

Findeisen HM¹, Gizard F, Zhao Y, Qing H, Jones KL, Cohn D, Heywood EB, Bruemmer D.

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Alimentos?





antioxidants



Review

Cytoprotective Effects of Natural Compounds against Oxidative Stress

Jay Mehta, Srujana Rayalam  and Xinyu Wang * 

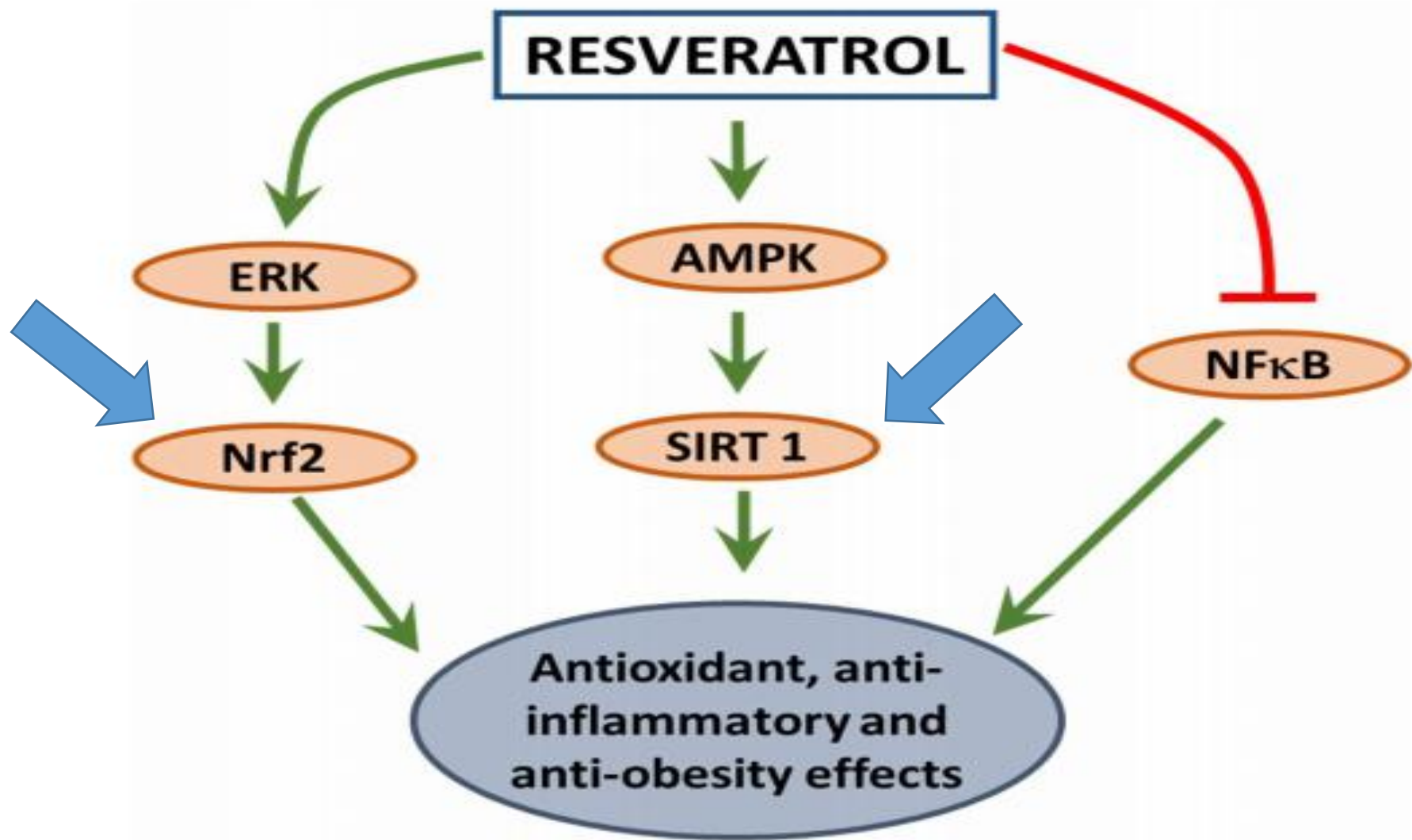
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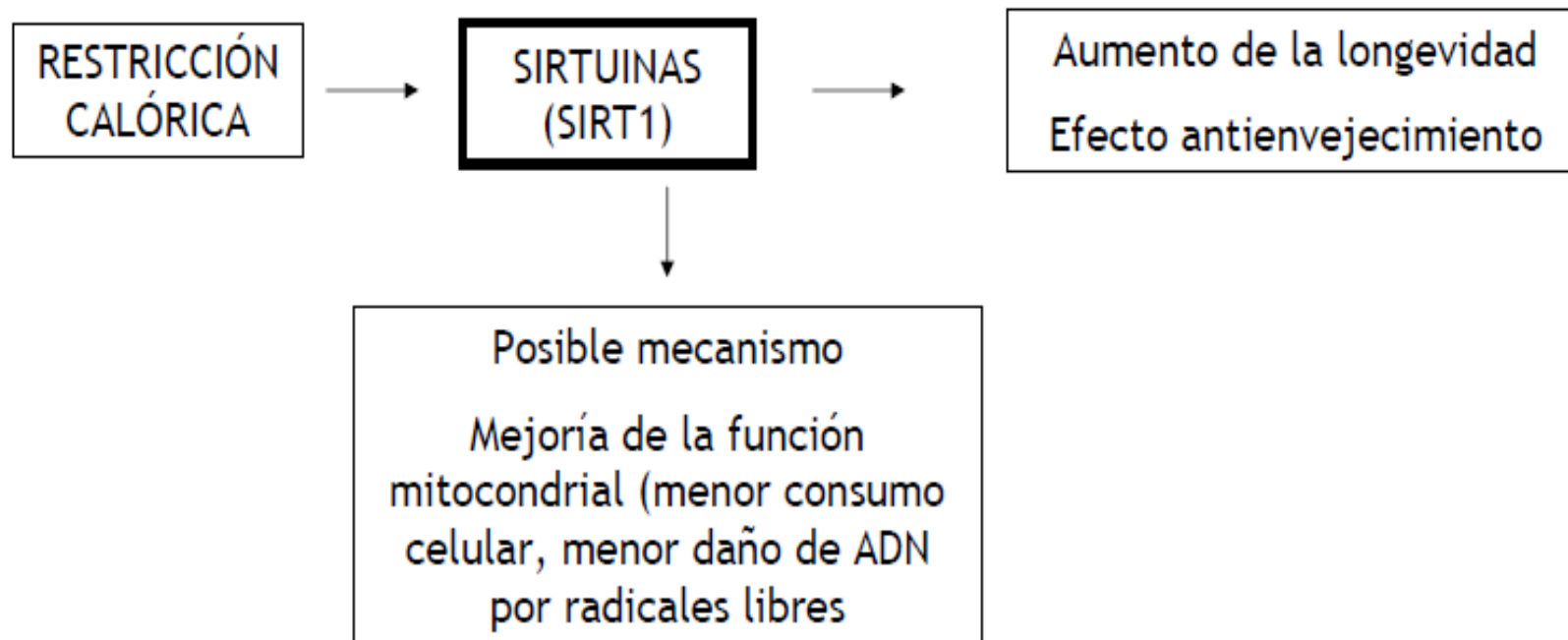
Received: 27 September 2018; Accepted: 16 October 2018; Published: 20 October 2018

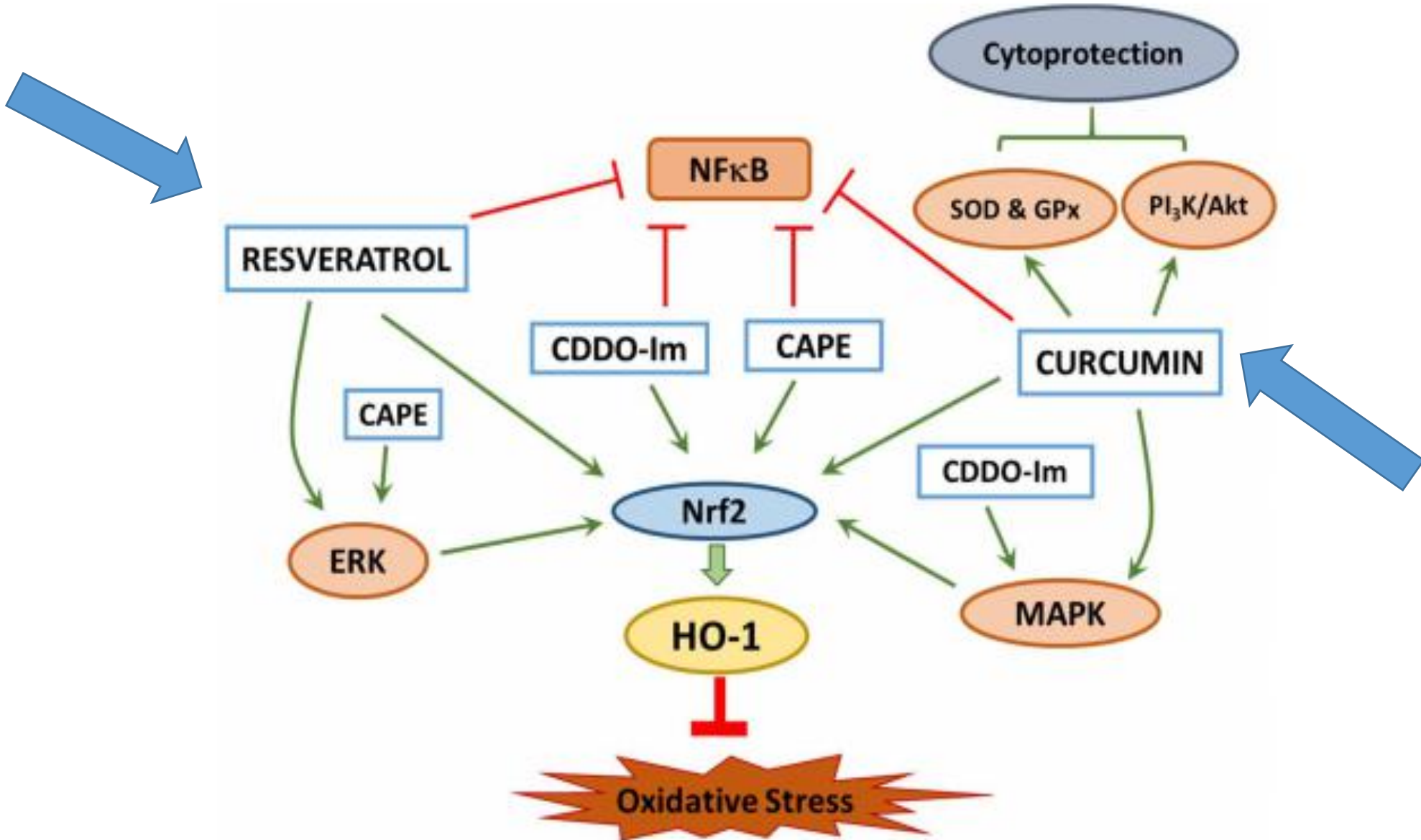


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RESTRICCIÓN CALÓRICA Y ANTIENVEJECIMIENTO





Format: Abstract ▼

[Eur J Nutr](#). 2011 Apr;50(3):151-61. doi: 10.1007/s00394-011-0188-1. Epub 2011 Mar 27.

New mechanisms and the anti-inflammatory role of curcumin in obesity and obesity-related metabolic diseases.

[Shehzad A](#)¹, [Ha T](#), [Subhan F](#), [Lee YS](#).

BIODISPONIBILIDADE

- Cúrcuma longa 500mg (90 a 95% curcuminóides)+
Piperina 10 a 20 mg



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[Eur J Nutr.](#) 2017 Mar; 56(2): 501–508.

PMID: [26558766](#)

Published online 2015 Nov 11. doi: [10.1007/s00394-015-1095-7](#)

Plasma vitamin D biomarkers and leukocyte telomere length in men

[Bettina Julin](#),^{1,2,3} [Irene M Shui](#),^{4,5} [Jennifer Prescott](#),^{1,2} [Edward L Giovannucci](#),^{1,4,6} and [Immacolata De Vivo](#)^{1,2,4}

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Metabolic Syndrome/Insulin Resistance Syndrome/Pre-Diabetes

Serum Ferritin and Risk of the Metabolic Syndrome in U.S. Adults

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