Morning Exercise is More Effective in Ameliorating Oxidative Stress in Patients with Type 2 Diabetes Mellitus

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Abstract

BACKGROUND: Exercise has been believed to be an important step in treating and preventing Type 2 diabetes mellitus complications. The circadian rhythm influences systems in the body, including antioxidants in the human body. By synchronizing exercise with exercise time, it will maximize the benefits of exercise for health.

AIM: This study aims to examining the effect of morning and afternoon exercise on increasing glutathione peroxidase-1 and improving oxidative stress in patients with T2DM.

METHODS: Twenty-two T2DM patients were randomly assigned to morning and afternoon exercise groups. The exercise treatment in this study was as diabetes Persadia gymnastic for 10 weeks. All participants were taken venous blood before exercise and after the 10th week. The data examined comprised GPx-1 (glutathione peroxidase-1) and MDA (malondialdehyde). The pre- and post-data were statistically processed using a comparative test.

RESULTS: After 10 weeks of exercise, GPx-1 levels increased significantly in both groups (p = 0.00). The increase in this enzyme was considerably greater (p = 0.00) in the morning group than in the afternoon group (130.37 ± 2.4 µmol/L vs. 72.38 ± 3.93 ng/ml). MDA levels decreased significantly in morning and afternoon groups (p = 0.00). The decrease in MDA was significantly greater (p = 0.00) in the morning than in the afternoon exercise group (8.22 ± 0.36 µmol/L vs. 5.2 ± 0.66 µmol/L).

CONCLUSIONS: Exercise in the morning was more effective in improving oxidative stress by increasing glutathione peroxidase-1 enzyme and reducing malondialdehyde in patients with type 2 diabetes mellitus.

Introduction

Diabetes mellitus is a multistystem disease with micro- and macro-vascular complications [1]. The imbalance between oxidative stress and antioxidant defense is one mechanism underlying these cardiovascular complications [2]. Oxidative stress is a condition in which there is an imbalance between antioxidant defenses and free radicals [3], [4]. Increased levels of free radicals will oxidize proteins, lipids, and nucleic acids. Oxidation of lipids produces lipid peroxides, which can be measured from levels of malondialdehyde (MDA) [5].

Patients with diabetes mellitus experience oxidative stress decreased levels of antioxidants in the body (including GPx) and increased plasma MDA levels. Decreased antioxidant capacity will cause oxidative stress, which predisposes to cardiovascular disease complications [6], [7]. Under oxidative stress, reactive oxygen species (ROS) trigger endothelial dysfunction through impaired signaling of nitric oxide (NO), a vasoprotective agent. Superoxide reacts with NO to form peroxynitrite, a potent vasoconstrictor. ROS are also associated with structural changes in vascular wall thickening and lumen narrowing [3].

GPx is an intracellular enzyme important in the body’s antioxidant defense. This enzyme converts hydrogen peroxide (H₂O₂) into the water and lipid peroxide into alcohol, especially in the mitochondria and cytosol. This enzyme has an important role in inhibiting the oxidation process of lipids, protecting cells from oxidative stress [5]. GPx-1 is present in all cell types, and this enzyme deficiency is associated with atherosclerosis [3].

Exercise is one of the non-pharmacological treatments for T2DM patients [8]. Exercise is a lifestyle intervention that has been shown to increase the body’s antioxidants and improve oxidative stress [9]. Shear stress due to increased blood flow during exercise can increase the antioxidant enzymes of superoxide dismutase (SOD) and glutathione
peroxidase (GPx), which are responsible for ROS scavenging [10], [11], [12]. Several studies have found that exercise reduces the incidence of diabetes and serves as the foundation for T2DM management [7].

The redox system experiences a circadian rhythm, in which antioxidants are more efficient in the early morning and higher levels of lipid peroxidation in the afternoon [13]. Oxidative stress was higher in the early evening, with peak concentrations of MDA occurring at 18:00 (lower value at 06:00). The parameters of antioxidant status (total antioxidant status (TAS), total bilirubin (TBIL), uric acid (UA), CAT, and GPx activity) were higher in the early morning, with peak concentrations at 06:00 [13], [14].

By synchronizing exercise with exercise time, it is expected to get better benefits for health, especially in the body’s antioxidant system. Current exercise protocols do not specify which time to exercise is better, in the morning or afternoon. However, research on this subject is still very limited. The purposes of this study were to analyze and prove the effectiveness of exercise in the morning and afternoon on GPx-1 enzyme levels and plasma MDA levels in patients with T2DM.

Methods

This research has received ethical approval from the Health Research Ethics Commission of Dr. Moewardi Hospital Surakarta, Central Java, Indonesia, No: 85/II/HREC/2021.

Research subjects were recruited from diabetes Persadia gymnastic participants in Palur, Karanganyar, Central Java, Indonesia. All members of the Persadia gymnastics association here are 90 people. Inclusion criteria were included in the study: Female gender, age 55–65 years, and BMI 23–25 kg/m². Exclusion criteria were excluded from the study: Receiving insulin therapy and suffering from severe complications. The participants’ diet was carried out according to the doctor’s recommendations, and oral antidiabetic drugs were still allowed to be consumed. Twenty-eight people who met the selection criteria were then randomly divided into the same number of morning and afternoon exercise groups. This study was intended for a research trial on a larger scale and took place during the COVID-19 pandemic at the end of 2021. Gymnastics was carried out by implementing strict health protocols. This protocol is to prevent the transmission of COVID-19 through physical distancing, washing hands with soap or hand sanitizer, and wearing masks. Six people were dropped out during the 10-week exercise treatment due to illness.

The exercise treatment was in the form of Persadia diabetes gymnastics, a moderate-intensity exercise. Moderate-intensity exercise has been shown to not cause oxidative stress. This exercise was created by the Ministry of Health of the Republic of Indonesia specifically for DM patients (https://youtu.be/Sb-dyG_V8G4). The exercise consists of a 5–10 min warm-up and stretching session, 20–30 min of core movement, and 5–10 min of cooling down. This Persadia gymnastics was carried out 3 times/week for 10 weeks, and its implementation was under the supervision of a certified trainer. The morning group exercise was done from 07.00 to 08.00, and the afternoon group was carried out from 16.00 to 17.00 (Figure 1).

Biochemical assessment

Random plasma glucose was measured using the hexokinase method. Random plasma glucose levels were measured in mg/dl. MDA was estimated using a spectrophotometric method focusing on the reaction of MDA and thiobarbituric acid (TBA). The MDA concentration (measured at 532 nm) was expressed in µmole/L. Plasma levels of GPx-1 were analyzed using the Abbexa ELISA kit. To reduce variability, duplicate samples were run on each plate with the ELISA kit using standard 96-well plates, and the two aliquots mean was used to measure GPx-1 concentration.
Statistical analysis

Data were presented in the form of mean ± SD. The Shapiro–Wilk test was used to analyze the data normality, while the Levene’s test was used to analyze variance. The GPx-1 data were normally shared and homogeneous. A dependent t-test was used for the pre- and post-exercise. To ascertain the difference data of morning and afternoon groups, an independent t-test was used. The MDA data for the morning and afternoon groups were normally distributed and homogeneous. To determine the difference between pre- and post-exercise data, the dependent t-test was used. Meanwhile, the MDA difference data were normally distributed but not homogeneous, so Mann–Whitney U-test was implemented. SPSS program (version 25) was used to measure data, and the significant difference was set up at the level of p < 0.05.

Results

The subjects’ characteristics included age, BMI (WHO criteria), and random plasma glucose levels that were normally distributed and homogeneous (Table 1).

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean ± SD Morning group</th>
<th>Mean ± SD Afternoon group</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (year)</td>
<td>61.09 ± 3.59</td>
<td>60.64 ± 3.64</td>
<td>0.77*</td>
</tr>
<tr>
<td>BMI (kg/m²)</td>
<td>23.99 ± 0.58</td>
<td>24.35 ± 0.55</td>
<td>0.15*</td>
</tr>
<tr>
<td>Random plasma glucose (mg/dl)</td>
<td>226.98 ± 40.15</td>
<td>230.98 ± 45.75</td>
<td>0.72*</td>
</tr>
<tr>
<td>The duration of suffering</td>
<td>13.91 ± 3.02</td>
<td>14.92 ± 4.18</td>
<td>0.74*</td>
</tr>
<tr>
<td>T2DM illness (year)</td>
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GPx-1 is one of the first-line antioxidant enzymes important for protecting the body from oxidative stress. The level of this enzyme will decrease in conditions of oxidation accentuate. Figure 2 shows an increase in GPx-1 enzyme levels after 10 weeks of exercise. Tests using t-test showed a significant increase in levels of GPx-1 pre- and post-exercises (p = 0.00) in both the morning and afternoon exercise groups. This shows that regular exercise in the morning and afternoon could increase levels of the antioxidant enzyme GPx-1. The increase in GPx-1 levels was significantly different (p = 0.00) between the morning and afternoon exercise groups, where the increase was greater in the morning group.

MDA is a dialdehyde compound that is the end product of lipid peroxidation. A high concentration of MDA indicates an oxidation process in the cell membrane. The results of pre-exercise and post-exercise measurements indicated a significant decrease in MDA (p = 0.00) both in the morning exercise group and the afternoon exercise group (t-test). This shows that regular Persadia gymnastics could reduce MDA levels. The decrease in MDA levels was different between the morning and afternoon exercise groups, where the decrease in MDA was significantly greater (p = 0.00) in the morning exercise group (Figure 3).

Discussion

Regular exercise is the main non-pharmacological management in patients with T2DM. Exercise can increase antioxidant capacity and reduce oxidative stress in this disease [15]. Diabetes Persadia gymnastic is recommended for people with diabetes mellitus because this exercise includes moderate-intensity exercise that is suitable for people with diabetes and the elderly [16]. Moderate-intensity exercise does not increase lipid peroxidation. The previous research has indicated that moderate- and long-term exercise activates the production of endogenous antioxidants [14]. Besides
being influenced by intensity, duration, and frequency, exercise is also influenced by the time of exercise (time of day). Thus, it is necessary to determine the right time so that exercise provides greater benefits to the prevention of cardiovascular complications in T2DM.

This study's findings revealed a significant increase in GPx-1 after diabetes exercise in both the morning and afternoon groups. The previous research on experimental animal models of DM showed a significant increase of the antioxidant enzyme GPx-1 after treadmill and swimming exercise compared to the sedentary DM control group [17], [18], [19]. Twelve weeks chronic exercise of moderate-intensity exercise significantly increased GPx levels (41.75%) in healthy elderly women [12]. Yoga and conventional exercise for 6 months increased SOD levels in T2DM patients significantly [20]. Sixteen weeks of exercise significantly increased GPx activity (15%) in healthy elderly subjects [18].

Several studies have shown that regular, moderate-intensity exercise induces the endogenous antioxidant system (EAS) and protects the body from damage caused by oxidative stress, therefore reducing the risk of cardiovascular disease [19]. The aging process causes an increase in protein breakdown through oxidative damage and selective protein degradation, accompanied by a decrease in protein synthesis. This gradually leads to a decrease in antioxidant enzyme levels in aging tissue, especially in skeletal muscle. Endurance training can reverse age-related reductions in muscle protein content, as well as mitochondrial oxidative capacity [18].

Increased blood flow during exercise causes shear stress able to increase the antioxidant enzymes of superoxide dismutase (SOD) and glutathione peroxidase (GPx), which are responsible for scavenging reactive oxygen species (ROS) [10]. Exercise can upregulate the expression of heat shock protein to increase antioxidant capacity in patients with T2DM. Another mechanism, exercise will activate nuclear factor erythroid 2-related factor 2 (Nrf2). Nrf2 is a nuclear transcription factor that coordinates a complex antioxidant cytoprotection system, stimulated by increased oxidative stress during exercise. Activation of Nrf2 by physical activity binds to the antioxidant response element (ARE) and activates the antioxidant response. Nrf2 regulates the synthesis and metabolism of glutathione [19], [20].

Measurement of GPx-1 in this study showed that the increase in GPx-1 levels was greater after exercise in the morning compared to the afternoon. The results of this study are in line with the results of research by Hammouda et al. They concluded that antioxidant status was more efficient in morning exercise than in the afternoon in young football players [13]. Circadian rhythms regulate all activities in the body, including the antioxidant system, where the activity of the antioxidant system is higher in the morning [14], [13]. High GPx levels in the morning will increase even higher by doing moderate-intensity exercise regularly. The mechanism for the greater increase in GPx-1 in the morning group may be related to higher levels of melatonin in the morning than in the afternoon [14]. Melatonin secretion was still ongoing at 08.00 and was not secreted again at 16.00. Melatonin has been shown to increase higher after exercise in the morning than in the afternoon [21]. Afternoon exercise blunted/reduced melatonin secretion compared to morning exercise [22]. Melatonin is an antioxidant hormone that can stimulate other antioxidant enzymes (SOD and GPx) [23]. Melatonin contributes to an increase in the body's total antioxidant capability [24]. The antioxidant ability of melatonin is 10 times more efficient than other antioxidants [25]. Meanwhile, Mc. Mullan et al.'s study found an independent relationship between decreased melatonin secretion and an increased risk of T2DM [26]. However, in this study, melatonin levels were not measured.

Another factor contributing to the greater increase in GPx-1 in the morning exercise group was that during exercise in the morning a person would be exposed to UVB-rich sunlight (290–315 nm), which would increase the body's production of Vitamin D. In most people, UVB rays are the main source of Vitamin D [27]. Vitamin D levels in T2DM patients were lower than in controls [28]. Vitamin D has been shown to have antioxidant activity. Vitamin D can fight the activity of NADPH oxidase in producing ROS, so it will increase antioxidant enzymes [28], [29].

Meanwhile, in this study, plasma MDA levels decreased significantly after regular exercise (p < 0.05), both for the morning exercise group and the afternoon exercise group. The results of the previous studies in Turkey in patients with T2DM, and experimental animal models of DM, showed that regular aerobic exercise could significantly reduce MDA levels compared to controls [6], [17]. Regular aerobic exercise for 12 weeks in patients with T2DM significantly reduced MDA levels [6]. Research on experimental animal models of DM showed that swimming for 2 months could significantly reduce MDA levels [17]. Hatha yoga and conventional exercise for 6 months could significantly reduce MDA levels in patients with T2DM [30]. Regular moderate-intensity exercise would improve redox homeostasis by increasing antioxidant levels (SOD and TAS) and reducing MDA levels [7], [31]. Chronic exercise with strenuous intensity would significantly increase MDA levels, but moderate-intensity exercise tended to decrease MDA levels, which means lower levels of oxidative stress [32]. Research on the Wistar rat model DM also showed that regular exercise for 6 weeks increased levels of the antioxidant enzyme GPx and decreased plasma and cardiac MDA levels [33].

This study indicated that the decrease in MDA levels after regular exercise in the morning was significantly greater than after exercise in the afternoon. This decrease
was associated with an increase in the antioxidant enzyme GPx-1 in the morning group which was greater than in the afternoon group. The previous research involving healthy respondents showed that there was a significant increase in MDA levels after the afternoon Yo-Yo intermittent recovery test (YYIRT) exercise [34].

Research by Kim et al., 2015, showed that there was a higher increase in plasma adrenaline after exercise in the afternoon, compared to the morning. This increase in adrenaline affected the increase in interleukin-6, which, in turn, IL-6 would increase lipolysis and plasma free fatty acid levels [35]. Meanwhile, patients with T2DM experienced a 30% decrease in the number and size of mitochondria, and dysfunctional mitochondrial proteins in skeletal muscle cells (skeletal myocyte). Therefore, the increase in post-exercise FFA in the afternoon accompanied by a decrease in the oxidation ability in DM patients was at risk for the accumulation of intermediate FFA compounds such as ceramide, and diacylglyceride, long-chain fatty acyl-CoA. This will lead to increased oxidative stress, impaired insulin signaling, and insulin resistance [3]. [8]. Meanwhile, patients with T2DM have chronically elevated plasma FFA levels, which cause insulin resistance in the muscles and liver and interfere with insulin secretion in the pancreas. This phenomenon is termed lipotoxicity, which causes pancreatic β-cell dysfunction [36]. However, adrenaline and free fatty acid levels were not measured in this study.

The small research sample and unanalyzed intake of food and energy are the limitation of this study, so it requires careful interpretation of the results. However, these research data have confirmed previous studies, which state that exercise is beneficial for improving oxidative stress by increasing plasma GPx-1 levels and decreasing plasma MDA levels. Moreover, it turned out to be the fact that the improvement was more significant in the morning exercise group.

Conclusions

This study proved that exercise could improve oxidative stress by increasing levels of the GPx-1 antioxidant enzyme and lowering MDA levels. Exercise in the morning has a greater effect on improving oxidative stress, so it is hoped that it will be able to prevent cardiovascular complications in patients with DMT-2.

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References


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