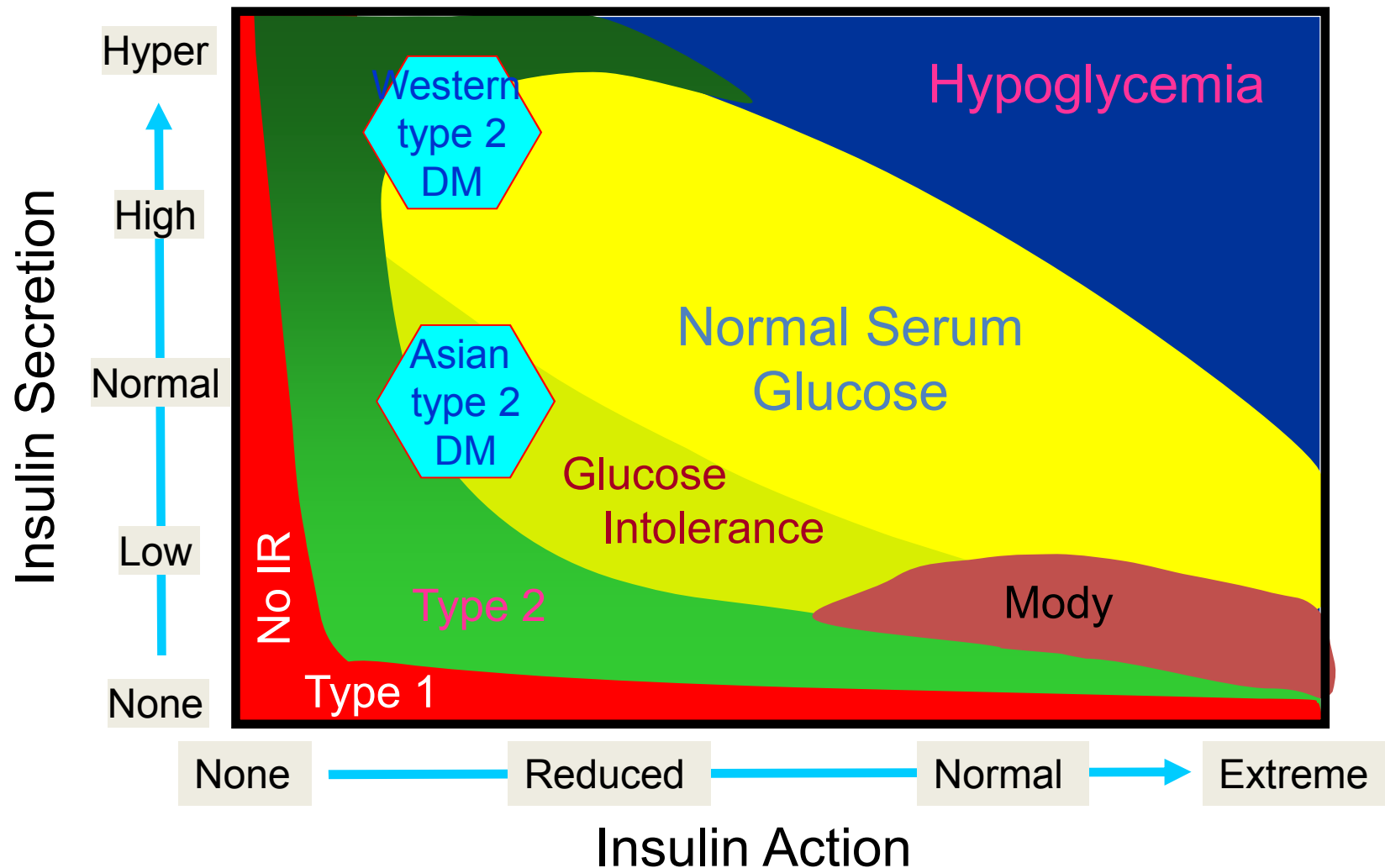


# **The regulation of insulin secretion through adipokines**

**Sunmin Park**

**Dept. of Food and Nutrition  
Hoseo University**

# Relationship of insulin action and insulin secretion in type 2 diabetes



# Type 2 diabetes results from Multi-system defects

Skeletal  
Muscles



Adipose



Liver

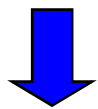
$\beta$ -Cell



Brain



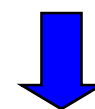
Common defects:  
insulin/IGF-1 signaling



Peripheral  
Insulin Action



Hepatic  
Glc Prod



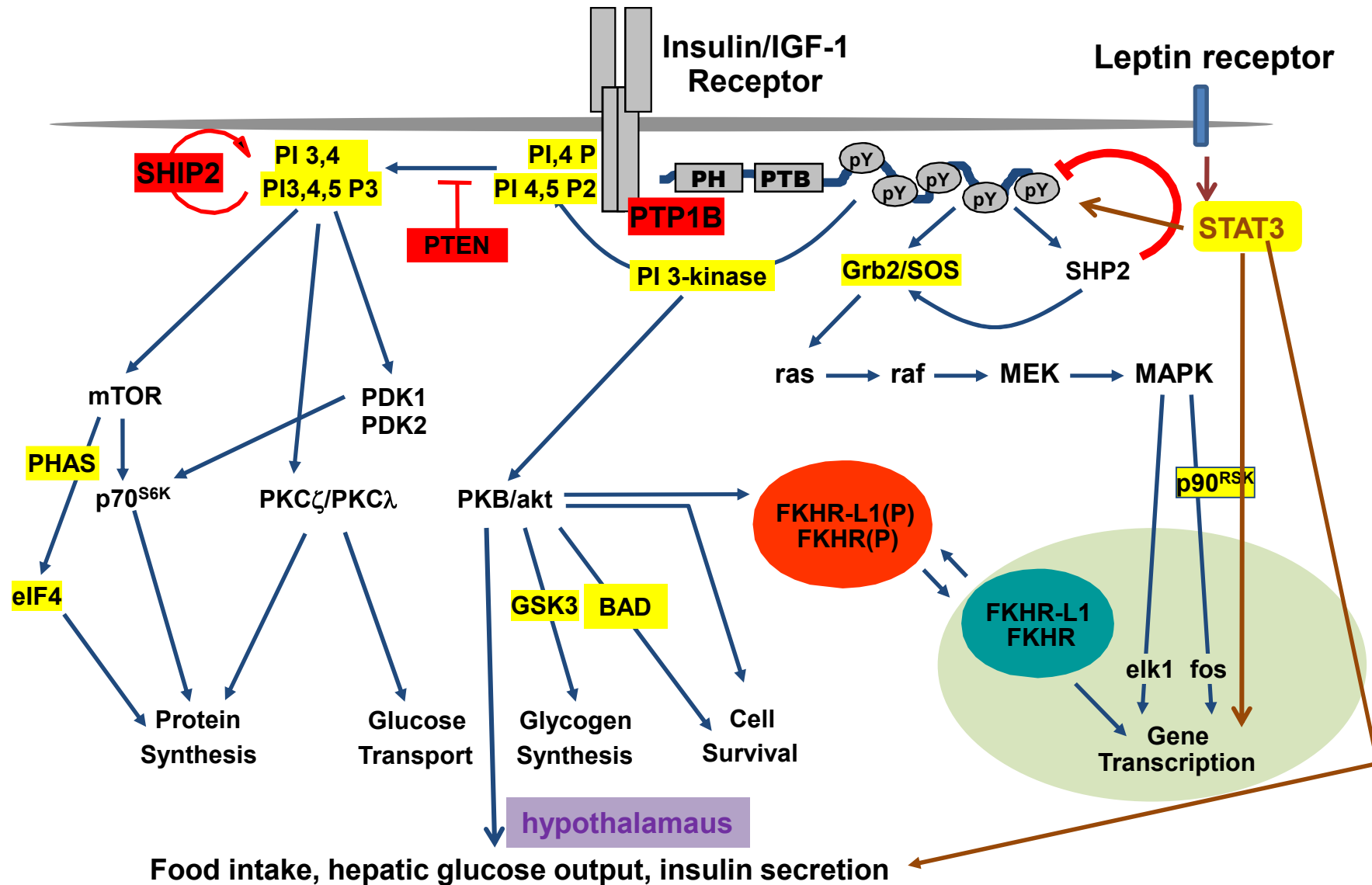
Insulin  
Secretion &  
 $\beta$ -cell mass



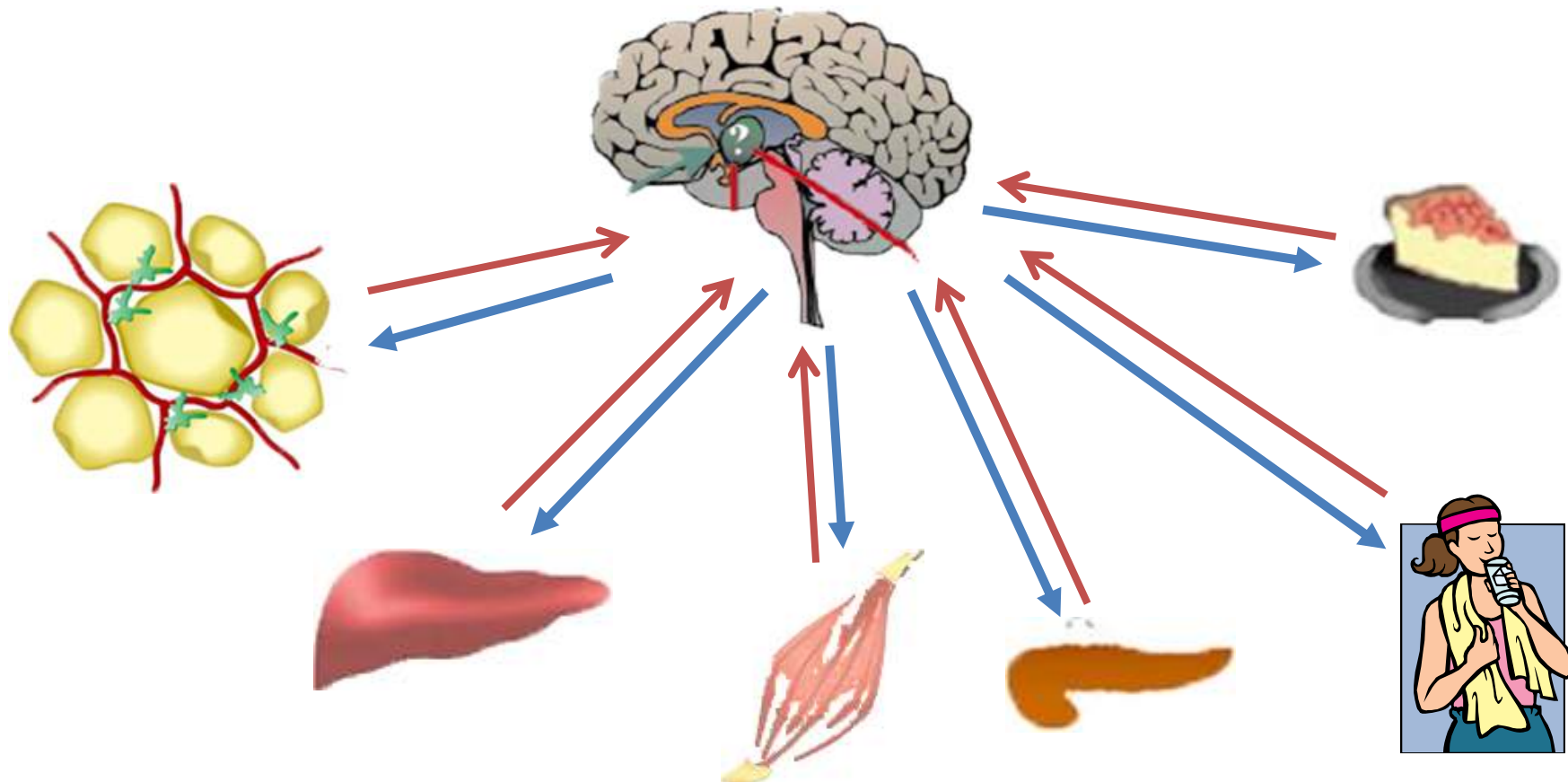
Hyperphagia,  
IR, hepatic  
Glc prod

Type 2 Diabetes

# Insulin/IGF-1 and leptin signaling

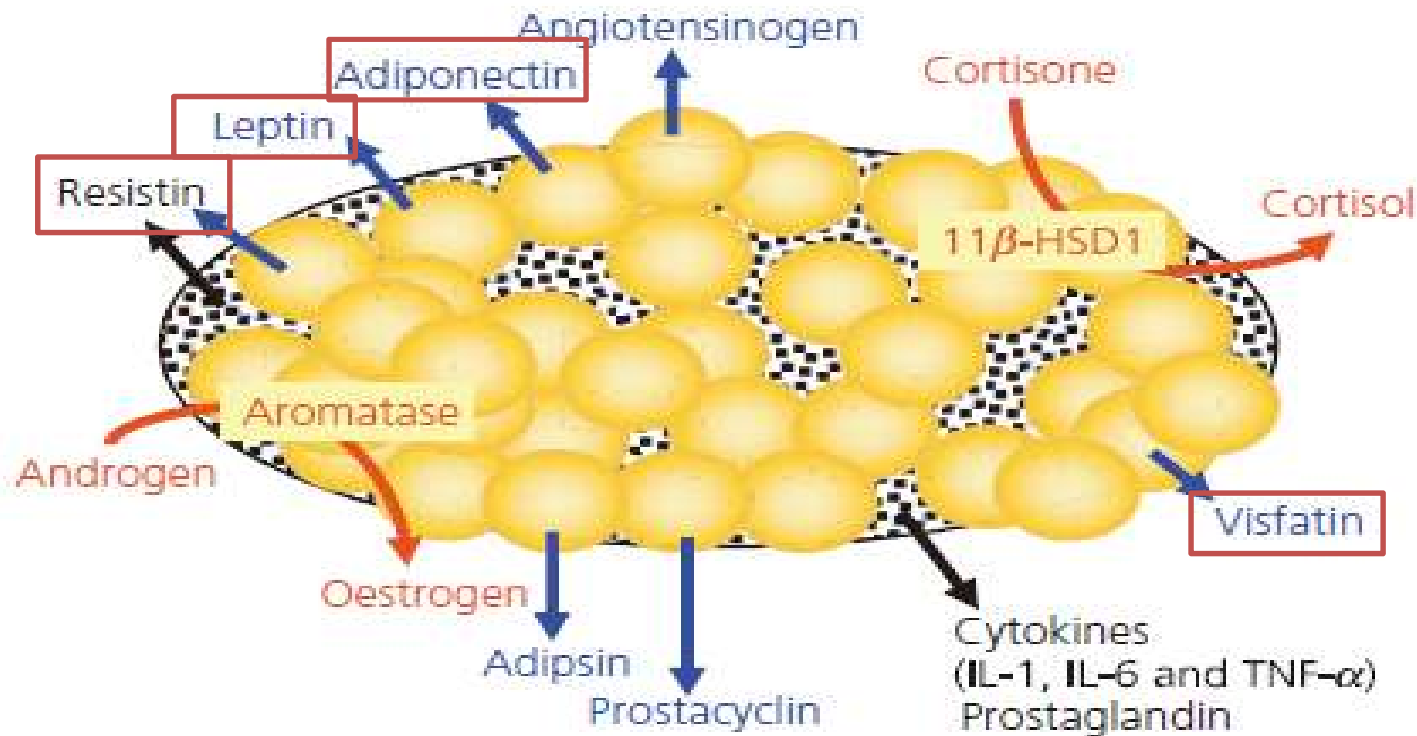



# Regulate energy and glucose homeostasis in peripheral tissues through brain



- Autonomous nerve system and neurotransmitters
- Adipokines, gut hormones, insulin

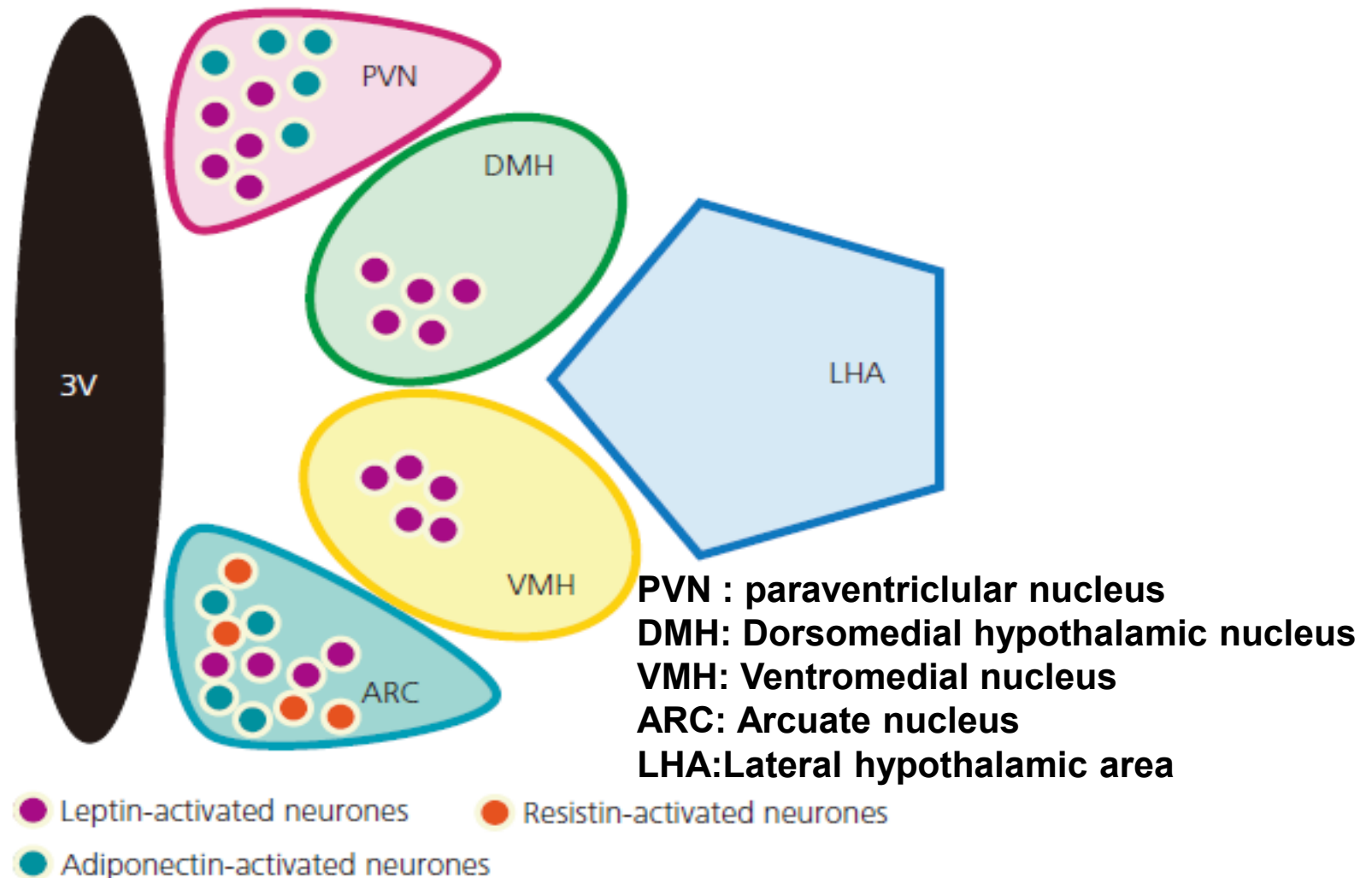
# Adipokines secreted from white adipose tissues



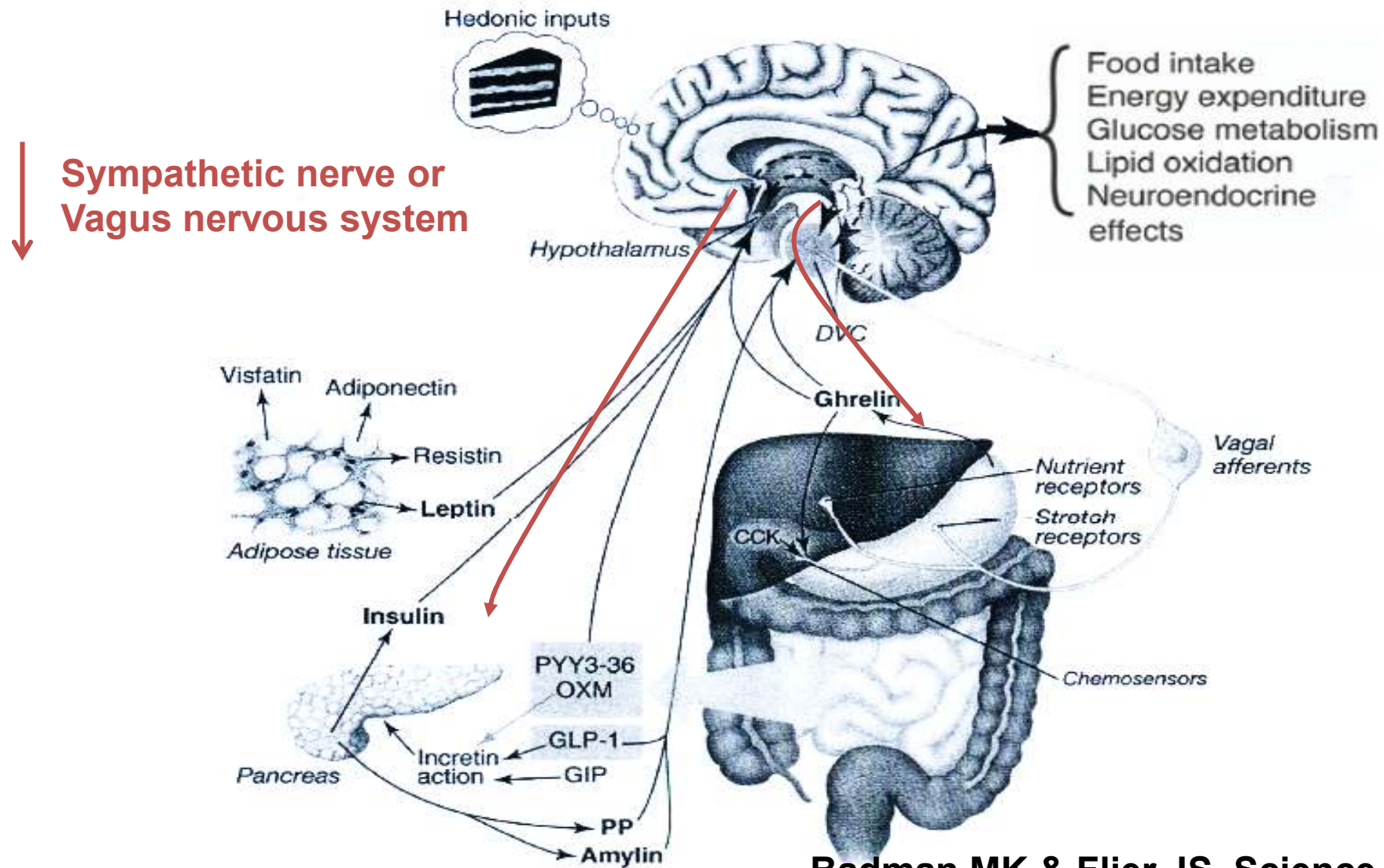
 Cellular matrix, mononuclear, endothelial and stromal cells – non-fat tissue

 White fat cell

# Adipokine neurons distributed in the hypothalamus



# Long-term energy balance via brain

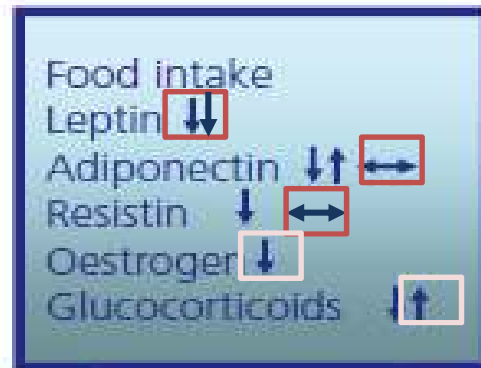


Badman MK & Flier JS. Science, 2005



# Roles of adipokines : energy homeostasis

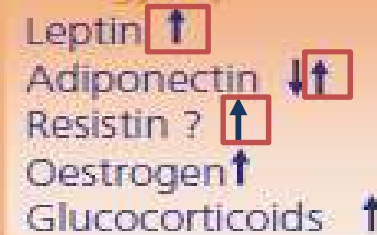
- ☐ ICV injection
- ☐ IP injection



Visfatin ?

Visceral fat: Leptin < resistin < adiponectin

Energy expenditure

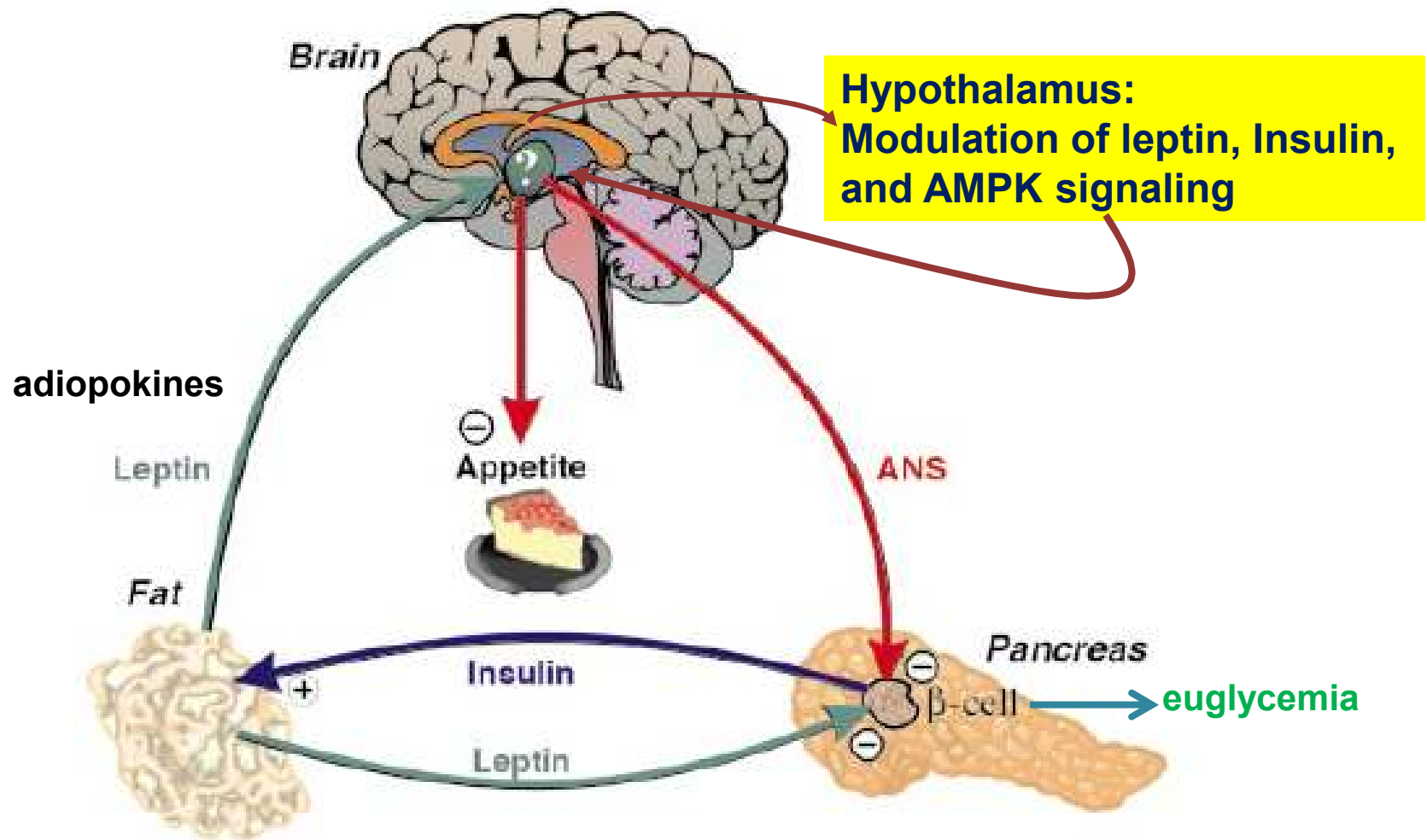


Visfatin ?

# How do adipocytes interact with islets?

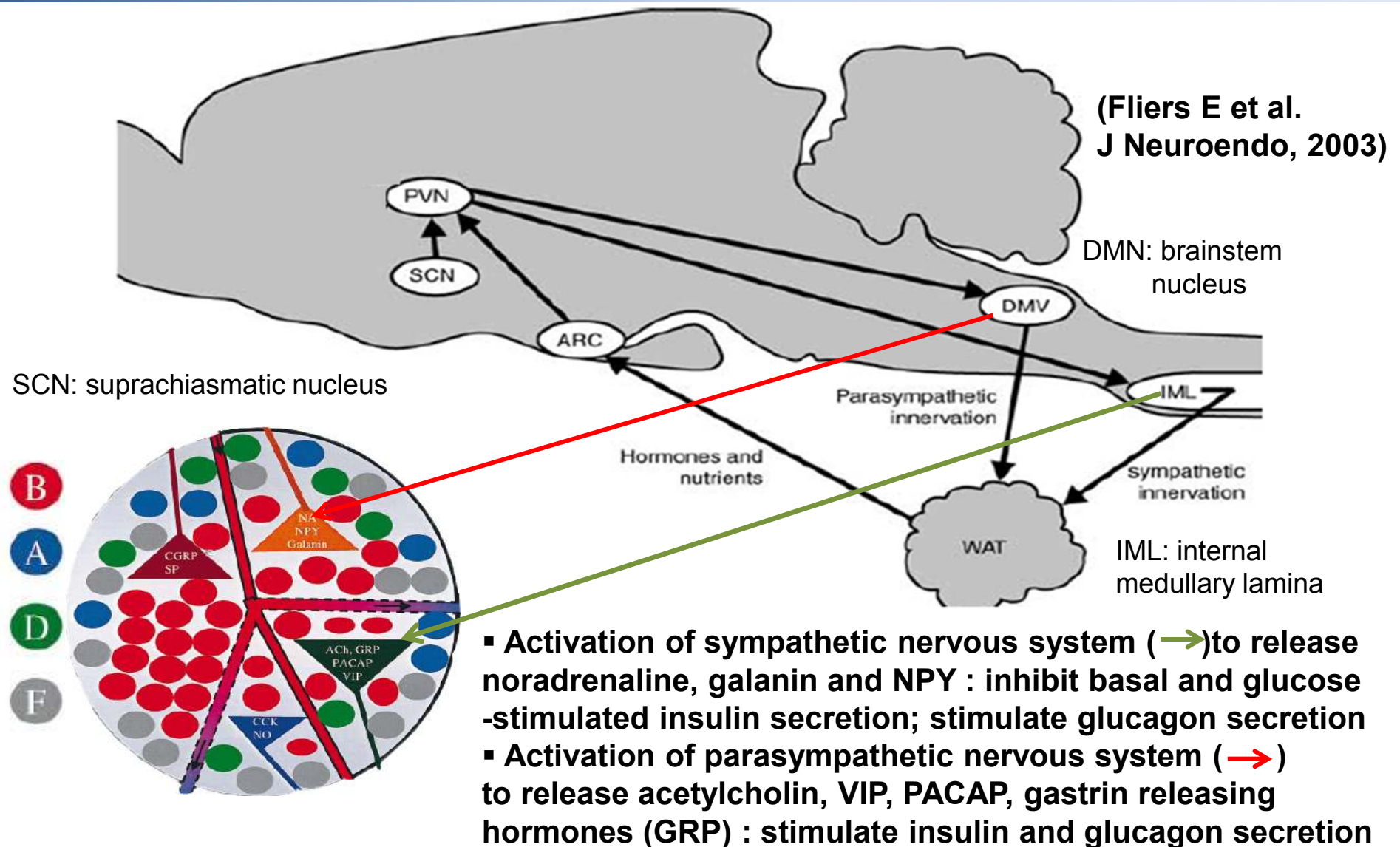
- Functional interaction of adipokines and  $\beta$ -cell function and  $\beta$ -cell mass
  - Direct adipokine effects
  - **Indirect adipokine effects through autonomous nervous system**

# The adipoinsular axis to control energy and glucose homeostasis



Kieffer TJ & Hanener JF. Am J Physiol Endocrin Metab, 2000

# Circuit of white adipose tissue and islets into CNS



# ICV adipokines and $\beta$ -cell function and mass

- ICV leptin, resistin, and leptin+resistin
- ICV adiponectin
- ICV leptin with/without sympathetic nervous system into the pancreas

# Characteristics of 90% pancreatectomized rats

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- **90% pancreatectomized rats (partial pancreatectomized rats):**
  - After removing 90% of the pancreas, it regrows up to 40-50% of the intact pancreas within 2 weeks from the surgery.
  - $\beta$ -cell mass : about 50-60% of the Sham non-diabetic rats since  $\beta$ -cell density of Px rats is greater than Sham rats
  - Insulin secretion : about 50-60% of Sham rats, in parallel with  $\beta$ -cell mass
  - Insulin resistance: gradually exacerbated after removal of the pancreas and a high fat diet accelerates insulin resistance
  - Non-obese
- **Asian type 2 diabetes:**
  - Non-obese
  - No hyperinsulinemia- usually have normoinsulinemia or hypoinsulinemia
  - Increased insulin resistance

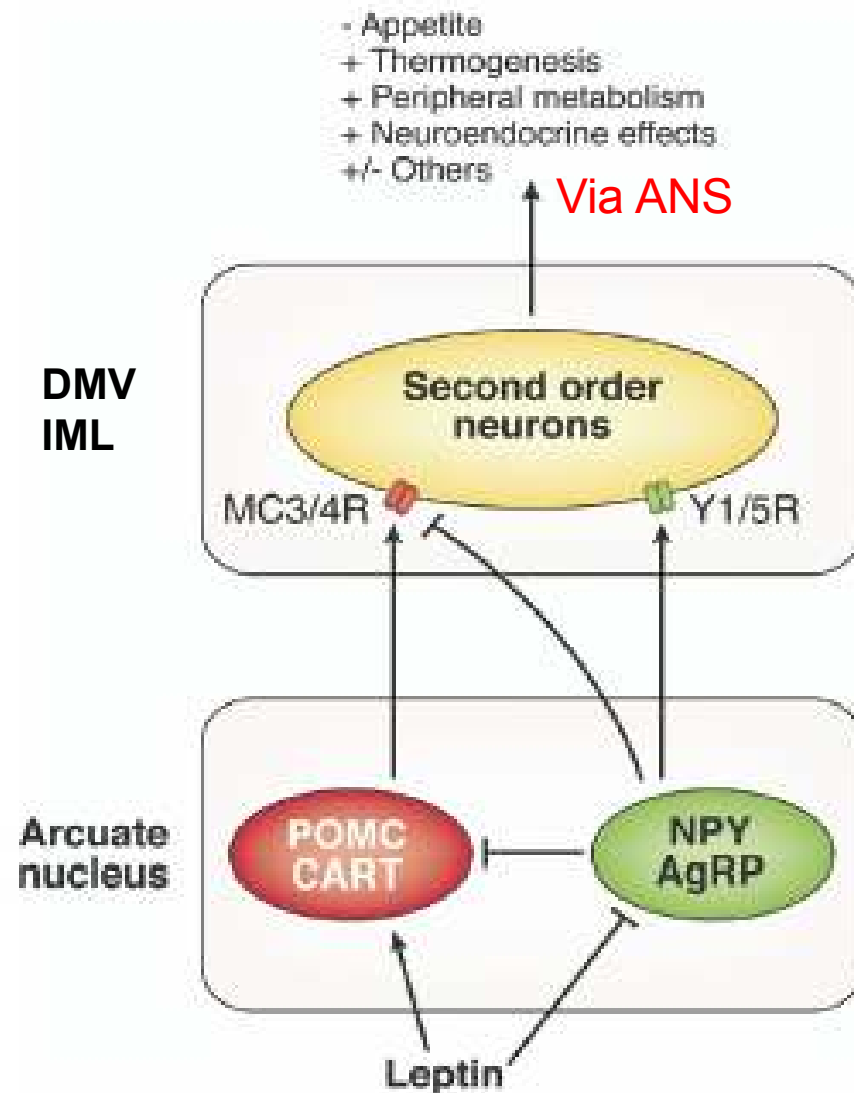
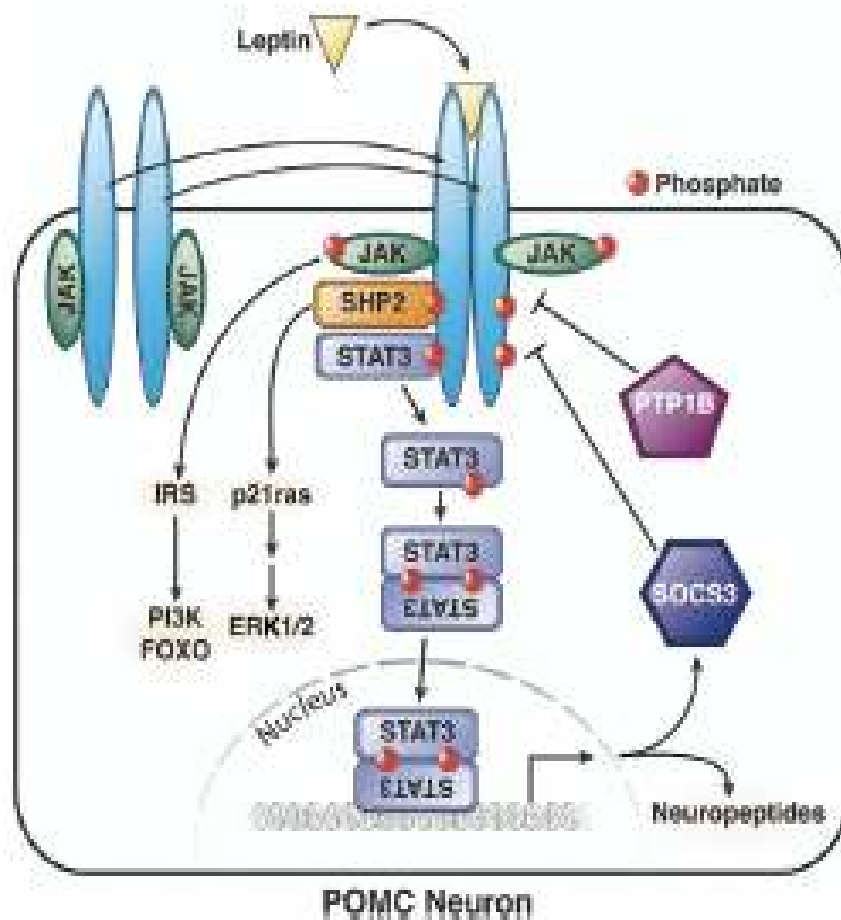


**90% pancreatectomized rat is a good animal model for Asian type 2 diabetes.**

# **ICV leptin and resistin effect on glucose metabolism**

**Park S et al. Endocrinology, 2008**

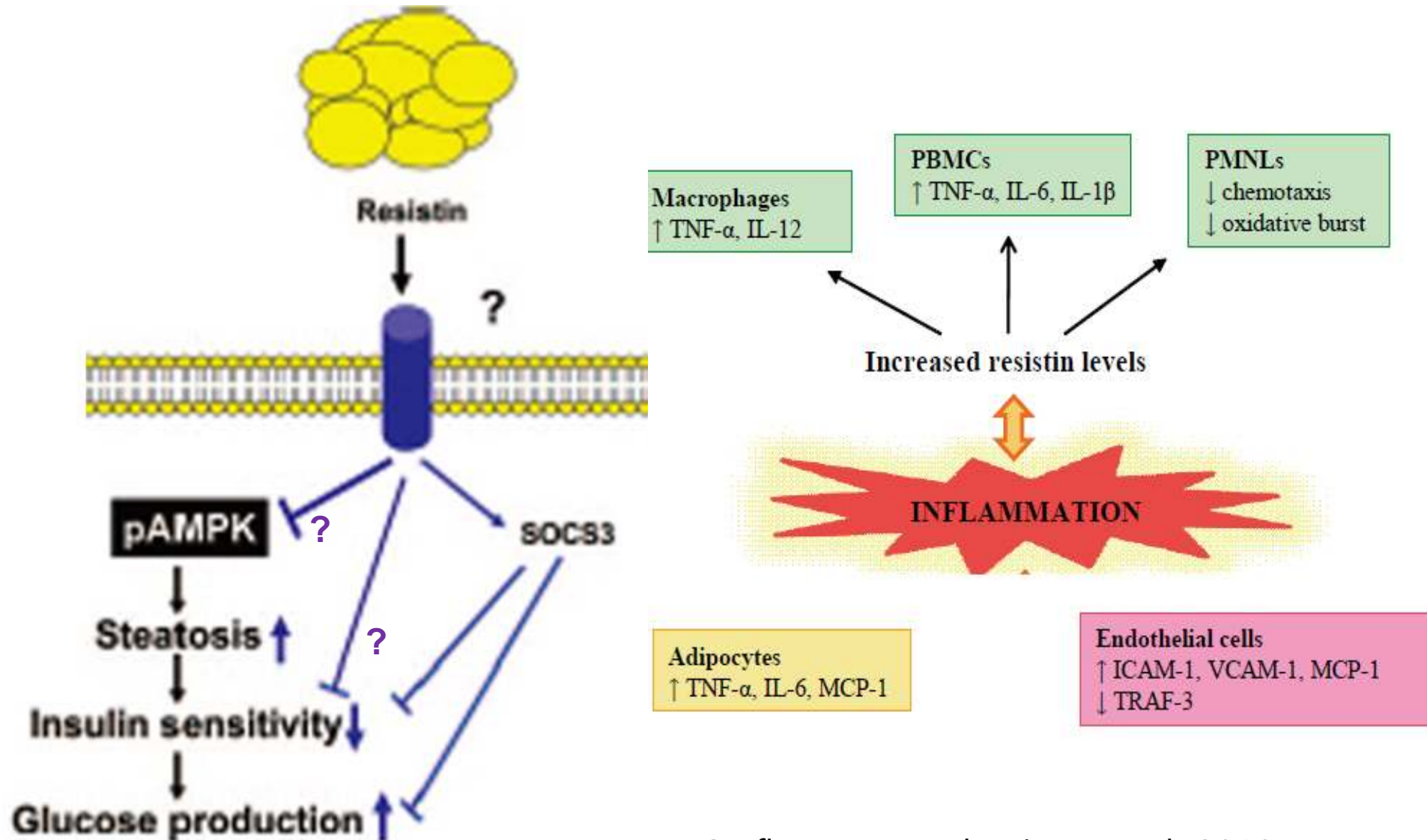
# Potential action of leptin on hypothalamus



Badman MK & Flier JS. Gastroenterology, 2007

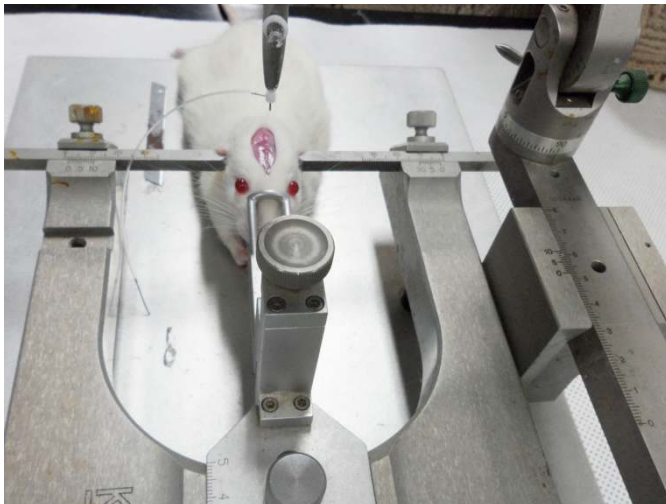
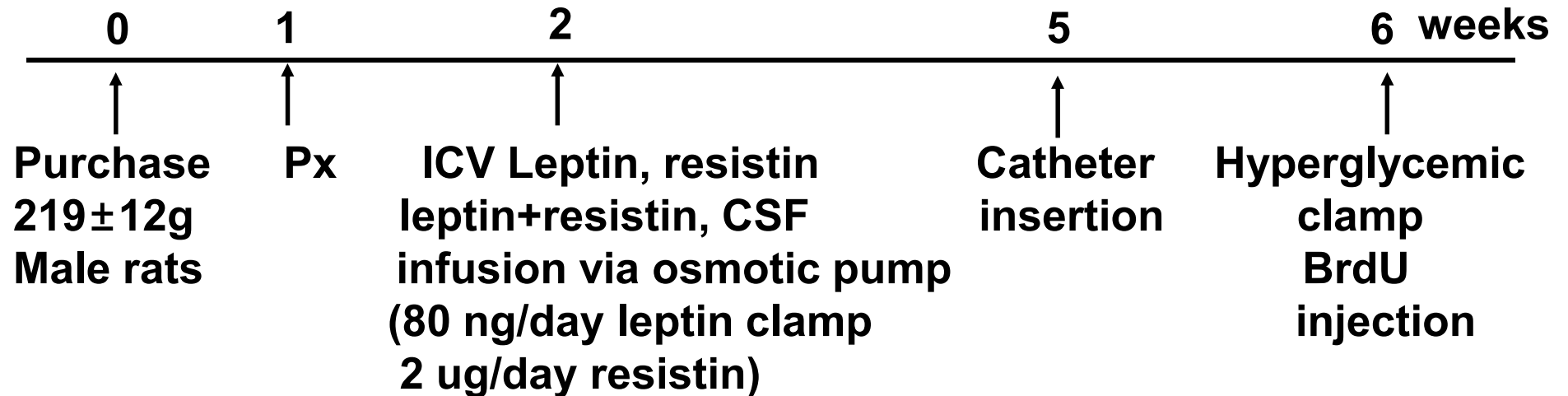


# Action mechanism of resistin

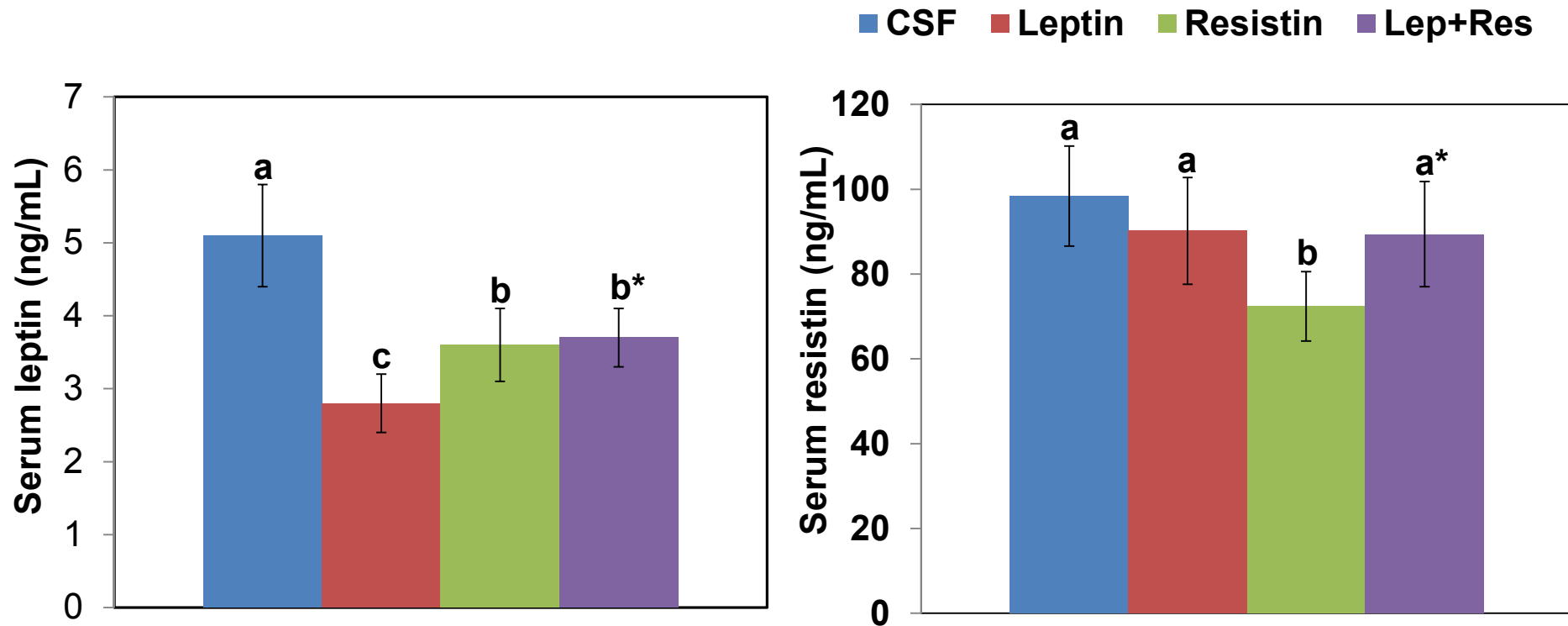


(Stofkova A. Endocrine Regul, 2010)

# Experimental design



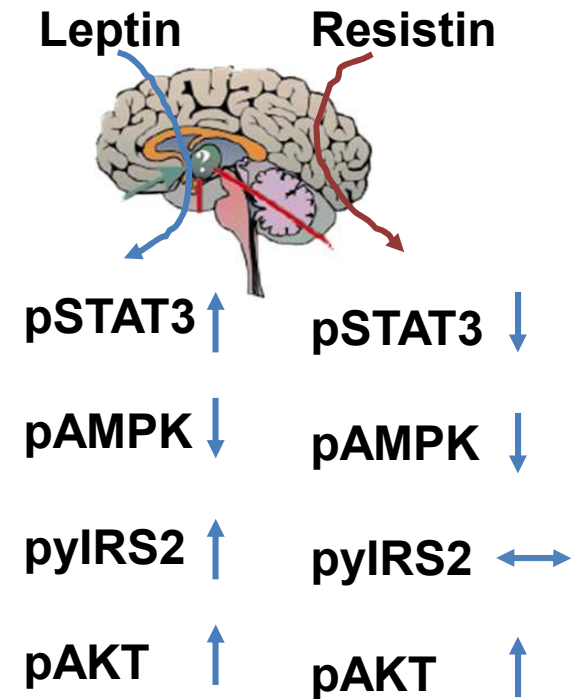
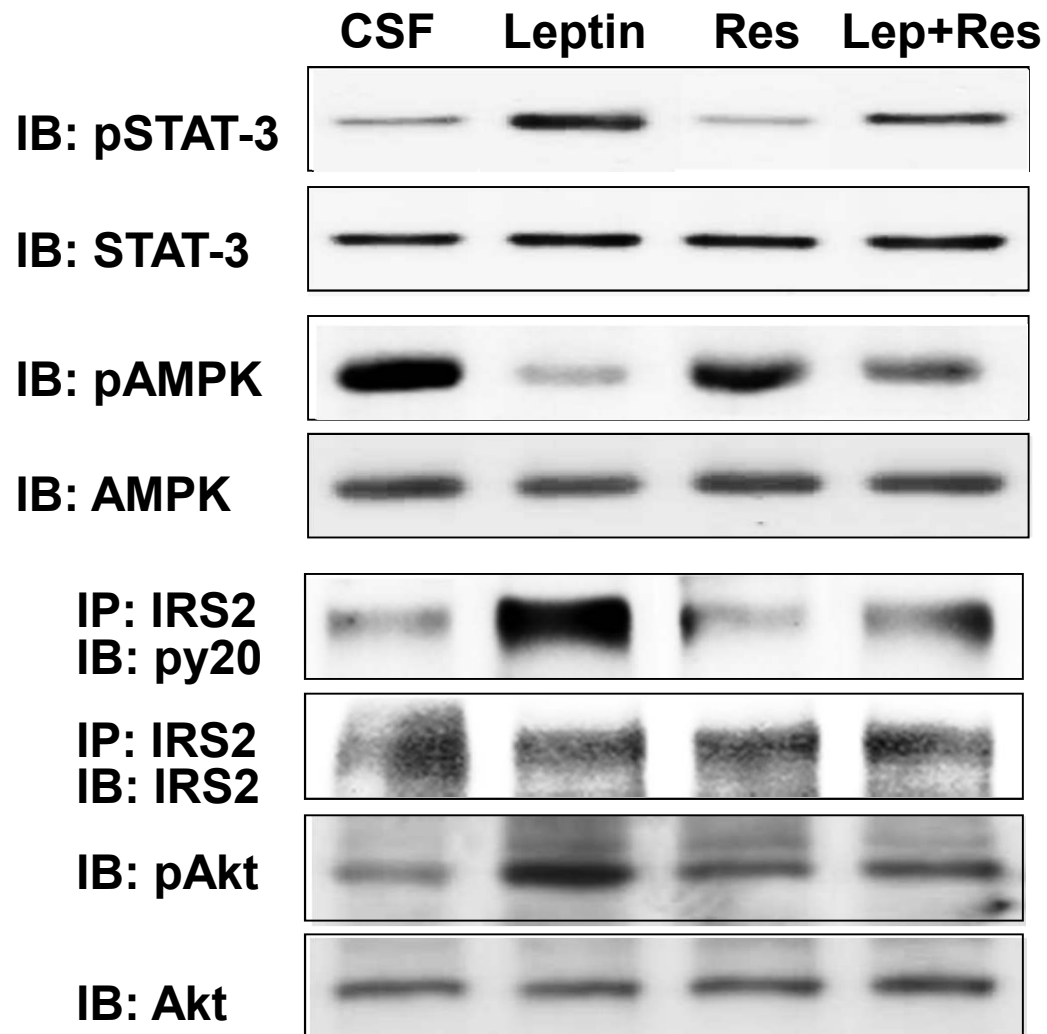
# Serum leptin and resistin levels



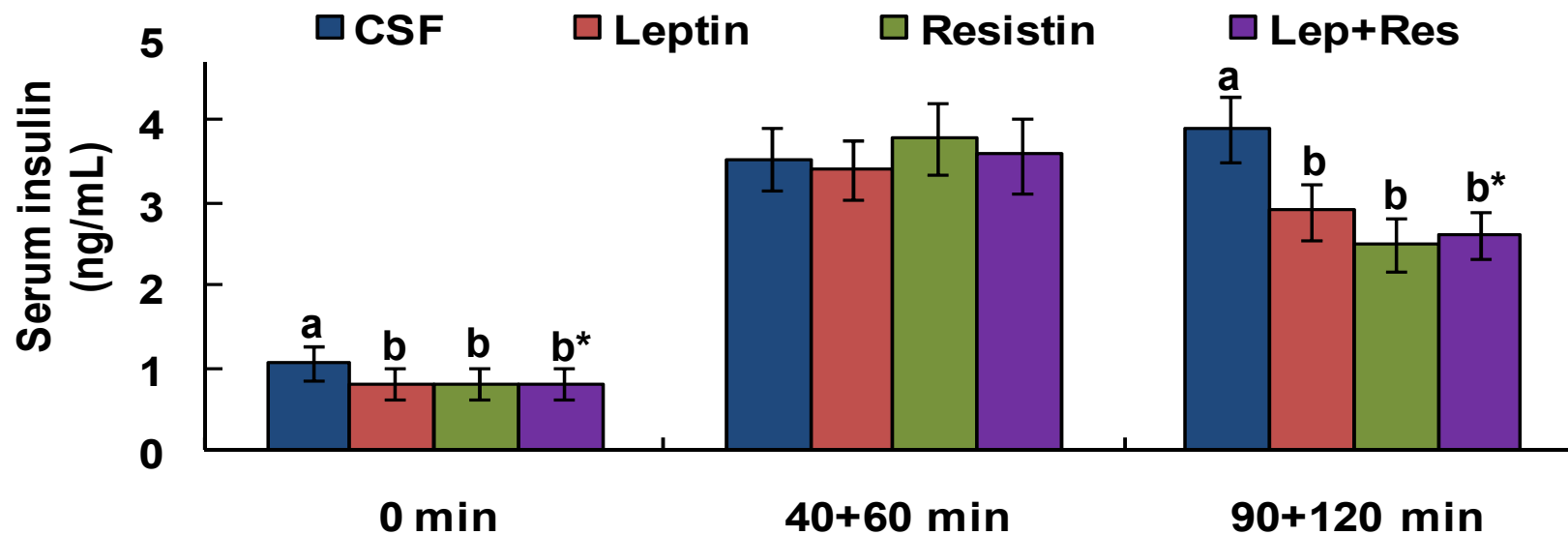
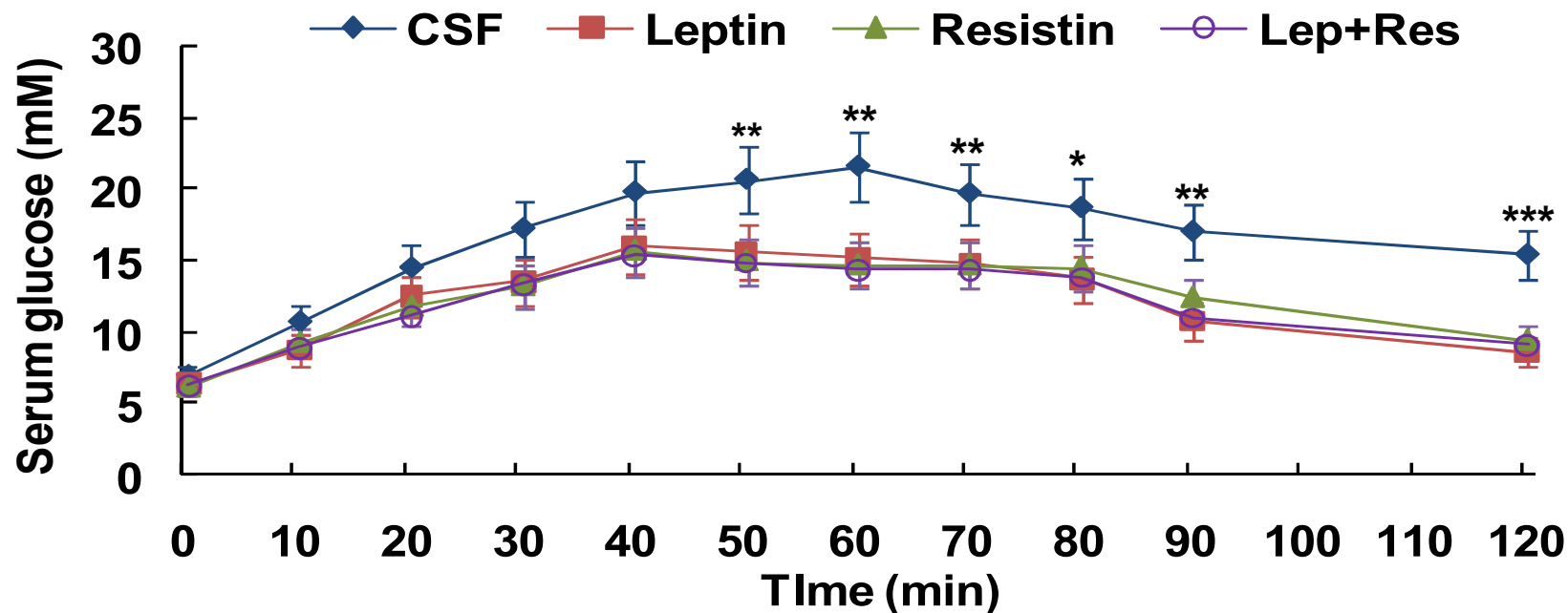
**\*Significantly different among the groups at  $p < 0.05$ .**

**a,b,c Means of the bars with different superscripts were significantly different**

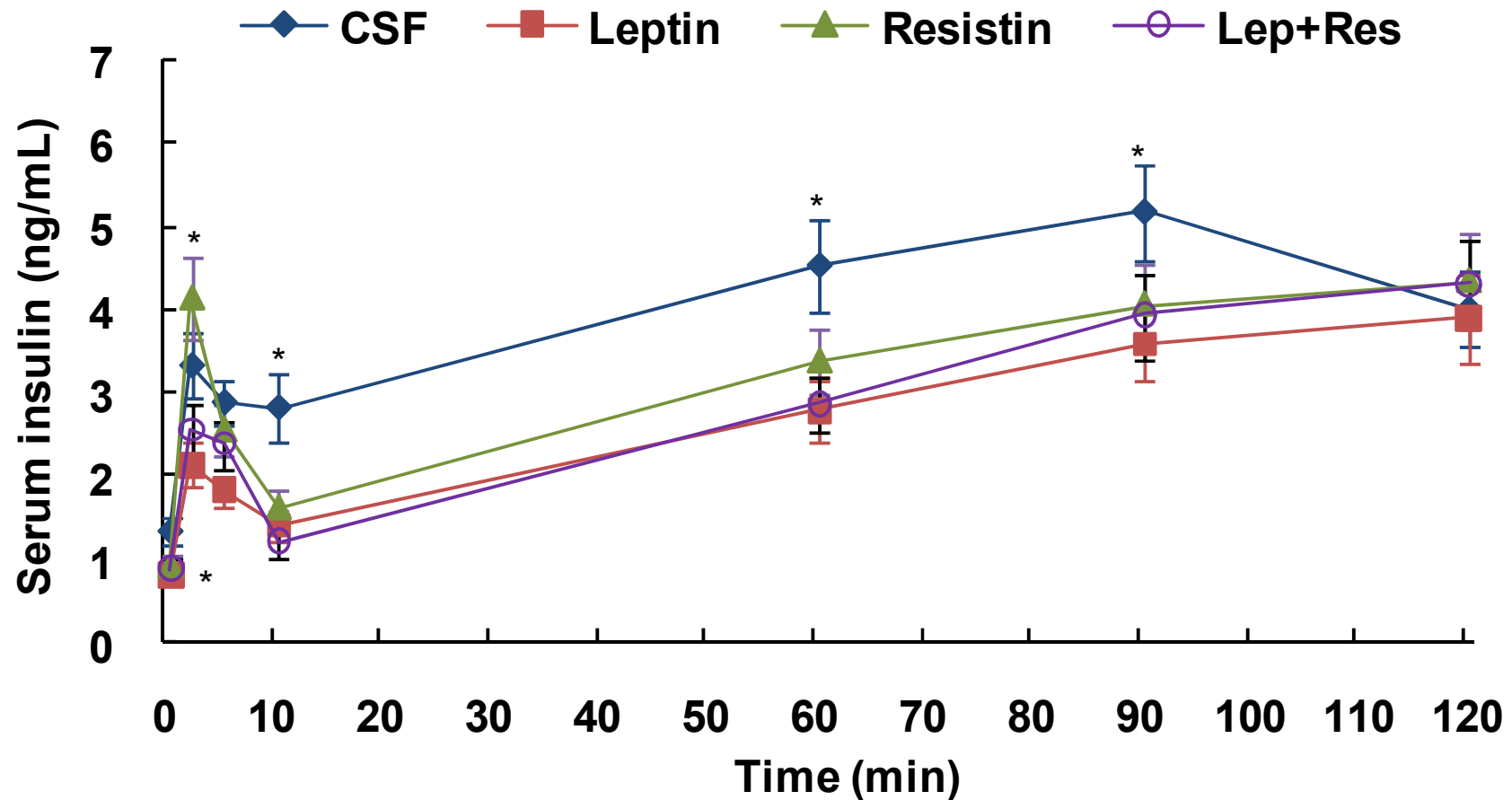
# Leptin and insulin signaling in the hypothalamus



# Glucose tolerance

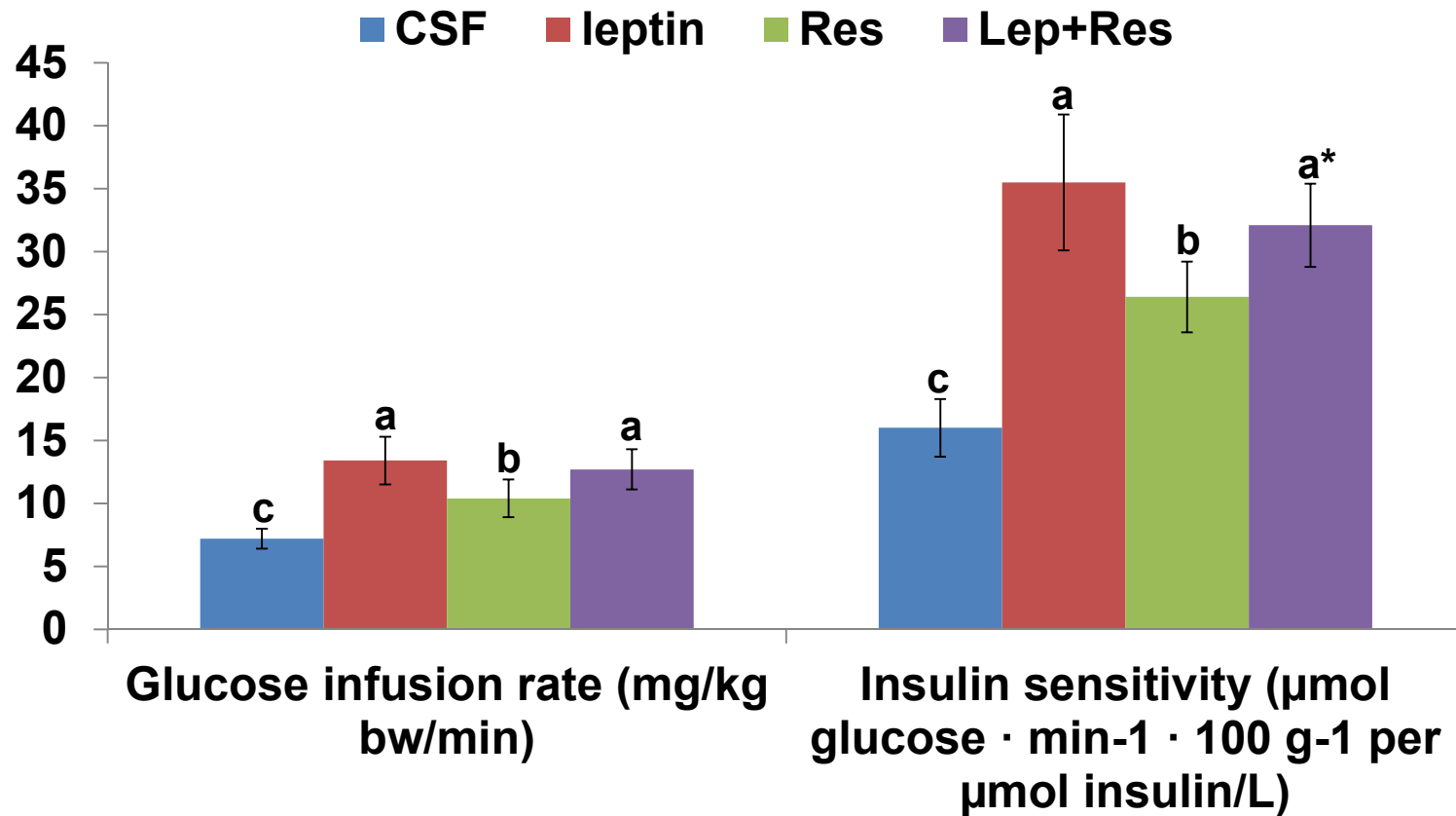


# Insulin secretion during hyperglycemic clamp



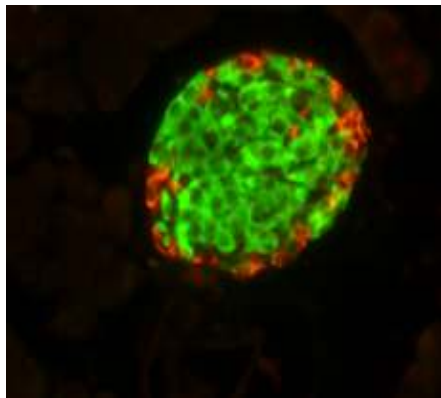
\*Significantly different among the groups at  $p < 0.05$ .

# Insulin sensitivity at hyperglycemic state

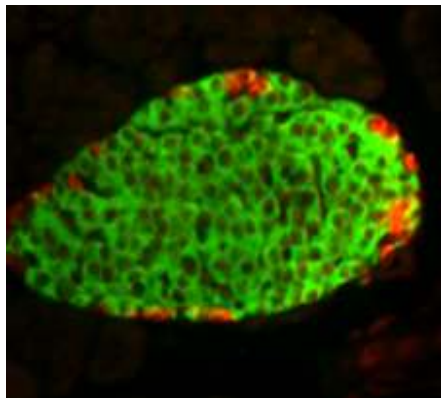


a,b,c Means of the bars with different superscripts were significantly different

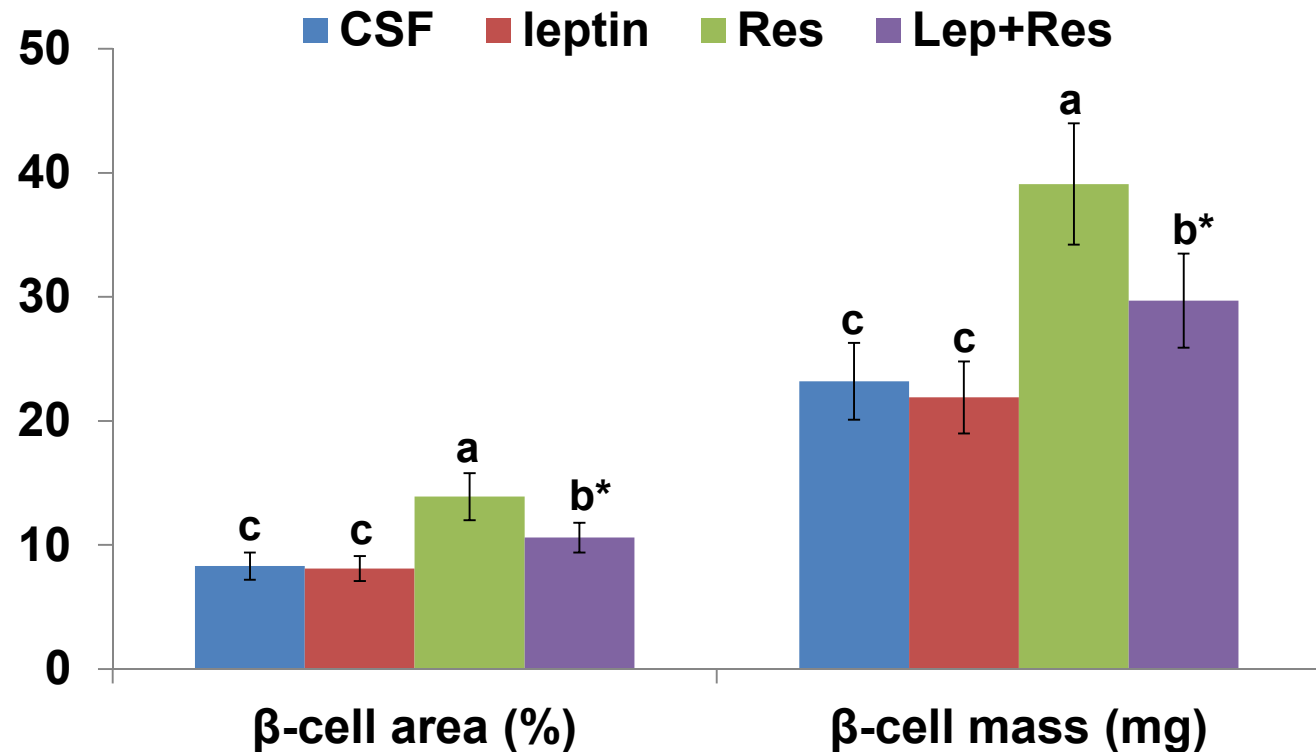
# $\beta$ -cell area and mass



CSF



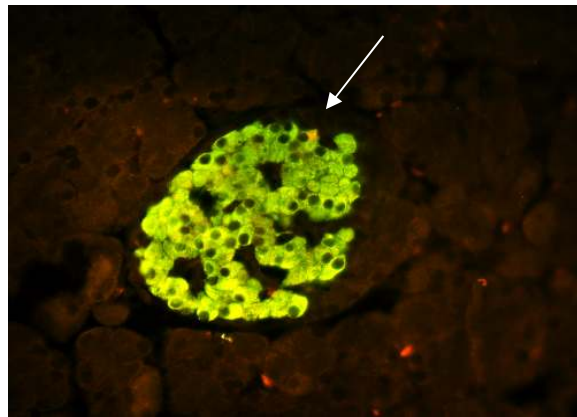
Resistin



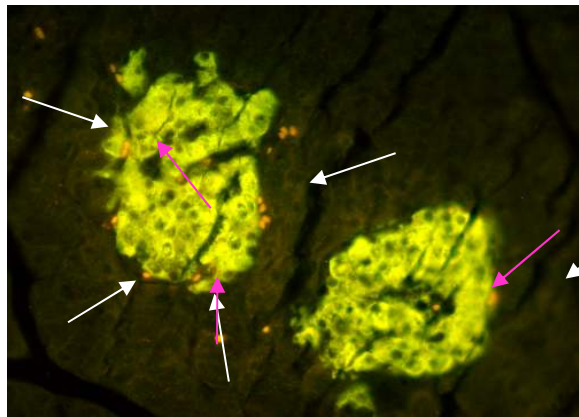
a,b,c Means of the bars with different superscripts were significantly different



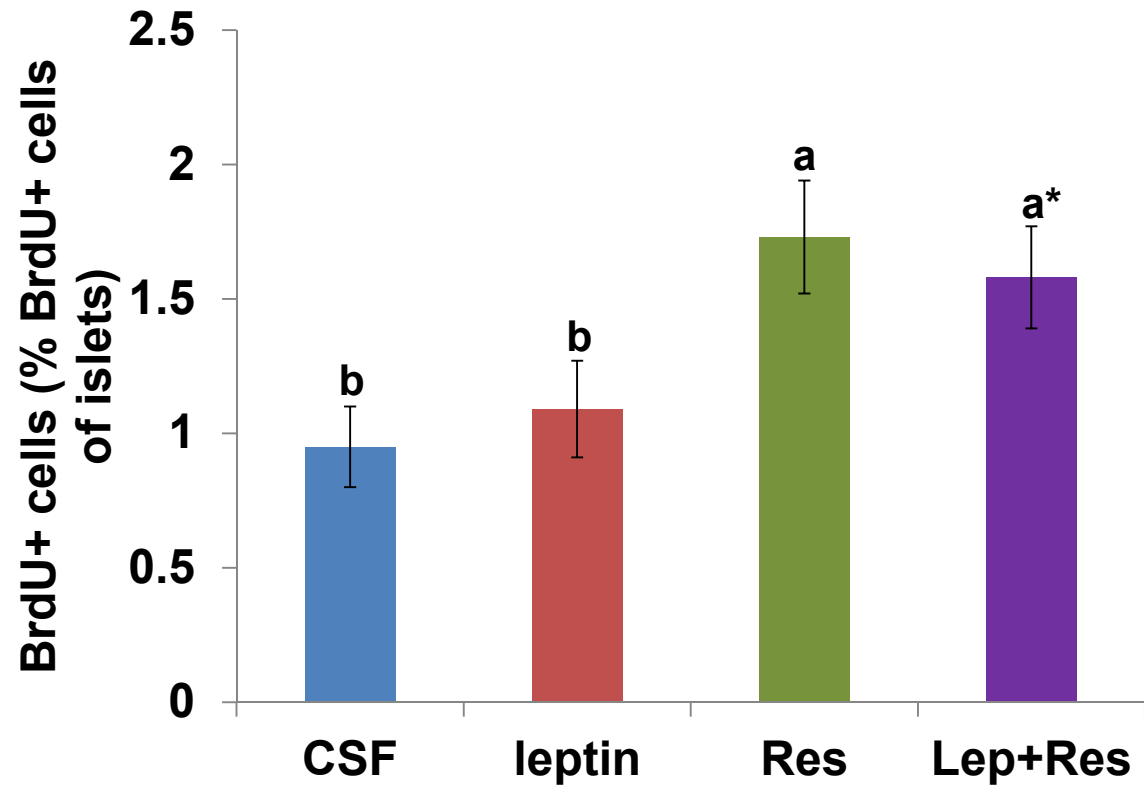
# $\beta$ -cell proliferation



Cont

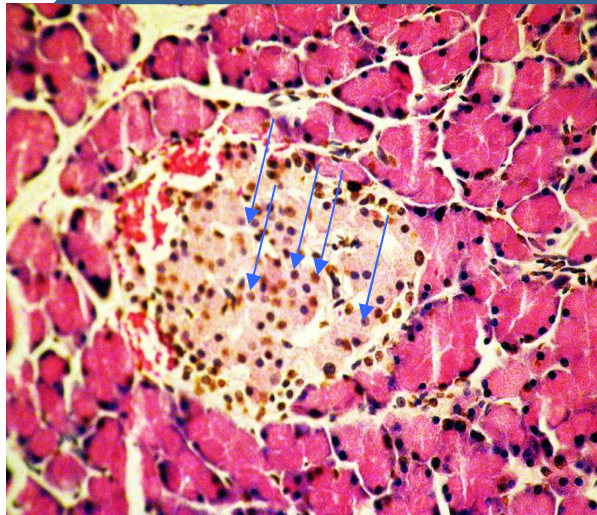


Resistin

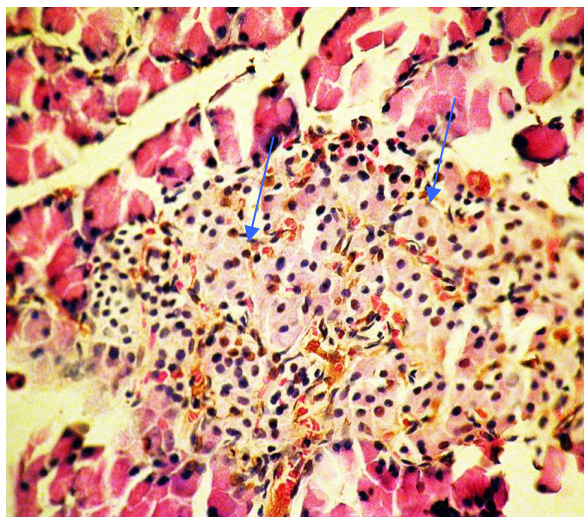


a,b,c Means of the bars with different superscripts were significantly different

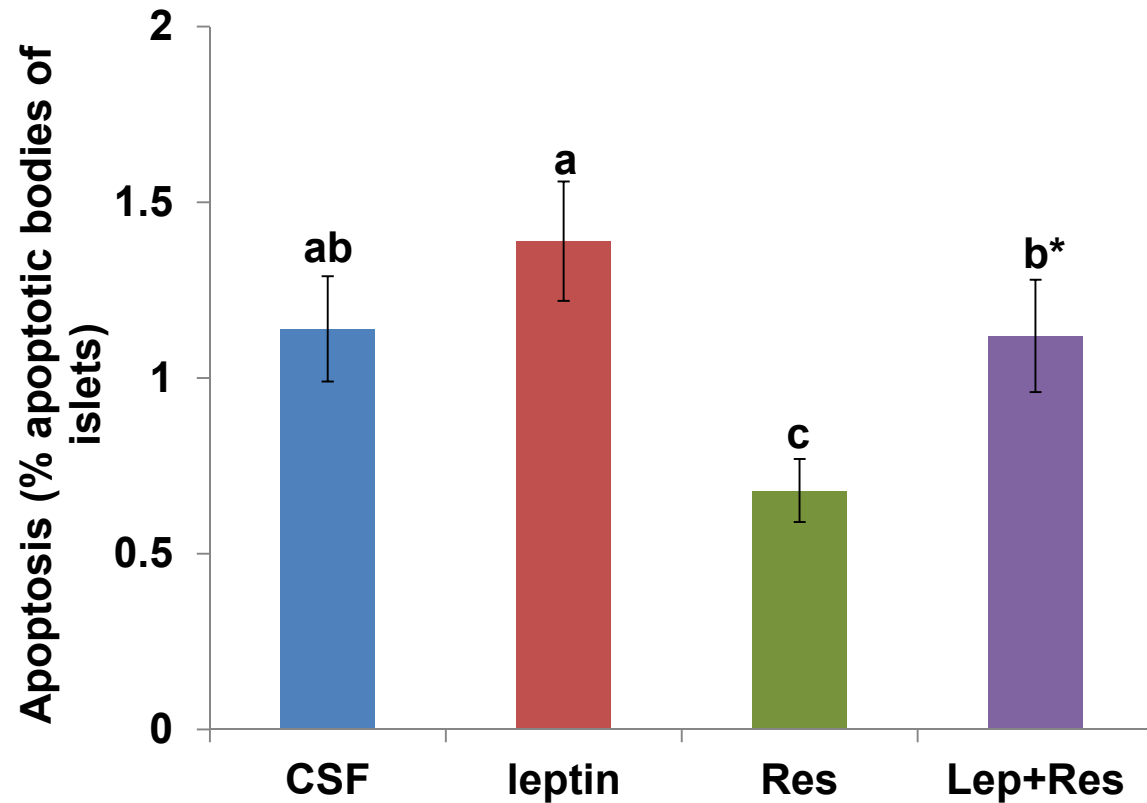
# $\beta$ -cell apoptosis



**Cont**



**Resistin**



**a,b,c** Means of the bars with different superscripts were significantly different

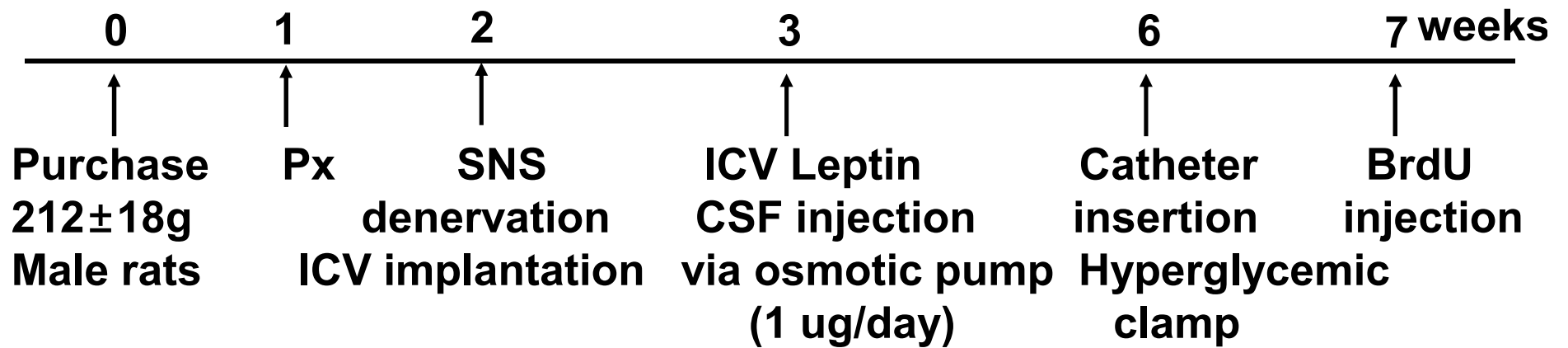
# Summary

- **Both central leptin and resistin improved glucose tolerance.**
  - ICV leptin inhibited insulin secretion but potentiated insulin sensitivity at hyperglycemic state.
  - ICV resistin improved first phase insulin secretion and increased  $\beta$ -cell mass.
  - The combination of ICV leptin+resistin have additive and complementary effects.

**ICV leptin effect on glucose  
metabolism through  
sympathetic nervous system**

**Park S et al. Life Sci, 2010**

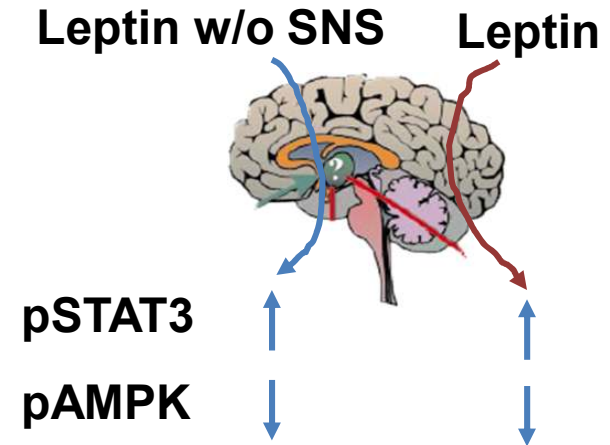
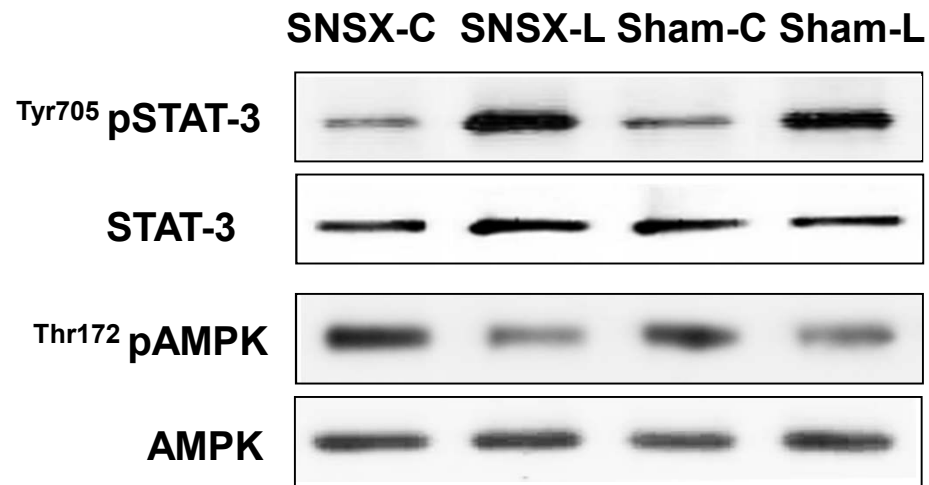
# Long-term ICV leptin on glucose metabolism



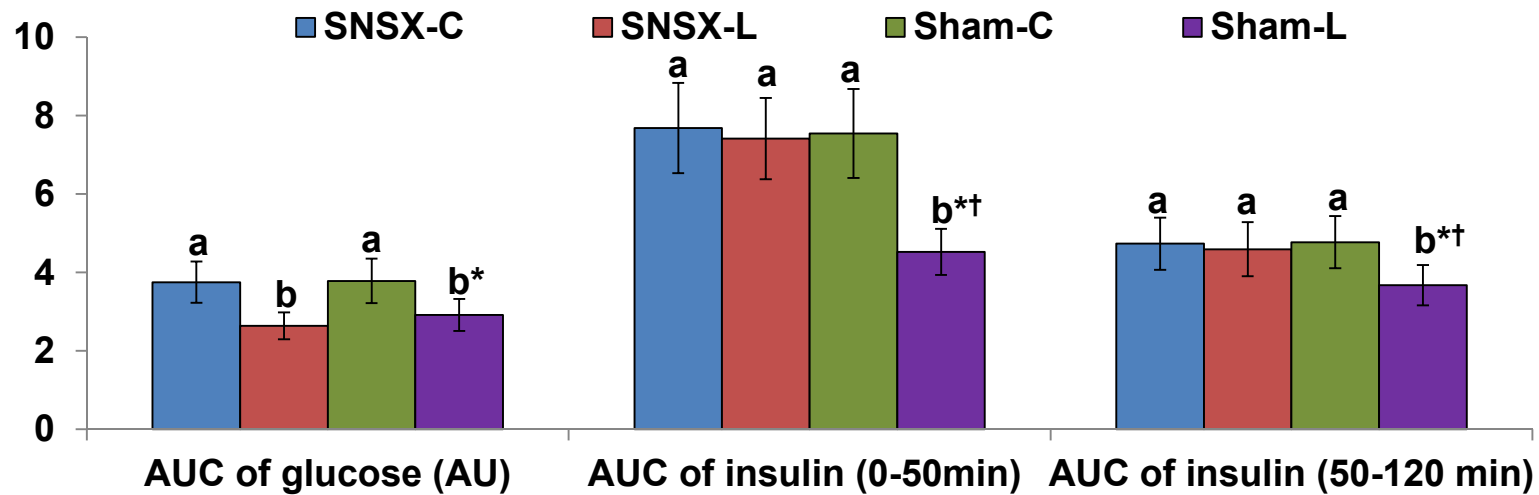
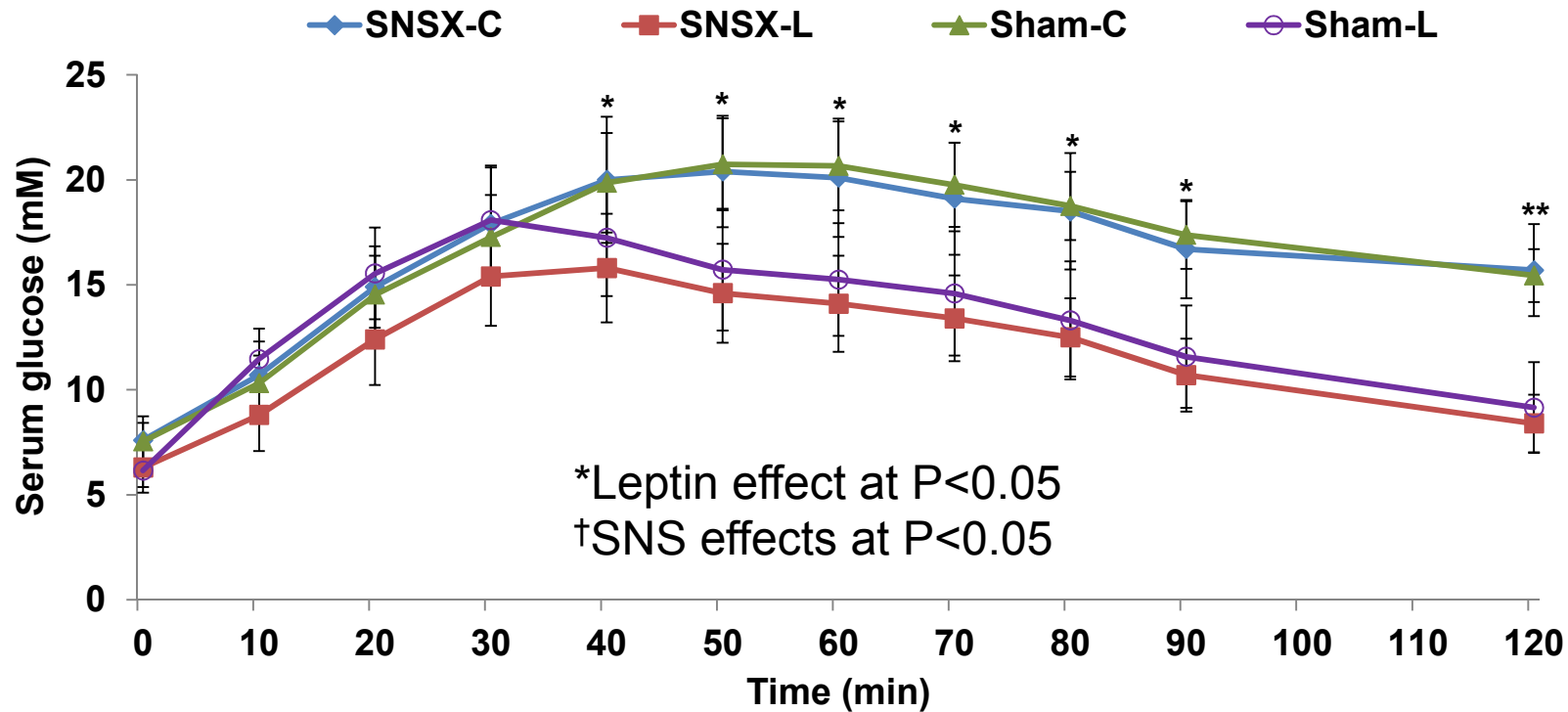
SNS denervation in pancreas (SNSX) :  
By chemical (phenol) application in  
the descending aorta between  
kidney and pancreas.



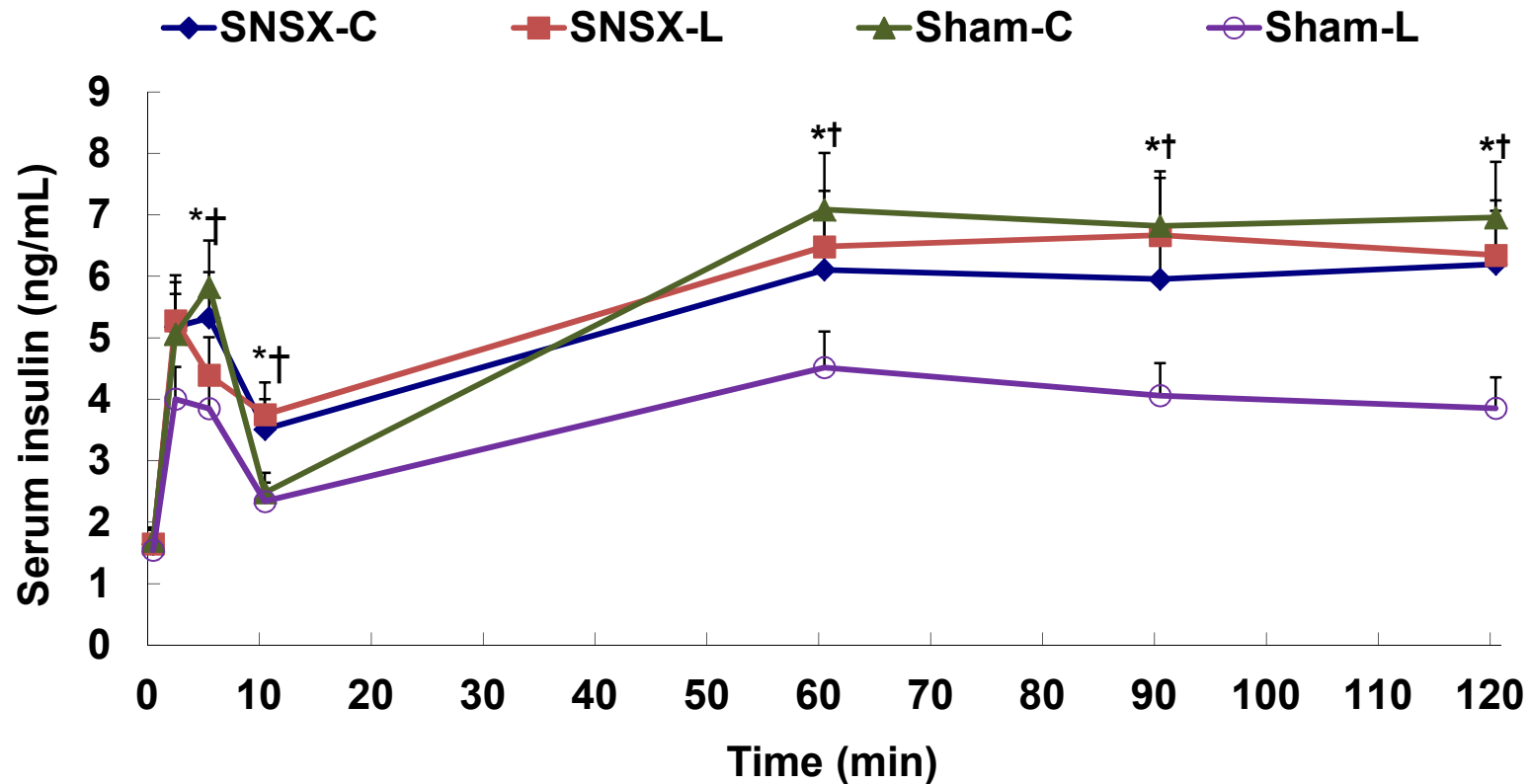
# Leptin signaling in the hypothalamus



# Glucose tolerance



# Insulin secretion during hyperglycemic clamp

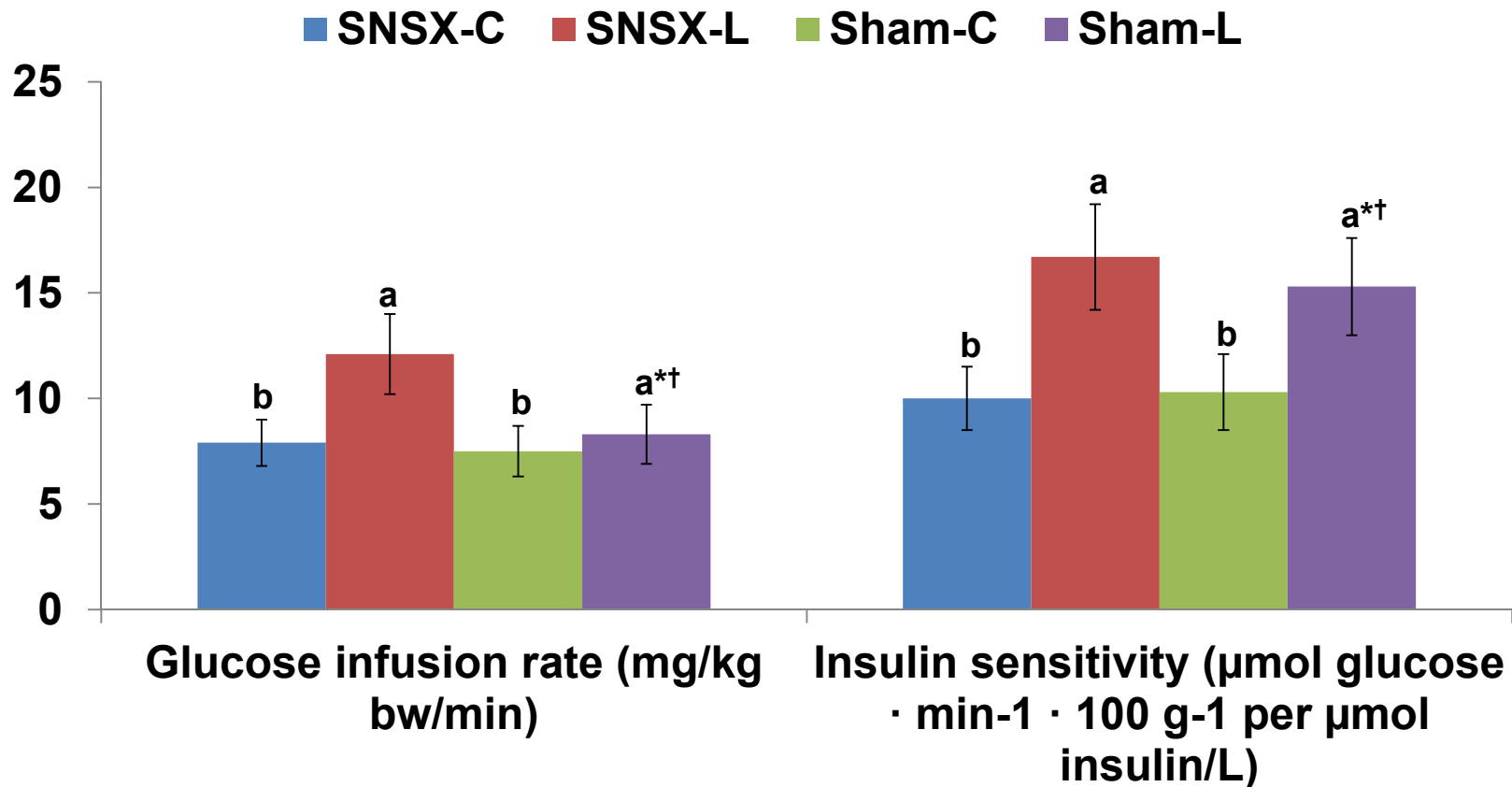


\*Significant effect of leptin at  $p < 0.05$ .

†Significant effect of denervation of sympathetic nervous system into the pancreas (SNSX) at  $p < 0.05$ .



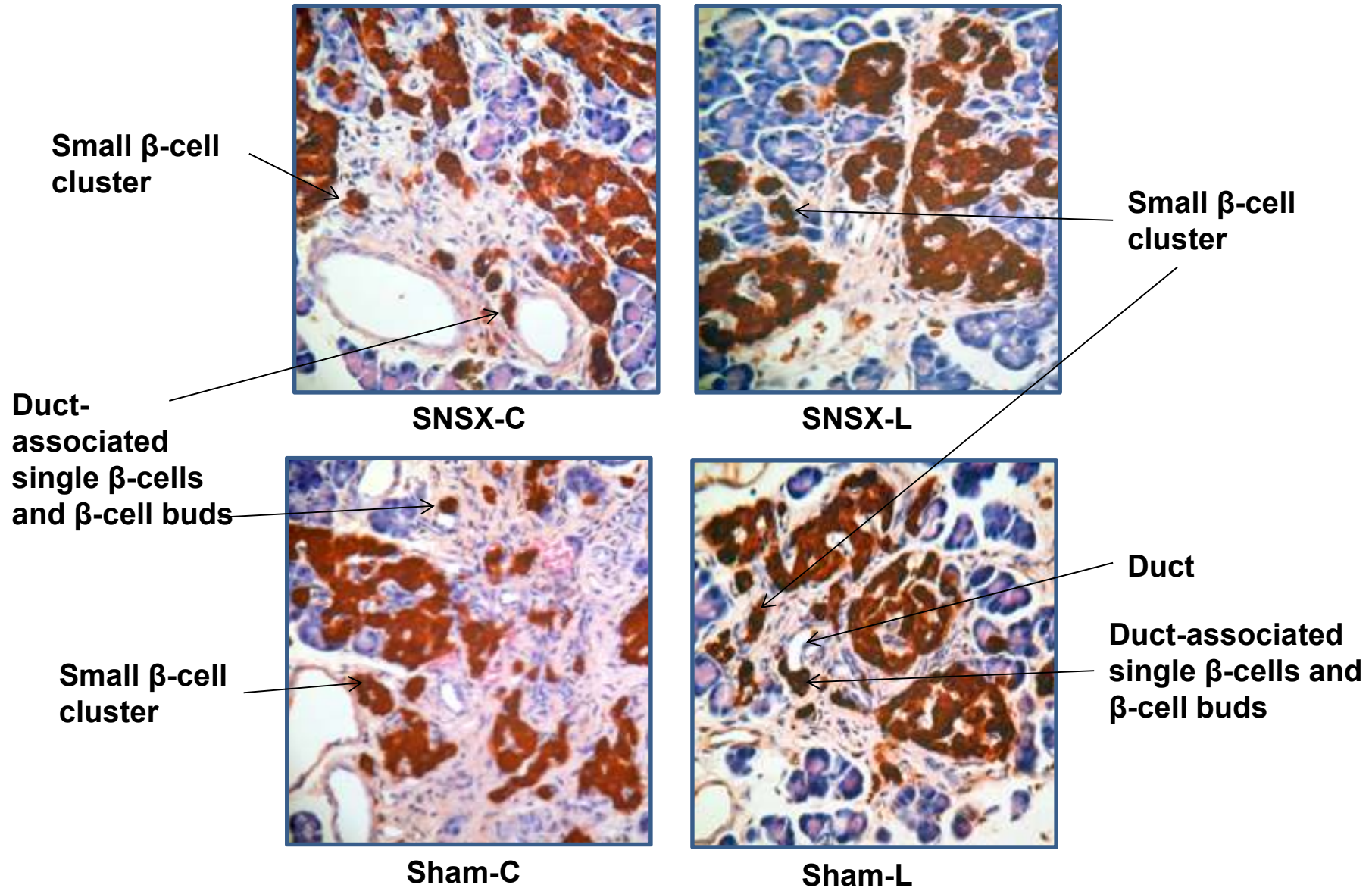
# Insulin sensitivity at hyperglycemic state



\*Significant effect of leptin at  $p < 0.05$ .

†Significant effect of denervation of sympathetic nervous system into the pancreas (SNSX) at  $p < 0.05$ .

# $\beta$ -cells in the pancreas



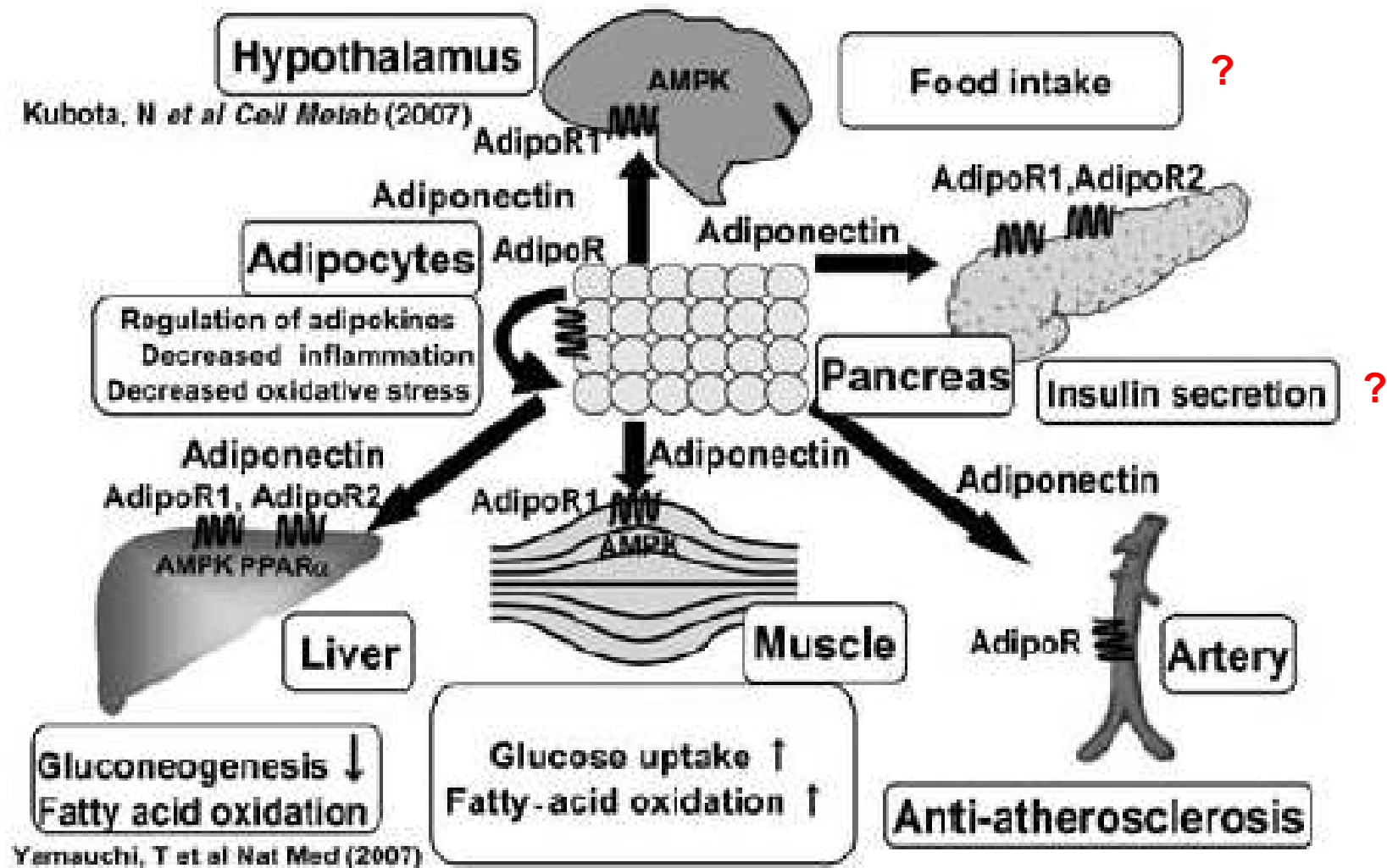
# Summary

- **Central leptin inhibited insulin  $\beta$ -cell function through sympathetic nervous system.**
- **However,  $\beta$ -cell mass was not modulated by central leptin.**
- **Denervation of sympathetic nervous system into the pancreas did not affect insulin sensitivity at hyperglycemic state.**

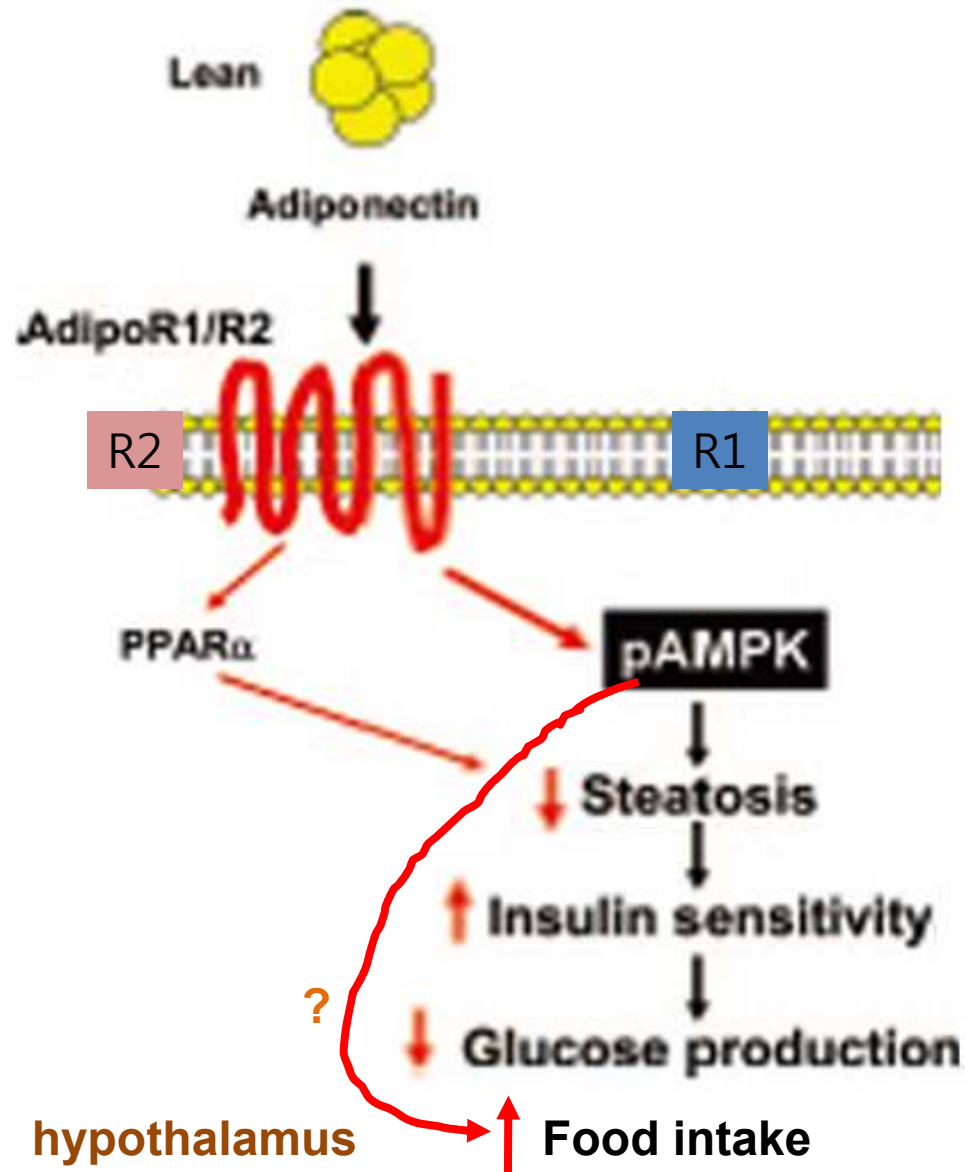
## **ICV adiponectin effect on glucose metabolism**

**Park S. et al. J Neuroendocrinology 2011**

# Adiponectin action mechanism



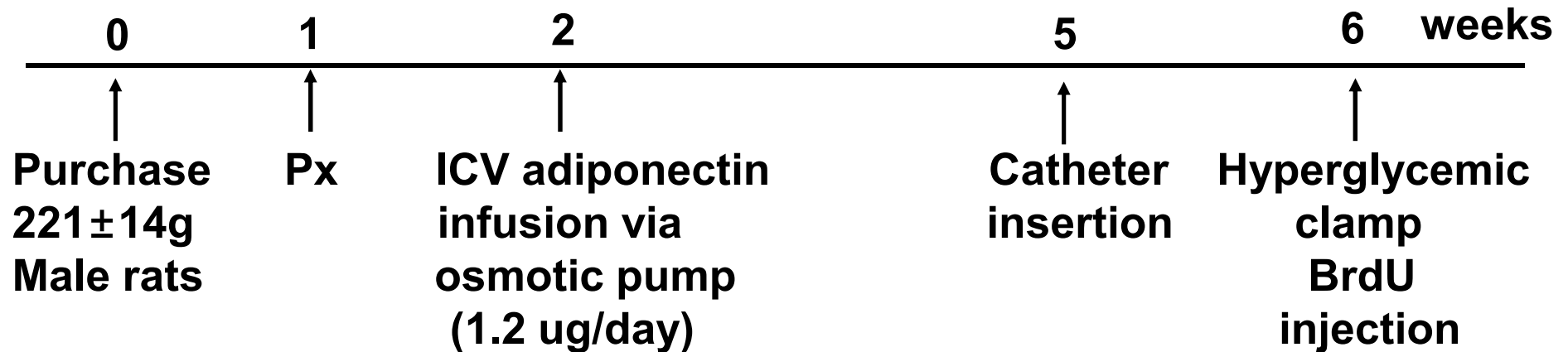
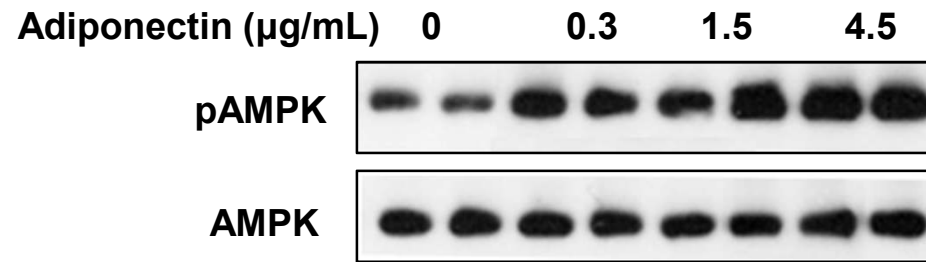
# Adiponectin and obesity



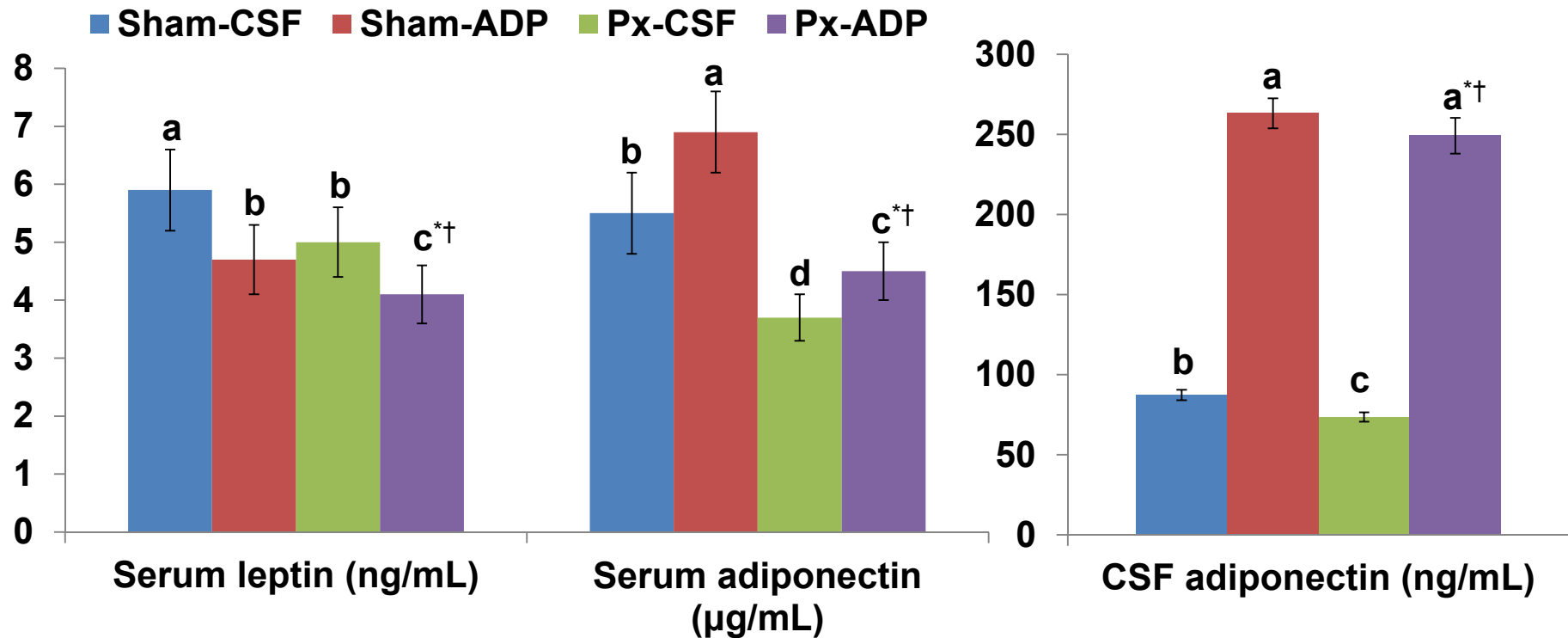
(Ahima & Lazar.  
Mol Endocrin, 2008)

# Adiponectin effect on AMPK

In L6 myotubes  
For 30 min treatment  
of adiponectin



# Serum and CSF adiponectin levels

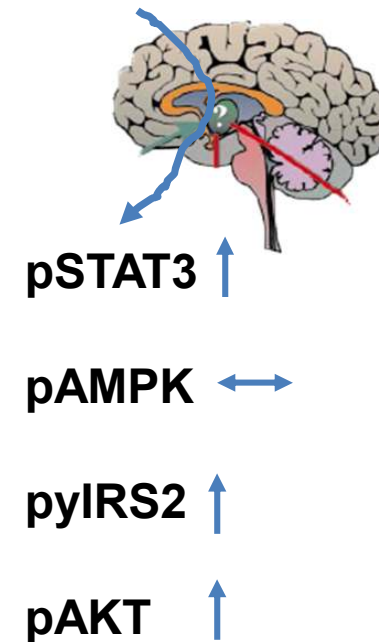
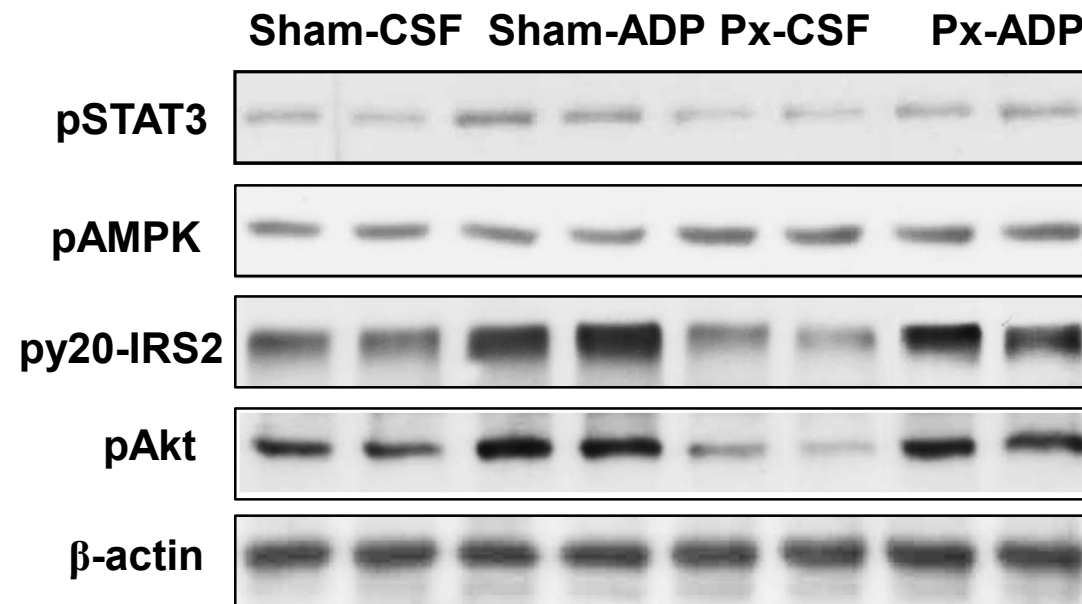


\*Significant effect of adiponectin (ADP) at  $p < 0.05$ .

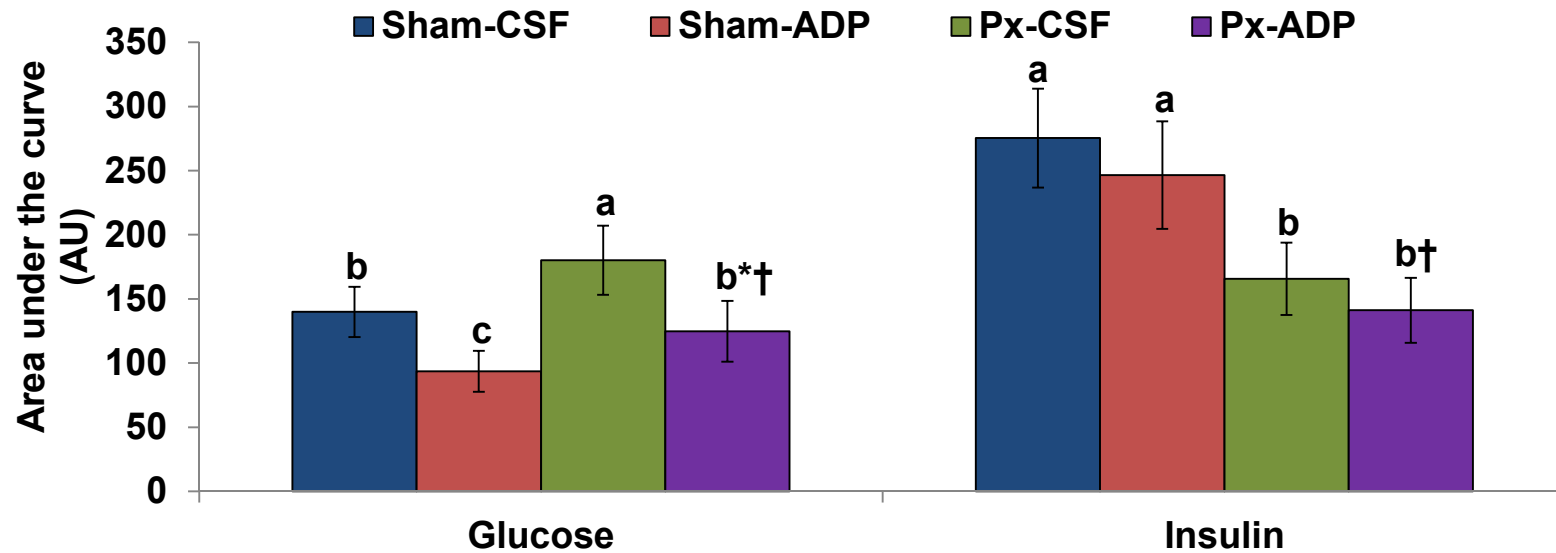
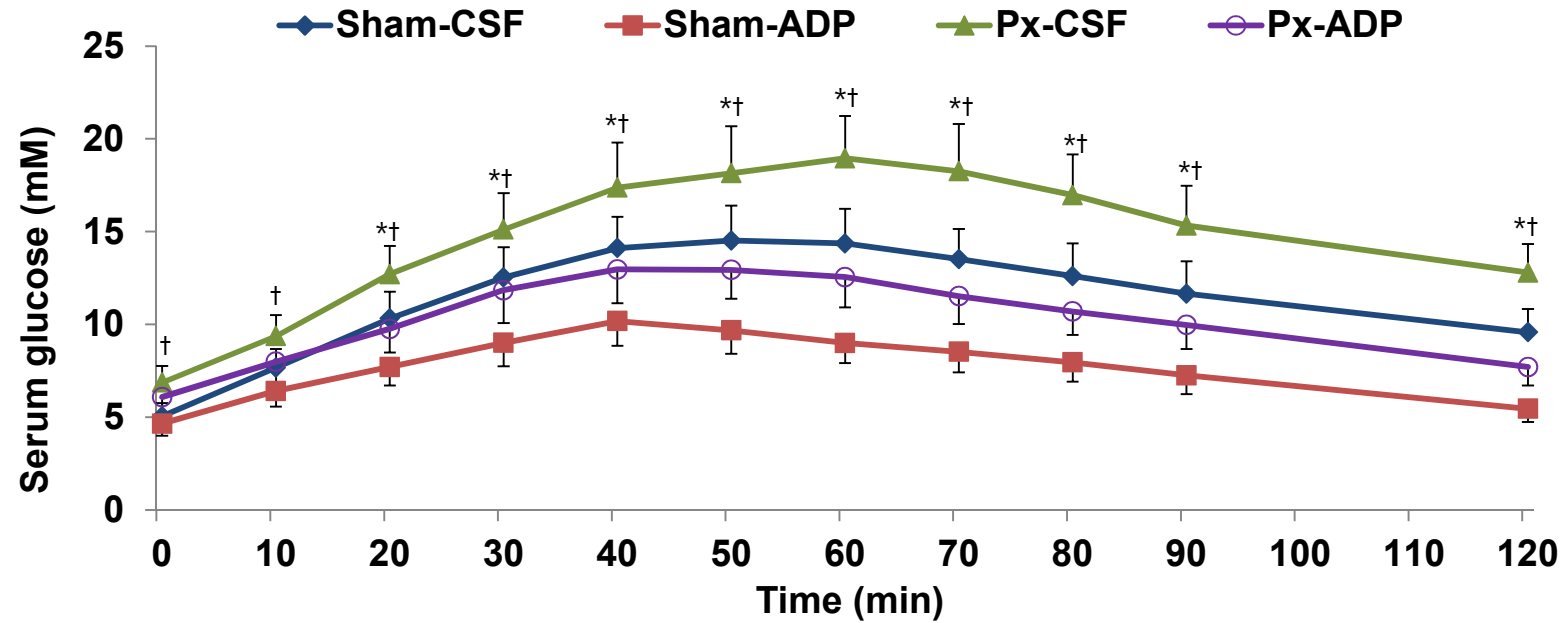
†Significant effect of diabetic status at  $p < 0.05$ .



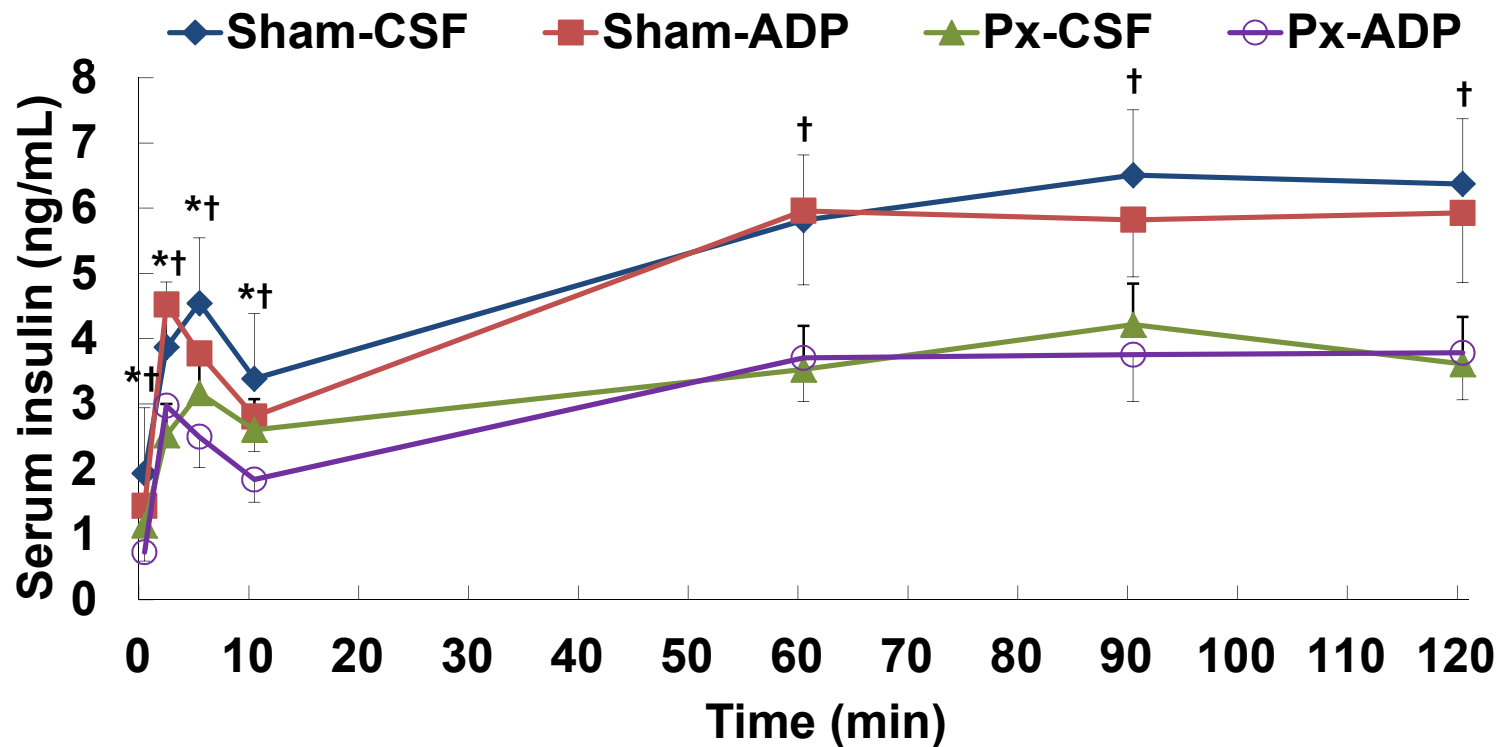
# Leptin and insulin signaling in the hypothalamus



# Glucose tolerance



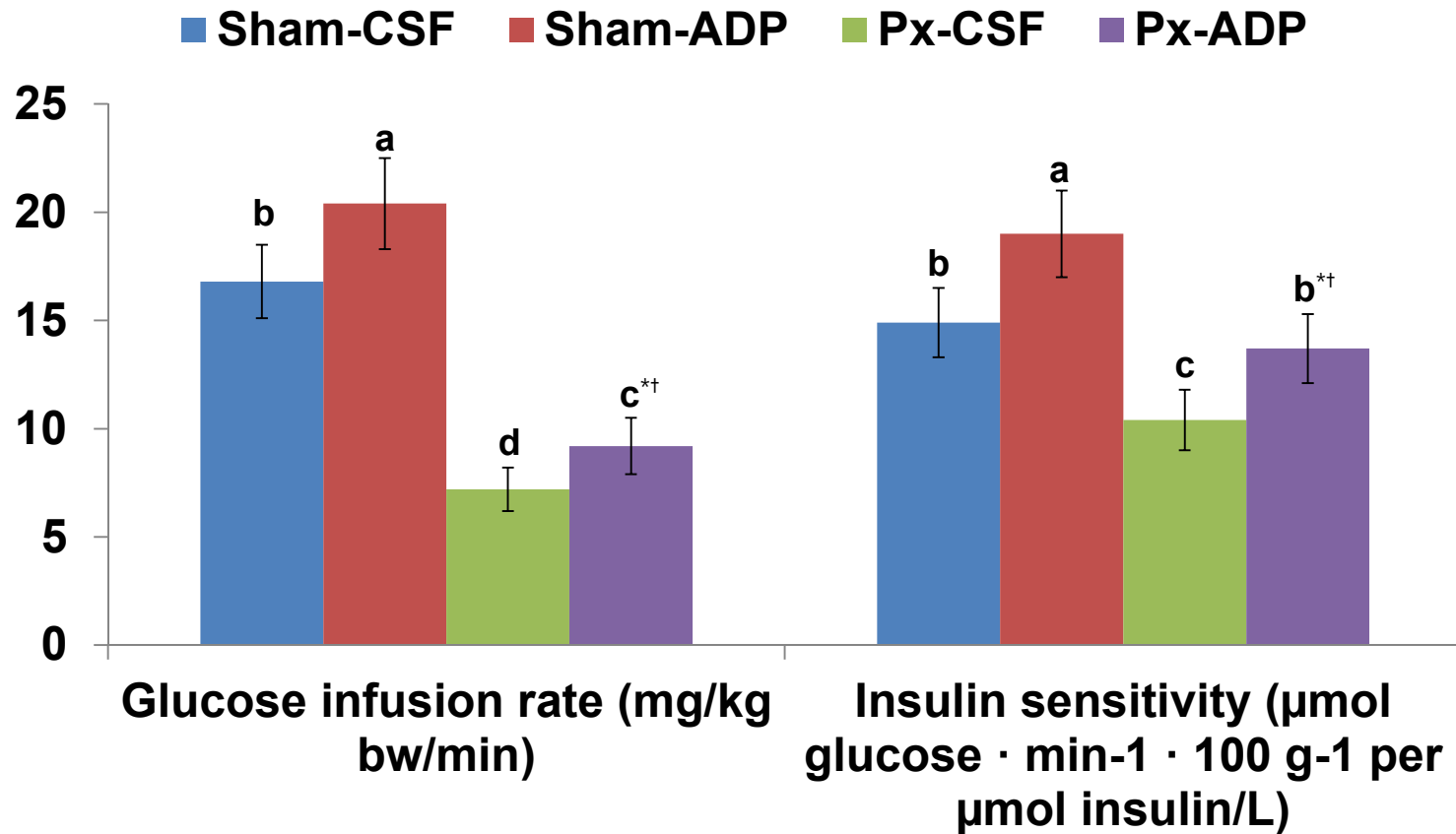
# Insulin secretion during hyperglycemic clamp



\*Significant effect of adiponectin (ADP) at  $p < 0.05$ .

†Significant effect of diabetic status at  $p < 0.05$ .

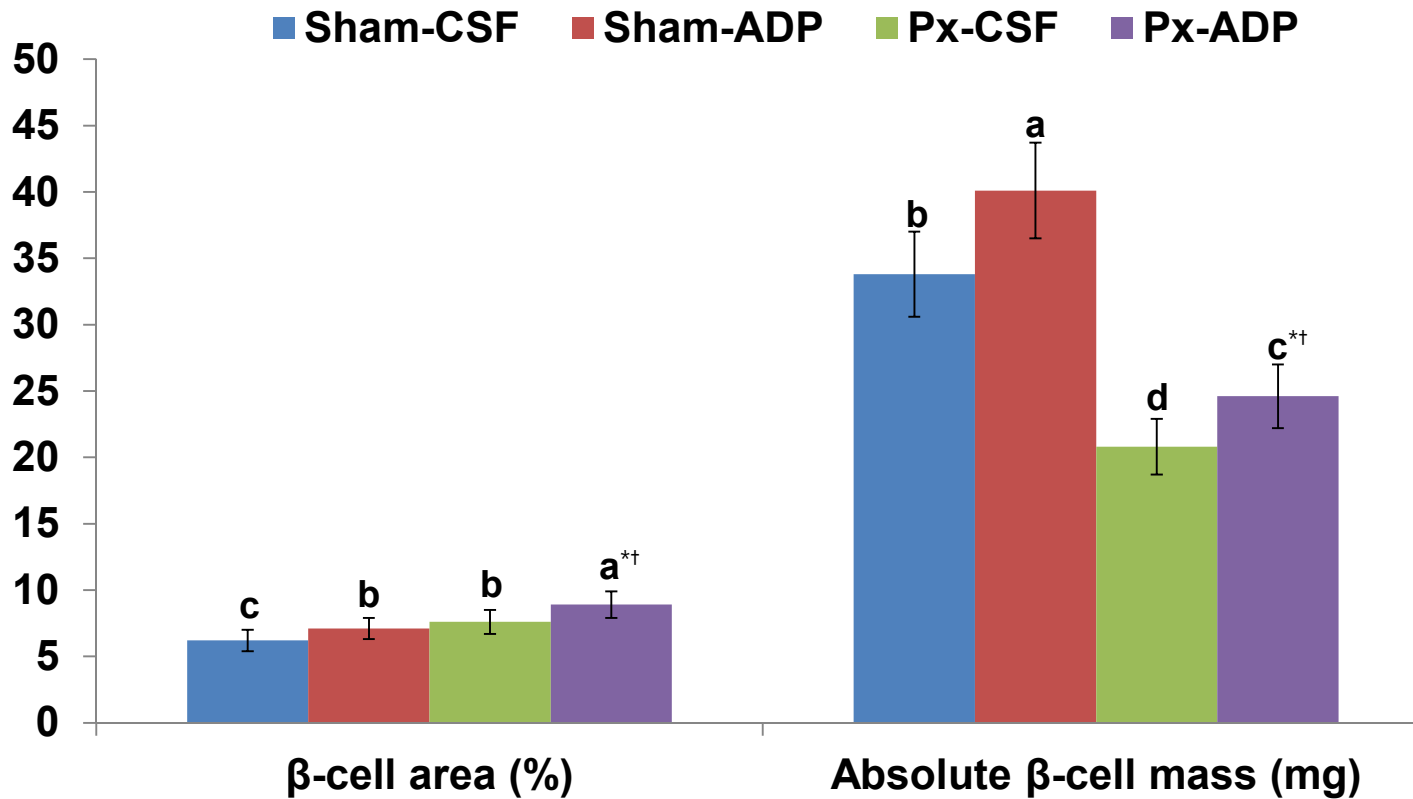
# Insulin sensitivity at hyperglycemic state



\*Significant effect of adiponectin (ADP) at  $p < 0.05$ .

<sup>†</sup>Significant effect of diabetic status at  $p < 0.05$ .

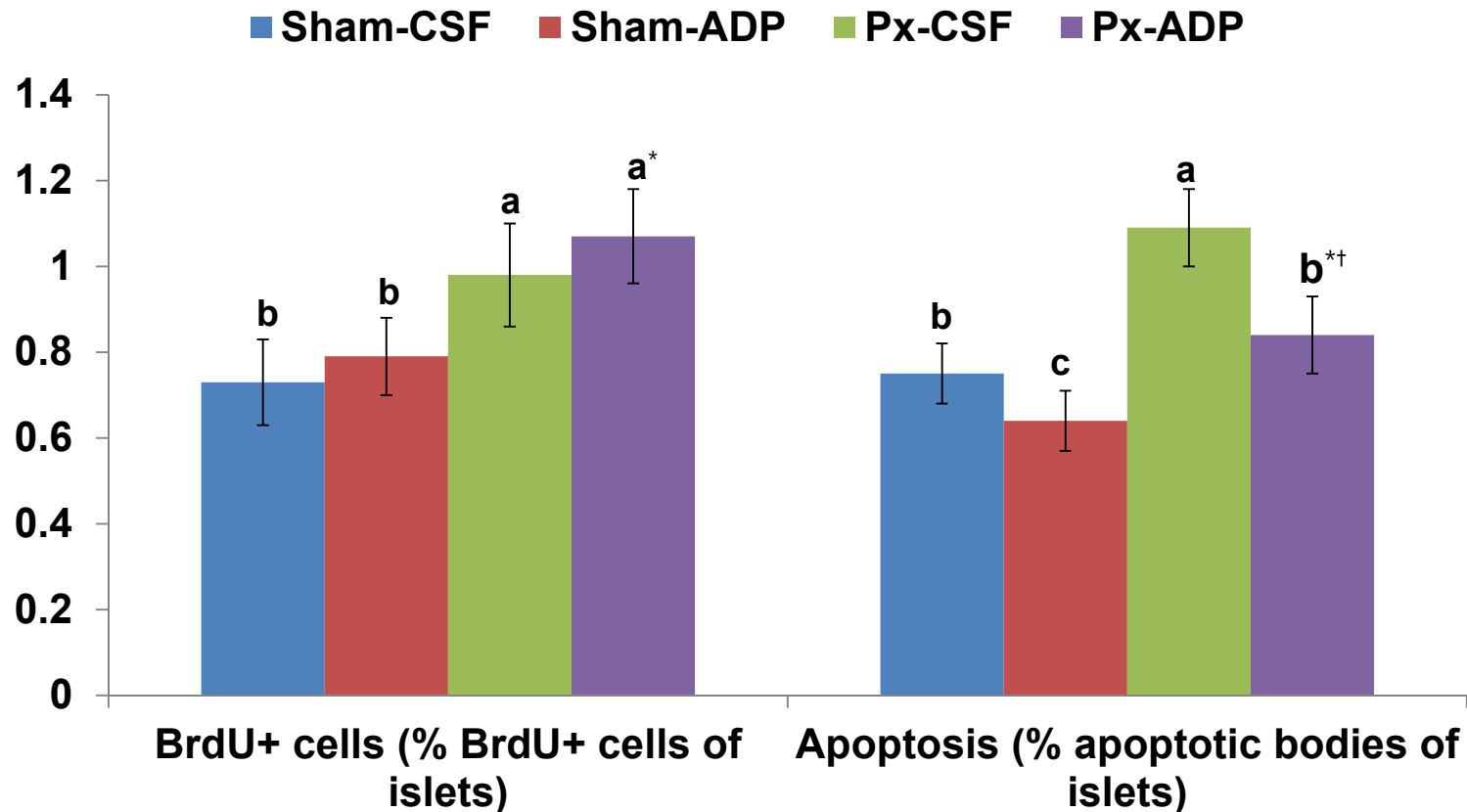
## $\beta$ -cell area and mass



\*Significant effect of adiponectin (ADP) at  $p < 0.05$ .

<sup>†</sup>Significant effect of diabetic status at  $p < 0.05$ .

# $\beta$ -cell proliferation and apoptosis



\*Significant effect of adiponectin (ADP) at  $p < 0.05$ .

†Significant effect of diabetic status at  $p < 0.05$ .

# Summary

- Central adiponectin did not improve  $\beta$ -cell function but it increases  $\beta$ -cell mass by decreasing  $\beta$ -cell death.
- Central adiponectin also enhanced insulin sensitivity at hyperglycemic state.

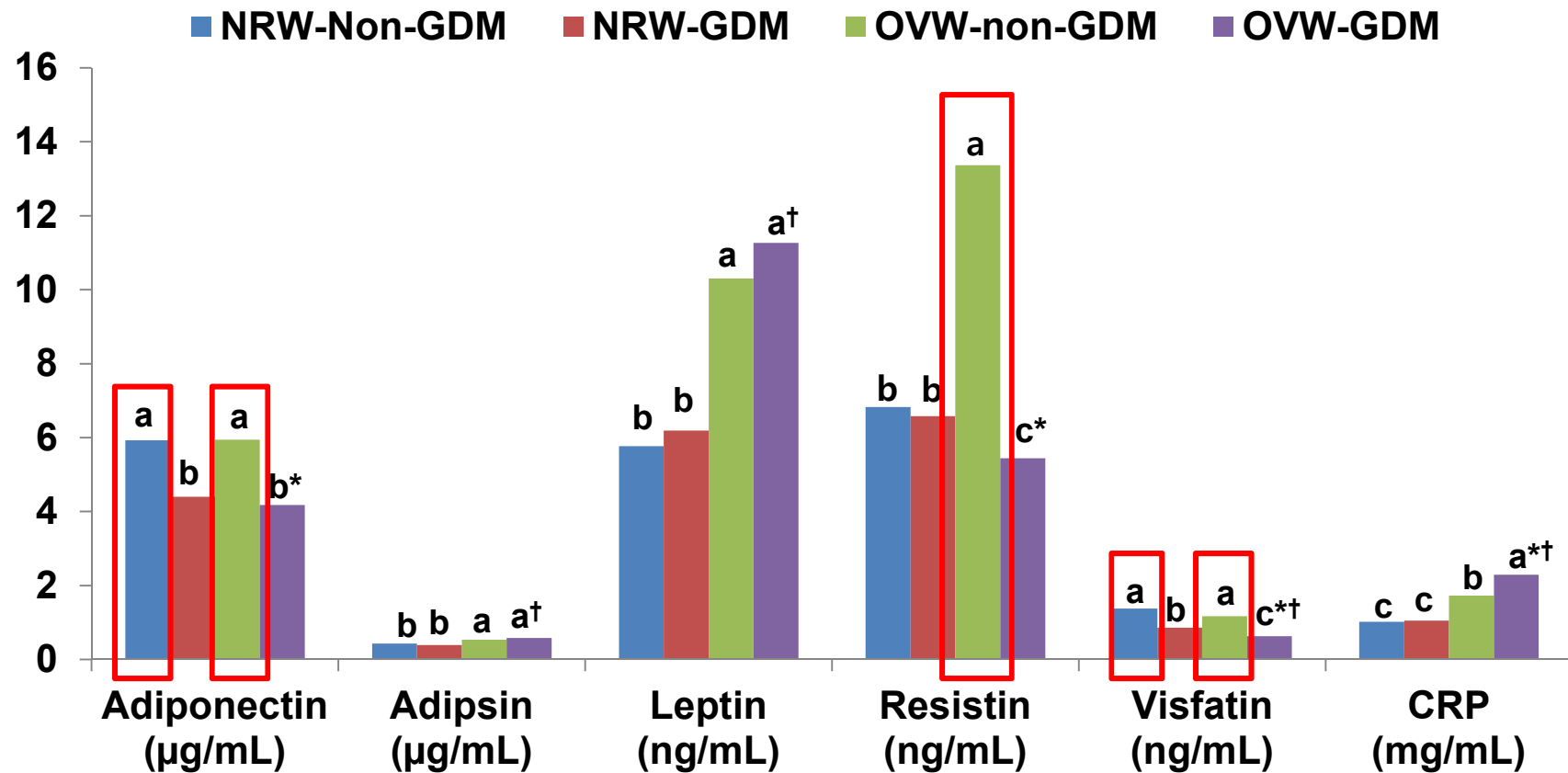
## **Serum adipokines in GDM patients**



# Glucose Profiles

	Normal weight (BMI<23)		Overweight (BMI>=23)	
	Non-GDM	GDM	Non-GDM	GDM
	(n=395)	(n=98)	(n=136)	(n=117)
Fasting Glucose (mg/dL)	78.8±5.4 <sup>c</sup>	84.9±8.4 <sup>b</sup>	80.2±4.9 <sup>bc</sup>	92.8±12.4 <sup>a*†</sup>
Glucose at 1 h after 50 g glucose (mg/dL)	111.0±14.7 <sup>b</sup>	163.5±17.5 <sup>a</sup>	113.1±14.4 <sup>b</sup>	169.0±26.1 <sup>a*†</sup>
Fasting Insulin (μU/mL)	11.6±5.6 <sup>c</sup>	11.1±3.7 <sup>c</sup>	12.8±5.8 <sup>b</sup>	15.7±6.2 <sup>a*†</sup>
HbA <sub>1c</sub> (%)	5.3±0.3 <sup>b</sup>	5.8±0.4 <sup>a</sup>	5.4±0.4 <sup>b</sup>	5.8±0.5 <sup>a*</sup>
HOMA-IR	2.1±1.0 <sup>d</sup>	2.3±0.9 <sup>c</sup>	2.5±1.2 <sup>b</sup>	3.6±1.6 <sup>a*†</sup>
HOMA-B	293.7±229.2 <sup>a</sup>	197.7±86.6 <sup>b</sup>	288.7±153.5 <sup>a</sup>	219.1±129.9 <sup>b*</sup>

# Circulating adipokine profiles



\*Significantly different by gestational diabetes (GDM) at  $P < 0.05$

†Significantly different by body mass index (BMI) at  $P < 0.05$

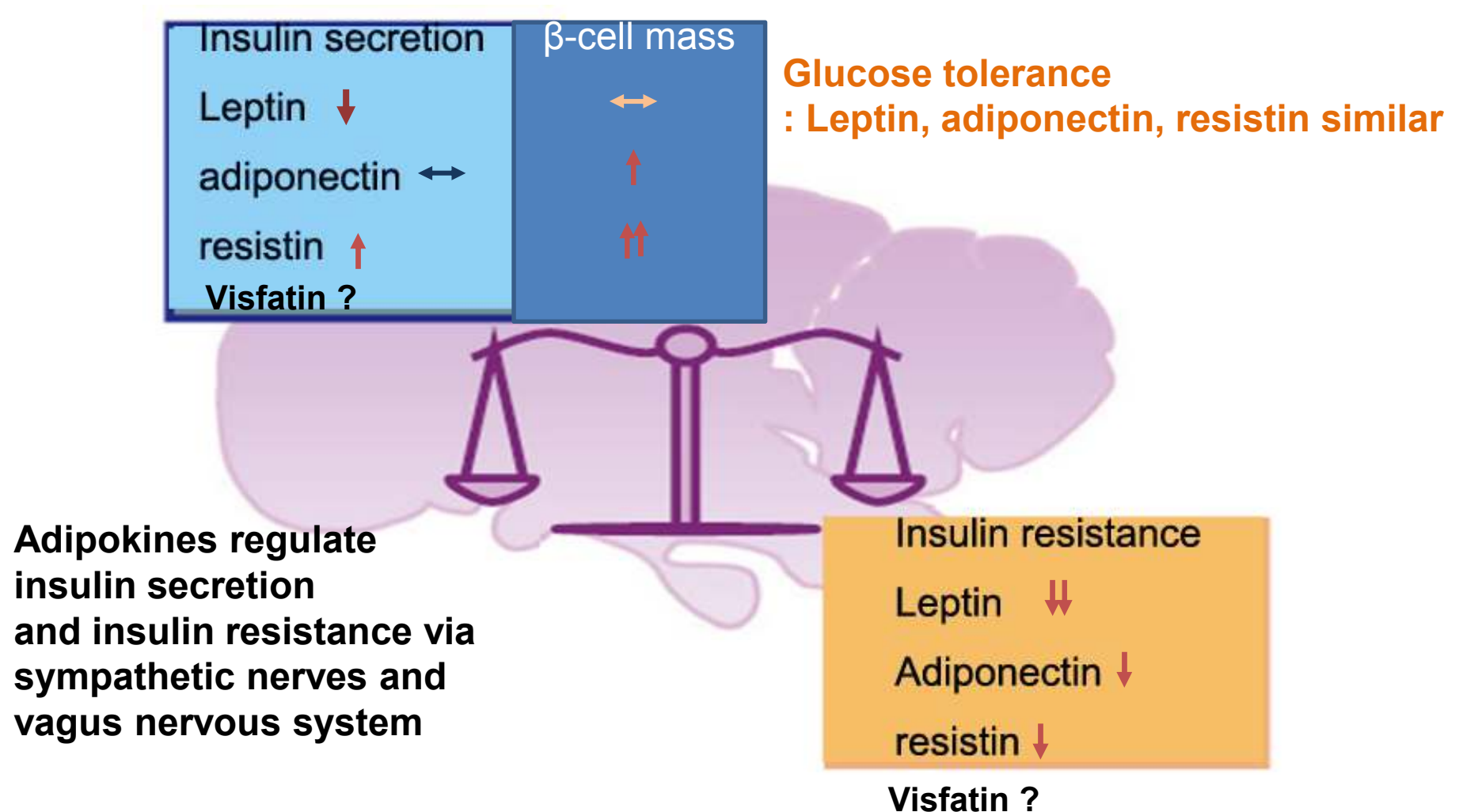
a,b,c Means in the same row with different superscripts were significantly different

## Conclusions

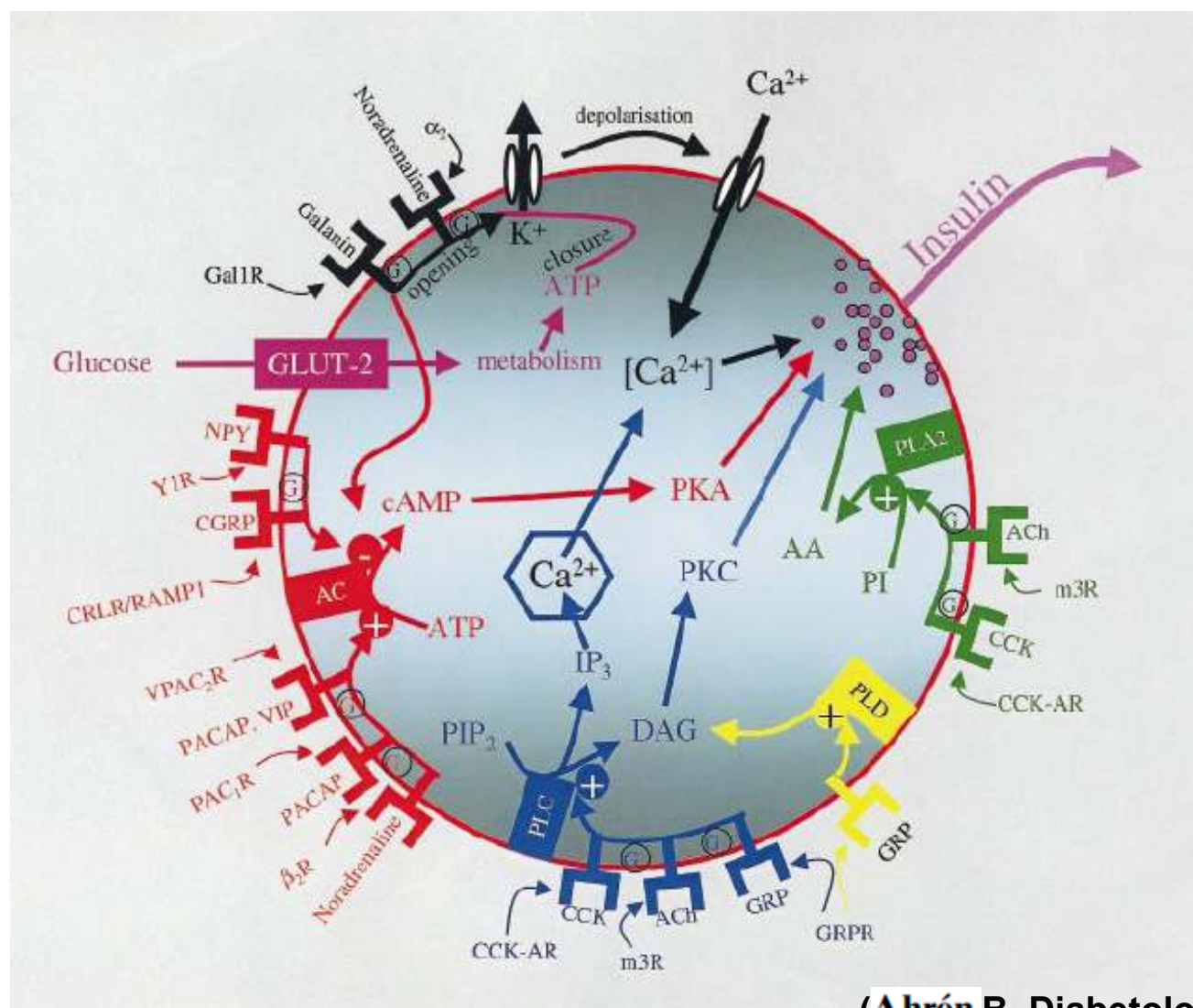
**Adipokines regulates  $\beta$ -cell function and mass as well as insulin sensitivity through several signal pathways including autonomic nervous system.**

# Roles of adipokines

## - glucose homeostasis in diabetic rats



# Possible sympathetic and parasympathetic neural pathways to stimulate insulin secretion



(Ahrén B. Diabetologia, 2000)