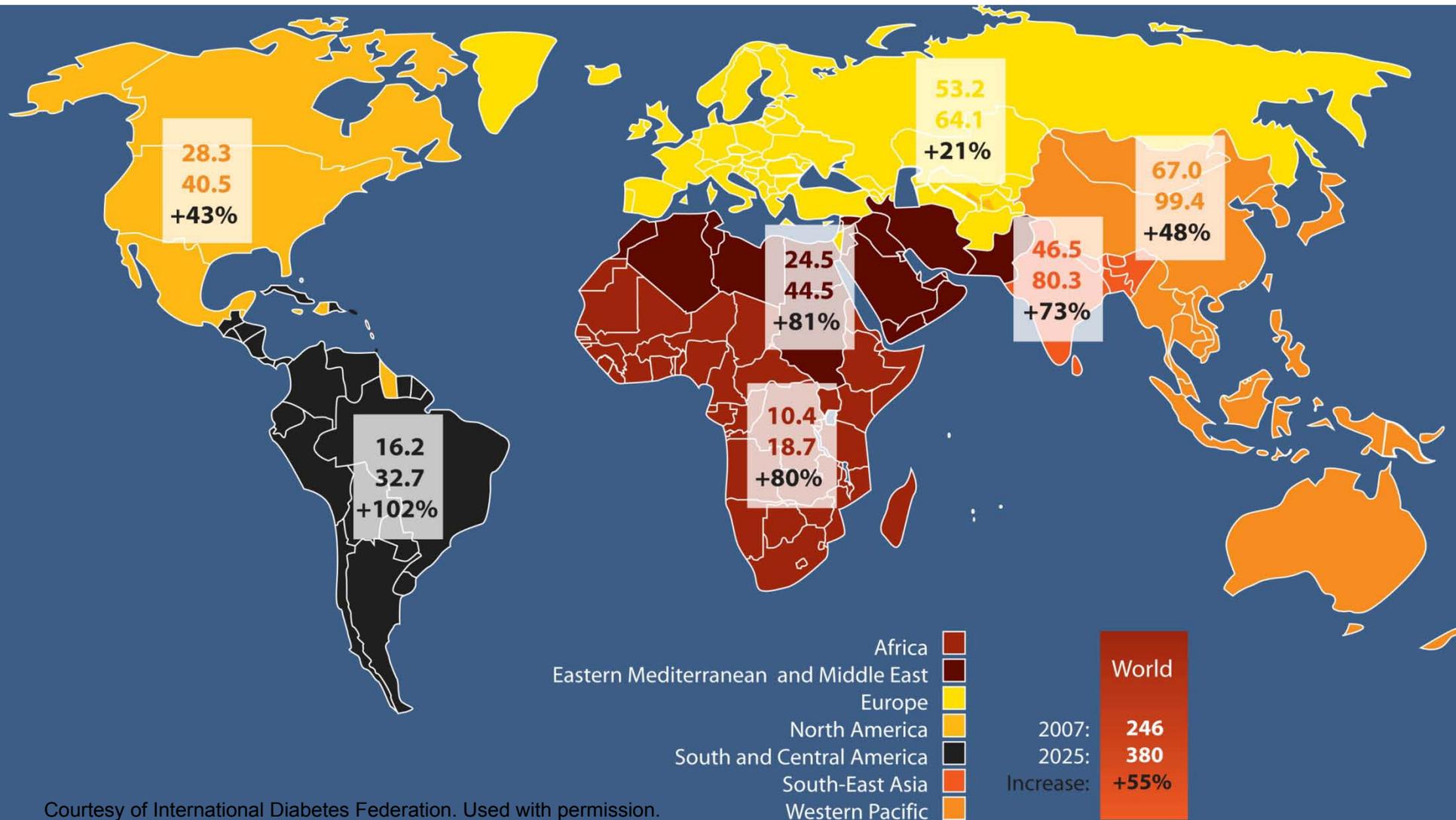


# Inflammation, Obesity, and Diabetes

20.380 S'10

# How big of a problem is Diabetes worldwide?

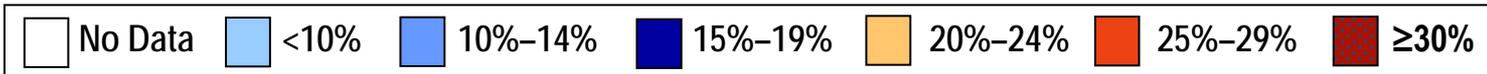
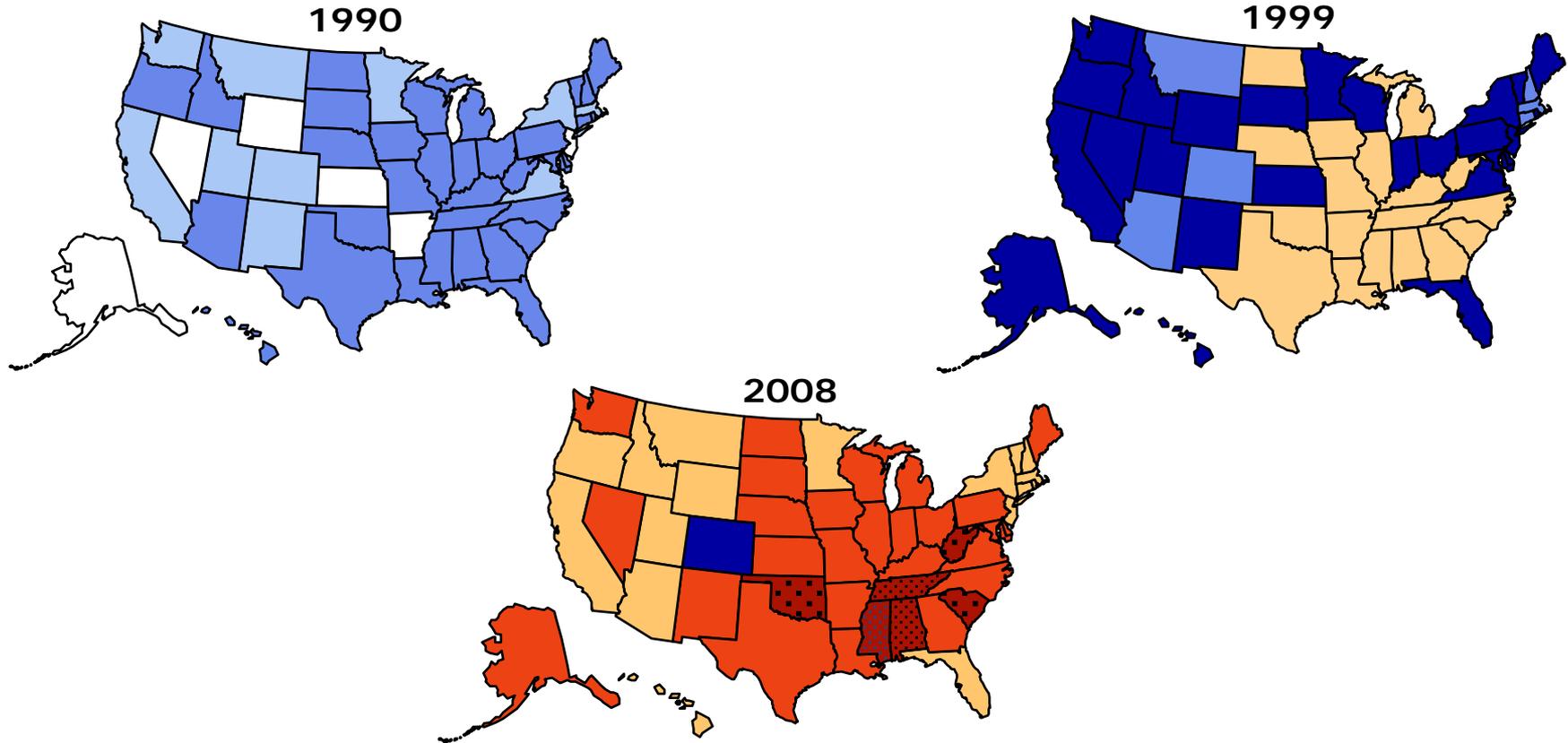


Projected totals, in millions

# Obesity Trends\* Among U.S. Adults

## BRFSS, 1990, 1999, 2008

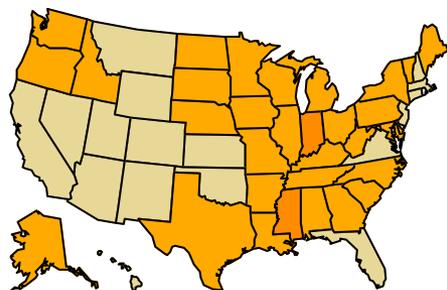
(\*BMI  $\geq 30$ , or about 30 lbs. overweight for 5'4" person)



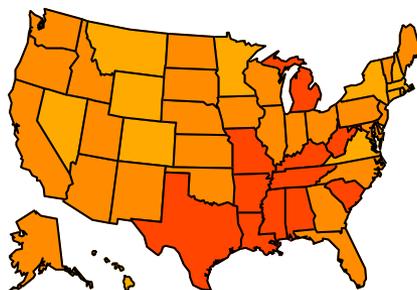
# Age-adjusted Percentage of U.S. Adults Who Were Obese or Who Had Diagnosed Diabetes

## Obesity (BMI $\geq 30$ kg/m<sup>2</sup>)

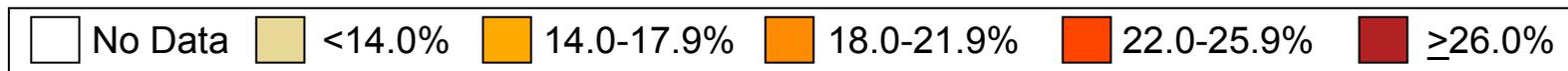
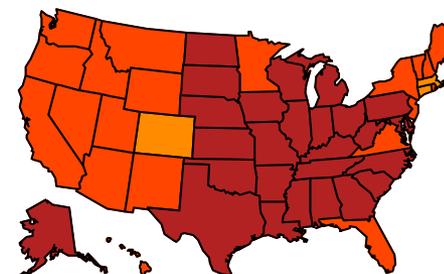
1994



2000



2008

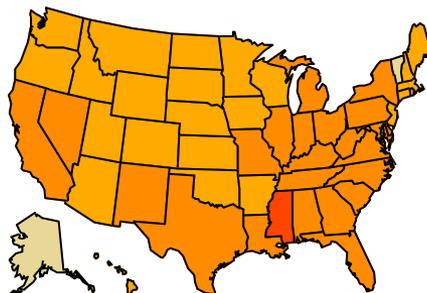


## Diabetes

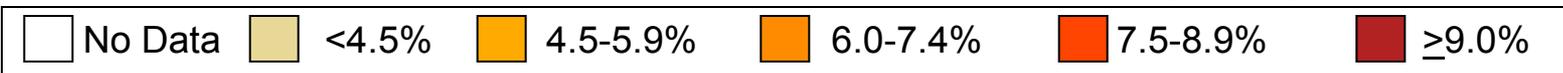
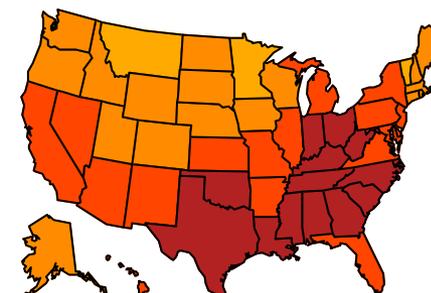
1994



2000



2008



CDC's Division of Diabetes Translation. National Diabetes Surveillance System available at <http://www.cdc.gov/diabetes/statistics>

# Normal Physiology and Insulin Effects

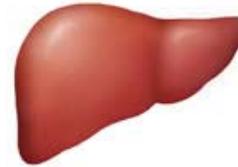
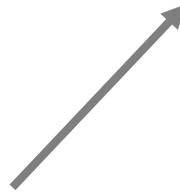
## Insulin Action



Glucose



Pancreas



Liver



Glycogen storage



Gluconeogenesis



Muscle



Glucose Uptake



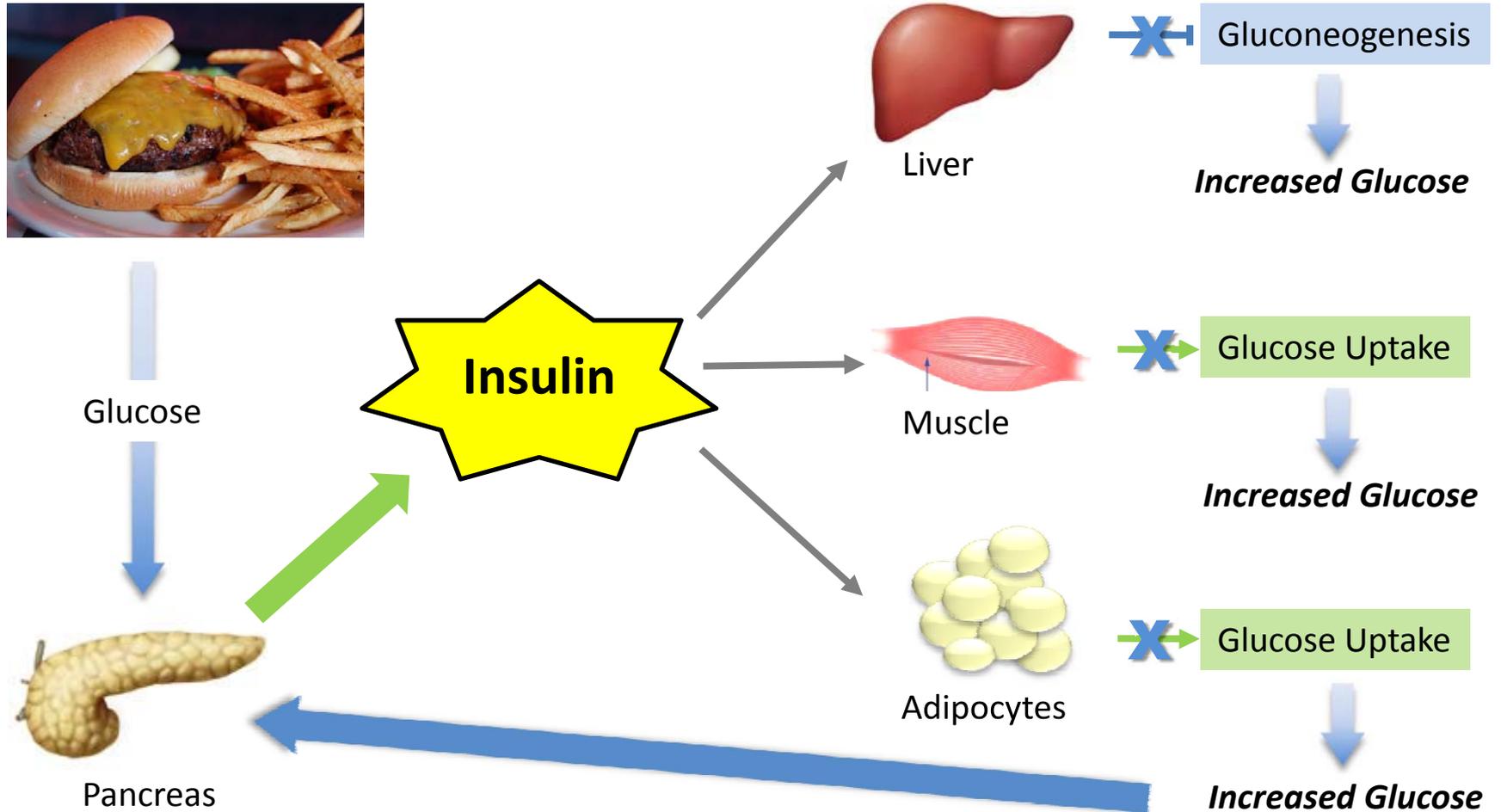
Adipocytes



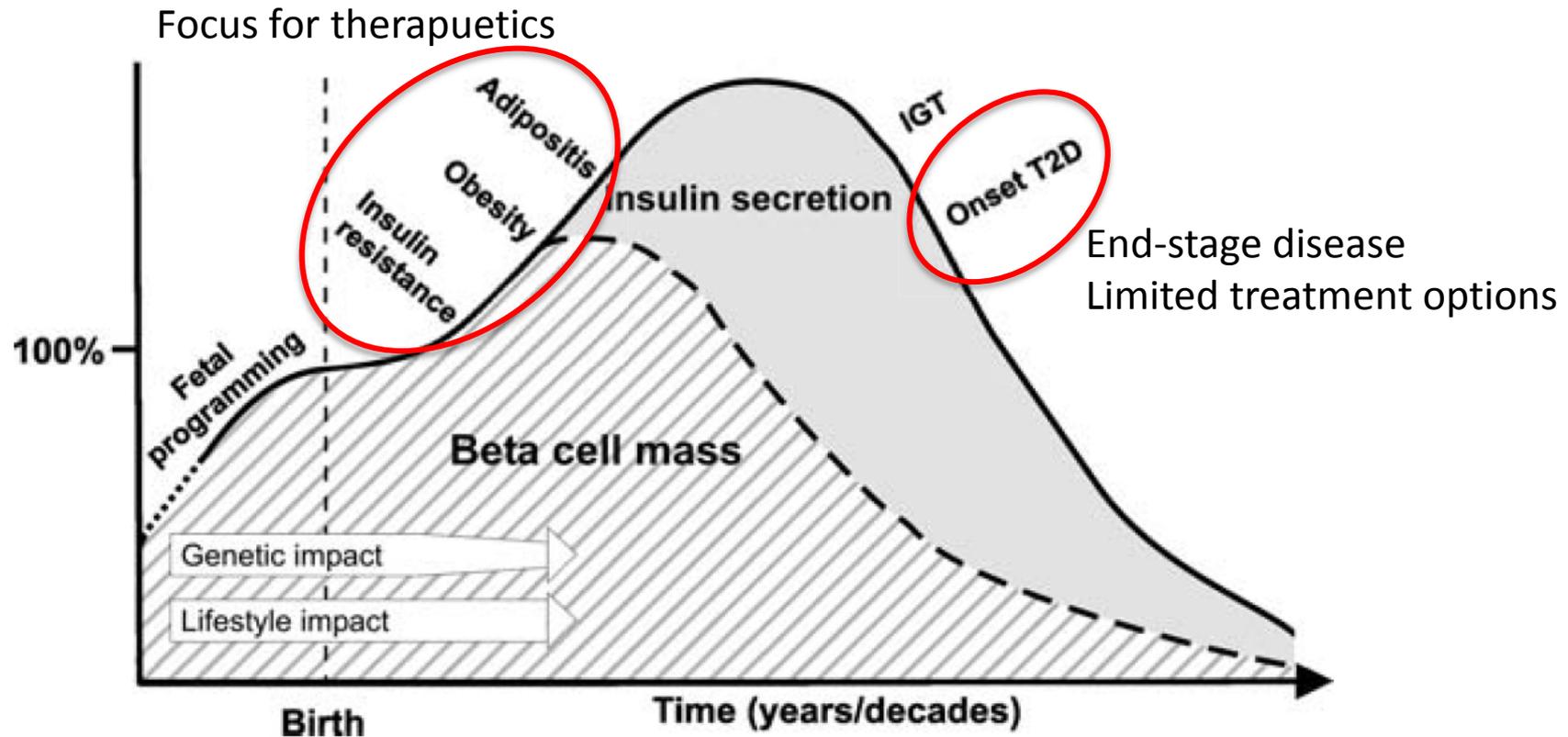
Glucose Uptake

# Insulin Resistance – Positive Feedback

## Insulin Resistance



# Time Course of Diabetes Development

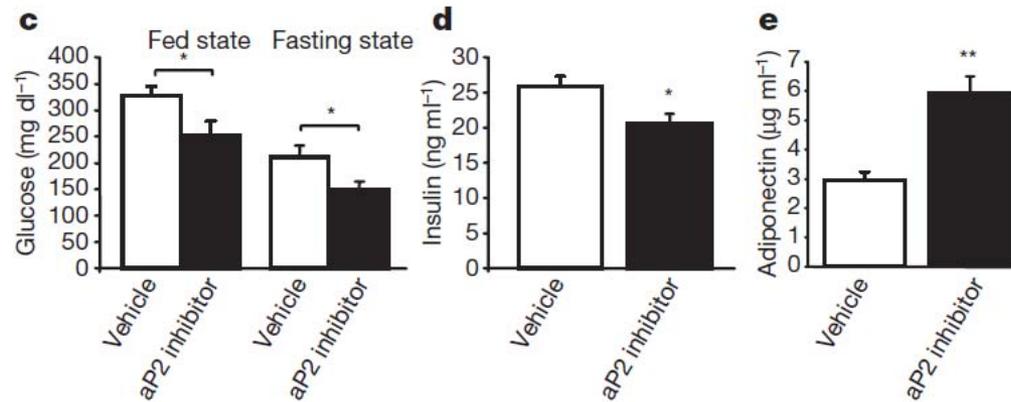


**FIGURE 1.** Natural course of type 2 diabetes, a generalized and simplified scheme. Programming of metabolic regulation and gene expression occurs *in utero*. Insulin resistance with or without obesity develops in childhood, adolescence, or early adulthood and is compensated by increased beta cell mass and insulin secretion. Probably in response to obesity/fat cell stress macrophages invade fat tissue and give rise to local inflammation (“adipositis”). The failure of islets to compensate for increased insulin demand is primarily caused by beta cell death. This leads to IGT and eventually to overt T2DM. Evidence of systemic low grade inflammation and of oxidative stress/mitochondrial dysfunction is noted from early on.

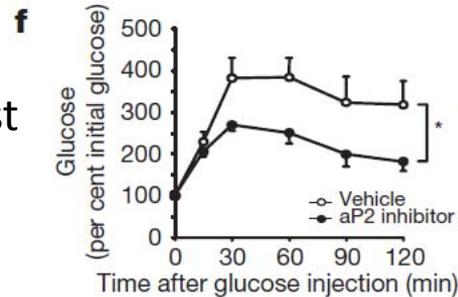
# Phenotyping Insulin Resistance

	WT	<i>ob/ob</i>
Glucose (mg/dl)	92.4 ± 11.6 <sup>A</sup>	313.8 ± 76.6
Insulin (ng/ml)	1.83 ± 0.51 <sup>B</sup>	7.85 ± 1.02
Triglycerides (mg/dl)	147.2 ± 27.34 <sup>B</sup>	300.37 ± 114.2
FFA (mmol/l)	2.05 ± 0.93	3.13 ± 0.13

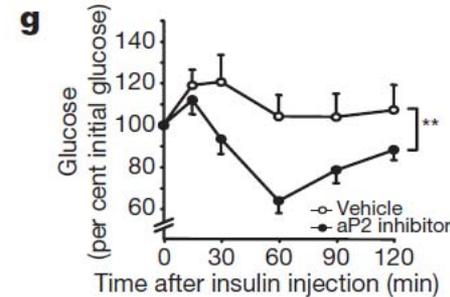
Kim et al., J. Clinical Investigation 2007, 117, 2621-2637



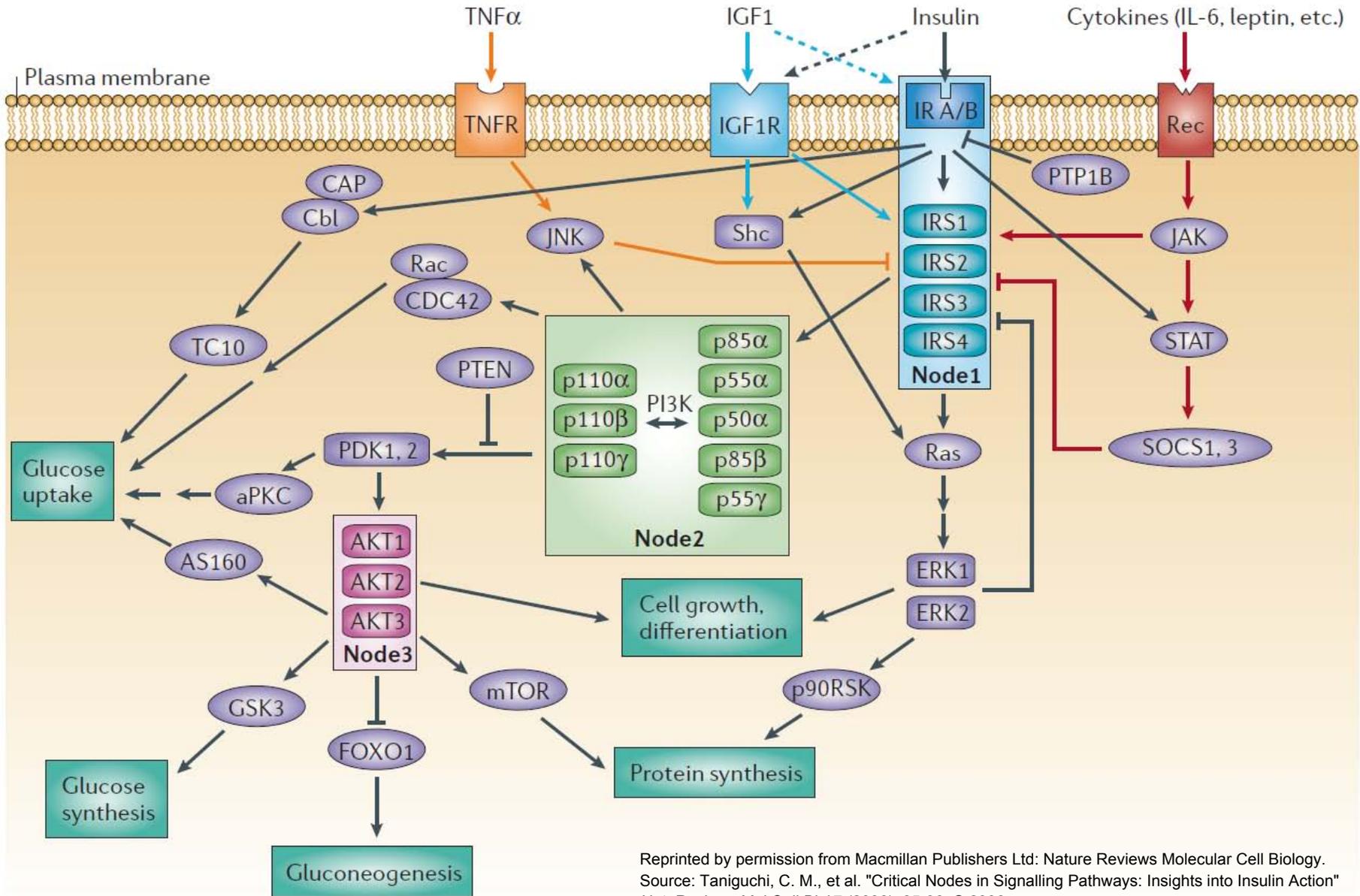
Glucose Tolerance Test



Insulin Tolerance Test



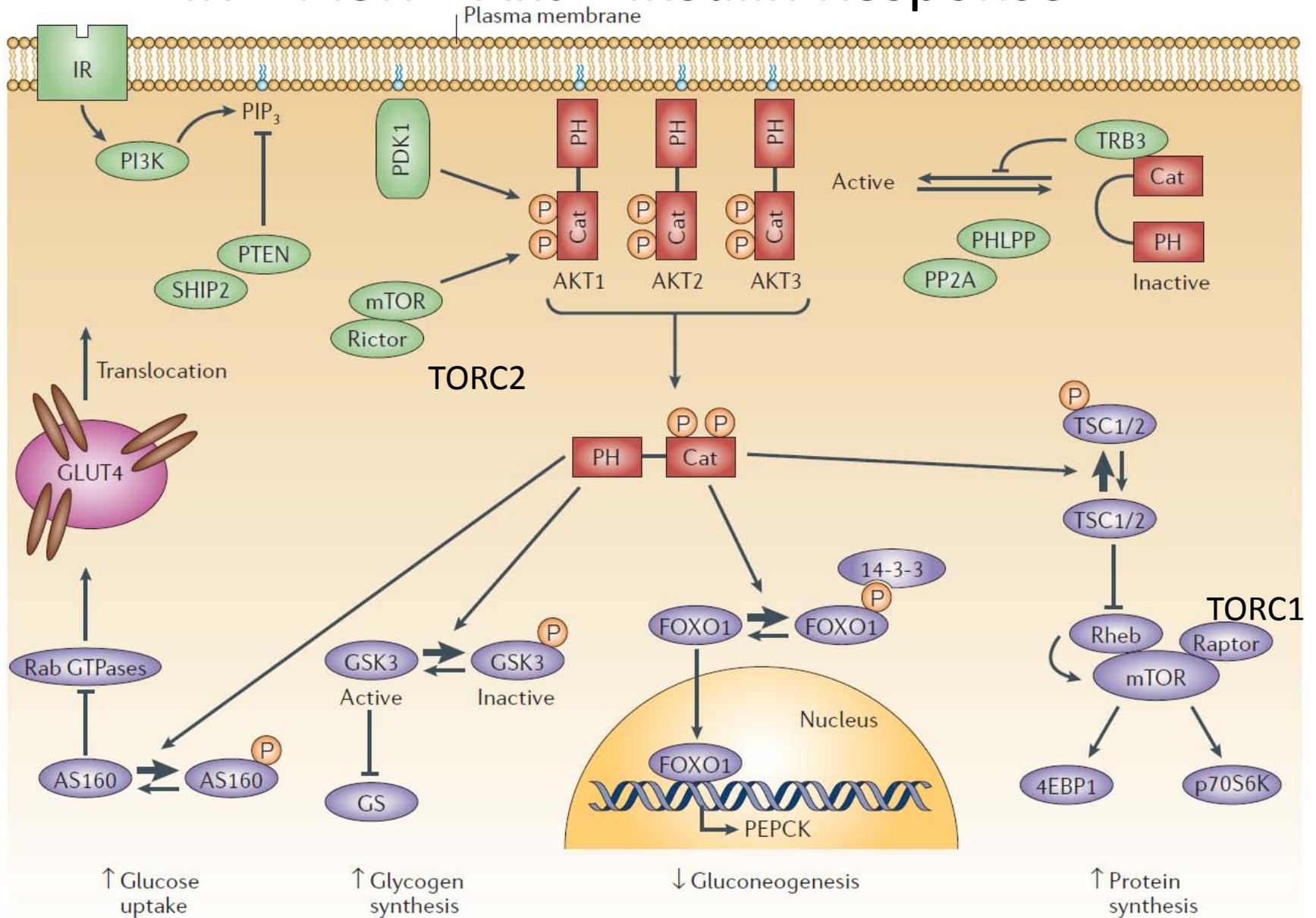
# Insulin Signaling Network Overview



Reprinted by permission from Macmillan Publishers Ltd: Nature Reviews Molecular Cell Biology. Source: Taniguchi, C. M., et al. "Critical Nodes in Signalling Pathways: Insights into Insulin Action" *Nat. Reviews Mol Cell Biol* 7 (2006): 85-96. © 2006.

Taniguchi et al, Nat. Reviews Mol. Cell Biol, 2006

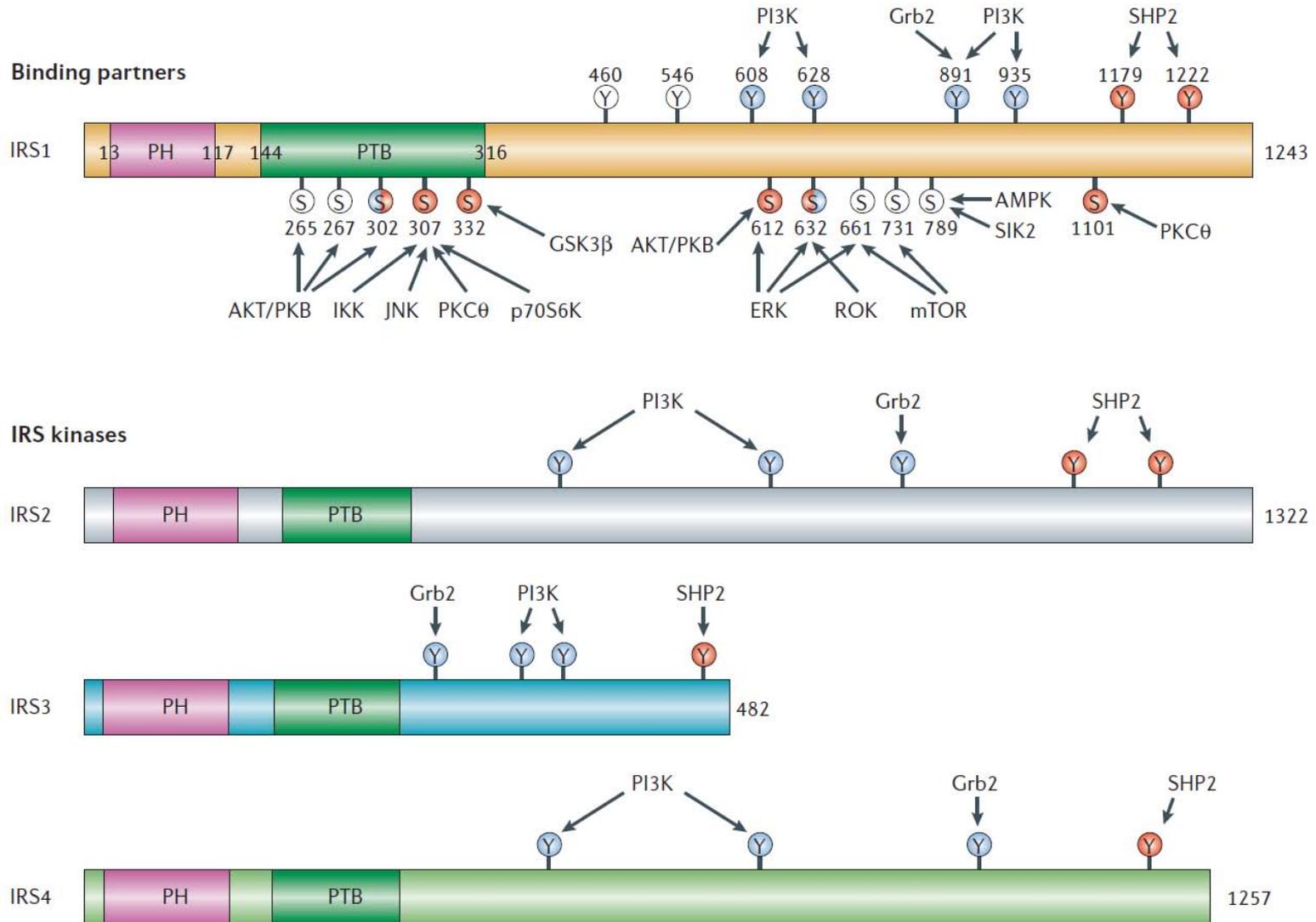
# IR – PI3K – Akt – Insulin Response



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 Source: Taniguchi, C. M., et al. "Critical Nodes in Signalling Pathways: Insights into Insulin Action"  
*Nat. Reviews Mol Cell Biol* 7 (2006): 85-96. © 2006.

Taniguchi et al, Nat. Reviews Mol. Cell Biol, 2006

# Complex signaling on Insulin receptor substrates



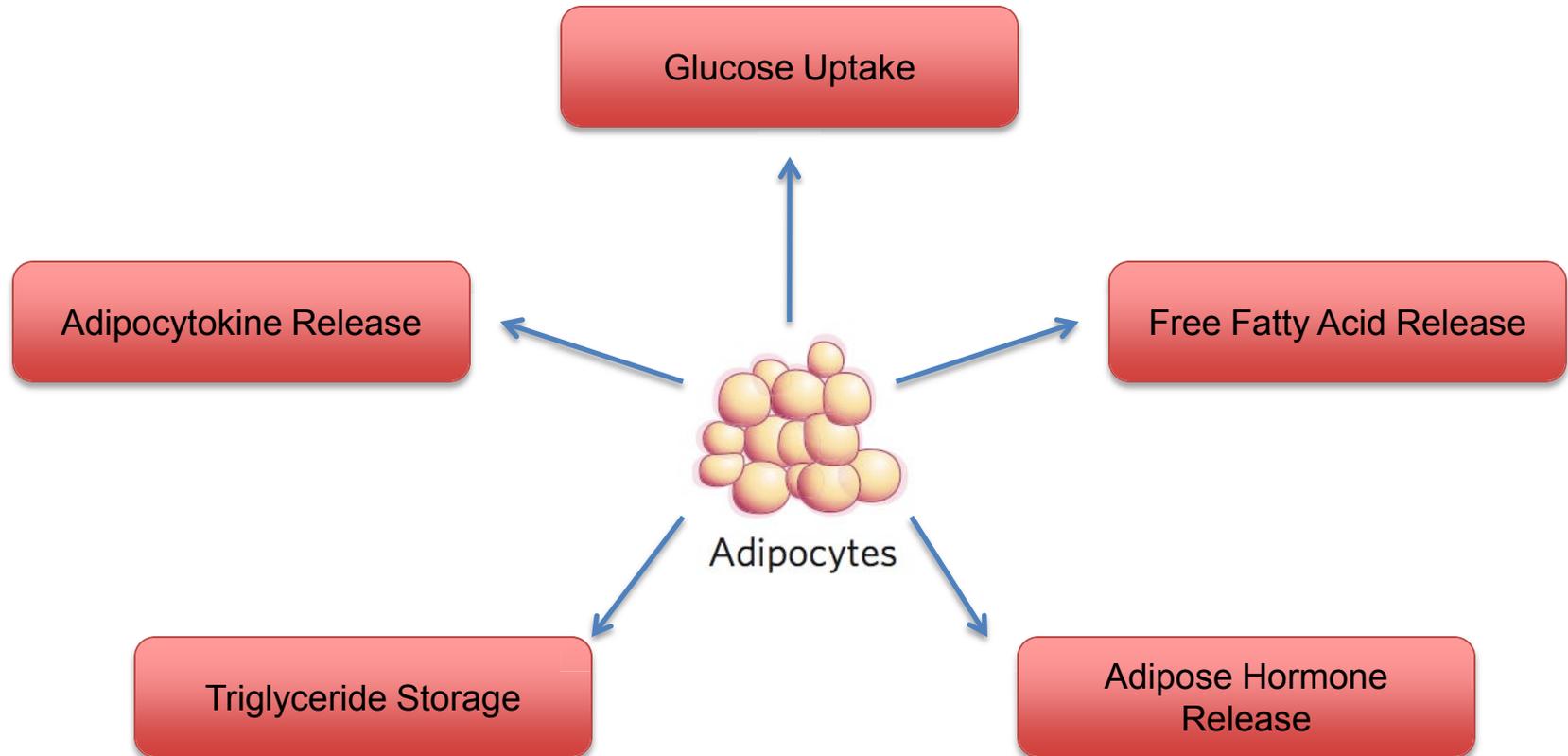
Reprinted by permission from Macmillan Publishers Ltd: Nature Reviews Molecular Cell Biology.  
 Source: Taniguchi, C. M., et al. "Critical Nodes in Signalling Pathways: Insights into Insulin Action"  
*Nat. Reviews Mol Cell Biol* 7 (2006): 85-96. © 2006.

# IRS proteins play key roles in regulating insulin function

Image removed due to copyright restrictions. See Figure 4 in  
Taniguchi, C. M., et al. "Critical Nodes in Signalling Pathways:  
Insights Into Insulin Action." *Nat Rev Mol Cell Biol* 7 (2006): 85-96.

# Adipocytes – key regulators of insulin action

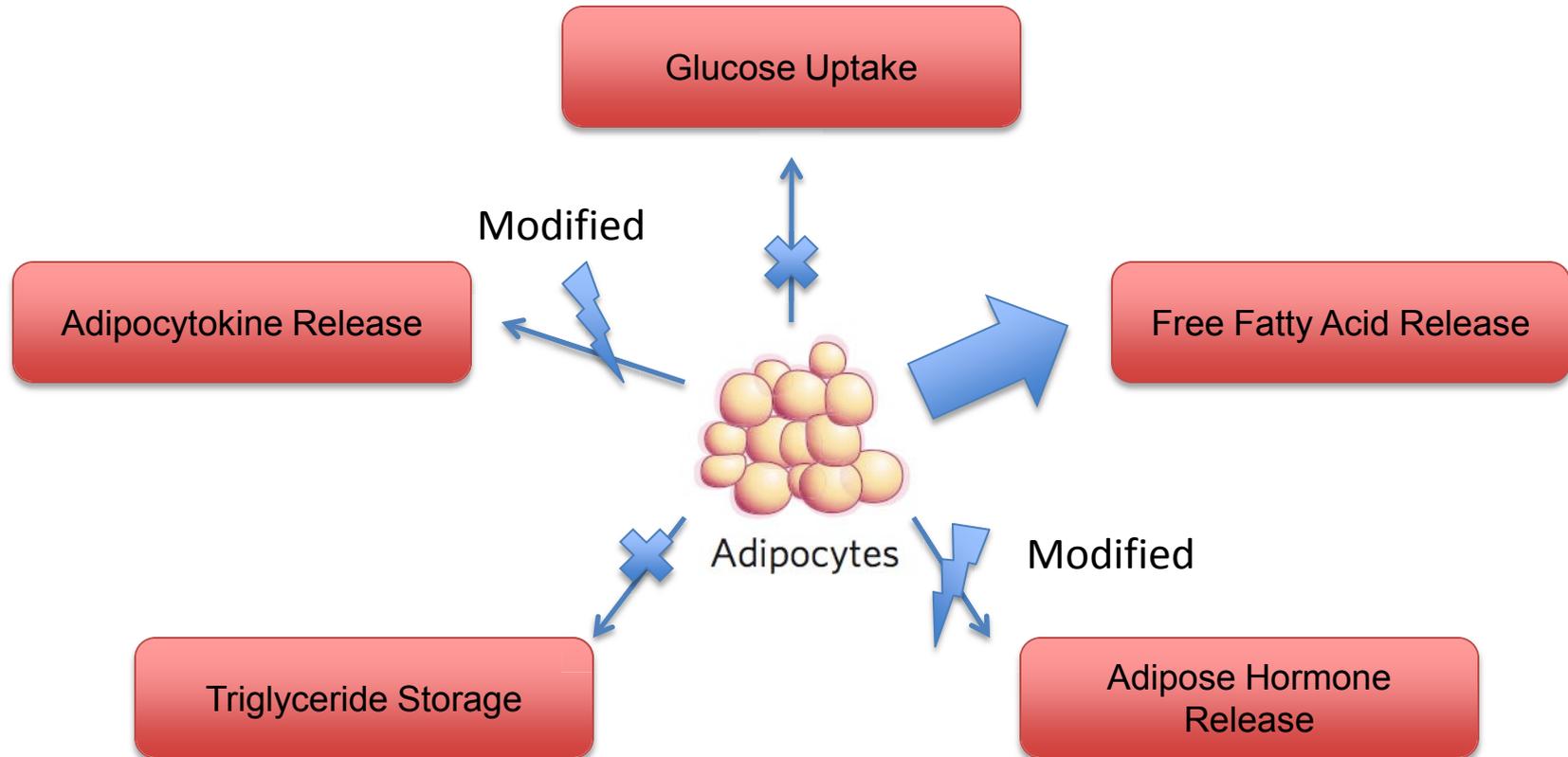
## Adipocyte Functions



Slide courtesy of Bryan Owens and Emily Miraldi. Used with permission.

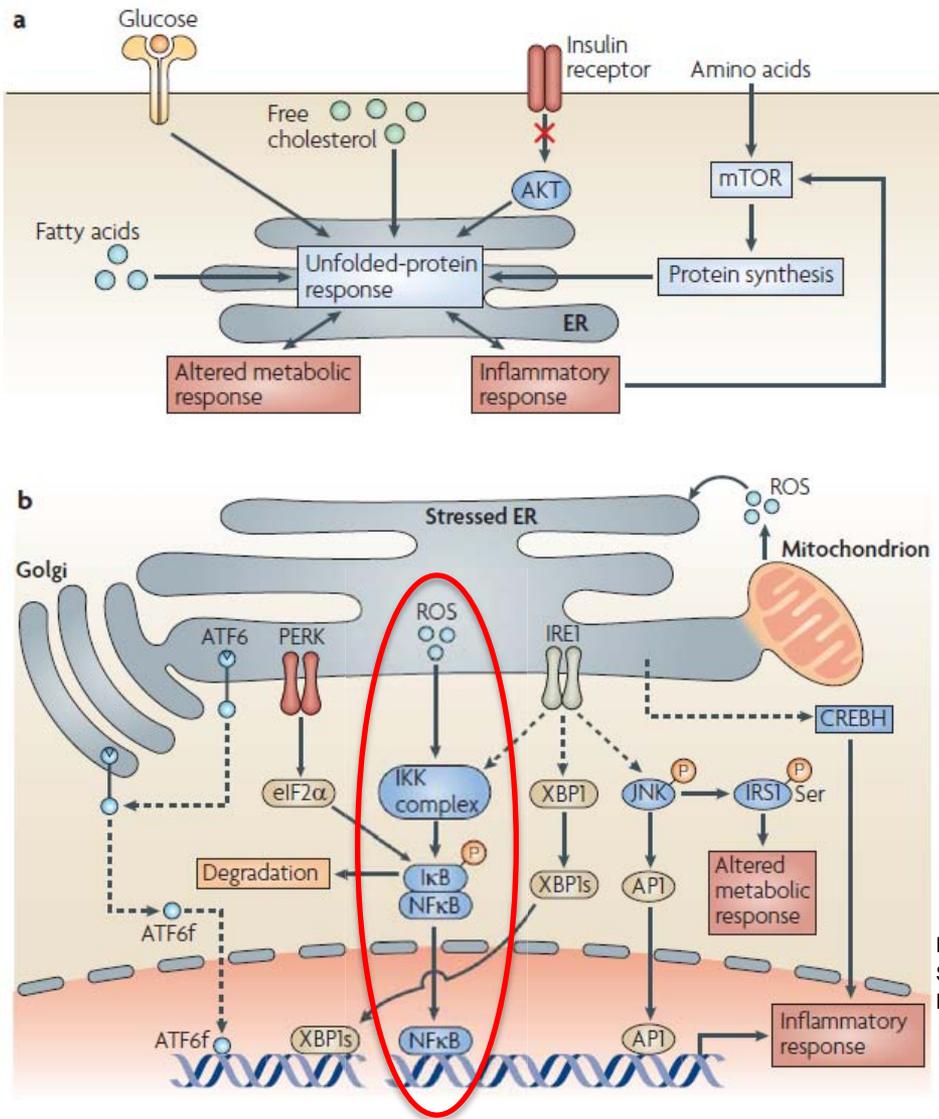
# Adipocytes in insulin resistance

## Adipocyte Functions



Slide courtesy of Bryan Owens and Emily Miraldi. Used with permission.

# The beginning (?) – ER stress, the unfolded protein response, and inflammation



NF $\kappa$ B target genes:

**IL-1 $\beta$**

**TNF- $\alpha$**

**IL-6**

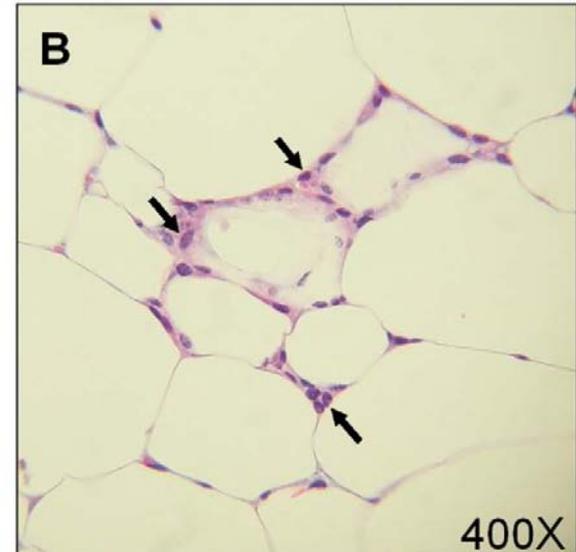
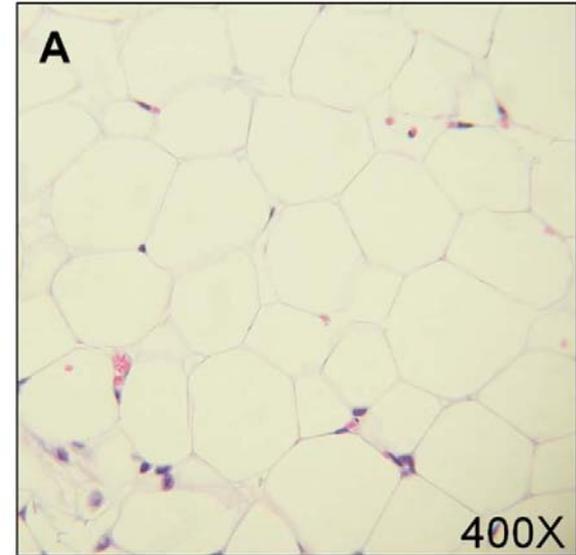
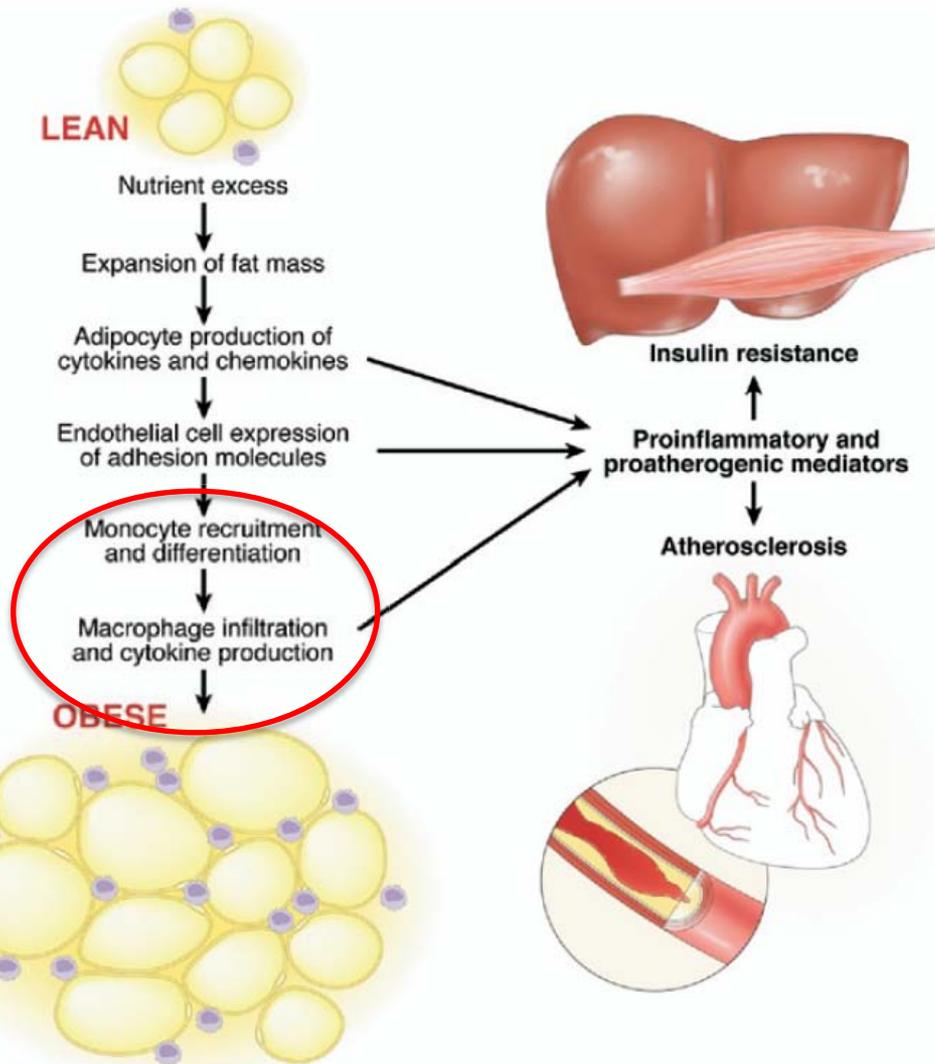
**MCP-1 (monocyte chemoattractant protein 1) (CCL2)**

Interferon  $\beta$

+many, many others including pro- and anti-inflammatory genes

Reprinted by permission from Macmillan Publishers Ltd: Nature Reviews Immunology. Source: Hotamisligil, G. S., and E. Erbay. "Nutrient Sensing and Inflammation in Metabolic Diseases." *Nature Reviews Immunology* 8 (2008): 923-934. © 2008.

# Overnutrition leads to increased adipocyte size and macrophage recruitment



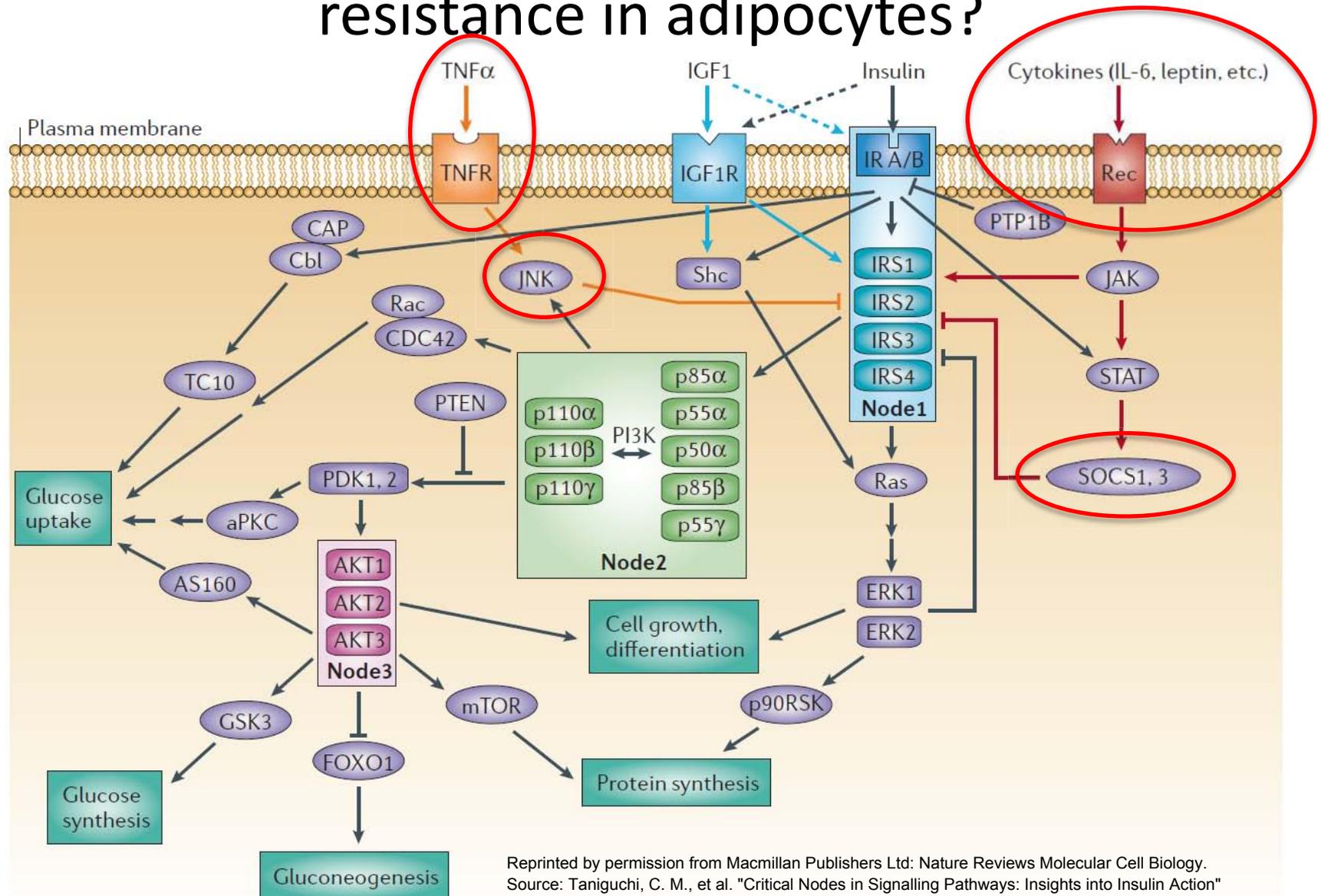
Courtesy of Elsevier, Inc., <http://www.sciencedirect.com>. Used with permission.

Shoelson, Gastroenterology (2007) 132, 2169-2180

# More granularity – increased adiposity and inflammation

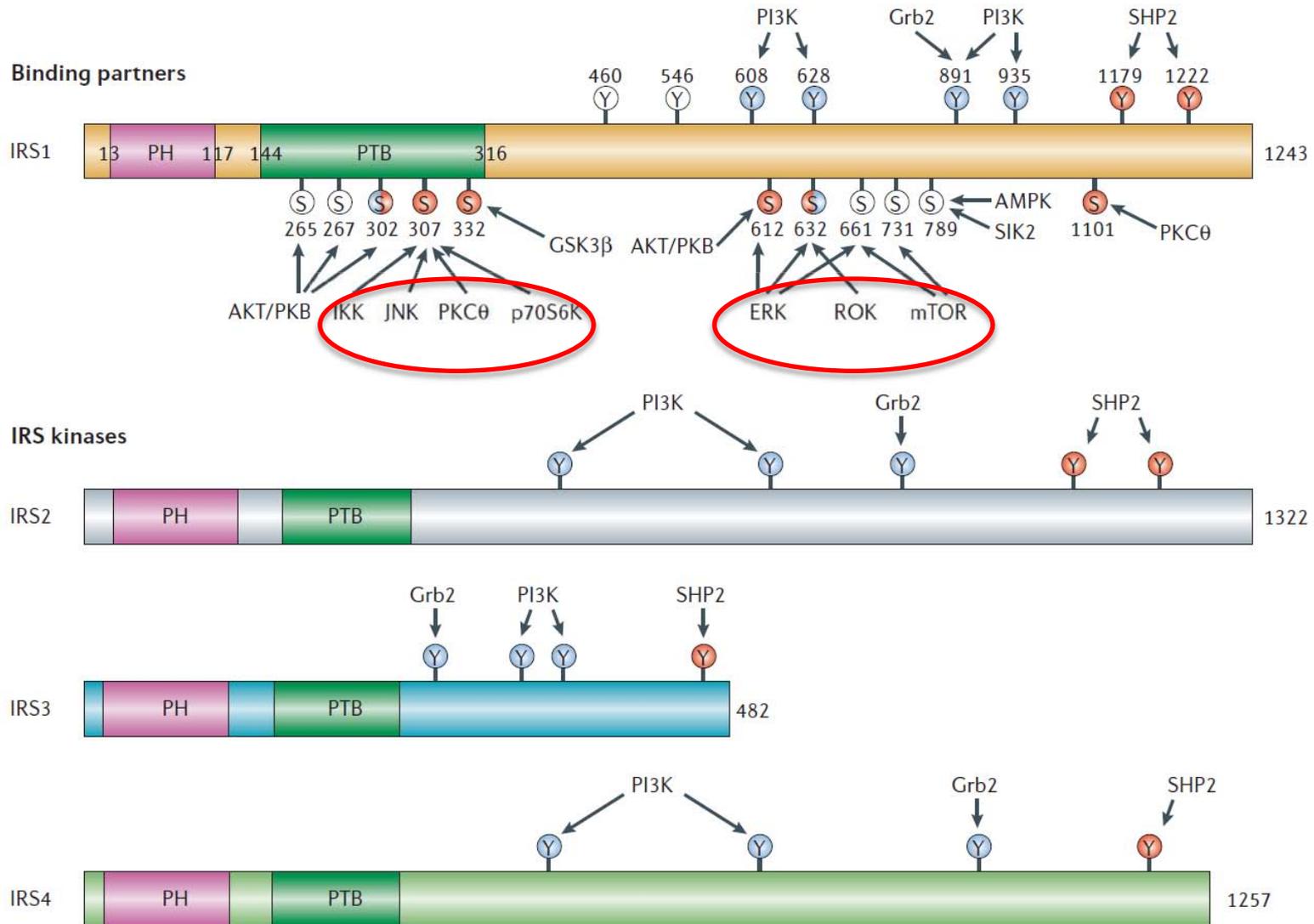
Images removed due to copyright restrictions. See Table and Figure 2 in Schenk, S., et al. "Insulin Sensitivity: Modulation by Nutrients and Inflammation." *J Clinical Investigation* 118 (2008) 2992-3002. <http://dx.doi.org/10.1172/JCI34260>.

# How does macrophage recruitment affect insulin resistance in adipocytes?



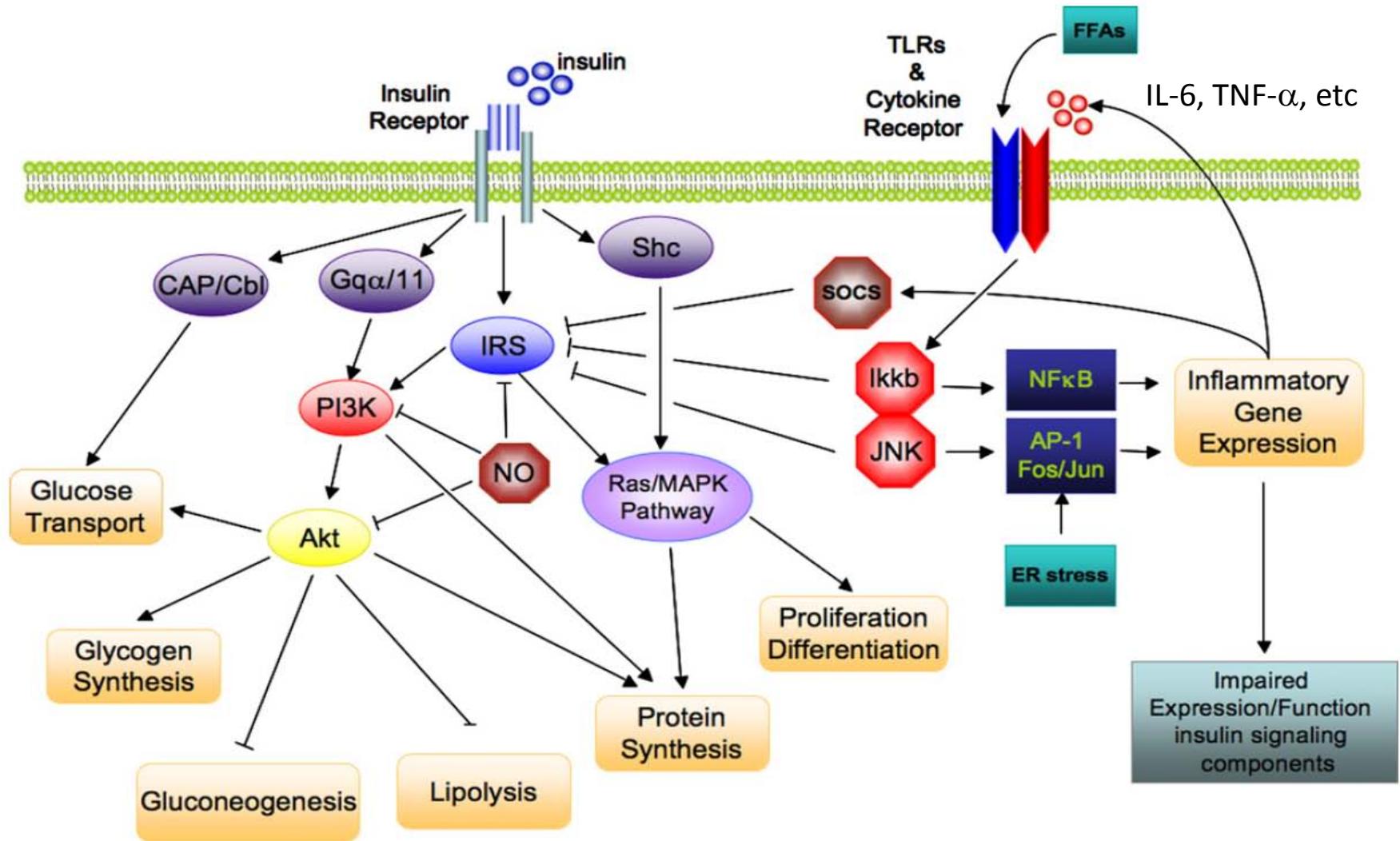
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# Complex signaling on Insulin receptor substrates



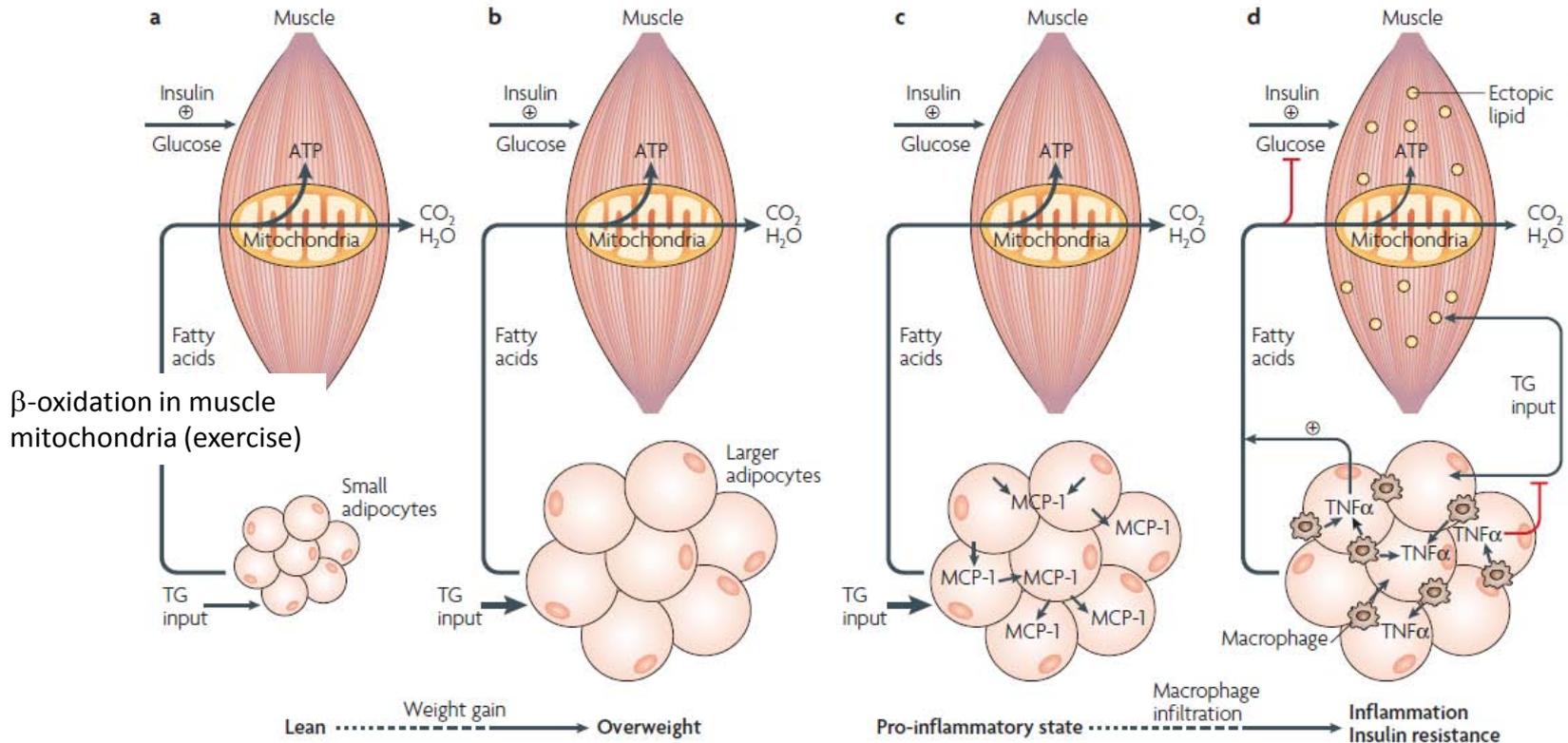
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 Source: Taniguchi, C. M., et al. "Critical Nodes in Signalling Pathways: Insights into Insulin Action"  
*Nat. Reviews Mol Cell Biol* 7 (2006): 85-96. © 2006.

# Free fatty acids, TNF, and NO drive insulin resistance



# Where do free fatty acids come from?

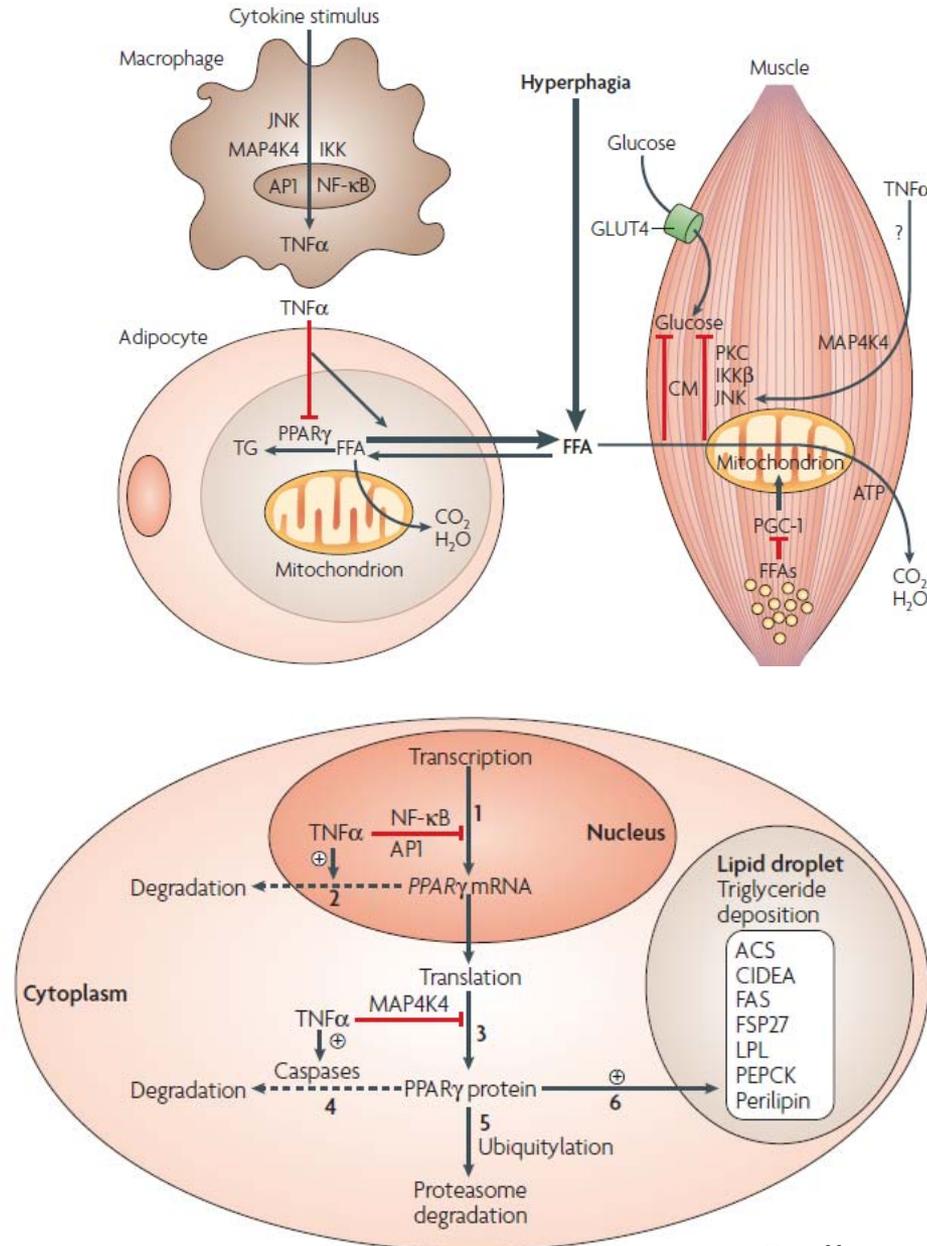
Multiple sources, including diet and adipocytes



**Figure 1 | Chronic inflammation in adipose tissue triggers insulin resistance in skeletal muscle.** **a** | In the lean state, small adipocytes efficiently store fatty acids as triglyceride (TG input, arrow), which can be mobilized and used to generate ATP through the mitochondrial  $\beta$ -oxidation pathway in muscle during periods of caloric need. Insulin-stimulated glucose uptake under these conditions is normal. **b** | Excess caloric intake leads to metabolic overload, increased TG input and adipocyte enlargement. Nonetheless, in non-diabetic overweight individuals, TG storage by adipose cells and  $\beta$ -oxidation in muscle can often be maintained to prevent insulin resistance. **c** | On further overloading with TG, hypertrophy of adipocytes and increased secretion of macrophage chemoattractants occurs, including the secretion of monocyte chemoattractant protein-1 (MCP-1; arrows), which recruits additional macrophages. **d** | Macrophage recruitment in turn results in a pro-inflammatory state in obese adipose tissue. Infiltrating macrophages secrete large amounts of tumour-necrosis factor- $\alpha$  (TNF $\alpha$ ), which results in a chronic inflammatory state with impaired TG deposition and increased lipolysis (arrow and plus signal). The excess of circulating TG and free fatty acids results in the accumulation of activated lipids in the muscle (yellow dots), disrupting functions such as mitochondrial oxidative phosphorylation and insulin-stimulated glucose transport, thus triggering insulin resistance.

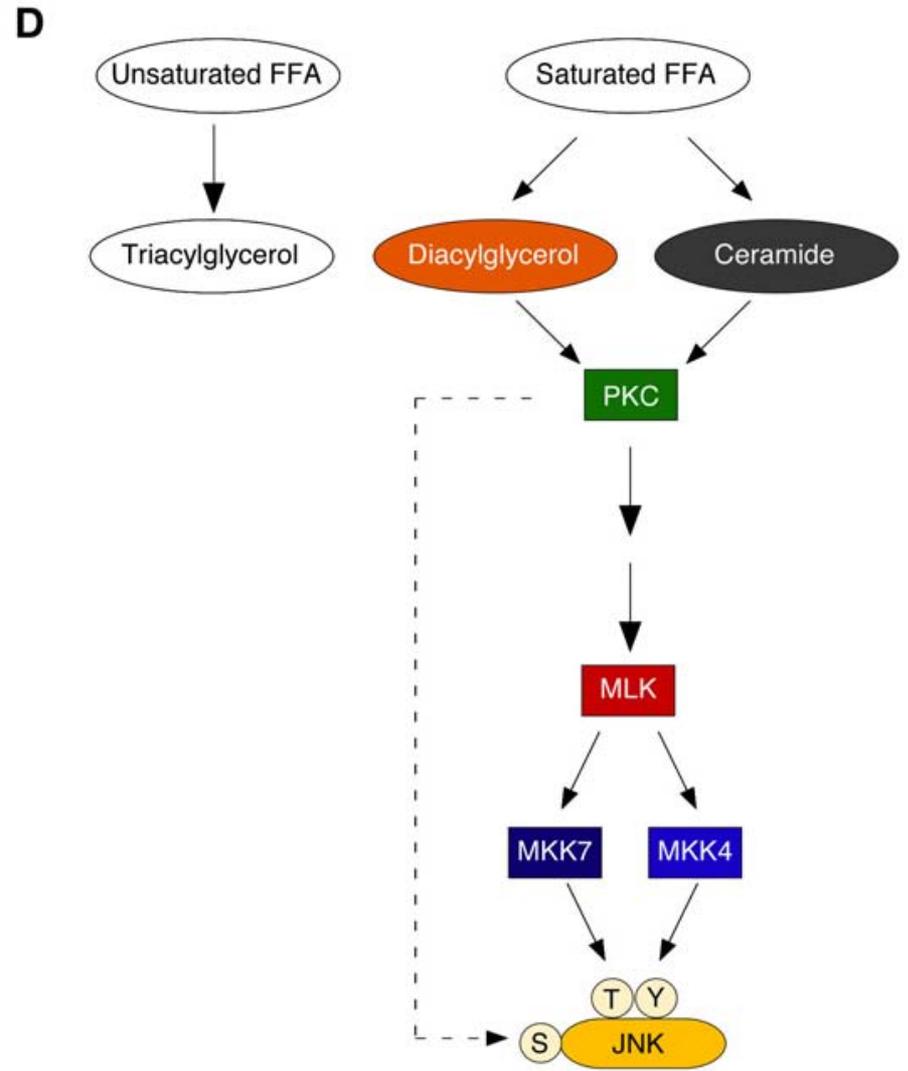
Reprinted by permission from Macmillan Publishers Ltd: Nature Reviews Molecular Cell Biology. Source: Guilherme, A., et al. "Adipocyte Dysfunctions Linking Obesity to Insulin Resistance and Type 2 Diabetes." *Nat Rev Mol Cell Biol* 9 (2008): 367-377.

# More granularity of FFA release from adipocytes



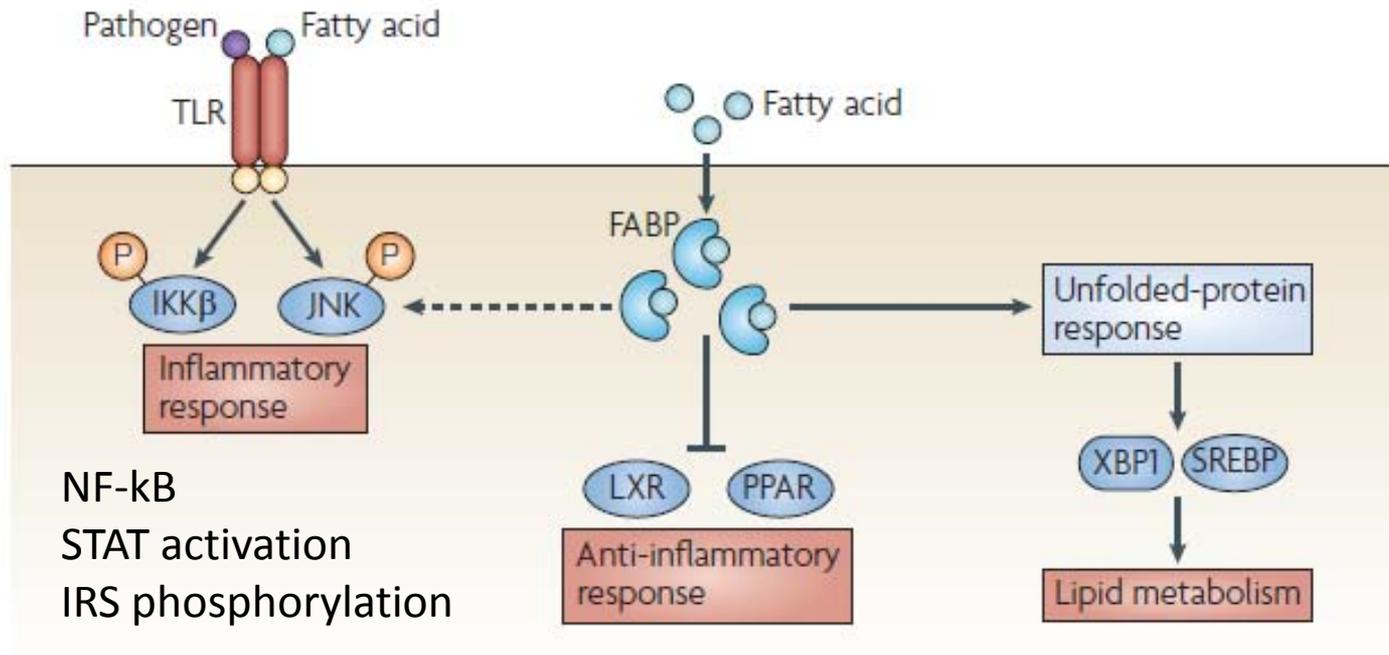
Reprinted by permission from Macmillan Publishers Ltd: Nature Reviews Molecular Cell Biology. Source: Guilherme, A., et al. "Adipocyte Dysfunctions Linking Obesity to Insulin Resistance and Type 2 Diabetes." *Nat Rev Mol Cell Biol* 9 (2008): 367-377. © 2008. □□

# Saturated free fatty acids lead to JNK activation and to IRS phosphorylation on Thr-307



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# Free fatty acids also bind to TLR's and FABPs, driving insulin resistance through multiple mechanisms



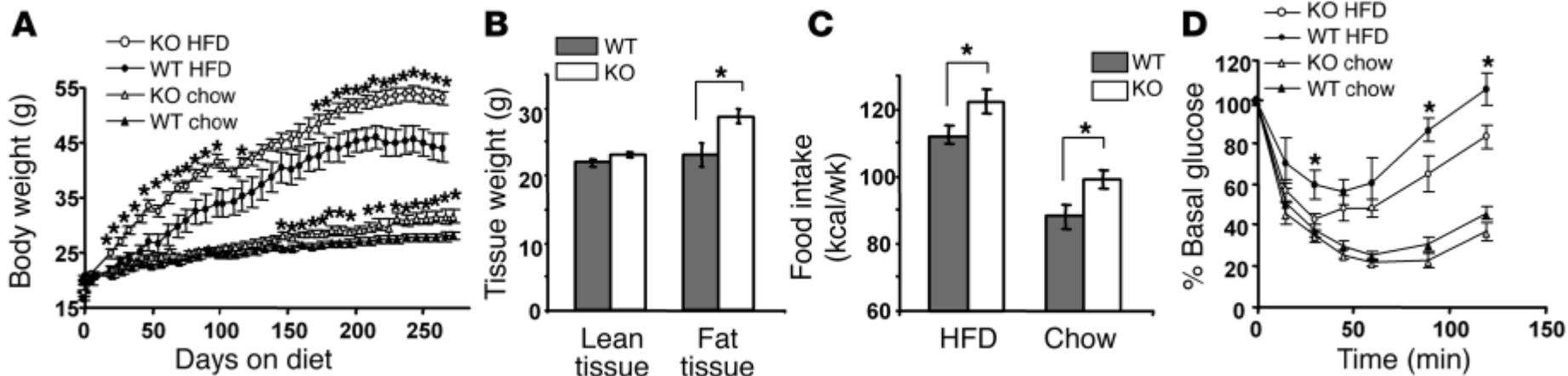
IL-10  
Adiponectin

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Source: Hotamisligil, G. S., and E. Erbay. "Nutrient Sensing and Inflammation in Metabolic Diseases." *Nature Reviews Immunology* 8 (2008): 923-934. © 2008.

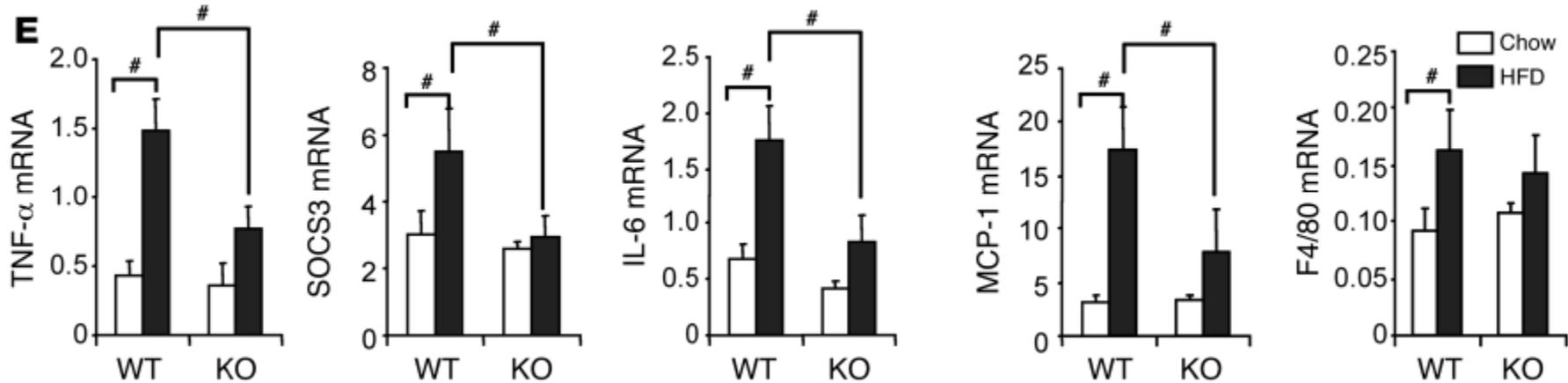
Hotamisligil and Erbay, Nat. Reviews Immunology, 2008



# TLR4<sup>-/-</sup> looks promising for IR?

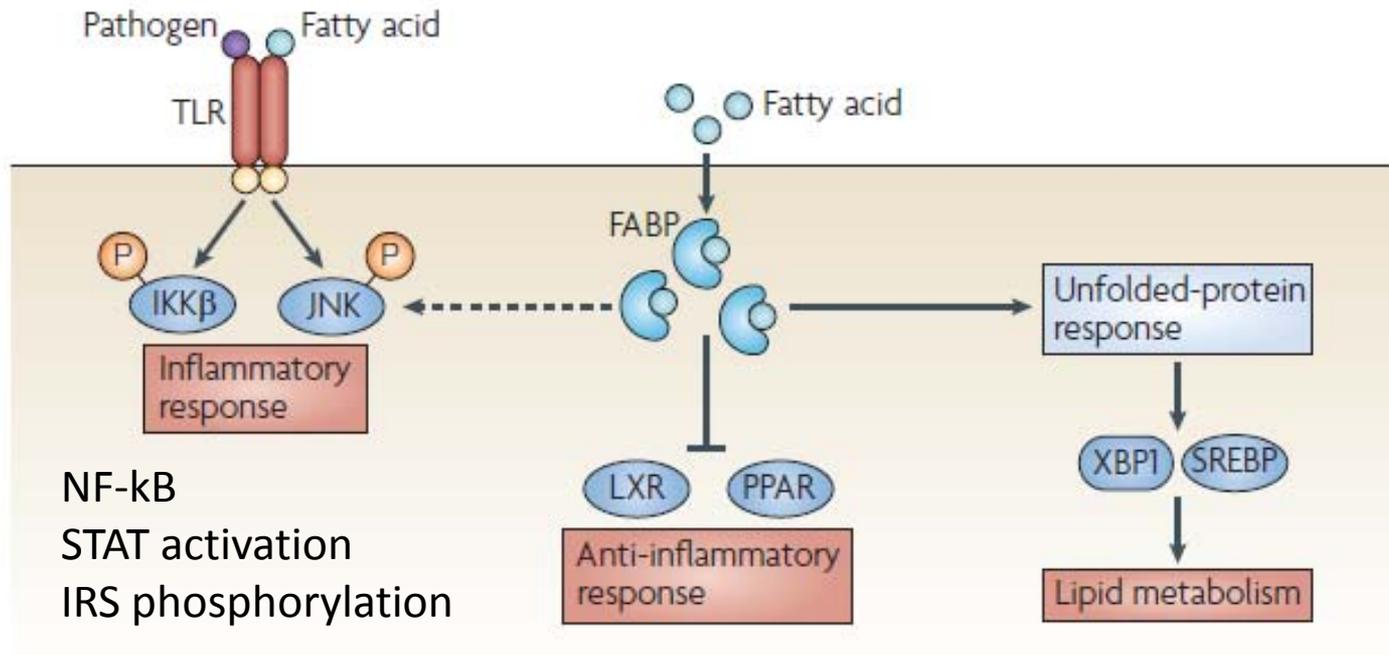


Increased weight gain, but....



Overall improved insulin sensitivity in fat, even with weight gain

# Free fatty acids also bind to TLR's and FABPs, driving insulin resistance through multiple mechanisms

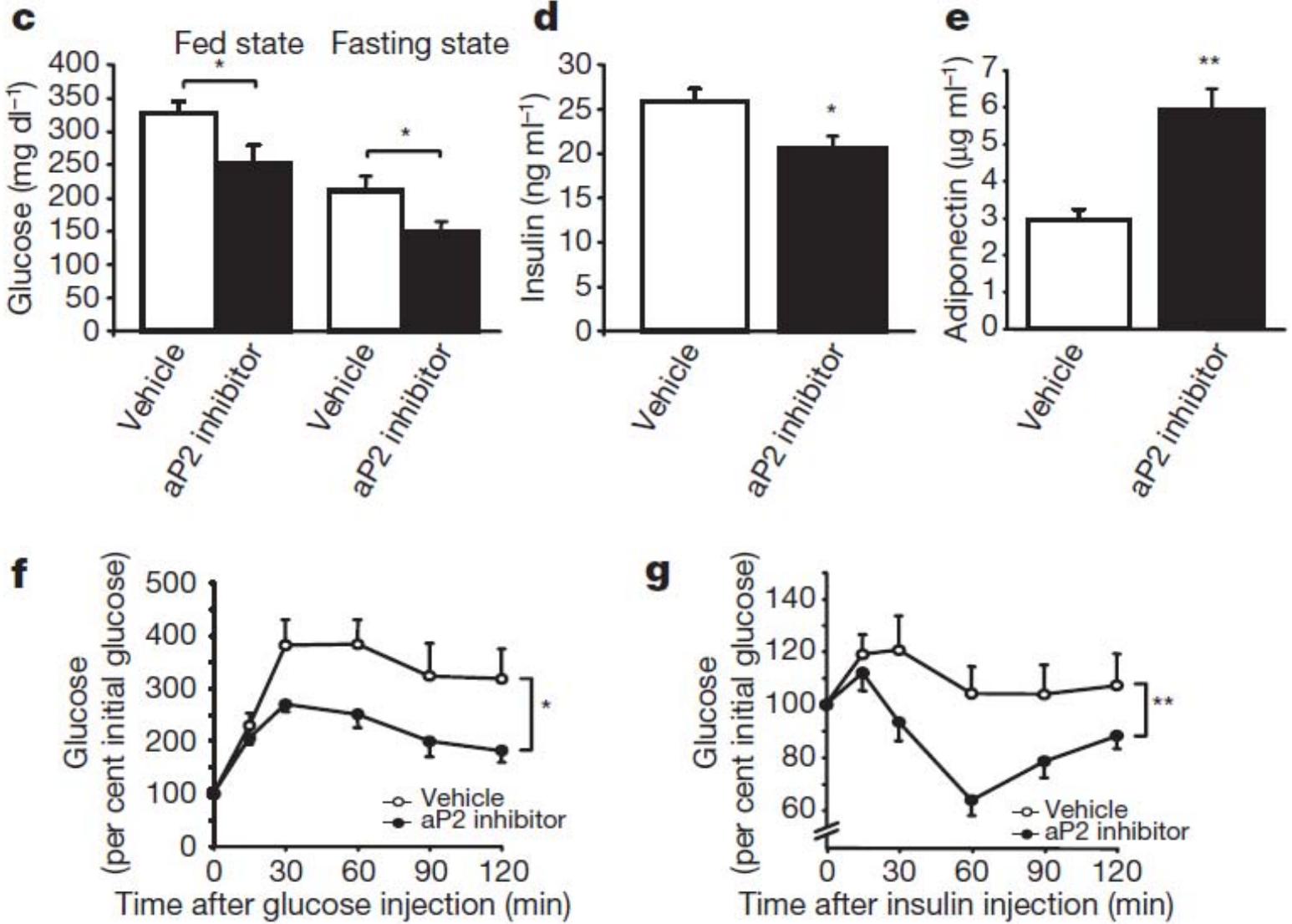


IL-10  
Adiponectin

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Source: Hotamisligil, G. S., and E. Erbay. "Nutrient Sensing and Inflammation in Metabolic Diseases." *Nature Reviews Immunology* 8 (2008): 923-934. © 2008.

Hotamisligil and Erbay, Nat. Reviews Immunology, 2008

# Another interesting target: FABPs



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# Multiple other knock-out mice with IR phenotypes

**Table 1.** Knockout Mice With Potentially Relevant Metabolic Phenotypes

Gene	Phenotype
IL-6	Mature onset obesity and insulin resistance <sup>65</sup>
TNF- $\alpha$	Improved insulin sensitivity and insulin signalling <sup>78</sup>
PAI-1	Improved insulin sensitivity <sup>103</sup>
IL-18	Hyperphagia, obesity, and insulin resistance <sup>125</sup>
IL-1 $\alpha$	Lower fasting glucose and insulin with improved insulin sensitivity <sup>81</sup>
Resistin	Improved glucose tolerance on HFD <sup>126</sup>
MCP-1	Decreased monocyte recruitment to adipose tissue, decreased adiposity, hepatic steatosis, and insulin resistance <sup>10,39</sup>
ICAM-1	Exacerbation of obesity and increased susceptibility to diet-induced insulin resistance <sup>127</sup>
iNOS	Protection against HFD-induced insulin resistance <sup>128</sup>
IKK $\beta$	Improved insulin sensitivity <sup>17,49</sup>
JNK1	Improvement of insulin resistance in diet-induced and genetic obesity <sup>52</sup>
SOCS1	Decreased blood glucose levels and sustained insulin receptor phosphorylation <sup>129</sup>

ICAM, intracellular adhesion molecule; iNOS, inducible nitric oxide synthase; SOCS, suppressors of cytokine signaling.

# Adipocytokines in lean and obese states

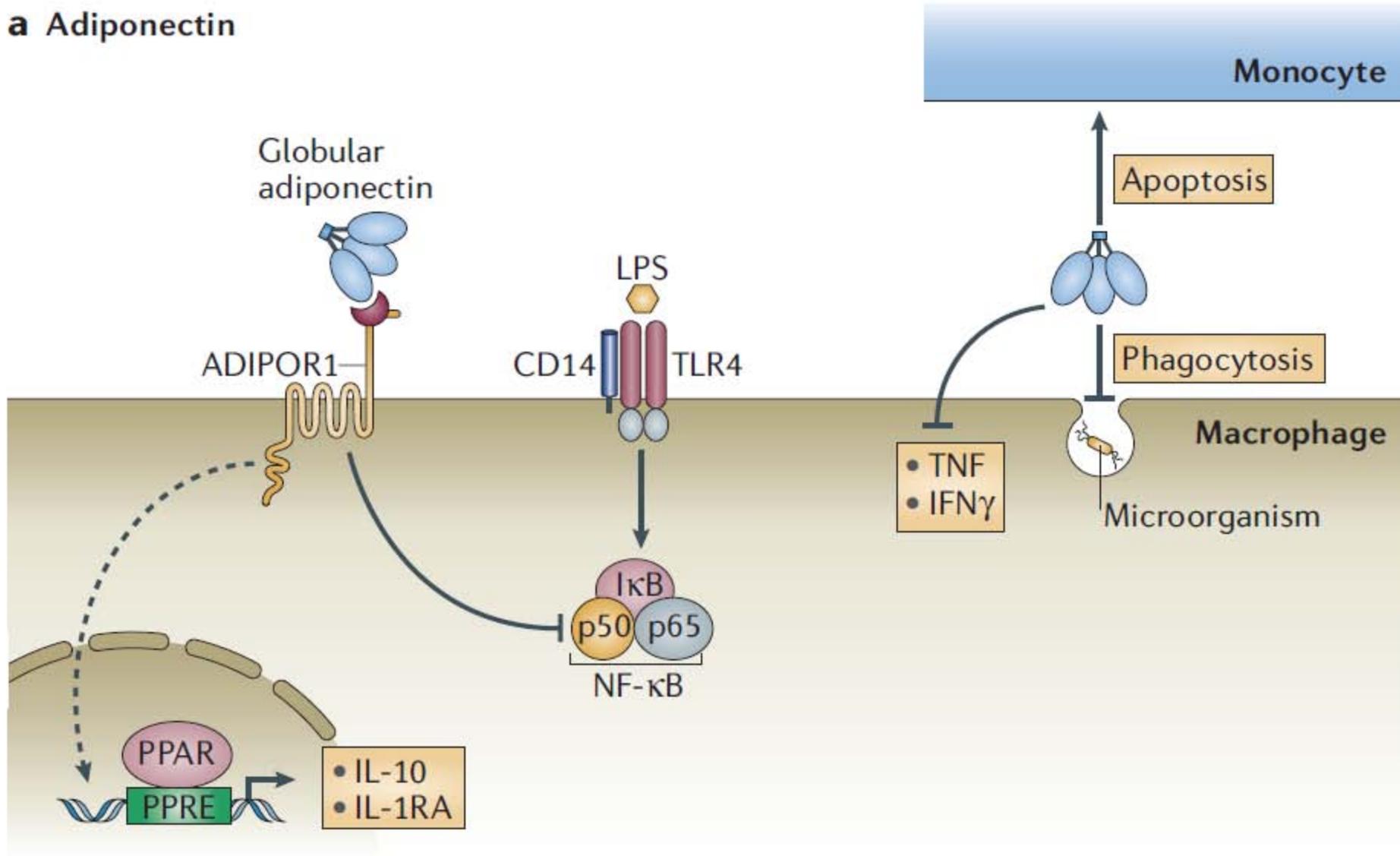
Figures removed due to copyright restrictions.  
See Figures 1 and 2 from Tilg and Moschen,  
*Clinical Science* 114 (2008): 275-288.

# Adiponectin – anti-inflammatory adipocytokine

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See Figures 1 and 2 from Tilg and Moschen,  
*Clinical Science* 114 (2008): 275-288.

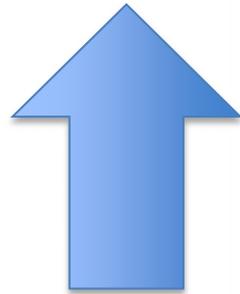
# Adiponectin – anti-inflammatory adipocytokine

## a Adiponectin



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Source: Tilg, H., and A. R. Moschen. *Nat Rev Immunol* 6 (2006): 772-783. © 2006.

# Adiponectin as a primary systemic therapy?



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The adiponectin <sup>ob/ob</sup> mouse

# Adiponectin overexpression effects

Images removed due to copyright restrictions. See Figure 1, A and B, and Table 1 from Kim, J-Y., et al. "Obesity-Associated Improvements in Metabolic Profile Through Expansion of Adipose Tissue." *J Clinical Investigation* 117 (2007): 2621-2637. <http://dx.doi.org/10.1172/JCI31021>.

# Adverse(?) adiponectin overexpression effects

Image removed due to copyright restrictions. See Figure 3 from Kim, J-Y., et al. "Obesity-Associated Improvements in Metabolic Profile Through Expansion of Adipose Tissue." *J Clinical Investigation* 117 (2007): 2621-2637.  
<http://dx.doi.org/10.1172/JCI31021>.

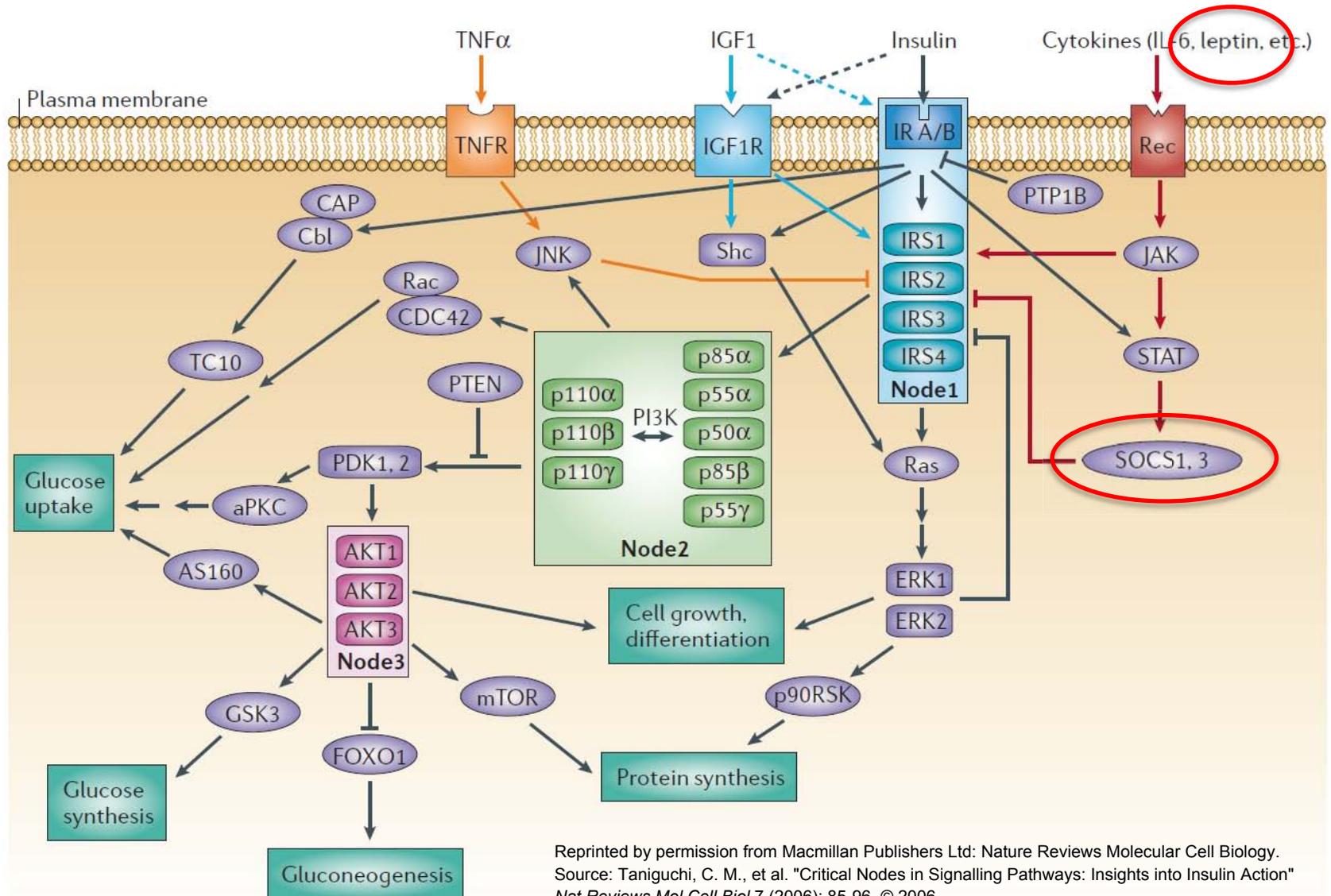
# Positive adiponectin overexpression effects

Image removed due to copyright restrictions. See Figure 3 (G & I) and 4 (E) from Kim, J-Y., et al., "Obesity-Associated Improvements in Metabolic Profile Through Expansion of Adipose Tissue." *J Clinical Investigation* 117 (2007): 2621-2637.

# Adipocytokines in lean and obese states

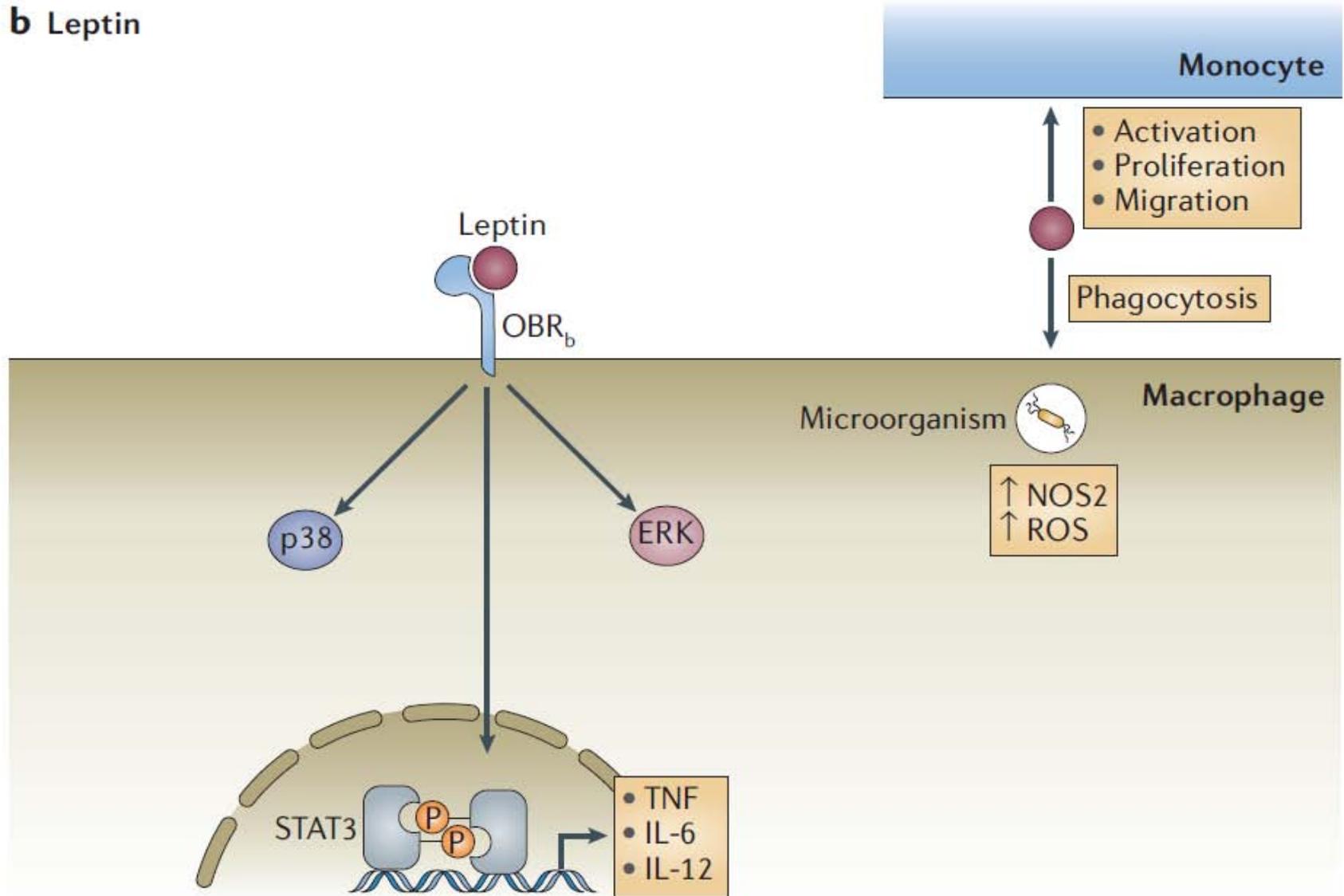
Figures removed due to copyright restrictions.  
See Figures 1 and 2 from Tilg and Moschen,  
*Clinical Science* 114 (2008): 275-288.

# Insulin activation leads to leptin release – a slow negative feedback loop to shut down the Insulin signal



# Leptin – pro-inflammatory adipocytokine

## b Leptin



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Source: Tilg, H., and A. R. Moschen. *Nat Rev Immunol* 6 (2006): 772-783. © 2006.

If inflammation is bad and adiponectin is good,  
then leptin must be bad?

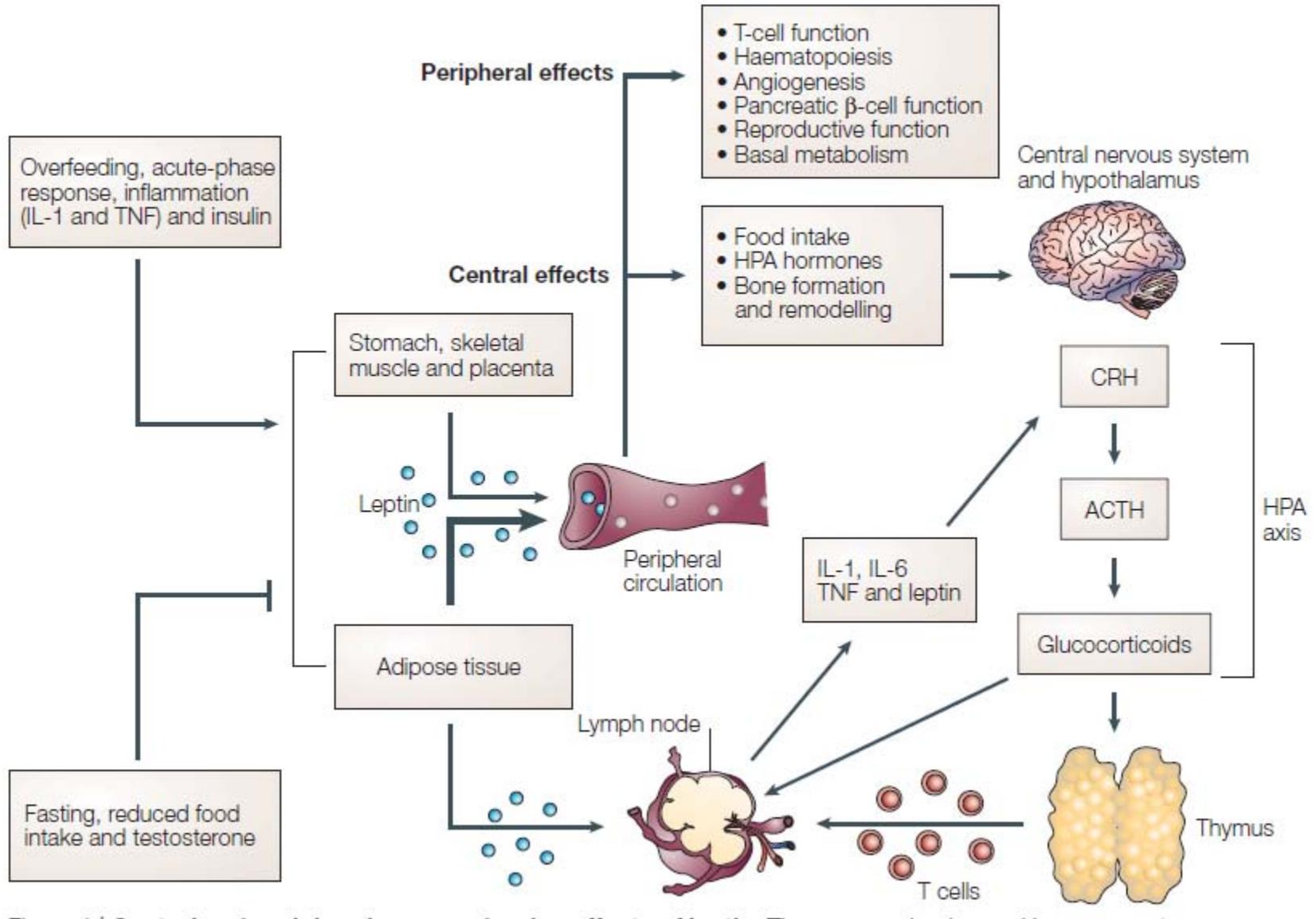
The ob/ob mouse and the db/db mouse:

Mouse models of obesity and diabetes in which leptin or leptin receptor is knocked out or dysfunctional.

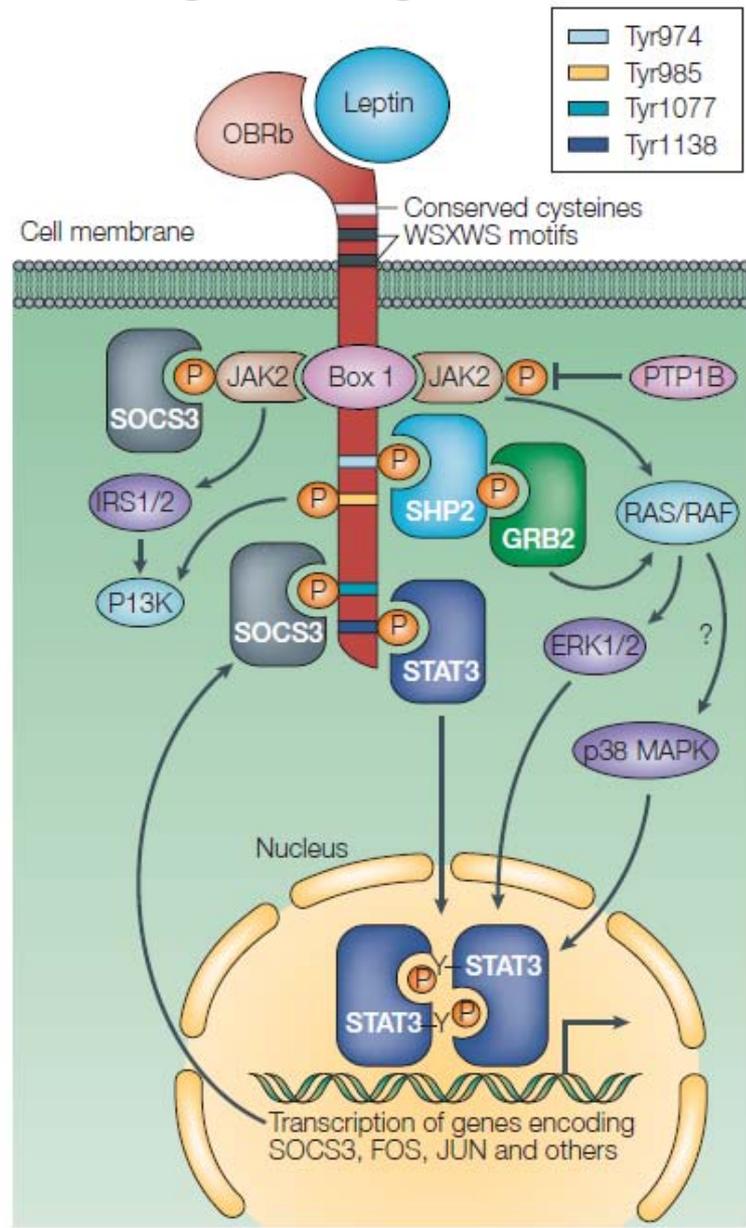
Why are these mice obese and diabetic? Appetite – leptin signaling in the hypothalamus leads to transcriptional regulation of neuropeptides which can either promote feeding and weight gain ('orexigenic' peptides) or those that suppress feeding and weight ('anorexigenic' peptides).

Leptin suppresses neuropeptide Y (NPY) and agouti-related peptide (AgRP), while increasing  $\alpha$ -melanocyte stimulating hormone (MSH) and cocaine- and amphetamine regulated transcript (CART).

# Leptin plays a very complex systemic role



# Simple leptin signaling



Leptin resistance:  
 SOCS3  
 STAT activation  
**PTP1b**

Druggable target?

# Leptin affects immune response, loss of leptin reduces autoimmune diseases

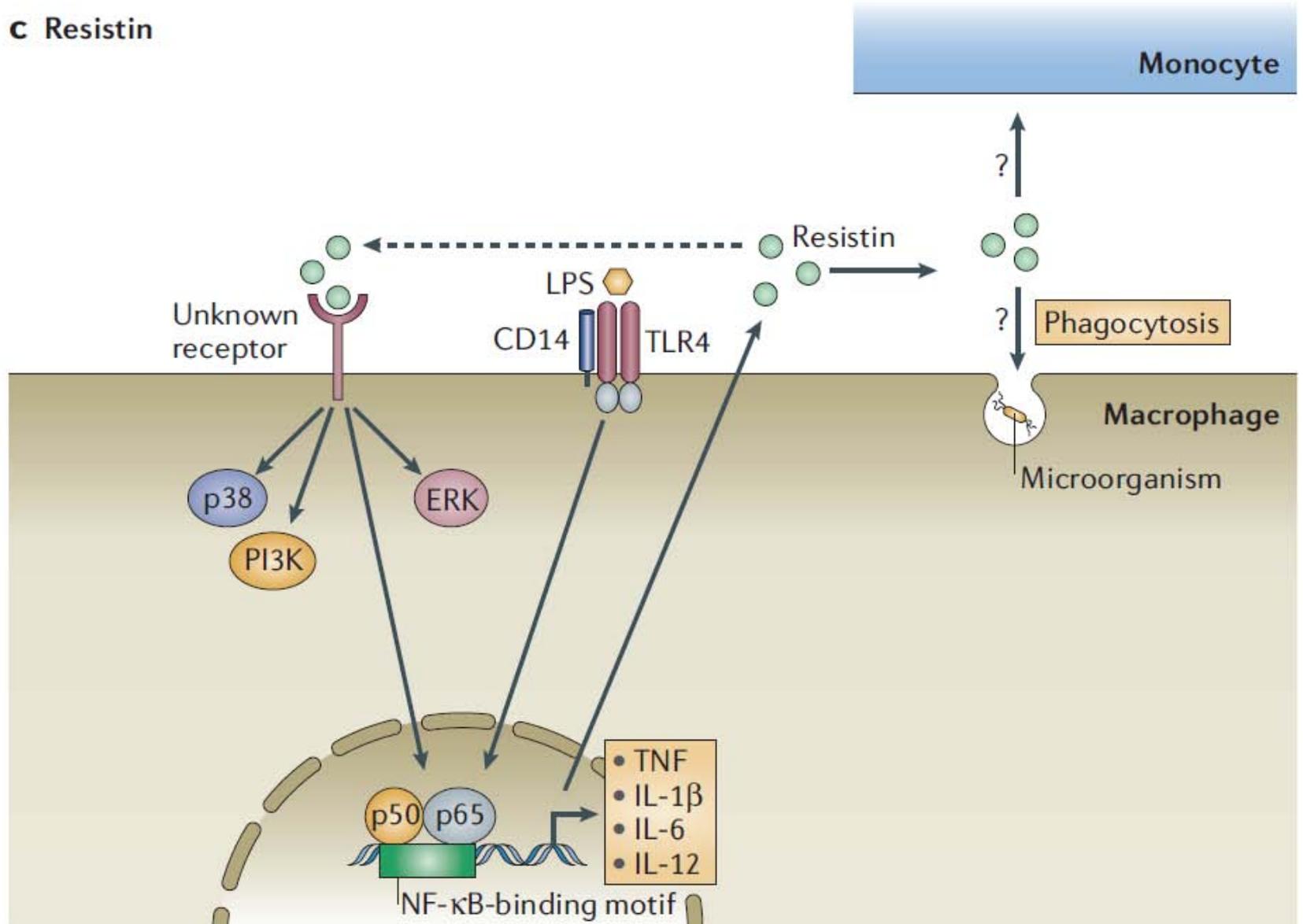
Table 1 | **Susceptibility of leptin-deficient *ob/ob* mice to experimentally induced inflammatory/autoimmune diseases**

Disease model	Susceptibility of <i>ob/ob</i> mice	Cytokines and inflammatory factors involved	Antibodies present	Effects of leptin administration	Refs
EAE	Reduced/resistant	Increased IL-4; absent IFN- $\gamma$ after myelin-specific stimulation of T cells	Increased myelin-specific IgG1; reduced IgG2a	Restores IFN- $\gamma$ secretion and disease susceptibility is comparable to wild-type mice; promotes myelin-specific antibody switch from IgG1 to IgG2a	52,53
AIA	Reduced/resistant	Increased IL-10; reduced IFN- $\gamma$ after mBSA stimulation of T cells; reduced synovial IL-1 $\beta$ and TNF	Decreased serum antibody specific for mBSA	N.D.	51
EIC	Reduced/resistant	Reduced IFN- $\gamma$ , TNF, IL-1 $\beta$ , IL-6, IL-10 and IL-18; reduced chemokines CCL3 and CXCL2; reduced MPO activity; reduced COX2 expression	N.D.	Restores normal secretion of IFN- $\gamma$ , TNF, IL-1 $\beta$ , IL-6, IL-10 and IL-18; restores disease susceptibility to a level comparable to wild-type mice	56
EIH	Reduced/resistant	Reduced serum TNF and IL-18	N.D.	Restores TNF and IL-18 secretion; restores disease susceptibility to a level comparable to wild-type mice	37,50
EINN	Reduced/resistant	Undetectable <i>in vitro</i> proliferative and cytokine T-cell responses against sheep IgG; reduced glomerular IgG deposition	Reduced or no difference in sheep-IgG-specific serum antibodies	N.D.	59

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# Resistin, another pro-inflammatory adipocytokine(?)

## c Resistin



# Effects of adipocytokines – a reference table

Table 1 | **Effects of adipocytokines on the immune system and linked diseases**

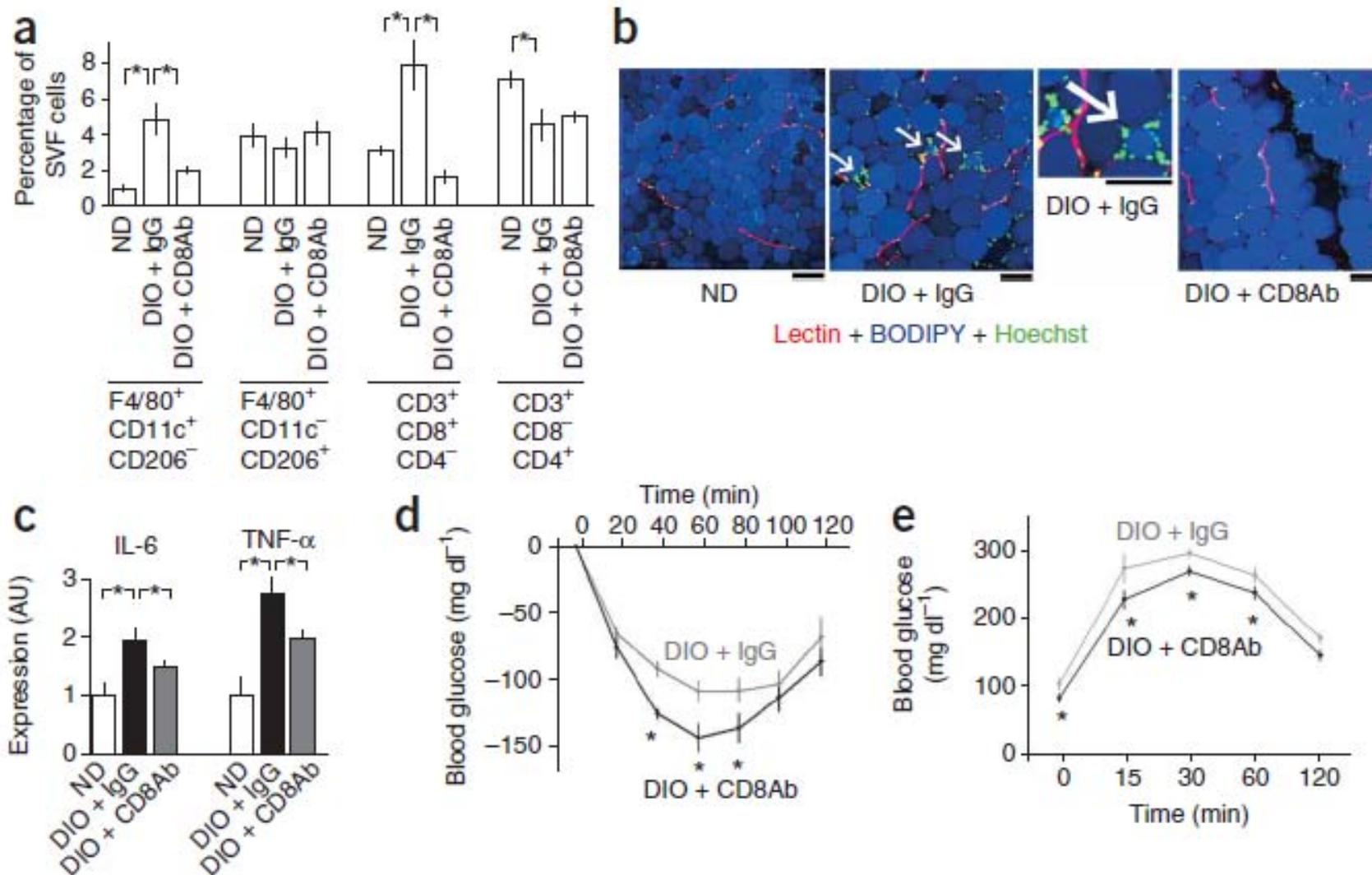
Adipocytokine	Inflammatory effect	Effects on immunity		Associated diseases
		Innate	Adaptive	
Adiponectin	Anti-inflammatory	<ul style="list-style-type: none"> <li>↓ Endothelial adhesion molecules<sup>40</sup></li> <li>↓ NF-κB<sup>40,41,43</sup></li> <li>↓ TNF<sup>35</sup></li> <li>↓ IL-6 (REF. 42)</li> <li>↓ IFNγ<sup>42</sup></li> <li>↑ IL-10 (REF. 42)</li> <li>↑ IL-1RA<sup>42</sup></li> <li>↓ Phagocytosis<sup>42</sup></li> </ul>	<ul style="list-style-type: none"> <li>↓ B-cell lymphopoiesis<sup>117</sup></li> <li>↓ T-cell responses<sup>42</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Insulin resistance and type 2 diabetes mellitus<sup>33,35</sup></li> <li>• Atherosclerosis<sup>57,58,60</sup></li> <li>• Experimentally induced liver disease: non-alcoholic and alcoholic fatty liver disease<sup>49</sup>; CCl<sub>4</sub> liver fibrosis (REF. 50); LPS-treated KK-AY mice (REF. 51); and experimentally induced hepatitis (ConA)<sup>52</sup></li> <li>• Cardiac injury<sup>55,56</sup></li> <li>• Cancer<sup>102,103</sup></li> <li>• Inflammatory bowel disease<sup>112</sup></li> <li>• Rheumatoid arthritis<sup>115</sup></li> </ul>
	Pro-inflammatory	<ul style="list-style-type: none"> <li>↑ CXCL8 in presence of LPS<sup>44</sup></li> </ul>	ND	
Leptin	Pro-inflammatory	<ul style="list-style-type: none"> <li>↑ TNF<sup>68,71</sup></li> <li>↑ IL-6 (REF. 68)</li> <li>↑ IL-12 (REF. 68)</li> <li>↑ Neutrophil activation (CD11b)<sup>70</sup></li> <li>↑ ROS<sup>70</sup></li> <li>↑ Chemotaxis<sup>70</sup></li> <li>↑ NK-cell function<sup>72</sup></li> </ul>	<ul style="list-style-type: none"> <li>↑ Lymphopoiesis<sup>73</sup></li> <li>↑ Thymocyte survival<sup>73</sup></li> <li>↑ T-cell proliferation<sup>64</sup></li> <li>↑ T<sub>H</sub>1 response (IL-2 and IFNγ)<sup>64</sup></li> <li>↓ T<sub>H</sub>2 response (IL-4)<sup>64</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Insulin resistance<sup>9</sup></li> <li>• Experimentally induced hepatitis (ConA)<sup>75,76</sup></li> <li>• EAE and antigen-induced arthritis<sup>4,77</sup></li> <li>• Experimentally induced colitis: CD4<sup>+</sup>CD45RB<sup>hi</sup> T-cell transfer<sup>78</sup>; and IL-10-deficient mice<sup>113</sup></li> <li>• Asthma<sup>110</sup></li> <li>• Cancer<sup>104</sup></li> </ul>
Resistin	Pro-inflammatory	<ul style="list-style-type: none"> <li>↑ TNF<sup>86,87</sup></li> <li>↑ IL-1β<sup>86</sup></li> <li>↑ IL-6 (REF. 86)</li> <li>↑ IL-12 (REF. 86)</li> <li>↑ NF-κB<sup>87</sup></li> <li>↑ Endothelial adhesion molecules (VCAM1 and ICAM1)<sup>88</sup></li> </ul>	ND	<ul style="list-style-type: none"> <li>• Insulin resistance (mice)<sup>5</sup></li> <li>• Type 2 diabetes mellitus (mice)<sup>80</sup></li> <li>• Rheumatoid arthritis<sup>86</sup></li> <li>• Atherosclerosis<sup>92</sup></li> <li>• Non-alcoholic fatty liver disease<sup>118</sup></li> <li>• Chronic kidney disease<sup>94</sup></li> </ul>
Visfatin	ND	<ul style="list-style-type: none"> <li>↑ IL-6 (REF. 119)</li> <li>↑ IL-8 (REF. 119)</li> <li>↓ Apoptosis of neutrophils<sup>98</sup></li> </ul>	ND	<ul style="list-style-type: none"> <li>• Insulin resistance and type 2 diabetes mellitus<sup>95</sup></li> <li>• Acute lung injury<sup>97</sup></li> <li>• Sepsis<sup>98</sup></li> </ul>

CCl<sub>4</sub>, carbon tetrachloride; ConA, concanavalin A; CXCL, CXC-chemokine ligand; EAE, experimental autoimmune encephalomyelitis; ICAM, intercellular adhesion molecule; IFNγ, interferon-γ; IL, interleukin; IL-1RA, IL-1 receptor antagonist; LPS, lipopolysaccharide; ND, not determined; NF-κB, nuclear factor-κB; NK, natural killer; ROS, reactive oxygen species; T<sub>H</sub>, T helper; TNF, tumour-necrosis factor; VCAM, vascular cell-adhesion molecule.

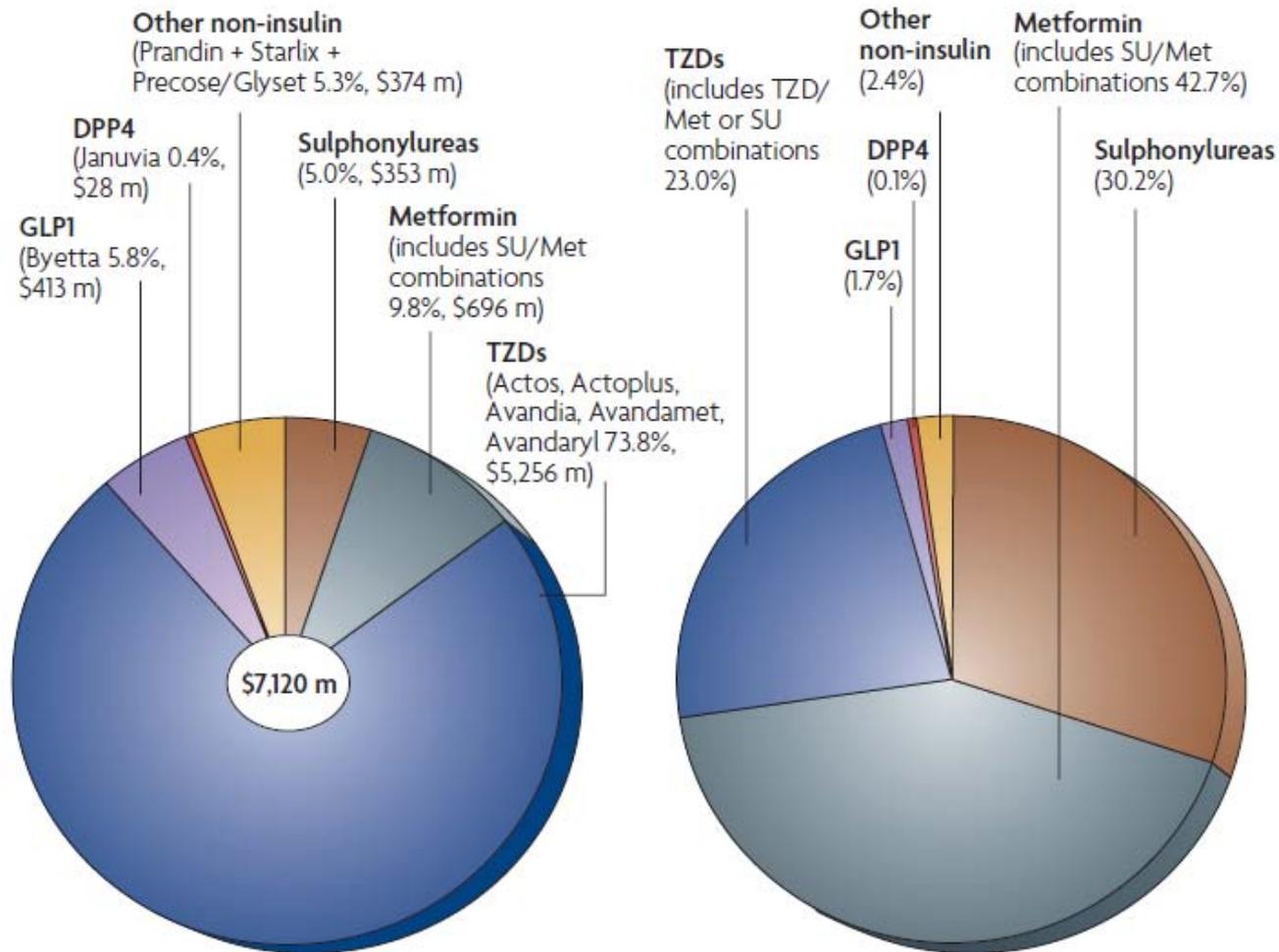
# Two views of the key drivers of insulin resistance

Image removed due to copyright restrictions. See schematic of two explanations for the mechanism of insulin resistance, from Taubes, G. "Insulin Resistance: Prosperity's Plague." *Science* 325, no. 5938 (July 17, 2009): 256-260.  
[http://dx.doi.org/10.1126/science.325\\_256](http://dx.doi.org/10.1126/science.325_256)

# What about the adaptive Immune Response?



# Current Treatment Options



GLP1 = glucagon like peptide 1  
 DPP4 = dipeptidyl peptidase 4

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 Source: Ashiya, M., and R. E. T. Smith. "Non-Insulin Therapies for Type 2 Diabetes."  
*Nat Rev Drug Disc* 6 (2007): 777-778. © 2007.

Ashiya and Smith, Nat. Rev. Drug Disc. 2007

# Thiazolidinediones (TZD's) for insulin resistance/diabetes

Troglitazone, Rosiglitazone, Pioglidazone

## Mechanism:

PPAR-g agonists activate/repress transcription of PPARg target genes

Adiponectin increases, along with beneficial effects (anti-inflammatory)

Leptin decreases (increased appetite)

increased triglyceride storage

Decreased synthesis of TNF-a, other pro-inflammatory signals (including MCP-1)

## Benefits:

Increased insulin sensitivity – decreased basal glucose and insulin levels

## Downside

Weight gain – increased adiposity, increased TG storage with increased adiponectin

Coming off of TZD's typically not an option

Not a cure – more effective to stabilize disease

# Metformin and AICAR for insulin resistance/diabetes

Metformin and AICAR activate AMPK, potentially through LKB1

Image removed due to copyright restrictions. See "AMPK Signaling" diagram at <http://www.cellsignal.com/pathways/glucose-metabolism.jsp>.

# Salicylates as a novel therapeutic option

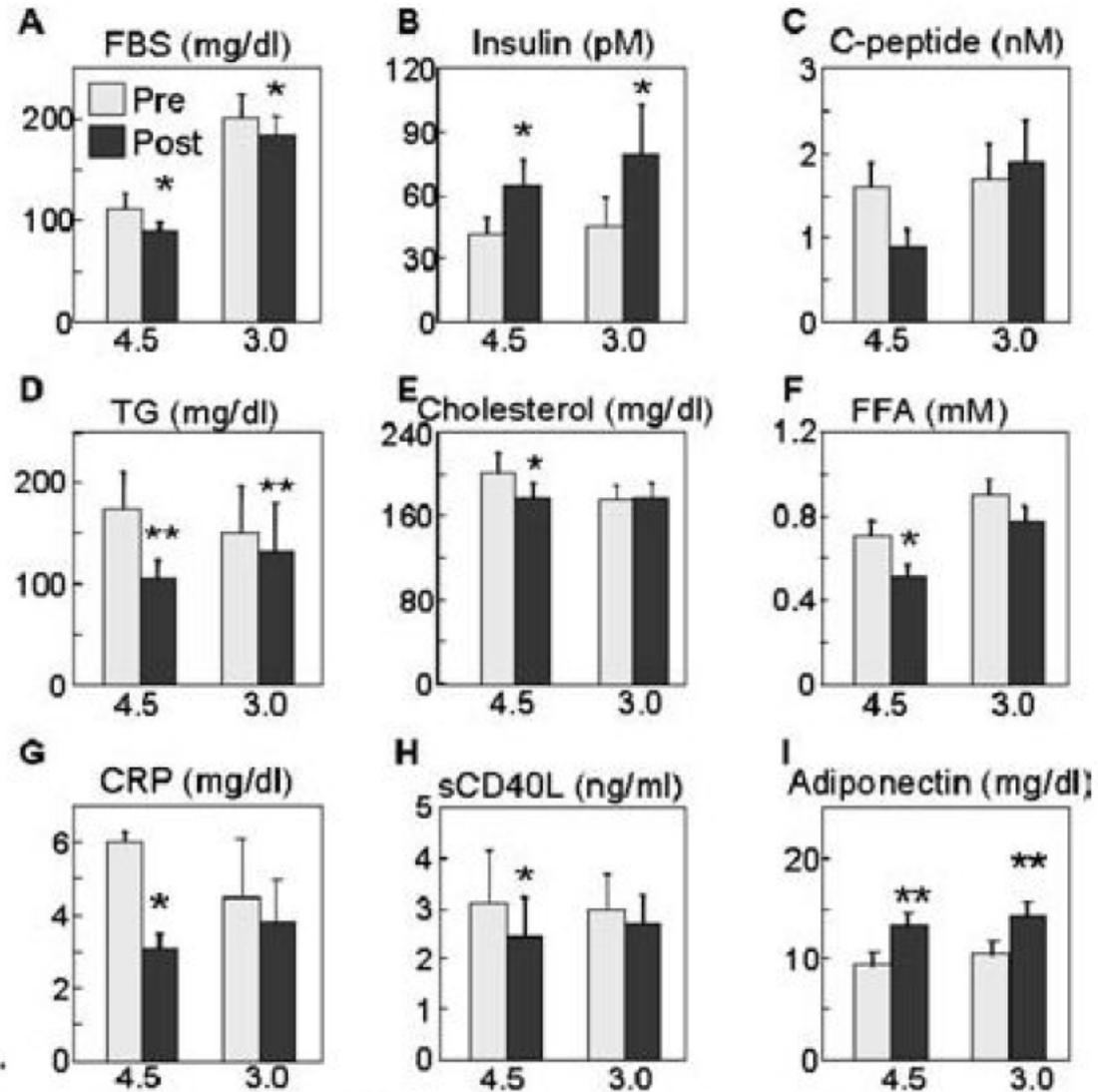
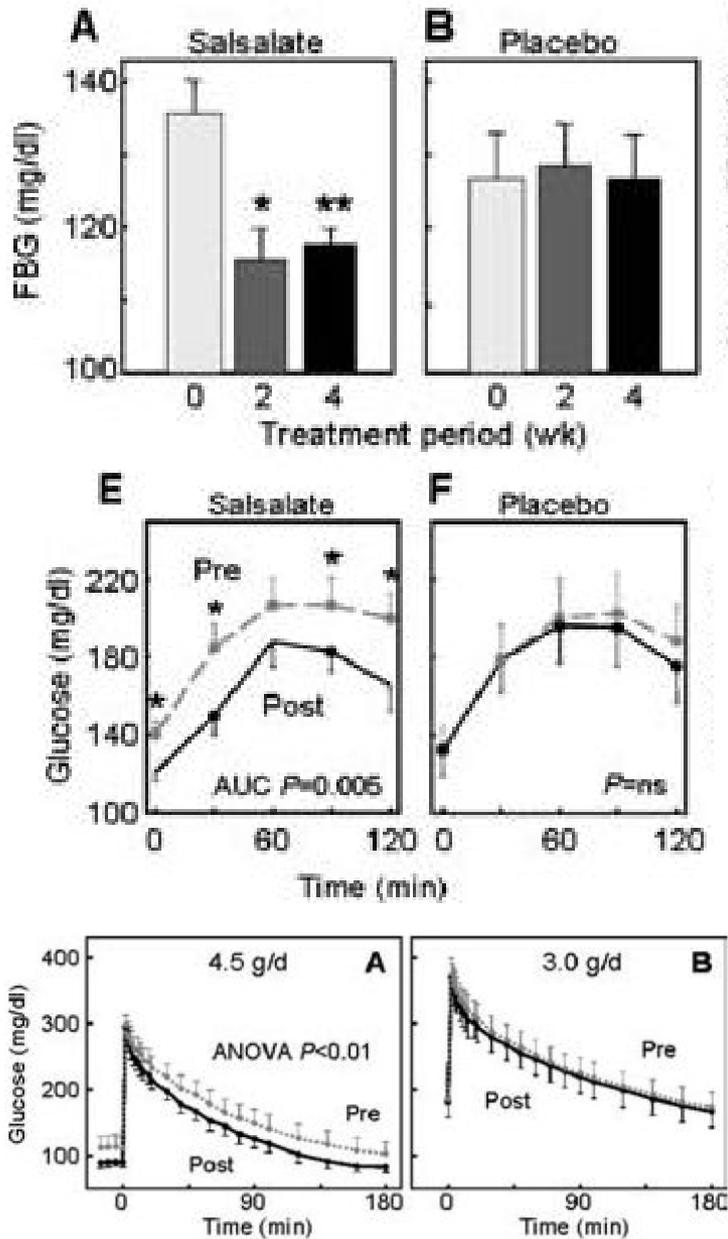
Targets: Cyclooxygenase 1,2; IKKB - NFkB

Image removed due to copyright restrictions. See Figure 1 in Yuan, M., et al.  
"Reversal of Obesity- and Diet-Induced Insulin Resistance with Salicylates or  
Targeted Disruption of *Ikkβ*." *Science* 293, no. 5535 (August 31, 2001): 1673-1677.

# Salicylates as a novel therapeutic option

Image removed due to copyright restrictions. See Figures 3 and 4 in Yuan, M., et al.  
"Reversal of Obesity- and Diet-Induced Insulin Resistance with Salicylates or Targeted  
Disruption of *Ikk $\beta$* ." *Science* 293, no. 5535 (August 31, 2001): 1673-1677.

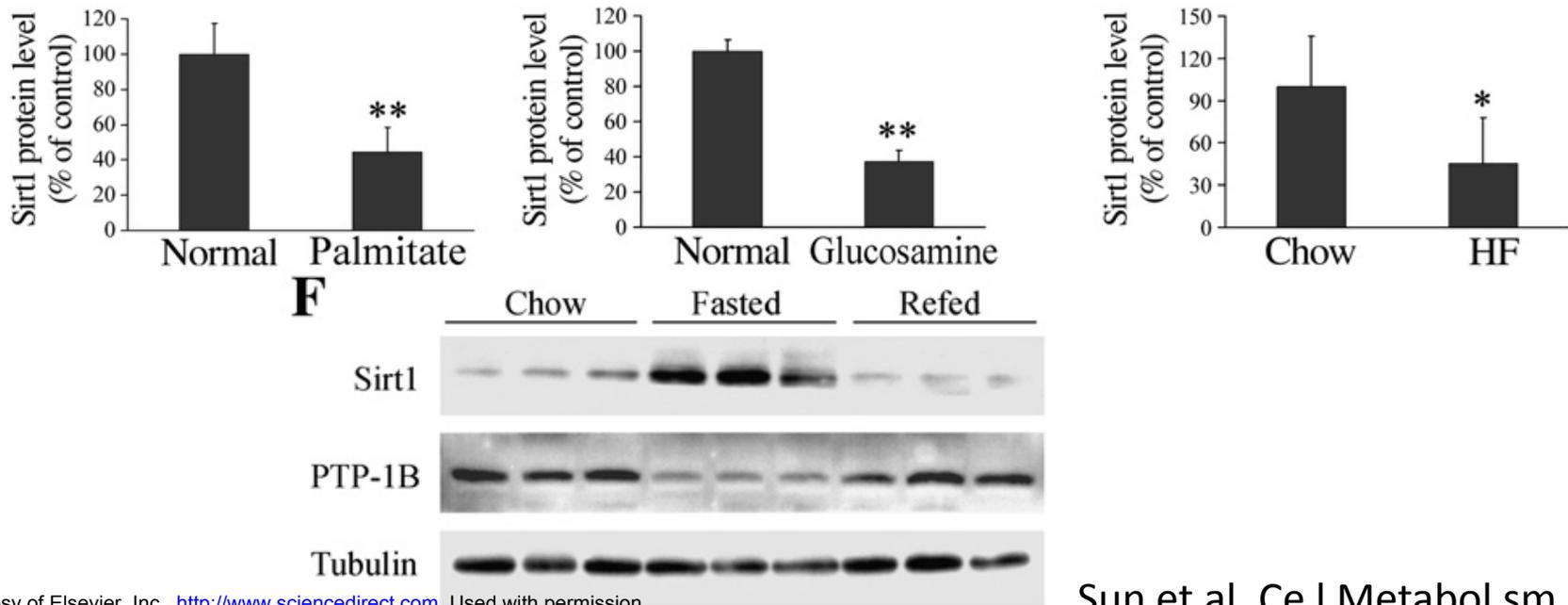
# Salsalate as a therapeutic – clinical trial results



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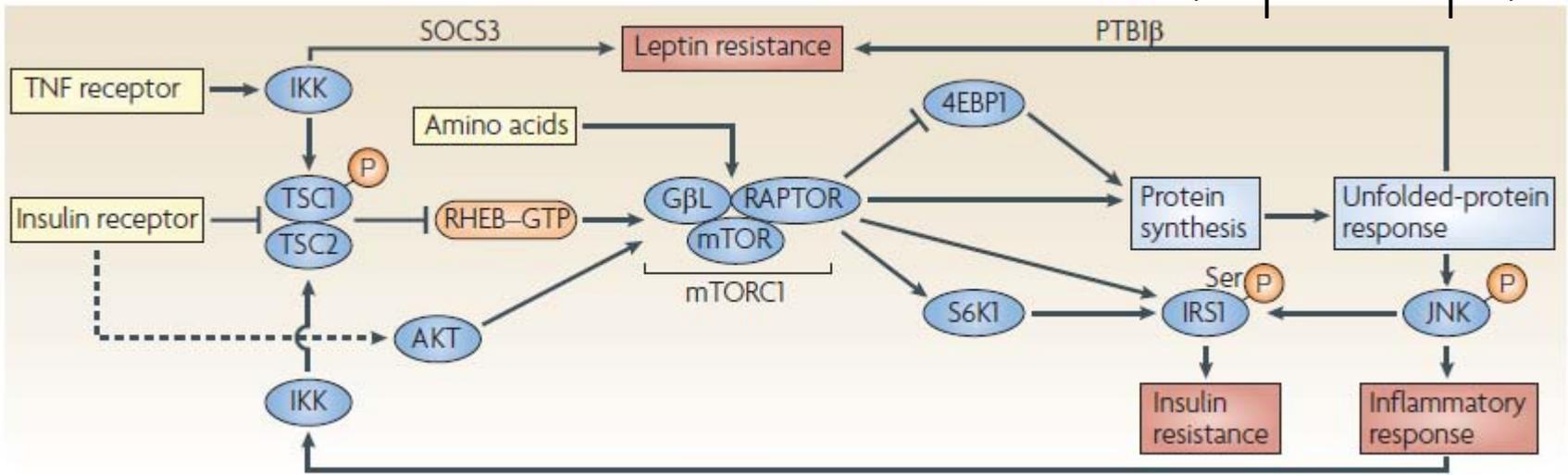
Goldfine et al, Clin. Transl. Sci, 2008

# Resveratrol and Sirtuins as modulators of insulin signaling?



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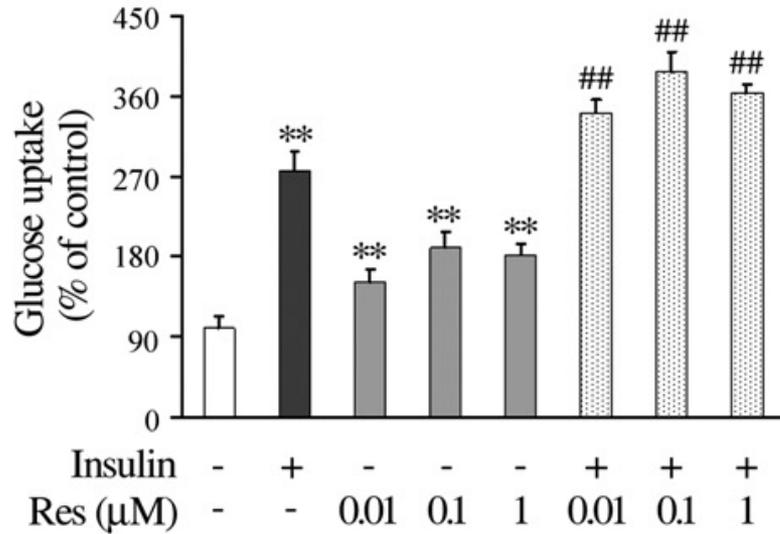
Sun et al, *Cell Metabolism*, 2007



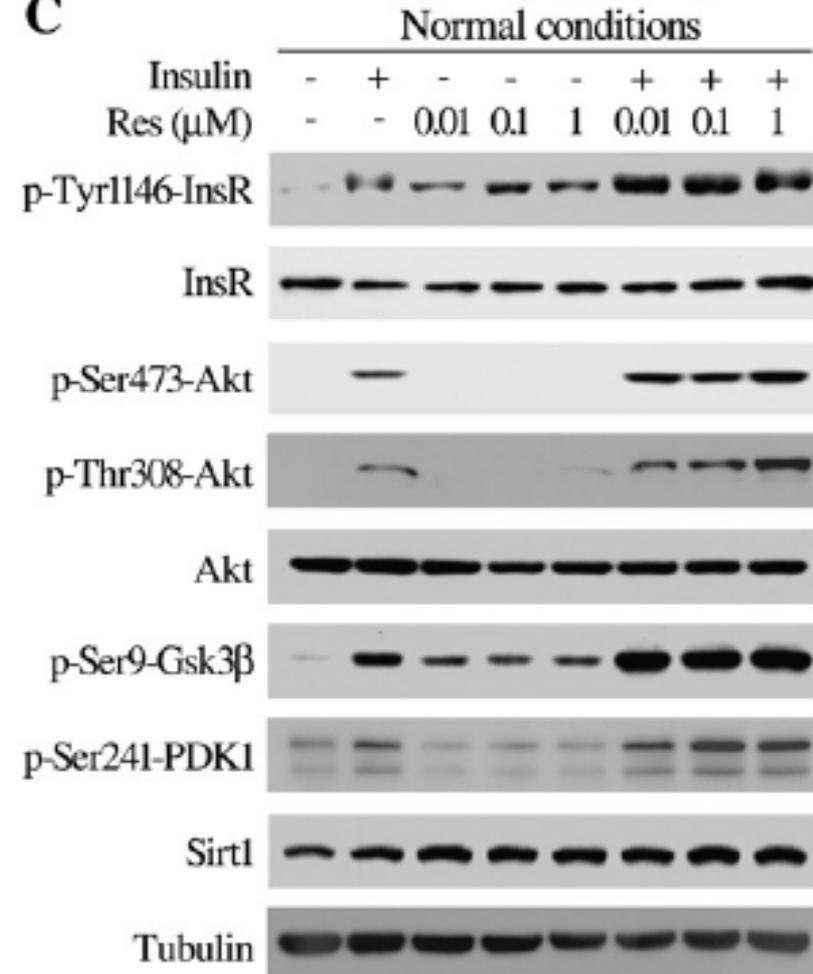
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 Source: Hotamisligil, G. S., and E. Erbay. "Nutrient Sensing and Inflammation in Metabolic Diseases." *Nature Reviews Immunology* 8 (2008): 923-934. © 2008.

# The multiple positive effects of red wine Resveratrol, a SIRT1 agonist

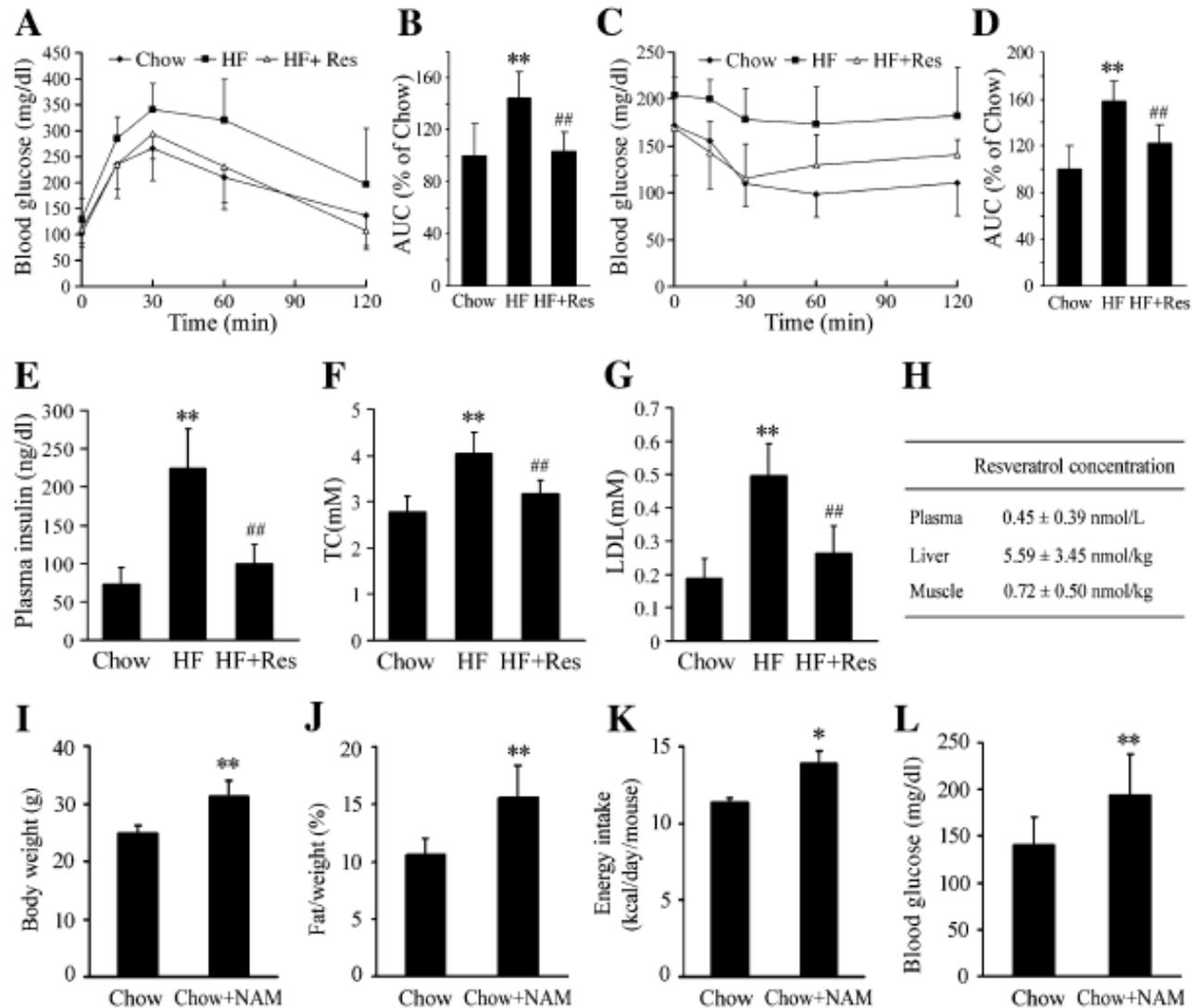
**E**



**C**



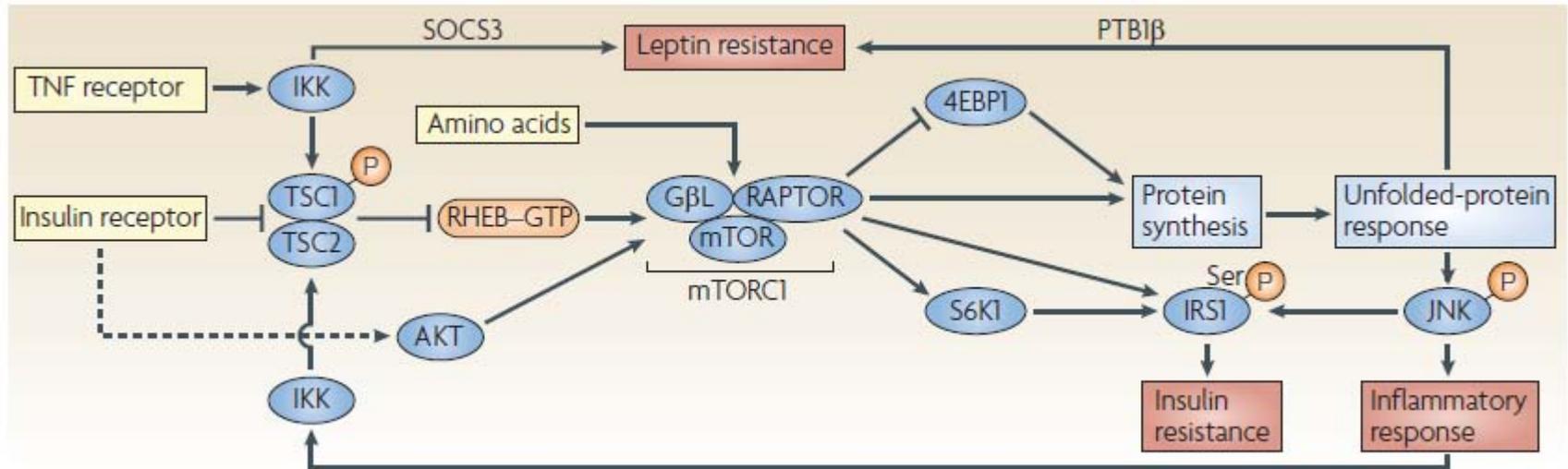
# The multiple positive effects of red wine Resveratrol, a SIRT1 agonist



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Sun et al, Cell Metabolism, 2007

# Targeting mTORC1 as an insulin sensitizer?



Hotamisligil and Erbay, Nat. Reviews Immunology, 2008

Rapamycin hits mTORC2 (Akt activation complex)

mTORC1 is one of the key nutrient sensors

# Diet and exercise as the most effective therapeutic?

## Exercise Effects

- Increased mitochondrial activity, increased B-oxidation of fatty acids
- Decreased ATP, increased AMP
- Increased AMPK activity
- Decreased blood glucose
- Decreased basal insulin levels
- Increased leptin and insulin sensitivity

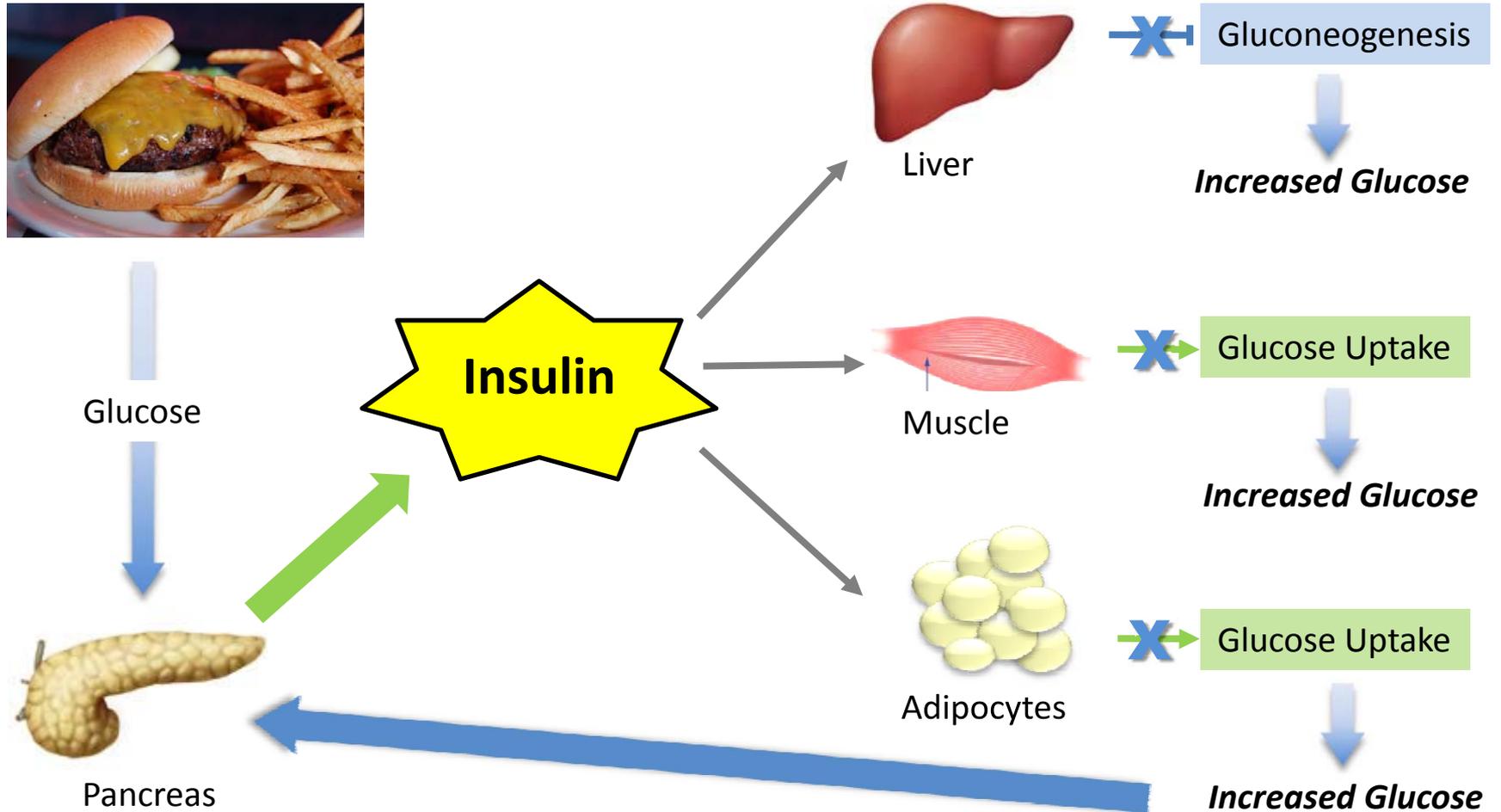
## Diet Effects

- Decreased food intake  decreased mTOR activation, decreased ER stress
- Less saturated fat  decreased JNK activation
- Smaller, leaner adipocytes  less macrophage recruitment, less inflammation
- Improved insulin and leptin response  decreased appetite

One very powerful strategy – targeting appetite through leptin or GLP-1 (or other gut hormones)

# At the end, it all comes back to caloric intake

## Insulin Resistance



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