## **Original Article**

# CORRELATION OF SERUM ADIPONECTIN WITH LIPID PROFILE IN DIABETIC AND NON DIABETIC RATS

Hafiza Hina Pasha, Ayesha Sadiqa, Sauda Usmani, Saima Tabassum and Hamid Javaid Qureshi

**Objective:** To determine the relationship of adiponectin with lipid profile in diabetic and non diabetic rats.

**Methods:** A randomized controlled trial (RCT) study was conducted at Physiology department, Services Institute of Medical Sciences (SIMS), Lahore from August 2013 to January, 2014. This study was conducted on sixty male albino rats weighing 150-200gm.

Thirty rats were selected after induction of diabetes with alloxan monohydrate (group B). Another 30 non diabetic healthy rats were chosen and labeled as group A. A 4-5 ml intracardiac blood sample was taken from each rat. Biochemical parameters evaluated were adiponectin (by ELISA method), serum total cholesterol (by CHOD-PAP enzymatic colorimetric method), serum triglyceride (by GPO-PAP enzymatic colorimetric method), serum HDL-C (by Precipitation method) and serum LDL C (by using Friedewald fomula, LDL=TC- (HDL+TG/5).

**Results:** There was a significant negative (r= -.404, p=.027) correlation of serum adiponectin with serum triglyceride in diabetic group.

Serum VLDL also showed a significant negative (r= -.404, p=.027) correlation with serum adiponectin in diabetic group. No significant correlation was found between serum adiponectin and lipid parameters in non diabetic group.

**Conclusions:** The negative correlation of serum adiponection with serum triglycerides and VLDL in diabetics depicts its association with insulin resistance in type 2 diabetics.

Keywords: adipocytokines, adiponectin,

## Introduction

The white fat depot called as adipose tissue has been proved as endocrine organ<sup>1</sup>. Presently, it is considered as the largest endocrine organ in the body<sup>2</sup>. Adipose tissue secretes series of adipocytederived substances that are termed as adipocytokines. These include leptin, tumor necrosis factor- $\alpha$  (TNF- $\alpha$ ), acylation- stimulating protein (ASP), plasminogen activator inhibitor-1 (PAI-1), interleukin-6, resistin, visfatin and adiponectin.<sup>3,4</sup>Adiponectin is the most abundant of these adipocytokines which are secreted by white adipose tissue and contributes 0.01% of total plasma proteins.<sup>5,6</sup> It has engrossed much attention due to its anti-inflammatory and insulin-sensitizing properties. In addition, it has valuable role in glucose metabolism<sup>7</sup>. It is the only adipose-specific protein identified up till now that has negative relation with obesity.<sup>8</sup> Even though, adipocytes are the single site of its secretion, but its concentration has been found lower in obese individuals. particularly those who have abdominal fat. Decreased quantity of adiponectin is also coupled with insulin resistance and non insulin dependent diabetes.<sup>8</sup> Adiponectin levels also differ between ethnic groups. Studies have shown that South Asian

people have low adiponectin levels while their leptin is more than that of European population. Because of consuming high glycemic index food, South Asian population is more insulin resistant<sup>9</sup>. Loss of weight, type 1 diabetes, leptin and anorexia nervosa have been known to up regulate adiponectin.<sup>10</sup>Diabetes mellitus (DM) is a syndrome of impaired carbohydrate, fat, and protein metabolisms caused by either lack of insulin secretion or decreased sensitivity of the tissues to insulin.<sup>11</sup> The prevalence of DM is increasing around the world so dramatically as to have been characterized as an epidemic so much so, that 439 million cases of type 2 diabetes are projected by 2030.<sup>12</sup> WHO has estimated a rise of 170% in the incidence of DM in developing countries. The same trend is reflected in Pakistan as National Diabetes Survey estimates an increase in cases of type 2 diabetes from 4.3 million in 1995 to 14.5 million in 2025.<sup>13</sup> Diabetes can lead to a wide range of complications that involve primarily arteries and capillaries. Type 2 diabetics are predominantly at increased danger of morbidity and mortality due to their long-standing complications.<sup>14,15</sup> The study was planned to determine the correlation of serum adiponectin with lipid profile in diabetic and non diabetic rats.

#### **Methods**

A randomized controlled trial (RCT) study was conducted at Physiology department, Services Institute of Medical Sciences (SIMS), Lahore from August 2013 to January, 2014. This research project was approved by Institutional Research Ethical Committee. Sixty male albino rats (150-200gm weight) were selected. In 30 rats, diabetes mellitus was introduced by intraperitoneal injection of alloxan monohydrate (120mg/kg). After confirmation of diabetes, these were labeled as group B. Another 30 healthy rats (who did not receive injection of alloxan monohydrate) were chosen, these were labeled as Group A (nondiabetic control). A 4-5 ml intracardiac blood sample was taken from each rat. Biochemical parameters evaluated were adiponectin (by ELISA method), serum total cholesterol (by CHOD-PAP enzymatic colorimetric method), serum triglyceride (by GPO-PAP enzymatic colorimetric method), serum HDL-C (by Precipitation method) and serum LDL C (by using Friedewald fomula, LDL=TC-(HDL+TG/5).

#### Results

The Pearson's correlation of serum adiponectin with lipid parameters was determined. There was a significant negative (r = -.404, p = .027) correlation of serum adiponectin with serum triglyceride in diabetic group (Table 1). Serum VLDL also showed a significant negative (r = -.404, p = .027) correlation with serum adiponectin in diabetic group (Fig 2).



Fig-1: Scattered diagram showing the negative correlation of serum adiponectin with serum

triglyceride in group B (r=-.404, p=.027).

No significant correlation was found between serum adiponectin and lipid parameters in non diabetic group **(Table 1).** 

Table-1:Pearson's correlation of serum adiponectin with serum lipid profile and in two groups.

Correlation of serum adiponectin with	Group / r	A (n=30) q	Group B r	(n=30) q
Serum HDL	.112	.556	.214	.256
Serum Triglyceride	.082	.666	404	.027*
Serum Cholestterol	245	.192	.218	.247
Serumy LDL	100	.600	.110	562
Serum VLDL	.081	.671	404	.027*

P≤0.05, significant



**Fig-2:** Scattered diagram showing the negative correlation of serum adiponectin with serum VLDL in group B (r=-.404, p=.027).

#### Discussion

The study was conducted on male albino diabetic rats to see the correlation of serum adiponectin with lipid parameters. Our study showed that there was significant negative correlation of serum adiponectin with serum triglyceride in diabetics. Serum VLDL also showed a significant negative correlation with serum adiponectin in diabetic group. A prospective, non interventive study on human beings was carried out by Matthias et al. The correlation of plasma adiponectin with high density lipoprotein and other lipid parameters was investigated. They concluded that high plasma adiponectin were positively associated with HDL cholesterol and had a negative correlation with triglyceride.<sup>16</sup> Their results are in consistent with our study. Non interventional studies have been carried out and reported that in general high serum adiponectins levels are associated with HDL cholesterol and negative association have been observed with other lipid parameters ( i.e., LDL, VLDL Cholesterol) in insulin resistant type 2 diabetic people.<sup>17</sup>

Deranged lipid profile which is characterized by low concentrations of apolipoprotein A<sub>1</sub> and high concentrations of triglycerides lipoproteins has a negative relationship with serum adiponectin concentrations.<sup>18</sup> According to a study, elevation of serum TG/HDL, TC/HDL and LDL/HDL ratios reduces the plasma concentration of adiponectin.<sup>19</sup> Diminished adiponectin focuses have been connected to higher LDL cholesterol and TG fixations presumably due to adiponectin straightforwardly influencing lipoprotein lipase.<sup>20,21</sup> These ratios project insulin resistance<sup>22</sup>. The

#### References

- Barrett KE, Boitano S, Barman SM, Brooks HL. Ganong's review of medical physiology. 24th ed. New York: McGraw-Hill Medical Publisher 2012;450
- Oh DK, Ciaraldi T, Henry RR. Adiponectin in health and disease. Diabetes Obes Metab. 2007;9:282-9
- Bulcao C, Ferreira SR, Giuffrida FM, Riberio-Filho FF. The new adipose tissue and adipocytokines. Curr Diabetes Rev 2006;2:19-20
- Mantzoros CS. The role of leptin in human obesity and disease: a review of current evidence. Annal Inter Med1999;130:6517
- Gil CM, Canete RR, Gil A. Adiponectin, the missing link in insulin resistance and obesity. Clin. Nutr 2004 23, 96374
- Heiker JT, Kosel D, Beck-Sickinger AG. Molecular mechanisms of signal transduction via adiponectin and adiponectin receptors. Biol. Chem. 2010; 391:100518
- Kwon H, Pessin JE Adipokines mediate inflammation and insulin resistance. Front Endocrinol (Lausanne). 2013;12;4:7
- 8. Yang WS, Lee WJ, Funahashi T, Tanaka S, Matsuzawa Y, Chao CL, Chen et al. Weight reduction increases plasma levels of an adipose-derived antiinflammatory protein, adiponectin. J ClinEndocrinolMetab2001;86:38159
- 9. Mente E, Razak F, Blankenberg S, Vuksan V, Davis AD, Miller R et al Ethnic Variation in Adiponectin and

Leptin Levels and Their Association With Adiposity and Insulin Resistance Diabetes Care, 2010; 33:162934

- 10.Sharma AM, Tarnopolsky MA. Regulating adiponectin of flax and flux. Diabetologia. 2005;48:1035-7
- Hall EJ, Guyton AC. Guyton and hall textbook of medical physiology. 13th ed. Philadelphia PA: Saunders Elsevier 2011;994.
- 12.Shaw J, Sicree R, Zimmet P. Global estimates of the prevalence of diabetes for 2010 and 2030. Diabetes Res Clin Pract 2010;87:4-14
- 13.King H, Aubert RE, Herman WH. Global burden of diabetes 1995-2025. Diabetes Care 1998;21:1414-31
- 14.Watkins PJ. Cardiovascular disease, hypertension and lipids. BMJ 2003;326:874-6
- 15. American Diabetes Association. Position statement on the diagnosis and classification of diabetes mellitus. Diabetes Care 2011;34:62-9
- 16.Schulze MB, Rimm EB, Shai I, Rifai N, Hu FB. Relationship between adiponectin and glycemic control, blood lipids, and inflammatory markers in men with type 2 diabetes. Diabetes Care 2004;27:1680-7
- 17.Diez JJ, Iglesias P. The role of novel adipocyte-derived hormone adiponectin in human disease. Eur J Endocrinol 2003;148:293-300
- 18.Chan DC, Barrett PH, Ooi EM, Ji J, Chan DT, Watts GF. Very low density lipoprotein metabolism and plasma adiponectin as predictors of high-

correlation between serum adiponectin and HDL is possibly under the control of both physiological and pathological mechanisms. Adiponectin regulates HDL concentration by decreasing HDL catabolism and inhibiting hepatic lipase activity.<sup>23</sup>

### Conclusion

The present study concludes a negative correlation of serum adiponection with serum triglycerides and VLDL exists in diabetics. This depicts association of serum adiponectin with insulin resistance in type 2 diabetics.

> Department of Physiology Shalamar Medical and Dental College Lahore www.esculapio.pk

> > density lipoprotein apolipoprotein A-I kinetics in obese and non obese men. J Clin Endocrinol Metab. 2009 Mar;94(3):989-9

- 19.Kimm H, Lee SW, Lee HS, Shim KW, Cho CY, Yun JE et al. Associations between lipid measures and metabolic syndrome, insulin resistance and adiponectin. - Usefulness of lipid ratios in Korean men and women Circ J. 2010;74:931-7
- 20.Kazumi T, Kawaguchi A, Sakai K, Hirano T, Yoshino G. Young men with high-normal blood pressure have lower serum adiponectin, smaller LDL size, and higher elevated heart rate than those with optimal blood pressure. Diabetes Care. 2002;25(6):971976
- 21.Cnop M, Havel PJ, Utzschneider KM, Carr DB, Sinha MK, Boyko EJ, et al. Relationship of adiponectin to body fat distribution, insulin sensitivity and plasma lipoproteins: evidence for independent roles of age and sex. Diabetologia. 2003;46(4):459469
- 22.McLaughlin T, Abbasi F, Cheal K, Chu J, Lamendola C, Reaven G. Use of metabolic markers to identify overweight individuals who are insulin resistant Ann Intern Med. 2003; 18;:802-9
- 23.Schneider JG, von Eynatten M, Schiekofer S, Nawroth PP, Dugi KA. Low plasma adiponectin levels are associated with increased hepatic lipase activity in vivo Diabetes Care. 2005;28:2181-6