



Associazione Medici
Endocrinologi

Primo Congresso Interregionale AME Sud - Italia



RELAZIONI TRA METABOLISMO OSSEO OBESITA' VISCERALE E INSULINO-RESISTENZA



Ambulatorio di Nutrizione Clinica
U.O.C. Oncologia Medica



Dipartimento Scienze Biomediche e Oncologia Umana

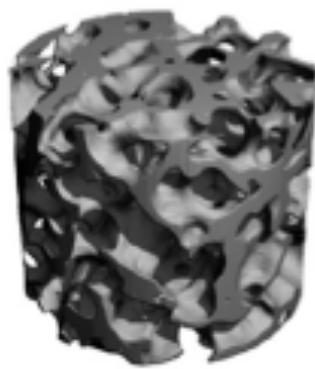
Giovanni De Pergola

Matera, 9-10 Maggio 2014 - HILTON GARDEN INN

Abdominal Fat Is Associated With Lower Bone Formation and Inferior Bone Quality in Healthy Premenopausal Women: A Transiliac Bone Biopsy Study

Trabecular Bone Volume in Subjects from Each Tertile of Trunk Fat by DXA

Lowest Tertile



BMI: 22.2 kg/m²
Trunk Fat: 16.8%
LS Z score: -0.5
BV/TV: 30.8%

Middle Tertile

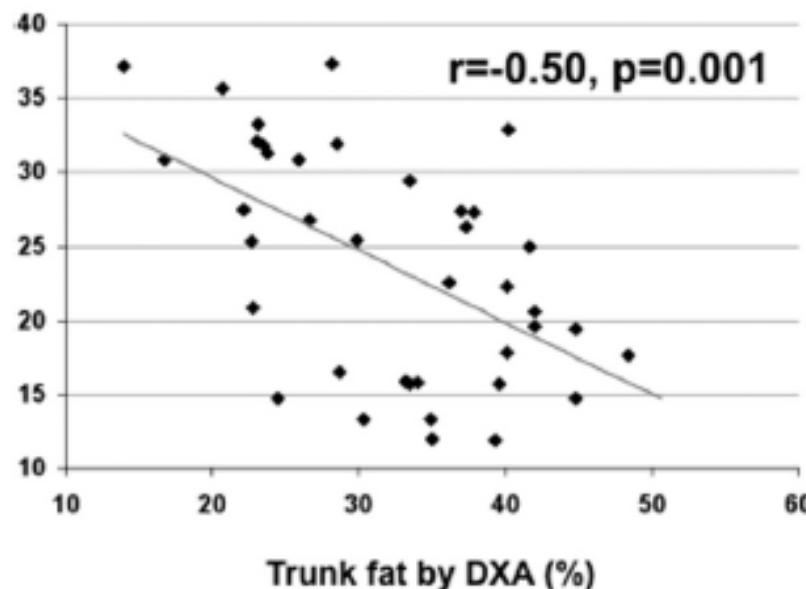


BMI: 28.3 kg/m²
Trunk Fat: 36.2%
LS Z score: +1.4
BV/TV: 22.5%

Highest Tertile

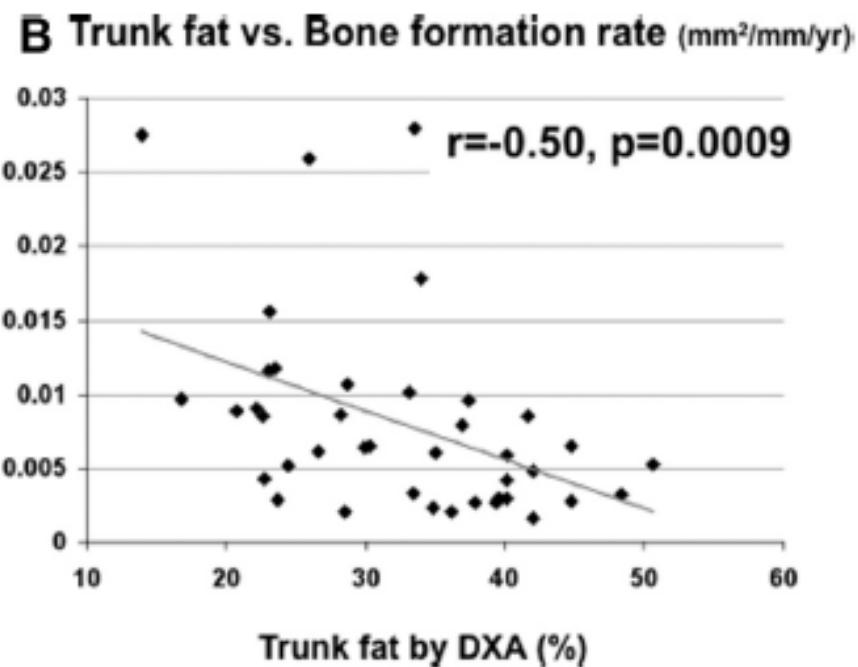


A Trunk fat vs. Trabecular Bone Volume (%)

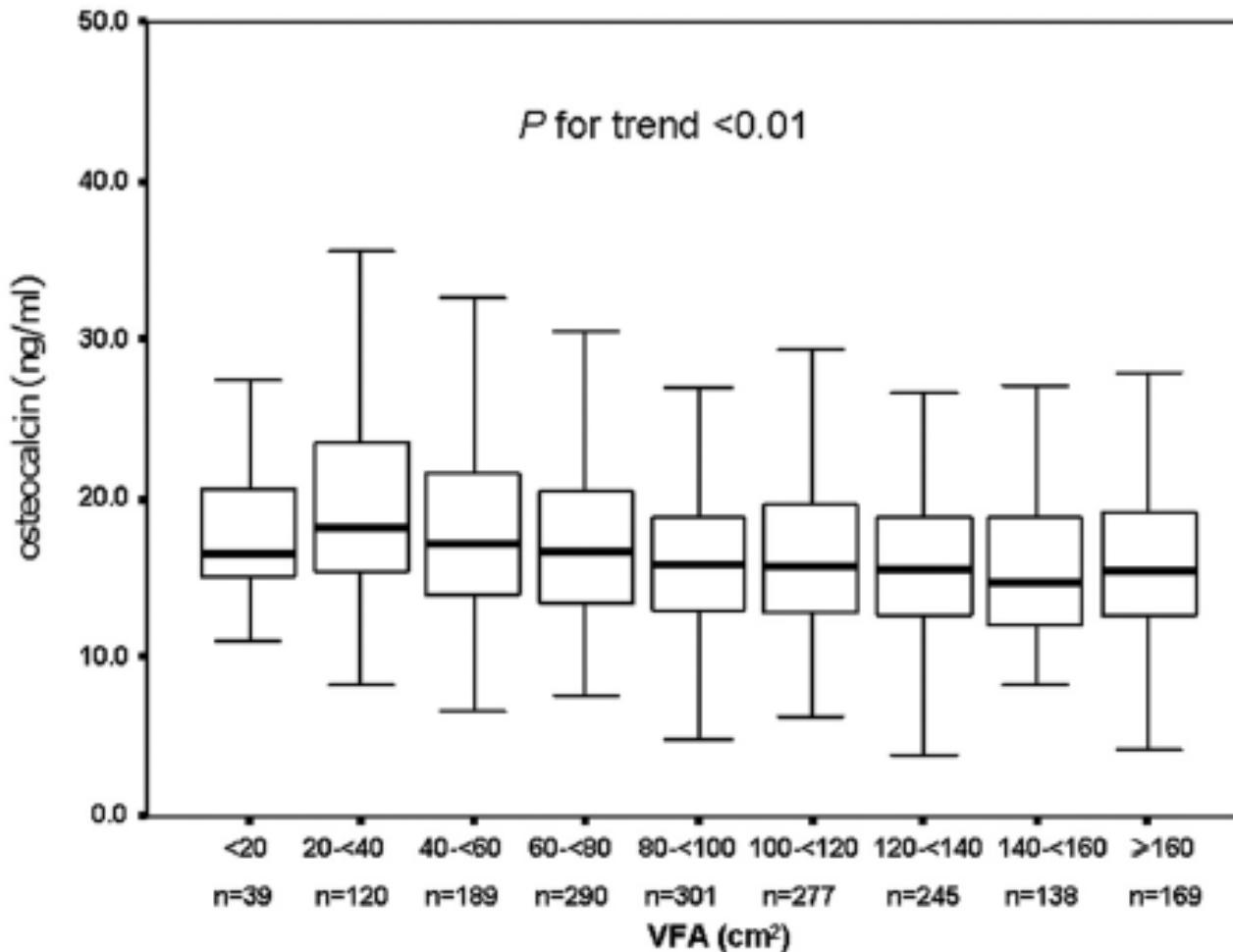


Abdominal Fat Is Associated With Lower Bone Formation and Inferior Bone Quality in Healthy Premenopausal Women: A Transiliac Bone Biopsy Study

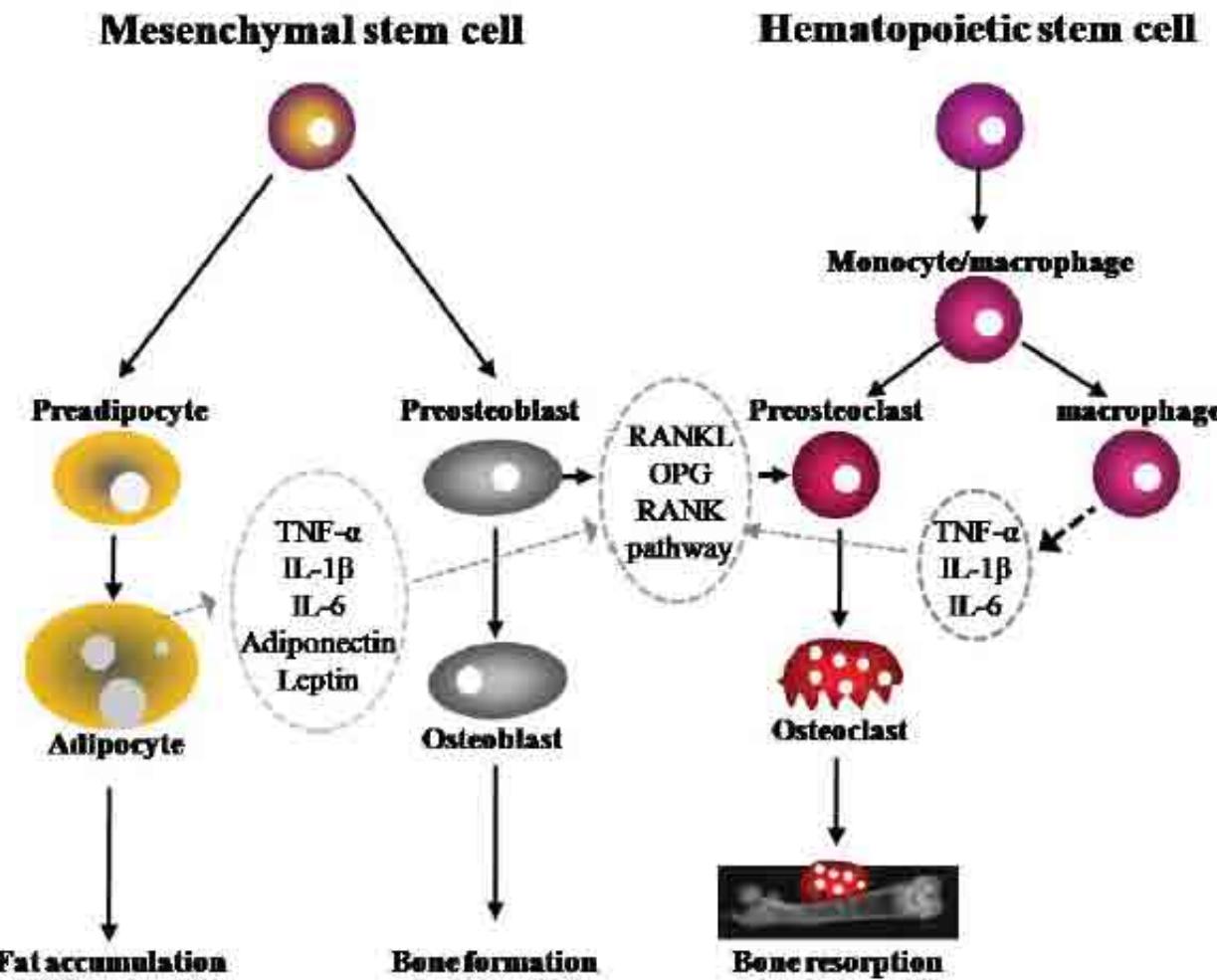
Women with higher trunk fat mass also had markedly lower static and dynamic indices of bone formation (ostecalcin and P1NP), and lower serum bone formation markers



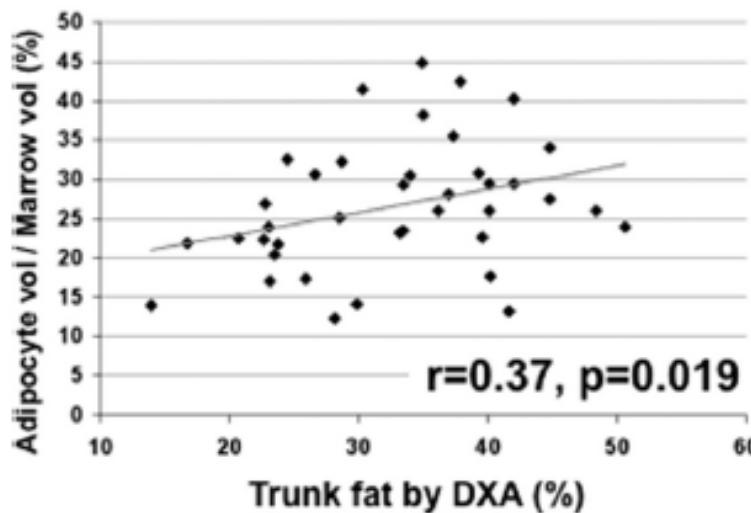
▪ Inverse Relationship between Serum Osteocalcin Levels and Visceral Fat Area in Chinese Men



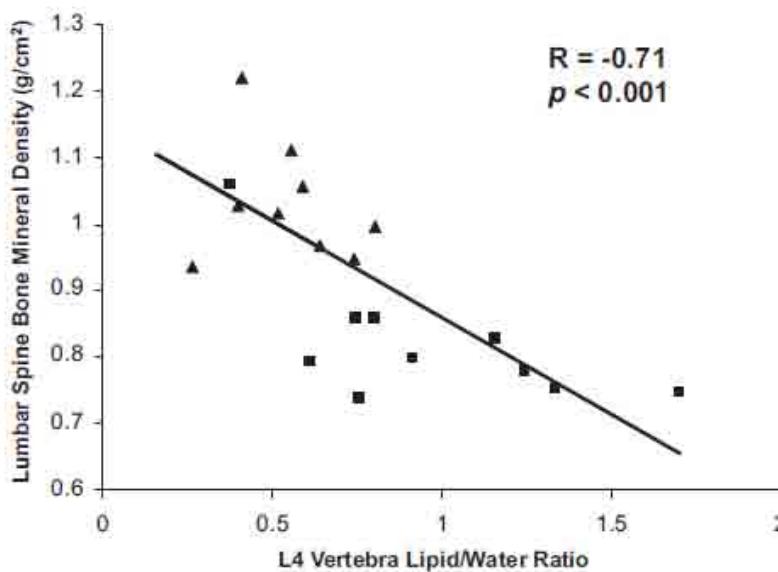
Effects of obesity on bone metabolism



A Trunk fat vs. Marrow Adipocyte Volume



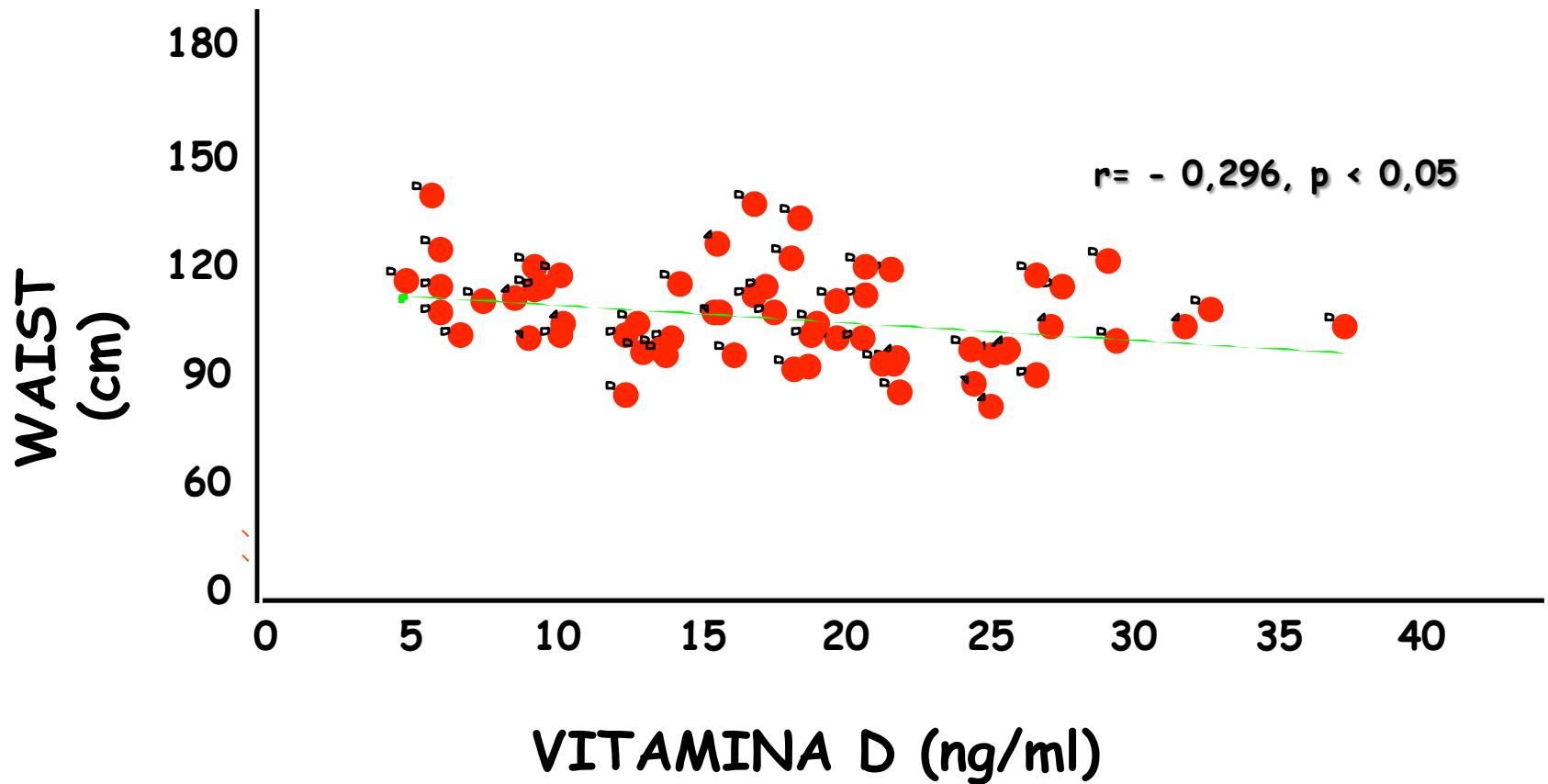
Cohen et al, J Clin Endocrinol Metab, 98: 2562-2572, 2013



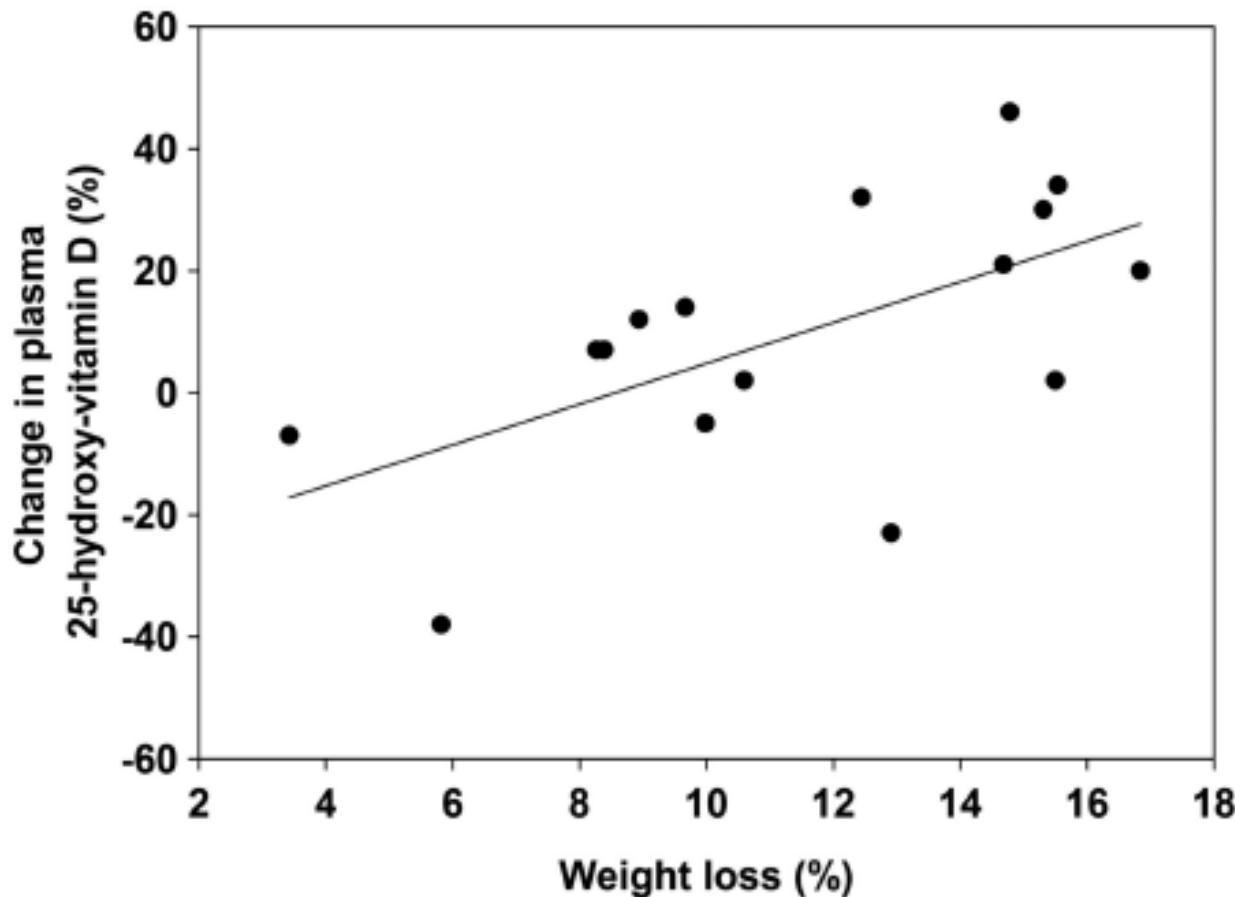
Fazeli PK et al, J Clin Endocrinol Metab, 98: 935-945, 2013

Possible Role of Hyperinsulinemia and Insulin Resistance in Lower Vitamin D Levels in Overweight and Obese Patients

PAZIENTI OBESI NON IPERTESI NON DIABETICI

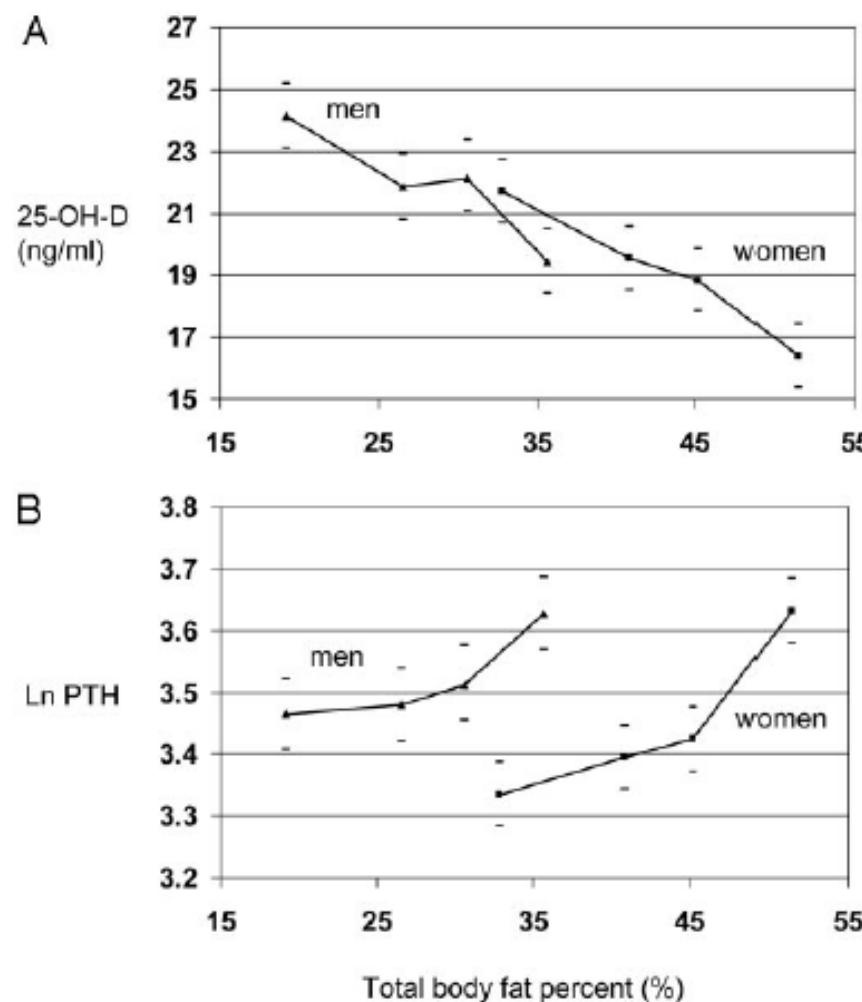


EFFETTO DELLA PERDITA DI PESO SULLA VITAMINA D

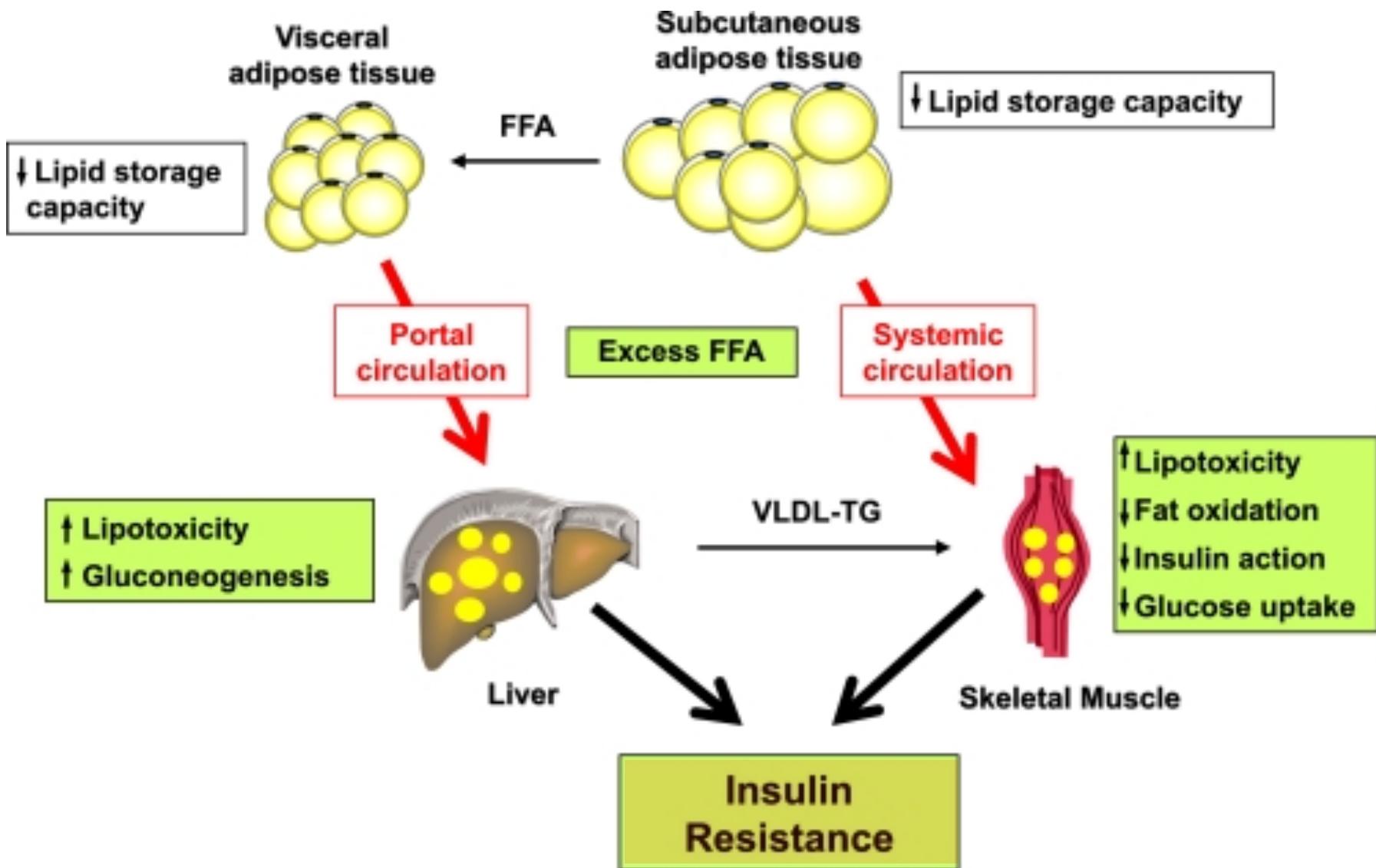


Wamberg L et al, Int J Obesity, 37: 651-657, 2013

Adiposity in Relation to Vitamin D Status and Parathyroid Hormone Levels: A Population-Based Study in Older Men and Women

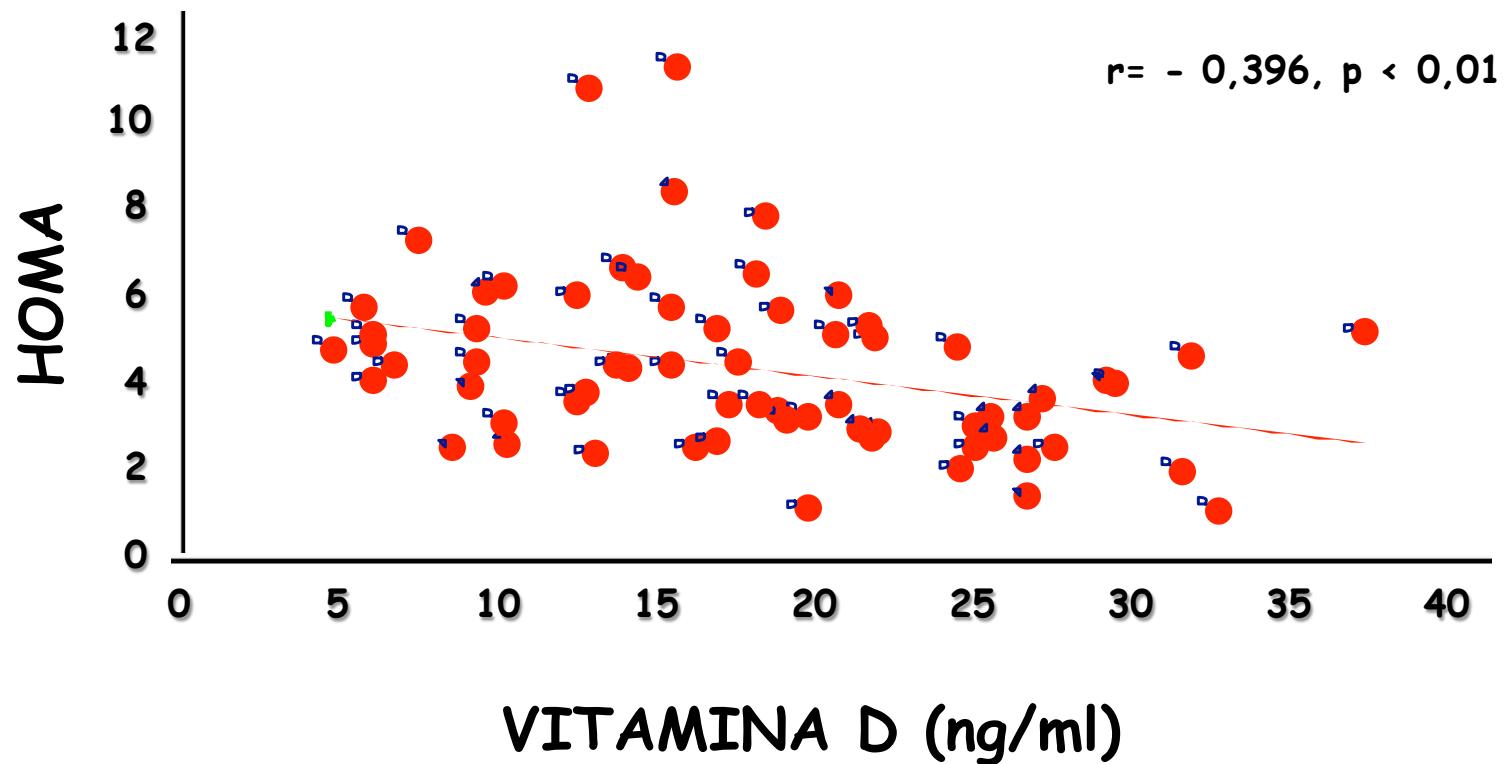


OBESITA' VISCERALE E INSULINO-RESISTENZA



Possible Role of Hyperinsulinemia and Insulin Resistance in Lower Vitamin D Levels in Overweight and Obese Patients

PAZIENTI OBESI NON IPERTESI NON DIABETICI



Serum 25(OH)D and Type 2 Diabetes Association in a General Population

A prospective study

Low 25(OH)D status was significantly associated with unfavorable longitudinal changes in continuous markers of glucose homeostasis, indicating that low vitamin D status could be related to deterioration of glucose homeostasis

Husemoen LLN et al, Diabetes Care, 2012

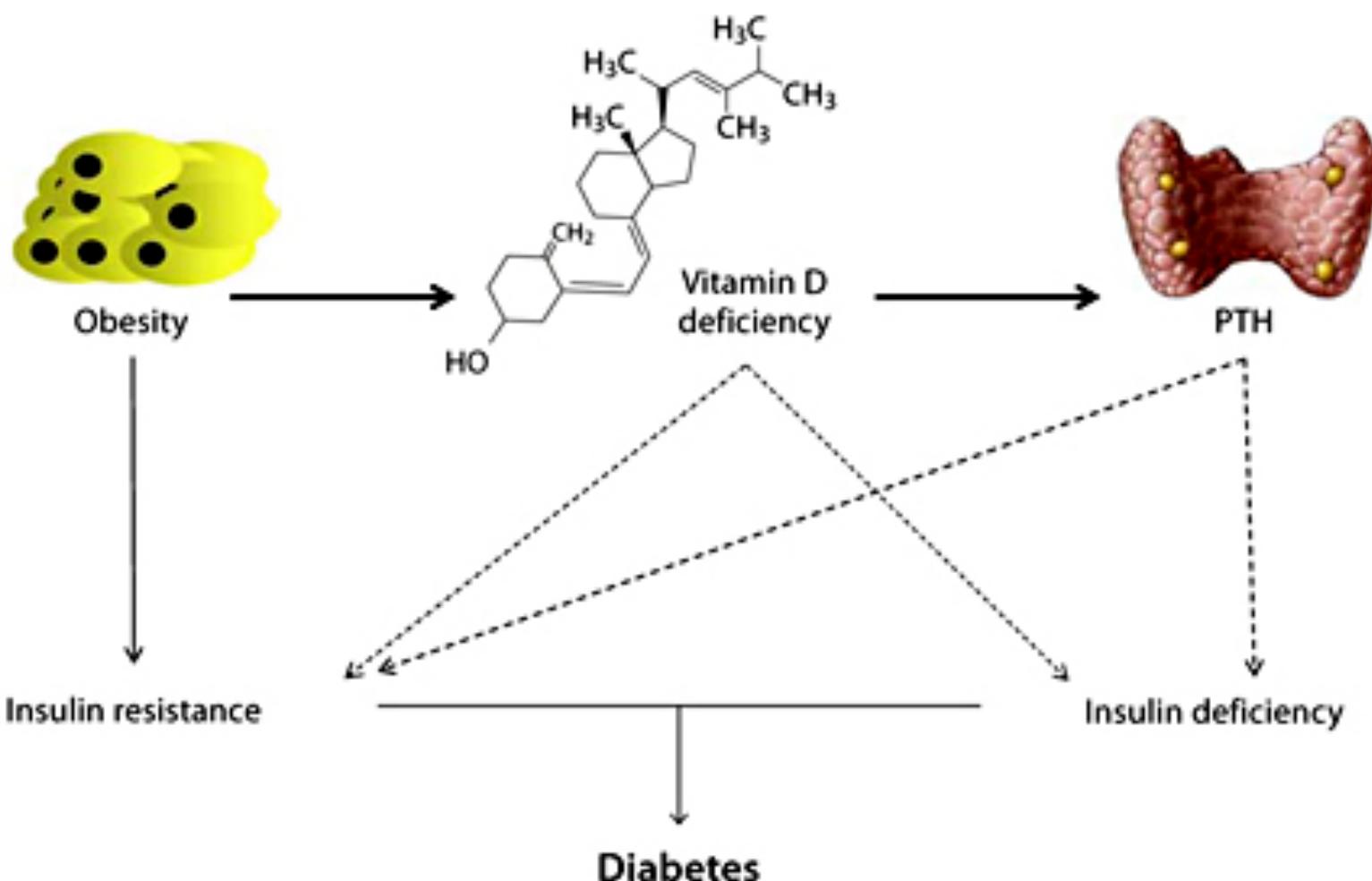
Plasma 25-Hydroxyvitamin D and Progression to Diabetes in Patients at Risk for Diabetes

An ancillary analysis in the Diabetes Prevention Program

Higher plasma 25-hydroxyvitamin D, assessed repeatedly, was associated with lower risk of incident diabetes in high-risk patients, after adjusting for lifestyle interventions (dietary changes, increased physical activity, and weight loss) known to decrease diabetes risk.

Pittas AG et al, Diabetes Care, 35: 565-573, 2012

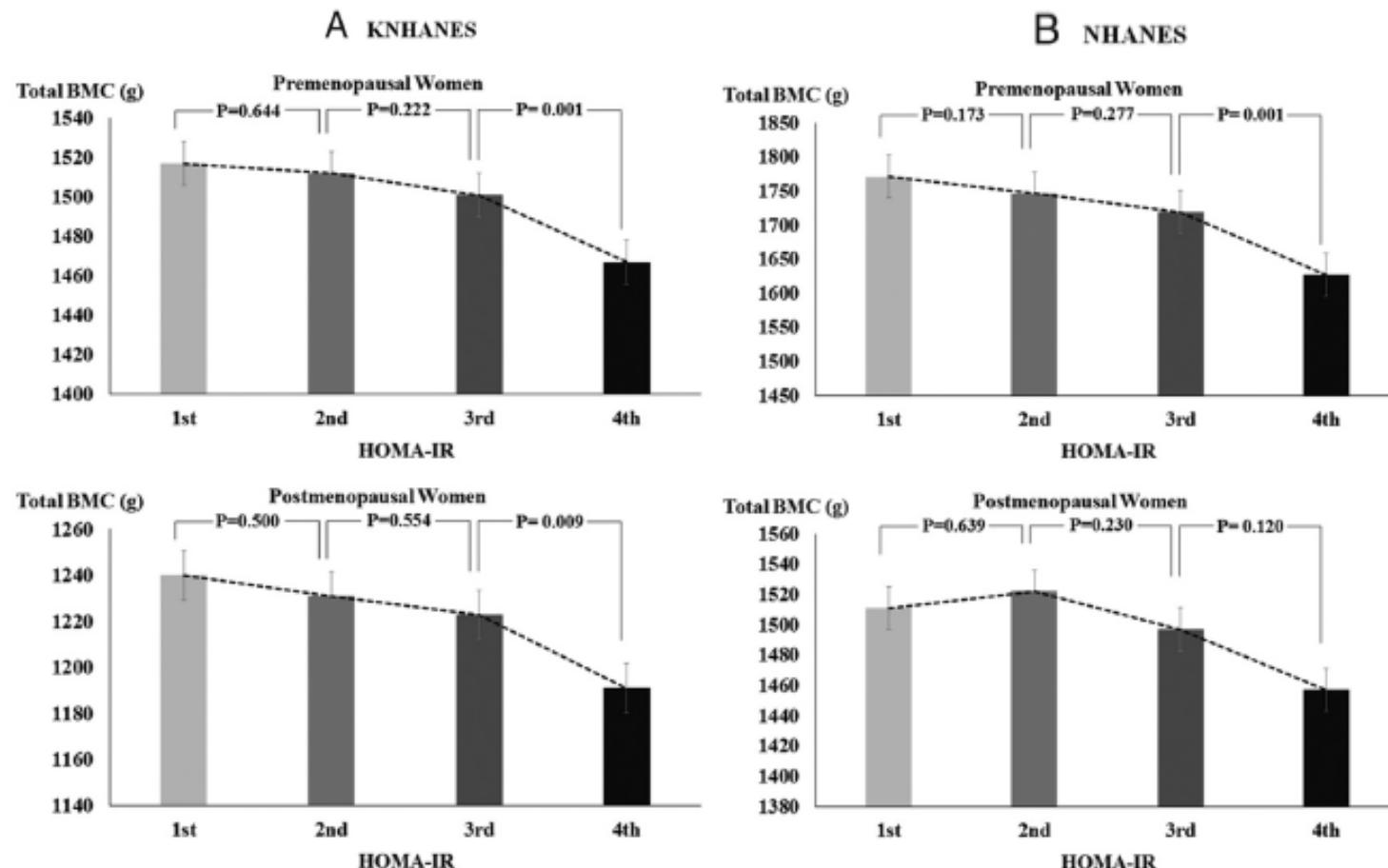
Vitamin D Deficiency: A New Risk Factor for Type 2 Diabetes?



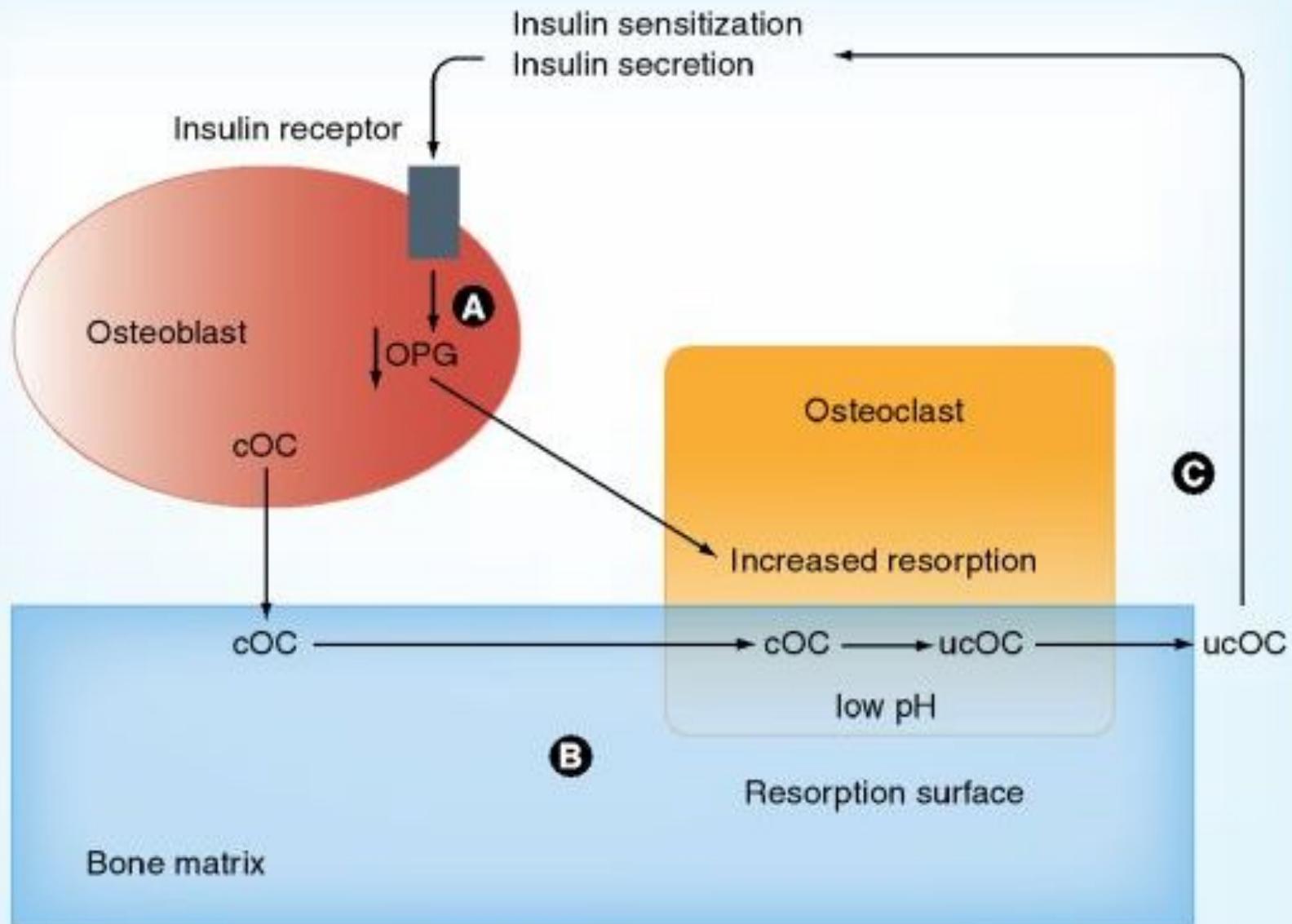
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Insulin Is Inversely Associated With Bone Mass, Especially in the Insulin-Resistant Population: The Korea and US National Health and Nutrition Examination Surveys

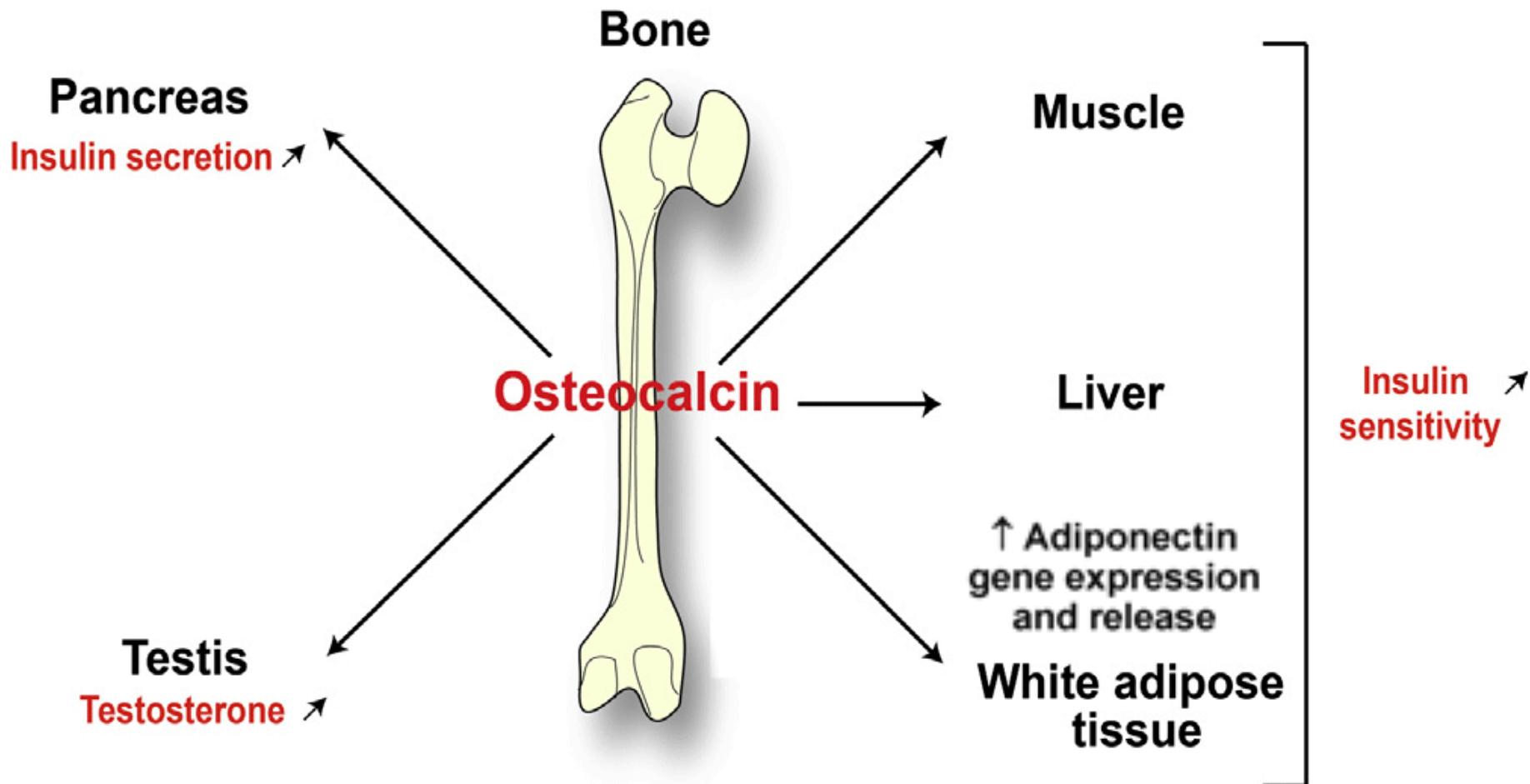
Indipendentemente da età, massa grassa ed etnia



EFFETTO DELL'INSULINA SULL'OSSO



Serum Osteocalcin Is Associated With Measures of Insulin Resistance, Adipokine Levels, and the Presence of Metabolic Syndrome

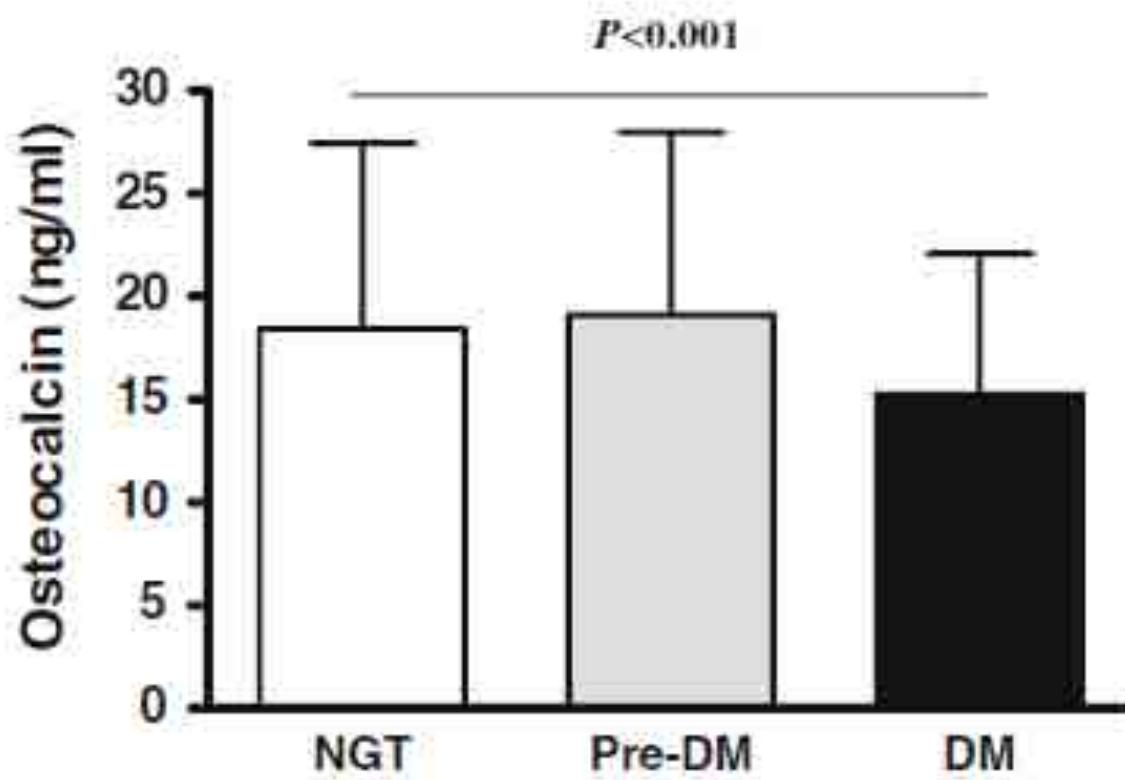


The role of osteocalcin in the endocrine cross-talk between bone remodelling and energy metabolism

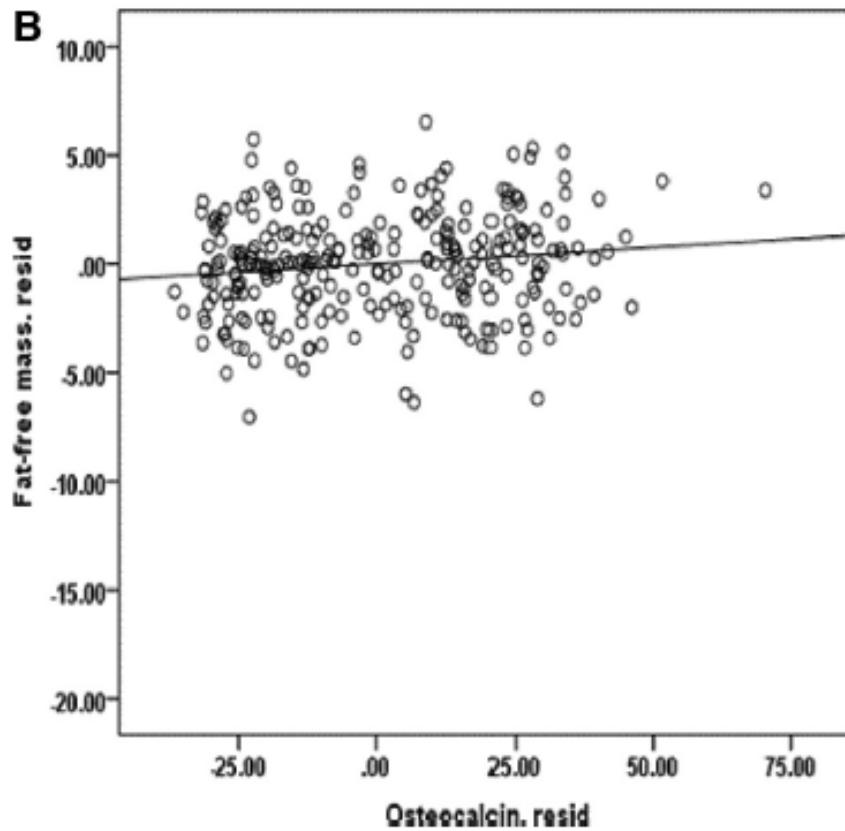
In humans, serum osteocalcin levels are inversely correlated with multiple variables of type 2 diabetes such as glucose intolerance and insulin resistance.

Subcutaneous infusion of recombinant osteocalcin improves glucose tolerance and insulin resistance in mouse models of hyperphagia and diet-induced obesity.

Circulating osteocalcin level is associated with improved glucose tolerance, insulin secretion and sensitivity independent of the plasma adiponectin level



An Independent Positive Relationship Between the Serum Total Osteocalcin Level and Fat-Free Mass in Healthy Premenopausal Women



ADIPONECTIN

Secreting cells	Modulators of secretion	Target cell	Cellular mechanism	Biological effect
Adiponectin				
Adipocyte	Stimulators Weight loss; uc-osteocalcin Inhibitors TNF- α ; IL-6; resistin; insulin; glucocorticoids	Hepatocytes, adipocytes, muscle HSCs Osteoblasts Osteoclasts	↑ AMPK activation → ↑ mitochondrial fatty acid β oxidation ↑ Insulin signaling ↓ SREBP-1c expression → ↓ de novo lipogenesis ↓ Apoptosis ↓ Proinflammatory cytokine secretion ↑ Apoptosis ↓ Activity and collagen deposition ↑ Proliferation, differentiation, and activity ↑ RANKL secretion ↓ Osteoprotegerin secretion ↓ APPL1-mediated Akt1 activity → ↓ RANKL-induced osteoclastogenesis ↑ osteoclast apoptosis ↓ Survival/proliferation of osteoclast precursor cells	↓ Steatosis ↓ Hepatic, muscle and adipose tissue insulin resistance ↓ Hepatic, necroinflammation ↓ Fibrogenesis ↑ Bone deposition ↓ Bone resorption

OSTEOPONTIN

Secreting cells	Modulators of secretion	Target cell	Cellular mechanism	Biological effect																								
Osteopontin Activated T helper 1 cell, macrophage, fibroblast, osteoclast, endothelial cell, hepatocyte, hematopoietic stem cell, and adipocyte																												
<p>Pathways of OPN action, Pro-OPN, anti-OPN</p> <table border="1"> <thead> <tr> <th></th> <th>↑ IL-6 secretion → NF-κB pathway (unaffected)</th> <th>↑ PI3K/Akt and HIF-1 pathway activation → ↑ NF-κB pathway activation</th> <th>↑ MMP-2/-7/-9 and Upa expression → ↑ ECM degradation</th> <th>↑ VEGF expression → ↑ angiogenesis</th> <th>Resistance</th> </tr> </thead> <tbody> <tr> <td>HCC</td> <td></td> <td></td> <td></td> <td></td> <td>Prosurvival, antiapoptosis, and proliferation</td> </tr> <tr> <td>Bone marrow multipotent stromal cells (BMSCs)</td> <td></td> <td></td> <td></td> <td></td> <td>↑ Tumor invasion and metastasis</td> </tr> <tr> <td>Osteoclasts</td> <td></td> <td></td> <td></td> <td></td> <td>↓ Bone deposition ↓ Bone resorption</td> </tr> </tbody> </table>						↑ IL-6 secretion → NF-κB pathway (unaffected)	↑ PI3K/Akt and HIF-1 pathway activation → ↑ NF-κB pathway activation	↑ MMP-2/-7/-9 and Upa expression → ↑ ECM degradation	↑ VEGF expression → ↑ angiogenesis	Resistance	HCC					Prosurvival, antiapoptosis, and proliferation	Bone marrow multipotent stromal cells (BMSCs)					↑ Tumor invasion and metastasis	Osteoclasts					↓ Bone deposition ↓ Bone resorption
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TNF- α

Secreting cells	Modulators of secretion	Target cell	Cellular mechanism	Biological effect
TNF-α				
Adipocyte, macrophage, Kupffer cell, and hepatocyte	Stimulators Oxidative stress Inhibitors Adiponectin	Adipocytes	<ul style="list-style-type: none"> ↓ Secretion of leptin and adiponectin ↓ GLUT-4 expression ↓ LPL activity ↑ Hormone-sensitive lipase → ↑ lipolysis ↑ JNK-1 activation → phosphorylation of IRS-1 → insulin receptor signaling inactivation ↑ IKKβ/NF-κB pathway activation → ↑ apoptosis, proinflammatory cytokine secretion 	Insulin resistance Adipose tissue and systemic inflammation
		Hepatocytes	<ul style="list-style-type: none"> ↑ JNK-1 activation → phosphorylation of IRS-1 → ↓ insulin receptor signaling ↑ JNK-1 and NF-κB pathway activation → ↑ apoptosis and proinflammatory cytokine secretion 	Insulin resistance Hepatic and systemic inflammation NASH
		Kupffer cells	<ul style="list-style-type: none"> ↑ JNK-1 and NF-κB pathway activation → ↑ apoptosis, proinflammatory cytokine secretion 	Insulin resistance Hepatic and systemic inflammation NASH
		Osteoblasts	<ul style="list-style-type: none"> ↑ Ubiquitination of RUNX2 → ↓ RUNX2 expression → ↓ osteoblast differentiation, proliferation, and activation ↓ MAPK pathway activation → ↓ osteoblast differentiation, proliferation, and activation ↓ Expression of alkaline phosphatase, vitamin D receptor, parathyroid hormone receptor 	↓ Bone formation
		Osteoclasts	<ul style="list-style-type: none"> ↑ RANKL secretion ↑ TNF-R1-mediated NF-κB stimulation of osteoclast differentiation ↑ RANKL-induced stimulation of osteoclast differentiation ↑ Rapamycin/S6 kinase activation → ↓ apoptosis 	↑ Bone resorption

CONCLUSIONI

La obesità si associa ad una riduzione della deposizione ossea (osteoporosi)

Tale fenomeno è probabilmente dovuto a 1) maggiore conversione delle cellule mesenchimali staminali del midollo osseo in adipociti piuttosto che in osteoblasti, 2) riduzione dei livelli circolanti della vitamina D ed aumento di quelli del PTH 3) minore sintesi di osteocalcina e maggiore produzione di osteopontina da parte dell'osso, 4) minore sintesi di adiponectina ed una maggiore produzione di TNFa da parte degli adipociti

La riduzione della vitamina D e della osteocalcina e l'aumento del PTH e della osteopontina possono contribuire alla insulino-resistenza, alla iperinsulinemia ed al rischio di diabete nei pazienti con obesità addominale

Anche la insulino-resistenza per se favorisce la riduzione dei livelli circolanti di vitamina D ed osteocalcina ed è responsabile di una riduzione della densità ossea

*The
end*