Activation of PPARδ alters lipid metabolism in db/db mice

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Abstract Peroxisome proliferator-activated receptors (PPARs) are nuclear receptors, which heterodimerize with the retinoid X receptor and bind to peroxisome proliferator response elements in the promoters of regulated genes. Despite the wealth of information available on the function of PPARa and PPARy, relatively little is known about the most widely expressed PPAR subtype, PPARS. Here we show that treatment of insulin resistant db/db mice with the PPAR agonist L-165041, at doses that had no effect on either glucose or triglycerides, raised total plasma cholesterol concentrations. The increased cholesterol was primarily associated with high density lipoprotein (HDL) particles, as shown by fast protein liquid chromatography analysis. These data were corroborated by the chemical analysis of the lipoproteins isolated by ultracentrifugation, demonstrating that treatment with L-165041 produced an increase in circulating HDL without major changes in very low or low density lipoproteins. White adipose tissue lipoprotein lipase activity was reduced following treatment with the PPARS ligand, but was increased by a PPARy agonist. These data suggest both that PPAR δ is involved in the regulation of cholesterol metabolism in db/db mice and that PPARδ ligands could potentially have therapeutic value.

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Key words: Peroxisome proliferator-activated receptor δ agonist; Peroxisome proliferator-activated receptor; Lipid metabolism

1. Introduction

Three mammalian peroxisome proliferator-activated recep-

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Male db/db mice (10–11 week old C57BLKS/J-m +/+Lepr^{db}, Jackson Laboratory, Bar Harbor, ME, USA) were housed 3-5/cage and allowed ad libitum access to ground Purina rodent chow and water. Lean animals were age-matched heterozygous mice maintained in the same manner. The animals, and their food, were weighed every 2 days and were dosed daily by gavage with vehicle (0.5% carboxymethylcellulose) ± PPAR agonists at the indicated doses. Drug suspensions were prepared daily. Plasma glucose, triglyceride and cholesterol concen-

trations were determined from blood obtained by tail bleeds into

2.2. In vivo studies

Laboratories, Rahway, NJ, USA).

2.1. Materials

APC-regulated target gene [17].

2. Materials and methods

The TZD AD-5075 (5-[4-[2-(5-methyl-2-phenyl-4-oxazoly)-2-hydroxyethoxylbenzyl]-2,4-thiazolidinedione), and L-165 041 (4-[3-[2propyl-3-hydroxy-4-acetyl]phenoxy]propyloxyphenoxy acetic acid) were kindly provided by Gerard Kieczykowski, Philip Eskola, Joseph F. Leone, Mark S. Levorse and Peter A. Cicala (Merck Research

tors (PPARα, PPARδ and PPARγ) are known (for review see

[1,2]). PPARa, the first PPAR identified [3], regulates the ex-

pression of genes involved in lipid metabolism. PPARa ago-

nists, such as the fibrates, are used to treat hyperlipidemia

(reviewed in [1,4]). PPARγ is an important regulator of adipo-

genesis, lipid metabolism and glucose homeostasis (reviewed

in [5]). The thiazolidinedione (TZD) PPARy agonists, such as

rosiglitazone or pioglitazone, are used as insulin sensitizers in

the treatment of non-insulin-dependent diabetes mellitus [6–9]

(for review see [10]). In contrast to PPARα and PPARγ, rel-

atively little is known about the function of the most ubiqui-

tously expressed PPAR, PPARδ [11-13]. PPARδ is also

known as NUC-1 [11] or FAAR [13] and it is presently un-

clear whether PPAR\$ in Xenopus [14] is its functional homo-

PPAR δ can be explained on the one hand by the lack of

specific high affinity ligands which can be used as physiolog-

ical probes and also by the absence of animal models carrying

mutations in the PPARδ gene. We recently described a ligand

(L-165041) that can be used to begin to explore the physio-

logical role of PPAR8 [15]. Recently, two papers described potential roles for PPARS. First, Lim et al. [16], using

L-165 041 and other techniques, have shown that PPAR δ is

involved in the regulation of embryo implantation in the

mouse. Second, PPARδ has recently been shown to be an

The absence of data relating to the physiological role of

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heparinized capillaries at 3–5 day intervals during the study. At the end of the study animals were fasted overnight and serum was prepared from the blood of animals that were exsanguinated by heart puncture. Epididymal white adipose tissue (WAT) was frozen in liquid nitrogen following exsanguination. All animal experiments were approved by the Institutional Animal Care and Use Committee.

2.3. Biochemical analysis

Glucose, triglyceride and/or cholesterol determinations were performed on either an Alpkem RFA/2 320 Micro-Continuous Flow Analyzer (Astoria-Pacific International, Clackamas, OR) or a Boehringer Mannheim Hitachi 911 automatic analyzer (Boehringer Mannheim, Indianapolis, IN, USA) using heparinized plasma diluted 1:6 (v/v) with normal saline and commercially available reagents (Boehringer Mannheim). Lipoprotein cholesterol profiles were obtained by fast protein liquid chromatography (FPLC) size fractionation of lipoproteins. Pooled mouse serum samples (150 or 200 µl) were injected onto a Superose 6 HR 10/30 prepacked column (Pharmacia, Uppsala, Sweden) and eluted at a constant flow rate of 0.2 ml/min with 10 mM phosphate-buffered saline, pH 7.2. The effluent was collected in 0.27 ml fractions and cholesterol and triglyceride concentrations were determined in 0.1 ml of each fraction. For the analysis of lipoprotein composition, the lipoprotein fractions were isolated from serum according to their hydrated density by sequential ultracentrifugation and analyzed for protein, cholesterol, triglyceride and phospholipid content as described [18]. The corresponding density ranges were as follows: very low density lipoproteins (VLDL), d < 1.006; low density lipoproteins (LDL), 1.006 < d < 1.063 and high density lipoproteins (HDL), 1.063 < d < 1.21.

2.4. Lipoprotein lipase (LPL) activity

LPL activity was measured in epididymal WAT extracts according to the procedure of Ramirez et al. [19]. One unit of enzyme activity was defined as the amount of enzyme that released 1 μ mol oleate/min at 25°C

3. Results and discussion

We recently described a synthetic PPAR ligand, L-165 041 that binds to both PPAR δ and PPAR γ ; while L-165 041 binds to and activates both PPAR δ and PPAR γ , it has a substantially lower affinity for PPAR γ than PPAR δ (Table 1) [15]. The compound does not activate mouse PPAR α . To characterize the effects of PPAR δ activation we compared the effects of L-165 041 treatment to those of the TZD AD-5075, a selective PPAR γ agonist, in the insulin-resistant db/db mouse, a commonly used animal model for metabolic studies. As a result of a defective leptin receptor, db/db mice are obese, hyperglycemic and hypertriglyceridemic (for review see [20]). PPAR γ binding affinity has been shown to be correlated with the hypoglycemic activity of both TZD and non-TZD PPAR γ agonists in db/db mice [8,9,15]. Ten week old male db/db mice

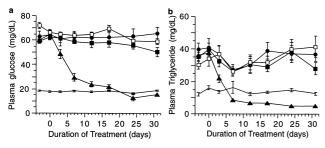


Fig. 1. Mean (±S.E.M.) plasma glucose (a) and triglyceride (b) concentrations of db/db mice treated with the indicated compounds; vehicle (●), 2 mg/kg body weight AD-5075 (▲), 10 or 30 mg/kg body weight L-165041 (□,■). Values for age-matched lean mice dosed with vehicle (-).

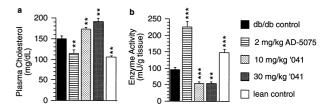


Fig. 2. a: Plasma cholesterol values (mean \pm S.E.M.) from db/db or lean mice treated for 31 days, as indicated. Asterisks indicate values statistically different from db/db control (Student's *t*-test, **P<0.01). b: LPL activity in epididymal WAT obtained from db/db or lean animals treated for 31 days. Asterisks indicate values statistically different from db/db control (Student's *t*-test, **P<0.001; ***P<0.001).

were dosed daily by gavage with the γ selective agonist AD-5075 (2 mg/kg body weight/day (mg/kg)), or the PPAR δ agonist L-165041 (10 or 30 mg/kg) for 31 days. AD-5075 reduced plasma glucose and triglyceride concentrations essentially to those of age-matched lean mice. At both doses, L-165041 produced little effect on either plasma glucose or triglycerides (Fig. 1a,b) and [15]. Higher doses of L-165041 (100 mg/kg) will lower both glucose and triglycerides in db/db mice, as expected based upon its binding affinity for PPAR γ , not PPAR δ (data not shown).

In contrast to the effects on glucose or triglycerides, the determination of total plasma cholesterol concentrations showed that the PPARδ agonist produced significant, dosedependent increases in total plasma cholesterol (Fig. 2a). The PPARγ agonist significantly lowered plasma cholesterol in db/ db mice (Fig. 2a). We next examined the size distribution of cholesterol-containing lipoprotein particles in a single pool of serum from the animals treated with either 10 or 30 mg/kg of L-165 041. Each pool was fractionated by FPLC and the distribution of cholesterol is shown in Fig. 3a. Almost all of the cholesterol is contained in small, dense particles that contain little triglyceride (data not shown) and are presumably HDL particles. Treatment with L-165041 produced a dose-dependent increase in HDL cholesterol. This observation is in sharp contrast to the decrease in HDL cholesterol levels observed in rodents after treatment with fibrate PPARα agonists [21,22]. Both doses of L-165041 produced an equivalent, small increase in LDL cholesterol.

Table 1 PPAR ligands

| | PPAR Binding | |
|--|---------------------|---------------------|
| | $hPPAR_{\gamma}$ | hPPARδ |
| Compound | K _i (nM) | K _i (nM) |
| HN S OH AD-5075 | 1 | No Activity |
| но с с с с с с с с с с с с с с с с с с с | 730 | 6 |
| • | | |
| binding based upon [15]. | | |

^{*}Binding based on [5].

In a more detailed experiment we examined both the distribution of cholesterol-containing lipoprotein particles by FPLC and determined the chemical composition of lipoproteins, isolated by ultracentrifugation according to their hydrated density. We first compared the distribution of cholesterol-containing lipoproteins by FPLC analysis of pooled serum from db/db mice dosed with AD-5075 (2 mg/kg) or L-165 041 (30 mg/kg) for 14 days (Fig. 3b). Treatment with AD-5075 reduced the HDL cholesterol peak and produced a dramatic increase in LDL. In contrast, treatment with L-165 041 produced an increase in HDL cholesterol with little change in the LDL fraction. We determined the chemical composition of lipoproteins isolated by ultracentrifugation (Fig. 4). None of the treatments altered the composition of HDL particles, suggesting that L-165 041 raised HDL cholesterol by increasing the number of HDL particles. This reflects a true increase in the HDL/(VLDL+LDL) ratio. AD-5075 treatment, however, dramatically altered the composition of both VLDL and LDL particles, producing a decrease in the triglyceride content of VLDL and generating a cholesterolenriched LDL fraction. This observation was consistent with the increase in LDL levels observed following FPLC fractionation of lipoprotein particles (Fig. 3b) and could be the consequence of enhanced lipolysis (Fig. 2b).

Since PPARγ agonists have been shown to increase WAT LPL activity, via a direct transcriptional effect on the LPL promoter [23], we wanted to determine whether a change in LPL activity could explain some of the changes in either lipoprotein distribution or composition described above. Consistent with our previous observation [23], the PPARγ agonist AD-5075 significantly increased total WAT LPL activity in tissues taken from db/db mice dosed for 31 days (Fig. 2b). This increased LPL activity most likely contributes to the changes in lipoprotein characteristics, observed in an independent experiment, after AD-5075 treatment (Fig. 3b). On the other hand, both the 10 and 30 mg/kg doses of L-165 041 significantly lowered total LPL activity. These data strongly suggest differential regulation of LPL activity by activation of PPARδ or PPARγ.

We have shown that doses of a PPARδ agonist (L-165041) that produce significant increases in plasma cholesterol do not alter plasma glucose or triglycerides in db/db mice. In addition, this increase in cholesterol is associated with HDL cholesterol and an increase in the ratio of HDL to non-HDL

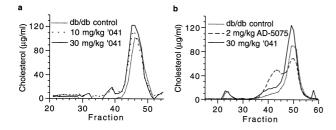


Fig. 3. a: Serum cholesterol distribution in pooled samples from db/db mice treated for 31 days with vehicle, 10 or 30 mg/kg body weight L-165041 after gel filtration chromatography. b: Serum cholesterol distribution in pooled samples from db/db mice treated for 14 days with vehicle, 2 mg/kg body weight AD-5075 or 30 mg/kg body weight L-165041 after gel filtration chromatography. Panels (a) and (b) are from independent experiments using different sets of db/db mice.

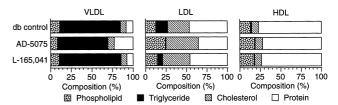


Fig. 4. Mass composition of lipoproteins (VLDL, d < 1.006; LDL, 1.006 < d < 1.063; HDL, 1.063 < d < 1.21) from serum of db/db mice treated with vehicle, 2 mg/kg body weight AD-5075 or 30 mg/kg body weight L-165041 for 14 days (same experiment as Fig. 3b).

cholesterol. While the increase in HDL produced by PPAR δ agonists is relatively small, modest HDL-raising effects can be clinically important. The most widely used drugs for HDL-raising in man are the fibrates, although they lower HDL in rodents [21,22]. In man the fibrates raise HDL 15–20% [24,25] and have been shown to decrease coronary heart disease [25]. In contrast, PPAR γ agonists lower plasma glucose, triglycerides, cholesterol and apo A-I in rodents. Furthermore PPAR γ , but not PPAR δ , agonists induce a dramatic increase in LDL particles, caused by an LPL-mediated lipolysis of triglyceriderich lipoproteins. Combined with our previous observations of a dramatic HDL lowering effect of PPAR α agonists [21,22], the effects observed in the current study concerning PPAR δ and PPAR γ activation on lipid parameters suggest a distinct pharmacology associated with activation of the respective receptors.

The exact molecular mechanisms by which PPARδ activation achieves its effects are unclear. Future experiments are designed to determine specifically which metabolic pathways are being directly effected by PPARδ activation. In this context it is interesting to note that all PPARs seem to control pivotal aspects of intracellular lipid handling; whereas PPARα controls fatty acid β-oxidation, PPARγ seems to favor lipid storage. Through these activities both PPAR α and γ have important effects on extracellular lipid homeostasis [1]. Our data suggest that PPARS also fits this paradigm, since its activation markedly affects lipid homeostasis. Previous studies suggested that PPAR δ activation could counteract the activity of other PPARs, such as PPARα [26]. Although this could explain the L-165041-mediated inhibition of LPL activity. which is normally stimulated by PPARα and PPARγ activation [23], multiple other direct effects could also be invoked.

Cholesterol metabolism is regulated differently in man and rodents. Therefore, one must exercise caution in any extrapolation from the current data to the human situation. In addition, the current observations are in db/db mice that have alterations in lipid metabolism. Additional experiments should include examination of L-165 041-induced effects in non-diabetic animals. Nevertheless, these observations suggest that PPAR δ plays a role in lipid metabolism in db/db mice and suggest that PPAR δ ligands could be novel therapeutic agents, if our observations in db/db mice are recapitulated in non-diabetic rodents and ultimately in man.

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References

- [1] Schoonjans, K., Martin, G., Staels, B. and Auwerx, J. (1997) Curr. Opin. Lipidol. 8, 159–166.
- [2] Desvergne, B. and Wahli, W. (1994) in: Inducible Gene Expression (Bauerle, P., Ed.), Vol. 1, pp. 142–176. Birkhauser, Boston, MA.
- [3] Isseman, I. and Green, S. (1990) Nature 347, 645-650.
- [4] Schoonjans, K., Staels, B. and Auwerx, J. (1996) J. Lipid Res. 37, 907–925.
- [5] Brun, R.P., Kim, J.B., Hu, E. and Spiegelman, B.M. (1997) Curr. Opin. Lipidol. 8, 212–218.
- [6] Lehmann, J.M., Moore, L.B., Smith-Oliver, T.A., Wilkison, W.O., Willson, T.M. and Kliewer, S.A. (1995) J. Biol. Chem. 270, 12953–12956.
- [7] Forman, B.M., Tontonoz, P., Chen, J., Brun, R.P., Spiegelman, B.M. and Evans, R.M. (1995) Cell 83, 803–812.
- [8] Berger, J. et al. (1996) Endocrinology 137, 4189-4195.
- [9] Willson, T.M. et al. (1996) J. Med. Chem. 39, 665-668.
- [10] Saltiel, A.R. and Olefsky, J.M. (1996) Diabetes 45, 1661–1669.
- [11] Schmidt, A., Endo, N., Rutledge, S.J., Vogel, R., Shinar, D. and Rodan, G.A. (1992) Mol. Endocrinol. 6, 1634–1641.
- [12] Kliewer, S.A., Forman, B.M., Blumberg, B., Ong, E.S., Borg-meyer, U., Mangelsdorf, D.J., Umesono, K. and Evans, R.M. (1994) Proc. Natl. Acad. Sci. USA 91, 7355–7359.

- [13] Amri, E.-Z., Bonino, F., Ailhaud, G., Abumrad, N.A. and Gri-maldi, P.A. (1995) J. Biol. Chem. 270, 2367–2371.
- [14] Dreyer, C., Krey, G., Keller, H., Givel, F., Helftenbein, G. and Wahli, W. (1992) Cell 68, 879–887.
- [15] Berger, J. et al. (1999) J. Biol. Chem. 274, 6718-6725.
- [16] Lim, H. et al. (1999) Genes Dev. 13, 1561–1574.
- [17] He, T.-C., Chan, T.A., Vogelstein, B. and Kinzler, K.W. (1999) Cell 99, 335–345.
- [18] Lefebvre, A.-M. et al. (1997) Arterioscler. Thromb. Vasc. Biol. 17, 1756–1764.
- [19] Ramirez, I., Kryski, A.J., Ben-Zeev, O., Schotz, M.C. and Severson, D.L. (1985) Biochem. J. 232, 229–236.
- [20] Leibel, R.L., Chung, W.K. and Chua, S.C. (1997) J. Biol. Chem. 272, 31937–31940.
- [21] Staels, B., Van Tol, A., Andreu, T. and Auwerx, J. (1992) Arterioscler. Thromb. 12, 286–294.
- [22] Berthou, L. et al. (1996) J. Clin. Invest. 97, 2408-2416.
- [23] Schoonjans, K. et al. (1996) EMBO J. 15, 5336-5348.
- [24] Branchi, A., Rovellini, A., Sommariva, D., Gugliandolo, A.G. and Fasoli, A. (1993) Thromb. Haemost. 70, 241–243.
- [25] Frick, M.H. et al. (1987) N. Engl. J. Med. 317, 1237-1245.
- [26] Jow, L. and Mukherjee, R. (1995) J. Biol. Chem. 270, 3836–3840.