

Activation of Mitogen-Activated Protein Kinase in Freshly Isolated Rat Hepatocytes by Both a Calcium- and a Protein Kinase C-Dependent Pathway

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In the present study, we investigated the role of calcium and protein kinase C (PKC) in the activation of mitogen-activated protein kinase (MAPK) in isolated rat hepatocytes. We found that the glycogenolytic hormone norepinephrine (NE), acting through the α_1 -adrenergic receptor and the G protein Gq, was able to induce a dose- and time-dependent activation of MAPK in hepatocytes. Vasopressin, which acts through a different receptor but also through stimulation of the Gq-dependent pathway, also caused a twofold activation of MAPK. Activation of MAPK by both agonists required the presence of free extracellular calcium and was blocked by the specific PKC inhibitor, Ro 31-8220. MAPK activation was also induced by phorbol myristate acetate (PMA), confirming that a PKC-dependent pathway exists for MAPK activation in liver. Furthermore, calcium-mobilizing agents such as thapsigargin and ionomycin were able to induce an activation of MAPK by a PKC-independent pathway that was totally abolished by preincubation of cells with EGTA. A second pathway for MAPK activation that relies solely on calcium may therefore exist. Ro 31-8220 did not affect phosphorylase activation by NE, vasopressin, thapsigargin, and ionomycin, indicating that PKC inhibition did not interfere with the signaling pathway leading to inositol-1,4,5-triphosphate (IP₃)-induced calcium mobilization or with changes in calcium fluxes. The role of MAPK activation by NE and vasopressin in the regulation of hepatic carbohydrate metabolism is discussed.

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MITOGEN-ACTIVATED PROTEIN KINASE (MAPK) was originally isolated as an insulin-stimulated microtubule-associated protein-2 kinase in 3T3-L1 cells.¹ Since then, MAPK, also known as ERK (extracellular signal-regulated kinase), has been cloned² and several isoforms have been identified. The best characterized are the 44-kd and 42-kd MAPKs, also known as ERK1 and ERK2, respectively.³ In different cell types, several stimuli have been reported to lead to an increase in MAPK activity, including activation of receptors coupled to heterotrimeric G proteins such as Gq or Gi,⁴⁻⁸ as well as tyrosine kinase receptors.⁹ Gi-coupled receptors can activate the small guanosine triphosphate-binding protein *Ras*, which triggers sequential stimulation of the MAPK cascade: *Raf*, MAPK kinase (MEK), and MAPK. Gq and tyrosine kinases can stimulate phospholipase C- β and - γ , respectively, leading to an increase in intracellular calcium via inositol-1,4,5-triphosphate (IP₃) generation and activation of protein kinase C (PKC) via production of diacylglycerol. Most reports suggest that growth factors activate MAPK by a *Ras*-dependent and calcium-independent pathway,¹⁰⁻¹³ whereas MAPK activation by Gq-coupled receptors such as the α_{1B} -adrenergic receptor has been shown to be mediated by a phospholipase C- β - and PKC-dependent pathway.^{4,5} Phorbol esters that directly activate PKC have been reported to activate MAPK in intact cells,¹⁴⁻¹⁶ and in vitro studies demonstrate that PKC is able to phosphorylate *Raf*¹⁷⁻¹⁹ and activate MAPK in a cell-free system.²⁰ Calcium-

mobilizing agents can also induce MAPK activation in fibroblasts.¹³

The mechanisms thought to be involved in growth factor-induced MAPK activation in liver following tyrosine kinase activation include both PKC-dependent and pertussis toxin-sensitive pathways.^{16,21} In this study we show that norepinephrine ([NE] in the presence of the β -adrenergic antagonist propranolol) and vasopressin, which act via Gq-linked receptors, can activate MAPK in hepatocytes by both a calcium- and a PKC-dependent pathway. Furthermore, calcium-mobilizing agents such as thapsigargin or ionomycin can also activate MAPK even in the presence of PKC inhibition by Ro 31-8220, suggesting that calcium alone can also be sufficient for MAPK activation. This is an interesting finding, since calcium is reputed to be a glycogenolytic signal in liver. We performed parallel assays of phosphorylase activation as an indicator of calcium mobilization and also to evaluate the role of PKC in hormone-, thapsigargin-, and ionomycin-induced increases in intracellular calcium. The potential role of MAPK in regulating hepatic glucose metabolism is discussed.

MATERIALS AND METHODS

Materials

Collagenase, dithiothreitol, phenylmethylsulfonyl fluoride, vasopressin, NE, propranolol, staurosporine, *p*-nitrophenylphosphate, aprotinin, leupeptin, β -glycerophosphate, sodium orthovanadate, phorbol myristate acetate (PMA), and analytical-grade chemicals were purchased from Sigma (St Louis, MO). Glucagon was obtained from Lilly (Indianapolis, IN), and thapsigargin and ionomycin were purchased from Calbiochem (San Diego, CA). [γ -³²P]adenosine triphosphate was obtained from (Dupont New England Nuclear, Boston, MA). Myelin basic protein-derived peptide was purchased from Upstate Biotechnology (Lake Placid, NY). Ro 31-8220 was a generous gift from Roche (Welwyn Garden City, Hertfordshire, UK).

Animals and Cells

Male Wistar rats (200 to 250 g) were housed for 1 week in the Department's animal quarters before experimentation and were fed ad libitum with Purina Rat Chow (Charles River Laboratories, Wilmington, MA). Hepatocytes were prepared as previously described,²² and cell viability was assessed by hormone responsiveness and by Trypan

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blue exclusion (85% to 95%). The cells (40 mg/mL) were preincubated for 30 minutes at 37°C in a Krebs-Henseleit medium containing 10 mmol/L glucose and in the presence or absence of Ro 31-8220, dimethylsulfoxide (DMSO), EGTA, or propranolol as indicated. The hepatocytes were then further incubated in the presence of different agonists, and the reaction was stopped at different times by freezing 50 μ L of the cell suspension in liquid nitrogen. The samples were kept at -80°C pending phosphorylase *a* and MAPK assays, with the latter performed the next day.

Sample Preparation and MAPK Assay

MAPK was assayed as previously described.²³ Briefly, cell extracts were prepared by thawing cell suspensions in homogenization buffer containing 50 mmol/L Tris hydrochloride, pH 7.4, 100 mmol/L sodium chloride, 50 mmol/L sodium fluoride, 5 mmol/L ethylenediamine tetraacetic acid, 40 mmol/L β -glycerophosphate, 200 μ mol/L sodium orthovanadate, 100 μ mol/L phenylmethylsulfonyl fluoride, 10 μ g/mL aprotinin, 1 mmol/L dithiothreitol, and 1 μ mol/L leupeptin. The homogenates were then sonicated for 2 to 3 seconds at 60% output and centrifuged at 15,000 $\times g$ for 10 minutes. The MAPK activity assay was started by addition of 30 μ L kinase assay buffer (812 μ g/mL myelin basic protein-derived peptide, APRTGGRR, 1.3 mmol/L dithiothreitol, 13 mmol/L $MgCl_2$, 1.3 μ mol/L staurosporine, 26 mmol/L HEPES, pH 7.4, 65 μ mol/L ATP, and 2,000 Ci/mmol [γ -³²P]ATP) to 10 μ L supernatant (10 to 15 μ g cellular protein). The mixture was incubated for up to 10 minutes at 30°C and stopped at 0, 5, and 10 minutes by spotting 10 μ L onto phosphocellulose P81 paper (Whatman, Maidstone, UK). The papers were washed three times for 30 minutes with 4 L 1% phosphoric acid and once in acetone, dried, and counted in a liquid scintillation counter.

Phosphorylase *a* Assay

Phosphorylase *a* was assayed at 30°C in homogenates of thawed cell suspensions as previously described.²⁴

Expression of Results and Statistical Analyses

MAPK activity was measured as picomoles of phosphate incorporated into the substrate per minute per milligram of cell extract protein as calculated by linear regression of the time course of incubation. MAPK activity is expressed as fold-activation relative to activities determined at time 0 (shown in text) of hepatocyte incubation following the 30-minute preincubation. Phosphorylase *a* activity is expressed as units per minute per gram wet weight of liver, where 1 U is defined as 1 μ mol substrate used/min. Data are representative of the indicated number of hepatocyte preparations and are expressed as the mean \pm SEM. Significant differences between groups of data were determined using ANOVA and unpaired Bonferroni tests as indicated.

RESULTS

NE and Vasopressin Stimulate MAPK Activity in Isolated Rat Hepatocytes

Incubation of hepatocytes with increasing concentrations of NE (in the presence of 10 μ mol/L propranolol, which blocks the β -adrenergic component of NE) led to a dose-dependent increase in MAPK activity up to a concentration of 1 μ mol/L (Fig 1). With this concentration of NE, a transient, almost twofold activation of MAPK was observed (Fig 2a). For all concentrations of NE, maximal activation was reached after 2.5 minutes of incubation following hormone addition. Vasopressin (100 nmol/L), acting via a different receptor (V1) that is also coupled to the heterotrimeric G protein Gq and thus also leads

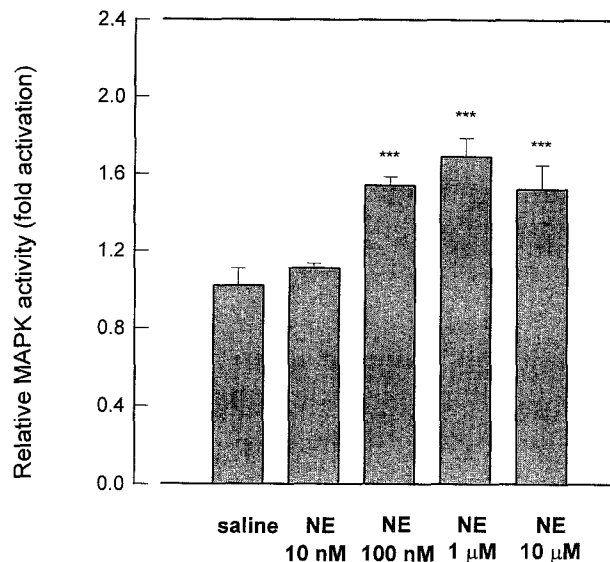


Fig 1. Effect of increasing concentrations of NE on MAPK activity. Cells were preincubated for 10 minutes in the presence of 10 μ mol/L propranolol and then challenged with increasing concentrations of NE as indicated for 2.5 minutes, at which time aliquots were frozen pending MAPK assay. Results are expressed as the mean value only or as the mean \pm SEM (n = 3 to 11). Statistical significance is indicated for differences between control and NE (****P* < .001).

to stimulation of phospholipase C- β , was found to induce a twofold increase in MAPK activity (Fig 3a).

The Role of PKC in MAPK and Phosphorylase Activation

Figure 4a shows that the time course of MAPK activation by NE was completely abolished by the specific PKC inhibitor, Ro 31-8220.²⁵ Vasopressin-induced MAPK activation was also inhibited by pretreatment of cells with Ro 31-8220 (Fig 5a). DMSO, which is the vehicle for Ro 31-8220, slightly attenuated MAPK activation by NE and vasopressin compared with preincubation in the absence of the solvent (Figs 2a, 3a, 4a, and 5a). Ro 31-8220 did not modify phosphorylase activation by NE (Fig 4b) or vasopressin (Fig 6a). This suggests that the hormone-induced calcium signal that leads to phosphorylase activation was not affected by PKC inhibition by Ro 31-8220. Preincubation of cells with the PKC inhibitor for 30 minutes did not significantly affect basal MAPK activity (*t* = 0 minutes) with respect to the condition in which cells are preincubated with 0.1% DMSO (5.92 ± 0.61 v 5.64 ± 0.49 pmol/min/mg protein, respectively; n = 6 to 7).

In keeping with a requirement for PKC in the action of NE and vasopressin on MAPK, the addition of PMA to isolated rat hepatocytes also led to a substantial activation of MAPK that was greater than twofold after 2.5 minutes and was sustained for up to 15 minutes (not shown). Furthermore, this activation was completely blocked by Ro 31-8220, suggesting that the inhibitor is indeed acting on phorbol ester-sensitive isoforms of PKC.

The Role of Calcium in MAPK and Phosphorylase Activation

Since calcium influx has been reported to be an important component in the signaling pathway mediating responses originating from Gq-coupled receptors,²⁶ we tested whether

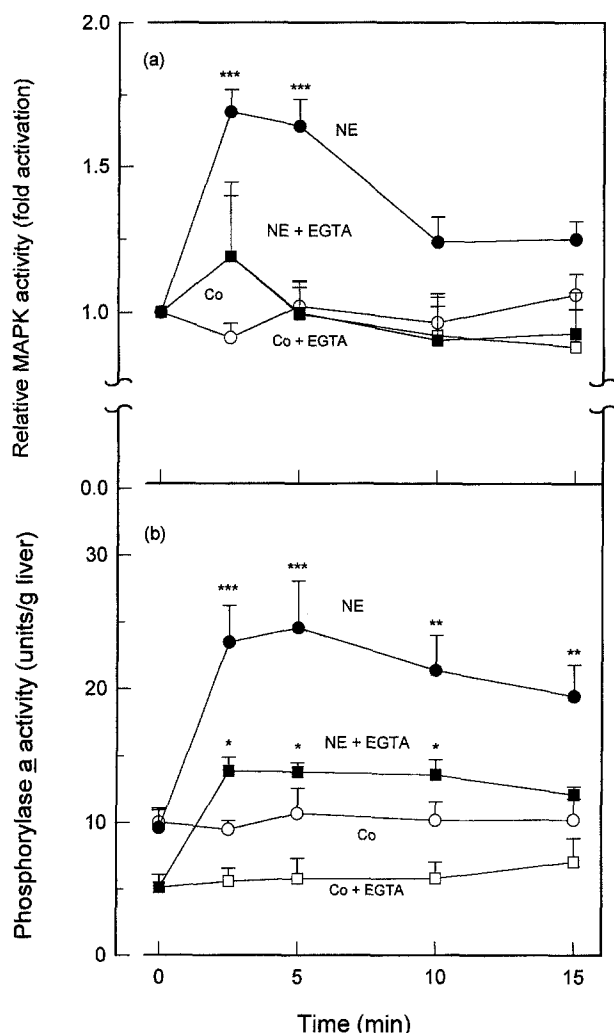


Fig 2. Effect of EGTA on the time course of MAPK and phosphorylase activation by NE. Hepatocytes were preincubated in a Krebs-Henseleit medium containing 10 mmol/L glucose with (\square, \blacksquare), or without (\circ, \bullet) 2.5 mmol/L EGTA for 15 minutes. Propranolol (10 μ mol/L) was added 10 minutes before addition of 1 μ mol/L NE (\bullet, \blacksquare) or saline (\circ, \square). MAPK (a) or phosphorylase a (b) activities were assayed at the indicated times. Results are expressed as the mean \pm SEM ($n = 3$ to 11). Statistical significance is indicated for differences between control and NE and between control + EGTA and NE + EGTA (* $P < .05$, ** $P < .01$, *** $P < .001$).

removal of free calcium from the incubation medium affected MAPK activation. For this purpose, we preincubated the hepatocytes in the presence of 2.5 mmol/L EGTA for 15 minutes before addition of the hormone. EGTA blunts the activation of MAPK by NE (Fig 2a). Consistent with this, vasopressin-induced MAPK activation is also inhibited in these conditions (Fig 3a). In the presence of EGTA, whereas calcium influx is prevented, it can still be mobilized from IP_3 -sensitive intracellular pools. To verify this, we tested phosphorylase activation in the same conditions, which is an indication of calcium-stimulated phosphorylase kinase. Figure 2b demonstrates that activation of phosphorylase by NE is significantly attenuated by EGTA preincubation. Activation of phosphorylase by 100 nmol/L vasopressin was completely blunted (Fig

7a). This is not so surprising, since the regulation of calcium fluxes by these two agonists has been shown to differ.²⁷ The activation of phosphorylase induced by NE measured in the presence of EGTA, albeit attenuated, is probably due to mobilization of calcium from internal stores. Figure 2b also shows that basal phosphorylase a is decreased by preincubation of the cells in the presence of EGTA. However, pretreatment of cells with EGTA for 15 minutes did not significantly alter basal MAPK activities (6.12 ± 0.869 v 5.30 ± 0.310 , $n = 3$ to 14).

We also tested the effects of thapsigargin on MAPK and phosphorylase activation. This compound is a sesquiterpene lactone that inhibits endoplasmic reticulum Ca^{2+} -ATPase²⁸ and thus increases intracellular calcium by allowing it to leak out of the endoplasmic reticulum. Calcium influx is then triggered following internal store depletion.²⁹ Figure 3b shows that thapsigargin-induced MAPK activation is completely blunted by EGTA, as is phosphorylase activation (Fig 7b). EGTA also blocked MAPK and phosphorylase activation by ionomycin, a

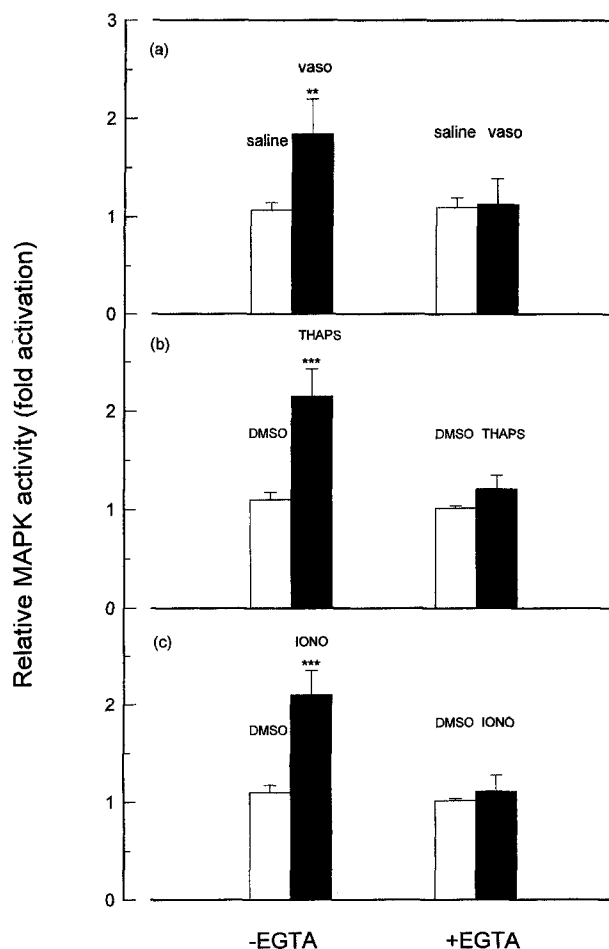


Fig 3. Effect of EGTA on MAPK activation by vasopressin, thapsigargin, and ionomycin. Hepatocytes were preincubated in the presence of EGTA as described in Fig 2 and challenged as described in Fig 5. MAPK activity was assayed in aliquots frozen 5 minutes following the addition of each agent. Results are expressed as the mean \pm SEM ($n = 3$ to 5). Statistical significance is indicated for differences between the appropriate control and each agonist and for differences between control + EGTA and agonist + EGTA (** $P < .01$, *** $P < .001$). Abbreviations are as in Fig 5.

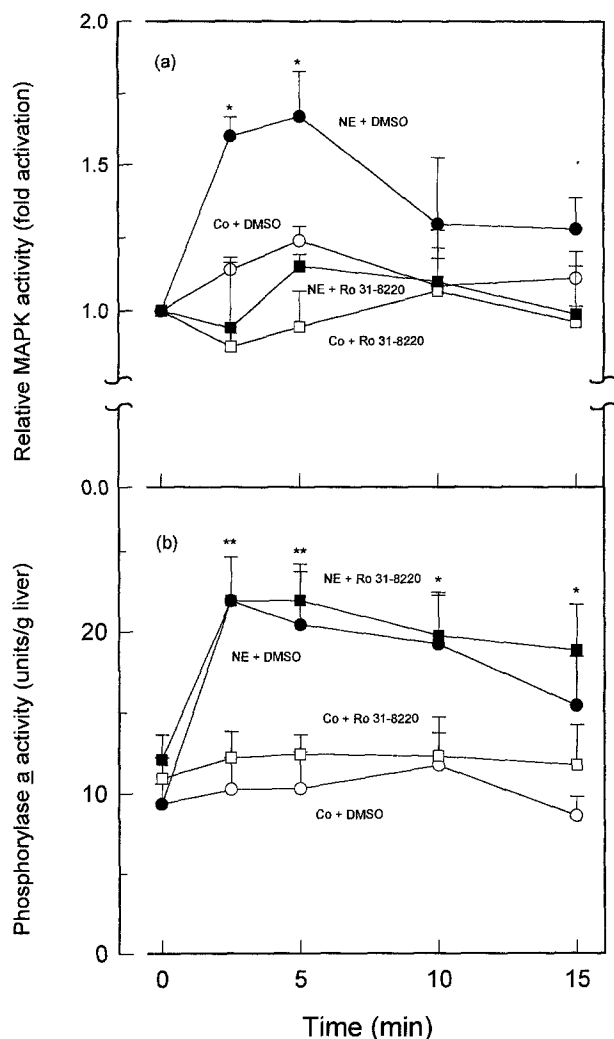


Fig 4. Effect of Ro 31-8220 on the time course of MAPK and phosphorylase activation by NE. Hepatocytes were preincubated for 30 minutes in a Krebs-Henseleit medium containing 10 mmol/L glucose with the vehicle 0.1% DMSO (○,●) or with (□,■) 10 μ mol/L Ro 31-8220. Propranolol (10 μ mol/L) was added 10 minutes before addition of 1 μ mol/L NE (●,■) or saline (○,□). MAPK (a) or phosphorylase a (b) activities were assayed at the indicated times. Results are expressed as the mean \pm SEM ($n = 3$ to 6). Statistical significance is indicated for differences between control + DMSO and NE + DMSO and for differences between control + Ro 31-8220 and NE + Ro 31-8220 (* $P < .05$, ** $P < .01$).

calcium ionophore with an effect that relies primarily on calcium influx (Figs 3c and 7c). We next tested whether the effects of the calcium-mobilizing agents were mediated by an activation of PKC, since the results with NE, vasopressin, and PMA suggest that this kinase is implicated in the regulation of MAPK activity. Figure 5b and c shows that MAPK activation by thapsigargin and ionomycin is unaffected by the presence of Ro 31-8220. To verify that Ro 31-8220 was not affecting calcium mobilization, we measured the effect of this inhibitor on phosphorylase activation by these same agents. Figure 6b shows that phosphorylase activation by thapsigargin is not modulated by Ro 31-8220, whereas the effect of ionomycin is slightly attenuated (Fig 6c).

We also wanted to verify that EGTA did not affect MAPK per se. We therefore tested the effect of PMA on MAPK activity in cells preincubated with EGTA. Phorbol esters mimic the action of diacylglycerol; however, the former usually do not depend on calcium for inducing activation of PKC.³⁰ PMA was still able to activate MAPK in the presence of EGTA (not shown). We also tested whether glucagon was able to activate phosphorylase in cells preincubated with EGTA, to ensure that EGTA did not affect cellular viability. Indeed, glucagon (10 nmol/L) was still able to significantly activate phosphorylase in these cells (glucagon alone, 23.78 ± 4.41 U/g liver, $n = 3$; glucagon + 2.5 mmol/L EGTA, 19.31 ± 3.30 , $n = 4$; measured 5 minutes following hormone addition). From this, we can conclude that EGTA did not alter signaling pathways in a nonspecific fashion, including the cyclic adenosine monophosphate (cAMP)-dependent pathway induced by glucagon.

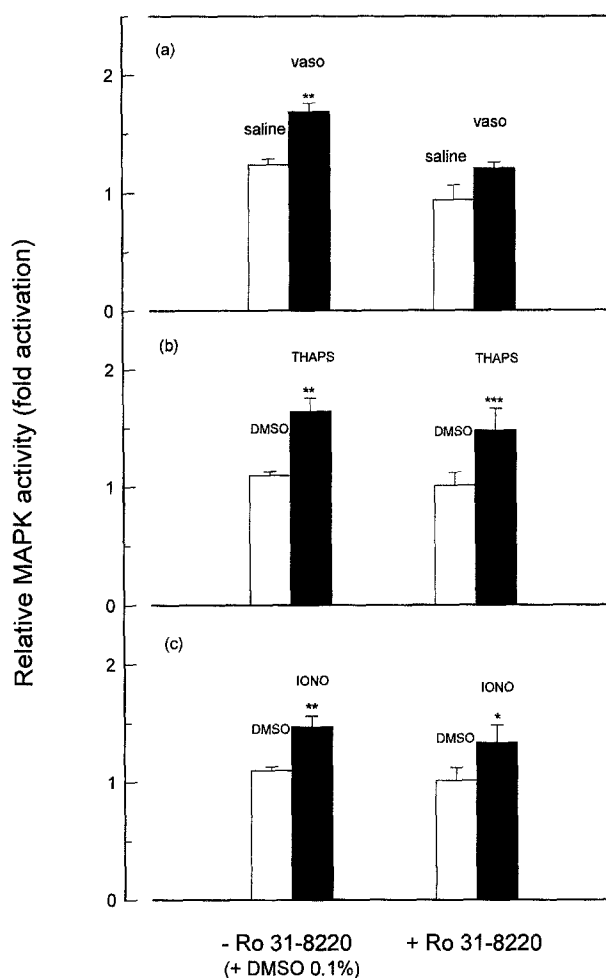


Fig 5. Effect of Ro 31-8220 on MAPK activation by vasopressin, thapsigargin, and ionomycin. Hepatocytes were preincubated in the presence of Ro 31-8220 or 0.1% DMSO as described in Fig 4. MAPK activity was assayed in aliquots frozen 5 minutes following the addition of (a) 100 nmol/L vasopressin (vaso), (b) 1.5 μ mol/L thapsigargin (THAPS), and (c) 10 μ mol/L ionomycin (IONO). Results are expressed as the mean \pm SEM ($n = 3$ to 4). Statistical significance is indicated for differences between the appropriate control (saline or 0.5% DMSO) + DMSO and each agonist + DMSO and for differences between control + Ro 31-8220 and agonist + Ro 31-8220 (* $P < .05$, ** $P < .01$, *** $P < .001$).

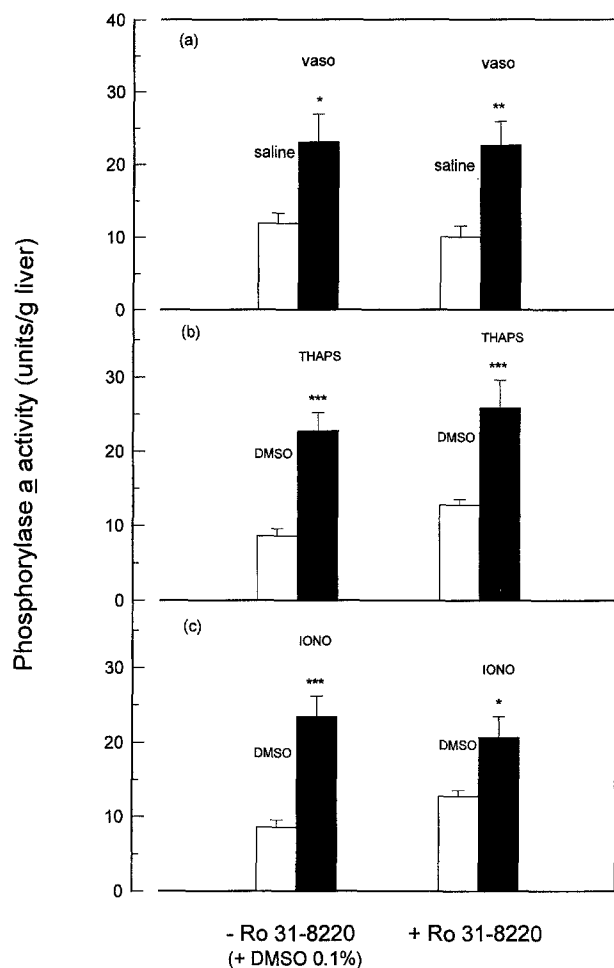


Fig 6. Effect of Ro 31-8220 on phosphorylase activation by vasopressin, thapsigargin, and ionomycin. Hepatocytes were preincubated and challenged as described in Fig 5. Phosphorylase *a* activity was assayed in aliquots frozen 5 minutes following the addition of each agent. Results are expressed as the mean \pm SEM ($n = 3$ to 6). Statistical significance is indicated for differences between the appropriate control + DMSO and each agonist + DMSO and for differences between control + Ro 31-8220 and agonist + Ro 31-8220 (* $P < .05$, ** $P < .01$, *** $P < .001$). Abbreviations are as in Fig. 5.

DISCUSSION

Regulation of MAPK Activity in Liver by Calcium and PKC

Although the MAPK pathway has been extensively studied, few reports have focused on the regulation of this enzyme in the liver, which is a key tissue for glucose homeostasis and thus a major target for hormones and catecholamines such as insulin, glucagon, and (nor)epinephrine that regulate hepatic glucose storage and output. To our knowledge, this study is the first to show that seven membrane-spanning receptors coupled to Gq (eg, α_1 -adrenergic and vasopressin receptors) are able to mediate MAPK activation in nondividing, differentiated cells such as freshly isolated hepatocytes. Furthermore, we show that this activation is both calcium- and PKC-dependent. A recent study¹² has reported that vasopressin, ionomycin, and PMA are unable to elicit MAPK activation in cultured hepatocytes. However, our results corroborate those of a different study, also performed in cultured hepatocytes, showing that PMA is able to stimulate MAPK activation in these cells and that hepatocyte

growth factor-induced MAPK activation is at least partially mediated by PKC.¹⁶

Although we observe a significant activation of MAPK in the presence of either calcium-mobilizing agent, thapsigargin or ionomycin, both calcium and PKC seem to be required for the activation of MAPK by NE and vasopressin. In the presence of Ro 31-8220, NE and vasopressin are unable to activate MAPK. However, the PKC inhibitor does not interfere with phosphorylase activation by these agonists. Thus, it seems that the calcium signal generated under these conditions by the stimulation of phospholipase C- β is sufficient for activation of phosphorylase but not for activation of MAPK, and that PKC is necessary for activation of the latter by NE and vasopressin. Conversely, only a small transient activation of MAPK by NE can still be detected when hepatocytes are preincubated in the presence of EGTA. This can be explained as follows. Although PMA can activate PKC in a calcium-independent manner, receptor-induced PKC activation requires the presence of calcium.³¹ It is known that in the liver, among other cells, the sustained phase

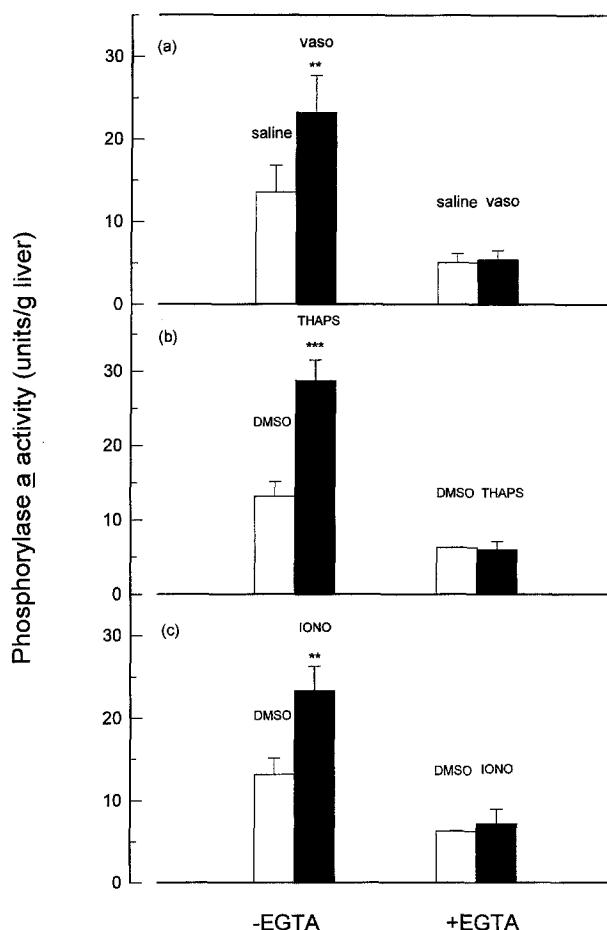


Fig 7. Effect of EGTA on phosphorylase activation by vasopressin, thapsigargin, and ionomycin. Hepatocytes were preincubated and challenged as described in Fig 3. Phosphorylase *a* activity was assayed in aliquots frozen 5 minutes following the addition of each agent. Results are expressed as the mean \pm SEM ($n = 3$). Statistical significance is indicated for differences between the appropriate control and each agonist and for differences between control + EGTA and agonist + EGTA (** $P < .01$, *** $P < .001$). Abbreviations are as in Fig. 5.

of diacylglycerol production is due to the hydrolysis of phosphatidylcholine by phospholipase D.³² Stimulation of this phospholipase can be both calcium- and PKC-dependent and follows the initial stimulation of phospholipase C- β .^{33,34} The transient increase in intracellular calcium elicited by NE in the presence of EGTA therefore may not be sufficient for receptor-induced PKC activation. So it is highly likely that PKC and calcium act in a synergistic fashion to activate MAPK. This would explain why EGTA prevents activation of MAPK by NE and vasopressin despite the fact that PMA alone can activate MAPK through PKC.

Interestingly, MAPK activation induced by thapsigargin and ionomycin is not modified by Ro 31-8220, indicating that their action is PKC-independent. Furthermore, Ro 31-8220 does not abolish activation of phosphorylase by these agents, suggesting that PKC inhibition does not interfere with calcium fluxes, since thapsigargin and ionomycin increase intracellular calcium directly, bypassing the Gq-dependent signaling system. Consequently, calcium increases induced by these agents are different from those induced by hormones. For the latter, mechanisms such as receptor desensitization and calcium oscillations induced by IP₃-mediated release of calcium from the endoplasmic reticulum are associated with their responses.²⁹ Calcium fluxes induced by thapsigargin, for example, exhibit different rates of release from intracellular stores and more sustained increases, probably due to a greater rate of calcium influx.²⁸ Such a sustained increase in intracellular calcium may trigger a different pathway for MAPK activation that is PKC-independent. A calcium-dependent activation of MAPK has been previously reported in human foreskin fibroblasts.¹³ Several studies have shown that in different cell types, an increase in intracellular calcium can lead to tyrosine kinase activation and thus activation of the MAPK pathway.³⁵⁻³⁷ Thus, it is possible that two distinct pathways of MAPK activation exist in liver: one that is dependent on calcium only and seems to require sustained calcium influx, and another that is mediated by Gq and is both calcium- and PKC-dependent. The PKC-mediated pathway could involve phosphorylation and activation of *Raf* or MEKK, of which the latter is thought to be most likely involved in the activation of MAPK by heterotrimeric G proteins.³⁸

Role of MAPK in the Regulation of Hepatic Metabolism

Although MAPK has clearly been shown to be essential for mitogenic signaling,³ its role as a modulator of metabolic processes is not well understood, since a direct link between MAPK and metabolic functions has yet to be established. Stimulation of glycogen synthesis by insulin is achieved by dephosphorylation and activation of glycogen synthase. This results from activation of a phosphatase associated with glycogen (PP1G) and inhibition of glycogen synthase kinase-3 (GSK-3).³⁹ MAPK is thought to play a role in the activation of PP1G through the activation of p90RSK.⁴⁰⁻⁴² Tobe et al⁴³ observed the activation of MAPK kinase, ERK1 and ERK2, and p90RSK in rat liver extracts following injection of insulin via the hepatic portal vein. Other studies have reported the stimulation of MAPK activity by insulin and/or growth factors in cultured and freshly isolated rat hepatocytes.^{12,16,21,44,45} A role for MAPK in the activation of glycogen synthesis has therefore been postulated. However, studies using PD98059, an inhibitor of MEK activation, suggest that the MAPK cascade is not

required for stimulation of glucose uptake, lipogenesis, and glycogen synthesis in 3T3-L1 adipocytes and L6 myotubes.⁴⁶ Furthermore, insulin and epidermal and platelet-derived growth factors all significantly increase MAPK activity, but only insulin induced an increase in the aforementioned parameters.⁴⁷⁻⁵⁰ Therefore, the importance of MAPK in the regulation of intermediary metabolism remains undefined.

In this study, we find that calcium, which is known to be a glycogenolytic signal leading to phosphorylase activation in liver, can also activate MAPK and is required for Gq-mediated MAPK activation. Vasopressin and NE are not known to activate glycogen synthase or stimulate glycogen synthesis, but instead induce glycogen degradation. We find that these hormones activate MAPK with a time course similar to that of phosphorylase activation. In these conditions, net glycogen synthesis could not take place. Although a role for MAPK in the stimulation of glycogen synthesis should not be dismissed, our results suggest that MAPK activation under different conditions probably leads to different metabolic responses. Indeed, inhibition of GSK-3 has been shown to be wortmannin-sensitive.⁵¹ Thus, it is possible that the activation of two parallel pathways, one mediated by MAPK and the other involving phosphatidylinositol-3-kinase, is required for glycogen synthesis in liver. These two pathways could be simultaneously activated by insulin.

What role could MAPK activation play in the regulation of hepatic carbohydrate metabolism under these conditions in which phosphorylase is activated simultaneously? In the liver of fed animals, activation of phosphorylase by calcium-mobilizing agonists does not lead to a substantial increase in glucose production. This has been attributed to the increase in fructose-2,6-bisphosphate (F-2,6-BP) levels. Because cAMP is not increased, 6-phosphofructo-2-kinase is not inhibited and will use the accumulated fructose 6-phosphate from increased glycogenolysis to synthesize F-2,6-BP, which is a potent stimulator of glycolysis.^{52,53} Some reports have also suggested that PKC may play a role in the stimulation of glycolysis.^{54,55} Therefore, it is possible that hormones such as NE and vasopressin stimulate glycolysis via activation MAPK through PKC. The potential target(s) of MAPK would need to be defined. MAPK could either directly or via another kinase and/or phosphatase affect the activity of a glycolytic/gluconeogenic enzyme.

This study suggests that in liver, activation of MAPK can be induced by calcium-mobilizing agonists and cannot lead to a stimulation of glycogen synthesis under these conditions. This enzyme may therefore be implicated in several metabolic effects. It has been shown that insulin can increase 6-phosphofructo-2-kinase and pyruvate kinase activities in perfused rat liver, possibly via the action of a phosphatase. MAPK may play a role in the stimulation of glycolysis by insulin and calcium-mobilizing agents. Further studies are needed to fully characterize the role of MAPK in the regulation of hepatic glucose metabolism.

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