GDF15 Restricts Energy Intake on a Ketogenic Diet in Mice

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# Abstract

The ketogenic diet (KD), consisting of very-low-carbohydrate and high-fat content, is an emerging and effective method for weight loss and glucose control. In a previous study, mice were placed on a KD or matched controls (CD) for four weeks. Mice on a KD gained less fat mass and lean mass compared to those on CD despite consuming more calories. The satiety hormone, GDF15, was increased by the KD in both liver mRNA and blood. To further investigate the effects of GDF15 on appetite in relation to a KD, we used a GDF15-knockout model where mice do not have the ability to produce GDF15. We hypothesize that the GDF15-KO mice will consume more calories on a KD compared to their wildtype (WT) counterparts and gain more body mass on the CD. Another aspect of carbohydrate restriction is the activation of the hypothalamic-pituitary-adrenal (HPA) axis, resulting in glucocorticoid elevation. We compared cortisol levels and GDF15 levels in human patients and found that these were tightly correlated. To understand the relationship between the HPA axis and GDF15 we investigated serum and liver mRNA expression from mice treated with the synthetic glucocorticoid dexamethasone and found elevations in GDF15. To look at this response *in vitro* we exposed liver hepatoma cells, either AML12 or Hepa1c, to the glucocorticoid dexamethasone and found downregulation of GDF15 indicating that the *in vivo* activation may not be cell autonomous. Our study aims to elucidate some of the mechanisms by which GDF15 affects appetite and metabolic regulation of weight loss.

# Introduction

Ketogenic or low carbohydrate diets, often accompanied by an increase in dietary fat are increasingly common in the population with 16% of Americans reporting that they are on a carbohydrate restricted diet (1). Several randomized controlled trials have demonstrated weight loss, improved glycemic control, and reduced energy intake (reviewed in 2–4). For those individuals who lose weight on a LCHF diet, there is broad agreement that much of this effect is due to energy restriction with either modest or insignificant changes in energy expenditure (5,6). A recent meta-analysis showed decreased hunger and increased satiety on LCHF diets, though the hormonal mediators of this increased satiation remain unclear (7).

GDF15 is a hormone and emerging drug target that signals through GFRAL receptors in the hindbrain to reduce food intake. In humans, elevations of this hormone are associated with pregnancy-related nausea and cancer-associated cachexia (8–11). Elevations in GDF15 suppress appetite in a GFRAL-dependent manner. In terms of specific macronutrients, GDF15 causes a reduction in lipid consumption, and not other macronutrients (12). GDF15 is generated in many tissues in response to a variety of stressors but the integrated stress response has emerged as an important pathway controlling GDF15 production (13,14). Prior studies have implicated the hepatic integrated stress response to ketogenic diets (13,15,16). In this study we investigate the role of GDF15 in moderating energy intake, body composition and insulin sensitivity on a ketogenic diet.

# Methods

## Animal Handling and Diets

Animals were either purchased from the Jackson Laboratory (A/J mice; 000646, all resource identifiers are provided in Table 1) or were previously described (*Gdf15* null; (12)). Diets were provided by Lab Diet (Normal Chow Diet; NCD, 5L0D) or Research Diets (Control Diet; CD; D1053001 or Ketogenic Diet; KD: D17053002). Mice were weaned on NCD until ten weeks of age and then transferred to CD or KD as described. Animals were euthanized via cervical dislocation under isoflurane anesthesia. All procedures were approved by the University of Michigan Institutional Animal Care and Use Committee.

## Ketone Body Determination

Total ketone bodies were determined using the Wako Autokit Total Ketone Bodies: (Cat#'s 415-73301, 411-73401 and 412-7379) using mouse serum. Rates of changes in absorbance were determined using a Synergy HTX plate reader (Biotek).

## Mouse Weight and Body Composition

## AML12 and Ketogenic Media

AML12 cells were purchased from ATCC (Cat# CRL-2254) and grown in DMEM with 10% FBS and penicillin/streptomycin/glutamine. To treat the cells we followed the protocol described in (17). Briefly cells were treated with fresh DMEM/FBS or DMEM without glucose or serum, but supplemented with 50 M WY-14643 to activate PPAR and 2 mM sodium octanoate to supply lipids for conversion to ketones. After 48h cells were lysed and RNA was collected.

Insulin Tolerance Tests

Mice were fasted for 6h starting at approximately ZT2 and blood was drawn via tail vein. Glucose was determined using an Accuchek glucometer. Insulin (Humulin HR from Lily) was injected at 0.75 mU/g of lean mass (as determined via echoMRI). Blood glucose was determined at 15 minute intervals.

Statistics

Statistical significance for this study was set at p=0.05. All statistical analyses were performed using R version 3.6.2 (18). For experiments using both sexes, a modifying effect of sex was tested for all outcomes and reported where significant based on the interaction from a 2x2 ANOVA. All raw data and analysis scripts reported here can be found at <http://bridgeslab.github.io/TissueSpecificTscKnockouts/>.

# Results

## GDF15 Is Induced on Mice Fed a Ketogenic Diet

To develop a model of murine responses to a ketogenic diet, we developed a custom ketogenic diet alongside a fiber, choline and protein matched control, rather than using standard mouse chow (see Table 2). These mice had XXX changes in fat mass and YYY changes in lean mass, while ZZZZ in food intake (Figures 1A-D). We confirmed elevations of blood ketone body levels after three weeks of ketogenic diet with 11.8 and 10.4 fold induction of total ketone bodies in male and female mice respectively relative to control diets (p<0.001, Figure 1F).

(Figure 1E). Upon sacrifice, we measured the levels of GDF15 in the blood and found 11.8 and 10.4 fold induction of total ketone bodies in male and female mice respectively (p<0.001, Figure 1F).

## Induction of Hepatic GDF15 Occurs with Activation of the Integrated Stress Response

While GDF15 is likely made in many tissues, due to the key role of the liver in responses to ketogenic diets, we examined liver mRNA expression and found a similar XXX in both male and female mice. In a subsequent cohort of male mice, we evaluated GDF15 levels at both one and four weeks of CD or KD treatment and found XXX.

To test whether hepatocytes were able to produce GDF15 under ketogenic conditions we treated AML12 cells with control or ketogenic media as described in (17).

## Ablation of GDF15 Results in Weight Gain and Increased Energy Intake on a Ketogenic Diet

While the above studies describe induction of GDF15 under ketogenic conditions, they do not evaluate if this hormone plays a physiological role. To test this we placed male and female wild-type and *Gdf15* knockout mice on normal chow diets, followed by placing mice on KD at 10 weeks of age. We observed XXX changes in body weight and lean mass but an increase in fat mass (Figures 3A-C). Consistent with increases in fat mass, we observed XXX (Figure 3D)

To determine if there was any impact on insulin sensitivity in these mice we performed insulin tolerance tests and monitored changes in blood glucose. After a 6h fast we noted a sex-dependent effect on fasting glucose in Gdf15 knockout mice on a ketogenic diet (pinteraction=0.043). Female mice had a 19% reduction in fasting blood glucose (p=0.037) while male mice had a 3% increase (p=0.62; Figure 3E). After insulin injection, there were no significant effects of Gdf15 knockout in either sex (Figure 3F).

# Discussion

In this study, the observed increases in GDF15 are relatively modest, but similar increases in GDF15 in humans are associated with pregnancy-related outcomes such as pre-eclampsia, nausea, gestational diabetes and miscarriage (8,19–21). This is also the approximate magnitude of exercise-associated elevations in GDF15 (22–26)

There are mixed data on the effects of hypercaloric diets in *Gdf15* or *Gfral* knockout mice with some papers showing hyperphagia and weight gain (27–30), but several others showing no effect (12,31,32) potentially representing strain, timing or background differences. As such, it is plausible that GDF15 is only physiologically relevant when elevated, but when signaling is absent (especially from birth) it is either dispensable or made to seem so by other adaptations. It is also plausible that other hormones which affect LCHF-dependent feeding changes may partially or completely compensate in the absence of GDF15.

# Author Contributions

# Acknowledgements

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# Conflict of Interest

﻿RJS receives financial support from Novo Nordisk, Janssen, Zafgen, Kallyope, and Medimune. He has also served as a paid consultant for Novo Nordisk, Janssen, Kallyope, and Scohia. MGM receives research support from Novo Nordisk and MedImmune

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# Figure/Table Legends

Table 1: Composition of diets used in this study.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Control Diet | Ketogenic Diet | Normal Chow Diet |
| Carbohydrate | 75% | 0% | 36% |
| Protein | 15% | 15% | 24% |
| Lipid | 10% | 85% | 5% |

Table 2: Reagent resource identification information.

|  |  |  |
| --- | --- | --- |
| Type | Resource | Identifier |
| Mouse Line | A/J | RRID:IMSR\_JAX:000646 |
| Mouse Line | Gdf15 null |  |
| Diet | NCD |  |
| Diet | CD |  |
| Diet | KD |  |
| Cell Line | AML12 | RRID:CVCL\_0140 |

**Figure 1: GDF15 is induced upon feeding A/J mice a ketogenic diet.** A) Body weight of male and female mice on a control or ketogenic diet. B) Total fat mass and C) Lean mass from A). D) Energy intake during KD feeding. E) Ketone body levels at 3 weeks of age from fed serum (n=7-8/group). F) GDF15 levels at four weeks of age.