

## Lack of acute insulin effect on plasma endothelin-1 levels in humans

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### Abstract

Acute hyperinsulinemia does not increase circulating ET-1 levels in subjects with normal and deranged glucose metabolism.

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Recent *in vivo* studies indicate that plasma endothelin(ET)-1 levels increase during hyperinsulinemic euglycemic clamp studies in obese women [1] and lean normotensive men with NIDDM [2]. These findings are also in keeping with the *in vitro* data [3–5]. Since ET-1 is a potent vasoconstrictive and mitogenic endothelium-derived peptide, it may be involved in the pathogenesis of hypertension and atherosclerosis associated with insulin resistance. However, the *in vivo* results are still controversial [6]. To address the issue, we re-evaluated whether hyperinsulinemia modulates circulating ET-1 levels in the normotensive subjects with varying degree of glucose tolerance(NGT, IGT and NIDDM). Demographic features of these subjects are presented in Table 1. Euglycemic hyperinsulinemic clamp studies were per-

formed after an overnight fast, as reported previously [7]. Two stepwise insulin infusion rates (1.12 and 5.0 mU/kg/min) were used with resultant hyperinsulinemia of 50–80  $\mu$ U/ml and 300–500  $\mu$ U/ml, respectively.

Before and during final 30 min of hyperinsulinemic euglycemia, blood samples for ET-1 were collected into chilled tube containing EDTA-2Na(2 mg/ml) and aprotinin(300 kIU/ml). In order to avoid venous stasis and venipuncture, blood samples were drawn through an indwelling heparin-lock catheter.

Plasma ET-1 levels were determined by a sensitive enzyme immunoassay as described previously [8]. This assay is based on a sandwich method that used two different anti-endothelin-1 antibodies with the first monoclonal antibody against the N-terminal portion and the second polyclonal antibody against the C-terminal heptapeptide. The

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Table 1  
Demographic features of the subjects

	NGT	IGT	NIDDM
Number (M:F)	4 (1:3)	3 (2:1)	4 (2:2)
Age (years)	39.5 (17–67)	49.7 (42–59)	57.5 (47–67)
BMI (kg/m <sup>2</sup> )	23.1 (20.6–25.1)	27.5 (23.8–32.5)	25.1 (21.5–29.5)
FPG (mg/dl)	88 (76–98)	104 (94–107)	132 (100–164)
HbA <sub>1c</sub> (%)	4.5 (4.1–5.0)	5.8 (5.0–6.4)	7.0 (5.1–9.5)
FIRI (μU/ml)	15.5 (5.8–28.4)	9.1 (8.0–10.7)	6.1 (3.2–7.6)
BP (mmHg)			
Syst	130 (118–140)	125 (100–145)	134 (128–146)
Diast	80 (70–88)	82 (70–92)	81 (70–87)
GIR (mg/kg/min)	5.1 (3.3–6.8)	4.2 (3.6–5.4)	3.9 (2.0–5.7)
Therapy			
D:OHA:Ins			2:0:2

Mean(range); D, diet alone; OHA, oral hypoglycemic agent; In, insulin; FIRI, fasting immunoreactive insulin; GIR, glucose infusion rate.

sensitivity of the assay was 0.2 pg of ET-1/well. Although first antibody showed a cross-reactivity of 160% with ET-2 which does not exist in the blood [9], there was no significant cross-reactivity (less than 0.25%) with other related ET-family peptides.

As shown in Table 2, the mean baseline level of plasma ET-1 showed a tendency to increase along with increasing glucose intolerance. However, mean plasma ET-1 level did not show any significant change during physiological and supraphysiological degree of hyperinsulinemia. In fact, there was no individual case that showed an increase more than 50% of the baseline level. In addition, no significant relationship was found between plasma ET-1 levels and plasma insulin level or degree of insulin resistance. Therefore, the current findings cast doubt on the acute stimulation of

ET-1 secretion by insulin. Lack of acute effect seems to agree with the general concept that ET synthesis and release from endothelial cells is regulated at a transcriptional step rather than during secretory process [9]. Further studies on more chronic effect are required to conclude the physiological importance of insulin in modifying plasma ET-1 levels.

## References

- [1] Wolpert, H.A., Steen, S.N., Istfan, N.W. and Simonson, D.C. (1993) Insulin modulates circulating endothelin-1 levels in humans. *Metabolism* 42, 1027–1030.
- [2] Ferri, C., Carlomagno, A., Coassin, S., Baldoncini, R., Faldetta, M.R.C., Laurenti, O., Properzi, G., Santucci, A. and DeMattia, G. (1995) Circulating endothelin-I levels increase during euglycemic hyperinsulinemic clamp in lean NIDDM men. *Diabetes Care* 18, 226–233.
- [3] Hu, R., Levin, E.R., Pedram, A. and Frank, H.J.L. (1993) Insulin stimulates production and secretion of endothelin from bovin endothelial cells. *Diabetes* 42, 351–358.
- [4] Hattori, Y., Kasai, K., Nakamura, T., Emoto, T. and Shimoda, S. (1991) Effect of glucose and insulin on immunoreactive endothelin-1 release from cultured porcine aortic endothelial cells. *Metabolism* 40, 165–169.
- [5] Ferri, C., Piccoli, A., Properzi, G., Belline, C., Pittoni, V., Valesin, G. and Santucci, A. (1994) Insulin induces endothelin-1 release from human cultured endothelial cells (Abstract). *J. Hypertens.* 12 (Suppl. 3), S127.
- [6] Metsarinne, K., Saijonmaa, O., Yki-Jarvinen, H. and Fyhrquist, F. (1994) Insulin increases the release of endothelin in endothelial cell cultures in vitro but not in vivo. *Metabolism* 43, 878–882.

Table 2  
Change of plasma endothelin-1 levels during euglycemic hyperinsulinemic clamp study

Plasma endothelin-1 level (pg/ml)			
	Baseline	Insulin infusion rate (mU/kg/min)	
		1.12	5.0
NGT(4)	1.2(0.9–1.7)	1.3(1.0–2.0)	1.1(0.5–1.6)
IGT(3)	1.9(1.4–2.8)	1.5(1.1–2.0)	1.3(0.9–1.8)
NIDDM(4)	2.1(1.0–3.5)	1.8(1.3–2.3)	1.8(1.3–2.2)

Mean (range).

- [7] Wasada, T., Kuroki, H., Naruse, M., Arai, H., Maruyama, A., Katsumori, K., Saito, S., Watanabe, Y., Naruse, K., Demura, H. and Omori, Y. (1995) Insulin resistance is associated with high plasma ouabain-like immunoreactivity concentration in NIDDM. *Diabetologia* 38, 792–797.
- [8] Suzuki, N., Matsumoto, H., Kitada, C., Masaki, T. and Fujino, M. (1989) A sensitive sandwich-enzyme immunoassay for human endothelin. *J. Immunol. Methods* 118, 245–250.
- [9] Inagami, T., Naruse, M. and Hoover, R. (1995) Endothelium as an endocrine organ. *Annu. Rev. Physiol.* 57, 171–189.