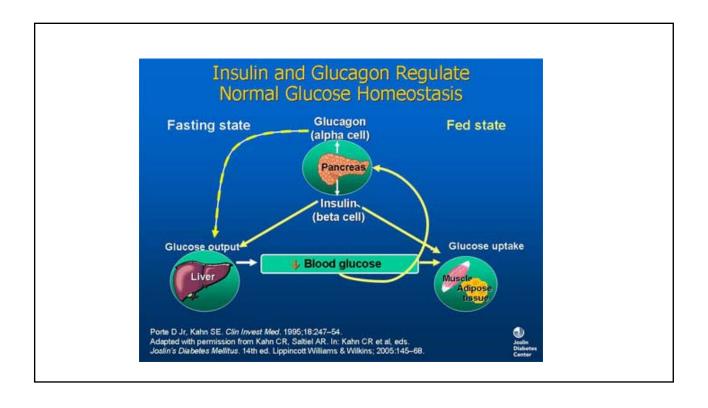
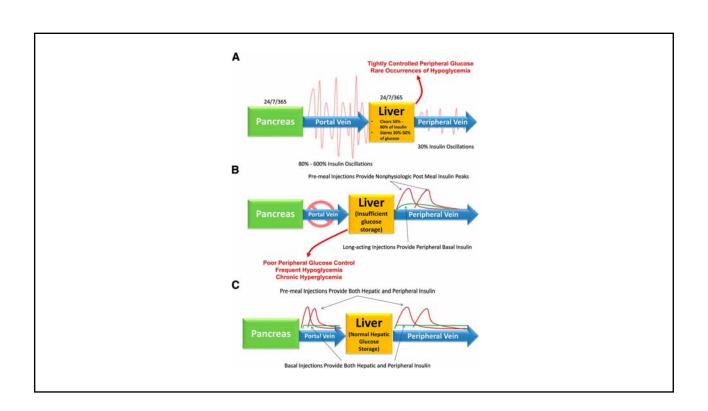
Control of blood glucose

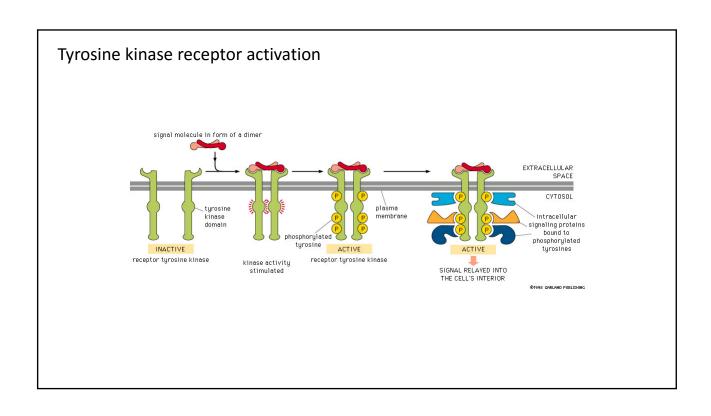
Peter Thorn

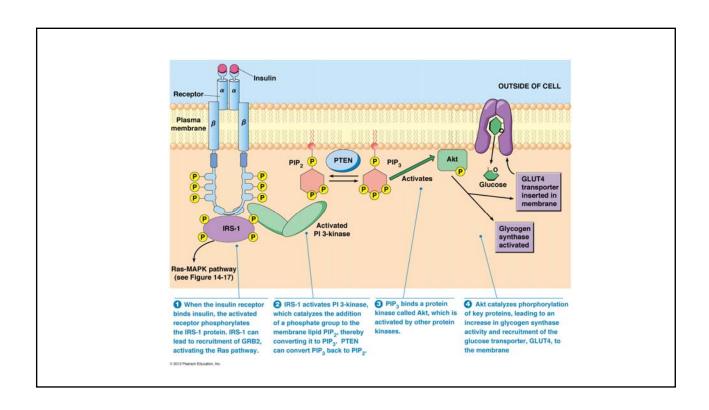


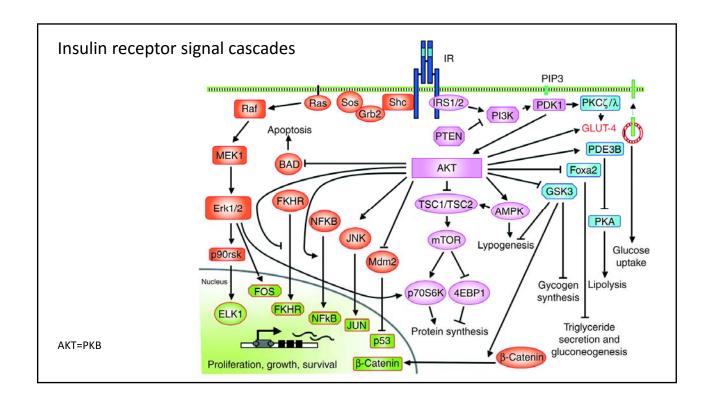
(1) Insulin-dependent reduction of blood glucose:

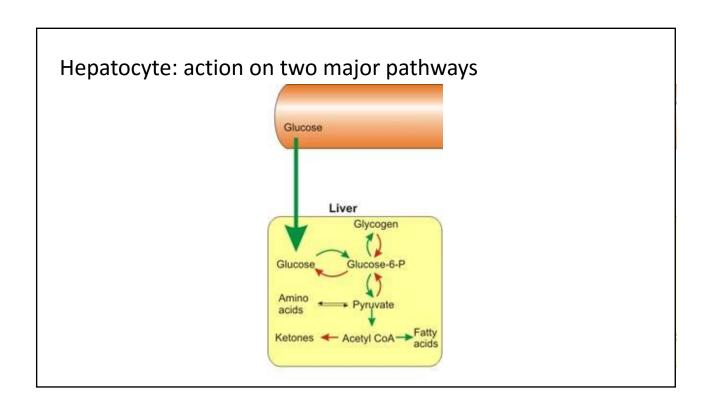
LIVER

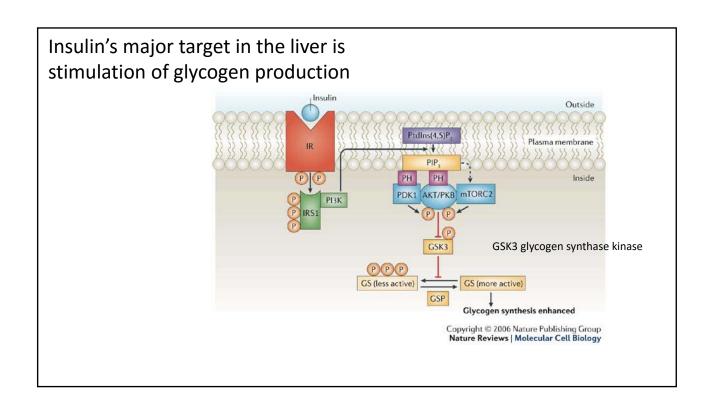


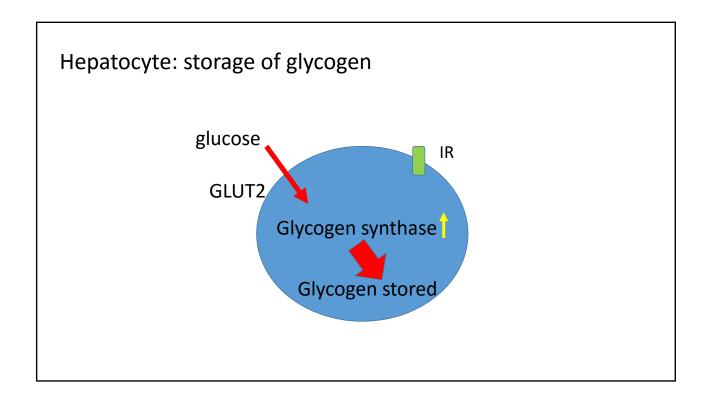


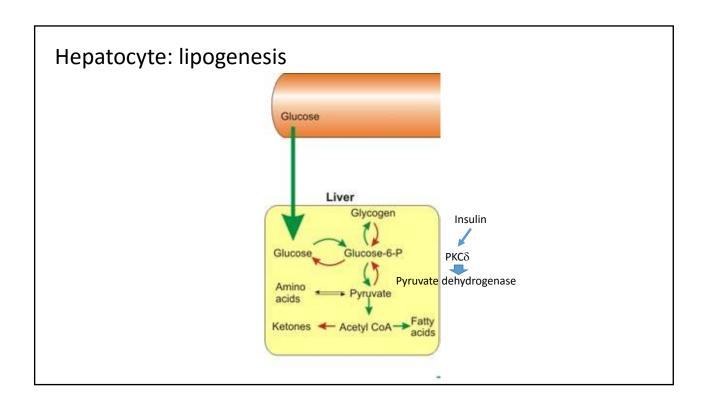






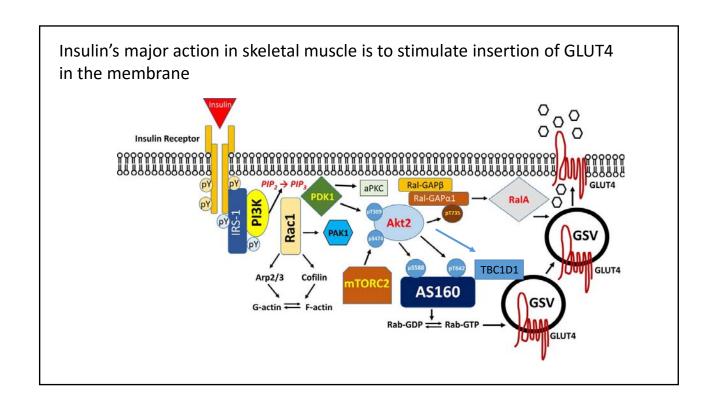


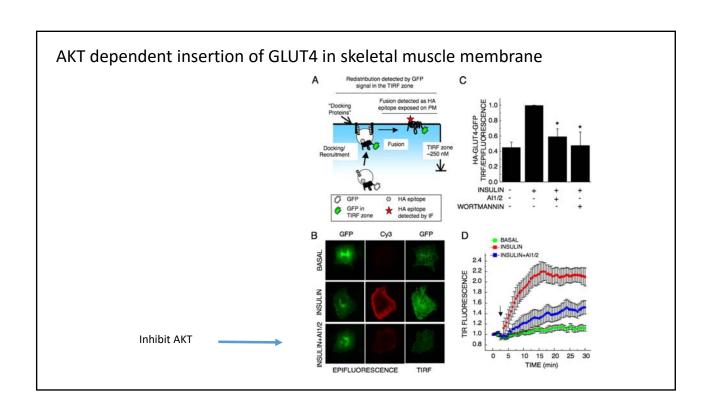


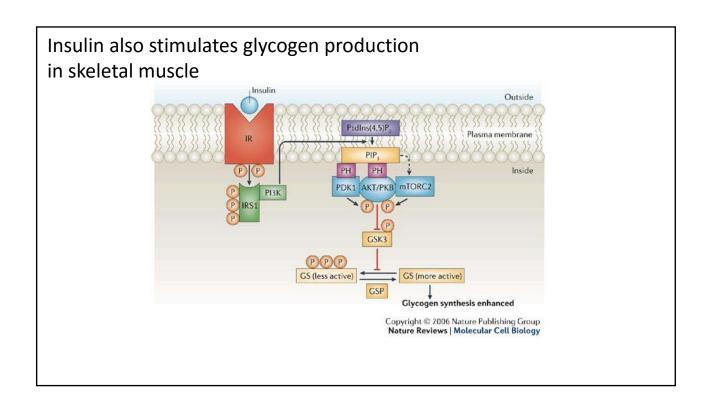


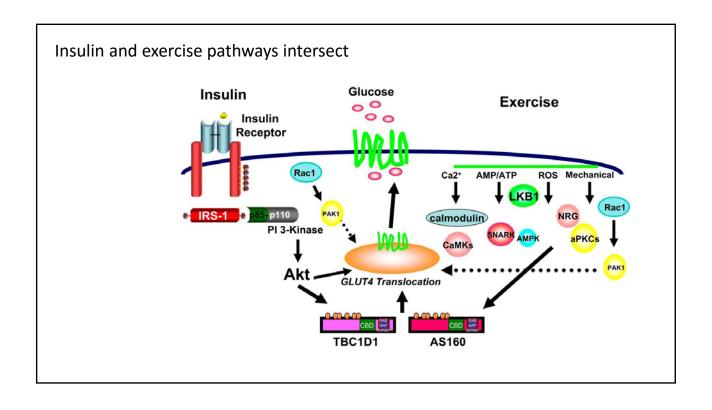
(2) Insulin-dependent reduction of blood glucose

SKELETAL MUSCLE









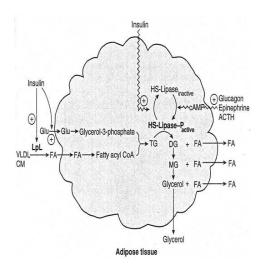
(3) Insulin-dependent reduction of blood glucose:

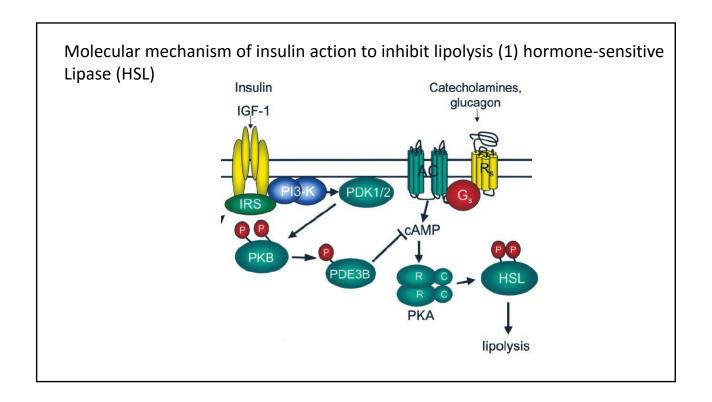
adipocytes

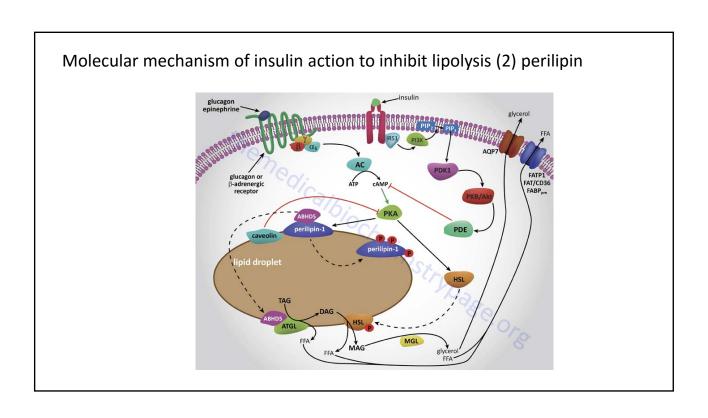
Insulin action to stimulate fat storage

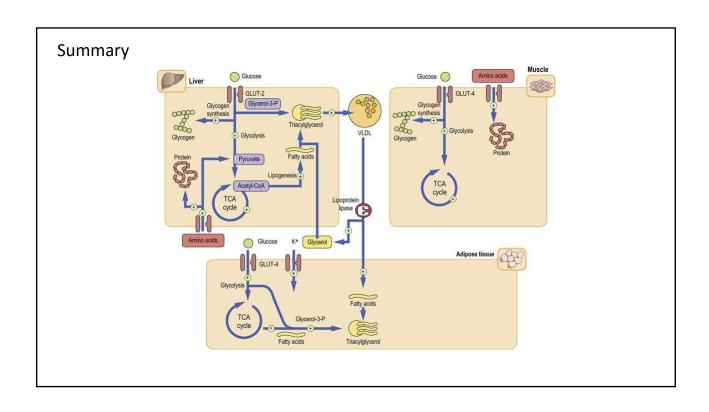
Insulin action on adipocyte:

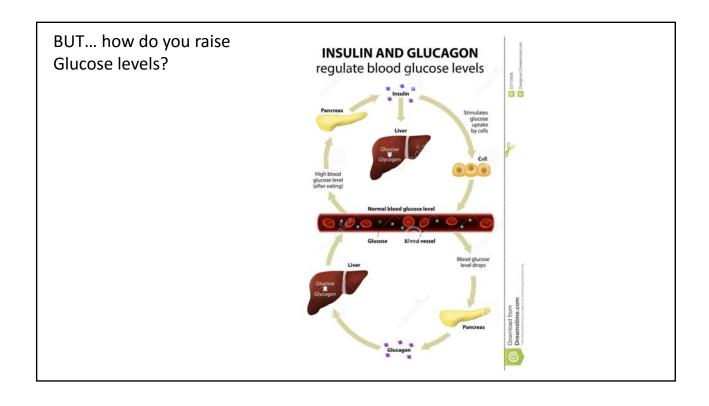
- 1. Stimulates lipoprotein lipase, LPL, to increase uptake of fatty acids from chylomicrons and very lowdensity lipoprotein, VLDL
- 2. Stimulates glycogen production
- 3. Inactivates hormonesensitive lipase, to decrease lipolysis and increase triglyceride storage

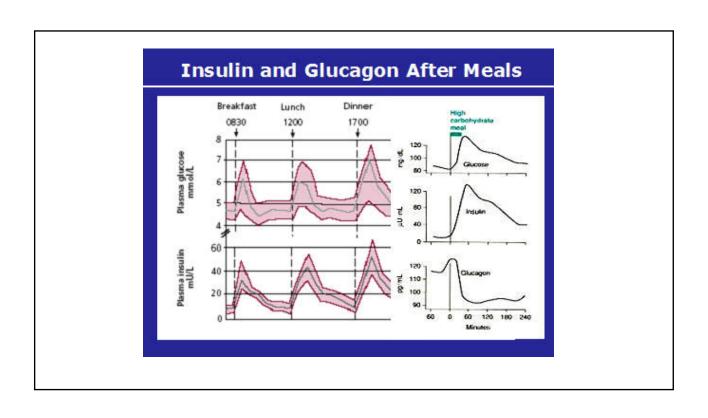


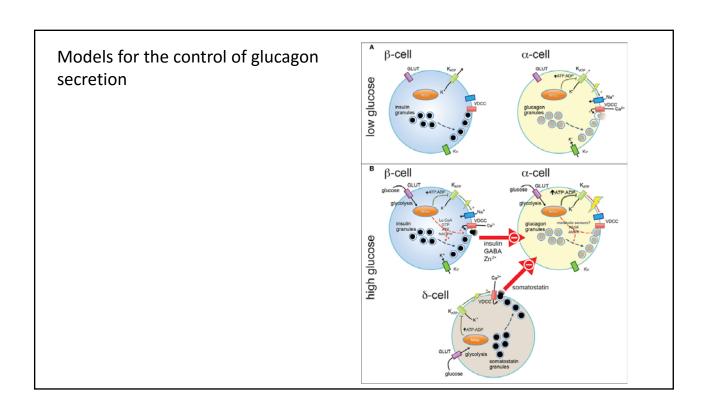




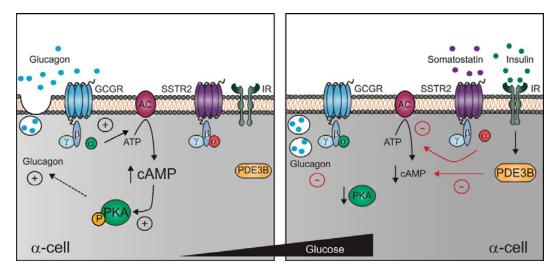








Model for the control of glucagon secretion: cAMP



Somatostatin and insulin mediate glucose-inhibited glucagon secretion in the pancreatic α -cell by lowering cAMP Amicia D. Elliott, Alessandro Ustione, David W. Piston

What is the main target for glucagon?

