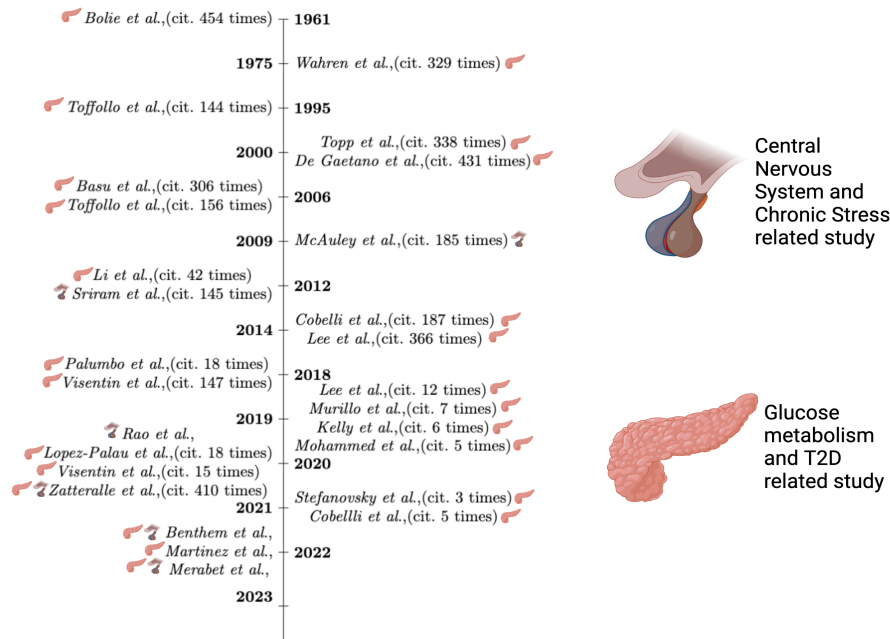


# Modelling the interplay between Chronic Stress and Type 2 Diabetes on-set

## 1 Supplementary Material(SM)

### 1.1 Computational models combining T2D and CS

In Figure 1, a timeline that situates the modelling approaches in retrospective to the direct association between CS and glucose metabolism and T2D modelling approaches. Many studies in this map studied glucose metabolism/T2D but never showed a direct association to CS or vice-versa. Moreover, CS was usually recognized as an "underlying" factor.



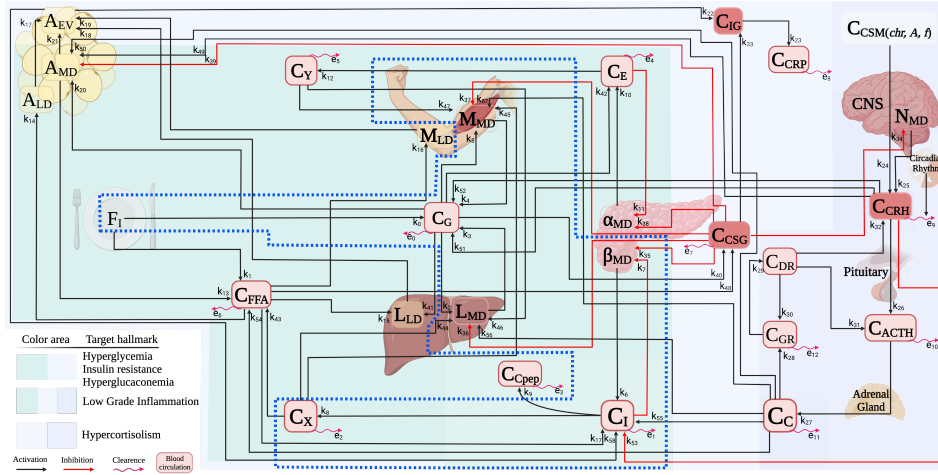
**Fig. 1.** Timeline of Glucose and T2D model related studies with citation number. Note that some papers are too recent and don't have a minimum of 3 citations.(Created by using BioRender.com)

Minimal models are simplified versions of computational models of a phenomenon, without disregarding its main attributes. The use of minimal models was imperative to reproduce glucose dynamics in a more simplistic way without disregarding the most important features of the phenomenon[16]. Such models

started to be developed as early as 1961, when the first IVGTT was developed[7]. Later, models that allowed the estimation of insulin sensitivity and resistance[16],  $\beta$ -cell function[16][73][49], hepatic insulin extraction[72][16], 1<sup>st</sup> and 2<sup>nd</sup> phase  $\beta$ -cell responsivity[72] to oral glucose tests proposed. More precise dynamics were achieved by introducing more details into the system by adding new compartments, like FFA[50, 71, 42, 25], Glucagon [2, 44, 37],  $\beta$ -cell mass[49, 73] and delays or changes in the interaction between compartments[50, 17]. Triple tracer meal studies enhanced the minimal model methodology when more data became available and hence validation was possible[4]. Topp *et al.*, 2000 [73] suggested that chronic hyperglycemia might contribute to a second negative feedback loop, increasing  $\beta$ -cell mass through the change of  $\beta$ -cell replication and death rates, contributing to defects in system components in short-term and constituting chronic negative feedback loops.

Based on the existing T2D models on  $\beta$ -cell dynamics, in this work, we develop a novel T2D - CS coupled model to explore the influence of psychosocial parameters on the dynamics of T2D DP parameters. In this approach we attempt at facing some of the challenges other models have encountered by modelling CS[70, 18, 74].

## 1.2 Conceptual model



**Fig. 2.** Conceptual stock and flow modelling diagram of T2D progression related to CS(Created by using BioRender.com). Additional information regarding the parameters can be found in Tables 1, 2, 3, 4 and 5. Area delineated with intermittent blue delineates the analog compartments of the existing minimal model implemented by Mohammed *et al.*, 2019.

**Table 1.** Compartment variables I for Figure 2

Symbol	Description	Relevant Citations
<b>Concentrations</b>		
$F_I$	Food intake metabolized and added concentration to $C_G$ or $C_{FFA}$ by a function.	[78, 34, 28]
$C_G$	Concentration of plasma Glucose.	[37, 28]
$C_I$	Concentration of plasma Insulin.	[2, 37, 24, 7]
$C_X$	Concentration of Active Insulin.	[2, 37, 24, 73, 71]
$C_E$	Concentration of Glucagon.	[44, 37, 44, 15]
$C_Y$	Concentration of Active Glucagon.	[44, 22, 37, 44]
$C_{FFA}$	Concentration of plasma Free Fatty Acids.	[56, 71, 50]
$C_{Cep}$	Concentration of plasma C-peptide.	[35, 16]
$C_{CRH}$	Concentration of Active CRH.	[47, 70, 60, 80]
$C_{ACTH}$	Concentration of active ACTH.	[47, 70, 60, 80]
$C_C$	Concentration of plasma Cortisol.	[32, 47, 60]
$C_{GR}$	Concentration of formed Glucocorticoid-Receptor complexes.	[58, 27, 47]
$C_{DR}$	Concentration of Nuclear activated GR complex.	[60, 47]
<b>Inflammation</b>		
$C_{CRP}$	Concentration of plasma C-reactive Protein.	[61, 46]
$C_{IG}$	Concentration of General Inflammation.	[61, 43, 11, 13]
$C_{GS}$	Concentration of General Stress from cells.	[48, 68, 6, 10]
$C_{CSM}$	Concentration noise from the CSM(chronic stress derived).	[20, 79, 74, 70, 60, 80, 26, 47]
<b>Masses</b>		
$\beta_{MD}$	$\beta$ -Cell Mass Density.	[2, 64, 40, 73, 49]
$\alpha_{MD}$	$\alpha$ -Cell Mass Density.	[31, 55, 28, 76]
$M_{MD}$	Muscle Mass Density.	[21]
$L_{MD}$	Liver Mass Density.	[21, 66]
$A_{MD}$	Adipose tissue Mass Density.	[77, 12, 41, 45, 56]
$N_{MD}$	Neurons Mass Density.	[51]
$A_{EV}$	Ectopic/Visceral Mass Density.	[43, 11]
<b>Clearance</b>		
$e_0$	Disease state dependent Glucose Clearance	[9, 63, 24]
$e_1$	Insulin Clearance	[37]
$e_2$	Activated Insulin Clearance	[37]
$e_3$	C-peptide Clearance	[37]
$e_4$	Glucagon Clearance	[37]
$e_5$	Activated Glucagon clearance	[37]
$e_6$	FFA Clearance	[37]
$e_7$	General Cell Stress Clearance(protective behaviour)	[6, 10]
$e_8$	C-reactive protein Clearance	[61, 46]
$e_9$	CRH diurnal Clearance(circadian rhythm dependent)	[47, 50]
$e_{10}$	ACTH diurnal Clearance	[70]
$e_{11}$	Cortisol diurnal Clearance	[47]
$e_{12}$	Glucocorticoid-Receptor Clearance(uncoupling)	[47]

**Table 2.** Compartment variables II for Figure 2.

Symbol	Description	Relationship vector	Relevant Citations
$k_0$	Glucose extraction from food intake caloric, based on normal, obese and diet variations	Food Intake $\rightarrow C_G$	[28]
$k_1$	FFA extraction from Food Intake, based on diet variations	Food intake $\rightarrow C_{FFA}$	[56]
$k_2$	Insulin Dependent Glucose Absorption rate by the Hepatic Cells	$C_G \rightarrow L_{MD}$	[21]
$k_3$	Net Rate of Glucose Production at Zero G Level(from hepatic cells)	$L_{MD} \rightarrow C_G$	[73, 49]
$k_4$	Net Rate of Glucose Production at Zero Activity level(from muscle cells)	$M_{MD} \rightarrow C_G$	[73, 49]
$k_5$	Net Rate of Glucose Absorption with Physical Activity	$C_G \rightarrow M_{MD}$	[52]
$k_6$	Rate of Insulin Production and Secretion	$\beta_{MD} \rightarrow C_I$	[73, 24, 49]
$k_7$	Rate of Cell Death due to Insulin Overproduction	$C_I \rightarrow \beta_{MD}$	[73, 49]
$k_8$	Rate of Conversion of Insulin to Active insulin	$C_I \rightarrow C_X$	[50, 37]
$k_9$	Rate of C-peptide byproduct from Insulin production	$C_I \rightarrow C_{C_{pep}}$	[37, 35]
$k_{10}$	Rate of Glucagon Production and Decretion	$\alpha_{MD} \rightarrow C_E$	[59, 44]
$k_{11}$	Rate of Cell Death due to Glucagon overproduction	$C_E \rightarrow \alpha_{MD}$	[31]
$k_{12}$	Rate of Conversion of Glucagon to Active Glucagon	$C_E \rightarrow C_Y$	[44, 31]
$k_{13}$	Lipolysis Rate	$A_{MD} \rightarrow C_{FFA}$	[19, 50]
$k_{14}$	Rate of Lipid Droplets Formation in the Adipose Tissue derived directly from FFA Concentration	$C_{FFA} \rightarrow A_{LD}$	[43, 19]
$k_{15}$	Rate of Lipid Droplets formation in the Liver Tissue derived directly from FFA Concentration	$C_{FFA} \rightarrow L_{LD}$	[43, 19]

**Table 3.** Compartment variables III for Figure 2.

Symbol	Description	Relationship vector	Relevant Citations
$k_{16}$	Rate of Lipid Droplets Formation in the Muscle Tissue derived directly from FFA Concentration	$C_{FFA} \rightarrow M_{LD}$	[43, 19]
$k_{17}$	Rate of Lipid Droplet accumulation from Adipose Tissue in the Adipose Tissue Ectopic/Visceral area	$A_{LD} \rightarrow A_{EV}$	[43, 19]
$k_{18}$	Rate of Lipid Droplet accumulation from Liver Tissue in the Adipose Tissue Ectopic/Visceral area	$L_{LD} \rightarrow A_{EV}$	[43, 19]
$k_{19}$	Rate of Lipid Droplet accumulation from Muscle Tissue in the Adipose Tissue Ectopic/Visceral area	$M_{LD} \rightarrow A_{EV}$	[43, 19]
$k_{20}$	Rate of Glucose mediated Lipogenesis	$C_G \rightarrow A_{MD}$	[77, 71]
$k_{21}$	Rate of Conversion of Adipose Tissue Mass to Ectopic/Visceral Adipose Tissue	$A_{MD} \rightarrow A_{EV}$	[43, 80]
$k_{22}$	Rate of Pro-Inflammatory Response by Ectopic/Visceral Adipose Tissue Formation	$A_{EV} \rightarrow C_{IG}$	[43, 11]
$k_{23}$	Rate of Conversion of General Inflammatory response to C-reactive Protein Concentration	$C_{IG} \rightarrow C_I$	[61]
$k_{24}$	Rate of Change of CRH Concentration by the individuals Chronic Stress	$C_{CSM} \rightarrow C_{CRH}$	[60, 26, 38, 47, 70]
$k_{25}$	Rate of Diurnal CRH Production	$N_{MD} \rightarrow C_{CRH}$	[60, 26, 38, 47, 70]
$k_{26}$	Rate of Diurnal ACTH Production	$C_{CRH} \rightarrow C_{ACTH}$	[60, 26, 38, 47, 70]
$k_{27}$	Rate of Diurnal Cortisol production	$C_{ACTH} \rightarrow C_C$	[60, 26, 38, 47, 70]
$k_{29}$	Rate of DR Complex Activation	$C_{GR} \rightarrow C_{DR}$	[60, 47, 70]
$k_{30}$	Rate of DR Complex Inactivation	$C_{DR} \rightarrow C_{GR}$	[60, 47, 70]

**Table 4.** Compartment variables IV for Figure 2.

Symbol	Description	Relationship vector	Relevant Citations
$k_{31}$	Rate of ACTH production Inhibition by Complex Inactivation	$C_{DR} \rightarrow C_{ACTH}$	[60, 47]
$k_{32}$	Rate of CRH Production Inhibition by Complex Inactivation	$C_{DR} \rightarrow C_{CRH}$	[60, 47]
$k_{33}$	Rate of Low Grade Inflammation(from Cell Stress) Conversion to General Inflammation	$C_{CSG} \rightarrow C_{IG}$	[80, 3]
$k_{34}$	Rate of CRH Producing Neuron Cell Death due to General Cell Stress	$C_{CSG} \rightarrow N_{MD}$	[80, 3]
$k_{35}$	Rate of $\beta$ -Cell Death due to General Cell Stress	$C_{CSG} \rightarrow \beta_{MD}$	[64, 73, 49, 53]
$k_{36}$	Rate of Liver Cell Death due to General Cell Stress	$C_{CSG} \rightarrow L_{MD}$	[39]
$k_{37}$	Rate of Muscle Cell Death due to General Cell Stress	$C_{CSG} \rightarrow M_{MD}$	[21, 39]
$k_{38}$	Rate of $\alpha$ -Cell Death due to General Cell Stress	$C_{CSG} \rightarrow \alpha_{MD}$	[31]
$k_{39}$	Rate of Adipose Tissue Cell Death due to General Cell Stress	$C_{CSG} \rightarrow A_{MD}$	[41, 80, 57]
$k_{40}$	Rate of Cell Stress generation due to Glucose Levels <i>in-serum</i>	$C_G \rightarrow C_{CSG}$	[8, 9, 39]
$k_{41}$	Rate of Lipid Droplet formation in the Liver caused by Glucose Level	$C_G \rightarrow L_{LD}$	[69, 19, 23, 56]
$k_{42}$	Rate of Glucose Level mediated Production of Glucagon	$C_G \rightarrow C_E$	[59]
$k_{43}$	Rate of Production of FFA from Insulin Activation in the Adipose Tissue	$C_X \rightarrow C_{FFA}$	[19, 54]
$k_{44}$	Rate of Glucose release mediated by Insulin Activation in the Liver	$C_X \rightarrow L_{MD}$	[62, 65]
$k_{45}$	Rate of Glucose release mediated by Insulin Activation in the Muscle	$C_X \rightarrow M_{MD}$	[21]
$k_{46}$	Rate of Glucose absorption mediated by Glucagon Activation in the Liver	$C_Y \rightarrow L_{MD}$	[75, 59, 37]

**Table 5.** Compartment variables V for Figure 2.

Symbol	Description	Relationship vector	Relevant Citations
$k_{47}$	Rate of Glucose absorption mediated by Glucagon Activation in the Muscle	$C_Y \rightarrow M_{MD}$	[39]
$k_{48}$	Rate of Cell Stress generation due to FFA accumulation	$C_{FFA} \rightarrow C_{CSG}$	[3, 33, 13, 5]
$k_{49}$	Rate of Adipose Tissue indirect change in mass due to CRH level	$C_{CRH} \rightarrow A_{MD}$	[41, 57, 54]
$k_{50}$	Rate of Adipose Tissue mass change by GC presence <i>in-serum</i>	$C_C \rightarrow A_{MD}$	[41, 57, 45]
$k_{51}$	Rate of Glucose level change by indirect GC release by stimulation of Hepatic Cells	$C_{CRH} \rightarrow C_G$	[66, 57]
$k_{52}$	Rate of Glucose level change by indirect GC release by stimulation of Muscle Cells	$C_{CRH} \rightarrow C_G$	[21, 39]
$k_{53}$	Rate of Insulin Level change by indirect CRH stimulation	$C_{CRH} \rightarrow C_I$	[14, 12, 41]
$k_{54}$	Rate of FFA level change by indirect Cortisol(GC) stimulation	$C_C \rightarrow C_{FFA}$	[29, 30]
$k_{55}$	Rate of Insulin level change by indirect Cortisol(GC) stimulation	$C_C \rightarrow C_I$	[67, 36]
$k_{56}$	Rate of Glucose level change by direct GC stimulation of Hepatic Cells	$C_C \rightarrow L_{MD}$	[77, 29]
$k_{57}$	Rate of Glucose level change by direct GC stimulation of Muscle Cells	$C_C \rightarrow M_{MD}$	[29, 1]
$k_{58}$	Rate of change of Insulin Concentration by the presence of Ectopic/Visceral Adipose Tissue	$A_{EV} \rightarrow C_I$	[43, 54]

### 1.3 Extended Methods

#### HOMA-IR model

$$H_{IR} = \frac{C_{I_0}(\mu U mL^{-1})C_{G_0}(mgdL^{-1})}{405} \quad (1)$$

where  $C_{I_0}$  is the fasting insulin and  $C_{G_0}$  is the fasting glucose at the beginning of each day for each individual. Values of  $H_{IR} \leq 3$  were ignored for this calculation.

#### Topp et al 2000 model

The glucose dynamics are modelled as a function of the net rate of glucose production at zero glucose level( $R_0$ ), total glucose effectiveness at zero insulin( $E_{G0}$ ), total insulin sensitivity( $S_I$ ), and blood Glucose concentration at time  $t$  ( $G(t)$ ):

$$\frac{dG}{dt} = R_0 - (E_{G0} + S_I)G(t) \quad (2)$$

,the insulin dynamics are modelled as a function of  $\beta$ -cell mass at time  $t(\beta(t))$ , maximum rate of insulin secretion( $\sigma$ ),  $G(t)$ , insulin clearance rate for muscles, liver and kidney( $K$ ) and blood insulin concentration at time  $t(I(t))$ :

$$\frac{dI}{dt} = \frac{\beta(t)\sigma G(t)^2}{\alpha + G(t)^2} - KI(t) \quad (3)$$

and the  $\beta$ -cell mass dynamics are modelled as a function of beta cell natural death rate( $d_0$ ), constant beta cell glucose tolerance ranges( $r_1$  and  $r_2$ ),  $G(t)$  and  $\beta$ -cell mass at time  $t(\beta(t))$ :

$$\frac{d\beta}{dt} = (-d_0 + r_1G(t) - r_2G(t)^2)\beta(t) \quad (4)$$

#### Algorithms

First we define Algorithm 1, which is used to simulate the dynamics for all our results in Section 3.

---

**Algorithm 1** Coupled Euler algorithm.

---

**Require:**  $t_{end}$ , Initial conditions,  $dt$

---

**while**  $0 < t \leq t_{end}$  **do**

$\frac{dx}{dt} = y_n$

$t_{n+1} = t_n + dt$

$y_{n+1} = y_n + \frac{dx}{dt} dt$

**end while**

---

▷ Calculate the slope

▷ Calculate the new y value using slope and derivative



**Algorithm 2** Calculation of DP based on Allostatic Load.

---

**Require:**  $t_{end}, e_l, e_i, e_h, T_l, T_i, T_h$   $\triangleright$  The strain of each Threshold surpassed,  
 $e_l + e_i + e_h = 1$

**Require:**  $w(e_l), w(e_i), w(e_h)$   $\triangleright$  The weight of each strain towards DP,  
 $w(e_l) + w(e_i) + w(e_h) = 1$

$W_S = C_{e_l} w(e_l) + C_{e_i} w(e_i) + C_{e_h} w(e_h)$   $\triangleright$  Calculation of weighted sum

$C_S = C_{e_0} + C_{e_l} + C_{e_i} + C_{e_h}$   $\triangleright$  Calculation of counted sum

**while**  $t \leq t_{end}$  **do**  $\triangleright$  Calculation of hallmark strain and their counts over time

**if**  $S_t < T_l$  **then**

$E_s(t) = 0$

$C_{e_0}(t) + 1$

**end if**

**if**  $T_l \leq S_t < T_i$  **then**

$E_s(t) = e_l$

$C_{e_l}(t) = C_{e_l}(t) + 1$

**end if**

**if**  $T_i \leq S_t < T_h$  **then**

$E_s(t) = e_i$

$C_{e_i}(t) = C_{e_i}(t) + 1$

**end if**

**if**  $S_t \geq T_h$  **then**

$E_s(t) = e_h + 0.25 \frac{T_h}{S_t(t)}$

$C_{e_h}(t) = C_{e_h}(t) + 1$

**end if**

**end while**

$DP = \frac{100}{W_S \cdot C_S}$   $\triangleright$  Calculation of Normalized total DP

---

Next, the algorithm that we propose, able to calculate allostatic load based on hallmarks, Algorithm 2. Note that we take  $[e_l, e_i, e_h] = [0.25, 0.5, 0.75]$  in our calculations. For the simulations carried, the same parameters were used altogether (Table 6). The variation depends only on Glucose peaks.

**Table 6.** Parameter symbols, units and parameters for Equations 2, 3 and 4. Original parameters from Topp *et al.*, 2000[73].

Parameters		
Symbol	Given units	Value
$G(0)$	$\frac{mg}{dL}$	95
$I(0)$	$\frac{\mu U m}{dL}$	9.0
$\beta(0)$	$mg$	300
$R_0$	$\frac{md}{dL}$	864
$E_{GO}$	$\frac{dL}{day}$	1.44
$SI$	$\frac{ml}{\mu U day}$	0.72
$dt$	days	0.006

Parameters		
Symbol	Given units	Value
$\sigma$	$\frac{\mu U}{m L day}$	43.2
$\alpha$	$\frac{mg^2}{dL^2}$	20000
$K$	$\frac{1}{dL}$	432
$d_0$	$\frac{1}{dL}$	0.065(0.060 in [73])
$r_1$	$\frac{dL}{mg day}$	$0.84e^{-3}$
$r_2$	$\frac{dL^2}{mg^2 day}$	$0.24e^{-5}$

## Scripts, code and generated data

The scripts, code and generated data can be shared at readers discretion after contacting the corresponding, given plausible reason to do so.

## References

1. Adam, E.K.e.a.: Diurnal cortisol slopes and mental and physical health outcomes: A systematic review and meta-analysis. *Psychoneuroendocrinology* (2017)
2. Adams, C.e.a.: Structure and molecular mechanism of er stress signaling by the unfolded protein response signal activator ire1. *Frontiers in Molecular Biosciences* (2019)
3. An, G.: Introduction of an agent-based multi-scale modular architecture for dynamic knowledge representation of acute inflammation. *Theoretical Biology and Medical Modelling* (2008)
4. Basu, R.e.a.: Effects of age and sex on postprandial glucose metabolism: differences in glucose turnover, insulin secretion, insulin action, and hepatic insulin extraction. *Diabetes* (2006)
5. Biswas, S.K.: Does the interdependence between oxidative stress and inflammation explain the antioxidant paradox? *Oxidative medicine and cellular longevity* (2016)
6. Bohlender, J.M.e.a.: Advanced glycation end products and the kidney. *American Journal of Physiology-Renal Physiology* (2005)
7. Bolie, V.W.: Coefficients of normal blood glucose regulation. *Journal of applied physiology* (1961)
8. Bonnefont-Rousselot, D.: Glucose and reactive oxygen species. *Current Opinion in Clinical Nutrition and Metabolic Care* (2002)
9. Bouche, C., et al: The cellular fate of glucose and its relevance in type 2 diabetes. *Endocrine reviews* (2004)
10. Busch, M.e.a.: Advanced glycation end-products and the kidney. *European journal of clinical investigation* (2010)
11. Cain, D.W., Cidlowski, J.A.: Immune regulation by glucocorticoids. *Nature Reviews Immunology* (2017)
12. Campbell, J.E.e.a.: Adipogenic and lipolytic effects of chronic glucocorticoid exposure. *American Journal of Physiology-Cell Physiology* (2011)
13. Castellani, P.e.a.: Inflammation, damp, tumor development, and progression: a vicious circle orchestrated by redox signaling. *Antioxidants and redox signaling* (2014)
14. Cattaneo, A., Riva, M.: Stress-induced mechanisms in mental illness: a role for glucocorticoid signalling. *The Journal of steroid biochemistry and molecular biology* (2016)
15. Cobelli, C., Dalla Man, C.: Minimal and maximal models to quantitate glucose metabolism: tools to measure, to simulate and to run in silico clinical trials. *Journal of diabetes science and technology* (2021)
16. Cobelli, C.e.a.: The oral minimal model method. *Diabetes* (2014)
17. De Gaetano, e.a.: Mathematical modelling of the intravenous glucose tolerance test. *Journal of mathematical biology* (2000)
18. De Kloet, E.R., Joels, M., Holsboer, F.: Stress and the brain: from adaptation to disease. *Nature reviews neuroscience* (2005)

19. Ducharme, N.A.e.a.: Minireview: lipid droplets in lipogenesis and lipolysis. *Endocrinology* (2008)
20. Epel, E.S., Crosswell, e.a.: More than a feeling: A unified view of stress measurement for population science. *Frontiers in neuroendocrinology* (2018)
21. Fazakerley, D.J.e.a.: Muscle and adipose tissue insulin resistance: malady without mechanism? *Journal of Lipid Research* pp. 1720–1732 (2019)
22. Finan, B.e.a.: Repositioning glucagon action in the physiology and pharmacology of diabetes. *Diabetes* (2020)
23. Fujimoto, T.e.a.: Not just fat: the structure and function of the lipid droplet. *Cold Spring Harbor perspectives in biology* (2011)
24. Galicia-Garcia, U.e.a.: Pathophysiology of type 2 diabetes mellitus. *International journal of molecular sciences* (2020)
25. Giang, D.V.e.a.: Delay model of glucose-insulin systems: global stability and oscillated solutions conditional on delays. *Journal of mathematical analysis and applications* (2008)
26. Benthem de Grave, R.e.a.: From work stress to disease: A computational model. *PloS one* (2022)
27. Gulfo, J.e.a.: Corticosteroid-binding globulin is expressed in the adrenal gland and its absence impairs corticosterone synthesis and secretion in a sex-dependent manner. *Scientific reports* (2019)
28. Gylfe, E., Gilon, P.: Glucose regulation of glucagon secretion. *Diabetes research and clinical practice* (2014)
29. Hackett, R.A., Kivimäki, e.a.: Diurnal cortisol patterns, future diabetes, and impaired glucose metabolism in the whitehall ii cohort study. *The Journal of Clinical Endocrinology & Metabolism* (2016)
30. Hackett, R.A.e.a.: The relationship between sleep problems and cortisol in people with type 2 diabetes. *Psychoneuroendocrinology* (2020)
31. Henquin, J.C., Rahier, J.: Pancreatic alpha cell mass in european subjects with type 2 diabetes. *Diabetologia* (2011)
32. Henry, J.P.: Biological basis of the stress response. *Physiology* (1993)
33. Hotamisligil, G.S.: Inflammation, metaflammation and immunometabolic disorders. *Nature* (2017)
34. IS Sobczak, A.e.a.: Changes in plasma free fatty acids associated with type-2 diabetes. *Nutrients* (2019)
35. Jones, A., Hattersley, A.: The clinical utility of c-peptide measurement in the care of patients with diabetes. *Diabetic medicine* (2013)
36. Joseph, J.J., Golden, S.H.: Cortisol dysregulation: the bidirectional link between stress, depression, and type 2 diabetes mellitus. *Annals of the New York Academy of Sciences* (2017)
37. Kelly, R.A.e.a.: Modelling the effects of glucagon during glucose tolerance testing. *Theoretical Biology and Medical Modelling* (2019)
38. Koch, C., Leinweber, B., Drengberg, B., Blaum, C., Oster, H.: Interaction between circadian rhythms and stress. *Neurobiology of stress* (2017)
39. Lee, D.W.e.a.: Construction of pancreas–muscle–liver microphysiological system (mps) for reproducing glucose metabolism. *Biotechnology and Bioengineering* (2019)
40. Lee, J.e.a.: Reactive oxygen species, aging, and antioxidative nutraceuticals. *Comprehensive reviews in food science and food safety* (2004)
41. Lee, M.J.e.a.: Deconstructing the roles of glucocorticoids in adipose tissue biology and the development of central obesity. *Biochimica et Biophysica Acta (BBA)-Molecular Basis of Disease* (2014)

42. Li, Y.L., Chuang, e.a.: Long-term exposure to ozone and sulfur dioxide increases the incidence of type 2 diabetes mellitus among aged 30 to 50 adult population. *Environmental Research* (2021)
43. Longo, M.e.a.: Adipose tissue dysfunction as determinant of obesity-associated metabolic complications (2019)
44. MacDonald, P.E.e.a.: The multiple actions of glp-1 on the process of glucose-stimulated insulin secretion. *Diabetes* (2002)
45. Macfarlane, D.P., Forbes, S., Walker, B.R.: Glucocorticoids and fatty acid metabolism in humans: fuelling fat redistribution in the metabolic syndrome. *Journal of Endocrinology* (2008)
46. Marnell, L.e.a.: C-reactive protein: ligands, receptors and role in inflammation. *Clinical immunology* (2005)
47. McAuley, M.T.e.a.: A mathematical model of aging-related and cortisol induced hippocampal dysfunction. *BMC neuroscience* (2009)
48. Mittal, M.e.a.: Reactive oxygen species in inflammation and tissue injury. *Antioxidants and redox signaling* (2014)
49. Mohammed, I.I.e.a.: Mathematical model for the dynamics of glucose, insulin and  $\beta$ -cell mass under the effect of trauma, excitement and stress. *Modeling and Numerical Simulation of Material Science* (2019)
50. Murillo, A.L.e.a.: Modeling the dynamics of glucose, insulin, and free fatty acids with time delay: The impact of bariatric surgery on type 2 diabetes mellitus. *Mathematical biosciences and engineering: MBE* (2019)
51. Murray, S.E.e.a.: Overproduction of corticotropin-releasing hormone blocks germinal center formation: role of corticosterone and impaired follicular dendritic cell networks. *Journal of neuroimmunology* (2004)
52. Nakrani, M.N.e.a.: Physiology, glucose metabolism. *europemc* (2020)
53. Newsholme, P.e.a.: Nutrient regulation of insulin secretion and  $\beta$ -cell functional integrity. *The islets of Langerhans* (2010)
54. Nielsen, T.S.e.a.: Dissecting adipose tissue lipolysis: molecular regulation and implications for metabolic disease. *Journal of molecular endocrinology* (2014)
55. Nunez-Borque, E.e.a.: Pathophysiological, cellular, and molecular events of the vascular system in anaphylaxis. *Frontiers in Immunology* (2022)
56. Onal, G.e.a.: Lipid droplets in health and disease. *Lipids in health and disease* (2017)
57. Peckett, A.J.e.a.: The effects of glucocorticoids on adipose tissue lipid metabolism. *Metabolism* (2011)
58. Pralong, F.P.e.a.: Leptin inhibits directly glucocorticoid secretion by normal human and rat adrenal gland. *Endocrinology* (1998)
59. Ramnanan, C.e.a.: Physiologic action of glucagon on liver glucose metabolism. *Diabetes, Obesity and Metabolism* (2011)
60. Rao, R., Androulakis, I.P.: The circadian rhythms of cortisol: Modelling their role in regulating homeostasis and personalized resilience and adaptation. *IFAC-PapersOnLine* (2020)
61. Reeves, G.: C-reactive protein. *NPS Medicinewise* (2007)
62. Rehfeld, J.F.e.a.: The effect of gastrin on basal-and glucose-stimulated insulin secretion in man. *The Journal of clinical investigation* (1973)
63. Roder, P.V.e.a.: Pancreatic regulation of glucose homeostasis. *Experimental and molecular medicine* (2016)
64. Rojas, J.e.a.: Pancreatic beta cell death: novel potential mechanisms in diabetes therapy. *Journal of Diabetes Research* (2018)

65. Saad, A.e.a.: Diurnal pattern to insulin secretion and insulin action in healthy individuals. *Diabetes* (2012)
66. Sapolsky, R.M.e.a.: How do glucocorticoids influence stress responses? integrating permissive, suppressive, stimulatory, and preparative actions. *Endocrine reviews* (2000)
67. Schoorlemmer, R., Peeters, G., Van Schoor, N., Lips, P.: Relationships between cortisol level, mortality and chronic diseases in older persons. *Clinical endocrinology* (2009)
68. Schwartz, S.S.e.a.: A unified pathophysiological construct of diabetes and its complications. *Trends in Endocrinology & Metabolism* (2017)
69. Senior, B., Loridan, L.: Direct regulatory effect of ketones on lipolysis and on glucose concentrations in man. *Nature* (1968)
70. Sriram, K.e.a.: Modeling cortisol dynamics in the neuro-endocrine axis distinguishes normal, depression, and post-traumatic stress disorder (ptsd) in humans. *PLoS computational biology* (2012)
71. Stefanovski, D.e.a.: Insulin action, glucose homeostasis and free fatty acid metabolism: Insights from a novel model. *Frontiers in Endocrinology* (2021)
72. Toffolo, G.e.a.: A minimal model of insulin secretion and kinetics to assess hepatic insulin extraction. *American Journal of Physiology-Endocrinology and Metabolism* (2006)
73. Topp, B.e.a.: A model of  $\beta$ -cell mass, insulin, and glucose kinetics: pathways to diabetes. *Journal of theoretical biology* (2000)
74. Ulrich-Lai, Y.M., Herman, J.P.: Neural regulation of endocrine and autonomic stress responses. *Nature reviews neuroscience* (2009)
75. Unger, R.H.: Glucagon physiology and pathophysiology in the light of new advances. *Diabetologia* (1985)
76. Walker, J.e.a.: Regulation of glucagon secretion by glucose: paracrine, intrinsic or both? *Diabetes, Obesity and Metabolism* (2011)
77. Wang, Q.e.a.: Distribution of the glucocorticoid receptor in the human amygdala; changes in mood disorder patients. *Brain Structure and Function* (2014)
78. Woods, S.C., Ramsay, D.S.: Food intake, metabolism and homeostasis. *Physiology & behavior* (2011)
79. Zankert, S.e.a.: Hpa axis responses to psychological challenge linking stress and disease: What do we know on sources of intra-and interindividual variability? *Psychoneuroendocrinology* (2019)
80. Zatterale, F.e.a.: Chronic adipose tissue inflammation linking obesity to insulin resistance and type 2 diabetes. *Frontiers in physiology* (2020)