Ghrelin doesn’t limit insulin release in pregnant rats fed low protein diet

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TABLE OF CONTENTS

1. Abstract
2. Introduction
3. Materials and methods
   3.1. Diets
   3.2. Animals
   3.3. Experimental design
   3.4. Pancreatic islet isolation
   3.5. RNA extraction and RT-PCR
   3.6. Quantitative real-time PCR
   3.7. Protein extraction and Western blotting
   3.8. Ex vivo Glucose stimulated insulin secretion
   3.9. Insulin ELISA and DNA measurement
   3.10. Statistical analysis
4. Results
   4.1. Plasma levels of insulin
   4.2. Ghrelin and its related genes in pancreatic islets
   4.3. Abundance of ghrelin receptor protein was unchanged in pancreatic islets
   4.4. Glucose stimulated insulin secretion in pregnant rats fed low protein diet
   4.5. Glucose stimulated insulin secretion in response to ghrelin
5. Discussion
6. Acknowledgements
7. References

1. ABSTRACT

To test the hypothesis that insulin secretion in pregnant rats fed LP diet is reduced by ghrelin signaling in pancreatic islets, we investigated plasma insulin levels, expression of ghrelin and its receptor and glucose stimulated insulin secretion (GSIS) of pancreatic islets in response to ghrelin. Plasma insulin levels were lower and ghrelin receptor abundance in islets was unaltered in LP rats. In the presence of both 2.8 and 16.7 mM glucose, GSIS was lower in LP compared to CT rats. In the presence of 2.8 mM glucose, GSIS was unaltered by ghrelin and its antagonist in both CT and LP rats. In the presence of 16.7 mM glucose, GSIS in LP rats was unchanged while in CT rats was reduced by ghrelin and reversed by ghrelin antagonist. These results indicate ghrelin signaling inhibits GSIS of pancreatic islets in pregnant rats fed CT diet, but it is blunted in pregnant rats fed LP diet and thus may not contribute to the reduction of plasma insulin and GSIS of pancreatic islets in late pregnancy.

2. INTRODUCTION

Normal pregnancy, particularly during late stages, requires not only insulin resistance to ensure sufficient glucose for exponential fetal growth and development (1), but also elevated insulin levels to compensate insulin resistance to maintain glucose hemostasis. The elevated insulin levels during pregnancy are achieved by both beta cell expansion and enhanced insulin secretion (2). The proliferation of beta cells peaks in mid-pregnancy, declines thereafter and returns to basal levels before partum (3;4), while plasma insulin levels continue to increase and peak in late pregnancy (5). Thus, insulin secretion from beta cell serves as a major modulator in fine tuning of plasma insulin levels in late pregnancy when insulin resistance is intense (5-7).

Insulin secretion is regulated by multiple factors in addition to glucose. Both in vivo and ex vivo studies in non-pregnant human or rodents
showed that ghrelin inhibits glucose stimulated insulin secretion (GSIS) (8;9). In rat pancreatic islets, basal insulin release in the presence of low levels of glucose in perfused pancreas and isolated islets is not significantly affected by ghrelin, and in contrast, insulin release in the presence of high levels of glucose is inhibited by ghrelin (9). The currently known ghrelin signaling that is involved in insulin secretion has been reviewed extensively (10). Briefly, ghrelin binds to its receptor GHSR on beta cells and stimulates G protein coupled protein Goi2, which inhibits PKA and therefore reduces cellular cAMP. The reduction of cAMP activates voltage controlled potassium channel Kv2.1, causing potassium outward flow and blocking cell membrane depolarization. Thus, glucose stimulated cell membrane depolarization via inhibiting ATP sensitive potassium channel is reduced, and as a consequence, glucose stimulated insulin secretion is inhibited by ghrelin.

Pregnant rats fed a low protein diet have been widely used as a model in the study of metabolic programming (11). Protein restriction during gestation not only causes reduced blood flow and insulin secretion in pregnant dams (12-14), but also predisposes obesity and diabetes in offspring (15-17). However, to date, underlying mechanisms of programming have not been understood completely. Recently we found that plasma levels of ghrelin in pregnant rats fed a low protein diet were significantly elevated compared to those in controls in mid-late pregnancy (18), which is coincident with the reduced plasma levels of insulin (19). In this study we hypothesized that insulin secretion in LP rats is reduced by ghrelin signaling in pancreatic islets. In pregnant rats fed a low protein diet, we investigated plasma levels of insulin, expression of ghrelin and ghrelin receptor in pancreatic islets, glucose stimulated insulin secretion in isolated islets in response to ghrelin and its receptor antagonist.

3. MATERIALS AND METHODS

3.1. Diets

The isocaloric low (6% casein)- and normal (20% casein)-protein diets were purchased from Harlan Teklad (Cat. TD.90016 and TD.91352, respectively; Madison, WI, USA). More information about these diets was described in details in our recent publication (18).

3.2. Animals

All procedures were approved by the Animal Care and Use Committee at Baylor College of Medicine and were in accordance with those published by the US National Institutes of Health Guide for the Care and Use of Laboratory Animals (2011). Virgin female Sprague-Dawley rats weighing between 175 and 225 g and male rats weighing between 225 and 249 g were purchased from Harlan Laboratories (Houston, TX, USA). These rats were housed in a room with a controlled light-dark cycle (light phase: 0600 to 2000 and dark phase: 2000 to 0600). Animals were allowed acclimation to our housing conditions for 1 week before breeding. For breeding, 2 virgin female rats were paired with 1 male rat overnight and vaginal smears were checked under microscope next morning. The presence of sperm in vaginal smear indicated positive pregnancy status and this day was designated as Day 1 of pregnancy. Pregnant rats were housed individually, randomly divided into two dietary groups, and received ad libitum either CT or LP diet until they were sacrificed on Day 21 of pregnancy.

3.3. Experimental design

In study one, rats on Day 21 of pregnancy were killed via carbon dioxide inhalation at 8-10 am. Whole blood was collected by left ventricle puncture, injected into BD Vacutainer blood collection tube containing heparin (Cat.367874, BD, Franklin Lakes, NJ). Plasma was prepared and stored at -80°C for further analysis, following the protocol in our previous publication (18). Pancreatic islets (200–400 per rat) were isolated following collagenase digestion protocol. Isolated islets were either lysed in Trizol reagent for total RNA extraction or snap frozen for total protein extraction (n = 5 rats/diet treatment).

In study two, rats on Day 21 of pregnancy were killed via carbon dioxide inhalation at 8-10 am. Pancreatic islets were isolated and used for glucose stimulated insulin secretion assay ex vivo (n = 4-5 rats/diet treatment).

3.4. Pancreatic islet isolation

Pancreatic islets were isolated following collagenase digestion as described by others (20;21). Briefly, 1×HBSS buffer (Cat. 21-023-CV, Corning, NY 14831) containing 0.1% BSA and collagenase (0.7 mg/ml, Cat. C6885, Sigma-Aldrich, St. Louis, MO USA) was injected through the common bile duct, and then the inflated pancreas was dissected and incubated at 37°C in the water bath for 27 min. After sedimentation and wash, islets were purified by gradient centrifuge in Histopaque ® -1077 density gradient medium (Cat. 10771, Sigma-Aldrich), followed by recovery in culture medium (Krebs buffer (magnesium sulfate 1.2 mM, potassium phosphate 1.2 mM, potassium chloride 4.7 mM, sodium chloride 119 mM, calcium chloride 2.5 mM, sodium bicarbonate 25 mM, pH7.4) with 0.25% BSA, 10 mM HEPES and 5.5 mM glucose) at 37°C for 30 min and manual collection under a microscope. Only healthy islets with a round shape were used for experiments, according to the criteria described by Carter et al. (22).
3.5. RNA extraction and RT-PCR

Total RNA was extracted from pancreatic islets by Trizol reagent (Cat. 15596-018; Invitrogen, Carlsbad, CA) combined with Qiagen RNeasy minikit (Cat. 74104; Qiagen Inc., Valencia, CA). The possible genomic DNA in total RNAs was digested with RNase free DNase I (Cat. 79254; Qiagen). In all these procedures manufacturers’ instructions were followed. Complementary DNA (cDNA) was synthesized from 0.5 μg of total RNA by reverse transcription in a total volume of 20 μl by using a MyCycler Thermal Cycler (Cat. 170-9703; Bio-Rad Laboratories, Hercules, CA) under the following conditions: One cycle at 28°C for 15 min, 42°C for 50 min, and 95°C for 5 min.

3.6. Quantitative real-time PCR

Real-time PCR detection was performed on a CFX96 Real-Time PCR Detection System (Cat. 184-5096; Bio-Rad). iTaq Universal Probes Supermix (Cat. 1725135; Bio-Rad) was used for amplification of Ghrl, Ghsr, Mboat4, Bche and Actb. Sequences of these primers were described previously (23;24). The reaction mixture was incubated at 95°C for 10 min and cycled according to the following parameters: 95°C for 30 seconds and 60°C for 1 min for a total of 40 cycles. Negative control without cDNA was performed to test primer specificity. The relative gene expression was calculated by use of the threshold cycle (Ct) Actb/Ct target gene.

3.7. Protein extraction and Western blotting

Protein was extracted from frozen pancreatic islets (n = 5 rats/diet group) using RIPA buffer (Cat. 9806, Cell Signaling, Danvers, MA) with protease inhibitor cocktails (Cat. 11697498001; Roche, Indianapolis, IN), phosphatase inhibitor cocktails 2 and 3 (Cat. P5726 and P0044; Sigma, St. Louis, MO), according to the manufacturers recommendations. Aliquots of 10 μg proteins were added with 4X Sample Buffer (Cat. NP0007, Invitrogen), followed by incubation at 70°C for 10 minutes. The separated proteins in NuPAGE 4-12% Bis-Tris Gel (Cat. NP0321BOX; Invitrogen) were transferred onto a PVDF membrane at 4°C overnight. After blocking in 5% BSA in TBST buffer, a rabbit anti-GHSR polyclonal IgG (Cat.AB15159; EMD Millipore, Billerica, MA) was added to nitrocellulose membrane and incubated at 4°C overnight. The blot were washed and incubated with HRP-conjugated goat anti-rabbit IgG (Cat. 4030-05; Southern Biotech, Birmingham, AL) at 1:2000 dilutions at room temperature for 1 h. ACTB (β-actin) was used as an internal control. Primary antibody, mouse monoclonal antibody for ACTB (Cat. 3700; Cell Signaling), and secondary antibody, HRP-conjugated goat antimouse IgG (Cat. 1030-05; Southern Biotech) were used at 1:10000 dilutions. Proteins in the blot were visualized with ODYSSEY FC Imaging System (LI-COR Biotechnology) according to the manufacturer’s recommendations. The relative amount of target protein was expressed as a ratio to ACTB analyzed by western blotting.

3.8. Ex vivo Glucose stimulated insulin secretion

Ten islets of medium size were seeded to each well of 12-well cell culture plate and incubated in 500 μl culture medium (Krebs buffer with 0.25% BSA, 10 mM HEPES and 2.8 mM glucose) only (NONE), or supplemented with ghrelin (G, 10nM; Cat.1465, Tocris Bioscience, UK), ghrelin antagonist (A, 1μM; GHRP-6 (D-Lys3)); Cat. 031-22, Phoenix Pharmaceuticals, Inc.) and their combination (G+A), respectively for 30 min. These doses were determined based upon previous reports (21;25). Fifty microliter of culture medium was removed and stored for future measurement of insulin, then 50 μl of culture medium with concentrated glucose was added to increase working glucose concentration up to 16.7 mM. After incubation for another 30 min, culture medium was collected and stored at -80°C for insulin determination. Pancreatic islets were placed in 50 μl water and stored at –80°C for DNA measurement.

3.9. Insulin ELISA and DNA measurement

Insulin concentration in plasma and culture medium collected in GSIS assay was measured by ELISA (Cat. 10-1250-01, Mercodia, Uppsala, Sweden). All procedures were conducted according to the instructions in the assay kit. Frozen islets were sonicated and the concentration of DNA was measured by NanoDrop 1000 (Thermo Scientific, Wilmington, DE).

3.10. Statistical analysis

All quantitative data were subjected to least-squares analysis of variance (ANOVA) using the general linear models procedures of the Statistical Analysis System (Version 9.4., SAS Institute, Cary, NC). Data on gene expression and abundance of proteins were analyzed for the effect of diet treatment. Data on ex vivo insulin secretion were analyzed for the effects of ghrelin, its antagonist and their combination within and between the two diet groups. Log transformation of variables was performed when the variance of data were not homogenous among treatment groups, as assessed by the Levene’s test. A P-value ≤ 0.05 was considered significant; a P-value > 0.05 and ≤ 0.10 was considered a trend toward significance. Data were presented as least-squares means (LSMs) with overall standard errors (SE).

4. Results

4.1. Plasma levels of insulin

To confirm the reduction of plasma insulin levels in response to a low protein diet, we first measured plasma levels of insulin in both CT and LP
rats. Plasma insulin levels were reduced ($P < 0.05$) by 2.3-fold in LP compared to CT rats when measured on Day 21 of pregnancy (Figure 1).

### 4.2. Ghrelin and its related genes in pancreatic islets

Besides primary production in the stomach, ghrelin is also produced locally in the delta cells of pancreatic islets and exerts its inhibitory effect on GSIS via ghrelin receptors on β-cells (10;26). We measured gene expression of Ghrl, Ghsr, Mboat4 (the enzyme catalyzing octanoylation of ghrelin and making active ghrelin which can bind to ghrelin receptor) and Bche (the enzyme inactivating active ghrelin by deacetylation) in pancreatic islets. mRNA levels of Ghrl and Ghsr were higher by 1.8 -$P < 0.01$ and 1.6 ($P < 0.05$)-fold in LP rats compared to those in CT rats,
4.5. Glucose stimulated insulin secretion in response to ghrelin

In presence of 2.8 mM glucose, insulin secretion was not changed by ghrelin (G) and its antagonist (A) in both CT and LP rats, although insulin secretion was higher in CT rats for each treatment except combination of ghrelin and its antagonist (G+A) (Figure 5A). In presence of 16.7 mM glucose, in LP rats insulin secretion was unchanged by ghrelin and its antagonist; in CT rats insulin secretion with the treatment of ghrelin was reduced to 69.8% of untreated group, but insulin secretion with the treatment of A and G+A was increased \((P < 0.001)\) by 2.8- and 2.6-fold, respectively (Figure 5B). With both NONE and G treatments, fold-changes of insulin secretion with 2.8 and 16.7 mM glucose were similar between CT and LP rats, while with treatments of A and G+A, these values were 2.61- and 2.65-fold higher \((P < 0.001)\) in CT compared to LP rats, respectively. In CT rats, these values were 2.61- and 2.65-fold higher \((P < 0.001)\) in CT compared to LP rats, respectively. In CT rats,fold-changes of insulin secretion from 2.8 and 16.7 mM glucose were similar between CT and LP rats, while with treatments of A and G+A, these values were 2.61- and 2.65-fold higher \((P < 0.001)\) in CT compared to LP rats, respectively. In CT rats,fold-changes of insulin secretion from 2.8 and 16.7 mM glucose were higher \((P < 0.05)\) with the treatment of A (Groups A and G+A), compared to those without A (Groups NONE and G) (Figure 5C), while in LP rats, these values were similar among all treatment groups.

5. DISCUSSION

Insulin resistance is required during pregnancy to ensure adequate glucose supply to...
Blunted ghrelin signaling in insulin secretion

support fetal growth, but it has to be compensated by enhanced insulin secretion to maintain glucose homeostasis. This study and others (19) found plasma insulin levels were significantly lower in pregnant rats fed LP diet. This decrease in insulin levels not only reflects the reduction of insulin release from pancreatic beta cells (Figure 4), but also represents the dysregulation between insulin and blood glucose. Despite increases in plasma levels of ghrelin in LP rats during late phase of pregnancy (18) and local expression of Ghrl gene in pancreatic islets (Fig.2), ghrelin signaling fails to inhibit insulin secretion in pancreatic islets in LP rats. In contrast, ghrelin exerts its inhibition on GSIS in pregnant rats fed normal protein diet in obvious dose-dependent manner, thus we propose that ghrelin resistance in pancreatic islets may occur in LP rats during late phase of pregnancy similar to that occurs in the hypothalamus (24).

Low protein diet alters glucose metabolism and insulin secretion during gestation. This study confirms that plasma insulin levels were reduced in LP rats compared to CT rats during late gestation (19). This reduction in insulin levels is supported by reduced GSIS of pancreatic islets from LP rats in both low and high concentrations of glucose (Figure 4). However, what causes the reduced GSIS in response to the LP diet during gestation remains unclear. In non-pregnant rats low protein diet reduces GSIS by hypotrophy of β-cells (27), decreased coupling among β-cells (28), inappropriate glucose metabolism (29), and disrupted signaling pathways (30-32). Unlike non-pregnant rats, beta cell proliferation peaks at mid-pregnancy and returns to basal levels at term (3;4), thus insulin secretion from islets may be a major regulator in insulin homeostasis during late pregnancy. This is supported by the reported higher pancreatic insulin content in pregnant rats fed a LP diet (33). Considering that ghrelin inhibits insulin secretion in both in vivo and ex vivo studies (8;9), and plasma levels of ghrelin are significantly increased in pregnant rats fed the LP diet (18), we originally expected that the elevated levels of ghrelin contributes to the reduction of plasma insulin levels in LP rats.

Our study is the first to show ghrelin signaling reducing the GSIS in isolated islets of pregnant rats, as most of previous studies, if not all, investigated the effects of ghrelin on GSIS in males. In presence of high glucose, ghrelin inhibits GSIS of islets from pregnant rats fed the CT diet, while both ghrelin

Figure 4. Glucose stimulated insulin secretion in pancreatic islets from pregnant rats fed a low protein diet in presence of 2.8 and 16.7 mM glucose. CT: control; LP, low protein. The error bar represents the mean ± SEM expressed as the ratio of amount of insulin secreted in medium during 30 minutes’ incubation to total amount of DNA in pancreatic islets (n = 4-5 rats/diet group). ***, P < 0.001.
Blunted ghrelin signaling in insulin secretion

antagonist alone and the combination of ghrelin and its antagonist reverses the reduction in GSIS by ghrelin (Figure 5B). Therefore the inhibitory effect of ghrelin on GSIS is mediated by GHSR, the only known ghrelin receptor, which is abundantly expressed in beta cells of pancreatic islets (26;34). Our findings are consistent with previous studies in male rodents and also Ghrl or Ghsr ablated mice (35;36). Thus, the inhibitory effect of ghrelin on GSIS is maintained in pregnant dams. In contrast, ghrelin and its antagonist did not affect GSIS in pregnant rats fed the LP diet (Figs. 5A, 5B) regardless of glucose concentrations, although elevated mRNA levels of Ghrl and Ghsr may represent a positive adaptation (Figure 2). These indicate functional ghrelin receptor may not be present in beta cells of LP rats. Ghrelin receptor is constitutively
activated in cell membrane and accounts for 50% of its full activity when it is not bound by ligands (37). Its full activation by ghrelin requires the recruitment of Gαq protein to form an active receptor:Gαq complex (38). Moreover, the function of this complex in pancreatic islets is modified by somatostatin (SST) (39), cortistatin (40) and the energy balance (39). For instance, in low energy balance, GHSR/SST5 heterodimer is preferably bound to Gαi/o and inhibits insulin secretion; however, in high energy balance, the dissociation of SST5 from GHSR facilitates the formation of GHSR:Gαq complex (39). Pregnant rats fed the LP diet consumed significantly less diet with very little body weight gain in late gestation (18), and consequently were in obvious low energy balance. Therefore we could expect that the coupling between ghrelin receptor to Gαq proteins have been interrupted. In addition, ghrelin signaling pathway following ghrelin receptor activation in beta cells includes reduced cAMP production and activation of voltage-dependent Kv channels (Kv2.1), which causes the outward flow of potassium, attenuating membrane excitability and consequently suppressing calcium influx and insulin release. Whether these events are interrupted in beta cells of LP rats are unclear, but mRNA expression of Kv2.1 was increased in islets of LP rats (data not shown). The enhanced function of Kv2.1 could partly, if not entirely explain the reduced insulin secretion in islets of LP rats, as the activity of Kv. 2.1, could contribute to a background current which negatively affect the action potential of plasma membrane of beta cells in response to high extracellular glucose (41). In addition, long-term exposure to excess endogenous ghrelin in LP rats during mid- and late pregnancy (18) may lead to the blunted ghrelin signaling in vivo, and therefore pancreatic islets were less sensitive to ghrelin treatment ex vivo. All these proposed mechanisms responsible for blunted ghrelin signaling warrant future studies.

Insulin plays a critical role in suppressing blood glucose to avoid glucotoxicity in both pregnant and non-pregnant individuals and elevated insulin levels are required for compensating insulin resistance especially during late pregnancy (5-7). The reduction of plasma insulin levels in LP rats during late pregnancy may cause elevated blood glucose, as liver gluconeogenesis is enhanced during normal pregnancy, thus LP diet may cause gestational diabetes during late pregnancy. In addition, reduced insulin levels may also contribute to the impaired GSIS of pancreatic islets in LP rats and thus, further reduce GSIS by a positive feedback, as knockout of insulin receptor causes reduced insulin response to glucose and amino acids (42). In addition, trophoblast cells are highly sensitive to insulin (43), as insulin stimulates placental growth (44), while hyperglycemia slows down trophoblast growth (45). Therefore, lower insulin levels may negatively affect placental growth as well as function and thus, playing an important role in placental programming in response to low protein diet during gestation.

In summary, in this study we report that ghrelin signaling is involved in regulating beta cell functions, and it inhibits GSIS of pancreatic islets in pregnant rats fed CT diet. Ghrelin signaling is blunted in pregnant rats fed LP diet and thus may not contribute to the reduction of plasma insulin and GSIS of pancreatic islets in late pregnancy of rats fed LP diet.

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