

Decreasing betatrophin levels during pregnancy in healthy women

A. Zielińska, R. Maciulewski, K. Siewko, A. Popławska-Kita, D. Lipińska, G. Kozłowska, M. Górska, M. Szelachowska

Department of Endocrinology, Diabetology and Internal Medicine; Medical University of Bialystok, Poland

BACKGROUND

Betatrophin is a member of the angiopoietin-like protein family (ANGPTL), and is also known as ANGPTL8, lipasin, RIFL (Refeeding-Induced Fat and Liver) and hepatocellular carcinomaassociated protein TD26. In human, betatrophin is predominantly produced by the liver, with a smaller amount produced by the adipose tissue. In mice, betatrophin has been shown to significantly improve beta cell function and glucose tolerance. To date, we have evidence to support a relationship between betatrophin and insulin resistance (IR). Increased betatrophin concentrations have been shown in type 2 diabetes, obesity and gestational diabetes mellitus (GDM). During pregnancy, IR is known to increase due to the antagonistic effects of hormones produced by the placenta on insulin action; these hormones include: chorionic gonadotropin, growth hormone, adrenocorticotropic hormone, placental lactogen, prolactin, estrogens and progestogens. Hyperplasia of beta cells prevents this IR from leading to the development of diabetes. Pregnancy is also a period of remarkably impaired lipid profiles; specifically, in both human and animal models, betatrophin has been shown to be involved in the regulation of lipid metabolism, especially triglycerides (TG)

AIM

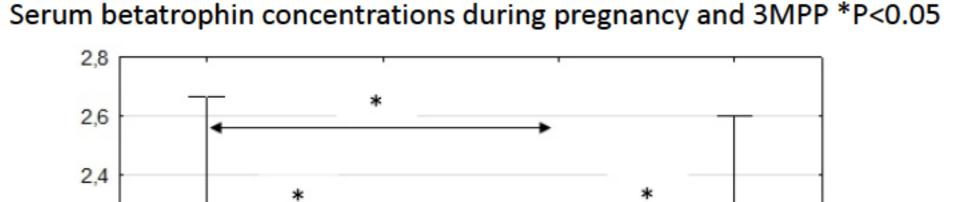
The aim of our study was to evaluate the role of betatrophin in IR and function of beta cells during pregnancy in healthy women.

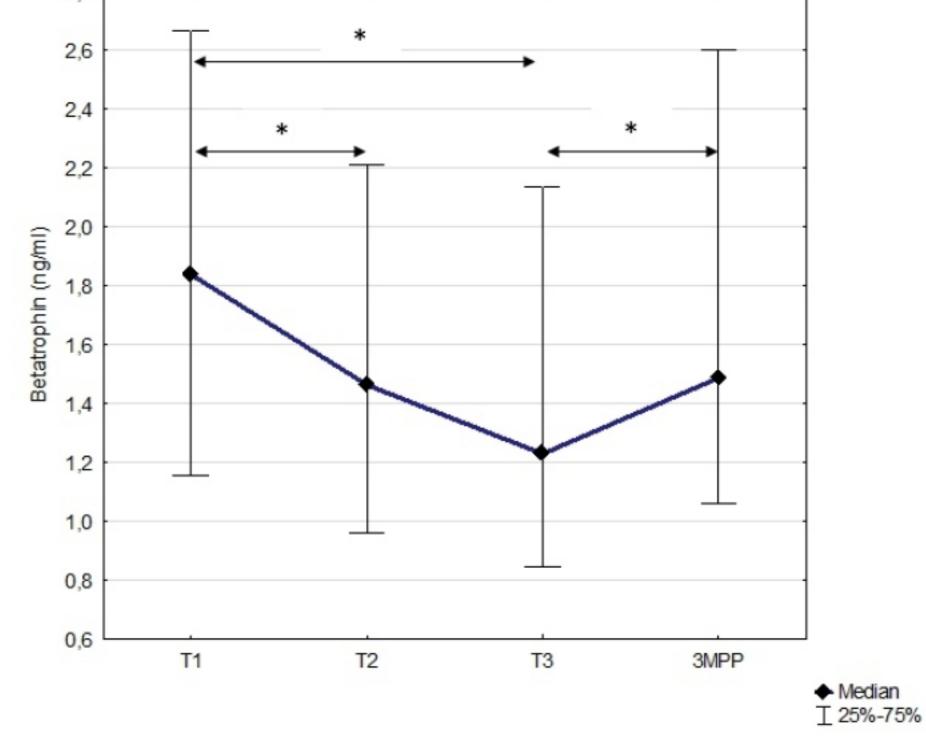
SUBJECTS AND METHODS

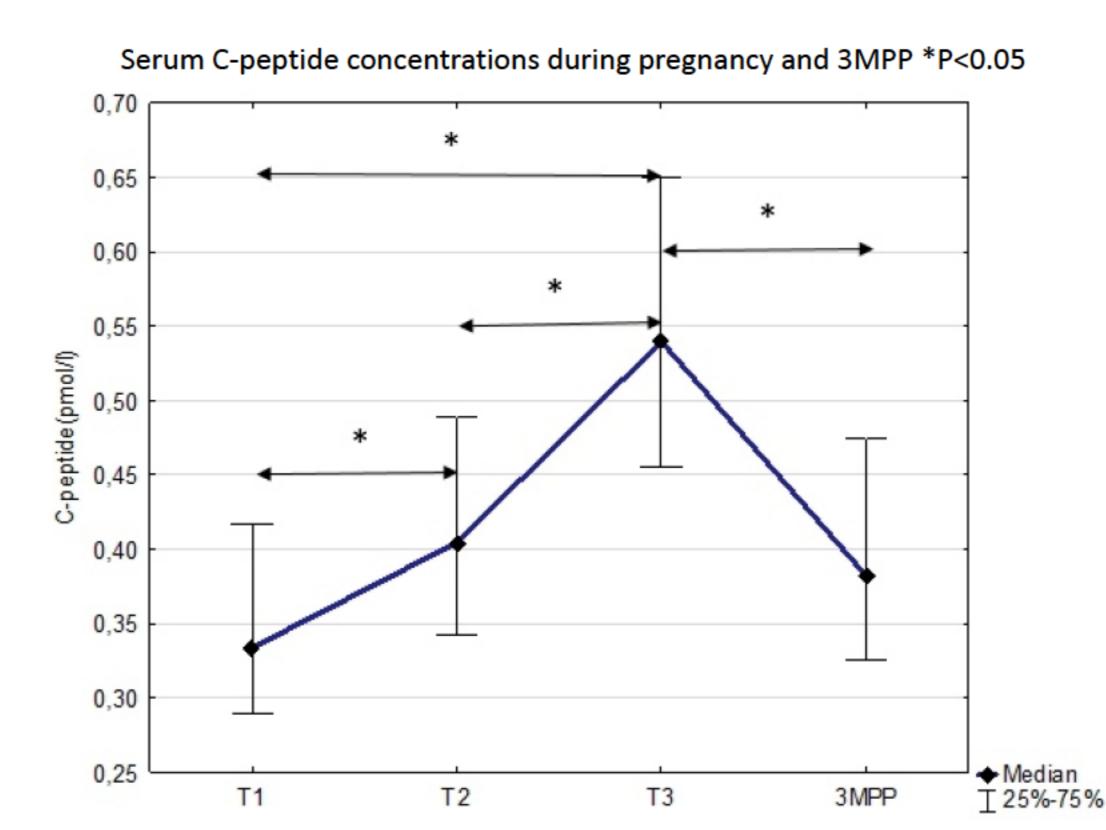
We examined 80 healthy pregnant women in each trimester (T1- first, T2-second, T3-third trimester), with 45 of the cohort also examined 3 months postpartum (3MPP). Our control group comprised 30 non-pregnant healthy women (HW) of reproductive age. We measured the levels of betatrophin (ELISA), glucose (enzymatic method with hexokinase), insulin (IRMA), C-peptide (EASIA), HbA1c (HPLC), and calculated HOMA-IR and HOMA%β.

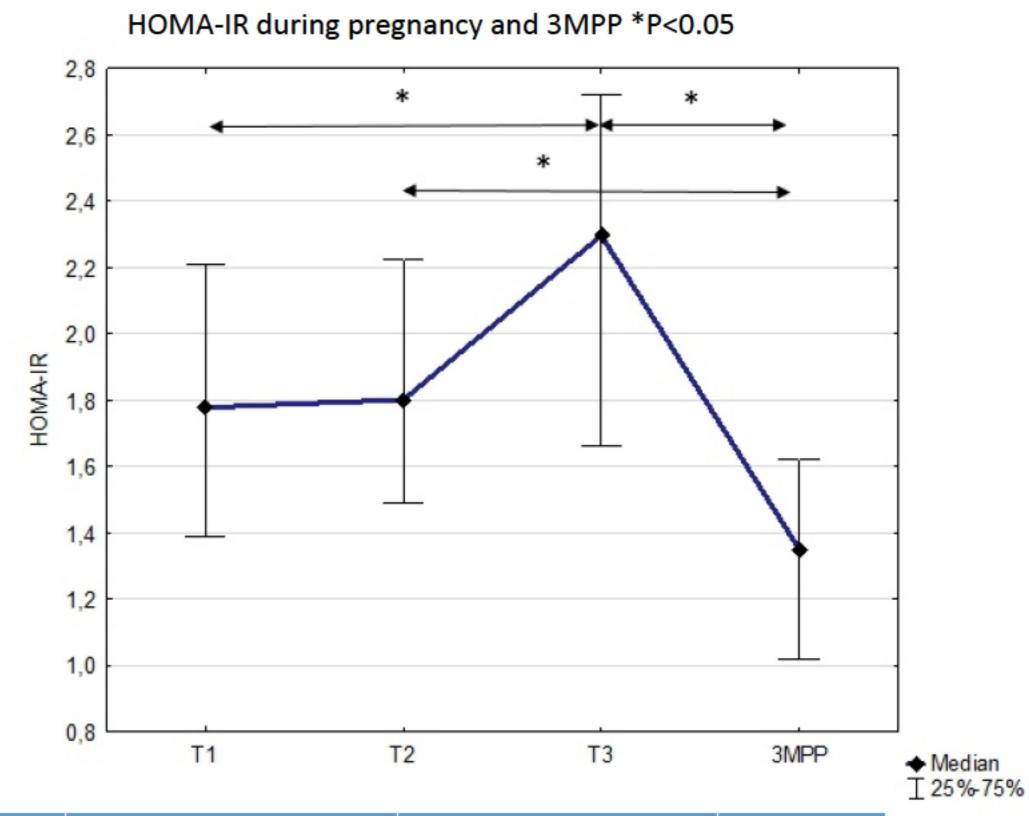
RESULTS					
	T1 (n=80)	T2 (n=80)	T3 (n=80)	3MPP (n=45)	
Age (years)	30.0 (7.0)				
BMI (kg/m²)	Before pregnancy 21.6 (2.9)	N/A	N/A	23.2 (4.0)	
Gestational age (week)	11.0 (3.0)	21.0 (3.0)	33.0 (2.5)	N/A	
Weight (kg)	63.0 (12.0)*	67.0 (11.0)**	74.8 (11.5)***	64.0 (11.0)	
Weight gain (kg)	1.9 (2.8)*	5.5 (3.8)**	12.0 (7.0)***	3.0 (4.0)	
Betatrophin (ng/ml)	1.8 (1.5)*	1.5 (1.3)	1.2 (1.3)***	1.5 (1.5)	
Fasting glucose (mg/dl)	83.0 (8.5)	80.0 (8.0)	80.0 (7.0)***	87.0 (7.0)****	
HbA1c (%)	4.9 (0.4)	4.8 (0.4)	4.9 (0.4)***	5.2 (0.4)****	
Fasting insulin (µIU/ml)	8.6 (3.3)	9.0 (3.4)	11.3 (5.3)***	6.2 (2.4)****	
C-peptide 0' (pmol/l)	0.3 (0.1)*	0.4 (0.2)**	0.5 (0.2)***	0.4 (0.2)	
HOMA-IR	1.8 (0.8)	1.8 (0.7)	2.3 (1.1)***	1.4 (0.6)	
HOMA-B (%)	157.7 (84.8)*	206.9 (93.6)	227.7 (140.8)***	92.5 (37.3)****	
Cholesterol (mg/dl)	176.5 (40.5)*	234.5 (46.5)**	262.0 (52.0)***	198.5 (49.5)	
LDL cholesterol (mg/dl)	92.0 (32.5)*	135.0 (50.0)**	162.0 (59.0)***	110.0 (50.0)****	
HDL cholesterol (mg/dl)	70.0 (17.5)*	83.5 (18.5)	79.0 (20.0)***	70.0 (19.0)	
Triglicerides (mg/dl)	86.0 (32.5)*	132.5 (60.5)**	193.0 (83.0)***	59.5 (38.0)	
TSH (μIU/ml)	0.8 (0.9)*	1.4 (0.8)	1.3 (1.0)	1.2 (0.8)****	
fT3 (pg/ml)	3.2 (0.4)*	2.9 (0.4)	2.9 (0.4)	2.9 (0.4)****	
fT4 (ng/ml) Note: N/A-not applicable. Statistic	1.1 (0.2)* cally significant (P<0.05)	1.0 (0.1) differences between:	0.9 (0.1)*** * first (T1) and second t	1.0 (0.1)**** rimester (T2);	

** second (T2) and third trimester (T3); *** third trimester (T3) and 3 months postpartum (3MPP);









	⊥ 25%-75%		
	3MPP (n=45)	HW (n=30)	p value
Age (years)	30.0 (7.0)	33.0 (14.0)	Ns
BMI (kg/m²)	23.2 (4.0)	22.1 (4.5)	Ns
Weight (kg)	64.0 (11.0)	62.0 (11.0)	Ns
Betatrophin (ng/ml)	1.5 (1.5)	1.5 (1.8)	Ns
HbA1c (%)	5.2 (0.4)	5.2 (0.3)	Ns
C-peptide 0' (pmol/l)	0.4 (0.2)	0.5 (0.2)	p=0.001
HOMA-IR	1.4 (0.6)	1.5 (1.3)	Ns
HOMA-B (%)	92.5 (37.3)	88.9 (68.0)	Ns
Glucose 0' (mg/dl)	87.0 (10.0)	86.0 (6.0)	Ns
Glucose 1h (mg/dl)	104.0 (40.0)	121.5 (51.0)	Ns
Glucose 2h (mg/dl)	91.0 (26.0)	94.5 (19.0)	Ns
Glucose AUC	11460.0 (3150.0)	12915.0 (3840.0)	Ns
Insulin 0 (μIU/ml)	7.0 (2.0)	6.7 (6.1)	Ns
Insulin 1h (μIU/ml)	35.6 (31.6)	35.5 (30.6)	Ns
Insulin 2h (μIU/ml)	23.5 (14.5)	21.6 (31.4)	Ns
Insulin AUC	3048.0 (2271.0)	3060.0 (3250.0)	Ns
IS ₁₂₀	8.5 (3.7)	8.3 (7.1)	Ns
DI _{OGTT}	2.2 (1.0)	2.1 (0.7)	Ns
Cholesterol (mg/dl)	198.5 (49.5)	183.0 (55.0)	Ns
LDL cholesterol (mg/dl)	110.0 (50.0)	105.0 (42.0)	Ns
HDL cholesterol (mg/dl)	70.0 (19.0)	67.5 (24.0)	Ns
Triglicaridae (mg /dl)	EU E (30 U)	CO O (42 O)	NIC

	T2	ЗМРР	P value
Glucose 0' (mg/dl)	79.0 (7.0)	87.0 (10.0)	<0.001
Glucose 1h (mg/dl)	114.0 (41.0)	104.0 (40.0)	0.7
Glucose 2h (mg/dl)	105.0 (32.0)	91.0 (26.0)	0.002
Glucose AUC	12540.0 (2910.0)	11460.0 (3030.0)	0.8
Insulin 0 h (μIU/ml)	8.6 (3.3)	7.2 (2.2)	0.004
Insulin 1h (μIU/ml)	60.6 (46.0)	35.6 (26.3)	0.001
Insulin 2h (μIU/ml)	51.5 (46.8)	23.5 (14.6)	<0.001
Insulin AUC	5134.0 (3668.9)	3048.3 (1988.5)	<0.001
IS _{ogtt}	6.0 (2.9)	8.5 (3.7)	0.005
DI ₁₂₀	2.6 (1.0)	2.2 (1.0)	0.01

CORRELATIONS

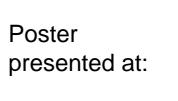
	T1	T2	T3	ЗМРР
DI ₁₂₀	ns	r=0,25 p=0,004	ns	ns
Weight	ns	ns	ns	r=0,23 p=0,03
Weight gain	r=0,25 p=0,03	r=0,27 p=0,01	ns	ns
Age	r= -0,23 p=0,03	ns	ns	ns
TSH	r=0,24 p=0,03	ns	ns	ns
fT ₄	r= -29 p=0,01	ns	ns	ns

CONCLUSIONS

In conclusion, we observed the level of betatrophin to decrease during pregnancy, despite an increase in IR and beta cell function, as evaluated by C-peptide and insulin concentrations. These results suggest that betatrophin does not play a significant role in the expansion of the beta cell mass and IR during pregnancy. Further studies are needed to establish the factors influencing betatrophin levels during each trimester of pregnancy.

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^{****} first trimester (T1) and 3 months postpartum (3MPP). Values for median (interquartile range) are presented.