

Association between the transient receptor potential (TRP) channel gene polymorphisms and metabolic syndrome

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OBJECTIVES

Metabolic syndrome (MetS) is characterized by a combination of visceral obesity, hypertension, insulin resistance, dyslipidemia, and impaired glucose tolerance. It is a prominent risk factor for cardiovascular morbidity and mortality. The etiology of MetS is complex. The progression of MetS is influenced by genetic susceptibility and environmental factors. The aim of this study was to investigate a possible association between transient receptor potential (TRP) channels gene polymorphisms and MetS in a Turkish population.

Table 1. Baseline demographic and clinical characteristics of MetS patients and controls

	Patients (n=142)	Controls (n=166)	P value
Age (years) ^a	42.25±12.22	41.89±9.42	0.7708
Gender			
Male (n, %)	15 (10.6)	29 (17.5)	0.1025
Female (n, %)	127 (89.4)	137 (82.5)	
Smoking status			
Current (n, %)	19 (13.4)	20 (12.1)	0.9583
Never (n, %)	114 (80.3)	135 (81.3)	
Past (n, %)	9 (6.3)	11 (6.6)	
Alcohol intake	6 (4.2)	9 (5.4)	0.7920
BMI (kg/m ²) ^a	40.19±6.32	22.61±2.00	<0.0001
Waist circumference (cm) ^a	118.10±12.99	82.12±8.23	<0.0001
Systolic BP (mm Hg) ^a	131.81±15.69	117.95±8.65	<0.0001
Diastolic BP (mm Hg) ^a	86.39±13.69	74.88±5.36	<0.0001
Diabetes mellitus (n, %)	37 (26.1)	-	
Fasting plasma glucose (mg/dl) ^a	116.62±58.52	86.64±6.89	<0.0001
HbA1c (%) ^a	6.33±1.81	-	
Creatinine (mg/dl) ^a	0.68±0.14	0.71±0.15	0.0722
Alanine aminotransferase (IU/l) ^a	24.83±14.56	23.86±13.38	0.5430
Total cholesterol (mg/dl) ^a	198.46±45.46	152.64±18.77	<0.0001
Low density lipoprotein cholesterol (mg/dl) ^a	129.60±32.63	96.12±14.37	<0.0001
High density lipoprotein cholesterol (mg/dl) ^a	40.68±8.15	43.12±5.75	0.0024
Triglyceride (mg/dl) ^a	174.04±66.43	123.46±26.45	<0.0001
Uric acid (mg/dl) ^a	4.94±1.30	-	
High-sensitive C-reactive protein (mg/dl) ^a	1.92±3.62	0.27±0.18	<0.0001
Insulin (pmol/l) ^a	22.10±16.43	-	
HOMA-IR ^a	6.00±4.68	-	

^aData are mean±SD. BMI, body mass index; BP, blood pressure. Fasting glucose and insulin plasma levels are used to calculate homeostasis model assessment of insulin resistance (HOMA-IR).

METHODS

A total of 308 unrelated Turkish subjects, 142 with obesity-related MetS and 166 non-MetS controls evaluated at Division of Endocrinology, Department of Internal Medicine, Faculty of Medicine, Gaziantep University, Gaziantep, Turkey were recruited into this study. The study was approved by the local Ethics Committee, and written informed consent prior to participation in the study was obtained from patients and healthy volunteers according to the Declaration of Helsinki. MetS was defined by using modified criteria proposed by the Third Report of the National Cholesterol Education Program Adult Treatment Panel. All sex and age-matched controls were healthy and had no symptoms of MetS. The selection criteria of the controls were that all control subjects were from the same geographical area with a similar socioeconomic and ethnic background and were admitted to outpatient clinic. Genomic DNA from the participants was analyzed by a BioMark 96.96 dynamic array system (Fluidigm, South San Francisco, CA, USA). For calculation of the significance of differences in genotype and allele frequencies, the chi-square test or Fisher's exact test was used. A p value of <0.002 (0.05/25) was considered statistically significant after Bonferroni correction for multiple testing.

Table 2. Distributions of genotypes and alleles for the TRPM1, TRPM2, TRPM3, TRPM4, and TRPM5 gene polymorphisms between the case and control groups.

Gene SNP	Genotypes/ Alleles	Controls n*	Cases with MetS n*	P value
TRPM1 rs28441327	CC/CT/TT C/T	109/43/14 261/71	91/31/16 213/63	0.5684 0.7426
TRPM1 rs11070811	GG/GA/AA G/A	105/48/8 258/64	93/37/10 223/57	0.6337 0.9641
TRPM1 rs2241493 (Ser71Asn)	AA/AG/GG A/G	86/52/20 224/92	87/35/17 209/69	0.3065 0.2791
TRPM1 rs111649153 (Arg1518His)	CC/CT/TT C/T	157/5/0 319/5	132/6/0 270/6	0.7596 0.7619
TRPM2 rs11618355	TT/TG/GG T/G	93/47/23 233/93	93/27/18 213/63	0.1376 0.1343
TRPM3 rs1328142	CC/CA/AA C/A	130/22/9 282/40	109/20/6 238/32	0.8787 0.8998
TRPM4 rs3760663	CC/CT/TT C/T	91/44/24 226/92	65/46/20 176/86	0.3575 0.3569
TRPM5 rs34364959 (Gly900Ser)	CC/CT/TT C/T	157/0/4 314/8	134/0/5 268/10	0.7376 0.4774
TRPM5 rs4929982 (Arg578Gln)	AA/AG/GG A/G	51/6/52 108/110	68/10/35 146/80	0.0354 0.0019
TRPM5 rs886277 (Asn235Ser)	AA/AG/GG A/G	68/57/34 193/125	63/44/25 170/94	0.6914 0.4055
TRPM5 rs34551255 (Ala456Thr)	CC/CT/TT C/T	52/2/6 106/14	70/2/5 144/12	0.7236 0.3016
TRPM5 rs3986599 (Val251Ala)	GG/GA/AA G/A	115/23/18 253/59	102/14/18 218/50	0.5203 0.9379

*Numbers do not always add up to total numbers because of missing values on the BioMark dynamic array system. SNP, single nucleotide polymorphism. MetS, metabolic syndrome.

Table 3. Distributions of genotypes and alleles for the TRPM6, TRPM7, and TRPM8 gene polymorphisms between the case and control groups.

Gene SNP	Genotypes/ Alleles	Controls n*	Cases with MetS n*	P value
TRPM6 rs3750425 (Val1388Ile)	GG/GA/AA G/A	120/35/7 275/49	98/32/8 228/48	0.7771 0.5217
TRPM6 rs62569677 (Asn877Asp)	AA/AG/GG A/G	159/1/0 319/1	133/1/0 267/1	1.0000 1.0000
TRPM7 rs55924090 (Ile159Thr)	TT/TC/CC T/C	159/3/0 321/3	135/1/0 271/1	0.6282 0.6295
TRPM8 rs1016062	CC/CT/TT C/T	119/35/5 273/45	100/27/5 227/37	0.9153 0.9626
TRPM8 rs2362294	TT/TC/CC T/C	61/42/56 164/154	44/40/58 128/156	0.3902 0.1306
TRPM8 rs2362295	AA/AG/GG A/G	98/51/15 247/81	75/39/19 189/77	0.3841 0.2833
TRPM8 rs10190018	GG/GA/AA G/A	97/52/14 246/80	81/44/12 206/68	0.9973 0.9371
TRPM8 rs2052029	GG/GA/AA G/A	98/49/17 245/83	81/40/16 202/72	0.9352 0.8586
TRPM8 rs6431648	CC/CT/TT C/T	93/55/12 241/79	91/34/14 216/62	0.1593 0.5560
TRPM8 rs10803666	GG/GC/CC G/C	131/27/3 289/33	118/18/3 254/24	0.6472 0.5771
TRPM8 rs12472151	CC/CT/TT C/T	132/27/2 291/31	78/57/2 213/61	0.0001 <0.0001
TRPM8 rs2215173	CC/CT/TT C/T	108/41/10 257/61	103/24/6 230/36	0.1944 0.0863
TRPM8 rs6740118	GG/GA/AA G/A	108/42/11 258/64	101/25/7 227/39	0.2472 0.1220

*Numbers do not always add up to total numbers because of missing values on the BioMark dynamic array system. SNP, single nucleotide polymorphism. MetS, metabolic syndrome.

RESULTS

Demographic and clinical characteristics of the study population are presented in Table 1. Genotype and allele frequencies of TRPM1, TRPM2, TRPM3, TRPM4, TRPM5, TRPM6, TRPM7, and TRPM8 gene polymorphisms in MetS and control groups are presented in Tables 2 and 3. There was an increase in A allele (64.6% in patients vs. 49.5% in controls) and decrease in G allele frequencies (35.4% in patients vs. 50.5% in control, P=0.0019) of the TRPM5 gene rs4929982 (Arg578Gln) polymorphism. No significant differences were noted in genotype distribution. We also observed that the distribution of genotype and allele frequencies of the TRPM8 gene rs12472151 in MetS patients were significantly different from controls (P<0.0001). However, no associations were found with the other 23 polymorphisms studied.

CONCLUSIONS

In conclusion, to the best of our knowledge, the present case-control study is the first to examine the potential involvement of TRP channel gene variations in the risk of incident MetS. Our data showed that genetic polymorphisms in TRPM5 and TRPM8 genes may modify individual susceptibility to MetS in the Turkish population.

