

Nephroprotective properties of metformin and vildagliptin: experimental facts in type 2 diabetes

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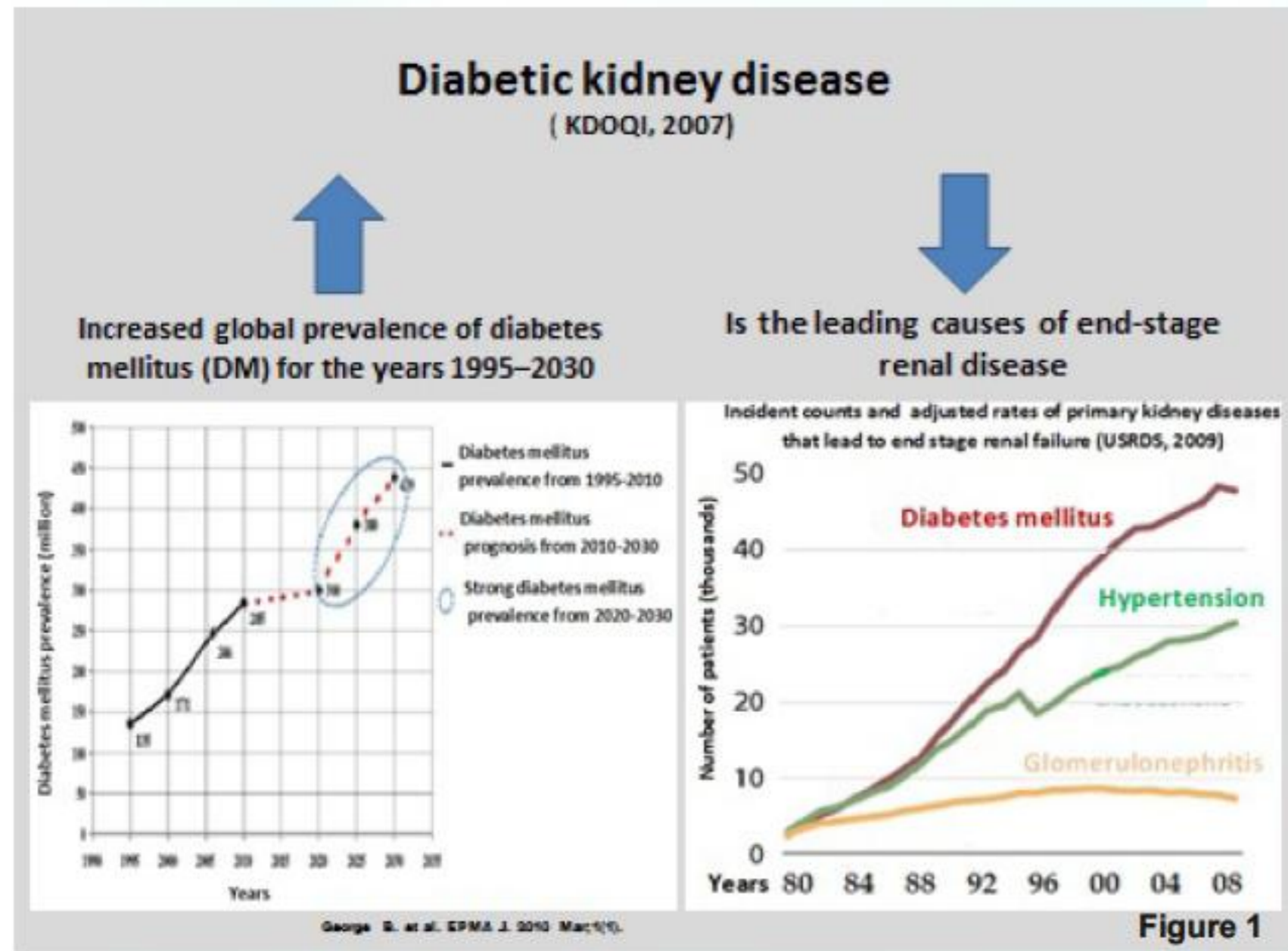
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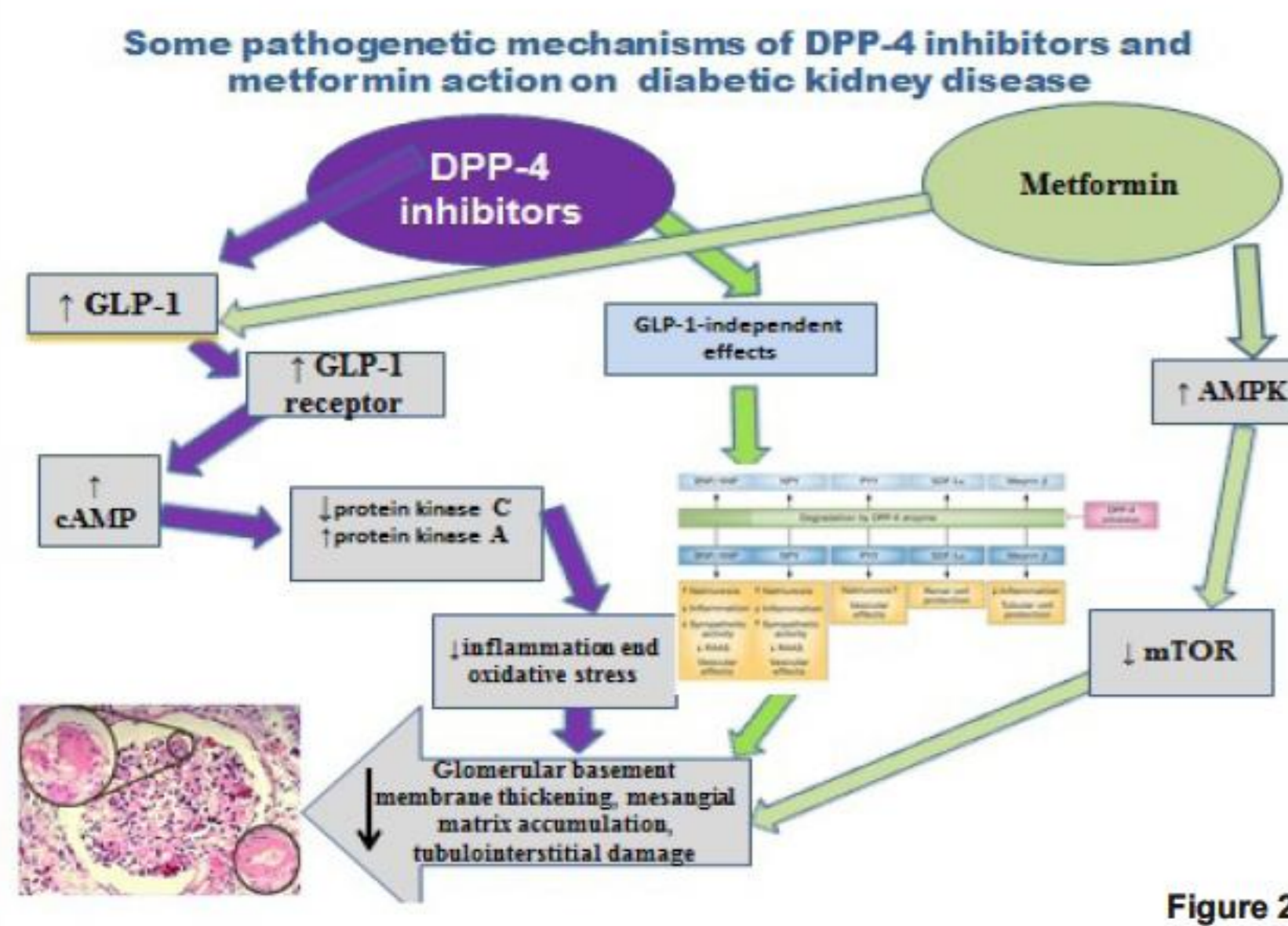


BACKGROUND

Type 2 diabetes mellitus is a troubling chronic disease, and diabetic kidney disease is one of the severest complications of diabetes mellitus (fig.1).



Several recent animal studies have demonstrated antioxidant and anti-inflammatory properties of dipeptidyl peptidase-4 (DPP-4) inhibitor vildagliptin and biguanide metformin, that could result in some positive effects on kidney function in diabetes, in addition to its efficacy in treating type 2 diabetes. For example, metformin has been shown to ameliorate injury in tubular cell and podocyte culture. Conjoint mechanisms underlying possible nephroprotective properties of DPP-4 inhibitors and metformin include both glucagon-like peptide-1 (GLP-1) dependent and independent (fig.2).

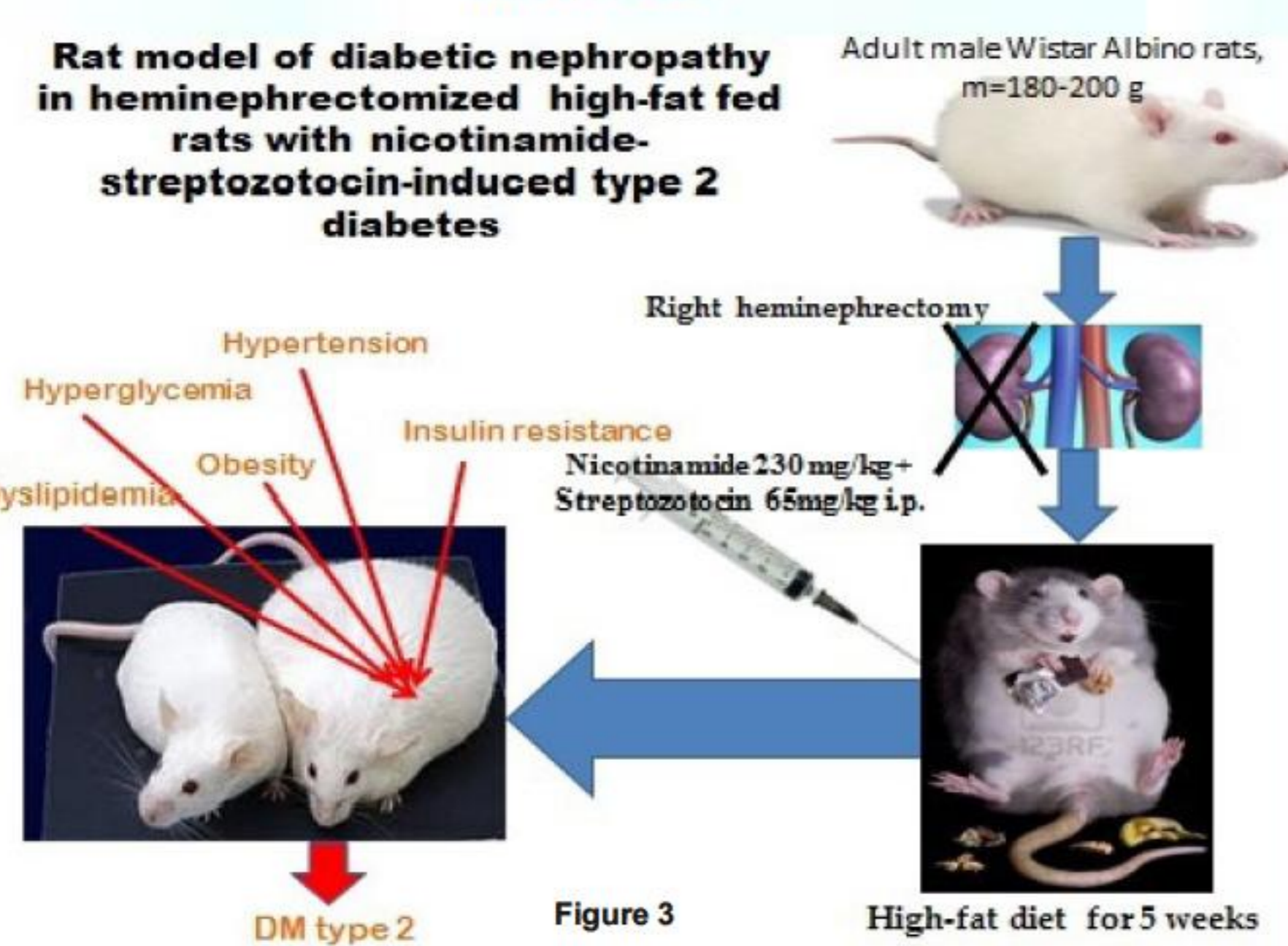


Indeed, in our previous study vildagliptin attenuated routine renal dysfunction markers in insulinopenic diabetic rats. However, metformin did not improve it.

AIM OF THE STUDY

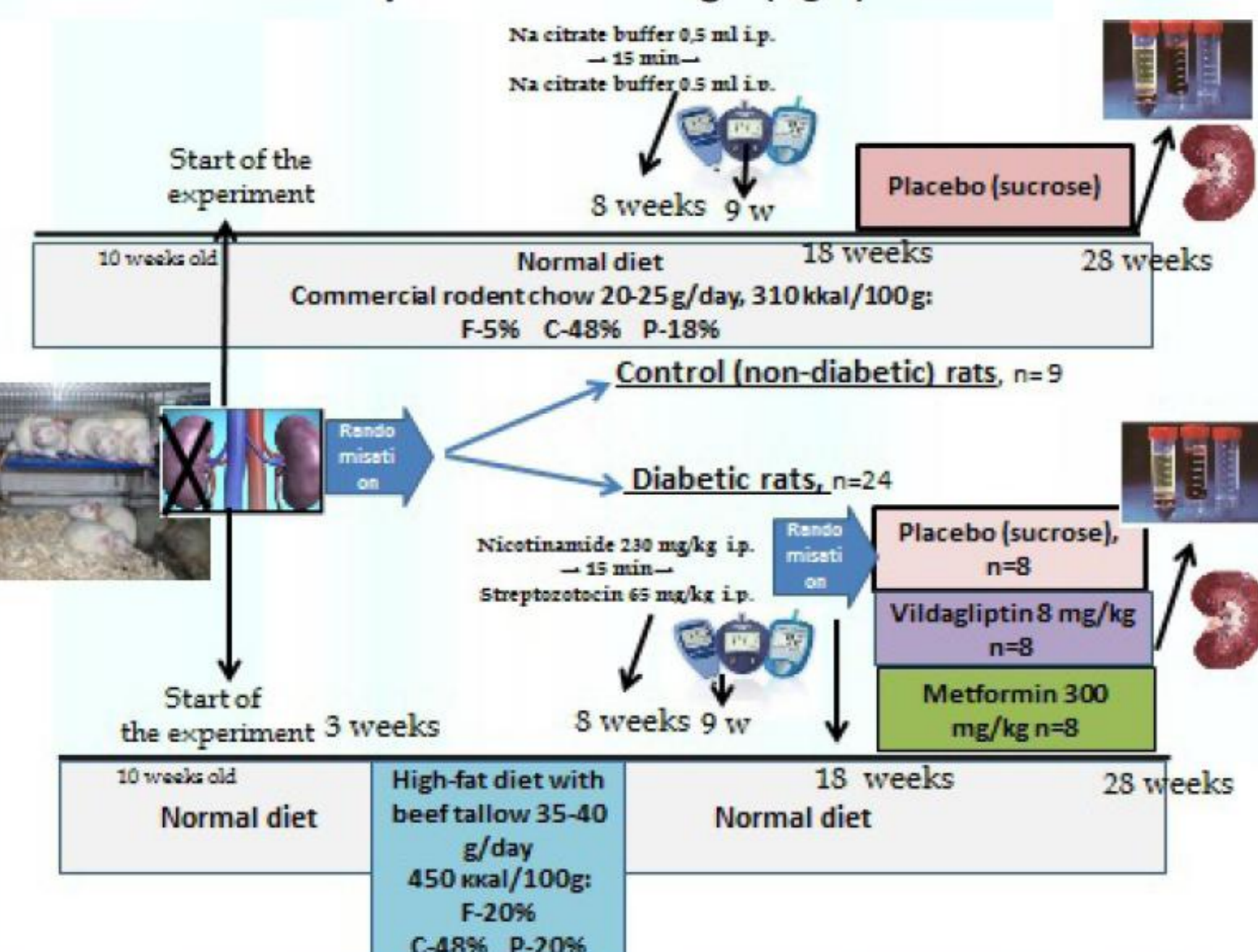
The study, concerned with high-fat fed heminephrectomized nicotinamide-streptozotocin-induced diabetic rats, aimed to evaluate morphological changes, the dynamic of glomerular dysfunction marker (albuminuria), and also novel markers of proximal tubular injury (KIM-1, NGAL) in rats with non-genetic type 2 diabetic nephropathy treated with metformin and vildagliptin.

METHODS



According to obtained data this experimental model of type 2 diabetes (fig.3) develops moderate hyperglycemia, obesity,

Experimental design (fig.4)



Measurements

- Blood samples:** glucose tolerance test, hemoglobin A1c (HbA1c; HPLC, BioRad, USA); creatinine, urea nitrogen, total cholesterol, triglyceride, and serum insulin level (Cobas Integra, Roche, Germany)
- Urine samples:** creatinine (Cobas), urinary albumin (UAE) level (ELISA, AssayPro, USA), KIM-1, NGAL (ELISA, Abcam, UK)
- KIM-1, NGAL are accepted biomarkers representing acute renal and chronic tubular injury in human and animal models.

Kidney injury molecule-1 (KIM-1)

a type 1 membrane protein (fig.5), is expressed at negligible levels in normal kidney tissue, but massively induced in differentiated proximal tubule epithelial cells in proteinuric, toxic and ischemic kidney diseases.



- Neutrophil gelatinase-associated lipocalin (NGAL)** is a small protein (fig.6) expressed by proximal and distal tubular cells and released in blood and urine following kidney injury from damaged tubular cells after various conditions
- KIM-1, and NGAL are considered promising urinary biomarkers for early detection of diabetic nephropathy in clinical practice.

Histopathological examination

Haematoxylin and eosin staining, periodic acid-Schiff reagent staining (PAS), Masson's trichrome staining, and immunohistochemistry (collagen type IV) for microscopic examination.

RESULTS

HbA1c in diabetic groups was considerably higher compared to non-diabetic rats. At the same time HbA1c levels in metformin and vildagliptin-treated groups were significantly lower than that in Placebo group, and didn't differ between each other (fig.7).

Figure 7 Glycated Haemoglobin level in studying groups by the end of the experiment

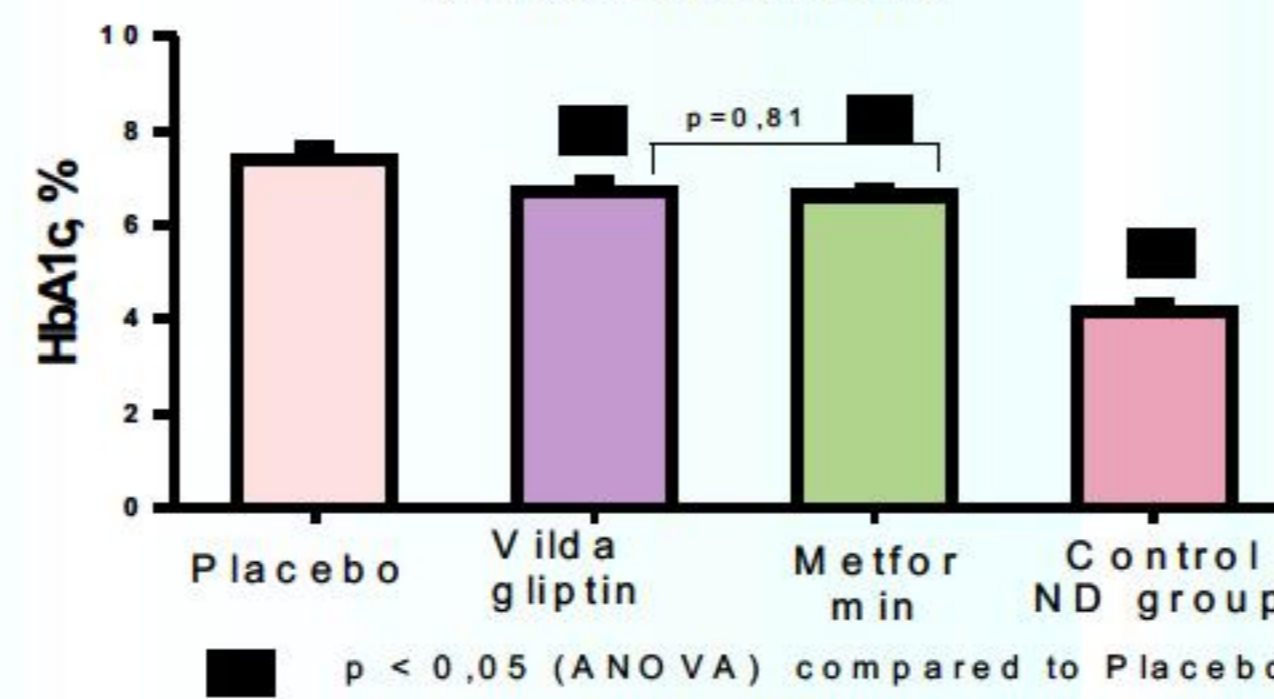
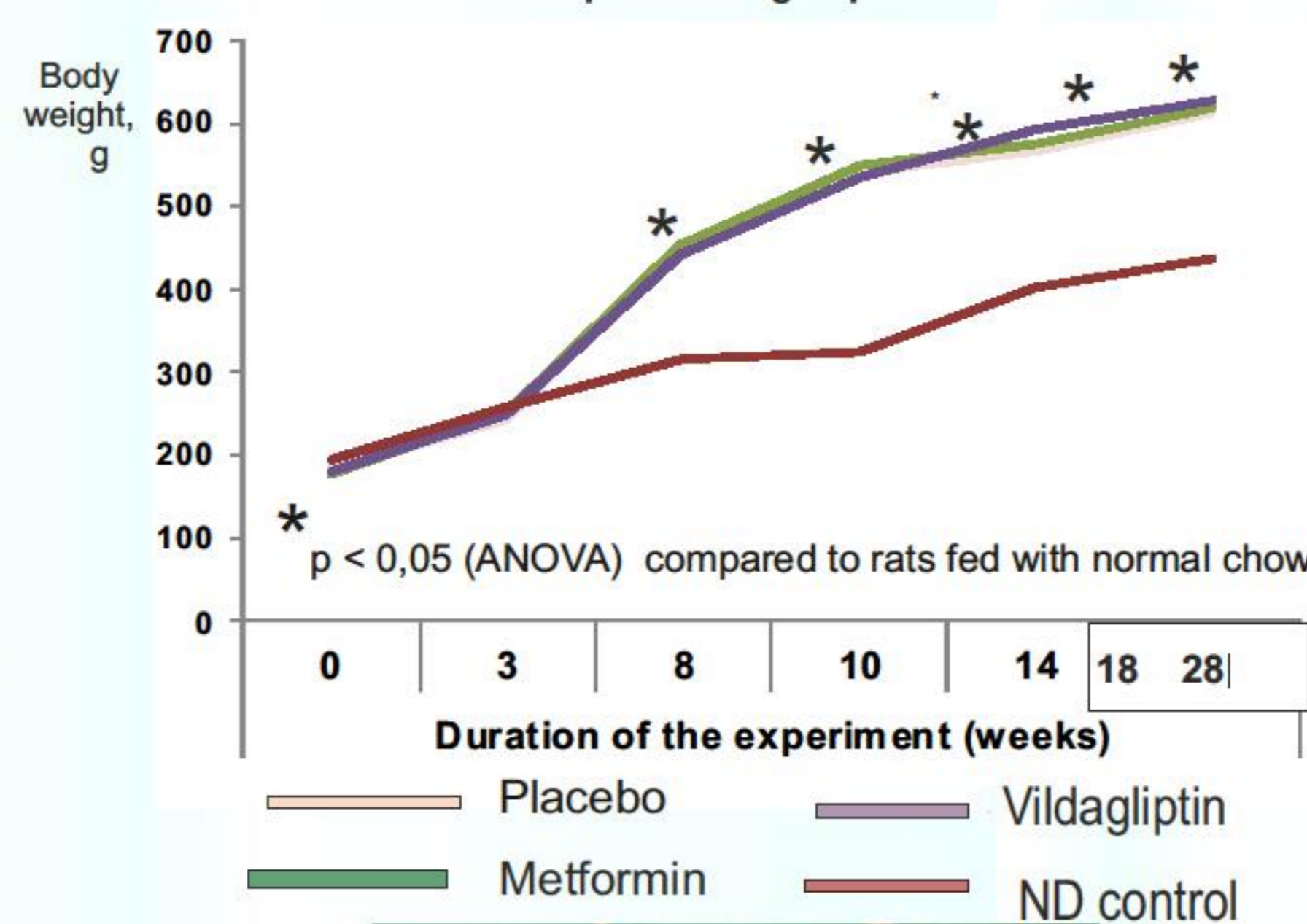


Fig. 8 demonstrates the changes in body weight for each group, and fig. 9 shows the differences between rats by the end of high-fat diet.

Figure 8. Changes in body weight during the study period in experimental groups

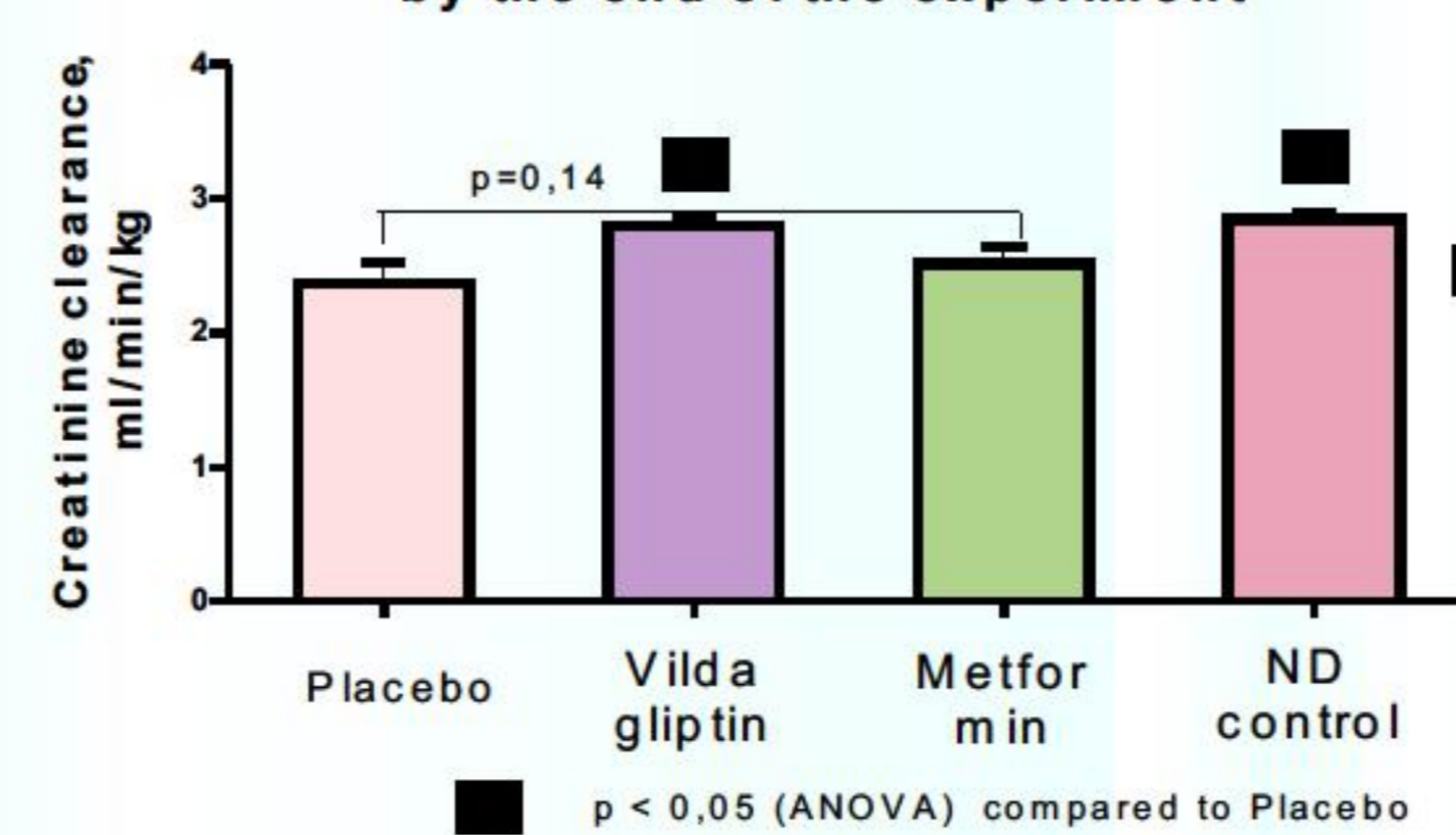


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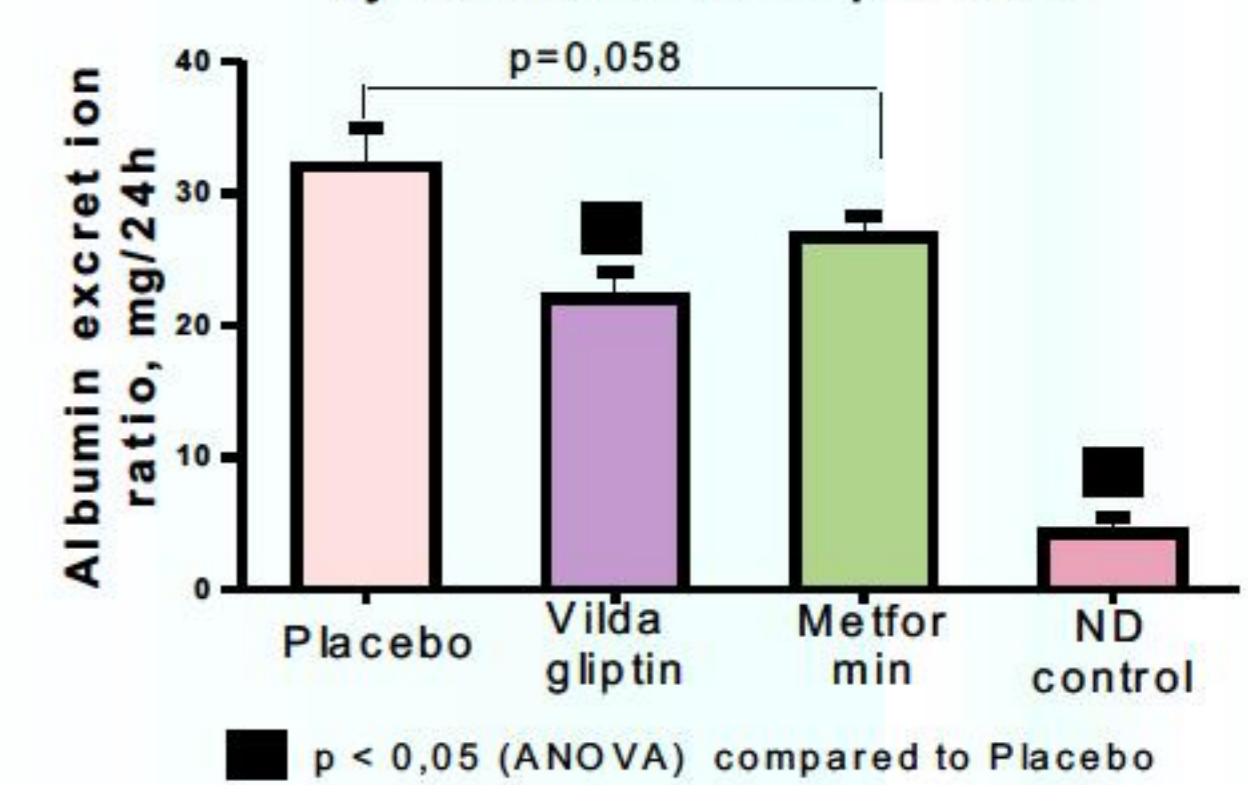
At the end of the experiment vildagliptin treatment was able to significantly improve creatinine clearance (fig.10), and reduce urinary albumin excretion ratio (fig.11).

Figure 10 Creatinine clearance in studying groups by the end of the experiment



Nevertheless, vildagliptin didn't affect on tubular dysfunction markers (fig.12,13)

Figure 11 Albumin excretion ratio level in experimental groups by the end of the experiment



- Even though metformin didn't attenuate routine kidney dysfunction markers such as creatinine, creatinine clearance and albuminuria compared to Placebo group, urinary levels of KIM-1 and NGAL were significantly lower than that in diabetic rats without treatment (fig.12,13).

Figure 12. Urinary KIM-1 levels in studying groups by the end of the experiment

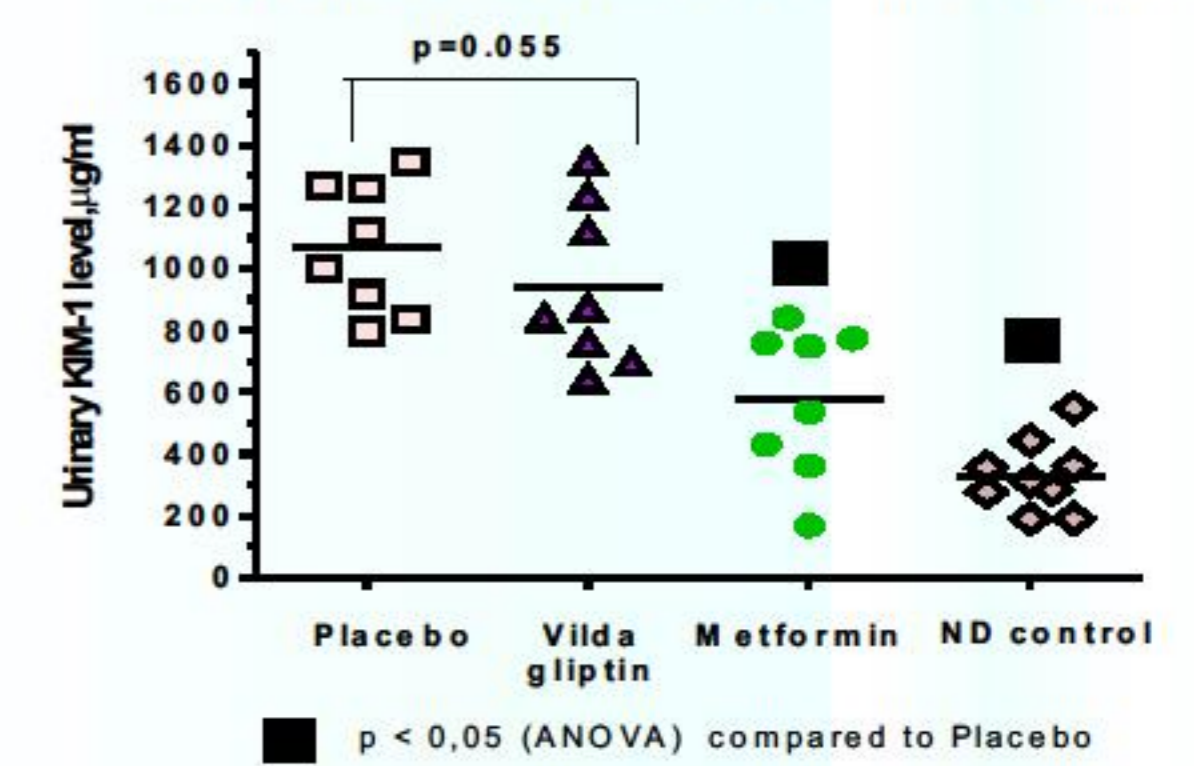
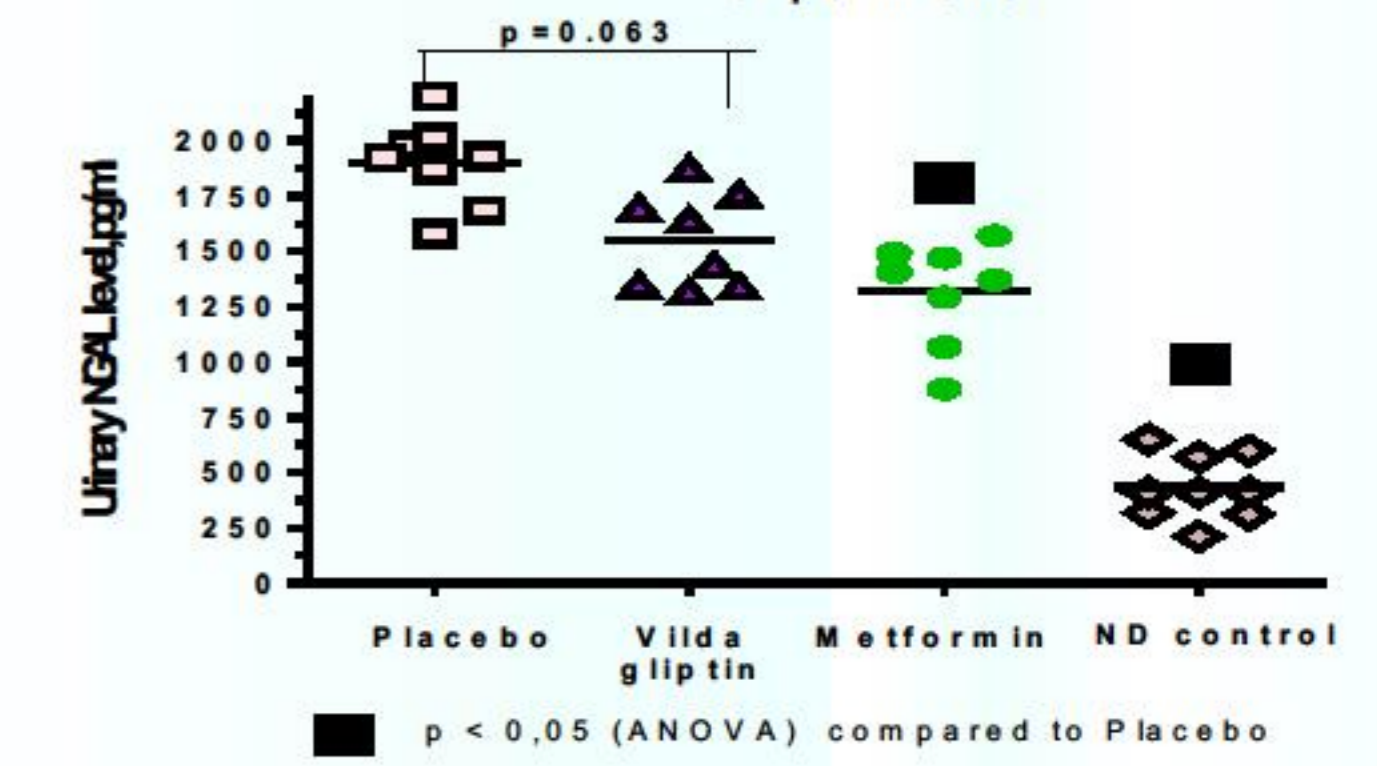
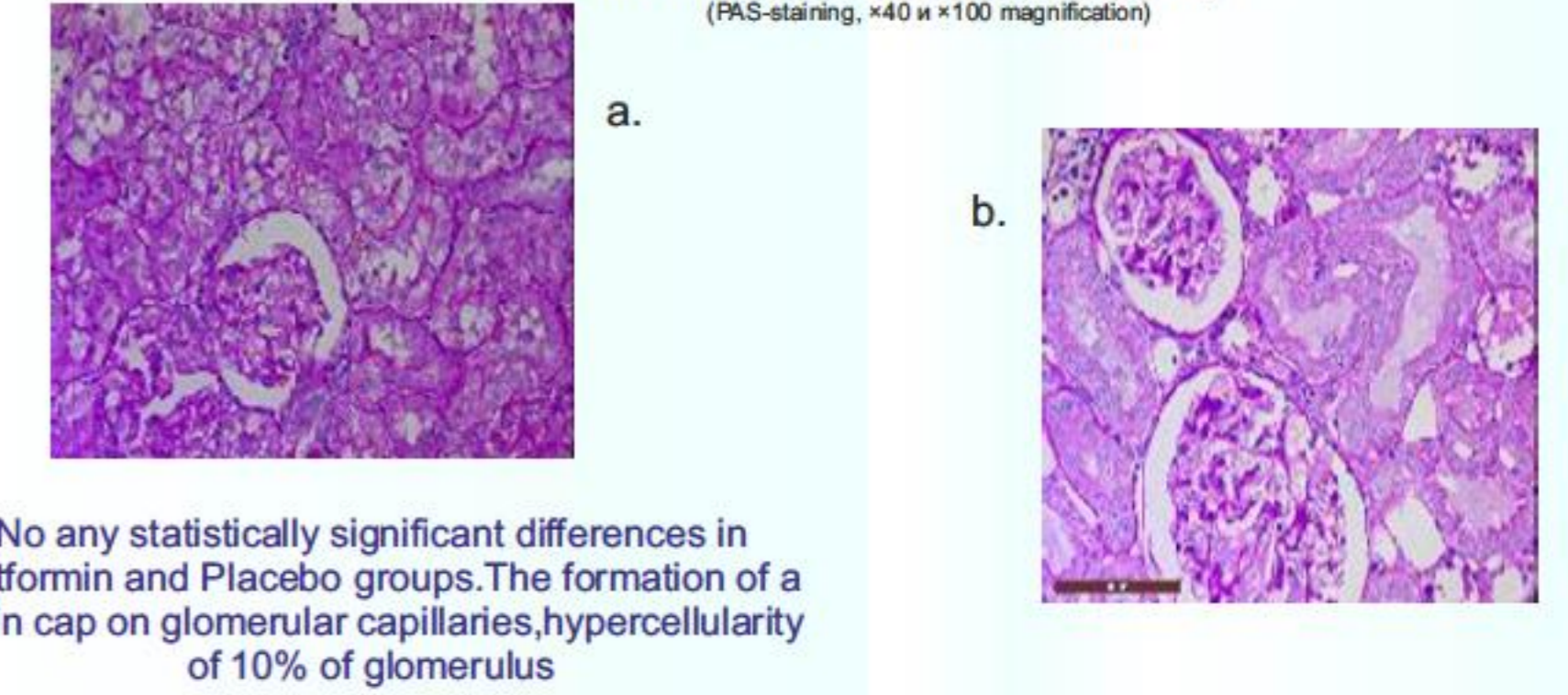


Figure 13. Urinary NGAL levels in studying groups by the end of the experiment

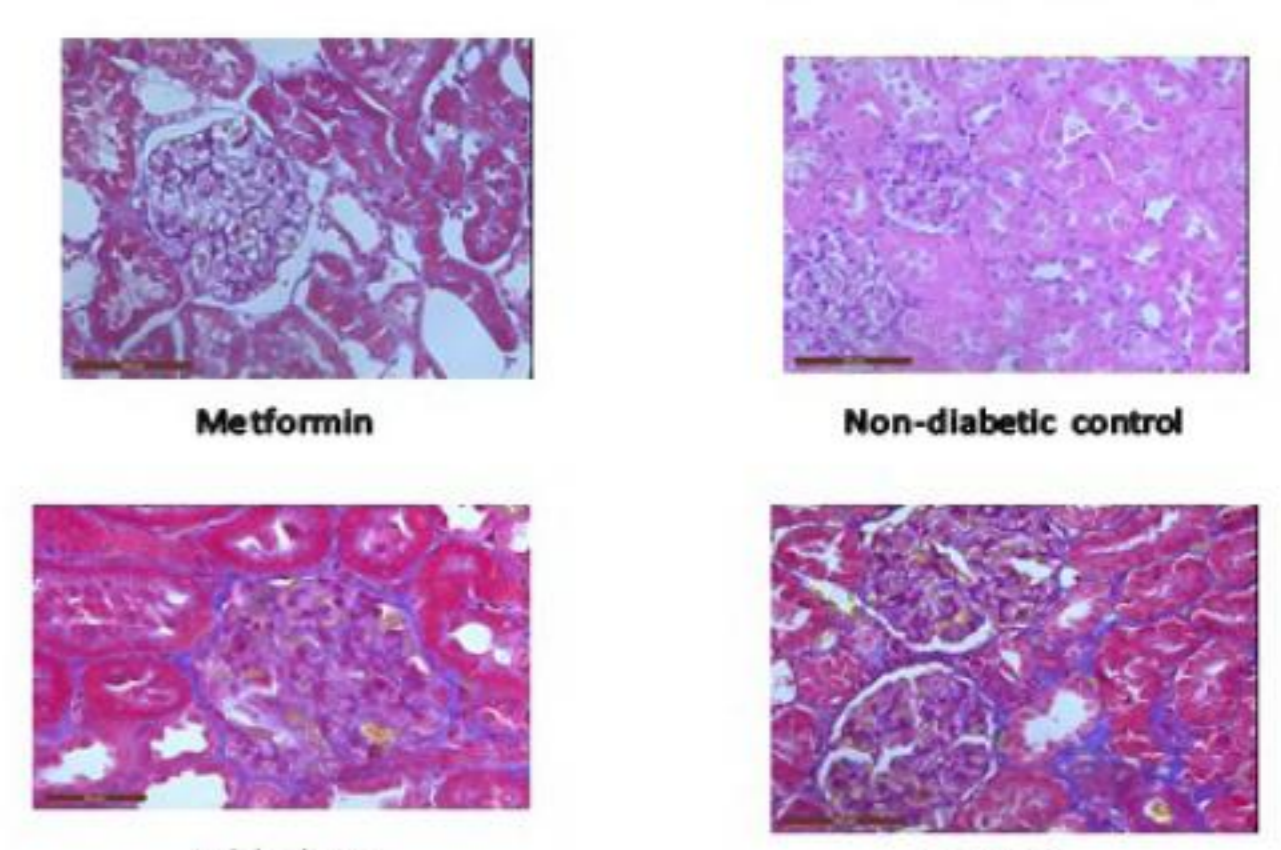


Light microscopic study of kidney tissue in Metformin and Placebo groups

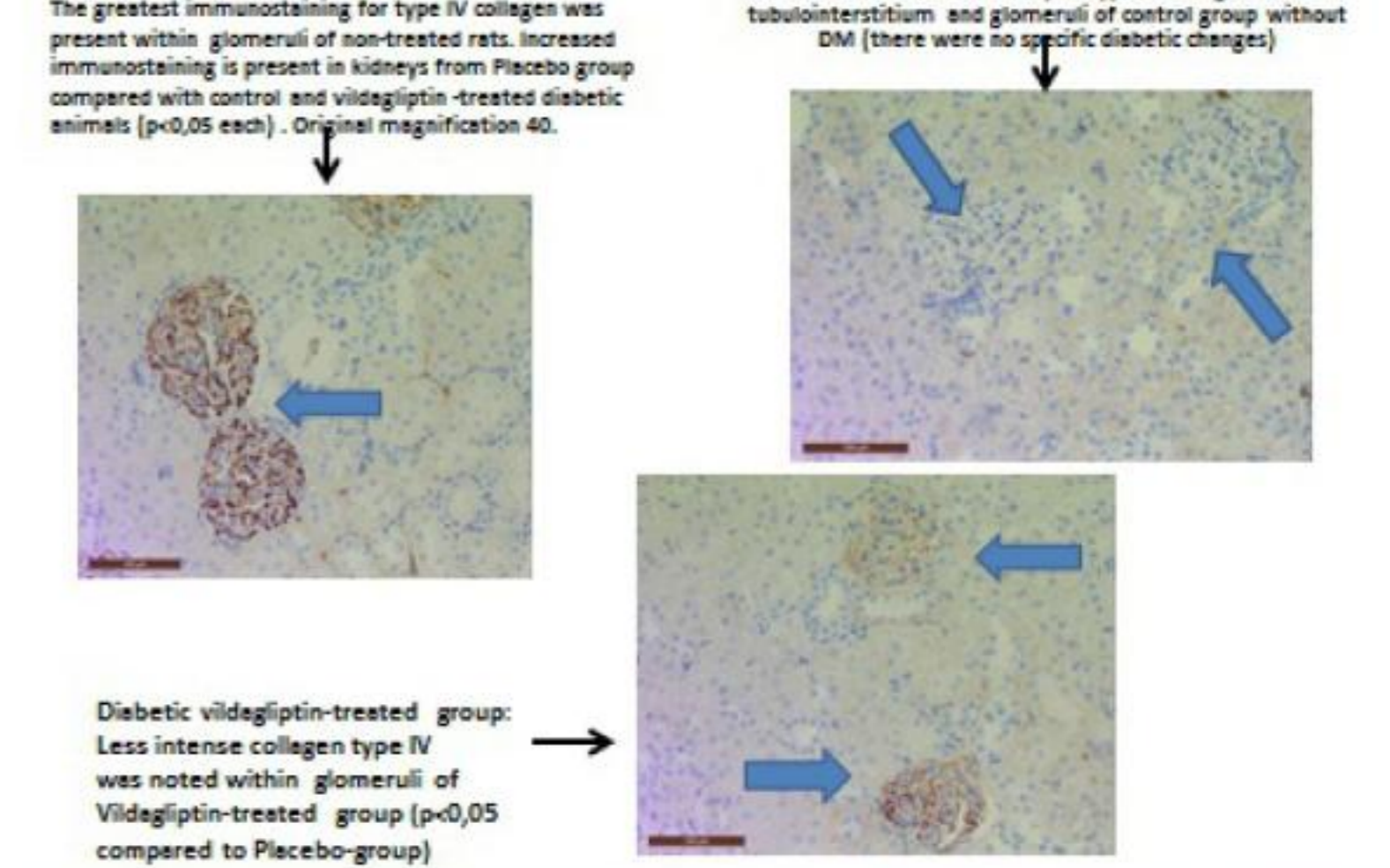


No any statistically significant differences in Metformin and Placebo groups. The formation of a fibrin cap on glomerular capillaries, hypercellularity of 10% of glomerulus

Masson's trichrome staining in studying groups



Effect of vildagliptin treatment on collagen type IV expression in the renal cortex of nondiabetic and diabetic rats by the end of the study at week 28



CONCLUSION

Thus, whereas vildagliptin treatment could attenuate routine markers of kidney injury, metformin has shown tubuloprotective properties without any effects on glomerular dysfunction in type 2 diabetic rats. We determined that metformin could reduce levels of urinary markers of proximal tubules injury in high-fat fed heminephrectomized nicotinamide-streptozotocin-induced diabetic rats. Whether such attributes will translate into reducing the progression of diabetic kidney disease will require the undertaking of long-term, dedicated clinical studies.