

Humoral Regulation of Resistin Expression in 3T3-L1 and Mouse Adipose Cells

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Resistin is a hormone secreted by adipocytes that acts on skeletal muscle myocytes, hepatocytes, and adipocytes themselves, reducing their sensitivity to insulin. In the present study, we investigated how the expression of resistin is affected by glucose and by mediators known to affect insulin sensitivity, including insulin, dexamethasone, tumor necrosis factor- α (TNF- α), epinephrine, and somatropin. We found that resistin expression in 3T3-L1 adipocytes was significantly upregulated by high glucose concentrations and was suppressed by insulin. Dexamethasone increased expression of both resistin mRNA and protein 2.5- to 3.5-fold in 3T3-L1 adipocytes and by ~70% in white adipose tissue from mice. In contrast, treatment with troglitazone, a thiazolidinedione antihyperglycemic agent, or TNF- α suppressed resistin expression by ~80%. Epinephrine and somatropin were both moderately inhibitory, reducing expression of both the transcript and the protein by 30–50% in 3T3-L1 adipocytes. Taken together, these data make it clear that resistin expression is regulated by a variety of hormones and that cytokines are related to glucose metabolism. Furthermore, they suggest that these factors affect insulin sensitivity and fat tissue mass in part by altering the expression and eventual secretion of resistin from adipose cells. *Diabetes* 51: 1737–1744, 2002

The protein hormone resistin is secreted from adipocytes and antagonizes insulin-stimulated glucose metabolism in skeletal muscle myocytes, hepatocytes, and adipocytes themselves. As such, administration of resistin to mice diminishes glucose tolerance (1). Resistin also has an inhibitory effect on adipose differentiation (2), suggesting that in addition to being an important regulator of insulin sensitivity, resistin may also modulate adipogenesis.

Insulin resistance, which is the hallmark of type 2 diabetes (3–6), is induced by mostly unidentified genetic elements combined with factors such as obesity, high-fat

diet, insufficient exercise, inflammation, and abnormal plasma levels of various hormones (7–9). In that regard, serum resistin levels are markedly elevated in insulin-resistant mice fed a high-fat diet, indicating that resistin is likely crucially involved in the insulin resistance associated with obesity and a high-fat diet (1). On the other hand, the degree to which resistin is involved in the pathogenesis of insulin resistance associated with factors other than obesity remains unclear. We therefore examined the effect on resistin expression of various hormones and cytokines known to affect insulin sensitivity.

RESEARCH DESIGN AND METHODS

Materials. Dexamethasone was purchased from Sigma, somatropin (rDNA origin) (Genotropin) was from Pharmacia Upjohn, recombinant murine tumor necrosis factor α (TNF- α) was from Genzyme, troglitazone was from Sankyo, and 3-isobutyl-1-methylxanthine was from Wako Bioproducts. The enhanced chemiluminescence detection system was from Amersham Pharmacia Biotech. All other reagents from commercial sources were of analytical grade.

Antibody. The antiresistin antibody used in this study was raised in rabbits against recombinant resistin protein produced in Sf-9 cells using a baculovirus system as previously described (10). The antibody was affinity purified on Affigel-10 (BioRad, Hercules, CA) columns, to which the recombinant resistin had been coupled, and was then extensively dialyzed against PBS. The antibody against mouse β -actin was purchased from Sigma.

Cell culture. 3T3-L1 fibroblasts were initially maintained in Dulbecco's modified Eagle's medium (DMEM) supplemented with 10% donor calf serum (Life Technologies) under an atmosphere of 90% air/10% CO₂ at 37°C. Differentiation was induced 2 days after the cultures reached confluence by incubating the cells for 48 h in DMEM supplemented with 0.5 mmol/l of 3-isobutyl-1-methylxanthine, 4 μ g/ml dexamethasone, and 10% fetal bovine serum (Life Technologies). Thereafter, the cells were maintained for an additional 4–10 days in DMEM supplemented with 10% fetal bovine serum, and the medium was changed every other day. With this protocol, >90% of the cells expressed the adipocyte phenotype.

Gene transduction. To obtain recombinant adenoviruses, the expression cosmid cassette was ligated to a cDNA encoding resistin with a COOH-terminal Flag epitope, after which homologous recombination of the recombinant cosmid cassette with its parental virus genome was carried out as previously described (10). As a control, we also constructed an adenoviral vector into which LacZ cDNA was subcloned. Confluent cultures of COS-7 cells, maintained in DMEM supplemented with 10% fetal bovine serum, were then infected with the indicated adenovirus for 3 days. Thereafter, the medium was collected, and Western blot analysis was carried out using an anti-Flag or antiresistin antibody as a probe.

Animals. Mice were purchased from Tokyo Experimental Animals and fed a standard rodent diet (60% carbohydrate, 24.5% lipid, and 15.5% protein). Some mice received intramuscular injections of dexamethasone (10 mg/kg) once a day for 5 consecutive days. Food was withdrawn 12–14 h before experimentation, at which time the mice were killed by decapitation. White epididymal adipose tissue was then removed and immediately homogenized for 30 s in 10 volumes of Isogen RNA isolation kit using a polytron operated at maximum speed.

RNA preparation. Total cell RNA was isolated from 3T3-L1 adipocytes using an Isogen RNA isolation kit (Nippon Gene, Tokyo). RNA concentrations were

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DMEM, Dulbecco's modified Eagle's medium; PPAR, peroxisome proliferator-activated receptor; TNF- α , tumor necrosis factor α .

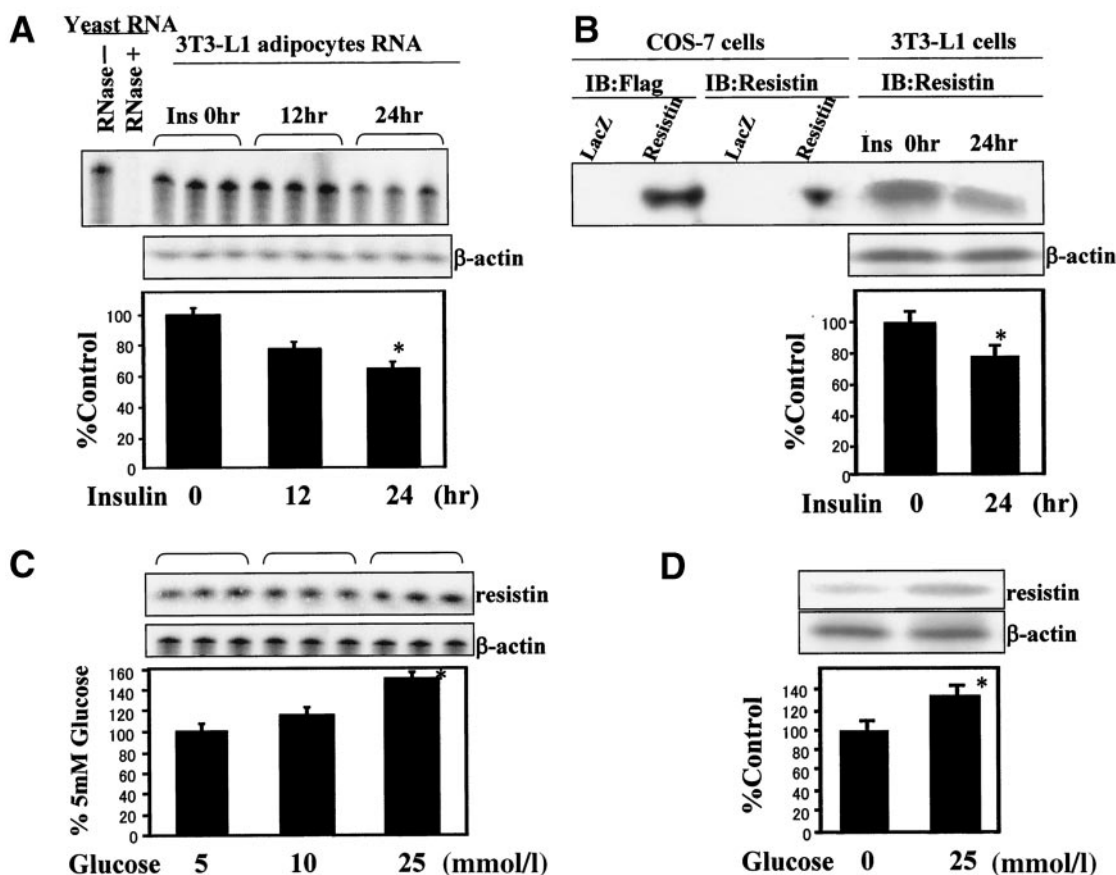


FIG. 1. Effect of insulin and glucose on expression of resistin mRNA and protein in 3T3-L1 adipocytes. *A* and *B*: 3T3-L1 adipocytes were incubated with 100 nmol/l insulin for the indicated periods in DMEM containing 25 mmol/l glucose during the insulin stimulation. Expression of resistin or β -actin mRNA and protein were assessed using an RNase protection assays (*A*) and Western blot analysis (*B*), respectively. *A*: Two RNase protection assays, carried out in tubes containing the same amount of labeled mouse resistin probe plus 10 μ g yeast RNA, which does not hybridize the probe, served as controls. Buffer without RNase was added to one of the tubes, which served as a positive control, and buffer with RNase was added to the other tube, which served as a negative control. * $P < 0.005$ vs. control. *B*: LacZ or Flag-tagged resistin in medium conditioned by COS-7 cells transfected with the indicated adenoviral vector was probed using anti-Flag or antiresistin antibody, respectively. Immunoblot analysis with anti- β -actin antibody was conducted for each cell lysates as a control. * $P < 0.005$ vs. 5 mmol/l. *C* and *D*: 3T3-L1 adipocytes were incubated for 24 h with the indicated concentration of glucose, after which expression of resistin RNA (*C*) and protein (*D*) were assessed as in *A* and *B*. The mRNA and protein of β -actin were measured as controls. The intensities of the bands were analyzed with a molecular imager. Bars depict means \pm SE from three independent experiments and are shown as percent of control; representative blots are shown in the upper part of the graphs.

estimated based on absorbance at 260 nm, and 10 μ g RNA from each sample was used for the RNase protection assay described below.

Preparation of riboprobes. To obtain mouse resistin cDNA, PCR was performed based on reported sequences obtained from mouse cDNA libraries. The amplified fragment, which corresponded to nucleotides 1–345 of mouse resistin cDNA, was subcloned into pBluescript II SK minus, after which the resultant plasmids were then linearized with *Cla*I and used for in vitro expression. The fragment corresponding to nucleotides 1–250 of mouse β -actin was obtained by PCR, subcloned into pBluescript II SK minus, and used as a control.

RNase protection assay. RNase protection assays were carried out according to the manufacturer's instructions (RPA III; Ambion, Austin, TX). Pooled 10- μ g samples of total RNA from adipocytes were hybridized with the riboprobes for resistin. After treatment with RNase, the protected fragments were resolved on 5% polyacrylamide-urea gels and subjected to autoradiography. The intensities of the resultant bands were then determined using a Molecular Imager GS-525.

Immunoprecipitation and immunoblotting. 3T3-L1 adipocytes and mouse adipose tissue, prepared as described above, were lysed in PBS containing 1% Triton, 0.35 mg/ml PMSF (phenylmethylsulfonyl fluoride), and 100 mmol/l sodium vanadate, after which the lysates were centrifuged for 10 min at 15,000g and 4°C to remove insoluble materials. The supernatants were then immunoprecipitated with 5 μ g antiresistin antibody. The resultant immunoprecipitates were boiled in Laemmli sample buffer containing 100 mmol/l dithiothreitol, after which SDS-PAGE and immunoblotting were carried out using antiresistin antibody as a probe (10). The intensities of the resultant bands were then determined using a Molecular Imager GS-525.

TNF- α measurement. Serum was collected from mice immediately after decapitation. Serum TNF- α levels were then measured using an ELISA (enzyme-linked immunosorbent assay) system (Amersham Pharmacia Biotech) according to the manufacturer's instructions.

Statistical analysis. Results are expressed as means \pm SE. Comparisons were made using unpaired Student's *t* test. Values of $P < 0.05$ were considered statistically significant.

RESULTS

Effect of insulin and glucose on the expression of resistin. The effects of 100 nmol/l insulin on expression of resistin mRNA and protein in cultured 3T3-L1 adipocytes were assessed using RNase protection assays (Fig. 1*A*) and Western blot analysis, respectively, with antiresistin and anti-Flag antibodies as probes (Fig. 1*B*). We found that insulin diminished expression of the mRNA and protein by 37 and 30% ($P < 0.005$), respectively, within 24 h after its addition to the cell cultures. During the same period, resistin expression was unchanged in cells incubated without the added insulin (data not shown). Moreover, control assays using yeast RNA, which does not hybridize the resistin probe, confirmed that RNA from 3T3-L1 adipocytes hybridized and protected the probe RNA from

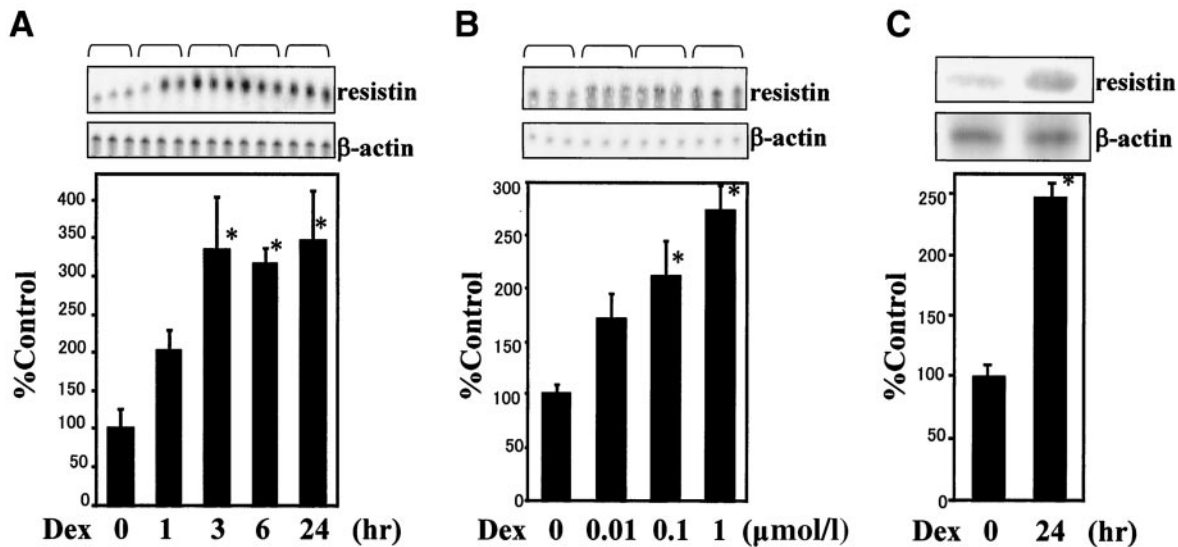


FIG. 2. Effect of dexamethasone on expression of resistin mRNA and protein in 3T3-L1 adipocytes. *A* and *B*: Cells were incubated with 1 $\mu\text{mol/l}$ dexamethasone for the indicated periods up to 24 h (*A*) or incubated with the indicated concentrations of dexamethasone for 24 h (*B*). Thereafter, resistin mRNA was measured using an RNase protection assay. *C*: Cells were incubated for 24 h, with or without 1 $\mu\text{mol/l}$ dexamethasone, after which resistin protein expression was assessed by immunoblotting with antiresistin antibody. The mRNA and protein of β -actin were assessed as controls. Bars indicate means \pm SE from three independent experiments and are shown as percent of control; representative blots are shown in the upper part of the graphs. * $P < 0.005$ vs. control.

digestion (Fig. 1A), and no proteins were recognized in medium conditioned by cells overexpressing LacZ, confirming the specificity of our antiresistin antibody (Fig. 1B). In contrast, mRNA and protein levels of β -actin were not affected by insulin treatments.

To assess the effect of glucose on resistin expression, cells were analyzed after incubating them for 24 h with 5, 10, or 25 mmol/l D-glucose (Figs. 1C and D). At a concentration of 25 mmol/l, D-glucose increased expression of resistin mRNA and protein by 50 and 35%, respectively, as compared with that seen at a concentration of 5 mmol/l ($P < 0.005$). β -actin expression was not altered. Thus, in 3T3-L1 adipocytes, resistin gene expression is upregulated

and protein content is increased by a high concentration of glucose and is downregulated by insulin.

Effect of dexamethasone on the expression of resistin in 3T3-L1 adipocytes and mouse epididymal white adipose tissue. When 3T3-L1 adipocytes were cultured in the presence or absence of 1 $\mu\text{mol/l}$ dexamethasone, expression of resistin mRNA was found to be significantly elevated only 1 h after initiating dexamethasone stimulation (Fig. 2). This upregulation became maximal within 3 h, at which time expression of resistin mRNA was 3.3-fold greater than control ($P < 0.005$). Thereafter, levels of resistin expression remained elevated for up to 24 h. During the same period, resistin expression was un-

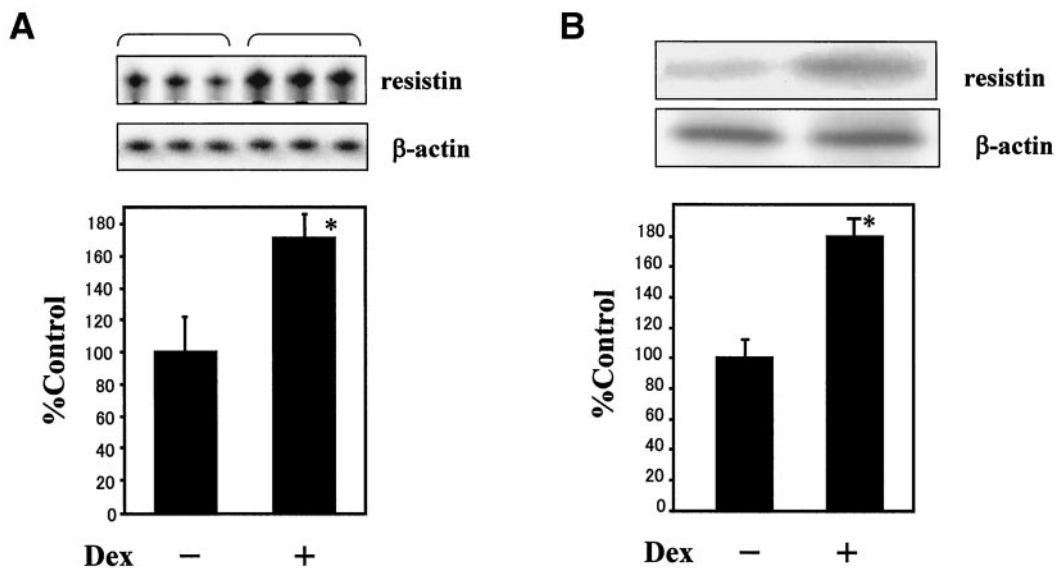


FIG. 3. Effect of dexamethasone on expression of resistin mRNA and protein in epididymal white adipose tissue from mice. After intramuscular injection with 10 mg/kg dexamethasone once a day for 5 consecutive days, total RNA was prepared from epididymal white adipose tissue, and expression of resistin mRNA (*A*) and protein (*B*) was assessed as in Fig. 1. The mRNA and protein of β -actin were assessed as controls. Bars depict means \pm SE from three independent experiments and are shown as percent of control; representative blots are shown in the upper part of the graphs. * $P < 0.005$ vs. control.

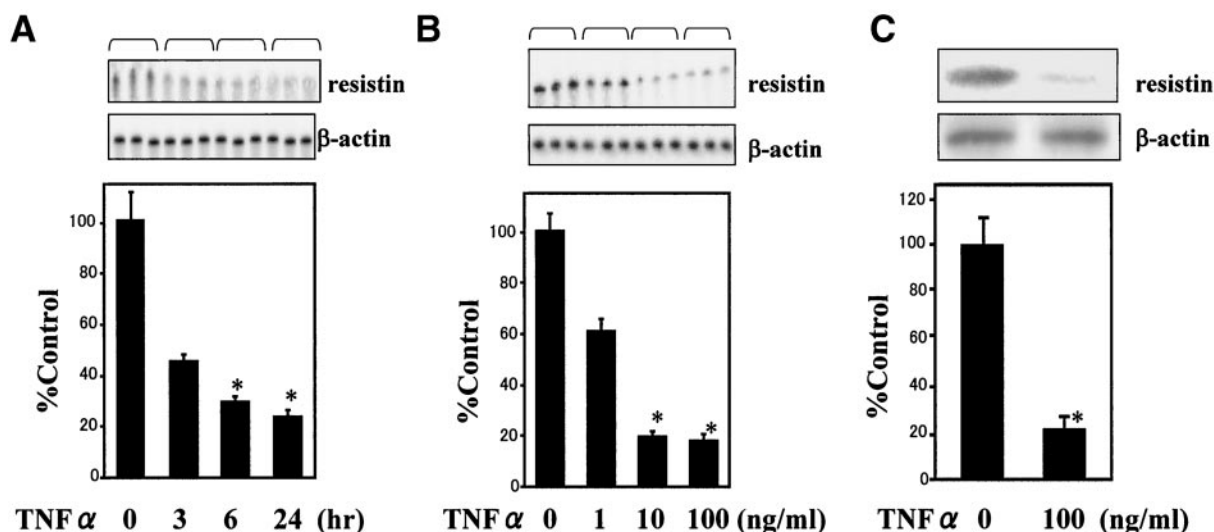


FIG. 4. Effect of TNF- α on expression of resistin mRNA and protein in 3T3-L1 adipocytes. *A* and *B*: Cells were incubated with 100 ng/ml TNF- α for the indicated periods up to 24 h (*A*) or incubated for 24 h with or without 1, 10, or 100 ng/ml TNF- α (*B*). Thereafter, resistin mRNA was measured using an RNase protection assay. *C*: Cells were incubated for 24 h with or without 100 ng/ml TNF- α , after which resistin protein expression was assessed by immunoblotting with antiresistin antibody. The mRNA and protein of β -actin were assessed as controls. Bars depict means \pm SE from three independent experiments and are shown as percent of control; representative blots are shown in the upper part of the graphs. * $P < 0.005$ vs. control.

changed in cells incubated without the added dexamethasone (data not shown). The effect of incubating cells with dexamethasone for 24 h was concentration dependent, with significant ($P < 0.005$) elevations in resistin expression obtained at concentrations as low as 10 nmol/l (Fig. 2*B*). Furthermore, expression of resistin protein in cells incubated for 24 h with 1 μ mol/l dexamethasone was 150% higher ($P < 0.005$) than that seen in untreated cells (Fig. 2*C*), indicating that increased mRNA levels led to increased expression of the protein. In contrast, the amounts of mRNA and protein of β -actin were unchanged by the treatment with dexamethasone.

To test whether dexamethasone also upregulates resistin expression in vivo, mice were administered 10 mg/kg dexamethasone once a day for 5 consecutive days. This

protocol resulted in a 3.8-fold increase in fasting serum insulin levels over that seen in vehicle-treated animals (dexamethasone 2.9 ± 1.0 μ U/dl and control 0.8 ± 0.1 μ U/dl), though there was no significant change in fasting blood glucose level and a 26% decline in body weight (dexamethasone 22.7 ± 0.8 g and control 30.6 ± 0.7 g). Likewise, TNF- α levels were not significantly affected by dexamethasone administration (dexamethasone 4.08–2.98 pg/ml and control 3.62–1.18 pg/ml). The elevated serum insulin was considered to reflect the presence of insulin resistance. At the same time, resistin mRNA and protein expression in white adipose tissue was increased by ~70 and 80%, respectively ($P < 0.005$) (Figs. 3*A* and *B*).

TNF- α and troglitazone suppress expression of resistin. TNF- α strongly suppressed resistin expression in

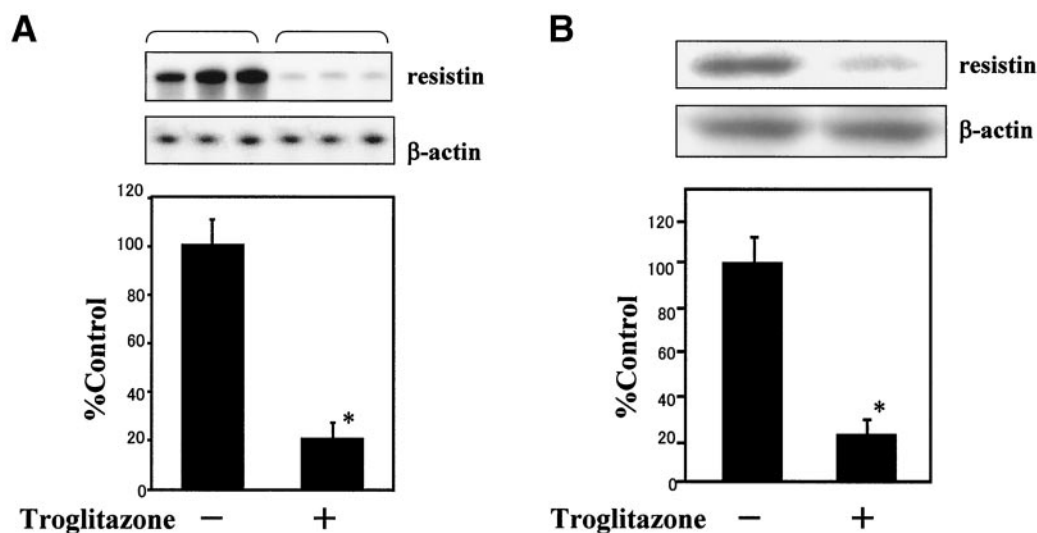


FIG. 5. Effect of troglitazone on expression of resistin mRNA and protein in 3T3-L1 adipocytes. Cells were incubated with 10 μ mol/l troglitazone for 24 h, after which expression of resistin mRNA (*A*) and protein (*B*) was assessed as in Fig. 1. The mRNA and protein of β -actin were assessed as controls. Bars depict means \pm SE from three independent experiments and are shown as percent of control; representative blots are shown in the upper part of the graphs. * $P < 0.005$ vs. control.

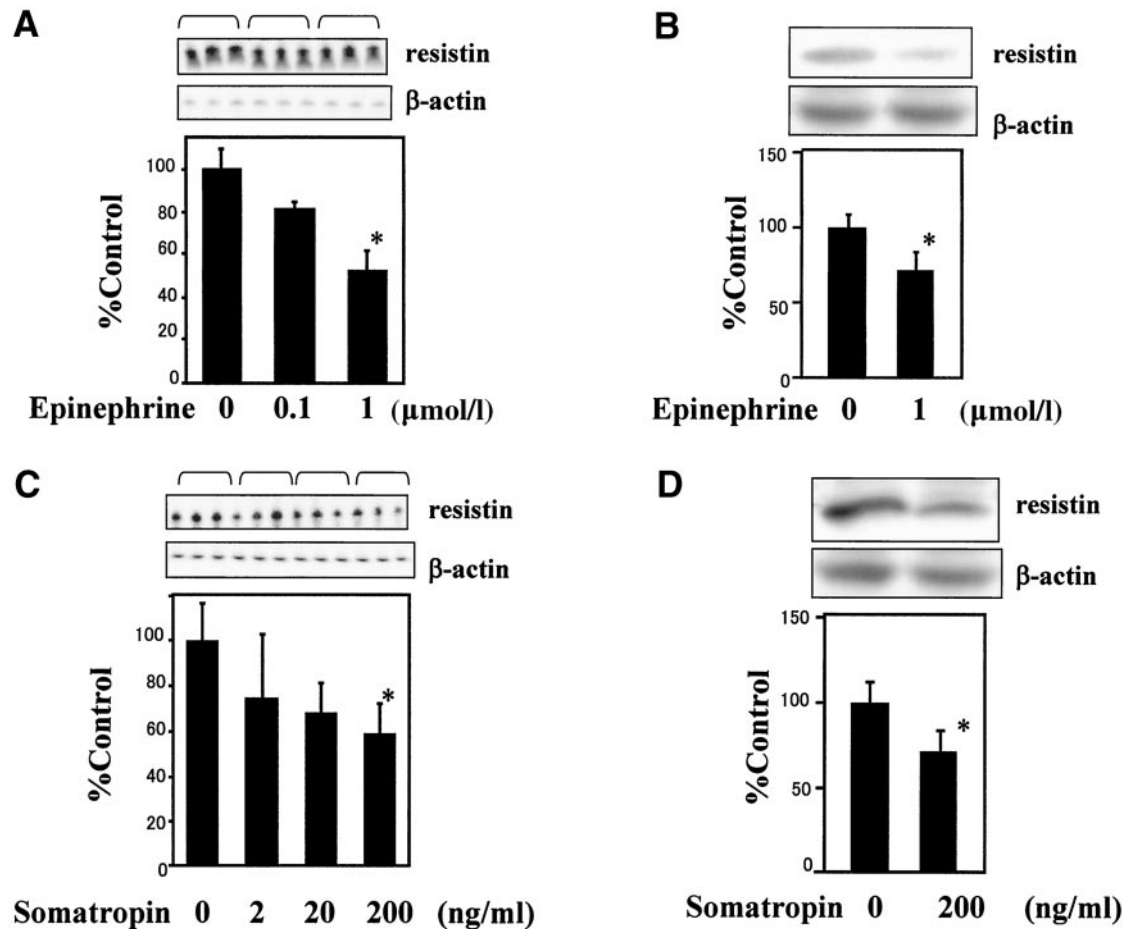


FIG. 6. Effect of epinephrine and somatropin on expression of resistin mRNA and protein in 3T3-L1 adipocytes. Cells were incubated for 24 h with the indicated concentrations of epinephrine or somatropin, after which expression of resistin mRNA (A and C, respectively) and protein (B and D, respectively) were assessed as in Fig. 1. The mRNA and protein of β -actin were assessed as controls. Bars depict means \pm SE from three independent experiments and are shown as percent of control; representative blots are shown in the upper part of the graphs. * $P < 0.05$ vs. control.

3T3-L1 adipocytes (Fig. 4). Treating cells with 100 ng/ml TNF- α significantly ($P < 0.005$) diminished expression of resistin mRNA within 3 h, and within 24 h, expression was reduced by $\sim 77\%$ (Fig. 4A). When cells were exposed for 24 h, as little as 1 ng/ml TNF- α significantly ($P < 0.005$) diminished expression of resistin mRNA (Fig. 4B), with both 10 and 100 ng/ml TNF- α reducing expression by $\sim 80\%$ compared with control. Similarly, expression of resistin protein was decreased by $\sim 80\%$ in cells incubated with 100 ng/ml TNF- α for 24 h (Fig. 4C).

In a similar fashion, exposing 3T3-L1 adipocytes for 24 h to 10 μ mol/l troglitazone, a thiazolidinedione antihyperglycemic agent, diminished expression of both resistin mRNA (Fig. 5A) and protein (Fig. 5B) by $\sim 80\%$, which is consistent with earlier findings (1). In contrast, the amounts of mRNA and protein of β -actin were unchanged by these treatments.

The effect of epinephrine and somatropin on resistin expression. Epinephrine had a moderately inhibitory effect on resistin expression. Incubating 3T3-L1 adipocytes with 0.1 or 1 μ mol/l epinephrine for 24 h reduced expression of resistin mRNA by 19% ($P = \text{NS}$) and 48% ($P < 0.05$), respectively (Fig. 6A). The higher concentration also reduced expression of resistin protein by 38% ($P < 0.05$) (Fig. 6B). In addition, at a concentration of 200 ng/ml, somatropin decreased expression of resistin mRNA and

protein by 42 and 29%, respectively ($P < 0.05$) (Figs. 6C and D). The effect of somatropin on resistin expression was dose dependent, reaching statistical significance at 200 ng/ml (Fig. 6C and D).

The effect of insulin and TNF- α on dexamethasone- and glucose-induced resistin expression. Insulin partially inhibited the stimulatory effect of dexamethasone on resistin expression. Incubating 3T3-L1 adipocytes for 24 h with 1 μ mol/l dexamethasone increased expression of resistin mRNA and protein by 186 and 152%, respectively (Fig. 7A and B). Addition of 100 nmol/l insulin reduced the dexamethasone-induced increase in expression to 102 and 98% over control, respectively ($P < 0.005$ vs. control). TNF- α also inhibited the stimulatory effects of glucose and dexamethasone. Incubating 3T3-L1 adipocytes with 100 ng/ml TNF- α for 24 h, before adding 25 mmol/l glucose or 1 μ mol/l dexamethasone, decreased expression of resistin mRNA by 68 and 67% ($P < 0.005$ vs. control), respectively (Fig. 7C), and decreased expression of the protein by 73 and 69% ($P < 0.005$ vs. control), respectively (Fig. 7D).

DISCUSSION

A variety of factors contribute to the development of insulin resistance, which is the hallmark of type 2 diabetes (8). Among these, obesity is considered to be the most

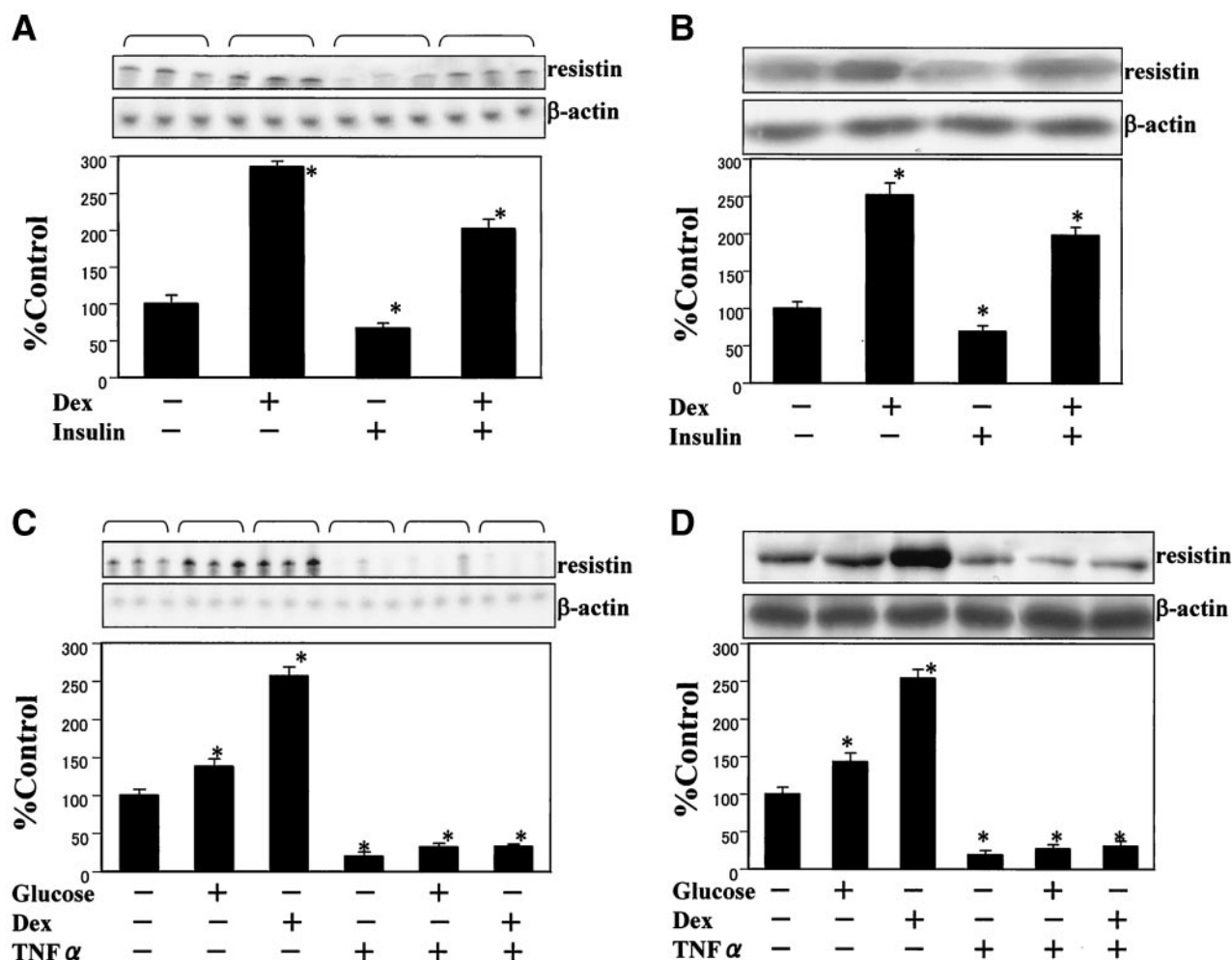


FIG. 7. Effect of insulin and TNF- α on dexamethasone- and glucose-induced resistin expression in 3T3-L1 adipocytes. *A* and *B*: Cells were incubated for 24 h with 100 nmol/l insulin, 1 μ mol/l dexamethasone, or both in DMEM containing 5 mmol/l glucose, after which expression of resistin mRNA (*A*) and protein (*B*) were assessed as in Fig. 1. *C* and *D*: Cells were incubated for 24 h with or without 100 ng/ml TNF- α and 40 mmol/l glucose or 25 mmol/l dexamethasone, after which expression of resistin mRNA (*C*) and protein (*D*) were assessed. The mRNA and protein of β -actin were assessed as controls. Bars depict means \pm SE from three independent experiments and are shown as percent of control; representative blots are shown in the upper part of the graphs. * $P < 0.005$ vs. control.

common and most important (9). In addition, adipocytes are known to secrete a variety of mediators, including leptin (11,12), free fatty acid (13–15), and adiponectin (16), all of which regulate glucose tolerance. Resistin, whose serum levels are elevated in both genetic and diet-induced models of obesity and insulin resistance (1), was recently added to that list.

Thiazolidinediones are agents developed to reverse insulin resistance. They act by binding to peroxisome proliferator-activated receptor (PPAR)- γ , a ligand-activated transcription factor highly expressed in adipocytes (17–20). The fact that thiazolidinediones act in this fashion substantiates the idea that insulin resistance and its normalization reflect changes in the activity of various intracellular signaling pathways (21–24). Furthermore, the fact that thiazolidinediones suppress expression of resistin and normalize insulin resistance in obese rodents (1) suggests that altered expression of resistin may be a key mechanism underlying obesity-induced insulin resistance as well as the improvement of insulin sensitivity by thiazolidinediones.

We also considered the possibility that other factors

known to affect insulin sensitivity also affected the expression of resistin. High levels of glucose significantly enhanced resistin expression, whereas insulin suppressed its expression. In human diabetes, the early prediabetic state is often accompanied by hyperglycemia and hyperinsulinemia (8). Consequently, it is unclear whether resistin is up- or downregulated at this stage, since hyperglycemia and hyperinsulinemia oppositely regulate resistin expression. Alternatively, it is also possible that insulin resistance, as it occurs during the course of type 2 diabetes, reflects the diminished ability of insulin to suppress resistin expression by adipocytes. At more advanced stages of the disease, which are marked by hyperglycemia and hypoinulinemia, resistin would be expected to be upregulated and thus contribute to hyperglycemia-induced insulin resistance.

We observed that dexamethasone increased resistin expression in both 3T3-L1 adipocytes and white adipose tissue. Glucocorticoids are known to induce insulin resistance, reportedly by affecting insulin binding, insulin receptor substrate-1 phosphorylation, and glucose transporter translocation (25–30). The present findings suggest that glucocor-

ticoid-induced upregulation of resistin expression may also contribute to insulin resistance.

It was of particular interest to us that both troglitazone and TNF- α strongly suppressed resistin expression. This is due to a report by Way et al. (31) showing that, compared with their lean counterparts, resistin expression was significantly lower in the white adipose tissue of several mouse models of genetic and diet-induced obesity and insulin resistance and that this suppression of resistin expression was attenuated by a PPAR- γ agonist. These results apparently contradict the findings of Steppan et al. (1), who showed that serum resistin levels are elevated in such models of obesity and insulin resistance. Our findings may provide a clue that helps explain this apparent discrepancy.

It is known that serum TNF- α levels are elevated in obese rodent models (32,33), which may also contribute to obesity-induced insulin resistance (34–38), and some evidence suggests that thiazolidinediones improve insulin sensitivity by suppressing production of TNF- α in enlarged adipocytes (39). Our findings confirmed that, at least in vitro, thiazolidinediones markedly suppress expression of resistin; however, whether they act in vivo by diminishing circulating TNF- α levels or via PPAR- γ remains unclear. Indeed, thiazolidinediones may suppress or enhance the expression of resistin, depending on TNF- α levels. In mouse models of genetic obesity and insulin resistance, treatment with thiazolidinediones may lower TNF- α levels, which would tend to increase resistin expression. Conversely, expression would tend to be diminished in models in which TNF- α levels were high. In light of our observations, these discussion points represent hypotheses that can now be systematically tested in vivo.

We showed that both epinephrine and somatropin exert a moderately inhibitory effect on resistin expression in vitro. The effect of epinephrine is consistent with an earlier finding that isoproterenol inhibits resistin gene expression in 3T3-L1 adipocytes via a G_s protein-coupled pathway (40). Insulin signal transduction is reportedly modulated by sympathetic nervous system activity, which is in turn modulated by stress, exercise, and fasting (41–43). Nevertheless, whereas epinephrine and growth hormone (44–47) are both known to induce insulin resistance, our results suggest that in contrast to that induced by glucocorticoids, resistin is unlikely to be involved in the insulin resistance induced by epinephrine or somatropin.

The induction of resistin by dexamethasone was partially inhibited by insulin in 3T3-L1 adipocytes. This observation is consistent with the fact that dexamethasone-treated mice are hyperinsulinemic and exhibit upregulated resistin expression. We further observed that TNF- α had a more profound inhibitory effect on glucose- and dexamethasone-induced resistin expression than insulin, suggesting that TNF- α may be a dominant regulator of resistin expression.

It seems apparent from our results that resistin expression is greatly affected by a variety of hormones and environmental factors. Upregulation of resistin expression may be involved in dexamethasone- or hyperglycemia-induced insulin resistance, for instance, although more precise characterization of the physiological activities of

resistin will be required to fully understand these processes.

REFERENCES

1. Steppan CM, Bailey ST, Brown ER, Banerjee JB, Wright CM, Patel HR, Ahina RS, Lazar MA: The hormone resistin links obesity to diabetes. *Nature* 409:307–312, 2001
2. Kim KH, Lee K, Moon YS, Sul HS: A cysteine-rich adipose tissue-specific secretory factor inhibits adipocyte differentiation. *J Biol Chem* 276:11252–11256, 2001
3. Kahn CR: Diabetes: causes of insulin resistance. *Nature* 373:384–385, 1995
4. Czech MP, Corvera S: Signaling mechanisms that regulate glucose transport. *J Biol Chem* 274:1865–1868, 1999
5. Pessin JE, Saltiel AR: Signaling pathways in insulin action: molecular targets of insulin resistance. *J Clin Invest* 106:165–169, 2000
6. Birnbaum MJ: Turning down insulin signaling. *J Clin Invest* 108:655–659, 2001
7. Prager R, Wallace P, Olefsky JM: Hyperinsulinemia does not compensate for peripheral insulin resistance in obesity. *Diabetes* 36:327–334, 1987
8. Reaven GM: Role of insulin resistance in human disease. *Diabetes* 37:1595–1607, 1988
9. Kahn BB, Flier JS: Obesity and insulin resistance. *J Clin Invest* 106:473–481, 2000
10. Ogihara T, Isohe T, Ichimura T, Taoka M, Funaki M, Sakoda H, Onishi Y, Inukai K, Anai M, Fukushima Y, Kikuchi M, Yazaki Y, Oka Y, Asano T: 14-3-3 protein binds to insulin receptor substrate-1, one of the binding sites of which is in the phosphotyrosine binding domain. *J Biol Chem* 272:25267–25274, 1997
11. Caro JF, Sinha MK, Kolaczynski JW, Zhang PL, Considine RV: Leptin: the tale of an obesity gene. *Diabetes* 45:1455–1462, 1996
12. Shimomura I, Hammer RE, Ikemoto S, Brown MS, Goldstein JL: Leptin reverses insulin resistance and diabetes mellitus in mice with congenital lipodystrophy. *Nature* 401:73–76, 1999
13. Griffin ME, Marcucci MJ, Cline GW, Bell K, Barucci N, Lee D, Goodyear LJ, Kraegen EW, White MF, Shulman GI: Free fatty acid-induced insulin resistance is associated with activation of protein kinase C theta and alterations in the insulin signaling cascade. *Diabetes* 48:1270–1274, 1999
14. Basu A, Basu R, Shah P, Vella A, Rizza RA, Jensen MD: Systemic and regional free fatty acid metabolism in type 2 diabetes. *Am J Physiol Endocrinol Metab* 280:E1000–E1006, 2001
15. Boden G, Chen X, Capulong E, Mozzoli M: Effects of free fatty acids on gluconeogenesis and autoregulation of glucose production in type 2 diabetes. *Diabetes* 50:810–816, 2001
16. Hotta K, Funahashi T, Bodkin NL, Ortmeier HK, Arita Y, Hansen BC, Matsuzawa Y: Circulating concentrations of the adipocyte protein adiponectin are decreased in parallel with reduced insulin sensitivity during the progression to type 2 diabetes in rhesus monkeys. *Diabetes* 50:1126–1133, 2001
17. Nolan JJ, Ludvik B, Beerdsen P, Joyce M, Olefsky JM: Improvement in glucose tolerance and insulin resistance in obese subjects treated with troglitazone. *N Engl J Med* 331:1188–1193, 1994
18. Khourshed M, Miles PD, Gao KM, Lee MK, Moossa AR, Olefsky JM: Metabolic effects of troglitazone on fat-induced insulin resistance in the rat. *Metabolism* 44:1489–1494, 1995
19. Lehman JM, Moore LB, Wilkison WO, Willson TM, Klierer SA: An antidiabetic thiazolidinedione is a high affinity ligand for peroxisome proliferator-activated receptor γ (PPAR γ). *J Biol Chem* 270:12953–12956, 1995
20. Puig A, Linan M, Lowell B, Hamann AH, Flier JS, Moller DE: Regulation of PPAR γ gene expression by nutrition and obesity in rodents. *J Clin Invest* 97:2553–2561, 1996
21. Saltiel AR, Olefsky JM: Thiazolidinediones in the treatment of insulin resistance and type II diabetes. *Diabetes* 45:1661–1669, 1996
22. Spiegelman BM: PPAR gamma: adipogenic regulator and thiazolidinedione receptor. *Diabetes* 47:507–514, 1998
23. Olefsky JM: Treatment of insulin resistance with peroxisome proliferator-activated receptor gamma agonists. *J Clin Invest* 106:467–472, 2000
24. Kahn CR, Chen L, Cohen SE: Unraveling the mechanism of action of thiazolidinediones. *J Clin Invest* 106:1305–1307, 2000
25. Olefsky JM: Effect of dexamethasone on insulin binding, glucose transport, and glucose oxidation of isolated rat adipocytes. *J Clin Invest* 56:1499–1508, 1975
26. Olefsky JM, Jhonson J, Liu F, Jen P, Reaven GM: The effects of acute and chronic dexamethasone administration on insulin binding to isolated rat hepatocytes and adipocytes. *Metabolism* 24:517–527, 1975

27. Kahn CR, Goldfine ID, Neville DM Jr, De Meyts P: Alterations in insulin binding induced by changes in vivo in the levels of glucocorticoids and growth hormone. *Endocrinology* 103:1054–1066, 1978
28. Saad MJ, Folli F, Kahn CR: Insulin and dexamethasone regulate insulin receptors, insulin receptor substrate-1, and phosphatidylinositol 3-kinase in Fao hepatoma cells. *Endocrinology* 136:1579–1588, 1995
29. Giorgino F, Almahfouz A, Goodyear LJ, Smith RJ: Glucocorticoid regulation of insulin receptor and substrate IRS-1 tyrosine phosphorylation in rat skeletal muscle in vivo. *J Clin Invest* 91:2020–2030, 1993
30. Sakoda H, Ogihara T, Anai M, Funaki M, Inukai K, Katagiri H, Fukushima Y, Onishi Y, Ono H, Fujishiro M, Kikuchi M, Oka Y, Asano T: Dexamethasone-induced insulin resistance in 3T3-L1 adipocytes is due to inhibition of glucose transport rather than insulin signal transduction. *Diabetes* 49:1700–1708, 2000
31. Way JM, Gorgun CZ, Tong Q, Uyal KT, Brown KK, Harrington WW, Oliver WR, Willson TM, Kliewer SA, Hotamisligil GS: Adipose tissue resistin expression is severely suppressed in obesity and stimulated by peroxisome proliferator-activated receptor γ agonists. *J Biol Chem* 276:25651–25653, 2001
32. Hotamisligil GS, Shargill NS, Spiegelman BM: Adipose expression of tumor necrosis factor alpha: direct role in obesity-linked insulin resistance. *Science* 259:87–91, 1993
33. Hotamisligil GS, Arner P, Caro JF, Atkinson RL, Spiegelman BM: Increased adipose tissue expression of tumor necrosis factor-alpha in human obesity and insulin resistance. *J Clin Invest* 95:2409–2415, 1995
34. Stephens JM, Pekala PH: Transcriptional repression of the GLUT4 and C/EBP genes in 3T3-L1 adipocytes by tumor necrosis factor-alpha. *J Biol Chem* 266: 21839–21845, 1991
35. Stephens JM, Lee J, Pilch PF: Tumor necrosis factor-alpha-induced insulin resistance in 3T3-L1 adipocytes is accompanied by a loss of insulin receptor substrate-1 and GLUT4 expression without a loss of insulin receptor-mediated signal transduction. *J Biol Chem* 272:971–976, 1997
36. Liu LS, Spelleken M, Rohrig K, Hauner H, Eckel J: Tumor necrosis factor-alpha acutely inhibits insulin signaling in human adipocytes: implication of the p80 tumor necrosis factor receptor. *Diabetes* 47:515–522, 1998
37. Hotamisligil GS, Spiegelman BM: Tumor necrosis factor alpha: a key component of the obesity-diabetes link. *Diabetes* 43:1271–1278, 1994
38. Hotamisligil GS: The role of TNFalpha and TNF receptors in obesity and insulin resistance. *J Intern Med* 245:621–625, 1999
39. Miles PD, Romeo OM, Higo K, Cohen A, Razaat K, Olefsky JM: TNF-alpha-induced insulin resistance in vivo and its prevention by troglitazone. *Diabetes* 46:1678–1683, 1997
40. Fasshauer M, Klein J, Neumann S, Eszlinger M, Paschke R: Isoproterenol inhibits resistin gene expression through a G(S)-protein-coupled pathway in 3T3-L1 adipocytes. *FEBS Lett* 500:60–63, 2001
41. Reven GM, Lithell H, Landsberg: Hypertension and associated metabolic abnormalities: the role of insulin resistance and the sympathoadrenal system. *N Engl J Med* 334:374–381, 1996
42. Klein J, Fasshauer M, Ito M, Lowell BB, Benito M, Kahn CR: Beta3-adrenergic stimulation differentially inhibits insulin signaling and decreases insulin-induced glucose uptake in brown adipocytes. *J Biol Chem* 274:34795–34802, 1999
43. Fasshauer M, Klein J, Ueki K, Kriauciunas KM, Benito M, White MF, Kahn CR: Essential role of insulin receptor substrate-2 in insulin stimulation of Glut4 translocation and glucose uptake in brown adipocytes. *J Biol Chem* 274:25494–25501, 2000
44. Cutfield WS, Wilton P, Bennmarker H, Albertsson-Wikland K, Chatelain P, Ranke MB, Price DA: Incidence of diabetes mellitus and impaired glucose tolerance in children and adolescents receiving growth-hormone treatment. *Lancet* 355:610–613, 2000
45. Foster CM, Hale PM, Jing HW, Schwartz J: Effects of human growth hormone on insulin-stimulated glucose metabolism in 3T3-F442A Adipocytes. *Endocrinology* 123:1082–1088, 1988
46. Rizza RA, Mandarion LJ, Stephens LR, Hawkins PT: Effects of growth hormone on insulin action in man: mechanisms of insulin resistance, impaired suppression of glucose production, and impaired stimulation of glucose utilization. *Diabetes* 31:663–669, 1982
47. Thirone AC, Carvalho CR, Brenelli SL, Velloso LA, Saad MJ: Effect of chronic growth hormone treatment on insulin signal transduction in rat tissues. *Mol Cell Endocrinol* 130:33–42, 1997