



ADIPOCYTE LIPOLYSIS

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ABSTRACT

Lipolysis is one of the key functions of the adipose tissue. Dysregulation of lipolysis plays a major role in the manifestation of obesity, diabetes mellitus and coronary heart disease. The last decade has witnessed the elucidation of several mechanisms that explains the process of adipocyte lipolysis and its role in metabolic disorders. With an increase in the number of people suffering from obesity and obesity mediated complications, it is very important to understand key regulatory elements in the mobilization of the adipose tissue. Interaction of various metabolic pathways and players in adipocyte lipolysis offers scope for therapeutic intervention. This paper reviews recent advancements in this field and some noteworthy elements in adipocyte lipolysis have been discussed.

KEYWORDS: Lipolysis, Obesity, Adipocyte



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INTRODUCTION

Adipose tissue is the principal fat storage organ in our body and plays a central role in controlling lipid homeostasis. Fatty acids derived from dietary sources which are in excess of the energy requirements are stored in the adipose tissue as triglycerides. Lipolysis is the process of breakdown of stored Triacylglycerol (TAG) in the hydrophobic lipid droplets (LD) by lipases to release glycerol and fatty acids. Adipose tissue in our body is mostly distributed as subcutaneous and visceral depots. Functional dysregulation of visceral adipocytes is a major contributor of metabolic problems as compared to the subcutaneous or peripheral adipocytes. Hypoxia in subcutaneous adipocytes cause adipocytokine deregulation and disrupts lipolytic function¹. Therefore, most of the problems associated with obesity are majorly contributed by inflammation mediated through lipolysis in the visceral adipocytes. However, when there is an energy deprivation, lipases break down stored triglycerides (TAG) into glycerol and non-esterified fatty acids (NEFA)/free fatty acids (FFA) and transports them to liver and skeletal muscle to undergo β -oxidation. The obese show high levels of plasma FFA. The presence of elevated FFA in the blood is due to an imbalance between lipolytic actions of adipocytes and utilization of FFA's by the liver and skeletal muscle. Excess circulating FFA's impairs the skeletal muscle's glucose utilization and thereby promotes hyperglycaemia and glucolipotoxicity across different tissues. Lipolysis activity of adipocytes is highly regulated by the action of hormones like insulin² and catecholamine^{3,4}. Impairment in glucose homeostasis and whole body insulin resistance promotes lipolysis in the visceral adipocytes and thus contributes to high levels of plasma FFA mobilization to the portal vein. This promotes lipogenesis in liver and skeletal muscles and thus increases insulin resistance⁵. This review considers recent works in the field of adipocyte lipolysis, established and highly accepted signalling mechanisms and key regulatory elements in lipolytic signalling pathways.

KNOWN MECHANISMS AND PLAYERS OF LIPOLYSIS

cAMP DEPENDENT PATHWAYS

Several hormones mediate lipolysis by binding to β -adrenergic receptors expressed on the surface of white and brown adipose tissue^{6, 7}. These GPCR's are coupled to G-proteins like Gs/Gi which mediate specific lipolytic response upon activation. For example, Catecholamine binds to the β_2 -adrenergic receptor (AR) and activates Gs which activates adenylyl cyclase and increases the cAMP levels. This in turn activates cAMP dependent Protein Kinase A (PKA) and causes Perilipin A and HSL phosphorylation, subsequently breaking down diacylglycerol⁸. G - proteins are highly significant in mediating lipolytic actions of hormones. Therefore, Gs deficiency or decreased Gs activity observed in obese individuals directly correlate with low cAMP levels and reduced lipolysis⁹. Although β_3 -AR doesn't have higher expression as compared to other AR's, it can mediate lipolysis when selectively activated by certain bacterial toxins like Pertussis toxins by selective activation of ERK1/2^{10, 11}. Gi coupled to β_3 -AR is activated upon β_3 -AR activation and restrains cAMP production through adenylyl cyclase but lipolysis is conducted by ERK 1/2 mediated PKA activation.

cAMP INDEPENDENT PATHWAYS

Apart from the pathways that depend on cAMP levels in adipocytes, lipolysis may occur through pathways that are cAMP independent. This is different from the usual lipolytic route and is less explored. But, there is a clear suggestion that if α_1 -adrenoreceptors are activated due to stimulation by increased Ca^{2+} level or by the action of agonists then there is an increase in glycerol release owing to lipolysis. It has been speculated that α_1 -AR and Gq activation leads to Protein Kinase C (PKC) mediated phosphorylation of CREB (cAMP responsive element binding protein) and controls gene expression of the β -AR receptors and ERK1/2 activation¹² thus mediating lipolysis.

CATECHOLAMINE AND INSULIN MEDIATED REGULATION OF LIPOLYSIS

Catecholamine produced by the Chromaffin cells of the adrenal medulla, has an important role in the regulation of lipolysis. Catecholamine binds to β -adrenergic receptors that are coupled to G proteins. This activates adenylate cyclase and produces cAMP which activates PKA and triggers a phosphorylation cascade that is responsible for the phosphorylation of Perilipin¹³. Phosphorylated Perilipin is no more capable of forming the protective layer on the lipid droplets, thus permits HSL activity and aggravates the lipolytic process. Insulin is among the best known anti-lipolytic hormones. The antagonistic nature of insulin is largely due to its capability to lower cAMP

levels. Recent findings show that it is primarily due to the negative effects of insulin on the expression of Adipocyte Triglyceride Lipase (ATGL).

ROLE OF PKA IN LIPOLYSIS

PKA generally mediates phosphorylation of HSL at Serine residues- 563, 659 and 660¹⁴ and can be monitored *in-vivo* by its translocation from cytosol to the lipid droplet. Previously it was hypothesized that Serine 563 was the only phosphorylation site in HSL. By 2003, other phosphorylation sites of HSL i.e. Serine 659 and 660 were discovered. Further mutagenesis reports confirm the crucial importance of residues 659 and 660 as activation-controlling sites of HSL¹⁵.

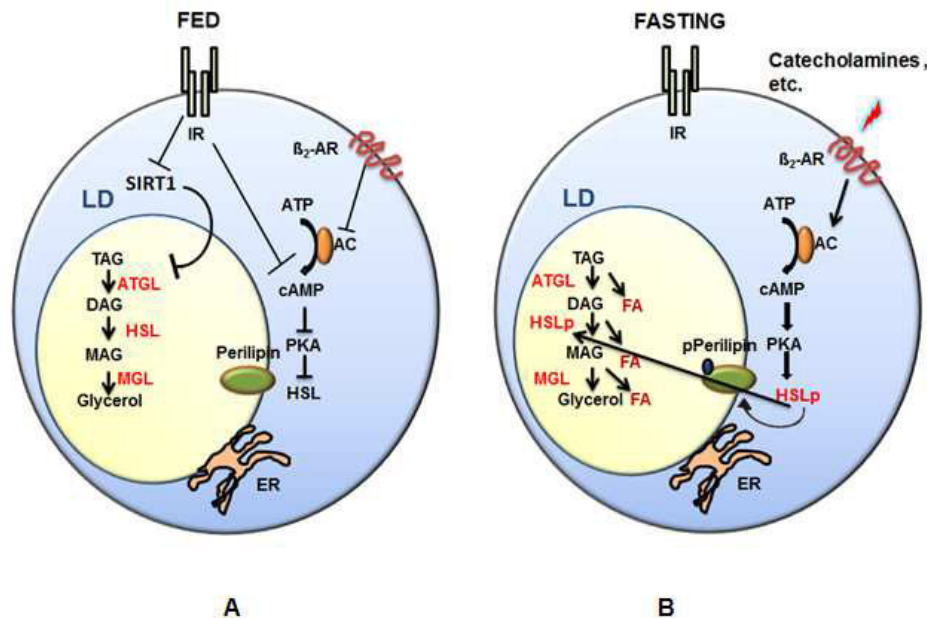


Figure 1 (a) Fed state: Insulin signalling is discontinued attenuating the activation of adenylate cyclase followed by non-phosphorylation of proteins in the lipolytic cascade. **(b)** Fasting state: release of catecholamines, production of cAMP and PKA activation followed by the HSL and ATGL mediated breakdown of stored TAG's.

LIPASES AND LD ASSOCIATED PROTEINS HSL

HSL is an intracellular lipase which is of 775 amino acid residues in length with a molecular weight of ~ 84kDa¹⁶. It can cleave Mono, Di and Triacylglycerol moieties, but shows a 10 fold higher preference for Diacylglycerol¹⁷. The hydrolytic activity of HSL is contributed by PKA mediated phosphorylation at Ser659, Ser660¹⁴,

and Ser563¹⁹ thus helping HSL translocate to lipid droplets. This translocation has been hypothesised due to a protein, Lipotrans in that mediates transfer of HSL to the lipid droplet surface. This was identified by using yeast two hybrid screening²⁰. HSL interacts with the Adipocyte Lipid Binding Proteins by residues in the N-terminal region. It is considered to be the rate limiting enzyme

of the lipolytic action in adipocytes with lower mRNA expression in the subcutaneous adipose tissue and higher in omental tissue²¹. Apart from the adipose tissue, it is expressed in liver, muscle²², macrophages, adrenal gland¹⁷ and the testis²³.

ATGL

Adipocyte Triglyceride Lipase has a high expression rate in the adipocytes as compared to other tissues and is responsible for fat mobilization by hydrolysing stored triacylglycerols²⁴. A substantial sequence similarity with several proteins from prokaryotes to humans is seen^{25, 26} and is responsible for functions from bacterial virulence to nutrient storage²⁷. The N-terminal domain of ATGL has a high sequence similarity with Adiponutrin²⁸ and shares a reciprocal relationship in adipogenesis. siRNA knockdown of ATGL in mouse embryonic fibroblasts decreases both basal and stimulated lipolysis²⁹. ATGL was initially speculated to be localized in the cytosol of adipocytes. Recent reports suggest that ATGL is localized on the lipid droplets of adipocytes and is present in the cytoplasm for other cells expressing it³⁰. Lipid droplet associated proteins play an important role in moderating ATGL function. Perilipin moderates ATGL function in response to β -adrenergic receptor hormonal stimulation and FSP-27 limits its presence on the surface of LD³¹. Insulin inhibits expression of ATGL, playing a major role in the regulation of ATGL via PPAR γ ^{32,33}. However, ATGL expression is also controlled by Insulin via restrained localization of FoxO1³⁴ in the cytoplasm. ATGL regulates triglyceride metabolism in intestinal tissues by activation of PPAR α following similar steps³⁵ as its isoforms in other tissues.

PERILIPINS

Perilipin belongs to the PAT (Perilipin, Adipophilin and Tail Interacting protein 47^{36,37}) family of proteins that form a protective coating on the LD. It is highly expressed in the white and brown adipose tissue and is the most abundant protein on the LD surface^{38,39}. Perilipin has 3 splice variants among which, Perilipin A is the most abundant, both in the white and brown adipose tissue³⁹. It acts as a

substrate for PKA (Protein Kinase A) mediated phosphorylation owing to its six phosphorylation sites. It has been shown that Ser517 plays a major role in recruitment of ATGL⁴⁰ and exposing TAG's for hydrolysis. HSL mediated TAG hydrolysis was initially proposed to be dependent on the phosphorylation state of Perilipin A mediated by PKA⁴¹. Recently, it has been shown that HSL promotes lipolysis by its translocation to LD surfaces in a Perilipin A phosphorylation dependent and independent fashion⁴². The detailed mechanism for this is still unclear.

CGI-58

ATGL as explained above is an adipocyte specific lipase which hydrolyses TAG. It is dependent on CGI-58 (Comparative Gene Identification - 58) for its activity. Structural studies of CGI-58 have shown that its N terminal consists of lipophilic tryptophan rich region which helps it to anchor or localize on the Lipid droplet surface. Deletion of the N-terminal region of CGI-58 resulted in triglyceride accumulation, disrupted its localization potential on the LD surface and affected the enzymatic activity of ATGL in COS-7 cells⁴³.

TIP47

Tail interacting protein of 47kDa interacts with the cytoplasmic tail of Mannose-6-phosphate receptor and has high sequence similarity with PAT family of proteins. It is found to be localized on the LD surface along with the ADRP's⁴⁴. N-terminal of TIP47 is important for its localization and recruitment on LD surface and the C-terminal remains in cytosolic region functioning independently. TIP47 knockdown severely affects the growth and maturation of LD and is thereby considered to be LD protective⁴⁵.

FSP-27

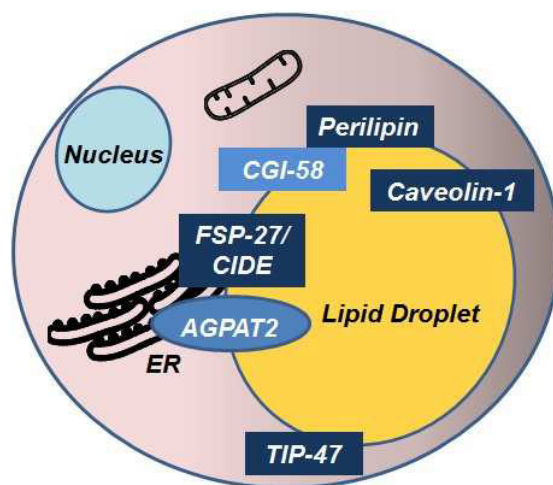
Adipocyte fat specific protein 27 (FSP-27) is highly expressed during adipogenesis⁴⁶. This protein is one of the cell death inducing DNA fragmentation factor 45 (DFF45) like effector protein (CIDE) involved in cellular death⁴⁷. FSP-27 null 3T3-L1 adipocyte cells have shown enhanced basal lipolysis and dispersion of mature LDs into small LD's. FSP-27

localization by GFP tagged FSP-27 constructs showed its presence on the LD surface⁴⁸. Although structurally unrelated to the PAT family of proteins as it doesn't have any PAT specific structural domains, yet this is involved in the formation of large LDs⁴⁸ thereby

contributes to LD formation and TAG storage⁴⁹⁻⁵¹. However structural information about this protein is yet unavailable and has promise to reveal its significance as a LD associated protein.

Lipid Droplet associated proteins

Figure 2



Lipid droplet associated proteins: CGI-58: Comparative Gene Identification-58; FSP-27/CIDE: Fat specific protein-27/cell death inducing DNA fragmentation factor 45 (DFF45) like effector protein; TIP-47: Tail Interacting Protein 47), AGPAT2: Acylglycerol phosphate acyltransferase 2

RECENT MECHANISMS IN ADIPOCYTE LIPOLYSIS

SIRT1-FOXO1 MEDIATED LIPOLYSIS

Forkhead Box Protein (FoxO1), a central regulator of metabolic pathways⁵² has an implication in adipocyte lipolysis mediated by insulin dependent transcriptional up regulation of ATGL³⁴. Chakrabarti et al. 2009, have shown that expression of ATGL in adipocyte is regulated by FoxO1 but is dependent on the action of Insulin. Insulin inhibits the expression of ATGL³³ by depleting FoxO1 nuclear localization and thereby reducing lipolysis or promotes lipolysis if adipocyte insulin signalling is impaired. Recent studies reveal the regulation of FoxO1 by SIRT1, one of the seven Sirtuins (SIRT1 through SIRT7) deciphered till date. Sirtuins are NAD⁺ dependent proteins which functions by deacetylating histones or transcription factors and regulates their activity in maintaining metabolic stress and related functions^{53, 54} in excess nutrient availability⁵⁵. One of the major targets of SIRT1 is FoxO1, that is activated by the deacetylation action of

SIRT1⁵⁶⁻⁵⁹. SIRT1 regulates ATGL expression by deacetylation of FoxO1⁶⁰ localized in nucleus. This occurs in conditions demanding lipolysis; like prolonged fasting or metabolic stress/insulin resistance in adipocytes.

ENDOPLASMIC RETICULUM STRESS MEDIATED LIPOLYSIS

Endoplasmic reticulum (ER) is a membranous organelle which is the major site for the synthesis, folding and trafficking of proteins. Amongst other functions, it is the site for triglyceride droplet formation and maintenance of Ca²⁺ homeostasis. Under stress, folding strategies of ER gets disrupted and gradually there is an aggregation of misfolded proteins, that elicits the adaptive Unfolded Protein Response (UPR)⁶¹⁻⁶³. UPR signal transduction is mediated by ER membrane resident proteins; PERK (PKR like eukaryotic initiation factor 2 α), IRE-1 (Inositol requiring enzyme-1), ATF-6 (activating transcription factor-6)⁶⁴. These three elements control ER stress by reducing protein translation and increasing ER

chaperones production to mitigate the folding load in the ER lumen. In obesity, there is nutrient excess in the systemic circulation which has profound metabolic consequences in β cells^{65, 66}, hepatocytes⁶⁷ and adipocytes^{68, 69}, thereby increasing insulin resistance⁷⁰ and cellular death⁷¹ in these cells. As ER is the site for triglyceride droplet formation, LD buds off from the ER that is sandwiched between ER membranes. It is evident that there is a close correlation between the lipolytic events which occurs on the TD surface and ER stress. Deng et al. 2011, has reported ER stress associated lipolysis in adipocytes mediated by activation of cAMP/PKA and ERK $\frac{1}{2}$ signalling pathways. They have mentioned that ER stress induction causes simultaneous phosphorylation of ERK $\frac{1}{2}$ -JNK pathways and downstream lipolytic events are absolutely dependent on ERK and not JNK⁷² which this is not completely explained. Lipolysis could have occurred due to multifactorial events. A probable explanation could be the production of TNF- α by ER stressed adipocytes. TNF- α trigger ERK pathway by a cAMP independent mechanism and promote lipolysis⁷³. The role of individual elements of the UPR and their correlation with lipolytic events has to be further explored to come to a valid conclusion.

mTOR SIGNALING AND LIPOLYSIS

Target of Rapamycin was identified way back in 1991⁷⁴. Several mutational studies in mammalian cells led to cloning and characterization of mammalian target of Rapamycin (mTOR)^{75, 76}. It plays numerous physiological roles and coordinates cell growth and metabolism by an extensive signalling network. Being a nutrient sensor it effectively senses varying levels of nutrients like amino acids, glucose etc. and is involved in maintaining their homeostasis. Recently its role in lipid metabolism has been explained where it was found to be a promoter of de novo lipogenesis.

MEDIATORS OF LIPOLYSIS

LIPOIC ACID

1,2-dithiolane-3-pentaenoic acid or Lipoic acid is an endogenously secreted compound which is co-factor for several mitochondrial enzymes⁷⁷. Initial studies with Lipoic acid

revealed its anti-oxidant properties and its potential role in scavenging reactive oxygen species and rejuvenating endogenous antioxidants like glutathione, Vitamin E and C^{78, 79}. Lipoic acid has also been found to increase insulin sensitivity by activating AMPK⁸⁰ and induce weight loss in rodent models by increasing energy expenditure⁸⁰. Recent studies reveal that Lipoic acid stimulates lipolysis in adipocyte by phosphorylation of HSL by cAMP mediated activation of PKA and inhibition of Adipocyte – specific Phospholipase A₂ (AdPLA) and Prostaglandin E₂ (PGE₂)⁸¹ which explains its role in reduction of weight in obese models.

LACTATE

Lactic acid is produced as a by-product in metabolic energy expenditure. Lactate level in body is contributed by subcutaneous adipose tissue and muscle. Apparently, obese people have significantly higher lactate levels owing to larger fat mass and chronic intermittent hypoxia. Lactate is more than a metabolic by product and it acts as a signalling molecule being an endogenous ligand of adipocyte specific GRP81⁸². We have conflicting knowledge on the lipolytic action of lactate. Liu and co-workers have shown that lactate binds to GRP81 and internalizes it after activation, thereby suppressing lipolysis⁸². On the other hand, recent reports by Hashimoto and co-workers showed that exercise training elevates lactate levels in adipose tissue and skeletal muscle promoting lipolysis by significantly increasing the expression of ATGL, HSL and CGI-58⁸³.

GLUCOCORTICIDS

Glucocorticoids are steroid hormones having diverse functions in our body and plays a part in promoting lipolysis. It ensures that normal adipose tissue lipolysis mediated by the action of various hormones is maintained by the permissive effect^{35, 84}. Studies on isolated rat adipocytes showed that glucocorticoids directly stimulate lipolysis in a dose and time dependent manner by binding to the glucocorticoid receptor present on the adipocytes⁸⁵. Glucocorticoids has a negative effect on the lipolytic action of Tumour necrosis factor α (TNF α) majorly mediated by the action

of ATGL⁸⁶. These presents conflicting view on the effect of glucocorticoid treatment to treat obese individuals. Further work is required to understand the exact effect of hypercortisolemia or glucocorticoid treatment in obese subjects.

DISEASES WITH ALTERED LIPOLYSIS

Obesity is one of the major complications in which there is perturbed lipolytic balance. In most of the observed mutations, ATGL/Desnutrin mutation is notable. ATGL/Desnutrin mutation leads to the deletion of residues leading to truncated C-terminal versions, which causes TAG accumulation in the heart and consequently cardiac arrest. These truncated enzyme versions showed elevated activity but consequently lost their localization potential to the lipid droplets thereby posing a lipolytic defect in the individuals carrying such mutations^{87,88}. Apart from this mutations in CGI-58, activator of ATGL have been reported to have high triglyceride accumulation, commonly called as the Chanarin-Dorfman syndrome or Neutral Lipid Storage Disease (NLSD)⁸⁹. At present we don't have complete structural understanding of the function of ATGL or CGI-58, further investigations will give us crucial information about this LD structural proteins for better management of the diseases.

CONCLUSION AND PERSPECTIVES

Therapeutic application with anti-lipolytic perspectives hypothesizes the use of drugs to prevent lipolysis and thereby decreases serum fatty acid levels. Potent anti-lipolytic drugs like Nicotinamide and its derivatives work on this principle. Although intervention of these drugs might show an initial lowering of the serum fatty acid levels, an eventual backslide to earlier levels results with insulin resistance. In the light of recent advances, the concept of using anti-lipolytic agents for dyslipidaemia needs revision. Its reciprocal may rather be effective by promoting lipolysis and thus increases leanness and heightens fatty acid oxidation^{90,91}. p53 over expression has been related to endoplasmic reticulum stress due to the triggering of inflammation and NFκB pathways⁹². Activated SIRT1, a histone deacetylase plays a major role in p53 deacetylation in cancer cells, whose inhibition causes cell death⁹³. To evaluate molecular connections between SIRT1 activation and acetylation or de-acetylation of p53 and its relation to calorie restriction and lipolysis would be interesting. Also, uncovering the mechanisms for lipid droplet formation and the role of different structural proteins in the maintenance of lipid droplets might offer us valuable insights and targets for altering lipid mobilization in the body.

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