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Lipid membrane disruption by amylin in type II diabetes mellitus: Effect of head group loss

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Abstract

Damage to insulin-producing beta cells of the pancreas in individuals with Type II Diabetes Mellitus is a traditional effect of the disease, which is often aggravated by age. A potential explanation for beta cell damage is disruption of the cellular lipid membrane from amylin accumulation. This presentation details an examination of possible age-related effects to membrane lipids, specifically differing levels of head group loss, through treatment of membrane models with amylin and dye leakage assays.

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Lipid Membrane Disruption by Amylin in Type II Diabetes Mellitus: Effect of Head Group Loss

By

William Joesten

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with Honors in Chemistry

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Lipid Membrane Disruption by Amylin in Type II Diabetes Mellitus: Effect of Head **Group Loss**

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12 April 2012

Abstract:

Damage to insulin-producing beta cells of the pancreas in individuals with Type II Diabetes Mellitus is a traditional effect of the disease, which is often aggravated by age. A potential explanation for beta cell damage is disruption of the cellular lipid membrane from amylin accumulation. This presentation details an examination of possible age-related effects to membrane lipids, specifically differing levels of head group loss, through treatment of membrane models with amylin and dye leakage assays.

Introduction/Background:

In America and many other parts of the world today, one of the most common autoimmune disorders is Diabetes Mellitus, with more than 1 in 10 Americans suffering from some form of the disease[1] Characterized by deficient mechanisms for insulin production/absorption by the body, untreated diabetes can quickly lead to detrimental side effects such as ketoacidosis or neuropathy. In addition, many diabetic patients (especially Type Il diabetics, which account for 90% of all Diabetes cases) are diagnosed with the disease when they are already out of shape or eating a poor diet, which increases the risks for heart conditions and other illnesses. [2,3] Diabetes has also been shown to affect the elderly, with 1 in 4 Americans over the age of 65 diagnosed with some form of Diabetes. [1] This statistic, along with increased insulin resistance and insulin-producing β -cell damage in older diabetic patients, is cause for concern.

Insulin is a hormone vital to the digestion and absorption of glucose into all cells for energy. In the human body, the β -cells of the pancreas are responsible for the production and dispersion of insulin throughout the body. In Type II diabetic patients, the gradual loss of β -cell function is one of the major factors in determining the extent of complications such as hyperglycemia. As patients age, a clear trend towards decreased ß-cell function as well as increased insulin resistance is often shown. [4] What characteristics of aging cells cause these issues to propagate? One potential answer lies within the cellular membrane of the B-cells themselves. If the ß-cells change the chemical makeup of their lipid membrane due to the ageing process, it is possible that the susceptibility of the membrane to damage and degradation would also increase. This project set out to examine the effect of Human Islet Amyloid Polypeptide(HIAPP), more commonly referred to as amylin, on various types of lipid membranes.

Besides the production of insulin, other hormones that serve a similar function have also been shown to be produced in the pancreatic β -cells. One of these hormones, amylin, is responsible for not only controlling blood sugar in a similar method to insulin, but also promoting weight loss by slowing the rate at which the body empties the digestive system. [3] Amylin is secreted in a roughly 1/10 ratio with insulin [6], and has a 37-amino acid residue structure (shown in Fig 1) that has a net positive charge of +3 at physiological pH, due to the free N-terminal, K1 residue, and R11 residue.[7,2,8,9] Amylin has been shown to induce a toxic effect on the lipid membranes of insulin producing β -cells, and this is due primarily to the formation of fibril structures from amylin units. [5]

Fig 1: Chemical structure of amylin in 2-D and 3D models. Charged residues in (a) are circled.

$[8]$

The degree with which amylin interacts with pancreatic cells is primarily based on charged interactions between the positively charged peptide and negatively charged membrane lipids. [9] While the lipid membrane of a human cell is far more complicated than a simple lipid bilayer, the lipid composition is the most important factor in this investigation. The model membranes prepared in this study are shown below in Fig 2 - Fig 4. DOPC is a zwitterionic lipid containing a choline head group and is neutrally charged; DOPS is a similar lipid with a serine head group, causing it to be negatively charged; DOPA lacks any head group whatsoever and is also negatively charged. It is important to note that a normal pancreatic cell contains a ratio of roughly 30% negatively charged membrane lipids to 70% neutrally charged membrane lipids. In this study, this is represented by a control mixture of 7:3 DOPC and DOPS.

Fig 2: Chemical Structure of 1,2-dioleoyl-sn-glycero-3-phosphocholine (DOPC)

Fig 3: Chemical Structure of 1,2-dioleoyl-sn-glycero-3-phospho-L-serine (DOPS)

Fig 4: Chemical Structure of 1,2-dioleoyl-sn-glycero-3-phosphate (DOPA)

The specific mechanism of amyloid fibril formation is detailed below in Figure 5. Individual amylin molecules quickly begin to form oligomers, followed by larger fibril formations. These larger structures interact with the lipid membrane due to the charged interactions discussed earlier. Pores, more specifically, charged ion channels begin to form in the membrane, eventually leading to the complete and total breakdown of the membrane itself and cellular death. Data from Mirzabekov et al. (1995)[7] has show this damage to be irreversible, with even a small exposure having potentially deleterious effects on membrane stability. Fibrils can form as aggregation increases, damaging the membrane even further.

Fig 5: Diagram of Amylin (IAPP) showing oligomer formation and amyloid interaction with membrane [9]

As humans age, the membrane lipid composition of the β -cells within the pancreas show noticeable changes due to the process of ageing. [2,3,4] Diet also has a major effect on both the lipid concentration and the cholesterol content of the bilayer. [2,3,4,10] The combination of age and poor diet in many Type II Diabetes patients will likely lead to some adjustment of the membrane. Previous research has shown significant modification of the lipid structure in elderly patients. [4,10]We believe that lipids containing negatively charged head groups such as phosphatidylserine(PS) and especially those that are composed of lipids that lack a head group entirely such as phosphatidic acid (PA) will increase the likelihood of the

membrane interacting with the positively charged amylin, leading to pore formation in the lipid membrane and cellular death. In order to test this hypothesis, artificial vesicles containing carboxyflouroescein dye were prepared, each containing varying ratios of the three lipids detailed above in Fig 2 - Fig 4. By measuring the effect of amylin on the vesicles, specifically the amount of membrane degradation, it should be clear whether or not amylin has a more degenerative effect on membranes that have lost a head group and/or become more negatively charged.

Materials:

1,2-dioleoyl-sn-glycero-3-phosphocholine (DOPC), Avanti Polar Lipids 1,2-dioleoyl-sn-glycero-3-phospho-L-serine (DOPS), Avanti Polar Lipids 1,2-dioleoyl-sn-glycero-3-phosphate (DOPA), Avanti Polar Lipids Carboxyfluorescein Dye, Sigma Aldrich Extrusion set with differing sizes of polycarbonate membrane (0.2-1 micron), Avanti Polar Lipids G-50 gel beads, Sigma Aldrich Amylin, Anaspec Microplate Fluorescence Reader, Bio-Tek Sodium Phosphate Buffer pH 7.5

Methodology:

The formation of artificial vesicles containing carboxyfluorescein dye was performed via a freeze-thaw process as follows. Each preparation contained 30 µM of carboxyfluorescein (~5.64 mg dissolved in 0.5 mL of a pH 7.5 Sodium Phosphate buffer), and was combined with a lipid preparation totaling 5mg+ 1mL of chloroform. The differing lipid preparations are detailed in Table 1. A control sample, simulating normal lipid composition, was prepared using a 7:3 ratio of neutrally charged DOPC: negatively charged DOPS. (3.5 mg DOPC: 1.5 mg DOPS and is not listed in Table 1)

Table 1: Lipid composition of assays. Samples 1 through 3 simulate increasing head group loss from negatively charged DOPS, while Samples 4 though 6 measure increasing head group loss from neutral DOPC

Freezing and thawing was undertaken using a dry-ice/acetone bath and warm water. Each set of samples was put through a cycle of 5 freezes and 5 thaws and then placed into a freezer until they were needed for the fluorescence assay. This procedure caused the formation of initial vesicles around the carboxyfluorescein dye.

When performing fluorescence assays using the vesicle samples obtained earlier, the following methodology was used. A tube of lipid was removed from the freezer, allowed to thaw, then collected in a gas tight 1000µL syringe and passed through a clean Avanti Polar Lipids Mini-Extruder with a 1 micron polycarbonate membrane. After several passes the sample was collected and the extruder disassembled, then re-assembled with a 0.2micron polycarbonate membrane in place of the original membrane. The sample was then carefully passed through the extruder exactly 21 times. This allows for vesicles of the desired size to be formed. The extruder was set aside and the lipid sample placed into a test tube while a gel exclusion column was prepared using G-50 gel beads and pH 7.5 sodium phosphate buffer.

Following the column preparation, the lipid sample was loaded onto the column, and run using the sodium phosphate buffer. Due to the exclusion limit of the gel inside the column and the fact that the vesicles which were created were significantly larger than any free dye particles, the vesicles will pass quickly through the column, leaving any dye behind to be slowed within the gel pores. The first yellow-colored fraction was collected from the column and set aside while the column was flushed with buffer and a 96 well microplate was prepared for the fluorescence assay.

Each fluorescence assay was prepared in an identical fashion, using varying concentrations of amylin to induce the leakage of the dye-containing vesicles. Eight samples were prepared in test tubes, and then divided into three identical microplate well samples of ~300µL. Samples were mixed by adding buffer into the test tube first, followed by amylin or DMSO, and finally adding 20uL of vesicle solution buffer (collected from the gel column). Each sample consisted of 1500 total µL, including all elements. The control sample contained only buffer and 20µL of vesicles. An additional sample was prepared to completely break open the liposomes using Triton-X detergent. This allows a comparison between the most concentrated amylin sample and the 100% leakage detergent sample. It is important to note that if the veracity of the liposomes prepared is at all in question, the 100% leakage sample and control sample should be prepared and examined before the other samples are prepared. This prevents the waste of amylin on vesicles which were not prepared properly. Sample preparation is detailed below in Table 2. Each sample was mixed thoroughly and set aside for the final fluorescence assay.

Trial	Control	100%leakage	1	2		4	5	b
Amylin (µL)	0				5	11	21	42
Vesicles(µL)	20	20	20	20	20	20	20	20
Buffer (μL)	1480	1390	1479	1478	1475	1469	1458	1438

Table 2: Assay preparation for Fluorescence Assay

For the fluorescence assay, each of the eight samples was divided into 300 µL fractions and placed onto a well plate. This provides triplicates of each sample and reduces the error in each sample. The well plates were placed into a Bio-Tek Flx 800 Microplate Fluorescence Reader for 3 hours with a reading interval of one minute. A sample of the raw data and calculations obtained from the fluorescence assays is detailed in supplemental table 1. This specifically refers to the control sample.

Results

In order to convert the raw fluorescence measurements into fraction of the dve leaked. several calculations were performed. The time-averaged fluorescence values from each set of three trials were combined and the average value from that combination was obtained. This value was placed into equation 1:

Equation 1: Fraction Leakage $=$

Average from All Runs (Sample being examined)-Average from All Runs(Control sample) Average from All Runs (100% Leakage sample)-Average from All Runs (Control Sample)

These values were then interpreted graphically based on the concentration of amylin present in each trial, shown in Graphs 1 through 7. A logarithmic trend line was added to help characterize the amount of leakage shown as the concentration of amylin was increased. While the correlation (R^2) values are lower that normally acceptable in some of the lower concentration tests, at the higher levels the data clearly show much higher levels of correlation, all above 0.90.

Graph 1: Control sample fraction leaked vs. amylin concentration

Graph 2: Sample 1 fraction leaked vs. amylin concentration

Graph 3: Sample 2 fraction leaked vs. amylin concentration

Graph 4: Sample 3 fraction leaked vs. amylin concentration

Graph 5: Sample 4 fraction leaked vs. amylin concentration

Graph 6: Sample 5 fraction leaked vs. amylin concentration

Graph 1-7: Sample 6 fraction leaked vs. amylin Concentration

The data clearly show a progression of increased leakage as the head groups of the lipid membranes are removed, simulating the loss of head groups due to age. Even at the lowest concentration of amylin, the amount of leakage in all samples was as high or higher than the highest leakage levels in the controls. If amylin was not responsible for the degradation of the membrane, this increased leakage would not be observed. Each sample exhibits a rough level of concentration dependence, with increasing levels of amylin corresponding to increasing leakage of the membrane. When the negative head groups of the DOPS are replaced with DOPA (lacking a head group and holding a net negative charge) there is still a significant effect at even low concentrations.

At the highest levels of alteration to the membrane (30% substitution with DOPA) in samples 3 and 6, there is heavy damage immediately to the membrane and complete destuction follows shortly afterwards with near 100% levels of dye leakage. It is important to note that in all three trials where the neutrally charged DOPC was replaced with DOPA there is nearly 100% leakage, further supporting not only the fact that head group loss is important, but that charge also has an impact on the toxic effects of amylin. Hopefully, future studies will hopefully be able to more accurately characterize the relationship between these two toxic factors.

Conclusion

Our hypothesis is clearly supported by the data. It is clear that the degree of amylin toxicity is significantly affected by the loss of head groups in the lipid membranes of pancreatic cells. In addition, the data show that the charge of the lipid bilayer also affects amylin toxicity. Depending on the head group of the lipids within the bilayer, the membrane can become more susceptible to damage. As shown below in graphs 8 and 9, as head groups are removed and the membrane becomes more negative, amylin has a deleterious effect on membrane stability.

Graph 8 clearly demonstrates that the percent of leakage increases from around 40% to roughly 50% with some head group loss from DOPS, and significantly increases to almost 90% with the loss of additional head groups. As the negatively charged lipid is replaced by a lipid with a larger negative charge, it is distinctly possible that not only the head group loss, but the increasingly negative charge of the lipid membrane has an effect on amylin toxicity.

Graph 9 shows that as the neutral (and zwitterionic) DOPC loses its head group and becomes negatively charged, the lipid membrane immediately begins to catastrophically disintegrate. Even when only 10% of the membrane lipids lose head groups, the destruction of the membrane is near 100% when exposed to 20μM of amylin. This is significant not only for the loss of the head group, but in relation to the increasing negativity of the membrane. As the membrane becomes more negative, it is clear that amylin has in increasingly damaging effect on the membrane. The loss of head groups may be primarily responsible, but it would be impossible to attribute the increasing amount of membrane damage simply to a single element in the data. Perhaps with further and more rigorous testing the degree with which charge and head group loss affect membrane degradation can be both better characterized and understood.

Graph 9: 20µM Amylin percent leakage values as compared to control in samples 4-6

In our trials this was demonstrated through dye leakage, but in a normal human cell, any disruption of the membrane is likely to prove significant. The loss of head groups and replacement of a neutral charge with a net negative charge help to explain the increased amount of insulin resistance in Type II Diabetes patients as they age, as well as the decrease in overall insulin production, and is supported by previous studies of amylin. [11] As the β-cells produce insulin and amylin, they inadvertently produce the method of their destruction due to age-related changes in the very elements that are designed to protect the cell. While it cannot be said that amylin is wholly to blame for the increase in diabetic side effects with age, it certainly cannot be discounted. Further work must be done to characterize the exact behavior of amylin on living cells, as it is not likely that the effects shown in these trials will be exactly analogous in the human body. With more information and a better understanding of the complexities involved, some of the deleterious effects of amylin can be mitigated in Type II Diabetic patients of all ages.

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Supplemental Table 1: Raw fluorescence data used to calculate the membrane leakage fraction

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