Improvement of Postprandial Endothelial Function After a Single Dose of Exenatide in Individuals With Impaired Glucose Tolerance and Recent-Onset Type 2 Diabetes

Juraj Koska, MD
Eric A. Schwartz, PhD
Michael P. Mullin, BS
Dawn C. Schwenke, PhD
Peter D. Reaven, MD

OBJECTIVE — Endothelial dysfunction is frequently present in individuals with insulin resistance or type 2 diabetes and can be induced by high-fat or high-carbohydrate meals. Because exenatide reduces postprandial glucose and lipid excursions, we hypothesized that it may also improve postprandial endothelial function.

RESEARCH DESIGN AND METHODS — In a double-blinded randomized crossover design, postprandial endothelial function was examined in 28 individuals with impaired glucose tolerance or recent-onset type 2 diabetes after a single injection of exenatide or placebo given just before a high-fat meal. Endothelial function was determined with peripheral arterial tonometry pre- and postprandially.

RESULTS — Postprandial endothelial function was higher after exenatide compared with placebo (P = 0.0002). In the placebo phase, postprandial change in endothelial function was inversely associated with mean postprandial concentrations of triglycerides (r = −0.62, P = 0.0004). Changes in postprandial triglyceride concentrations explained 64% of exenatide’s effect on postprandial endothelial function.

CONCLUSIONS — Exenatide ameliorates postprandial endothelial dysfunction after a high-fat meal.

Endothelial dysfunction frequently occurs in insulin resistance and type 2 diabetes (1) and can be induced by high-fat or high-carbohydrate meals (2). Recent data indicate that exenatide, a diabetes medication that lowers glucose predominantly through postprandial actions (3,4), may also reduce postprandial lipid excursions (5,6). The present study investigated whether exenatide would improve postprandial endothelial function in individuals with impaired glucose tolerance (IGT) and recent type 2 diabetes.

From the Department of Endocrinology, Phoenix VA Health Care System, Phoenix, Arizona.

Corresponding author: Peter Reaven, peter.reaven@med.va.gov

Received 23 October 2009 and accepted 11 February 2010. Published ahead of print at http://care.diabetesjournals.org on 3 March 2010. DOI: 10.2337/dc09-1961. Clinical trial reg. no. NCT00974272, clinicaltrials.gov.

© 2010 by the American Diabetes Association. Readers may use this article as long as the work is properly cited, the use is educational and not for profit, and the work is not altered. See http://creativecommons.org/licenses/by-nc-nd/3.0/ for details.

The costs of publication of this article were defrayed in part by the payment of page charges. This article must therefore be hereby marked “advertisement” in accordance with 18 U.S.C. Section 1734 solely to indicate this fact.

RESULTS — Baseline characteristics of the study group are shown in supplemental Table 1. Transient nausea after ingestion of the study meal tended to occur more frequently, as expected, with exenatide (n = 14) than with placebo (n = 3). All but five subjects ingested their entire meal on both occasions; four of these ingested lower amounts during the placebo phase.

In the entire cohort, postprandial PAT index (adjusted for baseline) was higher after exenatide than after placebo (Fig. 1A). In subset analyses by glucose tolerance, in individuals with IGT (n = 16), PAT index remained unchanged after the meal during the placebo phase, tended to increase after exenatide (P = 0.1), and was higher compared with the placebo period (Fig. 1B). Among individuals with type 2 diabetes (n = 12), postprandial PAT index declined during the placebo phase (P = 0.006); this decline was largely prevented by exenatide, and postprandial endothelial function after exenatide...
trended higher than after placebo (Fig. 1C). However, the improvement in postprandial PAT index conferred by exenatide was similar between these two subgroups ($P = 0.7$ for the effect of glucose tolerance status in the entire cohort).

Exenatide reduced postprandial rises in glucose, insulin, and triglyceride concentrations (supplemental Table 2). In the placebo phase, postprandial PAT index inversely correlated with mean (average of 2 and 4 h) postprandial concentrations of triglycerides ($r = -0.62, P = 0.0004$), whereas it was not associated with postprandial glucose ($r = -0.29, P = 0.1$) or insulin concentrations ($P = 1.0$). In multivariate analysis, mean postprandial triglycerides but not glucose or insulin concentrations significantly predicted postprandial change in PAT index. Change in postprandial triglycerides after exenatide accounted for 64% of the estimated effect of exenatide on postprandial endothelial function (supplemental Fig. 1).

CONCLUSIONS — The present data confirmed marked postprandial impairment of endothelial function in individuals with type 2 diabetes (2) and suggest that this susceptibility may develop early in the evolution of diabetes, since a postprandial decline in endothelial function was seen in patients with newly diagnosed diabetes and was absent in patients with IGT. Most importantly, a single exenatide injection improved postprandial endothelial function in the overall group, and the degree of postprandial endothelial function improvement with exenatide was similar in individuals with IGT and diabetes.

Postprandial glucose and triglyceride concentrations have been shown to be associated with endothelial dysfunction after meal challenges (2). In the present study, improvement of postprandial endothelial function after exenatide was related to declines in triglyceride but not glucose concentrations. This could be explained by the predominately high-fat content of the meal resulting in a relatively small postprandial increment in serum glucose concentrations and by a sample size that did not permit detection of such a modest effect. Although almost two-thirds of the effect of exenatide on postprandial endothelial function in the present study was accounted for by changes in postprandial triglycerides, the unexplained residual portion leaves open the possibility that exenatide also improves endothelial function by additional mechanisms. In fact, glucagon-like peptide-1 has been shown to improve vascular function independently of its action on glucose, lipid, or energy metabolism both ex vivo, in preconstricted pulmonary arteries (8), and in vivo, in salt-sensitive hypertensive rats (9), in healthy humans (10), and in subjects with type 2 diabetes (11).

The systemic character of endothelial dysfunction supports the use of endothelial function measured on peripheral arteries as a reasonable surrogate of...
coronary endothelial function. Endothelial function measured by reactive hyperemia PAT correlates well with coronary endothelial function (12) and with standard cardiovascular risk factors (13). Because this study investigated the effect of a single exenatide injection on 3.5-h postmeal endothelial function, we cannot conclude that endothelial function will be improved throughout the day with typical morning and evening exenatide administration. In fact, as a morning injection of exenatide appears to decrease triglyceride levels after a morning meal but not after a noon meal (6), it remains unclear whether the favorable effect of exenatide on endothelial function would be preserved at mid-day. This will presumably depend in part on whether there are vascular benefits of exenatide by pathways that are independent of its triglyceride-lowering effects. Finally, as our study included only individuals with IGT or recent type 2 diabetes with optimal glycemic control, we cannot assume that exenatide will improve endothelial function in individuals with a longer history of diabetes, in whom the extent of vasculature injury may be more advanced and less responsive to intervention.

As endothelial dysfunction appears to be an early indicator of vascular damage and predicts both progression of atherosclerosis (14) and incidence of cardiovascular events (15), exenatide and possibly other incretin-based strategies may provide additional cardiovascular benefit beyond improved glycemic control.

Acknowledgments—This work was supported in part by the office of Research and Development, Medical Research Service, Department of Veterans Affairs. Further support was provided by Lilly Research Laboratories and Amylin Pharmaceutical in an unrestricted research grant (to P.D.R.). No other potential conflicts of interest relevant to this article were reported.

Parts of this study were presented at the 69th Scientific Sessions of the American Diabetes Association, New Orleans, Louisiana, 5–9 June 2009.

We acknowledge the excellent project assistance provided by Carol Brennan, PA, Linda McDonald, RN, C. Dewayne Thurmond, and Ashley Haile, Phoenix VA Health Care System.

The contents of this article do not represent the views of the Department of Veterans Affairs or the U.S. Government.

References

1. Steinberg HO, Chaker H, Leaming R, Johnson A, Brechtel G, Baron AD. Obesity/insulin resistance is associated with endothelial dysfunction: implications for the syndrome of insulin resistance. J Clin Invest 1996;97:2601–2610

2. Ceriello A, Taboga C, Tonutti L, Quagliaro L, Piccoli L, Bais B, Da Ros R, Motz E. Evidence for an independent and cumulative effect of postprandial hypertriglyceridaemia and hyperglycaemia on endothelial dysfunction and oxidative stress generation: effects of short- and long-term simvastatin treatment. Circulation 2002, 106:1211–1218

3. Edwards CM, Stanley SA, Davis R, Brynes AE, Frost GS, Seal LJ, Ghatei MA, Bloom SR. Exendin-4 reduces fasting and postprandial glucose and decreases energy intake in healthy volunteers. Am J Physiol Endocrinol Metab 2001;281:E155–E161

4. Koltermann OG, Buse JB, Fineman MS, Gaines E, Heintz S, Bicsak TA, Taylor K, Kim D, Aisporna M, Wang Y, Baron AD. Synthetic exendin-4 (exenatide) significantly reduces postprandial and fasting plasma glucose in subjects with type 2 diabetes. J Clin Endocrinol Metab 2003;88:3082–3089

5. Cervera A, Wajcberg E, Sriwijitkamol A, Fernandez M, Zuo P, Triplitt C, Musi N, DeFronzo RA, Cersosimo E. Mechanism of action of exenatide to reduce postprandial hyperglycaemia in type 2 diabetes. Am J Physiol Endocrinol Metab 2008;294:E846–E852

6. Schwartz SL, Ratner RE, Kim DD, Qu Y, Fehner LL, Lenox SM, Holcombe JH. Effect of exenatide on 24-hour blood glucose profile compared with placebo in patients with type 2 diabetes: a randomized, double-blind, two-arm, parallel-group, placebo-controlled, 2-week study. Clin Ther 2008;30:858–867

7. Bonetti PO, Bardsness GW, Keelan PC, Schnell TI, Pumper GM, Kuvin JT, Schnall RP, Holmes DR, Higano ST, Lerman A. Enhanced external counterpulsation improves endothelial function in patients with symptomatic coronary artery disease. J Am Coll Cardiol 2003;41:1761–1768

8. Richter G, Feddersen O, Wagner U, Barth P, Goke R, Goke B. GLP-1 stimulates secretion of macromolecules from airways and relaxes pulmonary artery. Am J Physiol Lung Cell Mol Physiol 1993;265:L374–L381

9. Yu M, Moreno C, Hoagland KM, Dahly A, Ditter K, Mistry M, Roman RJ. Antihypertensive effect of glucagon-like peptide 1 in Dahl salt-sensitive rats. J Hypertens 2003;21:1125–1135

10. Basu A, Charkoudian N, Shragge W, Rizza RA, Basu R, Joyner MJ. Beneficial effects of GLP-1 on endothelial function in humans: dampening by glyburide but not by gliclazide. Am J Physiol Endocrinol Metab 2007;293:E1289–E1295

11. Nystrom T, Gunniak MK, Zhang Q, Zhang F, Holst JJ, Ahren B, Sjoholm A. Effects of glucagon-like peptide-1 on endothelial function in type 2 diabetes patients with stable coronary artery disease. Am J Physiol Endocrinol Metab 2004;287:E1209–E1215

12. Bonetti PO, Pumper GM, Higano ST, Holmes DR, Jr, Kuvin JT, Lerman A. Noninvasive identification of patients with early coronary atherosclerosis by assessment of digital reactive hyperemia. J Am Coll Cardiol 2004;44:2137–2141

13. Hamburg NM, Keyes MJ, Larson MG, Vasan RS, Schnabel R, Pryde MM, Mitchell GF, Shetty J, Vita JA, Benjamin EJ. Cross-sectional relations of digital vascular function to cardiovascular risk factors in the Framingham Heart Study. Circulation 2008;117:2467–2474

14. Halcox JP, Donald AE, Ellinors C, Wittes TR, Shipley MJ, Innerarity JL, Marmot MG, Deanfield JE. Endothelial function predicts progression of carotid intima-media thickness. Circulation 2009;119:1005–1012

15. Yeoah J, Crouse JR, Hsu FC, Burke GL, Herrington DM. Brachial flow-mediated dilatation predicts incident cardiovascular events in older adults: the Cardiovascular Health Study. Circulation 2007;115:2390–2397