

Metabolic improvement by telmisartan beyond angiotensin receptor blockade: role of adipokines

Melhora da função metabólica ocasionada pelo telmisartan além do bloqueio do receptor da angiotensina: papel das adipocinas

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Recently, there have been promising findings on the protective effects of telmisartan against insulin resistance and related complications. Notably, amelioration of diet-induced obesity, insulin resistance, and fatty liver caused by telmisartan treatment have recently been reported in *AT1a*-deficient mice, implying that these effects could be exerted independent of angiotensin II type 1 receptor (AT1) blockade (1). As for the mechanisms behind observed metabolic improvements, adipose tissue has been suggested as a potential target for the insulin-sensitizing effect of telmisartan. Based on this, I would like to propose an important mechanism by which adipose tissue might be involved in the observed AT1-independent effects of telmisartan.

Over the past decade, the attitude toward adipose tissue has changed from a sole energy storage organ to an active endocrine organ capable of expressing and secreting different adipokines with important metabolic activities (2). Adiponectin is an adipocyte-derived hormone that possesses interesting beneficial impacts on different metabolic processes. Numerous studies have reported the anti-obesity actions of adiponectin, as well as the improvement of multiple obesity-associated metabolic disorders, such as insulin resistance, type 2 diabetes, nonalcoholic fatty liver disease, dyslipidemia, and cardiovascular disease (2,3). Hypoadiponectinemia has been proposed as a risk factor for a number of those metabolic disorders (3). Particularly, telmisartan has been found to clinically increase plasma concentrations of adiponectin, high molecular weight (HMW) adiponectin – which is the major bioactive isoform of the hormone – and HMW-adiponectin/total adiponectin ratio (4-6). Besides, there is evidence indicating that telmisartan treatment stimulates adiponectin transcription in adipocytes (7,8).

Tumor necrosis factor- α (TNF- α) represents another important adipokine that has been shown to be critically involved in the development of insulin resistance, *diabetes mellitus*, lipid metabolism, nonalcoholic fatty liver disease, and obesity. Adipocyte expression and circulating levels of this cytokine have been reported to be elevated in obese or diabetic subjects. In a previous clinical study in patients with type 2 diabetes and metabolic syndrome, treatment with telmisartan was reported to significantly reduce serum levels of TNF- α (9). Although the impact of telmisartan on adipocyte-derived TNF- α needs to be clarified, it appears that this drug could change the TNF- α /adiponectin balance in favor of adiponectin.

Telmisartan has also been shown to reduce serum levels of resistin in obese mice, as well as in type 2 diabetic patients with metabolic syndrome (10,11). Resistin is another adipokine hypothesized to link obesity, insulin resistance and type 2 diabetes. Finally, telmisartan has been demonstrated to stimulate the release of visfatin from adipocytes (12). Considering the physiological effects of visfatin, its boosted release may result in insulin-sensitizing, antidiabetic and cardioprotective effects.

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Taken together, AT1-independent, beneficial metabolic effects of telmisartan against obesity, insulin resistance and fatty liver may be, at least in part, attributed to the alteration of adipokine levels (including adiponectin, resistin and TNF- α) produced by this drug.

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