Characterising hyperinsulinemia-induced insulin resistance in human skeletal muscle cells

Mark C Turner1,2,1, Neil R W Martin1, Darren J Player3, Richard A Ferguson1, Patrick Wheeler1,2, Charlotte J Green4, Elizabeth C Akam1 and Mark P Lewis1,2

1School of Sport, Exercise and Health Sciences, National Centre for Sport and Exercise Medicine, Loughborough University, Loughborough, UK
2University Hospitals of Leicester NHS Trust, Infirmary Square, Leicester, UK
3Division of Surgery and Interventional Science, Faculty of Medical Sciences, University College London, London, UK
4Drug Discovery Unit, School of Life Sciences, University of Dundee, Dundee, UK

Correspondence should be addressed to M C Turner: mark.turner@coventry.ac.uk

(M C Turner is now at Centre for Sport, Exercise and Life Sciences, Faculty of Health and Life Sciences, Coventry University, Coventry, UK)

Abstract

Hyperinsulinaemia potentially contributes to insulin resistance in metabolic tissues, such as skeletal muscle. The purpose of these experiments was to characterise glucose uptake, insulin signalling and relevant gene expression in primary human skeletal muscle-derived cells (HMDCs), in response to prolonged insulin exposure (PIE) as a model of hyperinsulinaemia-induced insulin resistance. Differentiated HMDCs from healthy human donors were cultured with or without insulin (100 nM) for 3 days followed by an acute insulin stimulation. HMDCs exposed to PIE were characterised by impaired insulin-stimulated glucose uptake, blunted IRS-1 phosphorylation (Tyr612) and Akt (Ser473) phosphorylation in response to an acute insulin stimulation. Glucose transporter 1 (GLUT1), but not GLUT4, mRNA and protein increased following PIE. The mRNA expression of metabolic (PDK4) and inflammatory markers (TNF-α) was reduced by PIE but did not change lipid (SREBP1 and CD36) or mitochondrial (UCP3) markers. These experiments provide further characterisation of the effects of PIE as a model of hyperinsulinaemia-induced insulin resistance in HMDCs.

Key Words
- hyperinsulinaemia
- insulin resistance
- diabetes mellitus
- primary skeletal muscle cells

Introduction

The inability to maintain glucose homeostasis in response to physiological insulin concentrations leads to an increase in blood glucose (hyperglycaemia) and consequently prolonged raised insulin concentrations (hyperinsulinaemia). Hyperinsulinaemia has been causally linked to the onset of diabetes in the early stages of the insulin resistance and in type 2 diabetes mellitus (Corkey 2012, Templeman et al. 2017), negatively affecting insulin-sensitive tissues such as liver, adipose and skeletal muscle (Page & Johnson 2018). In humans, prolonged administration of insulin can attenuate insulin responsiveness, independent of hyperglycaemia. This would therefore suggest a potential role of hyperinsulinaemia as a cause of insulin resistance (Marangou et al. 1986, Del Prato et al. 1994).

In vitro research using human skeletal muscle-derived cells (HMDCs) has routinely been used to investigate various aspects of metabolic physiology (Aas et al. 2013).
Consequently, it has been possible to investigate some of the cellular and molecular characteristics of skeletal muscle insulin resistance (Claraldi et al. 1995, Henry et al. 1995), as well as the potential causes of insulin resistance in skeletal muscle cells in response to other cells types, fatty acids and inflammatory cytokines (Dietze et al. 2002, Mäkinen et al. 2017).

Despite the development of relevant in vitro models to study metabolic disease, there is limited information regarding the effects of chronic insulin exposure on glucose metabolism in human skeletal muscle cells. Models of hyperinsulinaemia-induced insulin resistance through prolonged insulin exposure (PIE), using murine C2C12 skeletal muscle cells, have been shown to impair downstream insulin signalling and glucose uptake (Kumar & Dey 2003, Turner et al. 2018, Cen et al. 2019). In addition, work in HMDCs has shown that exposure to a chronic insulin exposure can ablate the fractional velocity of glycogen synthase activity (Henry et al. 1996, Gaster et al. 2001) and, therefore, could contribute to the development of insulin resistance in skeletal muscle (Nikouлина et al. 1997).

Whilst previous literature has alluded to the physiological effects of hyperinsulinaemia-induced insulin resistance in human skeletal muscle tissue and primary cells (Del Prato et al. 1994, Gaster et al. 2001), currently the molecular characteristics which potentially underpin previously observed changes to PIE-induced insulin resistance are yet to be investigated. The aim of the current investigation was to determine how PIE would affect glucose uptake, insulin signalling and gene expression in HMDCs from healthy donors. In these experiments, it was found that PIE resulted in attenuated insulin signalling and glucose uptake; however, it did not alter the mRNA expression of genes involved in metabolism, which are putatively indicative of insulin-resistant skeletal muscle.

**Methods**

**Participants**

Healthy male volunteers (age 24.4 ± 1.1 years, height 1.78 ± 0.04 cm, weight 70.6 ± 2.9 kg, BMI 22.3 ± 1.5 kg/m²) who did not report any family history of metabolic disease were recruited for this study. All procedures were conducted at Loughborough University, UK, under ethical approval and in accordance with the Declaration of Helsinki, 2008.

**Isolation and culture of human muscle-derived cells (HMDCs)**

Percutaneous skeletal muscle biopsies were obtained from the vastus lateralis by micro-biopsy technique (Acecut 11-gauge Biopsy Needle; TSK, Tochigi-Ken, Japan), as previously described (Ferguson et al. 2018). Skeletal muscle biopsies were scissor minced into small pieces, placed in tissue culture flasks coated in 0.2% Gelatin/PBS and maintained at 37°C and 5% CO₂ in growth media (GM, consisting of high glucose DMEM (Sigma) supplemented with 20% foetal bovine serum (Pan Biotech UK Ltd, Dorset, UK) and 1% penicillin/streptomycin, Fisher Scientific). The HMDCs which migrated out of the muscle tissue and adhered to the tissue culture plastic were harvested and expanded through serial passages to increase cell numbers prior to experimentation. For experimentation, HMDCs were used between passages 3–7 (7–10 population doublings).

**Experimental protocol**

2500 cells/cm² of HMDCs were seeded into 12-well plates and cultured in GM until 80% confluent. Media was subsequently changed to low serum differentiation media (DM) which consisted of high glucose DMEM (Sigma) supplemented with 2% horse serum (Fisher Scientific) and 1% penicillin/streptomycin (Fisher Scientific). Following differentiation, (5–7 days) into multinucleate myotubes (as evidenced by light microscopy), cultures were subjected to prolonged insulin exposure (PIE), consisting of DM supplemented with the addition of 100 nM human recombinant insulin (Sigma). Cultures were then serum starved for 4 h before being acutely stimulated with or without insulin (100 nM) for 30 min.

**Protein quantification and immunoblotting**

HMDCs were washed with PBS before being lysed in RIPA buffer (Sigma) containing a protease and phosphatase inhibitor cocktail mix (Fisher Scientific). Protein concentrations were determined using the Pierce 660 nm protein assay (Fisher Scientific). and thereafter samples were mixed with 4× Laemmli buffer (Bio-Rad), boiled for 5 min at 95°C and separated by SDS-PAGE. Proteins were transferred onto nitrocellulose membranes (Whatman Proton, Sigma-Aldrich) and blocked for 1 h at room temperature in 5% BSA in TBST (Sigma) before being incubated with primary antibody overnight at 4°C in BSA or milk. Primary antibodies used for analysis

https://jme.bioscientifica.com
https://doi.org/10.1530/JME-19-0169
© 2020 Society for Endocrinology
Published by Bioscientifica Ltd.
Printed in Great Britain
were Akt (#9272), phosphor Akt (Ser^{473}) (#4060), GSK-3β (9315), GSK-3β (Ser^{9}) (#9336), AS160 (Ser^{588}) (#8730), glucose transporter 4 (GLUT4) (#2213) and glyceraldehyde-3-phosphate dehydrogenase (GAPDH) (#2118) purchased from Cell Signalling (NEB, Herts, UK). Glucose transporter 1 (GLUT1) (#07-1401), insulin receptor substrate-1 (IRS-1) (#05-784R) and phospho IRS-1 (Tyr^{612}) (#09-432) were purchased from Merck Millipore. Following overnight incubation, membranes were washed in TBST and subsequently incubated with anti-rabbit (#7074) or anti-mouse (#7076) horseradish peroxidase-conjugated secondary antibody (NEB, Herts, UK) at a concentration of 1:2000 in milk. Proteins were visualised using chemiluminescence substrate (Bio-Rad) and band densities were quantified using Quantity One image analysis software (Quality One 1-D analysis software version 4.6.8). Where appropriate, following visualisation of phosphorylated proteins, membranes were washed in TBST and incubated in stripping buffer (Fisher Scientific) before being blocked and probed as outlined previously for their corresponding total proteins. Phosphorylation was normalised to its corresponding total protein, with the exceptions of GLUT1, GLUT4 and AS160 (Ser^{588}) which were normalised to GAPDH.

**RNA extraction and qPCR analysis**

RNA extraction was performed using TRI Reagent (Sigma) according to the manufacturer’s instructions and quantified using UV spectroscopy (NanoDrop, Fisher Scientific). Gene expression was analysed by one-step RT-qPCR (Quantifast SYBR Green Mix (Qiagen)) using a Viia 7 thermocycler (Applied Biosystems). Each reaction consisted of 20 ng of RNA in a final 10 µL reaction volume (Qiagen). Master mixes were made according to the manufacturer’s instructions using primers outlined in Table 1. Fluorescence was detected after every cycle (40 cycles) and data were analysed using the ΔΔCt method, using RNA polymerase II beta (POLR2B) as an endogenous control gene. Samples were normalised to each individual donor control sample, with each donor performed in duplicate for each condition, and each sample was ran in triplicate.

**Cell based glucose uptake assay**

HMDCs were plated into black, clear bottom 96-well plates (Fisher Scientific) and cultured as described in the experimental protocol. The measurement of 2-deoxyxyglucose (2DG) uptake was performed using a commercially available Glucose Uptake-Glo™ Assay kit (Promega). First, cultures were washed with PBS and incubated overnight in serum free media with/without 100 nM insulin. Briefly, HMDCs were washed with PBS before being stimulated with/without 1 nM insulin in PBS. 0.1 M 2DG was added to all of the wells for 30 min at 25°C. The reaction was arrested with the addition of stop and neutralization buffer, before the addition of 2DG6P detection reagent. Values were normalised to total protein concentration analysed on plates following glucose uptake measurement, using the Pierce 660 nm protein assay (Fisher Scientific).

**Statistical analysis**

Statistical analysis was performed using SPSS (version 23). Insulin signalling proteins were analysed by one-way ANOVA with Bonferroni post hoc correction. Differences in glucose uptake and gene expression between control and PIE conditions were analysed by independent samples t-test. The number of donors used for each analysis is outlined in the figure legends. Data are presented and mean ± s.e.m. and statistical significance was set at P<0.05.

<table>
<thead>
<tr>
<th>Gene of interest</th>
<th>Symbol</th>
<th>Manufacturer</th>
<th>Assertion No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>RNA polymerase II</td>
<td>POLR2B</td>
<td>Sigma</td>
<td>NM_000938</td>
</tr>
<tr>
<td>Glucose Transporter 4</td>
<td>GLUT4 (SLC2A4)</td>
<td>Sigma</td>
<td>NM_01042</td>
</tr>
<tr>
<td>Hexokinase II</td>
<td>HKII</td>
<td>Sigma</td>
<td>NM_00189</td>
</tr>
<tr>
<td>Pyruvate dehydrogenase lipoamide kinase isozyme 4</td>
<td>PDK4</td>
<td>Sigma</td>
<td>NM_002612</td>
</tr>
<tr>
<td>Glucose Transporter 1</td>
<td>GLUT1 (SLC2A1)</td>
<td>Sigma</td>
<td>NM_006516</td>
</tr>
<tr>
<td>Uncoupling protein 3</td>
<td>UCP3</td>
<td>Sigma</td>
<td>NM_003356</td>
</tr>
<tr>
<td>Glycogen Synthase Kinase 3 beta</td>
<td>GSK3-β</td>
<td>Sigma</td>
<td>NM_001146156</td>
</tr>
<tr>
<td>Tumour necrosis factor alpha</td>
<td>TNF-α</td>
<td>Sigma</td>
<td>NM_000594</td>
</tr>
<tr>
<td>Insulin receptor substrate 1</td>
<td>IRS-1</td>
<td>Sigma</td>
<td>NM_005544</td>
</tr>
<tr>
<td>Cluster of differentiation 36 (Fatty acid translocase)</td>
<td>CD36</td>
<td>Sigma</td>
<td>NM_000072</td>
</tr>
<tr>
<td>Sterol regulatory element binding protein factor 1</td>
<td>SREBP1</td>
<td>Sigma</td>
<td>NM_004176</td>
</tr>
</tbody>
</table>
Results

Glucose uptake in human skeletal muscle cells following insulin exposure

To investigate the physiological effects of exposure to PIE, we measured glucose uptake using a commercially available assay. Acute insulin stimulation increased glucose uptake by approximately 1.5 fold in control HMDCs ($P<0.05$, Fig. 1A). However, HMDCs cultured with PIE exhibited no significant increase in glucose uptake following acute insulin stimulation ($P>0.05$, Fig. 1B).

Prolonged exposure to insulin alters phosphorylation of insulin signalling proteins IRS-1 (Tyr$^{612}$)

Following evidence of altered glucose uptake following PIE, we analysed the phosphorylation of both Insulin receptor substrate 1 (IRS-1) and Akt as critical nodes of insulin signalling. Acute insulin stimulation significantly increased tyrosine phosphorylation of IRS-1 (Tyr$^{612}$) above basal levels in control HMDCs ($P<0.01$, Fig. 2A). In contrast, we observed elevated basal IRS-1 (Tyr$^{612}$) phosphorylation in PIE condition which was not increased further upon acute insulin stimulation ($P>0.05$, Fig. 2). In addition, IRS-1 mRNA expression was analysed; however, it was not different between control and PIE conditions ($P>0.05$, Fig. 2B).

Prolonged exposure to insulin alters phosphorylation of Akt (Ser$^{473}$)

Akt (Ser$^{473}$) was responsive to acute insulin stimulation when HMDCs were cultured in control conditions ($P<0.05$; Fig. 3A); however, this response was blunted following PIE ($P>0.05$; Fig. 3A). GSK-3β (Ser$^{9}$) or AS160 (Ser$^{888}$) phosphorylation was not different following...
acute stimulation or different between conditions (both $P>0.05$; Fig. 3B and C respectively).

**Exposure to insulin results in changes to GLUT1 but not GLUT4 mRNA and protein in HMDCs**

PIE increased the mRNA expression of GLUT1 by approximately 1.6 fold above HMDCs cultured in control conditions ($P<0.01$; Fig. 4A), but did not alter the mRNA expression of GLUT4 ($P>0.05$; Fig. 4B). Protein expression analysis of GLUT1 was also increased in the PIE condition compared to CON ($P<0.05$; Fig. 4C), but there was no difference in GLUT4 protein expression between conditions ($P>0.05$; Fig. 4D).

**The effects of insulin exposure on the mRNA expression of metabolism markers**

Hexokinase II and pyruvate dehydrogenase kinase isoform 4 (PDK4), two enzymes which regulate glucose oxidation, have previously been shown to be regulated by insulin. Here, HKII mRNA expression did not change in HMDC’s exposed to PIE ($P>0.05$); however, PDK4 mRNA expression was significantly reduced following PIE ($P<0.01$) and glycogen synthase kinase-3β (GSK-3β) mRNA expression was increased following PIE, but did not reach statistical significance ($P=0.054$). The mRNA expression of the lipid metabolism markers, sterol regulatory element-binding protein 1 (SREBP-1) and fatty acid translocase (cluster of differentiation 36 (CD36)), was not different between conditions ($P>0.05$). Similarly, the mRNA expression of mitochondrial uncoupling protein-3 (UCP3) was not different between conditions ($P>0.05$). However, the mRNA expression of the pro-inflammatory marker TNF-α was significantly lower in PIE compared to control ($P<0.05$, Fig. 5B).

**Discussion**

Hyperinsulinaemia is a symptom in the early stages of insulin resistance and type 2 diabetes mellitus (Shanik *et al.* 2008, Page & Johnson 2018). To decipher how prolonged exposure to high concentrations of insulin could contribute to skeletal muscle insulin resistance,
Exposure to insulin can increase glucose transporter (GLUT) mRNA and protein expression (Walker et al. 1989, 1990), a finding which has also been shown in primary human skeletal muscle cells (Ciaraldi et al. 1995). The increase in expression is mostly likely due to an increase in GLUT1 mRNA and protein expression, which was increased following exposure to PIE in the present set of experiments. Basal glucose uptake has previously been observed in human (Ciaraldi et al. 1995) and murine skeletal muscle cells (Turner et al. 2018), and it is linked to the increase in GLUT1 mRNA and protein expression. In contrast, GLUT4 mRNA and protein expression were not altered in response to PIE, which has previously been reported in human skeletal muscle following hyperinsulinaemia-euglycaemia clamp (Postic et al. 1993). Despite contradictory findings in rodent skeletal muscle (Cusin et al. 1990), our findings provide further evidence that that hyperinsulinaemia is not a mediator of GLUT4 protein or mRNA expression in human skeletal muscle. Insulin regulates the expression of genes involved in skeletal muscle metabolism (Rome et al. 2003), of which the expression is altered in metabolic disease (Ducluzeau et al. 2001). HKII mRNA expression has previously been shown to be sensitive to insulin stimulation (Osawa et al. 1996), and its response is attenuated in insulin-resistant skeletal muscle (Ducluzeau et al. 2001). However, this is in contrast to our experiments, which may reflect the differences in metabolic demands of cells and tissues. The reduction in PDK4 mRNA expression in these experiments could be considered indicative of a physiological and not pathophysiological response to insulin in skeletal muscle (Kim et al. 2006, McAinch et al. 2015). In addition, a number of genes which are associated with skeletal muscle insulin resistance, such as SREBP1, CD36 and UCP3 (Krook et al. 1998b, Ducluzeau et al. 2001, Wallberg-Henriksson et al. 2007), were not altered in these experiments. This indicates that while hyperinsulinaemia can induce insulin

**Figure 5**

mRNA expression (ΔΔCt) of genes in HMDCs cultured CON or PIE media. Data are mean ± s.e.m. from three to four donors. Significantly different between conditions *(P < 0.05), **(P < 0.01).
Changes to HMDCs following PIE

<table>
<thead>
<tr>
<th>Physiological Response To PIE</th>
<th>Phosphorylation to acute insulin stimulation following PIE</th>
<th>Total Protein Response to PIE</th>
<th>Gene Expression Response to PIE</th>
</tr>
</thead>
<tbody>
<tr>
<td>➔ Insulin Stimulated Glucose Uptake</td>
<td>➔ IRS-1 phosphorylation ➔ Akt phosphorylation — GSK-3β phosphorylation — AS160 phosphorylation</td>
<td>➔ GLUT1,— GLUT4</td>
<td>➔ GLUT1 — HKII, GLUT4, SREBP1, CD36, GSK-3β, UCP3, IRS-1 ➔ PKD4, TNF-α</td>
</tr>
</tbody>
</table>

**Figure 6**
Summary of human muscle-derived cell (HMDC) responses to prolonged insulin exposure (PIE) as a model of hyperinsulinaemia-induced insulin resistance.

resistance in healthy HMDCs, it might not contribute to the transcriptional changes which have previously been observed in disease states (Ducluzeau et al. 2001). These changes could be mediated by other factors, such as low-grade chronic inflammation and the expression of pro-inflammatory cytokines (Ruge et al. 2009).

With the previously documented role of hyperinsulinaemia in skeletal muscle insulin resistance, for the first time these experiments were able to confirm previous findings that PIE can attenuate insulin-stimulated glucose uptake, attenuate insulin signalling and induce compensatory changes in glucose transporter expression in HMDCs from healthy donors (Fig. 6). While we appreciate that the concentrations of insulin used in these experiments are in excess of physiological hyperinsulinaemia in humans and therefore further experiments would elude to impact of lower insulin concentrations upon skeletal muscle insulin sensitivity in vitro, these findings provide insight into the specific impact of hyperinsulinaemia-induced insulin resistance in primary human skeletal muscle cells.

**Declaration of interest**
The authors declare that there is no conflict of interest that could be perceived as prejudicing the impartiality of the research reported.

**Funding**
The research was supported by the National Institute for Health Research (NIHR) Leicester Biomedical Research Centre. The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

**Author contribution statement**
M C T performed the experiments. M C T and M P L developed the experiments. M C T, E A, D J P, C J H and N R W M analysed the data. R A F and P W took the skeletal muscle biopsies from which M C T, D J P and N R W M extracted and cultured the cells. All authors read and approved the final manuscript for submission.

**References**
are not affected by chronic high insulin exposure. *Biochimica et Biophysica Acta* **1537** 211–222. (https://doi.org/10.1016/S0925-4439(01)00071-0)


