

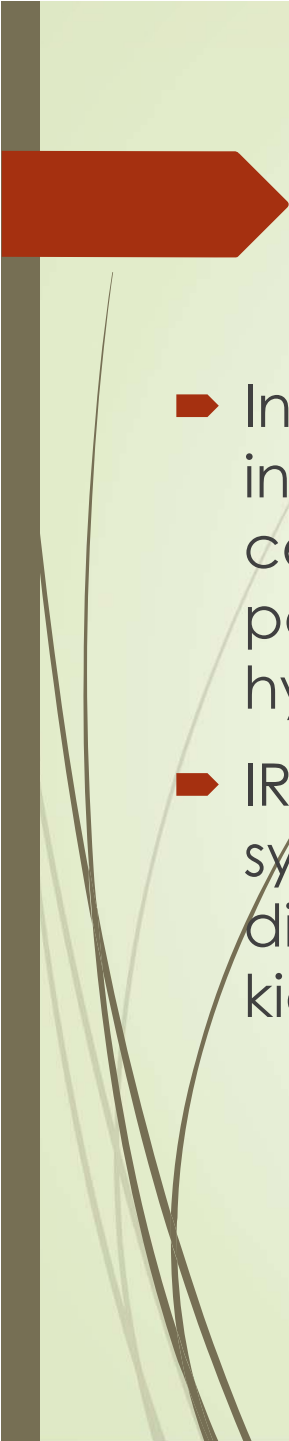
Insulin resistance and atrial fibrillation

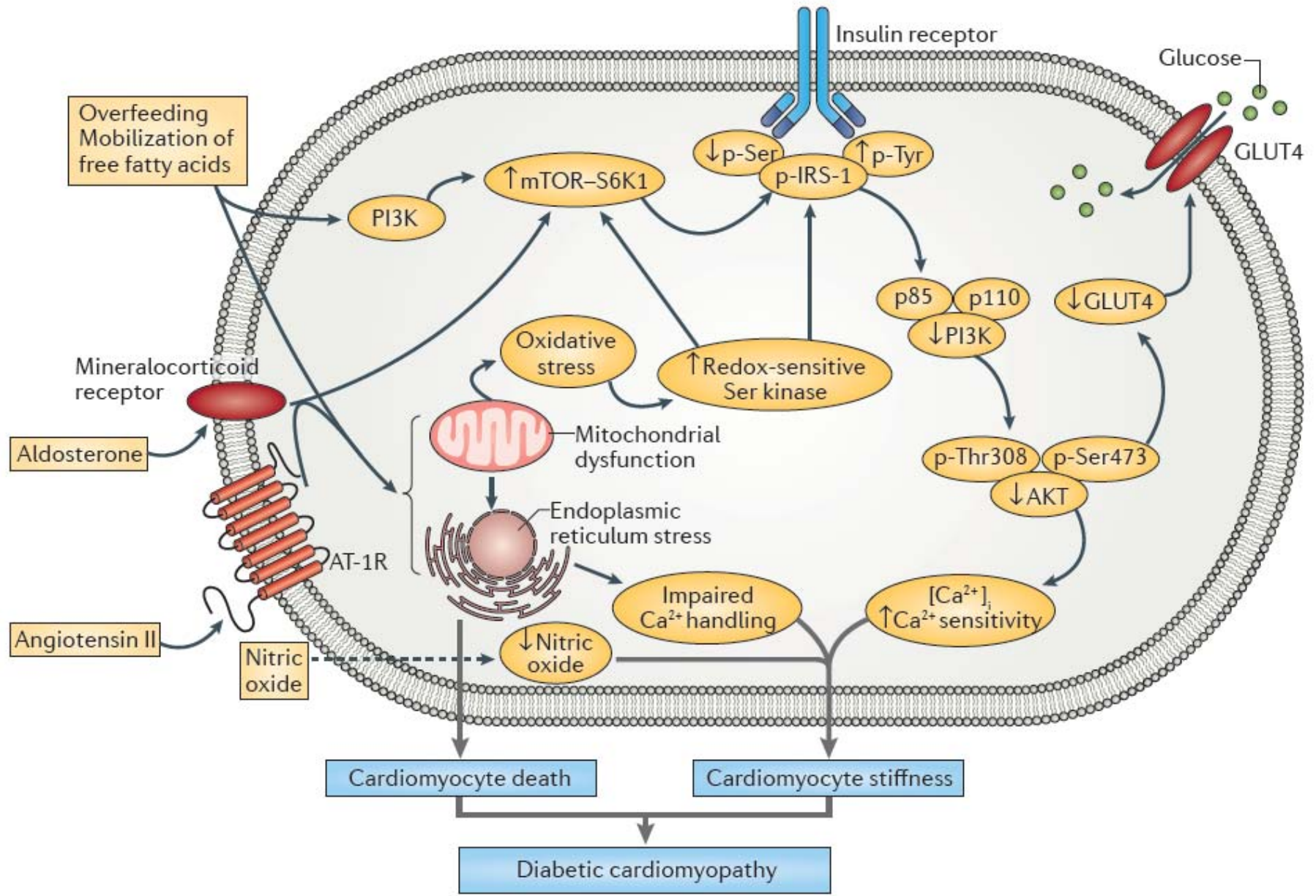
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Cardiovascular department, Chang-Gung

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- ▶ Insulin resistance (IR) is characterized by reduced insulin signaling and reduction in glucose transport of cells, associated with a compensatory increase in pancreatic production of insulin that results in hyperinsulinemia
 - ▶ IR is often associated with the cardiorenal metabolic syndrome, a series of interacting conditions including diabetes, hypertension, hyperlipidemia, chronic kidney disease and heart failure.

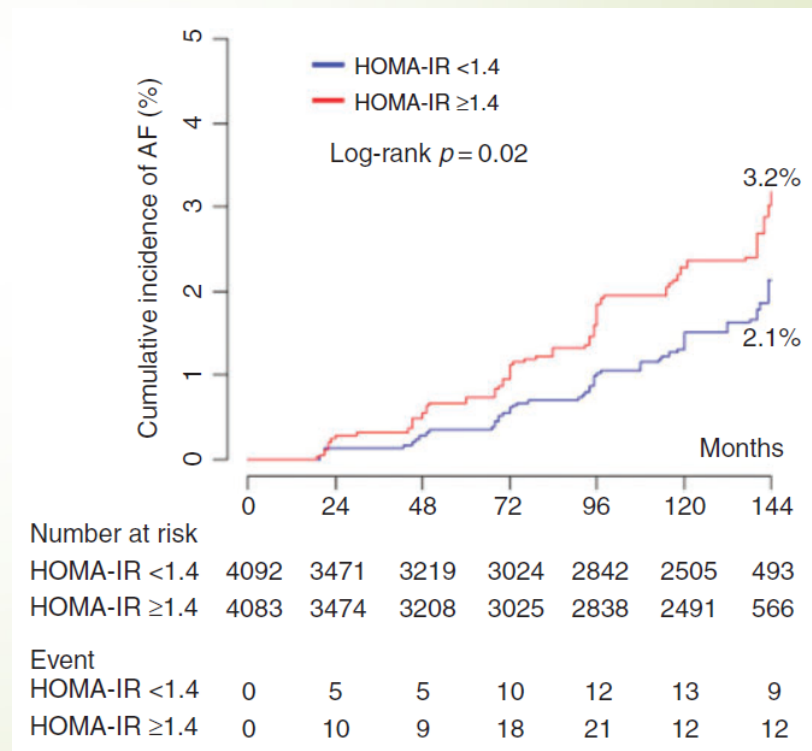
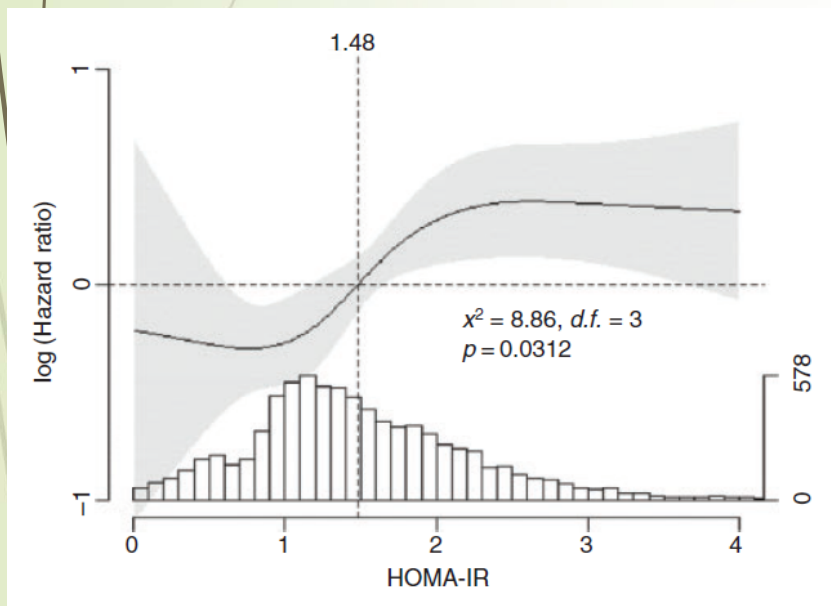


Insulin resistance and AF

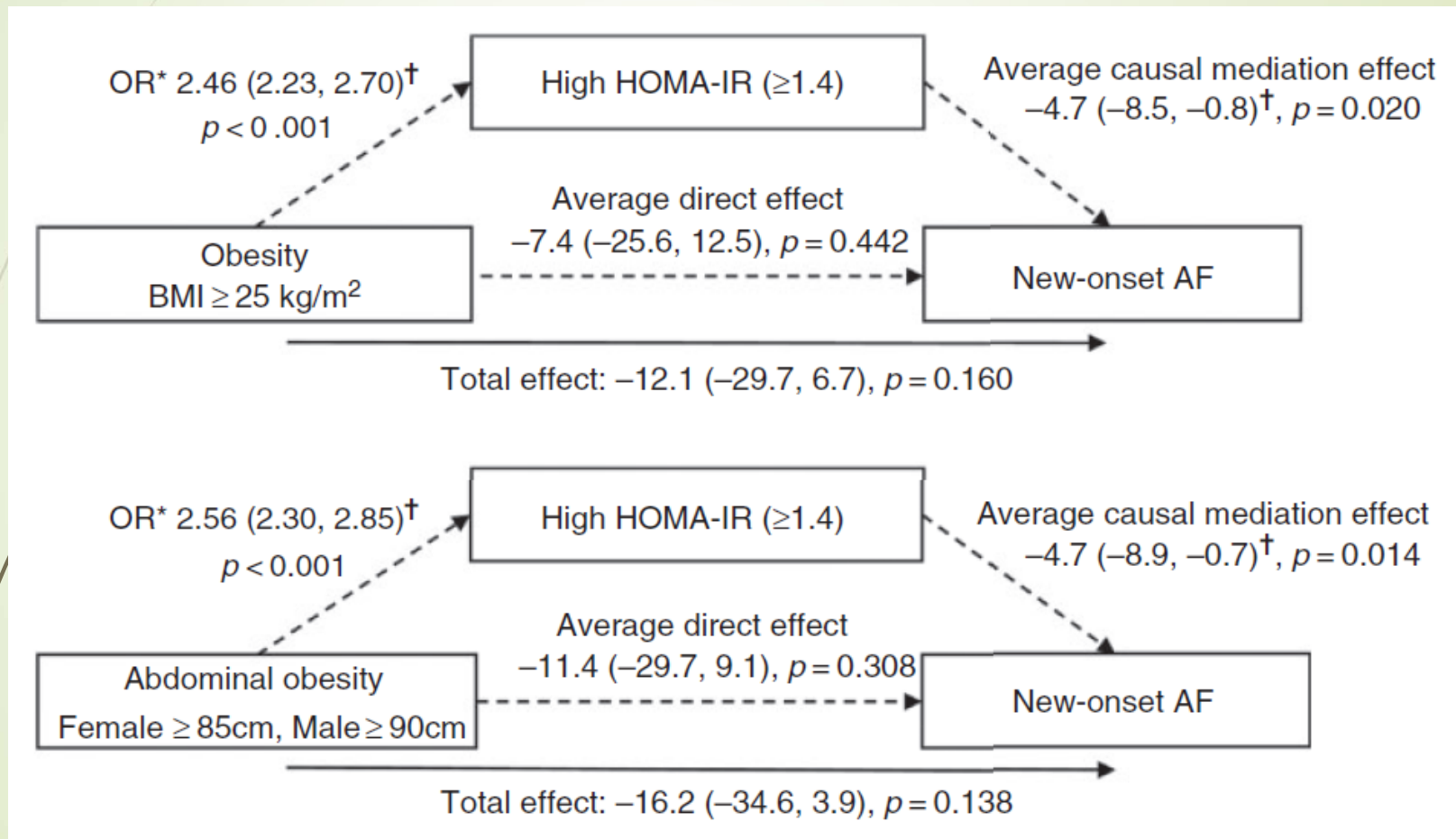
- Several studies have reported the association of AF with metabolic syndrome, which is characterized by high IR.
- Cardiovasc Diabetol 2021;20(1):20
- Previous studies from Western countries have failed to demonstrate an independent association between IR and AF.
- Am J Cardiol 2012; 109: 87–90
- Nutr Metab Cardiovasc Dis 2018; 28: 716–721.
- Recently it was reported from Korea there is an independent association between IR and AF in a nondiabetic Korean longitudinal cohort.
- European Journal of Preventive Cardiology 2020;27(18):1934–41

Association between insulin resistance and risk of atrial fibrillation in non-diabetics

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Jeong-Hun Shin¹, Young-Hyo Lim², Hwan-Cheol Park¹,
Jinho Shin², Chun Ki Kim⁴ and Jin-Kyu Park²




High HOMA-IR levels significantly mediated the impact of obesity on AF development, whereas obesity itself did not directly, or increase the risk of AF.





Atrial fibrillation and its arrhythmogenesis associated with insulin resistance

Yi-Hsin Chan^{1,2,3}, Gwo-Jyh Chang⁵, Ying-Ju Lai⁷, Wei-Jan Chen^{1,2}, Shang-Hung Chang^{1,2,4}, Li-Man Hung⁶, Chi-Tai Kuo^{1,2*} and Yung-Hsin Yeh^{1,2*} 

- Insulin resistance (IR) is considered as a risk factor for atrial fibrillation (AF) even before diabetes develops.
- The pathophysiology and underlying mechanism are largely unclear.
- We investigated the corresponding mechanism in IR rat model
- AF was evaluated and induced by burst atrial pacing. Isolated atrial myocytes were used for whole-cell patch clamp and calcium assessment. Ex vivo whole heart was used for optical mapping.

overweight

non-overweight

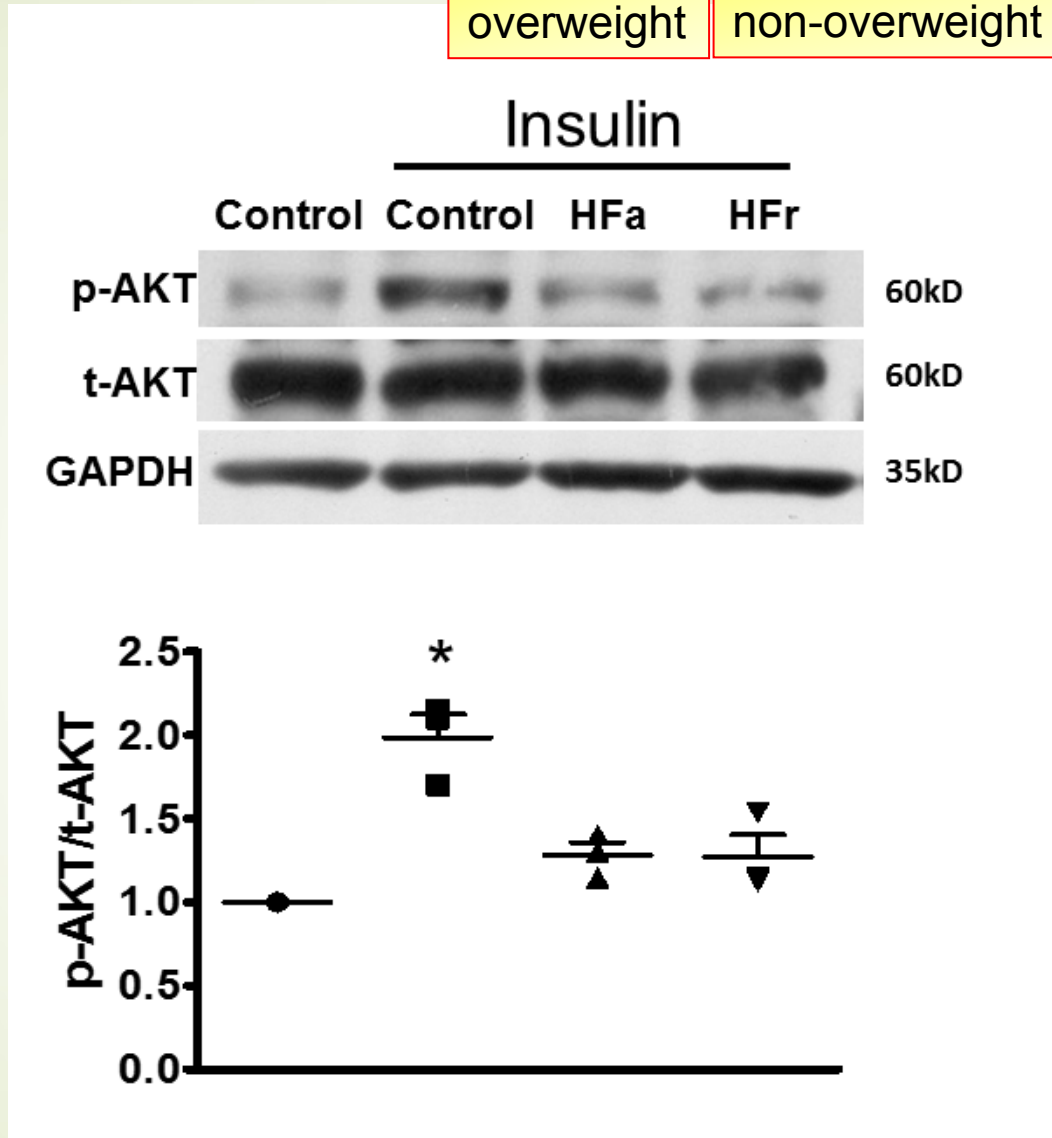
	Control (n = 30)	HFa (n = 30)	HFr (n = 30)
0-week body weight (g)	305 ± 13.4	297 ± 8.2	293 ± 9.5
12-week body weight (g)	547 ± 55.8	678 ± 49.4*	555 ± 50.2
HW/BW (mg/g)	2.8 ± 0.5	2.4 ± 0.2*	2.8 ± 0.5
HR (bpm)	355 ± 10.2	380 ± 9.5	378 ± 8.5
MAP (mmHg)	77 ± 14.2	98 ± 9.9*	101 ± 14.3*
Blood glucose (mg/dL)	164 ± 19.9	196 ± 46.8*	214 ± 46.4*
Insulin (µg/L)	1.8 ± 0.9	4.6 ± 1.5*	4.3 ± 2.3*
Triglyceride (mg/dL)	59 ± 17.7	117 ± 38.8 *	118 ± 37.7*
Cholesterol (mg/dL)	75 ± 12.9	96 ± 9.5*	119 ± 25*
HDL (mg/dL)	27.5 ± 4.3	24.7 ± 3.8	32.8 ± 7.1*
HOMA-IR	24.3 ± 10.5	41.9 ± 12.1*	36 ± 12.5*

HW heart weight, *BW* body weight, *MAP* mean arterial pressure, *HDL* high-density lipoprotein

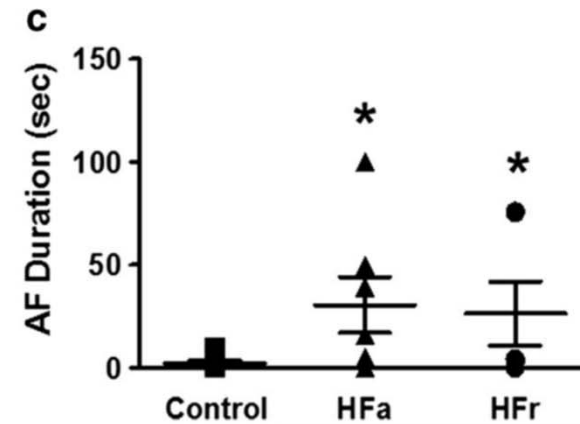
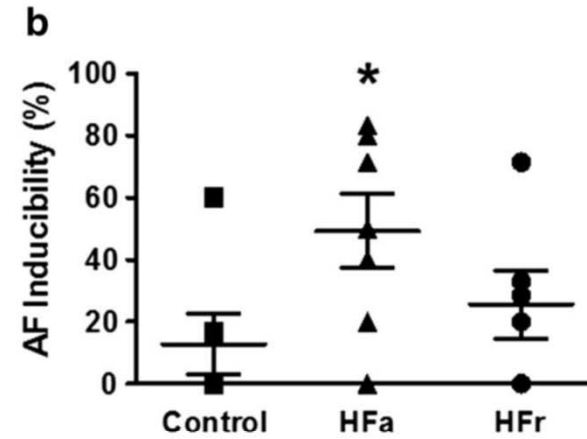
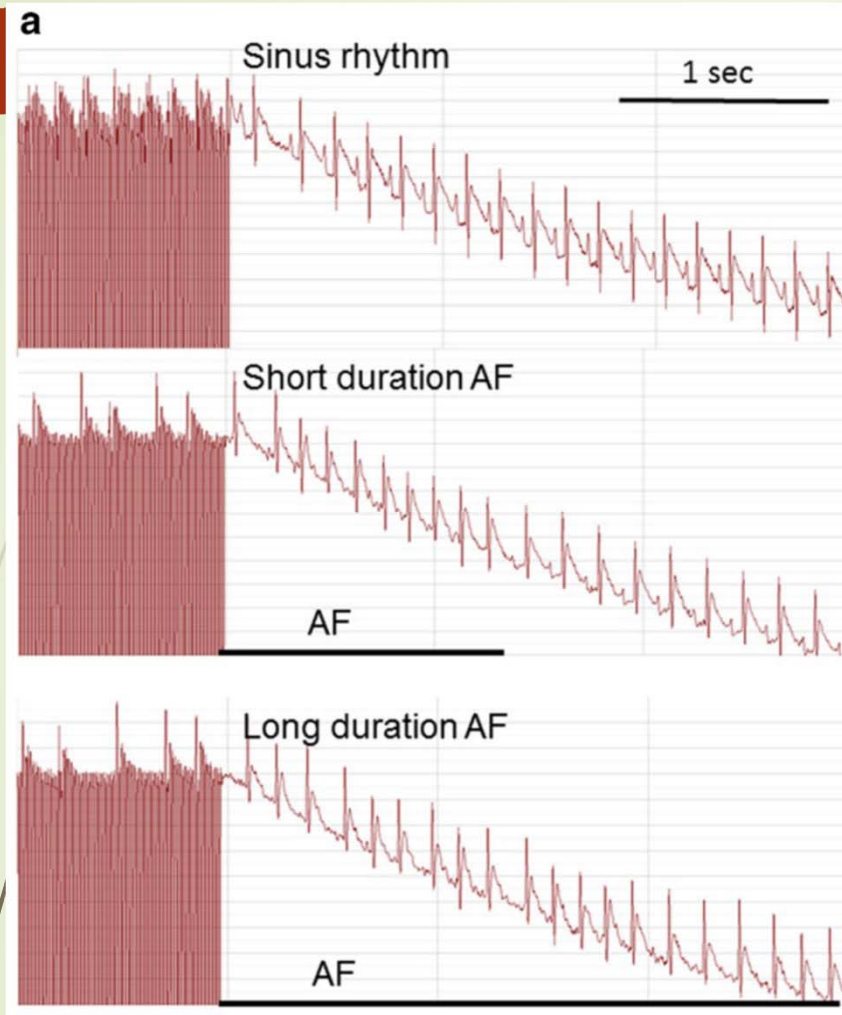
HOMA-IR = glucose (mg/dL) × insulin (mIU/L)/405

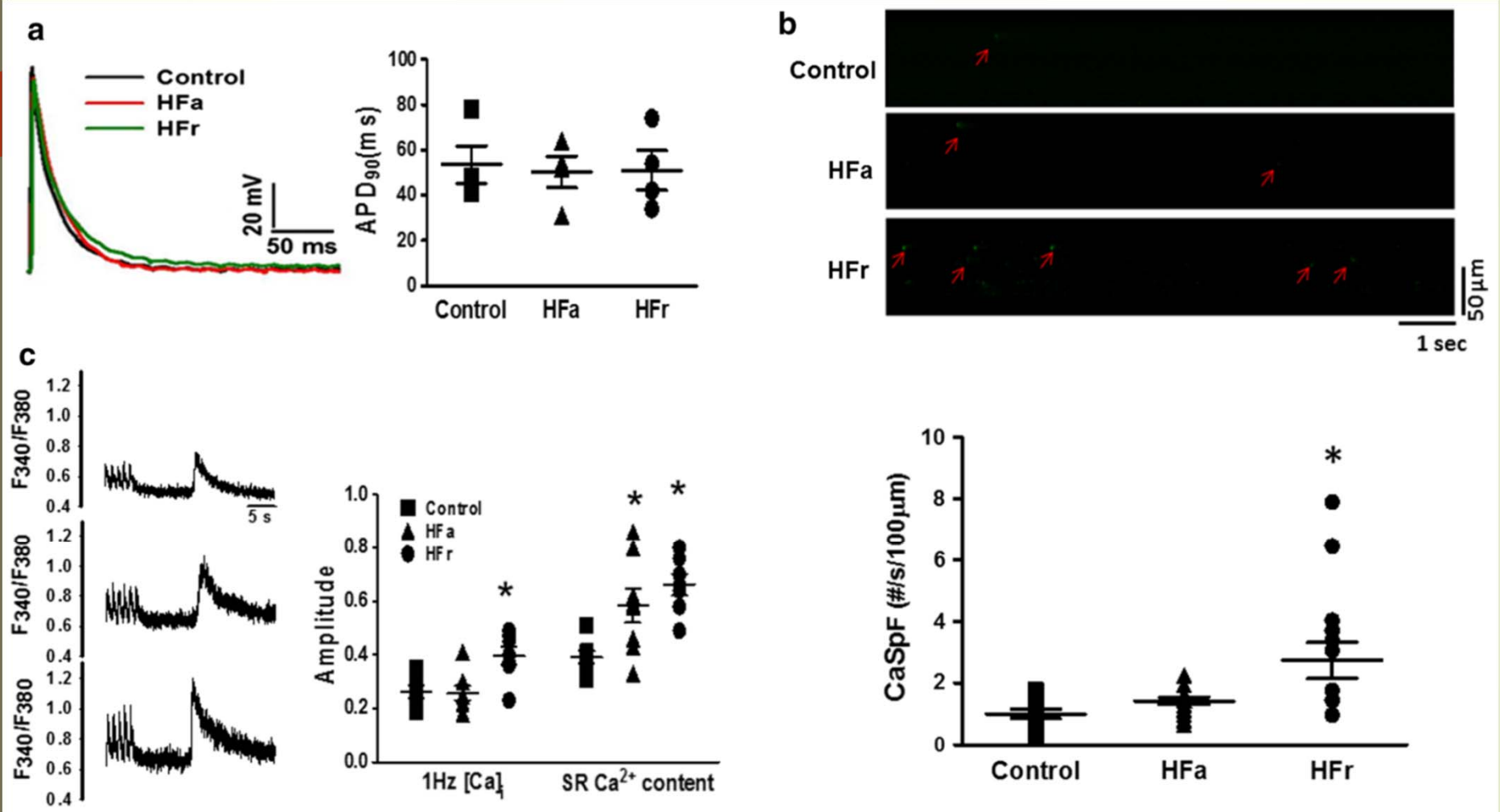
- Two rat insulin resistance model: (1) overweight rat by high fat diet (2) non-overweight rat by high fructose diet

overweight non-overweight

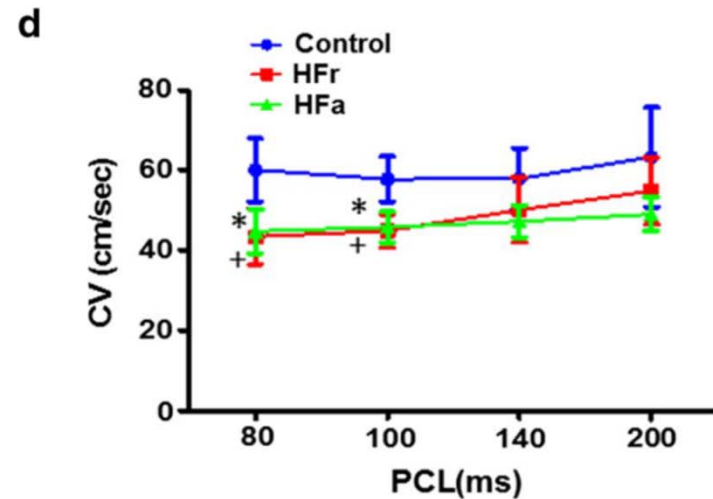
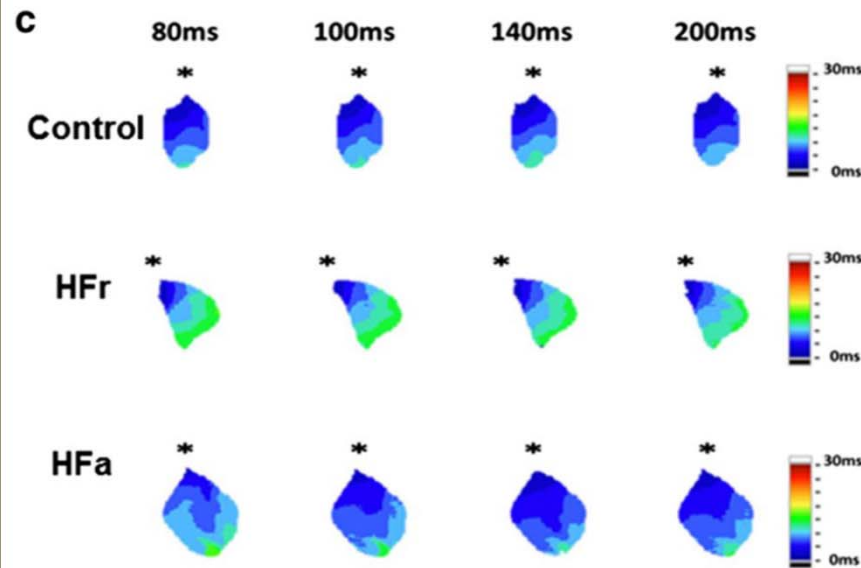
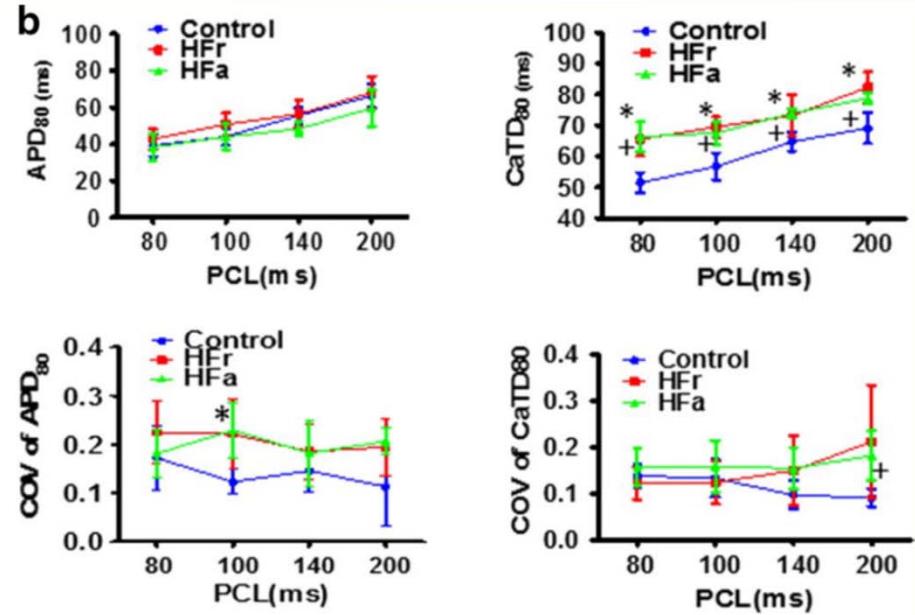
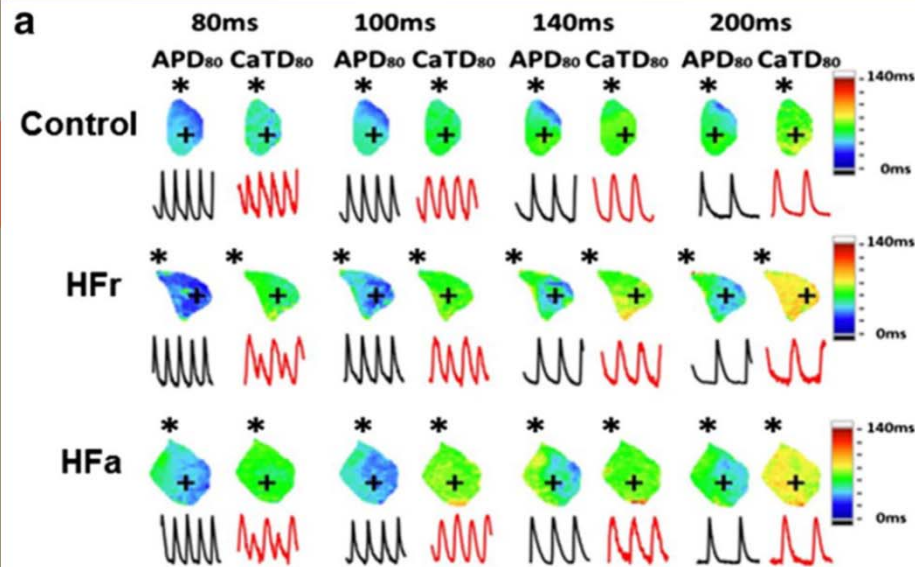


HFa: overweight
HFr: non-overweight

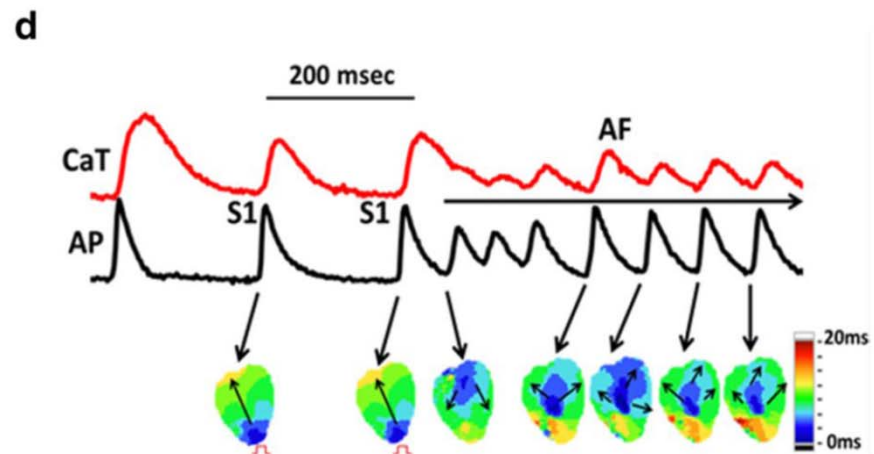
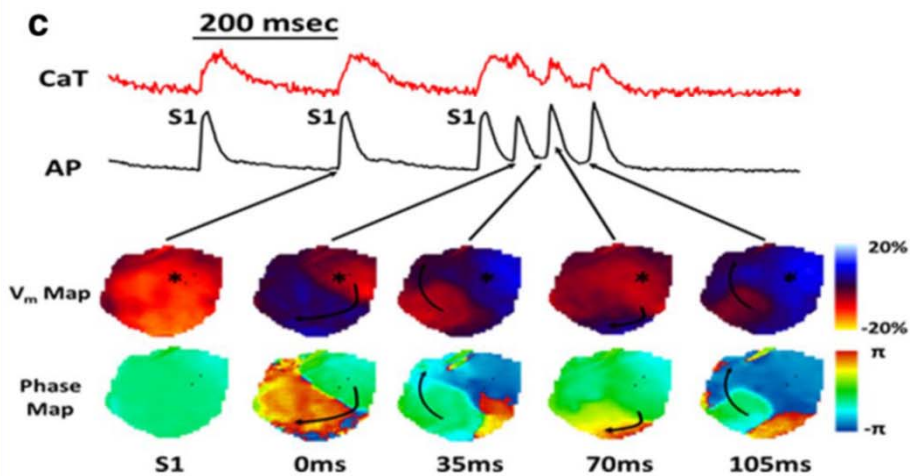
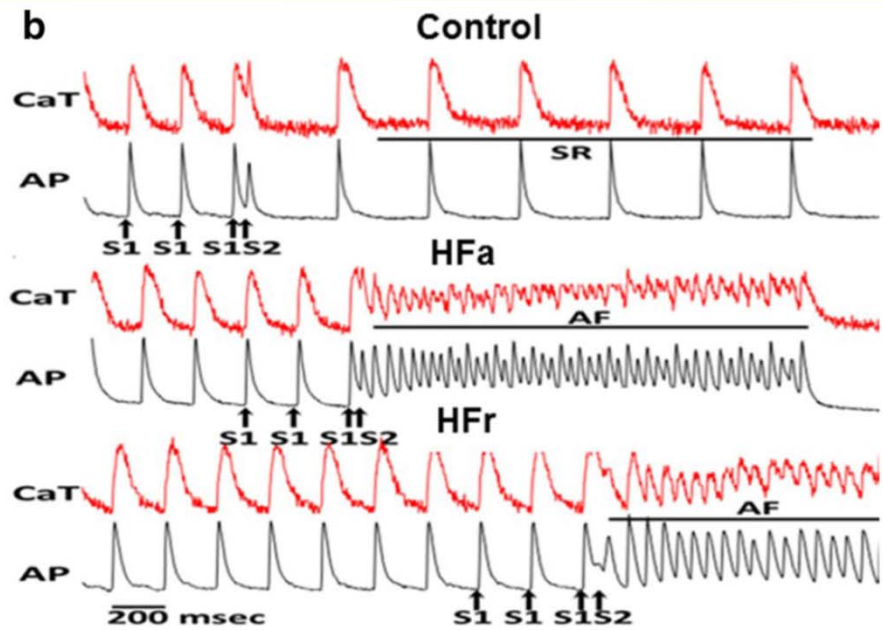
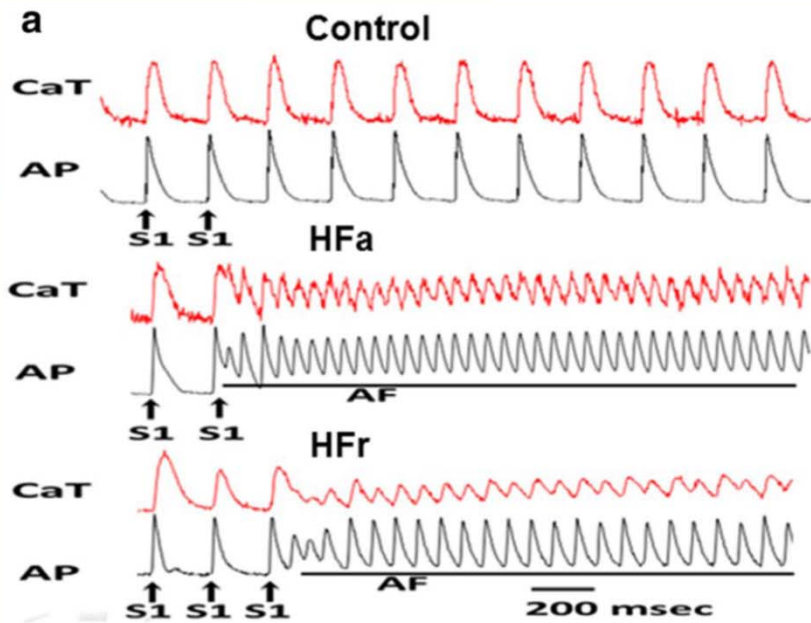




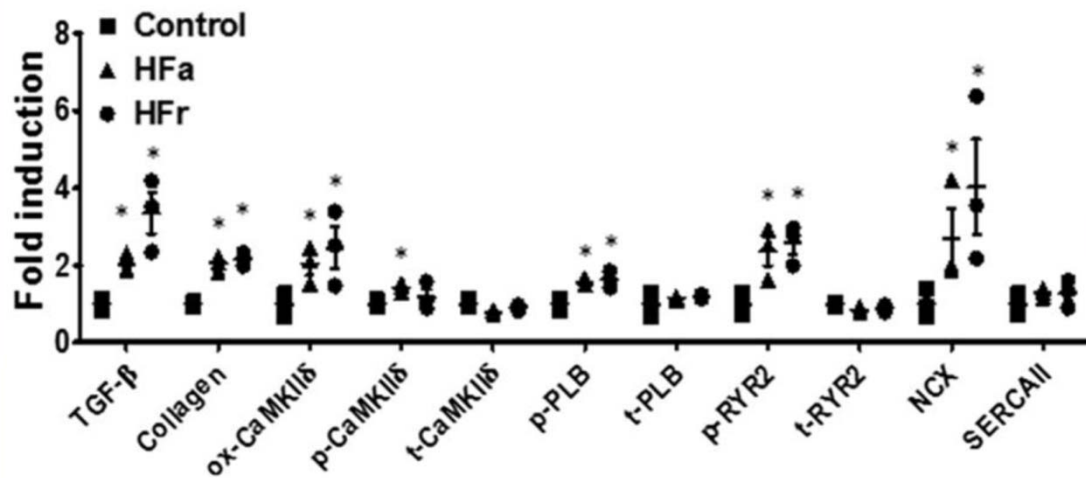
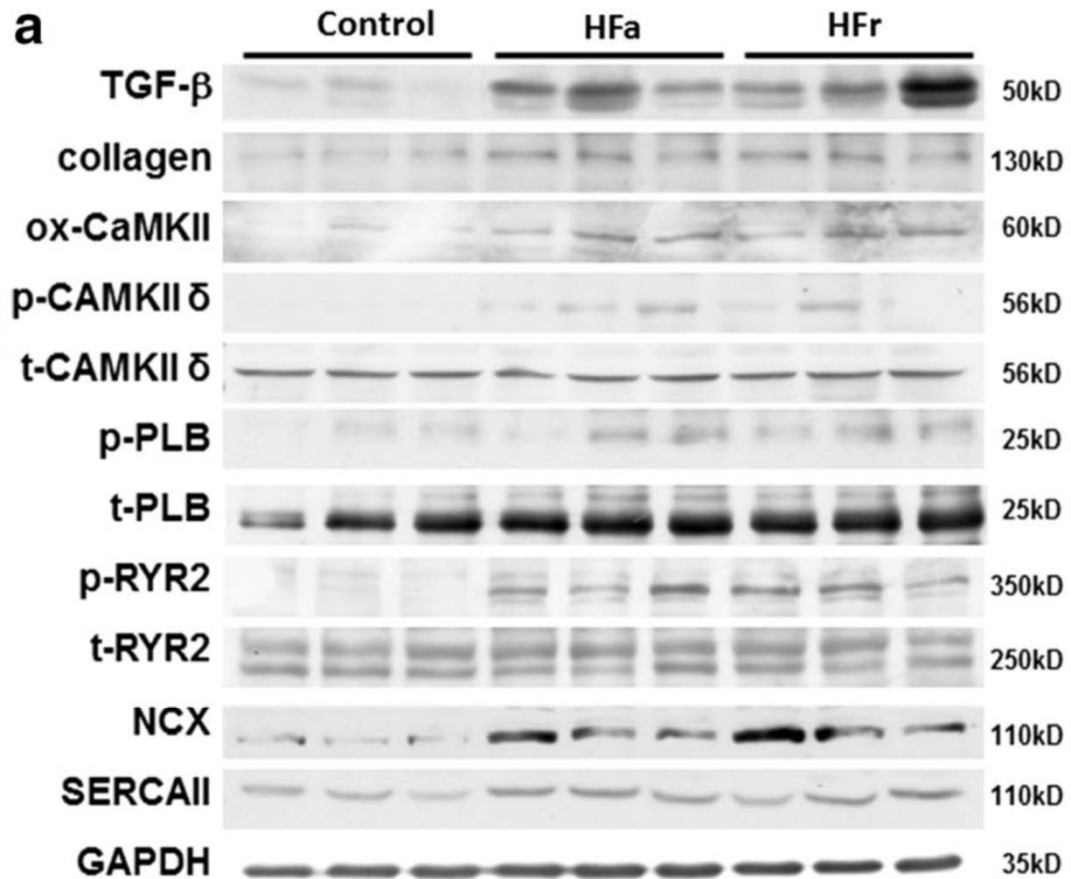
HFa: overweight
 HFr: non-overweight



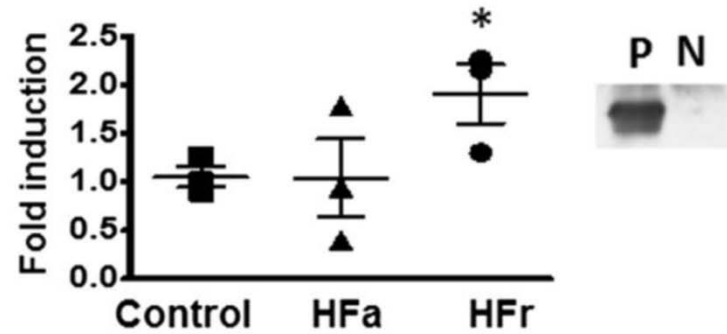
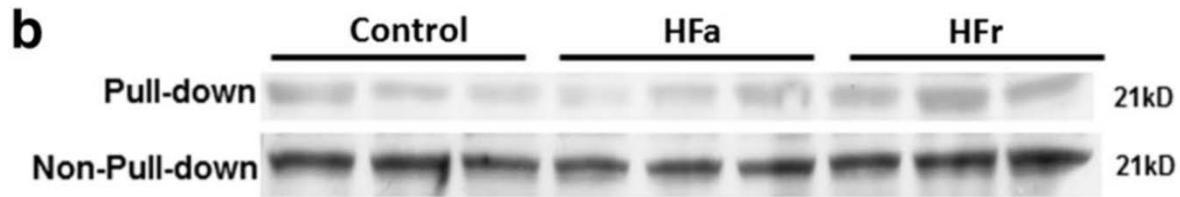
HFa: overweight
HFr: non-overweight



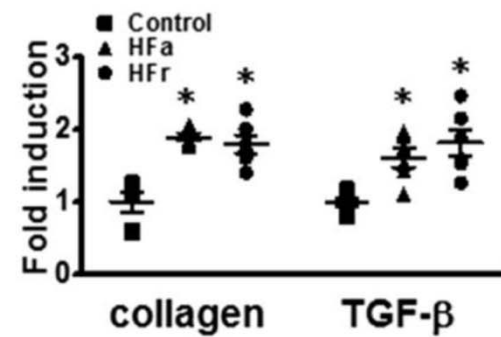
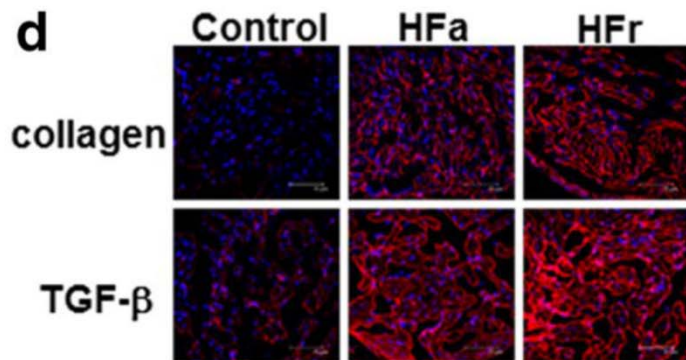
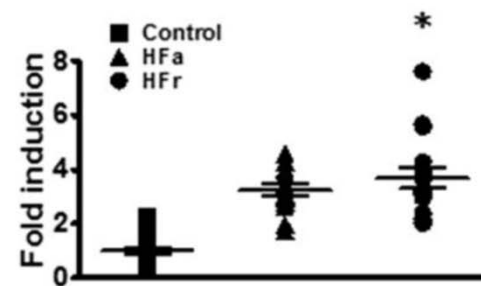
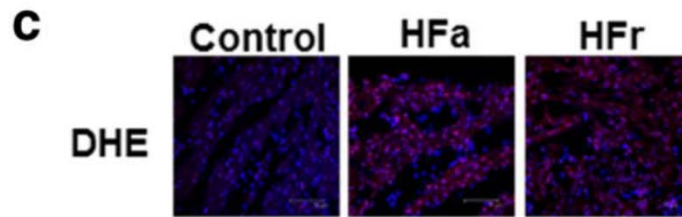
HFa: overweight
 HFr: non-overweight

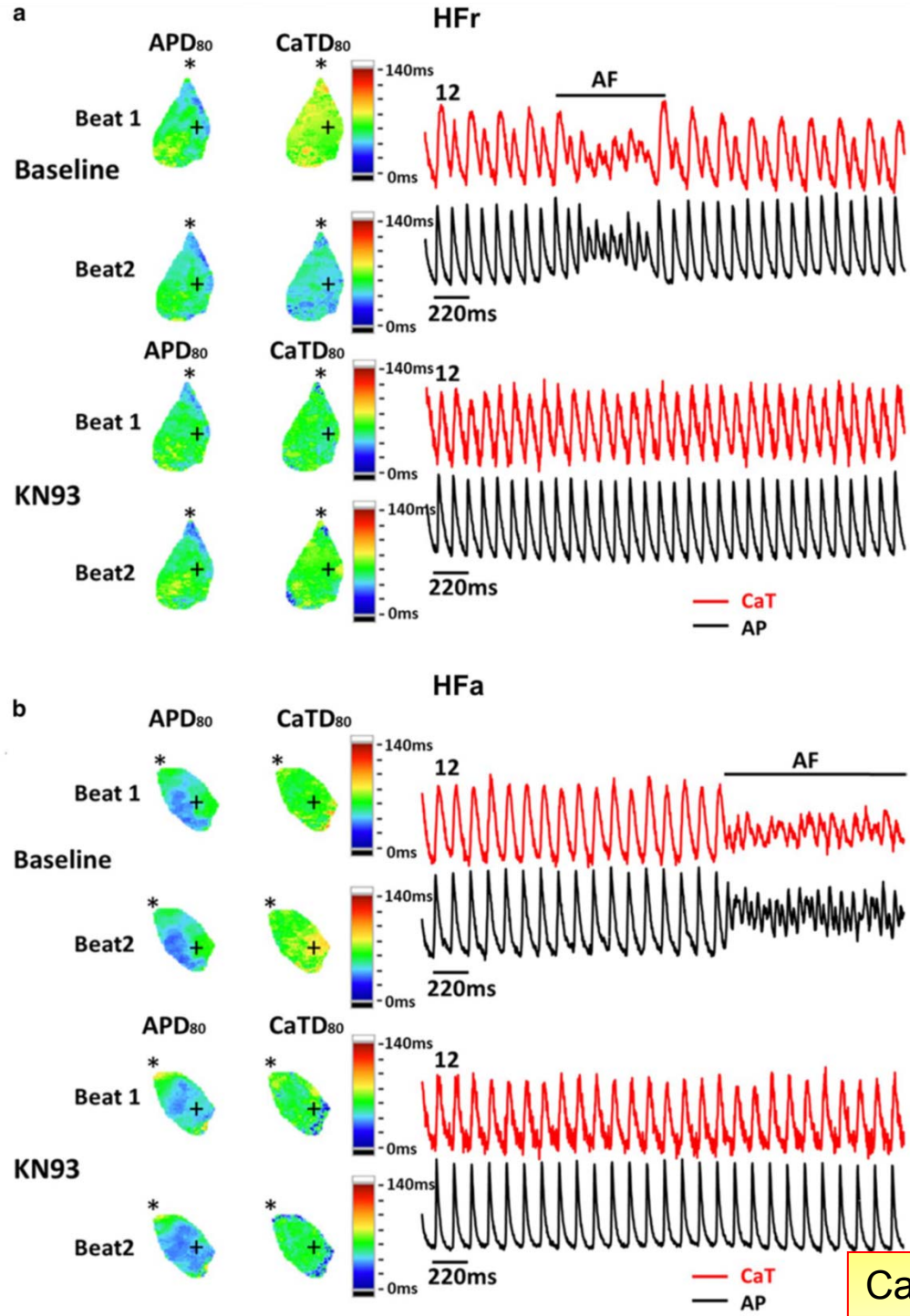


HFa: overweight
HFr: non-overweight



HFa: overweight
HFr: non-overweight

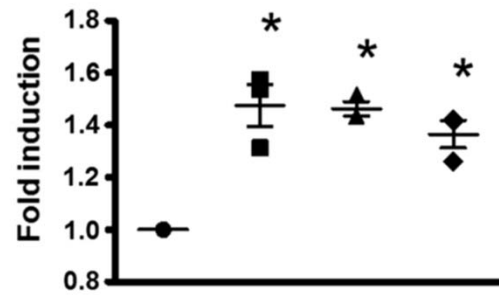
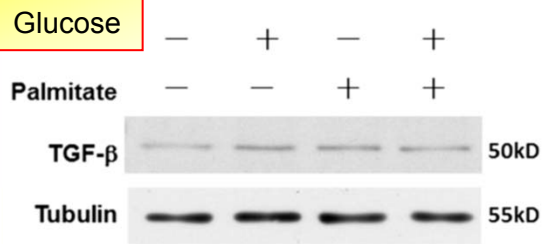




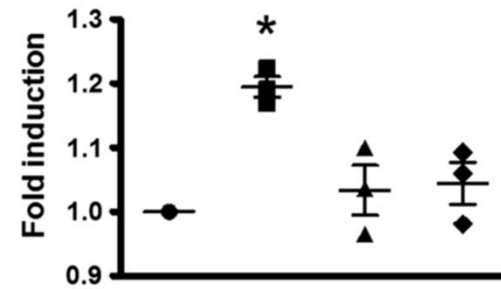
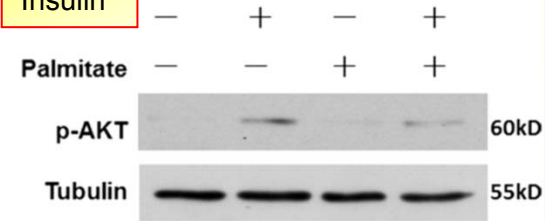
HFa: overweight
HFr: non-overweight

a

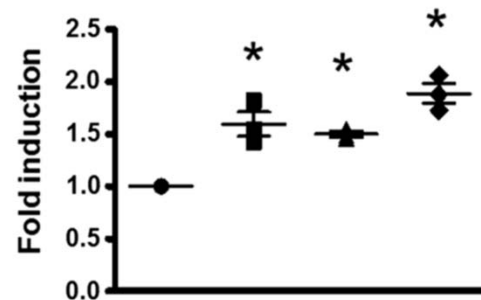
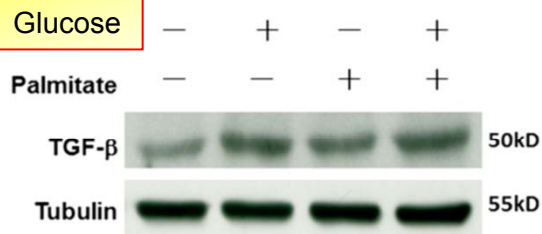
fibroblast



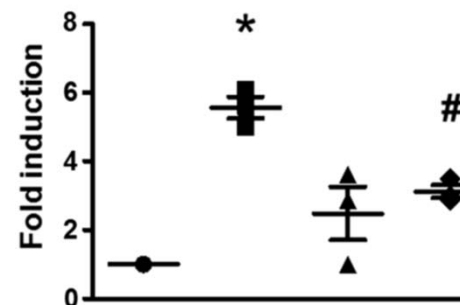
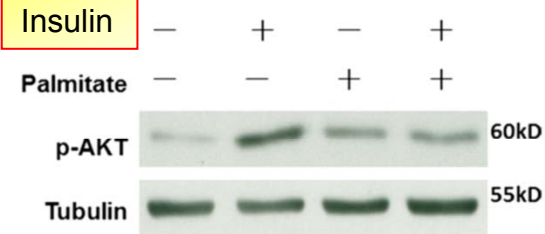
Insulin

**b**

Neonatal cardiomyocytes



Insulin




Conclusion

- Clinical study suggests IR may be an independent factor contributing to AF.
- AF vulnerability are present in both overweight and non-overweight IR rats.
- IR contributes to atrial remodeling, including increased Rac-1-related oxidative stress, dysregulated RyR, intracellular calcium overload, triggered activities in cardiomyocytes and increased TGF- β 1 leading to atrial fibrosis.
- Targeting IR, including inhibition of CaMKII, is likely a novel therapeutic intervention in treating and preventing AF.



THANK YOU



SESSION SCHEDULE

Session Title	Basic 3: Deep Dive in Basic Science for AF
Session Date	(Taiwan Time) June 5 (Sat), 09:15-10:45
Presentation Title	Insulin Resistance and Atrial Fibrillation
Duration	15 min