MINI REVIEW

PPAR delta: an uncompletely known nuclear receptor

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SUMMARY

Peroxisome proliferator-activated receptors (PPAR) mediate some of the transcriptional effects of fatty acids and control many physiological functions, especially in the field of development and metabolism. Three isotypes are known, \( \alpha \), \( \beta / \gamma \), and \( \delta \). Roles of PPAR \( \alpha \) and PPAR\( \beta / \gamma \) are now quite well-known, particularly since their pharmacological ligands have been marketed, respectively the lipid-normalizing class of fibrates and the antidiabetic class of thiazolidinediones (glitazones). However, functions of PPAR\( \delta \) are uncompletely known to date, but some recent data enlight its role in the regulation of fatty acid oxidation in several tissues, such as skeletal muscle and adipose tissue. Overexpression of PPAR\( \delta \) using a transgenic murine model promotes an increase of muscle oxidative capability. This is accompanied by a redistribution of fatty acid flux, redirected from adipose tissue towards skeletal muscle. Finally, adipose mass is reduced, due to a decreased adipocyte size. These data strongly suggest that PPAR\( \delta \) play a major role in the metabolic adaptations to western diet characterized by an excessive amount of saturated fat. Considering the metabolic properties of the other two PPAR isotypes, \( \alpha \) and \( \beta / \gamma \) it is likely that the three PPAR isotypes have complementary effects in the pathophysiology of obesity and metabolic syndrome. Future therapeutical perspectives in this field should consider combined treatment, adding \( \delta \) agonists (for all that their safety will be established) to the already available \( \alpha \) and \( \beta / \gamma \) agonists.

Key-words: PPAR · Diabetes · Metabolic syndrome · Atherosclerosis · Lipoprotein.

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RéSUMÉ

PPAR delta : un récepteur nucléaire mal connu

Les récepteurs activés par les proliférateurs de peroxisomes (PPAR) relaient un certain nombre d’effets transcriptionnels des acides gras et contrôlent de nombreuses fonctions physiologiques, notamment en matière de développement et de métabolisme. On en connaît trois isoformes, \( \alpha \), \( \beta / \gamma \). Les rôles de PPAR \( \alpha \) et PPAR\( \beta / \gamma \) sont maintenant bien connus, surtout depuis la commercialisation de leurs agonistes pharmacologiques, respectivement les normalipémiants de la classe des fibrates, et les antidiabétiques de la classe des thiazolidinediones. Cependant, les fonctions de PPAR\( \delta \) sont encore incomplètement éclairées, bien que des données récentes soulignent son rôle dans la régulation de l’oxydation des acides gras dans différents tissus, notamment le muscle squelettique et le tissu adipeux. En effet, la surexpression de PPAR\( \delta \) chez la souris transgénique accroît la capacité oxydative du muscle. Cela s’accompagne d’une redistribution du flux d’acides gras, redirigé du tissu adipeux vers le muscle. Ces résultats suggèrent fortement que PPAR\( \delta \) joue un rôle important dans les adaptations métaboliques de l’organisme à une alimentation de type occidental, caractérisée par un apport excessif de graisses saturées. Si l’on prend en compte les propriétés métaboliques des deux autres isotypes \( \alpha \) et \( \beta / \gamma \) il est probable que les trois isotypes des PPAR ont des actions complémentaires dans la physiopathologie de l’obésité et du syndrome métabolique. Le traitement pharmacologique futuro de ces pathologies devra comprendre un traitement combiné « polyPPAR », en rajoutant un agoniste delta (pour autant que sa sécurité d’emploi soit établie) aux agonistes alpha et gamma déjà disponibles.

Mots-clés: PPAR · Diabète · Syndrome métabolique · Athérosclérose · Lipoprotéine.
Peroxisome proliferator-activated receptors (PPARs) belong to the nuclear hormone receptor superfamily. Ligand activation heterodimerizes PPARs with another nuclear receptor, the 9-cis retinoic acid receptor, and this dimer acts on transcription of some target genes after binding to specific peroxisome proliferator response elements [1]. Three PPAR isotypes have been described, α, β/δ, and γ which differ by their target tissue and physiological properties [2]. PPARα is mainly found in liver. It is activated by polyunsaturated fatty acids and leukotriene B4, and this activation increases fatty acid catabolism. This explains the lipid-normalizing effect of fibrates, which are specific pharmacological activators. PPAR γ is expressed mainly in adipocytes, and is activated by prostatlandins and by thiazolidinediones (gliazones), a recently available class of insulin-sensitizing drugs. Functions of the third member of PPAR family, PPARδ, remained elusive until recently. Recent data using specific agonists and appropriate animal models have clarified its metabolic roles and enhanced the potential role of this receptor as a pharmacological target [3].

**PPARδ and regulation of lipid metabolism**

PPARδ has an ubiquitous tissue distribution: it is expressed in white adipose tissue, heart, muscle, intestine, placenta and macrophages [4]. It is activated by unsaturated or saturated long-chain fatty acids [5], by prostaenyn, by retinoic acid, and some eicosanoids [6] (Fig 1). Pharmacological agonists have been synthesized, especially GW 501516 and L 165041, which activate PPARδ with a much higher selectivity compared to other PPAR isotypes. A pivotal role of the synthetic specific agonist, GW 501516, has been evidenced by Oliver et al. In insulin-resistant obese rhesus monkeys, administration of GW 501516 during 4 weeks increased HDL-cholesterol, decreased LDL-cholesterol, triglycerides and fasting plasma insulin, and lowered the levels of small and dense LDL [7]. A major question was to identify the tissue and the mechanisms of action involved in these results. Administration of GW 501516 for 3 to 4 weeks in wild-type mice induces fatty acid β-oxidation in skeletal muscle [8]. Further evidence came from the utilization of transgenic murine models, which allowed tissue-specific overexpression of PPARδ. A ligand-independent active form of the nuclear receptor has been shown to be specifically expressed in white and brown adipose tissues, and it upregulated expression of genes involved in fatty acid catabolism and energy uncoupling in adipose cells [9]. This is accompanied by a decrease of adiposity in mice fed either with standard or high-fat diet. Using a transgenic mice model constructed with a Cre-Lox recombination technique, we showed that overexpression of PPARδ in skeletal muscle leads to a major increase of metabolic oxidative capability characterized by an elevated proportion of oxidative myofibers (type 2a) and elevation of oxidative enzymatic activities, accompanied by a dramatic reduction of body fat due to a decrease of adipocyte diameter [10]. The global result was a muscle remodelling characterized by an increase in the total number of oxidative fibers which is quite similar to that promoted by long-term moderate exercise. To challenge this hypothesis, we investigated the effects of endurance exercise on the PPARδ protein content in muscle of wild-type mice, and we showed that it was increased by 2.6 fold in tibialis anterior muscle after 6 weeks of training. Taken together, these results suggest that PPARδ is directly involved in the muscle remodelling observed during endurance exercise, and possibly in the beneficial effects of exercise on metabolic syndrome. Conversion of type 2 muscle fibers into type 1-like fibers has been also observed in mice overexpressing PPARγ coactivator 1 (PGC-1) [11], but overexpression of PGC-1 is characterized by a complete conversion of fast-twitch into slow-twitch fibers, while overexpression of PPARδ does not promote appearance of actual type 1 fibers in tibialis anterior or plantaris muscles.

Mechanism of actions involves a redistribution of the non-esterified fatty acids (NEFA) flux: the increased oxidative capability draws the NEFA flux towards the muscle to be preferentially oxidized, rather than be stored in adipocytes. This leads to a decrease in adipocyte size, enhanced lipolysis and increased secretion of the main anti-atherogenic and insulin-sensitizing cytokine, adiponectin (Fig 3).

**PPARδ and atherosclerosis**

A growing body of evidence suggests that PPARδ could be involved in the pathophysiology of atherosclerosis due to its pivotal role in lipid metabolism. Implication of activation of the receptor in this field has been demonstrated by the previously cited study of Oliver et al. in obese rhesus monkeys [7]. Moreover some recent publications have focused on the possible link between polymorphisms of the PPARδ gene and the plasma concentrations of HDL- and LDL-cholesterol in various human populations. First, Skogsberg et al. showed that among four poly-

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**Abbreviations**

- APOA1: Apolipoprotein A1
- APOB: Apolipoprotein B
- APOCIII: Apolipoprotein CIII
- BCL-6: B-cell lymphoma gene 6
- HDL: High-density lipoprotein
- LDL: Low-density lipoprotein
- NEFA: Non-esterified fatty acids
- PGC-1: Peroxisome proliferator-activated receptor gamma coactivator-1
- PPAR: Peroxisome proliferator-activated receptor
- TG: Triglycerides
- VLDL: Very low-density lipoprotein

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morphisms (-409C/T, +73C/T, +255A/G, +294T/C), homozygote individuals for the rare C allele at the +294 locus had a higher plasma LDL-concentration than homozygotes for the common T allele [12]. Moreover, the same author, in individuals sampled from the prospective primary prevention West of Scotland Coronary Prevention Study, showed that individuals carrying the +294C allele had significantly lower plasma HDL-cholesterol concentrations compared to the carriers of the T-allele. Homozygous carriers of the C-allele also had a trend towards higher risk of coronary heart disease compared to the homozygous carriers of the T-allele [13]. Finally, Chen et al., in 372 individuals sampled from the Lipoprotein and Coronary Atherosclerosis Study, showed that PPARδ haplotypes were independent determinants of plasma levels of triglycerides, apoB and apoCIII, of mean number of coronary lesions, and of changes in triglyceride and apoCIII levels in response to a normolipidemic drug, fluvastatin [14]. Nevertheless, the effective role of PPARδ in atherosclerosis is still difficult to assess, as recent data have established both antiatherogenic and proatherogenic properties of the receptor. PPARδ seems to act as a VLDL sensor in macrophages and is therefore involved in lipid accumulation in atherosclerotic plaques [15]. Lee et al. have shown very recently that the role of PPARδ in inflammation depends whether a ligand is bound or not to
the receptor. Binding leads to the release of B-cell lymphoma gene 6 (BCL-6), which is a repressor of inflammatory response; this results in decreased expression of inflammatory cytokine genes, reduced inflammation and subsequently possible decrease of atherosclerosis. Conversely, in the absence of ligand, BCL-6 remains bound to PPAR, and the inflammatory process is no longer repressed [16]. These results show that the role of PPAR in atherosclerosis is perhaps more ambiguous than previously thought.

**Integrated roles of PPARs in the pathophysiology and treatment of metabolic syndrome**

The metabolic syndrome is characterized by the simultaneous occurrence of at least three out of the five following metabolic disorders: hypertension, visceral adiposity, hyperglycemia, hypertriglyceridemia, low HDL-cholesterol levels [17]. The common soil of this cluster of cardio-vascular risk factors is an insulin resistance state. Each PPAR isotype can play a role in this syndrome [18]. The central role of PPAR has yet been demonstrated [19]. Its activation increases the uptake and catabolism of fatty acids, leading to a limited TG and VLDL production by the liver. It also inhibits the hepatic synthesis of ApoCIII, which is an inhibitor of lipoprotein lipase activity and remnant catabolism. Moreover, in reverse cholesterol transport from peripheral cells to liver, activation of PPAR induces synthesis of ApoA1 [20] and expression of the hepatic receptor SRB1 [21]. These changes are evidenced by the use of fibrates, which are specific pharmacological activators, leading to a decrease of plasma triglycerides concentration, and an increase of HDL-cholesterol plasma level. PPAR plays also a major role in insulin resistance, by controlling adipogenesis [22]. Activation of PPAR induces a remodelling of adipose tissue, with recruitment of new metabolically active adipocytes, promoting the secretion of an anti-atherogenic and insulin-sensitizing cytokine, adiponectin. A recently available class of pharmacological agonists of PPAR glitazones, displays not only hypoglycemic properties, but also a panel of pleiotropic actions, such as a decrease of C-reactive protein plasma level and expression of adhesion molecules and metalloproteinases, inhibition of proliferation of smooth muscle cells and secretion of numerous proatherogenic cytokines such as tumor-necrosis factor α and interleukin 6 [23]. Furthermore, glitazones increase adiponectin gene expression in adipose tissue and therefore plasma levels of this cytokine [24]. Antidiabetic actions of glitazones might also involve plasma NEFA-lowering effect through increased glycerol-3-phosphate availability for TG synthesis, by upregulation of phosphoenolpyruvate carboxykinase and glycerol kinase [25, 26]. Finally, the third isotype, PPARδ, seems to be greatly involved in the field. We have seen that utilization of an agonist of PPARδ is able in mice and monkeys to reverse the main features of the metabolic syndrome. Although level of experimental evidence is still restrained to animal model, clinical trials have been initiated in humans, and will provide important data concerning efficiency, tolerance and safety of the agonist.
Taken together, these data suggest that combined use of agonists of the three isotypes of PPARs (eventually combined in a « Poly-PPAR-Pill », PPP) could target the whole body of pathophysiological features of the metabolic syndrome [27, 28](3).

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References