



Published in final edited form as:

Diabetes Metab Res Rev. 2015 May ; 31(4): 344–345. doi:10.1002/dmrr.2635.

Metabolic syndrome: An ill wind that blows some good?

Simeon I. Taylor, M.D., Ph.D.

Division of Endocrinology, Diabetes, and Nutrition University of Maryland School of Medicine
Baltimore, MD staylor2@medicine.umaryland.edu

Throughout human history, people have struggled to understand the causes of human suffering and human illness. For example, in the Book of Job, Satan afflicted Job with painful skin sores. Job, his family, and his friends all inquired why Job became ill despite the fact that he is described as a man who was upright, feared God, and avoided evil. In recent years, the search for explanations has been extended from the realm of religion to include scientific inquiry. In the case of genetic diseases, scientists have inquired why Evolution did not eliminate disease-causing mutations through natural selection. For example, 60 years ago, Allison suggested that heterozygosity for HbS (“sickle trait”) provides partial protection from malaria¹. This protection from endemic malaria provided a positive selection to maintain the HbS mutation in the gene pool – despite the fact that homozygosity for the same mutation causes a severe illness (i.e., sickle cell disease). More recently, a genetic variant form of apolipoprotein L1 has been demonstrated to lyse *Trypanosoma brucei rhodesiense*^{2,3}, and the same variant has been reported to increase the risk of developing chronic renal disease – including focal segmental glomerulosclerosis²⁴. In a parallel vein, over 50 years ago, Neel⁵⁶ proposed a “thrifty gene” hypothesis – that evolution selected for the ability to store energy efficiently to prepare for famine which was a constant threat during most of human history. In recent years, such a thrifty gene may have become maladaptive by promoting obesity in modern times when food has become quite abundant for many (albeit not all) people.

In the present issue of *Diabetes and Metabolism Reviews*, Brima *et al.*⁷ have provided another example whereby a predisposition to develop a chronic disease may be associated with resistance to an infectious disease. Specifically, they report that high fat diet induced metabolic syndrome but also protected CD-1 mice from the lethality associated with *Trypanosoma cruzi* infection. As emphasized by the authors, there is a complex relationship between nutrition and the state of host defenses to fight infection. At one extreme, starvation and under-nutrition compromise host defenses, and render the individual highly susceptible to infectious disease. At the other extreme, a surfeit of calories produces metabolic syndrome, which is associated with multiple abnormalities including obesity, dyslipidemia, insulin resistance, and a pro-inflammatory state. In the study by Brima *et al.*⁷, a high fat diet dramatically decreased mortality due to *T. cruzi* infection by ~65% (i.e., from 55% to 20% mortality). Based upon this seminal observation, the investigators initiated an inquiry into the mechanisms whereby high fat feeding protected CD-1 mice from lethality due to *T. cruzi* infection. Unexpectedly, metformin therapy provided added protection from lethality even though the drug partially mitigated the metabolic abnormalities induced by high fat feeding. It is likely that future studies with additional anti-diabetic drugs (e.g., PPAR-gamma

agonists) may shed additional light on the mechanisms whereby high fat feeding protects *T. cruzi* infected mice from lethality.

In the Discussion section of the paper, the authors refer to one specific molecular mechanism that could potentially contribute to the protective effect of a high fat diet. Trypanomastigotes hijack the LDL receptor, which mediates entry into adipocytes⁸. Thus, alterations in lipoprotein metabolism have potential to alter expression or function of LDL receptors, and indirectly inhibit the entry of the infectious agent into cells. A growing literature has suggested complex interactions between hepatitis C virus (HCV) and lipoprotein metabolism⁹. Thus, this type of mechanism may be broadly relevant to multiple infectious diseases.

In conclusion, the paper of Brima *et al.*⁷ is a thought-provoking study that highlights the complex interactions between nutrition and host defenses against infectious disease. According to a modern understanding of systems biology, there are complex regulatory networks that mediate multiple physiological changes in response to simple perturbation. In the case of high fat feeding, it is most common to emphasize the adverse effects such as obesity, dyslipidemia, insulin resistance, diabetes, and cardiovascular disease. Brima *et al.*⁷ remind us that high fat feeding represents an ill wind that may blow some good – in this case, protection from lethality due to *T. cruzi* infection.

Acknowledgements

Research reported in this publication was supported by The Mid-Atlantic Nutrition Obesity Research Center (NORC) under NIH award number P30DK072488.

REFERENCES

1. Allison AC. Protection afforded by sickle-cell trait against subtertian malarial infection. *British medical journal*. 1954; 1(4857):290–4. [PubMed: 13115700]
2. Genovese G, et al. Association of trypanolytic ApoL1 variants with kidney disease in African Americans. *Science*. 2010; 329(5993):841–5. [PubMed: 20647424]
3. Thomson R, et al. Evolution of the primate trypanolytic factor APOL1. *Proceedings of the National Academy of Sciences of the United States of America*. 2014; 111(20):E2130–9. [PubMed: 24808134]
4. Kopp JB, et al. APOL1 genetic variants in focal segmental glomerulosclerosis and HIV-associated nephropathy. *Journal of the American Society of Nephrology : JASN*. 2011; 22(11):2129–37. [PubMed: 21997394]
5. Neel JV. Diabetes mellitus: a “thrifty” genotype rendered detrimental by “progress”? *American journal of human genetics*. 1962; 14:353–62. [PubMed: 13937884]
6. Genne-Bacon EA. Thinking evolutionarily about obesity. *The Yale journal of biology and medicine*. 2014; 87(2):99–112. [PubMed: 24910556]
7. Brima W, Eden D, Mehdi S, et al. The brighter (and evolutionarily older) face of the metabolic syndrome: evidence from *Trypanosoma cruzi* infection in CD-1 mice. *Diabetes Metab Res Rev*. 2015
8. Nagajyothi F, et al. *Trypanosoma cruzi* utilizes the host low density lipoprotein receptor in invasion. *PLoS neglected tropical diseases*. 2011; 5:e953. [PubMed: 21408103]
9. Bassendine MF, et al. Lipids and HCV. *Seminars in immunopathology*. 2013; 35(1):87–100. [PubMed: 23111699]