

The assessment the role leptin, adiponectin levels and body mass index in asthma patients

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Abstract

Asthma is an autoimmune disorder characterized by chronic inflammation within the bronchial tubes of the respiratory system. Many cells and cellular elements contribute to the development of asthma, this causes the return of inflammatory cells that attack the respiratory system and cause wheezing, shortness of breath, chest tightness, coughing, and difficulty sleeping. This study was conducted to evaluate adiponectin and leptin levels and body mass index in asthma patients. The samples consisted of 120 volunteers divided into a patient group of 80 men and women with asthma (40 for each group) and a healthy group of 40 men and women as control groups (20 for each group). They were collected at Al-Zahra Center for Allergy and Asthma / Baghdad / Al-Karkh during the period from December 2022 to April 2023, and their ages ranged between (18 - 76) years after their clinical features were confirmed by a specialist doctor. The current results showed a significant increase in levels of both adiponectin and leptin and in body mass index (BMI) at ($P \leq 0.05$) in the patient group compared to the healthy.

Keywords: - asthma, Leptin, Adiponectin, body mass index.

Introduction:

Asthma is a disease with recurring symptoms of shortness of breath, severe cough, choking, airway obstruction, bronchial hypersensitivity, and inflammation of the respiratory tract. Asthma is one of the most common respiratory diseases in the world, affecting about 300 million people worldwide, and it is expected to increase to 400 million by 2025 [1].

Asthma is an acute inflammation of the bronchi, in which mast cells, eosinophils, neutrophils, T lymphocytes, macrophages, and epithelial cells have a role in the development of bronchiolitis. [2]. Excess body weight is a major cause of asthma development, especially in young people. Many comprehensive studies have confirmed a strong relationship between obesity and asthma, which leads people with obesity to develop severe asthma that cannot be well controlled, and to show relatively high resistance to treatment. [3].

Leptin, one of the hormones derived from adipocytes, has a size of 16 kilograms and has a role in regulating the metabolism process and playing a role in the immune system. [4]. Leptin has a significant impact on body weight by affecting appetite and on metabolism. [5]. Leptin levels are higher in people with high body weights compared to people with low body weights, which indicates that obesity may be resistant to leptin. [6]. Excess body weight is closely related to the risk of developing asthma [7]. Leptin contributes to stimulating inflammation in the body, which leads to the risk of developing and developing asthma [8]. Respiratory sensitivity is related to increased leptin secretion. [9]. The lung contains leptin receptors [10]. Many studies have been conducted to evaluate leptin levels in asthma, and the results have shown that leptin may be related to the risk of developing and developing asthma. [11].

Adiponectin is a type of protein produced from white adipose tissue in the body. This protein consists of a chain of amino acids containing a total of 224 amino acids [12]. In 1995, adiponectin was announced, and the gene that encodes this protein is located on chromosome 3q27. [13]. Adiponectin is one of the most abundant proteins in the blood, its normal level is between 5 and 30 microliters per milliliter. It is produced by fat tissue in the body. [14]. Studies in mice have found that adiponectin may have an effect on the development of asthma [15]. This relationship has not been well confirmed in humans yet. Research suggests that adiponectin may prevent the development of asthma in humans [16]. Studies have shown an association between adiponectin levels in the blood and the risk of asthma [17].

Body mass index (BMI) is a measure currently used to define the characteristics of human height and weight in adults and classify them into different groups. It also represents an indicator of an individual's obesity, which is a factor in causing human health problems. [18]. Obesity is associated with the risk of developing allergic diseases. [19]. Considering the possibility that obesity may increase the inflammatory state in the body, [20]. Previous reviews have analyzed the relationship between allergic diseases and body mass index (BMI) at specific time points, or in relation to the speed of fat growth. [21].

The aim of study:

Evaluating the effect of asthma on weight and obesity, as asthma is considered one of the chronic diseases that may affect a person's weight directly or indirectly.

Materials and Methods:

5 ml of blood was obtained from healthy controls and asthma patients using medical syringes, and the blood analysis then was transferred to a gel tube to separate the serum. The Taube gel samples are placed in the centrifuge for 30 minutes at 4000 rpm, after which the blood serum is withdrawn and placed inside a Plain Tube and stored at a temperature of (-20 degrees Celsius) until the time of examination. Samples were collected at Al-Zahra Center for Allergy and Asthma / Baghdad / Karkh. The study started from December 2021 to April 2022 on the ages of the study population ranged between (18 - 76) years. The total subjects were 120 individuals, 80 Of men and women with asthma (40 for each group) and 40 Of healthy men and women as control groups (20 for each group).

The patients' condition was confirmed through the doctor's diagnosis and tests that support the diagnosis, such as lung function testing. Patients were interviewed directly using a questionnaire that included name, gender, age, family history, body mass index, and medication intake. Leptin and adiponectin were estimated using the company's sandwich method (ELISA) <https://www.cloud-clone.com> kits [22]. Statistical analysis was done by using SPSS and a comparison was made between various groups, which were evaluated by t-test. The level of statistical significance was calculated at ($P \leq 0.05$)

Results:

Results showed an increase in adiponectin and leptin levels at a level ($P \geq 0.05$) in asthma patients compared to healthy controls, as shown in Table (1) and Figures 1 and 2.

Parameters	mean \pm S.D	mean \pm S.D	P- value	mean \pm S.D	mean \pm S.D	p- value
	male Asthma	male healthy		female Asthma	female healthy	
leptin (ng/m)	(3.00 \pm 0.30)	(1.84 \pm 0.34)	0.0001**	(3.40 \pm 0.80)	(1.60 \pm 0.63)	0.0001**
Adiponectin(ng/m)	(6.43 \pm 1.14)	(1.60 \pm 0.48)	0.0001**	(6.04 \pm 0.84)	(1.24 \pm 0.18)	0.0001**

Table (1) shows the levels of both adiponectin and leptin levels, (pg/ml) In (Patients with asthma compared to Healthy).

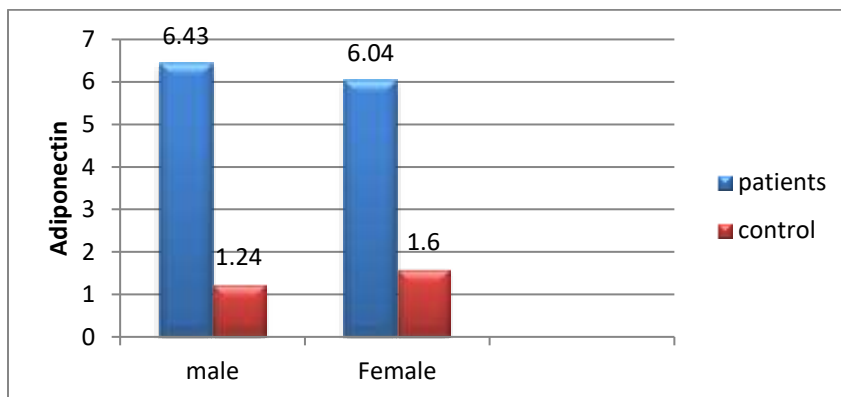


Fig 1: showing the increase in adiponectin levels (pg/ml) In Patients with asthma compared to healthy.

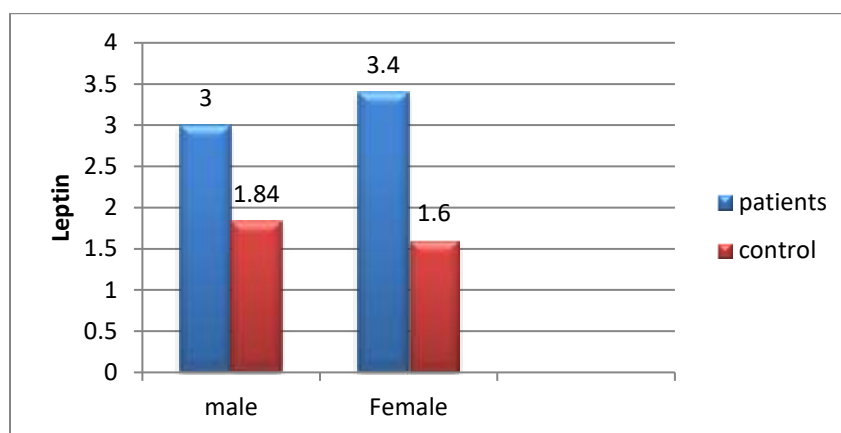


Fig 2: showing the increase in leptin levels (pg/ml) In Patients with asthma compared to healthy.

The Body mass index (BMI):

In the current study the results of the body mass index were found to be higher at the level ($P \geq 0.05$) in asthma patients compared to healthy people, as shown in Table (2) and Figure (3).

parameters	mean \pm S.D	mean \pm S.D	P- value	mean \pm S.D	mean \pm S.D	P- value
	male Asthma	male healthy		female Asthma	female healthy	
BMI	(29.27 \pm 0.885)	(25.63 \pm 0.402)	0.0001**	(28.04 \pm 1.96)	(24.09 \pm 0.06)	0.0001**

Table (1) shows the levels of body mass index levels (pg/ml) in patients and control groups.

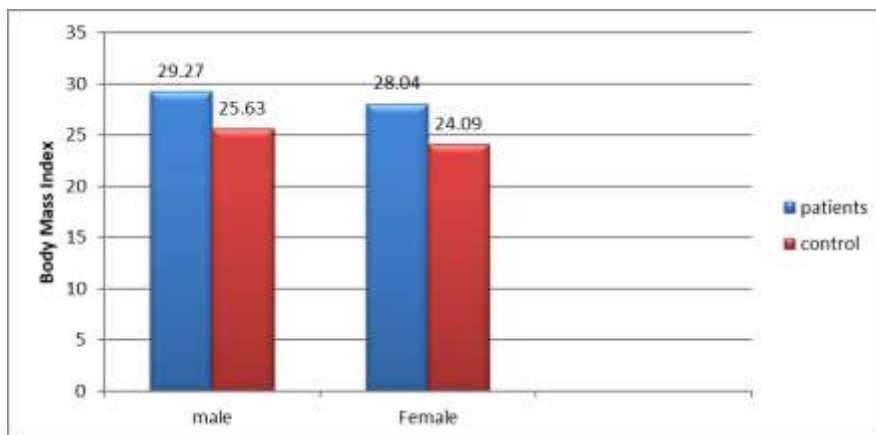


Figure 3: There is a difference in the levels of body mass index (pg/ml) of patients with asthma compared to healthy people.

Discussion

The level of leptin increased significantly ($P \geq 0.05$) In asthma patients compared to healthy people. And this result agrees with. Szczepankiewicz et al [23]. and also agree with Kilic, H et al [24]. The hormone leptin is higher in obese women with asthma compared to thin women. This is due to the formation of large masses of fat cells, as the concentration of leptin increases in obese people compared to thin people. [25]. Levels of the hormone leptin in the blood increase after eating, and also increase in cases of inflammation and infection. [26].

Changes in leptin levels may be linked to exacerbation of clinical asthma, and this is related to the severity of inflammation in the lungs. [27]. The level of leptin increased significantly ($P \geq 0.05$) In asthma patients compared to healthy people. And this result agrees with. Osman et al [28].

This study is in solidarity with previous research that found an increase in adiponectin levels in asthma patients compared to individuals without asthma. [29]. Studies suggest that the protein adiponectin may have an impact in the development of obesity-related bronchial asthma. Obesity is an inflammatory disease and a risk factor for lung disease, and sufferers have high levels of adiponectin in the blood. Studies have shown that increased levels of adiponectin can increase respiratory inflammation and vascular changes in the lung, and can worsen asthma symptoms. It is believed that adiponectin has a role in regulating inflammation in acute lung

diseases, and helps reduce inflammation, stress, and oxidation in the lung. Therefore, adiponectin is a potential therapeutic target for obesity-associated bronchial asthma. [30].

It was also noted from the results of this study that there was a significant difference in the Body mass index (BMI). between patients with asthma of both sexes and healthy people ($P \leq 0.05$). Thus, suffering from asthma leads to increased body mass and weight gain. Previous studies have confirmed that weight gain and increased body mass, or even imposed weight loss, are significantly and significantly linked to increased disease severity and infections, as well as increased non-response to treatment [31].

Conclusion

The results of the current study indicated a positive correlation between increased leptin and adiponectin levels and obesity in asthma patients.

References

- 1: -Dharmage SC, Perret JL, Custovic A. Epidemiology of asthma in children and adults. *Front Pediatr* 2019; 7:246.
- 2: -Global Initiative for Asthma (GINA). 2021. Global Strategy for Asthma Management and Prevention.
- 3: -Al-Muhsen, S.; Johnson, J.R.; Hamid, Q. Remodeling in asthma. *J. Allergy Clin. Immunol.*, 2011, 128(3), 451-462.
- 4: -Matarese G, Mantzoros C, La Cava A. Leptin and adipocytokines: bridging the gap between immunity and atherosclerosis. *Curr Pharm Des* 2007; 13:3676-80.
- 5: -Olea-Flores, M. et al. 12. New actors driving the epithelial-mesenchymal transition in cancer: The role of leptin. *Biomolecules*. 10, 1676 (2020).

- 6:** -Kumar, R. et al. Association of leptin with obesity and insulin resistance. *Cureus*. 12, e12178 (2020).
- 7:** -Peters, U., Dixon, A. E. & Forno, E. Obesity and asthma. *J. Allergy Clin. Immunol.* 141, 1169–1179 (2018).
- 8:** -Mims, J. W. Asthma: Definitions and pathophysiology. *Int. Forum Allergy Rhinol.* 5, S2–S6 (2015).
- 9:** -Baek, H. S., Choi, J. H., Oh, J. W. & Lee, H. B. Leptin and urinary leukotriene E4 and 9alpha, 11beta- prostaglandin F2 release after exercise challenge. *Ann. Allergy Asthma Immunol.* 111, 112–117 (2013).
- 10:** -Jutant, E. M., Tu, L., Humbert, M., Guignabert, C. & Huertas, A. The Thousand Faces of Leptin in the Lung. *Chest*. 159, 239–248 (2021).
- 11:** -Zhu, H. M., Tang, H. P., Liu, J. & Lu, W. X. The association between serum interleukin- 17 and leptin in obese asthma patients. *Contemporary Med.* 17, 10–11 (2013). 12. Bian, F. F., Zhang, C. L., Zhen, Q. & Qu, C. X. Correlation of leptin and IL-17 with asthma predicting index in infants with wheeze. *J. Clin. Pulm. Med.* 21, 1853–1855 (2016).
- 12:** -Khoramipour K, Chamari K, Hekmatikar AA, Ziyaiyan A, Taherkhani S, Elguindy NM, Bragazzi NL. Adiponectin: Structure, physiological functions, role in diseases, and effects of nutrition. *Nutrients*. 2021 Apr;13(4):1180.
- 13:** -Yang G, Song Q, Sun C, Qin J, Jia J, Yuan X, Zhang Y, Li W. Ctrp9 and adiponectin receptors in Nile tilapia (*Oreochromis niloticus*): molecular cloning, tissue distribution and effects on reproductive genes. *General and Comparative Endocrinology*. 2018 Sep 1; 265:160-73.
- 14:** -Obata, Y.; Yamada, Y.; Takahi, Y.; Baden, M.Y.; Saisho, K.; Tamba, S.; Yamamoto, K.; Umeda, M.; Furubayashi, A.; Matsuzawa, Y. Relationship between serum adiponectin levels and age in healthy subjects and patients with type 2 diabetes. *Clin. Endocrinol. (Oxf.)* 2013, 79, 204–210. [CrossRef] [PubMed]
- 15:** -Medoff BD, Okamoto Y, Leyton P, et al. Adiponectin deficiency increases allergic airway inflammation and pulmonary vascular remodeling. *Am J Respir Cell Mol Biol* 2009; 41:397–406.
- 16:** -Sood A, Shore SA. Adiponectin, leptin, and resistin in asthma: basic mechanisms through population studies. *J Allergy (Cairo)* 2013; 2013:785835.

- 17:** -Sood A, Qualls C, Schuyler M, et al. Low serum adiponectin predicts future risk for asthma in women. *Am J Respir Crit Care Med* 2012; 186:41–7.
- 18:** - Nuttall FQ. Body mass index: obesity, BMI, and health: a critical review. *Nutrition today*. 2015 May;50(3):117.
- 19:** - Shore SA. Obesity and asthma: possible mechanisms. *J Allergy Clin Immunol*. 2008;121(5):1087-1093.
- 20:** - Tilg H, Moschen AR. Adipocytokines: mediators linking adipose tissue, inflammation and immunity. *Nat Rev Immunol*. 2006;6(10):772-783.
- 21:** - Ali Z, Suppli UC, Agner T, Thomsen SF. Is atopic dermatitis associated with obesity? A systematic review of observational studies. *J Eur Acad Dermatol*. 2018;32(8):1246-1255
- 22:** - **Cloud-clone corp.** Human Elisa kit. Available from:<https://www.cloud-clone.us/elisa-kits> [Accessed 2 December 2020].
- 23:** -Szczepankiewicz, D., Sobkowiak, P., Narożna, B., Wojsyk-Banaszak, I., Bręborowicz, A., & Szczepankiewicz, A. (2018). Leptin gene polymorphism affects leptin level in childhood asthma. *World Journal of Pediatrics*, 14, 601-606.
- 24:** -Kilic, H. A. T. İ. C. E., Oguzulgen, I. K., Bakir, F. A. T. İ. H., & Turktas, H. (2011). Asthma in Obese Women: Outcomes and Factors Involved. *Journal of Investigational Allergology and Clinical Immunology*, 21(4), 290.
- 25:** - M.Mapfei, J. Halaas, E. Ravussin et al., “Leptin levels in human and rodent: measurement of plasma leptin and obRNAin obese and weight-reduced subjects,” *Nature Medicine*, vol. 1, no. 11, pp. 1155–1161, 1995.
- 26:** -P. Mancuso, A. Gottschalk, S. M. Phare, M. Peters-Golden, N. W. Lukacs, and G. B. Huffnagle, “Leptin-deficient mice exhibit impaired host defense inGram-negative pneumonia,” *Journal of Immunology*, vol. 168, no. 8, pp. 4018–4024, 2002.
- 27:** -WANG, Y. & HU, C. 2022. Leptin and Asthma: What Are the Interactive Correlations? *Biomolecules*, 12, 1780.
- 28:** -Osman, A. M., Motawie, A. A., Al-Aziz, A., Amany, M., Mostafa, N. A., Hasan, N. S., & El-Baz, M. S. (2023). Role of adiponectin, resistin and monocyte chemo-attractant protein-1 in overweight/obese asthma phenotype in children. *BMC pediatrics*, 23(1), 1-11.

- 29:** -HOSNY, S. S., FARRES, M. N., MELEK, N. A., KAMAL, S. T., EL NAJJAR, M. R., ABOU EL FOTOH, R. H., ABD ELGWAD, A. M. & ELMAHDI, A. R. 2021. Assessment of serum levels of adiponectin and resistin in adult patients with asthma: relation to obesity and disease severity. *The Egyptian Journal of Chest Diseases and Tuberculosis*, 70.
- 30:** -KYTIKOVA, O., ANTONYUK, M., GVOZDENKO, T. & NOVGORODTSEVA, T. 2021. The pathophysiological role of adipokines in the development of bronchial asthma combined with obesity.
- 31:** -RICKETTS, H. C., BUCHAN, D. S., STEFFENSEN, F., CHAUDHURI, R., BAKER, J. S. & COWAN, D. C. 2023. Physical activity levels in asthma: relationship with disease severity, body mass index and novel accelerometer-derived metrics. *Journal of Asthma*, 60, 824-834.