

Brown Adipose Tissue PPAR γ Is Required for the Insulin-Sensitizing Action of Thiazolidinediones

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Brown adipose tissue (BAT) plays a critical role in metabolic homeostasis. BAT dysfunction is associated with the development of obesity through an imbalance between energy expenditure and energy intake. The nuclear receptor peroxisome proliferator-activated receptor gamma (PPAR γ) is the master regulator of adipogenesis. However, the roles of PPAR γ and thiazolidinediones (TZDs) in the regulation of BAT metabolism remain unclear. TZDs, which are selective PPAR γ activators, improve systemic insulin resistance in animals and humans. In the present study, we generated brown adipocyte-specific PPAR γ -deficient mice (BAT γ KO) to examine the *in vivo* roles of PPAR γ and TZDs in BAT metabolism. In electron microscopic examinations, brown adipocyte-specific PPAR γ deletion promoted severe whitening of brown fat and morphological alteration of mitochondria. Brown adipocyte-specific PPAR γ deletion also reduced mRNA expression of BAT-selective genes. Although there was no difference in energy expenditure between control and BAT γ KO mice in calorimetry, norepinephrine-induced thermogenesis was impaired in BAT γ KO mice. Moreover, pioglitazone treatment improved diet-induced insulin resistance in the control mice but not in the BAT γ KO mice. These findings suggest that BAT PPAR γ is necessary for the maintenance of brown adipocyte function and for the insulin-sensitizing action of TZDs.

Key words: PPAR γ , brown adipose tissue, thiazolidinediones

Adipose tissue includes two functionally distinct types: white adipose tissue (WAT) and brown adipose tissue (BAT). WAT is the major site for the storage of excess energy from food intake as triacylglycerol (TAG). TAG is broken down into free fatty acids and glycerol and is released to supply other tissues. In addition, recent research showed that adipose tissue secretes a variety of bioactive proteins and regulates both systemic insulin sensitivity and energy metabolism. A positive balance between energy intake and energy expenditure results in the development of obesity. Adipose tissue dysfunction in obesity is char-

acterized by adipocyte hypertrophy, fibrosis, and a pro-inflammatory adipose tissue phenotype, which result in ectopic fat deposition and inflammation in visceral adipose tissue [1,2]. Brown adipose tissue (BAT) is thermogenic and contains large amounts of mitochondria to dissipate chemical energy as heat. BAT stimulation activates the release of free fatty acids from TAG and uses uncoupling protein 1 (UCP1) to uncouple the respiratory chain. BAT stimulation also results in heat production [3]. Though it had been thought that active BAT in humans occurs only in newborns,

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positron emission tomography/computer tomography (PET/CT) recently revealed that healthy adult humans possess active BAT also. PET/CT signals in BAT were lower in elderly, obese, and insulin-resistant patients [4]. Recent work has shown that BAT activation or increased BAT mass can improve glucose metabolism [5]. Increasing BAT mass by transplantation rescued insulin resistance induced by a high-fat diet [6, 7]. BAT is now recognized as a potential therapeutic target of obesity and type 2 diabetes.

Peroxisome proliferator-activated receptor γ (PPAR γ) is a member of the nuclear hormone receptor superfamily of ligand-gated transcription factors [8]. PPAR γ has been shown to play roles in diverse biological processes, including adipogenesis, and both glucose and lipid metabolism. The antidiabetic thiazolidinedione (TZD) drugs exert their beneficial effects on hyperglycemia and systemic insulin resistance by activating PPAR γ in patients with type 2 diabetes [9]. However, there is debate about which cell acts as the primary mediator of the antidiabetic effects of TZDs. We therefore used BAT-specific PPAR γ deletion to determine whether PPAR γ or TZDs could regulate BAT functions in mice. Here we show that BAT-specific PPAR γ deletion in mice results in reduced BAT mass and impaired norepinephrine-induced thermogenesis. Moreover, BAT PPAR γ is required for the insulin-sensitizing action of TZD.

Materials and Methods

Materials. Dimethyl sulfoxide and pioglitazone were purchased from Sigma-Aldrich (St. Louis, MO, USA).

Generation of BAT γ KO mice. *Pparg*^{flox/flox} mice (IMSR_JAX: 004584) and *Ucp1*-Cre mice (IMSR_JAX: 024670) were purchased from The Jackson Laboratory (Bar Harbor, ME, USA), and cohorts were established by mating F1 *Pparg*^{flox/+}; *Cre*⁺ mice to littermate *Pparg*^{flox/+}; *Cre*⁻ mice. All animals were genotyped before use to confirm that they were either *Pparg*^{flox/flox}; *Cre*⁺ mice or *Pparg*^{flox/flox}; *Cre*⁻ mice. The mice were maintained under a 14h light/10h dark cycle at a constant temperature (22°C) with free access to food and water; they were fed either a standard chow diet (MF; Oriental Yeast, Tokyo) or a high-fat diet (HFD) (D12331; Research Diets, New Brunswick, NJ, USA). Total fat tissue was measured by microcomputed

tomography (LaTheta LCT-200; Hitachi-Aloka Medical, Tokyo).

For analysis of *Pparg* mRNA expression in various tissues, 10-week-old male *Pparg*^{flox/flox}; *Cre*⁺ mice and *Pparg*^{flox/flox} mice were used. The mice were maintained in a light-controlled room at a constant temperature with free access to food and water; they were fed either the standard chow diet or the high-fat diet. After 16 weeks on the HFD, the mice were administered pioglitazone (15 mg/kg body weight) or dimethyl sulfoxide once daily by oral gavage for 4 weeks.

All animal studies were approved by the Institutional Animal Care and Use Committee of Okayama University Graduate School of Medicine, Dentistry and Pharmaceutical Sciences (approval number: OKU-2013017).

Glucose and insulin tolerance tests. For the oral glucose tolerance test, the mice were fasted for 16h and then administered glucose (1.0 g/kg body weight) by oral gavage. Blood samples were taken at regular time points (0-120 min), and blood glucose levels were measured with a portable glucose meter. For the insulin tolerance tests, the mice were fasted for 4h and handled 30 min prior to injection of human regular insulin (2.0 U/kg body weight) intraperitoneally. Blood samples were taken at regular intervals (0-120 min), and blood glucose was measured as described above.

Indirect calorimetry. The metabolic rates of the mice were measured by an O₂/CO₂ metabolism measuring system for small animals (MK-5000RQ; Muromachi Kikai, Tokyo). Locomotor activity was measured by an ACTIMO-100 monitoring system (Shinfactory, Fukuoka, Japan). Mice were housed individually and maintained at 22°C under a 12: 12-h light-dark cycle. Food and water were available ad libitum.

Norepinephrine-induced thermogenesis was measured as described previously [10]. Briefly, the mice were anesthetized with pentobarbital (90 mg/kg, *i.p.*), and indirect calorimetry was performed for 30 min at 33°C to obtain basal respiration. Individual mice were then briefly removed from the calorimetry chamber, injected with norepinephrine (1 mg norepinephrine bitartrate/kg, subcutaneously), and returned to the chamber. Oxygen consumption was then measured for another 60-80 min.

Analysis of gene expression by QPCR. Total RNA was extracted from tissues using TRIzol reagent (Thermo Fisher Scientific, Waltham, MA, USA) following the manufacturer's instructions. First-strand

cDNA synthesis was performed using a PrimeScriptTM first-strand cDNA Synthesis Kit (Takara Bio, Kusatsu, Japan). Total RNA was converted into first-strand cDNA using oligo(dT) primers as described by the manufacturer. PCR was performed using cDNA synthesized from 0.5 μ g total RNA in a StepOne Plus Real-Time PCR system (Thermo Fisher Scientific) with specific primers and SYBR Premix Ex TaqTM (Takara Bio). The relative abundance of mRNAs was standardized using 36B4 mRNA as the invariant control. The primers used are listed in the Table 1.

Serum analysis. After serum was collected from the tail vein, serum AST, ALT, and TG were measured using a Fuji Drychem 7000V (Fujifilm, Tokyo). Concentrations of serum adiponectin (Otsuka Pharmaceutical, Tokyo), non-esterified fatty acids (NEFAs) (Wako Pure Chemical Industries, Osaka, Japan), and insulin (Morinaga Institute of Biological Science, Yokohama, Japan) were measured in duplicate with colorimetric assays.

Histological analysis. For light microscopic analysis, brown adipose tissue, epididymal adipose tissue, and liver tissue were fixed for 12-16 h at room temperature and embedded in paraffin. Hematoxylin and eosin (H&E) staining was performed. For electron microscopic analysis, tissues were prepared as described previously [11].

Statistical analysis. Unpaired two-tailed Student's *t*-test and two-way ANOVA were used. $P < 0.05$ was considered statistically significant.

Results

BAT-specific deletion of PPAR γ results in reduced BAT mass. To investigate the physiological role of PPAR γ in BAT, we crossed *Pparg*^{flax/flax} mice with mice expressing Cre recombinase in a brown adipocyte-specific manner (Ucp1-Cre), thus generating BAT-specific PPAR γ -knockout mice (hereafter referred to as BAT γ KO mice). BAT γ KO mice showed a virtually complete absence of PPAR γ mRNA in BAT, with intact PPAR γ mRNA expression in WAT, skeletal muscle, and other tissue (Fig. 1A). The BAT γ KO mice were born in a Mendelian ratio, and there were no obvious morphological differences from the control mice (Wild type, Ucp1-Cre only, or *Pparg*^{flax/flax}) at a young age (data not shown). The total body weight of the BAT γ KO mice was not different from that of the control mice

Table 1 PCR primers used to amplify genes of interest in this study

| Gene | Primer | Sequence |
|--------|---------|----------------------------|
| Pparg | Forward | TTGAGCCCAAGTTCGAGTTTG |
| | Reverse | CGGTCTCCACAGAATGATG |
| Fabp4 | Forward | TTCGATGAAATCACCGCAGA |
| | Reverse | AGGGCCCCGCCATCT |
| Cidea | Forward | TGACATTCATGGGATTCGAGAC |
| | Reverse | CATGGTTTAAAACCTCGAAAAGGG |
| Cox8b | Forward | GAACCATGAAGCCAACGACT |
| | Reverse | GCGAAGTTCACAGTGGTTCC |
| Dio2 | Forward | AATTATGCCTCGGAGAAGACCG |
| | Reverse | GGCAGTTGCCTAGTGAAAGGT |
| Elovl3 | Forward | GATGGTCTGGGCACCATCTT |
| | Reverse | CGTTGTTGTGGCATCCTT |
| Pgc1a | Forward | TATGGAGTGACATAGAGTGTGCT |
| | Reverse | GTCGCTACACCACCTTCAATCC |
| Ppara | Forward | AACATCGAGTGTGCGAATATGTGG |
| | Reverse | CCGAATAGTTCGCCGAAAGAA |
| Prdm16 | Forward | CCACCAGCGAGGACTTCAC |
| | Reverse | GGAGGACTCTCGTAGCTCGAA |
| Ucp1 | Forward | GACCTTCCCCTGGACACT |
| | Reverse | CCCTAGGACACCTTTATACCTAATGG |
| Adipoq | Forward | GTTGCAAGCTCTCTGTTC |
| | Reverse | GCTTCTCCAGGCTCTCCTT |
| Ccl2 | Forward | TAAAAACCTGGATCGGAACCAA |
| | Reverse | GCATTAGCTTCAGATTTACGGGT |
| Emr1 | Forward | CTGCACCTGTAACGAGGCTT |
| | Reverse | GCAGACTGAGTTAGGACCACAA |
| Il6 | Forward | TAGTCCCTCCTACCCCAATTTCC |
| | Reverse | TTGGTCTTAGCCACTCCTTC |
| Ppard | Forward | TTGAGCCCAAGTTCGAGTTTG |
| | Reverse | CGGTCTCCACAGAATGATG |
| Slc2a4 | Forward | GATTCTGCTGCCCTTCTGTC |
| | Reverse | ATTGGACGCTCTCTCCAA |
| Tnfa | Forward | ACGGCATGGATCTCAAAGAC |
| | Reverse | AGATAGCAAATCGGCTGACG |
| Ucp3 | Forward | TACCAACCTTGGCTAGACG |
| | Reverse | GTCCGAGGAGAGAGCTTGC |
| Cd36 | Forward | GGAGCCATCTTTGAGCCTTC |
| | Reverse | TGGATCTTTGTAACCCACAAG |
| Fasn | Forward | TGAGCACACTGCTGGTGAAC |
| | Reverse | CAGGTTTCGGAATGCTATCCA |
| Scd1 | Forward | ATCGCCCCTACGACAAGAAC |
| | Reverse | GTTGATGTGCCAGCGGTAAT |
| Cpt1a | Forward | ACAACAACGGCAGAGCAGAG |
| | Reverse | GGACACCACATAGAGGCAGAAG |
| Acc1 | Forward | ATCCTGCGAACCTGGATTCT |
| | Reverse | CCCACCAGAGAAACCTCTCC |
| 36B4 | Forward | GAGGAATCAGATGAGGATATGGGA |
| | Reverse | AAGCAGGCTGACTTGGTTGC |

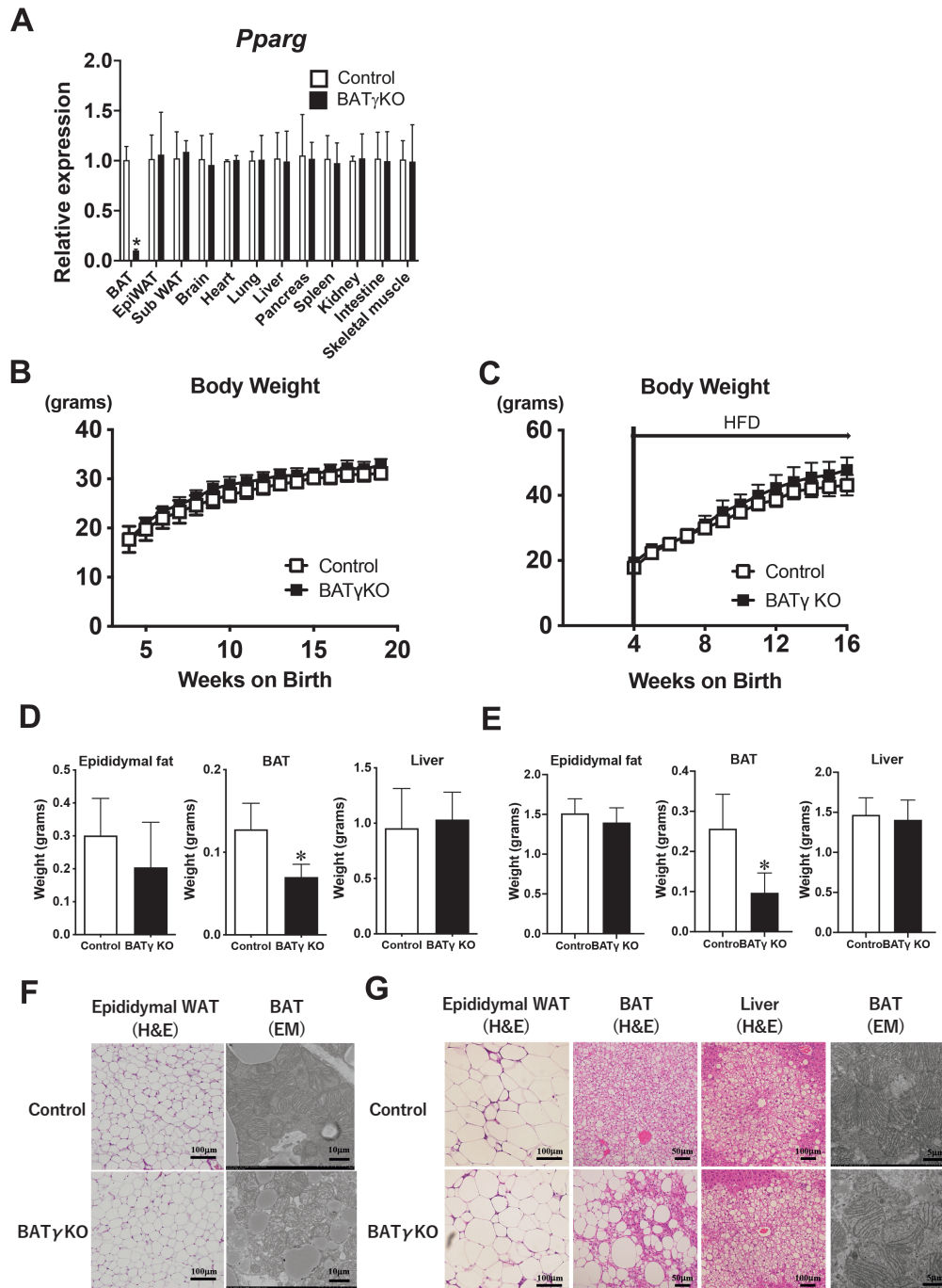


Fig. 1 Characterization of brown adipocyte-specific PPAR γ -deficient (BAT γ KO) mice. **A**, *Pparg* mRNA expression in various tissue of male *pparg*^{fllox/fllox} (Control) and BAT γ KO mice (n=5); **B**, Body weights of male control and BAT γ KO mice on a chow diet (n=10). Results are expressed as mean \pm SD; **C**, Body weights of male control and BAT γ KO mice on a high-fat diet (HFD) (n=10). Results are expressed as mean \pm SD; **D**, Tissue weights of male control and BAT γ KO mice on a chow diet (n=4–7). Results are expressed as mean \pm SD, * p <0.05; **E**, Tissue weights of male control and BAT γ KO mice on the HFD (n=6). Results are expressed as mean \pm SD, * p <0.05; **F**, H&E staining analysis of epididymal WAT and electron microscopic analysis of BAT in male control and BAT γ KO mice fed the chow diet; **G**, H&E staining and electron microscopy of WAT, BAT, and liver in male control and BAT γ KO mice fed the HFD. The experiments were repeated 2–3 times with different sets of animals.

(*Pparg*^{fl α /fl α}) on either the chow diet or the HFD (Fig. 1B and 1C), although the BAT weight of the BAT γ KO mice was significantly smaller than that of the control mice (Fig. 1D and 1E). Histological analysis of epididymal WAT showed no difference in adipocyte morphology between the control and BAT γ KO mice on either the chow diet or the HFD. The HFD induces a white-like unilocular adipocyte phenotype in BAT. Brown-to-white conversion was seen in H&E staining of the control BAT, while the BAT of the BAT γ KO mice showed a mixture of larger white-like unilocular adipocytes and scattered brown adipocytes. Electron microscopic analysis showed accumulation of lipid droplets and disruption of the mitochondrial cristae structure in BAT of the BAT γ KO mice (Fig. 1F and 1G). We measured serum AST, ALT, NEFA, and triglyceride levels under fasting condition, but there were no obvious differences in any of those levels, or in serum adiponectin levels, between the control and BAT γ KO mice (Fig. 2A). Next, we

measured fasting blood glucose and fasting insulin levels between the control and BAT γ KO mice on the chow diet. The homeostasis model of assessment-insulin resistance (HOMA-R) was calculated using the following formula: fasting insulin (μ U/mL) \times fasting glucose (mg/dL) / 405. The homeostasis model of assessment-beta cell (HOMA- β) was calculated as follows: $360 \times$ fasting insulin (μ U/mL) / (fasting glucose (mg/dL) - 63). No differences in fasting blood glucose, fasting insulin levels, HOMA-R, or HOMA- β were observed between the control and BAT γ KO mice. These results suggest that the BAT-specific deletion of PPAR γ induced severe whitening of BAT without any changes in serum parameters.

BAT-specific deletion of PPAR γ does not change energy expenditure. Although BAT-specific deletion of PPAR γ showed no effect on body weight in mice fed either the chow diet or the HFD, BAT plays a critical role in the regulation of energy expenditure. We next

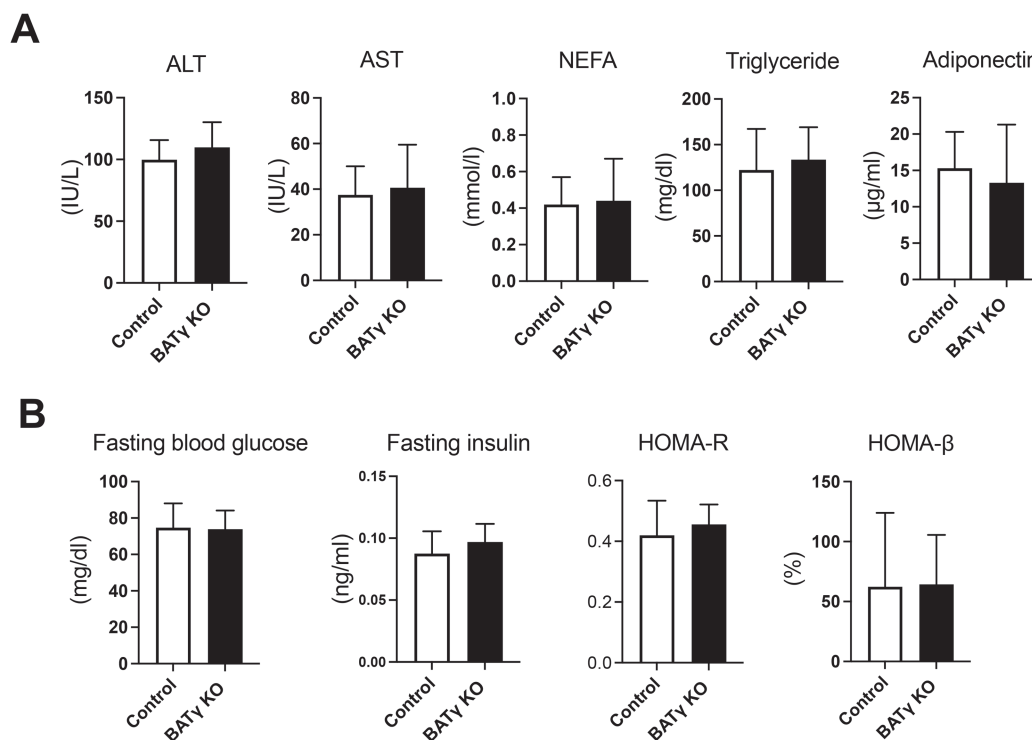


Fig. 2 Serum analysis of brown adipocyte-specific PPAR γ -deficient (BAT γ KO) mice. **A**, Serum parameters of male control and BAT γ KO mice on the chow diet ($n=10$); **B**, Fasting blood glucose and fasting insulin: Tail vein blood was used for glucose and insulin measurement after 16h fasting during chow diet feeding. The homeostasis model of assessment-insulin resistance (HOMA-R) was calculated using the following formula: fasting insulin (μ U/mL) \times fasting glucose (mg/dL) / 405. The homeostasis model of assessment-beta cell (HOMA- β) was calculated as follows: $360 \times$ fasting insulin (μ U/mL) / (fasting glucose (mg/dL) - 63). The experiments were repeated 2-3 times with different sets of animals.

investigated the effect of BAT-specific deletion of PPAR γ on physical activity, daily food intake, and energy expenditure. We were unable to detect a difference in food intake or oxygen consumption, but BAT γ KO mice showed somewhat increased ambulatory activity on both the chow diet and HFD (Fig. 3A and 3B). The body temperature of the BAT γ KO mice was lower than that of the control mice (Fig. 3C). These results suggest that increased physical activity may have offset the decrease in energy metabolism in BAT γ KO mice.

BAT-specific deletion of PPAR γ abolishes norepinephrine-induced thermogenesis. To investigate energy metabolism in BAT γ KO mice under conditions not influenced by physical activity, norepinephrine-induced thermogenesis was measured under sedation (Fig. 4A). Similar to the results of the metabolic cage analysis, there was no difference in resting metabolic rate (RMR) between BAT γ KO and control mice under sedation. However, the response to norepinephrine injection was lower in BAT γ KO mice on both the chow diet and the HFD (Fig. 4B and 4C). These data suggest that BAT-specific deletion of PPAR γ abolished norepinephrine-induced thermogenesis.

BAT-specific deletion of PPAR γ enhances the insulin-sensitizing action of thiazolidinediones. Glucose tolerance and insulin sensitivity were similar between BAT γ KO and control mice fed the chow diet (Fig. 5A and 5B). On the HFD, BAT γ KO mice demonstrated significantly impaired glucose tolerance, although insulin sensitivity was similar between BAT γ KO and control mice (Fig. 5C and 5D). To determine whether BAT PPAR γ signaling contributes to the insulin-sensitizing action of TZD, we fed mice the HFD to induce obesity and insulin resistance, followed by the HFD supplemented with pioglitazone. Interestingly, the addition of pioglitazone enhanced insulin sensitivity only in control mice, not in BAT γ KO mice (Fig. 5E). These data suggest that BAT PPAR γ signaling is required for the insulin-sensitizing action of TZDs.

Gene expression in BAT γ KO mice and control mice. We next examined the expression of metabolism-related genes in BAT, WAT, liver, and skeletal muscle of BAT γ KO mice and control mice on the chow diet. The mRNA expression levels of *Dio2*, *Pgc1a*, *Ppara*, and *Ucp1* were significantly lower in BAT of the BAT γ KO mice than in that of the control mice (Fig. 6A). Expression levels of metabolism genes were unchanged in the WAT, liver, and skeletal muscle. Consistent with

previous reports [12, 13], pioglitazone administration to control mice fed on the HFD increased brown adipocyte genes, but did not increase brown adipocyte genes of the BAT γ KO mice fed on the HFD (Fig. 6B). Taken together, these results suggest that BAT PPAR γ is necessary for TZD-induced upregulation of brown adipocyte genes in BAT and might regulate the insulin-sensitizing action of TZDs.

Discussion

We have been interested in the role of PPAR γ in BAT. In the present study, we critically analyzed BAT PPAR γ function by using Cre-lox technology to target PPAR γ in a BAT-specific manner. The most striking differences between the control and BAT γ KO mice were BAT mass and norepinephrine-induced thermogenesis.

PPAR γ is essential for both white and brown adipogenesis [9]. PPAR γ regulates brown adipogenesis by interacting with many transcription factors such as PPAR γ coactivator-1a (PGC-1a), PR domain-containing 16 (PRDM16), and CCAAT-enhancer-binding proteins (C/EBPs) [14]. Thus, we speculate that the impairment of brown adipogenesis was the reason why BAT γ KO mice showed reduced BAT mass. PGC-1a, which is a master regulator of mitochondrial biogenesis, is highly expressed in BAT and transcriptionally activates the brown fat thermogenic program [15]. The loss of PPAR γ downregulates the expression of certain brown adipocyte-specific genes, including *Pgc1a*, *Ucp1*, and *Dio2*; thus, mitochondrial biogenesis and thermogenesis are expected to be impaired in BAT. Contrary to expectations, BAT γ KO mice failed to show an obese phenotype. We also found no significant metabolic differences in BAT γ KO mice compared to control mice at the standard temperature of 22°C.

Thermoneutrality is defined as the ambient temperature range in which basal metabolism is sufficient to maintain body temperature. BAT activation or recruitment is not necessary at a thermoneutral temperature [10]. We speculate that the BAT γ KO mice were not able to use BAT-derived heat production at the standard temperature due to the reduced BAT mass. However, increased physical activity compensated for the impaired BAT function in the BAT γ KO mice. That may be why we could not see the metabolic difference between the BAT γ KO and control mice under the standard condition. To our knowledge, there are no reports

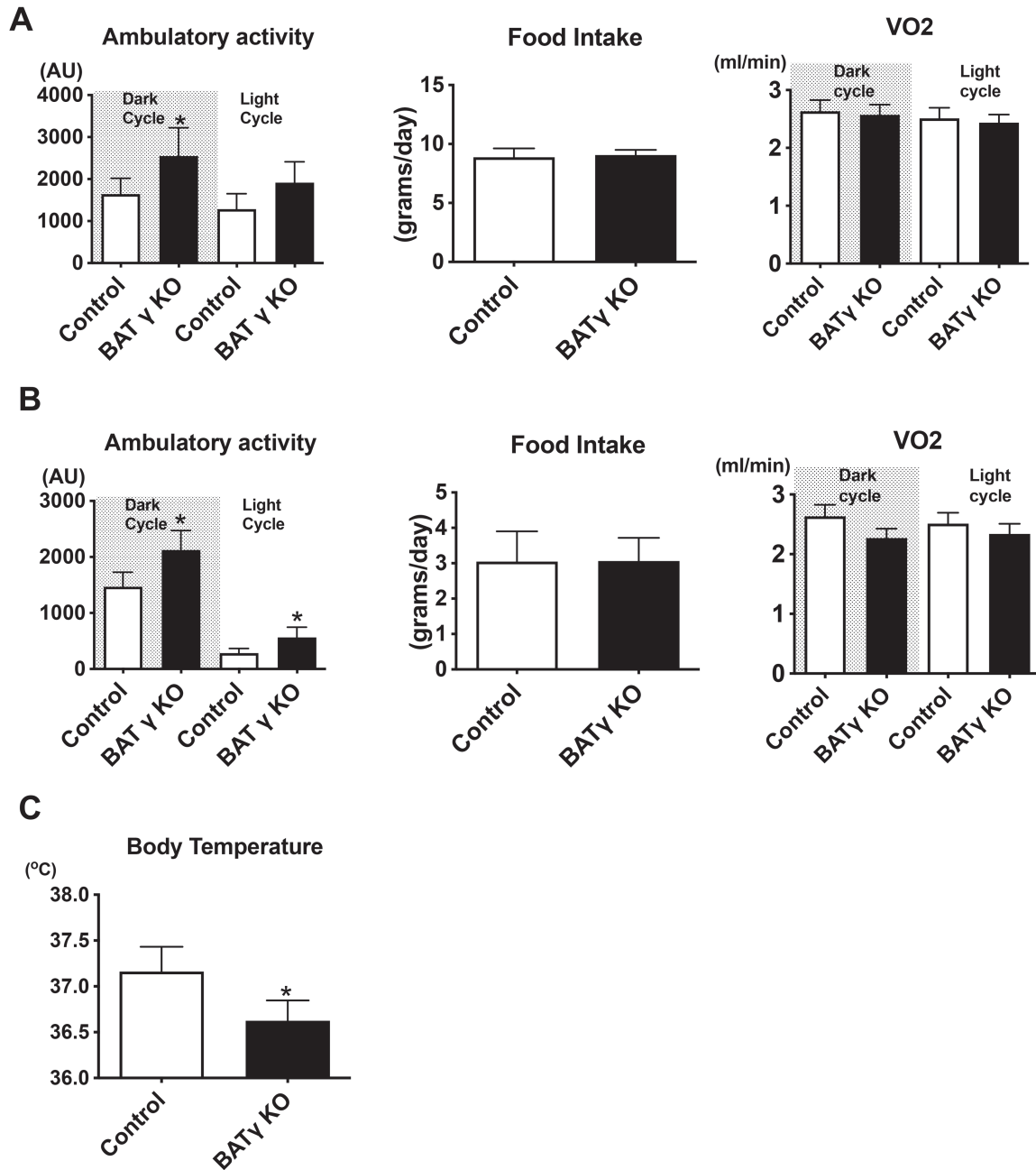


Fig. 3 Effects of brown adipocyte-specific PPAR γ deletion on metabolic rates. **A**, Ambulatory activity, food intake, and metabolic rate of male control and BAT γ KO mice on the chow diet (n=5). Results are expressed as mean \pm SD, * p <0.05; **B**, Ambulatory activity, food intake and metabolic rate of male control and BAT γ KO mice on the HFD (n=5). Results are expressed as mean \pm SD, * p <0.05; **C**, Body temperature of male control and BAT γ KO mice on the HFD (n=5). The experiments were repeated 2 times with different sets of animals.

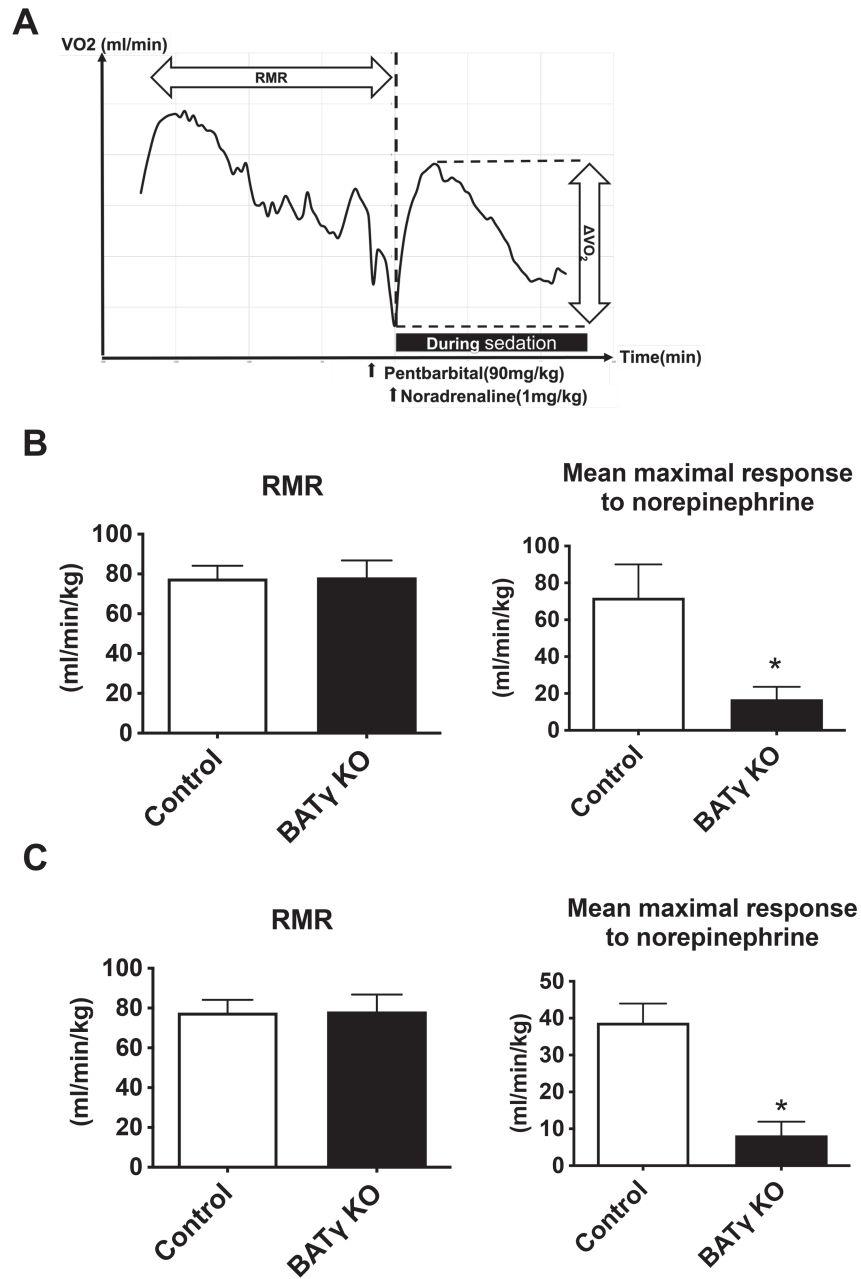


Fig. 4 Effects of brown adipocyte-specific PPAR γ deletion on norepinephrine-induced thermogenesis. **A**, Protocol for the comparison of norepinephrine-induced thermogenesis between control and BAT γ KO mice; **B**, Resting metabolic rate (RMR) and norepinephrine-induced oxygen consumption on the chow diet ($n=5$). Results are expressed as mean \pm SD, $*p<0.05$; **C**, RMR and norepinephrine-induced oxygen consumption on the HFD ($n=5$). Results are expressed as mean \pm SD, $*p<0.05$. The experiments were repeated 2 times with different sets of animals.

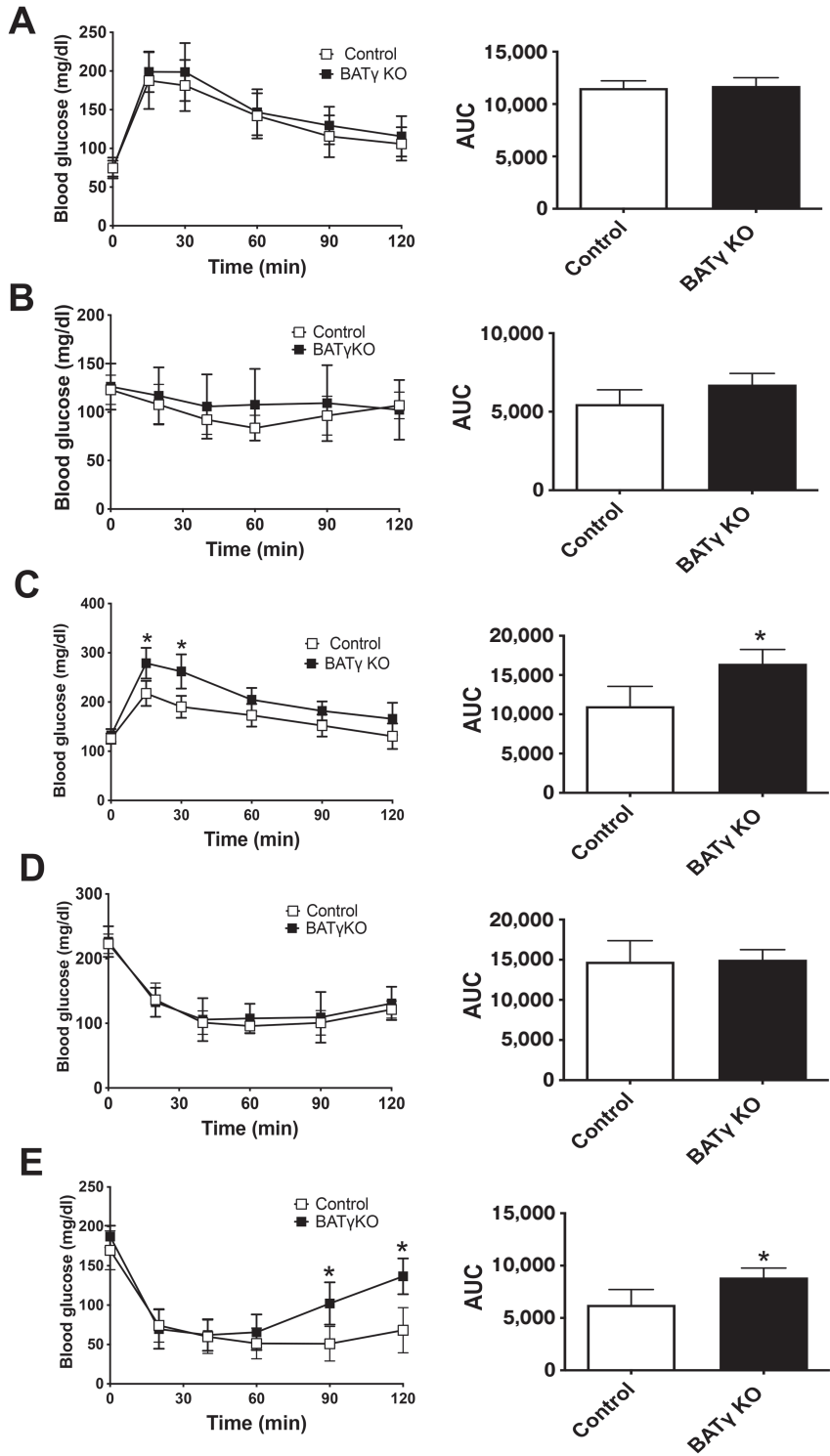


Fig. 5 Effects of brown adipocyte-specific PPAR γ deletion on glucose metabolism and the insulin-sensitizing action of pioglitazone. **A**, Glucose tolerance test on the chow diet. Blood glucose in 20-week-old male control and BAT γ KO mice fed the chow diet was measured at the indicated times after oral gavage of glucose (n=10). Results are expressed as mean \pm SD; **B**, Insulin tolerance test on the chow diet. Blood glucose in 20-week-old male control and BAT γ KO mice fed the chow diet was measured at the indicated times after intraperitoneal injection with a bolus of insulin (n=10). Results are expressed as mean \pm SD; **C**, Glucose tolerance test on the HFD. Blood glucose in 20-week-old male control and BAT γ KO mice fed the HFD was measured at the indicated times after oral gavage of glucose (n=10). Results are expressed as mean \pm SD; **D**, Insulin tolerance test on the HFD. Blood glucose in 20-week-old male control and BAT γ KO mice fed the HFD was measured at the indicated times after intraperitoneal injection with a bolus of insulin (n=10). Results are expressed as mean \pm SD; **E**, Insulin tolerance test on the HFD after pioglitazone treatment. Blood glucose in male control and BAT γ KO mice fed the HFD was measured at the indicated times after intraperitoneal injection with a bolus of insulin (n=10). Results are expressed as mean \pm SD, * p <0.05. The experiments were repeated 2 times with different sets of animals.

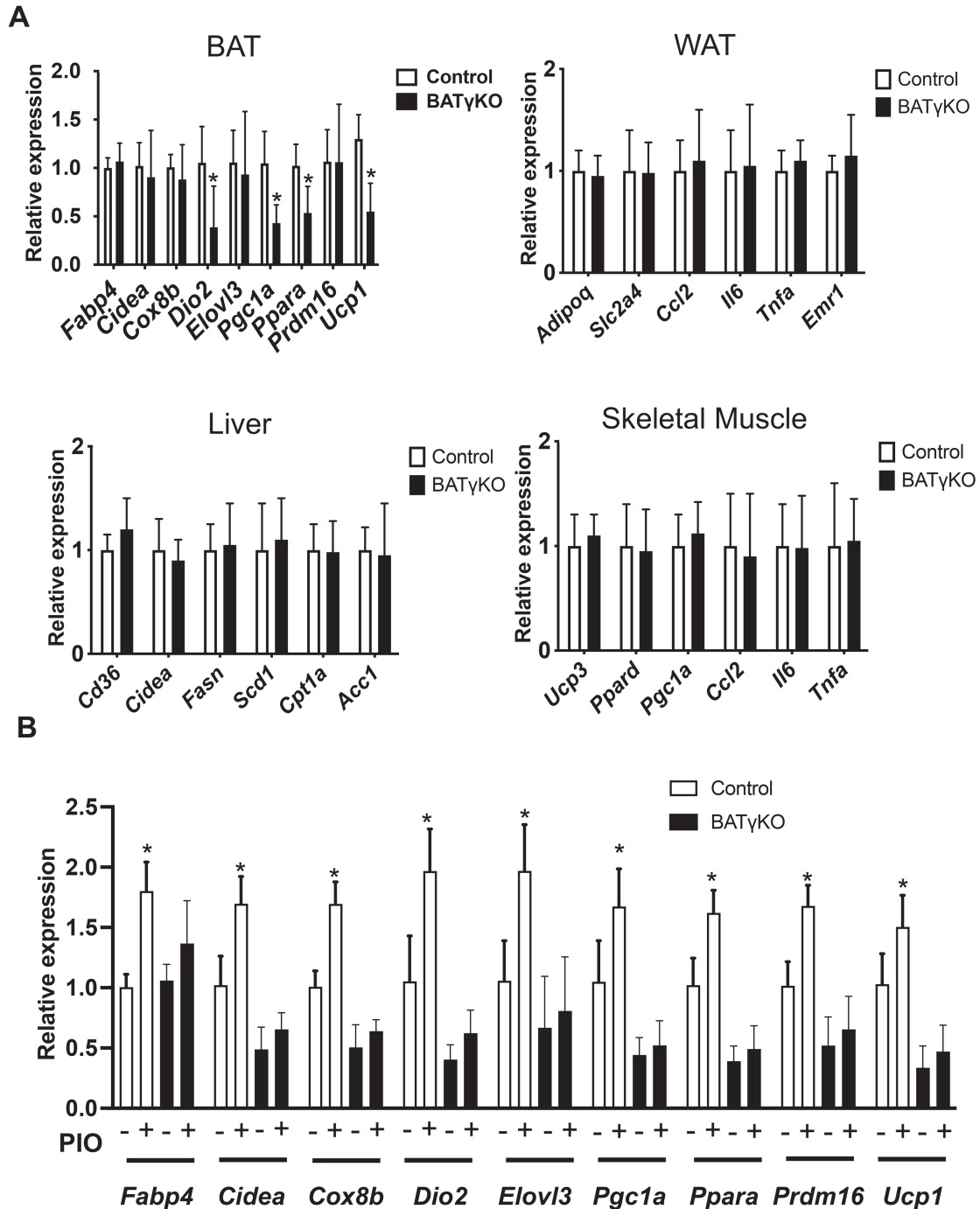


Fig. 6 Effects of brown adipocyte-specific PPAR γ deletion on gene expression in BAT. **A**, Transcription levels of the indicated genes analyzed by quantitative RT-PCR on RNA isolated from BAT, WAT, liver, and skeletal muscle of male control and BAT γ KO mice on the chow diet (n=10). Results are expressed as mean \pm SD, * p <0.05; **B**, Expression levels of brown adipocyte genes in BAT of male control and BAT γ KO mice on the HFD in the presence and absence of pioglitazone treatment (n=10). Results are expressed as mean \pm SD, * p <0.05. The experiments were repeated 3 times with different sets of animals.

of mouse models in which HFD increases physical activity. It is possible that dysfunction of BAT and deletion of PPAR γ in brown adipocytes are involved in this phenomenon, but future studies are needed to resolve this issue.

TZDs were reported as insulin-sensitizing drugs in the early 1980s, though their mechanisms of action were not known until the mid-1990s. The insulin-sensitizing action of TZDs is mediated through PPAR γ , and TZDs improve glucose homeostasis and insulin resistance in type 2 diabetes. The mechanisms by which TZDs improve systemic insulin resistance include altering body composition, decreasing intramyocellular and intrahepatocellular fat, decreasing circulating free fatty acid levels, and decreasing circulating proinflammatory cytokines, as well as activating the transcription of genes that regulate adipogenesis, glucose, and lipid metabolism [16]. Because PPAR γ is most highly expressed in WAT, the insulin-sensitizing action of TZDs is thought to directly affect WAT. However, PPAR γ is expressed in BAT and non-adipose tissue. Two studies reported that TZDs improve systemic insulin resistance in lipodystrophic mice [17, 18], indicating that TZDs have another pharmacological target and contribute to the insulin-sensitizing action of TZDs in non-adipose tissue. Several studies have used non-adipose tissue-specific knockouts of PPAR γ . Hevener AL *et al.* reported that skeletal muscle-specific PPAR γ -knockout mice developed insulin resistance in old age, and the skeletal muscles of these mice were unresponsive to TZD treatment [19]. Gavrilova O *et al.* reported that liver-specific PPAR γ -knockout mice showed increased adiposity, hyperlipidemia, and insulin resistance, and these mice remained responsive to TZD treatment [20]. In one study, β cell-specific PPAR γ -knockout mice showed alteration in β -cell mass without a change in glucose homeostasis [21]. In another study, the loss of PPAR γ in the whole pancreas resulted in hyperglycemia with impaired glucose-stimulated insulin secretion [22]. Two independent groups have reported that PPAR γ action in the central nervous system contributes to TZD-induced weight gain through increased leptin sensitivity [23, 24]. In addition, several studies revealed that PPAR γ plays critical roles in various immune cells, macrophages [25, 26], and dendritic cells [27, 28]. Taken together, these data suggest that the insulin-sensitizing action of TZDs works through not only white adipocytes but also various cell types,

including brown adipocytes.

In summary, our data suggest that BAT PPAR γ enhances the insulin-sensitizing action of TZDs in mice on a HFD. BAT-specific PPAR γ deletion in mice results in reduced BAT mass and impaired norepinephrine-induced thermogenesis. Moreover, BAT PPAR γ deletion fails to enhance systemic insulin sensitivity in pioglitazone-treated mice on a HFD. PPAR γ appears to play critical roles in the development of BAT and glucose metabolism. BAT might be a key target of insulin-sensitizing action in TZD-treated patients with type 2 diabetes.

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