

·综述·

瘦素与绝经后骨代谢的研究进展

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摘要: 绝经后骨质疏松症是由于绝经所导致的骨量减少及骨组织结构变化,使骨脆性增加易于骨折,以及由骨折引起的一系列严重威胁女性健康的并发症。如何找到一种安全、有效的抗骨质疏松症药物,是目前研究的热点。瘦素(leptin)是由肥胖基因编码的一种多肽,主要由脂肪组织分泌,通过瘦素受体(leptin receptor, ObR)发挥其生物学效应。近年来研究发现瘦素除调节糖、脂代谢外,对骨代谢也具有多重调节作用。本文从人体研究、动物实验以及体外研究多个角度,就瘦素与绝经后骨代谢的关系进行了分析,以期对绝经后骨质疏松症的治疗提供新思路。

关键词: 瘦素;绝经后骨质疏松症;骨代谢;成骨细胞;护骨素(OPG)/核因子- κ B受体活化因子配体(RANKL)/核因子- κ B受体活化因子(RANK)系统

Advance in researches about leptin and postmenopausal bone metabolism

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Abstract: Postmenopausal osteoporosis is caused by menopause. With the decline of the estrogen, the loss of bone mineral and the deterioration of bone structure lead to the decline of bone strength and increased fracture risk. To find an effective and safe anti-osteoporotic drug is one of the hot-pots in the researches about osteoporosis. Leptin is a polypeptide hormone encoded by OB gene, primarily produced by adipose tissue. Leptin combines with the leptin-receptor to execute its function. Leptin can regulate the metabolism of sugar and lipid. Recent studies showed that leptin has multiple regulation functions to the metabolism of bone. This review will give a summary about the relationship of leptin and postmenopausal osteoporosis.

Key words: Leptin; Postmenopausal osteoporosis; Bone metabolism; Osteoblast; Osteoprotegerin (OPG)/Receptor activator of NF- κ B ligand(RANKL)/Receptor activator of NF- κ B(RANK) System

骨质疏松症是由于多种原因引起的骨代谢失衡,骨吸收大于骨形成从而导致骨量丢失。据统计,全世界约有2亿以上人群患有骨质疏松症,其发病率已跃居常见病、多发病的第七位^[1]。2015年最新统计结果显示^[2],我国40岁以上人群骨质疏松症发病率为19.74%,其中约2/3为女性。女性由于绝经所导致的骨量减少及骨组织结构变化,使骨脆性增加易于骨折,以及由骨折引起的疼痛、骨骼变形、出现合并症,乃至死亡等一系列并发症,统称绝经后骨质疏松症(postmenopausal osteoporosis, POP)。

由于绝经后骨质疏松症是由于体内雌激素水平降低所致,最初应用雌激素替代治疗。常规的激素替代疗法,虽可部分缓解由于绝经后雌激素减少所

导致的骨量降低,但雌激素带来的肿瘤及心血管疾病的危险又使得人们对激素的安全性有所顾虑^[3]。因此,找到一种安全、有效的抗骨质疏松症药物,是目前研究的热点。瘦素(leptin)是肥胖基因编码的一种多肽,主要由脂肪组织分泌^[4],通过瘦素受体(leptin receptor, ObR)发挥其生物学效应。瘦素受体广泛分布于中枢与外周的各种组织,如下丘脑、大脑皮质、垂体、子宫、卵巢、胎盘、肝、肾、骨等组织,提示瘦素对多种组织、器官具有调节作用^[5-11]。特别是瘦素受体在成骨细胞中的发现^[12, 13],推测瘦素对骨代谢也可能具有调节作用。

1 瘦素与骨代谢的体外研究

骨重建分为骨吸收和骨形成两个相互偶联的过程,分别由破骨细胞和成骨细胞完成。此过程涉及

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成骨细胞系和破骨细胞系的分化、成熟和活化,受多种因素的调控。OPG/RANKL/RANK系统可能是将成骨细胞与破骨细胞有机联系在一起的关键桥梁。在骨骼系统,RANKL和OPG主要在成骨细胞系中产生,而RANK则在破骨细胞系中产生。RANKL和OPG竞争性和RANK结合,调节体内的骨代谢。RANKL能刺激破骨细胞及其前体细胞的分化,抑制破骨细胞的凋亡,被认为是调节破骨细胞分化、成熟的终末因子,而OPG则抑制破骨细胞的分化,成熟,并诱导其凋亡,OPG/RANKL/RANK系统将成骨和破骨的过程巧妙的偶联起来^[14, 15]。

目前关于瘦素与骨代谢的研究以瘦素与成骨细胞为主。但关于瘦素与成骨细胞的关系并不清楚,且瘦素作用于成骨细胞增殖、分化或矿化的哪个环节也尚未得出一致的结论。

有研究认为瘦素对成骨细胞的增殖、分化及矿化具有促进作用。瘦素能促进原代培养乳鼠成骨细胞以及人成骨肉瘤细胞株的增殖^[16, 17]。100 ng/ml瘦素能显著提高体外培养的男性骨关节炎患者的成骨细胞碱性磷酸酶(ALP)以及骨钙素(OC)的mRNA的表达^[18]。且在连续干预28天以及35天后,瘦素干预组的矿化结节明显多于空白对照组($P \leq 0.05$)。100 ng/ml瘦素还能提供人成骨细胞和成骨肉瘤细胞株788T矿化能力约6倍和2.5倍^[12]。进一步的研究显示,瘦素的促矿化作用以及细胞基质中Ca45的含量均与瘦素的剂量呈正相关^[19]。

也有研究认为瘦素对成骨细胞的增殖、分化没有影响。瘦素不能促进非骨关节疾病的成年男性患者成骨细胞数量的增加^[20],且对体外培养的人成骨细胞骨钙素(OC)的mRNA的表达没有影响^[19]。

关于瘦素对成骨细胞OPG以及RANKL mRNA表达的影响尚未得出统一结论。但多数研究仍然显示瘦素可以通过影响成骨细胞OPG以及RANKL mRNA的表达而调节骨代谢。

有研究认为瘦素可以促进OPG mRNA表达,降低RANKL mRNA表达,从而促进骨形成,抑制骨吸收。当10~160 ng/ml瘦素作用于小鼠成骨细胞MC3T3-E1细胞24 h后,能增加OPG mRNA表达,同时降低RANKL mRNA表达,而且呈浓度依赖性^[21]。

还有研究认为瘦素仅调节RANKL mRNA表达,对OPG mRNA表达没有影响。Lamghari等人^[22]采用瘦素干预MC3T3-E1细胞,发现当瘦素浓度为12

ng/ml时,RANKL的表达显著增加,但当瘦素浓度为24 ng/ml是则显著抑制RANKL表达。但瘦素对OPG表达没有影响。

也有研究认为瘦素可以降低OPG mRNA的表达,进而促进骨吸收,而参与骨代谢的调节。采用浓度分别为20~60 ng/ml的瘦素干预成骨细胞,发现随着瘦素浓度的增加,其OPG mRNA的表达是下降的,而瘦素作用的第6天其OPG mRNA的表达也远低于瘦素作用的第1天以及第3天^[23]。

由于上述研究选择的成骨细胞来源、瘦素浓度以及研究方法不完全一致,因此尚无法就瘦素与成骨细胞的关系达成统一的结论。在今后的研究中,有必要针对瘦素与成骨细胞增殖、分化、矿化以及OPG以及RANKL mRNA表达等方面的关系做更为深入、细致的研究。

2 瘦素与骨代谢的动物研究

最初针对瘦素与骨代谢的动物研究是从瘦素缺乏小鼠(ob/ob)以及瘦素受体缺乏小鼠(db/db)的观察上开始的。

6月龄雌性瘦素缺乏小鼠(ob/ob)以及瘦素受体缺乏小鼠(db/db)均较野生鼠表现出更高的骨量^[10]。采用micro-CT分析并比较11周龄雄性瘦素受体缺乏小鼠(db/db)和野生小鼠骨组织结构差异,发现db/db小鼠胫骨近端小梁骨的体积、厚度、数量以及皮质骨体积均显著低于野生型小鼠,第五腰椎小梁骨及皮质骨的厚度也显著低于野生型小鼠^[24]。4周龄雄性ob/ob小鼠的骨密度、股骨长度、骨小梁体积及骨矿含量均低于野生小鼠^[25]。这提示瘦素的作用可能与小鼠的性别相关。

瘦素对骨代谢的调节可以通过中枢以及外周两方面发挥作用。瘦素在中枢可以抑制骨形成,而在外周则有促进骨形成抑制骨吸收的作用。

对6月龄雌性瘦素缺乏小鼠(ob/ob)以及瘦素受体缺乏小鼠(db/db)的脑室灌注瘦素,结果显示野生鼠及ob/ob鼠的骨量都明显减少,db/db鼠则没有改变^[10]。

关于瘦素的外周作用,无论是在基因缺陷鼠还是正常鼠均观察到瘦素可以促进骨形成。以4周龄雄性ob/ob小鼠为研究对象,当外周给予瘦素时,则能显著促进骨形成^[25]。对瘦素基因缺乏(ob/ob)小鼠腹腔内注射瘦素能提高血中骨钙素(OC)的浓度^[26]。瘦素皮下注射,可以显著促进雌性ob/ob鼠腰椎以及股骨干骺端骨形成^[27],提高小鼠骨矿含

量、骨小梁面积及骨小梁数量^[28]。还有研究显示,瘦素不仅能促进骨矿化,还可以使骨组织中的成骨细胞活性增加,降低骨脆性^[16],减少因去势导致的骨量丢失^[29]。

3 瘦素与绝经后骨质疏松症

关于瘦素受体基因多态性与骨密度的关系研究证实了瘦素与骨代谢具有相关性。一项在 219 例健康中国汉族青年妇女和 102 例中国汉族绝经后骨质疏松妇女中进行的关于瘦素受体的基因多态性 (Gln223 Arg) 的研究^[30]显示:青年妇女组瘦素受体基因 Gln223 Arg 的 GG 基因型组腰椎 2~4 的骨密度高于 GA 和 AA 基因型组,提示瘦素受体基因 Gln223 Arg 与青年女性峰值骨量相关。但该研究并未在绝经后骨质疏松组发现此相关性。而在 1430 名丹麦绝经后妇女(年龄在 60~84 岁)中进行的关于瘦素受体基因 Gln223Arg 的研究^[31]显示, Gln223Arg 与股骨颈骨密度、髌骨总骨密度相关(p 值分别为 0.036 和 0.008),且杂合子的股骨颈骨密度、髌骨总骨密度略低于纯合子。并且 Gln223Arg 还与腰椎骨折相关 ($OR = 1.76$)。另一项在 592 名绝经后韩国妇女中进行的关于瘦素受体基因多态性的研究^[32]则显示:瘦素受体 c. 1968 G > CC (L656A) 多态性与股骨颈骨密度相关,并且 GG 基因型的骨密度高于 GC 和 CC 基因型组 ($P = 0.04$)。

在针对绝经后妇女的研究中发现,血清瘦素水平与骨密度呈正相关^[33-36],且有腰椎骨折的患者其血清瘦素水平低于无骨折患者^[33],血清瘦素水平与骨吸收指标 I 型胶原 C 末端肽 (CTX) 呈负相关,骨形成指标骨钙素 (OC) 呈正相关^[36]。Jurimae J. 等人^[37]针对 35 名年龄在 50~81 岁之间的绝经后妇女进行了长达 12 个月的研究,参与者坚持每周 2 次,每次 60min 的体格训练,结果发现纳入时的瘦素浓度和脂肪含量决定了全身以及股骨颈骨密度的丢失情况。

但也有部分研究认为瘦素水平与骨密度没有相关性,瘦素水平仅与体重指数 BMI 以及脂肪含量相关^[38-41]。一项针对 555 名妇女的研究,其中(绝经前 = 261,绝经后 $n = 294$) 平均年龄 49.5 ± 17.2 岁,发现血清瘦素水平与体重指数正相关,但与超声骨密度无相关性^[39]。另一项针对 90 名(36 名骨质疏松症,30 名健康,24 名骨量减少)年龄在 53.45 ± 0.87 岁的绝经后妇女研究显示各组之间血清瘦素水平无显著差异,血清瘦素水平与 BMI 呈正相

关性,但与骨密度无相关性^[41]。

由于瘦素对糖、脂代谢以及骨代谢的多重调节作用,在关于瘦素与绝经后骨质疏松症的研究中,不可避免的受到了绝经后妇女体内其他代谢的干扰,因此可能导致上述研究结果的不一致。在今后的研究中需要更多分层设计的大样本流行病学调查来进一步了解瘦素与绝经后骨质疏松症的关系。

综上所述,无论从人体研究,动物实验还是体外研究中均提示:瘦素对骨代谢具有多重调节作用,瘦素可以通过对成骨细胞增殖、分化以及矿化等多方面影响骨形成,瘦素同时也可以通过调节成骨细胞 OPG/RANKL 基因的表达而影响破骨细胞功能。但现有研究尚无法具体说明瘦素对骨代谢的影响是促进骨吸收还是骨形成,因此极其有必要继续针对瘦素与骨代谢进行更加深入的探讨。

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