

The Case for β -cell Preservation in Type 2 Diabetes Mellitus

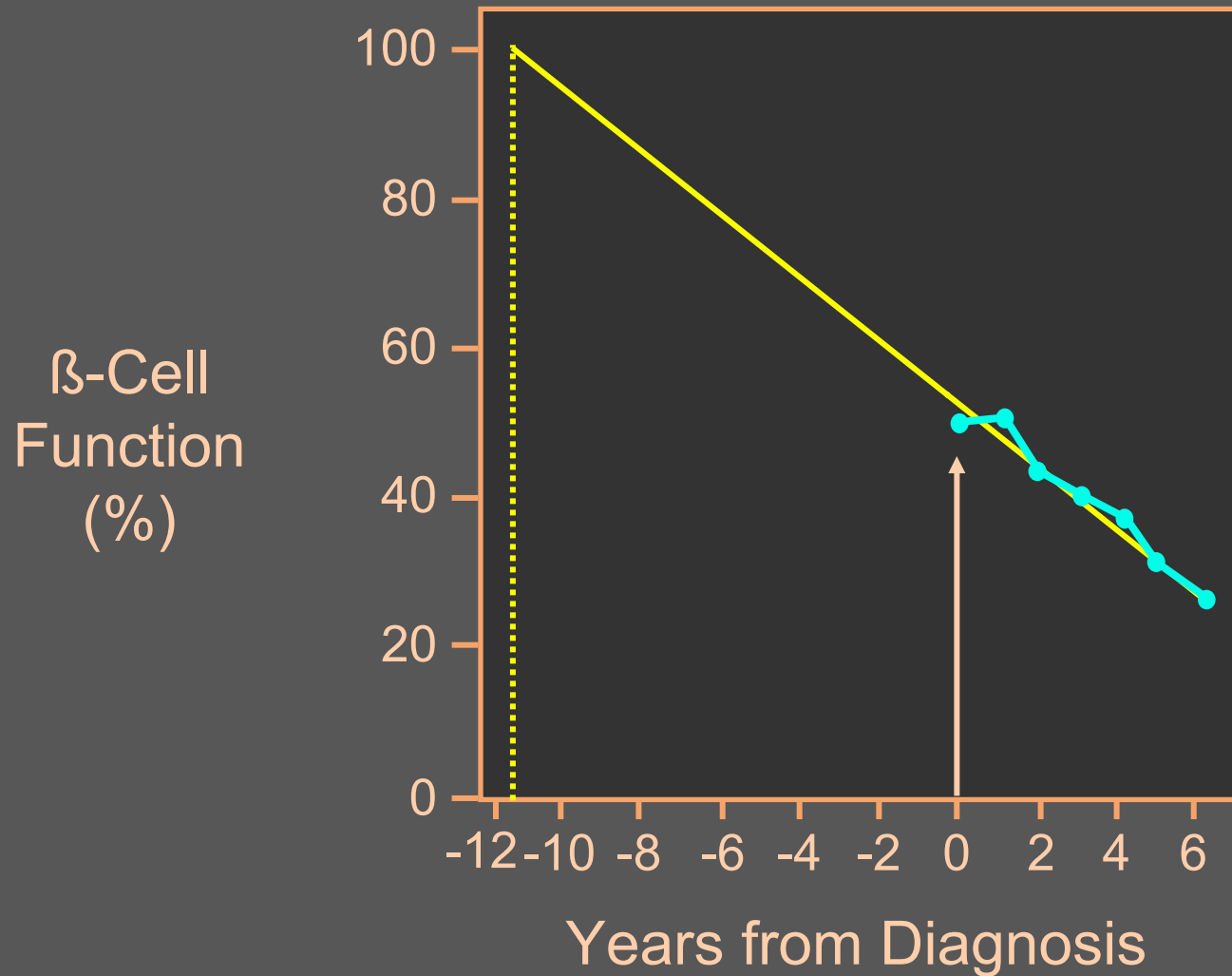
Steven Kahn, M.B., Ch.B.

VA Puget Sound Health Care System

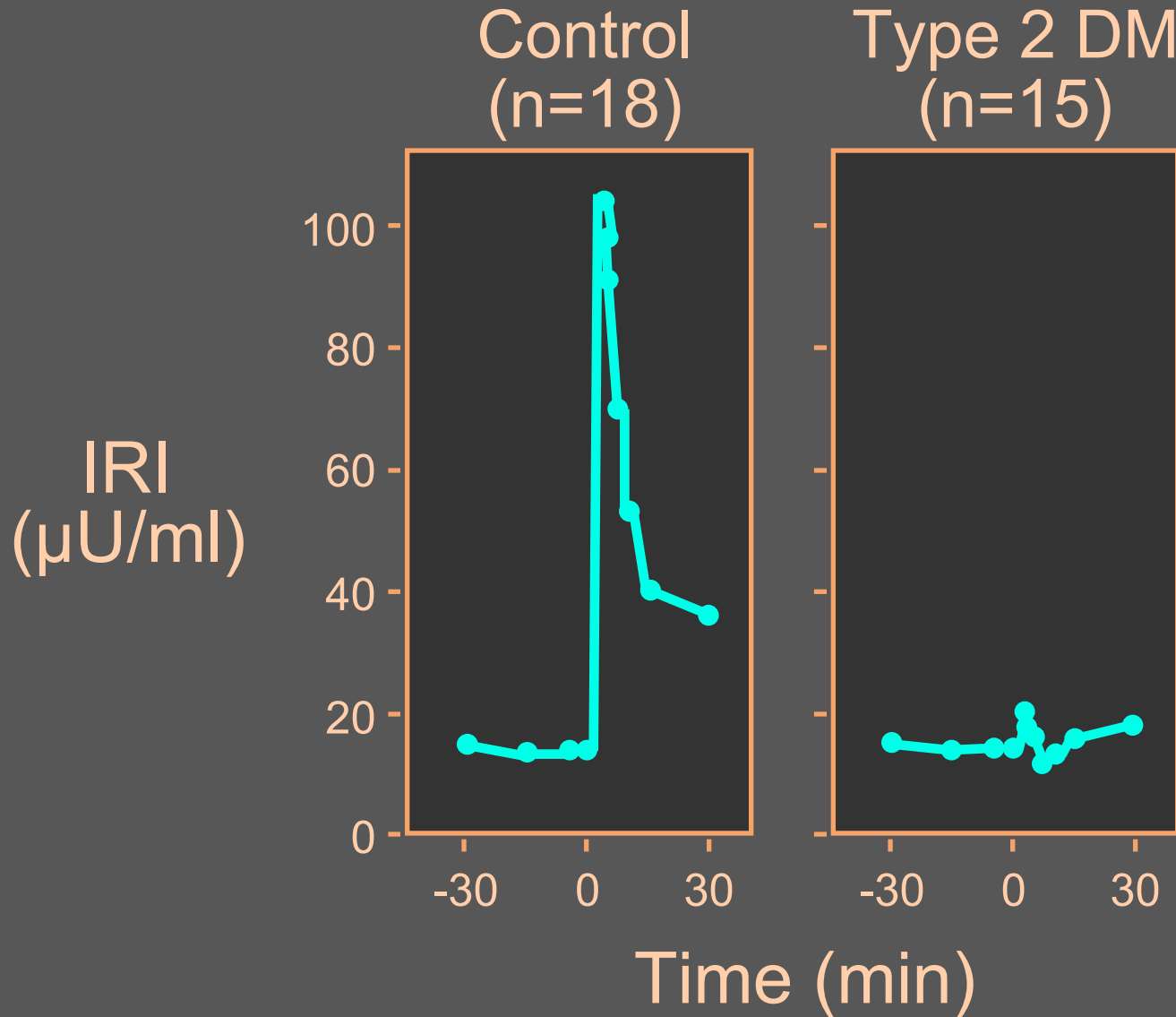
University of Washington

Seattle, WA

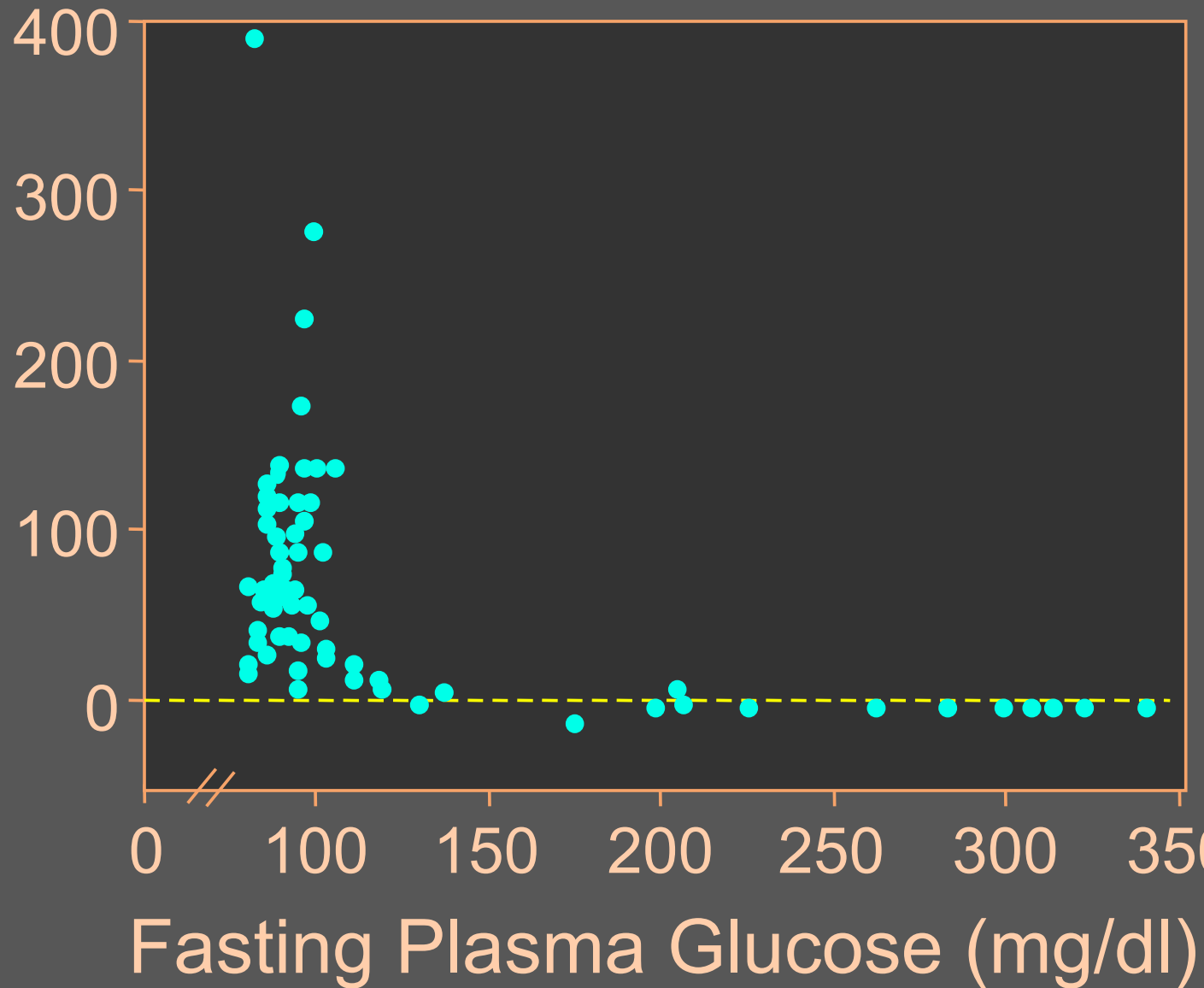
β -cell Function in the UKPDS



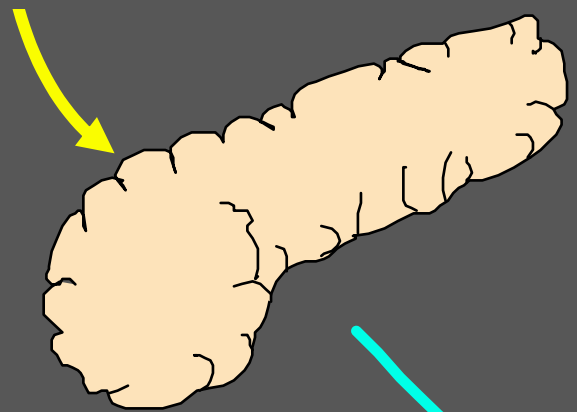
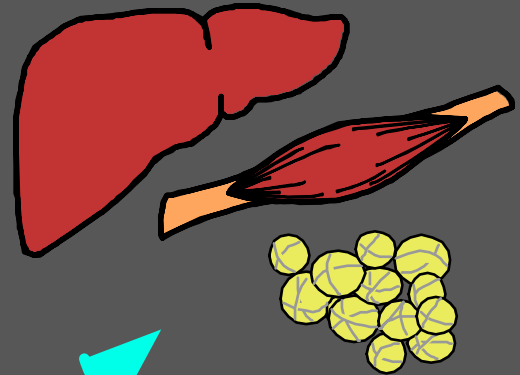
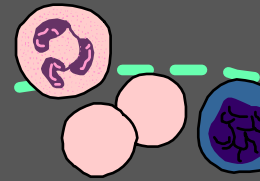
Acute Insulin Response to Glucose



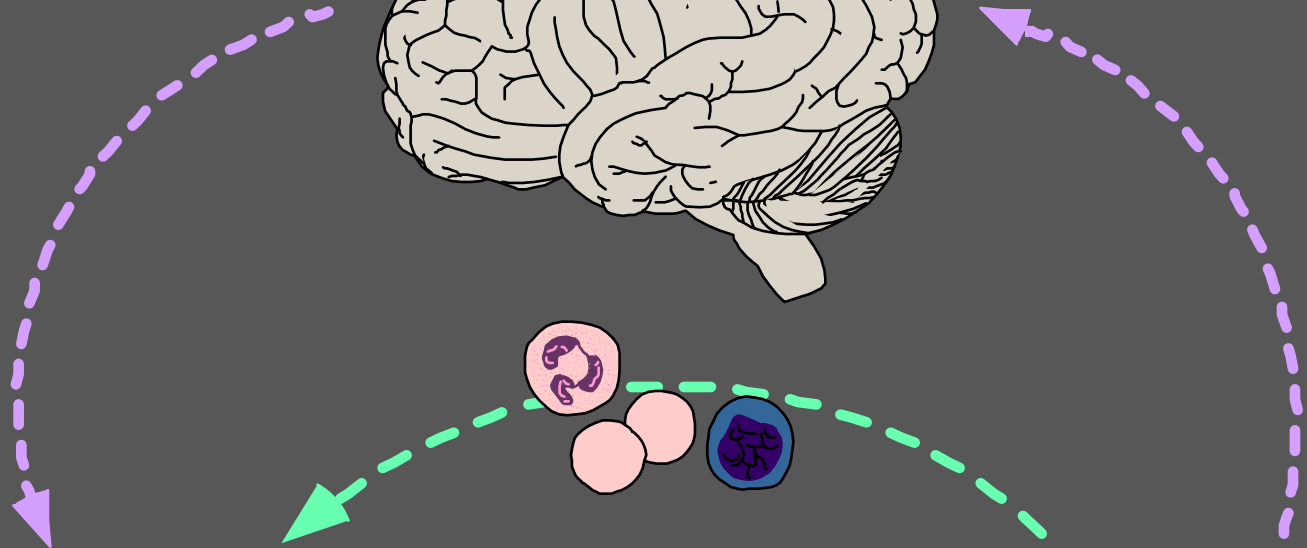
Incremental
Acute Insulin
Response
 $\mu\text{U} \cdot \text{min}/\text{ml}$

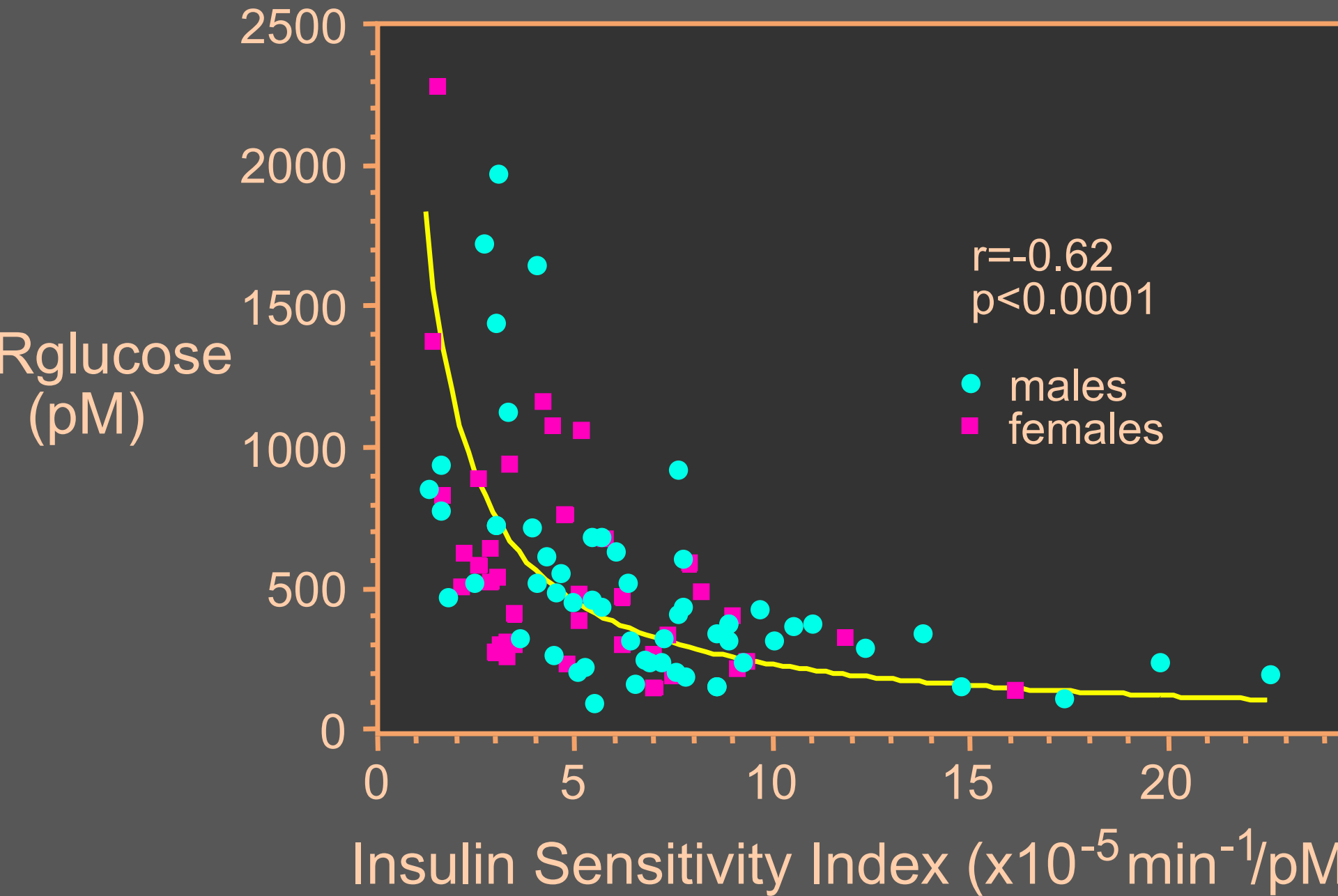


Stimulus

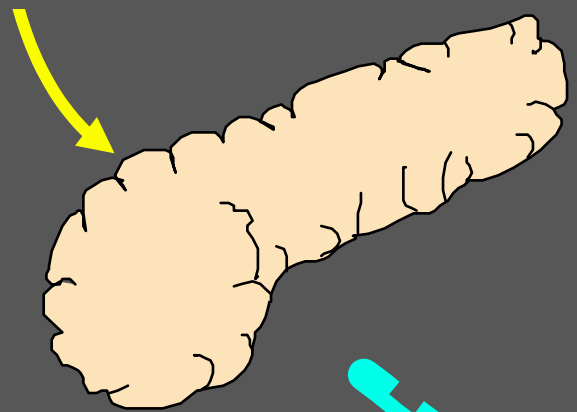
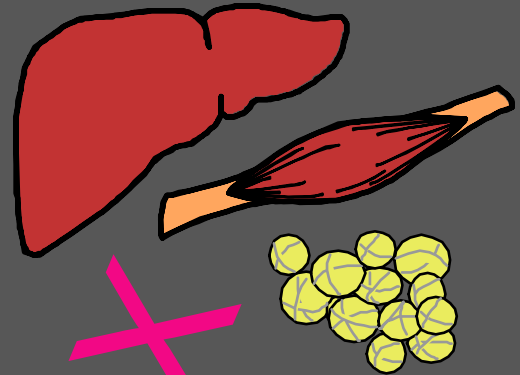
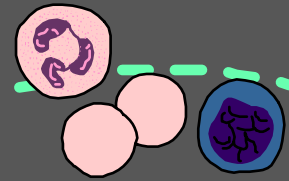


Insulin

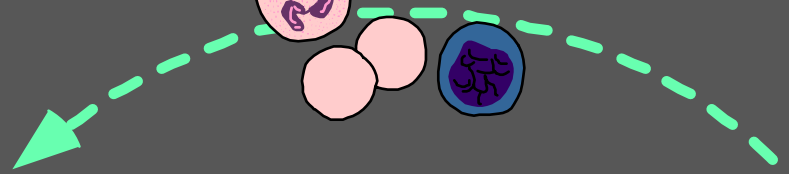
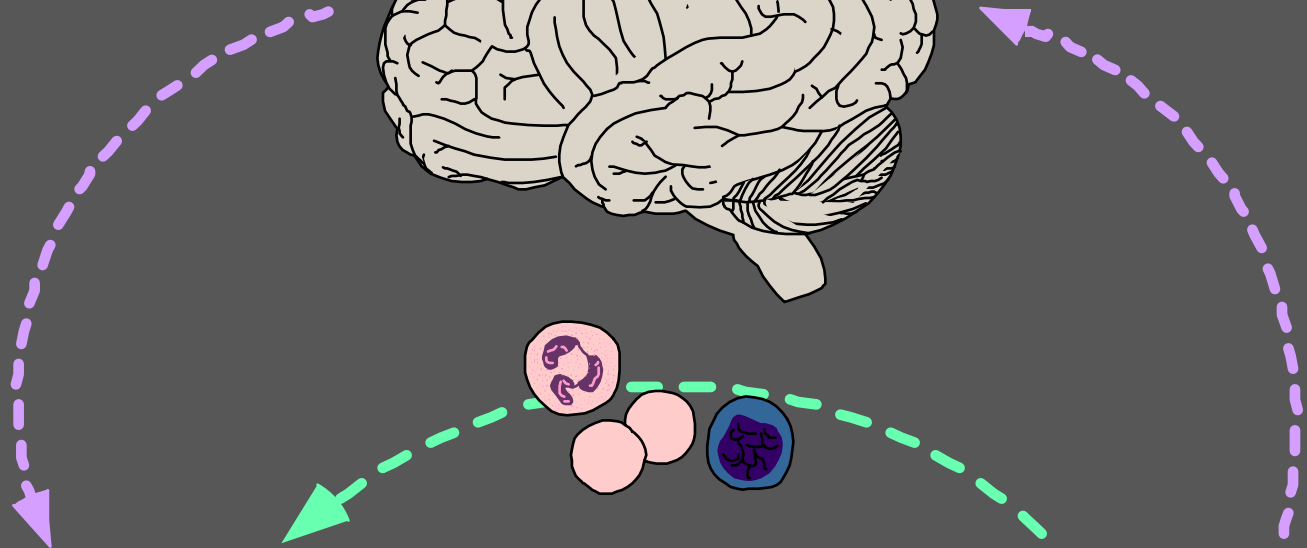


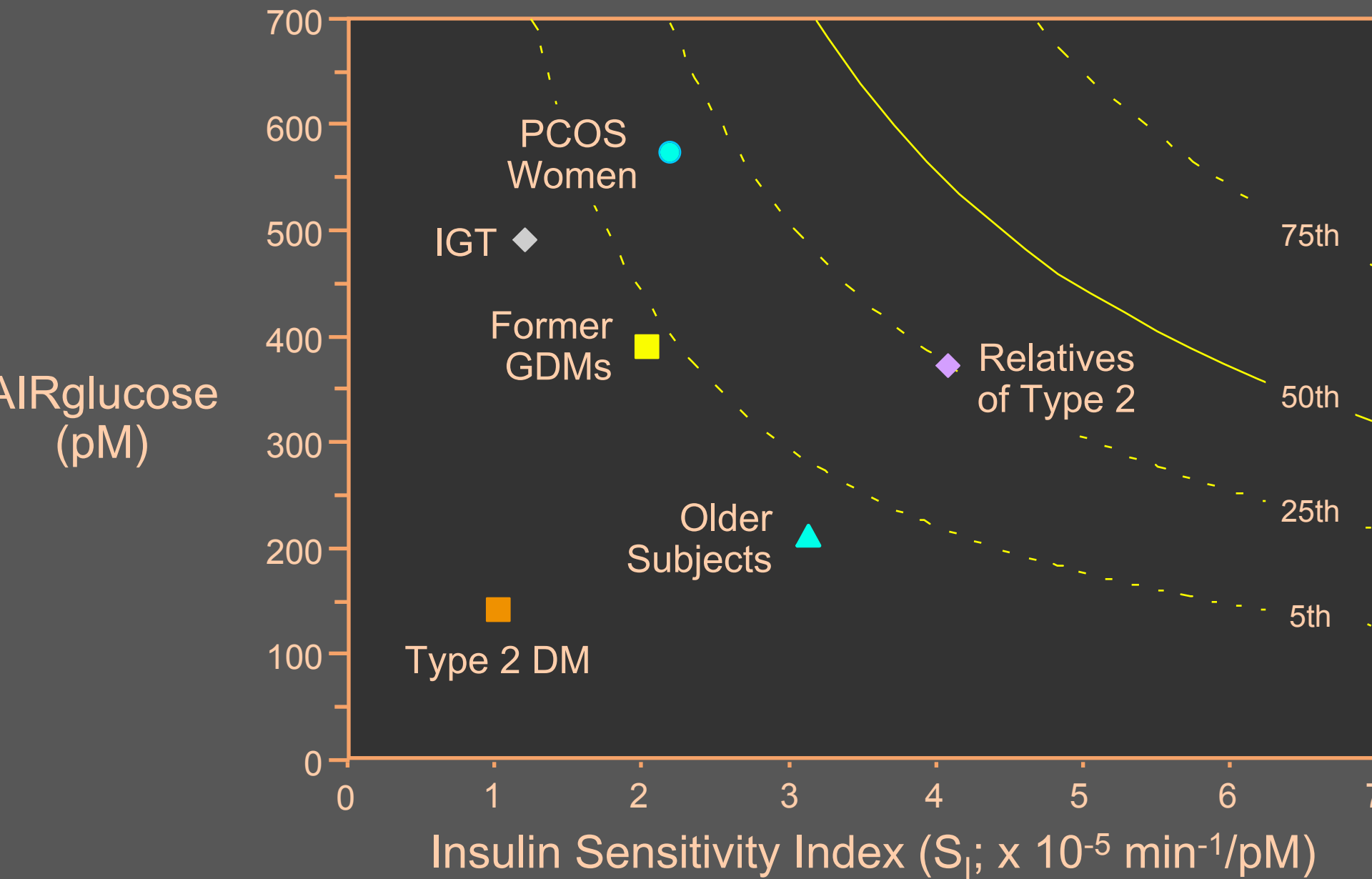


Stimulus

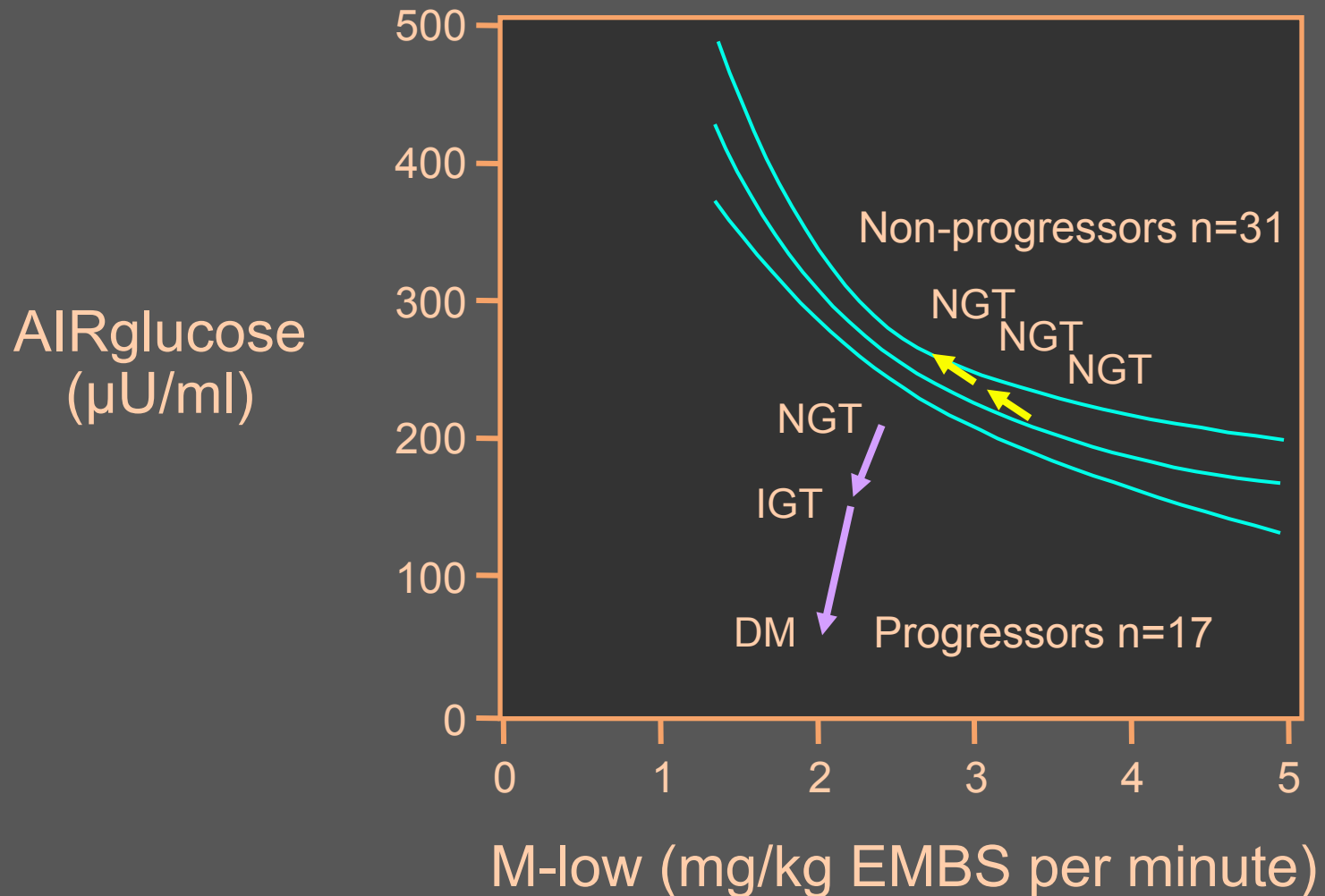


Insulin

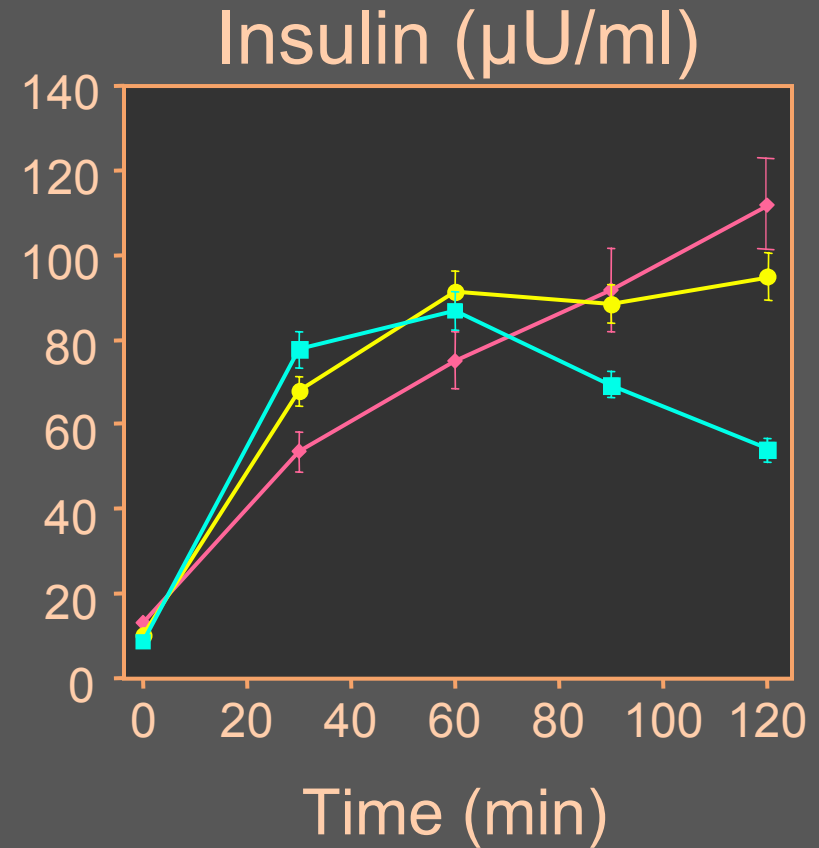
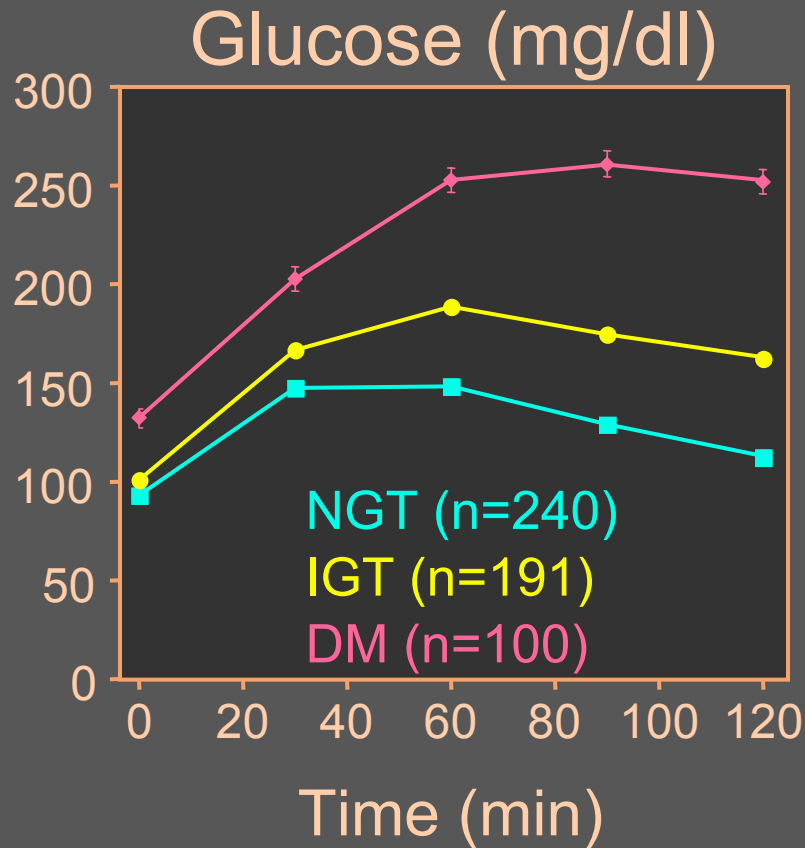




Progression to Type 2 Diabetes in Pima Indians



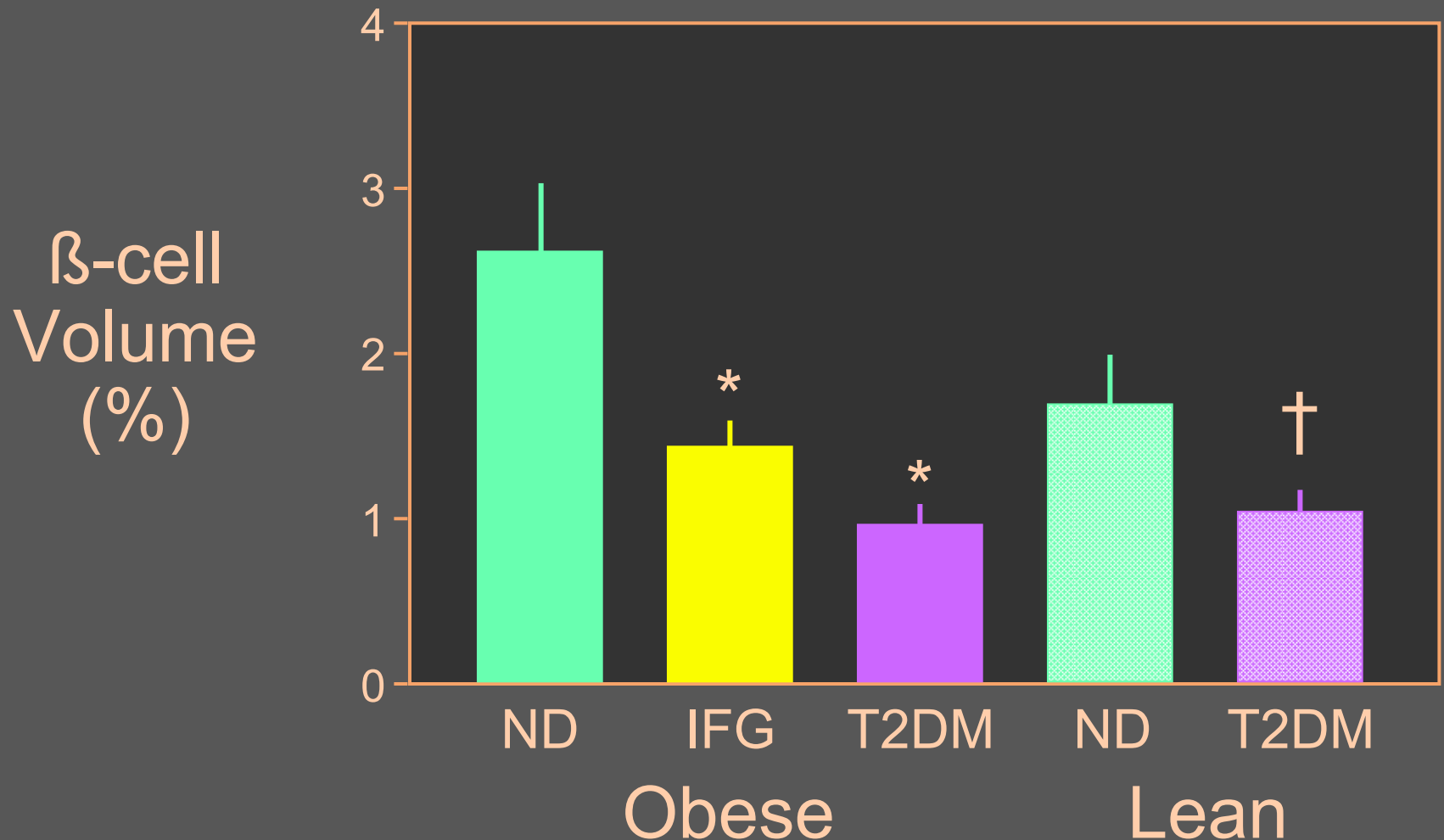
Glucose and Insulin Responses During an OGTT in First Degree Relatives



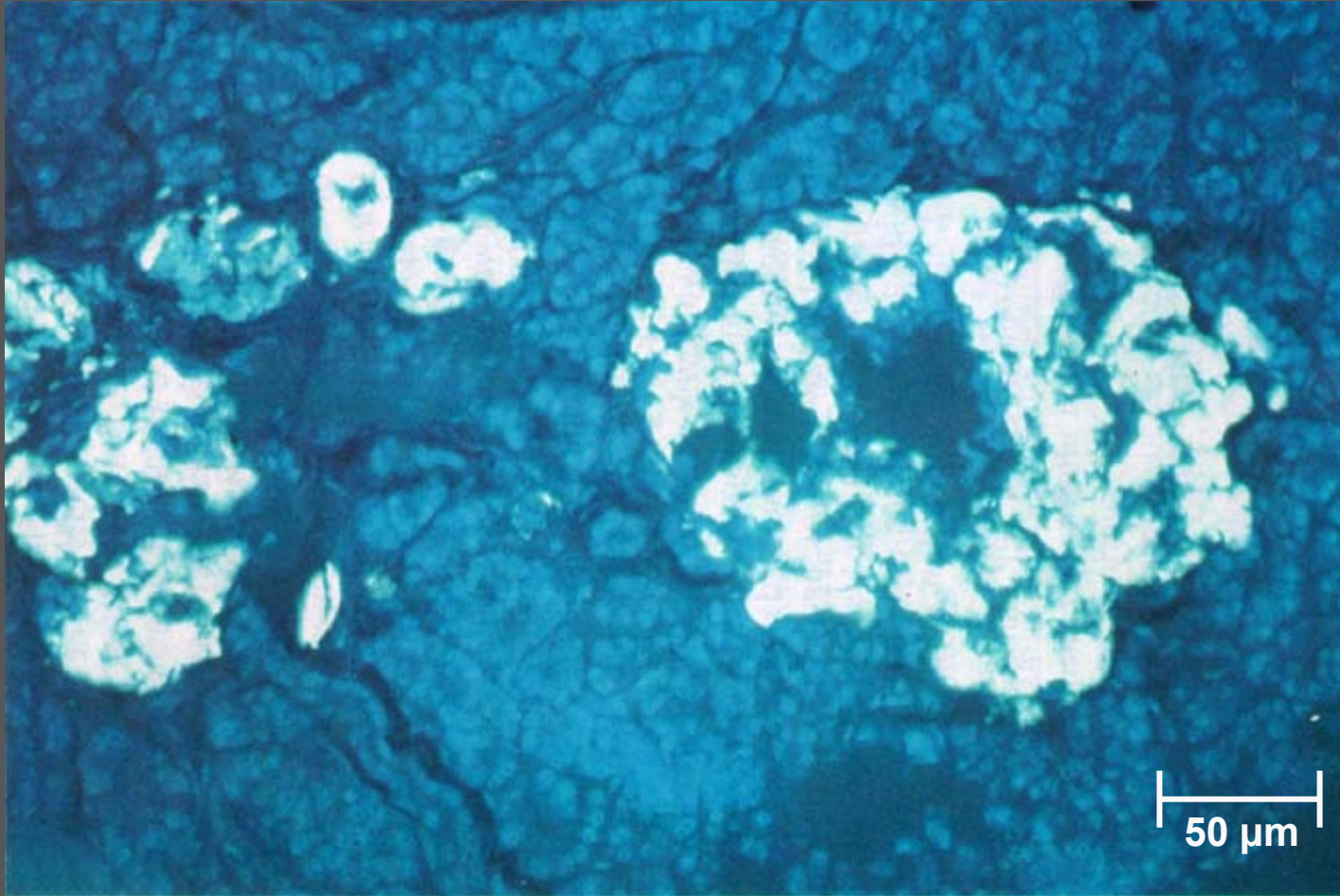
Possible Causes of β -cell Dysfunction in Type 2 Diabetes

- Glucotoxicity
- Lipotoxicity
- β -cell mass loss

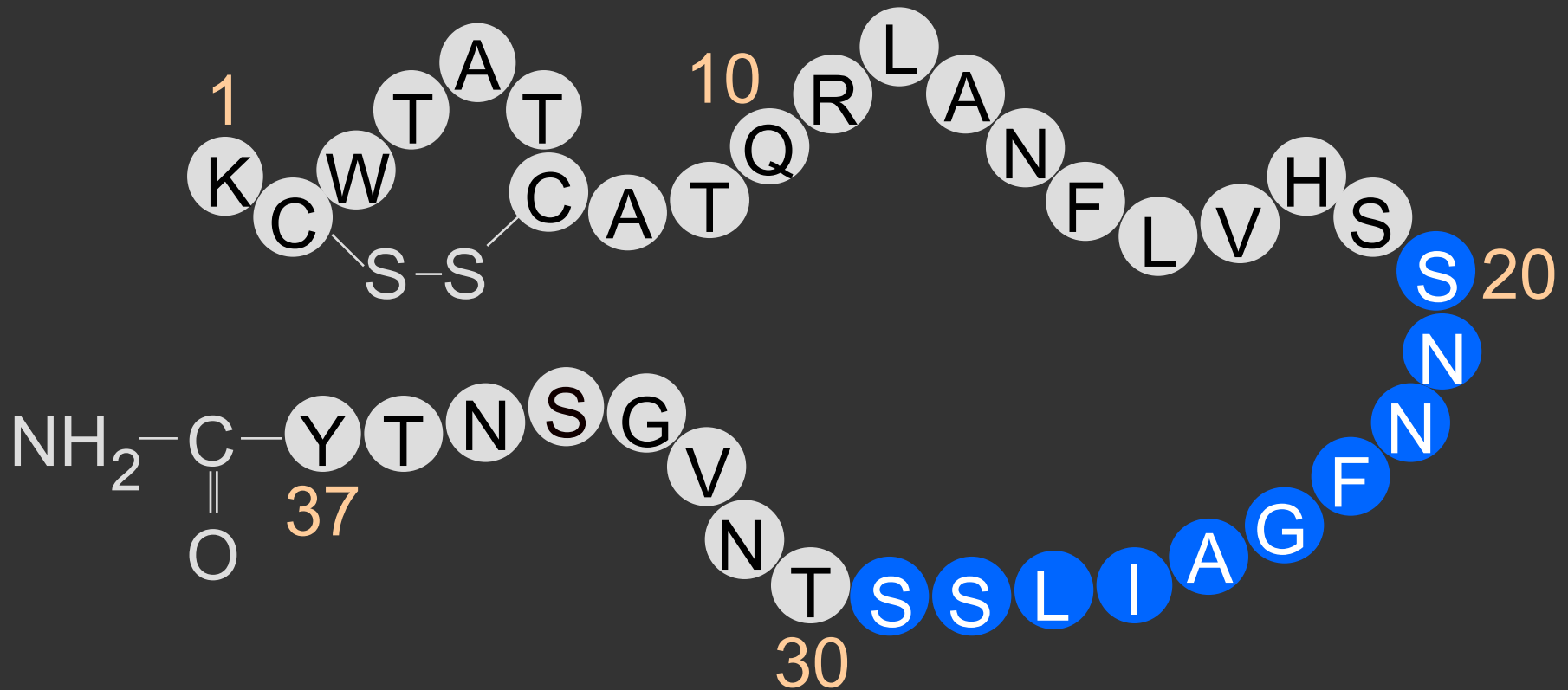
β -cell Volume is Decreased in IFG and Type 2 Diabetes



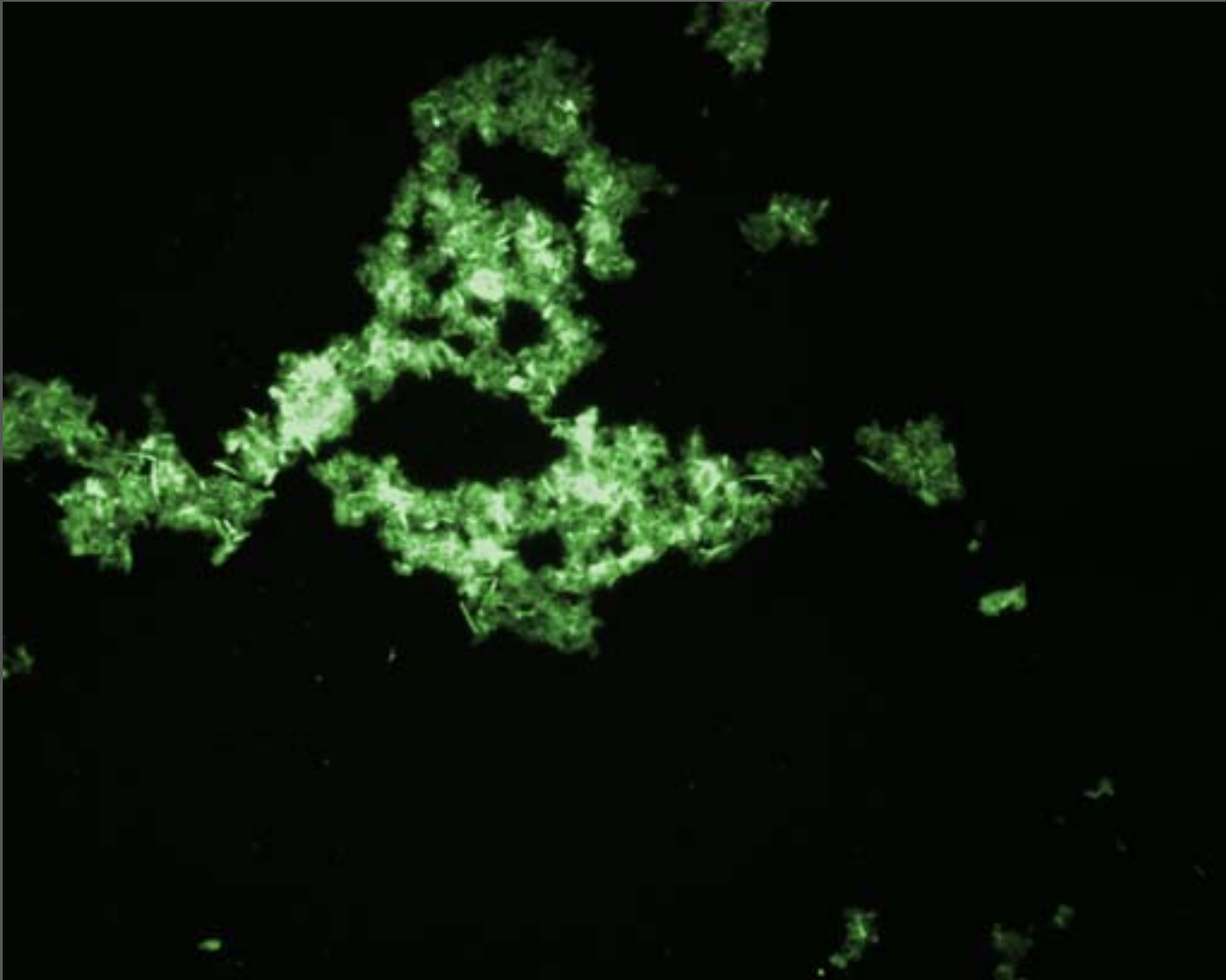
Islet Amyloid in Type 2 Diabetes



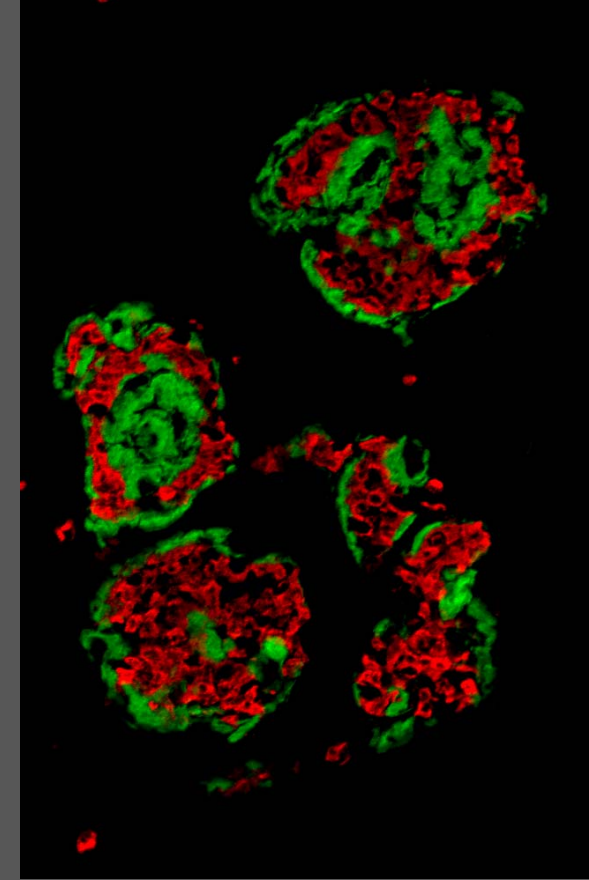
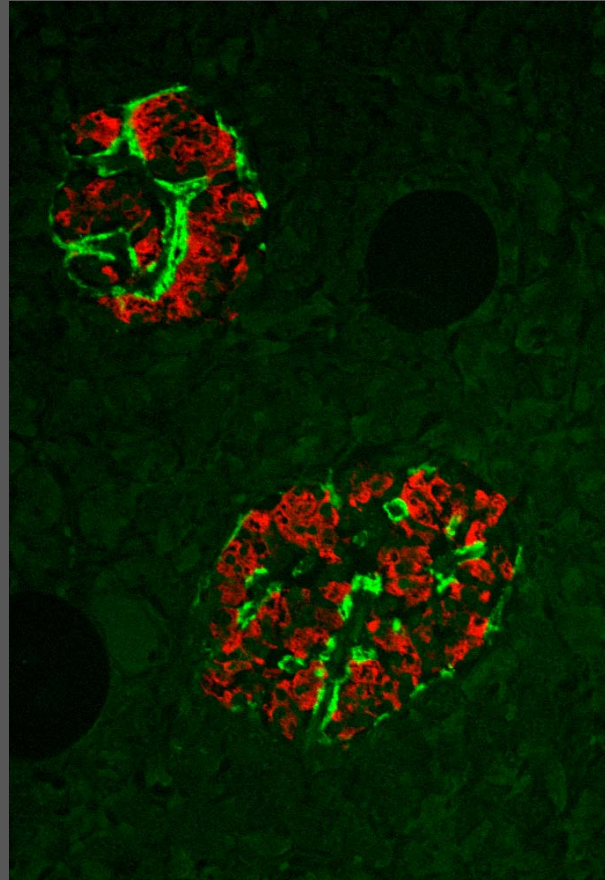
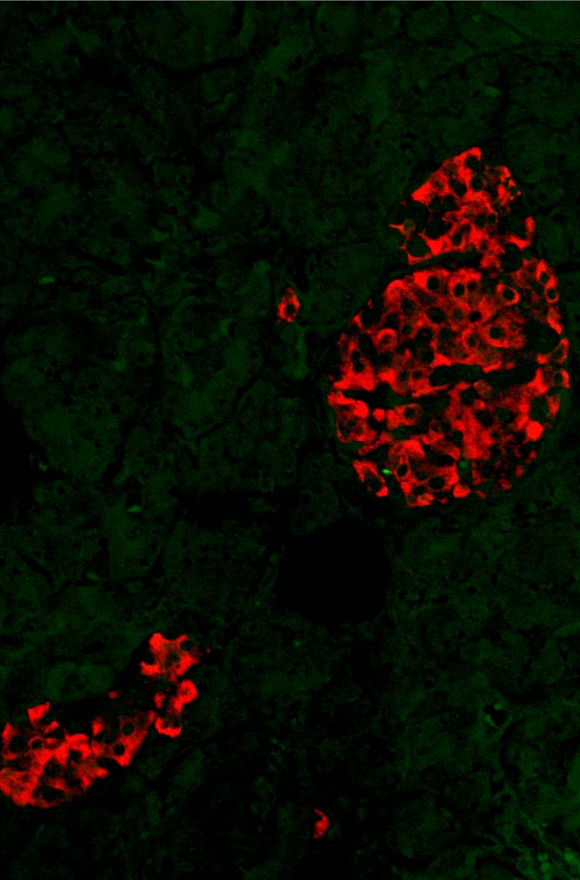
Islet Amyloid Polypeptide/Amylin



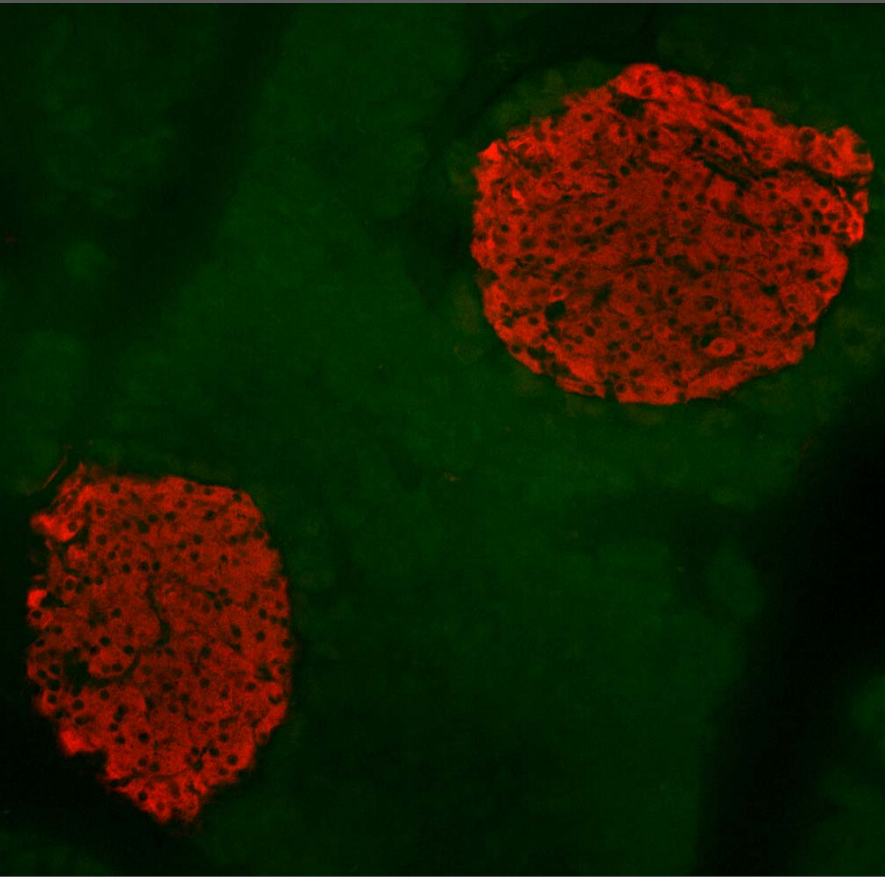
thioflavin S Staining of Human IAPP Fibrils



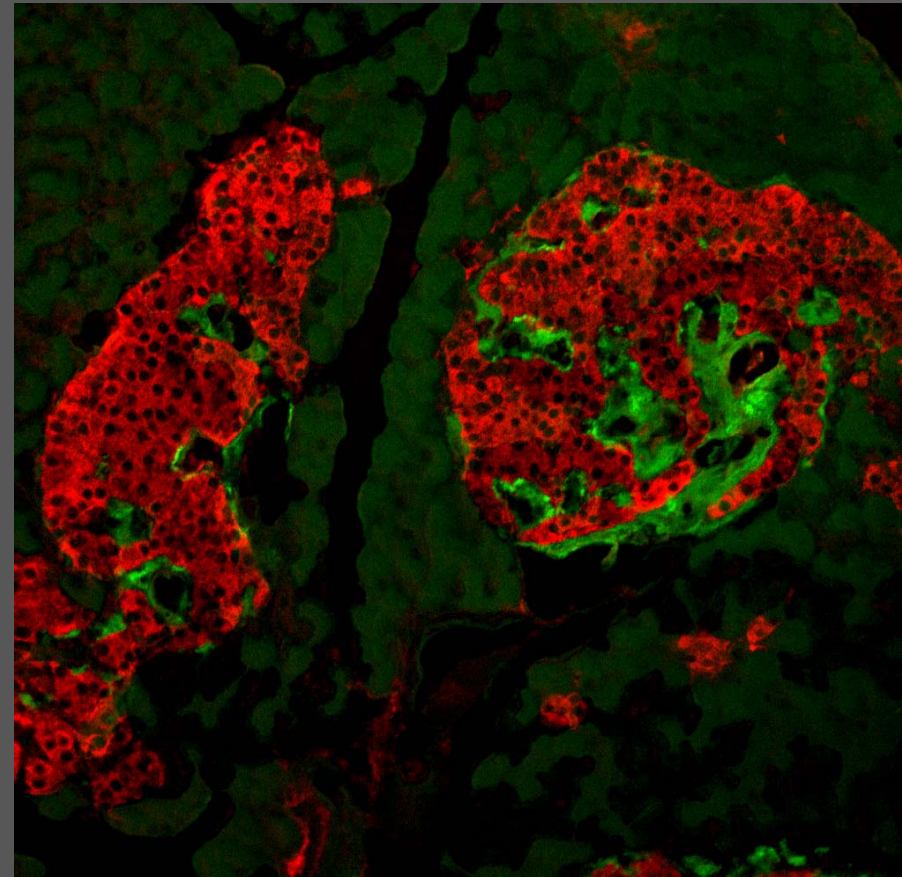
Human Islets



Mouse Islets



Non-transgenic



hIAPP Transgenic

In a human IAPP transgenic mouse model of islet amyloid in vivo:

1. amyloid deposition occurs diffusely involving nearly all islets before becoming severe and replacing β -cells;
2. increased dietary fat increases amyloid deposition; and
3. apoE is not critical.