



# Modulation du remodelage osseux par les hormones intestinales

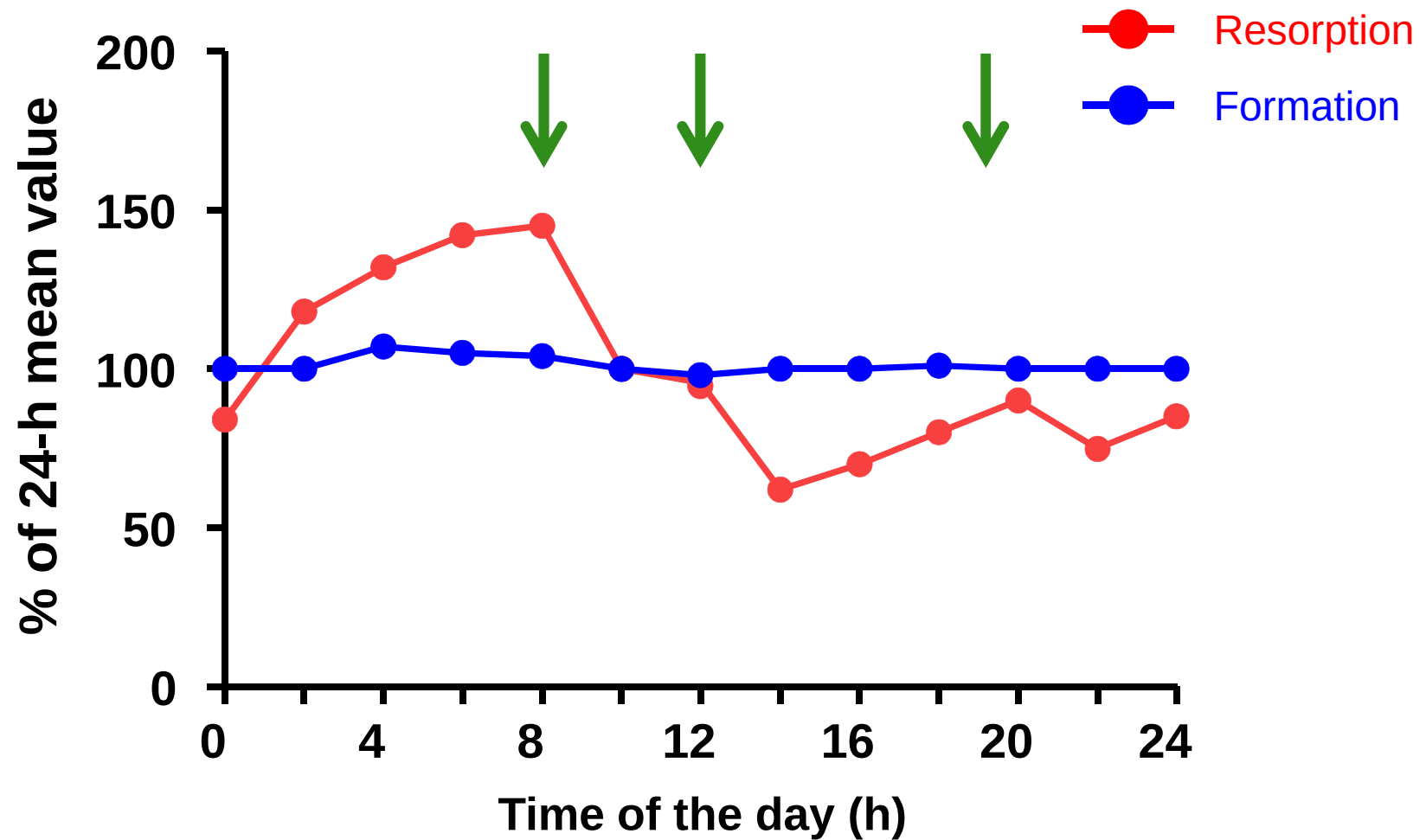
**Guillaume Mabillean, MCU-PH**

GEROM – Université d'Angers

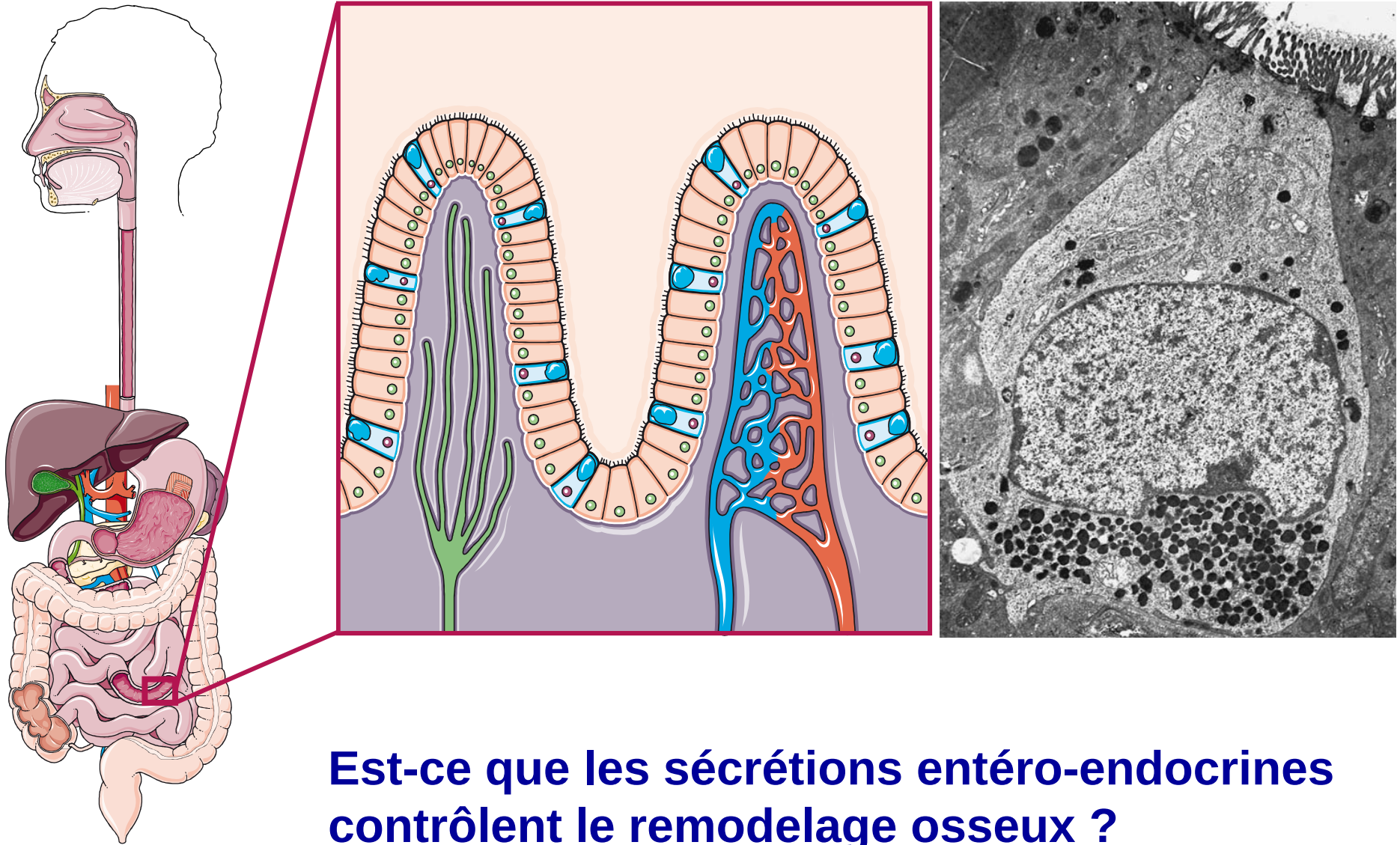
UF Pathologie osseuse – CHU d'Angers



# Evolution circadienne du remodelage osseux

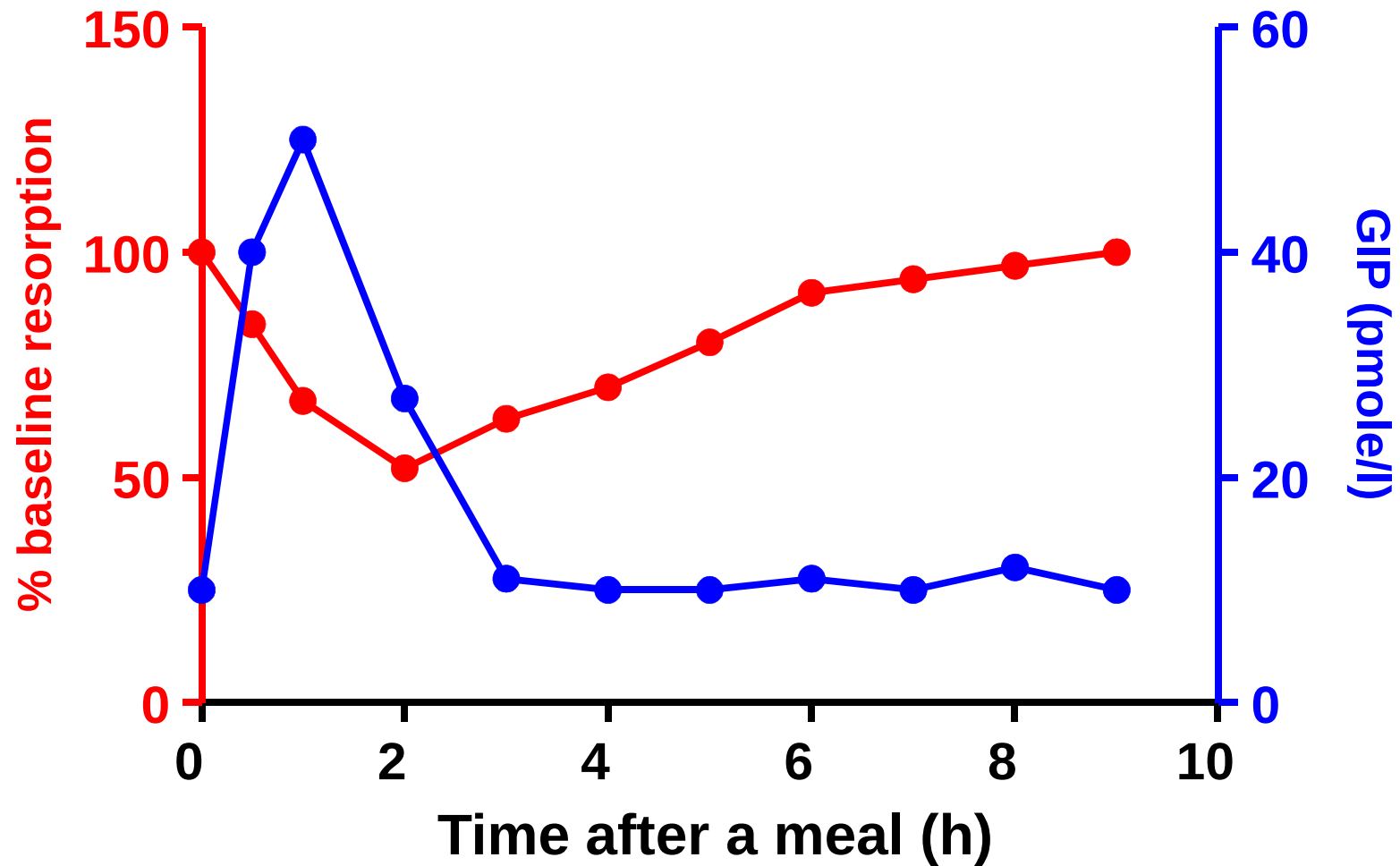


# Le système entéro-endocrine



**Est-ce que les sécrétions entéro-endocrines contrôlent le remodelage osseux ?**

# Liens remodelage osseux – système entéro-endocrine



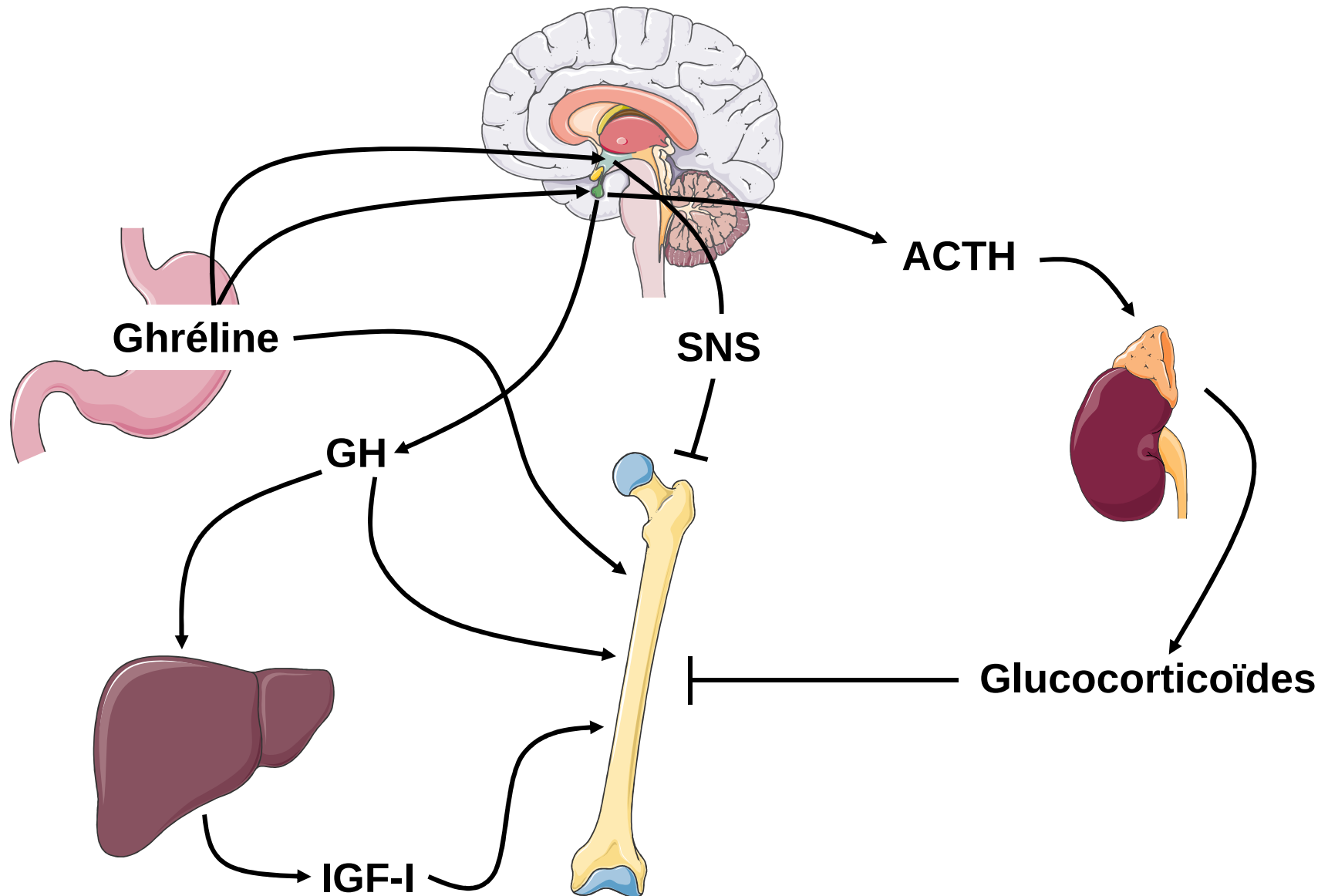
# Le système entéro-endocrine

**~12 cellules entéro-endocrines différentes**

**→ 20 hormones**

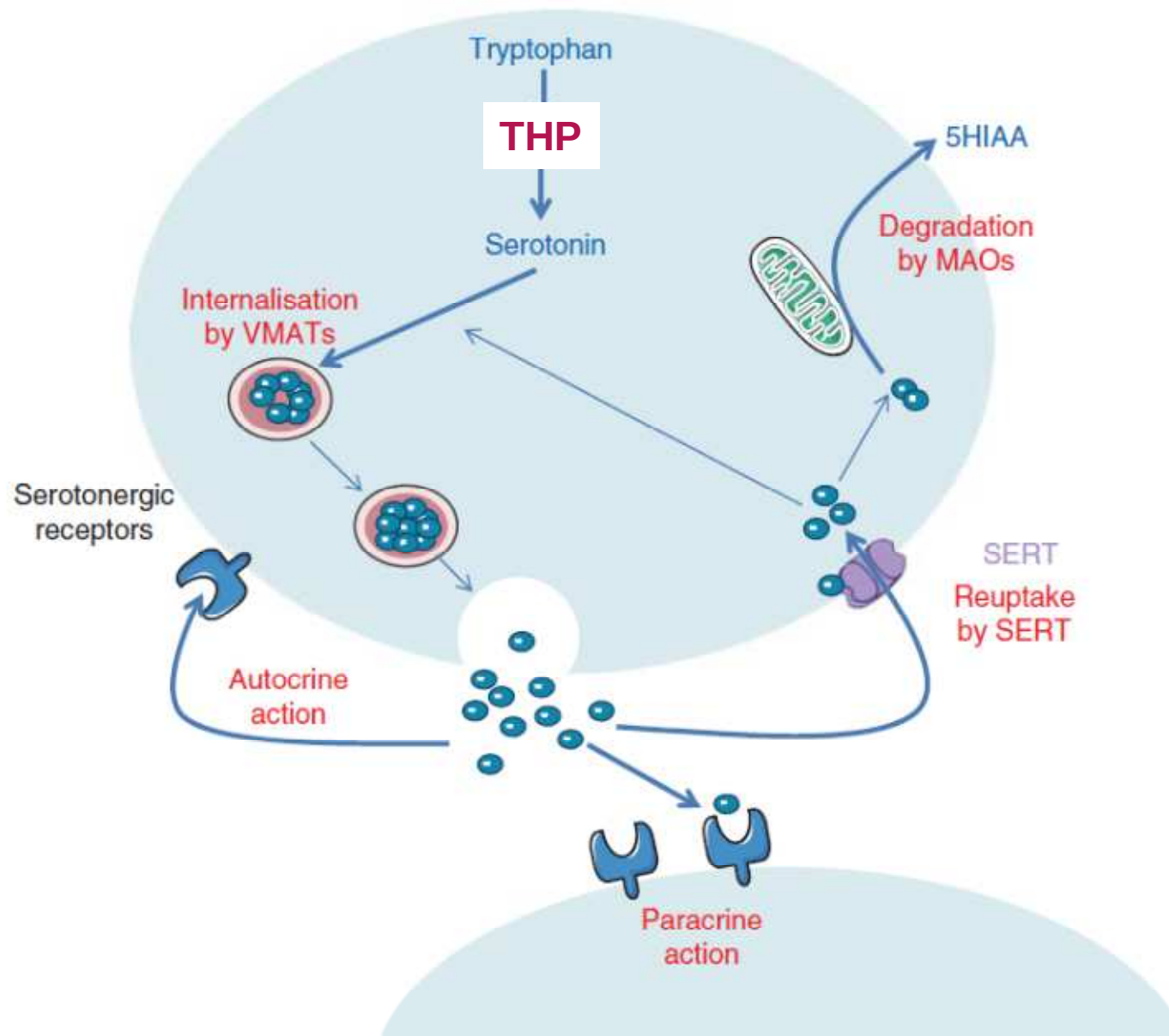
| Cellule entéro-endocrine | Hormones     | Localisation                   |
|--------------------------|--------------|--------------------------------|
| A                        | Ghréline     | Estomac                        |
| K                        | GIP, Xénine  | Duodénum                       |
| L                        | GLP-1, GLP-2 | Iléon, colon                   |
| EC                       | Sérotonine   | Estomac, intestin grêle, colon |

# Ghréline et physiologie osseuse

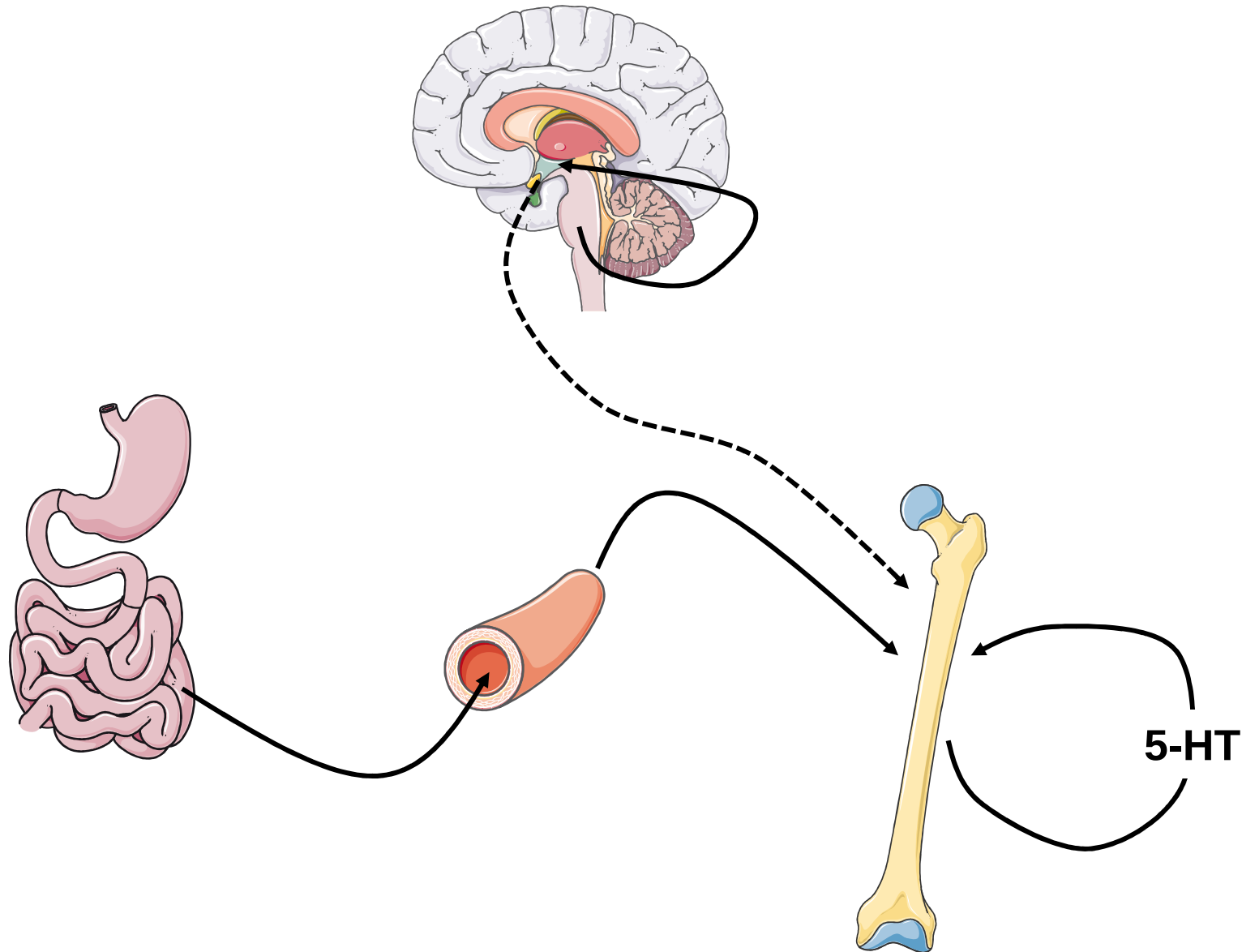


Adapted from Delhanty et al, Biofactors, 2014, 40: 41-8

# Sérotonine

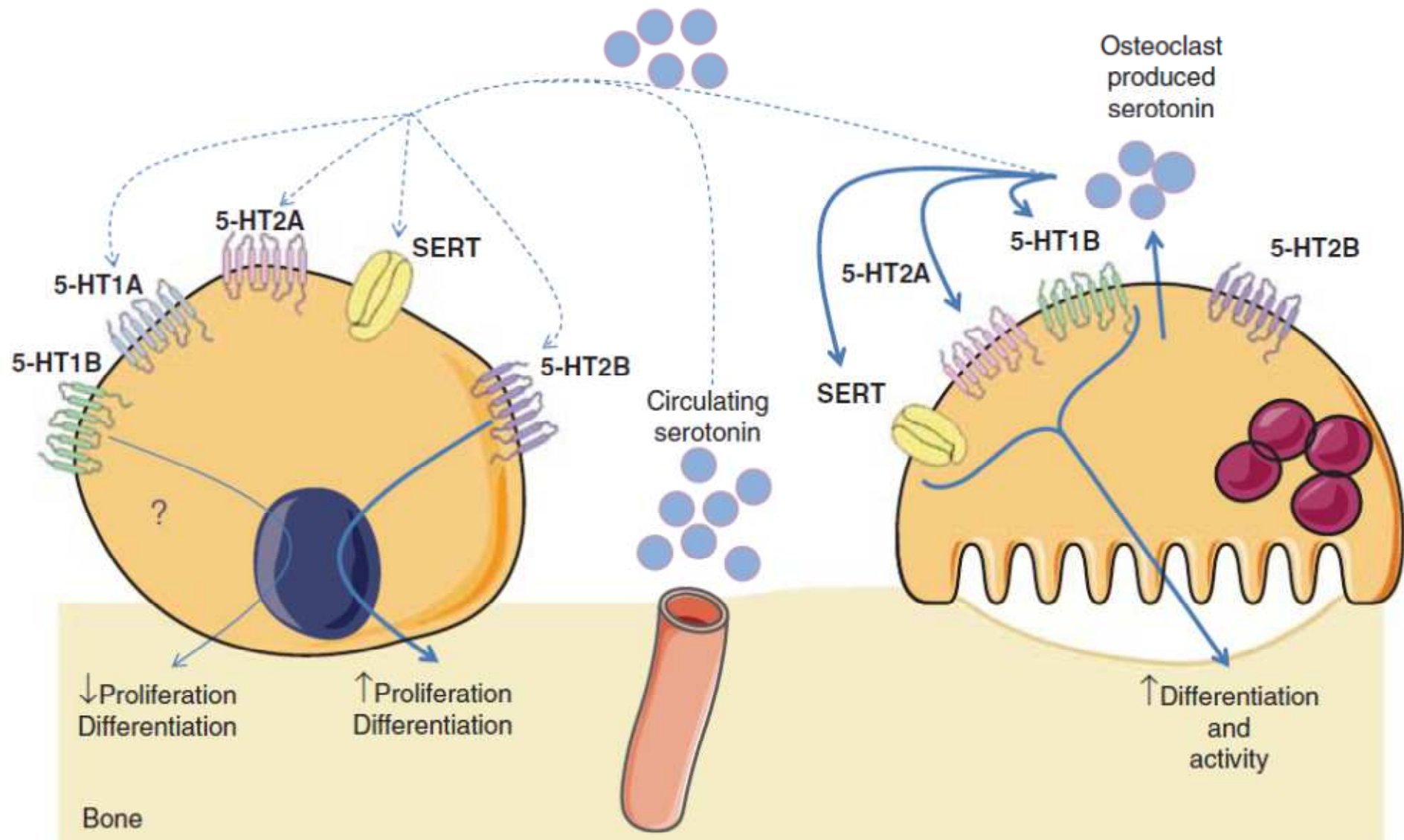


# Relations sérotonine – Remodelage osseux





# Rôles de la sérotonine



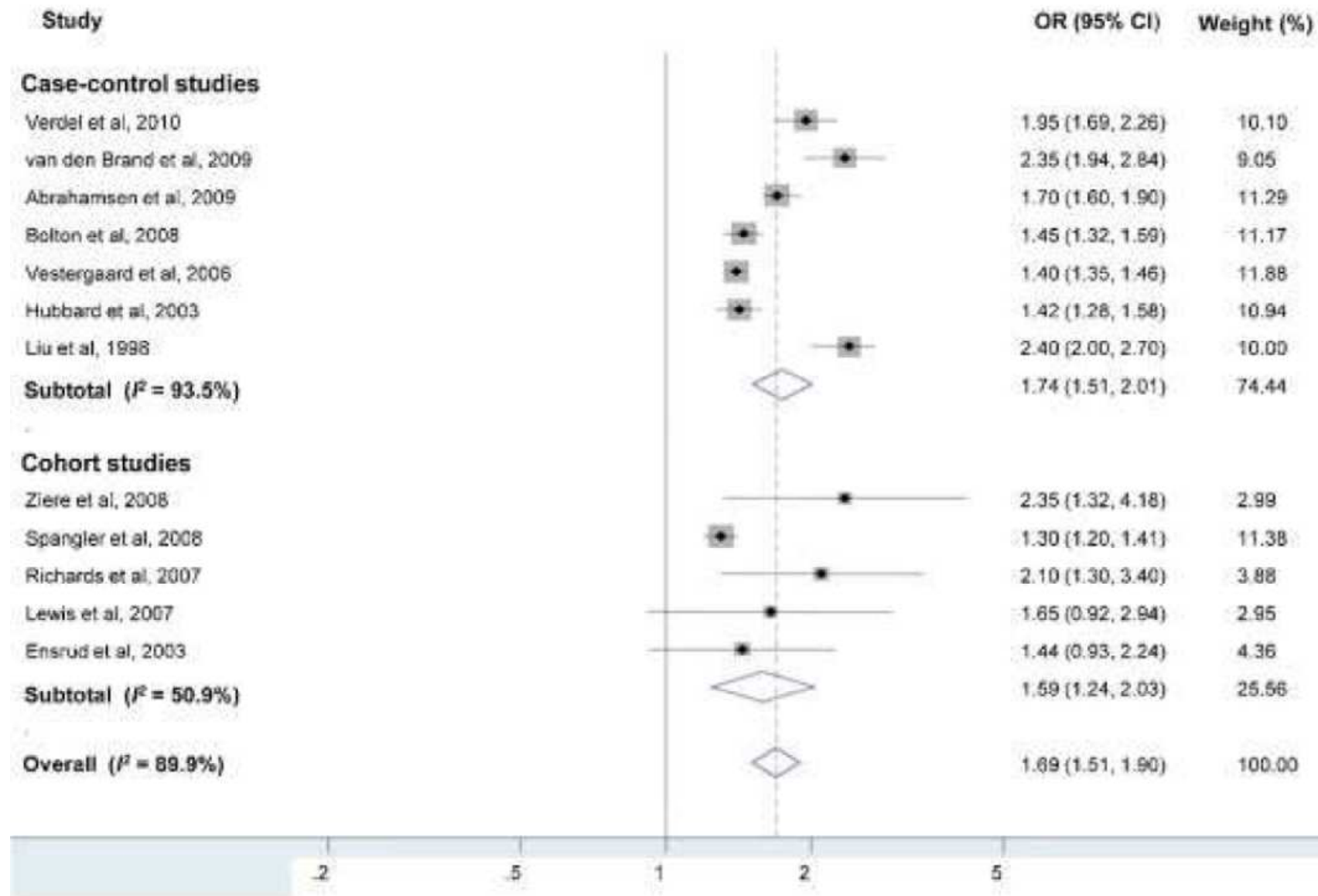
# Sérotonine et DMO

## MrOS Sweden study (Kristjansdottir et al, JBMR, 2018, 9: 1560-7)

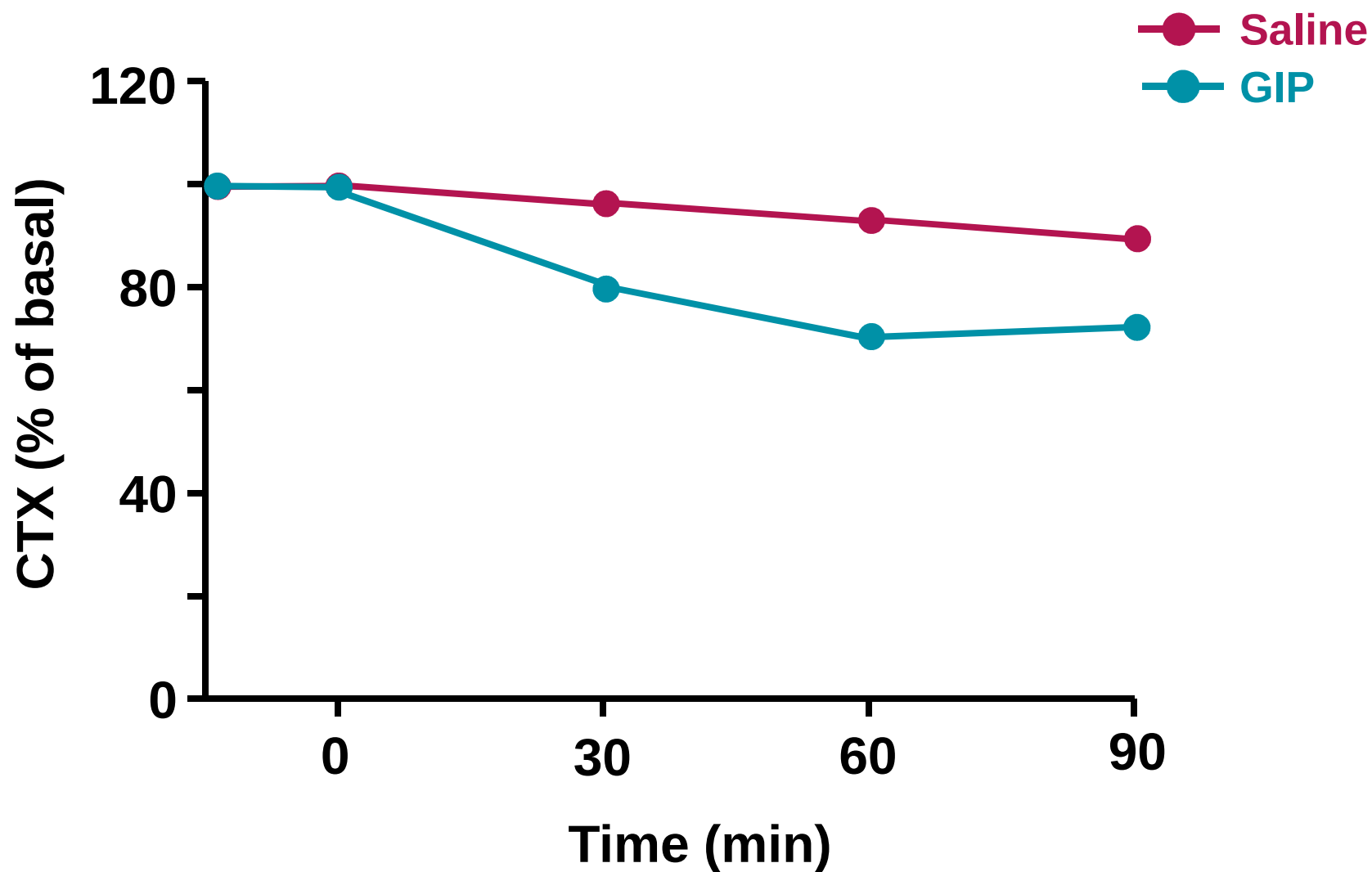
|                          |                 |
|--------------------------|-----------------|
| Age (années)             | 75 ( $\pm$ 3)   |
| IMC (kg/m <sup>2</sup> ) | 26 ( $\pm$ 4)   |
| Fumeurs (%)              | 8               |
| Sérotonine ( $\mu$ g/L)  | 149 ( $\pm$ 40) |

|                                                    | Serotonin<br>Q5 vs. Q1–4 |
|----------------------------------------------------|--------------------------|
| All fractures, <i>n</i> = 224                      |                          |
| Age adjusted                                       | 1.50 (1.12–2.02)         |
| Multivariable analysis <sup>a</sup>                | 1.38 (1.01–1.89)         |
| Hip fractures, <i>n</i> = 57                       |                          |
| Age adjusted                                       | 2.62 (1.54–4.48)         |
| Multivariable analysis <sup>a</sup>                | 2.30 (1.31–4.02)         |
| Nonvertebral osteoporotic fractures, <i>n</i> = 97 |                          |
| Age adjusted                                       | 2.07 (1.35–3.16)         |
| Multivariable analysis <sup>a</sup>                | 1.82 (1.17–2.85)         |
| Vertebral fractures, <i>n</i> = 86                 |                          |
| Age adjusted                                       | 1.07 (0.63–1.79)         |
| Multivariable analysis <sup>a</sup>                | 1.35 (0.81–2.25)         |

# Inhibiteur de la recapture de sérotonine et DMO

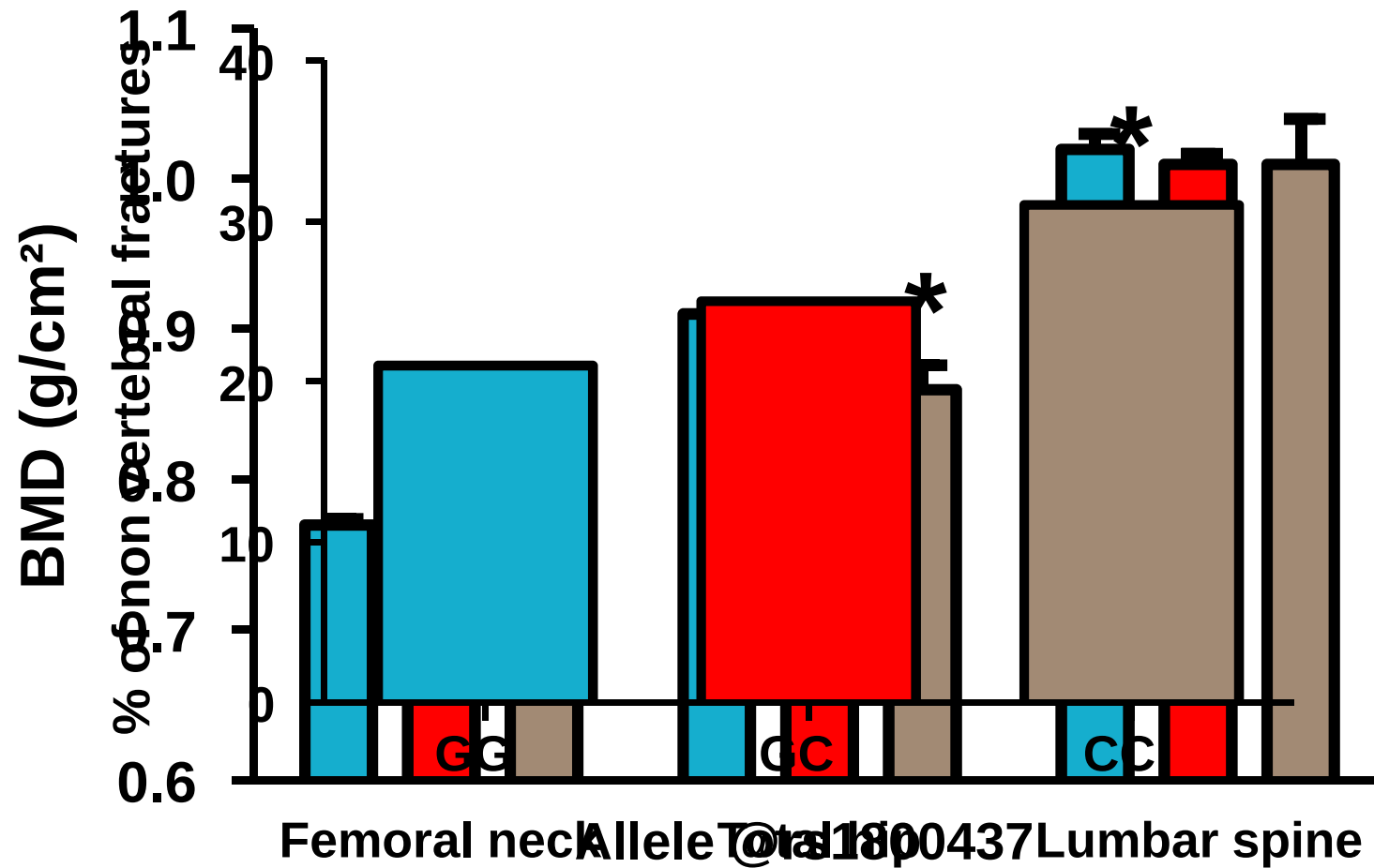


# Infusion GIP et remodelage osseux

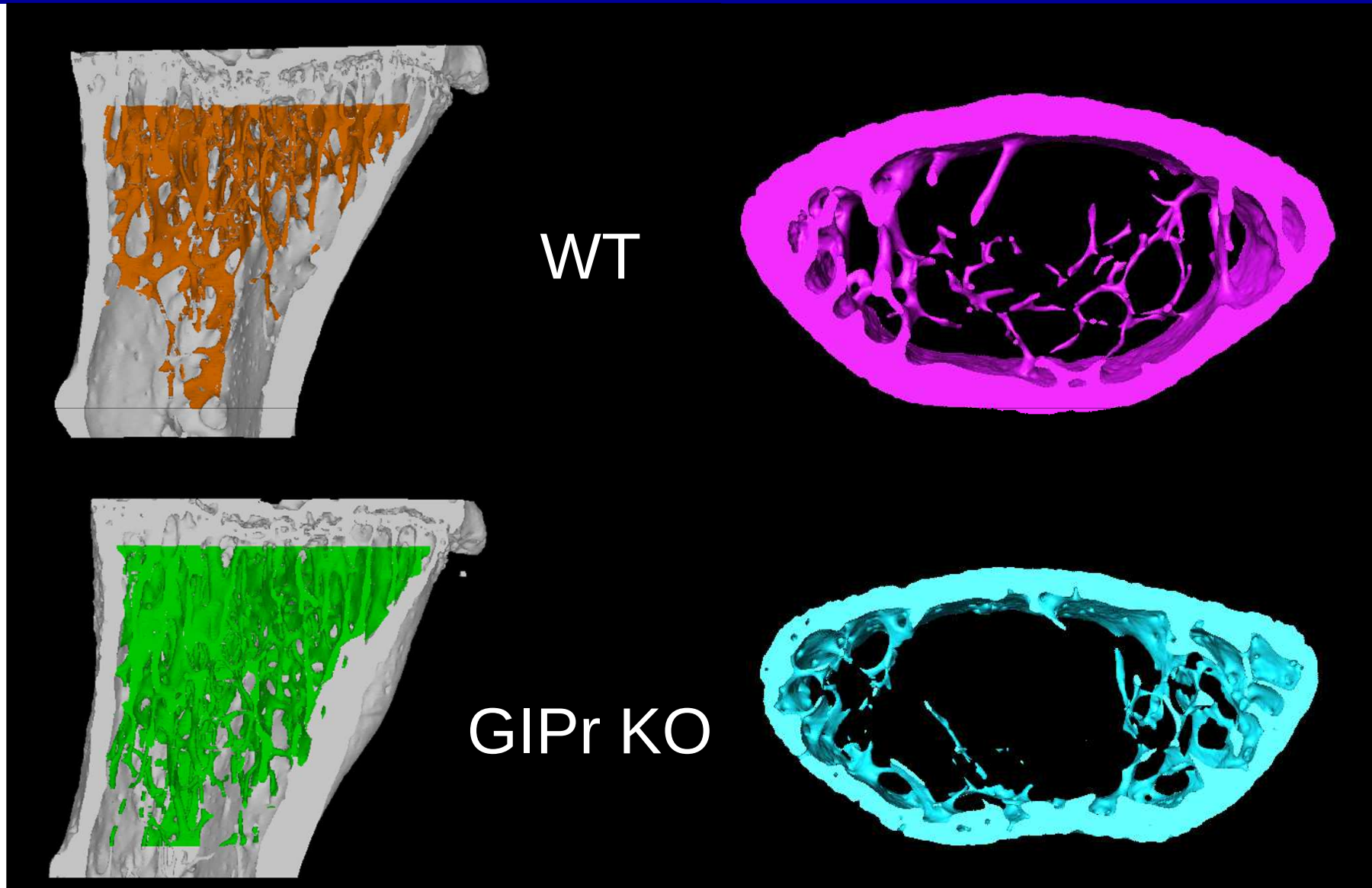


Adapted from Nissen et al, JCEM, 2014, 99: E2325-9

# Polymorphisme GIPr et fragilité osseuse

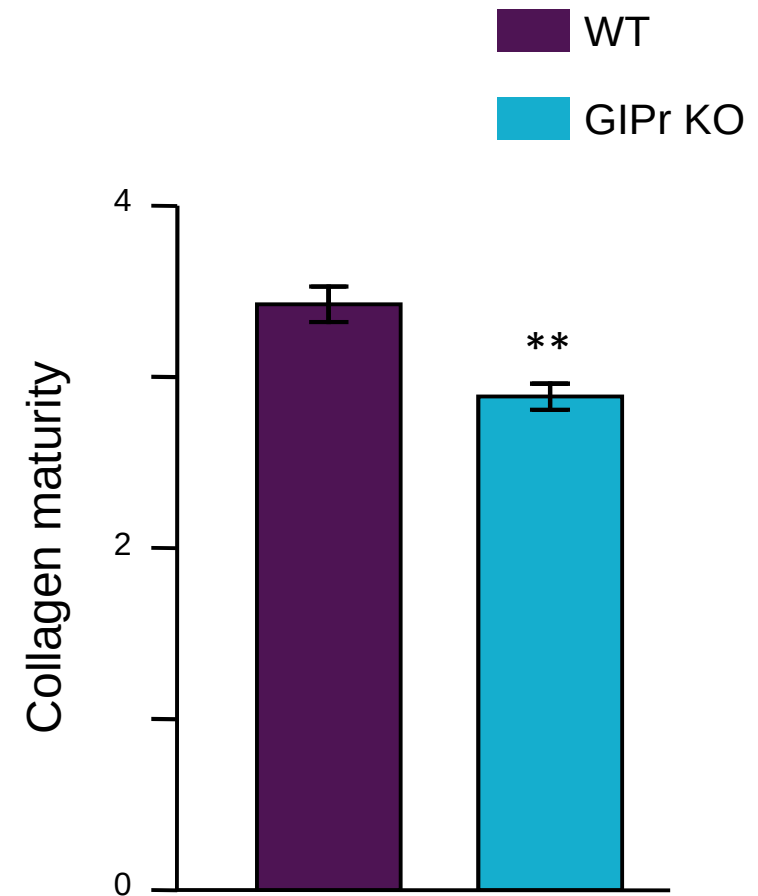
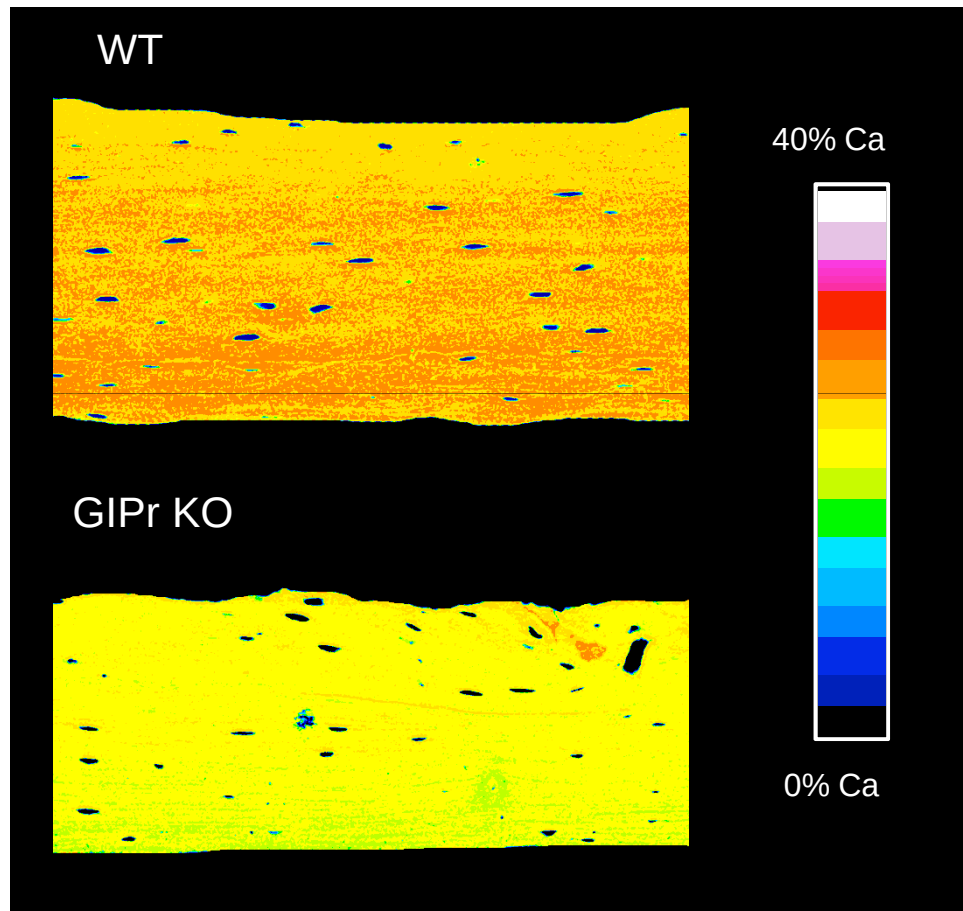


# Relations GIP – microarchitecture osseuse



Adapted from Gaudain-Audrain, ..., Mabileau et al, Bone, 2013; Mieczkowska, ..., Mabileau et al, Bone, 2013

# Relations GIP – composition osseuse

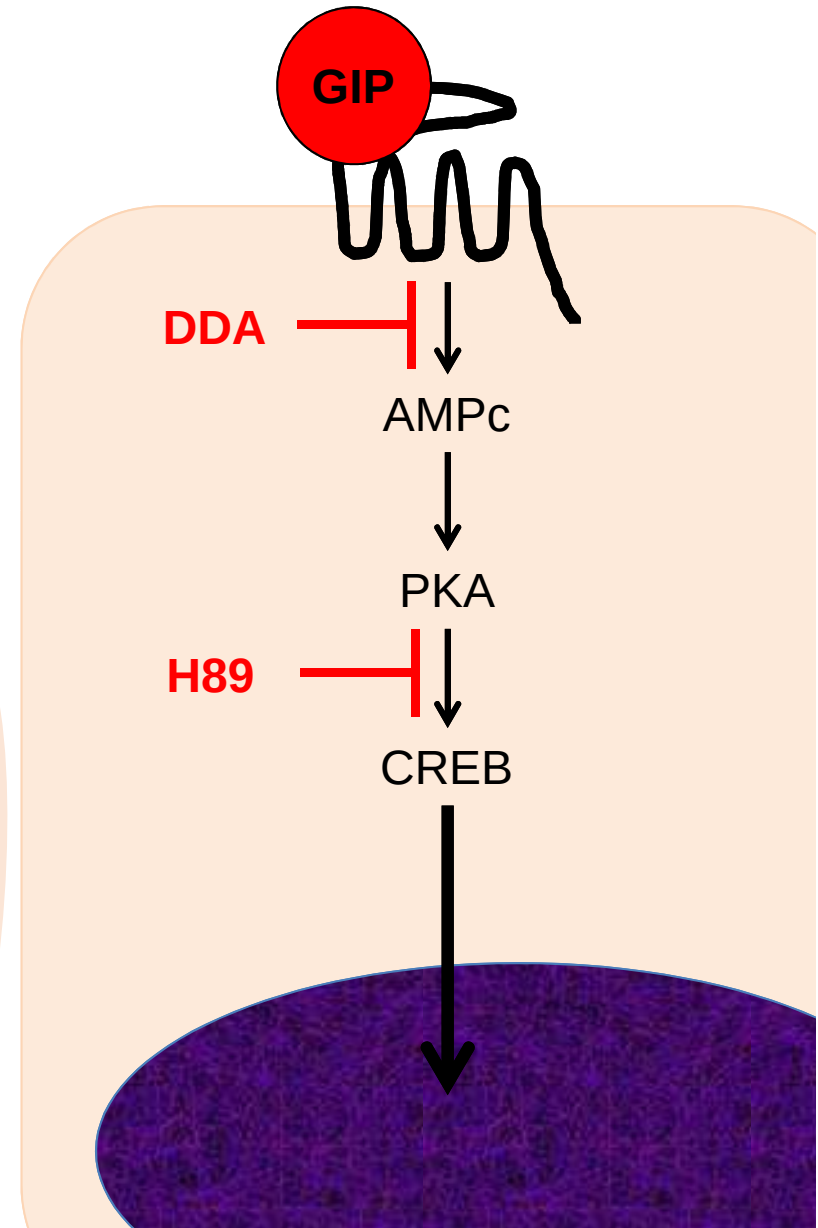
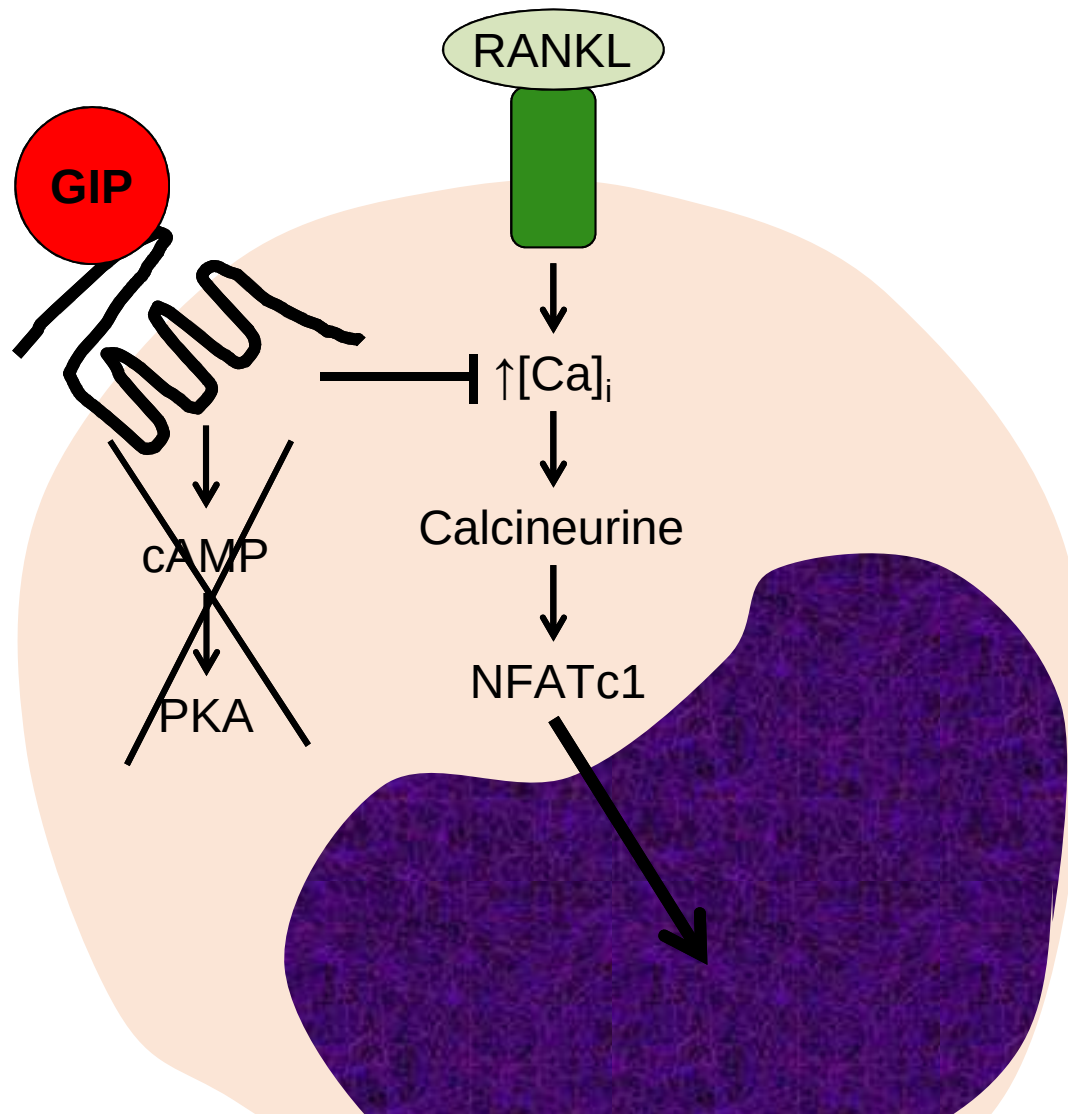




# Relations GIP – cellules osseuses

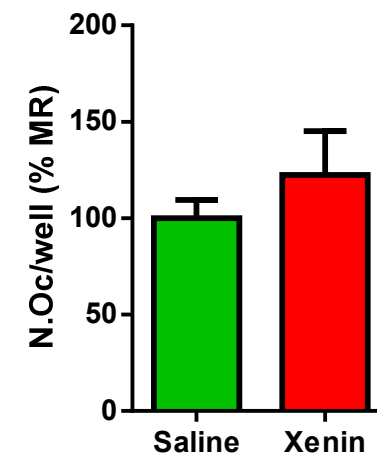
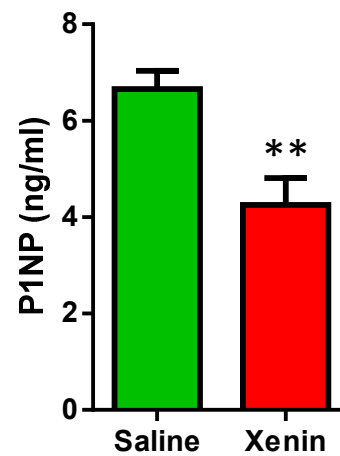
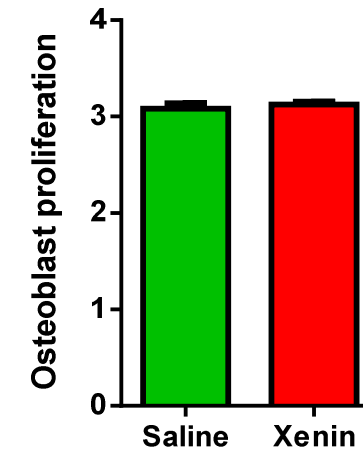
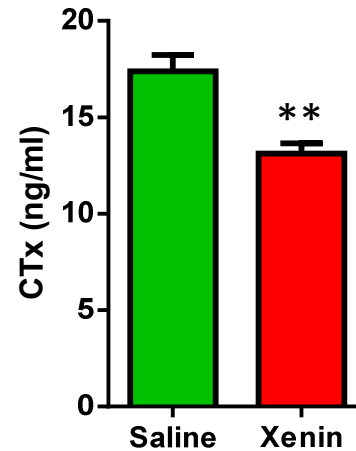
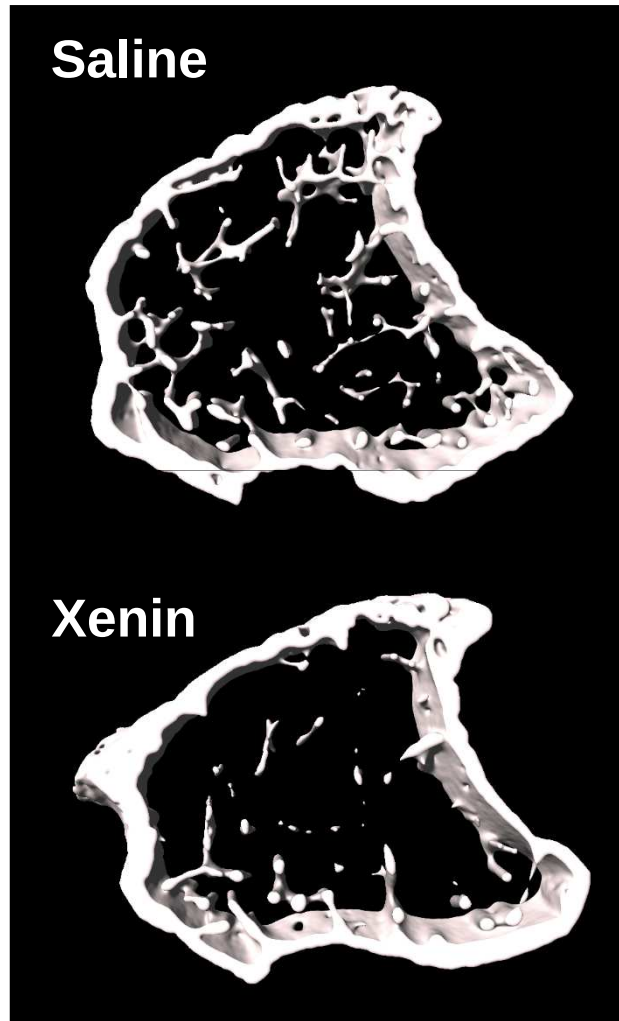
Mieczkowska, ..., Mabileau et al., 2015, Bone 74: 29-36

Mabileau et al., 2016, Bone, 91: 106-12

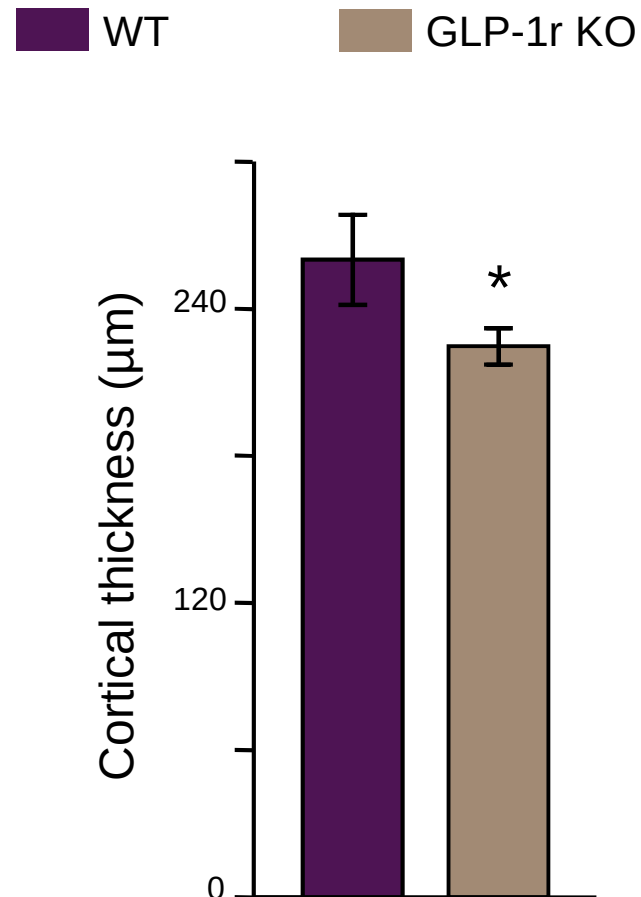
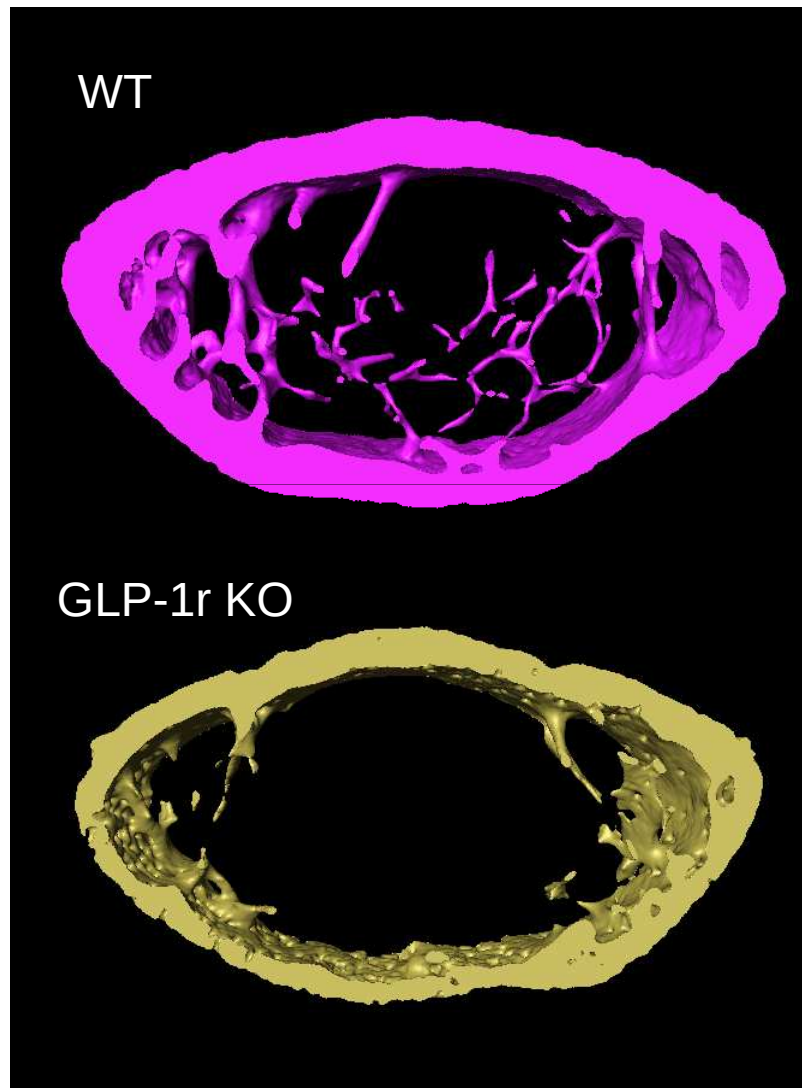




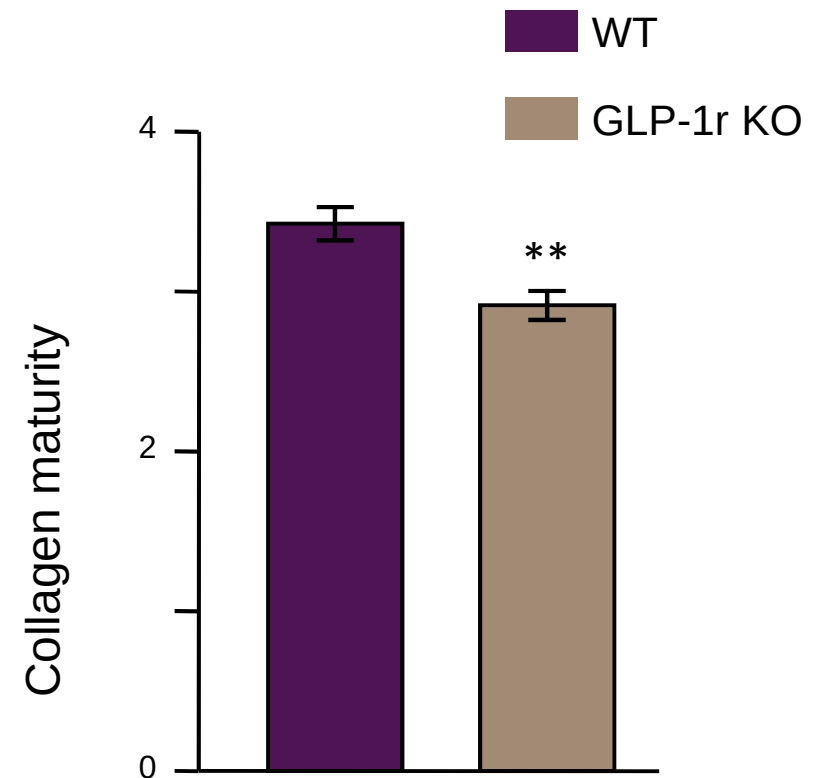
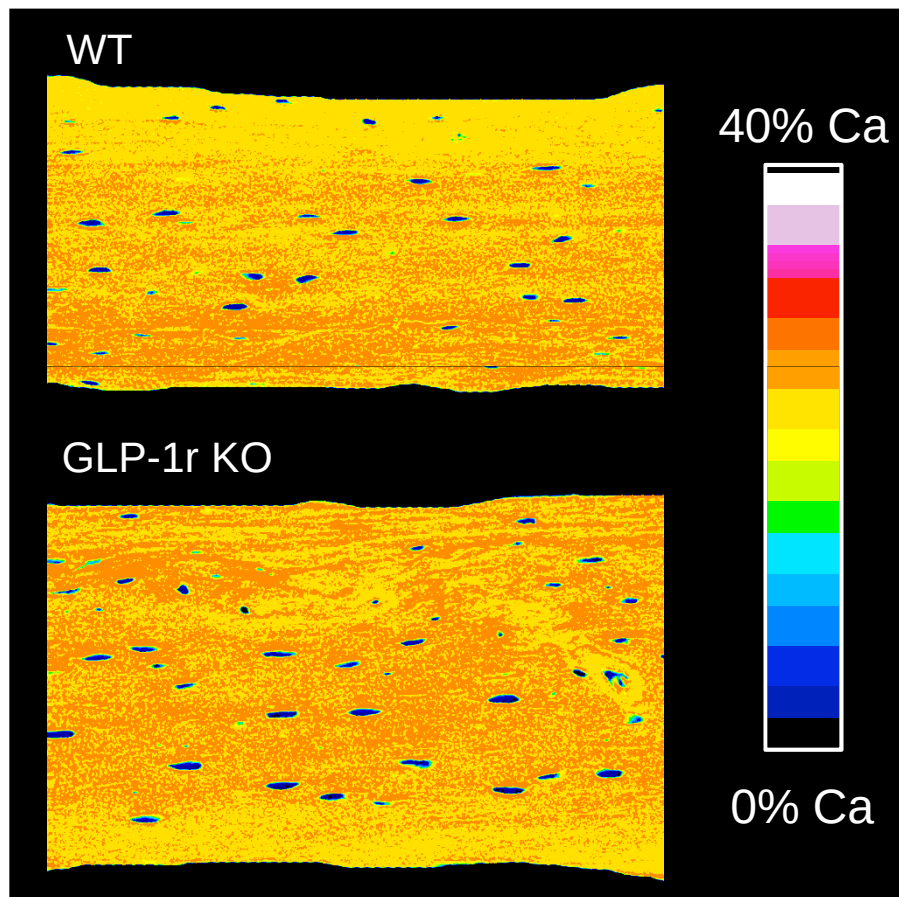
# Relations xénine – tissu osseux



# Relations GLP-1 – Microarchitecture osseuse

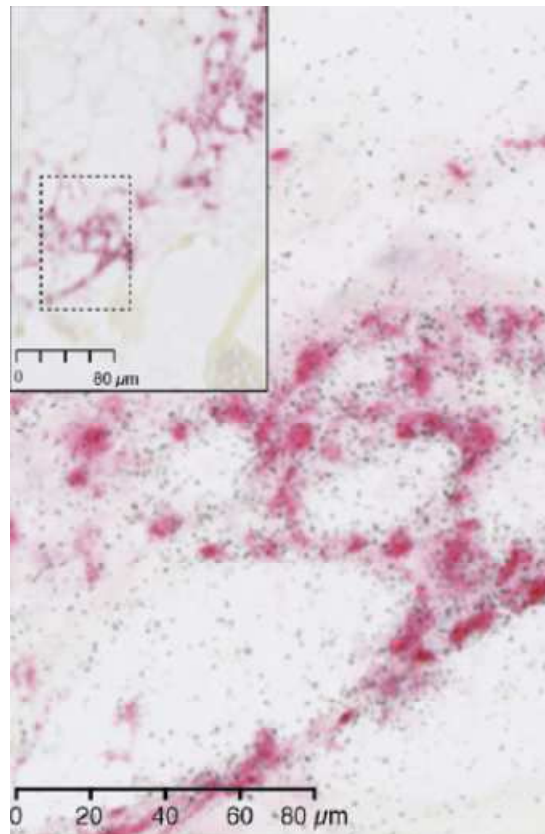


# Relations GLP-1 – Composition osseuse



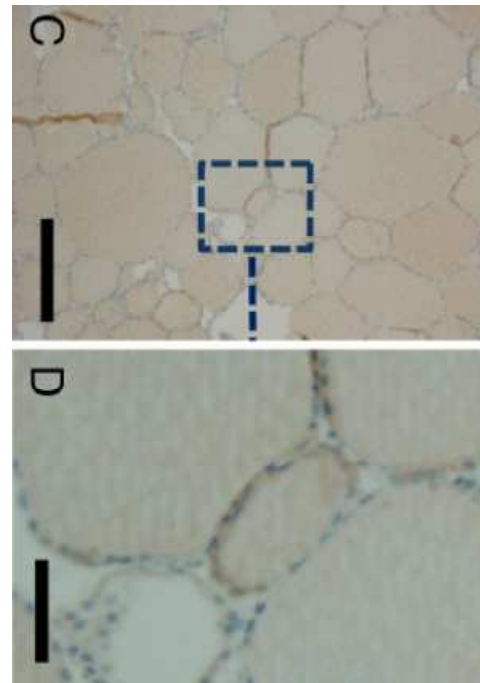
# Relations GLP-1 – calcitonine

## Rodents

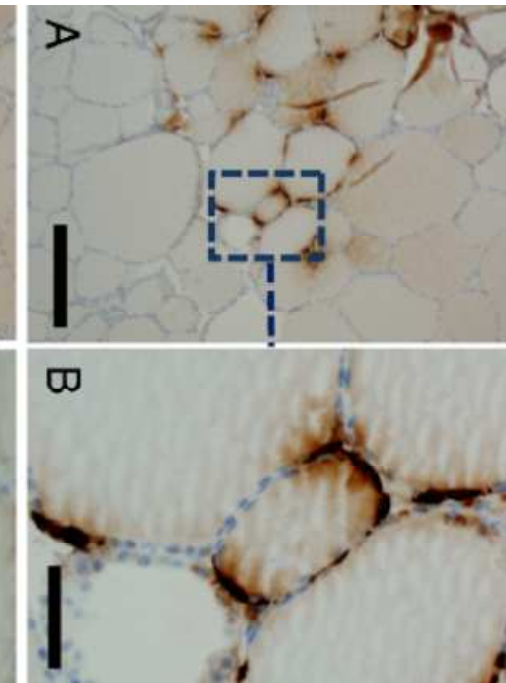


## NHP & humans

### GLP-1r



### Calcitonin

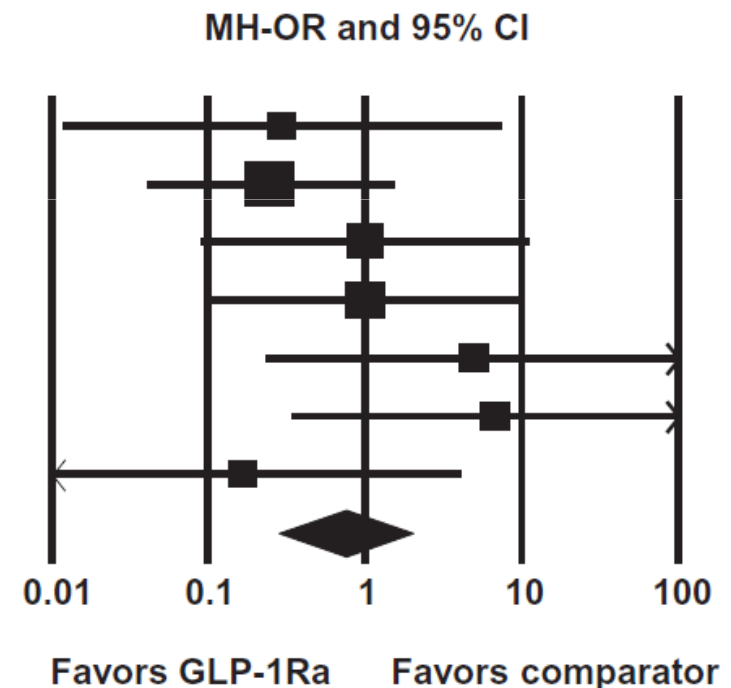


Madsen et al., 2012, *Endocrinology*, 153: 1538-47  
Pyke et al., 2014, *Endocrinology*, 155: 1280-90

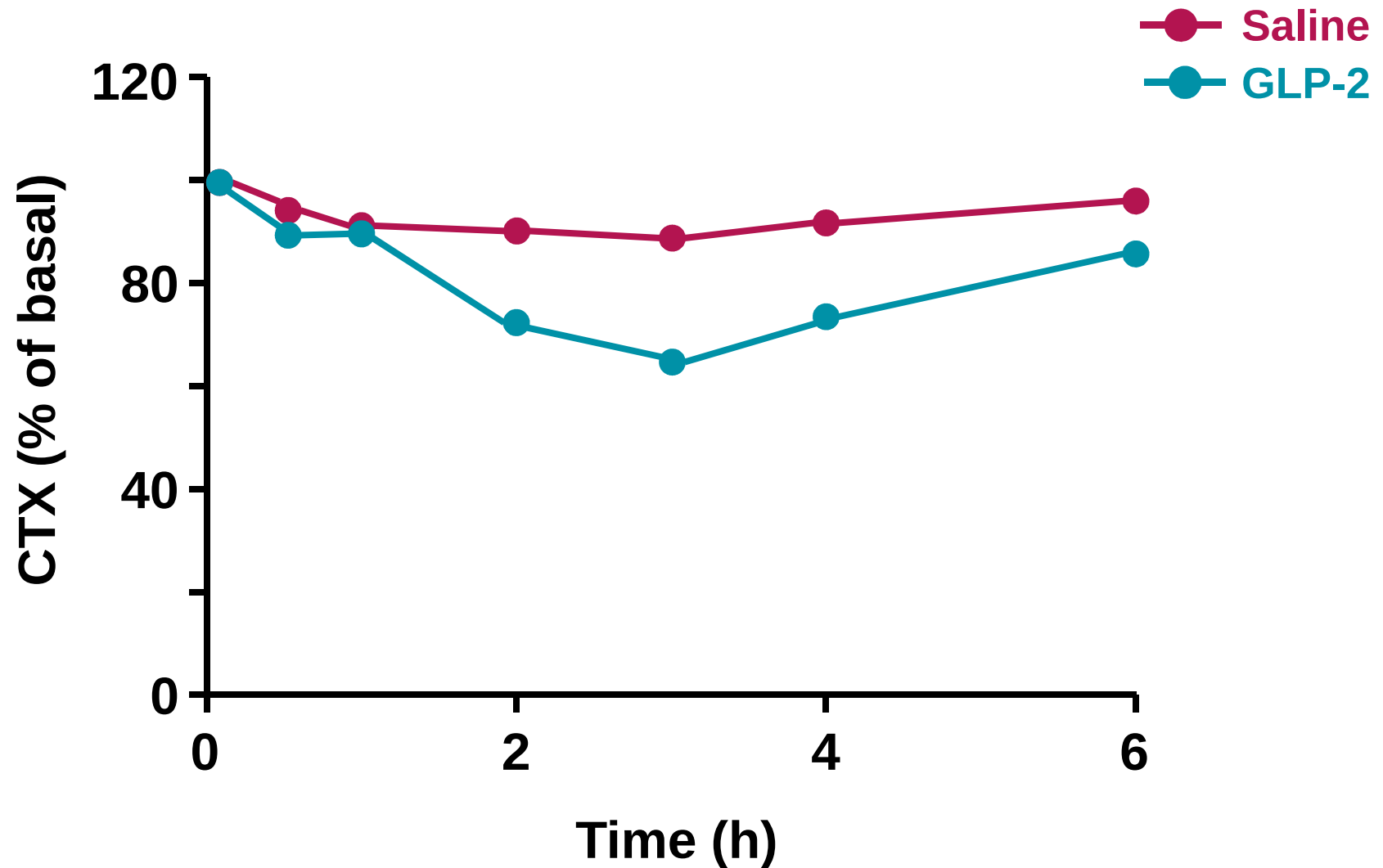
# Relations agonistes GLP-1r – Fragilité osseuse chez l'homme

## Meta-analysis of published RCT with duration $\geq 24$ weeks

| Study name                           | MH-OR | Lower limit | Upper limit | Z-value | P-value |
|--------------------------------------|-------|-------------|-------------|---------|---------|
| Buse <i>et al.</i> <sup>29</sup>     | 0.295 | 0.012       | 7.298       | -0.746  | 0.455   |
| Nauck <i>et al.</i> <sup>30</sup>    | 0.248 | 0.041       | 1.497       | -1.520  | 0.128   |
| Garber <i>et al.</i> <sup>31</sup>   | 0.996 | 0.090       | 11.037      | -0.003  | 0.997   |
| Nauck <i>et al.</i> <sup>30</sup>    | 1.003 | 0.104       | 9.686       | 0.002   | 0.998   |
| NCT00935532*                         | 4.977 | 0.238       | 104.276     | 1.034   | 0.301   |
| Gallwitz <i>et al.</i> <sup>32</sup> | 6.604 | 0.349       | 132.694     | 1.265   | 0.206   |
| Pratley <i>et al.</i> <sup>33</sup>  | 0.166 | 0.007       | 4.085       | -1.099  | 0.272   |
|                                      | 0.750 | 0.278       | 2.020       | -0.570  | 0.569   |



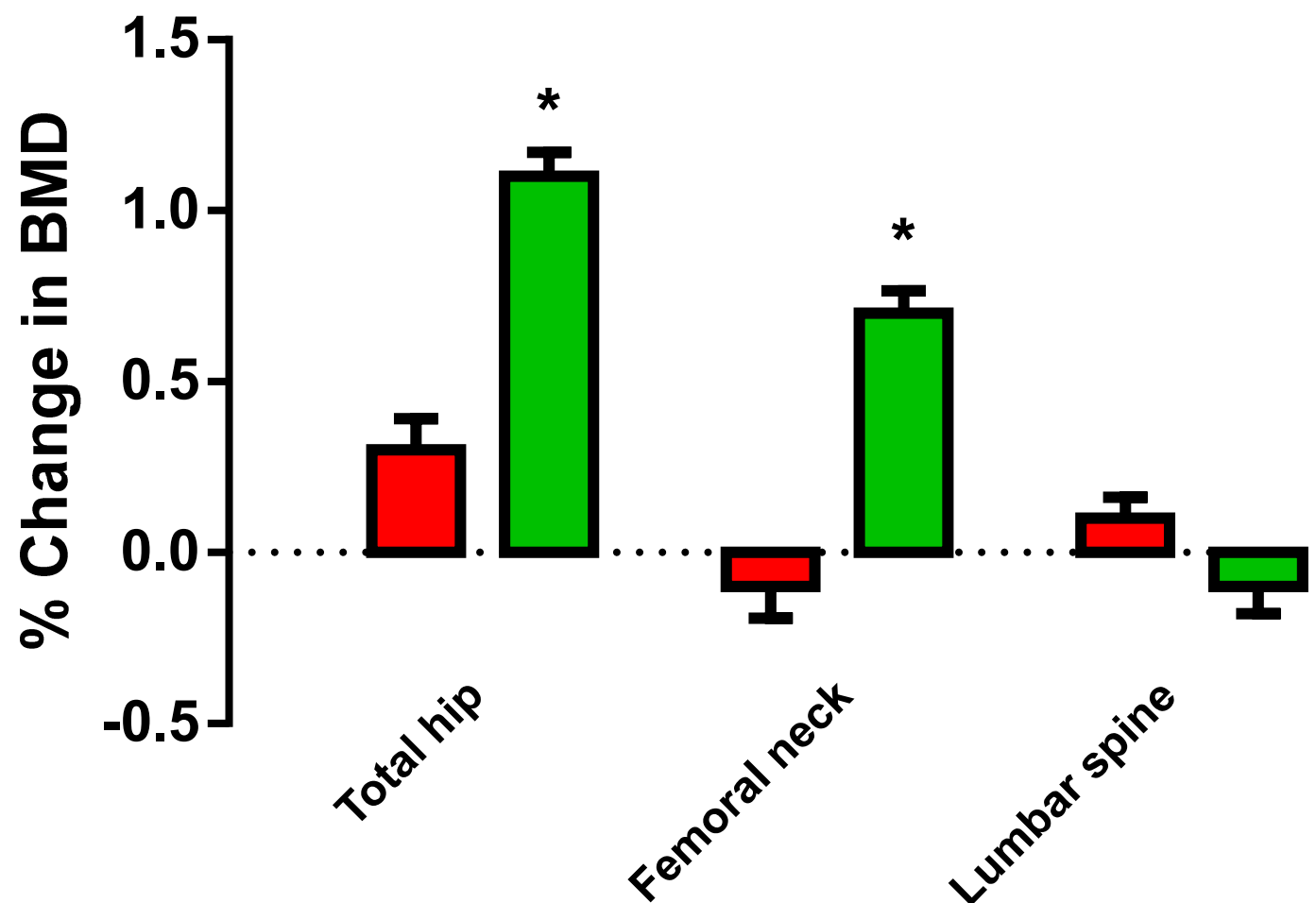
# Infusion GLP-2 et résorption osseuse



Adapted from Henriksen et al, JBMR, 2003, 18: 2180-9

# Relations GLP-2 et DMO

4 months teduglutide in post-menopausal women



Adapted from Henriksen et al, Bone, 2009, 45: 833-42



# Conclusions

