

## Outline

# Insulin-Glucose Dynamics a la Deterministic models

*Biomath Summer School and Workshop 2008*  
Denmark

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- ▶ About Diabetes
- ▶ Insulin-Glucose Network
- ▶ Deterministic Mathematical models

About Diabetes

Insulin/Glucose Interaction

Mathematical models

Summary

Diabetes is characterized by **high blood glucose** levels resulting from insufficient metabolism by **insulin**

- ▶ Type 1: autoimmune destruction of insulin producing  $\beta$  cells
- ▶ Type 2: reduced insulin production and/or insulin resistance
- ▶ Gestational Diabetes: similar to type 2 and usually temporary

**Glucose** - a monosaccharide created when digestion breaks down ingested food. Body's main source of energy.

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**Insulin** - a hormone made in the pancreas. Plays a role in:

- ▶ glucose uptake from blood by cells (muscle, liver and fat tissue cells)
- ▶ storing of glucose in liver
- ▶ regulation of use of fat as an energy source (liver and adipose tissue)
- ▶ vascular compliance (blood vessels)
- ▶ promotion of protein synthesis and growth (general effect)

- ▶ 90% of diabetics are Type 2

## Some facts about Diabetes

- ▶ 90% of diabetics are Type 2
- ▶ Type 2 Diabetes- correlated to overweight/ lack of exercise (Obesity in 55% diabetics)

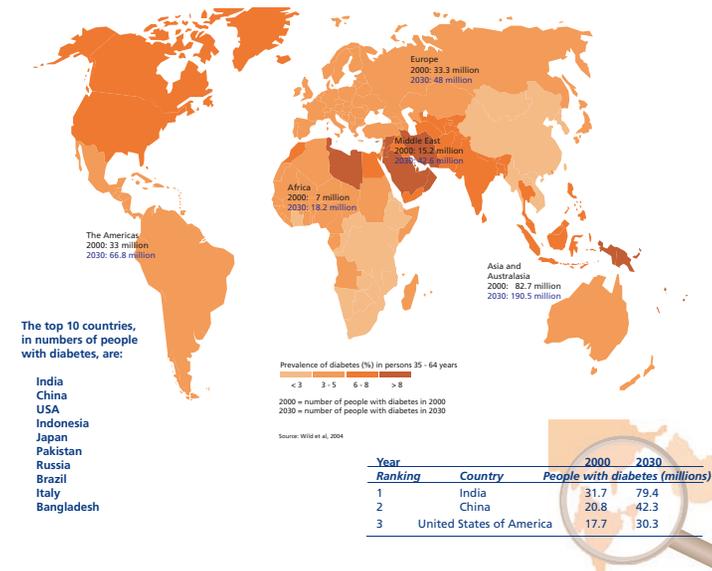
## Some facts about Diabetes

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- ▶ Sugar consumption does not cause diabetes. Sustained high-carb diet can impair insulin sensitivity

## Some facts about Diabetes

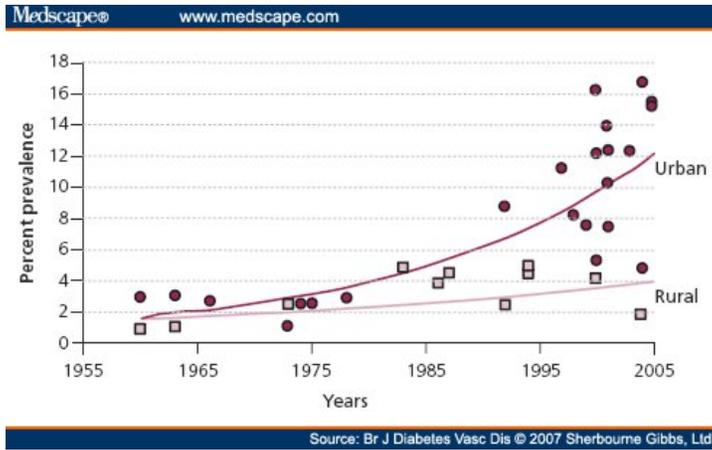
- ▶ 90% of diabetics are Type 2
- ▶ Type 2 Diabetes- correlated to overweight/ lack of exercise (Obesity in 55% diabetics)
- ▶ Sugar consumption does not cause diabetes. Sustained high-carb diet can impair insulin sensitivity
- ▶ Type 2 can be controlled by regular exercise/ balanced diet

### Prevalence of diabetes



30 million **reported** diabetics in India today

Definition of Diabetes



- ▶ No specific biological marker known to define diabetes

Definition of Diabetes

Diagnosis of Diabetes

- ▶ No specific biological marker known to define diabetes
- ▶ WHO defines Diabetes by plasma glucose levels. Fasting plasma glucose levels of  $\geq 126\text{mg/dL}$  or 2 hours plasma glucose of  $\geq 200\text{mg/dL}$

- ▶ Symptoms - fatigue, frequent thirst and urination, sweet urine (in Greek diabetes = 'to flow honey')
- ▶ Fasting plasma glucose test and Oral Glucose Tolerance Test (OGTT) are used for diagnosis

# Testing for Diabetes

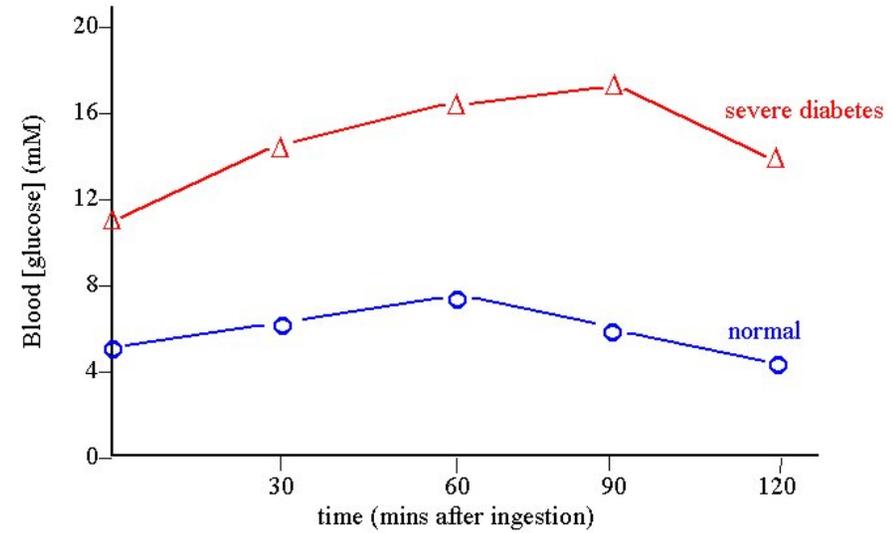
## Fasting Plasma Glucose Test:

- ▶ 8-10 hours fast
- ▶ Then blood glucose measurement

## OGTT:

- ▶ 8 hr fast.
- ▶ I/G measured
- ▶ Ingest 75 grams glucose
- ▶ Then measure I/G hourly over 3 hr period

# SAMPLE RESULTS FROM OGTT



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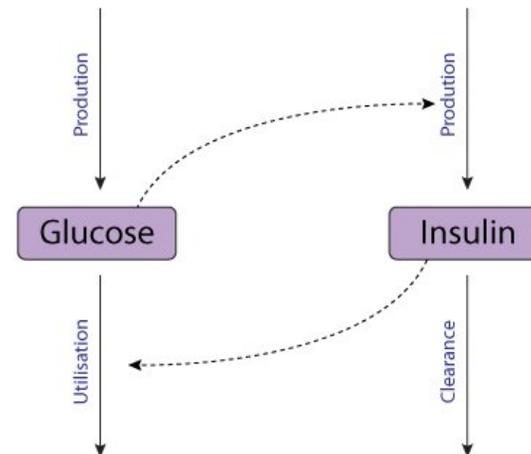
# GLUCOSE/INSULIN RELATIONSHIP - SIMPLIFIED

About Diabetes

Insulin/Glucose Interaction

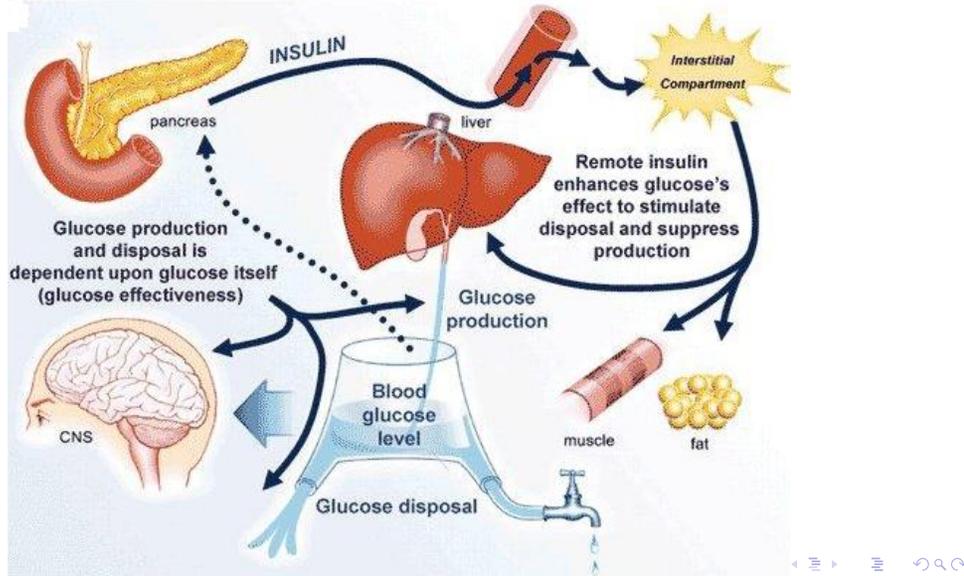
Mathematical models

Summary



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## GLUCOSE/INSULIN DYNAMICS - MAJOR ORGANS



## Important Measurements Insulin Sensitivity/Glucose Effectiveness

- ▶ **Glucose Effectiveness:** Insulin-independent rate of tissue glucose uptake.
- ▶ **Insulin Sensitivity:** - the responsiveness to insulin of glucose utilizing cells i.e. the ability of insulin to enhance glucose disappearance.

## Measurement of Insulin Sensitivity/glucose effectiveness

**IVGTT:** 10-12 hrs Fast

- ▶ I/G measurements at  $t = -30, -15, 0$
- ▶ Glucose bolus injection at  $t = 0$
- ▶ 26 to 30 I/G measurements over 3 hours

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**Physiology corresponding to IVGTT:**

- ▶ glucose mixing in blood plasma for  $7 \leq t \leq 10$
- ▶ insulin production in pancreas stimulated
- ▶ cessation of glucose production by liver
- ▶ glucose disposal for  $10 \leq t \leq 30$  is glucose mediated
- ▶ glucose disposal is insulin mediated for  $t > 30$

# Measurement of Insulin Sensitivity/Glucose Effectiveness

## Euglycemic Hyperinsulinemic Clamp: 10-12 hr fast

- ▶ I/G measurements at  $t = -30, -15, 0$
- ▶ Fixed Insulin dosage infused starting at  $t = 0$  to simulate post-prandial levels.
- ▶ Variable amt of G infused to maintain post-prandial insulin plateau for 2 hours, keeping the patient euglycemic
- ▶ Blood I/G measured every 5 to 15 minutes for 3 hours
- ▶ Goal is to suppress hepatic glucose production to isolate measurements for glucose effectiveness and insulin sensitivity

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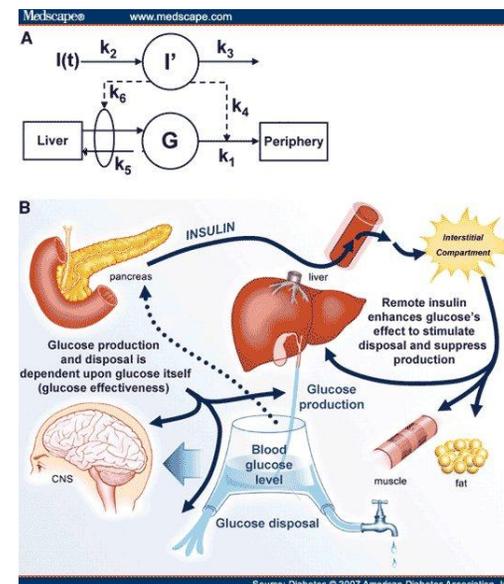
## Types of mathematical models:

- ▶ Ordinary differential equation (ODE) models
- ▶ Delay differential equation (DDE) models
- ▶ Partial differential equation (PDE) models
- ▶ Fredholm integral equation (FIE) models
- ▶ Stochastic differential equation (PDE) models
- ▶ Integro-differential equation (IDE) models

## References:

- Makroglou Et Al*, Applied Numerical Mathematics,56 (2006)  
*Boutayeb and Chetouani*, BioMedical Engineering Online, June 2006.

## Bergman et al Minimal Model flow diagram (IVGTT)



# Minimal Model

Goal of model:

- ▶ to analyze the plasma glucose and insulin dynamics during IVGTT
- ▶ determine parameters like 'insulin sensitivity' and 'glucose effectiveness' at an individual level

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Model

- ▶ uses a system of ODEs
- ▶ estimates parameters for ODEs using non-linear least squares

## Bergman's Minimal Model- Glucose Kinetics

$$\frac{dG(t)}{dt} = -p_1 [G(t) - G_b] - X(t)G(t) \quad G(0) = p_0$$

$$\frac{dX(t)}{dt} = -p_2 X(t) + p_3 [I(t) - I_b] \quad X(0) = 0$$

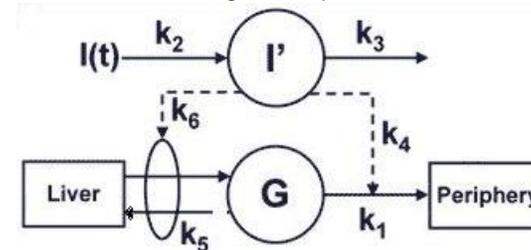
G: Plasma glucose concentration  
 X: Insulin-excitabile glucose uptake rate in remote compt.

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## MINIMAL MODEL OF INSULIN KINETICS



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$$\frac{dI(t)}{dt} = p_4 [G(t) - p_5]^+ t - p_6 [I(t) - I_b] \quad I(0) = p_7 + I_b$$

$I(t)$ : Blood insulin concentration

# Coupled Minimal Model Equations

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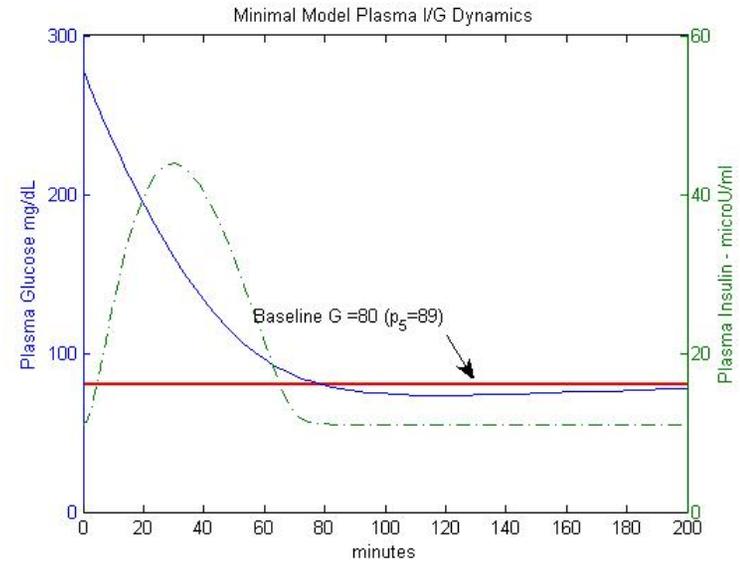
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## Analysis of Bergman's Minimal model

- ▶ Formal analysis done by De Gaetano et al in 2000
- ▶ Parameter values where stable equilibrium exists determined

## Coupled Minimal Model



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## Bergman's Minimal model

## DeGaetano and Arino -2000

### Drawbacks

- ▶ X is not measurable
- ▶ Assumption that insulin secretion linearly increases with time is not physiologically tested
- ▶ 'Glucose Effectiveness' is over-estimated and 'Insulin Sensitivity' is underestimated
- ▶ no stable equilibrium for certain realistic parameters

$\frac{dG}{dt}$  equation in minimal model changed to

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## DeGaetano and Arino -2000

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Navigation icons

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Navigation icons

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$\frac{dX}{dt}$  equation is eliminated

$\frac{dI}{dt}$  equation changed to:

$$\frac{dI}{dt} = \frac{b_6}{b_5} \int_{t-b_5}^t G(s) ds - b_2 I(t), \quad I(0) = I_b + b_3 b_0$$

Navigation icons

# DeGaetano and Arino -2000

# Sturis Et Al -1991/2000- Insulin-Glucose feedback model

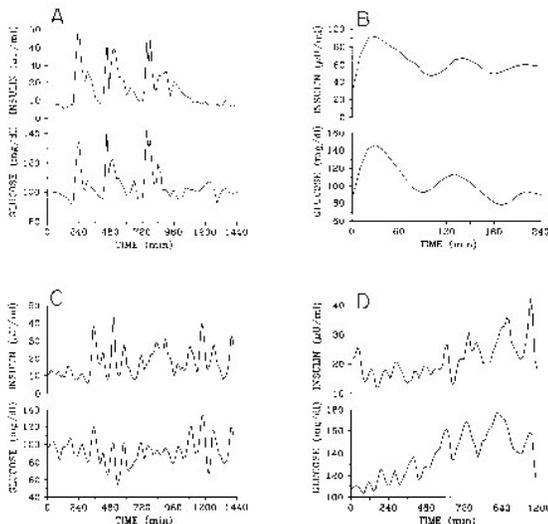
- ▶ Model has a unique equilibrium point
- ▶ Equilibrium is asymptotically stable
- ▶ Numerical fitting to individual data was good

Goal:

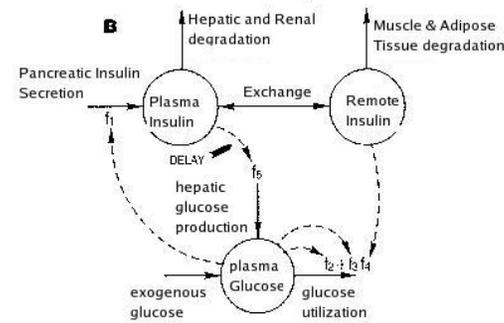
- ▶ to develop a model for slow (ultradian) oscillations in insulin secretion
- ▶ to examine the reasons for slow Oscilltions in Insulin Supply

# Sturis et al- Ultradian Oscillations

# Sturis Et Al - 1991/2000 - Insulin-Glucose feedback



Sturis et al - model flow diagram



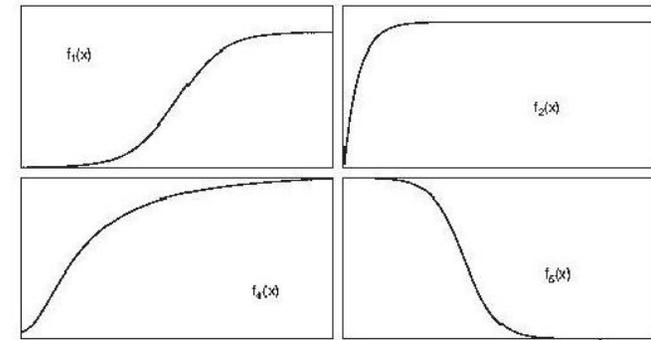
circles represent state variables  
dashed arrows denote functional relationships  
solid arrows represent output flows/input flows/exchanges

# Sturis Et Al - Insulin-Glucose feedback model

# Sturis et al - shapes of the functions $f_i$

$$\begin{aligned} \frac{dG}{dt} &= G_{in} - f_2(G(t)) - f_3(G(t))f_4(I_i(t)) + f_5(x_3(t)) \\ \frac{dI_p}{dt} &= f_1(G(t)) - E \left( \frac{I_p(t)}{V_p} - \frac{I_i(t)}{V_i} \right) - \frac{I_p(t)}{t_p} \\ \frac{dI_i}{dt} &= E \left( \frac{I_p(t)}{V_p} - \frac{I_i(t)}{V_i} \right) - \frac{I_i(t)}{t_i} \\ \frac{dx_1}{dt} &= \frac{3}{t_d} (I_p(t) - x_1(t)) \\ \frac{dx_2}{dt} &= \frac{3}{t_d} (x_1(t) - x_2(t)) \\ \frac{dx_3}{dt} &= \frac{3}{t_d} (x_2(t) - x_3(t)) \end{aligned}$$

$I_p/I_i$ : mass of insulin in plasma/intercellular space.  $x_1, x_2, x_3$ : delayed effect of insulin on hepatic glucose production with time  $t_d$

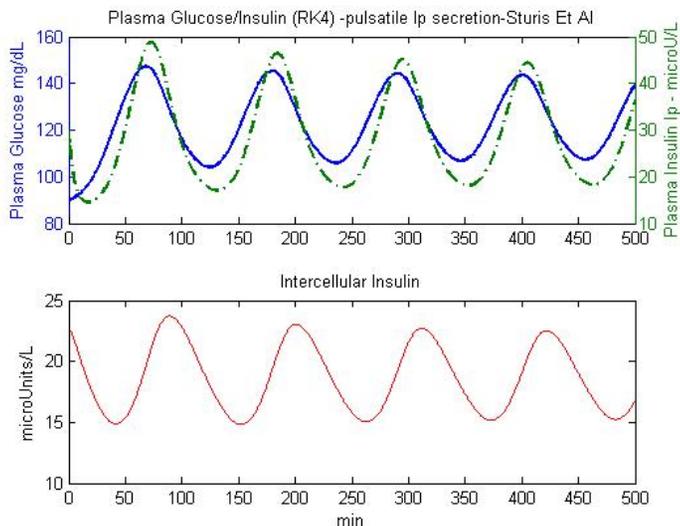


Shapes of the functions are more important than the exact forms

$f_3$  is linear in  $G$

# Sturis et al

# Sturis et Al



- ▶ Numerical Analysis suggested that oscillations *could* arise from a bifurcation in the model
- ▶ Oscillations are dependent on hepatic glucose production
- ▶ self-sustained oscillations occur when hepatic glucose time-delay is in 25 – 50 min range

# Li et al 2006 - feedback model with two time delays

# Li Et Al

Sturis et al model reduced to two compartments

$$\frac{dG}{dt} = G_{in} - f_2(G(t)) - f_3(G(t))f_4(I(t)) + f_5(I(t - \tau_2))$$

$$\frac{dI}{dt} = f_1(G(t - \tau_1)) - \frac{I(t)}{t_i}$$

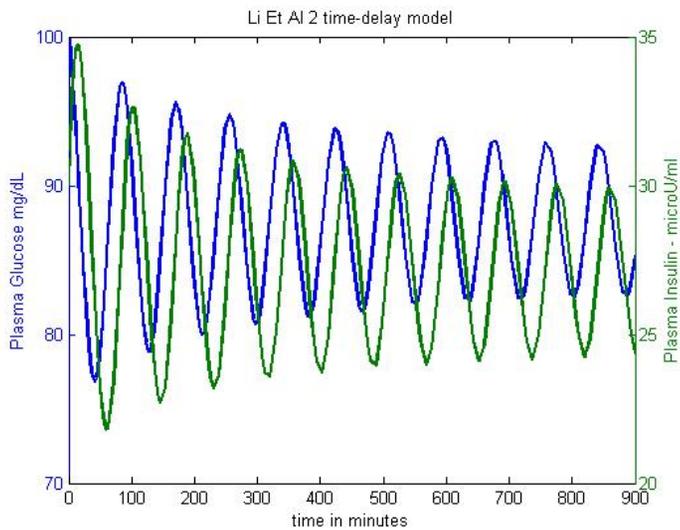
$I$ : mass of insulin in plasma and inter-cellular space

$G$ : mass of glucose in blood

## Goals/Findings

- ▶ comparison with other ultradian oscillation models for self-sustained oscillations
- ▶ found ranges of time delays in their model where sustained oscillations occur

## Li et al simulations



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# SUMMARY

- ▶ Minimal Model-ODE
  - ▶ models the IVGTT
  - ▶ quantifies 'glucose effectiveness' and 'insulin sensitivity'
- ▶ DeGaetano and Arino improvement on Minimal model
- ▶ Ultradian oscillations - ODE + DDE
  - ▶ ODE model - efficacy of oscillatory insulin
  - ▶ DDE model- attributes oscillations to both time delays with  $\tau_2$  playing a more important role

Hands on simulations (in Matlab and R) of models presented this afternoon

Thanks to my summer student PRABHAT KUMAR for programming help!