

Exploring the Role of Gut Microbiome in Diabetes Mellitus

Talca Imran*

Department of Pharmacy, BGC Trust University Bangladesh, Bangladesh

Corresponding Author*

Talca Imran

Department of Pharmacy, BGC Trust University Bangladesh, Bangladesh

E-mail: talca.ti@imran.com

Copyright: © 2024 Imran T. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received: 01-July-2024, Manuscript No. jdm-24-33627; **Editor assigned:** 03-July-2024, PreQC No. jdm-24-33627; **Reviewed:** 17-July-2024, QC No. jdm-24-33627; **Revised:** 21-July-2024, Manuscript No. jdm-24-33627; **Published:** 28-July-2024, DOI: 10.35248/2155-6156.10001145

Abstract

Diabetes mellitus, a chronic metabolic disorder characterized by hyperglycemia, is increasingly recognized for its complex interactions with the gut microbiome. Emerging evidence suggests that alterations in gut microbiota composition may contribute to the pathogenesis and progression of diabetes. This article reviews the current understanding of the relationship between diabetes and gut microbiome, highlighting the mechanisms through which microbiota influences glucose metabolism, inflammation, and insulin resistance. We discuss recent findings, implications for therapeutic strategies, and future research directions.

Keywords: Diabetes mellitus; Gut microbiome; Insulin resistance; Inflammation; Metabolic syndrome

Introduction

Diabetes mellitus, encompassing both Type 1 (T1D) and Type 2 diabetes (T2D), represents a major global health challenge characterized by chronic hyperglycemia and associated metabolic disturbances. While genetic and environmental factors contribute to diabetes onset, recent research has increasingly focused on the gut microbiome's role in disease development and progression. The gut microbiome, a diverse community of microorganisms residing in the intestinal tract, has been shown to impact various physiological processes, including metabolism and immune function. This article explores the interplay between diabetes and the gut microbiome, aiming to elucidate how microbial dysbiosis may influence diabetes pathophysiology and management [1].

The role of the gut microbiome

The gut microbiome, comprising diverse microorganisms in the intestines, plays a crucial role in maintaining overall health. It aids in digesting complex carbohydrates, synthesizing essential vitamins, and protecting against pathogenic microbes. Importantly, the gut microbiome influences metabolic processes by fermenting dietary fibers into short-chain fatty acids (SCFAs), which impact glucose metabolism and insulin sensitivity. It also modulates immune responses, contributing to inflammation regulation. Disruptions in microbiome composition, or dysbiosis, are linked to various health conditions, including diabetes mellitus, where altered microbiota can exacerbate insulin resistance and metabolic dysfunction, highlighting its significant role in disease management and prevention [2,3].

Interaction between gut microbiome and metabolism

The gut microbiome influences metabolism through various mechanisms,

including the fermentation of dietary fibers into short-chain fatty acids (SCFAs) like acetate, propionate, and butyrate. These SCFAs play a crucial role in regulating glucose metabolism, enhancing insulin sensitivity, and modulating appetite. Additionally, gut microbes affect bile acid metabolism and the synthesis of metabolic hormones. Dysbiosis, or microbial imbalance, can disrupt these processes, contributing to insulin resistance and metabolic disorders such as diabetes. Understanding these interactions highlights the potential for microbiome-targeted therapies to improve metabolic health and manage diabetes more effectively [4].

Gut microbiome and immune function

The gut microbiome plays a crucial role in immune function by interacting with the host's immune system. It influences the development and regulation of immune responses through microbial metabolites, such as short-chain fatty acids, and by modulating inflammation. A balanced microbiome promotes immune tolerance and prevents excessive inflammation, while dysbiosis—an imbalance in microbial composition—can lead to chronic inflammation and immune dysfunction. This interaction is particularly relevant in diabetes, where altered gut microbiota may exacerbate inflammatory processes, contributing to disease progression. Understanding these dynamics provides insights into potential microbiome-based therapeutic strategies for managing diabetes and related immune disorders [5].

Emerging research on diabetes and gut microbiome

Emerging research on diabetes and the gut microbiome highlights a complex interplay influencing disease development and progression. Recent studies reveal that dysbiosis—an imbalance in gut microbial communities—can exacerbate insulin resistance and inflammation, contributing to Type 2 diabetes. Altered microbial diversity and abundance, particularly shifts in Firmicutes and Bacteroidetes, have been linked to impaired glucose metabolism. Additionally, microbial metabolites like short-chain fatty acids play a role in glucose homeostasis. While interventions such as probiotics and prebiotics show potential in modulating the microbiome and improving metabolic outcomes, further research is needed to establish effective, long-term therapeutic strategies [6].

Description

The gut microbiome plays a crucial role in regulating glucose homeostasis and systemic inflammation. Research has demonstrated that individuals with diabetes often exhibit distinct gut microbiota profiles compared to healthy controls. For instance, decreased diversity and altered abundance of specific microbial taxa have been associated with impaired glucose tolerance and insulin resistance. Mechanistically, gut microbiota influences metabolic pathways through the fermentation of dietary fibers, production of short-chain fatty acids (SCFAs), and modulation of systemic inflammation. These microbial metabolites and signaling molecules can affect insulin sensitivity and glucose metabolism, contributing to the development and exacerbation of diabetes. Recent studies have also investigated the impact of prebiotics, probiotics, and dietary interventions on gut microbiome composition and diabetes management [7,8]. While some findings suggest beneficial effects of microbial modulation on glycemic control and insulin sensitivity, further research is needed to establish standardized therapeutic approaches and fully understand the long-term implications of such interventions.

Results

A comprehensive review of recent studies reveals several key findings:

- **Microbial diversity:** Reduced microbial diversity is commonly observed in individuals with diabetes, particularly in T2D patients. Lower diversity correlates with poorer glycemic control and increased insulin resistance.
- **Microbial taxa:** Specific microbial taxa, such as Firmicutes and Bacteroidetes, exhibit altered abundances in diabetic individuals. Increased

Firmicutes and decreased Bacteroidetes have been linked to obesity and insulin resistance.

- **Metabolic products:** SCFAs, including acetate, propionate, and butyrate, are produced by gut bacteria and play a role in maintaining glucose homeostasis. Altered SCFA production is associated with metabolic dysregulation in diabetes.
- **Interventions:** Probiotic and prebiotic supplementation has shown promise in improving metabolic parameters and glycemic control, although results vary and more studies are required to validate these findings [9,10].

Conclusion

The gut microbiome significantly influences the pathogenesis and progression of diabetes through its impact on glucose metabolism, inflammation, and insulin sensitivity. Understanding these interactions provides insights into potential therapeutic strategies involving microbiome modulation. While current research is promising, ongoing studies are crucial to clarify the mechanisms underlying these effects and to develop effective, evidence-based interventions for diabetes management. Future research should focus on personalized approaches to microbiome-based therapies and explore the long-term outcomes of such treatments.

References

1. Marso SP, Daniels GH, Brown-Frandsen K, Kristensen P, Mann JF, et al. (2016) Liraglutide and cardiovascular outcomes in type 2 diabetes. *N Engl J Med* 375: 311-322.
2. Marso SP, Brian SC, Consoli A, Eliaschewitz FG, Jodar E, et al. (2016) Semaglutide and cardiovascular outcomes in patients with type 2 diabetes. *N Engl J Med* 375: 1834-1844.
3. Gerstein HC, Colhoun HM, Dagenais GR, Diaz R, Lakshmanan M, et al. (2019) Dulaglutide and cardiovascular outcomes in type 2 diabetes (REWIND): a double-blind, randomized placebo-controlled trial. *Lancet* 394: 121-130.
4. Hernandez AF, Green JB, Janmohamed S, D'Agostino RB, Granger CB, et al. (2018) Albiglutide and cardiovascular outcomes in patients with type 2 diabetes and cardiovascular disease (Harmony Outcomes): a double-blind, randomized placebo-controlled trial. *Lancet* 392: 1519-1529.
5. Holman RR, Bethel MA, Mentz RJ, Thompson VP, Lokhnygina Y, et al. (2017) Effects of once weekly exenatide on cardiovascular outcomes in type 2 diabetes. *N Engl J Med* 377: 1228-1239.
6. Mann JFE, Ørsted DD, Buse JB (2017) Liraglutide and Renal Outcomes in Type 2 Diabetes. *N Engl J Med* 377: 2197-2198.
7. Muskiet MHA, Tonneijck L, Huang Y, Liu M, Saremi A, et al. (2018) Lixisenatide and renal outcomes in patients with type 2 diabetes and acute coronary syndrome: An exploratory analysis of the ELIXA randomized, placebo-controlled trial. *Lancet Diabetes Endocrinol* 6: 859-869.
8. Tuttle KR, Lakshmanan MC, Rayner B, Busch RS, Zimmermann AG, et al. (2018) Dulaglutide versus insulin glargine in patients with type 2 diabetes and moderate-to-severe chronic kidney disease (AWARD-7): A multicenter, open-label, randomized trial. *Lancet Diabetes Endocrinol* 6: 605-617.
9. De Vos LC, Hettige TS, Cooper ME (2018) New Glucose-Lowering Agents for Diabetic Kidney Disease. *Adv Chronic Kidney Dis* 25: 149-157.
10. Tommerdahl KL, Nadeau KJ, Bjornstad P (2021) Mechanisms of Cardiorenal Protection of Glucagon-Like Peptide-1 Receptor Agonists. *Adv in Chronic Kid Dis* 28: 337-346.