

# Impact of body mass index on cytochrome P450 3A phenotype

Wollmann B M<sup>1</sup>, Hole K<sup>1</sup>, Molden E<sup>1,2</sup>

<sup>1</sup>Center for psychopharmacology, Diakonhjemmet Hospital, Oslo

<sup>2</sup>Section for Pharmacology and Pharmaceutical Biosciences,

Department of Pharmacy, University of Oslo



## Background

There is a large interindividual variability in CYP3A phenotype (CYP3A4 and CYP3A5) and high body mass index (BMI) is associated with low CYP3A4 expression in both the liver and the small intestine.

## Aim

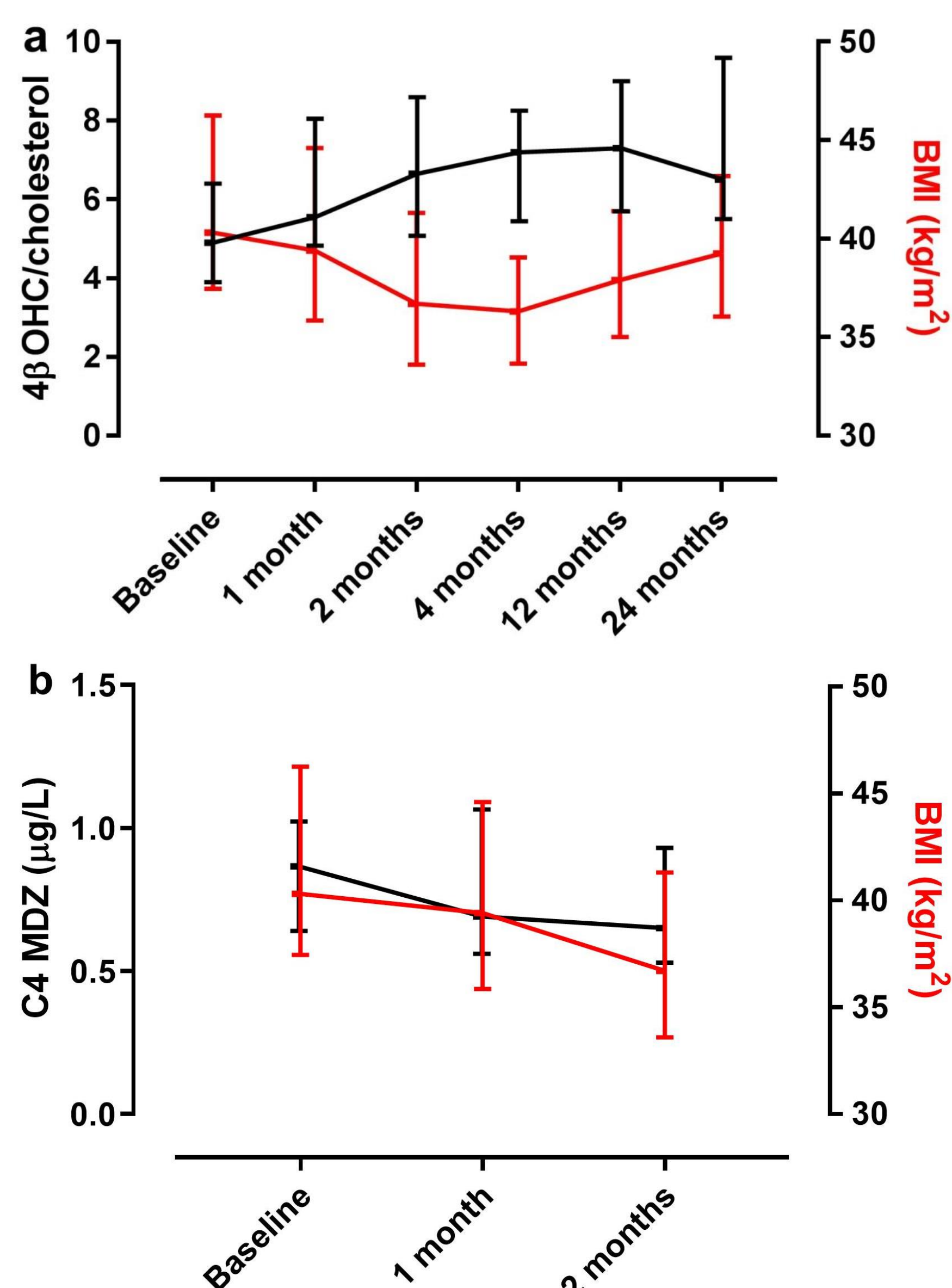
The aim of this study was to study the impact of BMI on CYP3A phenotype, measured as cholesterol-adjusted plasma levels of 4 $\beta$ -hydroxycholesterol (4 $\beta$ OHC); an endogenous CYP3A biomarker, and C4 midazolam (MDZ); the golden standard CYP3A biomarker, in obese patients and in normal weighted controls.

## Methods

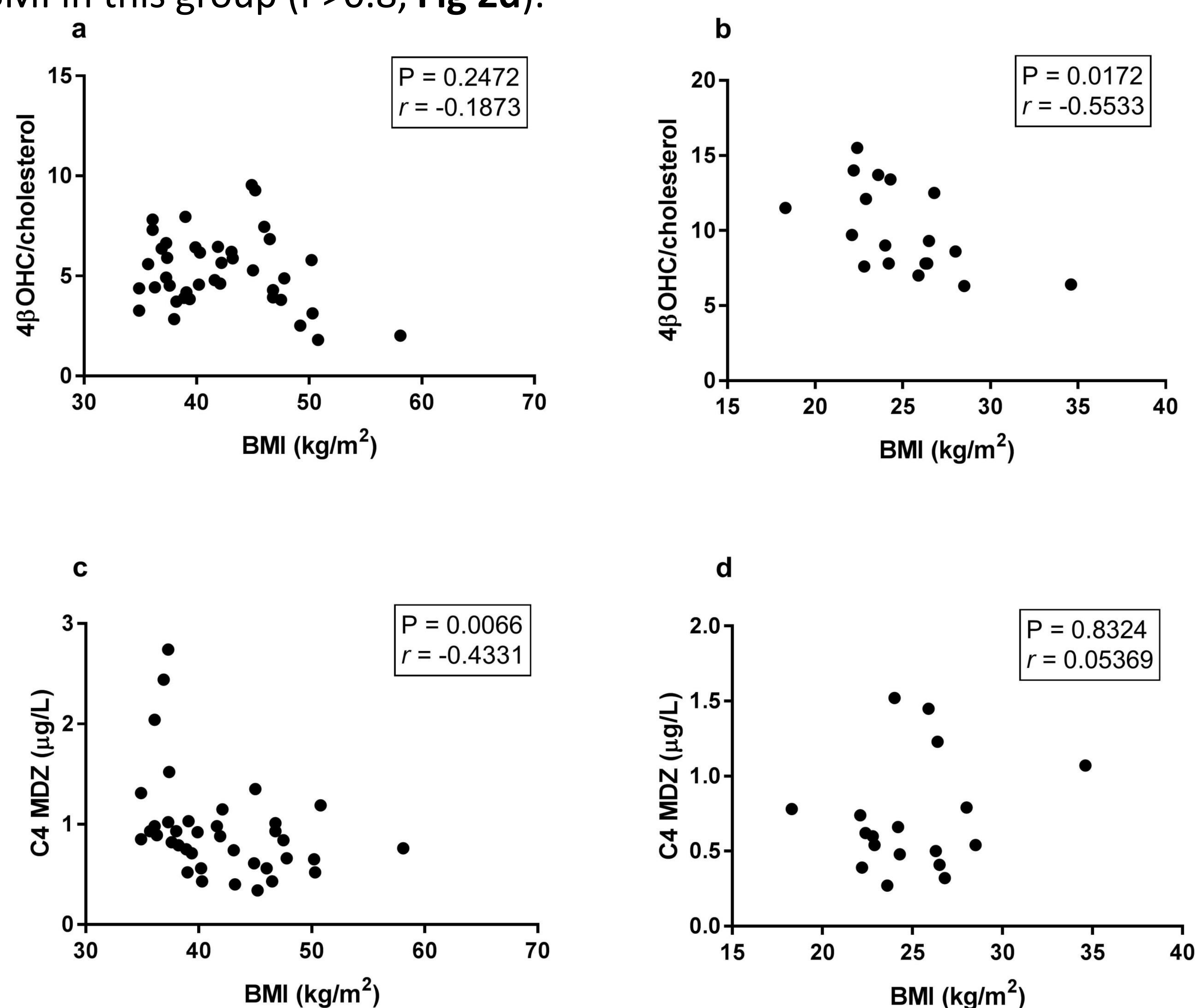
- **Plasma samples** from **40 obese patients** initiating a 9-week low and very low calorie diet, and from **18 normal weighted controls**, were included in the study.
- **4 $\beta$ OHC and MDZ** were measured by ultra-performance liquid chromatography-tandem mass spectrometry in samples collected at baseline and after 1, 2, 4, 12 and 24 months.
- **Wilcoxon signed rank tests** were used to compare paired 4 $\beta$ OHC to cholesterol ratios (4 $\beta$ OHC/C), C4 MDZ and BMI between the different time points.
- **Spearman's rank correlation tests** between 4 $\beta$ OHC/C, C4 MDZ and BMI were performed in both groups at baseline.

## Results

- Median 4 $\beta$ OHC/C at baseline was significantly lower compared to the medians at the five follow-up time points ( $P < 0.01$ , **Fig 1a**), and median C4 MDZ was significantly higher at baseline compared to the medians at the follow-up time points ( $P < 0.03$ , **Fig 1b**).
- Median BMI was significantly higher at baseline compared to the medians at the follow-up time points ( $P < 0.0001$ , **Fig 1a and 1b**), except of after 24 months ( $P > 0.1$ , **Fig 1a**).
- In the group of obese patients, there was no correlation between 4 $\beta$ OHC/C and BMI ( $P > 0.2$ , **Fig 2a**), but there was a significant negative correlation between C4 MDZ and BMI ( $P < 0.01$ , **Fig 2c**).
- A significant correlation between 4 $\beta$ OHC/C and BMI was observed in the group of normal weighted controls ( $P < 0.02$ , **Fig 2b**), while there was no correlation between C4 MDZ and BMI in this group ( $P > 0.8$ , **Fig 2d**).



**Figure 1.** 4 $\beta$ -hydroxycholesterol (4 $\beta$ OHC) to cholesterol ratios (a), C4 midazolam (MDZ) (b) and BMI (a and b, right y axis) over time, in 40 obese patients initiating a low and very low calorie diet. Data presented as median IQR.



**Figure 2.** Correlations between 4 $\beta$ -hydroxycholesterol (4 $\beta$ OHC) to cholesterol ratios, C4 midazolam (MDZ) and body mass index (BMI), in 40 **obese patients** (a and c, left panel), and 18 **normal weighted controls** (b and d, right panel) at baseline. Estimated  $r$  and  $P$  values from Spearman's rank correlation tests are added on each illustration.

## Conclusion

CYP3A activity increased in obese patients after initiation of a low and very low calorie diet. The changes were inversely related to the corresponding changes in BMI, however, plasma C4 MDZ, and not 4 $\beta$ OHC/C, was significantly correlated to BMI in the group of obese patients, whereas in the group of normal weighted controls, 4 $\beta$ OHC/C was significantly correlated to BMI and not C4 MDZ. A likely explanation of the latter finding is differences in sensitivity between the biomarkers to reflect CYP3A phenotype during the inflammatory state associated with obesity.