

Food & Function

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30 Abstract

31 High-fat diet (HFD)-induced obesity is often associated with immune dysfunction.
32 Resveratrol (trans-3,5,4'-trihydroxystilbene), which has well-founded
33 immunity-related beneficial properties, was used to elucidate the regulatory effect on
34 glucose metabolism and T-lymphocyte subsets in the development of HFD-induced
35 obesity. Resveratrol significantly decreased the body weight and fat masses, being
36 associated with the decrease of plasma leptin, plasma lipid and the release of
37 oxidative stress in HF mice after 26 weeks of feeding. Furthermore, resveratrol
38 decreased the fasting blood glucose and fasting plasma insulin, and increased the
39 $CD3^+CD4^+/CD3^+CD8^+$ subsets percentages and the regulatory T cells (Tregs)
40 production after 13 and 26 weeks of feeding. The results indicated that resveratrol, as
41 an effective supplement for HFD, maintained glucose homeostasis through activating
42 the PI3K and SIRT1 signaling pathway. Meanwhile, resveratrol activated the Nrf2
43 signaling pathway-mediated antioxidant enzyme expression to alleviate inflammation
44 by protecting against oxidative damage and T-lymphocyte subsets-related chronic
45 inflammatory response in the development of HFD-induced obesity.

46 **1 Introduction**

47

48 Consumption of high-fat diet (HFD) leads to obesity, insulin resistance, and ultimately
49 type 2 diabetes mellitus,¹ accompanied by the reduced expression of GLUT4 and
50 phosphorylation of AMPK α in skeletal muscle and adipose tissue of C57BL/6 mice.²
51 Obesity is often associated with immune dysfunction, which activates numerous
52 inflammatory signaling pathways including I κ B α kinases (IKK), c-Jun N-terminal
53 kinases (JNK) and atypical protein kinase C (PKC), in turn inhibiting insulin action.³
54 Weight gain during the course of obesity induces chronic inflammation in white
55 adipose tissue (WAT) and liver, leading to the release of proinflammatory cytokine
56 TNF- α ⁴ that impairs glucose homeostasis by inhibiting insulin action^{5,6} Meanwhile,
57 WAT-derived adipokines and chemokines can activate CD8⁺ T cells in obese states,
58 which then promote macrophage infiltration, thus perpetuating the inflammatory
59 response.⁷ Mitogen-stimulated splenocyte proliferation, cytokine production, and
60 antigen-specific antibody in sera were affected in HFD-induced obese mice.⁸ Several
61 immune functions and physiological metabolism were changed in mice by high-fat
62 feeding in our previous studies.⁹⁻¹² Besides, long-term feeding of HFD induced severe
63 obesity and impaired lymphocytes proliferation in C57BL/6 mice.¹³ B cells worsened
64 glucose metabolism through modulation of T cells and production of pathogenic
65 antibodies during high-fat feeding in C57BL/6 mice.¹⁴ Moreover, Tregs in WAT which
66 maintained insulin sensitivity decreased in the course of obesity.^{15,16} Thus,
67 lymphocyte subsets are crucial in obesity-related glucose metabolism disorder and
68 chronic inflammatory response.

69 Resveratrol, a natural polyphenolic compound in grape skins and red wine,¹⁷
70 promotes vascular endothelial function, anticarcinogenesis and enhances lipid
71 metabolism.¹⁸ The phenolic hydroxyl groups in resveratrol structure are able to
72 scavenge reactive oxygen species (ROS).¹⁹ Resveratrol is also used as a
73 complementary therapeutic for multiple sclerosis that increases the activity of Tregs.²⁰
74 Thus, the antioxidative and immunomodulatory properties may primarily contribute to
75 these biological activities.

76 Obesity is often associated with intensified oxidative stress and immune
77 dysfunction in high-fat fed animals.²¹ Our previous study indicated that 0.06%
78 resveratrol functioned more effectively by relieving oxidative stress, inhibiting

79 expressions of inflammatory genes and increasing Tregs number in HFD-induced
80 obese (DIO) and diet resistant (DR) mice.¹⁰ However, studies concerning the role of
81 resveratrol in the development of HFD-induced obesity and chronic inflammation
82 remain scarce. In this study, we hypothesized that resveratrol could regulate glucose
83 metabolism and T-lymphocyte subsets in the development of HFD-induced obesity.
84 The effects of resveratrol on relief of oxidative stress and the possible relationships
85 with biomarkers associated with metabolic syndrome in the development of
86 HFD-induced obesity were specifically assessed. In addition, the T
87 lymphocytes-activating effects of resveratrol on the CD3⁺CD4⁺/CD3⁺CD8⁺ subsets
88 percentages were evaluated. Meanwhile, the Tregs production which was involved in
89 obesity as well as chronic inflammation was measured.

90

91 **2 Materials and methods**

92 **2.1 Antibodies and chemicals**

93

94 Resveratrol was purchased from Shanghai DND Pharm-Technology Co., Inc.
95 (Shanghai, China). PE-Cyanine5-conjugated anti-mouse CD3e mAb (145-2C11 clone;
96 IgG), Fluorescein isothiocyanate (FITC)-conjugated anti-mouse CD4 mAb (GK1.5
97 clone; IgG2b, κ), PE-conjugated anti-mouse CD8a mAb (53-6.7 clone; IgG2a, κ),
98 PE-Cyanine7-conjugated anti-mouse CD25 mAb (PC61.5 clone; IgG1, λ), and
99 APC-conjugated anti-mouse FoxP3 (FJK-16s clone, IgG2a, κ) and its staining kit
100 were obtained from eBioscience (San Diego, CA).

101

102 **2.2 Animals**

103

104 C57BL/6 mice (6-8 week old, female) were purchased from Shanghai Laboratory
105 Animal Center of Chinese Academy of Sciences (SLACCAS), All mice were housed
106 under conditions of controlled temperature (23 ± 2 °C) and humidity (60%) with
107 natural light. All experimental animal care and treatment followed the guidelines set
108 up by the Institutional Animal Care and Use Committee of Jiangnan University.

109

110 **2.3 Experimental design**

111

112 All the mice were first fed with normal diets for 1wk for acclimatization before the
113 study, and then were randomly assigned to one of the following 3 dietary groups
114 (n=32). Control group (mice were fed with normal diet containing 4.89% fat), HF
115 group (mice were fed with HFD containing 21.45% fat), This HFD has been found to
116 cause significant oxidative stress in C57BL/6 mice in our previous study.¹² HF+R
117 group (mice fed with HFD in supplementation with 0.06% resveratrol, which was
118 mixed with a pelleted diet as used earlier).^{22,23} Compositions of the animal diets are
119 listed in Table 1. All mice were allowed free access to the test diets throughout the test
120 period. Their body weights were also monitored weekly. Eight mice for each group
121 were sacrificed at 3, 6, 13 and 26 weeks respectively, overnight food-deprived mice
122 were anaesthetized with diethyl ether inhalation between 8:00 and 10:00 AM. Blood
123 was collected into microcentrifuge tubes containing heparin by orbital vein puncture
124 under anaesthesia and used for fasting blood glucose test and flow cytometry. The
125 animals were euthanized with overdoses of anesthetic. The perirenal fat, periovarian fat
126 and liver were washed with normal saline, wiped with filter paper and weighed.
127 Plasma was obtained from blood samples after centrifugation (500g for 10 min at 4°C)
128 and then stored at -20°C until analysis. Spleen was dissected immediately, weighed,
129 and divided into two parts. A portion of the spleen was frozen in liquid nitrogen and
130 stored at -80°C for later use, and the residual was used for flow cytometry and
131 biomarkers of oxidative stress analysis.

132

133 **2.4 Analysis of fasting blood glucose, fasting plasma insulin, leptin and lipid** 134 **profile**

135

136 Fasting blood glucose was measured using reagent strips for a LifeScan SureStep
137 ® Flexx glucose meter (Johnson and Johnson, Rochester, USA). Fasting plasma levels
138 of insulin (Huijia Bioengineering Institute, Xiamen, China), leptin (TSZ Scientific,
139 Framingham, MA, USA) as well as total cholesterol, triacylglycerol, low-density
140 lipoprotein (LDL)-cholesterol and high-density lipoprotein (HDL)-cholesterol
141 concentrations (Nanjing Jiancheng Bioengineering Institute, Nanjing, PR China) in
142 plasma were measured according to the instructions of the manufacturer. The
143 homeostatic model assessment of insulin resistance (HOMA-IR) was calculated
144 (HOMA-IR = fasting blood glucose × fasting plasma insulin/22.5).

145

146 **2.5 Assessment of antioxidant status in spleen**

147
148 The spleen tissue was homogenized in a glass-Teflon homogenizer with 50 mM
149 phosphate buffer (PH 7.4) to obtain 1: 9 (w/v 10%) whole homogenate. The
150 supernatant of homogenates was used for the measurement of catalase (CAT),
151 glutathione (GSH), glutathione disulfide (GSSG), total antioxidant capacity (TAC)
152 and malondialdehyde (MDA) according to the instructions of the manufacturer
153 (Nanjing Jiancheng Bioengineering Institute, Nanjing, PR China).

155 **2.6 Cell preparation**

156
157 Peripheral blood was resuspended in erythrocyte lysis solution (0.17 mmol/l NH₄Cl,
158 0.01 mmol/l EDTA, 0.1 mol/l Tris, pH 7.3) and then washed twice in RPMI-1640 with
159 10% fetal calf serum to obtain peripheral blood mononuclear cells (PBMCs).
160 Single-cell suspensions of spleen were prepared according to standard laboratory
161 procedures. In brief, spleen was passed through 70 and 40 mm nylon meshes before
162 erythrocyte lysis. Subsequently, cells were washed several times with PBS and
163 resuspended in RPMI-1640 with 10% fetal calf serum. Viability of the cells was
164 assessed by Trypan blue staining before flow cytometry.

166 **2.7 Immunofluorescence staining and flow cytometry (FCM)**

167
168 The analysis of CD3⁺CD4⁺ lymphocytes, CD3⁺CD8⁺ lymphocytes and Tregs was
169 performed on PBMCs and splenocytes as described previously.^{24,25} Briefly, 50μL of
170 PBMCs and splenocytes were added to falcon tubes (B.D. Biosciences, San Jose, CA)
171 containing different immuno-labeled monoclonal antibodies. For detection of
172 CD3⁺CD4⁺ and CD3⁺CD8⁺ lymphocytes, cells were stained with anti-CD3, anti-CD4
173 and anti-CD8 monoclonal antibodies (mAbs) at room temperature for 30 min in the
174 dark, followed by centrifugation. For Tregs intracellular staining, cells stained with
175 anti-CD4 and anti-CD25 mAbs were fixed with Fix/Perm Buffer (according to the
176 manufacture manual) after being washed and incubated with 1×Permeabilization
177 Buffer for 15 min, then incubated with anti-FoxP3 mAb for 30 min at room
178 temperature according to the instruction offered by the manufacturer. Thereafter the
179 cells were washed and analyzed on FACS Calibur and the data were processed using

180 FlowJo software (Tree Star, Ashland, OR, USA).

181

182 **2.8 RNA isolation and gene expression analysis by quantitative real-time reverse** 183 **transcription PCR**

184

185 Total RNA of spleen was extracted with Trizol reagent (Invitrogen, USA), and then
186 reverse-transcribed to cDNA according to the manufacturer's instructions
187 (MultiScribe Reverse Transcriptase, Applied Biosystems, Foster City, CA, USA).
188 Platinum Taq polymerase (Invitrogen Life Technologies) and SYBR Green
189 fluorescence (Bioneer Inc. Korea) were used to employ quantitative real-time reverse
190 transcription PCR (qRT-PCR). Target genes were analyzed by qRT-PCR using
191 Applied Biosystems (Foster City, CA) 7900 Fast Real-Time PCR System. A
192 house-keeping gene, β -actin, was used as internal control to normalize the qRT-PCR
193 data. Sequences of the used primers are given in Table 2. The expression level of a
194 gene in a given sample was represented as $2^{-\Delta\Delta Ct}$ where $\Delta\Delta Ct = [\Delta Ct_{(experimental)}] -$
195 $[\Delta Ct_{(medium)}]$ and $\Delta Ct = [Ct_{(experimental)}] - [Ct_{(housekeeping)}]$.

196

197 **2.9 Statistical analyses**

198

199 All results were expressed as means \pm SD. Comparisons across groups were
200 performed with SPSS 13 (SPSS, Inc., Chicago, IL, USA) using one-way analysis of
201 variance (ANOVA) after testing for homogeneity of variance test, and then the means
202 were compared by Tukey's test. Confidence levels for statistical significance were set
203 at $P < 0.05$.

204

205 **3 Results**

206 **3.1 Effect of resveratrol on the body weight, fat masses and plasma leptin of HF** 207 **mice**

208

209 There were no significant differences among the body weights of control, HF and
210 HF+R mice after 3 and 6 weeks of feeding (Fig. 1A). The body weights of HF and
211 HF+R mice were significantly higher than that of control mice after 13 weeks of
212 feeding ($P < 0.05$). After 26 weeks of HFD, the body weight of HF mice, which was

213 33.32% higher than that of control mice, could be significantly decreased by
214 resveratrol supplementation ($P < 0.05$). Similar to the body weight change, the weight
215 of perirenal fat in HF mice was significantly higher ($P < 0.05$, Fig. 1B) than that in
216 control mice after 13 weeks of HFD, while the weight of periovar fat and the
217 fat/body weight (BW) ratio of HF mice increased significantly ($P < 0.05$, Fig. 1C and
218 D) after 6 weeks of HFD. Resveratrol significantly decreased the weights of adipose
219 tissues compared with those of HF mice after 26 weeks of feeding ($P < 0.05$). There
220 were no significant differences among the liver/BW ratio of three groups throughout
221 the dietary protocol (Fig. 1E). Compared with control mice, plasma leptin of HF mice
222 increased significantly after 6 weeks of high-fat feeding, and this trend continued
223 throughout the dietary protocol ($P < 0.05$, Fig. 1F), while resveratrol significantly
224 decreased the plasma leptin of HF mice ($P < 0.05$) after 13 and 26 weeks of feeding.

225

226 **3.2 Effect of resveratrol on the plasma lipid of HF mice**

227

228 The total cholesterol of HF mice evidently increased after 6 weeks of HFD and
229 remained thereafter ($P < 0.05$, Table 3), while resveratrol significantly decreased the
230 total cholesterol of HF mice ($P < 0.05$) after 26 weeks of feeding. The plasma
231 triacylglycerol levels of HF mice were not significantly higher than those of control
232 mice after 3 and 6 weeks of high-fat feeding ($P > 0.05$, Table 3), which was
233 significantly increased after 13 weeks of feeding ($P < 0.05$). After 26 weeks of HFD,
234 the plasma triacylglycerol level of HF mice, which was 10.48% higher than that of
235 control mice, was significantly decreased by resveratrol supplementation ($P < 0.05$).

236 The plasma LDL-cholesterol of HF mice increased after 26 weeks of HFD ($P >$
237 0.05 , Table 3). Resveratrol decreased plasma LDL-cholesterol, especially after 26
238 weeks of feeding ($P < 0.05$). Moreover, HDL-cholesterol significantly decreased in
239 HF mice after 26 weeks of HFD, which was increased by the supplementation of
240 resveratrol ($P < 0.05$).

241

242 **3.3 Effects of resveratrol on the glucose metabolism of HF mice**

243

244 The fasting blood glucose of HF mice increased significantly after 6 weeks of high-fat
245 feeding, and this trend continued throughout the dietary protocol ($P < 0.05$, Fig. 2A).
246 After 6, 13 and 26 weeks of feeding, the fasting blood glucose levels of HF mice were

247 21.95%, 35.81% and 45.17%, respectively, higher than those of control mice (all $P <$
248 0.05). Resveratrol significantly decreased the fasting blood glucose compared with
249 those of HF mice after 13 and 26 weeks of feeding ($P < 0.05$). In conjunction with the
250 changes in fasting blood glucose, the fasting plasma insulin level of HF mice were
251 significantly higher than those of the control mice after 6, 13 and 26 weeks of high-fat
252 feeding ($P < 0.05$, Fig. 2B). While, the fasting plasma insulin levels of HF+R mice
253 were 26.13% and 13.46%, respectively, lower than those of HF mice after 13 and 26
254 weeks of feeding. HOMA-IR of HF mice increased significantly after 6 weeks of
255 HFD ($P < 0.05$, Fig. 2C). Resveratrol decreased it compared with that of HF mice
256 after 13 and 26 weeks of feeding ($P < 0.05$).

257

258 **3.4 Effects of resveratrol on the oxidative stress of HF mice**

259

260 There were no significant differences between the splenic CAT activities of HF and
261 control mice after 3 and 6 weeks of feeding (Table 4). After 13 and 26 weeks of
262 feeding, the CAT activities of HF mice which were 36.56% and 52.51%, respectively,
263 lower than those of control mice, were enhanced by resveratrol supplementation ($P <$
264 0.05). High-fat feeding for 6 weeks significantly decreased GSH/GSSG in the spleen
265 of HF mice compared with that in control mice ($P < 0.05$). There were no significant
266 differences among the GSH/GSSG of three groups after 13 weeks of feeding, while
267 the splenic GSH/GSSG of HF mice was 16.90% lower than that of control mice after
268 26 weeks of HFD. Resveratrol significantly increased the GSH/GSSG of HF mice
269 after 6 and 26 weeks of feeding ($P < 0.05$). T-AOC significantly decreased and MDA
270 evidently increased in HF mice after 6 weeks of HFD, and remained thereafter ($P <$
271 0.05, Table 4). Resveratrol increased the T-AOC and decreased MDA compared with
272 those of HF mice throughout the dietary protocol.

273

274 **3.5 Effects of resveratrol on the CD3⁺CD4⁺/CD3⁺CD8⁺ percentages of HF mice**

275

276 The CD3⁺CD4⁺/CD3⁺CD8⁺ ratios of peripheral blood in HF mice were 23.39% and
277 12.74% respectively, lower than those of control mice after 13 and 26 weeks of HFD
278 ($P < 0.05$, Fig. 3D). Resveratrol increased the CD3⁺CD4⁺/CD3⁺CD8⁺ ratio in HF
279 mice, especially after 26 weeks of feeding ($P < 0.05$). The splenic
280 CD3⁺CD4⁺/CD3⁺CD8⁺ ratio of HF mice significantly decreased after 3 weeks of

281 high-fat feeding, and this trend continued throughout the dietary protocol ($P < 0.05$,
282 Fig. 3E). Resveratrol elevated the ratio compared with that of HF mice throughout the
283 feeding period.

284

285 **3.6 Effects of resveratrol on the Tregs production of HF mice**

286

287 There were no significant differences among Tregs productions in the peripheral
288 blood of the three groups after 3 weeks of feeding (Fig. 4D). After 6, 13 and 26 weeks
289 HFD, the percentages of Tregs in HF mice were 15.65%, 49.25% and 57.93%,
290 respectively, lower than those of control mice ($P < 0.05$, Fig. 4D). Resveratrol
291 significantly increased the Tregs productions in peripheral blood after 13 and 26
292 weeks of feeding ($P < 0.05$). HFD significantly decreased the splenic Tregs
293 production of HF mice throughout the dietary protocol ($P < 0.05$, Fig. 4E). The Tregs
294 production of HF+R mice increased by 39.32% compared with that of HF mice after
295 26 weeks of feeding.

296

297 **3.7 Effects of resveratrol on the expressions of glucose metabolism-related genes** 298 **in HF mice**

299

300 High-fat feeding for 26 weeks significantly decreased SIRT1 and GLUT4 expressions
301 compared with those in control mice ($P < 0.05$, Fig. 5A and B). Resveratrol
302 supplementation increased the expressions of SIRT1 and GLUT4 in HF mice,
303 especially after 13 and 26 weeks of feeding ($P < 0.05$).

304 In HF mice, the expression of PI3K significantly increased after 6 weeks of HFD,
305 which, however, was significantly decreased compared with those of control mice
306 after 13 and 26 weeks of feeding ($P < 0.05$, Fig. 5C). Resveratrol significantly
307 increased the expression of PI3K in HF mice after 26 weeks of feeding ($P < 0.05$).
308 The AKT expressions of HF mice were 33.66% and 39.60%, respectively lower than
309 those of control mice after 13 and 26 weeks of feeding ($P < 0.05$, Fig. 5D).
310 Resveratrol supplementation significantly increased the AKT expression of HF mice
311 after 26 weeks of feeding ($P < 0.05$).

312

313 **3.8 Effects of resveratrol on the expressions of inflammatory mediators in HF** 314 **mice**

315

316 High-fat feeding increased the splenic expression of TNF- α in HF mice throughout
317 the experimental period, especially after 13 and 26 weeks of feeding ($P < 0.05$, Fig.
318 6A). Resveratrol significantly decreased TNF- α expression after 26 weeks of feeding,
319 which was 32.10% lower than that of HF mice ($P < 0.05$). The expressions of NF- κ B
320 and COX-2 in HF mice significantly increased after 6 weeks of HFD, and this trend
321 continued throughout the dietary protocol ($P < 0.05$, Fig. 6B and C). Resveratrol
322 supplementation decreased the NF- κ B and COX-2 expressions compared with those
323 of HF mice.

324

325 **3.9 Effects of resveratrol on the expressions of oxidative stress-related genes in** 326 **HF mice**

327

328 GSK-3 β expression was significantly increased in HF mice after 13 and 26 weeks of
329 feeding ($P < 0.05$, Fig. 7A), which was significantly decreased by resveratrol
330 supplementation ($P < 0.05$). The Nrf2 expression of HF mice rose significantly after 6
331 weeks of feeding ($P < 0.05$, Fig. 7B), and then gradually reduced. After 26 weeks of
332 HFD, the Nrf2 expression of HF mice was 34.0% lower than that of control mice,
333 which was significantly elevated by resveratrol supplementation ($P < 0.05$).

334 High-fat feeding significantly decreased the HO-1 expressions in HF mice as
335 compared with those of control mice after 13 and 26 weeks of feeding ($P < 0.05$, Fig.
336 7C). The HO-1 expressions of HF+R mice were 49.38%, 21.79% and 43.28%,
337 respectively, higher than those of HF mice after 6, 13 and 26 weeks of feeding. There
338 were no significant differences between the NQO-1 expressions in control and HF
339 mice throughout the dietary protocol (Fig. 7D). While, after 13 and 26 weeks of
340 feeding, the NQO-1 expressions of HF+R mice were 18.69% and 61.45%,
341 respectively, higher than those of HF mice.

342

343 **4 Discussion**

344 Consumption of HFD is correlated with the onset of obesity and the increase of
345 adipose mass.²⁶ In our study, the body weight and the weights of adipose tissues in HF
346 mice, which increased significantly since 13 weeks, was significantly reduced by
347 resveratrol after 26 weeks of feeding, revealing that resveratrol exerted potential

348 anti-obesity effect.²⁷ There were no significant differences among the liver/BW ratio
349 of three groups in the course of HFD, implying that the performance of obesity was
350 confined to partial tissues (e.g. adipose tissues). Leptin can increase sympathetic
351 activity and energy expenditure as well as exert potent anti-obesity effect.²⁸ Indeed,
352 plasma leptin levels are elevated in obese rodent²⁹ and human,^{30,31} which is associated
353 with leptin resistance.³⁰ Being consistent with previous studies,^{26,32} plasma leptin in
354 HF mice significantly increased compared with that in control mice since 6 weeks of
355 high-fat feeding, suggesting increased leptin resistance in HF mice. Thus, the
356 decreased plasma leptin in HF+R mice compared with that in HF mice after 13 and 26
357 weeks of feeding might be responsible, at least in part, for the less weight gain and fat
358 storage in these mice. Leptin levels increase with rising body mass and can stimulate
359 the production of proinflammatory factors TNF- α and IL-6, as well as reactive oxygen
360 species in macrophages and mediate the activation of T cells,³²⁻³⁴ indicating a relevant
361 role in immunity, not only by maintaining energy homeostasis but also by regulating
362 the function of immune cells. In this study, leptin was involved in the regulation of
363 inflammatory condition,³⁵ as evidenced by the significant increase of it in HF mice. It
364 is well-known that immune responses require an optimum balance between energy
365 intake and consumption.³⁶ As suggested by the decreased level of plasma leptin,
366 resveratrol was capable of alleviating inflammation in response to high-fat feeding. In
367 conjunction with the changes in body weight, resveratrol decreased the plasma lipid of
368 HF mice owing to the ameliorating effect on lipid metabolism disorder. The findings
369 are in consistent with a recent study that total cholesterol significantly decreased in
370 response to resveratrol.³⁷ Resveratrol facilitated the triacylglycerol breakdown
371 triggered by β -adrenergic activation and impaired the lipogenesis in human fat cells,³⁸
372 suggesting that this anti-obesity effect of resveratrol was responsible for the relieved
373 fat accumulation.

374 High-fat feeding increased the fasting blood glucose, fasting plasma insulin and
375 HOMA-IR of HF mice after 6 weeks of feeding, and the trend continued throughout
376 the dietary protocol. Resveratrol decreased the fasting blood glucose, fasting plasma
377 insulin and HOMA-IR of HF mice due to the ameliorating effect on glucose
378 metabolism disorder, which accords with the decreased blood glucose in Zucker obese
379 rats and streptozotocin-induced diabetic rats after resveratrol feeding.^{39,40} The
380 decreased fasting plasma insulin in HF+R mice also follow other previously report
381 that resveratrol administration led to increased insulin sensitivity in mice fed a

382 high-caloric diet.²² We next study the mechanism underlying the effect of resveratrol
383 on the glucose metabolism in the development of HFD-induced obesity.

384 SIRT1 is a mammalian deacetylase whose function has been linked to metabolic
385 regulation.⁴¹ Resveratrol, which is SIRT1-dependent,^{37,42} leads to a beneficial
386 response to metabolic syndrome. Resveratrol can also attenuate the adipogenesis in
387 3T3-L1 adipocytes through a SIRT1-dependent pathway and upregulate SIRT1
388 expressions in differentiated adipocytes, giving rise to lipolysis and mobilization of
389 free fatty acids.⁴² In our study, resveratrol administration significantly elevated the
390 SIRT1 expression compared with that of HF mice, which was consistent with a
391 previous study that resveratrol promoted glucose uptake in the presence of insulin in
392 normal and insulin-resistant muscle myocytes through a SIRT1-dependent pathway.³⁷
393 The decreased expression of GLUT4 in HF mice suggested that glucose metabolism
394 was destroyed without GLUT4.⁴³ In addition to the impaired glucose metabolism of
395 skeletal muscle and systemic insulin action, lipid metabolism is also affected by
396 GLUT4 ablation,⁴⁴ which is in accordance with the lipid metabolism disorder in HF
397 mice. The increased expression of GLUT4 in HF+R mice resembled that reported
398 previously,⁴⁰ inferring that resveratrol augmented glucose uptake. The PI3K signaling
399 pathway plays an important role in regulating obesity and diabetes. Insulin-stimulated
400 glucose transport can be facilitated via PI3K signaling pathway by regulating the
401 expression and activation of GLUT4, PI3K and AKT.⁴⁵ In this study, as evidenced by
402 the increased expression of PI3K of HF mice after 6 weeks of HFD, glucose
403 metabolism was activated in the early stage of high-fat feeding. However, the
404 expression plummeted after 13 and 26 weeks of feeding. Meanwhile, resveratrol
405 significantly increased the expressions of PI3K and AKT in HF mice after 26 weeks
406 of feeding, suggesting that resveratrol may play a dominant role in this integrated
407 regulation of glucose homeostasis by improving the PI3K signaling transduction.

408 It is well known that T lymphocytes play a central role in cell-mediated immunity,
409 such as killing target cells, reacting to specific antigens and producing cytokines.
410 CD4⁺ and CD8⁺ T cells are two important subsets that regulate immunity. T cells
411 (CD3⁺ cells) carry out specialized functions such as cytokine secretion and B cells
412 help through CD4⁺ and CD8⁺ T cells.⁴⁶ There were significant positive correlations
413 between peripheral CD3⁺CD4⁺/CD3⁺CD8⁺ percentages and host protective cellular or
414 humoral responses in immune compromised conditions such as cancer and
415 tuberculosis. In this study, high-fat feeding induced significant reductions of the

416 CD3⁺CD4⁺/CD3⁺CD8⁺ percentages since 13 weeks in peripheral blood and 3 weeks
417 in spleen, suggesting a potential decline of immunity in HF mice. As indicated by the
418 raised proportion of CD3⁺CD4⁺/CD3⁺CD8⁺ T cells in HF+R mice, resveratrol was
419 beneficial to the immunoregulation induced by high-fat feeding. Tregs, a small subset
420 of T lymphocytes, are one of the body's most crucial defenses against inappropriate
421 immune responses, operating in contexts of autoimmunity, inflammation, infection
422 and tumorigenesis.⁴⁷ Tregs also influence the obesity-related inflammatory state in
423 adipose tissue and, thus, insulin resistance.¹⁵ The decreased Tregs production in HF
424 mice herein further demonstrated the aggravation of chronic inflammation by HFD,
425 and resveratrol increased the Tregs production in the peripheral blood and spleen of
426 HF mice, being consistent with the previously proposed role of resveratrol in the
427 regulation of immune functions.⁴⁸ It is generally assumed that some inflammatory
428 processes are a consequence of obesity.⁴ The adoptive transfer of Tregs can reduce
429 both IKK- β and NF- κ B binding activities in HFD-fed mice, thus modulating the
430 inflammatory signaling in steatosis.⁴⁹ In the meantime, resveratrol is capable of
431 inhibiting inflammatory adipokines.⁵⁰ Hence, whether the effect of resveratrol on the
432 recruitment of Tregs was accompanied by reduced expressions of inflammatory
433 mediators was then analyzed. In this study, resveratrol treatment inhibited the
434 increased expressions of TNF- α , NF- κ B and COX-2 induced by HFD throughout the
435 diet period, which further verified its adjuvant role in controlling the inflammatory
436 responses in various tissues.^{51,52}

437 Actually, chronic inflammation functions in the development of insulin resistance
438 and other obesity-related features, commonly recognized as metabolic syndrome
439 manifestations.⁵³ However, the molecular basis of the origin of this inflammatory
440 condition has not yet been well elucidated. It has been reported that high glucose
441 intake increases intra-cellular ROS in leukocytes and adipocytes.^{54,55} ROS also
442 regulate cell death in a variety of cell types.⁵⁶ Therefore, the proinflammatory state of
443 obese individuals might be related to chronic excessive nutrient intake.⁵⁷ In our study,
444 the antioxidant defenses were weakened in HF mice, confirming that oxidative stress
445 was remarkably increased in high-fat fed animals.⁵⁸ Nrf2 signaling is known to be
446 mainly responsible for stimulating of SOD and GSH-px gene expressions and hence
447 exhibits a crucial cellular response to environmental stress.⁵⁹ GSK-3 β is able to block
448 the protective effect of Nrf2 on the model of excitotoxicity in hippocampus and to
449 inhibit the Nrf2 activity and the phase II response by excluding Nrf2 from the

nucleus.⁶⁰ In our study, the increased Nrf2 expression of HF mice after 6 weeks of feeding indicated the activation of Nrf2 that attenuated oxidative stress in the early stage of high-fat feeding. After 13 and 26 weeks of HFD, as evidenced by the increased expression of GSK-3 β and the decreased expression of Nrf2 along with Nrf2 translocation-activated HO-1 and NQO1 in HF mice, high-fat feeding suppressed the transcription of key antioxidant genes by triggering the translocation of Nrf2 into the nucleus, thus aggravating the oxidative stress in HF mice. Indeed, the lack of an active Nrf2 signaling pathway in mice can increase inflammation and inflammation-mediated oxidative damage.⁶¹ Therefore, our results are also in accordance with previous study that oxidative stress might trigger a proinflammatory status.⁶² Considering the anti-oxidative effect of resveratrol,⁶³ we specifically assessed the effects of resveratrol on the oxidative stress in spleen and the potential relationships with biomarkers associated with inflammatory condition and metabolic syndrome, and showed that resveratrol increased the battery of antioxidant genes transactivated by Nrf2 to relieve the oxidative stress induced by HFD. Likewise, it has been reported that resveratrol functioned in the activation of Nrf2 as well as in the regulation of antioxidant expression to strengthen its antioxidative activity.⁶⁴ Therefore, the beneficial action of resveratrol on HFD-related immunomodulatory effect was antioxidant-mediated.

469

470 **5 Conclusions**

471

472 In summary, resveratrol managed to maintain glucose homeostasis in the development
473 of HFD-induced obesity, through activating the PI3K and SIRT1 signaling
474 transduction. Resveratrol also activated the Nrf2-regulated adaptive response to
475 attenuate inflammation by protecting against inflammatory oxidative damage and T
476 lymphocytes-related inflammatory response. Our results expand current
477 understanding of the inflammation in the development of HFD-induced obesity and
478 provide a potential adjuvant candidate for maintaining glucose homeostasis and
479 alleviating inflammation by supplementing resveratrol.

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485 **References**

- 486 1 S. Furukawa, T. Fujita, M. Shimabukuro, M. Iwaki, Y. Yamada, Y. Nakajima, O.
487 Nakayama, M. Makishima, M. Matsuda and I. Shimomura, *J. Clin. Invest.*, 2004,
488 **114**, 1752–1761.
- 489 2 Y. Yamashita, M. Okabe, M. Natsume and H. Ashida, *Arch. Biochem. Biophys.*,
490 2012, **527**, 95–104.
- 491 3 M. Pal, C. M. Wunderlich, G. Spohn, H. S. Brönneke, M. Schmidt-Supprian and
492 F. T. Wunderlich, *PLoS One*, 2013, **8**, e54247.
- 493 4 G. S. Hotamisligil, N. S. Shargill and B. M. Spiegelman, *Science*, 1993, **259**,
494 87–91.
- 495 5 P. Plomgaard, K. Bouzakri, R. Krogh-Madsen, B. Mittendorfer, J. R. Zierath and
496 B. K. Pedersen, *Diabetes*, 2005, **54**, 2939–2945.
- 497 6 G. S. Hotamisligil, A. Budavari, D. Murray and B. M. Spiegelman, *J. Clin. Invest.*,
498 1994, **94**, 1543–1549.
- 499 7 S. Nishimura, I. Manabe, M. Nagasaki, K. Eto, H. Yamashita, M. Ohsugi, M.
500 Otsu, K. Hara, K. Ueki, S. Sugiura, K. Yoshimura, T. Kadowaki and R. Nagai,
501 *Nat. Med.*, 2009, **15**, 914–920.
- 502 8 N. Mito, H. Yoshino, T. Hosoda and K. Sato, *J. Endocrinol.*, 2004, **180**, 167–173.
- 503 9 J. Cui, G. W. Le, R. L. Yang and Y. H. Shi, *Cell. Immunol.*, 2009, **260**, 44–50.
- 504 10 B. Wang, J. Sun, X. H. Li, Q. Q. Zhou, J. Bai, Y. H. Shi and G. W. Le, *Nutr. Res.*,
505 2013, **33**, 971–981.
- 506 11 Y. Xiao, J. Cui, Y. X. Li, Y. H. Shi, B. Wang, G. W. Le and Z. P. Wang, *Nutrition*,
507 2011, **27**, 214–220.
- 508 12 R. L. Yang, W. Li, Y. H. Shi and G. W. Le, *Nutrition*, 2008, **24**, 582–588.
- 509 13 N. Sato Mito, M. Suzui, H. Yoshino, T. Kaburagi and K. Sato, *J. Nutr. Health*
510 *Aging*, 2009, **13**, 602–606.
- 511 14 D. A. Winer, S. Winer, L. Shen, P. P. Wadia, J. Yantha, G. Paltser, H. Tsui, P. Wu,
512 M. G. Davidson, M. N. Alonso, H. X. Leong, A. Glassford, M. Caimol, J. A.
513 Kenkel, T. F. Tedder, T. McLaughlin, D. B. Miklos, H. M. Dosch and E. G.
514 Engleman, *Nat. Med.*, 2011, **17**, 610–617.
- 515 15 M. Feuerer, L. Herrero, D. Cipolletta, A. Naaz, J. Wong, A. Nayer, J. Lee, A. B.
516 Goldfine, C. Benoist, S. Shoelson and D. Mathis, *Nat. Med.*, 2009, **15**, 930–939.
- 517 16 D. Cipolletta, D. Kolodin, C. Benoist and D. Mathis, *Semin. Immunol.*, 2011, **23**,

- 518 431–437.
- 519 17 S. Khanna, S. Roy, D. Bagchi, M. Bagchi and C. K. Sen, *Free Radic. Biol. Med.*,
520 2001, **31**, 38–42.
- 521 18 S. Bradamante, L. Barenghi and A. Villa, *Cardiovasc. Drug Rev.*, 2004, **22**,
522 169–188.
- 523 19 M. J. Burkitt and J. Duncan, *Arch. Biochem. Biophys.*, 2000, **381**, 253–263.
- 524 20 T. M. Petro, *Int. Immunopharmacol.*, 2011, **11**, 310–318.
- 525 21 D. C. Nieman, D. A. Henson, S. L. Nehlsen-Cannarella, M. Ekkens, A. C. Utter,
526 D. E. Butterworth and O. R. Fagoago, *J. Am. Diet. Assoc.*, 1999, **99**, 294–299.
- 527 22 J. A. Baur, K. J. Pearson, N. L. Price, H. A. Jamieson, C. Lerin, A. Kalra, V. V.
528 Prabhu, J. S. Allard, G. Lopez-Lluch, K. Lewis, P. J. Pistell, S. Poosala, K. G.
529 Becker, O. Boss, D. Gwinn, M. Wang, S. Ramaswamy, K. W. Fishbein, R. G.
530 Spencer, E. G. Lakatta, D. Le Couteur, R. J. Shaw, P. Navas, P. Puigserver, D. K.
531 Ingram, R. de Cabo and D. A. Sinclair, *Nature*, 2006, **444**, 337–342.
- 532 23 K. Szkudelska and T. Szkudelski, *Eur. J. Pharmacol.*, 2010, **635**, 1–8.
- 533 24 S. Bani, A. Kaul, B. Khan, S. F. Ahmad, K. A. Suri, N. K. Satti, M. Amina and G.
534 N. Qazi, *J. Ethnopharmacol.*, 2005, **99**, 185–192.
- 535 25 A. McNeill, E. Spittle and B. T. Backstrom, *Scand. J. Immunol.*, 2007, **65**, 63–69.
- 536 26 S. Lin, T. C. Thomas, L. H. Storlien and X. F. Huang, *Int. J. Obes.*, 2000, **24**,
537 639–646.
- 538 27 K. B. Harikumar and B. B. Aggarwal, *Cell Cycle*, 2008, **7**, 1020–1035.
- 539 28 S. Collins and R. S. Surwit, *J. Biol. Chem.*, 1996, **271**, 9437–9440.
- 540 29 M. E. Rausch, S. Weisberg, P. Vardhana and D. V. Tortoriello, *Int. J. Obes (Lond)*,
541 2008, **32**, 451–463.
- 542 30 C. J. Hukshorn and W. H. Saris, *Curr. Opin. Clin. Nutr. Metab. Care*, 2004, **7**,
543 629–633.
- 544 31 C. S. Mantzoros, S. Moschos, I. Avramopoulos, V. Kaklamani, A. Liolios, D. E.
545 Doulgerakis, I. Griveas, N. Katsilambros and J. S. Flier, *J. Clin. Endocrinol.*
546 *Metab.*, 1997, **82**, 3408–3413.
- 547 32 E. Papathanassoglou, K. El-Haschimi, X. C. Li, G. Matarese, T. Strom and C.
548 Mantzoros, *J. Immunol.*, 2006, **176**, 7745–7752.
- 549 33 G. Fantuzzi and R. Faggioni, *J. Leukoc. Biol.*, 2000, **68**, 437–446.
- 550 34 D. A. Kaminski and T. D. Randall, *Trends Immunol.*, 2010, **31**, 384–390.
- 551 35 G. Matarese, S. Moschos and C. S. Mantzoros, *J. Immunol.*, 2005, **174**,

- 552 3137–3142.
- 553 36 F. Buttgerit, G. R. Burmester and M. D. Brand, *Immunol. Today*, 2000, **21**,
554 192–199.
- 555 37 C. Sun, F. Zhang, X. Ge, T. Yan, X. Chen, X. Shi and Q. Zhai, *Cell Metab.*, 2007,
556 **6**, 307–319.
- 557 38 S. Gomez-Zorita, K. Tréguer, J. Mercader and C. Carpéné, *J. Physiol. Biochem.*,
558 2013, **69**, 585–593.
- 559 39 I. Lekli, G. Szabo, B. Juhasz, S. Das, M. Das, E. Varga, L. Szendrei, R. Gesztelyi,
560 J. Varadi, I. Bak, D. K. Das and A. Tosaki, *Am. J. Physiol. Heart Circ. Physiol.*,
561 2008, **294**, H859–H866.
- 562 40 S. V. Penumathsa, M. Thirunavukkarasu, L. Zhan, G. Maulik, V. P. Menon, D.
563 Bagchi and N. Maulik, *J. Cell. Mol. Med.*, 2008, **12**, 2350–2361.
- 564 41 J. T. Rodgers, C. Lerin, W. Haas, S. P. Gygi, B. M. Spiegelman and P. Puigserver,
565 *Nature*, 2005, **434**, 113–118.
- 566 42 F. Picard, M. Kurtev, N. Chung, A. Topark-Ngarm, T. Senawong, R. Machado De
567 Oliveira, M. Leid, M. W. McBurney and L. Guarente, *Nature*, 2004, **429**,
568 771–776.
- 569 43 T. S. Tsao, A. E. Stenbit, J. Li, K. L. Houseknecht, J. R. Zierath, E. B. Katz and M.
570 J. Charron, *J. Clin. Invest.*, 1997, **100**, 671–677.
- 571 44 E. B. Katz, A. E. Stenbit, K. Hatton, R. DePinho and M. J. Charron, *Nature*, 1995,
572 **377**, 151–155.
- 573 45 M. L. Standaert, Y. Kanoh, M. P. Sajan, G. Bandyopadhyay and R. V. Farese,
574 *Endocrinology*, 2002, **143**, 1705–1716.
- 575 46 A. K. Abbas, K. M. Murphy and A. Sher, *Nature*, 1996, **383**, 787–793.
- 576 47 S. Sakaguchi, T. Yamaguchi, T. Nomura and M. Ono, *Cell*, 2008, **133**, 775–787.
- 577 48 S. Kim, Y. Jin, Y. Choi and T. Park, *Biochem. Pharmacol.*, 2011, **81**, 1343–1351.
- 578 49 X. Ma, J. Hua, A. R. Mohamood, A. R. Hamad, R. Ravi and Z. Li, *Hepatology*,
579 2007, **46**, 1519–1529.
- 580 50 G. C. Yen, Y. C. Chen, W. T. Chang and C. L. Hsu, *J. Agric. Food Chem.*, 2011,
581 **59**, 546–551.
- 582 51 E. Y. Chung, B. H. Kim, J. T. Hong, C. K. Lee, B. Ahn, S. Y. Nam, S. B. Han and
583 Y. Kim, *J. Nutr. Biochem.*, 2011, **22**, 902–909.
- 584 52 H. R. Zhang, B. Morgan, B. J. Potter, L. X. Ma, K. C. Dellsperger, Z. Ungvari and
585 C. H. Zhang, *Am. J. Physiol. Heart. Circ. Physiol.*, 2010, **299**, H985–H994.

- 586 53 P. Dandona, A. Aljada, A. Chaudhuri, P. Mohanty and R. Garg, *Circulation*, 2005,
587 **111**, 1448–1454.
- 588 54 P. Mohanty, W. Hamouda, R. Garg, A. Aljada, H. Ghanim and P. Dandona, *J. Clin.*
589 *Endocrinol. Metab.*, 2000, **85**, 2970–2973.
- 590 55 I. Talior, M. Yarkoni, N. Bashan and H. Eldar-Finkelman, *Am. J. Physiol.*
591 *Endocrinol. Metab.*, 2003, **285**, E295–302.
- 592 56 X. G. Lei and M. Z. Vatamaniuk, *Antioxid. Redox Signal.*, 2011, **14**, 489–503.
- 593 57 P. Dandona, A. Aljada and A. Bandyopadhyay, *Trends Immunol.*, 2004, **25**, 4–7.
- 594 58 A. D. Dobrian, M. J. Davies, S. D. Schriver, T. J. Lauterio and R. L. Prewitt,
595 *Hypertension*, 2001, **37**, 554–560.
- 596 59 D. W. Gao, Z. R. Gao and G. H. Zhu, *Food Funct.*, 2013, **4**, 982–989.
- 597 60 A. I. Rojo, P. Rada, J. Egea, A. O. Rosa, M. G. López and A. Cuadrado, *Mol. Cell.*
598 *Neurosci.*, 2008, **39**, 125–132.
- 599 61 T. Rangasamy, J. Guo, W. A. Mitzner, J. Roman, A. Singh, A. D. Fryer, M.
600 Yamamoto, T. W. Kensler, R. M. Tuder, S. N. Georas and S. Biswal, *J. Exp. Med.*,
601 2005, **202**, 47–59.
- 602 62 P. Dandona, P. Mohanty, H. Ghanim, A. Aljada, R. Browne, W. Hamouda, A.
603 Prabhala, A. Afzal and R. Garg, *J. Clin. Endocrinol. Metab.*, 2001, **86**, 355–362.
- 604 63 X. Y. Zhao, G. Y. Li, Y. Liu, L. M. Chai, J. X. Chen, Y. Zhang, Z. M. Du, Y. J. Lu
605 and B. F. Yang, *Br. J. Pharmacol.*, 2008, **154**, 105–113.
- 606 64 X. He, L. Wang, G. Szklarz, Y. Bi and Q. Ma, *J. Pharmacol. Exp. Ther.*, 2012, **342**,
607 81–90.

608 **Figure captions**

609

610 **Fig. 1** Effect of resveratrol on the body weight, fat masses and plasma leptin of HF
611 mice. Data are shown as mean \pm SD (n = 8). * P < 0.05 compared with the control
612 mice; # P < 0.05 compared with the HF mice.

613

614 **Fig. 2** Effect of resveratrol on the fasting blood glucose, fasting plasma insulin and
615 HOMA-IR of HF mice. Data are shown as mean \pm SD (n = 8). * P < 0.05 compared
616 with the control mice; # P < 0.05 compared with the HF mice.

617

618 **Fig. 3** Flow cytometry detection of CD3⁺CD4⁺ T cells and CD3⁺CD8⁺ T cells in
619 peripheral blood and spleen. (A)-(C) Representative flow cytometry dot plots of
620 CD3⁺CD4⁺ T cells and CD3⁺CD8⁺ T cells; (D)-(E) Bar graph for the
621 CD3⁺CD4⁺/CD3⁺CD8⁺ percentages in peripheral blood and spleen. Data are shown as
622 mean \pm SD (n = 8). * P < 0.05 compared with the control mice; # P < 0.05 compared
623 with the HF mice.

624

625 **Fig. 4** Flow cytometry detection of CD4⁺CD25⁺ FoxP3⁺ Tregs in peripheral blood and
626 spleen. (A)-(C) Representative flow cytometry dot plots of CD4⁺CD25⁺ FoxP3⁺ Tregs;
627 (D)-(E) Bar graph for the Tregs production in peripheral blood and spleen. Data are
628 shown as mean \pm SD (n = 8). * P < 0.05 compared with the control mice; # P < 0.05
629 compared with the HF mice.

630

631 **Fig. 5** Quantitative real-time reverse transcription PCR detection of SIRT1, GLUT4,
632 PI3K and AKT expressions in spleen. The relative expression level of each sample
633 was calibrated by the comparative threshold cycle method, using β -actin as an
634 endogenous control. Data are expressed as fold changes (mean \pm SD), normalized to
635 β -actin mRNA expression, where the values for the control mice were set at 1.0. The
636 analyses were performed in triplicate (n = 8). * P < 0.05 compared with the control
637 mice; # P < 0.05 compared with the HF mice.

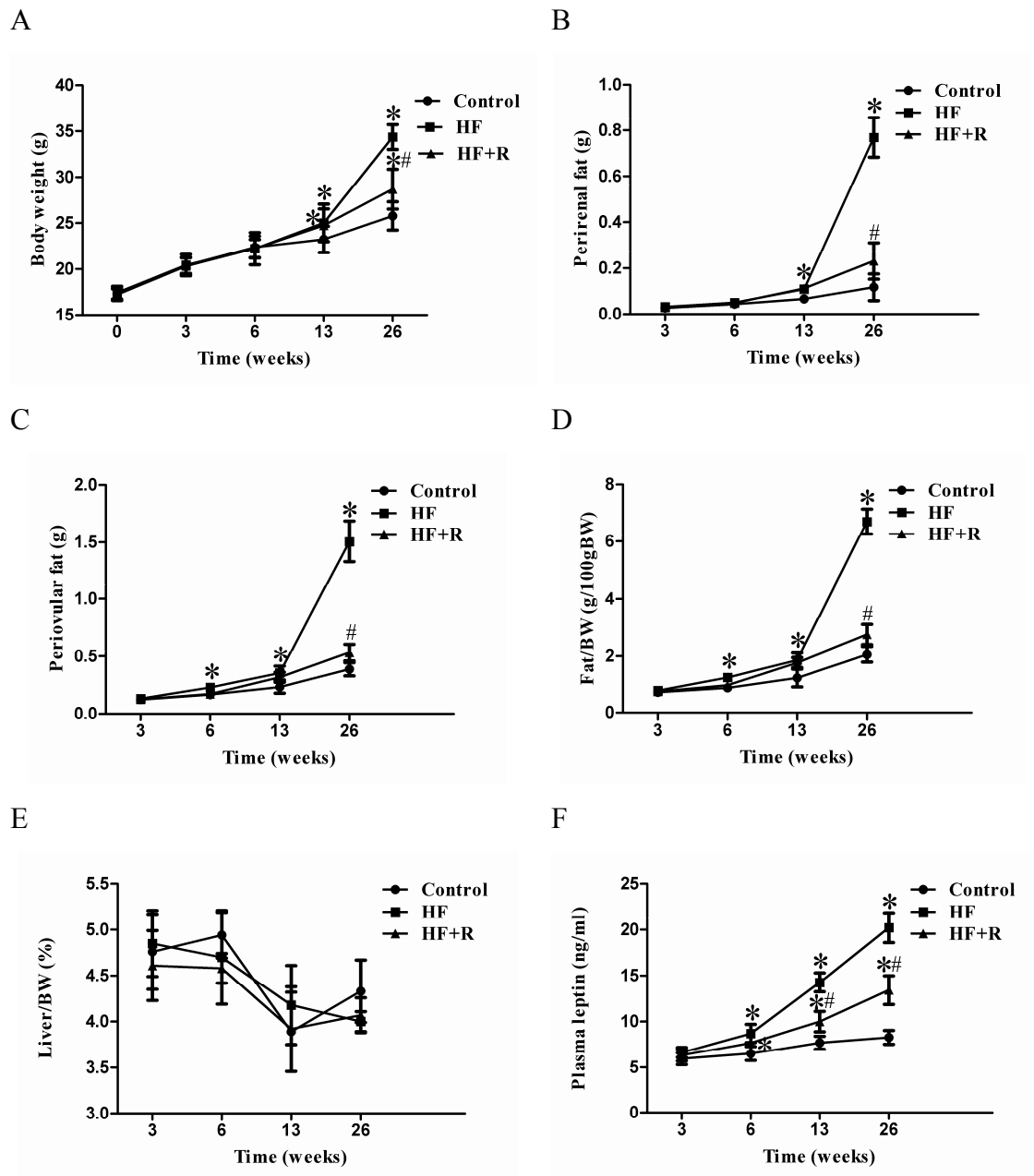
638

639 **Fig. 6** Quantitative real-time reverse transcription PCR detection of TNF- α , NF- κ B
640 and COX-2 expressions in spleen. The relative expression level of each sample was

641 calibrated by the comparative threshold cycle method, using β -actin as an endogenous
642 control. Data are expressed as fold changes (mean \pm SD), normalized to β -actin
643 mRNA expression, where the values for the control mice were set at 1.0. The analyses
644 were performed in triplicate (n = 8). * P < 0.05 compared with the control mice; # P <
645 0.05 compared with the HF mice.

646

647 **Fig. 7** Quantitative real-time reverse transcription PCR detection of GSK-3 β , Nrf2,
648 HO-1 and NQO-1 expressions in spleen. The relative expression level of each sample
649 was calibrated by the comparative threshold cycle method, using β -actin as an
650 endogenous control. Data are expressed as fold changes (mean \pm SD), normalized to
651 β -actin mRNA expression, where the values for the control mice were set at 1.0. The
652 analyses were performed in triplicate (n = 8). * P < 0.05 compared with the control
653 mice; # P < 0.05 compared with the HF mice.



654

Fig. 1

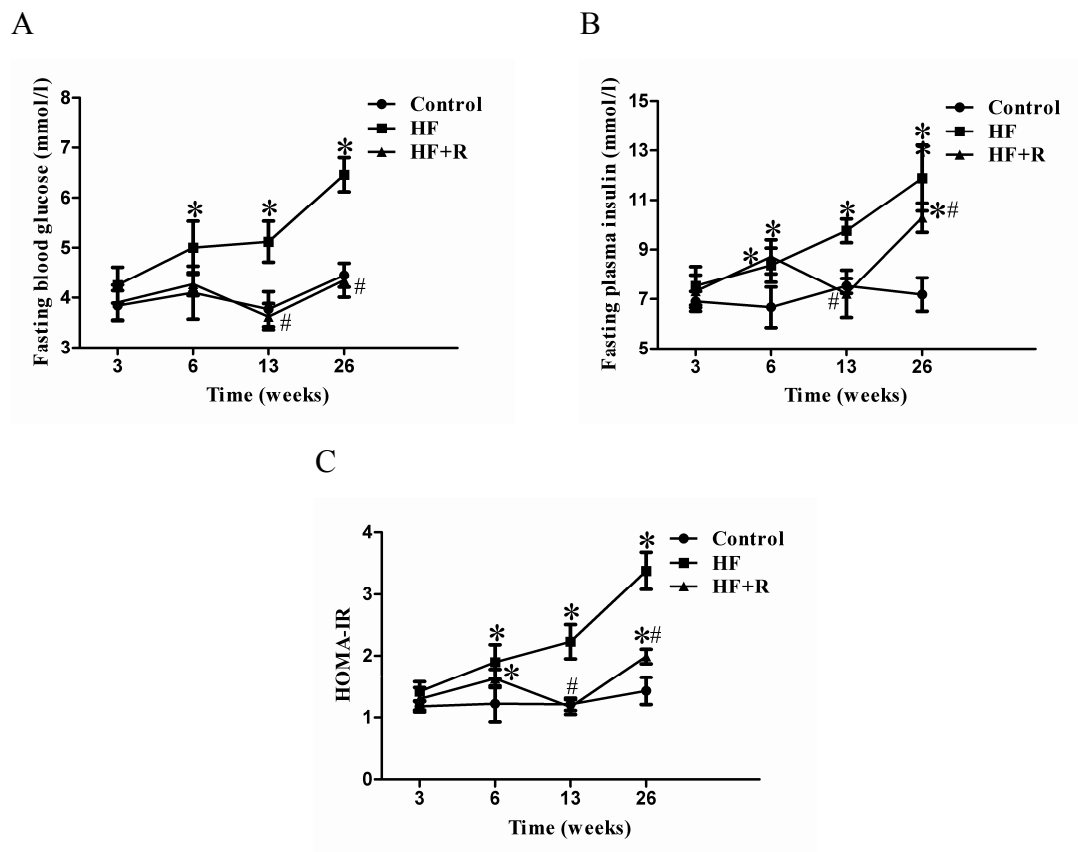


Fig. 2

655

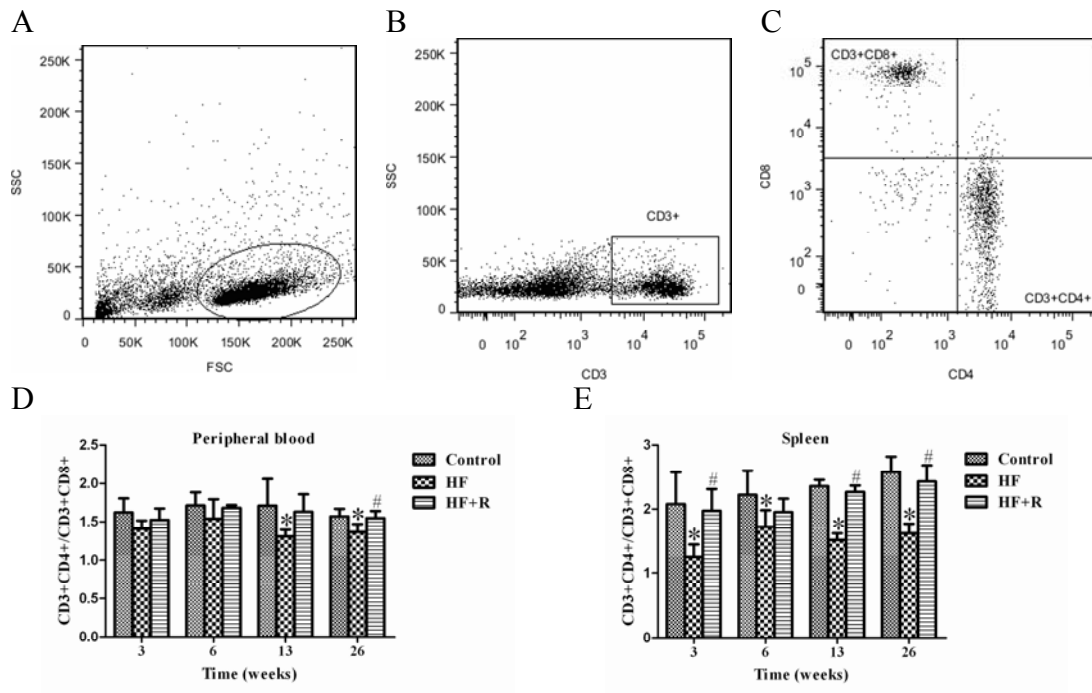


Fig. 3

656

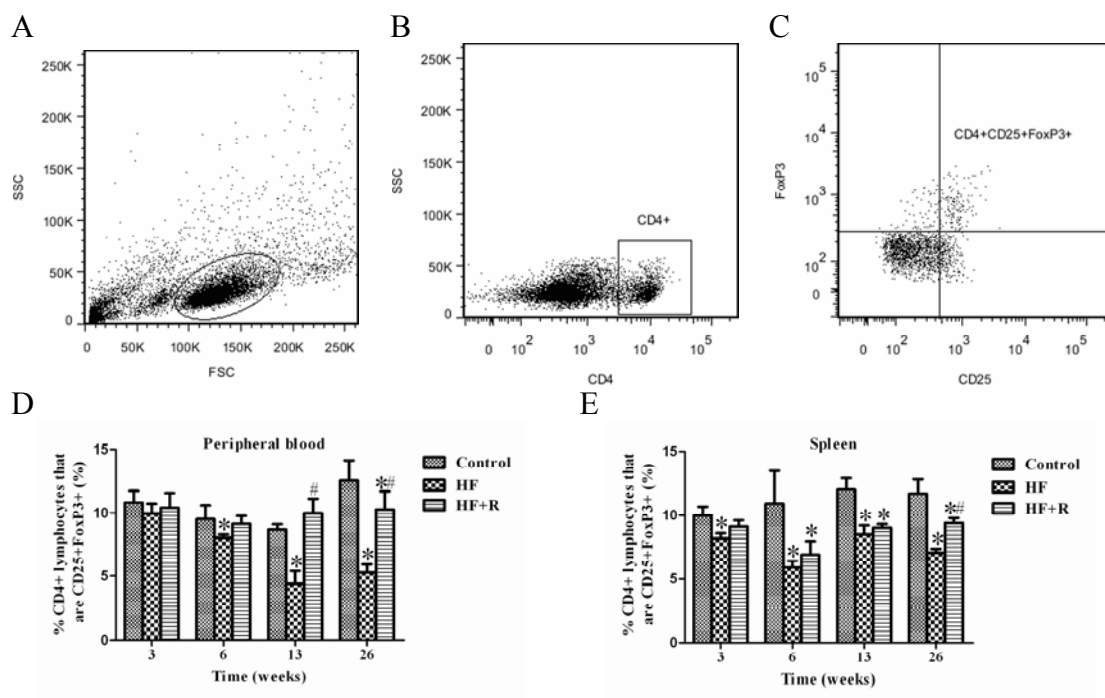


Fig. 4

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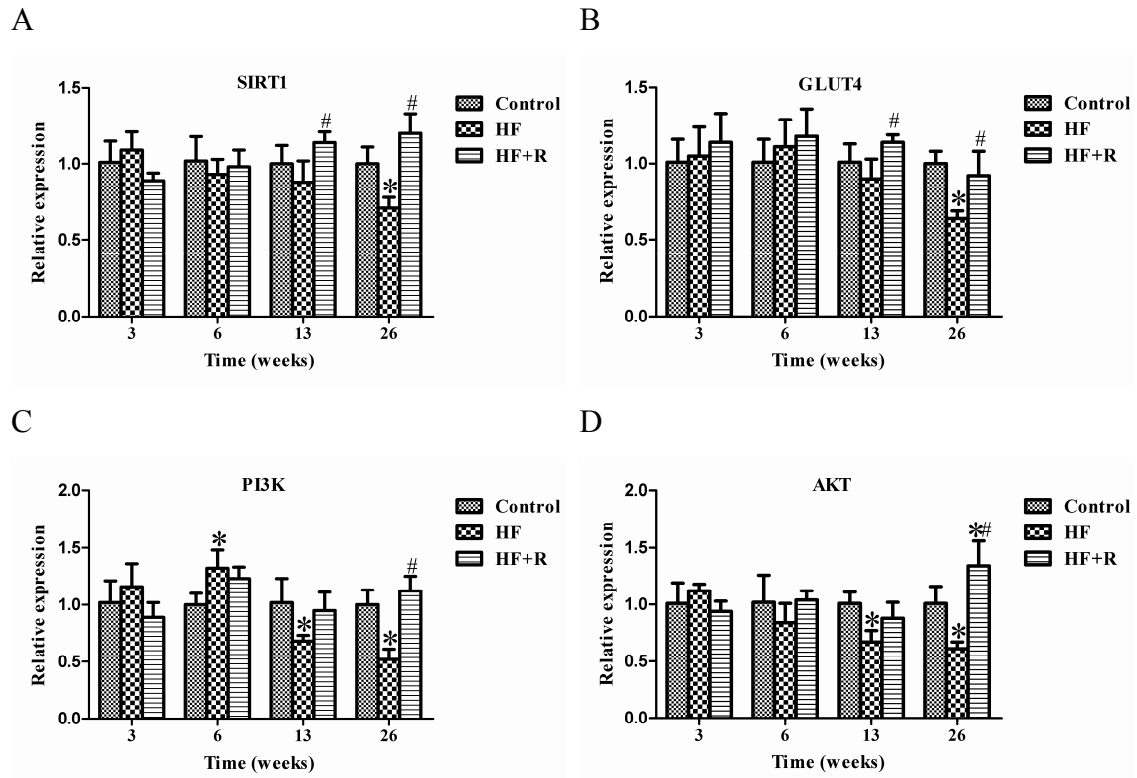
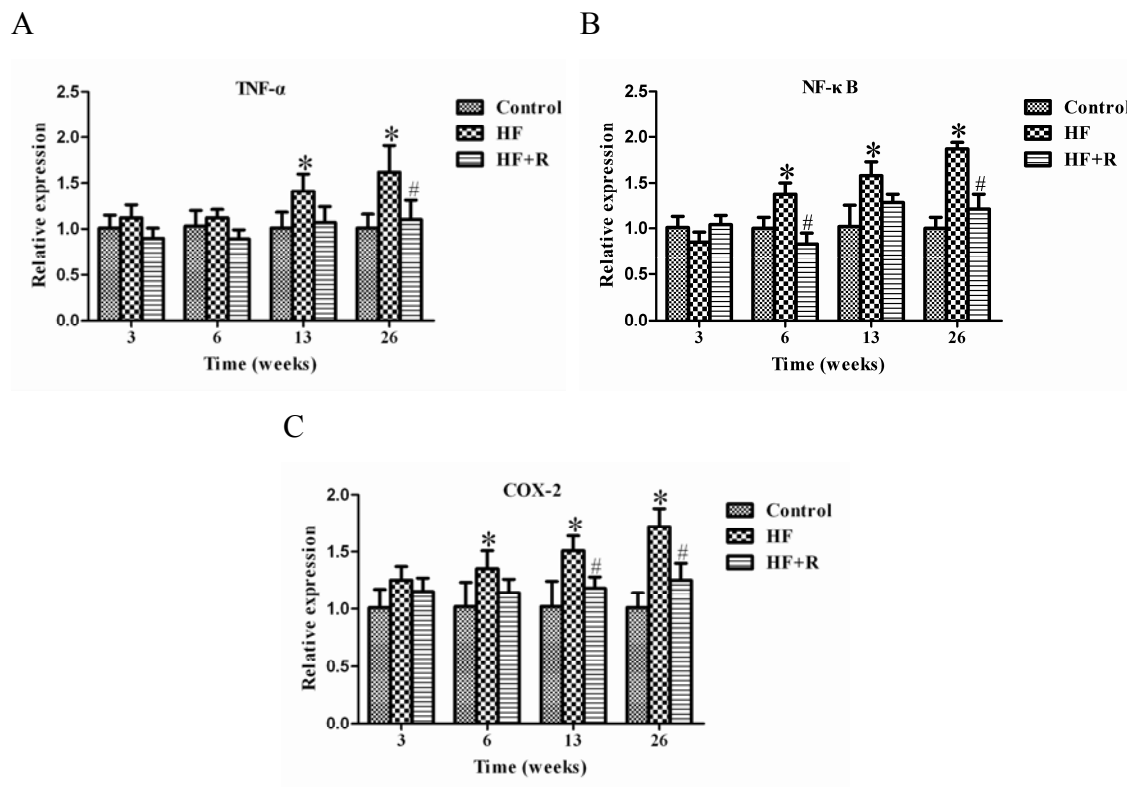


Fig. 5

658



659

Fig. 6

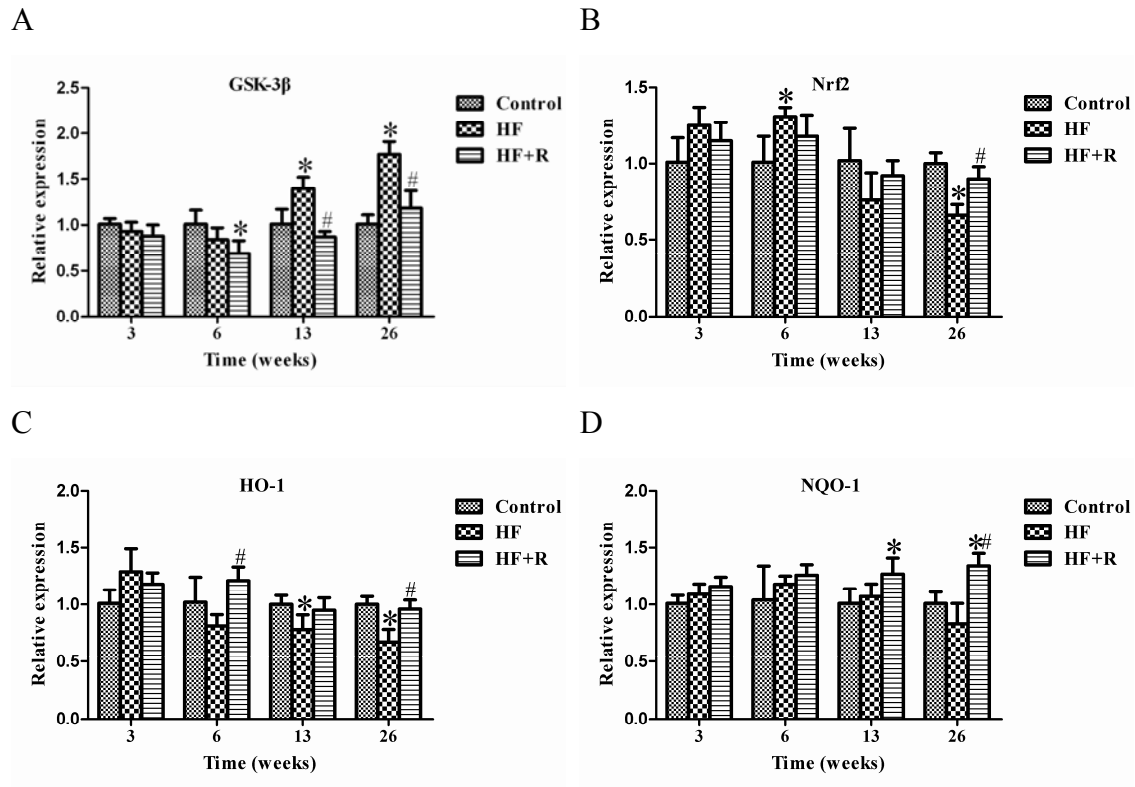


Fig. 7

660

661 **Table 1** Ingredient composition of the diets fed to mice

Ingredient (g/kg diet)	Normal diet	High-fat diet
Cornmeal ^a	484.2	312.4
Soybean meal ^b	243.0	296.5
Wheat flour	150.0	74.8
Corn bran	70.0	84.1
Lard ^c	22.0	196.4
Cholesterol	0	5
CaHPO ₄	10.0	10.0
CaCO ₃	13.0	13.0
Lysine	1.2	1.2
Methionine	3.0	3.0
Choline	1.0	1.0
AIN-76 Minerals	0.4	0.4
NaCl	2.0	2.0
AIN-76 Vitamins	0.2	0.2

662 ^a Cornmeal contains 9.2% protein, 73.8% carbohydrate, and 3.5% fat.

663 ^b Soybean meal contains 41.5% protein, 35% carbohydrate, and 5% fat.

664 ^c Lard provides the following (g/100 g lard): 14:0, 2.0; 14:1, 0.3; 15:1, 0.1; 16:0, 26.5;
 665 16:1, 3.7; 17:0, 0.5; 17:1, 0.4; 18:0, 12.1; 18:1, 42.5; 18:2(ω-6), 9.8; 18:3(ω-3), 0.7;
 666 20:0, 0.2; 20:1, 0.6; 20:4(ω-6), 0.3

667 **Table 2** Oligonucleotide primer design for genes analyzed by quantitative real-time
 668 reverse transcription PCR.

Gene	Primer pairs
β -actin	F, GGGTCAGAAGGACTCCTATG R, GTAACAATGCCATGTTCAAT
SIRT1	F, AATAGGGAACCTTTGCCTCATCTAC R, TTGGTGGCAACTCTGATAAATGAAC
GLUT4	F, CCATTCCCTGGTTCATTGTG R, ACGGCAAATAGAAGGAAGAC
PI3K	F, TGCTCCGTAGTGGTAGAC R, GTATGCTAGTGTGACATTGAG
AKT	F, CGGGCACATCAAGATAACG R, CGTGGTCCTGGTTGTAGAAG
TNF- α	F, CTGAACTTCGGGGTGATCGGT R, TCCTCCACTTGGTGGTTTGCTAC
NF- κ B	F, AGGCTTCTGGGCCTTATGTG R, TGCTTCTCTCGCCAGGAATAC
COX-2	F, AAAACCTGGTGA ACTACGACTGCTA R, CATAGAATAATCCTGGTCGGTTTGA
Gsk-3 β	F, TTGGACAAAGGTCTTCCGGCCC R, TGCAGGTGTGTCTCGCCCAT
Nrf2	F, AGCACATCCAGACAGACACCAGT R, TTCAGCGTGGCTGGGGATAT
HO-1	F, ACAGGGTGACAGAAGAGGCTAAGAC R, ATTTTCCTCGGGGCGTCTCT
NQO1	F, GGCGAGAAGAGCCCTGATTG R, GTTCATAGCATAGAGGTCAGATTCG

669 **Table 3** Effect of resveratrol on the plasma lipid in HF mice

	week 3	week 6	week 13	week 26
Total cholesterol (mmol/l)				
Control	1.91±0.28	1.56±0.16	1.08±0.19	1.48±0.18
HF	2.12±0.24	1.94±0.31 [*]	1.50±0.21 [*]	2.07±0.21 [*]
HF+R	2.10±0.21	1.80±0.21	1.77±0.09 [*]	1.64±0.15 [#]
Triacylglycerols (mmol/l)				
Control	2.09±0.11	1.09±0.17	1.10±0.03	3.53±0.24
HF	2.02±0.07	1.25±0.17	1.29±0.07 [*]	3.90±0.21 [*]
HF+R	1.59±0.15 [#]	1.14±0.09	1.28±0.10 [*]	2.82±0.23 ^{*#}
LDL-cholesterol(mmol/l)				
Control	0.62±0.02	0.70±0.23	0.60±0.12	0.95±0.17
HF	0.74±0.11	0.73±0.12	0.77±0.07	1.08±0.12
HF+R	0.86±0.16	0.42±0.05 [#]	0.70±0.12	0.42±0.09 ^{*#}
HDL-cholesterol(mmol/l)				
Control	0.84±0.11	1.01±0.11	0.95±0.17	0.95±0.10
HF	0.84±0.15	1.02±0.19	1.03±0.10	0.65±0.07 [*]
HF+R	0.82±0.02	1.03±0.15	1.15±0.11 [*]	0.87±0.08 [#]

670 Data are shown as mean ± SD (n = 8).

671 ^{*}*P* < 0.05 compared with the control mice; [#]*P* < 0.05 compared with the HF mice.

672 **Table 4** Effect of resveratrol on the splenic antioxidant status in HF mice

	week 3	week 6	week 13	week 26
CAT(U/mg prot)				
Control	1.23±0.18	1.91±0.21	1.86±0.11	2.59±0.25
HF	1.35±0.18	2.00±0.39	1.18±0.17*	1.23±0.18*
HF+R	1.39±0.20	2.32±0.24*	1.45±0.24*#	3.16±0.28*#
GSH/GSSG				
Control	2.44±0.33	2.76±0.32	2.25±0.24	2.13±0.21
HF	2.82±0.35	2.38±0.10*	2.23±0.16	1.77±0.11*
HF+R	3.04±0.27*	3.09±0.35#	2.44±0.27	2.40±0.25*#
T-AOC(U/mg prot)				
Control	0.76±0.12	0.46±0.08	0.73±0.13	0.94±0.13
HF	0.74±0.09	0.26±0.02*	0.46±0.05*	0.53±0.07*
HF+R	0.90±0.14#	0.31±0.04*	1.07±0.09*#	0.92±0.11#
MDA(mmol/mg prot)				
Control	2.65±0.21	3.29±0.23	3.05±0.51	4.27±0.58
HF	2.88±0.28	5.27±0.57*	3.90±0.63*	5.78±0.42*
HF+R	2.78±0.18	3.87±0.45#	3.50±0.31	3.56±0.34*#

673 Data are shown as mean ± SD (n = 8).

674 **P* < 0.05 compared with the control mice; #*P* < 0.05 compared with the HF mice.