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Aging Is Associated with an Increase in T Cells and Inflammatory Macrophages in Visceral Adipose Tissue

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Age-related adiposity has been linked to chronic inflammatory diseases in late life. To date, the studies on adipose tissue leukocytes and aging have not taken into account the heterogeneity of adipose tissue macrophages (ATMs), nor have they examined how age impacts other leukocytes such as T cells in fat. Therefore, we have performed a detailed examination of ATM subtypes in young and old mice using state of the art techniques. Our results demonstrate qualitative changes in ATMs with aging that generate a decrease in resident type 2 (M2) ATMs. The profile of ATMs in old fat shifts toward a proinflammatory environment with increased numbers of CD206+CD11c+ (double-negative) ATMs. The mechanism of this aging-induced shift in the phenotypic profile of ATMs was found to be related to a decrease in peroxisome proliferator-activated receptor-γ expression in ATMs and alterations in chemokine/chemokine receptor expression profiles. Furthermore, we have revealed a profound and unexpected expansion of adipose tissue T cells in visceral fat with aging that includes a significant induction of regulatory T cells in fat. Our findings demonstrate a unique inflammatory cell signature in the physiologic context of aging adipose tissue that differs from those induced in setting of diet-induced obesity. The Journal of Immunology, 2011, 187: 6208–6216.

Advancing age is also accompanied by general obesity (increased total body fat percentage) and in particular central obesity that contributes to a number of important health problems, such as insulin resistance, cardiovascular disease, sarcopenia, and disability (5–8). White adipose tissue has been proposed to be a key regulator of life span. In several model organisms, genetic manipulations that modify fat mass also impact on life expectancy, in part through sirtuin 1 and suppression of the nuclear receptor protein peroxisome proliferator-activated receptors (PPAR)-γ (9–11).

Whereas the underlying mechanism for the association between age-related obesity and disease is incompletely understood, adipose tissue inflammation has been shown to be a critical regulator of the systemic inflammatory phenotype in diet-induced and genetic obesity models (12, 13). In this context there is a renewed appreciation that adipose tissue is composed of diverse cell populations besides adipocytes that contribute to metabolism and adipocyte function. The nonadipocyte cells can be purified from fat after collagenase digestion and are known as the stromal vascular fraction (SVF). The dominant cells in the SVF are leukocytes (e.g., macrophages and lymphocytes) and adipose tissue stromal cells (ATSCs) that include preadipocytes and fibroblasts. The coordinated inflammatory response to obesity is complex and involves numerous leukocytes such as T cells, B cells, mast cells, and NKT cells in communication with adipocytes and stromal cells (14–17). Of these adipose tissue leukocytes, adipose tissue macrophages (ATMs) are the most abundant and have been shown to be a critical link between obesity and metabolic dysfunction and disease (18). Based on this role, ATMs have been proposed to play a potential pathogenic role in “inflamm-aging” (19, 20).

ATMs are present in multiple fat depots in lean states, and obesity induces both quantitative and qualitative changes in ATMs that impact the inflammatory state in fat (21–23). A resident population of ATMs (type 2) expresses multiple markers of an alternative activation state (M2) with anti-inflammatory properties that include CD206, CD301, and increased production of IL-10.
(21, 23, 24). Maintenance of type 2 ATMs is dependent on local IL-4 production in adipose tissue in lean animals (25) and the activity of lipid nuclear receptors such as PPAR-γ and PPAR-β (26–28). Obesity is associated with the accumulation of a distinct ATM subtype (type 1) that expresses CD11c and is associated with dead and dying adipocytes (29, 30). These ATMs have a gene expression profile that resembles a classical or M1 activation state induced by LPS and IFN-γ stimulation that may relate to the ability of free fatty acids to activate TLR4 (31, 32). At least two other ATM subtypes have been described with a mix of M1 and M2 gene expression profiles (21) and include CD206+CD11c− double-negative (DN) ATMs (type 4), which are induced with obesity (33).

Overall, current data suggest that the balance between ATM subtypes regulates the global inflammatory environment in fat. Obesity induces the activation and recruitment of proinflammatory ATMs (21, 34) that overwhelm the homeostatic function of the resident type 2 ATMs. Impairment of M2 activation tilts the balance toward a proinflammatory environment that can directly negatively influence nutrient metabolism (25, 35). Such heterogeneity in ATMs has been observed in human obesity as well (22), and the balance of ATMs is shifted away from inflammatory ATMs by weight loss (36).

Our understanding of how aging-induced obesity influences adipose tissue leukocytes is incomplete. Macrophage content in s.c. fat increases with age in humans (37), but there are limited data on the inflammatory events in visceral adipose tissue ATMs that may drive much of the systemic changes in inflammatory mediators with age (38). In rat models, there is evidence of depot-specific differences in ATMs (39) and an increase in ATM content with age (40). In mice, Wu et al. (41) showed that total ATM content was not altered with age, although inflammatory cytokine expression was different between ATMs from young and old mice. Despite this, they argued that adipocytes, and not ATSCs, had the most profound alterations in inflammatory cytokine expression with age.

Given the interest in the intersection among aging, inflammation, and adipose tissue, we investigated the hypothesis that aging would lead to qualitative changes in ATMs that would resemble those seen in obesity models. Using mouse models of aging, we performed a comprehensive evaluation of ATM subsets, distribution, and inflammatory function in visceral adipose tissue. These studies demonstrate that whereas there are few quantitative changes in ATMs in visceral fat with age, there are significant qualitative changes in the ratio of ATM subtypes, chemokine expression, and chemokine receptor expression consistent with a proinflammatory environment in old fat. The mechanisms behind these changes are related to an age-dependent downregulation of PPAR-γ expression in ATMs that bias the system away from an M2 profile. Furthermore, we observed that adipose tissue T (ATT) cells are significantly and specifically induced in visceral fat with aging, which may influence ATM phenotypes. Overall, our studies suggest a complex regulation of adipose tissue leukocytes with age that has unique features compared with the events that occur with obesity.

Materials and Methods

Mice

Young (3–4 mo) and old (18–22 mo) C57BL/6 mice were obtained from the National Institute on Aging aged rodent colonies through Harlan Sprague Dawley (Indianapolis, IN). All mice were maintained in a pathogen-free environment provided by the Unit for Laboratory Animal Medicine at the University of Michigan (Ann Arbor, MI) until they were used. All the experimental research in the current study has been approved by the University of Michigan University Committee on Use and Care of Animals.

Isolation of adipose tissue cell fractions

Careful inspection was done to exclude aged animals with cancer or lymphoma. Mice were euthanized by CO2 asphyxiation or cervical dislocation. Visceral fat from mice was excised under sterile conditions, and gonadal/epididymal, mesenteric, and renal fat depots weighed as a group to determine visceral fat weight. Epididymal adipose tissue was then fractionated into adipocyte and SVF, as described (24). For chemokine studies, epididymal adipose tissue from several mice (7–10 mice for young, and 3–5 for old), weighed, and minced into small pieces. For flow cytometry analysis, individual mice were assessed (n = 5) as independent data points. Three adipose tissue cell populations, adipocytes, ATM, and CD11b+ ATSCs were purified. CD11b+ ATMs were positively selected from the total SVF using the MACS Microbeads technology (Miltenyi Biotec, Bergisch-Gladbach, Germany), according to the manufacturer's instructions. Briefly, the macrophages were magnetically labeled with the CD11b Microbeads (10 µl/10⁵ total cells) and passed through the MS+ separation column while placed in the magnetic field of a MidiMACS separator (Miltenyi Biotec). The columns were then washed three times with 1 ml MACS buffer, and the CD11b+ ATSCs were collected. The CD11b+ cells were removed from the column by washing twice with 1 ml MACS buffer away from the magnetic field. Purity of the isolated cells was determined by staining with the FITC-conjugated anti-CD11b and PE-conjugated anti-CD4, and the cells were confirmed to be >90% CD11b and CD14 double positive.

RNA extraction and real-time RT-PCR

ATMs, the ATSCs (CD11b+), and splenocytes were purified directly in RNA lysate buffer, and RNA was extracted using the RNAeasy kit (Qiagen). The adipocytes were added to the DIAzol lysis reagent (Qiagen), and RNA was extracted using RNAeasy Lipid Tissue Midi Kit (Qiagen). The following PCR primers were designed using the software Primer3 (v. 0.4.0) (42): CCR1, 5′-AGG CGC CCA ACT GCT ATT TT-3′ (forward) and 5′-TAT AAG CCA GCA ATG GAA GC-3′ (reverse); CCR2, 5′-AGG CGC CCA ACT GCT ATT TTG GCT ATC-3′ (forward) and 5′-AGG GAA GCC TGG AAT GTG GT-3′ (reverse); CR3, 5′-AGG ACA CAC TAT CCT CAC CAT GC-3′ (forward) and 5′-CAT TAA CCT CGG GCA GGA AA-3′ (reverse); CCR5, 5′-TAG ATG AGG GCT GCT ATT TCA AGA GTG ATG-3′ (reverse); CCR4, 5′-GCT GCC GAT AAC ATC TAC CTT TTA-3′ (forward) and 5′-CAT TAA CTT CGG GCA GGA AA-3′ (reverse); CCR3, 5′-TAG ATG AGG GCT GCT ATT TCA AGA GTG ATG ATG ATG ACT AAG-3′ (reverse); CCR2, 5′-GAG ACA TCA CCG CTT GCT GAA C-3′ (forward) and 5′-TGC CAA AGA TGC CCT TAC AC-3′ (reverse); CXCR8, 5′-TGGG TCT CTG CGA TGG ATG-3′ (for- ward) and 5′-GAG GAG AAA GCA GGA CA-3′ (reverse); CCR4, 5′-TGG TCA ATG GAT GTT CCA GGA GA-3′ (forward) and 5′-TCC ACA TGA TGA GAA GAA GA-3′ (forward) and 5′-ACA CAG GAG TGG ATG TGTA-3′ (reverse); CCR5, 5′-AGG ACA CAC TAT CCT CAC CTT GCT GAA C-3′ (forward) and 5′-TGC CAA AGA TGC CCT TAC AC-3′ (reverse); CXCR2, 5′-TTC CTG CCT CGA TGG ATT AC-3′ (forward) and 5′-GAG GAG AAA GCA GGA CA-3′ (reverse); CCR9, 5′-TGC CAA AGA TGC CCT TAC AC-3′ (reverse); CXCR2, 5′-TTC CTG CCT CGA TGG ATT AC-3′ (forward) and 5′-GAG GAG AAA GCA GGA CA-3′ (reverse); CCR5, 5′-TGC CAA AGA TGC CCT TAC AC-3′ (reverse); MIP-1α, 5′-GAG GAG AAA GCA GGA CA-3′ (reverse); MIP-1b, 5′-AGG GCC CCG TGC GAT GAG-3′ (reverse); PPAR-γ, 5′-GAT GGA GGA CCA CTC GCA TT-3′ (forward) and 5′-AAC CAT TGC GTC AGC TGT-3′ (reverse); guanine nucleotide-binding protein (G protein), β polypeptide 2 like 1 (GNB2L1), 5′-GGACAGC- TGCGAAGCAGTGG-3′ (forward) and 5′-GAGATCATTGCTGGAGAGA- CA-3′ (reverse). Real-time PCR was performed using the Quantitect SYBR Green RT-PCR kit (Qiagen), according to the manufacturer’s protocol. Relative expression of inflammatory cytokine/chemokine and PPAR-γ was assessed and normalized with mouse housekeeping gene GNB2L1.
Adipose tissue cells and cytokine production

Adipose tissue from young and old mice was fractioned into adipocytes, ATSCs (CD11b+), and ATMs (CD11b+), as stated above. ATMs and ATSCs (CD11b+) were plated into 24-well plates at the density of 1.0 × 10^5 cells/well and incubated at 37°C, 5% CO₂ for 24 h. Equal volume of young or old adipocytes (200 µl) was cultured in 1 ml DMEM plus 10% FBS in 24-well plates separately for 24 h. For ATMs, the supernatants were directly collected after 24 h; for SVF, the cell suspensions were collected directly collected after 24 h; for SVF, the cell suspensions were collected and harvested from the mice. RNAs were extracted from the isolated ATMs, and real-time PCR was performed to compare cellular markers between the different adipose tissue cell types.

Incubation of peritoneal macrophages with conditioned medium

To obtain peritoneal macrophages, young and old mice were euthanized by CO₂ asphyxiation, and peritoneal cells were immediately collected by injecting and washing the peritoneal cavity with 2 × 5 ml ice-cold PBS. The peritoneal cells were spun down, washed twice with DMEM containing 10% FBS, and resuspended in 10% FBS. The cells were then seeded on 96-well plates at a density of 3 × 10^5 cells/well, and incubated for 2 h at 37°C, 5% CO₂. Floating cells were removed by gentle washing with DMEM plus 10% FBS, the adherent cells are peritoneal macrophages. ATMs were used as a primary source for IL-6 (representing 90% of the cytokine production). These results indicate that, similar to that seen in diet-induced obesity,
nonfat cells, including ATMs and ATSCs, but not adipocytes, are the major sources of proinflammatory mediators that promote age-related adipose tissue inflammation. In addition, it suggests that age shifts the inflammatory cytokine production toward a proinflammatory M1 profile with enhanced TNF-α and IL-6 production. IL-12 and IFN-γ are both part of the commercial CBA kit. Our results show that murine visceral ATMs express very low levels of IL-12 and IFN-γ, and there is no age difference detected.

**Total ATM content is unchanged in old mice**

To better assess the macrophage-derived changes in adipose tissue with age, we isolated ATMs from the epididymal fat tissue from young and old mice and found that, consistent with other reports, aging is associated with increased total visceral fat content (gonadal, mesenteric, and renal depots) and body weight (Table I). Total number of SVF cells per gonadal fat pad was increased in old mice and persisted even when normalized for fat pad weight (Fig. 2A, 2B). CD11b+CD4/80+ ATMs were quantified by flow cytometry and were found to represent a smaller proportion of the SVF in old mice when expressed as a percentage of total cells (Fig. 2C). However, when normalized to fat mass, total ATM content (cells/g) did not change with age in contrast to what is observed with high-fat diet and genetic obesity models (23). These results were supported by immunofluorescence microscopy, which did not demonstrate any significant qualitative differences in the distribution or density of ATMs in fat comparing young and old mice (Fig. 2D).

**Aging alters the balance of ATM subsets toward a proinflammatory (M1) macrophage profile**

Because ATMs exist in many distinct subtypes with differential surface marker expression, we next proceeded to examine the possibility that the proportion of ATM subtypes may change with age independent of differences in total ATM content. We were able to delineate three main subsets of CD11b+FC4/80+ ATMs in epididymal fat pads from young and old male mice that parallel prior studies: resident type 2 ATMs (CD206+CD11c−), inflammatory type 1 ATMs (CD206−CD11c+), and DN ATMs (CD206−CD11c−). When the proportion of these ATMs was enumerated, there was a significant decrease in the percentage of type 2 ATMs with age, no change in type 1 ATMs, and a trend toward an increase in DN ATMs with age (Fig. 3A, 3B). The appearance of DN ATMs was substantial in some old mice and was surprising, as these ATMs are typically induced with obesity and express proinflammatory genes such as Il1b, Ccr5, and Ccr2 (33).

With age, the ratio of proinflammatory (type 1 and DN ATMs) to resident type 2 (M2) ATMs was significantly increased, demonstrating age-induced qualitative changes in ATMs that are similar to the proportional changes in ATM subtypes seen in diet-induced obesity (Fig. 3C). These data supported the cytokine data (Fig. 1) and suggest that aging generates a shift in the properties of ATMs toward an M1 profile due to the accumulation of DN ATMs and a loss of resident type 2 (M2-polarized) ATMs. This altered ratio occurred in the absence of any significant changes in the distribution or quantity of crownlike structures (Fig. 2D) that are hallmarks of high-fat diet-induced obesity.

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**Table I. Old mice have greater amount of visceral fat**

<table>
<thead>
<tr>
<th>Age</th>
<th>Fat (g)/Mice</th>
<th>Fat (g)/Body Weight (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young</td>
<td>0.27 ± 0.02</td>
<td>1.06 ± 0.11</td>
</tr>
<tr>
<td>Old</td>
<td>0.66 ± 0.06*</td>
<td>2.16 ± 0.21*</td>
</tr>
</tbody>
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*p < 0.001 versus young mice; the results represent the mean ± SEM; n = 5 experiments.

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**FIGURE 2.** Analysis of ATM content in old and young mice. A. Quantitation of total SVF cells isolated from epididymal fat pads from 6-mo-old (●) and 22-mo-old (□) C57 mice. B. SVF cells normalized to fat pad mass. C. ATMs (F4/80+CD11b+) were quantified by flow cytometry. D. Immunofluorescence localization of resident type 2 ATMs (MGL1+; green) in young and old mice. Vasculature labeled with isoelectin (red). Original magnification ×200. The results represent the mean ± SEM; n = 3–5 experiments, representing a total of 12 old and 35 young mice. *p < 0.05.

**Paracrine signals from old ATMs and ATSCs are sufficient to induce the M1 macrophage polarization**

Because ATMs and ATSCs from old animals have significantly increased production of M1-promoting cytokines, we next determined whether these soluble factors are capable of altering mac-
roperation phenotypes via paracrine action. To test this, we incubated peritoneal macrophages (PM) from young and old mice with CM from ATMs and ATSCs and found that ATM-CM from old animals induced significantly greater CCL2 (MCP-1) production in PM compared with ATCM-CM from young mice (Fig. 4A). Additionally, ATSC-CM induced higher IL-6 and TNF-α production in PM (Fig. 4B), indicating that paracrine signals derived from both ATMs and ATSCs are capable of influencing the polarization state of ATMs.

**Increase in selected chemokine and chemokine receptor gene expression in ATMs**

Multiple studies have identified a critical role of the CCR2/CCL2 chemokine axis in the recruitment of inflammatory ATMs to fat in obesity (43, 44). The data above suggest that CCR2-dependent chemokine pathways may also be involved the unique pattern of ATM recruitment observed with age. Consistent with this, ATMs from aged animals expressed twice the level of CCR2 (Fig. 5A), a finding consistent with the increase in DN ATMs, which have high CCR2 expression. In contrast, the expression of the fractalkine receptor CX3CR1 in ATMs was decreased, which differs from data demonstrating an induction of CX3CR1 in adipose tissue with obesity (45). ATMs from old mice also express greater amount of CCR5, CXCR3, and CXCR5, but lower amount of CCR7 (Fig. 5B, 5C). In contrast, young and old splenic monocytes had similar CCR2 and CX3CR1 expression (Supplemental Fig. 2), suggesting that these changes are specific to the adipose tissue compartment.

In diet-induced obesity, the increase in CCR2 expression in fat is related to an increase in the quantity and the trafficking of inflammatory CCR2+Ly6c^high monocytes from the circulation (43, 46). Therefore, we hypothesized that the age-induced imbalance between ATM subsets may relate to alterations in the circulating pools of Ly6c^high and Ly6c^low monocytes. CD115+ monocytes were profiled in the bone marrow and blood of young and old male mice by flow cytometry (Supplemental Fig. 1). There was no significant change in total CD115+ monocytes with age. In addition, no significant alterations in the ratio or quantity of Ly6c^high and Ly6c^low monocytes were observed within the CD115+ monocyte pool.

PPAR-γ controls alternative activation of adipose tissue macrophage in aging

The maintenance of an alternative M2 activation state of type 2 ATMs is linked to the activity of nuclear receptors important in lipid metabolism that include PPAR-γ and PPAR-β (26, 47). Decreased PPAR-γ expression has been reported in the aging kidney (48), brain (49), and spleen (50). Because aging led to a suppression of type 2 (CD206^+) ATMs, we examined whether the observed changes in ATMs with old age are associated with altered PPAR-γ expression. PPAR-γ expression was significantly decreased in old ATMs (total) compared with those from younger animals (Fig. 6A) consistent with the decrease in type 2 ATMs (CD206^+). Treatment with the PPAR-γ agonist rosiglitazone has been shown to promote type 2 ATMs in diet-induced obesity in mice (51), but the drug’s effect in aging ATMs is unknown. Old mice were treated for 14 d with rosiglitazone and ATMs isolated for gene expression analysis. As expected, rosiglitazone increased PPAR-γ expression in ATMs from old mice (Fig. 6B). Expression of M1 cytokines Tnfa and Iil6 was decreased, whereas Iil10 expression was increased in isolated ATMs (Fig. 6C). These effects were observed to be independent of any changes in body weight or total ATM content with rosiglitazone treatment.

**Aging is associated with a significant induction of ATT cells in visceral fat depots**

Current models of adipose tissue inflammation suggest that alterations in ATMs are coordinated with alterations in other adipose tissue leukocytes such as T cells. To date, no studies have examined the effect of age on ATT cells. We hypothesized that old age may modify T cell content in fat and performed an analysis of ATT cells by flow cytometry. Total lymphocytes (CD3^+) in visceral (epididymal) fat were increased ~2-fold in old mice even when normalized for fat weight (Fig. 7A). This finding was unique to adipose tissue, as CD3^+ cells were unchanged in the spleen with age (Fig. 7D).

Within the CD3^+ ATT cell population, CD4^+, CD8^+, and DN (CD4^-CD8^-) CD3^+ cells were quantified (Fig. 7B). No change in DN cells was observed; however, there was a significant increase in the percentage of both CD4^+ (4-fold) and CD8^+ (7-fold) cells in adipose tissue in old mice. Further analysis of the CD4^+ T cell population indicated that adipose tissue regulatory T cells (Tregs; CD3^-CD4^-Foxp3^+) were increased 11-fold, whereas conventional T cells (Tconv; CD3^+CD4^-Foxp3^-) were increased 2-fold with age (Fig. 7C). This increase in CD4^+ and CD8^+ T cells was specific to visceral fat, as there were no significant changes in CD4^+ and CD8^+ cells in the spleen or blood with old age (Fig. 7D).

The location of T cells in adipose tissue in nonobese states is unclear. Recently, FALCs have been identified as adipose tissue regions that are enriched for lymphocytes in multiple fat depots (52). To examine whether the increase in ATT cell was related to alterations in the architecture of FALCs, we examined milky spots in omental fat pads identified by CD4^+ T cell content. FALCs were found in young and old mice in similar density in the omental fat pads (Fig. 8A, 8B). However, many of the FALCs in old mice were significantly larger than those seen in young mice. Sizing of the FALCs confirmed a shift in the distribution of FALC size in omental fat toward larger CD4^+ FALCs with old age (Fig. 8C, 8D). This indicates that the expansion of CD4^+ T cells in adipose tissue with age relates to an increase in the size of FALCs.
Discussion

Our data demonstrate that aging induces a unique profile of ATMs and ATT cells in visceral adipose tissue that differs significantly from what is observed with high-fat diet-induced and genetic models of obesity. The key observations in this study are as follows: 1) aging induces a decrease in the resident CD206+ ATM population in visceral fat that leads to a decrease in the ratio between these cells and two inflammatory ATM subtypes (CD11c+ and CD206− CD11c− DN); 2) nonmacrophage stromal cells from old mice are able to activate macrophages via paracrine action; 3) a decrease in PPAR-γ expression in ATMs is associated with the change in the balance between inflammatory and noninflammatory ATMs with age; and 4) aging is associated with a robust expansion of CD4+ and CD8+ T cells in adipose tissue that correlates with the enlargement of FALCs.

Compared with the report by Wu et al. (41), we saw similar decreases in ATMs as a percentage of the SVF with age without an overall change in ATM numbers per gram due to an increase in the total number of SVF cells with age. In agreement with this study, we found qualitative changes in the inflammatory profile of old ATMs that fall in line with our current knowledge about ATM subtypes derived from obesity models. Interestingly, we have found that aging decreases the proportion of resident CD206+ ATMs. Because CD206 is a marker of alternatively activated M2 macrophages, our data that PPAR-γ is coordinately downregulated in ATMs with age are consistent with this observation. Current evidence suggests that defining ATMs along a simple M1/M2 dichotomy is imprecise (53), and our data support this, as a prominent DN (CD206− CD11c−) ATM population was identified as increased in old mice. DN ATMs have been shown to be in-

FIGURE 5. Young and old ATM chemokine receptor expression. A, Real-time PCR was performed to compare the expression of chemokine receptor CCR2 and CX3CR1 expression in young and old ATMs. Other CCR (B) and CXCR (C) chemokine receptors were also examined. The results represent the mean ± SEM; n = 4–5 experiments, representing a total of 25 old and 40 young mice.

FIGURE 6. Effects of rosiglitazone on PPAR-γ gene expression by PCR. Real-time RT-PCR analysis of PPAR-γ expression, relative to the control gene guanine nucleotide-binding protein (G protein), β polypeptide 2 like 1 (GNB2L1). A, Decreased PPAR-γ expression is seen in old ATMs, but not adipocytes. B, Short-term (14-d) treatment of rosiglitazone increased PPAR-γ expression in old ATMs. C, Rosiglitazone treatment increased Il10 and reduced Tnfa and Il6 expression in old ATMs. The results represent the mean ± SEM; n = 7–10 experiments, representing a total of 30 old and 49 young mice.
duced with obesity and express genes prominent in both M1 and M2 macrophage activation (33). Importantly, along with type I CD11c+ ATMs, DN ATMs express high levels of CCR2 and CCR5, which matches our observation of the induction of these genes in ATMs with aging. The net result of these changes is an alteration in the balance between resident M2-polarized ATMs and the other subtypes with age biasing against an M2 environment with age. The importance of this balance is well established in obesity-associated adipose tissue inflammation (25), and to our knowledge, this is the first evidence that aging can alter ATM biology in a similar manner.

Our findings also suggest a role for the stromal vascular fraction cells in the induction of the inflammatory ATM phenotype in aging. The altered ratio of inflammatory to noninflammatory ATMs occurred independent of any significant differences in the number of crownlike structures that are a hallmark of inflamed obese fat, although a moderate increase in adipocyte size was observed with age. Further work will have to be done to assess whether the properties of these ATM subtypes defined by surface marker expression are identical to or different from the ATMs induced with high-fat diet. Our observations suggest a different architecture of ATMs with age-induced adipocyte hypertrophy.

Given the evidence showing that T cell activation occurs in adipose tissue with high-fat diet-induced obesity, which may alter ATM phenotype (54, 55), we examined the dominant ATT cell populations in visceral fat with age. This led to the striking observation of an age-dependent accumulation of CD4+ (Tconv and Treg) and CD8+ T cells in visceral fat. Despite this drastic in-

![FIGURE 7](http://www.jimmunol.org/)

**FIGURE 7.** Increase in ATT cells with age. Flow cytometry analysis of ATT cells from SVF of epididymal fat from 6-mo-old (■) and 22-mo-old (□) mice. A, Percentage of CD3+ cells in fat. B, Percentage of T cell subtypes in adipose tissue. Cells were gated on side scatterlowCD3+ cells in adipose tissue prior to analysis. C, Quantitation of adipose tissue Tregs. CD3+CD4+Foxp3+ (Treg) and CD3+CD4+Foxp3− (Tconv) were quantitated in young and old mice. D, Splenic CD3+ cells. T cell subsets (E) and Treg content (F) in spleens of young and old mice. G, Blood T cell subsets (gated on CD3+ cells). Results represent the mean ± SEM, n = 5 per group. *p < 0.05.

![FIGURE 8](http://www.jimmunol.org/)

**FIGURE 8.** Enlargement of fat-associated lymphoid clusters with age. Omental fat pads were dissected and stained with anti-CD4 Abs to identify FALCs/milky spots. Images from representative samples from young (A) and old (B) mice. Low- (left panels) and high-power (right) images are shown. Scale bars, 500 μm. Right panels, Enlargements of the boxed area. Similar results obtained from five independent samples. C, FALC size frequency distribution in omental fat with age. CD4+ FALCs were sized from four mice. D, FALC size represented as mean ± SEM. *p < 0.001.
duction, there was only a modest change in ATMs. This does not fully support the model that T cell accumulation is sufficient to drive ATMs to a frail mouse model. There are ongoing conflicts of interest. The authors have no financial conflicts of interest.

References


Supplemental Figure 1 - Evaluation of Blood Monocyte Subsets with Age

Blood was examined by flow cytometry. Monocytes were identified by CD115 staining. Ly6c-hi and Ly6c-lo monocytes were differentiated and quantitated as percent of total blood leukocytes. n=5 mice per group.
Supplemental Figure 2. Effects of age on splenic monocyte CCR and CXCR chemokine receptor expression. Gene expression was determined by RT-PCR and the results are expressed relative to guanine nucleotide binding protein (G protein), beta polypeptide 2 like 1 (GNB2L1) N=6-8 animals per group, *p<0.05.