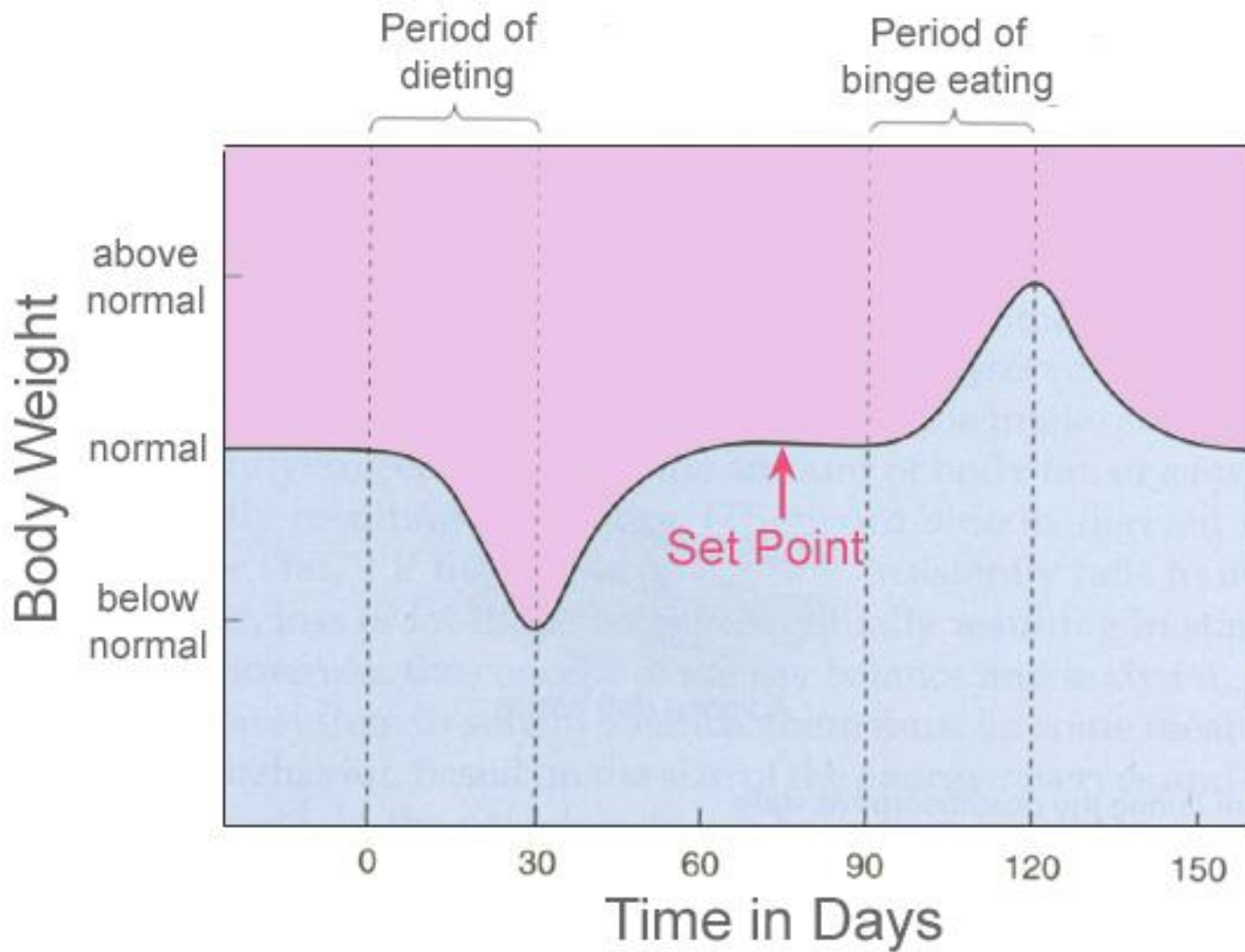


Regulation of food consumption and energy surplus



Advantages of keeping steady levels of energy sources.
Not less, not more.

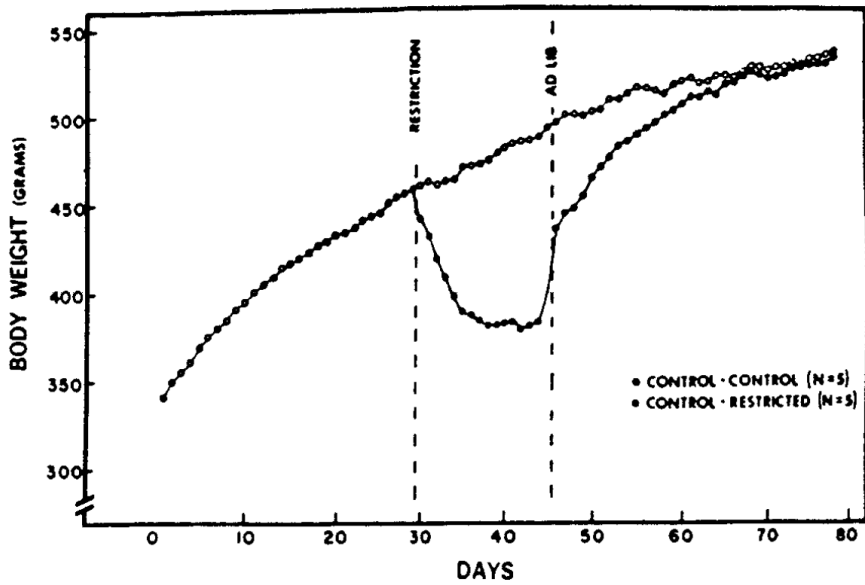
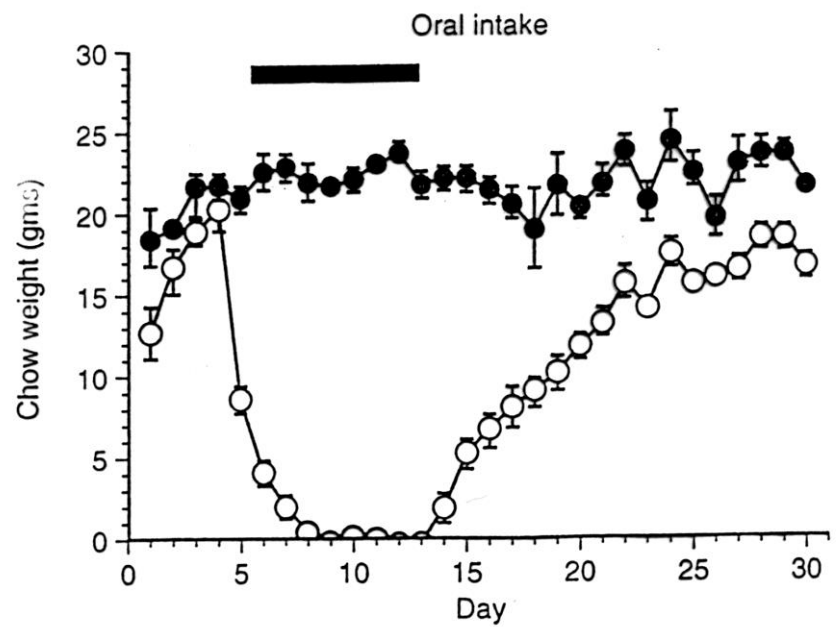
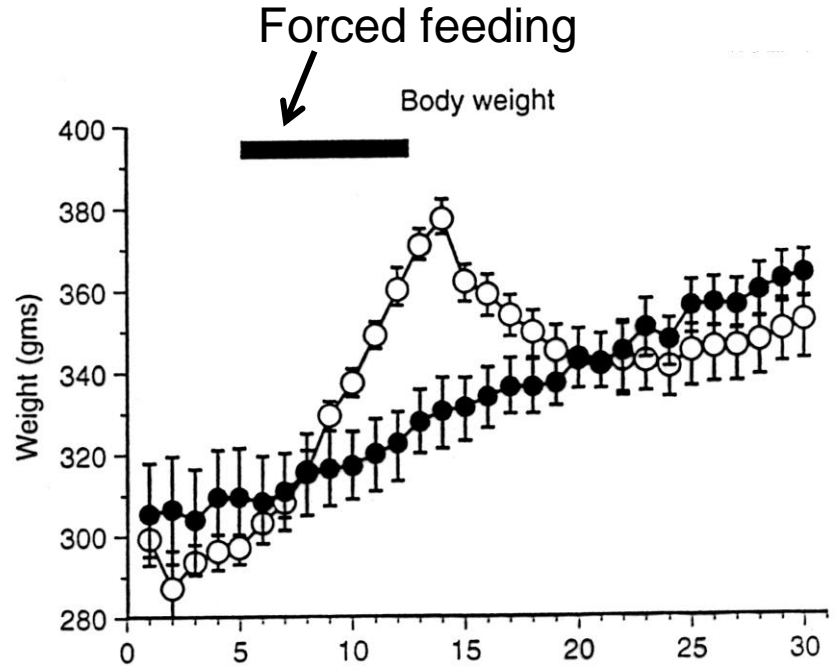
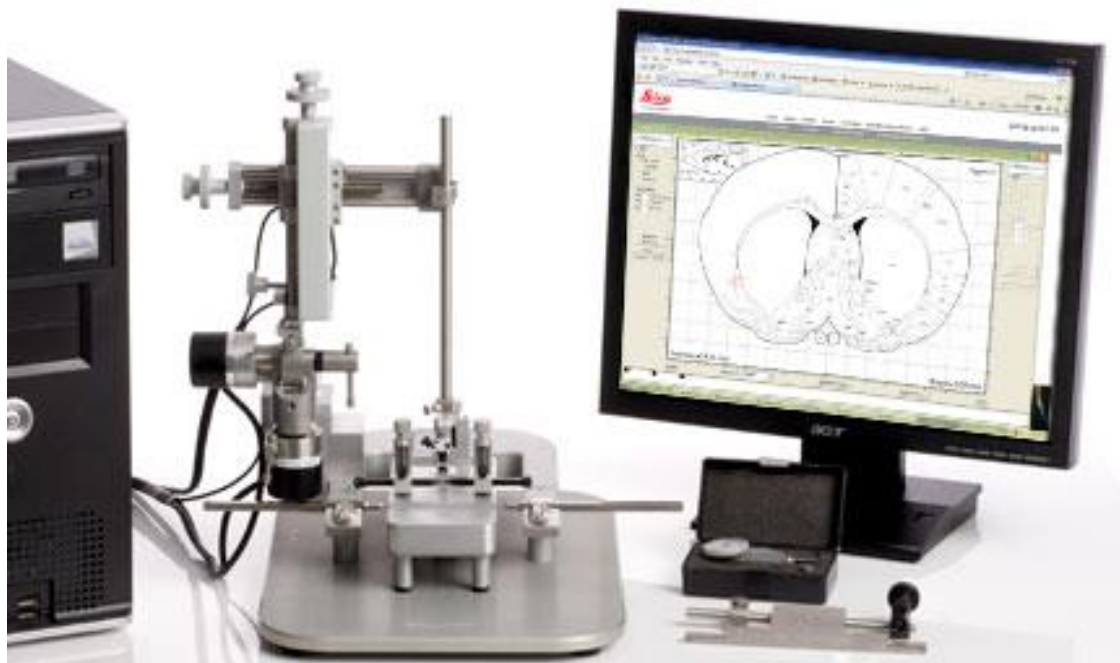


FIGURE 1 Recovery of body weight by rats after a period of caloric restriction [adapted with permission from Mitchel and Keesey (1977)].



	Kcal/gr	gr/Kcal
Fat	9.4	0.11
Protein	4.3	0.23
Carbohydrate	4.2	0.24
Glycogen	1.0	1.00



The Hypothalamus

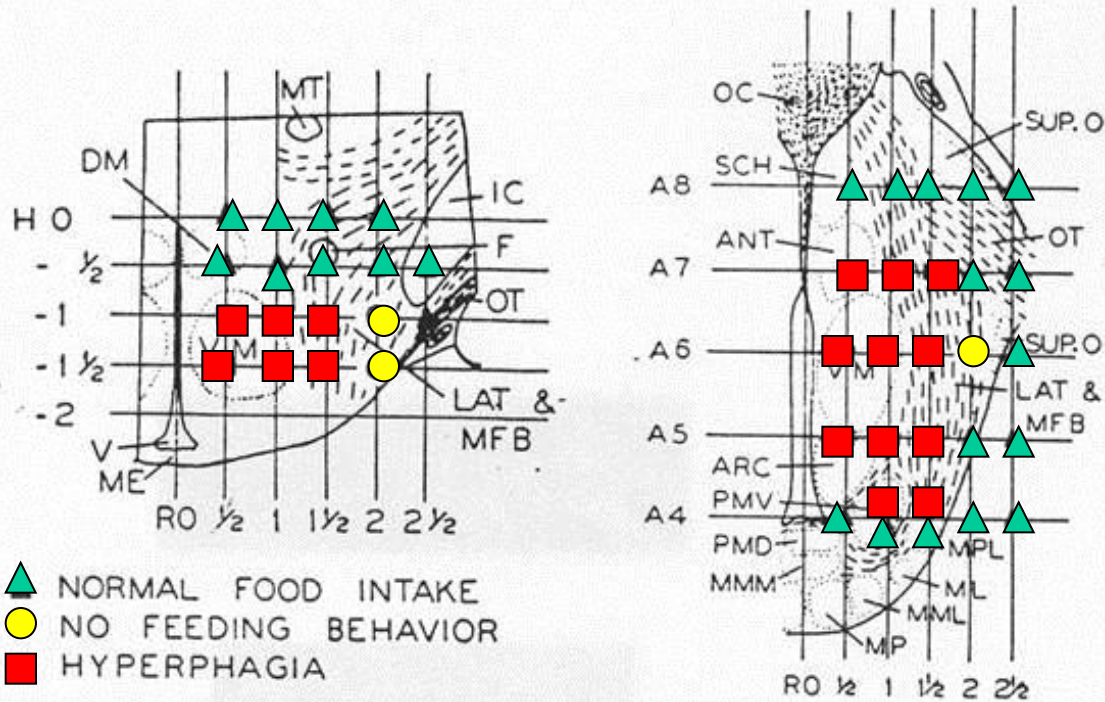
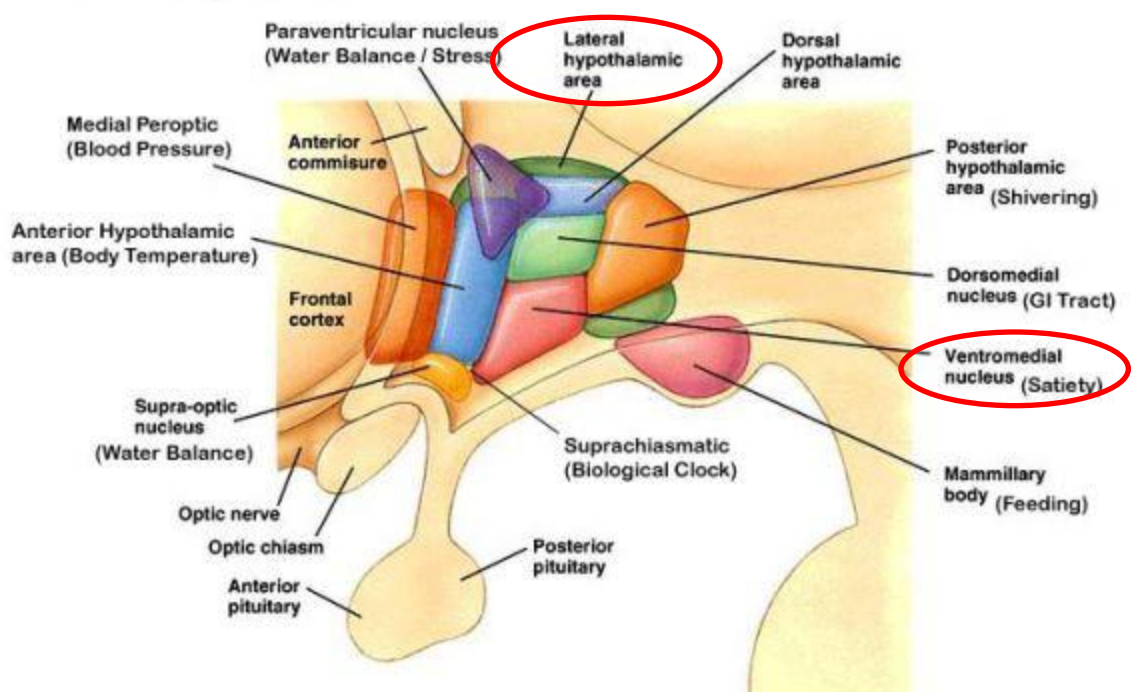
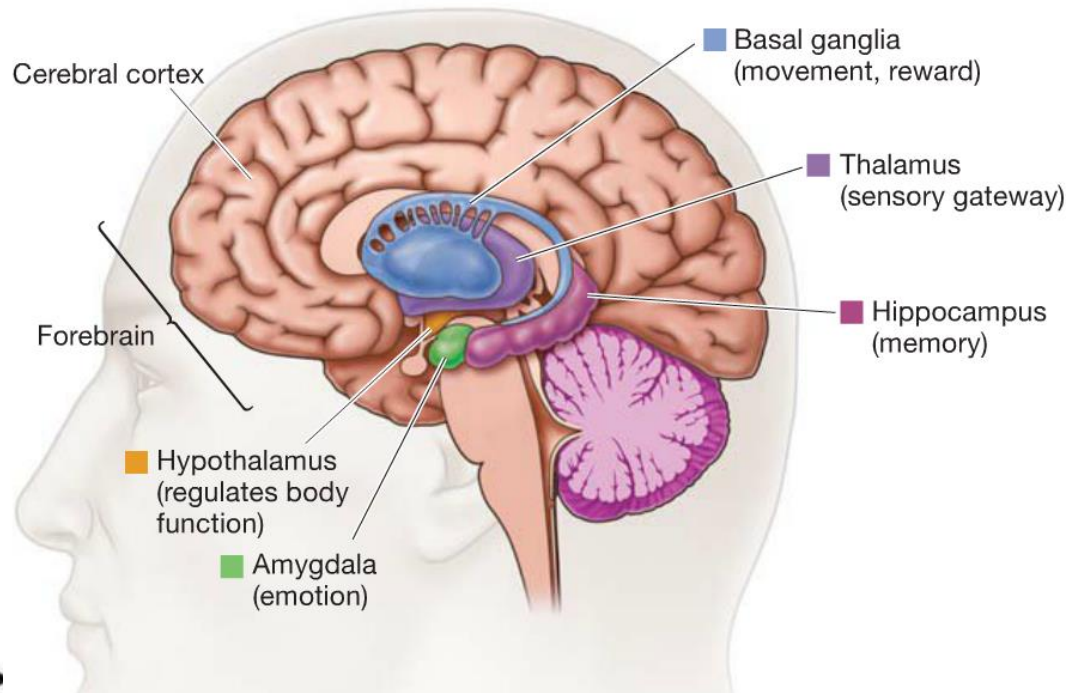
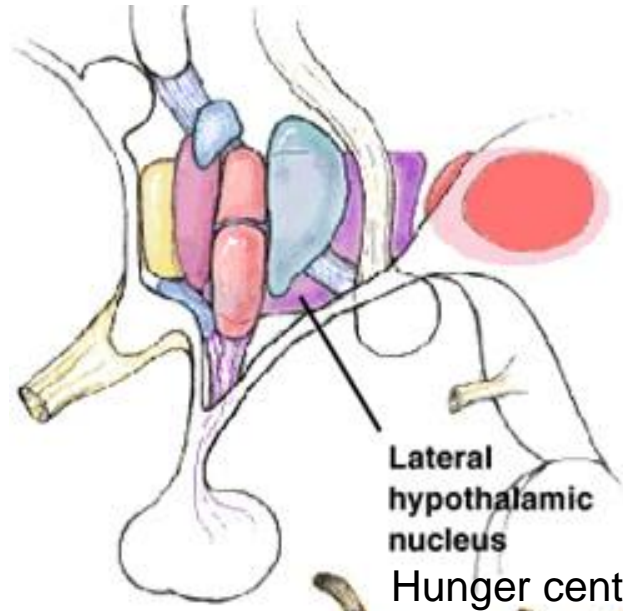
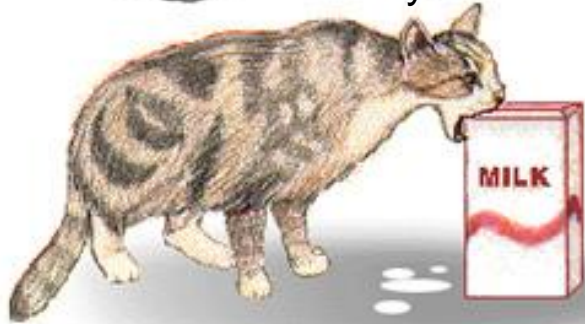
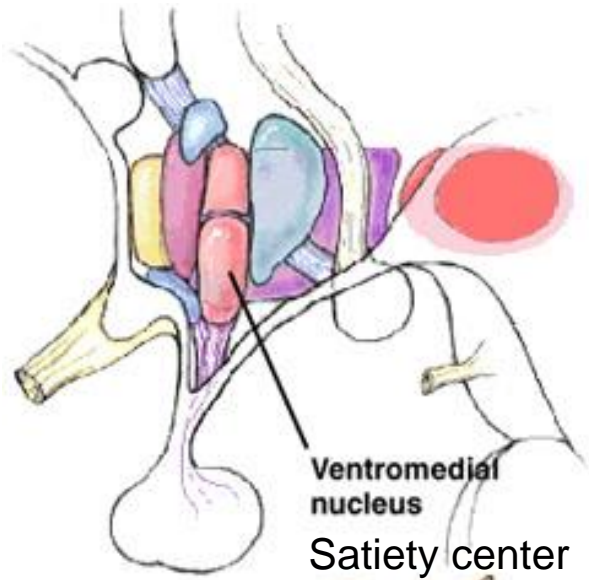


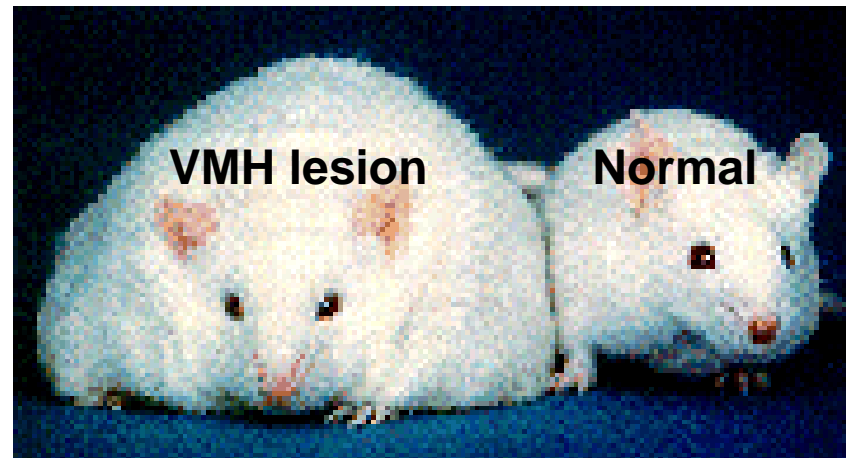
FIGURE 15-4. Cross section of a rat's hypothalamus at level of the ventromedial nucleus (*left*) and of the same side in a horizontal plane, also at the level of the ventromedial nucleus (*right*). Horsley-Clarke coordinates are superimposed. The feeding behavior of rats with small bilaterally symmetrical lesions in each area is indicated. (From Anand and Brobeck,¹⁶ courtesy of *Yale J. Biol. Med.*)





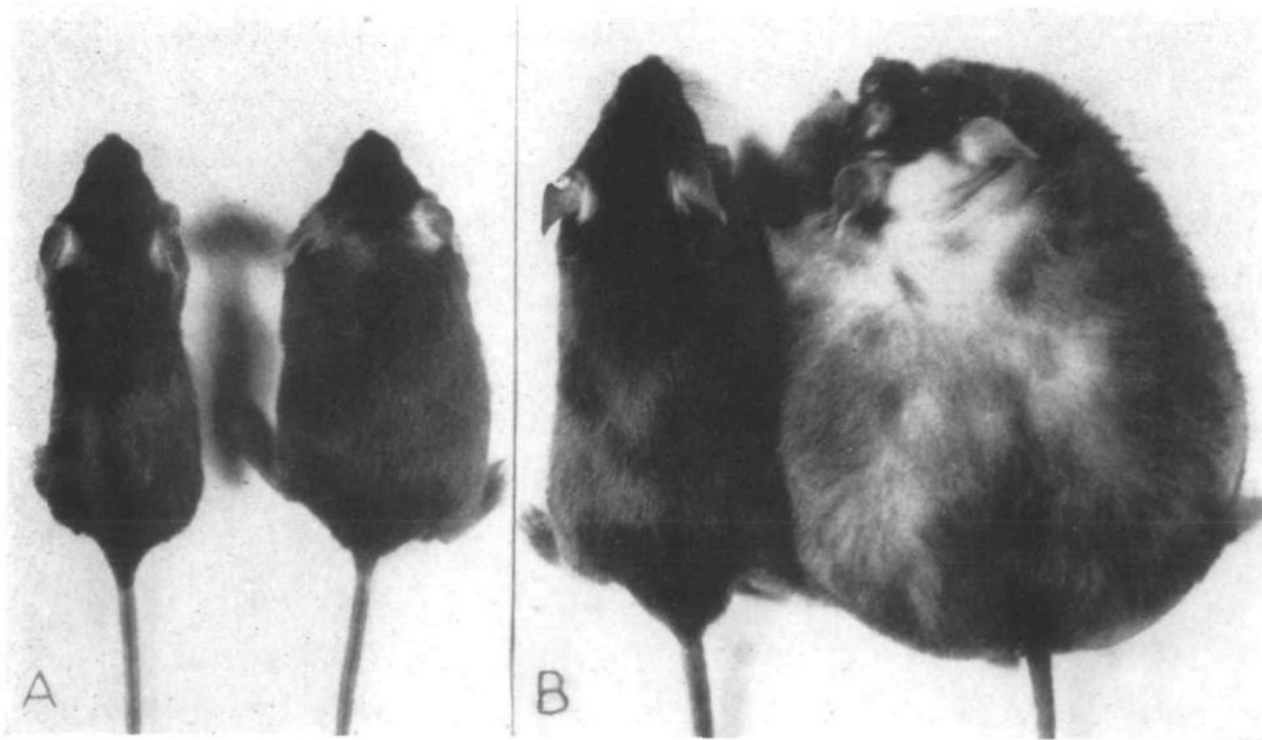
The **lipostatic hypothesis**. Body weight and fat mass stays constant by hypothalamic control. The hypothalamus senses to the concentration of a metabolites in the circulation and regulates the amount of energy surplus.

Kennedy, 1953



OBESE, A NEW MUTATION IN THE HOUSE MOUSE*

ANN M. INGALLS, MARGARET M. DICKIE AND G. D. SNELL
Roscoe B. Jackson Memorial Laboratory, Bar Harbor, Maine



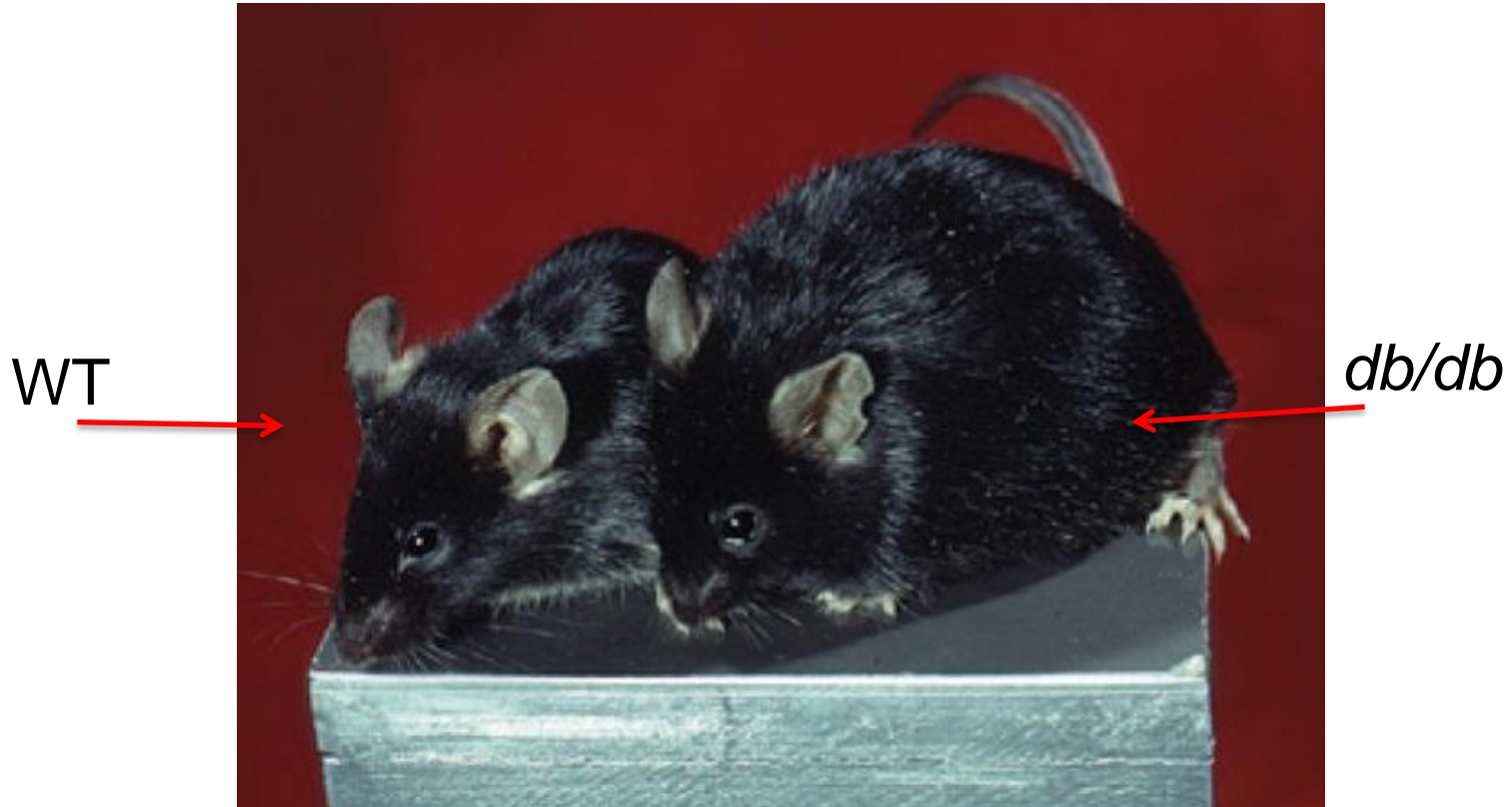
THE FAT MOUSE GROWS UP

Figure 4

A—shows normal control and an obese mouse at 21 days of age. The former weighed 12 grams; the latter 16. *B* shows a normal and obese mouse at ten months of age, when the obese mouse weighed 90 grams and the normal mouse 29 grams.

The *ob* mutant is characterized by massive obesity, marked hyperphagia, mild diabetes and infertility

db/db mutant mouse



The *db* (diabetes) mutant, like the *ob/ob* mouse, develops marked obesity and hyperphagia. It also develops severe, life-shortening diabetes.

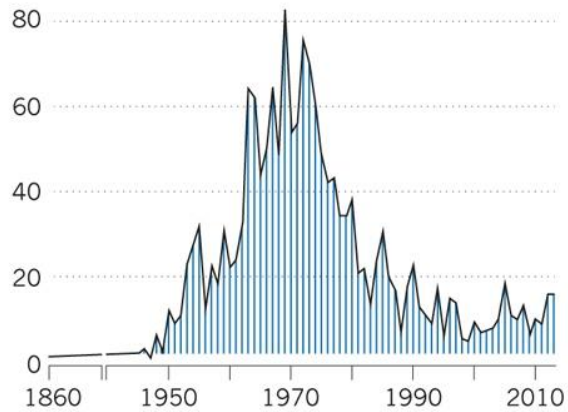
Parabiotic experiments

Share and share alike

Parabiotic experiments, in which two animals share a common bloodstream, were first attempted in the 1860s. By connecting animals with different qualities or conditions, scientists can investigate how blood factors, such as cells, proteins or hormones, influence health. In recent years, a few researchers have looked at heterochronic (old and young) mouse pairs to understand how young blood helps to repair many tissues.

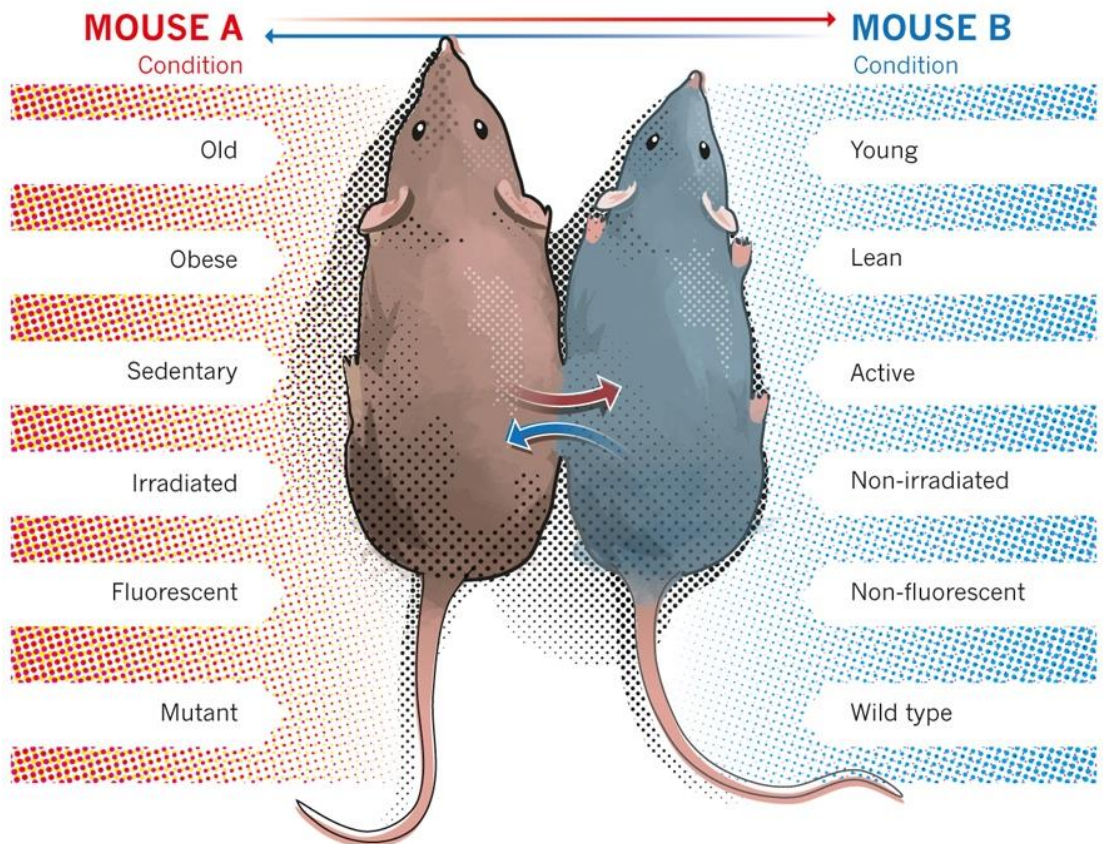
Publications on parabiosis

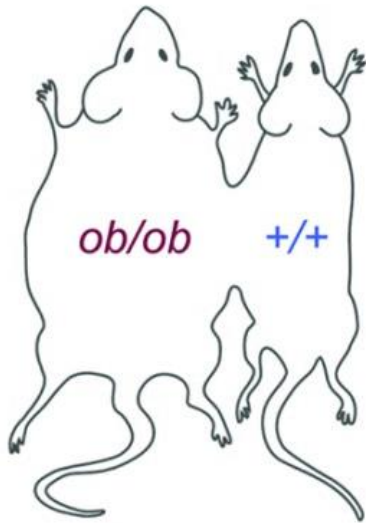
Parabiosis gained popularity during the 1960s and 1970s, but eventually fell out of wide practice.



A simple surgery

A veterinary surgeon will anaesthetize the animals, peel away a thin layer of skin along their sides and stitch or staple the exposed surfaces together. Wound-healing processes join the bloodstreams through a capillary network, and in one to two weeks, the animals are pumping each other's blood.



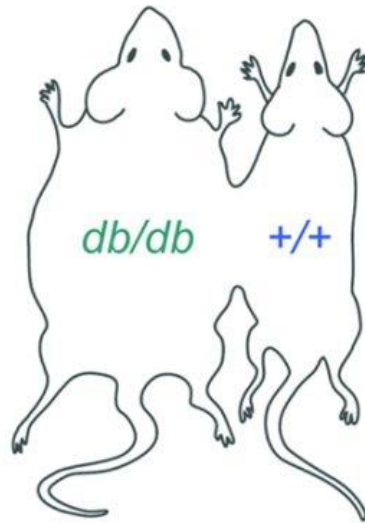


Obese

- ↓ Food intake
- ↓ Insulinemia
- ↓ Blood sugar

Wild type

No change

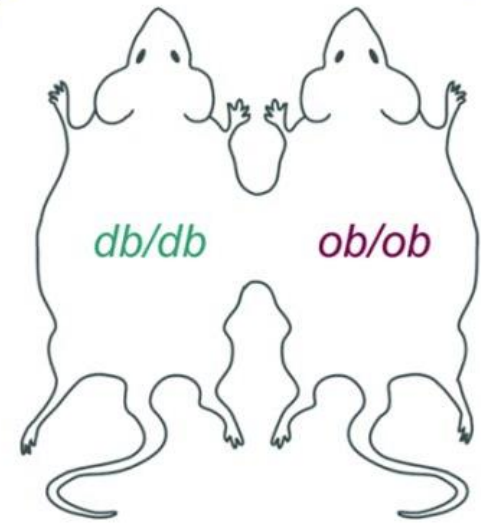


Diabetes

- ↑ Body weight
- ↑ Adipose tissue mass

Wild type

- ↓ Food intake
- ↓ Insulinemia
- ↓ Blood sugar
- Death by starvation

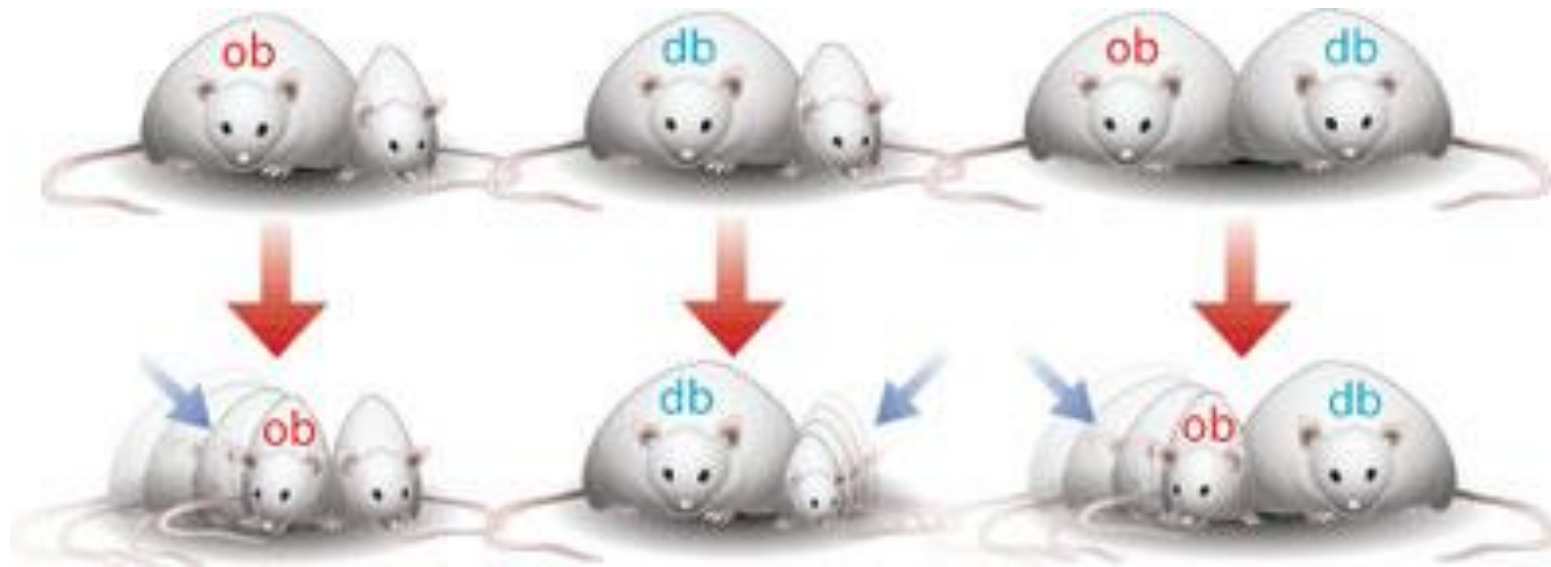


Diabetes

- ↑ Body weight
- ↑ Adipose tissue mass

Obese

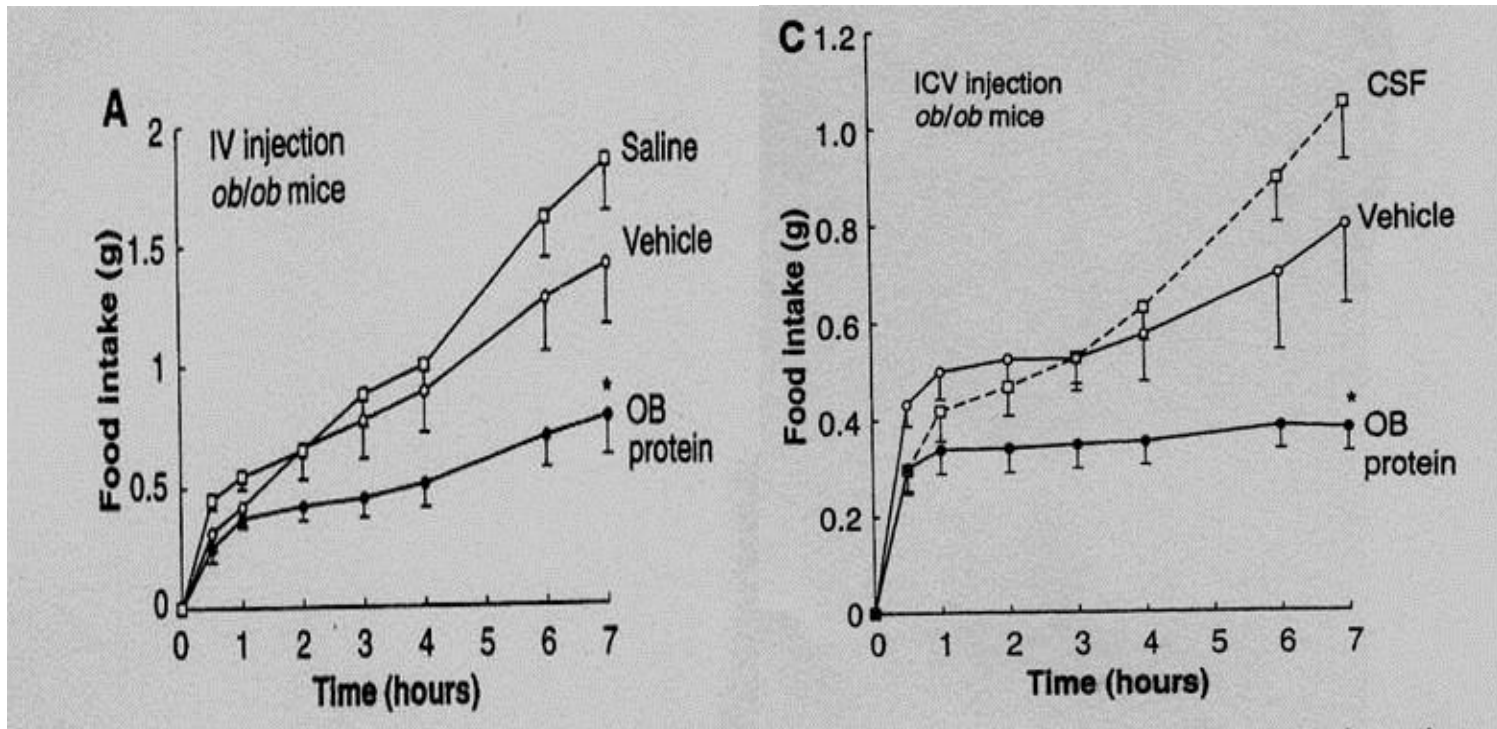
- ↓ Food intake
- ↓ Body weight
- ↓ Adipose tissue mass
- ↓ Insulinemia
- ↓ Blood sugar
- Death by starvation



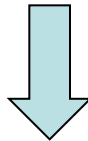
The ob/ob mice lack the lipostatic factor and cannot control food intake.

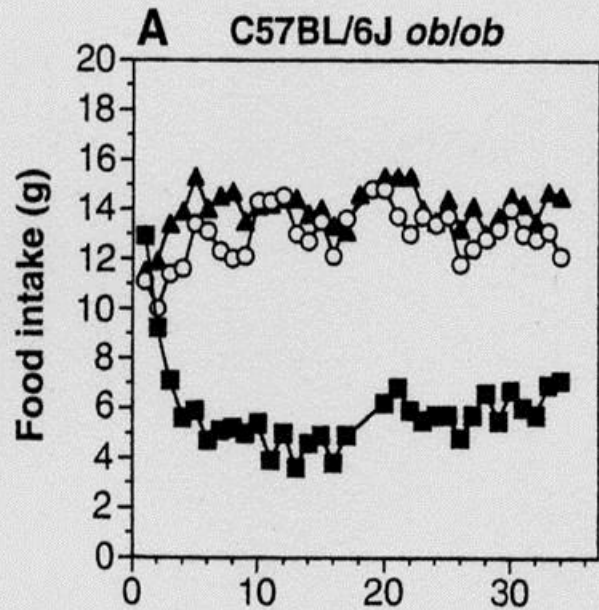
The db/db mice have the lipostatic factor but do not respond to it because of a problem in the hypothalamic satiety center.

Coleman 1970

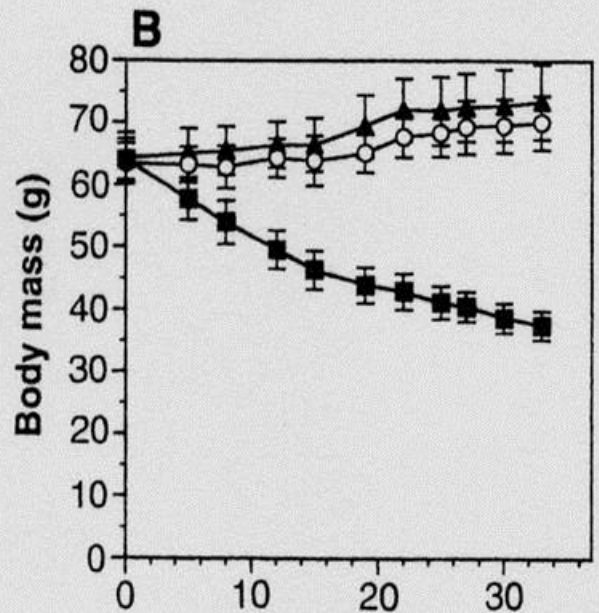


- One IV injection of leptin led to reduced food intake
- One ICV injection of leptin led to reduced food intake



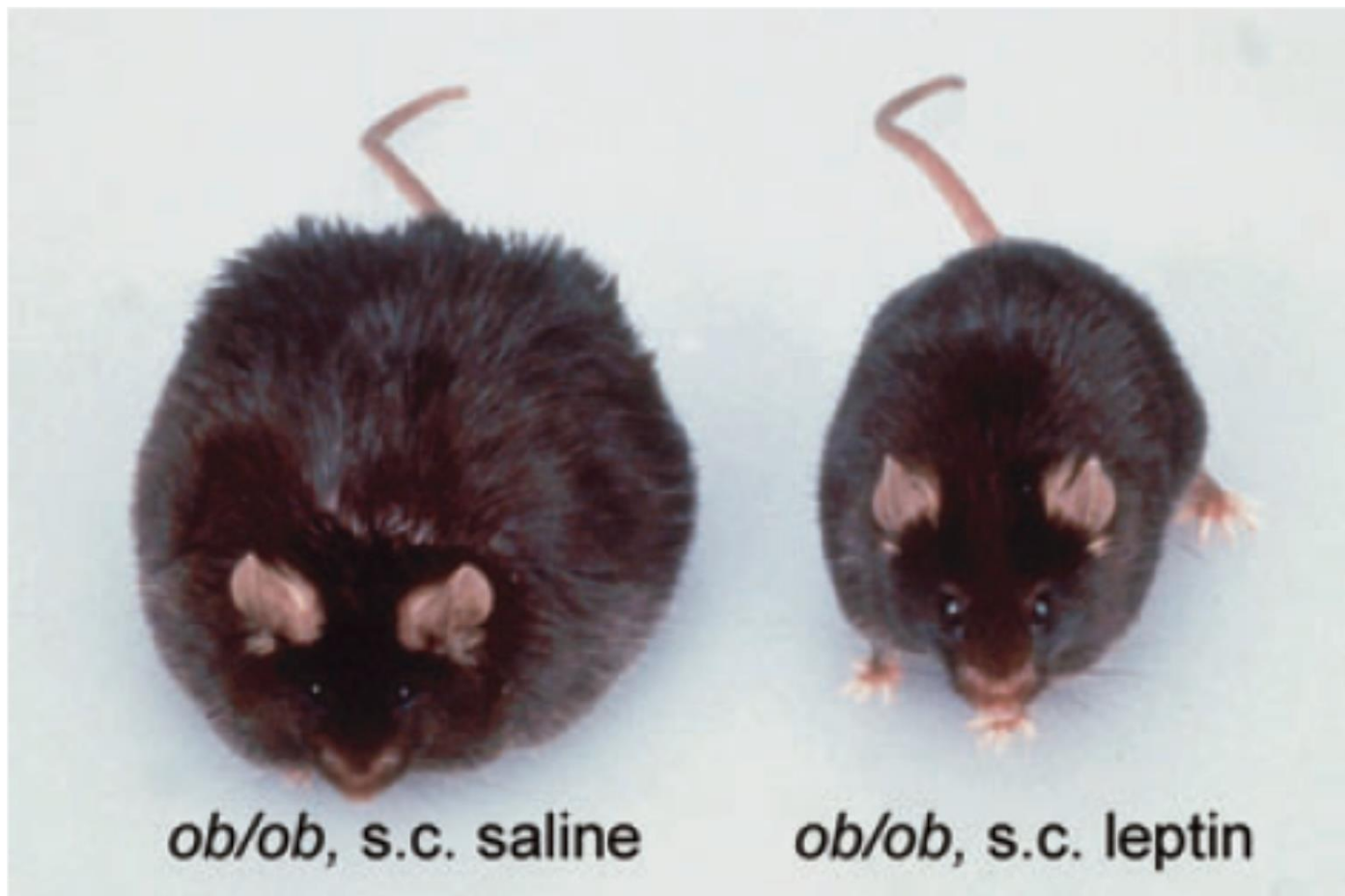


- 5µg leptin/day
- PBS
- ▲ No injection



Day

Leptin had an affect on
 food consumption and
 body mass of *ob/ob*
 but had no effect on *db/db*



ob/ob, s.c. saline

ob/ob, s.c. leptin

Congenital leptin deficiency is associated with severe early-onset obesity in humans

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Jonathan P. Whitehead^{*‡}, Maria A. Soos^{*‡}, Harald Rau^{*‡},
Nicholas J. Wareham[§], Claran P. Sewter^{*‡},
Janet E. Digby^{*‡}, Shehla N. Mohammed^{||}, Jane A. Hurst[¶],
Christopher H. Cheetham[#], Alison R. Earley[#],
Anthony H. Barnett[☆], Johannes B. Prins^{*‡}
& Stephen O'Rahilly^{*‡}**

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[†] These authors contributed equally to this study.

A mutation in the human leptin receptor gene causes obesity and pituitary dysfunction

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Sylvie Cabrol^{||}, Veronique Pelloux^{*}, Dominique Cassuto^{*},
Micheline Gourmelen^{||}, Christian Dina[†], Jean Chambaz[¶],
Jean-Marc Lacorte[¶], Arnaud Basdevant^{*†},
Pierre Bougnères[¶], Yves Leboucq^{||}, Philippe Froguel^{*†}
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^{} Laboratoire de Nutrition et Service de Médecine et Nutrition, Hôtel-Dieu place du Parvis Notre Dame, 75004 Paris, France*

[†] Institut de Biologie-CNRS EP10, Institut Pasteur de Lille, rue Calmette, 59000 Lille, France

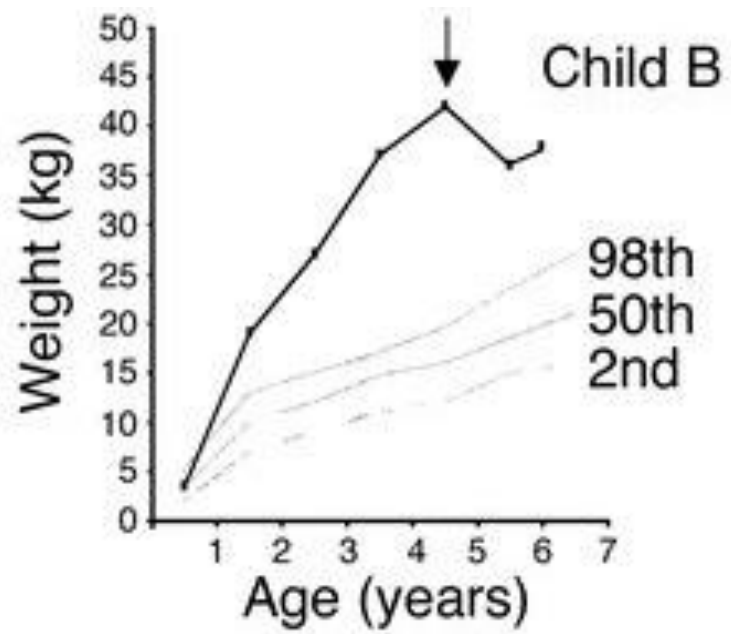
[§] Inserm U342, Hôpital Saint Vincent de Paul et service d'Endocrinologie-Diabète de l'Enfant, avenue Denfert Rochereau, 75014 Paris, France

^{||} Explorations fonctionnelles endocriniennes, Hôpital d'enfant Armand Trousseau, avenue du Dr Arnold Netter, 75012 Paris, France

[¶] C/JF INSERM 9508, 15 rue de l'Ecole de Médecine, 75005 Paris, France

[‡] These authors contributed equally to this work.

Leptin deficiency



Clinical photographs of child B before and 24 months after Leptin therapy

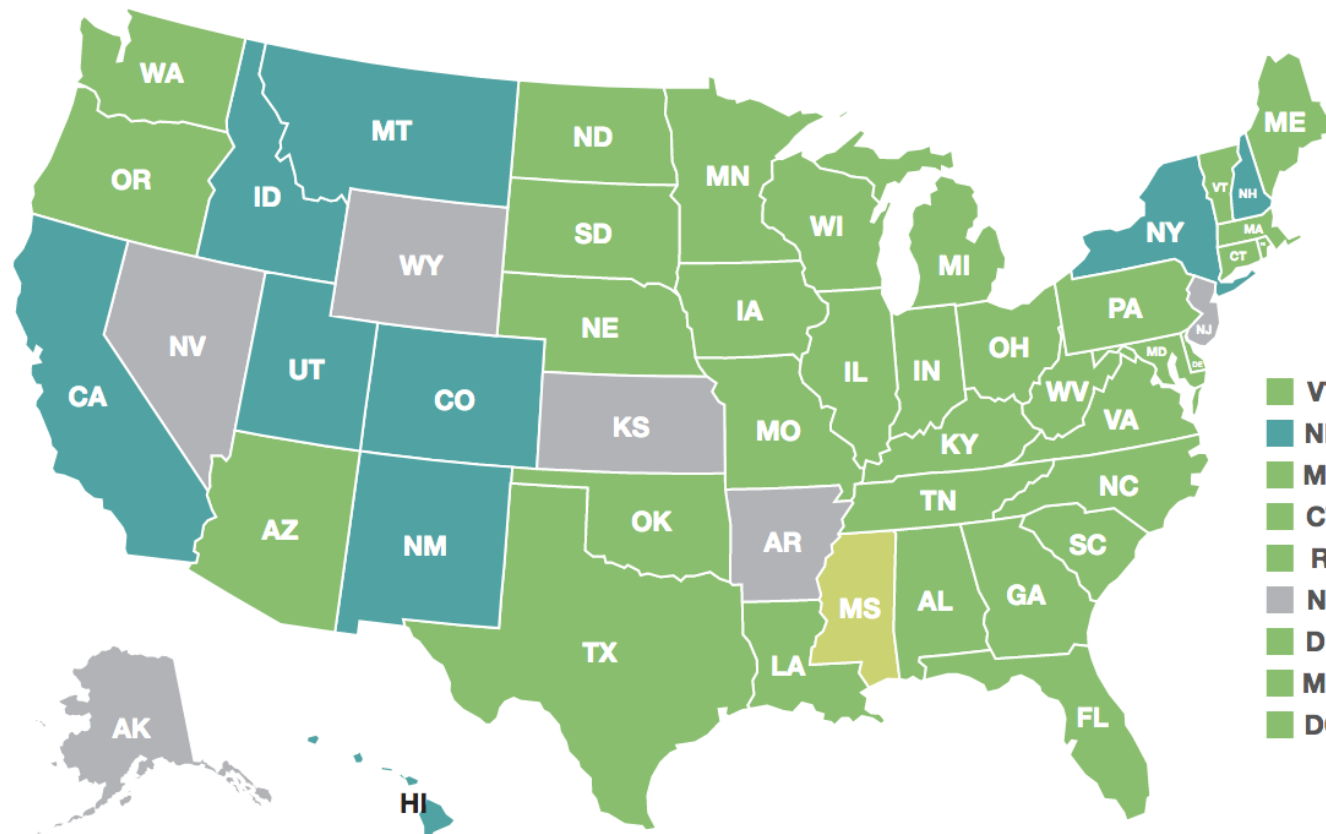


Fig. 9 Leptin deficiency in humans responds to leptin treatment. A 3-year-old boy with congenital leptin deficiency with severe obesity (body weight 38 kg; BMI SD = 7.2) (left). On the right, the same patient, after four years of daily subcutaneous administration of recombinant leptin. Leptin treatment results in a dramatic decrease in adiposity (body weight 29 kg; BMI SD = 0.9) and normalization of all metabolic abnormalities including hyperinsulinaemia. Figure generously provided by Drs Sadaf Farooqi and Stephen O'Rahilly.

Adult Obesity in the United States 1990

Percent of obese adults (Body Mass Index of 30+)

0 - 9.9% 10 - 14.9% 15 - 19.9% 20 - 24.9% 25 - 29.9% 30 - 34.9% 35%+



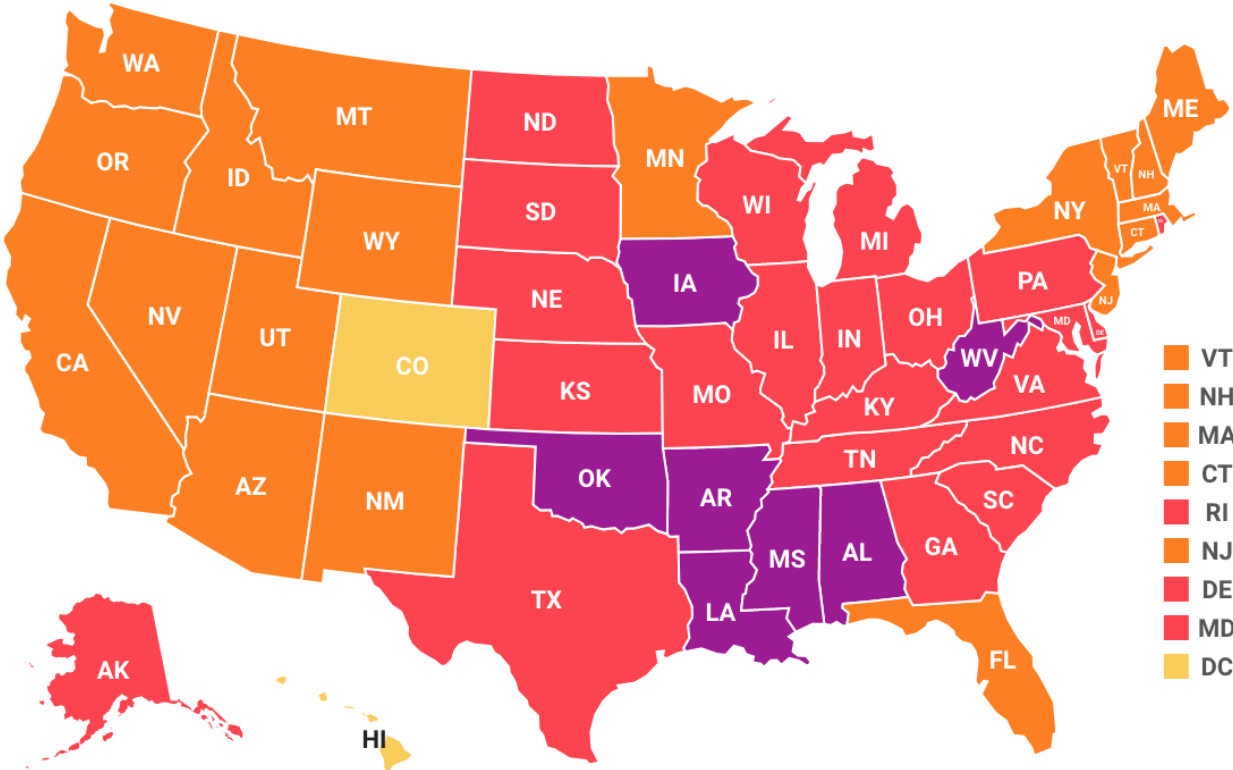
BMI:
Normal 18.5-25
Overweight 25-30
Obese > 30
Severely obese >35

VT
NH
MA
CT
RI
NJ
DE
MD
DC

2017 Adult Obesity in the United States

Percent of obese adults (Body Mass Index of 30+)

0 - 9.9% 10 - 14.9% 15 - 19.9% 20 - 24.9% 25 - 29.9% 30 - 34.9% 35%+

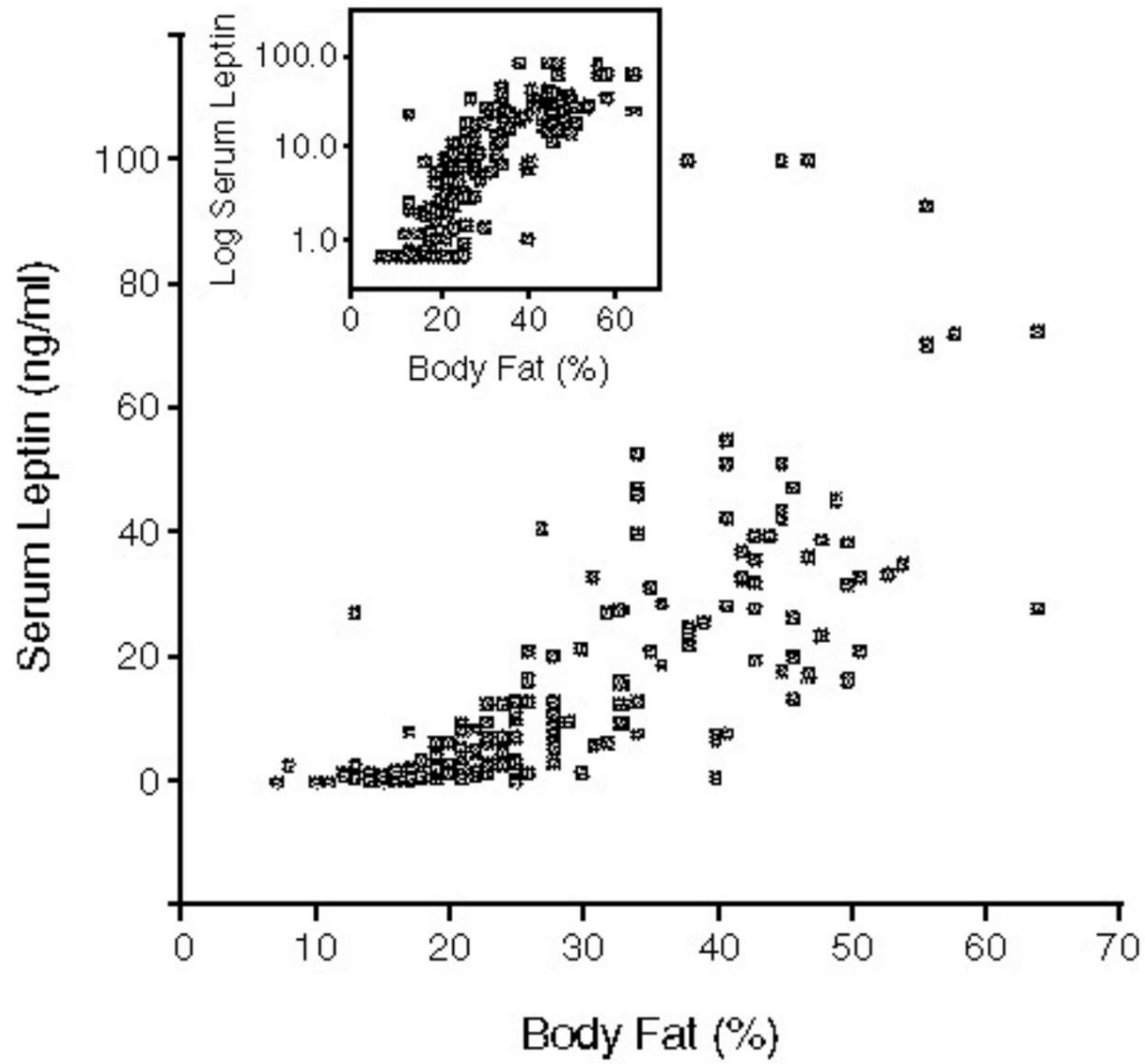


BMI:
 Normal 18.5-25
 Overweight 25-30
 Obese > 30
 Severely obese >35

- VT
- NH
- MA
- CT
- RI
- NJ
- DE
- MD
- DC

● All States ● West ● Midwest ● South ● Northeast

Blood Leptin concentration correlates with body weight

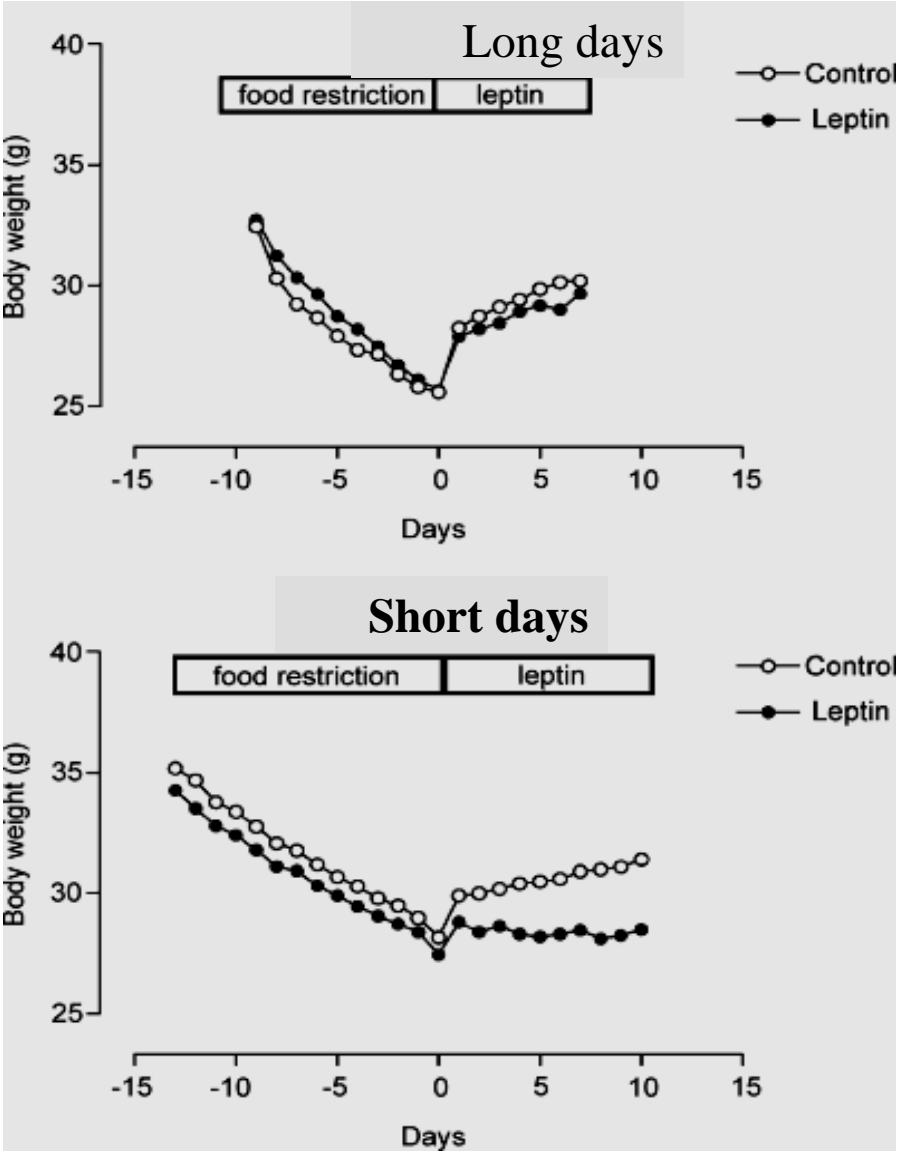


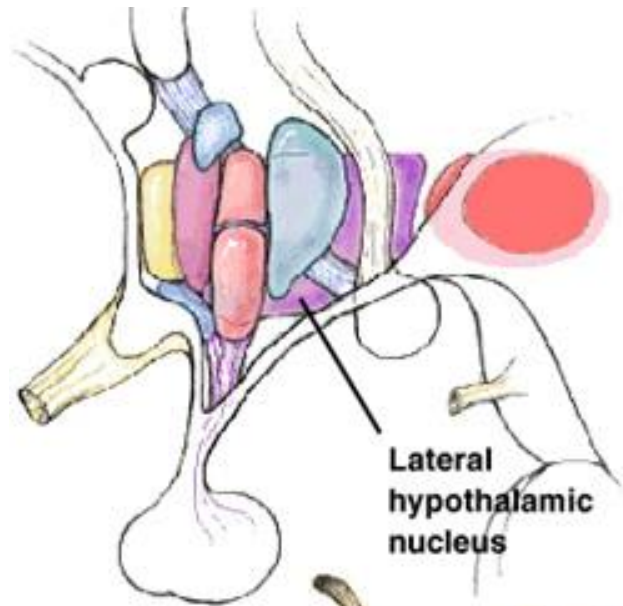
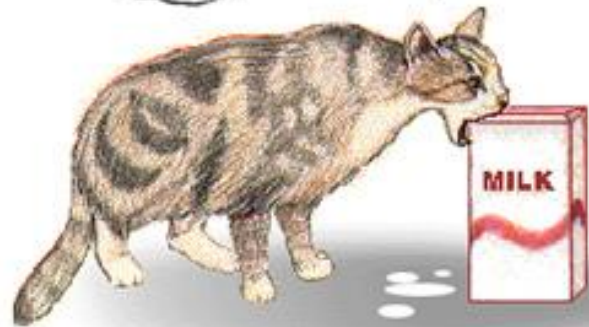
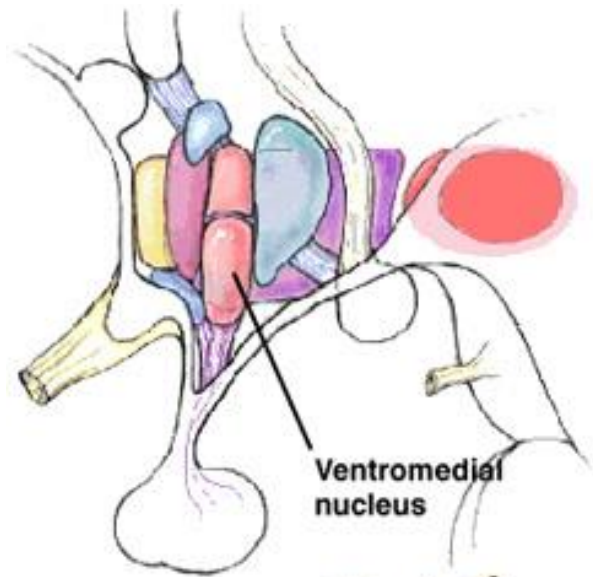
What can you conclude from this graph?

Potential contributors to leptin resistance in obesity

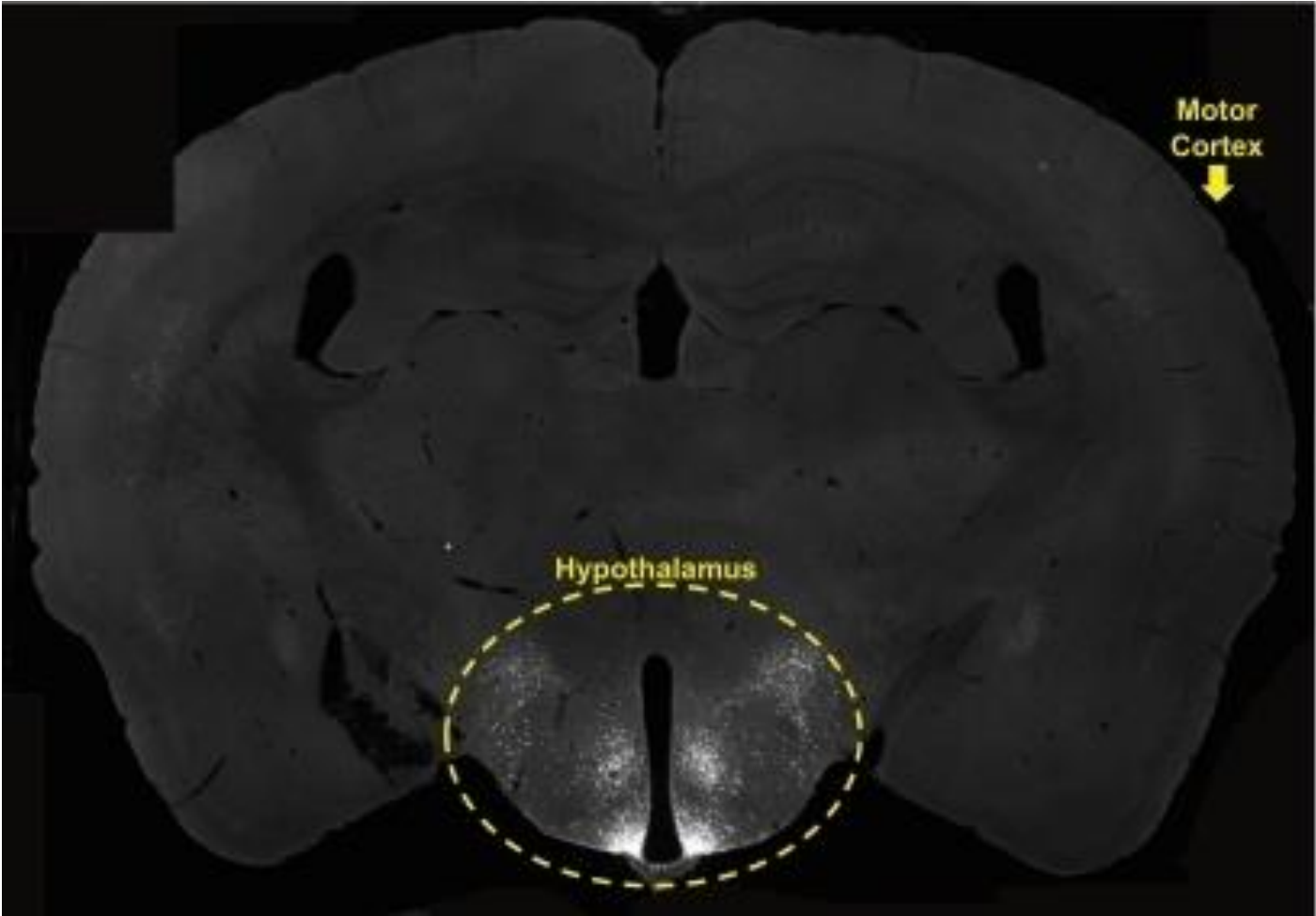
- **Deficient BBB crossing** – High levels of triglycerides is thought to inhibit transport of leptin through the BBB.
- **Hyperleptinemia** - Chronic exposure to high levels of circulating leptin causes leptin resistance, presumably by over-activating negative feedback regulators.
- **Inflammation** - Low-grade, chronic inflammation is closely associated with various metabolic disorders including obesity. High fat diet (HFD) feeding can promote inflammation in the hypothalamus.
- **Hypothalamic ER stress** - Observed in HFD-fed mice. Pharmacological ER stress inducers impair leptin signaling, whereas treatments with chemical ER chaperons relieve hypothalamic ER stress and decrease body weights in ob/ob mice.

Leptin resistance in humpsters under long days

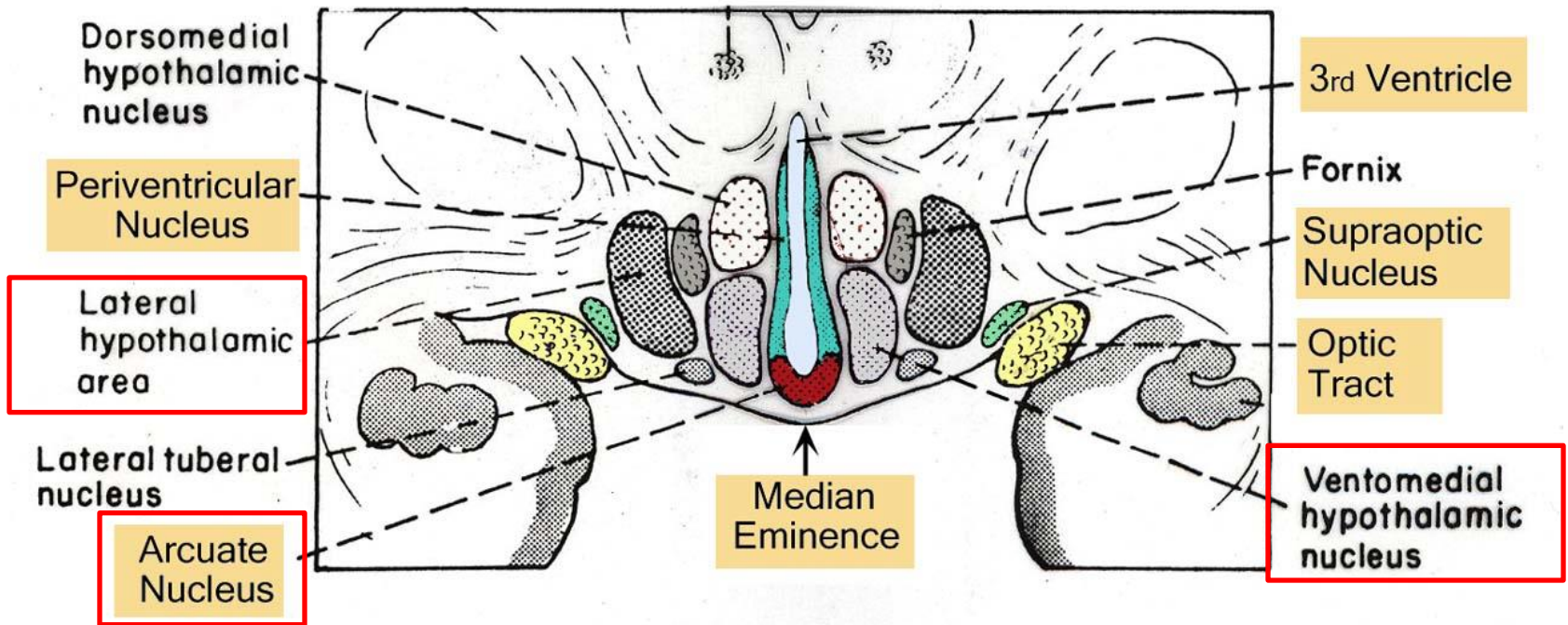




Leptin receptor-expressing neurons in the arcuate nucleus of the hypothalamus



Hypothalamic Nuclei



What is happening in the hypothalamus?

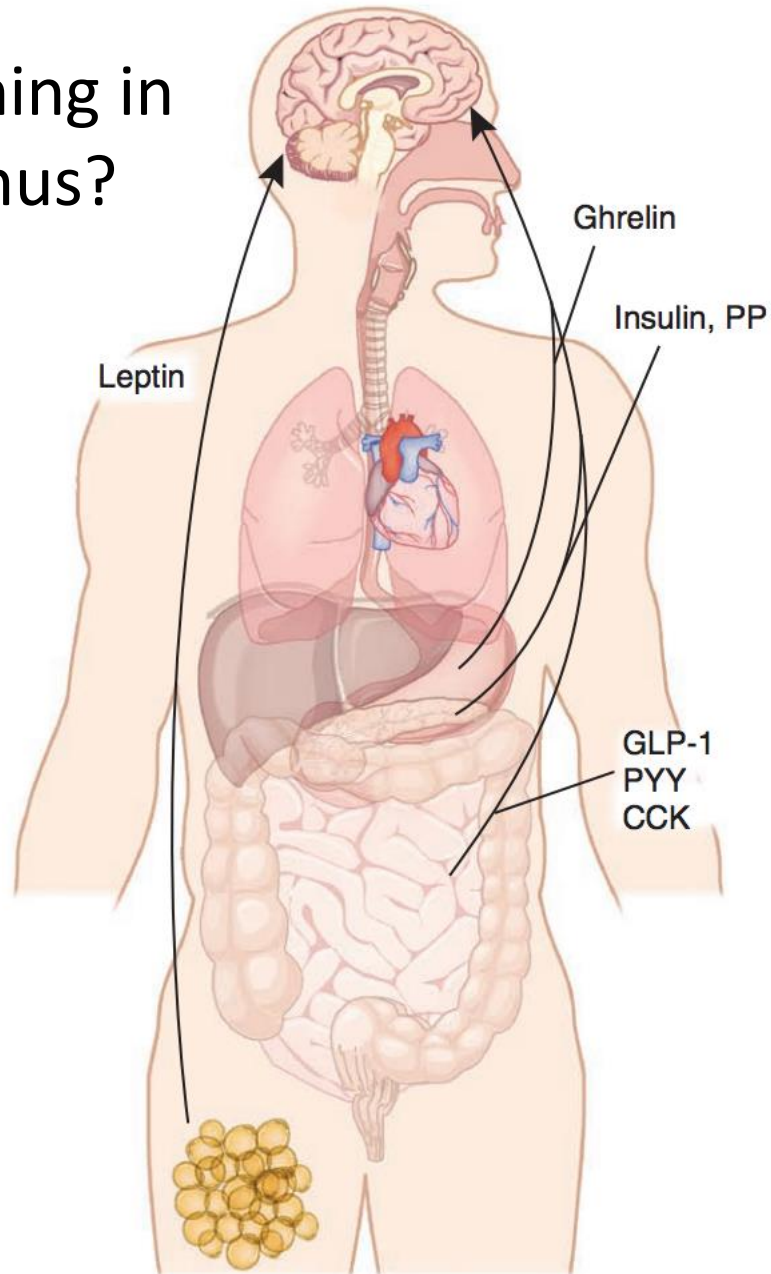
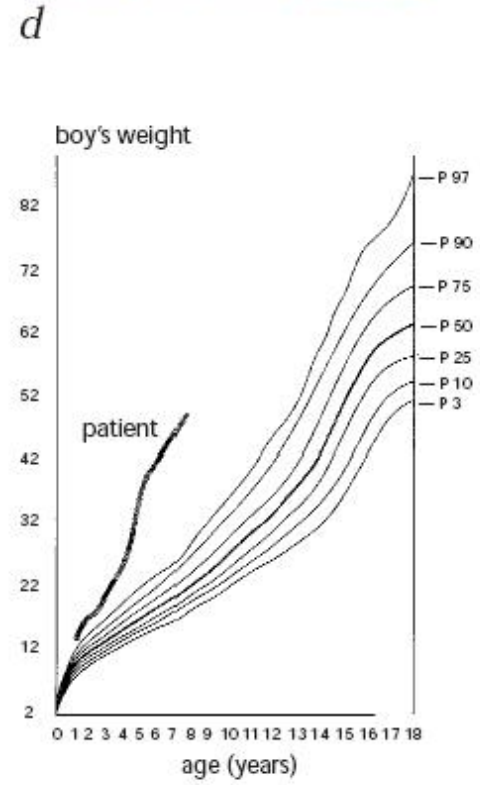
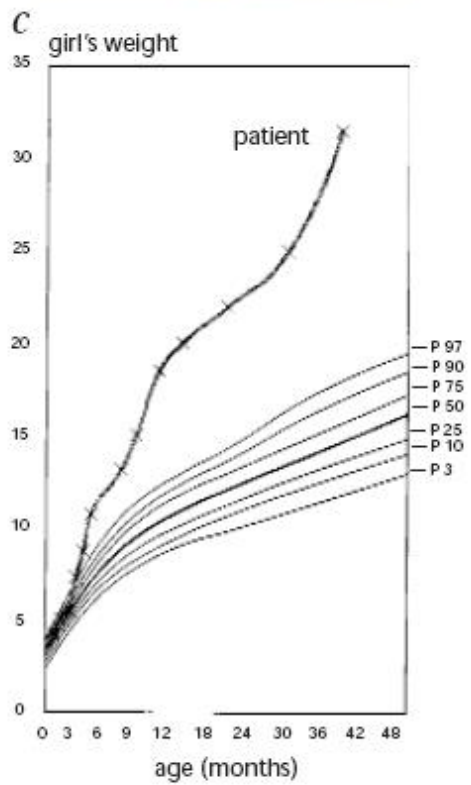
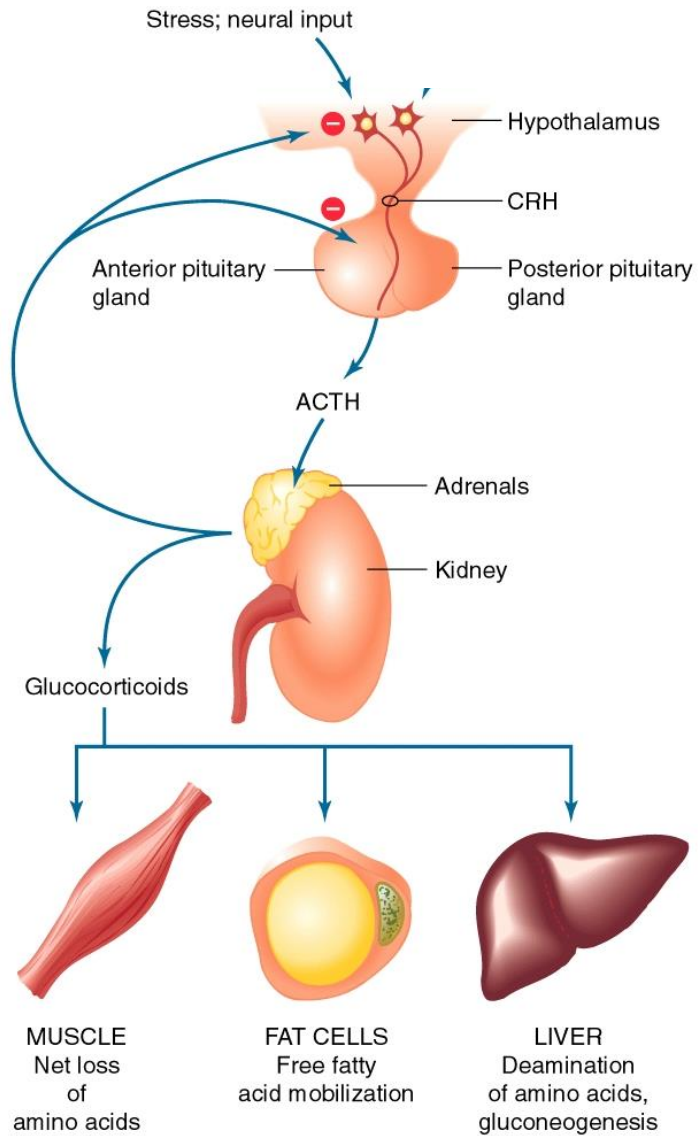




Figure 7-54. A neuroendocrine syndrome of adrenocorticotrophic hormone insufficiency, obesity, and red hair resulting from a null mutation in the pro-opiomelanocortin gene. (Photo kindly provided by Dr. A. Gruters, Berlin.)





CRH – corticotropin releasing hormone

ACTH – corticotropin; adrenocorticotropic hormone

Glucocorticoids, cortisol or corticosterone

PROOPIOMELANOCORTIN (POMC)

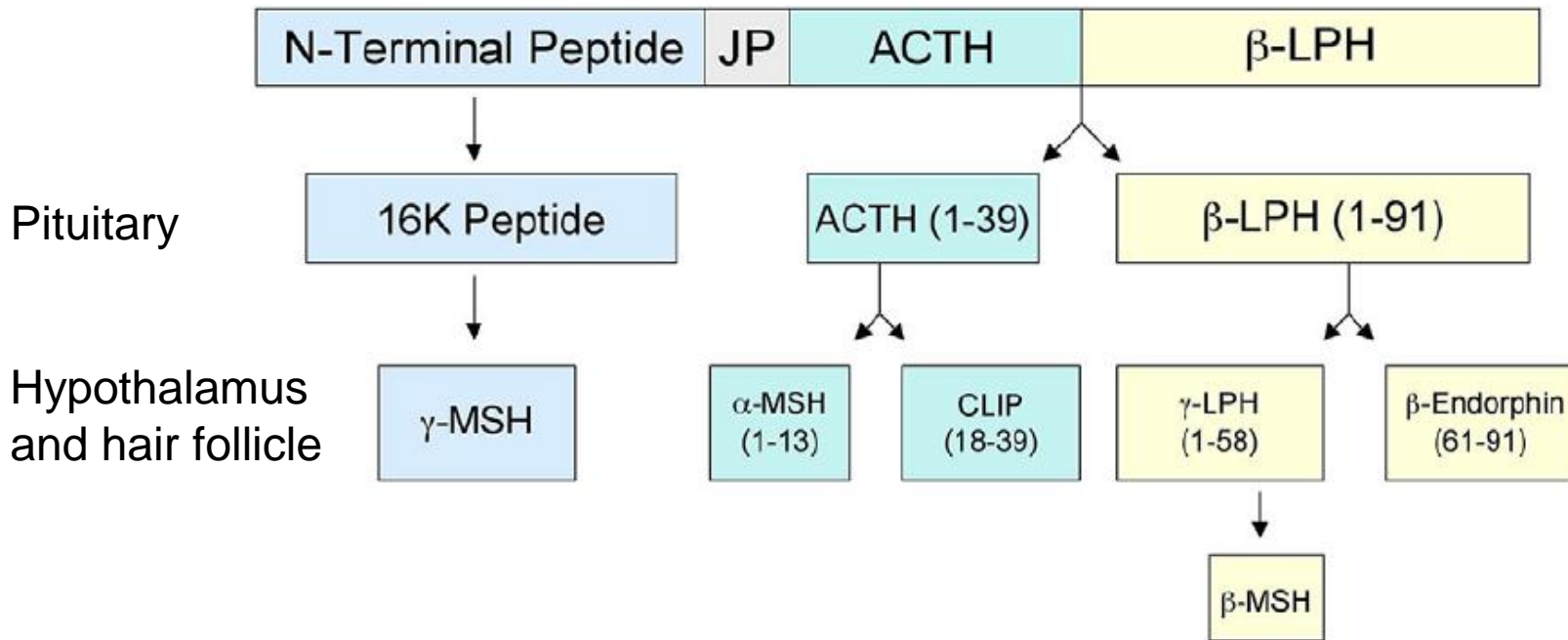
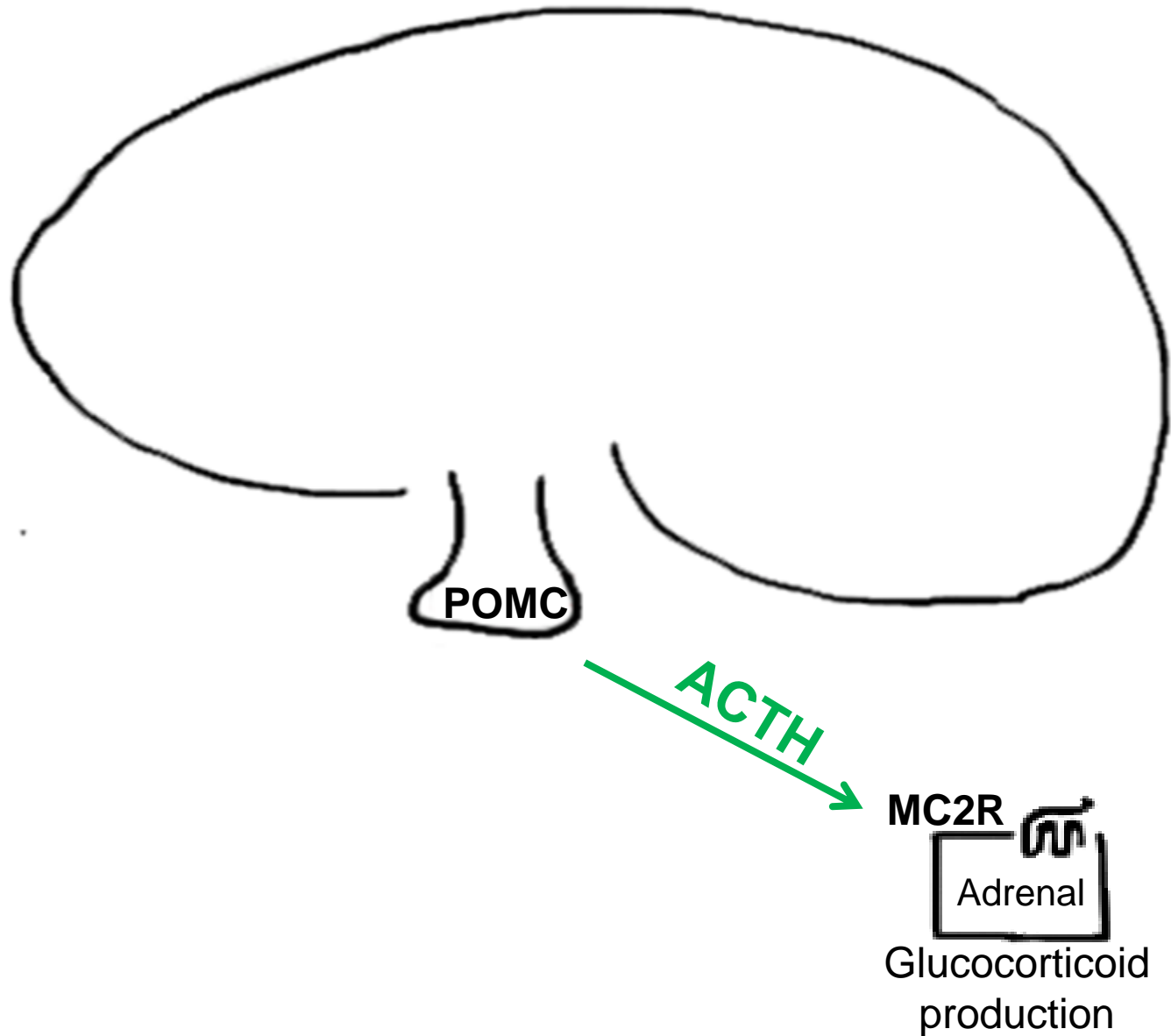


Figure 2. Schematic diagram of the POMC precursor molecule and the major peptide products which are derived from this precursor by endoproteolytic cleavage. (JP = Joining peptide; LPH= Lipotropin; CLIP= corticotropin-like-intermediate lobe peptide).

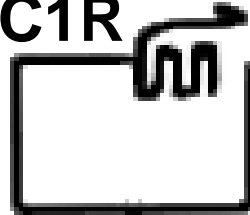
POMC functions in the stress response



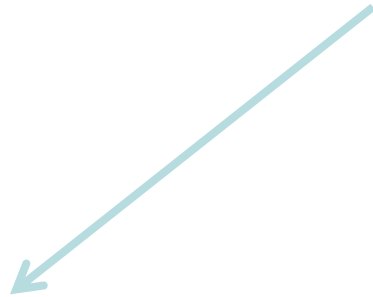
α -MSH



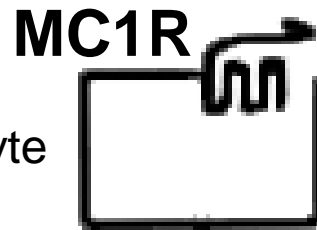
MC1R



Melanocyte



~~α -MSH~~



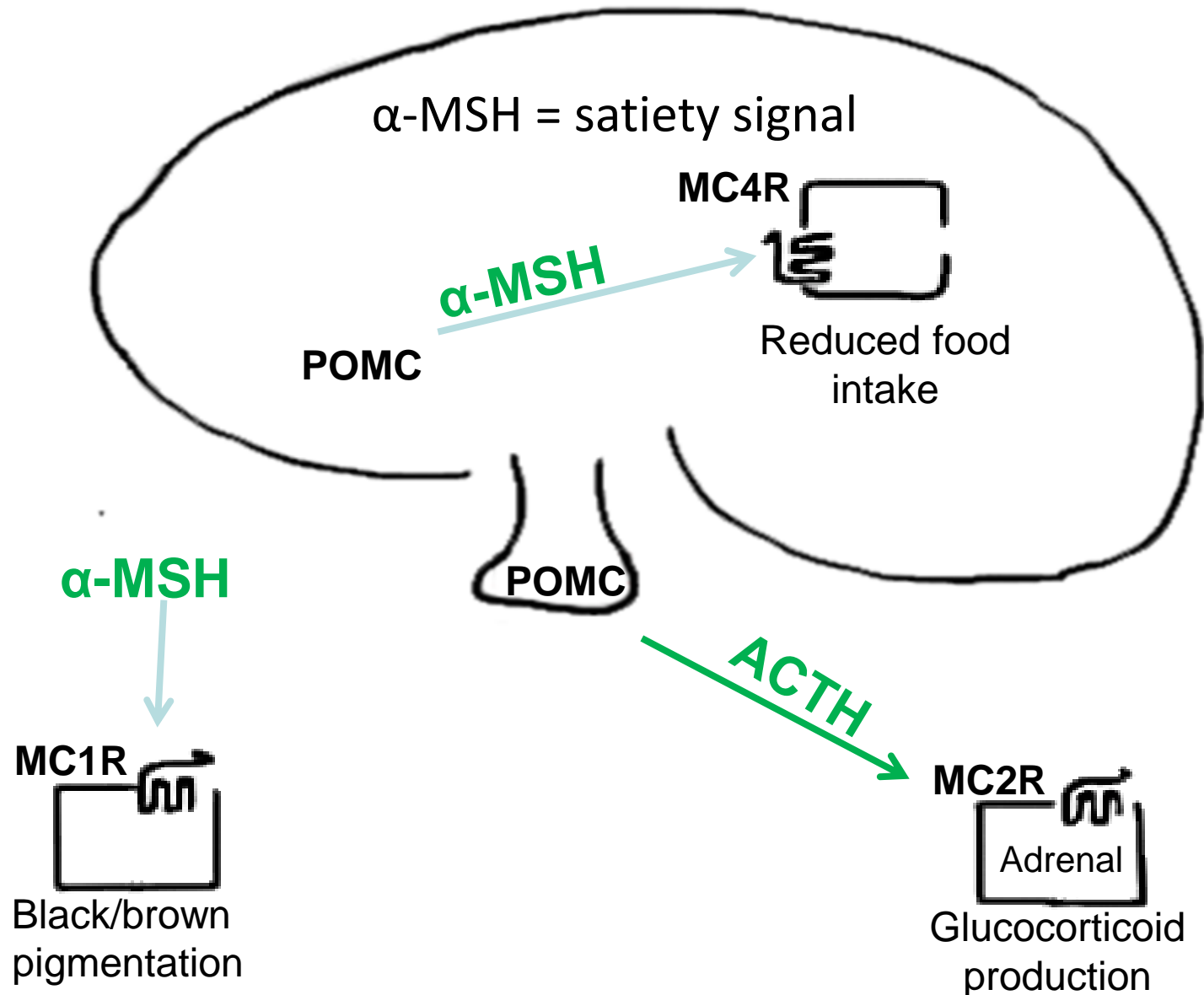
Melanocyte

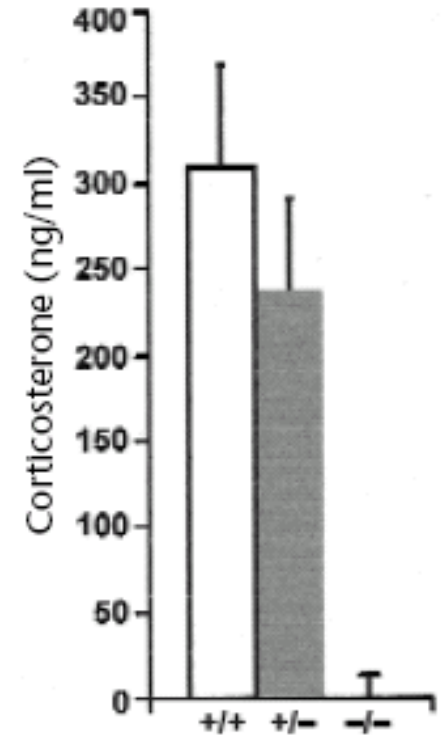
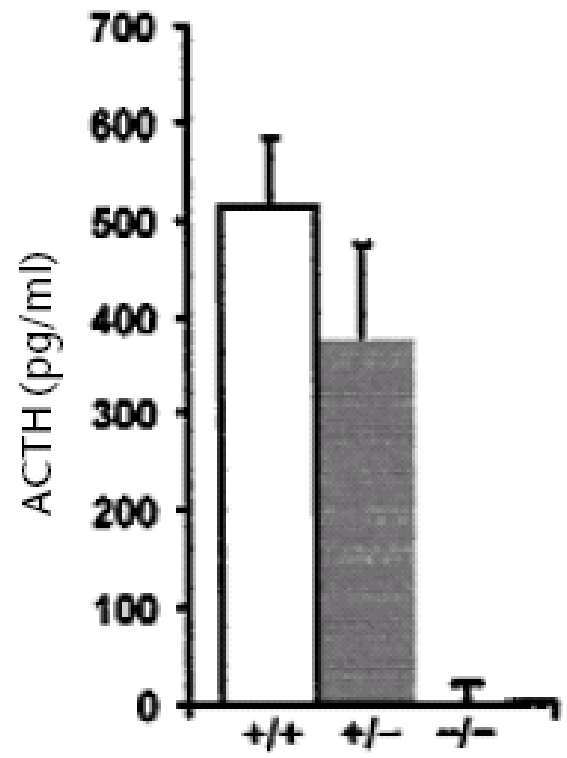
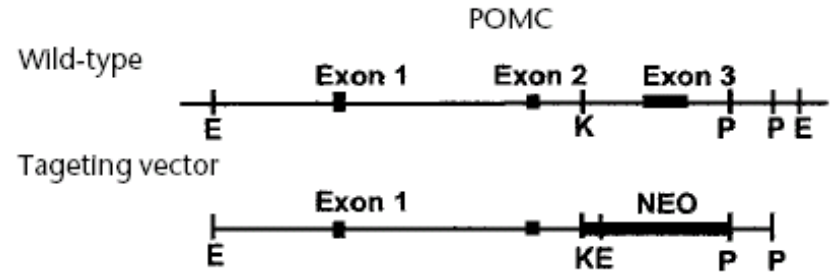
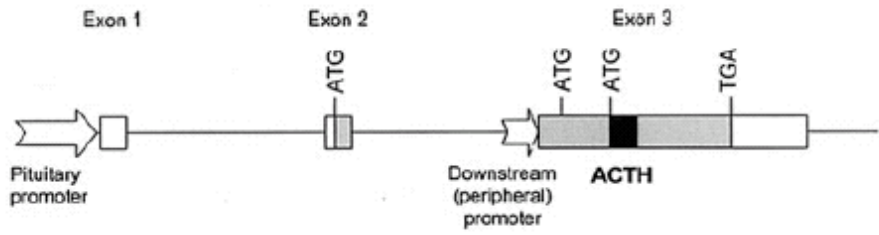


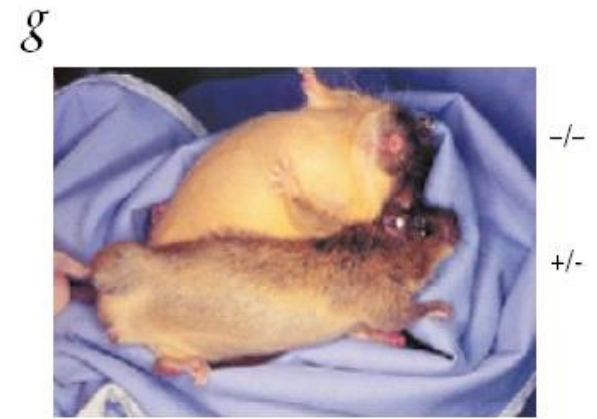
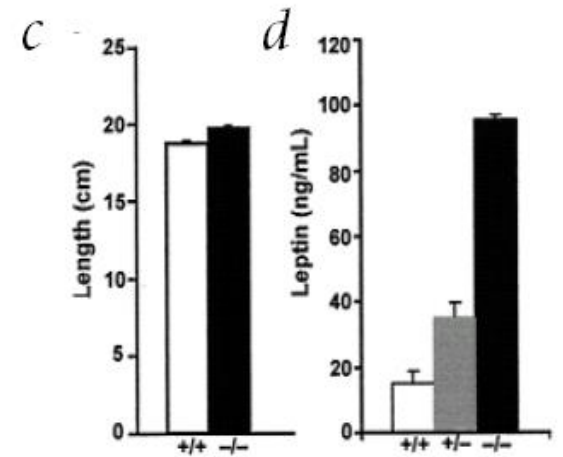
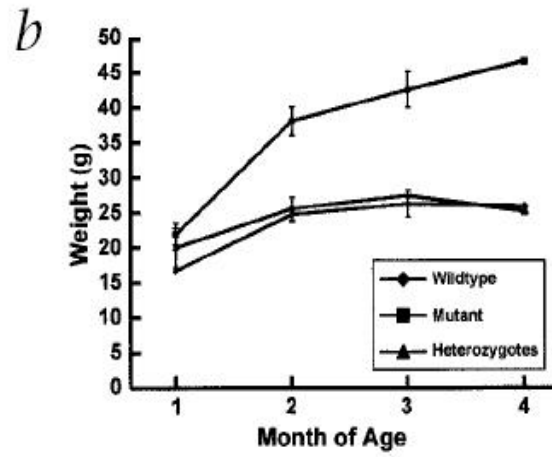
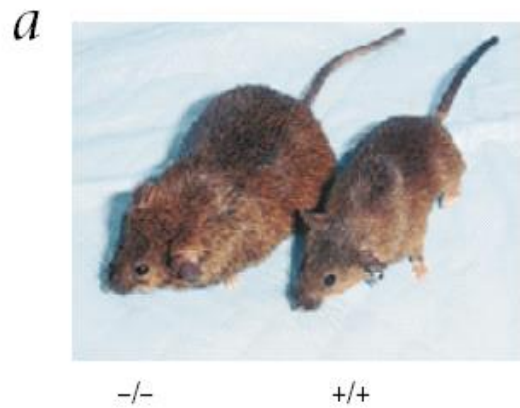
Red
pigmentation



POMC functions in stress response, pigmentation and food consumption

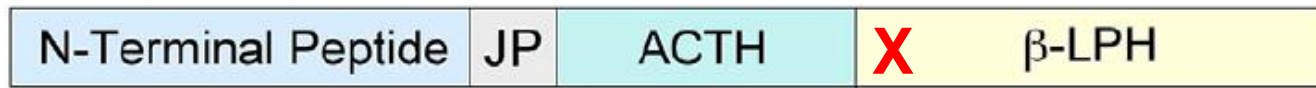




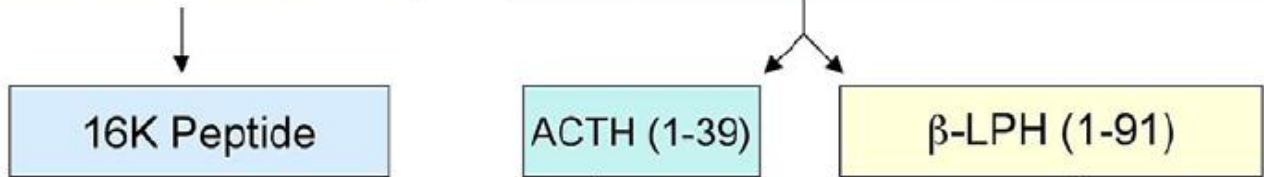




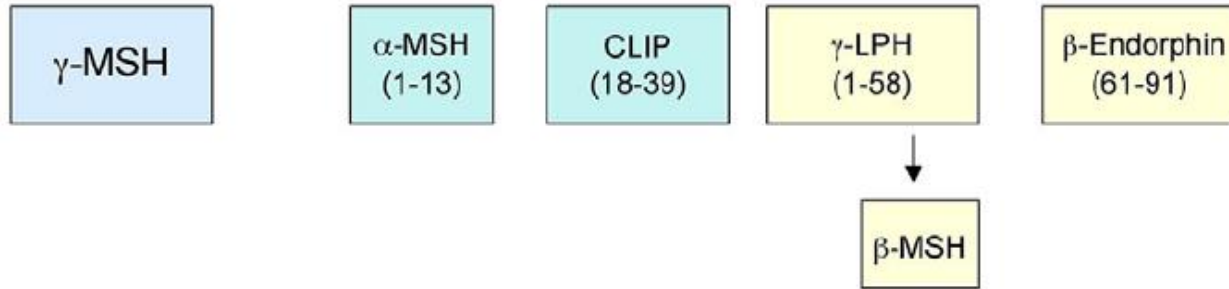
PROOPIOMELANOCORTIN (POMC)



Pituitary



Hypothalamus and hair follicle



$\alpha \gg \text{ACTH}, \beta, \gamma$



MC1R

ACTH



MC2R

$\gamma > \alpha, \beta$



MC3R

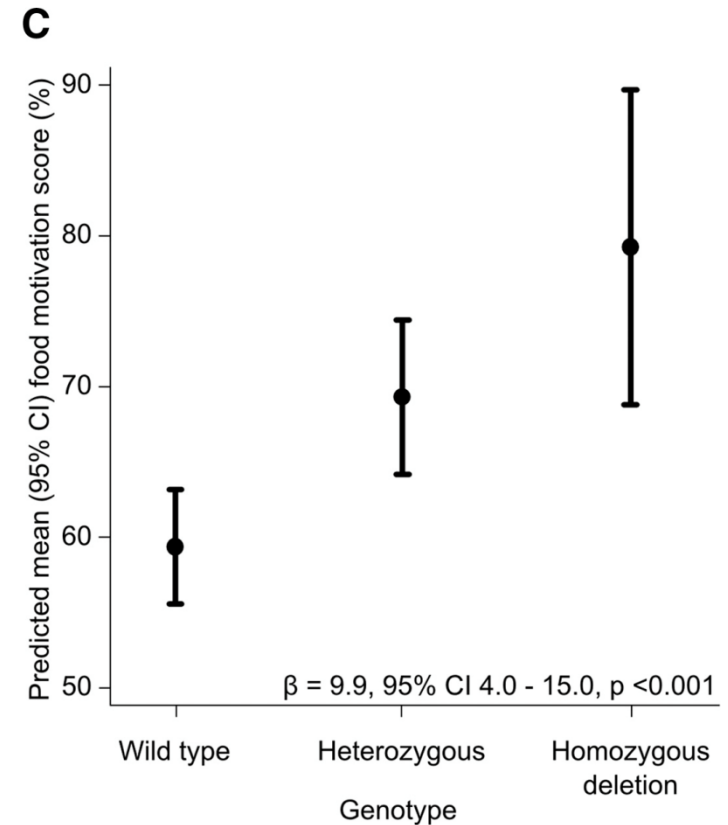
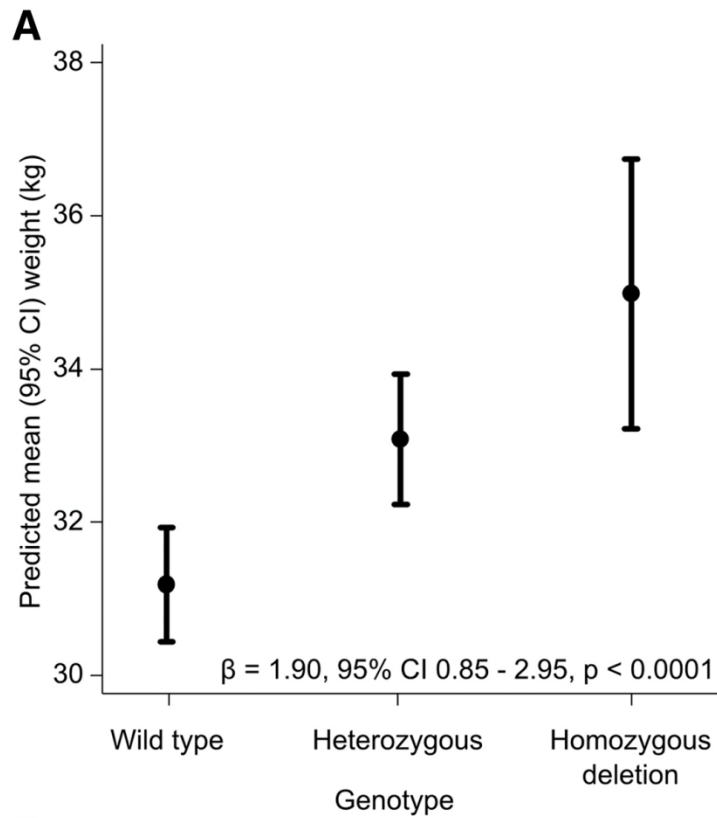
$\alpha, \beta \gg \gamma$



MC4R

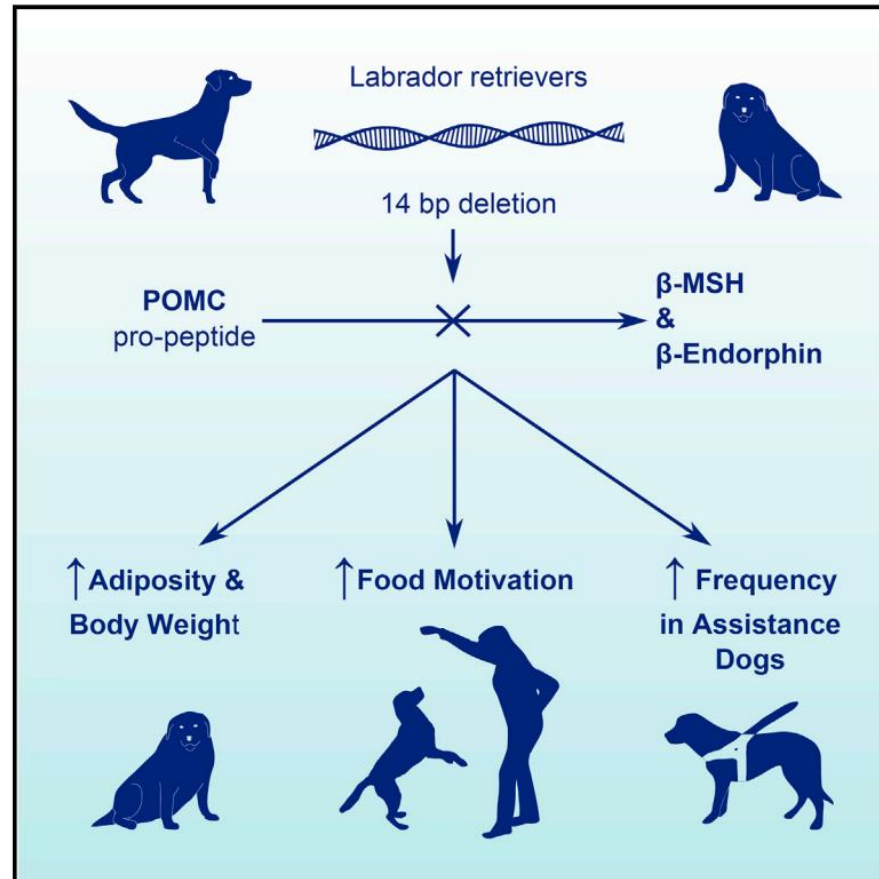
A Deletion in the Canine *POMC* Gene Is Associated with Weight and Appetite in Obesity-Prone Labrador Retriever Dogs

Eleanor Raffan¹⁴, Rowena J. Dennis, Conor J. O'Donovan, Julia M. Becker, Robert A. Scott, Stephen P. Smith, David J. Withers, Claire J. Wood, Elena Conci, Dylan N. Clements, Kim M. Summers, Alexander J. German, Cathryn S. Mellersh, Maja L. Arendt, Valentine P. Iyemere, Elaine Withers, Josefin Söder, Sara Wernersson, Göran Andersson, Kerstin Lindblad-Toh, Giles S.H. Yeo¹³, Stephen O'Rahilly¹³



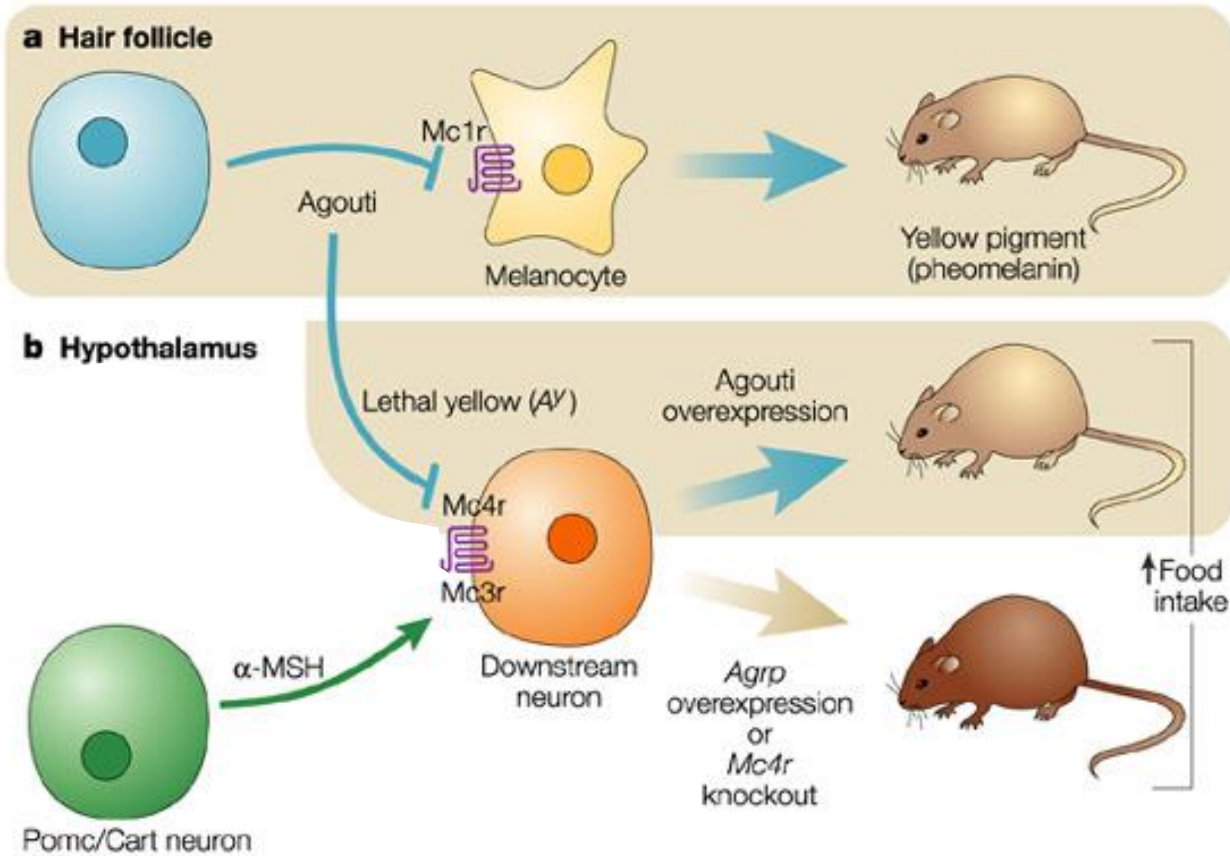
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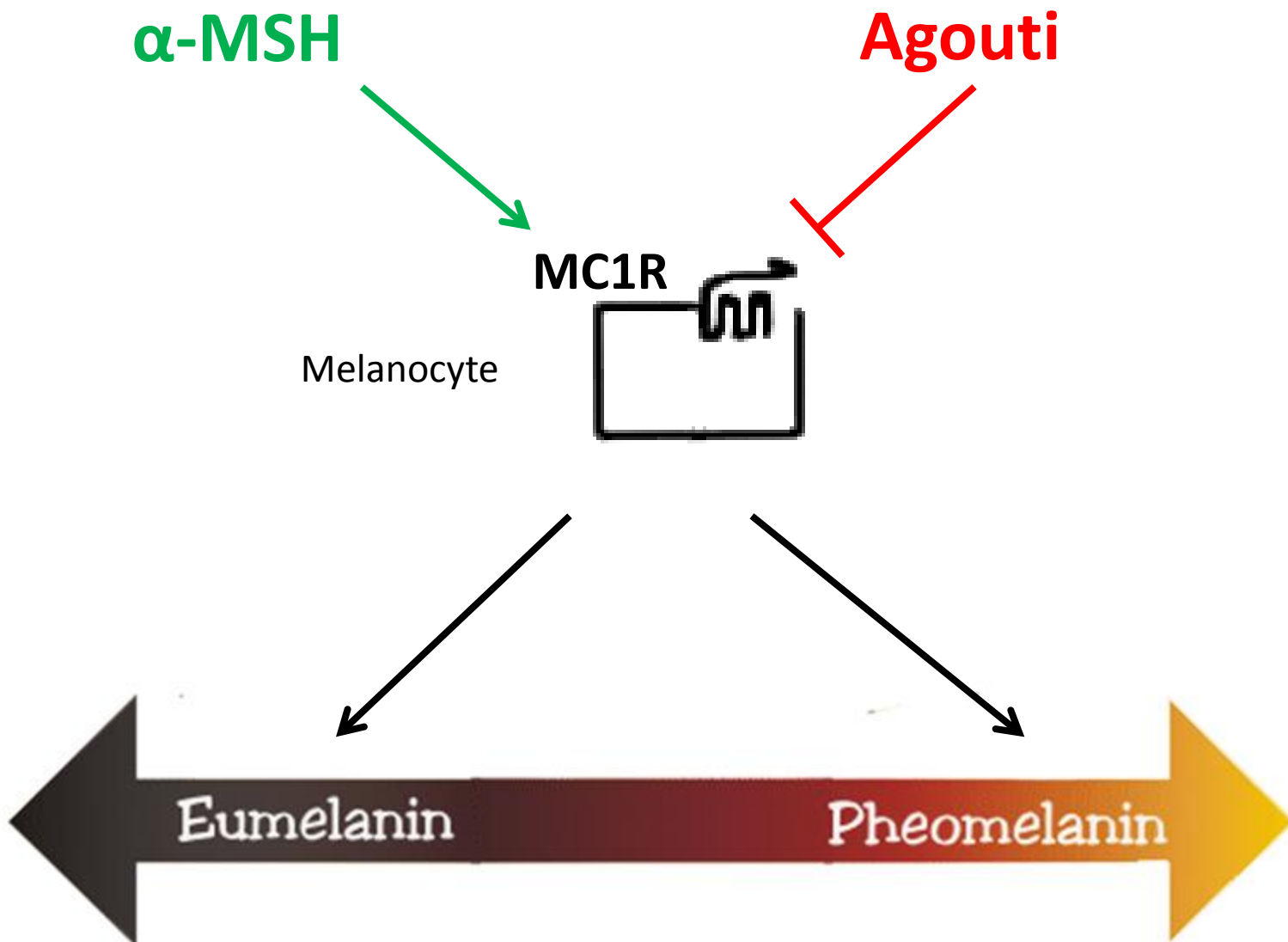
A^y mutation



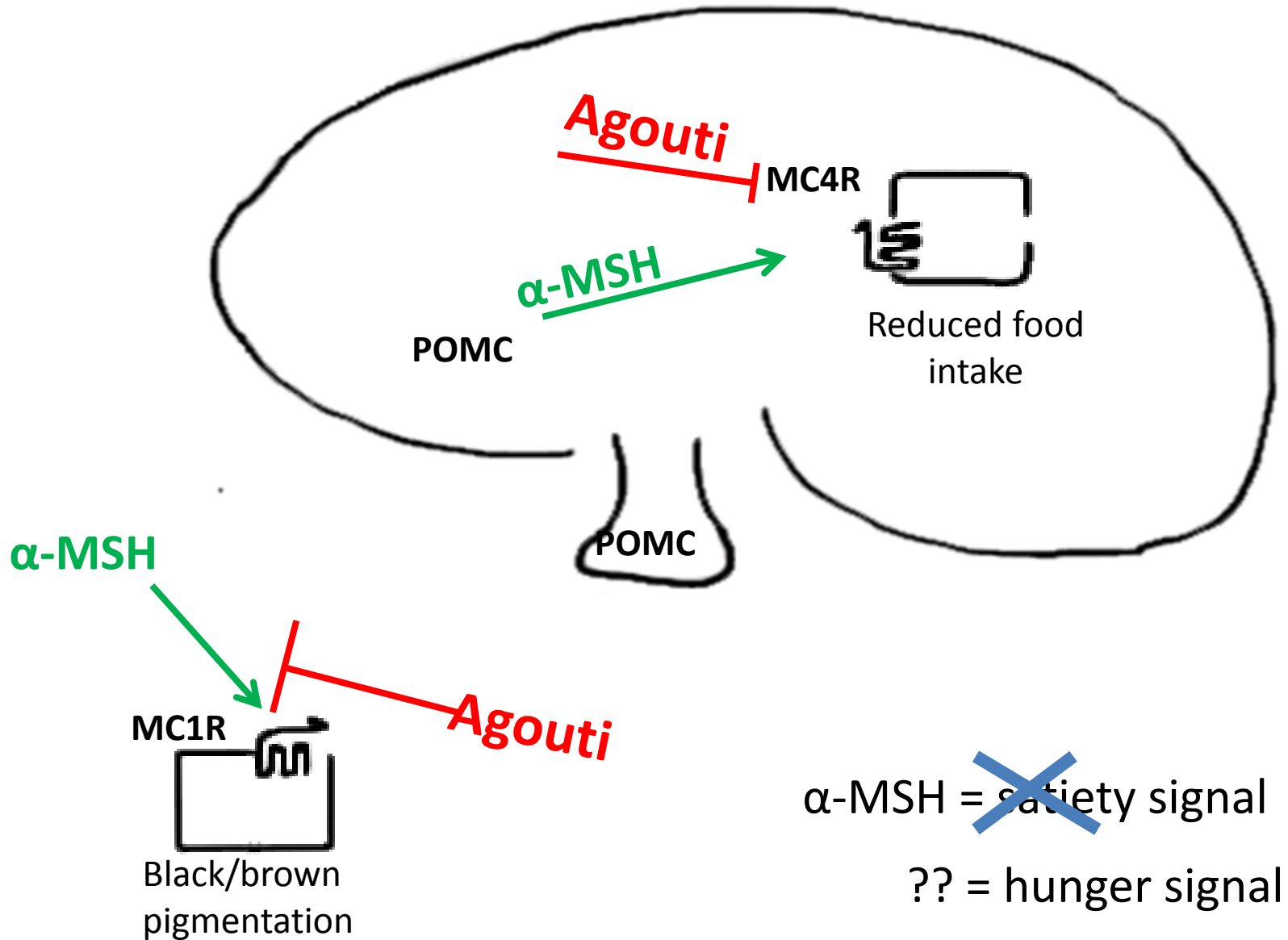


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Ectopic overexpression of the agouti gene (A^Y mutation)



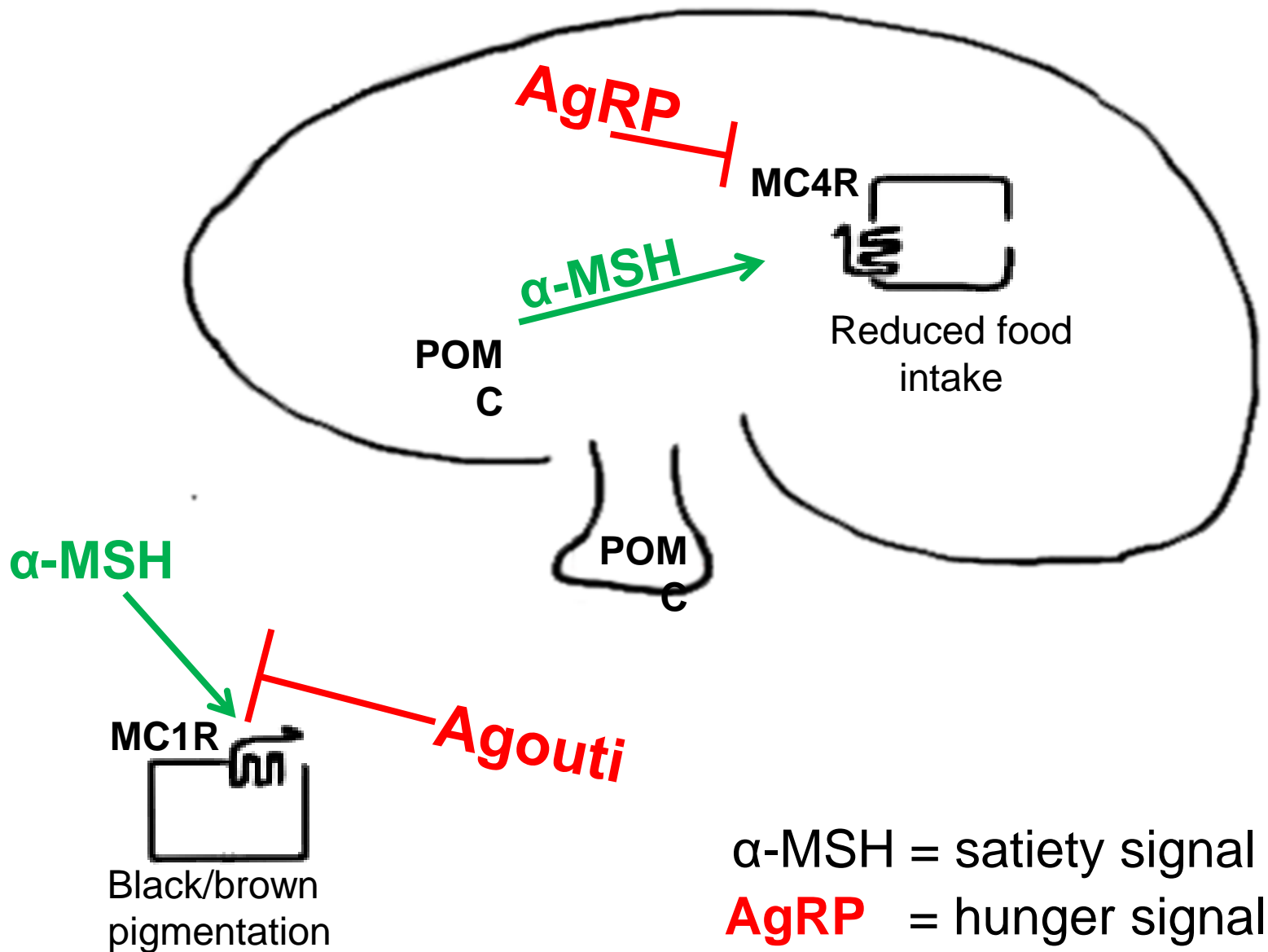
Agouti

Agouti related protein (AgRP)

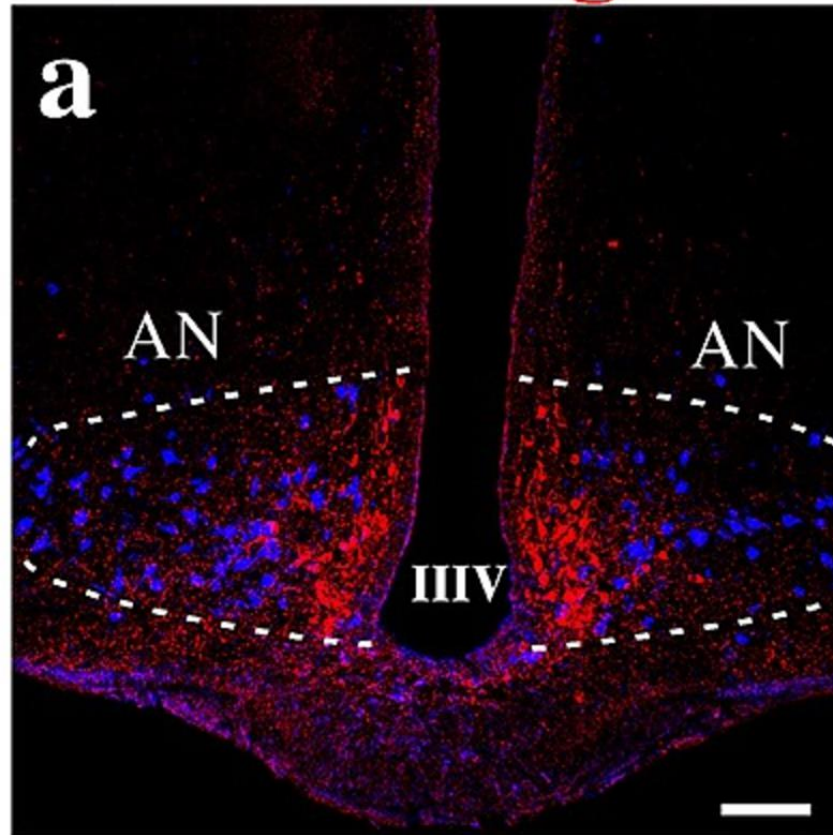


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graph TD; A[Agouti] --> C[Somewhat similar 3D structure]; B[Agouti related protein (AgRP)] --> C;
```

Somewhat similar 3D structure

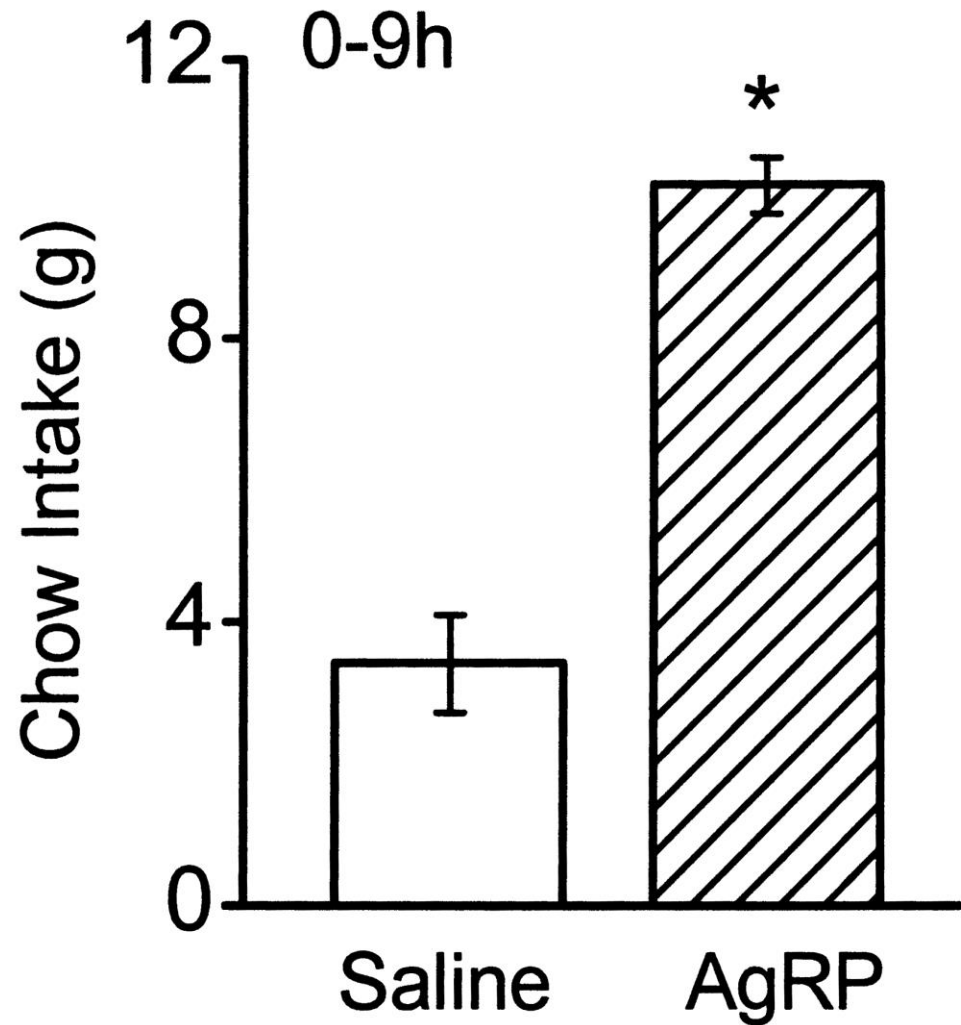


POMC AgRP



Both AgRP and POMC are localized in the arcuate nucleus (AN) of the hypothalamus.

AgRP increases food intake

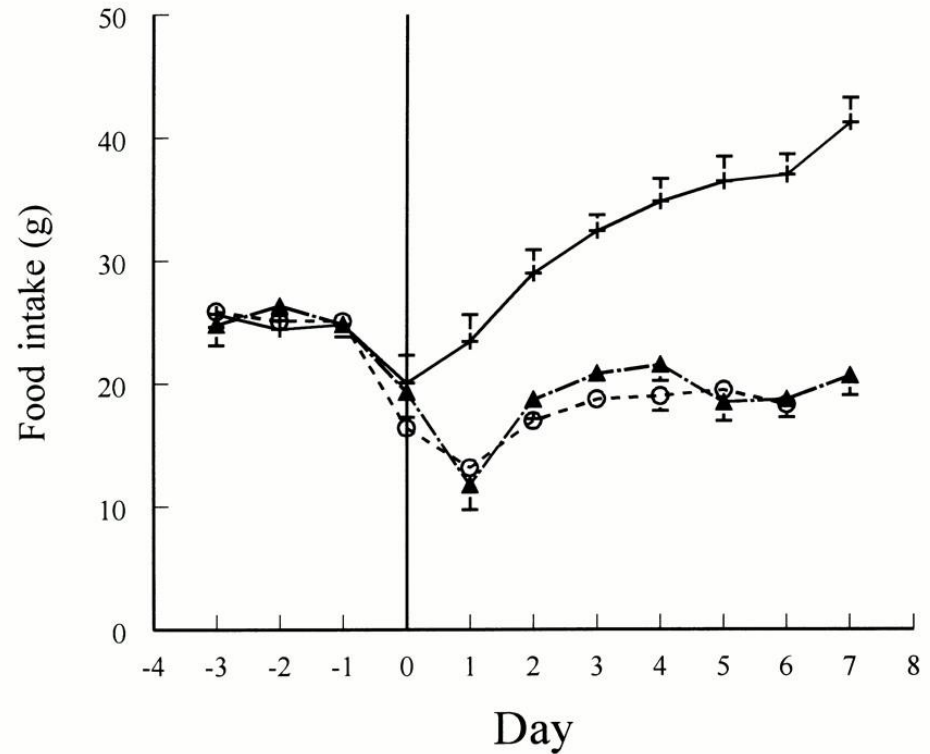


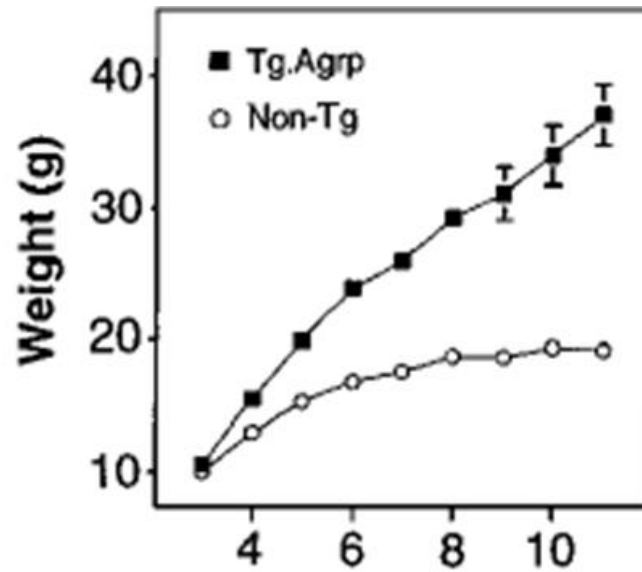
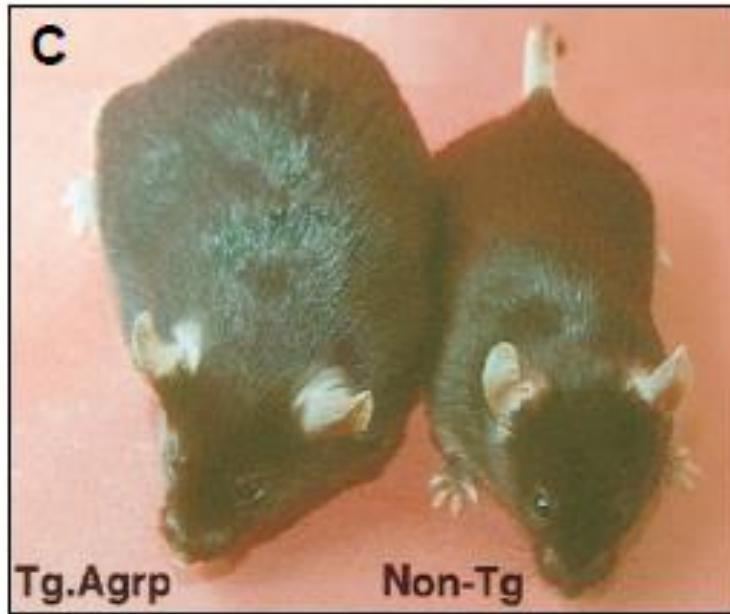
Daily food intake after chronic administration of 1 nmol/day AgRP (83-132) for 7 days.

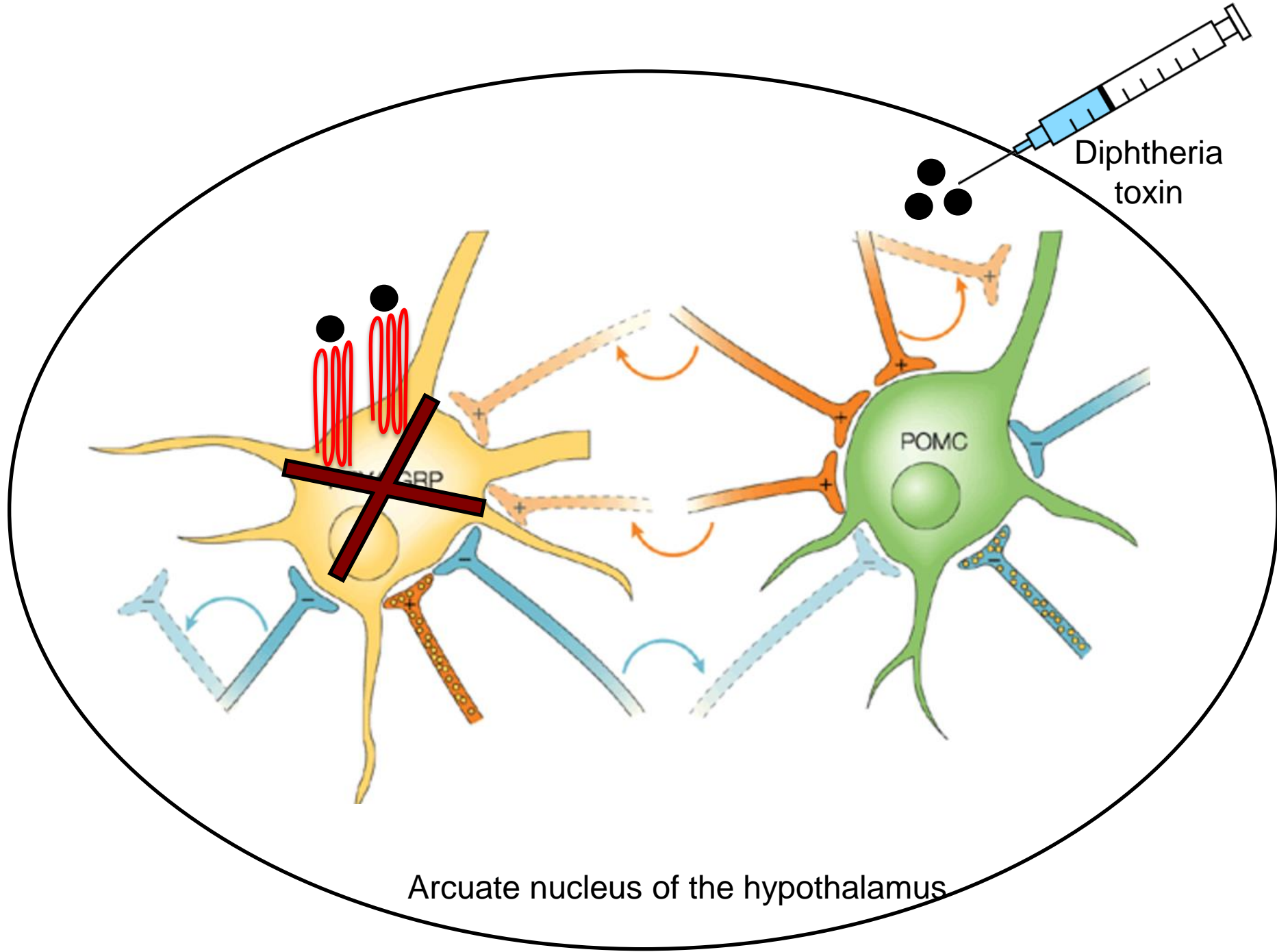
+, AGRP ad libitum fed group

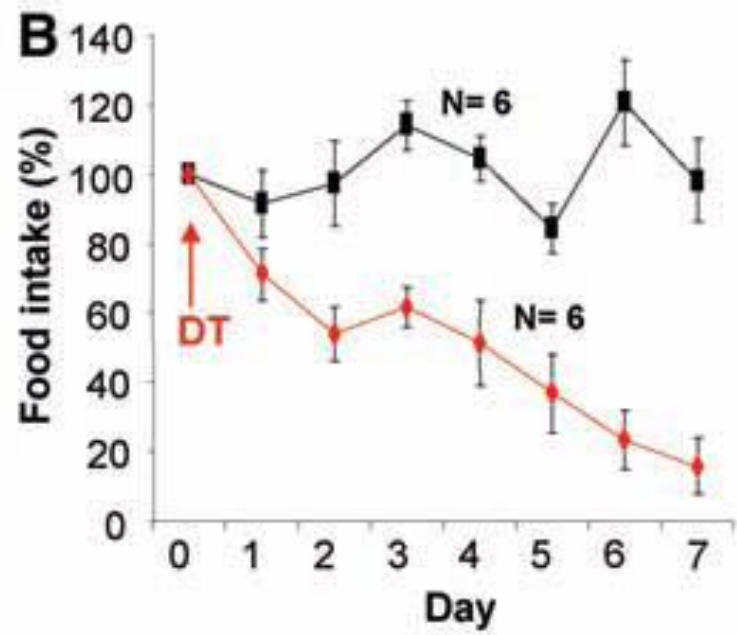
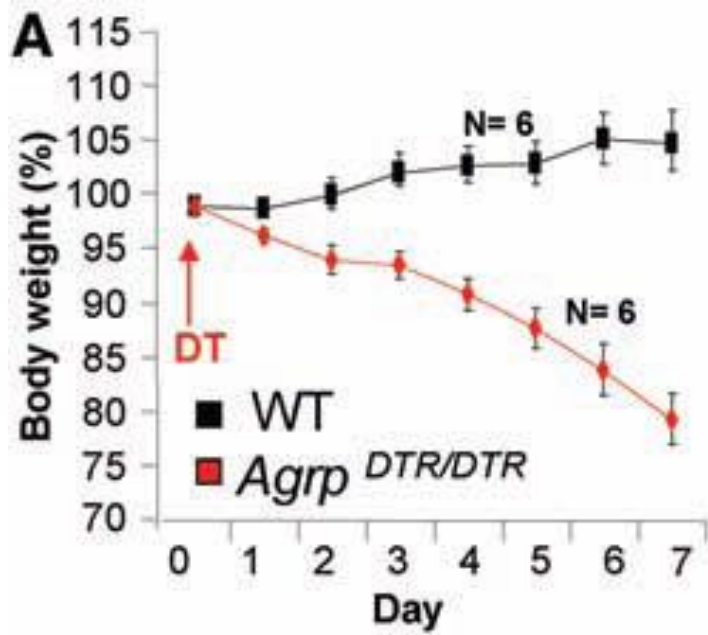
▲, saline control group.

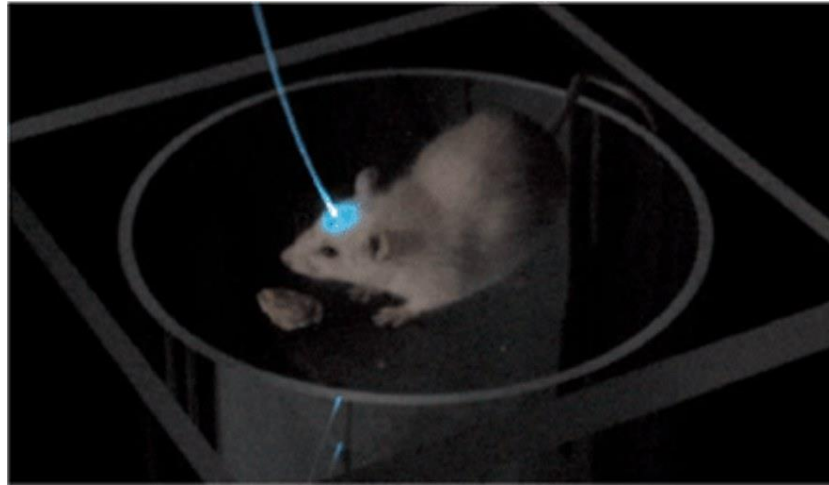
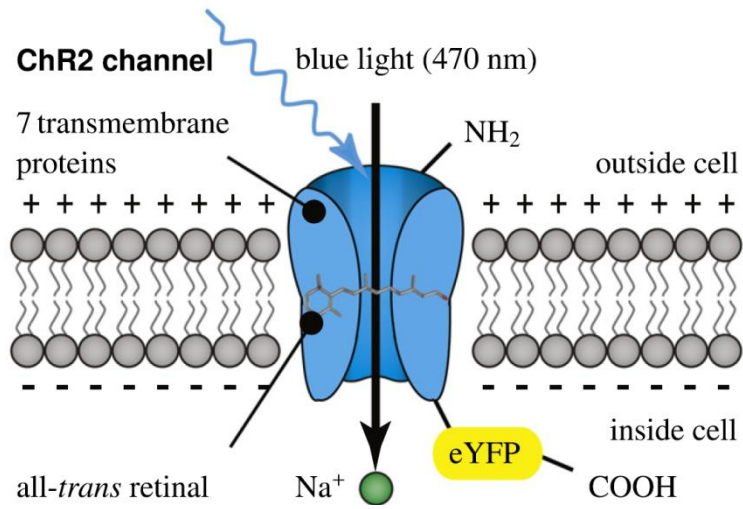
○, AGRP pair-fed group



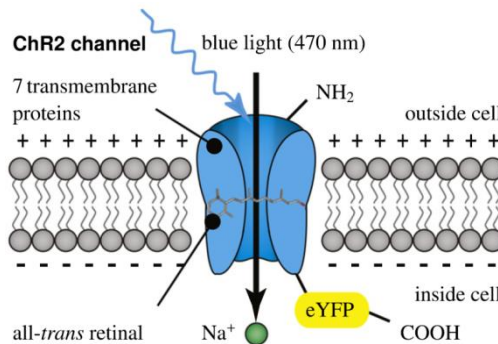
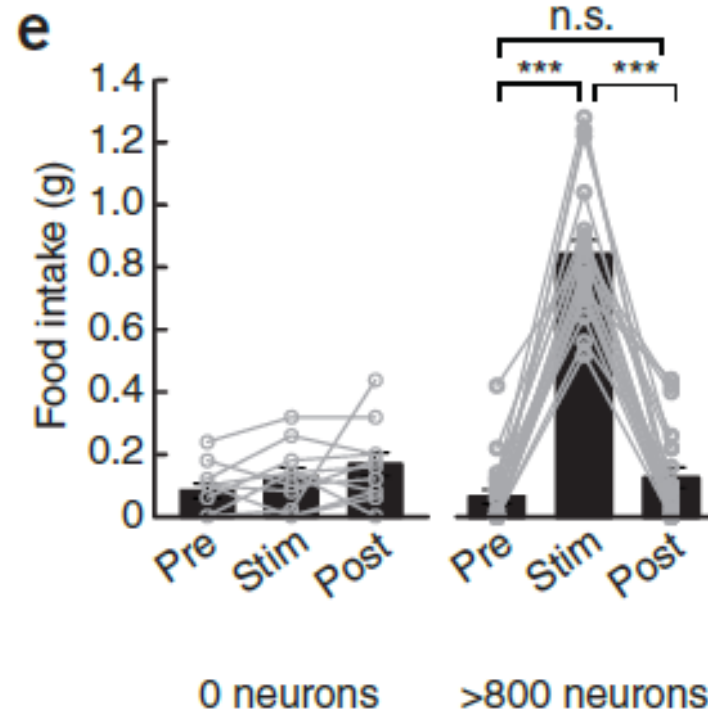
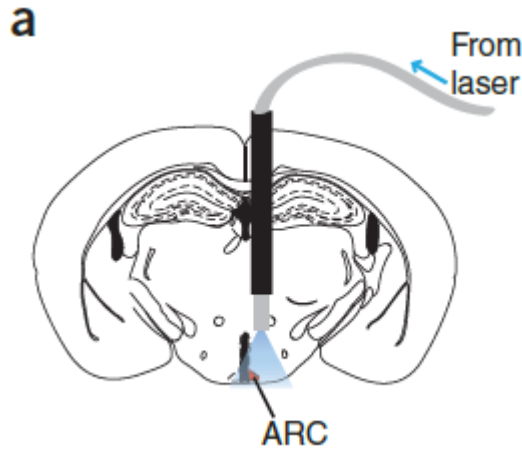




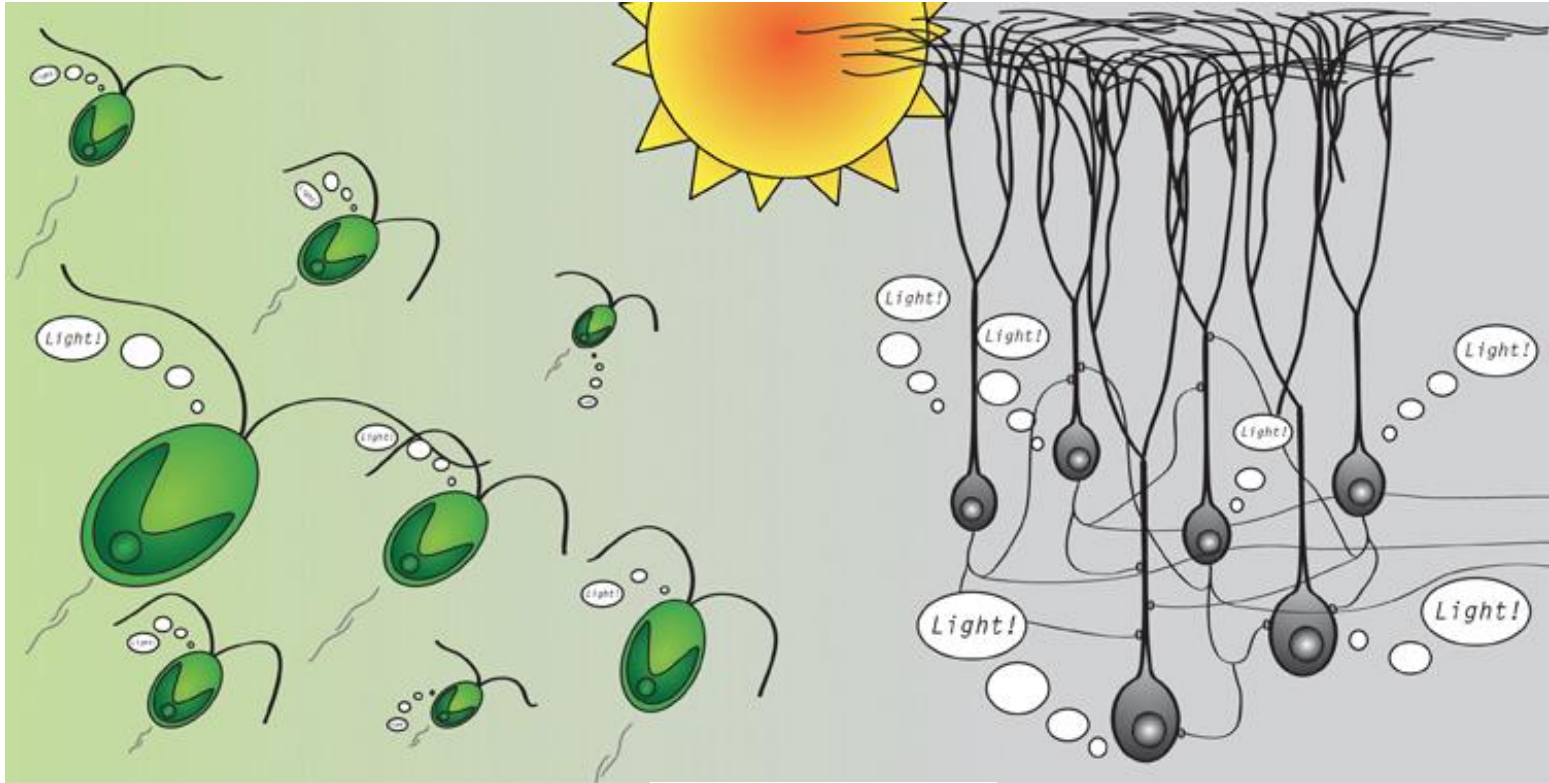




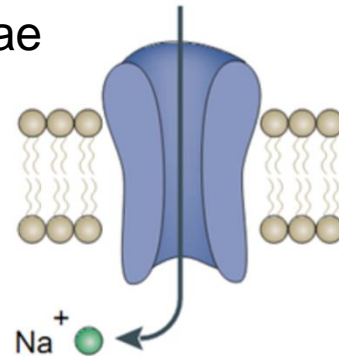
Optogenetic activation of AgRP neurons leads to binge eating



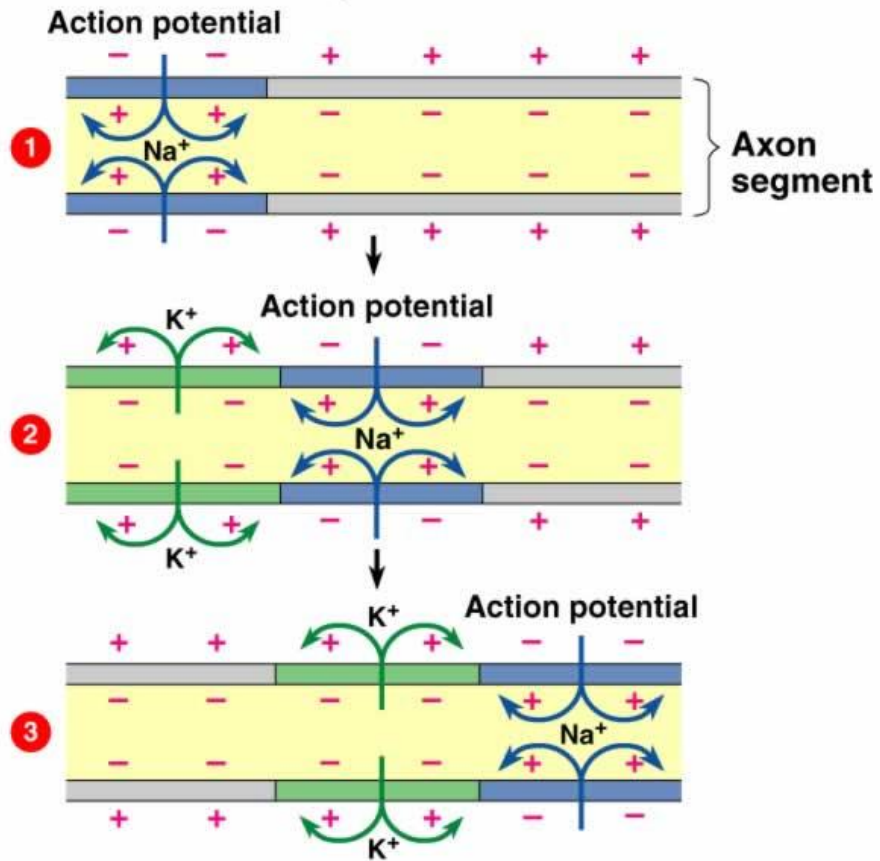
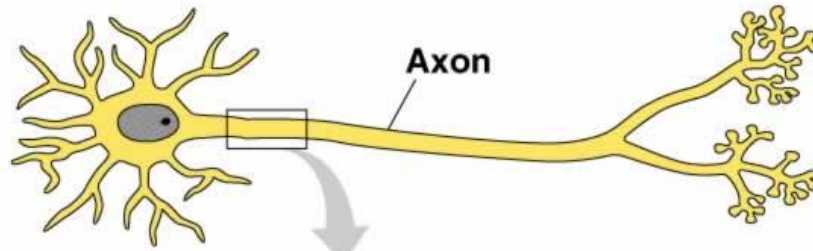
Optogenetics



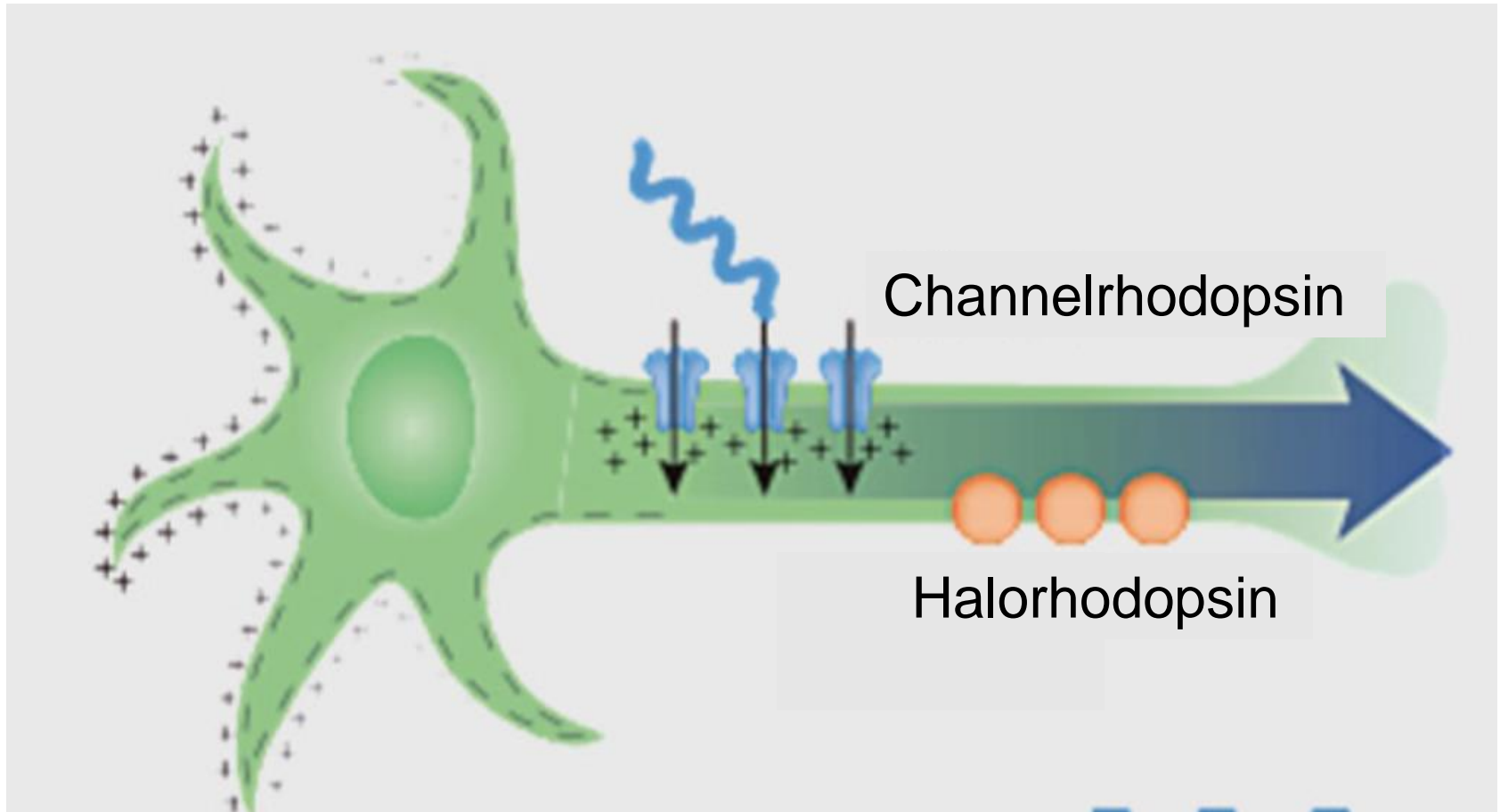
Light sensitive single-cell algae



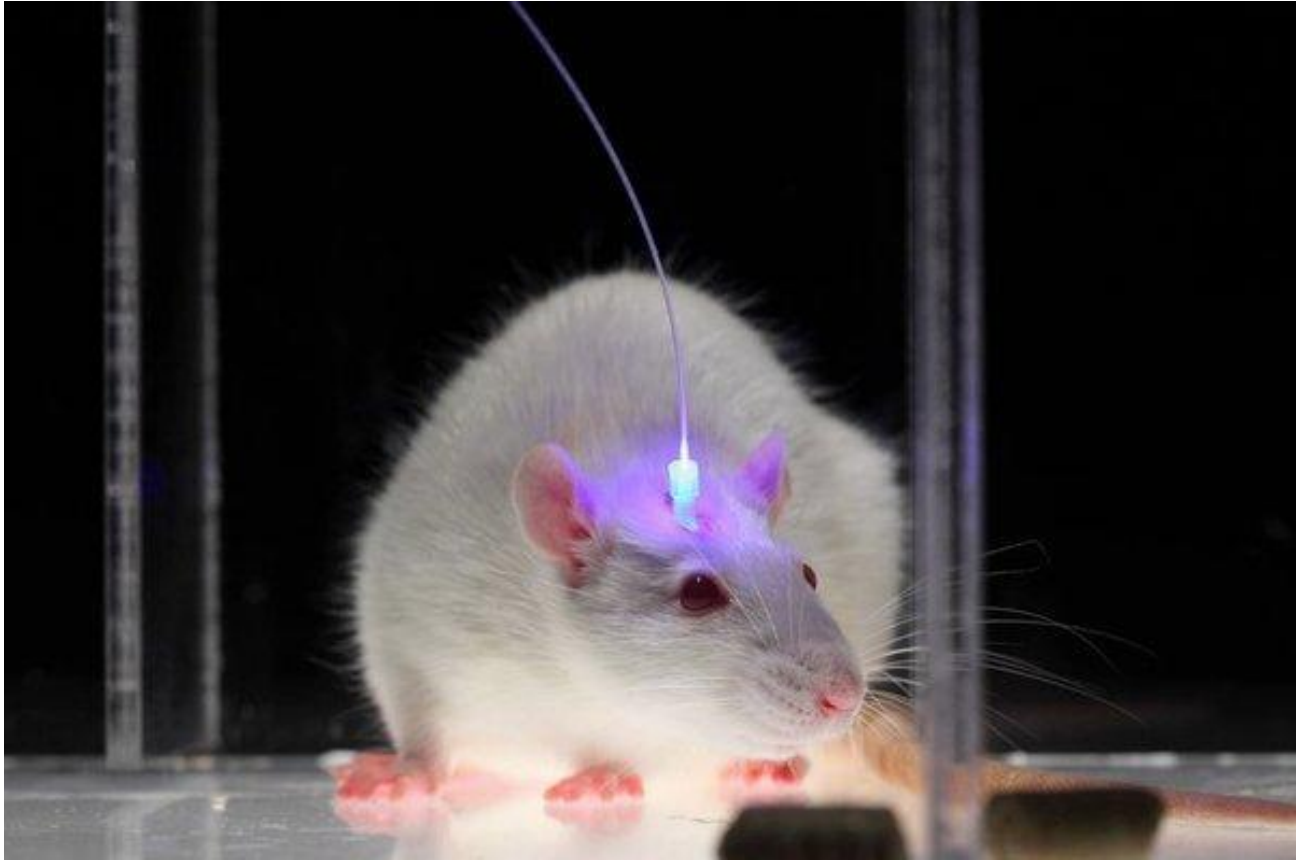
Light sensitive sodium channel called channelrhodopsin



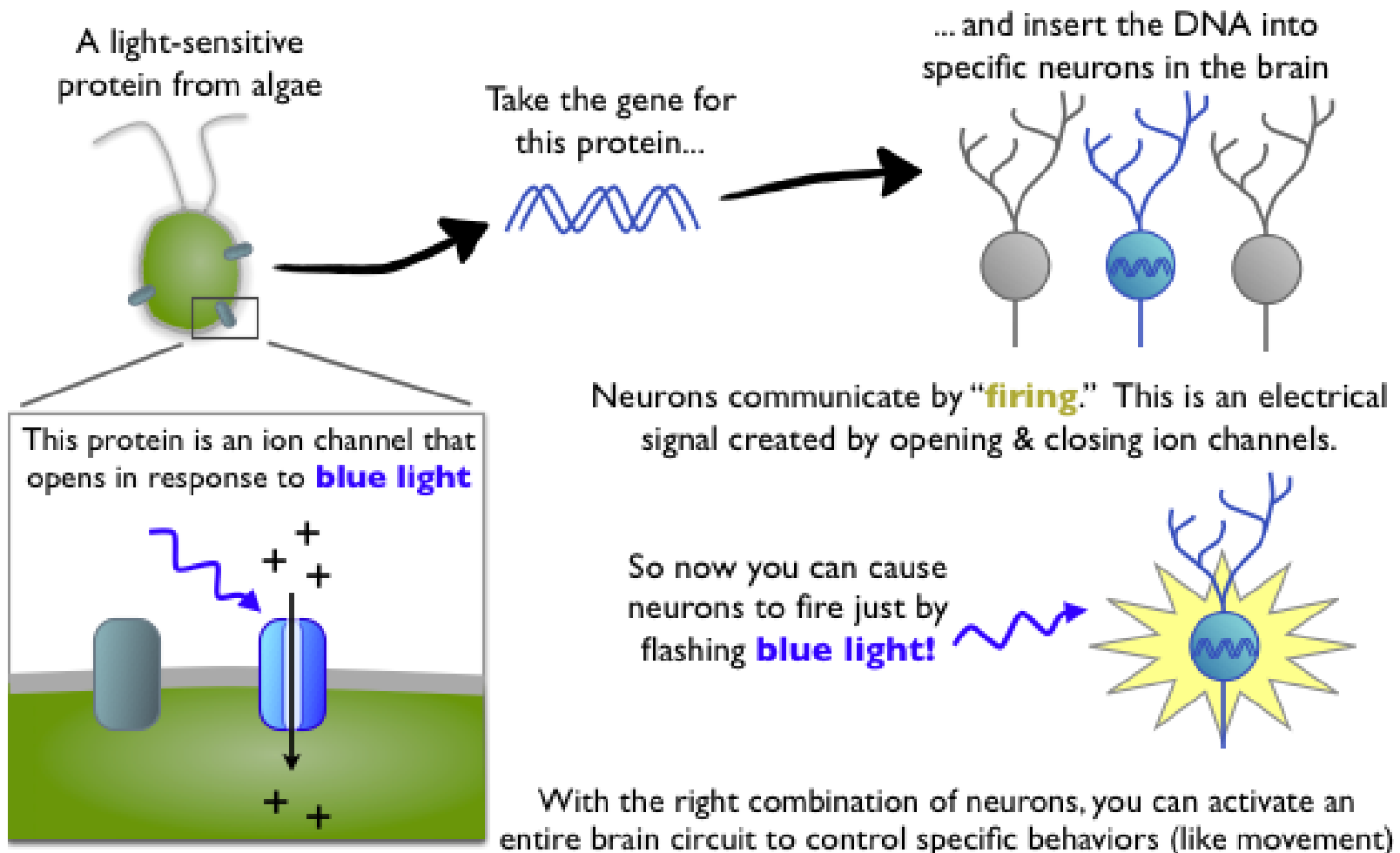
Generation of action potential by light pulse



The blue-light sensitive Channelrhodopsin and the yellow light-activated chloride pump halorhodopsin together enable activation and silencing of neural activity



How optogenetics works

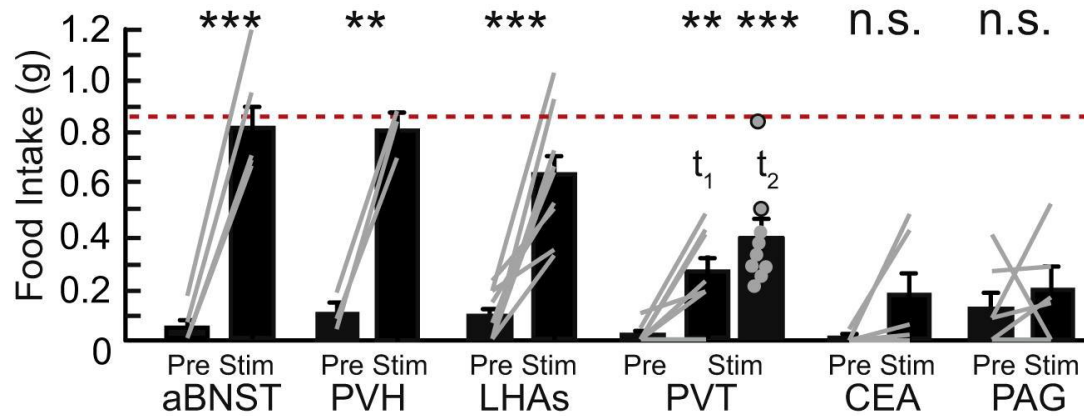
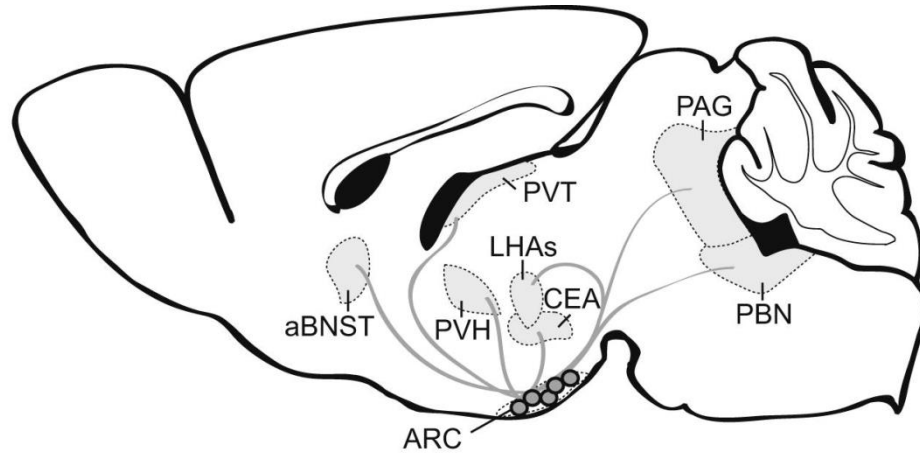


<https://www.youtube.com/watch?v=I64X7vHSHOE>

https://www.youtube.com/watch?v=rfEKc_0iaJo

https://www.youtube.com/watch?v=IW4j8_k8pmE

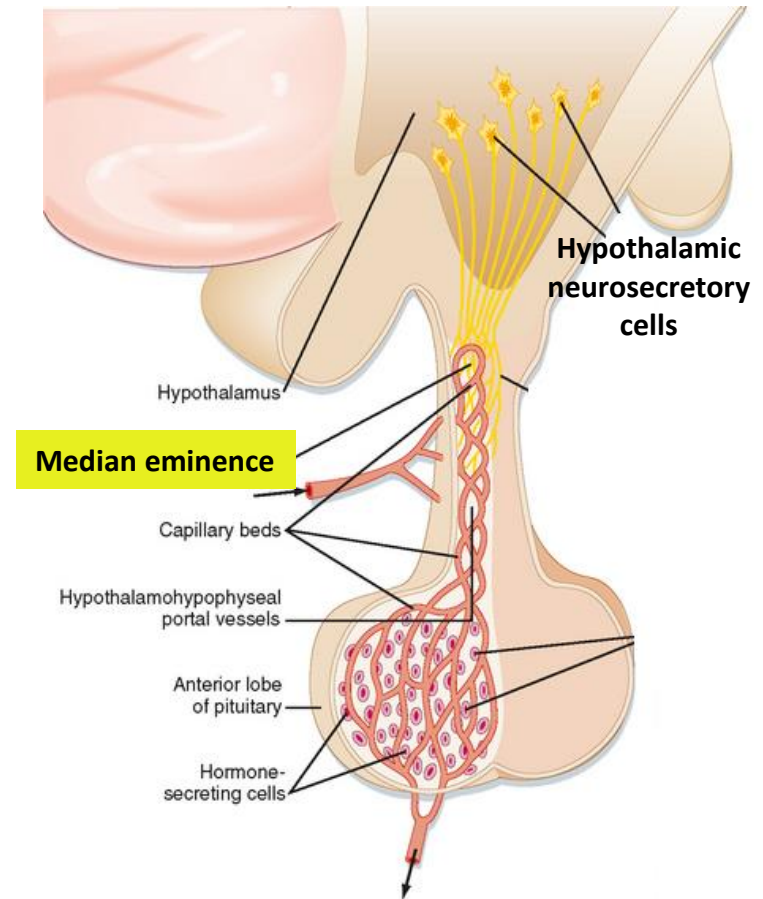
AgRP neurocircuitry

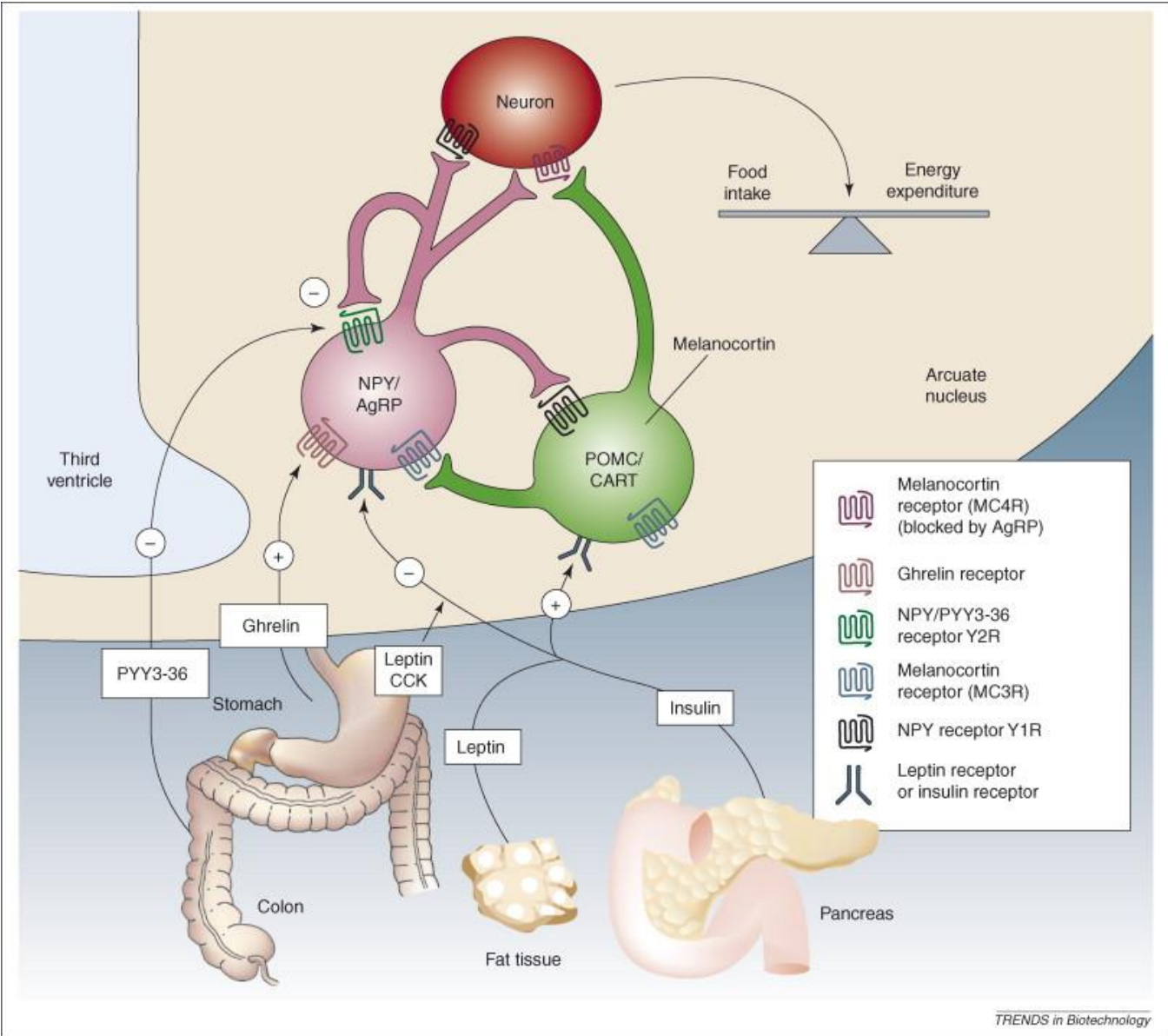


AgRP neurons innervate the pituitary

Table 1. Distribution and relative abundance of AGRP-immunoreactive fibers and terminals in the rat CNS

Anatomical sites	Agrp
Compact	–
Ventral part	+++
Dorsal hypothalamic area	++
Lateroanterior hypothalamic nucleus	+
Lateral hypothalamic area	+++
Ventrolateral hypothalamic nucleus	++
Perifornical nucleus	++++
Posterior hypothalamic area	+
Arcuate nucleus	++++
Median eminence, internal part	+++
Median eminence, external part	+
Medial tuberal nucleus	++
Supramammillary nucleus	+





The Hypothalamus

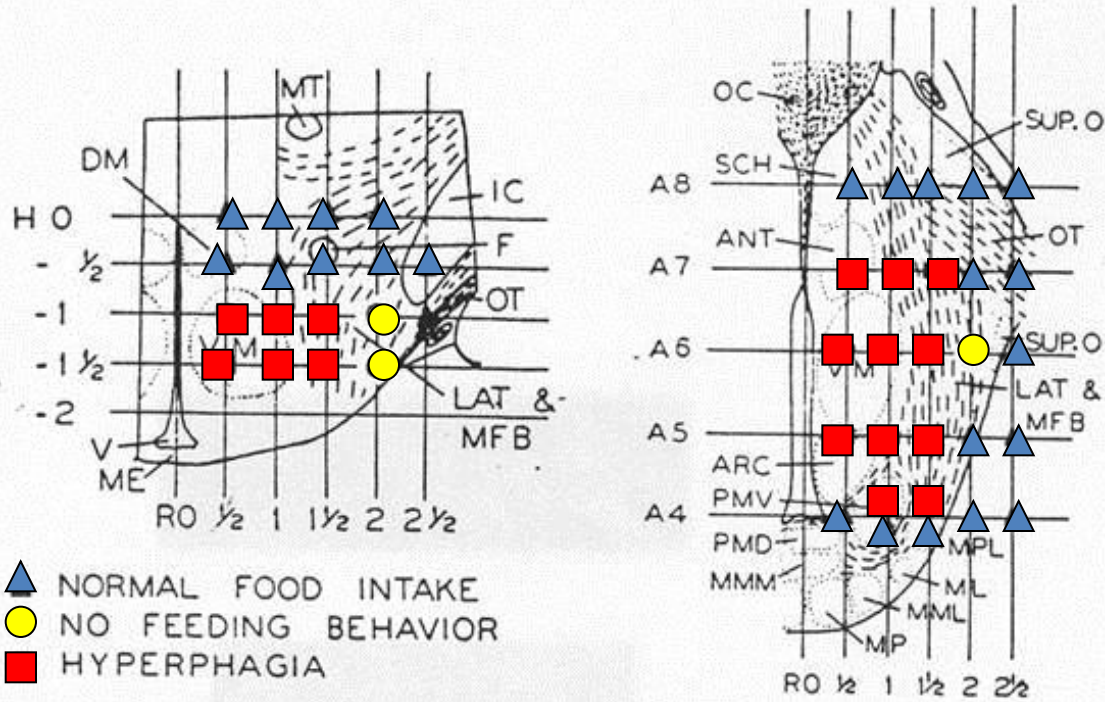


FIGURE 15-4. Cross section of a rat's hypothalamus at level of the ventromedial nucleus (*left*) and of the same side in a horizontal plane, also at the level of the ventromedial nucleus (*right*). Horsley-Clarke coordinates are superimposed. The feeding behavior of rats with small bilaterally symmetrical lesions in each area is indicated. (From Anand and Brobeck,¹⁶ courtesy of *Yale J. Biol. Med.*)

Summary

1. α -MSH acts as an agonist of MC4R. It reduces food intake and increases energy expenditure.
2. Agouti protein is naturally expressed in skin tissue and regulates pigmentation. Its overexpression in brain tissue leads to obesity due to antagonistic effect on MC4R.
3. Agouti related peptide (AgRP) is expressed in the hypothalamus.
4. AgRP expression is elevated when energy stores are low (for example- low leptin).
5. AgRP acts as an antagonist of MC4R. It reduces energy expenditure and increases food consumption.
6. Activation of AgRP neurons leads to rapid feeding behavior while their ablation cause self starvation.

- What will be the phenotype of AgRP KO mice?
- What will be the phenotypes of cell-type specific KOs of the leptin receptor in mice?
 - One in hypothalamic AgRP neurons
 - One in hypothalamic POMC neurons
- A mice line was made by crossing ob/+ and db/+. Offspring that are ob/+,db/+ were collected and breed. What will be the result? What % of fat mice will there be?