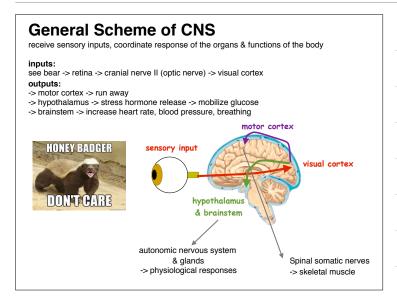
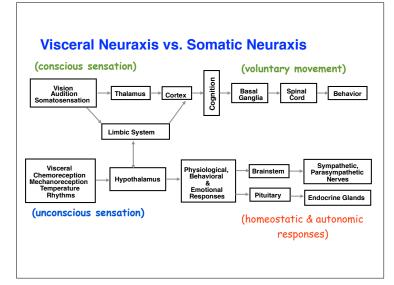
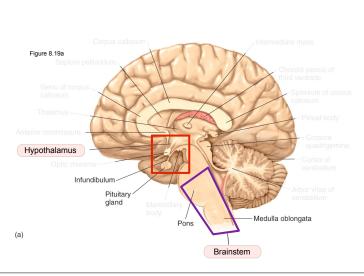
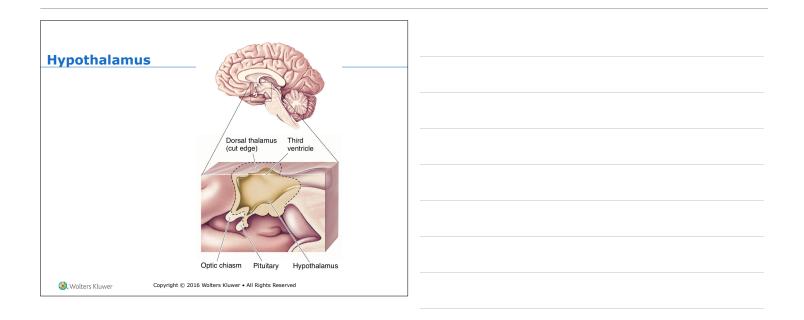
Control of Food Intake and Obesity

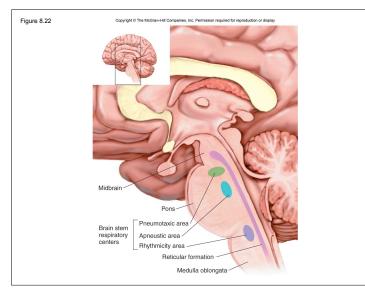
Chapter 16







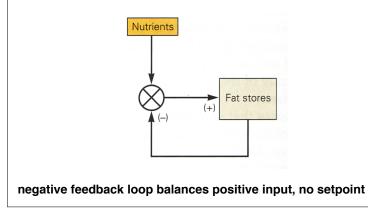






Feedback Regulation

High levels of regulated variable cause hypothalamus to downregulate behavior & physiology that drives variable up.



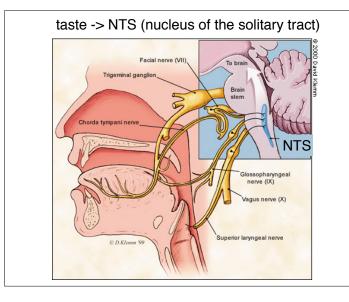


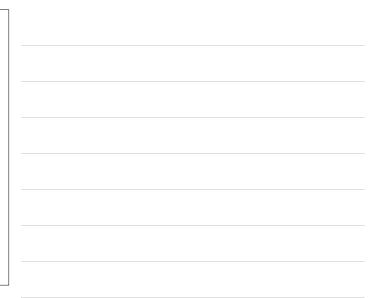
taste

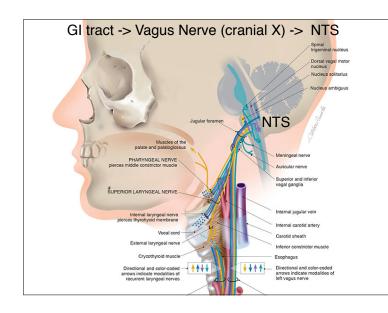
- -> positive feedback
- -> gustatory nerves
- -> rostral nucleus of the solitary tract
- -> drives a brainstem "reflex" to eat

food

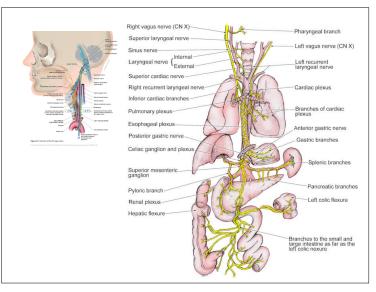
- -> postingestive stimuli (gastric distention, CCK release and other hormones)
- -> vagus nerve
- -> caudal NTS
- -> turn off response to taste

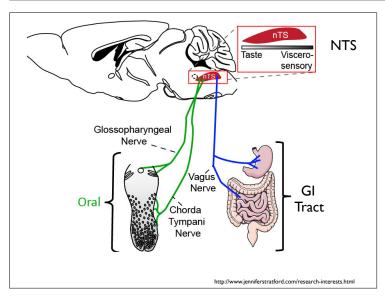


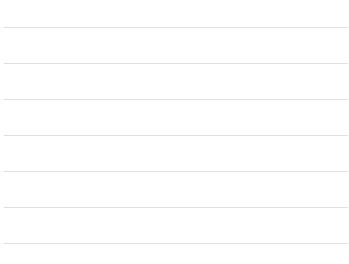












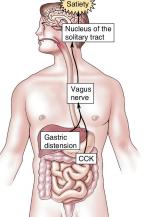




Gastric: feeling full
 Gastric distension signals

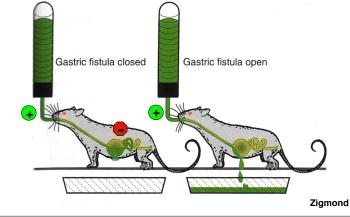
Wolters Kluwer

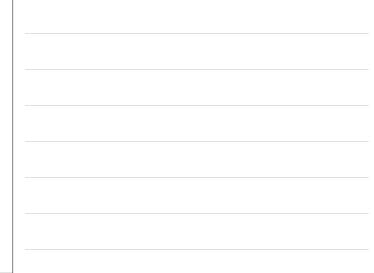
- brain via vagus nerve.
 Works synergistically with
- Works synergistically with CCK released in intestines in response to certain foods
- Insulin also released by β cells of the pancreas important in anabolism

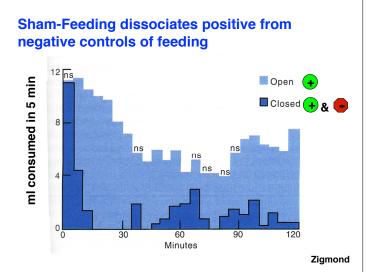




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Can add back negative GI signals

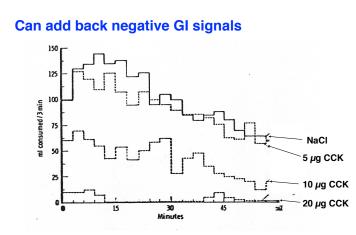
Cholecystokinin (CCK):

8 amino acid peptide released from small intestine release stimulated by fat, protein in gut

Physiological role of CCK:

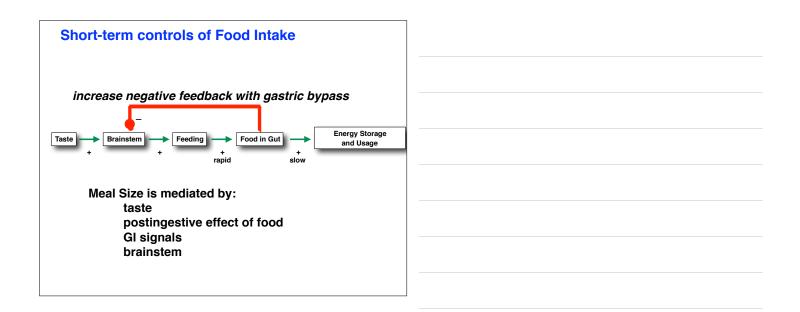
contraction of gall bladder stimulate pancreatic secretion

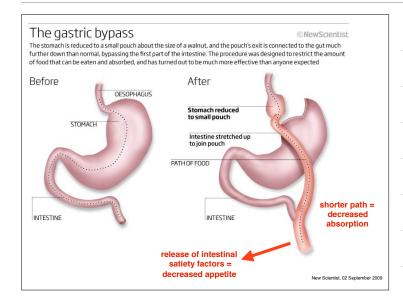
Neural role of CCK: stimulate vagus nerve to terminate feeding

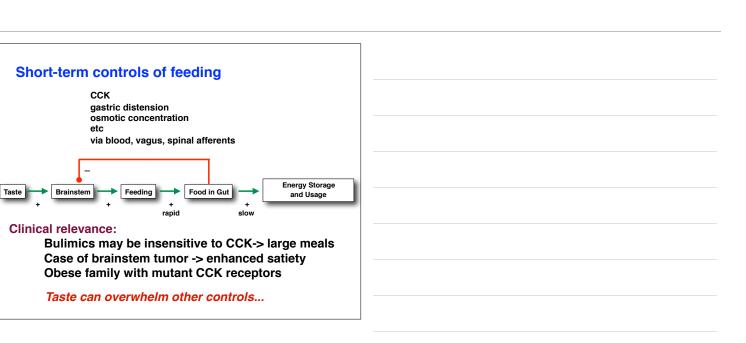


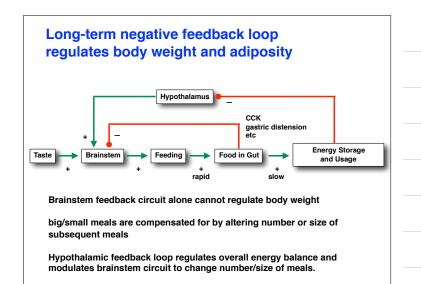
Effects of slow intravenous infusions of cholecystokinin (CCK) on sham-feeding of liquid food in rhesus monkeys

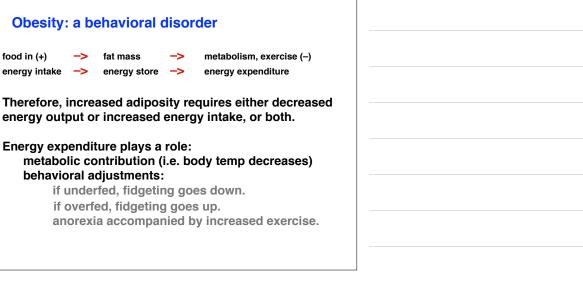


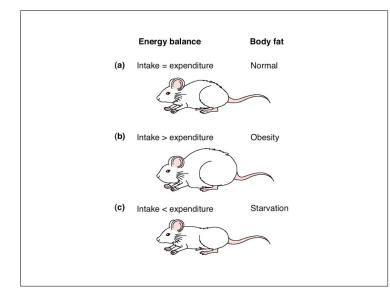


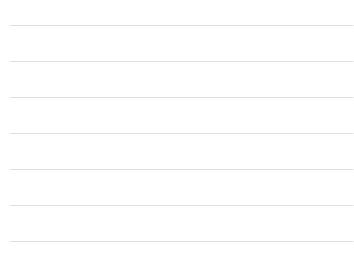


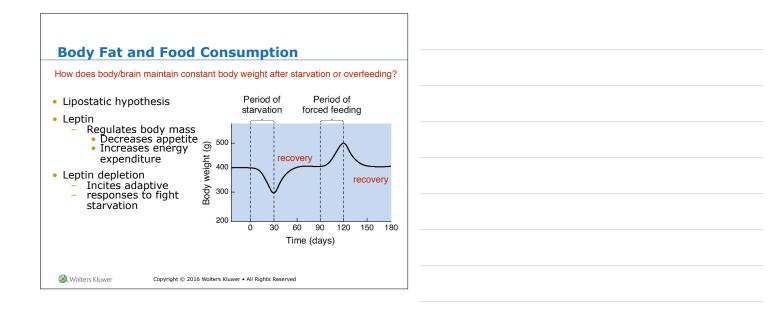


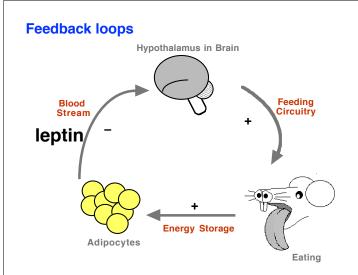


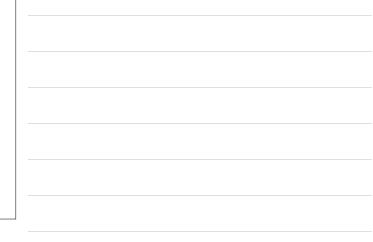




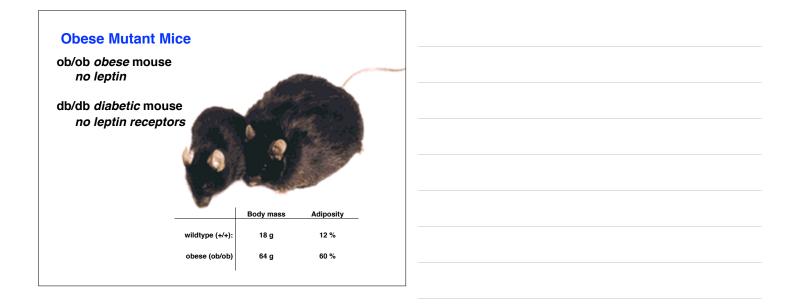


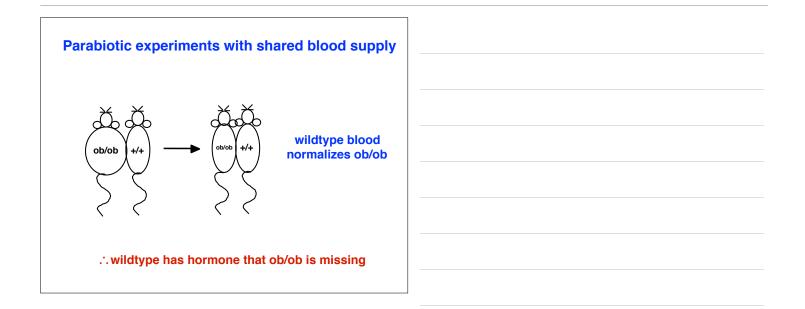


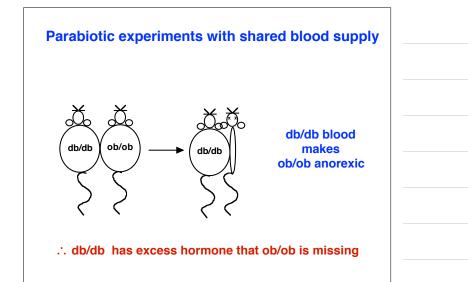




Cloning of Leptin (leptos = thin) and receptor Leptin = ~100 amino acid peptide hormone secreted by adipose tissue into the blood. ob/ob mutation -> extra stop codon terminates leptin transcript. -> hypoleptinemia db/db mutation -> extra stop codon terminates leptin receptor -> functional hypoleptinemia







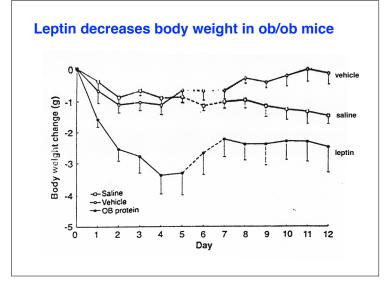
hypoleptinemia and functional hypoleptinemia

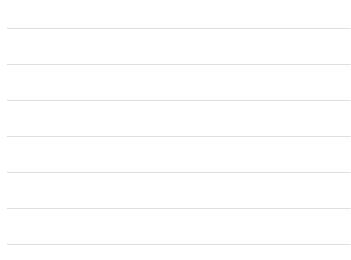
ob/ob is missing hormone supplied by wildtype mouse.

db/db is missing receptor, while increased fatmass overproduces hormone. This is same hormone that ob/ob is missing, because it makes ob/ob anorexic.

ob/ob: no leptin hormone, so can't produce negative feedback signal and keeps putting on fat.

db/db : no leptin receptors, so can't detect negative feedback signal, and keeps putting on fat.





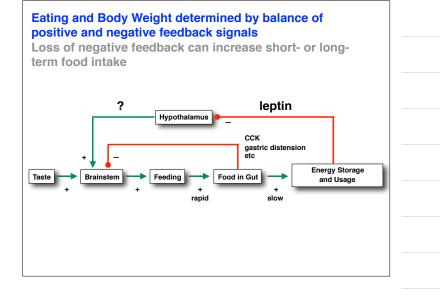
Do the Obese Rodent Models apply directly to human behavioral genetics?

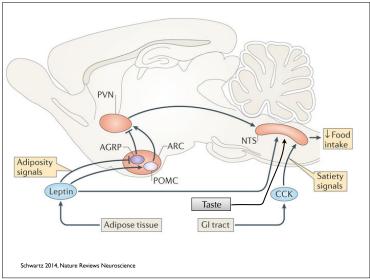
- 1. Yes, there are occasional human mutants: Anglo-Pakistani brothers lack leptin, French sisters lack leptin receptors.
- 2. No, in fact leptin doesn't work well in humans.
- 3. Perhaps heterozygotes are common: [female fa/+ rats are more susceptible to obesity when overfed.]
- 4. Polygenetic influences are clear.

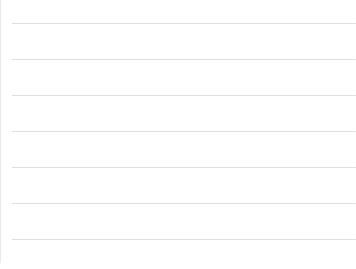


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Hypothalamic Mechanisms of Appetite

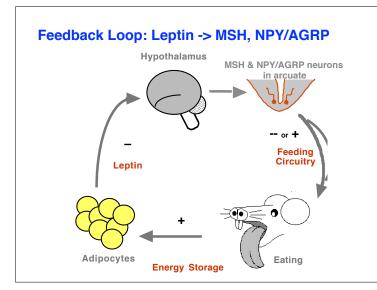
Satiety peptide (stimulated by leptin):

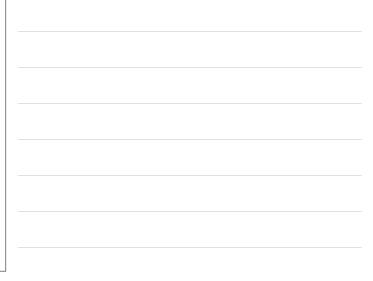
alpha-melanocyte stimulating hormone (a-MSH) derived from POMC gene activates melanocortin receptors

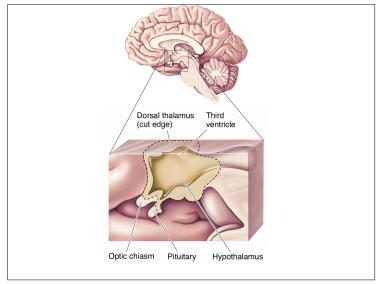
Orexigenic peptides (inhibited by leptin):

Neuropeptide Tyrosine (NPY) Agouti-Gene Related Peptide (AGRP) endogenous antagonist of aMSH at MC receptors

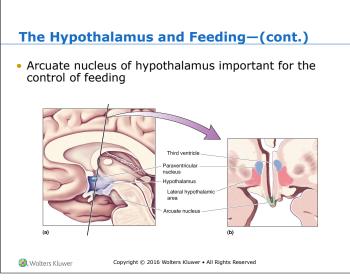
many other peptides; appealing but difficult targets











PVN

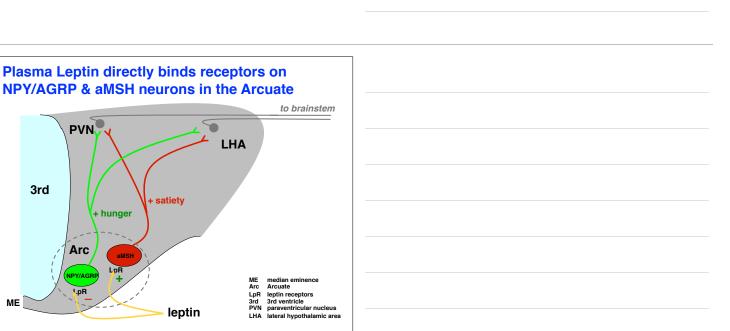
Arc

Y/AGI

L.pR

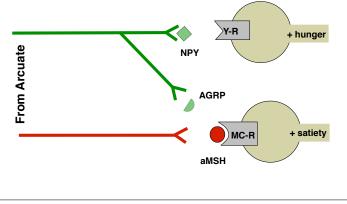
3rd

ME



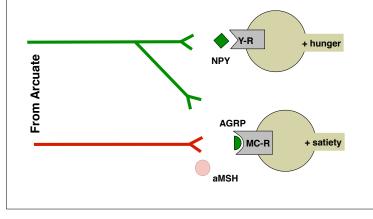
MSH & NPY have opposite effects: AGRP antagonizes MSH activity

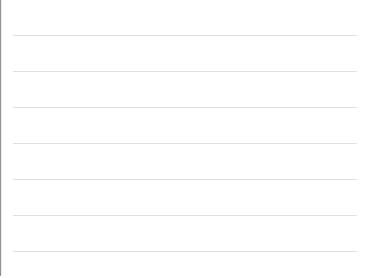
Fed -> high Leptin -> high MSH, low NPY/AGRP -> small, infrequent meals

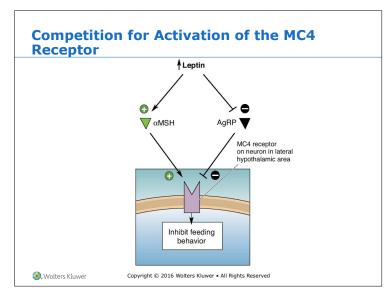


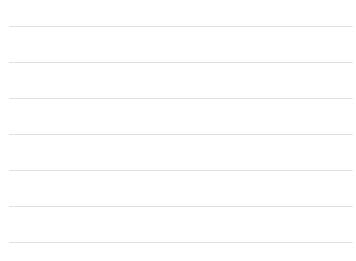
MSH & NPY have opposite effects: AGRP antagonizes MSH activity

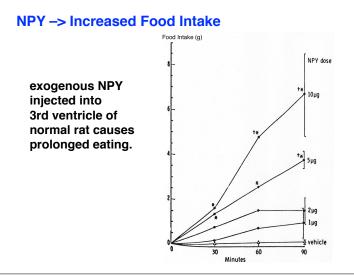
Fast -> low Leptin -> low MSH, high NPY/AGRP -> large, frequent meals

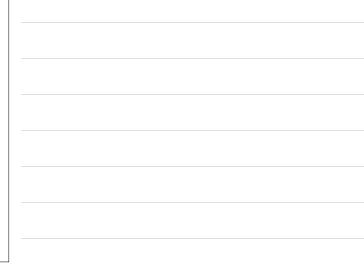




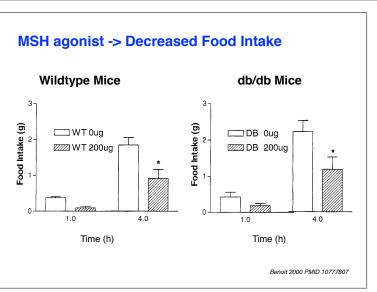


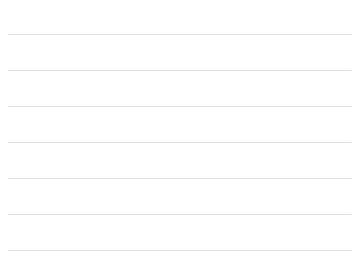


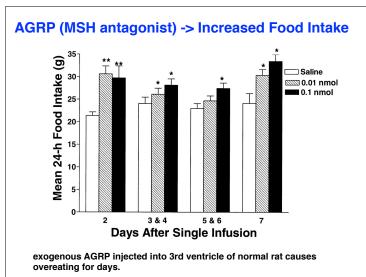


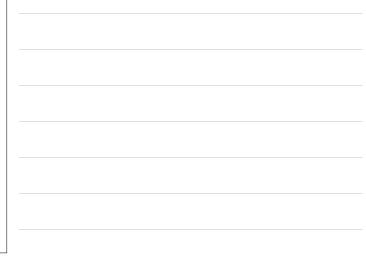


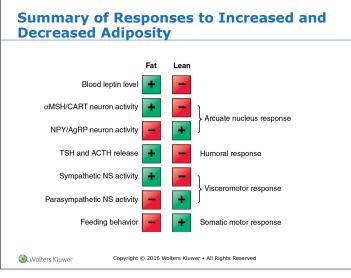
NPY is elevated in obese mutants NPY mRNA in Arcuate Nucleus 301 lack of leptin causes 25 elevated NPY/AGRP 20 exogenous leptin 15 decreases NPY/AGRP 10 5 (conversely, leptin increases aMSH) 0 ob/ob sal ob/ob leptin wild-type

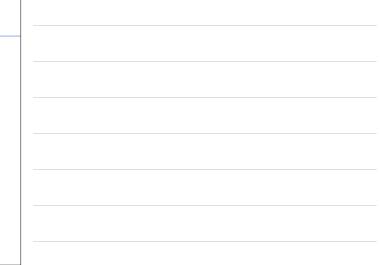


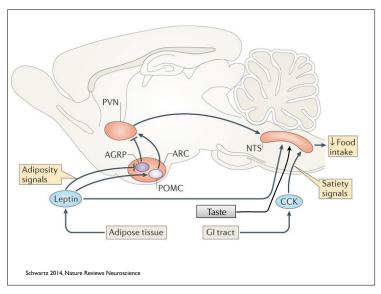


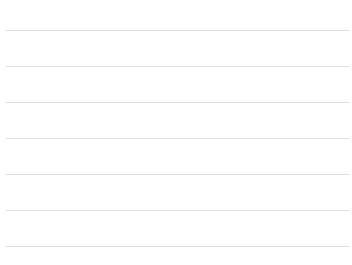






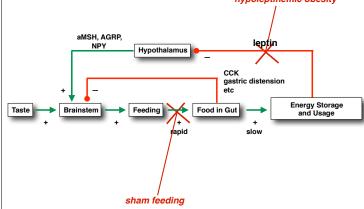


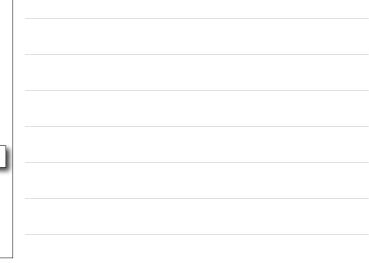




Eating and Body Weight determined by balance of positive and negative feedback signals

Loss of negative feedback can increase short- or longterm food intake *hypoleptinemic obesity*





Clinical Consequences of Feeding Circuits

How does taste, sugar, and fat change the balance between positive and negative feedback?

Palatable diets lead to dietary-induced obesity

Why are obese people "leptin resistant"?

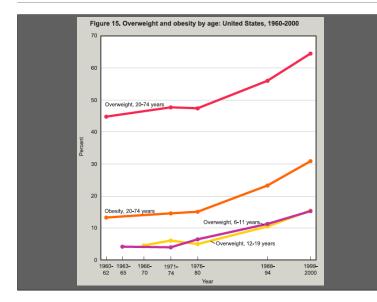
High circulating levels of leptin, but still they eat

How does uncoupling positive and negative signals lead to disordered eating behavior?

Bulimics separate eating from satiety/absorption

How does psychosocial stress alter hypothalamic response to peripheral signals?

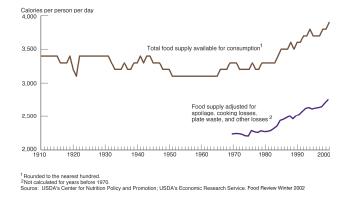
Anorexics have zero leptin, but are not hungry

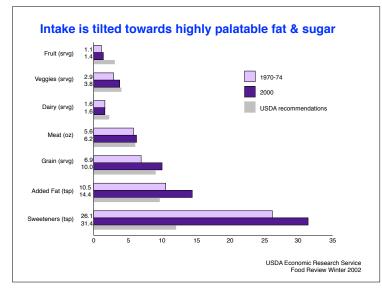


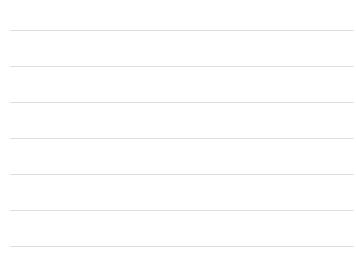


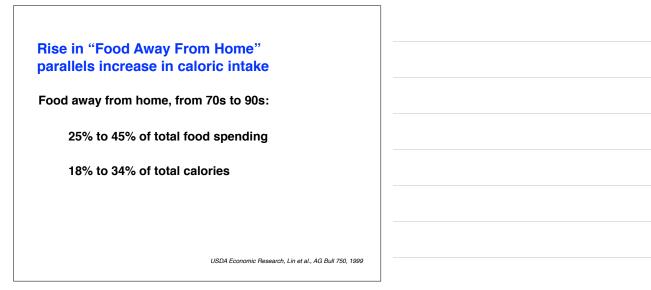
Caloric Intake parallels increase in Obesity

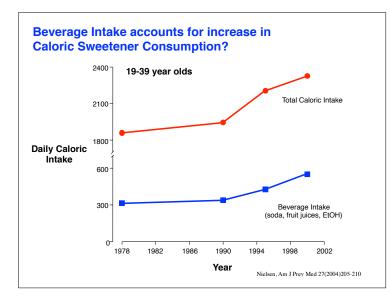
Figure 1—Calories From the U.S. Per Capita Food Supply, Adjusted for Losses, Increased 20 Percent Between 1982 and 2000

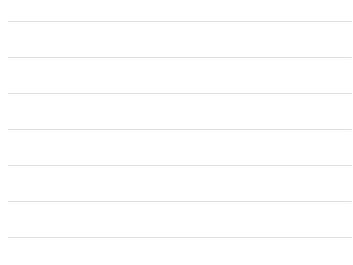






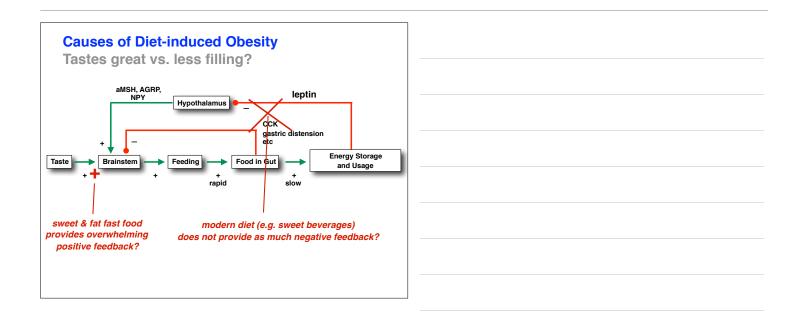












Feeding and Obesity Conclusions

In the short-term, meal size is controlled by a tastepostingestive feedback system

CCK and the vagus nerve signal that food is in gut, before it is actually absorbed

Long-term adiposity is controlled by a hypothalamic feedback circuit

Leptin signals the accumulation of fat; leptin's absence signals the need to eat

Feeding is driven by hypothalamic neuropeptides regulated by leptin