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Der Einfluss von 5-Hydroxytryptamin und Glucose auf die  
CREB/CRE-vermittelte Genexpression in murinen Hypothalamuszellen

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## Abkürzungsverzeichnis

5-HT	5-Hydroxytryptamin
5-HTR	5-HT-Rezeptor
AC	Adenylylcyclase
ACTH	<i>adrenocorticotropic hormone</i>
AgRP	<i>agouti-related protein</i>
AMP	Adenosinmonophosphat
AMPK	Adenosinmonophosphat-aktivierte Proteinkinase
ARC	Nucleus arcuatus
ATP	Adenosintriphosphat
BMI	<i>Body Mass Index</i>
bZIP	<i>carboxy-terminal basic Leu zipper</i>
Ca <sup>2+</sup>	Calcium
CaMK	<i>Ca<sup>2+</sup>-calmodulin-dependent protein kinase</i>
cAMP	cyclisches Adenosinmonophosphat
CART	<i>cocaine and amphetamine regulated transcript</i>
CBD	CREB-Bindedomäne
CBP	<i>CREB-binding protein</i>
CRE	<i>cAMP response element</i>
CREB	<i>cAMP response element-binding protein</i>
CRH	<i>corticotropin-releasing hormone</i>
CRTC	<i>CREB-regulated transcriptional co-activator</i>
DAG	Diacylglycerin
DMH	dorsomedialer Hypothalamus
DNA	<i>deoxyribonucleic acid</i>
EPAC	<i>exchange proteins directly activated by cAMP</i>
ERK	<i>extracellular-regulated kinase</i>
FDA	<i>Food and Drug Administration</i>
GEF	<i>guanine nucleotide exchange factor</i>
GTP	Guanosintriphosphat
GABA	$\gamma$ -Aminobuttersäure
GPCR	<i>G protein coupled receptor</i>

G-Protein	Guanosinnukleotid-bindendes Protein
HDL	<i>high density lipoprotein</i>
IP <sub>3</sub>	Inositol-1,4,5-triphosphat
Irs2	<i>insulin receptor substrate 2</i>
JNK	<i>jun amino-terminal kinase</i>
K <sup>+</sup>	Kalium
K <sub>ATP</sub>	ATP-sensitive K <sup>+</sup> -Kanäle
kg	Kilogramm
l	Liter
LH	lateraler Hypothalamus
m	Meter
MAPK	<i>mitogen-activated protein kinase</i>
MAPKK	<i>MAPK kinase</i>
MAPKKK	<i>MAPK kinase kinase</i>
MEK	<i>MAPK/ERK kinase</i>
MCR	Melanocortin-Rezeptor
mmol	Millimol
MSH	Melanozyten-stimulierendes Hormon
Na <sup>+</sup>	Natrium
NPY	Neuropeptid Y
PIP <sub>2</sub>	Phosphatidylinositol-4,5-bisphosphat
PKA	Proteinkinase A
PKC	Proteinkinase C
PLC	Phospholipase C
POMC	Proopiomelanocortin
PVN	Nucleus paraventricularis
Pyk2	<i>proline-rich tyrosine kinase 2</i>
Raf	<i>rat fibrosarcoma</i>
Rap	<i>ras-related protein</i>
Ras	<i>rat sarcoma</i>
Rho	<i>ras homologue</i>
RNA	<i>ribonucleic acid</i>

RTK	Rezeptor-Tyrosinkinase
SAPK	<i>stress-activated protein kinase</i>
Src	<i>sarcoma</i>
T <sub>3</sub>	Triiodthyronin
T <sub>4</sub>	Thyroxin
TAS	<i>taste</i>
TAS-R	<i>taste-receptor</i>
TRH	<i>thyreotropin-releasing hormone</i>
TSH	Thyreoidea-stimulierendes Hormon, Thyreotropin
VMH	ventromedialer Hypothalamus
WHO	<i>World Health Organisation</i>
YR	Y-Rezeptoren
ZNS	zentrales Nervensystem

## Publikationsliste

**L. Lauffer**, E. Glas, T. Gudermann, A. Breit

Endogenous 5-HT<sub>2C</sub> receptors phosphorylate the cAMP response element binding protein via protein kinase C-promoted activation of extracellular-regulated kinases-1/2 in hypothalamic mHypoA-2/10 cells.

*Journal of Pharmacology and Experimental Therapeutics*, 2016 Jul;358(1):39-49

A. Breit, K. Wicht, I. Boekhoff, E. Glas, **L. Lauffer**, H. Mückter, T. Gudermann

Glucose enhances basal or melanocortin-induced cAMP response element activity in hypothalamic cells.

*Molecular Endocrinology*, 2016 Jul;30(7):748-762



## Einleitung

### Adipositas als Krankheitsbild

Fettleibigkeit gilt im 21. Jahrhundert als eine der größten Herausforderungen für unser Gesundheitswesen [1]. In den entwickelten Nationen der Welt hat das Krankheitsbild bereits epidemische Ausmaße erreicht und stellt ein erhebliches gesundheitliches sowie sozioökonomisches Problem dar [2]. Insbesondere die zentrale Adipositas ist neben arterieller Hypertonie, Hypertriglyceridämie, verringerter HDL (*high density lipoprotein*)-Konzentration und beeinträchtigter Glucosetoleranz Teil einer Gruppe koinzidenter Risikofaktoren, welche als „metabolisches Syndrom“ bekannt ist [3, 4]. Sie begünstigt das Auftreten kardiovaskulärer Erkrankungen wie der koronaren Herzkrankheit und der zerebrovaskulären Insuffizienz. Erkrankungen des Herz-Kreislauf-Systems gelten derzeit als führende Todesursache weltweit (WHO 2017). Fettleibigkeit ist ferner mit der Entstehung von Diabetes mellitus Typ 2, einigen Malignomen und neuropsychiatrischen Erkrankungen assoziiert [5, 6]. Aufgrund der bedeutenden Morbidität und Mortalität, welche mit Adipositas einhergehen, ist es unerlässlich, therapeutische Ansätze zu schaffen und weiterzuentwickeln.

### Definition und Klassifikation

Adipositas ist definiert als eine Vermehrung des Körperfetts, welche über das Normalmaß hinaus geht. Der Körpermasseindex (*Body Mass Index*, BMI) ist die Berechnungsgrundlage für die Klassifikation des Körpergewichts [7]. Er lässt sich aus dem Gewicht eines Menschen [kg] dividiert durch seine Größe zum Quadrat [m]<sup>2</sup> bestimmen. Als untergewichtig gelten hiernach Personen mit einem BMI kleiner 18,5 kg/m<sup>2</sup>, von Normalgewicht ist bei einem BMI zwischen 18,5 und 24,9 kg/m<sup>2</sup> auszugehen. Ab einem BMI von 25,0 kg/m<sup>2</sup> spricht man von Übergewicht bzw. Präadipositas, während Menschen mit einem BMI ab 30,0 kg/m<sup>2</sup> als fettleibig ergo adipös eingestuft werden. Darüber hinaus wird Adipositas anhand des BMI in verschiedene Schweregrade eingeteilt. So definieren Werte zwischen 30,0 und 34,9 kg/m<sup>2</sup> den Grad I, 35,0 bis 39,9 kg/m<sup>2</sup> den Grad II und größer als 40,0 kg/m<sup>2</sup> den Grad III [8].

### Ätiologie

Die Ätiologie der Adipositas ist multifaktoriell bedingt. Sie wird zurückgeführt auf genetische, verhaltens- bzw. umweltbedingte, psychologische, soziale und wirtschaftliche Umstände [9, 10]. Während bei einigen Individuen eine Tendenz zu Fettspeicherung und erniedrigter

Stoffwechselaktivität beobachtet werden kann, sind bei anderen eine unausgewogene Ernährung und Bewegungsmangel ursächlich für das Übergewicht [11]. Weitere Faktoren wie endokrine Dysfunktionen, Schlafstörungen oder die Einnahme bestimmter Medikamente spielen ebenfalls eine Rolle [9, 12, 13].

### Therapeutische Strategien

Eine Therapieindikation besteht aus medizinischer Sicht ab einem BMI größer als  $30,0 \text{ kg/m}^2$  bzw. bei Übergewicht mit einem BMI zwischen  $25$  und  $30 \text{ kg/m}^2$  und gleichzeitigem Vorliegen übergewichtsbedingter Gesundheitsstörungen wie z. B. arterieller Hypertonie und Diabetes mellitus Typ 2, abdominaler Adipositas, durch Adipositas aggravierter Erkrankungen oder bei Bestehen eines hohen psychosozialen Leidensdruckes [7]. Grundlage jedes Gewichtsmanagements, welches sowohl die Reduktion als auch eine langfristige Stabilisierung des Körpergewichts umfasst, sollte eine Kombination aus Ernährungs-, Bewegungs- und Verhaltenstherapie sein [7]. Wird durch Änderungen des Lebensstils keine oder eine lediglich unzureichende Gewichtsabnahme erzielt, kann zusätzlich eine medikamentöse Therapie erfolgen [7]. Diese sollte ausschließlich mit Orlistat, einem die Fettresorption hemmenden Inhibitor der gastrointestinalen Lipase [14], erfolgen und nur dann fortgesetzt werden, wenn innerhalb von vier Wochen eine Gewichtsabnahme von mindestens  $2 \text{ kg}$  verzeichnet werden kann [7]. In den Vereinigten Staaten von Amerika ist ferner Lorcaserin, ein selektiver Agonist am 5-Hydroxytryptamin ( $5\text{-HT}$ )<sub>2C</sub>-Rezeptor, zur Adipositasstherapie zugelassen. Die Sicherheit und Wirksamkeit des Medikaments wurde anhand dreier randomisierter, doppelblinder, multizentrischer Studien bei übergewichtigen Patienten mit und ohne Diabetes mellitus Typ 2 untersucht [15]. Bei Letzteren wurde nach einem Beobachtungszeitraum von 52 Wochen ein mittlerer Gewichtsverlust von  $5,8 \%$  in Relation zum Ausgangswert mit Lorcaserin, verglichen mit  $2,5 \%$  bei Verabreichung eines Placebo ermittelt [16]. Doppelt so viele mit Lorcaserin behandelte Patienten erzielten einen Gewichtsverlust  $\geq 5 \%$ , signifikant öfter wurde auch eine Gewichtsabnahme  $\geq 10 \%$  im Vergleich zu Placebo beobachtet [17]. Hinsichtlich der Gewichtsreduktion erfüllten die primären klinischen Studienergebnisse zwar die Zulassungskriterien der FDA, blieben jedoch bei begrenzter Wirksamkeit des Medikaments hinter dem durchschnittlichen Maßstab der Institution zurück [18].

## Die Energiehomöostase

Adipositas ist das Ergebnis einer dysbalancierten Energiehomöostase [19]. Zu deren physiologischen Aufrechterhaltung integriert das zentrale Nervensystem (ZNS) verschiedenartige Informationen, um den Energiebedarf des Körpers zu ermitteln und hiernach Hungergefühl und Essverhalten zu modifizieren [20, 21]. Hierzu gehören, neben neuronalen Signalen, auch Hormone wie Leptin, Insulin und Ghrelin sowie Nährstoffe bzw. Metabolite wie Glucose, Aminosäuren, Lipide oder Laktat. Ist die Energieaufnahme höher als der -verbrauch, liegt eine positive Energiebilanz vor und der Organismus lagert überschüssige Kalorien als Fett ein [22].

## Das hypothalamische Melanocortin-System

Dem Hypothalamus kommt bei der Regulation von Körpergewicht und Nahrungsaufnahme eine Schlüsselrolle zu. Hypothalamische Neurone weisen sowohl umfangreiche intra- und internukleäre Verbindungen, als auch Vernetzungen in andere Regionen des ZNS und in die Körperperipherie auf [23]. Die Kerngebiete des *Nucleus arcuatus* (ARC), des ventromedialen (VMH) und dorsomedialen Hypothalamus (DMH), des *Nucleus paraventricularis* (PVN) und des lateralen Hypothalamus (LH) sind hierbei von besonderer Bedeutung [24]. Der ARC ist dank seiner Nähe zum dritten Ventrikel sowie einer modifizierten Blut-Hirn-Schranke empfindlich gegenüber systemisch zirkulierenden, den Energiestatus des Organismus anzeigenden Signalstoffen [25]. Diese vermitteln an Rezeptoren dort ansässiger Neurone erster Ordnung ihre Effekte [26, 27]. Der ARC beheimatet zwei verschiedene Neuronenpopulationen; solche, welche die anorexigenen Neuropeptide Proopiomelanocortin (POMC) und *cocaine and amphetamine-regulated transcript* (CART) synthetisieren und jene, welche die orexigenen Neuropeptide *Agouti-related protein* (AgRP) und Neuropeptid Y (NPY) exprimieren [28, 29]. An präsynaptischen Enden der POMC/CART-Neurone wird das aus POMC prozessierte, appetithemmende  $\alpha$ -Melanozyten-stimulierende Hormon ( $\alpha$ -MSH) freigesetzt [30]. Nach Bindung an Melanocortin-Rezeptoren (MCR) wie den MC3R bzw. MC4R an Neuronen zweiter Ordnung aktiviert  $\alpha$ -MSH katabole Stoffwechselwege, die eine verringerte Nahrungsaufnahme und einen erhöhten Energieaufwand zur Folge haben [26]. Der endogene MC3R/MC4R-Antagonist AgRP wird aus NPY/AgRP-Neuronen freigesetzt, konkurriert mit  $\alpha$ -MSH an MCR und antagonisiert dort dessen Effekt [31]. Das ebenfalls orexigene NPY regt die Nahrungsaufnahme über Y1- und Y5-Rezeptoren an [32-34]. Ferner sind NPY/AgRP-Neurone in der Lage, POMC-

Neurone durch Freisetzung des inhibitorischen Neurotransmitters  $\gamma$ -Aminobuttersäure (GABA) oder NPY direkt in ihrer Aktivität zu hemmen [25, 35, 36].

### Integration peripherer Signale

Die Kommunikation hypothalamischer Neurone mit der Körperperipherie wird über entsprechende Rezeptoren für zirkulierende Moleküle aus u. a. Pankreas, Fettgewebe und Gastrointestinaltrakt ermöglicht [37]. Das von pankreatischen  $\beta$ -Zellen sezernierte Insulin wirkt in der Peripherie über die Aufstockung von Energiereserven anabol, während es zentral eine katabole Wirkung ausübt, indem Nahrungsaufnahme und folglich Körpergewicht reduziert werden [38, 39]. Leptin, ein hauptsächlich dem weißen Fettgewebe entstammendes Hormon, dessen Konzentration mit der Menge an Körperfett korreliert und den Energiestatus des Organismus widerspiegelt [40], inhibiert die Aktivität der NPY/AgRP-Neurone, während POMC-Neurone stimuliert werden [36]. Das im Gastrointestinaltrakt freigesetzte Ghrelin hingegen erzielt über Aktivierung der NPY/AgRP-Neurone [41, 42] und Hemmung der POMC-Neurone [43] eine orexigene Wirkung.

### Intrahypothalamische Verbindungen

Neurone des ARC vermitteln appetitregulierende Effekte über die Projektion zu nachgeschalteten Neuronen weiterer hypothalamischer Kerngebiete. So erreichen AgRP/NPY-Neurone sowohl den LH als auch den PVN, während POMC/CART-Neurone neben dem PVN auch den LH, VMH, DMH und andere Regionen innervieren [25]. Der im Gehirn weit verbreitete MC4R besiedelt Regionen, welche an der Kontrolle des Ernährungsverhaltens beteiligt sind, wie PVN, DMH und LH, besonders dicht [44-46]. Auch verschiedene Y-Rezeptoren werden in ARC, PVN und LH co-exprimiert [47, 48]. PVN-Neurone synthetisieren und sezernieren ihrerseits Neuropeptide mit katabolem Stoffwechseleffekt, darunter das *corticotropin-* (CRH) und *thyreotropin-releasing hormone* (TRH) [26]. Ihre Aktivität wird durch POMC/CART-Neurone stimuliert, während NPY/AgRP-Neurone sie inhibieren. Je nach Stimulus durch den ARC werden TRH oder CRH im PVN freigesetzt. Zusätzlich zu dem indirekten Weg über die Neurone des ARC ist neben  $\alpha$ -MSH auch Leptin dazu in der Lage, die TRH-Expression an ortsansässigen Rezeptoren des PVN direkt zu stimulieren [49].

## Thyreotroper und corticotroper Regelkreis

Die Aktivität der Hypothalamus-Hypophysen-Schilddrüsen-Achse (HHA) wird durch hypophysiotrope TRH-Neurone des PVN koordiniert. TRH kontrolliert die Synthese und Freisetzung von hypophysärem Thyreotropin (Thyreoida-stimulierendes Hormon, TSH), welches seinerseits die Produktion und Sekretion von Triiodthyronin ( $T_3$ ) und Thyroxin ( $T_4$ ) in bzw. aus der Schilddrüse reguliert [50]. Die peripheren Schilddrüsenhormone wirken an metabolisch aktiven Zielgeweben wie weißem und braunem Fettgewebe, Leber, Herz und Skelettmuskulatur, wo sie Stoffwechselumsatz und Thermogenese steigern [51-53].

Analog zu TRH wird die Stressantwort des Körpers durch CRH-Neurone des PVN initiiert. Stressoren bewirken die Ausschüttung von CRH in das hypophysäre Pfortadersystem, welches Peptide zum Hypophysenvorderlappen transportiert. Stimulierte corticotrope Neurone setzen dort das *adrenocorticotropic hormone* (ACTH) in die systemische Zirkulation frei. ACTH stimuliert so die Synthese und Sekretion von Glukokortikoiden in der Nebennierenrinde [54]. Hierüber werden Energiereserven mobilisiert und der Energieverbrauch erhöht.

## Hypothalamische Genexpression am Beispiel von 5-Hydroxytryptamin

### Signaltransduktion an G-Protein-gekoppelten Rezeptoren (GPCR)

Die ligandeninduzierte Aktivierung G-Protein-gekoppelter Rezeptoren (GPCR) führt über zelluläre Signaltransduktionswege via *second messenger* zur Regulation bestimmter Zielgene. GPCR bilden die größte Familie membrangebundener Rezeptoren und die Zielstruktur für vielerlei Pharmaka [55]. Gemäß ihrer  $\alpha$ -Untereinheit, welche die Grundeigenschaften der G-Proteine definiert, werden diese im Allgemeinen in vier Gruppen unterteilt;  $G\alpha_s$ ,  $G\alpha_{i/o}$ ,  $G\alpha_{q/11}$  und  $G\alpha_{12/13}$ .

5-Hydroxytryptamin-Rezeptoren (5-HTR) sind, bis auf den 5-HT<sub>3</sub>R als ligandengesteuerten  $Na^+/K^+$ -Ionenkanal, den GPCR zuzuordnen [56, 57]. Sie binden sowohl an  $G\alpha_s$ , als auch an  $G\alpha_{i/o}$ - und  $G\alpha_q$ -Proteine. 5-HT<sub>4</sub>R gehören wie die 5-HT<sub>6</sub>R und 5-HT<sub>7</sub>R zu den  $G\alpha_s$ -Protein-gekoppelten Rezeptoren [58].  $G\alpha_s$  aktiviert die Adenylylcyclase (AC), welche die Reaktion von Adenosintriphosphat (ATP) zu cyclischem Adenosinmonophosphat (cAMP) katalysiert [59]. Hierdurch werden cAMP-abhängige Proteine, wie die Proteinkinase A (PKA), cyclische Nucleotid-gesteuerte Kanäle und die *exchange proteins directly activated by cAMP* (EPAC)

aktiviert [60]. MCR gehören ebenfalls zur Familie der GPCR und koppeln an  $G\alpha_s$ -Proteine [61]. 5-HT<sub>1R</sub>- und 5-HT<sub>5R</sub>-Subtypen inhibieren über assoziierte  $G\alpha_{i/o}$ -Proteine die AC und senken so den intrazellulären cAMP-Spiegel [62]. Auch YR aktivieren inhibitorische G-Proteine [63]. 5-HT<sub>2R</sub> koppeln an  $G\alpha_{q/11}$ -Proteine [64, 65]. Diese aktivieren die  $\beta$ -Isoform der Phospholipase C (PLC) [66], welche Phosphatidylinositol-4,5-bisphosphat (PIP<sub>2</sub>) in Inositol-3,4,5-triphosphat (IP<sub>3</sub>) und membrangebundenes Diacylglycerol (DAG) spaltet. Während IP<sub>3</sub> den Ca<sup>2+</sup>-Kanal IP<sub>3</sub>-Rezeptor am endoplasmatischen Retikulum öffnet und somit zu einer Erhöhung der intrazellulären Ca<sup>2+</sup>-Konzentration beiträgt, aktiviert DAG die Proteinkinase C (PKC) [67]. G<sub>12/13</sub>-Proteine koppeln an die *Rho-Guanin nucleotide exchange factors* (GEF) [68]. Die G <sub>$\beta\gamma$</sub> -Dimere nehmen auf eine Vielzahl von Effektoren Einfluss, darunter Ionenkanäle, Phospholipasen, Phosphoinositidkinasen und der *rat sarcoma (Ras)/rat fibrosarcoma (Raf)/extracellular signal-regulated kinase* (ERK)-Signalweg [69].

#### Der Transkriptionsfaktor *cAMP response element-binding protein* (CREB)

Der Aktivierung von GPCR durch extrazelluläre Stimuli folgt über Konzentrationsänderungen der *second messenger* wie cAMP oder Ca<sup>2+</sup> nach dem Anstoß intrazellulärer Proteinkinasekaskaden die Modulation von Transkriptionsfaktoren [70, 71]. Diese binden im Zellkern an spezifische DNA-Sequenzen in der Promotorregion bestimmter Zielgene und beeinflussen so die Initiation der Transkription; sie sind demnach essenziell für die Regulation der Genexpression [72]. Neben bekannten allgemeinen Transkriptions- und Co-Faktoren, welche in sämtlichen Körperzellen exprimiert werden, existieren spezifische Transkriptionsfaktoren und Faktoren ohne DNA-bindende Domäne, welche ihre regulatorische Rolle durch Interaktionen mit anderen Proteinen des Transkriptionskomplexes erfüllen [73]. Der spezifische Transkriptionsfaktor *cAMP response element-binding protein* (CREB) verdankt seinen Namen der Aktivierung durch erhöhte intrazelluläre cAMP-Spiegel [74]. Entscheidend für die Funktion von CREB sind seine DNA-Bindungsspezifität und selektive Dimerisierung, welche durch die Basisregion bzw. den Leucin-Zipper (bZip) vermittelt werden [75]. CREB bindet als Dimer an das *cAMP response element* (CRE), einen DNA-Abschnitt in der regulatorischen Region zahlreicher Zielgene, welcher durch die Nukleotidsequenz TGACGTCA gekennzeichnet ist [76]. Die CREB-Phosphorylierung, welche hauptsächlich an der Position Serin 133 stattfindet, ermöglicht die Rekrutierung der Co-Aktivatoren *CREB-binding protein* (CBP) sowie dessen Paralog p-300 und stimuliert die CREB-abhängige Transkription [77]. Die

CREB-Aktivität wird reguliert durch eine Vielzahl an Proteinkinasen, welche an unterschiedlichsten Signalkaskaden beteiligt sind, sowie posttranslationale Modifikationen wie Acetylierung, Ubiquitinylierung oder Glykosylierung [74].

#### *Die CREB-regulated transcriptional coactivators*

Die *CREB-regulated transcriptional coactivators* (CRTC), welche auch als *transducer of regulated CREB activity* (TORC) bezeichnet werden, gehören zu den sogenannten Co-Faktoren von CREB [78]. Sie schließen die CRTC1, CRTC2 und CRTC3 mit ein, welche unter basalen Bedingungen über eine phosphorylierungsabhängige Wechselwirkung mit 14-3-3 Proteinen im Zytoplasma gebunden sind [79]. Steigende cAMP- und  $Ca^{2+}$ -Konzentrationen forcieren die Dephosphorylierung von CRTC und deren Freisetzung aus 14-3-3-Komplexen, woraufhin die Co-Faktoren in den Nukleus translozieren und die CREB-abhängige Transkription potenzieren [78].

#### *CREB-Phosphorylierung und CRE-Aktivierung*

Zu jenen Stimuli, welche eine Phosphorylierung von CREB am Serin 133 induzieren, gehören neben Wachstumsfaktoren auch Hormone, (Neuro-)Peptide, Zytokine, Phospholipide, verschiedene Stressfaktoren, Erregerkomponenten und Bestandteile intrazellulärer  $Ca^{2+}$ -assoziierter Signalwege [74]. CREB dient als Substrat für Kinasen wie die PKA, PKC, *mitogen activated protein kinases* (MAPK) bzw. deren Kinasen (MAPKK), AKT sowie die *Ca<sup>2+</sup>/calmodulin-dependent protein kinases* (CaMK) II und -IV [80]. Grundsätzlich muss zwischen einer Phosphorylierung und der Aktivierung von CREB unterschieden werden [81], ferner ist neben einer CREB-Aktivierung nicht zwangsläufig eine CRE-abhängige Genexpression nachweisbar.

#### *Extracellular signal-regulated kinases (ERK)*

ERK werden neben *jun amino-terminal kinases* (JNK) und *stress-activated protein kinases* (p38/SAPK) den MAPK zugeordnet [82]. Jede dieser Kaskaden besteht in ihrem Kernmodul aus drei Reihen von Proteinkinasen, die als MAPK, MAPKK (MAPK-Kinase) und MAPKKK (MAPKK-Kinase) bezeichnet werden. Die Übertragung des Signals wird durch sequenzielle Phosphorylierung und Aktivierung der Komponenten in den aufeinanderfolgenden Stufen vermittelt [83]. Die ERK-Familie setzt sich aus den Subtypen ERK1 bis ERK8 zusammen. Aufgrund ihrer weitestgehenden strukturellen und funktionellen Übereinstimmung werden die ERK1 und ERK2 als ERK1/2 zusammengefasst [84]. Sie sprechen vorwiegend auf Mitogene wie

Wachstumsfaktoren und Zytokine an, um Zellproliferation und -differenzierung sowie Lernen und Gedächtnis in Nervenzellen zu regulieren [85]. Die Signaltransduktion erfolgt über Zelloberflächenrezeptoren wie GPCR, Rezeptortyrosinkinasen (RTK), Integrine oder die kleinen GTPasen der Ras-Familie bzw. der *ras-related proteins* (Rap). MAPKKs für die ERK1/2 sind bspw. MEK1/2, zu den MAPKKK gehört unter anderem die Raf-Familie [82].

Grundsätzlich können sowohl  $G\alpha_s$ - als auch  $G\alpha_{i/o}$ - und  $G\alpha_q$ -Proteine eine Phosphorylierung der ERK1/2 induzieren [86]. Eine Möglichkeit, ERK1/2 über  $G\alpha_q$  zu aktivieren, ist die direkte Phosphorylierung von C-Raf durch die PKC [87, 88]. Einen weiteren Mechanismus stellt die  $Ca^{2+}$ /CaM-vermittelte Aktivierung der Tyrosinkinasen Pyk2 und Src dar, welche zur Phosphorylierung von Ras führt [89]. Die Aktivierung von Ras zieht die Stimulation der Raf-, MEK- und ERK1/2-Kinase-Kaskade nach sich [71].

### $G\alpha_s$

Sind  $G\alpha_s$ -gekoppelte Rezeptoren wie die 5-HT<sub>4</sub>R, 5-HT<sub>6</sub>R und 5-HT<sub>7</sub>R dazu in der Lage, CREB zu aktivieren, erfolgt dies klassischerweise über die cAMP-vermittelte Aktivierung der PKA [81, 90]. Agonisten am 5-HT<sub>4</sub>R induzieren über Aktivierung der PKA die Phosphorylierung und nukleare Translokation von CREB in enterischen Neuronen [91]. Auch in murinen, pluripotenten Stammzellen wurde eine PKA-abhängige CREB-Phosphorylierung via 5-HT<sub>4</sub>R beschrieben [92]. Alternativ stellen EPAC1/2 eine mögliche Verbindung zwischen  $G\alpha_s$ -Proteinen und CREB/CRE-abhängigen Gentranskription dar [93]. EPAC fungieren als GEF für Rap 1 und Rap 2 [94], welche bei ihrer Aktivierung den Ras/MAPK-Signalweg anstoßen.

### $G\alpha_q$

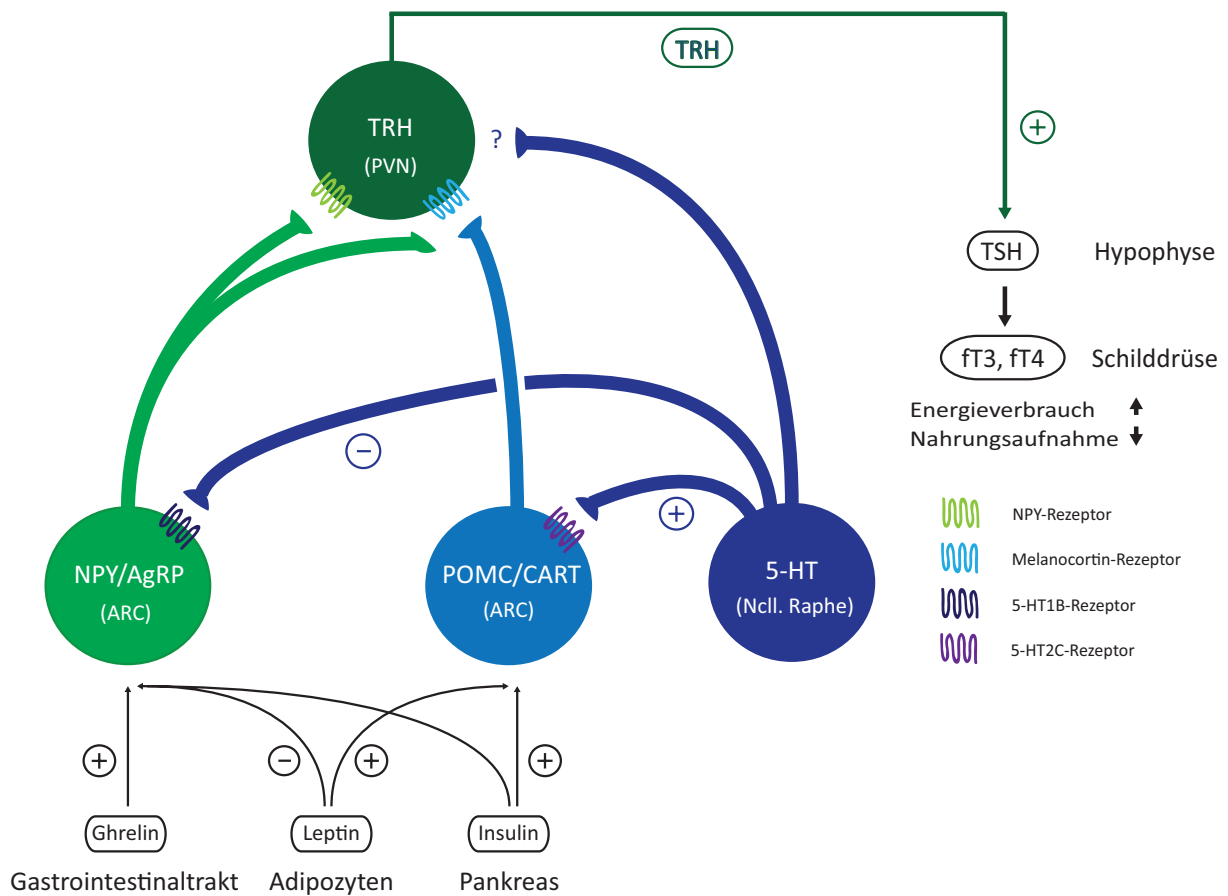
$G\alpha_q$ -gekoppelte Rezeptoren wie die 5-HT<sub>2</sub>R aktivieren die PKC über IP<sub>3</sub> oder DAG direkt oder indirekt über die Freisetzung von intrazellulärem  $Ca^{2+}$ . Zusätzlich zu diesem  $G\alpha$ -vermittelten Weg kann auch die  $\beta\gamma$ -Untereinheit die PLC $\beta$  aktivieren und dadurch die PKC stimulieren [95, 96].  $Ca^{2+}$  stößt als pleiotroper *second messenger* eine Vielzahl an Signaltransduktionswegen an. Intrazellulär bildet es mit dem Protein Calmodulin (CaM) einen Komplex, welcher über die Aktivierung  $Ca^{2+}$ -sensitiver Isoformen der AC direkt den PKA-Signalweg oder auch  $Ca^{2+}$ /calmodulin-dependent protein kinases (CaMK) wie die CaMKI, -II und -IV aktiviert [71].  $Ca^{2+}$ /CaM aktiviert ferner den Ras/MAPK-Signalweg. In nichthypothalamischen Zellen wurde



eine CREB-Phosphorylierung über  $G\alpha_q$ -assoziierte Kinasen wie PKC, CaMKII und auch *extracellular-signal-regulated kinases* (ERK) beobachtet, jedoch konnte lediglich bei Phosphorylierung durch die CaMKII auch eine CRE-Aktivierung festgestellt werden [97]. In Neuronen des VMH wurde infolge einer 5-HT<sub>2C</sub>R-Aktivierung eine CaMKIV-vermittelte Phosphorylierung von CREB an der Position Serin 133 beschrieben [98]. In hypothalamischen Neuronen des PVN hingegen wurde bislang keine  $G\alpha_q$ -vermittelte CRE-Aktivierung beobachtet, ebenso wenig konnte eine 5-HT-induzierte CREB-Phosphorylierung nachgewiesen werden [99].

### 5-HT und die Energiehomöostase

Der Neurotransmitter 5-HT vermittelt seine zahlreichen physiologischen Effekte über 14 verschiedene Rezeptorsubtypen, die alle im ZNS präsent und unter anderem über Frontalhirn, Hippocampus, Amygdala, Striatum, Hypothalamus und das Hinterhorn des Rückenmarks verteilt sind [100-103]. Der Einfluss von 5-HT auf die Energiehomöostase wird durch die Induktion von Hyperphagie und Adipositas bei 5-HT-Depletion [104, 105] sowie die Verminderung von Appetit und Körpergewicht bei Erhöhung der zentralen 5-HT-Bioverfügbarkeit deutlich [106-108]. 5-HT ist eines der anorexigenen Schlüsselsignale, welche das zentrale Melanocortin-System aktivieren [28]. Serotonerge Neurone der Raphe-Kerne projizieren zu hypothalamischen Regionen, einschließlich ARC und PVN [109, 110]. Sowohl 5-HT<sub>1B</sub>R als auch 5-HT<sub>2C</sub>R werden im ARC exprimiert [111-114]. Die dort situierten POMC-Neurone co-exprimieren 5-HT<sub>2C</sub>R und werden durch Bindung von Agonisten an den  $G\alpha_{q/11}$ -Protein-gekoppelten Rezeptor depolarisiert und somit aktiviert [113]. Umgekehrt werden NPY/AgRP-Neurone des ARC durch sowohl 5-HT als auch 5-HT<sub>1B</sub>R-Agonisten hyperpolarisiert [115], wodurch der orexigene Signalweg direkt gehemmt und die anorexigenen POMC-Neurone indirekt durch Disinhibition aktiviert werden [106]. Neben der serotonergen Modulation von POMC- bzw. NPY/AgRP-Neuronen beeinflusst 5-HT direkt die Aktivität MC4R-exprimierender Zellen [116]. So kann durch ortsgerichtete Injektion von 5-HT in den PVN bei Ratten eine Reduktion der Nahrungsaufnahme beobachtet werden [116, 117]. Über die zugrunde liegenden molekularen Mechanismen der direkten anorexigenen Wirkung von 5-HT auf PVN-Neurone ist jedoch nur wenig bekannt. 5-HT ist somit via 5-HT<sub>2C</sub>R und 5-HT<sub>1B</sub>R über unterschiedliche, komplementäre Mechanismen in die Kontrolle der Nahrungsaufnahme durch das Melanocortin-System involviert.



**Abbildung 1 Die Energiehomöostase**

Dargestellt sind die Kerngebiete der Nuclei arcuatus, paraventricularis und Raphe mit stimulierenden (+) und hemmenden (-) internukleären Verbindungen und peripheren Signalen sowie die thyreotrope Achse

## Appetitregulation durch Glucose

Glucose wirkt auf hypothalamische Neurone des ARC, PVN, VMH und LH [118]. Dort variieren interstitielle Glucosekonzentrationen abhängig von Nahrungsaufnahme und Insulinspiegel zwischen 0.1 und 5 mmol/l [119]. Ähnlich wie das anorexigene Leptin stimuliert Glucose direkt POMC- und hemmt umgekehrt AgRP-Neurone des ARC [120]. Neben seiner zentralen Funktion als Energieträger ist aus Glucose gewonnenes Adenosintriphosphat (ATP) ein wichtiges Glied intrazellulärer Signaltransduktionsketten. Analog zu pankreatischen  $\beta$ -Zellen inhibiert ATP ATP-sensitive  $K^+$ -Kanäle ( $K_{ATP}$ ), wodurch hypothalamische Neurone depolarisiert werden [121]. Des Weiteren drosselt ATP die Aktivität der *adenosine monophosphate-activated protein kinase* (AMPK). Die AMPK-Aktivität in ARC und PVN wird durch Leptin sowie in mehreren hypothalamischen Regionen durch Insulin und auch hohe Glucosekonzentrationen inhibiert [122]. Eine Abnahme der hypothalamischen AMPK-Aktivität ist mit vermindertem Appetit assoziiert, während eine AMPK-Aktivierung die Nahrungsaufnahme steigert [123]. Es wurde gezeigt, dass Glucose die hypothalamische Aktivität des CREB-Cofaktors CRTC2 über dessen AMPK-vermittelte Phosphorylierung und somit die Expression des CRE-Zielgens *insulin receptor substrate 2* (*Irs2*) reguliert [124]. Hiernach konnte erstmals eine Verbindung zwischen hypothalamischem Glucosespiegel und CREB/CRTC2-abhängiger Genregulation hergestellt werden. Ob Glucose auch einen direkten Effekt auf die CRE-Aktivität in hypothalamischen Neuronen hat, ist bislang unklar.

## Pharmakotherapeutische Ansätze

Eine kalorienarme Diät und körperliche Betätigung sind essentielle Bestandteile einer erfolgreichen Adipositas therapie, jedoch reichen diese Maßnahmen zur angestrebten Gewichtsreduktion oft nicht aus. Eine Alternative zu operativen Interventionen wie der bariatrischen Chirurgie ist die Entwicklung pharmakologischer Wirkstoffe, welche entweder eine Drosselung der Nahrungsaufnahme oder Erhöhung des Energieverbrauchs bewirken [125]. Pharmaka, deren Wirkmechanismus auf der Steigerung serotonerger Neurotransmission beruht, sind seit vielen Jahren Bestandteil der Adipositas therapie. Hierzu gehören D-Fenfluramin, ein Amphetamin-Analogon und Sibutramin, ein 5-HT- und Noradrenalin-Wiederaufnahmehemmer, welche beide aufgrund kardiovaskulärer Nebenwirkungen zurückgezogen wurden [126]. Während die bei der Anwendung von Fenfluramin beobachtete Valvulopathie am ehesten durch die Aktivierung von 5-HT<sub>2B</sub>R an Herzklappen durch den

Metaboliten Norfenfluramin bedingt ist [127], beruht das kardiovaskuläre Risiko von Sibutramin auf dessen adrenergen Eigenschaften [111]. Auf der Basis experimenteller und humaner Studien identifizierte man unter den 5-HTR den 5-HT<sub>2C</sub>R, dessen Verteilungsmuster auf das ZNS beschränkt ist, als mögliche Zielstruktur neuer Pharmaka zur Behandlung von Fettleibigkeit [128]. Das therapeutische Potential der selektiven Aktivierung von 5-HT<sub>2C</sub>R wurde 2012 mit der Genehmigung des 5-HT<sub>2C</sub>R-Agonisten Lorcaserin durch die *Food and Drug Administration* (FDA) realisiert [106]. Dieser bindet mit 18- bis 104-facher Selektivität an 5-HT<sub>2C</sub>R im Vergleich zu den 5-HT<sub>2A</sub>R und 5-HT<sub>2B</sub>R, senkt das Körpergewicht adipöser Patienten und wurde als vielversprechendes Medikament gegen Fettleibigkeit gehandelt [129]. Die klinische Anwendbarkeit ist jedoch aufgrund möglicher bedeutender Nebenwirkungen an anderen 5-HTR wie Valvulopathien, systolischer pulmonalerarterieller Hypertonie, Depression und Erhöhung des kardiovaskulären Risikos limitiert [130]; Langzeitergebnisse gilt es abzuwarten. Die auf Lorcaserin basierende Pharmakotherapie könnte dementsprechend durch höhere Selektivität bzgl. des 5-HT<sub>2C</sub>R sowie die umfassende Darlegung zellulärer Signaltransduktionsmechanismen optimiert werden.

### Übergeordnete Fragestellung

Die CREB-vermittelte CRE-Aktivierung spielt bei der hypothalamischen Gentranskription eine bedeutende Rolle. Sowohl das TRH- als auch das CRH-Gen beinhalten ein Motiv in ihrer Promotorregion, welches die Bindung von CREB erlaubt [131]. 5-HT wirkt anorexigen an MSH- und NPY-sensitiven Neuronen des PVN via 5-HT<sub>2C</sub>R und 5-HT<sub>1B</sub>R [99, 132]. Aufgrund des Zusammenhangs zwischen hypothalamischer Glucosekonzentration und CREB/CRTC2-abhängiger Genregulation lässt sich ferner eine appetithemmende Wirkung von Glucose vermuten, die molekularen Mechanismen sind jedoch noch weitestgehend ungeklärt. Bislang stellt das anorexigene Peptidhormon  $\alpha$ -MSH den einzigen bekannten Stimulus dar, welcher die Genexpression von TRH in Neuronen des PVN via CREB-vermittelter CRE-Aktivierung reguliert [133, 134]. Angesichts der postulierten appetithemmenden Wirkung der untersuchten Substanzen auf hypothalamische Neurone des PVN sind die 5-HT- bzw. Glucose-vermittelte CREB/CRE-Aktivierung sowie die Charakterisierung der zugrunde liegenden Signaltransduktionsmechanismen im Hinblick auf therapeutische Strategien zur Behandlung von Adipositas als übergeordnete Fragestellung zu verstehen, welche beide Publikationen miteinander verbindet.

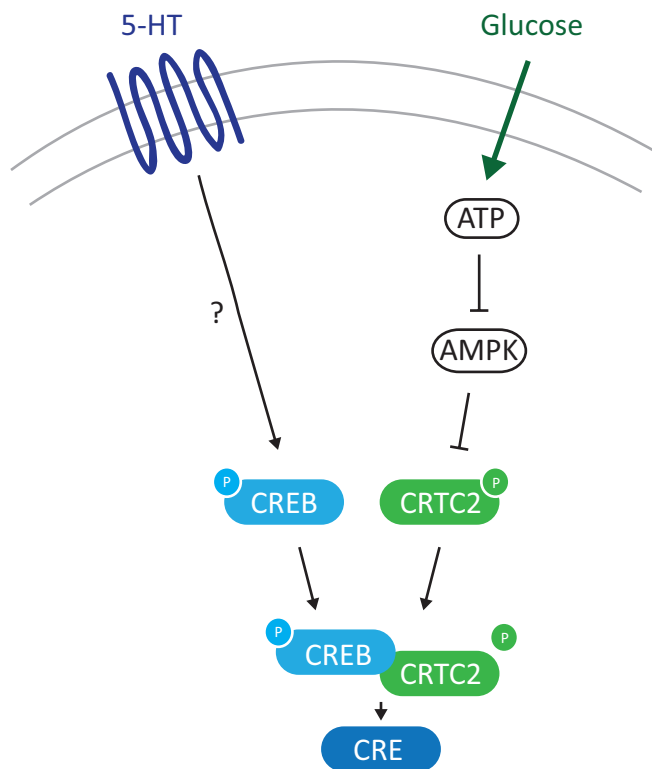


Abbildung 2 5-HT- bzw. Glucose-induzierte CREB-vermittelte CRE-Aktivierung in hypothalamischen Zellen

Der Eigenanteil der Arbeit an der Publikation II bestand in der Untersuchung möglicher zusätzlicher, für die Glucose-induzierte CRTC2-Aktivierung ursächlicher Mechanismen wie bspw. die Wirkung an Glucose-sensitiven *taste* (TAS) 1-Rezeptoren. Eine neuronale Expression solcher Geschmacksgene wurde in verschiedenen nährstoffsensitiven Arealen des Gehirns nachgewiesen, einschließlich der hypothalamischen Kerngebiete ARC und PVN [135]. Hierzu wurden einzelne mHypoA-2/10-CRE Zellen mittels  $Ca^{2+}$ -Imaging nach Stimulation mit Glucose auf eine Erhöhung der intrazellulären  $Ca^{2+}$ -Konzentration untersucht. Eine solche blieb aus, sodass eine für die CRE-Aktivierung möglicherweise ursächliche Wechselwirkung von Glucose mit dem TAS1-assoziierten *second messenger*  $Ca^{2+}$  ausgeschlossen werden konnte.

## Zusammenfassung

Adipositas gilt als eine der bedeutendsten Herausforderungen für das Gesundheitswesen. Mit Fettleibigkeit assoziierte kardiovaskuläre Erkrankungen stellen derzeit die führende Todesursache weltweit dar. Die hohe Morbidität und Mortalität adipöser Patienten fordern die medizinische Forschung hinsichtlich der Kreation und Weiterentwicklung therapeutischer Ansätze. Vielversprechende Zielstrukturen stellen im zentralen Nervensystem exprimierte 5-Hydroxytryptamin (5-HT)<sub>2C</sub>-Rezeptoren dar, anhand derer anorexigene Einflüsse vermittelt werden. Appetithemmende Pharmaka, welche auf der Aktivierung des 5-HT<sub>2C</sub>R basieren, erwiesen sich bislang jedoch als nebenwirkungsreich oder wenig effizient. Während die Wirkungsweise von 5-HT auf hypothalamische Neurone des *Nucleus arcuatus* (ARC) profund dargelegt wurde, ist über die molekularen Signaltransduktionsmechanismen der direkten serotonergen Wirkung auf nachgeschaltete, *thyrotropin-releasing hormone* (TRH)-produzierende *Nucleus paraventricularis* (PVN)-Neurone nur wenig bekannt. Ein DNA-Motiv in der Promotorregion des TRH-Gens erlaubt die Bindung des *cAMP response element-binding protein* (CREB), eines Transkriptionsfaktors, dessen tragende Rolle bei der hypothalamischen Genexpression anhand seiner Aktivierung durch das anorexigene Peptidhormon  $\alpha$ -Melanozyten-stimulierendes Hormon (MSH) etabliert wurde. In hypothalamischen, als PVN-Neurone charakterisierten mHypoA-2/10-Zellen aus der Maus wurde im Rahmen der Dissertation erstmals die endogene Expression des 5-HT<sub>2C</sub>R nachgewiesen. Ferner konnte gezeigt werden, dass 5-HT<sub>2C</sub>R die *cAMP response element* (CRE)-abhängige Genexpression über die Proteinkinase C (PKC)-vermittelte, *extracellular-signal-regulated kinases* (ERK)1/2-assoziierte Phosphorylierung von CREB induzieren. Des Weiteren konnte in stabil mit dem CRE-Reporter-genkonstrukt ausgestatteten mHypoA-2/10-CRE-Zellen eine vermehrte sowohl basale als auch  $\alpha$ -MSH-bedingte CRE-Aktivität sowie TRH-Expression bei Stimulation mit steigenden extrazellulären Glucosekonzentrationen beobachtet werden. Glucose induziert über die Inhibition der Adenosinmonophosphat-aktivierten Proteinkinase (AMPK) die nukleäre Translokation des *CREB-regulated transcriptional co-activator 2* (CRTC2) und fördert so die CREB-abhängige Gentranskription. Sowohl 5-HT als auch Glucose nehmen hiernach über verschiedene komplementäre Mechanismen Einfluss auf die CREB/CRE-vermittelte hypothalamische Genexpression. Dies könnte sich auch im Hinblick auf die Entwicklung effizienterer, 5-HT<sub>2C</sub>R-agonistischer Wirkstoffe zur Adipositas-therapie als synergistisch wertvoll erweisen.

## Summary

Obesity is considered as one of the major challenges regarding health care. Cardiovascular diseases, which are associated with obesity, currently represent the leading cause of death worldwide. The high morbidity and mortality of obese patients requires creation and further development of therapeutical approaches by medical research. Promising target structures are 5-Hydroxytryptamin (5-HT)<sub>2C</sub>-receptors expressed in the central nervous system, by whom anorexigenic influence is conveyed. So far, appetite suppressant pharmaceuticals based on increased serotonergic neurotransmission turned out to be inefficient or associated with severe side effects. While the mode of action of 5-HT at 5-HT<sub>2C</sub>R and 5-HT<sub>1B</sub>R via stimulation of  $\alpha$ -melanocyte-stimulating hormone (MSH)-producing and inhibition of neuropeptide Y (NPY)-secreting, hypothalamic neurons of the *nucleus arcuatus* (ARC) has been profoundly described, there is still little known about the molecular signalling pathways of the direct serotonergic action on *thyrotropin-releasing hormone* (TRH)-producing neurons of the *nucleus paraventricularis* (PVN). A DNA-motive in the promotor region of the TRH-gene allows binding of the *cAMP response element-binding protein* (CREB), a transcription factor, whose crucial role in hypothalamic gene expression has been established according to its activation by the anorexigenic peptid hormone  $\alpha$ -MSH. In murine hypothalamic mHypoA-2/10-cells, which have been characterized as PVN-neurons, the presented work revealed endogenic expression of the 5-HT<sub>2C</sub>R for the first time. Furthermore, it could be shown, that 5-HT<sub>2C</sub>R induce *cAMP response element* (CRE)-dependent gene expression via *Proteinkinase C* (PKC)-promoted activation of *extracellular-signal-regulated kinases* (ERK)1/2 leading to phosphorylation of CREB. Moreover, in mHypoA-2/10-cells stably expressing the CRE reporter gene construct, enhanced basal and MSH-induced CRE-activity as well as TRH-expression have been observed in reaction to increased extracellular glucose concentration. Via inhibition of the adenosinmonophosphate-activated proteinkinase (AMPK) glucose induces the nuclear translocation of the CREB-co-factor *CREB-regulated transcriptional co-activator 2* (CRTC2) and thereby stimulates CREB-dependent gene transcription. Hereafter both 5-HT and Glucose influence the CREB/CRE-imparted hypothalamic gene expression via different complementary mechanisms. This could turn out to be synergistically valuable with regard to the development of more efficient, 5-HT<sub>2C</sub>R-agonistic substances for the treatment of obesity.

## Publikation I

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Endogenous 5-HT<sub>2C</sub> receptors phosphorylate the cAMP response element binding protein via protein kinase C-promoted activation of extracellular-regulated kinases-1/2 in hypothalamic mHypoA-2/10 cells.

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# Endogenous 5-HT<sub>2C</sub> Receptors Phosphorylate the cAMP Response Element Binding Protein via Protein Kinase C-Promoted Activation of Extracellular-Regulated Kinases-1/2 in Hypothalamic mHypoA-2/10 Cells

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## ABSTRACT

Serotonin 5-HT<sub>2C</sub> receptors (5-HT<sub>2C</sub>R) activate G<sub>q</sub> proteins and are expressed in the central nervous system (CNS). 5-HT<sub>2C</sub>R regulate emotion, feeding, reward, or cognition and may serve as promising drug targets to treat psychiatric disorders or obesity. Owing to technical difficulties in isolating cells from the CNS and the lack of suitable cell lines endogenously expressing 5-HT<sub>2C</sub>R, our knowledge about this receptor subtype in native environments is rather limited. The hypothalamic mHypoA-2/10 cell line was recently established and resembles appetite-regulating hypothalamic neurons of the *paraventricular nucleus (PVN)*, where 5-HT<sub>2C</sub>R have been detected *in vivo*. Therefore, we tested mHypoA-2/10 cells for endogenous 5-HT<sub>2C</sub>R expression. Serotonin or the 5-HT<sub>2C</sub>R preferential agonist WAY-161,503 initiated cAMP response element (CRE)-dependent gene transcription with EC<sub>50</sub> values of 15.5 ± 9.8 and 1.1 ± 0.9 nM, respectively. Both

responses were blocked by two unrelated 5-HT<sub>2C</sub>R-selective antagonists (SB-242,084, RS-102,221) but not by a 5-HT<sub>2A</sub>R (EMD-281,014) or 5-HT<sub>2B</sub>R (RS-127,455) antagonists. By single-cell calcium imaging, we found that serotonin and WAY-161,503 induced robust calcium transients, which were also blunted by both 5-HT<sub>2C</sub>R antagonists. Additionally we revealed, first, that 5-HT<sub>2C</sub>R induced CRE activation via protein kinase C (PKC)-mediated engagement of extracellular-regulated kinases-1/2 and, second, that intrinsic activity of WAY-161,503 was in the range of 0.3–0.5 compared with serotonin, defining the frequently used 5-HT<sub>2C</sub>R agonist as a partial agonist of endogenous 5-HT<sub>2C</sub>R. In conclusion, we have shown that hypothalamic mHypoA-2/10 cells endogenously express 5-HT<sub>2C</sub>R and thus are the first cell line in which to analyze 5-HT<sub>2C</sub>R pharmacology, signaling, and regulation in its natural environment.

## Introduction

The neurotransmitter 5-hydroxytryptamine (5-HT) or serotonin exerts its physiologic effects via at least 14 distinct receptor subtypes, including 5-HT<sub>1</sub> receptors that couple to G proteins of the G<sub>i/o</sub> family and 5-HT<sub>2</sub> receptors coupling to G<sub>q</sub> proteins (Hoyer et al., 1994; Chang et al., 2000). The 5-HT<sub>2C</sub> receptor (5-HT<sub>2C</sub>R) subtype is predominantly expressed in the central nervous system (CNS), mostly in brain regions associated with emotion, feeding, reward, or cognition, and thus might serve as a drug target for the treatment of CNS disorders (Bhatnagar et al., 2001; Di Giovanni and De Deurwaerdere, 2016). In fact, 5-HT<sub>2C</sub>R activity-controlling

substances have been suggested as therapeutics against schizophrenia, depression, Parkinson's disease, anxiety, sleeping disorders, drug abuse, and obesity (Tecott et al., 1995; Frank et al., 2002; Rocha et al., 2002; Meltzer et al., 2003; Isaac, 2005; Millan, 2005; Di Giovanni et al., 2006; Thomsen et al., 2008). A major obstacle hampering the development of 5-HT<sub>2C</sub>R-targeting drugs are technical difficulties in isolating significant numbers of primary cells from the CNS and the current lack of suitable CNS-derived cell lines that endogenously express 5-HT<sub>2C</sub>R. Hence, discovering reliable CNS-derived cell lines that endogenously express the functional 5-HT<sub>2C</sub>R protein will be an important asset for 5-HT<sub>2C</sub>R-related research in general and for the development 5-HT<sub>2C</sub>R-targeting drugs in particular.

5-HT-producing neurons of the *raphe nuclei* project to different hypothalamic regions, including the *nucleus arcuatus*

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**ABBREVIATIONS:** ANOVA, analysis of variance; *ARC*, *nucleus arcuatus*; BIM-X, bisindolylmaleimide X; BSA, bovine serum albumin; CNS, central nervous system; CP-94,253, 5-propoxy-3-(1,2,3,6-tetrahydro-4-pyridinyl)-1H-pyrrolo[3,2-b]pyridine; CRE, cAMP response element; CREB, CRE binding protein; Df, degree of freedom; DMEM, Dulbecco's modified Eagle's medium; DMSO, dimethyl sulfoxide; ELISA, enzyme-linked immunosorbent assay; EMD-281,014, 7-[[4-[2-(4-fluorophenyl)ethyl]-1-piperazinyl]carbonyl]-1H-indole-3-carbonitrile hydrochloride; ERK-1/2, extracellular-regulated kinases-1/2; 5-HT, 5-Hydroxytryptamine; 5-HTR, 5-HT receptor(s); IBMX, 3-isobutyl-1-methylxanthine; MSH, melanocyte-stimulating hormone; NFAT, nuclear factor of activated T cells; NPY, neuropeptide Y; PBS, phosphate-buffered saline; PD-184,352, 2-(2-chloro-4-iodophenylamino)-N-cyclopropylmethoxy-3,4-difluorobenzamide; PKC, protein kinase C; *PVN*, *paraventricular nucleus*; RS-102,221, 8-[5-(2,4-dimethoxy-5-(4-trifluoromethylphenylsulphonamido)phenyl)-5-oxopentyl]-1,3,8-triazaspiro[4.5]decane-2,4-dione; RS-127,455, 1'-[2-[4-(trifluoromethyl)phenyl]ethyl]-spiro[4H-3,1-benzoxazine-4,4'-peperidin]-2(1H)-one; RT, room temperature; SB-242,084, 6-chloro-2,3-dihydro-5-methyl-N-[6-[[2-methyl-3-pyridinyl]oxy]-3-pyridinyl]-1H-indole-1-carboxamide; STAT-3, signal transducer and activator of transcription-3; WAY-161,503, 8,9-dichloro-2,3,4,4a-tetrahydro-1H-pyrazino[1,2-a]quinoxalin-5(6H)-one.

(ARC) and the *paraventricular nucleus (PVN)* (Lam et al., 2010). 5-HT released to hypothalamic neurons reduces food intake by at least three distinct mechanisms: 1) 5-HT<sub>2C</sub>R-induced excitation of the anorexigenic melanocyte-stimulating hormone (MSH)-producing ARC neurons, 2) 5-HT<sub>1B</sub>R-mediated inhibition of the orexigenic neuropeptide Y (NPY)-producing ARC neurons, and 3) action upon MSH- and NPY-sensitive PVN neurons via 5-HT<sub>1B</sub>R and 5-HT<sub>2C</sub>R (Currie et al., 1999, 2002; Sohn et al., 2011; Doslikova et al., 2013; Burke et al., 2014). Consequently, mice deficient for the 5-HT<sub>2C</sub>R protein exhibit severe hyperphagia leading to diabetes and concomitant hyperglycemia and insulin resistance (Tecott et al., 1995; Heisler et al., 1998; Tecott and Abdallah, 2003). Furthermore, administration of a 5-HT<sub>2C</sub>R (WAY-161,503) or a 5-HT<sub>1B</sub>R (CP-94,253) preferential agonists inhibited food intake by reducing meal size and duration (Halford and Blundell, 1996; Lee and Simansky, 1997; Rosenzweig-Lipson et al., 2006; Thomsen et al., 2008; Fletcher et al., 2009; Doslikova et al., 2013). Overall, it appears that PVN neurons play an important role in the central effects of 5-HT on appetite control and express 5-HT<sub>1B</sub>R and HT<sub>2C</sub>R subtypes.

The hypothalamic cell line mHypoA-2/10 has recently been introduced and characterized as a suitable PVN-derived cell model with regard to sensitivity toward MSH and NPY, but its sensitivity toward 5-HT has not been investigated yet (Belsham et al., 2009; Dalvi et al., 2012; Nazarians-Armavil et al., 2013; Breit et al., 2015). In the present study we dissected the effects of 5-HT, WAY-161,503, and CP-94,253 on classic G protein-signaling cascades that involve cAMP, calcium, extracellular-regulated kinases-1/2 (ERK-1/2), and CRE binding protein (CREB)/cAMP response element (CRE). We found that 5-HT and CP-94,253 inhibited forskolin-induced cAMP production, indicating expression of G<sub>i/o</sub>-coupled 5-HT<sub>1B</sub>R in mHypoA-2/10 cells. 5-HT and WAY-161,503 elicited calcium transients, extracellular-regulated kinases-1/2 phosphorylation, and CREB/CRE activation, which was blocked by two distinct selective 5-HT<sub>2C</sub>R but not by a 5-HT<sub>2A</sub>R or 5-HT<sub>2B</sub>R antagonist, providing strong pharmacological evidence of functional 5-HT<sub>2C</sub>R expression in mHypoA-2/10 cells. Hence, mHypoA-2/10 cells are a unique cell line that now allows the analysis of the 5-HT<sub>2C</sub>R protein in its natural environment and that could serve as a 5-HT-sensitive PVN-derived cell model permitting the characterization of HT<sub>2C</sub>R- and 5-HT<sub>1B</sub>R-induced signaling when activated individually or in concert.

## Materials and Methods

### Materials

Invitrogen cell culture reagents were obtained from ThermoFisher Scientific (Darmstadt, Germany) and TurboFect from ThermoScientific Fermentas (Schwerte, Germany). The anti-pERK-1/2 (E-4) antiserum was from Santa Cruz Biotechnology (Heidelberg, Germany). The pCREB-Ser-133 antibody was purchased from Cell Signaling Technology (Leiden, The Netherlands), and RS-127,455 or the peroxidase-conjugated anti-mouse or anti-rabbit antibody, both raised in goat, from Sigma-Aldrich (Deisenhofen, Germany). The firefly luciferase substrate was from Promega (Mannheim, Germany). BIM-X, 5-HT, WAY-161,503, CP-94,253, EMD-281,014, and NPY were from Tocris Bioscience (Wiesbaden-Nordenstadt, Germany), and MSH from Biotrend Chemicals (Cologne, Germany). PD-184,352 was from Enzo Life Sciences (Lörrach, Germany). The signal transducer and activator of

transcription-3 (STAT-3) and the nuclear factor of activated T cells (NFAT) reporter genes were purchased from Promega. The CRE reporter, containing six 5'-TGACCTCAC-3' sites, has been reported previously (Damm et al., 2012).

### Cell Culture and Transfections

The adult mouse hypothalamic cell line mHypoA-2/10 (Clu-176) was purchased from Cedarlane Labs (Burlington, Canada) and cultured in Dulbecco's modified Eagle's medium (DMEM; 10% fetal bovine serum, 2 mM L-glutamine, penicillin/streptomycin) at 37°C and 5% CO<sub>2</sub>. To obtain mHypoA-2/10 cells, hypothalamic neurons from 2-month-old male C57Bl/6 mice were isolated, ciliary neurotrophic factor was used to trigger neurogenesis of hypothalamic primary cultures, and immortalization was induced by retroviral transfer of SV40 T-Ag (Belsham et al., 2009). To obtain mHypoA-2/10 cells stably expressing the CRE reporter, cells were cotransfected with the CRE-reporter construct and an empty pcDNA4 vector containing the resistance gene for zeocin (Breit et al., 2015). Transfected cells were then selected with 600 µg/ml zeocin for 4 weeks and positively tested cell pools were used for further studies.

### Fura-2-Based Single-Cell Calcium Imaging

Seventy-two hours prior to the experiment mHypoA-2/10 cells were seeded at a density of 2–4 × 10<sup>4</sup> cells on glass cover slips in six-well plates coated with 0.1% poly-L-lysine. Twenty-four hours before the experiment cells were serum-starved and at the day of the experiment loaded with 10 µM Fura 2-AM in HEPES-buffered Iscove's modified Dulbecco's medium (without phenol red) supplemented with 0.02% pluronic F-127. Cover slips were washed twice with Iscove's modified Dulbecco's medium and placed in a recording chamber. Cells were analyzed using a Polychrome 5000 monochromator (Till-Photonics, Gräfelfing, Germany) and an Andor charge-coupled device camera coupled to an inverted microscope (IX71, Olympus, Hamburg, Germany). Calcium binding to Fura-2 was determined by alternate excitation of the cells with 340 nm or 380 nm every 0.5 seconds and concomitant detection of fluorescence emission at 520 nm. Fura-2 ratios (340/380) were normalized by defining the first ratio measured as 100%.

### Western Blot

Cells (~100,000/well) were seeded on six-well plates, cultured for 1 day, serum-starved for 24 hours the next day, stimulated for the indicated period of time with 5-HT, WAY-161,503, or MSH, and then lysed in Laemmli buffer. Lysates were subjected to SDS-PAGE and protein transferred to nitrocellulose by Western blotting. For detection of ERK-1/2 or CREB, phosphorylation blots were separated by a horizontal cut at 25 kDa. The upper part was used to analyze ERK-1/2 or CREB phosphorylation with phospho-specific antisera and the lower part to detect total histone proteins as a loading control. Immune-reactivity was quantified by densitometry, ratios between p-CREB or p-ERK-1/2 and histone signals were calculated, and ligand-induced protein phosphorylation normalized to not-stimulated cells.

### ERK-1/2 pThr202/Tyr204 Enzyme-Linked Immunosorbent Assay

Phosphorylated ERK-1/2 was also detected using the PhosphoTracer ELISA Kit from abcam (ab119659) according to the manufacturer's protocol.

**Whole-Cell ELISA.** Cells were seeded in 24-well plates (~50,000/well) 2 days prior to the experiment. After 20 hours of serum-starvation, cells were stimulated with increasing concentrations of 5-HT or WAY-161,503 for 3 minutes, placed on ice, and washed with ice-cold phosphate-buffered saline (PBS). After fixing the cells for 15 minutes with 4% paraformaldehyde, they were permeabilized with ice-cold methanol/acetone (50:50) for 5 minutes. Cells were then

washed with PBS and then incubated with 1.0% of bovine serum albumin (BSA) in PBS for 15 minutes at room temperature (RT) to block unspecific binding sites. After an additional washing step, cells were incubated for 30 minutes at RT with anti-p-ERK-1/2 antiserum (1:2500) in PBS/BSA. First, antibodies were removed, cells washed, and incubated with the HRP-conjugated goat anti-rabbit secondary antibody (1:4,000) in PBS/BSA for 30 minutes at RT. After several washing steps 200  $\mu$ l of the 1-Step-Ultra-TMB-ELISA Substrate (ThermoFisher Scientific, Waltham, MA) was added to the cells and incubated for 15 minutes at RT. The reaction was stopped by adding 50 ml of 1 M H<sub>2</sub>SO<sub>4</sub>, and 200  $\mu$ l transferred to 96-well plates with clear bottom and OD<sub>450</sub> measured in a FLUOstar Omega plate reader (BMG LABTECH, Inc., Cary, NC).

## Reporter Gene Assays

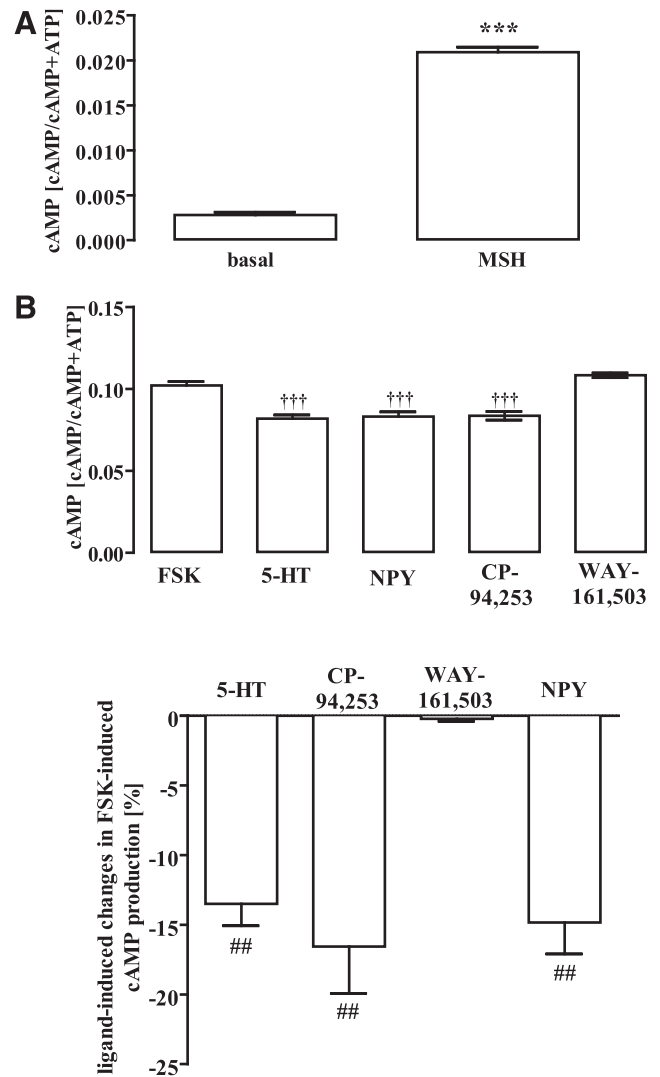
mHypoA-2/10 cells (~20,000/well) were seeded on 12-well plates and 24 hours later transfected with various luciferase reporter gene constructs using the TurboFect reagent from ThermoFisher Scientific according to the manufacturer's protocol. mHypoA-2/10-CRE cells (~20,000/well) were seeded on 24-well plates. After serum-starvation of 24 hours, cells were stimulated the following day for 4–6 hours in serum-free medium. After stimulation cells were lysed (25 mM Tris/HCl, pH 7.4, 4 mM EGTA, 8 mM MgCl<sub>2</sub>, 1 mM dithiothreitol, and 1% Triton-X-100), and luciferase activity measured in white-bottom 96-well plates after automatic injection of luciferase substrate. Resulting total light emission was detected every second for 10 seconds post-injection in a FLUOstar Omega plate reader. Average light emission during this period was recorded and is indicated relative to unstimulated cells.

## cAMP Accumulation

To determine agonist-induced cAMP accumulation, ~100,000 cells were seeded in 12-well dishes 48 hours prior to the experiment and labeled in serum-free DMEM containing 2  $\mu$ Ci/ml of [<sup>3</sup>H]adenine for 24 hours. Cells were stimulated for 30 minutes at 37°C in DMEM containing 1  $\mu$ M IBMX with MSH alone or along with forskolin and NPY, 5-HT, CP-94,253, or WAY-161,503. The reaction was terminated by removal of the medium and addition of ice-cold 5% trichloroacetic acid to the cells. [<sup>3</sup>H]ATP and [<sup>3</sup>H]cAMP were then purified by sequential chromatography (DOWEX-resin/aluminum oxide columns), and the accumulation of [<sup>3</sup>H]cAMP was expressed as the ratio of [<sup>3</sup>H]cAMP/(<sup>3</sup>H]cAMP + [<sup>3</sup>H]ATP).

## Data Analysis

Data were analyzed using Prism5.0 (GraphPad Software Inc., San Diego, CA). Statistical significance of differences was assessed by the one-test indicated by hash signs (###*P* < 0.001, ##*P* < 0.01, #*P* < 0.05) or by a two-sample Student's *t* test indicated by asterisks (\*\*\**P* < 0.001, \*\**P* < 0.01, \**P* < 0.05). In Fig. 1B Kolmogorov-Smirnov test was first used to ensure that the data follow a normal distribution. Next, one-way two-way analysis of variance (ANOVA) was performed to analyze the variance of the data. Results were indicated as F[degree of freedom (Df) of the sample/Df of the residual (error)] = F-value, and the *P* value. Afterward Tukey's multiple-comparison test was used to indicate a significant difference to forskolin-treated cells by dagger signs (†††*P* < 0.001, ††*P* < 0.01, †*P* < 0.05). In Figs. 3C and 6D, Kolmogorov-Smirnov test was also used to ensure that the data follow a normal distribution. Next, ANOVA was performed to analyze the variance of the data. Results were indicated as F[Df of the sample/Df of the residual (error)] = F-value, and the *P* value. Afterward Bonferroni post-test was used to indicate a significant differences to basal by dagger signs (†††*P* < 0.001, ††*P* < 0.01, †*P* < 0.05).



**Fig. 1.** mHypoA-2/10 cells respond to MSH, NPY, and 5-HT on the level of cAMP. (A, B) cAMP accumulation was assessed after labeling of serum-starved (24 hours) mHypoA-2/10 cells with [<sup>3</sup>H]adenine followed by the purification of [<sup>3</sup>H]cAMP by chromatography. (A) Cells were stimulated with 1  $\mu$ M MSH and (B) with 1  $\mu$ M forskolin (FSK) alone or along with 1  $\mu$ M 5-HT, 500 nM CP-94,253, 500 nM WAY-161,503, or 100 nM NPY for 30 minutes at 37°C. (A) Data of five independent experiments performed in quadruplicate are presented as the mean  $\pm$  S.E.M. Asterisks indicate a significant difference between basal and MSH (two-sample *t* test). (B) Upper panel, one representative experiment performed in quadruplicate. Lower panel, data of five independent experiments were normalized and presented as the mean  $\pm$  S.E.M. Hash signs (one-sample *t* test) indicate a significant difference to zero. One-way ANOVA test results are F(4/18) = 7.891, *P* < 0.01. Dagger signs indicate significant differences (Tukey's test) to FSK alone.

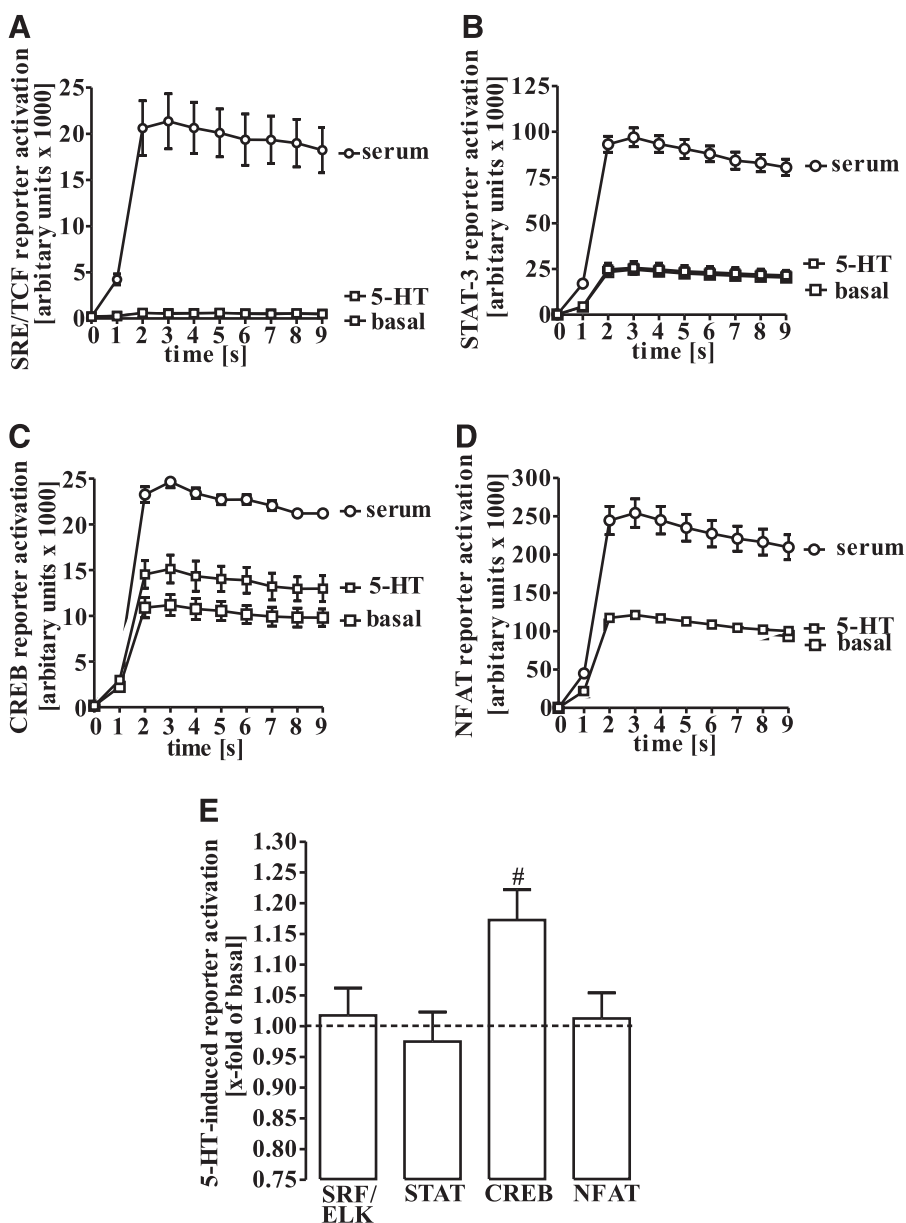
## Results

**mHypoA-2/10 Cells Respond to 5-HT with Decreased cAMP Production.** mHypoA-2/10 cells express a wide range of hypothalamic markers and, as with to PVN neurons, have been shown to respond to MSH and NPY (Belsham et al., 2009; Dalvi et al., 2012; Nazarians-Armavil et al., 2013; Breit et al., 2015). In line with these previous reports, mHypoA-2/10 cells used herein strongly reacted to MSH with cAMP accumulation, indicating expression of G<sub>s</sub>-coupled MSH receptors (Fig. 1A). NPY significantly inhibited forskolin-induced cAMP production (Fig. 1B), illustrating that mHypoA-2/10 cells respond

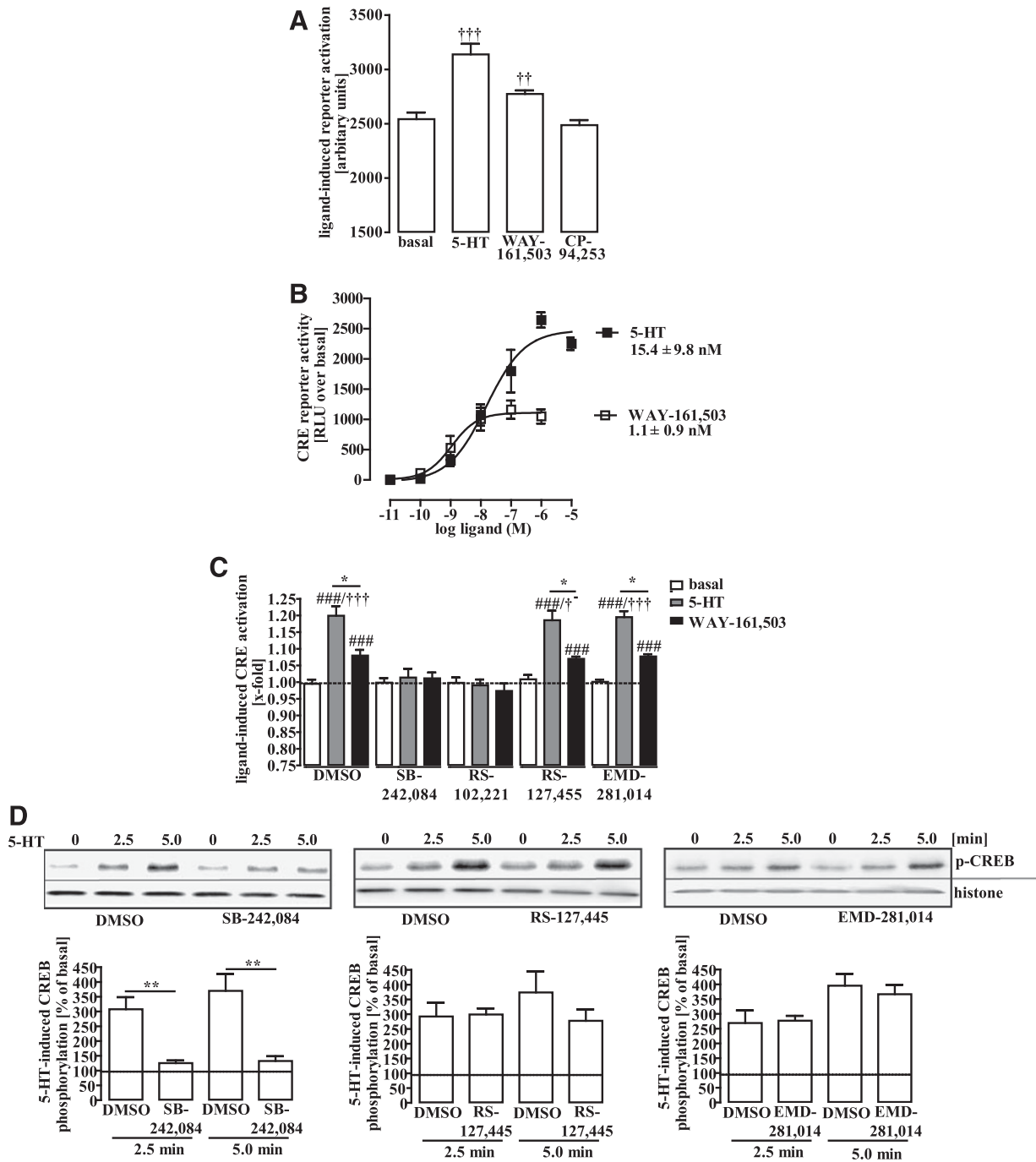
to MSH and NPY on the level of cAMP. It has been shown that *PVN* neurons respond to 5-HT either via the  $G_{i/o}$ -coupled 5-HT<sub>1B</sub>R or the  $G_q$ -coupled 5-HT<sub>2C</sub>R subtype. In line with these observations, 5-HT- and the 5-HT<sub>1B</sub>R-selective agonist CP-94,253 inhibited forskolin-induced cAMP production to the same extent as did NPY, indicating expression of the 5-HT<sub>1B</sub>R subtype in mHypoA-2/10 cells.

**5-HT<sub>2C</sub>R Activate CREB-Dependent Gene Expression in mHypoA-2/10 Cells.** Having shown that mHypoA-2/10 cells respond to 5-HT on the level of cAMP, we next sought to analyze putative effects of 5-HT on gene expression in hypothalamic cells. To this end, we stimulated mHypoA-2/10 cells expressing either a SRF/TCF-, STAT-, CREB-, or NFAT-dependent reporter gene construct with 5-HT for 6 hours. As shown in Fig. 2, 5-HT enhanced CREB-dependent gene expression, providing further evidence for endogenous 5-HTR expression in mHypoA-2/10 cells. Thus, we took advantage of previously established mHypoA-2/10-CRE cells, which stably

express the CREB reporter, to determine which 5-HTR subtype is involved in 5-HT-induced CRE activation. The 5-HT and the 5-HT<sub>2C</sub>R preferential agonist WAY-161,503, but not the 5-HT<sub>1B</sub>R agonist CP-94,253, activated the CREB reporter (Fig. 3A), suggesting that endogenous 5-HT<sub>2C</sub>R enhance CRE-controlled gene expression in the *PVN*-derived cell model. However, WAY-161,503 has been reported to activate 5-HT<sub>2A</sub>R, 5-HT<sub>2B</sub>R, and 5-HT<sub>2C</sub>R, but only the latter with a potency in the low nanomolar range. Therefore, we determined concentration-response curves of 5-HT and WAY-161,503 in mHypoA-2/10-CRE cells (Di Giovanni and De Deurwaerdere, 2016). As shown in Fig. 3B, WAY-161,503 induced CREB-dependent reporter activity with a potency of  $1.1 \pm 0.9$  nM, strongly suggesting that the 5-HT<sub>2C</sub>R subtype is the target of WAY-161,503 in mHypoA-2/10 cells. Furthermore, the efficacy of WAY-161,503 to activate the CRE reporter was significantly lower compared with 5-HT (~45%), suggesting that WAY-161,503 is a partial 5-HT<sub>2C</sub>R agonist or that 5-HT

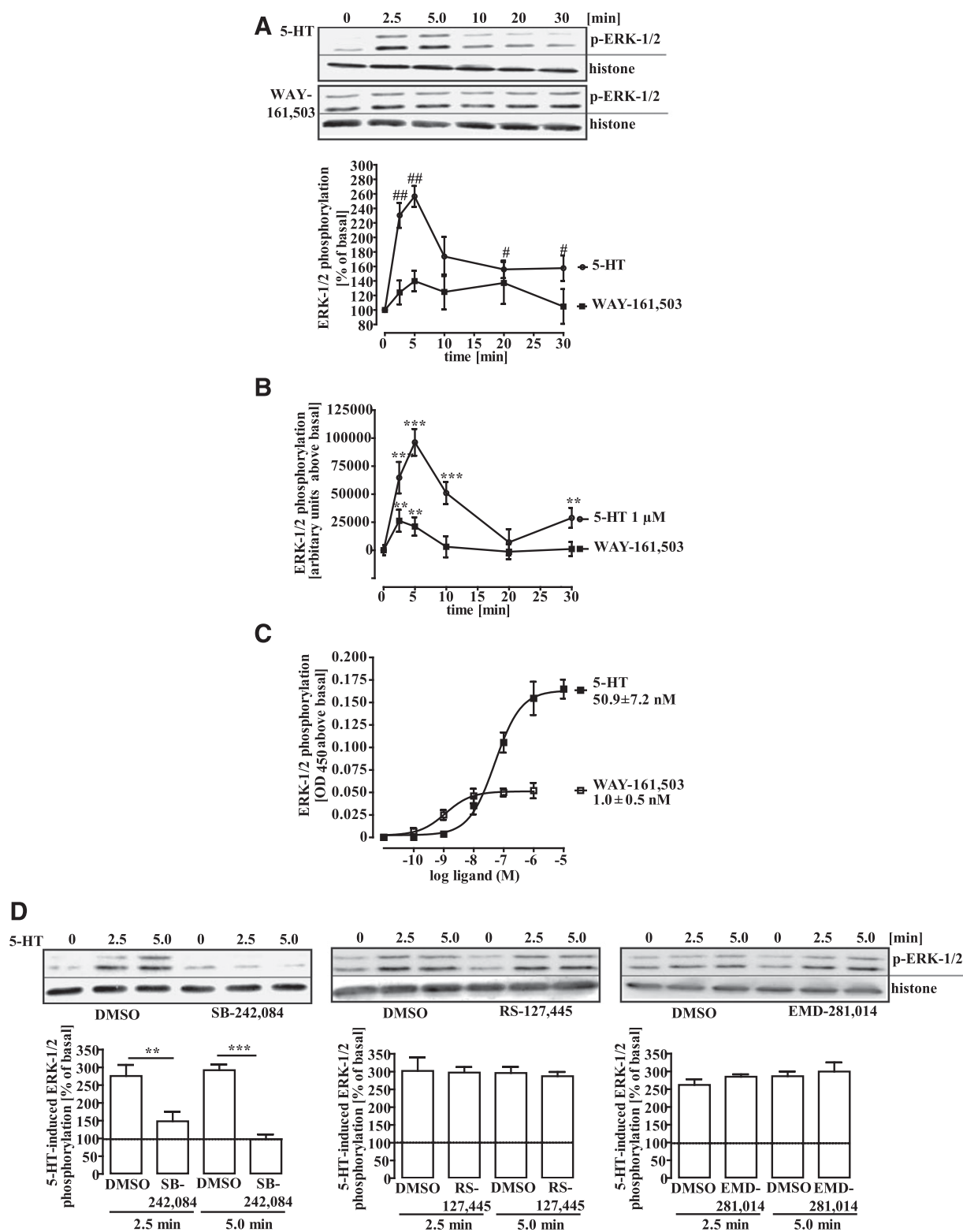


**Fig. 2.** 5-HT activates a CREB-dependent reporter in mHypoA-2/10 cells. mHypoA-2/10 cells were transfected with (A) serum response factor/ternary complex factor (SRF/TCF-), (B) STAT-3-, (C) CREB-, or (D) NFAT-dependent reporter constructs, serum-starved for 24 hours, stimulated with 5-HT (1  $\mu$ M) for 6 hours, and then luciferase expression in cell lysates determined after injection of luciferin at time point 0 seconds. One representative experiment performed in quadruplicate is shown. Data of five independent experiments are compiled in (E) by setting the corresponding basal reporter activation to 1.0 and are given as the mean  $\pm$  S.E.M. Hash sign (one-sample *t* test) indicates a significant difference to 1.0.



**Fig. 3.** 5-HT<sub>2C</sub>R phosphorylates CREB and activates CRE in mHypoA-2/10 cells. Ligand-induced reporter activation was measured in serum-starved (24 hours) mHypoA-2/10-CRE cells. (A) Cells were stimulated with 1  $\mu$ M 5-HT, 500 nM WAY-161,053, or 500 nM CP-94,253 for 6 hours and luciferase expression determined. Data from two representative experiments performed in quadruplicate were compiled and expressed as the mean  $\pm$  S.E.M. One-way ANOVA test results are  $F(2/12) = 4.623$ ,  $P < 0.01$ . Dagger signs indicate significant differences (Tukey's test) to basal. (B) Cells were stimulated with increasing concentrations of 5-HT or WAY-161,053. Compared with (A), the substrate concentrations were increased to enhance the signal. Data of four independent experiments performed in quadruplicate were compiled by subtracting the corresponding basal value and expressed as the mean  $\pm$  S.E.M. (C) dimethyl sulfoxide (DMSO) (0.01%), SB-242,084 (100 nM), RS-102,221 (500 nM), RS-127,455 (500 nM), or EMD-281,014 (500 nM) pre-treated cells were stimulated or not with 1  $\mu$ M 5-HT or 500 nM WAY-161,503. No significant differences between DMSO and cells treated with any antagonist were observed. Data from 10–20 experiments performed in quadruplicate were compiled by setting basal (DMSO) to 1.0 and expressed as the mean  $\pm$  S.E.M. Hash signs indicate a significant difference (one-sample  $t$  test) to 1.0, asterisks (two-sample  $t$  test) between 5-HT and WAY-161,503. Two-way ANOVA test results are  $F(2/133) = 7.501$ ,  $P < 0.01$ . Dagger signs indicate significant differences (Bonferroni post-test) to basal (DMSO). (D) 5-HT-induced CREB phosphorylation was measured in serum-starved mHypoA-2/10 cells stimulated for the indicated period of time with 5-HT (1  $\mu$ M). Cells were pretreated with DMSO (0.01%), SB-242,084 (100 nM; left), RS-127,455 (500 nM; middle), or EMD-281,014 (500 nM; right) and lysates subjected to Western analysis using either a phospho-specific antiserum against CREB (p-CREB) or against the total histone protein to control for the total protein amount. One representative blot is shown. Data of 8–12 lysates were quantified by densitometry, ratios between p-CREB and histone signals calculated, and 5-HT-induced CREB phosphorylation normalized to not-stimulated cells and expressed as the mean  $\pm$  S.E.M. Asterisks (two-sample  $t$  test) indicate a significant difference between DMSO and SB-242,084 pre-treated cells.



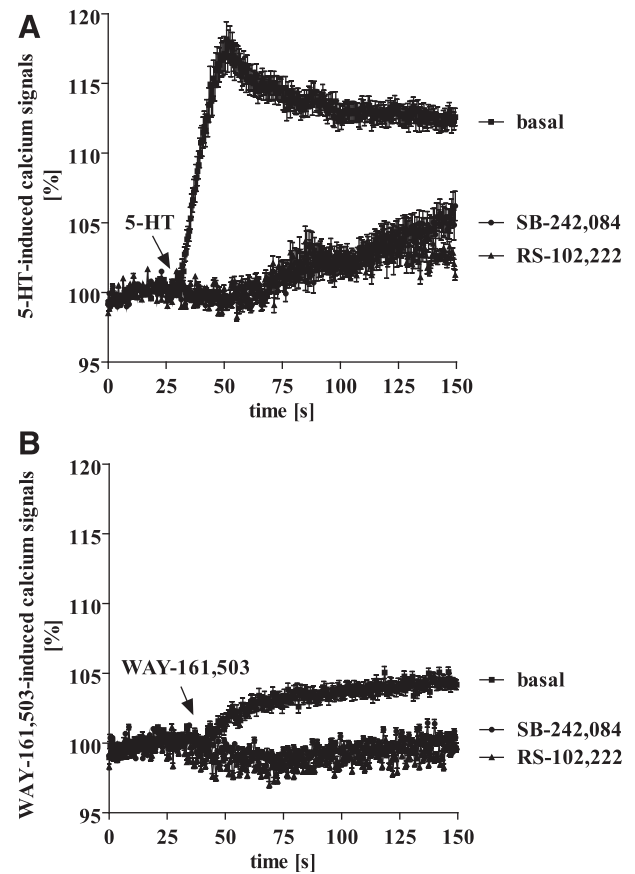


**Fig. 4.** 5-HT<sub>2C</sub>R phosphorylate ERK-1/2 in mHypoA-2/10 cells. (A) Ligand-induced ERK-1/2 phosphorylation was measured in serum-starved mHypoA-2/10 cells stimulated for the indicated period of time with 5-HT (1  $\mu$ M) or WAY-161,503 (500 nM). Cell lysates were subjected to Western analysis using either a phospho-specific antiserum against ERK-1/2 (p-ERK-1/2) or against the total histone protein to control for the total protein amount. One representative blot is shown. Data of six lysates were quantified by densitometry, ratios between p-ERK-1/2 and histone signals calculated, ligand-induced ERK-1/2 phosphorylation normalized to not-stimulated cells and expressed as the mean  $\pm$  S.E.M. Hash signs indicate a significant difference (one-sample *t* test) to 100. (B) Ligand-induced ERK-1/2 phosphorylation was measured in serum-starved mHypoA-2/10 cells stimulated for the indicated period of time with 5-HT (1  $\mu$ M) or WAY-161,503 (500 nM). Cell lysates were subjected to ELISA analysis using a phospho Tracer ELISA Kit. Data of four (5-HT) or six (WAY-163,503) independent experiments are shown after subtracting the corresponding basal. Asterisks indicate a significant (two-sample *t* test) difference between ligand stimulation and time point zero. (C) ERK-1/2 phosphorylation in mHypoA-2/10 cells was measured by whole-cell ELISA after stimulation with increasing concentration of 5-HT or WAY-161,503 for 3 minutes. Data of four experiments performed in quadruplicate were

interacts with other CRE-activating 5-HTRs besides HT<sub>2C</sub>R. To further evaluate the role of distinct 5-HTR in hypothalamic CRE activation, we took advantage of the 5-HT<sub>2C</sub>R antagonists SB-242,084 or RS-102,221, the 5-HT<sub>2A</sub>R antagonist EMD-281,014, and the 5-HT<sub>2B</sub>R antagonist RS-127,455 (Cussac et al., 2000; Walker et al., 2007). Both 5-HT<sub>2C</sub>R, but none of the other antagonists, blunted WAY-161,503-induced CRE-dependent gene expression (Fig. 3C), indicating that 5-HT<sub>2C</sub>R are indeed activated by WAY-161,503 in mHypoA-2/10 cells. 5-HT-induced CRE activation (Fig. 3C) and CREB phosphorylation (Fig. 3D) was also fully inhibited by 5-HT<sub>2C</sub>R, but not by 5-HT<sub>2A</sub>R or 5-HT<sub>2B</sub>R antagonists, providing further evidence for 5-HT<sub>2C</sub>R expression and suggesting that WAY-161,503 and 5-HT engage the same receptor to activate CRE in mHypoA-2/10 cells, albeit with distinct intrinsic activities.

**5-HT<sub>2C</sub>R Phosphorylate ERK-1/2 in mHypoA-2/10 Cells.** In nonhypothalamic cells, 5-HT phosphorylates ERK-1/2 via 5-HT<sub>2C</sub>R and almost all other 5-HTR subtypes. Hence, we next tested whether 5-HT would induce ERK-1/2 phosphorylation in mHypoA-2/10 cells. 5-HT stimulated significant ERK-1/2 phosphorylation after 2.5 and 5.0 minutes of stimulation, but as with our results in the CRE assay, the effects of WAY-161,503 were much weaker and did not reach statistical differences with unstimulated cells (Fig. 4A). Therefore, we additionally analyzed ERK-1/2 phosphorylation with a highly sensitive enzyme-linked immunosorbent assay (ELISA) (Fig. 4B) and a whole-cell ELISA (Fig. 4C). By both approaches, we detected significant increases in ERK-1/2 phosphorylation in response to 5-HT and WAY-161,503. The 5-HT<sub>2C</sub>R preferential agonist exhibited a potency in the low nanomolar range ( $EC_{50}$  value:  $1.0 \pm 0.5$  nM) and significantly reduced efficacy compared with 5-HT (~47%), further supporting our findings that mHypoA-2/10 cells endogenously express 5-HT<sub>2C</sub>R and that WAY-161,503 acts as a partial agonist. In line with this notion and as with results obtained on the level of CREB and CRE, 5-HT-induced ERK-1/2 phosphorylation was fully inhibited by a 5-HT<sub>2C</sub>R antagonist and not by 5-HT<sub>2A</sub>R or 5-HT<sub>2B</sub>R antagonists (Fig. 4D).

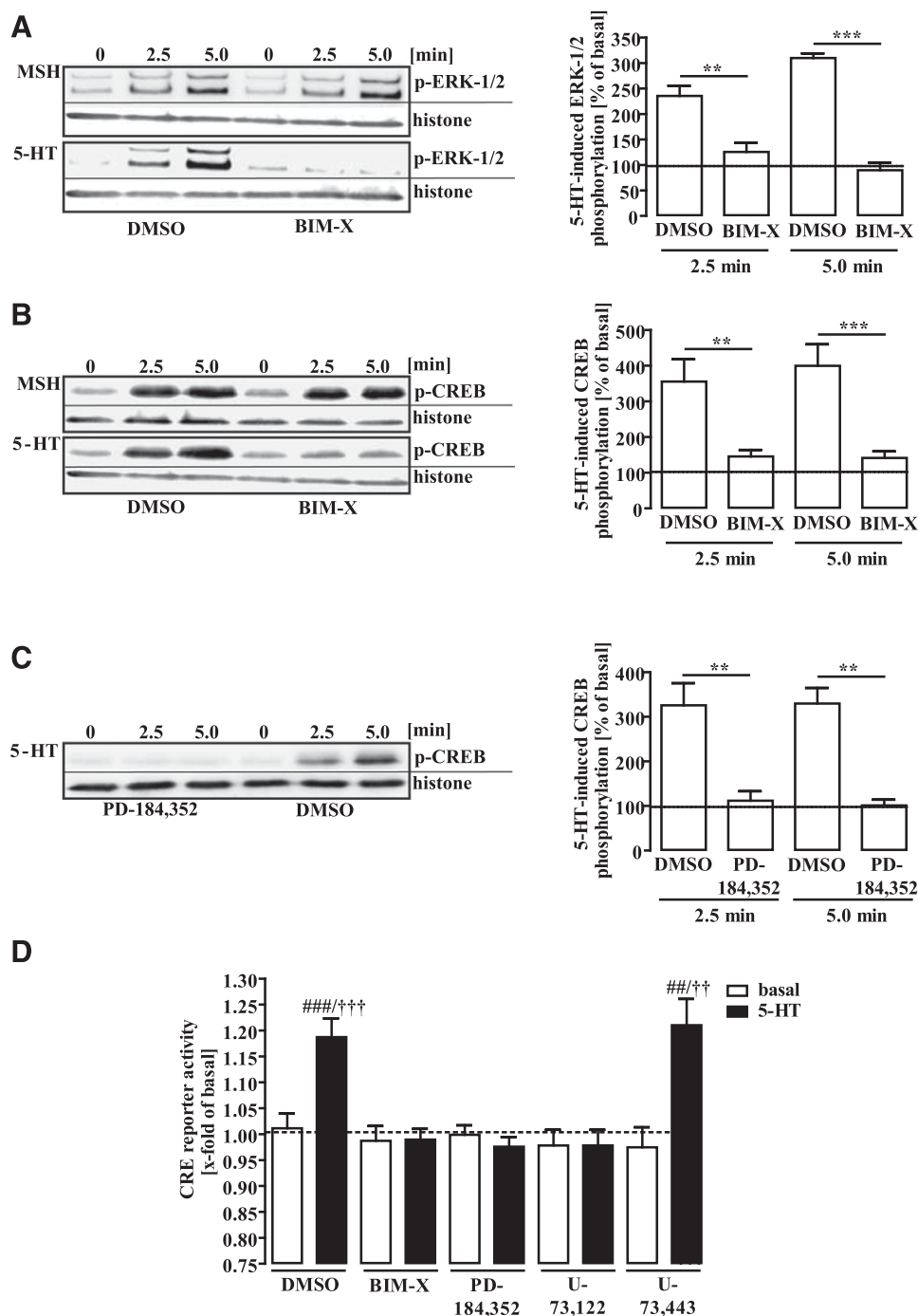
**5-HT<sub>2C</sub>R Induce Calcium Signaling in mHypoA-2/10 Cells.** To further characterize 5-HT<sub>2C</sub>R signaling in mHypoA-2/10 cells, we next tested 5-HT- and WAY-161,503-induced calcium signaling by performing Fura-2-based single-cell calcium imaging. As seen in Fig. 5A, 5-HT induced robust calcium signals that peaked at ~20% above basal. Effects of 5-HT on calcium signaling were significantly reduced by SB-242,084 (~83%) and RS-102,222 (~86%), suggesting a significant role for the 5-HT<sub>2C</sub>R subtype in 5-HT-induced calcium signaling. WAY-161,503 also significantly induced calcium signals, which were strongly inhibited by both 5-HT<sub>2C</sub>R antagonists and, in line with our data obtained on the level of CRE and ERK-1/2, exhibited reduced efficacy (~5% above basal) compared with 5-HT (Fig. 5B).



**Fig. 5.** Ligand-induced calcium signals in single, Fura-2-loaded, serum-starved (24 hours) mHypoA-2/10 cells were monitored. (A) 5-HT ( $1 \mu\text{M}$ ) was manually added at time point 25 seconds either to DMSO (0.01%), SB-242,084 (100 nM), or RS-102,221 (500 nM) pretreated (5.0 minutes) cells. Data of 1037 (DMSO), 401 (SB-242,084), or 249 (RS-102,221) cells were compiled and expressed as the mean  $\pm$  S.E.M. (B) WAY-161,503 (500 nM) was manually added at time point 25 seconds either to DMSO (0.01%), SB-242,084 (100 nM), or RS-102,221 (500 nM) pretreated (5.0 minutes) cells. Data of 1044 (DMSO), 410 (SB-242,084), or 423 (RS-102,221) cells were compiled and expressed as the mean  $\pm$  S.E.M.

**5-HT<sub>2C</sub>R Activate CRE-Dependent Reporter Activity via Protein Kinase C and ERK-1/2 in mHypoA-2/10 Cells.** Having established endogenous 5-HT<sub>2C</sub>R expression in mHypoA-2/10 cells, we next sought to define the signaling components leading to ERK-1/2 and CREB phosphorylation. Because  $G_q$ -coupled receptors have frequently been shown to phosphorylate ERK-1/2 via protein kinase C (PKC), we used the PKC inhibitor BIM-X (Fig. 6A). BIM-X blunted 5-HT-induced ERK-1/2 phosphorylation but did not affect phosphorylation by MSH. Thus, we provide evidence that 5-HT<sub>2C</sub>R expressed in hypothalamic cells activate the ERK-1/2 pathway via PKC. Finally, we tested a putative link between PKC, ERK-1/2, and CREB by analyzing effects of BIM-X and the ERK-1/2

compiled by subtracting the corresponding basal and expressed as the mean  $\pm$  S.E.M. (D) ERK-1/2 phosphorylation was measured in serum-starved mHypoA-2/10 cells pretreated with DMSO (0.01%) or SB-242,084 (100 nM; left), RS-127,455 (500 nM; center), or EMD-281,014 (500 nM; right) and stimulated for the indicated period of time with 5-HT ( $1 \mu\text{M}$ ). Cell lysates were subjected to Western analysis using either a phospho-specific antiserum against ERK-1/2 (p-ERK-1/2) or against the total histone protein to control for the total protein amount. One representative blot is shown. Data of 8–12 lysates were quantified by densitometry, ratios between p-ERK-1/2 and histone signals calculated, and 5-HT-induced ERK-1/2 phosphorylation normalized to unstimulated cells and expressed as the mean  $\pm$  S.E.M. Asterisks indicate a significant difference (two-sample *t* test) between DMSO and SB-242,084 pretreated cells.



**Fig. 6.** 5-HT<sub>2C</sub>R phosphorylates CREB via PKC and ERK-1/2 in mHypoA-2/10 cells. (A) ERK-1/2 phosphorylation was measured in serum-starved mHypoA-2/10 cells pretreated with DMSO (0.2%) or BIM-X (5  $\mu$ M) and stimulated for the indicated period of time with 5-HT (1  $\mu$ M) or MSH (1  $\mu$ M). Cell lysates were subjected to Western analysis using either a phospho-specific antiserum against ERK-1/2 (p-ERK-1/2) or against the total histone protein to control for the total protein amount. One representative blot is shown. 5-HT data of six lysates were quantified by densitometry, ratios between p-ERK-1/2 and histone signals calculated, 5-HT-induced ERK-1/2 phosphorylation normalized to not-stimulated cells and expressed as the mean  $\pm$  S.E.M. Asterisks indicate a significant difference (two-sample *t* test) between DMSO and BIM-X pretreated cells. Ligand-induced CREB phosphorylation was measured in serum-starved mHypoA-2/10 cells pretreated with DMSO (0.2%) or BIM-X (5  $\mu$ M) in (B) or with DMSO (0.1%) or PD-184,352 (10  $\mu$ M) in (C) and stimulated for the indicated period of time with 5-HT (1  $\mu$ M) or MSH (1  $\mu$ M) in (A) or only with 5-HT (1  $\mu$ M) in (B). Cell lysates were subjected to Western analysis using either a phospho-specific antiserum against CREB (p-CREB) or against the total histone protein to control for the total protein amount. One representative blot is shown. Data of six independent experiments were quantified by densitometry, ratios between p-CREB and histone signals calculated, 5-HT-induced CREB phosphorylation normalized to not-stimulated cells and expressed as the mean  $\pm$  S.E.M. Asterisks indicate a significant difference (two-sample *t* test) between DMSO- or inhibitor-pretreated cells. (D) 5-HT-induced reporter activation was measured in serum-starved (24 hours) mHypoA-2/10-CRE cells stably expressing the CRE-dependent reporter. DMSO (0.2%), BIM-X (5  $\mu$ M), PD-184,352 (10  $\mu$ M), U-73122 (10  $\mu$ M), or its inactive analog U-73433 (10  $\mu$ M) pretreated cells were stimulated or not with 1  $\mu$ M 5-HT. No significant differences between DMSO and inhibitor-treated cells were observed. Data from four to six experiments performed in quadruplicate were compiled by setting basal to 1.0 and expressed as the mean  $\pm$  S.E.M. Two-way ANOVA test results are  $F(4/27) = 7.535$ ,  $P < 0.01$ . Dagger signs indicate significant differences (Bonferroni post-test) to basal (DMSO) and hash signs (one-sample *t* test) to 1.0.



inhibitor PD-184,352 on 5-HT-induced phosphorylation of CREB. Both inhibitors completely diminished 5-HT-induced CREB phosphorylation, indicating that endogenous 5-HT<sub>2C</sub>R activate CREB/CRE via PKC-induced ERK-1/2 activation in a PVN-derived cell model (Fig. 6, B and C). To support this model we also tested effects of BIM-X, PD-184,352, and the phospholipase C (PLC) inhibitor U-73122 in the reporter assay. All inhibitors blunted 5-HT-induced CRE reporter activation, providing the first evidence that 5-HT<sub>2C</sub>R mediate CREB/CRE signaling via PLC, PKC, and ERK-1/2 in hypothalamic cells.

## Discussion

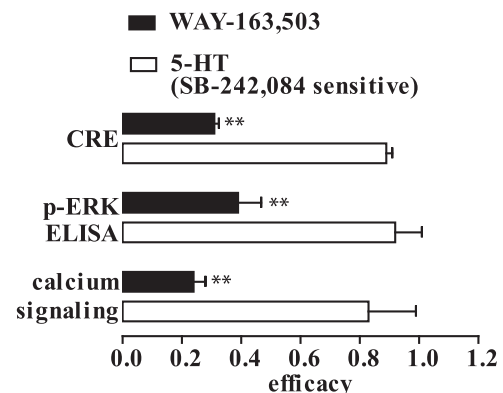
In this work we took advantage of the recently introduced mHypoA-2/10 cell line that has been shown to be sensitive toward MSH, NPY, and T3 hormone and thus resembles 5-HT<sub>1B</sub>R- and 5-HT<sub>2C</sub>R-expressing neurons of the hypothalamic PVN (Belsham et al., 2009; Dalvi et al., 2012; Nazarians-Armavil et al., 2013; Breit et al., 2015). We provide compelling pharmacological evidence on the basis of selective 5-HTR antagonists and agonists that mHypoA-2/10 cells express functional 5-HT<sub>1B</sub>R and, of particular interest, 5-HT<sub>2C</sub>R. Thus mHypoA-2/10 cells represent the first CNS-derived cell model known so far that allows investigation of 5-HT<sub>2C</sub>R biology in its natural environment. Because of the outstanding role of 5-HT<sub>2C</sub>R in many CNS disorders or pathophysiological states, mHypoA-2/10 cells represent a novel experimental tool for several 5-HT<sub>2C</sub>R-based research areas, such as emotion, cognition, reward, and feeding.

It has been established that 5-HT exerts central anorexic effects by excitation of MSH-producing and inhibition of NPY-releasing neurons of the ARC (Currie et al., 1999; Currie et al., 2002; Sohn et al., 2011; Doslikova et al., 2013; Burke et al., 2014). Furthermore, activation of the 5-HT<sub>2C</sub>R in the PVN has been shown to decrease food-intake and to enhance the hypothalamic-pituitary-adrenal axis by releasing corticotrophin-releasing hormone and adrenocorticotrophic hormone (Heisler et al., 2007). However, the underlying signaling events have remained elusive. Analyzing mHypoA-2/10 cells, we first obtained data about gene expression-regulating signaling pathways induced by 5-HT<sub>2C</sub>R in a PVN-like cell line. We showed that 5-HT<sub>2C</sub>R activated CRE-dependent gene expression via PKC-induced and ERK-1/2-mediated phosphorylation of CREB. These findings are of particular interest because: 1) they provide the first piece of evidence for hypothalamic CRE activation by a G<sub>q</sub>-coupled receptor in general and by the 5-HT<sub>2C</sub>R in particular; 2) the corticotrophin-releasing hormone promoter contains a binding site for CREB, suggesting that the PKC/ERK-1/2/CREB pathway might be responsible for the effects of the 5-HT<sub>2C</sub>R on the hypothalamic-pituitary-adrenal axis; and 3) on the basis of data obtained in overexpression systems, it has been posited that 5-HT<sub>2C</sub>R-induced ERK-1/2 activation is independent of PKC, thus highlighting the fact that endogenous 5-HT<sub>2C</sub>R engage distinct signaling pathways compared with recombinant 5-HT<sub>2C</sub>R (Legradi et al., 1997; Labasque et al., 2008).

The transcription factor CREB has traditionally been assigned to the PKA pathway and so far CREB/CRE activation in hypothalamic cells has been attributed to  $\alpha$ -MSH-induced G<sub>s</sub> activation (Shaywitz and Greenberg, 1999; Harris et al.,

2001). In nonhypothalamic cells G<sub>q</sub>-controlled kinases such as calcium/calmodulin-dependent kinase II (CamKII), PKC, and ERK-1/2 have also been proposed to phosphorylate CREB, but the subsequent effects on CRE activation are not clear. G<sub>q</sub> activation via the gastrin-releasing peptide leads to CREB phosphorylation via PKC/ERK-1/2 in overexpression systems without subsequent CRE activation (Fitzgerald et al., 1999). Carbachol-induced activation of the muscarinic 3 receptor has been shown to phosphorylate CREB via CamKII and ERK-1/2, but only CamKII-induced CREB phosphorylation led to CRE activation (Chan et al., 2005; Rosethorne et al., 2008). Likewise, PKC-mediated ERK-1/2 activation has been shown to phosphorylate CREB via bradykinin-B2 receptors, calcium-sensing receptors, and orexin-2 receptors, but no CRE activation was found (Rosethorne et al., 2008; Guo and Feng, 2012; Avlani et al., 2013). Furthermore, CREB phosphorylation by the gonadotropin-releasing hormone required epidermal growth-factor receptor transactivation in hypothalamic cells (Neithardt et al., 2006). Interestingly, as with our results showing that 5-HT<sub>2C</sub>R-induced signaling differs between recombinant and hypothalamic cell models, orexin-2 receptor-induced CREB phosphorylation varied in Chinese hamster ovary and hypothalamic cells (Guo and Feng, 2012). It appears that G<sub>q</sub>-induced CREB/CRE activation is regulated by multilayer signaling networks strongly dependent on the stimulus and the cellular background. Thus, it will be important to analyze whether PKC/ERK-1/2-mediated CREB phosphorylation and subsequent CRE activation in hypothalamic cells is restricted to the 5-HT<sub>2C</sub>R or also applies to other G<sub>q</sub>-activation stimuli.

Because of the G<sub>q</sub> coupling of the 5-HT<sub>2C</sub>R, one might also expect 5-HT-induced NFAT activation. Activation of PLC via G<sub>q</sub> leads to a transient release of calcium from intracellular stores, which is not necessarily sufficient to activate NFAT, because calcium influx through calcium release-activated calcium channels is required to activate NFAT (Serafini et al., 1995; Crabtree and Olson, 2002). Enhanced calcium signaling by this “inside-out” pathway might be particularly important for G<sub>q</sub>-induced NFAT activation in endogenous



**Fig. 7.** WAY-163,503 is a partial agonist of endogenous 5-HT<sub>2C</sub>R in mHypoA-2/10 cells. Data from Figs. 3C, 4B, and 5 were analyzed by setting the average signal induced by 5-HT (1  $\mu$ M) in the absence of any antagonist to 1.0. Intrinsic activity of WAY-163,503 (500 nM), or of the SB-242,084-sensitive portion of the 5-HT signal, were calculated for each experiment. Asterisks indicate a significant difference between WAY-163,503 and 5-HT.

expression systems, when the initial calcium signaling from intracellular stores is rather low.

Interestingly, compared with WAY-161,503, 5-HT signaling on the level of CRE, ERK-1/2, and calcium was increased, suggesting that WAY-161,503 might be a partial 5-HT<sub>2C</sub>R agonist or that 5-HT interacts with other 5-HTR besides the HT<sub>2C</sub>R to activate CRE, ERK-1/2, or calcium signaling in mHypoA-2/10 cells. We can exclude a role for the 5-HT<sub>1B</sub>R in 5-HT-induced CRE, ERK-1/2, or calcium signaling because the 5-HT<sub>1B</sub>R agonist CP-94,253 did not activate either pathway (Fig. 3A, data not shown). We can further exclude the 5-HT<sub>2A</sub>R or 5-HT<sub>2B</sub>R subtypes, because antagonists of either receptor did not affect 5-HT-induced CREB and ERK-1/2 phosphorylation or CRE activation. In clear contrast, both 5-HT<sub>2C</sub>R antagonists blunted 5-HT signaling, indicating that 5-HT exclusively employs the 5-HT<sub>2C</sub>R to activate CREB/CRE and ERK-1/2, thus showing that WAY-161,503 and 5-HT engage the same receptor to activate CRE in mHypoA-2/10 cells, albeit with distinct intrinsic activities (Fig. 7). Previous reports using overexpression systems reported that WAY-161,503 reached maximal receptor activation in Chinese hamster ovary cells and ~80% activation levels in human embryonic kidney-293 cells, indicating that the efficacy of WAY-161,503 is generally overestimated in overexpression systems, probably owing to spare receptors (Schlag et al., 2004; Rosenzweig-Lipson et al., 2006). Partial 5-HT<sub>2C</sub>R activation by WAY-161,503 in endogenous cells suggests that the anorexigenic effects of WAY-161,503 observed in animal studies might not reflect the full therapeutic potential of 5-HT<sub>2C</sub>R activation on feeding. It is noteworthy in this context that the 5-HT<sub>2C</sub>R-selective agonist lorcaserin (Belvique) decreases body weight in obese individuals and was touted as one of the most promising drugs available to treat obesity (Thomsen et al., 2008). However, the clinical use of lorcaserin has been limited because of severe cardiac side effects, most probably because of its binding to the 5-HT<sub>2A</sub>R subtype expressed in cardiomyocytes (Miller and Wacker, 2010; Miller, 2013; Comerma-Steffensen et al., 2014). Thus, lorcaserin-based therapy could be improved either by increasing the selectivity toward the 5-HT<sub>2C</sub>R subtype or by identifying the exact signaling events induced by lorcaserin via 5-HT<sub>2C</sub>R in appetite-regulating neurons. mHypoA-2/10 cells might be quite useful in this regard: first, to determine the intrinsic activity of lorcaserin to activate endogenous 5-HT<sub>2C</sub>R, and second, to identify pertinent signaling pathways in a hypothalamic cell model.

Herein, we not only provide data about 5-HT<sub>2C</sub>R expression in mHypoA-2/10 cells, we also report that these cells endogenously express the 5-HT<sub>1B</sub>R subtype. 5-HT<sub>1B</sub>R are expressed in the hypothalamus and are involved in 5-HT-induced regulation of feeding. Furthermore, in vivo experiments strongly suggested that simultaneous 5-HT<sub>1B</sub>R and 5-HT<sub>2C</sub>R activation depressed food intake in a synergistic fashion. However, it still remains unclear whether both receptor subtypes cooperate in the same cell and, if so, which signaling pathways might be involved (Doslikova et al., 2013). Thus, mHypoA-2/10 cells may be a useful cell model to decipher complex functional interactions between 5-HT<sub>1B</sub>R and 5-HT<sub>2C</sub>R in a native environment.

In conclusion, we report endogenous 5-HT<sub>2C</sub>R receptor expression in hypothalamic mHypoA-2/10 cells. Analysis of 5-HT<sub>2C</sub>R signaling in an endogenous cell system rapidly

revealed so-far unknown features of the hypothalamic 5-HT system, such as partial agonism of a selective 5-HT<sub>2C</sub>R agonist and PKC/ERK-1/2-promoted CREB/CRE activation, implying that detailed dissection of the 5-HT<sub>2C</sub>R biology in mHypoA-2/10 cells could significantly increase our knowledge about this intriguing receptor subtype.

#### Authorship Contributions

*Participated in research design:* Lauffer, Gudermann, Breit.

*Conducted experiments:* Lauffer, Glas, Breit.

*Contributed new reagents or analytic tools:* Breit.

*Performed data analysis:* Lauffer, Breit.

*Wrote or contributed to the writing of the manuscript:* Gudermann, Breit.

#### References

- Avlani VA, Ma W, Mun HC, Leach K, Delbridge L, Christopoulos A, and Conigrave AD (2013) Calcium-sensing receptor-dependent activation of CREB phosphorylation in HEK293 cells and human parathyroid cells. *Am J Physiol Endocrinol Metab* **304**:E1097–E1104.
- Belsham DD, Fick LJ, Dalvi PS, Centeno ML, Chalmers JA, Lee PK, Wang Y, Drucker DJ, and Kojetar MM (2009) Ciliary neurotrophic factor recruitment of glucagon-like peptide-1 mediates neurogenesis, allowing immortalization of adult murine hypothalamic neurons. *FASEB J* **23**:4256–4265.
- Bhatnagar A, Willins DL, Gray JA, Woods J, Benovic JL, and Roth BL (2001) The dynamin-dependent, arrestin-independent internalization of 5-hydroxytryptamine 2A (5-HT<sub>2A</sub>) serotonin receptors reveals differential sorting of arrestins and 5-HT<sub>2A</sub> receptors during endocytosis. *J Biol Chem* **276**:8269–8277.
- Breit A, Besik V, Solinski HJ, Muehlich S, Glas E, Yarwood SJ, and Gudermann T (2015) Serine-727 phosphorylation activates hypothalamic STAT-3 independently from tyrosine-705 phosphorylation. *Mol Endocrinol* **29**:445–459.
- Burke LK, Doslikova B, D'Agostino G, Garfield AS, Farooq G, Burdakov D, Low MJ, Rubinstein M, Evans ML, and Billups B, et al. (2014) 5-HT obesity medication efficacy via POMC activation is maintained during aging. *Endocrinology* **155**:3732–3738.
- Chan AS, Yeung WW, and Wong YH (2005) Integration of G protein signals by extracellular signal-regulated protein kinases in SK-N-MC neuroepithelioma cells. *J Neurochem* **94**:1457–1470.
- Chang M, Zhang L, Tam JP, and Sanders-Bush E (2000) Dissecting G protein-coupled receptor signaling pathways with membrane-permeable blocking peptides. Endogenous 5-HT(2C) receptors in choroid plexus epithelial cells. *J Biol Chem* **275**:7021–7029.
- Comerma-Steffensen S, Grann M, Andersen CU, Rungby J, and Simonsen U (2014) Cardiovascular effects of current and future anti-obesity drugs. *Curr Vasc Pharmacol* **12**:493–504.
- Crabtree GR and Olson EN (2002) NFAT signaling: choreographing the social lives of cells. *Cell* **109** (Suppl):S67–S79.
- Currie PJ, Coiro CD, Niyomchai T, Lira A, and Farahmand F (2002) Hypothalamic paraventricular 5-hydroxytryptamine: receptor-specific inhibition of NPY-stimulated eating and energy metabolism. *Pharmacol Biochem Behav* **71**:709–716.
- Currie PJ, Saxena N, and Tu AY (1999) 5-HT(2A/2C) receptor antagonists in the paraventricular nucleus attenuate the action of DOI on NPY-stimulated eating. *Neuroreport* **10**:3033–3036.
- Cussac D, Newman-Tancredi A, Quentric Y, and Millan MJ (2000) An innovative method for rapid characterisation of phospholipase C activity: SB242,084 competitively antagonises 5-HT<sub>2C</sub> receptor-mediated [3H]phosphatidylinositol depletion. *Naunyn-Schmiedeberg Arch Pharmacol* **361**:221–223.
- Dalvi PS, Erbeicanu FD, Irwin DM, and Belsham DD (2012) Direct regulation of the proglucagon gene by insulin, leptin, and cAMP in embryonic versus adult hypothalamic neurons. *Mol Endocrinol* **26**:1339–1355.
- Damm E, Buech TR, Gudermann T, and Breit A (2012) Melanocortin-induced PKA activation inhibits AMPK activity via ERK-1/2 and LKB-1 in hypothalamic GT1-7 cells. *Mol Endocrinol* **26**:643–654.
- Di Giovanni G and De Deurwaerdere P (2016) New therapeutic opportunities for 5-HT<sub>2C</sub> receptor ligands in neuropsychiatric disorders. *Pharmacol Ther* **157**:125–162.
- Di Giovanni G, Di Matteo V, Pierucci M, Benigno A, and Esposito E (2006) Central serotonin<sub>2C</sub> receptor: from physiology to pathology. *Curr Top Med Chem* **6**:1909–1925.
- Doslikova B, Garfield AS, Shaw J, Evans ML, Burdakov D, Billups B, and Heisler LK (2013) 5-HT<sub>2C</sub> receptor agonist anorectic efficacy potentiated by 5-HT<sub>1B</sub> receptor agonist coapplication: an effect mediated via increased proportion of pro-opiomelanocortin neurons activated. *J Neurosci* **33**:9800–9804.
- Fitzgerald LR, Mannan LJ, Dytko GM, Wu HL, and Nambi P (1999) Measurement of responses from Gi-, Gs-, or Gq-coupled receptors by a multiple response element/cAMP response element-directed reporter assay. *Anal Biochem* **275**:54–61.
- Fletcher PJ, Tampakeras M, Sinyard J, Slassi A, Isaac M, and Higgins GA (2009) Characterizing the effects of 5-HT(2C) receptor ligands on motor activity and feeding behaviour in 5-HT(2C) receptor knockout mice. *Neuropharmacology* **57**:259–267.
- Frank MG, Stryker MP, and Tecott LH (2002) Sleep and sleep homeostasis in mice lacking the 5-HT<sub>2c</sub> receptor. *Neuropsychopharmacology* **27**:869–873.
- Guo Y and Feng P (2012) OX<sub>2</sub>R activation induces PKC-mediated ERK and CREB phosphorylation. *Exp Cell Res* **318**:2004–2013.
- Halford JC and Blundell JE (1996) The 5-HT<sub>1B</sub> receptor agonist CP-94,253 reduces food intake and preserves the behavioural satiety sequence. *Physiol Behav* **60**:933–939.

- Harris M, Aschkenasi C, Elias CF, Chandrankunnel A, Nillni EA, Bjørbaek C, Elmquist JK, Flier JS, and Hollenberg AN (2001) Transcriptional regulation of the thyrotropin-releasing hormone gene by leptin and melanocortin signaling. *J Clin Invest* **107**:111–120.
- Heisler LK, Chu HM, and Tecott LH (1998) Epilepsy and obesity in serotonin 5-HT<sub>2C</sub> receptor mutant mice. *Ann N Y Acad Sci* **861**:74–78.
- Heisler LK, Pronchuk N, Nonogaki K, Zhou L, Raber J, Tung L, Yeo GS, O'Rahilly S, Colmers WF, and Elmquist JK, et al. (2007) Serotonin activates the hypothalamic-pituitary-adrenal axis via serotonin 2C receptor stimulation. *J Neurosci* **27**:6956–6964.
- Hoyer D, Clarke DE, Fozard JR, Hartig PR, Martin GR, Mylecharane EJ, Saxena PR, and Humphrey PP (1994) International Union of Pharmacology classification of receptors for 5-hydroxytryptamine (Serotonin). *Pharmacol Rev* **46**:157–203.
- Isaac M (2005) Serotonergic 5-HT<sub>2C</sub> receptors as a potential therapeutic target for the design antiepileptic drugs. *Curr Top Med Chem* **5**:59–67.
- Labasque M, Reiter E, Becamel C, Bockaert J, and Marin P (2008) Physical interaction of calmodulin with the 5-hydroxytryptamine<sub>2C</sub> receptor C-terminus is essential for G protein-independent, arrestin-dependent receptor signaling. *Mol Biol Cell* **19**:4640–4650.
- Lam DD, Garfield AS, Marston OJ, Shaw J, and Heisler LK (2010) Brain serotonin system in the coordination of food intake and body weight. *Pharmacol Biochem Behav* **97**:84–91.
- Lee MD and Simansky KJ (1997) CP-94, 253: a selective serotonin<sub>1B</sub> (5-HT<sub>1B</sub>) agonist that promotes satiety. *Psychopharmacology (Berl)* **131**:264–270.
- Légrádi G, Holzer D, Kapcala LP, and Lechan RM (1997) Glucocorticoids inhibit stress-induced phosphorylation of CREB in corticotropin-releasing hormone neurons of the hypothalamic paraventricular nucleus. *Neuroendocrinology* **66**:86–97.
- Meltzer HY, Li Z, Kaneda Y, and Ichikawa J (2003) Serotonin receptors: their key role in drugs to treat schizophrenia. *Prog Neuropsychopharmacol Biol Psychiatry* **27**:1159–1172.
- Millan MJ (2005) Serotonin 5-HT<sub>2C</sub> receptors as a target for the treatment of depressive and anxious states: focus on novel therapeutic strategies. *Therapie* **60**:441–460.
- Miller KJ and Wacker DA (2010) Discovery and development of 5-HT<sub>2C</sub> receptor agonists for obesity: is there light at the end of the tunnel? *Future Med Chem* **2**:1761–1775.
- Miller LE (2013) Lorcaserin for weight loss: insights into US Food and Drug Administration approval. *J Acad Nutr Diet* **113**:25–30.
- Nazarians-Armavil A, Menchella JA, and Belsham DD (2013) Cellular insulin resistance disrupts leptin-mediated control of neuronal signaling and transcription. *Mol Endocrinol* **27**:990–1003.
- Neithardt A, Farshori MP, Shah FB, Catt KJ, and Shah BH (2006) Dependence of GnRH-induced phosphorylation of CREB and BAD on EGF receptor transactivation in GT1-7 neuronal cells. *J Cell Physiol* **208**:586–593.
- Rocha BA, Goulding EH, O'Dell LE, Mead AN, Coufal NG, Parsons LH, and Tecott LH (2002) Enhanced locomotor, reinforcing, and neurochemical effects of cocaine in serotonin 5-hydroxytryptamine 2C receptor mutant mice. *J Neurosci* **22**:10039–10045.
- Rosenzweig-Lipson S, Zhang J, Mazandarani H, Harrison BL, Sabb A, Sabalski J, Stack G, Welmaker G, Barrett JE, and Dunlop J (2006) Antiobesity-like effects of the 5-HT<sub>2C</sub> receptor agonist WAY-161503. *Brain Res* **1073-1074**:240–251.
- Rosethorne EM, Nahorski SR, and Challiss RA (2008) Regulation of cyclic AMP response-element binding-protein (CREB) by Gq/11-protein-coupled receptors in human SH-SY5Y neuroblastoma cells. *Biochem Pharmacol* **75**:942–955.
- Schlag BD, Lou Z, Fennell M, and Dunlop J (2004) Ligand dependency of 5-hydroxytryptamine 2C receptor internalization. *J Pharmacol Exp Ther* **310**:865–870.
- Serafini AT, Lewis RS, Clipstone NA, Bram RJ, Fanger C, Fiering S, Herzenberg LA, and Crabtree GR (1995) Isolation of mutant T lymphocytes with defects in capacitative calcium entry. *Immunity* **3**:239–250.
- Shaywitz AJ and Greenberg ME (1999) CREB: a stimulus-induced transcription factor activated by a diverse array of extracellular signals. *Annu Rev Biochem* **68**:821–861.
- Sohn JW, Xu Y, Jones JE, Wickman K, Williams KW, and Elmquist JK (2011) Serotonin 2C receptor activates a distinct population of arcuate pro-opiomelanocortin neurons via TRPC channels. *Neuron* **71**:488–497.
- Tecott LH and Abdallah L (2003) Mouse genetic approaches to feeding regulation: serotonin 5-HT<sub>2C</sub> receptor mutant mice. *CNS Spectr* **8**:584–588.
- Tecott LH, Sun LM, Akana SF, Strack AM, Lowenstein DH, Dallman MF, and Julius D (1995) Eating disorder and epilepsy in mice lacking 5-HT<sub>2c</sub> serotonin receptors. *Nature* **374**:542–546.
- Thomsen WJ, Grottick AJ, Menzaghi F, Reyes-Saldana H, Espitia S, Yuskin D, Whelan K, Martin M, Morgan M, and Chen W, et al. (2008) Lorcaserin, a novel selective human 5-hydroxytryptamine<sub>2C</sub> agonist: in vitro and in vivo pharmacological characterization. *J Pharmacol Exp Ther* **325**:577–587.
- Walker EA, Brown EK, Jr, and Sterious SN (2007) In vivo Schild regression analyses using nonselective 5-HT<sub>2C</sub> receptor antagonists in a rat operant behavioral assay. *Psychopharmacology (Berl)* **193**:187–197.

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## Publikation II

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Glucose enhances basal or melanocortin-induced cAMP response element activity in hypothalamic cells.

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## Glucose Enhances Basal or Melanocortin-Induced cAMP-Response Element Activity in Hypothalamic Cells

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Melanocyte-stimulating hormone (MSH)-induced activation of the cAMP-response element (CRE) via the CRE-binding protein in hypothalamic cells promotes expression of TRH and thereby restricts food intake and increases energy expenditure. Glucose also induces central anorexigenic effects by acting on hypothalamic neurons, but the underlying mechanisms are not completely understood. It has been proposed that glucose activates the CRE-binding protein-regulated transcriptional coactivator 2 (CRTC-2) in hypothalamic neurons by inhibition of AMP-activated protein kinases (AMPKs), but whether glucose directly affects hypothalamic CRE activity has not yet been shown. Hence, we dissected effects of glucose on basal and MSH-induced CRE activation in terms of kinetics, affinity, and desensitization in murine, hypothalamic mHypoA-2/10-CRE cells that stably express a CRE-dependent reporter gene construct. Physiologically relevant increases in extracellular glucose enhanced basal or MSH-induced CRE-dependent gene transcription, whereas prolonged elevated glucose concentrations reduced the sensitivity of mHypoA-2/10-CRE cells towards glucose. Glucose also induced CRTC-2 translocation into the nucleus and the AMPK activator metformin decreased basal and glucose-induced CRE activity, suggesting a role for AMPK/CRTC-2 in glucose-induced CRE activation. Accordingly, small interfering RNA-induced down-regulation of CRTC-2 expression decreased glucose-induced CRE-dependent reporter activation. Of note, glucose also induced expression of TRH, suggesting that glucose might affect the hypothalamic-pituitary-thyroid axis via the regulation of hypothalamic CRE activity. These findings significantly advance our knowledge about the impact of glucose on hypothalamic signaling and suggest that TRH release might account for the central anorexigenic effects of glucose and could represent a new molecular link between hyperglycaemia and thyroid dysfunction. (*Molecular Endocrinology* 30: 748–762, 2016)

The hypothalamic-pituitary-thyroid (HPT) axis is of prime importance for the central regulation of appetite and energy metabolism (1, 2). The hypothalamic nucleus arcuatus receives peripheral satiety signals such as leptin or insulin and reacts by releasing melanocyte-stimulating hormone (MSH). MSH activates cAMP-response element (CRE)-binding protein (CREB) in neurons of the paraventricular nucleus (PVN) and thereby controls the expression of TRH, resulting in TSH secretion from the pituitary gland. Thus, dysfunction of hypothalamic MSH signaling in hu-

mans or mice causes a severe obesity-diabetes syndrome (3–11). Regulation of transcriptional activity is a key control mechanism within the HPT axis and CREB-mediated CRE activation has been shown to play a major role in hypothalamic gene transcription (12–14). Because of its impact on energy metabolism, dysregulation of the HPT axis has frequently been implicated in severe metabolic disorders including type 2 diabetes mellitus (T2DM) (15–18).

Abbreviations: AMPK, AMP-activated protein kinase; Cp, crossing point; CRE, cAMP-response element; CREB, CRE-binding protein; CRTC-2, CREB-regulated transcriptional coactivator 2; 2-DG, 2-deoxy-D-glucose; F-1,6-BP, fructose-1,6-bisphosphate; HPT, hypothalamic-pituitary-thyroid;  $K_{ATP}$ , ATP-sensitive  $K^+$ ; MC4R, melanocortin-4-receptor; MSH, melanocyte-stimulating hormone; NFAT, nuclear factor of activated T cells; NO, nitrogen monoxide; p, probability; PBST, PBS with 0.02% Tween 20; PVN, paraventricular nucleus; qRT-PCR, quantitative RT-PCR; RT, room temperature; STAT, signal transducers and activator of transcription; T2DM, type 2 diabetes mellitus; TAS1, taste receptor type 1.

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Glucose is the key player in diabetes and obesity and, similar to MSH, induces central anorexigenic effects by acting on hypothalamic neurons, but the underlying mechanisms are not completely understood. Besides being a pivotal energy carrier, glucose-derived ATP is an important regulator of intracellular signaling in hypothalamic neurons. In analogy to pancreatic  $\beta$ -cells, ATP inhibits ATP-sensitive  $K^+$  ( $K_{ATP}$ ) channels and thus depolarizes hypothalamic neurons (19–24). Furthermore, ATP dampens AMP-activated protein kinase (AMPK) activity in hypothalamic neurons, thereby relieving CREB-regulated transcriptional coactivator 2 (CRTC-2), an important transcriptional coactivator of CREB, from tonic phosphorylation and inhibition by AMPK (25). Elevating extracellular glucose concentrations from 0.5mM to 15.0mM was found to enhance CRTC-2 activity due to AMPK inhibition and expression of the insulin receptor substrate-2 in hypothalamic cells (25), thus establishing the first link between hypothalamic glucose sensing and CREB/CRTC-2-dependent gene regulation. Beyond this possible association of glucose and hypothalamic insulin signaling (25), there is also some evidence suggesting that glucose affects leptin-induced signal transduction in hypothalamic cells (26). Thus, at present, it appears that in hypothalamic cells glucose promotes gene transcription via CRTC-2 and affects key players of the HPT axis, such as leptin and insulin. However, direct effects of physiological relevant fluctuations in brain glucose levels on basal or MSH-induced CRE activity or hypothalamic TRH expression have not been shown yet.

In the present study, we investigated mHypoA-2/10-CRE cells that express a wide range of hypothalamic markers and resemble PVN neurons with regard to melanocortin sensitivity and TRH production and in addition, stable express a CRE-dependent reporter construct (27–33). We dissected effects of glucose on basal and MSH-induced CRE activation in terms of kinetics, affinity, and desensitization. Physiologically relevant increases in extracellular glucose enhanced basal or MSH-induced CRE-dependent gene transcription and hypothalamic TRH expression, whereas prolonged elevated glucose concentrations reduced the sensitivity of mHypoA-2/10-CRE cells towards glucose. These findings significantly advance our knowledge of the impact of glucose on hypothalamic signaling and might reveal a new association between hyperglycaemia and hyperthyroidism.

## Materials and Methods

### Materials

Cell culture reagents were obtained from Invitrogen and TurboFect from Fermentas. The anti-pro-TRH (M-166) antiserum

was from Santa Cruz Biotechnology. The p-AMPK (2535s) and p-CREB (9198s) antiserum were purchased from Cell Signaling, the CRTC-2 (sc-46272) or CREB (sc-240) antiserum and fructose-1,6-bisphosphate (F-1,6-BP) was from Santa Cruz Biotechnology. The peroxidase-conjugated antimouse or antirabbit antibody, both raised in goat, the histone-3 antiserum and D-glucose, 2-deoxy-D-glucose (2-DG), and tolbutamide from Sigma-Aldrich. 2-[1,2- $^3$ H(N)]-2-DG was from PerkinElmer. The firefly luciferase substrate, the signal transducers and activator of transcription (STAT), and nuclear factor of activated T cells (NFAT) reporter gene construct pGL4.47 were purchased from Promega. MSH and bradykinin were purchased from Biotrend. Dorsomorphin and metformin were purchased from Tocris. The CRE-dependent reporter, containing 6 5'-TGACCTCAC-3' sites, has been reported previously (34).

### Cell culture and transfections

The adult mouse hypothalamic cell lines mHypoA-2/10 (Clu<sup>176</sup>) were purchased from Cedarlane and cultured in DMEM (10% fetal bovine serum, 2mM L-glutamine, penicillin/streptomycin, 1mM pyruvate, and 25mM glucose) at 37°C and 5% CO<sub>2</sub>. To obtain mHypoA-2/10 cells stably expressing the CRE-dependent reporter, cells were cotransfected with the CRE reporter construct and an empty pcDNA4 vector containing the resistance gene for zeocin (27). Transfected cells were then selected with 600- $\mu$ g/mL zeocin for 4 weeks and positively tested cell pools were used for further studies. To analyze effects of glucose on CRE activity DMEM without FBS, pyruvate and glucose was used. The indicated glucose concentrations were achieved by removing DMEM containing 25mM glucose, washing cells once without glucose and adding fresh DMEM containing the indicated D-glucose or 2-DG before the experiments. In order to down-regulate CRTC-2 expression, a cocktail of 3 specific siRNAs (catalog number sc-45833) and a random small interference RNA were purchased from Santa Cruz Biotechnology. To increase transfection efficacy, siRNAs were introduced into mHypoA-2/10-CRE cells via electroporation using the Neon transfection system from Invitrogen according to the manufacturer's protocol. Briefly, for 1 pulse 500 000 cells together with 10nM or 40nM the corresponding siRNA were challenged with 1450 V for 30 milliseconds and then placed on a 48-well cavity for ELISA experiments or 96-well plates for reporter assays.

### Whole-cell ELISA

Electroporated cells were seeded in 48-well plates (~15 000 per well) 2 days before the experiment. After 20 hours of serum starvation, total histone-3, CRTC-2, and CREB expression was analyzed at a glucose concentration of 0.1mM. After fixation for 15 minutes with 4% paraformaldehyde, cells were permeabilized with ice-cold methanol/acetone (50:50) for 5 minutes. Next, cells were washed with PBS and then incubated with 1.0% of BSA in PBS for 15 minutes at RT to block unspecific binding sites. After an additional washing step cells were incubated for 30 minutes at RT with the anti-CREB antiserum (1:2000), the anti-CRTC-2 serum (1:2000), or the antihistone serum (1:5000) in PBS/BSA. First, antibodies were removed, cells washed and incubated with the corresponding horseradish peroxidase-conjugated secondary antibody (1:4000) in PBS/BSA for 30 minutes at RT. After several washing steps, 200  $\mu$ L of the 1-Step-Ultra



TMB-ELISA substrate (Thermo Scientific) was added to the cells and incubated for 15 minutes at RT. The reaction was stopped by adding 50  $\mu$ L of 1M H<sub>2</sub>SO<sub>4</sub>, 200  $\mu$ L transferred to 96-well plates with clear bottom, and OD<sub>450</sub> measured in a FLUOstar Omega plate reader.

### Calcium

Calcium transients in mHypoA-2/10-CRE cells were measured with a FLUOstar Omega plate reader (BMG Labtech) as described previously (35) using the fluorescent calcium indicator fura 2.

### Glucose uptake

Cells were seeded on 24-well plates (~20 000 per well) 48 hours before the experiment. After various glucose treatments, cells were cultured for 30 minutes without glucose and then glucose uptake measured by adding 0.5  $\mu$ Ci 2-[1,2-<sup>3</sup>H(N)]-2-DG in the presence of 100  $\mu$ M glucose. Afterwards, cells were washed with 1 ml PBS, lysed with 0.5% sodium dodecyl sulfate and 0.1N NaOH and total radioactivity was measured.

### Western blotting

Cells were seeded on 6-well plates (~100 000 per well), cultured for 1 day, serum starved for 20 hours the next day, stimulated for the indicated period of time with glucose, and then lysed in Laemmli buffer. Lysates were subjected to SDS-PAGE, and protein was transferred to nitrocellulose by Western blotting. For detection of TRH expression, blots were separated in 2 parts, by a horizontal cut at 25 kDa. The upper part was used to analyze TRH expression (30 kDa) with a TRH-specific antiserum (1:2000) and the lower part to detect total histone-3 (17 kDa) proteins (1:10 000) as a loading control. To detect AMPK phosphorylation, blots were separated by a horizontal cut at 50 kDa. The upper part was used to analyze AMPK (68 kDa) phosphorylation with phospho-specific AMPK (Thr<sup>172</sup>; 1:5000 antisera and the lower part to detect total ERK-2 (42 kDa) proteins (1:10 000) as a loading control. For detection of CREB phosphorylation, blots were separated by a horizontal cut at 25 kDa. The upper part was used to analyze CREB (43 kDa) phosphorylation with phospho-specific CREB antisera (Ser<sup>133</sup>; 1:5000) and the lower part to detect total histone-3 (17 kDa) proteins (1:10 000) as a loading control. Immuno-reactivity was quantified by densitometry using ImageJ, ratios between TRH and histone-3 or p-AMPK and total-ERK-2 signals were calculated, and ligand-induced TRH expression or AMPK phosphorylation normalized to unstimulated cells.

### Reporter gene assays

mHypoA-2/10-CRE cells were seeded in white 96-well plates with clear bottom (~5000 per well) for the experiments shown in figures 1, 2, 4, or 5 below and in 24-well plates (~20 000 per well) for the experiments shown in figures 3 or 4 below. For the experiments shown in figure 1 below, mHypoA-2/10 cells were seeded in 12-well plates (~20 000 per well) 24 hours before the experiment and transfected with various luciferase reporter genes constructs using the Turbofect reagent (R0531) from Thermo Scientific according to the manufacturers' protocol the next day. After stimulation, cells were lysed (25mM Tris-HCl [pH 7.4], 4mM EGTA, 8mM MgCl<sub>2</sub>, 1mM dithiothreitol, and 1% Triton X-100) and luciferase activity measured in white

bottom 96-well plates after automatically injecting luciferase substrate. Resulting total light emission was detected every s for 10 seconds after injection in a FLUOstar Omega plate reader. Maximal light emission during this period was recorded and is indicated relative to unstimulated cells (0mM or 0.1mM glucose).

### cAMP accumulation

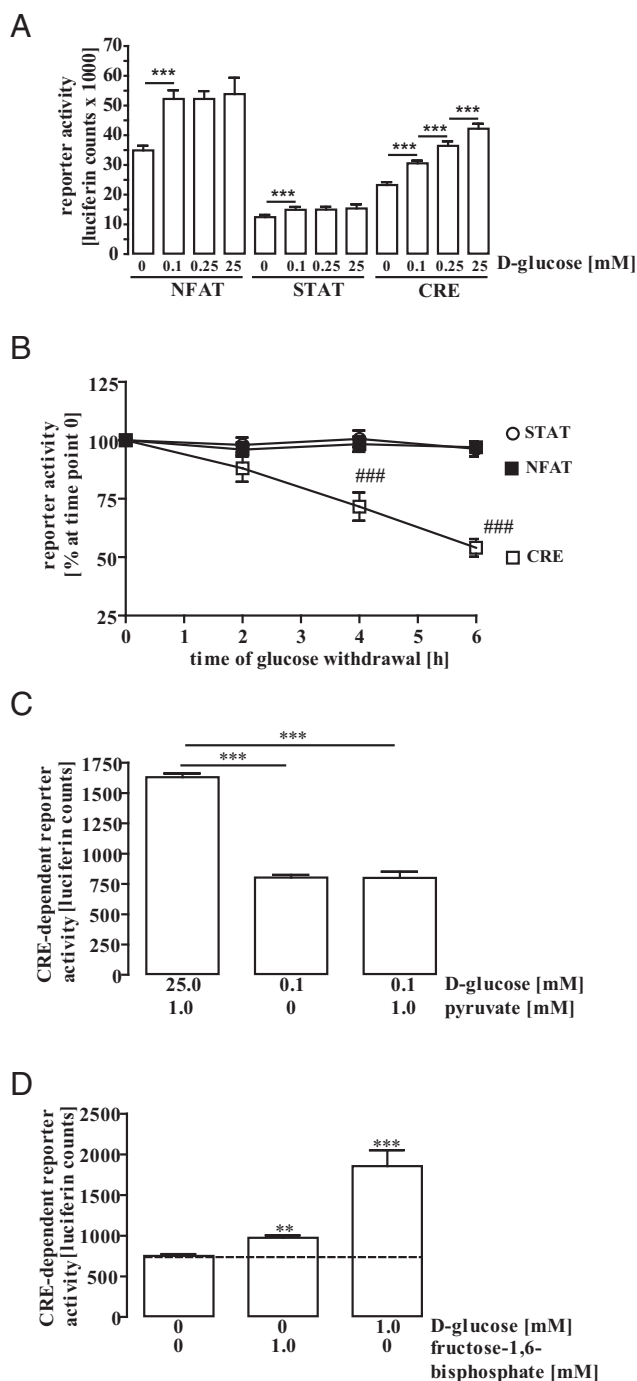
To determine agonist-induced cAMP accumulation, 200 000 cells were seeded in 12-well dishes 24 hours before the experiment and labeled in serum-free DMEM containing 2  $\mu$ Ci/mL of [<sup>3</sup>H]adenine for 4 hours. Cells were stimulated for 30 minutes at 37°C in DMEM containing 1  $\mu$ M 3-isobutyl-1-methylxanthine and MSH. The reaction was terminated by removing the medium and adding ice-cold 5% trichloroacetic acid. [<sup>3</sup>H]ATP and [<sup>3</sup>H]cAMP were then purified by sequential chromatography (dowex-resin/aluminum oxide columns), and the accumulation of [<sup>3</sup>H]cAMP was expressed as the ratio of [<sup>3</sup>H]cAMP to ([<sup>3</sup>H]cAMP + [<sup>3</sup>H]ATP).

### Immunostaining

Approximately 4000 mHypoA-2/10-CRE cells per well were seeded on 0.1% poly-L-lysine-coated black 96-well plates with clear bottom. Twenty-four hours later, cells were cultured with distinct glucose concentrations and, after additional 24 hours, fixed with 4.0% paraformaldehyde for 10 minutes, permeabilized with 0.5% Triton X-100 in PBS for 10 minutes, and unspecific binding sites blocked with 2.0% BSA in PBS with 0.02% Tween 20 (PBST) for 45 minutes. A monoclonal anti-CRTC-2 antiserum (clone number 628430 from R&D Systems) was incubated for 60 minutes at 37°C in PBST with a final concentration of 100  $\mu$ g/mL and detected by an Alexa Fluor 488-conjugated goat antiserum raised against mouse IgG also for 60 minutes at 37°C in PBST with a final concentration of 4  $\mu$ g/mL. Nuclei were stained using 4',6-diamidino-2-phenylindole (0.1  $\mu$ g/mL) for 30 minutes at 37°C. After intense washing cells were conserved with a drop of Ibidi mounting medium and analyzed using an Olympus IX 71 microscope. Alexa Fluor 488 immunostaining in nuclei and background areas was quantified by densitometry using ImageJ.

### Quantitative RT-PCR (qRT-PCR)

Total RNA was isolated from mHypoA-2/10-CRE cells using the TriFast reagent (Invitrogen) according to the manufacturer's instructions. First strand synthesis was carried out with oligo(dT)<sub>18</sub> primer using 2  $\mu$ g of total RNA and the RevertAid H Minus First Strand cDNA Synthesis kit (Fermentas). qRT-PCR was done using the LightCycler 480 SybrGreen I Master Mix (Roche), intron-spanning primer pairs at a final concentration of 1  $\mu$ M each and 0.08  $\mu$ L of the first strand synthesis reaction in a LightCycler 480 (Roche) using the following conditions: initial denaturation for 15 minutes at 94°C, 55 cycles of 94°C for 10 seconds, 55°C for 10 seconds, and 72°C for 10 seconds. Crossing points (Cps) were determined by the software supplied with the LightCycler 480. Sequences of primer pairs were 5'-ccaaccgagaagaatga-3' and 5'-ccaggcgtacaggatag-3' for  $\beta$ -actin, 5'-tgcagagtctccacctgc-3' and 5'-ggggatacagttagcaga-3' for TRH. Data were analyzed by 2<sup>- $\Delta\Delta$ Cp</sup> calculations: Cp values measured for TRH under stimulated conditions (either increased glucose concentrations or MSH)



**Figure 1.** Glucose exerts specific effects on CRE-dependent reporter gene activity in mHypoA-2/10 cells. A and B, Reporter activity was measured after transient expression of a CRE-, NFAT-, or STAT-dependent reporter construct. A, Cells were cultured with the indicated glucose concentration for 24 hours. Data of 5 independent experiments performed in quadruplicates are presented as the mean  $\pm$  SEM. Asterisks indicate a significant difference to the next lower glucose concentration. B, Cells were cultured without glucose for the indicated period of time. Data of 3 independent experiments performed in quadruplicates were compiled by setting the corresponding reporter activity measured at time point 0 to 100% and expressed as the mean  $\pm$  SEM. Hash signs indicate a significant difference to 100%. C, mHypoA-2/10-CRE cells stably expressing the CRE-dependent reporter were cultured with the indicated glucose or pyruvate concentration for 24 hours. Data of 15 independent

were subtracted from those measured for actin under the same conditions ( $\Delta$ Cp stimulated). Cp values measured for TRH under basal conditions were subtracted from those measured for actin under the same conditions ( $\Delta$ Cp basal). Afterwards,  $\Delta$ Cp-basal values were subtracted from  $\Delta$ Cp-stimulated values.

## Data analysis

Data were analyzed using Prism4.0 (GraphPad Software, Inc). Statistical significance of differences was assessed by 1- or 2-sample Student's *t* test. Asterisks (\*\*\*,  $P < .001$ ; \*\*,  $P < .01$ ; \*,  $P < .05$ ) in the case of the 2-sample and hash signs (###,  $P < .001$ ; ##,  $P < .01$ ; #,  $P < .05$ ) in the case of the 1-sample test were used to indicate significant differences.

## Results

### Glucose exerts specific effects on CRE-dependent reporter gene activity in murine hypothalamic mHypoA-2/10 cells

In vivo brain glucose concentrations vary between 0.2mM and 2.5mM under physiological conditions (19, 36–40). mHypoA-2/10 cells are cultured under high-glucose conditions (25.0mM), clearly exceeding physiological extracellular brain glucose concentrations. To investigate the effects of extracellular glucose on gene expression in hypothalamic cells, we transfected NFAT, STAT, or CREB-dependent reporter gene constructs into mHypoA-2/10 cells and cultured these cells with reduced glucose concentrations for 24 hours. As shown in Figure 1A, complete removal of glucose decreased reporter activity independently from the promoter region tested, indicating that a minimal glucose concentration is required to maintain salient cell functions such as transcription and translation. In contrast, no differences in STAT- or NFAT-dependent reporter activity were observed when glucose concentrations were varied between 0.1mM and 25.0mM, indicating that the activity of both promoters is glucose insensitive. However, the activity of the CRE reporter construct increased incrementally from 0.1mM to 25.0mM glucose, providing first evidence that glucose specifically affects CRE-dependent gene expression in mHypoA-2/10 cells. Next, we analyzed how the different reporter gene constructs would react to complete glucose withdrawal over time. As opposed to NFAT or STAT reporters, we observed decreased CRE reporter activity after 4 and 6 hours (Figure 1B), confirming the selective

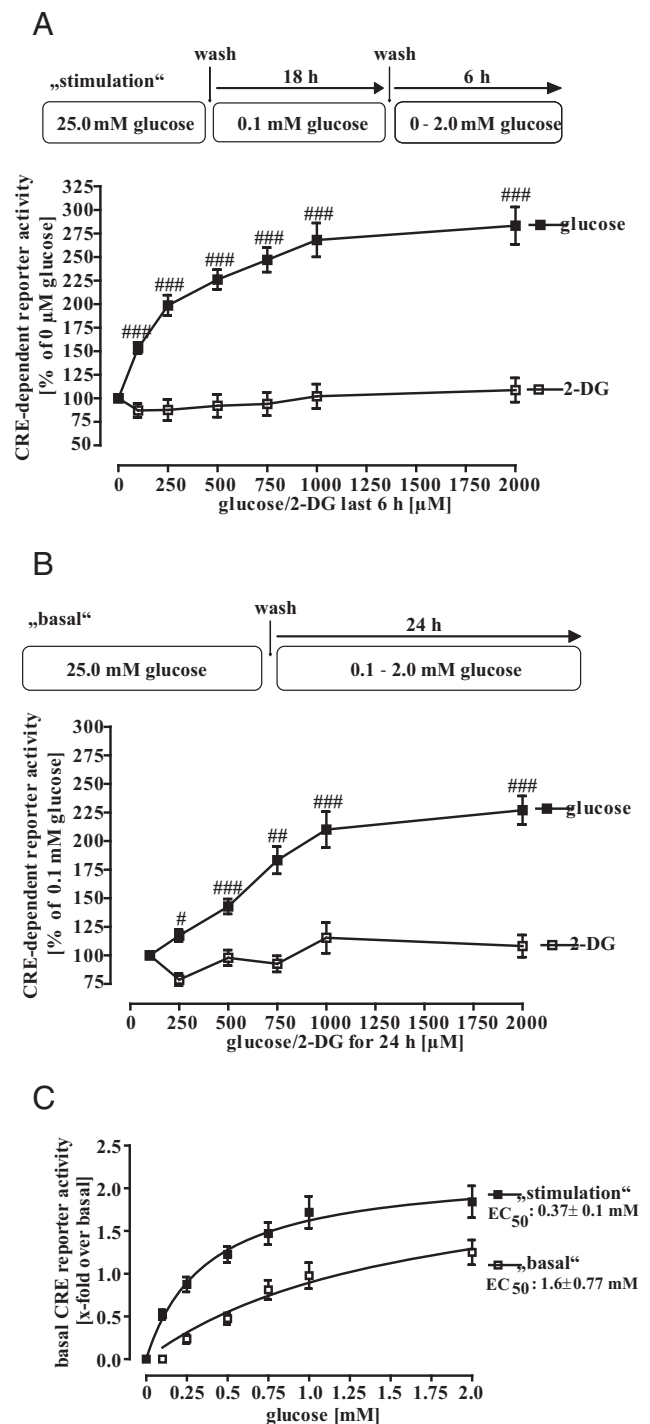
experiments performed in quadruplicates are presented as the mean  $\pm$  SEM. Asterisks indicate a significant difference to the values of 25mM glucose. D, mHypoA-2/10-CRE cells were cultured with 1.0mM glucose or fructose-1,6-bisphosphate for 24 hours. Data of 5 independent experiments performed in quadruplicates are presented as the mean  $\pm$  SEM. Asterisks indicate a significant difference to the values of 25mM glucose.



impact of glucose on CRE-dependent promoter activity and further illustrating that glucose withdrawal for up to 6 hours does not compromise protein biosynthesis in general. In order to gain deeper insight into glucose-induced regulation of CRE-dependent reporter activity, we used a previously established mHypoA-2/10 cell pool that stably expresses the CRE reporter construct (mHypoA-2/10-CRE cells). After growing mHypoA-2/10-CRE cells in 0.1mM instead of 25.0mM glucose for 24 hours, an approximately 50% reduction in basal CRE activity was observed that could not be recovered by addition of 1.0mM pyruvate (Figure 1C). These data suggest that cytosolic, but not mitochondrial, glucose metabolism affects CRE-dependent reporter activity. Thus, we next tested effects of the cytosolic glucose metabolite F-1,6-BP on CRE activity. As shown in Figure 1D, F-1,6-BP significantly enhanced the CRE reporter, albeit with reduced efficacy compared with glucose most probably due to less efficient uptake into cells. However, because glucose and F-1,6-BP, but not pyruvate, affects the CRE-dependent reporter, we assume that cytosolic products of glucose metabolism are required to activate CRE-dependent gene expression.

### Physiologically relevant changes in extracellular glucose concentrations enhance basal CRE-dependent gene expression in mHypoA-2/10-CRE cells

So far, we had established that glucose withdrawal from 25.0mM to 0.1mM for 24 hours selectively reduced CRE-dependent promoter activity. Next, we sought to explore how mHypoA-2/10-CRE cells that are adapted to low-glucose concentrations, would react when stimulated with increasing physiologically relevant glucose concentrations. To this end, we weaned cells off in 0.1mM glucose for 18 hours and then stimulated these cells with increasing glucose concentrations (0mM–2.0mM) for an additional 6-hour period (Figure 2, A and C). An incremental increase in extracellular glucose concentration dependently enhanced CRE-dependent reporter activity in low-glucose-adapted cells with an  $EC_{50}$  value of  $0.4 \pm 0.1$ mM. In parallel, we administered the nonmetabolizable glucose derivative 2-DG that had no impact on CRE reporter activity, providing further evidence that the effects of glucose depend on metabolism. In a second approach, we tested how glucose might affect basal CRE-dependent activity if extracellular glucose was adapted to physiologically relevant levels over a longer time period. Thus, we cultured cells with glucose concentrations between 0.1mM and 2.0mM for 24 hours without a previous weaning period (Figure 2, B and C). We also observed dose-dependent changes in CRE-dependent activity, al-

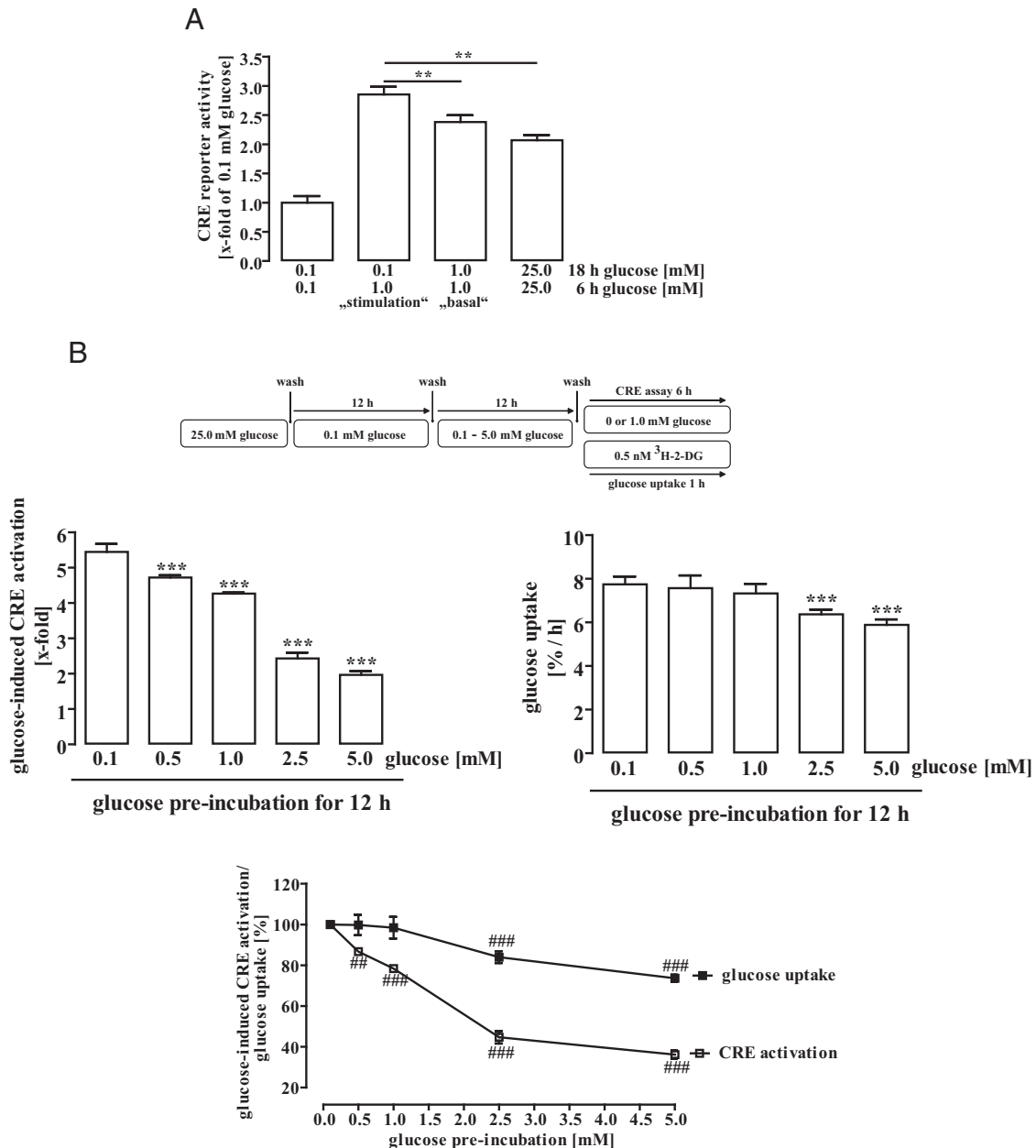


**Figure 2.** Physiological-relevant changes in glucose concentrations enhance basal CRE-dependent reporter activity in mHypoA-2/10-CRE cells. A, Cells were cultured for 18 hours with 0.1mM glucose and afterwards with 0mM, 0.1mM, 0.25mM, 0.5mM, 1.0mM, or 2.0mM glucose for additional 6 hours. Data of 10 independent experiments performed in quadruplicates were compiled by setting CRE activity of no glucose condition to 100% and expressed as the mean  $\pm$  SEM. Hash signs indicate a significant difference to 100%. B, Cells were cultured with 0.1mM, 0.25mM, 0.5mM, 1.0mM, or 2.0mM glucose for 24 hours. Data of 10 independent experiments performed in quadruplicates were compiled by setting CRE activity of 0.1mM glucose to 100% and expressed as the mean  $\pm$  SEM. Hash signs indicate a significant difference to 100%. C, Data obtained in A and B are presented as x-fold over basal and fitted to a 1-site saturation curve to calculate corresponding  $EC_{50}$  values.

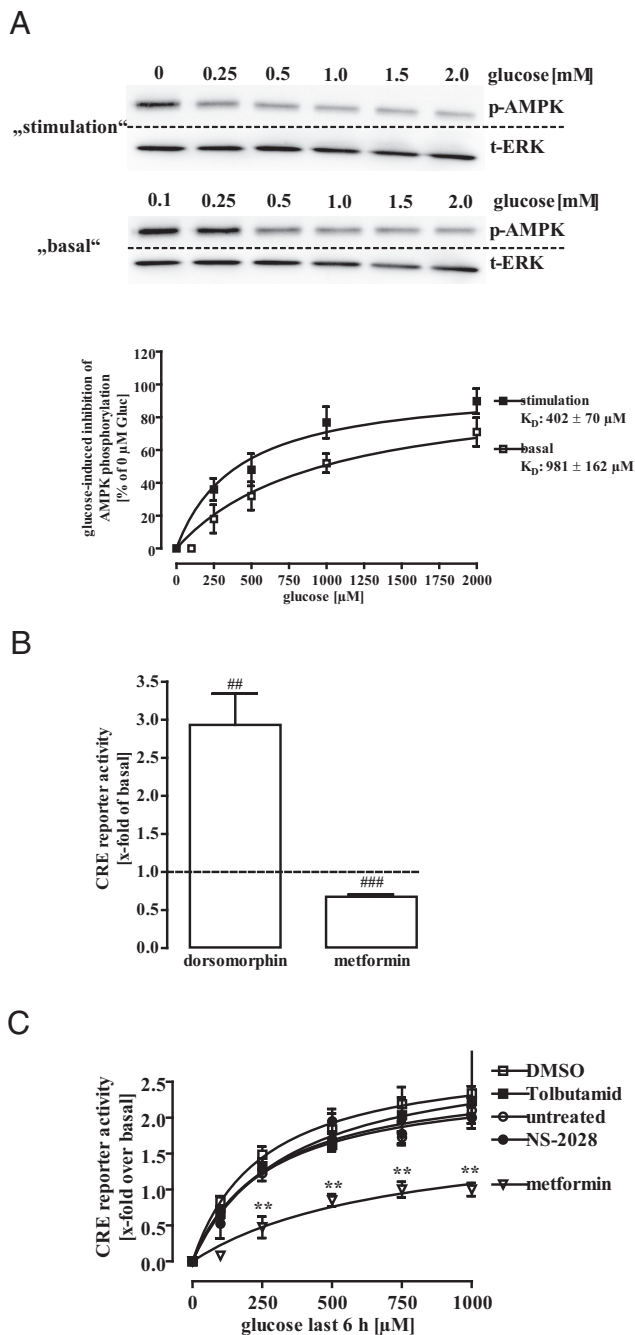
beit with a slightly increased  $EC_{50}$  value of  $1.6 \pm 0.8$  mM compared with “stimulation” conditions. Similarly, 2-DG did not mimic the effects of glucose on the CRE-dependent reporter under “basal” conditions.

### Prolonged elevated glucose levels reduce the sensitivity of hypothalamic cells towards glucose

Based on data shown in Figure 2, it appeared that low-glucose-adapted mHypoA-2/10-CRE cells displayed



**Figure 3.** Prolonged elevated glucose levels reduced sensitivity of hypothalamic cells towards glucose. A, mHypoA-2/10-CRE cells were incubated with the indicated glucose concentration for 24 hours. Data of 5 independent experiments performed in quadruplicates were compiled by calculating the x-fold over the values obtained for 0.1 mM glucose (24 h) and expressed as the mean  $\pm$  SEM. Asterisks indicate a significant difference to the values obtained for 0.1 (18 h) and 1.0 mM (6 h) glucose. B, mHypoA-2/10-CRE cells were incubated with 0.1 mM glucose for 12 hours. Afterwards, cells were incubated with 0.1 mM, 0.5 mM, 1.0 mM, 2.5 mM, or 5.0 mM glucose for additional 12 hours. Next, cells were cultured for 30 minutes without glucose, stimulated or not with 1.0 mM glucose for 6 hours, and CRE-dependent reporter activity measured (left panel) or glucose uptake monitored by measuring  $^3$ H-2-DG uptake for 1 hour (right panel). Left panel, Data of 4 independent experiments performed in quadruplicates were compiled by calculating the x-fold over basal of 1.0 mM glucose for each condition and expressed as the mean  $\pm$  SEM. Asterisks indicate a significant difference to the values obtained for 0.1 mM glucose preincubation. Right panel, Data of 4 independent experiments performed in quadruplicates were compiled by calculating glucose uptake as percentage per hour for each condition and expressed as the mean  $\pm$  SEM. Asterisks indicate a significant difference to the values obtained for 0.1 mM glucose preincubation. Lower panel, Data of both experiments was normalized by setting values obtained with 0.1 mM glucose as 100%. Hash signs indicate a significant difference to 100%.



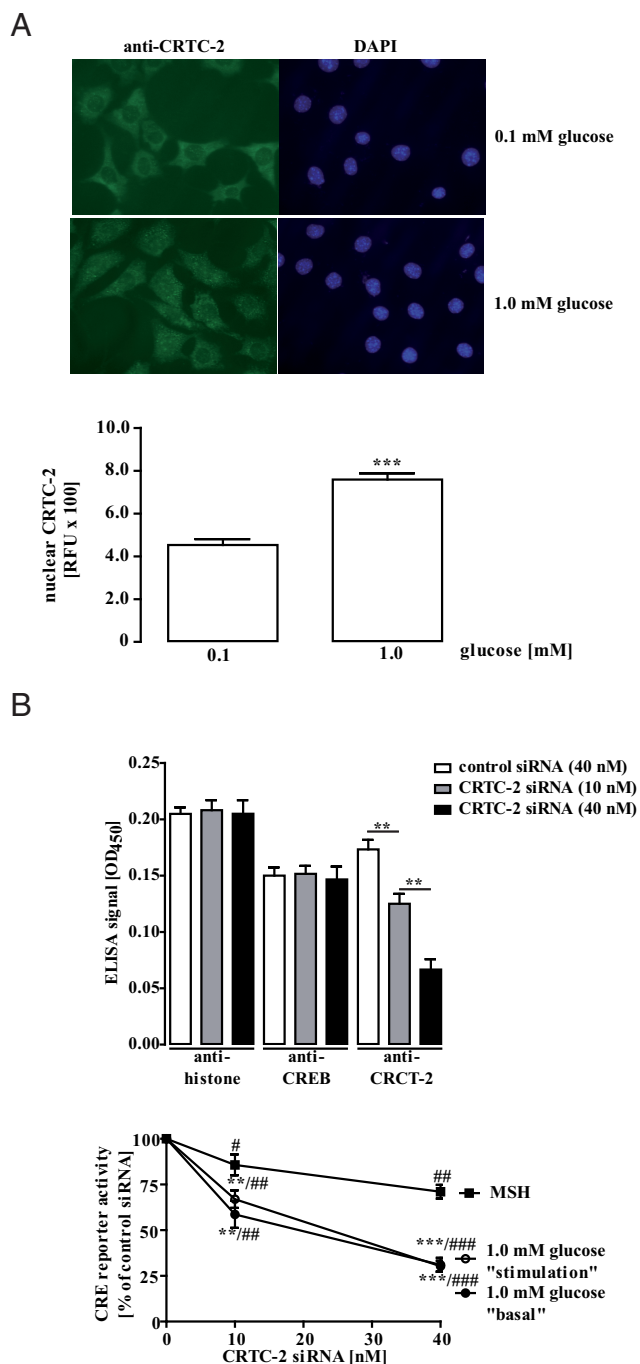
**Figure 4.** Role of AMPK in glucose-induced CRE-dependent reporter activation. A, Lysates of mHypoA-2/10-CRE cells, either cultured for 18 hours with 0.1mM glucose and then stimulated with 0mM, 0.25mM, 0.5mM, 1.0mM, 1.5mM, or 2.0mM glucose for additional 6 hours or with 0.1mM, 0.25mM, 0.5mM, 1.0mM, 1.5mM, or 2.0mM glucose for 24 hours were subjected to Western blot analysis using either a phospho-specific antiserum against p-AMPK or against the total ERK-2 protein to control for the total protein amount. One representative blot is shown. Data of 5 independent experiments were quantified by densitometry, ratios between p-AMPK and t-ERK-2 signals calculated, glucose-induced AMPK dephosphorylation normalized to not stimulated cells (no glucose), and data fitted to a 1-site saturation curve to calculate corresponding  $EC_{50}$  values. B, mHypoA-2/10-CRE cells were cultured under high-glucose conditions (25.0mM) and either stimulated with 10μM dorsomorphin or 100μM metformin. Data of 5 independent experiments performed in quadruplicates were compiled by calculation the x-fold of basal expressed as the mean  $\pm$  SEM. Hash

higher CRE-dependent reporter activity when stimulated with 1.0mM glucose for 6 hours compared with cells that had been cultured in 1.0mM or even 25.0mM glucose for 24 hours (Figure 1C), suggesting that sustained elevated glucose concentrations desensitize glucose-induced CRE signaling. To rigorously test this hypothesis, we performed the basal and stimulation experiment with 1.0mM glucose in parallel (Figure 3A). Under stimulation conditions, 1.0mM glucose promoted significantly more CRE-dependent reporter activity compared with the basal experiment and even more compared with cells permanently cultured in 25.0mM glucose. In order to analyze whether reduced sensitivity of mHypoA-2/10 cells towards glucose is a dynamic process, we adapted cells to low-glucose conditions (0.1mM) for 12 hours, elevated glucose concentrations afterwards for additional 12 hours (0.5mM to 5.0mM), and then measured CRE-dependent reporter activity induced by 1.0mM glucose in parallel with time-dependent  $^3\text{H}$ -2-DG uptake (Figure 3B). Preincubation of glucose-starved cells with physiologically relevant brain glucose concentrations resulted in a stepwise decrease of glucose-induced CRE activation with a maximal desensitization of approximately 63% at 5.0mM. Interestingly, concentrations higher than 1.0mM also reduced glucose uptake with a maximal reduction of approximately 24%.

#### Potential role of AMPK in glucose-induced CRE-dependent reporter activation

So far, we discovered that glucose and F-1,6-BP, but not 2-DG or pyruvate, enhance CRE-dependent reporter activity, suggesting that cytosolic products of glucose metabolism are involved. Metabolized glucose decreases the cytosolic AMP to ATP ratio and thus inhibits AMPK activity. In line with this notion, we observed decreased AMPK phosphorylation under both glucose stimulation and basal conditions with  $EC_{50}$  values of  $0.4 \pm 0.07\text{mM}$  and  $1.0 \pm 0.2\text{mM}$ , respectively (Figure 4A). To further evaluate a possible role of AMPK for glucose-induced CRE-dependent reporter activation, we applied the AMPK inhibitor dorsomorphin or the activator metformin and monitored CRE-dependent reporter activity (Figure 4B). Dorsomorphin enhanced and metformin in-

signs indicate a significant difference to 1.0. C, mHypoA-2/10-CRE cells were cultured for 18 hours with 0.1mM glucose and then with 0mM, 0.25mM, 0.5mM, 1.0mM, or 2.0mM glucose for additional 6 hours. Before glucose stimulation, cells were treated with 500μM tolbutamide, 10μM NS-2028, 100μM metformin, or the carrier control (0.1% DMSO). Data of 4 independent experiments performed in quadruplicates were compiled and expressed as the mean  $\pm$  SEM. Asterisks indicate a significant difference between the control and metformin-treated cells.



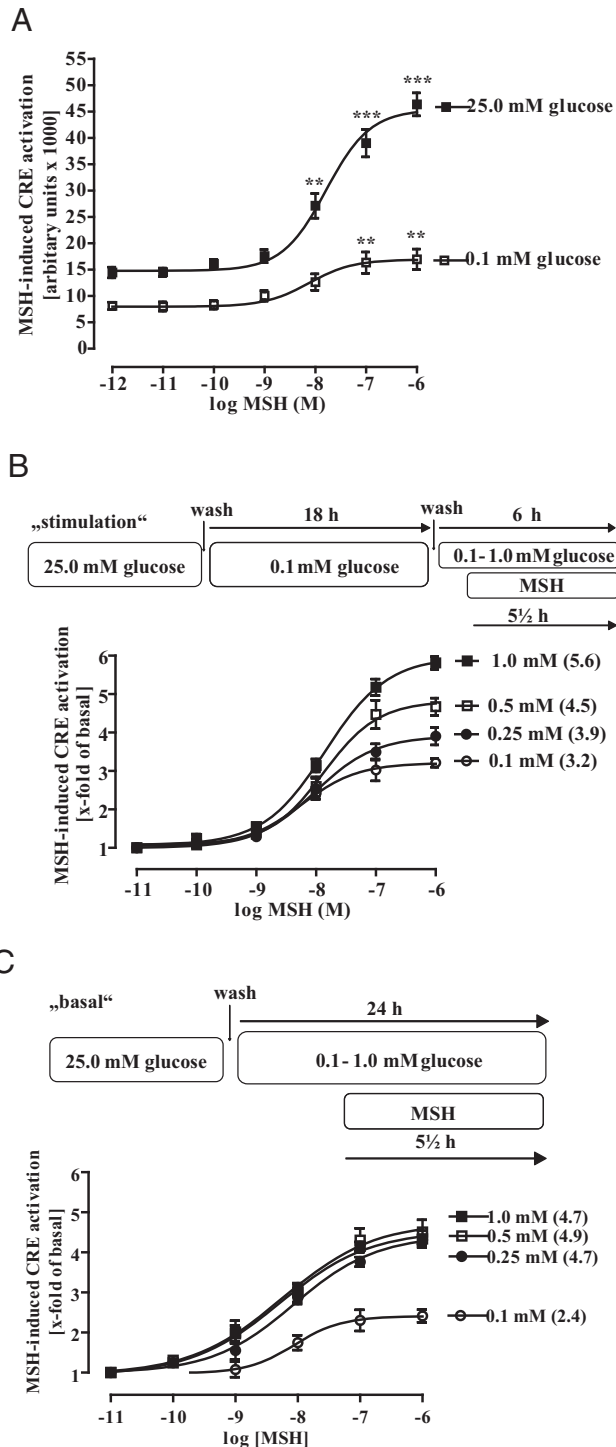
**Figure 5.** Role for CRTC-2 in glucose-induced CRE-dependent reporter activation. **A**, Immunostaining of mHypoA-2/10-CRE cells cultured with 0.1mM or 1.0mM glucose for 24 hours was performed using anti-CRTC-2/ Alexa Fluor 488-conjugated antimouse antibodies or DAPI. Immunostaining of cells cultured in 0.1mM (78 cells) or 1.0mM (82 cells) glucose was quantified and the corresponding background values subtracted. Random fluorescence units (RFUs) are expressed as the mean  $\pm$  SEM, and asterisks indicate a significant difference between both glucose concentrations. **B**, mHypoA-2/10-CRE cells were transfected with 10nM or 40nM a cocktail of 3 distinct siRNAs against the murine CRTC-2 protein or with 40nM a random control siRNA. Cells were seeded on 48-well plates to monitor CRTC-2, CREB, or histone expression by whole cell ELISA (upper panel) and on 96-well plates to determine CRE-dependent reporter activation (lower panel). Upper panel, Cells were cultured for 24 hours with 0.1mM

hibited CRE-dependent gene transcription in mHypoA-2/10-CRE cells, underscoring the role of AMPK as a negative regulator of CRE activity in hypothalamic cells. Furthermore, although metformin inhibited glucose-induced CRE-dependent reporter activation, blocking  $K_{ATP}$  channels by the sulfonylurea tolbutamide or neuronal NO synthase activity by NS-2028 had no effect (Figure 4C), strongly suggesting a role for AMPK in glucose-induced CRE activation. Tonic phosphorylation of hypothalamic CRTC-2 by AMPK has been reported to retain CRTC-2 in the cytosol (25). In line with these data, CRTC-2 was almost exclusively located in the cytosol of mHypoA-2/10-CRE cells cultured with 0.1mM glucose but translocated to the nucleus when cells were cultured with 1.0mM glucose (Figure 5A), suggesting that CRTC-2 is a target of glucose in hypothalamic cells. To further assess the role of CRTC-2 in glucose-induced CRE-dependent reporter activation, we aimed at down-regulating CRTC-2 protein expression by specific siRNAs. A cocktail of 3 distinct siRNAs against CRTC-2 dose dependently decreased CRTC-2, but not CREB expression, when compared with cells receiving control siRNA (Figure 5B, upper panel). Of note, decreased CRTC-2 expression inhibited CRE-dependent reporter activation induced by glucose and to a lesser extent by MSH activating CRE via CREB (Figure 5B, lower panel). Hence, we provide first experimental data to support the concept that enhancing effects of glucose on CRE-dependent gene expression require activation of the CRTC-2 transcription factor, most probably via inhibition of AMPK.

### Physiologically relevant increases in extracellular glucose concentrations enhance MSH-induced CRE activation

MSH is a key player within the HPT axis and the only known physiological enhancer of hypothalamic CRE activity so far. Because data shown in Figure 5B propose that glucose and MSH induce CRE-dependent reporter activation via distinct cellular mechanisms, we next assessed putative effects of glucose on MSH-induced CRE

glucose. One representative experiment performed in quadruplicates is shown as the  $\pm$  SEM. Background values of nonpermeabilized cells were subtracted. Lower panel, Cells were cultured either for 24 hours with 0.1mM or 1.0mM glucose (basal), for 18 hours with 0.1mM glucose and then 6 hours with no glucose or 1.0mM glucose (stimulation) or for 24 hours with 1.0mM and treated or not with 1 $\mu$ M MSH for the last 6 hours. Data of 5 independent experiments performed in quadruplicates were normalized by setting CRE-dependent reporter activation after expression of the control siRNA to 100% and are expressed as the mean  $\pm$  SEM. Hash signs indicate a significant difference to 100%. Asterisks indicate a significant difference between MSH and glucose-treated cells.



**Figure 6.** Physiological-relevant changes in glucose concentrations enhance MSH-induced CRE-dependent reporter activation. A, mHypoA-2/12-CRE cells were either cultured with 25.0mM or 0.1mM glucose for 18 and then stimulated with various MSH concentrations for additional 6 hours without changing the glucose level. Data of 5 independent experiments performed in quadruplicates were compiled, expressed as the mean  $\pm$  SEM, and fitted to dose-response curves with fixed slopes. Asterisks indicate a significant difference to the basal values obtained with no MSH. B, Cells were cultured for 18 hours with 0.1mM glucose and then with 0.1mM, 0.25mM, 0.5mM, or 1.0mM glucose (as indicated) for additional 6 hours to obtain basal CRE activity. To measure MSH-induced CRE-dependent reporter activation

activation. To this end we first constructed concentration-response curves in mHypoA-2/10-CRE cells cultured in 25.0mM or 0.1mM glucose for 24 hours (Figure 6A). Reducing extracellular glucose concentrations had no effect on the potency of MSH to activate CRE but significantly reduced its efficacy. Thus, we determined concentration-response relationships of MSH-induced CRE activation under stimulation conditions, applying glucose concentrations between 0.1mM and 1.0mM (Figure 6B). Increasing extracellular glucose gradually improved the efficacy of MSH-induced CRE activation without affecting potency. Under basal conditions, 0.25mM glucose was sufficient to yield the maximal MSH effect on the CRE promoter (Figure 6C).

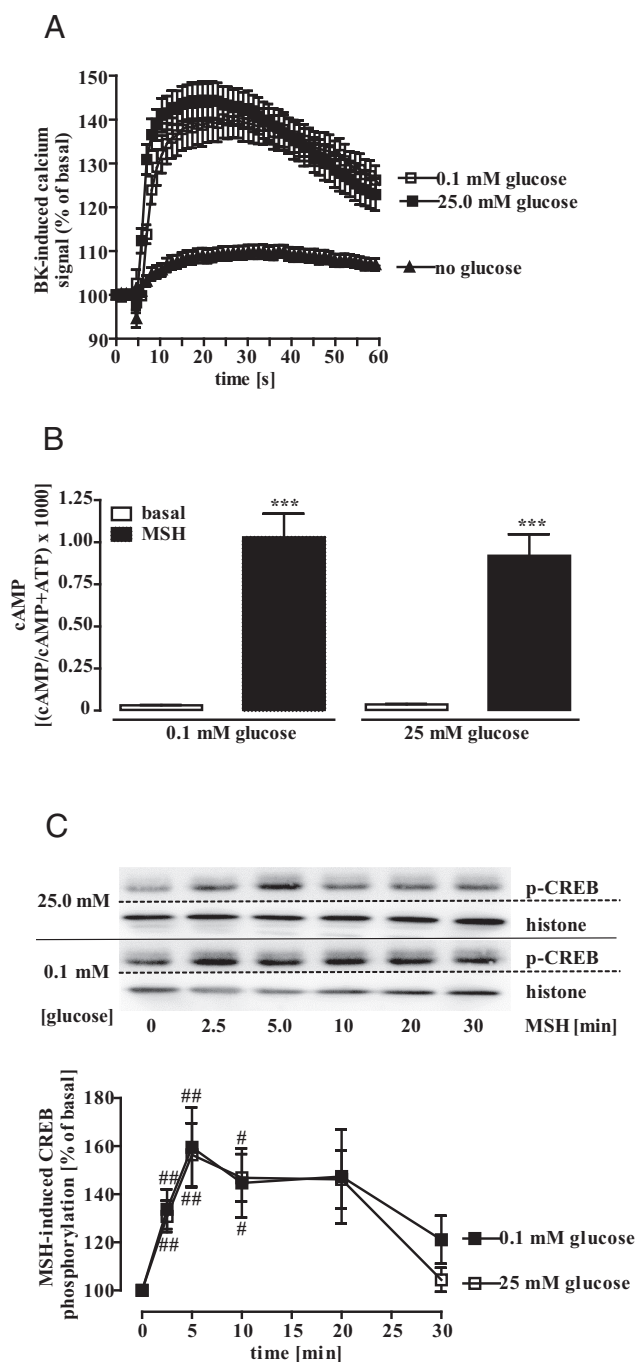
MSH acts via G protein-coupled receptors dependent on the nucleoside triphosphate GTP whose metabolism is closely linked to glucose and ATP. Therefore, we wondered whether glucose deprivation would affect G protein-dependent signaling in general and measured Gq-dependent calcium signaling induced by bradykinin (Figure 7A) and Gs-dependent cAMP accumulation by MSH (Figure 7B). Both signaling pathways were unaltered when extracellular glucose concentrations were reduced to 0.1mM for 24 hours, indicating that the stimulatory effects of glucose on MSH-induced CRE activation are not caused by impaired G protein signaling. To garner further evidence that the potentiation of MSH-induced CRE activation by glucose is not due to direct effects on MSH signaling, we measured MSH-induced phosphorylation of CREB. As shown in Figure 7C, MSH-induced CREB phosphorylation was undistinguishable, when cells were cultured either with 0.1mM or 25.0mM glucose for 24 hours.

### Glucose-induced TRH expression in hypothalamic cells

After having established that glucose enhances CRE-dependent reporter activity in mHypoA-2/10-CRE cells,

distinct pools of cells were also stimulated with the indicated MSH concentration for the last 5.5 hours without changing the glucose level. Data of 5 independent experiments performed in quadruplicates were compiled, by calculating the corresponding x-fold of basal value, expressed as the mean  $\pm$  SEM, and fitted to dose-response curves with fixed slopes. Numbers in parenthesis indicate the x-fold over basal for 1.0 $\mu$ M MSH. C, Cells were cultured with 0.1mM, 0.25mM, 0.5mM, or 1.0mM glucose (as indicated) for 24 hours to obtain basal CRE activity. To measure MSH-induced CRE-dependent reporter activation, distinct pools of cells were stimulated or not with the indicated MSH concentrations for the last 5.5 hours without changing the glucose concentration. Data of 5 independent experiments performed in quadruplicates were compiled, by calculating the corresponding x-fold of basal value, expressed as the mean  $\pm$  SEM, and fitted to dose-response curves with fixed slopes. Numbers in parenthesis indicate the x-fold over basal for 1.0 $\mu$ M MSH.





**Figure 7.** Effects of glucose on MSH-induced CRE-dependent reporter activation are not due to direct effects on MSH signaling. **A**, Bradykinin-induced calcium signaling ( $1.0\mu\text{M}$ ) was analyzed in fura 2-loaded mHypoA-2/12-CRE cells cultured with 25.0mM, 0.1mM, or no glucose for 24 hours. Data of 3 independent experiments performed in quadruplicates were compiled by setting the first value measured to 100% and expressed as the mean  $\pm$  SEM. **B**, MSH-induced cAMP accumulation was measured in mHypoA-2/12-CRE cells cultured with 25.0mM or 0.1mM glucose for 24 hours. Data of 4 independent experiments performed in quadruplicates were compiled and expressed as the mean  $\pm$  SEM. Asterisks indicate a significant difference to basal. **C**, Lysates of mHypoA-2/10-CRE cells, cultured for 24 hours with 0.1mM or 25mM glucose and then stimulated with  $1.0\mu\text{M}$  MSH for the indicated period of time were subjected to Western blot analysis using either a phospho-specific antiserum against p-CREB or against the total histone-3 protein to control for the total

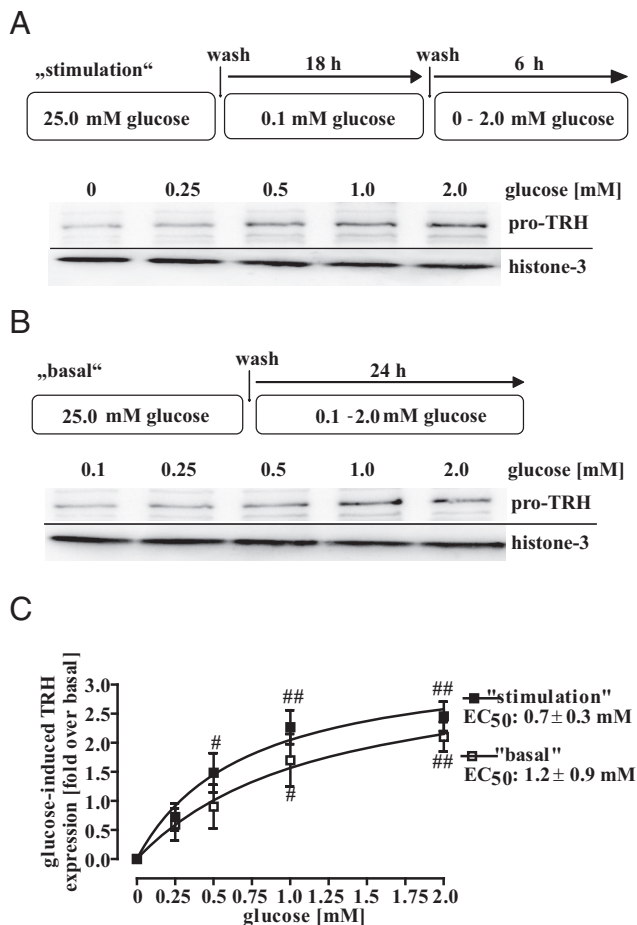
we next investigated the effect of glucose on the expression of the CRE-controlled gene TRH. To this end, we monitored TRH protein expression by Western blot analysis under basal and glucose stimulation conditions (Figure 8). Glucose induced TRH expression under both conditions in a concentration-dependent manner with an  $\text{EC}_{50}$  value of  $699 \pm 342\mu\text{M}$  and  $1203 \pm 877\mu\text{M}$ , indicating that changes in glucose levels that affect CRE-dependent reporter activity also affect TRH protein expression. In order to investigate whether these effects occur on the transcriptional or translational level, we additionally analyzed the effects of glucose on TRH mRNA levels. As shown in Figure 9A, glucose significantly increased TRH mRNA levels under basal and stimulation conditions, clearly demonstrating that glucose affects TRH expression on the transcriptional level. Glucose also enhanced effects of MSH on TRH mRNA levels (Figure 9B), highlighting the important role of glucose for TRH expression and providing first evidence that glucose may engage the HPT axis by fostering hypothalamic TRH expression.

## Discussion

Glucose has been reported to act on hypothalamic nuclei such as the nucleus arcuatus, the PVN and the ventromedial or lateral hypothalamus to affect the central regulation of food intake (19–23, 41–45). Interstitial hypothalamic glucose concentrations vary depending on food intake or insulin levels suggesting that naturally occurring fluctuations in hypothalamic glucose concentrations may directly induce anorexigenic signaling or modulate the impact of food intake-regulating hormones like leptin and insulin (19, 36, 37, 39, 40). However, little is known about the cellular events underlying the glucose-induced regulation of food intake.

Effects of glucose on central appetite control have frequently been attributed to the same mechanisms mediating glucose effects in pancreatic  $\beta$ -cells. Extracellular glucose is transported into the cell, metabolized to ATP that inhibits  $\text{K}_{\text{ATP}}$  channels and thereby depolarizes the plasma membrane leading to reduced insulin secretion (19–24). Besides this well-established effect of glucose on  $\text{K}_{\text{ATP}}$  channels, glucose-derived ATP also activates the CREB coactivator CRTC-2 in hypothalamic neurons (25). So far, however, it has remained elusive whether

protein amount. One representative blot is shown. Data of 5 independent experiments were quantified by densitometry, ratios between p-AMPK and histone signals calculated, MSH-induced CREB phosphorylation normalized to not stimulated cells, and expressed as the mean  $\pm$  SEM. Hash signs indicate a significant difference to 100%.



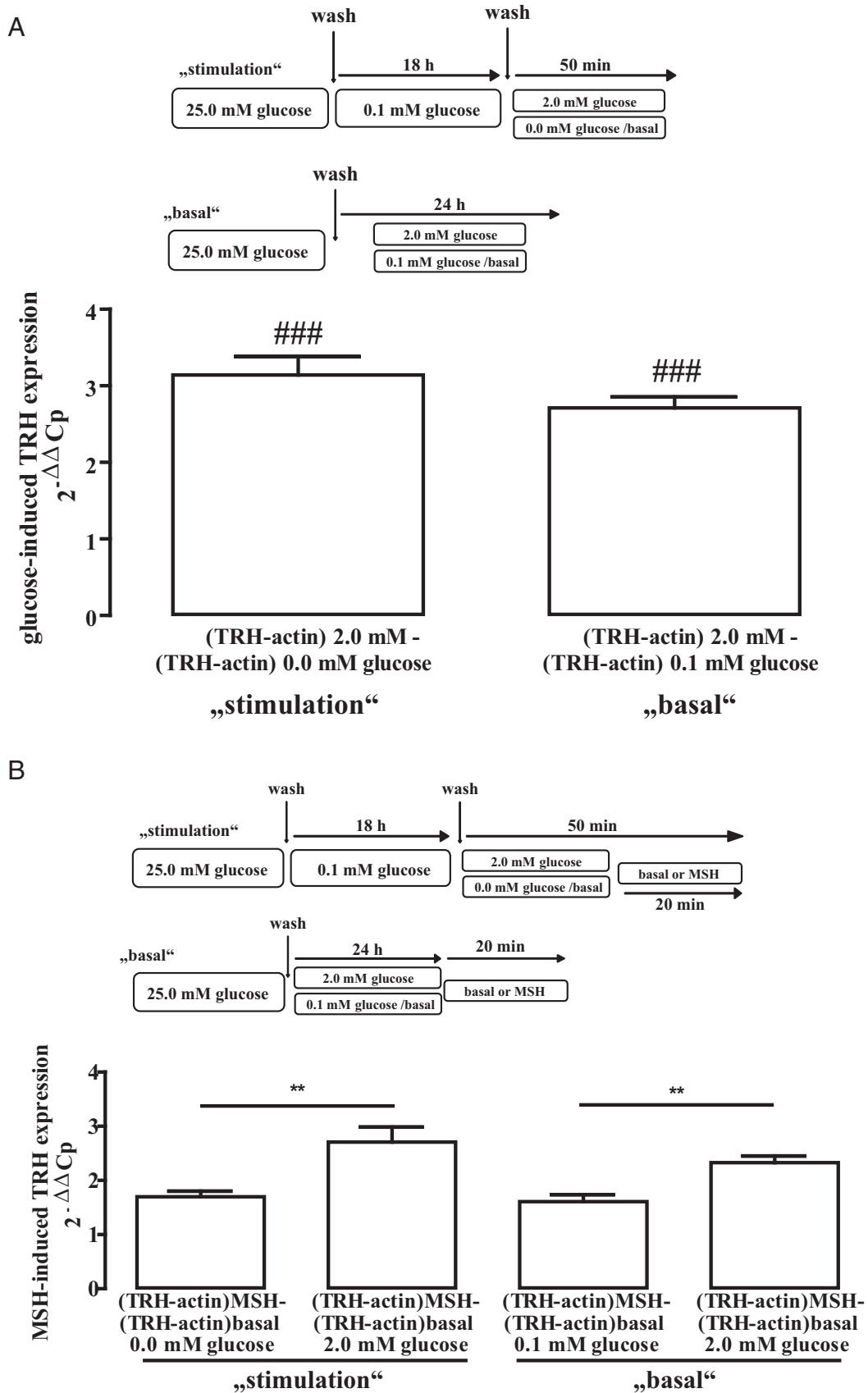
**Figure 8.** Glucose-induced TRH protein expression in hypothalamic cells. A, Cells were cultured for 18 hours with 0.1mM glucose and afterwards with 0mM, 0.25mM, 0.5mM, 1.0mM, or 2.0mM glucose for additional 6 hours. B, Cells were cultured with 0mM, 0.25mM, 0.5mM, 1.0mM, or 2.0mM glucose for 24 hours. Lysates were subjected to Western blot analysis using either a specific antiserum against pro-TRH or against the total histone-3 protein to control for the total protein amount. One representative blot is shown. C, Data of 5 independent experiments were quantified by densitometry, ratios between TRH and histone signals calculated, glucose-induced TRH expression normalized to not stimulated cells (no glucose), and data fitted to a 1-site saturation curve to calculate the  $EC_{50}$  value. Hash signs indicate a significant difference to 0 fold over basal.

physiologically relevant fluctuations of extracellular glucose concentrations would activate CREB via CRTC-2 and whether glucose-induced CRTC-2/CREB activation would subsequently lead to CRE-controlled gene expression. Here, we conclusively show that physiologically relevant variations of extracellular brain glucose concentrations 1) fine-tune basal and MSH-induced CRE activity, 2) induce CRTC-2 translocation, 3) reduce glucose sensitivity of hypothalamic cells because of desensitization and diminished uptake, and 4) control hypothalamic TRH expression.

Our study shows that glucose selectively induces CRE-dependent reporter activity in hypothalamic cells; because incremental changes in the extracellular glucose

concentration selectively enhance CRE but not NFAT- or STAT-dependent reporter activity. Thus, the effects of glucose on reporter activity cannot simply be explained by altered protein biosynthesis, but appear to reflect an intrinsic property of the CRE-dependent reporter. In vivo, brain glucose concentrations vary between 0.2mM and 2.5mM under physiological and between 0.1mM and 5.0mM under pathophysiological conditions (19, 36–40). It has been shown that interstitial hypothalamic glucose concentrations of freely feed rats were 1.42mM and of food-deprived (12 h) animals 0.84mM (36). Thus,  $EC_{50}$  values for glucose-induced CRE activation obtained in mHypoA-2/10-CRE cells (0.4mM and 1.6mM) indicate that physiological changes of extracellular glucose concentration may affect hypothalamic CRE activity. The same study showed that refeeding of food-deprived animals, led to a profound increase (5- to 10-fold) in hypothalamic glucose levels 2 hours after feeding lasting for an additional 2 hours. Thus, the kinetics of glucose-induced CRE activation in mHypoA-2/10-CRE cells mirrors that of food-induced changes in hypothalamic glucose levels observed in vivo.

Intracerebroventricular administration of glucose, but not of 2-DG, depressed food intake in mice (45). Concordant with these in vivo data, we show that glucose and its cytosolic metabolite F-1,6-BP, but not 2-DG, regulates CRE-dependent reporter activity in mHypoA-2/10-CRE cells. Hence, the effects of glucose on the CRE-dependent reporter depend on its metabolism, most probably due to the increase of cytosolic ATP levels. This observation highlights AMPK as a potential molecular target mediating glucose-induced CRE-dependent reporter activation. In accord with this assumption, we demonstrated that glucose induces AMPK dephosphorylation at Thr<sup>172</sup>, pertinent to its catalytic activity, with  $EC_{50}$  values (0.4mM and 1.0mM) similar to glucose-promoted CRE activation (46). Furthermore, we discovered that the AMPK inhibitor dorsomorphin enhances and the activator metformin decreases CRE-dependent reporter activity, illustrating an inverse correlation between AMPK and CRE activity in hypothalamic cells and suggesting that inhibition of AMPK activity is responsible for glucose-induced CRE activation. This notion is supported by our findings that 1) metformin inhibited glucose-induced CRE-dependent reporter activation, 2) glucose induces translocation of CRTC-2 to the nucleus, and 3) down-regulation of the CRTC-2 protein diminishes glucose-induced CRE-dependent reporter activation. However, at this stage, additional mechanisms underlying glucose-induced CRTC-2 activation cannot be ruled out. Alternative glucose targets could be  $K_{ATP}$  channels, neuronal NO synthase or glucose-sensitive TAS1 receptors, which were recently found



**Figure 9.** Glucose-induced TRH mRNA expression in hypothalamic cells. A, Cells were either cultured for 18 hours with 0.1mM glucose and afterwards with 0.0mM or 2.0mM glucose for 50 minutes (stimulation) or for 24 hours with 0.1mM or 2.0mM glucose (basal). Total mRNA was isolated and TRH mRNA specifically detected by qRT-PCR. Cp values measured for TRH after increasing glucose concentrations to 2.0mM were



in hypothalamic neurons (47). A  $K_{ATP}$  channel blocker (tolbutamide) or a NO synthase inhibitor (NS-2028) did not affect basal or glucose-induced CRE activity, excluding  $K_{ATP}$  channels and NO synthase as potential targets for glucose-induced CRE activation. At present, we cannot rigorously rule out a role for TAS1 receptors, but glucose did not interfere with known TAS1-induced second messengers such as calcium or cAMP in mHypoA-2/10 cells (data not shown).

Activation of melanocortin-4-receptors (MC4Rs) by MSH induces the expression of TRH via CRE activation in PVN neurons (48, 49). This sequel of events is of prime importance for proper functioning of the HPT axis and the regulation of human metabolism, as highlighted by the finding that mutations in the MC4R gene are the most frequent monogenic cause of severe obesity (3–9). Accordingly, targeted disruption of the MC4R or the MSH gene in mice causes an obesity-diabetes syndrome characterized by hyperphagia, hyperinsulinemia and hyperglycemia (10, 11). Here, we complement the overall picture by revealing that glucose and the melanocortin system functionally interact on the level of hypothalamic cells. It appears that under stimulation conditions, mimicking a high caloric meal after a longer fasting period, the efficacy of MSH-induced signaling is closely linked to the glucose concentration. Hence we propose that anorexigenic actions of MSH are controlled by glucose in that high glucose concentrations enhance MSH-mediated depression of food intake. Enhanced anorexigenic signaling by MSH in the presence of elevated glucose concentrations appears to be reasonable in the physiological context, but in the case of dysregulation or malfunction, might also contribute to pathophysiological consequences such as obesity. However, further *in vivo* studies are required to analyze

the physiological outcome of the functional interactions between glucose and MSH in the hypothalamus.

With regard to putative signaling events responsible for the effects of glucose on MSH, we provide data indicating that glucose does not directly affect MSH signaling on the level of G protein activation or CREB phosphorylation. However, our study supports a model in which CRE activity in hypothalamic cells is controlled by CREB and CRTC-2, thus coactivation of both transcription factors might be required for full CRE activation. In the framework of such a model, glucose coadministration may support MSH-promoted CREB/CRE activation by inducing significant nuclear CRTC-2 translocation due to its strong inhibitory effects on AMPK.

With this report we provide new insight into the actions of glucose on cellular signaling that affect hypothalamic gene expression. Assuming that our conclusions can be extended to the physiological level, some of them may be of clinical interest (1). Several studies reported that metformin reduces serum TSH levels in patients with T2DM, a phenomenon not observed for sulfonylureas, such as tolbutamide (50–56). If hypothalamic CRE activity is correlated with serum TSH levels, as shown for MSH, differential effects of metformin and tolbutamide in hypothalamic cells may contribute to the distinct actions of the 2 drug classes in T2DM patients (2). The present paper provides first experimental evidence that physiologically relevant glucose fluctuations enhance TRH expression on the mRNA and protein levels in hypothalamic cells. Interestingly, glucose concentrations above 5mM have also been reported to depress TRH release from rat hypothalamic nuclei, suggesting a negative feed-back loop (57). Further, glucose also stimulates the release of pancreatic TRH in rats, indicating that glucose affects central and peripheral TRH production/release (58). Because of the established anorexigenic actions of TRH, our data contribute to a better understanding of glucose-induced appetite control and thus may pave the way for new strategies to treat obesity. Furthermore, it has been recognized that T2DM severely disturbs the regulation of the HPT axis and that suboptimally controlled patients show increased serum TSH levels (17, 18). In line with this notion, it has been recommended that the diagnosis of thyroid function in T2DM patients be delayed until improvement of the metabolic status (15). Thus, glucose-induced hypothalamic TRH expression could likely be responsible for the association between hyperglycaemia and hyperthyroidism (3). We show that incubation of cells, which have been adapted to low-glucose concentrations, with increasing glucose concentrations exhibited a significant loss of sensitivity towards glucose. At this point we can only speculate about the molecular

**Figure 9 (Continued).** subtracted from those measured for actin ( $\Delta C_p$  stimulated).  $C_p$  values measured for TRH under basal conditions (0.0mM glucose for stimulation and 0.1mM glucose for basal) were subtracted from those measured for actin under the same conditions ( $\Delta C_p$  basal). Afterwards,  $\Delta C_p$ -basal values were subtracted from  $\Delta C_p$ -stimulated values and presented as  $2^{-\Delta\Delta C_p}$ . B, Cells were first cultured for 18 hours with 0.1mM glucose, then for 30 minutes with 0.0mM or 2.0mM glucose (stimulation) and afterwards treated or not with 1  $\mu$ M MSH for 20 minutes or for 24 hours with 0.1mM or 2.0mM glucose (basal) and then treated or not with 1  $\mu$ M MSH for 20 minutes. Total mRNA was isolated and TRH mRNA specifically detected by qRT-PCR.  $C_p$  values measured for TRH after MSH stimulation were subtracted from those measured for actin under the same conditions ( $\Delta C_p$  stimulated).  $C_p$  values measured for TRH under basal conditions (no MSH) were subtracted from those measured for actin under the same conditions ( $\Delta C_p$  basal). Afterwards,  $\Delta C_p$ -basal values were subtracted from  $\Delta C_p$ -stimulated values and presented as  $2^{-\Delta\Delta C_p}$ . Data of 4 independent experiments performed in triplicates were compiled and expressed as the mean  $\pm$  SEM. Hash signs indicate a significant difference to 0; asterisks between basal and MSH-stimulated cells.

basis of glucose-induced desensitization. Of note, AMPK has been shown to enhance glucose uptake into skeletal muscle cells (59), thus sustained inhibition of AMPK activity due to high glucose levels could reduce glucose uptake into hypothalamic cells and thus decrease glucose-induced CRE activation. Indeed, we observed reduced glucose uptake when cells were incubated with glucose concentrations above 1.0mM, but these effects were small and concentrations below 1.0mM, also eliciting CRE desensitization, had no effect on glucose uptake. Therefore, we assume that reduced uptake is not sufficient to fully account for glucose desensitization implicating uptake-independent additional mechanisms. However, these data suggest that prolonged hyperglycaemic conditions, for instance due to uncontrolled eating behavior, weaken the central anorexigenic effects of glucose and thus may provide a new association between T2DM and obesity. Hence, it will be enlightening in future studies to see whether prolonged elevations of hypothalamic glucose concentrations impair glucose sensitivity of food intake-controlling neurons in vivo and thereby interfere with central appetite control.

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## References

- Amin A, Dhillon WS, Murphy KG. The central effects of thyroid hormones on appetite. *J Thyroid Res*. 2011;2011:306510.
- Nillni EA. Regulation of the hypothalamic thyrotropin releasing hormone (TRH) neuron by neuronal and peripheral inputs. *Front Neuroendocrinol*. 2010;31:134–156.
- Biebermann H, Krude H, Elsner A, Chubanov V, Gudermann T, Grüters A. Autosomal-dominant mode of inheritance of a melanocortin-4 receptor mutation in a patient with severe early-onset obesity is due to a dominant-negative effect caused by receptor dimerization. *Diabetes*. 2003;52:2984–2988.
- Govaerts C, Srinivasan S, Shapiro A, et al. Obesity-associated mutations in the melanocortin 4 receptor provide novel insights into its function. *Peptides*. 2005;26:1909–1919.
- Hinney A, Bettecken T, Tarnow P, et al. Prevalence, spectrum, and functional characterization of melanocortin-4 receptor gene mutations in a representative population-based sample and obese adults from Germany. *J Clin Endocrinol Metab*. 2006;91:1761–1769.
- Hinney A, Hohmann S, Geller F, et al. Melanocortin-4 receptor gene: case-control study and transmission disequilibrium test confirm that functionally relevant mutations are compatible with a major gene effect for extreme obesity. *J Clin Endocrinol Metab*. 2003;88:4258–4267.
- Tao YX, Segaloff DL. Functional characterization of melanocortin-4 receptor mutations associated with childhood obesity. *Endocrinology*. 2003;144:4544–4551.
- Vaisse C, Clement K, Guy-Grand B, Froguel P. A frameshift mutation in human MC4R is associated with a dominant form of obesity. *Nat Genet*. 1998;20:113–114.
- Yeo GS, Lank EJ, Farooqi IS, Keogh J, Challis BG, O’Rahilly S. Mutations in the human melanocortin-4 receptor gene associated with severe familial obesity disrupts receptor function through multiple molecular mechanisms. *Hum Mol Genet*. 2003;12:561–574.
- Huszar D, Lynch CA, Fairchild-Huntress V, et al. Targeted disruption of the melanocortin-4 receptor results in obesity in mice. *Cell*. 1997;88:131–141.
- Balthasar N, Dalgaard LT, Lee CE, et al. Divergence of melanocortin pathways in the control of food intake and energy expenditure. *Cell*. 2005;123:493–505.
- Légrádi G, Holzer D, Kapcala LP, Lechan RM. Glucocorticoids inhibit stress-induced phosphorylation of CREB in corticotropin-releasing hormone neurons of the hypothalamic paraventricular nucleus. *Neuroendocrinology*. 1997;66:86–97.
- Sarkar S, Légrádi G, Lechan RM. Intracerebroventricular administration of  $\alpha$ -melanocyte stimulating hormone increases phosphorylation of CREB in TRH- and CRH-producing neurons of the hypothalamic paraventricular nucleus. *Brain Res*. 2002;945:50–59.
- Díaz-Gallardo MY, Cote-Vélez A, Carreón-Rodríguez A, Charli JL, Joseph-Bravo P. Phosphorylated cyclic-AMP-response element-binding protein and thyroid hormone receptor have independent response elements in the rat thyrotropin-releasing hormone promoter: an analysis in hypothalamic cells. *Neuroendocrinology*. 2010;91:64–76.
- Celani MF, Bonati ME, Stucci N. Prevalence of abnormal thyrotropin concentrations measured by a sensitive assay in patients with type 2 diabetes mellitus. *Diabetes Res*. 1994;27:15–25.
- Wilber JF, Banerji A, Prasad C, Mori M. Alterations in hypothalamic-pituitary-thyroid regulation produced by diabetes mellitus. *Life Sci*. 1981;28:1757–1763.
- Hage M, Zantout MS, Azar ST. Thyroid disorders and diabetes mellitus. *J Thyroid Res*. 2011;2011:439463.
- Nascimento-Saba CC, Breitenbach MM, Rosenthal D. Pituitary-thyroid axis in short- and long-term experimental diabetes mellitus. *Braz J Med Biol Res*. 1997;30:269–274.
- Routh VH. Glucose sensing neurons in the ventromedial hypothalamus. *Sensors*. 2010;10:9002–9025.
- Melnick IV, Price CJ, Colmers WF. Glucosensing in parvocellular neurons of the rat hypothalamic paraventricular nucleus. *Eur J Neurosci*. 2011;34:272–282.
- Burdakov D, Gerasimenko O, Verkhratsky A. Physiological changes in glucose differentially modulate the excitability of hypothalamic melanin-concentrating hormone and orexin neurons in situ. *J Neurosci*. 2005;25:2429–2433.
- Song Z, Routh VH. Differential effects of glucose and lactate on glucosensing neurons in the ventromedial hypothalamic nucleus. *Diabetes*. 2005;54:15–22.
- Wang R, Liu X, Hentges ST, et al. The regulation of glucose-excited neurons in the hypothalamic arcuate nucleus by glucose and feeding-relevant peptides. *Diabetes*. 2004;53:1959–1965.
- Lee K, Dixon AK, Richardson PJ, Pinnock RD. Glucose-receptive neurones in the rat ventromedial hypothalamus express KATP channels composed of Kir6.1 and SUR1 subunits. *J Physiol*. 1999; 515(pt 2):439–452.
- Lerner RG, Depatie C, Rutter GA, Sreaton RA, Balthasar N. A role for the CREB co-activator CRTC2 in the hypothalamic mechanisms linking glucose sensing with gene regulation. *EMBO Rep*. 2009;10:1175–1181.

26. Su H, Jiang L, Carter-Su C, Rui L. Glucose enhances leptin signaling through modulation of AMPK activity. *PLoS One*. 2012;7:e31636.
27. Breit A, Besik V, Solinski HJ, et al. Serine-727 phosphorylation activates hypothalamic STAT-3 independently from tyrosine-705 phosphorylation. *Mol Endocrinol*. 2015;29:445–459.
28. Dalvi PS, Belsham DD. Glucagon-like peptide-2 directly regulates hypothalamic neurons expressing neuropeptides linked to appetite control in vivo and in vitro. *Endocrinology*. 2012;153:2385–2397.
29. Dalvi PS, Erbicenu FD, Irwin DM, Belsham DD. Direct regulation of the proglucagon gene by insulin, leptin, and cAMP in embryonic versus adult hypothalamic neurons. *Mol Endocrinol*. 2012;26:1339–1355.
30. Belsham DD, Fick LJ, Dalvi PS, et al. Ciliary neurotrophic factor recruitment of glucagon-like peptide-1 mediates neurogenesis, allowing immortalization of adult murine hypothalamic neurons. *FASEB J*. 2009;23:4256–4265.
31. Dhillon SS, Gingerich S, Virtanen C, Belsham DD. Gene array analysis of embryonic- versus adult-derived hypothalamic NPY-expressing cell lines. *Mol Cell Endocrinol*. 2012;358:116–126.
32. Dhillon SS, Belsham DD. Leptin differentially regulates NPY secretion in hypothalamic cell lines through distinct intracellular signal transduction pathways. *Regul Pept*. 2011;167:192–200.
33. Dhillon SS, Belsham DD. Estrogen inhibits NPY secretion through membrane-associated estrogen receptor (ER)- $\alpha$  in clonal, immortalized hypothalamic neurons. *Int J Obes*. 2011;35:198–207.
34. Himmeler A, Stratowa C, Czernilofsky AP. Functional testing of human dopamine D1 and D5 receptors expressed in stable cAMP-responsive luciferase reporter cell lines. *J Recept Res*. 1993;13:79–94.
35. Solinski HJ, Boekhoff I, Bouvier M, Gudermann T, Breit A. Sensory neuron-specific MAS-related gene-X1 receptors resist agonist-promoted endocytosis. *Mol Pharmacol*. 2010;78:249–259.
36. Mayer CH, Fink H, Rex A, Voigt JP. Changes in extracellular hypothalamic glucose in relation to feeding. *Eur J Neurosci*. 2006;24:1695–1701.
37. Dunn-Meynell AA, Sanders NM, Compton D, et al. Relationship among brain and blood glucose levels and spontaneous and glucoprivic feeding. *J Neurosci*. 2009;29:7015–7022.
38. Diggs-Andrews KA, Zhang X, Song Z, Daphna-Iken D, Routh VH, Fisher SJ. Brain insulin action regulates hypothalamic glucose sensing and the counterregulatory response to hypoglycemia. *Diabetes*. 2010;59:2271–2280.
39. Silver IA, Ereciska M. Extracellular glucose concentration in mammalian brain: continuous monitoring of changes during increased neuronal activity and upon limitation in oxygen supply in normo-, hypo-, and hyperglycemic animals. *J Neurosci*. 1994;14:5068–5076.
40. DeVries JH, Snook FJ, Kostense PJ, Heine RJ. Improved glycaemic control in type 1 diabetes patients following participation per se in a clinical trial—mechanisms and implications. *Diabetes Metab Res Rev*. 2003;19:357–362.
41. Burdakov D, Gonzalez JA. Physiological functions of glucose-inhibited neurones. *Acta Physiol (Oxf)*. 2009;195:71–78.
42. de Gortari P, Cisneros M, Joseph-Bravo P. Chronic ethanol or glucose consumption alter TRH content and pyroglutamate aminopeptidase II activity in rat limbic regions. *Regul Pept*. 2005;127:141–150.
43. de Gortari P, Cisneros M, Medellín MA, Joseph-Bravo P. Chronic ingestion of ethanol or glucose solutions affects hypothalamic and limbic TRH metabolism in dams and their pups. *Neurochem Int*. 2002;41:237–249.
44. de Andrade IS, Zemdegs JC, de Souza AP, et al. Diet-induced obesity impairs hypothalamic glucose sensing but not glucose hypothalamic extracellular levels, as measured by microdialysis. *Nutr Diabetes*. 2015;5:e162.
45. Bady I, Marty N, Dallaporta M, et al. Evidence from glut2-null mice that glucose is a critical physiological regulator of feeding. *Diabetes*. 2006;55:988–995.
46. Hawley SA, Davison M, Woods A, et al. Characterization of the AMP-activated protein kinase from rat liver and identification of threonine 172 as the major site at which it phosphorylates AMP-activated protein kinase. *J Biol Chem*. 1996;271:27879–27887.
47. Ren X, Zhou L, Terwilliger R, Newton SS, de Araujo IE. Sweet taste signaling functions as a hypothalamic glucose sensor. *Front Integr Neurosci*. 2009;3:12.
48. Cyr NE, Toorie AM, Steger JS, et al. Mechanisms by which the orexigen NPY regulates anorexigenic  $\alpha$ -MSH and TRH. *Am J Physiol Endocrinol Metab*. 2013;304:E640–E650.
49. Lechan RM, Fekete C. Role of melanocortin signaling in the regulation of the hypothalamic-pituitary-thyroid (HPT) axis. *Peptides*. 2006;27:310–325.
50. Cappelli C, Rotondi M, Pirola I, et al. Thyrotropin levels in diabetic patients on metformin treatment. *Eur J Endocrinol*. 2012;167:261–265.
51. Cappelli C, Rotondi M, Pirola I, et al. Metformin-induced thyrotropin suppression is not associated with cardiac effects. *Hormones*. 2014;13:252–258.
52. Cappelli C, Rotondi M, Pirola I, et al. TSH-lowering effect of metformin in type 2 diabetic patients: differences between euthyroid, untreated hypothyroid, and euthyroid on L-T4 therapy patients. *Diabetes Care*. 2009;32:1589–1590.
53. Krysiak R, Okopien B. The effect of metformin on the hypothalamic-pituitary-thyroid axis in women with polycystic ovary syndrome and subclinical hypothyroidism. *J Clin Pharmacol*. 2015;55:45–49.
54. Krysiak R, Szkrobka W, Okopien B. The effect of metformin on the hypothalamic-pituitary-thyroid axis in patients with type 2 diabetes and subclinical hyperthyroidism. *Exp Clin Endocrinol Diabetes*. 2015;123:205–208.
55. Fournier JP, Yin H, Yu OH, Azoulay L. Metformin and low levels of thyroid-stimulating hormone in patients with type 2 diabetes mellitus. *CMAJ*. 2014;186:1138–1145.
56. Karimifar M, Aminorroaya A, Amini M, et al. Effect of metformin on thyroid stimulating hormone and thyroid volume in patients with prediabetes: a randomized placebo-controlled clinical trial. *J Res Med Sci*. 2014;19:1019–1026.
57. Lewis BM, Ismail IS, Issa B, Peters JR, Scanlon MF. Desensitisation of somatostatin, TRH and GHRH responses to glucose in the diabetic (Goto-Kakizaki) rat hypothalamus. *J Endocrinol*. 1996;151:13–17.
58. Benický J, Strbák V. Glucose stimulates and insulin inhibits release of pancreatic TRH in vitro. *Eur J Endocrinol*. 2000;142:60–65.
59. Musi N, Hayashi T, Fujii N, Hirshman MF, Witters LA, Goodyear LJ. AMP-activated protein kinase activity and glucose uptake in rat skeletal muscle. *Am J Physiol Endocrinol Metab*. 2001;280:E677–E684.

## Literaturverzeichnis

1. Burke, L.K., et al., *Sex difference in physical activity, energy expenditure and obesity driven by a subpopulation of hypothalamic POMC neurons*. Mol Metab, 2016. **5**(3): p. 245-52.
2. Cyr, N.E., et al., *Mechanisms by which the orexigen NPY regulates anorexigenic alpha-MSH and TRH*. Am J Physiol Endocrinol Metab, 2013. **304**(6): p. E640-50.
3. Alberti, K.G., et al., *Harmonizing the metabolic syndrome: a joint interim statement of the International Diabetes Federation Task Force on Epidemiology and Prevention; National Heart, Lung, and Blood Institute; American Heart Association; World Heart Federation; International Atherosclerosis Society; and International Association for the Study of Obesity*. Circulation, 2009. **120**(16): p. 1640-5.
4. Tune, J.D., et al., *Cardiovascular consequences of metabolic syndrome*. Transl Res, 2017. **183**: p. 57-70.
5. Narayanaswami, V. and L.P. Dwoskin, *Obesity: Current and potential pharmacotherapeutics and targets*. Pharmacol Ther, 2017. **170**: p. 116-147.
6. Stone, T.W., M. McPherson, and L. Gail Darlington, *Obesity and Cancer: Existing and New Hypotheses for a Causal Connection*. EBioMedicine, 2018. **30**: p. 14-28.
7. *Interdisziplinäre Leilinie der Qualität S3 zur "Prävention und Therapie" der Adipositas*. 2014, Deutsche Adipositas-Gesellschaft (DAG) e.V., Deutsche Diabetes Gesellschaft (DDG), Deutsche Gesellschaft für Ernährung (DGE) e.V., Deutsche Gesellschaft für Ernährungsmedizin (DGEM) e.V.: [https://www.adipositas-gesellschaft.de/fileadmin/PDF/Leitlinien/050-001I\\_S3\\_Adipositas\\_Praevention\\_Therapie\\_2014-11.pdf](https://www.adipositas-gesellschaft.de/fileadmin/PDF/Leitlinien/050-001I_S3_Adipositas_Praevention_Therapie_2014-11.pdf).
8. Cetin, D., B.A. Lessig, and E. Nasr, *Comprehensive Evaluation for Obesity: Beyond Body Mass Index*. J Am Osteopath Assoc, 2016. **116**(6): p. 376-82.
9. Wright, S.M. and L.J. Aronne, *Causes of obesity*. Abdom Imaging, 2012. **37**(5): p. 730-2.
10. Aronne, L.J., D.S. Nelinson, and J.L. Lillo, *Obesity as a disease state: a new paradigm for diagnosis and treatment*. Clin Cornerstone, 2009. **9**(4): p. 9-25; discussion 26-9.
11. Karunathilake, S.P. and G.U. Ganegoda, *Secondary Prevention of Cardiovascular Diseases and Application of Technology for Early Diagnosis*. Biomed Res Int, 2018. **2018**: p. 5767864.
12. Cappuccio, F.P. and M.A. Miller, *Sleep and Cardio-Metabolic Disease*. Curr Cardiol Rep, 2017. **19**(11): p. 110.



13. Ashburn, D.D. and M.J. Reed, *Endocrine system and obesity*. Crit Care Clin, 2010. **26**(4): p. 633-6.
14. Sumithran, P. and J. Proietto, *Benefit-risk assessment of orlistat in the treatment of obesity*. Drug Saf, 2014. **37**(8): p. 597-608.
15. Hoy, S.M., *Lorcaserin: a review of its use in chronic weight management*. Drugs, 2013. **73**(5): p. 463-73.
16. Berlie, H.D. and K.M. Hurren, *Evaluation of lorcaserin for the treatment of obesity*. Expert Opin Drug Metab Toxicol, 2013. **9**(8): p. 1053-9.
17. Aronne, L., et al., *Safety and efficacy of lorcaserin: a combined analysis of the BLOOM and BLOSSOM trials*. Postgrad Med, 2014. **126**(6): p. 7-18.
18. Hess, R. and L.B. Cross, *The safety and efficacy of lorcaserin in the management of obesity*. Postgrad Med, 2013. **125**(6): p. 62-72.
19. Richard, D., *Cognitive and autonomic determinants of energy homeostasis in obesity*. Nat Rev Endocrinol, 2015. **11**(8): p. 489-501.
20. Sisley, S. and D. Sandoval, *Hypothalamic control of energy and glucose metabolism*. Rev Endocr Metab Disord, 2011. **12**(3): p. 219-33.
21. Harrold, J.A., et al., *CNS regulation of appetite*. Neuropharmacology, 2012. **63**(1): p. 3-17.
22. Speakman, J.R., et al., *Set points, settling points and some alternative models: theoretical options to understand how genes and environments combine to regulate body adiposity*. Dis Model Mech, 2011. **4**(6): p. 733-45.
23. Wellhauser, L., N.M. Gojska, and D.D. Belsham, *Delineating the regulation of energy homeostasis using hypothalamic cell models*. Front Neuroendocrinol, 2015. **36**: p. 130-49.
24. van Swieten, M.M., et al., *The neuroanatomical function of leptin in the hypothalamus*. J Chem Neuroanat, 2014. **61-62**: p. 207-20.
25. Waterson, M.J. and T.L. Horvath, *Neuronal Regulation of Energy Homeostasis: Beyond the Hypothalamus and Feeding*. Cell Metab, 2015. **22**(6): p. 962-70.
26. Roh, E., K. Song do, and M.S. Kim, *Emerging role of the brain in the homeostatic regulation of energy and glucose metabolism*. Exp Mol Med, 2016. **48**: p. e216.
27. Schwartz, M.W., et al., *Central nervous system control of food intake*. Nature, 2000. **404**(6778): p. 661-71.
28. Sohn, J.W., *Network of hypothalamic neurons that control appetite*. BMB Rep, 2015. **48**(4): p. 229-33.
29. Farr, O.M., C.S. Li, and C.S. Mantzoros, *Central nervous system regulation of eating: Insights from human brain imaging*. Metabolism, 2016. **65**(5): p. 699-713.
30. Gantz, I. and T.M. Fong, *The melanocortin system*. Am J Physiol Endocrinol Metab, 2003. **284**(3): p. E468-74.

31. Ollmann, M.M., et al., *Antagonism of central melanocortin receptors in vitro and in vivo by agouti-related protein*. *Science*, 1997. **278**(5335): p. 135-8.
32. Yulyaningsih, E., et al., *NPY receptors as potential targets for anti-obesity drug development*. *Br J Pharmacol*, 2011. **163**(6): p. 1170-202.
33. Kilpatrick, L.E., L.J. Humphrys, and N.D. Holliday, *A G protein-coupled receptor dimer imaging assay reveals selectively modified pharmacology of neuropeptide Y Y1/Y5 receptor heterodimers*. *Mol Pharmacol*, 2015. **87**(4): p. 718-32.
34. Gerald, C., et al., *A receptor subtype involved in neuropeptide-Y-induced food intake*. *Nature*, 1996. **382**(6587): p. 168-71.
35. Atasoy, D., et al., *Deconstruction of a neural circuit for hunger*. *Nature*, 2012. **488**(7410): p. 172-7.
36. Cowley, M.A., et al., *Leptin activates anorexigenic POMC neurons through a neural network in the arcuate nucleus*. *Nature*, 2001. **411**(6836): p. 480-4.
37. Coll, A.P. and G.S. Yeo, *The hypothalamus and metabolism: integrating signals to control energy and glucose homeostasis*. *Curr Opin Pharmacol*, 2013. **13**(6): p. 970-6.
38. Dalvi, P.S., et al., *Direct regulation of the proglucagon gene by insulin, leptin, and cAMP in embryonic versus adult hypothalamic neurons*. *Mol Endocrinol*, 2012. **26**(8): p. 1339-55.
39. Niswender, K.D., D.G. Baskin, and M.W. Schwartz, *Insulin and its evolving partnership with leptin in the hypothalamic control of energy homeostasis*. *Trends Endocrinol Metab*, 2004. **15**(8): p. 362-9.
40. Crujeiras, A.B., et al., *Leptin resistance in obesity: An epigenetic landscape*. *Life Sci*, 2015. **140**: p. 57-63.
41. Wang, Q., et al., *Arcuate AgRP neurons mediate orexigenic and glucoregulatory actions of ghrelin*. *Mol Metab*, 2014. **3**(1): p. 64-72.
42. Nakazato, M., et al., *A role for ghrelin in the central regulation of feeding*. *Nature*, 2001. **409**(6817): p. 194-8.
43. Cowley, M.A., et al., *The distribution and mechanism of action of ghrelin in the CNS demonstrates a novel hypothalamic circuit regulating energy homeostasis*. *Neuron*, 2003. **37**(4): p. 649-61.
44. Pritchard, L.E., A.V. Turnbull, and A. White, *Pro-opiomelanocortin processing in the hypothalamus: impact on melanocortin signalling and obesity*. *J Endocrinol*, 2002. **172**(3): p. 411-21.
45. Mountjoy, K.G., et al., *Localization of the melanocortin-4 receptor (MC4-R) in neuroendocrine and autonomic control circuits in the brain*. *Mol Endocrinol*, 1994. **8**(10): p. 1298-308.

46. Jegou, S., I. Boutelet, and H. Vaudry, *Melanocortin-3 receptor mRNA expression in pro-opiomelanocortin neurones of the rat arcuate nucleus*. J Neuroendocrinol, 2000. **12**(6): p. 501-5.
47. Wolak, M.L., et al., *Comparative distribution of neuropeptide Y Y1 and Y5 receptors in the rat brain by using immunohistochemistry*. J Comp Neurol, 2003. **464**(3): p. 285-311.
48. Chambers, A.P. and S.C. Woods, *The role of neuropeptide Y in energy homeostasis*. Handb Exp Pharmacol, 2012(209): p. 23-45.
49. Guo, F., et al., *Leptin signaling targets the thyrotropin-releasing hormone gene promoter in vivo*. Endocrinology, 2004. **145**(5): p. 2221-7.
50. Joseph-Bravo, P., L. Jaimes-Hoy, and J.L. Charli, *Advances in TRH signaling*. Rev Endocr Metab Disord, 2016.
51. Silva, J.E., *Thermogenic mechanisms and their hormonal regulation*. Physiol Rev, 2006. **86**(2): p. 435-64.
52. Bianco, A.C., et al., *Adaptive activation of thyroid hormone and energy expenditure*. Biosci Rep, 2005. **25**(3-4): p. 191-208.
53. Ribeiro, M.O., et al., *Expression of uncoupling protein 1 in mouse brown adipose tissue is thyroid hormone receptor-beta isoform specific and required for adaptive thermogenesis*. Endocrinology, 2010. **151**(1): p. 432-40.
54. Herman, J.P., et al., *Regulation of the Hypothalamic-Pituitary-Adrenocortical Stress Response*. Compr Physiol, 2016. **6**(2): p. 603-21.
55. Lagerstrom, M.C. and H.B. Schioth, *Structural diversity of G protein-coupled receptors and significance for drug discovery*. Nat Rev Drug Discov, 2008. **7**(4): p. 339-57.
56. Hoyer, D., et al., *International Union of Pharmacology classification of receptors for 5-hydroxytryptamine (Serotonin)*. Pharmacol Rev, 1994. **46**(2): p. 157-203.
57. Pytliak, M., et al., *Serotonin receptors - from molecular biology to clinical applications*. Physiol Res, 2011. **60**(1): p. 15-25.
58. McCorvy, J.D. and B.L. Roth, *Structure and function of serotonin G protein-coupled receptors*. Pharmacol Ther, 2015. **150**: p. 129-42.
59. Wettschureck, N. and S. Offermanns, *Mammalian G proteins and their cell type specific functions*. Physiol Rev, 2005. **85**(4): p. 1159-204.
60. Cheng, X., et al., *Epac and PKA: a tale of two intracellular cAMP receptors*. Acta Biochim Biophys Sin (Shanghai), 2008. **40**(7): p. 651-62.
61. Mountjoy, K.G., et al., *The cloning of a family of genes that encode the melanocortin receptors*. Science, 1992. **257**(5074): p. 1248-51.
62. Lin, S.L., et al., *Differential coupling of 5-HT(1) receptors to G proteins of the G(i) family*. Br J Pharmacol, 2002. **136**(7): p. 1072-8.

63. Brothers, S.P. and C. Wahlestedt, *Therapeutic potential of neuropeptide Y (NPY) receptor ligands*. EMBO Mol Med, 2010. **2**(11): p. 429-39.
64. Roth, B.L., et al., *Aortic recognition sites for serotonin (5HT) are coupled to phospholipase C and modulate phosphatidylinositol turnover*. Neuropharmacology, 1984. **23**(10): p. 1223-5.
65. Roth, B.L., et al., *5-Hydroxytryptamine2-family receptors (5-hydroxytryptamine2A, 5-hydroxytryptamine2B, 5-hydroxytryptamine2C): where structure meets function*. Pharmacol Ther, 1998. **79**(3): p. 231-57.
66. Rhee, S.G. and Y.S. Bae, *Regulation of phosphoinositide-specific phospholipase C isozymes*. J Biol Chem, 1997. **272**(24): p. 15045-8.
67. Syrovatkina, V., et al., *Regulation, Signaling, and Physiological Functions of G-Proteins*. J Mol Biol, 2016.
68. Kozasa, T., et al., *p115 RhoGEF, a GTPase activating protein for Galpha12 and Galpha13*. Science, 1998. **280**(5372): p. 2109-11.
69. Jacoby, E., et al., *The 7 TM G-protein-coupled receptor target family*. ChemMedChem, 2006. **1**(8): p. 761-82.
70. Ho, M.K., et al., *Regulation of transcription factors by heterotrimeric G proteins*. Curr Mol Pharmacol, 2009. **2**(1): p. 19-31.
71. Shaywitz, A.J. and M.E. Greenberg, *CREB: a stimulus-induced transcription factor activated by a diverse array of extracellular signals*. Annu Rev Biochem, 1999. **68**: p. 821-61.
72. Wang, G., et al., *Understanding Transcription Factor Regulation by Integrating Gene Expression and DNase I Hypersensitive Sites*. Biomed Res Int, 2015. **2015**: p. 757530.
73. Chawla, K., et al., *TFcheckpoint: a curated compendium of specific DNA-binding RNA polymerase II transcription factors*. Bioinformatics, 2013. **29**(19): p. 2519-20.
74. Johannessen, M., M.P. Delghandi, and U. Moens, *What turns CREB on?* Cell Signal, 2004. **16**(11): p. 1211-27.
75. Schumacher, M.A., R.H. Goodman, and R.G. Brennan, *The structure of a CREB bZIP.somatostatin CRE complex reveals the basis for selective dimerization and divalent cation-enhanced DNA binding*. J Biol Chem, 2000. **275**(45): p. 35242-7.
76. Carlezon, W.A., Jr., R.S. Duman, and E.J. Nestler, *The many faces of CREB*. Trends Neurosci, 2005. **28**(8): p. 436-45.
77. Marinho, H.S., et al., *Hydrogen peroxide sensing, signaling and regulation of transcription factors*. Redox Biol, 2014. **2**: p. 535-62.
78. Luo, Q., et al., *Mechanism of CREB recognition and coactivation by the CREB-regulated transcriptional coactivator CRT2*. Proc Natl Acad Sci U S A, 2012. **109**(51): p. 20865-70.



79. Srean, R.A., et al., *The CREB coactivator TORC2 functions as a calcium- and cAMP-sensitive coincidence detector*. Cell, 2004. **119**(1): p. 61-74.
80. Mayr, B. and M. Montminy, *Transcriptional regulation by the phosphorylation-dependent factor CREB*. Nat Rev Mol Cell Biol, 2001. **2**(8): p. 599-609.
81. Lonze, B.E. and D.D. Ginty, *Function and regulation of CREB family transcription factors in the nervous system*. Neuron, 2002. **35**(4): p. 605-23.
82. Morrison, D.K., *MAP kinase pathways*. Cold Spring Harb Perspect Biol, 2012. **4**(11).
83. Keshet, Y. and R. Seger, *The MAP kinase signaling cascades: a system of hundreds of components regulates a diverse array of physiological functions*. Methods Mol Biol, 2010. **661**: p. 3-38.
84. Roskoski, R., Jr., *ERK1/2 MAP kinases: structure, function, and regulation*. Pharmacol Res, 2012. **66**(2): p. 105-43.
85. Qi, M. and E.A. Elion, *MAP kinase pathways*. J Cell Sci, 2005. **118**(Pt 16): p. 3569-72.
86. van Biesen, T., et al., *Mitogenic signaling via G protein-coupled receptors*. Endocr Rev, 1996. **17**(6): p. 698-714.
87. Kolch, W., et al., *Protein kinase C alpha activates RAF-1 by direct phosphorylation*. Nature, 1993. **364**(6434): p. 249-52.
88. Ueda, Y., et al., *Protein kinase C activates the MEK-ERK pathway in a manner independent of Ras and dependent on Raf*. J Biol Chem, 1996. **271**(38): p. 23512-9.
89. Della Rocca, G.J., et al., *Ras-dependent mitogen-activated protein kinase activation by G protein-coupled receptors. Convergence of Gi- and Gq-mediated pathways on calcium/calmodulin, Pyk2, and Src kinase*. J Biol Chem, 1997. **272**(31): p. 19125-32.
90. Gonzalez, G.A. and M.R. Montminy, *Cyclic AMP stimulates somatostatin gene transcription by phosphorylation of CREB at serine 133*. Cell, 1989. **59**(4): p. 675-80.
91. Liu, M.T., et al., *5-HT4 receptor-mediated neuroprotection and neurogenesis in the enteric nervous system of adult mice*. J Neurosci, 2009. **29**(31): p. 9683-99.
92. Ishizuka, T., et al., *Stimulation of 5-HT4 receptor enhances differentiation of mouse induced pluripotent stem cells into neural progenitor cells*. Clin Exp Pharmacol Physiol, 2014. **41**(5): p. 345-50.
93. Glas, E., et al., *Exchange factors directly activated by cAMP mediate melanocortin 4 receptor-induced gene expression*. Sci Rep, 2016. **6**: p. 32776.
94. Vitali, E., et al., *Cyclic adenosine 3'-5'-monophosphate (cAMP) exerts proliferative and anti-proliferative effects in pituitary cells of different types by activating both cAMP-dependent protein kinase A (PKA) and exchange proteins*

- directly activated by cAMP (Epac)*. Mol Cell Endocrinol, 2014. **383**(1-2): p. 193-202.
95. Camps, M., et al., *Isozyme-selective stimulation of phospholipase C-beta 2 by G protein beta gamma-subunits*. Nature, 1992. **360**(6405): p. 684-6.
  96. Katz, A., D. Wu, and M.I. Simon, *Subunits beta gamma of heterotrimeric G protein activate beta 2 isoform of phospholipase C*. Nature, 1992. **360**(6405): p. 686-9.
  97. Rosethorne, E.M., S.R. Nahorski, and R.A. Challiss, *Regulation of cyclic AMP response-element binding-protein (CREB) by Gq/11-protein-coupled receptors in human SH-SY5Y neuroblastoma cells*. Biochem Pharmacol, 2008. **75**(4): p. 942-55.
  98. Oury, F., et al., *CREB mediates brain serotonin regulation of bone mass through its expression in ventromedial hypothalamic neurons*. Genes Dev, 2010. **24**(20): p. 2330-42.
  99. Currie, P.J., et al., *Hypothalamic paraventricular 5-hydroxytryptamine: receptor-specific inhibition of NPY-stimulated eating and energy metabolism*. Pharmacol Biochem Behav, 2002. **71**(4): p. 709-16.
  100. Millan, M.J., et al., *Signaling at G-protein-coupled serotonin receptors: recent advances and future research directions*. Trends Pharmacol Sci, 2008. **29**(9): p. 454-64.
  101. Meltzer, H.Y., et al., *Serotonin receptors: their key role in drugs to treat schizophrenia*. Prog Neuropsychopharmacol Biol Psychiatry, 2003. **27**(7): p. 1159-72.
  102. Raymond, J.R., et al., *Multiplicity of mechanisms of serotonin receptor signal transduction*. Pharmacol Ther, 2001. **92**(2-3): p. 179-212.
  103. Bockaert, J., et al., *Neuronal 5-HT metabotropic receptors: fine-tuning of their structure, signaling, and roles in synaptic modulation*. Cell Tissue Res, 2006. **326**(2): p. 553-72.
  104. Saller, C.F. and E.M. Stricker, *Hyperphagia and increased growth in rats after intraventricular injection of 5,7-dihydroxytryptamine*. Science, 1976. **192**(4237): p. 385-7.
  105. Breisch, S.T., F.P. Zemlan, and B.G. Hoebel, *Hyperphagia and obesity following serotonin depletion by intraventricular p-chlorophenylalanine*. Science, 1976. **192**(4237): p. 382-5.
  106. Burke, L.K. and L.K. Heisler, *5-hydroxytryptamine medications for the treatment of obesity*. J Neuroendocrinol, 2015. **27**(6): p. 389-98.
  107. Heisler, L.K., R.B. Kanarek, and A. Gerstein, *Fluoxetine decreases fat and protein intakes but not carbohydrate intake in male rats*. Pharmacol Biochem Behav, 1997. **58**(3): p. 767-73.

108. Jackson, H.C., et al., *Comparison of the effects of sibutramine and other monoamine reuptake inhibitors on food intake in the rat*. Br J Pharmacol, 1997. **121**(8): p. 1758-62.
109. Kiss, J.Z., M.D. Cassell, and M. Palkovits, *Analysis of the ACTH/beta-End/alpha-MSH-immunoreactive afferent input to the hypothalamic paraventricular nucleus of rat*. Brain Res, 1984. **324**(1): p. 91-9.
110. Lam, D.D., et al., *Brain serotonin system in the coordination of food intake and body weight*. Pharmacol Biochem Behav, 2010. **97**(1): p. 84-91.
111. Voigt, J.P. and H. Fink, *Serotonin controlling feeding and satiety*. Behav Brain Res, 2015. **277**: p. 14-31.
112. Clemett, D.A., et al., *Immunohistochemical localisation of the 5-HT<sub>2C</sub> receptor protein in the rat CNS*. Neuropharmacology, 2000. **39**(1): p. 123-32.
113. Heisler, L.K., et al., *Activation of central melanocortin pathways by fenfluramine*. Science, 2002. **297**(5581): p. 609-11.
114. Xu, Y., et al., *5-HT<sub>2C</sub>Rs expressed by pro-opiomelanocortin neurons regulate energy homeostasis*. Neuron, 2008. **60**(4): p. 582-9.
115. Heisler, L.K., et al., *Serotonin reciprocally regulates melanocortin neurons to modulate food intake*. Neuron, 2006. **51**(2): p. 239-49.
116. Garfield, A.S. and L.K. Heisler, *Pharmacological targeting of the serotonergic system for the treatment of obesity*. J Physiol, 2009. **587**(1): p. 49-60.
117. Fletcher, P.J. and I.A. Paterson, *A comparison of the effects of tryptamine and 5-hydroxytryptamine on feeding following injection into the paraventricular nucleus of the hypothalamus*. Pharmacol Biochem Behav, 1989. **32**(4): p. 907-11.
118. Melnick, I.V., C.J. Price, and W.F. Colmers, *Glucosensing in parvocellular neurons of the rat hypothalamic paraventricular nucleus*. Eur J Neurosci, 2011. **34**(2): p. 272-82.
119. Song, Z. and V.H. Routh, *Differential effects of glucose and lactate on glucosensing neurons in the ventromedial hypothalamic nucleus*. Diabetes, 2005. **54**(1): p. 15-22.
120. Su, H., et al., *Glucose enhances leptin signaling through modulation of AMPK activity*. PLoS One, 2012. **7**(2): p. e31636.
121. Lee, K., et al., *Glucose-receptive neurones in the rat ventromedial hypothalamus express KATP channels composed of Kir6.1 and SUR1 subunits*. J Physiol, 1999. **515 ( Pt 2)**: p. 439-52.
122. Minokoshi, Y., et al., *AMP-kinase regulates food intake by responding to hormonal and nutrient signals in the hypothalamus*. Nature, 2004. **428**(6982): p. 569-74.

123. Carling, D., *The role of the AMP-activated protein kinase in the regulation of energy homeostasis*. Novartis Found Symp, 2007. **286**: p. 72-81; discussion 81-5, 162-3, 196-203.
124. Lerner, R.G., et al., *A role for the CREB co-activator CRTC2 in the hypothalamic mechanisms linking glucose sensing with gene regulation*. EMBO Rep, 2009. **10**(10): p. 1175-81.
125. Sargent, B.J. and N.A. Moore, *New central targets for the treatment of obesity*. Br J Clin Pharmacol, 2009. **68**(6): p. 852-60.
126. Bello, N.T. and N.C. Liang, *The use of serotonergic drugs to treat obesity--is there any hope?* Drug Des Devel Ther, 2011. **5**: p. 95-109.
127. Rothman, R.B. and M.H. Baumann, *Serotonergic drugs and valvular heart disease*. Expert Opin Drug Saf, 2009. **8**(3): p. 317-29.
128. Bickerdike, M.J., S.P. Vickers, and C.T. Dourish, *5-HT<sub>2C</sub> receptor modulation and the treatment of obesity*. Diabetes Obes Metab, 1999. **1**(4): p. 207-14.
129. Thomsen, W.J., et al., *Lorcaserin, a novel selective human 5-hydroxytryptamine<sub>2C</sub> agonist: in vitro and in vivo pharmacological characterization*. J Pharmacol Exp Ther, 2008. **325**(2): p. 577-87.
130. DiNicolantonio, J.J., et al., *Lorcaserin for the treatment of obesity? A closer look at its side effects*. Open Heart, 2014. **1**(1): p. e000173.
131. Legradi, G., et al., *Glucocorticoids inhibit stress-induced phosphorylation of CREB in corticotropin-releasing hormone neurons of the hypothalamic paraventricular nucleus*. Neuroendocrinology, 1997. **66**(2): p. 86-97.
132. Currie, P.J., N. Saxena, and A.Y. Tu, *5-HT<sub>2A/2C</sub> receptor antagonists in the paraventricular nucleus attenuate the action of DOI on NPY-stimulated eating*. Neuroreport, 1999. **10**(14): p. 3033-6.
133. Harris, M., et al., *Transcriptional regulation of the thyrotropin-releasing hormone gene by leptin and melanocortin signaling*. J Clin Invest, 2001. **107**(1): p. 111-20.
134. Sarkar, S., G. Legradi, and R.M. Lechan, *Intracerebroventricular administration of alpha-melanocyte stimulating hormone increases phosphorylation of CREB in TRH- and CRH-producing neurons of the hypothalamic paraventricular nucleus*. Brain Res, 2002. **945**(1): p. 50-9.
135. Ren, X., et al., *Sweet taste signaling functions as a hypothalamic glucose sensor*. Front Integr Neurosci, 2009. **3**: p. 12.

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