DANCE ROUND



We dance round in a ring and suppose, But the Secret sits in the middle and knows.

Robert Frost

THE ADIPOSE TISSUE: A NEW MEMBER OF THE DIFFUSE NEUROENDOCRINE SYSTEM?

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Abstract

Adipose tissue is a sophisticated module, consisting of adipocytes and non-adipocyte cellular elements including stromal, vascular, nerve and immune cells. There is at present evidence that sharing of ligands and their receptors constitutes a molecular language of the human's body, which is also the case for adipose tissue and hypothalamus-pituitary gland. Historically, Nikolai Kulchitsky's identification of the enterochromaffin cell in 1897 formed the basis for the subsequent delineation of the diffuse neuroendocrine system (DNES) by Friedrich Feyrter in 1938. In DNES paradigm, the secretion of hormones, neuropeptides and neurotrophic factors is executed by cells disseminated throughout the body, for example, Kulchitsky (enterochromaffin) cells, testicular Leydig cells, and hepatic stellate cells. Here we propose that the adipose tissue might be a new member of DNES. Today (dnes, in Bulgarian), adipose tissue is "getting nervous" indeed: (i) synthesizes neuropeptides, neurotrophic factors, neurotransmitters, hypothalamic hormones/releasing factors and their receptors, (ii) like brain expresses endocannabinoids and amyloid precursor protein and, for steroidogenesis, the enzyme aromatase (P450arom), (iii) adipocytes may originate from the neural crest cells, and (iv) adipose-derived stem cells may differentiate into neuronal cells. Further molecular profiling of adipose tissue may provide new biological insights on its neuroendocrine potential. Overall this may frame a novel field of study, neuroadipobiology; its development and clinical application may contribute to the improvement of human's health.

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Adipose tissue

In the last 20 years, the physical, mental and economic burden of obesity and related diseases is reaching pandemic proportions. Arguably, we have learned more about the molecular control of food intake and energy homeostasis. It is an intricate feedback system in which food intake and energy expenditure are balanced through brain-adipose, brain-gut, entero-insular and reward circuits.

White and brown adipose tissue (WAT and BAT) are morphological and functional expressions of a dynamic system, consisting of adipocytes and non-adipocyte cellular elements, including stromal, vascular, nerve and immune cells (1). Adipose tissue ("WAT" will be assumed from hereon) also contains cells that have the ability to differentiate into several lineages including neuronal cells. By sending and receiving different types of protein and non-protein signals, adipose tissue communicates via

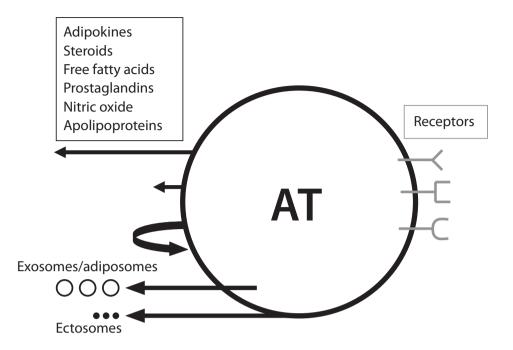


Figure 1. A drawing illustrating both secretory and receptive nature of adipose tissue (AT). At secretory level, AT-derived signaling molecules communicate via multiple pathways such as endocrine (arrows 1,4,5, from up-down), paracrine (arrow 2) and autocrine (arrow 3, curved) as well as via exosomes (multivesicular body-derived microvessels) and ectosomes (plasma membrane-shedding microparticles) (see references 5,89; for exosomes/adiposomes, see 90). At receptive level, AT possesses receptors for various ligands. Modified from 63.

endo- and paracrine way with many organs in the body (Fig. 1). In effect, brain-adipose network plays a pivotal role in the regulation of food intake and energy balance (2) as well as hypothalamic-pituitary cells produce "adipotrophins" (see below). It is increasingly recognized that adipose tissue expresses not only metabolic, but also secretory phenotype, synthesizing and releasing more than 100 signaling proteins designated adipokines (2-5). These are implicated in the regulation of energy, lipid and glucose homeostasis, inflammation, immunity and vascular tone as well as the pathogenesis of cardiometabolic and neuro-degenerative diseases.

Neuroendocrinology of adipose tissue

While numerous studies have demonstrated that brain can control adipose tissue functions, it is only now becoming apparent that the control is bidirectional, that is, the adipose tissue can control brain neuroendocrine functions. For instance, (*i*) many neuropeptides and neurotrophic factors and their receptors are shared by the adipose tissue and brain (2-9), (*ii*) the adipokines leptin, adiponectin, resistin and fasting-induced adipose factor (angiopoietin-like protein 4) and their receptors are expressed in the brain (10-15), (*iii*) a subset of adipocytes may originate from the neural crest cells (16), and (*iv*) in cocultures of 3T3-L1 adipocytes with neurons, adipocyte-derived apolipoproteins

enhance neuritogenesis and synaptogenesis (17).

Vice versa, adipose tissue produces (i) neuropeptide tyrosine (NPY), substance P, calcitonin gene-related protein and other neuropeptides (18-25), and (ii) glutamate and gamma-aminobutyric acid (GABA) neurotransmitters, N-methyl-D-aspartate (NMDA) and GABA receptors, and vesicular glutamate transporters (26,27). Moreover, macrophages, mast cells and other immune cells associate with both adipose tissue (3) and pituitary gland (28).

Further, most pituitary hormones and hypothalamic releasing factors, termed "adipotrophins" (29), express their receptors in adipose tissue, creating hypothalamic-pituitary-adipose axis (29,30) as well as some hypothalamic releasing factors are produced by adipose tissue (31,32); recently, pineal-adipose network is also appreciated (see Ranĉić *et al*' s abstract in this volume of *Adipobiology*). Also, various neurotrophic factors including nerve growth factor (NGF), brain-derived neurotrophic factor (BDNF), ciliary neurotrophic factor (CNTF), vascular endothelial growth factor, insulin-like growth factor, and angiopoietin are synthesized and released from adipose tissue (20,25,33-37).

While NGF was first discovered by Rita Levi-Montalcini in 1951 as nerve growth stimulating protein produced in largest amount by the mouse submandibular glands (38), it appears to-day that the adipose tissue may also be a major biological source of NGF and other neurotrophic factors (reviewed in 39,40).

Noteworthy, semaphorin (Sema3A) and its receptor neuropilin-1 (41), and pantophysin, a protein related to the neuroendocrine-specific synaptophysin (42), are expressed in adipose tissue as well as neural and glial markers in neurally differentiated adipose-derived stromal cells (43-45).

Another neuroendocrine feature of adipose tissue might be its own production of both steroids and endocannabinoids. There is at present clear evidence that adipose tissue, like brain and its aromatase (P450arom) and neurosteroids, produces adiposteroids (see 3,46; the term "adiposteroids" has been introduced by Masuzaki H *et al* in 2004). Endocannabinoids and their receptors, recently extensively studied in food intake control and reward phenomena, are expressed in both hypothalamus/pituitary gland and adipose tissue (47).

Last but not least, it has been recently disclosed a metabolic paradigm for Alzheimer's disease pathogenesis including the role of obesity, cholesterol and adipokines in neurodegeneration (48-50). Also, it is increasingly clear that the hypothalamus is not the only site of leptin action, nor food intake is the only biological effect of leptin. Rather, leptin is a pleiotropic adipokine that supports learning and memory and has neurotrophic activity (14,15,51-53; also Arieh Gertler in this volume of *Adipobiology*; for apelin, a new adipokine, see 54,55). Other neurotrophic factors produced by adipose tissue (20,25,33-37,39,40) may also contribute to neuroprotection in various neuropsychiatric diseases (reviewed in 56).

From enterochromaffin cells to adipose tissue

Historically, Nikolai Konstantinovich Kulchitsky (1856-1925) has identified the enterochromaffin cells found in the crypts of Lieberkuhn of gastrointenstinal mucosa, in 1897. This discovery formed the basis for the subsequent delineation of the diffuse neuroendocrine system (DNES) by Friedrich Feyrter in 1938 (reviewed in 57,58); examples of DNES include Feyrter's Hellen Zellen (clear cells) in pancreas and gut, testicular Leydig cells (59), hepatic stellate cells (Ito cells) (60) and other cells disseminated throughout the body.

Dancing around the accumulating evidence of synthesis and release of multiple neuronal and neuroendrocrine factors and expression of their receptors and various neural markers (Table 1-3), we propose that adipose tissue might be a new member of DNES.

Today (*dnes*, in Bulgarian, Serbian, Polish and Slovak), adipose tissue is "getting nervous" indeed (61). Metaphorically, this talented tissue is increasing dramatically its intelligence quotient (IQ) (62). As well as the gut is considered a second brain (58), the adipose tissue may likely function as a third brain (63). Although "absence of proofs is not proof of absence", further neuroendocrine profiling of adipose tissue is required. It may provide new biological insights on some "newcomers" such as NGF, BDNF, CNTF, nitric oxide (64, also Tunçel *et al* in this vol-

Table 1.

Neuronal and neuroendocrine factors in adipose tissue

Neuropeptides

Agouti protein (2-5)*

Neuropeptide tyrosine (NPY) (20,25)

Calcitonin gene-related peptide (18)

Adrenomedullin (18)

Somatostatin (19)

Insulin-like growth factor (20)

Substance P (21)

Kisspeptin (22)

Neuromedin B (23)

Neurotensin (24)

Mineralocorticoid-releasing factors (31)

Corticotropin-releasing hormone (CRH) (32)

Stresscopin and urocortin (CRH-like peptides) (32)

Apelin (54; cf. 55)

Nesfatin-1 (67)

Neurotrophic factors

Leptin (2-5; cf. 15,51-53)

Apolipoprotein D, E3 (17)

Nerve growth factor (20,25,33,36)

Brain-derived neurotrophic factor (34,35,88)

Angiopoietin-1 (37)

Vascular endothelial growth factor (39)

Ciliary neurotrophic factor (20,39)

Glial cell line-derived neurotrophic factor (39,88)

Steroids (3,46; cf.81-83)

Metallothioneins (65, cf. 66)

Neurotransmitters

Noradrenaline (1)

Glutamate (26)

Gamma-aminobutyric acid (GABA) (26)

* References are indicated in parentheses.

Table 2.

Neuronal and neuroendocrine receptors in adipose tissue

Leptin (ObRb) (4)* NPY1R, NPY2R, NPY4R (20) Beta3-adrenergic receptor (25,64) α2 GABAAR, NR1 NMDAR, GluR2/3 AMPAR** (26,27) FSH, LH, ACTH, TSH, GH (29,30) Prolactin, oxytocin, vasopressin (29,30) p75 neurotrophin receptor (p75NTR) (33,45) Tropomyosin-related kinase/tyrosine kinase A (Trk A) (43) Orexin-A, -B (69) Acetylcholine (muscarinic M3) (70) Melatonin (84) Melanocortin-4 receptor (85)

- * References are indicated in parentheses.
- ** Recent data suggests that glutamate might have neurotrophic effects, while neurotrophins, particularly BDNF, might act as neurotransmitters exerting fast modulating effects on synaptic structure and function (77). AMPAR, alpha-amino-3-hydroxy-5-methyl-4-isoxazole propionic acid receptors of glutamate. Neuronal activation induced via small doses of AMPAR agonists, known as ampakines, has been shown to markedly raise the BDNF levels and lead to cognitive enhancement (78,79).

Table 3. Neural and neuroendocrine markers in adipose tissue

Semaphorin (Sema3A) (41)* Neuropilin-1 (41) Pantophysin (42) Neuronal nuclear antigen (43) Nestin (43,44) Neuron-specific enolase (43,44) Glial fibrillary acidic protein (43,44) Vimentin (43) Stathmin-like 2 (71) NF70, S100 (72,73) c-kit (74, cf. 75) Acetylcholinesterase and choline acetyltransferase (76)

Musashi-1 genes (80) Amyloid precursor protein/Abeta peptides (86,87)

Beta3 tubulin (88)

ume of Adipobiology), metallothioneins (65, cf. 66), neuropeptides B and W and nesfatin-1 (67), and the anti-aging protein klotho (68). Onwards, this may open a novel field of research, neuroadipobiology. Systems biology approach integrating neuroendocrinology, neuroimmunology and neuroadipobiology may indeed contribute to the improvement of human's health and longevity.

Conclusion

In 1999 Albee Messing published in Hepatology (volume 29, pp 602-603) Editorial entitled "Nestin in the Liver - Lessons from the Brain". He wrote: "Most neuroscientists manage to get through each day without thinking of the liver even once... but I think that is about to change." This may also be the case for adipose tissue.

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