Regulation of Appetite: Role of Serotonin and Hypothalamus

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ABSTRACT

Serotonin (5-HT), a mono-aminergic neurotransmitter is biochemically derived from tryptophan and is mainly found in gastrointestinal tract, platelets and central nervous system of animals. Serotonin (5-HT) in coordination with hypothalamus plays an important role in the CNS control of appetite, eating behavior, and energy balance and body weight. It has a special role in control of carbohydrate intake. It has been observed that reduction in serotonin level causes hyperphagia. As the result, carbohydrate intake increases and hence results in obesity. Inversely-increased level of serotonin level leads to hypophagia, as a result carbohydrate intake decreases. That is why serotonergic agonists are clinically useful in treatment of obesity. Obesity (body mass index [BMI] > 30) is a risk factor for major causes of death, including cardiovascular disease, numerous cancers, diabetes, and metabolic syndrome and is linked with markedly diminished life expectancy. The energy regulation of 5-HT is mediated in part, by 5-HT receptors located in various medial hypothalamic nuclei. Along with serotonin, other hormones like insulin; leptin and corticosteron are also involved in the energy control and regulation. Though large numbers of serotonergic drug like selective serotonin reuptake inhibitors (SSRI), such as sibutramine, or serotonin 5HT₂c agonists are available to treat this deadly disease, these drugs are associated with large number of side effects. Thus, the increasing global prevalence of obesity has renewed interest in the serotonin-hypothalamic regulation of energy balance to find the drugs having maximum pharmacological and minimum toxicological effects. In this review article, attempts have been made to provide the detailed role of serotonin in the appetite regulation so that new targets and new sites can be created for the therapy of obesity.

Keywords: Obesity, Satiety, Eating behavior, Serotonin, Hypothalamus, Appetite

Appetite is a psychological desire to eat. Appetite, an expression of numerous regulatory processes, determine the initiation and termination of meals, the amount and type of food consumed, meal length and frequency, and governs the duration between meal intervals. Signals are generated from the very commencement of consumption, the short term consequences of which serve to terminate eating behavior and act as powerful inhibitors for further intake. This process signals to brain and estimation of a meal as opposed to an accurate analysis of content. This is an important distinction between the short term satiety signals produced by the physiological consequences of meal intake and the longer signal secreted by the body’s constant metabolic need for energy intake, and is critical to both the appetite fluctuation and patterns of eating behavior we undertake throughout the day. The monoamine neurotransmitter serotonin influences this episodic, meal by meal, regulation of food intake through its role in satiety [1].

Appetite and energy homoeostasis

A complex physiological system balances energy intake and expenditure, comprising afferent signals and efferent effectors. Hunger leads to initiation of eating. When a meal is ingested, satiety hormones contribute to
digestion and a feeling of fullness. Central circuits in the brain integrate satiety signals and signals of long term energy status to produce a coordinated response to the change in nutritional status [2].

Regulation of Appetite

Appetite is controlled at both the central and peripheral sites.

Central regulation

The nuclei of the hypothalamus and brain stem are important regions for regulation of energy homeostasis. Various gut hormones act on hypothalamic and brainstem centers of appetite control. This provides one means by which the gut may signal energy status to the seat of satiety, the central nervous system (CNS). Arcuate nucleus (ARC) acts as the site of integration of a number of neurological and blood-borne signals, due to its privileged location near the median eminence. This latter region lacks a complete blood–brain barrier [3], and therefore some investigators have argued that the ARC is rendered susceptible to be influenced by circulating factors. Circulating factors modify the activity of two populations of neuron within the ARC. One population co-expresses cocaine- and amphetamine-related transcript (CART) and pro-opio-melanocortin (POMC) and inhibits food intake. Among the products of cleavage of POMC is α-melanocyte-stimulating hormone, which is a ligand for the melanocortin-4 receptor [4].

The second population of neurons increases food intake and co-expresses neuropeptide Y (NPY) and agouti-related protein [5]. Both populations project to the paraventricular nucleus (PVN) and other areas important in the regulation of food intake (Fig 1) [6]. Extensive reciprocal connections exist between the hypothalamus and the brainstem, particularly the nucleus of the tractus solitaries [7]. Like the ARC, the brainstem is well placed to receive signals from the blood due to its proximity to other regions with an incomplete blood–brain barrier, e.g. the area postrema. In addition, the brainstem receives vagal afferent neurons from the gastrointestinal tract, and therefore acts as another site of integration between endocrine and neuronal signals.

Peripheral regulation

Ghrelin, which is synthesised predominantly by the stomach, is the endogenous ligand for the growth hormone secretagogue receptor which is expressed in brain stem and hypothalamic nuclei including the ARC [8]. In rodents, ghrelin is a potent stimulus to feeding as it was reported that chronic ghrelin administration induces adiposity [9], and CNS injection of anti-ghrelin antibodies inhibits the normal feeding response after fasting [10]. Human data support a role for ghrelin in appetite regulation. Plasma levels of ghrelin are high in the fasted state and fall after eating [11], and exogenous infusion of ghrelin increased food intake at a buffet meal by
Serotonin receptors involved in feeding behavior

Evidences suggest that central 5-HT_{1A} as opposed to 5-HT_{2} or 5-HT_{3} receptor subtypes mediate the feeding suppressive action of serotonergic stimulation in the medial hypothalamus. This is supported by the studies [21] in which peripheral and hypothalamic injections of serotonergic or β-adrenergic antagonists with relatively high affinity for 5-HT_{1} receptors, but not selective antagonists of 5-HT_{2} or 5-HT_{3} receptors, significantly attenuate the feeding-suppressive action of serotonergic agonists injected peripherally or into the PVN. Further differentiation of the 5-HT_{1} receptor indicates that, in the rat, the 5-HT_{1B} and possibly 5-HT_{1C} subtypes are specifically involved in 5-HT-induced hypophagia, in contrast to the 5-HT_{1A} receptor, which may mediate the opposite response, hyperphagia [21]. The role of 5-HT_{2C} receptor [22] subtype has been demonstrated to upregulate the expression of hypothalamic NUCB2 and induces anorexia via leptin-independent pathway in mice. Further, it has been suggested that the mice lacking functional 5-HT_{2C} receptor becomes obese as adults [23] as these mice exhibit hyperphagia and consume larger meals, indicating a deficit in satiety. In another mutant mouse, anx, the anorexic behavior of the animal at a young age is suggested to be attributed, in part, to an overactive 5-HT innervation of the medial hypothalamic nuclei [24].

Impact of serotonin on macronutrient ingestion

Hypothalamic as well as peripheral administration of serotonergic agonist affects feeding patterns by producing a significant decrease in the size and duration of individual meals in association with the reduced trait of eating. As the latency to meal onset and the frequency of the meal taken are not affected, it is proposed that endogeneous 5-HT may influence primarily the termination rather than the initiation of eating. Through hypothalamic administration of 5-HT, as well as studies employing systemic injection of serotonergic agents, evidence has accumulated to indicate a role for 5-HT in the modulation of the animals appetite for the specific foods [25]. This role has been proposed to involve the control of carbohydrate and protein intake or perhaps the ratio of these two macronutrients, with serotonergic stimulation reducing the proportion of carbohydrate in the diet. This phenomenon was initially demonstrated in a two-diet self- selection paradigm, first with peripherally administered fenfluramine and fluoxetine [26] and then with PVN injection of 5-HT or norfenfluramine [25]. The opposite pattern has been detected with the reduction in brain 5-HT after intraventricular injection of serotonergic injection [27]. Some studies reveal that injections of 5-HT or the serotonergic agonist D-norfenfluramine and fluoxetine directly into the medial hypothalamus preferentially and dose-dependently suppress carbohydrate consumption while having little or no effect on or possibility enhancing the ingestion of protein or fat. This effect, similarly seen with central injection of 5-HT in mice [28], can be detected in sever-
al medial hypothalamic nuclei, although the PVN and VMN are most responsive. Peripherally-administered d-fenfluramine, fluoxetine and quipazine also suppress carbohydrate intake. However, depending upon the drug dose and nutritional state of the animal, they may be less selective in their effect on macronutrient choice [25]. Particularly at higher doses, they cause reduction in fat as well as carbohydrate ingestion while having less impact or sometimes enhancing effect on protein consumption.

**Impact of carbohydrate ingestion on serotonin**

A link between the serotonin and a specific macronutrient is substantiated by results showing a feedback effect of carbohydrate ingestion itself on 5-HT in the hypothalamus and brain stem (Fig 2) [29]. Animals consuming a high carbohydrate diet, compared to a low carbohydrate-high protein diet, show increased level of tryptophan (TRP), the 5-HT aminoacid precursor...
[31,31] and an increased level of 5-HT content in whole hypothalamus [32]. This diet promotes up to of TRP into the brain and its subsequent conversion to 5-HT and also reduces concentrations of other amino acids that compete with TRP for transport into the brain. Insulin, which is released after a high carbohydrate meal stimulates the absorption of these large neutral amino acids (LNAA), by increasing the ratio of TRP:LNAA. This feedback mechanism may be disturbed in the condition of decreased insulin sensitivity e.g. obesity resulting in an over-consumption of carbohydrate [30]. Thus, the ingestion of the macronutrient, carbohydrate, stimulates the production of the monoamine, which then performs the function of terminating the ingestion of this nutrient and producing satiety. With excess serotonergic stimulation of medial hypothalamus, anorexia results e.g. in the axon mouse [24]. On the other hand, with the deficiency of 5-HT function, e.g. with lesions or receptor antagonist of the 5-HT system, hyperphagia and weight gain become evident [33].

**Serotonergic drugs food intake and feeding behavior**

Effect of various serotonergic drugs have been studied to check their effect on food intake and feeding behavior. These drugs include 5-HT precursor, serotonin agonists, selective serotonin reuptake inhibitors (SSRI), serotonin-norepinephrine reuptake inhibitors (SNRI), and serotonin antagonists. Studies suggested that administration of 5-HT precursor [34], serotonin agonists and its metabolites [35], SSRI which include fluoxetine [36], sertaline and SNRI like sibutramine [37] decreases food intake. Combination of sibutramine and naloxone shows synergistic effect in decreasing food intake in rats [38]. Administration of serotonergic antagonists like metergoline-α 5HT1/2 receptor antagonist showed a dose-dependent increase of food intake in rats [39].

**Serotonergic drugs and obesity**

Early pharmacological manipulations identified an inverse relationship between the biogenic amine neurotransmitter serotonin and food intake. More specifically, a selective reduction in serotonin bioavailability was associated with hyperphagia and subsequent weight gain, whilst diminished food intake was induced by an increase in serotonin efficacy [40]. Hypothalamus is the key component in mediated feeding behavior [41]. Acute administration of serotonergic compounds altered the expression of such peptidergic appetitive effectors within the hypothalamus, namely an increase in anorectic pro-opiomelanocortin (POMC) mRNA and a decrease in orexigenic neuropeptide Y (NPY) mRNA [40], both of which are synthesized within discrete neuronal populations of the ARC. Recently, it has been shown that manipulation of these first order hypothalamic POMC/cocaine and amphetamine-regulated transcript (CART) and agouti-related protein (AgRP)/NPY neurones is a mechanism through which serotonergic compounds reduce food intake as shown in Fig 3 [42]. Specifically, the serotonin system concomitantly regulates the antagonistic functions of POMC/CART and AgRP/NPY neurones through neurotransmitter binding of two spatially distinct G-protein-coupled receptor subtypes: depolarizing POMC/CART neurones via action at Gα coupled 5-HT2C-Rs [43] and hyperpolarizing AgRP/NPY neurones through action at Gα coupled 5-HT1B-Rs [44]. Furthermore, the anorectic effect of compounds increasing serotonergic bioavailability and 5-HT2C receptor and 5-HT1B receptor agonists is contingent upon the downstream activation of the melanocortin 4 receptors (MC4Rs) [45]. It is noteworthy that these serotonergic compounds, which are highly effective in reducing food intake, are rendered ineffective by pharmacological or genetic inactivation of this single downstream melanocortin receptor target [44]. These data elucidate that the melanocortin pathway is a key downstream target for serotonergic compound.

Recent research has further clarified that the key population of MC4Rs influencing appetite is expressed in the PVH and/or amygdala [46]. Fenfluramine, an amphetamine derivative lacking psychostimulant properties, was synthesized in the 1970s, and was followed 20 years later by the more efficacious enantiomer, dexfenfluramine. Both compounds were successfully prescribed (often in combination with phentermine) as anorectic treatments for obesity until their withdrawal from clinical use in 1997, due to corollary incidences of cardiopulmonary complications. Mechanistically, these drugs are analogous to amphetamine, causing reversal and blockade of the serotonin transporter and a consequential increase in serotonin efflux and synaptic persistence [46]. Genetic and pharmacological studies demonstrated that action at the 5-HT2C-Rs and 5-HT1B-Rs is required for fenfluramine to influence ingestive behaviour [46].

**REFERENCES**


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