

NEUROPEPTIDE AND PERIPHERAL HORMONE CROSSTALK WITH ADIPOCYTE FUNCTION

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ABSTRACT: *In the wake of the expanding obesity epidemic, adipose tissue has become a focus of intense biomedical research. The organ long held to be a simple repository of fat has evolved into a pivotal player which is actively engaged in the regulation of energy homeostasis. To date, three main features of adipose tissue have been identified to be critical for the integrity of multiple physiologic systems, i. e. insulin sensitivity, adrenergic sensitivity including thermogenic capacity, and endocrine activity. The modulation of these functional characteristics may be an integral part of the physiologic actions of multiple hormones and neuropeptides that are involved in the regulation of energy homeostasis. Here, we summarize recent insights into this hormonal and neuroendocrine crosstalk with adipose tissue. The dissection of mechanisms employed by these factors to impact on adipose tissue biology may open new avenues for the treatment of disorders associated with a dysregulated energy homeostasis and its deleterious metabolic and cardiovascular complications.*

KEY WORDS: Adipocyte, Insulin resistance, Metabolic syndrome, Neuropeptide, Peripheral Hormone

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INTRODUCTION

The cloning of the adipocyte-derived hormone leptin in 1994 is considered by many as the watershed discovery that marked a paradigm shift in metabolic research. The long-held assumption that adipose tissue serves as the body's first and foremost, but rather passive, energy storage site has subsequently been abandoned. Today, we have learned

that adipose tissue produces a plethora of messengers that are actively engaged in energy control. At the same time, adipose tissue is an important integrator of endocrine and neuronal signals (Frühbeck *et al.*, 2001). Selective defects in adipose tissue physiology have been shown to entail profound consequences for the maintenance of energy and glucose homeostasis and associated complications both in animal and human studies.

Main characteristics of adipocyte function

Adipocytes display three main functional features (Table 1). First, adipocytes are exquisitely sensitive to insulin, a prototypic anabolic hormone. Among the classical responses to insulin are an increase in glucose uptake, lipogenesis, and cellular proliferation and differentiation (Klein *et al.*, 2002). Insulin suppresses catabolic functions such as lipolysis. Second, adipocytes respond to adrenergic stimulation with catabolic reactions including lipolysis and non-shivering thermogenesis, the latter by virtue of the mitochondrial uncoupling protein-1 (UCP 1) which is specifically expressed in brown adipose tissue (BAT) and regulated by β -adrenergic receptors, in particular the β 3-adrenergic receptor (Klein *et al.*, 2000). Anabolic functions such as lipogenesis are suppressed by adrenergic stimulation. As indicated by its name, UCP-1 uncouples oxidative phosphorylation from ATP synthesis and, instead, releases the energy stored in the proton gradient across the mitochondrial membrane as heat. Third, the secretion of hormones, so-called adipokines, marks adipose tissue as an endocrine organ (Fasshauer and Paschke, 2003; Kershaw and Flier, 2004). Besides adipokines, adipose tissue releases non-esterified fatty acids (NEFA); the discussion of NEFA and their role in the pathophysiology of insulin resistance and the metabolic syndrome is beyond the scope of this review. A number of in-depth reviews on this subject exist (Boden and Shulman, 2002; Lewis *et al.*, 2002; Bays *et al.*, 2004).

Disturbances of any one of these three key features may effectively alter adipocyte biology and, on a systemic level, whole-body physiology. First, adipose-selective impairment of proximal or distal elements in the insulin-signaling cascade affects insulin sensitivity in muscle and liver, can protect from obesity and even prolong life span (Tozzo *et al.*, 1997; Minokoshi *et al.*, 2003). Second, polymorphisms in the β 3-adrenergic receptor and UCP genes in adipocytes have been linked to human obesity (Clement *et al.*, 1995; Fumeron *et al.*, 1996; Oberkofler *et al.*, 1997; Strosberg, 1997; Valve *et al.*, 1998) and insulin resistance (Walston *et al.*, 1995; Widen *et al.*, 1995). Brown fat-mediated thermogenesis may play an important role in the pathophysiology and treatment of disorders of energy metabolism in mouse and man (Digby *et al.*, 1998; Tiraby and Langin, 2003; Yang *et al.*, 2003). Third, dysregulated adipokine secretion by fat cells is observed in a number of conditions such as obesity, lipodystrophy, diabetes, and atherosclerosis (Fasshauer and Paschke, 2003; Garg, 2004; Goldstein and Scalia, 2004; Kershaw and Flier, 2004) and appears to significantly contribute to a wide range of metabolic, immune, and cardiovascular disease states.

Maintenance of energy homeostasis

A major site of adipokine action is the central nervous system (CNS), establishing a fat-brain axis. In the CNS, complex circuitries process incoming signals and control metabolically active organs such as the liver, skeletal muscle, and, again, fat tissue (Spiegelman and Flier, 2001; Horvath *et al.*, 2004). This efferent control relies heavily on the autonomous nervous as well as neuroendocrine hormone systems. In this context, recent findings have demonstrated the existence of a direct crosstalk between neuropeptides and adipocytes. In addition, several peripheral hormones, previously unknown for their effects on adipocytes, have been recognized to also participate in this interaction. Given the profound systemic impact of selective modulation of adipose tissue function, such a direct crosstalk could be critical in the pathophysiology of disorders caused by a disturbed energy balance. Furthermore, dissection of this interplay may identify molecular targets for the development of new treatment strategies.

In the following, we will summarize the current state of knowledge about adipocyte interactions with key hormones

and neuropeptides involved in the regulation of energy balance. The focus will be on factors that have newly been identified to interact with adipocytes. Interactions are reviewed patterned on the triad of adipocyte functions outlined above with separate sections for lipid metabolism/thermogenesis, insulin sensitivity, and endocrine activity. The data gathered so far have been generated in a considerable number of different model systems. Therefore, a consistent picture is often missing, and conclusions must be drawn with great caution at this state of current knowledge. Adding to the complexity, it should be kept in mind that the origin and composition of adipose tissue is complex and has itself become a major focus of research. This may explain some discrepancies observed when comparing *in vivo* studies with results from experiments *in vitro*. At the end of each main section, concluding remarks aim at focussing the reader on major insights and important unexplored issues.

PERIPHERAL HORMONES

Gastrointestinal hormones

(a) Incretins

Due to its therapeutic potential, the incretin system has recently attracted special attention (Drucker, 2003a). Glucagon-like peptide (GLP)-1 and glucose-dependent insulinotropic polypeptide (GIP) represent the dominant incretin peptides (Drucker, 2003a). These gastrointestinal hormones stimulate insulin release in response to food intake. They also induce β -cell expansion and exert extrapancreatic effects including inhibition of food intake (GLP-1), changes in energy expenditure (GIP) (Miyawaki *et al.*, 2002), and modulation of gastric emptying (GIP and GLP-1) (Drucker, 2001; Drucker, 2002; Meier *et al.*, 2002; Drucker, 2003a). Incretin mimetics and degradation inhibitors currently represent the most promising therapeutic option for the treatment of diabetes (Drucker, 2003a; Drucker, 2003b). Their use is also associated with significant weight loss in many clinical studies (Drucker, 2003a; Buse *et al.*, 2004). Inhibition of GIP signaling by GIP receptor disruption in mice protects against diet-induced obesity (Miyawaki *et al.*, 2002). Little is known about incretin action on adipocytes.

GIP: GIP receptors are expressed in primary cultures of rat adipocytes (Usdin *et al.*, 1993; Yip *et al.*, 1998) and

Table 1: The three main features of adipocyte biology

Feature	Examples	Systemic relevance of adipose-specific disturbance
1. Insulin sensitivity	Glucose uptake, lipogenesis	Insulin resistance, protection from diet-induced obesity, increased lifespan
2. β -adrenergic sensitivity	Lipolysis, thermogenesis	Obesity
3. Endocrine activity	Secretion of leptin, adiponectin	Obesity, cardiovascular disease

differentiated 3T3-L1 adipocytes (Yip *et al.*, 1998). They belong to the class of G protein-coupled receptors and stimulate cAMP formation (Yip and Wolfe, 2000). In addition, alternative cAMP-dependent and -independent modes of action have been reported in rat adipocytes (Beck and Max, 1988) and in non-adipose cell lines (Kubota *et al.*, 1997; Ehses *et al.*, 2001; Ehses *et al.*, 2002).

Lipid metabolism/thermogenesis: GIP has been reported to increase basal lipogenesis in rat (Oben *et al.*, 1991) and lamb adipose explants (Baba *et al.*, 2000). Consistent with these findings, GIP has been noted to increase insulin-induced lipogenesis in primary cultures of rat adipocytes (Beck and Max, 1983; Beck and Max, 1988) and to boost the activity of lipoprotein lipase in cultured murine preadipocytes (Eckel *et al.*, 1979). Moreover, GIP suppresses β -adrenergically and glucagon-mediated lipolysis in isolated rat adipocytes (Dupre *et al.*, 1976; Hauner *et al.*, 1988). However, GIP alone has also been reported to increase basal lipolysis in primary rat adipocytes (Beck and Max, 1983; Hauner *et al.*, 1988). Furthermore, an inhibition of insulin-induced lipogenesis has been described in lamb adipose explants (Baba *et al.*, 2000). To our knowledge, GIP effects on thermogenic adipocyte function have not been explored to date.

Insulin sensitivity: GIP increases insulin binding and insulin-dependent glucose uptake (Starich *et al.*, 1985; Hauner *et al.*, 1988).

Endocrine activity: To our knowledge, the regulation of adipokine production by GIP has not yet been investigated.

GLP-1: The expression of the GLP-1 receptor in adipocytes has been a matter of debate. Several studies have observed the expression of the pancreatic GLP-1 receptor *in vitro* by receptor-binding studies in human (Merida *et al.*, 1993) and rat adipocytes (Valverde *et al.*, 1993), and by polymerase chain reaction (PCR) assays in 3T3-L1 adipocytes (Egan *et al.*, 1994). However, in rat adipose tissue, others did not find GLP-1 receptors using RNase protection, *insitu* hybridization, and PCR assays (Bullock *et al.*, 1996). Moreover, an alternative form of the receptor has been proposed (Montrose-Rafizadeh *et al.*, 1997). This alternative form may lower intracellular cAMP levels (Miki *et al.*, 1996), contrary to the conventional form which stimulates formation of this second messenger.

Lipid metabolism/thermogenesis: GLP-1 seems to exert differential, concentration-dependent effects on lipid metabolism in human adipocytes, which may be explained by the existence of different GLP-1-binding receptors. At low concentrations, GLP-1 was found to act synergistically with insulin to increase lipogenesis in human adipocytes, whereas, at higher concentrations, it augmented glucagon-dependent lipolysis (Villanueva-Penacarrillo *et al.*, 2001). One study did not find any effect of GLP-1 on lipolysis in human subcutaneous adipocytes (Bertin *et al.*, 2001). Likewise, reports on the lipolytic or lipogenic activity of GLP-1 in rodent adipocytes have been contradictory, some

supporting the notion of increased lipogenesis (Oben *et al.*, 1991; Egan *et al.*, 1994; Perea *et al.*, 1997), and some the opposite (Ruiz-Grande *et al.*, 1992). Thermogenic activity of BAT was found to be lowered by GLP-1 infusion in one clinical study (Flint *et al.*, 2000).

Insulin sensitivity: There is, however, agreement on the insulin-mimetic effect of GLP-1 on glucose metabolism. GLP-1 potently increases insulin-dependent glucose uptake in adipocytes at low concentrations (1 to 15 nmol/l) (Egan *et al.*, 1994; Miki *et al.*, 1996; Perea *et al.*, 1997). It also res-cues the downregulation of glucose transporter-4 (GLUT-4) brought about by prolonged insulin exposure (Wang *et al.*, 1997).

Endocrine activity: Short-term GLP-1 infusion does not seem to alter leptin levels (Drewes *et al.*, 1997; Shalev *et al.*, 1997). To our knowledge, nothing is known about the regulation of other adipokines by GLP-1.

Conclusion: Both incretin hormones, GIP and GLP-1, appear to interact with adipocyte functions. Enhancement of insulin action may be an important direct effect. However, receptor expression and signalling pathways remain an issue of debate, particularly with respect to GLP-1. Regulation of endocrine adipocyte function is currently virtually unexplored. In view of the considerable therapeutic potential of incretins, this may be an important field of future research efforts.

(b) Ghrelin

Originally described as a growth hormone secretagogue (Kojima *et al.*, 2001), ghrelin is secreted by the gastric mucosa and plays a role in the short-term regulation of energy homeostasis, notably the initiation of feeding (Zigman and Elmquist, 2003). The ghrelin receptor occurs in several CNS and peripheral regions (Korbonits *et al.*, 2004) including adipose tissue (Kojima *et al.*, 1999; Choi *et al.*, 2003; Kim *et al.*, 2004), where an atypical form of the receptor has also been assumed (Zhang *et al.*, 2004).

While knockout models of both ghrelin (Sun *et al.*, 2003) and the ghrelin receptor (Sun *et al.*, 2004) have rather normal phenotypes compared to wildtype controls, ghrelin does seem to impact on adipocyte biology.

Lipid metabolism/thermogenesis: Ghrelin activates the mitogen-activated protein kinase pathway *in vitro* (Kim *et al.*, 2004; Zhang *et al.*, 2004), which stimulates cellular proliferation and differentiation in cultured white adipocytes (Choi *et al.*, 2003; Kim *et al.*, 2004; Zhang *et al.*, 2004). This has been confirmed in rats *in vivo* (Thompson *et al.*, 2004). In brown adipocytes, however, ghrelin does not seem to affect adipocyte differentiation (Ott *et al.*, 2002b). Ghrelin suppresses isoproterenol-induced lipolysis (Choi *et al.*, 2003). In brown adipocytes, however, responses to adrenergic stimulation remain unaffected by ghrelin (Ott *et al.*, 2002b). Still, there may be an indirect modulation of UCP-1 by ghrelin, since central administration of ghrelin suppresses brown adipose thermogenic activity in rats (Yasuda *et al.*, 2003).

Insulin sensitivity: Ghrelin augments insulin sensitivity (Kim *et al.*, 2004) in 3T3-L1 adipocytes as measured by glucose transport. In brown adipocytes, consistent with the lack of direct effects on the thermogenic capacity, insulin-induced glucose uptake remains unaffected by ghrelin (Ott *et al.*, 2002b).

Endocrine activity: Ghrelin directly suppresses adiponectin mRNA expression (Ott *et al.*, 2002b). In one study, intraperitoneal injection of ghrelin increased both adiponectin and leptin expression in adipose tissue, but these effects did not reach statistical significance (Asakawa *et al.*, 2003).

Conclusion: Little is known about ghrelin interactions with adipose tissue functions and related signaling mechanisms. Existing studies suggest only small to no effects in response to adrenergic and insulin stimulation with an apparent dichotomy between white and brown adipocytes. Regulation of adipokines remains largely unexplored with a possible direct ghrelin-induced pattern compatible with the induction of a diabetogenic profile.

Cardiac hormones

Natriuretic peptides

The natriuretic peptide (NP) family of hormones is an integral part of the humoral control of the cardiovascular system. Atrial natriuretic peptide (ANP) and brain natriuretic peptide (BNP) are secreted by cardiac myocytes and act in a manner to decrease vascular tone, increase glomerular filtration rate and renal excretion of sodium, and inhibit the renin-angiotensin-aldosterone system (RAAS) and SNS activity (Levin *et al.*, 1998). Recently, it has been recognized that NPs may have a role in obesity and the metabolic syndrome. Two clinical studies demonstrated that plasma levels of ANP and BNP are negatively correlated with obesity (McCord *et al.*, 2004; Wang *et al.*, 2004), complementing earlier experiments with obese rats that displayed an increase in circulating ANP during a fast (Crandall *et al.*, 1989).

While the focus of research efforts has been on the cardiovascular and renal effects of NPs, the investigation of NPs in adipocytes has yielded rather surprising results (Kalra and Tigas, 2002). NP receptors are expressed in fat more abundantly than in any other tissue (Sarvani *et al.*, 1996; Dessi-Fulgheri *et al.*, 1998). Expression of the NP 'clearance' receptor, NPR-C, in fat is upregulated in obesity and downregulated during weight loss, leading to enhanced bioactivity of ANP and BNP in the lean state (Sarvani *et al.*, 1995; Dessi-Fulgheri *et al.*, 1998).

Lipid metabolism/thermogenesis: The role of adipose NP receptors remained unclear (Okamura *et al.*, 1988; Jeandel *et al.*, 1989) until five years ago when strong lipolytic effects of ANP and BNP in human adipocytes were described (Sengenès *et al.*, 2000). Apparently, the expression pattern of NP receptors varies between species (Sengenès *et al.*, 2002), explaining why no such effect had been observed in rodents. In primates, including humans, NPs activate

a novel lipolytic pathway (Moro *et al.*, 2004b). This may play a physiological role in lipid mobilization in humans (Moro *et al.*, 2004a). In brown adipocytes exposed to BNP, UCP-1 mRNA and protein expression remains unaltered (Christiansen *et al.*, 2005).

Insulin sensitivity: ANP increases oxidative glucose metabolism in cultured rat adipocytes (Crilly and Garcia, 1997), while insulin-induced glucose uptake is unchanged (Christiansen *et al.*, 2005).

Endocrine activity: NPs modulate adipokine expression and secretion. In human adipocytes, ANP inhibits leptin secretion (Fain *et al.*, 2003). In apparent contrast to this, in murine brown adipocytes, BNP stimulation acutely and transiently increases leptin mRNA expression. Furthermore, expression of monocyte chemoattractant protein -1 (MCP-1) and angiotensin II is stimulated by BNP whereas adiponectin levels remain unchanged (Christiansen *et al.*, 2005).

Conclusion: Adipose tissue is a target for natriuretic peptide action. ANP-induced lipolysis is the predominant effect reported to date. However, insulin sensitivity and adipokine expression and secretion appear to be modulated as well. Given the high number of NP receptors on adipocytes as well as the inverse correlation between NP blood levels and obesity, NP-adipocyte crosstalk merits further investigations with regard to metabolic and endocrine interactions.

Renin-angiotensin-aldosterone system (RAAS)

(a) Angiotensin

Angiotensin II (AII) is a strong vasoconstrictive agent. It may link cardiovascular disease to insulin resistance, as angiotensin receptor-1 (AT1) antagonists prevent the onset of diabetes in hypertensive patients (Dahlof *et al.*, 2002; Cooper, 2004). Furthermore, AII seems to have a role in the regulation of body weight, as it promotes weight loss when infused into the cerebrospinal fluid in rats (Porter *et al.*, 2003; Porter and Potratz, 2004).

The AII precursor, angiotensinogen, is expressed in adipose tissue (Engeli *et al.*, 2003). Its mRNA levels in visceral fat are positively correlated with body mass (Giacchetti *et al.*, 2000). Furthermore, angiotensin receptors are expressed in human, rat, and possibly mouse adipocytes (Engeli *et al.*, 2003), defining adipose tissue as a direct target for AII.

Lipid metabolism/thermogenesis: AII may stimulate adipocyte proliferation and differentiation in rodents and mammals (Ailhaud *et al.*, 2000). However, in human fat, the opposite has also been observed (Janke *et al.*, 2002). Angiotensin receptor blockers might inhibit the impairment of adipose tissue formation by AII, thus preventing diabetes by enabling the proper storage of fatty acids (Sharma *et al.*, 2002).

Lipogenesis is increased by AII in both 3T3-L1 and cultured human adipocytes (Jones *et al.*, 1997). With regard to lipolysis however, data remain controversial indicat-

ing an inhibition (Boschmann *et al.*, 2001), no change (Boschmann *et al.*, 2002), or a stimulation (Boschmann *et al.*, 2003) by AII exposure.

Thermogenesis in BAT appears to be regulated by AII in an indirect manner. Following intracerebroventricular administration of AII, UCP-1 expression in BAT is increased, presumably mediated by the sympathetic nervous system (Porter *et al.*, 2003; Porter and Potratz, 2004). In addition, SNS activity in brown fat is locally modulated by AII, which increases norepinephrine release from sympathetic nerve fibers (Cassis and Dvoskin, 1991; Cassis, 1993; Cassis, 1994).

Insulin sensitivity: In cultured 3T3-L1 adipocytes, AII does not affect basal glucose uptake (Wu-Wong *et al.*, 1999). However, the AT1 antagonist telmisartan increases both basal and insulin-dependent glucose uptake in the same cell model (Fujimoto *et al.*, 2004). In cultured human adipocytes, AII does not alter insulin-dependent glucose uptake (Perry *et al.*, 2003). In rats, AII decreases insulin-dependent glucose uptake when administered chronically (Ogihara *et al.*, 2002), whereas the AT1 antagonist losartan has no effect on insulin action (Caldiz and de Cingolani, 1999).

Endocrine activity: On the endocrine level, leptin secretion is directly stimulated by AII in rat (Cassis *et al.*, 2004), mouse, and human adipocytes (Kim *et al.*, 2002). It is unknown whether AII also regulates adiponectin production; however, the AT1 antagonist, telmisartan, stimulates adiponectin mRNA expression in 3T3-L1 adipocytes (Fujimoto *et al.*, 2004). AII and its metabolites increase production of the prothrombotic enzyme, plasminogen-activator inhibitor-1 (PAI 1) in cultured human fat cells (Skurk *et al.*, 2001a; Skurk *et al.*, 2001b). Furthermore, AII stimulates the secretion of the proinflammatory cytokines, interleukin-6 and interleukin-8, in human adipocytes (Skurk *et al.*, 2004).

Conclusion: Although not yet fully understood, AII action on adipose tissue appears to have two important consequences: modulation of adipocyte proliferation/differentiation as well as endocrine function with induction of proinflammatory adipokines. While AII does not affect insulin sensitivity of fat cells directly, it has differential effects on lipid metabolism and adrenergic responsiveness. In white adipocytes, it promotes lipogenesis, whereas it enhances uncoupling protein expression in mice.

(b) Aldosterone

The hormonal regulation of salt-water balance and blood pressure relies heavily on the renin-angiotensin-aldosterone system (RAAS). Aldosterone is the classic mineralocorticoid hormone that increases the absorption of sodium and the excretion of potassium in the renal tubules. Aldosterone levels have been linked to obesity (Goodfriend *et al.*, 1998), insulin resistance (Corry and Tuck, 2003), and the metabolic syndrome (Sharma *et al.*, 2001; Aneja *et al.*, 2004). Patients suffering cardiovascular

complications of this syndrome benefit from aldosterone receptor antagonists (Pitt *et al.*, 1999; Goossens *et al.*, 2003; Pitt *et al.*, 2003).

Adipose tissue produces all components of the RAAS (Engeli *et al.*, 2003; Aneja *et al.*, 2004) and an as yet unidentified, novel aldosterone secretagogue (Ehrhart-Bornstein *et al.*, 2003). Furthermore, it is a direct target of aldosterone as the mineralocorticoid receptor is endogenously expressed in adipocytes (Le Menuet *et al.*, 2004).

Lipid metabolism/thermogenesis: Aldosterone stimulates adipocyte differentiation (Rondinone *et al.*, 1993; Penfornis *et al.*, 2000). In line with this observation, hyperaldosteronism is associated with enlarged BAT depots (Garruti and Ricquier, 1992) and has been linked to obesity (Goodfriend *et al.*, 1998). An aldosterone-induced decrease in energy expenditure may be postulated, given that this mineralocorticoid hormone interferes with adrenergic effects by inhibiting UCP-1 expression (Viengchareun *et al.*, 2002; Jaeger *et al.*, 2003).

Insulin sensitivity: Insulin-dependent glucose uptake appears to be impaired by aldosterone (Jaeger *et al.*, 2003). Hyperaldosteronism is associated with insulin resistance (Corry and Tuck, 2003).

Endocrine activity: Direct aldosterone action on adipocytes induces alterations in adipokine expression, increasing expression of proinflammatory hormones such as leptin and monocyte chemoattractant protein-1 (MCP-1) (Jaeger *et al.*, 2003). MCP-1 has been associated with insulin resistance and the metabolic syndrome (Sartipy and Loskutoff, 2003). Clinical studies suggest a negative correlation of aldosterone with serum leptin (Torpy *et al.*, 1999; Haluzik *et al.*, 2002).

Conclusion: Adipose tissue is a target for aldosterone action. All key features of adipocyte function appear to be modulated. Alterations mirror the development of core components of the metabolic syndrome including impaired energy expenditure, insulin resistance, and the induction of a proinflammatory profile of adipokine expression. In light of the eminent role of aldosterone for cardiovascular and general stress reactions, this mineralocorticoid-adipocyte interplay may have important implications.

Adipokines – autocrine/paracrine actions

Of all adipokines identified to date, leptin is by far the most extensively studied. It is a pivotal regulator in physiology. Adiponectin, in turn, is one of the most recently identified adipokines with a significant therapeutic potential (Bays, 2004; Havel, 2004). For the purposes of this review, we will focus on these two adipose tissue hormones.

(a) Leptin

Leptin can be considered the prototypic hormone secreted by adipocytes. This peptide, almost exclusively expressed in adipose tissue, has turned out to be of paramount importance for the control of food intake, energy expenditure, and endocrine as well as reproductive functions. The com-

mon forms of human obesity are characterized by high leptin levels and leptin resistance, and administration of leptin does not reduce body weight under these circumstances (Westerterp-Plantenga *et al.*, 2001; Hukshorn *et al.*, 2002). However, recent reports have demonstrated this peptide's therapeutic potential for diseases such as lipodystrophy (Oral *et al.*, 2002; Ebihara *et al.*, 2004) and hypothalamic amenorrhea (Welt *et al.*, 2004).

The leptin receptor (ObR) occurs in five splice variants, ObRa through ObRe (Tartaglia, 1997). The long form, ObRb, mediates leptin's effects (Zabeau *et al.*, 2003); however, ObRa has also been noted to convey signaling (Murakami *et al.*, 1997). By virtue of these receptors, leptin targets almost every peripheral organ system, including the hematopoietic, immune, gastrointestinal, genitourinary, and musculoskeletal systems (Margetic *et al.*, 2002). Both ObRb and ObRa are also present on rodent (Ghilardi *et al.*, 1996; Siegrist-Kaiser *et al.*, 1997) and human (Bornstein *et al.*, 2000) adipocytes.

Lipid metabolism: Leptin induces lipolysis in rodent adipocytes *in vivo* (Frühbeck *et al.*, 1998) and *in vitro* (Wang *et al.*, 1999b; Martinez *et al.*, 2000; Ramsay, 2001; Frühbeck and Gomez-Ambrosi, 2002; Rodriguez *et al.*, 2003). Leptin also decreases lipogenesis in rodents as reflected by reduced fatty acid synthase expression (Wang *et al.*, 1999b). Similarly, porcine adipocytes react with increased lipolysis and decreased lipogenesis to leptin stimulation *in vivo* and *in vitro* (Ajuwon *et al.*, 2003; Ramsay, 2003). In one study that examined leptin effects in sheep, the adipokine did not elicit any effects on lipid metabolism; neither did it stimulate the known leptin messengers STAT3 and STAT5 (Newby *et al.*, 2001). Of note, in cultured human adipocytes leptin has no effect on basal and adrenergically induced lipolysis (Aprath-Husmann *et al.*, 2001; Elimam *et al.*, 2002).

Thermogenesis: Peripheral leptin infusion increases UCP-1 content of brown adipocytes in normal rats (Scarpace *et al.*, 1997; Scarpace *et al.*, 1998; Rouru *et al.*, 1999) and mice (Arvaniti *et al.*, 1998; Commins *et al.*, 1999) and restores the decreased UCP-1 levels seen in *ob/ob* mice (Commins *et al.*, 1999). However, some groups could not reproduce these results (Gomez-Ambrosi *et al.*, 1999) or reproduced them only in fasted animals (Gomez-Ambrosi *et al.*, 1999; Sivitz *et al.*, 1999). Besides UCP-1, UCP-2 and UCP-3 in brown and white adipose tissue appear to be stimulated by leptin as well (Scarpace *et al.*, 1997; Scarpace and Matheny, 1998; Rouru *et al.*, 1999; Sivitz *et al.*, 1999; Scarpace *et al.*, 2000). The changes in uncoupling protein seen under leptin treatment *in vivo* can also be mediated by the sympathetic nervous system. Accordingly, they can be elicited by intracerebroventricular administration (Cusin *et al.*, 1998). Leptin stimulates sympathetic nervous system outflow to BAT (Hausberg *et al.*, 2002; Haynes *et al.*, 2002). Interestingly, the leptin-induced increase of UCP-2 (Scarpace *et al.*, 2000) – but not UCP-1 (Scarpace and Matheny, 1998) – is conserved after BAT denervation.

Insulin sensitivity: Leptin induces insulin resistance *in vitro* in human white (Zhang *et al.*, 1999), rat white (Müller *et al.*, 1997) and murine brown (Kraus *et al.*, 2002) fat cells. Of note, some investigators could not confirm these findings (Mick *et al.*, 1998; Ranganathan *et al.*, 1998; Zierath *et al.*, 1998). *In vivo*, however, peripheral leptin infusion causes insulin resistance only in white adipocytes, while insulin sensitivity was actually increased in brown fat (Siegrist-Kaiser *et al.*, 1997; Wang *et al.*, 1999a). The induction of insulin resistance in adipose tissue seemingly contradicts the overall effect of leptin to increase systemic insulin sensitivity (Pellemounter *et al.*, 1995; Kamohara *et al.*, 1997). Yet, adipose-selective impairment of insulin signaling, particularly at a very proximal level, protects from diet-induced obesity (Blüher *et al.*, 2003) and improves longevity (Blüher *et al.*, 2003), indicating that tissue-specific alterations can have substantially different effects for the organism on the whole. In this context, it is noteworthy that leptin inhibits insulin receptor kinase activity (Kraus *et al.*, 2002) in a murine adipocyte model. Consistent with this finding, decreased insulin receptor autophosphorylation has been reported in primary rat adipocytes (Perez *et al.*, 2004).

Endocrine activity: The regulation of adipokines by leptin is poorly studied. In mice, chronic infusion of leptin reportedly increases adiponectin mRNA expression and serum levels in white adipose tissue (WAT) but not BAT (Delporte *et al.*, 2004). The same study also found a direct transient, leptin-dependent increase of adiponectin mRNA in cultured 3T3-F442A cells. Concordantly, adipose-specific deletion of leptin receptors in mice decreases adiponectin expression (Huan *et al.*, 2003). On the other hand, adiponectin serum levels are depressed following transgenic expression of leptin in the hypothalamus as well as after peripheral leptin injection (Ueno *et al.*, 2004). In men, neither physiological nor pharmacological doses of leptin affect adiponectin serum levels (Gavrila *et al.*, 2004).

Conclusion: Leptin potently changes metabolic adipose function in an autocrine manner. It fuels UCP-1 expression and induces insulin resistance. An autocrine regulation of endocrine adipocyte function remains enigmatic.

(b) Adiponectin

Adiponectin levels are negatively correlated with obesity and insulin resistance (Kershaw and Flier, 2004) and may predict the onset of diabetes (Spranger *et al.*, 2003). In mouse models both for lipodystrophy and obesity, adiponectin reverses insulin resistance (Yamauchi *et al.*, 2001). Furthermore, this adipokine also normalizes lipid abnormalities and causes weight loss in mice with diet-induced insulin resistance (Fruebis *et al.*, 2001; Maeda *et al.*, 2002). A recent study demonstrated that adiponectin also acts in the brain: Intracerebroventricular administration of adiponectin increased energy expenditure and reduced weight as well as glucose and lipid levels without affecting food

intake (Qi *et al.*, 2004). Two adiponectin receptors subtypes, AdipoR1 and AdipoR2, are expressed in 3T3-L1 adipocytes (Fasshauer *et al.*, 2004). Adiponectin exposure of bone marrow-derived brown adipocytes induces an impairment of cell proliferation and differentiation (Yokota *et al.*, 2002). The globular form of adiponectin increases basal and insulin-dependent glucose uptake in primary rat adipocytes (Wu *et al.*, 2003).

Conclusion: To date, surprisingly little is known about adiponectin interactions with adipocyte biology. In particular, more research is needed to clearly define autocrine adiponectin actions.

NEUROPEPTIDES

Apart from hormones of primarily peripheral origin, nervous system-derived peptides act on adipose tissue in an endocrine or paracrine manner. Some of these neuropeptides are also expressed in peripheral tissues. There are two main groups of neuropeptides that influence the central nervous system control of energy homeostasis, one with orexigenic, i.e. appetite-promoting, and one with anorexigenic properties. The latter comprises the melanocortins α melanocyte-stimulating hormone (α MSH) and adrenocorticotrophic hormone (ACTH), cocaine- and amphetamine-regulated transcript (CART), and ciliary neurotrophic factor (CNTF), all of which are stimulated by leptin. The former group of peptides includes orexins, neuropeptide Y, the melanocortin receptor antagonist agouti-related protein (AgRP), melanin-concentrating hormone (MCH), and endocannabinoids. Conversely, the expression of these substances is suppressed by leptin.

(a) Melanocortins

The melanocortin system consists of peptides derived from proopiomelanocortin (POMC) on the one hand, and their respective G-protein coupled receptors (MC1R through MC5R) on the other. α -MSH and ACTH are examples for endogenous agonists, and agouti (in rodents), agouti-signaling-protein (ASP, in humans) and AgRP (in rodents and humans) are endogenous antagonists at melanocortin receptors (Wikberg, 1999; Dinulescu and Cone, 2000). The melanocortin system is critical for the maintenance of energy homeostasis. POMC or melanocortin receptor knockout mice develop components of the metabolic syndrome, as do mice that overexpress the endogenous antagonists (Cummings and Schwartz, 2000; Ellacott and Cone, 2004). In humans, the frequency of MC4R polymorphisms in obesity is approximately 4 %. Melanocortin-derived substances are being investigated for their therapeutic potential (Bays, 2004).

Apart from ACTH, which is secreted into the bloodstream by the anterior pituitary, the neuropeptides α -MSH and AgRP are also released into the circulation. Serum AgRP is correlated to body mass in humans (Katsuki *et al.*, 2001; Gavrilu *et al.*, 2004; Hoggard *et al.*, 2004b), but reports on a similar relationship between serum α -MSH

and body mass are ambiguous (Katsuki *et al.*, 2000; Nam *et al.*, 2001; Gavrilu *et al.*, 2004; Hoggard *et al.*, 2004b). Accumulating evidence indicates that fat tissue is a major site of peripheral melanocortin production and action. For example, the predominant source of the human agouti homolog ASP is the adipocyte (Kwon *et al.*, 1994).

With regard to melanocortin action, fat cells have been shown to bear functional receptors. In cultured mouse adipocytes, MC2R (Grunfeld *et al.*, 1985; Boston and Cone, 1996; Kiwaki and Levine, 2003; Noon *et al.*, 2004) and MC5R (Boston and Cone, 1996) have been described in the 3T3-L1 line, and MC1R, MC2R, and MC5R in the 3T3F-442A line (Mountjoy and Wong, 1997). In primary cultures of rat adipocytes, ACTH-selective MC2R (Oelofsen and Ramachandran, 1983) and MC4R (Hoggard *et al.*, 2004a) have been reported. Human adipocytes appear to contain mRNA for MC1R through MC5R (Chagnon *et al.*, 1997); however, others have questioned the presence of melanocortin receptors other than MC5R in human fat cells (Chhajlani, 1996; Kiwaki and Levine, 2003).

Lipid metabolism/thermogenesis: ACTH and α -MSH are well known to stimulate lipolysis in various species and adipose cell lines (Kastin *et al.*, 1975; Rudman, 1975; Ramachandran *et al.*, 1976; Ramachandran and Lee, 1976; Matsuoka *et al.*, 1978; Richter and Schwandt, 1985; Chernick *et al.*, 1986; Bousquet-Melou *et al.*, 1995; Boston, 1999), including brown adipocytes (Sugihara *et al.*, 1983), but apparently not in humans (Bousquet-Melou *et al.*, 1995; Kiwaki and Levine, 2003). An inhibition of melanocortin-induced lipolysis by insulin has been reported (Solomon *et al.*, 1970; Morimoto *et al.*, 1998).

One intriguing finding is the increase of UCP-1 mRNA and protein following ACTH stimulation in murine brown adipocytes (unpublished data). *In vivo*, ACTH administration induces thermogenesis in chow-fed, but not cafeteria-fed rats (Rothwell and Stock, 1985b). However, Rothwell *et al.* also reported that ACTH repletion partially reversed the increased thermogenic activity of BAT caused by hypophysectomy (Rothwell and Stock, 1985a). In one study, α -MSH restored the defective cold-induced thermoregulation of *ob/ob* mice without showing thermogenic potential in ambient temperature (Forbes *et al.*, 2001). This thermoregulatory property of α -MSH has been postulated to be centrally mediated (Forbes *et al.*, 2001). In this context, stimulation of melanocortin receptors in the brainstem increases UCP-1 expression in brown adipocytes (Williams *et al.*, 2003). However, analogous to the data on ACTH, it is conceivable that α -MSH also has direct effects on UCP-1 in brown adipocytes.

Insulin sensitivity: The interplay of melanocortin action with insulin sensitivity of adipocytes is essentially unknown. In rat adipocytes, ACTH decreases insulin-induced glucose transport in the absence of adenosine (Kuroda *et al.*, 1987), and stimulates glucose uptake in the absence of insulin (Marette and Bukowiecki, 1990; Shirakura *et al.*, 1990). The effects of other melanocortins remain to be explored.

Endocrine activity: Given the fact that adipose-derived substances, notably leptin, regulate melanocortin production in the brain, the existence of melanocortin effects on the endocrine adipose function would close a feedback loop. This is indeed the case. Stimulation with α -MSH for 24 hours decreases leptin expression and secretion in cultured rat adipocytes (Hoggard *et al.*, 2004a). Leptin secretion is rescued by the addition of agouti (Hoggard *et al.*, 2004a), which is an antagonist predominantly on the MC1 and MC4 receptors (Dinulescu and Cone, 2000). In another study using 3T3-L1 adipocytes, a transient inhibition of leptin expression and secretion by α -MSH and ACTH was observed (Norman *et al.*, 2003). In contrast to the melanocortin agonists, agouti increases leptin expression and secretion in 3T3-L1 adipocytes, and this effect is independent of MC4R (Claycombe *et al.*, 2000). Adipose-specific transgenic expression of agouti in mice increases leptin production (Mynatt *et al.*, 1997; Claycombe *et al.*, 2000), but this effect may be due to increased fat mass in the transgenic animals. Little is known to date about melanocortin effects on the expression or secretion of other adipokines. Adiponectin mRNA in WAT from lean or obese mice as well as serum adiponectin levels are not altered by acute or chronic administration of the non-specific melanocortin receptor agonist, melanotan-II (MT-II) (Blüher *et al.*, 2004b).

Conclusion: The melanocortin system is a critical component of energy homeostasis. Adipose tissue appears to contribute substantially to its function by regulating melanocortin production on one hand and by responding to melanocortins on the other. The overall effect of melanocortin receptor agonists appears to be of a catabolic nature. Melanocortins induce lipolysis and increase energy expenditure by means of UCP-1 expression. Adipokine regulation by the melanocortin system is largely unexplored to date.

(b) Cocaine- and amphetamine-regulated transcript

Cocaine- and amphetamine-regulated transcript (CART) is co-localized with POMC in hypothalamic neurons (Wilding, 2002). Compared to melanocortins, its role in feeding and the regulation of body weight appears less pronounced. Still, CART haplodeficiency in mice leads to increased body weight under the influence of a high fat diet (Asnicar *et al.*, 2001). Studies investigating the effects of centrally administered CART have produced conflicting results (Dominguez *et al.*, 2004), possibly due to different active forms of CART (Hunter *et al.*, 2004).

Even though originally described as a neuropeptide, CART is also produced in a number of tissues outside the CNS and circulates in the bloodstream (Koylu *et al.*, 1997; Jensen *et al.*, 1999; Murphy *et al.*, 2000; Dominguez *et al.*, 2004).

Thermogenesis: CART directly stimulates UCP-1 mRNA and protein expression (Perwitz *et al.*, 2005). This may complement indirect, centrally mediated actions. Thus, it

has been reported that injection of CART into the paraventricular nucleus leads to an increase of several UCP variants in white and brown adipose tissue (Wang *et al.*, 2000), and overexpression of CART in the arcuate nucleus augments UCP-1 mRNA expression (Kong *et al.*, 2003).

Insulin sensitivity: Consistent with an increase in thermogenesis, direct CART actions enhance insulin-induced glucose uptake and increase insulin signaling in brown adipocytes (Perwitz *et al.*, 2005).

Endocrine activity: CART alters leptin expression directly (Perwitz *et al.*, 2005) as well as indirectly via the CNS (Rohner-Jeanrenaud *et al.*, 2002).

Conclusion: Similarly to melanocortins, the catabolic neuropeptide CART induces a negative energy balance by direct and indirect actions on adipose tissue. The modulation of endocrine adipocyte functions remains largely unknown except for an apparent negative effect on leptin.

(c) Ciliary neurotrophic factor

Ciliary neurotrophic factor (CNTF) is expressed in the central and peripheral nervous systems. It acts on leptin-like pathways to promote satiety. A modified form of this peptide is currently being tested in phase III clinical trials for the treatment of obesity (Bays, 2004). In the periphery, the α -subunit of the CNTF receptor, CNTFR α , is expressed in skeletal muscle and other non-adipose organs (Sleeman *et al.*, 2000). Remarkably, in the obese state CNTFR α also emerges in adipose tissue (Zvonic *et al.*, 2003).

Thermogenesis: Thermogenesis, as reflected by β -adrenally mediated UCP-1 production in brown adipocytes, is increased by CNTF, supporting the general catabolic role of this neuropeptide by direct stimulation (Ott *et al.*, 2002a) and *in vivo* (Blüher *et al.*, 2004a).

Insulin sensitivity: Insulin sensitivity of adipose tissue appears to be unaffected by CNTF (Ott *et al.*, 2002a; Zvonic *et al.*, 2003).

Endocrine activity: CNTF diminishes expression and secretion of leptin (Ott *et al.*, 2004). Given the disproportionately high levels of leptin that implicate leptin resistance in obese people, lowering these levels may serve to restore leptin sensitivity (Scarpace *et al.*, 2002; Ott *et al.*, 2004). In contrast to these data, explants of retroperitoneal fat and serum samples of mice did not exhibit altered leptin content following interperitoneal administration of CNTF five hours earlier (Sarraf *et al.*, 1997).

Conclusion: Little is known about effects on adipose tissue of the anorexigenic CNTF which is soon to be expected on the market as an anti-obesity drug. Existing data point to direct thermogenic actions. Data on the alteration of endocrine adipocyte function are scarce.

(d) Orexins

Orexins are potent stimulators of food intake and regulators of alertness (Williams *et al.*, 2004). They are predominantly expressed in the hypothalamus, but also occur in other areas of the CNS and in the intestinal

nervous system. Of the two known isoforms, orexin A (OXA) and orexin B (OXB), the former appears to play the more prominent role in the regulation of food intake. Both orexins bind to two G protein-coupled receptors, OX_1 and OX_2 , with OXA having greater affinity for OX_1 than for OX_2 . Of note, these receptors are expressed in the human adrenals, suggesting a role of orexins in the HPA axis (Jöhren *et al.*, 2004). An OX_1 antagonist, SB-334867, has been developed as an anti-obesity agent and shows promising results in animal studies (Haynes *et al.*, 2000; Ishii *et al.*, 2005).

Orexins circulate in the blood stream (Arihara *et al.*, 2001). BAT contains orexin receptor mRNA (Haynes *et al.*, 2002). However, very little is known about the effects of orexins on adipose tissue biology. Intriguingly though, SB-334867 appears to decrease BAT weight while, at the same time, augmenting its typical brownish phenotype and stimulating UCP-1 mRNA (Haynes *et al.*, 2002). These effects were postulated to be mediated by the sympathetic nervous system. But it is important to note that BAT of SB-334867-treated rats expressed OX_1 mRNA to a greater extent than BAT of vehicle-treated animals, thus suggesting that circulating orexins directly act on adipose tissue. Furthermore, there is evidence from an *in vivo* study that subcutaneous application of orexin A regulates leptin secretion (Switonska *et al.*, 2002).

Conclusion: Orexin interaction with white and brown adipocyte function remains almost entirely unknown. As this neuropeptide is being studied as a potential anti-obesity agent, orexin-adipocyte interactions may merit further attention.

(e) Melanin-concentrating hormone

Melanin-concentrating hormone (MCH) is an essential orexigenic agent. Experimental deletion of the MCH precursor gene (Shimada *et al.*, 1998) as well as deletion of the MCHR1 gene (Marsh *et al.*, 2002) both lead to reduced body weight. MCH binds two G protein-coupled receptors, MCHR1 and MCHR2 (Shi, 2004). A pharmacological MCHR1 antagonist, SNAP-7941, decreases food intake in rats (Borowsky *et al.*, 2002) and may have the potential to be used in humans (Doggrell, 2003).

Like many of the other neuropeptides, MCH circulates in the blood (Bradley *et al.*, 2000; Stricker-Krongrad *et al.*, 2001). Both MCHR1 (Bradley *et al.*, 2000; Bradley *et al.*, 2002) and MCHR2 (An *et al.*, 2001; Hill *et al.*, 2001) are present on adipocytes (though the latter not on rodent cells (Pissios and Maratos-Flier, 2003)).

Thermogenesis: MCH indirectly suppresses brown adipose UCP-1 by virtue of the sympathetic nervous system (Oldfield *et al.*, 2002; Ito *et al.*, 2003; Pereira-da-Silva *et al.*, 2003).

Insulin sensitivity: Major insulin signaling elements are activated by direct MCH stimulation in 3T3-L1 adipocytes (Bradley *et al.*, 2002).

Endocrine activity: Leptin mRNA expression and protein

secretion are directly stimulated by MCH in rat adipocytes (Bradley *et al.*, 2000; Bradley *et al.*, 2001), as are signaling pathways involved in the regulation of leptin in 3T3-L1 adipocytes (Bradley *et al.*, 2002). Leptin, in turn, lowers CNS expression of both MCH (Tritos *et al.*, 2001) and MCHR1 (Kokkotou *et al.*, 2001), thus closing a peripheral-central negative feedback loop.

Conclusion: Adipose tissue endocrine function is modulated by MCH. Reports have focused on leptin expression and secretion so far. Other adipocyte functions have not been investigated.

(f) The endocannabinoid system

A cannabinoid drug, marijuana, is said to have impressive psychotropic (Ashton, 2001) and pain-relieving properties (Baker *et al.*, 2003). The fact that this drug, as well as other cannabinoids, also stimulates appetite and increases weight has long been considered a side effect and has been neglected by the scientific community. For example, when cannabinoid receptor-1 (CB-1) knock-out mice were first generated by two independent groups in 1999, alterations of food intake and energy metabolism were not systematically investigated (Ledent *et al.*, 1999; Zimmer *et al.*, 1999). Zimmer *et al.* merely noted that their knockout mice had normal body weight and temperature (Zimmer *et al.*, 1999). However, two years later, Di Marzo *et al.* thoroughly characterized the effects of cannabinoids on feeding and body weight in the CB-1 knockout model (Di Marzo *et al.*, 2000). Today, the first cannabinoid antagonist aimed at treating obesity, rimonabant, is about to be introduced to the market (Bays, 2004; Korner and Aronne, 2004).

Cannabinoid receptors have been described in numerous peripheral organs, including the immune (Klein *et al.*, 2003), genitourinary (Das *et al.*, 1995; Pertwee and Fernando, 1996), respiratory (Rice *et al.*, 1997), cardiovascular (Batkai *et al.*, 2004), and gastrointestinal systems (Crocini *et al.*, 1998; Massa *et al.*, 2004). Interestingly, there is a differentiation-dependent expression of CB-1 in adipocytes, which is further augmented in the obese state (Bensaid *et al.*, 2003; Cota *et al.*, 2003).

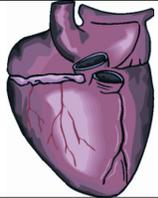
Lipid metabolism/thermogenesis: CB-1 agonists increase lipogenesis (Cota *et al.*, 2003). However, in one study that failed to demonstrate either endocannabinoid receptor in rat adipocytes, WIN55,212 2 was actually found to increase lipolysis (Nieri *et al.*, 2003).

Insulin sensitivity: A direct interplay of the endocannabinoid (EC) system with insulin sensitivity in adipocytes has not yet been described.

Endocrine activity: The EC system and leptin may be functionally linked. The expression of endocannabinoids in the brain is decreased by leptin administration and increased by leptin resistance (Di Marzo *et al.*, 2000). On the other hand, CB-1^{-/-} mice have depressed leptin serum levels, hinting at a negative feedback loop connecting the periphery with the CNS (Cota *et al.*, 2003).

Conclusion: Given the physiological relevance and ther-

Table 2: Regulation of adipose function by direct action of peripheral hormones and neuropeptides

REGULATORS		ADIPOSE FUNCTION						
Systems	Hormones	Insulin Sensitivity		Adrenergic Sensitivity		Endocrine Activity		
GASTROINTESTINAL HORMONES		Glucose Uptake	Lipogenesis	Lipolysis	Thermogenesis	Leptin	Adiponectin	Others
	GIP	↑	↑(↓)	↓(↑)	?	?	?	?
	GLP-1	↑	↑	↑/↔	?	?	?	?
	Ghrelin	↑/↔	?	↓/↔	↔	?	↓	?
CARDIAC HORMONES		Glucose Uptake	Lipogenesis	Lipolysis	Thermogenesis	Leptin	Adiponectin	Others
	Natriuretic Peptides	↔	?	↑	↔	↑	↔	MCP-1 ↑
RAAS		Glucose Uptake	Lipogenesis	Lipolysis	Thermogenesis	Leptin	Adiponectin	Others
	Angiotensin II	↔	↑	↓/↔/↑	?	↑	?	PAI-1 ↑ IL-6 ↑ IL-8 ↑
	Aldosterone	↓	?	?	↓	↑	?	MCP-1 ↑
NEUROPEPTIDES		Glucose Uptake	Lipogenesis	Lipolysis	Thermogenesis	Leptin	Adiponectin	Others
	α-MSH	?	?	↑	?	↓	?	?
	ACTH	↑/↓	?	↑/↔	↑	↓	?	?
	CART	↑	?	?	↑	↑	?	?
	CNTF	↔	?	?	↑	↓	?	?
	Orexins	?	?	?	?	?	?	?
	MCH	?	?	?	?	↑	?	?
	Endocannabinoids	?	↑	↑	?	?	?	?

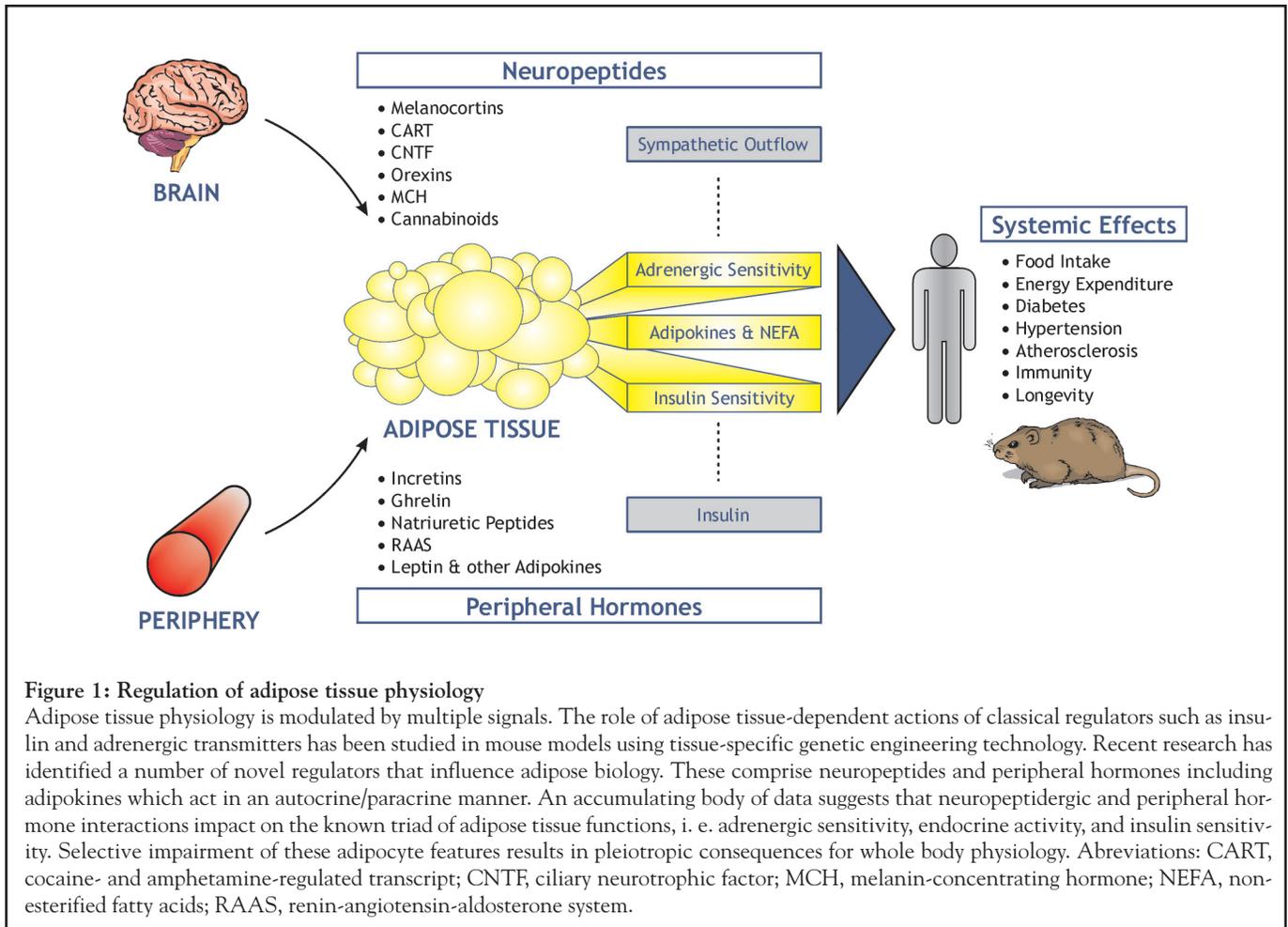
↑, increased by hormone/neuropeptide

↓, decreased by hormone/neuropeptide

↔, unchanged by by hormone/neuropeptide

?, not established

This table summarizes evidence from *in-vitro* studies.



apeutic potential of the cannabinoid system for energy homeostasis, more research is clearly needed to define the effects of cannabinoids and their antagonists on adipose tissue.

PERSPECTIVE

Adipocytes play an active role in the control of energy homeostasis. This activity appears to be regulated by multiple humoral and paracrine factors including important neuropeptides and peripheral hormones, hitherto mainly linked to actions in a variety of other physiological systems (Table 2). Whole body energy homeostasis is tightly linked to intact adipocyte function, and modulation of this function appears as a core component in a many disease states (Figure 1). Thus, adipose tissue responses to these regulators may cause or mediate metabolic and cardiovascular disorders that are associated with a disturbed energy balance. Selective targeting of fat tissue (Kolonin *et al.*, 2004) and insulin signaling pathways (Kaneto *et al.*, 2004) have recently become viable therapeutic options. Along these lines, dissecting signaling pathways and molecular mechanisms that impact on adipocyte biology will not only enhance our understanding of a fascinating organ but may help to find new pharmacological treatments.

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