

The corticotropin-releasing factor family of peptides and CRF receptors: their roles in the regulation of energy balance

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Abstract

The corticotropin-releasing factor (CRF) system could play a significant role in the regulation of energy balance. This system, which includes CRF, CRF-related peptides and CRF receptors, is part of a huge network of cells connected to central and peripheral pathways modulating energy metabolism. CRF and CRF-related peptides, which elicit their effects through G-protein-coupled receptors known in mammals as CRF₁ receptor and CRF₂ receptor, are capable of strong anorectic and thermogenic effects. Also supporting a role for the CRF system in the regulation of energy balance are findings demonstrating alterations in this system in obese and food-deprived animals that concur to facilitate energy deposition. In recent years, great progress has been made in understanding the specific physiological roles of the CRF system. In that respect, the discovery of urocortins II and III, two endogenous ligands of the CRF₂ receptor, and the development of selective and long-acting antagonists for the CRF receptors, have led to a better comprehension of the role of the CRF system in the regulation of energy balance. Although there are still important unresolved issues in the field of CRF research, the progress made recently warrants investigations aimed at evaluating the CRF system as a potential target for anti-obesity drugs. © 2002 Published by Elsevier Science B.V.

Keywords: CRF receptor; Peptide; Energy balance

1. Introduction

Evidence has accumulated throughout the years to suggest the involvement of the corticotropin-releasing factor (CRF) system in the regulation of energy balance (Richard, 1998, 1999). The mammalian CRF system consists of CRF, at least two different CRF receptor subtypes, a CRF-binding protein and endogenous CRF receptor ligands such as the urocortins. Members of the CRF family of peptides are capable of strong anorectic and thermogenic actions that appear coordinated to maximize energy losses. This short review addresses the importance of the CRF system in the regulation of energy balance and the potential of this system as a target for anti-obesity drugs.

2. The CRF family of peptides

The CRF family of peptides comprises the mammalian peptides CRF (Vale et al., 1981), urocortin (Vaughan et al., 1995), urocortin II (Hsu and Hsueh, 2001; Reyes et al., 2001), urocortin III (Hsu and Hsueh, 2001; Lewis et al., 2001), piscine urotensin I (Lederis et al., 1982) and amphibian sauvagine (Montecucchi et al., 1980). All these peptides are homologous and exert their actions through receptors, referred to as the CRF₁ receptor (Perrin et al., 1993), the CRF₂ receptor (Lovenberg et al., 1995a) and the CRF₃ receptor (Arai et al., 2001). The latter has recently been identified in the catfish.

2.1. CRF

CRF is a 41-amino acid peptide abundantly expressed in the paraventricular hypothalamic nucleus neurons that project to the median eminence to stimulate the secretion of adrenocorticotrophic hormone. CRF represents the major controller of the basal and stress-induced activation of the pituitary–adrenal axis, which is in keeping with the observation that the only remarkable phenotype of the CRF

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knockout mouse is a pituitary–adrenal hyporeactivity (Muglia et al., 2000).

CRF is also widely expressed throughout the brain (Merchenthaler et al., 1982; Sawchenko and Swanson, 1990) and in peripheral tissues. In the mammalian brain, it is significantly expressed in hypothalamic and extrahypothalamic regions, including the olfactory bulb, bed nucleus of the stria terminalis, medial preoptic area, paraventricular hypothalamic nucleus, lateral hypothalamus, central nucleus of amygdala, geniculate nucleus, Barington's nucleus, dorsal motor complex and inferior olive. The broad distribution of CRF neurons conforms to the many expected functions of the peptide (Turnbull and Rivier, 1997). When injected centrally, CRF evokes autonomic responses (Brown and Fisher, 1990; Heinrichs and Tache, 2001), a widespread arousal (Koob et al., 1990) and anxiety-like behaviors (Heinrichs and Tache, 2001; Krysiak et al., 2000). It respectively activates and inhibits the sympathetic and parasympathetic branches of the autonomic nervous system; it stimulates cardiorespiratory functions (Fisher et al., 1982) as well as brown adipose tissue thermogenesis (LeFeuvre et al., 1987) and inhibits the digestive activity (Taché et al., 1990). CRF also blunts the activity of the reproductive system (Rivest and Rivier, 1995) and induces anorexia (Heinrichs and Richard, 1999). The view that CRF orchestrates the multiple facets of the whole animal response to stress has dominated the research area on CRF since the discovery of the peptide.

2.2. The urocortins

CRF receptors also bind urocortin (Vaughan et al., 1995), urocortin II (Hsu and Hsueh, 2001; Reyes et al., 2001), and urocortin III (Hsu and Hsueh, 2001; Lewis et al., 2001). Urocortins are homologous to CRF and urotensin I and show a particularly high specificity for CRF₂ receptor.

Urocortin is a 40-amino acid peptide expressed in the mammalian brain as well as in peripheral tissues. The urocortin designation was selected because of the homology of sequence shared by this peptide with urotensin I (63%) and CRF (45%) (Vaughan et al., 1995). In the mammalian brain, urocortin mRNA is highly expressed in the Edinger–Westphal nucleus (Bittencourt et al., 1999; Vaughan et al., 1995). It is also found in the supraoptic and hypoglossal nuclei. Urocortin-immunoreactive neuron fibers are particularly abundant in the lateral septum, which noticeably expresses the mRNA encoding the CRF₂ receptor (Bittencourt et al., 1999).

Recently, two peptides, namely urocortin II and urocortin III, were added to the urocortin subfamily of peptides. Murine urocortin II (Reyes et al., 2001) is a 38-amino-acid peptide that selectively binds to the CRF₂ receptor with no appreciable affinity for the CRF₁ receptor. In the mouse brain, urocortin II is expressed in restricted areas, including the magnocellular division of the paraventricular hypothalamic nucleus, the arcuate nucleus and the locus coeruleus (Reyes et al., 2001). There are still uncertainties surrounding

the exact chemical nature of the human ortholog of murine urocortin II (Hsu and Hsueh, 2001; Lewis et al., 2001). Urocortin III (Lewis et al., 2001), also referred to in humans as stresscopin (Hsu and Hsueh, 2001), has been described as a putative 38 amino acid peptide that, similar to urocortin II, selectively binds to the CRF₂ receptor. In rats and mice, urocortin III mRNA is expressed in discrete brain areas including the bed nucleus of the stria terminalis, the medial nucleus of amygdala, the hypothalamus and the brainstem (Lewis et al., 2001). In the hypothalamus, urocortin III is expressed in the median preoptic nucleus, in the rostral perifornical region and in an ill-defined region lateral to the paraventricular hypothalamic nucleus.

Urocortins are not likely to be physiologically involved in either the basal or stress-induced pituitary activation. In fact, urocortin II and urocortin III are not selective for the CRF₁ receptor, which mediates the hypophysiotropic effect within the CRF system (Smith et al., 1998). Additionally, the neurons expressing the urocortins do not project to the anterior pituitary. However, a central infusion of urocortin, which also binds to the CRF₁ receptor with a high affinity (Vaughan et al., 1995), activates the pituitary–adrenal axis (Vaughan et al., 1995) and elicits anxiety-like behaviors (Moreau et al., 1997).

Because of their selectivity for the CRF₂ receptor, urocortins II and III have been described as 'stress-coping' peptides (Hsu and Hsueh, 2001). Both peptides are capable of reducing anxiety, blood pressure and arousal. The ability of urocortin II to increase exploration of the elevated plus maze (Valdez et al., 2001) strongly suggests a role for the CRF₂ receptor in mediating anxiolytic effects.

Recent investigations have demonstrated the ability of stressors such as acute pain, ether stress and immobilization to stimulate the expression of Fos in urocortin-immunoreactive neurons of the Edinger–Westphal nucleus (Kozicz et al., 2001; Weninger et al., 2000). The physiological modulation of the brain synthesis of urocortin II and urocortin III has yet to be documented.

2.3. Urotensin I and sauvagine

Urotensin I is a 41-amino acid peptide isolated from the caudal spinal cord and urophysis of teleost fishes (Ichikawa et al., 1982; Lederis et al., 1983). Sauvagine is a 40-amino acid peptide isolated from the frog skin (Montecucchi et al., 1980). When given to mammals, urotensin I and sauvagine exhibit CRF/urocortin-like effects such as adrenocorticotrophic hormone secretion (Rivier et al., 1983), gastric stasis (Kosoyan et al., 1999) as well as anorectic and thermogenic effects (LeFeuvre et al., 1989).

3. The corticotropin-releasing factor receptors

The CRF₁ receptor (Perrin et al., 1993) and the CRF₂ receptor (Lovenberg et al., 1995a) together with the newly

discovered non-mammalian CRF₃ receptor (Arai et al., 2001) are G-protein-coupled receptor types that mediate the effects of the CRF family of peptides. In addition to binding to two receptors, CRF and its related peptides also bind to CRF-binding protein (Behan et al., 1989; Orth and Mount, 1987; Potter et al., 1991).

3.1. The CRF₁ receptor

The CRF₁ receptor 1 binds with high affinity CRF (in particular ovine CRF) and urocortin as well as urotensin I and sauvagine (Dieterich et al., 1997; Vaughan et al., 1995). CRF₁ receptor mRNA is broadly distributed in the brain with high densities of expression observed in cortical, hypothalamic, limbic and cerebellar regions (Potter et al., 1994; Wong et al., 1994). It is also markedly expressed in the pituitary (Potter et al., 1994) and in other peripheral tissues (Dieterich et al., 1997). Within the paraventricular hypothalamic nucleus, CRF₁ receptor mRNA is not detected under basal conditions but can be acutely induced by stressful stimuli (Richard et al., 1996; Rivest et al., 1995; Timofeeva and Richard, 1997). CRF and glucocorticoids have been reported to repress the expression of the CRF₁ receptor in anterior pituitary cell cultures (Pozzoli et al., 1996). The pituitary and PVN are among the few regions for which modulatory effects on the CRF₁ receptor gene have been reported. These modulatory effects are consistent with the critical role played by the CRF₁ receptor in mediating the hypophysiotropic action of CRF (Smith et al., 1998).

Recent reviews (Heinrichs and Tache, 2001; Sarnyai et al., 2001) have emphasized the involvement of the CRF₁ receptor in anxiogenic behaviors, depression, drug seeking and withdrawal, anorexia and bulimia, and seizure.

3.2. The CRF₂ receptor

The CRF₂ receptor gene expresses three anatomically distinct splice variants, known as the CRF_{2α} receptor, the CRF_{2β} receptor and the CRF_{2γ} receptor. The CRF_{2α} receptor is mainly, though not uniquely, a brain receptor. In humans, mononuclear cells found in colon also expressed the CRF_{2α} receptor isoform (Muramatsu et al., 2000). The CRF_{2β} receptor is not expressed in the brain parenchyma. In the rat, CRF_{2β} receptor mRNA is found in the heart, the skeletal muscle and the gastrointestinal tract as well as on cerebral arterioles and in the choroid plexus (Lovenberg et al., 1995b). The CRF_{2γ} receptor has solely been found in human brain (Kostich et al., 1998). The CRF₂ receptor has more affinity for the urocortins, urotensin I and sauvagine than for CRF itself (Dieterich et al., 1997; Vaughan et al., 1995). Urocortins II and III constitute two specific endogenous ligands for the CRF₂ receptor. In rat and mouse brains, CRF₂ receptor was restrictedly expressed in the olfactory bulb, lateral septum, ventromedial hypothalamic nucleus, medial and posterior cortical nuclei of the amygdala, mesencephalic raphe nucleus, nucleus of the solitary

tract and area postrema (Lovenberg et al., 1995b; Van Pett et al., 2000).

There is evidence that the CRF₂ receptor mediates ‘stress-coping’ responses such as anxiolysis, ‘dearousal’ and hypotension (Hashimoto et al., 2001; Heinrichs and Tache, 2001). CRF₂ receptor-ablated mice tend to exhibit an increased HPA activity following restraint stress (Bale et al., 2000; Coste et al., 2000). In addition, the use of the CRF₂ receptor antagonist, antisauvagine-30, has recently revealed a negative role for the CRF₂ receptor located in the lateral intermediate septum on learning (Radulovic et al., 1999). In the periphery, the CRF₂ receptor mediates the inhibitory effect of CRF receptor agonists on gastric emptying (Chen et al., 2001; Heinrichs and Tache, 2001; Million et al., 2001). The novel long-acting and selective CRF₂ receptor antagonists completely blocks the delayed gastric emptying caused by stress, CRF or urocortin II (Chen et al., 2001; Million et al., 2001).

3.3. Additional CRF receptors

In mammals, the existence of CRF receptors other than CRF₁ receptor and CRF₂ receptor has yet to be described. However, the observation that CRF can produce effects at *loci* not expressing the CRF₁ receptor or CRF₂ receptor, including the locus coeruleus and central nucleus of amygdala, insinuates the presence of additional CRF receptors (Van Pett et al., 2000). Recently, three complementary DNA clones encoding subtypes of CRF receptors were isolated in the diploid catfish species, *Ameiurus nebulosus* (Arai et al., 2001). The first two clones encoded distinct proteins highly homologous to the murine CRF₁ receptor and CRF₂ receptor. The third full-length complementary DNA clone encoded a 428-amino acid receptor structurally related to catfish the CRF₁ receptor (85%) and CRF₂ receptor (80%). This novel receptor, which binds CRF with a 5-fold higher affinity than urotensin I and sauvagine and which is expressed in the pituitary gland, urophysis and brain, has been labeled catfish CRF₃ (Arai et al., 2001). The role of this receptor remains to be determined.

3.4. CRF-binding protein

In addition to binding to two receptors, CRF and its related peptides also bind to CRF-binding protein, which has a high affinity for rat/human CRF, urotensin I and urocortin (Ardati et al., 1998; Jahn et al., 2001). In humans, liver synthesis and blood levels of CRF-binding protein raised during pregnancy in parallel to an increased release of placental CRF, suggesting that CRF-binding protein can reduce the availability of circulating CRF to prevent an excessive pituitary stimulation during pregnancy (Linton et al., 1993; Linton et al., 1988). A late gestational fall in CRF-binding protein has been linked to the onset of parturition. However, recent data suggest that serum concentrations of CRF and CRF-binding protein are poor predictors of pre-

term delivery among women with symptoms of preterm labor (Coleman et al., 2000).

Similar to CRF and the CRF receptors, CRF-binding protein is widely distributed throughout the brain (Potter et al., 1991), where it is expressed in the cortex, amygdala and hypothalamus. In the rat, CRF-binding protein is expressed solely in the brain (Baigent and Lowry, 2000). Several brain regions of CRF-binding protein expression are also sites of CRF synthesis or release (Potter et al., 1992), supporting the view that CRF-binding protein could increase the availability of CRF or urocortins for the CRF receptors. Interestingly, CRF-(6–33), a CRF fragment inactive at CRF receptors but apparently capable of displacing CRF from CRF-binding protein (Behan et al., 1996; Behan et al., 1995), does not activate brain sites expressing CRF receptors (Chan et al., 2000). It rather stimulates brain regions expressing CRF-binding protein, which could be indicative of an unexpected role for this binding-protein in signaling by CRF-related peptides.

4. The CRF system and the regulation of energy balance

4.1. *CRF family of peptides and the control of energy intake and energy expenditure*

Peptides of the CRF family, including urotensin I, sauvagine, urocortin, urocortin II (Hsu and Hsueh, 2001; Reyes et al., 2001), and urocortin III (Hsu and Hsueh, 2001; Lewis et al., 2001) are anorectic agents (Heinrichs and Richard, 1999). They diminish food intake in rodents such as mice, rats and guinea pigs, in birds, in fishes and in ungulate species such as sheeps and pigs. Long-term appetite suppression is observed with chronic administration of CRF and urocortin although functional tolerance does develop over time (Krahn et al., 1990). The anorectic effect of CRF and urocortin, in particular, is seen at doses lower than those producing measurable anxiety or conditioned taste aversion (Benoit et al., 2000; Krahn et al., 1988). The anorectic effects of CRF (Heinrichs and Richard, 1999) and urocortin (Currie et al., 2001a) are not prevented by the orexigenic peptide neuropeptide Y. CRF, urotensin I, sauvagine and urocortin also stimulate energy expenditure through likely stimulating the sympathetic nervous system (LeFeuvre et al., 1987; Rothwell, 1990; Laberge and Richard, unpublished observations).

The CRF system could play a physiological role in energy balance regulation. CRF lowers the body weight threshold at which food-deprived rats start to hoard food in a home cage environment (Cabanac and Richard, 1995). Additionally, CRF receptor antagonists block the anorexia associated with conditions known to activate the CRF system, including treadmill running (Rivest and Richard, 1990), restraint stress (Shibasaki et al., 1988), estradiol (Dagnault et al., 1993), and caffeine (Racotta et al., 1994). The observation that CRF-deficient mice exhibit normal

body weight gain and food intake relative to their wild-type littermates, when allowed ad libitum access to food (Weninger et al., 1999), does not necessarily invalidate the role of the CRF system in the regulation of energy balance. Similarly, the observation that CRF-knockout and wild-type mice exhibit indistinguishable anorectic responses to restraint stress (Swiergiel and Dunn, 1999) could merely emphasize the importance of other (possibly as yet undiscovered) CRF endogenous agonists such as the urocortins in the control of food intake. A physiological role of the CRF system in energy balance regulation is also consistent with the observations that chronically administered CRF (Rohner-Jeanrenaud et al., 1989) and CRF-(6–33) (Heinrichs et al., 1996) prevent weight gain in obese Zucker rats with little effect in lean animals.

The sites of the anorectic and thermogenic actions of the peptides from the CRF family have yet to be fully delineated. There is evidence that the urocortins can act either centrally (Spina et al., 1996) or peripherally (Million et al., 2001) to elicit anorectic effects. In the brain, PVN has been reported as one of the potential sites for the anorectic effects of CRF (Krahn et al., 1988) and urocortin (Currie et al., 2001b; Wang et al., 2001). There is also evidence that urocortin could also evoke anorexia when injected in the lateral septum (Bakshi et al., 2001) and that the parabrachial nucleus could be the locus of the anorectic action of CRF induced by dehydration (Kelly and Watts, 1998; Watts et al., 1999). The medial preoptic area has been reported as a site for the thermogenic action of CRF (Egawa et al., 1990).

Recent series of experiments (Kelly and Watts, 1998; Lin et al., 2001; Watts et al., 1999) indicate that the perifornical area of the lateral hypothalamus and the Edinger–Westphal nucleus could be the brain source of CRF and urocortin neurons potentially involved in the regulation of energy balance.

4.2. *The CRF system in obesity and food deprivation*

That chronically administered CRF (Rohner-Jeanrenaud et al., 1989) or CRF-(6–33) (Heinrichs et al., 1996) prevents weight gain in obese Zucker rats with little effect in lean animals suggests that the CRF system tone could be diminished in obesity, a view entirely consistent with the anorectic and thermogenic properties of CRF. However, investigations carried out in obese rodents do not invariably support the suggestion of a reduced CRF activity in obesity. In fact, obese rodents readily react to stressful stimuli (Guillaume-Gentil et al., 1990) and food-deprivation (Timofeeva and Richard, 1997, 2001), which can even induce, in genetically obese animals, a neurogenic-stress-like response (Timofeeva and Richard, 1997) that strongly stimulates the CRF system (Timofeeva and Richard, 1997). Nonetheless, there are adaptations of the CRF system in obesity (or following food deprivation) that could concur to reduce the CRF tone. For instance, CRF-binding protein mRNA levels in the medial preoptic area and the basolateral

complex of the amygdala have been reported to be higher in obese and food-deprived rats than in lean and fed animals (Timofeeva et al., 1997). Also, below control mRNA levels of the CRF₂ receptor in the ventromedial hypothalamic nucleus (Richard et al., 1996) and urocortin in the Edinger–Westphal (Lin et al., 2001) have been reported in obese rodents.

A functional link between leptin and the CRF system has been suggested. In obese mice, leptin down-regulates the expression of CRF in the paraventricular hypothalamic nucleus (Arvaniti et al., 2001), which is consistent with the apparent ability of leptin to reduce the hypothalamic–pituitary–adrenal axis activity (Ahima et al., 1996; Giovambattista et al., 2000; Heiman et al., 1997). Other studies have demonstrated that the anorectic effect of a central infusion of leptin could be blocked with CRF receptor antagonists (Gardner et al., 1998; Uehara et al., 1998), suggesting that leptin activates the CRF system. It remains to be demonstrated whether CRF antagonists prevents a leptin-mediated anorectic effect or whether they block a non-specific stress-related anorectic effect due to an acute central injection of a massive dose of leptin.

4.3. The CRF receptors and the CRF-binding protein in the regulation of energy balance

Evidence keeps accumulating to emphasize the importance of the CRF₂ receptor in mediating the anorectic effects of stress and CRF-related peptides (Cullen et al., 2001; Hashimoto et al., 2001; Katner et al., 2001). Recent studies have in fact demonstrated the ability of newly developed CRF₂ receptor-selective antagonists, such as antisauvagine-30 (Cullen et al., 2001) and compound 338-086-15 (Million et al., 2001), to block the effects of the urocortins and CRF on food intake. These results are consistent with the anorectic potential of urocortin II (Hsu and Hsueh, 2001; Reyes et al., 2001) and urocortin III (Hsu and Hsueh, 2001; Lewis et al., 2001), which represent specific agonists for the CRF₂ receptor. They are also in agreement with studies conducted in CRF₂ receptor-ablated mice (Contarino et al., 1999), which recover a normal food intake more rapidly than wild-type mice in response to urocortin.

The involvement of the CRF₂ receptor in the control of food intake is also in consonance with the changes in CRF_{2α} mRNA levels, which inversely vary with appetite. The expression of the ventromedial hypothalamic nucleus CRF_{2α} receptor mRNA is reduced in obese (Richard et al., 1996; Timofeeva and Richard, 1997), diabetic (Huang and Richard, personal communications; Makino et al., 1998) and food-deprived (Timofeeva and Richard, 1997) rats. It is induced in rats intracerebroventricularly infused with leptin (Nishiyama et al., 1999; Huang and Richard, personal communications). The ventromedial hypothalamic nucleus could represent one (though not the unique) site for the CRF₂ receptor-mediated anorectic effect of the CRF-related peptides.

On the other hand, the role of the CRF₁ receptor in the feeding behavior remains unclear (Heinrichs and Richard, 1999). The observation that urocortin does not elicit an acute anorectic response in CRF₁ receptor-ablated mice could suggest that the CRF₁ receptor plays a role in the anorectic effects of the CRF-related peptides (Bradbury et al., 2000), assuming that the CRF₁ or CRF₂ receptor are the only existing CRF receptors. As previously suggested (Heinrichs and Richard, 1999), the CRF₁ receptor could mediate anorectic effects that would be non-specific and secondary to the anxiety- and fear-like behaviors triggered by non-selective CRF receptor agonists such as CRF and urocortin. Food ingestion is likely incompatible with most behaviors led to by the activation of the CRF₁ receptor. Such a view of the role of the CRF₁ receptor in food intake control is consonant with the ability of selective CRF₁ receptor antagonists to block the anorexia induced by emotional stress (Hotta et al., 1999). It is also noteworthy that the CRF₁ receptor 1 has also been positively implicated in appetitive behaviors. Exposure to stress via CRF₁ receptor activation has been reported to disinhibit consumption of rewarding drugs, such as cocaine and heroin (Heinrichs and Richard, 1999).

The possibility that the CRF₁ receptor may mediate the thermogenic effects of CRF cannot be excluded. In fact, the CRF₁ receptor is expressed in the medial preoptic area, where CRF exert thermogenic effects (Egawa et al., 1990). In addition, ovine CRF produces, among the CRF receptor agonists, one of the strongest thermogenic responses when infused in cerebral ventricles (Laberge and Richard, unpublished data). The inability of the selective CRF₂ receptor antagonist, antisauvagine-30, to totally block the effects of CRF on body weight (Cullen et al., 2001) while it blocks the anorectic effects of the peptide questions the role of the CRF₂ receptor in thermogenesis, which undoubtedly contributes to the effects of CRF in reducing fat deposition. Also, antisauvagine-30 does not prevent CRF from increasing the weight of brown adipose tissue (Cullen et al., 2001), which represents the main thermogenic effector of regulatory thermogenesis in rodents (Trayhurn, 1993). An increase in brown adipose tissue weight following a treatment reducing fat mass is soundly indicative of an increased thermogenic capacity of the tissue (LeBlanc and Villemare, 1970).

It is also noteworthy that CRF receptors mediate effects that could unspecifically influence the regulation of energy balance. As mentioned above, anxiety- and fear-like behaviors, which are likely CRF₁ receptor-mediated behaviors, could reduce food intake because they are incompatible with food ingestion. In addition, CRF₁ receptor stimulation strongly activates the pituitary–adrenal axis and the secretion of corticosteroids, which, by contrast to CRF, promote energy deposition (Cabanac and Richard, 1996; Castonguay et al., 1986; Strack et al., 1995) and insulin resistance (Andrews and Walker, 1999). CRF treatment, in absence of the CRF₂ receptor-mediated anorectic effects, leads

to an increase in insulin levels (Cullen et al., 2001) that could well be the consequence of an increase in corticosterone secretion. In addition, corticosteroids potently inhibit brown adipose tissue thermogenesis (Arvaniti et al., 1998; Galpin et al., 1983; Strack et al., 1995). This effect opposes that of CRF system activation, which stimulates thermogenesis from brown adipose tissue (LeFeuvre et al., 1991) through a sympathetically mediated process. Finally, the peripheral administration of CRF₂ receptor agonists could also diminish food intake through the inhibition of gastric emptying (Heinrichs and Tache, 2001).

CRF-(6–33), a fragment that preferentially binds to CRF-binding protein and inhibits its action, efficiently reduces weight gain in obese *fa/fa* Zucker rats (Heinrichs et al., 1996), suggesting a role for this binding protein in the regulation of energy balance. A single infusion of CRF-(6–33) has been reported to increase nonshivering thermogenesis in lean and obese rats (Heinrichs et al., 2001a) and to decrease food intake in obese *ob/ob* mice (Heinrichs et al., 2001b). The exact mechanism of action through which CRF-(6–33) affects the regulation of energy balance remains, however, obscure.

4.4. The CRF system, a potential drug target for obesity

The progress made in recent years tends to corroborate the potential of the CRF system as a target for anti-obesity drugs. The CRF system has long been only reluctantly regarded as a potential target for anti-obesity drugs, this mainly due to the fact that unspecific activation of CRF circuitries produces anxiogenic, hypophysiotropic and other potentially undesirable actions. The new synthetic and endogenous selective ligands for the CRF₂ and CRF₁ receptor could offer new possibilities for developing molecules that could, through the CRF system, elicit effects specifically related to the regulation of energy balance.

However, there are still important unresolved issues in the field of CRF research, which currently prevent the CRF system from being fully appreciated as a potential target for anti-obesity drugs. These issues include the lack of a thorough profile of the physiological roles of the CRF₂ receptor, CRF₁ receptor and CRF-binding protein. This profile is essential to ultimately appraise the potential of the CRF system as a target for anti-obesity drugs. In addition, some mismatches between the brain activation led to by CRF and CRF-related peptides and the distribution of the CRF receptors need to be clarified. The possibility that the effects of CRF and CRF-related peptides on energy balance, in particular those on thermogenesis, could be mediated through an undiscovered CRF receptor cannot be excluded.

5. Conclusion

The involvement of the CRF system in the regulation of energy balance has been reviewed. This system comprises

peptides capable of strong anorectic and thermogenic actions and is anatomically configured in an extensive web of cells connected with central and peripheral pathways modulating energy metabolism. In recent years, great progress has been made in understanding the specific physiological roles of the CRF receptors. The discovery of urocortins II and III, two endogenous ligands of the CRF₂ receptor, as well as the development of potent, selective and long-acting antagonists for the CRF receptors, have led to a better comprehension of the selectivity of the CRF receptors in mediating anorectic and thermogenic effects. Although there are still important unresolved issues in the field of CRF research, the progress made recently warrants investigations aimed at evaluating the CRF system as a potential target for anti-obesity drugs.

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