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This thesis submitted by Carmen De Miguel Garijo in partial fulfillment
of the requirements for the degree of Master of Science

**MOTILIN AND SECRETION OF GONADOTROPIN-RELASING HORMONE
(GnRH) IN HYPOTHALAMIC EXPLANTS
FROM MALE AND FEMALE RATS**

by

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B.S., Universidad Autónoma de Madrid, Spain, 2002

A Thesis

Submitted to the Graduate Faculty

Of

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in Partial Fulfillment of the Requirements

for the Degree

Master of Science

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Dean
School of Graduate Studies

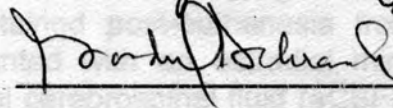
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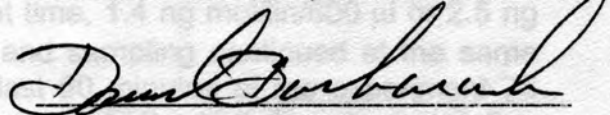
Carmen De Miguel Garijo


Undernutrition markedly inhibits reproduction in mammals; however, the mechanisms by which the metabolic status is linked to the reproductive axis remains unclear. Gut-derived factors have been implicated in the central regulation of several physiological processes. Motilin, a peptide produced in the gastrointestinal tract, is secreted during the interdigestive period, and has been implicated in several processes such as inducing the migrating myoelectric complex or inhibiting luteinizing hormone (LH) secretion by mechanisms not presently determined. The objective of the studies presented in this thesis was to determine the effects of administration of exogenous motilin on the secretion of gonadotropin-releasing hormone (GnRH) from hypothalamic explants obtained from male and female ovariectomized (OVEX) or OVEX implanted with estradiol (OVEX+E₂) rats, and incubated in artificial cerebrospinal fluid (aCSF) in a shaking water bath. After one hour of equilibration, 500 μ l of aCSF were harvested every 7.5 minutes and replaced with fresh aCSF for a total of 60 minutes. After that time, 1.4 ng/ml of motilin/500 μ l were added to the bath, and the aCSF was harvested every 7.5 minutes for 120 minutes. During the experiment, 1 mM N-methyl-D-aspartate (NMDA) was added to the bath in order to confirm the viability of the hypothalamic extracts. Results indicated that *in vitro* secretion of GnRH remained pulsatile along the experiment. Our results indicate that administration of motilin did not inhibit hypothalamic GnRH secretion in male, OVEX and OVEX+E₂ rats. As expected, plasma concentrations of LH were significantly elevated in OVEX rats when compared to the rest of experimental animals, and plasma levels of estradiol were significantly greater in OVEX+E₂ rats than in the other animal groups. Based


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Undernutrition markedly inhibits reproduction in mammals; however, the mechanisms by which the metabolic status is linked to the reproductive axis remains unclear. Gut-derived factors have been implicated in the central regulation of several physiological processes. Motilin, a peptide produced in the gastrointestinal tract, is secreted during the interdigestive period, and has been implicated in several processes such as inducing the migrating myoelectric complex or inhibiting luteinizing hormone (LH) secretion by mechanisms not presently determined. The objective of the studies presented in this thesis was to determine the effects of administration of exogenous motilin on the secretion of gonadotropin-releasing hormone (GnRH) by hypothalamic explants obtained from male and female Sprague-Dawley rats. To that purpose, hypothalami were obtained post-euthanasia from male, ovariectomized (OVEX) or OVEX implanted with an estradiol mini-pumps (OVEX+E₂) rats, and incubated in artificial cerebrospinal fluid (aCSF) using a shaking water bath. After one hour of equilibration, 600 µl of spent medium were harvested every 7.5 minutes and replaced with the same volume of fresh aCSF for a total of 60 minutes. After that time, 1.4 ng motilin/600 µl or 2.5 ng motilin/600 µl were added to the bath, and sampling continued at the same frequency for 120 minutes. During the last 60 minutes of the experiment 75 mM N-methyl-D-aspartate (NMDA) was added to the bath in order to confirm the viability of the hypothalamic extracts. Results indicated that *in vitro* secretion of GnRH remained pulsatile along the experiment. Our results indicate that administration of motilin did not inhibit hypothalamic GnRH secretion in male, OVEX and OVEX+E₂ rats. As expected, plasma concentrations of LH were significantly elevated in OVEX rats when compared to the rest of experimental animals, and plasma levels of estradiol were significantly greater in OVEX+E₂ rats than in the other animal groups. Based

on our *in vitro* studies, the effects of exogenous motilin on inhibiting LH secretion may be hypothalamus-independent, through direct effects on the pituitary gland or through other cerebral neurotransmitter systems.

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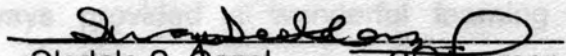
I would like to express my appreciation to my advisor, Dr. Oladele _____ for his mentorship and guidance in his laboratory for 2 years, and he always provided a warm and supportive atmosphere, in where it was easy to exchange ideas. I look forward to our interactions and collaborations in the future.

I would also like to thank the rest of the members of my thesis committee, Dr. Gordon Shrank, Dr. Maureen Tubbiolo, and Dr. David Bacharach, for their guidance and contributions to this project.

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GH Growth hormone
GHRH Growth hormone secretagogue receptor
GI Gastrointestinal
GLP-1 Glucagon-like peptide 1
GnRH Gonadotropin-releasing hormone
HPG axis Hypothalamic-pituitary-gonadal axis
5-HT₁ 5-hydroxytryptamine-1
I₂₅ Iodine 125
I.C.V. Intracerebroventricular

LIST OF ABBREVIATIONS

aCSF	Artificial cerebrospinal fluid
AgRP	Agouti-related protein
BBB	Blood-brain barrier
BMI	Body mass index
CCK	Cholecystokinin
CCK_A receptor	Cholecystokinin receptor isotype A
CCK_B receptor	Cholecystokinin receptor isotype B
CNS	Central nervous system
FSH	Follicle stimulating hormone
GH	Growth hormone
GHSR	Growth hormone secretagogue receptor
GI	Gastrointestinal
GLP-1	Glucagon-like peptide 1
GnRH	Gonadotropin-releasing hormone
HPG axis	Hypothalamic-pituitary-gonadal axis
5-HT₃	5-hydroxytryptamine-3
¹²⁵I	Iodine 125
i.c.v.	Intracerebroventricular

I.D.	Inner diameter
IMC	Interdigestive migrating contractions
i.p.	Intraperitoneal
LH	Luteinizing hormone
MAP	Motilin associated peptide
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases
NMDA	N-methyl-D-aspartate
NPY neurons	Neuropeptide Y neurons
O.D.	Outer diameter
OVEX rats	Ovariectomized rats
POMC neurons	Proopiomelanocortin neurons
PYY	Peptide YY
RIA	Radioimmunoassay
TBE	Tribromoethanol
Y5 receptors	Neuropeptide Y receptor subtype 5

INTRODUCTION

For many years, nutrition has been known as the most limiting factor for reproductive success (Chagas et al., 2007; Foster et al., 1989); however, the precise mechanisms by which reproduction and nutrition are connected are still unclear. During energetic challenges, several factors such as deficit in oxidizable fuels (Schneider et al., 1998; Wade and Jones, 2004), changes in circulating hormone concentrations (Chowers et al., 1969; Foster et al., 1989; Glass and Swerdloff, 1977) or changes in the secretion of neuropeptides (Badger et al., 1985; Bronson, 1988; Clarker et al., 1990; Dean and Dyer, 1984; Doerr et al., 1980; Dubey et al., 1986; Gruenewald and Matsumoto, 1993), initiate a series of processes that save energy by inhibiting reproductive behavior, and ensure adequate energy availability by motivating food consumption (Roche, 2006; Schneider, 2004). On the other hand, when food is plentiful, sensory detectors send signals to the brain to inform it of the fulfilled energy storage, and, as a result, the animal is more likely to become engaged in reproductive behaviors such as courtship or mating, in order to perpetuate the species (Bronson, 1984; Schneider, 2004).

Reproductive success is closely controlled by hormones, especially by those secreted in the hypothalamic-pituitary-gonadal axis (Blache et al., 2006;

Blache et al., 2007). Gonadotropin-releasing hormone (GnRH) is a peptide hormone that is secreted in an episodic manner from hypothalamic nerve terminals into the hypophyseal portal circulation (Bergendahl and Veldhuis, 1995; Carmel et al., 1976; Clarke and Cummins, 1982; Clayton, 1989; Levine and Ramirez, 1980). After arrival at the anterior pituitary, GnRH induces the biosynthesis and secretion of gonadotropins (luteinizing hormone (LH) and follicular-stimulating hormone (FSH) (Beien et al., 1998), which then travel to the gonads to stimulate critical reproductive processes such as steroid hormone production and gametogenesis. The pulsatility of GnRH secretion is the factor that ultimately regulates those processes (Bergendahl and Veldhuis, 1995; Bucholtz et al., 1996; Nagatani et al., 1996). In this way, any factor that alters the reproductive function has to do so by affecting the synthesis and/or release of GnRH from the hypothalamus.

The ability to monitor internal and external energy availability is essential to the link between reproduction and energy balance (Schneider, 2004; Temple et al., 2002). The list of chemicals and metabolic events that control food intake and reproduction has grown greatly since the discovery in 1994 of the gene coding for leptin (Zhang et al., 1994). Treatment with leptin stimulates reproduction (Burcelin et al., 2003; Clarke et al., 1990; Henry et al., 2001; Nagatani et al., 1998) by increasing GnRH release in the hypothalamus and stimulating LH release in pituitary explants from rats and pigs (Zieba et al., 2005). Besides the above mentioned leptin, other linking factors have been

proposed as mediators between energy balance and reproduction, like glucose availability (Bucholtz et al., 1996; Huang et al., 2008; Nagatani et al., 1996), insulin (Bruning et al., 2000 ; Burcelin et al., 2003 ; DiVall et al., 2007; Griffin et al., 1994 ; Kovacs et al., 2003 ; Szymanski et al., 2007), ghrelin (Barreiro and Tena-Sempere, 2004; Furuta et al., 2001; Nakazato et al., 2001; Seoane et al., 2003; Tschop et al., 2000; Zigman and Elmquist, 2003), cholecystokinin (CCK) (Li et al., 1999; Perera et al., 1993), motilin (Tsukamura et al., 2000), catecholamines (Maeda et al., 1994), neuropeptide Y (Gazal et al., 1998; Li et al., 1999; Raposinho et al., 1999; Shabah et al, 2003; Turi et al., 2003), glucagon-like peptide (Asmar and Holst, 2010; Beak et al., 1998; Mazumdar et al., 2005), corticotrophin-releasing hormone (Jones et al., 2002; Kerdelhue et al., 1997 ; Petraglia et al., 1987 ; Tsukamura et al., 2000), β -endorphin (Chandrashekar et al., 1992; Faletti et al., 2003; Kerdelhue et al., 1997 ; Seifer and Collins, 1990) and orexins (Furuta et al., 2002 ; Ghatei and Bloom, 2003 ; Hagan et al, 1999; Kohsaka et al., 2001).

Several peptides that are secreted in the gastrointestinal tract have also been found expressed in the brain, and, therefore, they are known as gut-brain peptides (Dockray, 1988). Their dual locations suggest the possibility of those peptides being linking agents between the gastrointestinal tract and the central nervous system (CNS) (Dockray, 1988), especially the component that affects reproduction.

Among those peptides is motilin, a 22-amino acid hormone that is secreted in the duodenum during periods of fasting (Itoh, 1997; Peeters et al., 1980). The primary physiological function of this peptide is to induce rhythmic contractions of gastric smooth muscle during interdigestive periods (Gartwaite, 1985; Itoh, 1980, 1977; Peeters et al., 1980; Poitras and Peeters, 2008). The presence of motilin in neural locations such as the pituitary (Beinfeld and Korchak, 1985; Korchak et al., 1984; Nilaver et al., 2004), hypothalamus (Chey et al., 1980; Huang et al., 1998; Jia et al., 2007) and pineal gland (Beinfeld and Korchak, 1985), suggests a role of this peptide in the control of hormones produced in the anterior pituitary (Hill et al., 2002). Samson et al. demonstrated in 1982 that motilin is able to stimulate growth hormone (GH) release *in vitro* (Samson et al., 1984). The relationship of motilin and LH release was also demonstrated in 2002 by Tsukamura et al., who showed that peripheral and central injection of motilin in Wistar rats produces a decrease in circulating LH in those animals (Tsukamura et al., 2002). Since LH secretion is dependent on the pulsatile release of GnRH, it is easy to infer that motilin could be affecting the synthesis or release of GnRH in the hypothalamus, although the cited authors did not investigate that possibility. Therefore, the objective of this study was to determine the effect that motilin application has on the synthesis and secretion of GnRH in hypothalamic explants obtained from male and female Sprague-Dawley rats.

An understanding of the mechanisms that link energy balance and reproduction is important because of their clinical and agricultural implications. In the agricultural field, that understanding is central for improving efforts directed to bring more efficient breeding and lactational performance in dairy and meat animals. In the clinical field, it will help us to understand the rising obesity epidemic that affects our society. Moreover, research in this area has relevance for understanding nutritional infertility, amenorrhea, anovulation and diminished libido associated with eating disorders such as anorexia nervosa or dieting.

specifically in the gonadotropin-releasing hormone (GnRH)-releasing neurons, which are located in the area that spans from the preoptic area to the arcuate nucleus in the hypothalamus (Schnieder, 2004). GnRH, a decapeptide hormone, was first isolated in mammals, specifically in pig and sheep brains (Bullerjahn and Burgus, 1972; Schally et al., 1971), and subsequently isolated from all major vertebrate species (reviewed in Kaulman, 2004). This first isolated form of GnRH received the name of GnRH-I, in order to distinguish it from other more recently isolated variants that are also described later in this text. When GnRH-I is released from the hypothalamus into the hypophyseal portal circulation, it is transported to the anterior pituitary lobe, where it stimulates the secretion of luteinizing hormone (LH) and follicular-stimulating hormone (FSH) into the general circulation (Bergardt and Velhuis, 1995). After arrival of LH and FSH at the gonads, gonadal steroid secretion and gametogenesis take place. The HPG axis possesses autocontrol mechanisms

LITERATURE REVIEW

ENDOCRINOLOGICAL BASIS OF REPRODUCTION

Reproduction in mammals is under the control of what is known as the hypothalamic-pituitary-gonadal (HPG) axis (Bergendahl and Veldhuis, 1995; Charlton, 2008). The master control of this axis lies in the central nervous system, specifically in the gonadotropin-releasing hormone (GnRH)-releasing neurons, which are located in the area that spans from the preoptic area to the arcuate nucleus in the hypothalamus (Schneider, 2004). GnRH, a decapeptide hormone, was first isolated in mammals, specifically in pig and sheep brains (Guillemin and Burgus, 1972; Schally et al., 1971), and subsequently isolated from all major vertebrate species (reviewed in Kauffman, 2004). This first isolated form of GnRH received the name of GnRH-I, in order to distinguish it from other more recently isolated variants that are also described later in this text. When GnRH-I is released from the hypothalamus into the hypophyseal portal circulation, it is transported to the anterior pituitary lobe, where it stimulates the secretion of luteinizing hormone (LH) and follicular-stimulating hormone (FSH) into the general circulation (Bergendahl and Veldhuis, 1995). After arrival of LH and FSH at the gonads, gonadal steroid secretion and gametogenesis take place. The HPG axis possesses autocontrol mechanisms

that prevent the futile production of either steroids, GnRH or LH, if the needed plasma concentrations of these hormones have been already reached (Schneider, 2004). This is achieved through negative feedback loops, where estrogen produced in the gonads is able to act at the level of the hypothalamus or pituitary to shut down or decrease the secretion of GnRH or LH, respectively (Herbison, 1998).

In the case of the female mammal, estrogen can have a positive or negative effect on the secretion of GnRH, depending on the phase of the ovarian cycle in which the female is at. In that way, there are two modes of secretion of GnRH. A pulsatile secretion occurs during the follicular phase of the ovarian cycle, where low concentrations of estrogen have negative feedback effects on GnRH and LH secretion, limiting their secretion to low concentrations (Clarke, 2005). In a classic experiment, Ernst Knobil determined in 1980 that the pulsatile pattern of GnRH release in ovariectomized monkeys yields about 1 pulse in 60 minutes (Knobil, 1980). The second mode of GnRH secretion is the surge mode, which occurs at the end of the follicular phase, when high concentrations of estrogen exert a positive effect in the secretion of GnRH (Schneider, 2004), and consequently, LH and FSH.

Moreover, it has been repeatedly proven that the pulsatile release of GnRH is essential for the maintenance of a normal reproductive function, as only this mode of delivery can stimulate the secretion of LH and FSH Barkan

et al., 1997; Koch et al., 1973). Experiments with continuous infusion of GnRH into pituitary cells induced pituitary down-regulation (Belchetz et al., 1978) by desensitization of the gonadotrophs, which ultimately resulted in the suppression of gonadal activity.

In addition to the stimulation of gonadotropin secretion, GnRH-I also plays an important role in mammalian reproductive behavior, as demonstrated by the increased sexual receptivity that ovariectomized (OVEX) rats present after administration of this hormone (Kauffman, 2004; Moss and McCann, 1973; Pfaff, 1972), as well as the facilitation of mating behavior that its administration causes in sexually naïve male hamsters whose vomeronasal organ has been removed (Fernandez-Fewel et al., 1995).

In spite of the importance of the pulsatility of GnRH secretion in reproduction, the specific location of the GnRH pulse generator is not known yet. The pulse generator may be a single center located in the mediobasal hypothalamus (Maeda et al., 1995), although other authors maintain that there are two pulse generators: one located in the mediobasal hypothalamus, associated to opioid neurons, and a second one located in the preoptic area and associated with GABA neurons (Kimura and Funabashi, 1998). It is known that endogenous glutamate is involved in the mechanism of pulsatile GnRH secretion, as demonstrated by Bourguignon et al, with the use of glutamate antagonists. This group also suggested the existence of a glutamatergic neuronal system distinct from the GnRH neurons, which would be able to

produce glutamate from glutamine and release it onto the GnRH neurons, controlling in that way the pulsatile secretion of GnRH.

Besides the estrogenic control of GnRH secretion, there has also been demonstrated a relationship between circadian gene expression and regulation of the GnRH secretory patterns (Chappell et al., 2003). Chappell et al. demonstrated the existence of circadian clocks in GnRH neurons, and that perturbation of those clocks' functions disrupts the normal pulse patterns of secretion of the decapeptide (Chappell et al., 2003).

EFFECT OF UNDERNUTRITION ON REPRODUCTION

The most limiting factor for reproductive success in wild and domesticated animals is nutrition. Nutritional status regulates age at puberty, physiological events that control estrous cycle, efficiency of fertilization, implantation of the embryo or even pregnancy (Foster et al., 1989; Schneider, 2004). For instance, an increase in food intake can induce multiple ovulations in females and increase sperm production in male mammals (Martin and Walkden-Brown, 1995; Wade and Schneider, 1992). Adequate body weight is linked to the onset of puberty (Gueorguiev et al., 2001) and large amounts of nutrients and energy are expended by performance athletes and high-producing dairy cattle, which compromises their capacity to reproduce (Judd, 1998). Therefore, the ability of the reproductive system to respond to changes

in nutrients availability is a critical adaptation for survival in a changing environment.

Metabolic status depends on the amount of food consumed, the amount of body reserves, and the rate of expenditure of energy; changes in any of these three components can influence reproductive capacity (Zhang et al., 2005). Metabolic challenges such as food deprivation inhibit the hypothalamic-pituitary-gonadal axis at many levels, the principal locus being the GnRH pulse generator (Bronson, 2000). It has been demonstrated that the activity of the GnRH neurons in the hypothalamus is regulated by signals reflecting metabolic balance (Burcelin et al., 2003; Sullivan et al., 2003), which is an important consideration given that GnRH neuronal activity is a primary controller of gonadal function. As a consequence of food deprivation, a reduced concentration of circulating GnRH results (Bergendahl and Veldhuis, 1995), and a decreased frequency of LH pulses is also observed in female (Bronson, 1986) and male (Bergendahl and Veldhuis, 1995) rats. Curiously, the decreased frequency of LH release is accompanied by increased amplitude of those pulses, what seems to result from an enhanced pituitary sensitivity to GnRH during fasting (Bronson, 1986). All these changes in the reproductive axis are associated with impaired gonadal function, and, subsequent atrophy of sex organs (Bergendahl and Veldhuis, 1995; Cameron et al., 1993; Grewal et al., 1971; Howland and Skinner, 1973). This atrophy

ultimately leads to poor reproduction, even infertility, in male and female animals (Bergendahl and Veldhuis, 1995).

Pulsatile LH secretion, follicle development and ovulation can be reinstated by pulsatile treatment with exogenous GnRH in food-deprived or food-restricted mammals. This effect has been demonstrated in rats (Bronson, 1986; Manning and Bronson, 1991), sheep (Armstrong and Britt, 1987; Foster and Bucholtz, 1995; Kile et al., 1991), pigs (Armstrong and Britt, 1987), cows (Day et al., 1986), monkeys (Cameron, 1996; Cameron and Nosbich, 1991) and women (Nillius, 1975). Pulsatile LH secretion and ovulation can also be simply recovered by refeeding of the animal (Parfitt et al., 1991; Ponzio et al., 2000). Malnutrition inhibits the reproductive axis, in part, through increasing the sensitivity to the negative estrogenic feedback, and, also, through estrogen-independent pathways, such as by the secretion of antigonadotropic peptide (Benson et al., 1976; Benson and Machena, 1994; Bronson, 1988) or melatonin (Chik et al., 1987; Roy and Belsham, 2002) in the pineal gland.

Although the first isolated form of GnRH (GnRH-I) was obtained from hypothalamus (Kauffman, 2004), more than 22 structural variants of the peptide have been isolated from vertebrates since then (Millar et al., 2004) most of them sharing between 10% and 50% sequence homology (Cheng and Leung, 2005). Most vertebrate species possess at least two GnRH forms in the brain: GnRH-I and a variant that was originally isolated from chickens (GnRH-II). The amino acid sequence of this second form of GnRH is 70%

homologous to GnRH-I (Kauffman and Rissman, 2004). GnRH-II has been identified in a wide-range of mammalian species, including human. The omnipresence of GnRH-II in all these species suggests that this isoform of GnRH has been conserved through evolution, and therefore, must have an important function (Kauffman, 2004). Among the physiological functions that have been described for GnRH-II in mammals are stimulation of gonadotropin release (although with only 2% of GnRH-I effectiveness) (Hasegawa et al., 1984; Kauffman and Rissman, 2004; Millar and King, 1983) and stimulation of ovulation (although, once again, with a decreased potency when compared to GnRH-I—only 10% as effective) (Rissman et al., 1995). In amphibians, GnRH-II has been shown to act as a neuromodulator, producing a long-term increase in the excitability of postsynaptic neurons through inhibition of voltage-dependent K^+ channels (M current) (Jones, 1998; Kauffman, 2004).

Recent evidence suggests that GnRH-II could also be involved in the food-restriction-induced inhibition of reproduction. Female, food-deprived musk shrews and mice exhibit significant decrease in mating behavior, a situation that is significantly reversed by i.c.v. infusion of GnRH-II (Gill and Rissman, 1997; Kauffman, 2004). However, GnRH-II infusion into *ad libitum* fed animals does not increase their mating behavior, what suggests that GnRH-II exerts permissive actions to reproduction, rather than stimulatory (Kauffman and Rissman, 2004). These authors suggested that when food is readily available, GnRH-II is released at a basal rate that permits mating, while

in a situation of food deprivation, where the energy status is compromised, the peptide release decreases, inhibiting mating behavior. In this way, it is suggested that GnRH-II could act as a neurochemical signal of the energetic state in female, acting as a permissive factor that allows reproduction only if the level of energy is the appropriate to support pregnancy and lactation (Kauffman and Rissman, 2004).

The ability of the brain to detect subtle changes in energy availability is important for the maintenance of the normal reproductive function. The nature of the metabolic signals to the GnRH neurons is not completely understood, but a variety of metabolic cues have been suggested to ensure that the brain has an update of the body energetic status, doing so with a certain degree of redundancy (Schneider, 2004). Information about glucose availability is provided to the brain not only through glucodetectors (Nagatani et al., 1996) as the metabolic hypothesis suggests, but also through other signals, such as hormones, growth factors or excitatory amino acids (Schneider, 2004).

Among the hormones that have been suggested to be metabolic messengers to the brain are leptin (Barb and Kraeling, 2004; Blache et al., 2000a and 2000b; Spicer 2001), whose action in the central nervous system appears to be mediated by decreasing the expression of neuropeptide Y (NPY) in the arcuate nucleus, and therefore, stimulating GnRH secretion by decreasing the inhibitory action of NPY on this peptide (Gazal et al., 1998; Li et al., 1999; Plant and Shahab, 2002; Raposinho et al., 1999; Turi et al.,

2003); insulin (Blache et al., 2003; Burcelin, et al, 2003; Miller et al, 2002) and growth hormone (Howland, 1975).

Several authors have demonstrated that circulating concentrations of insulin and leptin are sensitive to changes in food intake and body energy reserves, and that alterations of their secretion is accompanied by changes in the pulsatile secretion of LH, and thus, GnRH (Archer et al., 2002; Blache et al., 2000a; Marie et al., 2001). Furthermore, intracerebral infusion of insulin or leptin increases the frequency of LH pulses (Henry et al., 2001; Miller et al., 1995, 2002; Tanaka et al., 2000). Leptin has been demonstrated to cross the blood-brain barrier and leptin receptors have been shown to be abundantly expressed in the hypothalamic arcuate and paraventricular nuclei (Sone and Osamura, 2001). Besides increasing the release of GnRH, leptin has also been shown to activate the secretion of LH and FSH from the pituitary via activation of nitric oxide synthase in this gland (Yu et al., 1997).

Other adipokines have also been implicated in the control of the hypothalamic-pituitary-gonadal (HPG) axis (Martos-Moreno et al., 2009). These include adiponectin, almost exclusively produced by mature adipocytes, and resistin, mainly produced by the mononuclear cells in the stromal-vascular matrix of the adipose tissue (Budak et al., 2006; Korner et al., 2005). The role of adiponectin in the control of energy homeostasis is uncertain, as unaltered feeding behavior has been shown in mice lacking (Maeda et al., 2002) or over-expressing adiponectin (Combs et al., 2004). However, this peptide has

recently been shown to directly depolarize parvocellular neurons in the hypothalamic paraventricular nucleus, thus controlling neuroendocrine and autonomic functions (Hoyda et al., 2009). Regarding gonadal function, several studies in adiponectin ablated models failed to show any impairment of fertility (Kubota et al., 2002; Ma et al., 2002; Maeda et al., 2002). In contrast, female mice over-expressing adiponectin are infertile, although the precise etiology and extent of this infertility has not been elucidated (Combs et al., 2004). Consequently, an eventual role for adiponectin in linking energy homeostasis and control of the HPG axis cannot be excluded. Indeed, adiponectin has been shown to be produced by the gonads, with both the ovary and testis expressing adiponectin receptors (Caminos et al., 2008; Chabrolle et al., 2007). On the other hand, testicular expression of secretin has been shown to be modulated by gonadotropins and fasting, with this adipokine stimulating testosterone secretion in a dose dependent manner (Nogueiras et al., 2004).

GUT-DERIVED PEPTIDES AND REPRODUCTION

The so called "gut-brain axis" reflects the interactions between the gastrointestinal system and the brain. The gastrointestinal tract communicates with the rest of the body through absorbed nutrients, secreted peptides or by activation of afferent sympathetic nerves (Romjin et al., 2008). The gut is the largest endocrine organ in the body, and it secretes more than 20 different hormones that serve different purposes such as local regulators or regulators

of appetite, satiety, and reproduction (Hameed et al., 2009). In that way, the brain receives both neural and endocrine inputs from the gastrointestinal tract in response to food intake, which are then integrated with signals from other organs to create physiological responses (Hameed et al., 2009). Among this family of gut-derived peptides are peptide YY, glucagon-like peptide 1 (GLP-1), cholecystinin, ghrelin and motilin. Motilin and ghrelin show striking similar chemical structures, placing them under the same hormonal family, the motilin family (Asakawa et al., 2001; Depoortere, 2001; Tomasetto et al., 2000). Each of these hormones are described in the following sections.

Peptide YY (PYY)

Peptide YY is a member of the PP family of proteins to which NPY also belongs to. Its name is due to the tyrosine residues that this peptide has at both N and C termini. It consists of 36 amino acids (Tatemoto and Mutt, 1980), and it is produced and released from the L-cells of the gastrointestinal tract, particularly from the colon and rectum (Adrian et al., 1985). Most of the circulating PYY is the N-terminal truncated form of the full length peptide, YY_{3-36} . Levels of PYY are low during fasting and peak in the second hour after a meal, remaining elevated for about 6 hours. The strength of the peak is related to the number of consumed calories and the composition of the food (Adrian et al., 1985).

Acute peripheral administration of exogenous PYY_{3-36} in rodents and humans leads to reduction of food intake (Batterham et al., 2002). PYY_{3-36}

exerts its actions through the Y_2 receptor (Keire et al., 2000), which is a member of the Y family of G protein-coupled receptors and is expressed in on the NPY neurons of the arcuate nucleus in the brain (Broberger et al., 1997). One of the models for the mechanism of action of PYY proposes its action as directly inhibiting these neurons, which consequently disinhibits the POMC neurons in the arcuate nucleus (Batterham et al., 2002).

The anorectic effects of PYY have been observed in both lean and obese human subjects (Batterham et al., 2003), suggesting that, unlike leptin, obesity is not a PYY-resistant state and opening the possibility of using this peptide as anti-obesity therapy.

The effects of PYY on reproductive hormones is somehow controversial, given the antagonistic results obtain in different experiments. Administration of increasing doses of PYY₃₋₃₆ to whole pituitary samples obtained from rats elicited LH and FSH secretion in male and female animals (Fernandez-Fernandez, 2004). Interestingly, administration of PYY₃₋₃₆ also increased LH and FSH responsiveness to GnRH *in vitro*. However, systemic i.p. administration of this peptide failed to modify serum LH levels in male and female rats, whereas intracerebroventricular injection inhibits LH secretion *in vivo* and decrease GnRH secretion by hypothalamic fragments in male but not female rats (Fernandez-Fernandez, 2005). All of these data taken together highlights the complex mode of action of this peptide and suggests a role on the neuroendocrine modulation of the reproductive axis.

Glucagon-like Peptide-1

Glucagon-like peptide-1 (GLP-1) is a 30 amino acid peptide member of the glucagon/secretin family of peptides. It is released by the L-cells of the small intestine and colon (Hermann et al., 1995), the alpha cells in the pancreatic islets (Eissele et al., 1992) and by neurons within the brain stem (Jin et al., 1988) as response to food intake. Pre-pro-glucagon is the precursor peptide that is processed by a convertase enzyme to produce glucagon, GLP-1, glucagon-like peptide-2 and oxyntomodulin depending on the site of synthesis (Bell et al., 1983). Immunocytochemical studies have demonstrated the presence of GLP-1 immunoreactive cell bodies in the nucleus of the solitary tract and the medullary reticular nucleus in the rat brain (Jin et al., 1988). This peptide has also been identified in nerve fibers in hypothalamic structures including the paraventricular nucleus and the periventricular strata (Jin et al., 1988; Kreymann et al., 1989; Shimizu et al., 1987). The presence of GLP-1 in the synaptosome fraction of the hypothalamus, its calcium-dependent release from hypothalamic tissue slices by potassium stimulation (Kreymann et al., 1989), and the existence of specific receptors for GLP-1 in the CNS (Kanase et al., 1988) support a putative neurotransmitter or neuromodulatory role for this peptide. Presence of receptors for GLP-1 has been described in the hypothalamus, thalamus and pituitary of rats. Within the hypothalamus, there is a great density of these receptors within the supraoptic, paraventricular, and arcuate nuclei (Kanase et al., 1988).

Levels of circulating GLP-1 rise postprandially, and fasting reduces proglucagon expression in the intestine (Hoyt et al., 1986). Injections of GLP-1 into the paraventricular nucleus were proven to reduce food and water intake in rats (Tang-Christensen et al., 1996; Turton et al., 1996; Schick et al., 1992), and injections of the specific GLP-1 receptor antagonist exendin to satiated rats increases food intake (Turton et al., 1996). Peripheral administration of GLP-1 to humans has an anorectic effect (Gutzwiller et al., 1999; Verdich et al., 2001) and reduces the rate of gastric emptying, which could also influence food intake (Naslund et al., 1998; Verdich et al., 2001). Verdich et al. also demonstrated that obese individuals have reduced circulating levels of GLP-1 and reduced release of this peptide after food intake.

The role of GLP-1 as a metabolic signal to the brain was demonstrated by Beak et al. They demonstrated that intracerebroventricular injection of GLP-1 produced a quick increase in the plasma LH concentration in male rats. Moreover, they also showed that GLP-1 levels in the hypothalamus of fasted male rats were decreased, indicating a relationship between the low LH levels and the negative energy balance (Beak et al., 1998). They also demonstrated *in vitro* that administration of GLP-1 to cultured hypothalamic neurons (GT₁₋₇ cells) causes a concentration-dependent release of GnRH, further indicating the role of GLP-1 in controlling reproduction.

Cholecystokinin (CCK)

Cholecystokinin was the first gut hormone reported to affect appetite (Gibbs et al., 1973). Levels of CCK in the plasma rise within 15 min of meal initiation (Liddle et al., 1985) and CCK has been shown to reduce food intake in a dose-dependent manner following its administration to rats (Gibbs et al., 1973) and to human subjects (Kissileff et al., 1981).

CCK is widely distributed throughout the GI tract, but the majority of the hormone is synthesized in the L-cells of the duodenum and jejunum (Buffa et al., 1976). In the gastrointestinal tract, CCK exerts local regulatory effects including the inhibition of gastric emptying (Moran and McHugh, 1982) and the stimulation of gallbladder contraction and pancreatic enzyme secretion (Liddle et al., 1985). CCK is also widely distributed in the central nervous system, including the hypothalamus, especially in the ventromedial nucleus and the median eminence (Beinfeld et al., 1981). Two receptor subtypes have been characterized for CCK: CCK_A and CCK_B (Moran et al., 1986; Wank et al., 1992). CCK_A receptors are expressed in vagal afferent and efferent neurons, pancreas and several areas of the brain, such as the nucleus of the tractus solitarius, area postrema and dorsomedial hypothalamus, which are areas known to be linked to control of food intake and reproduction (Moran et al., 1986).

Peripheral administration of CCK to rodents and humans leads to a reduction in food intake by reducing meal size and duration (Kissileff et al.,

1981). Moreover, central administration of the hormone has also been shown to reduce food intake in rodents and this effect is increased by co-administration of leptin, leading to the possibility that CCK may play a role in the long-term regulation of body weight (Matson et al., 2000). The therapeutic potential of this hormone in treatment of obesity has been minimized after some studies showed that constant i.p. infusion for 2 weeks led to tolerance, and therefore no change in food intake or body weight in rats (Crawley and Beinfeld, 1983). In addition, CCK has a very short half life (1-2 minutes), making its use for therapy more difficult (Gibbs et al., 1973).

CCK has been linked to modulation of the migration of GnRH neurons from the nasal placode, where they originate, to the brain via olfactory-vomer nasal axons. If these axons do not penetrate the brain and are directed to no CNS sites, GnRH neurons are found in aberrant locations. CCK guides these axons to the right location (Giacobini et al., 2004), and therefore, influences the placement of these neurons within the hypothalamus, eventually affecting the secretion of this reproductive hormone.

CCK has been shown to be a modulator of neuroendocrine pathways, activating female reproductive behaviors and release of anterior pituitary hormones (Hashimoto et al, 1986; Vijayan et al., 1973). Hashimoto et al. demonstrated that CCK implants in the medial preoptic area of rats inhibited gonadotropin secretion via the dopamine receptor blocker pimozide, and Vijayan et al. demonstrated that intraventricular injections of CCK in the brains

of ovariectomized rats produced significant suppression of plasma LH and elevations in prolactin.

Ghrelin

Ghrelin is mainly produced by the oxyntic cells in the gastric mucosa, although it has also been shown to be produced in the proximal intestine, pituitary, hypothalamus and other organs. It undergoes acylation at its serine amino acid at position 3 by a molecule of n-octanoyl acid (Kojima et al., 1999, 2000). This chemical modification confers ghrelin the ability to cross the blood-brain barrier (BBB) and, more importantly, to bind the 1a subtype of the growth hormone secretagogue receptor (GHSR) (Kojima et al., 1999; Fernández-Fernández et al., 2006; Van der Lely et al., 2004), thus mediating most of the activities of ghrelin, although GHS-R1a independent actions have also been demonstrated (Van der Lely et al., 2004). However, the unacylated isoform of ghrelin is the most abundant form in plasma, and its specific receptor remains unknown. Initially, unacylated ghrelin was considered to be biologically inactive, but it is now accepted that it has a wide range of actions that can overlap or antagonize those of the acylated isoform of the protein (Tena-Sempere, 2008).

Circulating ghrelin concentrations in normal lean subjects are pulsatile, with diurnal and ultradian rhythms, and levels rising at night (Yildiz et al., 2004). Meal intake inhibits both ghrelin and des-acyl ghrelin, but long-term fasting appears to inhibit acylation, although not total ghrelin secretion (Liu et

al., 2008). Serum ghrelin levels are also influenced by growth and pubertal development, with serum levels increasing during the first 2 years of extrauterine life, followed by a later decrease until the end of puberty (Soriano-Guillén et al., 2004b). A notable exception to both of these trends is displayed by patients affected with Prader–Willi syndrome, whose ghrelin levels do not decrease with age. These patients show sustained high levels of ghrelin in blood despite the existence of marked obesity (Haqq et al., 2008). The sex difference in circulating ghrelin levels is controversial. A recent study reports that ghrelin levels are significantly higher in women than in men, and demonstrates a correlation between testosterone levels and ghrelin in men and postmenopausal women (Greenman et al., 2009).

Ghrelin modulates energy homeostasis by stimulating the expression of the genes encoding NPY and AgRP in the arcuate nucleus of the hypothalamus, and by binding to presynaptic terminals of arcuate NPY and POMC neurons, respectively stimulating and inhibiting their activity and peptide release (Lorenzi et al., 2009). This results in a net orexigenic effect, functionally opposite to that produced by leptin (Wynne et al., 2005). In addition, i.c.v. but not peripheral administration of unacylated ghrelin has been shown to increase appetite through the GHS-R independent activation of hypothalamic orexin producing neurons (Toshinai et al., 2006). Levels of circulating ghrelin increase during the fasting state, under the influence of sympathetic innervation, and decrease in the postprandial period, apparently

regulated by nonvagal neurologic control influenced by the increase in insulin levels (Murphy et al., 2006; Wynne et al., 2005). Additionally, a long term decrease or increase in the body's energy stores, for instance during anorexia or obesity, leads to high and low levels of ghrelin, respectively, with a negative correlation observed between body mass index (BMI) and ghrelin levels (Soriano-Guillén et al., 2004a). Based on all of these characteristics, ghrelin can be considered a signal of starvation or energy insufficiency, and a candidate to convey the energy homeostasis status to the central nervous system (Martos-Moreno et al., 2009; Tena-Sempere, 2008).

The effects of ghrelin on gonadotropin secretion have been studied in several species of mammals. Central administration of ghrelin reduces LH pulse frequency in ovariectomized rats and monkeys, and baseline LH levels in intact rats and sheep (Furuta et al., 2001; Lorenzi et al., 2009; Ogata et al., 2009; Tena-Sempere, 2008). This inhibitory effect of ghrelin on LH secretion appears to be more evident in male rats, either intact or gonadectomized and both in the prepubertal and in the adult stages, than in females. Its effects on FSH secretion are poorly characterized or only observed after the infusion of high doses of ghrelin (Tena-Sempere, 2008). This predominant inhibitory effect of ghrelin on LH secretion seems to be exerted mainly through inhibition of hypothalamic GnRH release, as shown by its effects on LH pulsatility and by studies employing hypothalamic explants (Fernández-Fernández et al., 2005b). Additionally, studies of the effects of ghrelin on pituitary explants show

significant decreases in GnRH-stimulated LH secretion, but also stimulatory responses after high doses, thus suggesting a possible direct effect of ghrelin on pituitary LH secretion (Fernández-Fernández et al., 2005b; Tena-Sempere, 2008). Administration of ghrelin to healthy human subjects has also shown to reduce pulse amplitude and frequency of baseline LH secretion, without affecting FSH levels (Lanfranco et al., 2008). Ghrelin acts at different levels of the HPG axis, and those actions can be both induced by ghrelin released from the stomach into the bloodstream or from local producing sites in gonads and CNS (Tena-Sempere, 2008). Expression of ghrelin has been described in human testicle and ovary, as well as in the gonads of other species (Gaytan et al., 2005; Tena-Sempere, 2008). Interestingly, ghrelin has been shown to inhibit the production of testosterone by Leydig cells, and to inhibit estradiol and progesterone secretion in human granulosa-luteal cells (Viani et al., 2008).

A putative role of ghrelin in determining the onset and progression of puberty is suggested by studies performed by several authors. Several authors (Fernandez-Fernandez et al., 2005a; Martini et al., 2006) showed that exogenous administration of ghrelin to male rats during the peri-pubertal period resulted in lower levels of LH and testosterone levels and delayed signs of pubertal maturation, while these markers were not affected in their female siblings. However, the group led by Tena-Sempere reported a deleterious effect of ghrelin on the pubertal development in pubertal female rats (Tena-

Sempere, 2008). These results seem to indicate a more predominant effect of ghrelin on male than female animals, and a different effect depending on the pubertal stage (Martos-Moreno et al., 2009).

Motilin

Motilin is a 22-amino acid hormone (Itoh, 1977) that is produced most abundantly in the upper part of the gastrointestinal tract, specifically in the enterochromaffin cells located in the duodenum (Pearse et al., 1974), although it has also been found in the brain of man (Depoortere, 1997), rabbit (Huang et al., 1998; Depoortere, 1997) and monkey (Huang et al., 1998). Preliminary data from our laboratory also indicate that motilin is present in cerebrospinal fluid obtained from cow. Motilin precursor is also present in medulla oblongata, nucleus of the solitary tract, pituitary, hypothalamus, spinal cord, cerebellum, thyroid (Xu et al., 2001) and even in a human liver metastasis (De Clercq et al., 1995).

Among the species in which motilin has been found are horse (Kitamura, 1984), cow (Huang et al., 1999), dog (Itoh, 1978), human (Daikh et al., 1989), pig (Brown and Dryburgh, 1971), rabbit (Banfield et al., 1992), chicken (De Clercq, 1995), guinea pig (Xu et al., 2001), cat (Depoortere et al., 1993), sheep (De Clercq et al., 1997) and rhesus monkey (Huang et al., 1999). In the rat, motilin immunopositive cells have been described in rat intestine (Sakai et al., 1994), and in parts of the rat central nervous system such as Purkinje cells and dendritic cells of the cerebellum, pyramidal cells

and dendrites of the cerebral cortex, and neurons of the CA3 area of the hippocampus (Lange et al., 1986; O'Donohue et al., 1981).

The human motilin gene has been cloned (Daikh et al., 1989; Yano et al., 1989) and mapped to the p21.3 region of chromosome 6 (Gasparini et al., 1994). It is a single copy gene of 9 Kb, composed of 5 exons separated by 4 introns (Daikh et al., 1989). The structure of this gene is unusual in that the sequence encoding for the 22 amino acid motilin is split near its center by an introns (Daikh et al., 1989). However, to date, the genes encoding motilin and its receptor have never been found in the rat (He et al., 2010; Genome Rat Database, 2010) or the mouse (Mouse Genome Database, 2010). Motilin and ghrelin share almost 50% of similarity in their amino acid sequences, and the receptors of both peptides are part of the same family of G protein-coupled receptors, sharing also more than 53% of their overall amino-acid sequence (Poitras and Peeters, 2008). Given the big similarities between both peptides, they are now considered to be members of the new motilin-ghrelin family (Ohno, et al., 2010). Since the isolation of motilin in rodents remains elusive, it has been proposed that ghrelin may have substituted motilin in these small rodents (Peeters et al., 2003).

Endogenous motilin release occurs in a cyclic fashion in dogs (Itoh, 1978; Lee et al., 1986; Mochiki et al., 1996) and humans (Peeters et al., 1980; Vantrappen et al., 1979), at approximately 100-minute intervals during the interdigestive or fasting period, with its concentration and episodic secretory

pattern reduced by feeding, as demonstrated by Chey et al., 1980. Moreover, glucose was found to suppress motilin secretion in humans (Imura et al., 1980; Saito et al., 1980) and dogs (Barnett et al., 1981). Peak plasma motilin levels correlate with the onset of a characteristic motor pattern in the intestine, known as the migrating myoelectric complex (Peeters et al., 1990).

The motilin peptide is synthesized as a part of a prehormone precursor consisting of a 25-amino acid signal peptide preceding the 22-amino acid motilin moiety and a 66-amino acid carboxy-terminal peptide (Motilin-associated peptide or MAP) separated from the carboxyl terminus of motilin by a dibasic Lys-Lys dipeptide (Bond et al., 1988). The MAP peptide is released from the protein by proteolytic cleavage in the dibasic site (Huang et al., 1999). Posttranslational processing generates promotilin first, and ultimately, the hormone fragment (Depoortere et al., 1997).

Analysis of the motilin precursor from different species reveals several highly conserved sequences, like the first part of the signal peptide (-25 to -19 amino acids), the N-terminus (1-6 positions), the C-terminus of the motilin itself (15-18 amino acids), as well as the N-terminus (23-26) and middle portion (77-97) of the MAP (Huang et al., 1999). This high level of conservation suggests that these regions are functionally important. The average percentage of homology in the amino acid sequence of motilin among different species is 86% in the motilin itself, 84% in the signal peptide sequence, and 65% in the MAP (Huang et al., 1999). Apparently, the MAP sequence has a higher

evolutionary rate than the rest of the regions in the molecule, what indicates that motilin is an example of mosaic evolution, where each part of the molecule has a different rate of changing (Huang et al., 1999).

The role of the signal peptide is to transfer the mature peptide into the rough endoplasmic reticulum. Although the role of the MAP sequence is not clear yet, it could be important for the posttranslational events that lead to the secretion of motilin (Huang et al., 1999). In 1992, Poitras et al. identified the N-terminus of motilin as the responsible site for the biological action of the molecule. Fragments of motilin of different lengths were injected into rabbit duodenal muscle and it was determined that fragments lacking the two first amino acids in the N-terminus were more than 1,000 times less potent in producing intestinal contractility than the native 22 amino acid molecule (Poitras et al., 1992).

There have been several functions attributed to motilin. The first of them is the regulation of the interdigestive migrating myoelectric complex (Itoh, 1997). Motilin plasma levels increase cyclically every 90-120 minutes during the interdigestive fasting period (Itoh, 1997), and that cyclic secretion of motilin drastically disappears after ingestion of a meal. These cyclical peaks of plasma motilin are associated to strong peristaltic contractions starting in the stomach and propagating to the duodenum and small intestine. This pattern of migrating waves is known as phase III contraction of the interdigestive migrating contractions (IMC) (Szurszewski, 1969). These contractions are

assumed to have an important housekeeping role, as they forcefully push the content of the intestine forward while cleaning the bowels of debris and bacteria that otherwise would accumulate in the lead to bacterial overgrowth, compromising nutrient absorption in the small intestine (Ohno et al., 2010). Exogenous administration of motilin has been shown to initiate premature phase III contractions in the stomach (Itoh et al., 1976). Other studies also demonstrated that these peristaltic contractions concur with plasma peaks of motilin (Peeters et al., 1980), and that suppression of circulating motilin with antibodies suppresses phase III contractions in dogs (Lee et al., 1983). The effects of motilin on phase III contractions in dogs are blocked by a 5-hydroxytryptamine-3 (5-HT₃) antagonist (Itoh et al., 1991), suggesting that the motilin-induced signal may be mediated by 5-HT₃ receptors on the vagal afferents and transmitted to the stomach by the vagal efferents, inducing the release of acetylcholine. Other studies propose that motilin acts directly on the smooth muscle cells (Adachi et al., 1981; Lüdtkke et al., 1989; Strunz et al., 1975)

Another function of this peptidic hormone is the control of feeding intake. Central and peripheral administration of motilin has been proven to stimulate feeding in non-fasted and fasted rats, respectively (Rosenfeld and Garthwaite, 1987; Garthwaite, 1985), suggesting that this hormone could be acting as a hunger hormone during periods of fasting. Asakawa et al. demonstrated that the same was also true in mice when they administered

motilin i.c.v. and observed a significant increase in food intake (Asakawa et al., 1998). The mechanism proposed for this action of motilin is that this hormone promotes the evacuation of the intestine contents. The emptying of the intestine produces a stimulation of the hunger, and therefore, it also stimulates food intake.

As explained earlier in this literature review, it has also been reported that fasting affects reproduction. In times of food scarcity some physiological processes cannot be compromised, and animals adjust their metabolic necessities. There are some activities that are not essential for the individual survival, such as reproduction, and therefore processes like ovulatory cycles are suspended during periods of undernutrition. There have been a series of studies indicating that fasting significantly suppresses pulsatile LH secretion in normal and estrogen-primed ovariectomized rats (Bronson, 1986; Bergendahl and Veldhuis, 1995; Cagampang, et al., 1991). Since plasma levels of motilin increase under the same circumstances, it has been proposed that motilin could act as one of the peripheral substances that convey information about fasting or glucose deprivation to the brain, therefore leading to the suppression of GnRH or LH secretion. Other studies have also described that fasting-induced suppression of LH secretion is reversed by gastric vagotomy, indicating that the vagus nerve may be implicated in LH suppression (Cagampang et al., 1992). The coincidental participation of the vagus nerve in both stimulation of motilin release (Diamant et al., 1994) and the suppression

of LH release during fasting further suggests the participation of motilin in the fasting-induced suppression of LH release.

A study performed by Tsukamura et al. demonstrated that peripheral or central administration of motilin suppresses the release of LH in female rats (Tsukamura et al., 2000). In that study, motilin was administered intravenously and intracerebrally into ovariectomized (OVEX) or ovariectomized and estradiol treated (OVEX+E₂) rats. They observed that intravenous administration of motilin resulted in a significantly reduced average concentration of LH in plasma in both OVEX and OVEX+E₂ rats, and in a significant reduction of the pulsatile secretion pattern of this hormone in the OVEX+E₂ rats. Similar results were also obtained when motilin was administered intracerebrally. These results suggest that motilin has an inhibitory role in the control of LH secretion. Since LH secretion was recovered when the animals received exogenous administration of GnRH, the authors assumed that the effect of motilin on this secretion was through inhibiting the secretion of GnRH, instead of by direct effects on the pituitary; however, they did not test this hypothesis directly in their studies.

MATERIALS AND METHODS

Based on the evidence presented in the literature review section of this thesis, we hypothesized that the *in vitro* administration of exogenous motilin to whole hypothalamic extracts obtained from male and female ovariectomized Sprague-Dawley rats inhibits GnRH secretion and, therefore, reproduction.

Fifty-four post-pubertal Sprague-Dawley rats were used in this study. Eighteen of them were intact males (average weight of 500 g), and the rest 36 rats were female (average weight of 280 g). All the female animals were ovariectomized (OVEX) at least 2-weeks before starting the experiments, 18 of them receiving also an estradiol implant immediately after ovariectomy (Tygon flexible plastic tubing with I.D. of 1/16", O.D. 1/8" and wall 1/32"; VWR Scientific Products, GA, USA).

The animals were kept in the Animal Room of the Wick Science Building at St. Cloud State University, MN, under *ad libitum* conditions of food and water. The light cycle was 14-hour light, 10-hour darkness, with the lights turned on at 5:00 a.m. and turned off at 7:00 p.m.

The research protocol used during this study was approved by the Institutional Animal Care and Usage Committee (IACUC) of St. Cloud State University on October 14, 2004.

EXPERIMENTAL DESIGN

MATERIALS AND METHODS

EXPERIMENTAL ANIMALS

Fifty-four post-pubertal Sprague-Dawley rats were used in this study. Eighteen of them were intact males (average weight of 550 g), and the rest 36 rats were female (average weight of 280 g). All the female animals were ovariectomized (OVEX) at least 2-weeks before starting the experiments; 18 of them receiving also an estradiol implant immediately after ovariectomy (Tygon flexible plastic tubing with I.D. of 1/16", O.D. 1/8" and wall 1/32"; VWR Scientific Products, GA, USA).

The animals were kept in the Animal Room of the Wick Science Building at St. Cloud State University, MN, under *ad libitum* conditions of food and water. The light cycle was 14-hour light, 10-hour darkness, with the lights turned on at 5:00 a.m. and turned off at 7:00 p.m.

The research protocol used during this study was approved by the Institutional Animal Care and Usage Committee (IACUC) of St. Cloud State University on October 14, 2004.

EXPERIMENTAL DESIGN

The animals were divided in three experimental groups: intact males (n=18), OVEX females (n=18), and OVEX, estradiol-treated females (n = 18). Within each of those three groups, the animals were subdivided in three subgroups: control animals (n = 6), animals receiving low concentration of motilin (1.4 ng/600 μ l; n = 6), and animals receiving high concentration of motilin (2.5 ng/600 μ l; n = 6).

On the day of the experiment, the animals were euthanized with an overdose of 2.5% Tribromoethanol (TBE), and rapidly decapitated. Trunk blood was collected immediately after decapitation for determination of estradiol and LH concentrations in plasma. The brain was quickly removed from the skull and the hypothalamus isolated. Hypothalami were then incubated in a shaking water bath (Baxter Shaking Water bath, model YB521) in the presence of artificial cerebrospinal fluid (aCSF) bubbled with 95% O₂ and 5% CO₂. The hypothalami were allowed to equilibrate for a period of 60 minutes before onset of the experiment. aCSF contained 0.13 M NaCl, 0.025 M NaHCO₃, 1.25 mM NaH₂PO₄, 2.5 mM KCl, 1mM MgCl₂, 0.025 M glucose and 1M CaCl₂.

After equilibration, 600 μ l of spent media were harvested every 7.5 minutes and replaced with the same volume of fresh aCSF for 60 minutes (Period 1). After that time, the treatment was applied in Period 2. The treatment consisted in the application of either 600 μ l of aCSF (control group),

or low (1.4 ng/600 μ l) or high (2.5 ng/600 μ l) porcine motilin, during the following 120 minutes of perfusion (Period 2), with the sampling continuing at the same frequency as before. During the last hour of perfusion (Period 3), the hypothalami were challenged with 75 mM NMDA in order to test their ability to synthesize GnRH along the experiment. During this period of time, the samples were collected every 15 minutes. Porcine motilin and NMDA were purchased from Sigma, St Louis, MO.

The collected samples were stored at -80°C until the determination of GnRH by radioimmunoassay.



Figure 1. Diagram of the experimental design.

RADIOIMMUNOASSAY FOR GnRH

GnRH concentration in the spent media was determined by radioimmunoassay (RIA) techniques as described before (Ellinwood et al., 1985), using duplicate 150 μ l aliquots of the perfusates. The GnRH standards used in the assay were 1, 5, 10, 25, 50, 100, 250, 500, and 1000 pg/ml. The GnRH used for standards and iodination was purchased from Sigma. Iodinated GnRH (Iodine-125 purchased from Perkin Elmer Laboratories) was used as tracer. Antiserum R-1245 was obtained from Dr. Terry Nett (Colorado State University) and used in 1:12k dilution, and 95% ethanol as precipitating

agent. The minimum GnRH concentration detected by the assay was 1pg/ml, and average intra- and inter-assay coefficients of variation were 3% and 15%, respectively.

RADIOIMMUNOASSAY FOR LH

Plasma LH concentration was also determined in duplicate 50 μ l aliquots of the blood samples collected after decapitation, by the means of RIA techniques following previously described methods (Bernard et al., 1983), using the NIDDK kit obtained from Dr. A. F. Parlow. Iodinated LH (Iodine-125 purchased from Perkin Elmer Laboratories) was used as tracer. NIDDK-rLH-I-10, AFP 1156B was used for iodination. rLH-RP3 was used as the standard and NIDDK anti-rLH-S-11 was used as the antiserum at 1:50,000 dilution. Sheep anti-rabbit Gamma Globulin (SARGG) was used as the second antibody for precipitation of the bound antibody. The standards used in the assay were 0.8, 1.6, 3.1, 6.2, 12.5, 25, and 50 ng/ml. Briefly, on day 1, standards and antibody were added. Twenty-four hours later, tracer was added and tubes were incubated for 48 hours, after which SARGG and 6% polyethylene glycol was used to separate the bound and unbound fractions. The minimum LH concentration detected by this assay was 0.8 ng/ml, and the average intra- and inter-assay coefficients of variation were 9% and 12%, respectively.

DETERMINATION OF ESTRADIOL IN PLASMA

The concentration of estradiol in plasma in the moment of decapitation was determined with a 17- β - Estradiol-¹²⁵I RIA commercial kit (ICN Biomedicals Inc., Costa Mesa, CA). Fifty μ l aliquots of the plasma samples were used in duplicate. The standards that were used during the assay were the following: 0, 10, 30, 100, 300, 1000, and 3000 pg/ml. The minimum estradiol concentration detected by the assay was 8.65 pg/ml. Average intra- and inter-assay coefficients of variation were 4.7% and 9.1%, respectively.

STATISTICAL ANALYSIS

Two-way repeated measures ANOVA was used to test significant differences in GnRH concentrations between group and treatment. One-way ANOVA analyses were performed to test differences in LH and estradiol plasma concentrations among experimental groups. In all the cases, a p value of less than 0.05 was considered significant.

RESULTS

In Vitro hypothalamic explants secrete GnRH in a pulsatile manner.

Figures 2, 4 and 6 illustrate GnRH secretion patterns by representative male, OVEX and OVEX+E₂ hypothalamic explants. These figures indicate that the hypothalamic explants maintain their capacity to secrete GnRH in a pulsatile manner during the perfusion time. Interestingly, the baseline levels of each of the explants studied were different from one another.

In all the cases, the capability of the explants to secrete GnRH was tested in the last hour of the experiment by adding NMDA 75 mM to the bath. NMDA is a glutamate receptor agonist and therefore, emulates the action of this excitatory neurotransmitter on the GnRH-producing neurons in the hypothalamus, producing a massive release of GnRH. All hypothalamic explants responded to NMDA administration by significantly increasing their GnRH secretion ($p < 0.05$). This effect can be clearly seen in the last part of the graphs depicted in Figures 2, 3 and 4 (from 240 min on).

Effects of motilin on GnRH secretion in male hypothalamic explants.

Administration of motilin at a concentration of 1.4 ng/ 600 μ l or 2.5 ng/ 600 μ l to male hypothalamic explants did not have any significant effect on the pulsatile secretion of GnRH when compared to the pulses presented during

the first 120 minutes (Period 1), when the explants were perfused with regular aCSF (Figure 2).

Interestingly, some of the male explants demonstrated an acute and modest increase in GnRH secretion right after administration of the low dose of motilin, as indicated in Figure 2-B; however, that increase was short-lived and secretion of GnRH quickly returned to normal values.

Administration of 75 mM NMDA during the last hour of the experiment significantly increased the amplitude of the GnRH pulses in all the male explants studied (Figure 2).

There were no significant differences between the GnRH concentration secreted by male hypothalamic explants treated with regular aCSF (control), low motilin or high motilin, as indicated in Figure 3. In fact, administration of low or high doses of motilin was shown to be ineffective in causing a significant reduction on GnRH secretion.

During period 1, the explants that were later treated with high concentration of motilin showed significantly elevated baseline levels of GnRH secretion when compared to the levels presented during the same period by the groups later treated with regular aCSF or low concentration of motilin (high motilin group: 29.5 ± 7.3 pg/ml vs. control group: 7 ± 0.6 pg/ml and low motilin group: $15.2 \pm 7.67.3$ pg/m; $n = 4-5$ / group) (Figure 3). However, administration of high concentration of motilin to this group did not increase GnRH concentration from baseline levels (period 1: 29.5 ± 7.3 pg/ml vs. period 2:

26.1 ± 6.5 pg/ml; n = 5), indicating that the concentration of motilin used was not high enough to inhibit secretion of GnRH.

NMDA administration produced a massive release of GnRH from the explants at the end of the experiment, averaging 2,185.1 ± 999.3 pg/ml; this indicates that the capability of GnRH secretion had remained intact during the *in vitro* experiment.

Effects of motilin on GnRH secretion in hypothalamic explants Obtained from OVEX rats. Administration of motilin at a concentration of 1.4 ng / 600 µl or 2.5 ng / 600 µl to hypothalamic explants obtained from OVEX rats did not have any significant effect on pulsatile GnRH secretion when compared to the values observed in these explants during the first 120 minutes (period 1), when the explants were perfused with regular aCSF (Figure 4).

As observed in the male explants, administration of 75 mM NMDA during the last hour of the experiment significantly increased the amplitude of the GnRH pulses in all OVEX explants studied, as indicated in the last part of tracings represented on Figure 4 (from 240 min on).

Figure 5 illustrates a comparison of the average concentration of GnRH secreted by hypothalamic explants obtained from OVEX Sprague-Dawley rats during the different periods of the experiment.

There was no significant difference detected in the concentration of secreted GnRH between the experimental groups during period 1 (control

group: 54.8 ± 7.6 pg/ml, low motilin group: 64.6 ± 30.3 pg/ml, and high motilin group: 27.9 ± 7.6 pg/ml; $n = 4-5$ /group).

However, during period 2, administration of a low concentration of motilin significantly elevated the mean concentration of GnRH secreted by OVEX hypothalamic explants (from 64.6 ± 30.3 pg/ml to 190.9 ± 20 pg/ml; $n = 4$) when compared to the levels measured during period 1. In fact, the mean concentration of GnRH secreted by hypothalamic explants treated with low dose of motilin was significantly greater than the mean concentration secreted by control or high motilin groups during the same period (low motilin: 190.9 ± 20 pg/ml, control: 17.7 ± 8.1 pg/ml, and high motilin: 25.5 ± 6.1 pg/m; $n = 4-5$ /group; Figure 5).

After administration of NMDA in the last hour of the experiment, the GnRH concentration significantly increased in all the experimental groups, with an average concentration of GnRH of $1,494 \pm 726.6$ pg/ml.

Effects of motilin on GnRH secretion in hypothalamic explants Obtained from OVEX+E₂ rats. Administration of motilin at a concentration of 1.4 ng / 600 μ l or 2.5 ng / 600 μ l to hypothalamic explants obtained from OVEX+E₂ rats did not have any significant effect on pulsatile GnRH secretion when compared to the values observed in these explants during the first 120 minutes (Period 1), when the explants were perfused with regular aCSF (Figure 6).

Administration of 75 mM NMDA during the last hour of the experiment significantly increased the amplitude of the GnRH pulses in all the OVEX+E₂ explants studied, as indicated in the last part of the tracings represented on Figure 6.

Figure 7 illustrates a comparison of the concentrations of GnRH secreted by OVEX+E₂ rats administered aCSF, low or high motilin during each experimental period. There were no significant differences between experimental treatments in periods 1 and 2. Average GnRH concentrations during these periods were 27.6 ± 6.5 pg/ml and 31 ± 6.1 pg/ml, respectively (n = 5/group).

As expected, concentrations of secreted GnRH were significantly elevated during the third period after administration of NMDA. Interestingly, the concentration secreted from control explants was significantly higher ($30,802 \pm 12,615$ pg/ml; n = 5) than from the low or high motilin groups (903 ± 379.1 pg/ml and 396 ± 141.9 pg/ml, respectively).

Comparison of GnRH secretion among control groups. Figure 8 compares the GnRH concentration measured during each of the experimental periods in the control groups for males, OVEX and OVEX+E₂ rats.

This figure indicates that the concentrations of GnRH secretion in OVEX and OVEX+E₂ are significantly greater than in male explants in each of the experimental periods, indicating that the baseline secretion in these females is significantly higher than in males (During period 1: OVEX rats: 54.8

± 7.6 pg/ml, OVEX+E₂ rats: 40.6 ± 10.5 pg/ml and males: 7.0 ± 0.6 pg/ml; n = 4-5/group).

Although OVEX+E₂ rats tended to secrete a smaller concentration of GnRH than OVEX rats, the difference between both groups did not reach significance (OVEX rats: 54.8 ± 7.6 pg/ml vs. OVEX+E₂ rats: 40.6 ± 10.5 pg/ml; Period 1).

Similarly to the other periods, average concentration of GnRH after challenge with NMDA was significantly greater in OVEX and OVEX+E₂ explants when compared to the response obtained in male explants (OVEX: 1777.9 ± 896.1 pg/ml, OVEX+E₂: 30802.6 ± 12615 pg/ml, and males: 2438.7 ± 915 pg/ml, respectively; n = 4-5/group). These results seem to indicate that male hypothalamic explants have a smaller capability for producing GnRH when compared to OVEX or OVEX+E₂.

Comparison of GnRH secretion among low motilin groups. Figure 9 illustrates a comparison of secreted GnRH concentration between males, OVEX and OVEX+E₂ rats during the different experimental periods.

During period 1, OVEX rats secreted significantly greater concentrations of GnRH than males (OVEX: 64.6 ± 30.3 pg/ml vs. males: 7.7 ± 2.3 pg/ml; n = 4-5/group), but those concentrations were not significantly different from the concentrations of GnRH secreted by the OVEX+E₂ group during the same period (OVEX: 64.6 ± 30.3 pg/ml vs. OVEX+E₂: 22.2 ± 6 pg/ml; n = 4-5/group).

Administration of motilin at a concentration of $2.3 \times 10^{-3} \mu\text{g}/\mu\text{l}$ significantly increased GnRH secretion in OVEX hypothalamic explants from $64.6 \pm 30.3 \text{ pg/ml}$ to $190.854 \pm 20 \text{ pg/ml}$ ($n = 5$).

After administration of motilin (period 2), OVEX rats secreted significantly greater concentrations of GnRH than both males and OVEX+E₂ rats (OVEX: $110 \pm 20 \text{ pg/ml}$; males: $11.4 \pm 5.7 \text{ pg/ml}$; OVEX+E₂: $28.4 \pm 7.3 \text{ pg/ml}$; $n = 4\text{-}5/\text{group}$).

As expected, secretion of GnRH in response to administration of NMDA was greatly increased in the three experimental groups, but this time the concentration of GnRH secreted by male hypothalamic explants was significantly greater than the levels secreted by OVEX and OVEX+E₂ explants (males: $2939.5 \pm 1684 \text{ pg/ml}$, OVEX: $639.7 \pm 416.8 \text{ pg/ml}$, and OVEX+E₂: $903.6 \pm 379.1 \text{ pg/ml}$; $n = 4\text{-}5/\text{group}$).

Comparison of GnRH secretion among high motilin groups. Figure 10 represents a comparison between secreted GnRH concentration among males, OVEX and OVEX+E₂ rats along the different experimental periods within the groups of animals receiving high concentration of motilin.

There was no significant difference among the secreted concentrations of GnRH among the groups during periods 1 and 2. Average concentration of secreted GnRH during period 1 was $25.8 \pm 2.9 \text{ pg/ml}$.

Administration of high concentration of motilin to the explants did not change the secretion of GnRH in any of the groups respect to their baseline

levels, and those concentrations were not different among the experimental groups (males: 27.7 ± 7.4 pg/ml; OVEX: 34.8 ± 15 pg/ml; OVEX+E₂: 25.2 ± 8.1 pg/ml; n = 4-5/group).

Administration of NMDA greatly increased the secretion of GnRH in all the hypothalamic explants, and there was no difference between the levels secreted by the different experimental groups, averaging $1,004.2 \pm 313.1$ pg/ml during that period.

Plasma LH concentrations in male, OVEX and OVEX+E₂ rats. Plasma levels of LH were measured in blood samples collected in the moment of decapitation. Figure 11 illustrates the average concentration of plasma LH found in males, OVEX and OVEX+E₂ rats.

As expected, plasma concentrations of LH were significantly greater in the OVEX group when compared to the levels presented by males or OVEX+E₂ rats (OVEX: 3.2 ± 0.5 ng/ml; males: 1 ± 0.1 ng/ml, and OVEX+E₂: 1.9 ± 0.2 ng/ml; n = 4-5/group). Plasma concentrations of LH were also significantly higher in the OVEX+E₂ group than in the males.

Plasma estradiol concentrations in male, OVEX and OVEX+E₂ rats. Figure 12 illustrates the average concentration of plasma estradiol measured in males, OVEX and OVEX+E₂ rats at the moment of decapitation. As expected, plasma concentrations of estradiol were significantly elevated in the rats that had received the estradiol mini-pump (OVEX+E₂), when compared to

the levels found in males and OVEX rats (OVEX+E₂: 762 ± 341 pg/ml; males: 39.7 ± 15.2 pg/ml, and OVEX: 69.1 ± 9.1 ng/ml; n= 7-18/group). There was no significant difference in plasma estradiol concentration between male and OVEX rats.

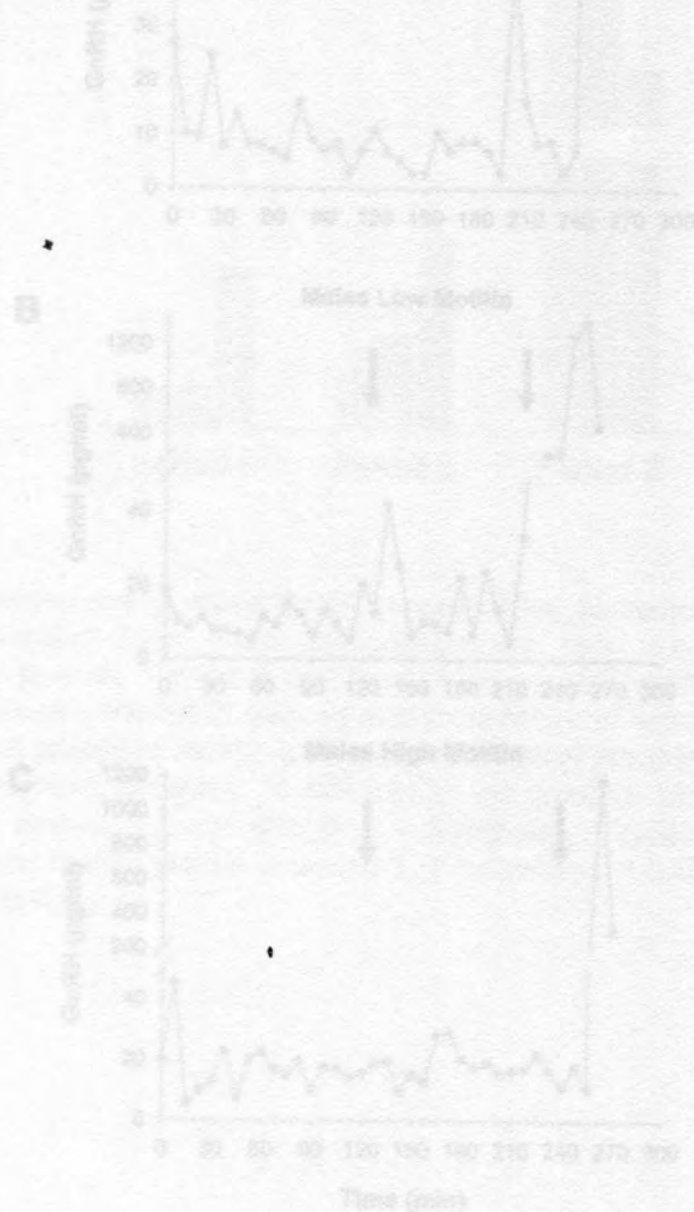
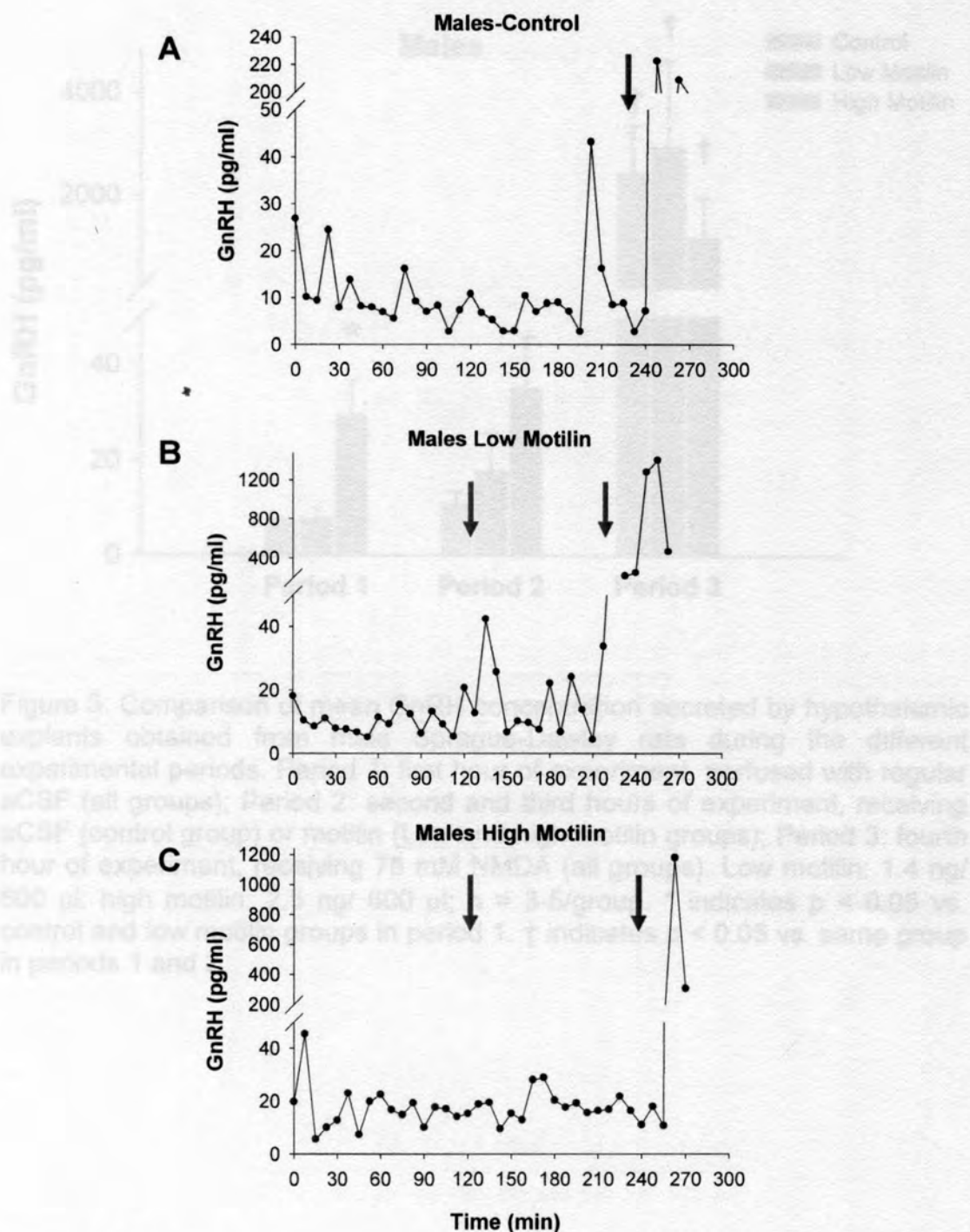


Figure 2. Representative *in vitro* GnRH secretion patterns from hypothalamic explants obtained from male Sprague-Dawley rats treated with: A: aCSF, B: low motilin concentration (1.4 ng/ 600 μ l), and C: high motilin concentration (2.5 ng/ 600 μ l). Administration of motilin or NMDA is indicated by a green or red arrow, respectively, in each of the graphs.



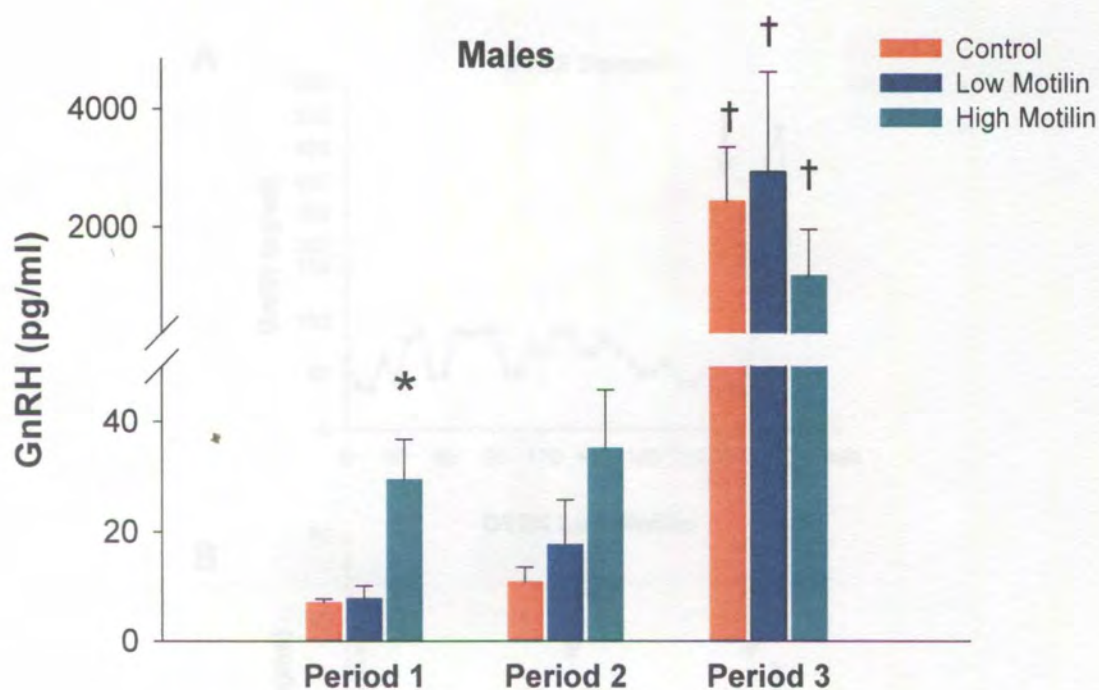


Figure 3. Comparison of mean GnRH concentration secreted by hypothalamic explants obtained from male Sprague-Dawley rats during the different experimental periods. Period 1: first hour of experiment, perfused with regular aCSF (all groups); Period 2: second and third hours of experiment, receiving aCSF (control group) or motilin (Low and high motilin groups); Period 3: fourth hour of experiment, receiving 75 mM NMDA (all groups). Low motilin: 1.4 ng/600 μ l; high motilin: 2.5 ng/600 μ l; n = 3-5/group. * indicates $p < 0.05$ vs. control and low motilin groups in period 1. † indicates $p < 0.05$ vs. same group in periods 1 and 2.

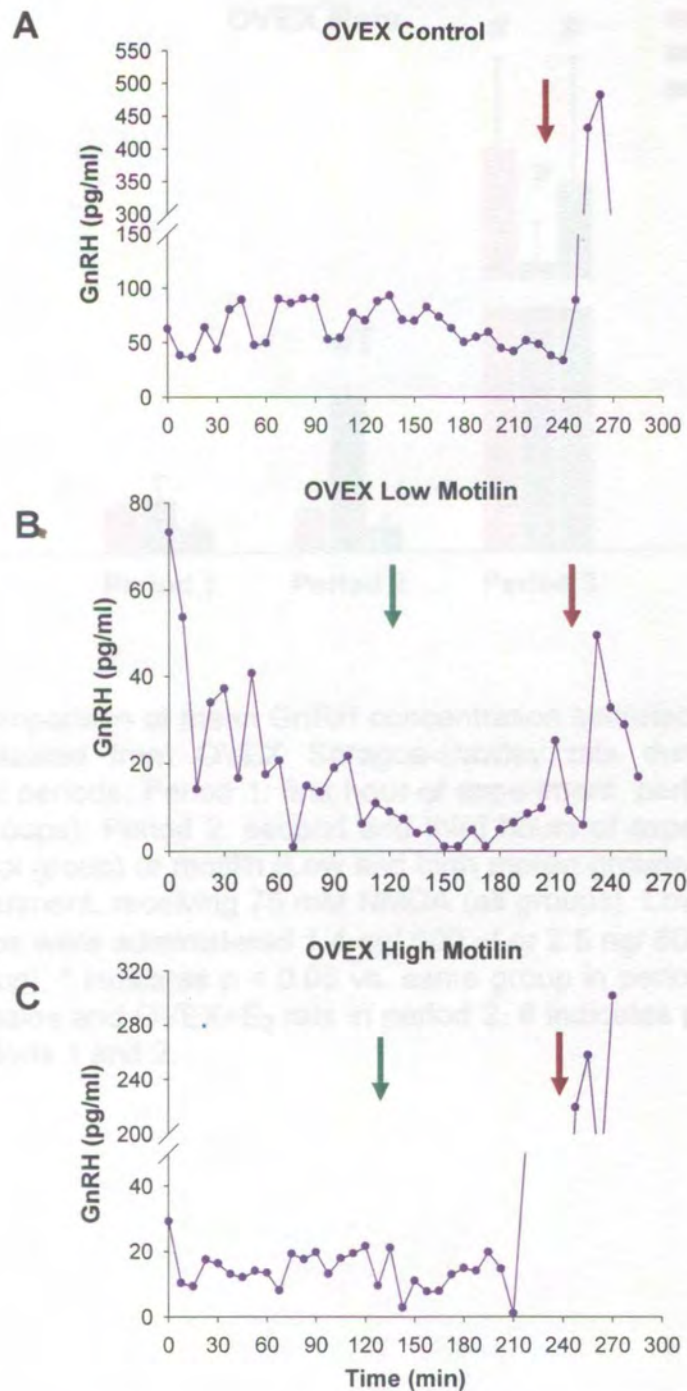


Figure 4. Representative *in vitro* GnRH secretion patterns from hypothalamic explants obtained from OVEX Sprague-Dawley rats treated with: A: aCSF; B: low motilin concentration (1.4 ng/ 600 μ l), and C: high motilin concentration (2.5 ng/ 600 μ l). Administration of motilin or NMDA is indicated by a green or red arrow, respectively, in each of the graphs.

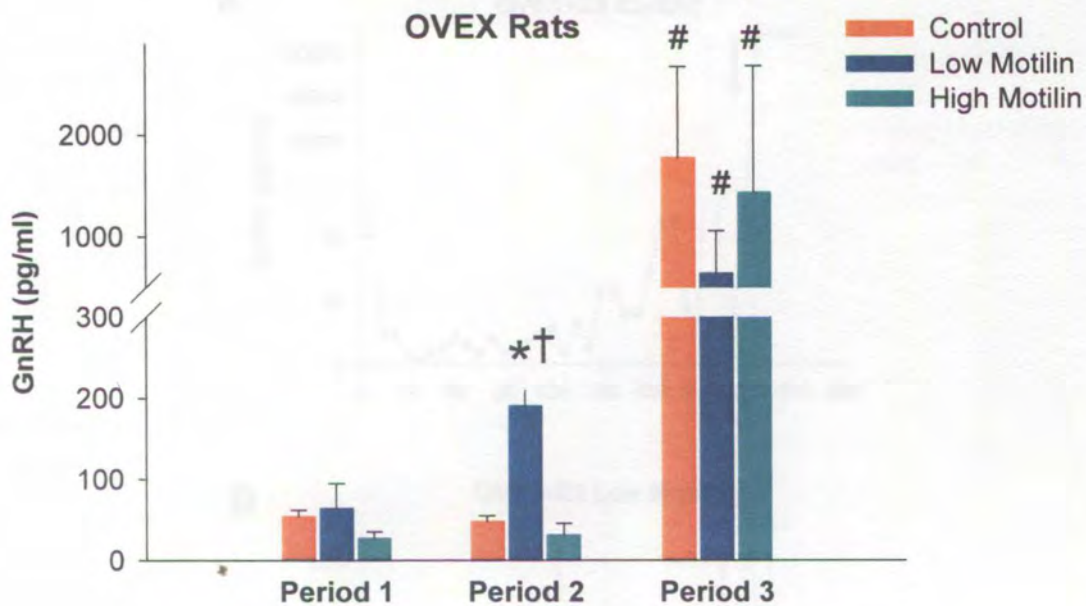


Figure 5. Comparison of mean GnRH concentration secreted by hypothalamic explants obtained from OVEX Sprague-Dawley rats during the different experimental periods. Period 1: first hour of experiment, perfused with regular aCSF (all groups); Period 2: second and third hours of experiment, receiving aCSF (control group) or motilin (Low and high motilin groups); Period 3: fourth hour of experiment, receiving 75 mM NMDA (all groups). Low motilin and high motilin groups were administered 1.4 ng/ 600 μ l or 2.5 ng/ 600 μ l, respectively. (n = 4-5/group). * indicates $p < 0.05$ vs. same group in period 1. † indicates $p < 0.05$ vs. males and OVEX+E₂ rats in period 2. # indicates $p < 0.05$ vs. same group in periods 1 and 2.

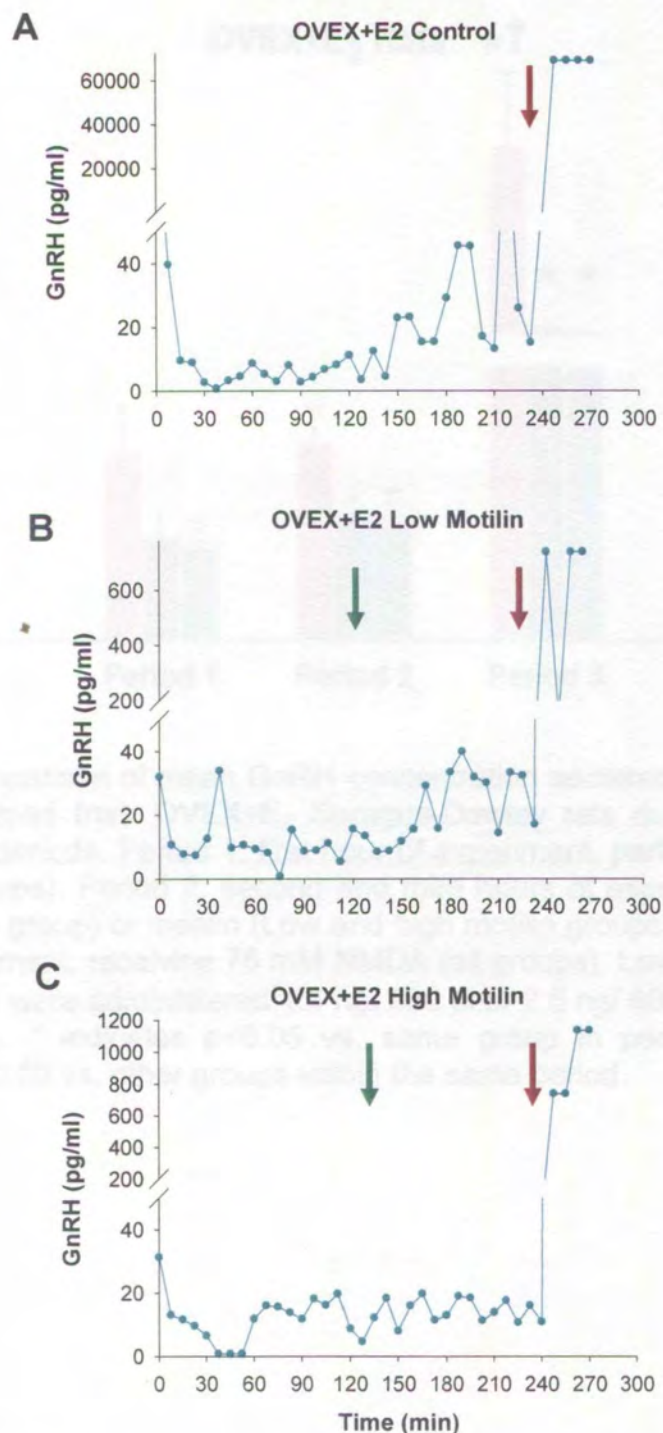


Figure 6. Representative *in vitro* GnRH secretion patterns from hypothalamic explants obtained from OVEX+E₂ Sprague-Dawley rats treated with: A: aCSF; B: low motilin concentration (1.4 ng/ 600 μ l), and C: high motilin concentration (2.5 ng/ 600 μ l). Administration of motilin or NMDA is indicated by a green or red arrow, respectively, in each of the graphs.

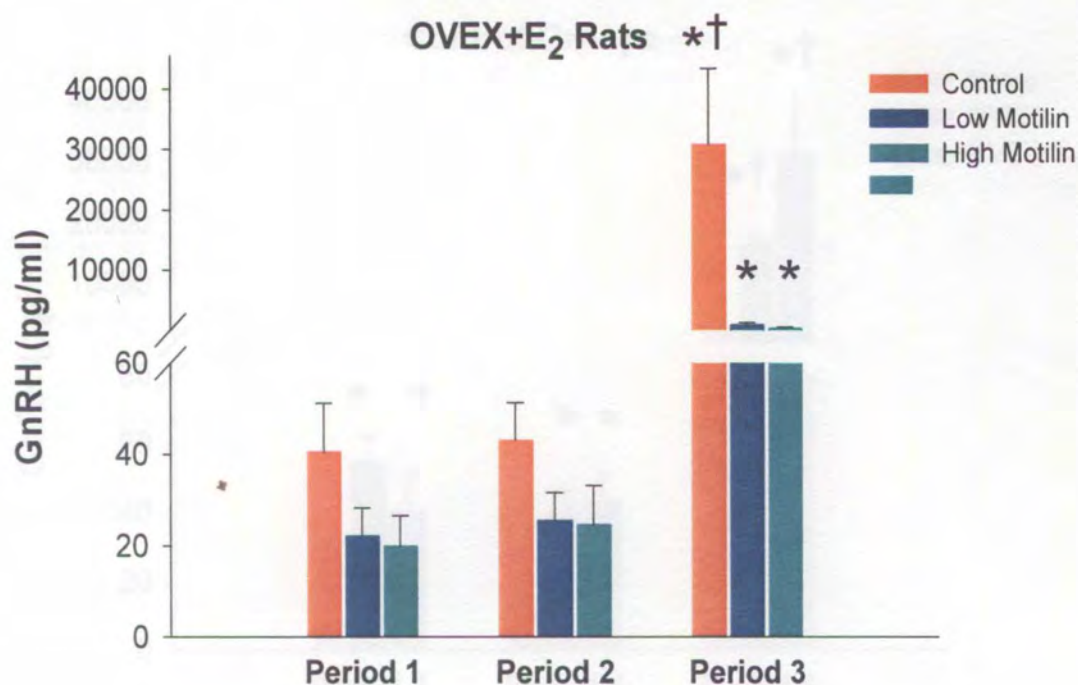


Figure 7. Comparison of mean GnRH concentration secreted by hypothalamic explants obtained from OVEX+E₂ Sprague-Dawley rats during the different experimental periods. Period 1: first hour of experiment, perfused with regular aCSF (all groups); Period 2: second and third hours of experiment, receiving aCSF (control group) or motilin (Low and high motilin groups); Period 3: fourth hour of experiment, receiving 75 mM NMDA (all groups). Low motilin and high motilin groups were administered 1.4 ng/ 600 μ l or 2.5 ng/ 600 μ l, respectively. (n = 5/group). * indicates p<0.05 vs. same group in periods 1 and 2; † indicates p < 0.05 vs. other groups within the same period.

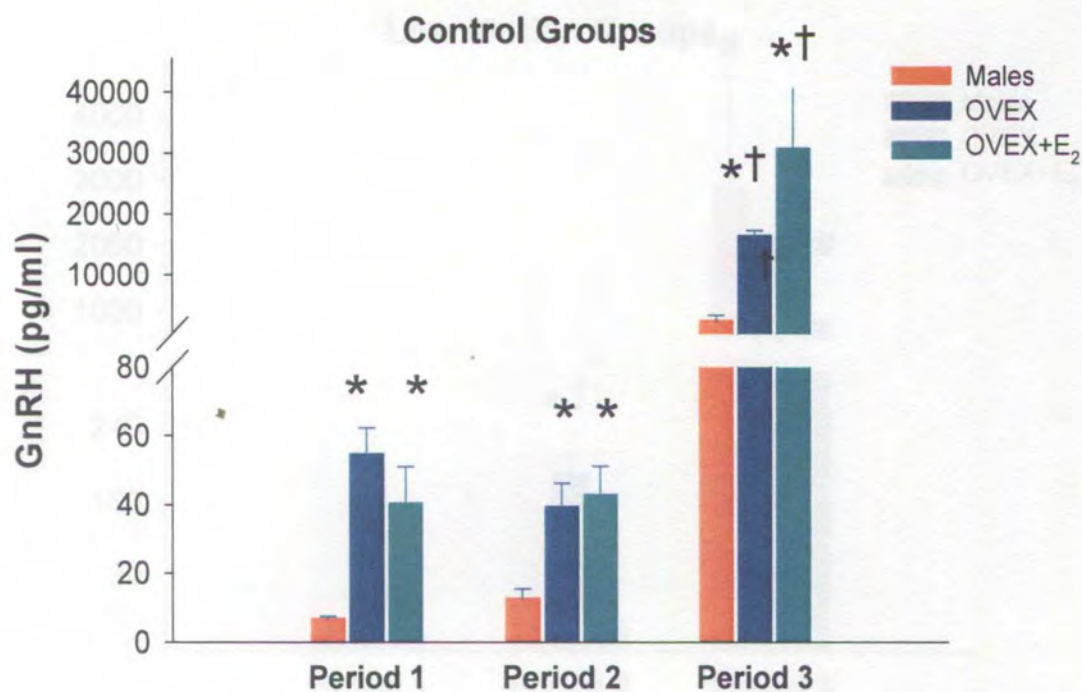


Figure 8. Comparison of mean GnRH concentration secreted during each experimental period by hypothalamic explants obtained from male, OVEX and OVEX+E₂ Sprague-Dawley rats perfused with regular aCSF for the length of the experiment. Period 1: first hour of experiment; Period 2: second and third hours of experiment; Period 3: fourth hour of experiment, receiving 75 mM NMDA (n = 4-5/group). * indicates p < 0.05 vs. male rats within the same period. † indicates p < 0.05 vs. same group in periods 1 and 2.

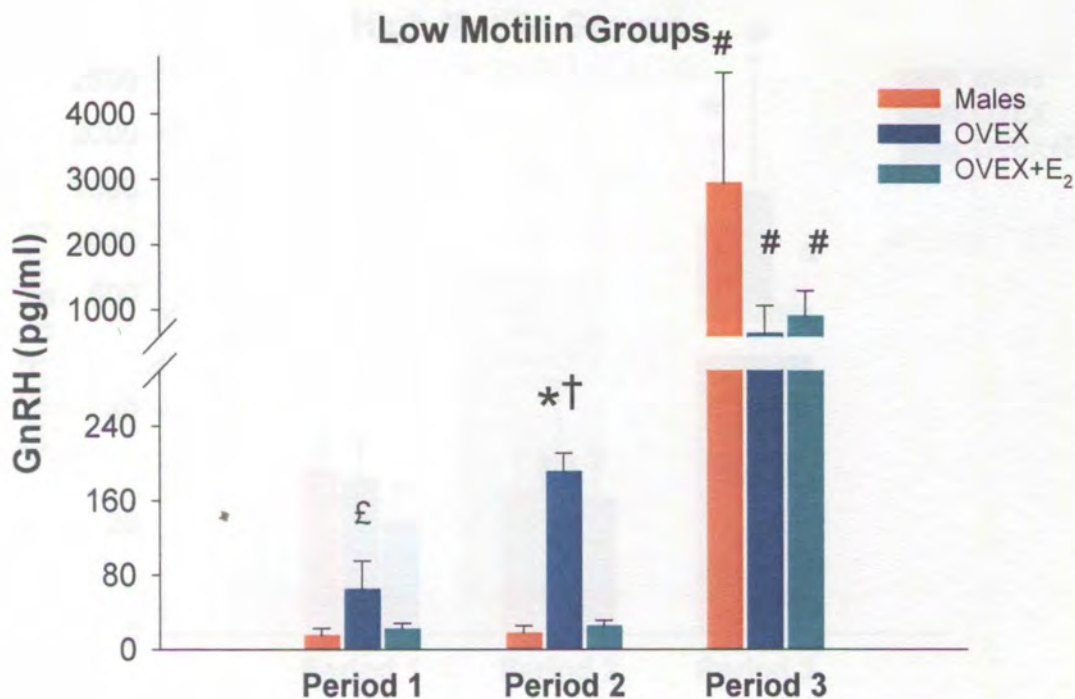


Figure 9. Comparison of mean GnRH concentration secreted during each experimental period by hypothalamic explants obtained from male, OVEX and OVEX+E₂ Sprague-Dawley rats. Period 1: first hour of experiment, perfused with regular aCSF; Period 2: second and third hours of experiment, receiving low concentration of motilin (1.4 ng/ 600 μ l); Period 3: fourth hour of experiment, receiving 75 mM NMDA. (n = 4-5/group). * indicates p < 0.05 vs. same group in period 1. † indicates p < 0.05 vs. male and OVEX+E₂ within the same period. # indicates p < 0.05 vs. same group in periods 1 and 2. £ indicates p < 0.05 vs. males within the same period.

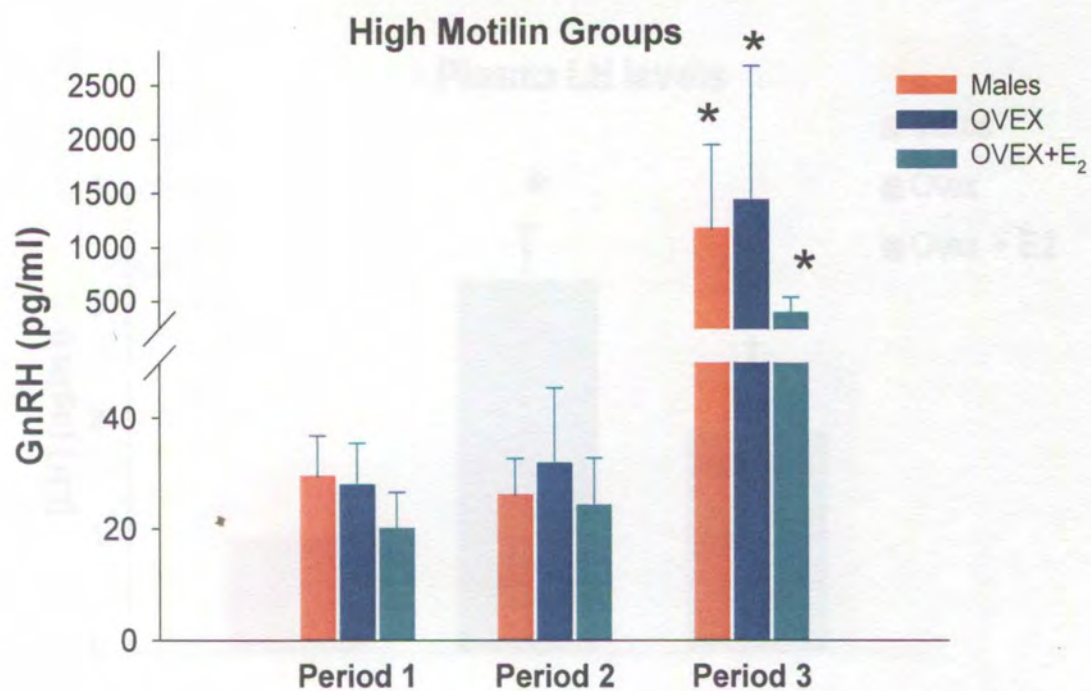


Figure 10. Comparison of mean GnRH concentration secreted during each experimental period by hypothalamic explants obtained from male, OVEX and OVEX+E₂ Sprague-Dawley rats. Period 1: first hour of experiment, perfused with regular aCSF; Period 2: second and third hours of experiment, receiving high concentration of motilin (2.5 ng/ 600 μ l); Period 3: fourth hour of experiment, receiving 75 mM NMDA. (n = 4-5/group). * indicates p < 0.05 vs. same group in periods 1 and 2.

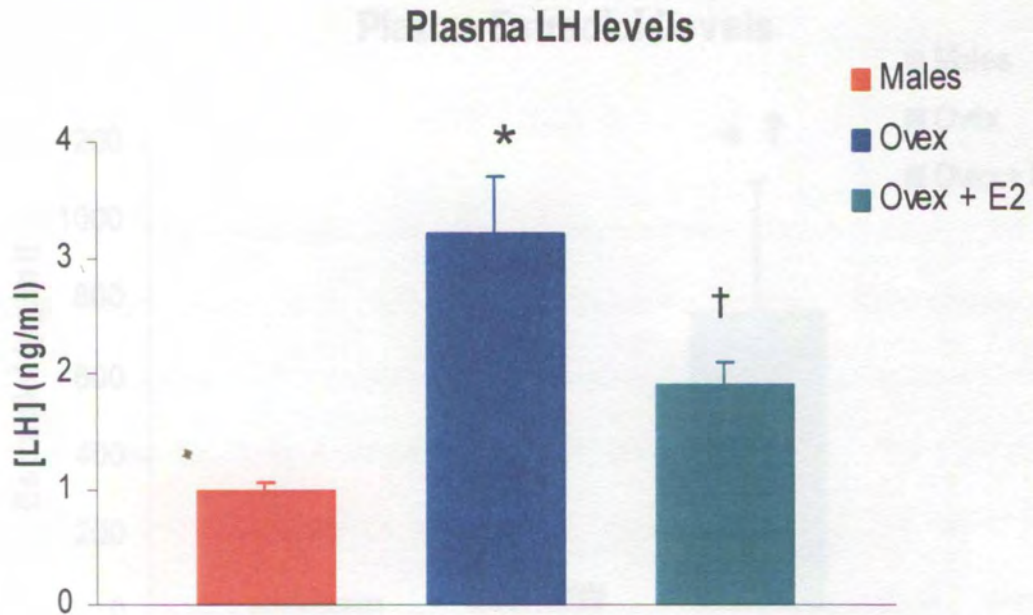


Figure 11. Average concentration of LH in plasma of males, OVEX and OVEX+E₂ Sprague-Dawley rats (n = 4-5/group). * and † indicate < 0.05 vs. males.

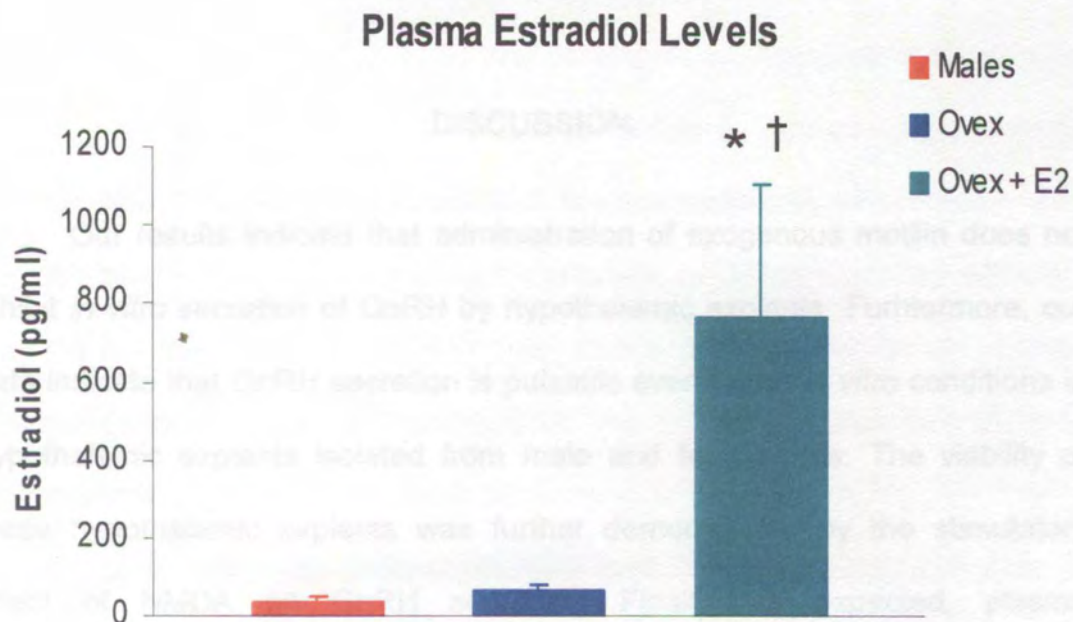


Figure 12. Average concentration of estradiol in plasma of males, OVEX and OVEX+E₂ Sprague-Dawley rats (n = 7-18/group). * indicates p < 0.05 vs. males and † indicates p < 0.05 vs. OVEX rats.

DISCUSSION

Our results indicate that administration of exogenous motilin does not inhibit *in vitro* secretion of GnRH by hypothalamic explants. Furthermore, our data indicate that GnRH secretion is pulsatile even under *in vitro* conditions in hypothalamic explants isolated from male and female rats. The viability of these hypothalamic explants was further demonstrated by the stimulatory effect of NMDA on GnRH secretion. Finally, as expected, plasma concentrations of LH were significantly elevated in the OVEX rats when compared to either male or ovariectomized rats, and levels of plasma estradiol were significantly greater in OVEX+E₂ rats than in the other animal groups.

GnRH is produced in the hypothalamus and secreted into the hypophyseal portal blood, from where it reaches the anterior pituitary in order to control LH and FSH secretion (Beien et al., 1998). Both LH and FSH regulate gamete and hormone production in the gonads. Therefore, secretion of GnRH is essential for reproduction, and all factors, internal or external, that affect reproduction must do so through the regulation of either GnRH synthesis, secretion or both processes.

One of the most important factors known to suppress reproduction is undernutrition (Chagas et al., 2007; Foster et al., 1989); however, the identity

of the link between metabolic state and reproductive axis remains unclear. Tsukamura et al. reported in 2000 that peripheral or intracerebral injection of motilin, an intestinal peptide, into OVEX or OVEX+E₂ rats inhibited secretion of LH *in vivo*. The authors assumed that the mechanism by which motilin was exerting its effects was through the suppression of GnRH secretion, although they did not test this hypothesis in their studies. The present results indicate that exogenous motilin application does not inhibit secretion of GnRH in hypothalamic explants.

Results from the present studies indicate that GnRH secretion is pulsatile even under *in vitro* conditions in hypothalamic explants isolated from male and female rats. Interpulse intervals occurred approximately every 37 minutes, which is the characteristic pulsatile secretion followed by rats *in vivo* (Purnelle et al., 1997). These observations indicate that the isolation process was successful, and that the GnRH pulse generator was intact in those hypothalamic fragments after isolation. The viability of the hypothalamic explants was further confirmed when they were administered NMDA in the last period of the experiment. Administration of this glutamate mimetic produces the generalized depolarization of the cell membrane, leading to a massive secretion of GnRH in all the tested explants, further demonstrating their capability to produce and secrete GnRH.

Tonic release of GnRH from the hypothalamus occurs in a pulsatile manner in both male and female rats (Guillemin and Burgus, 1972;

Krsmanovic et al., 1992; Schally et al., 1972). However, in males the pituitary secretion of LH is under a tonic regulatory control, while in females the control depends on the phase of the ovarian cycle in which the animal is at.

Our results indicate that baseline levels of secreted GnRH are between 3 and 4 times greater in OVEX rats than intact males. This is due to the removal of the gonads in the OVEX rats. When ovariectomies are performed, the major source of estradiol in the body is removed, and therefore, the inhibitory feedback signal that this hormone exerts on the secretion of GnRH and LH is eliminated, increasing the secretion of these reproductive hormones. Intact males produce testosterone in their gonads, which signals the hypothalamus and pituitary to stop secreting GnRH and LH, respectively.

The hypothesis tested in these studies was that motilin would inhibit the secretion of GnRH; however the opposite was observed. Contrary to our expectations, administration of low concentration of motilin resulted in a significant increase in the secretion of GnRH by the OVEX explants, while it did not appear to have any effect on GnRH secretion by explants obtained from male and OVEX+E₂ rats. There are several possible reasons for this unexpected increase in GnRH secretion.

A possible explanation is that motilin could act through other neurotransmitters that, due to the isolation process, may not be present during our experiments. During the isolation, the hypothalamus is separated from

other areas of the brain that could be the source of neurotransmitters that could be mediating motilin actions on reproduction.

A second possibility is that motilin could be inducing GnRH secretion instead of inhibiting it. There have been reports in the literature indicating that GnRH secretion is dependent upon an increased intracellular concentration of Ca^{2+} (Krasmanoic et al., 1992), and motilin has been associated with the release of this ion from intracellular storage (Depoortere and Peeters, 1995). This evidence suggests that motilin could stimulate GnRH secretion by increasing the intracellular release of Ca^{2+} .

Motilin could also be acting as an antagonist of NPY, which is a neuropeptide produced in the paraventricular nucleus of the hypothalamus. NPY actions have been described to be very dependent on the steroid environment, increasing GnRH secretion in intact rodents and rabbits, but decreasing this secretion in the absence of gonadal steroids (Khorram et al., 1987; McDonald et al., 1989; Urban et al., 1996). In our OVEX rats, motilin could be antagonizing the action of NPY, and thus the increase in GnRH secretion observed in these animals. Y5 receptors for NPY have been implicated in the action of this neuropeptide on GnRH neurons (Lebrethon et al., 2000). It could be that motilin may be binding to those receptors, blocking the action of NPY, and, therefore, producing an increase of GnRH secretion as a consequence.

The putative inhibitory action of motilin could also be mediated by GABA neurons. GABA is the chief inhibitory neurotransmitter in the mammalian nervous system. In fact, GABA or inhibitory neurons have been described in different areas of the brain, including the hypothalamus (Vincent et al., 1982). As described before, it is possible that during the isolation of the hypothalamic explants there could be a disruption of the connections existing between different neurons and the hypothalamus. Motilin may mediate inhibition of GnRH secretion by stimulating GABA neurons to secrete this inhibitory neurotransmitter that could then act on GnRH neurons. If disruption of the cytoarchitecture occurred during isolation of the hypothalamic explants, GABA secretion could have been altered, and therefore, inhibition of GnRH secretion by motilin would not take place.

Other intermediates of motilin action could be endogenous opioid peptides, which are also known to decrease GnRH secretion by acting on GnRH neurons.

Interestingly, ghrelin, a member of the same family as motilin, has been shown to effectively reduce *in vitro* GnRH secretion in rat hypothalamic explants (Fernandez-Fernandez et al., 2005). The genes encoding for motilin and motilin receptor in rats and mice have not yet been found, in spite of these two genomes being completely sequenced. It has been proposed that ghrelin may have substituted motilin in rodents; therefore, it could also be possible that motilin receptors in GnRH neurons could have been substituted by ghrelin

receptors. The absence of motilin receptors in the hypothalamus would explain the lack of response to motilin in our experiments, and the divergent results obtained when using these two closely related peptides on hypothalamic explants.

Finally, it is also possible that the effects of exogenous motilin on *in vivo* LH secretion described by Tsukamura et al. could be hypothalamus-independent, and purely due to the direct action of this hormone on the pituitary or on other neurotransmitter systems acting exclusively at the level of the pituitary.

In order to determine if the action of motilin on GnRH secretion is dependent on the presence of estradiol, some of the OVEX rats used in these studies were implanted with an estradiol minipump. Implantation of such a minipump attempts to maintain a constant level of estradiol in the body of that animal, without the fluctuations that occur during a normal estrous cycle. The exogenous estradiol blunts the secretion of the reproductive hormones from the brain. Estradiol is a hormone that can cross cell membranes, and, therefore, it enters the target cells to bind to its intracellular receptors. Once estradiol binds to its receptor, both molecules form a complex that binds to the DNA, inhibiting the transcription of the target protein, in this case, GnRH. Our results indicate that the presence of estradiol did not facilitate the inhibitory effect of motilin on the secretion of GnRH.

In conclusion, the results presented in this thesis demonstrate that hypothalamic explants are capable of secreting GnRH in a pulsatile manner, and that those explants are responsive to NMDA stimulation, as demonstrated by the massive secretion of GnRH observed after administration of this glutamate mimetic. Our data also indicate that exogenous motilin administration did not inhibit hypothalamic GnRH secretion in male, OVEX and OVEX+E₂ Sprague-Dawley rats. These results may indicate that the effects of exogenous motilin on LH secretion may be hypothalamus-independent. Conversely, the effect of motilin may be hypothalamus-dependent whereby some other neurotransmitter systems that might have been disrupted in the hypothalamic explants are crucial for motilin action. Finally, it is possible that motilin does not affect the synthesis or secretion of GnRH but acts through the post-GnRH receptor binding at the level of the anterior pituitary.

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