# Pre- and Posttranslational Regulation of $\beta$ -Endorphin Biosynthesis in the CNS: Effects of Chronic Naltrexone Treatment

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Abstract: There appear to be two anatomically distinct  $\beta$ endorphin ( $\beta E$ ) pathways in the brain, the major one originating in the arcuate nucleus of the hypothalamus and a smaller one in the area of the nucleus tractus solitarius (NTS) of the caudal medulla. Previous studies have shown that these two proopiomelanocortin (POMC) systems may be differentially regulated by chronic morphine treatment, with arcuate cells down-regulated and NTS cells unaffected. In the present experiments, we examined the effects of chronic opiate antagonist treatment on  $\beta E$  biosynthesis across different CNS regions to assess whether the arcuate POMC system would be regulated in the opposite direction to that seen after opiate agonist treatment and to determine whether different  $\beta$ E-containing areas might be differentially regulated. Male adult rats were administered naltrexone (NTX) by various routes for 8 days (subcutaneous pellets, osmotic minipumps, or repeated intraperitoneal injections). Brain and spinal cord regions were assayed for total  $\beta$ E-ir, different molecular weight immunoreactive  $\beta$ -endorphin (βE-ir) peptides, and POMC mRNA. Chronic NTX treatment, regardless of the route of administration, reduced total  $\beta E$ -ir concentrations by 30–40% in diencephalic areas (the arcuate nucleus, the remaining hypothalamus, and the thalamus) and the midbrain, but had no effect on

 $\beta$ E-ir in the NTS or any region of the spinal cord. At the same time, NTX pelleting increased POMC mRNA levels in the arcuate to  $\sim 140\%$  of control values. These data suggest that arcuate POMC neurons are up-regulated after chronic NTX treatment (whereas NTS and spinal cord systems remain unaffected) and that they appear to be under tonic inhibition by endogenous opioids. Chromatographic analyses demonstrated that, after chronic NTX pelleting, the ratio of full length  $\beta E_{1-31}$  to more processed  $\beta E$ -ir peptides (i.e.,  $\beta E_{1-27}$  and  $\beta E_{1-26}$ ) tended to increase in a dose-dependent manner in diencephalic areas. Because  $\beta E_{1-31}$  is the only POMC product that possesses opioid agonist properties, and  $\beta E_{1-27}$  has been posited to function as an endogenous anatgonist of  $\beta E_{1-31}$ , the NTX-induced changes in the relative concentrations of  $\beta E_{1-31}$  and  $\beta E_{1-27}/\beta E_{1-26}$  may represent a novel regulatory mechanism of POMC cells to alter the opioid signal in the synapse. Key Words: Opioids-Opiate antagonist—Proopiomelanocortin— $\beta$ -Endorphin processing—Proopiomelanocortin mRNA—Endogenous opioids. Bronstein D. M. et al. Pre- and posttranslational regulation of  $\beta$ -endorphin biosynthesis in the CNS: Effects of chronic naltrexone treatment. J. Neurochem. 60, 40-49 (1993).

Although there is abundant behavioral and pharmacological evidence to suggest an involvement of the endogenous opioid peptide  $\beta$ -endorphin ( $\beta$ E) in various physiological functions, there is only minimal information regarding the regulation of  $\beta$ E biosynthesis in the CNS. Such information is important for understanding the molecular mechanisms that subserve  $\beta E$ -mediated physiological responses and for identifying functional roles of  $\beta E$  peptides. In the present studies, we sought to address two basic issues regarding the regulation of neuronal  $\beta E$  systems. The first issue relates to how  $\beta E$  biosynthesis is altered by changes in neuronal stimulation and the second issue concerns whether these changes affect all proopiomelanocortin

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Abbreviations used: ACTH, adrenocorticotropin; BSA, bovine

serum albumin; CSC, cervical spinal cord; DYN, dynorphin;  $\beta E$ ,  $\beta$ -endorphin;  $\beta E$ -ir, immunoreactive  $\beta$ -endorphin; GITC, guanidium isothiocyanate;  $\beta$ -LPH,  $\beta$ -lipotropin; LSC, lumbosacral spinal cord;  $\alpha$ -MSH,  $\alpha$ -melanotropin; NTS, nucleus tractus solitarius; NTX, naltrexone; POMC, proopiomelanocortin; Pro-DYN, prodynorphin; RIA, radioimmunoassay; SDS, sodium dodecyl sulfate; TSC, thoracic spinal cord.

(POMC) neurons in the CNS or whether there are regional differences in how  $\beta E$  biosynthesis is regulated.

Like most neuropeptides,  $\beta E$  is synthesized as part of a larger precursor protein, POMC (Mains et al., 1977; Roberts and Herbert, 1977a; Nakanishi et al., 1979). This adds a great deal of flexibility and complexity to POMC's regulation in the following two respects: (1) POMC-derived peptides outside of the  $\beta$ E domain [e.g., adrenocorticotropin (ACTH),  $\alpha$ -melanotropin ( $\alpha$ -MSH),  $\beta$ -lipotropin ( $\beta$ -LPH)] may have interactive effects with  $\beta E$ , and (2) within the  $\beta E$  domain itself, a number of chemically modified forms of  $\beta$ E-like peptides are cosynthesized, each with unique physiological/functional properties that may neutralize or antagonize  $\beta E_{1-31}$  effects. The biosynthesis of  $\beta$ E from POMC involves a series of proteolytic cleavages and posttranslational modifications that first produce  $\beta$ -LPH and subsequently  $\beta E_{1-31}$ , the 31 amino acid sequence at the COOH-terminal end of  $\beta$ -LPH (Bradbury et al., 1976; Chretien et al., 1976; Mains et al., 1977; Roberts and Herbert, 1977b).  $\beta E_{1-31}$  is subject to further proteolysis at the Lys-Lys pair  $(\beta E_{28} - \beta E_{29})$ , resulting in  $\beta E_{1-27}$ , which in turn can be cleaved to form  $\beta E_{1-26}$ . Each of these three forms of  $\beta$ E (i.e., the 26, 27, and 31 amino acid forms) can be further modified by acetylation at the NH2-terminus. Interestingly, only  $\beta E_{1-31}$  possesses properties characteristic of classical opiates. Conversion of  $\beta E_{1-31}$  to NH<sub>2</sub>- and COOH-terminal modified forms results in peptides that have no effect, or are antagonists, at opioid receptors. Thus, changes in the relative concentrations of different immunoreactive  $\beta$ -endorphin ( $\beta$ E-ir) peptides could cause significant changes in the opioid "message" transmitted across a synapse.

The second critical issue to consider in studying the regulation of  $\beta E$ -containing neurons relates to  $\beta E$ 's localization in anatomically or functionally distinct neuronal systems. The distribution of POMC-containing cells in the CNS can be described in terms of rostral and caudal systems. The major POMC system is the rostral one, with cell bodies located in and around the arcuate nucleus of the mediobasal hypothalamus and axonal fibers projecting to diverse brain regions (e.g., various hypothalamic and thalamic nuclei, the amygdala, septum, and midbrain) (Watson et al., 1977, 1978; Bloch et al., 1978; Bloom et al., 1978; Nilaver et al., 1979). The smaller caudal POMC system has perikarya scattered in the vicinity of the nucleus tractus solitarius (NTS) in the medulla oblongata (Joseph et al., 1983; Schwartzberg and Nakane, 1983; Bronstein et al., 1992). This cell cluster does not appear to have a significant number of rostrally projecting fibers; rather, POMC NTS neurons are posited to project locally within the brainstem or possibly caudally into the spinal cord (Palkovits and Eskay, 1987; Palkovits et al., 1987; Joseph and Michael, 1988). There are significant differences across different CNS areas in the extent to which POMC is processed to  $\beta E$ -ir peptide products. In general, processing is greatest in the rostral POMC system (where  $\beta$ -LPH comprises less than 5% and  $\beta E_{1-31} \sim 60\%$  of the total  $\beta E$ -ir), least in the spinal cord (larger molecular weight  $\beta E$ -ir species represent  $\leq 60\%$  of total  $\beta E$ -ir and  $\beta E_{1-31}$  as little as 10%), and intermediate in the NTS (Zakarian and Smyth, 1982; Dores et al., 1986; Emeson and Eipper, 1986; Gianoulakis and Angelogianni, 1989; Gutstein et al., 1992).

Much of what is currently known about the regulation of  $\beta E$  biosynthesis has been derived from studies in the pituitary gland. Results from these studies have demonstrated the following two general principles: (1) Levels of biosynthesis appear coupled to levels of peptide release, and (2) different biosynthetic mechanisms (e.g., transcriptional, translational, posttranslational) are invoked in a time-dependent fashion in the process of the cellular coordination of its secretion and biosynthetic rates. For example, after acute stimulation, POMC precursor is translated and processed more rapidly than normal, in an apparent short-term attempt to replenish depleted peptide stores; after chronic stimulation, levels of POMC mRNA increase, thereby providing cells with larger, long-term biosynthetic capacity (Akil et al., 1985; Shiomi et al., 1986). Recent data suggest that regulatory principles from the pituitary are generalizable to the CNS. For example, we (Bronstein et al., 1990) and others (Mocchetti and Costa, 1986; Mocchetti et al., 1989) have shown that chronic morphine treatment causes timedependent alterations in multiple parameters of  $\beta E$ biosynthesis in a manner suggesting that morphine inhibits  $\beta E$  release and biosynthesis in hypothalamic POMC neurons. Although morphine treatment inhibited hypothalamic POMC neurons, it had no effect on  $\beta$ E-ir peptide concentrations in the NTS, and increased  $\beta$ E-ir levels in the spinal cord (Gutstein et al., 1990; Bronstein et al., in preparation). These data suggest that opiates modulate  $\beta E$  biosynthesis in a region-specific manner in the CNS. The goal of the present studies was to examine the effects of chronic naltrexone (NTX) treatment on  $\beta E$  biosynthesis. In light of morphine's inhibitory effects on POMC neurons, it was of particular interest to determine whether opiate antagonist treatment would up-regulate  $\beta E$  biosynthesis, thereby implying that POMC neurons are tonically inhibited by endogenous opioids. We were also interested in finding out if NTX would affect  $\beta E$  biosynthesis in a region-specific manner, as was the case with morphine.

# MATERIALS AND METHODS

#### Animals

Male Sprague-Dawley rats (Charles River Co., Wilmington, MA, U.S.A.), weighing 220-250 g at the start of the experiments, were maintained in groups of five to six per cage in an environmentally controlled room (12-h light/

dark cycle, lights on at 0600 h) with free access to food and water.

## Drug treatments

Animals received NTX via three different routes of administration. In the first experiment, animals lightly anesthetized with ether were implanted subcutaneously between the scapula with two NTX (10 or 30 mg/pellet) or placebo (containing Avicel PH-102, magnesium stearate, silicon dioxide, and water) pellets (provided courtesy of the National Institute of Drug Addiction). After 8 days, animals were killed by decapitation and the following CNS regions were dissected: arcuate, hypothalamus minus the arcuate, thalamus, septum, amygdala, midbrain, and caudal medulla (including the NTS). Spinal cords were divided into cervical (CSC), thoracic (TSC), and lumbosacral (LSC) regions. In the second experiment, anesthetized animals were implanted subcutaneously with osmotic minipumps (Alzet, Palo Alto, CA, U.S.A.), which released solutions of either NTX (70 mg/ml) or distilled water at a rate of 1  $\mu$ l/h. Animals were killed after 8 days and hypothalami (including the arcuate nucleus) were collected. In the third experiment, animals received daily subcutaneous injections of NTX (2, 10, or 20 mg/kg) or saline for 7 days. Twenty-four hours after the last injection, animals were killed and hypothalami (including the arcuate) were removed. All tissues were frozen immediately on dry ice and stored at -80°C until assayed.

#### **Tissue extractions**

POMC peptides and mRNA were extracted from the same tissue using a modified guanidium isothiocyanate (GITC) extraction method (Cathala et al., 1983). After homogenization in GITC buffer (5.0 M GITC, 8% mercaptoethanol, 10 mM EDTA, 50 mM Tris, pH 7.5), 6 volumes of 4 M LiCl was added and RNA was precipitated overnight at 4°C. After centrifugation, RNA and peptides were separated into pellet and supernatant phases, respectively. The supernatant was acidified and peptides extracted over C-18 Sep-Pak columns (Waters, Milford, MA, U.S.A.). The Sep-Pak eluant was dried down, then resuspended in 1% formic acid containing 0.01% bovine serum albumin (BSA). The RNA pellets were resuspended in a buffer [50 mM Tris. pH 7.5, 5 mM EDTA, 0.5% sodium dodecyl sulfate (SDS)] containing 150 µg/ml of proteinase K and incubated for 1 h at 43°C. RNA was extracted twice with phenol/chloroform/ isoamyl alcohol (50:50:1, by vol). One-tenth volume of 3 M sodium acetate and 2.5 volumes of 100% ethanol were added and RNA was precipitated at  $-20^{\circ}$ C.

# Peptide quantitation

Total  $\beta E$ -ir was determined in the crude extracts of individual animals by radioimmunoassay (RIA) using an antibody directed primarily against  $\beta E_{17-27}$  (Akil et al., 1979). Samples were resuspended in RIA buffer (150 mM sodium phosphate, 1% NaCl, 0.1% BSA, final pH 8.2) and were quantitated relative to a camel  $\beta E_{1-31}$  standard curve. Using a primary antibody dilution of 1:40,000 and <sup>125</sup>I-N-acetyl- $\beta E_{1-27}$  as the trace, the antibody was completely cross-reactive with  $\beta$ -LPH,  $\beta E_{1-31}$ ,  $\beta E_{1-27}$ ,  $\beta E_{1-26}$ , and their N-acetylated derivatives. It showed no cross-reactivity with other POMC-derived peptides such as  $\beta E_{1-16}$ ,  $\beta E_{1-17}$ , des-tyrosine  $\beta E_{1-17}$ , ACTH,  $\alpha$ -MSH, or  $\gamma$ -melanotropin, or with other non-POMC-derived opioid peptides [e.g., Leu-enkephalin, Met-enkephalin, dynorphin (DYN) A, dynorphin B,  $\alpha$ -

neoendorphin]. Sensitivity of the assay under equilibrium conditions was 2–3 fmol/tube, with an IC<sub>50</sub> of  $\sim$ 20 fmol/tube.

# Gel chromatography

Gel filtration chromatography followed by  $\beta E$  RIA was performed on pooled samples from different experimental groups. After aliquots were removed for assay of total  $\beta E$ -ir, pooled extracts of two to three animals from each of the treatment groups were subjected to gel filtration chromatography to separate  $\beta E$ -ir peptides on the basis of molecular weight. Chromatography was performed on a  $1.5 \times 90$ -cm Sephadex G-50-50 column developed with 1% formic acid containing 0.01% BSA. Fractions (1.35 ml) were collected and vacuum dried for later assay of  $\beta E$ -ir. The column was precalibrated with blue dextran, camel  $\beta$ -LPH, camel  $\beta E_{1-31}$ , camel  $\beta E_{1-27}$ , and cobalt chloride.

# POMC mRNA quantitation

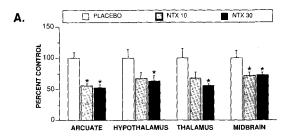
POMC mRNA in individual hypothalami was quantitated by RNase protection and/or northern assays. For both techniques, radiolabeled antisense cRNA POMC probe was produced by transcribing a linearized pGEM4 plasmid containing a rat POMC cDNA insert (courtesy of Dr. J. Eberwine), which corresponded to the last 35 bases of intron B and the first 395 bases of exon 3 of rat POMC (coding for amino acids 19–150 of the protein precursor). Transcription was performed as described in Promega's technical bulletin (Madison, WI, U.S.A.), using  $[\alpha^{-32}P]UTP$  as the radioactive label and T7 RNA polymerase.

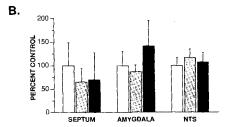
RNase protection assay. Radiolabeled POMC cRNA was mixed with aliquots of extracted RNA in hybridization buffer [40 mM piperazine-N, N-bis(2-ethanesulfonic acid), pH 6.4, 400 mM NaCl, 1.0 mM EDTA] and deionized formamide (50%). The mixture was denatured for 5 min at 90°C, then incubated at 50°C for 14-18 h. Unhybridized singlestranded RNA was digested by ribonuclease A (no. R-5125, Sigma, St. Louis, MO, U.S.A.; 10 mg/ml in RNase buffer, as follows: 10 mM Tris-HCl, pH 7.5, 5.0 mM EDTA, 0.2 M NaCl, 0.1 M LiCl) at 22°C for  $\sim$ 60 min. RNase activity was halted by adding proteinase K (40 mg/ml) in 1% SDS and incubating at 37°C for 30 min. Protected cRNA;mRNA hybrids were precipitated in ethanol containing 5 M ammonium acetate and fractionated by electrophoresis on 4% polyacrylamide nondenaturing gels in TBE buffer (89 mM Tris, 89 mM boric acid, 2 mM EDTA). The gels were exposed via direct contact autoradiography on Kodak X-OMAT AR5 film and individual bands were quantitated by determining their total integrated optical density using a Loats Image Analysis System (Westminster, MD, U.S.A.).

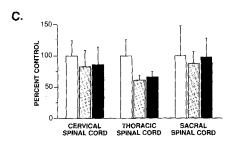
Northern analysis. Aliquots of total RNA from arcuate nuclei of individual animals were electrophoresed on 1.5% agarose gels with a HEPES-EDTA/6% formaldehyde running buffer. RNA was passively transferred to Nytran filters (Schleicher and Schuell, Keene, NH, U.S.A.) and air dried. Filters were hybridized in buffer (5% SDS, 400 mM NaPO<sub>4</sub>, 1 mM EDTA, 1% BSA, 50% formamide) containing the radiolabeled POMC cRNA probe at 60°C for 20 h, washed three times in 0.1× SSC (15 mM sodium chloride, 1.5 mM sodium citrate), 0.1% SDS, 1 mM EDTA at 70°C and exposed to x-ray film (Kodak X-OMAT AR5).

#### **Statistics**

Analyses of variance were performed to assess overall effects of NTX, and post hoc paired comparisons were evalu-







**FIG. 1.** Effects of chronic NTX pelleting on total βE-ir in different brain and spinal cord regions. Rats were implanted with two NTX (10 or 30 mg) or placebo pellets for 8 days, then decapitated. Different CNS areas were dissected and assayed for total βE-ir by an antibody that recognized the amino acid sequence of  $βE_{17-27}$  (i.e., all βE-ir species were detected). NTX significantly decreased βE-ir concentrations in the diencephalon and midbrain (**A**), but had no effect on other brain (**B**), or spinal cord (**C**) regions. Values, expressed as a percentage of mean placebo concentrations (see Results), represent mean ± SEM from seven to eight animals. \*p < 0.05, compared with the placebo-treated control group.

ated by Duncan's tests. In all cases, a significance level of 0.05 was used.

# RESULTS

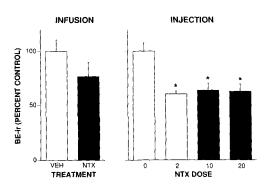
# Total $\beta$ E-ir concentrations

Concentrations of total  $\beta E$ -ir varied as a function of the CNS region examined. Basal levels in placebotreated animals were highest in the arcuate nucleus, extraarcuate hypothalamus, and septum (92.6  $\pm$  9.1, 97.8  $\pm$  14.4, and 153.2  $\pm$  75.3 fmol/mg of tissue, respectively), and lowest in the spinal cord (3.8  $\pm$  1.1, 3.6  $\pm$  1.1, and 4.2  $\pm$  2.0 fmol/mg of tissue in the CSC, TSC, and LSC, respectively).  $\beta E$ -ir concentrations (fmol/mg of tissue) in other brain regions were intermediate in value, as follows: thalamus (25.9  $\pm$  4.0), midbrain (12.7  $\pm$  1.7), amygdala (7.9  $\pm$  2.4), and NTS (9.1  $\pm$  1.9). Chronic NTX treatment altered total  $\beta E$ -ir concentrations in a region-specific manner, with

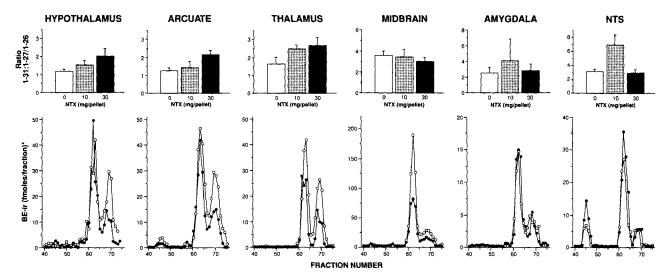
rostral regions generally showing decreases in peptide levels, whereas more caudal areas remained unchanged. NTX caused significant reductions (30-40%) in total  $\beta$ E-ir in the arcuate nucleus ( $F_{2,20}$ = 18.9, p < 0.0001), extraarcuate hypothalamus ( $F_{2,21}$  = 5.4, p < 0.05), thalamus ( $F_{2,15}$  = 4.6, p < 0.05), and midbrain ( $F_{2,18}$  = 4.7, p < 0.05) compared with placebo controls (Fig. 1A). A similar decrease was also observed in the septum, but due to the large variability, this reduction did not differ significantly from control values. Other areas in which NTX had no significant effect on  $\beta E$ -ir concentrations were the amygdala and NTS (Fig. 1B) as well as all three levels of the spinal cord (i.e., CSC, TSC, LSC; Fig. 1C). It should be noted that the two doses of NTX used in this study caused comparable changes in  $\beta E$ -ir levels, that is, the effects were not dose dependent. The effect of NTX did not appear to be specific to its route of administration, i.e., repeated daily injections or chronic infusion of NTX caused reductions in  $\beta$ E-ir content in the hypothalamus similar to those found after pelleting (Fig. 2). Also similar to the pelleting results, the three doses of NTX used in the injection study produced consistent 35-40% decreases in  $\beta$ E-ir peptide levels [Dunnett's t = 4.5, 4.1, and 4.2 (all p < 0.05) for placeboversus the 2, 10, and 20 mg/kg doses, respectively; Fig. 2].

# Chromatographic separation of different $\beta E$ -ir peptides

Analyses of brain extracts by molecular sieving and RIA revealed that total  $\beta E$ -ir was composed of three distinguishable molecular weight species corresponding to  $\beta$ -LPH,  $\beta E_{1-31}$ , and  $\beta E_{1-27}/\beta E_{1-26}$  ( $\beta E_{1-27}$  and  $\beta E_{1-26}$  could not be resolved from each other on this



**FIG. 2.** Chronic infusion or repeated injections of NTX reduced total βE-ir concentrations in the hypothalamus. In one experiment, animals implanted with osmotic minipumps were infused with NTX (70 mg/ml) or water at a rate of 1 μ/h for 8 days (**left**). In a separate experiment, rats received once daily subcutaneous injections of NTX (2, 10, or 20 mg/kg) or saline for 7 days and were killed 24 h after the last injection (**right**). After decapitation, hypothalami were dissected and assayed for total βE-ir. Values represent the mean ± SEM from six animals and are expressed as a percentage of control levels (174.0 ± 18.4 and 158.1 ± 12.4 fmol/mg of tissue for infusion and injection experiments, respectively). \*p < 0.05, compared with the control group.



**FIG. 3.** Effects of chronic NTX pelleting on different βE-ir peptides in rat brain. **Bottom**: Representative chromatographs from different brain regions depicting changes in βE-ir peptide processing after 8 days of placebo (O - O) or 30-mg NTX (Φ - Φ) pelleting. Pooled peptide extracts from different brain regions were loaded on Sephadex G-50-50 columns and developed with 1% formic acid containing 0.01% BSA. Fractions (1.3 ml) were collected and assayed for βE-ir. Peptide standards for β-LPH, βE<sub>1-21</sub>, and βE<sub>1-27</sub> eluted at fractions 43-47, 59-65, and 64-71, respectively. Under these chromatographic conditions, βE<sub>1-28</sub> coeluted with βE<sub>1-27</sub>. In addition, the peaks for βE<sub>1-31</sub> and βE<sub>1-27</sub>/βE<sub>1-26</sub> contained their *N*-acetylated derivatives (although acetylated βE-ir peptides represent only minor components of all brain regions examined except for the NTS). **Top**: Effects of chronic NTX pelleting on the relative concentrations of βE<sub>1-31</sub> and βE<sub>1-27</sub>/βE<sub>1-26</sub> peptides. Total immunoreactivity associated with the βE<sub>1-31</sub> and βE<sub>1-26</sub>/βE<sub>1-27</sub> peaks was calculated and data are expressed as the ratio of βE<sub>1-31</sub> to βE<sub>1-26</sub>/βE<sub>1-27</sub> concentrations. Values shown represent the mean ± SEM of three separate chromatographs (for the arcuate and extraarcuate hypothalamus) or the mean and range of two chromatographic runs (all other brain regions). βE<sub>1-21</sub> βE<sub>1-26</sub> βE<sub>1-27</sub> ratios tended to rise in a dose-dependent manner after NTX pelleting in the three diencephalic brain regions.

column; Fig. 3). In addition, the *N*-acetylated derivatives of  $\beta E_{1-31}$ ,  $\beta E_{1-27}$ , and  $\beta E_{1-26}$  would coelute with their respective precursor peptides. However, it should be kept in mind that, except for the NTS, *N*-

acetylated  $\beta E$ -ir peptides normally comprise only a small proportion of the total  $\beta E$ -ir in the brain areas examined (Zakarian and Smyth, 1982; Emeson and Eipper, 1986).  $\beta E$ -ir associated with each of the three

**TABLE 1.** Effects of chronic NTX treatment on absolute amounts (femtomoles) of different sized  $\beta E$ -ir peptides in various brain regions

	Dose	β-LPH (%)	βE <sub>1-31</sub> (%)	$\beta E_{1-27}/\beta E_{1-26}$ (%)
Arcuate $(n = 3)$	0	$8.4 \pm 1.8$	$170.2 \pm 18.6$	$133.3 \pm 1.3$
	10	$4.3 \pm 2.1 (51)$	$105.4 \pm 13.8 (62)^a$	$76.8 \pm 11.2 (58)^a$
	30	$5.8 \pm 1.4 (69)$	$116.1 \pm 10.9 (68)$	$55.1 \pm 8.5 (41)^a$
Hypothalamus $(n = 3)$	0	$6.8 \pm 0.9$	$160.5 \pm 10.2$	$134.8 \pm 4.5$
	10	$5.1 \pm 1.7 (75)$	$108.1 \pm 26.1 (67)$	$68.0 \pm 7.0 (52)^a$
	30	$7.0 \pm 1.9 (103)$	$101.8 \pm 26.1 (64)$	$48.2 \pm 4.3 (37)^a$
Thalamus $(n = 2)$	0	$0.5 \pm 0$	$130.7 \pm 2.7$	$83.1 \pm 16.7$
	10	$1.3 \pm 0.5$ (260)	$147.3 \pm 3.2 (113)$	$59.2 \pm 3.3 (71)$
	30	$0.8 \pm 0.8 (160)$	$90.2 \pm 3.5 (69)$	$34.5 \pm 4.5 (41)$
Midbrain $(n = 2)$	0	$9.8 \pm 1.8$	$460.8 \pm 89.7$	$126.0 \pm 11.2$
	10	$6.9 \pm 0.6 (70)$	$250.5 \pm 10.3 (54)$	$76.0 \pm 18.5$ (60)
	30	$8.5 \pm 0.1 (87)$	$273.4 \pm 7.4 (59)$	$90.8 \pm 9.1 (72)$
Amygdala $(n = 2)$	0	ND	$113.3 \pm 29.3$	$43.9 \pm 0.6$
	10	ND	$114.0 \pm 6.0 (101)$	$52.0 \pm 36.2 (118)$
	30	ND	$111.9 \pm 22.1 (99)$	$44.5 \pm 20.0 (101)$
NTS (n = 2)	0	$12.4 \pm 3.2$	$100.3 \pm 9.5$	$23.6 \pm 6.6$
	10	$19.2 \pm 7.1 (155)$	$123.5 \pm 5.4 (123)$	$16.5 \pm 2.8 (70)$
	30	$18.9 \pm 8.2 (152)$	$101.6 \pm 7.4 (101)$	$29.6 \pm 4.8  (125)$

The percentage of total immunoreactivity associated with each of the three peaks observed after gel filtration chromatography (see Fig. 3) was determined for all brain regions examined and then was corrected for the  $\beta$ E-ir concentrations determined in crude extracts. Values represent the mean  $\pm$  SEM for n=3 (arcuate and extraarcuate hypothalamus) or the mean and range for n=2 (all other brain regions) independent chromatographs. Statistical analyses were performed only on tissues with three samples. ND, not detected.

 $<sup>^{</sup>a}p < 0.05$  compared with the appropriate 0-dose (placebo) group.

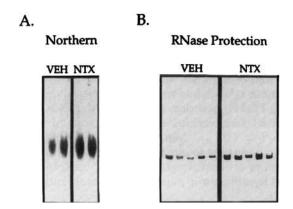


FIG. 4. Increase in hypothalamic POMC mRNA levels after chronic NTX infusion as revealed by northern (A) or RNase protection (B) analyses. For northern analyses, total RNA was extracted from individual hypothalami and electrophoresed on a 1.5% agarose/formaldehyde gel. After transfer to Nytran filters, membranes were probed with a radiolabeled POMC cRNA complementary to 35 bases of intron B and 395 bases of exon 3 and then washed. Membranes were exposed to x-rays for several days at -80°C with one intensifying screen. For the RNase protection assay, aliquots of total RNA from the same pools used in the northern analyses were hybridized with the radiolabeled POMC riboprobe. After digestion of single-stranded RNAs by RNase treatment, samples were electrophoresed on 4% nondenaturing polyacrylamide gels and exposed to x-rays for 8-24 h at -80°C with one intensifying screen.

peaks was calculated for each brain region and experimental treatment. In addition, the amount of the  $\beta E_{1-31}$  peak was calculated relative to the  $\beta E_{1-27}/\beta E_{1-26}$ peak as a means of estimating changes in opioid agonist to antagonist/nonagonist activity, respectively. In diencephalic areas, chronic NTX treatment generally decreased the amounts of different POMC-derived peptides (Table 1; Fig. 3). Immunoreactivity associated with the  $\beta E_{1-31}$  peak was decreased by both NTX doses to  $\sim$ 65% of control levels in the arcuate, extraarcuate hypothalamus, and thalamus, whereas the  $\beta E_{1-27}/\beta E_{1-26}$  peak decreased ~40% and ~60% with the 10- and 30-mg NTX pelleting, respectively (Table 1). The relatively larger reductions in  $\beta E_{1-27}$ /  $\beta E_{1-26}$  levels caused the ratios of  $\beta E_{1-31}$  to  $\beta E_{1-27}$  $\beta E_{1-26}$  to increase in the arcuate, extraarcuate hypothalamus, and thalamus; maximal effects were observed with the 30-mg NTX pellets, where ratios increased approximately twofold (Fig. 3). In the midbrain, 10- or 30-mg NTX pellets caused proportionately similar decreases in the  $\beta E_{1-31}$ - and  $\beta E_{1-27}$ /  $\beta E_{1-26}$ -size peaks, with the result that 1-31 to 1-27/1-26 ratios did not change (Table 1; Fig. 3). In the amygdala, NTX had no effect on any of the  $\beta$ E-ir species.

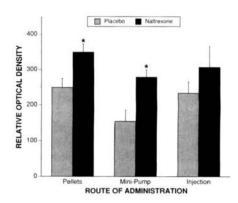
Caudal POMC structures also seemed unaffected by NTX pelleting. In the NTS, the amounts of different  $\beta$ E-ir peptides and their ratios were comparable in placebo- and NTX-treated animals (Table 1; Fig. 3). In addition, there did not appear to be any effect of NTX on  $\beta$ E processing in any spinal cord region (data not shown). However, the latter data can be considered preliminary because the limited amount of  $\beta$ E-ir in the spinal cord allowed us to perform chromatographic analyses only once per region.

# POMC mRNA quantitation

POMC mRNA in the arcuate nucleus was quantitated in three separate studies that differed primarily in NTX's route of administration (i.e., via pelleting, continuous infusion, or repeated intraperitoneal injections). In most cases, POMC mRNA in individual samples was quantitated by both northern and RNase protection analyses. Data from the continuous infusion experiment illustrate that the two techniques generally yielded comparable results (Fig. 4). Autoradiographic bands from the northern analyses were quantitated by optical densitometry and the data from each of the three studies are shown in Fig. 5. With all three routes of administration, POMC mRNA levels in NTX-treated animals were 30-40% higher than those found in control animals, although the increases reached statistical significance only in the pelleting  $(F_{2,8} = 5.9, p < 0.05)$  and osmotic minipump  $(t_{10})$ = 2.5, p < 0.05) experiments.

# **DISCUSSION**

The following were the three main findings in these studies: (1) NTX appeared to up-regulate  $\beta E$  biosynthesis and release in arcuate POMC neurons, as evidenced by decreases in  $\beta E$ -ir concentrations and increases in POMC mRNA levels. (2) The effects of NTX on POMC biosynthesis were region specific. Whereas arcuate POMC cells were apparently up-regulated, NTX had no effect on  $\beta E$ -ir peptides in the NTS or spinal cord. Within the rostral POMC system itself, there were regional differences in the effects of NTX. (3) Chronic NTX treatment appeared to increase  $\beta E_{1-31}$  to  $\beta E_{1-27}/\beta E_{1-26}$  ratios in diencephalic



**FIG. 5.** Effects of chronic NTX treatment on POMC mRNA levels in the arcuate/hypothalamus. NTX was administered to animals by pellets (10 mg/pellet), osmotic minipump (70  $\mu$ g/h), or repeated injections (10 mg/kg) as described in the legends for Figs. 1 and 2. Total RNA from individual animals was processed by northern analysis and specific POMC mRNA bands were quantitated by densitometry. Data represent the mean ( $\pm$ SEM) relative optical density of six to eight animals. \*p < 0.05, compared with the placebo-treated control group.

brain areas. We speculate that these shifts in peptide forms could represent a novel regulatory mechanism of POMC cells whereby changes in opioid tone could be effected by cleaving the opioid agonist  $\beta E_{1-31}$  to an antagonist form ( $\beta E_{1-27}$ ).

First, in agreement with previous results (Ragavan et al., 1983), we found that NTX markedly reduced total  $\beta E$ -ir concentrations to approximately twothirds of control levels in most rostral brain regions examined. It is important to note that steady-state measures of peptide concentrations reflect an equilibrium between the rates of peptide biosynthesis and peptide release. Hence, in the absence of other information, it is impossible to know whether NTX treatment lowered  $\beta$ E-ir levels by increasing the rate of peptide release or degradation or by decreasing  $\beta E$ biosynthesis. Results from a second measure of biosynthetic activity, showing that POMC mRNA levels were elevated in NTX-treated animals, suggest that overall biosynthesis of  $\beta E$  was stimulated by chronic NTX treatment. Presumably, these increases in arcuate POMC mRNA represent a compensatory response to increased peptide release. That steady-state  $\beta$ E-ir concentrations were reduced at the same time that POMC mRNA levels were increased could be explained if the biosynthetic rate had not vet adequately compensated for the increased rate of peptide release. We have interpreted the pattern of changes in  $\beta$ E peptide and POMC mRNA concentrations as indicating that NTX activates POMC neurons in the arcuate nucleus, stimulating both  $\beta E$  release and biosynthesis. The present data complement well the results of earlier studies, which suggest that chronic morphine treatment inhibits  $\beta E$  release and biosynthesis in the hypothalamus (Mocchetti and Costa, 1986; Mocchetti et al., 1989; Bronstein et al., 1990). The present results, showing that an opiate antagonist apparently induces  $\beta E$  biosynthesis, suggest that POMC neurons in the arcuate nucleus are tonically inhibited by endogenous opioids.

It is interesting that the effects of opiate agonists and antagonists on POMC biosynthesis are similar to those reported for the two other opioid peptide families, prodynorphin (Pro-DYN) and proenkephalin. Previous studies have demonstrated that chronic morphine treatment down-regulates (Uhl et al., 1988), and chronic NTX up-regulates (Tempel et al., 1990), enkephalin biosynthesis in the striatum. Similarly, striatal Pro-DYN mRNA has been found to decrease after chronic morphine exposure and increase after chronic naloxone treatment (Romualdi et al., 1990, 1991). Thus, it appears that all three opioid peptide families are regulated in a similar fashion by opiate agonist or antagonist treatment. Romualdi's group has further shown that the effects of chronic treatment with  $\kappa$ -opioid receptor agonists (ethylketocyclazocine or U50,488H) on Pro-DYN message are comparable with those found with morphine (Romualdi et al., 1990), suggesting that  $\kappa$ -receptor-selective endogenous ligands, such as DYN A (Chavkin et al., 1982; Spampinato and Candeletti, 1985), might be involved in regulating the activity of DYN neurons. Experiments using specific opiate receptor agonists and antagonists will help in determining the endogenous opioids and receptor types involved in regulating POMC neurons. In this regard, it was recently reported that various endogenous opioid peptides (including  $\beta E_{1-31}$ , Met- and Leu-enkephalin, and DYN<sub>1-8</sub>) appear to act via  $\delta$ -,  $\kappa$ -, and  $\sigma$ - (but not  $\mu$ -) receptors to down-regulate POMC mRNA in cultured hypothalamic neurons (l'Hereault and Barden, 1991).

The second major point derived from these studies relates to NTX causing region-specific changes in  $\beta E$ biosynthesis. To begin with, not all brain areas innervated by arcuate POMC neurons responded in the same manner to chronic NTX treatment. In terms of total  $\beta$ E-ir, the amygdala was conspicuous in showing no effects of NTX, whereas other rostral brain regions exhibited 30-40% decreases in  $\beta$ E-ir. Because of the high variability in the septum data, it was unclear whether this region was also affected by NTX pelleting. Until future studies resolve this point, the septum and amygdala may be viewed as unique among rostral POMC regions in that they appear to be unaffected by chronic NTX treatment. The effects of NTX on the relative concentrations of  $\beta E_{1-31}$  and  $\beta E_{1-27}/\beta E_{1-26}$  also appear to be region specific. Whereas  $\beta E_{1-31}$  to  $\beta E_{1-27}/\beta E_{1-26}$  ratios tended to increase dose dependently in diencephalic areas, this was not the case in the midbrain, even though this area had a reduction in total  $\beta$ E-ir similar to that seen in the arcuate, hypothalamus, or thalamus. One explanation for regionspecific effects of NTX within the rostral POMC system is that there may be anatomically distinct subpopulations of arcuate POMC neurons, some of which project to diencephalic areas and others which project to the midbrain, septum, and/or amygdala. These different POMC pathways may then be differentially regulated by NTX. There are anatomical and pharmacological data that directly or indirectly suggest that subsets of arcuate POMC cells can be defined in terms of unique nerve terminal projections, regulation, or function (Wilcox et al., 1986; Yoshida and Taniguchi, 1988; Bronstein and Akil, 1989). Alternatively, it could be postulated that opioid ligands regulate  $\beta E$ -ir peptide release and/or processing presynaptically and that the region-specific effects observed after NTX are due to differences in the opioid inputs into different POMC nerve terminal regions. Unfortunately, the anatomical data do not distinguish between these possibilities at the present time. Three major fiber projectional systems (rostral, lateral, and caudal) have been described for POMC perikarya in the arcuate nucleus (Khachaturian et al., 1985). With the possible exception of the septum, every POMC nerve terminal area in the CNS may be innervated by at least two of these pathways. Regardless of the mechanism, however, the

present data reinforce the notion that the arcuate POMC cell group is not a homogeneous system.

The present results suggest that, in general, rostral and caudal POMC systems are differentially affected by chronic opiate antagonist treatment. Although several rostral brain structures showed a change in at least one aspect of POMC biosynthesis, the NTS and all three levels of the spinal cord appeared to be unaffected by NTX. (We should note that NTX did reduce total  $\beta$ E-ir in the TSC by ~40%, but this difference was not statistically significant because of high variance in the placebo group.) Previous studies have demonstrated that the rostral arcuate-derived POMC system is anatomically separate from caudal POMC neurons (although the converse is not equally true as some  $\beta$ E-ir nerve terminals in the medulla are derived from arcuate neurons) (Palkovits and Eskay, 1987; Palkovits et al., 1987; Joseph and Michael, 1988). The present data, showing rostral-caudal differences in the effects of NTX on  $\beta E$  biosynthesis, suggest that not only are rostral and caudal POMC systems anatomically distinct, they may also be regulated in neurochemically different ways. Although the present data demonstrate that the NTS and spinal cord were similarly insensitive to NTX's effects, these two areas have been previously shown to differ in their response to chronic opiate agonist treatment. Consistent increases in total  $\beta E$ -ir were observed throughout the spinal cord after 7 days of morphine treatment; at the same time,  $\beta$ E-ir levels in the NTS remained unchanged (Gutstein et al., 1990; Bronstein et al., in preparation). Taken together with the results of these studies, the data suggest that although  $\beta$ E-ir peptide levels in the spinal cord can be altered by opioid agonists, they do not appear to be tonically inhibited by endogenous opioids (in contrast to arcuate POMC neurons).

The unique pattern of effects of opiate agonists and antagonists on  $\beta E$  peptides in the spinal cord provides support for the idea that there may be intrinsic POMC neurons in the spinal cord. Gianoulakis and Angelogianni (1989) have shown that the mixture of  $\beta E$ -ir peptides in the spinal cord is unique in the CNS (i.e., POMC appears to undergo far less processing than in more rostral CNS regions). Recent data in our laboratory, showing that some  $\beta E$ -ir remains in thoracic and sacral segments of the spinal cord even after complete transection at higher spinal cord levels, further support the possibility of intrinsic POMC neurons in the spinal cord (Gutstein et al., 1992). The finding that the opiate regulation of  $\beta E$ -ir peptides in the spinal cord may differ from the arcuate or NTS POMC systems is consistent with the idea that some POMC somata exist in the spinal cord. It should be pointed out, however, that this idea is not supported by immunocytochemical data, which revealed the presence of POMC peptide-containing nerve fibers and terminals, but no cell bodies, in the spinal cord of the adult rat (Khachaturian et al., 1985; Tsou et al., 1986).

One of the most intriguing observations in these experiments was the apparent change in the relative concentrations of  $\beta E_{1-31}$  and  $\beta E_{1-27}/\beta E_{1-26}$  after chronic NTX pelleting. The ratio of these peptides provides an estimate of the relative amounts of opioid agonist and antagonist/nonagonist in different brain regons. In the arcuate, extraarcuate hypothalamus, and thalamus,  $\beta E_{1-31}$  to  $\beta E_{1-27}/\beta E_{1-26}$  ratios increased as a result of proportionately larger NTX-induced decreases in  $\beta E_{1-27}/\beta E_{1-26}$  versus  $\beta E_{1-31}$ -size peptides. Maximal effects, produced by the 30-mg pellets, resulted in 1-31 to 1-27/1-26 ratios nearly doubling. An interesting question is whether the higher ratios result from changes in  $\beta E$ -ir processing or, perhaps, to peptide-selective changes in degradation or release. Regardless of the mechanism, alterations in the relative concentrations of differently processed  $\beta$ E-ir peptides could have important functional consequences because each peptide form has unique pharmacological/physiological properties (see Young et al., 1992). For example, although  $\beta E_{1-31}$  possesses classical opiate-like properties,  $\beta E_{1-27}$  appears to act as an endogenous antagonist of many of the effects of  $\beta E_{1-31}$ . In addition to competing with  $\beta E_{1-31}$  for opiate binding sites (Akil et al., 1981), administration of  $\beta E_{1-27}$ attenuates or completely blocks the opioid actions of  $\beta E_{1-31}$  in a variety of paradigms including analgesia (Deakin et al., 1980; Hammonds et al., 1984), reinforcement (Bals-Kubik et al., 1988), Met-enkephalin release (Tseng and Li, 1986), and cardiovascular responses (Hirsch et al., 1988, 1990). Because proteolysis of  $\beta E_{1-31}$  to  $\beta E_{1-27}$  changes the peptide from a receptor agonist to antagonist, even small changes in the relative concentrations of these two compounds could have profound effects on the amount of opioid signal transmitted across a synapse. Previously, morphine pelleting was found to decrease the  $\beta E_{1-31}$  to  $\beta E_{1-27}/\beta E_{1-26}$  ratio, suggesting that endogenous opioid activity may have been functionally decreased (Bronstein et al., 1990b). The increase in  $\beta E_{1-31}$  to  $\beta E_{1-27}$  $\beta E_{1-26}$  ratios observed here after chronic treatment with NTX implies that there may be greater opioid tone in diencephalic POMC nerve terminals of NTXtreated animals compared with control animals. There have been reports that animals treated chronically with opiate antagonists display hypersensitive responses in opioid-mediated functions such as analgesia (Bardo et al., 1984; Tempel et al., 1985; Yoburn et al., 1985). Although antagonist-induced up-regulation of opiate receptors is likely to play an important role in this increased sensitivity, the present data suggest that changes in endogenous opioid peptide forms may also contribute to this effect.

In summary, we found that chronic treatment with NTX altered several parameters of POMC biosynthesis in the rostral arcuate system, suggestive of an upregulation of  $\beta E$  biosynthesis and release in these neurons. In addition, NTX appeared to alter the relative amounts of opioid agonist and antagonist/nonagonist

 $\beta$ E-ir peptides in diencephalic areas such that endogenous opioid tone may have increased. In contrast to its effects on the arcuate POMC system, NTX caused no apparent changes in  $\beta$ E-ir peptides in the NTS or spinal cord. Taken together with previous work, showing inhibitory effects of opiate agonists on  $\beta$ E biosynthesis, the evidence suggests that endogenous opioids regulate the activity of a subpopulation of POMC neurons in the arcuate nucleus.

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