

Comment on: Vila et al. B-Type Natriuretic Peptide Modulates Ghrelin, Hunger, and Satiety in Healthy Men. *Diabetes* 2012;61:2592–2596

Jens Jordan¹ and Andreas L. Birkenfeld²

Vila et al. (1) reported that brain natriuretic peptide (BNP) infusions reduce total and acylated-ghrelin levels while increasing satiety. Since ghrelin acts orexigenic, the authors conclude that BNP might indirectly regulate food intake in conditions associated with excessive BNP levels, such as in heart failure. The hypothesis is provocative but ignores the complex metabolic actions of natriuretic peptides.

Because ghrelin stimulates hypothalamic AMP-activated protein kinase (AMPK) activity, reduced ghrelin promotes satiety, attenuating food intake. However, other factors could be involved as well. Insulin, glucose, and specific fatty acids inhibit central AMPK activity, also promoting satiety. Atrial natriuretic peptide and BNP potently stimulate human adipose tissue lipolysis (2–4). Resulting fatty acid release is associated with increased circulating insulin concentrations (5–7). Furthermore, natriuretic peptides induce lipid oxidation and energy expenditure in mice (8,9) and men (5). Increased hepatic lipid oxidation generates β -hydroxybutyrate (5), which also affects food intake. Thus, natriuretic peptides affect several important mechanisms involved in the regulation of food intake independently of ghrelin. Moreover, natriuretic peptide-induced changes in insulin could indirectly regulate ghrelin (10).

Besides, the hypothesis that BNP has a crucial role in the regulation of food intake is challenged by observations in mice transgenically overexpressing BNP. These animals show chronically elevated BNP plasma concentrations comparable to levels attained with BNP infusions in clinical studies. Yet, feeding behavior and food intake are completely normal (8). Therefore, it is premature to conclude that natriuretic peptides regulate satiety and food intake through ghrelin. Integrative human studies are

required that take into account the wide spectrum of metabolic actions elicited by natriuretic peptides.

ACKNOWLEDGMENTS

A.L.B. is supported by a grant from the German Research Foundation (BI1292/4-1).

No potential conflicts of interest relevant to this article were reported.

REFERENCES

- Vila G, Grimm G, Resl M, et al. B-type natriuretic peptide modulates ghrelin, hunger, and satiety in healthy men. *Diabetes* 2012;61:2592–2596
- Lafontan M, Moro C, Berlan M, Crampes F, Sengenès C, Galitzky J. Control of lipolysis by natriuretic peptides and cyclic GMP. *Trends Endocrinol Metab* 2008;19:130–137
- Polak J, Kotrc M, Wedellova Z, et al. Lipolytic effects of B-type natriuretic peptide 1-32 in adipose tissue of heart failure patients compared with healthy controls. *J Am Coll Cardiol* 2011;58:1119–1125
- Birkenfeld AL, Boschmann M, Moro C, et al. Lipid mobilization with physiological atrial natriuretic peptide concentrations in humans. *J Clin Endocrinol Metab* 2005;90:3622–3628
- Birkenfeld AL, Budziarek P, Boschmann M, et al. Atrial natriuretic peptide induces postprandial lipid oxidation in humans. *Diabetes* 2008;57:3199–3204
- Birkenfeld AL, Boschmann M, Moro C, et al. Beta-adrenergic and atrial natriuretic peptide interactions on human cardiovascular and metabolic regulation. *J Clin Endocrinol Metab* 2006;91:5069–5075
- Uehlinger DE, Weidmann P, Gnädinger MP, et al. Increase in circulating insulin induced by atrial natriuretic peptide in normal humans. *J Cardiovasc Pharmacol* 1986;8:1122–1129
- Miyashita K, Itoh H, Tsujimoto H, et al. Natriuretic peptides/cGMP/cGMP-dependent protein kinase cascades promote muscle mitochondrial biogenesis and prevent obesity. *Diabetes* 2009;58:2880–2892
- Bordicchia M, Liu D, Amri EZ, et al. Cardiac natriuretic peptides act via p38 MAPK to induce the brown fat thermogenic program in mouse and human adipocytes. *J Clin Invest* 2012;122:1022–1036
- Möhlhlig M, Spranger J, Otto B, Ristow M, Tschöp M, Pfeiffer AF. Euglycemic hyperinsulinemia, but not lipid infusion, decreases circulating ghrelin levels in humans. *J Endocrinol Invest* 2002;25:RC36–RC38

From the ¹Institute of Clinical Pharmacology, Hannover Medical School, Hannover, Germany; and the ²Department of Endocrinology, Diabetes and Nutrition, Center for Cardiovascular Research, Charité–University School of Medicine, Berlin, Germany.

Corresponding author: Andreas L. Birkenfeld, andreas.birkenfeld@charite.de. DOI: 10.2337/db12-1061

© 2012 by the American Diabetes Association. Readers may use this article as long as the work is properly cited, the use is educational and not for profit, and the work is not altered. See <http://creativecommons.org/licenses/by-nc-nd/3.0/> for details.