

TESOFENSINE, A NOVEL TRIPLE MONOAMINE REUPTAKE INHIBITOR, INDUCES APPETITE SUPPRESSION BY COMBINED STIMULATION OF α_1 ADRENOCEPTOR AND D₁ DOPAMINERGIC RECEPTOR PATHWAYS IN THE DIET-INDUCED OBESE RAT

NEUROSEARCH

ANNE MARIE DIXEN AXEL¹, JENS D. MIKKELSEN^{1,2}, HENRIK H. HANSEN¹

¹Department of Translational Neurobiology, NeuroSearch A/S, DK-2750 Ballerup, Denmark; ² Neurobiology Research Unit and Center for Integrated Molecular Brain Imaging, Copenhagen University Hospital, DK-2100 Copenhagen, Denmark Contact: heh@neurosearch.dk

INTRODUCTION

Tesofensine is a novel monoamine reuptake inhibitor (MRI) which inhibits both norepinephrine, 5-HT and dopamine reuptake function. Tesofensine is currently in clinical development for the treatment of obesity and in the study by Astrup et al. (*Lancet* 372:1906-1913, 2008) Tesofensine has been shown to have appetite-suppressant effects in obese patients, however, the pharmacological basis for this effect is not clarified. Using a rat model of diet-induced obesity (DIO), we characterized the pharmacological mechanisms underlying the appetite suppressive effect of tesofensine.

METHODS

A diet-induced obesity (DIO) model was obtained by feeding male Sprague Dowley rats a high fat diet (60% fat kcal) for 2 months. This model was used to assess the interaction of a variety of monoamine receptor antagonists with tesofensine-induced hypophagia in an automatized real-time food intake monitoring system (HM-2 MBRose, Faaborg, Denmark, see figure insert). The DIO rats were tagged with an RFID chip (s.c.) and allowed to habituate to the HM-2 system for at least 5 days before drug testing. Tesofensine was dissolved in saline and all monoamine receptor antagonists were dissolved in hydroxypropyl- β -cyclodextrin. All drugs and vehicle were administered subcutaneously just before dark onset. Food intake was monitored during the 12h nocturnal period.

RESULTS

Tesofensine (0.5-3.0 mg/kg, s.c.) induced a dose-dependent and marked decline in food intake. The hypophagic response of tesofensine (1.5 mg/kg, s.c.) was almost completely reversed by co-administration of prazosin (1.0 mg/kg, α_1 adrenoceptor antagonist) and partially antagonized by co-administration of SCH23390 (0.03 mg/kg, dopamine D₁ receptor antagonist). In contrast, tesofensine-induced hypophagia was not affected by RX821002 (0.3 mg/kg, α_2 adrenoceptor antagonist), haloperidol (0.03 mg/kg, D₂ receptor antagonist), NGB2904 (0.1 mg/kg, D₃ receptor antagonist), ritanserin (0.03 mg/kg, 5-HT_{2A/C} antagonist). All monoamine receptor antagonists showed no effect on food intake per se.

CONCLUSION

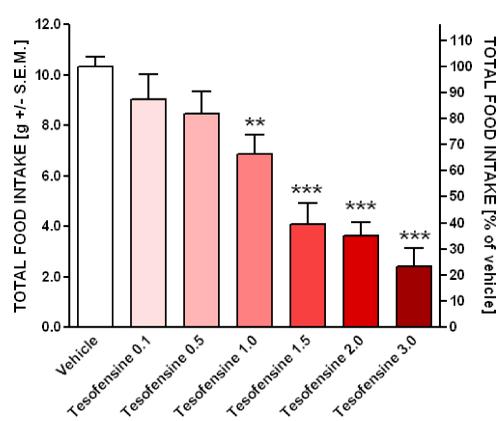
The mechanisms underlying the appetite suppressant effect of tesofensine is based on the drug's ability to simultaneously stimulate α_1 adrenoceptor and dopamine D₁ receptor function subsequent to blocked reuptake of norepinephrine and dopamine.

THE HM-2 SYSTEM - REAL TIME MONITORATION

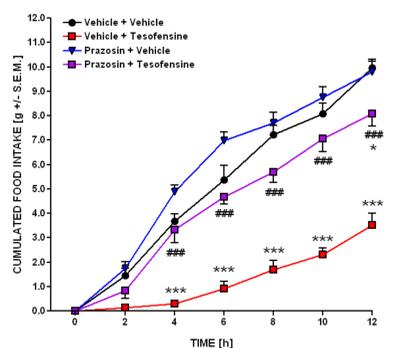
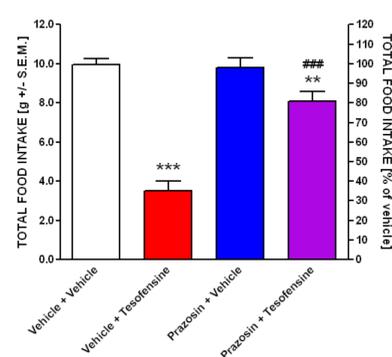
The HM-2 system monitors food and water intake as well as total locomotor activity in real-time. Food intake is registered by RFID tagging of two individual DIO rats in the same cage while locomotor activity is registered by an infrared sensor.



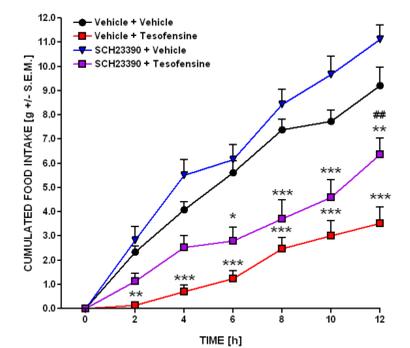
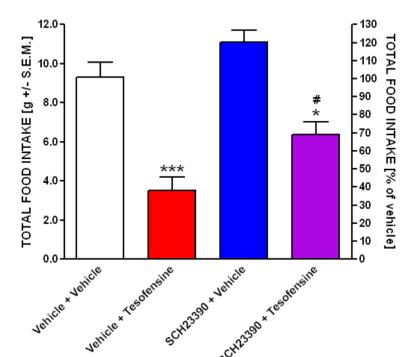
A DOSE-RESPONSE OF TESOFENSINE - TESOFENSINE INHIBITS ACUTE FOOD INTAKE



B BLOCKADE OF α_1 -ADRENOCEPTORS - PRAZOSIN BLOCKS THE HYPOPHAGIC RESPONSE TO TESOFENSINE



C BLOCKADE OF D₁-RECEPTORS - SCH23390 PARTIALLY BLOCKS THE HYPOPHAGIC RESPONSE TO TESOFENSINE



D BLOCKADE OF α_2 -ADRENOCEPTORS, D₂-, D₃ AND 5-HT_{2C/A}-RECEPTORS - RX821002, HALOPERIDOL, NGB2904 AND RITANSERIN DOES NOT BLOCK THE HYPOPHAGIC RESPONSE TO TESOFENSINE

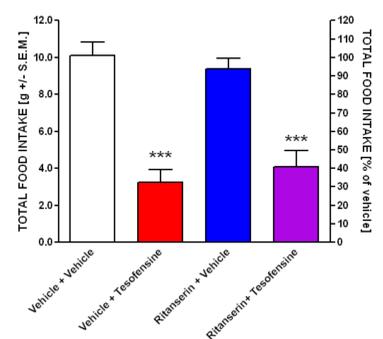
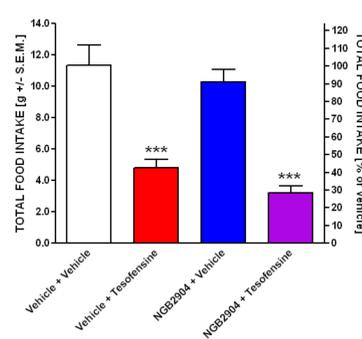
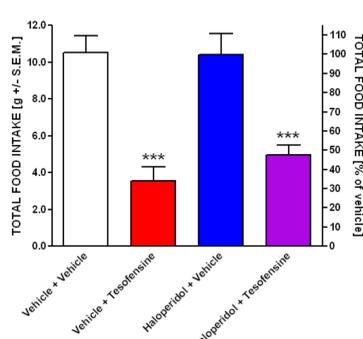
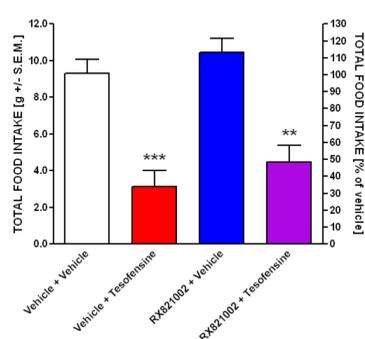


Figure A, B, C and D.

Showing total food intake and accumulated food intake (only B and C) during the 12 hour nocturnal period after administration of the drugs indicated. Left Y-axis indicates food intake in grams while the right Y-axis shows percentage food intake relative to vehicle (100%). Data analysis using a one-way (total food intake) or two-way (time-response effect) ANOVA. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$ when compared to vehicle and # $p < 0.05$, ## $p < 0.01$, ### $p < 0.001$ when compared to tesofensine.