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情绪性摄食行为的神经环路调控机制

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摘要: 摄食行为是机体维持个体生存和从事各种生命活动的保障, 它的调控十分复杂, 涉及到机体多个系统的协调参与, 其中中枢神经系统在摄食调控中起着关键性的作用。中枢神经系统不仅在因饥饿而摄食以维持能量稳态的过程中起关键作用, 还调控包括享乐进食在内的情绪性摄食行为。本文综述了中枢神经系统控制摄食行为的进展, 主要关注情绪性进食的中枢调控机制, 尤其是总结了中枢摄食、奖赏系统藉由各种投射路径和信号分子整合机体的营养、压力、情绪等信息进行摄食调控从而维持机体稳态的全过程。

关键词: 摄食; 情绪性摄食; 能量代谢; 奖赏; 食物成瘾; 压力应激

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The central mechanism of emotional eating regulation

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Abstract: Feeding behavior is key to supply energy for life activities and thus fundamental for survival. Feeding regulation is very complicated and requires the coordinated involvement of multiple systems of the body, among which the central nervous system (CNS) is of particular importance. The CNS not only controls hunger-related feeding behavior to maintain energy homeostasis, but also regulates emotional eating such as hedonic overeating. Here, we review the central mechanism of emotional eating regulation, with an emphasis on the interaction between the feeding and reward circuits via neural projections and signaling molecules that integrate the metabolic state and emotional salience to control emotional eating.

Key words: feeding; emotional eating; energy metabolism; reward; food addiction; stress

摄食行为 (feeding behavior) 是生物体为了满足生存所需要的能量, 在摄食动机的驱使下获取和消耗食物的行为, 是包括躲避天敌、繁衍后代在内的所有行为的基础。摄食的发生需要外周和中枢的协调参与。首先, 食物线索刺激视觉、嗅觉和味觉系统将信号传递至中枢神经系统 (central nervous system, CNS)^[1]; 然后, CNS 整合激素等生物活性物质的水平以及其他传入神经的输入信号, 综合评估个体的饥饿程度 (即饥饿感)、食物的营养价值^[2]、自身的代谢状态^[3] 和情绪状态以及进食风险等, 形成摄食动机即食欲, 进而调控摄食行为^[4]。

饥饿是产生摄食动机驱动摄食行为的重要因素, 因饥饿而摄食是维持机体能量稳态 (energy homeostasis) 的关键途径。饥饿能促进下丘脑摄食

中枢 (feeding center) 兴奋, 从而启动摄食行为。随着摄食的进行, 血糖上升, 饱腹感增加, 下丘脑饱食中枢 (satiety center) 相关神经元兴奋, 进而抑制进食。除此之外, 个体的进食动机也受其他因素调控。自身的情绪状态可以调控摄食行为, 比如正性的情绪反应能使动物在饱腹时继续进食, 这种摄食行为被称为情绪性摄食行为 (emotional eating)。情绪性摄食行为首先源于食物具有奖赏效应, 享用美味、高能量的食物带来的愉悦感会导致过量进食,

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甚至食物成瘾。压力等造成的焦虑、抑郁等负性情绪状态同样可以影响摄食行为^[5], 许多精神类疾病通常伴有进食行为异常。有意思的是, 进食与代谢异常也会造成情绪障碍性疾病。减肥者在限量进食时会有情绪不稳定的症状, 包括肥胖在内的代谢类疾病增加焦虑症等疾病的患病风险^[6]。多种摄食障碍 (eating disorders, EDS) 疾病和焦虑症、重度抑郁症、强迫症等有 40%~90% 共患病率^[7]。这些摄食和情绪调节的交互作用提示, 情绪调控机制在摄食中起着重要作用。现代社会的竞争加剧致使越来越多的人的心理处于亚健康状态, 情绪异常引发 EDS 和代谢类疾病的发病率逐年攀升, 因此情绪相关摄食行为越来越被人们关注。

随着神经示踪、脑成像、分子标记等技术的成熟, 摄食行为的神经调控机制研究已得到了长足发展。本文将从摄食的神经环路机制入手, 对目前 CNS 摄食中枢, 尤其是情绪相关的核团调控摄食的研究进行综述。

1 稳态摄食行为的中枢机制

机体对能量的摄取和消耗在一定时间内通常处于相对平衡的状态。CNS 对能量平衡的维持起着至关重要的作用。Kennedy^[8] 和 Gibbs 等^[9] 分别在 1953 和 1973 年提出了 CNS 存在影响摄食的“抑制信号”和“饱食信号”; 之后的研究发现, 这些信号主要产生于调控能量平衡和摄食行为的关键脑区——下丘脑。

下丘脑黑皮质素系统 (melanocortin system, MC system) 是由下丘脑中表达黑皮质受体 (melanocortin receptors, MCRs) 的神经元组成, 主要位于下丘脑弓状核 (arcuate nucleus, ARC), 是摄食调控的关键系统^[10]。ARC 中存在两类与摄食调控密切相关的细胞: 一类是表达厌食肽前阿黑皮素原 (pro-opiomelanocortin, POMC) 的神经元; 另一类神经元表达促进食欲的刺豚鼠相关蛋白 (agouti-related protein, AgRP) 和神经肽 Y (neuropeptide Y, NPY)。长期激活 ARC 中的 POMC 神经元能减少食物的摄入量。用白喉毒素消融 ARC 中的 POMC 神经元会增加食物摄入, 减少能量消耗, 导致小鼠肥胖以及代谢和内分泌的紊乱^[11]。而利用光遗传学手段激活 AgRP 神经元能促进小鼠的摄食行为^[12], 特异性杀死 AgRP 神经元则会导致其食欲下降, 体重减轻, 甚至死亡^[13]。上述两种神经元均表达 MCRs。由 POMC 蛋白剪切而成的 α -黑色素细胞刺激素

(α -melanocyte-stimulating hormone, α -MSH) 可激活下一级神经元上的 MCRs 发挥抑制摄食作用^[14]。而 AgRP 则作为内源性的 MCRs 拮抗剂通过拮抗 α -MSH 的作用促进摄食行为的发生^[15-16]。现已发现 MCRs 中的 MC4R 和人类早发性肥胖相关, 特异性敲除 MC4R 会导致小鼠高血糖、高胰岛素和肥胖等状况^[17]。

ARC 位于第三脑室周围, 此处血脑屏障薄弱, 脑脊液中的营养物质以及激素等信号分子容易由此进入脑实质, 因此 ARC 被认为是中枢感受外周信号的第一级核团。多种调控能量平衡的外周信号分子, 如瘦素 (leptin)、胰岛素 (insulin)、胃饥饿素 (ghrelin) 和胆囊收缩素 (cholecystokinin, CCK) 等, 均可作用于 ARC。瘦素和胰岛素可分别作用于 ARC 上的相应受体, 影响 POMC 神经元活动及 NPY 的合成和分泌, 从而阻止食物摄入并调节体重^[18]。胃饥饿素进入体液循环而后透过血脑屏障进入 ARC, 激活 AgRP 神经元来释放促进食欲的 NPY 和 AgRP。NPY、AgRP 通过旁分泌和内分泌作用于下丘脑室旁核 (hypothalamic paraventricular nucleus, PVN) 等摄食相关脑区以及其他组织和器官, 直接调控摄食行为。AgRP 还可以通过分泌抑制性神经递质 γ -氨基丁酸 (γ -aminobutyric acid, GABA) 与 POMC 神经元结合来抑制其活性, 达到促进食欲的效果^[19]。

除了通过 ARC 感知体液内的摄食信号, CNS 也可以通过神经信号传达饱腹感等信号。脑干的孤束核 (nucleus of the solitary tract, NTS) 为神经感知的主要核团, 可接受肠胃迷走神经的信号进而影响摄食行为^[20]。NTS 中也存在 POMC 神经元。和 ARC 不同, 急性激活 NTS 中的 POMC 神经元会立即抑制进食, 而消融这些 POMC 神经元后小鼠的体重和摄食却没有明显的变化^[11]。这些结果提示, 在摄食行为调控过程中, 以 NTS 为代表的神经通路对短时饱腹感信号更敏感, 而以 ARC 为代表的体液通路则对长期能量稳态的调控更重要^[11,21]。

除了经典的 MC system 之外, CNS 还存在多个脑区参与调控摄食行为。研究发现, 下丘脑外侧区 (lateral hypothalamic area, LH)、下丘脑腹内侧区 (ventromedial hypothalamic nucleus, VMH)、PVN、中央杏仁核 (central amygdaloid nucleus, CeA)、腹侧被盖区 (ventral tegmental area, VTA) 和中缝背核 (dorsal raphe nucleus, DRN) 等多个脑区均在摄食调控中发挥作用。LH 中的许多神经元可以分泌食欲素 (orexin) 和黑色素浓集激素 (melanin concentrating hormone, MCH),

两者均是内源性促食欲分子。向大鼠的中枢系统中注射食欲素后可以促进其摄食行为^[22]。激活投射到VTA的食欲素能神经元可以抑制饱腹信号^[23]。MSH缺乏或MSH1受体被破坏的小鼠体型消瘦^[24]。VMH为经典的饱食中枢,可传递饱感信号。VMH中的一些神经元表达厌食性的脑源性神经营养因子(brain-derived neurotrophic factor, BDNF),该因子或其受体表达降低会导致小鼠摄食增加,进而导致肥胖^[25]。此外,一些VMH细胞中含有葡萄糖感受器和脂肪酸感受器,可以感知机体血糖和脂肪酸水平并影响进食^[26-27]。

综上所述,当因能量消耗而偏离能量平衡,上述调控机制将共同作用来促进动物摄食行为的发生。当进食行为持续一段时间后,POMC神经元激活,AgRP神经元被抑制,体内激素等信号分子响应变化,进食停止,机体能量重新回归稳态。

2 正性情绪对摄食的调控

食物,尤其是富含糖和脂肪的食物,是一种天然的奖赏物。享用美味食物会有满足感和愉悦感,造成在没有额外能量需求的情况下过度进食,在这一过程中大脑的奖赏系统起了关键作用^[28]。和其他奖赏一样,食物奖赏也包括3种心理成分:由食物带来的快乐作用(hedonic impact)而喜欢(liking)、因食物具有激励显著性(incentive salience)而念想(wanting)^[29]以及建立线索和奖赏的预测关联(predictive associations)而学习(learning)。

中脑边缘多巴胺(dopamine, DA)系统(mesolimbic DA system)是调控食物奖赏效应的主要奖赏环路^[30]。DA奖赏系统包括VTA、伏隔核(nucleus accumbens, NAc)、内侧前额叶皮层(medial prefrontal cortex, mPFC)、海马(hippocampus, Hip)、基底外侧杏仁核(basolateral amygdala, BLA)和腹侧苍白球(ventral pallidum, VP)等。DA神经元主要分布于VTA^[31],可口食物使中脑边缘奖赏系统DA含量迅速升高,参与编码“wanting”相关的行为动机,促进食物的摄入^[32],DA合成障碍的小鼠摄食和饮水行为均明显减少^[33]。VTA脑区的DA神经元对NAc的GABA能抑制性神经元存在大量投射,是奖赏通路中的核心部分。投射到NAc的DA神经元损毁时,行动能力正常的小鼠获取食物的动机下降^[34]。VTA中的部分DA神经元也会投射到mPFC的谷氨酸能神经元,损毁mPFC不影响小鼠的摄食能力和稳态调节^[35],但会影响味觉、嗅觉等从而影

响进食^[36-37]。VTA周期性地释放DA到NAc和Hip,响应奖赏预测线索等显著性信息,此过程对强化线索和奖赏的关联性学习至关重要^[38]。

DA奖赏系统和下丘脑摄食环路存在密切的神经连接,共同调控摄食行为。ARC的POMC和AgRP神经元与VTA神经元都存在直接的投射关系。ARC神经元释放的神经递质和神经肽可以作用于VTA脑区的神经元,动态调控摄食行为的完成。VTA的2种主要神经元——DA和GABA能神经元^[39]均表达MCRs^[40],由POMC裂解而来的有活性的 α -MSH既可以直接激活DA神经元促进DA释放,亦可以通过激活GABA神经元间接抑制DA神经元的功能。 α -MSH对DA的作用效果主要以激活DA系统诱发奖赏效应为主^[41],其对DA的抑制作用的生理功能还需进一步研究。AgRP神经元能通过释放GABA抑制DA神经元^[42]。下丘脑摄食环路激活DA奖赏通路的过程可总结如下:摄入食物后POMC神经元激活,其投射至VTA的轴突释放 α -MSH与DA神经元的MCRs结合激活DA神经元,诱发奖赏效应^[41];与此同时,处于抑制状态的AgRP神经元GABA释放减少,对DA神经元的抑制减弱,AgRP对DA神经元的抑制作用因此不足以抵消POMC神经元对DA神经元的激活效应^[43],DA升高因而带来进食的满足感^[42]。

除DA外,大麻素、阿片类物质和5羟色胺(5-HT)等神经调质以及食欲素、瘦素等神经肽也参与食物的奖赏效应。在小鼠NAc处注射 μ 阿片受体激动剂会促进下丘脑分泌食欲素,改变其食物偏好,显著增加高脂肪食物的摄入^[44]。5-HT可以通过增强饱腹信号及其持续时间来抑制摄食^[45],5-HT_{2C}受体激活POMC神经元,而5-HT_{1B}受体抑制NPY/AgRP神经元,达到抑制食欲的效果^[46]。因此,5-HT_{2C}/5-HT_{1B}受体缺乏的小鼠表现出食欲过盛和肥胖^[47]。急性给予食欲素和胃饥饿素可以激活大鼠VTA的DA神经元^[48],引起奖赏效应。瘦素则可以直接或间接地影响VTA的DA神经元活性从而降低食物的奖赏效应,进而抑制摄食^[49]。

生理状态下的摄食行为是为了满足机体的能量需要,同时食物的奖赏性引发的愉悦感也会促进食物摄入。但当这种正性情绪带来的过量摄入可口食物的进食动机“劫持”奖赏系统后,会改变DA奖赏系统的功能、突触可塑性和DA的含量^[50],尤其是NAc处的DA释放。奖赏系统对长期摄入的高能量食物产生的适应性改变,使机体在饱腹状态下

仍倾向于摄入食物, 不能及时停止过度的摄食行为, 从而引发肥胖, 甚至是在暴食、戒断、渴求等状况间循环往复, 最终走向食物成瘾。此外, 奖赏系统过度激活促使个体在明知肥胖、健康状况受威胁的负面后果下仍选择继续进食, 最终发展为强迫性进食。

3 压力应激对摄食的影响

某些急性或慢性应激条件带来的压力, 如突发紧急事件、工作压力和社会污名等也会显著改变人们的摄食习惯和摄食类型。压力会破坏人认知层面的自我调节能力和情绪调节能力^[51], 为了缓解压力或转移注意力, 人们会选择增加或减少食物摄入。压力对摄食行为的促进或抑制作用尚无定论, 35%~60%的人在压力状态下会吃更多的食物, 而另有25%~40%的人表示压力会抑制其进食欲望^[52]。研究发现, 当面对心理压力时, 人们会更倾向于摄入高能量、高甜度的食物^[53]。动物实验也发现, 暴露于多种压力条件下的大鼠会摄入更多的猪油和蔗糖^[54]。压力导致的进食增加在肥胖人群中更为明显^[55], 这提示压力对摄食的影响也和人的代谢状态相关。压力引起不规律进食、改变食物偏好能在能量代谢失衡的肥胖人群中可能更为显著^[56]。

压力可通过激活下丘脑-垂体-肾上腺轴(hypothalamic-pituitary-adrenal axis, HPA)影响摄食。下丘脑的PVN脑区作为HPA轴的起始点与多种压力应激相关。PVN还可通过交感神经控制胃肠道分泌CCK并减少肠胃蠕动来抑制食欲^[57]。PVN分泌的促肾上腺皮质激素释放因子(corticotropin-releasing factor, CRF)促进POMC衍生物——促肾上腺皮质激素(adrenocorticotrophin hormone, ACTH)的释放, 最终导致皮质醇的合成增加。皮质醇可以直接促进摄食行为和脂肪沉积^[58], 还可以通过降低大脑对瘦素的敏感性^[59]以及调节NPY的分泌^[56]来促进摄食。皮质醇通过负反馈机制降低下丘脑CRF和ACTH的释放^[60], 同时增加瘦素和胃饥饿素的表达^[61], 调控能量稳态。长期激活HPA轴会改变瘦素、胃饥饿素、NPY等多种摄食相关信号分子的表达, 改变葡萄糖代谢并引起瘦素抵抗^[62]。

压力引起的进食行为改变和MC system直接相关。POMC、NPY、AgRP等神经肽以及MCRs响应压力变化调控摄食行为^[63]。小鼠连续14天在束缚器中经受1小时的慢性束缚压力应激造模后, ARC的POMC神经元过度活化, 抑制VTA的DA神经元^[39], 进而减少摄食行为。连续10天经历

CD1小鼠攻击的慢性社交挫败应激的小鼠, 其下丘脑AgRP和NPY的mRNA水平增加^[64], 并表现出对高脂高糖食物的偏爱^[65]。也有研究发现经历慢性社交挫败的小鼠食物摄入减少, 注射MCRs激动剂MT II会进一步降低进食, 而MC4R缺乏的小鼠表现出抵抗这种社交挫败应激的能力^[66]。

压力还可以激活奖赏系统, 增加DA的释放^[67-68]。人在嘈杂环境中进行高难度数学测试时引发的急性心理压力可增加奖赏寻求(reward seeking)行为, 促进高脂食物的消耗, 甚至引起强迫性进食^[69]。CRF、皮质醇和去甲肾上腺素等也可以作用于奖赏相关脑区使其敏感化, 进一步增强摄食动机。压力、奖赏和可口食物形成的正反馈循环可以缓解持续压力状态下的负性情绪^[56]。经常经历强压力还会改变mPFC以及边缘脑区的功能, 干扰情绪调控和行为控制, 并增加可口食物的摄入^[70]。

此外, 压力还可通过影响自身活动^[71]、睡眠质量^[72]和肠道微生物群^[73]等方式间接影响摄食行为。

4 负性情绪对摄食的影响

现代社会的高压状态致使越来越多人的心理处于亚健康状态。情绪低落、快感丧失以及过度强烈持续的担忧和恐惧等不良情绪状态往往伴随着食欲不振、进食困难等现象。焦虑症、重度抑郁症、创伤后应激障碍和EDs有40%~90%的共患病率, 情绪调节障碍是它们共同存在的病理机制。情绪障碍已被列为暴饮暴食症等EDs的关键预测因素^[74]。例如, EDs患者情绪敏感多变且难以准确分辨自己和他人的情绪状态^[75]。明确负面情绪如何影响摄食行为对解决相关情绪性摄食障碍至关重要。

抑郁、恐惧和焦虑症患者和摄食障碍患者的情绪异常应该有其脑的结构和功能基础。研究表明, NAc、CeA、PFC、岛叶皮层(insular cortex, IC)、臂旁核(parabrachial nucleus, PBN)、腹侧纹状体(ventral striatum, VS)和前扣带皮层(anterior cingulate cortex, ACC)等脑区参与对外界刺激的评估和相应的情绪反应^[76]。虽然抑郁、焦虑等负面情绪和摄食行为的关联性已被广泛认可, 但它们的具体环路机制仍不明确。

流行病学研究发现, 高热量食物的消耗和焦虑症、抑郁症之间具有相关性^[77-78]。长时间(一个月)接触可口食物的大鼠在可口食物剥夺24小时后表现出明显的焦虑样行为, 小鼠12小时10%糖水/12

小时糖水剥夺连续重复 3~4 周后也同样出现焦虑样行为^[79]。长期摄入富含碳水化合物食物的肥胖小鼠表现出焦虑样行为,同时 PFC 脑区的蛋白质降解程度增加^[80]。这些研究表明,长期摄入可口食物会诱发焦虑行为。近年的研究发现,IC-NAc 环路调控焦虑心境下的摄食行为,激活该环路可减少小鼠的摄食^[81]。

长期摄入高能量食物还会诱发抑郁行为。大鼠用高糖饮食喂养 7 周后,在强迫性游泳实验和糖水偏好实验中均表现出抑郁样行为^[82]。用于抑郁症研究的先天无助大鼠模型也表现出了蔗糖偏好降低的抑郁样表型^[83]。目前认为,PFC 等抑郁相关脑区体积减小、杏仁核和 PFC 脑区葡萄糖代谢异常以及 HPA 轴调节障碍在抑郁症的发生中发挥着重要作用^[84-85]。在负面情绪下,过度激活的杏仁核可能通过其下游中脑区域(如参与奖赏评估的 NAc)提高可口食物的奖赏价值^[86]。

恐惧也可以改变摄食。恐惧引起的摄食行为变化与 CeA、PBN 和蓝斑 (locus coeruleus, LC) 三个脑区密切相关。激活 CeA 可诱发强烈的恐惧反应,CeA 的过度激活也和创伤后应激障碍相关^[87];损毁 CeA 可以消除多个物种的恐惧反应^[88]。CeA 也在摄食调节中发挥作用:抑制 CeA 中表达前原孤啡肽 (prepronociceptin, PNO) 的细胞可以减少可口食物的摄入^[89],而光激活 CeA 中表达蛋白激酶 C δ (PKC δ) 的神经元则可通过局部释放 GABA 强烈抑制摄食^[90]。此外,胰岛素受体在 CeA 细胞上大量表达,在 CeA 处注射胰岛素可显著降低小鼠的摄食^[91]。PBN 脑区可以被疼痛等伤害性刺激激活^[92],主要传递恐惧信号至中枢;激活 PBN 也可以抑制摄食行为^[93]。PBN 的降钙素基因相关肽 (calcitonin gene-related peptide, CGPR) 神经元会被新食物激活(新食物恐惧症),但在适应后,CGPR 神经元会恢复正常摄食时的抑制状态^[92]。LC 也参与恐惧引起的摄食抑制:LC 神经元通过去甲肾上腺素和谷氨酸的共释放激活 PBN 神经元,以及通过诱导 CeA 到 PBN 抑制性投射的长时程抑制激活 PBN 神经元,介导“条件恐惧”引起的摄食抑制^[94]。以上研究表明,恐惧造成的 CeA、PBN 和 LC 相关神经元的激活是造成摄食抑制的神经机制。

5 摄食障碍与情绪异常

EDs 是进食紊乱相关的一系列疾病的总称,神经性厌食症 (anorexia nervosa, AN)、神经性贪食症

(bulimia nervosa, BN) 以及暴饮暴食症 (binge-eating disorder, BED) 是常见的摄食障碍,主要表现为摄食习惯紊乱和对体重控制的偏执,会引发一系列生理和心理状态的紊乱。了解摄食相关疾病的病理特征对于疾病的预防和后续治疗至关重要,但现阶段对于这些疾病的认识仍十分有限。

值得注意的是,EDs 也会造成情绪异常及相关精神症状。肥胖作为健康问题,经常伴随着抑郁和焦虑等情绪障碍,研究发现肥胖会显著增加抑郁症发作的风险^[95]。AN 患者强迫性节制能量摄入,并对肥胖表现出强烈的恐惧样行为。BN 患者以反复冲动性的进食伴随不适当的补偿行为为特征,临床发现患者常伴随精神分裂、重型抑郁等精神疾病^[96]。BED 患者在暴饮暴食后会出现自责、焦虑等负面情绪。摄食障碍患者的临床治疗通常需要配合不同程度的心理治疗以达到改善或治愈的目的。

长期不健康的进食习惯会引发大脑发生适应性的改变,这是造成情绪异常以至于精神类疾病的原因。例如,长期摄入高热量食物会减少奖赏系统 DA 的分泌^[97]和降低 DA 受体的敏感性^[98];利用脑成像技术观察到肥胖患者大脑纹状体 II 型 DA 受体 (D2R) 的利用率^[99]以及合成 DA 的能力都有一定程度的下降;在过度摄食的小鼠模型^[100]和 BED 患者脑中^[101]均观察到了 DA 不足的现象;这些现象都符合成瘾的奖励缺乏理论,即由于 DA 神经元活动降低,相同价值的刺激带给成瘾者的愉悦感减少,需要代偿性的额外摄入来获得相同的愉悦感^[102]。DA 神经元上存在瘦素、胰岛素等信号分子的受体,肥胖患者的瘦素、胰岛素抵抗现象也会间接影响 DA 神经元的活性,造成情绪的变化^[103]。EDs 造成的神经系统的适应性改变还包括传递饱腹感的乙酰胆碱 (acetylcholine, Ach) 的释放延后^[104],DA 和 Ach 调控 GABA- 强啡肽输出使机体处于进食兴奋状态^[105]等。这一系列适应性变化导致机体需要暴露于更大的奖赏刺激才能达到和最初一致的愉悦水平^[106],这与成瘾者的快感缺失一致。除此之外,暴食模型小鼠 Hip-mPFC 通路中存在 BDNF 和其受体原肌球蛋白受体激酶 B (TRKB) 表达异常、海马 CA3 区胰岛素受体表达减少、OFC 处 5-HT_{2c} 受体上调等多种适应性变化^[107],这些变化也可能会影响情绪相关通路的改变。

在大脑结构方面,近年来功能性磁共振脑成像 (fMRI) 研究发现了摄食障碍患者多个与情绪调控相关脑区的结构变化,为揭示情绪性摄食行为的脑机

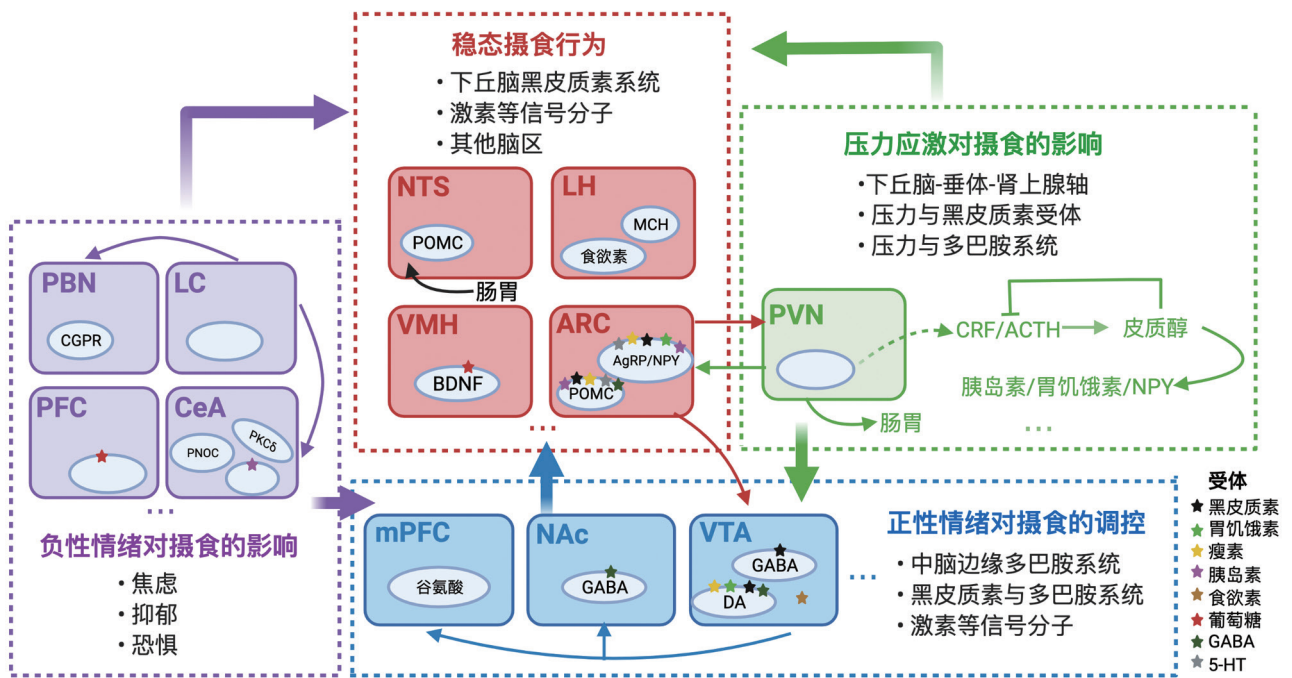
制提供了结构基础^[108]。AN 患者的脑区结构变化主要表现在杏仁核、ACC 的体积减小, 并且可在治疗后恢复正常。BN 患者 NAc 脑区的体积减小, VS 脑区的体积增加。急性 BN 患者的 IC 体积增加, 康复后其脑区体积逐渐恢复正常。BN 患者在面对意外奖赏以及奖赏缺失时, IC 脑区的活性下降^[109], 这可能是由于 EDs 患者信息感受整合异常导致其摄食相关决策失误。NAc、VS、IC、杏仁核以及 ACC 等均与情绪调控密切相关, 这些结果从结构上进一步提示了 EDs 会影响情绪体验。

6 总结和展望

摄食行为是机体维持个体生存、从事各种生命活动的保障, 受到遗传、环境和社会心理等多因素交互作用的复杂调控。本文概述了情绪性进食的研

究进展, 总结了情绪体验和摄食行为交互作用的神经机制, 特别是神经环路机制(图 1)。这些研究进展得益于工具病毒的广泛使用, 以及光遗传学、化学遗传学、在体电生理、荧光分子探针、功能性磁共振脑成像和钙成像等技术的发展。研究人员籍此可以精准定位、记录和操纵目标脑区特定目标神经元的活动, 极大地方便了摄食行为的神经环路及机制研究。但目前摄食行为神经调控机制研究的瓶颈在于以下几方面。(1) 我们对众多摄食脑区在摄食行为中的整合作用仍知之甚少。(2) 许多研究局限在某些脑区可调控摄食行为的简单事实, 但具体何种类型的神经元在其中发挥作用以及分子层面上的调控机制研究仍非常缺乏, 而这些分子靶标可能是研发相关药物的重要突破点。荧光分子探针如多巴胺探针, 可与钙成像、光遗传学技术结合, 细胞特

情绪性摄食行为的神经环路调控机制



下丘脑ARC等核团与多个脑干核团(如NTS)藉由相关信号分子协调, 参与调控稳态摄食行为。除此之外, 自身的情绪状态也可以调控摄食行为。正性的情绪反应主要通过以VTA脑区为代表的多巴胺系统促进摄食, 同时正性情绪也能通过黑皮质素系统及激素等信号分子参与摄食调控。压力应激对于摄食的影响主要通过HPA轴实现, 同时压力也可作用于黑皮质素和多巴胺系统。焦虑、抑郁和恐惧等负性情绪可以通过不同的神经环路(如PBN、CeA)调控摄食行为。NTS, 孤束核; LH, 下丘脑外侧区; VMH, 下丘脑腹内侧区; ARC, 弓状核; POMC, 厌食肽前阿黑皮素原; MCH, 黑色素浓集激素; AgRP, 刺豚鼠相关蛋白; NPY, 神经肽Y; BDNF, 脑源性神经营养因子; PVN, 下丘脑室旁核; CRF, 促肾上腺皮质激素释放因子; ACTH, 促肾上腺皮质激素; mPFC, 内侧前额叶皮层; NAc, 伏隔核; VTA, 腹侧被盖区; GABA, γ -氨基丁酸; DA, 多巴胺; PBN, 臂旁核; LC, 蓝斑; CeA, 中央杏仁核; CGPR, 降钙素基因相关肽; PNOC, 前原孤啡肽; PKC δ , 蛋白激酶C δ ; 5-HT, 5羟色胺。

图1 情绪性摄食行为的神经环路调控机制

异性地实现活体动物深部脑区中生物活性物质的动态记录^[110]。这类工具为将来更深入地研究食物的奖赏效应和成瘾机制以及相关药物靶点筛选提供了可能。(3) 啮齿动物模型实验的局限性导致心理和情绪等高级认知层面对于摄食行为的调控作用的研究仍不够深入。未来利用多脑区和单细胞转录组结合功能研究技术, 并建立灵长类情绪性摄食模型进行相关研究, 将有助于更好地理解和治疗摄食障碍和代谢疾病。

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