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Journal Article

How to cite:


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Version: Accepted Manuscript

Link(s) to article on publisher's website:

http://dx.doi.org/doi:10.1016/j.peptides.2009.09.022

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Title:

Ghrelin and peptide YY (PYY) profiles in gastrointestinal tissues and the circulation of the rat during pregnancy and lactation

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Abstract

Plasma and tissue profiles of gastrointestinal hormones ghrelin and peptide YY (PYY) were investigated in different female rat reproductive states. Neither plasma nor tissue ghrelin concentrations were suppressed during pregnancy despite elevated leptin. The highest concentrations of stomach ghrelin were measured in late pregnancy. PYY concentrations in plasma, descending colon and rectum tissues were increased (P<0.001) throughout pregnancy and lactation. PYY peaked at day 5 of lactation in plasma, as well as descending colon and rectum tissues (proestrus vs day 5 of lactation: 25 ± 3.0 vs 55 ± 8.0 pmol/l; 85 ± 4.5 vs 418 ± 45.0 pmol/g wwt; 23 ± 3.0 vs 78 ± 9.1 pmol/g wwt). This PYY peak was temporally associated with the luteinizing hormone peak on day 1 of lactation. Following weaning, dam adiposity and plasma leptin increased whereas ghrelin stomach peptide decreased. Relative PYY concentrations in the tissues of the gut varied in the different states suggesting regional alterations taking place in the colon. The ascending colon produced the highest concentrations in non-pregnant rats, the descending colon the highest concentrations during lactation with the pregnant rats and the dams postweaning in a transition state between. It is unclear what role the increased PYY in various tissues observed has during pregnancy and lactation as it would be expected to be reduced in these states of greatly increased appetite. PYY may have an influence on maternal dietary adaptation, intestinal hypertrophy and weight gain during pregnancy and lactation although it is still unclear precisely how it acts.

Keywords: gastrointestinal, ghrelin, gut hormones, pregnancy, lactation, PYY, rat
1 Introduction

Pregnancy and lactation are characterized by neuroendocrine changes and altered hormone secretion that orchestrate the natural adaptation of the mother to these metabolically demanding conditions. Despite similarities between pregnancy and lactation, including hyperphagia and increased energy demands, there are also notable differences. They include the magnitude of the hyperphagia, specific hormone profiles and their interactions, as well as alternately increasing and decreasing body weight, adiposity reserves and energy balance status, plus switching from endocrine to behavioral signals from offspring. The gastrointestinal tract increases in both mass and surface area thereby improving its capacity to absorb nutrients. It actively secretes an array of hormones, and the patterns of many of these remain to be fully determined, especially those factors that may be responsible for hypertrophy and altered function. Thus pregnancy and lactation are intriguing natural states in which to study the role of gastrointestinal and other hormones implicated in the control of appetite, changing gut architecture and whole body homeostasis.

There are a multitude of internal regulatory signals influencing food intake and energy homeostasis, ranging from peripheral metabolic signals and hormones including the adipokine leptin, insulin and the numerous gastrointestinal hormones, including peptide YY (PYY) and ghrelin, to hypothalamic neuropeptides eg the orexigenic neuropeptide Y (NPY) and agouti-related protein (AgRP) and the anorexic alpha-melanocortin-stimulating hormone (α-MSH) [8]. Peripheral administration of some gut hormones [8] are known to modulate short term food intake in rats and humans. Nutritional status, such as acute fasting or feeding episodes alter these circulating hormone profiles and the expression of associated appetite-regulating brain circuitry but far less information is available about the effects of longer term, although transient, states of hyperphagia, such as pregnancy and lactation on the secretion of appetite-controlling peptides. The present study has focused on the regulation of two gut-brain peptides during
pregnancy and lactation in rats: ghrelin which stimulates, and PYY which inhibits, both food intake and gastric emptying.

Ghrelin is a potent peripheral orexigenic signal, increasing food intake and adiposity (lipogenesis) in animals and humans [30] and has a wide array of biological functions. It has been proposed to act in the brain via stimulation of hypothalamic NPY/AgRP neurons [22]. There is evidence that ghrelin regulates food intake, gastric acid secretion and gastric motor activity via the vagal nerve [28]. Without an intact vagal nerve the effects of ghrelin on food intake are attenuated in rodents and humans [11] [18]. Circulating concentrations of ghrelin increase prior to meals and decrease with the intake of nutrients. There are several forms of circulating ghrelin, the main ones being (i) active or acylated and (ii) inactive or desacylated ghrelin, the latter being the major circulating form. However, the majority of studies to date report total ghrelin levels (acylated plus desacylated). Ghrelin is localized and secreted throughout the gastrointestinal (GI) mucosa, but is primarily expressed in neuroendocrine X/A-like cells of the stomach. Little is known about gastric ghrelin regulation except that estrogen in the rat stomach upregulates its production [28]. Recent reports have found ghrelin expression in reproductive tissues including ovary, endometrium/uterus, placenta, preimplantation embryos and blastocysts [33] [32]. Ghrelin acts as a modulator of feeding behavior and energy metabolism in the CNS by signaling energy insufficiency and is also involved in the longer term control of body weight via the pituitary and brain.

Ghrelin has recently been implicated as a participator in the control of key aspects of reproductive function: it has direct gonadal effects, is involved in GnRH secretion, decreased LH secretion, decreased PrL secretion in prepubertal rats (but not humans) and in puberty timing [33] [32]. Ghrelin concentrations increase with fasting in plasma and uterine fluid, leading to a decrease in implantation rates and reduced litter sizes [13]. Ghrelin may thus be
acting as a signal that maternal nutrient intake is insufficient hence inhibit the
development of embryos.

Peptide YY (PYY) is a member of the neuropeptide NPY group (NPY, pancreatic
polypeptide PP, PYY\textsubscript{1-36}, PYY\textsubscript{3-36}). PYY is released from enteroendocrine (L)
cells in the lower small intestine in proportion to the calorific (fatty) content of a
meal. During fasting the majority of human circulating PYY is the 1-36 form, with
the remainder (40\%) 3-36, while postprandially the majority (54\%) is the 3-36
form [17]. PYY\textsubscript{3-36} is a gastrointestinal hormone that, in contrast to ghrelin,
decreases food intake. Plasma PYY concentrations in human blood increase
within 15 min of a meal, peak at about 60 min and are sustained for up to 6 hrs
[35]. Peripheral administration of PYY\textsubscript{3-36} to rats and lean or obese humans
acutely reduces food intake [6]. PYY\textsubscript{3-36} crosses the blood-brain-barrier and is
thought to reduce appetite by inhibiting NPY/AgRP neurons in the arcuate
nucleus, mediated through the NPY Y\textsubscript{2} receptor, hence disinhibiting adjacent
POMC/CART neurons. PYY\textsubscript{3-36} infusion in dogs decreases the concentrations of
circulating ghrelin, inhibits gastric acid secretion and slows intestinal transit [19].
Within the gut, PYY\textsubscript{3-36} increases satiety by this ‘ileal brake’ mechanism. In
contrast to the fed state, during fasting, circulating concentrations of PYY
decrease and thus are thought to facilitate energy intake. PYY also has a
stimulatory effect on GnRH and LH, especially after fasting [25].

There is a growing literature on the various actions of ghrelin but still limited
information on PYY, especially during pregnancy and lactation. These two
physiological states have different endocrine backgrounds and may be of use in
teasing apart the roles of these and other hormones. The aim of this study was to
establish the profiles of circulating ghrelin and PYY in pregnant and lactating rats
and measure the tissue concentrations of the peptides throughout the
gastrointestinal tract.

2. Materials and methods
2.1 Animals

This study was licensed under the Home Office Animal Scientific Procedures Act 1981. Rats (Tuck Wistars) from St George’s Hospital breeding colony were maintained in standard plastic cages at 23°C under a 12 h light: 12 h dark cycle. Rats had ad lib food and water although food was removed from cages approximately 12 h prior to culling.

Virgin rats underwent daily estrous cycle monitoring to assess stage of cycle before being introduced to males for mating. Mating was confirmed by the presence of sperm after vaginal smearing and the presence of a mucous plug. Following mating, females were housed individually in cages containing wood-shavings and bedding. After the birth of the pups, litters were adjusted to 8 pups per female. Pups were weaned at 20 days following birth.

2.2 Study design

To investigate possible differences in plasma and tissue concentrations of ghrelin and PYY during pregnancy and lactation in rats, animals were culled at regular time points: proestrus (PRO, n=10); day 4 pregnant (d4P, n=9, confirmed by elevated plasma progesterone concentrations); day 14 pregnant (d14P, n=8); day 19 pregnant (d19P, n=9); day < 1 of lactation (d<1L, n=8); day 5 of lactation (d5L, n=9); day 10 of lactation (d10L, n=9); day 15 of lactation (d15L, n=10); day 20 of lactation (d20L, n=11) and day 25 of lactation with pups weaned at d20 (d25L/W, n=11). 105 animals were recruited onto the study, 8 rats that were anticipated to be pregnant between days 14 and 19 were not pregnant on culling (one was pseudopregnant), one rat was only 7 or 8 days pregnant, one d4P rat was judged to be not pregnant on the basis of its low plasma progesterone concentration and one d10L rat had abnormal kidneys; all data from these animals were excluded from the analyses.

2.3 Sampling & data collection

At the appropriate study time points (see above), between 8 am and midday rats were removed to a separate room, weighed and killed by decapitation. Trunk blood was collected into tubes containing lithium heparin and 0.6 mg aprotinin (Trasylol, Bayer Corp., Haywards Heath, UK), kept on ice until centrifuged, the plasma separated and kept frozen at -70°C until assayed. Rat tissues were dissected, emptied of any food contents, weighed and frozen immediately: hypothalamus (H), anterior pituitary (AP), stomach (S), ileum (IL), duodenum (D), ascending colon (AC), descending colon (DC), caecum (C), rectum (R). Total gut length from stomach to caecum was measured using a flexible tape measure to avoidstretching the tissue (except in PRO rats). White adipose tissue was collected, weighed and discarded.
2.4 Peptide extraction
Tissue samples were placed into preheated polypropylene tubes containing 0.5 M acetic acid. The wet tissues were weighed at autopsy and the volume of the acetic acid was adjusted accordingly to 10 ml/g. The samples were boiled for 15-minutes, then cooled and stored at -20ºC until assay.

2.5 Assays
All samples were measured in one assay per peptide/hormone to avoid inter-assay variation.

Ghrelin
Ghrelin-like immunoreactivity was measured with a specific and sensitive radioimmunoassay as previously described [18] [24]. The antisera (SC-10368) was obtained from Santa Cruz biotechnology and used at a final dilution of 1:50,000. This antibody cross-reacts fully (100%) with both octanoyl and des octanoyl ghrelin and did not cross-react with any other known gastrointestinal or pancreatic hormone. The $^{125}$I ghrelin was prepared with Bolton & Hunter reagent (Amersham International UK) and purified by high pressure liquid chromatography. The assay detected changes of 1 fmol/tube of plasma ghrelin with a 95% confidence limit. The intra-assay coefficient of variation was 5.5%.

PYY
PYY-like immunoreactivity was measured with a specific and sensitive radioimmunoassay, as previously described [2]. The antiserum (Y21) was produced in rabbits against synthetic porcine PYY coupled to bovine serum albumin by glutaraldehyde and used at a final dilution of 1:50,000. This antibody cross-reacts fully with both PYY$_{1-36}$ and PYY$_{3-36}$, but not with pancreatic polypeptide, neuropeptide Y, or other known gastrointestinal hormones. The $^{125}$I PYY was prepared by the iodogen method and purified by high pressure liquid chromatography. The detection limit of the assay was 0.5 fmol/tube, with an intra-assay coefficient of variation of 5.8%.

LH and Prolactin
LH and prolactin levels in plasma were assayed using reagents and methods provided by the NIDDK and the National Hormone and Pituitary Program (Dr. A. Parlow, Harbor University of CA, Los Angeles Medical Center, USA). The intra-assay coefficients of variation for LH and prolactin, were 8.2% and 7.6% respectively.

Leptin and Progesterone
Plasma leptin was measured by rat leptin RIA purchased from Linco Research (St. Charles, MO, USA). Plasma progesterone was measured by rat progesterone Coat-A-Count RIA from DPC (Euro/DPC Ltd, Gwynedd, Wales).

Hypothalamic NPY

Hypothalamic NPY was measured by a specific and sensitive radioimmunoassay [3]. The assay cross-reacts fully with 100% human NPY and did not cross-react with pancreatic polypeptide, PYY or any other known gut hormone. The assay detected changes of 0.5 fmol/tube with a 95% confidence limit. The intra-assay coefficient of variation was 6.8%.

2.6 Statistics

Values are expressed as mean ± S.E.M. The prolactin, LH, plasma ghrelin, PYY AC, DC and R data were not homogeneous therefore were transformed before analysis. Comparisons between groups were by ANOVA with Tukey posthoc tests or in the case of nonhomogeneous data sets, by nonparametric Kruskal-Wallis tests. Repeated measures GLM analysis was used to investigate changes in different tissues (plasma, IL, AC, DC, R) of hormones during proestrus and throughout pregnancy, lactation and weaning. Paired samples t-tests with Bonferroni correction for within subjects (tissue) posthoc tests were then used and Tamhane posthoc tests for between subjects (group) effects. Pearson’s correlation coefficient was used to describe associations between variables. Significance was accepted when P<0.05.

3. Results

3.1 Physical

Pregnancy and lactation are characterized by metabolic and physical changes associated with increased appetite. As expected, the d19P rats were the heaviest (321 ± 11.1 g) (F(9,84)=13.553, P<0.001), with the most WAT (8.8 ± 0.75 g) (F(9,83)=8.136, P<0.001). WAT weights were also adjusted for individual body weights (F(9,83)=8.118, P<0.001): pregnant animals had higher ratios than lactating animals although rats that had just given birth (d<1L) had higher WAT:bwt ratios than all other lactating groups. There were significant correlations between WAT and body weight (r=0.534, n=93, P<0.001), body weight and leptin concentrations (r=0.480, n=94, P<0.001) and WAT and leptin concentrations (r=0.517, n=93, P<0.001).

Stomach and caecum wet weights and gut lengths

Empty stomach and caecum weights were significantly different between the different groups of rats (S, F(9,84)=9.214, P<0.001; C, F(9,84)=43.447, P<0.001) and when they were adjusted for individual body weights (S/bwt, F(9,84)=10.994, P<0.001; C/bwt, F(9,84)=49.279, P<0.001).
All lactating rat groups had heavier empty stomach weights than PRO rats (range 1323 ± 86.9 – 1549 ± 47.2 mg cf 1009 ± 14.5 mg, P<0.02); d10L, d15L, d20L and d25LW rats had heavier stomachs than d4P rats (1108 ± 27.8 mg, P<0.01); d20L rats than d14P rats (1245 ± 64.2 mg, P=0.018); d15L and d20L rats than d19P rats (1211 ± 62.3 mg, P<0.01).

Caecum weights were also heavier in late lactation rats (d10L, d15L, d20L, d25LW, range 1295 ± 51.5 – 1711 ± 48.4 mg) than in PRO rats, d14P, d19P, d<1L rats and d5L (range 726 ± 63.5 – 979 ± 53.6 mg)(all P<0.001).

Empty gut lengths (from end of stomach to start of caecum) were longest (F(8,59)=5.281, P<0.001) in d20L rats (151 ± 11.4 cm) compared with all pregnant rats and d<1L, d5L and d10L rats (range 106 ± 4.0 - 127 ± 2.8 cm, P<0.01). We did not collect the gut lengths for PRO rats. When gut lengths were adjusted for individual body weights, the values remained highest (F(8,59)=9.134, P<0.001) in d20L rats. These anatomical changes in the GI tract during lactation and postweaning were generally in agreement with the observations of Cripps & Williams [10].

3.2 Acutely Fasted Plasma Hormone Concentrations
3.2.1 Leptin
Plasma leptin concentrations (Fig. 1) were significantly different (F(9, 84)=4.768, P<0.001) between the different rat groups, rising during pregnancy to a peak at d19P (d19P>d4P, P=0.002); they were lower throughout lactation, especially from d5L to d20L (all P=0.001) and recovered to PRO values by d25LW. It has previously been demonstrated that pregnant rats show hyperleptinemia [15] [5] thus the inhibitory effect of leptin on food intake is potentially impaired during late pregnancy.

![Graph showing plasma leptin concentrations](image)

Fig. 1 – Plasma leptin concentrations (ng/ml) during different reproductive states: proestrus (PRO, n=10); day 4 pregnant (d4P, n=9); day 14 pregnant (d14P, n=8);
day 19 pregnant (d19P, n=9); day < 1 of lactation (d<1L, n=8); day 5 of lactation (d5L, n=9); day 10 of lactation (d10L, n=9); day 15 of lactation (d15L, n=10); day 20 of lactation (d20L, n=11) and day 25 of lactation with pups weaned at d20 (d25L/W, n=11). Leptin was significantly different (P<0.001) between the different rat groups, see Results 3.2.1.

3.2.2 Progesterone
As expected, plasma progesterone concentrations were elevated in pregnancy (24 ± 2.6 – 27 ± 0.9 ng/ml, Kruskal-Wallis, \(\chi^2=41.613, 9\) df, P<0.001) and were used to confirm pregnancy in the d4P rats. Non-pregnant proestrus rats had mean plasma progesterone concentrations of 15 ± 1.9 ng/ml; a cutoff point of 20 ng/ml was chosen to indicate pregnancy hence one rat was excluded from the d4P group as its value was 17 ng/ml and at this stage of pregnancy embryos cannot be visually confirmed present in the uterus. Progesterone concentrations were also elevated during lactation, from day 5 (21 ± 2.6 - 27 ± 1.3 ng/ml), with the exception of the d<1L group which was reduced (12 ± 1.5 ng/ml). The lowest progesterone values (11 ± 1.3 ng/ml) were following weaning in the d25LW rats.

3.2.3 Prolactin
Plasma prolactin concentrations were significantly different (Kruskal-Wallis, \(\chi^2=56.493, 9\) df, P<0.001) between the different rat groups, rising at the end of pregnancy (d19P, 14 ± 5.3 ng/ml), throughout lactation to a peak at d10L (75 ± 17.6 ng/ml) and then declining in late lactation and returning to proestrus levels (7 ± 1.6 ng/ml) by weaning at d25LW.

3.2.4 Luteinizing Hormone (LH)
Plasma LH concentrations (Fig. 2) were significantly different (F(9, 81)=10.242, P<0.001) between the different rat groups. LH was lower during established lactation than in the PRO, d4P and d<1L rats (PRO>d10L, d15L, P<0.01) (d4P>d5L, d10L, d15L, P<0.03) (d<1L>d5L, d10L, d15L, d20L, P<0.01). LH was elevated following weaning compared with mid to late pregnancy and established lactation (d25LW>d14P, d19P, d5L, d10L, d15L, d20L, P<0.02).
Fig. 2 - Plasma LH concentrations (ng/ml) during different reproductive states: proestrus (PRO, n=10); day 4 pregnant (d4P, n=9); day 14 pregnant (d14P, n=8); day 19 pregnant (d19P, n=9); day < 1 of lactation (d<1L, n=8); day 5 of lactation (d5L, n=9); day 10 of lactation (d10L, n=9); day 15 of lactation (d15L, n=10); day 20 of lactation (d20L, n=11) and day 25 of lactation with pups weaned at d20 (d25L/W, n=11). LH was significantly different (P<0.001) between the different rat groups, see Results 3.2.4.

3.2.5 Ghrelin
While mean plasma ghrelin was detected at concentrations ranging from 1600 to 2500 pmol/l in the rat groups (Fig. 3), there were no significant differences (P=0.081) between any of the groups.

Fig. 3 - Plasma ghrelin concentrations (pmol/l) during different reproductive states: proestrus (PRO, n=10); day 4 pregnant (d4P, n=9); day 14 pregnant (d14P, n=8); day 19 pregnant (d19P, n=9); day < 1 of lactation (d<1L, n=8); day 5 of lactation (d5L, n=9); day 10 of lactation (d10L, n=9); day 15 of lactation (d15L, n=10); day 20 of lactation (d20L, n=11) and day 25 of lactation with pups weaned.
at d20 (d25L/W, n=11). There were no significant differences (P=0.081) between the different rat groups.

3.2.6 PYY
Plasma PYY concentrations (Fig. 4) were similar in PRO and d4P rats, then gradually increased (F(9,84)=4.014, P<0.001) throughout pregnancy from d14P and remained elevated during lactation with the highest values occurring at day 5 of lactation (PRO, d4P<d5L, d25LW, P<0.03). There were no differences in plasma PYY concentrations between the end of lactation (d20L) and weaning (d25LW). This pattern was also found in DC and R tissues (Figs. 7, 8).

![Fig. 4 - Plasma PYY concentrations (pmol/l) during different reproductive states: proestrus (PRO, n=10); day 4 pregnant (d4P, n=9); day 14 pregnant (d14P, n=8); day 19 pregnant (d19P, n=9); day < 1 of lactation (d<1L, n=8); day 5 of lactation (d5L, n=9); day 10 of lactation (d10L, n=9); day 15 of lactation (d15L, n=10); day 20 of lactation (d20L, n=11) and day 25 of lactation with pups weaned at d20 (d25L/W, n=11). PYY was significantly different (P<0.001) between some of the different rat groups, see Results 3.2.6.]

3.2.7 Ghrelin & PYY in plasma
There was a significant positive correlation between plasma ghrelin and plasma PYY in the PRO (r=0.646, n=10, P=0.044) and d20L groups (r=0.665, n=11, P=0.026), with a tendency (P=0.089) in d25LW rats. This relationship was not observed during pregnancy and lactation.

3.3 Tissue peptide concentrations

Hypothalamic NPY
While NPY peptide was detected at concentrations ranging from 38 to 50 pmol/g wet weight tissue in the hypothalami of the rats, there were no significant differences between any of the rat groups (P=0.403).
3.3.1 Gut tissue ghrelin peptide concentrations

Overall, ghrelin peptide concentrations measured by RIA were greater in S than IL and lowest in DC tissues (S: 3.7-8.6 nmol/g wwt; IL: 16-24 pmol/g wwt; DC: 8.8-13.1 pmol/g wwt; Figs. 5, 6). The highest ghrelin peptide concentrations occurred in the S tissues of the d14P and d19P rats (Fig. 5). The lowest ghrelin peptide concentrations occurred in the non-pregnant rats DC tissues (PRO, Fig. 6), IL tissues (d25LW and <d1L) and S tissues (d25LW, Fig. 5). Ghrelin peptide was not detected in the ascending colon (AC).

**Stomach.** Ghrelin peptide concentrations in S tissues (Fig. 5) were significantly different (F(9,83)=2.859, P=0.005) between the rat groups with PRO, d14P and d19P rats having higher concentrations than d25LW rats (P<0.01).

![Stomach ghrelin peptide concentrations](image)

Fig. 5 – Stomach tissue ghrelin peptide concentrations (nmol/wet weight tissue) during different reproductive states: proestrus (PRO, n=10); day 4 pregnant (d4P, n=9); day 14 pregnant (d14P, n=8); day 19 pregnant (d19P, n=9); day < 1 of lactation (d<1L, n=8); day 5 of lactation (d5L, n=9); day 10 of lactation (d10L, n=9); day 15 of lactation (d15L, n=10); day 20 of lactation (d20L, n=11) and day 25 of lactation with pups weaned at d20 (d25L/W, n=11). Stomach ghrelin was significantly different (P=0.005) between some of the different rat groups, see Results 3.3.1.

**Ileum.** While ghrelin peptide was detected at mean concentrations ranging from 16 to 24 pmol/g wet weight tissue in the IL of the rats, there were no significant differences between any of the rat groups (P=0.442).
**Descending colon.** Ghrelin peptide concentrations in DC tissues (Fig. 6) were significantly ($F(9,84)=2.296$, $P=0.023$) different between the rat groups, with a tendency ($P=0.074$) for d15L rats to have higher concentrations than PRO rats.

![Graph of ghrelin peptide concentrations in different reproductive states](image)

Fig. 6 – Descending colon tissue ghrelin peptide concentrations (pmol/wet weight tissue) during different reproductive states: proestrus (PRO, $n=10$); day 4 pregnant (d4P, $n=9$); day 14 pregnant (d14P, $n=8$); day 19 pregnant (d19P, $n=9$); day < 1 of lactation (d<1L, $n=8$); day 5 of lactation (d5L, $n=9$); day 10 of lactation (d10L, $n=9$); day 15 of lactation (d15L, $n=10$); day 20 of lactation (d20L, $n=11$) and day 25 of lactation with pups weaned at d20 (d25L/W, $n=11$). DC ghrelin was significantly different ($P=0.023$) between the different rat groups, see Results 3.3.1.

**3.3.2 Gut tissue PYY peptide concentrations**

Overall PYY peptide concentrations were greater in DC, AC than IL and lowest in R tissues (DC: 85-418 pmol/g wwt; AC: 100-210; IL: 75-105; R: 23-78; Figs. 7, 8). The highest PYY concentrations occurred in the DC tissues of the d5L rats (consistent in DC, R tissues and plasma, Figs. 4, 7, 8). PYY was not detected in the stomach (S) tissues.

**Descending colon.** PYY peptide concentrations in DC tissues (Fig. 7) ranged from 85 to 418 pmol/g wet weight tissue and were significantly different between the rat groups (Kruskal-Wallis, $\chi^2=54.543$ 9 df, $P<0.001$) with higher values in pregnancy compared with PRO rats and the highest values measured during lactation, with a peak at d5L, similar to the plasma PYY profile. There was a significant positive correlation between plasma PYY concentrations and DC PYY peptide concentrations ($r=0.477$, $n=93$, $P<0.001$).
Ileum. While PYY peptide was detected at concentrations ranging from 78 to 110 pmol/g wet weight tissue in the ileum of the rats, there were no significant differences between any of the rat groups (P=0.252).

Ascending colon. PYY peptide was detected at concentrations ranging from 100 to 210 pmol/g wet weight tissue in the AC of the rats, but there were no significant differences between any of the rat groups (P=0.243).

Rectum. PYY peptide concentrations in R tissues (Fig. 8) were significantly different between the rat groups (F(9,84)=5.488, P<0.001) with higher values in early to mid-lactation compared with PRO, d4P and weaned groups (PRO<d<1L, d5L, d10L, P<0.003) (d4P<d<1L, d5L, d10L, P<0.005) (d25LW<d5L, P=0.015). The highest values were measured during lactation, with a peak at d5L, similar to the plasma PYY and DC tissue profile (Figs. 4, 7). There was a significant positive correlation between plasma PYY concentrations and R PYY peptide concentrations (r=0.310, n=94, P<0.002).
3.4 PYY in plasma and tissues

GLM repeated measures analysis of PYY plasma and peptide concentrations in the various tissues by physiological status group (Table 1) revealed a significant within subjects (tissue) effect ($F(2,174)=282.10, P<0.001$) with PYY concentrations significantly ($P<0.001$) different between plasma, IL, AC, DC and R tissues, except for between PYY in plasma and in R tissues. There was also a between subjects (group) effect ($F(9,83)=5.321, P<0.001$) with higher PYY levels found in d<1L, d5L, d10L and d25LW groups compared with PRO groups. Additionally for d5L, this was also significantly higher than in d4P animals.

Table 1 - Tissue PYY peptide concentrations (pmol/wet weight tissue) and plasma PYY concentrations (pmol/l) during different reproductive states: proestrus (PRO, n=10); day 4 pregnant (d4P, n=9); day 14 pregnant (d14P, n=8); day 19 pregnant (d19P, n=9); day < 1 of lactation (d<1L, n=8); day 5 of lactation (d5L, n=9); day 10 of lactation (d10L, n=9); day 15 of lactation (d15L, n=10); day 20 of lactation (d20L, n=11) and day 25 of lactation with pups weaned at d20 (d25L/W, n=11). There was a significant within subjects (tissue) effect ($P<0.001$) and a between subjects (group) effect ($P<0.001$), see Results 3.4.
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<th>AC&lt;sup&gt;a&lt;/sup&gt; pmol/g wet weight tissue</th>
<th>DC&lt;sup&gt;b&lt;/sup&gt; pmol/g wet weight tissue</th>
<th>IL&lt;sup&gt;c&lt;/sup&gt; pmol/g wet weight tissue</th>
<th>R&lt;sup&gt;d&lt;/sup&gt; pmol/g wet weight tissue</th>
<th>Plasma&lt;sup&gt;d&lt;/sup&gt; pmol/l</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRO&lt;sup&gt;f&lt;/sup&gt;</td>
<td>123 ± 26.6</td>
<td>&gt;</td>
<td>85 ± 4.5</td>
<td>≥ 78 ± 9.9</td>
<td>23 ± 3.0</td>
</tr>
<tr>
<td>d4P&lt;sup&gt;h&lt;/sup&gt;</td>
<td>119 ± 20.1</td>
<td>&gt;</td>
<td>112 ± 14.2</td>
<td>&gt; 85 ± 12.0</td>
<td>25 ± 14.2</td>
</tr>
<tr>
<td>d14P</td>
<td>130 ± 19.3</td>
<td>≥</td>
<td>127 ± 21.1</td>
<td>&gt; 103 ± 10.3</td>
<td>42 ± 18.8</td>
</tr>
<tr>
<td>d19P</td>
<td>113 ± 43.3</td>
<td>≥</td>
<td>139 ± 12.0</td>
<td>&gt; 94 ± 6.2</td>
<td>51 ± 49.0</td>
</tr>
<tr>
<td>d&lt;sub&gt;≤1L&lt;/sub&gt;&lt;sup&gt;e&lt;/sup&gt;, d5L&lt;sup&gt;eg&lt;/sup&gt;, d10L&lt;sup&gt;e&lt;/sup&gt;, d15L, d20L</td>
<td>104 ± 23.2 - 208 ± 25.8</td>
<td>&lt;&lt;</td>
<td>184 ± 28.2 - 418 ± 78.2</td>
<td>&gt;&gt; 75 ± 5.8 - 105 ± 14.5</td>
<td>&gt; 36 ± 16.2 - 78 ± 27.2</td>
</tr>
<tr>
<td>d25LW&lt;sup&gt;e&lt;/sup&gt;</td>
<td>152 ± 32.6</td>
<td>≤</td>
<td>196 ± 17.7</td>
<td>&gt; 110 ± 9.4</td>
<td>34 ± 18.6</td>
</tr>
</tbody>
</table>

abcd Columns with different superscripts differ: within subjects (tissue) effect, \(P<0.001\)

e>f, g>h Between subjects (group) effects, \(P<0.05\)

Underlined values show peak amounts in one or more colon tissues

Hence, over time there appeared to be a shift in the peak PYY concentrations between the different tissues. The non-pregnant PRO group had their peak PYY peptide concentrations in their AC tissues, then DC≥IL>R (Table 1). The d19P group tended to have peak PYY peptide concentrations in their DC tissues, then AC≥IL≥R tissues. All the lactating groups with pups (<d1L, d5L, d10L, d15L, d20L) had the highest PYY peptide concentrations in DC tissues, then AC>IL>R tissues. The weaned d25LW group (with no pups) tended to have the highest PYY peptide concentrations in DC tissues, then AC>IL>R tissues. These concentration gradients suggest that there may be alterations in the secretory pattern taking place in the colon, with the AC producing the highest concentrations of PYY in non-pregnant rats, the DC taking over during lactation, with the pregnant rats and the recently weaned (d25LW) dams in a transition state between, with AC and DC producing similar amounts of PYY peptide.

4. Discussion

This study investigated the profiles of the circulating gut-brain peptides ghrelin and PYY during a range of time points throughout pregnancy and lactation in rats. These are presented, uniquely, in association with the tissue concentrations of ghrelin and PYY peptides throughout the gastrointestinal tract (GI).

Pregnant rats increase their food intake by ~60% [10] [36] [12], increase lipid deposition in adipose tissue depots during early pregnancy and change to lipid mobilization during late pregnancy [26]. The weight and adiposity of the pregnant...
rats in this study increased as expected and they had elevated leptin concentrations. The highest concentrations of ghrelin peptide in stomach were measured in d14 and d19 pregnant rats. Plasma and tissue ghrelin concentrations were unsuppressed during rat pregnancy despite the elevated leptin. This provides further evidence that the relationship between circulating ghrelin and leptin is dissociated during rat pregnancy [29]. This study also found that PYY concentrations in plasma and tissues steadily increased throughout pregnancy, with the highest amounts of PYY peptide measured in colon tissues. Why PYY, an endogenous satiety factor, was found to be consistently raised in various tissues during pregnancy in this study, when it was expected to be decreased to facilitate energy intake, remains to be established. Pregnancy has already been associated with insulin and leptin-resistance and these data raise the possibility that the state may also be resistant to the effects of some appetite hormones.

During lactation, rats increase their food intake markedly, ~200 to 400% [10] [36] [12] and lipid mobilization supports lactation [26]. In this study, adiposity decreased and some GI organ weights increased as lactogenesis progressed. PYY concentrations in plasma and tissues continued to increase throughout lactation with a notable peak at d5L in plasma, as well as in DC and R tissues, with the highest amounts of peptide measured in DC tissues (in contrast to during pregnancy). In addition, the d5L peak was temporally related to the <d1L LH peak. Similar to during pregnancy, it is unclear what role the increased PYY observed in various tissues has during lactation as it would be expected to be reduced in this state of greatly increased appetite. Following weaning (when the pup stimulus was removed), dam adiposity and plasma leptin increased. Ghrelin peptide in stomach tissues significantly decreased at weaning which may have been in response to a decreased appetite, perhaps demonstrating a ‘normalization’ of the relationship between leptin and ghrelin. PYY however remained elevated at weaning, with the highest amounts measured in colon tissues. Elevated PYY following weaning may be acting to suppress the dam’s
appetite as the pup feeding stimulus has been removed, if ‘normal sensitivity’ to
the effects of PYY have been re-established.

Chelikani et al. [9] have recently provided evidence that intravenous infusion of
exogenous ghrelin may stimulate food intake partly by attenuating the inhibitory
effects of PYY\textsubscript{3-36} (and GLP-1) on gastric emptying and food intake in male rats.
It is not yet known whether the endogenous peptides similarly oppose food intake
(and energy balance). Our results in acutely fasted female rats provide some
evidence for possible (but not opposing) interactions between plasma ghrelin and
PYY concentrations: the PRO (non-pregnant) animals had a positive correlation
between plasma ghrelin and PYY concentrations, but this was not apparent in
pregnant and early to mid-lactation rats, against a background of gradually rising
PYY concentrations. At the end of lactation, in the d20L rats, there was also a
positive correlation between plasma ghrelin and PYY. The positive correlation
between these hormone concentrations may be suggestive of regulated
endogenous feedback but this possible relationship during pregnancy and
lactation also appears to be altered and requires further investigation.

We and others [34] have found elevated concentrations of plasma PYY during
late pregnancy, achieved by a gradual increase throughout pregnancy. This was
somewhat unexpected as appetite is increased during pregnancy. It is notable
that our results are from acutely fasted rats hence may represent the lower end
of concentrations compared with possible expected levels after feeding. Leptin
concentrations are also known to be elevated during pregnancy in rats and
humans but there is a leptin-resistant state due partly to decreased expression of
the leptin-Rb subtype [15]. We also found that plasma PYY concentrations were
elevated during lactation (with a peak at d5L) and remained so following
weaning, in the dams. Our further investigations of different tissues throughout
the GI tract revealed a similar (to plasma) d5L peak in peptide tissue
concentrations in descending colon (DC) and rectum (R), both major sites of PYY
production [21]. The physical increases in GI structures may be involved in the
gradual increase in PYY hormone production, although these did occur later on in lactation. The ‘work hypertrophy’ hypothesis suggests that physical increases in food consumption induce increases in size and weight of the stomach, colon and caecum [10] and PYY secretion has also been positively correlated with caloric intake [1] hence may be subsequently increased. PYY$_{1-36}$, when administered to lactating rats, increased the weight, DNA and protein of the proximal small intestine (not distal or colon) and in mice caused an increase in all bowel segments [16].

NPY, in addition to its established role in appetite regulation, has been implicated in the regulation of LH secretion, especially the generation of the LH preovulatory surge in mice [37]. We retrospectively analyzed the rat plasma samples for LH, based on the idea that the post partum LH surge may be related to the peak PYY concentrations in our d5L rats. Plasma LH concentrations were elevated in the time point (<d1L) before the d5L PYY peak, suggesting a possible temporal relationship. It has been proposed that decreased PYY$_{3-36}$ following fasting may contribute towards down-regulation of the reproductive axis (and increased appetite) during periods of food deprivation [14] so it remains open to speculation and further study why PYY gradually increased throughout pregnancy and lactation, showed a peak at d5L and remained high following weaning, in our rats. It is possible there may have been a suckling-related stimulation of maternal GI hormones. Alternatively, if PYY is more sensitive to release at this time and increases directly with food intake, the d5L would coincide with a time of rapid increase in food intake (which peaks between d15-20) although complementary decreases were not seen following weaning - a time of decreased food intake (d25LW). Furthermore, our tissue PYY peptide measurements suggest that there may be regional alterations taking place in the colon, with the AC producing the highest concentrations of PYY in non-pregnant rats, the DC production increasing concentrations during lactation, with the pregnant rats and the weaned (d25LW) dams in a transition state between, with AC and DC producing similar amounts of PYY.
Information is not available on pregnancy and lactation changes in human GI tract but this is a time associated with weight gain in women, with implications for future obesity risk [27] [20] [4]. A study on weight gain in pregnant humans found that obese women had increased acyl ghrelin and decreased PYY$_{3-36}$ but then none of the expected postprandial hormone changes [31]. Gomez et al. [16] administered high doses of PYY$_{1-36}$ to young nursing rats and adult mice and found trophic effects on the GI tract. Parnell and Reimer [23] have recently demonstrated that obese male rats have reduced plasma ghrelin and increased PYY and develop alterations in the physical characteristics of their intestines. Cripps and Williams [10] reported that the increase in intestinal length in rats remained by day 30 post weaning. Similarly, studies in lactating mice have shown that body weight increases (including intestinal weight) are retained for a substantial portion of the lifespan and increased nutrient absorption capacity are retained for a notable time period after lactation [7]. From these and previous studies [16] in rats it would appear that PYY is likely to have an important role in maternal dietary adaptation, intestinal hypertrophy and weight gain during pregnancy and lactation although it is still unclear precisely how it acts.

Acknowledgements
We are grateful for assistance from Drs Caroline Small and Caroline Wright (nee Abbott) and other members of the Metabolic Medicine Research Group. VJT was funded by Imperial College London under the INSPIRE scheme (2003-6; http://www3.imperial.ac.uk/inspire/aboutinspire/historyoftheproject). MP and MAG were funded by programme grants from the MRC (G7811974), Wellcome Trust (072643/Z/03/Z), a U FP6 Integrated Project Grant LSHM-CT-2003-503041 and are also grateful for support from the NIHR Biomedical Research Centre funding scheme and an IMB Capacity building award.

References