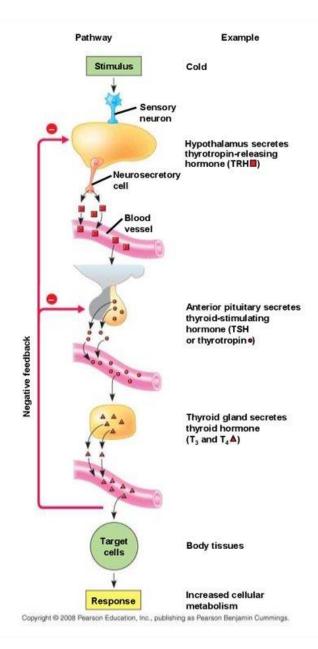
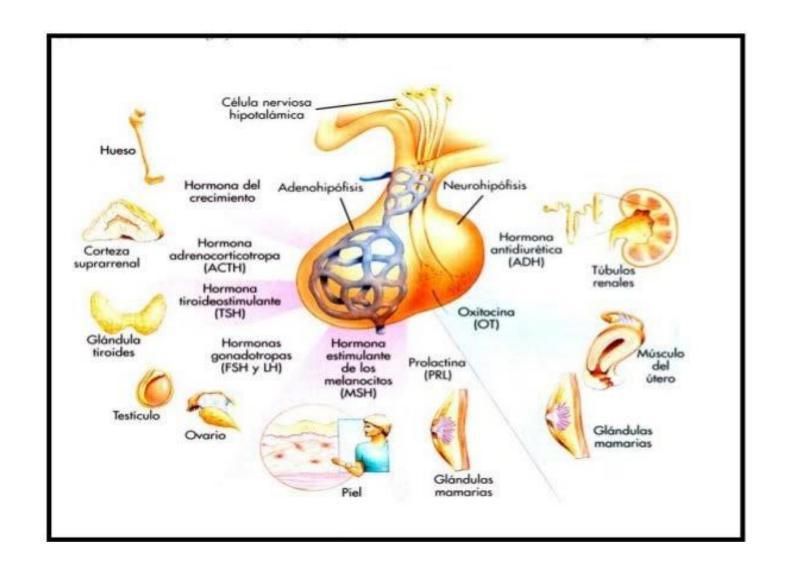
A hormone casade pathway



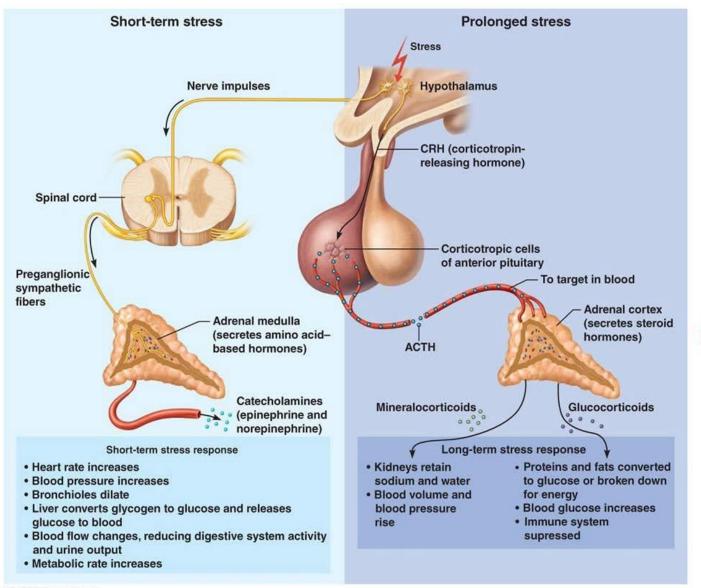


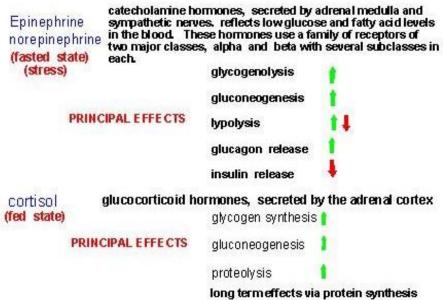
A coordenação do metabolismo envolve o sistema neuroendócrino





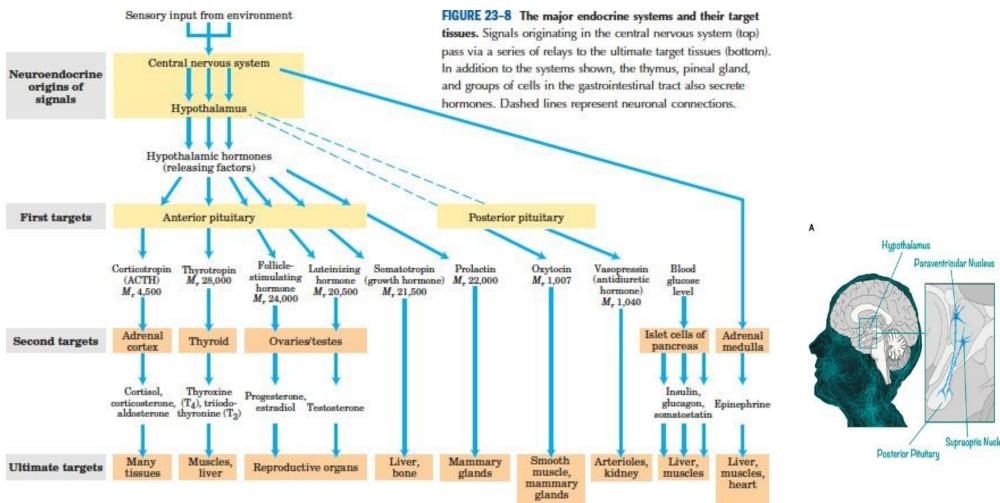
Sinalização adrenérgica integra respostas ao estresse

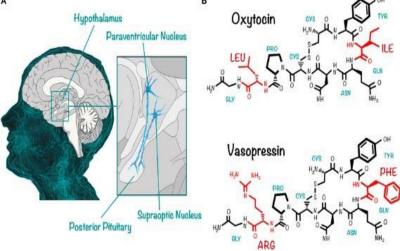






A cordenação do metabolismo envolve o sistema neuroendócrino







Endocrine Disorders

- Pituitary / Hypothalmus
 - Obesity
 - Pituitary adenoma
 - Hypopituitarianism
 - Diabetes insipidus
 - Syndrome of Inappropriate Antidiuretic Hormone (SIADH)
- Adrenal Cortex
 - Cushing's Syndrome
 - ACTH Dependent
 - ACTH Independent
 - Adrenocortical Insufficiency (Addison's Disease)
 - Primary
 - Secondary
- Adrenal Medulla
 - Pheochromocytoma

- Parathyroid
 - Primary Hyperparathyroidism
 - Secondary Hyperparathyroidism
 - Familial (Benign) Hypocalciuric Hypercalcemia
 - Hypercalcemia of Malignancy
 - Hypoparathyroidism
 - Pseudohypoparathyroidism
 - Medullary carcinoma of the thyroid
- Thyroid
 - Hyperthyroidism
 - Hypothyroidism
 - Goiter
 - Thyroid nodules & Neoplasms
 - Subclinical Thyroid disease
- Endocrine Pancreas
 - Type 1 diabetes mellitus
 - Type 2 diabetes mellitus
 - Insulinoma
 - Glucagonoma
 - Somatostatinoma

CLASSIFICATION

Generally the endocrine disorders were classified into three groups:

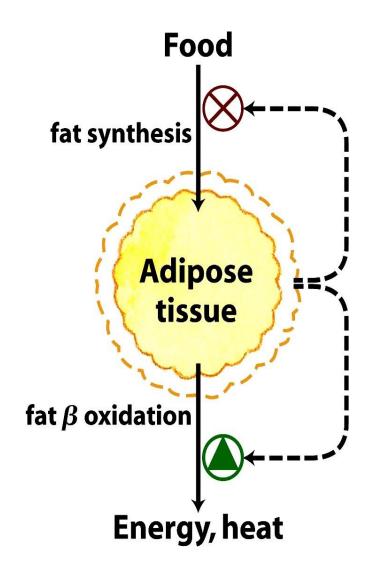
- Endocrine gland hypo secretion which leads to hormone deficiency
- > Endocrine gland hyper secretion which leads to excess of hormone
- > Tumors of endocrine glands

CAUSES OF ENDOCRINE DISORDERS

- Injuries to endocrine glands
- Congenital hypothyroidism
- > Infections
- > Tumors of an endocrine glands
- > Inability in secretion of hormones
- Problems related to endocrine feedback system
- > Other diseases



Teoria lipostática





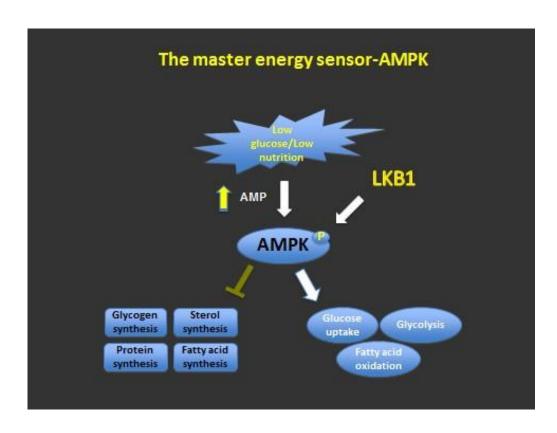
Como o organismo mantém o controle do tecido adiposo?



https://youtu.be/EVkFPeP5sFI



Proteína quinase dependente de AMP (AMPK) Principal regulador de vias catabólicas



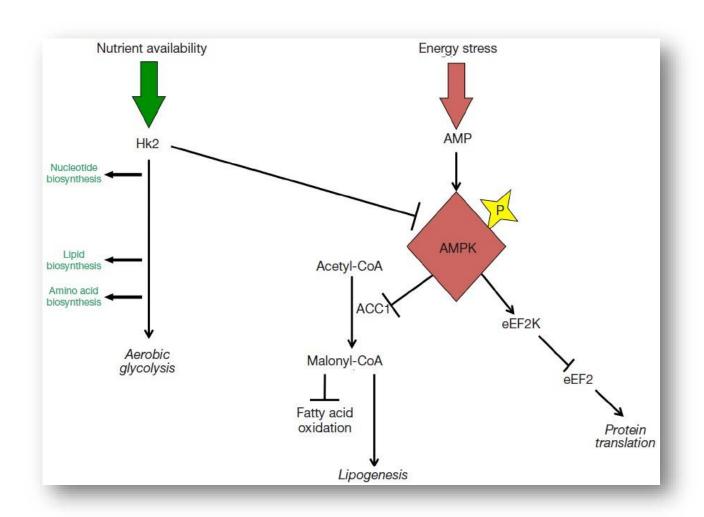
AMPK ativa vias metabólicas que geram ATP.

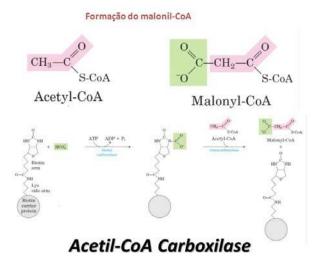
Inibe as vias de biosíntese de forma a poupar ATP para processos vitais.



Metabolismo de lipídeos

Fosforilação e inibição da Acetil-CoA carboxilase inibe a lipogênese

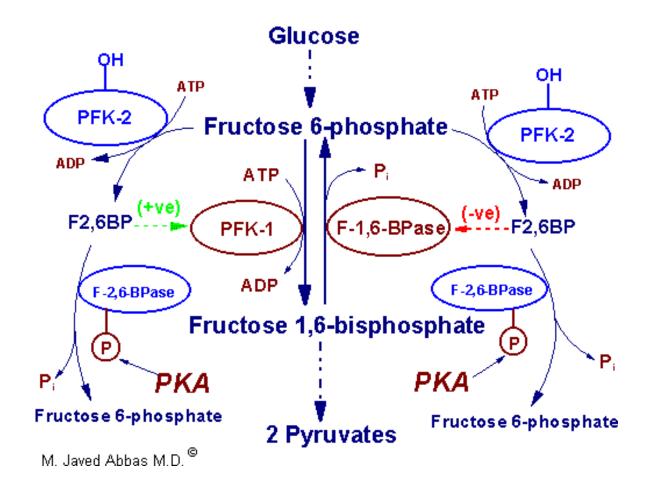


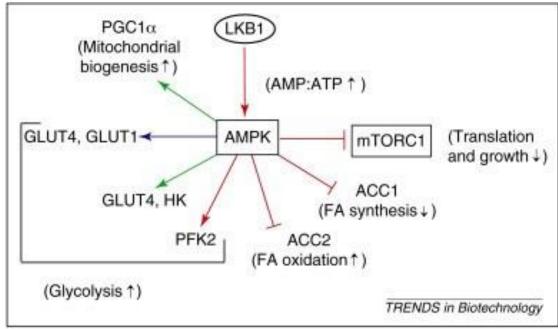




Metabolismo de carboidratos

Ativa a PFK-2 e a formação de F2,6BP que ativa a PFK1 (glicólise).

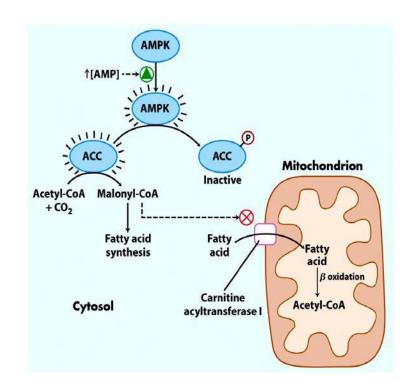


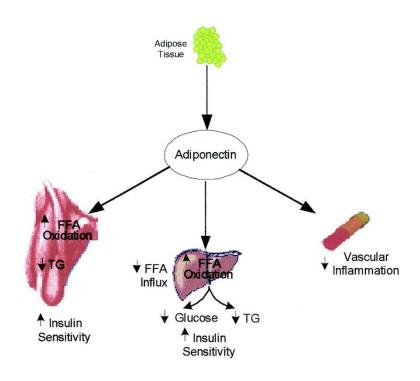




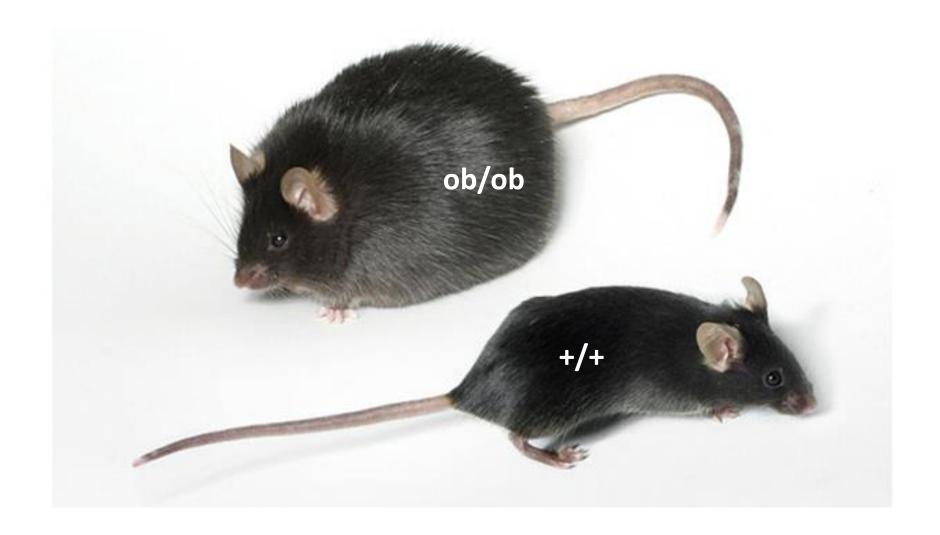
Adiponectina

- Peptídeo liberado pelo tecido adiposo
- Defeito de produção = sintomas metabólicos semelhantes à DM II
- Obesos tem menor taxa de adiponectina sérica (TNF α inibe)
- Ativa a fosforilação de Acetil-CoA carboxilase inibe a lipogênese

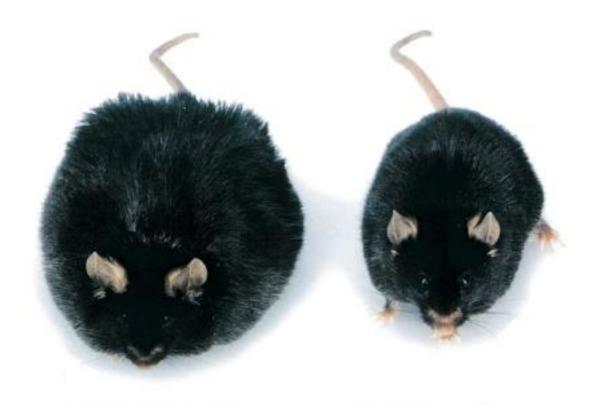












ob/ob mouse 67 g

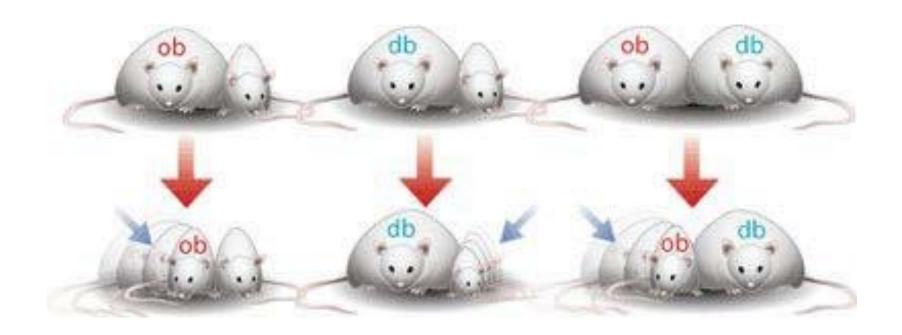
ob/ob mouse + Leptin 35 g



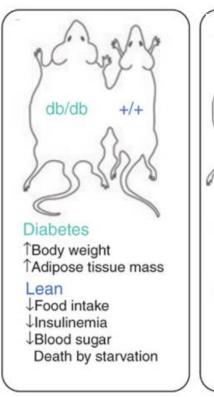


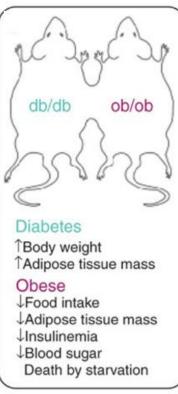


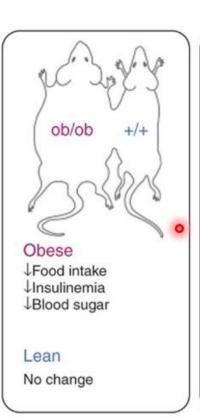
Como explicar esses resultados de parabiose?

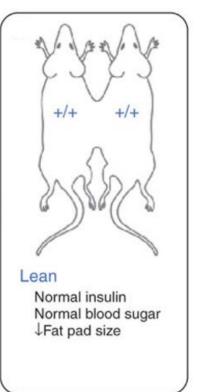












Coleman, D.L. & Hummel, K.P. Effects of parabiosis of normal with genetically diabetic mice. Am. J. Physiol. 217, 1298–1304 (1969).



Leptina - Solução para Obesidade?



- Maioria dos humanos obesos tem excesso de leptina
- Tratamento com leptina não reduz massa corporal
- Defeitos demonstrados em receptores (DB) e sinais de resposta

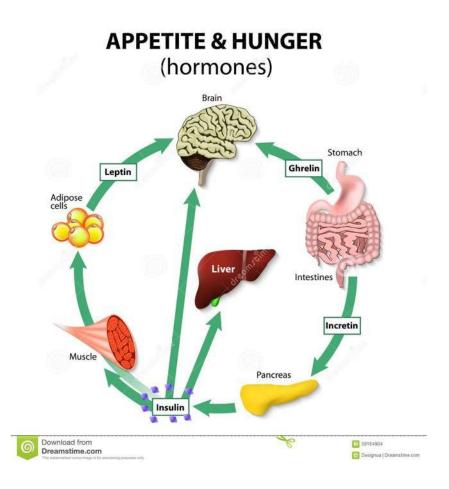


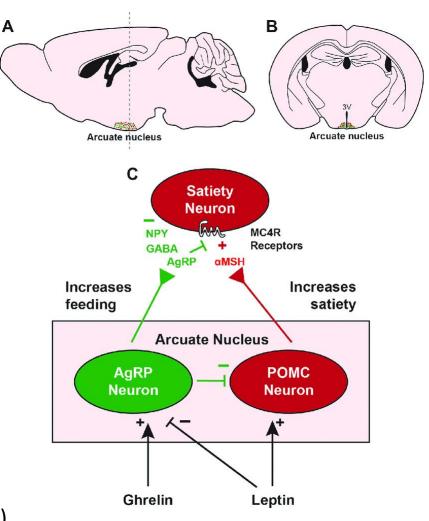
https://youtu.be/oN3woHJ7ZDY



Controle neural do apetite

LEPTIN & GHRELIN Chrelin Hunger Stomach Ghrelin Produced by cells the gastrointestinal tract Leptin Adipose tissue Leptin Adipose cells Ghrelin Adipose cells Ghrelin Adipose tissue Adipose tissue After EATING





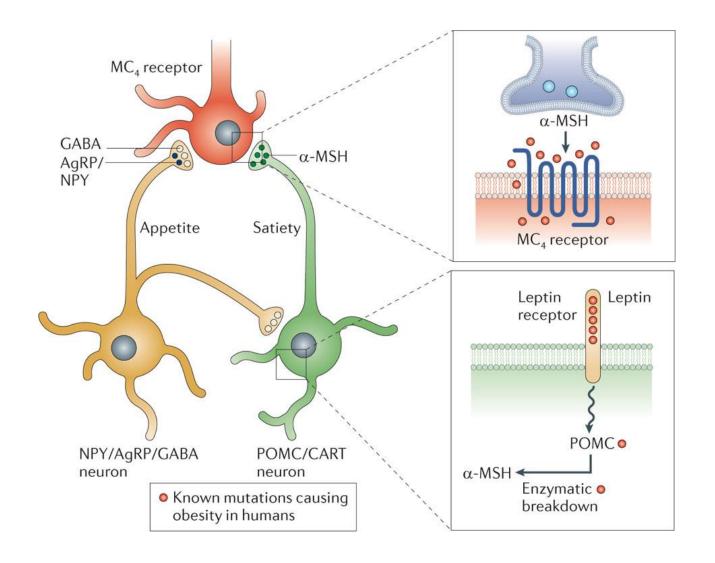
AGRP (Agouti-related peptide)

NPY- (Neuro peptide Y)

POMC/ CART (pro-opiomelanocortina) α MSH (melanocyte stimulating hormone) CART (Cocaine and amphetamine-regulated transcript) (α MSH e CART inibidores do apetite e estimulantes de gasto de energia)



Controle neural do apetite





Circuitos identificados por optogenética

