

Vulnerable and Resilient Phenotypes in a Mouse Model of Anorexia Nervosa

Jeff A. Beeler, Devry Mourra, Roseanna M. Zanca, Abigail Kalmbach, Celia Gellman, Benjamin Y. Klein, Rebecca Ravenelle, Peter Serrano, Holly Moore, Stephen Rayport, Susana Mingote, and Nesha S. Burghardt

ABSTRACT

BACKGROUND: Increased physical activity is a common feature of anorexia nervosa (AN). Although high activity levels are associated with greater risk of developing AN, particularly when combined with dieting, most individuals who diet and exercise maintain a healthy body weight. It is unclear why some individuals develop AN while most do not. A rodent model of resilience and vulnerability to AN would be valuable to research. Dopamine, which is believed to play a crucial role in AN, regulates both reward and activity and may modulate vulnerability.

METHODS: Adolescent and young adult female C57BL/6N mice were tested in the activity-based anorexia (ABA) model, with an extended period of food restriction in adult mice. ABA was also tested in dopamine transporter knockdown mice and wild-type littermates. Mice that adapted to conditions and maintained a stable body weight were characterized as resilient.

RESULTS: In adults, vulnerable and resilient phenotypes emerged in both the ABA and food-restricted mice without wheels. Vulnerable mice exhibited a pronounced increase in running throughout the light cycle, which dramatically peaked prior to requiring removal from the experiment. Resilient mice exhibited an adaptive decrease in total running, appropriate food anticipatory activity, and increased consumption, thereby achieving stable body weight. Hyperdopaminergia accelerated progression of the vulnerable phenotype.

CONCLUSIONS: Our demonstration of distinct resilient and vulnerable phenotypes in mouse ABA significantly advances the utility of the model for identifying genes and neural substrates mediating AN risk and resilience. Modulation of dopamine may play a central role in the underlying circuit.

Keywords: Activity-based anorexia, Anorexia nervosa, Dopamine, Exercise, Food restriction, Hyperdopaminergic, Resilience, Starvation, Vulnerability

<https://doi.org/10.1016/j.biopsych.2020.06.030>

Anorexia nervosa (AN) is characterized by severe restriction of food intake and fear of gaining weight, leading to life-threatening weight loss. The disorder tends to be chronic, resistant to treatment, and associated with high mortality (1–4). Neural mechanisms underlying the disorder remain poorly understood, and there are no approved pharmacological treatments (5).

Excessive physical activity has been associated with AN since its earliest description (6), with 31% to 81% of AN patients exhibiting high activity levels, depending on how it is defined (7,8). Although characterized as compulsive (9–12) or compensatory (13) voluntary exercise, increased nonexercise activity, such as fidgeting, has also been observed (14). Exercise is associated with poorer outcomes, including greater risk of relapse, longer hospitalizations, and increased chronicity (15–19), indicating a role for exercise in maintenance of the disorder. Additionally, higher levels of premorbid activity have been associated with greater risk of developing AN (20–22), even among athletes (23–25), supporting a role for

physical activity in the development of AN. However, the majority of individuals who combine diet and exercise do not develop AN, and the underlying factors mediating AN vulnerability or resilience are not understood.

Alterations in dopamine and associated changes in reward have been implicated in AN (26–31). Importantly, dopamine also modulates physical activity (32–34), as exemplified by increased psychomotor activity resulting from increased dopamine transmission with psychostimulants. The relationship between altered dopamine and the increased activity observed in AN has not been empirically characterized, though it is potentially important to understanding the disorder.

Activity-based anorexia (ABA), a widely used rodent model of AN, assesses the interaction between food restriction and physical activity. The model combines limited access to food with unlimited access to a running wheel, leading to hyperactivity, self-starvation, rapid weight loss, and death unless removed from the experiment (35–37). We conducted a detailed analysis of running behavior of adolescent and adult

female C57BL/6 mice in the ABA model and assessed the impact of genetically increasing dopamine. We discovered distinct vulnerable and resilient phenotypes, with the latter showing adaptation to ABA and weight stabilization. In contrast, vulnerable mice exhibited severely dysregulated running activity, inadequate consumption, and catastrophic weight loss. Vulnerability to ABA was increased in hyperdopaminergic mice, indicating that dopamine may play a central role in the development of AN.

METHODS AND MATERIALS

Animals

Female C57BL/6N mice (Taconic Biosciences, Germantown, NY) were purchased at postnatal day (PND) 21 and PND 56 for the adolescent and early adulthood behavioral studies, respectively. Male and female DAT-cre (dopamine transporter-Cre recombinase) heterozygous mice (DAT knockdown [KD]; DAT^{cre/+}; Cat# JAX: 020080; C57BL/6J genetic background) (38) and wild-type (WT) littermates (DAT^{+/+}) were bred in-house (New York State Psychiatric Institute, New York, NY; Hunter College, New York, NY). Only female KD and WT mice were used in behavioral studies. Prior to experiments, mice were group housed on a 12-hour light/dark cycle with ad libitum chow (Prolab Isopro 3000 5P75; W.F. Fisher & Son, Somerville, NY). Experiments were approved by the Institutional Animal Care and Use Committees of the New York State Psychiatric Institute, Hunter College, and Queens College.

ABA Procedure

Mice were distributed into 4 groups: ABA (2 hours/day food access; unlimited wheel access), wheel control (WH) (unlimited food and wheel access), food-restricted control (FR) (2 hours/day food access; unlimited access to a locked wheel), and home cage control (HC) (unlimited access to food and a locked

wheel). Mice were weighed immediately preceding dark cycle onset and removed when they lost 25% of their baseline weight (Supplemental Methods). Mice that did not require removal after 10 days were characterized as resilient.

Fast-Scan Cyclic Voltammetry

Evoked dopamine release was measured in DAT^{cre/+} and WT littermates of both sexes using slice fast-scan cyclic voltammetry. For adolescent and young adult female mice (C57BL/6N), fast-scan cyclic voltammetry was done in intact, anesthetized animals (Supplemental Methods).

Statistical Analyses

Data were analyzed with a *t* test, analysis of variance with Bonferroni post hoc correction, or Mantel-Cox log-rank test for survival analyses. For analyses across days of restriction, in which mice dropped out on different days, the linear mixed-effects (LME) model was used with the LME4 package (39) in R, version 3.6.2 (R Foundation for Statistical Computing, Vienna, Austria), computing *F* values using lmerTest (40). We modeled mouse as a random effect, including intercept and slope across experimental days.

See the Supplement for immunohistochemistry, messenger RNA, and protein quantification methods.

RESULTS

Adolescent C57 Female Mice Are Vulnerable to ABA

We first tested adolescent female mice (PND 43 on ABA day 1). There were no baseline differences in body weight ($F_{3,60} = 0.23$, $p = .87$). During the restriction phase, the FR (locked wheel) and ABA (food restricted; freely moving wheel) groups lost substantial weight compared with non-FR groups (LME model: day \times group [$F_{3,66} = 13.89$, $p < .001$]) (Figure 1A). Although ABA and FR groups did not significantly differ in weight loss (LME

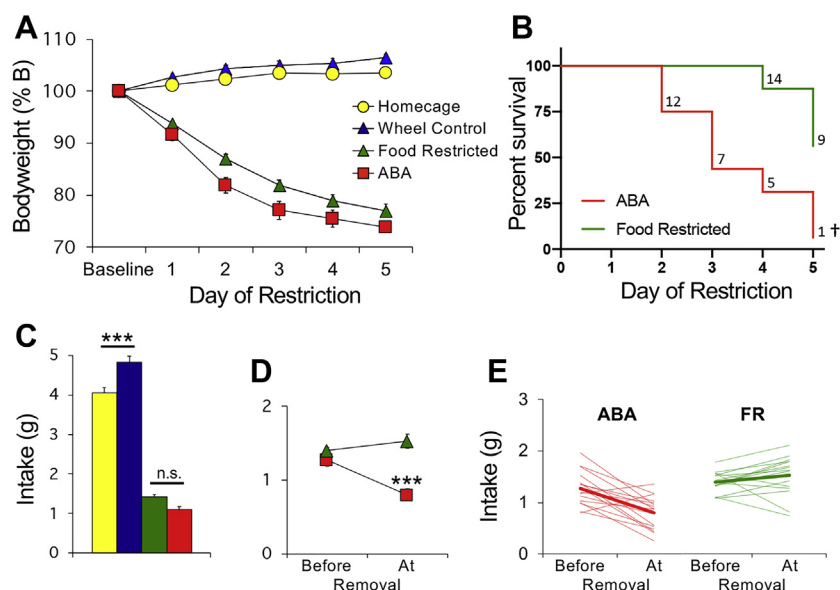


Figure 1. Adolescent female mice are vulnerable to activity-based anorexia (ABA). **(A)** Body weight across days of food restriction. **(B)** Survival curves for ABA and food-restricted control (FR) mice. Numbers indicate number of surviving mice that day. **(C)** Average food intake across 5 days of restriction. **(D)** Average and **(E)** individual (light traces) food intake of ABA and FR mice prior to removal vs. the day of removal (bold lines in E show group average). $n = 16$ per group. *** $p < .001$ vs. FR at removal; †survival curves, $p < .001$. Error bars indicate SEM.

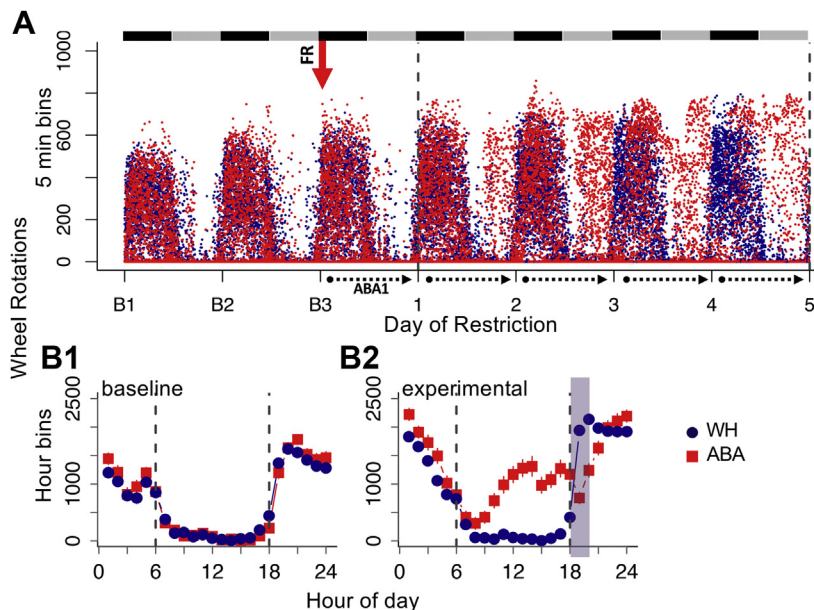


Figure 2. Activity-based anorexia (ABA) increases light cycle running in adolescent mice. **(A)** Dot plot of wheel running across days of experiment for all mice in 5-minute bins. Black and gray bars indicate dark and light cycles, respectively. The red arrow indicates start of food restriction (FR). Dotted lines demarcate data collection days under ABA. **(B)** Group averages in hour bins across a 24-hour period for **(B1)** baseline days and **(B2)** ABA experimental days. The dotted lines mark the light cycle between 6 (lights on) and 18 (lights off) hours, and shading indicates when food was available. Error bars indicate SEM. WH, wheel control.

model [$F_{1,23} = 0.75$, $p = .39$], the survival analysis revealed greater risk for the ABA group (ABA/FR groups: hazard ratio, 3.96; 95% confidence interval [CI], 1.65–9.50; $p < .001$) (Figure 1B). The LME analysis includes data points prior to removal and does not take into account time of removal reflected in the hazard ratio.

Food consumption differed between groups ($F_{3,60} = 278.8$, $p < .001$) (Figure 1C). Non-FR WH mice increased their consumption compared with HC mice, presumably to compensate for running (Bonferroni $p < .001$) (Figure 1C). In contrast, there was no difference in intake between the ABA and FR groups (Bonferroni $p = .29$). However, ABA mice exhibited a drop in consumption on the day of removal, which was not observed in the FR mice (time point \times group [$F_{1,30} = 21.18$, $p < .001$]) (Figure 1D, E). That some FR mice required removal indicates that caloric restriction alone can induce life-threatening weight loss.

Abrupt Increase in Light Cycle Running Precedes Removal From the Model in Adolescent Mice

There were no baseline differences between ABA and WH mice in the amount (LME model: group [$F_{1,26} = 0.121$, $p = .73$]) (Figure 2A) or circadian distribution (LME model: group \times hour [$F_{1,26} = 0.28$, $p = .60$]) (Figure 2B1) of wheel running. During food restriction, the ABA mice exhibited a sharp increase in light but not dark cycle running (bar graphs: group \times cycle [$F_{1,26} = 19.50$, $p < .001$]; light cycle: Bonferroni $p < .001$; dark cycle: Bonferroni $p = .99$) (Figure 3A, B1, and also Figure 2). Though typically considered food-anticipatory activity, this increase started near the onset of the light cycle (LME model: group \times hour [$F_{1,26} = 8.16$, $p < .001$]) (Figure 2B2). This alteration in the distribution of circadian activity increased across days of food restriction (Figure 2A). Plotting the running of individual mice revealed that each mouse exhibited an abrupt increase in light cycle running (Figure 3B1). A

comparison of the maximum increase in day-to-day running revealed that the peak change was higher in the ABA group than the WH group during the light cycle (group \times cycle [$F_{1,26} = 130.4$, $p < .001$]) (Figure 3C). This abrupt increase generally preceded removal from the model by 1 day in ABA mice (Figure 3D), suggesting a predictive relationship between peak change in light cycle running and removal. Light cycle running was positively correlated with weight loss in ABA mice (Figure 3E1). Dark cycle running also correlated with weight loss in ABA mice (Figure 3E2), despite similar levels of dark cycle running between groups (Figure 3A, B2). We observed no correlation between running and change in body weight in WH mice (Figure 3F1, F2).

Adult Mice Exhibit Vulnerable and Resilient Phenotypes

We tested ABA in young adult mice (PND 68 on ABA day 1) using the same protocol but extended food restriction to 10 days. Body weight was not different between groups at baseline ($F_{3,60} = 2.03$, $p = .12$). In the first 5 days, both ABA and FR mice lost substantial weight, with no group difference (Figure 4A) (LME model: group \times day [$F_{1,30} = 1.2$, $p = .23$]). In days 6 to 10, weight stabilized for the remaining mice, who survived through the end of the experiment and were characterized as resilient (Figure 4A, C1, C2). Adult mice were less vulnerable to ABA than younger mice (adult vs. adolescent: $p < .001$) (Figure 4B), with ~50% of adults surviving (Figure 4D). Some FR mice (~30%) required removal (Figure 4B, D), indicating that a subset of both adult ABA and FR mice are vulnerable to catastrophic weight loss with prolonged caloric restriction, though ABA increases risk and accelerates progression (ABA/FR groups: hazard ratio, 2.22; 95% CI, 0.82–5.97; $p = .10$) (Figure 4B). These results demonstrate that both ABA and FR mice exhibit vulnerable (ABA-V, FR-V) and resilient (ABA-R, FR-R) phenotypes. Interestingly, ABA-R mice

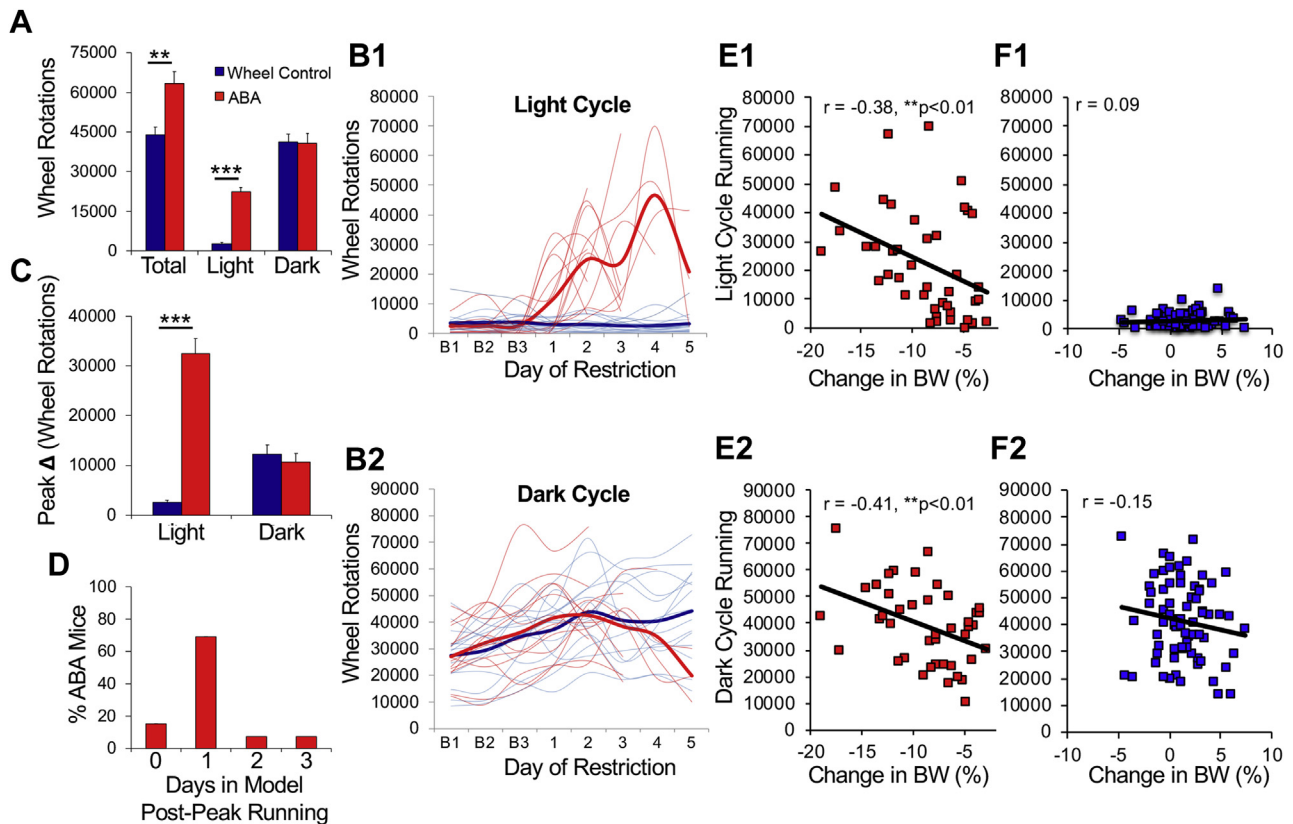


Figure 3. Abrupt increase in light cycle running precedes removal from model. (A) Average wheel activity across days of food restriction. (B) Wheel running of individual mice (light traces) and group mean (bold traces) across days of food restriction during the (B1) light cycle and (B2) dark cycle. (C) Maximum increase in wheel running across 2 consecutive days (averaged by group) during the light cycle and dark cycle. (D) Histogram of number of days mice remained in model after maximum increase in light cycle running. (E, F) Correlation between (top panel) light cycle or (bottom panel) dark cycle running and change in body weight (BW) the next day for (E1, E2) activity-based anorexia (ABA) mice and (F1, F2) wheel control mice. Each symbol represents 1 animal on 1 experimental day. $n = 13$ (ABA mice), $n = 15$ (wheel control mice). $**p < .01$; $***p < .001$. Error bars indicate SEM.

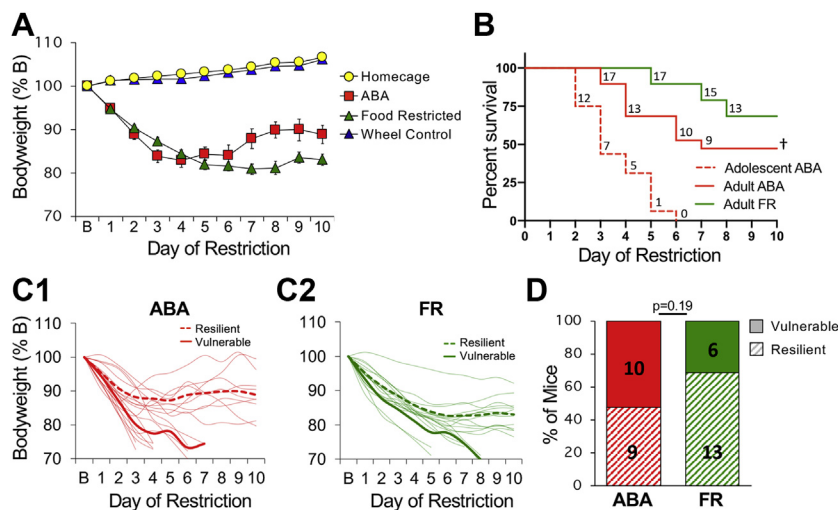


Figure 4. Young adult female mice exhibit vulnerable and resilient phenotypes. (A) Body weight across days of food restriction. (B) Survival curves for each group. The dotted red line is a replot of adolescent survival from Figure 1 for reference. Numbers indicate the number of surviving mice that day. (C) Body weight of individual mice (light traces) across days of food restriction in (C1) activity-based anorexia (ABA) and (C2) food-restricted control (FR) groups. Group averages for resilient (dashed line) and vulnerable (solid line) mice are shown in bold. (D) Percent of vulnerable (solid) and resilient (hatched) mice within ABA and FR groups (number of animals is indicated inside bars). $n = 19$ (ABA mice), $n = 19$ (FR mice), $n = 12$ (home cage control mice), $n = 14$ (wheel control mice). † Survival curves, difference between adolescent and adult ABA, $p < .0001$. Error bars indicate SEM.

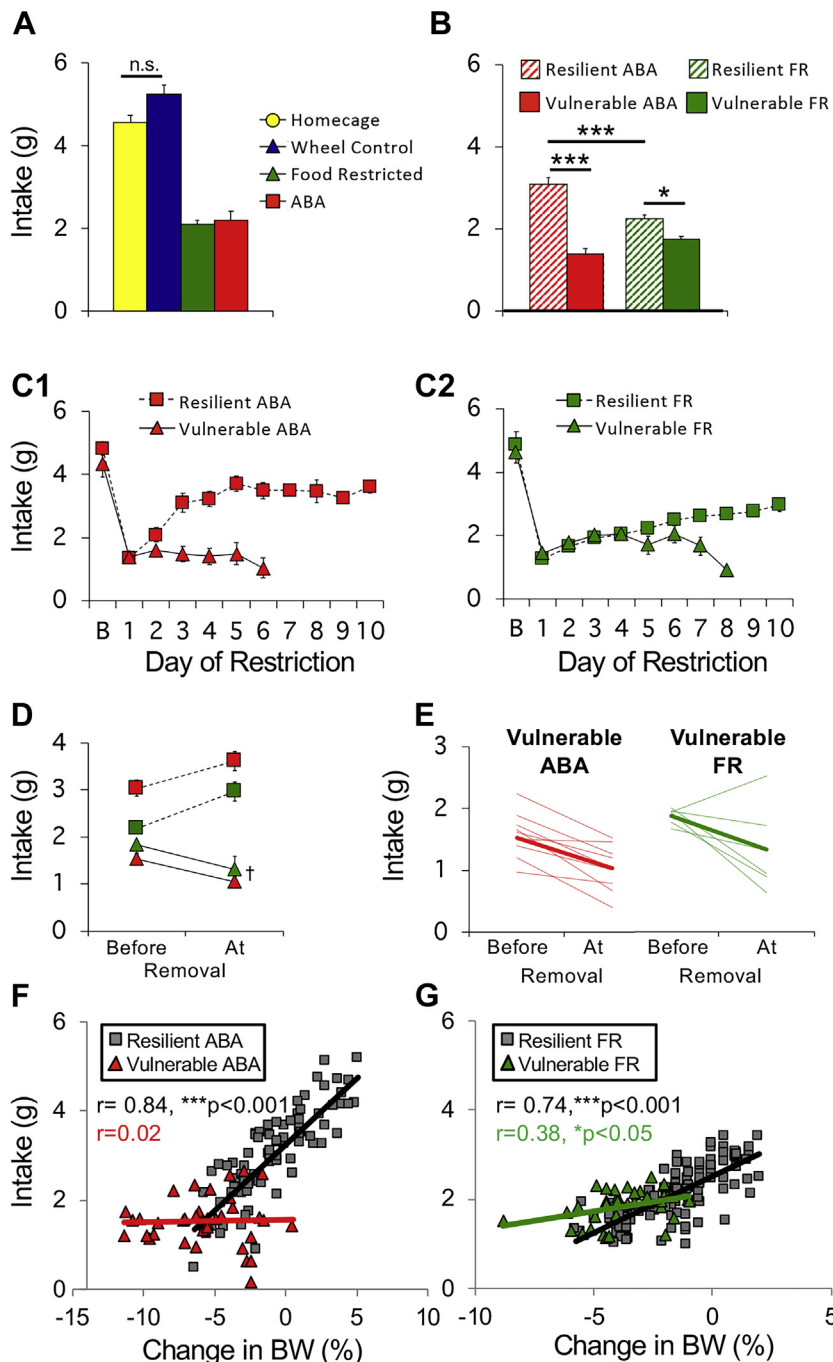


Figure 5. Resilient mice adapt food intake.

(A) Average food intake across 10 days of restriction for all mice in each group. (B) Average food intake of vulnerable (solid) and resilient (hatched) mice in activity-based anorexia (ABA) and food-restricted control (FR) groups. (C) Daily food intake of (C1) ABA and (C2) FR mice across days of restriction. (D) Average and (E) individual (light traces) food intake of ABA and FR mice prior to removal vs. the day of removal [bold lines in panel (E) show group average]. Correlation between consumption during restricted access to food and changes in body weight (BW) the next day for (F) ABA and (G) FR mice. Each symbol represents 1 animal on 1 experimental day. $n = 9$ (resilient ABA mice), $n = 10$ (vulnerable ABA mice), $n = 13$ (resilient FR mice), $n = 6$ (vulnerable FR mice), $n = 12$ (home cage control mice), $n = 14$ (wheel control mice). * $p < .05$; *** $p < .001$; † $p < .01$ vs. vulnerable groups before removal. Error bars indicate SEM.

gained more weight than FR-R mice (LME model: last 3 days, ABA vs FR [$F_{1,17} = 7.52$, $p = .01$]) (Figure 4A), suggesting that access to a running wheel promoted an adaptive response in resilient mice.

Resilient Mice Adapt Food Intake

Food restriction similarly reduced consumption in the ABA and FR groups (ABA group vs. FR group: Bonferroni $p = .99$)

(Figure 5A). Resilient mice consumed more food than vulnerable mice in both ABA and FR groups (LME model: ABA phenotype \times day [$F_{1,125} = 21.28$, $p < .001$]; LME model: FR phenotype \times day [$F_{1,56} = 6.41$, $p < .05$]) (Figure 5B–C2). Consistent with increased weight noted above, ABA-R mice exhibited a larger increase in consumption than FR-R mice (LME model: group \times phenotype \times day [$F_{1,235} = 3.94$, $p < .05$]) (Figure 5C1, C2). In contrast, vulnerable mice showed a decline

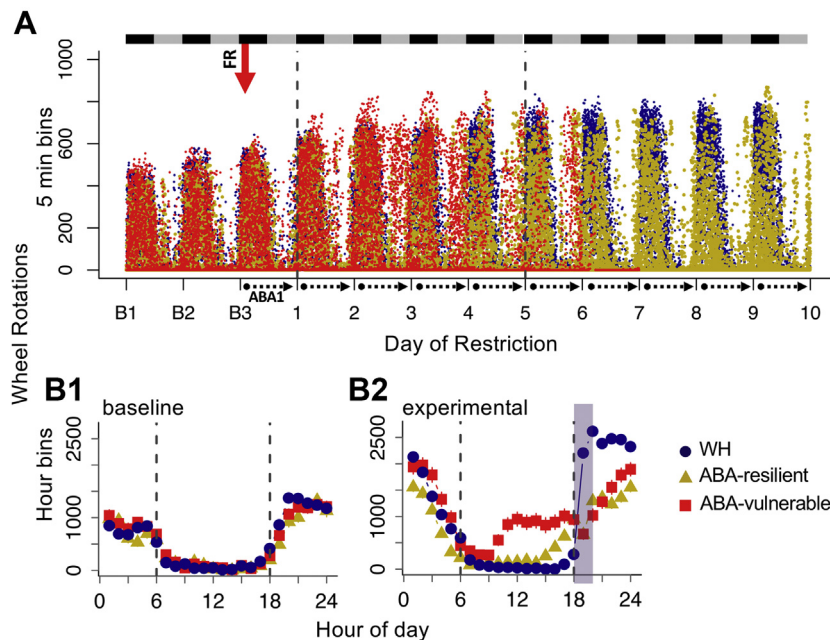


Figure 6. Vulnerable but not resilient activity-based anorexia (ABA) mice exhibit altered distribution of circadian running activity. **(A)** Dot plot of wheel running across days of experiment for all mice in 5-minute bins. Black and gray bars indicate dark and light cycles, respectively. The red arrow indicates start of food restriction (FR). Dotted arrows demarcate data collection days under ABA. **(B)** Group averages in hour bins across a 24-hour period for **(B1)** baseline days and **(B2)** ABA experimental days. The dotted lines mark the light cycle between 6 (lights on) and 18 (lights off) hours, and shading indicates when food was available. Error bars indicate SEM. WH, wheel control.

in consumption that occurred earlier in ABA-V than FR-V mice (days in model [$t_{13} = 2.86, p = .01$]) (Figure 5C1, C2). This cannot be due to insufficient time to eat because the resilient mice increased food intake in the same amount of time. Similar to adolescent mice, consumption decreased at time of removal for vulnerable mice of both groups (time point \times phenotype [$F_{1,33} = 54.12, p < .001$]) (Figure 5D, E). In resilient mice, consumption correlated with changes in body weight, a correlation reduced in FR-V mice and absent in ABA-V mice (Figure 5F, G).

ABA-V Mice Exhibit Maladaptive Running Behavior

There were no baseline differences between ABA-V, ABA-R, and non-FR WH mice in amount (LME model: group [$F_{2,30} = 0.398, p = .67$]) (Figure 6A) or circadian distribution of running (LME model: group \times hour [$F_{2,30} = 2.13, p = .13$]) (Figure 6B1). During food restriction, ABA-R mice exhibited an adaptive reduction in total running, while ABA-V mice continued to run as much as WH mice (group [$F_{2,30} = 5.21, p = .01$]; ABA-R group vs. WH group: Bonferroni $p < .05$) (Figure 7A). As above, food restriction increased light cycle running, which was modest in ABA-R but dramatic in ABA-V mice (bar graphs [$F_{2,30} = 38.05, p < .001$]; ABA-V mice vs. ABA-R mice: Bonferroni $p < .001$; ABA-R mice vs. WH mice: Bonferroni $p = .05$) (Figure 7B, D1). In contrast, both ABA groups decreased dark cycle running (bar graphs [$F_{2,30} = 7.76, p < .01$]) (Figure 7C, D2). These changes reflect a shift in running from dark to light cycle, an effect more pronounced in ABA-V mice and partially mitigated in ABA-R mice (LME model, light cycle: ABA phenotype \times day [$F_{1,22} = 10.03, p < .01$]) (Figure 7E1, E2). As observed in adolescent mice, ABA-V mice exhibited an abrupt increase in light cycle running (bar graphs [$F_{2,30} = 22.00, p < .001$]; ABA-V mice vs. ABA-R mice: Bonferroni $p < .001$).

(Figure 7D1, F) that preceded removal by 1 to 3 days (Figure 7G), an effect greatly reduced in ABA-R mice (ABA-R mice vs. WH mice: Bonferroni $p = .19$) (Figure 7D1, F). Light cycle running positively correlated with weight loss in the ABA-V group but not in the ABA-R group (Figure 7H1). In contrast, dark cycle running positively correlated with weight loss in both groups (Figure 7H2). Like adolescent ABA mice, the ABA-V mice exhibited an altered distribution of circadian activity (Figure 6A), with running that began 2 to 3 hours into the light cycle (Figure 6B2). In contrast, the ABA-R mice exhibited a modest increase in activity prior to onset of the dark cycle, consistent with adaptive food-anticipatory activity (ABA phenotype \times hour [$F_{1,17} = 8.92, p < .01$]) (Figure 6B2). These data highlight an association between dysregulated increases in light cycle running and vulnerability in the ABA model.

Hyperdopaminergic Mice Show Increased Vulnerability to ABA

To test dopamine's contribution to ABA vulnerability, we used heterozygote DAT-cre mice in which 1 allele of the DAT was replaced with cre (DAT^{cre/+}). DAT messenger RNA (genotype [$F_{1,22} = 4.7, p < .05$]) (Figure 8A) and protein ($t_{27} = 2.06, p = .049$) (Figure 8B, C) were reduced without affecting expression of other key dopamine-related genes (TH [tyrosine hydroxylase]; $p = .81$; VMAT2 [vesicular monoamine transporter 2]; $p = .50$; D2 [dopamine D₂ receptor]; $p = .30$) (Figure 8A), rendering the mice DAT KDs. Evoked dopamine release measured by fast-scan cyclic voltammetry revealed reduced clearance and increased peak amplitude in KD mice across striatal regions (genotype effects for single stimulation: tau [$F_{1,51} = 24.1, p < .001$], peak [$F_{1,51} = 23.1, p < .001$]; genotype effects for burst stimulation: tau [$F_{1,51} = 27.6, p < .001$], peak [$F_{1,51} = 23.7, p < .001$]; no genotype \times region interactions) (Figure 8D),

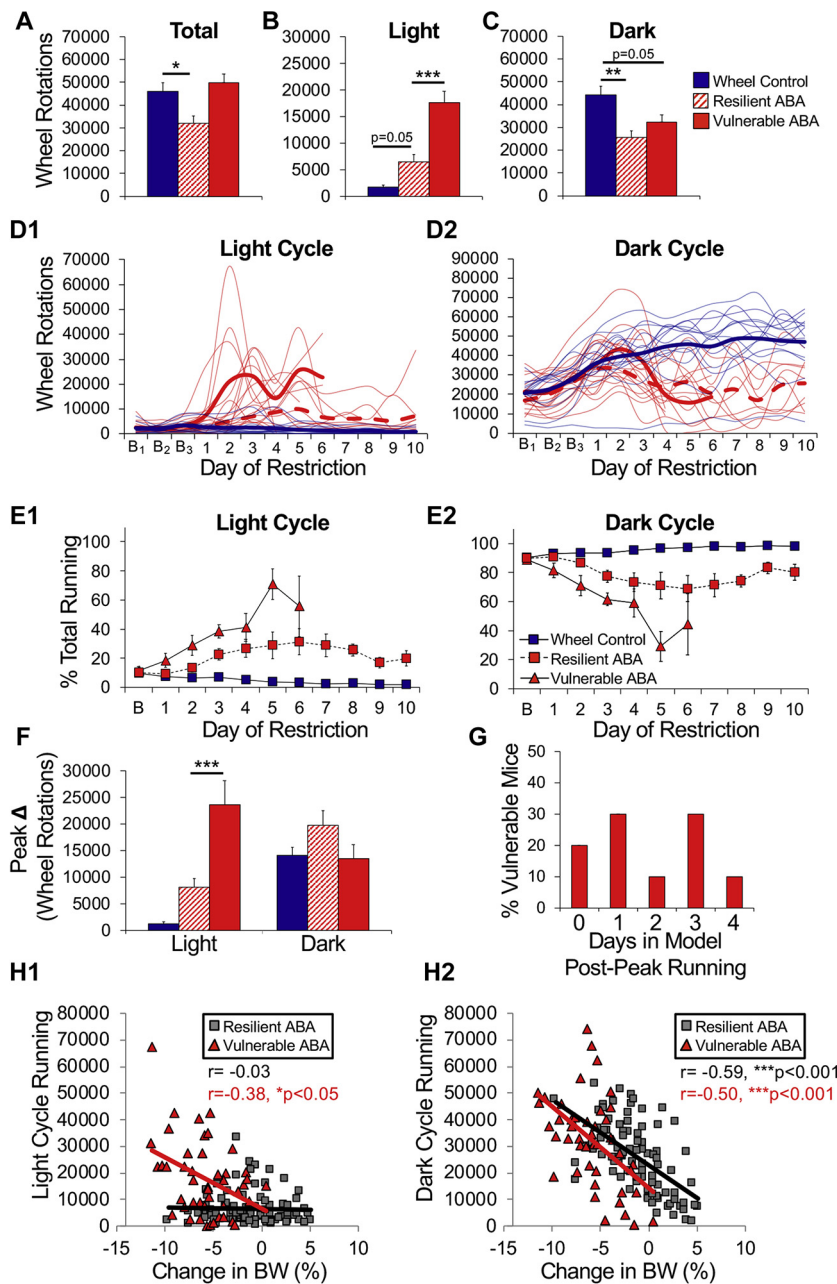


Figure 7. Vulnerable activity-based anorexia (ABA) mice exhibit maladaptive running behavior. **(A)** Total, **(B)** light cycle, and **(C)** dark cycle wheel running averaged across days of food restriction. **(D)** Wheel running of individual mice (light traces) and group mean (bold traces) across days of food restriction during the **(D1)** light cycle and **(D2)** dark cycle (vulnerable ABA mice, solid red; resilient ABA mice, dashed red; wheel control [WH] mice, solid blue). **(E)** Percentage of total running during the **(E1)** light cycle and **(E2)** dark cycle. **(F)** Maximum increase in wheel running across 2 consecutive days (averaged by group) during the light and dark cycles. **(G)** Histogram of the number of days mice remained in the model after maximum increase in light cycle running. Correlation between **(H1)** light cycle or **(H2)** dark cycle running and change in body weight (BW) for vulnerable and resilient ABA mice. Each symbol represents 1 animal on 1 experimental day. $n = 9$ (resilient ABA mice), $n = 10$ (vulnerable ABA mice), $n = 14$ (wheel control mice). * $p < .05$; ** $p < .01$; *** $p < .001$. Error bars indicate SEM.

indicating mild hyperdopaminergia. We compared young adult (PNDs 62–78, ABA day 1) female KD and WT littermates in ABA, FR, and WH conditions separately.

At baseline, genotypes were similar in weight ($F_{1,72} = 1.07$, $p = .31$), food intake ($F_{1,61} = 0.87$, $p = .35$), and light cycle running ($F_{1,45} = 0.05$, $p = .82$). On the first day of baseline, dark cycle running was 36% higher in DAT^{cre/+} mice than WT mice ($t_{45} = 2.95$, $p < .01$). This difference declined to nonsignificance by the third day of baseline ($t_{45} = 1.24$, $p = .22$), indicating an increased response to novelty rather than sustained elevated running. This interpretation is supported by the lack of a

difference between genotypes during 10 additional days of running in WH controls (Figure S1C–E). Combining data across test conditions revealed no main effect of genotype on weight (LME model [$F_{1,48} = 1.51$, $p = .23$]). Significant genotype interactions are described below.

Under ABA conditions, KD mice exhibited accelerated weight loss (LME model: genotype [$F_{1,28} = 6.64$, $p < .05$]) (Figure 9A, B) and poorer survival (KD/WT mice: hazard ratio, 2.23; 95% CI, 0.91–5.47; $p < .05$) (Figure 9C). All KD mice exhibited the vulnerable phenotype, while some WT mice were resilient (Figure 9C). There were no differences between

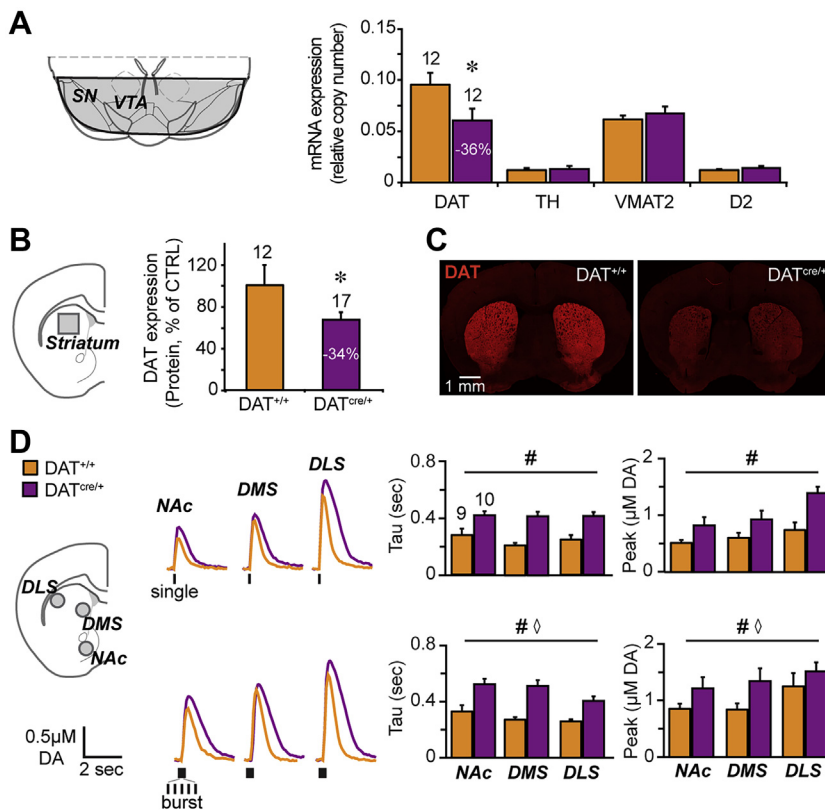


Figure 8. Characterizing hyperdopaminergic DAT^{cre/+} knockdown mice. **(A)** (Left panel) Schematic of a coronal brain slice showing the ventral midbrain dissection (shaded area) used for messenger RNA (mRNA) determinations. (Right panel) Relative messenger RNA expression of dopamine transporter (DAT), tyrosine hydroxylase (TH), vesicular monoamine transporter 2 (VMAT2), and dopamine D₂ receptor (D2) in DAT^{cre/+} and control (CTRL) DAT^{+/+} littermates. *n* = 5 (female DAT^{+/+} mice), *n* = 7 (male DAT^{+/+} mice), *n* = 5 (female DAT^{cre/+} mice), *n* = 7 (male DAT^{cre/+} mice). **(B)** (Left panel) Schematic of a coronal brain slice showing the striatal dissection (gray square) used for protein determination. (Right panel) Relative DAT protein expression in DAT^{cre/+} compared with DAT^{+/+} control mice. *n* = 6 (female DAT^{+/+} mice), *n* = 6 (male DAT^{+/+} mice), *n* = 7 (female DAT^{cre/+} mice), *n* = 10 (male DAT^{cre/+} mice). **(C)** Photomicrographs of coronal slices showing that DAT immunofluorescence in the striatum is diminished in the DAT^{cre/+} mice. **(D)** (Left panel) Schematic of a coronal slice showing the fast-scan cyclic voltammetry recordings sites: nucleus accumbens (NAc) core, dorsomedial striatum (DMS), and dorsolateral striatum (DLS) (gray circles). (Middle panel) Representative recordings of evoked DA release following (top) single or (bottom) burst (20 Hz) stimulation (traces) and (right panel) respective average DA clearance (tau) and peak DA release. Number of animals is indicated above the bars. *n* = 3 (female DAT^{+/+} mice), *n* = 6 (male DAT^{+/+} mice), *n* = 4 (female DAT^{cre/+} mice), *n* = 6 (male DAT^{cre/+} mice). **p* < .05; #genotype effect *p* < .001; ◇region effect, *p* < .05. Error bars indicate SEM. SN, substantia nigra; VTA, ventral tegmental area.

genotypes in consumption across the experiment (LME model [$F_{1,20} = 1.16$, $p = .21$]) (Figure 9D), but resilient WT mice exhibited a compensatory increase in consumption (LME model: WT across days 4–10 [$F_{1,22} = 6.18$, $p < .05$]) (Figure 9D). Vulnerable mice of both genotypes decreased consumption on the day of removal (time point [$F_{1,15} = 49.89$, $p < .001$], time point \times genotype [$F_{1,15} = 3.43$, $p = .08$]) (Figure 9E). Food intake was not correlated with change in body weight in KD mice, like in the vulnerable mice described above (Figure 9F).

During ABA, there were no differences between genotypes when light and dark cycle running were averaged across all days of food restriction (genotype [$F_{1,25} = 0.56$, $p = .46$]) (Figure 9G). Vulnerable mice of both genotypes exhibited abrupt increases in light cycle running only (Figure 9H1–2), but these occurred earlier in KD mice. Most KD mice (82%) exhibited peak light cycle running by the second day of food restriction, while peak running was more distributed across days in WT mice (log-rank $p < .05$) (Figure 9J). That is, KD mice responded to food restriction with greater increases in light cycle running between days 1 and 2 ($t_{25} = 2.51$, $p < .05$) and more total light cycle running on day 2 ($t_{25} = 2.02$, $p = .05$). When it did occur, peak change in light cycle running was equally high in both groups (genotype [$F_{1,25} = 0.50$, $p = .49$]) (Figure 9I) but preceded removal by 1 to 2 days in most KD mice (73%) and 1 to 4 days in WT mice (data not shown). Like ABA-V mice above, there was a positive correlation between

light cycle running and weight loss that was greater in KD than WT mice (Figure 9K1), while the correlation between dark cycle running and weight loss was similar in both genotypes (Figure 9K2). These data demonstrate that increased dopamine promotes the vulnerable phenotype by accelerating increases in running that occur in response to caloric restriction.

In contrast to ABA, under FR conditions, there were no differences between genotypes in weight loss (LME model: genotype [$F_{1,24} = 0.19$, $p = .66$], genotype \times day [$F_{1,23} = 1.20$, $p = .28$]) (Figure 10A) or survival (KD/WT mice: hazard ratio, 1.33; 95% CI, 0.41–4.34; $p = .61$) (Figure 10B). A subset of both KD and WT FR control mice exhibited resilient phenotypes (Figure 10C), with resilient mice of each genotype exhibiting the same pattern of weight stabilization (LME model: phenotype \times day [$F_{1,23} = 66.43$, $p < .001$], genotype \times phenotype \times day [$F_{1,23} = 0.05$, $p = .82$]) (Figure 10D1, D2) found in the FR-V group (Figure 4C2). Resilient mice consumed more food than vulnerable mice (LME model: phenotype \times day [$F_{1,23} = 10.42$, $p < .01$]), regardless of genotype (LME model: genotype \times phenotype \times day [$F_{1,23} = 1.19$, $p = .28$]) (Figure 10E). In both genotypes, consumption correlated with changes in body weight, a correlation reduced in vulnerable KD mice (Figure 10G1, G2).

Under WH conditions, there were no differences between genotypes in body weight (Figure S1A), food intake (Figure S1B), or wheel running (Figure S1C–E) during 10 additional days of unlimited food access. This indicates that

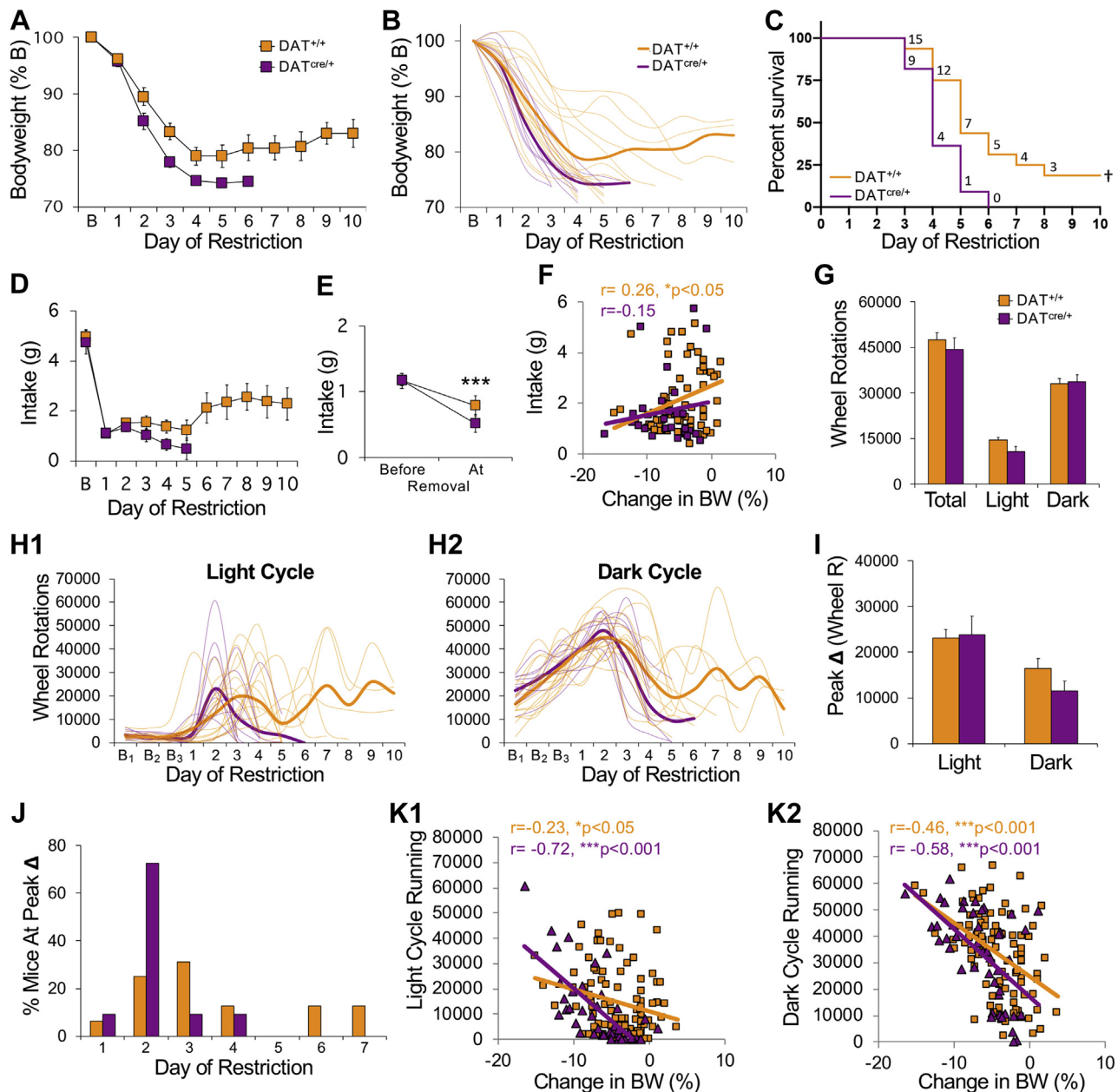


Figure 9. Hyperdopaminergic mice show increased vulnerability to activity-based anorexia. All mice were tested in the activity-based anorexia condition. **(A)** Body weight (BW) across days of food restriction. **(B)** BW of individual mice (light traces) across days of food restriction (bold lines indicate group average). **(C)** Survival curves for each group. Numbers indicate number of surviving mice that day. **(D)** Daily food intake across days of restriction. **(E)** Average food intake prior to removal vs. the day of removal. **(F)** Correlation between consumption during restricted access to food and changes in body weight the next day. Each symbol represents 1 animal on 1 experimental day. **(G)** Average wheel activity across days of food restriction. **(H)** Wheel running of individual mice (light traces) and group mean (bold traces) across days of food restriction for **(H1)** light cycle and **(H2)** dark cycle running. **(I)** Maximum increase in wheel running across 2 consecutive days (averaged by group) during the light and dark cycles. **(J)** Histogram of the percentage of mice that exhibited peak increase in light cycle running on each day of food restriction. **(K)** Correlation between **(K1)** light cycle or **(K2)** dark cycle running and change in BW the next day. Each symbol represents 1 animal on 1 experimental day. Food intake data: $n = 12$ (DAT^{+/+} mice), $n = 8$ (DAT^{cre/+} mice); all other data: $n = 16$ (DAT^{+/+} mice), $n = 11$ (DAT^{cre/+} mice). †Survival curves, $p < .05$; *** $p < .001$ vs. before removal. Error bars indicate SEM. DAT, dopamine transporter.

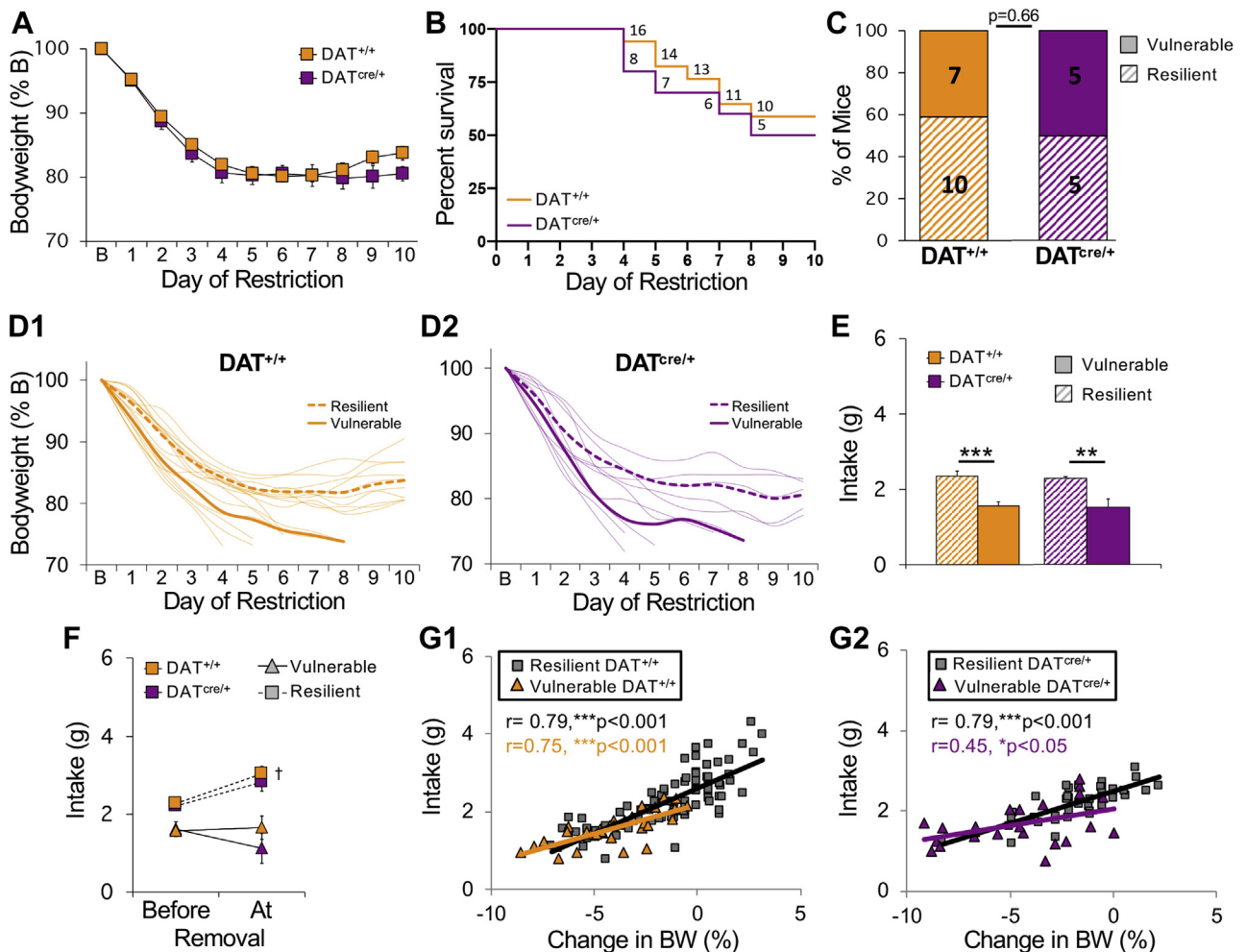


Figure 10. Hyperdopaminergic mice do not show increased vulnerability to food restriction in the absence of a running wheel. All mice were tested in the food-restricted condition. **(A)** Body weight (BW) across days of food restriction. **(B)** Survival curves for each group. Numbers indicate number of surviving mice that day. **(C)** Percent of vulnerable (solid) and resilient (hatched) mice of each genotype (number of animals is indicated inside bars). **(D)** BW of individual **(D1)** control and **(D2)** hyperdopaminergic mice (light traces) across days of food restriction. Group averages for resilient (dashed line) and vulnerable (solid line) mice are shown in bold. **(E)** Average food intake of vulnerable (solid) and resilient (hatched) mice of each genotype. **(F)** Average food intake prior to removal vs. the day of removal. **(G)** Correlation between consumption during restricted access to food and changes in body weight the next day for **(G1)** control and **(G2)** hyperdopaminergic mice. Each symbol represents 1 animal on 1 experimental day. $n = 10$ (resilient DAT^{+/+} mice), $n = 7$ (vulnerable DAT^{+/+} mice), $n = 5$ (resilient DAT^{cre/+} mice), $n = 5$ (vulnerable DAT^{cre/+} mice). ** $p < .01$; *** $p < .001$; † $p < .05$ vs. before removal. Error bars indicate SEM. DAT, dopamine transporter.

the observed genotype differences do not result from a generalized, nonspecific elevation in activity, but rather are specific to ABA.

Basal Dopamine Function Is Similar in Adolescent and Young Adult Mice

To assess whether differences in basal dopamine function could account for differences in vulnerability between adolescent (PND 43) and young adult mice (PND 71), we compared striatal dopamine in female C57BL/6N mice at these ages. In adolescent mice, there was increased synaptic DAT in the nucleus accumbens ($t_{16} = 3.42$, $p < .01$) but not in the dorsolateral striatum (Figure S2). There were no differences

between age groups in synaptic D₁ or D₂ receptors or cytosolic TH in either region (Figure S2). Fast-scan cyclic voltammetry revealed no difference between adolescents and adults in evoked dopamine release or clearance in the nucleus accumbens (Figure S3). These data suggest that age-related shifts in vulnerability do not emerge from developmental changes in basal dopamine function. However, this does not rule out differential dopamine response to environmental factors [e.g., (41)].

DISCUSSION

It is unclear why combining diet and exercise leads to AN in some individuals, while most maintain a healthy body

weight. One approach for studying this is to examine individual differences in ABA (42,43). Here, we demonstrate distinct vulnerable and resilient phenotypes, providing a robust animal model for investigating the physiological and neural adaptations underlying resilience and vulnerability to AN.

ABA resilience is associated with a progressive increase in food intake and decrease in overall wheel activity, leading to weight stabilization. Similar decreases have been reported in older C57BL/6 female mice (44,45), possibly reflecting an age-related increase in resilience. Moreover, we found that ABA-R mice actually eat more than FR-R mice and consequently gain more weight, despite the energy expenditure from wheel running. Though counterintuitive, this parallels evidence from clinical studies demonstrating that appropriate exercise may be beneficial in clinical treatment (46–49).

In contrast, vulnerable mice fail to increase their consumption, reducing intake as caloric restriction continues. This failure cannot be attributed to insufficient time to eat, because resilient mice increase consumption in the same 2-hour period of food access. While low food intake correlated with daily weight loss in FR-V mice, this was not found in ABA-V mice. Instead, daily weight loss correlated with amount of wheel activity. Vulnerability did not arise from preexisting differences in activity, as vulnerable and resilient mice ran similarly at baseline. During food restriction, running dramatically increased throughout the light cycle, with vulnerable animals primarily running instead of sleeping. These findings are consistent with prior studies demonstrating that caloric restriction can induce activity that is partially diurnal (50–52) and may reflect exaggerated food-anticipatory activity or a shift in circadian activity to promote foraging (51). Disruption of circadian rhythms has been observed in AN (53). This, as well as hyperactivity, could arise from activation of starvation-induced foraging mechanisms that promote physical activity (26,54–56). Individual differences in this response might arise from genetic variation in a human foraging gene (57).

Our studies with hyperdopaminergic mice indicate that increased dopamine promotes vulnerability to ABA by accelerating increases in activity that occur in response to caloric restriction. Vulnerability was not increased in KD mice tested under FR conditions, suggesting a critical interaction between dopamine, physical activity, and vulnerability to caloric restriction. As the KD is global, such effects may arise from increased striatal dopamine or dopamine actions elsewhere. This could include the hypothalamus or prefrontal cortex, though dopamine reuptake in the prefrontal cortex is mediated primarily by the norepinephrine transporter rather than the DAT (58–60).

ABA studies have primarily used rats, with fewer studies testing mice (44,45,61–63). In contrast to the stable body weight typically found in FR rats [(35,64,65), but see (66,67)], we found that FR control mice can exhibit life-threatening weight loss (Supplemental Discussion). This suggests that caloric restriction is the primary driver of vulnerability, with wheel access accelerating and augmenting expression of the vulnerable phenotype. Increased home cage activity may have promoted weight loss in the FR mice, which would further suggest a central role for activity in the emergence of the vulnerable phenotype.

Consistent with rat studies (68) and AN in humans (69), we find reduced vulnerability to ABA with age. Smaller animals generally have higher metabolic rates, which in combination with less body mass may increase vulnerability in younger mice. The rapidity of decline in adolescent mice may preclude emergence of a resilient phenotype, while greater initial body weight in young adult mice may slow the decline sufficiently for a resilient phenotype to emerge. Extending daily food restriction allowed detection of the vulnerable phenotype in FR mice. Single housing likely exacerbates vulnerability in smaller animals, as the energetic cost of maintaining body temperature is increased without group huddling, compounding increased susceptibility associated with low body mass and high metabolic rate.

Although ABA vulnerability is increased by dopamine, the greater vulnerability we observe in adolescent mice is not due to differences in basal levels of striatal dopamine (Figure S3). Vulnerability during adolescence may instead result from age-related differences in how caloric restriction and exercise induce dopamine adaptations (see below). Alternatively, maturation of dopamine-prefrontal cortical innervation, which continues through young adulthood, may play a role by affecting inhibitory control. The smaller size of the adolescent mouse may be an additional factor.

Dopamine and AN Vulnerability

Dopamine has been implicated in AN, but its contribution remains poorly understood. Recovered AN patients exhibit reduced dopamine metabolites, suggesting decreased turnover (70), but show increased dopamine D₂ receptor binding, reflecting increased D₂ receptor expression and/or decreased dopamine transmission (71). Patients often remain symptomatic after recovery (72), making it difficult to determine whether differences in dopamine observed in clinical studies represent preexisting risk factors or potentially reversible abnormalities induced by starvation (26). Our finding that hyperdopaminergic mice are more vulnerable to ABA suggests that enhanced dopamine increases AN risk. However, this does not necessarily mean that vulnerability is mediated by basal or trait differences in dopamine function. In AN, several factors arising from caloric restriction can upregulate dopamine, including increased glucocorticoids (73–77), enhanced insulin sensitivity (78–81), increased ghrelin (82–84), and decreased leptin (85–90). Indeed, studies have linked decreased leptin with hyperactivity [(87,90–93) but see (94)], with some implicating dopamine (87,90,93). Such adaptations to caloric restriction presumably arise to promote physical activity required to forage for food to obtain needed calories (26), making them potential therapeutic targets for reducing hyperactivity in AN. Dopamine also contributes to thermoregulation (95–97), which is altered in AN (6,98) and ABA (94,99). Hypothermia arising from weight loss may also induce changes in dopamine. Vulnerability to AN might vary due to individual differences in any of these responses to caloric restriction, differences that could result from variation in dopamine genes or genes that modulate dopamine (e.g., leptin, insulin, ghrelin, glucocorticoid, orexin). Of course, factors independent of dopamine may also modulate vulnerability [e.g., (100)].

Dopamine function may change over the course of AN, as observed in addiction, in which dopamine contributes differently in different stages of the disorder (101–104). Such dynamic changes may account for why a recent study found that pharmacogenetic activation of dopamine protects rats from ABA (64). Artificial activation of dopamine cells could have blocked normally occurring changes in dopamine and progressive adaptations to caloric restriction that underlie ABA, dynamic changes facilitated in our hyperdopaminergic mice. The pharmacogenetic activation of some nondopaminergic cells may have also contributed to the discrepancy between our findings. The nature of progressive changes in dopamine across AN/ABA is unknown but merits further study.

A robust model of vulnerability and resilience, as reported here, could aid in the discovery of genes that mediate AN risk and/or contribute to the progression of the disorder. Such work may lead to the identification of biomarkers for early diagnosis and the discovery of novel therapeutic targets.

ACKNOWLEDGMENTS AND DISCLOSURES

This work was supported by National Institute on Drug Abuse Grant No. DA046058 (to JB); National Institute of Mental Health Grant Nos. R21MH114182 (to NSB) and T32MH19970 (to AK); National Institute on Minority Health and Health Disparities of the National Institutes of Health Grant No. G12MD007599 (to NSB); PSC-CUNY Awards jointly funded by the Professional Staff Congress and the City University of New York (to JB and NSB); and Conte Grant No. P50 MH086404 (to SR).

All authors report no biomedical financial interests or potential conflicts of interest.

ARTICLE INFORMATION

From the Department of Psychology (JAB, DM), Queens College, City University of New York, Flushing; Psychology Program (JAB, DM, RMZ, PS, NSB), Biology Program (JAB, RR), and Advanced Science Research Center (SM), The Graduate Center, City University of New York; Department of Psychology (RMZ, PS, NSB), Hunter College, City University of New York; Department of Psychiatry (AK, CG, BYK, HM, SR, SM, NSB), Columbia University, New York; Department of Molecular Therapeutics (CG, SR, SM), Integrative Neuroscience (HM), and Developmental Neuroscience (BYK), New York State Psychiatric Institute, New York, New York; Department of Microbiology and Molecular Genetics (BYK), Hebrew University, Jerusalem, Israel; and National Institute on Drug Abuse (HM), National Institutes of Health, Bethesda, Maryland.

HM is currently affiliated with the National Institute on Drug Abuse, National Institutes of Health, Bethesda, Maryland.

NSB is currently affiliated with Department of Psychology, Hunter College, and The Graduate Center, City University of New York, New York, New York.

Address correspondence to Jeff A. Beeler, Ph.D., at jbeeler@qc.cuny.edu, or Nisha S. Burghardt, Ph.D., at nb844@hunter.cuny.edu.

Received Aug 8, 2019; revised Jun 26, 2020; accepted Jun 30, 2020.

Supplementary material cited in this article is available online at <https://doi.org/10.1016/j.biopsych.2020.06.030>.

REFERENCES

- Steinhausen H-C (2002): The outcome of anorexia nervosa in the 20th century. *Am J Psychiatry* 159:1284–1293.
- Khalsa SS, Portnoff LC, McCurdy-McKinnon D, Feusner JD (2017): What happens after treatment? A systematic review of relapse, remission, and recovery in anorexia nervosa. *J Eat Disord* 5:20.
- Hay P, Mitchison D, Collado AEL, González-Chica DA, Stocks N, Touyz S (2017): Burden and health-related quality of life of eating disorders, including avoidant/restrictive food intake disorder (ARFID), in the Australian population. *J Eat Disord* 5:21.
- Fichter MM, Quadflieg N, Crosby RD, Koch S (2017): Long-term outcome of anorexia nervosa: Results from a large clinical longitudinal study. *Int J Eat Disord* 50:1018–1030.
- Frank GKW, Shott ME (2016): The role of psychotropic medications in the management of anorexia nervosa: rationale, evidence and future prospects. *CNS Drugs* 30:419–442.
- Gull W (1888): Clinical notes: Medical, surgical, obstetrical, and therapeutical. *Anorexia Nervosa*. *Lancet* 516–517.
- Davis C, Katzman DK, Kaptein S, Kirsh C, Brewer H, Kalmbach K, et al. (1997): The prevalence of high-level exercise in the eating disorders: Etiological implications. *Compr Psychiatry* 38:321–326.
- Rizk M, Lalanne C, Berthoz S, Kern L, EVHAN Group, Godart N (2015): Problematic exercise in anorexia nervosa: testing potential risk factors against different definitions. *PLoS One* 10:e0143352.
- Holland LA, Brown TA, Keel PK (2014): Defining features of unhealthy exercise associated with disordered eating and eating disorder diagnoses. *Psychol Sport Exerc* 15:116–123.
- Cook BJ, Hausenblas HA (2008): The role of exercise dependence for the relationship between exercise behavior and eating pathology: Mediator or moderator? *J Health Psychol* 13:495–502.
- Dittmer N, Jacobi C, Voderholzer U (2018): Compulsive exercise in eating disorders: Proposal for a definition and a clinical assessment. *J Eat Disord* 6:42.
- Schlegel S, Dittmer N, Hoffmann S, Voderholzer U (2018): Self-reported quantity, compulsiveness and motives of exercise in patients with eating disorders and healthy controls: Differences and similarities. *J Eat Disord* 6:17.
- Colleen Stiles-Shields E, Labuschagne Z, Goldschmidt AB, Doyle AC, Grange DL (2012): The use of multiple methods of compensatory behaviors as an indicator of eating disorder severity in treatment-seeking youth. *Int J Eat Disord* 45:704–710.
- Belak L, Gianini L, Klein DA, Sazonov E, Keegan K, Neustadt E, et al. (2017): Measurement of fidgeting in patients with anorexia nervosa using a novel shoe-based monitor. *Eat Behav* 24:45–48.
- Solenberger SE (2001): Exercise and eating disorders: A 3-year inpatient hospital record analysis. *Eat Behav* 2:151–168.
- Carter JC, Blackmore E, Sutandar-Pinnock K, Woodside DB (2004): Relapse in anorexia nervosa: A survival analysis. *Psychol Med* 34:671–679.
- Strober M, Freeman R, Morrell W (1997): The long-term course of severe anorexia nervosa in adolescents: Survival analysis of recovery, relapse, and outcome predictors over 10–15 years in a prospective study. *Int J Eat Disord* 22:339–360.
- Casper RC, Jabine LN (1996): An eight-year follow-up: Outcome from adolescent compared to adult onset anorexia nervosa. *J Youth Adolesc* 25:499–517.
- Kostrzewa E, van Elburg AA, Sanders N, Sternheim L, Adan RAH, Kas MJH (2013): Longitudinal changes in the physical activity of adolescents with anorexia nervosa and their influence on body composition and leptin serum levels after recovery. *PLoS One* 8:e78251.
- Kostrzewa E, Eijkemans MJC, Kas MJ (2013): The expression of excessive exercise co-segregates with the risk of developing an eating disorder in women. *Psychiatry Res* 210:1123–1128.
- Davis C, Kennedy SH, Ravelski E, Dionne M (1994): The role of physical activity in the development and maintenance of eating disorders. *Psychol Med* 24:957–967.
- Davis C, Blackmore E, Katzman DK, Fox J (2005): Female adolescents with anorexia nervosa and their parents: A case-control study of exercise attitudes and behaviours. *Psychol Med* 35:377–386.
- Bratland-Sanda S, Sundgot-Borgen J (2013): Eating disorders in athletes: Overview of prevalence, risk factors and recommendations for prevention and treatment. *Eur J Sport Sci* 13:499–508.
- Smolak L, Murnen SK, Ruble AE (2000): Female athletes and eating problems: A meta-analysis. *Int J Eat Disord* 27:371–380.

Anorexia Nervosa Model of Vulnerability and Resilience

26. Södersten P, Bergh C, Leon M, Zandian M (2016): Dopamine and anorexia nervosa. *Neurosci Biobehav Rev* 60:26–30.
27. O'Hara CB, Campbell IC, Schmidt U (2015): A reward-centred model of anorexia nervosa: A focussed narrative review of the neurological and psychophysiological literature. *Neurosci Biobehav Rev* 52:131–152.
28. Frank GKW, DeGuzman MC, Shott ME (2019): Motivation to eat and not to eat – The psycho-biological conflict in anorexia nervosa. *Physiol Behav* 206:185–190.
29. Berner LA, Brown TA, Lavender JM, Lopez E, Wierenga CE, Kaye WH (2019): Neuroendocrinology of reward in anorexia nervosa and bulimia nervosa: Beyond leptin and ghrelin. *Mol Cell Endocrinol* 497:110320.
30. Cowdrey FA, Park RJ, Harmer CJ, McCabe C (2011): Increased neural processing of rewarding and aversive food stimuli in recovered anorexia nervosa. *Biol Psychiatry* 70:736–743.
31. Scaife JC, Godier LR, Reinecke A, Harmer CJ, Park RJ (2016): Differential activation of the frontal pole to high vs low calorie foods: The neural basis of food preference in anorexia nervosa? *Psychiatry Res Neuroimaging* 258:44–53.
32. Kravitz AV, O'Neal TJ, Friend DM (2016): Do dopaminergic impairments underlie physical inactivity in people with obesity? *Front Hum Neurosci* 10:514.
33. Beeler JA, Frazier CRM, Zhuang X (2012): Putting desire on a budget: Dopamine and energy expenditure, reconciling reward and resources. *Front Integr Neurosci* 6:49.
34. Wang S, Tan Y, Zhang J-E, Luo M (2013): Pharmacogenetic activation of midbrain dopaminergic neurons induces hyperactivity. *Neurosci Bull* 29:517–524.
35. Routtenberg A, Kuznesov AW (1967): Self-starvation of rats living in activity wheels on a restricted feeding schedule. *J Comp Physiol Psychol* 64:414–421.
36. Epling WF, Pierce WD, Stefan L (1983): A theory of activity-based anorexia. *Int J Eat Disord* 3:27–46.
37. Gutierrez E (2013): A rat in the labyrinth of anorexia nervosa: Contributions of the activity-based anorexia rodent model to the understanding of anorexia nervosa. *Int J Eat Disord* 46:289–301.
38. Zhuang X, Masson J, Gingrich JA, Rayport S, Hen R (2005): Targeted gene expression in dopamine and serotonin neurons of the mouse brain. *J Neurosci Methods* 143:27–32.
39. Bates D, Maechler M, Bolker B, Walker S (2015): Fitting linear mixed-effects models using lme4. *J Stat Softw* 67:1–48.
40. Kuznetsova A, Brockhoff P, Christensen R (2017): lmerTest package: Tests in linear mixed effects models. *J Stat Softw* 82:1–26.
41. Montagud-Romero S, Nuñez C, Blanco-Gandia MC, Martínez-Laorden E, Aguilar MA, Navarro-Zaragoza J, et al. (2017): Repeated social defeat and the rewarding effects of cocaine in adult and adolescent mice: Dopamine transcription factors, proBDNF signaling pathways, and the TrkB receptor in the mesolimbic system. *Psychopharmacology (Berl)* 234:2063–2075.
42. Chen Y-W, Wable GS, Chowdhury TG, Aoki C (2016): Enlargement of axo-somatic contacts formed by GAD-immunoreactive axon terminals onto layer V pyramidal neurons in the medial prefrontal cortex of adolescent female mice is associated with suppression of food restriction-evoked hyperactivity and resilience to activity-based anorexia. *Cereb Cortex* 26:2574–2589.
43. Barbarich-Marsteller NC, Underwood MD, Foltin RW, Myers MM, Walsh BT, Barrett JS, Marsteller DA (2013): Identifying novel phenotypes of vulnerability and resistance to activity-based anorexia in adolescent female rats: Vulnerability to activity-based anorexia. *Int J Eat Disord* 46:737–746.
44. Gelegen C, Collier DA, Campbell IC, Oppelaar H, van den Heuvel J, Adan RAH, Kas MJH (2007): Difference in susceptibility to activity-based anorexia in two inbred strains of mice. *Eur Neuropsychopharmacol* 17:199–205.
45. Gelegen C, van den Heuvel J, Collier DA, Campbell IC, Oppelaar H, Hessel E, Kas MJH (2008): Dopaminergic and brain-derived neurotrophic factor signalling in inbred mice exposed to a restricted feeding schedule. *Genes Brain Behav* 7:552–559.
46. Dittmer N, Voderholzer U, von der Mühlen M, Marwitz M, Fumi M, Mönch C, et al. (2018): Specialized group intervention for compulsive exercise in inpatients with eating disorders: Feasibility and preliminary outcomes. *J Eat Disord* 6:27.
47. Cook BJ, Wonderlich SA, Mitchell JE, Thompson R, Sherman R, McCallum K (2016): Exercise in eating disorders treatment: Systematic review and proposal of guidelines. *Med Sci Sports Exerc* 48:1408–1414.
48. Rizk M, Kern L, Lalanne C, Hanachi M, Melchior J-C, Pichard C, et al. (2018): High-intensity exercise is associated with a better nutritional status in anorexia nervosa. *Eur Eat Disord Rev* 27:391–400.
49. Schlegel S (2015): The Freiburg sport therapy program for eating disordered outpatients: A pilot study. *Eur Eat Disord Rev* 20:319–327.
50. Challet E (2010): Interactions between light, mealtime and calorie restriction to control daily timing in mammals. *J Comp Physiol B* 180:631–644.
51. van der Vinne V, Riede SJ, Gorter JA, Eijer WG, Sellix MT, Menaker M, et al. (2014): Cold and hunger induce diurnality in a nocturnal mammal. *Proc Natl Acad Sci U S A* 111:15256–15260.
52. Acosta-Rodríguez VA, de Groot MHM, Rijo-Ferreira F, Green CB, Takahashi JS (2017): Mice under caloric restriction self-impose a temporal restriction of food intake as revealed by an automated feeder system. *Cell Metab* 26:267–277.e2.
53. Menculini G, Brufani F, Bello VD, Moretti P, Tortorella A (2019): Circadian rhythms disruptions and eating disorders: Clinical impact and possible psychopathological correlates. *Psychiatr Danub* 31:497–502.
54. Scheurink AJW, Boersma GJ, Nergårdh R, Södersten P (2010): Neurobiology of hyperactivity and reward: Agreeable restlessness in anorexia nervosa. *Physiol Behav* 100:490–495.
55. Södersten P, Brodin U, Zandian M, Bergh C (2019): Eating behavior and the evolutionary perspective on anorexia nervosa. *Front Neurosci* 13:596.
56. Guisinger S (2003): Adapted to flee famine: Adding an evolutionary perspective on anorexia nervosa. *Psychol Rev* 110:745–761.
57. Struk AA, Mugon J, Huston A, Scholer AA, Stadler G, Higgins ET, et al. (2019): Self-regulation and the *foraging* gene (*PRKG1*) in humans. *Proc Natl Acad Sci U S A* 116:4434–4439.
58. Sesack SR, Hawrylak VA, Guido MA, Levey AI (1998): Cellular and subcellular localization of the dopamine transporter in rat cortex. *Adv Pharmacol* 42:171–174.
59. Morón JA, Brockington A, Wise RA, Rocha BA, Hope BT (2002): Dopamine uptake through the norepinephrine transporter in brain regions with low levels of the dopamine transporter: Evidence from knock-out mouse lines. *J Neurosci* 22:389–395.
60. Mundorf ML, Joseph JD, Austin CM, Caron MG, Wightman RM (2008): Catecholamine release and uptake in the mouse prefrontal cortex: Catecholamines in mouse prefrontal cortex. *J Neurochem* 79:130–142.
61. Avraham Y, Hao S, Mendelson S, Berry EM (2001): Tyrosine improves appetite, cognition, and exercise tolerance in activity anorexia. *Med Sci Sports Exerc* 33:2104–2110.
62. Klenotich SJ, Seiglie MP, McMurray MS, Roitman JD, Le Grange D, Dugad P, Dulawa SC (2012): Olanzapine, but not fluoxetine, treatment increases survival in activity-based anorexia in mice. *Neuropsychopharmacology* 37:1620–1631.
63. Chowdhury TG, Wable GS, Sabaliauskas NA, Aoki C (2013): Adolescent female C57BL/6 mice with vulnerability to activity-based anorexia exhibit weak inhibitory input onto hippocampal CA1 pyramidal cells. *Neuroscience* 241:250–267.
64. Foldi CJ, Milton LK, Oldfield BJ (2017): The role of mesolimbic reward neurocircuitry in prevention and rescue of the activity-based anorexia (ABA) phenotype in rats. *Neuropsychopharmacology* 42:2292–2300.
65. Scharner S, Prinz P, Goebel-Stengel M, Kobelt P, Hofmann T, Rose M, Stengel A (2016): A separate food intake microstructure or activity phenotype in female rats—Mediation via an activation of distinct brain nuclei. *Front Neurosci* 10:475.

66. Aoki C, Sabaliauskas N, Chowdhury T, Min J-Y, Colacino AR, Laurino K, Barbarich-Marsteller NC (2012): Adolescent female rats exhibiting activity-based anorexia express elevated levels of GABAA receptor $\alpha 4$ and δ subunits at the plasma membrane of hippocampal CA1 spines. *Synapse* 66:391–407.
67. Aoki C, Chowdhury TG, Wable GS, Chen Y-W (2017): Synaptic changes in the hippocampus of adolescent female rodents associated with resilience to anxiety and suppression of food restriction-evoked hyperactivity in an animal model for anorexia nervosa. *Brain Res* 1654:102–115.
68. Woods SC, Ruttanberg A (1971): "Self-starvation" in activity wheels: Developmental and chlorpromazine interactions. *J Comp Physiol Psychol* 76:84–93.
69. Bulik CM (2002): Eating disorders in adolescents and young adults. *Child Adolesc Psychiatr Clin N Am* 11:201–218.
70. Kaye W (1999): Altered dopamine activity after recovery from restricting-type anorexia nervosa. *Neuropsychopharmacology* 21:503–506.
71. Frank GK, Bailer UF, Henry SE, Drevets W, Meltzer CC, Price JC, *et al.* (2005): Increased dopamine D2/D3 receptor binding after recovery from anorexia nervosa measured by positron emission tomography and [^{11}C]raclopride. *Biol Psychiatry* 58:908–912.
72. Wagner A, Barbarich-Marsteller NC, Frank GK, Bailer UF, Wonderlich SA, Crosby RD, *et al.* (2006): Personality traits after recovery from eating disorders: Do subtypes differ? *Int J Eat Disord* 39:276–284.
73. Holly EN, DeBold JF, Miczek KA (2015): Increased meso-corticolimbic dopamine during acute and repeated social defeat stress: Modulation by corticotropin releasing factor receptors in the ventral tegmental area. *Psychopharmacology (Berl)* 232:4469–4479.
74. Wanat MJ, Hopf FW, Stuber GD, Phillips PEM, Bonci A (2008): Corticotropin-releasing factor increases mouse ventral tegmental area dopamine neuron firing through a protein kinase C-dependent enhancement of I_{K} : CRF increases VTA dopamine neuron firing. *J Physiol* 586:2157–2170.
75. Graf EN, Wheeler RA, Baker DA, Ebben AL, Hill JE, McReynolds JR, *et al.* (2013): Corticosterone acts in the nucleus accumbens to enhance dopamine signaling and potentiate reinstatement of cocaine seeking. *J Neurosci* 33:11800–11810.
76. Saal D, Dong Y, Bonci A, Malenka RC (2003): Drugs of abuse and stress trigger a common synaptic adaptation in dopamine neurons. *Neuron* 37:577–582.
77. Wei N-L, Quan Z-F, Zhao T, Yu X-D, Xie Q, Zeng J, *et al.* (2019): Chronic stress increases susceptibility to food addiction by increasing the levels of DR2 and MOR in the nucleus accumbens. *Neuropsychiatr Dis Treat* 15:1211–1229.
78. Caravaggio F, Borlido C, Hahn M, Feng Z, Fervaha G, Gerretsen P, *et al.* (2015): Reduced insulin sensitivity is related to less endogenous dopamine at D2/3 receptors in the ventral striatum of healthy non-obese humans. *Int J Neuropsychopharmacol* 18:pyv014.
79. Cai W, Xue C, Sakaguchi M, Konishi M, Shirazian A, Ferris HA, *et al.* (2018): Insulin regulates astrocyte gliotransmission and modulates behavior. *J Clin Invest* 128:2914–2926.
80. Könnér AC, Hess S, Tovar S, Mesáros A, Sánchez-Lasheras C, Evers N, *et al.* (2011): Role for insulin signaling in catecholaminergic neurons in control of energy homeostasis. *Cell Metab* 13:720–728.
81. Stouffer MA, Woods CA, Patel JC, Lee CR, Witkovsky P, Bao L, *et al.* (2015): Insulin enhances striatal dopamine release by activating cholinergic interneurons and thereby signals reward. *Nat Commun* 6:8543.
82. Cone JJ, Roitman JD, Roitman MF (2015): Ghrelin regulates phasic dopamine and nucleus accumbens signaling evoked by food-predictive stimuli. *J Neurochem* 133:844–856.
83. Jerlhag E (2008): Systemic administration of ghrelin induces conditioned place preference and stimulates accumbal dopamine. *Addict Biol* 13:358–363.
84. Jerlhag E, Egencioglu E, Dickson SL, Douhan A, Svensson L, Engel JA (2007): Ghrelin administration into tegmental areas stimulates locomotor activity and increases extracellular concentration of dopamine in the nucleus accumbens. *Addict Biol* 12:6–16.
85. Krügel U, Schraft T, Kittner H, Kiess W, Illes P (2003): Basal and feeding-evoked dopamine release in the rat nucleus accumbens is depressed by leptin. *Eur J Pharmacol* 482:185–187.
86. Hommel JD, Trinko R, Sears RM, Georgescu D, Liu ZW, Gau XB, *et al.* (2006): Leptin receptor signaling in midbrain dopamine neurons regulates feeding. *Neuron* 51:678–680.
87. Verhagen LAW, Luijendijk MCM, Adan RAH (2011): Leptin reduces hyperactivity in an animal model for anorexia nervosa via the ventral tegmental area. *Eur Neuropsychopharmacol* 21:274–281.
88. Davis JF, Choi DL, Benoit SC (2010): Insulin, leptin and reward. *Trends Endocrinol Metab* 21:68–74.
89. Fulton S, Pissios P, Manchon RP, Stiles L, Frank L, Pothos EN, *et al.* (2006): Leptin regulation of the mesoaccumbens dopamine pathway. *Neuron* 51:811–822.
90. Fernandes MFA, Matthys D, Hryhorczuk C, Sharma S, Mogra S, Alquier T, Fulton S (2015): Leptin suppresses the rewarding effects of running via STAT3 signaling in dopamine neurons. *Cell Metab* 22:741–749.
91. Exner C, Hebebrand J, Remschmidt H, Wewetzer C, Ziegler A, Herpertz S, *et al.* (2000): Leptin suppresses semi-starvation induced hyperactivity in rats: Implications for anorexia nervosa. *Mol Psychiatry* 5:476–481.
92. Hillebrand JGG, Koeners MP, de Rijke CE, Kas MJH, Adan RAH (2005): Leptin treatment in activity-based anorexia. *Biol Psychiatry* 58:165–171.
93. Evans MC, Kumar NS, Inglis MA, Anderson GM (2018): Leptin and insulin do not exert redundant control of metabolic or emotive function via dopamine neurons. *Horm Behav* 106:93–104.
94. Fraga A, Carreira MC, Gonzalez-Izquierdo A, Diéguez C, López M, Gutiérrez E (2020): Temperature but not leptin prevents semi-starvation induced hyperactivity in rats: Implications for anorexia nervosa treatment. *Sci Rep* 10:5300.
95. Figueira C, Beiroa D, Porteiro B, Duquenne M, Puighermanal E, Fondevila MF, *et al.* (2019): Hypothalamic dopamine signalling regulates brown fat thermogenesis. *Nat Metab* 1:811–829.
96. Balthazar CH, Leite LHR, Ribeiro RMM, Soares DD, Coimbra CC (2010): Effects of blockade of central dopamine D1 and D2 receptors on thermoregulation, metabolic rate and running performance. *Pharmacol Rep* 62:54–61.
97. Hasegawa H, Meeusen R, Sarre S, Diltoer M, Piacentini MF, Michotte Y (2005): Acute dopamine/norepinephrine reuptake inhibition increases brain and core temperature in rats. *J Appl Physiol* 99:1397–1401.
98. Nishita JK, Knopes KD, Ellinwood EH Jr, Rockwell WJK (1986): Hypothermia and abnormalities in thermoregulation in patients with anorexia nervosa. *Int J Eat Disord* 5:713–725.
99. Gutiérrez E, Vázquez R, Boakes RA (2002): Activity-based anorexia: Ambient temperature has been a neglected factor. *Psychon Bull Rev* 9:239–249.
100. Aoki C, Chen Y-W, Chowdhury TG, Piper W (2018): $\alpha 4\beta\delta$ -GABAA receptors in dorsal hippocampal CA1 of adolescent female rats traffic to the plasma membrane of dendritic spines following voluntary exercise and contribute to protection of animals from activity-based anorexia through localization at excitator. *J Neurosci Res* 96:1450–1466.
101. Capriolo D, Calu D, Shaham Y (2014): Loss of phasic dopamine: A new addiction marker? *Nat Neurosci* 17:644–646.
102. Carelli RM, West EA (2014): When a good taste turns bad: Neural mechanisms underlying the emergence of negative affect and associated natural reward devaluation by cocaine. *Neuropharmacology* 76:360–369.
103. Rose EJ, Ross TJ, Salmeron BJ, Lee M, Shakleya DM, Huestis M, Stein EA (2012): Chronic exposure to nicotine is associated with reduced reward-related activity in the striatum but not the midbrain. *Biol Psychiatry* 71:206–213.
104. Willuhn I, Burgeno LM, Groblewski PA, Phillips PEM (2014): Excessive cocaine use results from decreased phasic dopamine signaling in the striatum. *Nat Neurosci* 17:704–709.