

Manipulating β -adrenergic signaling in skeletal muscle: implications for exercise and muscle wasting disorders

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Muscle wasting is an urgent and unmet health risk that is commonly associated with ageing and with conditions as diverse as cachexia caused by cancer, renal, respiratory and cardiac insufficiency; disuse from inactivity/nerve injury/unloading; sepsis, burns, and metabolic disorders; HIV-AIDS; and neuromuscular diseases of genetic origin. Manipulation of the β -adrenoceptor (β -AR) signalling pathway could be utilized to combat muscle wasting. Several β_2 -AR agonists (β -agonists) readily promote muscle anabolism, and related compounds have been used clinically for other indications with positive outcomes. However, the indisputable capacity of β -agonists to promote muscle growth has not been clinically deployed because of concerns over potential adverse cardiac effects with chronic use. While some effects of β -agonist administration on skeletal muscle are desirable, especially for many wasting disorders, there are pitfalls associated with off-target and/or undesirable outcomes relevant to exercise and fatigue. If beneficial clinical implementation of effective treatments for muscle wasting is to occur, developing interventions that eliminate unwanted effects of β -AR signaling must be viewed as an utmost priority.