

Autophagy and energy homeostasis: Mechanisms linking cellular stress to metabolic disorders.

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Introduction

Autophagy is a highly conserved cellular process that serves as a critical quality control mechanism by degrading and recycling damaged organelles, misfolded proteins, and other cellular debris. Beyond its housekeeping role, autophagy plays a pivotal part in maintaining energy homeostasis, especially during times of cellular stress such as nutrient deprivation, hypoxia, or oxidative damage. The intricate relationship between autophagy and metabolism positions this process as a central player in the pathogenesis of various metabolic disorders [1, 2].

Under normal physiological conditions, cells balance anabolic and catabolic pathways to maintain energy equilibrium. When energy levels drop, sensors like AMP-activated protein kinase (AMPK) are activated to initiate autophagy and restore homeostasis [3]. AMPK promotes autophagy by inhibiting the mammalian target of rapamycin (mTOR), a master regulator of cell growth and nutrient sensing. The suppression of mTOR triggers the activation of autophagy-related genes and the formation of autophagosomes, which engulf cellular components and deliver them to lysosomes for degradation. The resulting breakdown products, including amino acids, fatty acids, and sugars, are recycled to fuel essential metabolic processes [4, 5].

Autophagy also regulates lipid metabolism through a specialized form called lipophagy, wherein lipid droplets are broken down to release free fatty acids for β -oxidation. This mechanism becomes particularly important during fasting or prolonged exercise, enabling cells to adapt to changing energy demands. In the liver, autophagy prevents lipid accumulation by regulating lipid turnover, and its impairment has been linked to the development of non-alcoholic fatty liver disease (NAFLD) and insulin resistance [6, 7].

In metabolic tissues such as skeletal muscle and adipose tissue, autophagy supports mitochondrial quality control by removing damaged mitochondria via mitophagy. Healthy mitochondria are essential for oxidative metabolism and ATP production; thus, disrupted mitophagy contributes to mitochondrial dysfunction and energy imbalance. This dysfunction is a hallmark of various metabolic disorders, including type 2 diabetes and obesity [8].

Chronic suppression or dysregulation of autophagy leads to the accumulation of toxic cellular components, endoplasmic reticulum stress, and inflammation—all of

which are implicated in the progression of metabolic diseases. Inflammatory cytokines such as TNF- α and IL-6 can further impair autophagy, creating a vicious cycle of cellular stress and metabolic dysregulation. Conversely, enhancing autophagy through pharmacological agents or lifestyle interventions like caloric restriction and intermittent fasting has shown promise in restoring metabolic health [9].

The therapeutic potential of targeting autophagy is gaining momentum, particularly in the context of metabolic disorders. Agents like rapamycin and spermidine, known to modulate autophagy pathways, are under investigation for their ability to alleviate metabolic stress and improve insulin sensitivity. Moreover, personalized strategies aimed at restoring autophagic flux may offer tailored solutions for patients with specific metabolic profiles [10].

Conclusion

In conclusion, autophagy is not merely a degradative pathway but a crucial adaptive response that links cellular stress to energy homeostasis. Its role in regulating metabolic flexibility, mitochondrial integrity, and inflammation underscores its importance in preventing and managing metabolic disorders. A deeper understanding of autophagic mechanisms holds the key to unlocking novel therapeutic approaches for diseases rooted in metabolic dysfunction.

References

1. Keeseey RE, Powley TL. Body energy homeostasis. *Appetite*. 2008;51(3):442-5.
2. Woods SC, Seeley RJ, Porte Jr D, et al. Signals that regulate food intake and energy homeostasis. *Sci*. 1998;280(5368):1378-83.
3. Feige JN, Auwerx J. Transcriptional coregulators in the control of energy homeostasis. *Trends Cell Biol*. 2007;17(6):292-301.
4. Murphy KG, Bloom SR. Gut hormones and the regulation of energy homeostasis. *Nat*. 2006;444(7121):854-9.
5. Woods SC, Benoit SC, Clegg DJ, et al. Regulation of energy homeostasis by peripheral signals. *Best Pract Res Clin Endocrinol Metab*. 2004;18(4):497-515.
6. Shi H, Seeley RJ, Clegg DJ. Sexual differences in the control of energy homeostasis. *Front Neuroendocrinol*. 2009;30(3):396-404.

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Received: 03-Apr-2025, Manuscript No. AACBM-25-164635; Editor assigned: 04-Apr-2025, PreQC No. AACBM-25-164635(PQ); Reviewed: 18-Apr-2025, QC No. AACBM-25-1646355; Revised: 21-Apr-2025, Manuscript No. AACBM-25-1646355(R); Published: 28-Apr-2025, DOI:10.35841/aacbm-7.2.257

7. Degerman E, Ahmad F, Chung YW, et al. From PDE3B to the regulation of energy homeostasis. *Curr Opin Pharmacol.* 2011;11(6):676-82.
8. Hardie DG, Ross FA, Hawley SA. AMPK: a nutrient and energy sensor that maintains energy homeostasis. *Nat Rev Mol Cell Biol.* 2012;13(4):251-62.
9. Ravussin E, Kozak LP. Energy homeostasis. In *Pharmacotherapy of obesity 2004* (pp. 19-44). CRC Press.
10. Loh K, Herzog H, Shi YC. Regulation of energy homeostasis by the NPY system. *Trends in Endocrinology & Metabolism.* 2015;26(3):125-35.