

KLB is associated with alcohol drinking, and its gene product β -Klotho is necessary for FGF21 regulation of alcohol preference

Gunter Schumann^{a,1,2}, Chunyu Liu^{b,c,d,1}, Paul O'Reilly^{a,1}, He Gao^{e,f,1}, Parkyong Song^{g,h,1}, Bing Xu^a, Barbara Ruggeri^a, Najaf Aminⁱ, Tianye Jia^a, Sarah Preis^d, Marcelo Segura Lepe^{e,j}, Shizuo Akira^k, Caterina Barbieri^l, Sebastian Baumeister^{m,n}, Stephane Cauchi^o, Toni-Kim Clarke^p, Stefan Enroth^q, Krista Fischer^r, Jenni Hällfors^s, Sarah E. Harris^{t,u}, Saskia Hieber^v, Edith Hofer^{w,x}, Jouke-Jan Hottenga^y, Åsa Johansson^q, Peter K. Joshi^z, Niina Kaartinen^{aa}, Jaana Laitinen^{bb}, Rozenn Lemaitre^{cc}, Anu Loukola^{dd}, Jian'an Luan^{ee}, Leo-Pekka Lyytikäinen^{ff}, Massimo Mangino^{gg,hh}, Ani Manichaikul^{ii,jj}, Hamdi Mbarek^y, Yuri Milaneschi^{kk}, Alireza Moayyeri^{ell,mm}, Kenneth Mukamalⁿⁿ, Christopher Nelson^{oo,pp}, Jennifer Nettleton^{qq}, Eemil Partinen^{rr}, Rajesh Rawal^{ss}, Antonietta Robino^{tt}, Lynda Rose^{uu}, Cinzia Sala^l, Takashi Satoh^k, Reinhold Schmidt^{ww}, Katharina Schraut^z, Robert Scott^{vv}, Albert Vernon Smith^{www}, John M. Starr^{t,xx}, Alexander Teumer^{m,yy}, Stella Trompet^{zz,aaa}, André G. Uitterlinden^{bbb,ccc}, Cristina Venturini^{gg}, Anne-Claire Vergnaud^e, Niek Verweij^{ddd}, Veronique Vitart^{eee}, Dragana Vuckovic^{fff}, Juho Wedenoja^{dd}, Loic Yengo^o, Bing Yu^{ggg,hhh}, Weihua Zhang^{e,iii}, Jing Hua Zhao^{vv}, Dorret I. Boomsma^y, John Chambers^{e,iii,jjj}, Daniel I. Chasman^{uu,kkk}, Toniolo Daniela^l, Eco de Geus^y, Ian Deary^{t,lll}, Johan G. Eriksson^{aa,mmm,nnn,ooo,ppp}, Tõnu Esko^r, Volker Eulenburger^{qqq}, Oscar H. Franco^{ccc}, Philippe Froguel^{o,rrr}, Christian Gieger^{ss}, Hans J. Grabe^{sss}, Vilmundur Gudnason^{www,ttt}, Ulf Gyllensten^q, Tamara B. Harris^{uuu}, Anna-Liisa Hartikainen^{vvv,www,xxx}, Andrew C. Heath^{yyy}, Lynne Hocking^{zzz}, Albert Hofman^{ccc}, Cornelia Huth^{aaaa}, Marjo-Riitta Jarvelin^{e,xxx,bbb,cccc}, J. Wouter Jukema^{zz}, Jaakko Kaprio^{s,aa,dd}, Jaspal S. Kooner^{iii,jjj,ddd}, Zoltan Kutalik^{eeee}, Jari Lahti^{ooo,fff,ggg}, Claudia Langenberg^{ee}, Terho Lehtimäki^{ff}, Yongmei Liu^{hhhh}, Pamela A. F. Maddenⁱⁱⁱⁱ, Nicholas Martin^{jjj}, Alanna Morrison^{ggg}, Brenda Penninx^{kk}, Nicola Pirastu^{z,fff}, Bruce Psaty^{cc,kkkk,lll,mmmm}, Olli Raitakari^{nnnn,oooo}, Paul Ridker^{uu,kkk}, Richard Rose^{pppp}, Jerome I. Rotter^{qqqq}, Nilesh J. Samani^{oo,pp}, Helena Schmidt^{rrrr}, Tim D. Spector^{gg}, David Stott^{ssss}, David Strachan^{tttt}, Ioanna Tzoulaki^{e,f,uuuu}, Pim van der Harst^{ddd,vvvv,wwww}, Cornelia M. van Duijnⁱ, Pedro Marques-Vidal^{xxxx}, Peter Vollenweider^{xxxx}, Nicholas J. Wareham^{vv}, John B. Whitfield^{jjjj}, James Wilson^{z,eee}, Bruce Wolffenbettel^{yyyy}, Georgy Bakalkin^{zzzz}, Evangelos Evangelou^{e,uuuu}, Yun Liu^{aaaaa,bbbb}, Kenneth M. Rice^{ccccc}, Sylvane Desrivieres^{a,1}, Steven A. Kliewer^{g,dddd,1}, David J. Mangelsdorf^{g,h,1,2}, Christian P. Müller^{v,1}, Daniel Levy^{b,c,1}, and Paul Elliott^{e,f,1,2}

Contributed by David J. Mangelsdorf, October 18, 2016 (sent for review July 11, 2016; reviewed by Robert Adron Harris and Victor Hesselbrock)

Excessive alcohol consumption is a major public health problem worldwide. Although drinking habits are known to be inherited, few genes have been identified that are robustly linked to alcohol drinking. We conducted a genome-wide association metaanalysis and replication study among >105,000 individuals of European ancestry and identified β -Klotho (*KLB*) as a locus associated with alcohol consumption ($rs11940694$; $P = 9.2 \times 10^{-12}$). β -Klotho is an obligate coreceptor for the hormone FGF21, which is secreted from the liver and implicated in macronutrient preference in humans. We show that brain-specific β -Klotho KO mice have an increased alcohol preference and that FGF21 inhibits alcohol drinking by acting on the brain. These data suggest that a liver-brain endocrine axis may play an important role in the regulation of alcohol drinking behavior and provide a unique pharmacologic target for reducing alcohol consumption.

alcohol consumption | human | β -Klotho | FGF21 | mouse model

Excessive alcohol consumption is a major public health problem worldwide, causing an estimated 3.3 million deaths in 2012 (1). Much of the behavioral research associated with alcohol has focused on alcohol-dependent patients. However, the burden of alcohol-associated disease largely reflects the amount of alcohol consumption in a population, not alcohol dependence (2). It has long been recognized that small shifts in the mean of a continuously distributed behavior, such as alcohol drinking, can have major public health benefits (3). For example, a shift from heavy to moderate drinking could have beneficial effects on cardiovascular disease risk (4).

Alcohol drinking is a heritable complex trait (5). Genetic variants in the alcohol and aldehyde dehydrogenase gene family can result in alcohol intolerance caused by altering peripheral alcohol metabolism and may thus influence alcohol consumption and dependence (6). However, genetic influences on brain functions

affecting drinking behavior have been more difficult to detect, because as for many complex traits, the effect of individual genes is small, and therefore, large sample sizes are required to detect the genetic signal (7).

Author contributions: G.S., C. Liu, P.S., J. Laitinen, T.S., R. Schmidt, J.M.S., S.T., D.I.B., J.C., D.I.C., T.D., E.d.G., I.D., J.G.E., T.E., O.H.F., P.F., C.G., H.J.G., V.G., U.G., T.B.H., A.-L.H., A.C.H., A.H., C.H., M.-R.J., J.W.J., J.K., J.S.K., T.L., Yongmei Liu, P.A.F.M., N.M., A. Morrison, B. Penninx, N.P., B. Psaty, O.R., P.R., R. Rose, J.I.R., N.J.S., H.S., T.D.S., D. Stott, D. Strachan, I.T., P.v.d.H., C.M.v.D., P.M.-V., N.J.W., J. Wilson, B.W., S.A.K., D.J.M., C.P.M., D.L., and P.E. designed research; P.S. and G.B. performed research; G.S., C. Liu, P.O., H.G., P.S., B.X., B.R., N.A., T.J., S.P., M.S.L., S.A., C.B., S.B., S.C., T.-K.C., S.E., K.F., J.H., S.E.H., S.H., E.H., J.-J.H., A.J., P.K.J., N.K., J. Laitinen, R.L., A.L., J. Luan, L.-P.L., M.M., A. Manichaikul, H.M., Y.M., A. Moayyeri, K.M., C.N., J.N., E.P., R. Rawal, A.R., L.R., C.S., T.S., K.S., R. Scott, A.V.S., J.M.S., A.T., S.T., A.G.U., C.V., A.-C.V., N.V., V.V., D.V., J. Wedenoja, L.Y., B.Y., W.Z., J.H.Z., V.E., C.G., A.C.H., L.H., Z.K., J. Lahti, C. Langenberg, Yongmei Liu, N.M., N.P., D. Strachan, P.V., J.B.W., G.B., E.E., Yun Liu, K.M.R., S.D., S.A.K., D.J.M., C.P.M., D.L., and P.E. analyzed data; C. Liu, S.E.H., N.K., J. Luan, K.M., J.N., C.S., R. Schmidt, J.M.S., A.G.U., C.V., V.V., D.I.B., J.C., D.I.C., E.d.G., I.D., T.E., O.H.F., P.F., V.G., U.G., T.B.H., A.-L.H., A.C.H., L.H., A.H., C.H., M.-R.J., J.W.J., J.K., J.S.K., T.L., Yongmei Liu, P.A.F.M., N.M., A. Morrison, B. Penninx, B. Psaty, O.R., P.R., R. Rose, J.I.R., N.J.S., H.S., D. Stott, D. Strachan, I.T., P.v.d.H., C.M.v.D., P.M.-V., N.J.W., J. Wilson, B.W., G.B., and Yun Liu contributed to data acquisition; and G.S., C. Liu, P.O., H.G., P.S., B.X., B.R., E.E., S.D., S.A.K., D.J.M., C.P.M., D.L., and P.E. wrote the paper.

Reviewers: R.A.H., The University of Texas at Austin; and V.H., University of Connecticut Health Center.

Conflict of interest statement: B. Psaty serves on the Data and Safety Monitoring Board for a clinical trial funded by the manufacturer (Zoll LifeCor) and the Steering Committee of the Yale Open Data Access project funded by Johnson & Johnson. D.J.M. serves on the scientific advisory board of Metacrine. The other authors report no competing financial interests.

Data deposition: The database information reported in this paper has been supplied in [Datasets S1 and S2](#). The gene expression profiling data from the Framingham study used herein are available online in dbGaP (www.ncbi.nlm.nih.gov/gap; accession no. [phs000007](#)). The full meta-analysis data for the continuous and dichotomous alcohol consumption traits are available online at the dbGaP CHARGE Summary site (accession no. [phs000930](#)).

¹G.S., C. Liu, P.O., H.G., P.S., S.D., S.A.K., D.J.M., C.P.M., D.L., and P.E. contributed equally to this work.

²To whom correspondence may be addressed. Email: gunter.schumann@kcl.ac.uk, davo.mango@utsouthwestern.edu, or p.elliott@imperial.ac.uk.

This article contains supporting information online at www.pnas.org/lookup/suppl/doi:10.1073/pnas.1611243113/-DCSupplemental.

Significance

Alcohol is a widely consumed drug in western societies that can lead to addiction. A small shift in consumption can have dramatic consequences on public health. We performed the largest genome-wide association metaanalysis and replication study to date (>105,000 individuals) and identified a genetic basis for alcohol consumption during nonaddictive drinking. We found that a locus in the gene encoding β -Klotho is associated with alcohol consumption. β -Klotho is an essential receptor component for the endocrine FGFs, FGF19 and FGF21. Using mouse models and pharmacologic administration of FGF21, we show that β -Klotho in the brain controls alcohol drinking. These findings reveal a mechanism regulating alcohol consumption in humans that may be pharmacologically tractable for reducing alcohol intake.

Here, we report a genome-wide association study (GWAS) and replication study of over 100,000 individuals of European descent. We identify a gene variant in β -Klotho (*KLB*) that associates with alcohol consumption. β -Klotho is a single-pass transmembrane protein that complexes with FGF receptors to form cell surface receptors for the hormones FGF19 and FGF21 (8, 9). FGF19 is induced by bile acids in the small intestine to regulate bile acid homeostasis and metabolism in the liver (9). FGF21 is induced in liver and released into the blood in response to various metabolic stresses, including high-carbohydrate diets and alcohol (10–12). Notably, *FGF21* was recently associated in a human GWAS study with macronutrient preference, including changes in carbohydrate, protein, and fat intake (13). Moreover, FGF21 was shown to suppress sweet and alcohol preference in mice (14, 15). Our findings suggest that the FGF21- β -Klotho signaling pathway regulates alcohol consumption in humans.

Results

Association of *KLB* Gene SNP rs11940694 with Alcohol Drinking in Humans. We carried out a GWAS of quantitative data on alcohol intake in 70,460 individuals (60.9% women) of European descent from 30 cohorts. We followed up the most significantly associated SNPs (six sentinel SNPs; $P < 1.0 \times 10^{-6}$ from independent regions) among up to 35,438 individuals from 14 additional cohorts (SI Appendix and Dataset S1). We analyzed both continuous data on daily alcohol intake in drinkers (as grams per day; log transformed) and a dichotomous variable of heavy vs. light or no drinking (Dataset S1). Average alcohol intake in drinkers across the samples was 14.0 g/d in men and 6.0 g/d in women. We performed per-cohort sex-specific and combined sex single-SNP regression analyses under an additive genetic model and conducted metaanalyses across the sex-specific strata and cohorts using an inverse variance weighted fixed effects model.

Results of the primary GWAS for log grams per day alcohol are shown in Fig. 1, Dataset S2, and Fig. S1. We identified five SNPs for replication at $P < 1 \times 10^{-6}$: rs11940694 in the *KLB* gene, rs197273 in TRAF family member-associated NF- κ B (*TANK*), rs780094 in *GCKR*, rs350721 in *ASB3*, and rs10950202 in *AUTS2* (Table 1 and Dataset S2). In addition to rs10950202 in *AUTS2* ($P = 2.9 \times 10^{-7}$), we took forward SNP rs6943555 in *AUTS2* ($P = 1.4 \times 10^{-4}$), which was previously reported in relation to alcohol drinking (7). In both men and women, the SNPs were all significantly associated with log grams per day alcohol at $P < 0.005$ (Table S1). When combining discovery and replication data, we observed genome-wide significance for SNP rs11940694 (A/G) in *KLB* ($P = 9.2 \times 10^{-12}$) (Table 1 and Fig. S1), for which the minor allele A was associated with reduced drinking. *KLB* is localized on human chromosome 4p14 and encodes a transmembrane protein, β -Klotho, which is an essential component

of receptors for FGF19 and FGF21 (8, 9). rs197273 in the *TANK* gene narrowly missed reaching genome-wide significance in the combined sample (Table 1) ($P = 7.4 \times 10^{-8}$). In the dichotomous analysis of the primary GWAS, SNP rs12599112 in the Cadherin 13 gene and rs10927848 in the Transmembrane protein 82 gene were significant at $P = 2.3 \times 10^{-8}$ and $P = 2.6 \times 10^{-7}$, respectively (Dataset S2, Fig. S2, and Table S2), but they did not reach genome-wide significance in the combined analysis (Table S2).

SNP rs11940694 is localized in intron 1 of the *KLB* gene. The local linkage disequilibrium (LD) structure of the *KLB* gene is shown in Fig. S3. The minor allele frequencies of this SNP were generally high (between 0.37 and 0.44) in different ethnic groups (Table S3). We found no significant association of rs11940694 with gene expression in peripheral blood of 5,236 participants of the Framingham Heart Study (Tables S4 and S5) (16).

β -Klotho in the Brain Controls Alcohol Drinking in Mice. To examine whether β -Klotho affects alcohol drinking in mice and whether it does so through actions in the brain, we measured alcohol intake and the alcohol preference ratio of brain-specific β -Klotho KO (*Klb^{Camk2a}*) mice and control floxed *Klb* (*Klb^{fl/fl}*) mice. We used a voluntary two-bottle drinking assay performed with water and alcohol. Because we previously showed that FGF21-transgenic mice, which express FGF21 at pharmacologic levels, have a reduced alcohol preference (14), we performed these studies while administering either recombinant FGF21 or vehicle by osmotic minipump. Alcohol preference vs. water was significantly increased in vehicle-treated *Klb^{Camk2a}* compared with *Klb^{fl/fl}* mice at 16 vol % alcohol (Fig. 2A). FGF21 suppressed alcohol preference in *Klb^{fl/fl}* mice but not in *Klb^{Camk2a}* mice, showing that the effect of FGF21 on alcohol drinking depends on β -Klotho expressed in the brain (Fig. 2A). There was a corresponding decrease in plasma alcohol levels immediately after 16 vol % alcohol drinking, which reflects the modulation of the drinking behavior (Fig. 2B). However, plasma FGF21 levels were comparable in *Klb^{fl/fl}* and *Klb^{Camk2a}* mice administered recombinant FGF21 at the end of the experiment (Fig. 2C). Alcohol bioavailability was not different between FGF21-treated *Klb^{fl/fl}* and *Klb^{Camk2a}* mice (Fig. 2D). We have previously shown that FGF21 decreases the sucrose and saccharin preference ratio in *Klb^{fl/fl}* but not *Klb^{Camk2a}* mice and has no effect on the quinine preference ratio (14). To rule out a potential perturbation of our findings as a result of the experimental procedure, we independently measured preference and consumption of 16 vol % alcohol in *Klb^{fl/fl}* and *Klb^{Camk2a}* mice without osmotic minipump implantation. Again, *Klb^{Camk2a}* mice showed significantly greater alcohol consumption and increased alcohol preference compared with *Klb^{fl/fl}* mice (Fig. 2E and F), thus replicating our findings above. Alcohol bioavailability after an i.p. injection was not different between *Klb^{fl/fl}* and *Klb^{Camk2a}* mice after 1 and 3 h (Fig. 2G).

β -Klotho in Brain Does Not Regulate Emotional Behavior in Mice. Increased alcohol drinking in humans and mice may be motivated by its reward properties or as a means to relieve anxiety and stress (17). In mice, FGF21 increases corticotropin-releasing hormone expression in hypothalamus, circulating glucocorticoid concentrations, and sympathetic outflow (18–20), which are linked to heightened anxiety. We, therefore, tested *Klb^{fl/fl}* and *Klb^{Camk2a}* mice in behavioral paradigms measuring anxiety, including novelty suppressed feeding (Fig. 3A), elevated plus maze (Fig. 3B), and open-field activity tests (Fig. 3C). However, we did not find differences between *Klb^{fl/fl}* and *Klb^{Camk2a}* mice in any of these anxiety measures or general locomotor activity. Our finding of increased alcohol preference in *Klb^{Camk2a}* mice may thus be caused by alteration of alcohol-associated reward mechanisms. Although this notion is consistent with our previous results showing *Klb* expression in areas important for alcohol reinforcement,

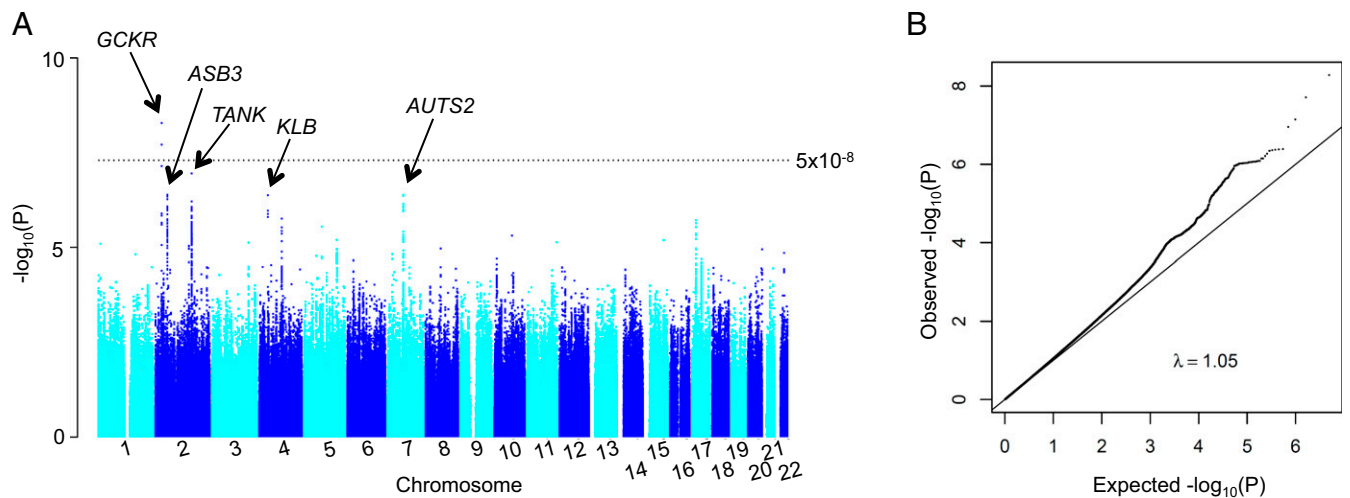


Fig. 1. Genome-wide association results of log grams per day alcohol in the Alcohol Genome-Wide Association (AlcGen) and Cohorts for Heart and Aging Research in Genomic Epidemiology Plus (CHARGE+) Consortia. (A) Manhattan plot showing the significance of the association ($-\log_{10}$ -transformed P value on the y axis) for each SNP at the chromosomal position shown on the x axis. The dotted line represents the genome-wide significance level at $P = 5 \times 10^{-8}$. The genes that were followed up are labeled. (B) Quantile-quantile plot comparing the expected P value on the x axis and the observed P value on the y axis (both were $-\log_{10}$ transformed).

specifically the nucleus accumbens and the ventral tegmental area (14), additional studies will be required to determine precisely where in the brain and how β -Klotho affects alcohol drinking.

Discussion

Here, we report that, in a GWAS performed in over 100,000 individuals, SNP rs11940694 in *KLB* associates with alcohol consumption in nonaddicts. We further show that mice lacking β -Klotho in the brain have increased alcohol consumption and are refractory to the inhibitory effect of FGF21 on alcohol consumption. These findings reveal a previously unrecognized brain pathway regulating alcohol consumption in humans that may prove pharmacologically tractable for suppressing alcohol drinking.

FGF21 is induced in liver by simple sugars through a mechanism involving the transcription factor carbohydrate response element binding protein (10, 11, 15, 21, 22). FGF21, in turn, acts on brain to suppress sweet preference (14, 15). Thus, FGF21 is part of a liver-brain feedback loop that limits the consumption of simple sugars. Notably, FGF21 is also strongly induced in liver by alcohol and contributes to alcohol-induced adipose tissue lipolysis in a mouse model of chronic binge alcohol consumption (12). Our data suggest the existence of an analogous feedback loop, wherein liver-derived FGF21 acts on brain to limit the consumption of alcohol. However, additional studies will be required to establish the existence of this FGF21 pathway in vivo.

In murine brain, there is evidence that FGF21 suppresses sweet preference through effects on the paraventricular nucleus in the hypothalamus (15). Among its actions in the hypothalamus,

FGF21 induces corticotropin-releasing hormone (18, 19), which is a strong modulator of alcohol consumption (23). Notably, β -Klotho is also present in mesolimbic regions of the brain that regulate reward behavior, including the ventral tegmental area and nucleus accumbens, and FGF21 administration reduced tissue levels of dopamine and its metabolites in the nucleus accumbens (14). Thus, FGF21 may act coordinately on multiple brain regions to regulate the consumption of both simple sugars and alcohol.

In closing, our data linking β -Klotho to alcohol consumption together with previous GWAS data linking FGF21 to macronutrient preference raise the intriguing possibility of a liver-brain endocrine axis that plays an important role in the regulation of complex adaptive behaviors, including alcohol drinking. Although our findings support an important role for the *KLB* gene in the regulation of alcohol drinking, we cannot rule out the possibility that *KLB* rs11940694 acts by affecting neighboring genes. Therefore, additional genetic and mechanistic studies are warranted. Finally, it will be important to follow-up on our findings in more severe forms of alcohol drinking, because our results suggest that this pathway could be targeted pharmacologically for reducing the desire for alcohol.

Methods

Alcohol Phenotypes. Alcohol intake in grams of alcohol per day was estimated by each cohort based on information about drinking frequency and type of alcohol consumed. For cohorts that collected data in drinks per week, standard ethanol contents in different types of alcohol drinks were provided as guidance to convert the data to grams per week, which was further divided

Table 1. Associations of SNPs with alcohol intake (log grams per day) in the GWAS analysis

| SNP | Chr | Position (hg 19) | Nearest gene | Effect/ other alleles | EAF | Discovery GWAS | | Replication | | Combined | | N |
|------------|-----|------------------|--------------|-----------------------|------|------------------|----------------------|------------------|----------------------|------------------|-----------------------|---------|
| | | | | | | Beta (SE) | P value | Beta (SE) | P value | Beta (SE) | P value | |
| rs780094 | 2 | 27,741,237 | <i>GCKR</i> | T/C | 0.40 | -0.0155 (0.0026) | 3.6×10^{-9} | 0.0035 (0.0029) | 0.238 | -0.0102 (0.0019) | 1.6×10^{-7} | 98,679 |
| rs350721 | 2 | 52,980,427 | <i>ASB3</i> | C/G | 0.18 | 0.0206 (0.0040) | 3.2×10^{-7} | -0.0000 (0.0042) | 0.994 | 0.0109 (0.0029) | 1.9×10^{-4} | 100,859 |
| rs197273 | 2 | 161,894,663 | <i>TANK</i> | A/G | 0.49 | -0.0141 (0.0026) | 9.8×10^{-8} | -0.0058 (0.0028) | 0.040 | -0.0103 (0.0019) | 7.4×10^{-8} | 97,631 |
| rs11940694 | 4 | 39,414,993 | <i>KLB</i> | A/G | 0.42 | -0.0137 (0.0027) | 3.2×10^{-7} | -0.0135 (0.0030) | 5.2×10^{-6} | -0.0136 (0.0020) | 9.2×10^{-12} | 98,477 |
| rs6943555 | 7 | 698,060,23 | <i>AUTS2</i> | A/T | 0.29 | -0.0115 (0.0030) | 1.4×10^{-4} | -0.0070 (0.0033) | 0.032 | -0.0094 (0.0022) | 1.9×10^{-5} | 104,282 |
| rs10950202 | 7 | 69,930,098 | <i>AUTS2</i> | G/C | 0.16 | -0.0194 (0.0038) | 2.9×10^{-7} | -0.0015 (0.0042) | 0.720 | -0.0113 (0.0028) | 5.9×10^{-5} | 105,639 |

One SNP with the smallest P value was taken forward per region. Chr, chromosome; EAF, effect allele frequency in the discovery GWAS.

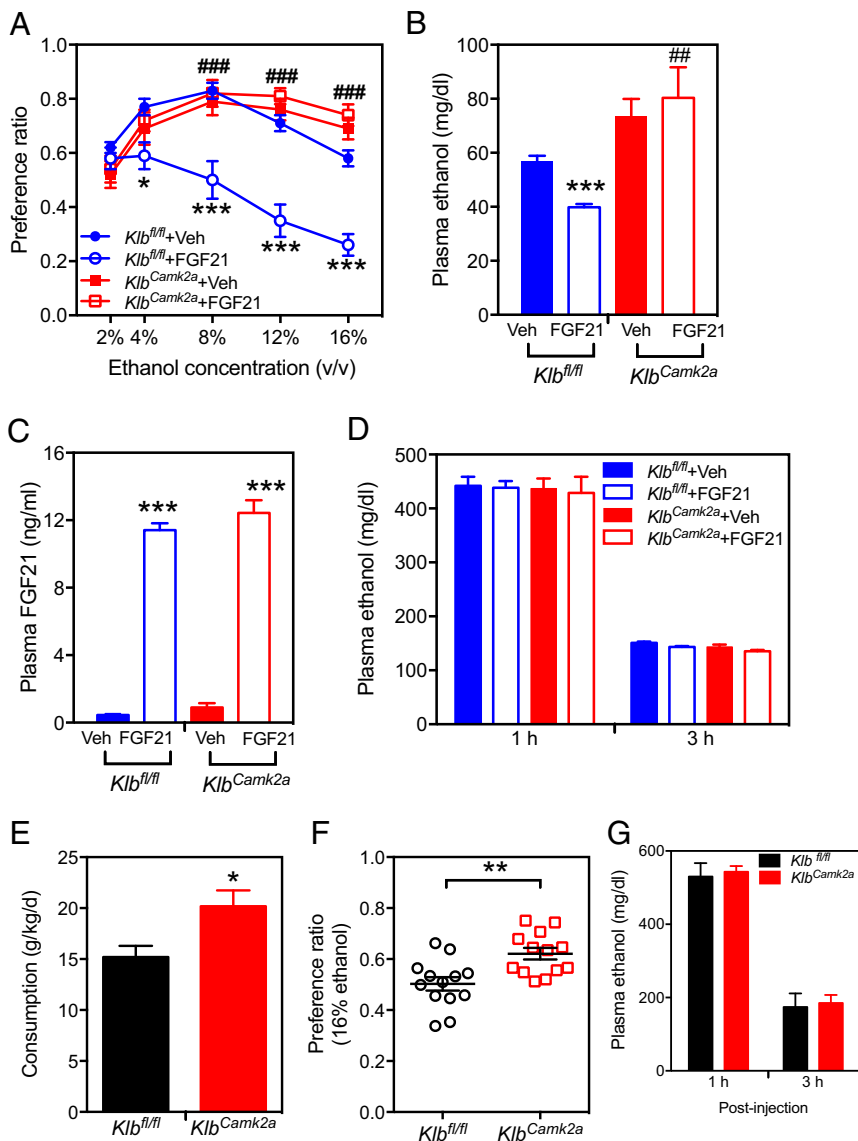


Fig. 2. FGF21 reduces alcohol preference in mice by acting on β -Klotho in brain. (A) Alcohol preference ratios determined by two-bottle preference assays with water and the indicated ethanol concentrations for control ($Klb^{fl/fl}$) and brain-specific Klb^{Camk2a} mice administered either FGF21 (0.7 mg/kg per day) or vehicle ($n = 10$ per group). (B) Plasma ethanol and (C) FGF21 concentrations at the end of the 16% (vol/vol) ethanol step of the two-bottle assay. For A–C, $***P < 0.001$ for $Klb^{fl/fl}$ + vehicle vs. $Klb^{fl/fl}$ + FGF21 groups; $##P < 0.01$ for $Klb^{fl/fl}$ + FGF21 vs. Klb^{Camk2a} + FGF21 groups as determined by one-way ANOVA followed by Tukey's posttests; $###P < 0.001$ for $Klb^{fl/fl}$ + FGF21 vs. Klb^{Camk2a} + FGF21 groups as determined by one-way ANOVA followed by Tukey's posttests. (D) Plasma ethanol concentrations 1 and 3 h after i.p. injection of 2 g/kg alcohol ($n = 4$ per each group). (E) Consumption of 16% (vol/vol) ethanol (grams per kilogram per day) and (F) alcohol preference ratios in two-bottle preference assays performed with control ($Klb^{fl/fl}$) and brain-specific Klb^{Camk2a} mice. Alcohol preference was measured by volume of ethanol/total volume of fluid consumed ($n = 13$ per group). (G) Plasma ethanol concentrations 1 and 3 h after i.p. injection of 2 g/kg alcohol ($n = 5$ per group). Values are means \pm SEM. For E and F, $*P < 0.05$; $**P < 0.01$.

by seven to give intake as grams per day. Adjustment was made if cohort-specific drink sizes differed from the standard. For cohorts that collected alcohol use in grams of ethanol per week, the numbers were divided by seven directly into grams per day. Cohorts with only a categorical response to the question for drinks per week used midpoints of each category for the calculation. All nondrinkers (individuals reporting zero drinks per week) were removed from the analysis. The grams per day variable was then \log_{10} transformed before the analysis. Sex-specific residuals were derived by regressing alcohol in \log_{10} (grams per day) in a linear model on age, age², weight, and if applicable, study site and principal components to account for population structure. The sex-specific residuals were pooled and used as the main phenotype for subsequent analyses.

Dichotomous alcohol phenotype was created based on categorization of the drinks per week variable. Heavy drinking was defined as ≥ 21 drinks per week in men or ≥ 14 drinks per week in women. Light (or zero) drinking was defined if male participants had ≤ 14 drinks per week or female participants had ≤ 7 drinks per week. Drinkers having > 14 to < 21 drinks for men or > 7 to < 14 drinks for women were excluded. Where information was available, current nondrinkers who were former drinkers of > 14 drinks per week in men and > 7 drinks per week in women as well as current nondrinkers who were former drinkers of unknown amount were excluded, whereas current nondrinkers who were former drinkers of ≤ 14 for men or ≤ 7 for women were included. Additional exclusion was made if there were missing data on alcohol consumption or the covariates.

The analyses only included participants of European origin and were performed in accordance with the principles expressed in the Declaration of Helsinki. Each cohort's study protocol was reviewed and approved by their respective institutional review board, and informed consent was obtained from all study subjects.

Discovery GWAS in the Alcohol Genome-Wide Association (AlcGen) and Cohorts for Heart and Aging Research in Genomic Epidemiology Plus (CHARGE+) Consortia and Replication Analyses. Genotyping methods are summarized in Dataset S1 B, C, and F. SNPs were excluded if the Hardy-Weinberg equilibrium (HWE) P value was $< 1 \times 10^{-6}$ or based on cohort-specific criteria, minor allele frequency (MAF) was $< 1\%$; imputation information score was < 0.5 ; results were only available from two or fewer cohorts; or total n was $< 10,000$. Population structure was accounted for within cohorts via principal components analysis. LD score regression (24) was conducted on the GWAS summary results to examine the degree of inflation in test statistics, and genomic control correction was considered unnecessary ($\lambda_{GC} = 1.06$ and intercept = 1.00; $\lambda = 0.99$ –1.06 for individual cohorts) (Dataset S1 B and C). SNPs were taken forward for replication from discovery GWASs if they passed the above criteria and had $P < 1 \times 10^{-6}$ [one SNP with the smallest P taken forward in each region, except for *AUTS2*, for which two SNPs were taken forward based on previous results (7)]. Metaanalyses were performed by METAL (25) or R (v3.2.2).

Gene Expression Profiling in the Framingham Heart Study. In the Framingham Heart Study, gene expression profiling was undertaken for the blood samples of a total of 5,626 participants from the offspring cohort ($n = 2,446$) at

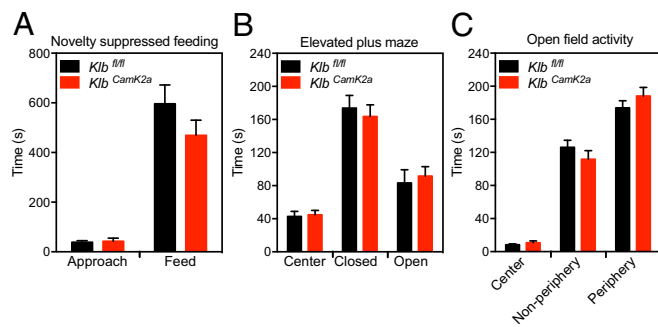


Fig. 3. Behavior tests in brain-specific *Klb^{Camk2a}* mice. Results from (A) novelty suppressed feeding, (B) elevated plus maze, and (C) open-field activity assays performed with control (*Klb^{fl/fl}*) and brain-specific *Klb^{Camk2a}* mice ($n = 15$ per each group). Values are the time (seconds) spent for each step of the assay.

examination 8 and the third generation cohort ($n = 3,180$) at examination 2. Fasting peripheral whole-blood samples (2.5 mL) were collected in PAXgene Tubes (PreAnalytix). RNA expression profiling was conducted using the Affymetrix Human Exon Array ST 1.0 (Affymetrix, Inc.) for samples that passed RNA quality control. The expression values for ~18,000 transcripts were obtained from the total 1.2 million core probe sets. Quality control procedures for transcripts have been described previously.

The *cis*-Expression Quantitative Trait Loci Analysis in the Framingham Heart Study. To investigate possible effects of rs11940694 in *KLB* on gene expression, we performed *cis*-expression quantitative trait loci (eQTL) analysis. The SNP in *KLB* was used as the independent variable in association analysis with the transcript of *KLB* measured using whole-blood samples in the Framingham Heart Study ($n = 5,236$). Affymetrix Probe 2724308 was used to represent the *KLB* overall transcript levels. Age, sex, body mass index, batch effects, and blood cell differentials were included as covariates in the association analysis. Linear mixed model was used to account for familial correlation in association analysis.

Mouse Studies. All mouse experiments were approved by the Institutional Animal Care and Research Advisory Committee of the University of Texas Southwestern Medical Center. Male littermates (2–4 mo old) maintained on a 12-h light/dark cycle with ad libitum access to chow diet (Harlan Teklad TD2916) were used for all experiments. The *Klb* gene was deleted from brain by crossing *Klb^{fl/fl}* mice with *Camk2a-Cre* mice on a mixed C57BL/6J;129/Sv background as described (26).

Alcohol Drinking in Mice. For voluntary two-bottle preference experiments, male mice ($n = 9–13$ per group) were given access to two bottles: one containing water and the other containing 2–16% (vol/vol) ethanol in water. After acclimation to the two-bottle paradigm, mice were exposed to each

concentration of ethanol for 4 d. Total fluid intake (water and ethanol-containing water), food intake, and body weight were measured each day. Alcohol consumption (grams) was calculated based on EtOH density (0.789 g/mL). To obtain accurate alcohol intake that corrected for individual differences in littermate size, alcohol consumption was normalized by body weight per day for each mouse. As a measure of relative alcohol preference, the preference ratio was calculated at each alcohol concentration by dividing total consumed alcohol solution (milliliters) by total fluid volume. Two-bottle preference assays were also performed with sucrose [0.5 and 5% (wt/vol)] and quinine (2 and 20 mg/dL) solutions. For all experiments, the positions of the two bottles were changed every 2 d to exclude position effects.

Mouse Experiments with FGF21. For FGF21 administration studies, recombinant human FGF21 protein provided by Novo Nordisk was administered at a dose of 0.7 mg/kg per day by s.c. osmotic minipumps (Alzet 1004). Mice were single caged after minipump surgery, which was conducted under isoflurane anesthesia and 24 h of buprenorphine analgesia. Mice were allowed to recover from minipump surgery for 4 d before alcohol drinking tests. After experiments, mice were killed by decapitation, and plasma was collected using EDTA or heparin after centrifugation for 15 min at $4,697 \times g$. Plasma FGF21 concentrations were measured using the Biovendor FGF21 ELISA Kit according to the manufacturer's protocol.

Plasma Ethanol Concentration and Clearance. For alcohol bioavailability tests, mice ($n = 4–5$ per group) were injected i.p. with alcohol (2.0 g/kg; 20% wt/vol) in saline, and tail vein blood was collected after 1 and 3 h. Plasma alcohol concentrations were measured using the EnzyChrom Ethanol Assay Kit.

Emotional Behavior in Mice. For open-field activity assays, naïve mice were placed in an open arena (44 × 44 cm, with the center defined as the middle 14 × 14 cm and the periphery defined as the area 5 cm from the wall), and the amount of time spent in the center vs. along the walls and total distance traveled were measured. For elevated plus maze activity assays, mice were placed in the center of a plus maze with two dark enclosed arms and two open arms. Mice were allowed to move freely around the maze, and the total duration of time in each arm and the frequencies of entering both the closed and open arms were measured. For novelty suppression of feeding assays, mice fasted for 12 h were placed in a novel environment, and the time to approach and eat a known food was measured.

Statistical Analysis. All data are expressed as means ± SEM. Statistical analysis between the two groups was performed by unpaired two-tailed Student's *t* test using Excel or GraphPad Prism (GraphPad Software, Inc.). For multiple comparisons, one-way ANOVA with post hoc Tukey was done using SPSS.

ACKNOWLEDGMENTS. Funding sources and acknowledgments for contributing authors and consortia can be found in *SI Appendix*. Part of this work used computing resources provided by Medical Research Council-funded UK Medical Bioinformatics Partnership Programme MR/L01632X/1.

^aMedical Research Council—Social, Genetic and Developmental Psychiatry Centre, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London SE5 8AF, United Kingdom; ^bThe Framingham Heart Study, Framingham, MA 01702; ^cThe Population Sciences Branch, Division of Intramural Research, National Heart, Lung, and Blood Institute, Bethesda, MD 20824; ^dDepartment of Biostatistics, Boston University School of Public Health, Boston, MA 02118; ^eDepartment of Epidemiology and Biostatistics, School of Public Health, Imperial College London, London W2 1PG, United Kingdom; ^fMedical Research Council-Public Health England Centre for Environment and Health, Imperial College London, London W2 1PG, United Kingdom; ^gDepartment of Pharmacology, University of Texas Southwestern Medical Center, Dallas, TX 75390; ^hHoward Hughes Medical Institute, University of Texas Southwestern Medical Center, Dallas, TX 75390; ⁱGenetic Epidemiology Unit, Department of Epidemiology, Erasmus Medical Center, 3000 CA Rotterdam, The Netherlands; ^jSection of Bioinformatics, Bayer Pharma AG, 13342 Berlin, Germany; ^kLaboratory of Host Defense, World Premier International Immunology Frontier Research Center, Research Institute for Microbial Diseases, Osaka University, Osaka 565-0871, Japan; ^lDivision of Genetics and Cell Biology, San Raffaele Research Institute, 20132 Milan, Italy; ^mInstitute for Community Medicine, University Medicine Greifswald, Greifswald 17475, Germany; ⁿDepartment of Epidemiology and Preventive Medicine, University of Regensburg, 93053 Regensburg, Germany; ^oCNRS UMR 8199, Lille Pasteur Institute, European Genomic Institute for Diabetes, Lille 2 University, 59000 Lille, France; ^pDivision of Psychiatry, University of Edinburgh, Edinburgh EH10 5HF, United Kingdom; ^qScience for Life Laboratory, Department of Immunology, Genetics and Pathology, Uppsala University, 75108 Uppsala, Sweden; ^rEstonian Genome Center, University of Tartu, 51010 Tartu, Estonia; ^sInstitute for Molecular Medicine, University of Helsinki, 00290 Helsinki, Finland; ^tCentre for Cognitive Ageing and Cognitive Epidemiology, University of Edinburgh, Edinburgh EH8 9JZ, United Kingdom; ^uCentre for Genomic and Experimental Medicine, University of Edinburgh, Edinburgh EH4 2XU, United Kingdom; ^vDepartment of Psychiatry and Psychotherapy, Friedrich Alexander University Erlangen-Nuremberg, 91054 Erlangen, Germany; ^wClinical Division of Neurogeriatrics, Department of Neurology, Medical University Graz, 8036 Graz, Austria; ^xInstitute of Medical Informatics, Statistics and Documentation, Medical University Graz, 8036 Graz, Austria; ^yDepartment of Biological Psychology, Vrije Universiteit Amsterdam and EMGO Institute for Health and Care Research, 1081 BT Amsterdam, The Netherlands; ^zUsher Institute for Population Health Sciences and Informatics, University of Edinburgh, Edinburgh EH8 9AG, United Kingdom; ^{aa}National Institute for Health and Welfare, 00271 Helsinki, Finland; ^{bb}Quantified Employee-Unit, Finnish Institute of Occupational Health, 00250 Helsinki, Finland; ^{cc}Cardiovascular Health Research Unit, Department of Medicine, University of Washington, Seattle, WA 98101; ^{dd}Department of Public Health, University of Helsinki, 00014 Helsinki, Finland; ^{ee}Medical Research Council Epidemiology Unit, Institute of Metabolic Science, University of Cambridge School of Clinical Medicine, Cambridge CB2 0QQ, United Kingdom; ^{ff}Department of Clinical Chemistry, Fimlab Laboratories and University of Tampere School of Medicine, Tampere 33520, Finland; ^{gg}Department of Twin Research and Genetic

Epidemiology, King's College, London SE1 7EH, United Kingdom; ^{hh}National Institute for Health Research Biomedical Research Centre at Guy's and St. Thomas' Foundation Trust, London SE1 9RT, United Kingdom; ⁱⁱCenter for Public Health Genomics, Department of Public Health Sciences, University of Virginia, Charlottesville, VA 22903; ^{jj}Biostatistics Section, Department of Public Health Sciences, University of Virginia, Charlottesville, VA 22903; ^{kk}Department of Psychiatry, Institute for Health and Care Research (EMGO) Institute for Health and Care Research and Neuroscience Campus Amsterdam, Vrije Universiteit Amsterdam University Medical Center/Geestelijke Gezondheids Zorg (GGZ) inGeest, 1081 HL Amsterdam, The Netherlands; ^{ll}Institute of Health Informatics, University College London, London NW1 2DA, United Kingdom; ^{mmm}Farr Institute of Health Informatics Research, University College London Institute of Health Informatics, London NW1 2DA, United Kingdom; ⁿⁿDepartment of Medicine, Beth Israel Deaconess Medical Center and Harvard Medical School, Boston, MA 02215; ^{oo}Department of Cardiovascular Sciences, University of Leicester, Glenfield Hospital, Leicester LE3 9QP, United Kingdom; ^{pp}National Institute for Health Research Leicester Cardiovascular Biomedical Research Unit, Glenfield Hospital, Leicester LE3 9QP, United Kingdom; ^{qq}Division of Epidemiology, Human Genetics, and Environmental Sciences, University of Texas Health Sciences Center, Houston, TX 77225; ^{rr}Faculty of Medicine, University of Tartu, 50411 Tartu, Estonia; ^{ss}Department of Molecular Epidemiology, Institute of Epidemiology II, Helmholtz Zentrum München, 85764 Neuherberg, Germany; ^{tt}Institute for Maternal and Child Health—Istituto di Ricovero e Cura a Carattere Scientifico (IRCCS) Burlo Garofolo, 34137 Trieste, Italy; ^{uu}Division of Preventive Medicine, Brigham and Women's Hospital, Boston, MA 02215; ^{vv}Medical Research Council Epidemiology Unit, University of Cambridge School of Clinical Medicine, Cambridge CB2 0QQ, United Kingdom; ^{www}Research Institute, Icelandic Heart Association, 201 Kopavogur, Iceland; ^{xx}Alzheimer Scotland Research Centre, University of Edinburgh, Edinburgh EH8 9JZ, United Kingdom; ^{yy}Interfaculty Institute for Genetics and Functional Genomics, University Medicine Greifswald, 17475 Greifswald, Germany; ^{zz}Department of Cardiology, Leiden University Medical Center, 2300 RC Leiden, The Netherlands; ^{aaa}Department of Gerontology and Geriatrics, Leiden University Medical Center, 2300 RC Leiden, The Netherlands; ^{bbb}Department of Internal Medicine, Erasmus Medical Center, 3015 CN Rotterdam, The Netherlands; ^{ccc}Department of Epidemiology, Erasmus Medical Center, 3000 CA Rotterdam, The Netherlands; ^{ddd}Department of Cardiology, University Medical Center Groningen, University of Groningen, 9700RB Groningen, The Netherlands; ^{eee}Medical Research Council Human Genetics Unit, Institute for Genetics and Molecular Medicine, University of Edinburgh, Western General Hospital, Edinburgh EH4 2XU, United Kingdom; ^{fff}Department of Medical Sciences, University of Trieste, 34149 Trieste, Italy; ^{ggg}Human Genetics Center, University of Texas Health Science Center at Houston, Houston, TX 77225; ^{hhh}Division of Epidemiology, University of Texas Health Science Center at Houston, Houston, TX 77225; ⁱⁱⁱDepartment of Cardiology, Ealing Hospital, Middlesex UB1 3HW, United Kingdom; ^{jjj}Imperial College Healthcare National Health Service Trust, London W12 0HS, United Kingdom; ^{kkk}Harvard Medical School, Boston, MA 02115; ^{lll}Psychology, University of Edinburgh, Edinburgh EH8 9JZ, United Kingdom; ^{mmm}Department of General Practice and Primary Health Care, University of Helsinki, 00014 Helsinki, Finland; ⁿⁿⁿUnit of General Practice, Helsinki University Central Hospital, 00014 Helsinki, Finland; ^{ooo}Folkhälsan Research Centre, Public Health Research, 00290 Helsinki, Finland; ^{ppp}Vasa Central Hospital, 65130 Vasa, Finland; ^{qqq}Institute for Biochemistry and Molecular Medicine, Friedrich Alexander University Erlangen-Nuremberg, 91054 Erlangen, Germany; ^{rrr}Department of Genomics of Common Disease, School of Public Health, Imperial College London, London W12 0HR, United Kingdom; ^{sss}Department of Psychiatry and Psychotherapy, University Medicine Greifswald, 17475 Greifswald, Germany; ^{ttt}Faculty of Medicine, University of Iceland, 101 Reykjavik, Iceland; ^{uuu}National Institute on Aging, NIH, Bethesda, MD 20892; ^{vvv}Department of Obstetrics and Gynecology, Oulu University Hospital, 90029 Oulu, Finland; ^{www}Medical Research Center, University of Oulu, 90014 Oulu, Finland; ^{xxx}Unit of Primary Care, Oulu University Hospital, 90220 Oulu, Finland; ^{yyy}Department of Psychiatry, Washington University School of Medicine in St. Louis, St. Louis, MO 63110; ^{zzz}Institute of Medical Sciences, University of Aberdeen, Aberdeen AB25 2ZD, United Kingdom; ^{aaa}Institute of Epidemiology II, Helmholtz Zentrum München, German Research Center for Environmental Health GmbH, D-85764 Neuherberg, Germany; ^{bbb}Center for Life Course Epidemiology, Faculty of Medicine, University of Oulu, Oulu FI-90014, Finland; ^{ccc}Biocenter Oulu, University of Oulu, Oulu FI-90014, Finland; ^{ddd}Faculty of Medicine, National Heart & Lung Institute, Cardiovascular Science, Hammersmith Hospital, Imperial College London, London W12 0NN, United Kingdom; ^{eee}Institute of Social and Preventive Medicine, Centre Hospitalier Universitaire Vaudoise, 1010 Lausanne, Switzerland; ^{fff}Collegium for Advanced Studies, University of Helsinki, 00014 Helsinki, Finland; ^{ggg}Institute of Behavioural Sciences, University of Helsinki, 00014 Helsinki, Finland; ^{hhh}Wake Forest School of Medicine, Department of Epidemiology & Prevention, Public Health Sciences, Wake Forest School of Medicine, Winston-Salem, NC 27157; ⁱⁱⁱDepartment of Psychiatry, Washington University School of Medicine, St. Louis, MO 63110; ^{jjj}Genetic Epidemiology, Queensland Institute of Medical Research Berghofer Medical Research Institute, Herston, Brisbane QLD 4029, Australia; ^{kkk}Department of Epidemiology, University of Washington, Seattle, WA 98195; ^{lll}Department of Health Services, University of Washington, Seattle, WA 98195; ^{mmm}Group Health Cooperative, Group Health Research Institute, Seattle, WA 98101; ⁿⁿⁿDepartment of Clinical Physiology and Nuclear Medicine, Turku University Hospital, University of Turku, Turku 20520, Finland; ^{ooo}Research Centre of Applied and Preventive Cardiovascular Medicine, University of Turku, Turku 20520, Finland; ^{ppp}Department of Psychological and Brain Sciences, Indiana University, Bloomington, IN 47405; ^{qqq}Institute for Translational Genomics and Population Sciences, Los Angeles Biomedical Research Institute at Harbor–University of California, Los Angeles Medical Center, Torrance, CA 90509; ^{rrr}Institute of Molecular Biology and Biochemistry, Centre for Molecular Medicine, Medical University of Graz, 8010 Graz, Austria; ^{sss}Institute of Cardiovascular and Medical Sciences, Faculty of Medicine, University of Glasgow, Glasgow G31 2ER, United Kingdom; ^{ttt}Population Health Research Institute, St. George's, University of London, London SW17 0RE, United Kingdom; ^{uuu}Department of Hygiene and Epidemiology, University of Ioannina Medical School, 45110 Ioannina, Greece; ^{vvv}Department of Genetics, University Medical Center Groningen, University of Groningen, 9700RB Groningen, The Netherlands; ^{www}Durrer Center for Cardiogenetic Research, Interuniversity Cardiology Institute of The Netherlands–Netherlands Heart Institute, 3511GC Utrecht, The Netherlands; ^{xxx}Department of Medicine, Internal Medicine, Lausanne University Hospital, 1011 Lausanne, Switzerland; ^{yyy}Department of Endocrinology, University Medical Center Groningen, University of Groningen, 9700RB Groningen, The Netherlands; ^{zzz}Division of Biological Research on Drug Dependence, Department of Pharmaceutical, Biosciences, Uppsala University, 751 24 Uppsala, Sweden; ^{aaa}Key Laboratory of Metabolism and Molecular Medicine, Ministry of Education, 200032 Shanghai, People's Republic of China; ^{bbb}Department of Biochemistry and Molecular Biology, Fudan University Shanghai Medical College, 200032 Shanghai, People's Republic of China; ^{ccc}Department of Biostatistics, University of Washington, Seattle, WA 98195; and ^{ddd}Department of Molecular Biology, University of Texas Southwestern Medical Center, Dallas, TX 75390

- Anonymous (2014) *Global Status Report on Alcohol and Health* (WHO, Geneva).
- Rehm J, et al. (2009) Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. *Lancet* 373(9682):2223–2233.
- Rose G (1981) Strategy of prevention: Lessons from cardiovascular disease. *Br Med J (Clin Res Ed)* 282(6279):1847–1851.
- Hines LM, Rimm EB (2001) Moderate alcohol consumption and coronary heart disease: A review. *Postgrad Med J* 77(914):747–752.
- Heath AC, Meyer J, Eaves LJ, Martin NG (1991) The inheritance of alcohol consumption patterns in a general population twin sample. I. Multidimensional scaling of quantity/frequency data. *J Stud Alcohol* 52(4):345–352.
- Bierut LJ, et al. (2012) ADH1B is associated with alcohol dependence and alcohol consumption in populations of European and African ancestry. *Mol Psychiatry* 17(4):445–450.
- Schumann G, et al. (2011) Genome-wide association and genetic functional studies identify autism susceptibility candidate 2 gene (AUTS2) in the regulation of alcohol consumption. *Proc Natl Acad Sci USA* 108(17):7119–7124.
- Fisher FM, Maratos-Flier E (2016) Understanding the physiology of FGF21. *Annu Rev Physiol* 78:223–241.
- Owen BM, Mangelsdorf DJ, Klier SA (2015) Tissue-specific actions of the metabolic hormones FGF15/19 and FGF21. *Trends Endocrinol Metab* 26(1):22–29.
- Dushay JR, et al. (2014) Fructose ingestion acutely stimulates circulating FGF21 levels in humans. *Mol Metab* 4(1):51–57.
- Sánchez J, Palou A, Picó C (2009) Response to carbohydrate and fat refeeding in the expression of genes involved in nutrient partitioning and metabolism: Striking effects on fibroblast growth factor-21 induction. *Endocrinology* 150(12):5341–5350.
- Zhao C, et al. (2015) FGF21 mediates alcohol-induced adipose tissue lipolysis by activation of systemic release of catecholamine in mice. *J Lipid Res* 56(8):1481–1491.
- Chu AY, et al.; CHARGE Nutrition Working Group; DietGen Consortium (2013) Novel locus including FGF21 is associated with dietary macronutrient intake. *Hum Mol Genet* 22(9):1895–1902.
- Talukdar S, et al. (2016) FGF21 Regulates Sweet and Alcohol Preference. *Cell Metab* 23(2):344–349.
- von Holstein-Rathlou S, et al. (2016) FGF21 mediates endocrine control of simple sugar intake and sweet taste preference by the liver. *Cell Metab* 23(2):335–343.
- Splansky GL, et al. (2007) The Third Generation Cohort of the National Heart, Lung, and Blood Institute's Framingham Heart Study: Design, recruitment, and initial examination. *Am J Epidemiol* 165(11):1328–1335.
- Müller CP, Schumann G (2011) Drugs as instruments: A new framework for non-addictive psychoactive drug use. *Behav Brain Sci* 34(6):293–310.
- Liang Q, et al. (2014) FGF21 maintains glucose homeostasis by mediating the cross talk between liver and brain during prolonged fasting. *Diabetes* 63(12):4064–4075.
- Owen BM, et al. (2014) FGF21 acts centrally to induce sympathetic nerve activity, energy expenditure, and weight loss. *Cell Metab* 20(4):670–677.
- Douris N, et al. (2015) Central fibroblast growth factor 21 browns white fat via sympathetic action in male mice. *Endocrinology* 156(7):2470–2481.
- Iizuka K, Takeda J, Horikawa Y (2009) Glucose induces FGF21 mRNA expression through ChREBP activation in rat hepatocytes. *FEBS Lett* 583(17):2882–2886.
- Uebanso T, et al. (2011) Paradoxical regulation of human FGF21 by both fasting and feeding signals: Is FGF21 a nutritional adaptation factor? *PLoS One* 6(8):e22976.
- Heilig M, Koob GF (2007) A key role for corticotropin-releasing factor in alcohol dependence. *Trends Neurosci* 30(8):399–406.
- Bulik-Sullivan BK, et al.; Schizophrenia Working Group of the Psychiatric Genomics Consortium (2015) LD Score regression distinguishes confounding from polygenicity in genome-wide association studies. *Nat Genet* 47(3):291–295.
- Willer CJ, Li Y, Abecasis GR (2010) METAL: Fast and efficient meta-analysis of genome-wide association scans. *Bioinformatics* 26(17):2190–2191.
- Bookout AL, et al. (2013) FGF21 regulates metabolism and circadian behavior by acting on the nervous system. *Nat Med* 19(9):1147–1152.