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- BLOOD WITHDRAWAL AFFECTS IRON STORE DYNAMICS IN PRIMATES WITH CONSEQUENCES ON MONOAMINERGIC SYSTEM FUNCTION
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- Abstract-Iron homeostasis is essential for the integrity of 18 brain monoaminergic functions and its deregulation might be involved in neurological movement disorders such as the restless legs syndrome (RLS). Although iron metabolism breakdown concomitantly appears with monoaminergic system dysfunction in iron-deficient rodents and in RLS patients, the direct consequences of peripheral iron deficiency in the central nervous system (CNS) of non-human primates have received little attention. Here, we evaluated the peripheral iron-depletion impact on brain monoamine levels in macaque monkeys. After documenting circadian variations of iron and iron-related proteins (hemoglobin, ferritin and transferrin) in both serum and cerebrospinal fluid (CSF) of normal macaques, repeated blood withdrawals (RBW) were used to reduce peripheral iron-related parameter levels. Decreased serum iron levels were paradoxically associated with increased CSF iron concentrations. Despite limited consequences on tissue monoamine contents (dopamine - DA, 3, 4-dihydroxyphenylacetic acid - DOPAC, homovanillic acid, L-3, 4-dihydroxyphenylalanine - L-DOPA, 5-8 hydroxytriptamin - 5-HT, 5-hydroxyindoleacetic acid - 5-

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Abbreviations: 5-HIAA, 5-hydroxyindoleacetic acid; 5-HT, 5-8 hydroxytriptamin; BW, blood withdrawal; CNS, central nervous system; CSF, cerebrospinal fluid; DA, dopamine; DAergic, dopaminergic; DOPAC, 3, 4-dihydroxyphenylacetic acid; Hgb, hemoglobin; HPLC, High- performance liquid chromatography; L-DOPA, L-3, 4-dihydroxyphenylalanine; NA, noradrenaline; NHP, non-human primates; PFC, prefrontal cortex; RBW, repeated blood withdrawals; RLS, restless legs syndrome. HIAA and noradrenaline) measured with post-mortem chromatography, we found distinct and region-dependent relationships of these tissue concentrations with CSF iron and/or serum iron and/or blood hemoglobin. Additionally, striatal extracellular DA, DOPAC and 5-HIAA levels evaluated by *in vivo* microdialysis showed a substantial increase, suggesting an overall increase in both DA and 5-HT tones. Finally, a trending increase in general locomotor activity, measured by actimetry, was observed in the most serum iron-depleted macaques. Taken together, our data are compatible with an increase in nigrostriatal DAergic function in the event of iron deficiency and point to a specific alteration of the 5-HT/DA interaction in the CNS that is possibly involved in the etiology of RLS. © 2015 Published by Elsevier Ltd. on behalf of IBRO.

Key words: iron, ferritin, dopamine, serotonin, non-human primate, microdialysis, HPLC, actimetry, hyperlocomotion, restless legs syndrome/Willis–Ekbom disease.

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INTRODUCTION

Iron homeostasis is essential for fundamental metabolic 21 processes including the physiological functioning of the 22 central nervous system (CNS). Its deregulation affects 23 many aspects of brain neurotransmission (Hentze et al., 24 2010) and is best known to occur in the restless legs syn-25 drome (RLS)/Willis-Ekbom disease, a prevalent and 26 chronic sensorimotor disorder that typically manifests in 27 a circadian pattern (Allen et al., 2014). In this condition, 28 the interplay between iron metabolism and the dopami-29 nergic (DAergic) transmission is increasingly recognized 30 to be the core of the pathological process (Earley et al., 31 2014). In patients with RLS, reduced iron stores have 32 been evidenced in circulating blood, in the cerebrospinal 33 fluid (CSF) and in the substantia nigra (Earley et al., 34 2000; Connor et al., 2003, 2004; Pittock et al., 2004; 35 Mizuno et al., 2005). However, the mechanism by which 36 the reduction in blood iron concentrations impacts the 37 DAergic metabolism and translates into RLS symptoms 38 remains speculative (Earley et al., 2014), especially as 39 brain-iron insufficiency does not mirror systemic iron defi-40 ciency (Ben-Shachar et al., 1986; Youdim et al., 1989; 41 Earley et al., 2000; Mizuno et al., 2005). On one hand, 42 compelling evidence from rodents with nutritional iron 43 deficiency supports an increase in DAergic nigrostriatal 44 neurotransmission (Beard et al., 1994; Chen et al., 45

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1995; Nelson et al., 1997; Bianco et al., 2009; Unger 46 47 et al., 2014), which is in line with human brain autopsy and imaging findings (Connor et al., 2009; Earley et al., 48 2011, 2013). On the other hand, evidence of reduced 49 DAergic transmission in RLS stems from the excellent 50 pharmacological response to low-dose DAergic medica-51 tions (Akpinar, 1987; Hening et al., 1999) and from clinical 52 53 and electrophysiological data reporting enhanced spinal cord excitability (Bara-Jimenez et al., 2000; Aksu and 54 Bara-Jimenez, 2002), which is thought to be the conse-55 quence of a reduced dopamine-mediated inhibition from 56 descending supraspinal diencephalospinal L-3, 4-dihy-57 droxyphenylalanine (L-DOPA) neurons, originating in the 58 59 hypothalamus (A11) (Barraud et al., 2010). In small animals, reduced DAergic transmission at the level of the 60 spinal cord and triggering hyperactive behavior has been 61 shown in rodents following direct injection of 6-hydroxy-62 dopamine into the A11 area (Ondo et al., 2000). 63 Combined with bilateral destruction of the A11 area, iron 64 65 deprivation further significantly augments locomotor activity in comparison to mice that were only iron-deprived (Qu 66 et al., 2007; Zhao et al., 2007). Therefore, it is likely that 67 changes in blood iron concentrations differentially alter 68 69 the DAergic system function.

70 Iron deficiency has also been shown to affect other 71 monoaminergic pathways, notably the serotoninergic system (Beard et al., 1994; Chen et al., 1995; Nelson 72 73 et al., 1997) either directly and/or indirectly by way of interactions between the monoaminergic systems 74 (Fitoussi et al., 2013; Hensler et al., 2013; Engeln et al., 75 2014). As deregulation of serotonergic transmission also 76 contributes to the development of RLS (Rottach et al., 77 2008; Jhoo et al., 2010), the causal role of iron-homeosta-78 sis breakdown in the etiology of the disorder appears 79 increasingly established. 80

In this study we sought to evaluate the impact of 81 progressive serum iron depletion on brain monoamine 82 83 (dopamine (DA), serotonin – 5-8 hydroxytriptamin (5-HT) and noradrenaline - NA) levels in the macaque monkey. 84 85 After documenting the circadian variations of iron and iron-related proteins (hemoglobin - Hgb, ferritin and 86 transferrin) in both serum and CSF of normal macaques, 87 we developed a repeated blood withdrawal (RBW) 88 protocol (Wills and Stewart, 1935) to induce a progressive 89 90 serum decrease in levels of iron and other iron-related 91 parameters. Striatal variations in monoamine concentra-92 tions and their metabolite levels were first measured using 93 in vivo microdialysis and then by high-performance liquid chromatography (HPLC) in post-mortem tissues. To eval-94 uate the behavioral impact of iron depletion, davtime and 95 96 nighttime general locomotor activity was also assessed 97 in actimetry cages at various time points of the RBW protocol. 98

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EXPERIMENTAL PROCEDURES

100 Animals

Eighteen adult male *Macaca fascicularis* (Xierxin, Beijing, People's Republic of China; weight = 6.3 ± 1.3 kg; age = 7 ± 2 years) were used in this study. Briefly, 18 control animals were used to measure basal

parameters concentrations of iron allowing the 105 homogenization of interindividual differences of 106 physiological values. Nine of them were further 107 submitted to the RBW protocol assorted to baseline and 108 post-RBW locomotor assessments. Two RBW-naive 109 animals, formerly tested for basal iron and iron-related 110 proteins, (equivalent species and age), were added as 111 controls for in vivo microdialvsis and post-mortem 112 analyses (see Fig. 1 for detailed experimental design). 113 The remaining seven animals that did not go through 114 the RBW protocol, locomotor tests and monoamine 115 assessments were allowed to recover before joining 116 other experimental protocols, thus minimizing the use of 117 non-human primate (NHP) in the present study. All 118 experiments were performed in accordance with the 119 French (87-848. Ministère de l'Agriculture et de la Forêt) 120 and European Communities Council Directive (2010/63/ 121 EU) guidelines for the care of laboratory animals. 122 Animals were permanently housed in individual cages 123 $(L70 \times W60 \times H80 \text{ cm};$ Institute of Laboratory Animal 124 Sciences, China Academy of Medical Sciences, Beijing, 125 China) and under controlled conditions (temperature: 126 24 ± 1 °C, humidity: 50 ± 20%, light/dark cycle: 12-h/ 127 12-h, light switched on/off:8-am/8-pm) in an AAALAC-128 accredited facility following acceptance of the study 129 design and the approval of the Institute of Laboratory 130 Animal Science IACUC (Chinese Academy of Medical 131 Sciences of Beijing, 10021, China). The use of NHP 132 was minimized by using an experimental design that 133 significant changes permits statistically to be 134 demonstrated with the smallest number of animals per 135 group and the smallest number of groups, consistent 136 with good scientific practice. All steps were taken to 137 improve the welfare and avoid the suffering of the 138 animals in accordance with the "Weatherall report for 139

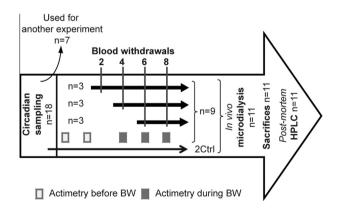


Fig. 1. Chronological experimental design. Eighteen macaques were used for physiological circadian blood sampling. Only nine of them were used for the subsequent RBW protocol: three animals were assigned to each BW condition (i.e. 4, 6, and 8 BW). Thus, all nine animals underwent 4 BW, six animals were subjected to 6 BW and the last three animals to 8 BW. Locomotor activity was assessed in each group at the baseline and throughout the BW protocol, every 2 BW, until completion of the procedure. For *in vivo* microdialysis, two control (Ctrl) animals formerly tested for physiological iron values were added to the nine experimental monkeys. After the completion of *in vivo* microdialysis, all 11 animals were euthanized and brain tissue was collected for further post-mortem analysis. BW = blood withdrawals, Ctrl = control.

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