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Citation for published version:

Digital Object Identifier (DOI):
10.1258/la.2009.009032

Link:
Link to publication record in Edinburgh Research Explorer

Document Version:
Publisher's PDF, also known as Version of record

Published In:
Laboratory Animals

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Lab Anim 2010 44: 199
DOI: 10.1258/la.2009.009032

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What is This?
Environmental disturbance confounds prenatal glucocorticoid programming experiments in Wistar rats

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Abstract

Low birth weight in humans is predictive of hypertension in adult life, and while the mechanisms underlying this link remain unknown, fetal overexposure to glucocorticoids has been implicated. We have previously shown that prenatal dexamethasone (DEX) exposure in the rat lowers birth weight and programmes adult hypertension. This current study aimed to unravel the molecular nature of this hypertension. However, unknowingly, post hoc investigations revealed that our animals had been subjected to environmental noise stresses from an adjacent construction site, which were sufficient to confound our prenatal DEX-programming experiments. This perinatal stress successfully established low birth weight, hypercorticosteronaemia, insulin resistance, hypertension and hypothalamic–pituitary–adrenal axis dysfunction in vehicle (VEH)-treated offspring, such that the typical distinctions between both treatment groups were ameliorated. The lack of an additional effect on DEX-treated offspring is suggestive of a maximal effect of perinatal stress and glucocorticoids, serving to prevent against the potentially detrimental effects of sustained glucocorticoid hyper-exposure. Finally, this paper serves to inform researchers of the potential detrimental effects of neighbouring construction sites to their experiments.

Keywords: Construction, environment, glucocorticoid, programming, refinement

Laboratory Animals 2010; 44: 199–205. DOI: 10.1258/la.2009.009032

As research institutions expand and respond to ever-changing building and animal welfare regulations, they are required to undergo either new construction and/or renovation. However, such structural changes are associated with a plethora of nuisances, such as noise and vibration, with each disturbance being capable of powerfully stimulating the hypothalamic–pituitary–adrenal (HPA) axis.¹ The auditory system is permanently open – even during sleep. Its rapid and overshooting excitations in response to noise signals are subcortically connected, via the amygdala, to the HPA axis, resulting in corticotrophin releasing hormone and adrenocorticotropic hormone release.² Animal experiments show noise-induced changes in the sensitivity of glucocorticoid receptor (GR) by increase of heat-shock proteins³ and ultrastructural changes of the adrenal gland.⁴ Increased cortisol levels have been found in humans when exposed to aircraft⁵ or road traffic noise,⁶ even during sleep,⁷ implying these effects are mainly without mental control. Of course, increased glucocorticoid and sympathetic neural secretion is a perfect short-term stress response, coordinating appropriate metabolic and vascular changes, and thereby assisting the individual to negotiate the stressor. However, over prolonged time periods, such as persistent noise-induced stress responses, can be gravely damaging to health.²,⁸

Numerous animal studies have documented the programming effects of pre- and postnatal stress on offspring physiology and behaviour, which are remarkably analogous to those induced by fetal glucocorticoid overexposure. Exposing pregnant dams to stressful stimuli results in both maternal and fetal HPA activation.⁹,¹⁰ Moreover, these offspring display an activated HPA axis till weaning, as adults are more anxious and stress-responsive.¹⁰,¹¹ These adverse behavioural effects are associated with altered patterns of brain GR expression, as well as alterations in the circadian rhythm of corticosterone secretion,¹¹ consistent with HPA axis dysregulation. Similarly, prenatal dexamethasone (DEX) treatment results in permanent lifelong hyperactivation of the HPA axis,¹² also associated with altered brain GR expression and increased anxiety-related behaviour.¹³ The sympathetic nervous system (SNS) further participates in stress responses, even in fetal life,¹⁴ and prenatal exposure to various stressors affects the development of sympathetic innervation and/or its regulation.¹⁵ One study on the offspring of rats kept in hypoxia during pregnancy showed altered development of
sympathetic centres involved in blood pressure regulation, which continued to adversely affect offspring blood pressure throughout adulthood. In line with these observations, we found that prenatal DEX-treated offspring display hypersensitive pressor responses to even the mildest stressor (e.g. being weighed), and that the resulting stress-induced hypertension is mediated by altered sympathetic nerve reactivity. Postnatal manipulations, such as handling newborn pups, also induce modified stress responses, by reducing anxiety through altered HPA feedback sensitivity and hippocampal GR expression.

Here we report the phenotypes of offspring treated with either vehicle (VEH) or DEX during the last week of gestation, which were unintentionally further subjected to perinatal stress, as a result of adjacent construction work. The facility in which our animals are housed was refurbished during this time, and was further located next to a newly constructed wing of a large district general hospital.

Materials and methods

Animals

Adult Wistar rats (200–250 g; Harlan, Bicester, UK, catalogue number Hsd:W1), housed in open-top cages, were maintained under conditions of controlled lighting (lights on 07:00 to 19:00) and temperature (22°C), and allowed ad libitum access to food (CRM(E) rat and mouse breeder and grower expanded diet: 61.9% carbohydrate, 18.8% protein, 3.4% oil, 0.6% NaCl; SDS, Wiltham, UK) and non-treated tap water. All experiments were performed in accordance with the UK Animals (Scientific Procedures) Act, 1986.

Prenatal treatments

Virgin female rats were housed with adult male rats. Pregnancy was confirmed by the presence of a vaginal plug, checked every morning. Pregnant females were housed singly and randomly assigned to one of two treatment groups (n = 9–10/group). DEX (100 μg/kg/day, dissolved in 4% ethanol–0.9% saline, 200 μg/mL; Sigma-Aldrich, Poole, UK) was given subcutaneously at the end of gestation (embryonic days 14–21 inclusive). A control group received VEH injections during the same period.

Litters

On the day of birth (postnatal day 0), litters were weighed, sexed and culled to eight pups per litter, retaining equal numbers of male and female pups where possible. Litters were then left undisturbed until weaning (postnatal day 21), apart from routine weekly maintenance. After weaning, male and female pups from each litter were housed in single-sex groups of two to four and left undisturbed until the time of testing.

Blood sampling

Blood samples taken from the tail vein of conscious rats wrapped in a folded tea towel on the investigator’s lap took less than 2 min to complete after removal of the rat from its home cage. Applying thumb and index finger pressure to the proximal part of the tail, a scalpel blade was used to make a nick incision in the distal part of the tail vein to initiate blood flow. The tail was subsequently gently milked to ascertain the sample. Blood was collected in Microvette tubes (Sarstedt, Leicester, UK) and stored on ice until centrifugation at 4°C. Subsequently, all the plasma was stored at −80°C until assayed.

Plasma hormonal assays

Plasma corticosterone was analysed with the use of an in-house specific radioimmunoassay as described previously and modified for microtitre plate scintillation proximity assay (Amersham Pharmacia Biotech, Buckinghamshire, UK). Inter- and intra-assay variations were <10%.

HPA axis activity

To assess circadian variation in plasma corticosterone concentrations, rats were handled daily for a minimum of 15 min by the same investigator for two weeks before experiments. Initially they were allowed to roam freely on the investigator’s lap while being stroked by the investigator, before being habituated to being held in a folded tea towel. Blood samples were taken at 08:00 and 20:00.

Oral glucose tolerance test

Offspring underwent an oral glucose tolerance test (OGTT) at six months of age. Animals were fasted overnight, and testing commenced between 08:30 and 09:00 the following morning. An oral glucose load of 2 g/kg was given by gavage, and blood samples were collected at 0, 30 and 120 min. Glucose was determined by the enzymatic (hexokinase) method using a kit (Sigma, Poole, UK). Inter- and intra-assay variations were <2%. Insulin was measured by enzyme-linked immunosorbent assay (Ultrasensitive Rat Insulin ELISA kit; Crystal Chem, Chicago, IL, USA). Inter- and intra-assay variations were <10%.

Phosphoenolpyruvate carboxykinase enzyme activity

At weaning (postnatal day 21), fed animals were killed by decapitation between 09:00 and 10:00, and livers were removed immediately. Phosphoenolpyruvate carboxykinase (PEPCK) activity was measured as previously described.

Blood pressure measurement

Animals between two and three months of age were handled daily and accustomed to the measurement routine for one week before commencement of the experiment. Systolic blood pressure was measured by either an automated tail cuff-plethysmography method or carotid cannulation as previously described.
Statistical analyses

All data are expressed as means ± SEM. Data were compared using one-way or multiple analysis of variance (ANOVA) followed by a least significant difference post hoc multiple comparisons test or unpaired Student’s t-tests, where appropriate. Values were considered significant when $P < 0.05$.

Results

Birth phenotype and catch-up growth

As expected, DEX administration throughout the final week of gestation resulted in a significant decrease in birth weight, i.e. VEH 5.9 ± 0.05 g, DEX 5.4 ± 0.05 g ($n = 67$ for both groups, $P < 0.01$ by Student’s t-test), representing a mean 8.5% reduction in birth weight as a result of prenatal DEX treatment. No differences in gestation length (VEH and DEX; 22 ± 0 days, $n = 8$ per group) or litter size (VEH: 9 ± 1 pups versus DEX: 8 ± 1 pups, $n = 67$ per group) were noted. Figure 1 reveals that male and female offspring from both treatment groups gained weight throughout the course of their postnatal life. Contrary to previous studies, DEX-treated offspring only exhibited catch-up growth until approximately three months of age, thereafter it ceased and they remained approximately 11% lighter than controls for the remainder of their life; for example, at 210 days of age, mean body masses were 660 ± 14 and 591 ± 12 g for VEH- and DEX-treated offspring ($n = 34$ and $39$, respectively, $P < 0.05$ by Student’s t-test).

Systolic blood pressure

Although there was a trend for DEX-treated offspring to display elevated systolic blood pressure when measured by carotid cannulation, this did not reach statistical significance in the present cohort (Figure 2). Similarly, no effect of prenatal treatment was revealed by tail-cuff plethysmography at either two or three months of age (Figure 2). However, systolic blood pressure did increase significantly between two and three months of age in both VEH (from 120 ± 7 to 145 ± 5 mmHg, $P < 0.05$, one-way ANOVA followed by post hoc test) and DEX (from 128 ± 2.5 to 146 ± 5.5 mmHg, $P < 0.05$, one-way ANOVA followed by post hoc test) treated offspring.

Prenatal DEX, hepatic PEPCK activity and glucose homeostasis

Contrary to previous studies, no difference was observed between the prenatal treatment groups on hepatic PEPCK activity (Figure 3a) at three months of age. This was further associated with a lack of effect of prenatal DEX treatment on either plasma glucose (Figure 3b) or insulin (Figure 3c) during an OGTT, performed at six months of age.

Plasma corticosterone concentrations

At three months of age, both male and female offspring of both prenatal treatment groups displayed greatly elevated increases in basal morning (08:00) plasma CORT (Figure 4), compared with those levels normally observed in our laboratory (Table 1).

Figure 1 Growth trajectory of offspring to seven months of age. (a) Growth trajectory of male and female dexamethasone (DEX)- and vehicle (VEH)-treated offspring. Data are presented as mean ± SEM, $n = 34$ (DEX) and 39 (VEH). (b) Catch-up growth of DEX-treated rats: ratio of mean body weights of DEX versus VEH-treated offspring over the same time period.

Figure 2 Offspring systolic blood pressure at two and three months of age. Systolic blood pressure of vehicle (VEH) and dexamethasone (DEX)-treated male offspring at two and three months of age, measured by carotid cannulation (average of 2 consecutive days; readings were taken within the first 10 min after connection of the animal to the apparatus) or tail-cuff plethysmography (average of measurements recorded on the last 3 days of 7 days consecutive measurements). Data are presented as mean ± SEM, $n = 4–6$ per group for carotid cannulation and $n = 10$ per group for tail-cuff plethysmography, one-way analysis of variance followed by post hoc test, $* P < 0.05$.
Detection of environmental disturbance

As each characterizing experiment began to highlight the collapse of our prenatal programming model, we began an extensive hunt of potential stressors. With no change to animal chow, bedding, water supply or animal carers, we looked to an adjacent construction site as the potential perinatal stressor. During construction of the new hospital wing, corticosterone levels were assayed regularly in non-prenatally manipulated rats. These animals were bred in-house, and revealed persistent hypercorticosteronaemia during the construction, e.g. 08:00 samples: $446.5 \pm 158 \text{nmol/L} (n=8)$ at four weeks and $456.5 \pm 142 \text{nmol/L} (n=8)$ at six weeks during building works.

Plasma corticosterone levels in VEH-treated male offspring, and naïve males after the cessation of adjacent building construction

As demonstrated in Figure 5, VEH-treated offspring, aged eight months revealed significant reductions in their basal corticosterone levels, though they still exceeded the upper limit of the normal. Conversely, naïve animals bought into our research facility had corticosterone levels of $31.5 \pm 6 \text{nmol/L} (n=8)$; values were lying well within the normal basal range for our laboratory. Construction of the neighbouring building was completed at this time of testing.

Comparison of offspring phenotypes pre-, during and post-nearby construction

Characterization of this cohort revealed a phenotype that differed substantially from previous and subsequent cohorts of prenatally treated offspring. A summary of the results highlighting the discrepancies between offspring cohorts generated for this study, and those before and after the cessation of building work, is outlined in Table 1.

Discussion

This paper recounts data acquired during a series of investigations intended to unravel the molecular mechanisms underlying the hypertensive phenotype of the DEX-programmed rat. Instead, it reveals how the physiological profile of a prenatal VEH- or DEX-treated animal is confounded by perinatal stress, induced in this case by construction noise. Furthermore, during this same time period the animal facility was frequently but irregularly passed by a plethora of construction lorries and machines accessing the adjacent building site, which would have involved the emission of infrasound. Such environmental disturbances would have been clearly audible to our cohorts, as rodents possess a hearing range that incorporates both ultra- and subsonic frequencies. Moreover, prenatal DEX-treatment programmes greater cochlear sensitivity to noise stress, which is most harmful when emitted irregularly and unpredictably. Thus, these sound frequencies may have induced
compared with previous studies, implying that a factor exists, which antagonizes the effects of glucocorticoids, thereby limiting their adverse effects in the long term. Whether this ‘upper limit’ is a result of modified GR and/or MR expression, or a function of enhanced glucocorticoid metabolism, remains to be established. Alternatively, it is conceivable that a factor exists, which antagonizes the effects of glucocorticoids, thereby limiting their adverse effects in the long term.

Birth weights of both cohorts, but especially of VEH-treated offspring, were significantly reduced when compared with previous studies and later studies, implying that the initiation of environmental stress occurred before birth. Subsequent catch-up growth of DEX-treated offspring also failed to achieve completeness, and they remained on average 11% lighter throughout adulthood, when compared with controls, though the implications of this are controversial. While complete and lack of catch-up growth have been demonstrated in several programming models, each reported cohort still developed a ‘programmed’ phenotype. These studies support the present view that birth weight and, therefore, subsequent catch-up growth form relatively crude markers of exposure to an adverse intrauterine environment, rather than underlying a specific cause of pathophysiology in the offspring. In a previous study, birth weight and postnatal catch-up growth were observed in both male and female DEX-treated offspring, yet the adult ‘programmed’ phenotypes differed substantially, consistent with this hypothesis.

At two and three months of age, no differences in systolic blood pressure were detected by either tail-cuff plethysmography or carotid cannulation. This contrasts with previous reports that utilized these techniques to demonstrate hypertension in DEX-treated adult offspring. While there was an increase in systolic blood pressure between the time of measurement at two and three months of age, it occurred to the same degree in the offspring of both cohorts, and possibly reflects perinatal stress programming. Interestingly, it is the VEH-treated offspring that demonstrate blood pressure values equivalent to those normally associated with prenatal DEX-programming, while the DEX-treated offspring display typically expected values, again suggesting that perinatal noise stress did not add to their phenotype. In terms of mechanism for the hypertension associated with perinatal stress programming, it is most likely mediated through elevated glucocorticoids, altered sympathetic nerve responsiveness and/or an activated renin-angiotensin system. Furthermore, while tail-cuff plethysmography and carotid cannulation are associated with considerable stress artefacts,
the nature of their varying effects on both VEH- and DEX-treated offspring does not implicate them as causative factors in the hypertension detected here. In further contrast to previous and subsequent findings, prenatal DEX treatment did not affect plasma glucose or insulin levels measured at three time points during an OGTT. However, increases in both these plasma variables following the oral glucose load indicate that nothing went awry with the procedure. In line with birth weight and blood pressure data from the present cohorts, the elevated plasma glucose and insulin concentrations measured in VEH-treated offspring mirrored those typically expected of prenatal DEX-treated offspring. Furthermore, the comparable insulin–glucose profile of these offspring cohorts is consistent with their identical hepatic PEPCK activities. Such elevated levels of activity are normally associated with the hyperglycaemia found exclusively in prenatal DEX-treated offspring.

Highly elevated levels of plasma corticosterone, indicative of stress, were observed in both cohort offspring, and again, actually quite negligible, and those environmental variables, variables following the oral glucose load indicate that factors in the hypertension detected here. DEX-treated offspring does not implicate them as causative.

ACKNOWLEDGEMENTS

Expert animal assistance was provided by Mr Willy Mungall. This study was supported by a Wellcome Trust CVRI studentship (DO’R), the Wellcome Trust (JRS and MCH) and the Medical Research Council (CJ). 

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(Accepted 8 November 2009)