

Effects of peripheral administration of GH and IGF-I on gene expression in the hippocampus of hypophysectomised rats

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Abstract

OBJECTIVE: Growth hormone (GH) increases insulin-like growth factor I (IGF-I) production and both hormones affect hippocampal plasticity. We have previously shown that *Hbb* and *Alas2* in the rat hippocampus were robustly regulated by GH-infusions for six days, whereas other transcripts were weakly affected. Here, we explored the effects of prolonged GH administration on transcripts linked to neuroprotection and investigated whether serum IGF-I administration may exert similar effects.

DESIGN: Hypophysectomised female rats were infused with GH or IGF-I for 19 days. *Hbb*, *Alas2* and seven additional GH- and IGF-I-related transcripts were quantified by Q-RT-PCR in rat hippocampus.

RESULTS: Three transcripts, *Hbb*, *Alas2*, and *Alox15* were increased by both GH and IGF-I administration. The other transcripts were marginally affected.

CONCLUSION: The 19-day GH-infusion induced similar effects as those reported after 6-day GH treatment, with the addition of the regulation of transcript *Alox15*. IGF-I induced altered gene expression in relation to its effect on weight gain. This study underlines that there is an entity of transcripts involved in neuroprotection and vascular tone that is regulated by both systemic GH and IGF-I. For other transcripts, the longer duration of this study did not significantly enhance the marginal effects of GH administration seen previously.

INTRODUCTION

Both growth hormone (GH) and insulin-like growth factor I (IGF-I) improve cognitive function and exert multiple effects in the brain. For instance, systemic GH administration increases cell genesis and number of new-born neurons in the adult brain (Åberg et al. 2009; Åberg et al. 2010), induces expression of plasticity-related transcripts (for review, see (Åberg et al. 2006), exerts neuroprotective effects against brain injury (Zhang et al. 2014), and positively affects cognition and memory in rats (Le Greves et al. 2006; Schneider-Rivas et al. 1995; Ong et al. 2018). In general, systemic IGF-I administration exerts effects of a similar type (Guan et al. 2003; Guan et al. 2001; Kooijman et al. 2009).

GH and IGF-I belong to the somatotrophic hormone axis. After being released from the anterior pituitary gland, GH stimulates the liver (Chia 2014; Ohlsson et al. 2009), and to a lesser extent several other tissues (Mathews et al. 1986; Quik 2012; Roelfsema & Clark 2001), to produce and secrete IGF-I. Furthermore, circulating GH may act on the brain as GH receptors are expressed in the brain (Brooks & Waters 2010), and GH has the ability to cross the blood–brain barrier (BBB) (Lopez-Fernandez et al. 1996; Pan et al. 2005; Ye et al. 1997).

IGF-I (D'Ercole et al. 1996; Folli et al. 1996) and IGF-I receptors (IGF-IR) (Wittwer & Hersberger 2007) are expressed in the brain by neurons, glial and endothelial cells. IGF-I can cross the BBB via carrier-mediated uptake (Armstrong et al. 2000; Nishijima et al. 2010), and endocrine IGF-I is believed to mediate some of the effects of GH on the brain such as proliferation, cellular differentiation, various plasticity-related processes in several brain regions (Åberg et al. 2006), trophic effects on central glutamatergic synapses (Trejo et al. 2007), effects on vascular structure and function and synaptic plasticity (Yan et al. 2011). However, it has also

been suggested that there are some distinct differences between the effects of GH and IGF-I with respect to for example neuroprotection (Åberg et al. 2006; Arellanes-Licea et al. 2018; Sonntag et al. 2005).

In previous studies, we have investigated how GH affects male (Walser et al. 2014) and female (Walser et al. 2017) hypophysectomised (Hx) rats after six days of GH-treatment. In both reports, the two transcripts neuron–haemoglobin beta (*Hbb*) and 5'-aminolevulinic synthase 2 (*Alas2*), the rate-limiting enzymes of the haeme synthesis, were considerably decreased in the hippocampus by Hx and robustly restored by GH administration.

In this study, to further examine whether the responsiveness differs between GH and IGF-I administered for a longer period of time, we investigated female Hx rats treated for 19 days with GH- and IGF-I infusions (Åberg et al. 2000). Since we previously observed that the *Igf1*, *Igf1r*, *Hif1a*, *Alas1*, *Gfap* and *Grin2a* transcripts in the female hippocampus were moderately affected by six days of GH-infusion (Walser et al. 2017), we included these transcripts in this study, with the hypothesis that a longer treatment could possibly exert larger effects. We also studied arachidonate 15-lipoxygenase (*Alox15*), also called 15-LOX-1 (or 15-LOX), since it modulates vascular inflammation (Shalini et al. 2018; Wittwer & Hersberger 2007) and neuroprotection (Palacios-Pelaez et al. 2010), and has been found to increase in the hippocampus in response to GH treatment (Yan et al. 2011). Information and references on the transcripts are found in Table 1.

MATERIALS AND METHODS

Animals and hormonal treatment

Female Sprague-Dawley rats (Møllegaard Breeding Center Ltd., Ejby, Denmark), hypophysectomised (Hx) at 50 days of age, with commencement of experiments

Tab. 1. Gene names and abbreviations of commercially available probes. Key references for the transcripts.

Gene symbol	Fullname	Assay number	Reference(s)
<i>Igf1</i>	insulin-like growth factor 1	Rn 99999087_m1	Lopez-Fernandez, 1996
<i>Igf1r</i>	insulin-like growth factor 1 receptor	Rn 00583837_m1	Le Greves, 2006; De Geyter, 2016
<i>Hbb-b1</i>	hemoglobin, beta adult major chain	Rn 00583657_g1	He, 2009; Walser, 2017
<i>Alas2</i>	5'-aminolevulinic synthase 2	Rn01637175_m1	Sadlon, 1999, Walser, 2017
<i>Alox15</i>	arachidonate 15-lipoxygenase	Rn01646191_m1	Yan, 2011; Jung, 2015
<i>Grin2a</i>	glutamate receptor, ionotropic, 2a (N-methyl D-aspartate receptor 2a)	Rn 00561341_m1	Le Greves, 2002; Le Greves, 2006
<i>Gfap</i>	glial fibrillary acidic protein	Rn 00566603_m1	Pekny, 1995
<i>Alas1</i>	5'-aminolevulinic synthase 1	Rn00577936_m1	Thunell, 2006
<i>Hif1a</i>	hypoxia-inducible factor 1, alpha subunit	Rn01472831_m1	Viacava, 2003
<i>Gapdh</i>	glyceraldehyde 3-phosphate dehydrogenase	Rn 01462662_g1	

The probes are assay-on-demand mixes of primers and TaqMan MGB probes (FAM dye-labeled). Further details can be obtained at <http://www.appliedbiosystems.com>

Tab. 2. Weight gain and serum IGF-I levels of experimental animals

	Serum IGF-I ($\mu\text{g/l}$)	<i>p</i>	<i>n</i>	Weight gain (g)	<i>p</i>	<i>n</i>
Intact	1183 \pm 161	< 0.001	3	58.7 \pm 9.6	< 0.001	3
Hx	67 \pm 7		6	0 \pm 3.4		6
Hx + GH	712 \pm 94	< 0.001	8	51.9 \pm 6.7	< 0.001	8
Hx + IGF-I	145 \pm 30	< 0.001	5	9.3 \pm 3.4	0.014	7

T-tests are performed relative to Hx. Variation is given in 95% CIs. The number of rats in each group = *n*.

approximately one week later. The rats weighed 150 g at arrival, were maintained under standard conditions of temperature (24–26 °C) and humidity (50% to 60%) and a 14 h light: 10 h darkness cycle. The rats had free access to standard laboratory chow and water (Rat and mouse standard diet, B&K Universal Ltd., Sollentuna, Sweden). Body weight was measured every second day (0800 h) and Hx rats gaining in weight more than 0.5 g/day were excluded prior to experiments. All Hx rats received substitution therapy with cortisol phosphate (400 $\mu\text{g/kg/24h}$; Solucortef, Upjohn, Puurs, Belgium) and L-thyroxine (10 $\mu\text{g/kg/24h}$; Nycomed, Oslo, Norway) as a daily subcutaneous injection at 0800 h. The rats were divided into a control group (designated Hx) (*n*=6) and two treatment groups, which either received bovine GH (bovine GH recombinant) (*n*=8), a gift from American Cyanamide Co. (Princeton, NJ), or rhIGF-I (*n*=7) provided by Genentech, Inc. (South San Francisco, CA). Hormone administration, was maintained for 19 days, with continuous infusion of bGH (1 mg/kg/24h), or rhIGFI (0.85 mg/kg/24h) via miniosmotic pumps implanted sc in the neck (0.25 $\mu\text{L/h}$, total volume 232 μL , model Alzet 2004 model, Alza Corp.). The samples from hippocampus were frozen, and stored until preparation. In a previous report the cerebral cortex (*n*=8) from this experiment have been used for assessment of expression (Åberg *et al.* 2000). Due to the use of hippocampal samples in the present study and cerebrocortical samples in the previous study, the samples were derived from partially different rats. Therefore, in the present report, this resulted in slightly different weight gains (*n*=7) and s-IGF-I (*n*=5) in the IGF-I group compared to previously reported results. All treatment procedures were approved by the Board of Animal Ethics at the University of Gothenburg.

Quantitative reverse transcription polymerase chain reaction (Q-RT-PCR)

Q-RT-PCR was used to quantify the transcripts. Total RNA was extracted from the hippocampus essentially according to Chomczynski and Sacchi, with minor modifications as described previously (Blomstrand *et al.* 1999; Chomczynski & Sacchi 1987). For assessment of RNA prior to downstream experiments, the optical density (OD) of 260/280 measurement via NanoDrop

1000 (Thermo Scientific) was used for quantification and Experion™ RNA analysis kit was used for quality assessment (Fleige & Pfaffl 2006). These assessments indicated a high quality of RNA with RQI >7.8. cDNA was prepared from 250 ng total RNA using the High-Capacity cDNA Reverse Transcription Kit (Applied Biosystems). Q-RT-PCR analysis was performed using an ABI Prism 7900 Sequence Detection System (Applied Biosystems). Predesigned, TaqMan Gene Expression Assays were used (Applied Biosystems) (Table 1, for further details see <http://www.appliedbiosystems.com>). For information on the calculations of the Q-RT-PCR, see previously published Supplementary information (Walser *et al.* 2014). All transcript levels were normalized to the expression of GAPDH, and are therefore arbitrary but linear for each transcript, and comparisons between treatment groups represent actual linear changes.

Serum IGF-I analysis

Serum IGF-I concentrations were determined by a hydrochloride acid–ethanol extraction radioimmunoassay, using human IGF-I for labelling (Nichols Institute Diagnostics, San Juan Capistrano, CA, USA) (Åberg *et al.* 2000; Rivero *et al.* 1994), with an inter-assay variability of 4.7% and an intra-assay variability of 3.8%.

Statistical analysis

Values are presented as the mean \pm 95% confidence interval (CI). The values were log-transformed before evaluating effects of GH and IGF-I administrations as compared to Hx controls using two-tailed t-tests (in our case identical to ANOVA throughout the study). The Q-RT-PCR values of gene expression were logarithmically transformed to obtain better normal distribution, where appropriate. Post-hoc comparisons were not corrected for multiple comparisons, as the primary aim was to assess whether a change in the GH-treatment group was also present in the IGF-I-treatment group.

RESULTS

Systemic effects of GH and IGF-I

The GH-infusion group resulted in 88% of the weight gain in intact rats, and the IGF-I infusion group reached

16% of the weight gain in intact rats (Table 2). The s-IGF-I levels in the GH-treated group increased 10.5-fold relative to Hx after 19 days of treatment, while in the IGF-I group, there was a 2.2-fold increase of s-IGF-I relative to Hx. The comparatively small increase in s-IGF-I corresponded to modest weight gain in the IGF-I treated rats. Among the IGF-I treated rats, there were clearly two populations; those who increased their weight gain and those who did not change their weight during the study. Therefore, in a posthoc analysis, data were separated for the group of the rats that exceeded the weight gains of the hx-group (i.e. weight gain > 6 g, n=4). These rats are shown below as "IGF-I- higher weight gain" (IGF-I-hwg) and had an average weight gain of 12.5 ± 3.0 g ($p < 0.001$). The low number of s-IGF-I observations (hwg, n=2 and non-hwg, n=3) precluded significance testing of s-IGF-I in the hwg and non-hwg-groups.

GH and IGF-I administration robustly increase *Hbb*, *Alas2* and *Alox15*

The expression of *Hbb*, *Alas2* and *Alox15* transcripts in the Hx group was well below the level of the intact group (Hx compared to intact group: 0.6-fold, 0.6-fold, and 0.7-fold, respectively). The three transcripts were affected in the same direction by both GH and IGF-I administration as compared to Hx. GH administration significantly increased *Hbb*, *Alas2*, *Alox15* and *Gfap* (Hx compared to GH group: 3.1-fold, 3.2-fold, 3.8-fold, and 1.3-fold, respectively) (Figure 1), whereas only the *Alox15* transcript was significantly increased by IGF-I (1.4-fold). However, in the IGF-I-hwg group, *Hbb*, *Alas2*, and *Alox15* were significantly raised as compared

to hx (1.7-fold, 1.7-fold, and 1.7-fold, respectively), whereas GFAP was not significantly increased ($p=0.11$).

The transcripts *Igf1*, *Igf1r*, *Grin2a*, *Hif1a* and *Alas1* were not significantly affected by either GH or IGF-I administration.

DISCUSSION

In this report, we show that 19-day GH-infusion increased the expression of three transcripts, *Hbb*, *Alas2* and *Alox15*. For *Hbb* and *Alas2*, the effect size was of a similar magnitude as compared to that after 6 days of GH treatment (Walser et al. 2017), indicating that the GH effect is not markedly decreased over time. In addition, we show for the first time that IGF-I-treatment could increase expression of *Hbb*, *Alas2* and *Alox15*, but only in IGF-I treated rats gaining weight. For the other transcripts, the longer duration of this study did not significantly influence transcript levels.

Robustly increased transcripts and their functional consequences

The three transcripts with increased expression following GH and IGF-I treatment (*Hbb*, *Alas2* and *Alox15*), are all related to oxidative stress; *Hbb* and *Alas2* by increased oxygenation (Sadlon et al. 1999; Schelshorn et al. 2009) of the tissue and *Alox15* by regulating vascular tone, local blood flow, and blood pressure (Chawengsub et al. 2009). Based on these findings, we speculate that the basal metabolic rate may be lowered in Hx rats and that the administration of GH triggers the restoration of the basal metabolism leading to increased oxygen consumption, thereby affecting neuronal

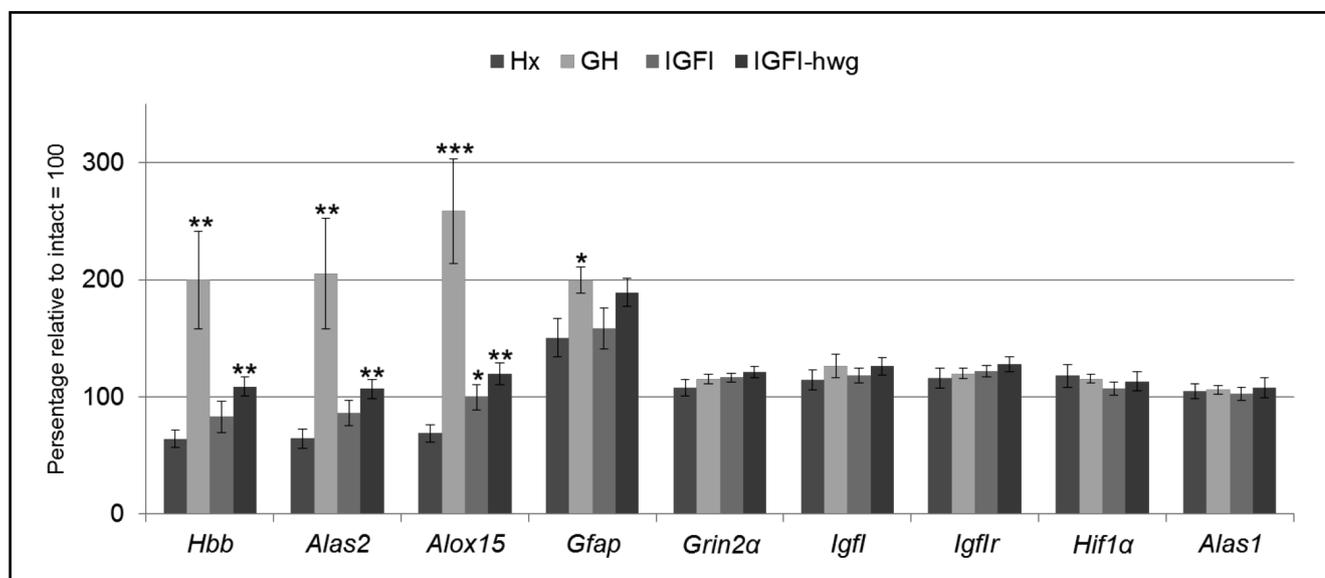


Fig. 1. Level of transcripts in hippocampus

All transcript levels are normalised to the level of the *Gapdh* transcript, the levels are therefore arbitrary but quantitative. For easier comparison, the average levels for intact rats have been set to 100%. Data are presented as means \pm 95% confidence intervals (CIs). Statistically significant differences calculated by t-tests are thus indicated by non-overlapping CI. Number of rats in the respective groups; Hx (n=6), GH (n=8), IGF-I (n=7) and IGF-I-hwg = IGF-I-higher weight gain (n=4). * represents Hx vs GH, IGF-I or IGF-I-hwg; $p < 0.05$, ** represents Hx vs GH, IGF-I or IGF-I-hwg; $p < 0.01$, *** represents Hx vs GH, IGF-I or IGF-I-hwg; $p < 0.001$.

oxygen-binding capacity as well as vascular-associated transcripts (Goodman & Griching 1983; Walser *et al.* 2017). Bovine GH transgenic mice show an increase in energy expenditure as compared to littermate controls indicating that GH treatment would increase basal metabolic rate (Olsson *et al.* 2005). In a rat model of GH / IGF-I deficiency [Lewis dwarf (dw / dw)], GH administration increased hippocampal expression of *Alox15*, *Hba-a2* and α and β globins transcripts (Yan *et al.* 2011). Furthermore, neuronal *Hbb* is upregulated following ischemia-induced hypoxia (He *et al.* 2009), which suggests that the regulation of this transcript may have consequences for previously reported GH- and IGF-I-induced neuroprotection (Åberg *et al.* 2006; Zhang *et al.* 2014).

GH and IGF-I and the interactions with insulin and estrogen

Apart from affecting IGF-I, GH also interacts with insulin and indirectly via IGF-I, the estrogen levels may be affected. In previous investigations we have shown the effect of rhIGF-I treatment in hypophysectomised rats given T4 and cortisol as background therapy on serum insulin and C-peptide levels (Frick *et al.* 2000). In that study, a marked and significant reduction in both serum insulin and C-peptide was observed following rhIGF-I treatment. Since GH is known to increase serum insulin levels (Gosteli-Peter *et al.* 1994), and rhIGF-I and GH had similar effects on several mRNA species in the present study, it is concluded that these effects are not likely explained by changed insulin levels. The level of IGF-I binding protein (IGFBP) may influence the half-life and action of IGF-I. Also, nutritional status as well as insulin regulates IGFBPs and therefore IGF-I half-life and action, (for review see, (Thissen *et al.* 1999). In this study IGFBPs were not measured. However, it could be speculated that low IGFBP levels in this study could have affected IGF-I half-life and therefore IGF-I action on brain transcripts.

In the present study, the animals are hypophysectomised and therefore the ovaries produce very low levels estrogens. Since there is an interaction between estrogen and IGF-I, it would be of interest to investigate the combined effect of estrogens and IGF-I on brain transcripts in future studies. Ligand bound estrogen receptor α is required for rapid activation of the IGF-I-receptor signalling cascade (Kahlert *et al.* 2000). Both IGF-I and estradiol activate the MAPK/ERK and the PI3K/Akt pathways involved in IGF-I signalling (Cardona-Gomez *et al.* 2001). Therefore, it is fully possible that additional supplementation with 17 β -estradiol in the IGF-I administration group, would have increased the effect of IGF-I on the studied hippocampal transcripts.

CONCLUSION

The three transcripts *Hbb*, *Alas2* and *Alox15* were decreased by Hx and effectively restored by GH administration. The effect of GH treatment on these transcripts does not seem to be transient since the longer 19-day treatment period of GH-infusion resulted in similar effects as the 6-day treatment. IGF-I infusions had a smaller effect than GH, but when related to weight gain the effect was rather similar. Neuronal *Hbb*, *Alas2* and *Alox15* all have links to the oxygen-binding capacity or regulation of vascular tone and may therefore be vital to neuroprotection and recovery after brain injuries. For further exploration, it would be of interest to analyse the role of *Hbb*, *Alas2*, and *Alox15* in the functional recovery after brain injuries treated with GH/IGF-I infusions.

CONFLICT OF INTEREST STATEMENT

Jan Oscarsson is employed by AstraZeneca. The other authors declare no conflicts of interest.

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