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RESEARCH ARTICLE

BEHAVIORAL AND NEUROLOGICAL EFFECTS OF OMEGA-3 FATTY ACID AGAINST LEAD ACETATE EXPOSURE IN MALE WISTAR RATS: AN EXPERIMENTAL STUDY

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ABSTRACT

Omega-3 fatty acids are potent antioxidants and exhibit a biological activities including neuroprotective, anti-oxidant, anti-apoptotic and anti-inflammatory properties, and have been suggested to be useful in treatment of several diseases. The present study has been undertaken to investigate the protective effect of omega-3 fatty acid (750mg/kg bwt.) against lead acetate (7.5mg/kg bwt.) induced impairment in neurotransmitters and neurobehavioral in wistar rats. The levels of dopamine (DA), nor-epinephrine (NE) and serotonin (5-HT) were evaluated in brain regions (cerebral cortex and cerebellum) of adult male wistar rats. The result showed that the administration of acute dose of lead acetate (7.5 mg/kg bwt.) induced a significant ($P < 0.05$) decrease levels of DA, NE, and 5-HT in the brain region. Treatment of rats with omega-3 fatty acid produced an improvement in most of the studied parameters as well as the neurobehavioral features. In conclusion our data showed that dietary omega-3 fatty acid provide protection on lead-induced behavioral and neurological effects.

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INTRODUCTION

Omega-3 fatty acids (Omega-3FAs), such as docosahexaenoic acid (DHA) and eicosapentaenoic acid (EPA) are essential poly unsaturated fatty acids (PUFAs) that are found in abundance in fish, as well as in some herbs, nuts and plants. Long-chain omega-3 fatty acids can be synthesized from precursors, such as α -linolenic acid, but the rate of this conversion is very low in humans (Das UN, 2006). PUFAs are important building blocks for neuronal cell membranes, and they have potential roles in brain development, neuro-transmission and modulation of ion channels, as well as possessing neuroprotective effects in a number of neurodegenerative conditions including Alzheimer disease (Dyall and Michael-Titus, 2008; Grossfield et al., 2006; Stillwell et al., 2005). Furthermore, recent evidence suggests that the beneficial effects of omega-3 PUFA on reducing the risk of dementia and Alzheimer disease (AD) may be reduced by the presence of the

apolipoprotein E $\epsilon 4$ (*APOE* $\epsilon 4$) allele (Huang et al., 2005; Plourde et al., 2009; Whalley et al., 2008). Omega-3 PUFA have been shown to regulate signal transduction pathways and also influence brain function by affecting production and function of neurotransmitters, inhibition of phospholipase A2 and inhibition of protein kinase-C (Mirnikjoo et al., 2001; du Bois et al., 2006; Bennett and Horrobin, 2000; Seung et al., 2001) Although specific mechanisms of action through which omega-3 PUFAs act remain unknown, but some pathways have been suggested and studied on anti-inflammatory, anti-oxidant and anti-apoptotic properties in vitro as well as in vivo (Bazan NG, 2005; Marcheselli et al., 2003; Calon et al., 2005; Hashimoto et al., 2002).

The brain is particularly susceptible to oxidative stress, because it has a high content of easily peroxidizable long-chain PUFAs such as DHA and AA, and mitochondrial consumption of a large quantity of glucose to fuel the brain's normal energy requirements results in relatively high production of free radicals (Floyd and Hensley, 2002).

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A variety of plant extracts and pharmacological agents have been used to investigate the beneficial effects on health against lead neurotoxicity, and their relative safeness and accumulated evidence of physiological properties in animals and human (Shenoy *et al.*, 2007; Abeer M. Waggas 2012; Bishnoi *et al.*, 2008). Lead (Pb) is a highly neurotoxic agent that induces a wide range of behavioral, biochemical and physiological dysfunctions in humans and experimental animals (Pokras and Kneeland, 2009). Both occupational and environmental exposures remain a serious public health problem in many developing and industrialized countries (Yucebilgic *et al.*, 2003). The developing brain is highly vulnerable and more susceptible to neurotoxic insults than is the adult brain (Vancassel *et al.*, 2001). Lead-exposure occurs through the respiratory and gastrointestinal systems and which is absorbed in soft tissues and bone (Mudipalli, A. 2007).

Lead enters the brain and selectively deposited in the hippocampus and cortex, as well as in non-neuronal elements that are important in the maintenance of the blood brain barrier function. Studies have reported that exposure to low levels of lead has been associated with behavioral abnormalities, learning impairment, decreased hearing, neuromuscular weakness, and impaired cognitive functions in humans and in experimental animals (Verina *et al.*, 2007). A high level of Pb causes damage to almost all organs and most importantly to the central nervous system, liver, kidneys, and blood component, culminating in death, all of them related to the dose and time of lead exposure (Bellinger, D.C., 2008; Abdel Moneim *et al.*, 2011; Canfield *et al.*, 2003). Lead exposure during development impairs neuronal and astroglial changes (Stoltenburg-Didinger *et al.*, 1996; Struzynska *et al.*, 2001), which leads to a reduction of brain ability to use serotonin and dopamine, neurotransmitters directly associated with a cognitive disorders and aggressiveness in mice (Liliana *et al.*, 2010).

Studies have also reported a correlation between lead and various aspects of human behavior such as violent and criminal behavior, homicide, delinquent, antisocial behavior and aggression (Pokras and Kneeland, 2009). Experimental evidence suggests that cellular damage mediated by free radicals can be involved in the pathology associated with Pb intoxication (Flora *et al.*, 2007). In fact, the cerebral damage induced by lead occurs preferentially in the cerebral cortex, cerebellum and hippocampus (Devi *et al.*, 2005). In brain, CNS is the main target for lead toxicity; symptoms of lead poisoning include dullness, forgetfulness, irritability, poor attention span, headache, fatigue, impotence, dizziness, and depression. Lead encephalopathy, a progressive and potentially fatal degeneration of the brain, is the most severe neurological effect of lead poisoning (ATSDR, 1999; Yun *et al.*, 2011). Therefore our interest to study the protective effects of omega-3 fatty acid on lead induced neurotoxicity through the measurement of neurotransmitters: dopamine, norepinephrine, serotonin and neurobehavioral activities in control, omega-3-protected and lead intoxicated rats.

MATERIALS AND METHODS

Animals and treatment

Male rats (weight 180±20 g) of wistar strain (n=24) were purchased from Indian Institute of Toxicology Research

(IITR), Lucknow, (UP) and acclimatized for 1 week prior to experimental use. The animals were separately housed in polypropylene cages at room temperature of 22±2°C, relative humidity of 50±10 % and 12h light dark cycles. They have free access to pellet diet (Dayal Industries, Barabanki, UP, India) and water ad libitum. The experimental protocol was approved by an Institutional Animal Ethics Committee (wide letter no-34/IAH/Pharma-12) of King George's Medical University (KGMU), Lucknow and all experiments were carried out in accordance with the guidelines by the committee for the purpose of control and supervision of experiments on animals (CPCSEA), Ministry of Environment and Forests (Government of India), New Delhi, India. Rats were randomly divided into four groups for simultaneous treatment with six animals in each group as per following details:

Group I treated with 2% tween-20 dissolved in distilled water per oral for the duration of the treatment to serve as controls for 14 days.

Group II treated with lead acetate (7.5 mg/kg b.wt./oral) dissolved in distilled water for 14 days.

Group III treated with omega-3 fatty acid (750 mg/kg b.wt./oral) dissolved in 2% tween-20 for 14 days.

Group IV treated with lead and omega-3 fatty acid in combination identically as in groups II and III for 14 days

Selection of Dose: The dose for lead acetate was selected on the basis of previous studies (Dabrowska-Bouta *et al.*, 1996) and for omega-3 fatty acid based on studies carried out by Abdel Moneim *et al.*, 2011.

At the end of 14 days, rats were fasted for 24 hrs before being anaesthetized by injection (i.p.) of sodium pentothal solution. Neurobehavioral studies were carried out as per plan after the last dose of treatment. A set of five rats randomly selected from each treatment group was used to assess spontaneous locomotor activity, grip strength, rota-rod performance. The same set of rats was used to measure elevated plus maze and morris water maze test, after 1h interval. There after rats were sacrificed by decapitation immediately and brains were taken out quickly, washed in ice cold saline and dissected in to cerebral cortex and cerebellum following the standard procedure (Glowinski and Iversen, 1966). Both cerebral cortex and cerebellum were processed for the assay of biogenic amines: dopamine, nor-epinephrine and serotonin.

Neurobehavioral studies

Morris water maze test

The ability of omega-3 fatty acid to improve memory and learning on lead induced neuro-toxicity in rats were tested by Morris water maze according to the method of Varvel and Lichtman, 2002. The automated tracking system recorded the path length, the escape latency, and swimming speed in the control and treated groups and data were analyzed by the computer as the index of learning and memory.

Elevated plus-maze test

The elevated plus-maze test in rats were assessed according to the method of Broad Hurst (1960). The time spent in the open arms was recorded. Between each trial, the maze was carefully clean with a 10% ethanol solution. The experiment was done with both control and treated rats.

Spontaneous Locomotor activity: Acto- photometer investigation

Spontaneous locomotor activities in rats were investigated by Acto-photometer cage equipment. The movement of animals/min on the grills of the cage across was recorded following the standard procedure as mentioned by Ali *et al.*, 1990. Effect of lead as well as lead plus omega-3 fatty acid on total distance travelled, was studied in the control and treated rats.

Motor Coordination: Rota-rod performance

The performance index of rats on rota-rod equipment was assessed by standard procedure described by Rogers *et al.*, 1997. Effects of lead as well as lead plus omega-3 fatty acid on motor coordination was studied in rats using Rotomex-rota-rod equipment (Columbus Instruments, USA) and the time of fall from the rotating rod was monitored.

Grip strength

Grip strength in rats was assessed by the standard procedure described by Terry *et al.*, 2003. A computerized grip strength meter (TSE, Germany) was used to measure the forelimb grip strength in the control and treated rats.

Neurochemical studies

Assay of biogenic amines in brain regions

Dopamine (DA), Norepinephrine (NE) and Serotonin (5-HT) were extracted and estimated in brain regions (cerebral cortex and cerebellum) which were carried out by reversed phase high performance liquid chromatography (HPLC) with electrochemical detector according to the method of Kim *et al.*, 1987 with minor modifications.

Data were recorded and analyzed with the help of Empower 2 software (Waters, Melford, USA) and results were expressed as ng/g tissue weight.

Statistical analysis

The data have been expressed as the mean±S.E. The results have been analyzed for statistical significance between control and treatment groups by using one way analysis of variance (ANOVA) involving Newman-Keuls test for post-hoc comparisons. The level of significance has been considered at $P < 0.05$

RESULTS

Neurobehavioral studies

Effect on learning and memory deficits in Morris water maze test in rats

Exposure to lead in rats caused a significant decrease in path length (82%), escape latency (2 fold) as compared to rats in the control group and no significant changes were observed in swimming speed between the groups (Table 1). Simultaneous treatment with lead and omega-3 fatty acid in rats increased the path length (34%) and escape latency (35%) as compared to rats treated with lead alone. No significant change on any of these parameters was observed in rats treated with omega-3 fatty acid as compared to controls (Table 1).

Effect on exploratory behavior and anxiety in elevated plus maze test in rats

A significantly less time was spent in open arms (43%) of lead exposed group as compared to control group (Figure 1) Simultaneous treatment with lead and omega-3 fatty acid in rats have shown that more time was spent in the open arms (37%) as compared to rats treated with lead alone. No significant change was observed in rats treated with omega-3 fatty acid as compared to controls (Figure 1).

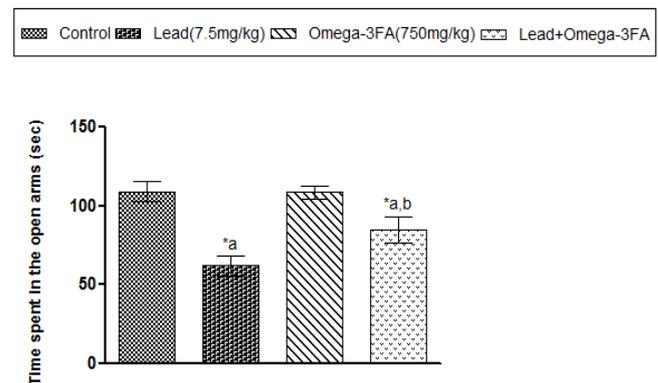


Figure 1. Effect of Lead, Omega-3 Fatty acid and their co-treatment on the exploratory behavior and anxiety of elevated plus maze test in rats for 14 days. Values are mean ± S.E. (n=5). *a (p<0.05)-compared to control group, *b (p<0.05)-compared to lead treated group

Effect on spontaneous locomotor activity

Exposure to lead in rats caused a decrease in total distance travelled (32%) per min as compared to rats in the control group (Figure 2). Simultaneous treatment with lead and omega-3 fatty acid in rats increased the total distance travelled (23%) as compared to rats treated with lead alone. Although distance travelled increased in the co-treatment group compared with lead treatment alone, these parameters remained decreased as compared to controls. No significant change on any of these parameters was observed in rats treated with omega-3 fatty acid as compared to controls (Figure 2).

Table 1. Effect on learning and memory deficits of Morris water maze test in rats following exposure to Lead, Omega-3 Fatty acid and their co-treatment for 14 days

	Control	Lead (7.5mg/kg)	Omega-3 FA (750mg/kg)	Lead + Omega-3FA
Swimming Speed (cm)	18.3±0.73	17.5±0.66	18.4±0.71	18.1±0.5
Path length (cm)	320±15.81	582±22.67 ^{a*}	309±13.91	386±17.78 ^{a,b,*}
Escape latency (sec.)	17.7±0.93	34.6±1.07 ^{a*}	17.1±1.55	22.6±1.20 ^{b,*}

All values are mean ± S.E. (n=5). a,* (P<0.05)-compared to control group, b* (p<0.05)-compared to lead treated group

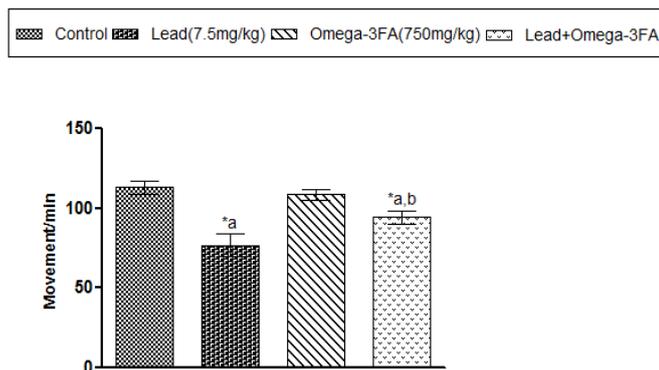


Figure 2. Effect of Lead, Omega-3 Fatty acid and their co-treatment on the Spontaneous Locomotor activity in rats for 14 days. Values are mean ± S.E. (n=5). *a (p<0.05)-compared to control group, *b (p<0.05)-compared to lead treated group

Effect on rota-rod performance

A significant impairment (50%) in motor coordination was observed in rats treated with lead since these rats fell quickly from the rotating rod on rota-rod performance test compared to controls (Figure 3). Treatment with omega-3 fatty acid in rats had no significant effect on the time of fall from the rotating rod as compared to controls. It was interesting to note that the rats simultaneously treated with lead and omega-3 fatty acid stayed on the rotating rod for a longer period of time (61%) as compared to those treated with lead alone. However, these rats fell earlier from the rotating rod as compared to controls (Figure 3).

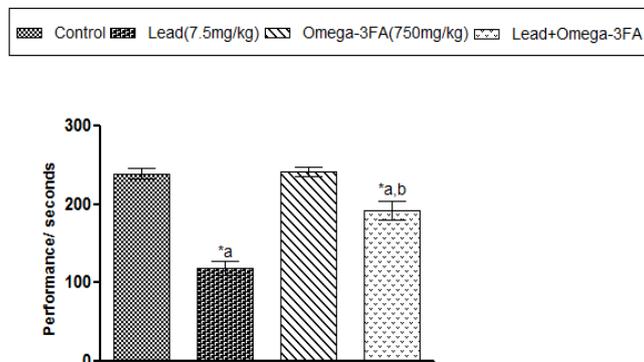


Figure 3. Effect of Lead, Omega-3 Fatty acid and their co-treatment on the Rota-rod performance in rats for 14 days. Values are mean ± S.E. (n=5). *a (p<0.05)-compared to control group, *b (p<0.05)-compared to lead treated group

Effect on grip strength

The grip strength was found to be significantly decreased in rats treated with lead (34%) compared to controls (Figure 4). An improvement in grip strength (30%) was observed in rats simultaneously treated with lead and omega-3 fatty acid in comparison to those treated with lead alone. No significant change on the grip strength was observed in rats treated with omega-3 fatty acid alone compared with control rats (Figure 4).

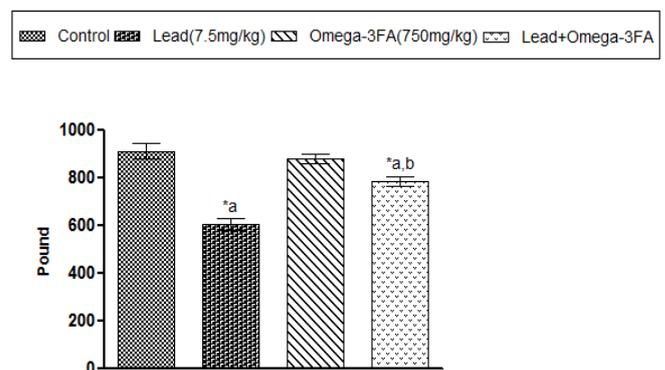


Figure 4. Effect of Lead, Omega-3 Fatty acid and their co-treatment on the fore limb Grip strength in rats for 14 days. Values are mean ± S.E. (n=5). *a (p<0.05)-compared to control group, *b (p<0.05)-compared to lead treated group

Neurochemical studies

Effect on dopamine (DA) level

The lead treated rats exhibited a significant decrease level of DA in cerebral cortex (18%) and in cerebellum (23%) as compared to control (Figure 5). Simultaneous co-treatment with lead and omega-3 fatty acid in rats caused an increase level of DA in cerebral cortex (14%) and in cerebellum (10%) as compared to lead alone. A significant increase level of DA in cerebral cortex (23%) and no significant change in cerebellum in brain regions of rats treated with omega-3 fatty acid alone as compared to controls (Figure 5).

Effect on norepinephrine (NE) level

A significant decrease NE level in cerebral cortex (31%) and in cerebellum (19%) as compared to control (Figure 6).

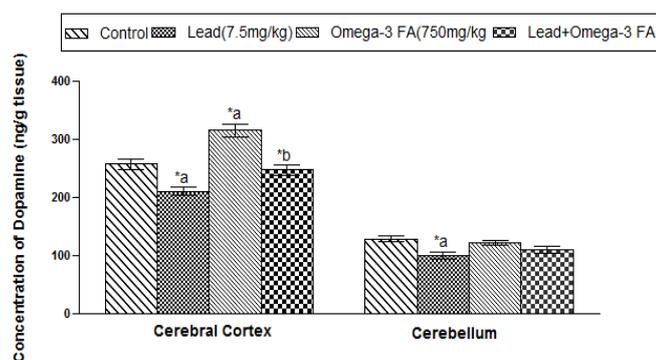


Figure 5. Effect of Lead, Omega-3 Fatty acid and their co-treatment on the level of Dopamine in brain regions of rats for 14 days. Values are mean \pm S.E. (n=5). *a (p<0.05)-compared to control group, *b (p<0.05)-compared to lead treated group

Interestingly, co-treatment with lead and omega-3 fatty acid in rats caused an increase NE level in cerebral cortex (23%) and in cerebellum (17%) as compared to lead alone. A significant increase NE level in cerebral cortex (26%) and in cerebellum (19%) of rats treated with omega-3 fatty acid alone was exhibited as compared to controls (Figure 6).

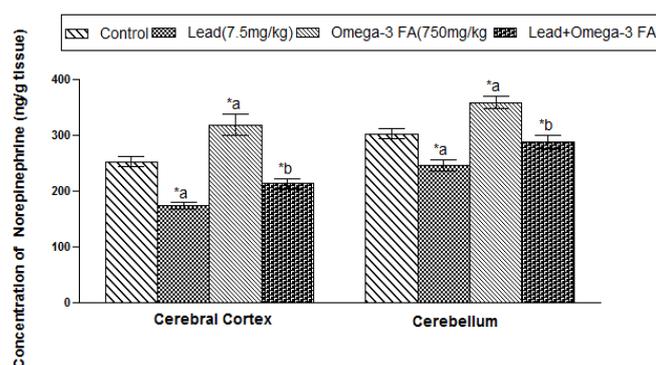


Figure 6. Effect of Lead, Omega-3 Fatty acid and their co-treatment on the level of Norepinephrine in brain regions of rats for 14 days. Values are mean \pm S.E. (n=5). *a (p<0.05)-compared to control group, *b (p<0.05)-compared to lead treated group

Effect on Serotonin (5-HT) level

Exposure to lead in rats caused a significant decrease level of 5-HT in cerebral cortex (9 %) and in cerebellum (12%) as compared to control (Figure 7). Simultaneous treatment with lead and omega-3 fatty acid in rats caused an increase level of 5-HT in cerebellum (26%) and no significant change in cerebral cortex as compared to lead alone. A significant increase level of 5-HT in cerebellum (41%) and no significant change in cerebral cortex in brain regions of rats treated with omega-3 fatty acid alone was exhibited as compared to controls (Figure 7).

DISCUSSION

Lead is widespread non essential toxic heavy metal known to be toxic to mammals. The lead poisoning is most commonly seen with both environmental contaminants and potential neurotoxicological hazards (Brender *et al.*, 2006; Fowler *et al.*, 2004; Jadhav *et al.*, 2007).

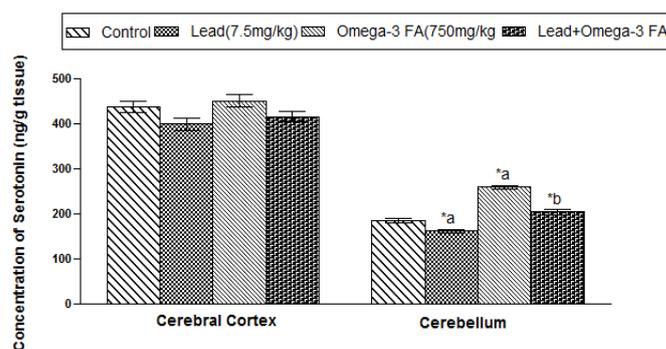


Figure 7. Effect of Lead, Omega-3 Fatty acid and their co-treatment on the level of Serotonin in brain regions of rats for 14 days. Values are mean \pm S.E. (n=5). *a (p<0.05)-compared to control group, *b (p<0.05)-compared to lead treated group

Toxic effect of lead absorption occurs primarily in the brain cells of cerebellum, cortex, and hippocampus. This is accountable for the enhanced central nervous system (CNS) damage in vitro and vivo studies (Gu *et al.*, 2009). After entering blood, lead is quickly mobilized by erythrocytes and distributed in all organs. Ultimately, it accumulates in the brain, liver; kidneys, heart and only 3% remain in the blood plasma. In the absence of excretion, it is deposited at a rate of 90% in the bones in the insoluble form. Absorption may vary depending on dietary factors and the chemical form of the lead. Adult humans absorb 10–15% of ingested lead; however, children absorb up to 50% of ingested lead. Absorption is also increased in children suffering from iron or calcium deficiencies (Barton *et al.*, 1978). It is known that Pb induces growth retardation and reduced food consumption through the contact of lead with appetite-depressant receptors in the gastrointestinal tract (Hammond, 1989; Sharifi, 2002).

Lead induces oxidative damage through interference with glutathione (GSH) utilization and thus it may be a possible contributor to the pathogenesis of Pb poisoning (Lawton and Donaldson, 1991). It was stated that Pb^{2+}/Ca^{2+} interactions may play an important role in the toxicity of Pb in a neurotransmission process and also that inhibitory effects of Pb on voltage-sensitive calcium channels, the inhibition of $Na^+-K^+-ATPase$ by Pb, and the interaction of Pb with proteins may represent mechanisms underlying lead toxicity (Dąbrowska-Bouta *et al.*, 1996). Pb has different effects on biogenic amines levels in brain regions depending on the dose. In the present study, lead exposure produced decreased levels of norepinephrine, dopamine, and serotonin as compared to controls. Simultaneous co-treatment with lead plus omega-3 fatty acid was shown to increase the level of NE, DA and 5-HT as compared to lead treated rats. These data are in accordance with previous studies (Sidhu and Nehru, 2003; Abeer MW, 2012)

Omega-3 fatty acids are essential component of CNS membrane phospholipid-acyl chains and are critical to the dynamic structure of neuronal membranes, where omega-3 fatty acids may influence brain function by affecting production and function of neurotransmitters such as serotonin and dopamine, inhibition of phospholipase A2, and inhibition of protein kinase C (Bourre *et al.*, 1991; du Bois *et al.*, 2006;

Logan AC, 2003). In addition, low levels of the omega-3 fatty acids may produce low levels of 5-hydroxyindolacetic acid present in cerebrospinal fluid, which is the major metabolite of serotonin and in which known to be protective against depression. Omega-3 fatty acid deficiency is also associated with decrements in serotonergic, dopaminergic and noradrenergic neurotransmitters release (Yehuda S, Rabinovitz and Mostofsky, 2006).

Exposure to lead in humans has been reported to cause both CNS and peripheral neuropathy (Flora *et al.*, 2006). Which results in alterations of brain structure, neurobehavioral impairments, hyperactivity and learning and cognitive deficits in children (Needleman, 1993). Both an increase and decrease in motor activity have been observed by lead exposure in rats and mice (Moreira *et al.*, 2001; Correa M, *et al.*, 2004). It was suggested that spontaneous locomotor activities are important determinant in altered response to dose of lead and duration of treatment (Correa M, *et al.*, 2004). In our study, we used acute lead acetate exposure in wistar strains of male rats for the assessment of the deleterious effects of this metal on neurobehavioral. Several of the previous neurobehavioral studies in this area have focused on the effects of lead (Bressler and Goldstein, 1991).

A decrease in locomotor activity and forelimb grip strength was observed in lead exposed groups as compared to control in the present study which is consistent with previous studies (Saritha S, *et al.*, 2014). Interestingly, co-treatment with lead plus omega-3 fatty acid increased improvement in the locomotor activity and forelimb grip strength as compared to lead exposed groups. Rota-rod is a preferred test to evaluate the performance of motor coordination in experimental studies. Exposure to lead also affected the rota-rod performance of rats as compared to those of controls; these are in agreement with previous studies (Roger's *et al.*, 1997). Simultaneous, co-treatment with lead plus omega-3 fatty acid protected the lead induced alterations in rota-rod performance.

Furthermore, experiments on elevated plus maze have shown that lead exposed rats spent shortest time in the open arm as compared to control rats. Interestingly, co-treatment with lead plus omega-3 fatty acid spent longest times in the open arms than the lead treated groups. Our data suggested that rats with acute exposure to Pb have less exploratory activity and high state of anxiety. These data are in agreement with previous studies (Kahloula, *et al.*, 2013). In our study, using a morris water maze, a significant impairment in path length and escape latency (which an indicator of learning and memory deficit) was exhibited in lead treated rats as compared to controls, which is supported by previous studies (Kamel *et al.*, 2010). Simultaneous, co-treatment with lead plus omega-3 fatty acid improved learning and memory as compared to lead treated rats. Animal studies showed that depletion of DHA from the retina and brain caused reduced visual function and learning deficits (Innis SM, 2003). Now DHA has been shown to be involved in many important physiological functions, such as promoting neuronal growth in hippocampal neurons and ameliorating the impairment of learning ability in Alzheimer's disease and traumatic brain injury (Calderon and Kim, 2004; Hashimoto *et al.*, 2005).

EPA has similar effects on learning and memory as DHA (Song and Horrobin, 2004). Dietary DHA has shown to improve neuronal development, restoring and enhancing cognitive functions (Greiner *et al.*, 1999; Gamoh *et al.*, 2001). It is critical for cellular functioning, normal brain development, and memory and cognitive processes in animals and humans (Calderon and Kim, 2004; Wainwright *et al.*, 1994).

Conclusion

Here, this study clearly indicated the ameliorating effects of omega-3 fatty acid administered in combination with lead acetate to minimize the effects of neurobehavioral changes and impairment in neurotransmitters caused by lead exposure. So our result suggested that omega-3 fatty acids may play a protective role on lead induced neurotoxicity and associated human health risk.

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