The anti-inflammatory effects of venlafaxine in the rat model of carrageenan-induced paw edema

Valiollah Hajhashemi 1, Mohsen Minaiyan 1, Hamid Reza Banafshe 2, 3, Azam Mesdaghinia 2, 3, Alireza Abed 3 *

1 Department of Pharmacology and Toxicology and Isfahan Pharmaceutical Research Center, School of Pharmacy and Pharmaceutical Sciences, Isfahan University of Medical Sciences, Isfahan, Iran
2 Physiology Research Center, Kashan University of Medical Sciences, Kashan, Iran
3 Department of Pharmacology, School of Medicine, Kashan University of Medical Sciences, Kashan, Iran

ABSTRACT

Objective(s): Recently anti-inflammatory effects of antidepressants have been demonstrated. Venlafaxine belongs to newer antidepressants with serotonin norepinephrine reuptake inhibition property. The pain alleviating properties of venlafaxine in different pain models such as neurogenic pain, diabetic neuropathy, and fibromyalgia have been demonstrated. Anti-inflammatory effects of venlafaxine and also its underlying mechanisms remain unclear. The present study was designed to evaluate the anti-inflammatory effects of venlafaxine and determine possible underlying mechanisms.

Materials and Methods: We examined the anti-inflammatory effects of intraperitoneal (IP) and intracerebroventricular (ICV) administration of venlafaxine in the rat model of carrageenan-induced paw edema.

Results: Our results showed that both IP (50 and 100 mg/kg) and ICV (50 and 100 μg/rat) injection of venlafaxine inhibited carrageenan-induced paw edema. Also IP and ICV administration of venlafaxine significantly decreased myeloperoxidase (MPO) activity and interleukin (IL)-1β and tumor necrosis factor (TNF)-α production. Finally, we tried to reverse the anti-inflammatory effect of venlafaxine by yohimbine (5 mg/kg, IP), an alpha2-adrenergic antagonist. Our results showed that applied antagonist failed to change the anti-inflammatory effect of venlafaxine.

Conclusion: These results demonstrated that venlafaxine has potent anti-inflammatory effect which is related to the peripheral and central effects of this drug. Also we have shown that anti-inflammatory effect of venlafaxine is mediated mostly through the inhibition of IL-1β and TNF-α production and decreases MPO activity in the site of inflammation.

Introduction

Recently the role of antidepressants, particularly conventional tricyclic antidepressants (TCAs) such as amitriptyline, nortriptyline, and doxepin for alleviating various types of pain, such as inflammatory and neuropathic pain have been shown (1-3). Moreover, it has been reported that fluoxetine, paroxetine, and sertraline can modulate the ability of microglia to produce the proinflammatory-cytokine such as tumour necrosis factor-α (TNF-α) and the free radical nitric oxide (NO) (4-6). Venlafaxine is a structurally novel phenylethylamine belongs to newer antidepressants that block the synoptosomal uptake of noradrenaline and serotonin (7). The pain alleviating properties of venlafaxine in different pain models such as neurogenic pain, diabetic neuropathy, and fibromyalgia have been demonstrated (8-10). In addition venlafaxine does not induce the usual TCAs side effects caused by their anticholinergic, antihistaminic, and alpha1-adrenergic antagonistic properties (11). Thus this drug could be a novel and promising treatment in the different kinds of inflammatory pain. But the anti-inflammatory effects of venlafaxine and the underlying mechanisms have not been fully examined. The aims of this study were to (a) determine the effect of systemic venlafaxine injections on the carrageenan-induced paw edema, (b) examine the possible involvement of central mechanism in the anti-inflammatory activity of venlafaxine, (c) determine the effect of venlafaxine on the myeloperoxidase (MPO) activity in the site of inflammation, (d) evaluate the effect of venlafaxine on inflammatory cytokines such as IL-1β and TNF-α production, and (e) investigate the potential role of alpha 2-adrenergic receptors in this effect of venlafaxine.

*Corresponding author: Alireza Abed. Department of Pharmacology, School of Medicine, Kashan University of Medical Sciences, Kashan, Iran. Tel: +98-313-7922695; Fax: +98-311-6680011; email: alirezaabed@pharm.mui.ac.ir
Materials and Methods

Animals and housing conditions
The experiments were performed on male Sprague Dawley rats (200-250 g). They were housed four per cage, in a room under controlled temperature (23±2 °C), humidity (50%), and lighting (12/12 hr light/dark cycle), with food and water available ad libitum.

Chemicals
Venlafaxine was obtained from Darupakhsh pharmaceutical Co., Iran. Carrageenan (lambda) was obtained from Fluka Chemical (Switzerland) and dissolved in saline solution. IL-1β (ALPCO, USA), and TNF-α (R&D Company, USA) kits were used for measurement the cytokines level.

Surgical procedure
The rats were anesthetized with intraperitoneal (IP) injection of ketamine (50 mg/kg) and xylazine (10 mg/kg). Then an intracerebroventricular (ICV) cannula was implanted with stereotaxic coordinates: AP: -0.8 mm, L: 1.4 mm, and V: 3.3 mm, based on Paxinos and Watson atlas (12). The rats were handled daily for additional five days before the experiments to familiarize them with experimental manipulations and lessen nonspecific stress responses. At the end of the experiments rats with the ICV cannulas were sacrificed, and their brains were removed and examined to confirm the correct insertion of the cannula.

Carrageenan-induced paw edema
100 μl of a 1% (w/v) suspension of carrageenan lambda was injected subplantar in the right hind paw (13). Immediately before carrageenan injection and then at 4 hr after that the volume of the paw was determined by a plethysmometer (Ugo Basile, Italy).

Experimental design
All the applied doses in this experiment were chosen according to previous studies (14, 15).

In the first series of experiments, the effect of venlafaxine (50 and 100 mg/kg, IP; n=6) on paw edema was examined. Venlafaxine was injected 30 min before subplantar injection of carrageenan. Paw volumes (ml) were measured before carrageenan injection, and then again, at 4 hr after that. Control group was treated only with vehicle (5 ml/kg, IP; n=6). The animals were sacrificed at the end of the experiments, and the inflamed paw was collected for cytokines and MPO activity measurement.

In the second series, we used the ICV route to determine the involvement of supraspinal levels in the anti-inflammatory effects of venlafaxine. Venlafaxine was injected smoothly for 1 min through the ICV cannula (50 and 100 μg/rat; n=6), 30 min before carrageenan injections and the paw volumes were measured. The control group were treated by vehicle (ICV, 5 μl; n=6). Finally, in order to evaluate the possible role of alpha 2-adrenergic receptors in the inhibitory effect of venlafaxine on carrageenan-induced inflammation, animals were pretreated with yohimbine (5 mg/kg, IP) 15 min before administration of venlafaxine. At the end of experiments animals were sacrificed and the paw tissues were collected to measure the cytokine levels and MPO activity.

Myeloperoxidase activity assay
MPO activity, an index of polymorphonuclear leukocyte accumulation, was measured in the inflamed paw according to the modified method of Bradley (16). Paw tissue was chopped and homogenized in potassium phosphate buffer. Then, the homogenate was sonicated and centrifuged for 15 min at 4 °C. After that, potassium phosphate buffer (50 mM, pH 6.0) containing o-dianisidinedihydrochloride (0.167 mg/ml) and 0.005% hydrogen peroxide was added to the supernatant. The change in the absorbance of the reaction mixture was measured at 450 nm over a 5-min period using a UV-V in spectrophotometer. Data was expressed as the change in absorbance/min/g paw tissue.

Measurement of the IL-1β and TNF-α level in the rat paw
TNF-α and IL-1β levels in the inflamed paws were measured using an enzyme-linked immune sorbent assay (ELISA) commercial kit according to the manufacturer’s instructions. The cytokine levels were calculated after plotting the standard curves and expressed as pg/g tissue.

Statistical analysis
The data are expressed as the means±S.E.M. Data were compared by one-way analysis of variance (ANOVA) followed by Fisher’s LSD post hoc test for multiple comparisons. The minimal level of significance was considered at P<0.05.

Results
Effect of IP injection of venlafaxine on carrageenan-induced paw edema
As shown in Figure 1, IP injection of venlafaxine at the doses of 50 and 100 mg/kg significantly decreased the development of paw edema as compared to the control group.

Effect of ICV injection of venlafaxine on carrageenan-induced paw edema
As illustrated in Figure 2, ICV administration of venlafaxine (50 and 100 μg/rat) attenuated paw edema formation as compared to the control group.

Effect of venlafaxine on the MPO activity
The MPO activity of paw tissue was significantly
Effect of venlafaxine (50 and 100 mg/kg, IP) on carageenan-induced paw edema in rats. Venlafaxine or the vehicle was administered 30 min prior to carageenan (1%) injection, and the rats were evaluated for paw edema at 4 hr after carageenan injection. The results are expressed as mean±SEM. *P<0.05 versus control group; n=6 in all groups; venlafaxine 50 (venlafaxine 50 mg/kg, IP); venlafaxine 100 (venlafaxine 100 mg/kg, IP) raised at 4 hr after carageenan injections. As shown in Figure 3, venlafaxine (50 and 100 mg/kg, IP) significantly reduced MPO activity in the paw. The ICV administration of venlafaxine (50 and 100 µg/rat) also decreased the MPO activity, compared to control group.

Effect of venlafaxine on IL-1β concentration
As illustrated in Figure 4, carageenan injections significantly increased IL-1β concentration in the hind paw. Venlafaxine (50 and 100 mg/kg, IP) significantly reduced IL-1β level. The ICV administration of venlafaxine (50 and 100 µg/rat) also significantly attenuated production of IL-1β in the carageenan-injected paws.

Effect of venlafaxine on TNF-α concentration
As shown in Figure 5, IP administration of venlafaxine (50 and 100 mg/kg) significantly reduced TNF-α production. The ICV injection of venlafaxine (50 and 100 µg/rat) also inhibited the production of TNF-α in the carageenan-injected paw.

Discussion
In the present study we showed that IP and ICV administration of venlafaxine exhibit a significant anti-inflammatory effect in rat models of carageenan-induced paw edema. Our results showed that venlafaxine was effective in attenuating paw edema of the inflammation induced by carageenan.

Carrageenan-induced paw edema is one of the most frequently used models for the study of inflammation, inflammatory pain, and the anti-inflammatory activity of different compounds (17, 18). Nitric oxide and inflammatory cytokines such as TNF-α and IL-1 are released following carageenan...
injections in the hind paw (19, 20). In the present study the interference of venlafaxine with PMN cells migration has been examined. Our results showed that both IP and ICV administration of venlafaxine caused a noticeable reduction in the infiltration of PMN leukocytes in the site of inflammation.

As mentioned above carrageenan injection also aggravates the release of pro-inflammatory cytokines such as TNF-α and IL-1β. Cytokines have a vital role in the generation and deterioration of inflammatory disease (21-24).

Our results also showed that IP and ICV injection of venlafaxine significantly reduced the IL-1β production in carrageenan-injected paw tissues. Systemic and central injection of venlafaxine also decreased the concentration of TNF-α.

Multiple lines of studies have shown central mechanisms that modulate peripheral inflammation. Previous reports have shown that noradrenaline suppresses the production of IFN-α and enhances the production of IL-10, so has significant negative immune regulatory effects. By administration of β and α2-adrenoceptor agonists and antagonists, it has been shown that the noradrenaline not only inhibits the IFNγ production through β and α2-adrenoceptor activation, but also stimulates IL-10 production by β-adrenoceptor activation. Noradrenaline dose-dependently inhibits IL-6 secretion from murine spleen slices under bacteria-rich conditions; it also causes a dose-dependent inhibition of lipopoly-saccharide (LPS)-induced IL-6 production (25-27). It is well known that venlafaxine causes alterations in central norepinephrine and serotonin neurotransmitters (7). Locus coeruleus which is one of the most important nuclei involved in depression, pain, and inflammation is inhibited by venlafaxine through α2-adrenoceptor mediated mechanism (28-30). Activation of the α2-adrenoceptors leads to a progressive reduction in locus coeruleus electrical activity (29). It could be suggested that enhancement of norepinephrine concentrations in the locus coeruleus via venlafaxine can lead to over activation of α2-adrenoceptors and suppression of locus coeruleus electrical activity (28).

Our results showed that ICV administration of venlafaxine attenuates the development of paw edema.

Thus the effect of venlafaxine on central nerves system to alter neuroimmune interactions and/or sympathetic nervous system activity that affect the function of the immune system could be considered as one of the possible mechanisms of venlafaxine responsible in attenuation of inflammation.

It is also possible that venlafaxine changes the activity of descending neuronal pathways projecting from the brain to the spinal cord and leads to the inhibition of the peripheral nerve activity and dorsal root reflexes associated with the neurogenic component of inflammation (31).

Body of evidences showed the connection between the inflammation and the generation of pain. Previous studies have demonstrated that the inhibition of pro-inflammatory cytokines generation attenuates the hyperalgesia induced in different inflammatory processes (22, 23). Therefore, it seems that the effect of venlafaxine on PMN cells migration, TNF-α, and IL-1β production may participate in its analgesic effect.

Conclusion

Results of the present study showed that venlafaxine has anti-inflammatory property and suggested that at least some of this effect is mediated through supraspinal and peripheral sites.

Moreover, we found that venlafaxine decreased PMN leukocytes infiltration and the generation of inflammatory cytokines (IL-1β and TNF-α). Thus it is possible that analgesic effects of venlafaxine are mediated through its effects on the pro-inflammatory mediators.

Acknowledgment

The results described in this paper were part of PhD thesis and were supported financially by Vice
Chancellor of Research, Isfahan University of Medical Sciences, Isfahan, Iran.

References

1. Gurgel JA, Lima-Júnior RC, Rabelo CO, Pessoa BB, Brito GA, Ribeiro RA. Amitriptyline, clomipramine, and maprotiline attenuate the inflammatory response by inhibiting neutrophil migration and mast cell degranulation. Rev Bras Psiquiatr 2013; 35:387-392.

2. Bohren Y, Tessier LH, Megat S, Petitjean H, Hugel S, Daniel D, et al. Antidepressants suppress neutrophilic pain by a peripheral β2-adrenoceptor mediated anti-TNFα mechanism. Neurobiol Dis 2013; 60:39-50.

3. Panahi Y, Davoudi SM, Beiraghdar F, Amiri M. Doxepin cream vs betamethasone cream for treatment of chronic skin lesions due to sulfur mustard. Skin Med 2011; 9:152-158.

4. Kostadinov ID, Delev DP, Murdjeva MA, Kostadinova HI. Experimental study on the role of 5-HT2 serotonin receptors in the mechanism of anti-inflammatory and antihyperalgesic action of antidepressant fluoxetine. Folia Med (Plovdiv) 2014; 56:43-49.

5. Saito H, Wakai J, Sekiguchi M, Kikuchi S, Konno S. The effect of selective serotonin reuptake inhibitor (SSRI) on pain-related behavior in a rat model of neuropathic pain. Eur Spine J 2014; 23:2401-249.

6. Hochstrasser T, Ehrlich D, Sperner-Unterweger B, Humpel C. Antidepressants and anti-inflammatory drugs differentially reduce the release of NGF and BDNF from rat platelets. Pharmacopsychiatry 2013; 6:29-34.

7. Baldessarini RJ. Drugs for the treatment of psychiatric disorders. In: Hardman JG, LE Limbird LE. Goodman & Gilman's The Pharmacological Basis of Therapeutics, 10th eds. McGraw Hill, New York: USA; 2001:pp 447-483.

8. Sumpton JE, Moulin DE. Treatment of neuropathic pain with venlafaxine. Ann Pharmacother 2001; 35:557-559.

9. Cegielska-Perun K, Bujalska-Zadrożyńska M, Tatarakiwicz J, Gąsinska E, Elżbieta H, Nowak M. Venlafaxine and neuropathic pain. Pharmacology 2013; 91:69-76.

10. Dwight MM, Arnold LM, O'Brien H, Metzger R, Morris-Park E, Keck PE. A randomized double-blind placebo-controlled trial of venlafaxine treatment for fibromyalgia. Psychosomatics 1998; 39:14-17.

11. Ellingrod VL, Perry PJ. Venlafaxine: a heterocyclic antidepressant. Ann J Hosp Pharm 1994; 51:3000-3046.

12. Budantsev AI, Kisluii OS, Shul’govskii VV, Ryukanov DS, Birkov AV. The brain in stereotaxic coordinates (a textbook for colleges). Zh Vyssh Nerv Deiat Im 1993; 43:1045-1051.

13. Winter CA, Risely EA, Nuss GW. Carrageenin-induced edema in hind paw of the rat as an assay for anti-inflammatory drugs. Proc Soc Exp Biol Med 1962; 111:544-547.

14. Arcioğlu F, Buldanoğlu U, Salanturoğlu G, Ozyalçin NS. Evaluation of antinociceptive and anti-inflammatory effects of venlafaxine in the rat. Agr 2005; 17:41-46.

15. Hajhashemi V, Banafshe HR, Minaiyan M, Mesdaghnia A, Abed A. Antinociceptive effects of venlafaxine in a rat model of peripheral neuropathy: role of alpha2-adrenergic receptors. Eur J Pharmacol 2014; 738:230-236

16. Bradley PP, Priebe DA, Christensen RD, Rothstein G. Measurement of cutaneous inflammation: estimation of neutrophil content with an enzyme marker. J Invest Dermatol 1982; 78:206-209.

17. Sadeghi H, Hajhashemi V, Minaiyan M, Movahedian A, Talehi A. A study on the mechanisms involved in the anti-inflammatory effect of amitriptyline in carrageenan-induced paw edema in rats. Eur J Pharmacol 2011; 667:396-401.

18. Gilligan JP, Lovato SJ, Erion MD, Jing Y. Modulation of carrageenan induced hind paw edema by substance P. Inflammation 1994; 18:285-292.

19. Halici Z, Dengiz GO, Odabasoglu F, Suleyman H, Cadiirci E, Halici M. Amiodarone has anti-inflammatory and anti-oxidative properties: an experimental study in rats with carrageenan-induced paw edema. Eur J Pharmacol 2007; 566:215-221.

20. Nacife VP, Soeiro MN, Gomes RN, D’Avila H, Castro-FariaNeto HC, Meirelles MN. Morphological and biochemical characterization of macrophages activated by carrageenan and lipopolysaccharide in vivo. Cell Struct Funct 2004; 29:27-34.

21. Codarri L, Fontana A, Becher B. Cytokine networks in multiple sclerosis: lost in translation. Curr Opin Neurol 2010; 23:205-211.

22. Feldmann M, Maini SR. Role of cytokines in rheumatoid arthritis: an education in pathophysiology and therapeutics. Immunol Rev 2008; 223:7-19.

23. Ichinose M, Barnes PJ. Cytokine-directed therapy in asthma. Curr Drug Targets Inflamm Allergy 2004; 3:263-269.

24. Papadakis KA, Targan SR. Role of cytokines in the pathogenesis of inflammatory bowel disease. Annu Rev Med 2000; 51:289-298.

25. Kovaru H, Pav M, Kovalar F, Raboch J, Fiserova A. Cell signaling in CNS and immune system in depression and during antidepressant treatment: focus on glial and natural killer cells. Neuro Endocrinol Lett 2009; 30:421-428.

26. Tian L, Rauvala H, Gahrberg CG. Neuronal regulation of immune responses in the central nervous system. Trends Immunol 2009; 30:91-99.

27. Eskandari F, Webster JI, Sternberg EM. Neural immune pathways and their connection to inflammatory diseases. Arthritis Res Ther 2003; 5:251-265.

28. Berrocoso E, Mico JA. In vivo effect of venlafaxine on locus coeruleus neurons: role of opioid, α2-Adrenergic, and 5-Hydroxytryptamine1A receptors. J Pharmacol Exp Ther 2007; 322:101-107.

29. Egan TM, Henderson G, North RA, Williams JT. Noradrenaline-mediated synaptic inhibition in rat locus coeruleus neurons. J Physiol 1983; 345:477-488.

30. Irvani MM, Sadeghian M, Rose S, Jenner P. Loss of locus coeruleus noradrenergic neurons alters the inflammatory response to LPS in substantia nigra but does not affect nigral cell loss. J Neural Transm 2014; 121:1493-1505.