Epinephrine Enhances the Response of Macrophages under LPS Stimulation

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Received 16 February 2014; Revised 8 July 2014; Accepted 29 July 2014; Published 26 August 2014

Academic Editor: Baoli Cheng

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Trauma associated with infection may directly trigger a neuroendocrine reaction in vivo while the hormone epinephrine is known to mediate immune responses to inflammation after injury. However, the role of epinephrine during the earliest stage of trauma still remains unclear. We therefore explored the role of epinephrine on activated macrophages under LPS stimulation in vitro as well as the mechanisms underlying its effect. Dose- and time-dependent effects of epinephrine on macrophage immune function were assessed after LPS activation. We also employed CD14 siRNA interference to investigate whether CD14 played a role in the mechanism underlying the effect of epinephrine on LPS-induced macrophage responses. Our results showed that epinephrine pretreatment (10 ng/mL) significantly promoted immune responses from LPS stimulated macrophages, including phagocytic rate, phagocytic index, TNFα/IL-1β/IL-10 secretion, and CD14 expression (P < 0.05). Moreover, TNFα/IL-1β/IL-10 levels attained their peak value 1 hour after incubation with 10 ng/mL epinephrine (P < 0.05), and CD14 siRNA transfection dramatically decreased phagocytosis and cytokine secretion by LPS-activated macrophages (P < 0.05). We therefore conclude that 10 ng/mL epinephrine enhances immune responses from macrophages under LPS stimulation and that the underlying mechanism may relate to CD14 upregulation on the surface of macrophages.

1. Introduction

A frequent complication arising from severe trauma is infection. Trauma-associated infection may directly trigger a neuroendocrine reaction in vivo. This complicated cross-interaction between the immune and neuroendocrine systems mediated by endogenous hormones can influence the homeostasis of host health [1].

Macrophages are the most important immune effector cells during the earliest stage of trauma and are activated by recognizing pathogen-associated molecular patterns (PAMPs) during the immune-defense reaction against infection. Gram-negative bacteria express a variety of PAMPs, including lipopolysaccharide (LPS), the main component of endotoxin that is present in their cell wall. Pattern recognition receptors (PRRs) expressed on macrophages, such as CD14, therefore play a decisive role in recognizing LPS and triggering the subsequent release of inflammatory factors that mediate cell activation.

Epinephrine, a major effector hormone of the sympathetic-adrenal medulla (SAM) axis, has gradually gained attention for its role in the innate immune response during the earliest stage of infection [2–4]. However, its influence on macrophage activation after trauma-associated infection remains unclear, especially its relationship with PRRs expressed on the surface of macrophages.

In this study, the role and mechanism underlying the effect of epinephrine on macrophages in the earliest stage of trauma-associated infection were examined in vitro using primary peritoneal macrophages from Sprague-Dawley (SD) rats. Their phagocytic and cytokine-secretion responses were evaluated after pretreatment with epinephrine at various doses and time points which was followed by stimulation with LPS (10 ng/mL) for 1 hour. To test whether CD14 played a
role in this response, the same methodology was also adopted under CD14 siRNA interference conditions.

2. Materials and Methods

2.1. Experimental Animals. Adult Sprague-Dawley (SD) rats were purchased from the experimental animal center at the Surgery Research, Daping Hospital, Third Military Medical University. All animals were bred in the animal facility under specific pathogen-free (SPF) conditions, and experimental procedures were performed in strict accordance with the guidelines set forth by the Research Council and Animal Use and Care Committee of the Third Military Medical University.

2.2. Dose-Dependent Effect of Epinephrine on Macrophage Responses under LPS Stimulation. Peritoneal macrophages were collected from rats and purified [5, 6]. Macrophages (2 × 10^6 cells/well) were cultured in RPMI 1640 containing 10% fetal bovine serum (FBS) (Hyclone, USA) in a 24-well plate overnight at 37°C and 5% CO₂. After cells were washed with PBS, epinephrine (Sigma, USA) was added at various concentrations (2, 10, 50, and 100ng/mL) into respective wells and incubated for an additional hour at 37°C and 5% CO₂. Then, macrophages were stimulated with 10ng/mL LPS (Escherichia coli O26:B6) for another hour under the same conditions. Supernatant was collected, and the expression of TNFα, IL-1β, IL-6, and IL-10 were detected by an enzyme-linked immunosorbent assay (ELISA) kit (R&D Systems, USA; Boster Biotechnology, China) [5, 6]. Meanwhile, the adherent cell monolayer was washed with PBS, and 2 × 10^6 colony-forming units/mL of red-fluorescently labeled E. coli BI21 was added. After a 30 min incubation, the plate was washed 5x with PBS and fixed with 4% paraformaldehyde. E. coli BI21 phagocytosis was observed by confocal microscopy (TCSSP2; Leica Microsystems, Wetzlar, Germany) to acquire the phagocytic rate (% of macrophages containing at least one ingested bacterium) and the phagocytic index (the mean number of phagocytosed bacteria observed in the macrophage cytoplasm). In addition, total macrophage RNA was extracted by TRizol reagent (Invitrogen, Karlsruhe, Germany). One microgram of total RNA was transcribed into cDNA with Supernscript II Reverse Transcriptase (Invitrogen, Carlsbad, California, USA) by oligo dT priming. CD14 expression was measured by reverse transcription polymerase chain reaction (RT-PCR) (Table 1). PCR products were analyzed on a 2% (w/v) agarose-ethidium bromide gel with a computer-linked phosphoimaging system (Gel Doc 2000; Bio-Rad, Hercules, California, USA). Semiquantitative analysis of CD14 expression was conducted with the software of GelDoc 2000 Imaging System.

2.3. Time-Dependent Effect of Epinephrine on Macrophage Responses under LPS Stimulation. The collection, purification, and incubation of primary rat peritoneal macrophages were performed as described above. In a second set of plates, 10 ng/mL epinephrine was added to each well, and the cells were incubated for varying periods of time (0, 0.5, 1, 2, 3, and 5 hours). Thereafter, 10ng/mL LPS (E. coli O26:B6) was added into each well for another hour. Supernatant was collected, and the expressions of TNFα, IL-1β, IL-6, and IL-10 were assayed by ELISA.

2.4. CD14 siRNA Interference Effect on Macrophage Responses. Peritoneal macrophages were acquired as described above. Macrophages (2 × 10^6 cells/well) were incubated in 24-well plate at 37°C and 5% CO₂ for 24h before CD14 siRNA transfection. According to the recommended Lipofectamine reagent kit protocol (Santa Cruz, USA), we first determined the optimal time interval by observing cell morphology and CD14 expression level. The macrophages were then divided into the following 3 groups: negative control, siRNA control, and CD14 siRNA. At the optimal time interval, epinephrine (10ng/mL) was added into the CD14 siRNA group for 1h, followed by LPS (10ng/mL) stimulation for another hour. Cell supernatant was collected to assay TNFα expression levels by ELISA. Macrophage phagocytosis was measured as described above. Total RNA was isolated from the macrophages in each group and transcribed into cDNA, as described above. CD14 expression was evaluated by RT-PCR (Table 1), and semiquantitative analysis of CD14 was performed.

2.5. Statistical Analysis. The data were presented as mean ± standard deviation (SD) (x ± s). Origin 7.5 software was used to analyze the role of epinephrine in macrophage activation under LPS stimulation, while one-way analysis of variance (one-way ANOVA) by SPSS 11.5 software was used to analyze normality, homogeneity of variance, and interblock contrast. The significance level was set at 95%.

3. Results

3.1. Epinephrine Effects on Phagocytosis Function by LPS-Stimulated Macrophages. Epinephrine at 10ng/mL significantly increased the phagocytic rate of LPS-treated macrophages (P < 0.01). However, whether higher epinephrine concentrations (50–100 ng/mL) influenced the phagocytic rate was not clear. Meanwhile, lower epinephrine concentrations (2–50 ng/mL) enhanced the macrophage phagocytic index to some extent, especially at the 10 ng/mL concentration (P < 0.01), although this result was not found at the 100 ng/mL concentration (Figure 1).

3.2. Epinephrine Effects on TNFα/IL-1β/IL-6/IL-10 Secretion by LPS-Stimulated Macrophages. A series of inflammatory cytokines produced by macrophages, namely, TNFα, IL-1β, IL-6, and IL-10, were used to assess the ability of macrophages to produce cytokines. In the dose-dependent effect study, low epinephrine concentrations (2–10 ng/mL) significantly enhanced TNFα/IL-1β/IL-10 production, especially the 10 ng/mL dose (P < 0.05). With further increases in epinephrine concentration, however, TNFα secretion level did not continue to rise (Figure 2).

In the time-dependent effect study, the secretion of TNFα, IL-1β, IL-6, and IL-10 significantly increased during the first hour after exposure to 10 ng/mL epinephrine.
Figure 1: The role of epinephrine in macrophage phagocytosis under LPS stimulation. ((a)–(d)) Confocal images of the following groups are shown (magnification, (a) 200x; ((b)–(d)) 400x). (a) Control macrophages without LPS stimulation; macrophages pretreated with (b) 0 ng/mL, (c) 2 ng/mL, (d) 10 ng/mL, or (e) 100 ng/mL epinephrine under LPS stimulation. (f) Changes in phagocytic index and phagocytic rate at different epinephrine doses compared with the control group. *P < 0.01, *P < 0.05.

Table 1: RT-PCR primers.

| Primer | Type     | Sequence                      | Product size (bp) |
|--------|----------|-------------------------------|-------------------|
|        |          |                               |                   |
| GAPDH  | Sense    | 5′-GCAAGTTCAATGGCACAGTCAAGG-3′ | 471               |
|        | Antisense| 5′-TGGATGCAGGGATGATGTTCTGG-3′ |                   |
| CD14   | Sense    | 5′-CACAAATTTCCCGACCCTCCAAGT-3′| 425               |
|        | Antisense| 5′-AAAGTTTCTGACAAGCCCCGCTGA-3′|                   |

All primers were synthesized by Sangon (Shanghai, China) with the catalog numbers NM017908 and NM021744, respectively. PCR parameters for rat GAPDH and CD14 proceeded as follows: 94°C for the initial 3 min; 27 cycles of 94°C for 30 sec, 60°C for 30 sec, and 72°C for 40 sec; and 72°C for the final 2 min.
Figure 2: Dose-dependent effect of epinephrine on macrophage secretion under LPS stimulation. The macrophages were pretreated with epinephrine at various concentrations (2 ng/mL, 10 ng/mL, 50 ng/mL, and 100 ng/mL) for 1 hour and then stimulated by 10 ng/mL LPS for another 1 hour. The levels of cytokines including (a) TNF-α, (b) IL-1β, (c) IL-6, and (d) IL-10 levels in each group were measured by ELISA. *P < 0.05, compared with the 0 ng/mL control group stimulated by LPS only.

(P < 0.05). However, this same epinephrine dose repressed these cytokines’ production when macrophages were exposed for longer time periods (2–5 hours for TNF-α, IL-1β, and IL-6; 3–5 hours for IL-10) (P < 0.05) (Figure 3).

3.3. Epinephrine Effects on CD14 Expression Levels in LPS-Stimulated Macrophages. CD14 expression level in LPS-stimulated macrophages significantly increased during the first hour of exposure to 10 ng/mL epinephrine (P < 0.05). However, higher epinephrine doses (50–100 ng/mL) did not induce the same increase in CD14 expression (Figure 4).

3.4. Effect of CD14 siRNA Interference on Epinephrine-Treated Activated Macrophages. RT-PCR analysis showed that CD14 expression by macrophages significantly decreased 48 hours after transfection with CD14 siRNA, which was maintained for 72 hours. This data demonstrated that the optimal time range for CD14 siRNA-mediated silencing in macrophages was between 48 and 72 hours, during which time the inhibition ratio exceeded 60%. Thus, 52 hours after CD14 siRNA transfection was chosen as the optimal time point to observe macrophage function in the following experiments.

At 52 hours after CD14 siRNA transfection, a 1 h exposure to 10 ng/mL epinephrine inhibited the phagocytic function of macrophages, where the phagocytosis of E. coli BI21 significantly decreased (P < 0.05) (Figures 5(a)–5(d)). Additionally, compared with the control group (P < 0.05) (Figure 5(e)), pretreatment with 10 ng/mL epinephrine led to significantly decreased TNFα secretion by peritoneal macrophages after CD14 siRNA transfection.

4. Discussion

Disease, trauma, inflammation, and infection may elicit a neuroendocrine reaction triggered by exciting the hypothalamic-pituitary-adrenal (HPA) and SAM axes [7, 8]. As major effector hormones secreted by the SAM axis, epinephrine, norepinephrine, and glucocorticoids participate in complicated cross-interaction with innate immunity and influence the homeostasis of host health [1]. Additionally, the movement of Gram-negative bacteria and toxins after severe trauma within hollow organs, such as intestines, is the main source of infection leading to traumatic sepsis. Specifically, bacterial endotoxin plays an important role in the inflammation response, which may further trigger the release of cytokines and chemokines, ultimately leading to the development of sepsis. This study demonstrates that epinephrine-induced cytokine release is highly dose-dependent and time-dependent, with the optimal time range of 2–5 hours for TNF-α, IL-1β, and IL-6, and 3–5 hours for IL-10. This information provides valuable insights into the regulation of cytokine production and the potential therapeutic targets for treating sepsis.
role in pathogenesis of traumatic sepsis, as PRRs expressed on macrophages recognize LPS, a main component of endotoxin, during the innate immune defense response that leads to cellular activation [9, 10]. Thereafter, macrophages show immunological function, including phagocytosis and cytokine production [11]. However, the role and mechanism by which epinephrine affects macrophage function under LPS stimulation remain unknown.

The in vitro study presented here thus explored the relationship among epinephrine, LPS, and macrophages. The results showed that 10 ng/mL epinephrine promoted phagocytosis and TNFα/IL-1β/IL-10 secretion by macrophages, while higher doses of 50 and 100 ng/mL epinephrine inhibited them. Other studies also identified that lower epinephrine doses increased IL-1β secretion, while higher doses did not have the same effect [12–14]. Thus, these results imply that stress hormones at appropriate doses may enhance macrophage activation under LPS stimulation.

The mechanism may have to do with the types and pathways of adrenergic receptors participating in the regulatory course. It has been reported in several studies that the role of lower dose epinephrine is likely to be mediated by α2-adrenergic receptor (AR), which represses the function of adenylate cyclase and causes the amount of cyclic adenosine monophosphate (cAMP) to decrease. As a result, the phosphorylation level of the downstream proteins changes and inflammatory factors are released. On the other hand, it appears that β2-AR mediates the function of higher dose epinephrine and increases the concentration of cAMP. The phagocytosis is inhibited and anti-inflammatory effect is in place in those cases. In addition, the role of epinephrine is related not only to concentrations and pretreatment time but also to the density of AR in different cells. These factors may lead to a completely different immune regulation of epinephrine with various concentrations and pretreatment time. Moreover, the difference among animal strains, organs,
Figure 4: Dose-dependent effect of epinephrine on CD14 expression from macrophages under LPS stimulation. The macrophages were pretreated with epinephrine at various concentrations (2 ng/mL, 10 ng/mL, 50 ng/mL, and 100 ng/mL) for 1 hour and then stimulated by 10 ng/mL LPS for another 1 hour. The expression level of CD14 in each group was measured by RT-PCR. The data were showed in (a) electrophoresis result and (b) semiquantitative analysis. * $P < 0.05$, compared with the 0 ng/mL control group stimulated by LPS only.

and cell types will influence the role of epinephrine too. So far, the regulatory mechanism of epinephrine on immunological cells remains unclear.

LPS is an essential component of the Gram-negative bacterial cell wall and is an important link between the innate immune self-defense response and host signal transduction, since innate immune cells recognize LPS to initiate signal-transduction pathways. PRRs mediate LPS recognition, and transmembrane signal transduction through the PRRs is initiated upstream of the whole signaling pathway. Moreover, this interaction plays a decisive role in cellular activation [15, 16]. LPS is usually first recognized by CD14 in combination with a Toll-like receptor (TLR), which transfers the signal from the cellular membrane to the cytoplasm. The scavenger receptor (SR) participates in regulating endotoxin removal by macrophages and also mediates their host defense function [17-20]. As one type of PRRs, CD14 expression is therefore an important pathway that regulates macrophage activation [21, 22].

In this study, CD14 expression was initially measured after epinephrine treatment, and the results showed that 10 ng/mL epinephrine promoted the expression of CD14 and SR (data not shown) on macrophages. Other studies also confirm that appropriate doses of epinephrine increased SR expression levels in THP-1 cells [23]. In addition, traumatic stress may also promote CD14 expression in macrophages [24]. These above results imply that CD14, as one type of PRRs, participates in macrophage activation triggered by epinephrine under LPS stimulation.

This study further investigated the role of CD14 in macrophage activation under the above conditions by adopting CD14 siRNA technology. The results showed that CD14 siRNA interfered with CD14 expression in macrophages. Moreover, the phagocytosis and cytokine-production functions by macrophages were lower in the transfection group than in the control siRNA group, demonstrating that CD14 siRNA significantly inhibited the sensitivity of LPS-activated macrophages to lower doses of epinephrine. In addition, other studies illustrated that macrophage activation was significantly inhibited after treatment with an antagonistic anti-CD14 antibody [25, 26]. These data further confirm that CD14 plays an important role during epinephrine regulation of macrophage activation under LPS stimulation.

As to the relationship between CD14 and cytokines such as TNF$\alpha$, it appears that the expression of cytokines (TNF$\alpha$, IL-1$\beta$, IL-6, and IL-10) could be effected by CD14 rather than the reverse. Our results showed that the pattern of CD14 expression was more or less similar to that of cytokines including TNF$\alpha$, IL-1$\beta$, IL-6, and IL-10. With the increasing of the concentration of pretreated epinephrine, the amount of their respective expression changed from low to high and then to low again. Furthermore, their expression levels all attained the peak value when they were pretreated by epinephrine at 10 ng/mL. Meanwhile, in our CD14 siRNA experiment, the expression level of TNF$\alpha$ decreased when the function of CD14 was inhibited. The mechanism may be as follows. As an important pattern recognition receptor, CD14 mediates the recognition and signal transduction of
macrophage on LPS. The latter in turn promotes the activation of macrophages and makes them secrete these cytokines. Although the expressions of these cytokines play a feedback role on CD14 to some extent, it appears that the role of CD14 is the most important.

Thus, epinephrine at appropriate concentrations, such as 10 ng/mL, may enhance responses from macrophages stimulated by 10 ng/mL LPS. The underlying mechanism likely relates to upregulated CD14 expression on the cell surface of macrophages. That being said, the precise regulatory mechanism remains unknown in light of the influence that many other stress hormone factors have on innate immunity after LPS infection. We will investigate this matter further in the future research. It must be noted that this investigation discusses a research in vitro and the goal is to explore whether the epinephrine pretreatment may influence the immunity function of peritoneal macrophage under LPS stimulation at the early stage (within 6 hours in general). The whole experiment does not involve the role of pretreated epinephrine in mortality and organ injury after LPS stimulated in vivo. Nonetheless, our results in this investigation will provide evidential support for the study on the role of epinephrine in vivo, especially under the severe trauma combined LPS stimulation.

**Conflict of Interests**

The authors declare that no conflict of interests exists.

**Acknowledgments**

The authors thank Dr. Xue Yan, Dr. Guoping Li, Ms. Qing Liu, Ms. Suna Huang, and Ms. Ying Chen for their kind assistance. This work was supported by the National Natural Science Foundation of China (81070624, 81273227), Natural Science Foundation Project of CQ CSTC (2011BB5034), and Open Foundation of State Key Laboratory of Trauma, Burns and Combined Injury (SKLF201107).

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