

Ameliorative effect of sixteen weeks endurance training on biochemical and oxidative damage in high fat diet induced obese rats

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Obesity is mainly caused by consumption of high fat diet (HFD) and a lack of physical activity. Physical activity is an efficient strategy to delay development of obesity. In this study we tried to evaluate attenuating properties of 16 weeks endurance training on plasma oxidative stress and some biochemical parameters in HFD induced obese rats. Twenty-four male Wistar rats were randomly divided into four groups: standard diet group (SD), standard diet with endurance training group (ESD), HFD group and HFD with endurance training group (EHFD). After sixteen weeks, plasma was prepared and evaluated for measurement of different parameters. The results showed that HFD significantly decreased the activities of superoxide dismutase (33.58%), catalase (26.51%) and glutathione S-transferase (22.77%), while endurance training increased these enzymes activities. However, exercise ameliorated the increased malondialdehyde level and depletion of glutathione. In addition, it significantly reduced the increased levels of liver enzymes activities and lipid profiles. These findings suggest that endurance training has found to have beneficial effects against HFD-induced oxidative damage through increasing reduced antioxidants levels and inhibition of lipid peroxidation due to its antioxidant property. Thus, it can be considered an interesting strategy for the management of obesity related diseases.

Keywords: Antioxidants, Lipid peroxidation, Lipid profiles, Obesity, Physical exercise

Obesity is becoming a major challenge for public health that increases the risk for a number of diseases including diabetes, cardiovascular diseases, cancer, cognitive dysfunction and anxiety disorders. The prevalence of obesity is progressively increasing worldwide and one-third of the world population is currently classified as obese/overweight¹⁻³. It has been estimated that worldwide, 650 million adults (overall prevalence of 13.0%) were obese in 2016. The worldwide prevalence of obesity nearly tripled between 1975 and 2016⁴. In 2015, globally, a burden of about 4.0 million deaths (7.1% of all deaths) and 120 million disability-adjusted life years (4.9% of all DALYs) were attributed to overweight and obesity. Overall, about 22.7% of the Iranian's adult population (15.3% of men and 29.8% of women) was obese in 2016⁵.

Obesity is mainly caused by a sedentary lifestyle excess energy intake, the consumption of high fat diet

(HFD), lack of physical activity and exposure to stress^{6,7}. The consumption of a HFD is considered a major cause of the development of obesity-related health complications¹. Oxidative stress caused by the consumption of a HFD is evident in most experimental models and patients with clinical conditions^{1,2}. HFD-induced obesity stimulates the production of inflammatory cytokines, which is associated with synthesis of reactive oxygen species (ROS). Overproduction of ROS can cause extensive damage to macromolecules, including proteins, DNA and membrane phospholipids, which leads to lipid peroxidation and oxidative stress and finally cell death^{2,6}.

Exercise is useful way to prevent the development of obesity and its associated complications^{6,7}. It is associated with numerous health benefits. It reduces body weight and adiposity, improves physiological and functional capacity in the humans, increases bone density, decreases tissue lipid content and enhances fatty acid oxidation and insulin activity^{2,8}. Exhaustive exercise increases the production of ROS via an electron leak of the mitochondrial electron transport

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Table 1 — Effect of 16 weeks endurance training and high-fat diet on plasma biochemical parameters in control and experimental groups of rats

Parameters	SD	ESD	HFD	EHFD
Glucose (mg/dL)	137.13±4.98	129.54±4.75 ^{###}	184.49±3.94 ^{***.#}	158.38±3.93*
Urea (mg/dL)	27.13±1.15	26.38±3.18	33.5±1.75	29.13±1.19
Creatinine (mg/dL)	0.51±0.025	0.50±0.044	0.59±0.024	0.57±0.025
AST (U/L)	31.28±2.83	30.41±2.04	45.04±1.77 ^{***.#}	32.09±1.88
ALT (U/L)	22.06±1.90	21.88±0.61	32.16±1.57 ^{***.#}	23.81±1.99
LDH (U/L)	155.53±8.49	149±4.96 [‡]	225.54±13.63 ^{***.#}	186.87±9.16
GGT (U/L)	30.80±2.20	27.29±3.15 ^{††}	41.70±1.75*	32.44±3.46
ALP (U/L)	160.13±3.41	154.49±3.44	178.85±4.75 ^{.#}	156.5±6.32
CK (U/L)	37.97±1.79	39.55±2.22 ^{†,‡}	53.61±3.20 ^{**}	52.13±3.86 ^{**}
TG (mg/dL)	70.5±6.58	62±4.31	94.38±3.49 ^{***.#}	70.25±3.03
TC (mg/dL)	82.5±3.59	77.5±2.29	120.88±3.97 ^{***.#}	85.5±2.78
VLDL (mg/dL)	14.11±1.32	12.4±0.86	18.88±0.70 ^{**.#}	14.05±0.61
LDL-C (mg/dL)	36.53±5.33	29.85±2.76	78.95±3.37 ^{***.#}	38.83±3.54
HDL-C (mg/dL)	31.88±2.05	35.25±2.25	23.05±1.89 ^{.#}	32.63±1.73
L-DL-C/HDL-C (mg/dL)	1.15±0.9	0.85±0.39	3.42±0.42 ^{**.#}	1.19±0.22
TC/HDL-C (mg/dL)	2.59±0.38	2.20±0.39	5.24±0.64 ^{**.#}	2.62±0.61

[Groups: SD, standard diet; ESD, Endurance training plus standard diet; HFD, high-fat diet; and EHFD, Endurance training plus high-fat diet. Parameters: AST, aspartate transaminase; ALT, alanine transaminase; LDH, lactate dehydrogenase; GGT, γ -glutamyl transferase; ALP, alkaline phosphatase; CK, creatin kinase; TC, total cholesterol; TG, triglyceride; HDL-C, high-density-lipoprotein-cholesterol; VLDL, very low-density-lipoprotein and LDL-C, low-density-lipoprotein-cholesterol. Values are expressed as mean±SEM (n=7). * P <0.05, ** P <0.01 and *** P <0.001 vs. SD group; # P <0.05 vs. ESD and EHFD groups; † P <0.05 and †† P <0.01 vs. HFD and ‡ P <0.05 and ‡‡ P <0.001 vs. EHFD group]

Fig. 2 — Effect of 16 weeks endurance training and high-fat diet on plasma oxidative stress biomarkers in control and experimental groups of rats. SD, standard diet group; ESD, endurance training plus standard diet; HFD, high-fat diet group; and EHFD, endurance training plus high-fat diet; SOD, superoxide dismutase; CAT, catalase; GST, glutathione S-transferase; GSH, glutathione; and MDA, malondialdehyde. [Values are expressed as mean±SEM (n=7). * P <0.05, ** P <0.01 and *** P <0.001 vs. SD group; ## P <0.01 and ### P <0.001 vs. HFD group; † P <0.05 and †† P <0.01 vs. EHFD group]

gain and food intake, which was in agreement with the various previously published studies^{11,21}. This significant lower body weight in trained rats may be due to the reduction of the amount of adipose tissue resulting in decreased generation of sex hormones, glucose, leptin, the increase appetite-suppressing neuropeptide hormones levels, and negative energy and fat balance linked with increased energy expenditure and fat oxidation during the exercise^{12,19}. Although a study showed that no significant difference was observed on average body weight and/or food intake of rats fed the HFD and under exercise²². Chaolu *et al* showed that the food intake of

the mice in the exercise groups significantly increased as compared to the non-exercise groups²³.

HFD increases the generation of ROS by stimulating proinflammatory cytokines such as tumor-necrosis factor-alpha (TNF- α), interleukin-6 (IL-6) and interleukin-8 (IL-8), the well-known stimulators of NADPH oxidase as the main enzyme responsible for ROS generation^{19,24}. Many cells are capable of responding to HFD-induced increases in ROS via endogenous protective mechanisms, including changes in enzymatic endogenous antioxidants such as SOD and CAT. SOD scavenges superoxide radicals to less reactive H₂O₂ and O₂, while CAT

scavenges H_2O_2 to water and molecular oxygen²⁵. A significant decreased plasma SOD and CAT activities were noted in the present study in HFD group, which was the result of high oxidative stress. Inhibition of antioxidant enzyme activities may be a consequence of inactivation of enzyme proteins from increased ROS production²⁶. In addition, the depletion of SOD activity increases the endogenous superoxide anion, which would have further consequences. It reacts with NO to form peroxynitrite radical and generates hydroxyl radical in conjunction with H_2O_2 through the Haber–Weiss and Fenton reactions, all exacerbating lipid peroxidation, DNA damage and cell death¹⁴. These results are consistent with previous studies showing that tissue antioxidant defenses may be compromised in high-fat diet-fed animals^{2,27}. Cavaliere and coworkers showed that SOD activity was elevated after 1 week of HFD, while markedly decreased after 12 weeks. They suggested that the elevated SOD activity was able to balance ROS levels only for the first week and ROS levels increased progressively during the treatment reaching high values at 12 and 18 weeks when SOD activity was low²⁸. In addition, both exercise groups in the present study increased SOD and CAT activities due to the capability to develop a compensation oxidative stress in tissue by means of an adaptation of the antioxidant and repair systems²⁹. Exercise training reduces the white adipose tissue mass and the expression of NADPH oxidase and stimulate the expression of nuclear factor kappa B (NF- κ B), which leads to increase the expressions of antioxidant enzymes like SOD and CAT^{2,24}. Several studies have demonstrated that antioxidant enzymes activities were increased in blood or in tissues after aerobic exercise^{2,30}. However, several other studies have reported a decrease in antioxidant enzymes activities in the muscle, liver, kidney and blood of animals by exhaustive exercise^{8,9}, and other study have found no change in antioxidant enzymes activities after exercise³¹. The response of training on oxidative stress would appear different according to the type, duration and intensity of exercise, previous exercise exposure, subject age and species, nutritional status, type of tissue, animal species and assay technique employed⁸.

GST is a group of enzymes capable of conjugating GSH with ROS for protecting tissue from lipid peroxidation and oxidative stress and its levels can reflect the antioxidant capacity of the body^{14,32}. In present study, the GST activity was decreased in rats

fed HFD, while it was increased in both exercise groups. There were significant differences in the GST activity between HFD and exercise groups. The decreased GST activity in HFD-treated rats may be due to inactivation of enzyme by increased free radicals and depletion of GSH (Figure 2), which is essential for GST activity. These findings are in agreement with the results of the previous reports that HFD feeding significantly decreased the activity of GST in various tissues²⁰. A study has showed that GST activity was significantly increased in the muscle and no change in liver after exercise⁸. Vukovic et al. showed that liver GST activity was significantly decreased in HFD and physical activity³³.

GSH as powerful antioxidant in the cells acts as an ROS scavenger and as a substrate for several enzymes in different metabolic pathways, including GST and glutathione peroxidase. It is synthesized in the liver cells and then distributed to different organs through blood³⁴. Our data showed that a GSH depletion of 35.79% in HFD feeding rat may be due to increased utilization of GSH for participation of GSH in neutralizing free radicals produced by HFD, diminished GSH synthesis in liver and limited intracellular reduction of oxidized GSH level (GSSG). Diminished GSH indicates impair the cells defense against the toxic actions of ROS and may lead to oxidative stress and cytotoxicity. Depletion of GSH leads to the production of GSSG and finally decreased the ratio of GSH/GSSG in tissues of rats, which is indicative of oxidative stress⁸. The increased GSH content in training groups in comparison to the HFD group could be due to the antioxidant potential of the exercise³⁵. Yol and coworkers reported that regular aerobic exercise for 4–6 weeks could improve total antioxidant capacity in male soccer athletes³⁶.

One of the molecular mechanisms involved in obesity-induced toxicity is lipid peroxidation leading to the damage of the cellular membrane structure and function. MDA is most frequent marker of lipid peroxidation and oxidative stress^{8,37}. Elevation of MDA level in the present study leads to inactivation of antioxidant enzymes by cross-linking with MDA, which further cause increased accumulation of ROS, which further enhances more lipids peroxidation³⁸. A significant decrease in lipid peroxidation in ESD and EHFD groups was observed. Several studies have reported an increase in lipid peroxidation products in animals by HFD feeding and endurance training in animals^{27,33}. However, other study in rats has reported

no change in MDA level in response to physical activity³¹. The discrepancy between these results may be due to the exercise intensity, participant's age and body status³¹.

Oxidative damage also leads to hepatocytes damage in HFD-fed rats, as evidenced by the increased plasma activities of the AST, ALT, ALP, GGT and LDH enzymes²⁷. HFD-induced membrane lipid peroxidation leads to an increased permeability of liver and the leakage of these enzymes into the plasma¹⁴. The high levels of these enzymes in our study are attributed to fatty liver induced by HFD and return of their activities to its normal levels in both exercise groups, suggesting the amelioration of fatty liver⁸. This decrease may be due to the consequence of prevention of liver damage from the lipoperoxidation by the antioxidant potential of the exercise³⁵. Adiponectin secretion is inhibited by several factors including high level of TNF- α and oxidative stress. Decreased adiponectin level in the HFD was demonstrated to be associated with decreased insulin sensitivity^{2,28}. Exercise training significantly reduced the increased levels of blood glucose due to the increased adiponectin level and insulin sensitivity^{6,22}.

Hyperlipidemia, oxidative stress and obesity are the important causative factors for the development of cardiovascular diseases. The LDL to HDL and TC to HDL ratios are considered to be good prognostic indicators for atherosclerosis extent^{21,39}. In present study, the plasma levels of TC, TG, VLDL and LDL-C in the HFD group were increased, while HDL-L level was decreased, all of which eventually trigger the development of lipotoxicity and lipid accumulation in the liver²⁷. The data in our study showed that an increase in LDL-C was accompanied with a decrease in HDL-C, which may suggest a change from HDL-C into LDL-C. HFD induces the production of ROS, which react with lipoproteins to produce oxidation states, thus diminishing the cellular uptake of lipids from the blood^{27,40}. This results are similar to results other studies^{22,27}. However, the decreased these parameters in training groups in comparison to the HFD group could lead to a lowering of the atherogenicity and therefore a significant reduction in the potential incidence of coronary heart disease². This decreased of lipids may be caused by the inhibition of impaired lipid digestion and absorption, improvement in glucose and lipid metabolism, increased antioxidant defense, and down-regulation of lipogenic enzymes²².

Several studies have demonstrated that exercise decreases blood lipid and lipoprotein levels lipids in humans and rats^{6,41,42}. Huang and coworkers showed that the increases in lipid indices induced by the administration of HFD were not affected by the endurance exercise intervention²¹.

Our results suggest that the inhibition of antioxidant enzyme activities by HFD increases the endogenous free radicals and lipid peroxides, leading to intracellular Ca²⁺ influx and the release of cytochrome c from mitochondria to cytosol, which is a crucial step in apoptotic signaling through the activation of caspases^{43,44}. In addition, overproduction of ROS by HFD activate NF- κ B, which in turn increases the expression of cytokines genes such as TNF- α , leadings to inflammation and depletion of GSH and increased MDA levels^{8,14}. Depletion of GSH induces apoptosis in cells by interacting with proapoptotic and antiapoptotic signaling pathways and activating several transcription factors, such as AP-1 and NF- κ B⁴³. Exercise training has been shown to reduce cell size of adipocytes, and decrease the level of inflammation in adipose tissue in mice². Long-term exercise reduces the apoptosis in muscles by increasing the concentration of Bcl-2 as the antiapoptotic marker^{43,44}. However, further studies are required to investigate the effects of various high fat diets formulas and exercise models on induction of cell death in variety of cell types using an *in vivo* system.

Conclusion

According to our results, oxidative stress is an essential mechanism involved in HFD-induced adversity effect, as evidenced by decreased GSH level and antioxidant enzymes activities as well as enhanced lipid peroxidation. Endurance training has ameliorative effect against HFD-induced oxidative damage through increasing the level of antioxidants and attenuating lipid peroxidation due to its antioxidant property. Thus, it can be considered an interesting strategy for the management of on development of obesity and obesity-related metabolic diseases. Further *in vivo* studies are required to investigate the effects of various high fat diets formulas and exercise models on induction of cell death.

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Conflict of Interest

Authors have no competing interests.

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