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Efeito da amitriptilina em um modelo murino de colite

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RESUMO

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Doenças inflamatórias intestinais (DII) em humanos são reações crônicas de etiologia complexa. Trata-se de uma reação imunológica exacerbada e depende da microbiota. O sistema nervoso interage com a imunidade do intestino de um modo bidirecional. Relatos clínicos e poucos achados experimentais apontam para uma ligação entre transtornos depressivos e doenças inflamatórias intestinais, sugerindo interação neuroimunológica na patogenia deste processo. Ainda, o tratamento de Doenças inflamatórias intestinais (DII- Doença de Crohn e Colite Ulcerativa) com antidepressivos em modelos murino de colite têm sugerido bons resultados na redução da inflamação. O mecanismo da inflamação na DII e a participação do sistema nervoso ou da modulação de tal processo pelo emprego de antidepressivos ainda não está totalmente elucidado. Este estudo teve como objetivo estudar o efeito do antidepressivo amitriptilina em um modelo murino de colite. A colite foi induzida em camundongos C57BL/6 por Dextrano Sulfato de Sódio (DSS) e a amitriptilina (AMT) foi administrada por via oral, em regime profilático ou terapêutico. Avaliamos a dose de AMT no teste de suspensão da cauda (TSC), o acúmulo de neutrófilos pela atividade de mieloperoxidase (MPO), burst oxidativo, curva de sobrevida, histopatologia do intestino, atividade da doença por sintomas clínicos, a depleção de muco intestinal, citocinas inflamatórias no cólon e no soro, fenotipagem de linfócitos T CD4⁺, T CD8⁺ e monócitos CD14⁺. Resultados: A dose de AMT (200 µg/ml) e os regimes de tratamento utilizados aqui foram capazes de impedir ou diminuir a histopatologia da colite, os sinais clínicos (ganho de peso (%), comprimento e peso do cólon) e a mortalidade dos animais no modelo terapêutico do grupo inflamado e tratado com AMT. A atividade de MPO, níveis circulantes de IL- 1 β , IL- 6 e TNF- α foram reduzidas nos dois protocolos experimentais (profilático e terapêutico). Conclusões: Este estudo incluiu um período de tratamento prolongado, visto que os antidepressivos são conhecidos por serem eficazes em seres humanos depois de várias semanas a meses de prescrição, e confirmou a eficiência da via de administração oral, uma vez que os antidepressivos são geralmente administrados por via oral a seres humanos. Este

regime de tratamento melhorou o potencial anti-inflamatório de AMT na redução DSS-colite em camundongos, com base nos parâmetros estudados.

Palavras-chave: Doença inflamatória intestinal. Amitriptilina. Neuroimunomodulação.

ABSTRACT

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Inflammatory bowel disease (IBD) in humans is a complex etiology of chronic reactions. It is an exacerbated immune reaction and depends on the microflora. The nervous system interacts with the intestinal immunity of a bidirectional fashion. Clinical reports and few experimental findings point to a link between depressive disorders and inflammatory bowel disease, suggesting neuroimmunological interaction in the pathogenesis of this process. Also, treatment of inflammatory bowel diseases (Crohn's disease DII- and Ulcerative Colitis) with antidepressants in murine models of colitis have pointed to positive results in reducing inflammation. The mechanism of inflammation in IBD and the involvement of the nervous system or modulation of this process by the use of antidepressants is not yet fully elucidated. This study aimed to study the effect of amitriptyline in a murine model of colitis. Colitis was induced in C57BL / 6 mice by Dextran Sodium Sulfate (DSS) and amitriptyline (AMT) were orally administered in a prophylactic or therapeutic regimen. We evaluated the AMT dose in the tail suspension test (TST), the accumulation of neutrophils by myeloperoxidase activity (MPO), oxidative burst, survival curve, bowel histopathology, disease activity by clinical symptoms, depletion of intestinal mucus, colon and inflammatory cytokines in the serum phenotype of CD4⁺ T lymphocytes, CD8⁺ and CD14⁺ monocytes. Results: The dose of AMT (200 µg / ml) and treatment regimens used herein are able to prevent or decrease the pathology of colitis, clinical signs (weight gain (%), colon weight and length) and mortality animals in the therapeutic model inflamed group and treated with AMT. MPO activity, circulating levels of IL-1β, IL-6 and TNF-α were reduced in both experimental protocols (prophylactic and therapeutic). Conclusions: This study included a prolonged period of treatment, as antidepressants are known to be effective in humans after several weeks or months of limitation, and confirmed the effectiveness of oral administration route, since antidepressants are generally administered orally to humans. This treatment scheme has improved potential anti-inflammatory AMT in reducing DSS colitis in mice based on the study parameters.

Keywords: Inflammatory bowel disease, Amitriptyline, Neuroimmunomodulation.

1 INTRODUÇÃO

As Doenças inflamatórias do intestino (DII) compreendem duas classes: Retocolite ulcerativa ou Colite Ulcerativa (CU) e Doença de Crohn (DC). DII é uma doença inflamatória crônica recorrente, de etiologia sob investigação, mas envolve uma reação imune inadvertida para o intestino, desencadeada por fatores intrínsecos (SATSANGI et al., 1998; XAVIER; PODOLSKY, 2007; KASER; ZEISSIG; BLUMBERG, 2010) e fatores ambientais que incluem a microbiota (RAMPTON, 2000; PODOLSKY, 2002; NG et al., 2013). A prevalência de DII permanece em ascensão nos EUA, norte da Europa e começa a aumentar nos países do Oriente e do hemisfério sul e a maior parte do mundo em desenvolvimento (DE SCHEPPER et al., 2008; PERSE; CERAR, 2012). Registros emergentes da DII estão associados com o aumento de hábitos culturais das sociedades ocidentais em países como a China, Coreia do Sul, Índia, Líbano, Irã, Tailândia e norte da África, embora dados precisos destas áreas não estivessem disponíveis (NG et al., 2013).

Os modelos murino de colite intensificaram a identificação das funções do sistema imunitário da mucosa que cooperam para manter a homeostase intestinal, que incluem a presença de uma barreira epitelial intacta, o desenvolvimento de respostas imunes inatas eficientes, a manutenção de um equilíbrio delicado entre respostas das células T efetoras e reguladoras, bem como o estabelecimento de inflamação fisiológica (VALATAS; VAKAS; KOLIOS, 2003; STURM; DE SOUZA; FIOCCHI, 2008). Apesar da variedade de modelos animais que imitam diferentes aspectos de DII humana, a probabilidade de tradução de estudos com animais de intervenção em uso clínico continua a ser bastante limitado (VALATAS; VAKAS; KOLIOS, 2003).

A colite induzida em camundongos por Dextrano Sulfato de Sódio (DSS-colite) é um modelo experimental simples (PERSE; CERAR, 2012) que pode ser utilizado por reproduzir DII aguda, crônica recorrente dependente da frequência e número de ciclos de tratamento por DSS (OKAYASU et al., 1990). Várias características histopatológicas da DII, incluindo algumas de etiologia ainda desconhecida, como a displasia em CU, ocorre espontaneamente na fase crônica da colite- DSS (COOPER et al., 1993). Danos epiteliais do cólon (DIELEMAN et al., 1994) disbiose da microbiota luminal (YAMADA; OHKUSA;

OKAYASU, 1992) e ativação de macrófagos residentes e infiltrados (OHKUSA et al., 1995) são alguns mecanismos propostos subjacentes ao dano tecidual por colite-DSS que pode recapitular a doença que ocorre naturalmente (MAHLER et al., 1998). Dados de estudos por DSS empregam drogas potencialmente terapêuticas que demonstram que a colite-DSS pode ser reproduzida com sucesso por apresentar características discretas da doença humana, ajudando na conversão de dados de camundongos para doenças humanas (MELGAR et al., 2008).

Os estudos clínicos e experimentais indicam uma exacerbação da inflamação intestinal, por condições emocionais e psiquiátricas, como a depressão (GHIA; BLENNERHASSETT; COLLINS, 2008), o que pode contribuir para o desenvolvimento e recorrência da DII (GRAFF; WALKER; BERNSTEIN, 2009). Outros estudos afirmam que a depressão é um epifenômeno marginalmente associado à depressão e seu papel na recorrência é controverso (VARGHESE et al., 2006; GHIA; BLENNERHASSETT; COLLINS, 2008). Enquanto alguns estudos apontam para uma alta influência da depressão sobre o índice de atividade da doença (HELZER et al., 1984; KURINA et al., 2001; GRAFF; WALKER; BERNSTEIN, 2009), outros relatos apontam como sendo secundária a atividade da doença (KURINA et al., 2001; MARDINI; KIP; WILSON, 2004).

Na direção oposta, mas complementar, várias hipóteses implicam o sistema imunológico sobre a etiologia da depressão. Teorias como a imuno-inflamação, citocinérgica e macrofágica como um fenômeno psiconeuroimune (SMITH, 1991). A base para esta hipótese é consistente com um aumento da concentração de citocinas pró-inflamatórias (LICINIO; WONG, 1999) que frequentemente levam a depressão, como alterações do comportamento (ANISMAN; MERALI, 2003; CAPURON; DANTZER, 2003). Portanto, a literatura aponta uma interferência entre a inflamação e as respostas imunes à emoção e depressão por meio de citocinas inflamatórias, tais como IL-1, IL-6 e fator de necrose tumoral alfa (TNF- α) (ANISMAN; MERALI, 2003; CAPURON; DANTZER, 2003; DOWLATI et al., 2010). Na colite ulcerativa, o aumento da secreção de citocinas inflamatórias é considerado chave na progressão desta doença (SAILOR, 1997). A secreção de citocinas éativamente modulada pelo sistema nervoso autônomo (SNA) (MATSUMAGA et al., 2001).

Os antidepressivos em pacientes com DII visam ajudá-los a lidar com os seus problemas emocionais e melhorar sua qualidade de vida, além de que a terapia antidepressiva pode influenciar o curso da DII. Os relatórios mostraram que estas drogas equilibraram a desregulação de respostas imunitárias em DII, levando a um prognóstico mais positivo da doença (MIKOCKA-WALUS et al., 2012). A amitriptilina (AMT) é um

antidepressivo tricíclico amplamente utilizado como terapia de apoio para os pacientes que sofrem de DII ou de outros distúrbios gastrointestinais (QUARTERO et al., 2005; AVILA; BOTTINO, 2006). Prescrever amitriptilina, nesses casos, é, supostamente, devido a sua eficácia nos tratamentos psicológicos (SUSSMAN; STAHL, 1996; RAJAGOPALAN; KURIAN; JOHN, 1998; GERSON; TRIADAFILOPOULOS, 2006) e sintomas somáticos associados à DII (MIKOCKA-WALUS et al., 2006).

Neuroimunomodulação é o estudo sobre interações bidirecionais entre os sistemas neuroendócrino e imunológico (COSTA-PINTO; PALERMO-NETO, 2010). A evidência clínica e de dados experimentais suportam que a depressão está associada à inflamação e antidepressivos são eficazes na modulação não só os aspectos emocionais de DII, mas também na própria inflamação. Vários modelos apontam para a relevância das interações neuroimunoendócrinas na doença. Neste estudo focamos em interações neuroimunes no intestino sobre o curso de uma doença inflamatória crônica possibilitando novas possibilidades para combinar a terapia focada no dano tecidual e bem-estar.

CONCLUSÃO

O tratamento com amitriptilina é capaz de atenuar diversos parâmetros analisados em um modelo murinho de colite por DSS. A via de administração oral e o regime de tratamento longo se mostraram eficientes em reduzir a gravidade da colite em camundongos. Enquanto mais estudos são necessários para elucidar os mecanismos para a atenuação da doença observada aqui, podemos concluir que antidepressivos como a amitriptilina, além de prescritos com o intuito de melhorar aspectos psicológicos e emocionais associados a colite em humanos, podem de fato melhorar o curso da doença, tornando-os medicamentos com potencial terapêutico relevante na doença humana.

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