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Assessment of oxidative stress in lymphocytes with exercise

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Submitted 13 January 2011; accepted in final form 11 April 2011

Turner JE, Bosch JA, Drayson MT, Aldred S. Assessment of oxidative stress in lymphocytes with exercise. J Appl Physiol 111: 206–211, 2011. First published April 14, 2011; doi:10.1152/japplphysiol.00051.2011.—This study investigated whether changes in the cellular composition of blood during exercise could partly account for observations of exercise-induced changes in lymphocyte oxidative stress markers. Markers of oxidative stress were assessed before and after 60 min of intense treadmill running. Samples were collected from 16 men (means ± SD: age 33 ± 13 yr; body mass index 23.8 ± 2.5 kg/m2; maximal oxygen uptake 59.7 ± 5.2 ml·kg−1·min−1). Peripheral blood lymphocytes were assayed for protein carbonyl concentration, and plasma was assessed for lipid peroxides and antioxidant capacity. In a separate study, intracellular thiol concentration was determined in lymphocyte subsets from eight characteristically similar men by flow cytometry, of which T-cell memory populations were further identified on the basis of CD27, CD28, and CD45RA expression. Total lymphocyte protein carbonyls were transiently increased with exercise and returned to baseline within 15 min (P < 0.001). This change was accompanied by an increase in plasma lipid peroxides (P < 0.05) and total antioxidant capacity (P < 0.001). Correlation analyses showed that lymphocyte protein carbonyl content was not related to changes in the cellular composition of peripheral blood during exercise. Natural killer cells (CD3+CD56−) and late-differentiated/effector memory cells (CD4+CD8−CD27−CD45RA−), which mobilized most with exercise, showed high intracellular thiol content (P < 0.001). High thiol content suggests a lower oxidative load carried by these lymphocytes. Thus vigorous exercise resulted in a transient increase in lymphocyte oxidative stress. Results suggest this was unrelated to the alterations in the cellular composition of peripheral blood.

pro–oxidants or radical species are produced during almost all forms of exercise (21, 22, 57) and include free radicals (e.g., superoxide) and nonradical species (e.g., hydrogen peroxide). Radicals can initiate cellular signaling, which is crucial for cell function and is key to the health benefits of exercise (28, 29, 44, 45). However, if reactive species go unchecked, they have the ability to rapidly oxidize proteins, lipids, and nucleic acids (46). To prevent such damaging effects, pro-oxidants are balanced by intracellular molecules [e.g., glutathione (GSH) and the enzymes superoxide-dismutase (SOD), catalase, and glutathione peroxidase] and extracellular molecules (e.g., plasma uric acid, ascorbic acid, alpha-tocopherol, and albumin), which have antioxidant properties. These non-enzymatic and enzymatic antioxidant molecules scavenge and buffer reactive species (29, 35, 44, 45). However, in certain circumstances (e.g., vigorous exercise or some disease states), reactive species may overwhelm the antioxidant capacity of cells or tissues, resulting in oxidative stress (25). Oxidative stress can lead to impairment of cellular functions, which may underlie aging and pathologies such as cardiovascular disease (7, 59).

Oxidative stress can be assessed by measuring modifications, or adducts, to plasma proteins and lipids (e.g., protein carbonyls or lipid peroxides) or by quantifying the antioxidant capacity of plasma and whole blood (6, 21, 46). When assessed in plasma, such biomarkers provide nonspecific, whole body measures of oxidative stress (9, 15, 21, 56). Recently, protein oxidation has also been assessed in peripheral blood lymphocytes, and increases lymphocyte protein carbonyl content has been observed immediately after intensive swimming and endurance cycling exercise (12, 20, 50, 52). There is, however, a largely unappreciated, but potentially important, caveat linked with such findings. Lymphocytes form a very heterogeneous group of cells, and exercise drastically alters the lymphocyte composition of peripheral blood (2, 11, 54). It is not known whether distinct lymphocyte subsets differ in the constitutive load of oxidative stress markers, but if they do then it is possible that any exercise-induced changes in lymphocyte protein carbonylation could reflect a change in blood composition rather than effects of oxidative stress.

Lymphocytes can be subdivided into cytotoxic CD8+ and helper CD4+ T cells, which together account for 60–80% of total lymphocytes. Natural killer cells and B cells constitute the remainder. Subpopulations of CD8+ and CD4+ T cells include antigen inexperienced naïve cells (identified as CD27+CD45RA+), and three populations of antigen experienced cells: central memory (CM; CD27+CD45RA−), effector memory (EM; CD27−CD45RA−), and so-called revertant effector memory cells, which re-express CD45RA (EMRA; CD27−CD45RA+) (4, 54). Other researchers have used a different nomenclature to identify memory T cells and distinguish between distinct stages of differentiation on the basis of CD27 and CD28 expression: viz., early stage (CD27+CD28+); intermediate stage (CD27−CD28+); and late stage differentiated cells (CD27−CD28−) (3, 55). During exercise specifically, the cytotoxic late-differentiated or effector memory populations, (CD8+CD27−CD28−/CD45RA+), as well as natural killer cells, are recruited into peripheral blood (2, 11, 54). These subpopulations show evidence of multiple cell divisions, such as shorter telomeres, and display elevated DNA damage (18, 39, 47). These cells may thus conceivably also exhibit increased markers of oxidative stress, such as protein carbonyl concentration or altered redox status, as measured by intracellular GSH concentration.

The aim of this study was to examine whether the aforementioned exercise-induced changes in the cellular composition of blood could affect measurements and, therefore, the interpretation of exercise-induced oxidative stress in total lymphocytes.

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First published April 14, 2011; doi:10.1152/japplphysiol.00051.2011.
EXERCISE INDUCED OXIDATIVE STRESS IN LYMPHOCYTES

**METHODS**

Participants. Sixteen healthy nonsmoking men took part in the main part of this study, having abstained from taking vitamin supplements for at least 6 wk (see Table 1). Participants provided informed consent, and the study was approved by the School of Sport and Exercise Sciences research ethics committee of the University of Birmingham.

Procedures. Participants undertook two treadmill-based graded exercise tests on the same day to accurately determine running speed for the exercise trial as previously described (54). Briefly, in the first test, participants ran at incremental speeds until exhaustion to measure maximal oxygen consumption (V\textsubscript{O2max}) (58). After a 10-min rest, the relationship between oxygen consumption and four submaximal running speeds (range 8.2–11.6 km/h, gradient 2%) was assessed to calculate the speed to elicit 80% of V\textsubscript{O2max} using linear regression. In addition, participants were asked to report leisure time physical activity using the international physical activity questionnaire (IPAQ) (14).

Exercise trial. One week after preliminary tests, participants returned to the laboratory between 0600 and 0700 following an overnight fast. Participants were instructed to refrain from exercising and drinking alcohol or caffeine during the day before the trial. Following a 15-min rest, a baseline blood sample (Pre) was collected from an antecubital vein by an indwelling catheter, which was kept patent by flushing with saline. Participants then undertook an exercise trial, which consisted of treadmill running at a speed to elicit 80% of V\textsubscript{O2max} for 60 min. Treadmill gradient was maintained at a 2% incline. Blood was collected at the end of exercise (Ex60), and again 15 min (Post15) and 60 min (Post60) postexercise. Pilot work showed that these time points allowed for the observation of peak lymphocytosis (Ex60), a return to baseline (Post15), and the nadir of lymphocytopenia postexercise (Post60), respectively (data not shown).

Blood sample processing. Blood was collected into EDTA vacutainer tubes (Becton-Dickinson, Oxford, UK) and placed at 4°C until processing. Plasma was obtained by centrifugation at 1,350 g for 15 min at 4°C and stored at 80°C. Peripheral blood lymphocytes were isolated using density gradient centrifugation. Briefly, whole blood was diluted 1:1 with PBS (In Vitrogen, Paisley, UK) and carefully layered onto Ficoll-Paque PLUS (GE Healthcare, Uppsala, Sweden) before centrifuging at 300 g for 30 min. The lymphocyte layer was aspirated, and cells were washed in PBS at 1,000 g for 10 min. The pellet was re-suspended in either sodium carbonate buffer (50 mM, pH 7.4) and stored at −80°C for assessment of protein carbonyl concentration or re-suspended in PBS and processed for flow cytometric measurements.

General analytical procedures. Total lymphocyte protein concentration was determined using the bicinchoninic acid method as described by Smith et al. (48). Biochemical parameters were expressed relative to protein concentration or were corrected for changes in plasma volume according to Dill and Costill (16) as appropriate. Hemoglobin and hematocrit were assessed using a Coulter ACTdiff hematology analyzer (Beckman-Coulter, High Wycombe, UK). Chemicals were obtained from Sigma-Aldrich, UK, unless otherwise stated.

### Table 1. Characteristics of participants in the main study

<table>
<thead>
<tr>
<th>Characteristics of Participants (n = 16)</th>
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<tr>
<td>Age, yr</td>
</tr>
<tr>
<td>BMI, kg/m</td>
</tr>
<tr>
<td>Measured V\textsubscript{O2max}, ml·kg\textsuperscript{-1}·min\textsuperscript{-1}</td>
</tr>
<tr>
<td>Maximum heart rate at V\textsubscript{O2max}, beats/min</td>
</tr>
<tr>
<td>LTPA, median MET·min\textsuperscript{-1}·km\textsuperscript{-1}</td>
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Data are means ± SD. LTPA, leisure time physical activity, as assessed by the international physical activity questionnaire. *Data are medians (min-max).
content is depleted by N-ethylmaleimide; therefore, these preparations served as negative controls. Negative controls were washed and re-suspended in 1 ml of 37°C PBS. Samples and negative controls were incubated for 10 min at 37°C with 50 μM MBB (Invitrogen Molecular Probes, Paisley, UK). Cells were washed and re-suspended in PBS, and read within 30 min of collecting 50,000 lymphocytes. Lymphocytes were gated on the forward vs. side-scatter. T cells were identified by expression of CD3 in combination with CD4 or CD8. T-cell subpopulations were identified on the basis of CD27 and CD45RA expression (26) or CD27 and CD28 expression (3). B cells (CD3−CD19+) and Natural killer cells (CD3−CD56+) were also examined.

Statistical analysis. Data were inspected for normal distribution using the Kolmogorov Smirnov test. Non-normally distributed data were transformed logarithmically. Responses to exercise were examined with repeated-measures ANOVAs. Differences compared with baseline were examined using post hoc paired samples t-tests. Statistical significance was accepted at the P < 0.05 level. Intracellular thiol content between lymphocyte subpopulations was examined using paired samples t-tests. Effect sizes are presented as η². Data are presented as means ± SE unless otherwise stated. Data were analyzed using SPSS statistical package version 18.0 for Windows (SPSS).

RESULTS

Lymphocytes. A detailed analysis of lymphocyte responses to this bout of exercise has been undertaken by the authors and described previously (54). Briefly, exercise mobilized CD8+ T cells with a late-differentiated/effector memory phenotype (54). For illustrative purposes relevant to this investigation, alterations in the proportions of CD8+ T lymphocytes at each extreme of the differentiation continuum are presented (i.e., naive vs. EMRA) (see Fig. 1A). Compared with rest, the most differentiated EMRA cells constituted a larger proportion of total lymphocytes, whereas the least differentiated naive cells were much smaller in proportion during exercise [F(3,39) = 9.6, P < 0.001, η² = 0.443; see Fig. 1A]. CM and EM populations, and cells that did not express CD28, showed similar increases to EMRA with exercise, and an identical pattern was observed for CD4+ T cell subsets (data not shown).

Protein carbonylation. Figure 1B shows total lymphocyte protein carbonyl concentration in response to exercise. Protein carbonyls increased with exercise and returned to baseline within 15 min [F(3,39) = 16.7, P < 0.001, η² = 0.562; see Fig. 1B]. Correlation analyses showed that lymphocyte protein carbonyl content was unrelated to the cell subpopulations that constitute total lymphocytes: No correlations were observed between the numbers or proportions of any lymphocyte subset and the level of protein carbonyls measured in total lymphocytes (r < 0.12, P < 0.7). For illustrative purposes, the relationship between protein carbonyl concentration in total lymphocytes and the number of peripheral blood CD8+ T cells at each extreme of the differentiation continuum (i.e., naive and EMRA) are presented in supplementary information (see supplementary figure available online at the Journal of Applied Physiology website).

Lipid peroxidation. Figure 1C shows plasma lipid peroxide concentrations in response to exercise. Lipid peroxidation increased with exercise, and, following completion of the exercise bout, lipid peroxides fell below baseline levels within 15 min. Sixty minutes after exercise, lipid peroxide concentration had returned to preexercise levels [F(3,39) = 3.6, P < 0.05, η² = 0.216; see Fig. 1C].

Total antioxidant capacity. Figure 1D shows the plasma antioxidant response to exercise. Total antioxidant capacity increased with exercise and remained above baseline for 60 min [F(3,39) = 18.2, P < 0.001, η² = 0.562; see Fig. 1D].

Lymphocyte intracellular glutathione concentration. In a separate investigation, eight healthy individuals provided a resting blood sample, and lymphocyte subsets were examined for intracellular thiol content. Natural killer cells exhibited higher thiol content than B cells, CD4+ cells, and CD8+ T cells (see Fig. 2A). Within the T-cell populations, cytotoxic
CD8⁺ cells showed higher thiol concentrations than helper CD4⁺ cells (see Fig. 2A). The late-differentiated/effectector memory CD8⁺ subpopulations showed increased intracellular thiol concentrations compared with naive/early stage differentiated cells (see Fig. 2, B and C). An identical pattern was observed between CD4⁺ subpopulations, and these cells had lower intracellular thiol concentrations than the equivalent CD8⁺ subpopulations (data not shown).

**DISCUSSION**

In the present study, participants exercised at an intensity previously shown to cause oxidative stress (32), and a transient increase in lymphocyte protein carbonyl content was observed. This was accompanied by increases in plasma lipid peroxides and elevated plasma antioxidant capacity. We hypothesized that the cells that increase the most in peripheral blood with exercise (e.g., late-differentiated/effectector memory cells or natural killer cells) may carry a greater oxidative load (i.e., increased markers of oxidative stress) compared with naive/early differentiated cells. Thus the present study investigated whether the observed increase in lymphocyte protein carbonyl groups was likely a result of exercise-induced oxidative stress or whether this was partly attributable to changes in the cellular composition of peripheral blood.

Our measurements of protein carbonyls were unrelated to the cell subpopulations that constitute total lymphocytes. No correlations were observed between the numbers or proportions of any lymphocyte subset and protein carbonyl level in total lymphocytes. For example, a higher number of late-differentiated/effectector memory cells within total lymphocytes had no bearing on the degree of protein carbonylation in the total lymphocyte pool. In support, our further investigations showed that the cells responsible for lymphocytosis (e.g., late-differentiated/effectector memory cells and natural killer cells) had a higher intracellular thiol content compared with early differentiated/naive cells and B cells (the latter populations show minimal mobilization with exercise). Cells with high thiol levels are usually associated with low levels of protein carbonylation and lipid peroxidation (27, 42). Although we did not measure protein carbonyl content of individual lymphocyte subsets, on the basis of these results and previous literature, it seems unlikely that cell populations entering peripheral blood due to exercise would carry an increased protein carbonyl load. We suggest, therefore, that the observed increase in oxidative stress to lymphocytes is likely to be a direct effect of exercise.

The results presented here show that cells selectively mobilized with exercise, carry high intracellular thiol content. The most abundant intracellular thiol is reduced GSH (37, 53). GSH is a tripeptide synthesized from the amino acids cysteine, glycine, and glutamic acid by the enzymes γ-glutamylcysteine synthetase (γ-GCS) and GSH synthetase (37, 53). The actions of γ-GCS and GSH synthetase are regulated through cellular signaling pathways and can be upregulated to increase synthesis of GSH (37, 53). Thus it is possible that cells that have undergone previous oxidative insults might upregulate GSH synthesis (37), providing further protection against oxidative stress (24). Interestingly, and in addition, the role of intracellular thiols in lymphocytes is not limited to providing protection against pro-oxidants. Late-differentiated/effectector memory cells and natural killer cells are highly functional; they are able to divide rapidly on exposure to antigen, home to inflamed tissue, and employ rapid cytotoxic effecter functions without further need for differentiation (3, 4, 55). The finding that these cells exhibit increased thiol levels is not surprising since intracellular thiol groups are essential for lymphocyte activation, proliferation, and cytotoxicity (17, 33, 49, 51, 60). Intracellular thiol content might therefore be upregulated due to the memory/differentiation status of the lymphocyte, or as a result of oxidative stress, or as a result of both of these factors.

The present study showed that plasma antioxidant capacity was increased above preexercise levels for at least 1 h following the exercise protocol. This antioxidant response with exercise is well documented (28, 29, 45), and the present findings
are in accordance with observations following similar exercise protocols (1, 38). The most likely mechanism behind antioxidant responses to exercise is ascorbic acid efflux from the adrenal glands (24). However, although speculative, it is also possible that cells in contact with plasma (e.g., lymphocytes, erythrocytes, endothelial cells) directly influence the concentration of plasma antioxidant molecules (6). This hypothesis is appealing considering the findings presented here, that cells that occupy peripheral blood with exercise show increased intracellular thiol content. In addition, the extracellular transport of lymphocyte-derived GSH is proportional to intracellular thiol level (37). Apoptosis also results in the release of GSH into the extracellular space (5), and up to 10% of lymphocytes undergo programmed cell death following exercise (34, 40, 41). It is therefore possible that the increased plasma antioxidant capacity observed in the present study was partly mediated by an influx of cells, which have an increased antioxidant capability, into the blood. In addition to these factors influencing antioxidant capacity, rapid alterations may also be present at the gene transcription level. For example, redox-sensitive signaling leading to gene expression for enzymatic antioxidants is upregulated within 15 min of exercise (28). It is argued that at least some of the benefits of regular physical activity are gained through redox-sensitive signaling (29, 44, 45).

In the present study, intense exercise caused a transient increase in lipid peroxides measured in plasma, which was followed by a fall in oxidized lipids to below baseline level 15 min after exercise cessation. Similar decreases in plasma lipid peroxides have been reported previously following exercise (23, 31), and it is argued that this might be one mechanism by which exercise exerts atheroprotective effects (23, 30). Thus our observation of a bi- phasic change in plasma lipid peroxide concentration in response to this bout of exercise is not surprising.

A limitation of the present investigation is that we did not assess protein carbonyl content in individual lymphocyte subpopulations. In principle, this might be possible using fluorescence-activated cell sorting (FACS) or a combination of positive and negative selection using magnetic beads, assay ing the isolated lymphocyte subpopulations for protein carbonyls. However, in reality, isolation of cells using FACS is very likely to cause oxidative stress. Second, there are very few late-differentiated/effector memory cells per microliter of blood, often in the region of just 10 or 20 cells. This would make it almost impossible to obtain enough cells for assessment of protein oxidation. Techniques for the assessment of oxidative stress on a per cell basis in specific lymphocyte populations are lacking. We believe our chosen strategy is the most robust measure available for our particular application.

In conclusion, the results of the present study show that an acute bout of intense exercise caused a transient oxidative stress that could be detected by the measurement of protein adducts in lymphocytes. We suggest that the observed lymphocyte protein carboxylation following exercise is not caused by lymphocyte subpopulations carrying differing amounts of protein oxidation. We have shown that lymphocyte subpopulations show differential intracellular thiol concentrations. We propose that intracellular thiol content is related to the functional capacity and differentiation/memory stage of the lymphocyte subset.

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