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Long-Term Food Restriction, Deprenyl, and Nimodipine Treatment on Life Expectancy and Blood Pressure of Stroke-Prone Rats

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STEVENS, S., S. KNOLLEMA, G. I. DE JONG, J. KORF, AND P. G. M. LUITEN. Long-term food restriction, deprenyl, and nimodipine treatment on life expectancy and blood pressure of stroke prone rats. NEUROBIOL AGING 19(3) 273–276, 1998.—We determined whether food restriction or the drugs nimodipine (Ca²⁺ antagonist) and deprenyl (a MAO-B inhibitor) prevent the development of stroke in the spontaneously hypertensive stroke-prone rat (SHR-SP). Forty male SHR-SP rats, in the age of 34 weeks, were exposed to various treatments. During a period of 27 weeks, survival and blood pressure were followed. In the control and deprenyl group, the blood pressure values remained unchanged; 50% had died after 27 weeks. All rats that were treated with nimodipine survived. After food restriction, 7/8 rats survived and showed a lower blood pressure. This study in SHR-PR rats shows the superiority of nimodipine on survival, and the potential of food restriction as a stroke-preventing measure. © 1998 Elsevier Science Inc.

**ESSENTIAL** hypertension is a major risk factor for stroke (21). The spontaneously hypertensive stroke-prone (SHR-SP) rat strain (20) may serve as a model of hypertension and stroke. At approximately the age of 43–52 weeks, SHR-SP rats develop cerebral hemorrhages and infarcts located in the boundaries of the flow region of the middle cerebral artery. As a consequence, the lifespan of SHR-SP rats is considerably shortened, which makes SHR-SP rats particularly suitable to assess prophylactic interventions. Of the cytotoxic events leading to neuronal death following cerebral ischemia, excessive calcium influx, acidosis, and free radicals are crucial (3,8,9,12,22–24). Previously, it was demonstrated that long-term treatment with the calcium antagonist nimodipine prevented neocortical strokes in SHR-SP rats up to 56 weeks (12,13). The beneficial effects of treatment with free radical scavengers in acute or global cerebral ischemia models are suggested in several studies (1,8). Free radicals are formed by monamine oxidase type B (MAO-B), which may explain not only the neuroprotection in stroke models (e.g., 8), but also the longevity of (normotensive) rodents after long-term treatment with deprenyl (2,6,11). Another way to protect against stroke is by starvation, which possibly is caused by a diminished hyperglycemic response after hypoxia (3,15). Interestingly, normotensive rodents extend the lifespan following food restriction.

Here, we describe the efficacy of long-term food restriction and treatment with deprenyl or nimodipine on blood pressure and survival of adult SHR-PR rats.

**MATERIALS AND METHODS**

**Animals and Treatment**

Forty male SHR-SP (breeder Møllegaard Skørnevød, Denmark) were housed in groups of 6 or 4 animals. At the age of 34 weeks animals were divided into 5 groups and individually housed. Accordingly, the 1) Onset-control group (n = 4); 2) Control group (n = 12) and 3) Deprenyl group (n = 10) had free access to water and standard lab chow. An oral daily dose l-deprenyl 5 mg/kg was added to the drinking water and adjusted weekly to maintain the dose within 90–111% (1,2). The Food restriction group (n = 8) received 60% of the normal food intake with Vitamin supplements. The volume of this food was normalized to the volume of food in the control group with ingestible cellulose. To the Nimodipine group (n = 6) water and food were supplied ad libitum, while the

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The drug treatments and food deprivation regimen were carried out for 27 weeks (from 34 – 61 weeks) and the body weight was recorded weekly. At ages of 32, 36, 37, 40, 44, 48, 52, 57, and 61 weeks systolic blood pressure (SBP) was measured. The SBP measurement was carried out under light ether anesthesia with the tail-cuff method using a photoelectric sensor unit to detect arterial pulse visualized on an oscilloscope. The pressure in the cuff placed around the base of the tail was gradually elevated until the pulsation disappeared. During gradual decreasing of the pressure the SBP was read on a manometer at the moment of the reappearance of pulses, expressed in mmHg.

The animals were checked daily on hyperirritability, hemiplegia, apathy, and motor disturbance. Brain weight (excluding olfactory bulb and lower medulla) and appearance of stroke and brain edema was assessed in the Onset-control group after 34 weeks, and at the age 61 weeks for the surviving animals. Cell damage in the surviving animals was visualized with silverstaining (25). Blood glucose levels were measured at 32 weeks and 14 days after the start of the treatments. Blood samples for glucose
measurements were obtained in the first half of the light period. Blood samples were immediately transferred to a chilled (0°C) medium containing EDTA and 10 μL heparin (500 U/mL). Blood glucose (50 μL blood) was measured by the ferricyanide method of Hoffman (Technicon Auto Analyzer TMII). The protocol was approved by the committee supervising animal experimentation of the Faculty of Medical Science (University of Groningen).

**Data Analysis**

Investigators were blind to the procedures during blood pressure measurements, weighing, glucose analysis, and histology. Data shown are presented as mean ± SEM. Blood pressure value and weight each different time points were statistically evaluated using one-way analysis of variance (ANOVA), which in case of significant group differences, was followed by a post hoc Bonferroni test. To establish the effect of the different treatment strategies in time and the interaction of time and treatment on blood pressure we used a RM-ANOVA evaluated by a F-test. In this test time and treatment are a factor with a first-order interaction between time and treatment. Survival data were statistically evaluated using Kaplan-Meier survival analysis, and to test the equality of the survival distributions for the different groups we used the Log-Rank test. Differences were defined as significant when \( p < 0.05 \).

**RESULTS**

**General Condition**

The bodyweight of the SHR-SP rats during treatment with nimodipine and deprenyl was not significantly different from that of controls, whereas the bodyweight of food restricted rats was from Week 36 onwards significantly lower (until 81% of the bodyweight at 32 weeks; Fig. 1A). The blood glucose levels (in mM/L ± SEM, 4–10 observations) as measured in all 4 groups at the age of 32 weeks and 14 days after onset of the treatment were 7.85 ± 0.40 (control), vs. 7.71 ± 0.57 (food restriction), 7.93 ± 0.51 (deprenyl), and 7.63 ± 0.67 (nimodipine). No significant differences were found between the groups. Of the surviving rats at the age of 61 weeks the brains did not reveal signs of infarction or edema (data not shown).

**Survival**

None of the nimodipine-treated animals died and their survival rate was significantly increased (\( p < 0.05 \)). Of the control, deprenyl-treated, and food-restricted rats, 50%, 50%, and 12.5%, respectively, died. All the animals that had died before the end of the experiment displayed neurological symptoms of stroke and most likely died as a consequence of stroke. Figure 1B shows the survival rate in the different groups during the experiment.

**Blood Pressure**

Figures 1C and D show the time course of blood pressure. Food-restricted rats showed a decrease in blood pressure or/and an increase in lifespan after food restriction in hypertensive animals if food restriction was performed for a short period (4 days) or for a longer period up to 8 weeks only in young animals (4,5,18,19,26,27). The lowering effect of food restriction on blood pressure did not result in a significant increase in survival in our study, although this may be largely due to the small sample size. The initial rise in systolic blood pressure in the first 2 weeks in this study may be the result of a stress effect of food deprivation. Stroke in the SHR-SP rats is hypothesized to be the result of an enhanced vulnerability of the vasculature for pressure load caused by an altered vascular metabolism and physical damage to the vessel wall from the high blood pressure (20). To what extent the changes in metabolism may play a role in the increased survival is not clear from the present study, because blood glucose levels are measured only at one time. However, our results indicate that changes in blood pressure may be independent of the blood glucose levels, because these levels do not change after the start of food restriction.

In conclusion, this preliminary study shows that nimodipine prevented stroke most effectively, that food restriction had a profound beneficial impact on hypertension by decreasing blood pressure in SHR-SP rats, and that the results with deprenyl were negative. Both the effective treatments either given apart or in combination may provide neuroprotection in stroke-prone individuals even when started in the adult.

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REFERENCES


