

PERINATAL PROGRAMMING OF ESSENTIAL FATTY ACIDS MODULATES IMMUNITY IN RATS

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SUMMARY

Recent studies have shown that besides the eicosanoids modulating the immunological response, also the peroxisome proliferator-activated receptor gamma (PPAR γ) and its ligands can modulate both B and T lymphocytes and the dendritic cells. Fatty acids are potent ligands to PPARs and some of the effects might therefore be mediated via the PPAR systems and NF- κ B pathways (*Appel et al., 2005; Jakobsen et al., 2006*). However, fatty acids can also influence dendritic cells independently of activation (*Zeyda et al., 2005*). Further studies have to consider the influence on gene expression and the modulation by different fatty acids, probably including the balance not only between the essential fatty acids, but also the balance to saturated and monounsaturated fatty acids. We are probably just in the beginning to understand the complex balance of the immune system with possible early programming, which might even include epigenetic aspects.

Our results indicate important physiological changes by fatty acids in the development of oral tolerance. Leptin might be involved in this development but also fatty acid products, the eicosanoids are probably important. PPARs, which also are influenced by fatty acids and other ligands, can further modulate the immune response via or independently of NF- κ B. It is obvious that in animals, the composition of the maternal diet has direct and long-term influence on the immune system and it would not be too speculative to suggest that the complicated system also have similar impact in the humans. The complexity of the systems may explain the difficulties to get clear results in observational studies in the humans, and strongly implies that longitudinal studies from pregnancy on are urgently needed.

INTRODUCTION

There has been an increase of allergy in the Western world during the latest decades and much focus has been directed to both the "hygiene" hypothesis and diet (*Guarner et al., 2006; van Schayck and Knottnerus, 2004; Renz et*

al., 2006; Duchon and Björkstén, 2001). Several studies have reported abnormal fatty acid pattern in serum in patients with allergy but the results have not been uniform and a causal relation between an abnormal lipid

metabolism and allergy has remained puzzling (*Duchen and Björkstén, 2001; Laitinen et al., 2006a; Oddy et al., 2004*). Despite that it is well known

that bacterial growth can be modulated by fatty acids, there have been little interest to combine these hypotheses.

FATTY ACIDS AS MODULATORS OF IMMUNE SYSTEM

A possible link between allergy and abnormal fatty acid pattern is the fact that the relation between different fatty acids in diet has changed markedly during the latest decades (*Simopoulos, 1999; Sanders, 2000; Kris-Etherton et al., 2000*). By the general recommendation to decrease the intake of saturated fat and recommend increase of polyunsaturated fat, a marked displacement has taken place; essential fatty acids of the n-6 series have increased several fold but those of the n-3 series have remained low and even decreased (*Ailhaud et al., 2006*). Partly also this has occurred smouldering for the man in general, because the changed feeding of animals from natural sources to special forage have also markedly decreased the n-3 fatty acids in dairy products and in the meat (*Ailhaud et al., 2006; Raes et al., 2004*). All these changes are reflected in the breast milk, which shows different ratios between the n-6 and n-3 fatty acids depending on mothers dietary intake, with big differences for different districts and countries and also by time in the Western countries, reflecting the general development (*Ailhaud et al., 2006; Chen et al., 1997; Fidler and Koletzko, 2000*). From this point of view, it is not surprising that investigations of breast milk in relation to allergy have given controversial results (*Laitinen et al., 2006a,b; Black and Sharpe, 1997; van Gool et al., 2004*). Our interest in this subject is related to two factors; first that the n-6 and n-3 fatty acids have strong effect on immunity, like for instance different effects

on Th1 and Th2 responses and influence on the maturation of dendritic cells (*Lee et al., 2003; Harizi and Gualde, 2005; Gosset et al., 2005; Zhang et al., 2005*), and second that essential fatty acids can influence gene expression (*Clarke et al., 2002*) and therefore might be especially interesting in the context of programming, i.e. the influence during early development of the foetus on diseases in adult life (*Lucas, 1998*).

Essential fatty acids contain unsaturated bindings starting at the carbons in position 3 (n-3) or 6 (n-6) from the methyl end of the fatty acid molecule. These fatty acids have to be supplied by food because they cannot be synthesised by the mammals. Introduction of double bonds in other positions can be performed in the body, and occur both in the essential fatty acids and in fatty acids we can synthesize (Figure 1). There is a competition between enzymes to prolong the fatty acid molecules (elongases) and to increase the unsaturation (desaturases) between the essential fatty acid series and the newly synthesised fatty acids, and this competition is influenced by the access of substrate, i.e. it matters in which relation the diet supply the body with different kind of food and fat. Since the very long polyunsaturated fatty acids are important for many functions, like the long fatty acids from the n-3 series, the eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) for the brain and nervous system and the long fatty acid product of the n-6 series, arachidonic acid (ARA) for several meta-

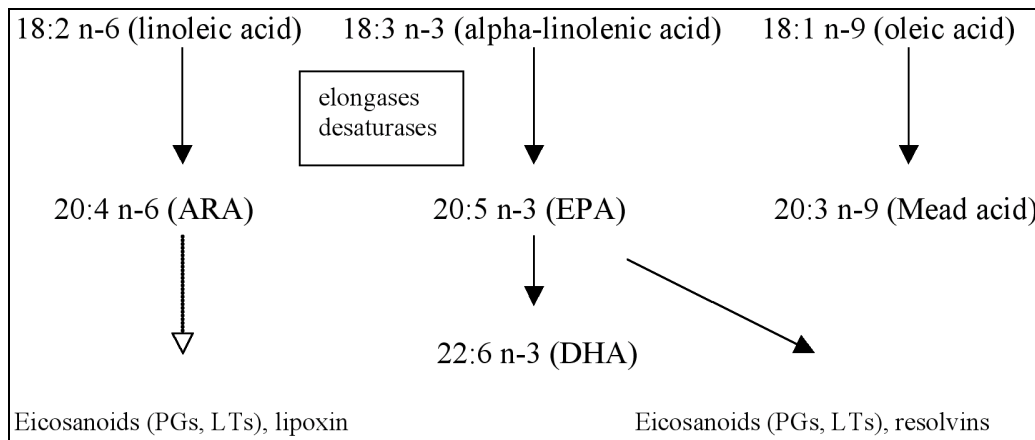


Figure 1: The major fatty acids of the n-6, n-3 and the endogenously (n-9) synthesized series. In deficiency of the essential fatty acids, especially the n-6 series, mead acid is compensatory increased and can therefore be used as an index of the essential fatty acid deficiency. The eicosanoids of ARA are inflammatory and those of EPA, lipoxins and resolvins are anti-inflammatory.

bolic processes and working as the substrate for very important eicosanoids, like PGE₂ and the cysteinyl-leukotrienes (Figure 1).

DEVELOPMENT OF ORAL TOLERANCE

The knowledge about the induction or breakdown of oral tolerance in the neonatal period is incomplete. In the development of oral tolerance the antigen-presenting cells, especially the dendritic cells, play a central role in the induction of adaptive immunity. Dendritic cells are activated by cytokines and eicosanoids and the balance between saturated and polyunsaturated fatty acids can reciprocally modulate the function of the dendritic cells through Toll-like receptors (Weatherill et al., 2005). Active suppression is important for and dependent on the induction and the maintenance of the regulatory suppressor cells (Treg/Th3) and their presence in the lymph nodes of the intestinal wall. These cells are triggered by a specific antigen and responsible for the release of the antigen-non-specific suppressive cytokine TGF- β (Lundin et al., 1999). As a consequence immune responses to other

antigens in the close vicinity are decreased. If immunological tolerance is not developed, the immune response may lead to allergic sensitisation to food allergens. The dose and nature of antigen, as well as the maturation of the immune system, and the permeability of the intestinal wall are all factors of importance if an antigen induces tolerance or priming (Strobel, 2001). For the newborn most antigens are presented via the food, usually the breast milk, and the content of polyunsaturated fatty acids is dependent on the mother's diet. That means that the maternal diet has the potential to influence the development of immunological tolerance to food antigens.

Dietary polyunsaturated fatty acids have been shown to influence the tolerance induction in adult animals, and to influence the Th1 and Th2 responses to ovalbumin (Cinader et al., 1983; Harbig and Fisher, 2001).

EXPERIMENTAL PROGRAMMING OF ORAL TOLERANCE BY EFA

We have focused our interest on the possible potency of essential fatty acids to programme for diseases in the adult animal, and have been especially interested if they can influence the later development of oral tolerance, important in the context of allergy. Besides these studies, which will be reviewed in the following, we have also investigated whether the essential fatty acids might programme for bone mass (Korotkova et al, 2004a, 2005a) and the metabolic syndrome (Korotkova et al, 2005b). We have used two models, one providing the pregnant and lactating animal with essential fatty acid deficient diet (**A**) and one where the animals were provided three different diets, one rich in n-3 fatty acids (ratio n-6/n-3 of 0.4), one "control" diet with a so called balanced ratio of n-6/n-3 fatty acids (ratio n-6/n-3 of 9) and one with extremely high amount of n-6 fatty acids in relation to n-3 (corresponding ratio of 210) (**B**).

All diets had the same composition except that the quality of fat differed. Fat constituted 7 percent of all diets and in the diet free of essential fatty acids; the animals were given saturated fat except for trace of monounsaturated fat. In the diets with different ratios of essential fatty acids, 21-32 % of the fatty acids were monounsaturated and 13-20% was saturated fatty acids. The diet were introduced from the 10th day of gestation and kept during lactation and till 7 weeks of age. The rats were subsequently exposed to ovalbumin either as pups via the milk at postnatal days 10-16, or as adults via the drinking water at 7-9 weeks of age.

A. For control one group of rats received the essential fatty acid deficient diet only as adults, from week 7 of age (31). They were immunized at 11 weeks with ovalbumin and delayed

type of hypersensitivity (DTH) was tested at 13 weeks of age. Oral exposure of ovalbumin lead to suppression of the DTH response and also depressed response by IgG antibodies in both the animals deficient of essential fatty acids and the control group (31). The tolerance to ovalbumin was accompanied by reduction of DTH and IgG antibody responses to an unrelated antigen, human serum albumin, due to bystander suppression. Thus oral tolerance was developed and maintained by an active suppression mechanism in the adult animals of both the dietary groups.

In the adult offspring of the dams fed the deficient diet during the last half of pregnancy and during lactation, neonatal antigen exposure via the milk resulted in suppression of the serum antibody levels and DTH response against ovalbumin indicating induction of oral tolerance (31). In contrast, ovalbumin exposure of the dams fed the control diet did not result in suppressed ovalbumin responses of their offspring. Also the IgG and IgM antibody responses were only depressed in the animals on the deficient diet. Higher expression of TGF- β mRNA in the draining lymph nodes suggested that these effects were mediated via Treg cells. In the intestinal cells the essential fatty acid pattern was markedly abnormal at the time of weaning in the deficient animals and the CD8⁺ T-cells were increased. The expression of MHC class II was not different between the groups. Hence, these data indicate that the dietary content of polyunsaturated fatty acids was one factor of importance for the induction or failure of oral tolerance.

B. These data stimulated us to investigate the effects of different ratios of the n-6/n-3 fatty acids in the mater-

nal diet on the induction of the neonatal oral tolerance in the rat offspring (Korotkova et al., 2004c). Interestingly, the milk from the dams contained exactly the same ratio of essential fatty acids as the diet, but in serum of the pups at 3 weeks of age, the ratios were adapted, well into physiological range, being 3, 8 and 17, respectively. The serum fatty acid pattern was different between the pups reflecting the diets, as was the fatty acid composition of the adipose tissue. As described above, rat pups were exposed to ovalbumin via the milk at postnatal days 10-16. In the adult offspring from dams receiving the n-3 diet, exposure to ovalbumin via the milk resulted in lower DTH and antibody responses against both ovalbumin and human serum albumin, compared to those offspring on the same diet but not exposed to ovalbumin postnatally, indicating induction of oral tolerance. Also the antibody response followed the same pattern as the DTH reaction. Serum antibodies of the IgE class were also depressed in the n-3 animals exposed to ovalbumin. The lymph nodes draining the immunisation site were also less enlarged in the offspring exposed to ovalbumin via their dams, suggesting that in these animals the tolerance was mediated at least partly by an active suppression mechanism. In contrast, the adult offspring from dams receiving the n-6/n-3 diet did not show tolerance. Further increase of the n-6/n-3 ratio in the maternal diet was associated with induc-

tion of oral tolerance in the n-6 group of offspring. However, the bystander suppression was not observed in the offspring receiving the n-6 diet, suggesting that the oral tolerance probably was mediated by anergy in these animals. The results suggested that the ratio of the n-6/n-3 fatty acids in the maternal diet affected the mechanisms of neonatal oral tolerance and are in line with previous published data, demonstrating that dietary levels of the n-6/n-3 polyunsaturated fatty acids influence the mechanism of oral tolerance in adult mice (Harbige and Fisher, 2001).

We also investigated the mammary glands at the time of weaning (Korotkova et al., 2004c). There was no difference in the number of macrophages, T-cells or dendritic cells between the different dietary groups and although the number of activated dendritic cells differed numerically (3.4, 4.9 and 11.4 cells/mm³, respectively), the differences were not statistically significant. The number of MHC class II positive cells in the mammary glands was significantly lower in the n-3 group of mothers ($p < 0.05$). The results showed that the quality of fat ingested by the mother had effects on the development of immunological tolerance to dietary antigens in the offspring of the animals but the mechanisms have to be further studied. The relevance of our findings in understanding of allergy in the humans has thus to be determined.

POSSIBLE ASSOCIATED FACTORS IN PROGRAMMING OF ORAL TOLERANCE

There are many possible factors which might be involved in the development of oral tolerance. Leptin is widely distributed in the body, also with receptors in the gastrointestinal tract and in hypothalamus. It is known

to regulate food intake and energy expenditure and immune responses. It is structurally similar to IL-6 cytokines and binds to receptors, which belong to the class I cytokine receptors. Leptin up-regulates monocytes/macrophage

functions (*Santos-Alvarez et al., 1999*) and modifies T cell responses with increasing Th1 (IL-2, IFN-g) and suppressing Th2 (IL-4, IL-10) cytokine production (*Lord et al., 1998*). In a recent study serum leptin in mice was increased related to enhanced meta-choline responsiveness and IgE responses on sensitisation with ovalbumin (*Shore et al., 2005*). Leptin is secreted in breast milk and might play an important role in the induction and maintenance of immune and inflammatory responses, especially vital in the perinatal period. It has been shown that the quantity of dietary fat affects serum leptin levels perinatally. Increased maternal fat intake raises plasma leptin concentrations in neonatal rats and affects hypothalamus-pituitary-adrenal responsiveness in neonates and prepuberal rats (*Trottier et al., 1998*).

A. We found in our studies that the quality of the dietary fat modulated serum leptin levels in rat offspring during the suckling period, both in deficiency of the essential fatty acids and in studies of different ratios of the n-6 and n-3 series (*Korotkova et al., 2001, 2002a,b*). In the model with the essential fatty acid deficient diet, the weight of inguinal white adipose tissue depots and the serum leptin levels of the essential fatty acid deficient offspring

were significantly lower than in the control pups during the whole suckling period, despite that milk leptin levels were higher in the deficient dams than in the control dams at 3 weeks of lactation. Furthermore, leptin receptor mRNA was significantly increased in mesenteric lymph nodes (*Palsdottir and Korotkova, to be published*), but the mRNA levels of leptin was decreased in inguinal adipose tissue compared with the control pups at 3 weeks of age (*Korotkova et al., 2002a*).

B. The different dietary ratios of n-6/n-3 fatty acids also influenced the serum leptin levels in the postnatal period (*Korotkova et al., 2002b*). Body weight, body length, inguinal fat pad weight, adipocyte size and serum leptin levels of the offspring receiving the n-3 diet were significantly lower during the whole suckling period compared with the n-6/n-3 fed offspring. The mean serum leptin levels of the n-6 offspring were between the other two groups, but not different from either group. Despite that the serum leptin levels were increased and the milk leptin content did not differ between the groups, the leptin mRNA in the adipose tissue was significantly lower in the n-6/n-3 group compared with the other two groups at 3 weeks of age (*Korotkova et al., 2002b*).

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