



Protecting the Heart with Exercise

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Preconditioning in Biology and
Medicine: Mechanisms and
Translational Research

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Cardiovascular Disease

- Cardiovascular disease continues to be a leading source of mortality and morbidity in the world despite advances in health care practices.
- Economically, it is estimated that about \$500 billion is spent each year.
- As such, the development and implementation of therapeutic strategies to combat CVD remains a need.



Risk Factor

- Age, gender, and genetics are important risk factors associated with the development of CVD.
- However, the modern lifestyle has become an apparent risk factor.
- This sedentary lifestyle includes a high incidence of smoking and consists of a diet comprised mainly of saturated fats and sugar and devoid of fruits and vegetables.
 - As a result, hypertension, hyperlipidemia, insulin resistance, obesity, and diabetes are major risk factors for the development of CVD.



Exercise and Cardioprotection

- Numerous studies have linked a reduction in the rate of initial coronary artery disease events in physically active individuals
- Chronic exercise training has been shown to reduce many risk factors related to cardiovascular disease, including:
 - High blood pressure
 - High cholesterol
 - Obesity and Insulin resistance
- Protective effects are not confined to the period of exercise



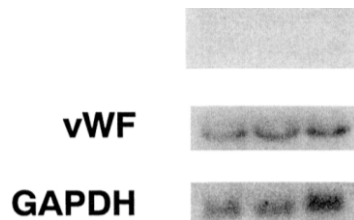
Mechanisms of Exercise-Mediated Cardioprotection

- The cardioprotection afforded by exercise has been attributed to its ability to increase:
 - Endogenous antioxidant defenses (SOD and catalase)
 - Heat-shock proteins
 - Endothelial nitric oxide synthase (eNOS)
 - Activate K_{ATP} channels
- Recent studies have reported that many of these classic PC signals may not be essential for the observed cardioprotection

Nitric Oxide and Exercise

- The expression and activity of eNOS is increased in response to shear stress during exercise

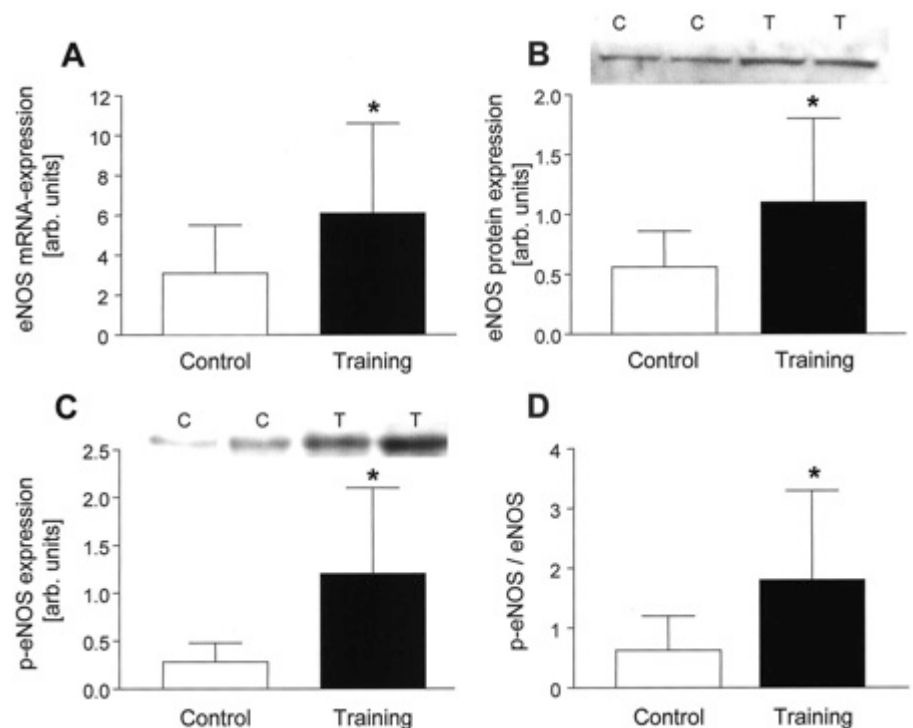
Aorta from Dogs



Northern blot showing that exercise induces endothelial nitric oxide synthase (eNOS) gene expression in dogs. Total RNA (10 μ g) from two exercised (Ex) dogs and two control (C) dogs was hybridized with full-length cDNA probes for eNOS, von Willebrand's factor (vWF), or glyceraldehyde dehydrogenase (GAPDH) and washed under stringent conditions as described.

Flow increased from 2.89 ± 0.50 to 6.20 ± 0.42 L/min ($n=5$) during exercise, indicating that the proximal aorta was clearly exposed to high-flow velocity. Because of difficulties in isolation of adequate amounts and high-purity of endothelial cells from large coronary arteries and coronary vessels, we isolated aortic endothelial cell RNA. Northern blot analysis of total RNA from aortic endothelial cell scrapings from exercised dogs probed (under high-stringency

LIMA from patients with stable CAD





Importance of Nitric Oxide during Exercise

- Match tissue oxygen and substrate supply to demand
 - Inducing vasodilatation of arteries in both the skeletal muscle and the heart
 - Altering carbohydrate metabolism in skeletal muscle through an enhancement of glucose uptake and inhibition of glyceraldehyde-3-phosphate dehydrogenase
- Animals deficient in eNOS do not exercise to the same extent as wild-type controls

Kingwell et al., *Pharmacol Physiol*, 2000
Momken et al., *AJPHCP*, 2004



Nitric Oxide Metabolites and Exercise

- Plasma nitrite and nitrosothiol levels are increased during exercise in both rodents and humans
 - Classically viewed as indirect markers of NO bioavailability

•Nitrite

- Endogenous storage form of NO
- Reduced to NO during ischemia/hypoxia

•Nitrosothiols

- Formed by reaction of NO or nitrite with a cysteine residue
- Reversible protective shield to prevent the irreversible oxidation of proteins
- Redox sensitive NO donor

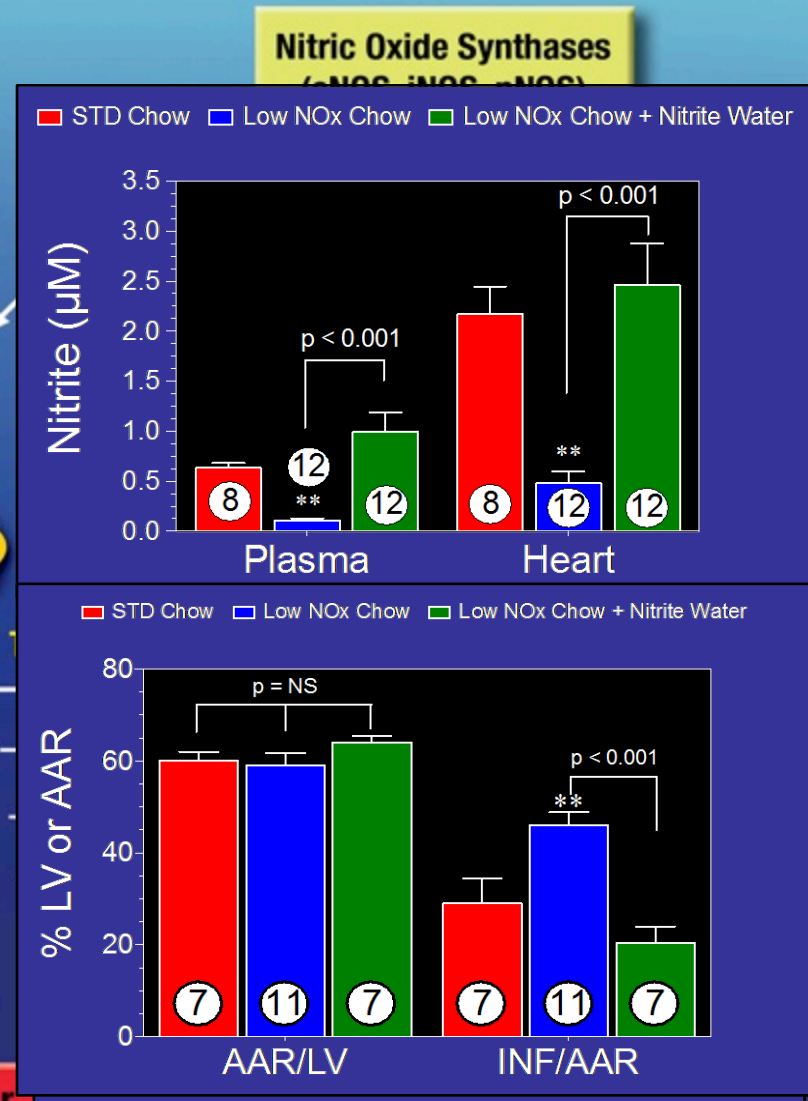
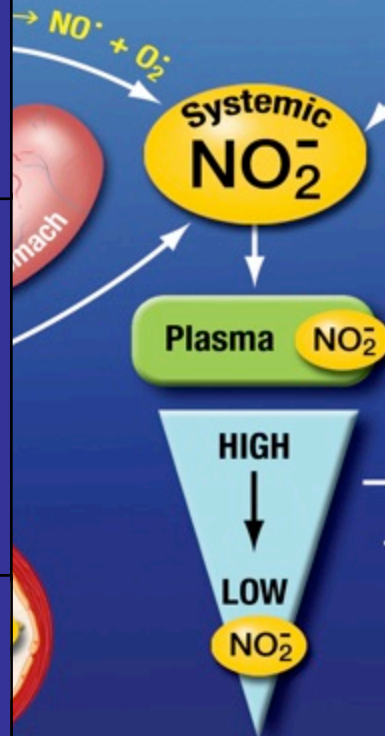
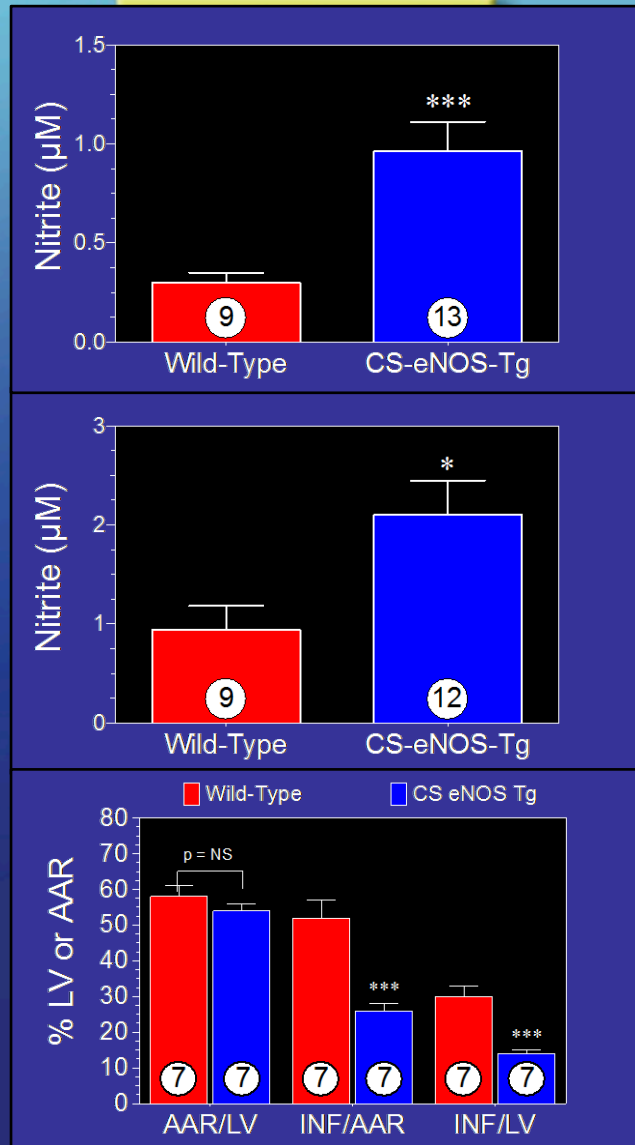
Table 2. Changes in plasma NO₂⁻ before and after exercise

Groups	NO ₂ ⁻ , μmol/l	
	before exercise	after exercise
Athletes	41.40 ± 6.06 (n = 8)*	56.00 ± 9.90 (n = 8) ^a
Sedentary subjects		
Younger	23.78 ± 5.74 (n = 12)	44.73 ± 6.48 (n = 12) ^a
Older	22.17 ± 6.14 (n = 12)	45.88 ± 9.84 (n = 12) ^a

All values expressed as mean ± SD of the number of subjects shown in parentheses. Data were analysed by one-way analysis of variance followed by the Bonferroni t test.

* p < 0.001 when compared with inactive younger and older subjects; ^a p < 0.05 when compared before exercise.

PHYSIOLOGICAL NITRITE (NO₂⁻) HOMEOSTASIS



Cardiovascular Health Status

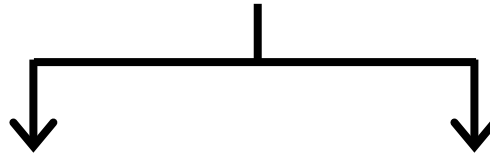
NO



Purpose

Investigate if Nitrite and Nitrosothiols formed during exercise could be stored in the heart and if they could contribute to the sustained cardioprotective effects of exercise

Voluntary Exercise Model



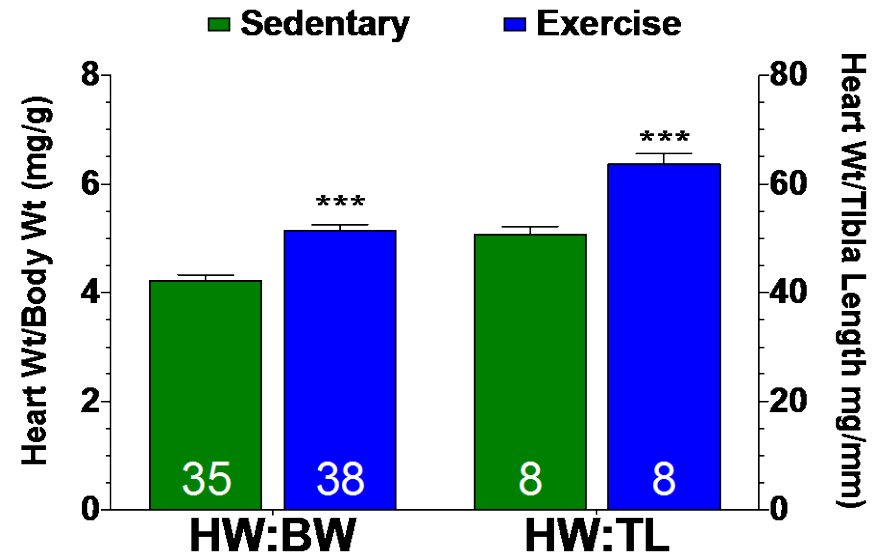
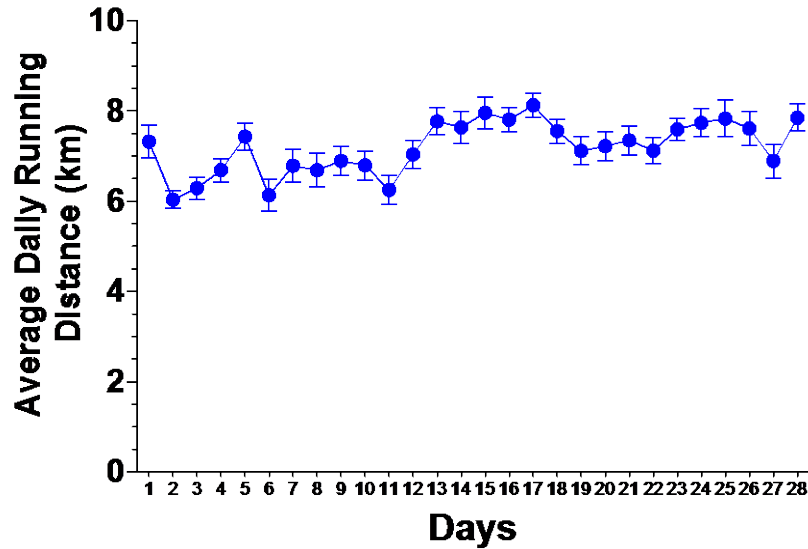
Sedentary



VE 4 wks

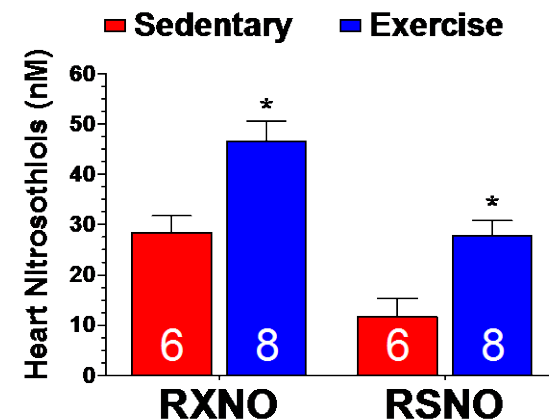
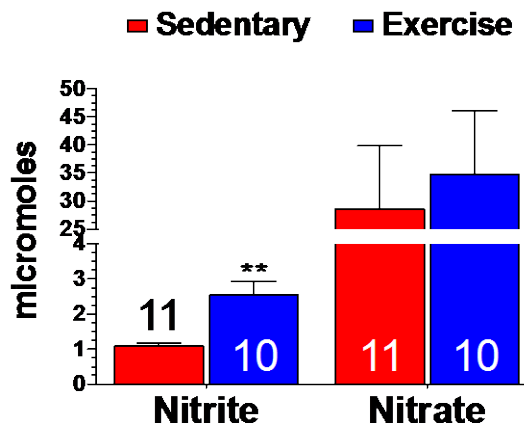
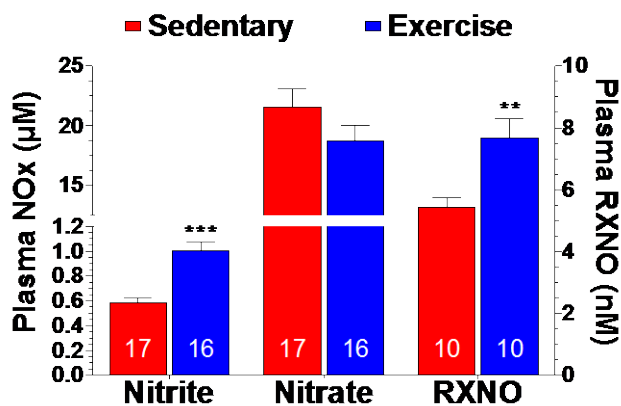
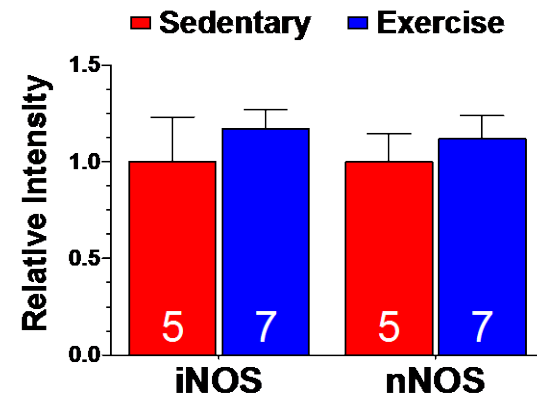
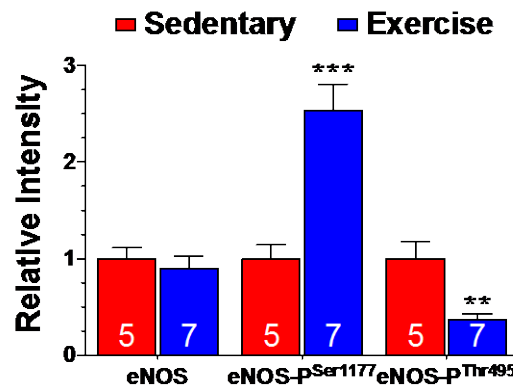
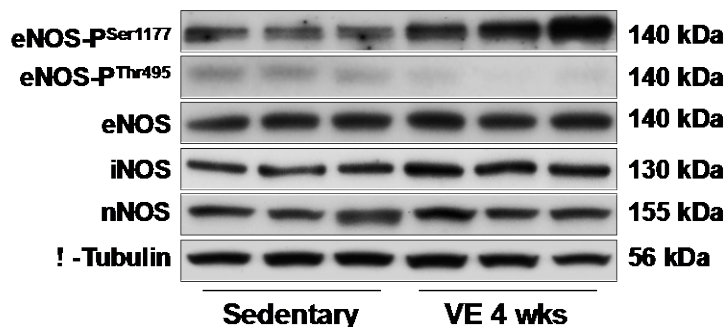


Daily Running Distances and Heart Weights



*** $p < 0.001$ vs. Sedentary

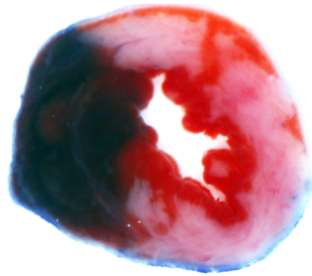
Cardiac NOS Expression and NO Levels following Exercise



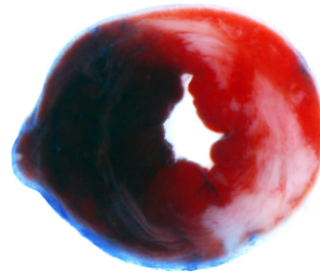
*p<0.05, **p<0.01, ***p<0.001 vs. Sedentary

Myocardial Injury

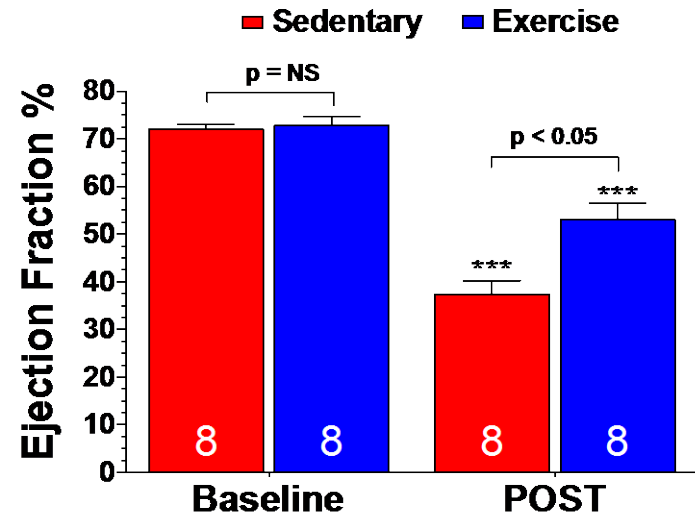
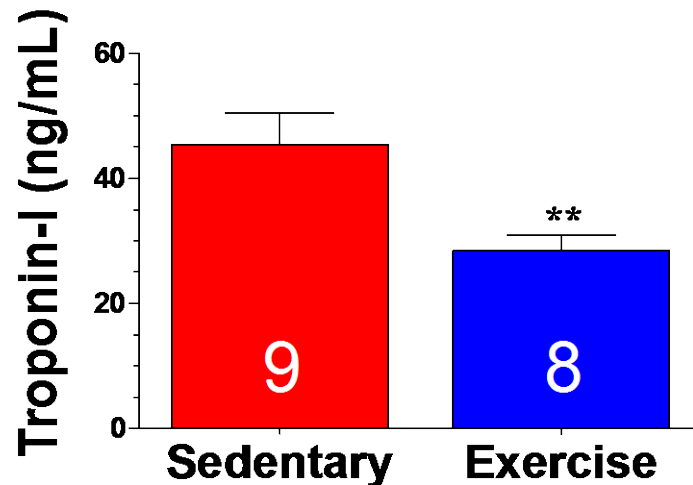
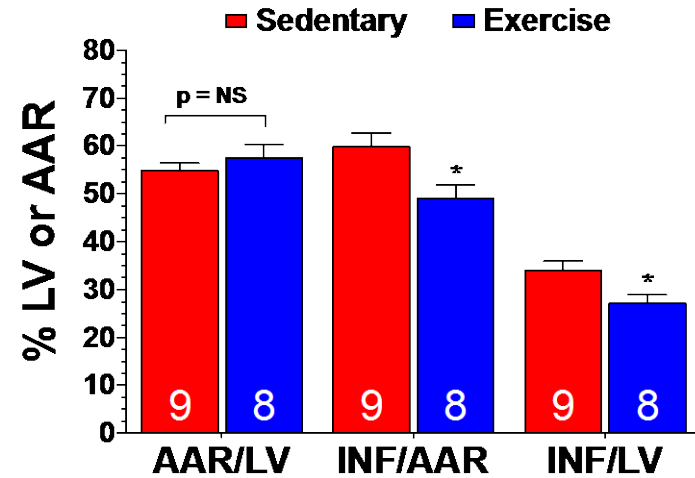
45 min Ischemia and 24 hr or 1 wk Reperfusion



Sedentary



VE 4 wks

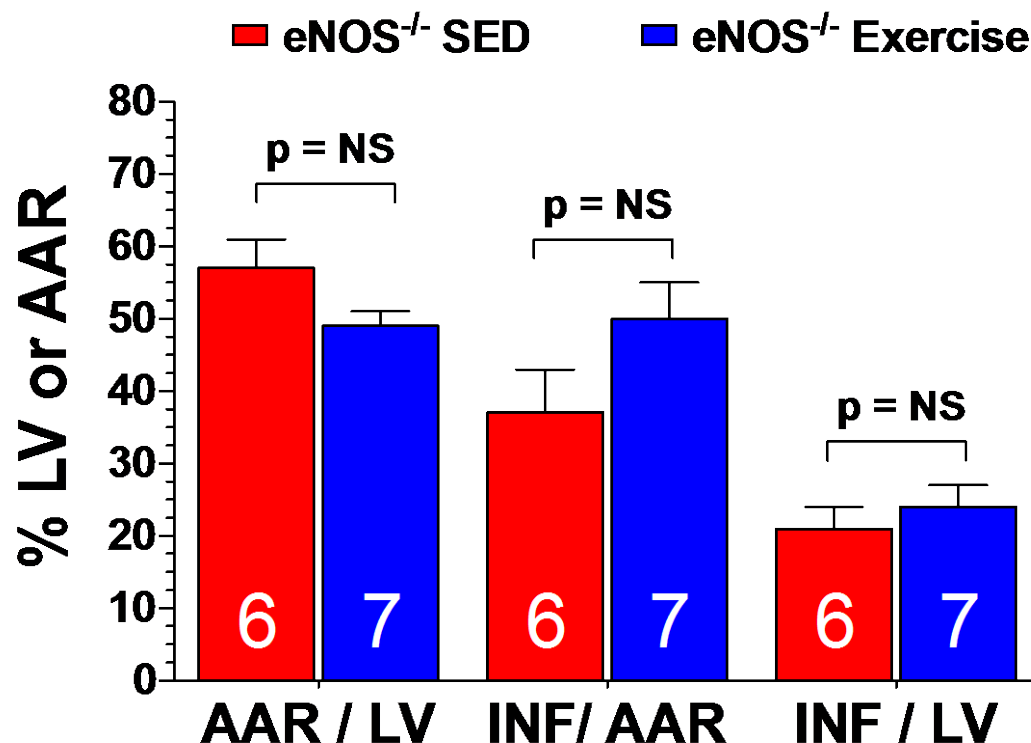


*p<0.05 and *p<0.01 vs. Sedentary; *p<0.001 vs. Baseline



Myocardial Infarct Size

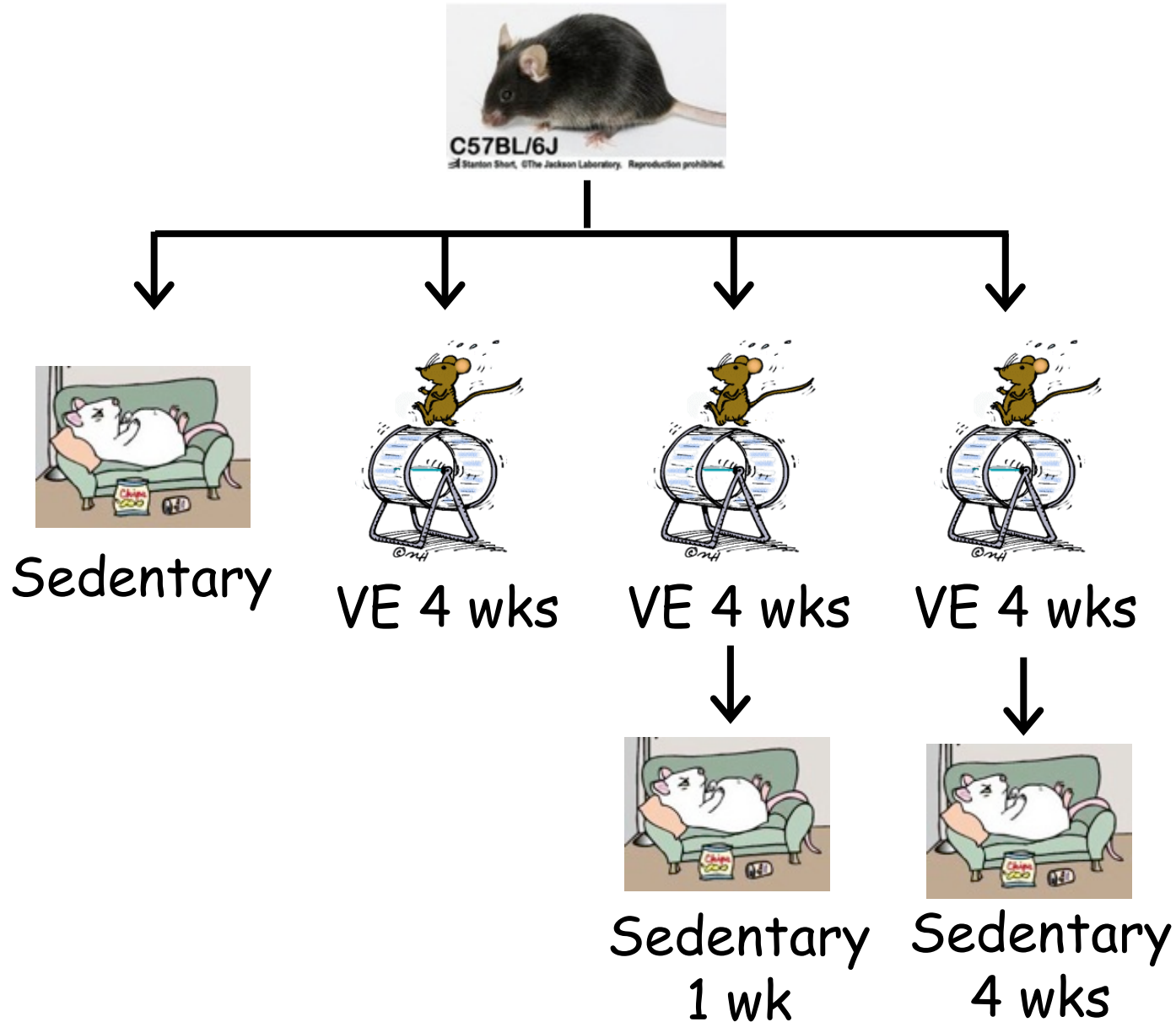
45 min Ischemia and 24 hr Reperfusion





Are the sustained
cardioprotective effects of
exercise mediated by NO
metabolites?

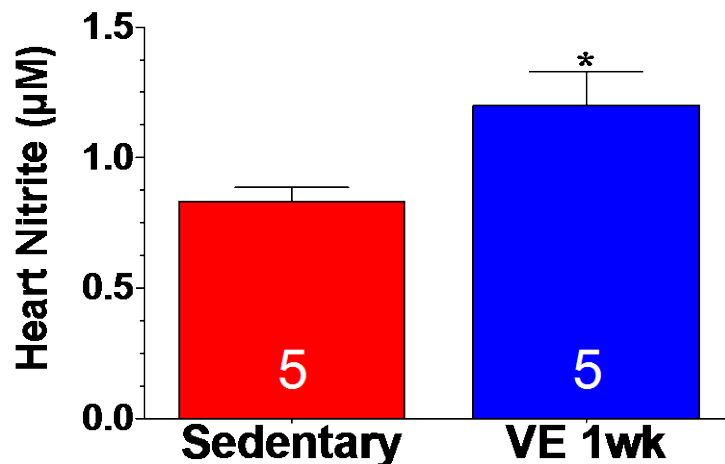
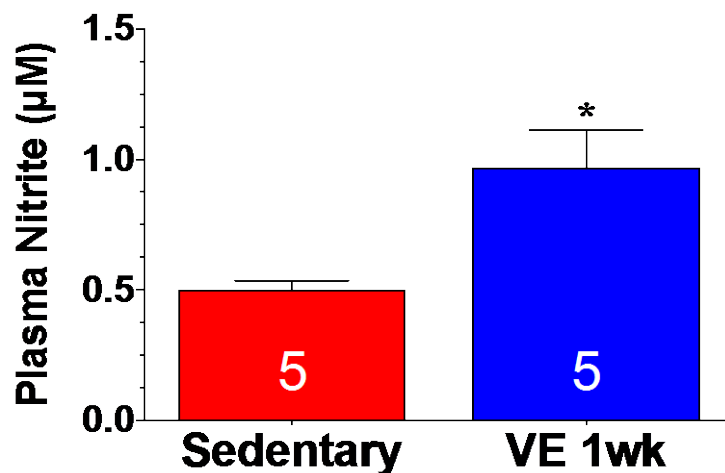
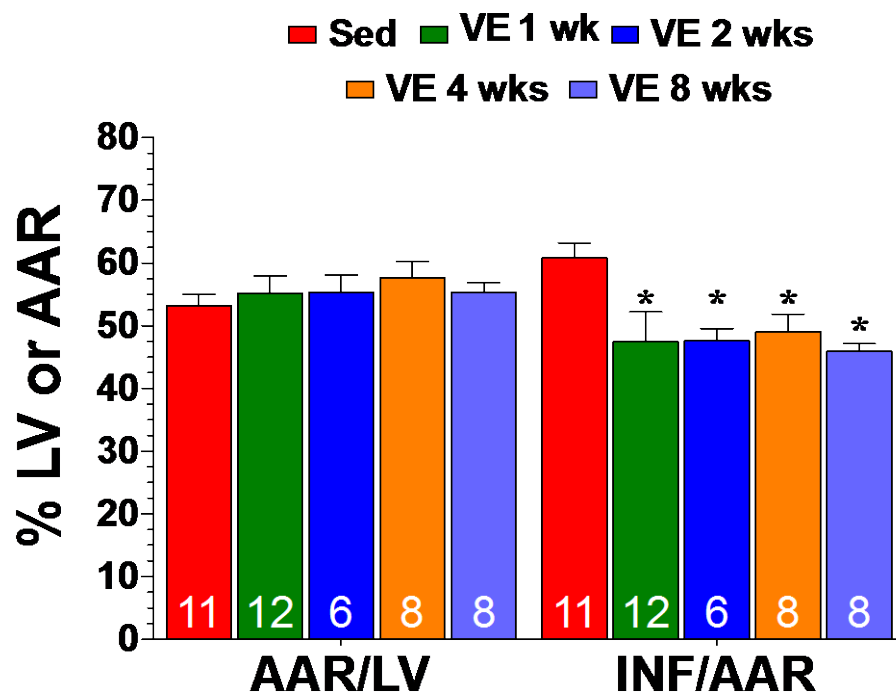
Voluntary Exercise Model



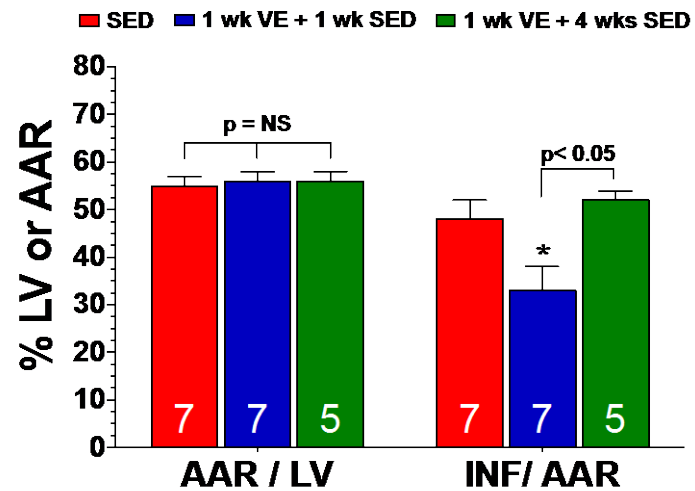
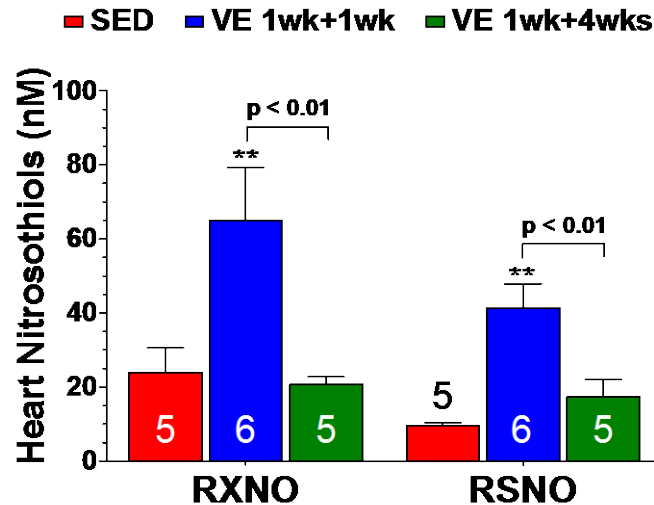
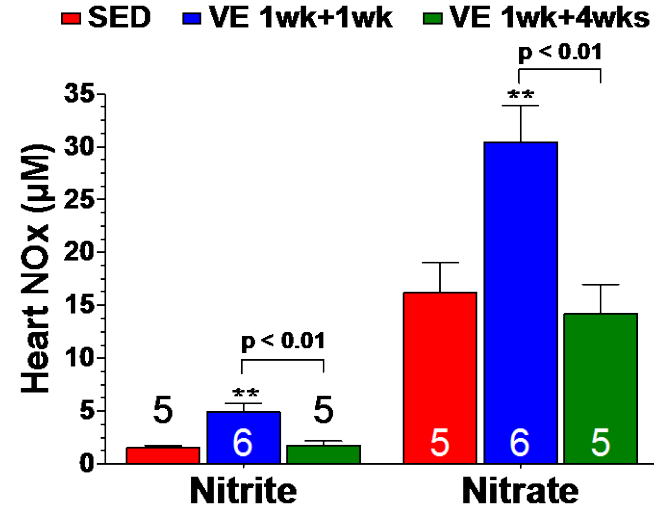
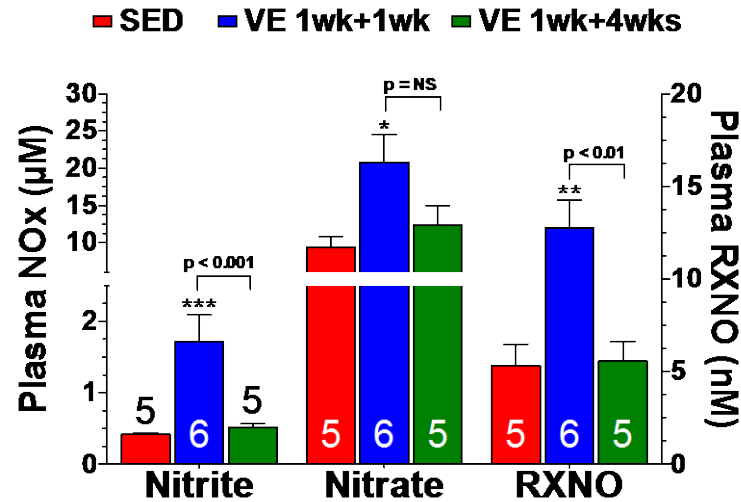


Myocardial Injury

45 min Ischemia and 24 hr Reperfusion



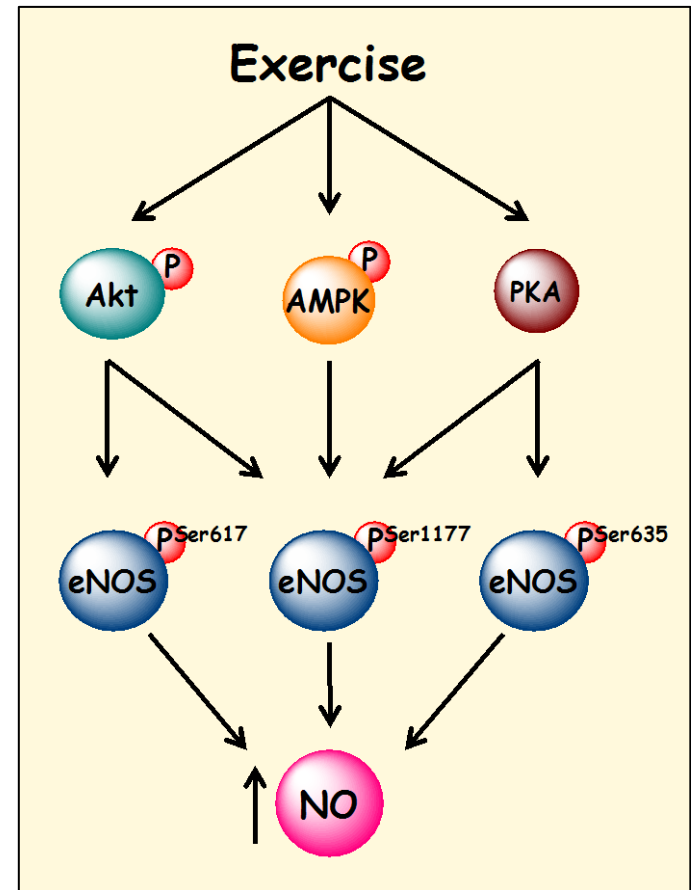
NO Levels and Infarct Size



*p < 0.05, **p < 0.01, ***p < 0.001 vs. Sedentary

What leads to the activation of eNOS during exercise?

- Activation of eNOS during exercise can be caused by shear stress
- Shear induced signaling can be mediated by:
 - Akt
 - PKA
 - AMPK

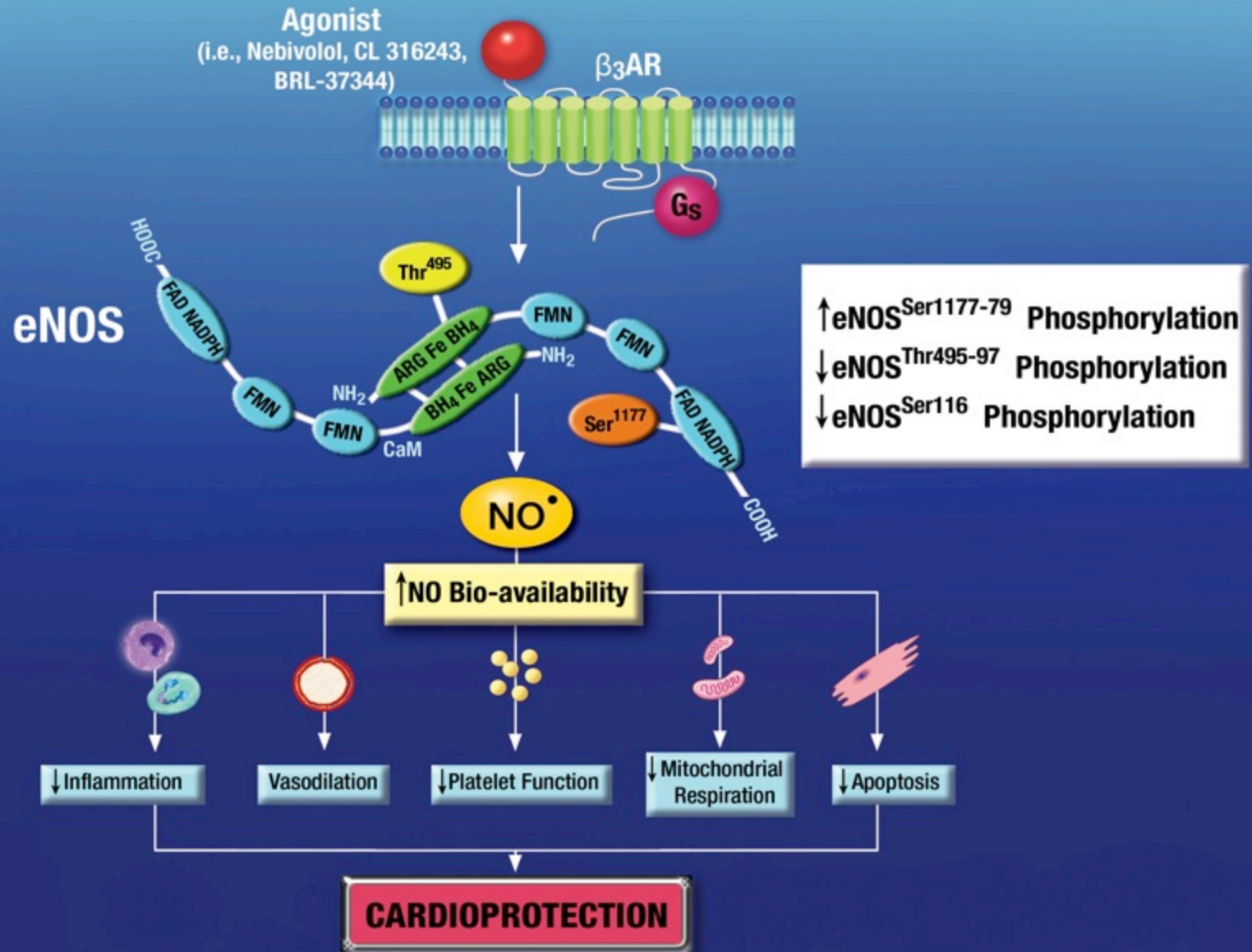




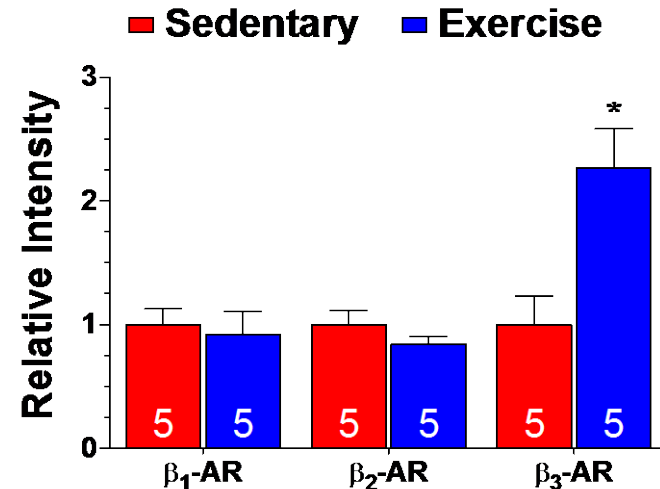
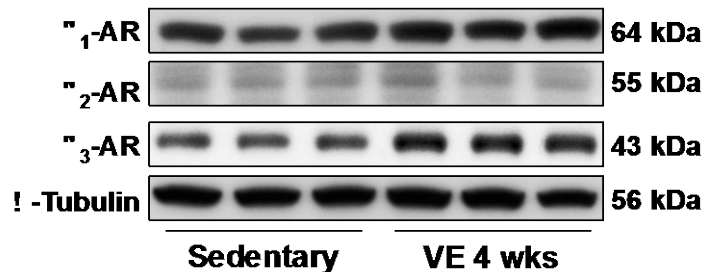
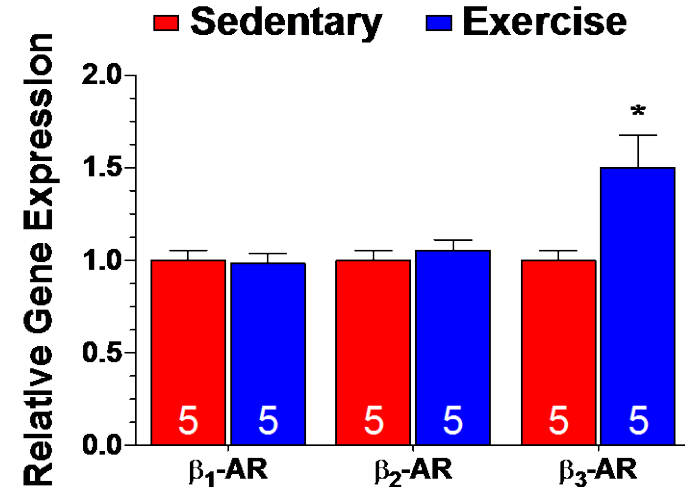
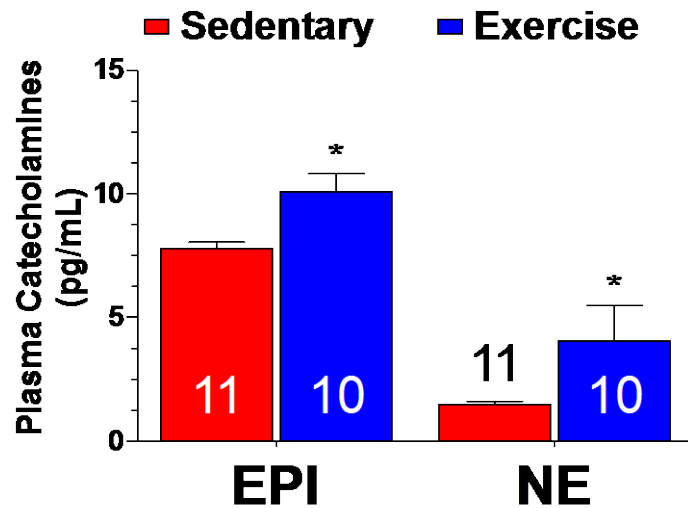
β_3 -Adrenergic Receptors in the Heart

- Three populations of β -adrenergic receptors (β -ARs) potentially modulate cardiac function (β_1 -, β_2 -, and β_3 -ARs)
- G protein-coupled receptor superfamily and modulate cardiac function after stimulation by catecholamines
- β_3 -ARs have recently emerged as potential targets for the treatment of cardiovascular diseases
 - Hypertension
 - Acute myocardial infarction
 - Heart failure

β_3 – ADRENERGIC RECEPTOR ACTIVATION AND ENDOTHELIAL NITRIC OXIDE SYNTHASE



β -Adrenergic Receptor Expression following Exercise



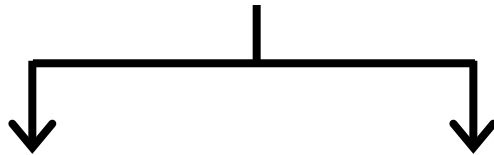
*p<0.05, **p<0.01, ***p<0.001 vs. Sedentary

Voluntary Exercise Model

Wild-Type



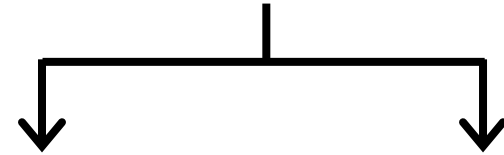
$\beta 3$ -AR KO



Sedentary



VE 4 wks



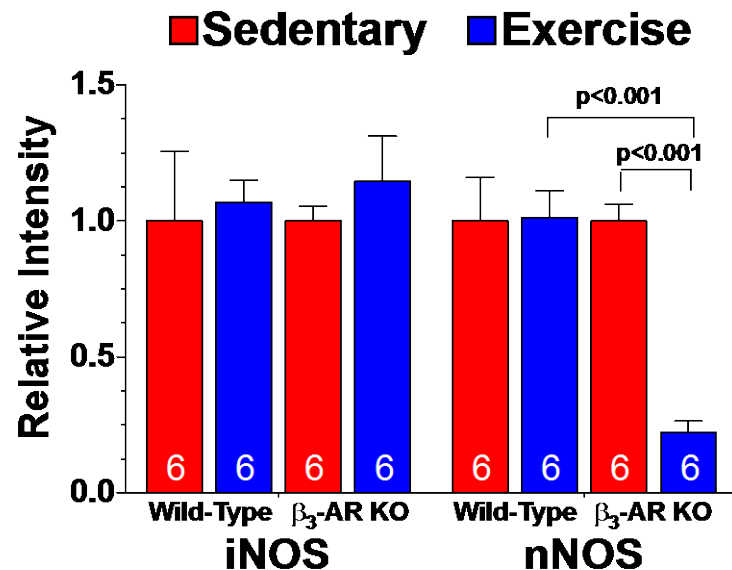
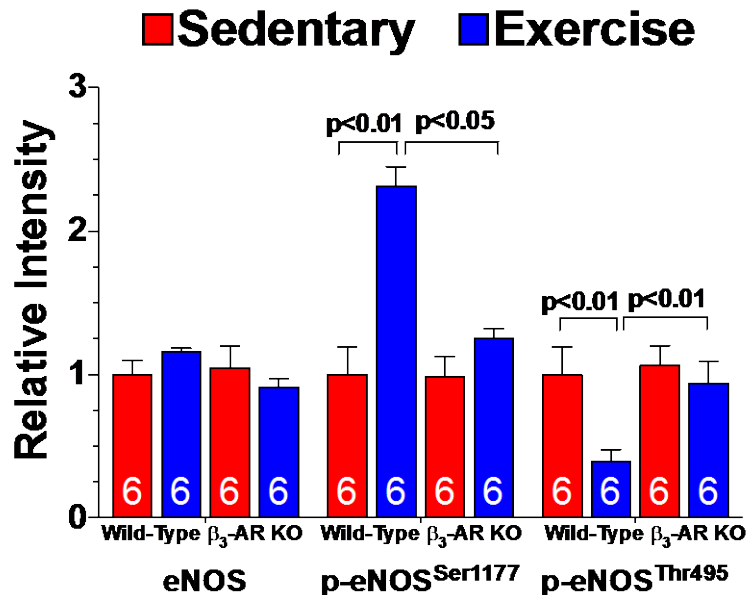
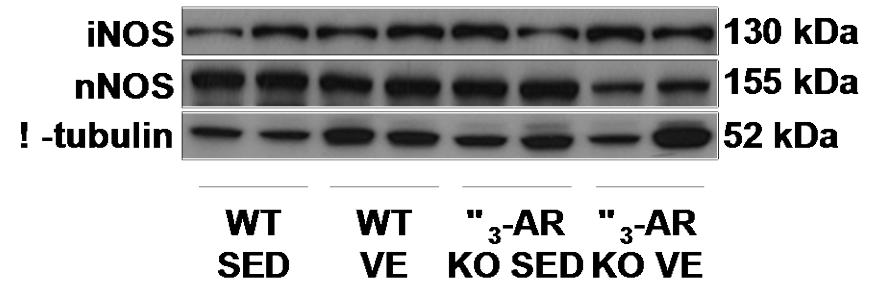
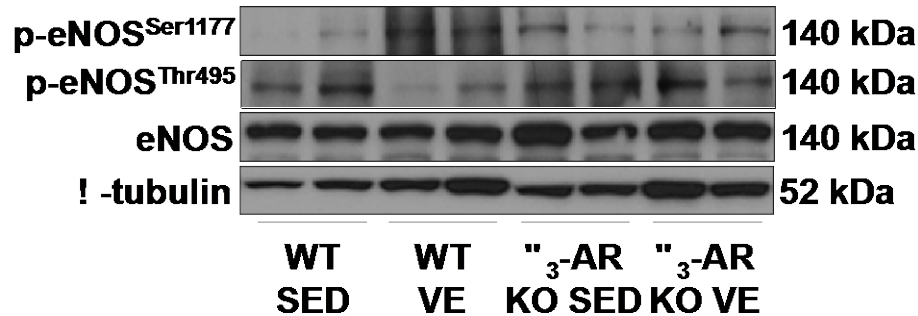
Sedentary



VE 4 wks

Cardiac NOS Expression

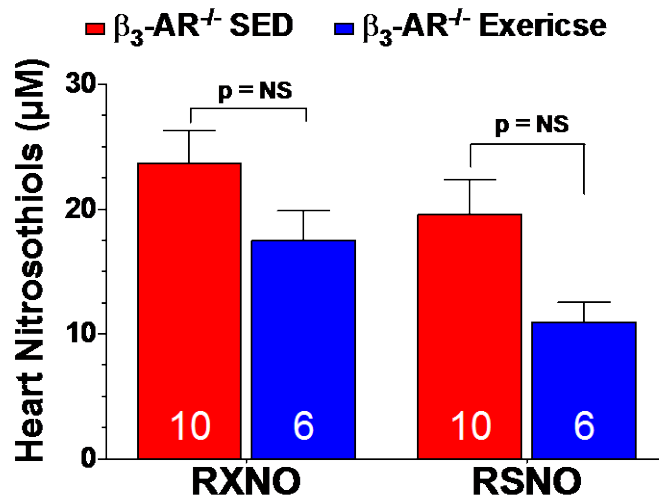
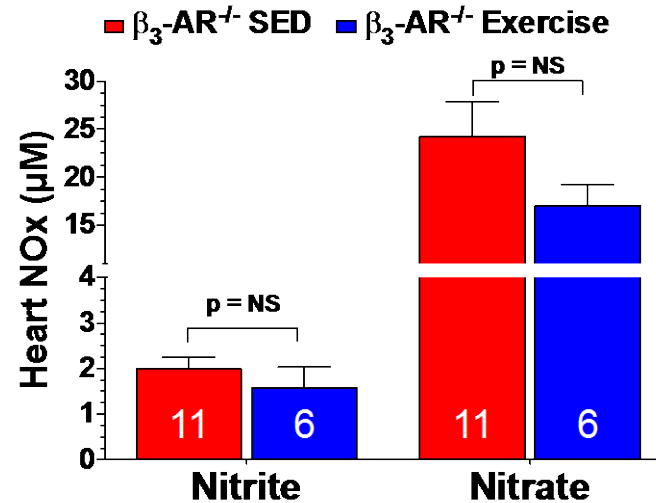
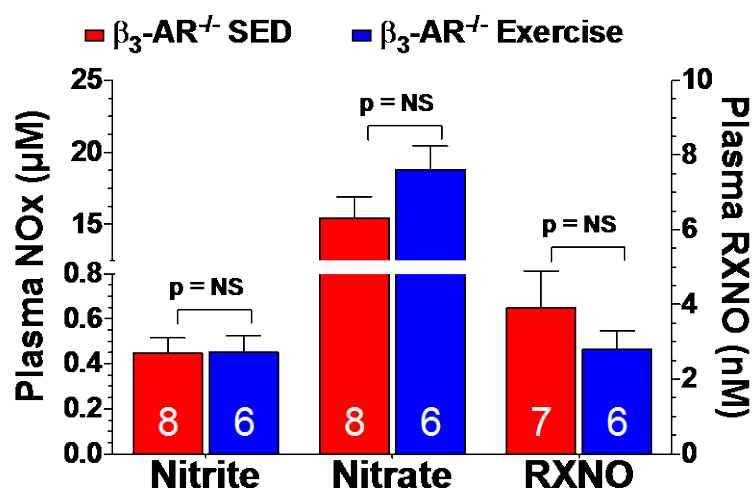
β_3 -ARKO Mice





NO Levels following Exercise

β_3 -ARKO Mice

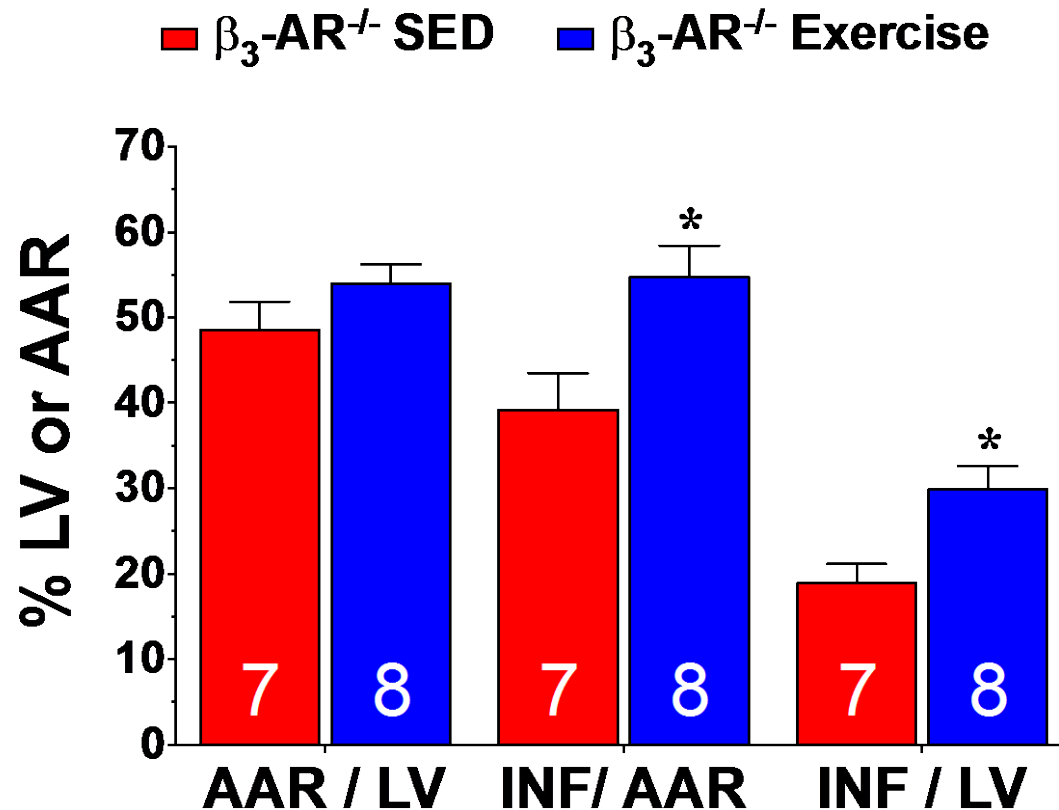


*p<0.05, **p<0.01, ***p<0.001 vs. Sedentary

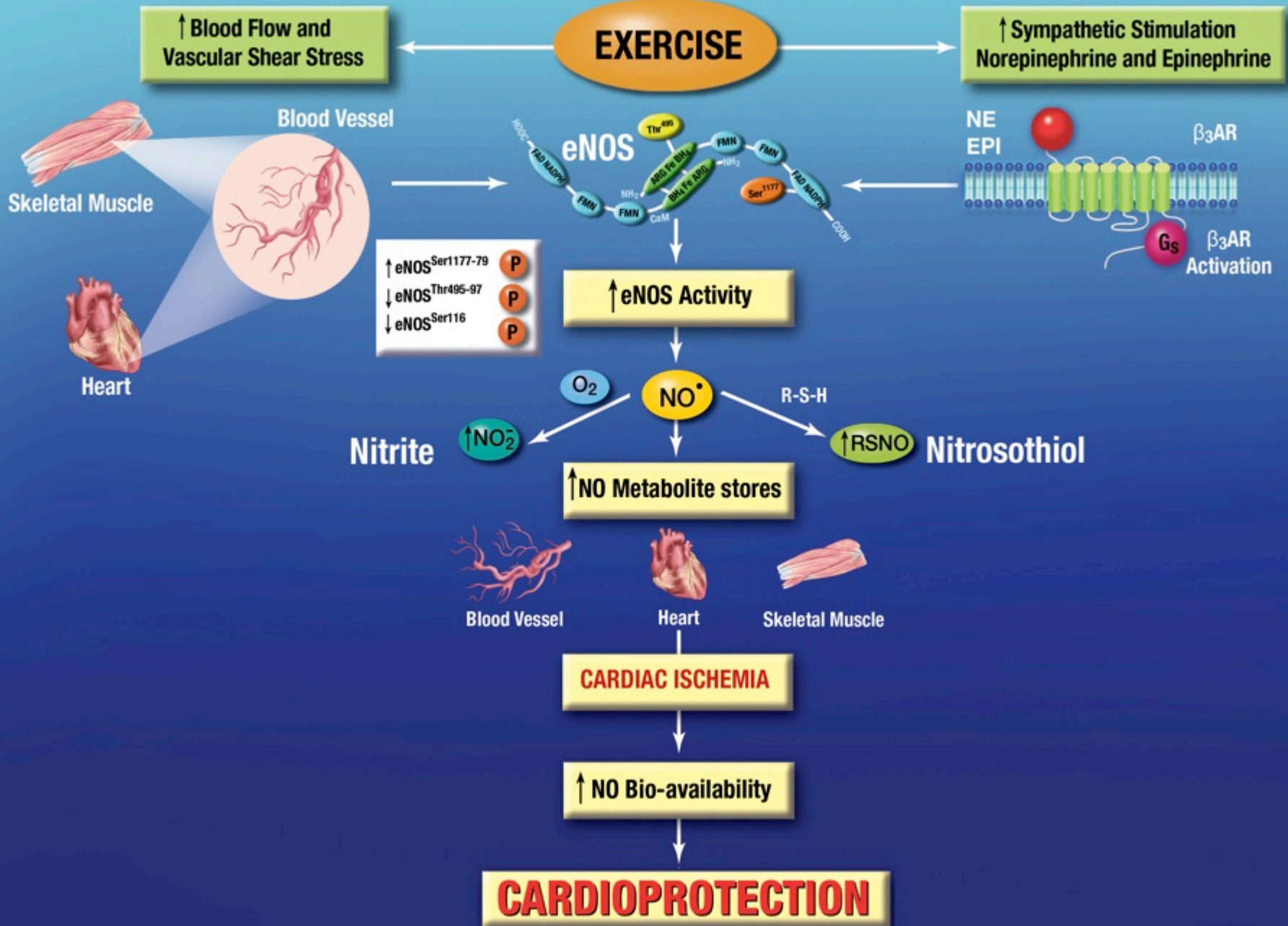


Myocardial Injury

45 min Ischemia and 24 hr Reperfusion



EXERCISE AND NITRIC OXIDE HOMEOSTASIS





Summary and Conclusions

- Exercise provides sustained cardioprotection against acute myocardial ischemia-reperfusion injury by increasing NO metabolites
- β_3 -ARs play a critical role in regulating:
 - the phosphorylation and coupling of eNOS
 - the generation of NO in response to exercise
- β_3 -AR-eNOS-NO signaling axis is important for how the heart adapts to exercise and is essential for exercise-mediated cardioprotection



Colleagues and Collaborators

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