

# The Effect of Erythropoietin on Rat's Red Blood Cell Indices in Simulated Microgravity (Experimental Study)

Amir NezamiAsl,<sup>1</sup> Amir Khoshvaghti,<sup>1</sup> Mahdieh Doaei,<sup>2</sup> Akbar Nikpajouh,<sup>3</sup>  
Abbas Nourmohammadi<sup>1</sup>

<sup>1</sup>Research Center of Aerospace Medicine, School of Aerospace & Diving Medicine, AJA University of Medical Sciences, Tehran, Iran.

<sup>2</sup>Ministry of Health and Medical Education, Tehran, Iran.

<sup>3</sup>Rajaei Cardiovascular, Medical & Research Center, Iran University of Medical Sciences, Tehran, Iran.

## ABSTRACT

**Purpose:** Microgravity causes major changes in various systems of the body in space, such as shift in cerebrospinal fluid, decreased red blood cells count, and electrolyte loss. These complications are very important in space and we should find new approaches to prevent the side effects of microgravity in astronauts.

**Materials and Methods:** This experimental study was conducted on 21 adult male rats in three groups: control, Hind-limb unloaded, Hind-limb unloaded plus Erythropoietin. SPSS software was used for data analysis. RBC indices were assessed in the first, third and fourteenth day in different groups.

**Results:** The highest mean of hemoglobin was  $17.98 \pm .35$  in the Hind-limb unloaded plus Erythropoietin group (on the 3<sup>rd</sup> day) and the lowest amount was  $13.52 \pm 1.22$  in the Hind-limb unloaded group (on the 14<sup>th</sup> day). The *P* value to compare RBC and reticulocyte count in Hind-limb unloaded group with those in Hind-limb unloaded plus Erythropoietin group was .017 (on the 3<sup>rd</sup> day), to compare hemoglobin in Hind-limb unloaded group with that in Hind-limb unloaded plus Erythropoietin group was 0.004 (on the 3<sup>rd</sup> day), and to compare reticulocyte values in Hind-limb unloaded group with those of Hind-limb unloaded plus Erythropoietin group was 0.036 (on the 14<sup>th</sup> day).

**Conclusion:** The lowest amount of RBC indices was in the Hind-limb unloaded group (on the 14<sup>th</sup> day). RBC indices were significantly higher in Hind-limb unloaded plus Erythropoietin group than those on the 1<sup>st</sup> day. Erythropoietin injection induced significant improvement in RBC indices in rats under microgravity condition. Erythropoietin is very useful to prevent space anemia and its highest effect occurs on the 3<sup>rd</sup> day after injection. This is an innovative method to prevent space anemia.

**Keywords:** microgravity; anemia; erythropoietin.

AMHSR 2016;14:22-26  
www.journals.ajums.ac.ir

## INTRODUCTION

Microgravity is a condition in which people or objects appear to be weightless, and it induces changes in the physiology and function of living organisms. Microgravity causes major changes in various systems of the body in space, such as cerebrospinal fluid shift, red

blood cells (RBCs) count decrease, electrolyte, muscle, mass and bone loss, immune response suppression, change in gastric emptying and intestinal motility and change in liver metabolism. Today, we can detect several types of physiological changes in living organisms by medical imaging techniques for the purpose of spaces

research.<sup>(1)</sup> Bone mass reduction is due to reduced calcium uptake and body weight pressure. In Apollo space mission, several viral and bacterial infections were occurred due to immune deficiency one week after space travelling.<sup>(2)</sup> Microgravity induces RBCs Hemolysis and plasma volume reduction. Red blood cells membrane plays an important role in cell resistance against various stresses such as gravity changes and Hypothermia.<sup>(3)</sup> Microgravity reduces the number of circulating RBCs and plasma volume about 15 percent.<sup>(4)</sup> Plasma volume decreases due to overall body water and central venous pressure reduction.<sup>(5)</sup> Orthostatic intolerance is more severe in a long space travelling duration.<sup>(6)</sup> Increased synthesis of red blood cells in microgravity conditions, improves quality of life in astronauts.<sup>(5)</sup> Microgravity causes major changes in various systems of the body<sup>(7)</sup> such as fluid shifts and osteoporosis,<sup>(8)</sup> it also affects cardiovascular and autonomic nervous system due to decreased blood volume.<sup>(9)</sup> The Changes in the autonomic nervous system have several effects on the cardiovascular function in space. The above mentioned reasons, are very important to make use of new approaches to control the effects of microgravity on astronauts by drugs.<sup>(10)</sup> Erythropoietin deficiency is one of the main causes of mortality and morbidity in developing countries.<sup>(11)</sup> Human recombinant erythropoietin is useful to treat anemia, it also causes an increase in the count of reticulocyte, hematocrit (HCT) and transferrin receptors.<sup>(12)</sup> Microgravity simulation is conducted in space-based technology laboratories that are unique and have excellent approach to study the cellular biochemistry and regulating metabolic pathways.<sup>(13)</sup> Rats are the best option for space biology research since they have genetic similarity with human. The purpose of this study is to investigate the effects of microgravity on RBC indices and erythropoietin vestigial on space anemia and its complications.

## MATERIALS AND METHODS

This study was approved by the Ethics Committee of Army University of Medical Sciences. At first, we searched about the sustenance condition of rats in microgravity, their characterization, habitat requirements and cage design principles to respect animal rights. We provided standard conditions to induce microgravity and provided their food, water and hygiene. We gathered 21 adult male Wistar rats (three months of age and average weight of 250 g). All rats had similar characteristics at the beginning of study. We assigned a number to each rat and entered their number into the computerized list

and divided them to 3 groups, randomly.

The rats had the same conditions (12-12-hour light and dark cycle, humidity of  $60\% \pm 10\%$ , temperature of  $23^\circ \pm 2^\circ$  C, food & clean water ad libitum). For the best adaptation, they were kept together a week before commencement of the study.

The first group (control group) was kept in cages without tail suspension, and the second group, Hind-limb unloaded (HU) along with the third group, HU with Erythropoietin injection (HU+ E) were kept for 14 days.

Recombinant human erythropoietin was injected (300 IU/kg) subcutaneously every other day until the 14<sup>th</sup> day in the third group. Erythropoietin trademark was EPOLYREC® (recombinant human erythropoietin in Iran).

The blood sampling was conducted in the 1<sup>st</sup>, 3<sup>rd</sup> and 14<sup>th</sup> day of the study. All samples were sent with specific numbers for analysis. The lab technicians who were responsible for data and blood analysis, were blinded to rat groups. At first, all rats were anesthetized with intraperitoneal injection of ketamine (50 mg/kg) and xylazine (.1 mg/kg). Then, their tail was disinfected (1 cm from the trunk tail junction) with alcohol 70%, and was perforated horizontally with a 20G sterile needle with precaution to prevent animal's tail vein damage. Then we used a 30 cm stainless steel wire into the needle, and performed a ring to suspend the rats from the cage roof (hind-limb unloading). For blood sampling purposes, animals were anesthetized with ether. Blood sampling was conducted from vena cava.

We collected blood samples in the 1<sup>st</sup>, 3<sup>rd</sup> and 14<sup>th</sup> day of the study. Cardiac puncture was used for blood sampling in the last day. Hemoglobin (HGB), reticulocyte, and RBC count were measured in this study. Data was entered in SPSS version 22 to calculate frequency distribution, central tendency and dispersion. Wilcoxon Signed-Rank Test was used to compare the two related samples in different days (before-after) and Mann-Whitney *U* test was used to compare the two independent groups in the same days.

## RESULTS

In all three groups, the descriptive analysis of blood parameters had equal ranges at the 1<sup>st</sup> day of study. All rats were in similar condition, were included in the statistical analysis and were evaluated from beginning to the end of study. No missing data was there during this research.

The highest mean of, HGB, RBC and reticulocyte count was in the HU+E group on the 3<sup>rd</sup> day while the

lowest amount of those, was in the HU group on the 14<sup>th</sup> day (Table 1 to 3). RBC indices values are fully described in Table 1 to 3. The changes of RBC indices are shown in Figure 1 to 3.

Wilcoxon sign test was used to compare the amount of RBC indices in the two dependent groups in different days (before-after). The *P*value to compare HGB, Reticulocyte and RBC values between the 1<sup>st</sup> day of the study and the 3<sup>rd</sup> was .028.

Mann-Whitney *U* test was used to compare the amount of RBC indices in the two independent groups in the same day. The *P*value to compare HGB, RBC, and Retic counts between HU and HU+E groups was .004, .017, and .017, respectively, on the 3<sup>rd</sup> day.

**Table 1.** Hemoglobin descriptive data in various stages of research

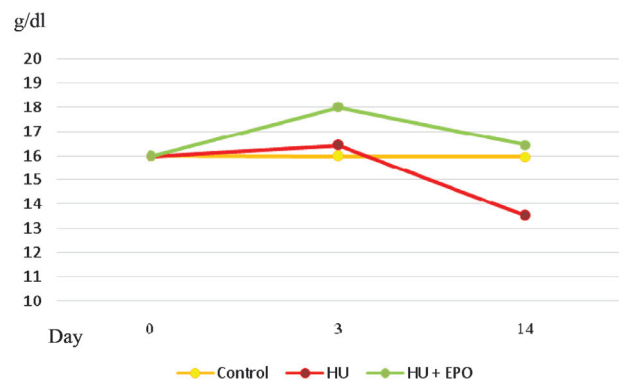
MEAN ± SD	Max	Min	Group /Day
15.99 ± .76	16.94	14.93	Control / 1 <sup>st</sup> day
15.97 ± .76	16.92	14.91	Control / 3 <sup>rd</sup> day
15.95 ± .75	16.9	14.9	Control / 14 <sup>th</sup> day
15.97 ± .75	16.93	14.92	HU+E / 1 <sup>st</sup> day
17.98 ± .35	18.4	17.6	HU+E / 3 <sup>rd</sup> day
16.43 ± .94	17.5	15.7	HU+E / 14 <sup>th</sup> day
15.98 ± .77	16.92	14.91	HU / 1 <sup>st</sup> day
16.42 ± .86	17.6	15.4	H / 3 <sup>rd</sup> day
13.52 ± 1.22	14.6	12.1	HU / 14 <sup>th</sup> day

**Table 2.** RBC descriptive data in various stages of research

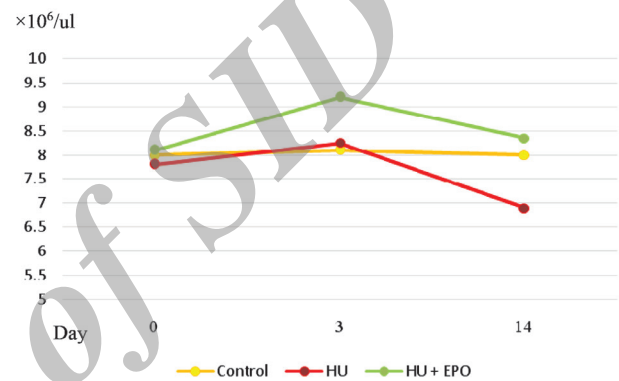
MEAN ± SD	Max	Min	Group /Day
8 ± 0.72	9.18	7.26	Control / 1 <sup>st</sup> day
8.1 ± 0.7	9.2	7.25	Control / 3 <sup>rd</sup> day
8 ± 0.72	9.18	7.26	Control / 14 <sup>th</sup> day
8.1 ± 0.71	9.17	7.25	HU + E / 1 <sup>st</sup> day
9.19 ± 0.49	9.65	8.27	HU + E / 3 <sup>rd</sup> day
8.35 ± 0.3	8.57	8	HU + E / 14 <sup>th</sup> day
7.8 ± 0.7	9.16	7.25	HU / 1 <sup>st</sup> day
8.25 ± 0.88	9.08	6.89	HU / 3 <sup>rd</sup> day
6.9 ± 0.08	7.85	6.11	HU / 14 <sup>th</sup> day

**Table 3.** Reticulocyte descriptive data in various stages of research

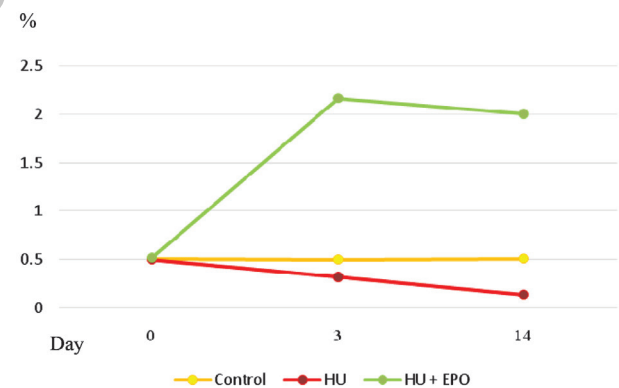
MEAN ± SD	Max	Min	Group /Day
0.51 ± 0.83	2.2	0	Control / 1 <sup>st</sup> day
0.5 ± 0.8	2.1	0	Control / 3 <sup>rd</sup> day
0.51 ± 0.83	2.2	0	Control / 14 <sup>th</sup> day
0.52 ± 0.82	2.3	0	HU+E / 1 <sup>st</sup> day
2.16 ± 1.44	4.8	0.57	HU+E / 3 <sup>rd</sup> day
2 ± 1.8	4	0.5	HU+E / 14 <sup>th</sup> day
0.5 ± 0.81	2.1	0	HU / 1 <sup>st</sup> day
0.32 ± 0.41	0.93	0	HU / 3 <sup>rd</sup> day
0.138 ± 0.121	0.33	0	HU / 14 <sup>th</sup> day



**Chart 1.** Hemoglobin changes in three stages



**Chart 2.** RBC changes in three stages



**Chart 3.** Reticulocyte changes in three stages

## DISCUSSION

This study investigated the effects of microgravity and erythropoietin on rat RBC indices. The lowest amount of blood indices was seen in the HU group at the end of the study (14<sup>th</sup> day) because microgravity induced anemia in rats with bone marrow suppression and reticulocyte reduction. In the same studies, microgravity effects were investigated in rats and anemia was found due to erythropoietin deficiency and bone marrow suppression.<sup>(14-16)</sup>

The rats' RBC indices have been investigated in various studies.<sup>(17)</sup> Three days after erythropoietin injection, HGB, RBC and Retic counts began to rise and reached to their maximum amount in the HU+E group. The major effect of erythropoietin is on the bone marrow & progenitor cells.<sup>(21,22)</sup> We found there is a significant difference between RBC indices on the 3<sup>rd</sup> and the 1<sup>st</sup> day (under microgravity condition). Exactly, the results were better after erythropoietin injection on the 3<sup>rd</sup> day. Erythropoietin had an effective role in bone marrow hematopoiesis up to the third day in microgravity condition. Also, there is significant difference between RBC indices in HU and HU+E groups. The values were greater after erythropoietin injection.

Erythropoietin had been assessed in anemia treatment without microgravity conditions in previous studies. Our innovation was using erythropoietin injection at the beginning of study for prevention of space anemia and we found its prominent effects until the 3<sup>rd</sup> day.

RBC indices increased significantly up to the 3<sup>rd</sup> day and then decreased, because the bone marrow did not have more capacity to produce more RBC. However, the amount of RBC indices was upper on the 14<sup>th</sup> day in comparison with the first day in rats with erythropoietin injection.

In the HU group, no statistically significant difference was found in RBC indices before and after of microgravity due to the low number of rats in HU group, but a clinically significant decrease was found in RBC indices in this group.

Researchers have found a significant decrease in RBC indices after microgravity induction in higher sample sizes.<sup>(23)</sup> In a similar study with simulated microgravity, a significant decrease was found in HGB.<sup>(24)</sup>

In this study a significant increase was found in the RBC indices on the third day in HU+E group. However, there was no significant difference in RBC indices in the on 14<sup>th</sup> day due to the reduced capacity of bone marrow in HU+E group.

In a similar study increased blood parameters was seen after erythropoietin injection in rats.<sup>(25)</sup> It is known that erythropoietin deficiency is one of the main cause of anemia in weightlessness.<sup>(26)</sup> Microgravity reduces the level of erythropoietin and causes bone marrow suppression and low sympathetic stimulation.<sup>(27)</sup>

In another similar study, patients with impaired sympathetic system and erythropoietin deficiency had severe anemia. Their condition was improved after recombinant human erythropoietin injections (50 IU/kg) three times a week.<sup>(27)</sup> Nevertheless, nobody has studied

the effect of erythropoietin in microgravity.<sup>(18,28)</sup>

Bone marrow suppression, impaired homeostasis, differentiation, migration and proliferation of blood cells are the aspects appearing in microgravity.<sup>(30)</sup> Numerous studies have shown that erythropoietin deficiency can be compensated by an injection.<sup>(27,29)</sup> In our study, a decrease was seen in RBC parameters after the 3<sup>rd</sup> day due to reaching to the highest capacity of bone marrow.

## CONCLUSIONS

Erythropoietin is effective in the treatment of space anemia. Although RBC indices decreased, after the 3<sup>rd</sup> day, due to the maximum bone marrow response to erythropoietin, it is worth mentioning that values maintained at a higher level compared with the 1<sup>st</sup> day.

## Strengths and Limitations

The strength of this study was its novelty in erythropoietin injection in microgravity condition. The most important limitation was designing and building new standard cages for microgravity induction in rats. Metabolic cages did not have enough standards for research in this field.

## Recommendations

We suggest to produce more standard cages to induce weightlessness in rats in order to improve the statistical power and to gain the best conclusion.

## CONFLICT OF INTEREST

None declared.

## REFERENCES

1. Jadvar H. Medical imaging in microgravity. *Aviat Space Environ Med.* 2000;71:640-6.
2. Alfrey CP, Udden MM, Leach-Hunton C, Driscoll T, Pickett MH. Control of red blood cell mass in spaceflight. *J Appl Physiol* (1985). 1996;81:98-104.
3. Rizzo AM, Corsetto PA, Montorfano G, et al. Effects of long-term space flight on erythrocytes and oxidative stress of rodents. *PLoS One.* 2012;7:e32361.
4. Smith SM. Red blood cell and iron metabolism during space flight. *Nutrition.* 2002;18:864-6.
5. Sawka MN, Convertino VA, Eichner ER, Schnieder SM, Young AJ. Blood volume: importance and adaptations to exercise training, environmental stresses, and trauma/sickness. *Med Sci Sports Exerc.* 2000; 32:332-48.
6. Meck JV, Reyes CJ, Perez SA, Goldberger AL, Ziegler MG. Marked exacerbation of orthostatic intolerance after long- vs. short-duration spaceflight in veteran astronauts. *Psychosom Med.* 2001;63: 865-73.



7. Zheng L, Liu JZ, Hu YW, et al. Simulated microgravity, erythroid differentiation, and the expression of transcription factor GATA-1 in CD34+ cells. *Aviat Space Environ Med.* 2011; 82:513-7.
8. Hughes-Fulford M. To infinity ... and beyond! Human spaceflight and life science. *FASEB J.* 2011; 25:2858-64.
9. Stewart JM. Chronic fatigue syndrome: comments on deconditioning, blood volume and resulting cardiac function. *ClinSci (Lond).* 2009; 118:121-3.
10. Robertson D, Convertino VA, Vernikos J. The sympathetic nervous system and the physiologic consequences of spaceflight: a hypothesis. *Am J Med Sci.* 1994;308:126-32.
11. Querbes W, Bogorad RL, Moslehi J, et al. Treatment of erythropoietin deficiency in mice with systemically administered siRNA. *Blood.* 2012;120:1916-22.
12. Piron M, Loo M, Gothot A, Tassin F, Fillet G, Beguin Y. Cessation of intensive treatment with recombinant human erythropoietin is followed by secondary anemia. *Blood.* 2001;97:442-8.
13. Cuccarolo P, Barbieri F, Sancandi M, Viaggi S, Degan P. Differential behavior of normal, transformed and Fanconi's anemia lymphoblastoid cells to modeled microgravity. *J Biomed Sci.* 2010;17:63.
14. Dong Q, Shen X, Chen J, Yang G, Meng J, Xiang Q. Effects of simulated weightlessness on erythrocyte deformability in rats. *Space Med Med Eng (Beijing).* 1997;10:240-4.
15. Davis TA, Wiesmann W, Kidwell W, et al. Effect of spaceflight on human stem cell hematopoiesis: suppression of erythropoiesis and myelopoiesis. *J Leukoc Biol.* 1996;60:69-76.
16. Hughes-Fulford M. Review of the biological effects of weightlessness on the human endocrine system. *Receptor.* 1993;3:145-54.
17. Zverkova AS, Simeonova NK, Abramenko IV, Sobol' VP. [Dystrophic changes and disorders of bone marrow functional potentials in deafferentation]. *KosmBiolAviakosm Med.* 1981;15:67-9.
18. De Santo NG, Cirillo M, Kirsch KA, et al. Anemia and erythropoietin in space flights. *SeminNephrol.* 2005;25:379-87.
19. Allebban Z, Gibson LA, Lange RD, et al. Effects of spaceflight on rat erythroid parameters. *J ApplPhysiol (1985).* 1996;81:117-22.
20. Lange RD, Gibson LA, Driscoll TB, Allebban Z, Ichiki AT. Effects of microgravity and increased gravity on bone marrow of rats. *Aviat Space Environ Med.* 1994;65:730-5.
21. Orlic D, Gordon AS. Effect of erythropoietin on proliferating stem cells in erythropoietically depressed mouse spleens. *Exp Cell Res.* 1972;72:387-92.
22. Gołab J, Olszewska D, Mróz P, et al. Erythropoietin restores the antitumor effectiveness of photodynamic therapy in mice with chemotherapy-induced anemia. *Clin Cancer Res.* 2002;8:1265-70.
23. Zou L-x, Cui S-y, Zhong J, et al. Simulated microgravity induce apoptosis and down-regulation of erythropoietin receptor of UT-7/EPO cells. *Advances in Space Research.* 2010;46:1237-44.
24. Udden MM, Driscoll TB, Pickett MH, Leach-Huntoon CS, Alfrey CP. Decreased production of red blood cells in human subjects exposed to microgravity. *J Lab Clin Med.* 1995;125:442-9.
25. Trial J, Rice L, Alfrey CP. Erythropoietin withdrawal alters interactions between young red blood cells, splenic endothelial cells, and macrophages: an in vitro model of neocytolysis. *J Investig Med.* 2001;49:335-45.
26. Sytkowski AJ, Davis KL. Erythroid cell growth and differentiation in vitro in the simulated microgravity environment of the NASA rotating wall vessel bioreactor. *In Vitro Cell Dev Biol Anim.* 2001;37:79-83.
27. Robertson D, Krantz SB, Biaggioni I. The anemia of microgravity and recumbency: role of sympathetic neural control of erythropoietin production. *Acta Astronaut.* 1994;33:137-41.
28. Gunga HC, Kirsch K, Baartz F, et al. Erythropoietin under real and simulated microgravity conditions in humans. *J ApplPhysiol (1985).* 1996;81:761-73.
29. Lacombe C, Da Silva JL, Bruneval P, et al. Erythropoietin: sites of synthesis and regulation of secretion. *Am J Kidney Dis.* 1991;18:14-9.
30. Plett PA, Abonour R, Frankovitz SM, Orschell CM. Impact of modeled microgravity on migration, differentiation, and cell cycle control of primitive human hematopoietic progenitor cells. *ExpHematol.* 2004;32:773-81.

## Corresponding Author:

Abbas Nourmohammadi

School of Aerospace &amp; Diving Medicine, AJA University of Medical Sciences, Tehran, Iran.

Tel: +98 21 88335769

Cell: +98 9122317150

E-mail: dr.nourmohammadi@yahoo.com

Received: November 2015

Accepted: January 2016