



Protective Effects of Ursolic Acid Against Cytotoxicity Induced by Corticosterone: Role of Protein Kinases

Ana B. Ramos-Hryb^{1,2,3} · Nicolle Platt¹ · Andiana E. Freitas¹ · Isabella A. Heinrich¹ · Manuela G. López² · Rodrigo B. Leal¹ · Manuella P. Kaster¹ · Ana Lúcia S. Rodrigues¹

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Abstract

Neuronal hippocampal death can be induced by exacerbated levels of cortisol, a condition usually observed in patients with Major depressive disorder (MDD). Previous *in vitro* and *in vivo* studies showed that ursolic acid (UA) elicits antidepressant and neuroprotective properties. However, the protective effects of UA against glucocorticoid-induced cytotoxicity have never been addressed. Using an *in vitro* model of hippocampal cellular death induced by elevated levels of corticosterone, we investigated if UA prevents corticosterone-induced cytotoxicity in HT22 mouse hippocampal derived cells. Concentrations lower than 25 μ M UA did not alter cell viability. Co-incubation with UA for 48 h was able to protect HT22 cells from the reduction on cell viability and from the increase in apoptotic cells induced by corticosterone. Inhibition of protein kinase A (PKA), protein kinase C (PKC) and, Ca^{2+} /calmodulin-dependent protein kinase II (CaMKII), but not phosphoinositide 3-kinase (PI3K), by using the pharmacological inhibitors: H-89, chelerythrine, KN-62, and LY294002, respectively totally abolished the cytoprotective effects of UA. Finally, UA abrogated the reduction in phospho-extracellular signal-regulated kinases 1 and 2 (ERK1/2) but not in phospho-c-Jun kinases induced by corticosterone. These results indicate that the protective effect of UA against the cytotoxicity induced by corticosterone in HT22 cells may involve PKA, PKC, CaMKII, and ERK1/2 activation. The cytoprotective potential of UA against corticosterone-induced cytotoxicity and its ability to modulate intracellular signaling pathways involved in cell proliferation and survival suggest that UA may be a relevant strategy to manage stress-related disorders such as MDD.

Keywords Corticosterone · Cytotoxicity · HT22 cells · Neuroprotection · Protein kinase · Ursolic acid

Introduction

Major depressive disorder (MDD) is a highly prevalent psychiatric disorder responsible for a great burden on society [1], resulting in impaired social functioning [2] and elevated costs to the health-care system and economy [3]. A strong association between stress and MDD has been reported since

nearly 80% of cases of this disorder are preceded by chronic stressful life events [4]. This relationship can be explained by the neuro-hormonal hypothesis of depression [5], which postulates that depressive symptoms may occur as a consequence of an altered stress response. Therefore, an augment in the activity of the hypothalamic–pituitary–adrenal axis and a reduction in their negative feedback mechanism leads to high systemic levels of glucocorticoids [6–8]. In the central nervous system (CNS), excessive levels of glucocorticoids may cause atrophy and neuronal death in the hippocampus [9, 10] of rodents and non-human primates [11–16], and human patients [17–19]. Based on these observations, neuronal cells exposed to glucocorticoids such as corticosterone have been a valid *in vitro* model of stress because they mimic neurochemical and morphological features observed in the hippocampus of depressed patients [20–24]. In this regard, the HT22 mouse hippocampal neuronal cell line is highly sensitive to glucocorticoids [25] and

✉ Ana Lúcia S. Rodrigues
alsrodri@gmail.com; aramoshryb@ibyme.conicet.gov.ar

¹ Department of Biochemistry, Centro de Ciências Biológicas, Universidade Federal de Santa Catarina, Campus Universitário, Florianópolis, Brazil

² Department of Pharmacology, Faculty of Medicine, Instituto Teófilo Hernando, Universidad Autónoma de Madrid, Madrid, Spain

³ Present Address: Instituto de Biología y Medicina Experimental (IBYME)-CONICET, Buenos Aires, Argentina

has been widely used to understand neurotoxic processes in the hippocampus as well as to establish novel neuroprotective agents that could counteract the cytotoxicity of corticosterone [20–24].

Currently, there is an increasing interest in pentacyclic triterpenes such as ursolic acid (UA) due to their wide range of pharmacological activities [26]. UA constitutes a phytochemical and bioactive compound commonly found in medicinal herbs, like ginseng (*Panax ginseng*), calendula (*Callendula officinalis*), rosemary (*Rosmarinus officinalis*), as well as fruits such as apple (*Malus domestica*), pear (*Pyrus pyrifolia*), and plum (*Prunus domestica*) [27]. Several *in vivo* and *in vitro* studies have demonstrated that UA has anti-inflammatory, hepatoprotective, antioxidant, chemopreventive, and neuroprotective properties [26, 28]. These effects combined with its low toxicity makes UA a promising alternative pharmacological resource for the management of MDD. Our group showed that UA elicits antidepressant-like effects in the tail suspension test and forced swim test [29–31], two predictive behavioral tests used to verify antidepressant-like effects of compounds [32–34]. The antidepressant-like effect of UA in mice depends on protein kinase A (PKA), protein kinase C (PKC), Ca²⁺/calmodulin-dependent protein kinase II (CAMK-II), and mitogen-activated protein kinase (MAPK) modulation [30]. Evidence from *in vitro* studies suggests that UA may exert anti-stress effects by antagonizing the corticotropin-releasing hormone receptor 1, reducing cortisol release, and by inhibiting the activity of 11 β -hydroxysteroid dehydrogenase type 1 enzyme, which catalyzes the conversion of inactive cortisone to active cortisol [35, 36]. However, the antidepressant-like effect of UA has not been evaluated in an *in vitro* model of stress induced by corticosterone. Therefore, the aim of this study was to investigate the ability of UA to counteract the corticosterone-induced cytotoxicity, as well as, the role of protein kinases in this effect.

Materials and Methods

Drugs

BisBenzimide H 33342 trihydrochloride (Hoechst33342), corticosterone, chelerythrine, RU-486, 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT), dimethyl sulfoxide (DMSO), Dulbecco's modified Eagle's medium high glucose (DMEM), piperazine ethane sulfonic acid, H89, propidium iodide (PI), KN62, sodium dodecyl sulfate (SDS), and UA were obtained from Sigma-Aldrich (São Paulo, Brazil). LY294002 was purchased from Tocris (Biogen Científicas, Madrid, Spain). Penicillin, pyruvate, heat-inactivated fetal bovine serum (FBS), streptomycin, and trypsin 0.05%, and ethylenediamine tetraacetic acid (EDTA)

were purchased from Invitrogen (São Paulo, Brazil). L-glutamine and sodium bicarbonate obtained from Vetec (Duque de Caxias, Brazil). Corticosterone, chelerythrine, RU-486, H89, KN62, LY294002 and UA were dissolved in a final concentration of 0.1% DMSO.

Culture of HT22 Cells

Immortalized mouse hippocampal HT22 cells were a gift from Dr. Pamela Maher (Salk Institute, La Jolla, CA, U.S.A.). HT22 cells were cultured in DMEM high glucose (pH 7.4), supplemented with 10% heat-inactivated FBS, maintained and sub-cultured at 37 °C in a humidified atmosphere with 5% CO₂ as previously described [21]. Cells were treated with drugs before confluence in DMEM with 10% FBS. Cells were used at passages below 13. All experiments were conducted in triplicate using different cell batches.

Cell Viability Assay

MTT, a soluble tetrazolium salt that is converted into an insoluble purple formazan by viable cells (mitochondrial dehydrogenases activity of living cells), can be measured by a quantitative colorimetric assay. At the end of the treatment period, the medium was removed and MTT reagent (at a final concentration of 0.5 mg/ml, dissolved in Hank's Balanced Salt Solution, pH 7.4) was added to each well and incubated for 2 h at 37 °C. Then, the insoluble formazan was dissolved with DMSO and the optical density (OD) was estimated spectrophotometrically at 540 nm. Control cells treated with medium (DMEM + 10% FBS) were considered as 100% viable cells. Cellular viability is proportional to absorbance [37].

Detection of Cell Death Using Propidium Iodide (PI) and Hoechst

The double-staining PI/Hoechst is widely used to evaluate cell membrane integrity since damage to plasma membranes allows PI uptake [38]. Right after the treatments, PI (1 μ g/ml) and Hoechst 33342 (5 μ g/ml) were added to the medium of each well and incubated for 20 min at 37 °C, as previously described [39]. Then, HT22 cells were washed with PBS 100 mM and observed in an inverted fluorescent microscope Axiovert 40 CFL (Carl Zeiss). Analyses were conducted taking random photographs of 3 wells for each treatment using an Axiocam MRc coupled to the microscope [39]. Cells positive for PI⁺ and Hoechst⁺ were analyzed as particles using Image J v1.50b (NIH) "watershed plugin" (minimal size of 0.001 pixels) as previously described [39]. PI⁺ cells were expressed as a percentage of total cells (Hoechst⁺). Each experimental condition was conducted in triplicate and 5 independent experiments were performed.

Flow Cytometry

The number of viable, early apoptotic, and late apoptotic cells was evaluated by flow cytometry using Annexin V-phycoerythrin (PE)/7-aminoactinomycin D (7-AAD) double staining kit (BD Bioscience, Madrid, Spain) as previously reported [21], and in accordance with the manufacturer's instructions. The cells were analyzed using a FC 500 MPL Cytometer (Beckman Coulter, Madrid, Spain). At least 10,000 events per well were represented in the dot plots. The percentage of viable (annexin⁻/7AAD⁻), early apoptotic (annexin⁺/7AAD⁻), and late apoptotic (annexin⁺/7AAD⁺) cells was measured. In addition, the percentage of total apoptosis was calculated based on all the annexin⁺/7AAD⁻ (early apoptotic) plus the annexin⁺/7AAD⁺ (late apoptotic), and it was represented as bar graphs. The experimental conditions were conducted in triplicates and four independent experiments were performed.

Western Blot

After the incubation was completed, the medium was removed, wells were washed with 100 mM PBS and mechanically dissociated in 200 μ l SDS-stopping solution (containing 4% SDS, 2 mM EDTA, 50 mM Tris) with the aid of a cell scraper. Immediately, the samples were placed in a dry bath at 100 °C for 5 min. Thereafter, samples were vortexed and centrifuged for 10 min at 13,000 rpm. Finally, the supernatant was collected and was added sample dilution solution (40% glycerol, 100 mM Tris, bromophenol blue, pH 6.8) in the ratio 25:100 (v/v) and β -mercaptoethanol (final concentration 8%). The protein content of the samples was quantified by the method described by Peterson [40], using bovine serum albumin (BSA) as standard. The electrophoresis was performed by applying 40 μ g of protein per condition in a 10% SDS-PAGE minigel, and then, transferred to nitrocellulose membranes [21]. After blocking with 2% BSA, the membranes were incubated overnight (at 4 °C) with the following primary antibodies: anti-JNK and anti-phosphorylated JNK, anti-ERK1/2 and anti-phosphorylated ERK1/2 (See Table 1). Moreover, the membranes were incubated for 1 h at room temperature with horseradish

peroxidase (HRP)-conjugated anti-rabbit IgG antibody or (HRP)-conjugated anti-mouse IgG antibody (See Table 1). Immunoreactivity was detected in a ChemiDoc[®] Bio-Rad photodocumentation system. All blocking and incubation steps were followed by three times (5 min) washing with TBS-T (10 mM Tris, 150 mM NaCl, 0.1% Tween-20, pH 7.5). All membranes were incubated with mouse anti- β -actin (1:2000) antibody to verify that equal amounts of protein for each sample were loaded on the gel. Measurement of the optic density (OD) of the protein bands was performed using ImageLab software. The phosphorylation level was determined as a ratio of the OD of the phosphorylated band/the OD of the total band. The immunoccontent of ERK1/2 and JNK was determined as a ratio of the optic density (OD) of each protein band/the OD of the β -actin band. Data are expressed as a percentage of the control group.

Statistical Analysis

Data are represented as mean + S.E.M. Comparisons between experimental and control groups were performed by one-way analysis of variance (ANOVA) followed by Newman–Keuls post hoc test when appropriate. $P < 0.05$ was considered significant.

Results

Corticosterone Induces Time- and Concentration-Dependent Cytotoxicity

To analyze the effect of corticosterone on cell viability, HT22 cells were treated with increasing concentrations of corticosterone (5, 50, 100, 500 or 1000 μ M) or vehicle (0.1% DMSO), and afterward, the cell viability was evaluated by MTT assay. Incubation of HT22 cells with 50 or 100 μ M reduced to almost 40% their viability, while higher concentrations of corticosterone (500 and 1000 μ M) reduced approximately 54% of cell viability when compared to vehicle (Fig. 1a). In a parallel experiment, we investigated the time-course of corticosterone-induced cytotoxicity. Thus, HT22 cells were incubated for

Table 1 Description of antibodies used in this study

Primary antibody	Type	Source	Company	Code	Dilution
Anti p-JNK1/2	Polyclonal	Rabbit	Cell signaling	#9251S	1/1000
Anti t-JNK1/2	Polyclonal	Rabbit	Sigma	J4500	1/1000
Anti p-ERK1/2	Monoclonal	Mouse	Sigma	M8159	1/5000
Anti t-ERK1/2	Monoclonal	Rabbit	Sigma	M5670	1/20,000
Anti β -actin	Monoclonal	Mouse	Santa Cruz	sc-4778	1/2000
Anti-rabbit IgG	Policlonal	Rabbit	Millipore	AP132P	1/2500
Anti-mouse IgG	Policlonal	Mouse	Millipore	AP308P	1/2500

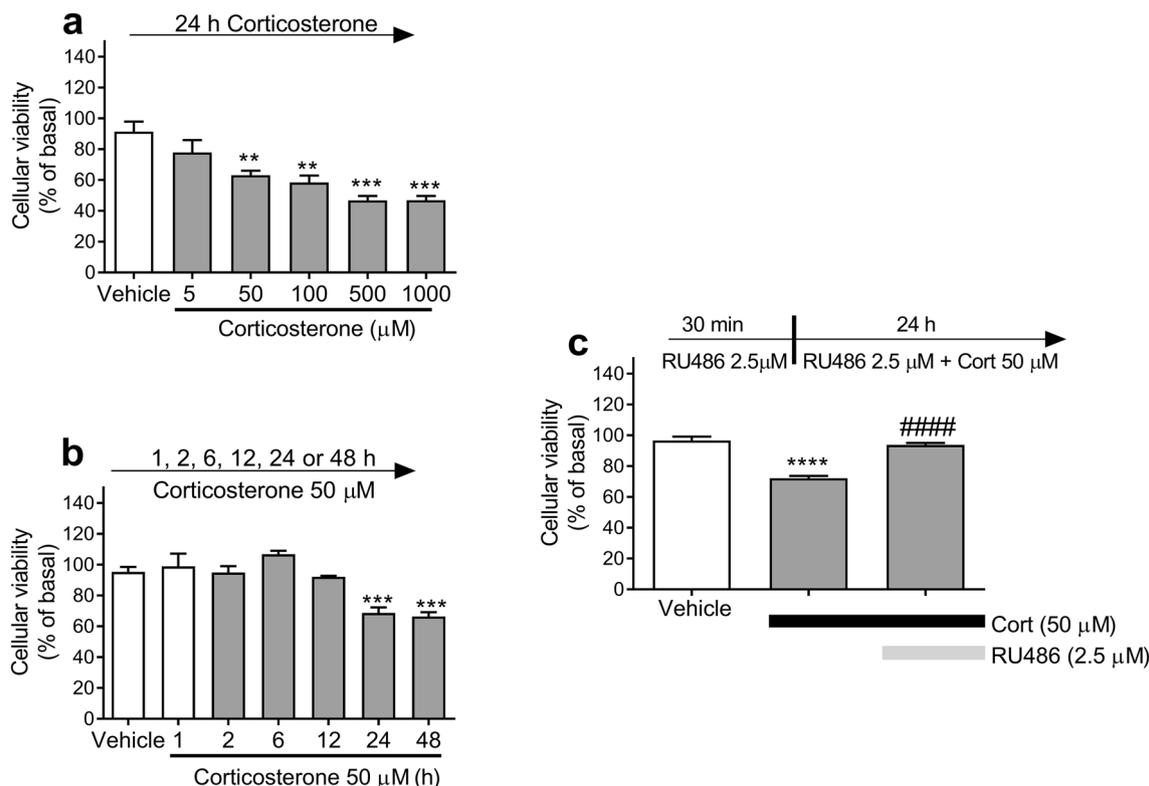


Fig. 1 Corticosterone induces toxicity in HT22 cells. **a** HT22 cells were treated with vehicle (0.1% DMSO) or corticosterone (5, 50, 100, 500 or 1000 μM) ($n=3$). **b** HT22 cells were treated with vehicle (0.1% DMSO) or corticosterone (50 μM) in a time-response curve ($n=4-5$). **c** Incubation of HT22 cells with RU486 (2.5 μM) or vehicle (0.1% DMSO) followed by incubation with corticosterone (50 μM) for an additional 24 h-period prevented the cytotoxic effect

of corticosterone ($n=3-6$). At the end of treatments, cell viability was measured by MTT assay. Results are expressed considering the basal condition as 100% of cell viability (mean + S.E.M.). ** $P < 0.01$, *** $P < 0.001$ and **** $P < 0.0001$, as compared to the vehicle group. #### $P < 0.0001$, as compared to the corticosterone-group (one-way ANOVA followed by Newman-Keuls post hoc test). *Cort* corticosterone

1, 2, 6, 12, 24 or 48 h with the lower cytotoxic concentration of corticosterone (50 μM) or vehicle (0.1% DMSO) and, at the end of the incubation period, MTT was analyzed. Incubation for 24 or 48 h with corticosterone reduced cell viability to almost 40% (Fig. 1b). In addition, the statistical analysis showed that 24 h of corticosterone incubation corresponds to the minimal amount of time needed to induce cytotoxicity in HT22 cells (Fig. 1b).

Considering that HT22 cells can express glucocorticoid receptors (GR), we examined if GR activation is involved in the corticosterone-induced cytotoxicity observed in our experiments. To this end, HT22 cells were pre-incubated with RU486 (2.5 μM), a GR antagonist or vehicle (0.1% DMSO) for 30 min, and co-incubated with RU486 and corticosterone 50 μM or vehicle (0.1% DMSO) for 24 h. The statistical analysis revealed that pre-treating HT22 cells with RU486 significantly prevented the cytotoxic effects elicited by corticosterone (Fig. 1c), confirming the participation of glucocorticoid receptors in its toxic effect.

Time and Dose-Response of HT22 Cells Followed by UA Treatment

To test the effect of UA on cell viability, HT22 cells were treated for 24 h with increasing concentrations of UA (5, 15, 25 or 50 μM) or vehicle (0.1% DMSO). In this experiment, 5, 15 or 25 μM of UA did not alter cell viability. However, incubation with 50 μM UA reduced by almost 60% the viability of HT22 cells (Fig. 2a). We also measured changes in cell viability after incubation with 5 or 15 μM at different time points (24, 48 or 72 h). The statistical analysis revealed that UA did not significantly affect cell viability at the different time points analyzed (Fig. 2b).

UA Decreases Corticosterone-Induced Cell Toxicity

Once the non-toxic concentrations of UA were established, we investigated whether they would be able to prevent the cytotoxicity induced by corticosterone. The incubation for 24 h with UA (5 or 15 μM) prior to the co-incubation

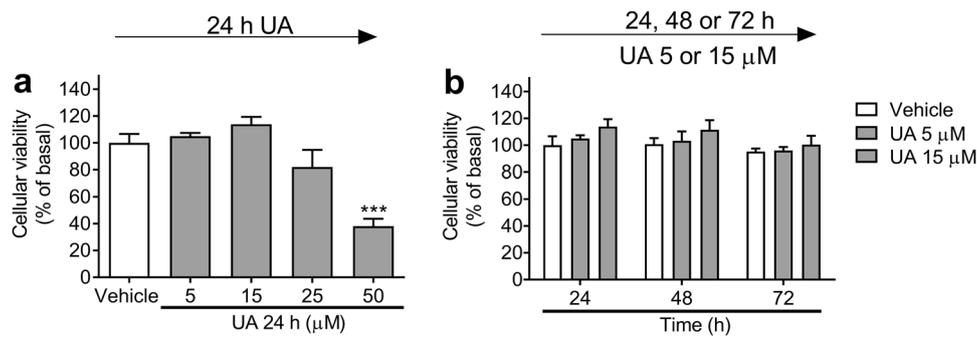


Fig. 2 Effect of UA on HT22 cells. Dose–response curve of UA (5, 15, 25 or 50 μM) or vehicle (0.1% DMSO) on viability of HT22 cells (n=4). **a** HT22 cells were incubated with UA (5, 15, 25 or 50 μM) or vehicle in a time-response curve (n=4–6). **b** The results are

expressed as baseline percentage (mean+S.E.M. One-way ANOVA followed by Newman–Keuls post hoc test). ****P*<0.001, as compared to vehicle

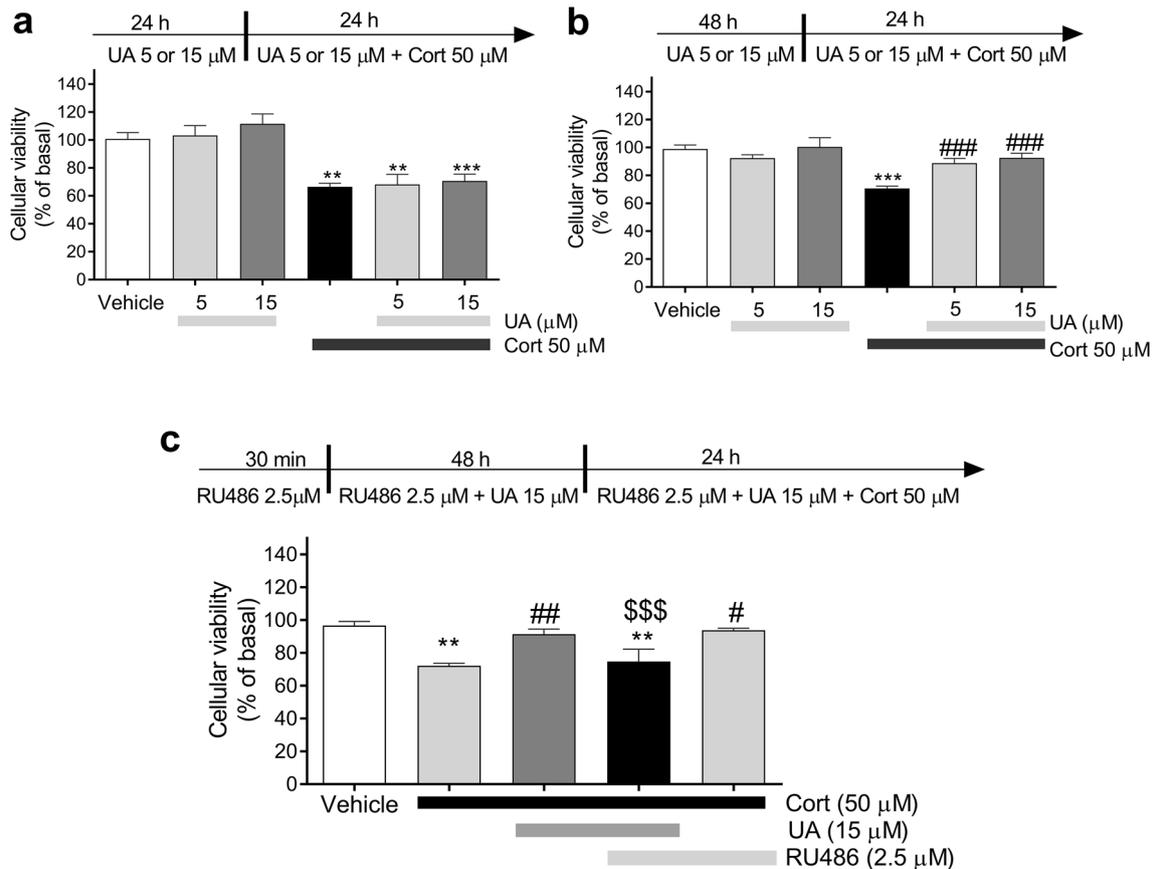


Fig. 3 UA produces cytoprotective effects against corticosterone in HT22 cells. The incubation for 24 h with UA (5 or 15 μM) prior to the incubation with corticosterone for a further 24 h did not alter the cytotoxic effect of corticosterone in HT22 cells (n=6). **a** The incubation of HT22 cells for 48 h with UA (5 or 15 μM) prior to the incubation with corticosterone for a further 24 h prevented the cytotoxic effect of corticosterone on HT22 cells (n=6). **b** Co-incubating HT22

cells with RU486 (2.5 μM) prevented the cytoprotective effect exerted by UA (15 μM). **c** The results are expressed as baseline percentage (mean+S.E.M. One-way ANOVA followed by Newman–Keuls post hoc test). ***P*<0.01 and ****P*<0.001, as compared to vehicle; #*P*<0.05, ##*P*<0.01 and ###*P*<0.001, as compared to corticosterone; \$\$\$*P*<0.001, as compared to UA+corticosterone group. Cort: corticosterone

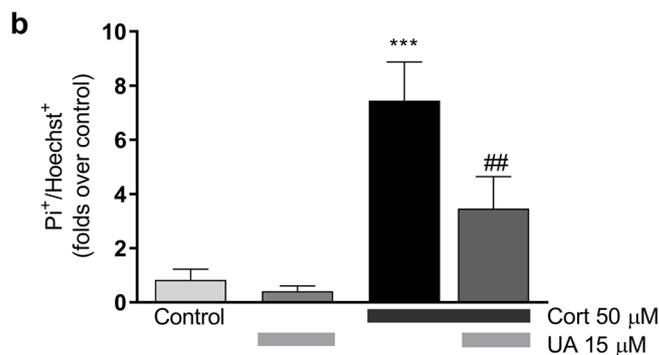
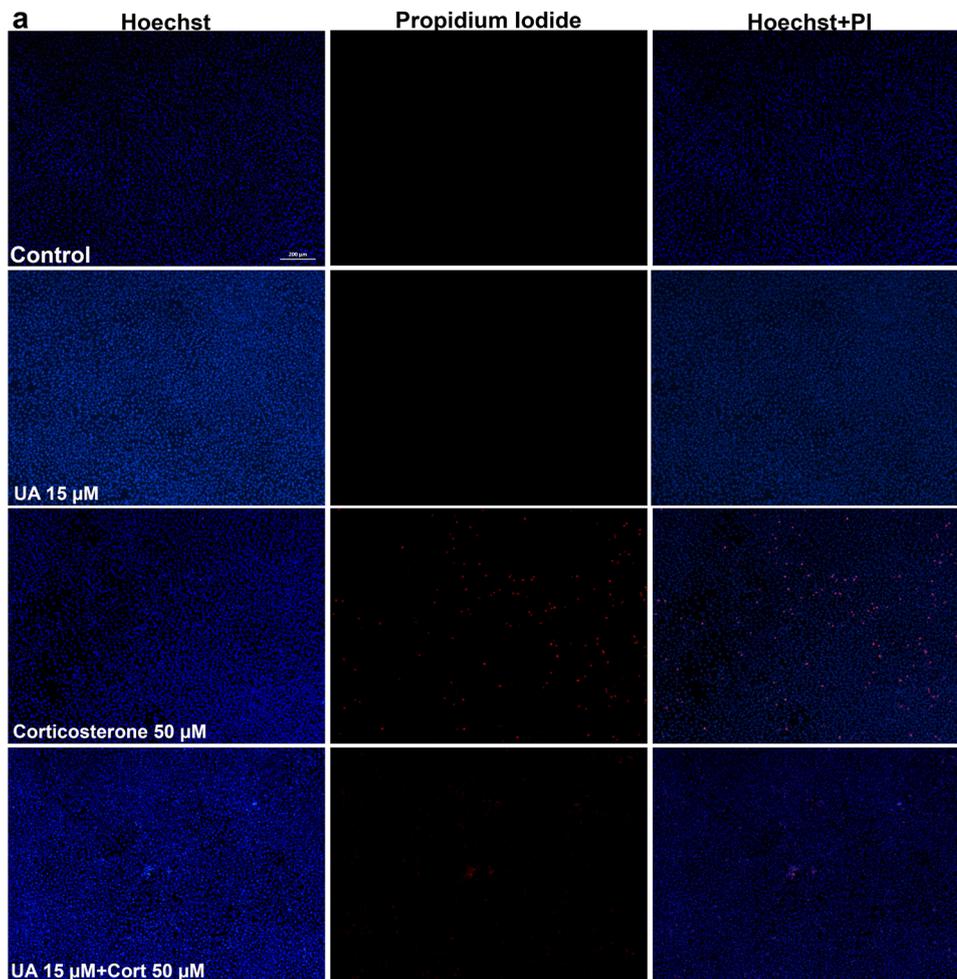
with 50 μM corticosterone for another 24 h, was not able to prevent the cytotoxic effect produced by corticosterone (Fig. 3a). We also tested whether a longer pre-incubation time with UA (48 h) would be able to prevent corticosterone-induced cytotoxicity. In this second protocol, 48 h incubation with 5 or 15 μM UA, prior to co-incubation with corticosterone, prevented corticosterone-induced cytotoxicity (Fig. 3b). Another independent experiment showed that incubation with RU486 (2.5 μM) prevented the cytoprotective effect of UA (15 μM) against corticosterone-induced

cytotoxic effect (Fig. 3c). None of the UA concentrations per se altered the viability of HT22 cells.

UA Prevents Corticosterone-Induced Cell Membrane Permeability

To further investigate the cytoprotective effect of UA against corticosterone, we evaluated membrane permeability to PI after different treatment conditions (Fig. 4a). First, HT22 cells were pre-incubated with 15 μM UA for 48 h before the

Fig. 4 Cytoprotective effect of UA against corticosterone-induced cell permeability. **a** Representative fluorescence microphotograph obtained after Hoechst and PI double staining in control, UA, corticosterone, and UA followed by corticosterone-treated groups. The treatment of cells with UA for 48 h before corticosterone treatment significantly prevented the corticosterone-induced increase in the percentage of PI⁺ cells. Scale bar: 200 μm . **b** The percentage of PI⁺/Hoechst⁺ cells was measured from 5 independent experiments using ImageJ particles analysis plugin and compared to the percentage of control-treated group. All data are expressed as mean \pm SEM. One-way ANOVA analysis was used for comparison among multiple groups followed by Newman Keuls post hoc test. *** $P < 0.001$, as compared to control group; ## $P < 0.01$, as compared to corticosterone (Cort) treatment group



co-incubation with 50 μM corticosterone for an additional 24 h-period. This concentration was selected because UA was able to prevent the reduction in the cell viability induced by corticosterone assessed by the MTT assay. The statistical analysis using one-way ANOVA revealed that corticosterone increased by almost eight (8) times the number of PI⁺ cells (Fig. 4b). Interestingly, UA treatment was able to attenuate the corticosterone-induced increase in PI⁺ cells.

UA Prevents Corticosterone-Induced Apoptosis

In the next experiment, we evaluated the number of viable, early apoptotic and late apoptotic cells by flow cytometry. HT22 cells were treated with 50 μM corticosterone (24 h), 15 μM UA (72 h) or 15 μM UA for 48 h plus a co-incubation with 50 μM corticosterone for 24 h. We observed that corticosterone caused a two-fold increase in the percentage of apoptosis as compared to the control condition, a conclusion based on the percentage of all annexin⁺/7AAD⁻ (early apoptosis) plus the annexin⁺/7AAD⁺ (late apoptosis) (Fig. 5a). In addition, either UA alone or in combination with corticosterone (after a pre-incubation with UA for 48 h), showed a similar number of apoptotic cells compared to the control condition (Fig. 5b). This result indicates that UA is able to counteract the increased number of apoptotic cells induced by corticosterone treatment.

Role of Protein Kinases in the Cytoprotective Effect of UA Against Corticosterone-Induced Cytotoxicity

To test the role of different protein kinases in the cytoprotective effect of UA, cells were pre-treated with pharmacological inhibitors LY294002 (3 μM), KN62 (10 μM), H89 (2 μM) or chelerythrine (0.1 μM) or vehicle (0.1% DMSO) 30 min before the addition of 15 μM UA and maintained during the entire experiment (Fig. 6a). When HT22 cells were treated with LY294002, a PI3K inhibitor, we observed that incubation with this inhibitor did not prevent the cytoprotective effect of UA against corticosterone (Fig. 6b). Next, using KN62 (10 μM) we evaluated the influence of CAMKII on the neuroprotective effect of UA against corticosterone-induced cytotoxic effect. One-way ANOVA analysis revealed that pre-treatment of HT22 cells with KN62 prevented UA cytoprotective effect (Fig. 6c). Using H89 (2 μM) we investigated the involvement of PKA in the neuroprotective effect of UA against corticosterone-induced cytotoxicity. We observed that this inhibitor also prevented the neuroprotective effects of UA in this model (Fig. 6d). Finally, we investigated whether PKC inhibition with chelerythrine (0.1 μM) would prevent the neuroprotective effect of UA against corticosterone-induced cytotoxicity. In fact, treatment with this PKC inhibitor also prevented the

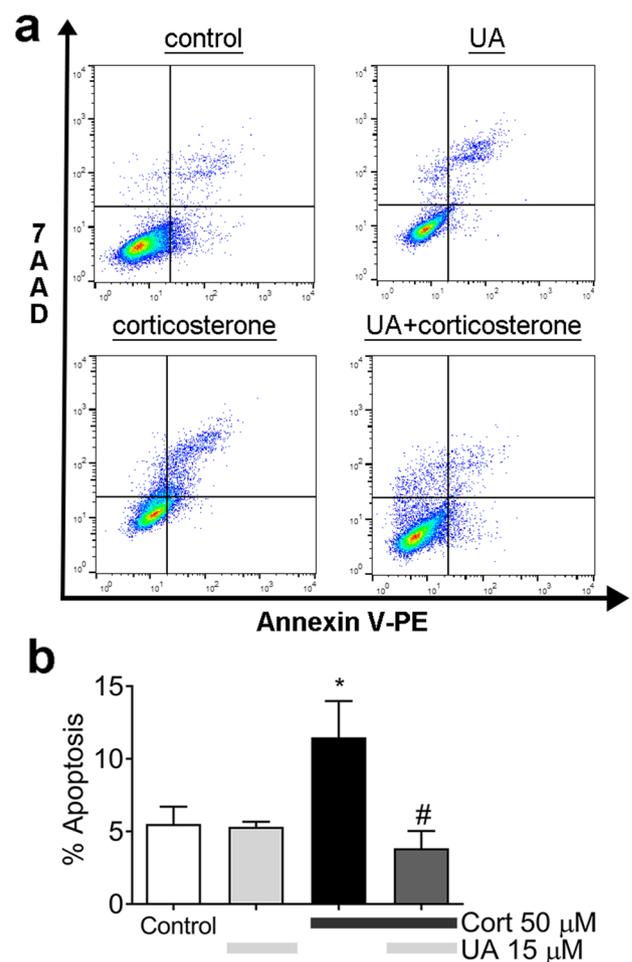


Fig. 5 Cytoprotective effect of UA against corticosterone-induced apoptosis. **a** Representative plot diagrams of cells incubated with control, UA, corticosterone, and UA followed by a co-incubation with corticosterone. Cells were collected, stained with annexin V-PE and 7AAD, and analyzed by flow cytometry. The treatment of cells with UA for 48 h before corticosterone treatment significantly prevented the corticosterone-induced increase in the number of apoptotic cells. **b** Quantification of 7AAD and annexin FACS data. Averaged apoptotic population (annexin⁺/7AAD⁻ and annexin⁺/7AAD⁺) for each group is represented. All data are expressed as mean + SEM. One-way ANOVA analysis was used for comparison among multiple groups followed by Newman Keuls post hoc test. * $P < 0.05$, as compared to control group, and # $P < 0.05$, as compared to corticosterone (Cort)-treatment group

neuroprotective effects of UA against corticosterone-induced cytotoxicity in HT22 cells (Fig. 6e).

Next, we investigated if corticosterone would alter the ratio between the phosphorylated and total forms of ERK1/2 and JNK (protocol in Fig. 7a). OD analysis of immunoblots incubated with a specific antibody for anti-p-ERK1/2 revealed that the treatment for 3 h with 50 μM corticosterone reduced approximately 80% the phosphorylation levels of ERK1 and 2 (Fig. 7c, d, respectively). However, 48 h pre-incubation with 15 μM of UA prevented this reduction

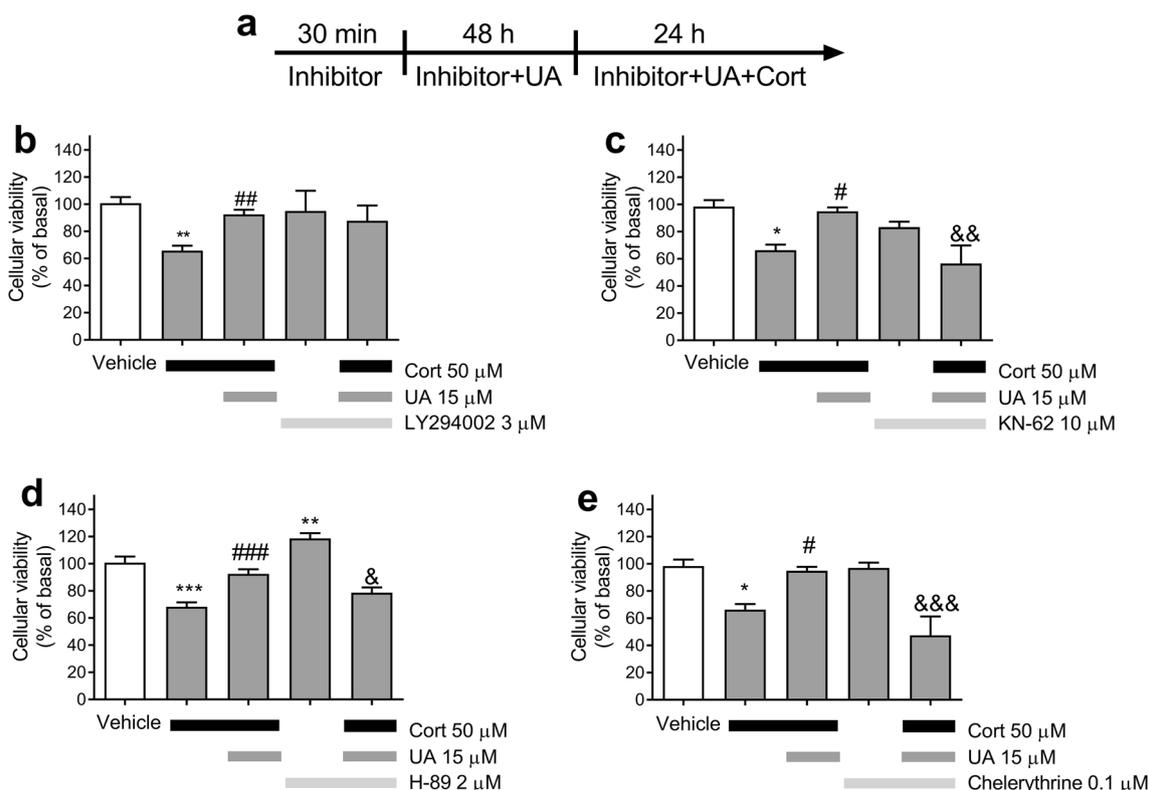


Fig. 6 The cytoprotective effect of UA against corticosterone-induced cytotoxicity was prevented by H-89, KN-62 and chelerythrine, but not LY294002. **a** Experimental protocol. HT22 cells were incubated for 30 min prior to the treatment with UA (15 μM) with the following inhibitors: LY294002 (PI3K inhibitor, $n=3-6$, **b**), KN-62 (CaMKII inhibitor, $n=5$, **c**), H-89 (PKA inhibitor, $n=4-6$, **d**) or chelerythrine (PKC inhibitor, $n=4-5$, **e**). Inhibitors were present throughout the treatment. The treatment of cells with KN-62, H-89 or cheleryth-

rine significantly abolished the protective effect of UA against the cytotoxic effect induced by corticosterone. The results are expressed as baseline percentage (mean+S.E.M). Results analyzed by one-way ANOVA followed by Newman-Keuls post hoc test. * $P<0.05$, ** $P<0.01$, and *** $P<0.001$, as compared to vehicle. # $P<0.05$, ## $P<0.01$, and ### $P<0.001$, as compared to corticosterone group. & $P<0.05$, && $P<0.01$, and &&& $P<0.001$, as compared to treatment with UA and corticosterone. Cort: corticosterone

(Fig. 7c, d, respectively). In addition, HT22 cells treated for 3 h with 50 μM of corticosterone also presented a reduction of approximately 40% in the ratio of phosphorylated forms of JNK (Fig. 7g). However, pre-incubation for 48 h with 15 μM UA, prior to the co-incubation with corticosterone 50 μM, was not able to prevent the reduction in JNK phosphorylation levels (Fig. 7g). None of the treatments altered the immunocentents of the total forms of ERK or JNK (Fig. 7e, h, respectively).

Discussion

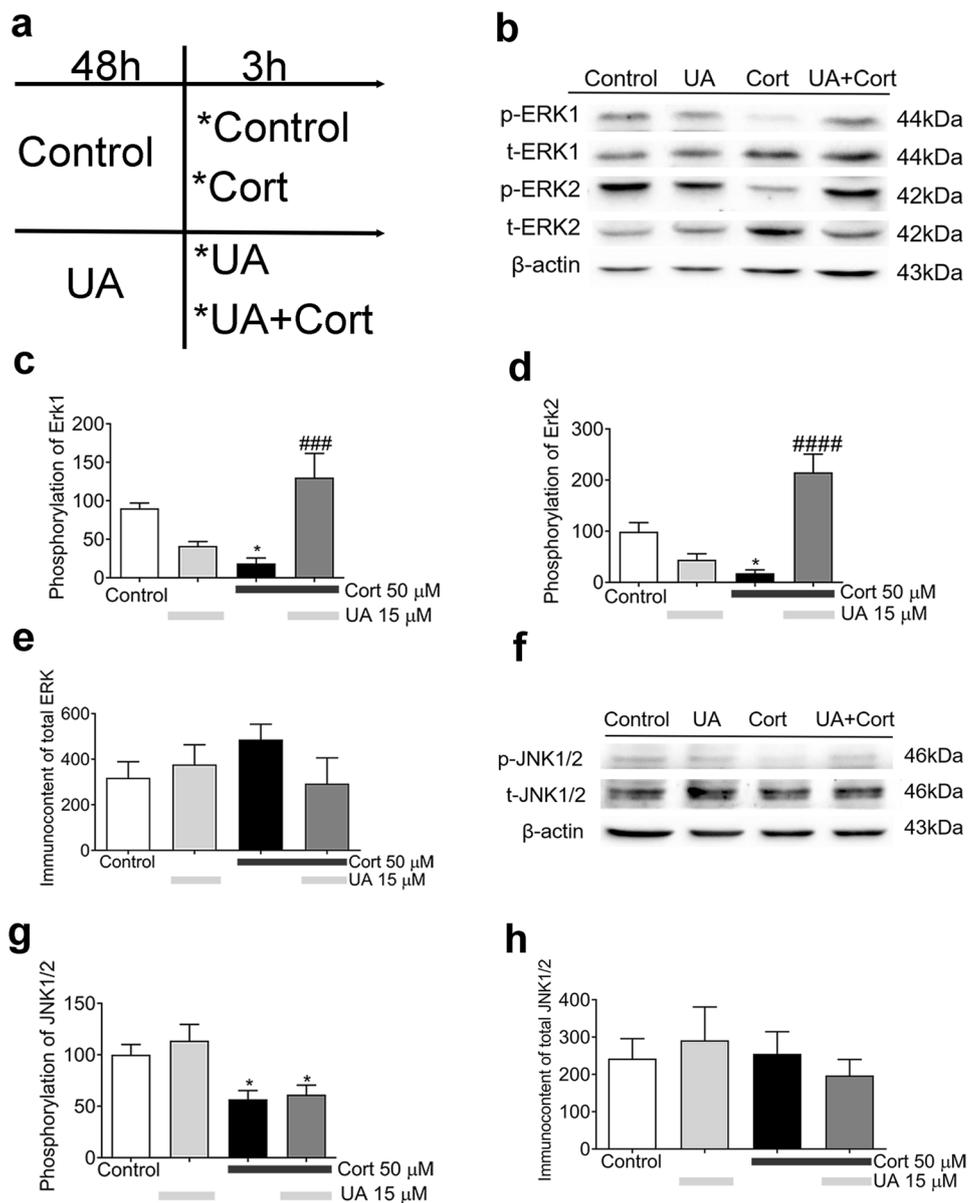
In the present study, we demonstrate, for the first time, that UA exhibits cytoprotective effects against corticosterone-induced cytotoxicity in HT22 cells. In this model, incubation of HT22 cells for 48 h with low concentrations of UA (5 or 15 μM) was able to prevent the reduction in cell viability, the increase of PI positive cells, and the increased number of apoptotic cells induced by corticosterone. Previous reports

have shown the neuroprotective effects of triterpenoid compounds such as CDDO-MA, piperine, asian acid and tormentic acid against neurotoxic insults, including 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine, 3-nitropropionic acid and Aβ peptides [41–44]. Therefore, our findings suggest that the plant-derived triterpenoid family appears to share neuroprotective properties.

Behl et al. demonstrated that HT22 cells are sensitive to glucocorticoid stimulation, which makes them an excellent model for studying glucocorticoid-induced cell death [25]. Our results reinforce these and other findings by authors who used this same model in HT22 cells [20–24]. As previously reported, our results confirmed that the cytotoxic effects of corticosterone can be abolished by RU486 [21, 25]. This steroid antagonizes corticosterone competitively by binding to GR [45]. Therefore, these data indicate that the corticosterone-induced cell death is likely mediated through GR activation.

One of the main findings of our study relies on the fact that only 48 h, but not 24 h, of UA incubation, produced a

Fig. 7 Evaluation of MAPK proteins phosphorylation levels of HT22 cells exposed to corticosterone and/or UA. **a** Experimental protocol. **b** Representative immunoblots for the phosphorylated and total forms of ERK. The column histogram represents the semi-quantification by optical densitometry of the OD ratio between the phosphorylated form and the OD of the total form of ERK1 (p44 kDa; **c**), ERK2 (p42 kDa; **d**) and the OD ratio between the total form of ERK1 and 2 and the OD of the β -actin (**e**). **f** Representative immunoblots for the phosphorylated and total forms of JNK. The column histogram represents the semi-quantification by optical densitometry of the OD ratio between the phosphorylated form and the OD of the total form of JNK (p46 kDa; **g**) and the OD ratio between the total form of JNK (p46 kDa; **h**) and the OD of the β -actin. Each column represents the percentage relative to the control of 6 independent experiments (mean + S.E.M., one-way ANOVA followed by Newman–Keuls post hoc test). * $P < 0.05$, as compared to control group, ### $P < 0.001$, and #### $P < 0.0001$, as compared to the corticosterone-treated group. Cort: corticosterone, p: phosphorylated, t: total



cytoprotective effect against corticosterone-induced toxicity. Previous studies have also shown that UA is able to protect PC12 cells against A β -induced cytotoxicity at the same concentration range, and with the same incubation time observed in our study [46, 47]. A longer incubation time suggests that the neuroprotective effect of UA is possibly dependent on the modulation of intracellular signaling pathways and other late-onset targets such as the transcription of genes related to survival and production of neurotrophic factors. Confirming the findings obtained in the MTT assay, we observed that UA was able to prevent the increase in the number of cells labeled with PI and the percentage of apoptotic cells induced by corticosterone. Shih et al. demonstrated that UA protects neurons from primary hippocampal cultures of rats against kainate (KA)-induced necrosis at the

same concentration range tested in our study (10 and 15 μ M) [48]. However, they found that the neuroprotective effect of UA against KA-induced excitotoxicity was produced after a shorter (10 min) time of UA incubation, while we observed cytoprotective effects only after a 48 h incubation. These differences might be related to the cell type or the specific pharmacological nature of the toxic stimuli.

Importantly, we observed that the cytoprotective effect of UA was abolished by RU486, which may indicate an interaction between UA and GR function. In this regard, it has been suggested that UA is able to act as a ligand of nuclear receptors for glucocorticoids since it has a chemical structure similar to members of the estradiol family [49–51]. In fact, merotain (also known as URA, a liposome-embedded UA) competes with RU486 for binding to GR and regulates

the expression of extracellular matrix metalloproteinases dependent on GR activation [49]. In addition, URA has the ability to bind GR and stimulate collagen production or suppress keratin and ceramide gene expression in keratinocytes [51]. Based on these studies, we may speculate that the cytoprotective effect of UA against corticosterone-induced cytotoxicity could be mediated by the modulation of GR function; however, further studies are required to confirm this hypothesis.

Noteworthy, it has been shown that, in response to corticosterone, there is a modulation in the phosphorylation state and in the activity of protein kinases [52]; especially those participating in cell survival signaling cascades [53, 54]. Among these, we highlight PI3K, PKA, CaMKII, and PKC-dependent signaling pathways. In our study we observed that the exposure to a concentration of LY294002 that does not alter the viability of HT22 cells did not prevent the cytoprotective effect of UA against the corticosterone-induced cytotoxicity. This result suggests that the PI3K signaling pathway is not involved in the cytoprotective effect of UA. In contrast, exposure of HT22 cells to H-89, KN-62 or chelerythrine prevented the cytoprotective effect of UA against corticosterone-induced cytotoxicity. Therefore, these data indicate that the activation of PKA, PKC and CaMKII may be involved in the cytoprotective mechanism of UA against the corticosterone-induced cytotoxicity. Accordingly, a previous study from our group showed that the activation of PKA, PKC, and CaMKII, but not PI3 K, is required for the antidepressant-like effects of UA in mice [30].

MAPK dependent signaling pathways are involved in the response of cells to stress and can activate transcription factors and promote proliferation [55] and inflammatory responses [56]. Conversely, the signaling pathways dependent on ERK activation may stimulate the production of neurotrophic factors and promote neuroprotection in HT22 cells [57]. An interesting finding in our study was that the reduction of ERK1/2 phosphorylation induced by corticosterone was significantly prevented by pre-incubating HT22 cells with UA. This finding suggests that activation of ERK1/2 can mediate the cytoprotective effects of UA against corticosterone-induced cytotoxicity [58]. Accordingly, it has been suggested that ERK activation may protect HT22 cells against cell death induced by glucose deprivation by activating cAMP response element-binding protein (CREB), which in turn, stimulates the brain-derived neurotrophic factor (BDNF) expression [57]. In addition, other antidepressant drugs induce ERK1/2 phosphorylation, such as fluoxetine in astrocytes [59], and imipramine, which increases ERK1/2 phosphorylation in the hippocampus of mice submitted to a chronic restraint stress protocol [60]. In fact, the cytoprotective effect of apelin-13 against corticosterone-induced cytotoxicity has been shown to be mediated by the activation of ERK-dependent signaling pathways in HT22 cells

[61]. Moreover, it was reported that GR activation may trigger ERK1/2 and JNK dephosphorylation by a mechanism dependent on MKP-1 (MAPK phosphatase-1) activation [62]. Our study did not address if this mechanism might be operating in HT22 cells. Noteworthy, UA despite counteracting corticosterone-induced ERK1/2 dephosphorylation was not able to prevent the reduction in JNK phosphorylation in response to corticosterone. Therefore, future studies will be necessary to underlie the mechanism involved in the modulation of MAPKs by UA.

An intriguing result of our study was the observation of a dual effect of UA in HT22 cells. Low concentrations (5 or 15 μM) of UA did not alter the viability of these cells and also acted as a cytoprotective agent. In contrast, a higher UA concentration (50 μM) reduced cell viability. A similar profile has also been reported in rodent leukemic cells, in which UA presented antioxidant effects up to 10 μM and cytotoxic effects at concentrations over 20 μM [63]. In glioblastoma multiforme DBTRG-05MG cells, 15 μM UA did not alter cellular viability; however, concentrations over 20 μM caused a reduction in the viability, increased reactive oxygen species production and induced necrotic cell death [64]. Accordingly, contrasting experimental results regarding the effects of UA have been reported, i.e., this compound may be antioxidant, anti-inflammatory and protective or prooxidant and cytotoxic, depending on the tissue, cell type and experimental conditions [65, 66]. In this regard, some authors suggest that UA, as well as other triterpenoid compounds, may act biphasically depending on the concentration and experimental conditions [65, 66].

In conclusion, considering that neuronal death can occur through several mechanisms [67], that share many intracellular signaling pathways [67]; the discovery and study of compounds with an antidepressant activity that produce neuroprotection through different mechanisms are of particular interest [68]. Regarding this issue, it has been proposed that multiple target drugs are often more efficient molecules than single-target drugs [69]. In this study, UA was able to activate different intracellular signaling pathways associated with neuroprotection against neuronal death, which makes this compound a promising therapeutic strategy for the treatment of diseases associated with neurodegenerative processes and stress-related disorders.

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Compliance with Ethical Standards

Conflicts of interest The authors declare that they have no conflict of interest.

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