Comparative effects of imipramine, sertraline, nifedipine, furosemide and bumetanide on ingestive behaviour in mice

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The objective of the study was to evaluate the comparative effects of imipramine, sertraline, nifedipine, furosemide and bumetanide on ingestive behavior in rodents. Twelve groups (with six in each group) of male mice (25 to 35 g) were used in the experiments. They were housed in labelled plastic cages in the departmental laboratory and allowed access to food and water ad libitum. Six groups were treated respectively, with 10 mg/kg of furosemide, 5 mg/kg of sertraline, 5 mg/kg of nifedipine, 10 mg/kg of furosemide, 2.5 mg/kg of bumetanide and 0.25 ml of placebo, intraperitoneally daily for 30 days. Another six groups of mice were treated with the combination of furosemide (10 mg/kg) + sertraline (5 mg/kg); bumetanide (2.5 mg/kg) + sertraline (5 mg/kg); furosemide (10 mg/kg) + imipramine (10 mg/kg); imipramine (10 mg/kg) + nifedipine (5 mg/kg); furosemide (10 mg/kg) + nifedipine (5 mg/kg) and placebo, respectively. The weights of the mice were recorded weekly for four weeks. Sertraline and imipramine decreased the weights of mice significantly at four weeks when compared to the controls (p < 0.05), while nifedipine and furosemide caused weight increases at four weeks, which is significantly different from the control (p < 0.05). Bumetanide did not cause significant weight increase when compared with controls (p > 0.05). In conclusion, the results suggest that sertraline and imipramine are anorexigenic in mice, while nifedipine and furosemide may be orexigenic.

Key words: Imipramine, sertraline, nifedipine, furosemide, bumetanide, weight of mice.

INTRODUCTION

Body weight is an indicator of appetite (Lin et al., 2008) and coordination of food intake and energy use is necessary for its regulation. The appetite centre of the body is in the arcuate nucleus of the hypothalamus and loss of sensitivity to hormones and metabolites in the arcuate nucleus is the cause of dysregulated energy intake and use.

Neuropeptide Y (NPY) and agouti-related peptide (AgRP) are related to appetite stimulation, while pro-opiomelanocortin (POMC) is related to appetite suppression. Agents that inhibit NPY/AgRP release include leptin, insulin, cholecystokinin, peptide YY (PYY) and acylated long-chain fatty acids, while orexin-A, ghrelin and glucose in the fasted state induce NPY/AgRP release (Winsberg et al., 2007; Ueta et al., 2003). Leptin and ghrelin have opposing effects on appetite and weight control, acting on different receptors in the arcuate nucleus of the hypothalamus, while orexin-A and leptin levels are inversely correlated (Komaki et al., 2001).

Moreover, it has been shown that leptin increases serotonin turnover by inhibition of brain nitric oxide synthesis (Calapai et al., 1999) and several experiments have shown that serotonin decreases food intake (Blundell, 1984; Morley et al., 1981) and the mechanism may be by facilitation of leptin secretion (Yamada et al., 2006).

Serotonin, the selective serotonin reuptake inhibitors (SSRIs) and the tricyclic antidepressants (TCAs) target distinct serotonin receptor signaling to mediate their effects and may regulate serotonin outputs independently.
Table 1. Effect of nifedipine, sertraline, imipramine, bumetanide and furosemide on weights of mice.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Average weight (initial) (mg)</th>
<th>Average weight of 1st week (mg)</th>
<th>Average weight of 2nd week (mg)</th>
<th>Average weight of 3rd week (mg)</th>
<th>Average weight of 4th week (mg)</th>
<th>Percentage change in weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>30.00</td>
<td>30.50</td>
<td>31.00</td>
<td>31.50</td>
<td>32.00</td>
<td>+ 6.6%</td>
</tr>
<tr>
<td>Nifedipine</td>
<td>30.00</td>
<td>30.60</td>
<td>31.20</td>
<td>31.80</td>
<td>32.40</td>
<td>+ 8.0%</td>
</tr>
<tr>
<td>Sertraline</td>
<td>30.00</td>
<td>29.00</td>
<td>28.00</td>
<td>27.00</td>
<td>27.00</td>
<td>- 10.0%</td>
</tr>
<tr>
<td>Imipramine</td>
<td>30.00</td>
<td>29.00</td>
<td>30.00</td>
<td>30.00</td>
<td>27.00</td>
<td>- 10.0%</td>
</tr>
<tr>
<td>Bumetanide</td>
<td>30.00</td>
<td>30.40</td>
<td>30.80</td>
<td>31.20</td>
<td>31.60</td>
<td>+ 5.32%</td>
</tr>
<tr>
<td>Furosemide</td>
<td>30.00</td>
<td>30.40</td>
<td>30.00</td>
<td>31.20</td>
<td>32.20</td>
<td>+ 7.30%</td>
</tr>
</tbody>
</table>

MATERIALS AND METHODS

Male albino mice (25 to 35 g) in 12 groups were used. They were housed in the departmental laboratory in labelled plastic cages and cared for. They were allowed access to food and water ad libitum for the period of the test and weighed weekly. All drugs were supplied by Sigma-Aldrich through Rovet Chemicals, Benin-City. All the drugs were dissolved in 10% Tween 80 in distilled water because of furosemide solubility. The mice were injected intra-peritoneally (i.p.) and the doses of drugs were chosen from previous studies (Eraly et al., 2006; Luszczki et al., 2003; Cryan et al., 2004; Kosuda et al., 1997; Hesdorffer et al., 2001).

Effect of sertraline, imipramine, nifedipine, bumetanide and furosemide on appetite in mice

Six groups (six mice in each group) of male mice weighing 25 to 35 g were observed in the laboratory for one month. They were fed freely and given treatment i.p. of sertraline 5 mg/kg, imipramine 10 mg/kg, nifedipine 5 mg/kg, bumetanide 2.5 mg/kg and furosemide 10 mg/kg daily for 30 days. The weights of the mice were recorded weekly.

Effect of drug combinations on appetite in mice

Six groups of mice were used as earlier mentioned. Treatment given were as follows: a) Furosemide (10 mg/kg) and sertraline (5 mg/kg); b) bumetanide (2.5 mg/kg) and sertraline (5 mg/kg); c) furosemide (10 mg/kg) and imipramine (10 mg/kg); d) imipramine (10 mg/kg) and nifedipine (5 mg/kg); e) furosemide (10 mg/kg) and nifedipine (5 mg/kg); f) 0.25 ml of Tween 80 to control group. Injections were given daily to the mice i.p. for a period of 30 days and their weights were recorded weekly.

Statistical analysis

Paired t-test was used when comparing the means of the two groups. The difference was considered to be significant at p < 0.05.

RESULTS

Sertraline (5 mg/kg) and imipramine (10 mg/kg) given to mice for 30 days decreased the weights of mice by 10%, respectively, and this decrease was significant when compared with control values (p < 0.05). Nifedipine (5 mg/kg) and furosemide (10 mg/kg) given to mice for 30 days increased the weights of mice by 8.00 and 7.33%, respectively and this increase was significant when compared with the control values (p < 0.05). Bumetanide (2.5 mg/kg) given to mice for 30 days did not increase the weights significantly as compared to control values (p > 0.05) (Table 1). Nifedipine and furosemide increased the weights of mice after 30 days significantly as compared to controls (p < 0.05), while sertraline and imipramine decreased the weights of mice significantly as compared to controls (p < 0.05). Bumetanide did not increase the weights of mice significantly (p > 0.05) after 30 days administration.
Table 2. Effect of the drug combinations furosemide + sertraline, furosemide + imipramine, bumetanide + sertraline, nifedipine + imipramine and nifedipine + furosemide on weights of mice.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Average weight (initial) (mg)</th>
<th>Average weight of 1st week (mg)</th>
<th>Average weight of 2nd week (mg)</th>
<th>Average weight of 3rd week (mg)</th>
<th>Average weight of 4th week (mg)</th>
<th>Percentage change in weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>30.00</td>
<td>30.00</td>
<td>31.00</td>
<td>31.50</td>
<td>32.00</td>
<td>+ 6.6%</td>
</tr>
<tr>
<td>Furosemide + sertraline</td>
<td>30.00</td>
<td>28.50</td>
<td>27.00</td>
<td>26.50</td>
<td>27.20</td>
<td>- 9.60%</td>
</tr>
<tr>
<td>Bumetanide + sertraline</td>
<td>30.00</td>
<td>28.50</td>
<td>27.00</td>
<td>26.50</td>
<td>27.30</td>
<td>- 9.00%</td>
</tr>
<tr>
<td>Furosemide + imipramine</td>
<td>30.00</td>
<td>28.50</td>
<td>27.00</td>
<td>25.80</td>
<td>27.30</td>
<td>- 9.00%</td>
</tr>
<tr>
<td>Imipramine + nifedipine</td>
<td>30.00</td>
<td>30.00</td>
<td>30.80</td>
<td>31.20</td>
<td>31.60</td>
<td>+ 5.30%</td>
</tr>
<tr>
<td>Furosemide + nifedipine</td>
<td>30.00</td>
<td>31.50</td>
<td>32.50</td>
<td>33.50</td>
<td>33.80</td>
<td>+ 12.60%</td>
</tr>
</tbody>
</table>

Effect of (furosemide + sertraline), (bumetanide + sertraline), (furosemide + imipramine), (imipramine + nifedipine) and (furosemide + nifedipine) on weights of mice

The combinations of furosemide (10 mg/kg) + sertraline (5 mg/kg), furosemide (10 mg/kg) + imipramine (10 mg/kg) and bumetanide (2.5 mg/kg) + sertraline (5 mg/kg) decreased the weights of mice by 9.6, 9.00 and 9.00%, respectively, after 30 days and the results were significant as compared to controls (p < 0.05). The combination of imipramine + nifedipine did not increase the weights significantly at 30 days (p > 0.05), while the combination of furosemide and nifedipine increased the weights significantly at 30 days (p < 0.05) (Table 2). The combinations of furosemide + sertraline, furosemide + imipramine and bumetanide + sertraline decreased the weights of mice significantly as compared to controls (p < 0.05) at 30 days. The combination of furosemide and nifedipine increased the weights of mice significantly as compared to controls (p < 0.05). The combination of nifedipine and imipramine had no significant effect on weight of mice as compared to controls (p > 0.05).

DISCUSSION

The present results suggest that furosemide induces hyperphagia in rodents, confirming the reported observation that salt appetite and ingestive behaviour are increased after furosemide treatment (Houpt et al., 1991; Na et al., 2007). Enhanced sodium appetite also occurs after angiotensin administration (Fitzsimons, 1998) and furosemide enhances angiotensin release (Charron et al., 2002). Data suggested that the need for sodium induces neural plasticity at central sites associated not only with body fluid balance, but also with motivation, reward and mood (Na et al., 2007). Recent evidence points out that the induction of salt appetite by furosemide may affect the physiological behaviour of rodents by activating the endogenous enkephalin/mu-opioid receptor system (Grondin et al., 2011) and cross-sensitize with amphetamine (Clark and Bernstein, 2004); effects which may partially explain the increase in ingestive behaviour (Nathan et al., 2011) and anti-depressant-like effects of furosemide (Oriaifo and Omogbai, 2010). In this study, we found that furosemide and bumetanide increased mice weight after 30 days by 7.33 and 5.3%, respectively, and this may reflect their influence on salt appetite and ingestive behaviour. Brain serotonin depletion exaggerates this sodium appetite (Lima et al., 2004). Serotonergic drugs reduce appetite (Badaue-Passos Jr. et al., 2003) and cause weight loss (Fernstrom et al., 1987; Halford et al., 2007) and in this study, attenuate furosemide-induced salt appetite. This furosemide-induced enhancement of hyperphagia may be orexin-A dependent (Nanmoku et al., 2002). We found in this study that combination of furosemide + sertraline, bumetanide + sertraline, furosemide + imipramine was able to reduce mice weight after 30 days by 9.60, 9.00 and 9.00%, respectively. This may imply that decreased salt intake and food intake can be caused by sertraline and imipramine which are both serotonergic agents. Imipramine has previously been reported to decrease preference for sweets in depressed patients (Fernstrom et al, 1987) and sertraline has
been shown to be able to reduce salt appetite (Lima et al., 2004) and serotonergic agents are known to be able to reduce food intake and weight (Boschmann et al., 2001).

Nifedipine and appetite

Nifedipine as sole agent increased the weight of mice (8.0%) after 30 days more than the control value of 6.6% (Table 1). Also, nifedipine + imipramine, nifedipine + furosemide combinations increased mice weight after 30 days by 5.33 and 12.66%, respectively. This corroborates present evidence that nifedipine could interact with leptin to block the stimulatory effect of leptin on intracellular calcium, thereby antagonising leptin (Glavaski-Joksimovic et al., 2004) to cause weight gain as noted in our experiments or could also interact with orexin-A (Xia et al., 2009) in the body system. The effects of high-calcium diet in reduction of obesity (Zemel, 2002) and inhibition of obesity-induced pro-inflammatory cytokines are blocked by nifedipine (Sun and Zemel, 2007). The present results suggest that the hyperphagia induced by nifedipine is potentiated by furosemide and attenuated by imipramine (Table 2).

Sertraline, imipramine and salt appetite

Sertraline (SSRI) reduces salt appetite (de Magalhaes-Nunes et al., 2007) and imipramine (TCA) reduces carbohydrate intake (Fernstrom et al., 1987). Brain serotonin depletion enhances sodium appetite (Fernstrom et al., 1987). Brain serotonin depletion enhances sodium appetite (Lima et al., 2004) and serotonergic drugs are able to significantly attenuate or reduce rodent body weight gain (Halford et al., 2007). In this study, sertraline and imipramine were found to reduce mice weight gain by 10%, respectively (Table 1). The anorexigenic agent, leptin, has been reported to increase brain serotonin turn-over (Calapai et al., 1999) and the hypophagia induced by serotonin involves leptin (Yamada et al., 2006) which facilitates the anorexia induced by serotonin agonists. The TCAs and the SSRIs may mediate their effects through serotonergic signalling to cause hypophagia (Dempsey et al., 2005).

A combination of furosemide and imipramine, furosemide and sertraline and bumetanide + sertraline have been found in this study to reduce weight gain in mice significantly when compared with control values (Table 2) showing that furosemide-induced hyperphagia is overridden by sertraline- and imipramine-induced hypophagia.

Conclusion

The results show that furosemide and nifedipine are orexigenic in mice in contrast to sertraline and imipramine which are anorexigenic. This investigation further shows that the anorexigenic effect of sertraline and imipramine is able to override the orexigenic effect of furosemide and nifedipine.

REFERENCES


