# EDITORIAL

# **CYTOKINES IN STRESS**

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It has been detected that immunological activation induces stress-like behavioural and neurochemical changes in organs of animals and humans (1-6). Proinflammatory cytokines along with other compounds such as corticotropin releasing hormone (CRH) are clearly involved in the pathogenesis of stress (7-10). Activation of cytokine receptors and alterations in cytokine are thought to play important roles in neuronal dysfunction and pathogenesis of stress (11-15). Moreover, hyper secretion of cytokines in response to stress or to endogenous trigger factors may induce depressive symptoms. In addition AMPactivated protein kinase (AMPK) which is tightly regulated by the cellular AMP/ATP ratio, plays a central role in the regulation of energy, homeostasis and metabolic stress (12). Cytokine-like factors affect immune functions, such as cell motility, chemotaxis, phagocytosis, cytotoxicity and can also modulate muscle mass (16-18). For example epinephrine induces IL-6 synthesis in skeletal muscle in vivo and in vitro utilizing predominantly beta-2-adrenergic receptors.

Cytokines are also involved in invertebrate stress response in a manner very similar to that in vertebrates and participate in neurochemical, behavioural and endocrine changes due to illness.

In stress IL- $\beta$  mRNA increased as well as the protein IL-1 $\beta$  particularly in the hypothalamus, hippocampus and pituitary gland while TNF- $\alpha$ decreased in cortex and pituitary gland. Glucocorticoids also decreased while IL-6 mRNA has no effect. However it has been reported that IL-6 increases following a neurogenic inflammatory stimulus (17). Exposure to the proinflammatory cytokine IL-1 beta can elevate circulating concentration of corticosterone (18). Caspase-1 is involved in inflammatory cascade by processing pro-IL-1 beta into the active cytokine mature IL-1 beta and it is an important mediator of neuronal cell death during in vitro hypoxia and in vivo ischemia (19). In addition, TNF alpha has been found to be harmful in the early phase and beneficial in the long-term phase after brain injury (20-22). In astrocytes, TNF-related apoptosis-inducing ligand (TRAIL) expression level is increased by IFN-gamma.

### Key words: cytokine, stress, inflammation

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In stress conditions such as heart reperfusion, mast cells, HMC-1 produce TNF converting enzyme TACE and pro-TACE which cleaved the pro-TNF peptide. In infections LPS activated IL-1ß in hippocampus. This effect is inhibited by IL-10 which is found as a protector of neuronal tissue in infections (23). In stress cytokines are generated which increases uterine contractility and may lead to preterm birth and play important roles in the pathogenesis of diseases in adult life. Prenatal IL-1 exposure results in decreased skeletal growth and a reduced amount of cortical bone (24). In addition to the production of IL-23 has been found mediate experimental autoimmune to encephalomyelitis (25). Moreover, stress may inhibit TNF- $\alpha$  stimulation of (vascular cell adhesion molecule) (26). Vascular endothelial growth factor (VEGF) is up regulated after various injuries to the brain and the cytokine affords protection to cultured neurons affected by oxidative or excitotoxic stress. VEGE is neurotrophic, neuroprotective and plays seminal pleiotropic roles in central nervous system development and repair. Oxidative stress inhibits NF-kappaß activation and associated TNFalpha expression; therefore, these actions on cells may limit tissue damage (27-28).

Stress can inhibit mitogen-activated protein (MAP) kinase signaling and TNR-associated factor-2 (TRAF-2) in condition of stress increase of IFN- $\gamma$  and IL-5 under stress (29-31). MAP is a pivotal component in cytokine- and stress-induced apoptosis. It also regulates cell differentiation and survival through p38 MAP kinase activation (31-33). In some pathological conditions of the brain, p38 MAP transduces stress-related signals, increases expression of proinflammatory cytokines, and induces cellular damage or apoptosis. Moreover, p38 MAPK modulates STAT1 phosphorylation in IFN-gamma signaling in brain astrocytes.

## Environment and Stress

A reciprocal regulation exists between the immune and nervous systems in responding to environmental signal due to lifestyle and work activity (34-36). Environmental stimulation may be helpful or dangerous for human health depending on dose. Moreover, the efficacy of immune response depend on concurrent neuroendocrine events upon which they are superimposed. In this regard, genetic predisposition as well as stability of the mental status, which influence both lifestyle and work, plays an important role an active lifestyle and success at work generally stimulate both immune and neuroendocrine mechanisms and maintain good physical and psychological health. On the contrary, repetitive work, unemployment or uncertainty in maintaining or achieving a job, work without gratification and shift work, which derange the circadian biorhythm depress both immune and neuroendocrine functions.

Generally, a variety of stimulation over a short period is helpful for human health, while marked and or repetitive signals inducing a condition of stress are harmful. Stress affects the sympatheticadrenal medullary, the hypothalamic pituitary adrenocortical and the autacoid systems. Several cytokines, peptide hormones, neurotransmitters as well as their receptors ligands present in both neuroendocrine and immune systems, are stimulated by stress (37-54). Studies in the field of public health and occupational medicine demonstrated the following effects of poor lifestyle and work activities: a) reduction of cytotoxic immune activity both in the body and peripheral human blood, b) shift in Th1/Th2 balance of the immune response toward Th2-dominant immunity.

This exerts detrimental effects on the prevention of cancer and infectious diseases, stimulates sensitization and allergic responses in atopic patients as well as inducing premature ageing.

Today, not only neurohumoral substances (such as blood cortisol, ACTH. TSH prolactin, urinary melatonin and metabolites of catecholamine) but also immune parameters may be used as markers of stress in occupational medicine These include salivary IgA as well as lymphokine activated killer cell activities and natural killer cells values in peripheral blood (55).

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