

# **STUDY OF GASTRIC EMPTYING IN AGED RATS**

*Thesis*

Submitted for partial fulfillment of the  
master degree in Physiology

*Presented by*

**Ahmed Mohamed Mohamed Salah Eldeen**

( M.B.B.CH. Ain Shams university)

*Supervised by*

**Prof. Dr. Ebtessam Ahmed Abou Shady**

Professor of physiology

Faculty of Medicine – Ain shams university

**Dr. Nehal Mohamed Bahgat**

Assistant professor of physiology

Faculty of Medicine – Ain shams university

**Dr. Enas A. Abd El-Hady**

Lecturer of physiology

Faculty of Medicine – Ain shams university

**Faculty of medicine**

**Ain Shams University**

**2011**

# دراسة إفراغ المعدة في الفئران المسنة

رسالة مقدمة من

الطبيب/ أحمد محمد محمد صلاح الدين

بكالوريوس الطب و الجراحة

توطئة للحصول علي درجة الماجستير في العلوم الطبية الأساسية (الфизиولوجيا)

تحت إشراف

الأستاذة الدكتورة/ إبتسام أحمد أبو شادي

أستاذ الفسيولوجيا

كلية الطب- جامعة عين شمس

الدكتورة/ نهال محمد بهجت

أستاذ مساعد الفسيولوجيا

كلية الطب- جامعة عين شمس

الدكتورة/ إيناس عبد العزيز عبد الهادي

مدرس الفسيولوجيا

كلية الطب- جامعة عين شمس

قسم الفسيولوجي

كلية الطب- جامعة عين شمس

2011

## **Summary & Conclusion**

The present study was planned to investigate the changes in gastric emptying and motility in aged rats and their contribution to changes in food intake in addition to the role of NO in gastric emptying.

The present study was performed on 42 male Sprague Dawley rats (10 adults, B.W. 160-210 g) and (32 aged, B.W. 300-475 g). The rats were randomly allocated into the following two main groups;

- 1. Group I;** 10 adult rats (9-12 months old).
- 2. Group II;** comprised of 32 aged rats (18-30 months old) randomized into the following 3 subgroups.
  - a) Aged untreated rats:** 10 aged rats. These rats were given normal saline daily by gavage in a dose of 1ml/Kg B.W. for 14 days, used as control group for L-arginine and L-NAME treated groups.
  - b) Aged L-arginine treated rats:** 11 aged rats treated with the nitric oxide precursor; L-arginine for two weeks. L-arginine was freshly dissolved in normal saline prior to injection (300 mg/1 ml), and then injected intraperitoneally in a dose of 300 mg/Kg B.W.

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قُلْ لِّمَن لَّا يَعْلَمُ لَفْظًا

صَدَقَ اللَّهُ الْعَظِيمُ

( سورة طه - آية 114 )

# **Acknowledgement**

First of all, I thank **ALLAH** for blessing this work as a part of his generous help throughout my life.

I would like to express my sincere gratitude and deepest thanks to **Prof. Dr. Ebtessam Ahmed Abou Shady**, Professor and former head of Physiology department, Faculty of Medicine, Ain Shams University, for her scientific support, judicious guidance, generous help and valuable supervision through the whole work . To her I am deeply indebted and admit I am so much privileged and honored to have her as my supervisor, I really owe her more than I can express.

I would like to display my indebtedness to **Dr. Nehal Mohamed Bahgat**, Assistant Professor of Physiology, Faculty of Medicine, Ain Shams University, for her wise council, expert guidance, faithful advice, keen supervision and valuable instructions which helped me to overcome many difficulties.

I would like to display my indebtedness to **Dr. Enas A. Abd El-Hady**, Lecturer of physiology, Faculty of Medicine, Ain Shams University, for her limitless help, kind encouragement and generous assistance throughout the whole work.

I would also like to acknowledge my deepest gratitude and appreciation to **Prof. Dr. Faten Mahmoud Diab**, the Head of Physiology Department, Faculty of Medicine, Ain Shams University, for her support and encouragement.

Finally, I would like to express my deepest gratitude to all my family and all who did help me and supported me throughout this work. God only knows how much I am indebted to them and I am really lucky to have their support.

# **Contents**

	<b><u>Page</u></b>
Introduction	1
Aim of work	4
Review of literature	5
Materials and methods	37
Results	49
Discussion	75
Summary and conclusion	88
References	92
Arabic summary	119

## **Lists of tables**

<b>Table no.</b>	<b>Title</b>	<b>Page</b>
<b>1</b>	Constituents of the standard rat chow.	37
<b>2</b>	Initial and final body weights (BW, g) in the four studied groups.	53
<b>3</b>	Cumulative results of initial and final body weight changes (BW, g) in the four studied groups.	54
<b>4</b>	Daily food intake (g/day) in adult control rats throughout the 2-week study period.	56
<b>5</b>	Daily food intake (g/day) in aged untreated rats throughout the 2-week study period.	57
<b>6</b>	Daily food intake (g/day) in L-Name- treated -aged rats throughout the 2-week study period.	58
<b>7</b>	Daily food intake (g/day) in L-Arginine- treated aged rats throughout the 2-week study period.	59
<b>8</b>	Mean food intake throughout the two-week study period (g/day) in the four studied groups	61
<b>9</b>	Cumulative results of mean food intake throughout the two-week study period (g/day) in the four studied groups	62
<b>10</b>	Gastric emptying (%) in the four studied groups.	64

<b>11</b>	Cumulative results of gastric emptying (%) in the four studied groups.	65
<b>12</b>	Parameters of gastric motility in the adult control rats as regard wave frequency (wave/sec.), wave duration (sec.), tension (mg / mg tissue) and motility index (motility index /sec.) .	67
<b>13</b>	Parameters of gastric motility in aged untreated rats as regard wave frequency (wave/sec.), wave duration (sec.), tension (mg / mg tissue) and motility index (motility index /sec.) .	68
<b>14</b>	Parameters of gastric motility in the L-NAME –treated aged rats as regard wave frequency (wave/sec.), wave duration (sec.), tension (mg / mg tissue) and motility index (motility index /sec.) .	69
<b>15</b>	Parameters of gastric motility in the L-arginine –treated aged rats as regard wave frequency (wave/sec.), wave duration (sec.), tension (mg / mg tissue) and motility index (motility index /sec.) .	70
<b>16</b>	Cumulative results of gastric motility in the four studied groups as regard wave frequency (wave/sec.), wave duration (sec.), tension (mg / mg tissue) and motility index (motility index /sec.) .	71



## **Lists of figures**

<b>Figure no.</b>	<b>Title</b>	<b>Page</b>
<b>1</b>	Phases of gastric emptying.	<b>28</b>
<b>2</b>	Overview of the rat alimentary canal	<b>40</b>
<b>3</b>	The interior structure of the rat stomach.	<b>43</b>
<b>4</b>	Preparation of the strips of gastric antrum:	<b>43</b>
<b>5</b>	The water bath used for the study of the isolated muscle strip of gastric antrum.	<b>44</b>
<b>6</b>	Calibration curve.	<b>46</b>
<b>7</b>	Changes in initial and final body weights (g) in the four studied groups	<b>55</b>
<b>8</b>	Changes in daily food intake throughout the study period in the four studied groups	<b>60</b>
<b>9</b>	Changes in mean food intake (g/day) in the four studied groups	<b>63</b>
<b>10</b>	Changes in gastric emptying (%) in the four studied groups	<b>66</b>
<b>11</b>	Changes in frequency gastric contraction in the four studied groups (wave/sec.)	<b>72</b>
<b>12</b>	Changes in gastric motility index / sec. in the four studied groups	<b>73</b>
<b>13</b>	Recording of gastric motility in the four studied groups	<b>74</b>

# List of Abbreviations

ANOVA	Analysis of variance
ATP	Adenosine triphosphate
BW	Body weight
CART	Cocaine-amphetamine-regulated transcript
CCK	Cholecystokinin
CSF	Cerebrospinal fluid
FBW	Final body weight
FD	Functional dyspepsia
GIP	Gastric inhibitory polypeptide
GLP-1	Glucagon-like peptide-1
IBW	Initial body weight
ICC	Interstitial cells of Cajal
IGP	Intragastric pressure
IL	Interleukin
L-NAME	N omega-nitro-L-arginine methyl ester
LSD	Least significant difference

NAD	Nicotinamide adenine dinucleotide
NANC	Non-adrenergic, Non-cholinergic
nNOS	Neuronal nitric oxide synthase
NO	Nitric oxide
NOS	Nitric oxide synthase
NPY	Neuropeptide Y
NRC	National research council
PYY	Peptide YY
SEM	Standard error of the mean
SIR2	Silent information regulator 2
SPSS	Statistical Program for Social Science
TNF	Tumor necrosis factor
VIP	Vasoactive intestinal peptide

# **Introduction**

As the world's population continues to live longer, studies in physiological changes in aging become increasingly essential for living a longer healthier life. **Aging** is a natural, complex, and multifactorial biologic process characterized by deterioration of homeostatic mechanisms that reduces the capability of the individual to adapt to internal and external environmental changes.

Studies in previous literature suggested that aging is associated with disordered gastrointestinal transit, slowing of solid and/or liquid gastric emptying. The slowing of gastric emptying was reported to be implicated in some aging- associated health problems like anorexia of aging (*Morley, 2001*) resulting from early satiation (*Clarkston et al., 1997*). Anorexia of aging might be implicated in the development and progression of chronic diseases commonly affecting the elderly like impaired muscle function, decreased bone mass, immune dysfunction, anemia, reduced cognitive function, poor wound healing, delayed recovery from surgery, and ultimately increased morbidity and mortality. (*Chapman, 2007*).

Rate of gastric emptying is a rate limiting step in the absorption of orally –administered drugs (**Gidal *et al.*, 2006**) and is also a major determinant of the glycemic and cardiovascular response to oral carbohydrate (**Ishii *et al.*, 1997 and Jones *et al.*, 1998**). Glycemic response to oral carbohydrate is important for the dietary management of people with diabetes mellitus and to reduce both the development and progression of microvascular complications (**American Diabetes Association, (2001)**. Cardiovascular response to oral carbohydrate might be relevant to postprandial hypotension, which is an important clinical problem in the elderly (**Jansen and Lipsitz,1995**).

Delayed gastric emptying and disturbed gastric motility are deeply involved in Impaired tolerance to gastric feeding in critically ill patients in intensive care units (**Heyland *et al.*, 2003**) leading to patient discomfort, increased risk of pulmonary aspiration with the need for post-pyloric feeding, or parenteral nutrition (**Mentec *et al.*, 2001 and Multu *et al.*, 2001**) which would adversely affect patient morbidity and mortality (**Ritz *et al.*, 2000**).

Nitric oxide (NO) is a widespread signaling molecule that participates in virtually every cellular and organ function in the body (**Moncada and Higgs, 2006**). Nitric oxide (NO) is an inhibitory neurotransmitter of peripheral nonadrenergic noncholinergic (NANC) nerves in the gastrointestinal tract that is involved in the reflex relaxation of the gastric fundus to accommodate food or fluid (**Desai et al., 1991**) and mediate relaxation of the pylorus and upper duodenum, thereby facilitating gastric emptying (**Orihata and Sarna, 1994**). Reports on NO changes with aging were conflicting with some authors reporting decreased neuronal nitric oxide synthase (nNOS) expression in myenteric plexus with aging (**Takahashi et al., 2000**) and others reporting enhancement of neuronal NO synthase, a lowering of endothelial, and no alteration in inducible activity of nitric oxide synthase (**Domek-Łopacińska and Strosznajder, 2010**) with aging.

Thus, it was intriguing to design a study to investigate changes in gastric emptying and motility with aging and the contribution of NO to these changes.

## **Aim of the work**

The present study was planned to investigate the changes in gastric emptying and motility in aged rats and their contribution to changes in food intake as well as the effect of stimulation or inhibition of NO synthesis on these parameters.