Interleukin-1-Induced Nonspecific Resistance to Bacterial Infection in Mice Is Not Mediated by Glucocorticosteroids

MATERIALS AND METHODS

Mice. Female outbred Swiss mice (weight, 30 to 40 g; TNO, Rijswijk, The Netherlands) were kept under specific-pathogen-free conditions in an artificially lighted room with a light-dark cycle of 12 h (lights on at 7 a.m., lights off at 7 p.m.). For experiments in which corticosterone levels were measured, the mice were housed individually for 4 to 5 days prior to initiation of the studies. Standard lab chow (RMH-TM; Hope Farms, Woerden, The Netherlands) and acidified water were available ad libitum. Granulocytopenic mice received irradiated food.

Materials. rhIL-1β was kindly provided by P. Graber (Glaxo, Geneva, Switzerland) and P. Ghiara (Sciavo, Siena, Italy). According to the specifications of the suppliers, endotoxin contamination was negligible (<1.53 and <1.2 ng/mg, respectively). IL-1 was stored undiluted at −70°C and was diluted immediately before use in pyrogen-free isotonic phosphate-buffered saline (pH 7.4). Inactivated IL-1 was prepared by heating IL-1 at 95°C for 30 min. Human ACTH1-24 (Synacthen; CIBA-GEIGY, Arnhem, The Netherlands) was diluted in pyrogen-free saline. To all solutions, including control treatments (saline), normal mouse serum was added to an end volume of 2% (vol/vol). Gentamicin was purchased from Schering, Kenilworth, N.J. Cyclophosphamide (ASTA Pharma, Frankfurt, Germany) was dissolved in sterile pyrogen-free distilled water. Bacterial challenges and assessed the effect of administration of ACTH on survival in infected normal and neutropenic mice. To find out whether protection was associated with changes in plasma corticosterone concentrations, we measured postinfectious corticosterone concentrations in mice treated with IL-1 or ACTH as well.

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(Klebsiella pneumoniae ATCC 43816 and Pseudomonas aeruginosa ATCC 27853) were prepared by appropriate dilution of overnight cultures, and cultures were washed three times in saline.

**Experimental procedures.** All experiments started at 9:30 a.m. (time zero).

(i) Corticosterone levels after treatment with IL-1 or ACTH. For single treatments, mice received 80 or 800 ng of IL-1 intraperitoneally (i.p.), 50 μg of ACTH subcutaneously (s.c.), or vehicle s.c. at time zero. In experiments in which two treatments with 50 μg of ACTH s.c. were given, these injections were administered at time zero and 1.5 h. In these experiments, mice that were treated with IL-1 i.p. or vehicle s.c. at time zero received vehicle s.c. at 1.5 h. For four treatments with 50 μg of ACTH, the injections were given at 0, 1.5, 6, and 10 h. In these experiments, mice treated with IL-1 or vehicle at time zero received vehicle at the other time points. At various time points after the first injection, mice were decapitated and blood was collected in EDTA-coated tubes. Plasma was stored at −20°C until it was assayed. For corticosterone measurements in neutropenic mice, neutropenia (<0.5 x 10^9 polymorphonuclear leukocytes per liter) was induced by two s.c. injections of cyclophosphamide (150 mg/kg on day −3 and 100 mg/kg on day 0, before the treatments described above).

(ii) Effects of IL-1 and ACTH pretreatment on survival. For survival experiments, some mice were rendered neutropenic as described above. Pretreatments with IL-1, ACTH (one, two, or four administrations), or vehicle were given as described above. The infectious challenge was administered 24 h after the first injection. Nongranulocytopenic mice received K. pneumoniae intramuscularly (i.m.) (1 × 10^8 to 5 × 10^6 CFU per mouse), whereas granulocytopenic mice received P. aeruginosa i.m. (0.5 × 10^8 to 1 × 10^8 CFU per mouse). Six hours after the challenge, 120 mg of gentamicin per kg of body weight was given s.c. in order to postpone the time of death and thus accentuate the differences between treatment groups. Mortality was recorded for a period of at least 48 h after challenge.

(iii) Effects of IL-1 and ACTH pretreatment on corticosterone levels during infection. For corticosterone measurements during infection, nonneutropenic mice were pretreated 24 h before the challenge with either 800 ng of IL-1 or two doses of 50 μg of ACTH or vehicle as described above. K. pneumoniae (1 × 10^8 to 5 × 10^6 CFU per mouse) was administered i.m.; this was followed 6 h later by treatment with 120 mg of gentamicin per kg s.c. Plasma for corticosterone measurements was collected at various time points after the infectious challenge, and the mortality and physical condition of the mice were observed.

**Assays.** Corticosterone concentrations in plasma were determined by a specific and sensitive radioimmunoassay described by Sweep et al. (20).

**Statistical analysis.** Survival curves were analyzed by the log rank test (16). Comparisons of medians of corticosterone levels between treatment groups were made by the Kruskal Wallis test at each time point (11). P values of <0.05 were considered statistically significant.

**RESULTS**

**Corticosterone levels after IL-1 treatment.** The corticosterone response (median values) in nonneutropenic mice to i.p. injection of 80 and 800 ng of IL-1 is shown in Fig. 1A. Plasma corticosterone levels peaked (3.17 μmol/liter) 2 h after injection of 80 ng of IL-1, and the concentration returned to control levels at 8 h. The differences with the vehicle-treated group reached statistical significance at 1, 2, and 4 h after injection. Plasma corticosterone levels after injection of 800 ng of IL-1 peaked 4 h after injection (3.48 μmol/liter) and returned to control levels at 16 h. Significant differences with vehicle-treated mice were present at 0.5, 1, 2, and 4 h after IL-1 injection. A significant difference between the groups treated with 80 and 800 ng of IL-1 was present 4 h after injection.

In neutropenic mice, corticosterone levels after administration of 800 ng of IL-1 peaked at 2 h after injection (2.89 μmol/liter) and returned to the values for control mice at 12 h. Significant differences with vehicle-treated neutropenic mice were present at 1, 1.5, 2, and 4 h after injection. The

**FIG. 1.** (A) Median plasma corticosterone values in normal mice after injection of 80 or 800 ng of rhIL-1β i.p. at time zero (six mice per datum point). Differences between the group treated with 80 ng of IL-1 and the control treatment group were significant at 1, 2, and 4 h after injection (P = 0.007, 0.001, and 0.01, respectively). Differences between the group treated with 800 ng of IL-1 and the control treatment group were significant at 0.5, 1, 2, and 4 h after injection (P = 0.05, 0.002, 0.03, and 0.0005, respectively). The difference between groups treated with 80 ng of IL-1 and 800 ng of IL-1 was significant at 4 h after injection (P = 0.0001). (B) Median plasma corticosterone levels after injection of 800 ng of rhIL-1β i.p. at time zero or one, two, or four s.c. injections of 50 μg of ACTH, or control treatment at time zero and 1.5, 6, and 10 h (six mice per datum point). Differences between groups treated with 800 ng of IL-1 and one injection of ACTH were significant at 1, 4, and 8 h after injection (P = 0.002, 0.004, and 0.006, respectively). The difference between groups treated with 800 ng of IL-1 and two injections of ACTH was significant at 8 h (P = 0.02). The difference between groups treated with 800 ng of IL-1 and four injections of ACTH was significant at 12 h (P = 0.002).
corticosterone levels induced by IL-1 or four injections of ACTH in neutropenic mice did not differ significantly at any time point (data not shown).

The circadian rhythm of corticosterone levels observed in plasma of mice treated with vehicle was similar to that in plasma of untreated mice reported by others (10). The low basal corticosterone levels in vehicle-treated mice indicate that blood sampling took place under relatively stress-free circumstances.

Simulation of IL-1-induced increased corticosterone levels by administration of ACTH. Corticosterone concentrations (median values) in plasma after administration of 800 ng of IL-1 and after one, two, or four consecutive injections of 50 μg of ACTH in normal mice are depicted in Fig. 1B. Plasma corticosterone levels after one injection of ACTH peaked at 1 h after injection (3.59 μmol/liter) and reached levels not significantly different from those in control mice at 8 h.

The corticosterone levels after two injections of ACTH were not significantly different from the levels induced by IL-1, with the exception of the value obtained 8 h after injection, at which time point corticosterone levels were significantly higher after IL-1 administration. Four injections of ACTH produced a corticosterone peak which lasted longer than the IL-1-induced peak, the ACTH-induced level being significantly greater than the IL-1-induced level 12 h after injection. When the same regimen of 800 ng of IL-1 or four ACTH injections was administered to neutropenic mice, plasma corticosterone concentration curves did not differ significantly at any time point (data not shown). After i.p. injection of 0.1 ml of IL-1 vehicle with 800 ng of heat-inactivated IL-1 and s.c. injection of 0.2 ml of saline, similar corticosterone levels were observed (data not shown). This indicates that differences in the route of administration, injection volume, and vehicles for treatment with IL-1 versus ACTH or control therapy do not induce different corticosterone responses. Since additional s.c. vehicle injections also did not significantly alter corticosterone levels, only the levels of the i.p. control group are presented in Fig. 1B.

In infection experiments, two and four doses of ACTH were used to induce corticosterone responses.

Effect of IL-1 and ACTH on survival. Pretreatment of normal mice with 800 ng of IL-1 24 h before an i.m. infection with K. pneumoniae significantly enhanced survival (Fig. 2A). To investigate whether this protective effect was mediated by the enhanced plasma corticosterone level induced by IL-1, the effect of two ACTH doses on survival was assessed. Despite the similar corticosterone patterns after IL-1 and ACTH treatments, the protective effect of IL-1 could not be reproduced by ACTH administration (Fig. 2A). When these treatments were given to granulocytopenic mice before an i.m. P. aeruginosa infection, IL-1 enhanced survival significantly, while ACTH had no effect at all compared with control treatment (Fig. 2B).

When four doses of ACTH were administered, which produced larger corticosterone peaks than those produced with IL-1, no protection was observed in normal mice infected with K. pneumoniae (Fig. 2C) or granulocytopenic mice infected with P. aeruginosa (Fig. 2D).

Effect of IL-1 and ACTH pretreatment on corticosterone levels during infection. Mice were infected with K. pneumoniae after pretreatment with 800 ng of IL-1, two doses of 50 μg of ACTH, or vehicle injection. As expected, approximately 20% of control and ACTH-treated mice died during the experiment, while all of the IL-1-treated mice survived for 48 h. Plasma corticosterone levels were increased for 6 to 12 h after infection in all treatment groups (Fig. 3). The corticosterone concentrations in vehicle-treated and ACTH-treated mice did not differ significantly at any time point. In IL-1-treated mice, however, corticosterone levels were lower than in the control mice (significantly different at 36 and 48 h) and the ACTH-treated group (significantly different at 12 and 36 h) (Fig. 3). Signs of discomfort of the infected animals (piloerection, decreased physical activity) were less pronounced in the IL-1-treated group.

DISCUSSION

In the present study we examined the role of glucocorticosteroids in IL-1-induced protection to a lethal bacterial challenge in mice. Preexposure to 800 ng of IL-1 24 h before a gram-negative bacterial challenge enhances survival in normal and neutropenic mice (24, 25). Administration of a low dose (800 ng) of rhIL-1β to both normal or neutropenic mice resulted in an elevated plasma corticosterone level for 8 to 12 h; this is similar to what other investigators have found in nonneutropenic mice (5). Several investigators have studied the administration of glucocorticosteroids shortly
before or after a challenge with endotoxin, microorganisms, or other noxious substances and found that they have a protective effect on survival (1, 8, 17). Although plasma corticosterone concentrations in our study peaked 20 h before the infectious challenge and returned to normal at the time of infection, a protective effect by the transiently increased level of corticosterone cannot be excluded a priori, since several effects of glucocorticosteroids are long-lasting or are delayed for many hours (2, 15, 19, 31). Also, our finding of a difference in corticosterone levels induced by a protective (800 ng) versus a nonprotective (80 ng) dose of IL-1 may be in accordance with a role of glucocorticosteroids in the protective effect of IL-1. However, when we mimicked the plasma corticosterone concentration curve induced by 800 ng of IL-1 by administration of synthetic human ACTH to both normal and neutropenic mice, no protection against lethal bacterial infection was found. This indicates that protection by IL-1 is not mediated by the elevated levels of glucocorticosteroids. 

During infection, levels of glucocorticoids in plasma increase. The early presence of adequate concentrations of glucocorticosteroids is probably necessary for effective control of overshooting of the normal defense reactions that occurs during infection and injury (3, 15). Glucocorticosteroids suppress the production and the effects of many of the mediators that play a role in tissue injury in severe infections (7). Production of primary mediators, like the cytokines IL-1, tumor necrosis factor, IL-6, and gamma interferon, and secondary mediators is inhibited by glucocorticosteroids (6, 12, 15, 18, 23). In addition, glucocorticosteroids play a role in the induction of the secretion of acute-phase proteins, many of which possess anti-inflammatory and detoxifying effects (22). A physiological role of these hormones during infection is further supported by the increased sensitivity of adrenalecromized rodents to the toxic effects of endotoxin, inflammatory cytokines, and other inflammatory mediators, a sensitivity that can be reversed by administration of glucocorticosteroids (3, 4). In various studies of gram-negative sepsis and endotoxin shock in animals, increased survival after high-dose glucocorticosteroid pretreatment has been documented (17, 21). Therefore, we also examined the impact of IL-1 pretreatment on the glucocorticoid response after an infectious challenge. Interestingly, we found lower corticosterone levels in IL-1-pretreated mice during infection. Since the IL-1-pretreated mice all survived the challenge, these relatively low corticosterone levels may reflect the better physical condition of these mice; the higher steroid levels in the vehicle- and ACTH-treated mice might be a consequence of the lethal illness. 

In conclusion, the data presented here suggest that the increase in resistance to infection induced by IL-1 is not due to the effect of this cytokine on glucocorticoid production. The improved outcome of infection in animals treated with IL-1 is associated with lower plasma corticosterone levels during the course of infection.

REFERENCES
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