# Effects of estrogen on thermoregulatory evaporation in rats exposed to heat

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Baker, M. A., D. D. Dawson, C. E. Peters, and A. M. Walker. Effects of estrogen on thermoregulatory evaporation in rats exposed to heat. Am. J. Physiol. 267 (Regulatory Integrative Comp. Physiol. 36): R673-R677, 1994.—The purpose of this study was to determine the effects of estrogen  $(E_2)$ replacement on thermoregulation in ovariectomized rats exposed to heat. Female Sprague-Dawley rats were ovariectomized and splenectomized and implanted with a temperaturesensitive transmitter. Each rat was studied when E2 treated (after an E2 pellet implant) and untreated. Animals were divided into two groups with opposite order of treatment and were studied over a 9-wk period. Measurements of body core temperature  $(T_c)$  and evaporative water loss (EWL) were made on unrestrained animals resting at 38°C air temperature. E<sub>2</sub>-treated animals increased EWL at all levels of T<sub>c</sub>, reduced the threshold T<sub>c</sub> for onset of saliva spreading, and regulated T<sub>c</sub> at a lower level during heat exposure. E2 treatment elevated plasma E2 and reduced hematocrit but did not affect plasma osmolality. These effects of  $E_2$  on evaporative cooling and  $T_c$  in heat-stressed rats are similar to those that have been reported in human females. The mechanisms of the thermoregulatory effects of  $E_2$  remain to be studied.

heat stress; rat thermoregulation; estrogen replacement

ESTROGEN REPLACEMENT THERAPY is prescribed extensively for postmenopausal women because it reduces the risk of osteoporosis and of cardiovascular disease (2, 12). Another possibly advantageous effect of estrogen was reported recently by Tankersley et al. (27) who found that in middle-aged women exercising in a warm environment, estrogen replacement lowered threshold body temperature for onset of sweating and cutaneous vasodilatation and reduced body core temperature. The mechanisms of these effects of estrogen during heat stress are not known and could involve direct or indirect actions on peripheral effectors or on central nervous thermoregulatory control regions or could be secondary to other systemic effects such as alterations in body fluid balance.

We asked whether estrogen has similar effects on thermoregulation in nonhuman species, and whether the rat, an animal that uses saliva spreading for evaporative cooling (26), might be a useful animal for studying the mechanisms of action of estrogen on thermoregulation in heat stress. In this study we have measured the effects of sustained estrogen replacement on thermoregulatory evaporation and body core temperature in ovariectomized rats resting in a hot environment.

## **METHODS**

Animals and surgical procedures. Thirteen female Sprague-Dawley rats weighing  $272 \pm 3$  g at the time of surgery were used. They were housed in group cages in a temperature-controlled animal facility  $(20-25^{\circ}\text{C})$  with a 12:12-h light-dark

cycle and were transported to the laboratory for experiments. To accustom them to the conditions of the experiment, for 8 wk they were handled daily and placed into the warm recording chamber 3–4 times/wk. At the end of this period, each animal was ovariectomized and splenectomized and a temperature-sensitive AM radio transmitter weighing 2.3 g (MiniMitter, Sunriver, OR) was implanted into the peritoneal cavity. The spleen was removed so that changes in plasma volume could be estimated from hematocrit (Hct) changes without the possibility of splenic sequestration and release of erythrocytes. Surgery was performed under pentobarbital sodium anesthesia (40 mg/kg ip) using sterile technique.

Experimental protocol. The experiment was designed so that the same animals could be studied when estrogen  $(E_2)$  treated and untreated. Animals were divided into two groups with opposite order of exposure to  $E_2$ . Group  $1 \ (n=6)$  received an  $E_2$  implant in week 0 of the study  $(10 \ days$  after the initial surgery) and group  $2 \ (n=7)$  remained without  $E_2$  until week  $3 \ (28 \ days$  after surgery, Table 1). Estrogen administration was continued in group 2 when we found, unexpectedly, that the first  $E_2$  implant at week  $3 \ did$  not affect Hct or thermoregulatory evaporation. The second implant was given in week  $6 \$ 

Estrogen pellets [0.25 mg  $17\beta$ -estradiol, Innovative Research of America (IRA), Toledo, OH] were implanted subcutaneously on the back of the neck through a 2-mm skin incision while the animal was anesthetized briefly with Metofane. According to IRA, these pellets will release  $E_2$  at a constant rate for 3 wk.

Measurements of thermoregulatory responses were made between 1000 and 1400 h on days 1–4 of weeks 2, 5, and 8. On day 5 of weeks 0, 1, 2, 3, 4, 5, and 8, blood samples were taken from the tip of the tail for measurement of Hct, plasma osmolality ( $p_{\rm Osm}$ ), and plasma  $E_2$  (Table 1). Sample size was  $\sim 125~\mu l$  when only Hct was to be measured and  $\sim 1~m l$  when  $P_{\rm Osm}$  and  $E_2$  were measured as well.

For measurements of body core temperature  $(T_c)$  and evaporative water loss (EWL) during heat exposure, each rat was brought to the laboratory and placed in a clear Lucite chamber (23 cm long  $\times$  18 cm wide  $\times$  23 cm high) within an environmental room with an observation window. The animal could move about freely on a wire mesh platform over mineral oil, which prevented evaporation from urine and feces. Temperature of air in the animal chamber  $(T_a)$  was maintained at 38  $\pm$  0.2°C. Measurements of EWL and  $T_c$  were started 3–4 min after the rat was placed in the chamber and continued for 90 min.

Techniques of measurement. Evaporative water loss was measured continuously as described previously (28). The chamber was ventilated with compressed air flowing at 6 l/min, and the relative humidity and temperature of air entering and leaving the chamber were monitored with Vaisala probes (Vaisala Oy, Helsinki, Finland). Rates of EWL were calculated every 10 s and averaged over 5-min intervals by a computerized data-collection system (22). Air temperature in the animal chamber was measured every 30 s using a copperconstantan thermocouple and the same computerized system.  $T_{\rm c}$  was measured every 5 min by counting the pulse rate of the implanted transmitter using a radio receiver near the cage and an earphone outside of the chamber.

Table 1.	Effects of estrogen	implants on he	matocrit, plasma	estrogen and	osmolality, c	and body weight in
ovariecto	omized rats during	a 9-wk study				

	n	Week 0	Week 1	Week 2	Week 3	Week 4	Week 5	Week $8$
Group 1	6							
Hct, %		$43.8 \pm 0.5$	$44.4 \pm 0.4^{ ext{NS}}$	$41.6 \pm 0.6 \dagger$	$41.3 \pm 0.4 \ddagger$	$44.0 \pm 0.5$	$44.2 \pm 0.6$	$44.0 \pm 0.4$
$\mathrm{E}_2,\mathrm{pg/ml}$				$46.1 \pm 5.7 \ddagger$			$25.2 \pm 5.5$	$13.3 \pm 5.2$
$P_{Osm}$ , mosmol/kg $H_2O$				$291 \pm 3^{ m NS}$				$294 \pm 2$
Body wt, g		$265 \pm 4$	$264 \pm 2 \ddagger$	$265 \pm 4 \ddagger$	$269 \pm 4 \ddagger$	$273 \pm 3$	$277 \pm 4$	$279 \pm 4$
Group 2	7							
Hct, %		$44.6 \pm 0.8$	$45.2 \pm 1.0$	$45.2 \pm 0.7$	$45.5 \pm 0.6$	$45.9 \pm 0.8^{NS}$	$43.4 \pm 0.7^{NS}$	$41.6 \pm 0.5 \dagger$
$E_2$ , pg/ml				< 1.4			$65.5 \pm 5.1 \ddagger$	$77.9 \pm 4.9 \ddagger$
P <sub>Osm</sub> , mosmol/kgH <sub>2</sub> O				$296 \pm 2$				$290 \pm 2^{\mathrm{NS}}$
Body wt, g		$277 \pm 5$	$296 \pm 5$	$319 \pm 7$	$322 \pm 7$	$294 \pm 5 \dagger$	$296 \pm 6*$	$284 \pm 6^{ m NS}$

Values are means  $\pm$  SE. E<sub>2</sub>, estrogen; Hct, hematocrit; P<sub>Osm</sub>, plasma osmolality. Week 0 measurements are 10 days after ovariectomy. E<sub>2</sub> pellets implanted at Week 0 (group 1) and at Week 3 and Week 6 (group 2). \*P < 0.05,  $\dagger P$  < 0.01,  $\ddagger P$  < 0.001: significantly different from untreated animals. NS, not significantly different from untreated animals.

Hematocrit was measured in triplicate immediately after bleeding using microhematocrit tubes and centrifuge. For measurement of plasma osmolality and E2, whole blood was centrifuged immediately after collection and aliquots of plasma were stored at  $-70^{\circ}$ C. Plasma osmolality was measured with a Wescor 1500B vapor pressure osmometer. Plasma E<sub>2</sub> levels were measured by radioimmunoassay using a Diagnostic Products kit (Los Angeles, CA) with some modifications of the procedure.  $E_2$  was extracted from 200  $\mu l$  plasma with 2 ml ether, dried under nitrogen, and concentrated twofold by subsequent dissolution in 100 µl assay buffer. To correct for losses during storage and extraction, plasma from male or ovariectomized female rats was spiked with standard concentrations of E2 and taken through the same procedures to serve as the standard curve. Preliminary measurements showed that this curve was parallel to the one generated using the standards in the kit. All samples were placed in the same assay and were coextracted with standards. According to the manufacturer, the detection limit for this assay is  $\sim 1.4$  pg/ml and intra-assay variation is < 10%. According to Lye et al. (17) the primary antiserum exhibits cross-reactivity of 6% with 17βestradiol-3β-D-glucuronide, 1.3% with estrone, and 0.235% with estriol, with minimal or no cross-reactivity to other naturally occurring steroids.

Statistics. Effects of  $E_2$  treatment and of heat exposure were evaluated with paired and unpaired t tests, two-way analysis of variance (ANOVA) with replication, and linear regression analysis (Abacus Concepts StatView and Super ANOVA statistical software packages). Piecewise linear regression techniques (20) were used to estimate the threshold  $T_c$  for initiation of thermoregulatory evaporation in each experiment, and the effect of  $E_2$  treatment on these thresholds was evaluated by ANOVA.

### RESULTS

By week 2, the animals in group 1 had higher plasma  $\rm E_2$  levels and lower Hct than group 2, but  $\rm P_{Osm}$  was not different in the two groups (Table 1). EWL during heat exposure in group 1 was significantly higher than in the untreated animals (P < 0.001 by ANOVA). In group 1, Hct returned to preimplant levels by week 4. Plasma  $\rm E_2$  fell between weeks 2 and 5 and continued to fall until week 8. Plasma osmolality was not different between week 2 and week 8. Body weights of the animals in group 1 remained steady until week 4 and rose slightly from weeks 4 to 8.

In group 2, which did not receive an estrogen pellet until 28 days after ovariectomy (week 3), the effects of  $E_2$ 

administration on Hct and EWL took longer to manifest themselves (Table 1). Plasma  $E_2$  levels were elevated, but Hct and EWL during heat exposure were not changed by week 5 and so an additional  $E_2$  pellet was implanted at week 6. By week 8, Hct was reduced and EWL was elevated both above the levels measured before  $E_2$  treatment in this group (P < 0.01) and above the levels measured in group 1 in week 8 (P < 0.01). Plasma osmolality did not change between week 2 and week 8 and was not different from  $P_{\rm Osm}$  of untreated animals in week 8. Body weights of the animals in group 2 rose steadily until week 3 and then began to drop.

Data from measurements made during week 2 and week 8 were pooled for final analysis of  $E_2$  effects on the 13 animals, after confirming that there was no difference in EWL in the two groups when they were untreated (week 8 for group 1, week 2 for group 2) and no difference when they were treated with  $E_2$  (week 2 for group 1 and week 8 for group 2). Estrogen treatment had significant effects on Hct and on plasma  $E_2$  (Table 2). There was a tendency for  $P_{Osm}$  to be lower in  $E_2$ -treated animals, but this was not significant (P = 0.055). Body weight was lower in  $E_2$ -treated animals, an effect of estrogen that is commonly observed in ovariectomized rats (15).

Estrogen-treated animals had significantly higher rates of EWL during heat exposure than untreated animals (Fig. 1A, P < 0.001). The pattern of change in EWL in response to heat was similar in untreated and  $\rm E_2$ -treated animals, with a period of steady or declining EWL for the first 20–30 min of heat exposure, followed by a steep rise and a tendency to stabilize at  $\sim 60$  min.

Table 2. Effect of estrogen treatment on hematocrit, plasma estrogen and osmolality, and body weight of ovariectomized rats

	Hct, %	$\mathrm{E}_{2}, \ \mathrm{pg/ml}$	$\begin{array}{c} P_{\rm Osm},\\ mosmol/kgH_2O \end{array}$	Body wt, g
${f Condition} \ {f E}_2 ext{-treated} \ {f Untreated}$	$41.6 \pm 0.4 \ddagger$ $44.6 \pm 0.5$	$62 \pm 21 \ddagger 6 \pm 3$	$290 \pm 2^{\mathrm{NS}} \\ 295 \pm 1$	$275 \pm 5 \ddagger 300 \pm 7$

Values are means  $\pm$  SE; n=13 rats (data from weeks 2 and 8; see Table 1).  $\ddagger P < 0.001$ : Significantly different from untreated condition by paired t test. NS, not significantly different from untreated condition.

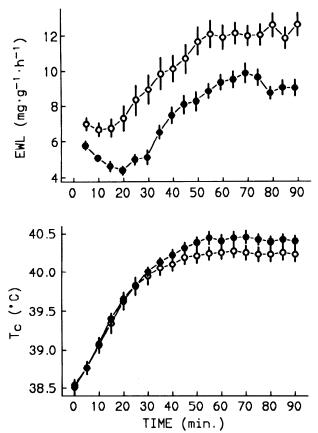


Fig. 1. Evaporative water loss (EWL) and body core temperature  $(T_c)$  of ovariectomized rats (n=13) resting at  $38^{\circ}C$  air temperature when treated with estrogen  $(E_2)$   $(\bigcirc)$  and when untreated  $(\bullet)$ .

Observation of the animals confirmed that the beginning of the rise in the rate of evaporation coincided with the onset of saliva spreading.

Body core temperature was the same in  $E_2$ -treated and untreated animals at the beginning of the measurement period, increased markedly during the first 30–50 min of heat exposure, and remained steady until the end of the experiment (Fig. 1B).  $T_c$  stabilized at a lower level in  $E_2$ -treated animals, and there was a significant effect of estrogen treatment on  $T_c$  during the 90 min of heat exposure (P < 0.001).

The rate of evaporation at a given  $T_c$  was higher for  $E_2$ -treated animals during the entire period of measurement, and the threshold  $T_c$  at which EWL began to rise was lower (Fig. 2). Analysis of the piecewise linear regression of EWL on  $T_c$  for the first 60 min of each experiment was used to determine the point at which the slope of the line changed, and this was defined as the threshold  $T_c$  for saliva spreading. Core temperature threshold was  $39.57 \pm 0.07^{\circ}\text{C}$  for  $E_2$ -treated rats and  $39.82 \pm 0.07^{\circ}\text{C}$  for untreated animals (P < 0.05).  $E_2$  had no effect on the slopes of the lines relating EWL to  $T_c$ .

### DISCUSSION

In these experiments, maintenance of plasma estrogen at levels observed in intact rats during late diestrus and proestrus (13) had a marked effect on thermoregulation in ovariectomized rats resting at high  $T_a$ . Estrogen-

treated animals had higher rates of EWL for any given  $T_{\rm c}$ , began spreading saliva at a lower  $T_{\rm c}$ , and regulated  $T_{\rm c}$  at a lower level in the heat than untreated animals. These effects of estrogen on body temperature and on evaporative cooling in rats are remarkably similar to those observed in human females during exercise in a warm environment (27).

The similarity of the influence of estrogen on thermoregulatory evaporation in two species with such different modes of evaporative heat loss suggests that the effect could be mediated through central neural regions controlling body temperature. The preoptic area of the brain plays a major role in mammalian thermoregulation because of the presence of thermosensitive neurons that can influence thermoregulatory effectors (4). The preoptic area also contains neurons that bind estrogen (23), and estrogen can affect the firing rates of thermosensitive neurons in preoptic slice preparations (24). However, Marrone (19) found no effect of preoptic  $E_2$ implants on T<sub>c</sub> of rats at 24°C T<sub>a</sub>. Studies of thermoregulation after preoptic estrogen administration in animals exposed to heat will be necessary to test the possibility that the effects we have observed are mediated by a direct action of estrogen on the preoptic area.

The influence of estrogen on thermoregulation in heat stress could also be related to estrogen-induced changes in the osmolality or volume of body fluids. In a number of mammalian species, the rate of thermoregulatory evaporation in warm environments is reduced when plasma or cerebrospinal fluid osmolality is elevated by dehydration or by administration of hypertonic fluids (1, 14, 26) and evaporative water loss is increased when hypotonic fluids are administered (8, 21, 29). Reduced P<sub>Osm</sub> was reported by Skowsky et al. (25) in rats treated with estrogen but was not observed by Barron et al. (3). Although P<sub>Osm</sub> in the present study tended to be lower in  $E_2$ -treated animals, the difference in  $P_{Osm}$  between treated and untreated animals was not significant, and it is unlikely that the elevation in EWL was stimulated by hyposmolality.

An expansion of plasma volume accompanies estrogen administration in both rats and humans  $(3,\,9,\,16,\,27)$ . The drop in Hct in our  $E_2$ -treated animals is a strong

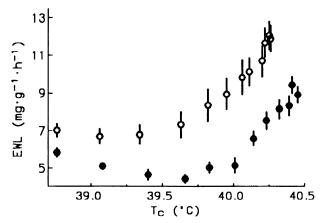


Fig. 2. Relationship of EWL to  $T_c$  in ovariectomized rats (n=13) resting at 38°C air temperature when  $E_2$ -treated  $(\bigcirc)$  and untreated  $(\bigcirc)$ . Data from the first 60 min of heat exposure are plotted.

indication of plasma volume expansion, since Barron et al. (3) showed that E<sub>2</sub> treatment in rats increases plasma volume and reduces Hct with no change in erythrocyte volume. A reduction in plasma volume below normal levels in male rats exposed to hot environments reduces the rate of salivation and elevates body temperature (14, 26), but the effects of plasma volume expansion on evaporative cooling in rodents have not been studied. In exercising human males, acute hypovolemia reduces sweat rate below control levels, but hypervolemia has no effect on sweat rate or  $T_c$  (10). In the present experiments, significant increases in EWL in E2-treated rats were associated with decreased Hct within 2 wk of E2 treatment in group 1 and not until 5 wk of  $E_2$  treatment in group 2. Plasma volume expansion may play a role in the thermoregulatory changes that we have observed. On the other hand, the coincident increases in EWL and in plasma volume could both depend on the activation of estrogen receptors in the brain or in other tissues.

A difference in responsiveness to estrogen after a delay in replacement such as we observed in the animals in *group 2* has been noted in other studies of estrogen effects on ovariectomized rats (15). These findings are most likely related to the influence of endogenous and exogenous steroids on the level of steroid receptors in target tissues (7).

The present experiments show an effect of estrogen on the level at which Tc is regulated in heat stress but do not help to resolve the question of whether estrogen affects body temperature of rats in thermoneutral envi ronments. Laudenslager et al. (15) found that mainte nance of plasma E<sub>2</sub> at levels similar to those in th  $E_2$ -treated animals in the present study did not affect  $^r$ of ovariectomized rats at Ta of 2.5, 10, 20, and 30°C. However, Fregly et al. (11) found that  $E_2$  treatment reduced T<sub>c</sub> in restrained rats at T<sub>a</sub> of 25-27°C, and Marrone et al. (19) reported an elevation in  $T_c$  after  $E_2$ treatment in ovarectomized rats at 24°C T<sub>a</sub>, but plasma E2 was not measured in either study. The conflicting findings from these different studies could relate to differences in E<sub>2</sub> levels in the animals or to differences in the conditions of the experiment and the methods of measuring  $T_c$ .

If the enhancement of evaporative cooling produced by estrogen has any beneficial effect for normal animals, it may be during pregnancy. Pregnant rats (30) and humans (6) show adjustments in thermoregulation during heat stress that are similar to those associated with estrogen replacement, namely a reduced threshold temperature for initiating evaporative cooling and a reduction in the level at which  $T_{\rm c}$  is regulated. This readjustment in maternal thermoregulation is clearly advantageous, since fetal growth and development are adversely affected by hyperthermia (18). The level of circulating estrogen is increased in most mammals during pregnancy (5) and may underlie the maternal thermoregulatory adjustments that protect the heat-sensitive fetus.

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