

Ostarine Avoids Masseter Atrophy Caused by Changes in the Diet Consistency

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ABSTRACT

Introduction: modern eating habits, which softer and processed foods predominate in, requiring less effort to chew and have been correlated with an increase in the incidence of malocclusion and problems in the temporomandibular joint (TMJ) also, reducing the cross-sectional area (CSA). This vital muscle fiber variable indicates muscle function and strength. Selective androgen receptor modulators (SARMs) were developed to treat muscular and skeletal system problems to replace traditional androgens. This study aimed to verify if the use of ostarine associated with a soft-diet could exert the same anabolic and anti-catabolic effects on the masseter muscle described in the literature.

Material and Methods: fifteen six-months age C57BL/WT mice were used and divided into three groups and fed on either a solid (Control group - CG) or a soft-diet (Soft Diet Control Group - SDCG) with and without ostarine (Ostarine Group - OG).

Results: as a result, the soft-diet (SDCG) showed a lower median than the hard-diet (CG), but without statistical differences. However, the OG associated with a soft-diet presented a higher CSA than the SDCG with a statistical difference.

Conclusions: although there was no statistical difference between CG and SDCG group, slight atrophy occurred, and the use of ostarine (OG) reversed this process, becoming equal to the CG with a hard-diet.

Keywords: Masseter Muscle; Androgens; Atrophy; Diet Consistency; Nutrition.

Introduction

The complex interaction between the genotype and the environment can alter the craniofacial morphology and generate adaptations in the jaw structure and in the physiological overload of chewing^{1,2}. The alteration of external stimuli, such as modifying the diet consistency, alters the mass of masticatory muscles^{3,4}. Modern eating habits, which softer and processed foods predominate in, requiring less effort to chew, have been correlated with an increase in the incidence of malocclusion and problems in the temporomandibular joint (TMJ)^{5,6}.

A soft diet reduces the demand on masticatory muscles and reduces the overload applied to the jaw during the mastication process, causing bone remodeling similar to that found in individuals with partial or total edentulism^{7,8}. Changing the food consistency reduces the cross-sectional area, a vital muscle fiber variable that indicates muscle function and strength^{9,10}. Urushiyama *et al.*, demonstrated in their work that during one week under a soft consistency diet, the smaller diameter of the masseter muscle fibers is reduced by 19% compared to animals with more solid consistency¹¹.

The relation between masticatory muscles and

nutritional status has been correlated¹². A perfectly functioning oral cavity, associated with good nutritional intake, especially protein, is crucial to treat and prevent sarcopenia and malnutrition^{13,12}. The low protein intake in elderly individuals may result from problems of the oral cavity, such as low masticatory function, even decreasing the appetite¹⁴. Malnutrition reduces the daily activities of the elderly and increases the risks of infection and mortality¹⁵.

Selective androgen receptor modulators (SARMs) were developed to treat problems in the muscular and skeletal system in order to replace traditional androgens, which generate known adverse effects on the liver, prostate, heart, and skin¹⁶.

SARMs are described in the literature as substances capable of increasing muscle mass and bone density in several experimental and clinical trials¹⁷ decreased quality of life, and increased mortality. Although several therapeutic agents are currently in development for the treatment of muscle wasting or cachexia in cancer, the majority of these agents do not directly inhibit muscle loss. Selective androgen receptor modulators (SARMs)^{18,19}. Among all, ostarine has the most well-documented studies and effects, proving to be safe for human use²⁰. However, so far, no experimental trial

has been performed using this class of substances, especially ostarine, to observe its effects on the muscles of mastication.

Because of the embryological differences between the masticatory muscles and the limbs²¹, we aimed to verify if the use of ostarine associated with a soft-diet, could exert the same anabolic and anti-catabolic effects on the masseter muscle described in the literature. Thus, if a positive outcome is observed, this substance may be used to prevent or even reverse the loss of muscle mass in the stomatognathic system and assist in malocclusion and orthognathic treatments.

Materials and Methods

Animals

Fifteen six-months age C57BL/6 WT mice were used, according to previous studies¹¹, which were purchased from the animal laboratory of the Ribeirão Preto campus of the University of São Paulo. The animals were housed in conventional cages containing five animals each at the Animal Laboratory of Bauru School of Dentistry – University of São Paulo, with feeders and drinkers "ad libitum" (irradiated feed – Nuvilab rodents and filtered water) at temperature-controlled rooms (22-25°C). All experiment procedures in the animals were conducted with the approval of the Institutional Review Board in Animal Studies of the Bauru School of Dentistry, University of São Paulo (Protocol: CEPA – 001/2018).

Experimental design:

The division of the groups was done according to the consistency of the diet in the presence or not of the ostarine: Control Group (CG) – solid consistency; Soft Diet Control Group (SDCG) – soft consistency diet (Figure 2) which was prepared at from the standard ration (Nuvilab) under a 2:5 water mixture used by²² and Ostarine Group (OG) – soft consistency diet + administration of ostarine (SARM) at a dosage of 10 mg/kg/day (Enhanced Chemicals, MK2866), according to previous studies²³.



Figure 2. Soft diet prepared from Nuvilab feed under a 2:5 water mixture²².

Ostarine was administered once a day and orally for four weeks as it has excellent oral bioavailability²⁴. The drug was offered using a micropipette (LabMate Pro) to avoid possible esophagus aspiration or perforation and reduce more significant stress to the mice.

At the end of the experiment, the animals were killed according to the protocols approved by the Guidelines for the Care and Use of Laboratory Animals. We dissected the superficial masseter muscle, which was immediately frozen in liquid nitrogen and stored at -80°C for later histological analysis.

Histological Processing of Frozen Muscles

After the mice euthanasia, the superficial masseter muscle was removed and embedded into the OCT (Optimal Cutting Temperature) (Tissue-Tek; Sakura Finetek, Torrance, CA, USA) and frozen in liquid nitrogen and stored at -80°C. All the samples were brought to -22 °C, and serial transverse sections (8µm) were made with a cryostat (Leica 1850).

Hence, histological slides were stained with

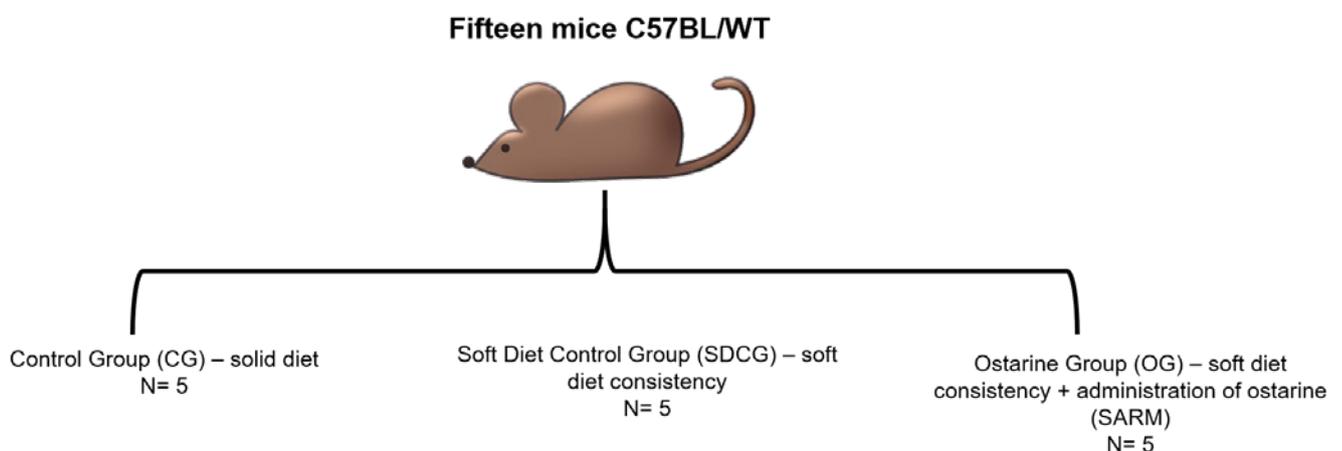


Figure 1. Illustration of the experimental group's design. The authors prepared them.

hematoxylin and eosin (H&E) to measure the muscle fiber's cross-sectional area (CSA). The microscope (model Olympus BX50) with 40x magnification was used to capture the images at the anatomy department of Bauru School of Dentistry, University of São Paulo (FOB-USP). We used the SigmaProScan 5.0 software, bypassing the perimeter of each fiber individually from each muscle, from each animal from the group to evaluate the muscle fiber's CSA. We measured 220 muscle fiber's from each sample from each animal per group.

Statistical Analysis

Given this, to evaluate the quantitative variables and verify the difference between the groups, the Kruskal-Wallis test was used, followed by the Tukey-test for multiple comparisons between them. Values of $p < 0,05$ were considered significant.

Results

The perimeter of the fibers of the masseter muscle was traced to obtain the cross-sectional area (CSA), and compared to the control group with a hard-diet (CG), the group with a soft-diet (SDCG) showed a lower median, but without statistical differences. However, the ostarine group (OG) associated with a soft-diet presented a higher CSA than the soft-diet group control (SDCG) with a statistical difference. Indeed, although there was no statistical difference between the CG and SDCG group, slight atrophy occurred, and the use of ostarine (OG) reversed this process, becoming equal to the control group (CG) with a hard-diet (Figure 3).

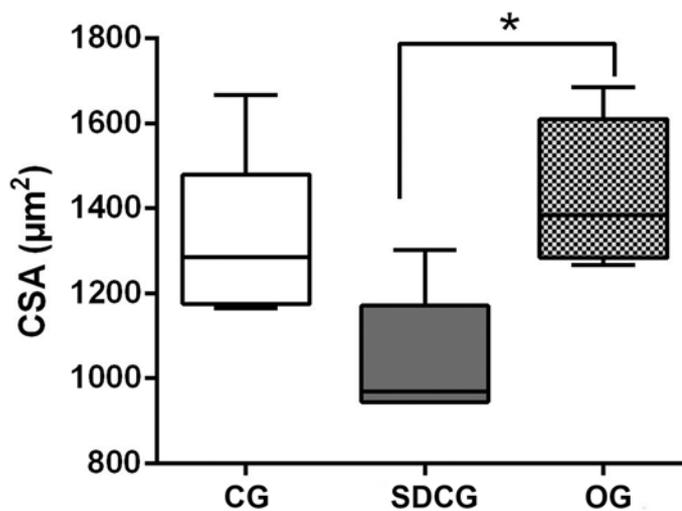


Figure 3. Mean cross-sectional area (μm^2) of the superficial masseter. Values are means + S.D. Significant differences * $P < 0,05$.

Discussion

The cross-sectional area (CSA) of the muscle fiber is an important variable that indicates muscle function and strength⁹. It is reported that the changes in the consistency of the food reduce this variable¹⁰. Thus, in our study, we sought to evaluate the effect of changing

the consistency of the diet and its impact on the stomatognathic apparatus with and without the use of ostarine, a selective androgen receptor modulator (SARMs).

In this context, reports show that the masseter muscle is one of the main muscles activated during chewing and the bite²⁵. Thus, the consistency of a soft-diet, typical in the modern days, would reduce the overload on the masticatory muscles, having a direct relationship with craniofacial changes and higher rates of malocclusion²⁶. In our study, despite not being statistically significant, the CSA of the SDCG was lower than the CG (Figure 3), a result similar to that from another study²⁷. However, the group with a soft-diet associated with ostarine (OG), prevented the mild atrophy caused by the changes in the consistency of the diet (Figure 3), exerting its anti-catabolic action as described in other studies^{28,29}.

As a result of the reduction in the overload generated by the contraction of the masseter muscle on the bite force, generates a remodeling in this muscle, which is the reduction in the CSA of its muscle fibers, which will impact the functionality of this muscle²⁵. The activation of the ubiquitin-proteasome system (UPS) is responsible for 70-90% degradation of misfolded or damaged proteins, is the mechanism by which this occurs through the unloading on the masseter muscle by changing the diet consistency^{30,31,32}.

Hence, no other work had used ostarine or any other selective androgen receptor modulator (SARMs) in masticatory muscles until now. Our study showed that ostarine exerts anti-catabolic actions in the same way that it does on the muscles of the limbs⁽²⁰⁾.

On the other hand, our study presented a limitation, which we believe to have been the reason, that the atrophy caused by the modification of the consistency of the diet, was not as reported by other studies^{11,2,33}. Although they have already reported that many results involving this model of atrophy are not necessarily consistent⁽³⁴⁾, we believe that the non-observance of significant atrophy may be related to the ratio administered to the animals. The ratio used in this work was described by³⁵ and, compared to the feed used in some studies, ours offers 13% more calories in 100g^{11,2,36}. We believe that this has been a limiting factor in our work since the regulatory pathways of hypertrophy and atrophy, such as Akt/FoxO/UPS, are also regulated by caloric intake³⁷. Therefore, future studies will be carried out using a normocaloric diet to verify and, if confirmed, remove this bias.

Conclusions:

Although our study has had presented a limitation, we believe that ostarine exerts anti-catabolic actions in the same way that it does on the muscles of the limbs. However, future studies must be carried out using a normocaloric diet to verify and, if confirmed, remove the bias that may affect the caloric intake of the animals.

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