

Title: The Protective Effect of Resveratrol Against Risperidone-induced Liver Damage Through an Action on FAS Gene Expression

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Abstract

The purpose of the study is to examine the protective effect of resveratrol (RSV) on the fatty acid synthase (FAS) gene expression against the side-effects of risperidone (RIS) in an experimental model in rat liver. In this study, thirty-five female Sprague-Dawley rats were divided into five groups (n=7): control, RIS (2 mg/kg), RIS+RSV-1 (20 mg/kg), RIS+RSV-2 (40 mg/kg), and RIS+RSV-3 (80 mg/kg) for 14 days. On treatment day 15, liver tissue was taken for analysis. The RSV treatment significantly reduced weight gain as opposed to the RIS administration. Moreover, the FAS gene expression level increased significantly with RSV-1 treatment (p=0.011). In addition, RSV enhanced the total antioxidant status (TAS), high-density lipoprotein cholesterol (HDL) levels and decreased alanine aminotransferase (ALT), aspartate aminotransferase (AST), total cholesterol (TCH), gamma glutamyl transpeptidase (GGT), low density lipoprotein cholesterol (LDL), oxidative stress index (OSI), triglycerides (TG), and total oxidant status (TOS) levels significantly (p<0.05). In conclusion, this study revealed that treatment with RSV might protect liver tissue against the side-effects of RIS over FAS gene expression. RSV could be an effective course of therapy for enhancing therapeutic efficacy.

Keywords: Risperidone; Resveratrol; FAS; Liver; Apoptosis

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ABSTRACT

The purpose of the study is to examine the protective effect of resveratrol (RSV) on the fatty acid synthase (FAS) gene expression against the side-effects of risperidone (RIS) in an experimental model in rat liver. In this study, thirty-five female Sprague-Dawley rats were divided into five groups (n=7): control, RIS (2 mg/kg), RIS+RSV-1 (20 mg/kg), RIS+RSV-2 (40 mg/kg), and RIS+RSV-3 (80 mg/kg) for 14 days. On treatment day 15, liver tissue was taken for analysis. The RSV treatment significantly reduced weight gain as opposed to the RIS administration. Moreover, the FAS gene expression level increased significantly with RSV-1 treatment ($p=0.011$). In addition, RSV enhanced the total antioxidant status (TAS), high-density lipoprotein cholesterol (HDL) levels and decreased alanine aminotransferase (ALT), aspartate aminotransferase (AST), total cholesterol (TCH), gamma glutamyl transpeptidase (GGT), low density lipoprotein cholesterol (LDL), oxidative stress index (OSI), triglycerides (TG), and total oxidant status (TOS) levels significantly ($p<0.05$). In conclusion, this study revealed that treatment with RSV might protect liver tissue against the side-effects of RIS over FAS gene expression. RSV could be an effective course of therapy for enhancing therapeutic efficacy.

Keywords: risperidone, resveratrol, FAS, liver, apoptosis

Introduction

Atypical antipsychotics (AAPs) have been used in the treatment of schizophrenia. RIS is an AAPs prescribed for the treatment of bipolar disorder, schizophrenia, depression, and autism (Keck et al., 2000). On the other hand, AAPs are associated with metabolic syndrome (including weight gain, dyslipidemia, hyperglycemia, type II diabetes mellitus, insulin resistance) and cardiovascular disease (Bou-Khalil, 2012). However, the use of RIS has been restricted due to systemic side effects. Furthermore, RIS is the second most prescribed antipsychotic drug and causes significant changes in the metabolic parameters and weight gain in patients (Rummel-Kluge et al., 2010). The latest studies have shown that these drugs can change glucose and lipid metabolism unrelated of any effect on neurotransmitter receptors on expression on the periphery. CH and fatty acid biosynthesis transcriptionally activate by antipsychotic drugs in cultured human glioma cells, including FAS, HMGCR (3-hydroxy-3-methylglutaryl-coenzyme A reductase), HMGCS1 (3-hydroxy-3-methylglutaryl-coenzyme A synthase-1), and SREBP (Sterol regulatory element binding proteins) (Ferno et al., 2005).

FAS is a multifunctional protein enzyme encoded by the FASN gene that chiefly catalyzes fatty acids and regulates lipid metabolism (Wakil, 1989). The highest expression of FAS has been reported in hepatic tissues. Therefore, fatty acid production pathway in the liver tissue facilitates surplus energy storage and circulating TG rich lipoproteins (Jensen-Urstad and Semenkovich, 2012). The liver performs a considerable role in energy intake and the regulation of lipid metabolism. It has been suggested that antipsychotic drug-related lipogenic effects have metabolic side effects in the liver (Laouressergues et al., 2010). On the other hand, FAS is organized nutritionally and hormonally (Sul and Wang, 1998) to contribute to weight gain and the development of obesity (Mobbs and Makimura, 2002). More recent studies have demonstrated that RIS significantly increases expression of the FAS gene in rat hepatocyte cultures (Laouressergues et al., 2011).

Nowadays, medicinal plants are a major source of drug. The extensive use of herbal compounds has encouraged scientists to investigate therapeutic properties on health. RSV is a natural phytoalexin that exists in many different plants, especially in grapes (Pal et al., 2003). Phytoalexins are secondary constituents against UV rays and damage and infections in plants (Ozelci et al., 2007). RSV has antioxidant activity that prevents DNA damage and lipid peroxidation in the cell membrane. RSV has been indicated to have broad spectrum benefits on human health on, for example the hepatic, nervous, coronary, and cardiovascular systems (Martin et al., 2004). In addition, RSV is a natural compound and has been shown to exert protective effects on the liver preventing lipid accumulation. Because of the high effect and low toxicity of RSV upon human health, it is a hopeful alternative to traditional therapeutic drugs.

To our knowledge, there is no report regarding the protective and therapeutic effects of RSV against the effect of RIS over FAS gene expression. Thus, the objective of our work was to research the possible useful effect of oral supplementation with RSV against the effect of RIS over FAS gene expression. To reach our target, we investigated genetic, biochemical, and histological analyses on rats.

Materials and methods

Chemicals

RIS was purchased from Johnson & Johnson (USA). RSV (trans-3,4', 5-Trihydroxystilbene, $\geq 98\%$) was purchased from Carl-Roth® (Germany).

Animals

Thirty-five female Sprague Dawley rats (12-16-week-old) initially weighing 220-260 g were used in our study. These rats were acquired from the Experimental Research Center of Firat University. The rats kept under standard conditions: 12:12 h light, dark-cycles. Food and tap water were provided ad libitum. The care and follow-up of the rats was done in this center. All procedures and protocols were conducted in accordance with the Ethical Committee of the Firat University Faculty of Medicine (Protocol # 2016/41).

Experimental design

All rats were randomly reserved into five groups (seven per group) as follows: control group (saline solution), RIS group (2 mg/kg RIS), RIS+RSV-1 group (2 mg/kg RIS and 20 mg/kg RSV), RIS+RSV-2 group (2 mg/kg RIS and 40 mg/kg RSV), and RIS+RSV-3 group (2 mg/kg RIS and 80 mg/kg RSV). The doses of RIS (2 mg/kg once a day for two weeks) and the doses of RSV (20, 40, and 80 mg/kg body weight/day for two weeks) were administered by gastric tube each day between 8:00 and 9:00. The doses of RIS (Zhang et al., 2007) and RSV (Zhao et al., 2014) were selected on the basis of previous study results.

Weights were recorded at the beginning and the end of the study. The rats' venous blood samples were collected. The animals were euthanized by exsanguination with diethyl ether anesthesia on the last day of the second week. The entire liver was excised and kept at $-86\text{ }^{\circ}\text{C}$ till analysis.

Biochemical Analysis

Blood samples were collected to determine liver enzyme activity, and serum samples were separated by centrifuge at 2800 g for 15 min; then, the samples were divided in Eppendorf tubes, and stored at $-86\text{ }^{\circ}\text{C}$ till biochemical analysis.

One of the samples was used for measuring serum levels of TCH (mg/dL), HDL (mg/dL), and TG (mg/dL) using routine enzymatic methods with an Olympus 2700 analyzer (Olympus Diagnostica GmbH, Hamburg, Germany). LDL (mg/dL) levels were calculated using Friedewald's formula. Standard liver function tests known as markers of liver injury, ALT (U/L), AST (U/L), and GGT (U/L) were measured using an autoanalyzer.

Another of the samples were used for measuring TAS, TOS, and OSI levels spectrophotometrically using the Erel method. Serum TAS and TOS levels were measured with kits (REL Assay Diagnostics, Gaziantep, Turkey). OSI value was calculated using the formula $\text{OSI} = \text{TOS}/\text{TAS}$ (Erel, 2004; Erel, 2005; Harma et al., 2005).

Real-time PCR analysis

Rat livers were taken and divided. One of the samples of livers were stored in formaldehyde for TUNEL staining, and another of the samples of livers were stored at $-86\text{ }^{\circ}\text{C}$ until further analysis. Thirty mg of frozen liver tissues were homogenized in 500 μl Tissue Lysis Buffer for 1 min using homogenizer (Bioprep-24, Allsheng). Total RNA was obtained from liver samples using an ExiPrep™ Tissue Total RNA isolation kit (Bioneer, K-3325). The RNA concentration was determined from absorbance at 230-260 nm and 260/280 nm using a NanoDrop spectrophotometer (Denovix DS-11). The results were then reversely transcribed into cDNA using the AccuPower® RT PreMix (Bioneer, K-2041) according to the manufacturer's instructions.

Real-Time PCR was performed using AccuPower GreenStar qPCR PreMix according to the manufacturer's instructions (Bioneer, Cat No: K-6210). The level of mRNA expression of FAS

genes as detected using the ExiCycler™96 Real-Time Quantitative PCR system (Bioneer). The PCR reactions were performed as follows: 95 °C for 5 min, followed by 45 cycles at 95 °C for 15 sec, and then 60 °C for 25 second. The sequences primers used were: Forward, 5'-AGGTGCTAGAGGCCCTGCTA-3'; Reverse, 5'-GTGCACAGACACCTTCCCAT-3' (Bioneer, S-1001) (Ji et al., 2011; Fukunishi et al., 2014). The levels of each gene expression were calculated by the 2- $\Delta\Delta C_t$ method.

Terminal deoxynucleotidyl transferase dUTP nick end labeling (TUNEL) assay

TUNEL staining was designed for the detection of apoptotic cells in liver tissue samples. The sections taken from the paraffin blocks at a thickness of 5 μ m were taken into the polylysine lamella. Apoptotic cells were identified using the ApopTag Plus Peroxidase In Situ Apoptosis Detection Kit (Chemicon, cat no: S7101, USA) according to the manufacturer's protocol. Preparations were analyzed and photographed by a research microscope (Leica DM500). In the evaluation of the TUNEL staining, Harris hematoxylin-stained nuclei were normalized, and cells demonstrating brown staining were evaluated as apoptotic. In ten randomly selected areas, the sections were analyzed at 400 \times magnification (Tas et al., 2015), and at least 500 normal and apoptotic cells were counted. The apoptotic index (AI) was calculated by the ratio of apoptotic cells to total (normal + apoptotic) cells. The degree of TUNEL staining was scored semiquantitatively as 0 (none), 1 (light), 2 (medium), and 3 (intense) (Can et al., 2015).

Statistical analysis

Statistical analyses were performed using Statistical Package 16.0 (SPSS, Chicago, IL, USA). The experimental data were expressed as mean \pm standard error of mean (SEM). The Shapiro–Wilk test was used to determine the normality of variables in the groups. For the comparison of the mean weight of all groups, a paired T-test was performed. The groups were compared with the paired-samples T-test at the beginning and the end of the treatment. Two-way ANOVA was used to test the effect of RIS (control vs. RIS) and treatment (untreated vs. treated with RSV) as well as their interaction. The histopathological analysis was expressed as the means \pm standard deviation (SD). The Mann-Whitney U test and the student's t test were used for statistical analysis. The significance was acceptable to a level of $p \leq 0.05$.

Results

Effects of RIS and RSV on weight gain/loss

Body weight measurements showed that, during the 14 days, weights increased from 238.28 g to 252.85 g for the control group, weights increased from 234.57 g to 248.00 g for the RIS group, weights increased from 225.28 g to 233.71 g for the RIS+RSV-1 group, weights decreased from 232.40 g to 226.80 g for the RIS+RSV-2 group, and weights increased from 244.80 g to 246.80 g for the RIS+RSV-3 group (Table 1: paired-samples T-test for the body weight at day 14, $p=0.000$, $p=0.005$, $p=0.005$, $p=0.071$, and $p=0.537$, respectively). Overall, in the control, RIS, and RIS+RSV-1 treatment groups ($p<0.05$) weight gain was statistically significant. On the other hand, the fact that the RIS+RSV-2 group was observed to have a weight loss and the RIS+RSV-3 group a weight gain had no significant effect on these measurements ($p>0.05$) (Table 1, Figure 1).

Effects of RIS and RSV on biochemical and oxidative stress parameters

We measured levels of biochemical parameters in the serum, and the results are shown in Table 2. ALT, AST, GGT, LDL, TG, and CH levels significantly increased in the RIS group compared to the control, RIS+RSV-1, RIS+RSV-2, and RIS+RSV-3 groups while the HDL level decreased ($p<0.01$). ALT, GGT, TG, and CH levels were significantly lower in the RIS+RSV-2 group compared to the RIS+RSV-1 group ($p<0.01$). ALT, AST, GGT, and LDL levels were significantly lower in the RIS+RSV-3 group compared to the RIS+RSV-1 group while the HDL level increased ($p<0.02$). The LDL level was significantly lower in the RIS+RSV-3 group compared to the RIS+RSV-2 group ($p<0.03$). LDL, TG, and CH levels were significantly lower in the RIS+RSV-2 group compared to

the control group ($p < 0.02$). ALT, AST, LDL, TG, and CH levels were significantly lower in the RIS+RSV-3 group compared to the control group while the HDL level increased ($p < 0.04$) (Table 2, Figures 2 and 3).

Treatment with RSV against RIS administration while increased the TAS level, decreased TOS and OSI levels ($p < 0.05$). The TAS level was significantly increased in control group when compared to the RIS group ($p = 0.024$). The TAS level was significantly increased in RIS+RSV-1 group when compared to the RIS, RIS+RSV-2, and RIS+RSV-3 groups ($p < 0.04$). Also, the TAS level was significantly higher in RIS+RSV-2 group when compared to the RIS+RSV-3 group ($p = 0.019$). Conversely, the TOS level was significantly increased in RIS group when compared to the control, RIS+RSV-1, RIS+RSV-2, and RIS+RSV-3 groups ($p < 0.001$). The TOS level was significantly increased in RIS+RSV-1 group when compared to the RIS+RSV-3 group ($p = 0.006$). The OSI level was significantly higher in the RIS group when compared to the control, RIS+RSV-1, and RIS+RSV-2 groups ($p < 0.05$) (Table 2, Figure 4).

Effect of RIS and RSV on expression of the FAS gene

Table 3 shows the effects of RSV treatment against the RIS administration on the mRNA expression of FAS gene level in all study groups and control. FAS gene expression significantly increased in RIS group compared to the control group. The RIS+RSV-1 group had a significantly lower expression of FAS gene level compared to the RIS group ($p \leq 0.01$) (Table 3, Figure 5).

Effect of RIS and RSV on apoptosis in rat liver

The results of the apoptotic index are demonstrated in Table 4, Figure 6. Using TUNEL for the detection of apoptotic cells in the liver sections, the control (Figure 6A) group showed only a few TUNEL-positive cells. The count of TUNEL-positive cells significantly increased in the RIS (Figure 6B) group compared with that in control group ($p < 0.05$). The RIS+RSV-1 (Figure 6C), RIS+RSV-2 (Figure 6D), and RIS+RSV-3 (Figure 6E) groups were similar and showed rare TUNEL-positive cells. Treatment with RSV (RIS+RSV-1, RIS+RSV-2, and RIS+RSV-3 groups) (Figure 6C, 6D, and 6E) reduced the count of TUNEL-positive cells compared to the RIS group ($p < 0.05$).

Discussion

AAPs are used to treat serious mental disorders. Though they have many beneficial effects, they also have many serious side effects (Eder et al., 2001). RIS is one of the AAPs that has led to weight gain and obesity side-effects, and other metabolic disorders in patients (Yoon et al., 2016). Therefore, it is extremely important to prevent side effects and other metabolic disorders induced by RIS. Many authors have suggested a co-treatment between RIS and compounds that regulate its metabolic adverse effects. Through antioxidant and radical scavenger properties of natural compounds, may prevent and treat diseases. Dietary intake of natural compounds, including RSV, can inhibit the metabolic side effects of RIS and thereby may reduce the risk factors in the liver (Walton et al., 1999). Hence, the purpose of the current study was to investigate the protective and therapeutic effects of RSV against the effect of RIS over FAS gene expression and RIS-induced liver damage.

The liver is responsible for many vital life functions and is involved in uptake, secretion, synthesis, catabolism and storage. Fatty acids increase in the liver by hepatocellular uptake from the plasma and by de novo biosynthesis. Hepatic FAS is the synthesizing of fatty acids for the partitioning and storage of excess energy (Jensen-Urstad and Semenkovich, 2012). According to clinical experiences, an accumulation of extreme intracellular triglycerides often comes before the improvement of obesity (Riediger and Clara, 2011). This study shows that RIS significantly increases the expression of the FAS gene, and there are highly meaningful correlations between the expression of this gene and the final body weight of animals. This effect of RIS was formerly presented in different experimental models of the liver (Laouressergues et al., 2011, Cope et al., 2005). In addition, high triglycerides observed in rats subjected to RIS are a result of elevated

hepatic FAS expression. Similarly, previous studies reported that rodent models with high triglyceride levels are related to increased hepatic FAS expression (Morgan et al., 2008). In this study, we conclude that the increase in observed body weight can be partially elevated levels of circulating and stored triglycerides. Taken together, RIS exposure can cause long-term hypertriglyceridemia due to the FAS-dependent pathway to the synthesis of de novo triglycerides. Thus, RIS-induced weight gain could be the result of the effect of RIS associated alterations on the central nervous system, including on body temperature, on food intake, on locomotor activity. RSV, a natural compound in superfoods like wine, and has a beneficial effect on glucose and lipid metabolism. In fact, many clinical trials have recently demonstrated that using animal models of diet-induced obesity has displayed the beneficial effects of RSV on reducing obesity and oxidative stress (Gómez-Zorita et al., 2012; Farag et al., 2017). In addition, RSV performs a considerable role in lipid metabolism. In the current study, RSV co-treatment decreased antipsychotic-induced weight gain significantly with only a 20 mg/kg dose. Also, RSV attenuated hepatic triacylglycerol and fatty acid synthesis in rats. This data suggest that the RSV had protective effects against the adverse effects of RIS and decreased the risk of obesity. These results imply that the mechanism of effect of RSV occurs by increasing energy consumption, inhibition of energy intake, and reducing energy storage. This weight-decreasing effect of RSV is estimated to be attributable, in part, to its effects on adipocytes and expression of the FAS gene (Baur et al., 2006, Naderali, 2009). Therefore RSV is a reliable compound for co-administration with RIS for decrease of antipsychotic-induced weight gain and obesity without effecting its therapeutic action.

In the present study, RIS exposure produced a significant increase in the activity of liver enzymes. ALT, AST, and GGT indicate a damaged functional and structural hepatic integrity. Oral supplementation of RSV reduces liver injury and improve the elevated serum ALT, AST and GGT activities. While RSV co-treatment curable these changes in all doses, it had the most obvious effect in high doses. Our study results are confirmed by data from the literature (Miguel et al., 2016). In addition, we demonstrated that RSV prevented the increase in TG, TCH, and LDL as well as a decrease in HDL caused by RIS consumption. All doses of RSV caused dose-dependent decreases in serum lipids compared to RIS administrated rats. However, RSV co-treatment curable these changes with more obvious effect and but with a major decrease in the 80 mg/kg dose. The effect of RSV on serum lipids has been reported in earlier experiments (Panico et al., 2017). This finding is probably a consequence of feeding behavior and the increase in body weight. Although underlying physiological pathways are not fully understood, the present findings indicate that RIS increases and RSV decreases serum lipids.

In this study, RSV significantly affected the RIS load on the liver, enhanced the reduced TAS, inhibited the elevated TOS and OSI levels, healed impaired hepatic function, and reformed the histopathological changes in the liver. RIS-mediated ROS formation by diminished antioxidant levels and oxidative stress and antioxidant depletion can lead to apoptotic cell death (Armstrong and Jones, 2002). In this study, we found that RSV had a significant protective role in apoptotic cell death, which might be due to the ROS scavenging property. Taking the previous findings and suggestions together, it can be concluded that RSV could prevent RIS-induced liver injury and histological perturbations through the enhancement of antioxidant defense systems, suppression of oxidative stress, and attenuation of apoptosis. Oxidative stress has a vital role in the chain of initiation and progression of liver diseases. In this study, in RIS administration rats, a reduction in TAS level was observed resulting in a rise in TOS and OSI levels as in previous studies (Li et al., 2015). On the other hand, we observed that RSV protected against RIS-induced liver damage by suppressing oxidative stress and apoptosis. In addition, our results demonstrated that TAS levels increased and TOS, OSI levels conspicuously reduced with RSV treatment as reported in prior studies (Faghihzadeh et al., 2015). Additionally, the level of antioxidant TAS significantly elevated with 20 mg/kg doses by RSV co-operation. Several studies have demonstrated that the hepatoprotective effect of RSV against liver damage is mediated by its antioxidant and anti-inflammatory properties (Bishayee et al., 2010). A few recent studies have shown that RSV administered to mice in their diet significantly reduced lipids and depressed the expression of genes

related to hepatic lipid metabolism (Ahn et al., 2008).

Histopathological findings support above oxidative results. The TUNEL assay used for determine apoptotic cells in the liver sections. Histopathological assessment of the liver showed serious damage follow by detrimental effects on the normal structure of the liver in RIS administrated rats including vacuolar degeneration of hepatocytes and fatty changes. RIS-induced toxic effects were prevented through the powerful antioxidant capacity and other biological effects of RSV. Among the three doses, 80 mg of RSV/kg body weight was found to provide optimum protective effect on the liver against RIS induced abnormal changes. Histological observations added more evidence supporting the protective effect of RSV. The present study demonstrated that RIS damaged the histological structure and function and inhibited the endogenous antioxidant defense system in rat liver tissue as reported in previous studies (Radzik et al., 2005). In addition, our results showed, at the first time, that RSV oral supplementation, at safe dose levels, has a noteworthy protective effect against RIS-induced liver damage in rats. This protection makes RSV a promising agent in a variety of conditions in which cellular damage occurs as a result of oxidative stress. RIS-induced liver injury causes increased ROS formation and subsequent toxic events. Accordingly, in our study, with RSV treatment of the cells against RIS exposure, the apoptotic cell injury and death were greatly reduced. The underlying mechanism of the protective quality of RSV may be associated with the suppression of apoptosis via death receptor-mediated pathways. Therefore, previous studies show that antioxidant activity of RSV can be possible because of the effect on mitochondria-independent apoptotic pathways. Hence, RSV may be the best choice against RIS induced side effects. In conclusion, RSV may be a promising agent to mitigate the adverse effects of RIS, oxidative stress, and apoptotic status and to reduce weight gain and the expression of the FAS gene and so prevent liver damage in patients. Thus, daily consumption of RSV should be considered as a promising way to prevent liver damage. Our results could be used to plan strategies to protect against the adverse effects of RIS in the liver and in other organs. Hence, further in vivo and clinical studies are required to confirm the protective effects of RSV in patients receiving RIS.

Disclosure statement

No potential conflicts of interest were reported.

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Figure 1. Changes in the body weight of experimental rats. Values are expressed as mean \pm SEM of seven animals. The groups were compared with the paired-samples T-test at the beginning and end of the treatment. £,\$,† In each column, different superscript letters mean significant differences at $p < 0.05$. Abbreviations: RIS: risperidone; RSV: resveratrol; RIS+RSV-1: 2 mg/kg RIS+20 mg/kg RSV; RIS+RSV-2: 2 mg/kg RIS+40 mg/kg RSV; RIS+RSV-3: 2 mg/kg RIS+80 mg/kg RSV.

Figure 2. Effects of risperidone, resveratrol, and their coadministration on the liver level of serum ALT, AST and GGT in rats after two weeks. Values are expressed as mean \pm SEM of seven animals. Data were subjected to two-way ANOVA. a $p < 0.05$ versus control; b $p < 0.05$ versus RIS-treated rats; c $p < 0.05$ versus RIS+RSV-1 treated rats; d $p < 0.05$ versus RIS+RSV-2 treated rats; e $p < 0.05$ versus RIS+RSV-3 treated rats. Abbreviations: RIS: risperidone; RSV: resveratrol; ALT: alanine aminotransferase; AST: aspartate aminotransferase; GGT: gamma glutamyl transpeptidase; RIS+RSV-1: 2 mg/kg RIS+20 mg/kg RSV; RIS+RSV-2: 2 mg/kg RIS+40 mg/kg RSV; RIS+RSV-3: 2 mg/kg RIS+80 mg/kg RSV.

Figure 3. Effects of risperidone, resveratrol, and their coadministration on the liver level of serum HDL, LDL, TG and CH in rats after two weeks. Values are expressed as mean \pm SEM of seven animals. Data were subjected to two-way ANOVA. a $p < 0.05$ versus control; b $p < 0.05$ versus RIS-treated rats; c $p < 0.05$ versus RIS+RSV-1 treated rats; d $p < 0.05$ versus RIS+RSV-2 treated rats; e $p < 0.05$ versus RIS+RSV-3 treated rats. Abbreviations: RIS: risperidone; RSV: resveratrol; HDL: high-density lipoprotein cholesterol; LDL: low density lipoprotein cholesterol; TG: triglycerides; TC: cholesterol. RIS+RSV-1: 2 mg/kg RIS+20 mg/kg RSV; RIS+RSV-2: 2 mg/kg RIS+40 mg/kg RSV; RIS+RSV-3: 2 mg/kg RIS+80 mg/kg RSV.

Figure 4. Effects of risperidone, resveratrol, and their coadministration on the level of TAS, TOS and OSI in rats after two weeks. Values are expressed as mean \pm SEM of seven animals. Data were subjected to two-way ANOVA. a $p < 0.05$ versus control; b $p < 0.05$ versus RIS-treated rats; c $p < 0.05$ versus RIS+RSV-1 treated rats; d $p < 0.05$ versus RIS+RSV-2 treated rats; e $p < 0.05$ versus RIS+RSV-3 treated rats. Abbreviations: RIS: risperidone; RSV: resveratrol; TAS: total antioxidant

status; TOS: total oxidant status; OSI: Oxidative stress index; RIS+RSV-1: 2 mg/kg RIS+20 mg/kg RSV; RIS+RSV-2: 2 mg/kg RIS+40 mg/kg RSV; RIS+RSV-3: 2 mg/kg RIS+80 mg/kg RSV; AU: Arbitrary Units.

Figure 5. Effects of RIS and RSV on the expression of FAS gene in rat liver. Data are means \pm SEM (n = 7). Different letters over the bars represent significant differences, $p < 0.05$.

Figure Legends

Figure 6. Representative photomicrographs of TUNEL staining in all five groups (scale bars=100 μ m), showing: (A) Group 1 (control) only few TUNEL-positive cells (arrow); (B) Group 2 (RIS) a lot of TUNEL-positive cells (arrows); (C) Group 3 (RIS+RSV-1), (D) Group 4 (RIS+RSV-2) and (E) Group 5 (RIS+RSV-3) similarly rare TUNEL-positive cells (arrows). This analysis was exerted in at least eight areas of each liver section (two sections/animal), and the sections were analyzed at 400 \times magnification. The evaluation of TUNEL staining was exerted based on the extent of the staining of apoptotic cells. The extent of TUNEL staining was scored semiquantitatively as 0 (no), 1 (light), 2 (medium), and 3 (intense).

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The Protective Effect of Resveratrol Against Risperidone-induced Liver Damage Through an Action on FAS Gene Expression

ABSTRACT

The purpose of the study is to examine the protective effect of resveratrol (RSV) on the fatty acid synthase (FAS) gene expression against the side-effects of risperidone (RIS) in an experimental model in rat liver. In this study, thirty-five female Sprague-Dawley rats were divided into five groups (n=7): control, RIS (2 mg/kg), RIS+RSV-1 (20 mg/kg), RIS+RSV-2 (40 mg/kg), and RIS+RSV-3 (80 mg/kg) for 14 days. On treatment day 15, liver tissue was taken for analysis. The RSV treatment significantly reduced weight gain as opposed to the RIS administration. Moreover, the FAS gene expression level increased significantly with RSV-1 treatment (p=0.011). In addition, RSV enhanced the total antioxidant status (TAS), high-density lipoprotein cholesterol (HDL) levels and decreased alanine aminotransferase (ALT), aspartate aminotransferase (AST), total cholesterol (TCH), gamma glutamyl transpeptidase (GGT), low density lipoprotein cholesterol (LDL), oxidative stress index (OSI), triglycerides (TG), and total oxidant status (TOS) levels significantly (p<0.05). In conclusion, this study revealed that treatment with RSV might protect liver tissue against the side-effects of RIS over FAS gene expression. RSV could be an effective course of therapy for enhancing therapeutic efficacy.

Keywords: risperidone, resveratrol, FAS, liver, apoptosis

Introduction

Atypical antipsychotics (AAPs) have been used in the treatment of schizophrenia. RIS is an AAPs prescribed for the treatment of bipolar disorder, schizophrenia, depression, and autism (Keck et al., 2000). On the other hand, AAPs are associated with metabolic syndrome (including weight gain, dyslipidemia, hyperglycemia, type II diabetes mellitus, insulin resistance) and cardiovascular disease (Bou-Khalil, 2012). However, the use of RIS has been restricted due to systemic side effects. Furthermore, RIS is the second most prescribed antipsychotic drug and causes significant changes in the metabolic parameters and weight gain in patients (Rummel-Kluge et al., 2010).

The latest studies have shown that these drugs can change glucose and lipid metabolism unrelated of any effect on neurotransmitter receptors on expression on the

33 **periphery.** CH and fatty acid biosynthesis transcriptionally activate by antipsychotic drugs in
34 cultured human glioma cells, including FAS, HMGCR (3-hydroxy-3-methylglutaryl-
35 coenzyme A reductase), HMGCS1 (3-hydroxy3-methylglutaryl-coenzyme A synthase-1), and
36 SREBP (Sterol regulatory element binding proteins) (Ferno et al., 2005).

37 FAS is a multifunctional protein enzyme encoded by the FASN gene that chiefly
38 catalyzes fatty acids and regulates lipid metabolism (Wakil, 1989). The highest expression of
39 FAS has been reported in hepatic tissues. Therefore, **fatty acid production pathway in the liver**
40 **tissue facilitates surplus energy storage and circulating TG rich lipoproteins** (Jensen-Urstad
41 and Semenkovich, 2012). The liver performs a considerable role in energy intake and the
42 regulation of lipid metabolism. It has been suggested that antipsychotic drug-related lipogenic
43 effects have metabolic **side** effects in the liver (Laouressergues et al., 2010). On the other hand,
44 FAS is organized nutritionally and hormonally (Sul and Wang, 1998) to contribute to weight
45 gain and the development of obesity (Mobbs and Makimura, 2002). More recent studies have
46 demonstrated that RIS significantly increases expression of the FAS gene in rat hepatocyte
47 cultures (Laouressergues et al., 2011).

48 Nowadays, medicinal plants are a major source of drug. **The extensive use of herbal**
49 **compounds has encouraged scientists to investigate therapeutic properties on health.** RSV is a
50 natural phytoalexin that exists in many different plants, especially in grapes (Pal et al., 2003).
51 Phytoalexins are secondary constituents against UV rays and damage and infections in plants
52 (Ozelci et al., 2007). RSV has antioxidant activity that prevents DNA damage and lipid
53 peroxidation in the cell membrane. RSV has been indicated to have broad spectrum benefits
54 on human health on, for example the hepatic, nervous, coronary, and cardiovascular systems
55 (Martin et al., 2004). In addition, **RSV is a natural compound and has been shown to exert**
56 **protective effects on the liver preventing lipid accumulation.** Because of the high effect and
57 low toxicity of RSV upon human health, it is a hopeful alternative to traditional therapeutic
58 drugs.

59 **To our knowledge, there is no report regarding the protective and therapeutic effects of**
60 **RSV against the effect of RIS over FAS gene expression. Thus, the objective of our work was**
61 **to research the possible useful effect of oral supplementation with RSV against the effect of**
62 **RIS over FAS gene expression.** To reach our target, we investigated genetic, biochemical, and
63 histological analyses on rats.

64 **Materials and methods**

65 ***Chemicals***

66 RIS was purchased from Johnson & Johnson (USA). RSV (trans-3,4', 5-Trihydroxystilbene,
67 $\geq 98\%$) was purchased from Carl-Roth® (Germany).

68

69 *Animals*

70 Thirty-five female Sprague Dawley rats (12-16-week-old) initially weighing 220-260 g were
71 used in our study. These rats were acquired from the Experimental Research Center of Firat
72 University. The rats kept under standard conditions: 12:12 h light, dark-cycles. Food and tap
73 water were provided ad libitum. The care and follow-up of the rats was done in this center.
74 All procedures and protocols were conducted in accordance with the Ethical Committee of the
75 Firat University Faculty of Medicine (Protocol # 2016/41).

76 *Experimental design*

77 All rats were randomly reserved into five groups (seven per group) as follows: control group
78 (saline solution), RIS group (2 mg/kg RIS), RIS+RSV-1 group (2 mg/kg RIS and 20 mg/kg
79 RSV), RIS+RSV-2 group (2 mg/kg RIS and 40 mg/kg RSV), and RIS+RSV-3 group (2 mg/kg
80 RIS and 80 mg/kg RSV). The doses of RIS (2 mg/kg once a day for two weeks) and the doses
81 of RSV (20, 40, and 80 mg/kg body weight/day for two weeks) were administered by gastric
82 tube each day between 8:00 and 9:00. The doses of RIS (Zhang et al., 2007) and RSV (Zhao
83 et al., 2014) were selected on the basis of previous study results.

84 Weights were recorded at the beginning and the end of the study. The rats' venous
85 blood samples were collected. The animals were euthanized by exsanguination with diethyl
86 ether anesthesia on the last day of the second week. The entire liver was excised and kept at -
87 86 °C till analysis.

88 *Biochemical Analysis*

89 Blood samples were collected to determine liver enzyme activity, and serum samples were
90 separated by centrifuge at 2800 g for 15 min; then, the samples were divided in Eppendorf
91 tubes, and stored at -86 °C till biochemical analysis.

92 One of the samples was used for measuring serum levels of TCH (mg/dL), HDL
93 (mg/dL), and TG (mg/dL) using routine enzymatic methods with an Olympus 2700 analyzer
94 (Olympus Diagnostica GmbH, Hamburg, Germany). LDL (mg/dL) levels were calculated
95 using Friedewald's formula. Standard liver function tests known as markers of liver injury,
96 ALT (U/L), AST (U/L), and GGT (U/L) were measured using an autoanalyzer.

97 Another of the samples were used for measuring TAS, TOS, and OSI levels
98 spectrophotometrically using the Erel method. Serum TAS and TOS levels were measured
99 with kits (REL Assay Diagnostics, Gaziantep, Turkey). OSI value was calculated using the
100 formula $OSI=TOS/TAS$ (Erel, 2004; Erel, 2005; Harma et al., 2005).

101 *Real-time PCR analysis*

102 Rat livers were taken and divided. One of the samples of livers were stored in formaldehyde
103 for TUNEL staining, and another of the samples of livers were stored at -86 °C until further
104 analysis. Thirty mg of frozen liver tissues were homogenized in 500 µl Tissue Lysis Buffer for
105 1 min using homogenizer (Bioprep-24, Allsheng). Total RNA was obtained from liver
106 samples using an ExiPrep™ Tissue Total RNA isolation kit (Bioneer, K-3325). The RNA
107 concentration was determined from absorbance at 230-260 nm and 260/280 nm using a
108 NanoDrop spectrophotometer (Denovix DS-11). The results were then reversely transcribed
109 into cDNA using the AccuPower® RT PreMix (Bioneer, K-2041) according to the
110 manufacturer's instructions.

111 Real-Time PCR was performed using AccuPower GreenStar qPCR PreMix according
112 to the manufacturer's instructions (Bioneer, Cat No: K-6210). The level of mRNA expression
113 of FAS genes as detected using the ExiCycler™96 Real-Time Quantitative PCR system
114 (Bioneer). The PCR reactions were performed as follows: 95 °C for 5 min, followed by 45
115 cycles at 95 °C for 15 sec, and then 60 °C for 25 second. The sequences primers used were:
116 Forward, 5'- AGGTGCTAGAGGCCCTGCTA-3'; Reverse, 5'-
117 GTGCACAGACACCTTCCCAT-3' (Bioneer, S-1001) (Ji et al., 2011; Fukunishi et al.,
118 2014). The levels of each gene expression were calculated by the $2^{-\Delta\Delta Ct}$ method.

119

120 *Terminal deoxynucleotidyl transferase dUTP nick end labeling (TUNEL) assay*

121 TUNEL staining was designed for the detection of apoptotic cells in liver tissue samples. The
122 sections taken from the paraffin blocks at a thickness of 5 µm were taken into the polylysine
123 lamella. Apoptotic cells were identified using the ApopTag Plus Peroxidase In Situ Apoptosis
124 Detection Kit (Chemicon, cat no: S7101, USA) according to the manufacturer's protocol.

125 Preparations were analyzed and photographed by a research microscope (Leica
126 DM500). In the evaluation of the TUNEL staining, Harris hematoxylin-stained nuclei were
127 normalized, and cells demonstrating brown staining were evaluated as apoptotic. In ten
128 randomly selected areas, the sections were analyzed at 400× magnification (Tas et al., 2015),
129 and at least 500 normal and apoptotic cells were counted. The apoptotic index (AI) was

130 calculated by the ratio of apoptotic cells to total (normal + apoptotic) cells. The degree of
131 TUNEL staining was scored semiquantitatively as 0 (none), 1 (light), 2 (medium), and 3
132 (intense) (Can et al., 2015).

133

134 *Statistical analysis*

135 *Statistical analyses were performed using Statistical Package 16.0 (SPSS, Chicago, IL, USA).*
136 *The experimental data were expressed as mean ± standard error of mean (SEM). The*
137 *Shapiro–Wilk test was used to determine the normality of variables in the groups. For the*
138 *comparison of the mean weight of all groups, a paired T-test was performed. The groups were*
139 *compared with the paired-samples T-test at the beginning and the end of the treatment. Two-*
140 *way ANOVA was used to test the effect of RIS (control vs. RIS) and treatment (untreated vs.*
141 *treated with RSV) as well as their interaction. The histopathological analysis was expressed as*
142 *the means ± standard deviation (SD). The Mann-Whitney U test and the student's t test were*
143 *used for statistical analysis. The significance was acceptable to a level of $p \leq 0.05$.*

144

145 **Results**

146 *Effects of RIS and RSV on weight gain/loss*

147 *Body weight measurements showed that, during the 14 days, weights increased from 238.28 g*
148 *to 252.85 g for the control group, weights increased from 234.57 g to 248.00 g for the RIS*
149 *group, weights increased from 225.28 g to 233.71 g for the RIS+RSV-1 group, weights*
150 *decreased from 232.40 g to 226.80 g for the RIS+RSV-2 group, and weights increased from*
151 *244.80 g to 246.80 g for the RIS+RSV-3 group (Table 1: paired-samples T-test for the body*
152 *weight at day 14, $p=0.000$, $p=0.005$, $p=0.005$, $p=0.071$, and $p=0.537$, respectively). Overall,*
153 *in the control, RIS, and RIS+RSV-1 treatment groups ($p<0.05$) weight gain was statistically*
154 *significant. On the other hand, the fact that the RIS+RSV-2 group was observed to have a*
155 *weight loss and the RIS+RSV-3 group a weight gain had no significant effect on these*
156 *measurements ($p>0.05$) (Table 1, Figure 1).*

157

158 *Effects of RIS and RSV on biochemical and oxidative stress parameters*

159 *We measured levels of biochemical parameters in the serum, and the results are shown*
160 *in Table 2. ALT, AST, GGT, LDL, TG, and CH levels significantly increased in the RIS*
161 *group compared to the control, RIS+RSV-1, RIS+RSV-2, and RIS+RSV-3 groups while the*
162 *HDL level decreased ($p<0.01$). ALT, GGT, TG, and CH levels were significantly lower in the*

163 RIS+RSV-2 group compared to the RIS+RSV-1 group ($p<0.01$). ALT, AST, GGT, and LDL
164 levels were significantly lower in the RIS+RSV-3 group compared to the RIS+RSV-1 group
165 while the HDL level increased ($p<0.02$). The LDL level was significantly lower in the
166 RIS+RSV-3 group compared to the RIS+RSV-2 group ($p<0.03$). LDL, TG, and CH levels
167 were significantly lower in the RIS+RSV-2 group compared to the control group ($p<0.02$).
168 ALT, AST, LDL, TG, and CH levels were significantly lower in the RIS+RSV-3 group
169 compared to the control group while the HDL level increased ($p<0.04$) (Table 2, Figures 2
170 and 3).

171 Treatment with RSV against RIS administration while increased the TAS level,
172 decreased TOS and OSI levels ($p<0.05$). The TAS level was significantly increased in control
173 group when compared to the RIS group ($p=0.024$). The TAS level was significantly increased
174 in RIS+RSV-1 group when compared to the RIS, RIS+RSV-2, and RIS+RSV-3 groups
175 ($p<0.04$). Also, the TAS level was significantly higher RIS+RSV-2 group when compared to
176 the RIS+RSV-3 group ($p=0.019$). Conversely, the TOS level was significantly increased in
177 RIS group when compared to the control, RIS+RSV-1, RIS+RSV-2, and RIS+RSV-3 groups
178 ($p<0.001$). The TOS level was significantly increased in RIS+RSV-1 group when compared
179 to the RIS+RSV-3 group ($p=0.006$). The OSI level was significantly higher in the RIS group
180 when compared to the control, RIS+RSV-1, and RIS+RSV-2 groups ($p<0.05$) (Table 2,
181 Figure 4).

182

183 *Effect of RIS and RSV on expression of the FAS gene*

184 Table 3 shows the effects of RSV treatment against the RIS administration on the mRNA
185 expression of FAS gene level in all study groups and control. FAS gene expression
186 significantly increased in RIS group compared to the control group. The RIS+RSV-1 group
187 had a significantly lower expression of FAS gene level compared to the RIS group ($p\leq 0.01$)
188 (Table 3, Figure 5).

189

190 *Effect of RIS and RSV on apoptosis in rat liver*

191 The results of the apoptotic index are demonstrated in Table 4, Figure 6. Using TUNEL for
192 the detection of apoptotic cells in the liver sections, the control (Figure 6A) group showed
193 only a few TUNEL-positive cells. The count of TUNEL-positive cells significantly increased
194 in the RIS (Figure 6B) group compared with that in control group ($p<0.05$). The RIS+RSV-1
195 (Figure 6C), RIS+RSV-2 (Figure 6D), and RIS+RSV-3 (Figure 6E) groups were similar and
196 showed rare TUNEL-positive cells. Treatment with RSV (RIS+RSV-1, RIS+RSV-2, and

197 RIS+RSV-3 groups) (Figure 6C, 6D, and 6E) reduced the count of TUNEL-positive cells
198 compared to the RIS group ($p < 0.05$).

199

200 Discussion

201 AAPs are used to treat serious mental disorders. Though they have many beneficial effects,
202 they also have many serious side effects (Eder et al., 2001). RIS is one of the AAPs that has
203 led to weight gain and obesity side-effects, and other metabolic disorders in patients (Yoon et
204 al., 2016). Therefore, it is extremely important to prevent side effects and other metabolic
205 disorders induced by RIS. Many authors have suggested a co-treatment between RIS and
206 compounds that regulate its metabolic adverse effects. Through antioxidant and radical
207 scavenger properties of natural compounds, may prevent and treat diseases. Dietary intake of
208 natural compounds, including RSV, can inhibit the metabolic side effects of RIS and thereby
209 may reduce the risk factors in the liver (Walton et al., 1999). Hence, the purpose of the current
210 study was to investigate the protective and therapeutic effects of RSV against the effect of
211 RIS over FAS gene expression and RIS-induced liver damage.

212 The liver is responsible for many vital life functions and is involved in uptake,
213 secretion, synthesis, catabolism and storage. Fatty acids increase in the liver by hepatocellular
214 uptake from the plasma and by de novo biosynthesis. Hepatic FAS is the synthesizing of fatty
215 acids for the partitioning and storage of excess energy (Jensen-Urstad and Semenkovich,
216 2012). According to clinical experiences, an accumulation of extreme intracellular
217 triglycerides often comes before the improvement of obesity (Riediger and Clara, 2011). This
218 study shows that RIS significantly increases the expression of the FAS gene, and there are
219 highly meaningful correlations between the expression of this gene and the final body weight
220 of animals. This effect of RIS was formerly presented in different experimental models of the
221 liver (Laouressergues et al., 2011, Cope et al., 2005). In addition, high triglycerides observed in
222 rats subjected to RIS are a result of elevated hepatic FAS expression. Similarly, previous
223 studies reported that rodent models with high triglyceride levels are related to increased
224 hepatic FAS expression (Morgan et al., 2008). In this study, we conclude that the increase in
225 observed body weight can be partially elevated levels of circulating and stored triglycerides.
226 Taken together, RIS exposure can cause long-term hypertriglyceridemia due to the FAS-
227 dependent pathway to the synthesis of de novo triglycerides. Thus, RIS-induced weight gain

228 could be the result of the effect of RIS associated alterations on the central nervous system,
229 including on body temperature, on food intake, on locomotor activity.

230 RSV, a natural compound in superfoods like wine, and has a beneficial effect on
231 glucose and lipid metabolism. In fact, many clinical trials have recently demonstrated that
232 using animal models of diet-induced obesity has displayed the beneficial effects of RSV on
233 reducing obesity and oxidative stress (Gómez-Zorita et al., 2012; Farag et al., 2017). In
234 addition, RSV performs a considerable role in lipid metabolism. In the current study, RSV co-
235 treatment decreased antipsychotic-induced weight gain significantly with only a 20 mg/kg
236 dose. Also, RSV attenuated hepatic triacylglycerol and fatty acid synthesis in rats. This data
237 suggest that the RSV had protective effects against the adverse effects of RIS and decreased
238 the risk of obesity. These results imply that the mechanism of effect of RSV occurs by
239 increasing energy consumption, inhibition of energy intake, and reducing energy storage. This
240 weight-decreasing effect of RSV is estimated to be attributable, in part, to its effects on
241 adipocytes and expression of the FAS gene (Baur et al., 2006, Naderali, 2009). Therefore
242 RSV is a reliable compound for co-administration with RIS for decrease of antipsychotic-
243 induced weight gain and obesity without effecting its therapeutic action.

244 In the present study, RIS exposure produced a significant increase in the activity of
245 liver enzymes. ALT, AST, and GGT indicate a damaged functional and structural hepatic
246 integrity. Oral supplementation of RSV reduces liver injury and improve the elevated serum
247 ALT, AST and GGT activities. While RSV co-treatment curable these changes in all doses, it
248 had the most obvious effect in high doses. Our study results are confirmed by data from the
249 literature (Miguel et al., 2016). In addition, we demonstrated that RSV prevented the increase
250 in TG, TCH, and LDL as well as a decrease in HDL caused by RIS consumption. All doses of
251 RSV caused dose-dependent decreases in serum lipids compared to RIS administrated rats.
252 However, RSV co-treatment curable these changes with more obvious effect and but with a
253 major decrease in the 80 mg/kg dose. The effect of RSV on serum lipids has been reported in
254 earlier experiments (Panico et al., 2017). This finding is probably a consequence of feeding
255 behavior and the increase in body weight. Although underlying physiological pathways are
256 not fully understood, the present findings indicate that RIS increases and RSV decreases
257 serum lipids.

258 In this study, RSV significantly affected the RIS load on the liver, enhanced the
259 reduced TAS, inhibited the elevated TOS and OSI levels, healed impaired hepatic function,
260 and reformed the histopathological changes in the liver. RIS-mediated ROS formation by
261 diminished antioxidant levels and oxidative stress and antioxidant depletion can lead to

262 apoptotic cell death (Armstrong and Jones, 2002). In this study, we found that RSV had a
263 significant protective role in apoptotic cell death, which might be due to the ROS scavenging
264 property. Taking the previous findings and suggestions together, it can be concluded that RSV
265 could prevent RIS-induced liver injury and histological perturbations through the
266 enhancement of antioxidant defense systems, suppression of oxidative stress, and attenuation
267 of apoptosis. Oxidative stress has a vital role in the chain of initiation and progression of liver
268 diseases. In this study, in RIS administration rats, a reduction in TAS level was observed
269 resulting in a rise in TOS and OSI levels as in previous studies (Li et al., 2015). On the other
270 hand, we observed that RSV protected against RIS-induced liver damage by suppressing
271 oxidative stress and apoptosis. In addition, our results demonstrated that TAS levels increased
272 and TOS, OSI levels conspicuously reduced with RSV treatment as reported in prior studies
273 (Faghizadeh et al., 2015). Additionally, the level of antioxidant TAS significantly elevated
274 with 20 mg/kg doses by RSV co-operation. Several studies have demonstrated that the
275 hepatoprotective effect of RSV against liver damage is mediated by its antioxidant and anti-
276 inflammatory properties (Bishayee et al., 2010). A few recent studies have shown that RSV
277 administered to mice in their diet significantly reduced lipids and depressed the expression of
278 genes related to hepatic lipid metabolism (Ahn et al., 2008).

279 Histopathological findings support above oxidative results. The TUNEL assay used
280 for determine apoptotic cells in the liver sections. Histopathological assessment of the liver
281 showed serious damage follow by detrimental effects on the normal structure of the liver in
282 RIS administrated rats including vacuolar degeneration of hepatocytes and fatty changes. RIS-
283 induced toxic effects were prevented through the powerful antioxidant capacity and other
284 biological effects of RSV. Among the three doses, 80 mg of RSV/kg body weight was found
285 to provide optimum protective effect on the liver against RIS induced abnormal changes.
286 Histological observations added more evidence supporting the protective effect of RSV. The
287 present study demonstrated that RIS damaged the histological structure and function and
288 inhibited the endogenous antioxidant defense system in rat liver tissue as reported in previous
289 studies (Radzik et al., 2005). In addition, our results showed, at the first time, that RSV oral
290 supplementation, at safe dose levels, has a noteworthy protective effect against RIS-induced
291 liver damage in rats. This protection makes RSV a promising agent in a variety of conditions
292 in which cellular damage occurs as a result of oxidative stress. RIS-induced liver injury
293 causes increased ROS formation and subsequent toxic events. Accordingly, in our study, with
294 RSV treatment of the cells against RIS exposure, the apoptotic cell injury and death were
295 greatly reduced. The underlying mechanism of the protective quality of RSV may be

296 associated with the suppression of apoptosis via death receptor-mediated pathways.
297 Therefore, previous studies show that antioxidant activity of RSV can be possible because of
298 the effect on mitochondria-independent apoptotic pathways. Hence, RSV may be the best
299 choice against RIS induced side effects.

300 In conclusion, RSV **may be** a promising agent to **mitigate** the adverse effects of RIS,
301 oxidative stress, **and** apoptotic status and **to** reduce weight gain **and the** expression of **the** FAS
302 gene and so prevent liver damage in patients. Thus, daily consumption of RSV should be
303 considered as a promising way to prevent liver damage. Our results could be used **to plan**
304 strategies to protect against **the** adverse effects of RIS in the liver and in other organs. Hence,
305 further in vivo and clinical studies are required to confirm the protective effects of RSV in
306 patients receiving RIS.

307 **Disclosure statement**

308 No potential conflicts of interest were reported.

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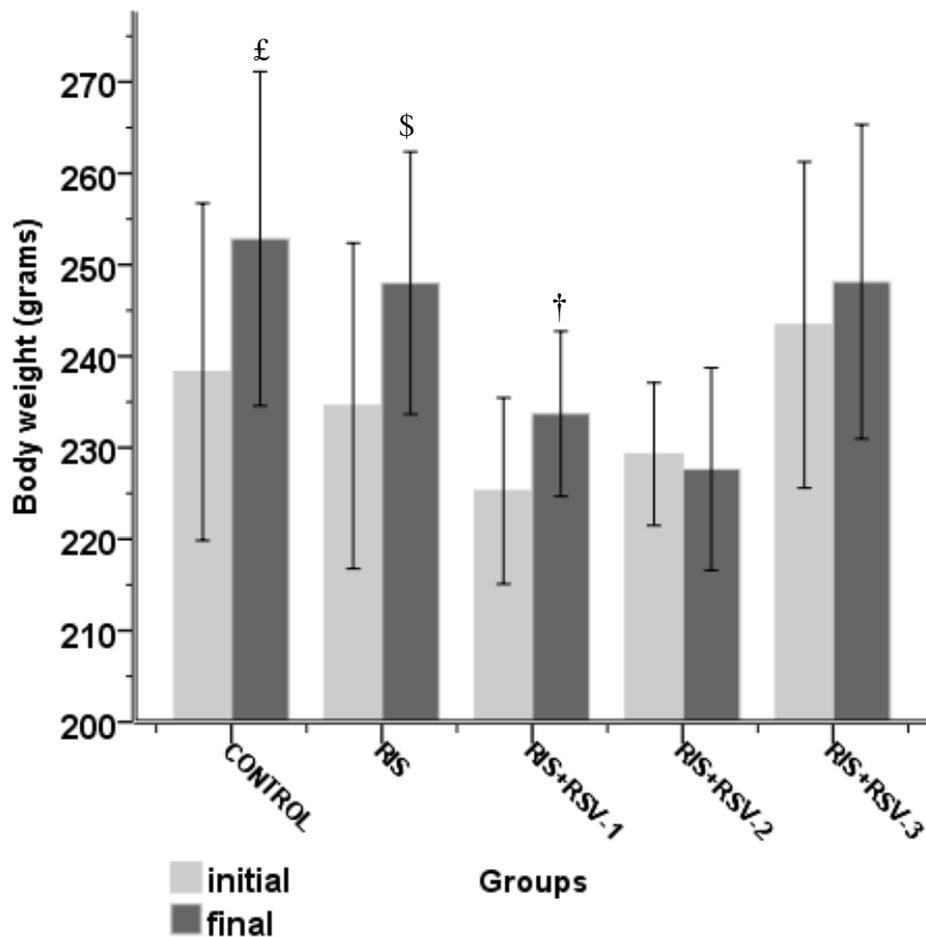
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446 **Figure 1.** Changes in the body weight of experimental rats. Values are expressed as mean \pm
 447 SEM of seven animals. The groups were compared with the paired-samples T-test at the
 448 beginning and end of the treatment. £,\$,† In each column, different superscript letters mean
 449 significant differences at $p < 0.05$. Abbreviations: RIS: risperidone; RSV: resveratrol;
 450 RIS+RSV-1: 2 mg/kg RIS+20 mg/kg RSV; RIS+RSV-2: 2 mg/kg RIS+40 mg/kg RSV;
 451 RIS+RSV-3: 2 mg/kg RIS+80 mg/kg RSV.

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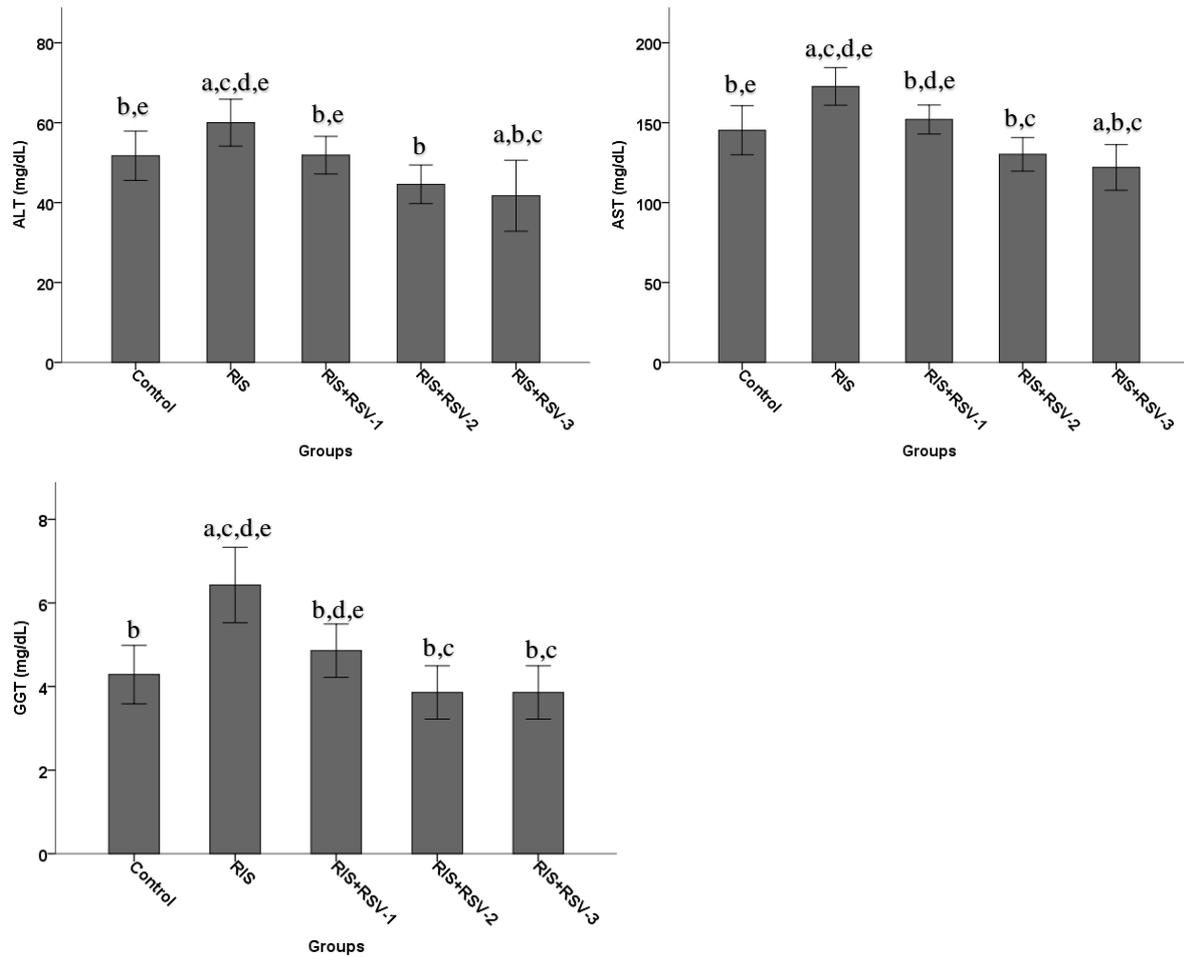
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460 **Figure 2.** Effects of risperidone, resveratrol, and their coadministration on the liver level of
 461 serum ALT, AST and GGT in rats after two weeks. Values are expressed as mean \pm SEM of
 462 seven animals. **Data were subjected to two-way ANOVA.** ^a p<0.05 versus control; ^b p<0.05
 463 versus RIS-treated rats; ^c p<0.05 versus RIS+RSV-1 treated rats; ^d p<0.05 versus RIS+RSV-2
 464 treated rats; ^e p<0.05 versus RIS+RSV-3 treated rats. Abbreviations: RIS: risperidone; RSV:
 465 resveratrol; ALT: alanine aminotransferase; AST: aspartate aminotransferase; GGT: gamma
 466 glutamyl transpeptidase; RIS+RSV-1: 2 mg/kg RIS+20 mg/kg RSV; RIS+RSV-2: 2 mg/kg
 467 RIS+40 mg/kg RSV; RIS+RSV-3: 2 mg/kg RIS+80 mg/kg RSV.

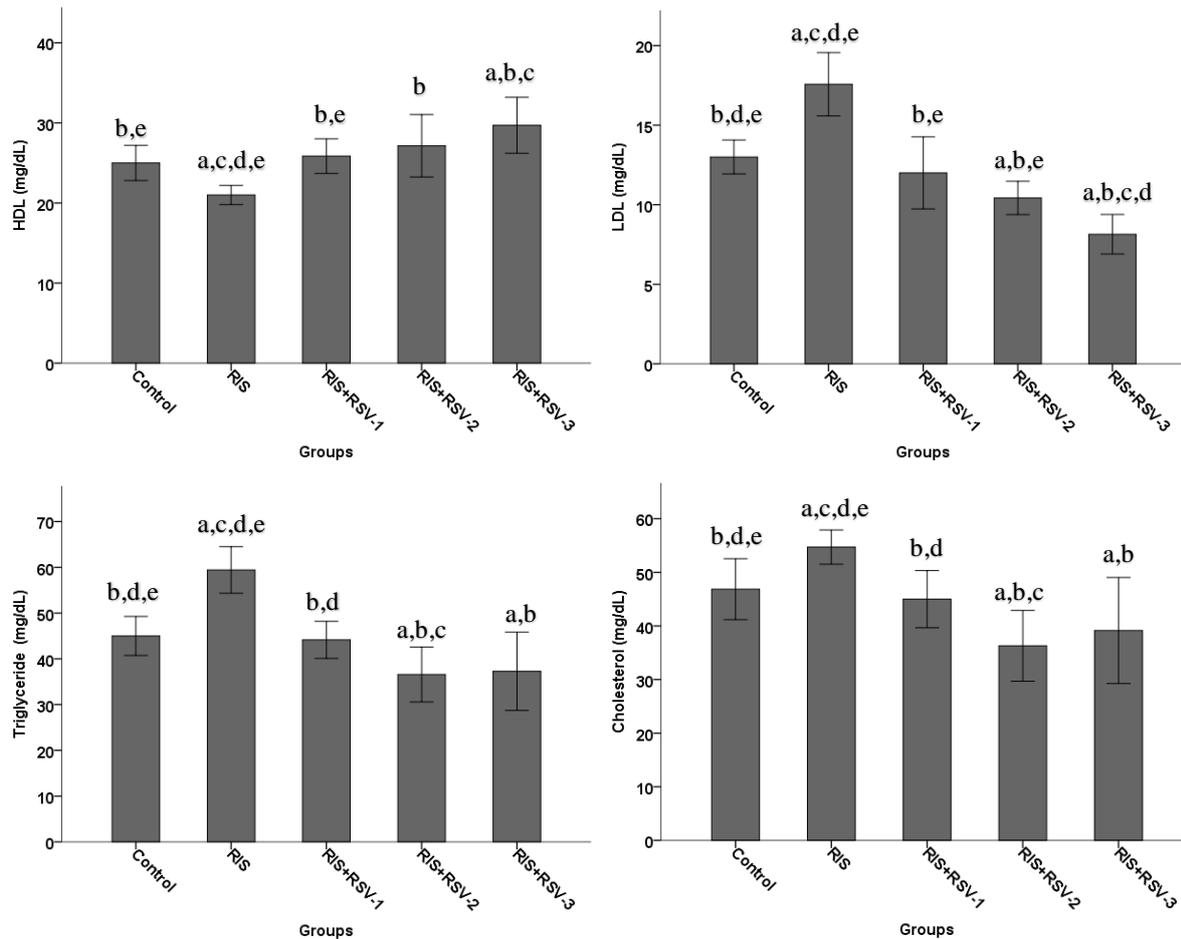
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475 **Figure 3.** Effects of risperidone, resveratrol, and their coadministration on the liver level of
 476 serum HDL, LDL, TG and CH in rats after two weeks. Values are expressed as mean \pm SEM
 477 of seven animals. **Data were subjected to two-way ANOVA.** ^a $p < 0.05$ versus control; ^b $p < 0.05$
 478 versus RIS-treated rats; ^c $p < 0.05$ versus RIS+RSV-1 treated rats; ^d $p < 0.05$ versus RIS+RSV-2
 479 treated rats; ^e $p < 0.05$ versus RIS+RSV-3 treated rats. Abbreviations: RIS: risperidone; RSV:
 480 resveratrol; HDL: high-density lipoprotein cholesterol; LDL: low density lipoprotein
 481 cholesterol; TG: triglycerides; TC: cholesterol. RIS+RSV-1: 2 mg/kg RIS+20 mg/kg RSV;
 482 RIS+RSV-2: 2 mg/kg RIS+40 mg/kg RSV; RIS+RSV-3: 2 mg/kg RIS+80 mg/kg RSV.

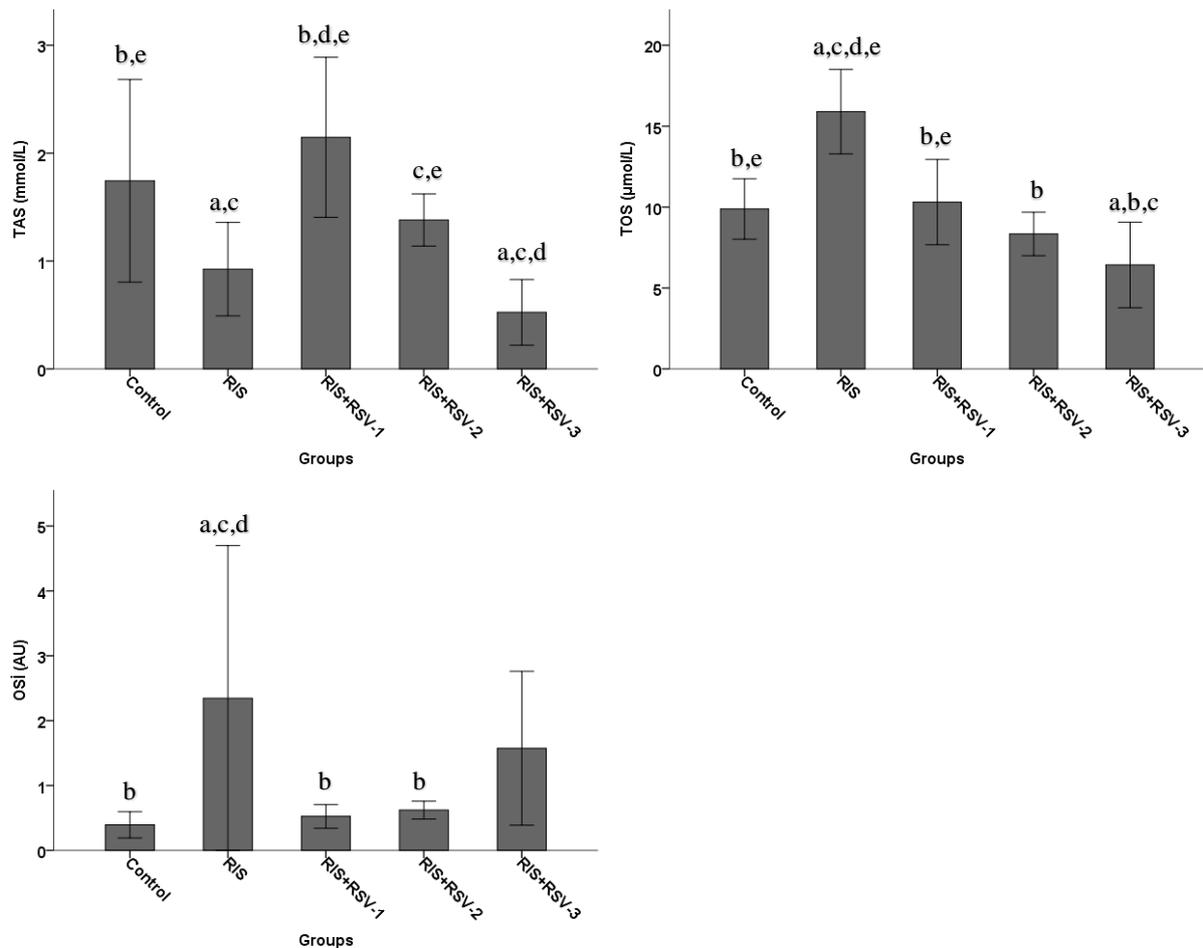
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490 **Figure 4.** Effects of risperidone, resveratrol, and their coadministration on the level of TAS,
 491 TOS and OSI in rats after two weeks. Values are expressed as mean \pm SEM of seven animals.
 492 **Data were subjected to two-way ANOVA.** ^a $p < 0.05$ versus control; ^b $p < 0.05$ versus RIS-
 493 treated rats; ^c $p < 0.05$ versus RIS+RSV-1 treated rats; ^d $p < 0.05$ versus RIS+RSV-2 treated rats;
 494 ^e $p < 0.05$ versus RIS+RSV-3 treated rats. Abbreviations: RIS: risperidone; RSV: resveratrol;
 495 TAS: total antioxidant status; TOS: total oxidant status; OSI: Oxidative stress index;
 496 RIS+RSV-1: 2 mg/kg RIS+20 mg/kg RSV; RIS+RSV-2: 2 mg/kg RIS+40 mg/kg RSV;
 497 RIS+RSV-3: 2 mg/kg RIS+80 mg/kg RSV; AU: Arbitrary Units.

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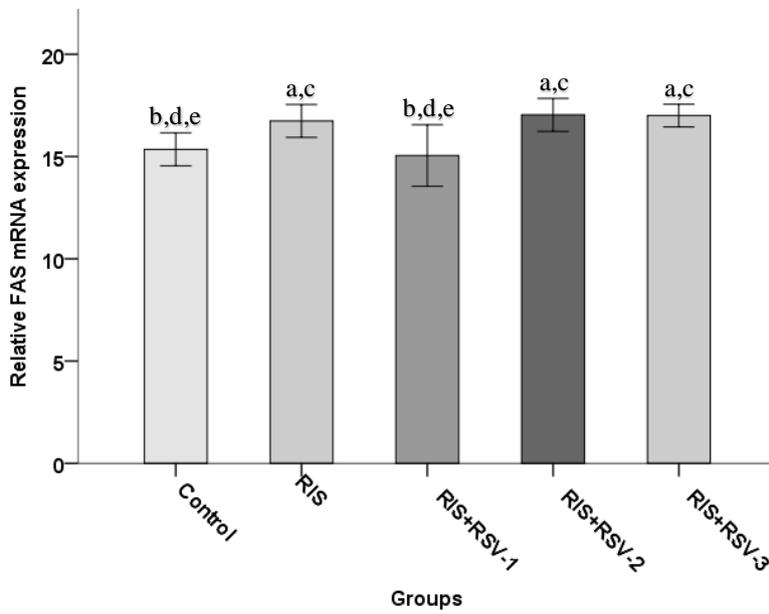
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504 **Figure 5.** Effects of RIS and RSV on the expression of FAS gene in rat liver. Data are means
 505 ± SEM (n = 7). Different letters over the bars represent significant differences, p<0.05.
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511 **Figure Legends**

512 **Figure 6.** Representative photomicrographs of TUNEL staining in all five groups (scale
513 bars=100 μ m), showing: (A) Group 1 (control) only few TUNEL-positive cells (arrow); (B)
514 Group 2 (RIS) a lot of TUNEL-positive cells (arrows); (C) Group 3 (RIS+RSV-1), (D) Group
515 4 (RIS+RSV-2) and (E) Group 5 (RIS+RSV-3) similarly rare TUNEL-positive cells (arrows).
516 This analysis was exerted in at least eight areas of each liver section (two sections/animal),
517 and the sections were analyzed at 400 \times magnification. The evaluation of TUNEL staining was
518 exerted based on the extent of the staining of apoptotic cells. The extent of TUNEL staining
519 was scored semiquantitatively as 0 (no), 1 (light), 2 (medium), and 3 (intense).

Fig. 6A [Download full resolution image](#)

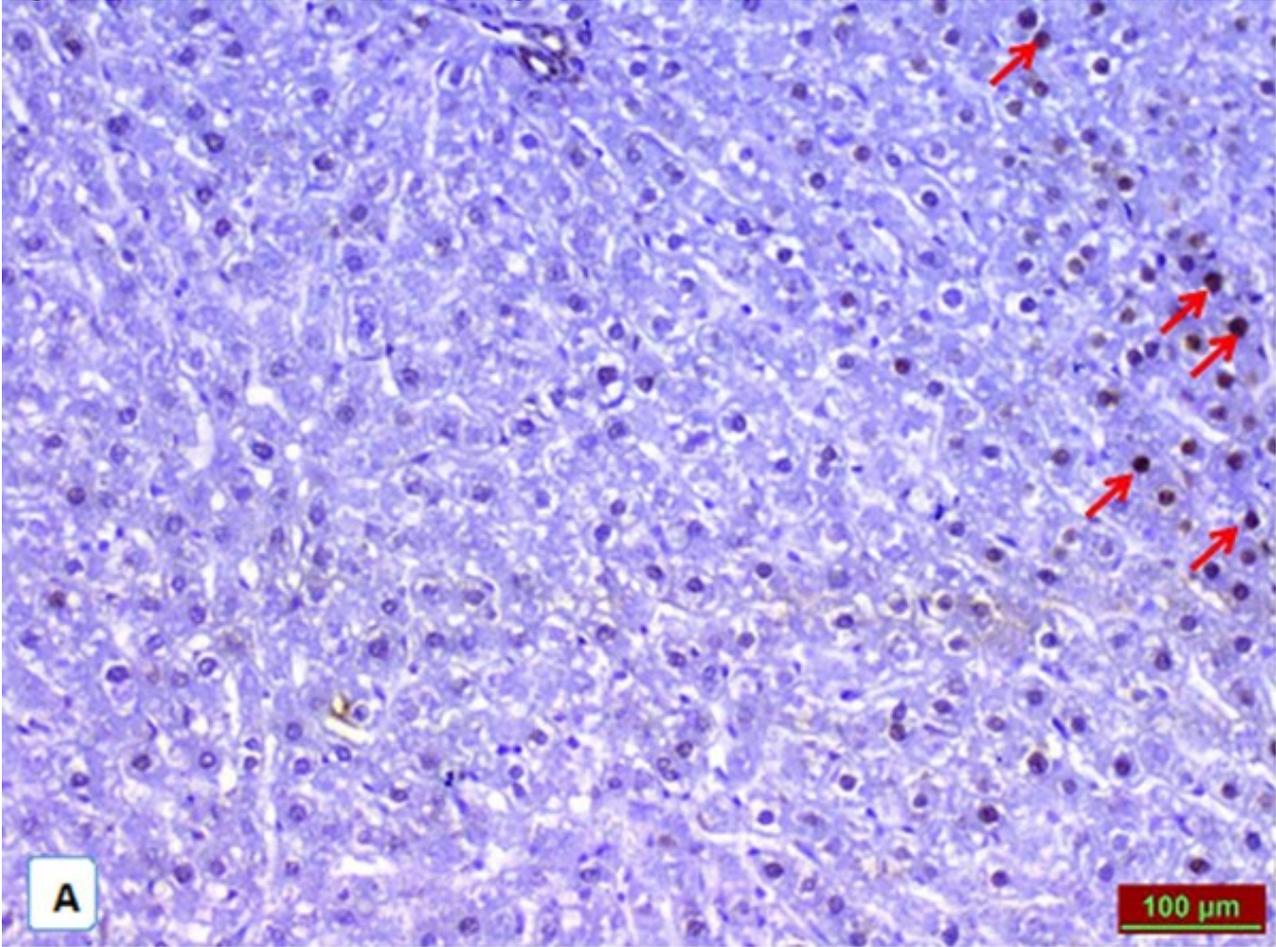


Fig. 6B [Download full resolution image](#)

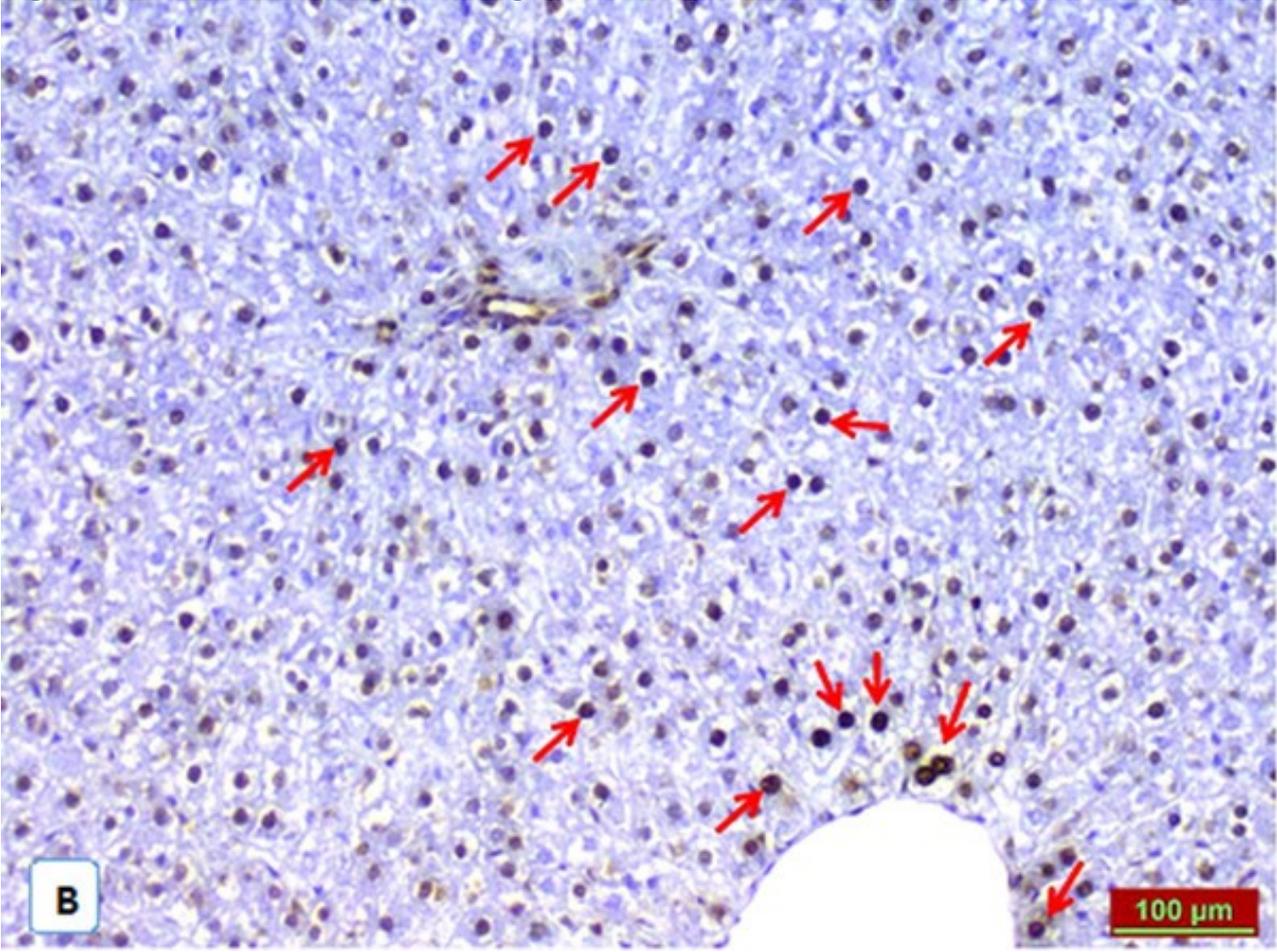


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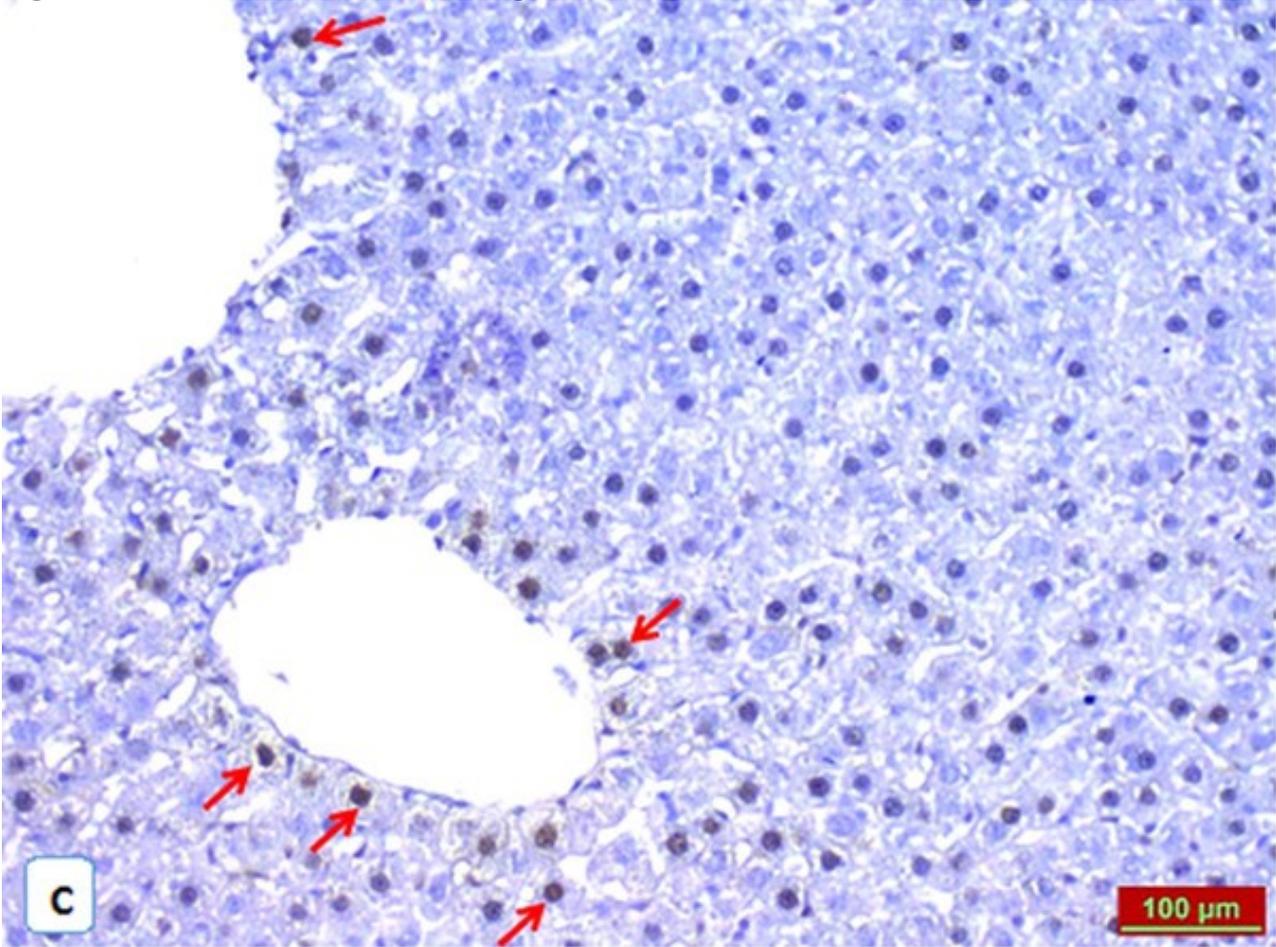


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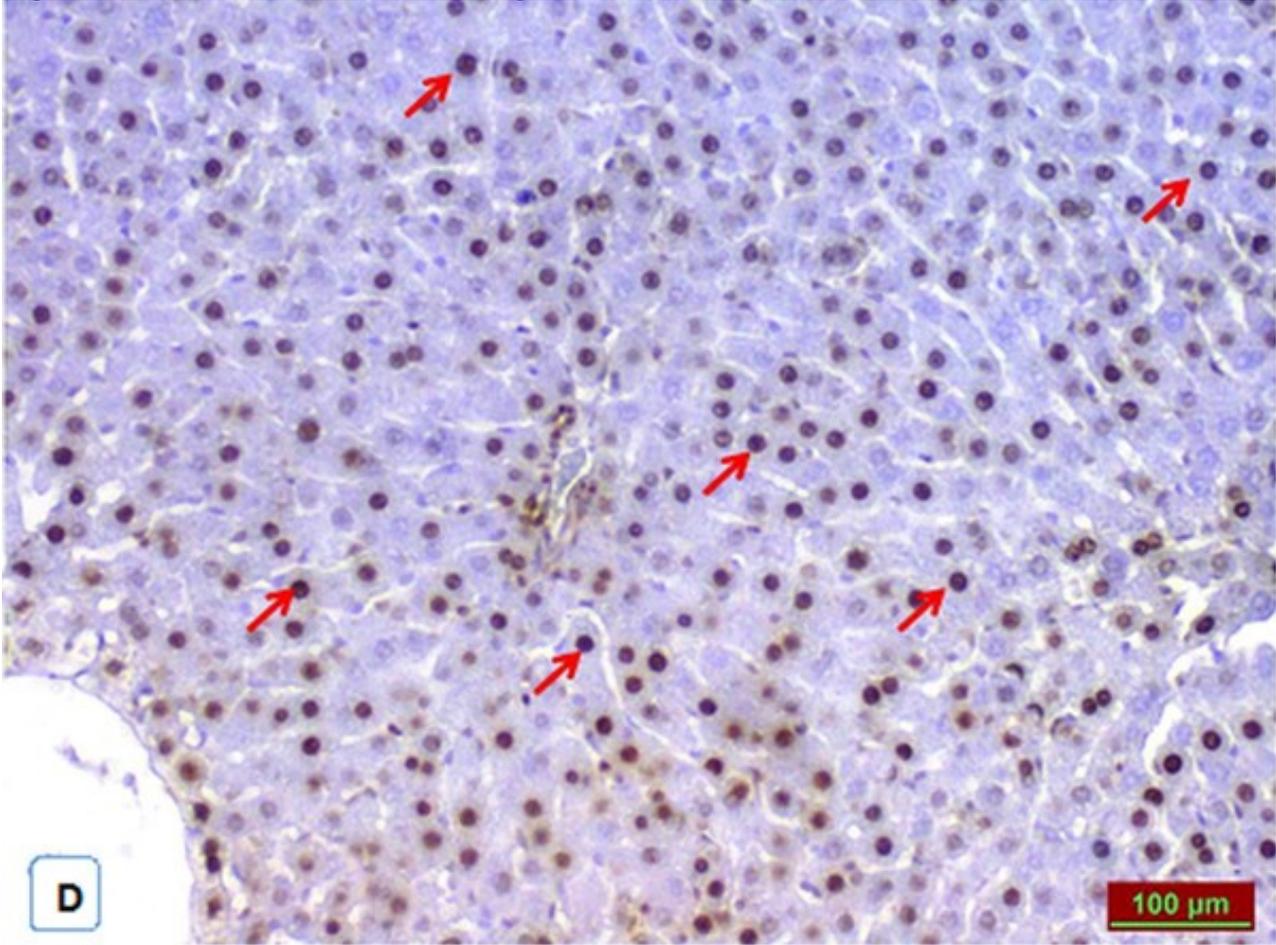


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