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Plasma IL-6 responses to high-intensity cycling exercise

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BACKGROUND

Interleukin-6 (IL-6) belongs to a family of cytokines, which are proteins secreted from various cell types in response to stimuli¹. IL-6 is typically reported as a pro-inflammatory² cytokine, but it has also been seen to partially mediate an anti-inflammatory response³. In metabolism, IL-6 increases the availability of blood glucose and free fatty acids by increasing lipolysis in adipose tissue and glycogenolysis in the liver⁴. It is believed that IL-6 expression and release from contracting skeletal muscle may play a vital role in systemic metabolism by its regulation of substrate availability and use⁵ (Figure 1). Such coordination has important implications for defining how physical activity protects against, and inactivity promotes, the development of chronic metabolic disorders. The exercise-induced elevation of plasma IL-6 has created an interest for its role in initiating biochemical signaling pathways in skeletal muscle, regulating metabolism in healthy individuals, as well as the potential for altered IL-6 function in states of metabolic disease such as type 2 diabetes and obesity⁶. However, IL-6's influence on specific aspects of energy metabolism remains a topic of considerable debate⁶.

Because IL-6 is produced in and released from skeletal muscle during exercise, some scientists have termed it a "myokine." As a result, skeletal muscle is now seen in a new role: an endocrine organ that produces and secretes myokines in response to exercise⁶. Exercise intensity is known to be an important factor in plasma IL-6 concentrations². Higher intensity levels elicit higher concentrations of IL-6, but the specific mechanisms and reasons for this finding remain a topic of debate. Peak levels of IL-6 are reached at the end of the exercise, or shortly thereafter⁷. Although several studies have evaluated the IL-6 response to endurance exercise^{8,9}, the literature lacks a thorough study of how repeated bouts of high-intensity exercise affect IL-6.

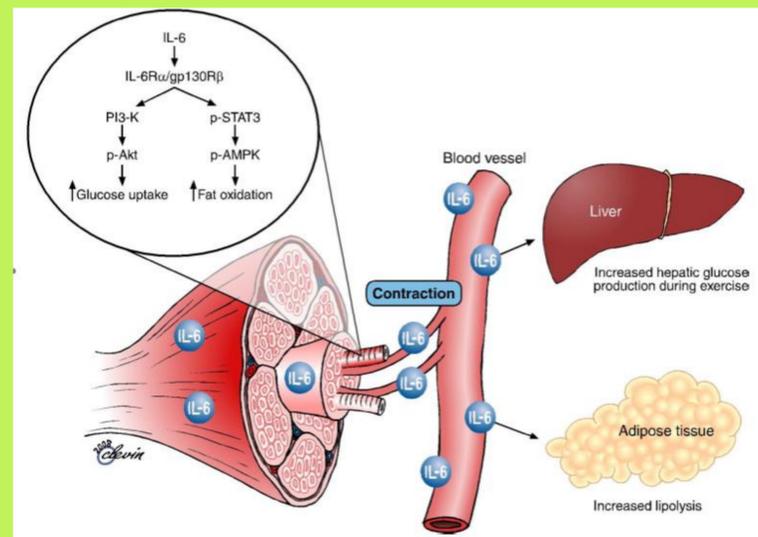


Figure 1. Proposed actions of muscle-derived IL-6 in response to muscle contraction. IL-6 acts as a myokine as it enters the circulation and mobilizes fat stores. IL-6 increases lipolysis in adipose tissue and stimulates glucose production and output by the liver. Locally, IL-6 has autocrine/paracrine actions on the active muscle cells to increase glucose uptake as well as fat oxidation⁶.

PURPOSE:

The purpose of this study was to investigate the plasma IL-6 response to high-intensity cycling exercise.

METHOD:

Participants: 10 healthy college-aged students (n=5 females, n=5 males); see characteristics in Table 1.

Procedure:

- VO₂max Test:** Subjects first completed a graded exercise test using a cycling ergometer (Velotron; RacerMate Inc.), as VO₂ data was gathered with a metabolic cart (TrueMax 2400 Metabolic Measurement System; ParvoMedics). This test provided familiarization with equipment, as well as a quantitative measure of cardiovascular fitness.
- Wingate Test:** Using the protocol of Greer et al.¹⁰, four 30-second Wingate cycling tests were performed. Each Wingate test was separated by 4 minutes of recovery, during which subjects cycled at 20 W. The total test duration was 24 minutes (5-min warm-up, 14-min test, and 5-min cool-down). The predetermined workload for the Wingate test was 7.5% body weight in kp.
- Continuous Test:** The continuous bout of exercise involved the same total work as performed during the Wingate intervals, but this workload was equally distributed over a 14-min duration (The same 5-min warm-up and cool-down were also included.)

An indwelling venous catheter was used to sample blood before, during, and after the exercise bouts at pre-test, 1.5, 6, and 10.5 minutes, as well as post-exercise at 1, 15, 30, and 60 minutes for both protocols (Figure 2). A 48-hr post-exercise blood draw was also taken after both exercise bouts.

Hemoglobin and hematocrit levels were determined to account for exercise-related changes in blood plasma volume. Plasma volume corrections¹¹ were made to analyze whether increased IL-6 concentrations were observed, or merely more concentrated due to a loss of plasma. Hemoglobin and hematocrit were calculated by routine cyanmethemoglobin and microcapillary techniques, respectively (Lourdes Clinical Centrifuge; Lourdes Instrument Corporation). IL-6 concentrations were measured using chemiluminescent immunoassay (Immulite Analyzer; Diagnostic Products Corporation).

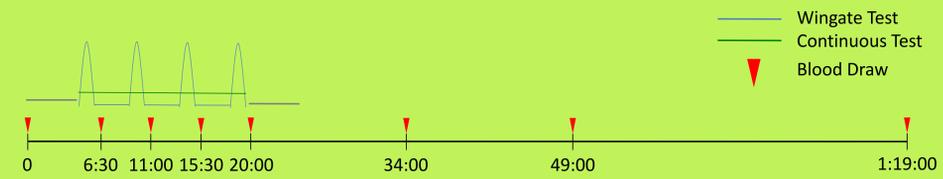


Figure 2. Blood draw schedule during for exercise bouts with running clock. Graph begins at the warm-up and concludes with the 60-min post-exercise sample.

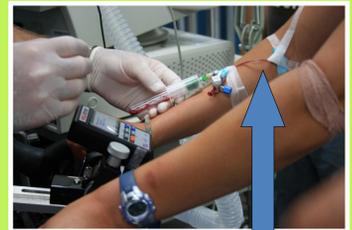


Table 1. Subject details. Values are displayed as mean (SD).

	Age (years)	Height (in)	Weight (lbs)	VO ₂ Max (ml/kg/min)
Females (n=5)	20.6 (1.1)	65.9 (2.7)	154.8 (16.5)	41.1 (7.0)
Males (n=5)	20.8 (0.8)	71.8 (3.5)	165.6 (33.0)	53.1 (6.9)
Total (n=10)	20.9 (0.8)	69.4 (4.1)	161.1 (26.6)	48.3 (8.8)



indwelling venous catheter

heart rate monitor

metabolic cart

cycle ergometer

RESULTS:

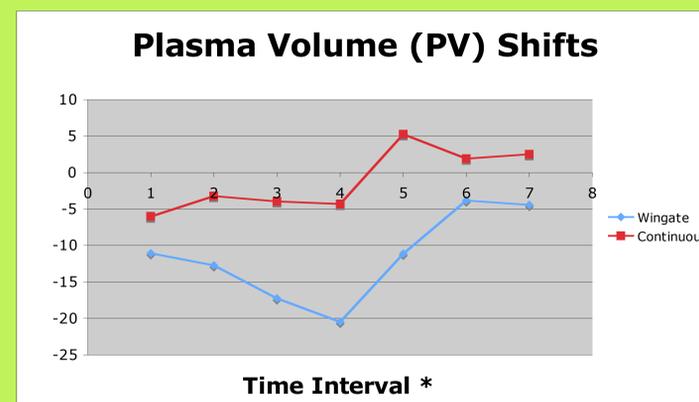


Figure 3. Plasma volume shifts during each time interval for both exercise bouts.

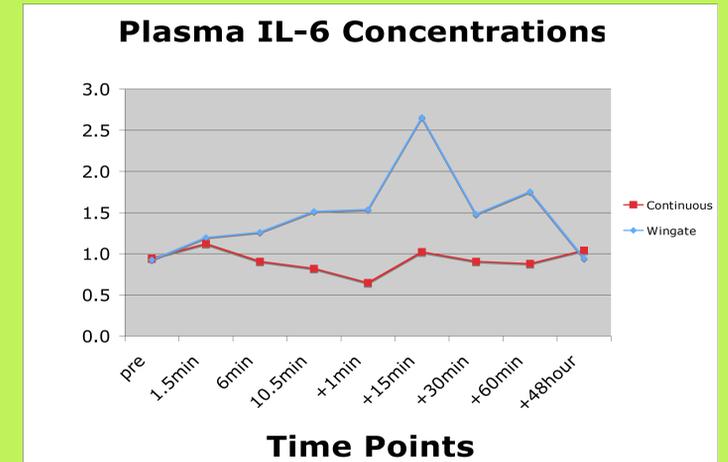


Figure 4. Mean plasma IL-6 concentrations at each time point for both exercise bouts.

SUMMARY:

- The continuous bout of exercise provided a good control for the high-intensity Wingate protocol since both tests accomplished the same amount of work.
- Observed exercise-induced elevations of plasma IL-6 were relatively small and were quite close to normal resting values.
- Physical characteristics and fitness levels of subjects were variable and could have affected the results (especially due to values from one untrained subject).
- Greater plasma volume shifts were observed during the Wingate tests than during the continuous bout.
- Data from only 7 of 10 subjects has been analyzed, so this is a preliminary report.

CONCLUSION:

The relative contributions of the anaerobic and aerobic energy systems differ between the two exercise bouts: the Wingate tests are primarily anaerobic while the continuous bout is predominantly aerobic. It appears that brief stints of maximal cycling exercise (i.e Wingate tests) may be a stimulus for IL-6 release.

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