BLOOD GLUTATHIONE LEVELS IN RHEUMATOID ARTHRITIS

BY
D. WATSON, D. S. BIDMEAD, and G. D. KERSLEY
From the Rheumatism Research Unit of the South West and Oxford Regions, Royal National Hospital for Rheumatic Diseases, Bath
(RECEIVED FOR PUBLICATION SEPTEMBER 30, 1952)

It is well known that sulphydryl (SH) groups are necessary for the activity of important enzyme systems. Recent work by Rall and Lehninger (1952) indicates further, that the SH groups of glutathione play a direct part in electron carriage in cellular respiration. In view of the lesions found in the skeletal muscle in rheumatoid arthritis (Freund and others, 1945; Desmarais and others, 1948), we decided to ascertain whether the availability of the SH compounds of blood bore any relation to these rheumatoid changes. Preliminary experiments indicated that fluctuations in serum protein SH were too variable to relate to the clinical progress of the disease; this report concerns the glutathione content of the blood cells as this alone appeared to show some variation from normal.

Method
Blood analyses were first made by a nitroprusside method (Thompson and Watson, 1952) and later by an amperometric titration (Bidmead and Watson, 1952) which has been shown to give essentially the values obtained by the former procedure. Individual figures for glutathione sulphydryl (GSH) are accurate to ± 2 per cent. and the mean results calculated are for clarity expressed to the nearest mg./100 ml. The packed cell volume was determined in Wintrobe tubes, and the reading, without white cells, was recorded to the nearest 0·5 per cent.

Material
Venous blood was obtained from:
(i) a group of rheumatoid patients,
(ii) healthy subjects under 45 years,
(iii) cases of anaemia having no history of rheumatism.

The third group was subdivided into patients who had suffered loss of blood within a period of 7 days prior to blood analysis and those with a longstanding anaemia without demonstrable blood loss or gross sepsis.

Results
Table I confirms the existence of a raised red cell content of glutathione in chronic anaemia. The blood GSH concentration in these cases remains unaltered, but is considerably depressed in the acutely anaemic group.

<table>
<thead>
<tr>
<th>Anaemia</th>
<th>No.</th>
<th>Packed Cell Volume</th>
<th>Blood GSH (mg./100 ml)</th>
<th>Red cell GSH (mg./100 ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent Blood Loss</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic (no blood loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cases</td>
<td>7</td>
<td>31</td>
<td>22·5</td>
<td>73</td>
</tr>
<tr>
<td>Cases</td>
<td>4</td>
<td>28</td>
<td>31·1</td>
<td>110</td>
</tr>
</tbody>
</table>

In Table II the mean values for rheumatoid patients are compared with a healthy control group. GSH levels of the rheumatoid patients were in addition examined to see if any noteworthy correlation existed between these levels and the activity or duration of the disease, sex, or age. No significant correlation was apparent except in so far as:
1) a slightly higher packed cell volume for men attending a proportionately lower cell GSH value than for women,
2) cases with more highly active disease tend to have more severe anaemia and therefore a higher cell GSH content.

<table>
<thead>
<tr>
<th>Disease</th>
<th>No.</th>
<th>Packed Cell Volume</th>
<th>Blood GSH</th>
<th>Red cell GSH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rheumatoid Arthritis</td>
<td>65</td>
<td>40</td>
<td>32</td>
<td>80</td>
</tr>
<tr>
<td>Ankylosing Spondylitis</td>
<td>6</td>
<td>39</td>
<td>30</td>
<td>77</td>
</tr>
<tr>
<td>Controls</td>
<td>39</td>
<td>43</td>
<td>31</td>
<td>71</td>
</tr>
</tbody>
</table>

Table III gives the mean GSH concentration in the whole blood and red cells of rheumatoid patients with differing degrees of anaemia (as judged by haemoglobin levels). These results suggest that the severity of the anaemia has little effect on estimable GSH concentration in whole blood, but that a raised
erythrocyte GSH content is present in the more anaemic cases.

<table>
<thead>
<tr>
<th>Degree of Anaemia</th>
<th>No.</th>
<th>Blood GSH</th>
<th>Red cell GSH</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>16</td>
<td>30 (0–5)</td>
<td>92</td>
</tr>
<tr>
<td>Slight</td>
<td>22</td>
<td>31</td>
<td>80</td>
</tr>
<tr>
<td>Moderate</td>
<td>27</td>
<td>33</td>
<td>73</td>
</tr>
</tbody>
</table>

A marked decrease in muscle GSH (in animals) and blood GSH in man (sometimes as much as 30 per cent.) has been reported following administration of growth hormone (Gregory and Goss, 1950), cortisone (Lazarow and Berman, 1950), and ACTH and hydrocortisone (Conn and others, 1948, 1949, 1951). A hyperglutathionemia has been shown to follow the administration of DOCA (Binet and Poutonnet, 1943; Gruner and Phillips, 1949) and the production of an insulin hypoglycaemia in dogs. (Zunz, 1932—confirmed in our own laboratory in cases under treatment.) After administering ACTH, hydrocortisone, and cortisone acetate to three patients with rheumatoid arthritis, workers from the Mayo Clinic (Sprague and others, 1950) were unable to find any consistent pattern of change in blood GSH.

A number of estimations of red cell glutathione were made during the course of treating nine cases of rheumatoid arthritis with ACTH (100 mg. per day) and five cases with cortisone (200 mg. daily). In no case was a fasting glycosuria produced. No regular or consistent change in GSH level was found during the course of treatment. Two cases completely resistant to ACTH (Kersley and others, 1952) showed a slight degree of hypogluthationaemia, but in the other cases no correlation between GSH levels and clinical response was found.

Summary

Using an improved method of estimation, erythrocyte glutathione levels in rheumatoid arthritis (before and after treatment) were investigated: no quantitative alteration attributable to the rheumatic process was found.

Any variations in GSH levels in rheumatoid arthritis appeared to be associated with the accompanying anaemia, and they support the haematological evidence already available (Jeffrey, 1952) that this anaemia is of haematopoietic origin rather than due to hydreaemia. These results also agree with those of Joiner (1952).

Cortisone and ACTH produced no consistent changes in GSH, and when a slight depression of whole blood and cell glutathione occurred it was not necessarily related to clinical improvement.

We wish to thank the physicians and surgeons of the Royal United Hospital, Bath, the blood donors of the Royal National Hospital for Rheumatic Diseases, and members of this Unit for their co-operation.

REFERENCES


Taux sanguins de glutathion dans l’arthrite rhumatismale

RÉSUMÉ

Le taux érythrocytaire de glutathion (GSH) dans l’arthrite rhumatismale (avant et après le traitement) fut déterminé au moyen d’un procédé amélioré de dosage. On ne trouvait aucune altération quantitative que l’on puisse attribuer aux processus rhumatismal.

Toutes les variations du taux de GSH paraissent être liées à l’anémie accompagnant l’arthrite rhumatismale, ce qui vient à l’appui des données hémato-lógiques existantes (Jeffrey, 1952) tendant à établir l’origine hémopoïétique plutôt qu’hydramique de cette anémie. Ces résultats s’accordent aussi avec ceux de Joiner (1952).

La cortisone et l’ACTH ne provoquent pas d’altérations uniformes du taux de GSH, et de légères diminutions rencontrées dans le sang total et dans les éléments figurent ne furent pas nécessairement en rapport avec l’amélioration clinique.

Tasa sanguínea de glutatión en la artritis reumatoide

SUMARIO

Se ha determinado, empleando un procedimiento perfeccionado de dosificación, las cifras eritrocitarias de glutatión (GSH) en la artritis reumatoide, antes y después del tratamiento. No se encontró alteraciones cuantitativas que se pudiera atribuir al proceso reumatoide.

Todas las variaciones de la tasa de GSH parecen estar ligadas a la anemia asociada, lo que añade una prueba más a los datos hematólogicos existentes (Jeffrey, 1952) que establecen el origen hemoipoético más bien que hidrémico de esta anemia. Estos resultados concordan también con los de Joiner (1952).

La cortisona y la ACTH no motivaron alteraciones uniformes de la tasa de GSH; las ligeras bajas de glutatión que ocurrieron en la sangre total y en los glóbulos no estuvieron necesariamente en relación con las mejoras clínicas.
Blood Glutathione Levels in Rheumatoid Arthritis

D. Watson, D. S. Bidmead and G. D. Kersley

*Ann Rheum Dis* 1952 11: 292-293
doi: 10.1136/ard.11.4.292

Updated information and services can be found at:
http://ard.bmj.com/content/11/4/292.citation

**Email alerting service**

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

**Notes**

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/