Additive anti-inflammatory effect of formoterol and budesonide on human lung fibroblasts

F M Spoelstra, D S Postma, H Hovenga, J A Noordhoek, H F Kauffman

Background: It has been shown that treatment with a long acting β, agonist in addition to a glucocorticoid is beneficial in the treatment of asthma. In asthma inflammatory cells, particularly eosinophils, migrate into the pulmonary tissue and airway lumen by means of adhesion molecules expressed on resident tissue cells—that is, fibroblasts—and become activated by cytokines and adhesive interactions. A study was undertaken to determine whether an interaction exists between the long acting β, agonist formoterol and the glucocorticoid budesonide on inhibition of adhesion molecule expression, as well as chemokine production by human lung fibroblasts.

Methods: Lung fibroblasts were preincubated with therapeutically relevant drug concentrations of 10⁻⁴ M to 10⁻⁶ M. Cells were stimulated with interleukin (IL)-1β (1 or 10 U/ml) for 8 hours and supernatants were collected for measurement of GM-CSF and IL-8 concentrations. The cells were fixed and subjected to a cell surface ELISA technique to measure the expression of ICAM-1 and VCAM-1.

Results: Formoterol exerted an additive effect on the inhibition of IL-1β stimulated ICAM-1 and VCAM-1 upregulation and GM-CSF production by budesonide in concentrations of 10⁻⁶ M and above (p<0.05). IL-8 production was not influenced by formoterol.

Conclusion: Formoterol exerts an additive effect on the anti-inflammatory properties of budesonide. In vitro data support the finding that the combination of budesonide and formoterol in asthma treatment strengthens the beneficial effect of either drug alone.

The treatment of asthma generally consists of inhaled glucocorticoids supplemented with inhaled β, adrenoceptor agonists. Clinical studies show that the addition of the long acting β, agonist formoterol to the glucocorticoid budesonide, as well as the combination of salmeterol and beclomethasone dipropionate or fluticasone propionate, result in an improvement in asthma symptoms and lung function and a reduction in the number of exacerbations. There are reports of interactions between β, agonists and glucocorticoids on the mechanistic level and in vitro studies have shown additive and synergistic effects on the inflammatory properties of resident pulmonary cells.

Glucocorticoids inhibit virtually all steps in the inflammatory response including cytokine production and adhesion molecule upregulation on a variety of cell types. For instance, budesonide and dexamethasone have been shown to inhibit ICAM-1 and VCAM-1 expression on activated epithelial and endothelial cells and on fibroblasts. Glucocorticoids also inhibit GM-CSF, IL-8 and IL-6 production by epithelial cells and fibroblasts.

Long acting β, agonists are generally considered to be smooth muscle relaxants, while their anti-inflammatory properties are still a matter of debate. Their anti-inflammatory effects are indicated by an inhibitory effect on granulocyte adhesion to epithelium and on infiltration of inflammatory cells in the skin and lung of guinea pigs. Wallin and colleagues also recently reported the inhibition by formoterol of eosinophil infiltration in asthma. Formoterol inhibits ICAM-1 and VCAM-1 upregulation on human lung fibroblasts as induced by different cytokines. Salmeterol has been shown to inhibit GM-CSF production in blood mononuclear cells after Der p 1 stimulation.

Human lung fibroblasts may be involved in the inflammatory process of asthma. In vitro they express adhesion molecules such as ICAM-1 and VCAM-1 and increase their expression after specific cytokine stimuli; thus possibly facilitating adhesion and transmigration of inflammatory cells in the lungs. Furthermore, lung fibroblasts produce large amounts of GM-CSF and IL-8 after stimulation by proinflammatory cytokines. These products are able to activate and/or attract eosinophils and neutrophils. The effects of the combination of inhaled budesonide and formoterol in vivo may therefore be partly achieved through modulation of lung fibroblast activation.

We have investigated the effect of formoterol on the anti-inflammatory action of budesonide reflected by inhibition of adhesion molecule (ICAM-1, VCAM-1) upregulation and cytokine (GM-CSF, IL-8) production by human lung fibroblasts.

METHODS

Fibroblast culture

Pulmonary parenchyma was obtained from bilobal lung resection material (of healthy lobe) after oncological surgery from a non-asthmatic individual. Fibroblasts were obtained using the explant technique in which fibroblasts grow from resection material (of healthy lobe) after oncological surgery. Fibroblasts were cultured in Ham’s complete medium (BioWhittaker, Verviers, Belgium) supplemented with 10% fetal calf serum (FCS) (Bodinko BV, Alkmaar, The Netherlands), 125 µg/ml Na-penicillin G (Yamanouchi Pharma, Leiderdorp, The Netherlands), and 125 µg/ml streptomycin sulphate (Radiumfarma-Fisiopharma, Milano, Italy), hereafter referred to as Ham’s complete medium and passed by trypsinisation with trypsin-EDTA (BioWhittaker) in a 1:4 ratio, grown to confluence (passage 3) in 7 days (microscopical examination) in 96-well or 24-well culture plates (Costar).

Abbreviations: VCAM-1, vascular cell adhesion molecule; ICAM, intercellular adhesion molecule; GM-CSF, granulocyte-macrophage colony stimulating factor; IL, interleukin; AP-1, activator protein-1; NfκB, nuclear factor κB; PKA, protein kinase A.
Europe Ltd, Badhoevedorp, The Netherlands) and used for experiments. Fibroblast characterisation was performed with antibodies against vimentin, cytokeratin, desmin, smooth muscle actin, and fibronectin using fluorescence microscopy. Fibroblast purity was more than 98%, the only contaminating cells being smooth muscle cells. Two other lung fibroblast strains derived from tissue of two different non-asthmatic individuals were also used and comparable results were achieved.

**Drugs**

Budesonide was obtained from a Pulmicort Turbuhaler (Astra Pharmaceutica BV, Zoetermeer, The Netherlands) and dissolved in 96% ethanol in a concentration of 10⁻⁸ M. Subsequently, solutions of 10⁻⁸ to 10⁻⁶ M budesonide (considered therapeutically relevant concentrations) were prepared in Ham’s complete medium. Formoterol fumarate dihydrate (Astra Draco AB, Lund, Sweden) was dissolved in DMSO in a concentration of 10⁻³ M. Working solutions (10⁻⁶ to 10⁻⁴ M) considered to be therapeutically relevant were prepared in Ham’s complete medium. Viability of confluent fibroblasts after incubation with different concentrations of budesonide, formoterol, or the combination was assessed using trypan blue exclusion and was always more than 95%.

**Inhibition of ICAM-1 and VCAM-1 expression**

Confluent fibroblast layers in 96-well plates were preincubated for 45 minutes with different concentrations of budesonide and/or formoterol (10⁻⁸–10⁻⁶ M) followed by stimulation for 8 hours (providing optimal expression) with 1 U/ml IL-1β (to mimic a chronic inflammatory environment) (Boehringer Mannheim, Mannheim, Germany) in the presence of budesonide alone, formoterol alone, or a combination of the two drugs (total volume 100 µl). Ethanol and DMSO were used as vehicle controls for budesonide and formoterol 10⁻⁴ M, respectively. Ham’s complete medium was used as baseline control.

In additional experiments, 1 hour before incubation of the combined drugs the cells were preincubated either with budesonide alone or formoterol alone in order to test possible divergent effects resulting from a difference in the sequence of addition. Subsequently, fibroblasts were washed twice with 200 µl cold PBS supplemented with 0.01% CaCl₂ and fixed for 10 minutes in 96% ethanol at 4°C. Fibroblasts were dried on air for 30 minutes and stored at 4°C for maximally 14 days until determination of adhesion molecule expression.

**Cytokine production**

Confluent fibroblast layers in 24-well plates were preincubated for 45 minutes with different concentrations of budesonide and/or formoterol, followed by stimulation for 8 hours with 10 U/ml IL-1β (Boehringer Mannheim, Mannheim, Germany) in the presence of budesonide, formoterol, or a combination of the drugs (total volume 1 ml). Ham’s complete medium was used as a control. Cell-free media were stored at −80°C for later measurement of cytokine concentrations using GM-CSF (R&D Systems) and IL-8 (CLB, Amsterdam, The Netherlands).

### Table 1

<table>
<thead>
<tr>
<th>Activation parameter</th>
<th>Unstimulated</th>
<th>IL-1β stimulated</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICAM-1 (OD₄₉₀nm)</td>
<td>0.264 (0.168–0.404)</td>
<td>2.461 (2.301–2.604)*</td>
</tr>
<tr>
<td>VCAM-1 (OD₄₉₀nm)</td>
<td>0.621 (0.398–0.664)</td>
<td>1.222 (0.896–1.460)*</td>
</tr>
<tr>
<td>GM-CSF (pg/ml)</td>
<td>10 (6–12)</td>
<td>1.470 (1.293–1.766)*</td>
</tr>
<tr>
<td>IL-8 (ng/ml)</td>
<td>0.2 (0.2–0.4)</td>
<td>74 (60–79)*</td>
</tr>
</tbody>
</table>

Optical density (OD) and concentrations are represented as median (interquartile range) values. *p<0.05 compared with unstimulated human lung fibroblasts.

Figure 1  Effects of budesonide [open bars], formoterol [dark shaded bars] or both [light shaded bars] in concentrations of 10⁻⁸–10⁻⁴ M on (A) ICAM-1 and (B) VCAM-1 upregulation of human lung fibroblasts induced by IL-1β (1 U/ml). Results are presented as median percentages of inhibition with interquartile range (n=6). v=vehicle control of 10⁻⁴ M budesonide, formoterol, or both. *p<0.05 compared with expression after IL-1β stimulation, #p<0.05 compared with inhibition of budesonide and formoterol alone (additive effect).
enzyme linked immunosorbent assay (ELISA) kit, according to the manufacturer's instructions.

**Data analysis**

ICAM-1 and VCAM-1 expression was calculated as mean values of optical density (OD, 490 nm) from quadruplicate determinations within one experiment after subtracting OD values of IgG1 isotype control. Coefficients of variation did not exceed 10%; outlying OD values within quadruplicates were only omitted when they exceeded 2SD values of the mean. To evaluate statistical differences the mean OD of the quadruplicate determinations representing ICAM-1 and VCAM-1 expression and GM-CSF and IL-8 concentrations in pg/ml were tested using the non-parametric Wilcoxon signed rank test for related samples and Friedman's test. Six separate experiments were performed. Differences were considered significant at p<0.05. Percentages of inhibition are presented as median values with interquartile ranges. IC50 values were calculated from the individual concentration response curves by linear regression and are presented as median values with interquartile ranges.

**RESULTS**

**Inhibition of ICAM-1 and VCAM-1 upregulation on lung fibroblasts**

IL-1β upregulated ICAM-1 and VCAM-1 expression significantly on human lung fibroblasts (table 1). Budesonide and formoterol both inhibited IL-1β induced ICAM-1 (fig 1A) and VCAM-1 (fig 1B) upregulation in a dose dependent manner, being significant at concentrations of 10^-8 and 10^-7 M. Inhibition by the combination of budesonide and formoterol was significantly larger than with either of them used alone in all assessed concentrations. Furthermore, inhibition of ICAM-1 and VCAM-1 upregulation occurred at a concentration of 10^-7 M (16 (9–36)% and 47 (8–56)% respectively). Formoterol had mainly an additive effect on the inhibition of IL-1β induced ICAM-1 and VCAM-1 upregulation by budesonide on lung fibroblasts. Vehicle controls for 10^-8 M did not significantly influence ICAM-1 and VCAM-1 upregulation, except for significantly enhanced VCAM-1 upregulation by ethanol (budesonide vehicle control, 124 (95–176)%). IC50 values for budesonide, formoterol, and the combination of the two drugs are presented in table 2.

We also assessed the effect of the combination of budesonide and formoterol when one of the two was preincubated for 1 hour before the combined drugs to determine any possible divergent effects when the sequence of addition of formoterol and budesonide was changed. No significant differences were found between additional preincubation of the separate drugs and the simultaneous incubation of budesonide and formoterol (data not shown).
controls for budesonide and formoterol, but not the combination, significantly enhanced GM-CSF production by 120 (105–129)% and 120 (109–122)%, respectively. IC₅₀ values for budesonide, formoterol, and the combination of the two drugs are presented in table 2.

IL-8 production after IL-1β stimulation was significantly inhibited by budesonide in a dose dependent manner but, in contrast to the effect on GM-CSF, there was no additive effect of formoterol at the concentrations assessed (fig 2B). Moreover, formoterol alone did not significantly inhibit IL-8 production. Vehicle controls did not influence IL-8 production significantly.

Additional preincubation of either budesonide or formoterol separately 1 hour before the combination of the drugs was added showed a significantly stronger inhibitory effect on GM-CSF production than standard preincubation (not shown). This stronger inhibitory effect did not apply to IL-8 production.

**DISCUSSION**

This study shows that budesonide inhibits both GM-CSF and IL-8 production of human lung fibroblasts after IL-1β stimulation. Formoterol exerts an additive effect on the inhibition of IL-1β induced GM-CSF production, but not on inhibition of IL-8 production by budesonide. Formoterol also exerts mainly an additive effect on the inhibition of IL-1β induced ICAM-1 and VCAM-1 upregulation by budesonide.

Our observations suggest that the combination of budesonide and formoterol as therapeutic treatment may have an increased inhibitory effect on chronic inflammation in the airways of asthmatic individuals compared with the separate use of these drugs. Upregulation of adhesion molecules on resident pulmonary cells is diminished, which may lead to reduced infiltration of inflammatory cells. Production of GM-CSF is also diminished, which may lead to decreased activation and chemotaxis of eosinophils in the pulmonary tissue. Prevention of migration and activation of inflammatory cells probably results in better control of chronic and acute inflammation and less bronchoconstriction and hyperresponsiveness.

Our in vitro data are in accordance with data from clinical studies evaluating the effect of formoterol in addition to glucocorticoids. It has been shown that formoterol has an additive effect on inhaled glucocorticoids in reducing symptoms and the number of exacerbations and improving morning peak expiratory flow (PEF) and forced expiratory volume in 1 second (FEV₁). Salmeterol and salbutamol alone did not inhibit IL-8 release from human airway smooth muscle cells but they enhanced the inhibition induced by dexamethasone and fluticasone. Salbutamol alone had an inhibitory effect on eotaxin production by human airway smooth muscle cells, and this effect was stronger when salbutamol was combined with dexamethasone or fluticasone. Results of an in vivo study in which reversion or prevention of formoterol induced β₂ adrenoceptor tolerance by systemic glucocorticoids was found also support the beneficial effects of combining glucocorticoids and β₂ agonists. In contrast, there are also reports in which glucocorticoids do not prevent the development of tolerance induced by β₂ agonists.

There are several reports of antagonistic actions of β₂ agonists and glucocorticoids at the cellular level. Kankaanranta et al. reported that, in contrast to glucocorticoids, β₂ agonists delayed eosinophil apoptosis. The addition of salmeterol (long term exposure) to dexamethasone resulted in an antagonistic effect on the inhibition of superoxide production by eosinophils. In the same in vitro study an antagonistic effect of albuterol on dexamethasone induced eosinophil apoptosis was also found. On the other hand, albuterol did not antagonise the inhibition of GM-CSF and TNFα production of monocytes by budesonide and the long acting β₂ agonist salmeterol had an additive effect on the inhibition of GM-CSF production in blood mononuclear cells by dexamethasone.

Discrepancies in the abovementioned studies may be the result of differences in cell specificity, in the measured inflammatory variables, in the incubation time of the drug, or in the nature of the stimulus used.

Glucocorticoids act via AP-1 and NFκB by binding of GC-GR to these transcription factors. Through this mechanism they probably influence gene transcription of adhesion molecules and cytokines. Formoterol stimulates β₂ adrenoceptors which causes activation of the adenylyl cyclase system and a rise in intracellular cAMP levels, leading to PKA activation. PKA, in turn, is able to activate CAM responsive element binding protein (CREB). CREB can interact with transcription factors such as AP-1 and NFκB, thus interfering with gene transcription.

There are different possible interactions between glucocorticoids and β₂ agonists ranging from synergistic or additional effects to antagonistic effects. The additive effects reported here probably result from the fact that both CREB and the GC-GR complex bind the transcription factors that are necessary for induction of gene transcription of ICAM-1, VCAM-1, and GM-CSF. An alternative possibility is that glucocorticoids increase transcription of the β₂ adrenoceptor in lung tissue and prevent desensitisation of this receptor after long term exposure to β₂ agonists.

In conclusion, formoterol had a mainly additive effect on inhibition of GM-CSF production in blood mononuclear cells by dexamethasone. Discrepancies in the abovementioned studies may be the result of differences in cell specificity, in the measured inflammatory variables, in the incubation time of the drug, or in the nature of the stimulus used.

ACKNOWLEDGEMENTS

The authors thank Dr M Boorsma for critically reading the manuscript. This study was supported by a grant from AstraZeneca, The Netherlands.
REFERENCES


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*Thorax* 2002 57: 237-241
doi: 10.1136/thorax.57.3.237

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