

Viewpoint

Macrophage Foam Cell Formation During Early Atherogenesis Is Determined by the Balance Between Pro-Oxidants and Anti-Oxidants in Arterial Cells and Blood Lipoproteins

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ABSTRACT

Atherosclerosis is a multifactorial disease, where more than one mechanism, along more than one step, contributes to macrophage cholesterol accumulation and foam cell formation, the hallmark of early atherogenesis. Arterial macrophages take up oxidized low-density lipoproteins (Ox-LDL), leading to cellular accumulation of cholesterol and oxysterols. Atherogenic modifications of LDL include, in addition to oxidation, retention and aggregation. Intervention to inhibit LDL oxidation can affect the above additional LDL modifications. Indeed, we have demonstrated in the atherosclerotic apolipoprotein E-deficient mice that consumption of vitamin E or of flavonoids from red wine or licorice decreased LDL oxidation, LDL retention, and LDL aggregation and attenuated macrophage foam cell formation and atherosclerosis. The balance between pro-oxidants and anti-oxidants in the LDL particle (such as cholesteryl ester vs. vitamin E), as well as in arterial wall macrophages (such as NADPH oxidase vs. glutathione), determines the extent of LDL oxidation. Antioxidants can protect LDL from oxidation not only by their binding to the lipoprotein, but also following their accumulation in cells of the arterial wall. Whereas antioxidants can prevent the formation of Ox-LDL, human serum paraoxonase (PON 1), an HDL-associated esterase that hydrolyzes organophosphates, can eliminate oxidized LDL (by hydrolysis of its lipid peroxides), which is formed when antioxidant protection is not sufficient. Ox-LDL, in turn, can inactivate paraoxonase activity. Thus, the combination of antioxidants together with active paraoxonase decreases the formation of Ox-LDL and preserves PON1's ability to hydrolyze this atherogenic lipoprotein and hence, to attenuate atherosclerosis. *Antiox. Redox Signal.* 1, 585-594.

INTRODUCTION

THIS VIEWPOINT SUMMARIZES our current understanding of the causal relationship between oxidative stress and atherosclerosis. Atherosclerosis is a multifactorial disease and low-density lipoprotein (LDL) oxidation can be induced by all major cells of the arterial wall along the progression of atherogenesis, via sev-

eral different mechanisms. An appropriate balance between processes that stimulate or inhibit oxidative stress, LDL oxidation, and additional LDL atherogenic modifications (which are related to lipids peroxidation) determines the progression rate of atherogenesis. The originality of the viewpoint is in its emphasis on the role in atherosclerosis, of pro-oxidants versus anti-oxidants, which are either bound to

LDL or accumulated in arterial cells. Intervention means to attenuate atherosclerosis should thus take into consideration the balance between stimulators and inhibitors of oxidative stress.

LDL RETENTION, OXIDATION, AND AGGREGATION DURING ATHEROGENESIS

Monocyte-derived macrophages in the arterial wall play a major role at the early stage of atherogenesis. Arterial macrophages take up modified forms of LDL and accumulate cholesterol and oxysterols (Brown and Jessup, 1999). At later stages, smooth muscle cell proliferation, migration, and secretion of cytokines and growth factors, as well as thrombotic and inflammatory processes, take place. The major theories on the pathogenesis of atherosclerosis (Steinberg *et al.*, 1989; Aviram, 1993, 1995a,b, 1996, 1999b; Berliner *et al.*, 1995; Williams and Tabas, 1995; Ross, 1999; Berliner and Heinecke, 1996; Uyemura *et al.*, 1996; Aviram and Fuhrman, 1998a; Heinecke, 1998; Witztum and Berliner, 1998) involve endothelial dysfunction, platelet activation, and LDL modifications. All of these processes are affected by oxidative stress (FitzGerald *et al.*, 1997; Ruef *et al.*, 1997; Welch *et al.*, 1997; Aviram and Fuhrman, 1998a; Aviram, 1999b). LDL modifications include its retention (by extracellular matrix proteoglycans), its oxidation (by arterial wall cells and by blood cells), and its aggregation (by arterial wall sphingomyelinase and proteoglycans, and also as a result of its oxidation).

Intimal proteoglycans interact specifically with apo B lipoproteins and contribute to their retention (Camejo *et al.*, 1997). This could provide the residence time and the initial alterations of the lipoproteins that favor their further modifications by oxidative processes and by hydrolytic enzymes (Williams and Tabas, 1995; Hurt-Camejo *et al.*, 1997). Lipoprotein lipase (LPL) was shown to enhance the interaction of plasma LDL with arterial chondroitin sulfate proteoglycan and with dermatan sulfate proteoglycan, and thus facilitates LDL retention in the artery wall (Edwards *et al.*, 1993).

Treatment of LDL with sphingomyelinase (SMase) and phospholipase A₂ (PLA₂) gener-

ated modified LDL particles, which bind to human aortic proteoglycans with increased strength. SMase- and PLA₂-induced aggregation and fusion of LDL are potential mechanisms that lead to focal retention of extracellular lipids in the arterial wall (Oorni *et al.*, 1998; Maor and Aviram, 1999). Prominent features of atheroma include smooth muscle cells, cholesterol ester-loaded macrophage foam cells, extracellular matrix, extracellularly trapped and aggregated lipoproteins, and also LPL and SMase (Schissel *et al.*, 1996, 1998; Hurt-Camejo *et al.*, 1997; Maor *et al.*, 1999). Incubation of bovine aortic smooth muscle cells with LDL in the presence of LPL and SMase led to a massive aggregation of LDL on the surface of the cells (Tabas *et al.*, 1993). The relevance of these *in vitro* observation to the *in vivo* situation is not yet fully understood.

The above processes can occur during atherogenesis consecutively or in parallel. Lipoprotein retention can lead to its oxidation, followed by its subsequent aggregation (Maor *et al.*, 1997), and oxidative stress can significantly enhance these modifications of LDL (Fig. 1). In the atherosclerotic lesion, modified forms of LDL such as oxidized LDL and aggregated LDL were shown (Aviram, 1996a). Lipid peroxides, isoprostanes (metabolites of arachidonic acid oxidation), and oxysterols were demonstrated in lesions from atherosclerotic mice and humans both in arterial lipoproteins and in cells (Steinberg *et al.*, 1989; Berliner *et al.*, 1995; Aviram, 1996, 1999b). The beneficial anti-atherosclerotic effect of LDL oxidation may be obtained under mild conditions of oxidative stress, such as moderate physical activity (Parthasarathy *et al.*, 1998). Under mild oxidation conditions, the conversion of native LDL into mildly oxidized LDL can provide an appropriate means to remove excess LDL from the circulation, and to prevent extracellular accumulation of atherogenic oxidized LDL (Aviram, 1993).

OXIDIZED LDL AND MACROPHAGE FOAM CELL FORMATION

Macrophage cholesterol accumulation and foam cell formation are the hallmarks of early

LDL Oxidation and Atherosclerosis: the Yin and the Yang

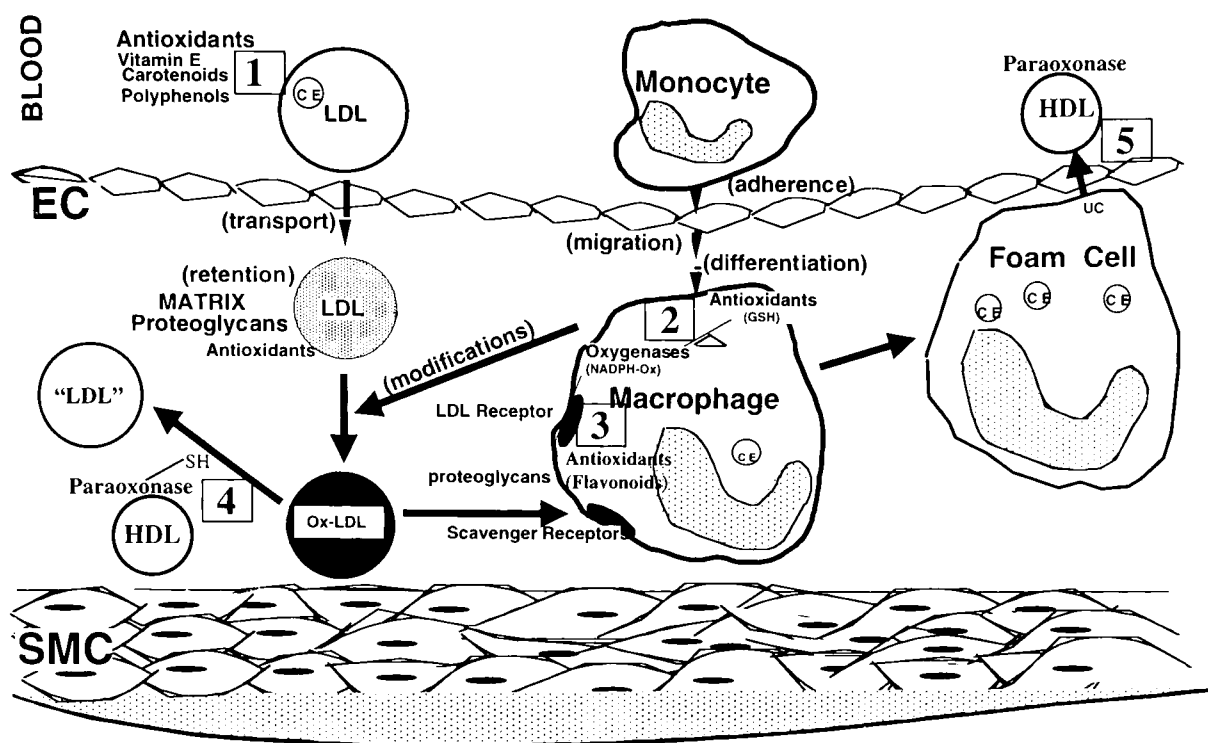


FIG. 1. Oxidative stress and macrophage foam cell formation: a dual approach. Under oxidative stress, both plasma LDL and blood monocytes invade the arterial wall. LDL binds to extracellular matrix proteoglycans and can be oxidized by arterial wall macrophages. The extent of LDL oxidation is determined by the balance between LDL-associated cholesteryl ester (CE), the major LDL substrate for oxidation, and by vitamin E, β -carotene, lycopene, and some polyphenols, which are associated with the LDL (#1). The macrophage oxidative state also determines the extent of LDL oxidation, and is the result of the balance between cellular oxygenases, such as NADPH oxidase, and antioxidants, such as glutathione (#2). Potent nutritional antioxidants such as flavonoids, are not only associated with the LDL particle (#1), but they can also accumulate in arterial cells, including macrophages. Accumulation of dietary antioxidants in macrophages can inhibit cell-mediated oxidation of LDL by their scavenging capacity of reactive oxygen species (ROS), as well as by their effects on cellular oxygenases and antioxidants (#3). Finally, if oxidized LDL (Ox-LDL) is formed in the arterial wall under excessive oxidative stress, HDL-associated paraoxonase can hydrolyze specific lipid peroxides in Ox-LDL and convert this atherogenic lipoprotein into a nonatherogenic "LDL"-like particle (#4). Oxidized lipids in Ox-LDL inactivate paraoxonase, and thus antioxidants, which reduce Ox-LDL lipid peroxides content, can preserve paraoxonase activity (#4). Macrophage uptake of Ox-LDL leads to cellular accumulation of cholesterol and oxysterols. Reversal of this process can be obtained by reverse cholesterol transport (RCT), which can be induced by intact HDL (#5). As paraoxonase protects HDL from oxidation, it promotes HDL-mediated cholesterol efflux from macrophage foam cells (#5). The yin and the yang in this figure thus represent factors that contribute to stimulation and inhibition of foam cell formation, respectively.

atherosclerosis (Navab *et al.*, 1995; Aviram and Fuhrman, 1998a). Macrophages can oxidize LDL, and the formed oxidized (Ox) LDL possesses several atherogenic properties, including its cytotoxicity to arterial cells, its pro-inflammatory and pro-thrombotic characteristics, and its enhanced cellular uptake by macrophages via scavenger receptors (Krieger, 1997). Oxidized LDL consists of heterogeneous populations of lipoproteins with specific oxidized lipids and protein moieties.

Cell-surface receptors for oxidized LDL are thought to be multifunctional because they interact with several structurally different ligands, and accordingly have been termed scavenger receptors (Steinbrecher, 1999). LDL that was modified with lipid peroxides is rapidly degraded by cultured macrophages through the scavenger receptor pathway (Steinbrecher *et al.*, 1989). It was demonstrated that LDL oxidation is accompanied by a marked decrease in amino group reactivity, that leads to its

recognition by the "acetyl LDL receptor" (Steinbrecher *et al.*, 1987). Oxidation of LDL is accompanied by derivatization of lysine epsilon-amino groups by lipid products, and these adducts are important in the interaction of Ox-LDL with the acetyl LDL receptor (Steinbrecher, 1987). It was suggested that oxidized LDL is rather a marker of coronary atherosclerosis, whereas malondialdehyde-modified LDL is a marker of plaque instability and atherothrombosis (Holvoet, 1998). Both LDL lipids and protein moieties are affected by oxidative stress and antioxidants such as vitamin E or flavonoids can protect both of these LDL moieties against oxidation. Not only the protein moiety of Ox-LDL is involved in its binding to the cell's surface lipoprotein receptors (Steinbrecher, 1999), but the Ox-LDL lipid moieties are also involved (Nicholson *et al.*, 1995; Steinberg, 1999). The protein component of Ox-LDL and its lipid moieties (oxidized fatty acid products, oxidized phospholipids, lysolecithin, aldehydes, and oxysterols) were all shown to be associated with various pro-atherogenic effects on arterial wall cells and on blood cells (Parthasarathy *et al.*, 1998). Oxidized lipids were shown to stimulate a monocyte-endothelial cells interaction (Watson *et al.*, 1997; Honda *et al.*, 1999), an initial step during atherogenesis. The extent of LDL oxidation depends on the balance between the lipoprotein substrates for lipid peroxidation (mainly the cholesterol and the polyunsaturated fatty acids in its core cholesteryl ester moiety), and antioxidants that are bound to LDL (mainly the lipophilic vitamin E and carotenoids), or present in the plasma environment (the hydrophilic vitamin C) as shown in Fig. 1, #1.

We have shown that in cultured macrophages binding of LDL to the macrophage LDL receptor, in the presence of copper ions, is required for cell-mediated oxidation of LDL (Aviram and Rosenblat, 1994). Unlike the above results with cultured macrophages, activated human monocytes oxidized LDL irrespective of the binding of LDL to cell-surface LDL receptor (Cathcart *et al.*, 1995). Similarly, the ability of resident peritoneal macrophages derived from LDL receptor-deficient (LDLR^{-/-}) mice to oxidize LDL was not different from that of resident peritoneal macrophages from

C57B6 control mice (Steinberg, 1999). In the LDL-R mice, however, additional factors could be responsible for the observed results (Tangirala *et al.*, 1996).

The major known sources for LDL oxidation include several cellular oxygenases, which are present in arterial wall macrophages, endothelial cells and smooth muscle cells. These arterial cells are modified during different stages of atherogenesis, and probably by more than one mechanism (Aviram and Fuhrman, 1998a; Heinecke, 1998; Aviram *et al.*, 1999a; Aviram, 1999b). Evidence exists for the involvement of arterial cells in LDL oxidation, and continuous presence of the cells together with the LDL is essential. The role of arterial cells in LDL oxidation is probably to generate reactive oxygen and nitrogen species (ROS and NOS, respectively), to provide substrates that generate extracellular oxidants (thiols?), to participate in the propagation of LDL oxidation (secreted peroxidases?) and/or to deplete the LDL from its antioxidants (Parthasarathy *et al.*, 1998).

Oxygenases involved in cell-mediated oxidation of LDL include NADPH oxidase, lipoxygenases, xanthin oxidase, myeloperoxidase, cytochrome P-450, and the mitochondrial electron transport system (Steinberg *et al.*, 1989; Aviram, 1995a, 1999b; Aviram *et al.*, 1996a, 1999b; Aviram and Fuhrman, 1998a; Aviram *et al.*, 1999a; Steinberg, 1999; Cyrus *et al.*, 1999; Podrez *et al.*, 1999).

Cellular nitric oxide (NO), a potent inhibitor of oxidative stress can be converted, in the presence of NADPH oxidase-derived superoxides, into peroxynitrite, which is a potent oxidant. Additional sources for LDL oxidation include transition metal ions such as copper or ferrous ions and their corresponding proteins, ceruloplasmin and myoglobin, respectively.

Cellular antioxidants such as superoxide dismutase (SOD), catalase, reduced glutathione (GSH), and glutathione-peroxidase, -reductase, and -transferase also play a role in cell-mediated oxidation of LDL. Cellular glutathione peroxidase (GPx) activity is significantly affected in atherosclerosis (Lapenna *et al.*, 1998), and upon increasing macrophages GPx activity cell-mediated oxidation of LDL was inhibited (Rosenblat and Aviram, 1998; see Fig. 1, #2). Oxidized lipids in the atherosclerotic lesion are

probably derived not only from oxidized lipoproteins, but also from phospholipids and cholesterol in arterial wall cells. Thus, we hypothesized that lipid peroxides in arterial macrophages can also induce LDL oxidation. LDL oxidation by arterial cells is affected not only by the lipoprotein oxidative state, but also by the oxidative state in the cells (Aviram and Fuhrman, 1998a). Lipid peroxidation in macrophages could be induced by cell incubation with angiotensin II or with ferrous ions (Fuhrman *et al.*, 1997a). Angiotensin-converting enzyme inhibitors and angiotensin antagonists are potent inhibitors of cellular lipid peroxidation, of macrophage-mediated oxidation of LDL and of atherosclerosis, as we have recently shown in the apo E-deficient mice (Keidar *et al.*, 1995; Aviram *et al.*, 1999b). Macrophages isolated from human coronary or carotid lesions, or from the aortas of the atherosclerotic apo E-deficient mice, were shown to contain oxidized lipids (lipid peroxides and oxysterols). These "lipid peroxidized" cells can oxidize LDL, even in the absence of transition metal ions (Fuhrman *et al.*, 1994, 1997a; Keidar *et al.*, 1995). Macrophages that contain oxidized lipids may be easily converted into foam cells as a result of increased cholesterol biosynthesis, and/or increased uptake of atherogenic lipoproteins, due to a progressive oxidative modification of LDL by the oxidized lipids-enriched macrophages.

In the case of iron-loaded cells, iron can be released from the cells and then it can enhance oxidative stress and LDL oxidation in its microenvironment (Van Lenten *et al.*, 1995; Yuan *et al.*, 1995, 1996).

ANTIOXIDANTS AGAINST LDL OXIDATION AND ATHEROSCLEROSIS

Antioxidants, which are bound to LDL (vitamin E, carotenoids, and some flavonoids) or those present in the plasma environment (vitamin C, some flavonoids) can inhibit LDL oxidation. Antioxidants, which accumulate in arterial cells, including macrophages, can also block cell-mediated oxidation of LDL (Frei *et al.*, 1990, 1998; Stocker *et al.*, 1991; Halliwell, 1996; Maor *et al.*, 1997; Rosenblat *et al.*, 1999).

Antioxidants, such as vitamin E (Upston *et al.*, 1999), as well as the licorice-derived isoflavon glabridin (Belinky *et al.*, 1998a), can act under certain conditions as pro-oxidants. Possibly, glabridin, like vitamin E, exhibits the ability to reduce copper ion (Cu^{2+}) to the cuprous ion (Cu^+), which, in turn, produces highly reactive alkoxy radicals (RO^\cdot) from lipid hydroperoxides (ROOH), or it may initiate lipid peroxidation by its phenoxyl radical. Cellular thiols are important contributors for maintaining a reductive environment, and hence they efficiently protect cells against lipid peroxidation (Lapenna *et al.*, 1998; Rosenblat and Aviram, 1998). Under certain conditions, however (in the presence of transition metals or of some other pro-oxidants), thiols can also be converted into potent radicals, which can enhance LDL oxidation (Graham, 1998).

Combination of several different antioxidants was suggested to prevent pro-oxidant activity of some pure antioxidants. Vitamin E supplementation together with other antioxidants, rather than alone, ameliorated lipoprotein lipid peroxidation in the artery wall (Fuhrman *et al.*, 1997c; Upston *et al.*, 1999). We and others have demonstrated the antiatherogenicity of vitamin E in the atherosclerotic apo E-deficient mice (Maor *et al.*, 1997; Pratico *et al.*, 1999; Witting *et al.*, 1999). The antioxidative and antiatherosclerotic effects of β -carotene and lycopene, unlike vitamin E or some flavonoids, were not always significant. However, on using a combination of vitamin E and carotenoids, a synergistic effect was obtained (Fuhrman *et al.*, 1997c).

Some polyphenolic flavonoids, such as those found in red wine, in pomegranate, or in licorice, are more efficient inhibitors of LDL oxidation and of atherosclerosis than vitamin E, vitamin C, or carotenoids (Fuhrman *et al.*, 1995; Van Acker *et al.*, 1996; Hayek *et al.*, 1997; Aviram and Fuhrman, 1998b; Aviram *et al.*, in press [a]), and an inverse relationship exists between flavonoids consumption and coronary heart diseases (Hertog *et al.*, 1993). The extent to which a potent antioxidant binds to LDL, and also the extent to which it accumulates in arterial wall macrophages, determines the rate of cell-mediated oxidation of the lipoprotein. Thus, we hypothesized that binding of flav-

onoids to LDL and cellular accumulation of flavonoids can possibly decrease macrophage cholesterol accumulation and foam cell formation, secondary to the inhibition of LDL and macrophage lipid peroxidation, and blocking of cell-mediated oxidation of LDL. In addition, accumulation of flavonoids in macrophages can possibly affect cholesterol biosynthesis and cellular uptake of atherogenic Ox-LDL. Polyphenolic flavonoids, such as those found in red wine or in licorice, significantly inhibited LDL oxidation both *in vitro* and *in vivo*. These antioxidants also decreased macrophage foam cell formation and attenuated atherosclerosis (Fuhrman *et al.*, 1995, 1997b; Hayek *et al.*, 1997; Aviram and Fuhrman, 1998a,b).

A most potent flavonoid antioxidant was recently isolated from the licorice root. This lipophylic flavonoid, the isoflavan glabridin, binds to LDL and inhibits its subsequent induced oxidation (Fuhrman *et al.*, 1997b; Vaya *et al.*, 1997; Belinky *et al.*, 1998b). Flavonoids can be internalized by macrophages, as we have recently shown for the licorice-derived isoflavan glabridin, both *in vitro* and *in vivo* in studies performed on the atherosclerotic, apo E-deficient mice (Rosenblat *et al.*, 1999). Glabridin, which is taken up by macrophages, can scavenge free radicals, but can also affect signal transduction pathways. We have recently shown indeed that glabridin can be accumulated in macrophages where it decreases cellular NADPH oxidase activity via the inhibition of macrophage protein kinase C (Rosenblat *et al.*, 1999). The oxidation of LDL by glabridin-enriched cells was substantially inhibited in comparison to control cells. Glabridin can also interact with lipoprotein receptors on the macrophage surface, such as the LDL receptor and the scavenger receptors. These effects can contribute to a reduction in macrophage uptake of lipoproteins, and, thus, to inhibition of cellular cholesterol accumulation and foam cell formation (Fig. 1, #3).

PARAOXONASE, LDL OXIDATION, AND ANTIOXIDANTS

Human serum paraoxonase (PON 1) is an HDL-associated esterase that can hydrolyze

organophosphates, such as paraoxon, and arylesters, such as phenyl acetate. Because such substrates are not present in the human body, research is focused to identify other substrates of physiopathological relevance to atherosclerosis. PON 1 activity in serum is inversely related to the risk for cardiovascular diseases, and hence it might be that the antiatherogenic properties of HDL are related to its associated PON 1 (Mackness *et al.*, 1998; Aviram, 1999a). PON 1 protects lipoproteins from oxidation induced by either copper ion or by a free radical-generating system (Watson *et al.*, 1995; Navab *et al.*, 1996, 1998; Aviram *et al.*, 1998a,b, 1999a; Mackness *et al.*, 1998). PON 1's protection against LDL oxidation (which is different from its arylesterase/paraoxonase activities) utilizes its free sulfhydryl group on cysteine-284 (Aviram *et al.*, 1998b).

Upon removal of calcium ions, PON 1 arylesterase activity is substantially decreased. Despite possessing a five-fold lower PON 1 arylesterase activity, HDL isolated from plasma (where calcium ions were chelated) or from serum was equally effective in protecting LDL from oxidation by THP-1 macrophages. However, we have recently shown (Aviram *et al.*, 1998b) that the PON 1-induced protection of LDL against oxidation, unlike its arylesterase activity, does not require calcium ions. The protection of PON 1 against LDL oxidation is not related to an antioxidant effect of PON 1, but it is associated with PON1's ability to hydrolyze specific lipid peroxides in the cholesteryl ester and in the phospholipid moieties of oxidized LDL (Aviram *et al.*, 1998a,b; Navab *et al.*, 1998) and convert Ox-LDL into a non-atherogenic lipoprotein (LDL, Fig. 1, #4). While PON 1 protects LDL from oxidation, lipid peroxides in Ox-LDL, in turn, inactivate PON 1 via an interaction with PON1's free sulfhydryl group (Aviram *et al.*, 1999b; Fig. 1, #4). Taken together the effects of paraoxonase on "neutralization" of Ox-LDL from its oxidized lipids, and that of Ox-LDL on paraoxonase inactivation, the combination of active PON 1 with potent antioxidants against LDL oxidation can preserve PON 1's ability to protect lipoproteins from oxidation, and hence, to reduce oxidative stress. Because PON 1 can hydrolyze and eliminate oxidized lipids from Ox-LDL, we hy-

pothesize that PON 1 may also hydrolyze specific atherogenic oxidized lipids in atherosclerotic lesions (arterial macrophages and lipoproteins) and thus can possibly contribute to regression of atherosclerosis. Indeed, studies from our laboratory identified active PON 1 in human coronary and carotid lesions (Aviram *et al.*, in press). Furthermore, PON 1 acted on lesion's oxidized lipids and significantly reduced the oxidative stress that exists in lesions (Aviram *et al.*, in press [b]). Finally, protection of HDL from oxidation by PON 1 is associated with preservation of HDL capacity to enhance macrophage cholesterol efflux (Aviram *et al.*, 1998a). Thus, increased PON 1 activity can prevent Ox-LDL-induced cellular cholesterol accumulation and foam cell formation (Fig. 1, #5).

In summary, we suggest that elevation in activity of nutritional antioxidants over the damaging effects of pro-oxidants (both in LDL and in arterial cells), together with overexpression of PON 1, have the potential to reduce oxidative stress, to inhibit foam cell formation, and to attenuate atherosclerosis, the major cause of morbidity and mortality in the western world.

ABBREVIATIONS

CE, Cholesteryl ester; GPx, glutathione peroxidase; GSH, glutathione (reduced form); HDL, high-density lipoprotein; LDL, low-density lipoprotein; LPL, lipoprotein lipase; NADPH, nicotinic acid adenine dinucleotide phosphate (reduced form); NOS, reactive nitrogen species; Ox-LDL, oxidized low-density lipoprotein; PLA₂, phospholipase A₂; PON, paraoxonase; RCT, reverse cholesterol transport; ROS, reactive oxygen species; SMase, sphingomyelinase; SOD, superoxide dismutase.

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