

Undersulfated Chondroitin Sulfate Does Not Increase in Osteoarthritic Cartilage

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ABSTRACT. Objective. To test whether there is undersulfation of chondroitin sulfate in osteoarthritic bovine articular cartilage to support the hypothesis that sulfate deficiency is involved with the development of osteoarthritis.

Methods. Cartilage samples from bovine patellae (n = 32) were divided into 3 groups based on their osteoarthritic progression, as assessed by modified Mankin score. Uronic acid contents of the samples were determined. Fragmentation of the proteoglycans due to proteolytic processing was estimated with agarose gel electrophoresis. The molar ratios of chondroitin sulfate isoforms in the extracted proteoglycans were determined with fluorophore-assisted carbohydrate electrophoresis.

Results. Loss of proteoglycans and accumulation of tissue water was evident in groups II and III, and progressive OA increased heterogeneity of aggrecan population in groups II and III. Importantly, the molar ratio of nonsulfated disaccharide was decreased in the osteoarthritic articular cartilage.

Conclusion. The structure of chondroitin sulfate in degenerated bovine cartilage did not support the hypothesis that sulfate depletion is present in osteoarthritic joint. (J Rheumatol 2004;31:2449–53)

Key Indexing Terms:

OSTEOARTHRITIS
CHONDROITIN SULFATE

GLYCOSAMINOGLYCANS
ARTICULAR CARTILAGE

Osteoarthritis (OA) is a debilitating musculoskeletal disease common in humans and animals, characterized by progressive degeneration of the articular cartilage¹. The etiology of the disease is poorly understood, although damage of the cartilage collagen network appears to be one of the key events for the onset and progression of OA². A number of new therapeutic targets have been considered for the design of therapy³, yet there is a lack of effective treatments for the disease. Glucosamine sulfate has raised interest as a possible disease modifying agent^{4–6}, although evidence from some recent clinical trials generates doubts about its effectiveness^{7–9}. Most trials focused on glucosamine sulfate, while a few have used other forms of glucosamine. A trial with glucosamine hydrochloride showed only a minor positive effect¹⁰.

The mechanism(s) of how glucosamine sulfate might act *in vivo* has remained undetermined. A theory of glucosamine sulfate entering chondrocytes has been proposed¹¹, although no direct evidence for a cellular transport system for molecular glucosamine sulfate exists. The finding that a single 7.5 g dose of glucosamine sulfate in humans did not increase the concentration of plasma (and probably

synovial fluid) glucosamine above the detection limit, 1–3 µg/ml¹², has only rarely been appreciated¹³.

An increased level of sulfate in plasma and synovial fluid after oral administration of glucosamine sulfate¹⁴ offers a more likely explanation of how this supplement could manifest its suggested disease modifying abilities. Low sulfate concentration in culture media leads to the synthesis of undersulfated glycosaminoglycans in cartilage explants^{15,16}. It is also known that a lack of intracellular sulfate due to mutations in the diastrophic dysplasia sulfate transporter gene causes undersulfation of cartilage proteoglycans¹⁷.

Our hypothesis was that if there is a deficiency of sulfate in the osteoarthritic joint it would generate cartilage proteoglycans that contain increased relative amounts of nonsulfated chondroitin sulfate disaccharide isomer in their glycosaminoglycan chains. The hypothesis was tested by analyzing the disaccharide composition of chondroitin sulfate chains present in the cartilage of normal and diseased bovine patellar articular cartilage.

MATERIALS AND METHODS

Cartilage samples. On the basis of visual evaluation, healthy and degenerated articular cartilage specimens (n = 32) were prepared from the lateral facet of the bovine patellae (animals aged 1–3 years) by drilling osteochondral samples (diameter 19 mm) within 5 h post mortem. Samples are easy to collect from the patella, and although there is no direct weight-bearing, the mechanical forces are transmitted into the cartilage in the patella. The samples were stored at –20°C until thawed for histological and biochemical analyses.

Histological analyses. The samples were fixed in 4% (w/v) formaldehyde in 0.07 M sodium phosphate buffer, pH 7.0, for 48 h at 4°C. After delcalcification with 10% EDTA in 4% (w/v) phosphate buffered formaldehyde for

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12 days, microscopic sections (3 μ m) were prepared and cartilage degeneration was histologically graded using the Mankin scoring method¹ adapted to bovine samples and restricted to cartilage and subchondral bone properties. Degeneration was independently determined by 3 authors from blind-coded samples, and the final Mankin score was calculated as a mean of those 3 scores.

Extraction of proteoglycans. The cartilage tissue was detached from the bone, immersed in phosphate buffered saline, and the wet weight was measured. Subsequently, the specimens were extensively freeze-dried to determine the dry weight of the tissue, and the water content was calculated from this information. Proteoglycans were extracted and quantified as described¹⁸.

Agarose gel electrophoresis. The extracted proteoglycans (5 μ g of uronic acid) were precipitated in 75% ethanol overnight at 4°C. After dissolving the samples in 100 mM Tris-sodium phosphate buffer, safranin O assay¹⁹ was used to confirm that precipitation had resulted in an equal yield of glycosaminoglycans in the precipitate. Proteoglycan samples were then electrophoresed in horizontal 1.2% agarose gels²⁰, and the gels were stained with toluidine blue.

Chondroitin sulfate disaccharide isoform analysis. The extracted proteoglycans (5 μ g uronic acid) were precipitated in 75% ethanol. After drying, the samples were incubated with chondroitinase ABC and the resulting disaccharides were fluorescently labeled and electrophoresed as described²¹. Different disaccharides generated during enzymic digestion are equivalently labeled during derivatization, and linear behavior on analysis has been described²². The optical densities of digitized lanes were analyzed to obtain an estimate of the molar proportions of the chondroitin sulfate disaccharide isoforms.

Statistical analysis. Kruskal-Wallis H and post-hoc tests were used for testing differences in biochemical parameters between the groups. SPSS software (SPSS Inc., Chicago, IL, USA) was used for statistical analysis.

RESULTS

Mankin's scoring method was used to divide the samples into 3 different groups according to their stage of degeneration. In 11 samples, the cartilage looked healthy, with smooth, shiny surface and no evidence of superficial degeneration (Group I, Mankin score = 0); in 11 samples minor changes related to integrity of superficial cartilage and matrix stainability were observed (Group II, Mankin score > 0 to 3); whereas 10 specimens were clearly osteoarthritic (Group III, Mankin score > 3). Water content increased and uronic acid content decreased as the osteoarthritic changes became more severe (Table 1). The decrease in uronic acid content was proportionally higher in the extractable portion of glycosaminoglycans (Table 1).

To estimate the extent of proteoglycan fragmentation due to disease, proteoglycan structure was analyzed with agarose gel electrophoresis. The samples in Group I consisted of 2 major aggrecan bands, while heterogeneity of aggrecan increased as Mankin score increased (Figure 1). This is an indication that osteoarthritic changes increased degradation of cartilage proteoglycans, evident in the samples of Groups II and III.

Electrophoretic separation of fluorescently labeled chondroitin sulfate disaccharides was used to measure molar ratios of various disaccharide isoforms and the degree of sulfation in the extracted articular cartilage proteoglycans. Monosulfated Di-6S and Di-4S disaccharides were the most abundant isoforms detected in all of the samples analyzed (Figure 2), while nonsulfated Di-0S isoform formed about 2–8% of the total disaccharide content (arrow, Figure 2). The relative amount of nonsulfated isoform in proteoglycan extracts was significantly lower in Groups II and III, compared with Group I (Table 1). This analysis suggests that the sulfation degree of chondroitin sulfate in osteoarthritic articular cartilage is increased rather than decreased as the dis-

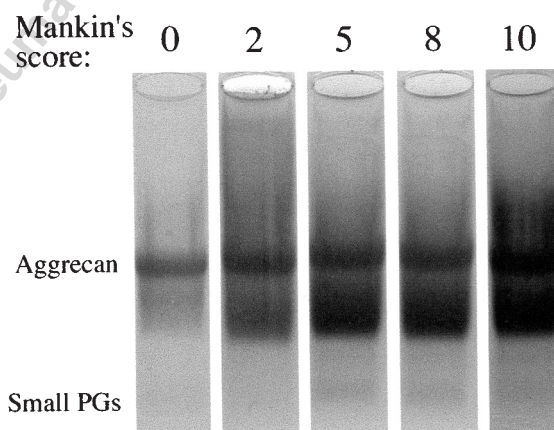


Figure 1. Agarose gel electrophoresis showed increasing heterogeneity of the extracted cartilage proteoglycans with progression of OA, evaluated by Mankin score of cartilage. The mobilities of native aggrecan and small proteoglycans (mainly decorin and biglycan) are marked on the left. PG: proteoglycan.

Table 1. Water content (%; mean \pm SD) and concentration of uronic acid (μ g/mg wet weight, mean \pm SD) in sample groups with different Mankin scores.

Group	Mankin Score	No. of Samples	Water Content	Uronic Acid (extract)	Uronic Acid (tissue residue)	Uronic Acid (total)
I	0	11	79.9 \pm 2.4	8.0 \pm 2.8	2.2 \pm 0.8	10.2 \pm 3.5
II	0 < score \leq 3	11	81.6 \pm 1.2	5.2 \pm 1.2	1.5 \pm 0.4	6.7 \pm 1.5
III	score > 3	10	84.2 \pm 2.6	2.8 \pm 0.8	1.3 \pm 0.6	4.1 \pm 1.2
I vs II			NS	NS	NS	NS
I vs III			p < 0.05	p < 0.05	p < 0.05	p < 0.05
II vs III			NS	p < 0.05	NS	p < 0.05

Kruskal-Wallis post-hoc test. NS: not significant.

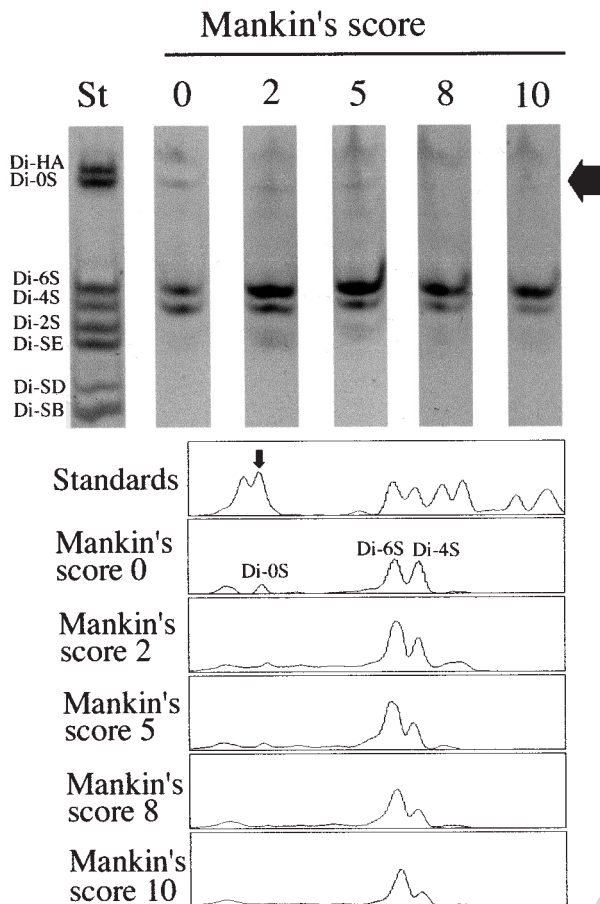


Figure 2. Fluorophore-assisted carbohydrate electrophoresis of chondroitin sulfate disaccharide isoforms indicated that the relative amount of nonsulfated chondroitin sulfate disaccharide of the extractable proteoglycans decreases with progression of OA, evaluated by Mankin score of cartilage. Mobilities of the known standard disaccharides (St) are shown on the left. Migration position of nonsulfated disaccharide Di-OS is indicated by arrows.

ease progresses. Relative increase in chondroitin 6-sulfate was also evident in the samples from Groups II and III compared with Group I (Table 2).

All samples showed a varying amount of a slowly-migrating band that most probably represented glucose. The amounts of di- and tri-sulfated disaccharide isoforms were generally below the detection limit of the method, although many of the samples contained fluorescent material at the migration position close to Di-2S and Di-SE (disulfated isoform). This finding probably represents artefacts due to labeling, causing overestimation of the relative amount of Di-2S and Di-SE. Therefore, Di-2S and Di-SE contents were not used for the calculations presented in Table 2. However, calculations performed with the overestimated values for Di-2S and Di-SE confirmed the same significant changes as presented in Table 2 (data not shown).

DISCUSSION

The present understanding of the initial mechanism of OA is still limited, and there is a lack of effective therapeutic means to treat patients with this progressive disease. Thus there is an urgent need for new therapies before irreversible osteoarthritic changes develop. Glucosamine sulfate is a drug increasingly used for treating osteoarthritic patients^{5,6}. It is troublesome that most of the clinical trials on glucosamine sulfate have utilized visual analog scales for pain and/or radiographic imaging of the joint space width, and only a limited number of studies have focused on putative cartilage repair effects in human OA. We lack the evidence based on biochemical analyses of osteoarthritic articular cartilage treated with glucosamine sulfate.

The possible mechanism of action for glucosamine sulfate has not been elucidated. Experiments using intravenous administration of radioactive glucosamine have demonstrated the bioavailability of glucosamine¹², yet the available data do not indicate that oral or intravenous administration of glucosamine sulfate would stimulate proteoglycan synthesis in articular cartilage, as suggested by Piperno, *et al*²³. Previously, 7.5 g of glucosamine sulfate did not elevate the glucosamine concentration in blood above the detection level, 1–3 µg/ml, or 5–15 µM. *In vitro*, glucosamine sulfate only at the level of 10 µg/ml or higher was reported to increase proteoglycan core protein synthesis significantly¹¹,

Table 2. Molar proportion of chondroitin sulfate disaccharide isoforms (%; mean ± SD) and percentage of slow-mobility aggrecan of the extracted proteoglycans in sample groups with different Mankin scores.

Group	Mankin Score	No. of Samples	Di-OS	Di-6S	Di-4S	Di-6S/Di-4S	PG-I (%)
I	0	11	8.1 ± 3.4	53.0 ± 10.8	38.9 ± 8.2	1.5 ± 0.6	65.8 ± 7.1
II	0 < score ≤ 3	11	2.9 ± 2.9	68.7 ± 6.6	28.2 ± 4.3	2.5 ± 0.6	48.8 ± 7.7
III	score > 3	10	1.5 ± 0.8	72.6 ± 3.5	25.8 ± 3.0	2.9 ± 0.5	46.1 ± 4.6
I vs II			p < 0.05	p < 0.05	p < 0.05	p < 0.05	p < 0.05
I vs III			p < 0.05	p < 0.05	p < 0.05	p < 0.05	p < 0.05
II vs III			NS	NS	NS	NS	NS

Kruskal-Wallis post-hoc test. NS: not significant. PG-I: the percentage of slow-mobility aggrecan, low values indicating an increased proteolytic processing of the aggrecan molecules due to OA.

and many biological effects of glucosamine (sulfate) *in vitro* have been shown to require at least 50 μ M concentrations^{23,24}. Recently, experiments using [³H]glucosamine for metabolic labeling of chondroitin sulfate showed that exogenous glucosamine did not stimulate chondroitin sulfate synthesis at concentrations likely present in the joints, even after oral administration of glucosamine sulfate²⁵. It is also notable that glucosamine is not an essential source for biosynthesis of glycosaminoglycans, and cannot be used for glycosaminoglycan synthesis without UDP derivatization²⁶.

Clearly, the possible mechanism of action of glucosamine sulfate can be debated. The increase of sulfate concentration in blood and synovial fluid after oral administration of glucosamine sulfate¹⁴ has so far offered the best explanation how glucosamine sulfate may be beneficial for the health of osteoarthritic joints. However, it is not fully evident that deficiency of sulfate is associated with osteoarthritic changes, although it certainly is a possible condition. Therefore, we investigated the degree of sulfation of bovine knee samples showing a variable degree of osteoarthritic progression, assuming that sulfate deficiency should be reflected as an increased proportion of nonsulfated chondroitin sulfate over the sulfated ones. Importantly, the hypothesis that the osteoarthritic joint would have a low sulfate concentration, leading to increased molar proportion of nonsulfated chondroitin sulfate disaccharide moiety, could not be confirmed — instead the results suggested the opposite phenomenon.

We are aware that comparing human and bovine OA must be done with caution. We could not obtain the exact ages (1–3 years) of the individual animals included in this study. It may be that the increased ratio of Di-6S to Di-4S in this study partially reflects the possibility that animals with more advanced osteoarthrosis were also older than those having normal articular cartilage. Aging alone probably cannot explain our results, since the degenerative changes were so clearly evident in Groups II and III. It may also be speculated that preferential loss of superficial proteoglycans, richer in nonsulfated chondroitin sulfate disaccharide in bovine cartilage²⁷, during development of OA could explain the decrease in nonsulfated disaccharide observed in this study. However, the percentage of nonsulfated disaccharide in the deep zone decreased only by 50% from the superficial zone²⁷, clearly less than the change observed in this study between Groups I and III. Therefore, loss of superficial zone proteoglycans does not explain the decrease of nonsulfated chondroitin sulfate disaccharide in progressive degeneration in bovine samples. More important, there was no indication that proteoglycans were undersulfated in the osteoarthritic cartilage.

Our study did not confirm the hypothesis that there is a deficiency of sulfate in osteoarthritic joints. However, access to cartilage material, preferably from humans, of known donor age would help to avoid certain limitations of

this study. We are confident that precise information on the sulfation pattern in osteoarthritic cartilage will be necessary to evaluate the importance of glucosamine sulfate therapy for the production of cartilage proteoglycans with normal content and biochemical structure, warranting further investigations.

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