

SHORT REPORT

**OPEN ACCESS**  
Full open access to this and thousands of other papers at <http://www.la-press.com>.

## Increased Serum Cu/Zn Superoxide Dismutase in Individuals with Anxiety

A.J. Russo

Research Director, Health Research Institute/Pfeiffer Treatment Center, 4575 Weaver Parkway, Warrenton, Illinois 60555, USA. Corresponding author email: [ajrusso@hripte.org](mailto:ajrusso@hripte.org)

---

**Abstract:** The aim of this study was to assess serum Cu/Zn SOD (Superoxide Dismutase) concentration in individuals with anxiety disorder. Serum from 16 individuals diagnosed with anxiety (no secondary depression) and 18 age and gender matched controls were tested for Cu/Zn SOD serum concentration using Enzyme Linked Immunosorbent Assays (ELISAs). Serum Cu/Zn SOD levels of anxiety individuals were significantly higher than age and gender matched controls. These results suggest an association between Cu/Zn SOD serum levels and Anxiety Disorder.

**Keywords:** anxiety, Cu/Zn SOD, super oxide dismutase, oxidative stress

---

*Proteomics Insights* 2010:3 1–6

This article is available from <http://www.la-press.com>.

© the author(s), publisher and licensee Libertas Academica Ltd.

This is an open access article. Unrestricted non-commercial use is permitted provided the original work is properly cited.



## Introduction

Anxiety is a normal emotional response to a threat or potential threat. However, when this emotion is inappropriate, extreme and persistent, and is not proportionate to the nature of the peril, it is classified as pathological.<sup>1,2</sup> In response to threatening situations, the feeling of anxiety is usually accompanied by emotional stress, which involves behavioral, expressive and physiological features, such as an avoidance of the source of the danger, assuming defensive postures and an increase in blood pressure, respectively.<sup>1,3</sup>

Anxiety disorders are the most common class of psychiatric disorders in the US<sup>4</sup> and many other countries.<sup>5–8</sup> Yet, population-based studies have shown that anxiety disorders frequently go untreated.<sup>9,10</sup> Anxiety is implicated in a number of psychiatric disorders, such as depression, panic attacks, phobias, generalized anxiety disorder, obsessive-compulsive disorder and post-traumatic stress disorder<sup>2</sup> and affects approximately 30% of the US population,<sup>4</sup> and one-eighth of the total population worldwide.<sup>11</sup> This imposes a social burden that amounts to billions of dollars each year.<sup>12</sup>

Kuloglu et al recently established a link between oxidative stress and certain anxiety disorders (obsessive-compulsive disorder and panic disorder), demonstrating that other systems, such as oxidative metabolism, can affect the regulation of anxiety.<sup>13,14</sup>

Oxidative damage results from biochemical interactions between reactive oxygen species (ROS) and target biomolecules. ROS can damage nucleic acids, lipids, and proteins, and figures prominently in the etiology and progression of numerous cancers<sup>13–15</sup> as well as coronary and carotid atherosclerosis.<sup>16–19</sup>

Oxidative stress, occurring as a consequence of imbalance between the formation of free oxygen radicals and inactivation of these species by antioxidant defense system, is capable of causing damage to various cellular and extracellular constituents. The deleterious effects of increased oxidative stress are termed oxidative damage. These effects generally appear after exposure to a relatively high concentration of reactive oxygen species (ROS) and/or a decrease in antioxidant (AO) defense system against ROS.<sup>20</sup>

*In vivo*, oxygen radicals are produced as byproducts of normal oxidative metabolism.<sup>21</sup>

Hence, activated cells with increased metabolism produce more oxygen radicals. It has long been known that control of the intracellular redox environment is vital for proper cellular function. To protect themselves from the constant oxidative challenge, cells have developed defense mechanisms that ensure a proper balance between pro- and antioxidant molecules.<sup>22</sup>

Cu/Zn superoxide dismutase (SOD-1) is a key enzyme in the dismutation of superoxide radicals resulting from cellular oxidative metabolism, converting them into hydrogen peroxide,<sup>23</sup> and, as a result, serves a key antioxidant role. In fact, mice lacking SOD die several days after birth, amidst massive oxidative stress.<sup>24</sup> Copper, and zinc participate in SOD enzymatic mechanisms that protect against free radicals and therefore serve an important adjunct role in oxidative balance.<sup>25</sup>

Our study was designed to determine Cu/Zn SOD serum levels in individuals with anxiety and test the hypothesis that this oxidative stress marker is increased in anxiety.

## Materials and Methods

### ELISA to measure serum

#### Cu/Zn SOD (Bender Systems)

All reagents and specimens were equilibrated to room temperature before the assay was performed. A 1:51 dilution of the patient samples was prepared by mixing 10  $\mu$ l of the patient's sera with 0.5 ml of Serum Diluent. One hundred microliters of calibrators. (08–2.5 ng/ml Cu/Zn SOD), serum diluent alone, and diluted patient samples were added to the appropriate microwells of a microculture plate (each well contained affinity purified polyclonal IgG to Cu/Zn SOD). Wells were incubated for 60 minutes ( $\pm$ 5 min) at room temperature, then washed 4 $\times$  with wash buffer. One hundred microliters of pre-diluter anti-human Cu/Zn SOD IgG conjugated with Horse Radish Peroxidase (HRP) was added to all microwells, incubated for 30 minutes ( $\pm$ 5 min) at room temperature, then wash 4 $\times$  with wash buffer. One hundred microliters of enzyme substrate was added to each microwell. After approximately 30 minutes at room temperature, the reaction was stopped by adding 50  $\mu$ l of 1M sulfuric acid, then the wells were read at 450 nm with an ELISA reader (BioRad Laboratories, Inc., Hercules, CA, USA).



## Subjects

### Experimental and controls

Serum from individuals with diagnosed anxiety ( $n = 16$ ; 9 female; mean age 35.0 years) and controls ( $n = 18$ ; 7 female; mean age 40.3 years) was obtained from patients presenting at the Health Research Institute/Pfeiffer Treatment Center. Most of these individuals were diagnosed using The Hamilton Rating Scale for Anxiety before presenting at the Pfeiffer Treatment Center, Warrenville, IL.<sup>a</sup>

Cases and controls were age and gender similar (see above). Smokers and individuals taking medications which might affect oxidative stress, such as steroids, statins and indole-derived drugs, were eliminated from the study.

### Serum/Plasma

All experimental and control serums were treated in an identical fashion—frozen at  $-70$  degrees C immediately after collection and cell/serum separation, then stored at the same temperature until thawed for use in ELISAs.

### Statistics

Inferential statistics were derived from t-test and odds ratios with 95% confidence intervals. ANOVA analysis was used to do an analysis of variance and multiple comparisons.

## Results and Discussion

Serum from 16 individuals diagnosed with anxiety and 18 age and gender similar controls was tested for Cu/Zn SOD plasma concentration using an ELISA (described above). We have measured Cu/Zn SOD serum concentrations in 110 individuals and found that Cu/Zn SOD levels are not age group dependent (ANOVA Fisher F-value 0.374;  $P = 0.865$ ).

Each assay was repeated two or more times, with multiple wells for each serum in each assay. Results of a typical assay with assay controls and anxiety and control individuals are shown in Figures 1 and 2, respectively.

Serum Cu/Zn SOD levels of depressed individuals were significantly higher than all non-anxiety, normal controls ( $P < 0.0001$ ) (Table 1).

**Table 1.** Cu/Zn SOD plasma levels in individuals with anxiety are significantly higher than in normal controls.

	Cu/Zn SOD anxiety	Cu/Zn SOD controls
Mean	1.107	0.360
SD	0.593	0.185
SEM	0.148	0.041
N	16	20

The two-tailed  $P$  value is less than 0.0001;  $t = 5.3368$ ;  $df = 34$ ; standard error of difference = 0.140.

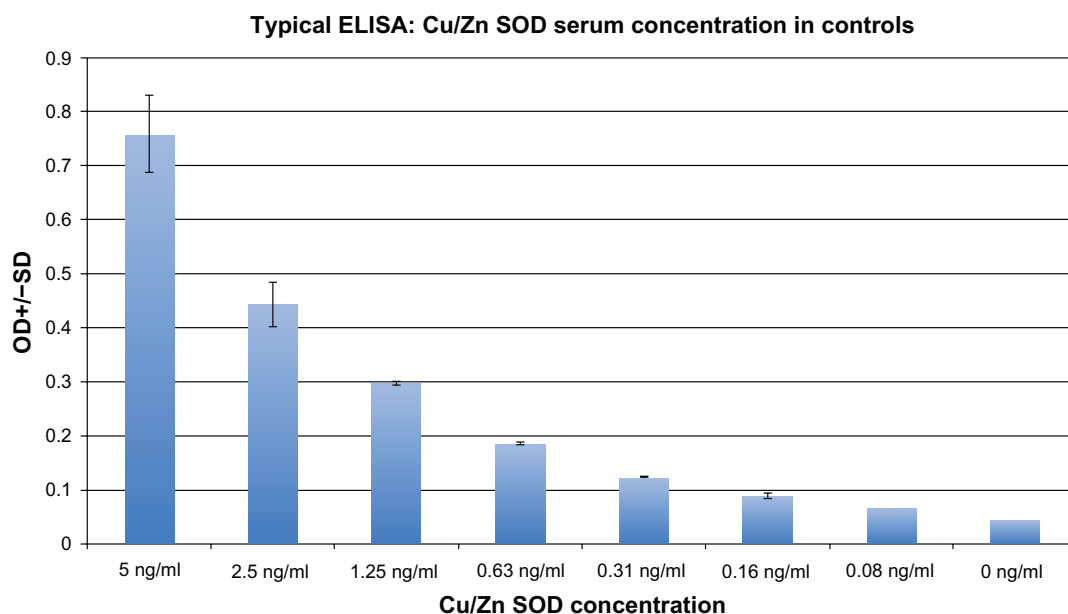
Oxidative stress has been implicated in the pathogenesis of a diverse group of disease states, and, because the brain has comparatively greater vulnerability to oxidative damage, may be a common pathogenic mechanism underlying many major psychiatric disorders.

This study represents an attempt to assess levels of the oxidative damage expressed by Cu/Zn SOD levels in the serum of individuals with anxiety, but otherwise healthy adults. As our results demonstrate, compared with matched control subjects, those with anxiety show significantly higher serum levels of Cu/Zn SOD.

Recent data supports indirect evidence for a causal link between oxidative stress and anxiety-related behavior.<sup>26–28</sup> Vitamin E deficiency in the mouse brain significantly increases the levels of central oxidative stress markers, resulting in anxiogenic behavior without abnormalities in the locomotor performance of the mice.<sup>26</sup> In rats, the consumption of a highly palatable diet enriched with sucrose leads to an obese phenotype, increases protein oxidation in the frontal cortex and induces anxiety-like behavior in the dark/light choice test without altering locomotion in an open field test,<sup>27</sup> and mice developed anxious behavior during aging, likely due to the accumulation of oxidative damage,<sup>28</sup> which is a characteristic of the aging process in animals.<sup>29,30</sup> In addition, a deletion of the  $p66^{\text{Shc}}$  longevity gene in mice, which results in lower levels of oxidative stress and an extended life span, decreases anxiety-related behavior.<sup>28</sup> Overall, the data presented in these reports suggest that oxidative stress can provoke anxious behavior in rodents.

The potential causal role of oxidative stress on anxiety may generate interest in antioxidants. As an example, oxidative stress-related anxiety can be reversed in mice upon inhibition of NADPH oxidase or phosphodiesterase-2, enzyme that is indirectly implicated in

<sup>a</sup>The Pfeiffer Treatment Center is a comprehensive treatment and research center, specializing in the care of with neurological disorders, including Depression.

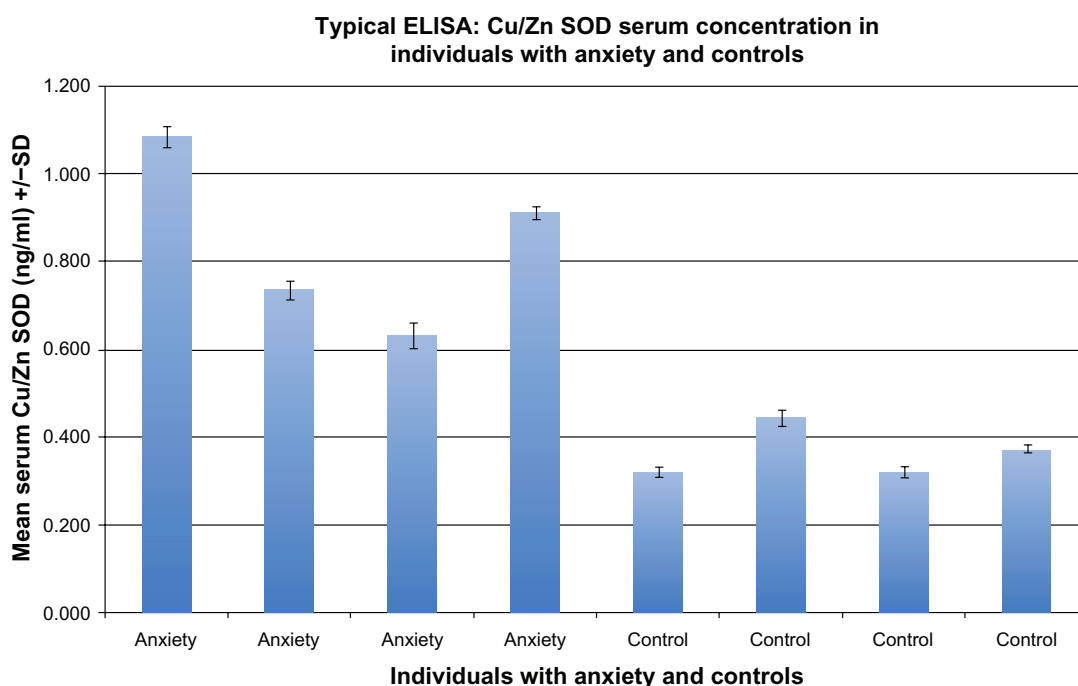


**Figure 1.** Positive and negative controls of typical ELISA to measure Cu/Zn SOD plasma levels.

oxidative stress mechanisms.<sup>31</sup> Surprisingly, diazepam, which is a well known anxiolytic, does not fully reverse the oxidative stress-related anxiety.<sup>31</sup> These results point to a possible use for antioxidants in the prevention or reduction of high anxiety. Further research will be necessary to show whether anxious subjects need more antioxidants than non-anxious subjects. Recent

work<sup>31,32</sup> has shown that some dietary polyphenols have both anxiolytic and antioxidant effects, which may be beneficial to anxious subjects.

Anxiety may be associated with oxidative damage through an increase in the production of reactive oxygen species (ROS). ROS can be antimicrobial; they damage lipid membranes and protein structures,



**Figure 2.** In a typical ELISA, plasma from 4 individuals diagnosed with clinical depression and 4 normal (neuro-typical) age/gender matched individuals was tested for the Cu/Zn SOD concentration. Cu/Zn SOD concentration is significantly higher in the individuals with anxiety.



thus destroying antigen-bearing cells. Oxidative damage is not limited to microbial targets, however, and extensive host tissue damage may result.<sup>33</sup> ROS from activated phagocytes can damage DNA bases<sup>34</sup> and induce strand breaks in neighboring cells,<sup>35</sup> leading some to argue that the hydroxyl radicals and peroxynitrite formed during inflammation are the greatest contributors to the oxidation of DNA.<sup>36</sup>

Anxiety may not increase production or exposure to ROS, but rather decrease repair of damaged DNA. There is some evidence that repair of x-ray-damaged DNA is slower among highly distressed psychiatric inpatients.<sup>37</sup>

The clinical relevance of increased oxidative damage in individuals with anxiety is currently unknown, and future studies should appropriately address this deficiency. Our data are consistent with the hypothesis that oxidative damage is a potential common pathophysiological mechanism underlying multiple co-morbid conditions in individuals with anxiety. Future studies should include measurement of multiple oxidative damage markers to different macromolecules, associated dietary deficiencies associated with these markers, associated severity of depression, and should address whether anxiety remission remedies underlying oxidative damage.

## Acknowledgements

I'd like to thank Scott Filer, Executive Director, and Allen Lewis, former Medical Director of The Pfeiffer Treatment Center for their support and help in this research and manuscript preparation.

I'd also like to thank Laurie Myers and Kyle Andrews for their technical assistance.

## Disclosures

This manuscript has been read and approved by the author. This paper is unique and is not under consideration by any other publication and has not been published elsewhere. The author and peer reviewers of this paper report no conflicts of interest. The author confirms that they have permission to reproduce any copyrighted material.

## References

1. Weinberger DR. Anxiety at the frontier of molecular medicine. *N Engl J Med*. 2001;344:1247–9.
2. Gross C, Hen R. The developmental origins of anxiety. *Nat Rev Neurosci*. 2004;5:545–52.
3. Leman S, Le Guisquet A, Belzung C. Liens anxieté-mémoire: Études expérimentales. In: Ferreri M, editor. Dans: "Anxiété, anxiolytiques et troubles cognitifs". Paris: Elsevier; 2004;71–9.
4. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005;62:593–602.
5. Alonso J, Lépine JP. Overview of key data from the European Study of Epidemiology of Mental Disorders (ESEMeD). *J Clin Psychiatry*. 2007;68:3–9.
6. ESEMeD/MHEDEA 2000 investigators, author. Prevalence of mental disorders in Europe: results from the European Study of the Epidemiology of Mental Disorders (ESEMeD) project. *Acta Psychiatr Scand*. 2004;109:21–7.
7. Wittchen HU, Jacobi F. Size and burden of mental disorders in Europe—a critical review and appraisal of 27 studies. *Eur J Neuropsychopharmacol*. 2005;15:357–76.
8. Tuthill A, Slawik H, O'Rahilly S, Finer N. Psychiatric co-morbidities in patients attending specialist obesity services in the UK. *QJM: Monthly Journal of the Association of Physicians*. 2006;99:317–25.
9. de Graaf R, Bijl RV, Smit F, Vollebergh WAM, Spiker J. Risk factors for 12-month comorbidity of mood, anxiety and substance use disorders: Findings from the Netherlands Mental Health Survey and Incidence Study. *Am J Psychiatry*. 2002;159:620–9.
10. Issakidis C, Andrews G. Service utilisation for anxiety in an Australian community sample. *Social Psychiatry and Psychiatric Epidemiology*. 2002;37:153–63.
11. Eisenberg DM, Davis RB, Ettner SL, Appel S, Wilkey S, van Rompay M, et al. Trends in alternative medicine use in the United States, 1990–1997: Results of a follow-up national survey. *JAMA*. 1998;280:1569–75.
12. Lépine JP. The epidemiology of anxiety disorders: prevalence and societal costs. *J Clin Psychiatry*. 2002;63:4–8.
13. Jackson AL, Loeb LA. The contribution of endogenous sources of DNA damage to the multiple mutations in cancer. *Mutat Res*. 2001;477:7–21.
14. Marnett LJ. Oxyradicals and DNA damage. *Carcinogenesis*. 2000;21:361–70.
15. Floyd RA. The role of 8-hydroxyguanine in carcinogenesis. *Carcinogenesis*. 1990;11:1447–50.
16. Andreassi MG, Botto N. DNA damage as a new emerging risk factor in atherosclerosis. *Trends Cardiovasc Med*. 2003;13:270–5.
17. Botto N, Masetti S, Petrozzi L, et al. Elevated levels of oxidative DNA damage in patients with coronary artery disease. *Coron Artery Dis*. 2002;13:269–74.
18. Martinet W, Knaapen MWM, de Meyer GRY, Herman AG, Kockx MM. Elevated levels of oxidative DNA damage and DNA repair enzymes in human atherosclerotic plaques. *Circulation*. 2002;106:927–32.
19. Botto N, Rizza A, Colombo MG, et al. Evidence for DNA damage in patients with coronary artery disease. *Mutation Research/Genetic Toxicology and Environmental Mutagenesis*. 2001;493:23–30.
20. Sies H. Oxidative stress: Oxidants and Antioxidants. Academic Press; New York: 1991.
21. Malmstrom, BG. Enzymology of oxygen. *Annu Rev Biochem*. 1982;51:21.
22. Forman HJ, Torres M. Redox signaling in macrophages. *Mol Aspects Med*. 2001;22:189.
23. Fridovich I. The biology of oxygen radicals. *Science*. 1978;201:875.
24. Bonham M, O'Connor JM, Hannigan BM, Strain JJ. The immune system as a physiological indicator of marginal copper status? *Br J Nutr*. 2002;87(5):393–403.
25. Ozcelik D, et al. Copper-mediated oxidative stress in rat liver. *Biological Trace Element Research*. 2007;96:209–15.
26. Desrumaux C, Risold PY, Schroeder H, Deckert V, Masson D, Athias A, et al. Phospholipid transfer protein (PLTP) deficiency reduces brain vitamin E content and increases anxiety in mice. *FASEB J*. 2005;19:296–7.
27. Souza CG, Moreira JD, Siqueira IR, Pereira AG, Rieger DK, Souza DO, et al. Highly palatable diet consumption increases protein oxidation in rat frontal cortex and anxiety-like behavior. *Life Sciences*. 2007;81:198–203.



28. Berry A, Capone F, Giorgio M, Pelicci PG, de Kloet ER, Alleva E, et al. Deletion of the life span determinant p66<sup>Shc</sup> prevents age-dependent increases in emotionality and pain sensitivity in mice. *Exp Gerontol.* 2007;42:37–45.
29. Stadtman ER. Protein oxidation in aging and age-related diseases. *Ann NY Acad Sci.* 2001;928:22–38.
30. Floyd RA, Hensley K. Oxidative stress in brain aging. Implications for therapeutics of neurodegenerative diseases. *Neurobiol Aging.* 2002;23:795–807.
31. Masood A, Nadeem A, Mustafa SJ, O'Donnell JM. Reversal of oxidative stress-induced anxiety by inhibition of phosphodiesterase-2 in mice. *J Pharmacol Exp Ther.* 2008;326:369–79.
32. Bouayed J, Rammal H, Dicko A, Younos C, Soulimani R. Chlorogenic acid, a polyphenol from *Prunus domestica* (Mirabelle), with coupled anxiolytic and antioxidant effects. *J Neurol Sci.* 2007;262:77–84.
33. Simic MG. DNA markers of oxidative processes in vivo: relevance to carcinogenesis and anticarcinogenesis. *Cancer Res.* 1994;54:1918s–23.
34. Jackson JH, Gajewski E, Schraufstatter IU, et al. Damage to the bases in DNA induced by stimulated human neutrophils. *J Clin Invest.* 1989;84:1644–9.
35. Shacter E, Beecham EJ, Covey JM, Kohn KW, Potter M. Activated neutrophils induce prolonged DNA damage in neighboring cells. *Carcinogenesis.* 1988;9:2297–304.
36. Aust AE, Eveleigh JF. Mechanisms of DNA oxidation. *Proc Soc Exp Biol Med.* 1999;222:246–52.
37. Kiecolt-Glaser JK, Stephens RE, Lipetz PD, Speicher CE, Glaser R. Distress and DNA repair in human lymphocytes. *J Behav Med.* 1985;8:311–20.

**Publish with Libertas Academica and every scientist working in your field can read your article**

*“I would like to say that this is the most author-friendly editing process I have experienced in over 150 publications. Thank you most sincerely.”*

*“The communication between your staff and me has been terrific. Whenever progress is made with the manuscript, I receive notice. Quite honestly, I've never had such complete communication with a journal.”*

*“LA is different, and hopefully represents a kind of scientific publication machinery that removes the hurdles from free flow of scientific thought.”*

**Your paper will be:**

- Available to your entire community free of charge
- Fairly and quickly peer reviewed
- Yours! You retain copyright

**<http://www.la-press.com>**