Decreased male fertility potential increase blood pressure reactivity

Amit Kant Singh1,*, Shailendra Pal Singh2, Brig. T. Prabhakar3, Mohan Singh4,
Pankaj Kumar Jain5, Santosh Kumar Sant6, Shikha Seth7, Brijendra Singh8

1Professor, 6Professor and Head, Departments of Physiology,
2Professor, 4Professor & Head, Dept. of Surgery,
3Director, 5Professor & Head, Dept. of Community Medicine,
7Professor, Obstetrics & Gynecology, UP RIMS & R. Saifai, Etawah, India
8Additional Professor, Department of Anatomy, AIIMS, Jodhpur, India

*Corresponding Author:
E-mail: amitbhu2008@gmail.com

Abstract:
Background & objectives: Arterial blood pressure is an important physiological parameter in epidemiology of cardiovascular disease. Hypertension has been reported to be generally associated with sympathetic overactivity. Several authors have made use of a technique, known as Cold Pressor Test to study blood pressure reactivity to a standard stimulus. Thus this study was undertaken to evaluate the response to the standard stimulus in the normozoospermics and subjects with oligoasthenotenertozoospermia (OAT).

Methods: The study was conducted on 60 subjects 30 normozoospermics and 30 oligoasthenotenertozoospermics based on semen analysis report between the age group of 20 years to 25 years. The blood pressure was recorded using the standard auscultatory technique and cold pressor test was done as described by Hines & Brown (1932).

Results: The significant increase (p<0.05) in post test SBP and DBP was observed in the subjects with OAT, thus it is concluded that individuals with decreased fertility potential have increased blood pressure reactivity.

Key words: Normozoospermia, Oligoasthenotenertozoospermia, Blood pressure, cold pressor test.

Introduction
Arterial blood pressure, an important physiological parameter has great etiological significance in epidemiology of cardiovascular disease due to its association with age, height, weight, diet, stress, socio-economic status etc. (1) Familial aggregation of hypertension documents an important genetic component. Concordance of blood pressure is greater within families than in unrelated individuals, greater between monozygotic than between dizygotic twins and greater between biological than between adoptive siblings living in same household. About 70% of familial aggregation of blood pressure is attributed to shared genes rather than shared environment. (2) Hypertension has been reported to be generally associated with sympathetic overactivity. (3) But the sympathetic response of certain individuals from both normotensive and hypertensive population have been reported to be more pronounced. (4) Previous studies of family history of patients with hypertension have shown a hereditary factor in 76-86% of cases.

Reactive Oxygen Species (ROS) are ubiquitous reactive derivatives of O2 metabolism found in the environment and in all biological systems. ROS are implicated in many intracellular signaling pathways leading to changes in gene transcription and protein synthesis and consequently in cell function.

Within the cardiovascular system, ROS play a crucial physiological role in maintaining cardiac and vascular integrity and a pathophysiological role in cardiovascular dysfunction associated with several clinical conditions, including hypertension (5,6). The most important ROS detectable within the vasculature include the superoxide anion (•O2–), hydrogen peroxide (H2O2), hydroxyl radical (•OH), and the reactive nitrogen species peroxynitrite (ONOO–), which have been regarded as a nasty, life-threatening, and destructive oxygen-derived toxicant. In healthy conditions, ROS are produced in a controlled manner at low concentrations and function as signalling molecules regulating vascular contraction-relaxation and cell growth (7). Physiologically, ROS generation is tightly regulated by endogenous cellular antioxidants, which include superoxide dismutase (SOD), catalase, thioredoxin, glutathione, and antioxidant vitamins. In physiological conditions, the rate of ROS generation is counterbalanced by the rate of elimination. In contrast, under pathological conditions, such as hypertension, ROS are produced in concentrations that cannot be controlled by the usual protective antioxidant mechanisms employed by the cells, leading to a state of
oxidative stress (6). Indeed, when produced in excess, \( \cdot \text{O}_2^- \) reacts with nitric oxide (NO) to produce a dramatic concentration of the toxic \( \text{ONOO}^- \) which promotes a variety of negative effects on cellular function. These include alteration of transcription factors, kinases, protein synthesis, and redox-sensitive genes, which in turn influence endothelial function, increase vascular contractility, vascular smooth muscle cell growth and apoptosis, monocyte migration, lipid peroxidation, inflammation, and increased deposition of ECM proteins, all major processes deeply involved in the pathogenesis and progression of vascular damage in cardiovascular disease (8,9).

It is known that oxidative stress affects the testicular function by disruption of germinal cell epithelial division and differentiation along with the induction of germ cell apoptosis (10,11).

As the ROS is involved in the cardiovascular dysfunctions and also the testicular dysfunction thus it is hypothesised that the blood pressure reactivity is affected in the male subjects with impaired fertility potential.

Therefore this study was under taken to evaluate the blood pressure reactivity in oligoasthenoteratozoospermic and normozoospermic subjects by cold pressor test as described by Hines and Brown (4).

**Materials and Methods**

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Semen Parameter</th>
<th>Normozoospermia (n=30)</th>
<th>Oligoasthenoteratozoospermia (n=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volume (ml)</td>
<td></td>
<td>2.3 ± 1.2</td>
<td>2.5 ± 0.5</td>
</tr>
<tr>
<td>pH</td>
<td></td>
<td>7.9 ± 0.3</td>
<td>7.5 ± 0.7</td>
</tr>
<tr>
<td>Liquefaction time (min)</td>
<td></td>
<td>29.7 ± 6.0</td>
<td>32.3 ± 7.1</td>
</tr>
<tr>
<td>Sperm concentration (million/ml)</td>
<td></td>
<td>42.6 ± 2.1</td>
<td>18.7 ± 4.2</td>
</tr>
<tr>
<td>Motility (%)</td>
<td></td>
<td>72.3 ± 1.2</td>
<td>47.1 ± 3.2</td>
</tr>
<tr>
<td>Morphology (%)</td>
<td></td>
<td>51.5 ± 1.2</td>
<td>34.2 ± 3.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 2</th>
<th></th>
<th>Normozoospermia (n=30)</th>
<th>Oligoasthenoteratozoospermia (n=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre Test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PULSE (per minute)</td>
<td></td>
<td>75.61 ± 8.36</td>
<td>86.57 ± 9.12</td>
</tr>
<tr>
<td>SBP (mm Hg)</td>
<td></td>
<td>107.50±9.15</td>
<td>119.38±11.18</td>
</tr>
<tr>
<td>DBP (mm Hg)</td>
<td></td>
<td>79.09 ± 10.41</td>
<td>85.23±8.52</td>
</tr>
<tr>
<td>Post Test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PULSE (per minute)</td>
<td></td>
<td>86.80 ± 9.61</td>
<td>112.84 ± 9.05</td>
</tr>
<tr>
<td>SBP (mm Hg)</td>
<td></td>
<td>121.00±9.19</td>
<td>158.69±12.82</td>
</tr>
<tr>
<td>DBP (mm Hg)</td>
<td></td>
<td>93.00 ± 9.07</td>
<td>108.84±9.39</td>
</tr>
</tbody>
</table>

*P< 0.05, student’s t- test.
Discussion

The increased SBP and DBP as observed in the study (table-2) was due to the cold pressor response which is an indicator of sympathetic activation after cold stress. A healthy response to a cold pressor test(CPT) is sympathetic activation which in turn causes an increase of blood pressure. Clinically the test evaluates autonomic function (12, 13, 14). Studies have reinforced cold pressor test as a tool to predict the chances of a person becoming hypertensive later on in life (15). The association between hypertension and sympathetic over activation has been established (16, 17, 18). As abnormal autonomic response plays a role in cardiac morbidity as shown by various studies, in the later development of neurogenic hypertension (20).

The systolic blood pressure rise was more than that of the diastolic pressure rise. Systolic blood pressure is influenced by cardiac contractility which increases by sympathetic innervations. It is an indicator of work load on the heart and is characterized by a lot of fluctuations. Diastolic blood pressure on the other hand undergoes less degree of fluctuations and is of greater prognostic importance than the systolic blood pressure. Arterial blood pressure is an important factor in epidemiology of cardiovascular disease due to its association with anthropometric and demographic causes (21, 22, 23).

According to Kasagi, Germano et al, Lambert and Schlaich blood pressure responses to cold pressor test are probably affected by different factors related to participants emotional state and coping style (21, 22, 23).

It is known that oxidative stress affects the testicular function by disruption of germinal cell epithelial division and differentiation. along with the induction of germ cell apoptosis (10,11).

The mechanisms underlying the apoptosis induction by oxidative stress are not clear. However, they are shown to be due to the involvement of cytokine-induced stress kinase and E-selectin expression in the testicular vascular endothelium (11, 24, 25).

Induction of apoptosis leads to testicular neutrophil recruitment and increases the generation of intra-testicular reactive oxygen species (ROS). ROS in turn, cause peroxidative damage to cell membranes and also activate germ cell apoptosis (26, 27, 28). The rate of phagocytosis by Sertoli cells is also enhanced by increased germ cell apoptosis so as to clean the dying and damaged germ cells (29, 30).

The ROS produces toxic effects at 3 different levels. Firstly ROS activates apoptotic mechanism on gamete cells (11, 24, 25). Secondly suppress the cell division and differentiation directly (10). Thirdly, activates the phagocytic mechanism in Sertoli cells so that damaged and apoptotic cells are phagocytosed (29, 30).

Conclusion

As there is significant increase in post test SBP and DBP observed in the OAT subjects thus it is concluded that the decreased male fertility potential increases blood pressure reactivity.

Conflict of Interest: None

Source of Support: Nil

References:
4. Hines E.A., Jr. Significance of vascular hyperreaction as measured by cold pressor test. Amer Heart J 19:408-16; 1940


