Eicosapentaenoic acid enhances skeletal muscle hypertrophy without altering the protein anabolic signaling pathway

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Summary

This study aimed to examine the effect of eicosapentaenoic acid (EPA) on skeletal muscle hypertrophy induced by muscle overload and the associated intracellular signaling pathways. Male C57BL/6J mice were randomly assigned to oral treatment with either EPA or corn oil for 6 weeks. After 4 weeks of treatment, the gastrocnemius muscle of the right hindlimb was surgically removed to overload the plantaris and soleus muscles for 1 or 2 weeks. We examined the effect of EPA on the signaling pathway associated with protein synthesis using the soleus muscles. According to our analysis of the compensatory muscle growth, EPA administration enhanced hypertrophy of the soleus muscle but not hypertrophy of the plantaris muscle. Nevertheless, EPA administration did not enhance the expression or phosphorylation of Akt, mechanistic target of rapamycin (mTOR), or S6 kinase (S6K) in the soleus muscle. In conclusion, EPA enhances skeletal muscle hypertrophy, which can be independent of changes in the AKT–mTOR–S6K pathway.

Keywords eicosapentaenoic acid • Hypertrophy • protein synthesis • mTOR protein
Introduction

Skeletal muscles perform important functions in both physical movements and metabolic regulation. Decline in muscle protein synthesis, increase in protein degradation, impairment of neuromuscular integrity, and metabolic disorders contribute to the loss of muscle mass strength (Cruz-Jentoft et al. 2010). Sarcopenia, which is defined as the age-related loss of muscle mass and strength, is a growing concern in the aging society. Nutrition and physical exercise can be strategically used to overcome age-related protein synthesis impairment and slow the progression of sarcopenia (Dickinson et al. 2013, Robinson et al. 2018). Skeletal muscle mass primarily depends on the dynamic relationship between protein synthesis and degradation (Schiaffino et al. 2013). Proteins and amino acids, especially branched-chain amino acids and anabolic hormones (i.e., insulin), stimulate protein synthesis; however, sarcopenia involves resistance to this system, which is called anabolic resistance (Burd et al. 2013).

Eicosapentaenoic acid (EPA) is an ω-3 polyunsaturated fatty acid with various health benefits. ω-3 polyunsaturated fatty acids exhibit anti-inflammatory effects and prevent cardiovascular disease (De Caterina et al. 2011, Trebaticka et al. 2017). They may exert their biological effects through the following mechanisms: release of bioactive mediators; direct effect on ion channels; direct action on membranes, which requires incorporation into the phospholipid layer of the plasma membrane; and activation of G protein-coupled receptor 120, an ω-3 polyunsaturated fatty acid receptor (De Caterina et al. 2011, OH et al. 2011, White et al. 2014).
Supplementation with \( \omega-3 \) polyunsaturated fatty acids can increase muscle mass and function and exert anti-sarcopenic effects (Gray et al. 2018, Ochi et al. 2018). Supplementation with dietary \( \omega-3 \) fatty acids or fish oil increases muscle mass or strength (Da Boit et al. 2017, Rodacki et al. 2012, Smith et al. 2015) and muscle protein synthesis (Smith et al. 2011a, Smith et al. 2011b) in human subjects. Activation of protein anabolic signaling by \( \omega-3 \) polyunsaturated fatty acids has been demonstrated in steer (Gingras et al. 2007), rats (Kamolrat et al. 2013a), and C2C12 myotubes (Kamolrat et al. 2013b). In contrast, McGlory recently demonstrated that fish oil supplementation suppresses resistance exercise and protein feeding-induced increase in anabolic signaling through the Akt–S6 kinase (S6K) pathway, which did not affect muscle protein synthesis in young men (Mcglory et al. 2016). These data suggest the involvement of anabolic signaling-dependent and anabolic signaling-independent mechanisms in the effect of EPA on muscle protein synthesis. Additionally, \( \omega-3 \) polyunsaturated fatty acids attenuated protein catabolism in skeletal muscles in rodents with cancer cachexia (Whitehouse et al. 2001a), sepsis (Khal et al. 2008), and arthritis (Castillero et al. 2009) and during immobilization (You et al. 2010). Furthermore, treatment with EPA or docosahexaenoic acid suppresses protein degradation in C2C12 cells (Smith et al. 2005, Smith et al. 1999).

In the present study, we examined the effect of EPA on muscle protein synthesis by evaluating compensatory muscle growth in mice, which can involve multiple mechanisms (Spangenburg et al. ).
We investigated the effect of EPA alone, whereas most previous studies had evaluated the effect of ω-3 polyunsaturated fatty acids in the form of fish oil.
Materials and methods

Animals

All experimental procedures were performed according to the Guide for the Care and Use of Laboratory Animals of Nagoya University. Male C57BL/6J mice (8 weeks of age) were obtained from Chubu Kagakushizai Co., Ltd (Nagoya, Japan). After a week of acclimation, the mice were randomly distributed into 2 groups: the control group, which was fed standard chow (Oriental Yeast Co., Ltd., Tokyo, Japan) containing 6% corn oil (Ajinomoto Co., Inc., Tokyo, Japan), and the EPA group, which was fed standard chow containing 6% EPA (Mochida Pharmaceutical Co., Ltd., Tokyo, Japan). The feed was prepared daily. The mice were maintained in a 12:12 h reversal light–dark environment at 23°C and supplied with feed and water ad libitum.

Materials

EPA ethyl ester (>98%) was kindly donated by Mochida Pharmaceutical Co., Ltd. We purchased primary antibodies against phospho-Akt (Ser473), phospho-S6 kinase (Ser371), and S6 kinase (49D7) from Cell Signaling Technology, Inc. (Beverly, MA, USA) and antibodies against Akt 1/2/3 (H-136) from Santa Cruz Biotechnology, Inc. (Dallas, TX, USA). Enhanced chemiluminescence (ECL) western blotting detection reagents were obtained from GE Healthcare UK Limited (Buckinghamshire, UK).

Overload-induced muscle hypertrophy
Overload-induced muscle hypertrophy is the model used to examine molecular and cellular mechanisms that regulate muscle growth (Spangenburg et al. 2009). The procedure for the overloading study is presented in Fig. 1. Hypertrophic muscle growth was evaluated, as described previously (Makanae et al. 2013, Serrano et al. 2008). Briefly, mice were anesthetized using an intraperitoneal injection of sodium pentobarbital (50 mg/kg). The gastrocnemius muscle of the right hindlimb was surgically removed to induce compensatory hypertrophy of the soleus and plantaris muscles through functional overloading. An incision was made through the skin, and the Achilles tendon was exposed in the left hind legs (sham-operated), which were used as controls. After 1 or 2 weeks of overloading, the muscles and epididymal fats were dissected under anesthesia, and the mice were sacrificed. The wet weight of the muscles was measured; subsequently, the muscles were frozen in liquid nitrogen and stored at −80°C until analysis.

Insulin tolerance test

At 4 weeks, an insulin tolerance test (ITT) was conducted to assess global insulin sensitivity. Blood was collected from the tail tip. Mice that were fasted for 5 h were weighed, and insulin (0.5 UI/kg body weight; Novorapid, Novo Nordisk A/S, Bagsvaerd, Denmark) was injected intraperitoneally. Blood glucose was measured before insulin injection and 20, 40, and 60 min after the injection.

Insulin signaling in muscle
Insulin (0.5 UI/kg) was injected intraperitoneally, and the soleus muscles were extracted after 10 min of injection. The muscles were frozen using liquid nitrogen and stored at −80°C until analysis.

Western blotting

The muscles were homogenized in ice-cold homogenization buffer (50 mM HEPES, pH 7.4; 150 mM NaCl; 1.5 mM MgCl2; 0.01% trypsin inhibitor; 10% glycerol, 1% Triton X-100; and 2 mM phenylmethylsulfonyl fluoride). The lysates were incubated on ice for 1 h and centrifuged at 3873×g for 30 min at 4°C. The supernatants were stored at −20°C until analysis. Protein concentrations in the samples were determined using a protein assay kit (Bio-Rad Laboratories Inc., Hercules, CA, USA). The lysate was solubilized in 2× loading sample buffer (0.125 M Tris-HCl, pH 6.8; 10% 2-mercaptoethanol; 4% sodium dodecyl sulfate; 20% glycerol; and 0.01% bromophenol blue) and boiled at 100°C for 5 min. For each sample, 10 µg of protein extract was separated by sodium dodecyl sulfate polyacrylamide gel electrophoresis (SDS-PAGE) at 20 mA. The proteins were transferred to polyvinylidene difluoride membranes (EMD Millipore Corporation, Billerica, MA, USA) through semi-dry transfer at 25 V for 60 min. Each membrane was blocked with 5% nonfat dry milk for 1 h and rinsed with 1× phosphate-buffered saline (PBS) containing 0.1% Tween 20 before the blots were incubated with a 1:1000 dilution of the primary antibodies overnight at 4°C. Subsequently, the blots were washed in 1× PBS with 0.1% Tween 20, followed by incubation with a 1:1000 dilution of goat anti-rabbit IgG (H+L)–horseradish peroxidase.
conjugated antibody (Bio-Rad Laboratories Inc., Hercules, CA, USA) or human-serum-adsorbed and
peroxidase-labeled goat anti-mouse IgG (H+L) antibody (KPL, Gaithersburg, MD, USA) for 1 h at room
temperature. Immunoreactive bands were detected using ECL detection reagents, and band intensity was
quantified using the ImageJ densitometry software (National Institutes of Health, Bethesda, MD, USA).
The individual control/overload data points were divided by the mean value for the control/overload
group; thus, the mean value for the normalized control/overload group was 1 with variability. The density
of the protein band for the control/sham-operated, EPA/overload, and EPA/sham-operated groups was
expressed as the fold change of the density of the control/overload values (Siriguleng et al. 2018).

Statistical analysis

All values are expressed as the mean ± SD. Differences were analyzed using Student’s unpaired or
paired t-test or one-way analysis of variance (ANOVA) followed by Tukey’s test. One-way ANOVA
analysis was performed among the 4 groups (control/overload, control/sham-operated, EPA/overload, and
EPA/sham-operated). Differences with p<0.05 were considered statistically significant. All analyses were
performed using GraphPad Prism 6.0 (GraphPad Software Inc., La Jolla, CA, USA).
Results

Effect of 4-week administration of EPA on body weight, muscle weight, epididymal fat, and food intake

As shown in Table 1, the food intake during the 4 weeks and the amount of epididymal fat after 4 weeks of EPA administration were lower in the EPA-administered group than in the control group. Neither body weight nor muscle weight was different between the two groups.

Effect of 4-week administration of EPA on insulin sensitivity

The fasting blood glucose level in the EPA group was significantly lower than that in the control group (Fig. 2a). The ITT showed that the blood glucose level 20 min after insulin injection was significantly lower in the EPA group than in the control group (Fig. 2b), suggesting that EPA administration increased systemic insulin sensitivity. However, the phosphorylation (Ser473) and protein expression of Akt in the soleus muscles after 10 min of intraperitoneal insulin injection were similar between the control group and the EPA group (Fig. 2c). The Akt–mechanistic target of rapamycin (mTOR)–S6K signaling in the soleus muscles of the fasted mice was not different between the control and the EPA groups after 4 weeks of EPA administration (Fig. 3).

Effect of EPA on the weight of the soleus and plantaris muscles in overload-induced muscle hypertrophy
We examined the effect of EPA administration on the growth of overloaded muscles for 1
or 2 weeks. To evaluate the time course of muscle growth, we measured the muscle weights at 1
and 2 weeks of overloading. The overloaded muscles were significantly heavier than the sham-
operated leg muscles in all groups for both the soleus and plantaris muscles (Fig. 4). In addition,
the soleus muscles from the overloaded legs of mice in the EPA group were heavier than that in
the control group at 2 weeks of overloading but not at 1 week of overloading (Fig. 4a). The
plantaris muscle weight in the overloaded leg was not significantly different among the groups at
both 1 and 2 weeks of overloading (Fig. 4b). Table 2 presents the changes in body weight,
overloaded leg muscle weight, epididymal fat weight, and total food intake after 1 or 2 weeks of
overload. Body weight, epididymal fat weight, and food intake per day were significantly lower in
the EPA group than in the control group at both 1 and 2 weeks of overloading. The weights of the
tibialis anterior and extensor digitorum longus muscles in the overloading leg were not
significantly different among the groups at both 1 and 2 weeks of overloading.

Effect of EPA on overload-induced anabolic signaling in soleus muscle

We evaluated the skeletal muscle cell signaling pathway associated with protein synthesis
in the soleus muscles. The phosphorylation (Ser473) and protein expression of Akt, mTOR, and
S6K were examined (Fig. 5). The protein expression and phosphorylation of Akt (Ser473), mTOR,
and S6K (Ser371) were higher in the soleus muscles of the overloaded legs, compared to that in
the sham-operated legs, and were not significantly different between the control and EPA groups at both 1 and 2 weeks of overload (Fig. 5).
The principal finding in the present study was that EPA administration can enhance muscle growth induced by muscle overload in vivo. To the best of our knowledge, this is the first report on the effects of EPA on compensatory muscle hypertrophy. The AKT–mTOR–S6K signaling pathway for protein synthesis was not affected by EPA administration. Although epidemiological studies and studies on human subjects, animal models, and skeletal-muscle cell lines indicate the role of EPA in the regulation of muscle weight, the mechanisms underlying this effect remain unclear (Gray et al. 2018, Ochi et al. 2018).

We hypothesized that improvement in insulin sensitivity enhances muscle protein synthesis because insulin is a major anabolic hormone. The beneficial effect of ω-3 fatty acids on insulin sensitivity, which improves glucose metabolism, has been reported in animal models of obesity and diabetes; however, this effect remains controversial in human studies (Lalia et al. 2016). Recently, ω-3 fatty acid administration resulted in an increase in muscle protein synthesis, the anabolic response to insulin and amino acid infusion, in healthy young and middle-aged people (Smith et al. 2011b) and older adults (Smith et al. 2011a). Smith et al. additionally reported that insulin and amino acid-induced phosphorylation of AKT, mTOR, and S6K, the major signal molecules associated with skeletal-muscle protein synthesis, was enhanced after supplementation with ω-3 fatty acids; neither the basal rate of muscle protein synthesis nor signaling element phosphorylation was altered in response to ω-3 fatty acid administration (Smith et al. 2011a, Smith
et al. 2011b). Enhancement of amino acid-induced protein synthesis by ω-3 fatty acids has also been reported in C2C12 cells, with increased S6K phosphorylation (Kamolrat et al. 2013b). In the present study, the mice administered EPA for 4 weeks exhibited a decrease in fasting blood glucose levels and an improved response in the ITT compared with the control mice, which indicates that EPA improved insulin sensitivity. The following overloading experiments demonstrated enhanced muscle growth of the soleus muscle. However, phosphorylation of the signaling molecules associated with muscle protein synthesis was not altered, suggesting that the increase in soleus growth observed in the present study is not caused by the enhancement of anabolic signaling.

In catabolic states, the anti-inflammatory effects of EPA possibly have crucial functions in the reduction of muscle degradation. The role of EPA in the regulation of the ubiquitin–proteasome pathway has been demonstrated in pathological states such as cancer (Whitehouse et al. 2001a), starvation (Whitehouse et al. 2001b), hyperthermia (Smith et al. 2005), and sepsis (Khal et al. 2008). Administration of EPA downregulated muscle TNF-α, which activates nuclear factor-kB (NF-kB), the major transcription factor for the ubiquitin–proteasome pathway, in a rat model of arthritis (Castillero et al. 2009) and a mouse model of Duchenne muscular dystrophy (Machado et al. 2011). Additionally, the effects of EPA on TNF-α, NF-kB, and the proteasome pathway have been demonstrated in C2C12 myoblasts and myotubes (Smith et al. 2005, Smith et al. 1999, Huang et al. 2011, Magee et al. 2008). In the present study, we observed a lower amount of epididymal fat in the EPA group than in the control group. A lower amount of epididymal fat is
associated with reduced inflammation (Sato et al. 2010, Figueras et al. 2011). However, the anti-inflammatory effect of EPA is usually observed in obese models but not in normal models (Itoh et al. 2012). Furthermore, it has been demonstrated that ω-3 fatty acids can increase muscle mass in healthy people (Smith et al. 2011b) and healthy animals (Gingras et al. 2007) without activation of the catabolic system. In the present study, although the lack of inflammatory marker analysis limits our argument, it is unlikely that the anti-inflammatory effects of EPA enhanced the growth of soleus in the healthy mice.

In the present study, we observed the enhancement effect of EPA on overload-induced muscle hypertrophy only in the soleus muscle, a primarily type I muscle, but not in the plantaris muscle, a primarily type II muscle. This effect was in contrast to the effect of prior chronic aerobic exercise on overload-induced muscle hypertrophy, in which the effect was only observed in the plantaris muscle (Siriguleng et al. 2018). Type II muscles are more sensitive to the effects of various physiological and pathological conditions than type I muscles (Holecek et al. 2017, Koopman et al. 2006, Muthny et al. 2008). Thus, we hypothesized that enhanced hypertrophy through EPA administration would be observed in the plantaris muscle. We observed a significant increase or a tendency toward increase in the phosphorylation of AKT (p<0.01), mTOR (p=0.08), and S6K (p=0.05) in the plantaris muscles of the overloaded legs in the EPA group compared to those in the control group (data not shown). These data indicate that administration of EPA potentially augments the AKT–mTOR–S6K pathway, which can be associated with increase in...
insulin sensitivity. However, the muscle growth of plantaris was not affected by EPA administration, indicating that our hypothesis was not true in the present study. The AKT–mTOR–S6K pathway in the soleus muscles was not affected despite the EPA-induced enhancement in soleus muscle growth. In summary, the present results suggest that a different mechanism or signaling pathway is involved in EPA-induced muscle hypertrophy.

Compensatory muscle hypertrophy is regulated in several steps. The IGF–Akt–FoxO signaling pathway plays a major role in this type of muscle growth; however, the precise mechanisms remain to be clarified (Schiaffino et al. 2011, Schiaffino et al. 2013). The present results, which demonstrate that the AKT–mTOR–S6K signaling was not affected, suggest that this pathway does not play a role in enhancing soleus muscle growth. Recently, the involvement of satellite-cell recruitment and the role of IL-6 signaling have been demonstrated (Serrano et al. 2008). Furthermore, the autophagy–lysosome system and ubiquitin–proteasome system need to be appropriately regulated during these processes (Schiaffino et al. 2013). These complicated systems are regulated by the intracellular signal transduction system in the skeletal muscles.

**Conclusion**

EPA enhances growth of the soleus muscle without affecting anabolic signaling. Although the mechanism underlying this effect remains unclear, our findings suggest that EPA or fish oil may be promising prophylactic agents against decline in physical strength in healthy people.
Conflicts of interest

The authors have no potential conflicts of interest.

Acknowledgements

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OCHI E, and TSUCHIYA Y: Eicosapentaenoic acid (EPA) and Docosahexaenoic acid (DHA) in muscle


Figure legends

Figure 1. The sequence of the study procedure for functional overloading.

Figure 2. Effect of EPA administration on insulin sensitivity.
Fasting glucose levels after 4 weeks of EPA administration (a). Insulin tolerance test (ITT) was performed after 4 weeks of EPA administration (*p<0.05) (b). Phosphorylation (c) and protein expression (d) of Akt in the soleus muscles were analyzed by western blotting. Representative immunoblots are displayed in the top panels. Control group (n=6); EPA group (n=7). Data are expressed as the mean ± SD.

Figure 3. Effect of EPA administration on the Akt–mTOR–S6K pathway in soleus muscles.
Phosphorylation and protein expression of Akt, mTOR, and S6K in the soleus muscles after 4 weeks of EPA administration were analyzed by western blotting. Representative immunoblots are displayed in the top panels. Control group (n=6); EPA group (n=7). Data are expressed as the mean ± SD. The density of the protein band of the EPA groups was expressed as the fold change in the density with respect to the mean of the Control group values.

Figure 4 Effect of EPA administration on muscle weight after 1 or 2 weeks of overloading. Weight of the soleus muscles (a) and plantaris muscles (b) of functionally overloaded legs or sham-operated legs was measured after 1 or 2 weeks of overloading. Control group (1 week: n=6; 2 weeks: n=6); EPA group (1 week: n=8; 2 weeks: n=6); 1W, Overload of 1 week; 2W, Overload of 2 weeks. Significant differences between the overloaded and sham-operated legs in each group after 1 or 2 weeks of
overloading (*p<0.05, ***p<0.001, ****p<0.0001) and between the overloaded legs in the control and EPA groups (&&p<0.01) are indicated. Statistical analysis of the differences between 1 week and 2 weeks of overloading was not performed. Data are expressed as the mean ± SD.

Figure 5. Effect of EPA administration on the Akt–mTOR–S6K pathway in the soleus muscles during overloading. Phosphorylation and protein expression of Akt, mTOR, and S6K after 1 or 2 weeks of overloading in the soleus muscles were analyzed by western blotting. Control group (1 week: n=6; 2 weeks: n=6); EPA group (1 week: n=8; 2 weeks: n=6); 1W, Overload of 1 week; 2W, Overload of 2 weeks. Significant differences between overloaded and sham-operated legs after 1 or 2 weeks of overloading (*p<0.05, **p<0.01) are indicated. Statistical analysis of the differences between 1 week and 2 weeks of overloading was not performed. Data are expressed as the mean ± SD.
Table 1. Body weight, weight of muscles, and epididymal fat weight after 4 weeks of EPA administration

<table>
<thead>
<tr>
<th></th>
<th>Control (n=6)</th>
<th>EPA (n=7)</th>
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<tbody>
<tr>
<td>Body weight (g)</td>
<td>27.9 ± 0.8</td>
<td>27.5 ± 0.5</td>
</tr>
<tr>
<td>Weight of muscles (mg)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastrocnemius</td>
<td>146 ± 5</td>
<td>147 ± 8</td>
</tr>
<tr>
<td>Plantaris</td>
<td>23.4 ± 1.5</td>
<td>23.1 ± 2.5</td>
</tr>
<tr>
<td>Soleus</td>
<td>10.9 ± 0.6</td>
<td>10.6 ± 0.4</td>
</tr>
<tr>
<td>Tibialis anterior</td>
<td>50.7 ± 2.5</td>
<td>52.9 ± 2.6</td>
</tr>
<tr>
<td>Extensor digitorum longus</td>
<td>12.3 ± 0.6</td>
<td>12.1 ± 0.9</td>
</tr>
<tr>
<td>Epididymal fat weight (mg)</td>
<td>493 ± 89</td>
<td>298 ± 78***</td>
</tr>
<tr>
<td>Food intake per day (g/day)</td>
<td>3.71 ± 0.07</td>
<td>3.47 ± 0.09***</td>
</tr>
<tr>
<td>Total food intake (g)</td>
<td>107.58 ± 1.91</td>
<td>101.01 ± 2.74***</td>
</tr>
</tbody>
</table>

Data are expressed as mean ± SD.
Statistical difference vs. the Control group (***p<0.001)
Table 2. Body weight, weight of muscles, and epididymal fat weight after 1 week or 2 weeks of overloading

<table>
<thead>
<tr>
<th></th>
<th>1 week of overloading</th>
<th>2 weeks of overloading</th>
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<tbody>
<tr>
<td></td>
<td>Control (n=6)</td>
<td>EPA (n=8)</td>
</tr>
<tr>
<td>Body weight (g)</td>
<td>25.9 ± 0.9</td>
<td>24.8 ± 1.0*</td>
</tr>
<tr>
<td>Weight of muscles of overloaded legs (mg)</td>
<td></td>
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</tr>
<tr>
<td>Tibialis anterior</td>
<td>45.6 ± 3.3</td>
<td>46.1 ± 3.7</td>
</tr>
<tr>
<td>Extensor digitorum longus</td>
<td>11.1 ± 0.9</td>
<td>11.2 ± 0.7</td>
</tr>
<tr>
<td>Weight of muscles of overloaded legs (mg)/body weight (g)</td>
<td></td>
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<tr>
<td>Tibialis anterior</td>
<td>1.71 ± 0.12</td>
<td>1.84 ± 0.13</td>
</tr>
<tr>
<td>Extensor digitorum longus</td>
<td>0.42 ± 0.16</td>
<td>0.45 ± 0.15</td>
</tr>
<tr>
<td>Epididymal fat weight (mg)</td>
<td>449 ± 13</td>
<td>199 ± 5***</td>
</tr>
<tr>
<td>Epididymal fat weight (mg)/body weight (g)</td>
<td></td>
<td></td>
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<tr>
<td>Food intake per day (g/day)</td>
<td>3.10 ± 0.11</td>
<td>2.96 ± 0.15*</td>
</tr>
<tr>
<td>Total food intake (g)</td>
<td>110.29 ± 4.79</td>
<td>105.23 ± 6.89</td>
</tr>
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Data are expressed as mean ± SD.
Statistical difference vs. the Control group in 1 week or 2 weeks of overloading (*p<0.05, **p<0.01, ***p<0.001)
Figure 1. SIRIGULENG et al.
Figure 2. SIRIGULENG et al.
Figure 3. SIRIGULENG et al.
Figure 4. SIRIGULENG et al.
Figure 5. SIRIGULENG et al.