Journal of Advances in Medical and Biomedical Research | ISSN:2676-6264

Flaxseed Oil and Treadmill Running Improve Behavioral Outcomes in Rats Exposed to Lead

Fatemeh Noroozi^(D), Masoumeh Asle-Rousta^{*(D)}, Mehdi Rahnema^(D)

Dept. of Physiology, Zanjan Branch, Islamic Azad University, Zanjan, Iran

Introduction

Environmental pollution from heavy metals, like lead, is one of the outcomes of industrial life. Long-term exposure to lead causes the emergence of oxidative stress in the brain, changes in the cell membrane, disruption in the signaling pathways, and damages in neurotransmission and synaptic activity (1, 2). Lead weakens learning and memory (3) and develops anxiety and depression (4). Given the wide range of lead use in industry, it seems that the sole way to deal with its harmful effects is to find ways that minimize damage.

Today, it is believed that a healthy body equals a healthy brain e. 30-60 minutes of exercise three days a week for six consecutive weeks causes a decrease in brain damage in patients suffering from brain injury (5). Treadmill running reduces oxidative stress in the brain (6). It also increases the level of neurotrophic factors, decreases expression of inflammatory factors and increases the level of anti-inflammatory factors, inhibits apoptosis (7), improves memory, and decreases anxiety and depression in rats suffering from posttraumatic stress disorder (8). Therefore, we hypothesized that treadmill running could probably reduce behavioral disorders resulted from lead acetate in rats.

An alternative measure to reduce brain damages is to use medicinal plants. These herbs consist of a significant amount of anti-oxidants, are affordable and easily available. Therefore, there is a wide range of studies on the subject of medicinal plants and their compounds. Flax (*Linum usitatissimum* L.) is an annual edible plant, the oil of which has abundant amounts of omega-6 and omega-3. Flaxseed oil contains a huge amount of α -linolenic acid, oleic acid, and α - and γ -tocopherol, etc. (9). Flaxseed oil has anti-inflammatory effects (10), reduces oxidative stress, inhibits cytotoxicity (11), increases monoamines level, and additionally decreases acetylcholine esterase activity in rats that have received lead acetate (12). Thus, it was hypothesized that flaxseed oil can probably reduce behavioral disorders resulted from lead acetate in rats.

Accordingly, the purpose of our research is to examine the effect of flaxseed oil and treadmill running on memory impairment, anxiety, and depression induced by lead acetate in male rats.

Materials and Methods

Sixty male rats (each 200-220 g) were kept in cages in groups of four. Animals had easy access to water and

food, and were kept at 24 $^{\rm o}C$, and 12h/12h light / dark period.

The rats were divided into 6 groups (all groups included 10 rats) as follows:

- 1- The Control (C, intact)
- 2-The Exercise (Ex)
- 3-The Flaxseed oil (FO)
- 4-The Lead (L)
- 5-The Lead- Exercise (L-EX)

6-The Lead- Flaxseed oil (L-FO)

Groups L, L-EX, and L-FO received 100 mg/kg lead acetate (Sigma, USA), and groups 3 and 6 received 4 ml/kg flaxseed oil (Adonis Gol Darou, Tehran, Iran) for 28 consecutive days (4, 13). Both lead acetate and flaxseed oil were administrated by oral gavage every day.

Before the start of the 4-week training period, groups 2 and 5 ran for 10 minutes daily at 5 km/h for 5 consecutive days to get acquainted with the treadmill (Tajhiz Gostare Omid Iranian, Tehran, Iran). For the next four weeks, they ran for 30 minutes every day for 5 days a week; in the first two weeks, 5 minutes at 13 m/min, 20 minutes at 16.5 m/min, and the last 5 minutes at 13 m/min. In the second two weeks, they ran for 5 minutes at a speed of 13 m/min; 20 minutes at a speed of 20 m/min, and then 5 minutes at a speed of 13 m/min (14).

The Morris water maze (MWM) test was performed on days 24-28 to investigate learning and spatial memory. The elevated plus maze (EPM) test and forced swimming test (FST) also were used to study the level of anxiety and depression at the end of the period.

The water maze consisted of a tank (130 cm cylinder and 60 cm high) placed in a half-dark room and filled with water. An invisible platform was placed beneath the 2cm of the water surface in the northeast of the tank. Multiple signs were placed nearby the tank. On days 24-27, rats swam in the tank 4 times a day for 90 s to find the platform. After finding the platform or at the end of the 90 seconds, each rat sat on the platform for 20 s until the start of the next round. The animals' movement was recorded by the camera on top of the tank and data was transferred to MazeRouter software (Tabriz, Iran) to be analyzed. Reduction in time elapsed (s) and distance moved (cm) to reach the platform meant an enhancement of learning. On day 28, each rat swam in the tank (without a platform) for 60 seconds. An increase in time elapsed (s) in the target quarter (the location of platform in training days) meant memory improvement (15).

At the end of the period, the anxiety behavior was examined by EPM test. EPM contains four crossed arms (two open and two closed arms) at a distance of 50 cm from the ground. In this test, each rat was put in the central square of the arms, and its behavior was assayed for 5 minutes. The number of entries and duration of staying in the open arm were recorded by the camera on top of the system. An increase in the percentage of open-arm entries (OAE) and time spent in the open arms (OAT) showed anxiety reduction in the animal (4).

The depression behavior was studied by forced swimming test. Rats were put into a cylinder $(40 \times 18 \text{ cm i.d})$ including water at 24- 26°C. Each rat was placed in the column for 6 minutes. The first 2 minutes were for acquainting with the system and the behavior of the animal was analyzed in the next 4 minutes. An increase in immobilization time (s) meant an increase in the level of depression (4).

All the behavioral tests were carried out at 9-12 O'clock.

Results were presented as means \pm SEM. One-way ANOVA was used for detection of the differences between groups. Factors related to the training of each group in the first to fourth days in the MWM test were compared by repeated measures. The variance among groups was defined utilizing the HSD and Tukey post-hoc tests. The p-value lower than 0.05 was significant.

Results

Kidney function was evaluated by measuring the kid-During the MWM test, the time and distance traveled to reach the platform, had a significant reduction on day 4 in comparison with day 1 (P < 0.001) (data not shown). 28days of lead acetate consumption caused learning reduction in animals so that they recorded more time and distance to reach the platform on day four compared with the controls (P < 0.05, P < 0.001 respectively). Treadmill running resulted in learning improvement in lead acetate received rats. These rats spent less time and distance to reach the platform compared with the Lead group (P <0.05, P < 0.001 respectively). Flaxseed oil consumption also caused learning improvement in lead acetate received rats in a way that they spent less time and distance to reach the hidden platform compared with the Lead group (P < 0.05, P < 0.01 respectively). (Figure 1. A, B). After 4 days of training, the probe test was performed in one step (without a hidden platform). The probe test also showed memory impairment in the Lead group and its improvement in groups L-EX and L-FO in comparison with the L group, since compared to the Control group, they swam less time in this region (P < 0.05) and groups L-Ex and L-FO spent more time in the target quarter (P < 0.05) (Figure 1. C). The EX and FO groups did not differ significantly from the control group in any of the factors related to training and probe test (Figure 1).

Results of the EPM test showed anxiety in lead acetate received rats. The percentage of OAT and OAE in this group reduced compared with the controls (P < 0.05). Treadmill running and flaxseed oil consumption, both caused anxious behavior decline in lead acetate received rats so that the percentage of OAT in both groups had a meaningful increase compared with the L group (P < 0.01, P < 0.001 respectively) and a notable increase in OAE percentage (P < 0.05). Also, the OAT percentage decree-

sed in EX and FO groups compared to the control group (P < 0.01 and P < 0.001, respectively) (<u>Table 1</u>). The percentage of OAE in these groups has no meaningful difference from the Control. Animals' locomotor active-

ties (sum of entrances to the open and closed arms) did not have a major difference in various groups (data not shown).



Figure 1. Time (A) and distance moved (B) to reach the platform in MWM test in 4 consecutive days. Time spent in target quarter in probe test (C). Results are shown as mean \pm SEM. (N=10). * P <0.05 and *** P < 0.001 vs. group C and # P < 0.05, ## P < 0.01, ### P < 0.001 vs. group L.

According to FST, the 28- day treatment of lead acetate caused the development of depression in rats so that immobilization time in group L increased in comparison with the Control (P < 0.01). Treadmill running caused significant immobilization time reduction in lead acetate received rats (P < 0.05). Although the immobility time

was shorter in the L-FO group compared to the L group, there was no significant difference (P > 0.05). Furthermore, no meaningful difference was found among EX and FO groups with the Control in this factor (Figure 2).

Fable 1. Results of anxie	ty examination	utilizing the elevated	plus maze (EPM) Test
---------------------------	----------------	------------------------	----------------------

Group	OAT %	OAE %
С	33.03 ± 2.47	46.10 ± 1.99
EX	46.23 ± 1.38 **	43.85 ± 1.10
FO	56.13 ± 1.50 ***	49.18 ± 1.28
L	21.86 ± 3.54 *	35.48 ± 3.62 *
L- EX	35.16 ± 2.36 ##	44.35 ± 1.73 #
L-FO	$45.86 \pm 1.12 \# \# \#$	44.91 ± 2.10 #

The percentage of the open arm time (OAT) and open arm entries (OAE) were determined. Results are shown as means \pm SEM. (N=10). * P < 0.05, ** P < 0.01 and *** P < 0.001 *vs*. group C; # P < 0.05, ## P < 0.01 and ### P < 0.001 *vs*. group L.



Figure 2. Immobility time in forced swimming test (FST). Results are shown as means \pm SEM (N=10). ** P < 0.01 *vs*. group C and #P < 0.05 *vs*. group L.

Discussion

The results showed that treadmill running causes improvement in spatial learning and memory in lead acetate-induced rats. Running plan with a treadmill like what was used in our study decreased the hypoxia hypobaric-induced damage in the CA1. Treadmill running also reduced microglia and astrocytes activity in the hippocampus and inhibited nitric oxide synthase activity. Also, it increases the brain-derived neurotrophic factor (BDNF) expression and, as a whole, increased the anti-oxidant and anti-apoptotic capacity of the hippocampus (14). Treadmill running excites neurogenesis in the dentate gyrus of old rats. It inhibits apoptosis in the hippocampus, improves rats performance in the MWM test (16), and also increases longterm potentiation in streptozotocin-induced diabetic rats (17). Therefore, all of these may perform a function in improving the memory of the L-Ex group.

We observed that spatial learning and memory in the L-FO animals improved compared with group L. Flaxseed oil decreases the activity of choline esterase in rats' brains that received lead acetate (12). It also inhibits lipid peroxidation, oxidative stress, and histopathologic damages due to lead acetate (11). The positive effects of flaxseed oil on the memory of lead acetate -received rats may be due to rich stocks of omega3 and omega6; since alpha-linoleic (which can be found in flaxseed oil abundantly) increases neurogenesis especially in the dentate gyrus in the hippocampus (18). On the other hand, feeding the rats on linoleic acid-enriched butter for 4 consecutive weeks results in passive avoidance memory improvement (19). Vitamin E not only strengthens the brain anti-oxidant system of hypothyroid rats but also increases BDNF level in their brain and improves the spatial memory of these animals (20). Additionally, omega 3 prevents lead-caused memory impairment in rats (21).

Results of the EPM test showed anxiety reduction in rats of group L-EX even the percentage of OAT in the EX group increased compared with controls and is in line with the result of studies by Mazur et al. (22). Activation of serotonergic neurons in the lateral raphe nucleus leads to anti-anxiety behavior. Elevation of corticotrophin-releasing hormone causes activation of the hypothalamus-pituitary-adrenal axis and then induces anxiety-like behaviors. It has been proved that mild exercise increases c-Fos expression in raphe serotonergic neurons and leads to anti-stress effects (23). Running increases the level of GABA neurotransmitter in the brain (24), so the anxiolytic effects of treadmill running in L-EX can be justified.

Just like exercising, flaxseed oil reduced anxious behavior in rats that received lead acetate. Even the percentage of OAT in group FO was higher than controls. Therefore, flaxseed oil has anxiolytic effects. These results are in line with studies carried out by Shallie et al. (25) based on the anxiolytic effects of flaxseed oil in rotenone-received rats. Additionally, there is a reverse relation between omega 3 (which can be found abundantly in flaxseed oil) and the emergence of anxiety (26). Furthermore, alpha-linoleic acid stimulates the GABAergic system in the basolateral nucleus of the amygdala and prevents anxious behavior which is resulted from brain injury (27). Therefore, the anxiolytic effect of flaxseed oil may be mediated by stimulating GABA transmission in the brain.

The results of FST also show that treadmill running causes depression reduction in lead acetate- received rats which is in line with the results reported by Patki et al., (8) on the anti-depression effects of treadmill running in rats exposed to stress. One of the major reasons for depression is apoptosis and neurodegeneration in the hippocampus or even its volume reduction (28), and treadmill running protects the hippocampus against neurodegeneration and apoptosis (11). Therefore, the anti-depression effect of treadmill running may be because it inhibits neurodegeneration. Treadmill running prevents dopamine level decline in the brain (29) and activates raphe nucleus serotonergic neurons (23). Given that lead reduces dopamine and serotonin levels in different parts of the brain (30), and reduction of these neurotransmitters in the brain is one of the most important reasons for depression (31), therefore, treadmill running prevents their reduction and consequently the appearance of depression. One of the reasons for changes in the level of neurotransmitters in the depressed brain is the reduction of BDNF level (32) and since treadmill running increases BDNF expression and strengthens its signaling paths in the hippocampus (14), there is the probability that it prevents lead-induced BDNF level reduction in rats because exposing to lead decreases BDNF level in the brain (33).

Flaxseed oil additionally improved the performance of lead acetate- received rats in FST, but it did not have significant effects. Flaxseed oil, in higher doses than what had been used in this study, could prevent the reduction of mono-amines levels in rats exposed to lead (12). Moreover, flaxseed oil prevents depression emergence in the first two weeks after birth, and this outcome is similar to the fluoxetine anti-depression effect (34) that can be related to the unsaturated fatty acid omega 3 in flaxseed oil. Omega 3 has an important role in curing depression (35). We suggest that higher doses of flaxseed oil or a longer period of consumption may prevent depression resulted from lead.

Conclusion

Finally, we concluded that treadmill running and flaxseed oil consumption reduce lead acetate behavioral deficits, and probably are good candidates to prevent and treat neuro damages resulted from lead.

Data availability

Raw data for this article is available upon demand.

Compliance with ethical guidelines

This study was approved by the ethics committee in Islamic Azad University- Zanjan Branch (approval number: IR.IAU.Z.REC.1396,31).

Statement of Ethics

All the rats were handled based on the Principles of Laboratory Animal Care (NIH publication No. 85-23, revised in 1985), and the study was approved by the Ethics Committee of Urmia University of Medical Sciences, Urmia, Iran.

Acknowledgments

Authors wish to thank Mr. Yaghoub Bigdeli for his help in performing behavioral tests.

Conflict of Interest

All authors declare no conflict of interest.

Funding Sources

None.

References

 Sharma R. Breast cancer incidence, mortality and mortality-to-incidence ratio (MIR) are associated with human development, 1990-2016: evidence from Global Burden of Disease Study 2016. Breast Cancer. 2019;26(4):428-45.
 [DOI:10.1007/s12282-018-00941-4] [PMID]

- Sung H, Ferlay J, Siegel RL, et al. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA Cancer J Clin. 2021. [DOI:10.3322/caac.21660] [PMID]
- Ferlay J, Colombet M, Soerjomataram I, et al. Estimating the global cancer incidence and mortality in 2018: GLOBOCAN sources and methods. Int J Cancer. 2019;144(8):1941-53. [DOI:10.1002/ijc.31937] [PMID]
- Cebeci F, Yangın HB, Tekeli A. Life experiences of women with breast cancer in south western Turkey: A qualitative study. Eur J Oncol Nurs. 2012;16(4):406-12.
 [DOI:10.1016/j.ejon.2011.09.003] [PMID]
- Bab S, Abdifard E, Elyasianfar S, Mohammadi P, Heidari M. Time trend analysis of breast cancer in Iran and its six topographical regions: a population-based study. J Med Life. 2019;12(2):140.
- Mosher CE, Johnson C, Dickler M, Norton L, Massie MJ, DuHamel K. Living with metastatic breast cancer: a qualitative analysis of physical, psychological, and social sequelae. Breast. 2013;19(3):285-92. [DOI:10.1111/tbj.12107] [PMID] [PMCID]
- Sarenmalm EK, Browall M, Persson LO, Fall-Dickson J, Gaston-Johansson F. Relationship of sense of coherence to stressful events, coping strategies, health status, and quality of life in women with breast cancer. J Psychosoc Oncol Res Pract. 2013;22(1):20-7. [DOI:10.1002/pon.2053] [PMID]
- Loh SY, Packer T, Chinna K, Quek KF. Effectiveness of a patient self-management programme for breast cancer as a chronic illness: a non-randomised controlled clinical trial. J Cancer Surviv. 2013;7(3):331-42. [DOI:10.1007/s11764-013-0274-x] [PMID]
- Børøsund E, Cvancarova M, Moore SM, Ekstedt M, Ruland CM. Comparing effects in regular practice of e-communication and Web-based selfmanagement support among breast cancer patients: preliminary results from a randomized controlled trial. J Med Internet Res.2014;16(12):e295.
 [DOI:10.2196/jmir.3348] [PMID] [PMCID]
- De Castro EK, Ponciano C, Meneghetti B, Kreling M. Quality of life, self-efficacy and psychological well-being in Brazilian adults with cancer: A longitudinal study. Psychology (Irvine). 2012;3(04):304.

[DOI:10.4236/psych.2012.34043]

11. Mehraeen E, Safdari R, SeyedAlinaghi S, Noori T, Kahouei M, Soltani-Kermanshahi M. A mobilebased self-management application-usability evaluation from the perspective of HIV-positive people. Health Policy Technol. 2020;9(3):294-301. [DOI:10.1016/j.hlpt.2020.06.004]

- McCorkle R, Ercolano E, Lazenby M, Schulman-Green D, Schilling LS, Lorig K, et al. Selfmanagement: Enabling and empowering patients living with cancer as a chronic illness. CA Cancer J Clin. 2011;61(1):50-62.
 [DOI:10.3322/caac.20093] [PMID] [PMCID]
- Davis SW, Oakley-Girvan I. Achieving value in mobile health applications for cancer survivors. J Cancer Surviv. 2017;11(4):498-504. [DOI:10.1007/s11764-017-0608-1] [PMID]
- Davoodi S, Mohammadzadeh Z, Safdari R. Mobile phone based system opportunities to home-based managing of chemotherapy side effects. Acta Inform Med. 2016;24(3):193.
 [DOI:10.5455/aim.2016.24.193-196] [PMID] [PMCID]
- Hou I-C, Lan M-F, Shen S-H, Tsai PY, Chang KJ, Tai H-C, et al. The development of a mobile health app for breast cancer self-management support in Taiwan: design thinking approach. JMIR Mhealth Uhealth. 2020;8(4):e15780.
 [DOI:10.2196/15780] [PMID] [PMCID]
- Choi JH, Park S-J, Kwon H, Lee H-J. Application and evaluation of mobile nutrition management service for breast cancer patients. J Nutr. 2020;53(1):83-97.
 [DOI:10.4163/jnh.2020.53.1.83]
- Richards R, Kinnersley P, Brain K, Staffurth J, Wood F. The preferences of patients with cancer regarding apps to help meet their illness-related information needs: qualitative interview study. JMIR Mhealth Uhealth. 2019;7(7):e14187.
 [DOI:10.2196/14187] [PMID] [PMCID]
- Saeidnia HR, Ausloos M, Mohammadzadeh Z, Babajani A, Hassanzadhh M. Mobile-based selfcare application for COVID-19: Development process using the ADDIE model. Stud Health Technol Inform. 2022;289:110-113. PMID: 35062104. [DOI:10.3233/shti210871]
- 19. Sheikhtaheri A, Nahvijou A, Mashoof E. Evaluation of the Information Needs of Breast Cancer Patients in the Internet. Basic & Clinical Cancer Research. 2018;10(3):1-11.
- 20. Ong SW, Jassal SV, Miller JA, Porter EC, Cafazzo JA, Seto E, et al. Integrating a smartphone-based self-management system into usual care of advanced CKD. Clin J Am Soc Nephrol. 2016;11(6):1054-62.
 [DOI:10.2215/CJN.10681015] [PMID] [PMCID]
- 21. Phillips SM, Conroy DE, Keadle SK, Pellegrini CA, Lloyd GR, Penedo FJ, et al. Breast cancer

survivors' preferences for technology-supported exercise interventions. Support Care Cancer. 2017;25(10):3243-52. [DOI:10.1007/s00520-017-3735-3] [PMID] [PMCID]

- Rabin C, Bock B. Desired features of smartphone applications promoting physical activity. Telemed J E Health. 2011;17(10):801-3.
 [DOI:10.1089/tmj.2011.0055] [PMID]
- Harder H, Holroyd P, Burkinshaw L, Watten P, Zammit C, Harris PR, et al. A user-centred approach to developing bWell, a mobile app for arm and shoulder exercises after breast cancer treatment. J Cancer Surviv. 2017;11(6):732-42.
 [DOI:10.1007/s11764-017-0630-3] [PMID] [PMCID]
- Fischer M, Inoue K, Matsuda A, Kroep J, Nagai S, Tozuka K, et al. Cross-cultural comparison of breast cancer patients' quality of life in the Netherlands and Japan. Breast Cancer Res Trea. 2017;166(2):459-71. [DOI:10.1007/s10549-017-4417-z] [PMID] [PMCID]
- 25. Sheikh Taheri A, Norouzi E, Sadoughi F. Developing a mobile-based self-care application for patients with breast cancer undergoing chemotherapy. Journal of Health Administration. 2019;22(4):35-49.
- 26. Saeidnia H, Mohammadzadeh Z, Saeidnia M, Mahmoodzadeh A, Ghorbani N, Hasanzadeh M. Identifying Requirements of a Self-care System on smartphones for preventing coronavirus disease 2019 (COVID-19). Iran J Med Microbiol. 2020;14(3):241-6. [DOI:10.30699/ijmm.14.3.241]
- Kapoor A, Nambisan P, Baker E. Mobile applications for breast cancer survivorship and self-management: A systematic review. Health Informatics J. 2020;26(4):2892-905.
 [DOI:10.1177/1460458220950853] [PMID]
- Zhu J, Ebert L, Guo D, Yang S, Han Q, Chan SW-C. Mobile breast cancer e-support program for Chinese women with breast cancer undergoing chemotherapy (Part 1): Qualitative study of women's perceptions. JMIR Mhealth Uhealth. 2018;6(4):e85. [DOI:10.2196/mhealth.9311] [PMID] [PMCID]
- Lozano-Lozano M, Galiano-Castillo N, Martín-Martín L, Pace-Bedetti N, Fernández-Lao C, Arroyo-Morales M, et al. Monitoring energy balance in breast cancer survivors using a mobile app: reliability study. JMIR Mhealth Uhealth. 2018;6(3):e67. [DOI:10.2196/mhealth.9669] [PMID] [PMCID]
- 30. Kim J, Lim S, Min YH, Shin Y-W, Lee B, Sohn G, et al. Depression screening using daily mental-health ratings from a smartphone application for

breast cancer patients. J Med Internet Res. 2016;18(8):e216. [DOI:10.2196/jmir.5598] [PMID] [PMCID]

- 31. Knoerl R, Hong F, Blonquist T, Berry D. Impact of Electronic Self-Assessment and Self-Care Technology on Adherence to Clinician Recommendations and Self-Management Activity Cancer Treatment-Related Symptoms: for Secondary Analysis of a Randomized Controlled Trial. JMIR cancer. 2019;5(1):e11395. [DOI:10.2196/11395] [PMID] [PMCID]
- Nielsen AM, Welch WA, Gavin KL, Cottrell AM, Solk P, Torre EA, et al. Preferences for mHealth physical activity interventions during chemotherapy for breast cancer: a qualitative evaluation. Support Care Cancer. 2020;28(4):1919-28. [DOI:10.1007/s00520-019-05002-w] [PMID] [PMCID]
- 33. Faller H, Brähler E, Härter M, Keller M, Schulz H, Wegscheider K, et al. Unmet needs for information and psychosocial support in relation quality of life and emotional to distress:Acomparison between gynecological and cancer patients. Patient breast Educ Couns.2017:100(10):1934-42. [DOI:10.1016/j.pec.2017.05.031] [PMID]
- Beaver K, Twomey M, Witham G, Foy S, Luker KA. Meeting the information needs of women with breast cancer: piloting a nurse-led intervention. Eur J Oncol Nurs. 2006;10(5):378-90. [DOI:10.1016/j.ejon.2006.02.004] [PMID]
- 35. Schmidt A, Kowalski C, Pfaff H, Wesselmann S, Wirtz M, Ernstmann N. The influence of health literacy on information needs among women newly diagnosed with breast cancer, with special reference to employment status. J Health Commun. 2015;20(10):1177-84. [DOI:10.1080/10810730.2015.1018626] [PMID]
- 36. Al Ayubi SU, Parmanto B, Branch R, Ding D. A persuasive and social mHealth application for physical activity: a usability and feasibility study. JMIR Mhealth Uhealth. 2014;2(2):e25. [DOI:10.2196/mhealth.2902] [PMID] [PMCID]
- 37. Park JYE, Li J, Howren A, Tsao NW, De Vera M. Mobile phone apps targeting medication adherence: quality assessment and content analysis of user reviews. JMIR Mhealth Uhealth. 2019;7(1):e11919. [DOI:10.2196/11919]
 [PMID] [PMCID]
- 38. Henry BL, Moore DJ. Preliminary findings describing participant experience with iSTEP, an mHealth intervention to increase physical activity and improve neurocognitive function in people living with HIV. J Assoc Nurses AIDS Care. 2016;27(4):495-511.

[DOI:10.1016/j.jana.2016.01.001] [PMID] [PMCID]

- 39. Saeidnia HR, Mohammadzadeh Z, Hassanzadeh M. Evaluation of Mobile Phone Healthcare Applications During the Covid-19 Pandemic. Stud Health Technol Inform. 2021;281:1100-1. [DOI:10.3233/SHTI210363] [PMID]
- Saeidnia HR, Ghorbi A, Kozak M, Herteliu C. Smartphone-based healthcare apps for older adults in the COVID-19 Era: Heuristic Evaluation. Stud Health Technol Inform. 2022;289:128-131. PMID: 35062108. [DOI:10.3233/shti210875]

How to Cite This Article:

Noroozi F, Asle-Rousta M, Rahnema M. Flaxseed Oil and Treadmill Running Improve Behavioral Outcomes in Rats Exposed to Lead. J Adv Med Biomed Res. 2022; 30 (139): 146-153.

Download citation: <u>BibTeX | RIS | EndNote | Medlars | ProCite | Reference Manager | RefWorks</u>

Send citation to: <u>Mendeley</u> <u>Zotero</u> <u>RefWorks</u> <u>RefWorks</u>