

A new α_1 -adrenergic receptor subtype with low affinity for 5-methyl-urapidil but insensitive to chlorethylclonidine¹

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ABSTRACT In the present study, we found that a novel α_1 -adrenergic receptor subtype existed in rat heart by radioligand binding assay. This new α_1 -adrenergic receptor subtype was different from α_{1A} -, α_{1B} -, α_{1C} -, and α_{1D} -subtypes reported recently. It had high affinity for WB4101, as the same of α_{1A} -subtype, but low affinity for 5-methyl-urapidil, and was insensitive to chlorethylclonidine.

KEY WORDS alpha-adrenergic receptors; heart; WB4101; 5-methyl-urapidil; chlorethylclonidine

We have previously identified that the α_1 -adrenergic receptor in rat heart could be subdivided into 2 subtypes, α_{1A} (1/3) and α_{1B} (2/3), according to their sensitivities to the alkylating agent chlorethylclonidine (CEC) and their affinities for the competitive antagonist WB4101^[1]. It was considered that 5-methyl-urapidil bound to α_{1A} -subtype with high affinity in rat tissues, similar with WB4101^[6]. The evidences of new α_1 -adrenergic receptor subtypes elucidated by gene cloning raised the possibility of the existence of more than two α_1 -adrenergic receptor subtypes^[9].

In present study, we compared the characteristics in inhibition of 5-methyl-urapidil and WB4101 for ¹²⁵I-BE specific binding in pre- and pro-CEC-treated rat heart preparations, and attempt to determine whether an additional α_1 -adrenergic receptor subtype could be distinguished by the methods of radioligand binding assay.

MATERIALS AND METHODS

Materials 2- β (4-Hydroxyphenyl)-ethylamino-methyl)-tetralone (BE2254, Belersdorf, Hamburg, Germany); chlorethylclonidine (CEC), 2-(2,6-dimethoxyphenyl)-ethyl)-aminomethyl-1,4-benzodioxane (WB4101), 5-methyl-urapidil (Research Biochemicals Inc, Wayland MA, USA); Carrier-free Na¹²⁵I (China Atomic Research Institute).

Tissue preparation for radioligand binding Wistar rats ($\bar{x} \pm s$ 12 g) were killed by cervical dislocation. Hearts were homogenized in cold 20 mmol·L⁻¹ phosphate buffer (PBS, pH 7.6)^[1]. After centrifuged at 20 000×g, 4°C for 10 min, the pellets were specified to the appropriate tissue concentration.

CEC treatment Aliquots (usually 10 ml) of the resuspended preparation were incubated at 37°C with or without CEC (10 μ mol·L⁻¹) in HEPES buffer (pH 7.6) for 10 min. Reactions were stopped by adding 20 ml cold PBS, centrifuged at 20 000×g for 10 min. The pellets were washed with cold PBS twice and resuspended in 10 ml PBS.

¹²⁵I-BE binding BE2254 was radiolabeled to theoretical specific activity (81.4 PBq·mol⁻¹) and stored at -20°C in methanol^[2]. Measurement of specific ¹²⁵I-BE binding was performed by incubating 0.1 ml tissue preparations with ¹²⁵I-BE in PBS (final volume 0.25 ml) at 37°C in the presence or absence of competing drugs for 20 min. The incubation was terminated by adding 10 ml of Tris-HCl (10 mmol·L⁻¹, pH 7.4) and filtering over a glass fiber filter (Schleicher and Schuell No 30, Keene, NH, USA) under vacuum. Each filter was washed with 10 ml of Tris-HCl (10 mmol·L⁻¹) buffer and dried; then the radioactivity was measured. Nonreceptor binding was determined to be binding in the presence of phentolamine (10 μ mol·L⁻¹).

Analysis of binding data Saturation curves were determined by incubating tissue with increasing concentrations of ¹²⁵I-BE (25-500 pmol·L⁻¹) and

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analyzing the data by the method of Scatchard⁽³⁾. The potencies of drugs in competing for the specific ¹²⁵I-BE binding sites were determined by incubation of ¹²⁵I-BE 50 pmol·L⁻¹ in the presence or absence of 14 concentrations of the competing drug. IC₅₀ values were determined as the X intercept on a Hill plot, and K_i values were calculated by the method of Chen and Prussoff⁽⁴⁾. The best two-site fit for a binding curve was calculated by minimizing the sum of squares of the errors using nonlinear regression analysis. Two-site model was compared with one-site model to determine whether the increase of goodness of fit was significantly more than would be expected on the basis of chance alone⁽⁶⁾ using a partial F test.

Statistics All the data were expressed as $\bar{x} \pm s$ and *t*-test was used to determine the significance.

RESULTS

Scatchard analysis by ¹²⁵I-BE in control preparations showed K_d value of 38.5 ± 3.5 pmol·L⁻¹ and B_{max} of 119.0 ± 4.5 fmol/mg protein while in the CEC-pretreated preparations (n=6) showed K_d value of 58.9 ± 10.5 pmol·L⁻¹, which was not significantly different from that of the control, and B_{max} of 45.7 ± 5.2 fmol/mg protein, about 38% of the B_{max} of the control (P<0.01) (Fig 1).

The competitive inhibition curve for

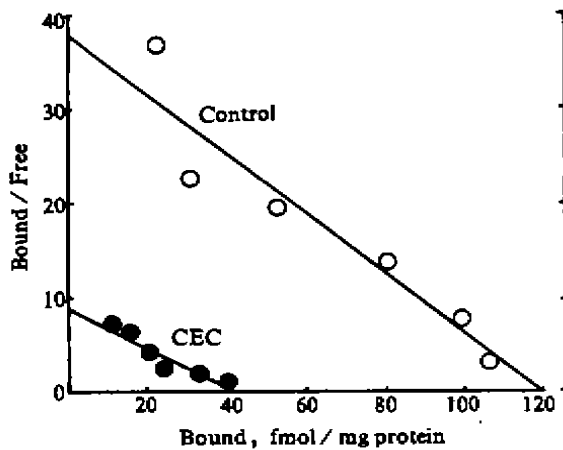


Fig 1. Effect of CEC pretreatment on ¹²⁵I-BE specific binding to α_1 -adrenergic receptors in rat heart.

WB4101 was best fitted for two-site model, with 35.0 ± 4.0% of high affinity sites (Fig 2A). After incubating of the preparation with CEC, the curve became best fitted for one-site model and only low affinity sites were left (Fig 2B). The competitive inhibition curve for 5-methyl-urapidil was also best fitted for the two-site model, with only 18.3 ± 0.8% of high affinity sites (Fig 2A). After pre-treated with CEC, the inhibition curve was still best fitted for the two-site model, containing about 35.0 ± 4.8% of low affinity sites (Fig 2B, Tab 1).

Tab 1. Two-site analysis of inhibition of specific ¹²⁵I-BE binding by WB4101 and 5-methyl-urapidil (5-MU) in CEC treated and control rat heart. n=3, $\bar{x} \pm s$. *P<0.05 vs WB4101.

	n _H	pK _{i high}	pK _{i low}	% of pK _{i high}
Control				
5-MU	0.74	8.8 ± 0.01	6.8 ± 0.01	18.3 ± 0.9 ^a
WB4101	0.61	9.0 ± 0.2	7.3 ± 0.1	35.0 ± 4.8
CEC treated				
5-MU	0.46	9.1 ± 0.2	6.5 ± 0.1	65.0 ± 12.0 ^b
WB4101	0.96	8.9 ± 0.2	—	100

DISCUSSION

Two pharmacologically distinct subtypes of α_1 -adrenergic receptors have been distinguished using both radioligand binding and functional assays. The α_{1A} subtype had a relative high affinity for the competitive antagonists WB4101, 5-methyl-urapidil and (+)-niguldipine and was not inactivated by alkylating agent CEC. The α_{1B} subtype has a lower affinity for these competitive antagonists and was potentially inactivated by pretreatment of CEC^(1,6,7). The cDNA for both subtypes have been cloned⁽⁸⁾. Recently, other two cDNA were isolated encoding α_{1C} and α_{1D} subtypes. Both α_{1C} and α_{1D} subtypes were sensitive to CEC and had relative high affinity for the com-

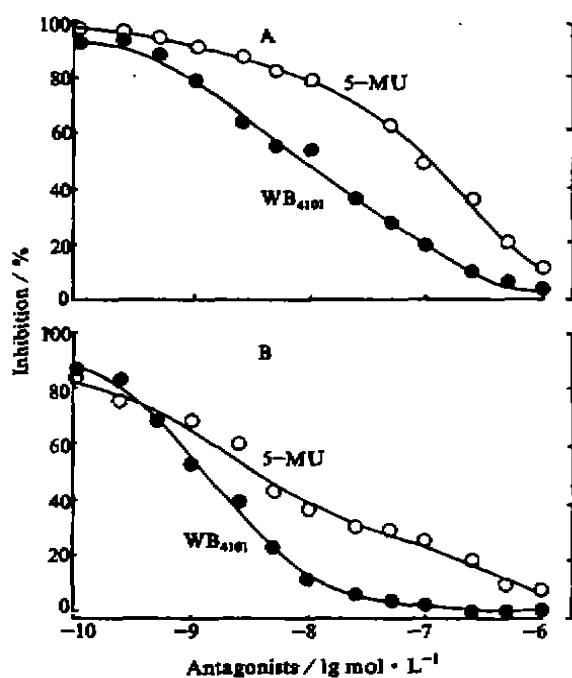


Fig 2. Inhibition of ¹²⁵I-BE specific binding by 5-methyl-urapidil (○) and WB4101 (●) in control (A) and CEC-treated (B) heart preparations.

petitive antagonists, with some differences on pharmacological characteristics and tissue distribution^[10]. The results of this study showed that in the membranes of rat heart, CEC pretreatment caused 62% reduction of specific binding sites to ¹²⁵I-BE. In the meantime, the inhibition curves for WB4101 in CEC untreated preparation showed there were 65% low affinity sites and 35% high affinity sites. The low affinity sites disappeared after the pretreatment of CEC. These results were consistent with our previous observations in rat heart^[1] However, the results did not totally fitted into the α_{1A} and α_{1B} subclassification. Because, (1) The inhibition curve for 5-methyl-urapidil also showed both high and low affinity sites. But the proportion of high affinity sites for 5-methyl-urapidil was approximately 16% lower than that for

WB4101; (2) After pretreatment with CEC, WB4101 could recognize only the high affinity sites, while 5-methyl-urapidil could detect both the high and the low affinity sites. These phenomena indicated that the high affinity sites for WB4101 may not be recognized by 5-methyl-urapidil homogeneously and there existed, in rat heart, a kind of binding sites that were insensitive to CEC, and had high affinity for WB4101 but low affinity for 5-methyl-urapidil. These pharmacological characteristics were obviously different from those of α_{1A} -, α_{1B} -, α_{1C} -, and α_{1D} -subtypes, and strongly suggested the existence of a novel subtype of α_1 -adrenergic receptors in rat heart.

A strong argument for our conclusion would probably be that CEC pretreatment might not inactivate all the α_{1B} subtype receptor in the membrane preparations. But that was unlikely, because no low affinity sites for WB4101 (α_{1B}) could be distinguished after pretreatment of membrane with CEC. Furthermore, quite a lot of experiments in our laboratory have proved α_{1B} subtype can definitely be alkylated by CEC pretreatment in hypotonic buffer same as the experiment in this work^[1,11].

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一种对氯乙基可乐定不敏感对5-methyl-urapidil 低亲和的新 α_1 肾上腺素受体亚型

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A 摘要 用放射配体结合实验方法发现在大鼠心脏中存在一种新的 α_1 肾上腺素受体亚型, 这种亚型不同于 α_{1A} , α_{1B} , α_{1C} 及 α_{1D} 等以往报道的 α_1 受体亚型, 它与 α_{1A} 一样对 WB4101 具有高亲和性, 但对 5-methyl-urapidil 呈低亲和, 而且对氯乙基可乐定(CEC)不敏感。

关键词 α_1 肾上腺素受体, 心脏; WB4101; 5-methyl-urapidil; 氯乙基可乐定

R 965.

Opioid, calcium, and adrenergic receptor involvement in protopine analgesia¹

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ABSTRACT The analgesic effect of protopine (Pro), an alkaloid isolated from *Papaveraceae*, was confirmed by tail-pinch and hot-plate tests when given sc 10-40 mg·kg⁻¹, and 20-40 mg·kg⁻¹ inhibited the spontaneous movements of mice. Pro 40 mg·kg⁻¹ increased the sleeping rate, prolonged the sleeping duration, and shortened the sleeping latency in mice hypnotized by ip pentobarbital sodium 30 mg·kg⁻¹. Pro 10-40 mg·kg⁻¹ did not affect the inflammatory reaction induced by xylene and egg white. An icv injection of Pro 20-200 µg/mouse showed a remarkable analgesic effect in mice. The icv pretreatment of naloxone 2 µg blocked

the analgesic effect completely. CaCl₂ 40 µg/mouse (icv) or methotrexate 10 mg·kg⁻¹(ip), an agonist of Ca²⁺ channel, showed a complete blockade of the analgesia, while nifedipine 100 mg·kg⁻¹(po), a blocker of Ca²⁺ channel, enhanced the analgesic effect. The ip pretreatment of reserpine 4 mg·kg⁻¹ reduced the Pro analgesia. Phentolamine 10 mg·kg⁻¹(ip), an α -adrenergic blocker, tended to weaken the analgesia, but propranolol 10 mg·kg⁻¹(ip), a β -blocker, did not affect it. These results suggest that Pro displays its analgesic effect mainly through the opioid and calcium systems and partly through the adrenergic mechanism.

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KEY WORDS protopine; analgesia; methotrexate; nifedipine; naloxone; reserpine; phentolamine