Expression of functional postjunctional α_2 -adrenoceptors in rabbit isolated distal saphenous artery—a permissive role for angiotensin II?

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In the rabbit isolated distal saphenous artery, the population of postjunctional adrenoceptors is of the α_1 variety under normal in vitro experimental conditions, based on the potency order of selective agonists and on the effects of the antagonists prazosin and rauwolscine against responses to UK-14304. Angiotensin II (A II, 0.05 μ M) however, without affecting resting baseline tension, markedly enhanced responses to UK-14304, particularly at low concentrations. This previously unseen component of the response to UK-14304 was resistant to prazosin (0.1 μ M) but susceptible to rauwolscine (1 μ M). A II would therefore appear to have a permissive role for the expression of a quiescent population of postjunctional α_2 -adrenoceptors in the rabbit distal saphenous artery.

Introduction The demonstration of postjunctional α₂-adrenoceptors in isolated vascular smooth muscle preparations is difficult, particularly in arteries (McGrath, 1982). Recently Sulpizio & Hieble (1987) and Furuta (1988) have demonstrated an enhancement of responses to α_2 -adrenoceptor agonists in isolated preparations in the presence of pharmacological stimulants. The presence of Bay K 8644 or inducing tone with prostaglandin F_{2a} , enhanced responses to BHT-920 which were prazosin-resistant and rauwolscine-sensitive, in canine isolated saphenous artery and portal vein respectively. Furthermore, the physiological stimulant angiotensin II (A II), enhances postjunctional α_2 -adrenoceptor function in some venous preparations (Schumann & Lües, 1983; Daly et al., 1988a). In this study we have examined the influence of AII on responses to the selective α_2 -adrenoceptor agonist UK-14304 (5bromo-6-[2-imidazolin-2-ylamino]-quinoxaline) in the rabbit distal saphenous artery.

Methods Male albino rabbits (2.5-2.7 kg) were killed by stunning followed by exsanguination. A length of distal saphenous artery from either leg was placed in physiological salt solution (for composi-

tion: see Daly et al., 1988a) containing propranolol $(1 \mu M)$ and cocaine $(10 \mu M)$. The artery was then divided into six 'ring' segments (3-4 mm long) and prepared for recording of isometric tension.

After equilibration, each preparation was exposed to $3 \mu M$ (-)-noradrenaline (NA) and 10 min later washed until complete relaxation was effected. After a further 45 min cumulative concentration-response curves (CCRC) were obtained to either NA, phenylephrine (PE) or UK-14304. In experiments involving UK-14304, following complete washout, tissues were exposed to either saline, prazosin (0.1 μ M) or rauwolscine (1 µm) 45 min before a second CCRC. In some tissues A II (0.05 µm) was added 15 min before UK-14304. Results are expressed as the percentage (mean + s.e.mean) of the maximum response to NA or as the percentage of the maximum response of the first CCRC to UK-14304. Differences between means were considered statistically significant if P < 0.05: Student's t test (paired or unpaired).

Results All three agonists produced concentration-dependent contractions in the distal saphenous artery. Both NA and PE were full agonists while UK-14304 was a partial agonist producing approximately 65% of the NA maximum response. The relative potency of the three agonists was, NA > PE > UK-14304 (Figure 1a). The responses to UK-14304 were antagonized by both $1\,\mu\rm M$ rauwolscine (3 fold rightward displacement) and $0.1\,\mu\rm M$ prazosin (100 fold parallel rightward displacement) (Figure 1b).

A II (0.05 µM) produced a transient contraction (duration 10-12 min) which relaxed to baseline before the CCRC to UK-14304 was started. A II produced a marked increase in sensitivity to low concentrations of UK-14304, with no increase in the maximum response, resulting in a change in the slope of the CCRC to UK-14304 (Figure 1c). The magnitude of the displacement produced by A II for the threshold concentration of UK-14304 was

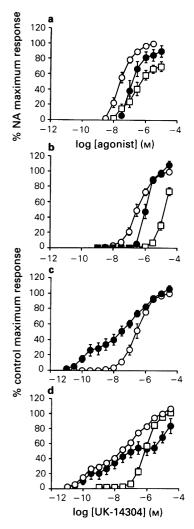


Figure 1 The effects of agonists and antagonists at α adrenoceptors and the influence of angiotensin II (A II) in the rabbit isolated distal saphenous artery. (a) The contractile responses to the agonists (-)-noradrenaline (NA) (○), phenylephrine (PE) (●) and UK-14304 (□). (b) The effect of rauwolscine $1 \mu M$ (\bullet) and prazosin $0.1 \,\mu\text{M}$ (\square) on contractions elicited by UK-14304 (\bigcirc). (c) The effect of A II 0.05 μ M () on contractions elicited by UK-14304 (\bigcirc). (d) The effect of prazosin 0.1 μ M (\bigcirc) and rauwolscine $1 \mu M$ (\square) on contractions elicited to UK-14304 (\bigcirc) in the presence of A II 0.05 μ M. All responses are expressed as a percentage of either the maximum response to NA (a) or the maximum response in the control cumulative concentration-response curve to UK-14304 (b, c, d) and are the mean of 6-7 observations of different animals. The vertical lines indicate the s.e.mean.

approximately 300 fold: 10^{-8} M in the absence of A II compared to 10^{-11} M in the presence of A II. Prazosin $(0.1 \,\mu\text{M})$ in the presence of A II, was ineffective against the 'uncovered responses' to low concentrations of UK-14304 but displaced the upper portion of the CCRC. Rauwolscine $(1 \,\mu\text{M})$ prevented the potentiating effect of A II on responses to UK-14304 (Figure 1d).

Discussion Although pressor responses to postjunctional α_1 - and α_2 -adrenoceptor stimulation are easily demonstrated in vivo (McGrath, 1982), responses via postjunctional α_2 -adrenoceptors in isolated vascular preparations have been difficult to show. This is particularly true in arterial vessels, the likely source of α_2 -adrenoceptor-mediated pressor responses in whole animals, while even in veins only a few clear examples have been shown (e.g. Constantine et al., 1982; Daly et al., 1988b). There is, however, some evidence that the presence of tissue stimulants can enhance the expression of α_2 -adrenoceptor-mediated vasoconstriction (see Introduction). We have now, for the first time in an isolated arterial preparation, shown that activation with a physiological stimulant, namely AII, reveals a quiescent population of α_2 -adrenoceptors in a vessel whose response was mediated entirely by α_1 -adrenoceptors in the absence of AII. This is associated with a marked increase in the sensitivity of the preparation (up to 300 fold) to the selective α_2 -adrenoceptor agonist UK-14304.

The rabbit distal saphenous artery clearly responds to α-adrenoceptor agonists through α_1 -adrenoceptors under normal, in vitro, experimental conditions. Firstly, the relative potency of agonists is NA > PE > UK-14304 and secondly, prazosin and rauwolscine produced antagonism against UK-14304 consistent with that shown previously at α_1 -adrenoceptors in other rabbit blood vessels: prazosin (estimated – $\log K_b$ value 8.7), rauwolscine (estimated $-\log K_b$ value 6.3) (see Daly et al., 1988c). AII, without altering the resting baseline tension, produced a marked increase in sensitivity to UK-14304. Thus, previously absent responses were 'uncovered' at low concentrations of UK-14304: these responses were unaffected by prazosin (0.1 μ M: a concentration 50 times greater than its K_h value at α_1 -adrenoceptors in this tissue). The CCRC at higher concentrations of UK-14304 however, was shifted to the right, indicating the continued expression of responses via α_1 -adrenoceptors. In contrast, in the presence of A II, rauwolscine (1 µm) antagonized the response to UK-14304 more effectively than prazosin $(0.1 \,\mu\text{M})$, in effect preventing the increase in sensitivity produced by AII. This confirms that the 'uncovered' mediated responses were by postjunctional α_2 -adrenoceptors. The present study shows that a stimulating agent is required for expression of functional postjunctional α_2 -adrenoceptors in the rabbit distal saphenous artery. The requirement for physiological stimulants, such as A II, could therefore explain the hitherto perplexing differences in the expression of postjunctional α_2 -adrenoceptors between in vivo and in vitro preparations.

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