Effects of PPADS and suramin on contractions and cytoplasmic Ca^{2+} changes evoked by AP₄A, ATP and α,β -methylene ATP in guinea-pig urinary bladder

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1 The contraction and intracellular Ca^{2+} change evoked by diadenosine tetraphosphate (AP₄A) were studied in the outer longitudinal muscle of the guinea-pig urinary bladder and compared with those evoked by ATP and α,β -methylene ATP (a P₂-purinoceptor agonist).

2 AP₄A, ATP and α,β -methylene ATP produced concentration-dependent transient contractions. These contractions were inhibited by PPADS (pyridoralphosphate-6-azophenyl- 2'-4'-disulphonic acid), 0.3–30 μ M, a P_{2x}-purinoceptor antagonist, and suramin, 1–300 μ M, a P₂-purinoceptor antagonist in a concentration-dependent manner. From Schild plot analysis, the apparent pA₂ values for PPADS for contractions evoked by AP₄A, ATP and α,β -methylene ATP were 6.86, 6.56, 6.74, and those for suramin were 6.01, 4.59 and 5.12, respectively; the Schild slopes for PPADS were 1.07, 1.14 and 1.06, and, those for suramin 0.75, 1.05 and 1.16, respectively.

3 AP₄A (10 μ M) and ATP (100 μ M) failed to elicit any contraction of the tissue after a desensitization produced by repeated application of α,β -methylene ATP (1 μ M).

4 In fluorescence experiments with fura-2, the increases in $[Ca^{2+}]_i$ and contraction evoked by AP₄A were suppressed by suramin and nifedipine, an L-type Ca^{2+} channel blocker.

5 These findings suggest that P_{2X} -purinoceptors, which are more sensitive to PPADS than suramin, exist on the outer longitudinal muscles of guinea-pig urinary bladder, and that the AP₄A-evoked contraction results from Ca²⁺ influx.

Keywords: P_{2x}-purinoceptor; AP₄A; ATP; α,β -methylene ATP; PPADS; suramin; cytoplasmic Ca²⁺ concentration; nifedipine; guinea-pig urinary bladder

Introduction

Purine nucleosides and nucleotides, such as adenosine and ATP, are well known to exert potent extracellular actions on a variety of tissues. Diadenosine polyphosphates, AP₄A, AP₅A and AP₆A, are stored at high concentrations in bovine adrenal chromaffin cells (Rodriguez del Castillo et al., 1988; Pintor et al., 1992b) and rat brain synaptic terminals (Pintor et al., 1992a). It has been reported that AP_4A , AP_5A and AP_6A , which are present in rat brain synaptic terminals, may have a possible role as neurotransmitters. AP₄A, compared to AP₅A and AP₆A, has high affinity binding sites in rat brain and appears to be released from the nerve terminals in a Ca²⁺-dependent manner (Pintor & Miras-Portugal, 1993). In addition, AP₄A and AP₅A are coreleased with ATP and catecholamines by carbachol from bovine adrenal medulla and chromaffin cells (Pintor et al., 1991). AP₄A modulates catecholamine release from chromaffin cells (Castro et al., 1990). Ecto-phosphodiesterase activity is recognized in the plasma membranes of chromaffin cells, but is much lower than ecto-ATPase activity, so the lifetimes of AP₄A and AP₅A are thought to be much longer than that of ATP (Miras-Portugal et al., 1990). Also, it has been demonstrated that AP₄A exerts vasoactive effects in peripheral arteries via purinoceptors (Busse et al., 1988).

In the present study, we have evaluated the pharmacological characteristics of contractile responses to AP₄A compared with those to ATP and α , β -methylene ATP, a potent P_{2x}- and weak P_{2y}-purinoceptor agonist (Fredholm *et al.*, 1994), using PPADS (pyridoralphosphate-6-azophenyl-2'-4'-disulphonic

acid) and suramin, P₂-purinoceptor antagonists, in the outer longitudinal muscle of guinea-pig urinary bladder. In addition, a fluorescence study measuring changes of cytoplasmic Ca²⁺ concentration, $[Ca^{2+}]_i$, was also carried out using fura-2, a cytoplasmic Ca²⁺ indicator.

Methods

Measurements of tension developments

Male guinea-pigs, 250-350 g, were killed by cervical dislocation and the urinary bladder rapidly removed. The thin outer layer longitudinal muscle preparation, about 1 mm in width and 1 mm in length, of urinary bladder was made by completely removing the epithelium, lamina propria and inner longitudinal muscle and then by removal of much of the middle circular muscle from the urinary bladder by the technique previously described (Usune et al., 1986). The segment was suspended in a perfusing bath, about 0.1 ml, with a modified Krebs solution at 32°C during the experiment in order to inhibit generation of the spontaneous contraction. The Krebs solution contained (mM): NaCl 121.4, KCl 5.9, CaCl₂ 2.5, MgCl₂ 1.2, NaHCO₃ 15.5 and glucose 11.5. The solution was kept at pH 7.4 by bubbling with 95% O_2 and 5% CO₂. After loading the segment with a tension of 1.5 mN, contractions were isometrically recorded as previously described (Usune et al., 1986). Nifedipine, 100 µM, was dissolved in ethanol, 50%, before dilution in distilled water. Final concentration of the solvent was limited to 0.05%. The solvent at this concentration did not significantly affect contractions. Other agents were dissolved in distilled water. AP₄A, ATP and

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 α,β -methylene ATP were perfused for 0.5-1 min at intervals of 20 min. pA₂ and slope values were determined from Schild plots using the Schild equation described previously (Ar-unlakshana & Schild, 1959).

Measurements of changes of $[Ca^{2+}]_i$ and tension development

The outer longitudinal muscle segment, about 2 mm in width and 7 mm in length, of urinary bladder was fixed on a silicon board, with one end of the tissue, about 1 mm in length, remaining unfixed for measurement of force development. The tissue was incubated in Krebs solution containing 5 μ M fura-2/ AM using the technique previously described (Usune *et al.*, 1989), and then rinsed. Thereafter, the segment was suspended in a perfusing bath, about 0.7 ml, and perfused at 3.6 ml min⁻¹. Contractions were recorded isometrically as previously described (Usune *et al.*, 1989).

Fluorescence signals were measured by a double beam fluorimeter (Japan Spectroscopic, CAM-220, Tokyo, Japan). The muscle strips, which were loaded with fura-2, were illuminated alternately, 400 Hz, at two excitation wavelengths, 340 ± 10 nm and 380 ± 10 nm (emission wavelength, 510 ± 0.5 nm). The increase in the relative $[Ca^{2+}]_i$ of the muscle strips which were successfully loaded with fura-2 was measured from an increase of the fluorescence ratio. The changes in $[Ca^{2+}]_i$ were calculated from the peak height of the signal by use of a calibration curve between fura-2 and Ca^{2+} in distilled water.

Drugs

The drugs used were AP₄A (a kind gift from Fujilevio, Tokyo, Japan); suramin (a kind gift from Bayer, Leverkusen, Germany); PPADS (RBI, Natick, U.S.A.); ATP (Boehringer, Mannheim, Germany); α,β -methylene ATP and nifedipine (Sigma, St. Louis, MO, U.S.A.) and Fura-2/AM (Dojindo, Kumamoto, Japan).

Statistical analysis

Statistical significances were assessed by Student's t test for values in two samples and by Dunnett's test for values in multiple samples. A value of less than 0.05 was considered as a significant difference.

Results

Contractile responses to AP_4A , ATP and α,β -methylene ATP

AP₄A, ATP and α,β -methylene ATP (1–1000 μ M) caused transient contractions in the longitudinal muscle preparation (Figure 1). The concentration-response curves for AP₄A, ATP and α,β -methylene ATP are shown in Figure 1b, indicating that α,β -methylene ATP is the most potent agonist.

Schild plots of PPADS and suramin for contractile responses to AP_4A , ATP and α , β -methylene ATP

The contractions evoked by AP₄A, ATP and α,β -methylene ATP were concentration-dependently suppressed following exposure to PPADS, $0.3-30 \mu$ M, and suramin, $1-300 \mu$ M for up to 70 min. There was almost no change between the inhibitory effects of the antagonists at different incubation periods, e.g. 10 and 30 min. Concentration-response curves for AP₄A, ATP and α,β -methylene ATP were constructed in the presence and absence of PPADS or suramin (Figures 2 and 3). From these curves, Schild plots were made by plotting log (dose-ratio-1) for AP₄A, ATP and α,β -methylene ATP and α,β -methylene ATP against log molar concentrations of PPADS or suramin (Figure 4). The apparent pA₂ values of PPADS as an antagonist

against AP₄A, ATP and α,β -methylene ATP were 6.86, 6.56 and 6.74, respectively. Similarly, those of suramin were 6.01, 4.59 and 5.12. In addition, the apparent slope values (correlation coefficient, r) for PPADS against AP₄A, ATP and α,β -



Figure 1 Contractile responses to AP₄A, ATP and α,β -methylene ATP. (a) Typical recording of responses to AP₄A (i), ATP (ii) and α,β -methylene ATP (α,β -MeATP), (iii), in same longitudinal muscle segment of guinea-pig urinary bladder. (b) Concentration-response curves of AP₄A (\bigcirc), ATP (\triangle) and α,β -methylene ATP (\square). Values are expressed as mN (mean ± s.e.mean, n = 5) of AP₄A-, ATP- and α,β -methylene ATP-induced contractions. *P < 0.05 compared with values of ATP-induced contraction at corresponding concentration.



Figure 2 Concentration-response curves of AP₄A (a), ATP (b) and α,β -methylene ATP (c) in the presence and absence of PPADS. Responses in the absence (\bigcirc) and the presence of 0.3 (\bigcirc), 1 (\triangle), $3\mu M$ (\square) PPADS. The experiment was carried out by repeated applications (every 20 min) of an agonist at concentrations ranging from $1\mu M$ to 1 mM in the presence of PPADS (0.3, 1 or $3\mu M$). PPADS was first introduced into the perfusate 10 min before $1\mu M$ agonist. Therefore, agonist at the highest concentration was added 70 min after exposure to the agonist. Values are expressed as percentage change (mean) from each maximum amplitude of AP₄A-, ATP- and α,β -methylene ATP-induced contractions (100%) in the absence of PPADS. Each point indicates mean \pm s.e.mean from 4-5 experiments.

methylene ATP were 1.07 (r=0.95), 1.14 (r=0.93) and 1.06 (r=0.93), and those of suramin were 0.75 (r=0.82), 1.05 (r=0.97) and 1.16 (r=0.95), respectively.



Figure 3 Concentration-response curves of AP₄A (a), ATP (b) and α,β -methylene ATP (c) in the presence and absence of suramin. Responses in the absence (\bigcirc) and the presence of 1 (\bigcirc), 10 (\triangle), 30 (\blacksquare), 100 (\blacklozenge) and 300 μ M (\bigtriangledown) suramin. The experiment with suramin was carried out following the same procedure as that used for PPADS as described in Figure 2. Values are expressed as a percentage change (mean) from each maximum amplitude of AP₄A-, ATP- and α,β -methylene ATP-induced contractions (100%) in the absence of suramin. Each point indicates mean \pm s.e.mean from 4-5 experiments.



Figure 4 Schild plots of inhibition by PPADS or suramin of AP₄A₋, ATP- and α,β -methylene ATP-evoked contractions. Concentrationratio curves of AP₄A (\bigcirc and \bigcirc), ATP (\triangle and \triangle) and α,β methylene ATP (\square and \blacksquare) denote ratio of 50% responses induced by agonists in the presence and absence of PPADS (open symbols) or suramin (closed symbols) at various concentrations. PPADS and suramin were added to the solution 10min before application of AP₄A, ATP and α,β -methylene ATP. Each point indicates mean values from 4-5 experiments.

Cross-desensitization between AP_4A or ATP and α,β -methylene ATP

As shown in Figure 1b, the concentrations of AP₄A and α,β methylene ATP required to produce contractions of similar amplitude as evoked by ATP, 100 μ M, were approximately 10 and 1 μ M (n = 10), respectively. Hence, AP₄A, ATP and α,β methylene ATP were used at 10, 100 and 1 μ M, respectively, in the following experiment. Contractions induced by α,β -methylene ATP gradually decreased during repeated application (twenty times) (Figures 5a(ii) and 5b(ii)). Contractions evoked by AP₄A and ATP were similarly reduced by the same procedure (data not shown). After repeated application of α,β methylene ATP, the contractions induced by AP₄A and ATP were abolished (Figure 5). The AP₄A- and ATP-induced contractions recovered to their original levels after washout of α,β methylene ATP.

Effects of suramin and nifedipine on change of $[Ca^{2+}]_i$ and contraction induced by AP_4A

The effects of suramin and nifedipine, an L-type Ca^{2+} channel blocker, on the rise of $[Ca^{2+}]_i$ and contraction evoked by AP₄A are shown in Figure 6. AP₄A, 20 μ M, caused an increase in $[Ca^{2+}]_i$, coupled with the contraction (Figure 6a(i)). Both the increases in $[Ca^{2+}]_i$ and contraction were reduced after exposure to suramin, 30 μ M, (Figure 6a(ii)). Following administration of nifedipine, 100 nM, the increases in $[Ca^{2+}]_i$ and contraction were also reduced (Figure 6b).

Discussion

It is well-documented that activation of P_{2X} purinoceptors mediates contraction, not relaxation, of various smooth muscles (Fredholm *et al.*, 1994). In the present study, AP₄A, ATP and α,β -methylene ATP produced transient contractions of the outer longitudinal muscle from guinea-pig urinary bladder.



Figure 5 Typical recordings of contractions showing interactions between α,β -methylene ATP and (a) AP₄A or (b) ATP. (i) Control responses to AP₄A, 10 μ M, and ATP, 100 μ M. (ii) Responses to AP₄A and ATP shown in the same tissues after repeated applications of α,β -methylene ATP (α,β -MeATP), 1 μ M. α,β -methylene ATP was added twenty times at 30 s intervals.



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Figure 6 Effects of suramin and nifedipine on the increase in cytoplasmic Ca²⁺ concentration and contraction induced by AP₄A. (a) Contraction (upper traces) and cytoplasmic Ca^{2+} concentrations ([Ca²⁺]i) (lower traces) in the same preparation. Responses to AP₄A, $20 \,\mu\text{M}$, in the absence (i) and presence (ii) of suramin, $30 \,\mu\text{M}$. (b) Statistical analysis for $[\text{Ca}^{2+}]_i$ and contraction evoked by AP₄A. Open columns: each response (100%) to first application of AP₄A. Stippled columns: control response to second application of AP4A (C). Hatched and solid columns: second responses in the presence of suramin (Sur), 30 µM, and nifedipine (Nif), 100 nM, respectively. Second application: AP₄A was added to the solution 20 min after first application of the agonist. Suramin and nifedipine were added to the solution 10 min before second application of the agonist. Values in all columns are expressed as percentage change from the responses (100%) to first application of AP₄A. Each point indicates mean \pm s.e.mean (n=5). *P<0.001 compared with responses induced by second application of AP₄A in the absence of suramin or nifedipine.

The AP₄A-, ATP- and α,β -methylene ATP-induced contractions were concentration-dependently suppressed by PPADS, a selective P_{2X}-purinoceptor antagonist, as demonstrated in the rabbit vasa deferentia (Lambrecht *et al.*, 1992), urinary bladder (Ziganshin *et al.*, 1993) and blood vessels (Ziganshin *et al.*, 1994) and guinea-pig vas deferens (McLaren *et al.*, 1994). In addition, these agonist-evoked contractions were also inhibited by suramin, an antagonist of P₂-purinoceptors as reported

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previously for the vas deferens of mouse (Dunn & Blakely, 1988) and urinary bladder (Hoyle et al., 1990), ileum and vas deferens (Katsuragi et al., 1991; Bailey & Hourani, 1995) of guinea-pig. The slopes from the Schild plot analysis with PPADS indicate that PPADS produces a competitive antagonism of AP₄A, ATP and α,β -methylene ATP. However, the slopes from responses to AP₄A in the presence of PPADS and suramin were 1.07 and 0.75 respectively. The pA_2 values obtained from the Schild plot analysis with PPADS were 6.86, 6.56 and 6.74 to AP₄A, ATP and α , β -methylene ATP, respectively. On the other hand, suramin produced more potent antagonism of the response to AP_4A ($pA_2 = 6.01$) than to ATP $(pA_2 = 4.59)$ and α,β -methylene ATP $(pA_2 = 5.12)$, presumably, via P_{2x} -purinoceptors. Such discrepant findings between PPADS and suramin in agonist-induced responses may be explained by inhibition of ecto-ATPase by suramin in attenuating the breakdown of ATP in guinea-pig urinary bladder (Hourani & Chown, 1989) and rabbit ear artery (Crack et al., 1994) although further investigation is needed for understanding this in detail.

It has been proposed that the ATP-induced contraction is blocked following desensitization of P_{2x} -purinoceptors by α,β methylene ATP in urinary bladder (Kasakov & Burnstock, 1983; Katsuragi et al., 1986), vas deferens of guinea-pig (Meldrum et al., 1983; Mackenzie et al., 1988) and mouse (von Kügelgen et al., 1990) and human urinary bladder (Hoyle et al., 1989). In the present study, α,β -methylene ATP was more potent than AP₄A and ATP in causing contractions. The contractions induced by AP₄A, ATP and α , β -methylene ATP were abolished after repeated application of each agonist, namely, via autodesensitization. The contractions induced by AP₄A and ATP were abolished after repeated applications of α,β -methylene ATP at low concentration. The data further support the idea that contractions induced by AP₄A, ATP and α, β -methylene ATP are evoked via stimulation of common P_{2x}-purinoceptors.

In the fluorescence study with fura-2, AP_4A evoked an increase in $[Ca^{2+}]_i$, coupled with the contraction. The increases in $[Ca^{2+}]_i$ were inhibited by suramin and nifedipine. It has been reported that increases in $[Ca^{2+}]_i$ and contractions induced by ATP are suppressed by nifedipine in the outer longitudinal muscle of urinary bladder (Katsuragi *et al.*, 1990b) and ileum (Katsuragi *et al.*, 1990a) of guinea-pig. From these data, the AP₄A-induced contraction may be evoked by an increase in $[Ca^{2+}]_i$ following Ca^{2+} influx, probably, via activation of cation-channels.

In conclusion, these results indicate that contractions evoked by AP₄A, ATP and α,β -methylene ATP via activation of P_{2x}-purinoceptors are antagonized by lower concentrations of PPADS than by suramin in the outer longitudinal muscle of guinea-pig urinary bladder, and that AP₄A, like ATP and α,β methylene ATP, increases Ca²⁺ influx.

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