# Characterization of the muscarinic receptor subtype involved in phosphoinositide metabolism in bovine tracheal smooth muscle

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1 The muscarinic receptor subtype involved in the methacholine-induced enhancement of phosphoinositide metabolism in bovine tracheal smooth muscle was identified by using the  $M_2$ -selective antagonist AF-DX 116 and the  $M_3$ -selective antagonist 4-diphenylacetoxy-N-methylpiperidine (4-DAMP) methobromide, in addition to the  $M_1$ -selective antagonist pirenzepine, in a classical Schild analysis.

2 All the antagonists shifted the methacholine dose-response curve to the right in a parallel and concentration-dependent fashion, yielding Schild plots with slopes not significantly different from unity. The  $pA_2$  values (6.94, 6.32 and 8.54 for pirenzepine, AF-DX 116 and 4-DAMP methobromide respectively) indicate that it is the  $M_3$  (smooth muscle/glandular), but not the  $M_2$  (cardiac) muscarinic receptor subtype, present in this tissue, that mediates phosphoinositide turnover, in accordance with our previous contractile studies.

3 The results provide additional evidence for the involvement of phosphoinositide turnover in the pharmacomechanical coupling between muscarinic receptor stimulation and contraction in (bovine tracheal) smooth muscle.

## Introduction

Enhancement of phosphoinositide (PI) turnover has been proposed as the transduction mechanism in airway (and other) smooth muscle cells involved in the coupling of muscarinic receptor stimulation and contraction (Baron et al., 1984; Abdel-Latif, 1986). Thus, it has been demonstrated that muscarinic receptor stimulation results in the breakdown of membrane polyphosphoinositides and/or the formation of inositol phosphates in canine (Baron et al., 1984), bovine (Grandordy et al., 1986) and guinea-pig (Robertson et al., 1988) tracheal smooth muscle, and very recently in human bronchial smooth muscle (Meurs et al., 1989). Furthermore, it has been suggested that in canine tracheal smooth muscle inositol 1,4,5-trisphosphate is able to release Ca<sup>2+</sup> from intracellular stores (Hashimoto et al., 1985), which is thought to be involved in the smooth muscle contraction process (see e.g. Yousufzai et al., 1987), and that the formation of this putative second messenger in bovine tracheal smooth muscle actually precedes contraction (Chilvers et al., 1989). Finally, recent work from our laboratory provided evidence for a direct relationship between PI metabolism and bovine tracheal smooth muscle contraction; the abilities of three muscarinic agonists to elicit inositol phosphates accumulation and contraction were correlated (Meurs et al., 1988). This study also revealed the presence of an agonist-dependent receptor (actually transduction) reserve.

Important additional evidence for the involvement of PI turnover in muscarinic receptor-mediated smooth muscle contraction might come from the pharmacological characterization of these processes with receptor subtype-selective antagonists. Indeed, both contraction in a wide variety of smooth muscle preparations (Eglen *et al.*, 1987; Konno & Takayanagi, 1986; O'Rourke *et al.*, 1987), including bovine trachea (Grandordy *et al.*, 1986; Moore *et al.*, 1988; Roffel *et al.*, 1988), and PI metabolism in a number of these preparations (Grandordy *et al.*, 1986; Akhtar *et al.*, 1987; Noronha-Blob *et al.*, 1987; Gardner *et al.*, 1988) have been shown to be mediated by muscarinic receptors with low affinity for the  $M_1$ -selective antagonist pirenzepine.

Since the further subdivision of muscarinic receptors with low affinity towards pirenzepine into  $M_2$  (cardiac) and  $M_3$  (smooth muscle/glandular) subtypes, by use of selective methoctramine, antagonists AF-DX like 116, diphenylacetoxy-N-methylpiperidine (4-DAMP) methobromide and hexahydrosiladifenidol, it has been established that bovine tracheal smooth muscle contraction is mediated by the M<sub>3</sub> receptor subtype (Roffel et al., 1988; Moore et al., 1988). Interestingly, equilibrium (Giraldo et al., 1988; Lazareno & Roberts, 1988b; Michel & Whiting, 1987; Moore et al., 1988; Roffel et al., 1988) and dissociation (Giraldo et al., 1988; Roffel et al., 1989) radioligand binding experiments, as well as molecular biology techniques (Maeda et al., 1988), have demonstrated the presence of a large population of cardiac but only a small population of smooth muscle/glandular type binding sites in (among others bovine tracheal) smooth muscle membranes. Which of these muscarinic receptor subtypes mediates PI metabolism in smooth muscle is, at present, unknown. Until now, only in one study were M<sub>2</sub>/M<sub>3</sub> subtypeselective muscarinic antagonists used. It was found that carbachol-induced PI breakdown in guinea-pig bladder was antagonized with high potency by AF-DX 116  $(pA_2 = 7.3)$ and with low potency by hexahydrosiladifenidol ( $pA_2 = 6.8$ ), suggesting the involvement of the M<sub>2</sub> (cardiac) subtype (Noronha-Blob et al., 1987). However, it should be mentioned that atropine showed an anomalous low potency ( $pA_2 = 7.7$ ).

The aim of the present study was to establish the pharmacological subtype of muscarinic receptor that mediates PI turnover in bovine tracheal smooth muscle, following the characterization of these receptors in contraction and binding studies (Roffel *et al.*, 1987; 1988), by using, in addition to pirenzepine, the M<sub>2</sub>-selective antagonist AF-DX 116 and the M<sub>3</sub>-selective antagonist 4-DAMP methobromide in a classical Schild analysis.

## Methods

# Tissue prepararation

Fresh bovine tracheae were obtained from the local slaughterhouse and transported to the laboratory within 30 min in Krebs-Henseleit (KH) buffer, at room temperature, pregassed with 95%  $O_2/5\%$  CO<sub>2</sub>; pH 7.4. Trachealis muscle was carefully dissected and smooth muscle strips (15 × 5 mm) were prepared free of mucosa and connective tissue in KH solution gassed with 95%  $O_2/5\%$  CO<sub>2</sub> at room temperature. The strips

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were kept overnight at  $24^{\circ}$ C in a system in which they were continuously superfused (flow  $3.9 \text{ ml min}^{-1}$ ) with gassed KH solution.

# Inositol phosphates determination

Total inositol phosphates accumulation was determined essentially as described previously (Meurs et al., 1988; 1989). Tracheal smooth muscle strips weighing a total of 6g were chopped with a McIlwain tissue chopper, twice at a setting of 500  $\mu$ m followed by three times at 100  $\mu$ m. The tissue particles were washed four times with 45 ml KH containing 5 mM LiCl (KH/LiCl) and were then loaded with 75  $\mu$ Ci of [<sup>3</sup>H]-inositol in 30 ml KH/LiCl for 60 min at 37°C, with gentle shaking and continuous gassing with 95% O<sub>2</sub>/5% CO<sub>2</sub>. After this incubation, the tissue was washed twice with KH/LiCl and was finally resuspended in 32 or 37 ml of this medium, depending on the number of dose-response curves (4-5) in the experiment. Aliquots of  $450 \,\mu$ l of tissue suspension were then incubated with  $25 \,\mu$ l of antagonist solutions or vehicle for 30 min at 37°C in capped tubes pregassed with 95% O<sub>2</sub>/5% CO<sub>2</sub>. After this preincubation,  $25 \,\mu$ l of muscarinic agonist solutions were added, the tubes were gassed and capped again, and were incubated for another 25 min. Incubations were terminated by the addition of 500  $\mu$ l ice-cold 10% (w/v) trichloroacetic acid. After the tubes had been on ice for 30 min, the precipitated protein was removed by centrifugation and  $800 \,\mu$ l of the supernatants were extracted three times with four volumes of water-saturated diethyl ether. The extracted supernatants were then diluted with 8 ml of water and were applied to columns containing approximately 1 ml of Dowex AG 1X8 anion exchange resin (formate form). The columns were washed with 10 ml of water, followed by the sequential elution of glycerophosphoinositol with 15 ml of 5 mm disodium tetraborate/ 30 mm sodium formate buffer and of total inositol phosphates with four times 2 ml of 0.1 M formic acid/1.0 M ammonium formate buffer. These inositol phosphate samples were mixed with Plasmasol scintillation cocktail, 15 ml per sample, and counted for radioactivity in a Beckman LS 1800 liquid scintillation counter (35% efficiency).

Tissue protein was measured by the method of Lowry *et al.* (1951), after solubilization with 5 ml 1 N NaOH (10min in a boiling waterbath) and subsequent neutralization with 5 ml 1 N HCl. Bovine serum albumin was used as the standard.

#### Data analysis

In each experiment, methacholine dose-response curves in the presence of muscarinic antagonists were related to the control dose-response curve, of which the maximum response was taken as 100%. In most experiments three or four concentrations of a muscarinic antagonist were tested and the slopes of the resulting Schild plots were used to assess competitive antagonism. When the slope did not differ significantly from unity (two-tailed Student's t test,  $\alpha = 0.05$ ), pA<sub>2</sub> values were calculated for each concentration of antagonist according to: pA<sub>2</sub> =  $-\log ([antagonist]/(dose ratio - 1)) (Mackay, 1978).$ 

#### Materials

[<sup>3</sup>H]-inositol (L-myo-[1,2-<sup>3</sup>H(N)]) (40.8-60.8 Ci mmol<sup>-1</sup>) was purchased from New England Nuclear (Boston, MA, U.S.A.) and methacholine from Sigmal Chemical Co. (St. Louis, MO, U.S.A.). Plasmasol was purchased from Packard Instrument B.V. (Groningen, The Netherlands). AF-DX 116 (11-[[2-[(diethylamino)methyl]-1-piperidinyl]acetyl]-5,11-dihydro-6Hpyrido[2,3-b][1,4]benzodiazepin-6-one) and pirenzepine were gifts from Dr Karl Thomae GmbH (Biberach an der Riss, F.R.G.); 4-DAMP (4-diphenylacetoxy-N-methylpiperidine) methobromide was a gift from Dr R.B. Barlow (Bristol, U.K.). All other chemicals were of reagent grade.



Figure 1 Dose-response curves for methacholine (MeCh)-induced phosphoinositide metabolism in bovine tracheal smooth muscle in the absence and presence of different concentrations of muscarinic antagonists, (a) pirenzepine (PZ) 0 ( $\oplus$ ) (3), 0.3 ( $\bigcirc$ ) (3), 1 ( $\oplus$ ) (3) and 3 ( $\bigcirc$ ) (3)  $\mu$ M; (b) AF-DX 116 0 ( $\oplus$ ) (7), 1 ( $\bigcirc$ ) (4), 3 ( $\oplus$ ) (6), 10 ( $\bigcirc$ ) (6), 30 ( $\blacktriangle$ ) (3) and 100 ( $\bigtriangledown$ ) (3)  $\mu$ M; and (c) 4-diphenylacetoxy-N-methyl-piperidine (4-DAMP) methobromide 0 ( $\oplus$ ) (5), 0.02 ( $\bigcirc$ ) (3), 0.06 ( $\bigstar$ ) (3), 0.2 ( $\bigcirc$ ) (3), 0.6 ( $\bigstar$ ) (4) and 2 ( $\bigtriangledown$ ) (4)  $\mu$ M. The number of determinations is given in parentheses. The insets show the corresponding Schild plots. Data points represent means of 3-7 experiments (as indicated in parentheses) each performed in duplicate. Vertical lines show s.e.mean. % R indicates responses relative to the control dose-response curves.

# **Results**

In the absence of muscarinic antagonists, methacholine caused an  $8.5 \pm 0.9$  fold stimulation of inositol phosphates accumulation over basal levels ( $2356 \pm 310 \text{ d.p.m. mg}^{-1}$  protein over  $288 \pm 35 \text{ d.p.m. mg}^{-1}$  protein, with  $3.7 \pm 0.2 \text{ mg}$  protein per tube) with a  $-\log EC_{50}$  of  $4.93 \pm 0.10$  (means  $\pm$  s.e.mean,

Table 1 Functional potencies of selective muscarinic antagonists on methacholine induced phosphoinositide (PI) metabolism and contraction in bovine tracheal smooth muscle

	PI metabolism		Contraction	
	$pA_2 (-\log M)$	Slope	$pA_2 (-\log M)$	Slope
AF-DX 116 4-DAMP methobromide Pirenzepine	$6.32 \pm 0.06$ (22) $8.54 \pm 0.08$ (17) $6.94 \pm 0.07$ (9)	$\begin{array}{c} 0.81 \pm 0.10 \ (7) \\ 0.90 \pm 0.05 \ (4) \\ 0.97 \pm 0.08 \ (3) \end{array}$	$6.30 \pm 0.07$ (25) $9.03 \pm 0.05$ (20) $6.92 \pm 0.08$ (30)	$1.06 \pm 0.02$ (4) $1.12 \pm 0.06$ (4) $1.10 \pm 0.05$ (4)

 $pA_2$  values were calculated for each concentration of antagonist according to:  $pA_2 = -\log ([antagonist]/(dose-ratio - 1))$  since Schild analysis revealed no significant deviations of slopes from unity, indicating competitive antagonism. Results are expressed as means  $\pm$  s.e.mean with number of determinations in parentheses. Data for contraction were included for comparison and were taken from Roffel *et al.* (1988).

n = 15). As shown in Figure 1 the three muscarinic antagonists tested were all able to shift the methacholine doseresponse curve to the right in a parallel and concentration-dependent fashion. The slopes of the Schild plots derived from these data were not significantly different from unity, indicating competitive antagonism for all three antagonists. These slopes and the pA<sub>2</sub> values are given in Table 1. The pA<sub>2</sub> values indicate that 4-DAMP methobromide was 40 times more potent than pirenzepine and 166 times more potent than AF-DX 116 in antagonizing methacholine-induced stimulation of PI metabolism in bovine tracheal smooth muscle.

#### Discussion

Data on the pharmacological characterization of the muscarinic receptors that mediate PI breakdown in (airway) smooth muscle are relatively scarce and most of the information available has been obtained with only pirenzepine as the selective antagonist. Pirenzepine discriminates between  $M_1$  and  $M_2$  but not really between cardiac and smooth muscle/glandular receptor subtypes. The pA<sub>2</sub> value of 6.94 found for pirenzepine in bovine tracheal smooth muscle in the present study indicates an  $M_2$  (i.e. non- $M_1$ ) character for the muscarinic receptors involved, in full agreement with previous studies on PI metabolism in this and other smooth muscle tissues (Grandordy *et al.*, 1986; Akhtar *et al.*, 1987; Noronha-Blob *et al.*, 1987; Gardner *et al.*, 1988).

In order to establish the subtype of muscarinic receptor that mediates PI metabolism in bovine tracheal smooth muscle (cardiac  $(M_2)$  or smooth muscle/glandular  $(M_3)$ ), the selective muscarinic antagonists AF-DX 116 and 4-DAMP methobromide were used. These compounds possess opposite selectivity profiles, 4-DAMP methobromide being typically 5 to 10 fold more potent than AF-DX 116 at  $M_2$  and 200 to 500 fold more potent than AF-DX 116 at M<sub>3</sub> receptors. In the present study 4-DAMP methobromide was found to be 166 times more potent than AF-DX 116, suggesting the involvement of M<sub>3</sub> rather than  $M_2$  receptors. The  $pA_2$  value of 6.32 found for AF-DX 116 is within the range of 6.0-6.6 obtained for antagonism of smooth muscle contraction (Batink et al., 1987; Duckles et al., 1987; Lazareno & Roberts, 1988a; Moore et al., 1988; Roffel et al., 1988), whereas pA<sub>2</sub> values obtained in the heart (6.9-7.5) (Batink et al., 1987; Duckles et al., 1987; Micheletti et al., 1987) are 4 to 16 times higher than the value we measured. Similarly, the  $pA_2$  value of 8.54 for 4-DAMP methobromide is close to the values found on various smooth muscle preparations (8.6-9.2) (Batink et al., 1987; Gater et al., 1987; Eglen et al., 1987; Moore et al., 1988; Roffel et al., 1988) but outside the range observed with cardiac preparations (7.7-8.2) (Batink et al., 1987; Gater et al., 1987; Lazareno & Roberts, 1988a). The conclusion that PI metabolism in bovine tracheal smooth muscle is brought about by M<sub>3</sub> type muscarinic receptors concords with the M<sub>3</sub> character of the muscarinic receptors that mediate contraction (see Roffel et al., 1988 and references cited therein). As shown in Figure 2a there is a significant correlation between the pA<sub>2</sub> values for

pirenzepine, AF-DX 116 and 4-DAMP methobromide when contraction (shown for comparison in Table 1) and PI metabolism were measured (r = 0.9984, P < 0.05). This provides more evidence that the latter process is involved in the pharmacomechanical coupling of muscarinic receptor stimulation and (airway) smooth muscle contraction. Interestingly, a significant correlation (r = 1.0000, P < 0.005) was also noticed between the pA<sub>2</sub> values found here for PI metabolism in bovine tracheal smooth muscle and those obtained in human SK-N-SH neuroblastoma cells (Fisher & Heacock, 1988), in accordance with the putative M<sub>3</sub> character of the muscarinic receptors in that cell line (Figure 2b). In this context, it should be mentioned that the neuronal SH-SY5Y clone of SK-N-SH cells was very recently found to possess a homogeneous M<sub>3</sub> receptor population (Lambert *et al.*, 1989).

The finding that PI metabolism in bovine tracheal smooth muscle is mediated by M<sub>3</sub>-type muscarinic receptors is not completely unexpected. Firstly, muscarinic receptors in exocrine glands (which are typically of the M<sub>3</sub> subtype, as assessed in binding (Lazareno & Roberts, 1988a) and secretion (Gater et al., 1987) studies) are also coupled to this second messenger system (Ek & Nahorski, 1988), although the receptor involved in PI turnover has not, as yet, been pharmacologically identified. Secondly, expression studies with different muscarinic receptor genes have shown that the putative  $M_3$ receptor subtype (HM4, mAChR III, m3) (Barnard, 1988) couples to PI turnover (but not to adenylate cyclase) in human kidney cells (Peralta et al., 1988) and NG108-15 neuroblastoma cells (Fukuda et al., 1988), whereas the M<sub>2</sub> subtype is efficiently coupled to adenylate cyclase in human kidney cells (Peralta et al., 1988), chinese hamster ovary cells (Ashkenazi et al., 1987) and A9L fibroblasts (Jones et al., 1988), though it can, albeit poorly, also stimulate PI turnover in the first two of these cell types.

In conclusion, it has become clear that both PI metabolism and contraction in bovine tracheal smooth muscle are medi-



Figure 2 Correlation between the functional affinities  $(pA_2)$  of pirenzepine ( $\blacksquare$ ), AF-DX 116 ( $\bigcirc$ ), and 4-diphenylacetoxy-N-methylpiperidine (4-DAMP) methobromide ( $\diamondsuit$ ) for phosphoinositide (PI) metabolism and contraction in bovine tracheal smooth muscle (a) and between the functional affinities for PI metabolism in bovine tracheal smooth muscle (BTSM) and those obtained in human SK-N-SH neuroblastoma cells (Fisher & Heacock, 1988) (b). Correlation coefficients were 0.9984 and 1.0000, respectively; probability values were <0.05 and <0.005, respectively.

ated by smooth muscle/glandular type  $(M_3)$  muscarinic receptors. As an important implication, the function of the major population of cardiac type  $(M_2)$  muscarinic receptors and the transduction mechanism involved remain to be elucidated.

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