

## COMMENTARY

# Potential importance of alterations in hydrogen sulphide (H<sub>2</sub>S) bioavailability in diabetes

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Despite its long-standing reputation as a foul smelling and toxic gas that is associated with the decay of biological matter, hydrogen sulphide (H<sub>2</sub>S) has emerged as an important regulator of cardiovascular homeostasis. H<sub>2</sub>S promotes a number of cellular signals that regulate metabolism, cardiac function and cell survival. Endogenous H<sub>2</sub>S bioavailability is regulated by several enzymes involved in the biosynthesis of cysteine. This study by Brancalone *et al.* in the current issue of the *British Journal of Pharmacology* provides novel insights into the impairment of H<sub>2</sub>S biosynthesis in the setting of diabetes mellitus. The authors report that enzymic H<sub>2</sub>S biosynthesis is impaired in a murine model of type 1 diabetes and the attenuation in H<sub>2</sub>S bioavailability is associated with impaired vascular reactivity. This study has profound implications for the use of pharmacological agents to augment endogenous H<sub>2</sub>S synthesis or agents that release H<sub>2</sub>S to augment the levels of this gaseous signalling molecule in cardiovascular disease.

*British Journal of Pharmacology* (2008) **155**, 617–619; doi:10.1038/bjp.2008.359; published online 22 September 2008

**Keywords:** diabetes mellitus; cardiovascular disease; risk factors; hydrogen sulphide; mouse models; metabolic syndrome; cardioprotection; hypertension; vascular pathology; vasodilation

**Abbreviations:** CBS, cystathionine β-synthase; CGL, cystathionine γ-lyase

Recent basic science studies have highlighted the importance of hydrogen sulphide (H<sub>2</sub>S) as a critical regulator of cardiovascular homeostasis in the normal physiological state (Szabo, 2007). On account of its chemical nature and highly diverse signalling profile, H<sub>2</sub>S exerts a number of powerful effects on the heart, blood vessels and circulating blood elements. In this regard, H<sub>2</sub>S has been shown to modulate metabolic state (Blackstone *et al.*, 2005), vascular reactivity and systemic blood pressure (Szabo, 2007), leukocyte–endothelial cell interactions (Zanardo, 2006), mitochondrial function, cellular redox status and apoptosis (Szabo, 2007). On account of the profound effects of H<sub>2</sub>S on cellular metabolism, early studies were focused on the ability of H<sub>2</sub>S to induce a state of suspended animation to promote survival (Blackstone *et al.*, 2005; Szabo, 2007). More recently, investigators have begun to investigate the numerous effects of relatively low levels of H<sub>2</sub>S therapy on cardiovascular physiology and pharmacology in a number of *in vitro* and *in vivo* model systems. New studies are emerging at a rapid rate that underscore the importance of this novel, endogenous, gaseous signalling molecule synthesized by the actions of the two endogenous enzymes,

cystathionine γ-lyase (CGL or CSE) and cystathionine β-synthase (CBS) (Szabo, 2007). These enzymes are two pyridoxal-5'-phosphate-dependent enzymes that are responsible for metabolizing homocysteine to cysteine in mammals (Szabo, 2007) (Figure 1).

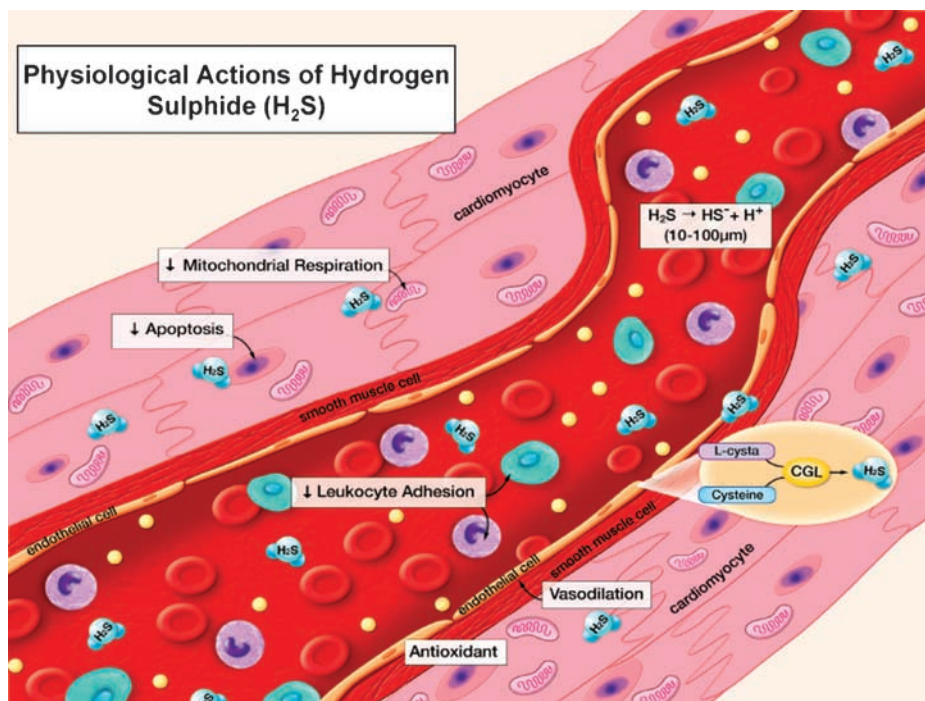
Previous studies have demonstrated that both CBS and CGL are critical for the maintenance of cardiovascular function and that treatment of animals with exogenous forms of hydrogen sulphide have demonstrated very robust protection of various organs during a number of cardiovascular diseases including: ischaemia-reperfusion injury, various forms of shock, stroke, inflammatory disorders and models of ischaemia-induced angiogenesis (Mok, 2004; Kimura *et al.*, 2006; Elrod *et al.*, 2007; Szabo, 2007, Jha *et al.*, 2008). It is important to note that the protective actions of H<sub>2</sub>S therapy have been observed primarily at lower dosages or concentrations of H<sub>2</sub>S and that higher levels of H<sub>2</sub>S are clearly associated with significant toxicity that has been well characterized. Furthermore, the majority of studies evaluating the effects of pharmacological inhibition of CBS or CGL have demonstrated enhanced pathology of various diseases. Studies of gene-targeted mice support the concept that inhibition of H<sub>2</sub>S biosynthetic enzymes exacerbates cardiovascular disease whereas genetic over-expression attenuates disease severity (Elrod *et al.*, 2007; Szabo, 2007).

The relatively large body of recent publications demonstrating cytoprotective actions of H<sub>2</sub>S therapy in a number of disease conditions provide support for the development of

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Received 28 July 2008; accepted 18 August 2008; published online 22 September 2008



**Figure 1** Physiological actions of hydrogen sulphide ( $\text{H}_2\text{S}$ ).  $\text{H}_2\text{S}$  is synthesized in the vasculature through the action of cystathionine  $\gamma$ -lyase (CGL), converting cysteine to  $\text{H}_2\text{S}$  under normal physiological conditions. Normal circulating blood concentrations of  $\text{H}_2\text{S}$  are believed to be in a range between 10–100  $\mu\text{M}$ .  $\text{H}_2\text{S}$  exerts a number of actions on the heart and circulation. (Modified from Lefer, 2007, with permission).

novel  $\text{H}_2\text{S}$ -based therapeutic agents. There appear to be several options for  $\text{H}_2\text{S}$  therapy in cardiovascular disease including  $\text{H}_2\text{S}$  gas,  $\text{H}_2\text{S}$  donors or releasing compounds, and  $\text{H}_2\text{S}$  pro-drugs that activate  $\text{H}_2\text{S}$ -generating enzymes to increase circulating and tissue levels of  $\text{H}_2\text{S}$ . During acute cardiovascular diseases (that is, shock states or acute myocardial infarction) rapidly acting compounds with shorter half-lives may be more appropriate. Under these conditions,  $\text{H}_2\text{S}$  gas or  $\text{H}_2\text{S}$  donors would be ideal candidates to evaluate. For more chronic cardiovascular disease states and chronic inflammatory states, the  $\text{H}_2\text{S}$  pro-drugs such as S-allylcysteine, a compound derived from garlic, would be more suitable. It will also be important to design  $\text{H}_2\text{S}$  therapeutics that can be administered by a number of routes including oral, intravenous and inhalation routes. One of the major challenges in the development of  $\text{H}_2\text{S}$  therapy is the extremely short half-life of  $\text{H}_2\text{S}$  in the circulation as it is very rapidly metabolized to inactive metabolites. Furthermore, there are also a number of challenges related to the accurate measurement of both circulating and tissue  $\text{H}_2\text{S}$  levels. Finally, because of the extensive history of  $\text{H}_2\text{S}$  as a highly toxic environmental hazard, extensive investigations into the potential toxicity of  $\text{H}_2\text{S}$  are required (Szabo, 2007). The majority of information regarding  $\text{H}_2\text{S}$  toxicity is derived from studies of sulphide gas inhalation. Future studies will be aimed at the investigation of  $\text{H}_2\text{S}$  therapy administered through the oral route or following injection of  $\text{H}_2\text{S}$  donors or pro-drugs.

To date, the vast majority of studies related to the molecular, biochemical or biological actions of  $\text{H}_2\text{S}$  have been performed in healthy animals or tissues derived from normal animals. This is somewhat problematic in that

persons suffering from cardiovascular disease typically present with a number of pre-existing risk factors, including hypertension, dyslipidaemia, and diabetes mellitus. It is well appreciated that these prevalent cardiovascular risk factors attenuate endothelial cell generation of another gaseous signalling molecule, nitric oxide, and result in a state referred to as 'endothelial dysfunction' (Cai and Harrison, 2000). At present, very little is known regarding  $\text{H}_2\text{S}$  bioavailability and vascular reactivity to  $\text{H}_2\text{S}$  in the setting of established cardiovascular risk factors. The report by Brancaleone *et al.* (2008) in this issue of the *British Journal of Pharmacology* investigates the state of  $\text{H}_2\text{S}$  biosynthesis in non-obese diabetic mice and takes an important first step towards defining the effects of diabetes on  $\text{H}_2\text{S}$  synthesis. This elegant study by Brancaleone *et al.* clearly demonstrates that vascular reactivity, plasma  $\text{H}_2\text{S}$  levels, and vascular  $\text{H}_2\text{S}$  production all decline progressively as the severity of diabetes increases over time in the non-obese diabetic mouse model. These data support earlier observations that plasma levels are significantly reduced in patients with coronary heart disease and in hypertensive rats. The authors investigated three distinct stages of diabetes mellitus (mild to severe), as determined by both blood glucose and urine glucose levels, and found that vasorelaxation of isolated aortic segments was attenuated by up to 75–80% in the most severe diabetic state. Interestingly, the authors found that the diabetic vessels displayed normal or enhanced reactivity to exogenous  $\text{H}_2\text{S}$  donors suggesting that  $\text{H}_2\text{S}$  donor therapy may be efficacious in diabetic animals and patients. Clearly, additional studies investigating endogenous  $\text{H}_2\text{S}$  biosynthesis and bioavailability in a number

of cardiovascular disease states including hypertension, obesity and metabolic syndrome, diabetes and hyperlipidaemia are warranted. Furthermore, it is also important to examine the vascular reactivity of various vascular beds both *in vitro* and *in vivo* in the setting of cardiovascular disease in the future. The study by Brancaleone *et al.* (2008) provides an excellent starting point for future investigations into H<sub>2</sub>S biochemistry and physiology in the diabetic state as well as in other important diseases. It appears that investigation of hydrogen sulphide will provide exciting research opportunities for many years to come.

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