

## EFFECTS OF BEPRIDIL\* ON $\text{Ca}^{2+}$ UPTAKE BY CARDIAC MITOCHONDRIA

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(Received 22 June 1983; accepted 16 November 1983)

**Abstract**—Isolated rat heart mitochondria accumulate large amounts of  $\text{Ca}^{2+}$  at the expense of respiration-linked energy or of that provided by the hydrolysis of ATP by the mitochondrial ATPase. At concentrations below 10  $\mu\text{M}$  bepridil has no effect on the first mechanism but inhibits the second. At higher concentrations bepridil depresses both. At low concentrations bepridil decreases proton influx into mitochondria in ADP-stimulated respiration while it has no effect on proton ejection in  $\text{Ca}^{2+}$ -stimulated respiration. A preliminary study shows that bepridil inhibits ATP hydrolysis linked to  $\text{Ca}^{2+}$  absorption by mitochondria. The calcium antagonists verapamil, nifedipine and diltiazem exhibit none of these effects.

Bepridil is a new antianginal and antiarrhythmic agent. It depresses cardiac contraction and reduces oxygen consumption of the heart [1, 2]. At cellular level the drug has been shown to act like calcium antagonists [3-6]. However, when studies were carried out on subcellular preparations, these compounds were found to behave differently. Nifedipine and diltiazem did not alter the calcium binding to cardiac sarcolemma from guinea pigs, whereas verapamil and, to a lesser degree, bepridil decreased the binding to the low-affinity calcium sites [7, 8]. Bepridil differs from verapamil in many respects. Thus bepridil is a less potent inhibitor than verapamil of the slow inward current in guinea pig myocardium [3] and in vascular smooth muscle of dog coronary artery [5]. In addition, bepridil decreases the duration of the induced slow action potentials of frog skeletal muscle at a concentration far below that of verapamil. At the same time both compounds decrease to the same extent the amplitude of those potentials [9]. Bepridil inhibits contractions nearly completely while slow action potentials still occur, whereas with verapamil the two parameters are closely correlated [3]. Accordingly, a second intracellular action site for bepridil was suggested [3].

Very recently it was shown that myocytes can concentrate bepridil up to 1.2 mM when the extracellular concentrations is 10  $\mu\text{M}$  and in the same study actin was identified as a possible intracellular site of action [10]. However, other internal targets cannot be excluded, since mitochondria and sarcoplasmic reticulum react to bepridil below 10  $\mu\text{M}$ . We have shown that bepridil alters the activities of Ca-dependent ATPase from sarcoplasmic reticulum [11] and of mitochondrial ATPase [12]. The inhibitor effect in the latter case can explain the decrease in oxidative phosphorylation produced by the drug [13].

Treatment with calcium antagonists decrease the myocardial lesions in hamsters of the myopathic line while improving the respiratory control of mitochondria isolated from the same animals [14, 15]. These consequences may be related directly or indirectly to their protective effect against mitochondrial damage induced by metabolites which accumulate in the ischemic myocardial cells, e.g.  $\text{Ca}^{2+}$  [14, 16]. The results of the present study show that bepridil, unlike verapamil, diltiazem and nifedipine, inhibits  $\text{Ca}^{2+}$  influx into mitochondria when the energy needed for this process is provided by ATP. On the other hand none of the above compounds affect the process driven by the energy from oxidation.

### MATERIALS AND METHODS

Bepridil, nifedipine, verapamil and diltiazem were provided by Organon Laboratories Ltd, Bayer Pharma, Biosedra and Dausse, respectively. All other chemicals were of analytical reagent grade.

Mitochondria from hearts of Wistar rats weighing 300-350 g were isolated according to the method of Tyler and Gonze [17]. This preparation gave well-coupled mitochondria as indicated by the RCR of 6 and the ADP/o ratio of 2 for succinate as substrate.

Protein content was determined according to the Lowry method [18].

Oxygen consumption was measured with a Clark electrode using a Gilson oxygraph (IC-Oxy). The reaction vessel was placed in a water bath at 30° and contained the following, in a final volume of 1.6 ml: 130 mM KCl, 3 mM Pi, 6 mM succinate, 2.4  $\mu\text{M}$  rotenone, 0.6-1 mg mitochondrial protein and 3 mM Hepes buffer pH 7.2. Proton movement in the same solution was followed by a pH electrode (Ca 14/02, Philips) connected to a Philips ionometer (PW 94/4); according to Vercesi *et al.* [19].

Calcium uptake was determined by a specific electrode (IS-561 Ca type, Philips) according to Simon *et al.* [20], as follows; a final concentration of 4 mM succinate or 0.2 mM ATP was added to 5 ml of 3 mM

\* B [(2-methylpropoxy) methyl]-N-phenyl-N-phenylmethyl-1-pyrrolidine-ethanamine (ORG 5730).

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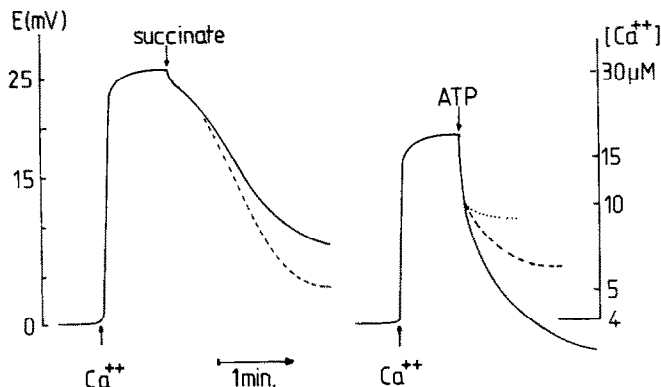


Fig. 1.  $\text{Ca}^{2+}$ -uptake by mitochondria from rat heart. The free calcium concentration in the medium was determined by a specific electrode as described under Materials and Methods. The experimental conditions were as follows: 5 ml of 3 mM Hepes buffer pH 7.2, containing 130 mM KCl, 2 mM glutamate, 2 mM Pi, 1.5 mg of mitochondrial protein and 4  $\mu\text{M}$  rotenone, were preincubated at 30° for 5 min, then 10  $\mu\text{l}$  containing 200 or 100 nmoles of  $\text{CaCl}_2$  were added to the succinate experiment (left) and to the ATP experiment (right) respectively. Calcium uptake was initiated by adding succinate 4 mM or ATP 0.2 mM final concentration. The solid lines represent the control experiments, the broken lines the experiments in the presence of 4.25  $\mu\text{M}$  bepridil. The dotted line (the ATP experiment) represents the experiments without mitochondria, which was necessary to evaluate the amount of  $\text{Ca}^{2+}$  remaining as Ca-ATP complex, the same recording was obtained when the experiment with mitochondria was done in the presence of oligomycin (1  $\mu\text{g}/\text{mg}$  protein).

Hepes buffer pH 7.2 containing 130 mM KCl, 2 mM glutamate, 2 mM Pi, 4  $\mu\text{M}$  rotenone and 1–1.5 mg of mitochondrial protein, at 30°. A decrease in free ( $\text{Ca}^{2+}$ ) was followed by a decline in the electrode potential. The electrode response in mV to the free  $\text{Ca}^{2+}$  is given by the following experimental equation:  $E = -36 + 28 \log (\text{Ca}^{2+})$  where the  $\text{Ca}^{2+}$  concentration is expressed as nmoles of  $\text{Ca}^{2+}$  in the medium.

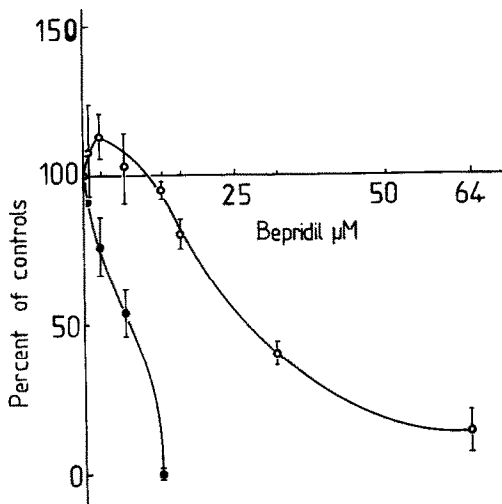


Fig. 2. Effect of bepridil on  $\text{Ca}^{2+}$  uptake by rat heart mitochondria. Results are expressed as (%) of control obtained in the same conditions as those of Fig. 1 except that the  $\text{Ca}^{2+}$  concentration was the same in all experiments: 300 nmoles  $\text{CaCl}_2$  in the medium (●—●) ATP as the source of energy, (○—○) succinate as the source of energy. Values are means  $\pm$  S.E.; the number of experiments was at least 5. The control values were  $296 \pm 26$  for 7 experiments with succinate and  $304 \pm 19$  nmoles/min/mg protein for 5 ATP experiments.

In the presence of ATP, the response was weaker, due to the formation of an ATP- $\text{Ca}^{2+}$  complex. In that case, the standardization gave a linear relation of 0.37/1 nmoles between free  $\text{Ca}^{2+}$  and total  $\text{Ca}^{2+}$ . The rate of  $\text{Ca}^{2+}$  uptake by mitochondria was calculated from the recording of the electrode response by subtracting free  $\text{Ca}^{2+}$  measured 30 sec after the addition of substrate from the initial  $\text{Ca}^{2+}$ . The electrode technique was used by many authors to study the energy-linked influx of  $\text{Ca}^{2+}$  into mitochondria [21, 22]. The kinetic parameters  $V_m$  and  $K_m$  we have obtained (see Table 1) are very close to those reported by the literature [22, 23].

Mitochondrial ATPase activated following  $\text{Ca}^{2+}$  accumulation by mitochondria was measured by recording directly the rise in acidity.

## RESULTS AND DISCUSSION

**Uptake of  $\text{Ca}^{2+}$  by mitochondria.** Mitochondria accumulate  $\text{Ca}^{2+}$  from the surrounding medium until the extramitochondrial free  $\text{Ca}^{2+}$  concentration is approximately 1  $\mu\text{M}$  [24]. This process is induced either by energy from respiration or from ATP hydrolysis [25, 26] and depends on the presence of a specific carrier [27, 28]. The results presented in Figs. 1 and 2 show that at concentration below 10  $\mu\text{M}$ , bepridil did not affect the binding of  $\text{Ca}^{2+}$  to its carrier but rather the energy supply mechanism involved in the  $\text{Ca}^{2+}$  influx into mitochondria. When the energy was supplied by respiration, succinate oxidation in our experiment, bepridil tended to increase the rate of  $\text{Ca}^{2+}$  uptake. On the other hand, when the ATP was used to promote the  $\text{Ca}^{2+}$  influx, bepridil completely abolished the process. The specificity of the drug, at low concentrations, in inhibiting the ATP-linked calcium uptake into mitochondria was confirmed by the experiment shown in Fig. 3.

Table 1. Effects of bepridil on the kinetic parameters\*  $V_m$  and  $K_m$  for  $\text{Ca}^{2+}$  flux into mitochondria

Source of energy	Succinate oxidation		ATP hydrolysis	
	$V_m$	$K_m$ ( $\mu\text{M}$ )	$V_m$	$K_m$ ( $\mu\text{M}$ )
Control	670	25	700	15
Bepridil				
4.25 $\mu\text{M}$	700	25	465	22
8 $\mu\text{M}$	800	25	400	22

\* Both parameters were calculated from a Lineweaver-Burk plot for ( $\text{Ca}^{2+}$ ) = 100, 80, 60 and 20  $\mu\text{M}$  in the succinate case and 37.5, 30, 22.5, 15 and 7.5  $\mu\text{M}$  in the ATP experiments (as nmoles/min/mg protein).

At 10  $\mu\text{M}$  bepridil almost abolished  $\text{Ca}^{2+}$  influx in the presence of ATP. Addition of succinate restored the influx to its control level. At higher concentration the drug, even in the succinate case behaved as an inhibitor. The question is whether these concentrations of free bepridil do occur within the cell? As a matter of fact the most accumulated drug in the isolated myocytes was shown to bind to actin [10]. The data in Table 1 indicate that bepridil did not interact with the binding of  $\text{Ca}^{2+}$  ( $K_m$  is constant). On the other hand, the changes in the  $V_m$  may reflect an alteration in the proton movement across the mitochondrial membrane [19, 12].

**ATPase-linked reactions.** Addition of ADP or  $\text{Ca}^{2+}$  stimulates oxygen consumption by mitochondria. This stimulation is accompanied by absorption, in the ADP case, or ejection, in the  $\text{Ca}^{2+}$  case, of a known amount of  $\text{H}^+$ . The oxygen consumption then returns to the original state 4 rate. The absorption of  $\text{H}^+$  in the ADP-induced state 3 is specific to the mitochondrial ATPase. On the other hand, when  $\text{Ca}^{2+}$  is transported into respiring mitochondria electrophoretically in response to the negative-inside membrane potential ( $\psi$ ) established by electron-transport-driven vectorial  $\text{H}^+$  ejection, the mitochondrial ATPase is not involved [28]. Figure 4 shows that bepridil has a very slight effect on  $\text{H}^+$  ejection during stimulation of oxygen consumption

by  $\text{Ca}^{2+}$  while it inhibits  $\text{H}^+$  absorption induced by ADP addition. This inhibition was parallel to the decrease in oxygen consumption and in ATP synthesis [13]. From this and the direct action of bepridil on isolated mitochondrial ATPase [12], we may conclude that bepridil is an inhibitor of ATPase-linked reactions: such as  $\text{Ca}^{2+}$  accumulation in mitochondria. Moreover the inhibition of  $\text{Ca}^{2+}$  uptake by mitochondria (Fig. 2) is related to the inhibition of ATP hydrolysis as can be seen in Fig. 5. Interestingly the inhibition of Ca-activated mitochondrial ATPase by bepridil (Fig. 5) has the same profile as that of isolated ATPase at pH 7 [12]; i.e. inhibition reaches 50% of control at bepridil concentration around 10  $\mu\text{M}$ .

The other calcium antagonists (verapamil, nifedipine and diltiazem), known for their therapeutic similarity to bepridil, did not affect calcium uptake by heart mitochondria (results not shown). But this did not exclude a possible role of these drugs in controlling the calcium transport across the mitochondria. Indeed, diltiazem has been shown to inhibit  $\text{Ca}^{2+}$  efflux from heart mitochondria by the Na/Ca exchange pathway [29].

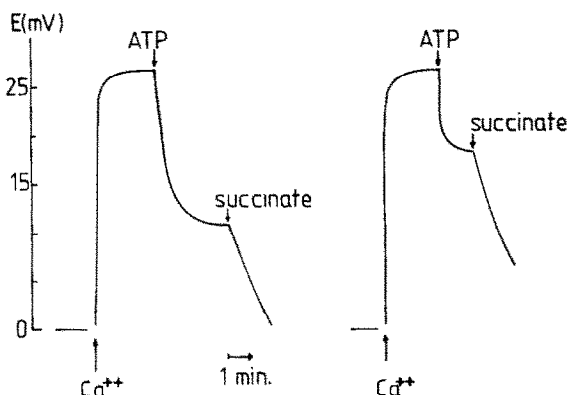


Fig. 3. Succinate-dependent  $\text{Ca}^{2+}$ -uptake in the presence of ATP. Control experiment (left) and the experiment in presence of 10  $\mu\text{M}$  bepridil (right). The experimental conditions are reported in the legends of Fig. 1 except that the added  $\text{CaCl}_2$  was the same (200 nmoles) for the experiments with or without bepridil.

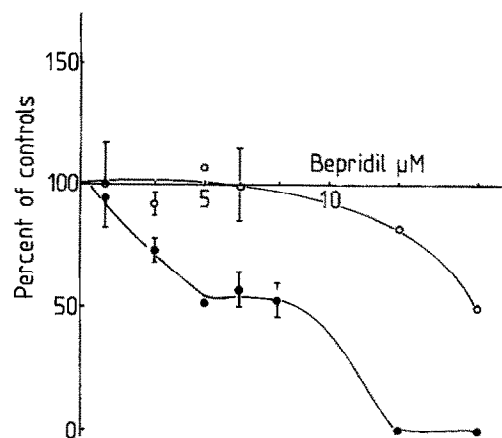


Fig. 4. Effect of bepridil on proton efflux during the stimulation of mitochondrial oxygen consumption by  $\text{Ca}^{2+}$  (○—○) or on proton uptake when oxygen consumption was stimulated by ADP (●—●). In the two cases mitochondria were respiring on succinate as substrate  $\text{Ca}^{2+}$  and ADP concentrations were 0.2 mM. The control values for 3 different experiments were  $221 \pm 20$  and  $391 \pm 13$  ng ions/min/mg protein for ADP and  $\text{Ca}^{2+}$  experiments respectively.

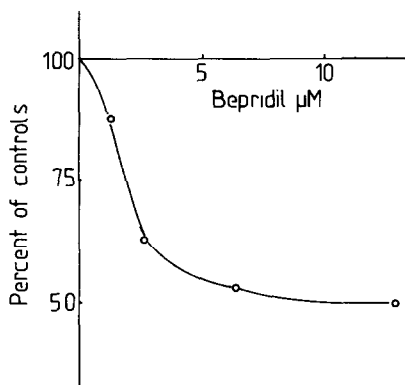


Fig. 5. Effect of bepridil on ATP hydrolysis induced by  $\text{Ca}^{2+}$  flux into mitochondria. The reaction rate was measured in terms of rise in acidity due to  $\text{ATP}^{4-} + \text{H}_2\text{O} \rightleftharpoons \text{ADP}^{2-} + \text{HPO}_4^{2-} + \text{H}^+$ . The control values for 7 different experiments was  $150 \pm 20 \text{ ng H}^+/\text{min}/\text{mg protein}$ .

To explain the full effect of bepridil an intracellular action was suggested [3]. This suggestion is supported by the ability of the drug to enter the cardiac cell [10] and to alter the function of isolated mitochondria [13] in such a manner as to spare ATP. This property might be very important when, if oxygen is lacking, calcium fluxes massively into and accumulates in mitochondria thus depleting the cell in ATP. Whether this is what actually happens within the cell remains to be demonstrated.

**Acknowledgements**—We are grateful to Mrs Monique Bardin, Agnès Marquet and Annie Roux for their technical assistance and help in preparing the manuscript.

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