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## Mediation of norepinephrine effects on free cytosolic calcium in rat parotid acinar cells by $\alpha_1$ adrenergic receptors

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Stimulation of sympathetic nerves or injection of norepinephrine (NE\*) produces a pronounced increase in parotid salivary amylase secretion and weakly stimulates salivary fluid secretion, relative to parasympathetic nerve stimulation [1, 2]. The contributions of different adrenergic receptors to these effects have been studied extensively *in vitro*. Adrenergic effects on amylase exocytosis are primarily mediated via  $\beta$  receptors and involve a cyclic AMP (cAMP) dependent pathway [2]. However, a small activation of protein exocytosis is provided by  $\alpha_1$  receptor agonists, similar to that observed with muscarinic agonists and substance P, and apparently results from protein kinase C activation [3]. NE effects on parotid salivary fluid secretion appear absolutely dependent on an increase in the intracellular free calcium concentration ( $\text{Ca}_i^{2+}$ ) in these cells, which stimulates vectorial ion movements [4, 5]. Although initial studies of  $\text{Ca}^{2+}$ -dependent ion movements in parotid and submandibular cells suggested that the  $\alpha_2$  receptor was primarily responsible for adrenergic increases in salivary fluid secretion [6, 7], more extensive characterization of ion fluxes in salivary glands has established the  $\alpha_1$  receptor as the primary adrenergic mediator [8–10]. Moreover, mobilization of  $\text{Ca}^{2+}$  via phospholipase C-activated phosphatidylinositol (PI) turnover also is mediated by  $\alpha_1$  (but not  $\alpha_2$  or  $\beta$ ) adrenergic receptors in parotid cells [11, 12].

The development of fluorescent  $\text{Ca}_i^{2+}$ -indicator dyes has allowed direct examination of the effects of the different adrenergic receptors on  $\text{Ca}_i^{2+}$  in dispersed parotid cell or acini preparations. Initial studies with quin 2 provided evidence for an  $\alpha$  receptor-mediated increase in  $\text{Ca}_i^{2+}$  but there were conflicting reports as to the effects of  $\beta$  agonists [13–15]. Recently Nauntofte and Dissing have re-examined the contribution of the different parotid adrenergic receptor types to the increase in  $\text{Ca}_i^{2+}$  using the more sensitive indicator Fura 2 [16]. They found that the  $\beta$  agonist isoproterenol (ISO) is only 10% as effective as epinephrine and that the selective  $\alpha_1$  agonist phenylephrine (PE) is only 60% as effective. There was no additivity between ISO and PE effects on parotid  $\text{Ca}_i^{2+}$ , and these authors concluded that ISO was acting through  $\alpha_1$  receptors. The difference between epinephrine and PE effects was ascribed to additional  $\alpha_2$  effects of epinephrine [16]. An alternative explanation for the latter finding is that PE is a partial agonist at parotid  $\alpha_1$  receptors. In the present study, we examined this possibility and closely studied the effects of various adrenergic agonists and antagonists on  $\text{Ca}_i^{2+}$ .

### Materials and methods

Prazosin, phentolamine, methoxamine, clonidine, and atenolol were gifts from Pfizer (New York, NY), Ciba Geigy (Summit, NJ), Burroughs-Wellcome (Research Triangle Park, NC), Boehringer Ingelheim (Ridgefield, CT) and Stuart Pharmaceuticals (Wilmington, DE) respectively. NE, PE, ISO, propranolol, corynanthine and yohimbine were from Sigma (St. Louis, MO). All drugs were dissolved in distilled water (except prazosin which was dissolved in ethanol). In some experiments, NE and ISO were added with equimolar ascorbate. Male Sprague-Dawley rats (200–350 g) were obtained from Charles River Laboratories (Kingston, NY). Fura 2 acetoxymethylester was purchased from Molecular Probes (Eugene, OR) and [ $^3\text{H}$ ]inositol (15 Ci/mmol) from American Radiolabeled Chemicals (St. Louis, MO).

Rat parotid cells were prepared and Fura 2 studies performed as previously described [17]. If necessary,  $\text{Ca}_i^{2+}$  measurements were corrected for drug fluorescence or quenching. Cells were loaded with [ $^3\text{H}$ ]inositol as reported [11, 17], but accumulation of total [ $^3\text{H}$ ]inositol phosphates rather than of [ $^3\text{H}$ ]inositol trisphosphate was measured.

### Results and discussion

NE consistently produced a small elevation of  $\text{Ca}_i^{2+}$  in rat parotid acinar cells. The adrenergic effect on  $\text{Ca}_i^{2+}$  in this system and the effect on PI turnover appeared to be mediated solely by the  $\alpha_1$  adrenergic receptor, as follows: (1) the  $\alpha_1$ -selective antagonist prazosin potently blocked NE effects on  $\text{Ca}_i^{2+}$  as well as on [ $^3\text{H}$ ]inositol phosphate accumulation (Table 1 and Fig. 1C), (2) the beta blockers atenolol ( $10^{-5}\text{ M}$ ) and propranolol ( $10^{-6}\text{ M}$ ) had no effect on NE stimulation of  $\text{Ca}_i^{2+}$  or PI turnover (Fig. 1D and Table 1), and (3) yohimbine, an antagonist used at an  $\alpha_2$ -selective concentration ( $10^{-6}\text{ M}$ ) also was without effect on NE actions (Fig. 1D and Table 1). Corynanthine, a structural analog which lacks the  $\alpha_2$  selectivity of yohimbine [18], was about 10-fold more potent than yohimbine in blocking NE effects and about 1000-fold less potent than prazosin (Table 1 and Fig. 1A, B and C). Importantly, no  $\alpha_2$  or  $\beta$  effects of NE on  $\text{Ca}_i^{2+}$  were apparent even under conditions where the  $\alpha_1$  receptor was mostly blocked (Fig. 1B and C).

In agreement with the findings of Nauntofte and Dissing [16], the selective  $\alpha_1$  agonist PE was much less effective than NE in elevating  $\text{Ca}_i^{2+}$  (Fig. 1D and E) and also as a stimulus for PI turnover (Table 1). However, this reflects the partial agonist property of PE in parotid cells, rather than an additional  $\alpha_2$  effect of NE. At a concentration supramaximal for effects on  $\text{Ca}_i^{2+}$  (300  $\mu\text{M}$ ), PE increased  $\text{Ca}_i^{2+}$  only 40% as effectively as NE (Fig. 1D and E and Table 1). PE also partially reversed NE effects on  $\text{Ca}_i^{2+}$  (Fig. 1 and Table 1), as would be expected of a partial

\* Abbreviations used: NE, norepinephrine; cAMP, cyclic AMP;  $\text{Ca}_i^{2+}$ , intracellular free calcium concentration; ISO, isoproterenol; PE, phenylephrine; Met, Methoxamine; Yoh, yohimbine; Cor, corynanthine; Aten, atenolol; Phent, phentolamine; and Clon, clonidine.

Table 1. Effects of adrenergic agonists and antagonists on NE stimulation of  $\text{Ca}_i^{2+}$  and PI turnover

	NE stimulation (%)	
	$\text{Ca}_i^{2+}$	PI
NE	100	100
NE + Prazosin $10^{-7}$ M	$2 \pm 3$	$0 \pm 0$
$10^{-8}$ M	$9 \pm 6$	$34 \pm 14$
$10^{-9}$ M	—	$71 \pm 8$
NE + Yohimbine $10^{-4}$ M	—	$45 \pm 8$
$10^{-5}$ M	$73 \pm 9$	$96 \pm 7$
$10^{-6}$ M	$102 \pm 5$	$99 \pm 11$
NE + Corynanthine $10^{-4}$ M	—	$18 \pm 10$
$10^{-5}$ M	$15 \pm 6$	$41 \pm 13$
$10^{-6}$ M	$66 \pm 9$	$77 \pm 11$
NE + Atenolol $10^{-5}$ M (or propranolol $10^{-6}$ M)	$99 \pm 4$	$116 \pm 13$
PE	$35 \pm 5$	$41 \pm 9$
NE + PE	$67 \pm 4$	$53 \pm 8$
Methoxamine	$48 \pm 8$	$73 \pm 9$
NE + Methoxamine	$87 \pm 8$	$98 \pm 5$
ISO	$3 \pm 2$	$0 \pm 3$
NE + ISO	$97 \pm 3$	$102 \pm 13$
Clonidine	$0 \pm 1$	$3 \pm 7$
NE + Clonidine	$14 \pm 10$	$20 \pm 14$

NE increased  $\text{Ca}_i^{2+}$  (nM) from a basal (zero) level of  $225 \pm 17$  to a peak of  $345 \pm 45$  which then declined to a stable plateau (within 2 min, see Fig. 1) of  $306 \pm 32$  ( $N = 6$  cell preparations). NE increased PI turnover (as determined by accumulation of [ $^3\text{H}$ ]inositol phosphates after 60 min of incubation with 10 mM LiCl [11]) to  $396 \pm 48\%$  of basal levels, which averaged  $4.24 \pm 0.53\%$  of the total water-soluble [ $^3\text{H}$ ]cpm ( $N = 13$  cell preparations). For PI turnover studies, cells were incubated with drugs + NE, and stimulation was compared to that of NE alone. For  $\text{Ca}_i^{2+}$  studies, peak agonist effects were determined and compared to the NE effect in the same preparation. Antagonist or partial agonist effects were determined during the plateau phase of NE stimulation, 2 min after drug addition. Each value (mean  $\pm$  SE) represents results from three to eight cell preparations. Antagonist concentrations were as indicated. For  $\text{Ca}_i^{2+}$  studies, NE, ISO and clonidine were used at  $30 \mu\text{M}$ , and PE and methoxamine were at  $300 \mu\text{M}$ ; 10-fold higher concentrations of these five agents were used for PI turnover studies. At the concentrations used, these adrenergic drugs had no effect on carbachol-induced increases in  $\text{Ca}_i^{2+}$  or PI turnover.

agonist competing with an agonist for the same set of receptors. These partial agonist effects were also apparent in PI turnover experiments using 10-fold higher concentrations of PE and NE (Table 1). Maximally effective concentrations of methoxamine were also less effective than NE at increasing  $\text{Ca}_i^{2+}$  and PI turnover (Table 1), though this agonist appeared to have greater efficacy than PE at parotid  $\alpha_1$  receptors, being a less effective blocker of NE effects (Table 1). At a concentration which mimicked maximal PE effects on  $\text{Ca}_i^{2+}$ , methoxamine was a weaker antagonist of NE effects (Fig. 1F and G). Clonidine, an  $\alpha_2$  agonist in many systems but an  $\alpha$  blocker in rat salivary glands [7], acted as an antagonist or weak partial agonist at  $\alpha_1$  receptors (Fig. 1F and G, Table 1). The effects of clonidine were unaffected by yohimbine (Fig. 1G), arguing

against a mechanism by which clonidine works through  $\alpha_2$  receptors to decrease  $\text{Ca}_i^{2+}$ .

No  $\beta$  adrenergic effect on  $\text{Ca}_i^{2+}$  was observed in the present study. Beta blockers had no apparent effect on  $\text{Ca}_i^{2+}$  responses to NE, and the  $\beta$ -selective agonist ISO had no significant effects (Fig. 1C, D and E and Table 1). While these findings are consistent with preliminary reports from others [15, 16], Takemura has reported pronounced ISO effects on  $\text{Ca}_i^{2+}$  using quin 2 in parotid cells, which differed qualitatively from effects of  $\alpha$  adrenergic and muscarinic agonists [13]. Since the parotid is unusual in that cAMP rather than  $\text{Ca}^{2+}$  is the chief mediator of exocytosis [2, 19], a  $\beta$  adrenergic effect on  $\text{Ca}_i^{2+}$  would be interesting since  $\text{Ca}^{2+}$  might then be considered as a permissive or obligatory co-factor for secretion, as in most other systems. The ISO effect on  $\text{Ca}_i^{2+}$  which Takemura and Ohshika describe is unusual in that it is not mimicked by phosphodiesterase inhibitors, forskolin or dibutyryl cAMP [14]. If there is a cAMP-independent  $\beta$  adrenergic pathway in parotid cells which elevates  $\text{Ca}_i^{2+}$ , this pathway is lost in our cell preparation [although cAMP and amylase responses to ISO are retained (data not shown)]. Other possible explanations are that ISO stimulates release of other neurotransmitters from nerve terminals which may be retained in some dispersed cell preparations, or that ISO increases  $\text{Ca}_i^{2+}$  in a contaminating cell population, or that the apparent increase in  $\text{Ca}_i^{2+}$  is an artifact. In cells over-loaded with Fura 2 or quin 2, we have observed that NE frequently stimulates secretion of the indicator dye, which then fluoresces and artifactually appears as a pronounced increase in  $\text{Ca}_i^{2+}$ . This can be detected by quenching extracellular dye with  $\text{Mn}^{2+}$  which should be done routinely to screen for artifactual responses. Pretreatment with propranolol lessened this dye-secretion effect, but neither propranolol nor phenolamine reversed the increase in fluorescence once obtained. Surprisingly, in studies where  $\beta$  adrenergic increases in  $\text{Ca}_i^{2+}$  were reported in salivary gland cells, reversal of the ISO responses by  $\alpha$  and  $\beta$  blockers was not attempted [13, 14, 20]. A strength of the  $\text{Ca}_i^{2+}$ -indicator technique is that reversal of agonist effects by antagonists (or partial agonists) can be directly examined (Fig. 1). Since the role of  $\text{Ca}^{2+}$  in  $\beta$  adrenergic stimulation of exocytosis in parotid cells is conceptually important and controversial [2, 19], further characterization of the purported  $\beta$  effects on  $\text{Ca}^{2+}$  is necessary.

In summary, the present results show that the  $\alpha_1$  receptor was the major and probably the only adrenergic receptor mediating rapid increases in  $\text{Ca}_i^{2+}$  in our dispersed rat parotid acinar cell preparation. In particular, our results demonstrate that the weak effect of PE relative to NE [16] was due to low efficacy of PE rather than to additional  $\alpha_2$  or  $\beta$  effects of NE on  $\text{Ca}_i^{2+}$ . This seems to explain the results reported by others. As with muscarinic and substance P receptors in these cells, parotid  $\alpha_1$  receptors are coupled to phospholipase C [3, 11, 12] and activation of this pathway is sufficient to account for adrenergic effects on  $\text{Ca}^{2+}$  mobilization (the present study),  $\text{K}^+$  fluxes [8, 9] and parotid salivary fluid secretion.

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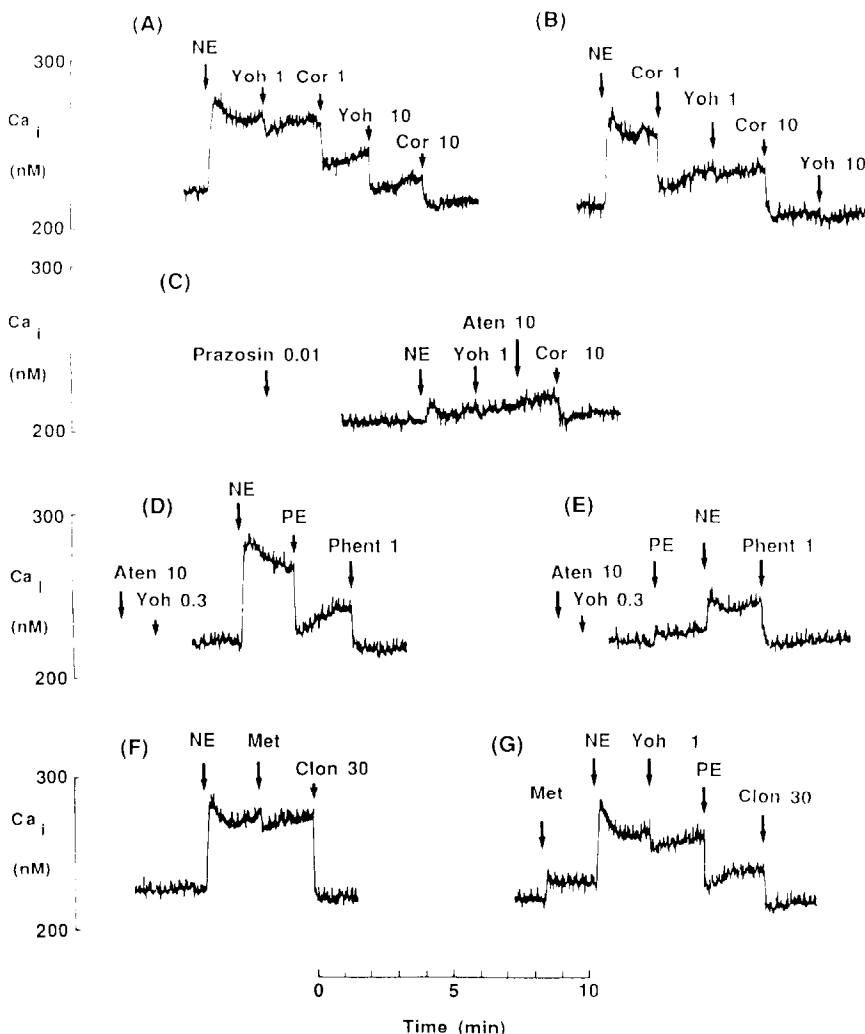


Fig. 1. Effects of adrenergic antagonists and agonists on NE-induced increases in  $\text{Ca}_i^{2+}$  in Fura 2-loaded rat parotid cells. These seven traces are from one preparation of cells and are typical of the results presented in Table 1. Numbers indicate concentration ( $\mu\text{M}$ ). In this preparation, NE ( $30 \mu\text{M}$  in all traces) increased  $\text{Ca}_i^{2+}$  by  $61 \pm 3 \text{ nM}$  in the absence of drugs. Concentrations of PE and Met (methoxamine) were 300 and  $30 \mu\text{M}$  respectively. Other abbreviations: yohimbine (Yoh), corynanthine (Cor), atenolol (Aten), phentolamine (Phent) and clonidine (Clon). See text for discussion of traces.

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## The cytotoxicity of menadione in hepatocytes isolated from streptozotocin-induced diabetic rats

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Alterations in the activity of both the cytochrome P-450 dependent mixed function oxidase (MFO\*) system [1, 2] and the enzymes of conjugation [3, 4] have been shown to occur in experimentally-induced diabetes. In male streptozotocin treated diabetic rats the glucuronic acid conjugation of several substrates is deficient and the activity of glutathione-S-transferase is decreased [4]. These alterations in detoxification pathways will alter the balance between the processes of activation and detoxification of xenobiotics in diabetic animals and may result in increased susceptibility to xenobiotic-induced cytotoxicity. To investigate this possibility the cytotoxicity of menadione (2-methyl-1,4-naphthoquinone) was assessed in hepatocytes isolated from streptozotocin-induced diabetic rats.

Quinones can undergo either one-electron reduction to yield semiquinone free radicals or two electron reduction directly to the more stable hydroquinone which is then readily conjugated and excreted from the cell. Many semiquinones are readily re-oxidised in aerobic conditions and can enter redox cycles with molecular oxygen forming deleterious reactive oxygen species, causing oxidation of reduced glutathione (GSH) and ultimately cell death [5, 6]. The toxicity of menadione in isolated hepatocytes is influenced by the activities of the competing one- and two-electron reduction pathways, the glucuronic acid and glutathione conjugation reactions and the enzymes which afford cellular protection from oxidative challenge (e.g. glutathione peroxidase, glutathione reductase, catalase and superoxide dismutase) and by intracellular GSH concentrations. The flavoprotein NAD(P)H: (quinone acceptor) oxidoreductase (also known as DT-diaphorase) catalyses the two-electron reduction of menadione directly to the hydroquinone, whereas NADPH-cytochrome c- and NADH-cytochrome  $b_5$ - reductases catalyse the one-electron reduction to the semiquinone radical [5].

\* Abbreviations: MFO, mixed function oxidase; GSH, reduced glutathione.

### Materials and methods

1. *Treatment of animals and assessment of the induced diabetes.* Male Sprague-Dawley rats (180–220 g) were used and were starved for 24 hr prior to receiving 60 mg/kg streptozotocin, intravenously, in acetate buffer, pH 4.5, on day 1. The animals were used for experiments on day 6 after treatment. The induced diabetes was assessed as described previously [3, 4]. On day 6 after treatment, streptozotocin-treated rats had blood glucose concentrations over 250 mg/100 ml compared with 80–100 mg/100 ml in control rats. Between 4 and 6 days after treatment diabetic rats excreted approximately 16 g glucose/24 hr in the urine.

2. *Preparation and incubation of hepatocytes.* Hepatocytes were prepared by collagenase perfusion as described previously [7] and viability was assessed by Trypan Blue exclusion. Control rat preparations were  $90 \pm 1\%$  ( $N = 12$ ) viable and diabetic rat preparations  $87 \pm 2\%$  ( $N = 14$ ). Incubations were carried out at  $10^6$  viable cells/ml in Krebs-Henseleit buffer, pH 7.4, containing 10 mM Hepes, in 50 ml round bottomed flasks at  $37^\circ$  under 95%  $\text{O}_2/5\%$   $\text{CO}_2$ . Cytotoxicity was evaluated by cell membrane damage (Trypan Blue exclusion) and depletion of GSH.

3. *Preparation of hepatic cytosol and microsomal fractions.* Rat livers were washed in ice-cold 0.01 M Tris buffer, pH 7.4, containing 1.15% (w/v) KCl, homogenised in 4 vol. of ice-cold 0.1 M Tris buffer, pH 7.4, containing 1.15% (w/v) KCl and 15% (v/v) glycerol and centrifuged at 15,000 g for 20 min at  $0-4^\circ$ . The supernatant was centrifuged again at 105,000 g for 50 min at  $0-4^\circ$  to separate the cytosolic (supernatant) and microsomal fractions. The cytosol was stored in 1 ml aliquots at  $-80^\circ$  until required. The microsomal pellet was washed with homogenising buffer, recentrifuged at 105,000 g for 30 min at  $0-4^\circ$  and finally resuspended at 1 ml/g liver in 0.1 M Tris buffer, pH 7.4. Aliquots (0.5 ml) of the microsomal fraction were stored at  $-80^\circ$  until required.