

# Regulation of oxidative phosphorylation in intact mammalian heart in vivo

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## Abstract

A dynamic computer model of oxidative phosphorylation in intact heart was developed by modifying the model of oxidative phosphorylation in intact skeletal muscle published previously. Next, this model was used for theoretical studies on the regulation of oxidative phosphorylation in intact heart in vivo during transition between different work intensities. It is shown that neither a direct activation of ATP usage alone nor a direct activation of both ATP usage and substrate dehydrogenation, including the calcium-activated tricarboxylate acid cycle dehydrogenases, can account for the constancy of [ADP], [PCr], [P<sub>i</sub>] and [NADH] during a significant increase in oxygen consumption and ATP turnover encountered in intact heart in vivo. Only a direct activation of all oxidative phosphorylation complexes in parallel with a stimulation of ATP usage and substrate dehydrogenation enabled to reproduce the experimental data concerning the constancy of metabolite concentrations. The molecular background of the differences between heart and skeletal muscle in the kinetic behaviour of the oxidative phosphorylation system is also discussed.

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## 1. Introduction

The blood pumping by the heart constitutes a form of mechanical work and is driven by cyclic contraction of cardiac myocytes. The energy for this contraction comes from the hydrolysis of ATP to ADP and inorganic phosphate (P<sub>i</sub>). ATP is utilized by actomyosin-ATPase, sarcoplasmic reticulum Ca<sup>2+</sup>-ATPase, sarcolemmal Na<sup>+</sup>/K<sup>+</sup>-ATPase and by basic processes keeping the cell alive. Essentially the only source of ATP in heart is oxidative phosphorylation in mitochondria because no changes in [PCr] take place in intact heart in vivo [1,2]. The rate of respiration and ATP turnover in heart can increase several times during transition from a low beating frequency to a high beating frequency (workload).

Therefore, the rate of ATP production by oxidative phosphorylation must be adjusted to the current energy demand in order to match exactly the rate of ATP consumption.

Three main mechanisms of adjusting the rate of ATP supply by oxidative phosphorylation have been proposed in the literature. Due to the first mechanism, which can be called the output-activation mechanism, only the ATP usage block (output of the system) is directly activated by calcium ions (Ca<sup>2+</sup>) during elevated muscle work, while oxidative phosphorylation is activated only indirectly, through the negative feedback involving an increase in [ADP] (and [P<sub>i</sub>]) [3,4]. The input/output activation mechanism involves the direct activation of substrate dehydrogenation (input of the system), especially the “key” TCA cycle dehydrogenases: pyruvate dehydrogenase, isocitrate dehydrogenase and 2-oxoglutarate dehydrogenase by Ca<sup>2+</sup> in parallel with the activation of ATP usage [5,6]. Finally, due to the each-step-activation mechanism or parallel-activation mechanisms some cytosolic factor (e.g. Ca<sup>2+</sup>) activates directly all oxidative phosphorylation enzymes, substrate dehydrogenation and ATP usage [8–10].

*Abbreviations:* MCA, Metabolic Control Analysis; VO<sub>2</sub>, respiration rate; PCr, phosphocreatine; Cr, creatine.

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The parallel-activation mechanism is able to account for several properties of the oxidative phosphorylation in intact skeletal muscle, including the stability of [ADP],  $[P_i]$ , PCr/Cr, NADH/NAD<sup>+</sup> and  $\Delta p$  during rest-to-work transition, the much steeper phenomenological  $VO_2/[ADP]$  relationship in intact skeletal muscle than in isolated muscle mitochondria, the 2 to 4 times greater maximum oxygen consumption in intact skeletal muscle than in isolated mitochondria, skinned fibres or muscle homogenate [11,12] when scaled for the amount of mitochondrial proteins, the increase in the relative slope of the  $VO_2/[ADP]$  relationship as a result of muscle training [13], the greater  $VO_2$  at a given [ADP] and amount of mitochondrial protein in trained muscle than in untrained muscle and in untrained muscle than in hypothyroid muscle [14], the asymmetry of the half-transition time  $t_{1/2}$  for [PCr] between the on-transient (rest-to-work transition) and off-transient (work-to-rest transition) [14], the PCr recovery overshoot [14] and the variability of the kinetic properties of oxidative phosphorylation in different muscles and various experimental conditions [14]. Therefore, the idea of the each-step activation in intact skeletal muscle seems to be well founded.

The kinetic properties of the bioenergetic system in heart muscle, which is never at rest under physiological conditions, seem to differ in some important respects from the kinetic properties of this system in skeletal muscle. The mitochondria volume in heart is several times greater than in skeletal muscle. Even more important, a very stable homeostasis of intermediate metabolite concentrations can be observed in intact heart in vivo at different work intensities—[ADP], [PCr] and  $[P_i]$  do not change at all [1,2], while changes in mitochondrial [NADH] are very small [15]. On the other hand, the changes of these metabolite concentrations between rest and work in skeletal muscle, although relatively small, are quite significant. There exist some additional minor differences—for example the total creatine pool (PCr+Cr) seems to be smaller in heart than in skeletal muscle. For all these reasons, the conclusions concerning the regulation of oxidative phosphorylation in skeletal muscle may be not fully applicable to intact heart.

The purpose of the present article is to develop a computer dynamic model of oxidative phosphorylation in intact heart in vivo by modifying the previously published model of oxidative phosphorylation in intact skeletal muscle [7,11], and then to use this model for theoretical studies on the regulation of oxidative phosphorylation in intact heart in vivo. Our computer simulations decidedly support the each-step-activation mechanism, showing that probably all oxidative phosphorylation complexes must be directly activated by some factor (e.g.  $Ca^{2+}$ ) in parallel with the direct activation of ATP usage and substrate dehydrogenation during transition from low work to high work in intact heart. At the same time, we explain the molecular background of the differences between the kinetic properties of oxidative phosphorylation in skeletal muscle and in heart.

## 2. Theoretical procedures

### 2.1. Model of oxidative phosphorylation in intact heart

A model of oxidative phosphorylation in intact heart was developed by modifying the previously published model of oxidative phosphorylation in intact skeletal muscle [7,11]. The latter model takes into account explicitly the following enzymes/processes/metabolic blocks: substrate dehydrogenation, complex I, complex III, complex IV (cytochrome *c* oxidase), proton leak, ATP synthase, ATP/ADP carrier, phosphate carrier, adenylate kinase, creatine kinase and ATP usage system. The general scheme of the oxidative phosphorylation system is presented in Fig. 1. The time variations of the metabolite concentrations that constitute independent variables (NADH, ubiquinol, reduced form of cytochrome *c*,  $O_2$ , internal protons, internal ATP, internal  $P_i$ , external ATP, external ADP, external  $P_i$ , external protons, PCr) are expressed in the form of a set of ordinary differential equations. The set of differential equations is integrated numerically using the Gear procedure. The simulation program is written in FORTRAN.

In the present study the model of oxidative phosphorylation in skeletal muscle was modified in order to take into account the specific properties of the bioenergetic system in intact heart muscle. First of all, the relative mitochondria volume (percent of the entire cell volume) was increased from 6.7% to 23%, according to the higher mitochondria content in heart [16]. Consequently, the rate constants for each enzyme/process/block of reactions (substrate dehydrogenation, complex I, complex III, complex IV, proton leak, ATP synthase, ATP/ADP carrier, phosphate carrier) were increased 3.43 (23%/6.7%) times, because the rate constants contain implicitly enzyme concentrations. Secondly, the total creatine pool  $[PCr] + [Cr]$  was decreased to 25 mM [17–20] and the total phosphate pool  $3[ATP]_e + 2[ADP]_e + [AMP]_e + [PCr]_e + [P_i]_e + (3[ATP]_i + 2[ADP]_i + [P_i]_i)/R_{cm}$  was decreased to 45.6 mM in order to obtain  $[P_i]_e$  equal to about 2.5 mM at low heart work. Here, subscript ‘e’ means ‘cytosolic’, subscript ‘i’ means ‘mitochondrial’ and  $R_{cm} = 77\%/23\% = 3.35$  is the ratio of cytosol volume to mitochondria volume. This caused that in heart the  $[P_i]_e$  was significantly smaller at a given  $[ADP]_e$  than in skeletal muscle, what affected the phenomenological  $VO_2 - [ADP]$  relationship (see Discussion). Lastly, the rate constant of ATP usage at the lowest heart work was assumed to be 17.8 ( $3.43 \cdot 5.2$ ) times greater than the rate constant of ATP usage in resting skeletal muscle. 3.43 is the scaling factor for the increased mitochondria volume (oxidative phosphorylation activity) as discussed above, while 5.2 was adjusted in order to obtain experimental values of [ADP],  $[P_i]$  and PCr/Cr. The concentrations of intermediate metabolites (ADP, ATP, PCr,  $P_i$ , NADH) seem to be essentially constant in intact heart in vivo at different workloads/beating frequencies [1,2,15]. In agreement with the experimental studies [1,2,15,18–27], our model predicts the following metabolite

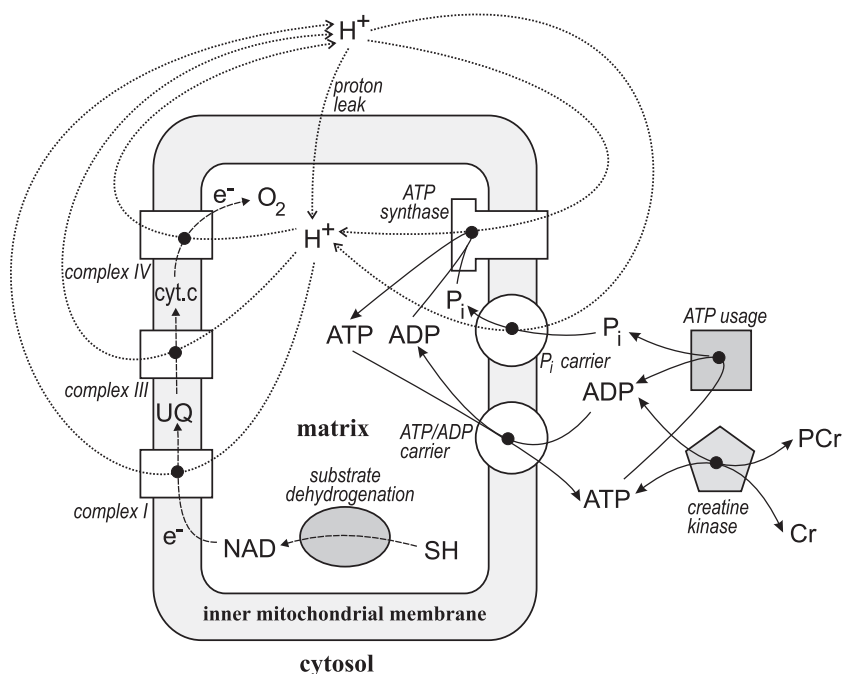


Fig. 1. General scheme of the oxidative phosphorylation system. The enzymes/processes/metabolic blocks taken into account explicitly within the computer model of the oxidative phosphorylation system are depicted. SH, respiratory substrate; UQ, ubiquinone; cyt.c, cytochrome *c*.

concentrations for the lowest work intensity: free  $[ADP]_e = 31.7 \mu\text{M}$ ,  $ATP/ADP = 210$  ( $[ATP]_e = 6.67 \text{ mM}$ ),  $[PCr]_e = 12.2 \text{ mM}$  ( $PCr/Cr = 0.95$ ),  $PCr/ATP = 1.83$ ,  $NADH/NAD^+ = 0.38$ . These changes as compared to skeletal muscle model were necessary because heart is never in the resting state under physiological conditions, and because  $VO_2$  (scaled per mitochondria volume or per mg of mitochondrial protein) and  $[ADP]_e$  at low work in heart are higher, while the  $PCr/Cr$  ratio is lower than in resting skeletal muscle.  $PCr/Cr$  is equal to about 1 in heart and about 3–4 in resting skeletal muscle.

Using the parameter values accepted in our model (increase in the respiration rate in relation to resting skeletal muscle due to the greater mitochondria volume, the lower  $PCr/Cr$  ratio (higher  $[ADP]$ ) and the lower  $[P_i]$  at a given  $[ADP]$  in heart) we obtain the value of the respiration rate at the lowest heart work equal to  $2.55 \text{ mM/min}$ , which is close to the minimal value of this parameter measured in dog heart. In our theoretical studies we generate  $VO_2$  values from  $2.55 \text{ mM/min}$  (low work intensity) to  $11.2 \text{ mM/min}$  (high work intensity).

A broad range of  $VO_2$  between about  $1 \text{ mM/min}$  and  $\gg 20 \text{ mM/min}$  is encountered in experimental studies at different work intensities in mammalian heart [1,18,21–25]. The values depend on experimental conditions and on the manner of heart stimulation. The  $VO_2$  in heart depends also very significantly on the animal size—it is much greater in smaller animals than in larger animals. For rat the typical range is about  $8\text{--}20 \text{ mM/min}$  [18,21,22,26], for rabbit it is  $4.6\text{--}6.6 \text{ mM/min}$  [15] and for dog it is about  $2\text{--}10 \text{ mM/min}$  [1,25]. The model used in the present article generates the range of

$VO_2$  (determined by an appropriate range of ATP usage; see below) encountered in dog heart. The previously published model of oxidative phosphorylation in skeletal muscle [11], that constitutes the basis for the development of the model for heart, concerns medium-size mammals (dogs, humans and so on). This fact is beneficial for our purposes, since the best experimental data concerning metabolite concentrations and oxygen consumption in intact heart in vivo have been published for dog heart [1,2,25].

## 2.2. Computer simulations

The low-work steady-state in heart described above constituted the starting point for simulations concerning high-work steady-states. In these simulations the low-work energy demand (rate constant of ATP usage) was increased  $n$  times, where  $n$  was between 1 and 5 (highest work intensity analysed in the present study); in subsequent simulations  $n$  was equal to 1, 1.5, 2, 2.5, 3, 3.5, 4, 4.25, 4.5, 4.75 and 5. In different tested mechanisms of the regulation of oxidative phosphorylation a variable set of complexes in the ATP-producing block was directly activated by  $n$  or  $n^2$  times. Generally, the  $n$ -fold activation of a given step meant that the new rate constant(s) of this step  $k'$  was (were)  $n$  times greater than the old rate constant(s)  $k$ :

$$k' = n \cdot k \quad (1)$$

For instance, in the kinetic expressions for ATP usage:

$$v_{UT} = k_{UT} \frac{1}{1 + \frac{K_{mA}}{ATP_{te}}} \quad (2)$$

for substrate dehydrogenation:

$$v_{\text{DH}} = k_{\text{DH}} \frac{1}{\left(1 + \frac{K_{\text{mN}}}{\text{NAD}^+/\text{NADH}}\right)^{p_D}} \quad (3)$$

and for cytochrome oxidase:

$$v_{\text{C4}} = k_{\text{C4}} a^{2+} c^{2+} \frac{1}{1 + \frac{K_{\text{mO}}}{\text{O}_2}}$$

the rate constants  $k_{\text{UT}}$ ,  $k_{\text{DH}}$  and  $k_{\text{C4}}$ , respectively, were multiplied by  $n$ . It is worth to mention that the concentration of the reduced form of cytochrome  $a_3$  [ $a^{2+}$ ] appearing in the kinetic equation for cytochrome oxidase depends on the protonmotive force (see Appendix A), and thus the kinetics of cytochrome oxidase directly depends on this potential as well.

The complete description of the model of oxidative phosphorylation in intact heart is given in Appendix A and located on the web site <http://awe.mol.uj.edu.pl/~benio>.

### 3. Theoretical results

In case of the output-activation mechanism, no direct activation of any component of the ATP-producing block accompanied the direct stimulation of ATP usage. The relationship between  $\text{VO}_2$  and selected metabolite concentrations ( $[\text{ADP}]_e$ ,  $[\text{PCr}]_e$ ,  $[\text{P}_i]_e$ , and mitochondrial  $\text{NADH}/\text{NAD}^+$ ) simulated for the output-activation mechanism is presented in Fig. 2. It is clear that the increase in work intensity (the rate constant  $k_{\text{UT}}$  was increased) is accompanied by huge relative changes in metabolite concentrations. Furthermore, it should be noted that the elevation of  $\text{VO}_2$  is self-limited in this case—the increase in  $k_{\text{UT}}$  causes a decrease in  $[\text{ATP}]$  to a very low level and this inhibits ATP

usage (compare Eq. (2)), while in the case of the each-step-activation mechanism (see below) a potentially unlimited increase in  $\text{VO}_2$  may take place.

A quite similar kinetic behaviour of the system, presented in Fig. 3, takes place in the case of the input/output activation mechanism where substrate dehydrogenation was activated (the rate constant  $k_{\text{DH}}$  was increased) to the same extent as ATP usage. Here, the  $\text{NADH}/\text{NAD}^+$  ratio tends rather to increase than decrease (because NADH production is activated more than NADH consumption), but the concentrations of the remaining metabolites change to a large extent.

In order to check if a large direct activation of substrate dehydrogenation (much greater than the activation of ATP usage) is able to improve significantly the stability of metabolite concentrations (Fig. 4) substrate dehydrogenation was activated  $n^2$  times in parallel with an  $n$ -fold activation of ATP usage. One can see that the changes in  $[\text{ADP}]$ ,  $[\text{PCr}]$  and  $[\text{P}_i]$  are still huge. Additionally, in this case the  $\text{NADH}/\text{NAD}^+$  ratio increases very significantly, from 0.38 at low work intensity to 3.5 at high work intensity (because NADH production is activated much more than NADH consumption).

As it was discussed before, essentially no changes in  $[\text{ADP}]$ ,  $[\text{PCr}]$ ,  $[\text{P}_i]$  and  $\text{NADH}/\text{NAD}^+$  take place during transition between different workloads in the intact heart in vivo. Theoretical results shown in Figs. 2–4 clearly indicate that both the output-activation mechanism and the input/output activation mechanism can not account for those experimental findings.

Fig. 5 presents the simulated relationship between  $\text{VO}_2$  and  $[\text{ADP}]$ ,  $[\text{PCr}]$ ,  $[\text{P}_i]$  and  $\text{NADH}/\text{NAD}^+$  in the case of the each-step-activation mechanism. The rate constants of substrate dehydrogenation and all steps of oxidative phosphorylation (but proton leak) were increased to the

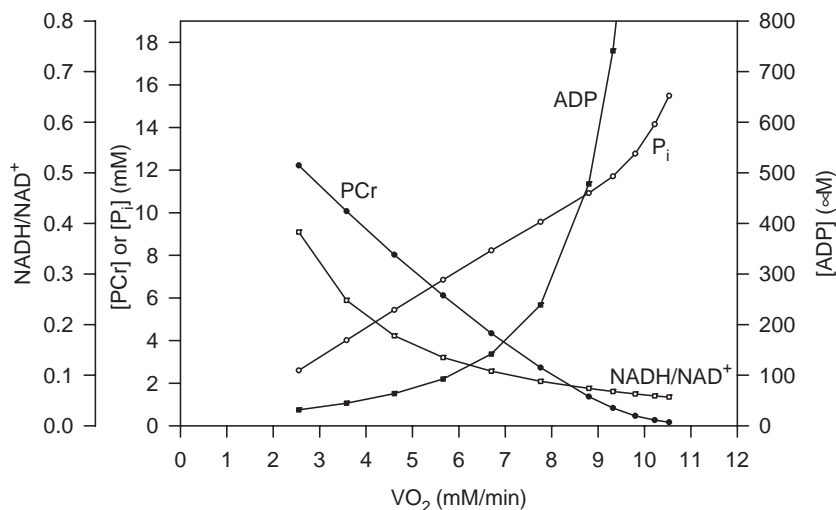


Fig. 2. Simulated relationship between  $\text{VO}_2$  and cytosolic  $[\text{ADP}]$ ,  $[\text{PCr}]$ ,  $[\text{P}_i]$  and  $\text{NADH}/\text{NAD}^+$  for the output-activation mechanism. Only ATP usage was directly activated during transition from low work intensity to higher work intensities. Oxidative phosphorylation was activated indirectly by an increase in  $[\text{ADP}]$ .

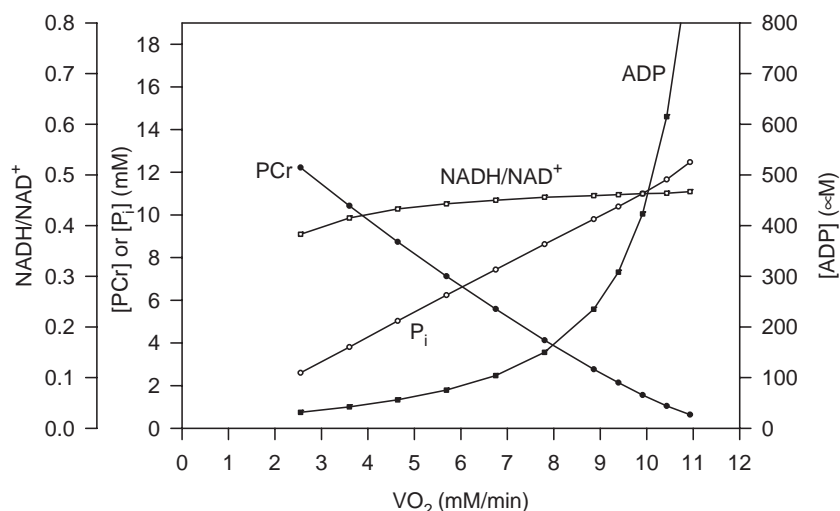


Fig. 3. Simulated relationship between  $VO_2$  and cytosolic  $[ADP]$ ,  $[PCr]$ ,  $[P_i]$  and  $NADH/NAD^+$  for the input/output-activation mechanism with moderate activation of substrate dehydrogenation. Only ATP usage and substrate dehydrogenation were directly activated by factor  $n$  during transition from low work intensity to higher work intensities. Oxidative phosphorylation was activated indirectly by an increase in  $[ADP]$  and  $[NADH]$ .

same extent ( $n$  times) when the rate constant of ATP usage was multiplied by  $n$ . The proton leak was not activated because this would be equivalent to an elevated heat production and net energy waste. One can easily see that this each-step-activation mechanism gives an almost perfect stability of metabolite concentrations at different work intensities—the curves representing particular metabolite concentrations are almost horizontal. The small changes in metabolite concentrations are due to the fact that proton leak was not directly stimulated in these simulations. The kinetic behaviour of the system predicted by the each-step-activation mechanism agrees very well with the results of experimental studies obtained in intact heart *in vivo*.

Taken together, the computer simulations presented so far strongly suggest that the oxidative phosphorylation

system in mitochondria as a whole must be directly activated in order to avoid significant changes in metabolite concentrations during transitions between different work intensities. However, the question remains whether all oxidative phosphorylation complexes have to be directly stimulated or it is enough to activate only some of them. In order to answer this question, a series of simulation sets were performed where all oxidative phosphorylation complexes but one, different in each set, were directly stimulated to the same extent as in the set of simulations presented in Fig. 5. The theoretical results concerning the set of simulations where all oxidative phosphorylation complexes but the ATP/ADP carrier were directly activated is presented in Fig. 6. One can see that switching off the direct activation of only this one complex causes significant changes in

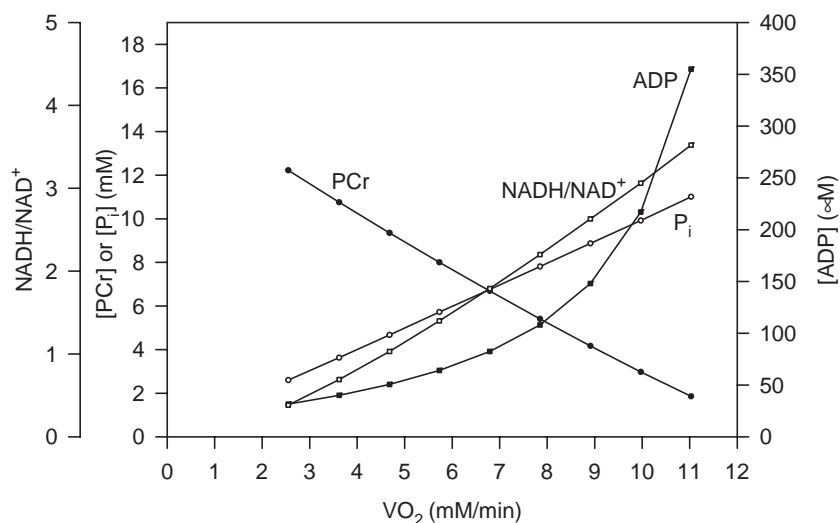


Fig. 4. Simulated relationship between  $VO_2$  and cytosolic  $[ADP]$ ,  $[PCr]$ ,  $[P_i]$  and  $NADH/NAD^+$  for the input/output-activation mechanism with strong activation of substrate dehydrogenation. Only ATP usage and substrate dehydrogenation were directly activated (by factor  $n$  and  $n^2$ , respectively) during transition from low work intensity to higher work intensities. Oxidative phosphorylation was activated indirectly by an increase in  $[ADP]$  and  $[NADH]$ .

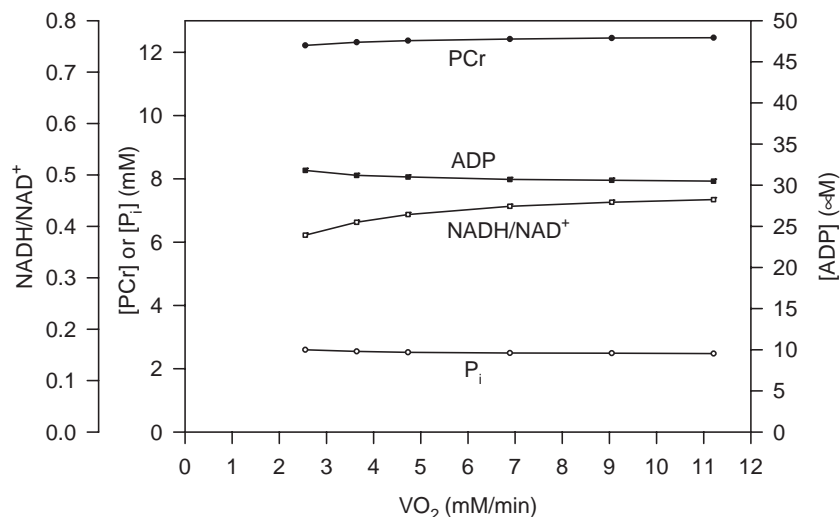


Fig. 5. Simulated relationship between  $\text{VO}_2$  and cytosolic [ADP], [PCr],  $[\text{P}_i]$  and  $\text{NADH}/\text{NAD}^+$  for the each-step-activation mechanism. ATP usage, substrate dehydrogenation and all steps of oxidative phosphorylation were directly activated to the same extent during transition from low work intensity to higher work intensities.

metabolite concentrations, although not so great as those seen in Figs. 2–4. Additionally, the lack of direct activation of the ATP/ADP carrier could not be compensated by an increased direct activation of other oxidative phosphorylation steps [theoretical results not shown]—ADP concentration was equal to at least 60  $\mu\text{M}$  at high work intensity and the  $\text{NADH}/\text{NAD}^+$  ratio increased dramatically when substrate dehydrogenation and other oxidative phosphorylation complexes were activated to a high extent.

We examined the effect of switching off activation of only one step for all other steps: complex I, complex III, complex IV, ATP synthase and phosphate carrier. All simulations failed to reproduce the constant metabolite concentrations over the analysed range of  $\text{VO}_2$ —it was not possible to avoid significant changes in both  $\text{NADH}/\text{NAD}^+$

$\text{NAD}^+$  and ADP. The effect of a switching off the direct activation of two or more complexes was much stronger than additive.

Generally, the above simulations deliver a strong evidence that at least most oxidative phosphorylation complexes, and probably all of them are directly activated during transition from low work intensity to high work intensity in intact heart *in vivo*.

#### 4. Discussion

The present theoretical study demonstrates that neither direct activation of only ATP usage (output-activation mechanism) nor direct activation of both ATP usage and

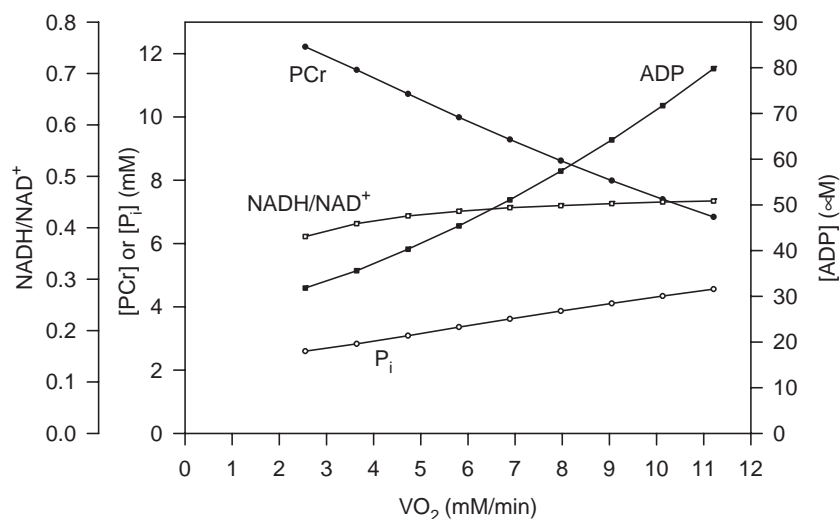


Fig. 6. Simulated relationship between  $\text{VO}_2$  and cytosolic [ADP], [PCr],  $[\text{P}_i]$  and  $\text{NADH}/\text{NAD}^+$  for the each-but-one-step-activation mechanism. ATP usage, substrate dehydrogenation and all steps of oxidative phosphorylation but ATP/ADP carrier were directly activated by the same factor during transition from low work intensity to higher work intensities.

substrate dehydrogenation (e.g. TCA cycle dehydrogenases and/or glycogen phosphatase) is able to reproduce the experimental finding of almost constant [ADP], [PCr], [ $P_i$ ] and NADH/NAD<sup>+</sup> during transition between different work intensities in intact heart in vivo [1,2,15]. Only a direct activation by some intracellular factor/mechanism of probably all oxidative phosphorylation complexes and substrate dehydrogenation in parallel with the activation of ATP usage can account for the behaviour of the system in vivo.

In the present theoretical study a slightly modified version of the oxidative phosphorylation model [7,11] was used for intact heart. The theoretical predictions obtained in this study should be reliable, since this computer model has been tested for a broad set of different properties of the oxidative phosphorylation system [7,9–11,14,28]. The verification of the model concerns oxidative phosphorylation in isolated mitochondria, isolated hepatocytes and intact skeletal muscle. The correctly predicted system properties comprise, among others: (1) the values of fluxes (oxygen consumption, ATP turnover) and concentrations of metabolites (ADP, ATP,  $P_i$ , PCr, Cr, NADH/NAD<sup>+</sup> ratio, reduction level of cytochrome *c*, reduction level of cytochrome *a*<sub>3</sub>,  $\Delta p$ —protonmotive force, O<sub>2</sub>) in different steady-states imposed by various energy demands and oxygen concentrations; (2) changes over time of fluxes and metabolite concentrations during transitions between different steady-states (rest-to-work transition, aerobiosis-to-anaerobiosis transition); (3) the values of the flux control coefficients (defined within Metabolic Control Analysis (MCA) [29,30]) quantifying the control of particular enzymes/processes/metabolic blocks over the oxygen consumption flux in different steady-states (see below); (4) the dependence of the respiration rate on the activities/concentrations of different enzymes, obtained by titrating particular oxidative phosphorylation complexes with specific inhibitors. The last two properties are particularly important in the context of the present theoretical study because they are related to the kinetic properties of particular oxidative phosphorylation enzymes.

The need for a direct activation of all oxidative phosphorylation steps is also a direct consequence of the theoretical and experimental development of MCA [29–33]. In MCA, the flux control coefficient is defined as the ratio of a relative change in the overall flux through the system to a small relative change in enzyme activity/concentration, which is imposed on the system. The flux control coefficients of all enzymes in a given system sum up to unity. Experimental studies interpreted within the frame of MCA has demonstrated that the control over the oxygen consumption flux is more or less evenly distributed among different oxidative phosphorylation complexes. In particular, the flux control coefficient of the substrate dehydrogenation system over the oxygen consumption flux is quite small and equals about 0.1 in state 3 in isolated mitochondria respiring on pyruvate [31]. This implies that oxidative

phosphorylation system cannot be activated significantly by activating only e.g. TCA cycle dehydrogenases causing an increase in the NADH/NAD<sup>+</sup> ratio. Furthermore, it should be noted that NADH/NAD<sup>+</sup> ratio changes little between steady-states with different work intensities in intact heart [15]. Therefore, the input/output activation mechanism cannot account for the discussed kinetic behaviour of the system. All oxidative phosphorylation complexes must be directly activated by some factor in order to allow a significant increase in this flux and at the same time to avoid changes in intermediate metabolite concentrations. In heart mitochondria, the metabolic control seems to be slightly differently distributed among particular enzymes than in skeletal muscle [32], but the values of flux control coefficients for particular complexes are also slightly different in different experimental studies concerning skeletal muscle mitochondria [31,32]. However, the most important property remains unchanged: flux control coefficients of all oxidative phosphorylation enzymes are of the same order of magnitude, at least in the isolated mitochondria system at saturating oxygen concentrations. The discussed property is also observed in saponine-skinned skeletal muscle fibres [34].

An idea similar to the each-step-activation mechanism, called ‘multisite modulation’, was proposed in a more general and abstract way by Fell and Thomas [35]. Kacser and Acerenza [36] proposed the ‘Universal Method’ for an increase in metabolic fluxes by biotechnological manipulation saying that when the control over the flux is distributed among all enzymes in a given system, the concentration/activity of all enzymes must be elevated in order to cause a large increase in the flux and low changes in intermediate metabolite concentrations.

Some other theoretical studies suggest different mechanisms underlying the regulation of oxidative phosphorylation in heart. Saks and co-workers [37,38] proposed that the constancy in [ADP] can be explained by the compartmentalized energy transfer. The authors assumed that the ATP consumption is very low in a slowly beating heart and therefore [ $P_i$ ] is very low (a few  $\mu$ M), while [ $P_i$ ] increases dramatically by 2–3 orders of magnitude during activation of heart work. This assumption stands in conflict with experimental studies where essentially no changes in [ $P_i$ ] are reported in intact heart in vivo [1], and [ $P_i$ ] is around 2–3 mM [18–20,22–24,26]. The authors incorporated the model of oxidative phosphorylation in mitochondria developed by Korzeniewski and co-authors to their model, but they assumed a relatively very low ATP usage (close to state 4 in isolated mitochondria), and then scaled it arbitrarily in order to cover the range of ATP usage in heart. As a result, their model works in fact in the range of the respiration and ATP usage shifted much to the left in Fig. 7A (see below) in relation to our model—in this range [ $P_i$ ] is very low and just it, and not [ADP], is limiting for the respiration rate (this enables to generate large relative changes in VO<sub>2</sub> accompanied by only small relative changes in [ADP]—compare

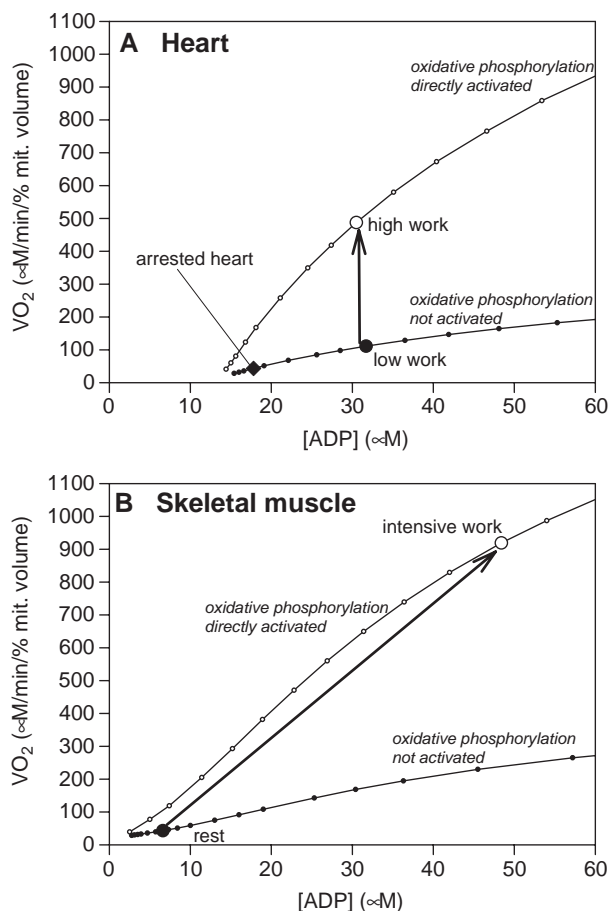


Fig. 7. Comparison of the regulation of oxidative phosphorylation in heart and in skeletal muscle. Respiration rate was scaled for relative mitochondria volume (% of the cell volume) in order to enable a direct comparison of these tissues. Phenomenological  $\text{VO}_2$ –[ADP] relationships (involving implicitly  $\text{VO}_2$ – $[\text{P}_i]$  relationships) were simulated by changing the rate constant of ATP usage for not activated and for directly activated oxidative phosphorylation in heart and skeletal muscle. (A) In heart the low-work  $\text{VO}_2$  and [ADP] are moderate, while during transition from low work to intensive work moderate relative increase in  $\text{VO}_2$  is accompanied by no change in [ADP]. (B) In skeletal muscle the resting  $\text{VO}_2$  and [ADP] are low, while during transition from rest to intensive work high relative increase in  $\text{VO}_2$  is accompanied by moderate relative increase in [ADP]. Low and high work in heart correspond to the left and right points in Fig. 4 ( $\text{VO}_2$  equal to 2.55 and 11.5 mM/min, respectively). Intensive work in skeletal muscle corresponds approximately to the maximal  $\text{VO}_2$  during whole-body exercise (e.g. cycling). Details are given in the text.

Fig. 7A and the related discussion). Decrease in the  $\text{NADH}/\text{NAD}^+$  ratio that must occur during low work→high work transition within the model developed by Saks and co-workers is also in contradiction with experimental results [15].

In isolated cardiac myocytes, NADH either increased or decreased during increased stimulation frequency, depending on the experimental system. Cortassa and co-workers [39] found a large increase in the  $\text{NADH}/\text{NAD}^+$  ratio during an increase in work intensity in isolated cardiac myocytes and suggested the involvement of TCA cycle dehydrogenases activated by  $\text{Ca}^{2+}$  using their integrated model of oxidative phosphorylation and TCA cycle. However, these

experimental findings cannot be extended to the intact heart *in vivo*, where the  $\text{NADH}/\text{NAD}^+$  ratio remains almost constant during an increase in work intensity. It should also be noted that the isolated cardiac myocyte system is not physiological in several respects. For instance, humoral factors may be lacking in the perfusion medium and the electrical stimulation frequency is usually much lower than the beating frequency in intact heart.

Nevertheless, the model developed by Cortassa and co-workers [39] has potential advantages in relation to our model. It calculates explicitly the electrical potential through the inner mitochondrial membrane from the ion movement, and not from changes in  $\Delta\text{pH}$ , as our model does. It involves explicitly particular components of the TCA cycle, while our model treats the whole substrate dehydrogenation system (TCA cycle, glycolysis, fatty acid  $\beta$ -oxidation and so on) as a black-box system described by a single kinetic equation. The advantage of our model (at least of its oxidative phosphorylation part) is that it is much better tested by comparison with various experimental data. The detailed description of the substrate dehydrogenation system is not so important, as long as one is not interested what happens within this system, because the metabolic control of substrate dehydrogenation over the oxygen consumption flux is low ([31], see discussion above). In our opinion, these models may be combined in order to produce a model that inherits the benefits of both models.

As to the model developed by the Saks' group [38,40–42], its advantage is to take into account the internal compartmentalization of the cardiac myocyte. In our opinion, the diffusion gradients and the displacement of creatine kinase from thermodynamic equilibrium is to some extent overestimated in this model, because it is mostly based on experimental data coming from the skinned fibre system, where unphysiological diffusion gradients may be present due to the existence of an unstirred layer (a skinned fiber is quite a large piece of tissue), especially when creatine is absent from the system. These gradients may be much reduced in intact heart due to blood circulation and creatine shuttle, and therefore neglecting these gradients may be quite a good (although certainly not perfect) approximation. However, this model emphasizes the role of Cr diffusion in overcoming the intracellular barriers for ADP diffusion and therefore it should be considered as complementary to our model, adding some important aspect of the kinetic properties of the cardiac myocyte bioenergetics.

Summing up, although we think that our model is best suited for the kind of theoretical studies carried out in the present article, other models can be useful for better understanding of other aspects of the considered system, not covered by our model.

It has been postulated that parallel activation of oxidative phosphorylation complexes is able to explain the variety in the kinetic properties of oxidative phosphorylation in different skeletal muscles and various experimental con-

ditions—parallel activation seems to be more intensive in oxidative muscle, neurally stimulated muscle and muscle *in vivo* than in glycolytic muscle, electrically stimulated muscle and perfused muscle [14]. The same explanation seems to apply to heart muscle—the larger changes in [ADP], [PCr],  $[P_i]$  and  $\text{NADH/NAD}^+$  in perfused heart [18,26] and in isolated cardiac myocytes [43] than in intact heart *in vivo* may be explained by a disturbed parallel activation in the former.

Our model contains a simplified, phenomenological description of the NADH production system (TCA cycle, glycolysis, fatty acid  $\beta$ -oxidation and so on). Therefore, it does not involve explicitly the details of e.g. TCA cycle dehydrogenase activation by  $\text{Ca}^{2+}$ . Nevertheless, it is able to show that in principle the activation of different elements of the system may keep the  $\text{NADH/NAD}^+$  ratio nearly constant.

The physical nature of the cytosolic factor directly activating oxidative phosphorylation complexes seems to have much to do with  $\text{Ca}^{2+}$ . The parallel activation of  $\Delta p$  production and  $\Delta p$  consumption was directly demonstrated during stimulation of respiration by vasopressin (a hormone acting via  $\text{Ca}^{2+}$ ) in hepatocytes [44]. It has also been demonstrated that  $\text{Ca}^{2+}$  activates both  $\Delta p$  production and  $\Delta p$  consumption in isolated heart mitochondria [45] and skeletal muscle mitochondria [46]. Some experimental studies suggest that at least ATP synthase is directly activated by  $\text{Ca}^{2+}$  in heart [47,48]. A large variety of cell functions, such as excitation and contraction coupling in the muscles, are mediated by an increase in the cellular  $\text{Ca}^{2+}$ . It has been postulated that  $\text{Ca}^{2+}$  oscillations generated by cells in response to external stimuli (hormones and neural signals) can be integrated over time by some protein that causes e.g. phosphorylation and thus activation of oxidative phosphorylation complexes [9,10]. It must be stressed that while  $\text{Ca}^{2+}$  entry into mitochondria is necessary for the activation of TCA cycle dehydrogenases, the membrane oxidative phosphorylation complexes may be equally well activated by cytosolic  $\text{Ca}^{2+}$ .

Other factors may also contribute to the activation of oxidative phosphorylation during transition from low work to high work. For instance, a decrease in the NO (nitric oxide) concentration, a competitive inhibitor of cytochrome oxidase, would unblock this enzyme and thus activate the flux through the system [49,50]. It has been also postulated that mitochondrial ATP inhibits cytochrome oxidase at high ATP/ADP ratios, and that this inhibition is turned off by  $\text{Ca}^{2+}$  [51].

Our computer simulations have been very recently validated by Sharma and co-workers [52] who observed that a dobutamine-induced stimulation of heart work causing a 3-fold increase in the respiration rate was associated with essentially no changes in the ATP/ADP ratio,  $\text{NADH/NAD}^+$  ratio and acetyl-CoA/CoA ratio, suggesting that several parts of the system were directly activated during elevated heart work.

The present study offers a simple explanation of the differences between the kinetic behaviour of oxidative phosphorylation in skeletal muscle and in heart. The differences are presented schematically in Fig. 7. The respiration rate in Fig. 7 was scaled for the relative mitochondria volume by expressing as percent of the cytosol volume in order to enable a direct comparison between heart (Fig. 7A) and skeletal muscle (Fig. 7B). The phenomenological  $\text{VO}_2$ –[ADP] relationships (involving implicitly the  $\text{VO}_2$ – $[P_i]$  relationships) were determined from the cardiac and skeletal muscle models for no activation and for high each-step activation of oxidative phosphorylation. The slope of  $\text{VO}_2$ –[ADP] relationship for no activation of oxidative phosphorylation (lower curves in Fig. 7A and B) is smaller and [ADP] at which  $\text{VO}_2$  reaches its minimum is lower in the skeletal muscle than in heart because in skeletal muscle  $[P_i]$  at a given [ADP] is much higher than in heart. For example, when [ADP] equals about 30  $\mu\text{M}$ ,  $[P_i]$  is equal to about 2.5 mM in heart vs. about 12 mM in skeletal muscle. In particular, in heart at [ADP] of about 15  $\mu\text{M}$ ,  $[P_i]$  decreases to very low values of several  $\mu\text{M}$  and becomes limiting for oxidative phosphorylation (this is why  $\text{VO}_2$  reaches its minimal value at higher [ADP] in this case). Therefore, at very low work intensities in heart  $\text{VO}_2$  may change significantly without significant changes in [ADP]. Thus, the total phosphate pool, affecting  $[P_i]$  in different physiological states, has a significant impact on the kinetic properties of oxidative phosphorylation. The differences in the phenomenological  $\text{VO}_2$ –[ADP] relationship for high direct activation of oxidative phosphorylation in heart and in skeletal muscle (upper curves in Fig. 7A and B) are due to the differences in the relationship for no direct activation discussed before and to the fact that in heart oxidative phosphorylation was directly activated 5 times (high work) while in skeletal muscle it was activated only 4 times (intensive, submaximal work).

The arrows in Fig. 7 indicate the transition from rest to intensive work in skeletal muscle and from low work to high work in heart. The low and high works in heart correspond to the lowest and highest  $\text{VO}_2$  presented in Fig. 5, respectively. The intensive exercise in skeletal muscle corresponds to the maximal  $\text{VO}_2$  during prolonged whole-body exercise (e.g. cycling) involving large muscle groups, in which mostly oxidative ATP production takes place (compare e.g. [14]).  $\text{VO}_2$  increases over 20 times during transition from rest to intensive exercise; this is due to the 4-fold direct activation of oxidative phosphorylation and to the indirect activation of this process by an increase in [ADP] and  $[P_i]$ . The most important difference between heart and skeletal muscle seen in Fig. 7 is that in heart the maximal relative increase in  $\text{VO}_2$  is moderate, and a perfect homeostasis of [ADP] is maintained during transition from low work to high work, while in skeletal muscle the maximal relative increase in  $\text{VO}_2$  is much greater, but it is accompanied by a quite significant

increase in [ADP]. This difference is a direct consequence of the fact that in skeletal muscle the activation of ATP usage is much greater than the activation of ATP production, while in heart these metabolic blocks are activated to exactly the same extent.

The resting oxygen consumption in skeletal muscle equals about 0.3 mM/min [11]. During the development of the model of oxidative phosphorylation in heart this value was changed due to the increase in the mitochondria volume as well as due to the decrease in the total phosphate pool and increase in ATP usage introduced in order to obtain experimental values of [ADP], [P<sub>i</sub>] and PCr/Cr. The resultant VO<sub>2</sub> was equal to 2.55 mM/min. This value is close to, or even slightly higher than the value of about 2 mM/min measured in intact dog heart in vivo at the lowest work intensity [1,25]. No additional increase in the activity of oxidative phosphorylation was necessary to reproduce this experimental value. This fact strongly suggests that there is, surprisingly, little or none direct activation of oxidative phosphorylation in slowly beating heart. This conclusion is supported by the fact that [ADP] in arrested heart is about half of that in beating heart [19], suggesting that changes in [ADP] and [P<sub>i</sub>], and not the direct activation of oxidative phosphorylation are responsible for the transition from arrested heart to slowly beating heart. Therefore, the point indicating the low-work steady state in heart is situated on the line representing the VO<sub>2</sub>–[ADP] relationship for no direct activation of oxidative phosphorylation.

Summing up, computer simulations performed using the model of oxidative phosphorylation in intact heart in vivo developed in the present article decidedly support the each-step-activation mechanism of the regulation of oxidative phosphorylation proposed previously for skeletal muscle. In intact heart in vivo, probably all oxidative phosphorylation complexes are directly activated by some mechanism involving Ca<sup>2+</sup> in parallel with a direct activation of ATP usage and substrate dehydrogenation during transition from low-work steady-state to high-work steady-state. The regulation of oxidative phosphorylation in heart is much more homeostatic than in skeletal muscle because all elements of the bioenergetic system seem to be activated to essentially the same extent, which enables a perfect homeostasis of metabolite concentrations and thermodynamic forces ([ADP], [PCr], [P<sub>i</sub>], NADH/NAD<sup>+</sup>, protonmotive force, redox potential span of the respiratory chain) to be achieved.

The mechanism by which all oxidative phosphorylation complexes are directly activated at high work intensities remains unknown. Therefore, the present study constitutes a trial of predicting in the theoretical way the existence of some new, still undiscovered phenomena. Such theoretical predictions are common in physics (for example theoretical predictions of the existence of new elementary particles); however, in biology they represent an essentially novel approach.

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## Appendix A

Concise complete kinetic description of the dynamic model of oxidative phosphorylation in intact heart. Subscripts: e, external (cytosolic); i, internal (mitochondrial); t, total; f, free; m, magnesium complex; j, monovalent.

### Appendix A.1. Kinetic equations

(All reaction rates are expressed in μM min<sup>−1</sup>).

Substrate dehydrogenation:

$$v_{\text{DH}} = k_{\text{DH}} \frac{1}{\left(1 + \frac{K_{\text{mN}}}{\text{NAD}^+/\text{NADH}}\right)^{p_{\text{D}}}}$$

$$k_{\text{DH}} = 96,293 \text{ } \mu\text{M min}^{-1}, K_{\text{mN}} = 100, p_{\text{D}} = 0.8.$$

Complex I:

$$v_{\text{C1}} = k_{\text{C1}} \Delta G_{\text{C1}}$$

$$k_{\text{C1}} = 819.61 \text{ } \mu\text{M mV}^{-1} \text{ min}^{-1}.$$

Complex III:

$$v_{\text{C3}} = k_{\text{C3}} \Delta G_{\text{C3}}$$

$$k_{\text{C3}} = 467.90 \text{ } \mu\text{M mV}^{-1} \text{ min}^{-1}.$$

Complex IV:

$$v_{\text{C4}} = k_{\text{C4}} a^{2+} c^{2+} \frac{1}{1 + \frac{K_{\text{mO}}}{O_2}}$$

$k_{\text{C4}} = 12.348 \text{ } \mu\text{M}^{-1} \text{ min}^{-1}$ ,  $K_{\text{mO}} = 120 \text{ } \mu\text{M}$  (the apparent, phenomenological Michaelis constant for the whole oxidative phosphorylation system is equal to about 0.8 μM).

ATP synthase:

$$v_{\text{SN}} = k_{\text{SN}} \frac{\gamma - 1}{\gamma + 1}$$

$$k_{\text{SN}} = 117706 \text{ } \mu\text{M min}^{-1}, \gamma = 10^{\Delta G_{\text{SN}}/Z}.$$

ATP/ADP carrier:

$$v_{\text{EX}} = k_{\text{EX}} \left( \frac{\text{ADP}_{\text{fe}}}{\text{ADP}_{\text{fe}} + \text{ATP}_{\text{fe}} \times 10^{-\psi_e/Z}} - \frac{\text{ADP}_{\text{fi}}}{\text{ADP}_{\text{fi}} + \text{ATP}_{\text{fi}} \times 10^{-\psi_i/Z}} \right) \left( \frac{1}{1 + K_{\text{mADP}}/\text{ADP}_{\text{fe}}} \right)$$

$$k_{\text{EX}} = 187,185 \text{ } \mu\text{M min}^{-1}, K_{\text{mADP}} = 3.5 \text{ } \mu\text{M}.$$

Phosphate carrier:

$$v_{PI} = k_{PI}(P_{je}H_e - P_{ji}H_i)$$

$$k_{PI} = 238.11 \mu\text{M}^{-1} \text{min}^{-1}.$$

ATP usage:

$$v_{UT} = k_{UT} \frac{1}{1 + \frac{K_{mA}}{ATP_{te}}}$$

$$k_{UT} = 12,244 \mu\text{M} \text{min}^{-1} \text{ (low work)} - 61,220 \mu\text{M} \text{min}^{-1} \text{ (high work)}, K_{mA} = 150 \mu\text{M}.$$

Proton leak:

$$v_{LK} = k_{LK1}(e^{k_{LK2}\Delta p} - 1)$$

$$k_{LK1} = 8.5758 \mu\text{M} \text{min}^{-1}, k_{LK2} = 0.038 \text{mV}^{-1}.$$

Adenylate kinase:

$$v_{AK} = k_{fAK}ADP_{fe}ADP_{me} - k_{bAK}ATP_{me}AMP_e$$

$$k_{fAK} = 862.10 \mu\text{M}^{-1} \text{min}^{-1}, k_{bAK} = 22.747 \mu\text{M}^{-1} \text{min}^{-1}.$$

Creatine kinase:

$$v_{CK} = k_{fCK}ADP_{te}PCrH_e^+ - k_{bCK}ATP_{te}Cr$$

$$k_{fCK} = 1.9258 \mu\text{M}^{-2} \text{min}^{-1}, k_{bCK} = 0.00087538 \mu\text{M}^{-1} \text{min}^{-1}.$$

#### Appendix A.2. Set of differential equations

$$\dot{NADH} = (v_{DH} - v_{C1})R_{cm}/B_N$$

$$U\dot{Q}H_2 = (v_{C1} - v_{C3})R_{cm}$$

$$\dot{c}^{2+} = (v_{C3} - 2v_{C4})2R_{cm}$$

$$\dot{O}_2 = 0 \text{ (constant saturated oxygen concentration} \\ = 240 \mu\text{M)} \text{ or } \dot{O}_2 = -v_{C4}$$

$$\dot{H}_i^+ = -(2(2 + 2u)v_{C4} + (4 - 2u)v_{C3} + 4v_{C1} - n_A v_{SN} \\ - uv_{EX} - (1 - u)v_{PI} - v_{LK})R_{cm}/r_{buffi}$$

$$A\dot{T}P_{ti} = (v_{SN} - v_{EX})R_{cm}$$

$$\dot{P}_{ti} = (v_{PI} - v_{SN})R_{cm}$$

$$A\dot{T}P_{te} = v_{EX} - v_{UT} + v_{AK} + v_{CK}$$

$$A\dot{D}P_{te} = v_{UT} - v_{EX} - 2v_{AK} - v_{CK}$$

$$\dot{P}_{te} = v_{UT} - v_{PI}$$

$$P\dot{C}r = -v_{CK}$$

$$R_{cm} = 3.35 \text{ (cell volume/mitochondria volume ratio).}$$

$$B_N = 5 \text{ (buffering capacity coefficient for NAD).}$$

#### Appendix A.3. Calculations

$$c^{3+} = c_t - c^{2+}$$

$$c_t = 270 \mu\text{M} (=c^{2+} + c^{3+}, \text{ total concentration of cytochrome } c).$$

$$UQ = U_t - UQH_2$$

$$U_t = 1350 \mu\text{M} (=UQH_2 + UQ, \text{ total concentration of ubiquinone}).$$

$$NAD^+ = N_t - NADH$$

$$N_t = 2970 \mu\text{M} (=NADH + NAD^+, \text{ total concentration of NAD}).$$

$$AMP_e = A_{eSUM} - ATP_{te} - ADP_{te}$$

$$A_{eSUM} = 6700.2 \mu\text{M} (=ATP_{te} + ADP_{te} + AMP_e, \text{ total external adenine nucleotide concentration}).$$

$$ADP_{ti} = A_{iSUM} - ATP_{ti}$$

$$A_{iSUM} = 16,260 \mu\text{M} (=ATP_{ti} + ADP_{ti}, \text{ total internal adenine nucleotide concentration}).$$

$$Cr = C_{SUM} - PCr$$

$$C_{SUM} = 25,000 \mu\text{M} (=Cr + PCr, \text{ total creatine concentration}).$$

$$P_{SUM} = 45,582 \mu\text{M} (=PCr + 3ATP_{te} + 2ADP_{te} + AMP_e \\ + P_{te} + (3ATP_{ti} + 2ADP_{ti} + P_{ti})/R_{cm}, \\ \text{total phosphate pool})$$

$$Mg_{fe} = 4000 \mu\text{M} \text{ (free external magnesium concentration).}$$

$$ATP_{fe} = ATP_{te}/(1 + Mg_{fe}/k_{DTe})$$

$$k_{DTe} = 24 \mu\text{M} \text{ (magnesium dissociation constant for external ADP).}$$

$$ATP_{me} = ATP_{te} - ATP_{fe}$$

$$ADP_{fe} = ADP_{te}/(1 + Mg_{fe}/k_{DDe})$$

$$k_{DDe} = 347 \mu\text{M} \text{ (magnesium dissociation constant for external ATP).}$$

$$ADP_{me} = ADP_{te} - ADP_{fe}$$

$$Mg_{fi} = 380 \mu\text{M} \text{ (free internal magnesium concentration).}$$

$$ATP_{fi} = ATP_{ti}/(1 + Mg_{fi}/k_{DTi})$$

$$k_{DTi} = 17 \mu\text{M} \text{ (magnesium dissociation constant for internal ATP).}$$

$$ATP_{mi} = ATP_{ti} - ATP_{fi}$$

$$ADP_{fi} = ADP_{ti}/(1 + Mg_{fi}/k_{DDi})$$

$k_{\text{DDi}}=282 \text{ } \mu\text{M}$  (magnesium dissociation constant for internal ADP).

$$\text{ADP}_{\text{mi}} = \text{ADP}_{\text{ti}} - \text{ADP}_{\text{fi}}$$

$$T=298$$

$$R=0.0083 \text{ kJ mol}^{-1} \text{ K}^{-1}$$

$$F=0.0965 \text{ kJ mol}^{-1} \text{ mV}^{-1}$$

$$S=2.303 \text{ R T}$$

$$Z=2.303 \text{ R T/F}$$

$$u=0.861 (= \Delta\Psi/\Delta p)$$

$$\text{pH}_e=7.0 (= \text{constant})$$

$$\text{pH}_i = -\log(H_i/1,000,000) \quad (H_i \text{ expressed in } \mu\text{M})$$

$$\Delta\text{pH} = Z(\text{pH}_i - \text{pH}_e)$$

$$\Delta p = 1/(1-u) \Delta\text{pH}$$

$$\Delta\Psi = -(\Delta p - \Delta\text{pH})$$

$$\Psi_i = 0.65\Delta\Psi$$

$$\Psi_e = -0.35\Delta\Psi$$

$$c_{0i} = (10^{-\text{pH}_i} - 10^{-\text{pH}_i - \Delta\text{pH}})/\Delta\text{pH}$$

('natural' buffering capacity for  $\text{H}^+$  in matrix)

$$\Delta\text{pH}=0.001.$$

$$r_{\text{buffi}} = c_{\text{buffi}}/c_{0i}$$

(buffering capacity coefficient for  $\text{H}^+$  in matrix)

$c_{\text{buffi}}=0.022 \text{ M H}^+/\text{pH unit}$  (buffering capacity for  $\text{H}^+$  in matrix).

$$c_{0e} = (10^{-\text{pH}_e} - 10^{-\text{pH}_e - \Delta\text{pH}})/\Delta\text{pH}$$

(natural buffering capacity for  $\text{H}^+$  in cytosol)

$$\Delta\text{pH}=0.001.$$

$$\text{Pi}_{\text{je}} = \text{Pi}_{\text{te}}/(1 + 10^{\text{pH}_e - \text{pK}_a})$$

$$\text{Pi}_{\text{ji}} = \text{Pi}_{\text{ti}}/(1 + 10^{\text{pH}_i - \text{pK}_a})$$

$$\text{pK}_a=6.8$$

$$\Delta G_{\text{SN}} = n_A \Delta p - \Delta G_p$$

(thermodynamic span of ATP synthase)

$$\Delta G_p = \Delta G_{p0}/F + Z \log(1,000,000 \text{ATP}_{\text{ti}}/(\text{ADP}_{\text{ti}} \cdot \text{Pi}_{\text{ti}}))$$

(concentrations expressed in  $\mu\text{M}$ )

$n_A=2.5$  (phenomenological  $\text{H}^+/\text{ATP}$  stoichiometry of ATP synthase).

$$\Delta G_{p0}=31.9 \text{ kJ mol}^{-1}.$$

$$E_{\text{mN}} = E_{\text{mN0}} + Z/2 \log(\text{NAD}^+/\text{NADH})$$

(NAD redox potential)

$$E_{\text{mN0}}=-320 \text{ mV}.$$

$$E_{\text{mU}} = E_{\text{mU0}} + Z/2 \log(\text{UQ}/\text{UQH}_2)$$

(ubiquinone redox potential)

$$E_{\text{mU0}}=85 \text{ mV}.$$

$$E_{\text{mc}} = E_{\text{mc0}} + Z \log(c^{3+}/c^{2+})$$

(cytochrome  $c$  redox potential)

$$E_{\text{mc0}}=250 \text{ mV}.$$

$$E_{\text{ma}} = E_{\text{mc}} + \Delta p(2 + 2u)/2$$

(cytochrome  $a_3$  redox potential)

$$A_{3/2} = 10^{(E_{\text{ma}} - E_{\text{ma0}})/Z} (a^{3+}/a^{2+} \text{ ratio})$$

$$a^{2+} = a_t/(1 + A_{3/2})$$

(concentration of reduced cytochrome  $a_3$ )

$$a^{3+} = a_t - a^{2+}$$

$$a_t = 135 \text{ } \mu\text{M}$$

$$E_{\text{ma0}}=540 \text{ mV}.$$

$$\Delta G_{\text{C1}} = E_{\text{mU}} - E_{\text{mN}} - \Delta p 4/2$$

(thermodynamic span of complex I)

$$\Delta G_{\text{C3}} = E_{\text{mc}} - E_{\text{mU}} - \Delta p(4 - 2u)/2$$

(thermodynamic span of complex III)

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