



# Bepridil differentially inhibits two delayed rectifier $K^+$ currents, $I_{Kr}$ and $I_{Ks}$ , in guinea-pig ventricular myocytes

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**1** We investigated the effects of bepridil on the two components of the delayed rectifier  $K^+$  current, i.e., the rapidly activating ( $I_{Kr}$ ) and the slowly activating ( $I_{Ks}$ ) currents using tight-seal whole-cell patch-clamp techniques in guinea-pig ventricular myocytes, under blockade of L-type  $Ca^{2+}$  current with nitrendipine (5  $\mu$ M) or D600 (1  $\mu$ M).

**2** Bepridil decreased  $I_{Ks}$  under blockade of  $I_{Kr}$  with E4031 (5  $\mu$ M), in a concentration-dependent manner. The concentration-dependent inhibition of  $I_{Ks}$  by bepridil was fitted by a curve, assuming one-to-one interactions between the channel and the drug molecule. The concentration of half-maximal inhibition ( $IC_{50}$ ) was found to be 6.2  $\mu$ M.

**3** The effect of bepridil on  $I_{Kr}$  was assessed using an envelope-of-tails test. In the control condition, a ratio of the tail current to the time-dependent current measured during depolarization was large ( $>1$ ) at shorter pulses ( $<200$  ms), and it decreased to a steady state value of  $\sim 0.4$  with increases in the pulse duration. Bepridil at a concentration of 2  $\mu$ M did not decrease this ratio at shorter pulses.

**4** In a short-pulse (duration = 50 ms) experiment that largely activates  $I_{Kr}$ , the drug was found to block  $I_{Kr}$  in a cooperative manner (Hill coefficient = 3.03) and the  $IC_{50}$  was 13.2  $\mu$ M.

**5** These results suggest that bepridil at a clinical therapeutic concentration ( $\sim 2$   $\mu$ M) selectively blocks  $I_{Ks}$  but does not inhibit  $I_{Kr}$ . This may relate to the characteristic frequency-dependent effects of bepridil on the action potential duration (APD), e.g., the non-reverse use-dependent prolongation of APD.

**Keywords:** Bepridil;  $I_{Kr}$ ;  $I_{Ks}$ ; antiarrhythmic drug; ventricular myocytes

**Abbreviations:** APD, action potential duration;  $I_{Ca}$ , the L-type  $Ca^{2+}$  current;  $I_K$ , the delayed rectifier  $K^+$  current;  $I_{Kdepo}$ , time-dependent current during depolarizing pulse;  $I_{Kr}$ , the rapidly activating delayed-rectifier  $K^+$  current;  $I_{Ks}$ , the slowly activating delayed-rectifier  $K^+$  current;  $I_{Ktail}$ , tail current of the delayed rectifier  $K^+$  current

## Introduction

Bepridil is a diarylaminopropylamine derivative with both anti-anginal and anti-arrhythmic effects: it dilates coronary vessels, limits consumption of oxygen, decreases the heart rate and prevents arrhythmias (Cosnier *et al.*, 1977; Duchene-Marullaz *et al.*, 1983; Pelleg *et al.*, 1985; Marshall *et al.*, 1983). Bepridil blocks the TTX-sensitive  $Na^+$  current (Yatani *et al.*, 1986; Nawada *et al.*, 1995; Sato *et al.*, 1996), the T-type  $Ca^{2+}$  current (Cohen *et al.*, 1992), and the L-type  $Ca^{2+}$  current (Yatani *et al.*, 1986). It has also been shown that bepridil blocks the outward  $K^+$  currents including the inward rectifier ( $I_{K1}$ ) and delayed rectifier  $K^+$  current ( $I_K$ ) in sheep cardiac Purkinje fibres (Berger *et al.*, 1989). The effects of bepridil on the action potential duration (APD) differ depending on species and preparations. Bepridil shortened the APD in rabbit ventricular myocardium (Anno *et al.*, 1984; Gill *et al.*, 1992), and in guinea-pig ventricular myocytes (Yatani *et al.*, 1986; Nawada *et al.*, 1995). In contrast, it prolonged the APD and the effective refractory period of the ventricular muscle in canine hearts (Kato & Singh, 1986). This difference may be related to the fact that the APD is determined by a critical balance between inward and outward ionic currents, both of which are affected by bepridil. Another possibility would be differential effects of this drug on outward  $K^+$  currents. The  $I_K$  in mammalian ventricles consists of at least two different  $K^+$

channels, the rapidly activating  $I_{Kr}$  and the slowly activating  $I_{Ks}$  channels (Sanguinetti & Jurkiewicz, 1990). Each component has a distinct physiological role and expression levels differ from one species to another (Nair & Grant, 1997). If bepridil selectively suppresses either  $I_{Ks}$  or  $I_{Kr}$ , this may cause the differential effects on the APD, especially at different stimulation frequencies. Thus, the aim of the present study is to elucidate the effects of bepridil on the two components of  $I_K$ , namely  $I_{Kr}$  and  $I_{Ks}$ , which are known to exist in guinea-pig ventricular myocytes. A part of this study has appeared elsewhere in abstract form (Wang *et al.*, 1998).

## Methods

Single ventricular myocytes were isolated from guinea-pig hearts using an enzymatic dissociation procedure described previously (Wang *et al.*, 1996). The dissociated myocytes were allowed to settle in a chamber on an X-Y stage of an inverted microscope (TMD, Nikon, Tokyo, Japan). The cells were superfused with an external bathing solution containing (in mM): NaCl 137, KCl 5.4,  $CaCl_2$  1.8,  $NaH_2PO_4$  0.16,  $NaHCO_3$  3, N-[2-hydroxyethyl] piperazine-N'-[2-ethanesulfonic acid] (HEPES) 5, glucose 5.5, (pH 7.4). All the experiments were performed at  $35 \pm 0.5^\circ C$ .

The whole-cell patch-clamp technique (Marty & Neher, 1983) was used to record the transmembrane ionic current by using a patch-clamp amplifier (CEZ-2100, Nihon Kohden, Japan). Patch pipettes were fabricated from borosilicate

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capillary-glass tubes (Narishige, Tokyo, Japan) using a puller (P-97, Sutter Instrument Co., Novato, CA, U.S.A.) and a heat-polisher (MF-83, Narishige, Tokyo, Japan). The electrodes were filled with an internal solution containing (in mM): KCl 140, EGTA 11,  $\text{CaCl}_2$  1,  $\text{MgCl}_2$  2, HEPES 10, ATP 5, CP 5, pH 7.2 by KOH. The tip resistances ranged from 1 to 3 M $\Omega$ . All experiments were performed in accordance with the Guidelines and Principles for Animal Experiments stipulated by the Animal Ethics Committee of the Oita Medical University and the Physiological Society of Japan.

Bepridil hydrochloride was a gift from Sankyo Pharmaceutical Co. (Tokyo, Japan); E4031 from Eisai Pharmaceutical Co. (Tokyo, Japan); and D600 and chromanol 293B from Hoechst Marion Roussel Deutschland GmbH (Frankfurt, Germany). Nitrendipine was purchased from Sigma Co. (St. Louis, MO, U.S.A.). Bepridil, nitrendipine and chromanol 293B were dissolved in dimethylsulphoxide (DMSO) to make the stock solution at concentrations of 10, 10 and 50 mM, respectively. E4031 was dissolved in distilled water at a concentration of 1 mM. D600 was dissolved in ethanol at a concentration of 1 mM. Each drug was stored at 4°C and diluted to desired final concentrations with Tyrode's solution just before use. The effect of each drug was assessed 4–5 min after application of the test solution.

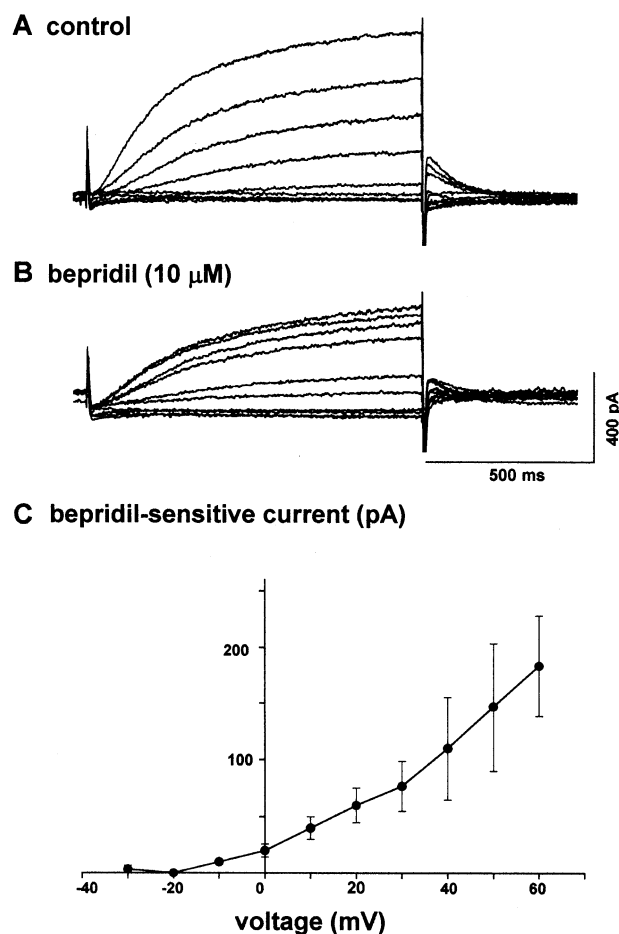
The amplitude of  $I_K$  tail current ( $I_{K\text{tail}}$ ) was defined as a difference current between the holding current recorded just before initiation of depolarizing pulse and the peak tail current evoked on return to a holding potential (−40 mV). The amplitude of the time dependent current during depolarization ( $I_{K\text{depo}}$ ) was measured from an initial minimal current after depolarization to a terminal current at the end of the pulse.

The current signals were stored on video cassette tapes using a Pulse-Code-Modulation Processor (VR-10B, Instrutech Co., Elmont, NY, U.S.A.) with a band width of DC-15 kHz, and were digitized using a personal computer (NEC PC-9801RS, Tokyo, Japan) equipped with an analogue-digital converter (ADX98, Canopus Co, Kobe, Japan). All values were expressed as mean  $\pm$  s.e.mean. Student's *t*-test was used to determine the statistical significance between the means obtained before and after addition of the drug. A *P*-value of 0.05 or less was considered significant.

## Results

We examined first the effects of bepridil on the delayed rectifier  $K^+$  current consisting of both  $I_{Kr}$  and  $I_{Ks}$  components. The L-type  $\text{Ca}^{2+}$  current was suppressed by nitrendipine (5  $\mu\text{M}$ ) or D600 (1  $\mu\text{M}$ ) and the  $\text{Na}^+$  current was inactivated by holding the membrane potential at −40 mV. Depolarizing voltage steps with a duration of 1 s were applied in 10 mV increments. Figure 1 shows representative current traces obtained before (Figure 1A) and after application of 10  $\mu\text{M}$  bepridil (Figure 1B). It is apparent that bepridil decreased the amplitudes of both time-dependent outward currents that appeared during depolarizing pulses and the tail currents evoked on return to the holding potential. Figure 1C shows the current-voltage relationship of the bepridil-sensitive time-dependent current. The current was increased with increases in membrane potential, thereby suggesting that bepridil might have suppressed  $I_{Ks}$ , which is reported to possess a property of no inward-going rectification (Sanguinetti & Jurkiewicz, 1990), as it is observed in Figure 1C.

Thus, we examined the effect of bepridil on  $I_{Ks}$ , more selectively, after blockade of  $I_{Kr}$  with 5  $\mu\text{M}$  E4031 (Sanguinetti & Jurkiewicz, 1990). In order to activate  $I_{Ks}$ , we applied

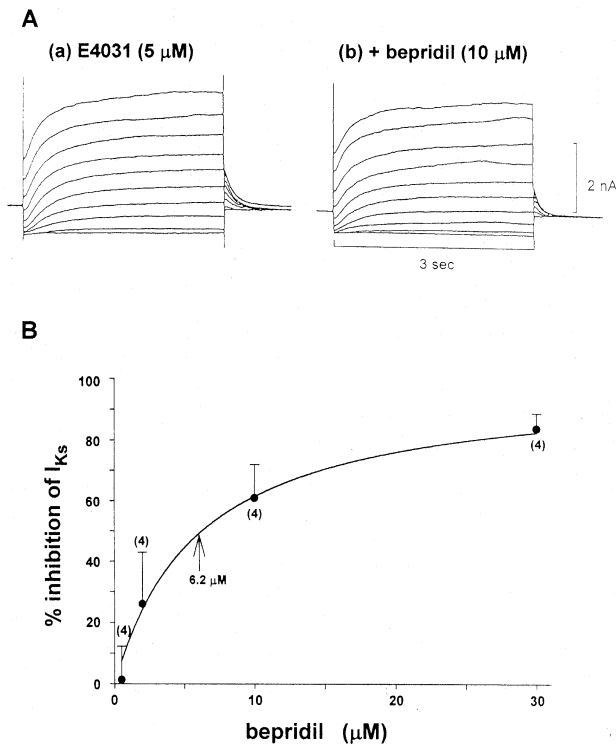


**Figure 1** (A,B) Effects of bepridil on the outward current of a guinea-pig ventricular myocyte. Current families in the absence (A) and presence (B) of 10  $\mu\text{M}$  bepridil. (C) Current-voltage relationship of bepridil-sensitive time-dependent current. The ordinate shows the difference in the time-dependent current at the end of the depolarizing pulses (abscissa), measured between corresponding traces in panels A and B. The lack of an apparent inward-going rectification in the I–V curve suggests that bepridil blocked the slowly activating component of the delayed-rectifier  $K^+$  current, i.e.,  $I_{Ks}$ . The L-type  $\text{Ca}^{2+}$  current was blocked by 1  $\mu\text{M}$  D600. Temperature, 35°C.

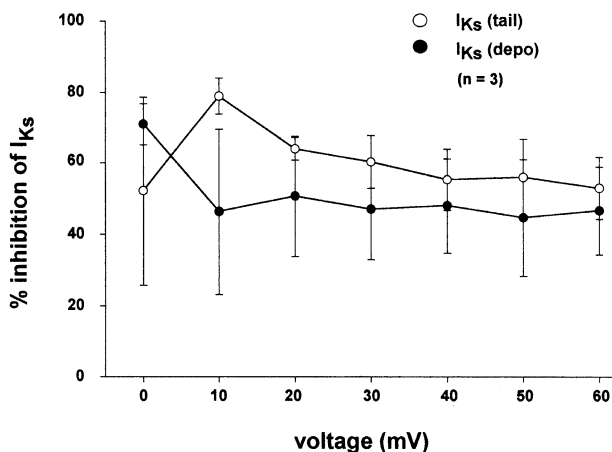
various levels of depolarizing pulses with a duration of 3 s at an interpulse interval of 10 s (Figure 2A). Bepridil (10  $\mu\text{M}$ ) decreased both the time-dependent outward current during depolarization ( $I_{K\text{depo}}$ ) and the tail current ( $I_{K\text{tail}}$ ) evoked on clamping back to the holding potential (−40 mV). In Figure 2B, the bepridil-induced suppression of  $I_{K\text{tail}}$  (evoked after depolarization to +60 mV) was plotted against various drug concentrations used. The data were well fitted by an equation assuming one-to-one interactions between the receptors (channels) and the drug molecules. The concentration of half-maximal inhibition ( $\text{IC}_{50}$ ) was calculated to be 6.2  $\mu\text{M}$ .

To examine whether or not bepridil blocks  $I_{Ks}$  in a voltage-dependent manner, the per cent current inhibition caused by 10  $\mu\text{M}$  bepridil was plotted against voltage for either the tail current (open circles) or the time-dependent current measured at the end of depolarization (filled circles) in Figure 3. The data indicate that the bepridil-induced block of  $I_{Ks}$  is not voltage-dependent.

We then examined the effects of bepridil on  $I_{Kr}$  using the envelope-of-tails test (Noble & Tsien, 1969; Sanguinetti & Jurkiewicz, 1991). Depolarizing voltage steps from −40 mV to a test potential of +50 mV were applied with stepwise

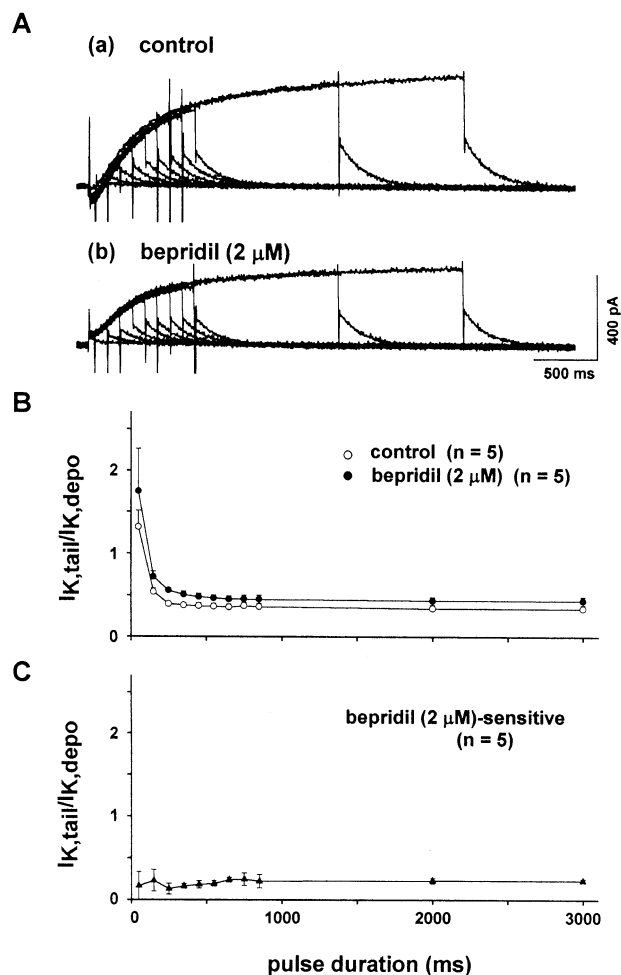


**Figure 2** (A) Effects of 10 μM bepridil on the slowly activating delayed rectifier  $K^+$  current,  $I_{Ks}$ , which was recorded after blockade of the rapidly activating component of the current,  $I_{Kr}$ , with 5 μM E4031. (B) Concentration-dependent effect of bepridil on  $I_{Ks}$ . The per cent inhibition of the tail current evoked after depolarization to +60 mV (duration of 1 s) was plotted against the drug concentrations tested. The data were fitted by the following equation, by assuming one-to-one interaction between the channel and the drug molecule: Fractional inhibition (per cent inhibition of  $I_{Ks}$ ) =  $I_{max} * C / (C + K_d)$ , where  $I_{max}$  is the maximal inhibition and  $K_d$  is a dissociation constant.  $I_{max}$  and  $K_d$  were calculated to be 100% and 6.2 μM.



**Figure 3** Voltage-independent effects of bepridil on  $I_{Ks}$ . The experiments were conducted in the presence of 5 μM E4031. Each data point and vertical bar indicate the mean and s.e.mean from three experiments.

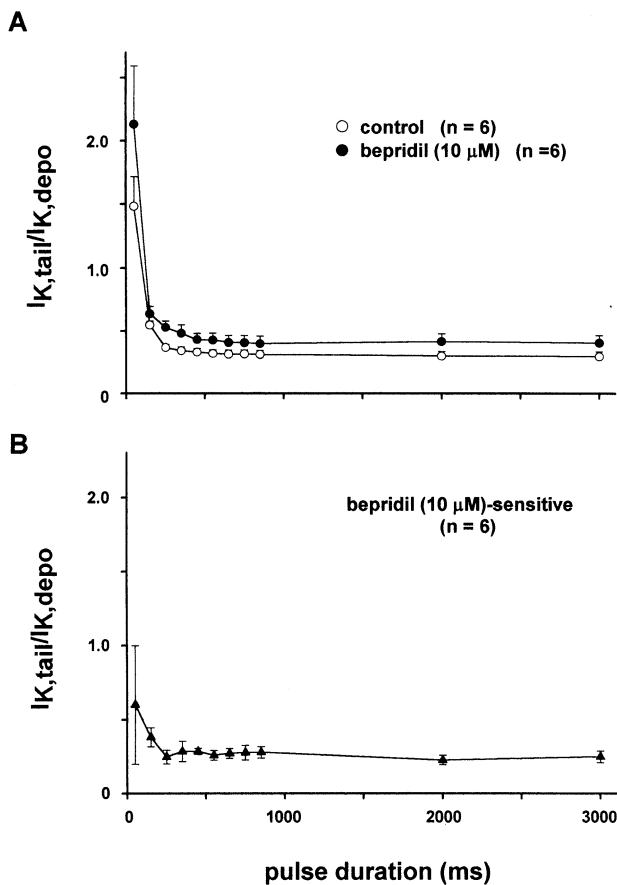
increases in the pulse duration from 50 ms to 3 s. Figure 4A shows representative current traces obtained before (Figure 4A-a) and after application of 2 μM bepridil (Figure 4A-b). The ratio of the peak of  $I_{Ktail}$  to the amplitude of the time-dependent current ( $I_{Kdepo}$ ) was plotted against the duration of



**Figure 4** (A) Envelope-of-tails test in the absence (a) and presence of 2 μM bepridil (b). Depolarizing pulses to +50 mV from -40 mV were applied by increasing the pulse duration. (B) The ratio of the tail current ( $I_{Ktail}$ ) to the time-dependent current during the pulse ( $I_{Kdepo}$ ) was plotted against the pulse duration. Bepridil shifted the curve upward, preserving a large value in the  $I_{Ktail}/I_{Kdepo}$  ratio at the short pulse duration of ≤200 ms. (C) The  $I_{Ktail}/I_{Kdepo}$  ratio of the bepridil-sensitive current, which was obtained by subtracting the current in the presence of bepridil from the current in the absence of bepridil. The absence of a large  $I_{Ktail}/I_{Kdepo}$  ratio at shorter pulse durations suggests that bepridil at 2 μM did not block  $I_{Kr}$ , but did block  $I_{Ks}$  (cf. Figure 7C).

the depolarizing pulses (Figure 4B). Under the control condition (open circles), the ratio ( $I_{Ktail}/I_{Kdepo}$ ) for the short pulses (<200 msec) was much larger than that for longer pulses, indicating the presence of two types of  $I_K$  (Sanguinetti & Jurkiewicz, 1991). Application of 2 μM bepridil shifted the curve upward over all pulse durations tested, without decreasing the  $I_{Ktail}/I_{Kdepo}$  ratio at shorter pulses, indicating that the drug at this concentration does not inhibit  $I_{Kr}$  (cf. Discussion). To obtain further support for this notion, we conducted the envelope-of-tails test on the bepridil-sensitive current, as shown in Figure 4C. The bepridil-sensitive current was obtained by subtraction of the current recorded in the presence of bepridil from that in the absence of the drug. It is apparent that the  $I_{Ktail}/I_{Kdepo}$  ratio was almost constant regardless of the pulse duration. In other words, the 2 μM bepridil-sensitive current represents only a single component of the delayed rectifier  $K^+$  current, that is  $I_{Ks}$ .

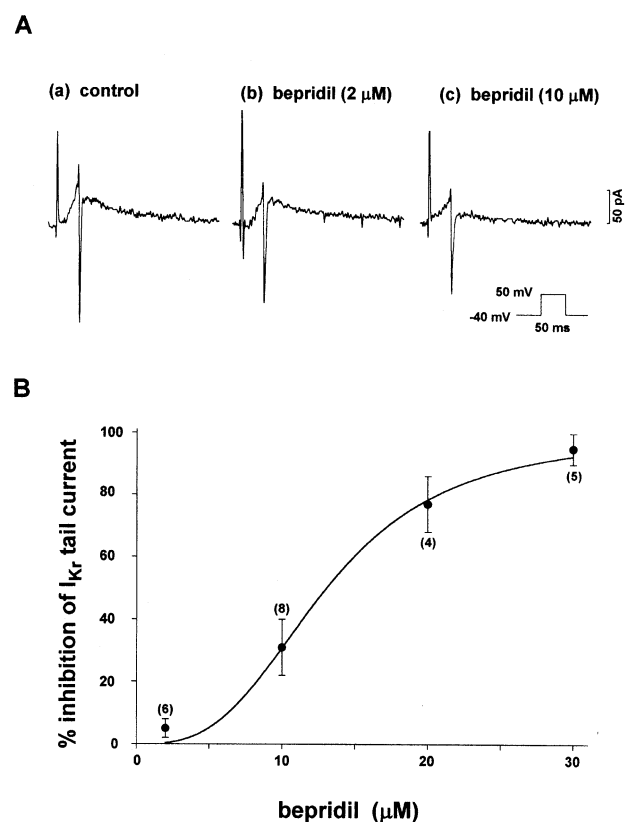
Using the same protocol, the effect of bepridil on  $I_{Kr}$  was then examined using a higher drug concentration of 10 μM (Figure 5A). Bepridil again shifted the curve upward,



**Figure 5** (A) Envelope-of-tails test in the absence and presence of 10 μM bepridil. (B) Envelope-of-tails test of the current blocked by 10 μM bepridil. A slight increase in the  $I_{K,tail}/I_{K,depo}$  ratio at shorter pulses suggests that a higher concentration of bepridil (~10 μM) blocks both  $I_{Kr}$  and  $I_{Ks}$ .

indicating the suppression of  $I_{Ks}$  by the drug. However, the envelope-of-tails test of the current blocked by 10 μM bepridil (the drug-sensitive current) showed a slight increase in the  $I_{K,tail}/I_{K,depo}$  ratio for short pulses (<0.1 s) as compared to the longer ones. These results suggest that 10 μM bepridil inhibits some fraction of  $I_{Kr}$  in addition to the blockade of  $I_{Ks}$ .

To study the effect of bepridil on  $I_{Kr}$  more quantitatively, we employed a short test-pulse protocol (duration = 50 ms) during which a negligible amount of  $I_{Ks}$  was activated, but there was a sufficient activation of  $I_{Kr}$ . The tail current evoked on returning to -40 mV was not influenced by 50 μM chromanol 293 B, a specific blocker of  $I_{Ks}$  ( $34.7 \pm 5.6$  pA for the control vs  $35.1 \pm 6.5$  pA in the presence of 50 μM 293 B,  $n=4$ ). In contrast, the amplitude of the tail current was markedly decreased from  $86.7 \pm 14.5$  pA to  $18.3 \pm 6$  pA, or by 80% ( $n=3$ ) after application of E4031 (5 μM). This finding lends support to the notion that under the experimental condition, the tail current was composed of only one component of  $I_K$ , namely  $I_{Kr}$  alone. Figure 6A shows the effects of 2 and 10 μM bepridil on the tail currents ( $I_{Kr}$ ) thus obtained; bepridil produced little (2 μM) or considerable (10 μM) depression on these tail currents. The concentration-dependent inhibition of the drug on the tail current, i.e.,  $I_{Kr}$ , is summarized and plotted in Figure 6B. The inhibition was nil or small at low concentrations (2–10 μM) but was augmented rather steeply at higher concentrations (>20 μM). As the overall contour of the inhibition-concentration relationship seemed somewhat different from that for  $I_{Ks}$  (Figure 2B), we fitted the data with

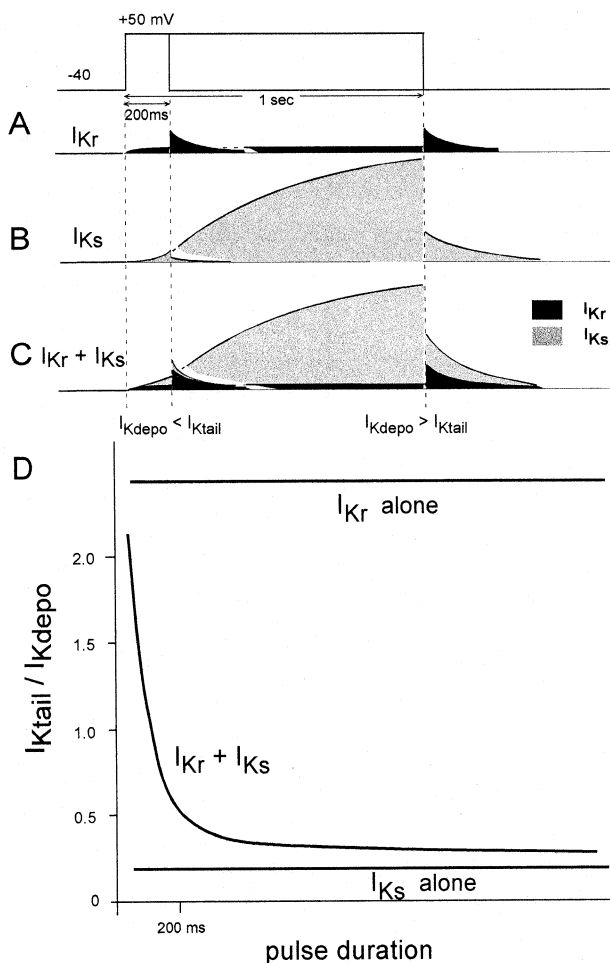


**Figure 6** Effects of bepridil on  $I_{Kr}$  tail current. (A) Typical examples of the effect of bepridil at 2 and 10 μM on  $I_{Kr}$  evoked by short depolarizing pulses (duration = 50 ms; see inset). (B) The concentration-dependent inhibition of bepridil on  $I_{Kr}$ , examined using a short-pulse protocol. The data were fitted by a Hill equation: Fractional inhibition (per cent inhibition of  $I_{Kr}$ ) =  $\{K \cdot C^h / (1 + K \cdot C^h)\} \cdot 100$ , where C, K, and h are the drug concentration, dissociation constant, and Hill coefficient, respectively. Best fit was obtained when  $K=0.0004$  and  $h=3.03$ . The figures in parentheses indicate the number of cells tested.

the following Hill equation: Per cent inhibition of  $I_{Kr} = K \cdot C^h / (1 + K \cdot C^h) \cdot 100$ , where C is the drug concentration, K is the apparent dissociation constant and h is the Hill coefficient. The best fit was obtained when  $K=0.0004$  and  $h=3.03$ , indicating that the drug interacts with the channel in a highly cooperative manner. The concentration of half-maximal inhibition of  $I_{Kr}$  was found to be 13.2 μM.

## Discussion

The major findings in the present study are as follows: (1) Bepridil decreased the  $I_{Ks}$  measured after blockade of  $I_{Kr}$  with the use of E4031 (5 μM). The concentration of half-maximal inhibition,  $IC_{50}$  was 6.2 μM. (2) In an envelope-of-tails test, 2 μM bepridil did not decrease, but rather increased the  $I_{K,tail}/I_{K,depo}$  ratio at short pulses (<0.2 s), suggesting that the drug does not inhibit  $I_{Kr}$  at this concentration. However, a higher concentration (10 μM) of the drug slightly depressed  $I_{Kr}$ . (3) The concentration-dependent effect of bepridil on  $I_{Kr}$  was studied using the tail current activated by short depolarizing pulses (duration = 50 ms) which largely represented  $I_{Kr}$ . High concentrations ( $\geq 10$  μM) of bepridil depressed  $I_{Kr}$ , with an  $IC_{50}$  of 13.2 μM and the blockade occurred in a cooperative manner (Hill coefficient = 3.03).



**Figure 7** A scheme explaining the bepridil-induced changes in the profile of an envelope-of-tails test. The ordinate unit in panel D is arbitrary. See text for details.

#### Effects of bepridil on the delayed rectifier $K^+$ current

We found that bepridil at concentrations relevant to the clinical therapeutic concentrations suppressed  $I_{Ks}$ . This was confirmed by two different sets of experiments. In the envelope-of-tails test (Noble & Tsien, 1969), bepridil at a concentration of  $2 \mu\text{M}$  did not change the shape of the curve, but shifted the curve upward (Figure 4B). This parallel shift can be interpreted from the diagram illustrated in Figure 7. When the pulse duration is short ( $< 200 \text{ ms}$ ), the amplitude of  $I_{Kr}$  seen during the depolarizing pulse is small due to its strong inward-going rectification. On return to  $-40 \text{ mV}$ , a large tail current of  $I_{Kr}$  appeared as the channel quickly recovered from rectification (Sanguinetti & Jurkiewicz, 1990) (left, Figure 7A). In contrast, as  $I_{Ks}$  is activated very slowly, its contribution to either  $I_{Kdepo}$  or  $I_{Ktail}$  is very small when the duration of the depolarizing pulse is short ( $< 200 \text{ ms}$ ) (left, Figure 7B). Consequently, the amplitude of the  $I_{Ktail}$  evoked by a short pulse is much larger than that of  $I_{Kdepo}$  (left, Figure 7C). On the other hand, the longer depolarization ( $\sim 1000 \text{ ms}$ ) activates  $I_{Ks}$  considerably (Figure 7B) (in addition to the activation of  $I_{Kr}$ ) and increases the contribution of  $I_{Ks}$  to the overall current of either  $I_{Kdepo}$  or  $I_{Ktail}$  (right, Figure 7C) and causes the  $I_{Ktail}/I_{Kdepo}$  ratio to converge to a small certain constant value ( $\sim 0.4$ , ' $I_{Kr} + I_{Ks}$ ' curve of Figure 7D). In the plots of  $I_{Ktail}/I_{Kdepo}$  vs pulse duration (Figure 7D), the idealistic relationship of  $I_{Kr}$  alone (i.e. under nearly complete blockade of  $I_{Ks}$ ) could be a straight line, as shown

at the top of Figure 7D, the ratio of which is large and determined mostly by the rectification property of  $I_{Kr}$ . However, in the presence of  $I_{Kr}$  alone (i.e. under nearly complete blockade of  $I_{Ks}$ ) the  $I_{Ktail}/I_{Kdepo}$  ratio would be fairly small and constant as shown at the bottom of Figure 7D, which could be determined mostly by the difference in the driving force for potassium ions at the different potentials ( $-40$  and  $+50 \text{ mV}$ ). In the presence of both  $I_{Kr}$  and  $I_{Ks}$ , the ratio was large for short pulses and became smaller as the pulse duration was increased ( $I_{Kr} + I_{Ks}$ , Figure 7D). In the present study,  $2 \mu\text{M}$  bepridil shifted the relationship upward (Figure 4B), suggesting that the relative contribution of  $I_{Kr}$  to total  $I_K$  was slightly increased as the drug partially suppressed  $I_{Ks}$ .

Selective block of  $I_{Ks}$  by  $2 \mu\text{M}$  bepridil was further supported in the plot of the  $I_{Ktail}/I_{Kdepo}$  ratio of the bepridil-sensitive current (Figure 4C). The ratio was almost constant regardless of the pulse duration, and the bepridil ( $2 \mu\text{M}$ )-sensitive component of the  $I_{Ktail}/I_{Kdepo}$  ratio shown in Figure 4C shared the characteristic common to the ' $I_{Ks}$  alone' curve schematically drawn at the bottom of Figure 7D. These results strongly suggest that  $2 \mu\text{M}$  bepridil selectively inhibits  $I_{Ks}$ . In contrast, a much higher concentration of bepridil ( $\sim 10 \mu\text{M}$ ) may inhibit both  $I_{Kr}$  and  $I_{Ks}$ , since the relationship of the  $10 \mu\text{M}$  bepridil-sensitive current showed a biphasic pattern (Figure 5B). These results suggest that at concentrations relevant to the plasma therapeutic concentrations in clinical use ( $2-3 \mu\text{M}$ , Hollingshead *et al.*, 1992), bepridil selectively blocks  $I_{Ks}$  with no practical effect on  $I_{Kr}$ .

In an alternative experiment, we studied the concentration-inhibition relationships of the  $I_{Kr}$  block by bepridil using a short-pulse protocol. The duration of depolarization for  $50 \text{ ms}$  was too short to activate  $I_{Ks}$ , because the tail current elicited on return to  $-40 \text{ mV}$  was insensitive to chromanol 293 B ( $50 \mu\text{M}$ ), a putative  $I_{Ks}$  blocker (Busch *et al.*, 1996). The tail current was almost completely abolished, however, by E4031 ( $5 \mu\text{M}$ ). This apparently  $I_{Kr}$ -selective tail current was suppressed by bepridil in a highly cooperative manner (Figure 6). Such findings imply that the  $I_{Kr}$  channel does not have a single binding site, but rather multiple ( $\geq 3$ ) sites for bepridil. Due to this cooperation observed in the bepridil action on  $I_{Kr}$ , the blocking effect of this drug on the  $I_{Kr}$  at low concentrations might have become much smaller than expected from the case when there is no cooperation. Indeed  $2 \mu\text{M}$  bepridil inhibited  $I_{Kr}$  only less than 5% (Figure 6B).

#### Bepridil on action potential duration

Most class III drugs selectively block  $I_{Kr}$ . The resulting reverse-use-dependent effect, i.e. marked prolongation of the APD at low heart rates and lack of prolongation at higher heart rates, hampered the effectiveness of these drugs as antiarrhythmic agents (Nair & Grant, 1997). Thus agents that selectively block the  $I_{Ks}$  may have a potential usefulness in effectively suppressing tachyarrhythmias due to re-entry (Nair & Grant, 1997). The present study demonstrated that bepridil at therapeutic concentrations ( $2-3 \mu\text{M}$ ) preferentially blocked  $I_{Ks}$ . This effect may underlie at least in part the previous finding that bepridil prolonged the APD in a use-dependent manner in guinea-pig ventricular papillary muscles (Nobe *et al.*, 1993). In the latter report, bepridil significantly lengthened the APD only at the highest stimulation frequency of  $5 \text{ Hz}$ .

#### Multiple effects of bepridil

Bepridil has multiple inhibitory effects on sarcolemmal ionic currents including the L-type (Yatani *et al.*, 1986) and T-type

$Ca^{2+}$  currents (Cohen *et al.*, 1992), the delayed-rectifier  $K^+$  current, the transient outward current (Berger *et al.*, 1989) as well as the  $K^+$  current activated by intracellular  $Na^+$  (Mori *et al.*, 1998). The drug also modulates contractile proteins and increases the  $Ca^{2+}$  sensitivity (Solaro *et al.*, 1986; Ozaki *et al.*, 1999). The main target of bepridil is believed to be the L-type  $Ca^{2+}$  current, because the concentration of half-maximal inhibition was as low as  $0.5 \mu M$  (Yatani *et al.*, 1986). Bepridil has multiple intracellular and sarcolemmal targets and these effects in concert may form a characteristic profile of the drug action. For example, the drug enhances the  $Ca^{2+}$  sensitivity of the contractile proteins, which may counteract the depression of contractile tension due to a decrease in  $I_{Ca}$  (Solaro *et al.*, 1986; Ozaki *et al.*, 1999).

We demonstrated that bepridil has differential effects on the two components of the delayed-rectifier  $K^+$  current,  $I_{Kr}$  and

$I_{Ks}$ ; the  $IC_{50}$  for inhibition of  $I_{Kr}$  and  $I_{Ks}$  was 13.2 and  $6.2 \mu M$ , respectively. In addition, since the inhibition of  $I_{Kr}$  occurred in a cooperative manner (Hill coefficient = 3.03), the inhibition of  $I_{Kr}$  by low concentrations of bepridil is much attenuated. Therefore, we conclude that bepridil at therapeutic concentrations ( $2-3 \mu M$ , Hollingshead *et al.*, 1992) blocks  $I_{Ks}$ , with no practical effect on  $I_{Kr}$ . The differential inhibition of two delayed-rectifier  $K^+$  currents by bepridil may be important in understanding the antiarrhythmic effects of this drug.

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