

CHANGES IN ATP, AMP, AND CERTAIN OXIDATIVE ENZYME LEVELS IN THE MYOCARDIUM DURING PHARMACOLOGICAL ACTION ON ADRENERGIC RECEPTORS

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Experiments on rabbits showed that the α -adrenomimetic noradrenalin reduces the concentration of the ATP and AMP in the myocardium. The β -adrenomimetic isoprenaline causes no change in the ATP level but stimulates cytochrome-c oxidase activity. Blocking the α -adrenergic receptors by phentolamine leads to an increase in the ATP concentration whereas blocking the β -adrenergic receptors by anapriline does not change the level of this high-energy compound.

Most aspects of the pharmacodynamics of the adrenolytics have been studied in detail [3-6, 10-12]. However, their effect on biological oxidation has received little investigation [1, 12]. Different workers have expressed conflicting opinions regarding the effect of catecholamines on metabolism in the myocardium [7-9].

For this reason it was decided to study the effects of activation and blocking of the α - and β -adrenergic receptors on certain stages of biological oxidation of the heart.

EXPERIMENTAL METHOD

Experiments were carried out on 72 rabbits weighing 1.8-2.3 kg. The content of ATP, ADP, and AMP in the myocardium was determined by electrophoresis on paper [16], inorganic phosphorus (as in [2]), glycogen (by the anthrone method), and protein also were determined. Activity of cytochrome-c oxidase (1.93.1) was determined colorimetrically and expressed in indophenol units (i.u.) per milligram protein per minute [17], and succinate dehydrogenase (13.77.1) activity was estimated from reduction of the neotetra-zolium chloride salt to the colored formazan, and the results expressed in μ g formazan/mg protein [14].

Noradrenalin (40 μ g/kg) and isoprenaline (10 μ g/kg) were injected intravenously and the myocardium was taken for investigation 3 min later. Under these conditions noradrenalin, which excites α -adrenergic receptors, led to a marked pressor effect, while isoprenaline, which excites β -adrenergic receptors, induced a depressor effect. Phentolamine (5 mg/kg) and anapriline (1 mg/kg) also were injected intravenously. The animals were sacrificed 1 h and 30 min later, i.e., at times of almost total blocking of the α - or β -adrenergic receptors. For prolonged pharmacological blocking of the α - or β -receptors phentolamine (2 mg/kg) and anapriline (1 mg/kg) were injected subcutaneously daily for 10 days.

EXPERIMENTAL RESULTS

It will be clear from the results in Table 1 that noradrenalin reduced the ATP level by 18.2% and AMP by 30.3%, whereas the other parameters investigated were unchanged. A tendency for the glycogen level to fall and the inorganic phosphorus level to rise could be detected in the myocardium.

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TABLE 1. Effect of Noradrenalin, Isoprenaline, Phentolamine, and Anapriline on Some Parameters of Metabolism in the Rabbit Myocardium ($M \pm m$)

Treatment	ATP + ADP + AMP (in $\mu\text{g/g}$ tissue)				Inorganic phosphorus (in mg%)	Glycogen (in mg%)	Cytochrome-c oxidase (i.u./mg prot.)	Succinate dehydrogenase (μg formazan/mg prot. in 30 min)
	ATP	ADP	AMP	ATP + ADP + AMP				
Control (9)	2,3 \pm 0,2	1,36 \pm 0,1	0,89 \pm 0,1	4,55 \pm 0,5	41,8 \pm 2,2	603 \pm 27	0,49 \pm 0,03	1028 \pm 92,8
Noradrenalin (40 $\mu\text{g/kg}$) (8)	1,78 \pm 0,12 $P=0,05$	1,22 \pm 0,06	0,62 \pm 0,03 $P<0,05$	3,62 \pm 0,11 $P=0,05$	48 \pm 2,1 $P=0,1$	521 \pm 37 $P=0,1$	0,42 \pm 0,03	973 \pm 70
Isoprenaline (10 $\mu\text{g/kg}$)	2,46 \pm 0,3	1,21 \pm 0,06	0,74 \pm 0,07	4,41 \pm 0,2	48 \pm 2,6	507 \pm 38	0,66 \pm 0,04	1166 \pm 53
Phentolamine for 10 days (7) (2 mg/kg)	2,17 \pm 0,2	1,15 \pm 0,11	1,08 \pm 0,12	4,44 \pm 0,4	46,2 \pm 3,8	$P<0,05$	$P<0,05$	677,9 \pm 37
Anapriline for 10 days (7) (1 mg/kg)	3,13 \pm 0,4 $P<0,05$	2,1 \pm 0,13 $P<0,05$	1,17 \pm 0,1 $P<0,05$	6,4 \pm 0,3 $P<0,05$	46,6 \pm 1,7	419 \pm 37 $P<0,01$	0,42 \pm 0,02 $P<0,1$	$P<0,05$
Control (16)	2,29 \pm 0,1	1,67 \pm 0,31	1,02 \pm 0,08	4,98 \pm 0,2	57,2 \pm 2,1	716 \pm 36	0,41 \pm 0,02	946 \pm 91
Phentolamine (9) (5 mg/kg)	3,04 \pm 0,19 $P<0,01$	1,87 \pm 0,1	1,26 \pm 0,11 $P<0,05$	6,17 \pm 0,3 $P<0,01$	49,8 \pm 3,4 $P<0,1$	$P=0,05$	$P<0,1$	$P<0,1$
Anapriline (8) (1 mg/kg)	2,74 \pm 0,14 $P=0,1$	1,74 \pm 0,22	0,87 \pm 0,12	5,35 \pm 0,12	67,2 \pm 2,3	523 \pm 30 $P=0,05$	0,27 \pm 0,02 $P<0,037$	840 \pm 60 728 \pm 69
						561 \pm 40	0,27 \pm 0,037	763 \pm 86
						607 \pm 42 $P<0,1$	0,24 \pm 0,02	

Note. Number of experiments indicated in parentheses; values of P given only if $P \leq 0.1$.

A decrease in the ATP concentration in the rabbit myocardium after intravenous injection of nor-adrenalin has been described by other workers [13]. Unlike noradrenalin, isoprenaline does not affect the concentration of adenosine phosphates but it increased the cytochrome-c oxidase activity by 30.6%. The glycogen concentration fell by 15.9%.

Blocking of the α -adrenergic receptors by phentolamine was accompanied by an increase in the ATP level by 32.6% and the AMP by 23.5%. The ATP/ADP ratio was increased by 34%. Activity of the enzymes of the respiratory chain was unchanged by a single injection of the adrenergic blocking agent. Administration of phentolamine for 10 days led to a decrease in the glycogen concentration in the myocardium and to inhibition of succinate dehydrogenase activity. A single dose of anapriline caused no significant changes in the level of the adenosine phosphates or inorganic phosphate or in the activity of cytochrome-c oxidase and succinate dehydrogenase. During administration of anapriline for 10 days the ATP concentration rose by 28.9%, ADP by 54.0%, and AMP by 31.4%. The increase in the concentration of the adenosine phosphate during prolonged administration of anapriline was evidently due to the ability of this drug to block not only β -, but also α -adrenergic receptors [15, 18]. Unlike phentolamine, anapriline increases the glycogen concentration in the myocardium.

These investigations show that excitation or blocking of α - and β -adrenergic receptors leads to various changes in the concentrations of adenosine phosphates and activity of the oxidative enzymes in the rabbit myocardium.

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