

## Short communication

## Effects of adrenomedullin on rat cerebral arterioles

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**Abstract**

The effects of adrenomedullin on isolated rat intracerebral arterioles were investigated and compared with those of calcitonin gene-related peptide (CGRP) and amylin. Adrenomedullin produced dose-dependent vasodilation (maximum dilation  $27.1 \pm 2.1\%$  at  $3 \times 10^{-7}$  M, median effective dose ( $EC_{50}$ )  $1.6 \times 10^{-9}$  M). CGRP produced similar vasodilation ( $19.8 \pm 4.1\%$ ) at  $10^{-7}$  M with a lower  $EC_{50}$  of  $2.8 \times 10^{-11}$  M. Amylin did not cause vasodilation at concentrations up to  $10^{-6}$  M. Adrenomedullin-induced vasodilation was significantly suppressed by CGRP-(8–37). These data suggest that adrenomedullin is a potent vasodilator for arterioles in the cerebral microcirculation that acts through CGRP receptors. © 1997 Elsevier Science B.V.

**Keywords:** Adrenomedullin; CGRP (calcitonin gene-related peptide); CGRP-(8–37); Amylin; Cerebral arteriole; Cerebral microcirculation

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**1. Introduction**

Adrenomedullin is a novel hypotensive peptide isolated from human pheochromocytoma tissue. Its hypotensive activity is based on its ability to increase the concentration of cyclic AMP in platelets (Kitamura et al., 1993). The amino acid sequence of adrenomedullin shows homology to that of both calcitonin gene-related peptide (CGRP) and amylin. The peptides share a ring structure with a disulfide bond and a C-terminal amide structure. CGRP is a well known vasodilator of cerebral arteries and arterioles (McCulloch et al., 1986; Suzuki et al., 1989) and has been localized to the brain and peripheral nerves, where it functions as a neuropeptide (Rosenfeld et al., 1983). Adrenomedullin was originally found only in small amounts in the brain (Ichiki et al., 1994). However, recent studies have shown that high concentrations of adrenomedullin can be detected in many regions of human brain by using a very sensitive and specific radioimmunoassay and that adrenomedullin mRNA is over-expressed in rat cerebral cortex after focal cerebral ischemia (Sato et al., 1995; Wang et al., 1995). Moreover, a role for adrenomedullin in the regulation of the circulation has

been suggested. Adrenomedullin is present in the blood at relatively high concentrations (Ichiki et al., 1994). The gene expression as well as synthesis of adrenomedullin has been demonstrated in cultured vascular endothelial cells and vascular smooth muscle cells, including those from brain capillaries (Sugo et al., 1994a,b).

We have demonstrated that adrenomedullin is a potent vasodilator peptide in dog cerebral arteries (Baskaya et al., 1995). The smaller arterioles in the cerebral microcirculation play an important role in the control of local cerebral blood flow, and the responses of these cerebral arterioles to vasoactive substances can be different from those of larger cerebral arteries (Dacey and Duling, 1984; Takayasu et al., 1988). Because few data are available concerning the effects of adrenomedullin on the cerebral microcirculation (Lang et al., 1997), we investigated the effect of adrenomedullin on rat intracerebral arteriolar dilation *in vitro*, and compared the effects with those of the structurally related peptides, CGRP and amylin.

**2. Materials and methods**

Cerebral arterioles were isolated and cannulated in an organ bath apparatus. Changes in vessel diameter in response to the extraluminal administration of various agents

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were measured as previously described (Dacey and Duling, 1982; Takayasu et al., 1988, 1993). Briefly, intracerebral arterioles, 41–101  $\mu\text{m}$  (mean 68.1) in diameter and approximately 1000  $\mu\text{m}$  in length, were surgically isolated from the first portion of the middle cerebral artery from the brains of pentobarbital-anesthetized Sprague-Dawley rats ( $n = 31$ ; weight 300–400 g; Chubu Science Materials, Nagoya, Japan). Vessel segments were transferred to a temperature-controlled chamber on the stage of an Olympus inverted microscope, and one end of the vessel was cannulated, using a glass pipette. After intraluminal blood was washed out, the other end of the vessel was occluded and secured with another pipette. The inner diameters of the vessels were determined manually with a video micro-scaler system (FOR. A, Model IV-550, Tokyo, Japan).

After cannulation, a constant transmural pressure of 60 mm Hg was applied via the cannulating pipette, which was connected to a manometer, and the passive diameter was measured. The external bath solution was then warmed from room temperature to 37–38°C. After approximately 45 min, during which time the solution was changed three or four times, spontaneous tone developed (control vessel diameter). Vessel responsiveness was then assessed by changing the extraluminal pH from 7.3 to 6.8 or to 7.6. The portion of the vessel segment which showed greatest reactivity was selected for study.

The physiologic salt solution (PSS) used in these studies was a modified Ringer's solution (millimolar composition: NaCl, 144; KCl, 3.0;  $\text{CaCl}_2$ , 2.5;  $\text{MgSO}_4$ , 1.4; glucose, 5.0; pyruvate, 2.0; ethylenediaminetetraacetic acid, 0.02; 3-[*N*-morpholino] propanesulfonic acid (MOPS), 2.0;  $\text{NaH}_2\text{PO}_4$ , 1.21). Bovine serum albumin (1.0 g/100 ml) was added to PSS when used as the intraluminal solution. The intraluminal solution was maintained at pH 7.3 for all experiments. All drugs were dissolved in PSS at a pH of 7.3 and administered to the extraluminal surface. Luminal diameter changes were based on measurements of the inner diameter.

Increasing concentrations ( $10^{-14}$  to  $10^{-6}$  M) of adrenomedullin, CGRP, and amylin were sequentially applied to arterioles to generate dose-response curves. Five minutes was usually long enough to obtain the maximum response for each concentration of the peptides before the next concentration was applied. Dose-response curves for CGRP and adrenomedullin were also obtained in vessels pretreated with CGRP-(8–37) ( $10^{-6}$  M), a competitive receptor antagonist of CGRP (Dennis et al., 1990), in order to determine the mechanism of adrenomedullin-induced vasodilation.

Human adrenomedullin, human amylin, human  $\alpha$ -CGRP, and CGRP-(8–37) were obtained from the Peptide Institute (Osaka, Japan). All other chemicals were of reagent grade.

Vessel diameters at each agonist dose were determined as a percentage of control vessel diameter. Magnitudes of vasoconstriction and vasodilation are expressed as the

percent change in diameter from control vessel diameter. These data are reported as the means  $\pm$  S.E.M. Differences among three or more groups were evaluated by one-way analysis of variance (ANOVA), using the Bonferroni/Dunn's procedure for post-hoc comparisons. Differences in vessel diameter at a given dose of CGRP or adrenomedullin between control and CGRP-(8–37) pretreated arterioles were evaluated by an unpaired *t*-test. We considered differences significant at  $P < 0.05$ .

### 3. Results

Vessels developed spontaneous tone and contracted to a diameter of  $69.4 \pm 1.8$   $\mu\text{m}$  from a passive diameter of  $90.4 \pm 2.2$   $\mu\text{m}$  ( $n = 31$ ) after warming to 37–38°C. In response to a pH change, arterioles dilated  $18.1 \pm 1.0\%$  at pH 6.8 and contracted  $14.8 \pm 1.3\%$  at pH 7.6. Vessels with poor vasomotor responses to pH changes ( $< 10\%$  change of diameter) were discarded from further study.

Extraluminal adrenomedullin caused dose-dependent vasodilation, with a maximum increase in luminal diameter of  $27.1 \pm 2.1\%$  ( $n = 9$ ) at  $3 \times 10^{-7}$  M and an  $\text{EC}_{50}$  of  $1.6 \times 10^{-9}$  M (Fig. 1). Extraluminal CGRP also produced dose-dependent vasodilation, maximally increasing the luminal diameter by  $19.8 \pm 4.1\%$  ( $n = 6$ ) at  $10^{-7}$  M with an  $\text{EC}_{50}$  of  $2.8 \times 10^{-11}$  M. Amylin caused no change in vessel diameter at concentrations between  $10^{-9}$  M and  $10^{-6}$  M. CGRP was a more potent vasodilator in lower doses than adrenomedullin, and there was a significant difference in the  $\text{EC}_{50}$  for CGRP and adrenomedullin ( $P < 0.01$ ). However, the difference in maximum dilation caused by the two agents was not significant ( $P = 0.108$ ).

When vessels were pretreated with CGRP-(8–37), the vasodilation elicited by CGRP and adrenomedullin was suppressed (Fig. 2). The dose-response curve for CGRP shifted to the right, with an  $\text{EC}_{50}$  of  $2.5 \times 10^{-8}$  M. Adrenomedullin, in concentrations between  $10^{-14}$  M and

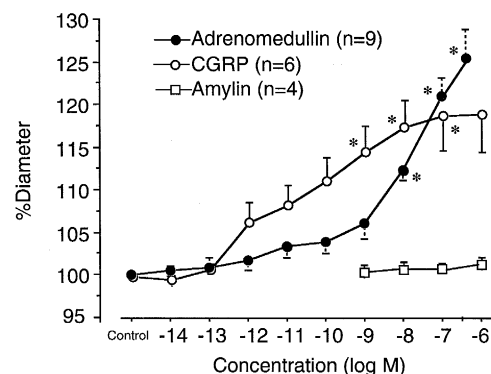


Fig. 1. Concentration-response curves for extraluminally applied adrenomedullin, CGRP and amylin in isolated intracerebral arterioles from rats. Each point represents mean vessel diameter expressed as a percentage of control diameter (mean  $\pm$  S.E.M.). Asterisks indicate significant vasodilation ( $P < 0.05$ ).

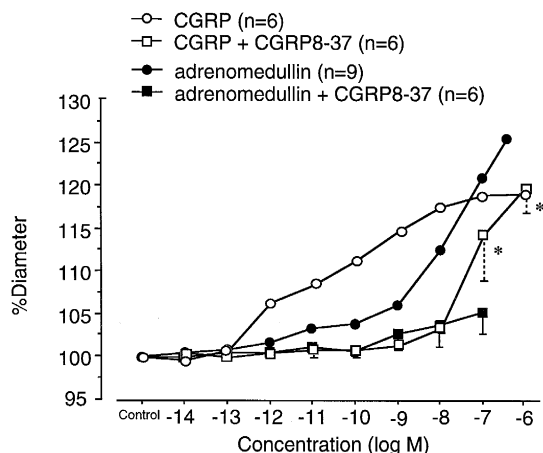


Fig. 2. The effect of pretreatment with CGRP-(8–37) ( $10^{-6}$  M) on concentration–response curves for CGRP and adrenomedullin. Each point represents mean vessel diameter expressed as a percentage of control diameter (mean  $\pm$  S.E.M.). Asterisks indicate significant vasodilation ( $P < 0.05$ ).

$10^{-6}$  M, did not cause vasodilation in arterioles pretreated with  $10^{-6}$  M CGRP-(8–37).

#### 4. Discussion

We demonstrated that adrenomedullin as well as CGRP caused significant dose-dependent vasodilation in rat intracerebral arterioles. In contrast, amylin did not cause vasodilation at concentrations up to  $10^{-6}$  M. Further, adrenomedullin-induced vasodilation was suppressed by pretreatment with a CGRP receptor antagonist, CGRP-(8–37).

The effects of adrenomedullin on the cardiovascular system have previously been examined (Ishiyama et al., 1993; Nuki et al., 1993). The potent vasodilator action of adrenomedullin in the peripheral vascular system accounts for the marked and prolonged systemic vasopressor response to the peptide. We have recently demonstrated that adrenomedullin is a potent vasodilator peptide in dog cerebral arteries (Baskaya et al., 1995). In the present study, we found significant vasodilator effects of adrenomedullin on arterioles, the most distal resistance vessels, in the cerebral microcirculation. These vessels play an important role in the regulation of local cerebral blood flow. The results suggest a role for adrenomedullin in the regulation of local cerebral blood flow. However, the vasodilator potency of adrenomedullin in the cerebral arterioles was approximately one-hundredth that of CGRP. Lang et al. (1997) have recently reported adrenomedullin-induced dilation of rat cerebral pial arterioles in the cranial window, which was suggested to be dependent on the activation of  $K^+$  channels. The effective concentrations of adrenomedullin were similar to ours but they ascribed the low potency of adrenomedullin to extraluminal application

of the peptide. Extraluminal application of drugs which directly act on vascular smooth muscle had a greater effect than intraluminal application in our experimental set-up, since drugs gain easy access to the vascular smooth muscle through the very thin adventitia without passing through the endothelial barrier including tight junctions in intracerebral arterioles (Ogura et al., 1991). The potency of adrenomedullin relative to CGRP in cerebral arterioles was less than that reported in other vasculature, in which adrenomedullin has similar or only slightly less potency than CGRP (Nuki et al., 1993; Baskaya et al., 1995).

The vasodilator effect of adrenomedullin on cerebral arterioles was inhibited by CGRP-(8–37), a CGRP receptor antagonist. Specific receptors for adrenomedullin, which interact with CGRP, have been demonstrated in cultured vascular smooth muscle cells from the rat thoracic aorta (Eguchi et al., 1994). Further, Nuki et al. (1993) reported inhibition of adrenomedullin-induced vasodilation in the mesenteric vascular bed by CGRP-(8–37). A fragment of adrenomedullin lacking the first 12 amino acids, adrenomedullin-(13–53), has similar vasodepressor activity as the intact peptide (Lin et al., 1994). This fragment of adrenomedullin, which shares structural homology with CGRP, is therefore necessary and sufficient to produce a systemic vasodepressor response.

Adrenomedullin along with amylin are members of the structurally related CGRP superfamily. CGRP is widely distributed throughout the nervous system. It is present in sensory nerve fibers that innervate blood vessels and is responsible for adjusting local cerebral blood flow in response to nociceptive signals in the vascular wall (McCulloch et al., 1986). Recent studies have shown that high concentrations of adrenomedullin are detected in many regions of human brain, with the highest concentrations in the thalamus and hypothalamus (Sato et al., 1995), and that adrenomedullin mRNA is over-expressed in rat cerebral cortex after focal cerebral ischemia (Wang et al., 1995). Active production of adrenomedullin has also been found in cultured endothelial cells from bovine brain capillaries. The production of adrenomedullin in vascular smooth muscle cells is stimulated by cytokines including interleukin-1, tumor necrosis factor, and lipopolysaccharide (Sugo et al., 1995). Adrenomedullin therefore appears to regulate cerebral blood flow by functioning both as a circulating hormone and as a local mediator released from endothelial cells, vascular smooth muscle cells and brain tissue.

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