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Short communication

Modulation of acetylcholine release from parasympathetic nerves innervating guinea-pig and human trachea by endomorphin-1 and -2

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Abstract

Endomorphin-1 and -2 (μ -opioid receptor agonists) produced a concentration-dependent and naloxone-sensitive inhibition of cholinergic contractile responses in guinea-pig trachea (at 10 μ M, 46.1 \pm 8.0% and 33.8 \pm 8.6%, respectively). Endomorphin-1 and -2 also inhibited electrically-evoked acetylcholine release from cholinergic nerves innervating guinea-pig (at 0.1 μ M, 41.8 \pm 10.9%; at 1 μ M 60.1 \pm 6.3%, respectively) and human trachea (at 10 μ M, 76.2 \pm 18.1%, and 77.7 \pm 14.3%, respectively). Naloxone prevented the inhibition by endomorphin-1 and -2 in both guinea-pig and human trachea, suggesting that these peptides can inhibit cholinergic, parasympathetic neurotransmission to the airways via the activation of classical opioid receptors. © 1999 Elsevier Science B.V. All rights reserved.

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1. Introduction

The parasympathetic nerves play a dominant role in the control and regulation of airway smooth muscle tone and mucus secretion in animals and humans (Barnes, 1993). Indirect functional studies suggest that activation of opioid receptors results in inhibition of cholinergic neurotransmission and thus cholinergic contractile responses evoked by electrical field stimulation in human (Belvisi et al., 1992) and guinea-pig (Belvisi et al., 1990) airways. Recently, we confirmed the pre-junctional nature of this response by demonstrating the inhibitory action of [D-Ala², N-Me-Phe⁴,Gly⁵-ol]enkephalin (DAMGO) on acetylcholine release from parasympathetic nerves innervating guinea-pig trachea (Patel et al., 1997).

Two endogenous peptides, endomorphin-1 and -2, with high affinity and specificity for the μ -opioid receptor have been isolated from bovine (Zadina et al., 1997) and human (Hackler et al., 1997) brain tissue. A recent study has

demonstrated the presence of endomorphin-2 in small diameter primary afferent fibres in rodents and primates (Pierce et al., 1998) and spinally administered endomorphin-1 and -2 inhibit C-fibre evoked neuronal responses (Chapman et al., 1997). However, it is not known whether these peptides modulate peripheral neurotransmission. We have investigated the ability of endomorphin-1 and -2 to modulate cholinergic neurotransmission by measuring cholinergic contractile responses in guinea-pig trachea and by directly measuring electrically-evoked acetylcholine release from parasympathetic nerves innervating guinea-pig and human trachea.

2. Materials and methods

2.1. Preparation of guinea-pig and human trachea

Male Dunkin-Hartley guinea-pigs (full barrier animals; 350–500 g; David Hall, Staffordshire, UK) were cervically dislocated and the trachea removed. Human tracheal smooth muscle was obtained from at least 4 different

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donors for heart/heart-lung transplantation (patients, aged 21–52 years, three males).

2.2. Measurement of contraction

Transverse segments of epithelium-denuded guinea-pig trachea were suspended between parallel platinum-wire electrodes in 10 ml organ baths containing oxygenated Krebs solution in the presence of indomethacin (10 μM) and isometric contractile responses were measured (Patel et al., 1998). The effect of endomorphin-1 and -2 (0.01–10 μM) on electrically-evoked (40 V, 0.5 ms, 4 Hz for 15 s every 4 min), atropine and tetrodotoxin-sensitive cholinergic contractile responses was investigated. In some experiments, naloxone (10 μM) was added to the tissues for 30 min before, or in some cases, 20 min after incubation (time of maximum effect of endomorphins) with endomorphin-1 or -2 (10 μM each). In a separate series of experiments the effect of endomorphin-1 or -2 (10 μM) was investigated

on contractions elicited by the addition of 1 μM acetylcholine, which elicited contractions that were similar in magnitude to those evoked electrically. After three control responses to acetylcholine, endomorphin-1 or -2 (10 μM) was added for 20 min, followed by a final contraction to acetylcholine.

2.3. Measurement of acetylcholine release

Strips of guinea pig or human tracheal smooth muscle were mounted in chambers and superfused with oxygenated Krebs solution in the presence of indomethacin (10 µM). Acetylcholine release was determined by measuring electrically-evoked [³H]overflow (electrical field stimulation parameters: 40 V, 4 Hz, 0.5 ms for 1 min) from epithelium-denuded strips pre-loaded with [³H]choline as described previously (Patel et al., 1995). Electrical field stimulation was applied and 1 ml samples were taken at 1 min intervals for 3 min before, 1 min during, and 3 min

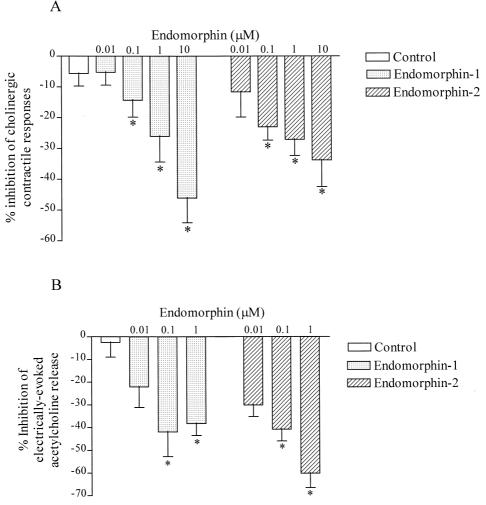


Fig. 1. The effect of endomorphin-1 $(0.01-10~\mu\text{M})$ and -2 $(0.01-10~\mu\text{M})$ on electrically-evoked (40~V, 0.5~ms pulse width, 4 Hz for 15 sec every 4 min) cholinergic contractile responses (A) and electrically-evoked (40~V, 0.5~ms pulse width, 4 Hz for 1 min) acetylcholine release (B) from epithelium-denuded guinea-pig trachea. Results are expressed as the mean percentage change from control responses preceding drug administration. Data represent mean \pm S.E.M. of at least five independent determinations. *p < 0.05; significant inhibition of cholinergic contractile responses or acetylcholine release assessed by Wilcoxon's rank order test for paired data.

after stimulation and 1 ml samples were taken at 5 min intervals outside these times. The tritium release evoked by electrical stimulation under the aforementioned conditions is frequency-dependent and tetrodotoxin-sensitive and, therefore, neuronal in origin (Ward et al., 1993). This has also been demonstrated for guinea-pig trachea under similar conditions (Wessler et al., 1991). Furthermore, the chemical nature of tritium outflow evoked by electrical stimulation of epithelium-denuded tracheal preparations has been shown to be made up of entirely neuronally released [³H]acetylcholine (Wessler et al., 1991, 1995). We therefore assume that [³H]choline overflow represents an accurate index of released [3H]acetylcholine. Endomorphin-1 and -2 (0.01-1 µM) were added to the Krebs solution for 10 min after one control (first) electrical stimulation, followed by a second test electrical stimulation. In some experiments naloxone (10 µM) was added at the beginning of the collection period. The time frame for these experiments was 44 min. In some experiments using human tissue, naloxone (10 μM) was added to the tissues for 30 min after the second (test) stimulation and was followed by a third (second test) stimulation. The time frame for these experiments was 81 min.

2.4. Materials

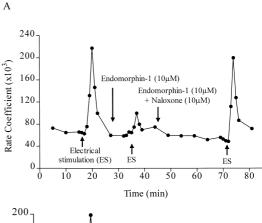
All drugs were purchased from Sigma (Poole, Dorset, UK) except endomorphin-1 and -2 (purified from bovine brain) which were purchased from Tocris Cookson (Bristol, UK).

2.5. Statistical analysis

In all experiments each tissue acted as its own control. Results obtained before and after drug treatment of predetermined pairs were compared by Wilcoxon's rank order test for paired data. The Kruskal-Wallis non-parametric ANOVA followed by Dunn's test was used for multiple comparisons between tissues.

3. Results

Both endomorphin-1 and -2 (0.01–10 μ M) inhibited cholinergic contractile responses in guinea-pig trachea in a concentration-dependent manner (Fig. 1A) while having no effect on contractions evoked by exogenous acetylcholine (data not shown). The inhibitory action of endomorphin-1 (10 μ M) and -2 (10 μ M) on cholinergic contractile responses was significantly reversed by the addition of naloxone (10 μ M; 68.5 \pm 6.1%, n = 5, p < 0.05 and 86.2.3 \pm 6.0% reversal, n = 5, p < 0.05, respectively) and was abolished by pre-treatment of the tissues with naloxone (10 μ M; 0.6 \pm 2.2% inhibition, n = 5 and 4.1 \pm 4.4% inhibition, n = 5, respectively), under conditions where naloxone (10 μ M) alone had no effect (4.8 \pm 2.8% inhibition, n = 3). Endomorphin-1 inhibited electrically-evoked acetylcholine release from guinea-pig trachea in a concen-



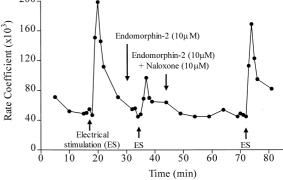


Fig. 2. Profile of the effect of naloxone (10 μ M) on the inhibitory action of (A) endomorphin-1 (10 μ M) and (B) -2 (10 μ M) on electrically-evoked (40 V, 0.5 ms pulse width, 4 Hz for 1 min) acetylcholine release from a single, epithelium-denuded human tracheal strip. Results are expressed as the rate coefficient (×10³), which is a measure of the fractional [3 H] release plotted against time (min).

tration-dependent manner as did endomorphin-2 (Fig. 1B). Naloxone (10 μ M) alone had no effect (5.17 \pm 10.3% inhibition, n = 8, NS). However, pre-treatment of tissues with naloxone (10 µM for 20 min) abolished the inhibitory effect of both endomorphin-1 (at 1 μ M, 10.7 \pm 32.4% inhibition, n = 7, NS) and -2 (at 1 μ M, 12.08 \pm 7.48% inhibition, n = 8, NS). Furthermore, endomorphin-1 and -2 inhibited acetylcholine release from cholinergic nerves innervating human trachea (at 1 μ M, 64.7 \pm 11.7%, n = 4, p < 0.05 and $64.1 \pm 15\%$ inhibition, n = 3, p < 0.05, respectively; at 10 μ M, 76.2 \pm 18.1%, n = 3, p < 0.05 and $77.7 \pm 14.3\%$ inhibition, n = 3, p < 0.05). As in guineapig tissue, naloxone (10 μ M) alone had no effect (5.8 \pm 9.0% inhibition, n = 3). However, the inhibitory action of endomorphin- 1 and -2 (both at 10 µM) was reversed by naloxone (109.7 \pm 12.8%, reversal, n = 3, p < 0.05 and $109.3 \pm 24.7\%$ reversal, n = 3, p < 0.05, respectively; see Fig. 2A and B for representative profiles).

4. Discussion

These results provide persuasive evidence for the first time that endomorphin-1 and -2 modulate cholinergic neurotransmission in a peripheral tissue. Endomorphin-1 and -2 suppressed electrically-evoked cholinergic contractile responses without affecting tension elicited by exogenous acetylcholine in guinea-pig trachea and they inhibited electrically evoked acetylcholine release from parasympathetic nerve terminals innervating human and guinea-pig trachea. Naloxone abolished the inhibitory action of endomorphin-1 and -2 on both contractile responses and acetylcholine release in guinea-pig airways and on acetylcholine release in human airways. The level of inhibition of acetylcholine release observed at 1 µM for both endomorphin-1 and -2 in guinea-pig trachea is not as great as that seen with the M2-muscarinic receptor agonist, oxotremorine M (at 1 μ M ~ 77% inhibition, Patel et al., 1995). However, they are similar to that seen with DAMGO at 1 μ M (~ 36% inhibition, Patel et al., 1997). In human trachea, oxotremorine M (1 µM) inhibits acetylcholine release by approximately 73% (Patel et al., 1995), which is similar to the effects of endomorphins described in the present study. It appears then, that as well as there being an autoregulatory feed-back mechanism to control the release of acetylcholine, endogenous endomorphins, if they are present in the airways, may also limit acetylcholine release and hence vagally-mediated bronchoconstriction in human trachea. The naloxone-sensitive nature of the response elicited by the endomorphins is in agreement with other studies demonstrating significant naloxone-sensitive vasodilator activity in the systemic vascular bed of the rabbit (Champion et al., 1997a) and in the hindquarters vascular bed of the rat (Champion et al., 1997b). In addition, the inhibitory effects of spinal endomorphin-1 and -2 on evoked dorsal horn neuronal responses in the rat were partially reversed by naloxone (Chapman et al., 1997).

In conclusion, this data suggests that the μ -opioid receptor ligands endomorphin-1 and -2 inhibit cholinergic neurotransmission pre-junctionally in guinea-pig and human trachea through an interaction with 'classical' (naloxone-sensitive) receptors. Theoretically, peripherally acting μ -opioid receptor agonists, devoid of central actions, might have therapeutic potential in the treatment of cholinergic reflex bronchoconstriction and mucus secretion.

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