

## Short communication

Relaxation of mouse isolated aorta to adenosine and its analogues does not involve adenosine A<sub>1</sub>, A<sub>2</sub> or A<sub>3</sub> receptors

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## Abstract

Relaxations to adenosine and analogues were investigated in the mouse aorta in the presence of the adenosine A<sub>1</sub> receptor-selective antagonist 1,3-dipropyl-8-cyclopentylxanthine (DPCPX, 30 nM), which did not affect relaxations to adenosine or its analogue *N*<sup>6</sup>-*R*-phenylisopropyladenosine (*R*-PIA) but abolished contractile adenosine A<sub>1</sub> receptor-mediated responses to these agonists. Relaxations to adenosine, 5'-*N*-ethylcarboxamidoadenosine, *R*-PIA, 2-[*p*-(2-carbonylethyl)-phenylethylamino]-5'-*N*-ethylcarboxamidoadenosine (CGS 21680), and *N*<sup>6</sup>-(3-iodobenzyl)-adenosine-5'-*N*-methyluronamide (IB-MECA) were unaffected by the adenosine A<sub>1</sub>/A<sub>2</sub> receptor antagonist 8-sulphophenyltheophylline (100 μM). IB-MECA relaxations were unaffected by the adenosine A<sub>3</sub> receptor-selective antagonist 3-ethyl-5-benzyl-2-methyl-6-phenyl-4-phenylethynyl-1,4-(±)-dihydropyridine-3,5-dicarboxylate (MRS1191, 30 μM) and *R*-PIA relaxations were unaffected by *N*<sup>G</sup>-nitro-L-arginine methyl ester (100 μM) and endothelium removal. In conclusion, relaxant responses to adenosine and analogues do not involve adenosine A<sub>1</sub>, A<sub>2</sub> or A<sub>3</sub> receptors and are endothelium- and nitric oxide-independent. © 2001 Elsevier Science B.V. All rights reserved.

**Keywords:** Adenosine; Aorta, mouse; Xanthine; Purinoceptor; Endothelium

## 1. Introduction

Adenosine has important effects on the vasculature, and in general, adenosine A<sub>1</sub> receptors mediate constriction, adenosine A<sub>2A</sub> and A<sub>2B</sub> receptors mediate relaxation and adenosine A<sub>3</sub> receptors may mediate indirect effects via mast cell degranulation (Ralevic and Burnstock, 1998). However, increasingly, there is evidence for an additional mechanism(s), distinct from the four currently cloned adenosine receptors, by which adenosine and some of its analogues induce relaxations (rat aorta, Lewis et al., 1994; Prentice and Hourani, 1996; rat mesenteric artery, Prentice et al., 1997; frog aorta, Knight and Burnstock, 1996; guinea pig aorta, Collis and Brown, 1983; hamster aorta, Prentice and Hourani, 2000; rat renal artery, Martin and Potts, 1994).

The adenosine A<sub>2A</sub> receptor is regarded as playing a key role in the vasodilator responses in many tissues and adenosine A<sub>2A</sub> receptor knockout mice have been pro-

duced, which have elevated blood pressure, although it is not clear if this is a central or a peripheral effect (Ledent et al., 1997). Our intention, ultimately, is to compare responses to adenosine and its analogues in isolated blood vessels from normal and adenosine A<sub>2A</sub> receptor knockout mice to investigate the role of peripheral adenosine A<sub>2A</sub> receptors in the control of blood pressure. Since adenosine receptors mediating relaxations in aortic rings isolated from both rats and hamsters have been characterised as A<sub>2A</sub> (Prentice and Hourani, 1996, 2000), we chose to look initially at isolated murine aorta. We studied the effects of adenosine, 5'-*N*-ethylcarboxamidoadenosine (NECA), the adenosine A<sub>1</sub> receptor-selective agonist *N*<sup>6</sup>-*R*-phenylisopropyladenosine (*R*-PIA), the adenosine A<sub>3</sub> receptor-selective agonist *N*<sup>6</sup>-(3-iodobenzyl)-adenosine-5'-*N*-methyluronamide (IB-MECA, Jacobson et al., 1995) and the adenosine A<sub>2A</sub> receptor-selective agonist 2-[*p*-(2-carbonylethyl)-phenylethylamino]-5'-*N*-ethylcarboxamidoadenosine (CGS 21680, Fredholm et al., 1994), as well as the adenosine A<sub>1</sub>/A<sub>2</sub> receptor antagonist 8-sulphophenyltheophylline (Fredholm et al., 1994) and the adenosine A<sub>3</sub> receptor-selective antagonist 3-ethyl-5-benzyl-2-methyl-6-phenyl-4-phenylethynyl-1,4-(±)-dihydro-

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pyridine-3,5-dicarboxylate (MRS1191, Jiang et al., 1997) in isolated aorta from normal mice and we report here some unexpected results suggesting the absence of any relaxant adenosine  $A_1$ ,  $A_2$  or  $A_3$  receptor.

## 2. Materials and methods

Adult male CD1 mice (Charles River, UK, 30–35 g) were killed by cervical dislocation, the thoracic aorta excised and one or two rings approximately 3 mm long were taken per animal. These were mounted between two fine (0.125 mm diameter) tungsten wires in 3.5 ml organ baths containing Krebs–Henseleit solution (mM: NaCl, 118; KCl, 4.7;  $\text{NaHCO}_3$ , 25; D-glucose, 11;  $\text{MgSO}_4 \cdot 7\text{H}_2\text{O}$ , 0.45;  $\text{K}_3\text{PO}_4$ , 1.2;  $\text{CaCl}_2 \cdot 2\text{H}_2\text{O}$ , 2.5), maintained at 37°C and gassed with 95%  $\text{O}_2/\text{CO}_2$ . Preparations were allowed to equilibrate for 30 min under an initial resting tension of 1 g. Tissue viability was tested using 0.1  $\mu\text{M}$  phenylephrine, a concentration that elicits approximately 85% maximum contraction. All tissues were tested for the presence of functional endothelium using 1  $\mu\text{M}$  acetylcholine. Tissues in which acetylcholine did not induce a relaxation were rejected. Tissues were then washed, incubated for a period of 60 min, either in the presence of one of the antagonists or with an appropriate solvent control, then contracted again with phenylephrine, and cumulative relaxant concentration–response curves to adenosine analogues were constructed. In preliminary experiments, *R*-PIA and adenosine caused contractions at relatively low concentrations (0.1  $\mu\text{M}$ ,  $29 \pm 5\%$  phenylephrine maximum) and relaxations at higher concentrations. The contractions were abolished by both 8-sulphophenyltheophylline (100  $\mu\text{M}$ ) and the selective adenosine  $A_1$  receptor-selective antagonist 1,3-dipropyl-8-cyclopentylxanthine (DPCPX) (30 nM), though the relaxations were unaffected by these antagonists. Because in these experiments we were interested in characterising the receptors mediating relaxation, all further experiments were conducted in the presence of 30 nM DPCPX to eliminate the confounding influence of adenosine  $A_1$  receptors mediating contractions. DPCPX was administered to all tissues at the beginning of the 60-min incubation period.

In experiments where the involvement of endothelium and nitric oxide synthase were investigated, either the endothelium was destroyed using a metal rod or tissues were incubated with *N*<sup>G</sup>-nitro-L-arginine methyl ester (L-NAME, 100  $\mu\text{M}$ ). Absence of endothelium or blockade of nitric oxide synthase was confirmed by loss of the acetylcholine response.

Where two rings were taken from the same animal, one was used as a control and one as an antagonist-treated preparation. Only one concentration–response curve was constructed in each preparation, except for studies using adenosine where, because the variation between tissues was large, paired curves were constructed in the same

tissue ring before and after incubation with either 8-sulphophenyltheophylline (100  $\mu\text{M}$ ) or nitrobenzylthioinosine (1  $\mu\text{M}$ ). In order to check for reproducibility of concentration effect curves in the same tissue, two sequential control curves were constructed in a single aortic ring.

Responses were recorded isometrically using Grass FTO3 force displacement transducers and displayed on a Grass polygraph (model 79). Results are expressed as % decrease in the contraction to phenylephrine and where possible, midpoint location ( $[\text{A}]_{50}$ ), upper asymptote ( $\alpha$ ) and midpoint slope parameter estimates ( $n_H$ ) were obtained by logistic curve fitting (see Prentice et al., 1995). In the paired curve experiments,  $\text{IC}_{30}$  (concentration required to achieve 30% relaxation) values were estimated by regression of the linear portion of the curve and ratios of the  $\text{IC}_{30 \text{ control}}/\text{IC}_{30 \text{ treated}}$  ( $\text{IC}_{30}$  ratio) were calculated.

The effect of drug treatment was assessed by Student's *t*-test and *P* values of less than 0.05 were considered significant. Data are presented as mean  $\pm$  S.E.M. of values obtained from at least three different animals.

All drugs were obtained from Sigma-Aldrich, UK and were made up at stock concentrations of 10 mM. CGS 21680 was made up with 7% ethanol, 8-sulphophenyltheophylline, phenylephrine, acetylcholine, adenosine, NECA and L-NAME in distilled water, *R*-PIA in 0.06 M HCl, DPCPX in 6 mM NaOH containing 6% dimethylsulphoxide (DMSO) and MRS1191, IB-MECA and nitrobenzylthioinosine in 100% DMSO. Further dilutions were made up in water except for MRS1191, which was diluted 100-fold in 33% DMSO and nitrobenzylthioinosine, which was diluted 10-fold in 50% DMSO and then diluted 10-fold in distilled water.

## 3. Results

In preliminary experiments, *R*-PIA and adenosine caused contractions at relatively low concentrations (0.1  $\mu\text{M}$ ,  $29 \pm 5\%$  phenylephrine maximum) and relaxations at higher concentrations. The contractions were abolished by both the non-selective adenosine  $A_1/A_2$  receptor antagonist 8-sulphophenyltheophylline (100  $\mu\text{M}$ ) and by an adenosine  $A_1$  receptor-selective concentration of DPCPX (30 nM), suggesting that they were adenosine  $A_1$  receptor mediated (data not shown). Relaxations to adenosine and *R*-PIA were unaffected by these antagonists suggesting that they were not adenosine  $A_1$  receptor mediated (data not shown). All further experiments were therefore conducted in the presence of 30 nM DPCPX in order to eliminate the confounding influence of adenosine  $A_1$  receptor-mediated contractions.

NECA and CGS 21680 caused only small relaxations ( $< 30\%$ ) at relatively high concentrations ( $> 30$  and 3  $\mu\text{M}$ , respectively), which were not significantly affected by 8-sulphophenyltheophylline ( $P > 0.05$ ) (100  $\mu\text{M}$ , Fig. 1A and B). Relaxations to adenosine were variable, with

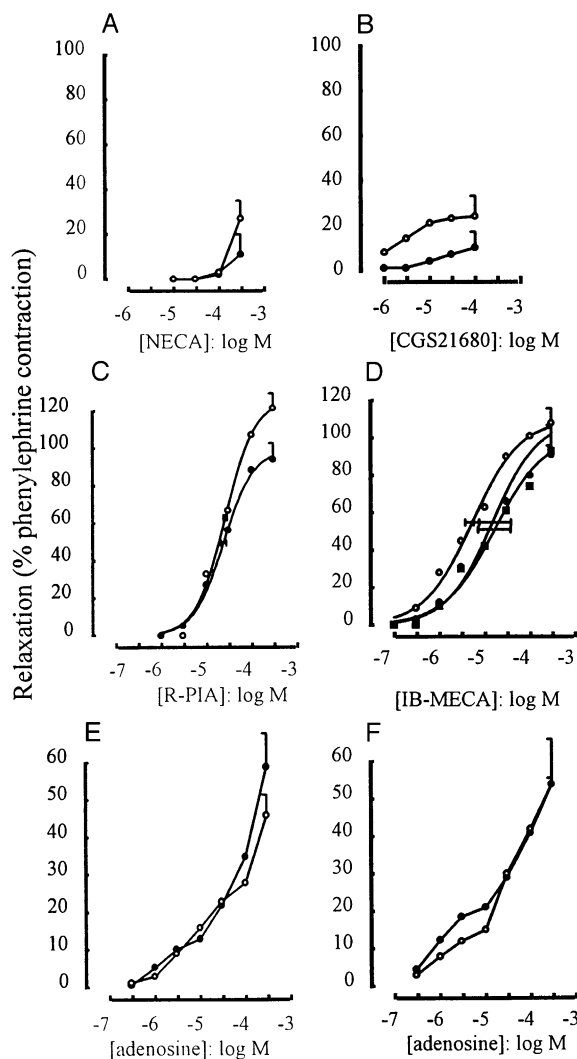


Fig. 1. Concentration–response curves to (A) NECA in the absence (●) or presence (○) of 100  $\mu$ M 8-sulphophenyltheophylline, (B) CGS 21680 in the absence (●) or presence (○) of 100  $\mu$ M 8-sulphophenyltheophylline, (C) R-PIA in the absence (●) or presence (○) of 100  $\mu$ M 8-sulphophenyltheophylline, (D) IB-MECA in the absence (●) or presence (○) of 100  $\mu$ M 8-sulphophenyltheophylline (○) or 100  $\mu$ M MRS1191 (■), or paired concentration–response curves to adenosine (E) in the absence (●) and presence (○) of 100  $\mu$ M 8-sulphophenyltheophylline and (F) in the absence (●) and presence (○) of 1  $\mu$ M nitrobenzylthioinosine. All curves were constructed in the presence of 30 nM DPCPX. Data points are average responses (% relaxation of phenylephrine-induced contraction),  $n = 4-6$ . Where possible the lines through the data were generated by the use of the average logistic fitting parameters. Either average  $p[A]_{50}$  and  $\alpha$  values are marked together with their associated S.E.M., or the S.E.M. for the maximum relaxation obtained is marked. For abbreviations, see text.

responses occurring at concentrations as low as 10 nM in some preparations, but more usually at concentrations above 10  $\mu$ M, and none of the curves reached a plateau. Because of the variability in curve shape and location, a paired curve design was adopted to investigate the effects of blockers on these responses. In these experiments, a control concentration–effect curve and a curve after treatment with antagonist were constructed sequentially in a

single aortic ring preparation. The  $IC_{30}$  ratio for the paired control curves was not significantly different from unity ( $IC_{30}$  ratio =  $1.6 \pm 0.7$ ,  $P > 0.05$ ), establishing the reproducibility of sequential curves constructed in a single aortic ring. The average  $pIC_{30}$  values for the control (first curve) and 8-sulphophenyltheophylline (100  $\mu$ M) treated (second curve) were  $4.3 \pm 0.3$  and  $4.2 \pm 0.3$ , respectively, suggesting that 8-sulphophenyltheophylline did not affect curves to adenosine and this was confirmed by the fact that the  $IC_{30}$  ratio was not significantly different from unity ( $1.0 \pm 0.3$ ,  $P > 0.05$ , Fig. 1E). Likewise, the  $pIC_{30}$  values for the control (first curve) and nitrobenzylthioinosine (1  $\mu$ M) treated (second curve) were  $4.5 \pm 0.1$  and  $4.4 \pm 0.1$ , respectively, suggesting that the adenosine uptake inhibitor, nitrobenzylthioinosine, did not affect curves to adenosine and this was again confirmed by the  $IC_{30}$  ratio ( $1.0 \pm 0.4$ ,  $P > 0.05$ , Fig. 1F). Sigmoidal relaxant curves to R-PIA and IB-MECA were obtained over a concentration range 1  $\mu$ M–0.3 mM and achieved maxima

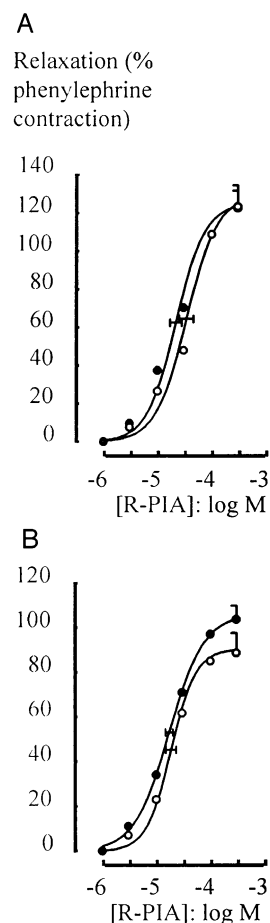


Fig. 2. Concentration–response curves to R-PIA (A) in the absence (●) or presence (○) of 100  $\mu$ M L-NAME and (B) in the presence (●) or absence (○) of endothelium. All curves were constructed in the presence of 30 nM DPCPX. Data points are average responses (% relaxation of phenylephrine-induced contraction),  $n = 3-4$ . The lines through the data were generated by the use of the average logistic fitting parameters and average  $p[A]_{50}$  and  $\alpha$  values are marked together with their associated S.E.M. For abbreviations, see text.

in the region of 100% relaxation. These relaxations were also unaffected by 8-sulphophenyltheophylline (100  $\mu$ M,  $R$ -PIA  $p[A]_{50}$  control =  $4.60 \pm 0.06$ ; + 8-sulphophenyltheophylline =  $4.60 \pm 0.04$ ,  $P > 0.05$ ; IB-MECA  $p[A]_{50}$  control =  $4.80 \pm 0.42$ ; + 8-sulphophenyltheophylline =  $5.30 \pm 0.15$ ,  $P > 0.05$ , Fig. 1C and D). Responses to IB-MECA were unaffected by the antagonist MRS1191 (30  $\mu$ M,  $p[A]_{50}$  control =  $4.80 \pm 0.42$ ; + MRS1191 =  $4.80 \pm 0.36$ ,  $P > 0.05$ , Fig. 1D).

Neither removal of endothelium nor blockade of nitric oxide synthase using L-NAME (100  $\mu$ M) affected curves to  $R$ -PIA ( $p[A]_{50}$  in the absence and presence of L-NAME =  $4.48 \pm 0.13$  and  $4.67 \pm 0.11$ , respectively,  $P > 0.05$ ;  $p[A]_{50}$  in the presence and absence of endothelium =  $4.74 \pm 0.10$  and  $4.77 \pm 0.07$ , respectively,  $P > 0.05$ , Fig. 2).

#### 4. Discussion

In preliminary experiments, contractile responses to both adenosine and  $R$ -PIA were observed, which were abolished by both 8-sulphophenyltheophylline and DPCPX, suggesting the presence of contractile adenosine  $A_1$  receptors. However, in this study, we wanted to characterise relaxant effects of adenosine and its analogues, therefore, all further experiments were performed under conditions of selective adenosine  $A_1$  receptor blockade (30 nM DPCPX). This concentration of DPCPX did not affect relaxations to adenosine and  $R$ -PIA, therefore, they are not adenosine  $A_1$  receptor mediated, even though  $R$ -PIA is normally considered to be a selective adenosine  $A_1$  receptor agonist. Under these conditions, NECA and CGS 21680 caused only relaxations in the mouse isolated aorta at relatively high concentrations and these were unaffected by 8-sulphophenyltheophylline, suggesting that they were not mediated by adenosine  $A_2$  receptors. This observation contrasts with data previously obtained in aortic preparations from other mammalian species where adenosine  $A_2$  receptors mediate vasodilation (rat aorta, Lewis et al., 1994; Prentice and Hourani, 1996; guinea pig aorta, Collis and Brown, 1983; hamster aorta, Prentice and Hourani, 2000).

Although responses to adenosine varied between aortic preparations, it was possible to obtain, sequentially, two reproducible curves from a single preparation. In order to see if curves to adenosine were affected by 8-sulphophenyltheophylline, sequential curves were therefore constructed before and after incubation with the antagonist in a single aortic preparation. Like relaxations to NECA and CGS 21680, those to adenosine were unaffected by 8-sulphophenyltheophylline, suggesting that they were also not mediated by adenosine  $A_2$  receptors.

Whereas relaxations to NECA and CGS 21680 were small, sigmoidal curves to  $R$ -PIA and IB-MECA were obtained, which could be fitted to a logistic function, suggesting a receptor-mediated effect. However, these re-

laxations were also resistant to blockade by 8-sulphophenyltheophylline. As all of the experiments were carried out in the presence of an adenosine  $A_1$  receptor-selective concentration of DPCPX (which did not affect the relaxations), and relaxations to all of the agonists were resistant to blockade by 8-sulphophenyltheophylline, we can conclude that adenosine, NECA, CGS 21680,  $R$ -PIA and IB-MECA activate a site distinct from adenosine  $A_1$  and  $A_2$  receptors to cause relaxation of the mouse aorta. The adenosine  $A_3$  receptor-selective antagonist MRS1191 was used to investigate the involvement of adenosine  $A_3$  receptors, however, at a concentration approximately 10-fold higher than its  $K_i$  at rat-cloned adenosine  $A_3$  receptors ( $K_i = 3 \mu$ M, Jiang et al., 1997), it did not alter curves to IB-MECA. Therefore, it is unlikely that the relaxations are mediated by adenosine  $A_3$  receptors either.

There is evidence that adenosine and some of its analogues are able to produce both antagonist-sensitive and antagonist-resistant relaxations in other vascular preparations, for example in the rat aorta (Prentice and Hourani, 1996), rat mesenteric artery (Prentice et al., 1997), guinea-pig aorta (Collis and Brown, 1983), rat renal artery (Martin and Potts, 1994) and hamster aorta (Prentice and Hourani, 2000). The lack of effect on curves to  $R$ -PIA of endothelium denudation or of nitric oxide synthase inhibition by L-NAME in the mouse aorta suggests that the mechanism by which this agonist mediates its effects is neither endothelium- nor nitric oxide-dependent. This result is consistent with data obtained in other vascular preparations where antagonist-resistant sites have also been found to be non-endothelium dependent, for example, in the rat aorta, mesenteric artery and renal artery (Prentice and Hourani, 1996; Prentice et al., 1997; Martin and Potts, 1994), and hamster aorta (Prentice and Hourani, 2000).

However, the results obtained in this study with nitrobenzylthioinosine contrast with data obtained previously where nitrobenzylthioinosine abolished antagonist-resistant relaxations to adenosine, suggesting that they may be mediated by an intracellular mechanism (guinea-pig aorta, Collis and Brown, 1983; rat mesenteric artery, Prentice et al., 1997; hamster aorta, Prentice and Hourani, 2000). In the mouse aorta, nitrobenzylthioinosine did not affect responses to adenosine. Nitrobenzylthioinosine has been shown to bind with high affinity (low nM range) in a reversible, specific and saturable manner to uptake sites in the mouse, just as in other mammalian species (Verma and Marangos, 1984). However, nitrobenzylthioinosine-insensitive uptake sites exist (for review, see Jennings et al., 1998), so although the data suggest that adenosine responses are not dependent on nitrobenzylthioinosine-sensitive uptake into an intracellular compartment, access of adenosine by simple diffusion or by a nitrobenzylthioinosine-insensitive uptake site cannot be ruled out.

Overall, the data suggest the absence of relaxant adenosine  $A_1$ ,  $A_{2A}$ ,  $A_{2B}$  or  $A_3$  receptor, but the presence of another as yet undefined mechanism(s), resistant to block-

ade by 8-sulphophenyltheophylline or MRS1191, which is activated by adenosine, NECA and CGS 21680 at high concentrations, and by *R*-PIA and IB-MECA at lower concentrations. The mechanism mediating the relaxations is not endothelium- or nitric oxide-dependent. Thus far, the mouse isolated aorta is the only mammalian vascular preparation shown to lack functional, currently cloned adenosine receptors, which mediate relaxation and, as such, it is an ideal tissue in which to study the undefined mechanism by which adenosine and analogues induce smooth muscle relaxation.

Data obtained in vivo in mice lacking the adenosine A<sub>2A</sub> receptor suggest an involvement of this receptor in the tonic control of blood pressure since knockout mice were hypertensive compared to wild types (Ledent et al., 1997). Even though there are no adenosine A<sub>2A</sub> receptors in the largest artery, these receptors may be present in smaller branches of the murine vascular network where they may play a role in regulation of blood pressure. The involvement of central A<sub>2A</sub> receptors in the tonic control of blood pressure also cannot be ruled out.

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