Glucose reduces both Rb⁺ influx and efflux in pancreatic islet cells

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Microdissected, β-cell-rich pancreatic islets from ob/ob mice were used in studies of ⁸⁶Rb⁺ transport. D-Glucose (20 mM) induced a biphasic reduction in ⁸⁶Rb⁺ efflux. The reduction stabilized within 10 min at 34% of the efflux rate at zero glucose. The initial ⁸⁶Rb⁺ uptake (5 min) was dose-dependently reduced by ouabain with maximum inhibition at 1 mM. D-Glucose (20 mM) did not affect the ouabain-sensitive ⁸⁶Rb⁺ influx but markedly reduced (48%) the ouabain-resistant isotope influx. The results suggest that D-glucose does not affect the Na⁺/K⁺ pump in pancreatic β-cells and that the glucose-sensitive K⁺-transporting modalities (K⁺ channels) in the β-cells can mediate both inward and outward K⁺ flux.

(Pancreatic β -cell) Rb^+ flux K^+ flux Ouabain Na^+/K^+ pump D-Glucose

1. INTRODUCTION

 K^+ is transported across the pancreatic β -cell membrane by a pump-leak system of a rather classical appearance [1,2]. Previous studies have shown that the efflux of Rb⁺ or K⁺, representing the K⁺ permeability, is reduced by elevated glucose concentrations [3-5]. This effect is partly responsible for the glucose-induced electrical depolarizations of the β -cell membrane [3–6]. From studies of Na/K-activated ATPases in islet homogenates it has been proposed that part of the glucose actions in the β -cells could involve inhibition of the Na/K pump [7]. Previous measurements of islet K⁺ uptake with $^{86}\text{Rb}^+$ [1,5] or $^{42}\text{K}^+$ [8] or β -cell membrane potential with microelectrodes [2] have not provided evidence for a direct effect of glucose on the Na/K pump. However, the measurements of K⁺ or Rb⁺ transport have not included attempts to separate ouabain-sensitive transport (Na/K pump) from ouabain-resistant flux. The present study was undertaken to establish in more detail whether glucose affects the ⁸⁶Rb⁺ influx into pancreatic β cells and whether such an effect is restricted to the
ouabain-sensitive or ouabain-resistant fractions of
the ⁸⁶Rb⁺ influx. ⁸⁶Rb⁺ was used as a K⁺ analogue
[1,5] and parallel measurements of glucose effects
on ⁸⁶Rb⁺ influx and efflux were performed to
establish quantitative as well as qualitative comparisons of fluxes in both directions.

2. MATERIALS AND METHODS

Adult, non-inbred ob/ob mice of a local colony (Umeà ob/ob mice) were used throughout. Prior to experiments, the animals were starved overnight to normalize the blood sugar levels. These mice are characterized by β -cell hyperplasia resulting in large islets with more than 90% β -cells [9]. The present results are therefore probably representative of this endocrine cell type. Although the animals are metabolically abnormal, their β -cells respond normally to various stimulators and inhibitors of insulin secretion [10].

Pancreatic islets were microdissected free-hand [11]. Then, batches of 4-5 islets (influx ex-

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periments) or 10-15 islets (efflux experiments) were preincubated for 30 min at 37°C in a modified Krebs-Ringer medium (KRH) with the following composition (in mM): 130 NaCl, 4.7 KCl, 2.56 CaCl₂, 1.2 MgSO₄, 1.2 KH₂PO₄, 20 Hepes. The gas phase was ambient air, the pH 7.4, and the preincubation medium contained 3 mM D-glucose. After preincubation, islets were incubated in the same type of basal medium for various time periods in short-term incubations (influx ex-

periments) or 120 min (efflux experiments) essentially according to [1]. The medium was supplemented with $28 \,\mu\text{M}$ $^{86}\text{Rb}^+$ and $8 \,\mu\text{M}$ $[6,6'-^3\text{H}]$ sucrose as extracellular marker. The glucose concentration during incubation with isotopes is indicated in the legend to fig.1. In the efflux experiments, the radiolabelled islets were perifused as described [12]. After incubation or perifusion, the islets were freeze-dried (-40°C , 0.1 Pa), weighed and their radioactive contents

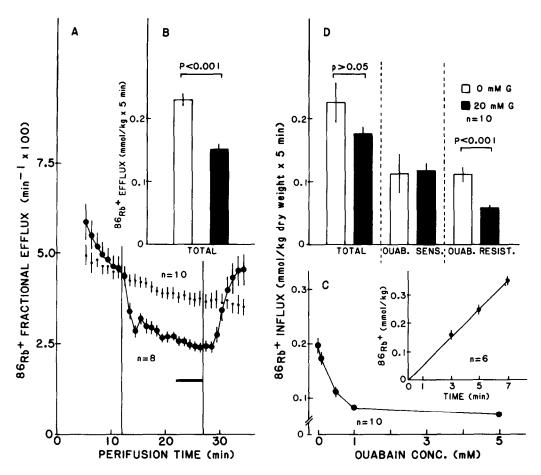


Fig.1. Effects of 20 mM D-glucose on ⁸⁶Rb⁺ influx and efflux. Microdissected pancreatic islets were preincubated for 30 min in KRH medium containing 3 mM D-glucose. In efflux experiments (A,B), the islets were labelled for 120 min in KRH medium containing 3 mM D-glucose and 28 μM ⁸⁶Rb⁺. They were then perifused with KRH medium containing either no D-glucose throughout (small filled circles in panel A and open bar in panel B) or initially zero D-glucose (min 0–12) followed by 20 mM D-glucose (min 13–27) and then back to zero D-glucose (min 28–35) (large filled circles in panel A and filled bar in panel B). Data in panel B have been calculated from the pooled efflux during min 23–27 in panel A. In uptake experiments (C,D), the islets were incubated with 28 μM ⁸⁶Rb⁺ and 8 μM [6,6'-³H]sucrose for 5 min in the absence of D-glucose (C) or absence (open bars in D) or presence of 20 mM D-glucose (filled bars in D). Data represent mean values ± SE for the number of experiments indicated in the figure. Statistical significance was assessed by using the 2-tailed Student's t-test.

measured in a liquid scintillation spectrometer. The fractional efflux was calculated by dividing the content of ⁸⁶Rb⁺ in each 1 min fraction by the total islet content of ⁸⁶Rb⁺ at the beginning of that minute.

3. RESULTS AND DISCUSSION

Fig.1A shows the effects of 20 mM D-glucose on the $^{86}\text{Rb}^+$ efflux from prelabelled islets. A rapid reduction in the $^{86}\text{Rb}^+$ fractional efflux (cf. [3–5]) was followed by a transient increase (cf. [13]), in turn followed by a period of more stable but reduced efflux rate. When D-glucose was removed, the reduction was promptly and completely reversed. Fig.1B shows the $^{86}\text{Rb}^+$ efflux calculated from the mean fractional efflux during the last 5 min in 20 mM D-glucose or the corresponding time period in the control experiments (horizontal filled bar) and taking the total β -cell $^{86}\text{Rb}^+$ pool to be 1.21 \pm 0.13 mmol/kg dry wt islets (mean \pm SE of 6 separate experiments). D-Glucose reduced the $^{86}\text{Rb}^+$ efflux rate by 34% (P < 0.001).

Fig.1C shows experiments to characterize the experimental system for measuring ⁸⁶Rb⁺ influx in ob/ob mouse islets. The inset in fig.1C shows that incubation with ⁸⁶Rb⁺ for 3, 5 or 7 min resulted in linear time dependence of the uptake, suggesting that 5-min incubations represent unidirectional influx of ⁸⁶Rb⁺. This incubation time was then selected in further experimentation. The addition of ouabain to the incubation medium inhibited the ⁸⁶Rb⁺ influx in a dose-dependent manner. Maximum effect was obtained with 1 mM ouabain, which was selected as the dose for further experiments.

Fig. 1D shows the effects of 20 mM D-glucose on $^{86}\text{Rb}^+$ influx. The 'total ^{86}Rb influx' in the absence of ouabain was slightly reduced by D-glucose (22%), although this effect was not highly significant statistically (0.05 < P < 0.1). This lack of significant glucose effect on total $^{86}\text{Rb}^+$ uptake is consistent with previous observations [1,5]. When the ouabain-sensitive component of the $^{86}\text{Rb}^+$ influx was extracted by computing, in each experiment, the difference between total ^{86}Rb influx and 'ouabain-resistant $^{86}\text{Rb}^+$ influx' (residual influx at 1 mM ouabain), it became obvious that the 'ouabain-sensitive $^{86}\text{Rb}^+$ influx' was not affected by 20 mM glucose (fig.1D). On the other hand, the

ouabain-resistant influx was markedly reduced (48%).

Our results lead to two basic conclusions. First. it appears that 20 mM D-glucose does not affect the Na/K pump in intact β -cells. Second, both ouabain-resistant influx and efflux of 86Rb+ (K+ analogue) are inhibited by D-glucose, which may suggest that the glucose-sensitive units for passive K⁺ transport (K⁺ channels) can mediate K⁺ flux in both directions. Similar results have been obtained with rat islets after preincubation with D-glucose [14]. The fact that the present two experimental systems for measurements of Rb+ efflux and influx respectively give the same total flux rate in the absence of glucose (fig.1B,D) may allow quantitative comparisons of the glucose effects. It appears that the glucose-induced reduction of total efflux is larger than the reduction of total influx (34 vs 22%). This asymmetry may help to explain how prolonged incubations in the presence of high glucose concentrations lead to a gradual increase in the apparent equilibrium content of ⁸⁶Rb⁺ [5]. Future studies are needed to establish precisely how the glucose-sensitive but ouabain-resistant ⁸⁶Rb⁺ (K⁺) influx is related to the glucose-sensitive ⁸⁶Rb⁺ efflux.

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REFERENCES

- Sehlin, J. and Täljedal, I.-B. (1974) J. Physiol. 242, 505-515.
- [2] Henquin, J.C. and Meissner, H.P. (1982) J. Physiol. 332, 529-552.
- [3] Sehlin, J. and Täljedal, I.-B. (1975) Nature 253, 635-636.
- [4] Henquin, J.C. (1978) Nature 271, 271-273.
- [5] Malaisse, W.J., Boschero, A.C., Kawazu, S. and Hutton, J.C. (1978) Pflügers Arch. 373, 237-242.
- [6] Meissner, H.P., Preissler, M. and Henquin, J.C. (1979) in: Diabetes 1979, Excerpta Medica Int. Congr. Ser. 500, 166-171.
- [7] Levin, S.R., Kasson, B.G. and Driessen, J.F. (1978) J. Clin. Invest. 62, 692-701.

- [8] Henquin, J.C. (1980) Biochem. J. 186, 541-550.
- [9] Hellman, B. (1965) Ann. NY Acad. Sci. 131, 541-558.
- [10] Hahn, H.J., Hellman, B., Lernmark, Å., Sehlin, J. and Täljedal, I.-B. (1974) J. Biol. Chem. 249, 5275-5284.
- [11] Hellerström, C. (1964) Acta Endocrinol. Kbh. 45, 122-132.
- [12] Lindström, P. and Sehlin, J. (1982) Biochim. Biophys. Acta 720, 400-404.
- [13] Sehlin, J. and Freinkel, N. (1983) Diabetes 32, 820-824.
- [14] Tamarit Rodriguez, J. and De Miguel, R. (1984) Diabetologia 27, 336A (abstr.).