

Regulation of Pteridine-Requiring Enzymes by the Cofactor Tetrahydrobiopterin

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Abstract

Tetrahydrobiopterin (BH4) is synthesized from guanosine triphosphate (GTP) by GTP cyclohydrolase I (GCH), 6-pyruvoyltetrahydropterin synthase (PTS), and sepiapterin reductase (SPD). GCH is the rate-limiting enzyme. BH4 is a cofactor for three pteridine-requiring monooxygenases that hydroxylate aromatic L-amino acids, i.e., tyrosine hydroxylase (TH), tryptophan hydroxylase (TPH), and phenylalanine hydroxylase (PAH), as well as for nitric oxide synthase (NOS).

The intracellular concentrations of BH4, which are mainly determined by GCH activity, may regulate the activity of TH (an enzyme-synthesizing catecholamines from tyrosine), TPH (an enzyme-synthesizing serotonin and melatonin from tryptophan), PAH (an enzyme required for complete degradation of phenylalanine to tyrosine, finally to CO₂ + H₂O), and also the activity of NOS (an enzyme forming NO from arginine),

Dominantly inherited hereditary progressive dystonia (HPD), also termed DOPA-responsive dystonia (DRD) or Segawa's disease, is a dopamine deficiency in the nigrostriatal dopamine neurons, and is caused by mutations of one allele of the GCH gene. GCH activity and BH4 concentrations in HPD/DRD are estimated to be 2–20% of the normal value. By contrast, recessively inherited GCH deficiency is caused by mutations of both alleles of the GCH gene, and the GCH activity and BH4 concentrations are undetectable. The phenotypes of recessive GCH deficiency are severe and complex, such as hyperphenylalaninemia, muscle hypotonia, epilepsy, and fever episode, and may be caused by deficiencies of various neurotransmitters, including dopamine, norepinephrine, serotonin, and NO. The biosynthesis of dopamine, norepinephrine, epinephrine, serotonin, melatonin, and probably NO by individual pteridine-requiring enzymes may be differentially regulated by the intracellular concentration of BH4, which is mainly determined by GCH activity. Dopamine biosynthesis in different groups of dopamine neurons may be differentially regulated by TH activity, depending on intracellular BH4 concentrations and GCH activity. The nigrostriatal dopamine neurons may be most susceptible to a partial decrease in BH4, causing dopamine deficiency in the striatum and the HPD/DRD phenotype.

Index Entries: Tetrahydrobiopterin; pteridine; GCH; TH.

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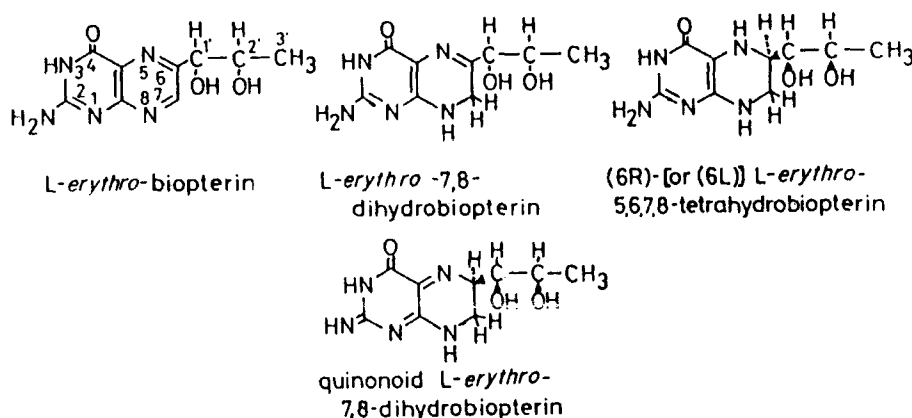


Fig. 3. Structures of four forms of (6R)-L-erythro-tetrahydrobiopterin.

exists mostly as the tetrahydro form (*R*-BH₄), but a small amount of the oxidized form, i.e., quinonoid dihydrobiopterin (qBH₂), 7,8-dihydrobiopterin (BH₂), and biopterin (B), is also present *in vivo* (Fig. 3).

BH₄ is an essential cofactor of pteridine-requiring enzymes (Table 1). Three of these pteridine-dependent monooxygenases, which hydroxylate aromatic L-amino acids, are phenylalanine 4-monooxygenase (EC 1.14.16.1, phenylalanine hydroxylase; PAH) (2,4), tyrosine 3-monooxygenase (EC 1.14.16.2, tyrosine hydroxylase, TH) (5), and tryptophan 5-monooxygenase (EC 1.14.16.4, tryptophan hydroxylase, TPH) (6). BH₄ is also essential for the activity of alkylglycerol monooxygenase (EC 1.14.16.5) (7,8), and nitric oxide synthase (NOS) (EC 1.14.13.39) (9,10) (see Fig. 4).

TH catalyzes the hydroxylation of L-tyrosine to L-3,4-dihydroxyphenylalanine (DOPA), the first step of catecholamine (dopamine, norepinephrine, and epinephrine) biosynthesis. Catecholamines are synthesized in the following pathway: tyrosine—(1)→DOPA—(2)→dopamine—(3)→norepinephrine—(4)→epinephrine. In the brain, there are dopamine, norepinephrine, and epinephrine neurons. In the periphery, norepinephrine is the neurotransmitter of sympathetic neurons, whereas epinephrine and norepinephrine are the hormones in the adrenal medulla. Four enzymes are involved in the biosynthetic

pathway of epinephrine: (1) TH, (2) aromatic L-amino acid decarboxylase, (3) dopamine β-monooxygenase (dopamine β-hydroxylase), and (4) phenylethanolamine *N*-methyltransferase. All genes of these four catecholamine-synthesizing enzymes have been cloned (11).

TPH catalyzes the hydroxylation of L-tryptophan to L-5-hydroxytryptophan, which is the first step in the biosynthesis of indoleamines (serotonin and melatonin). Serotonin is a neurotransmitter in the brain and a local hormone in mast cells, whereas melatonin is a hormone in the pineal gland. Indoleamines are synthesized in the following pathway: tryptophan — (1) → 5-hydroxytryptophan — (2) → serotonin (5-hydroxytryptamine) — (3) → *N*-acetylserotonin — (4) → melatonin (*N*-acetyl-5-methoxytryptamine). Thus, four enzymes are required in the biosynthesis of melatonin from tryptophan: (1) TPH, (2) aromatic L-amino acid decarboxylase, which is the same enzyme as that catalyzing catecholamine biosynthesis, (3) serotonin *N*-acetyltransferase, and (4) hydroxyindoleamine *O*-methyltransferase.

PAH catalyzes the obligatory step of phenylalanine degradation, i.e., the hydroxylation of phenylalanine to tyrosine, the latter of which is finally decomposed to CO₂ + H₂O. Thus, decreased PAH activity causes an accumulation of phenylalanine in tissues and blood (hyperphenylalaninemia); if not prevented, this accumulation causes mental retardation

Table 2
Human Tetrahydrobiopterin-Synthesizing Enzymes

Enzyme	Gene		Protein	
	Chromosome	Exons	M _r (kDa × Subunit No.)	Amino acid residues
Guanosine triphosphate (GTP) cyclohydrolase I (GCH)	14q22.1–22.2	6	30 × 10	250
Pyruvoyltetrahydropterin synthase (PTS)	11q22.3–23.3	6	17 × 6	145
Sepiapterin reductase (SPR)	2p14–12	3	25 × 2	261
Pterin-4 α -carbinolamine dehydratase (PCD)	10q22	4	11 × 2	104
Dihydropteridine reductase (QDPR)	4q15–31	(–)	25 × 2	244

associated with the disease phenylketonuria (PKU).

Biosynthesis of BH4

BH4 is synthesized from GTP *de novo* in the following pathway (Fig. 5): GTP — (1) → D-erythro-6,7-dihydroneopterin triphosphate (NH₂P₃) — (2) → 6-pyruvoyltetrahydropterin (PPH₄) — (3) → R-BH₄. Three enzymes are required for the biosynthesis of BH₄: (1) GCH, (2) pyruvoyltetrahydropterin synthase (PTS), and (3) sepiapterin reductase (SPR) (12) (Table 2). GCH is the rate-limiting step.

In the hydroxylation reaction catalyzed by pteridine-requiring monooxygenases, such as hydroxylation of tyrosine to DOPA by TH, BH₄ is stoichiometrically oxidized to 4 α -carbinolamine tetrahydropterin, which is then converted to qBH₂ by pterin-4 α -carbinolamine dehydratase. qBH₂ is reduced back to BH₄ by dihydropteridine reductase (DPR) (Fig. 6). BH₄ is also nonenzymatically oxidized to BH₂, which is converted to BH₄ by dihydrofolate reductase (salvage pathway). As shown for TH in Fig. 6. PAH, TH, and TPH require BH₄ as cofactor for complete degradation of pheny-

lalanine, biosynthesis of catecholamines (dopamine, norepinephrine, and epinephrine), and indoleamines (serotonin and melatonin), respectively.

Physiological Roles of BH4 as a Cofactor of Pteridine-Requiring Enzymes

BH₄ is an essential cofactor for pteridine-requiring monooxygenases, such as PAH, TH, and TPH. The intracellular concentration of BH₄, which is determined mainly by the *de novo* synthesis of BH₄ from GTP, is thought to be an important regulatory factor for various pteridine-requiring enzymes. The intracellular concentration of BH₄ is also determined by its rate of degradation (13, 14). However, little is known regarding the cellular metabolism of BH₄. The oxidative elimination of the 6-hydroxypropyl side-chain of BH₄ may be the initial step of degradation.

The concentration of BH₄ is considered to be subsaturating *in vivo* for TH, TPH, and PAH. The mean intracellular concentration of BH₄ in various tissues is estimated to be approxi 10

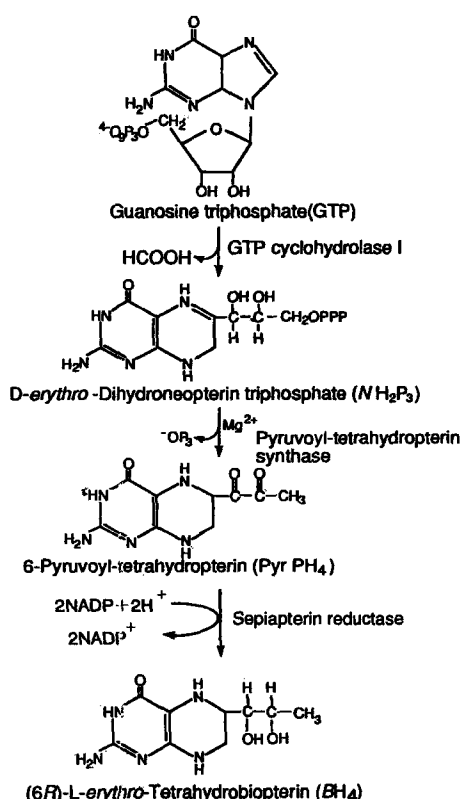


Fig. 5. Biosynthetic pathway of tetrahydrobiopterin.

μM . In some cells, for example, in the nigrostriatal dopamine neurons, the intracellular BH₄ concentrations are estimated to be high, approx 100 μM (15). The half-life of BH₄ in rat dopamine neurons is estimated to be about 4.5 h, which can replenish the entire pool of BH₄ every 6.5 h. Thus, the turnover rate of BH₄ is sufficiently rapid, and alterations in its synthesis and degradation could acutely modify the rate of dopamine synthesis (13).

The approximate K_m values of pteridine-requiring enzymes [TH (16), TPH (17), PAH(18), alkyl glycerol-ether monooxygenase (8), and iNOS (19)] *in vitro* are shown in Table 3. The *in vitro* K_m values of pteridine-requiring enzymes for (6R)-BH₄ (Table 3) may only suggest the *in vivo* K_m values, because phosphorylation of the BH₄-requiring aromatic amino acid hydroxylases, such as TH (20), under var-

ious physiological (e.g., under stress) or pathological conditions (e.g., Parkinson's disease) may lower the K_m value for the pteridine cofactor. Phosphorylated, activated TH under stress conditions has a smaller K_m value for BH₄. Thus, the K_m values presented in Table 3 indicate rough estimations.

Biosynthesis of catecholamines (dopamine, norepinephrine, and epinephrine) is known to be regulated *in vivo* by the intracellular concentration of BH₄, which regulates TH activity. After acute stimulation of the peripheral sympathetic nerves, the rate of catecholamine formation is rapidly increased as a result of activation of TH (21). Intracerebroventricular administration of BH₄ increases dopamine biosynthesis through the activation of TH (22). BH₄, but not tyrosine, stimulates TH activity in tissue slices of the striatum of the rat brain (23). Peripherally administered (6R)-BH₄ increases *in vivo* TH activity in the striatum measured by microdialysis both in normal mice and in transgenic mice carrying human TH (24,25).

(6R)-BH₄, but not (6S)-BH₄, stimulates TPH activity in rat raphe slices (26). Peripherally administered (6R)-BH₄, but not (6S)-BH₄, stimulates TH activity in the adrenal gland *in vivo* (27). Inhibition of GCH activity *in vivo* in the brain decreases BH₄ biosynthesis, resulting in decreases in dopamine and serotonin levels produced by decreases in TH and TPH (28,29). Kapatos et al. (14) showed that TH activity in cultured rat sympathetic norepinephrine neurons was maintained at 25% of control levels despite a 90–95% decline in BH₄ content; these investigators explained this apparent discrepancy by the nonlinear relationship between BH₄ concentration and TH activity; if the K_m value of TH for BH₄ is 10 μM a 90% decline in BH₄ would decrease the TH activity by only 45% (14).

Since the glycol- and glycerol-ether monooxygenase is a pteridine-requiring enzyme, it can be expected that patients with decreased BH₄ may show abnormally high concentrations of ether lipids (8). The function of these lipids is unknown. Further work will be required in order to identify the symptoms

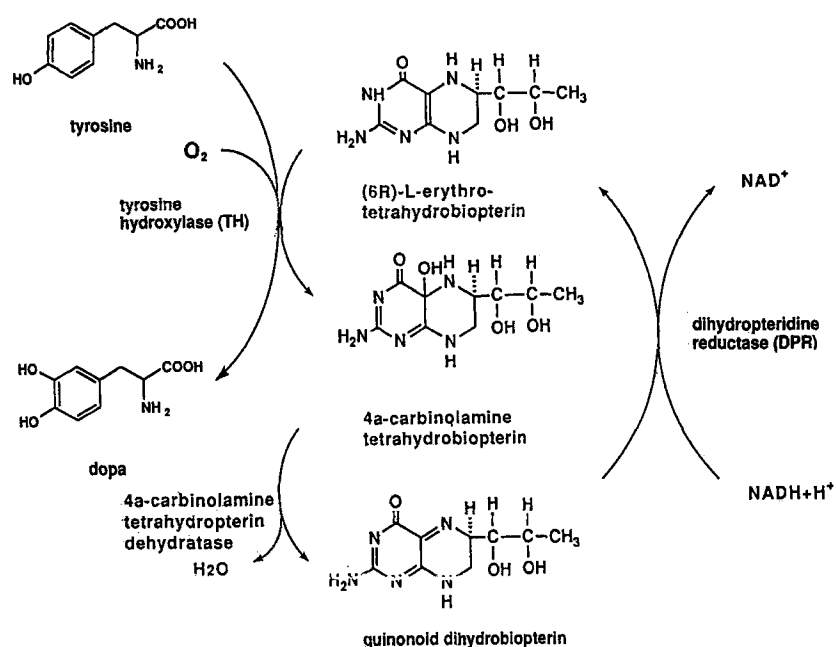


Fig. 6. Tyrosine hydroxylase reaction with tetrahydrobiopterin as cofactor.

Table 3
Estimated K_m Values of Pteridine-Requiring Enzymes for (6R)-Tetrahydrobiopterin

Tetrahydrobiopterin (BH4)-dependent enzymes	Species	Tissues	K_m (6R-BH4) (μM)	References
Tyrosine 3-monooxygenase (tyrosine hydroxylase, TH)	Bovine	Adrenal medulla	30 (50 μM tyrosine, 50 μM O_2)	16
Tryptophan 5-monooxygenase (tryptophan hydroxylase, TPH)	Mouse	Mastocyte	30 (200 μM tryptophan)	17
Phenylalanine 4-monooxygenase (phenylalanine hydroxylase, PAH)	Rat	Recombinant	3	18
Alkyl glycerol-ether monooxygenase	Rat	Liver	40	8
Nitric oxide synthase (inducible NOS, iNOS)	Mouse	Macrophages	0.02	9

that might be expected from a disturbance of ether lipid degradation (8).

(6R)-BH4 is an essential cofactor for NOS and may regulate NOS activity in the brain. NO-producing neurons constitute a subclass distinct from that of catecholaminergic neurons in the rat (30,31). Inducible NOS (iNOS)

purified from macrophages requires BH4 for its activity (32). iNOS requires the addition of BH4 for activity owing to the low affinity of the enzyme for BH4, whereas endothelial constitutive NOS (eNOS) does not require BH4, because the latter is tightly bound to the enzyme (33). BH4, a cofactor for nNOS from

rat cerebellum, does not function as a reactant in the oxygenation of arginine. The role of BH4 is considered to be allosteric or to act in stabilizing NOS in keeping some essential groups in their reduced form (33–35). When BH4 synthesis in porcine arterial endothelial cells is blocked by 2,4-diamino-6-hydroxypyrimidine (DAHP), NO formation is also blocked, indicating that NOS requires BH4 for its activity (36). The subunit of macrophage iNOS contains FAD, FMN, and calmodulin with NADPH-dependent reductase activity, but without NOS activity. Addition of L-arginine, BH4, and heme produces the dimer with NOS activity. This result suggests that BH4 is essential for the formation of the NOS dimer with NOS activity (37). NOS activity in human umbilical vein endothelial cells (HUVEC) is stimulated by various cytokines such as interferon- γ (IFN- γ), tumor necrosis factor- α (TNF- α), or lipopolysaccharide (LPS), with concomitant increases in GCH activity, BH4 concentration, NO formation, and cyclic guanosine monophosphate (cGMP) concentration (38). Activation of microglia by LPS, IFN- γ , and TNF- α induces parallel increases in NO and intracellular BH4 levels. Overproduction of NO caused by increased BH4 levels in glial cells may produce damage in the brain in acute infections (39). BH4 biosynthesis and GCH activity are enhanced by LPS stimulation in murine neuroblastoma cell line N1E-115 (40). In contrast to that in microglia (39), induction of BH4 and NO in mouse neuroblastoma N1E-115 cells may occur in different ways (41). Liver cells contain iNOS and PAH. Basal BH4 synthesis appears adequate to support iNOS activity, whereas BH4 synthesis is increased to support PAH activity (42). This can be expected from the higher K_m value for PAH than that for NOS.

Proinflammatory cytokines enhance mRNA expression of the rate-limiting enzyme of BH4 biosynthesis. The ability of glial cells and vascular tissues to synthesize BH4 may play an important role in the regulation of NOS under physiological conditions, as well as during inflammation and sepsis (43).

Long-term regulation of BH4-synthesizing enzymes may be modified under conditions that alter TH expression (44). Nicotinic stimulation of chromaffin cells and long-term treatment of PC12 cells with dibutyryl cyclic adenosine monophosphate (cAMP) increase BH4 concentrations in these cells (45,46). GCH activity is elevated in the adrenal medulla by agents that increase cAMP, and their effect is blocked by inhibiting protein synthesis (47). In cultured dopamine neurons of the hypothalamus or mesencephalon maintained in monolayer culture, the BH4 content is increased by long-term membrane depolarization, and cAMP and GCH mRNA levels are increased (48); 24-h activation of murine neuroblastoma cell line N1E-115 with LPS resulted in statistically significant increases in the amounts of the mRNAs of all three BH4-synthesizing enzymes, but most predominantly in the amount of GCH mRNA (49).

(6R)-BH4 may play other roles besides its role as a cofactor of known pteridine-requiring enzymes, although the molecular mechanisms are unclear. For example, (6R)-BH4 releases dopamine directly, independent of its cofactor activity for TH and NOS (50,51). Rabphilin-3A is a putative target protein for Rab-3A small GTP-binding protein that is implicated in neurotransmitter release. One of the rabphilin-3A-interacting proteins is GCH. The interaction of rabphilin-3A with GCH may regulate NOS activity, thus influencing the neurotransmitter release. GCH is phosphorylated in intact PC12 cells stimulated with high KCl. It is unknown whether the interaction of rabphilin-3A with GCH is of physiological significance (52). BH4 is synthesized by, and regulates, the proliferation of erythroid cells (53). BH4 synthesis precedes NO-dependent inhibition of insulin secretion in rat pancreatic β cells (54).

BH4 Deficiency and Pathological Phenotypes

Because BH4 has such wide functions in the neuronal, endocrine, and immune systems as a

cofactor of pteridine-requiring enzymes, as described above, BH4 deficiency is supposed to produce various pathological phenotypes, i.e., disease symptoms, depending on the degree of BH4 deficiency.

BH4 is a unique enzyme cofactor, in that the level determined mainly by BH4-synthesizing enzymes may regulate the activity of BH4-requiring enzymes, and as a consequence, the levels of important neurotransmitters or hormones, such as dopamine, norepinephrine, epinephrine, serotonin, melatonin, and NO. Disease phenotypes from BH4 deficiency are expected to be produced by decreased concentrations of dopamine, norepinephrine, serotonin, melatonin, and NO: movement disorder (dystonia or parkinsonism) for dopamine deficiency; muscle hypotonia and cerebellar symptoms for norepinephrine deficiency; depression, altered thermogenesis, and insomnia for serotonin deficiency; and various brain disorders such as epilepsy, peripheral nerve disorders, autoimmune diseases, and vascular disturbances for NO deficiency.

HPD/DRD is an autosomal dominant movement disorder caused by a partial dopamine deficiency in the nigrostriatal dopamine neurons. HPD/DRD is also called Segawa's disease, since Segawa et al. (55) first described the disease in 1972. We discovered the disruption of one autosomal allele of the GCH gene in HPD/DRD in 1994 (56). As a result of this mutation, GCH activity expressed in mononuclear blood cells was decreased to 2–20% of the normal value (56). A partial decrease in GCH activity (<20% of the normal values when the activity was measured in stimulated mononuclear blood cells) would be expected to cause partial deficiencies of BH4, TH activity, and finally dopamine in the nigrostriatal dopamine neurons. After the first discovery of GCH mutations in HPD/DRD in 1994 (56), 19 families/patients of HPD/DRD have been reported in Japan, England, and Spain (56–63) (Fig. 7, Table 4). A partial (2–20% of the normal value) decrease in GCH activity in HPD/DRD suggests that TH in the nigrostriatal dopamine neurons would be most susceptible to a

decrease in BH4 levels. The level of phenylalanine in the blood controlled by PAH activity in the liver was found to be normal in HPD/DRD patients. However, a decrease in the BH4 cofactor for PAH in the liver was manifested after phenylalanine loading with higher phenylalanine levels and lower tyrosine levels after load (64).

HPD/DRD is a rare example of how partial reduction in a metabolic enzyme caused by disruption of one autosomal allele can lead to a disease phenotype (65). Disruption of one autosomal allele of the GCH gene leads to a partial BH4 and probably dopamine deficiency only in the nigrostriatal dopaminergic neurons with a phenotype of dystonia. In contrast to autosomal dominant HPD/DRD, autosomal recessive GCH deficiency, first reported in 1984 by Niederwieser et al. (66), results in nearly complete loss of GCH activity and BH4. The phenotype of this recessive condition is complex: hyperphenylalaninemia caused by low PAH activity in the liver, and severe neurological symptoms probably produced by both low TH activity (resulting in catecholamine deficiency), and low TPH activity (resulting in serotonin deficiency) in the brain. Reduction in NO production as a result of decreased NOS activity may also contribute to the severe neurological phenotypes.

In 1995 we in collaboration with Blau et al. (67,68) found three different mutations in the GCH gene in recessive GCH deficiency (Table 5). The mutated enzyme proteins expressed in *Escherichia coli* had no enzymatic activity (68). GCH activity in mononuclear blood cells and in liver biopsy samples from patients with autosomal recessive GCH deficiency was extremely low (68,69).

The possibility that a partial decrease in TH activity is manifested only in the nigrostriatal dopamine neurons, producing a phenotype of DRD is supported by recessively inherited DRD caused by mutations in the TH gene itself (70–74) (Fig. 8, Table 6). Interestingly, a partial decrease in TH activity (15% of the normal activity when expressed in *E. coli*) showed a phenotype of Segawa's syndrome (70), but a

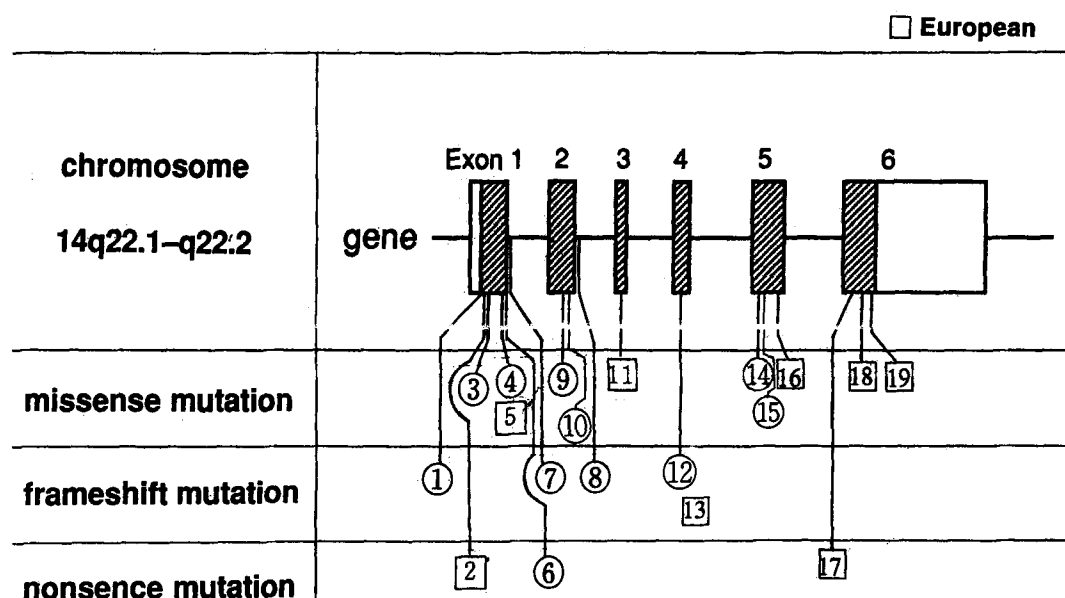


Fig. 7. Mutations of GTP cyclohydrolase I (GCH) gene in hereditary progressive dystonia with marked diurnal fluctuation (HPD)/DOPA-responsive dystonia (DRD). Numbers refer to patients listed in Table 4.

more severe decrease (1.5% of the normal value when expressed in *E. coli*) resulted in more severe, parkinsonism-like symptoms (71,72).

Complete loss of TH activity as a result of TH gene mutations in humans would be lethal, since complete disruption of the TH gene in mice by gene targeting was found to produce perinatal death, indicating that TH is essential for survival of the animals during the late gestational development and after birth (75,76).

The differences in the effect of BH₄ deficiency on various BH₄-requiring enzymes may be partly explained by the K_m values of the enzymes for BH₄. As described earlier, the order of K_m values in vitro is estimated to be TH ≥ TPH > PAH > NOS (Table 3). Thus, TH might be most sensitive to a partial decrease in BH₄ concentration. However, the K_m value of TH for BH₄ changes in diseases depending on the phosphorylation and dephosphorylation. As an example, in the striatum from patients with Parkinson's disease, both the TH protein and TH activity (V_{max}) are decreased in parallel, but the homomeric activity, i.e., activ-

ity per enzyme protein, is significantly increased (77). The results suggest that surviving TH molecules in the striatum are activated and in a low K_m form. This may also be the case for HPD/DRD. Human TH exists in four isoforms produced by alternative mRNA splicing from a single gene (78,79). The mRNA levels of the four TH isoforms in the substantia nigra from patients with Parkinson's disease decrease in parallel, which may result in decreases in their proteins (80). The four isoform TH molecules in Parkinson's disease may be activated by increased phosphorylation, resulting in lower K_m values. If the K_m value of TH is low for BH₄, the neuron could maintain synthesis of catecholamines despite a precipitous decline in BH₄ concentration (14). Thus, not only K_m values, but also the amount of GCH, would explain the fact that the nigrostriatal dopamine neurons are the most sensitive to a BH₄ decrease among catecholaminergic cells in HPD/DRD. GCH immunostaining was observed in catecholamine neurons, serotonin neurons, adrenal medulla, and liver cells and was particularly strong in serotonin neurons

Table 4
Mutations of GTP Cyclohydrolase I in Hereditary Progressive Dystonia (HPD)/
DOPA-Responsive Dystonia (DRD)

Patient/ Nationality	Exon/Intron	Base-pair change	Amino acid change	Mutation	Reference
1 Sa/Japanese	Exon 1	3insGG ATG GAG →ATG <u>GG</u> GAG	Glu2Ter	Frameshift	Ichinose et al. (56)
2 —/English	Exon 1	G193T <u>GAG</u> →TAG	Glu65Ter	Nonsense	Furukawa et al. (60)
3 Y/Japanese	Exon 1	T236C CT <u>G</u> →CCG	Leu79Pro	Missense	Ichinose et al. (57)
4 K/Japanese	Exon 1	C262T <u>CGG</u> →TGG	Arg88Trp	Missense	Ichinose et al. (56)
5 Mo/English	Exon 1	G263C <u>CGG</u> →CCG	Arg88Pro	Missense	Bandmann et al. (59)
6 —/Japanese	Exon 1	C341A T <u>CA</u> →TAA	Ser114Ter	Nonsense	Furukawa et al. (60)
7 —/Japanese	Intron 1	G(-1)A <u>AG</u> →AA	delExon2	Frameshift	Furukawa et al. (60)
8 —/Japanese	Intron 2	G(+1)C <u>GT</u> →CT	delExon2	Frameshift	Hirano et al. (58)
9 Su/Japanese	Exon 2	A401T <u>GAC</u> →GTC	Asp134Val	Missense	Ichinose et al. (56)
10 —/Japanese	Exon 2	A431C <u>CAC</u> →CCC	His144Pro	Missense	Hirano et al. (61)
11 Ro/English	Exon 3	A458C <u>CAT</u> →CCT	His153Pro	Missense	Bandmann et al. (59)
12 I/Japanese	Exon 4	511del13bp GATT GTA GAA ATC TAT →GA ⁵¹¹ —————T	Iso171Ter	Frameshift	Ichinose et al. (57)
13 —/Spanish	Exon 4	A534C <u>AGA</u> →AGC	Arg178Ser	Missense	Beyer et al. (62)
14 N/Japanese	Exon 5	G602A <u>GGA</u> →GAA	Gly201Glu	Missense	Ichinose et al. (56)
15 Be/English	Exon 5	G607A <u>GGG</u> →AGG	Gly203Arg	Missense	Bandmann et al. (59)
16 Ha/English	Exon 6	C646T <u>CGA</u> →TGA	Arg216Ter	Nonsense	Bandmann et al. (59)
17 Hu/English	Exon 6	A671G <u>AAA</u> →AGA	Lys224Arg	Missense	Bandmann et al. (59)
18 Sm/English	Exon 6	T701C <u>TTC</u> →TCC	Phe234Ser	Missense	Bandmann et al. (59)
19 —/Japanese	Exon 5	C557A <u>ACA</u> →AAA	Thr186Lys	Missense	Hirano et al. (63)

Table 5
Mutations of GTP Cyclohydrolase I (GCH) in Recessive GCH Deficiency

Exon	Base-pair change	Amino acid change	Mutation	Reference
1	C328T	Gln110Ter	Nonsense	Ichinose et al. (unpublished observations)
5	G551A	Arg184His	Missense	Ichinose et al. (68)
6	G633A	Met211Ile	Missense	Blau et al. (67), Ichinose et al. (68)

Table 6
Mutations of Human Tyrosine Hydroxylase (hTH1) in Recessive DOPA-Responsive Dystonia

Exon	Activity	Mutation	Symptoms	References
11	15% (<i>Escherichia coli</i>)	Q381K	Mild, dystonia	Knapppskog et al. (71)
5	1.5% (<i>E. coli</i>)	L205P	Severe, parkinsonism	Lüdecke et al. (72)
5	—	R202H	Severe, parkinsonism	Flatmark et al. (73)

Tyrosine Hydroxylase

Human	1	MPTPDATTPQAKGFRAVSELDKQAEAIMSPRFIGRRQSLIEDARKERE	1. 3
Rat	1	---S-PS---P-----Q-----V-----	
Bovine	1	---N-AS-----V-----Q-----	
Quail	1	---NIS-SA-----S-----	
Human	51	AAVAAAAAAPS.EPGDPLEAVAFEEKEGKAVLNLLFSPRATKPSALSRA	
Rat	51	--A-----A-S---N-----V---RD-N-----L-G---S---	
Bovine	51	K-E---SSS.....ESA--GSLV-RD----T---AL-P---P---T---	
Quail	51	--A--TD-----EST-TIV---D-R-M---F-MLKGV-T-P---	
Human	100	VKVFETFEAKIHLETRPAQRPRAGGPHLEYFVRLVRRGDLAALLSGVR	3 4
Rat	101	-----L-S-----F-PS-----S---	
Bovine	94	I-----HL-----PL--S-P--C---C--PGPVVP---AL-	
Quail	94	L-----LSRK--E-TAE-----C--HSS--NTFI-SIK	
Human	150	QVSEDVRSPPAGPKVPWFPRKVSSELDKCHHLVTKFDPDLDDHPGFSQVY	4 5. 5 6
Rat	151	R--D---ARED-----	
Bovine	144	R-A---AAGES--L-----A-	
Quail	144	R-A---TTKED-FH---IC-----Y-	
Human	200	RQRRKLIAEIAFYRHGDPIPRVEYTAEEIATWKEVYTTKGLYATHACG	R202H L205P. 6 7. 7 8
Rat	201	-----K-E---H-----V-----R	
Bovine	194	-----K-E---H-----V-----R	
Quail	194	-----S---H-K-----T---S---S---P---K	
Human	250	EHLEAFALLERFSGYREDNIPQLEDVSRFLKERTGFQLRPVAGLLSARDF	8 9
Rat	251	---G-Q---YC---S-----	
Bovine	244	---E---C---R-----	
Quail	244	-Y---N---K-C--N-N---E-----R-----	
Human	300	LASLAFRVFOCTQYIRHASSPMHAPEPDCCHELLGHVPMPLADRTFAQFSQ	9 10 10
Rat	301	-----A-G-----	
Bovine	294	-----K-----	
Quail	294	-----	
Human	350	DIGLASLGASDEEIEKLSTLSWFTVEFGLCKQNGEVKAYGAGLLSSYGEL	11 11 12 Q381K 12.
Rat	351	-----VY-----L-----	
Bovine	344	-----V-----Y-----N-----	
Quail	344	-----T-----A-Y-----R---I-----	
Human	400	LHCLSEEPFIRAFDPEAAVQPYQDQTYQSVYFVSESFSDAKDKLRSYAS	13 13 14
Rat	401	--S---V---DT-----P-----N-----N---	
Bovine	394	--S-----D-----P-----	
Quail	394	I-S--D---V-D--D-----C--P--P-----N--N--A	
Human	450	RIQRPFSSVKFDPYTLAIDVLDSPQAVRRSLEGVQDELDTLAHALSAIG	497
Rat	451	-----HTIQ-----H-----S	498
Bovine	444	-----H-I--A-D---MQA-----N--S	491
Quail	444	H-K-----YE---HS-EL---TICH---S-R---H--IN--NV-S	491

Fig. 8. Comparison of the structures of tyrosine hydroxylase (TH) from human (type 1), rat, bovine, and quail. Amino acids of rat, bovine, and quail TH identical with those of human TH are expressed by hyphens. Vertical bars and the numbers above the human amino acid sequence represent breakpoints of exons and the exon numbers in the human TH gene. From Nagatsu and Ichinose (74). Three mutations in recessive DOPA-responsive dystonia (DRD) are shown, Q381K, L208P, and R202H.

(81). Kapatos and coworkers (82,83) reported that mRNA and protein expressions of GCH across populations of dopamine, norepinephrine, epinephrine, and serotonin neurons in the brain are different and that nigrostriatal dopamine neurons express low levels of GCH protein. Because dopamine and epinephrine neurons express essentially equal amounts of GCH mRNA, posttranscriptional events may serve to maintain low levels of GCH protein within nigrostriatal dopamine neurons (83). Diurnal fluctuation is one of the main characteristics in HPD/DRD. A relatively short half-life of BH4 would explain this phenomenon. Kapatos (13) reported that the half-life of BH4 in neuronal cultures of embryonic rat brain was about 4.5 h and did not differ between the mesencephalon containing the nigrostriatal dopamine neurons and the hypothalamus. The average fractional rate constants of BH4 loss for the mesencephalon culture and the hypothalamus culture were equivalent. However, the calculated rate of BH4 synthesis were significantly greater for the hypothalamus than for the mesencephalon, owing to the greater steady-state concentration of BH4 in the hypothalamus than in the mesencephalon. These data indicate that BH4 metabolism may be different between populations of dopamine neurons and that the BH4 synthesis rate in the nigrostriatal dopamine neurons may be lower. Because a low level of GCH activity remains in HPD/DRD patients, they might continue to synthesize BH4 at a low rate. This rate would not be high enough to supplement the consumption of BH4 during the day but would supplement the cofactor during sleep. This may be the reason for marked diurnal fluctuation, in that they become aggravated toward the evening and are partially alleviated in the morning after sleep.

BH4 deficiency is caused by deficiency not only of GCH but of other BH4-synthesizing enzymes, as well, i.e., PTS, DPR, and pterin-4 α -carbinolamine dehydratase (PCD) (84). Genetic mutations that block BH4 biosynthesis differentially affect the levels of dopamine,

norepinephrine, and serotonin in the brain, and the BH4 supplementation therapy is effective (85).

Mutations in PTS cause deficiency of BH4, resulting in hyperphenylalaninemia and monoamine neurotransmitter insufficiency (84,86). PTS deficiency is recessive and appears in three different phenotypes, a central, a peripheral, and a transient form, which may disappear during infant development. Patients with the central type of PTS deficiency exhibit a general lack of BH4 in all organs and monoamine neurotransmitter shortage in the central nervous system (CNS), whereas patients with the peripheral form do not synthesize BH4 in peripheral organs but have normal BH4 and neurotransmitter levels in the CNS (87). PTS deficiency is therefore a very heterogeneous disorder. This may be attributable to phosphorylation and additional, but not yet identified, posttranslational modifications, for its *de novo* function (87). Dystonia symptoms such as HPD/DRD were also observed in a patient with PTS deficiency with generalized dystonia and diurnal fluctuation of symptoms (88).

All results from molecular changes to the phenotypes of patients with BH4 abnormalities suggest that BH4 has complex regulatory roles in the function of BH4-requiring enzymes and that the elucidation of the mechanism of regulation of BH4 levels in various cell types would be important in establishing therapy against diseases of the central and peripheral nervous systems and immune systems caused by BH4 deficiency.

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