# Pharmacologic Differentiation between Inositol-1,4,5trisphosphate-Induced Ca<sup>2+</sup> Release and Ca<sup>2+</sup>- or Caffeine-Induced Ca<sup>2+</sup> Release from Intracellular Membrane Systems

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### SUMMARY

Various known Ca2+ channel blockers and intracellular Ca2+ antagonists have been tested for effects of inositol-1,4,5-trisphosphate (IP<sub>3</sub>)-induced Ca<sup>2+</sup> release from isolated canine brain microsomes. In agreement with previous reports, heparin, pchloromercuribenzoic acid, W-7, cinnarizine, flunarizine, certain local anesthetics, La3+, and Ca2+ inhibit the release of Ca2+ induced by addition of IP3. In addition, we report here pronounced inhibition of IP3-induced Ca2+ release by low levels of Cd2+, by relatively high concentrations of TMB-8, and by phytic acid. In contrast, a number of blockers of other Ca2+ channels (nifedipine, verapamil, dantrolene, dithiothreitol, and ruthenium red) have relatively little or no effect on IP<sub>3</sub>-induced Ca<sup>2+</sup> release from brain microsomes. The relative ineffectiveness of substances that inhibit Ca2+- or caffeine-induced Ca2+ release from skeletal muscle sarcoplasmic reticulum suggests that release of Ca2+ from caffeine- and IP3-sensitive neuronal Ca2+ stores is likely to be mediated by different channels. Further evidence that different channels are involved is presented by way of demonstration of the lack of Ca2+-induced Ca2+ release from these brain microsomes and the lack of effect on sarcoplasmic reticulum caffeineinduced Ca2+ release of certain inhibitors of IP3-induced Ca2+ release used here. Among IP3-induced Ca2+ release blockers, La3+ appeared to be exceptional in its ability to stimulate microsomal Ca2+ uptake sufficiently to attenuate release of Ca2+ induced by IP<sub>3</sub>. Most blockers of IP<sub>3</sub>-induced Ca<sup>2+</sup> release appear not to function by way of inhibiting K+ counter-ion movements (valinomycin does not reverse the inhibition) but rather by way of direct interaction with the IP3 receptor or the Ca2+ channel that mediates the IP<sub>3</sub>-induced Ca<sup>2+</sup> release. Inhibition of [<sup>3</sup>H]IP<sub>3</sub> binding to the microsomes by phytic acid, heparin, pyrophosphate, p-chloromercuribenzoic acid, and Ca2+ could be demonstrated but not by the other substances tested.

IP<sub>3</sub>-induced Ca<sup>2+</sup> release from internal stores of many tissues has been implicated in many cellular processes (1). In certain specialized tissues such as skeletal muscle, larger caffeine-sensitive Ca<sup>2+</sup> stores mediate excitation-contraction coupling (2). One recent proposal suggests structural similarity between such sets of internal Ca<sup>2+</sup> stores in different tissues (3). Specific pharmacologic blockers of IP<sub>3</sub>-induced Ca<sup>2+</sup> release could have utility to preliminarily assess IP<sub>3</sub> involvement in a given cellular process. They could also aid in the determination of whether IP<sub>3</sub>-sensitive Ca<sup>2+</sup> stores and caffeine-sensitive Ca<sup>2+</sup> stores overlap or utilize the same set of Ca<sup>2+</sup> channels.

Recently, IP<sub>3</sub>-induced Ca<sup>2+</sup> release has been reported from brain microsomes (4) and a few nonspecific inhibitors have been identified (5). Given the high density of IP<sub>3</sub> binding sites in brain (6), we have chosen to assess IP<sub>3</sub>-induced Ca<sup>2+</sup> release

and its inhibition in brain microsomes. In addition to putative K+ channel blockers (7), we have examined the effects of heparin, reportedly a specific antagonist of IP<sub>3</sub> binding and IP<sub>3</sub>-induced Ca<sup>2+</sup> release (6, 8, 9). We have also tested pyrophosphate and phosphorylated sugars such as phytic acid and glucose-6-phosphate, which are expected to function in the same fashion (6, 10). Other substances tested include calmodulin antagonists such as W-7 (11), the Ca2+ antagonists flunarizine and cinnarizine, certain local anesthetics, and pCMB, which are reported inhibitors of IP<sub>3</sub>-induced Ca<sup>2+</sup> release from platelet membrane fractions (12, 13), as well as La<sup>3+</sup>, another reported inhibitor of IP<sub>3</sub>-induced Ca<sup>2+</sup> release (14). We have additionally assessed the effects of other known "intracellular" Ca<sup>2+</sup> antagonists on the system, including dantrolene (15), TMB-8 (16, 17), ryanodine (18), and ruthenium red (19), as well as the surface membrane Ca<sup>2+</sup> channel blockers nifedipine and verapamil (20, 21). Finally, certain controlled substances, some of whose mechanisms of action on the central nervous

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**ABBREVIATIONS:** IP<sub>3</sub>, myo-inositol-1,4,5-trisphosphate; bis G-10, 1,10-bis-guanidino-n-decane; MOPS, 3-(N-morpholino)propanesulfonic acid; pCMB, para-chloromercuribenzoic acid; SR, sarcoplasmic reticulum; TMB-8, 3,4,5-trimethoxybenzoic acid-8-(diethylamino) octyl ester; W-7, N-(6-aminohexyl)-5-chloro-1 naphthalenesulfonamide.

system remain poorly understood (bufotenine, N,N'-dimethyltryptamine,  $\Delta^1$ -tetrahydrocannabinol, methamphetamine, methaqualone, and pentobarbital), were also tested to assess whether their mechanism of action involved effects on IP<sub>3</sub>-induced Ca<sup>2+</sup> release from intracellular stores of central nervous system neurons.

## **Materials and Methods**

All procedures involving brain microsomes were performed as described previously (7), with the exception of <sup>46</sup>Ca uptake determinations described below.

Ca<sup>2+</sup> uptake and release measurements were carried out in a Hewlett Packard 8451A diode array spectrophotometer (22) at 28–30°. Briefly, brain microsomes (1 mg) were suspended in 1 ml of the following medium in a spectrophotometer cuvette: 40 mm KCl, 8 mm MOPS, 62.5 mm potassium phosphate, 5 mm Na<sub>2</sub>phosphocreatine, 1 mm MgATP, 40 µg/ml creatine phosphokinase, 0.25 mm antipyrylazo III, pH 7.0. Ca<sup>2+</sup> movements were monitored by subtracting the absorbance at 790 nm (where only contributions from vesicle light scattering occur) from the absorbance at 710 nm (where contributions exist both from vesicle light scattering and antipyrylazo III-Ca<sup>2+</sup> interaction).

Experiments involving uptake of  $^{46}$ Ca were performed in an identical fashion, except that  $^{46}$ CaCl<sub>2</sub> was included as part of the loading procedure and the amounts and volumes of all materials were doubled. Aliquots (200  $\mu$ l) were then passed through 0.45- $\mu$ m pore size Millipore filters (HAWP), which were immediately washed twice with 3 ml of chilled 40 mM KCl, 8 mM MOPS, 62.5 mM potassium phosphate, pH 7.0, and assayed by liquid scintillation counting. Results were normalized relative to the cpm of an equivalent volume of unfiltered medium.

Experiments involving isolated SR utilized terminal cisternae isolated from rabbit skeletal muscle, as outlined by Saito et al. (23). All SR experiments were performed under identical conditions as the brain microsome experiments but using less SR protein (20–50  $\mu$ g) and a correspondingly greater amount of Ca²+ loading per mg of protein. In the case of Ca²+-induced Ca²+ release determinations, only 20  $\mu$ g of SR protein was utilized, in order to slow down the rate of Ca²+ release sufficiently to differentiate it from the Ca²+ addition that triggered the release. Experiments demonstrating a lack of IP₃-induced Ca²+ release from SR terminal cisternae were performed both with 26  $\mu$ g of SR protein as well as with 1 mg of SR protein, in case the IP₃-induced Ca²+ release was manifest only at a low level of SR loading with Ca²+.

All agents were obtained from Fisher Scientific or Sigma Chemical Co., with the following exceptions: IP<sub>3</sub> was obtained from Calbiochem as well as Sigma. Ryanodine and TMB-8 were obtained from Calbiochem. The heparin used was obtained from Sigma, from porcine intestinal mucosa (catalog No. H5640; for the dose-response curves, an average molecular weight of 5000 was assumed). Bis G-10 was a generous gift from Drs. Michael Fill (Baylor College of Medicine) and Philip Best (University of Illinois, Urbana).

#### Results

Dog brain microsomes were loaded with Ca<sup>2+</sup> in the presence of ATP and phosphate, with the reaction monitored spectro-photometrically as outlined in Materials and Methods and the accompanying communication (7). Following uptake of 50 nmol of CaCl<sub>2</sub>/mg of microsomal protein, 10  $\mu$ M IP<sub>3</sub> was added to the cuvette to elicit Ca<sup>2+</sup> release.

We have explored the effects of a large number of pharmacologic agents known to inhibit a variety of different Ca<sup>2+</sup> channels or forms of Ca<sup>2+</sup> release from other microsomal systems. As seen in Table 1, there is only a small inhibitory effect of ruthenium red, nifedipine, or dithiothreitol on IP<sub>3</sub>-induced Ca<sup>2+</sup> release at the concentrations employed. The agents tested were each applied to the sample after loading with Ca<sup>2+</sup> and

#### TABLE 1

# Effects of inhibitors of other Ca<sup>2+</sup> channels and certain controlled substances on IP<sub>2</sub>-induced Ca<sup>2+</sup> release from brain microsomes

The amount of Ca<sup>2+</sup> present in the brain microsome samples was estimated to be 25 nmol of CaCl<sub>2</sub>/mg added plus 10–15 nmol of contaminating CaCl<sub>2</sub>/mg present (as determined by application of 2 μM A23187 to a sample in the absence of any added CaCl<sub>2</sub>). All data were normalized to a control rate of Ca<sup>2+</sup> release determined for that particular sample (7). Control rates of Ca<sup>2+</sup> release varied from 30.5 to 166 nmol/mg · min with the different samples employed here. Extents of Ca<sup>2+</sup> release in controls varied from 8.5 to 14.7 nmol/mg.

	Normalized rate of Ca <sup>2+</sup> release*
10 μM Ruthenium red	0.73
50 μm Nifedipine	0.73
500 μm Dithiothreitol	0.69
10 μM Verapamil	0.92
100 μM Verapamil	0.50
34 μM Bufotenine monooxalate (10 μg/ml)	1.02
53 μM $N$ , $N'$ -Dimethyltryptamine (10 $\mu$ g/ml)	1.07
32 $\mu$ M $\Delta^1$ -Tetrahydrocannabinol (10 $\mu$ g/ml)	0.92
100 μM Methamphetamine	1.11
100 μM Methylphenidate	0.97
35 μM Methaqualone HCl (10 μg/ml)	1.18
1 mм Pentobarbital	0.70
3 mм Pentobarbital	0.37

	Normalized rate of Ca <sup>2+</sup> release after 0.5-1-min exposure*	Normalized rate of Ca <sup>2+</sup> release after 30-40-min exposure <sup>a</sup>
100 nм Ryanodine	0.95	0.96
1 μM Ryanodine	0.92	0.93
10 μm Ryanodine	0.96	0.95
100 μM Ryanodine	1.15	1.08

 $<sup>^{\</sup>circ}$  All experiments were carried out as described for Fig. 1 but with the test drug administered 10–20 sec before addition of 10  $\mu$ M IP<sub>3</sub>.

shortly before IP<sub>3</sub> addition. We also found no effect of ryanodine over a wide range of concentrations, even when the exposure time was increased considerably. Also shown in Table 1 are negative results obtained with a number of controlled substances. The effects of pentobarbital were obtained only at concentrations far higher than in clinical use.

Several substances inhibited IP3-induced Ca2+ release from brain microsomes. Examples are shown in Fig. 1 for Cd<sup>2+</sup>, TMB-8, and cinnarizine. With certain substances, immediate upward or downward deflection in the trace accompanied drug additions, as in the trace labeled 100 µM cinnarizine. When these effects were noted, we performed additional experiments adding the drugs to the assay medium in the absence of vesicles or with microsomes that were not loaded with Ca2+. When deflections were also seen under these conditions, they were deemed artifactual (unrelated to microsomal Ca2+ release). Cinnarizine and flunarizine added from concentrated ethanolic stock solutions often formed a transient precipitate that redissolved in a few seconds, resulting in the downward movement of the cinnarizine trace before IP<sub>3</sub> addition. With Cd<sup>2+</sup> at concentrations of >20 µM, we determined that similar deflections (not shown) were also artifactual.

Dose-response curves for these and a number of other related compounds are shown in Fig. 2. The three most potent agents,  $Cd^{2+}$ , heparin, and pCMB, all exhibited apparent  $K_i$  values of less than 20  $\mu$ M. In some cases, such as with pCMB, the dose-response relationship appeared to be steeper than that shown for the one-ligand/one-site model used to generate the curves in Fig. 2. Additionally, the presence of phosphate and ATP in our assay medium might well have reduced the free  $Cd^{2+}$  or

<sup>&</sup>lt;sup>b</sup> All experiments were carried out with ryanodine added immediately before the Ca<sup>2+</sup>-loading procedure.

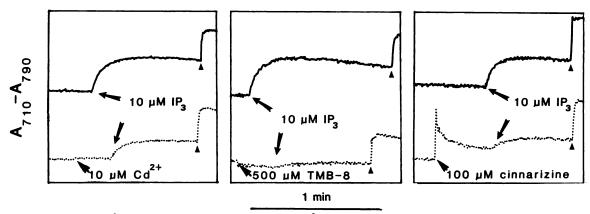


Fig. 1. Inhibition of IP<sub>3</sub>-induced Ca<sup>2+</sup> release by certain drugs. IP<sub>3</sub>-induced Ca<sup>2+</sup> release was measured as described in Materials and Methods. Ca<sup>2+</sup> release was elicited in response to addition of 10 μM IP<sub>3</sub> in the absence of added drugs (upper control traces) or with 10 μM Cd<sup>2+</sup>, 500 μM TMB-8, or 100 µm cinnarizine added 10-20 sec before addition of IPs. In this and subsequent figures, the final upward deflections (arrows) near the end of each trace represent 12.5 nmol of CaCl2 additions for recalibration purposes in the presence of the different agents used.

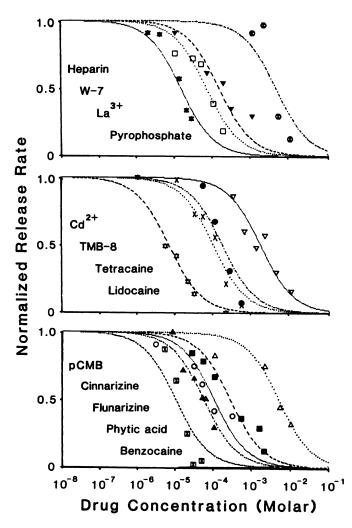


Fig. 2. Dose-response curves for various agents inhibiting IP<sub>3</sub>-induced Ca2+ release from brain microsomes. All experiments were performed as described in Fig. 1. Release rates were normalized to control Ca2+ release rates induced by 10  $\mu$ M IP<sub>3</sub> in the absence of drug inhibitors. The curves were generated by computer fit of the data to a dose-response relationship, using the software program ENZFITTER. All K, values given below represent apparent K, determinations. Upper, release inhibited by heparin (\*) ( $K_i = 14 \mu M$ ), W-7 (□) ( $K_i = 67 \mu M$ ), La<sup>3+</sup> (▼) ( $K_i = 140 \mu M$ ), and pyrophosphate ( $\otimes$ ) ( $K_i = 4.3$  mm). Middle, release inhibited by Cd<sup>2+</sup> ( $\alpha$ )  $(K_i = 6.3 \mu \text{M})$ , TMB-8 (×)  $(K_i = 91 \mu \text{M})$ , tetracaine (•)  $(K_i = 160 \mu \text{M})$ , and

La<sup>3+</sup> concentrations to significantly lower levels than those indicated in Fig. 2. These dose-response curves were determined within 30 sec of drug addition, but we saw little additional inhibition of release with 30-40 min exposures (not shown). Thus, we presume that the site of action of all membraneimpermeant agents is on the external surface of IP3-sensitive microsomes. Only lidocaine and tetracaine appeared to be capable of any time-dependent inhibition, and their effects in that regard were far less pronounced than a time-dependent local anesthetic inhibition of a form of spontaneous Ca2+ release from isolated skeletal muscle SR (24).

Inhibitors of IP<sub>3</sub>-induced Ca<sup>2+</sup> release were tested for their ability to inhibit microsomal Ca<sup>2+</sup> loading. Only 30 µM pCMB. 50 μM Cd<sup>2+</sup>, and 10 mm pyrophosphate appeared to appreciably inhibit Ca<sup>2+</sup> loading at concentrations that greatly inhibited Ca<sup>2+</sup> release, and only pCMB caused a >50% inhibition of uptake (not shown). W-7 (200  $\mu$ M), which is reported to inhibit liver microsomal Ca2+ uptake (25) and to open SR Ca2+ release channels (26), had only a minor effect (~15% inhibition) on brain microsomal Ca<sup>2+</sup> uptake (not shown). Strikingly, La<sup>3+</sup> caused a large (5-6-fold) stimulation of Ca2+ uptake that could contribute to its attenuation of IP3-induced Ca2+ release. The La3+ effect was reinvestigated using 45Ca uptake, and its stimulatory effect was confirmed (Fig. 3). All other substances tested had little effect on Ca2+ uptake, regardless of whether exposure to the agents was of short duration or ≥20 min (not shown).

Valinomycin was unable to restore release inhibited by any of these agents (not shown). This suggests that interference with K<sup>+</sup> ion movements contributes little to the effects of any of these agents.

We have attempted to further distinguish among these agents to determine whether their site of action was at the level of interference with IP<sub>3</sub> binding to its receptor or via blockade of the Ca2+ channel it opens. We first tested for competitive antagonism between the drugs and IP, by testing the drugs at a second, higher, IP<sub>3</sub> concentration. As seen in Fig. 4, addition of 50 µM IP3 in the presence of blocking concentrations of pCMB did little to restore Ca<sup>2+</sup> release. However, 50 µM IP<sub>3</sub>

lidocaine ( $\nabla$ ) ( $K_i = 1.5$  mm). Lower, release inhibited by  $\rho$ CMB ( $\boxtimes$ ) ( $K_i =$ 9.9  $\mu$ M), cinnarizine ( $\Delta$ ) ( $K_i = 54 \mu$ M), flunarizine (O) ( $K_i = 100 \mu$ M), phytic acid ( $\blacksquare$ ) (260  $\mu$ M), and benzocaine ( $\triangle$ ) ( $K_i = 4.8$  mM).

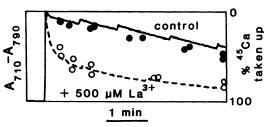
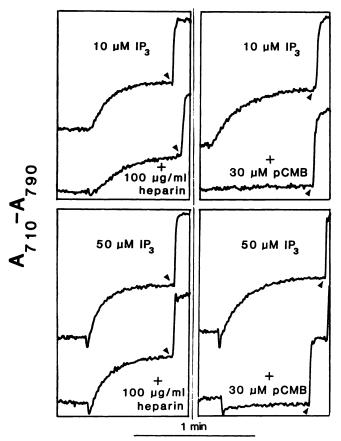


Fig. 3. La³+ stimulation of Ca²+ uptake by brain microsomes. Two milligrams of microsomal protein were suspended in 2.0 ml of medium to which 50 nmol of  $^4$ Ca were added. Absorbance  $(A_{710}-A_{780})$  measurements provided the *traces*, while 200- $\mu$ l aliquots were removed at the jumps in the traces and filtered with a vacuum manifold, as described in Materials and Methods, yielding the data points referable to the *right ordinate*. The experiments were performed in duplicate in the absence ( $\odot$ ) and presence ( $\odot$ ) of 500  $\mu$ M La³+.



**Fig. 4.** Test for competitive antagonism of IP<sub>3</sub>-induced Ca<sup>2+</sup> release by drugs. Experiments were performed as described in Fig. 1. Each *pair of traces* represents a control Ca<sup>2+</sup> release elicited by addition of 10 or 50  $\mu$ M IP<sub>3</sub>, as indicated, together with an experiment performed in the presence of the indicated concentration of release blocker. *Arrowheads* near the end of each *trace* indicate 12.5-nmol CaCl<sub>2</sub> additions for calibration purposes.

was able to greatly enhance release that had been blocked by heparin when challenged with only 10  $\mu$ M IP<sub>3</sub>. This suggests that heparin competitively antagonized IP<sub>3</sub> binding to its receptor and that pCMB might not.

In Table 2 we have assessed the ability of several agents to inhibit [ $^3$ H]IP $_3$  binding to brain microsomes. As seen, phytic acid, heparin, and pyrophosphate, three agents whose effects were partially overcome by 50  $\mu$ M IP $_3$  (not shown), were able to appreciably inhibit IP $_3$  binding. Flunarizine also was slightly less effective at inhibiting release in the presence of 50  $\mu$ M IP $_3$ 

(not shown) but it did not significantly inhibit IP<sub>3</sub> binding (Table 2). Significant inhibition of IP<sub>3</sub> binding was noted with pCMB and with Ca<sup>2+</sup>. This effect of pCMB undoubtedly contributes more to the inhibition of IP<sub>3</sub>-induced Ca<sup>2+</sup> release than does its inhibition of Ca<sup>2+</sup> uptake. It is difficult to infer any causal relationship between the increased IP<sub>3</sub> binding observed in the presence of W-7 and the inhibitory effects of that compound on IP<sub>3</sub>-induced Ca<sup>2+</sup> release.

We additionally wished to determine whether certain inhibitors of IP<sub>3</sub>-induced Ca<sup>2+</sup> release also inhibited caffeine-induced Ca<sup>2+</sup> release from SR isolated from skeletal muscle. For this we also tested effects of some of the K+ channel blockers utilized in the companion communication (7). Previously, it has been reported that similar concentrations of tetracaine, Ba2+, and 9aminoacridine (26) inhibit SR caffeine- and Ca2+-induced Ca2+ release, as do even lower concentrations of neomycin (22). We tested certain substances on caffeine-induced Ca2+ release under the same experimental conditions as for our brain microsome experiments. We determined that many blockers of IP<sub>3</sub>induced Ca2+ release also inhibited caffeine-induced Ca2+ release at similar concentrations and, thus, were quite nonspecific in their effects. However, as shown in Fig. 5 or listed in Table 3, tetrapentylammonium, heparin, and quinine did not inhibit caffeine-induced Ca2+ release, suggesting that these agents were more specific in their actions on these two different forms of Ca2+ release from intracellular stores. Other agents that inhibited IP<sub>3</sub>-induced Ca<sup>2+</sup> release from brain microsomes actually induced Ca2+ release from isolated SR but not from the brain microsomes.

Another determinant of IP<sub>3</sub>-induced Ca<sup>2+</sup> release is the extravesicular free [Ca<sup>2+</sup>]. The experiments shown in Fig. 6 contrast the Ca<sup>2+</sup> dependence of IP<sub>3</sub>-induced Ca<sup>2+</sup> release from brain microsomes with that of Ca<sup>2+</sup>-induced Ca<sup>2+</sup> release from rabbit skeletal muscle terminal cisternae under similar conditions. First, there was no Ca<sup>2+</sup>-induced Ca<sup>2+</sup> release from the brain microsomes, and extravesicular Ca<sup>2+</sup> instead produced an inhibition of subsequent IP<sub>3</sub>-induced Ca<sup>2+</sup> release. In contrast, the terminal cisternae were unresponsive to IP<sub>3</sub> under these conditions (not shown), and the Ca<sup>2+</sup>-induced Ca<sup>2+</sup> release observed exhibited a markedly different dependence on extravesicular free Ca<sup>2+</sup> than did the IP<sub>3</sub>-induced release from brain microsomes.

### **Discussion**

We have assessed the ability of a large number of substances to inhibit IP<sub>3</sub>-induced Ca<sup>2+</sup> release from brain microsomes. The substances reported here are more heterogeneous in their actions than those reported in the companion communication (7). We have corroborated earlier reports of the inhibitory effects of many of these compounds, further elucidated the mechanism of action of several, and attempted to determine some additional effects so as to guide other investigators who might wish to utilize "specific" inhibitors of IP<sub>3</sub>-induced Ca<sup>2+</sup> release for in situ studies. Finally, we have provided an example of the use of such pharmacologic agents for the purposes of further distinguishing two different forms of Ca<sup>2+</sup> release from intracellular stores.

As in the accompanying communication (7), the results reported here all involved determinations of drug effects on the rate of IP<sub>3</sub>-induced Ca<sup>2+</sup> release. Most previous reports lacked the time resolution to assess more than drug effects on the

## TABLE 2 Effects of IP3-induced Ca2+ release inhibitors on specific [2H]IP3 binding by brain microsomes

Experiments were performed by incubating 0.5 mg of brain microsomes in a medium consisting of 40 mm KCl, 62.5 mm potassium phosphate, 2.5 mm EDTA, and 8 mm MOPS, pH 7.0, for 30 min at 4<sup>5</sup>. Subsequently, the samples were sedimented in a Beckman airfuge, the supernatants were removed, and the pellets were rinsed once with binding medium lacking [\*H]|P<sub>3</sub> (7) and then transferred to liquid scintillation vials. Nonspecific binding was assessed in the presence of 5 μm unlabeled IP<sub>3</sub>. Specific binding was calculated as the difference between total and nonspecific binding.

	Total binding	Nonspecific binding	Specific binding	
		pmoi/mg		
Control	$0.609 \pm 0.083$	$0.284 \pm 0.049$	$0.325 \pm 0.053$	
100 μm Cinnarizine	$0.582 \pm 0.052$	0.276 ± 0.012	$0.306 \pm 0.065$	
100 μm Flunarizine	$0.604 \pm 0.134$	$0.333 \pm 0.052$	$0.272 \pm 0.083$	
500 μm TMB-8	$0.666 \pm 0.102$	0.291 ± 0.048	$0.375 \pm 0.112$	
200 μm W-7	$1.289 \pm 0.093$	$0.371 \pm 0.013$	$0.918 \pm 0.106$	
10 mm Benzocaine*	0.596	0.282	0.314	
5 mm Lidocaine	$0.580 \pm 0.089$	$0.269 \pm 0.031$	$0.298 \pm 0.101$	
500 μm Tetracaine	0.643	0.329	0.314	
2 mm Phytic acid	$0.229 \pm 0.003$	$0.231 \pm 0.008$	$-0.002 \pm 0.007$	
100 μg/ml Heparin	$0.265 \pm 0.029$	$0.237 \pm 0.062$	$0.028 \pm 0.033$	
10 mм Pyrophosphate	0.381	0.251	0.130	
30 μm ρĆMB .	0.367	0.318	0.049	
13 μm Ca <sup>2+</sup> free <sup>b</sup>	0.272	0.257	0.015	

Some precipitation was noted in these determinations with benzocaine this might have masked an inhibitory effect.

<sup>&</sup>lt;sup>b</sup> The total Ca<sup>2+</sup> present was 34 μM, which was calculated to yield the same free [Ca<sup>2+</sup>] = 13 μM as the highest concentration used in Fig. 6. To achieve this concentration, the EDTA was omitted from the assay.

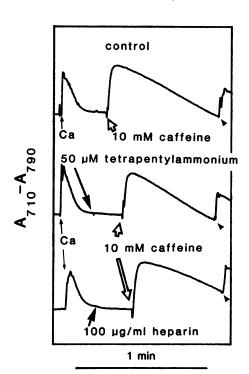


Fig. 5. Lack of effect of heparin or tetrapentylammonium on caffeineinduced Ca2+ release from isolated skeletal muscle terminal cisternae. Experiments were performed as described for Fig. 1, except with 50  $\mu$ g of terminal cisternae substituted for brain microsomes, five additions of CaCl<sub>2</sub> (12.5 nmol each), and addition of 10 mm caffeine instead of IP<sub>3</sub>. The traces shown include the administration and uptake of the fifth aliquot of CaCl2, the transient releases elicited by caffeine, and, finally, additions of CaCl<sub>2</sub> for recalibrating purposes (arrowheads).

amount of Ca2+ released, which would be less likely to be affected except at higher drug concentrations. None of the drug effects presented here involved indirect effects via inhibition of counter-ion K+ movements or possible elevations of free [Ca<sup>2+</sup>] to a level (Fig. 6) that by itself would have been inhibitory to a subsequent IP<sub>3</sub>-induced Ca<sup>2+</sup> release (6). We cannot at present rule out an increased sensitivity to released Ca2+ as a means of attenuating the responses.

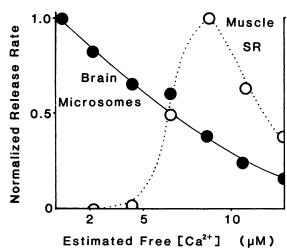
TABLE 3 Effects of selected inhibitors of IP2-induced Ca2+ release on caffeine-induced Ca2+ release from skeletal SR terminal cief SR terminal cisternae (50  $\mu$ g) were loaded with Ca<sup>2+</sup> as described in Fig. 4 and

then exposed to the substances listed to the left, followed by 10 mm caffeine.

	Rate of caffeine-induced Ca <sup>2+</sup> release	
	μmol/mg·min	
Control	18.6 ± 3.2	
75 μM Cinnarizine	R*	
100 μm TMB-8	18.1	
500 μm TMB-8	R	
200 μm W-7	R	
500 μM Tetracaine	0	
5 μM Cd <sup>2+</sup>	22.3	
30 μM Cd <sup>2+</sup>	R	
1 mм La <sup>3+</sup>	11.3	
100 μg/ml Heparin	17.1 ± 3.2	
100 μM Quinine	22.9	
50 μM Tetrapentylammonium	14.8	
500 μM Tetrapentylammonium	22.2	
200 μM Ba <sup>2+</sup>	5.8	
30 μм 9-Aminoacridine	9.1	
200 μM Neomycin	0	
500 μm Zn <sup>2+</sup>	10.2	
3 μM Bis G-10	9.4	
30 μM Bis G-10	$5.2 \pm 0.8$	

<sup>\*</sup>R, the IP3-induced Ca2+ release inhibitor actually caused a release of Ca2+ from the SR vesicles under these conditions, before caffeine addition. Following this release, caffeine failed to induce further release, possibly due to empyting  $\bar{\text{of}}$  the caffeine-sensitive Ca2+ stores.

Among the substances found to inhibit IP<sub>3</sub>-induced Ca<sup>2+</sup> release in this communication, we found several that appeared likely to competitively inhibit IP<sub>3</sub> binding to its receptor (heparin, pyrophosphate, and phytic acid), as well as one that appeared more likely to inhibit IP<sub>3</sub> binding noncompetitively (pCMB). One agent (La<sup>3+</sup>) appeared to be capable of inhibiting IP<sub>3</sub>-induced Ca<sup>2+</sup> release by stimulating the net rate of Ca<sup>2+</sup> uptake by the brain microsomes utilized here. The remaining agents (cinnarizine, flunarizine, TMB-8, W-7, benzocaine, lidocaine, tetracaine, and Cd2+) appeared to be similar in their actions to the K+ channel blockers studied previously (7), in



**Fig. 6.** Differences in Ca²+ dependence of IP₃-induced Ca²+ release from brain microsomes and Ca²+-induced Ca²+ release from isolated SR terminal cisternae. Brain microsome experiments were performed as described in Fig. 1, except that additions of CaCl₂ were made ~10 sec before administration of 10  $\mu$ m IP₃. SR experiments were performed in the same medium in the same fashion but with only 26  $\mu$ g of SR protein. This enabled discrimination between the CaCl₂ addition and the Ca²+ release it produced. The SR was preloaded with only two 12.5-nmol CaCl₂ additions before the addition that elicited release. Free [Ca²+] was calculated according to a computer program previously described (22, 25), with 72.5  $\mu$ m total Ca²+ resulting in a free [Ca²+] of 13  $\mu$ m. Release rates were normalized for each form of release to the highest rate obtained at any [Ca²+] tested.

that they did not inhibit IP<sub>3</sub> binding and appeared not to function by way of inhibiting obligate K<sup>+</sup> counter-ion movements. Most likely, they directly interfere with ion flow through the IP<sub>3</sub>-activated Ca<sup>2+</sup> channel or with the coupling between that channel and the IP<sub>3</sub> receptor, if the two are separate entities. An IP<sub>3</sub> receptor has been purified from brain cerebellum (27). An associated membrane protein that confers sensitivity to inhibition by Ca<sup>2+</sup> (calmedin) has also been purified from cerebellum membranes (28). As yet we do not know whether either of these proteins functions additionally as the Ca<sup>2+</sup> channel.

The inhibitory effect of extravesicular  $Ca^{2+}$  on  $IP_3$ -induced  $Ca^{2+}$  release is apparent only at higher concentrations than the inhibition of [ ${}^3H$ ]IP $_3$  binding demonstrated by Worley et al. (6), possibly because of the differences in pH between the two studies (pH 7.0 versus pH 8.3). In their study, Worley et al. (6) also demonstrated a profound influence of pH on IP $_3$  binding. This may indicate that at physiological intracellular pH the required concentration of  $Ca^{2+}$  might be intermediate between their value and ours. It also remains possible that our control IP $_3$ -induced  $Ca^{2+}$  release is partially inhibited by residual  $Ca^{2+}$  not taken up by the microsomes (estimated at 0.3  $\mu$ M in these experiments from  $Ca^{2+}$  electrode measurements) (see also Ref. 29).

Heparin, pyrophosphate, and phytic acid were all previously shown to inhibit IP<sub>3</sub> binding to cerebellar homogenates (6) and heparin to inhibit IP<sub>3</sub>-induced Ca<sup>2+</sup> release in a number of other systems (8, 9). The results obtained with pyrophosphate and phytic acid, consequently, were expected. In our hands, higher heparin concentrations were required, perhaps because of the presence of phosphate, another polyvalent anion, in our assay. We attribute most of the effects of these substances on IP<sub>3</sub>-induced Ca<sup>2+</sup> release to their ability to inhibit IP<sub>3</sub> binding

competitively. The lack of additional effect of the Ca<sup>2+</sup>-precipitating anion pyrophosphate with increasing exposure time suggests that it is not as permeant to the IP<sub>3</sub>-sensitive vesicles as to muscle Sr (26) or as permeant to the IP<sub>3</sub> sensitive vesicles as is phosphate.

Although pCMB also inhibits  $IP_3$  binding, its effects are not significantly diminished at high  $IP_3$  concentrations; thus its effects on  $IP_3$  binding are likely to be due to noncompetitive inhibition, perhaps by virtue of its effects on SH groups. Previously, pCMB had been reported to inhibit  $IP_3$ -induced  $Ca^{2+}$  release from platelet membranes (13) but its mechanism of action was not explored.

The La3+ effect uncovered here was quite unexpected, and La<sup>3+</sup> was the only agent assayed that appreciably stimulated net Ca<sup>2+</sup> uptake by the brain microsomes. The enormous stimulation of uptake by La3+ indubitably contributed to its attenuation of IP<sub>3</sub>-induced Ca<sup>2+</sup> release. Because we were unable to assess IP3 binding in the presence of La3+, La3+ might have other sites of action inhibitory to IP<sub>3</sub>-induced Ca<sup>2+</sup> release as well. In this regard, La<sup>3+</sup> has been reported to inhibit IP<sub>3</sub>induced Ca<sup>2+</sup> release from platelet membranes without appreciable effect on platelet membrane Ca2+ uptake (14). The effect of La<sup>3+</sup> on Ca<sup>2+</sup> uptake seen here is reminiscent of the ryanodine-induced stimulation of Ca<sup>2+</sup> uptake by cardiac SR (30), but the effect is unlikely to be due to block of either IP<sub>3</sub>- or ryanodine-sensitive Ca2+ channels here, because numerous other blockers of each were without similar effect. We note that La<sup>3+</sup> need not be stimulating a microsomal Ca<sup>2+</sup> pump, however. An active La3+-inhibitable Na+/Ca2+ exchange system is known to exist in brain microsomal preparations (31). La<sup>3+</sup> is also known to inhibit neuronal surface membrane Ca2+ channels (32), but other inhibitors of such channels (verapamil, nifedipine, and Cd<sup>2+</sup>) had no such stimulatory effect on Ca<sup>2+</sup> uptake.

Among the other effective agents presumed to interact more directly with the  $IP_3$ -sensitive  $Ca^{2+}$  channel,  $Cd^{2+}$ , W-7, flunarizine, and cinnarizine are also all known to inhibit surface membrane  $Ca^{2+}$  channels (33, 34), although for the same reason cited above this is unlikely to be related to their effects on  $IP_3$ -induced  $Ca^{2+}$  release. Inhibition of  $IP_3$ -induced  $Ca^{2+}$  release has been previously reported for W-7 (11), flunarizine, and cinnarizine (12) but not for  $Cd^{2+}$ .

At relatively high concentrations (100–500  $\mu$ M), the purported "intracellular" Ca²+ antagonist TMB-8 (16, 17) also inhibited IP₃-induced Ca²+ release. Previously, 50  $\mu$ M TMB-8 (12) or 1 mM TMB-8 (35) were found not to inhibit IP₃-induced Ca²+ release from isolated platelet membranes. This may represent a difference between IP₃-induced Ca²+ release in the two systems. In agreement with other reports (12–14), we did find  $\rho$ CMB, flunarizine, cinnarizine, and the local anesthetics benzocaine and lidocaine to be inhibitory. To this list we also add the observation that tetracaine is effective. Nevertheless, sufficiently high concentrations of all these agents were required that they would certainly have other actions inside cells when introduced at concentrations inhibitory to IP₃-induced Ca²+ release.

If any of these agents were to be used inside cells as potential IP<sub>3</sub>-induced Ca<sup>2+</sup> release blockers, many would certainly have other effects. Local anesthetics, for instance, have many effects on the nervous system, and their misuse as inhibitors of any given process frequently gives rise to unexpected results (36).

Surface membrane Ca2+ channel blockers would be impractical to use unless the cells tolerated Ca2+-free media well. Use of pCMB, Cd<sup>2+</sup>, and pyrophosphate would be compromised by their added predisposition to inhibit Ca2+ uptake, thereby possibly inhibiting refilling of internal stores.

We have demonstrated a relative lack of effectiveness of several blockers of other ion channels. Ruthenium red, a blocker of the SR Ca2+ release channel (19, 37), is only weakly effective, as are nifedipine and verapamil, blockers of L-type surface membrane Ca2+ channels (20, 38, 39), dantrolene, a blocker of muscle fiber excitation-contraction coupling (15), and dithiothreitol (40), a blocker of heavy metal-induced Ca2+ release from isolated skeletal muscle SR (41). The results with ruthenium red, dantrolene, and nifedipine are in agreement with previous reports (1, 5, 12) and help to demonstrate the uniqueness of IP<sub>3</sub>-sensitive Ca<sup>2+</sup> channels of intracellular stores. At high concentrations (>10 µM) ruthenium red has been reported to have inhibitory effects on IP<sub>3</sub>-induced Ca<sup>2+</sup> release (35), but there are also numerous reports of IP<sub>3</sub>-induced Ca<sup>2+</sup> release in the presence of similarly high ruthenium red concentrations (e.g., Ref. 1). At 50 µM concentrations, verapamil was previously reported not to inhibit IP<sub>3</sub>-induced Ca<sup>2+</sup> release (12). The effects noted at still higher concentrations here are unlikely to be related to its actions on surface membrane Ca<sup>2+</sup> channels.

Considering that ryanodine and caffeine open ruthenium redsensitive SR Ca2+ channels in muscle (26, 42), it is not surprising that pretreatment of brain microsomes with a wide range of ryanodine concentrations failed to deplete IP3-sensitive microsomes of Ca2+. These results suggest that ryanodine- and IP<sub>3</sub>-sensitive pools are distinct. At least partial separation of IP<sub>3</sub>- and caffeine-sensitive pools has been reported recently for different regions of individual neurons (43).

To test this point further, we have investigated the effects of selected inhibitors of IP3-induced Ca2+ release on caffeineinduced Ca2+ release from isolated skeletal muscle SR. Agents like tetracaine (26), Ba<sup>2+</sup> (26), 9-aminoacridine (26), neomycin (22), and bis G-10 (44) appear to inhibit both processes, and other IP3-induced Ca2+ release inhibitors cause caffeine-sensitive stores to release Ca2+. Heparin, quinine,1 and tetrapentylammonium appear to be quite specific in their actions on IP<sub>3</sub>-induced Ca<sup>2+</sup> release. In this regard, they are more specific than ruthenium red, the well known blocker of Ca2+-induced Ca<sup>2+</sup> release, which also appears to inhibit IP<sub>3</sub>-induced Ca<sup>2+</sup> release somewhat. These results provide further justification for the use of heparin as a specific IP3 antagonist by Somlyo and co-workers (9, 46). Their contention (46) that IP<sub>3</sub>-induced Ca<sup>2+</sup> release is unimportant for normal physiologic excitationcontraction coupling in vertebrate skeletal muscle is nevertheless compromised by the lack of demonstration of inhibition by heparin of responses of skeletal fibers to IP<sub>3</sub> (46, 47).

Under similar conditions, brain microsomes displayed no Ca<sup>2+</sup>-induced Ca<sup>2+</sup> release, whereas skeletal muscle terminal cisternae displayed no IP<sub>3</sub>-induced Ca<sup>2+</sup> release. There are also clear differences in the dependence of the two kinds of release on extravesicular [Ca2+], even when the comparison was made under nearly identical conditions, as here (Fig. 6). This conclusion confirms a similar one derived from studies with platelet

membranes by Adunyah and Dean (48). Because both forms of release do demonstrate an inhibition by Ca2+ in excess of 10 μM, they could share some common features of a Ca<sup>2+</sup>-dependent inactivation process.

In summary, it is likely that the Ca2+ channels involved in IP<sub>3</sub>-induced Ca<sup>2+</sup> release and Ca<sup>2+</sup>-induced Ca<sup>2+</sup> release are quite different. This conclusion would be in agreement with certain results obtained from single-channel recording from muscle SR (49, 50) but would be inconsistent with others (51-53) that suggest that the high conductance ruthenium redsensitive channels that mediate Ca2+ release may also be opened by IP<sub>3</sub>. Final resolution of the uniqueness or identity of the two stores and channels mediating the two forms of Ca2+ release will have to await full characterization of Ca2+- (or caffeine-) induced and IP<sub>3</sub>-induced Ca<sup>2+</sup> release from the same tissue.

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