Phorbol Diacetate Potentiates Na\(^+-\)K\(^+\) ATPase Inhibition by a Putative Endogenous Ligand, Marinobufagenin

Olga V. Fedorova, Natalia A. Dorofeeva, Denis A. Lopatin, Edward G. Lakatta, Alexei Y. Bagrov

Abstract—Several vasoconstrictor agents can regulate the phosphorylation status of the Na\(^+-\)K\(^+\) ATPase (NKA). We have recently demonstrated that mammalian tissues contain an endogenous bufadienolide, digitalis-like α\(_1\)-NKA–selective ligand, marinobufagenin (MBG). Protein kinase C induces phosphorylation of the α\(_1\)-NKA isoform, the major isoform in vascular smooth muscle, kidney, and heart cells. We hypothesized that protein kinase C–induced phosphorylation of NKA can potentiate the effect of endogenous digitalis-like ligands, and that such potentiation can occur in an NKA isoform–specific fashion. A protein kinase C activator, phorbol 12,13-diacetate (PDA, 50 nmol/L), induced phosphorylation of the α\(_1\)-NKA from human mesenteric artery (HMA) sarcolemma and rat kidney but not that of the α\(_3\)-NKA from rat fetal brain. In HMA sarcolemma, which predominantly contains α\(_1\)-NKA, PDA (50 nmol/L) potentiated the NKA-inhibitory effect of MBG at the level of high-affinity binding sites (0.05±0.03 nmol/L versus 4.0±1.7 nmol/L, \(P<0.05\)). In contrast, PDA did not affect the NKA inhibition by ouabain, an α\(_2\)-NKA ligand. In isolated endothelium-denuded HMA artery rings, 50 nmol/L PDA potentiated the MBG-induced vasoconstriction (EC\(_{50}\), 17±6 nmol/L versus 150±40 nmol/L; \(P<0.01\)). Our results suggest that α\(_1\)-isoform–specific NKA inhibition by the endogenous digitalis-like ligand, MBG, is substantially enhanced via NKA phosphorylation by protein kinase C. Thus, an interaction of protein kinase C–dependent phosphorylation and MBG on NKA activity underlie the synergistic vasoactive effects of MBG and other endogenous vasoconstrictors in hypertension. (Hypertension. 2002;39:298-302.)

Key Words: drug therapy • ouabain • Na\(^+-\)K\(^+\)-exchanging ATPase • vasoconstriction • protein kinases • blood pressure • bufanolides

Various vasorelaxants and vasoconstrictors can regulate vascular Na\(^+-\)K\(^+\) ATPase (NKA) activity via its phosphorylation/dephosphorylation by protein kinases and phosphatases.\(^1\)-\(^3\) Protein kinases phosphorylate the sodium pump in a tissue- and isoform-specific fashion.\(^4\),\(^5\) Protein kinase C (PKC) directly phosphorylates the α\(_1\)-NKA isoform.\(^6\),\(^7\)

Several endogenous digitalis-like NKA inhibitors exist in mammalian plasma.\(^8\) A cardenolide, a ouabain-like compound, was the first endogenous sodium pump inhibitor to be purified.\(^9\) More recently, we have demonstrated that an endogenous bufadienolide NKA inhibitor, marinobufagenin (MBG),\(^10\) exhibits greater affinity for the α\(_1\)-NKA isoform than for the ouabain-sensitive α\(_3\)-isoform.\(^11\)-\(^13\) The α\(_1\)-NKA is the major isoform in the kidney, vascular smooth muscle, and adult cardiomyocytes.\(^14\),\(^15\)

Although phosphorylation of NKA by PKC can affect the sensitivity of this enzyme to ouabain,\(^16\) it is not known whether PKC phosphorylation of specific NKA isoforms is implicated in NKA inhibition by endogenous digitalis-like inhibitors, such as MBG. We hypothesized that protein kinase C–induced phosphorylation of the NKA can potentiate the effect of endogenous digitalis-like ligands, and that such potentiation can occur in a NKA isoform–specific fashion.

The purpose of present study was to determine whether PKC-induced–specific NKA isoform phosphorylation affects NKA inhibition and vasoconstriction in human mesenteric arteries (HMA) by 2 putative endogenous ligands, ouabain and MBG.

Methods

Preparation of Membranes

Experiments were performed on rings of second- or third-order branches of HMA obtained from 42 male patients (50±5 years) undergoing abdominal surgery because of intestinal adenocarcinoma. All subjects gave informed consent to these studies, which had been approved by the local ethics committee. HMA sarcolemma was prepared as described previously in detail using differential membrane centrifugation in the discontinuous sucrose gradients (0.32, 0.8, 1.0, 1.2, and 1.4 mol layers). The band rich in sarcolemma was collected at the 0.8-mol interface.\(^17\)

Na\(^+-\)K\(^+\)-ATPase

NKA activity was measured as reported previously.\(^17\) Membranes were pretreated with alamethicin (0.5 mg/mg protein). Aliquots of

Received October 4, 2001; first decision November 1, 2001; revision accepted November 30, 2001.

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sarcolemna (100 µL, 1 µg protein/well) were preincubated for 30 minutes at 37°C with compounds as described and then incubated for 1 hour at 37°C in NUNC polystyrene plates in the medium ([in mmol/L] NaCl 100, KCl 10, MgCl2 3, EDTA 1, Tris 50, ATP 2, and NaH2PO4 0.4, NaHCO3 19, and glucose 5.4) and superfused at 37°C with a solution containing (in mmol/L) NaCl 130, KCl 4.0, CaCl2 1.8, MgCl2 1.0, NaH2PO4 0.4, NaHCO3 19, and glucose 5.4 and were gassed with a mixture of 95% O2 and 5% CO2 (pH 7.45). Isometric contractions were recorded. The arterial rings were constricted twice with 80 mmol/L KCl, and after 60 minutes, effects of MBG in the absence or presence of PDA were studied.

**Statistical Analysis**

Data are presented as mean±SEM. Statistical analyses utilized repeated measures and 1-way ANOVA followed by multiple comparisons tests (GraphPad Prism, GraphPad Software Inc).

**Results**

Figure 1A demonstrates the abundance of the α1- and α3- NKA isoforms in sarcolemna from HMA and in 2 reference membrane preparations, microsomes from rat kidney and rat fetal brain. The α1-NKA was abundant in the kidney and in HMA sarcolemna but was practically undetectable in fetal brain synaptosomes. Conversely, α3-NKA immunoreactivity was present in rat fetal brain membranes but was absent in renal membranes and in HMA sarcolemna.

Figure 1B through 1D illustrates the NKA isoform specificity of PDA-induced phosphorylation. PDA, in a concentration-dependent manner (1 to 100 nmol/L) induced phosphorylation of the α1-NKA isoform from HMA sarcolemna (Figure 1B) and rat kidney (Figure 1C). In contrast, PDA did not affect the phosphorylation of NKA from rat fetal brain, which predominantly contains the α3-isoform (Figure 1D).

The effects of PDA on NKA inhibition by ouabain and MBG were compared in HMA sarcolemna (Figure 2A). Both MBG and ouabain inhibited HMA sarcolemnal NKA in a concentration-dependent manner, but MBG was far more potent that ouabain. The IC50 of MBG and ouabain in a 1-site competition model was 52±5 nmol/L and 1.8±0.4 µmol/L, respectively. Analysis of the concentration-response curves
using a 2-site competition model indicated that both ligands inhibited the NKA activity at the level of higher- and lower-affinity receptor sites. The IC₅₀ for each affinity site is listed in the Table. Pretreatment of the membranes with PDA potentiated NKA inhibition by MBG at the level of high (nanomolar) but not low (micromolar) receptor sites (Figure 2B). Conversely, PDA did not significantly affect the ouabain-induced NKA inhibition (Figure 2C).

The effect of PDA (50 nmol/L) on MBG vasoconstriction of isolated HMA rings is illustrated in Figure 3. Pretreatment of the vascular rings with PDA potentiated the effect of MBG. The MBG EC₅₀ for vasoconstriction in the absence and in the presence of PDA was 160±30 and 18±7 nmol/L, respectively.

**Discussion**

The main results of the present study are that PDA, a PKC activator, induces the phosphorylation of the sodium pump α₁-isofrom in HMA, and potentiates the NKA inhibitory and vasoconstrictor effects of MBG, an α₁-NKA ligand. NKA isoforms are distributed throughout cardiovascular system in an inhomogeneous and tissue-specific manner.¹⁴,¹⁵,²⁰ We have shown that the α₁-NKA isoform in rat aortae is mainly localized to the sarcolemma, whereas the α₂ NKA predominates in the nerve ending membranes.¹¹ The present results, similar to our previous observations,¹⁷ demonstrate that HMA sarcolemma contains a greater amount of the α₁-NKA than of the α₂-NKA isoform protein. In HMA sarcolemma, MBG inhibited the NKA more effective than ouabain in the present experiments, in agreement with our previous observations, indicating that MBG exhibits high affinity to the α₁-NKA from rat kidney and rat aortic sarcolemma.¹¹–¹³

Although previous studies have noted that PKC-induced NKA phosphorylation affected both the functional properties of this enzyme²¹ and the maximal NKA ouabain binding²² and sensitivity,¹⁶ it was unknown whether NKA phosphorylation by PKC affects the inhibitory activity of isofrom specific endogenous ligands, such as MBG. The present results show that PDA pretreatment, indeed, potentiates both vasoconstrictor and NKA inhibitory effects of MBG.

In the present study, PDA induced the phosphorylation of α₁-NKA from 2 tissues, HMA sarcolemma and rat kidney, whereas it did not affect the phosphorylation of NKA from rat fetal brain, in which the α₂-NKA is the predominant subunit isoform. These observations are in accord with the recent finding that activation of PKC results in phosphorylation of

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<th>Interactions of MBG and Ouabain With the NKA From HMA Sarcolemma</th>
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Values are n (95% confidence limits). The average of 6 to 9 measurements of inhibition of HMA by MBG and ouabain in the presence (+) or absence (−) of PDA at the level of high- and low-affinity binding (2-site competition model).

By repeated measures ANOVA followed by Neuman-Keuls test: high-affinity IC₅₀ for MBG in the presence of PDA vs PDA (−), P<0.05.
the α₃-NKA isoform. Our results show that PKC, in a NKA isoform–specific fashion, modulates the interactions between the sodium pump and its endogenous inhibitory ligands.

The effects of PKC on NKA activity have been controversial. Vasilets et al13 have reported that a mutation of Ser23 of the α₂-subunit of rat NKA, which mimics the effect of PKC-induced phosphorylation, was associated with a dramatic decrease in the ouabain sensitivity of the NKA. Conversely, Satoh et al23 observed that pretreatment of isolated rat atria with phosphol diesters potentiates the positive inotropic effect of micromolar concentrations of ouabain. The present results indicate a synergistic interaction of MBG and PKC activation on NKA inhibition. In HMA sarcolemma, in the presence of PDA, the NKA inhibitory effect of MBG on sodium pump was potentiated at the level of high-affinity sites, i.e., those sites that may be targeted by the nanomolar concentrations of MBG observed in vivo. We have previously demonstrated that substantial increases in the plasma level and/or renal excretion of MBG accompany the blood pressure elevation in several hypertensive states, including Dahl salt-sensitive rats on a high NaCl intake,13 preeclampsia,24 and hyper-excretion of MBG occurs when in rat aorta. Circ Res. 1985;14:1731–1737.


24. Lopatin DA, Ailamazian EK, Dmitrieva RI, Shpen VM, Fedorova OV, Doris PA, Bagrov AY. Circulating bufodienolide and cardenolide

Acknowledgments

This study was performed while A.Y.B. held a National Research Council Senior Research Associateship at the National Institute on Aging, National Institutes of Health.

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_Hypertension_. 2002;39:298-302
doi: 10.1161/hy0202.104344

_Hypertension_ is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
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Print ISSN: 0194-911X. Online ISSN: 1524-4563

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