

# Potassium channels: important drug targets of the future?

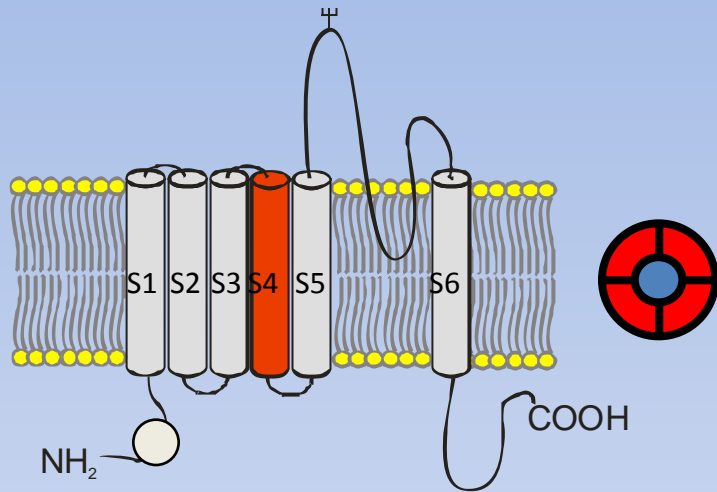
- ✓ Physiology
- ✓ Molecular biology
- ✓ Pharmacology

Neuroprotection and Preconditioning

# K<sup>+</sup>-channel function in excitable tissue

- Dampen excitation
- Stabilize membrane potential
  - Set resting potential
  - Keep action potential short
  - Terminate periods of intense activity
  - Time the inter-spike interval
  - Lower the effectiveness of excitatory inputs

# K<sup>+</sup>-channels are the most diverse ion channel family



Voltage-gated K channels (K<sub>v</sub>)

(Delayed rectifiers)

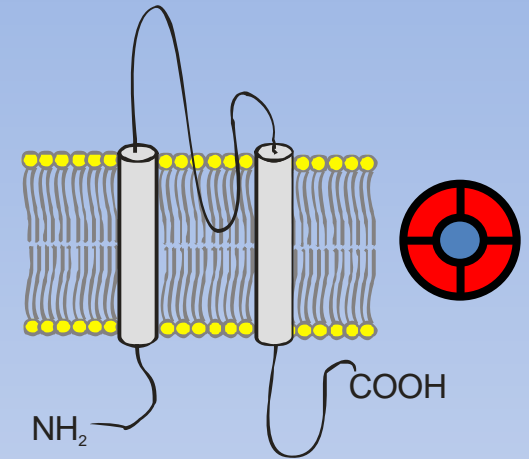
KCNQ channels

(slow delayed rectifiers)

Ca-activated K channels (BK, SK)

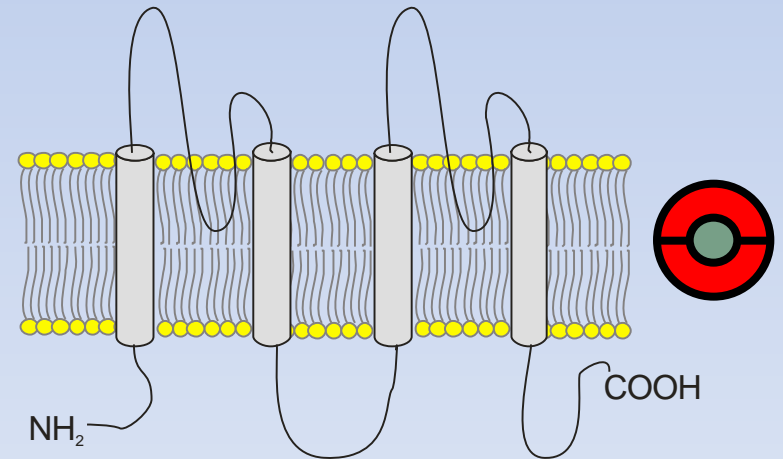
(KCNM, KCNN)

Modular design allows heteromultimers!



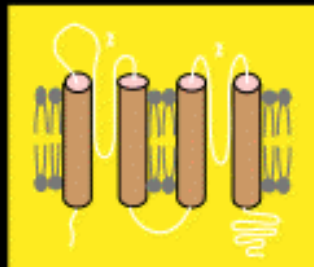
Inward rectifiers (K<sub>ir</sub>)

KCNH



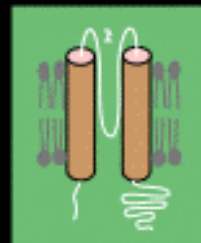
2 pore domain K channels

KCNK

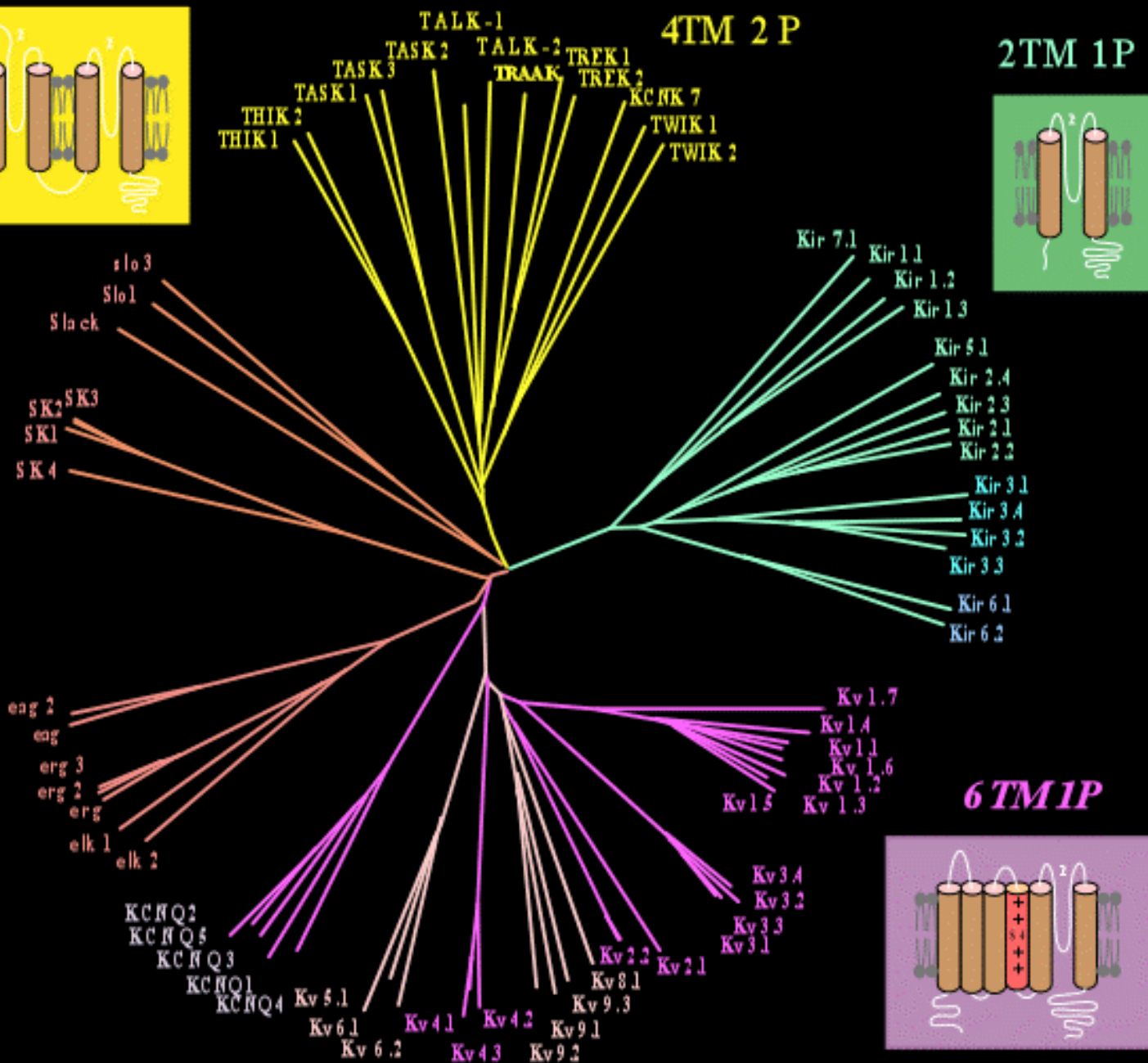


4TM 2P

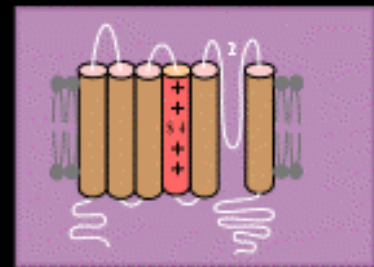
2TM 1P



Calcium activated



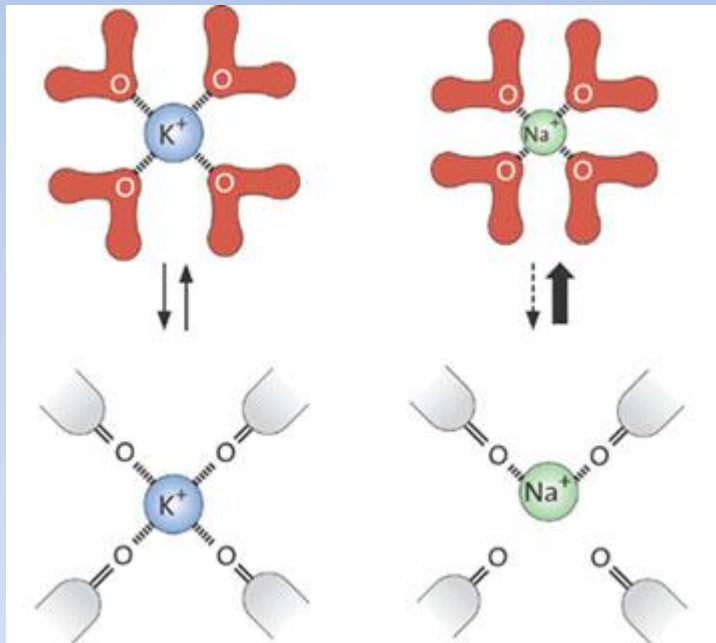
6TM 1P



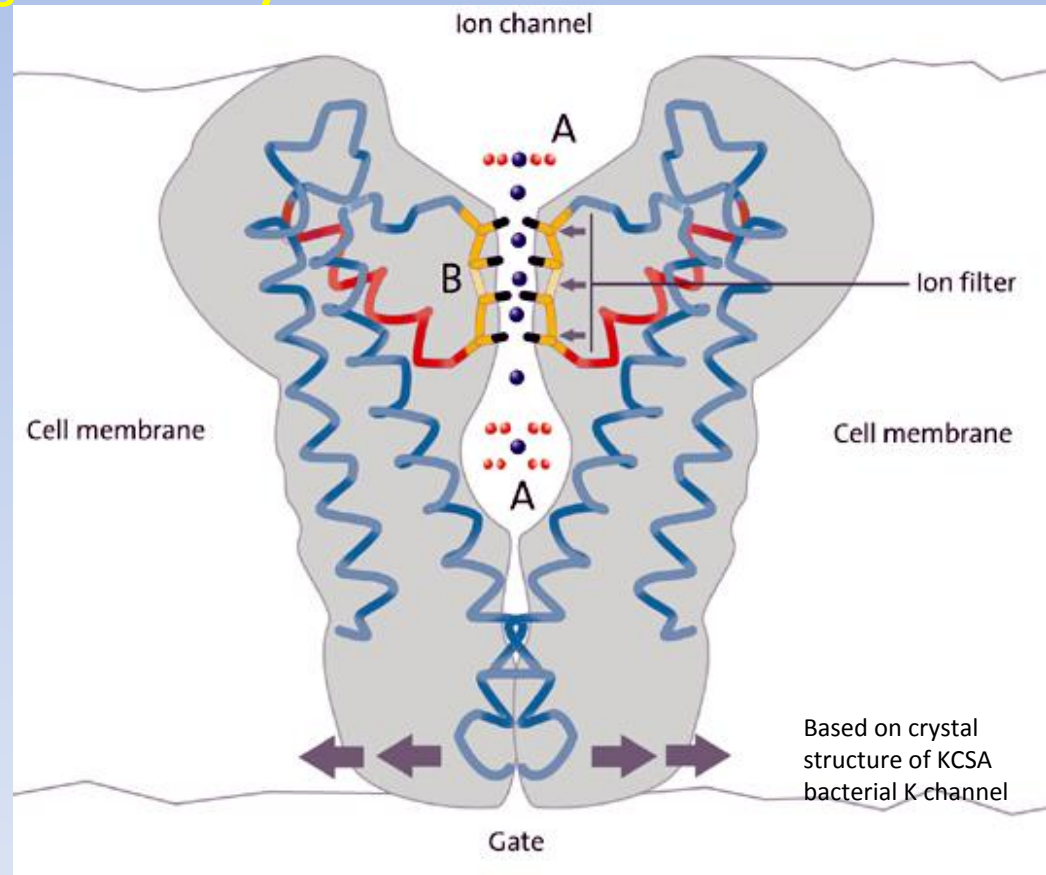
# K channel structural features

## 2 essential functional features

- High throughput
- **High selectivity**

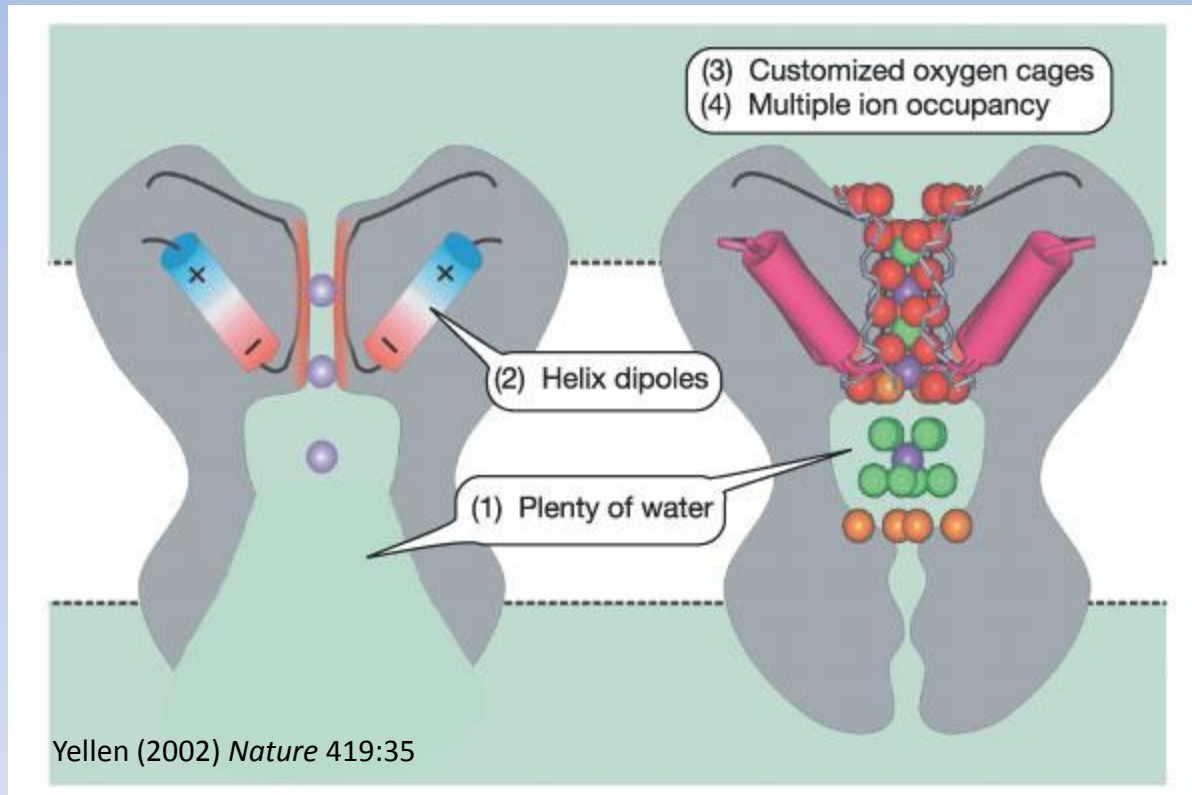


Selectivity filter



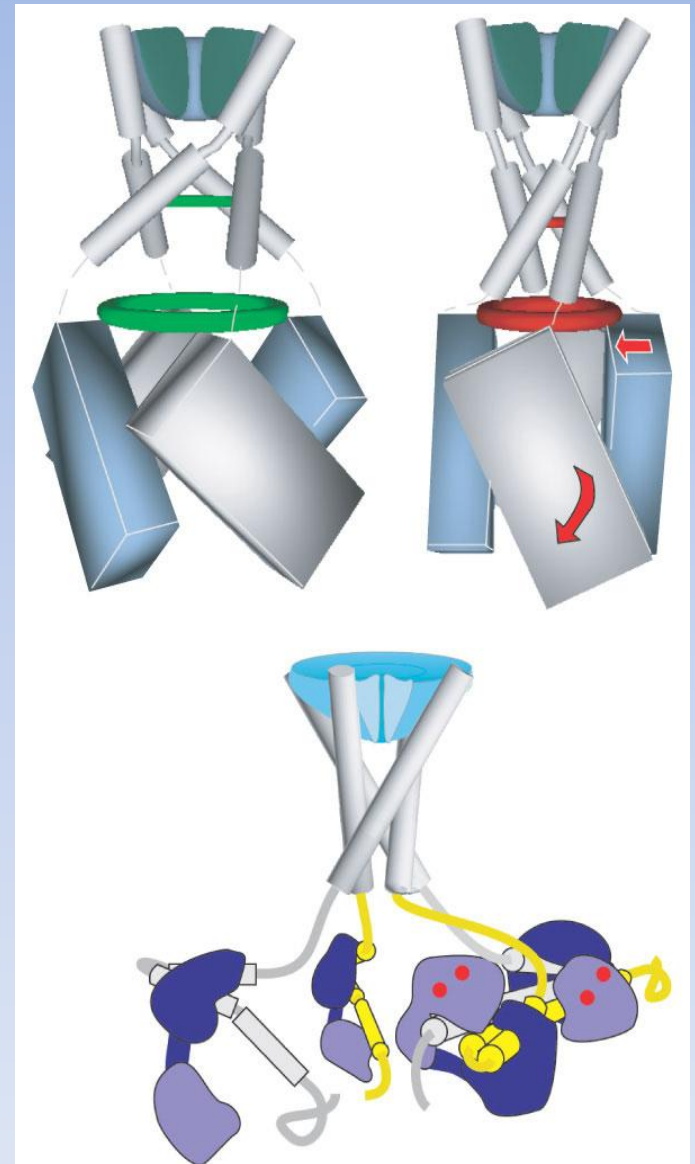
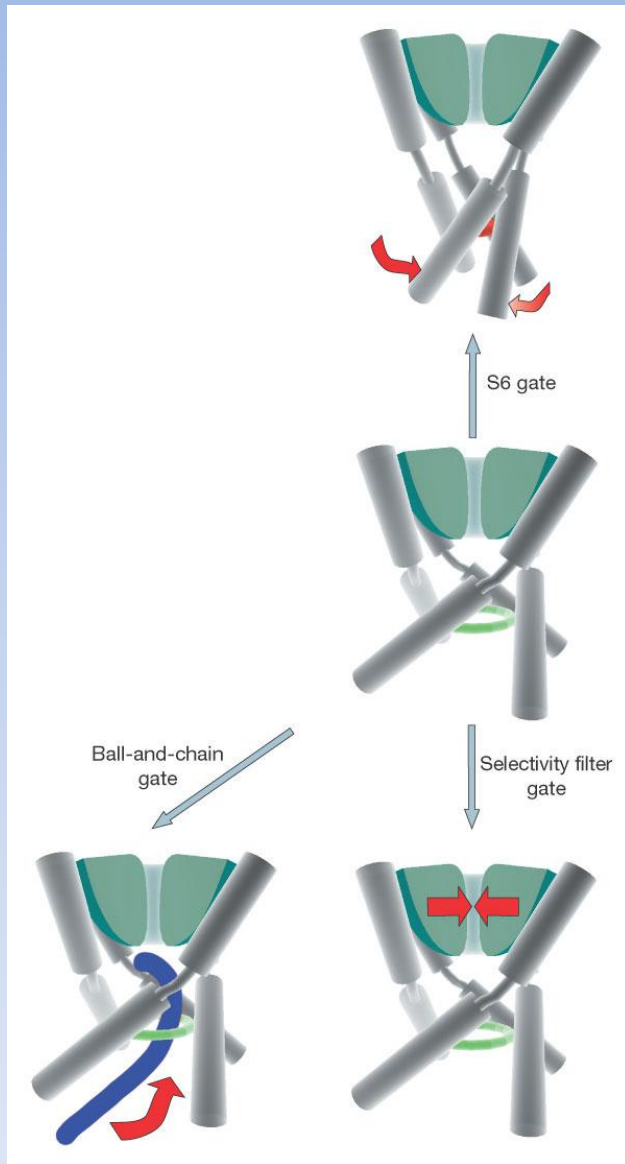
Consensus sequence in pore loop: TXXTXGYGD  
K channel signature sequence

# High throughput



No ionic charges involved!

# K channel gating



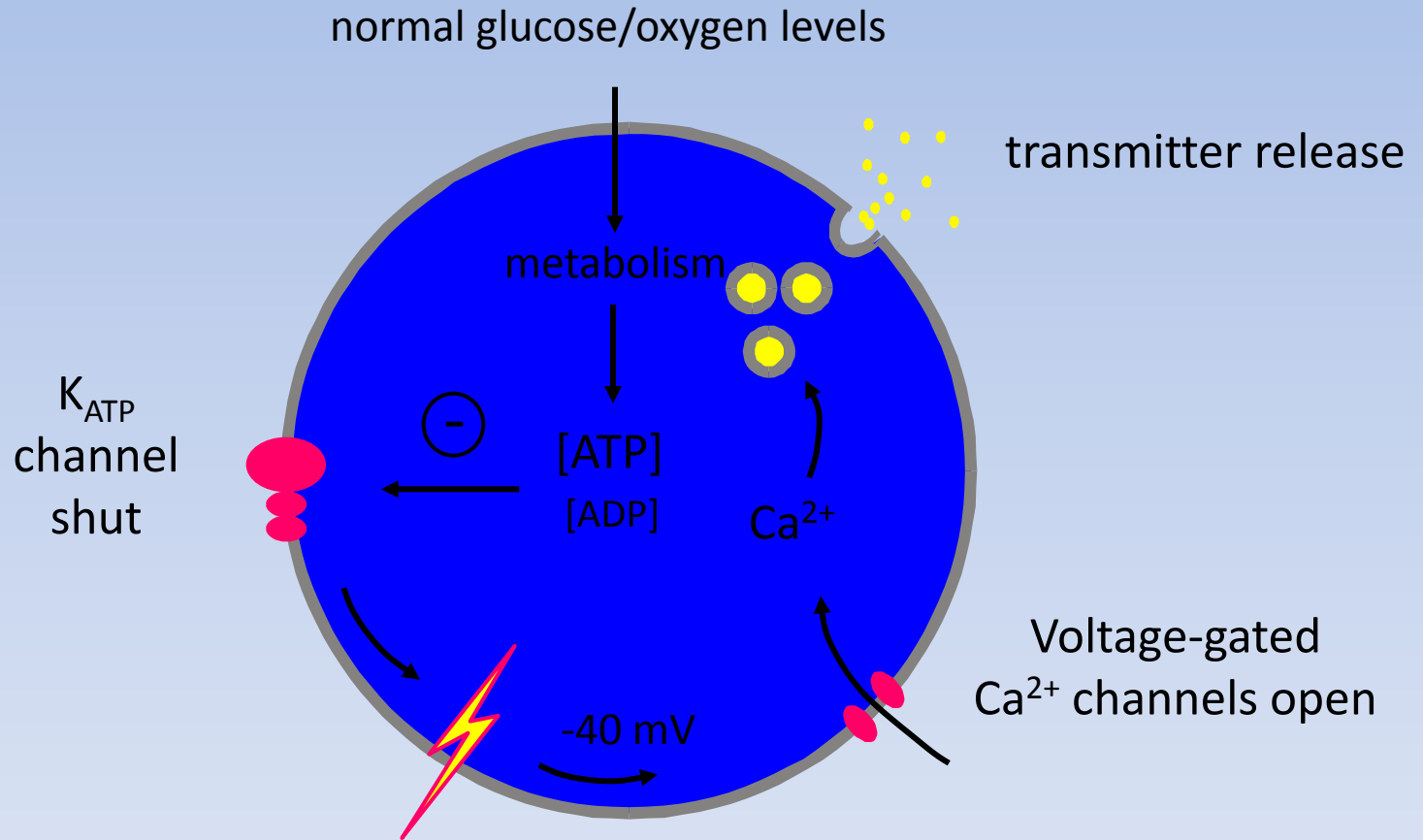
Proposed Ca<sup>2+</sup> sensor mechanism for SK channels

# Neuroprotection & Preconditioning

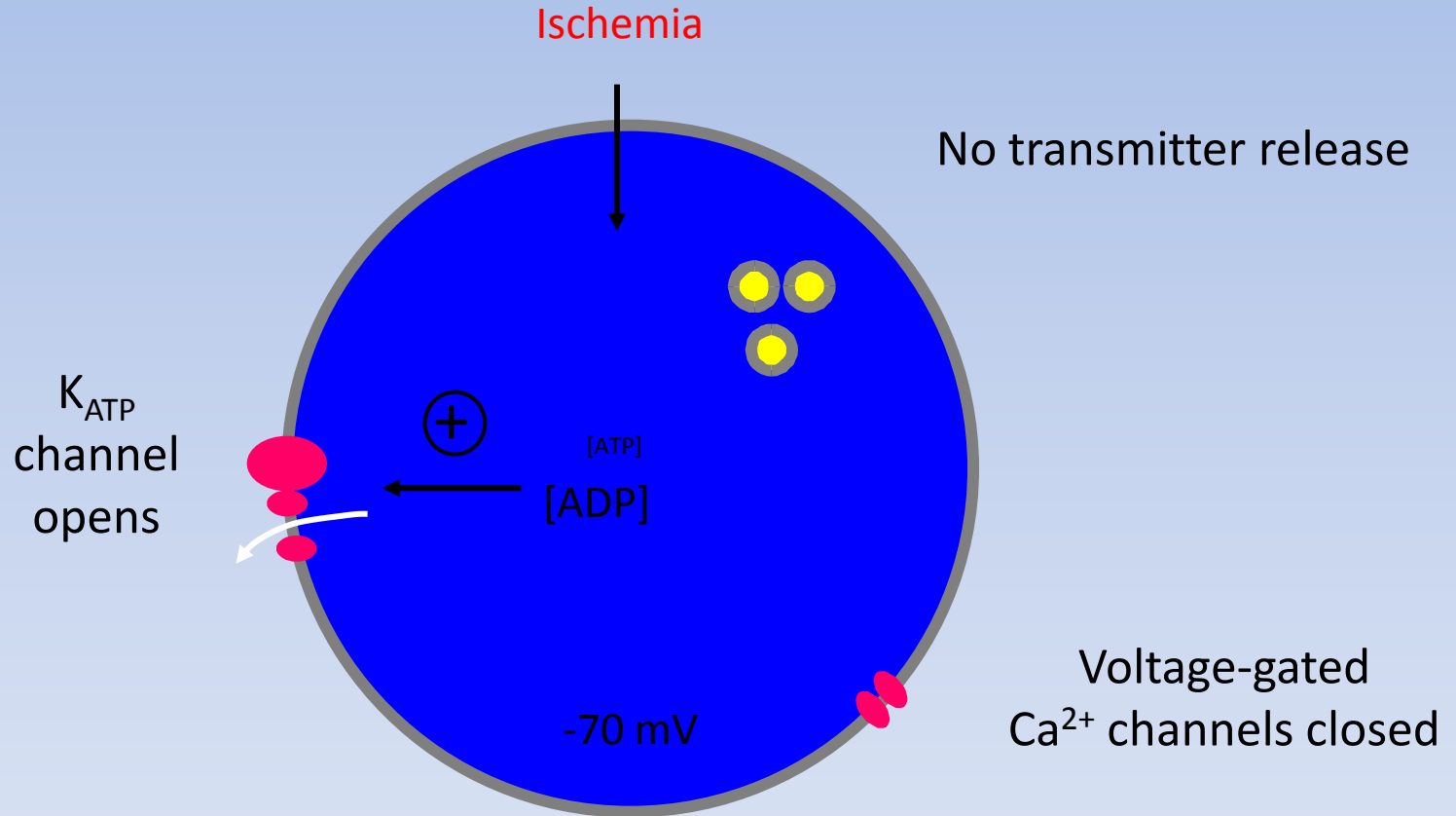
- What is preconditioning?
  - What is the difference between acute neuroprotection and preconditioning?
- What are the potential cellular pathways?
- Preconditioning by Xenon and Sevoflurane



# Acute Neuroprotection by $K^+$ channel: Metabolism-linked activity

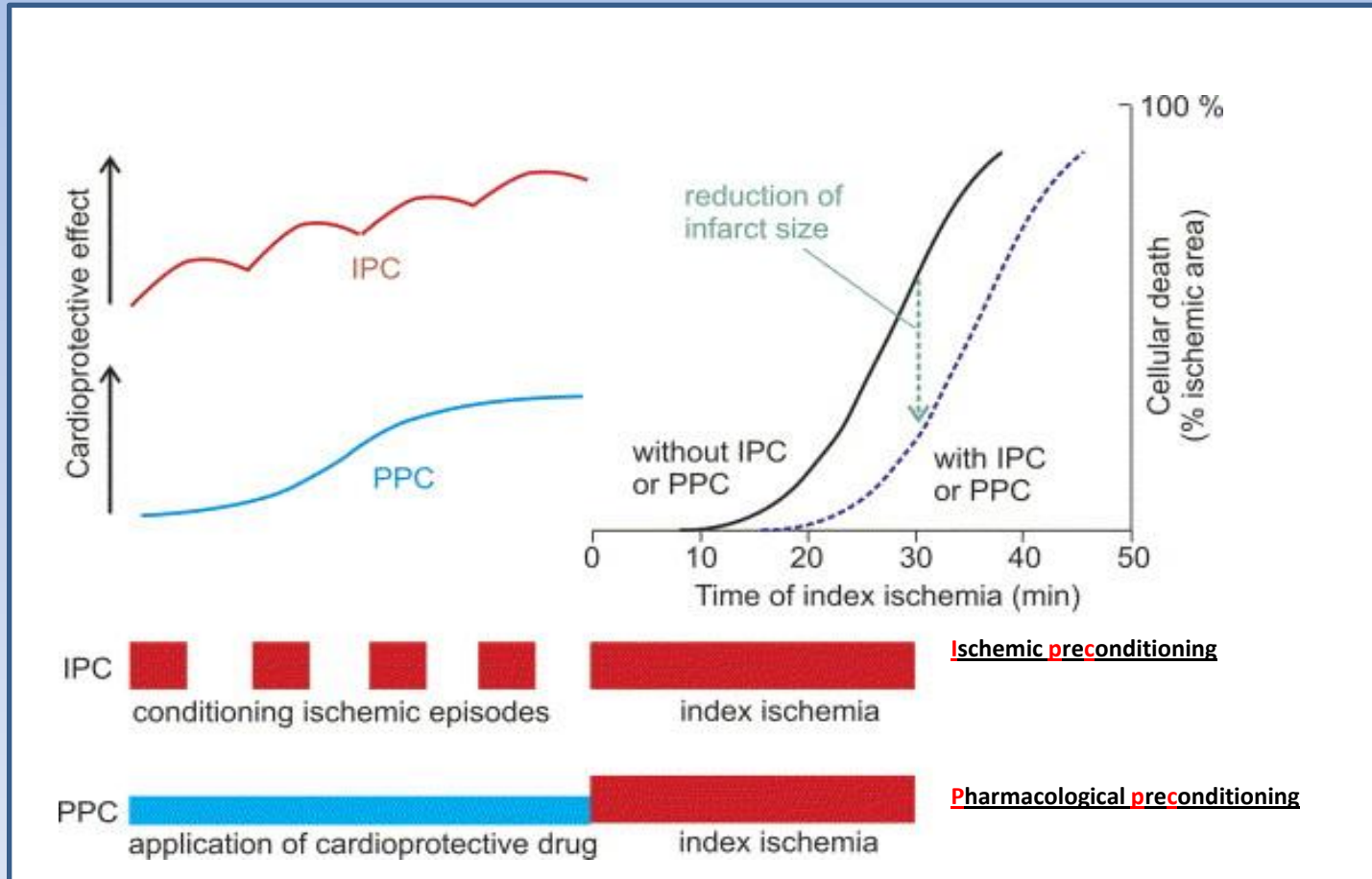


# Metabolism-linked activity



# Cardiac Preconditioning

“Short periods of ischemia protect tissue against injury by a prolonged period of ischemia”



***Preconditioning is induced by:***

- **K<sub>ATP</sub> channel openers**
- Agonists of G-protein coupled receptors
- ...

***Preconditioning is prevented by:***

- **K<sub>ATP</sub> channel blockers**
- ...

**Inhalational Anaesthetics have preconditioning effects**

***in vitro and in vivo*** (review: Wang et al 2008; Curr opin Pharmacol 8:104)

- Mechanisms/primary target: ???

# K<sub>ATP</sub> Channels:

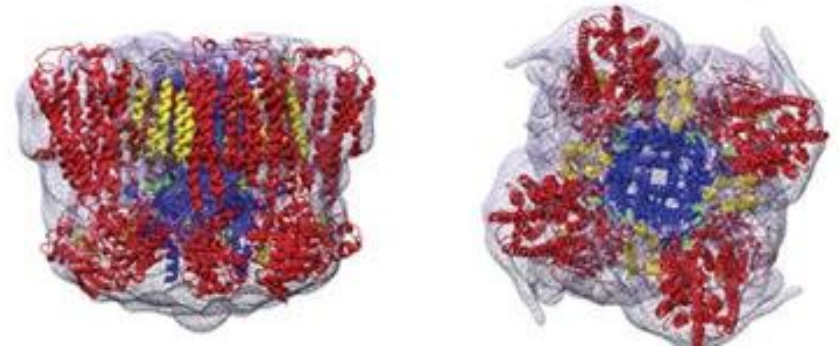
## ◎ Two Types:

- mK<sub>ATP</sub>:
  - Mitochondrial (unknown)
- sK<sub>ATP</sub>:
  - Plasmalemmal (defined)

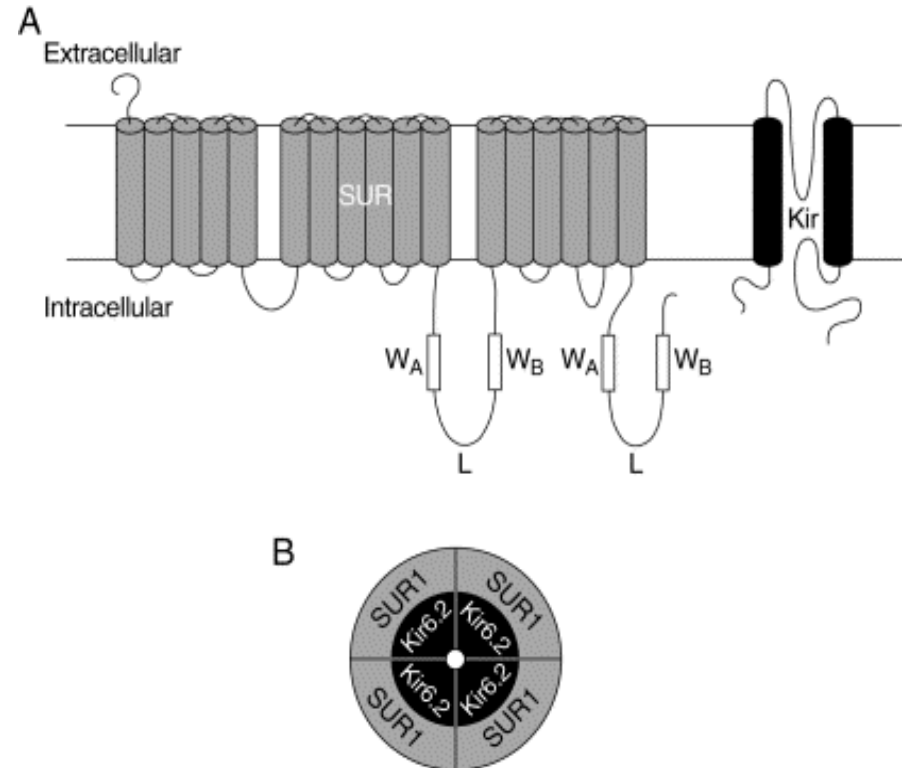
- sK<sub>ATP</sub>:

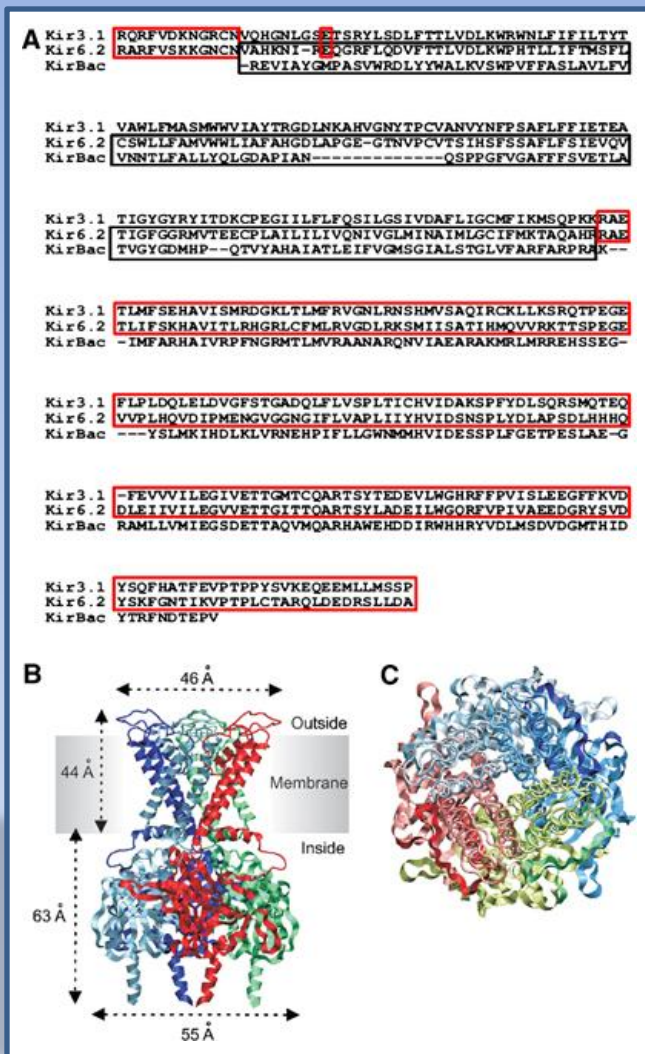
- Inwardly rectifying K<sup>+</sup> channels (K<sub>ir</sub>)
- K<sub>ir</sub>6 family: ATP-sensitive (ATP inhibition)
- β-subunit: Sulphonylurea receptor

- Heart muscle: K<sub>ir</sub>6.2 and SUR2A
- Smooth muscle: K<sub>ir</sub>6.1 and SUR2B
- Pancreatic beta cells: K<sub>ir</sub>6.2 and SUR1
- Neurons: primarily K<sub>ir</sub>6.2 and SUR1



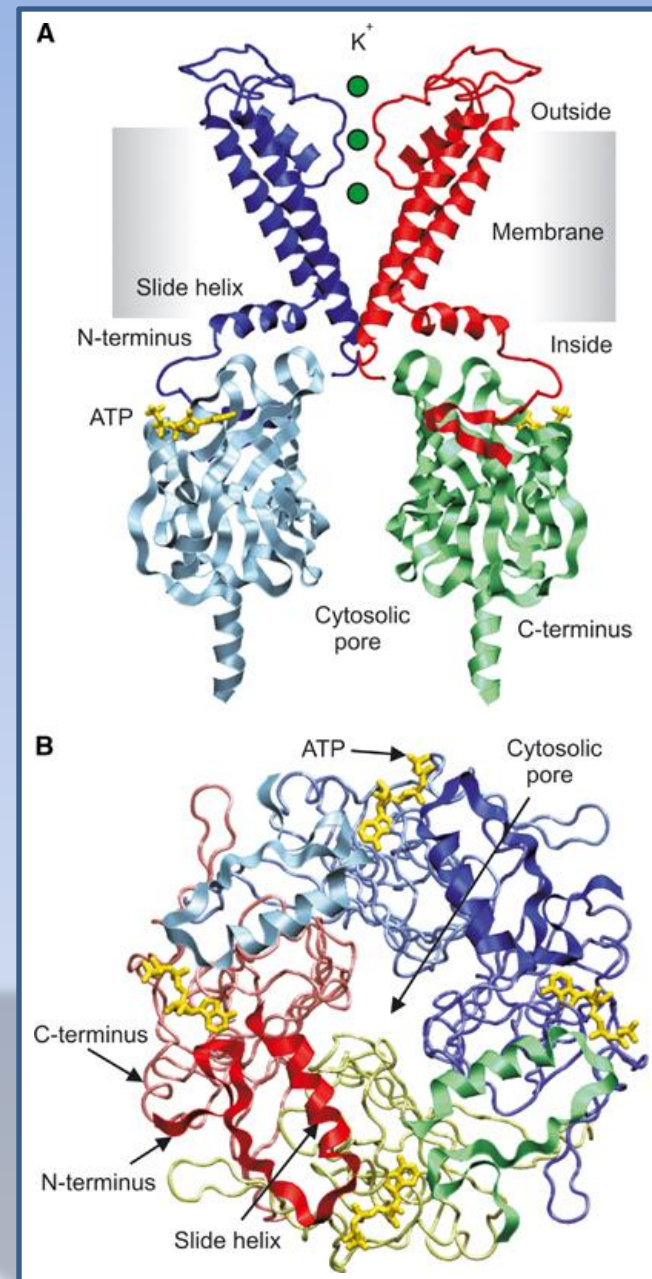
Mikhailov et al., (2005) EMBO J 24, 4166

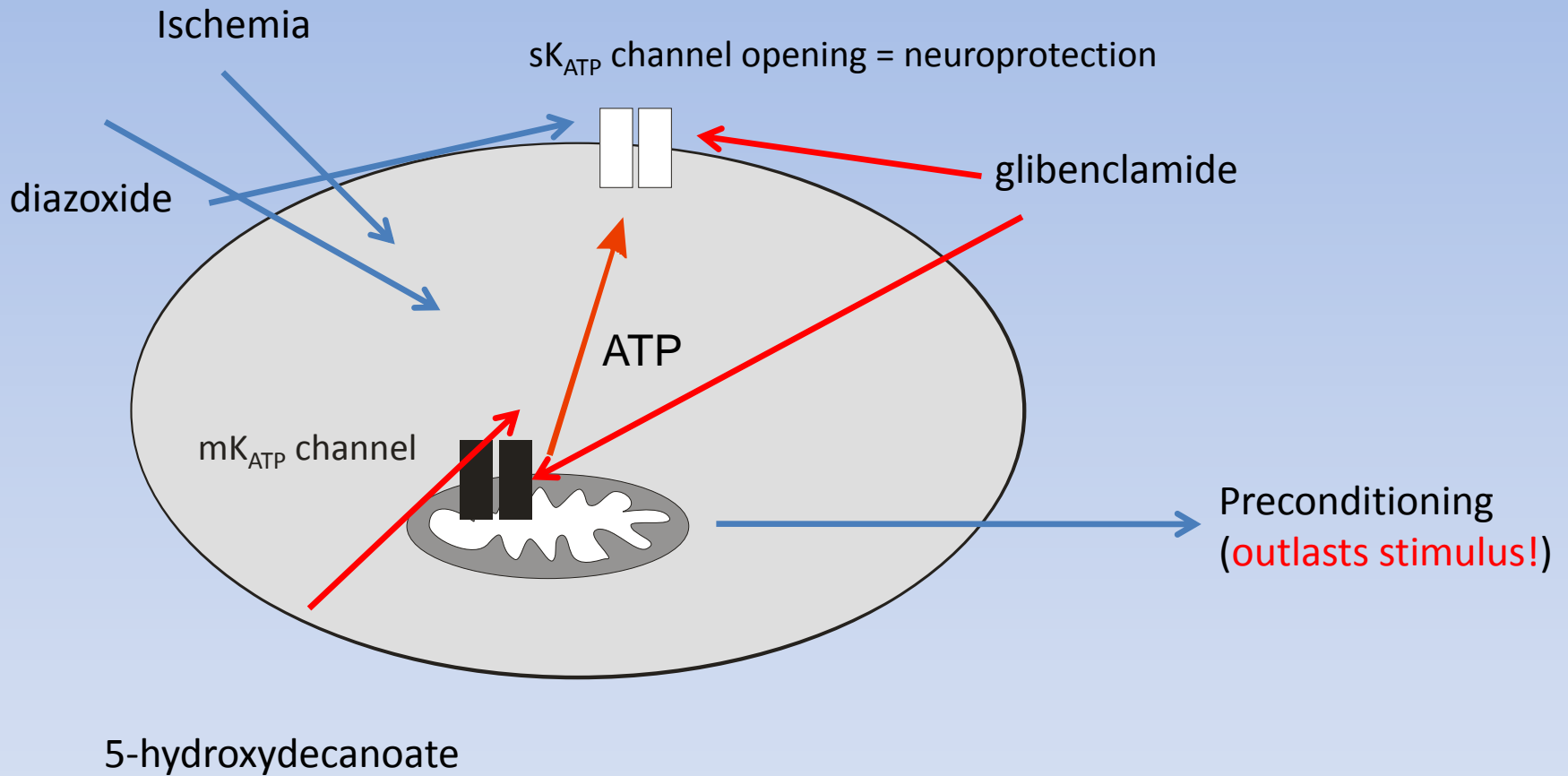




**Homology model of Kir6.2** (GenBank D50581) based on the X-ray crystal structures of KirBac1.1 ([Kuo et al., 2003](#)) and the intracellular (IC) domains of Kir3.1 ([Nishida and MacKinnon, 2002](#))

Antcliff et al., (2005) *EMBO J* 24:229-239.





Are  $sK_{ATP}$ , but not  $mK_{ATP}$ , channels essential for neuronal anaesthetic preconditioning?

**If yes:**

- Block of these channels must prevent preconditioning
- Drugs that act on  $mK_{ATP}$  channels must be without effects
- The anaesthetic must activate  $sK_{ATP}$  channels

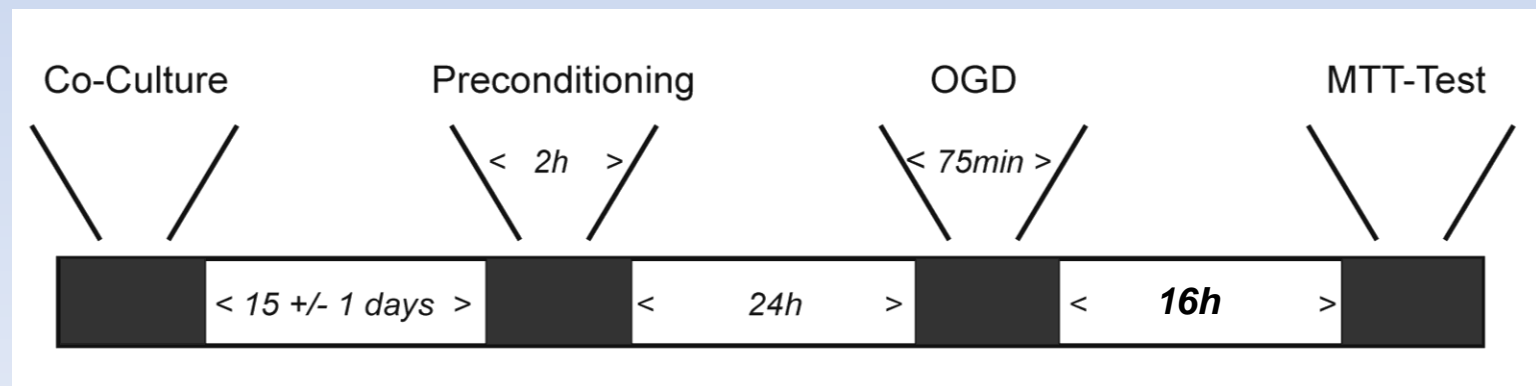


# $K_{ATP}$ channel pharmacology

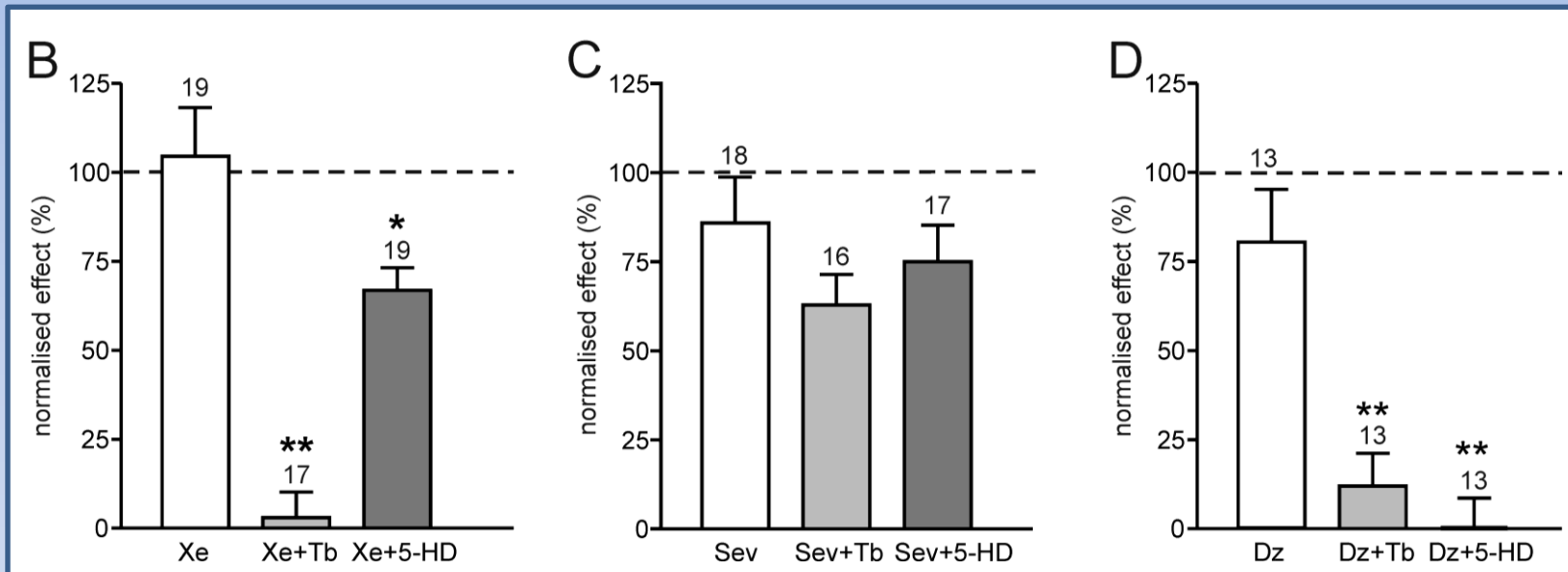
- **Diazoxide**
  - Opens *brain*  $sK_{ATP}$  &  $mK_{ATP}$
- **Pinacidil**
  - Opens *heart*  $sK_{ATP}$  &  $mK_{ATP}$
- **5-Hydroxydecanoate (5-HD)**
  - Blocks  $mK_{ATP}$
- **Tolbutamide**
  - Blocks  $sK_{ATP}$
- **Glibenclamide**
  - Blocks  $sK_{ATP}$  &  $mK_{ATP}$

# Methods: Preconditioning

1. Neuronal Glial Co-Culture generated from cortices of foetal and neonatal Balb/c mice
2. Preconditioning for 2 hours
3. 24h later exposure to oxygen – glucose deprivation (OGD) for 75 minutes
4. 16h later cell viability tested with MTT reduction test  
(requires active mitochondria to reduce MTT > blue colour > quantified in spectrophotometer)



# Does the preconditioning effect of inhalational anaesthetics involve $K_{ATP}$ channels?



- Xenon, sevoflurane and diazoxide elicit preconditioning in neuronal glial co-cultures
- Xenon's effect is dependent on opening of  $sK_{ATP}$  channels (only minor involvement of  $mK_{ATP}$  channels)
- Sevoflurane's effect is  $K_{ATP}$  channel independent

# Electrophysiology

- Heterologous expression of Kir6.2/SUR1 in HEK293 cells
  - Whole-cell voltage-clamp recordings
  - Inside-out macropatches

Do inhalational anaesthetics modulate the activity of  $K_{ATP}$  channels?

**A drug that preconditions via  $K_{ATP}$  channels should increase  $K_{ATP}$  currents**

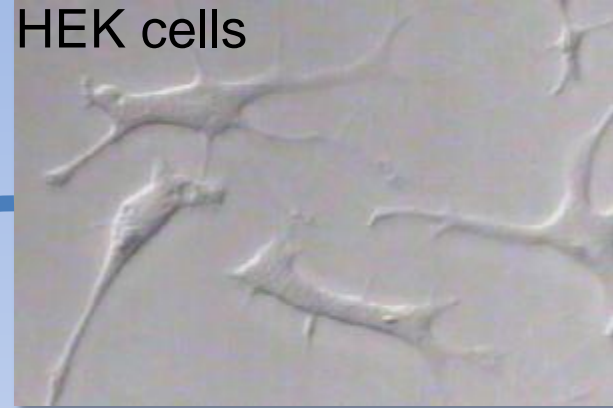
# HEK293 cell expression system

cDNA plasmids

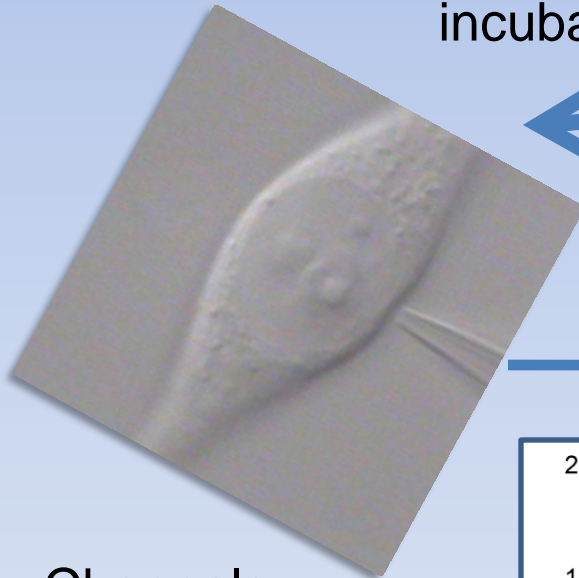


Transfection

HEK cells

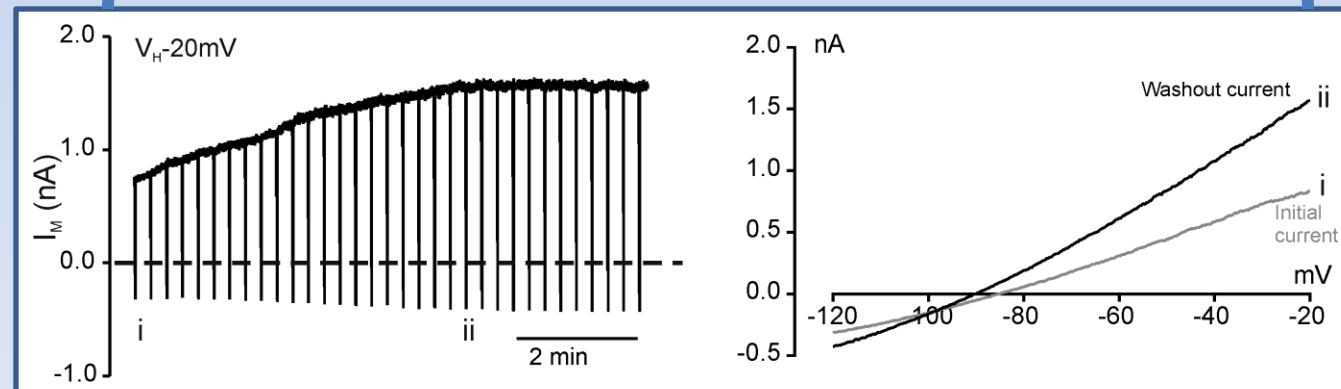


1-4 days  
incubation

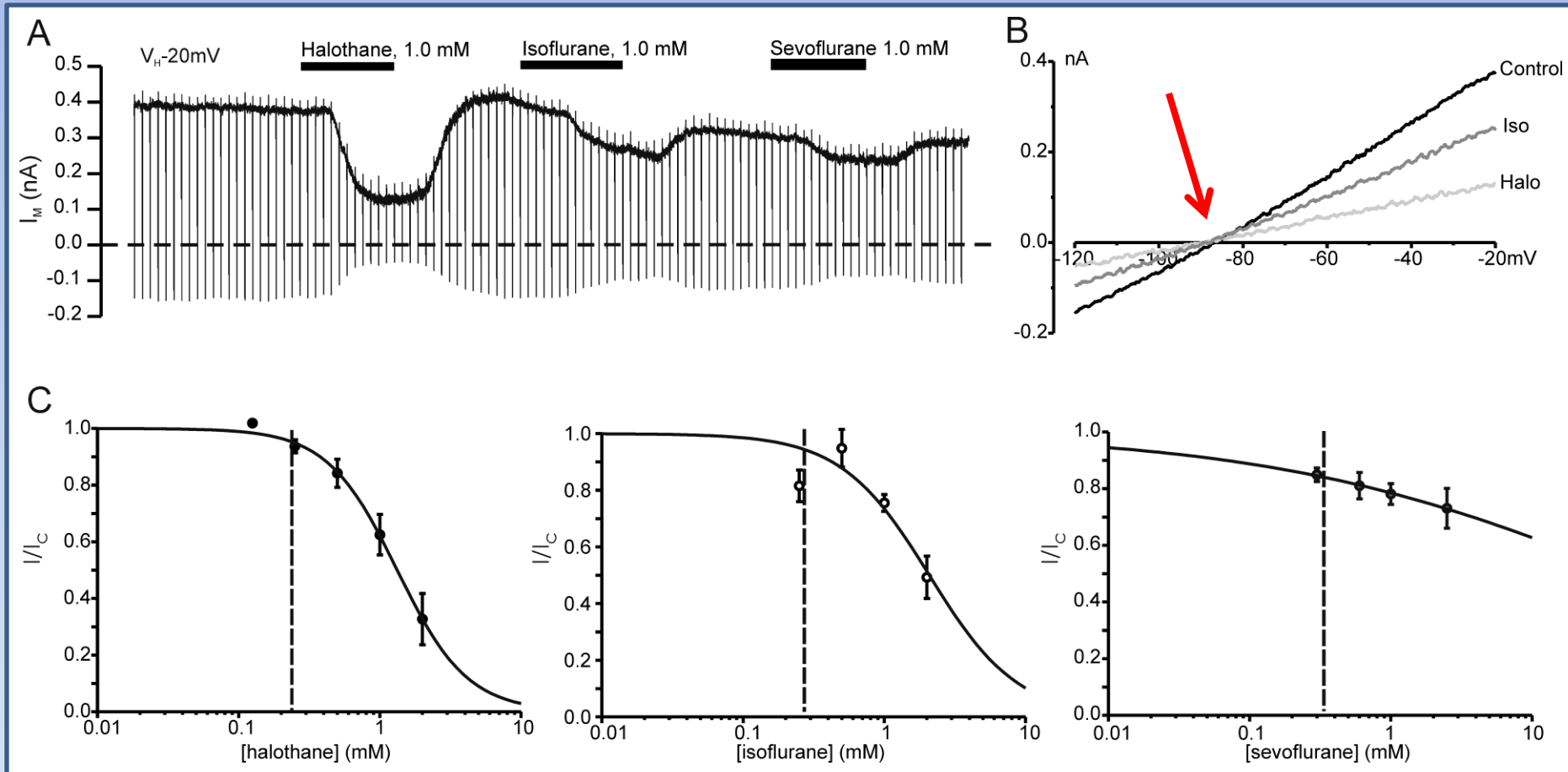


Channels  
expressed

$K_{ATP}$  currents

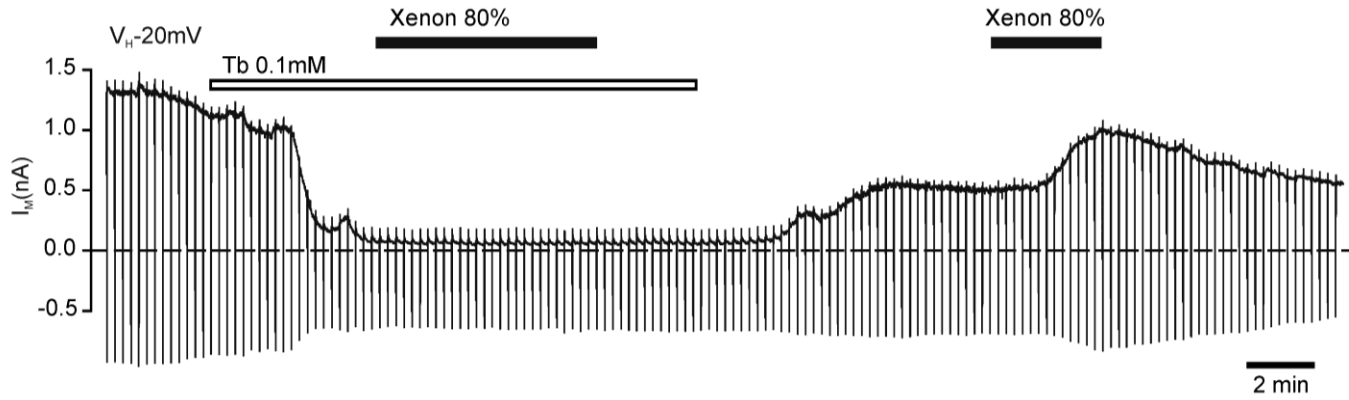


# Sevoflurane & other volatiles

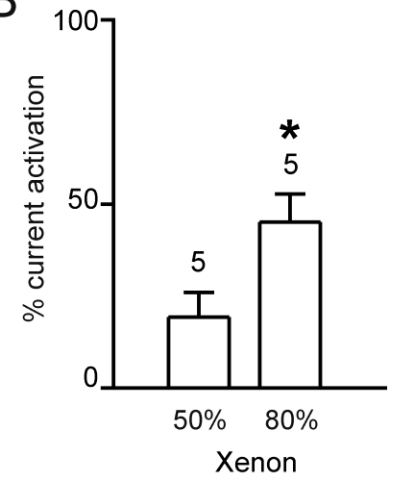


# Xenon

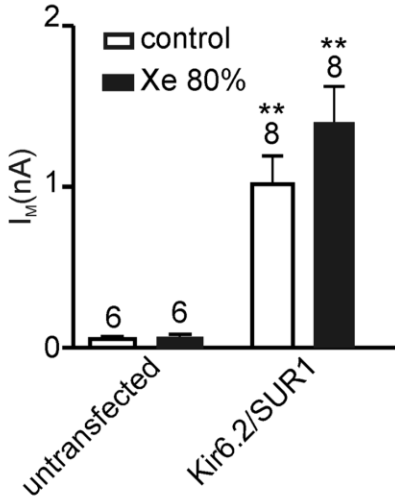
**A**



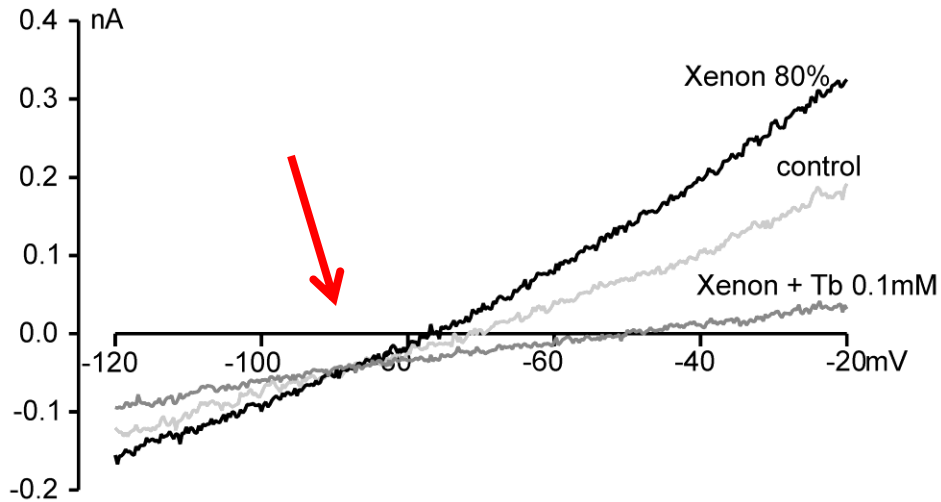
**B**



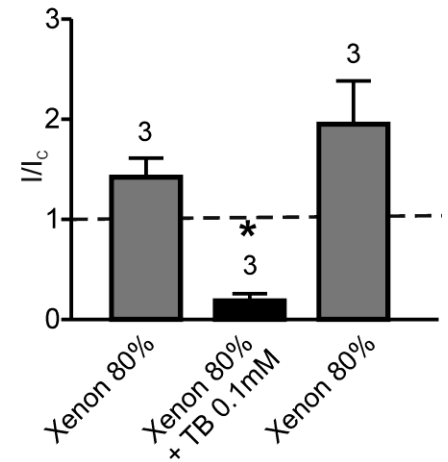
**C**



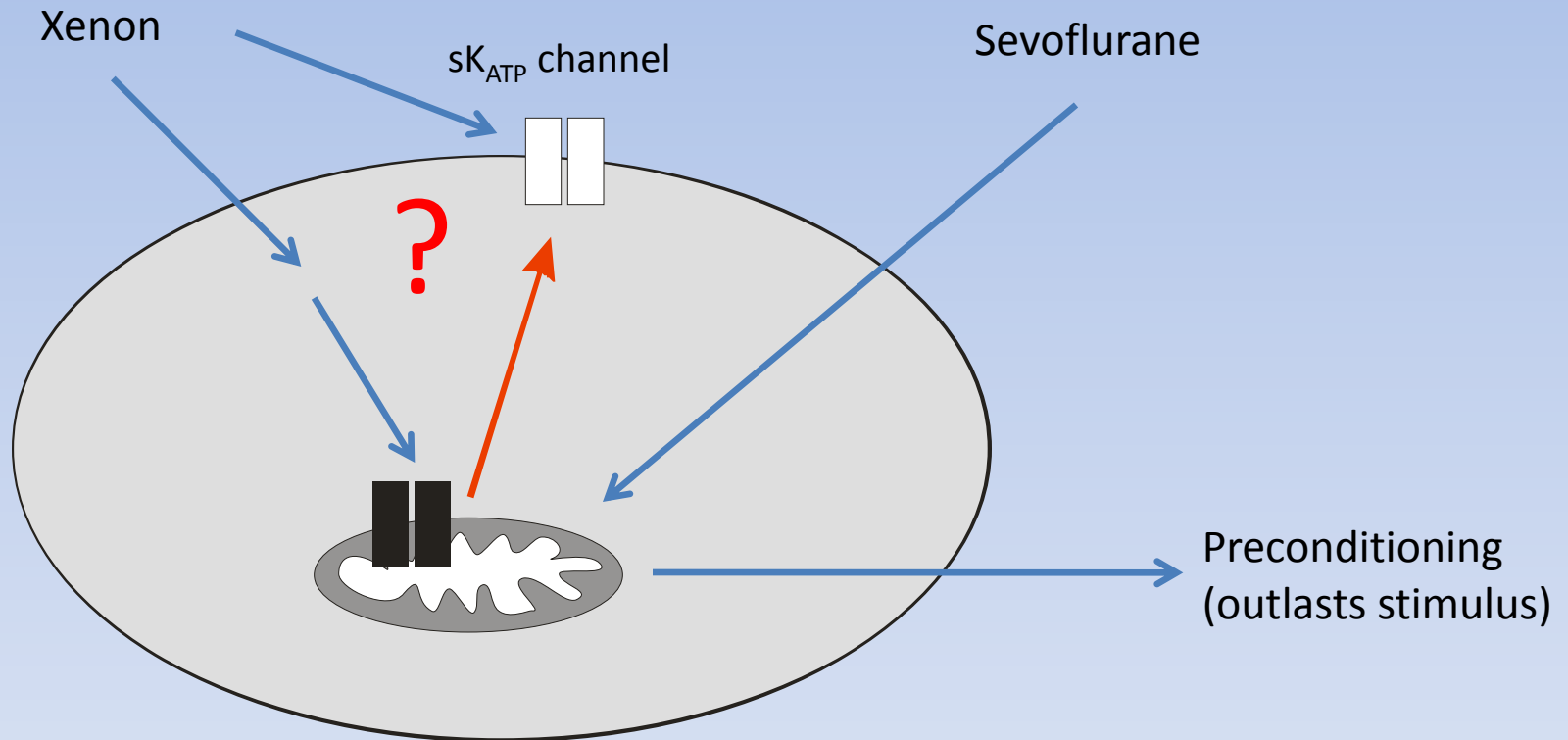
**D**



**E**



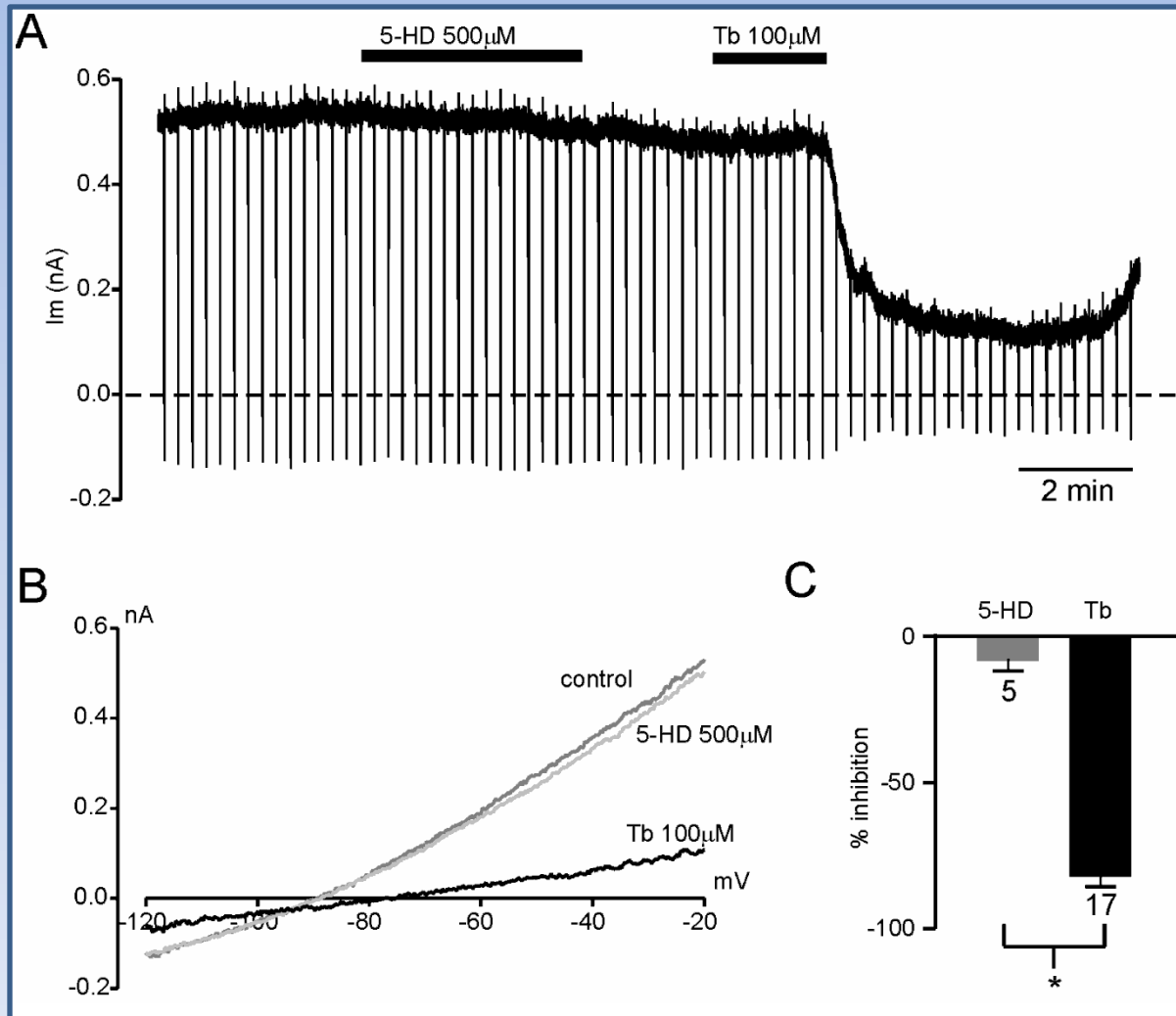
# Direct or Indirect????





Do drugs that interact specifically with  $mK_{ATP}$  influence the activity of  $sK_{ATP}$ ?

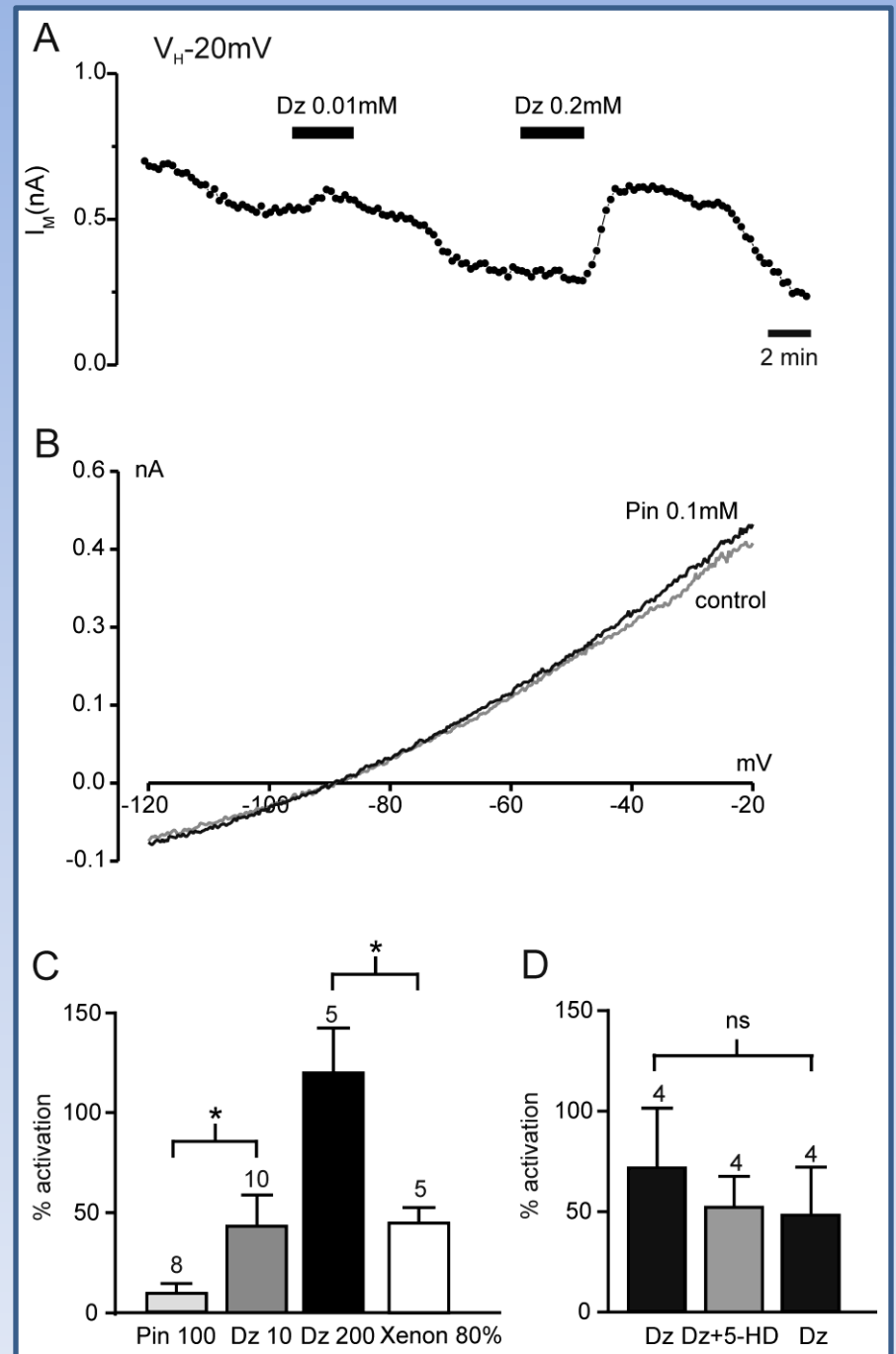
# 5-HD has no effect on $sK_{ATP}$ currents in whole-cell recordings



Pinacidil has no effect  
on  $sK_{ATP}$  currents

5-HD does not prevent  
diazoxide activation of  
 $sK_{ATP}$  currents

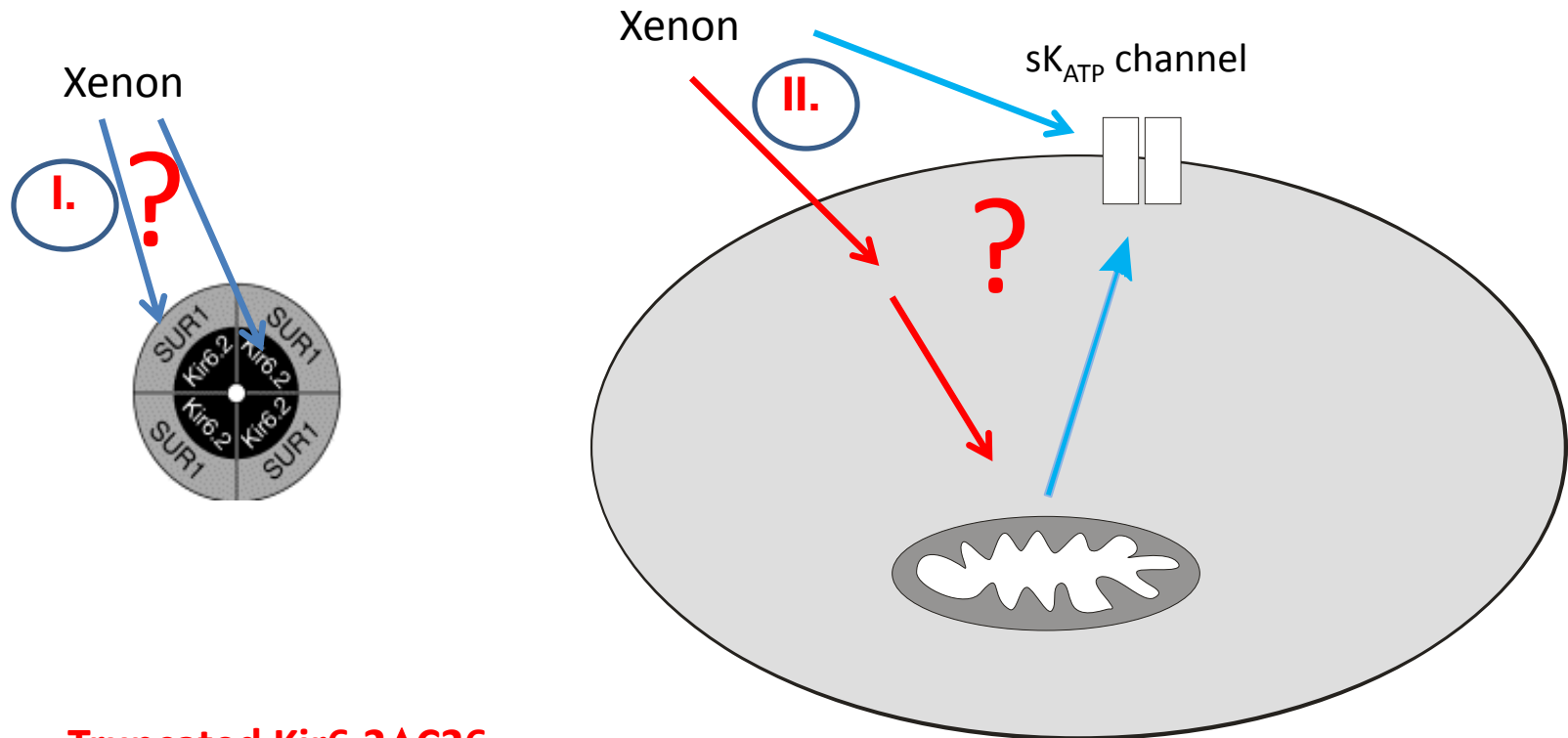
→ Diazoxide activates  
 $sK_{ATP}$  independently of  
 $mK_{ATP}$  channels



# Summary: Electrophysiology

- $mK_{ATP}$  specific drugs do not affect activity of  $sK_{ATP}$  channels in whole-cell recordings from HEK cells
- Sevoflurane is a weak  $sK_{ATP}$  channel inhibitor
- Xenon is an opener of  $sK_{ATP}$  channels

# Direct or Indirect???? SUR1 or Kir6.2????



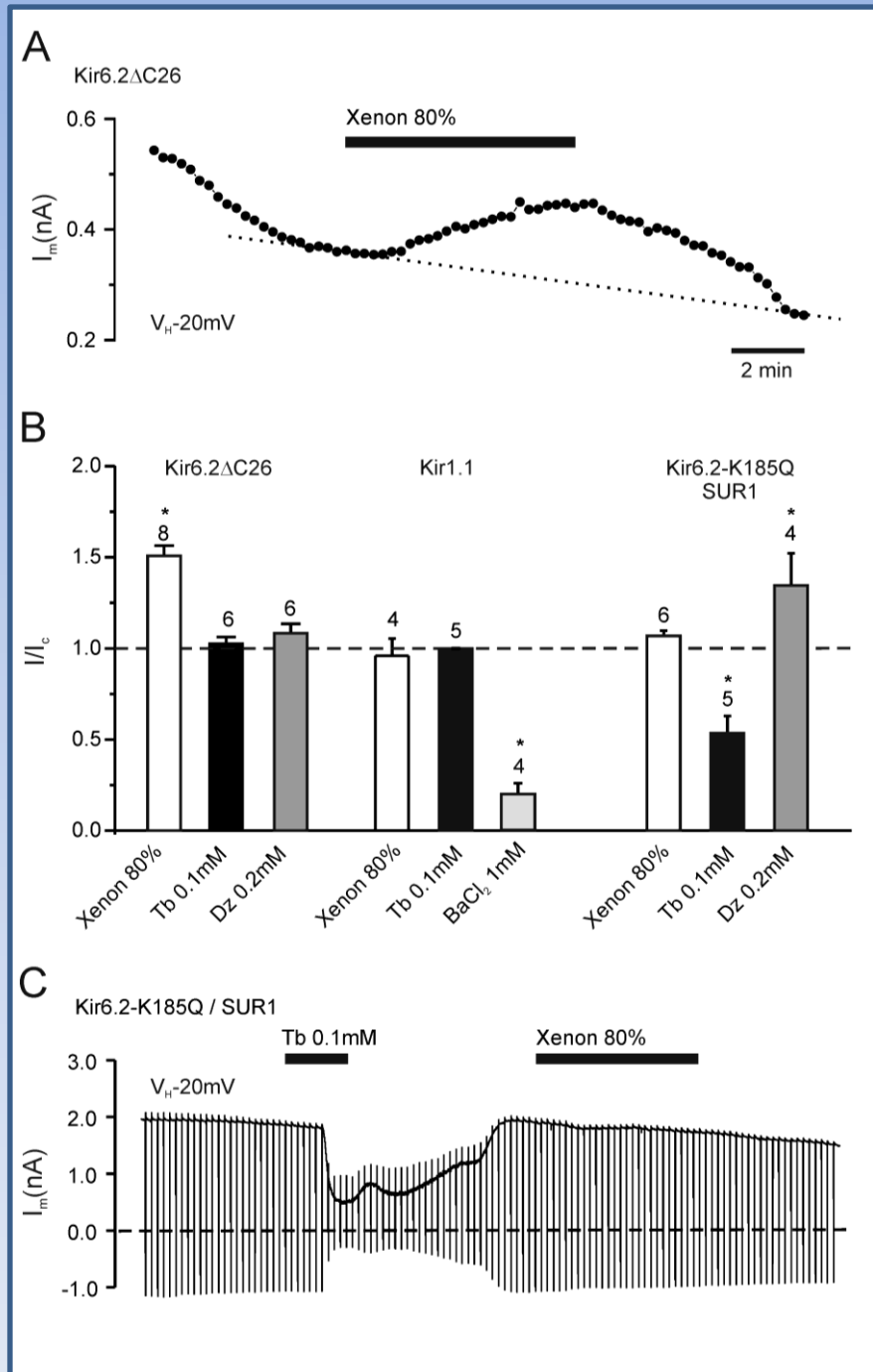
I. **Truncated Kir6.2 $\Delta$ C26**

II. **Macropatch:**

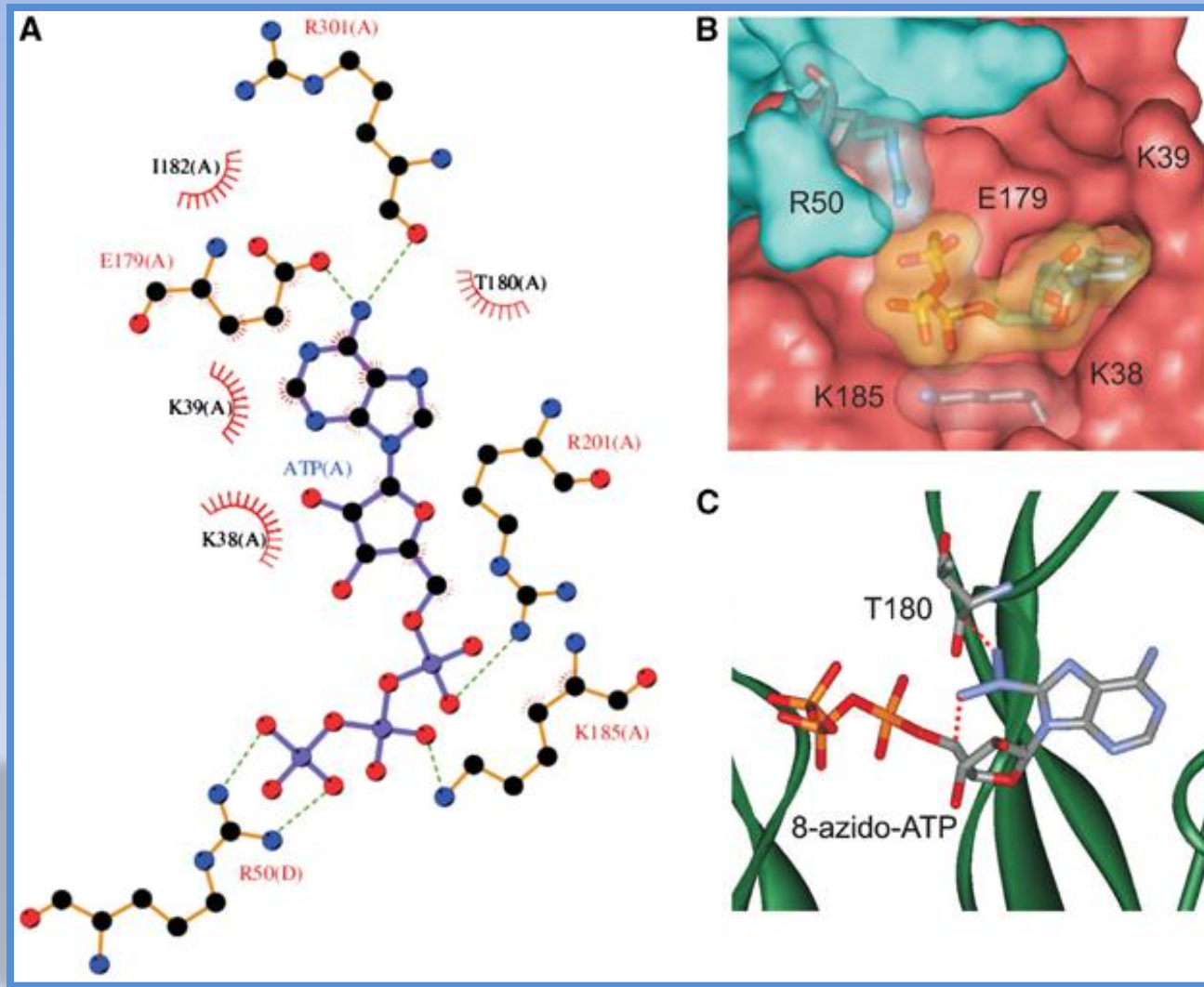
**wild type vs Kir6.2 $\Delta$ C26**

Xenon activates Kir6.2 $\Delta$ C26  
but not Kir1.1

Xenon does not activate the  
ATP-insensitive mutant  
Kir6.2-K185Q

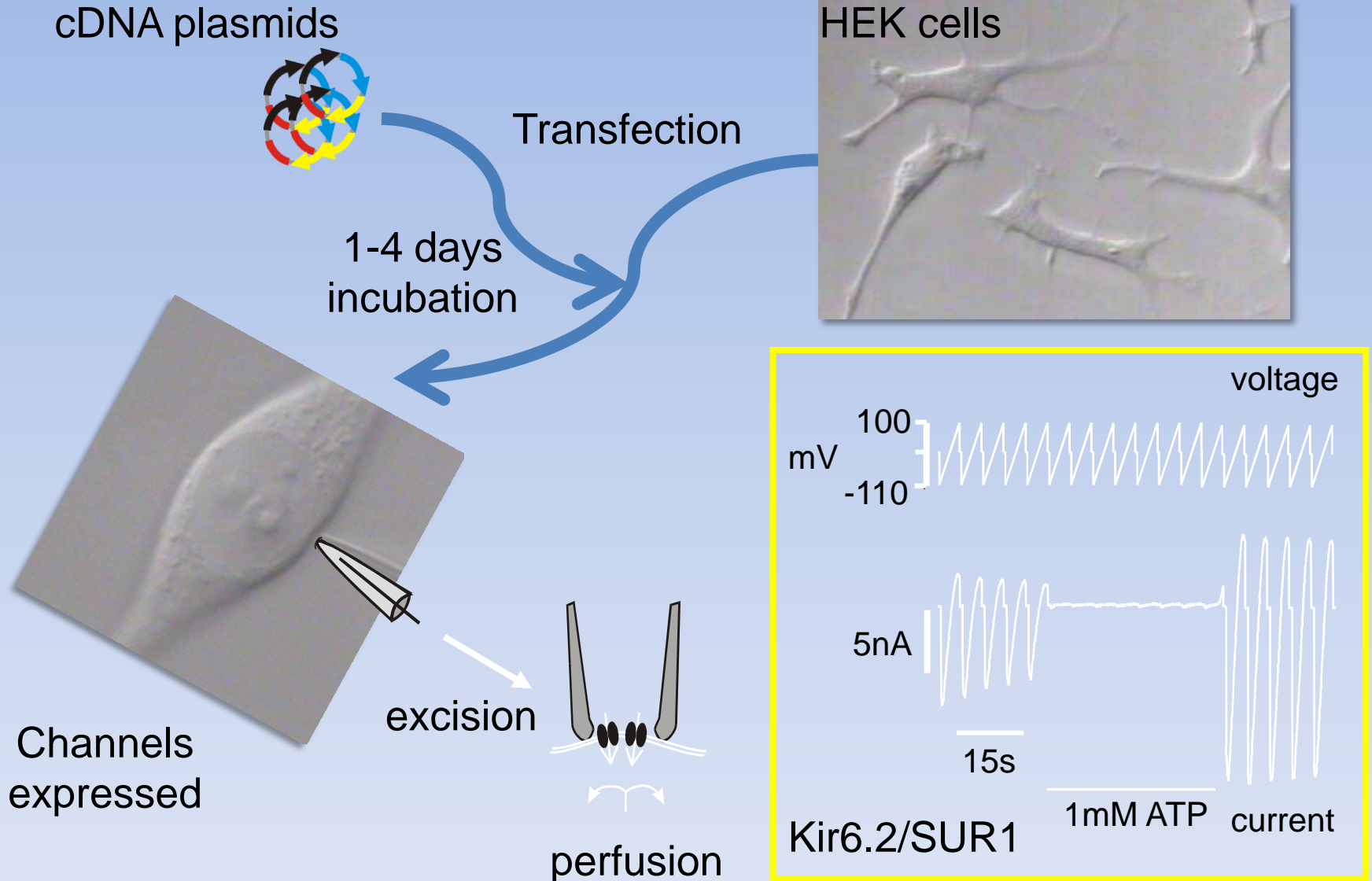


# The proposed binding site for ATP on Kir6.2



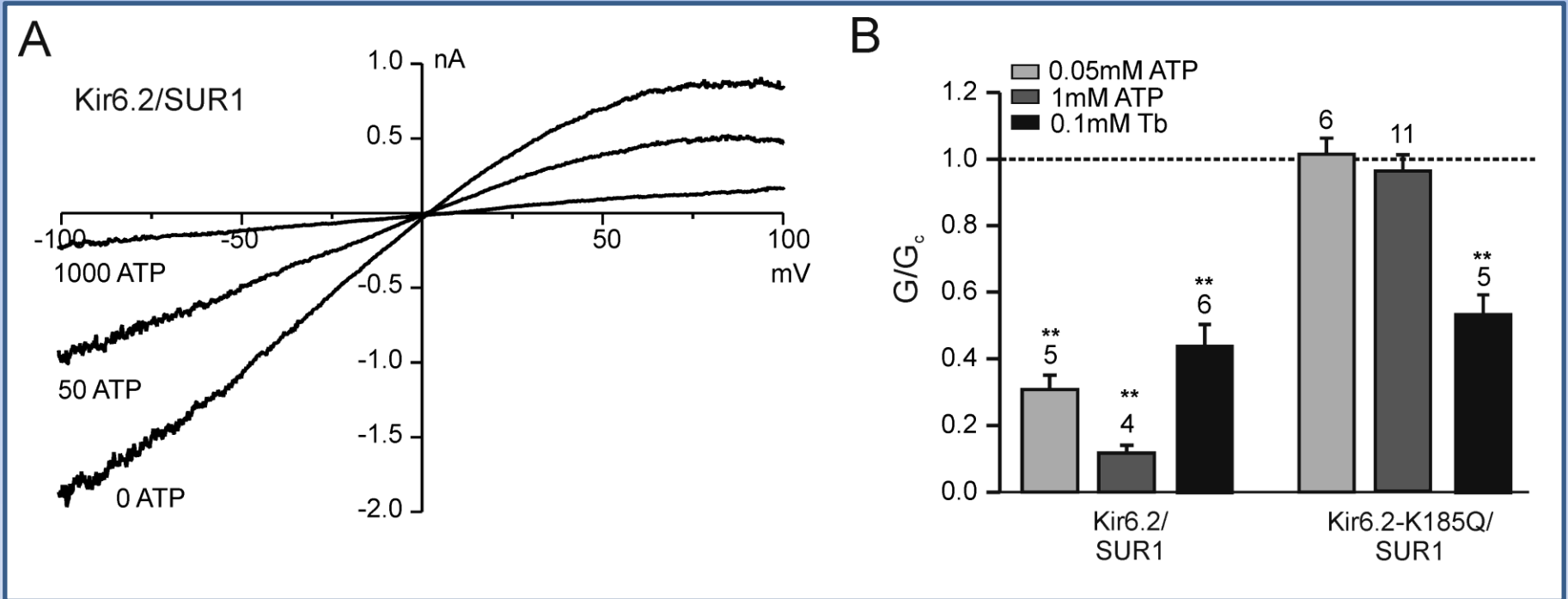
Trapp et al., (2003) *EMBO J* **22**:2903-2912.  
Antcliff et al., (2005) *EMBO J* **24**:229-239.

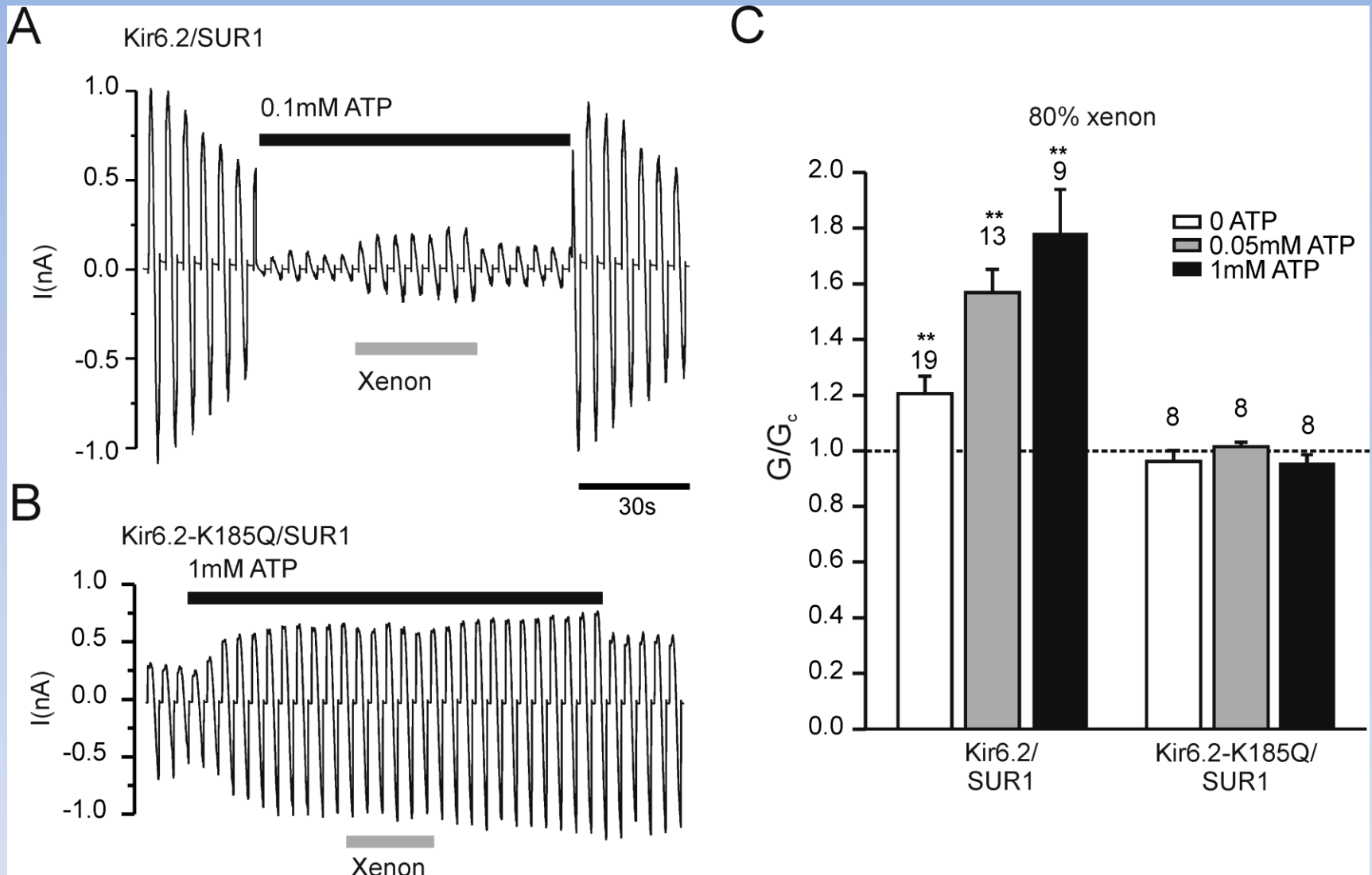
# HEK293 cell expression system





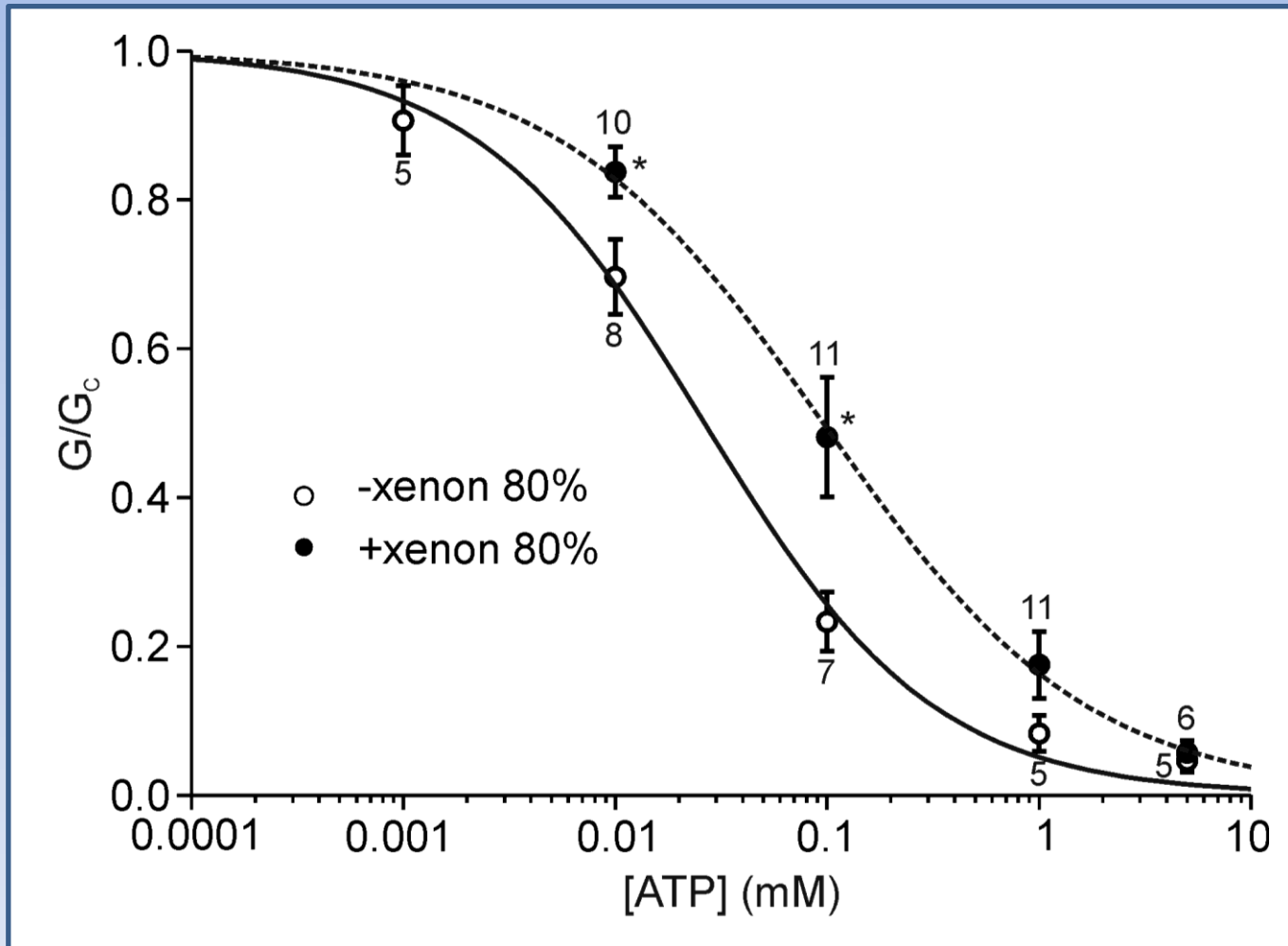
# Inside-out macropatches: symmetrical [K<sup>+</sup>]





Xenon activates wildtype, but not ATP-insensitive mutant,  $K_{ATP}$  channels

Xenon shifts the  $K_i$  for ATP-inhibition of Kir6.2/SUR1 to an approximately 4-fold higher concentration



# Xenon

- Xenon is an opener of  $sK_{ATP}$  channels
  - Xenon acts on the Kir6.2 subunit
  - Xenon shifts the ATP-sensitivity of the channel
- Xenon is a novel BBB-permeant K-channel opener