

Defensive and pathological functions of the gastrointestinal NK₃ receptor

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Abstract

In general, normal gut functions are unaffected by selective NK₃ receptor antagonists such as talnetant (SB-223412), osanetant (SR 142901) or SB-235375. However, NK₃ receptors may mediate certain defensive or pathological intestinal processes. The precise mechanisms, by which this role is achieved, are not fully understood. In summary, intense stimulation of the intrinsic primary afferent neurones (IPANs) of the enteric nervous system is thought to release tachykinins from these neurones, to induce slow excitation (slow EPSPs) of connecting IPANs. This is hypothesised to cause hypersensitivity and disrupt intestinal motility, at least partly explaining why NK₃ receptor antagonism can reduce the level of disruption caused by supramaximal distension pressures *in vitro*. Tachykinin release from IPANs may also increase C-fibre sensitivity, directly or indirectly. Thus, NK₃ receptor antagonists can inhibit nociception associated with intestinal distension, in normal animals or after pre-sensitisation by restraint stress. Importantly, such inhibition has been found with SB-235375, a peripherally restricted antagonist. SB-235375 can also reduce a visceromotor response to brief colorectal distension without affecting similar responses to skin pinch, providing additional evidence for intestinal-specific activity. NK₃ receptor biology is, therefore, revealing a novel pathway by which disruptions in intestinal motility and nociception can be induced.

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1. Introduction

Substance P, neurokinin A (NKA) and NKB activate tachykinin NK₁, NK₂ and NK₃ receptors, with a characteristic rank-order of affinity. NKB has the highest affinity for NK₃ receptors, followed by NKA > substance P, which, in turn, have greater affinity for NK₂ and NK₁ receptors, respectively (Maggi, 2000). Each of these peptides is found in the gut, but the amounts of NKA may be low (Tsuchida et al., 1990). However, since the differences in the affinities of these peptides for the NK receptors are not large and ‘agonist-promiscuity’ is a real possibility, it is argued that NK₃ receptors can be activated by any of these tachykinins, when released in sufficient amounts (Grady et al., 1996; Sanger, 2004). Such an argument is consistent with observations that enteric tachykinin-containing neurones are not associated with clusters of NK receptors (Portbury et al., 2001),

and that tachykinins diffuse for significant distances within the gut, as indicated by the detection of tachykinins in venous effluent or bathing solutions surrounding an intact, isolated intestine (Barthó and Holzer, 1985).

The gastrointestinal functions of exogenously applied tachykinins have been well reviewed (e.g., Holzer and Holzer-Petsche, 2001), but the current availability of selective NK₃ receptor antagonists now means that the roles played by endogenous tachykinins, acting at this receptor, can be better understood. For this purpose, it is important to understand which antagonists are incapable of crossing the blood–brain barrier and which can cross this barrier and gain access to the receptors within the brain and spinal cord. Thus, it is possible that tachykinins can directly influence gastrointestinal (GI) functions by acting within the gut itself at enteric nerve or at extrinsic nerve terminals, by acting within the brainstem to modulate vagal nerve activity, and/or by acting within the spinal cord to modulate systems affecting the transmission of sensations and pain. A summary of the important characteristics of

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the selective NK₃ receptor antagonists which have been most often studied is shown in Table 1.

2. Intestinal motility

2.1. Distribution of NK₃ receptors within the enteric nervous system

Tachykinins are localized to the Intrinsic primary afferent neurones (IPANs) of the intestine (Costa et al., 1996). IPANs are sensitive to chemical and/or mechanical stimuli and are characterised by morphology, location and electrophysiology. They have cell bodies in the myenteric and submucosal plexuses and multiple axons, including axons that project circumferentially to many different enteric neurones and axons that project to the mucosa. This anatomical arrangement plus an ability to generate slow excitatory postsynaptic potentials (EPSPs) or sustained slow postsynaptic excitation in response to appropriate stimulation (Morita and North, 1985; Clerc et al., 1999), and their responses to physiological stimuli such as luminal chemicals or mechanical distortion, means that IPANs are able to act as enteric sensory neurones. Further, since one IPAN can synapse with another, the generation of a slow EPSP in the second IPAN means that self-reinforcing networks can be created. Such a change in enteric sensitivity can, in turn, be transmitted by an IPAN forming excitatory synapses with longitudinally projecting excitatory and inhibitory inter-/motor neurones.

NK₃ receptors are found on the cell bodies of myenteric IPANs (Mann et al., 1997; Jenkinson et al., 1999; Lomax and Furness, 2000) and are also distributed to myenteric ascending excitatory and descending inhibitory motor and secretomotor neurones. In addition, NK₃ receptors are found in the submucosal plexus on secretomotor/vasodilator neurones, but not on the IPANs

(Jenkinson et al., 1999). NK₃ receptors are found on myenteric neurones in guinea-pig gastric antrum and on myenteric and submucosal neurones in the ileum (Schemann and Kayser, 1991; Jenkinson et al., 1999). A similar distribution of the receptor has been reported in rat and mouse intestinal myenteric and (to a lesser extent) submucosal neurones. However, NK₃-immunoreactivity may be absent in the stomach and oesophagus, where IPAN-like neurones are also thought to be absent, or very rare (Grady et al., 1996; Mann et al., 1997; Wang et al., 2002). In the human sigmoid colon, intense NK₃-immunoreactivity was detected in the myenteric and submucosal plexus (Dass et al., 2002) but not on longitudinal and circular muscle, or on the muscularis mucosa. A similar localisation was found in the human gastric fundus, but with apparently lower levels in the myenteric plexus. The expression of the NK₃ receptor in the human gut has not yet been localised to particular neuronal types. However, in the absence of such data, the presence of substance P-containing neurones within the human intestine, morphologically similar to IPANs (Hens et al., 2001; Brehmer et al., 2004), suggests that the pattern of NK₃ receptor expression in humans could be similar to that observed in animals.

2.2. Role of NK₃ receptors and IPANs in disturbed intestinal motility

A major function of intestinal NK₃ receptors appears to be linked to the role of the IPANs. Transmission between IPANs, via slow EPSPs, is mimicked by senktide and can also be greatly inhibited by NK₃ receptor antagonists in guinea-pig intestine (Neunlist et al., 1999; Alex et al., 2001; Sanger et al., 2002; Johnson and Bornstein, 2004). By comparison, the use of NK₁ receptor ligands suggests that either there is no involvement of this receptor on slow EPSP activity (Neunlist et al., 1999) or that there are a small number of neurones with short-latency (compared with those sensitive to NK₃ receptor antagonism) slow EPSP activity sensitive to NK₁ receptor antagonism (Johnson and Bornstein, 2004). Further, NK₃ receptor-mediated transmission between IPANs or between IPANs and ascending or descending interneurons may play a role in certain polarised reflexes of the intestine. This possibility is suggested by experiments in which the NK₃ receptor agonist senktide was used to desensitise NK₃ receptors, leading to the proposal that IPAN-evoked activation of the ascending excitatory pathway in guinea-pig intestine may be mediated by ACh and/or by tachykinins, acting at NK₃ receptors (Johnson et al., 1996). Similar experiments have also suggested that NK₃ receptors may also play a role in the descending inhibitory pathways (Johnson et al., 1998), involving NO-dependent and -independent neurotransmission (Lecci et al., 1996). The reasons why there is a requirement for the intestine to possess more than one motor neurotransmitter to mediate both ascending and descending motor pathways is not clear. One possibility is that for each pathway, the predominant motor neurotransmitter requires additional support in order to execute different types of movement in response to different types or intensities of intestinal stimulation. This possibility is suggested by a number of different pieces of evidence, including the work with selective NK₃ receptor antagonists.

Firstly, it would seem that, in general, IPANs do not release significant amounts of tachykinins in response to the intensities of

Table 1
Selective NK₃ receptor antagonists

Compound	Potency and selectivity at NK receptors	Ability to cross blood–brain barrier	References
Talnetant (SB-223412)	NK ₃ Ki=2 (h), 0.8 (gpig), 43 (r) nM NK ₂ Ki=144 (h), 17,071 (gpig IC ₅₀), 4327 (r) nM NK ₁ Ki>100,000 (h) nM	Crosses rat blood–brain barrier (23% at equilibrium) and active in CNS-mediated behavioural tests	Sarau et al., 1997
Osanetant (SR 142,801)	NK ₃ Ki=0.21 (h), 0.11 (gpig), 0.42 (gerbil), 15 (r) nM NK ₂ IC ₅₀ =38 (gpig) NK ₁ IC ₅₀ =600 (h), >2000 (gpig), >10,000 (r) nM	Active in CNS-mediated behavioural tests	Beaujouan et al., 1997; Kamali, 2001
SB-235375	NK ₃ Ki=2.2 nM (h), pA ₂ 8.3 (gpig ileum) NK ₂ Ki=209 nM (h) NK ₁ Ki >100,000 nM (h)	Does not cross blood–brain barrier during 23 h IV infusion of 1 mg/kg/h	Hay et al., 2002; Shafton et al., 2004

h=human, r=rat, gpig=guinea-pig.

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