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Selective targeting of the α5-subunit of $GABA_A$ receptors relaxes airway smooth muscle and inhibits cellular calcium handling

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Abstract

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The clinical need for novel bronchodilators for the treatment of bronchoconstrictive diseases remains a major medical issue. Modulation of airway smooth muscle (ASM) chloride via $GABA_A$ receptor activation to achieve relaxation of precontracted ASM represents a potentially beneficial therapeutic option. Since human ASM $GABA_A$ receptors express only the α4- and α5-subunits, there is an opportunity to selectively target ASM $GABA_A$ receptors to improve drug efficacy and minimize side effects. Recently, a novel compound (*R*)-ethyl8-ethynyl-6-(2-fluorophenyl)-4-methyl-4*H*-benzo[*f*]imidazo[1,5-*a*][1,4] diazepine-3-carboxylate (SH-053-2′F-R-CH_3) with allosteric selectivity for α5-subunit containing $GABA_A$ receptors has become available. We questioned whether this novel $GABA_A$ α5-selective ligand relaxes ASM and affects intracellular calcium concentration ($[Ca^{2+}]_i$) regulation. Immunohistochemical staining localized the $GABA_A$ α5-subunit to human ASM. The selective $GABA_A$ α5 ligand SH-053-2′F-R-CH_3 relaxes precontracted intact ASM; increases GABA-activated chloride currents in human ASM cells in voltage-clamp electrophysiology studies; and attenuates bradykinin-induced increases in $[Ca^{2+}]_i$, store-operated Ca^{2+} entry, and methacholine-induced Ca^{2+} oscillations in peripheral murine lung slices. In conclusion, selective subunit targeting of endogenous α5-subunit containing $GABA_A$ receptors on ASM may represent a novel therapeutic option to treat severe bronchospasm.

Keywords: $GABA_A$ α5-subunit, SH-053-2′F-R-CH_3, airway relaxation

DESPITE A PRESSING CLINICAL need for novel bronchodilators in the treatment of asthma and other bronchoconstrictive diseases, only three drug classes are currently in clinical use as acute

bronchodilators in the United States (methylxanthines, anticholinergics, and β-adrenoceptor agonists) (6). An emerging novel pathway to achieve bronchodilation involves modulating airway smooth muscle (ASM) chloride conductance via $GABA_A$ receptors to achieve relaxation of human precontracted ASM (15). Although there is legitimate concern that widespread activation of all $GABA_A$ receptors may lead to undesirable side effects (sedation, hypnosis, etc.), we have shown that human ASM cells express a limited repertoire of $GABA_A$ receptor subunits, with the α4- and α5-subunits the only α-subunits expressed, thereby allowing for potential selective pharmacological tissue specific receptor targeting to minimize side effects (18, 33). Inhaled delivery of these selective compounds may also serve to obviate concerns of systemic effects. Concern regarding nonselective $GABA_A$ receptor activation is not limited to the airway. $GABA_A$ receptor ligands active in the central nervous system (CNS) can have many effects including anxiolytic, sedative, hypnotic, amnesic, anticonvulsant, and muscle relaxant effects. This motivated a search for benzodiazepine (BDZ) ligands that discriminate among the α-subunits of $GABA_A$ receptors (41, 42).

A novel approach to achieve this goal was developed by Cook and coworkers in the 1980s (1, 25) that employed a pharmacophore/receptor model based on the binding affinity of rigid ligands to BDZ/$GABA_A$ receptor sites (8). From this series of receptor models for $\alpha_{1-6}\beta3\gamma2$ subtypes a robust pharmacophore for α5-subtype selective ligands emerged resulting in the synthesis of a novel α5β3γ2 partial agonist modulator: (*R*)-ethyl 8-ethynyl-6-(2-fluorophenyl)-4-methyl-4*H*-benzo[*f*]imidazo[1,5-*a*][1,4]diazepine-3-carboxylate (or SH-053-2′-F-R-CH_3) (10). Given that α4- and α5-subunit-containing $GABA_A$ receptors are known to be present on ASM cells, it was of interest to examine the effects of this α5 BDZ/GABAergic subtype-selective agonist on ASM function and cellular signaling.

To assess this we performed immunohistochemistry to ascertain whether $GABA_A$ α5-subunits colocalized with smooth muscle α-actin in ASM intact sections from human upper airways and then questioned whether targeted activation of the restricted α5-subunit containing $GABA_A$ receptors on ASM cells would also elicit electrophysiological changes in ASM cells consistent with $GABA_A$ activation and relaxation of ASM.

The activation of $GABA_A$ receptors on ASM has been shown to elicit Cl^- conductance and membrane potential changes (18); the impact of these changes on known mechanisms relating to modulation of ASM tone has not been fully investigated. Since changes in membrane potential are known to affect ASM Ca^{2+} handling (39) and cytosolic Cl^- concentration ($[Cl^-]$) has been implicated in attenuating sarcoplasmic Ca^{2+} flux (21, 23), we questioned whether activation of α5-subunit-containing $GABA_A$ receptors on ASM could modulate intracellular calcium concentration ($[Ca^{2+}]_i$) and mediate relaxation of intact ASM.

MATERIALS AND METHODS

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Reagents

Indomethacin, *N*-vanillylnonanamide (capsaicin analog), pyrilamine, acetylcholine, bradykinin, and gabazine were obtained from Sigma (St. Louis, MO). Tetrodotoxin was obtained from Calbiochem (San Diego, CA). SH-053-2′F-R-CH_3 was synthesized at the Department of Chemistry and Biochemistry, University of Wisconsin, Milwaukee (42).

Immunohistochemistry of Human ASM for $GABA_A$ Receptor α5-Subunit Protein Expression

All human airway tissue protocols were reviewed by Columbia University Institutional board and were deemed not human subjects research under 45 CFR 46. Human tracheal tissue was obtained from discarded airway from healthy lung donors during transplantation surgery at Columbia University. The trachea and first generation bronchi of the airway were processed for immediate fixation in 4% paraformaldehyde (4°C overnight), then incubated in 30% sucrose in PBS at 4°C for an additional 24 h prior to processing for cryostat sectioning (6 μm). The sections were washed in PBS, incubated with 0.1% Triton X-100 for 10 min, blocked with 15% goat serum, and then incubated overnight at 4°C in primary antisera. The primary antibodies used were *1*) anti-GABA α5 (rabbit, polyclonal; Chemicon no. AB9678, 1:300 dilution in PBS), and *2*) anti-α-smooth muscle actin (mouse, monoclonal; Sigma-Aldrich, no. A2547, 1:10,000 dilution in PBS). The secondary antibodies consisted of FITC-conjugated goat anti-rabbit IgG (1:400 dilution) and Alexa Fluor 594 goat anti-mouse IgG (1:400 dilution; Invitrogen) incubated for 1 h. Nuclear staining was performed with mounting medium premixed with DAPI stain (Vector Laboratories, no. H-1500). Negative controls omitted all primary antibodies but included secondary staining and nuclear staining steps. All the immunofluorescence experiments were repeated on at least three independent samples. Samples were viewed under confocal microscopy (Nikon A1 Eclipse) and images were acquired with NIS software version 4.10.

Force Measurements in Human ASM Strips

Human ASM strips were dissected from trachea and mainstem bronchi and epithelium was removed under a dissecting microscope. Strips were suspended at 1.5 g resting tension in Krebs-Henseleit (KH) buffer as previously described (17). Trachea and bronchi were obtained from surgical discards from healthy donor lungs incidental to lung transplant surgery, and studies were deemed not human subjects research after review by Columbia University's Institutional Review Board. KH buffer contained (in mM) 118 NaCl, 5.6 KCl, 0.5 $CaCl_2$, 0.24 $MgSO_4$, 1.3 NaH_2PO_4, 25 $NaHCO_3$, and 5.6 glucose, pH 7.4. Indomethacin (10 μM) was added to the buffer to block endogenous release of prostanoids. Strips were allowed to equilibrate for 1 h with KH buffer exchanges every 15 min. Strips underwent contractile challenges with acetylcholine (100 nM–100 μM) for three cycles with extensive buffer exchanges and resetting of resting tension to 1.5 g between cycles. Tetrodotoxin (1 μM), pyrilamine (10 μM), and MK501 (10 μM) were then added to the buffer to eliminate potentially confounding effects of neural activation, histamine release, or leukotriene release from other cell types (neurons, mast cells) present in the ASM strip preparation during muscle force studies. ASM strips were then contracted with an EC_{50} concentration of acetylcholine, and, after establishment of a stable plateau of muscle force (typically ~30 min), 10 nM of isoproterenol was added with or without 50 μM SH-053-2′F-R-CH_3 or vehicle (0.2% ethanol). The magnitude of remaining muscle force was measured 15 min after the addition of isoproterenol ± SH-053-2′F-R-CH_3 and expressed as a percentage of the initial acetylcholine-induced force.

Force Measurements in Guinea Pig Tracheal Rings

All animal protocols were approved by the Columbia University Animal Care and Use Committee. Male Hartley guinea pigs (~400 g) were anesthetized with intraperitoneal pentobarbital (100 mg/kg). Trachea were removed and dissected under a dissecting microscope into closed rings comprised of two cartilaginous segments. Epithelium was removed by gentle abrasion of the tracheal lumen with cotton. This method has been confirmed by histology to completely remove the epithelial layer without damaging the underlying smooth muscle layer. Tissues were placed into cold KH buffer containing 10 μM indomethacin as above.

Closed GP tracheal rings were suspended in organ baths as previously described (46). Briefly, tissues were hung in a water-jacketed (37°C) 2-ml organ bath (Radnoti Glass Technology, Monrovia, CA) and attached to a Grass FT03 force transducer (Grass Telefactor, West Warwick, RI) coupled to a computer via BioPac hardware and Acqknowledge 7.3.3 software (Biopac Systems, Goleta, CA). KH buffer was continuously bubbled with 95% oxygen and 5% carbon dioxide and tissues were allowed to equilibrate at 1 g isotonic force for 1 h with fresh KH buffer changes every 15 min.

Following equilibration, the capsaicin analog *N*-vanillylnonanamide (10 μM final) was added to the organ baths to first activate and then deplete nonadrenergic, noncholinergic nerves. After *N*-vanillylnonanamide-induced force had returned to baseline (~50 min), the tracheal rings were washed and then subjected to two cycles of increasing cumulative concentrations of acetylcholine (0.1 μM to 0.1 mM) to determine the EC_{50} concentrations of acetylcholine required for each individual ring. To avoid bias between treatment groups, tissues were contracted by using acetylcholine at the individually calculated EC_{50} value for each tissue, and tissues with similar E_{max} values were randomly assigned to treatments within individual experiments. To remove confounding effects of other procontractile pathways, each bath received a complement of antagonists 20 min prior to subsequent contractile challenge. The antagonists included pyrilamine (10 μM; H_1 histamine receptor antagonist), and tetrodotoxin (1 μM; Na^+ channel blocker to obviate neuronal-mediated cholinergic or C-fiber effects).

Guinea pig (GP) tracheal rings were contracted with either 10 mM tetraethylammonium chloride (TEA) (a nonselective K^+ channel blocker that induces membrane depolarization, external Ca^{2+} entry and contraction), or 1 μM substance P (a ligand that activates the Gq-coupled neurokinin receptors). Preliminary studies determined that 100 μM SH-053-2′F-R-CH_3 induced an ~50% relaxation of a substance P-induced contraction in guinea pig tracheal rings. After contractions achieved a steady-state plateau of increased force (typically 30 min), 50 or 100 μM SH-053-2′F-R-CH_3 or vehicle (0.2%, 0.4% ethanol) was added and the maintenance of force was measured after 30 min and was expressed as a percent of the initial contractile agonist-induced force.

Human ASM Cell Culture

Human immortalized bronchial smooth muscle cell lines prepared as described (19) were grown to confluence in M199 media (GIBCO) containing 10% fetal bovine serum, 0.25 ng/ml epidermal growth factor, 1 ng/ml fibroblast growth factor, ITS supplement (1 mg/ml insulin, 0.55 mg/ml transferrin, 0.67 μg/ml sodium selenium), and antibiotics (100 units/ml penicillin G sodium, 100 μg/ml streptomycin sulfate, 0.25 μg/ml amphotericin B) in a humidified atmosphere of 5% CO_2/95% air at 37°C. Twenty-four hours prior to studies, cells were fed with fresh media.

Electrophysiology of Human ASM Cells

To investigate whether targeted activation of α5-subunit-containing $GABA_A$ receptors induces electrophysiological changes in human ASM cells, we measured the effect of SH-053-2′F-R-CH_3 on membrane currents. On the day of the assay, immortalized human ASM cells were released from collagen-coated plates with collagenase type IV (Sigma C5138, 500 units/ml), centrifuged at 300 *g*, resuspended in SmBM2 medium (Lonza), and transferred into collagen-treated glass bottom 1-cm Petri dishes. Cells were then incubated at 37°C in 5% CO_2 95% air for 3–4 h, allowing for reattachment of cells. Following generation of membrane seals (40–120 MΩ), whole cell configuration was used for current recordings under voltage (holding potential −60 mV) conditions. To determine a current-voltage (*I*-V) relationship, voltage was stepped from −40 to 100 mV in 10 mV increments in the

absence and presence of SH-053-2′F-R-CH_3. Studies were performed with a 2-kHz Bessel filter, recording at 10 kHz with use of an Axopatch 200b amplifier (Axon Instruments, Foster City, CA). Perfusion for drug additions were made with the ALA VM-8, 8-chamber pressure-driven drug application system. Electrodes were pulled with a P-97 micropipette puller from 1.5-mm OD borosilicate capillary glass (Sutter Instruments, Novato, CA). All recordings were analyzed on Clampfit 8.0 software (Molecular Devices). Extracellular solutions contained (in mM) 130 CsCl, 10 HEPES (pH 7.4), 1 $MgCl_2$, 1.8 $CaCl_2$, and 10 glucose. Intracellular solutions contained (in mM) 130 CsCl, 5 MgATP, 5 EGTA, 1 $MgCl_2$, 5 $CaCl_2$, and 10 HEPES (pH 7.2).

To determine whether SH-053-2′F-R-CH_3 evoked-currents are $GABA_A$ receptor specific and do not represent "leak" currents, we also performed additional electrophysiology studies utilizing Nanion's Port-a-Patch chip technology (Nanion). Immortalized human ASM cells were released from collagen-coated plates with collagenase type IV (Sigma C5138, 500 units/ml) and centrifuged at 100 *g* for 2 min. The cell pellet was washed and reconstituted in extracellular recording solution (containing, in mM, 145 NaCl, 5 KCl, 1 $MgCl_2$, 1.8 $CaCl_2$, 10 TES, pH 7.3, 297 mosM) at a density of 1×10^6 cells/ml. Cells were added (5 μl) to the recording chamber of a 3–5 MΩ chip and screened for membrane seals above 450 MΩ (prior to establishing whole-cell configuration) and a subsequent baseline holding current of less than 2 nA (after establishing whole cell configuration). Cells that met these criteria were first tested for responsiveness to GABA (1 mM) and gabazine (500 μM). After confirmation of appropriate currents in the batch of dissociated cells, additional cells that met the above criteria underwent voltage-clamp recordings ($V_H = -60$ mV) of current evoked by the sequential addition of GABA (1 μM) followed by addition of vehicle (0.1% DMSO) or SH-053-2′F-R-CH_3 (100 μM) and a later addition of gabazine (500 μM). All drugs were prepared in the extracellular recording solution. The internal recording solution contained (in mM) 50 CsCl, 10 NaCl, 60 CsF, 20 EGTA, 10 mM TES, pH 7.3, 284 mosM. All patch-clamp recordings were performed at room temperature (20–24°C). Currents were recorded on an Axopatch 200B amplifier, filtered at 2 kHz, and analyzed with pClamp 10.2 software. Evoked currents were normalized to baseline currents for interexperimental analysis. The data represent recordings from cells isolated on 6 separate days.

Effect of SH-053-2′F-R-CH_3 on Agonist-Mediated Increases in Intracellular Calcium

To assess the functional impact of SH-053-2′F-R-CH_3 on receptor-Gq coupled Ca^{2+} handling, Fluo-4 AM assays were performed in immortalized human ASM cells. Three types of Ca^{2+} assays were performed after pretreatment of cells with SH-053-2′F-R-CH_3: *1*) the effect on bradykinin-induced increases on $[Ca^{2+}]_i$ (bradykinin is a ligand for one of several Gq-coupled receptors in ASM); *2*) the effect on bradykinin-induced increases in $[Ca^{2+}]_i$ when Ca^{2+} was omitted from the external buffer solution; and *3*) the effect on store-operated calcium entry (SOCE). Cells were grown to full confluence in black-walled, clear-bottomed 96-well plates. Medium bathing the cells was removed and the cells were washed with 100 μl (per well) of Hanks' balanced salt solution (HBSS) and then loaded with a solution (100 μl/well) containing 0.05% Pluronic F-127, 2.5 mM probenecid, and 5 μM Fluo-4 AM, dissolved in HBSS. The cells were then incubated for 30 min at 37°C with Fluo-4 AM, washed once, and incubated for an additional 30 min at 37°C (95% air, 5% CO_2) with HBSS containing 2.5 mM probenecid. Cells were then pretreated for 15 min with 10 μM SH-053-2′F-R-CH_3, 200 μM gabazine, or vehicle (0.1% DMSO) before the addition of 1 μM bradykinin by use of the automatic injection feature of the FlexStation 3 microplate reader (Molecular Devices, Sunnyvale, CA) during continuous fluorescent measurements. The cells were excited at 488 nm every 5 s, and emission data

were continuously collected at 516 nm. Real-time changes in intracellular Ca^{2+} are reported as RFU (relative fluorescence units). Readings from at least three wells per treatment were collected and averaged for each *n* value.

Effect of SH-053-2′F-R-CH_3 on Store-Operated Calcium Entry

To determine the effect of SH-053-2′F-R-CH_3 on ASM SOCE, cells were loaded with Fura-2 AM calcium indicator (2.5 μM; 100 μl per well; Molecular Probes, Eugene, OR) for 45 min in HBSS. Following loading, the cells were washed and incubated at 37°C in Ca^{2+}-free HBSS with drug pretreatments for 15 min (100 μM SH-053-2′F-R-CH_3; 100 μM gabazine; SH-053-2′F-R-CH_3 plus gabazine; 10 μM SKF 96365; or 0.2% ethanol vehicle). To passively deplete the sarcoplasmic reticulum (SR) of Ca^{2+}, the cells were then treated with the sarco/endoplasmic reticulum Ca^{2+}-ATPase (SERCA) inhibitor thapsigargin (1 μM) for 11 min prior to reintroduction of external Ca^{2+} (2.5 mM). Fura-2 AM fluorescent signal (excitation 340/380 nm and emission 510 nm) was measured continuously by use of a Flex Station 3 plate reader (Molecular Devices, Sunnyvale, CA). Peak signal following Ca^{2+} reintroduction was normalized to the thapsigargin-induced response and presented as fraction of vehicle, as reported previously (44).

Effect of SH-053-2′F-R-CH_3 on Methacholine-Mediated Contraction and Calcium Oscillations Measured in Peripheral Murine Lung Slices

Preparation of lung slices. These studies were reviewed and approved by the Institutional Animal Care and Use Committee of the Texas Tech University Health Sciences Center (IACUC protocol no. 07069). Mouse lung slices were prepared as previously described (5, 34). Briefly, male C3H mice (8–12 wk) were killed with pentobarbital (40 mg/kg ip) and the chest cavity was opened to allow for cannulation of the trachea. The lungs were inflated with 1.4 ml of 2% agarose in HBSS, followed by ~0.2 ml of air. The agarose was gelled by cooling the lungs with a cotton ball soaked in ice-cold HBSS and maintaining the mouse body at 4°C for 20 min; following removal, the lungs and heart were held in ice-cold HBSS for 15 min. Lung lobes were transferred to the specimen syringe tube of a tissue slicer (Compresstome VF-300; Precisionary Instruments). The lung lobe was embedded first into ~1 ml of 2% agarose and then fully covered with 6% gelatin, after which the block was cut into serial sections of 140 μm. Lung slices containing small terminal airways were incubated in low-glucose Dulbecco's modified Eagle's medium supplemented with 1× antibiotic solution containing L-glutamine, penicillin, and streptomycin (Invitrogen) at 37°C and 10% CO_2 in a cell culture incubator for up to 48 h. Lung slices containing airways with a lumen diameter of 100–300 μm, completely lined by active ciliated epithelial cells, and fully attached to the surrounding lung parenchyma were used for experiments.

Measurement of airway contraction and $[Ca^{2+}]_i$ in lung slices. Measurements of changes in small-airway cross-sectional lumen area (lumen area hereafter) and the fluorescent measurements of $[Ca^{2+}]_i$ in ASM cells were performed as previously described (34). Briefly, lung slices were mounted in a custom-made perfusion chamber and airways were visualized by use of a ×10 objective. Digital images (640 × 488 pixels) were recorded in time lapse (0.5 Hz) by use of a charge-coupled device camera (KP-M1A; Hitachi), frame grabber (Picolo; Euresys), and image-acquisition software (Video Savant; IO Industries). The lumen area was normalized to the area before stimulation. In some experiments lung slices were loaded with Oregon green 488 BAPTA-1 acetoxymethyl ester (Invitrogen) for the intracellular imaging of Ca^{2+} as previously described (34). Changes in fluorescence intensity were

analyzed by selecting regions of interest (ROI) ranging from 25 to 49 square pixels. Average fluorescence intensities of an ROI were obtained, frame-by-frame, by using a custom-written script designed to track the ROI within a smooth muscle cell (as it moves due to airway contraction/movement). Final fluorescence values were expressed as a fluorescence ratio (F/F_0) normalized to the initial fluorescence (F_0). All experiments were performed at room temperature.

Statistical Analysis

Each experimental procedure included internal controls. Where appropriate, we employed repeated measures in a one-way ANOVA using Bonferroni posttest comparisons. In cases where only two experimental groups were compared, a two-tailed Student's *t*-test was employed. Data are presented as means ± SE; $P < 0.05$ in all cases was considered significant.

RESULTS

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The $GABA_A$ Receptor α5-Subunit Is Expressed in ASM from Human Trachea

ASM dissected from the posterior wall of human tracheas demonstrated extensive immunoreactivity for the $GABA_A$ receptor α5-subunit (Fig. 1, *A* and *C*) that colocalized with immunoreactivity for smooth muscle specific α-actin (Fig. 1, *B* and *C*). Nonspecific staining was not detected when the primary antibodies were omitted (Fig. 1*D*).

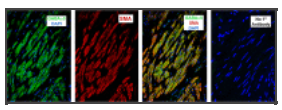

Fig. 1.
Immunohistological characterization of the $GABA_A$ receptor α5-subunit protein expression in intact human tracheal airway smooth muscle (ASM). Confocal microscopy images employing single, double, and triple immunofluorescence labeling using antibodies **...**

A Ligand for $GABA_A$ Receptors Containing the α5-Subunit Augments β-Adrenoceptor Agonist-Mediated Relaxation in Human ASM

We also determined the ability of a ligand directed against $GABA_A$ receptors containing the α5-subunit to augment β-adrenoceptor agonist-mediated relaxation of precontracted human ASM. This is highly clinically relevant since acute rescue of precontracted ASM during an asthmatic exacerbation is accomplished with β-adrenoceptor agonists and cases of asthma refractory to standard β-adrenoceptor therapy are not uncommon (36). The ability of 10 nM isoproterenol to relax a precontracted strip of human ASM (acetylcholine EC_{50}) was significantly enhanced in the presence of SH-053-2′F-R-CH_3 (50 μM) compared with vehicle control (Fig. 2*A*), ($n = 8$/group $P < 0.01$).

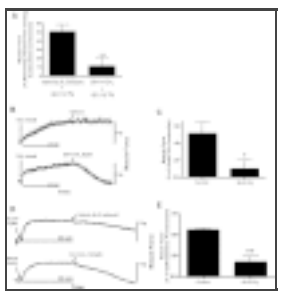

Fig. 2.
Selective targeting of α5-subunit-containing $GABA_A$ receptors leads to functional relaxation of precontracted human and guinea pig ASM. *A*: the $GABA_A$ α5-subunit-targeting ligand SH-053-2′F-R-CH_3 potentiates β-adrenoceptor **...**

A Ligand for $GABA_A$ Receptors Containing the α5-Subunit Directly Relaxes Depolarization- or Gq-Coupled-Induced Contractions in Guinea Pig ASM

In addition to augmenting β-agonist mediated relaxation, we questioned whether the $GABA_A$ α5 ligand SH-053-2′F-R-CH_3 could directly relax an established contraction induced by membrane depolarization with TEA as well as from activation of a receptor coupled to Gq. The maintenance of contractile force induced by TEA was directly and significantly relaxed by 50 μM SH-053-2′F-R-CH_3 compared with vehicle (Fig. 2, *B* and *C*) ($n = 5$/group, $P < 0.05$) and the maintenance of contractile force induced by substance P was directly and significantly relaxed by 100 μM SH-053-2′F-R-CH_3 compared with vehicle (Fig. 2, *D* and *E*) ($n = 4$–5/group, $P < 0.01$).

Whole Cell Electrophysiological Recordings of Human ASM Cells Demonstrate That the Selective Ligand for $GABA_A$ Receptors Containing α5-Subunits Induces a Cl^- Current In Vitro

Having demonstrated functional relaxation of intact ASM from both human and guinea pig under three different contractile paradigms, we next investigated the cell signaling effects of SH-053-2′F-R-CH_3. Using the whole cell configuration we demonstrate a significant current in human ASM cells upon exposure to 10 μM SH-053-2′F-R-CH_3 (Δ−28 ± 7 pA current) compared with vehicle (Δ−6 ± 3 pA current; $n = 4$/group, $P < 0.05$) (Fig. 3, *A* and *B*). To confirm that these currents were indeed due to Cl^- flux, we examined the *I*-V relationship in human ASM cells in the presence and absence of SH-053-2′F-R-CH_3 (10 μM) (representative tracing, Fig. 3*C*). For these studies, we used intracellular and extracellular solutions that were symmetrical for [Cl^-]. The predicted chloride equilibrium potential was 0.4 mV and the measured equilibrium potential was 0.73 mV. Additionally, we observed a change in the slope of the *I*-V curve with the bath application of 10 μM SH-053-2′F-R-CH_3 (Fig. 3*C*), indicating that chloride current in these cells was increased in the presence of SH-053-2′F-R-CH_3.

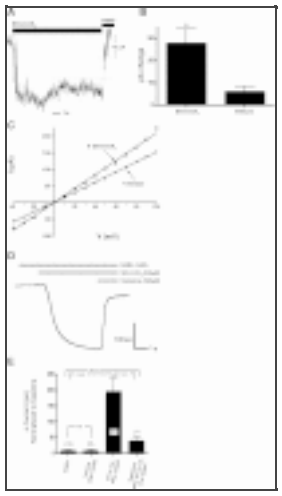

Fig. 3.

Electrophysiological characterization of human ASM cells following activation of α5 containing $GABA_A$ receptors with SH-053-2′F-R-CH_3. *A*: representative tracing of a voltage clamp recording obtained from a single human ASM cell in whole **...**

Automated Port-a-Patch Whole Cell Electrophysiological Recordings of Human ASM Cells also Demonstrate Current Evoked by SH-053-2′F-R-CH_3 Is Reversible by the Classic $GABA_A$ Channel Antagonist Gabazine

To confirm that SH-053-2′F-R-CH_3-mediated electrophysiological responses are $GABA_A$ receptor specific, we investigated whether currents induced by SH-053-2′F-R-CH_3 exposure of human ASM cells were attenuated by subsequent treatment with gabazine (Fig. 3, *D* and *E*). Compared with baseline current, we observed no significant change in current in human ASM cells upon exposure to 1 μM GABA (6 ± 2 ΔpA, $n = 5$, $P > 0.05$) or following the subsequent administration of DMSO (0.1%) vehicle (9 ± 5 ΔpA; $n = 5$, $P > 0.05$). However, we did observe a significant inward current when SH-053-2′F-R-CH_3 (100 μM) was applied subsequent to receiving 1 μM GABA (195 ± 44 ΔpA; $n = 7$, vs. 8 ± 5 ΔpA; $n = 7$, respectively; $P < 0.001$). We also observed a significant reversal of current when gabazine (500 μM) was subsequently applied to cells that received SH-053-2′F-R-CH_3 (39 ± 9 ΔpA; *n*

= 7, $P < 0.01$) compared with the current generated by SH-053-2′F-R-CH_3 (194.8 ± 43.5 ΔpA; $n = 7$). Gabazine-induced change in current was not significantly different compared with current obtained from the preceding 1 μM GABA treatment. A representative tracing of the current induced by SH-053-2′F-R-CH_3 and its subsequent attenuation by a $GABA_A$-specific antagonist (gabazine) is shown in Fig. 3*D*.

SH-053-2′F-R-CH_3 Attenuates Contractile Agonist Mediated Rise in $[Ca^{2+}]_i$ That Is Significantly Attenuated by the $GABA_A$ Antagonist Gabazine

We next investigated the effect of SH-053-2′F-R-CH_3 on Ca^{2+} regulation under three paradigms: increases in bradykinin-induced $[Ca^{2+}]_i$ in the presence and absence of extracellular Ca^{2+}, and SOCE. Pretreatment with 10 μM SH-053-2′F-R-CH_3 significantly attenuated the increase in $[Ca^{2+}]_i$ induced by 1 μM bradykinin, and this effect of SH-053-2′F-R-CH_3 was eliminated if the cells were simultaneously pretreated with the $GABA_A$ antagonist gabazine (200 μM) (Fig. 4, *A* and *B*) (n = 8–23/group, $P < 0.01$). Gabazine pretreatment alone had no significant effect on bradykinin-induced increases in $[Ca^{2+}]_i$. These studies were then repeated under conditions of normal vs. zero external $[Ca^{2+}]$. As expected, zero external $[Ca^{2+}]$ reduced the magnitude of the bradykinin-induced increases in $[Ca^{2+}]_i$, but in the absence of extracellular Ca^{2+} SH-053-2′F-R-CH_3 pretreatment was without effect on bradykinin-induced $[Ca^{2+}]_i$ (Fig. 4, *C* and *D*) (n = 6–10/group; $P < 0.05$). These results suggest that the component of bradykinin-induced $[Ca^{2+}]_i$ increase affected by SH-053-2′F-R-CH_3 is occurring at the level of plasma membrane Ca^{2+} entry.

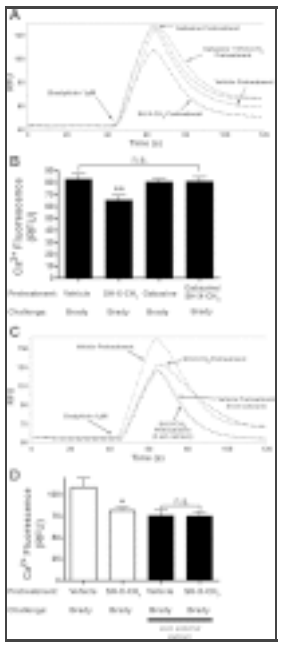

Fig. 4.

Activation of α5-containing $GABA_A$ receptors inhibits cellular Ca^{2+} handling. *A* and *B*: the $GABA_A$ α5-subunit-targeting ligand SH-053-2′F-R-CH_3 attenuates bradykinin (Brady)-induced intracellular Ca^{2+} concentration ($[Ca^{2+}]_i$) increase. **...**

Activation of α5-Containing $GABA_A$ Receptors Inhibits Store-Operated Ca^{2+} Entry into Human ASM Cells

SOCE is an important mechanism of refilling the SR with Ca^{2+} following the emptying of the SR following activation of Gq-coupled receptors by agents such as bradykinin. SH-053-2′F-R-CH_3 100 μM resulted in a significant reduction in Ca^{2+} influx upon reintroduction of external Ca^{2+} in human ASM cells previously rendered SR Ca^{2+} depleted by treatment with the SERCA inhibitor thapsigargin, signifying an inhibition of SOCE (Fig. 5, n = 5–8/group, $P < 0.01$). This effect of SH-053-2′F-R-CH_3 was reversed by simultaneous pretreatment with the $GABA_A$ receptor antagonist gabazine. SKF 96365, a known SOCE inhibitor, served as a positive control for our assay and also led to a significant decrease in Ca^{2+} influx (Fig. 5, n = 5–8/group, $P < 0.05$).

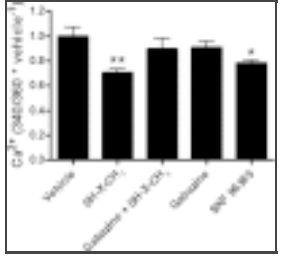

Fig. 5.

The $GABA_A$ receptor α5-subunit-targeting ligand SH-053-2′F-R-C
operated Ca^{2+} reentry. Immortalized human ASM cells incubated i
solution and treated with thapsigargin (1 μM) allowed for depletion

SH-053-2′F-R-CH_3 Attenuates Methacholine-Induced Peripheral Airway Contractions and Ca^{2+} Oscillations

Airway lumen area in the peripheral regions of mouse lungs decreased to ~35% of the initial resting luminal area upon stimulation with 0.3 μM methacholine (MCh) (Fig. 6*A*) ($n = 4$ airways, $P < 0.001$ compared with baseline). This airway constriction was acutely reversed when SH-053-2′F-R-CH_3 (100 μM) was added to the perfusing buffer in the continued presence of 0.3 μM MCh, allowing the airways to dilate to ~90% of their initial luminal area (Fig. 6*A*) ($n = 4$ airways, $P < 0.001$ comparing MCh to MCh + SH-X-053). Washing out of the SH-X-053 while maintaining 0.3 μM MCh in the perfusing buffer resulted in a reconstriction of the airway to nearly the same magnitude as the initial MCh-induced airway constriction. Finally, washout of the MCh allowed dilation of the airways back to their original resting luminal area.

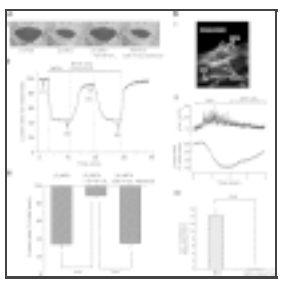

Fig. 6.

A: SH-053-2′F-R-CH_3 relaxes small peripheral murine airway slices precontracted with methacholine (MCh). Contractile response of mouse small airways to MCh and relaxation induced by $GABA_A$ α5-subunit selective ligand SH-053-2′F-R-CH **...**

We then measured Ca^{2+} oscillations induced by MCh in ASM cells of mouse lung slice while simultaneously measuring luminal area (Fig. 6*B*). MCh induced Ca^{2+} oscillations at ~14 spikes/min, and these were totally eliminated by the addition of the $GABA_A$ receptor α5 ligand SH-053-2′F-R-CH_3 (100 μM) (Fig. 6*B* and Supplemental Video S1; Supplemental Material for this article is available on the Journal website) ($n = 4$ airways, $P < 0.001$ comparing MCh to MCh + SH-053-2′F-R-CH_3). The induction of Ca^{2+} oscillations by MCh was accompanied by a reduction in airway luminal area to ~40% of the initial luminal area. This airway constriction relaxed with the addition of SH-053-2′F-R-CH_3 and was concomitant with the loss of Ca^{2+} oscillations.

DISCUSSION

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The major findings of this study are that human ASM possesses $GABA_A$ receptors with an α5-subunit profile that can be pharmacologically targeted by a selective ligand. In intact human ASM the $GABA_A$ receptor α5-subunit-selective ligand (SH-053-2′F-R-CH_3) enhanced β-adrenoceptor agonist-mediated relaxation. In intact guinea pig ASM the $GABA_A$ receptor α5-subunit-selective ligand relaxes an established contraction induced by membrane depolarization (TEA) or by activation of a Gq-coupled neurokinin receptor. In isolated human ASM cells this $GABA_A$ receptor α5-subunit-targeting ligand elicits a Cl^- current, consistent with $GABA_A$ receptor activation, and attenuates multiple mechanisms of plasma membrane Ca^{2+} entry.

The expression of only two subtypes of $GABA_A$ receptor α-subunits in human ASM (only α4 and α5 are expressed) is an important consideration since these subunits play a key role in determining

$GABA_A$ receptor localization and pharmacology (20, 37). The α-subunit plays a critical role in ligand (both agonist and allosteric) binding. This is illustrated by the binding of classical 1,4 benzodiazepines at the interface of γ- and α-subunits of α1-, α2-, α3-, and α5-subunit-containing $GABA_A$ receptors (43) but not at $GABA_A$ receptors containing α4- or α6-subunits (12, 47). Furthermore, among the active benzodiazepine α-subunits (α1, α2, α3, or α5), there are differential pharmacological profiles such that different α-subunits confer varied drug affinities. This has been shown for the nonclassical benzodiazepine agonist zolpidem, which demonstrates highest affinity for receptors containing the α1-subunit, followed by receptors containing an α2- or α3-subunit (35), and α5-subunit-containing receptors displaying an exceedingly low affinity (2, 38). These studies laid the foundation for subsequent studies that have established that particular drug effects associated with classical benzodiazepine agonists (sedation, anxiolysis, ataxia, and amnesia) are α-subunit dependent. More specifically, $GABA_A$ receptors containing α1-subunits are thought to be primarily responsible for the sedative effects of benzodiazepines, whereas α2- and α3-subunits are implicated in the anxiolytic effects of benzodiazepines (13, 30, 32, 40). Finally, $GABA_A$ receptors containing α5-subunits are a relatively minor population in the CNS that may play a role in memory processes, but not in motor or sedation effects (9). This underlies a secondary potential benefit of drugs targeting α5-subunit-containing $GABA_A$ receptors, namely that they are devoid of many potentially negative CNS side effects.

As mentioned earlier, pharmacophore receptor models for the α1–6β3γ2 benzodiazepine/$GABA_A$-ergic subtypes were developed in the 1980s and refined in the 1990s. This led to the synthesis of a series of chiral R- and S-isomers of earlier imidazobenzodiazepines that exhibited subtype selectivity at α2 and α3 subtypes. However, as reported in Fischer et al. (14), the in vitro binding affinity of SH-053-2′F-R-CH_3 was clearly higher at α5β3γ2 subtypes with very little affinity at α1, α2, or α3 subtypes [K_i values: α1β3γ2 (759.1), α2 (948.2), α3 (768.8), and α5 (95.2) nM]. The C-6 pendent phenyl ring of SH-053-2′F-R-CH_3 is incompatible with binding at α4 and α6 diazepam-insensitive benzodiazepine GABA receptors. Moreover, the efficacy in oocytes (% control currents) at α5-subtypes was higher than at the other three subtypes (14). In addition, the in vivo data for SH-053-2′F-R-CH_3 compared with diazepam in primates clearly show that SH-053-2′F-R-CH_3 is not sedating (α1 activity is low) and that the anxiolytic activity of this R-CH_3 isomer is either very weak or nonexistent. This indicates that this R-CH_3 isomer does not activate α2 or α3 BDZ receptor subtypes to any appreciable extent in this primate conflict model.

With the targeted development of allosteric $GABA_A$ receptor ligands with selectivity for $GABA_A$ receptors containing α5-subunits, it is particularly fortuitous that the repertoire of $GABA_A$ receptor α-subunits on human ASM is restricted to only the α4- and α5-subunits. Indeed, we have previously shown that a ligand selective for the α4-subunit (CMD-45) as well as gaboxadol, a well-known ligand with α4 selectivity, regulate ASM tone (18). Thus a goal of the present study was to determine whether α5 targeting could also realize these beneficial effects of ASM contractile tone. We also sought to determine whether $[Ca^{2+}]_i$, a critical regulator of ASM tone, was regulated by $GABA_A$ receptor α5-subunit-targeting ligands.

One component of asthma is the enhanced mass and contraction of ASM and drugs used for the acute relief of an asthmatic exacerbation target acute relaxation of ASM. The leading pharmaceutical drug class for this critical clinical therapy is β-adrenoceptor agonists, and in the present study we demonstrate that SH-053-2′F-R-CH_3 augmented the relaxation effect of a β-agonist in intact human

ASM. These findings suggest a clinically relevant role for targeting α5-subunit-containing $GABA_A$ receptors in the acute relaxation of human ASM.

We next demonstrated that SH-053-2′F-R-CH_3 alone could relax an established contraction by a depolarizing stimulus (TEA) or a G_q-coupled ligand (substance P) in guinea pig ASM. These results also highlight an important mechanistic fact regarding SH-053-2′F-R-CH_3 mediated relaxation, namely that $GABA_A$ receptor mediated-relaxation does not involve K^+ channels. So, whereas β-adrenoceptor relaxation does involve a component of PKA-mediated large conductance K_{Ca} channel activation (and SH-053-2′F-R-CH_3 mediated $GABA_A$ activation does augment isoproterenol relaxation), SH-053-2′F-R-CH_3's capacity to relax a TEA contraction (achieved by K^+ channel blockade) suggests complementary mechanisms of relaxation, not mechanistic overlap at the same receptor or K^+ channel. The relaxation of SH-053-2′F-R-CH_3 in these ex vivo muscle force studies in human and guinea pig ASM under several different contraction/relaxation paradigms led us to investigate accompanying cellular events in cultured human ASM cells.

Whole cell electrophysiology experiments demonstrated a current with a reversal potential at the predicted voltage for chloride, and this chloride current was enhanced in the presence of SH-053-2′F-R-CH_3 and blocked by the $GABA_A$ receptor antagonist gabazine. A chloride current at the plasma membrane would change membrane potential of the plasma membrane, which in turn may modulate numerous Ca^{2+} entry pathways. Although Ca^{2+} control in an ASM cell is complex, involving multiple channels, exchangers, and pumps on both the plasma membrane and intracellular organelles, a component of intracellular Ca^{2+} handling is regulated by membrane potential. Indeed, in addition to voltage-gated Ca^{2+} channels (19), Na^+/Ca^{2+} exchangers (22, 31), nonselective cation channels of the TRP family (7), and perhaps even SOCE are all influenced by membrane potential (29).

$[Ca^{2+}]_i$ was measured before and after the addition of the Gq-coupled receptor agonist bradykinin in the presence and absence of extracellular Ca^{2+}. As expected, in the absence of extracellular Ca^{2+}, the bradykinin-induced levels of $[Ca^{2+}]_i$ were ~80% of the Ca^{2+} levels achieved in the presence of extracellular Ca^{2+}, consistent with the dogma that Gq-coupled ligands' primary source of Ca^{2+} is from intracellular stores. Interestingly, in the presence of extracellular Ca^{2+}, SH-053-2′F-R-CH_3 reduced bradykinin-induced $[Ca^{2+}]_i$ by ~20%, which likely represents the total amount of extracellular Ca^{2+} influx during bradykinin treatment. This was supported by additional experiments in which SH-053-2′F-R-CH_3 was without effect in the absence of extracellular Ca^{2+}. These findings suggest that SH-053-2′F-R-CH_3 is blocking the component of bradykinin-induced $[Ca^{2+}]_i$ that arises from extracellular sources, which is likely a complex acute response involving Ca^{2+} exchangers and SOCE to refill the cytosol and SR. To further investigate whether SH-053-2′F-R-CH_3 also modulates Ca^{2+} handling relevant to the maintenance phase of a contraction, we performed additional studies examining the role of SH-053-2′F-R-CH_3-mediated $GABA_A$ activation on SOCE and calcium oscillations in airway slices.

Following the release of SR Ca^{2+} in ASM, an influx of extracellular Ca^{2+} occurs to refill the SR store, a process referred to as SOCE (27). SH-053-2′F-R-CH_3 led to a significant decrease in SOCE via a $GABA_A$ receptor-specific effect since it is reversed by the $GABA_A$ receptor antagonist gabazine.

In ASM, the resting membrane potential is thought to be approximately −60 mV and the reversal potential of chloride is thought to be approximately −20 to −30 mV (28). Thus $GABA_A$ agonists would lead to a depolarization of ASM resting membrane potential. In lymphocytes, a cell type in which SR

store-operated Ca^{2+} influx has been extensively studied owing to its key role in T cell receptor-mediated cellular activation and proliferation, membrane depolarization is known to greatly inhibit store-operated Ca^{2+} influx, likely by reducing the driving force for Ca^{2+} entry through the STIM-ORAI complex (3, 24). Since $GABA_A$ activation is predicted to depolarize ASM resting membrane potential, a similar effect may be occurring in this in vitro SOCE assay with ASM.

However, in contrast to effects at membrane potential-contracted ASM, after Gq-coupled receptor activation for example, the membrane potential is expected to be depolarized. Under these conditions, $GABA_A$ activation would be expected to lead to a relative hyperpolarization, which would increase the electrostatic driving force for extracellular Ca^{2+} entry. This would seem at odds with the ability of $GABA_A$ agonists to relax precontracted ASM in organ bath preparations. However, under these conditions, this relative hyperpolarization may inhibit capacitive Ca^{2+} influx via voltage sensitive L-type Ca^{2+} channels and/or the reverse mode of the Ca^{2+}-sodium exchanger, which have been shown to be key in ASM for maintaining intracellular Ca^{2+} necessary to sustain contraction (22). Further studies are needed to confirm this hypothesis.

In contrast to the findings presented in the current study with an allosteric agonist of the $GABA_A$ chloride channel, our laboratory has also demonstrated that antagonists of another family of chloride channels (calcium-activated chloride channels, TMEM16, or anoctamin) can also mediate ASM relaxation (11, 16, 45). It may appear surprising that agonism of one type of chloride channel could result in the same physiological effect as antagonism of a different family of chloride channels. These interesting findings were addressed in an editorial focus by Dr. Janssen (26) that presented a number of mechanistic hypotheses to account for seemingly opposing effects of ligand-gated $GABA_A$ channels vs. calcium- and voltage-gated calcium-activated chloride channels. These mechanistic differences include an oscillating membrane potential from electrical slow waves, distribution of different types of chloride channels on the plasma membrane vs. intracellular organelles, cytosolic compartmentalization of chloride (as is already known to exist for calcium), and the possibility that intracellular effectors can interact with certain ion channels (or whether chloride itself acts) in certain microdomains to modulate other intracellular contractile effectors. These spatial and temporal mechanisms may be quite different in calcium-activated chloride channels, which are regulated by both calcium and voltage (4), compared with $GABA_A$ chloride channels, which are ligand gated.

In summary, we present the following evidence: *1*) that targeting of α5 $GABA_A$ α-subunits in ASM produces characteristic electrophysiological changes indicative of $GABA_A$ receptor activation, *2*) that this selective agonist can augment β-agonist-mediated relaxation, *3*) that $GABA_A$ α5 receptor activation can directly and spontaneously relax precontracted ASM, and *4*) that a component of the mechanism involves an attenuation of Ca^{2+} handling (as reductions in both agonist-induced external Ca^{2+} entry and reductions in SOCE in human ASM cells as well as in calcium oscillations in ASM within intact peripheral lung slices). As such, these studies hold promise and potential for improving the armamentarium of pharmacological agents available to treat acute airway bronchoconstriction and suggest a novel role for chloride in the modulation of Ca^{2+} handing in ASM.

GRANTS

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DISCLOSURES

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No conflicts of interest, financial or otherwise, are declared by the author(s).

AUTHOR CONTRIBUTIONS

Go to: Go to:

G.G., G.T.Y., J.M.C., N.H., J.F.P.-Z., and C.W.E. conception and design of research; G.G., G.T.Y., M.E.S., P.D.Y., X.W.F., M.M.P., and J.F.P.-Z. performed experiments; G.G., G.T.Y., M.E.S., P.D.Y., X.W.F., and J.F.P.-Z. analyzed data; G.G., P.D.Y., and C.W.E. interpreted results of experiments; G.G., G.T.Y., M.E.S., P.D.Y., X.W.F., and J.F.P.-Z. prepared figures; G.G. and C.W.E. drafted manuscript; G.G., G.T.Y., M.M.P., J.M.C., N.H., J.F.P.-Z., and C.W.E. edited and revised manuscript; G.G., G.T.Y., M.E.S., P.D.Y., X.W.F., M.M.P., J.M.C., N.H., J.F.P.-Z., and C.W.E. approved final version of manuscript.

Supplementary Material

Go to: Go to:

Video S1:

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Notes

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