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Short communication

The Role of Inactivation in the Cumulative Blockage of Voltage-Dependent Sodium Channels by Local Anesthetics and Antiarrythmics

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Previously published results (Khodorov 1973; Khodorov et al. 1974, 1976; Zaborovskaya 1976) showed that along with a decrease in the maximum sodium permeability ('tonic block') the tertiary amine local anesthetics (LA), procaine and trimecain cause a drastic slowing of Na⁺ channel reactivation after membrane depolarization. This effect (''drug-induced slow Na inactivation'') underlies a use-dependent Na⁺ current (I_{Na}) inhibition during repetitive membrane depolarization. A detailed analysis of these data led Khodorov et al. (1976) to conclude that inactivation of Na⁺ channels increased their affinity to LA which in turn resulted in stabilization of the inactivated channel conformation. The aim of the present work was to test this hypothesis using chloramine-T as a reagent capable of removing the ordinary ('fast') Na⁺ channels inactivation (Wang 1983). We have examined the effect of chloramine T (CT) treatment of the nodal membrane on use-dependent (cumulative) inhibition of I_{Na} by lidocaine, tetracain, and the antiarrhythmic compounds N-propyl ajmaline (NPA) and KC 3791 (KC) (see Fig. 2A).

Experiments were carried out on single myelinated nerves of *Rana ridibunda* using the voltage clamp method (Dodge and Frankenhaeuser 1958). To block potassium currents, the internodes were cut in 114 mmol/l CsF solution. Both before and after CT treatment the node was superfused by control K-free Ringer solution containing (mmol/l):112 NaCl; 2 CaCl₂; 2 NaHCO₃; Tris; pH 7.2.

After a short (5—15 min) exposure of the nodal membrane to 1—1.5 mmol/l CT, a certain fraction of Na channels irreversibly lost the ability to inactivate during 50—100 ms depolarizing clamp pulses. The remaining Na⁺ channels retained the capability of a complete inactivation; however, the voltage dependence of this inactivation was shifted by about 20 mV towards more positive potentials (*E*). In this respect our results agree with those of Wang (1983). Application of 0.01 mmol/l tetracaine to the CT-pretreated node caused almost equal tonic

blocks of the peak (I_p) and steady-state (I_s) components of I_{Na} . However, during repetitive pulsing only I_p underwent a considerable cumulative inhibition; the noninactivating component of $I_{Na}(I_s)$ proved to be resistant to this type of block (Fig. 1). Qualitatively similar results have been obtained in experiments with 0.1-1.0 mmol/l lidocaine. This drug did not induce 'slow inactivation' or cumulative inhibition of I_s in CT-treated node of Ranvier.



Fig. 1. Cumulative inhibition of sodium currents (I_{Na}) by 0.01 mmol/l tetracaine in normal (A) and chloramine-T (CT) pretreated (B) node of Ranvier. After 5-min treatment by CT (1.5 mmol/l) the node has been washed out with K-free Ringer solution. The frequency of pulsing 10 Hz, pulse duration 50 ms, E = 0 mV. Holding potential, $E_h = -100$ mV, the internodes were cut in 114 mmol/l CsF. A: fibre 29, 3, 84. Temperature 7 °C; B: fibre 2, 12, 4, 84. Temperature 10 °C.

Unlike lidocaine and tetracaine, NPA (Khodorov and Zaborovskaya 1983) and KC (present study) did not induce 'slow Na⁺ channel inactivation'; the cumulative inhibition of I_{Na} caused by these drugs resulted from their interaction with open Na channels. Application of 10^{-4} mmol/l KC to the node of Ranvier pretreated with CT, produced approximately equal tonic inhibition of I_p and I_s . During repetitive pulsing both components of I_{Na} decreased markedly (Fig. 2). However, cumulative inhibition of I_p was somewhat more pronounced than that of I_s .

Qualitatively similar results have been obtained in studying the effect of 10⁻⁴ mmol/l NPA on CT-pretreated nodes of Ranvier.

Our results strongly support the notion, that lipid-soluble LA interact with inactivated Na⁺ channels, thus inducing "slow inactivation" and cumulative blockage (Khodorov et al. 1976). By contrast, fast inactivation is not a prerequisite for cumulative inhibition of I_{Na} by cationic drugs interacting with open Na⁺ channels (such as NPA or KC, used in this study, or QX314 or GEA968 employed in experiments of Shepley et al. 1983). Judging by changes of I_p and I_s caused by these drugs during repetitive pulsing (see Fig. 2), inactivation plays only an



Fig. 2. Tonic and cumulative inhibition of I_{Na} by the antiarrhythmic KC 3791 (shown in A). Abscissa: number of the pulses (n); Ordinate; amplitude of I_{Na} relative units. The initial values of I_p and I_s before KC application were taken for unit. Repetitive pulsing (1 Hz) was turned on after 5-min exposure of the node in KC (0.1 mmol/l)-containing Ringer solution, which caused a tonic decrease in I_p and I_s value to 0.7. $E_h = 100 \text{ mV}$, E = 0 mV. Pulse duration 40 ms. Fibre 19. 3. 84. Temperature 8 °C. Triangles: I_s ; circles: I_p .

auxiliary role in the development of this type of cumulative blockage of Na channels. It is not easy to reconcile all these data with Hille's hypothesis (Hille 1977) of a common 'receptor' for all local anesthetics in the Na^+ channel.

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