

Targeted overexpression of nNOS into cardiac noradrenergic neurons attenuates sympathetic neurotransmission

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Results

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Introduction

It is increasingly recognized that neuronal production of nitric oxide (NO) can influence cardiovascular homeostasis through its action as a neuromodulator within the autonomic nervous system. Sympathetic over-activity has been most clearly demonstrated in early hypertension. Adenoviral gene transfer of neuronal NO synthase $\ (nNOS)$ can decrease central sympathetic outflow1, but non-specific adenoviral vectors can cause promiscuous transduction. This problem can be circumvented by targeting the NO pathway in-vivo into selected cellular populations using cell specific viral vectors.

Aims of this study

- To establish whether noradrenergic neuro-specific gene transfer with nNOS into the cardiac sympathetic innervation can reduce sympathetic neurotransmission via aNO-dependent pathway
- 2. To demonstrate whether noradrenaline (NA) release is significantly increased in spontaneously hypertensive rats (SHR) compared with normotensive Wistar-Kyoto (WKY) rats



Gene transfer to the right atrium of the rat Percutaneous gene transfer to the right atrium was performed in male SD rats (16-20 weeks), under isoflurane anaesthesia. Adenovirus encoding either nNOS or eGFP

was driven by a noradrenergic^2 promoter. Animals received a right atrial injection of 5×10^{10} virus particles in phosphatebuffered saline Measurement of [³H]noradrenaline ([³H]NA) release WKYs & SHRs (16-20 weeks) or gene transferred SD rats

were used. Neurotransmitter NA release was measured using labelled [3H]NA isolated right atrium in response to 5Hz field stimulation. [3H] outflow was expressed as a percentage of the total radioactivity released at the different time point.

Cardiac sympathetic neuron isolation and transduction Middle cervical stellate sympathetic ganglia were isolated and transduced by adenoviral vector encoding eGFP or nNOS driven by PRS promoter. Sympathetic neurons were identified by anti-tyrosine hydroxylase (TH)

Measurement nNOS activity

NOS activity in atria was quantified by measuring the conversion of [³H]-L-arginine to [³H]-L-citrulline in the presence of saturating concentrations of the cofactors of the enzyme with calcium and eNOS inhibitor, L-N5-(1-Iminoethyl)ornithine, Dihydrochloride.



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Fig. 3. Representative raw data of [PH]NA release in (i) Ad PRS-eGPP. (ii) Ad PRS-nNOS and (iii) Ad PRS-NNOS with NO synthase inhibitor. Nu-Niro1-arginire (L-NNA) (100 µmcl/L), coi Ad PRS-NNOS treatment significantly decreased ("P<0.01, unpaired t test, n=15) the (3H]NA release compared with Ad.PRS-eGPP control (n=11). L-NNA (100 µmcl/L) can reverse this response ("P<0.01, unpaired t test, compared with AdPRS-nNOS, n=6).



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Fig. 2. nNOS activity in Ad.PRS-nNOS was 18.88% higher than Ad.PRS-eGFP group (P<0.05, unpaired t test, n=6 in each group).





Fig. 4. Raw data trace (i) (ii) and group data (iii) showing [PH]NA release is significantly enhanced in SHRs (n=6) compared with WKY rats (n=7). The soluble guaryly cyclase inhibitor, 1H-[12.4](0xadiazolo[4.3-a]quinoxalin-1-one (ODQ, 10 µM) significantly enhanced the [PH] NA release in WKY rats, but no changes in SHRs ('P<0.05, *'P<0.01,unpaired t test; +P<0.05, paired t test).



NA release is significantly elevated in SHR compared with WKY rats. Noradrenergic cell specific gene transfer with nNOS can increase NOS activity resulting in inhibition of cardiac sympathetic transmission in inhibition of normotensive SD rats. This targeted technique may provide a novel method for reducing sympathetic hyperactivity in pathological state such as hypertension.

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