

# Anticonvulsant Met-Enkephalin Analogues Containing Backbone Spacers Reveal Alternative Non-Opioid Signaling in the Brain

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To transform peptides into therapeutics, numerous drug design strategies have been developed. In addition to various peptidomimetic approaches (1, 2), chemical modifications of peptides are effective in improving their bioavailability and pharmaceutical properties. Successful chemical modifications include cyclization, lipidization, glycosylation, cationization, or PEGylation, among others. In an attempt to modify a peptide backbone, two approaches have been employed: the replacement of a peptide bond with a stable pseudopeptide bond (3) or the replacement of adjacent amino acid residues with non-natural modules, such as oligomer- $\beta$ -acids (4) or non-natural amino acids (5). The growing body of structural studies on peptidomimetics containing  $\alpha$ -,  $\beta$ -,  $\gamma$ -, and  $\delta$ -amino acid residues suggests that backbone modification vastly expands the repertoire of peptide structure and function (6, 7).

Backbone prosthesis is a drug design strategy in which non-essential amino acid residues are replaced with isostere non-peptidic backbone spacers (8). Recently, this approach was successfully employed to improve the pharmacological properties of conotoxins. For example, replacing adjacent amino acid residues with non-natural spacers, such as 5-amino-3-oxapentanoic acid or 6-aminohexanoic acid, resulted in analogues that were better blockers of sodium channels and more potent, longer lasting analgesics (8). This strategy has also been applied to other peptides such as neuropeptide Y (NPY) (9), calcitonin (10), tyrocidines (11), and glucagon-like-peptide-1 (GLP-1) (12). The size-reduced NPY showed high affinity for its receptor (9). The substi-

**ABSTRACT** Prosthesis of non-critical parts of a polypeptide backbone is an attractive strategy to simplify bioactive peptides. This approach was applied to an opioid neuropeptide, Met-enkephalin, in which two adjacent Gly2-Gly3 residues were replaced with a series of non-peptidic backbone spacers varying in length and/or physicochemical properties. The backbone spacers did not affect the overall structural properties of the analogues, but they did dramatically reduce their affinities and agonist activities toward  $\delta$ - and  $\mu$ -opioid receptors. Molecular modeling suggested that the decrease of the affinity of Met-enkephalin to  $\delta$ -opioid receptor could be accounted for by the loss of a single hydrogen bond. Remarkably, the analogues containing the most isostere spacers retained potent antinociceptive and anticonvulsant properties that were comparable to that of the endogenous peptide. This unexpected high *in vivo* potency could not be accounted for by an increase in metabolic stability. Moreover, the antiepileptic activity could not be reversed by opioid receptor antagonists. In summary, the results obtained with the analogues containing backbone spacers suggest a novel mechanism for seizure control in the brain that involves alternative non-opioid signaling.

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tutions in the  $\alpha$ -helical region in calcitonin with a linear ethylene glycol resulted in analogues showing significant affinity for its target receptor (10). The modified tyrocidines with a flexible spacer showed a turnover rate for peptide synthetase that was comparable to that of its natural substrate (11). The insertion of 6-aminohexanoic acid in GLP-1 produced an effective and long-lasting GLP-1 analogue (12). Since more and more structure–activity relationship (SAR) studies on various peptides of therapeutic potential are available, the backbone prosthesis is likely to be more often employed to modify the pharmacological and pharmaceutical properties of peptides.

In this study, we explored the backbone prosthesis strategy with the endogenous opioid neuropeptide Met-enkephalin (YGGFM), which binds with high affinity to  $\delta$ -opioid receptors ( $\delta$ OR) and to a lesser extent to  $\mu$ -opioid receptors ( $\mu$ OR). Opioid peptides have been a workhorse for peptide engineering and the development of peptide-based therapeutics (13–16). To improve the bioavailability of these peptides, numerous approaches including cyclization (17, 18), glycosylation (19–22), and backbone modifications (23) have been reported. To test the backbone prosthesis approach with the peptide Met-enkephalin, we replaced the adjacent Gly2–Gly3 motif with backbone spacers varying in length and/or physicochemical properties. Based on unique properties observed with the backbone spacer-containing analogues, we report two unexpected findings. First, a single peptide bond between Gly2 and Gly3 is critical for maintaining high-affinity at the opioid receptors. Second, since naloxone (nonselective opioid receptor antagonist) and naloxonazine ( $\mu$ OR-specific antagonist) did not reverse the anticonvulsant activity of the low-affinity Met-enkephalin analogues containing backbone spacers, our results suggest that endogenous opioid peptides may control seizures *via* alternative non-opioid pathways in the brain. In general, insights gleaned from the backbone prosthesis approach may lead to the development of novel peptide-based pharmacological tools and therapeutic strategies for the treatment of epilepsy, pain, and other neurological disorders.

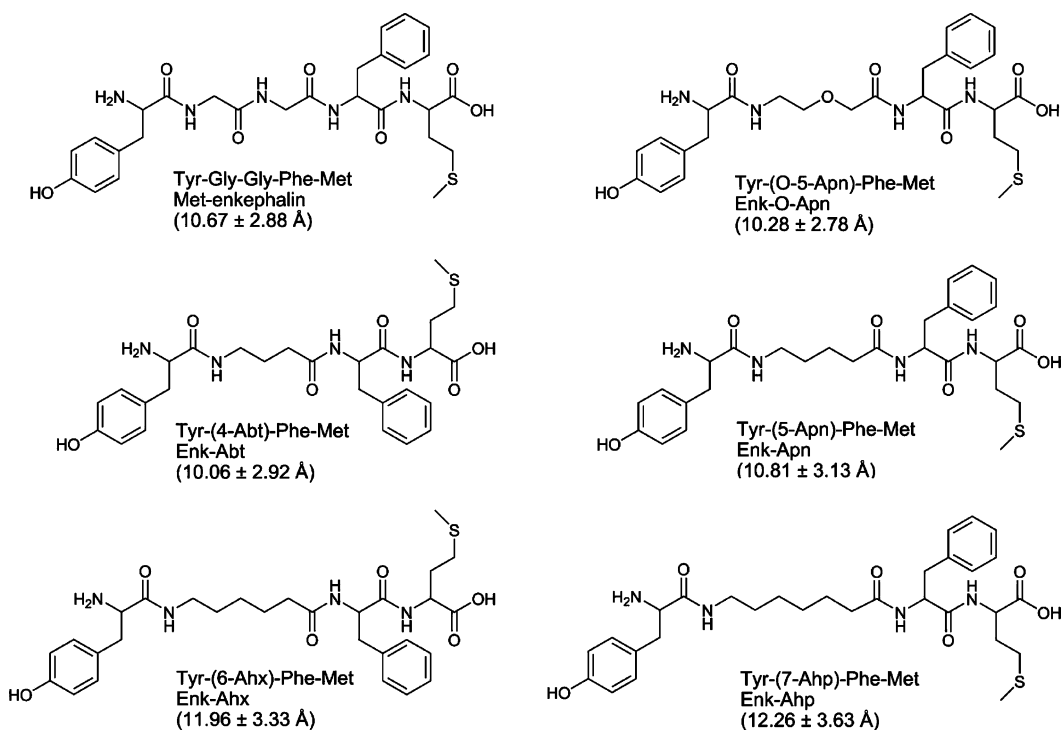
## RESULTS AND DISCUSSION

To study structural and functional consequences of the backbone prosthesis applied to neuroactive peptides, five Met-enkephalin analogues were designed in which

the adjacent Gly2–Gly3 residues were replaced with the backbone spacers, such as a PEG-spacer (5-amino-3-oxapentanoic acid) or a series of extended glycine amino acids: 4-aminobutyric acid, 5-aminopentanoic acid, 6-aminohexanoic acid, or 7-aminoheptanoic acid (Figure 1). These analogues were investigated using molecular dynamics (MD) simulations and were chemically synthesized to assess their functional properties. Using an automated peptide synthesizer and *N*-(9-fluorenyl) methoxycarbonyl (Fmoc) chemistry, the analogues were assembled, removed from the resin, and purified by reversed-phase HPLC (RP-HPLC). The chemical identity of the analogues was confirmed by MALDI-TOF mass spectrometry (Supplementary Table S1).

**Molecular Modeling.** To explore structural consequences of replacing the Gly2–Gly3 sequence by the backbone spacers varying in length, we calculated a distance between aromatic rings of Tyr1 and Phe4 for the analogues (Figure 1). The MD calculations on Met-enkephalin showed the lack of a preferred structure in aqueous solution (also independently confirmed by our NMR studies; data not shown). At no time during the MD trajectory was the geometry consistent with the formation of hydrogen bonds between any of the backbone atoms of Tyr1 and Phe4, in contradiction to early NMR studies in  $D_2O$  (24). The formation of a salt bridge between the amino terminal group and carboxyl terminal group was observed transiently throughout the simulation, accounting for  $\sim 10\%$  of the structural population. Secondary-structure analysis also indicated the transient formation of a turn structure that accounted for  $\sim 15\%$  of the structural population. These results are similar to earlier MD studies of Leu-enkephalin in water (25).

The MD simulations indicate that there is no preferred structure among the backbone-spacer analogues. Consistent with a lack of structure, we observed no sustained contact between the side chains of the Tyr1 and Phe4 of any of the Met-enkephalin analogues during the 100 ns MD simulation. The distance between the centroids of the aromatic rings of these residues was calculated on the basis of the MD simulations (Supplementary Figure S1). The mean distance and standard deviation for each analogue are presented in Figure 1. The large mean separation (10–12 Å) and large variation in the observed separation (standard deviation  $\sim 3$  Å) highlights the transient nature of the contact between



**Figure 1.** Design of Met-enkephalin analogues containing backbone spacers. The adjacent Gly2-Gly3 residues were replaced with selected backbone spacers (O-5-Apn, 5-amino-3-oxapentanoic acid; 4-Abt, 4-aminobutyric acid; 5-Apn, 5-aminopentanoic acid; 6-Ahx, 6-aminoheptanoic acid; 7-Ahp, 7-aminoheptanoic acid). The values in parentheses are the distance between the centroids of the aromatic rings of Tyr1 and Phe4 in Met-enkephalin and the analogues calculated from MD simulations.

the two aromatic rings. As predicted, longer spacers resulted in larger distances between Tyr1 and Phe4.

**Receptor Binding Studies.** The receptor binding of all analogues was tested with europium-labeled [D-Pen<sup>2</sup>, L-Cys<sup>5</sup>] enkephalin (DPLCE) using CHO cells overexpressing the human  $\delta$ OR (26). The cyclized analogue, DPLCE, was shown to have high potency for peripheral  $\delta$ OR (18). The binding affinity of the selected analogues for  $\mu$ OR and  $\kappa$ -opioid receptor ( $\kappa$ OR) was determined using [<sup>3</sup>H]diprenorphine and [<sup>3</sup>H]U-69593, respectively. The replacement of the Gly2-Gly3 sequence with the backbone spacers dramatically reduced the ability of the analogues to bind to the opioid receptors (Table 1). The affinity of all analogues for the  $\delta$ OR was decreased by 4 orders of magnitude as compared to Met-enkephalin. Similarly, the affinity for  $\mu$ OR was reduced by 2 orders of magnitude for the Met-enkephalin analogue with the Gly2-Gly3 residues replaced by 5-amino-3-oxapentanoic acid (Enk-O-Apn) and more

than 3 orders of magnitude for the Met-enkephalin analogue with the Gly2-Gly3 residues replaced by 5-aminopentanoic acid (Enk-Apn). Met-enkephalin and two selected analogues were also studied for potential interactions with  $\kappa$ OR, which is known to mediate anticonvulsant activity of dynorphin, another endogenous opioid peptide (27). As shown in Table 1, neither Met-enkephalin nor the analogues displaced [<sup>3</sup>H]U-69593 at a concentration of 10  $\mu$ M. Our receptor binding data are consistent with a previous study with the Leu-enkephalin analogue in which the amide linkages between Gly2-Gly3 were replaced by ketomethylene groups (28). The resulting analogue had 1/4000 and 1/2400 the opioid receptor binding activity of Leu-enkephalin when [<sup>3</sup>H][D-Ala<sup>2</sup>, D-Leu<sup>5</sup>] enkephalin and [<sup>3</sup>H]naloxone, respectively, were used as tritiated ligands (Table 2). A similar approach of incorporating of 4-aminocyclohexylcarboxylic acid into the peptide backbone of dynorphin A (29) or 1,5-enediols into the pep-

**TABLE 1. Binding affinity and anticonvulsant activity of Met-enkephalin analogues<sup>a</sup>**

Analogue	<i>In vitro</i> assays (receptor binding)			<i>In vivo</i> assay (anticonvulsant, icv)
	$\delta$ OR $K_i$ [nM]	$\mu$ OR $K_i$ [nM]	$\kappa$ OR $K_i$ [nM]	ED <sub>50</sub> (95% CI) (nmol)
Y-GG-FM	4	19	>10,000	0.91 (0.69–1.41)
Y-(O-5-Apn)-FM	30,000	1,300	>10,000	0.83 (0.28–1.66)
Y-(4-Abt)-FM	86,000	n.d.	n.d.	>2
Y-(5-Apn)-FM	48,000	>10,000	n.d.	1.71 (0.95–2.99)
Y-(6-Ahx)-FM	40,000	>10,000	>10,000	0.47 (0.14–1.15)
Y-(7-Ahp)-FM	19,000	n.d.	n.d.	>6

<sup>a</sup>The binding assay for  $\delta$ OR was carried out in a CHO cell line using Eu-labeled-DPLCE. The binding assays for  $\mu$ OR were conducted in a CHO cell line using [<sup>3</sup>H]diprenorphine. The binding assay for  $\kappa$ OR was carried out in guinea pig cerebellar membranes using [<sup>3</sup>H]U-69593. Anticonvulsant potency of the Met-enkephalin analogues was determined in the 6 Hz mouse model of epilepsy following icv administration.

tide backbone of endomorphin (30) has been described; unlike our analogues, however, those analogues showed either modest or high affinity to  $\kappa$ OR or  $\mu$ OR, respectively.

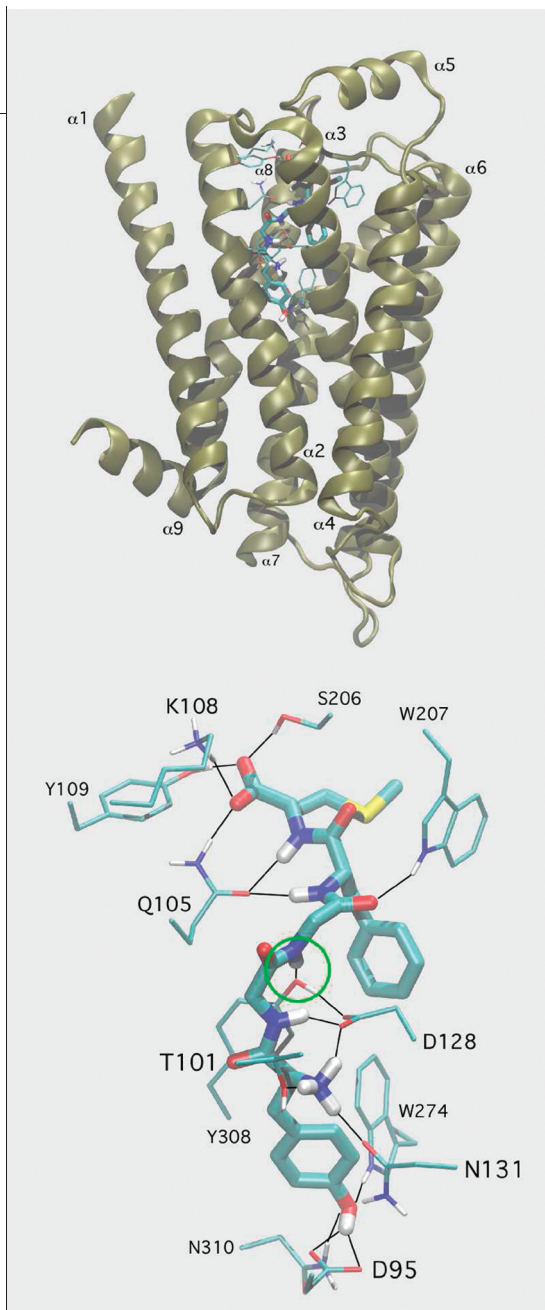
Our receptor binding studies suggest an unprecedented contribution of a single peptide bond to the interactions between opioid peptides and their receptors. It is not easy to interpret this unexpected finding at a structural level, since no details of molecular interactions are available from the literature. Therefore, in order to map interactions between the Gly2-Gly3 of Met-enkephalin and  $\delta$ OR, a molecular model of the receptor was constructed using the structure of the  $\beta_2$  adrenergic G protein-coupled receptor (GPCR) as a template (31), followed by docking experiments. The highest ranked docking prediction of Met-enkephalin with the  $\delta$ OR is

presented in Figure 2. Many of the high-ranking predictions placed the hydroxyl group of Tyr1 hydrogen-bonded to D95 close to the center of the receptor (this amino acid residue is highly conserved among GPCRs), which corresponds with the region comprising the group-3 amino acids identified by Décaillot et al. (32). The carboxy terminal of the ligand is located toward the extracellular region of  $\delta$ OR, exposed to solvent and forming a salt bridge with K108. The side chain of Met5 is predicted to lie in close proximity to W284, V296, and V297, shown to be important for binding of  $\delta$ OR-selective ligands (33). The side chain of Phe4 packs against Y129, also implicated in the binding of ligands (34). The Gly2-Gly3 N–H amides form hydrogen bond interactions with D128 and Y308. Were the Enk-O-Apn to bind the receptor in a similar manner as predicted

**TABLE 2. Functional consequences of the removal of a peptide bond in enkephalin analogues**

	Met-enk	Enk-O-Apn	Leu-enk <sup>a</sup>	Ketomethylene-Leu-enk <sup>a</sup>
Backbone linkage	-NH-CH <sub>2</sub> - <b>CO-NH</b> -CH <sub>2</sub> -CO-	-NH-CH <sub>2</sub> - <b>CH<sub>2</sub>O</b> -CH <sub>2</sub> -CO-	- <b>NH-CH<sub>2</sub>-CO-NH</b> -CH <sub>2</sub> -CO-	- <b>CH<sub>2</sub>-CH<sub>2</sub>-CO-CH<sub>2</sub></b> -CH <sub>2</sub> -CO-
Distance	10.67 Å <sup>b</sup>	10.28 Å <sup>b</sup>	n.d.	n.d.
Binding affinity	4 nM <sup>c</sup>	30,000 nM <sup>c</sup>	8.4 nM <sup>d</sup>	33,000 nM <sup>d</sup>
Metabolic stability <sup>e</sup>	4.3 min	18.6 min	n.d.	n.d.
Analgesia	43.4% (at 1 nmol) <sup>f</sup>	32.9% (at 1 nmol) <sup>f</sup>	ED <sub>50</sub> = 240 μg <sup>g</sup>	ED <sub>50</sub> = 24.3 μg <sup>g</sup>
Anticonvulsant activity	ED <sub>50</sub> = 0.91 nmol <sup>h</sup>	ED <sub>50</sub> = 0.83 nmol <sup>h</sup>	n.d.	n.d.

<sup>a</sup>Data for Leu-enk and Ketomethylene-Leu-enk were taken from Almquist *et al.* (28). <sup>b</sup>Distance between the centroids of the aromatic rings of Tyr1 and Phe4 calculated from MD simulations. <sup>c</sup> $K_i$  values for binding to  $\delta$ OR from our studies. <sup>d</sup>IC<sub>50</sub> values for binding to the opioid receptors from rat brain membranes using radiolabeled DADLE. <sup>e</sup>Metabolic stability was measured using rat serum. <sup>f</sup>Analgesic (inflammatory) response in formalin test after icv administration. <sup>g</sup>Analgesic response in the tail flick assay after icv administration. The converted ED<sub>50</sub>'s for Leu-enk and Ketomethylene-Leu-enk are 430 and 44 nmol, respectively. <sup>h</sup>ED<sub>50</sub> was determined in the 6 Hz partial psychomotor seizure model.

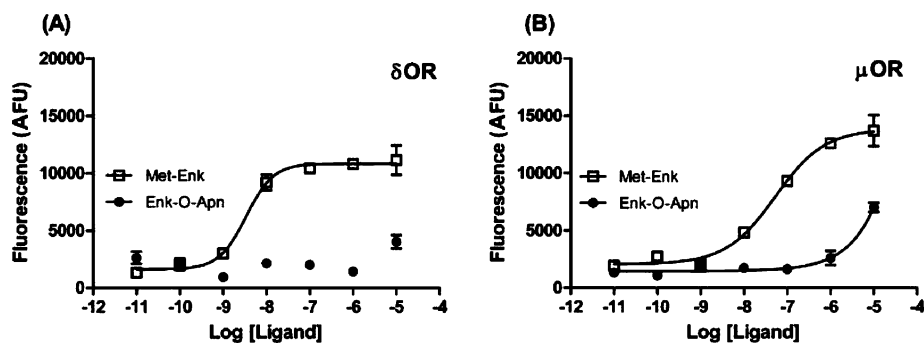


**Figure 2. Molecular model of Met-enkephalin bound to  $\delta$ OR.** Top) Ribbon diagram of  $\delta$ OR with Met-enkephalin bound. Bottom) Interactions of Met-enkephalin (thick rods) with the residues in  $\delta$ OR (thin rods). Hydrogen bonds are indicated by black lines. The top-scoring conformation from the docking simulations places the hydroxyl group of Tyr1 close to the center of  $\delta$ OR, hydrogen-bonded to D95, a highly conserved amino acid residue among GPCRs. The charged amino terminal of Met-enkephalin forms a salt bridge with D128, a highly conserved residue among opioid receptors. The hydrogen bond between the hydroxyl group of Y308 and the backbone amide of Gly3 is circled in green; this interaction would be missing in the interaction of Enk-O-Apn and is proposed to contribute to the drastic decrease in the affinity toward  $\delta$ OR.

here for Met-enkephalin, the single hydrogen bond between the N–H amide of Gly3 and the hydroxyl group of Y308 would be lost. Several models of  $\delta$ OR, including complexes with a variety of ligands, have been reported (34–36). All previous models placed the N-terminal ammonium of the ligand in close proximity to the highly conserved residue D128. Hydrogen bonding between D128 and Y308 has been postulated to tether the transmembrane domain 3 (TM3) and transmembrane domain 7 (TM7) in the inactive conformation of the receptor (36); these interactions are preserved in our model. In the earlier model, the hydroxyl group of the Y129 side chain is known to contribute to ligand binding (34). In our model, this OH group is tethered to W209 and maintains the hydrophobic pocket into which Phe4 of the ligand binds. However, in our model, the ligand is predicted to bind significantly more deeply into the  $\delta$ OR, with the hydroxyl of Tyr1 of Met-enkephalin hydrogen-bonded to residues D95, N310, and W274 in  $\delta$ OR.

**Intracellular Calcium Mobilization Assay.** The ability of the analogues to stimulate  $\delta$ OR- or  $\mu$ OR-mediated  $\text{Ca}^{2+}$  mobilization was tested in HEK-293T cells co-expressed with chimeric G proteins. As shown in Figure 3, the activation of intracellular  $\text{Ca}^{2+}$  mobilization by Met-enkephalin was dose-dependent with  $\text{EC}_{50}$  values of 3.4 and 53.1 nM for  $\delta$ OR and  $\mu$ OR, respectively. However, the activation of intracellular  $\text{Ca}^{2+}$  mobilization by Enk-O-Apn exhibited no response for  $\delta$ OR up to a concentration of 10  $\mu\text{M}$ , which is consistent with a substantial loss of affinity toward  $\delta$ OR. The activation of intracellular  $\text{Ca}^{2+}$  mobilization for  $\mu$ OR was significantly compromised; the  $\text{EC}_{50}$  values for  $\mu$ OR were estimated to be greater than 10  $\mu\text{M}$ , which is in accord with substantially decreased binding affinity for  $\mu$ OR ( $K_i = 1.3 \mu\text{M}$ ). Similar correlations between binding and agonist activities were previously observed for nociceptin/dynorphin chimeric peptides with the opioid receptor-like 1 (ORL1) receptor and  $\kappa$ OR (37), and for a series of dynorphin A analogues toward  $\kappa$ OR (38).

**Anticonvulsant Activity.** Met-enkephalin and other opioid peptides have been reported to alter the hippocampal plasticity (39). As such, it was suggested to play an anticonvulsant role in the seizure-susceptible El mouse (40). Conversely, one report suggested that enkephalin might possess proconvulsant activity; for example, in unrestrained rats Met-enkephalin was reported to produce electroencephalographic (EEG) seizure (41). Furthermore, low-affinity analogues of Leu-



**Figure 3.** Calcium mobilization assay for  $\delta$ OR (A) and  $\mu$ OR (B). Met-enkephalin ( $\square$ ) produced a concentration-dependent activation of  $\text{Ca}^{2+}$  with  $\text{EC}_{50}$  values of 3.4 and 53.1 nM for  $\delta$ OR and  $\mu$ OR, respectively. In contrast, Enk-O-Apn ( $\bullet$ ) did not affect intracellular  $\text{Ca}^{2+}$  mobilization mediated by  $\delta$ OR. The  $\text{EC}_{50}$  for Enk-O-Apn for  $\mu$ OR was estimated to be higher than 10  $\mu\text{M}$ .

enkephalin can retain high *in vivo* potency; the replacement of the peptide bond between Gly2-Gly3 with ketomethylene groups did not significantly affect their analgesic potency despite a 4 orders of magnitude loss in binding affinity (28). Thus, despite the dramatic decrease in the affinity of our backbone spacer-containing analogues toward the opioid receptors, we continued to investigate their *in vivo* efficacy in both a mouse model of pain and a mouse model of epilepsy following intracerebroventricular (icv) administration. All of the analogues were evaluated in adult male CF-1 mice in the low frequency (6 Hz) and long duration (3 s) partial psychomotor seizure model; the 6 Hz partial psychomotor seizure model has been shown to be a valuable tool in identifying compounds with unique anticonvulsant profiles (42–44). Corneal stimulation in this paradigm produces seizure activity characterized by stereotypic jaw and forelimb clonus, immobility, and an elevated Straub tail (45). Mice not demonstrating these behaviors following corneal stimulation are considered protected. Our results in the current study suggest that Met-enkephalin is a potent anticonvulsant with an  $\text{ED}_{50}$  value of 0.91 nmol (Table 1, Supplementary Table S2). Interestingly, three analogues containing backbone spacers exhibited anticonvulsant potency comparable to that of Met-enkephalin (Table 1). The introduction of a short (4-aminobutyric acid) or long (7-aminoheptanoic acid) spacer resulted in analogues with greater than 2-fold reduction in potency. The nanomolar potency of Met-enkephalin and these analogues in the 6 Hz test is noteworthy given that some marketed antiepileptic drugs lose their efficacy in this model of pharmacoresis-

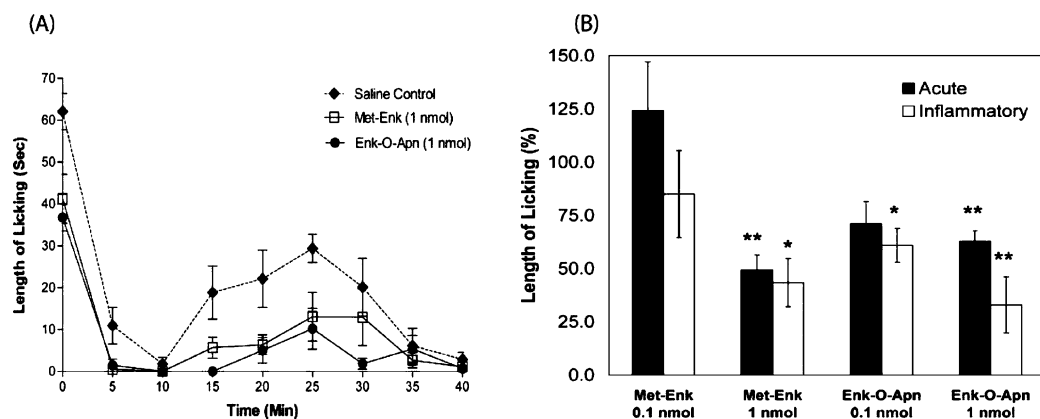
tant epilepsy (45, 46). Moreover, Met-enkephalin (2 nmol) produced minimal rotarod impairment: 3 of 8 mice displayed impaired rotarod performance. In contrast, Enk-O-Apn produced no rotarod impairment, even at the highest dose evaluated (4 nmol). Rotarod performance was measured by placing individual mice on a knurled rotating rod (2.5 cm diameter, 6 rpm). At each concentration tested, eight mice were dosed with the analogue (icv) and examined for minimal motor deficits on the rotarod device 30 min later.

To test whether the anticonvulsant actions of Met-enkephalin and Enk-O-Apn were mediated *via* the opioid signaling pathways, we examined their activities in the presence of either naloxone (non-selective opioid receptor antagonist) or naloxonazine ( $\mu$ OR-selective antagonist). The anticonvulsant activity of both Met-enkephalin and Enk-O-Apn was *not* reversed by systemically administered naloxone (Table 3). Mice were treated with 5 mg  $\text{kg}^{-1}$  of naloxone or 0.9% saline intraperitoneal (ip). At the time of peak effect (TPE) of naloxone (30 min), they were treated with Met-enkephalin or Enk-O-Apn (2 nmol, 5  $\mu\text{L}$ , icv). Thirty minutes later, animals were challenged with corneal stimulation (6 Hz, 32 mA, 3 s). In the saline-treated group, 4 out of 8 mice were protected by Met-enkephalin or Enk-O-Apn. In the naloxone-treated group, 5 out of 8 mice

**TABLE 3. Reversal of anticonvulsant activity of Met-enkephalin and Enk-O-Apn<sup>a</sup>**

Treatment	Percent of protected mice	
	Met-enk	Enk-O-Apn
Saline	50	50
Naloxone	63	50
Naloxonazine	75	75

<sup>a</sup>Mice were pretreated with saline, naloxone, or naloxonazine. At the TPE of each antagonist, mice received either Met-enkephalin or Enk-O-Apn (2 nmol, 5  $\mu\text{L}$ , icv). Thirty minutes later, mice were challenged with corneal stimulation (6 Hz, 32 mA, 3 s). The percent of protected mice in each experimental group (from a total of  $n = 8$ ) is reported.

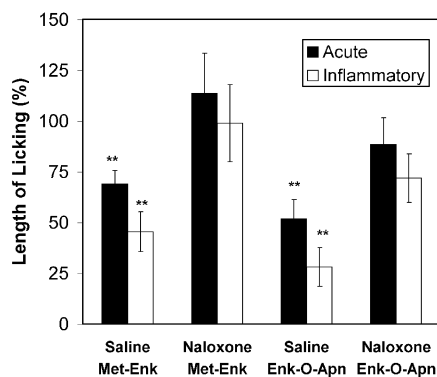


**Figure 4.** Time–response (A) and dose–response (B) for formalin-induced hyperalgesia. Fifteen minutes after icv administration of either Met-enkephalin or Enk-O-Apn, formalin was injected into the plantar region of one hind paw. A) Results are expressed as the length of licking for both the phase I (acute) and the phase II (inflammatory) responses. Both Met-enkephalin (1 nmol) and Enk-O-Apn (1 nmol) produced a marked reduction in the phase II response. A reduction in the phase I response was also noted for both compounds. B) Results are expressed as a percentage of that observed in the untreated control animals. Both Met-enkephalin and Enk-O-Apn displayed a dose-dependent reduction in the phase II response. The phase II response to Met-enkephalin was decreased as the dose was increased from 0.1 to 1 nmol ( $85.0 \pm 20.4\%$  to  $43.4 \pm 11.4\%$ ,  $p < 0.05$ ). Similarly, the phase II response to Enk-O-Apn was decreased ( $60.9 \pm 7.9\%$ ,  $p < 0.01$  to  $32.9 \pm 13.2\%$ ,  $p < 0.05$ ). Met-enkephalin was also effective in reducing the phase I response in a dose-dependent manner ( $124.0 \pm 23.0\%$  to  $49.3 \pm 7.0\%$ ,  $p < 0.01$ ), whereas Enk-O-Apn did not exert any significant effect ( $71.0 \pm 10.4\%$  to  $62.8 \pm 5.0\%$ ,  $p < 0.01$ ).

were protected by Met-enkephalin, whereas 4 out of 8 mice were protected by Enk-O-Apn. Similarly, naloxonazine administration ( $35 \text{ mg kg}^{-1}$ , subcutaneous (sc)) did not reverse the anticonvulsant activity of Met-enkephalin and Enk-O-Apn (Table 3). At the TPE of naloxonazine (24 h), mice were treated with either Met-enkephalin or Enk-O-Apn. Thirty minutes later, animals were challenged with corneal stimulation. In the saline-treated group, 4 out of 8 mice were protected by Met-enkephalin or Enk-O-Apn. In the naloxonazine-treated group, 6 out of 8 mice were protected by Met-enkephalin or Enk-O-Apn. These reversal experiments strongly suggest that Met-enkephalin exerts its anticonvulsant action *via* a non-opioid mechanism of action. To this point, it is worth emphasizing the discrepancy between their high *in vivo* potency and their low affinity at the opioid receptor. This, coupled with the inability of both antagonists (naloxone and naloxonazine) to reverse the anticonvulsant action of the analogues, suggests an alternative signaling pathway for both Met-enkephalin and Enk-O-Apn. Obviously, the anticonvulsant action of these two opioid analogues could be mediated by off-target activity through a yet undefined mechanism. However, it is important to note

that the analgesic effects of both Met-enkephalin and Enk-O-Apn are completely reversed by naloxone (see below).

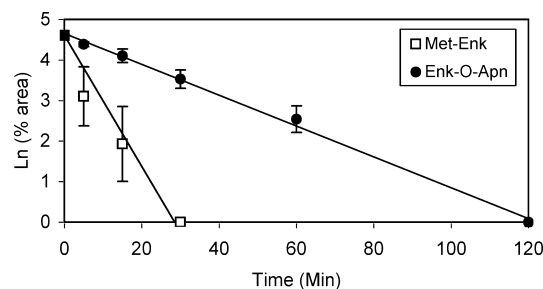
**Antinociceptive Assay.** The analgesic activity of Met-enkephalin and Enk-O-Apn was tested in the mouse formalin test. When injected into one of the hind-paws, formalin produces allodynia and inflammation. For this test, vehicle (0.9% saline) or one of the peptide analogues was administered in a total volume of  $5 \mu\text{L}$ , 15 min prior to being challenged with an intraplantar injection of 5% formalin. The injection of formalin induces a characteristic biphasic licking response that can be reduced by analgesic compounds. As summarized in Figure 4, panel A, 1 nmol of Met-enkephalin reduced the phase I (acute) response to  $49.3 \pm 7.0\%$  ( $p < 0.01$ ) of control. In addition, the phase II (inflammatory) response was reduced to  $43.4 \pm 11.4\%$  ( $p < 0.05$ ) of control. For the same dose of Enk-O-Apn, the phase I response was reduced to  $62.8 \pm 5.0\%$  ( $p < 0.01$ ), whereas phase II response was reduced to  $32.9 \pm 13.2\%$  ( $p < 0.01$ ). As shown in Figure 4, panel B, both compounds displayed a dose-dependent reduction in the phase II response. The phase II response to Met-enkephalin was decreased from  $85.0 \pm 20.4\%$  to  $43.4$



**Figure 5.** Reversal of analgesic activity by naloxone. Mice were pretreated with 5 mg kg<sup>-1</sup> of naloxone or saline (ip) 30 min prior to Met-enkephalin or Enk-O-Apn (2 nmol, 5  $\mu$ L, icv). Naloxone treatment reversed the analgesic efficacy of both Met-enkephalin and Enk-O-Apn. The phase I response to Met-enkephalin was reversed by naloxone treatment (69.0  $\pm$  6.7% to 113.8  $\pm$  19.8%,  $p$  < 0.01), and the phase II response was also reversed (45.5  $\pm$  9.8% to 99.0  $\pm$  18.9%,  $p$  < 0.01). Similarly, the phase I response to Enk-O-Apn was reversed by naloxone treatment (51.8  $\pm$  13.2% to 88.4  $\pm$  13.2%,  $p$  < 0.01), and the phase II response was also reversed (28.1  $\pm$  9.5% to 71.9  $\pm$  12.1%,  $p$  < 0.01).

$\pm$  11.4% ( $p$  < 0.05) as the concentration was increased from 0.1 to 1 nmol, whereas the phase II response to Enk-O-Apn decreased from 60.9  $\pm$  7.9% ( $p$  < 0.05) to 32.9  $\pm$  13.2% ( $p$  < 0.01). In the phase I response, Met-enkephalin was also effective in a dose-dependent manner (from 124.0  $\pm$  23.0% to 49.3  $\pm$  7.0%,  $p$  < 0.01). In contrast, Enk-O-Apn did not significantly decrease the phase I response as the dose was increased (71.0  $\pm$  10.4% to 62.8  $\pm$  5.0%,  $p$  < 0.01). It is also noteworthy to mention that Met-enkephalin was equally efficacious when delivered systemically. At a dose of 4 mg kg<sup>-1</sup>, Met-enkephalin produced a significant reduction in both phase I (64.3  $\pm$  6.4%,  $p$  < 0.05) and phase II (29.6  $\pm$  7.0%,  $p$  < 0.01) responses 15 min after ip administration (results not shown). Similarly, at the same dose, Enk-O-Apn also produced a significant reduction in both phase I (67.5  $\pm$  3.6%,  $p$  < 0.05) and phase II (30.9  $\pm$  16.9%,  $p$  < 0.01) responses (results not shown).

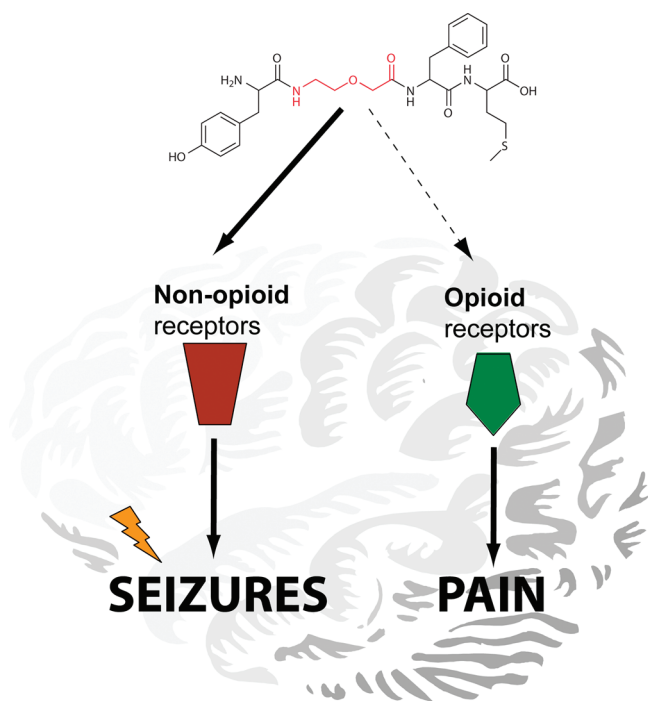
In contrast to the anticonvulsant activity, the antinociceptive activity of Met-enkephalin and Enk-O-Apn was reversed by naloxone (non-selective opioid receptor antagonist) (Figure 5). Following the administration of 5 mg kg<sup>-1</sup> naloxone (ip), the phase I response to Met-



**Figure 6.** Comparison of the metabolic stability of Met-enkephalin ( $\square$ ) and Enk-O-Apn ( $\bullet$ ). Incubation of peptides was carried out in 20% rat serum at 37  $^{\circ}$ C for varying duration of time. The concentration of each peptide was determined by RP-HPLC. The calculated half-life for Met-enkephalin and Enk-O-Apn was determined to be 4.3 and 18.6 min, respectively.

enkephalin was reversed to 113.8  $\pm$  19.8% (as compared to 69.0  $\pm$  6.7%,  $p$  < 0.01 for the saline/Met-enkephalin treatment group); in addition, the phase II response was reversed to 99.0  $\pm$  18.9% (as compared to 45.5  $\pm$  9.8%,  $p$  < 0.01 for the saline/Met-enkephalin treatment group). With the same dose of naloxone (ip), the phase I response to Enk-O-Apn was reversed to 88.4  $\pm$  13.2%, (as compared to 51.8  $\pm$  13.2%,  $p$  < 0.01 for the saline/Enk-O-Apn treatment group). The phase II response was reversed to 71.9  $\pm$  12.1% (as compared to 28.1  $\pm$  9.5%,  $p$  < 0.01 for the saline/Enk-O-Apn treatment group). Meanwhile, the antinociceptive activity of Met-enkephalin and Enk-O-Apn was not reversed by naloxonazine ( $\mu$ OR-selective antagonist). Following the administration of 35 mg kg<sup>-1</sup> naloxonazine (sc), the phase I response to Met-enkephalin was 66.9  $\pm$  7.4%,  $p$  < 0.05 (as compared to 48.5  $\pm$  6.6%,  $p$  < 0.01 for the saline/Met-enkephalin treatment group). The phase II response was 9.5  $\pm$  5.2%,  $p$  < 0.01 (as compared to 41.5  $\pm$  12.7%,  $p$  < 0.01 for the saline/Met-enkephalin treatment group). With the same dose of naloxonazine (sc), the phase I response to Enk-O-Apn was 48.1  $\pm$  8.5%,  $p$  < 0.01 (as compared to 31.1  $\pm$  6.1%,  $p$  < 0.01 for the saline/Enk-O-Apn treatment group). The phase II response was 4.6  $\pm$  2.5%,  $p$  < 0.01 (as compared to 11.8  $\pm$  4.4%,  $p$  < 0.01 for the saline/Enk-O-Apn treatment group). Our results from these reversal experiments suggest that the analgesic activity of Met-enkephalin and Enk-O-Apn are not due to  $\mu$ OR activation but due to  $\delta$ OR activation. Although the analgesic activity of Met-enkephalin could simply be accounted for by the direct agonist activity, we cannot rule out a





**Figure 7.** Proposed mechanism for controlling seizures in the brain by Met-enkephalin and its analogues containing selected backbone spacers. Endogenous Met-enkephalin controls pain sensation *via* opioid receptors; however, on the basis of the lack of reversal by either naloxone or naloxonazine, its anticonvulsant effects are likely mediated by non-opioid receptors. The Enk-O-Apn shown here can still control seizures and pain, despite losing activity at opioid receptors (in particular  $\delta$ OR, but also  $\mu$ OR). The potent antiepileptic activity of Enk-O-Apn was not reversed by non-selective or  $\mu$ OR-selective antagonists of opioid receptors, revealing an alternative, non-opioid signaling pathway in the brain that can suppress seizures.

possibility that Enk-O-Apn might produce analgesia by modulating the release of endogenous opioid peptides (that also contribute to the antinociception as reported elsewhere (47, 48)).

**Metabolic Stability.** Since the dramatic differences observed between the *in vitro* and *in vivo* potencies of the analogues could be accounted for by a significant increase in metabolic stability, we compared the half-life of Met-enkephalin and Enk-O-Apn in a serum stability assay. Both peptides were incubated in 20% rat serum at 37 °C, and the amount of remaining intact peptide was quantified by RP-HPLC. As shown in Figure 6, the metabolic stability of Enk-O-Apn was improved ( $t_{1/2}$  = 18.6 min) as compared to Met-enkephalin ( $t_{1/2}$  = 4.3 min). However, this several-fold increase in the meta-

bolic stability could not explain the discrepancies between the receptor binding affinity and the *in vivo* potency, as previously suggested (28). The increased metabolic stability of Enk-O-Apn does, however, suggest that this analogue may be less susceptible to degradation by aminopeptidases or enkephalinase, a zinc metalloproteinase that cleaves a variety of bioactive peptides (49, 50).

**Role of a Peptide Bond in the Peptide–Receptor Interactions.** Functional differences between Met-enkephalin and Enk-O-Apn indicate a significant role of a peptide bond in the interactions between Met-enkephalin and opioid receptors. As shown in Table 2, the removal of a single peptide bond between otherwise flexible Gly2-Gly3 residues in Met-enkephalin resulted in a 4 orders of magnitude decrease in binding affinity, corresponding to an approximately 5.6 kcal mol<sup>-1</sup> decrease in the binding energy. Our finding is in agreement with the previously described Leu-enkephalin analogue in which the amide linkages between Gly2-Gly3 were replaced by ketomethylene groups (Table 2). The authors noted that such a dramatic decrease in the affinity toward the opioid receptors was in conflict with an earlier proposed model of interactions between opioid peptides and their receptors (51). Our molecular modeling indicated the presence of hydrogen bonding interactions between the Gly2-Gly3 motif and several residues in  $\delta$ OR, including T101, D128 and Y308, suggesting that these interactions might be critical for the proper signaling of Met-enkephalin *via*  $\delta$ OR. Clearly more mutagenesis studies are necessary to verify this prediction.

**Significance.** Characterization of Met-enkephalin analogues containing backbone spacers resulted in two unexpected new findings. First, a single peptide bond between two Gly residues is a critical determinant of the interactions between opioid peptides and their receptors mediated *via* a hydrogen bonding network. The backbone spacers may therefore provide useful tools for probing interactions between ligand-binding pockets in GPCRs and their interactions with agonists

and/or antagonists. For example, ligand libraries were recently used to probe differences in the shape of the hydrophobic binding pocket in GPCRs (52). Furthermore, the activation of GPCRs triggers conformational rearrangements of transmembrane domains (53), previously described for  $\mu$ ORs (54). To learn how GPCRs mediate signal transmission will require structural studies of the receptors in the free and ligand-bound states (31, 55), as well as a repertoire of unique, yet related, agonists and/or antagonists that differentially modulate receptor function. We trust that the enkephalin analogues containing backbone spacers will contribute to a better understanding of how the opioid receptors recognize their endogenous agonists.

Second, our results reveal a novel mechanism of seizure control in the brain that may involve interactions between opioid peptides and non-opioid receptors. Such cross-talk of neuroactive peptides and their receptors has a precedence, since dynorphin A can directly interact with bradykinin receptors in the spinal cord and mediate pronociceptive effects (56, 57). The resulting hyperalgesia could be reversed by selective bradykinin receptor antagonists, suggesting that this peptide-receptor cross-talk is of physiological significance. Our

data suggest that opioid peptides may control seizures in the brain *via* cross-talk to non-opioid receptors; this is further illustrated in Figure 7. The endogenous Met-enkephalin can modulate both pain and seizures in the brain (indeed, there is a substantial up-regulation of enkephalin levels following seizures). Enk-O-Apn could fully suppress seizures in the brain, however, these anticonvulsant effects were not reversed by opioid antagonists. Other peptidergic systems that control seizures in the brain are apparent candidates as cross-talk partners for opioid peptides, including galanin (44), neurotensin (58), somatostatin, or NPY receptors (59); however, we can not exclude effects at orphan GPCRs. We hope that this work will trigger more neuropharmacological studies to dissect the mechanism of seizure control by endogenous Met-enkephalin and backbone-spacer containing analogues.

In summary, the Met-enkephalin analogues containing backbone spacers described herein provide useful lead compounds to decipher the interactions between peptidergic systems in the brain that control seizures. Our work further emphasizes the usefulness of backbone prosthesis in generating novel structural and functional properties in bioactive peptides.

## METHODS

**Chemical Synthesis.** Peptide analogues were synthesized on amide methylbenzhydrylamine (MBHA) resin using Fmoc chemistry. For coupling of backbone spacers, the following derivatives were used: Fmoc-amino-3-oxapentanoic acid, Fmoc-aminobutyric acid, Fmoc-aminopentanoic acid, Fmoc-aminohexanoic acid, and Fmoc-aminoheptanoic acid. Peptides were purified by RP-HPLC using a semipreparative  $C_{18}$  Vydac column (218TP510) in a linear gradient (5–40%) of Buffer B (90% acetonitrile in 0.1% trifluoroacetic acid). The molecular weight of the analogues was confirmed by MALDI-TOF mass spectrometry.

**Molecular Modeling.** Met-enkephalin and its analogues were subjected to MD simulation using the GROMACS (v 3.3.1) package of programs (60). Initial coordinates for Met-enkephalin were taken from the NMR-derived structure (61). Backbone-spacer derivatives were built into this model using InsightII (Accelrys Inc.). MD simulations were performed using the OPLS-aa force field (62); amino terminus and carboxyl terminus were assumed to be in their ionized form. Each molecule was placed in a  $30 \times 30 \times 30 \text{ \AA}^3$  water box with no pressure coupling. Met-enkephalin and water were coupled separately to a thermal bath at 300 K using a Berendsen thermostat (63) applied with a coupling time of 0.1 ps. All simulations were performed with a single non-bonded cutoff of 10  $\text{\AA}$ , applying a neighbor-list update frequency of 10 steps (20 fs). The particle-mesh Ewald method was used to account for long-range electrostatics, applying a grid width of 1.2  $\text{\AA}$ , and a fourth-order spline interpolation. Bond lengths were constrained using the LINCS algorithm

(64). All simulations consisted of an initial minimization of water molecules followed by 100 ps of MD with the Met-enkephalin fixed. Following positional restraints MD, the restraints on the Met-enkephalin were removed and MD was continued for a further 100 ns. Coordinates were archived every 200 ps along the MD trajectory.

Models of  $\delta$ OR were constructed using the recently determined structure of the  $\beta_2$  adrenergic GPCR (55) as a template using the MODELLER program (65). Complexes of Met-enkephalin with  $\delta$ OR were modeled using the ZDOCK program (66); docking was restricted to the central core of the receptor to exclude binding to the receptor exterior. One hundred models of the ligand, archived from the MD simulation, were docked to each of 25 models of the receptor. The top  $2 \times 10^3$  scoring predictions from each combination were then refined using the RDOCK program (67). From the  $5 \times 10^6$  resulting RDOCK energies, the top 100 ranking configurations were subjected to further MD refinement using the CHARMM package (68); high-temperature conformational sampling was achieved by initial heating and equilibration at 600 K, followed by constant temperature MD (500 ps), subsequent quenched MD, and minimization. The interaction energy between ligand and receptor was evaluated from the sum of van der Waals, electrostatic and hydrogen-bond energies.

**Receptor Binding Studies.** Competitive binding assays were performed on CHO (Chinese Hamster Ovary) cells expressing human  $\delta$ OR. Cells were plated in black costar 96-well plates at a density of 12,000 cells per well and were allowed to grow for 3 days. On the day of experiments, media was aspirated from all wells, and 50  $\mu\text{L}$  of non-labeled ligand (dilutions ranging from micromolar to picomolar) and 50  $\mu\text{L}$  of europium-labeled DPLCE

(10 nM) were added to each well. Ligands were diluted in binding buffer (Dulbecco's modified eagle's medium, 1 mM 1,10-phenanthroline, 200 mg L<sup>-1</sup> bacitracin, 0.5 mg L<sup>-1</sup> leupeptin, 0.3% BSA), and samples were prepared in quadruplicate. Cells were incubated in the presence of ligands at 37 °C and 5% CO<sub>2</sub> for 1.5 h. Following incubation, cells were washed 4 times with wash buffer (50 mM Tris-HCl pH 7.5, 0.2% BSA, 30 mM MgCl<sub>2</sub>) using SkanWasher (Molecular Devices). Enhancement solution (Perkin-Elmer) was added (100 μL per well), and the plates were incubated at 37 °C for 30 min prior to reading. The plates were read (340 nm excitation, 400 μs decay, and emission collection at 615 nm for 400 μs) on a Wallace VICTOR<sup>3</sup> instrument (Perkin-Elmer). Competition curves were analyzed with GraphPad Prism using the sigmoidal dose–response (variable slope) classical equation for non-linear regression analysis. Binding assays for μOR and κOR were performed by Novascreen. For the μOR binding assay, the recombinant human receptor was expressed in CHO cells and [<sup>3</sup>H]diprenorphine used as a radioligand. For the κOR binding assay, guinea pig cerebellar membranes were used as the receptor source and [<sup>3</sup>H]U-69593 was used as a radioligand.

**Intracellular Calcium Mobilization Assay.** This functional assay was performed by Multispan, Inc. HEK-293T cells transiently co-transfected with chimeric Gα and either δOR or μOR were plated in 96-well plates and grown to confluence. After 30 min of incubation with Fluo-3/Am, cells were washed with HBS buffer (10 mM HEPES, 150 mM NaCl, 3 mM EDTA, pH 7.4) and equilibrated for an additional 30 min. The fluorescence emission due to intracellular calcium mobilization elicited by agonists of the expressed receptor was determined with a fluorescence imaging plate reader (FLIPR, Molecular Devices Corporation). The results were analyzed using SOFTmax Pro and GraphPad Prism.

**Anticonvulsant Activity.** Analogues were tested in the 6 Hz partial psychomotor seizure model (6 Hz, 32 mA, 3 s) following *icv* administration to adult male CF-1 mice (Charles River). The TPE for each of the Met-enkephalin analogues was determined to be 30 min. Next, at the TPE (30 min), rotarod performance was evaluated. Under normal conditions, mice treated with vehicle can remain indefinitely on a rotarod rotating at 6 rpm. If a treated mouse fell off the rotarod more than 3 times in a 1 min observation period, the analogue was considered to have adversely affected rotarod performance. Immediately after the completion of the rotarod test (at each dose), individual mice were tested in the 6 Hz seizure model. Increasing doses of each analogue were evaluated in order to determine their dose–response. A minimum of four concentrations of each analogue were tested unless the behavioral side effects observed in the rotarod test precluded testing at higher concentrations. Mice were considered protected if they did not display motor seizure activity characterized by vibrissae twitching, jaw chomping, or forelimb clonus. For each dose, eight mice were used. For each analogue where a dose–response could be determined, ED<sub>50</sub> values were calculated using Probit analysis software (69). For the reversal experiments with naloxone, mice were pretreated with 5 mg kg<sup>-1</sup> naloxone or 0.9% saline (*ip*). At the TPE of naloxone (30 min), mice received either Met-enkephalin or Enk-O-Apn (2 nmol, 5 μL, *icv*). Thirty minutes later, mice were challenged with corneal stimulation (6 Hz, 32 mA, 3 s). For the reversal experiment with naloxonazine, mice were dosed with 35 mg kg<sup>-1</sup> of naloxonazine or saline (*sc*). At the TPE of naloxonazine (24 h), mice were dosed with either Met-enkephalin or Enk-O-Apn. Thirty minutes later, mice were challenged with corneal stimulation. For the statistical analysis, we employed non-parametric statistics to assess whether the number of mice protected in the 6 Hz tests was significantly different in saline-treated mice versus those which were treated with either naloxone or naloxonazine. Since no statistical difference was found between two saline-treated groups

in the two independent studies, these results were pooled to give a total  $n = 16$  animals. The results were then compared *via* one-way ANOVA with non-parametric statistics (Kruskal–Wallis test). GraphPad Prism was employed to evaluate a Dunn's posthoc analysis of the comparisons to identify statistically significant differences ( $p < 0.05$ ). However, since no significant differences were detected, no posthoc comparisons were reported. No significant difference between the anticonvulsant results or the toxicity data were observed between saline/analogue-treated group and antagonist/analogue-treated group. All animal procedures were carried out according to the protocol approved by the IUCAC Committee at the University of Utah.

**Antinociceptive Assay.** The effect of each test peptide on pain sensitivity was determined in the formalin-induced licking test. For this test, a mouse (25–30 g) was placed in an individual open plexiglass cylinder (4 in. diameter, 8 in. height). Prior to the injection of formalin, a test peptide or vehicle (0.9% saline) was administered to the individual mouse (*icv*). At the TPE of each analogue (15 min), formalin was injected into the ipsilateral paw *via* intraplantar injection (5% formalin, 10 μL). Mice (two at a time) were observed for 45 min, and the paw-licking time was determined for the first 2 min of every 5 min interval. The behavioral outcome of the formalin assay was characterized by a biphasic response where the phase I (acute) of the licking response was quantified within the first 10 min and the phase II (inflammatory) response is quantified between 10–40 min. The area under the curve (AUC) for each phase was calculated, and the results were compared to the AUCs for each phase of the saline-treated group. For each dose, eight mice were used. Using GraphPad Prism, the average percentage for both the analogue-treated group and the saline-treated group were calculated, and then tested for significant differences *via* unpaired *t* test. Results were considered significantly different from saline-treated group if the *p*-value was  $< 0.05$ . When statistical significance was detected, the *p*-values were reported. For the reversal experiment with naloxone, mice were dosed with 5 mg kg<sup>-1</sup> of naloxone or saline (*ip*). At the TPE of naloxone (30 min), a test peptide or vehicle was administered to the individual mouse (*icv*). Fifteen minutes later, formalin was injected into the ipsilateral paw *via* intraplantar injection. Mice (two at a time) were observed for 45 min. For the reversal experiment with naloxonazine, mice were dosed with 35 mg kg<sup>-1</sup> of naloxonazine or saline (*sc*). At the TPE of naloxonazine (24 h), a test peptide or vehicle was administered to the individual mouse (*icv*). Fifteen minutes later, formalin was injected into the ipsilateral paw *via* intraplantar injection. Mice (two at a time) were observed for 45 min.

**Metabolic Stability.** The stability of the analogues in 20% rat serum was measured at 37 °C. Triplicate samples were assayed at a concentration of 0.25 μg μL<sup>-1</sup>. At 0, 5, 15, 30, 60, and 120 min, 200 μL of the reaction mixture was removed and added to 100 μL of TCA mix (15% trichloroacetic acid, 40% isopropanol) to precipitate serum proteins. After 15 min of incubation at –20 °C, the precipitate was spun down, and the supernatant was analyzed by RP-HPLC. Aliquots of the samples were injected, and the amount of remaining intact analogue was determined by integration of the RP-HPLC peaks recovered at 210 nm.

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**Supporting Information Available:** This material is available free of charge via the Internet at <http://pubs.acs.org>.

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