## Interaction between histamine H<sub>2</sub>-receptor antagonists and the hypotensive effects of clonidine in rats

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Clonidine is a potent centrally acting antihypertensive agent, the major action of which has been considered to be due to central  $\alpha$ -adrenoceptor stimulation (Schmitt, Schmitt & Fenard, 1973). Recently, however, hypotension elicited by peripheral administration of clonidine to rats has been reported to be antagonized by central administration of the histamine H2-receptor antagonist, metiamide, (Karppannen, Paakkari, Huotari & Orma, 1976; Paakkari, Paakkari & Karppannen, 1976) thus suggesting a possible central involvement of histamine receptors with the hypotensive effects of clonidine. Furthermore, clonidine appears to stimulate histamine H<sub>2</sub>-receptors in the heart in vitro (Csongrady & Kobinger, 1974) and to stimulate cAMP accumulation in rat brain slices by interaction with histamine H<sub>2</sub>-receptors (Audigier, Virion & Schwartz, 1976). In conscious cats however, metiamide failed to antagonize hypotension after central administration of clonidine (Finch & Hicks, 1976). The present study reports further findings on the interaction between clonidine and the histamine H<sub>2</sub>-receptor antagonists metiamide and cimetidine.

Rats were anaesthetized with urethane (1.25 g/kg i.p.). The trachea was cannulated and arterial blood pressure measured. Drugs were injected into lateral brain ventricles (i.c.v.) or via an intravenous catheter.

Intravenous administration of clonidine (30 µg/kg) caused a fall in mean blood pressure. In one group, clonidine lowered blood pressure by  $46.3 \pm 6.9$  mm Hg (mean  $\pm$  s.e. mean, n=8) in rats pretreated with saline i.c.v. but only 14.8 ± 4.5 mm Hg in rats pretreated with metamide (400 µg i.c.v.); metiamide (800 µg) abolished the responses to clonidine. Metiamide reduced but did not abolish the bradycardia due to clonidine. Cimetidine, although less effective than metiamide, also antagonized the hypotensive response to clonidine.

Treatment with either H<sub>2</sub>-receptor antagonist i.c.v. 15-30 min after clonidine (30 µg/kg) produced a rapid reversal of the hypotensive response to clonidine although this was not well sustained. The smallest effective dose of metiamide was 50 µg and total reversal was achieved by all doses of either antagonist in excess of  $100 \mu g$  (n=6 per group). In contrast, metiamide (400 µg) given intravenously did not reverse clonidine hypotension.

Administration of either metiamide or cimetidine, (400 and 800 µg i.c.v.) alone caused dose-dependent increases in blood pressure with variable effects on heart rate. Although the antagonists alone increase blood pressure when given in large doses i.c.v. this is unlikely to account for their ability to prevent clonidine-induced hypotension when administered as pretreatments or to reverse the response when administered in lower doses after clonidine.

These results confirm an interaction between clonidine and centrally administered histamine H<sub>2</sub>receptor antagonists. However, centrally mediated hypotensive responses to histamine have yet to be demonstrated (Finch & Hicks, 1976) suggesting that it may be premature to implicate histamine H<sub>2</sub>-receptors in the hypotensive response to clonidine. An interaction between clonidine and cimetidine is not of clinical significance, since autoradiography has indicated that cimetidine does not penetrate the blood brain barrier (Cross, 1976) and no interaction has been observed between clonidine and the histamine H<sub>2</sub>-receptor antagonists when these are given systematically.

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