

**Mechanisms of action of the anticoagulants warfarin, 2-chloro-3-phytylnaphthoquinone (Cl-K), acenocoumarol, brodifacoum and difenacoum in the rabbit**

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Vitamin K<sub>1</sub> is essential for normal blood coagulation as a co-factor in the postribosomal synthesis of clotting factors II (prothrombin), VII, IX, and X. The vitamin K<sub>1</sub> dependent step in clotting factor synthesis involves the  $\gamma$ -carboxylation of glutamic acid residues in clotting factor 'precursors' during which vitamin K<sub>1</sub> is converted to vitamin K<sub>1</sub> epoxide by vitamin K<sub>1</sub> epoxidase. For the continued synthesis of clotting factors vitamin K<sub>1</sub> must be regenerated from the biologically inactive epoxide by vitamin K<sub>1</sub> epoxide reductase (Esnouf, 1977). Apart from studies of warfarin in man (Shearer, McBurney, Breckenridge & Barkhan, 1977), previous studies on the mechanism of anticoagulants which act by interfering with the vitamin K<sub>1</sub>-epoxide cycle have been carried out in the rat (Willingham, Laliberte, Bell & Matschiner, 1976). We have studied the relationship between vitamin K<sub>1</sub> metabolism and prothrombin complex activity (PCA) in the rabbit, thus allowing their temporal relationship to be studied in the same individual animal.

After a single dose of anticoagulant the metabolism of [<sup>3</sup>H]-vitamin K<sub>1</sub> was studied by reversed-phase chromatographic analysis of blood samples taken hourly for 6 h after a 10  $\mu$ Ci dose. PCA was measured at 4 hourly intervals using a one-stage prothrombin time method.

Warfarin and Cl-K are thought to act by inhibiting the vitamin K<sub>1</sub>-epoxide cycle at the reductase and epoxidase steps respectively (Willingham *et al.*, 1976).

Warfarin did not affect the plasma elimination of [<sup>3</sup>H]-vitamin K<sub>1</sub> but did cause an accumulation of [<sup>3</sup>H]-vitamin K<sub>1</sub> epoxide resulting in a significant increase in the maximum [<sup>3</sup>H]-vitamin K<sub>1</sub> epoxide: [<sup>3</sup>H]-vitamin K<sub>1</sub> ratio in plasma to  $1.29 \pm 0.21$  compared with controls,  $0.44 \pm 0.09$ . In contrast Cl-K decreased the maximum ratio of [<sup>3</sup>H]-vitamin K<sub>1</sub> epoxide: [<sup>3</sup>H]-vitamin K<sub>1</sub> in plasma to  $0.13 \pm 0.04$ , in keeping with the hypothesis that it is a direct antagonist of vitamin K<sub>1</sub> epoxidase (Willingham *et al.*, 1976). To test further the relationship between the epoxidase and the reductase in the vitamin K<sub>1</sub>-epoxide cycle warfarin and Cl-K were administered together. A dose of Cl-K which reduced PCA to <5%, inhibited the accumulation of vitamin K<sub>1</sub> epoxide normally produced by warfarin.

In our system, we have studied the effects of acenocoumarol and two novel anticoagulants, brodifacoum and difenacoum which are more potent than warfarin and are effective in warfarin-resistant rats (Hadler & Shadbolt, 1975). With all 3 drugs the plasma half-life of disappearance of [<sup>3</sup>H]-vitamin K<sub>1</sub> from plasma was similar to that seen with control animals while the mean half-lives of degradation of PCA were similar to the mean half-life obtained with warfarin. All three drugs caused a significant ( $P < 0.01$ ) increase in the plasma [<sup>3</sup>H]-vitamin K<sub>1</sub> epoxide: [<sup>3</sup>H]-vitamin K<sub>1</sub> ratio indicating that they block clotting factor synthesis by inhibiting vitamin K<sub>1</sub> epoxide reductase.

#### References

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