

# Affinity of the Miotic Drug, Dapiprazole, at $\alpha_1$ -Adrenoceptor Subtypes A, B and D

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## Abstract

The functional affinities of the  $\alpha_1$ -adrenoceptor antagonist, dapiprazole, currently being used to reverse diagnostic pupillary dilation, were determined at subtype A in rat vas deferens, at subtype B in guinea-pig spleen and at subtype D in rat aorta and compared with various  $\alpha_1$ -adrenoceptor subtype-discriminating antagonists.

Dapiprazole had relatively high affinity both at rat vas deferens  $\alpha_{1A}$ -adrenoceptors ( $pA_2 = 7.93$ ) and at aortic  $\alpha_{1D}$ -adrenoceptors ( $pA_2 = 8.26$ ), whereas its affinity at guinea-pig splenic  $\alpha_{1B}$ -adrenoceptors ( $pA_2 = 7.13$ ) was lower. The reference antagonists, 5-methylurapidil and the 5-methylurapidil/flesinoxan hybrid, B8805-033 (( $\pm$ )-1,3,5-trimethyl-6[[3[4(2,3-dihydro-2-hydroxymethyl)-1,4-benzodioxin-5-yl]-1-piperazinyl]propyl]-amino]2,4(1*H*,3*H*)-pyrimidinedione), were 40- and 1500-fold selective for the A subtype, whereas spiperone and BMY 7378 (8-[2-[4-(2-methoxyphenyl)-1-piperazinyl]ethyl]-8-azaspiro[4.5]decane-7,9-dione diHCl) were confirmed as selective for the B and D subtypes of  $\alpha_1$ -adrenoceptors, respectively.

Thus, in functional experiments dapiprazole seems to be moderately selective (approximately 10-fold) for the A and D over the B subtype of  $\alpha_1$ -adrenoceptors; the possible therapeutic consequence of this is discussed.

$\alpha_1$ -Adrenoceptors comprise a heterogeneous family (Minne-  
man & Esbenshade 1994). Molecular biological techniques  
have provided evidence for the existence of at least three genes  
encoding  $\alpha_{1a}$ -,  $\alpha_{1b}$ - and  $\alpha_{1d}$ -adrenoceptors (with lowercase  
letters) that are expressed in distinct parts of the brain and body  
(for recent reviews, see Bylund et al 1994; Hieble et al 1995)  
and that correspond to the pharmacologically defined native  
 $\alpha_{1A}$ -,  $\alpha_{1B}$ - and  $\alpha_{1D}$ -adrenoceptors (with uppercase letters)  
(Morrow & Creese 1986; Han et al 1987; Cotecchia et al 1988;  
Lomasney et al 1991; Schwinn et al 1991; Forray et al 1994).  
Each of these subtypes has been observed to have a distinct  
expression pattern in various tissues in man (Weinberg et al  
1994; Faure et al 1995).

Dapiprazole (3-[2-[4-(2-methylphenyl)-1-piperazinyl]ethyl]-  
5,6,7,8-tetrahydro-1,2,4-triazolo-[4,3-a]pyridine HCl; Fig. 1),  
currently being used as eye-drops to reverse the diagnostic  
mydriasis produced by the  $\alpha_1$ -adrenergic agent, phenylephrine,  
or the antimuscarinic drug, tropicamide, is thought to initiate  
this effect by  $\alpha_1$ -adrenoceptor blockade (Doughty & Lyle  
1992). Functional and binding studies have demonstrated that  
dapiprazole, in the concentration range  $10^{-8}$  to  $10^{-7}$  M,  
inhibits noradrenaline-evoked contraction of rat vas deferens  
(Lisciani et al 1982) and binds to  $\alpha_1$ -adrenoceptors in rabbit iris  
(Valeri et al 1986) and various brain regions of the rat (Valeri  
et al 1988), however, studies exploring its affinity for the  
subtypes A, B and D of  $\alpha_1$ -adrenoceptors are lacking. This  
might be of particular importance, because the hypothesis had  
been advanced (Alessandri et al 1992) of a heterogeneous  
population of at least two different  $\alpha_1$ -adrenoceptors located in  
the iris dilator muscle in man, one being activated by endo-  
genous noradrenaline and the other by phenylephrine, and  
which differ in their sensitivity to  $Ca^{2+}$  entry blockade.  
Although characterization of these subtypes and their functions  
still awaits elucidation, recent in-vitro data suggest that the  
relevant  $\alpha_1$ -adrenoceptor mediating phenylephrine-induced

contraction of the iris dilator muscle in man has similarity to  
the subtype L (Ishikawa et al 1996), which is distinct from the  
commonly known subtypes A, B and D (Muramatsu et al  
1990a). Therefore, the ability of agents such as dapiprazole to  
initiate the reversal of mydriasis by blockade of  $\alpha_1$ -adreno-  
ceptors raises the question of their possible selectivity for  
existing  $\alpha_1$ -adrenoceptor subtypes.

The aim of this study was to determine the functional affi-  
nity of dapiprazole at different  $\alpha_1$ -adrenoceptors by using rat  
vas deferens for subtype A (Han et al 1987; Eltze & Boer  
1992; Ford et al 1994), spleen from guinea-pig for subtype B  
(Eltze 1994) and rat thoracic aorta for subtype D (Kenny et al  
1995; Testa et al 1995; Eltze 1996). Antagonists which are  
selective for the A subtype of  $\alpha_1$ -adrenoceptor, rather than the  
B and D subtypes, namely 5-methylurapidil (Gross et al 1988)  
and its newly developed flesinoxan hybrid, B8805-033 (Eltze et  
al 1996), as well as spiperone (Michel et al 1989) and BMY  
7378 (Goetz et al 1995) known to be selective for  $\alpha_{1B}$ - and  
 $\alpha_{1D}$ -adrenoceptors, respectively, were used for comparison.  
Affinities of the reference antagonists at  $\alpha_1$ -adrenoceptor sub-  
types in these tissues have previously been published (Eltze &  
Boer 1992; Eltze 1994, 1996; Eltze et al 1996).

## Materials and Methods

### Drugs

Dapiprazole HCl (extracted from the lyophilized powder of  
Remydrial) was from Winzer (Germany). 5-Methylurapidil,  
B8805-033 (( $\pm$ )-1,3,5-trimethyl-6[[3[4(2,3-dihydro-2-hy-  
droxymethyl)-1,4-benzodioxin-5-yl]-1-piperazinyl]propyl]-  
amino]-2,4(1*H*,3*H*)-pyrimidinedione) was from Byk Gulden.  
Spiperone HCl, prazosin HCl, and BMY 7378 (8-[2-[4-(2-  
methoxyphenyl)-1-piperazinyl]ethyl]-8-azaspiro[4.5]decane-  
7,9-dione diHCl) were from RBI (Cologne, Germany). All other  
drugs were purchased from Sigma (Munich, Germany).

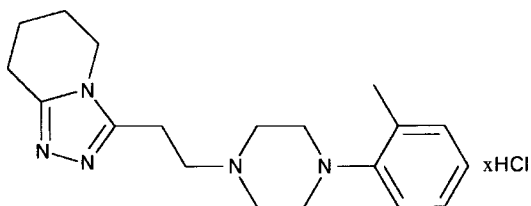


FIG. 1. The chemical structure of dapiprazole.

#### Affinity of antagonists at $\alpha_{1A}$ -adrenoceptors in rat vas deferens

Experiments with cumulatively added noradrenaline ( $10^{-7}$ – $3 \times 10^{-5}$  M in 0.5-log increments) as the agonist to evoke isotonic contractions of rat prostatic vas deferens segments in the absence and presence (20-min equilibration) of antagonists for calculation of antagonist affinities ( $pA_2$  values) were performed as described in detail elsewhere (Eltze & Boer 1992).

#### Affinity of antagonists at $\alpha_{1B}$ -adrenoceptors in guinea-pig spleen

Isometric contractions of guinea-pig isolated splenic strips evoked by cumulative administration of noradrenaline ( $10^{-7}$ – $3 \times 10^{-5}$  M in 0.5-log increments) in the absence and presence (30 min equilibration) of test drug for determination of antagonist affinity ( $pA_2$  value) at  $\alpha_{1B}$ -adrenoceptors were performed as previously described (Eltze 1994).

#### Affinity of antagonists at $\alpha_{1D}$ -adrenoceptors in rat thoracic aorta

Isometric contractions in response to cumulatively added noradrenaline ( $10^{-8}$ – $3 \times 10^{-6}$  M in 0.5-log increments) in the absence and presence of antagonists (30 min equilibration) on the rat isolated thoracic aorta were performed as previously described (Eltze & Boer 1992).

#### Antagonist affinities

At least four agonist concentration–response curves were recorded until contraction of the tissues was reproducible. The antagonist-induced shifts were related to the final control curve and determined for each individual preparation. Schild plots were constructed to estimate the  $pA_2$  value and the slope  $\beta$  of the regression line from each experimental series, which generally comprised at least four different antagonist concentrations (Arunlakshana & Schild 1959). The  $pA_2$  values quoted in Table 1 were calculated from Schild plots in which the slopes of the regression lines were constrained to 1.00. When the slope of the Schild plot differed significantly ( $P < 0.05$ ) from unity,  $pA_2$  values determined from constrained regression lines ( $\beta = 1.00$ ) should be regarded as approximations.

## Results

#### Rat vas deferens: $\alpha_{1A}$ -adrenoceptors

Dapiprazole ( $10^{-8}$ – $10^{-7}$  M), equilibrated with the rat vas deferens for 20 min, shifted noradrenaline concentration–response curves to the right indicating mainly competitive antagonism at  $\alpha_{1A}$ -adrenoceptors in this tissue, but concomitantly reduced the maximum contraction to the agonist by 8 to 22% (Fig. 2). Concentrations of dapiprazole greater than  $10^{-7}$  M, which gradually reduced maximum contractions of

noradrenaline by more than 25% (not shown) were not used for the regression analysis. This possibly resulted from  $Ca^{2+}$  entry blockade and a non-specific smooth muscle depressant activity described for dapiprazole (Lograno et al 1987). In particular,  $Ca^{2+}$ -channel blockers preferentially inhibit noradrenaline-evoked contraction of rat vas deferens after  $\alpha_{1A}$ -adrenoceptor stimulation (Han et al 1987; Eltze & Boer 1992). The  $pA_2$  value obtained from the constrained three-point Schild plot was 7.93 ( $pA_2 = 7.91$  at a slope = 1.02, not significantly different from 1.00,  $P > 0.05$ ; Fig. 3). Affinities for the reference antagonists 5-methylurapidil, prazosin, B8805-033, spiperone and BMY 7378, previously determined in this tissue (Eltze 1994, 1996; Eltze et al 1996) are also included in Table 1.

#### Guinea-pig spleen: $\alpha_{1B}$ -adrenoceptors

In isolated splenic strips from guinea-pig dapiprazole ( $10^{-7}$ – $3 \times 10^{-6}$  M), equilibrated with the tissues for 30 min, caused parallel shifts to the right of the noradrenaline concentration–response curves and, at the highest concentration tested ( $3 \times 10^{-6}$  M), slightly reduced the maximum response to the agonist; this possibly occurred because of its known non-specific smooth muscle relaxant effect (Lograno et al 1987) (Fig. 2). The  $pA_2$  value obtained from constrained Schild plot was to

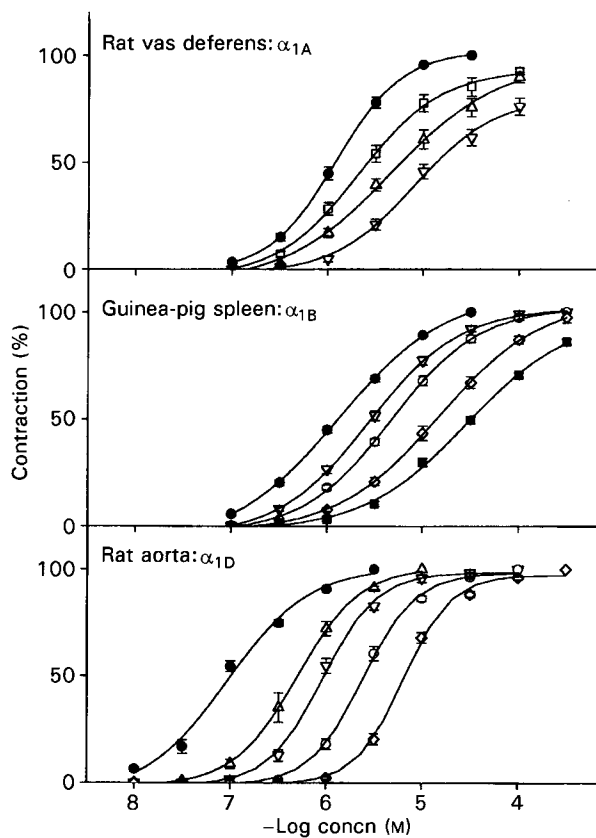


FIG. 2. Representative concentration–response curves of the contraction evoked by noradrenaline in isolated rat vas deferens, in guinea-pig spleen and in rat aorta in the absence (●) or presence of dapiprazole (□,  $10^{-8}$  M; △,  $3 \times 10^{-8}$  M; ▽,  $10^{-7}$  M; ○,  $3 \times 10^{-7}$  M; ◇,  $10^{-6}$  M; ■,  $3 \times 10^{-6}$  M) equilibrated with the tissues for 20–30 min. Values are means  $\pm$  s.e.m. of  $n = 8$ –12 results for the control and  $n = 6$ –8 results in the presence of each concentration of dapiprazole.

7.13 ( $pA_2 = 7.17$  at a slope = 0.97, not significantly different from 1.00,  $P > 0.05$ ; Fig. 3). The affinities of reference antagonists are also listed in Table 1.

#### Rat thoracic aorta: $\alpha_{1D}$ -adrenoceptors

Dapiprazole ( $3 \times 10^{-8}$ – $10^{-6}$  M), equilibrated with the rat aorta for 30 min, competitively antagonized  $\alpha_{1D}$ -adrenoceptor-mediated contraction to noradrenaline in this tissue without affecting the maximum response of the agonist (Fig. 2). A  $pA_2$  value of 8.26 was calculated from the constrained Schild plot ( $pA_2 = 8.19$  at a slope = 1.07, not significantly different from 1.00,  $P > 0.05$ ; Fig. 3). The  $pA_2$  values obtained for the reference antagonists previously determined in rat aorta (Eltze & Boer 1992; Eltze 1994, 1996; Eltze et al 1996) are also listed in Table 1.

### Discussion

$\alpha_1$ -Adrenoceptor blockade appears to be the predominant feature of dapiprazole, marketed as eye-drops for reversing the diagnostic mydriasis induced by phenylephrine, tropicamide or their combination (Lisciani et al 1982; Valeri et al 1986, 1988; Doughty & Lyle 1992); however, nothing is known about the mechanism of its interaction with the subtypes A, B and D of  $\alpha_1$ -adrenoceptors. By using functional in-vitro methods, the reference antagonists, 5-methylurapidil and B8805-033, were confirmed as selective for  $\alpha_{1A}$ -adrenoceptors in rat vas deferens as opposed to  $\alpha_{1B}$ -adrenoceptors in guinea-pig spleen and  $\alpha_{1D}$ -adrenoceptors in rat aorta ( $\alpha_{1A} > \alpha_{1B} = \alpha_{1D}$ ), whereas prazosin behaved unselectively in these tissues ( $\alpha_{1A} = \alpha_{1B} = \alpha_{1D}$ ). BMY 7378 had approximately 30-fold greater affinity for  $\alpha_{1D}$ - than for either  $\alpha_{1A}$ - or  $\alpha_{1B}$ -adrenoceptors ( $\alpha_{1D} > \alpha_{1A} = \alpha_{1B}$ ). In contrast with spiperone, which shows slight selectivity for  $\alpha_{1B}$ -adrenoceptors over both  $\alpha_{1A}$ - and  $\alpha_{1D}$ -adrenoceptors ( $\alpha_{1B} > \alpha_{1A} = \alpha_{1D}$ ), dapiprazole shows approximately 10-fold greater affinity for the A or D than for the B subtype of  $\alpha_1$ -adrenoceptors ( $\alpha_{1A} = \alpha_{1D} > \alpha_{1B}$ ).

Pupil diameter is an opposing dynamic function of the noradrenergic innervation of the iris dilator muscle producing mydriasis and cholinergic innervation of the iris sphincter muscle producing miosis (Turner 1975; van Alphen 1976; Yoshitomi et al 1985). Little is known about the possible existence of  $\alpha_1$ -adrenoceptor subtypes on the iris dilator muscle in man and the mechanisms and response characteristics whereby  $\alpha_1$ -adrenoceptor stimulation and blockade result

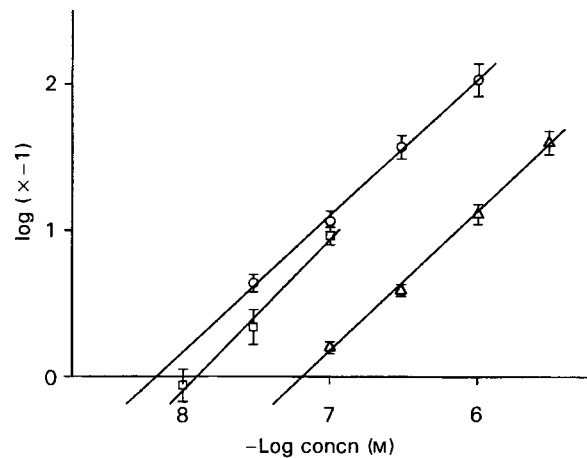


FIG. 3. Schild plots for dapiprazole inhibition of noradrenaline-evoked contraction of the isolated rat vas deferens ( $\square$ ), guinea-pig spleen ( $\triangle$ ) and rat aorta ( $\circ$ ). Values are means  $\pm$  s.e.m. of  $n = 9$ –15 results.

in pupil dilation and contraction, respectively. Initially the hypothesis of at least two different  $\alpha_1$ -adrenoceptors located in this tissue had been advanced by using nimodipine, which attenuated mydriasis evoked by conjunctival instillation of tyramine but not that of phenylephrine (Alessandri et al 1992). Because  $\alpha_2$ -adrenoceptors, which are generally sensitive to  $Ca^{2+}$  entry blockade (van Meel et al 1981), are not detectable on the iris dilator muscle in man (Fanciullacci et al 1988) the possibility of their involvement in the mydriatic effect elicited by tyramine can be excluded; it is most likely that it is based on stimulation of  $\alpha_{1A}$ - rather than of  $\alpha_{1B}$ - or  $\alpha_{1D}$ -adrenoceptors, whereas the nimodipine-resistant mydriatic effect after phenylephrine is more consistent with the characteristics of responses generally observed after  $\alpha_{1B}$ - and  $\alpha_{1D}$ -adrenoceptor stimulation (Han et al 1987; Minneman 1988; Schwinn et al 1991). If this is true, it could be speculated that  $\alpha_{1A}$ -adrenoceptors reside in the synaptic region of neuromuscular junction within the iris dilator muscle where they are primarily activated by neuronal noradrenaline release, whereas  $\alpha_{1B}$ - or  $\alpha_{1D}$ -adrenoceptors, or both, are located in perisynaptic regions where they can be stimulated pharmacologically by exogenous  $\alpha_1$ -adrenoceptor agonists or physiologically by plasma catecholamines, the presence of which has been demonstrated in the vascular system of the rat (Vargas et al 1994; Zhou & Vargas 1996).

Table 1. Affinities ( $pA_2$  values with slopes of regression,  $\beta$ , in parentheses) from constrained Schild plots (slope = 1.00) for dapiprazole and reference antagonists at  $\alpha_{1A}$ -adrenoceptors in rat vas deferens, at  $\alpha_{1B}$ -adrenoceptors in guinea-pig spleen and at  $\alpha_{1D}$ -adrenoceptors in rat aorta.

Antagonist	$\alpha_{1A}$ -Adrenoceptors in rat vas deferens	$\alpha_{1B}$ -Adrenoceptors in guinea-pig spleen	$\alpha_{1D}$ -Adrenoceptors in rat aorta
Dapiprazole	7.93 $\pm$ 0.10 (1.02)	7.13 $\pm$ 0.09 (0.97)	8.26 $\pm$ 0.05 (1.07)
Prazosin	8.90 $\pm$ 0.13 (0.91)	9.07 $\pm$ 0.09 (0.99)	8.85 $\pm$ 0.09 (0.90)
5-Methylurapidil	9.10 $\pm$ 0.09 (1.06)	6.95 $\pm$ 0.17 (0.91)	7.46 $\pm$ 0.05 (0.89)
B8805-033	8.40 $\pm$ 0.11 (1.26)*	5.21 $\pm$ 0.08 (1.05)	5.24 $\pm$ 0.11 (0.85)
Spiperone	7.63 $\pm$ 0.03 (0.93)	8.05 $\pm$ 0.16 (0.77)*	7.82 $\pm$ 0.08 (0.75)*
BMY 7378	6.67 $\pm$ 0.15 (0.93)	6.55 $\pm$ 0.18 (1.02)	8.15 $\pm$ 0.16 (1.00)

The results are presented as means  $\pm$  s.e.m. of  $n = 9$ –15 results for each  $pA_2$  determination in the various tissues. All values for the reference antagonists without dapiprazole were taken from Eltze (1994, 1996), Eltze & Boer (1992) and Eltze et al (1996). \*Slope  $\beta$  significantly different from unity ( $P < 0.05$ ).

Most recently, the  $\alpha_1$ -adrenoceptor in isolated human iris dilator muscle activated by phenylephrine and blocked by exceptionally high concentrations of prazosin ( $pA_2=7.3$ ; Ishikawa et al 1996), has been suggested as belonging to a new subtype, designated  $\alpha_{1L}$  (Muramatsu et al 1990a). However, the higher affinity of phentolamine ( $pA_2=7.5$ ) than of 5-methylurapidil ( $pA_2=6.6$ ) in the iris in man (Ishikawa et al 1996) is also consistent with the affinity difference observed at cloned and expressed  $\alpha_{1B}$ -adrenoceptors (average  $pK_i=7.4$  compared with 6.9; values taken from Eltze 1996), as they have been shown to exist in iris dilator muscle of the rat (Hill et al 1993) and the rabbit (Takayanagi et al 1992). Presently, the observed characteristics of the differentially initiated and blockable responses in the iris of man in-vivo (Alessandri et al 1992) and in-vitro (Ishikawa et al 1996) are difficult to interpret, but it has been tentatively suggested that  $\alpha_{1A}$ -adrenoceptors mediate neuronally induced mydriasis; no conclusion can be made about other  $\alpha_1$ -adrenoceptor subtypes (L or B, or both) involved in mydriasis evoked by exogenous agonists until more data for  $\alpha_1$ -adrenoceptor subtype-discriminating antagonists, which should differentially block each mydriatic response, are available. Preliminary experiments on rabbit aorta, which is considered to be endowed with  $\alpha_{1L}$ -adrenoceptors (Muramatsu et al 1990b), showed dapiprazole to have relatively low affinity ( $pA_2=7.04$ ; Eltze, unpublished) comparable with that determined at  $\alpha_{1B}$ -adrenoceptors in guinea-pig spleen ( $pA_2=7.13$ ).

Whether the resulting functional receptor selectivity profile observed for dapiprazole ( $\alpha_{1A}=\alpha_{1D} > \alpha_{1B}=\alpha_{1L}$ ) has any therapeutic consequence in respect of preferential blockade of one or several  $\alpha_1$ -adrenoceptor subtype(s) specifically involved in mydriasis (A, and L or B, or both) is unclear. However, by considering the applied dose of dapiprazole generally needed for reversing mydriasis (1 to 4 drops of a 0.5% solution, i.e. a concentration of  $1.5 \times 10^{-2}$  M; Doughty & Lyle 1992) and the relatively narrow concentration range which blocks all existing  $\alpha_1$ -adrenoceptor subtypes (approximately a factor of 10), this seems rather unlikely.

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