# **Heterogeneity of Benzodiazepine Binding Sites: A Review of Recent Research**

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HIRSCH, J. D., K. M. GARRETT AND B. BEER. *Heterogeneity of benzodiazepine binding sites: A review of recent research.* PHARMACOL BIOCHEM BEHAV 23(4) 681-685, 1985.—This paper reviews selected aspects of benzodiazepine binding site heterogeneity. These include receptor heterogeneity revealed by biochemical determinations of receptor numbers, autoradiographic localization in histological sections of brain, lesion studies, solubilization of receptors, and photoaffinity labelling. The data summarized support the concept of benzodiazepine receptor multiplicity. In addition, we have reviewed recent work on peripheral-type benzodiazepine binding sites and suggest that further study of these sites may increase our understanding of both the central and peripheral actions of benzodiazepines and other ligands.



THE development of an anxiolytic without sedative or muscle relaxant properties has been a major goal in pharmaceutical research. The currently marketed anxiolytics all share very similar pharmacological effects in animals and man. Aside from their anti-anxiety and anti-convulsive properties, they also produce sedation, ataxia and decreased muscle tone. These motoric effects are significantly potentiated by alcohol. Because of this pharmacological commonality, it was assumed by many that these side effects were induced by the same physiological mechanism that generated the clinical efficacy in treating anxiety. It was, in fact, accepted that the sedative properties were a component of anxiolytic activity.

Subsequent research showed that anxiolytic properties were separable from undesirable side effects. In the early 1970's it was demonstrated that there was a significant correlation between a compound's anti-anxiety (anti-punishment) effects and its ability to inhibit cyclic AMP phosphodiesterase [3]. Whether cyclic nucleotides contribute to the pharmacological properties of anxiolytics is still not clearly understood. However, this research did provide the first series of non-sedating anxiolytic drugs, the pyrazolopyridines [3]. The triazolopyridazine, CL 218,872, was first described in 1979 and it has become the focus of considerable research. Like the benzodiazepines, CL 218,872 and the other triazolopyridazines increased punished responding in a conflict paradigm and protected against convulsions produced by pentylenetetrazole. These pharmacological properties are highly predictive of anxiolytic activity. However, unlike the benzodiazepines, CL 218,872 was relatively inactive in tests designed to measure effects on neuronal systems which utilize GABA or glycine as transmitters. Furthermore, CL 218,872 was relatively free of the ataxic and depressant side effects commonly associated with the benzodiazepines and was considerably less interactive with alcohol [17, 19, 43].

The *in vitro* interactions of CL 218,872 with brain benzodiazepine receptors are also novel and significant. Initial reports indicated that brain benzodiazepine receptors were a single, homogeneous class of sites which mediated the major actions of benzodiazepines [22, 30, 43]. As often occurs in receptor studies, further work demonstrated apparent heterogeneity of binding sites. The key observation which first suggested the possibility of multiple benzodiazepine receptors and multiple substrates for anxiolytic action was that CL 218,872 not only bound with high affinity to brain receptors, but selectively interacted with a subclass of receptors designated as Type I or  $BZ_1$  [17]. CL 218,872 and the other triazolopyridazines have higher affinity for Type I receptors which suggests that these sites play a role in the anxiolytic and anticonvulsant effects of these drugs. The benzodiazepines have equal affinity for Type I receptors and the other subclass, Type II or  $BZ_2$ , which, by analogy, may be primarily responsible for sedation and muscle relaxation. The existence of nonbenzodiazepine drugs with biological and biochemical properties like CL 218,872 stimulated discovery research on new chemical classes of potential anxiolytics and created intense interest in the multiplicity of brain benzodiazepine receptors. Anxioselective anxiolytics were recently reviewed in detail [47]. The present review will highlight selected aspects of benzodiazepine receptor heterogeneity.

#### RECEPTOR HETEROGENEITY REVEALED BY RECEPTOR NUMBER DETERMINATION

In addition to CL 218,872, the  $\beta$ -carbolines have been used effectively to demonstrate benzodiazepine receptor heterogeneity *in vitro.* Searching for endogenous ligands for

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\*Data in pineal was obtained with <sup>3</sup>H-ECC as the ligand.

the receptor, Braestrup and coworkers isolated ethyl  $\beta$ -carboline-3-carboxylate (ECC) from human urine [9]. This compound was later shown not to be an endogenous ligand, but it bound with high affinity to the receptor *in vitro* [9,45] and occupied the receptor in vivo [15]. Ethyl  $\beta$ carboline-3-carboxylate was also the first compound shown to antagonize the actions of benzodiazepines through binding to the receptor  $[45]$ . Binding studies with  ${}^{3}$ H-propyl  $\beta$ -carboline-3-carboxylate (PCC), an analog of ECC, have consistently revealed that this ligand labels fewer total receptors  $(B_{\text{max}})$  in mammalian brain membranes than benzodiazepines (Table 1). For example, PCC labels about 80% of the sites labeled by benzodiazepines in cerebellum. In contrast, only 25% of the benzodiazepine-labeled sites in the hypothalamus are occupied by PCC, while  $B_{\text{max}}$ values in the hippocampus and other regions fall between these two extremes.

Although the arguments about whether  $\beta$ -carbolines and benzodiazepines occupy physically separate receptors or non-equivalent domains on individual receptor molecules in *vitro* have not been settled, unequal numbers of binding sites for these types of ligands clearly support some kind of receptor heterogeneity.

Another approach to exploring the meaning of unequal  $B_{\text{max}}$  values in different brain regions would be to compare  $B_{\text{max}}$  values for Type I-specific <sup>3</sup>H-CL 218,872 with those obtained with <sup>3</sup>H-benzodiazepines. Unfortunately, there are only a few *in vitro* binding studies with <sup>3</sup>H-CL 218,872 [33,48] and technical difficulties with this ligand have prevented full exploitation of its Type I receptor specificity in direct binding experiments. However, if we accept the claims that  ${}^{3}$ H-PCC is also a specific ligand for Type I receptors [8], then it can be suggested that unequal numbers of  $\beta$ -carboline binding sites in different brain regions represent different quantities of Type I receptors in these regions.

#### RECEPTOR HETEROGENEITY REVEALED BY *IN SITU*  AUTORADIOGRAPHIC LOCALIZATION IN BRAIN SECTIONS

Triazolopyridazines like CL 218,872 have been instrumental in delineating the existence of Type I and II receptors in brain membrane homogenates. However, the ligand recognition specificity of receptors in extensively disrupted neural tissue might be different from that shown in intact brain. Recent studies of the autoradiographic localization of benzodiazepine receptors in histological sections of brain have confirmed the Type I-Type 11 concept. Selective dis-

placement of <sup>3</sup>H-flunitrazepam (<sup>3</sup>H-FLU) by CL 218,872 was observed in slices of rat brain regions, like cerebellum, which have been shown in homogenate studies to contain predominantly Type I receptors [50]. Type II receptors have been autoradiographically localized to the hippocampus, superior colliculus, and caudate-putamen [50]. In human amygdala, the distribution of Type 1 and 11 receptors was mapped by CL 218,872 displacement of  $H-FLU$  and was different from that observed in rat amygdala [34]. Similar phylogenetic differences were observed in cerebellum [49]. More recently, Benevides and coworkers have confirmed the differential localization of Type I and lI receptors in rat brain sections [4], and showed that the specificity of CL 218,872 was still observed at an elevated incubation temperature.

#### RECEPTOR HETEROGENEITY REVEALED BY LESION STUDIES, RECEPTOR SOLUBILIZATION AND PHOTOAFFINITY LABELING

Along with the autoradiographic evidence that the Type I and Type II BDZ receptors are differentially distributed among brain regions, recent biochemical studies have shown that there are differences in the morphologic distribution of benzodiazepine receptor subtypes within brain membranes. Lo and his colleagues [20] have demonstrated that Type I and Type 11 BDZ receptors are differentially solubilized with Triton  $X-100$ . Equilibrium binding of  ${}^{3}H-FLU$  and  ${}^{3}H-PCC$  to Triton X-100-soluble and insoluble fractions revealed that Type II receptors were solubilized by the detergent, while Type l receptors remained in the particulate fraction. This suggests that there is a physicochemical difference between the subtypes and/or a difference in the membrane matrix which surrounds the receptors. Lesioning brain noradrenergic pathways with 6-OHDA [26] produced a decrease in the number of <sup>3</sup>H-FLU binding sites, but did not alter the binding of <sup>3</sup>H-ECC. Also, studies using ibotenic acid to selectively lesion components of the striatonigral pathway showed that destruction of the afferent pathways caused a decrease in the number of Type 11 receptors and a proliferation of Type 1 receptors. Destruction of cell bodies in the *substantia nigra* decreased the number of Type 1 receptors. but had no effect on the number of Type 1I receptors [20]. These data suggest that the Type 1 receptors are located primarily on postsynaptic membranes while Type 11 receptors reside on presynaptic nerve terminals.

The concept of multiple benzodiazepine receptors has been further supported by experiments of Sieghart and his colleagues in which they photoaffinity labeled benzodiazepine receptors with <sup>3</sup>H-FLU [38, 40, 41]. Benzodiazepine receptors are irreversibly labeled with <sup>3</sup>H-FLU when the incubation mixture is irradiated with UV light [29]. Separation of the photoaffinity-labeled proteins by SDS-PAGE revealed two major labeled protein bands with molecular weights of 51000 (P51) and 55000 (P55) daltons. In addition, the proportions of these two bands varied among brain regions. In the hippocampus, hypothalamus, striatum and retina the P51 protein comprised  $50-60%$  of the total photoaffinity-labeled protein while the P55 protein made up 15-20%, of the irreversibly labeled protein. In contrast, the proportion of P51 in the inferior colliculus, cerebellum and substantia nigra was about 80-90% while the P55 protein comprised only 3-6% of the total labeled protein [38].

Photoaffinity incorporation of <sup>3</sup>H-FLU into the P51 and P55 proteins was also differentially affected by benzodiazepine receptor ligands. Sieghart and coworkers [41] showed that CL 218,872 and ECC were ten times more potent in inhibiting photoaffinity labeling of the P51 band than the P55 band in the hippocampus. The  $IC_{50}$  values for the inhibition by CL 218,872 and ECC of photo-incorporation of <sup>3</sup>H-FLU into the P51 band in the cerebellum were similar to the  $IC_{50}$  values obtained from the P51 protein in the hippocampus.

These data, when compared to the results from inhibition of equilibrium  $H-FLU$  binding in membrane preparations by CL 218,872 and ECC, suggested that the P51 protein corresponded to the Type I BDZ receptor while the P55 protein represented the Type II BDZ receptor. The regional distribution of the Type I and Type II BDZ receptors was similar to the distribution of the P51 and P55 proteins. Type I and Type II BDZ receptors had equal affinity for reversible <sup>3</sup>H-FLU binding and the P51 and P55 proteins had equal affinity for photoaffinity labeling by  ${}^{3}$ H-FLU. In addition, the affinities of the Type I and Type II BDZ receptors for reversible <sup>3</sup>H-FLU binding were almost identical to the affinities for  ${}^{3}H$ -FLU photoaffinity labeling [40]. Finally, the affinities of CL 218,872 and ECC for the Type I receptor were very similar to the affinities of the ligands for the P51 protein. The affinities of the two drugs for the Type 11 receptor matched their affinites for the P55 protein.

Through the use of increasingly more discriminating techniques, the concept of biochemically heterogeneous benzodiazepine receptors has become well established. However, none of these techniques alone has been sufficient to prove that Type I and II receptors subserve the anxiolytic and other actions of benzodiazepines, respectively. The extremely diverse pharmacological effects of many ligands for benzodiazepine receptors suggest that there may be more to functional heterogeneity of receptors than can be explained *solelv* by the Type I-Type II concept. Strategies for further research based upon the heterogeneous receptor concept may provide answers to critical, clinically relevant questions about the functions of these receptors in the CNS.

#### RECEPTOR HETEROGENEITY REVEALED BY STUDYING NON-NEURONAL CELLS

In their first paper describing brain benzodiazepine receptors, Squires and Braestrup reported the presence of apparent specific, high affinity <sup>3</sup>H-diazepam binding in several peripheral tissues [10]. In contrast to the brain receptor, the non-anxiolytic but centrally active benzodiazepine, Ro5- 4864 [51], inhibited peripheral-type binding potently. A number of studies since 1977 using <sup>3</sup>H-benzodiazepines, <sup>3</sup>H-Ro5-4864, and other peripheral-site-specific ligands [5] have demonstrated that distinct binding sites for benzodiazepines exist in a wide variety of peripheral tissues. Such sites are also present on the olfactory nerves, glial cells, ependymal cells, and on the choroid plexus [1] in the CNS. These sites have high affinity for Ro5-4864 and other Ro derivatives, PKIII95 [18], and diazepam, lower affinity for flunitrazepam and virtually no affinity for clonazepam, Ro15-1788 and CI 218,872 [1]. They appear to be primarily intracellular rather than on the outer membrane, and several reports indicate their association with mitochondria [ 12,23]. A nuclear association of putative peripheral-type sites has even been reported [7]. Peripheral-type sites are unaffected by GABA and other potent effectors of central-type receptors [35] and are not inactivated by photoaffinity labeling [23]. Peripheral-type sites from kidney have also been solubilized and partially purified [24].

Until recently, no functional role in the CNS or elsewhere could be suggested for peripheral-type sites and some investigators have called them irrelevant "drug acceptors" [37]. However, an evaluation of recent research suggests that peripheral-type sites are tied to cellular function in several ways. Wang and coworkers have reported a strong positive correlation between  $IC_{50}$  values for  ${}^{3}H-Ro5-4864$  binding and the corresponding  $EC_{50}$  values for inhibiting  ${}^{3}H$ -thymidine incorporation in cultured thymoma cells [46]. Other work in culture demonstrated that benzodiazepines which were most potent at binding to peripheral-type sites (Ro5-4864, diazepam, flunitrazepam) were also the most potent at inducing melanogenesis in B 16/C3 melanoma cells [25]. Although ligand binding data were not provided, Nagele *et al.* have reported that increasing concentrations of diazepam inhibited the division and spreading of chick embryo fibroblasts and produced a decrease in myosin content in these cells [32]. These effects of diazepam are consistent with the antiproliferative effects of this drug on thymoma cells [46]. We and others [31] have identified peripheral-type sites on lymphocytes, which may be tied to anti-proliferative and anticytotoxic effects of Ro5-4864 on these cells in culture (J. D. Hirsch and C. A. Mullen, unpublished observations). Very recently, in a series of studies in guinea pig heart, Mestre *et al.* [27,28] have demonstrated that peripheral site ligands significantly decrease contractility via peripheral site coupling to putative calcium channels.

These data suggest that it is ill-advised to discard peripheral-type benzodiazepine binding sites as irrelevant and non-functional drug acceptors, and we agree with Williams who suggested that benzodiazepines and anxiety should no longer be considered as inseparable entities [47]. Drugs that bind to peripheral-type sites do have pharmacologically-defined activities in a number of systems, including the brain, and our knowledge of Ro5-4864 pharmacology is evolving rapidly [36]. Clearly, Ro5-4864 is not an anxiolytic [36,51]; it is, however, centrally and peripherally active. It should also be recognized that the affinity of diazepam for peripheral-type sites in the brain is not much lower than its affinity for central-type receptors. Thus, peripheral-type sites may even play a role in the wellrecognized CNS effects of this drug. We suggest that pursuit of the pharmacology and physiology of peripheral sites with the same intensity as central-type receptors may well open up new therapeutic areas in the future.

#### CONCLUSIONS

In this paper, we have reviewed selected recent findings about the biochemical heterogeneity of central benzodiazepine receptors. Great progress has been made in characterizing these recognition sites and delineating their molecular pharmacology. However, the difficult task of understanding how central receptor subtypes mediate the multiple actions of benzodiazepine and other receptor ligands remains. Recent studies of *in situ* receptor dynamics in cultured neurons [6] and the induction of functional, membrane-incorporated receptors by injection of brain messenger RNA into frog oocytes [16], may provide new biochemical and physiological approaches to understanding receptor function. Moreover, new drugs with selectivity for central receptor subtypes are now available for crucial in vivo studies of the functional heterogeneity of receptors [38, 42, 47].

We have also included a brief discussion of peripheraltype benzodiazepine binding sites. Our appreciation of their potential significance is growing as ligands for studying their molecular pharmacology and physiological role become

available. It may also be possible to study the biological functions of peripheral-types sites in cell culture where binding site occupancy and its after-effects are more readily accessible. Pursuit of endogenous ligands for peripheral-type sites [2] may be successful and allow us to investigate the role(s) of these sites *in vivo* as well.

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