Inhibitory Effect of Fluvastatin on Lysophosphatidylcholine-Induced Nonselective Cation Current in Guinea Pig Ventricular Myocytes

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ABSTRACT

Using the whole-cell voltage-clamp method, we investigated the effect of fluvastatin, a 3-hydroxy-3-methylglutaryl-CoA reductase inhibitor, on lysophosphatidylcholine (LPC)-induced nonselective cation current (I_{NSC}) in guinea pig cardiac ventricular myocytes. External LPC (3–50 μM) induced I_{NSC} in a dose-dependent manner with a lag. With fluvastatin (5 μM) in the external solution, LPC induced I_{NSC}, which was significantly smaller and with a longer lag compared with that in the absence of fluvastatin. With mevalonic acid (MVA) (100 μM) in the external solution, fluvastatin did not diminish LPC-induced I_{NSC}. Geranylgeranylpyrophosphate, an MVA metabolite, in the pipette solution prevented fluvastatin from diminishing LPC-induced I_{NSC}, suggesting that isoprenylated signaling molecules, such as the small G-protein Rho, might be involved in the LPC effect. Botulinum toxin C3, Rho-kinase inhibitor (R)-(+)-trans-N-(4-pyridyl)-4-(1-aminoethyl)-cyclohexanecarboxamide, 2 HCl (Y-27632), or pertussis toxin in the pipette solution suppressed LPC-induced I_{NSC}. We conclude that LPC induces I_{NSC} via a Gi/Go-coupled receptor and Rho-mediated pathway. The inhibitory effect of fluvastatin on LPC-induced I_{NSC} provides a new insight into the signal transduction mechanism and may have important clinical implications.

L-α-Lysophosphatidylcholine (palmitoyl) (LPC) is an amphipathic metabolite of membrane phosphatidylcholine; high concentrations of LPC have been found in ischemic hearts (Sobel et al., 1978; Shaikh and Downer, 1981; Corr et al., 1982; Otani et al., 1989; Sedlis et al., 1990). LPC applied externally increases intracellular Ca^{2+} concentration ([Ca^{2+}]_i) in isolated cardiac myocytes (Sedlis et al., 1983; Woodley et al., 1991; Ver Donck et al., 1992; Hashizume and Abiko, 1996). Therefore, LPC is thought to be one of the causes of Ca^{2+} overload and arrhythmia during cardiac ischemia and reperfusion (Hoque et al., 1995; Hashizume et al., 1998). Magishi et al. (1996) reported that exogenous LPC induces a nonselective cation current (I_{NSC}) in cardiac myocytes, but the mechanism involved has not been elucidated.

Recently, Yokoyama et al. (2002) found that LPC increases [Ca^{2+}], and membrane current in cultured human endothelial cells in a manner similar to that found in cardiac myocytes. Furthermore, they found that 3-hydroxy-3-methylglutaryl (HMG)-CoA reductase inhibitors such as fluvastatin, cerivastatin, and pravastatin inhibit the LPC-induced increase in [Ca^{2+}]. HMG-CoA reductase inhibitors prevent the synthesis of mevalonic acid (MVA) from HMG-CoA, thereby reducing cholesterol synthesis. Therefore, it is used clinically to prevent the development of atherosclerosis. Recently, it has been shown that MVA is not only a precursor of cholesterol but also of numerous metabolites that are involved in important cell functions, including endothelial function, inflammatory responses, plaque stability, and thrombus formation (Corsini et al., 1999).

We tested fluvastatin in cardiac myocytes and found that it inhibited LPC-induced I_{NSC} in guinea pig ventricular myocytes. We investigated the mechanism of LPC-induced I_{NSC} by using fluvastatin under the whole-cell voltage clamp.

Methods

Isolation of Cells. All experiments were performed according to the regulations of the Animal Research Committee of Fukushima University.
Medical University. Single cardiac ventricular cells were isolated essentially by the method of Yazawa et al. (1990). Guinea pigs weighing 250 to 400 g were anesthetized by intraperitoneal injection of pentobarbital (30 mg/kg). The chest was opened under artificial ventilation, the aorta was cannulated in situ, and the heart was removed. Blood was washed out with Tyrode-HEPES solution and the heart was mounted in a Langendorff perfusion system. Tyrode-HEPES solution contained 140 mM NaCl, 5.4 mM KCl, 1.8 mM CaCl₂, 1 mM MgCl₂, 0.33 mM NaH₂PO₄, 5.5 mM glucose, and 5 mM HEPES, pH 7.4. The perfusate was changed to Ca²⁺-free Tyrode solution to stop the heartbeat and then to one containing 0.01% (w/v) collagenase (Wako, Osaka, Japan) and 0.002% (w/v) alkaline protease (Nagase, Tokyo, Japan). After about 20 min, the collagenase solution was washed out by perfusing with a high-K⁺/low-Cl⁻ solution [moderated KB solution (Isenberg and Kléckner, 1982)]. The modified KB solution contained 70 mM KOH, 50 mM L-glutamic acid, 40 mM KCl, 20 mM taurine, 20 mM KH₂PO₄, 3 mM MgCl₂, 10 mM glucose, 0.2 mM EGTA, and 10 mM HEPES, pH 7.2. Incisions were made in the cardiac ventricular tissue in the modified KB solution and the tissue was shaken gently to isolate the cells. The cell suspension was stored at 4 °C for later use.

**Patch-Clamp Recording.** Membrane currents were recorded by the whole-cell patch-clamp method using pCLAMP (ver. 8.0, Axon Instruments, Union City, CA) and custom RAM5 software and patch-clamp amplifiers (TM-1000 (ActME, Tokyo, Japan) and EPC-7 (List, Darmstadt, Germany)). Single cardiac ventricular cells were placed in a recording chamber (0.5-mL volume) attached to an inverted microscope (Nikon ECLIPSE TE200, Tokyo, Japan) and superfused with the Tyrode solution at a rate of 5 mL/min. The temperature of the bath solution was maintained at 35 °C ± 0.5 °C with a water jacket. Patch pipettes were filled with the pipette solution (Nihon Rikagaku Kikai, Tokyo, Japan) with a microelectrode puller (Narishige, Tokyo, Japan). The pipette resistance was 2–4 MΩ when filled with the pipette solution. The pipette solution contained 120 mM CsOH, 20 mM CsCl, 60 mM aspartic acid, 3 mM MgCl₂, 5 mM MgATP, 10 mM BAPTA, and 20 mM HEPES, pH 7.2, with aspartic acid. BaCl₂ (0.5 mM) in Tyrode solution was added to block K⁺ currents. The series resistance was compensated. Current signals were filtered at a 2.5-kHz bandwidth and were stored on a PC (XPS T450; Dell Computer Corp., Round Rock, TX).

Ramp pulses of 500-ms duration were given at 10-s intervals (Watan et al., 1996). The ramp pulse was initially depolarized from −60 mV to 60 mV, then hyperpolarized to −110 mV and depolarized back to the holding potential at a speed of 680 mV/s. The descending limb of the ramp was used to plot the I-V curve without capacitative current compensation. Analog recordings of current and voltage were made with a chart recorder (WR-641G; Nihon Kohden, Japan) in one of the two apparatus used (for Figs. 3A, 5A, and 7A). Current recordings were made digitally in another apparatus so that long-time consecutive responses to the ramp pulse including the maximum current magnitude measured at 50 mV of the three consecutive applications of LPC and the largest current induced by 10 μM LPC were plotted in Fig. 1, B and C. The LPC-induced current crossed with the control at 0 mV, confirming that the LPC-induced current is I_NSC (Magishi et al., 1996).

**Data Analysis.** All the values are presented as mean ± S.E. (number of experiments). Student’s t test and analysis of variance were used for statistical analyses. P values less than 0.05 were considered significant. The concentration-response data were fitted and IC₅₀ and Hill coefficient values were obtained using Delta Graph Professional (Polaroid Computing, Tokyo, Japan).

**Results**

**Effects of LPC on Membrane Current.** Figure 1 shows the effect of 10 μM LPC on the membrane current in a ventricular myocyte. LPC in the external solution induced I_NSC with a lag and it did not increase steadily but oscillated. The current response was reversible and the second application of 10 μM LPC induced I_NSC with an amplitude similar to the first application. The lag before inducing I_NSC was longer after the first than the second application. The control I-V curves before the application of LPC and the largest current induced by 10 μM LPC are plotted in Fig. 1, B and C. The LPC-induced current crossed with the control at 0 mV, confirming that the LPC-induced current is I_NSC (Magishi et al., 1996).

The concentration-response relation of LPC was examined. The average values of the magnitude of the LPC-induced I_NSC and the lag are summarized in Fig. 1, D and E, respectively. The I_NSC density was calculated by averaging the current magnitude measured at 50 mV of the three consecutive applications of LPC and the largest current induced by 10 μM LPC. Figure 1E indicates a significant shortening of the lag with increasing concentrations of LPC. We used 10 μM LPC in the following experiments, because the lag before I_NSC develop-
ment was longer at lower concentrations of LPC; if higher concentrations of LPC were used, the cell developed contracture during the first LPC application.

**Effect of Fluvastatin on LPC-Induced I\textsubscript{NSC}**. Figure 2 shows the effect of fluvastatin on LPC-induced current. As shown in Fig. 1, repetitive application of LPC induces I\textsubscript{NSC} with each application. However, as shown in Fig. 2, the initial application of 10 μM LPC induced I\textsubscript{NSC} in the absence of fluvastatin but did not in response to the second application of LPC, when 5 μM fluvastatin was present in the external solution. After washing out fluvastatin, LPC again induced I\textsubscript{NSC} (not shown). These results indicate that fluvastatin reversibly inhibits LPC-induced I\textsubscript{NSC}. When fluvastatin was applied after I\textsubscript{NSC} had developed in response to LPC, it did not inhibit the current (not shown), indicating that fluvastatin does not directly inhibit I\textsubscript{NSC} channels.

**Effect of MVA on LPC-Induced Current**. If fluvastatin inhibited LPC-induced I\textsubscript{NSC} by inhibiting HMG-CoA reductase, MVA should prevent this effect of the drug and this was examined in the experiment shown in Fig. 3 in which 100 μM MVA was perfused in the external solution for 3 min before adding 5 μM fluvastatin. In the presence of MVA and fluvastatin, 10 μM LPC induced I\textsubscript{NSC}. The I-V curve of the current induced by LPC (Fig. 3B, d) was identical to that induced in the absence of the two agents. This result indicates that fluvastatin inhibits LPC as a result of its inhibition of an HMG-CoA reductase.

Figure 4 summarizes the results described so far. The current densities of I\textsubscript{NSC} induced by 10 μM LPC in the presence and absence of fluvastatin and MVA (each alone and together) are compared in Fig. 4A. The current densities were obtained by the method described above for Fig. 1. Fluvastatin significantly diminished the LPC-induced current, which was restored by MVA. However, MVA alone neither induced I\textsubscript{NSC} nor modified the magnitude of LPC-induced I\textsubscript{NSC}. Fig. 4B shows the lags before the currents were induced after application of 10 μM LPC. MVA reduced the lag significantly. These results suggest that fluvastatin inhibits LPC-induced I\textsubscript{NSC} by inhibiting HMG-CoA reductase and preventing MVA synthesis. In other words, LPC induces I\textsubscript{NSC} via a mechanism that requires the MVA-cholesterol synthesis pathway.

**Involvement of Geranylgeranylpyrophosphate**. Geranylgeranylpyrophosphate (GGP) is a downstream isoprenoid product of MVA in the cholesterol synthesis pathway (Glomset et al., 1990). To pursue the mechanism of LPC-induced I\textsubscript{NSC} further, GGP was included in the pipette solution and the effect of fluvastatin was examined. Inclusion of GGP alone did not induce I\textsubscript{NSC}. Fluvastatin did not inhibit I\textsubscript{NSC} induced by 10 μM LPC in the presence of GGP (Fig. 5). This indicates that GGP is necessary for the current induction by LPC. Because GGP is necessary for membrane association of the small GTP binding protein, Rho (Goldstein and Brown, 1990; Maltese, 1990; Ridley and Hall, 1992), this result suggests the possible involvement of Rho in the effect of LPC.

**Effect of C3 Exoenzyme on LPC-Induced I\textsubscript{NSC}**. Rho is selectively inactivated by C3 through ADP-ribosylation (Sah et al., 2000). To assess whether Rho is involved in the effect of LPC, we included 4 μg/ml C3 in the pipette solution and applied LPC (Fig. 6). LPC did not induce any significant change in current in the presence of C3 whether or not MVA was present in the bath solution (Fig. 6, B and C). Heat-inactivated C3 did not inhibit LPC-induced current. These results indicate that the small GTP binding protein Rho is involved in the process of LPC-induced I\textsubscript{NSC}.

**Effect of a Rho-Kinase Inhibitor on LPC-Induced Current**. Y-27632 is a selective inhibitor of Rho-kinase (Uehata et al., 1997). Because Rho may activate Rho-kinase in the process of LPC-induced I\textsubscript{NSC}, we tested the effect of LPC with 10 μM Y-27632 in the pipette solution. Figure 7 shows that LPC induced I\textsubscript{NSC}, but it was significantly smaller and the lag was longer in the presence of Y-27632 than in its absence.

Figure 8 summarizes the current densities under various

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![Figure 2](Image)

**Fig. 2.** Effect of fluvastatin on LPC-induced I\textsubscript{NSC}. A, Current recording versus time. Fluvastatin was applied 3 min before the second application of LPC. B, I-V curves of control (a) and the maximum response to LPC. C, I-V curves before (c) and in the presence of fluvastatin (d) and in fluvastatin and LPC (e).

![Figure 3](Image)

**Fig. 3.** Effect of fluvastatin on LPC-induced current in the presence of MVA. A, chart recording of current. MVA was applied 3 min before adding fluvastatin. B, I-V curves of the corresponding labels in A. Control I-V curve before (a) and during (b) MVA application, in the presence of MVA and fluvastatin (c), and maximum response to LPC in the presence of MVA and fluvastatin (d).
conditions. Average current densities were obtained from three pulses, including the maximum response in the middle, as described above. LPC-induced \( I_{\text{NSC}} \) density was not significantly different when LPC alone was present and when GGP was present even with fluvastatin, whereas \( I_{\text{NSC}} \) was significantly attenuated by C3 and Y-27632 in the pipette solution. This strongly suggests that Rho and Rho-kinase are involved in LPC-induced \( I_{\text{NSC}} \).

Effect of Pertussis Toxin on LPC-Induced Current.

To examine the possible involvement of heterotrimeric G-proteins in the LPC-mediated pathway, pertussis toxin, an inhibitor of G\(_{i/Go} \), was included in the pipette solution. In the presence of pertussis toxin (1 \( \mu \text{g/ml} \)), the LPC (10 \( \mu \text{M} \))-induced current was 1.62 pA/pF \( (n = 4) \) at \(-100 \text{ mV} \) (figure not shown). This was significantly smaller than that of the control, indicating that the Gi/Go-coupled membrane receptor is involved in the LPC-mediated pathway.

Discussion

In this study, we demonstrated that LPC induces \( I_{\text{NSC}} \) in guinea pig ventricular myocytes through a mechanism that involves an activation of the small G-protein Rho. The LPC-induced effect must be mediated by a receptor that interacts with the PTX sensitive G-proteins. Figure 9 shows a proposed signal transduction pathway for LPC-induced \( I_{\text{NSC}} \) based on our results.

LPC activated \( I_{\text{NSC}} \) in a concentration-dependent manner with an \( EC_{50} \) of approximately 20 \( \mu \text{M} \). There was a lag before the development of \( I_{\text{NSC}} \) with an average of 115 \( \pm \) 32 s \( (n = 10) \) with 10 \( \mu \text{M} \) LPC, and it was shortened to 40 \( \pm \) 11 s \( (n = 7) \) with 30 \( \mu \text{M} \) LPC, suggesting that the induction of \( I_{\text{NSC}} \) by LPC involves a distinct signal transduction process that takes a few minutes. We demonstrated that fluvastatin, a HMG-CoA reductase inhibitor, inhibited LPC-induced \( I_{\text{NSC}} \)-Fluvastatin inhibits MVA synthesis from HMG-CoA. With MVA in the external solution, fluvastatin did not inhibit LPC-induced \( I_{\text{NSC}} \). Therefore, it seems that MVA is essential for the induction of \( I_{\text{NSC}} \) by LPC. Recently, it has been shown that the MVA-derived isoprenoids, GGP and farnesylpyrophosphate, modify several proteins by covalent attachment or prenylation, which is necessary for their association with membranes and thus for their function (Glomset et al., 1990; Goldstein and Brown, 1990; Maltese, 1990). When GGP was included in the pipette solution, fluvastatin did not inhibit LPC-induced \( I_{\text{NSC}} \). Therefore, it seems that some protein that is isoprenylated by GGP is involved in the LPC effect. Candidate proteins for isoprenylation by GGP are Rho, Rac, Cdc42, Rab, Rap, and the \( \gamma \)-subunit of heterotrimeric G-proteins (Corsini et al., 1999). As shown in Fig. 6, botulinum toxin C3 exoenzyme, but not heat-inactivated C3, in the pipette solution almost completely inhibited LPC-induced \( I_{\text{NSC}} \): C3 is an ADP-ribosyltransferase that inactivates Rho subfamily proteins (RhoA, RhoB, and RhoC) more specifically than other small GTP binding proteins, such as Rac or Cdc42 (Ridley and Hall, 1992). The result with C3 indicates that Rho is involved in the induction of \( I_{\text{NSC}} \) by LPC (Fig. 9).

Many effectors of Rho-binding proteins have been identified but the best characterized are Rho kinases, which are serine/threonine directed and include Rho kinase/ROKα/Rock-II and p160ROCK/ROCKβ (Sah et al., 2000). Y-27635 specifically inhibits Rho-kinase Rock, by competing for ATP binding (Uehata et al., 1997). Y-27635 at 10 \( \mu \text{M} \) inhibited LPC-induced \( I_{\text{NSC}} \) significantly but not completely (Fig. 8), indicating that Rho-kinase might be involved in the effect of LPC (Fig. 9).

LPC may stimulate some membrane receptor through which a signal transduction pathway is activated and this pathway requires Rho and Rock to open \( I_{\text{NSC}} \) channels. In this study, PTX inhibited the effect of LPC, indicating that guinea pig ventricular myocytes possess an LPC-receptor that is coupled to the pertussis toxin-sensitive heterotrimeric G-protein, G\(_{i/Go} \) (Fig. 9). Recently, two G-protein–coupled orphan receptors, G2A (Kabarowski et al., 2001) and GPR4 (Zhu et al. 2001), were identified as the LPC receptors. Both of these receptors are coupled to the PTX-sensitive G protein, and mediate the LPC-induced increase in intracellular Ca\(^{2+} \). In addition, GPR4 was shown to be expressed in the heart, and its effects were inhibited by both PTX and botulinus toxin C3 (Zhu et al. 2001). Involvement of GPR4 and/or G2A in LPC-induced \( I_{\text{NSC}} \) should be investigated in cardiac ventricular cells.

G-protein–coupled lysophospholipid receptors have also been found for sphingosine-1-phosphate (SPP), sphingosylphospho-choline, and lysosphosphatidic acid (Fukushima et al., 2001). Bünemann et al. (1995) found that SPP activates \( I_{\text{K(Ach)}} \) in guinea pig atrial myocytes via Gi-coupled receptors. Recently, they detected Edg1, Edg3, Edg5, and Edg8 mRNAs and OGR1 lysophospholipid receptor protein in rat atrium and ventricle.

Averaged data of LPC-induced \( I_{\text{NSC}} \) density (A) and lag (B) under the conditions indicated. *, significant difference. Mev, MVA.
More recently, Muraki and Imaizumi (2001) succeeded in recording PTX-sensitive nonselective cation channels induced by SPP in human endothelial cells. Some important questions about the LPC-induced signal transduction pathway need to be addressed. One is how LPC activates the Rho signaling pathway. Although \( G_{12}\alpha \) and \( G_{13}\alpha \) have recently been identified as the G-proteins that transduce signals from various receptors to the Rho GTPase by stimulating the GDP-GTP exchange, our results suggest that certain PTX-sensitive G-proteins can initiate the Rho signaling pathway in a GGP-dependent manner. Because GGP alone did not induce \( I_{\text{NSC}} \), it seems that LPC triggers geranylgeranylation of Rho. It is important to identify what types of PTX-sensitive G-proteins and which of the \( \alpha \)- or \( \beta\gamma \)-subunits are associated with the LPC receptors.

Another important question is how fluvastatin affects the intracellular levels of GGP so rapidly (i.e., within a few minutes). It has already been demonstrated that inhibition of HMG-CoA reductase by statins blocks the Rho-dependent cellular responses by preventing isoprenyl modification of Rho. However, this effect of statin was generally observed between 6 and 24 h (Laufs and Liao, 1998). The present results demonstrated that the inhibition of LPC-induced \( I_{\text{NSC}} \) by statin was very rapid, occurring within a few minutes. Furthermore, mevalonate or GGP prevented the inhibitory effect of statin, suggesting that statin exerted its effect by lowering intracellular GGP. We recently demonstrated similar results with LPC-induced \( I_{\text{NSC}} \) in human aortic endothelial cells (Yokoyama et al, 2002). In the endothelial cells, LPC-induced \( I_{\text{NSC}} \) was accompanied by a rapid translocation of GTP-bound RhoA into membrane within one min. Furthermore, a brief treatment with fluvastatin (3 min) prevented the LPC-induced \( I_{\text{NSC}} \) and translocation of RhoA to the membrane. This effect of statin also disappeared in the presence of MVA or GGP. These results suggest that LPC stimulates \( I_{\text{NSC}} \) through a similar mechanism in both ventricular myocytes and endothelial cells. Given these results, we suggest that, at least in these cells, intracellular

Fig. 5. Effect of fluvastatin on LPC-induced \( I_{\text{NSC}} \) in the presence of GGP in the pipette solution. A, chart recording. B, I-V curves of the corresponding labels in A.

Fig. 6. Effect of C3 on LPC-induced \( I_{\text{NSC}} \). A, current recording versus time. C3 is included in the pipette solution. B, I-V curves before (a) and during (b) LPC application. C, I-V curves before (c) and during (d) MVA application and further addition of LPC (e).

Fig. 7. Effect of Y-27632 on LPC-induced \( I_{\text{NSC}} \). A, chart recording of current. B, I-V curves of control (a) and the maximum response to LPC (b) with Y-27632 in the pipette solution.
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Fig. 8. Summary of results in Figs. 6 and 7. *, significant difference. Current density was measured as described in the legend for Fig. 1.

Fig. 9. Proposed mechanisms of the LPC-induced signal transduction pathway. The LPC receptor is shown as Glu-coupled receptor. Rho is a small G-protein.

GGP levels may be controlled dynamically through metabolic processes. Further studies with direct measurements of intracellular GGP levels are required to evaluate our hypothesis.

Fluvastatin and various other statins are used clinically for hyperlipidemia to lower serum cholesterol levels. There are increasing reports on various effects of statins. The inhibitory effect of fluvastatin on LPC-induced I_{Nsc} provides a new insight into the signal transduction mechanism and may have important clinical implications.

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References
