# ALTERED CAMP-MEDIATED POTASSIUM CHANNEL CURRENTS IN DETRUSOR MYOCYTES FROM DIABETIC RATS

### Hypothesis / aims of study

More than 50% of diabetic patients have bladder dysfunction that is associated with a range of cystopathic (i.e., bladder) conditions. Detrusor overactivity is a frequent urodynamic finding, with a reported prevalence of 39% to 76%.[1] The goal of these studies was to further explore the myogenic basis for diabetes (DM)-related bladder dysfunction. In this regard, potassium ( $K^+$ ) channels regulate smooth muscle excitability by maintaining the resting membrane potential and promoting repolarization of the cell membrane.[2,3] The second messenger signalling molecule cyclic AMP (cAMP) has been implicated in the modulation of potassium channel activity in smooth muscle cells. Our hypothesis is that alterations of K<sup>+</sup> channel function play an important role in the pathogenesis of a number of smooth muscle-related diseases including the urologic complications of diabetes. Therefore, the aim of this study was to investigate cAMP-mediated regulation of K<sup>+</sup> channel function in detrusor myocytes in diabetic, insulin-treated and age-matched control rats using patch clamp techniques.

## Study design, materials and methods

We evaluated  $K^+$  channel function and cAMP-mediated regulation in short term cultures of detrusor myocytes derived from urothelial denuded bladders of 2-month streptozotocin (STZ)-diabetic (DM) and age-matched control rats. Cell cultures (passages 1-3) were derived from male F344 rats in the following 3 groups, DM (n= 4 rats), insulin (IN)-treated DM (n=4 rats), and an agematched control group (AMC; n=4 rats). Whole-cell membrane currents were recorded using a conventional patch clamp technique. Cells were voltage clamped at -70 mV and I-V curves were performed in 10 mV increments ranging from -60 mV to + 100 mV. Cells were subjected to 6 consecutive I-V curves. Following a control I-V curve, cells were exposed to the following drugs at 10-15 minute intervals: 1) 1 mM 8-Br-cAMP, 2) 100 nM IBTX (BK block), 3) 10  $\mu$ M glybenclamide (K<sub>ATP</sub> block), 4) 100  $\mu$ M 4-AP (K<sub>v</sub> block), and 5) 100 nM apamin (SK block). The voltage protocol was generated by pclamp9 (Axon Instruments). The recordings were stored as pclamp9 files with a four-channel digitizing unit, and analyzed with clampfit9.2.

### **Results**

We observed a statistically significant DM-related, insulin (IN)-reversible, increase in resting membrane potential (from -45  $\pm$  3 (AMC) to -33  $\pm$  2 mV (DM) to -40  $\pm$ 5 (IN)) and a corresponding decrease in cAMP-induced whole cell K<sup>+</sup> current and current density (p<0.05, 2-Way ANOVA for repeated measures) (Table 1; Figure 1). A significant DM-related decline in the IBTX-sensitive portion of the whole cell K<sup>+</sup> current, and a significant increase in the 4-AP sensitive-portion of the whole cell outward K<sup>+</sup> currents (p<0.05) was also noted.

 Current (pA)
 Currents in detrusor myocytes.

 Current (pA)
 Current detrusor myocytes.

	Current (pA)		<b>Capacitance</b>	e Current density (pA/pF)	
	Before cAMP	After cAMP	<u>(pF)</u>	Before cAMP	After cAMP
AMC (n=11)	<u>359±52</u>	<u>721±100<sup>a</sup></u>	<u>26±2.6</u>	<u>15.3±3</u>	<u>32±7.2<sup>a</sup></u>
<u>DM (n=14)</u>	<u>260±34</u>	400±45 <sup>a,b</sup>	<u>29±2</u>	<u>9.4±1.5</u>	<u>14±1.8<sup>b</sup></u>
<u>IN (n=11)</u>	<u>332±52</u>	<u>555±53<sup>a</sup></u>	<u>33±2.5</u>	<u>11.3±2.2</u>	<u>18.9±3<sup>a,b</sup></u>

a: Significantly different from control in the same group (Two Way RM ANOVA).

b: Significantly different from same condition in AMC (Two Way RM ANOVA).





## Interpretation of results

There are at least 4 distinct K channel subtypes found in detrusor myocytes that are apparently differentially impacted by STZdiabetes. Of note, these studies document significant DM-related alterations in the resting potential and whole cell cAMP-stimulated K+ currents and current density. Such observations are consistent with increased detrusor myocyte excitability. These data provide novel mechanistic insight into diabetes-related changes in detrusor myocytes that may be of therapeutic value.

## Concluding message

These studies indicate the presence of a significant diabetes-related K channelopathy in detrusor myocytes that may contribute to increased detrusor myocyte excitability, and thus explain, at least in part, diabetes-related detrusor overactivity.

#### References

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