The Role of the Transient Outward Current in Action Potential Repolarization: a Simulation Study

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Abstract

The potassium transient outward current (I_{to}) is active only during the early plateau of the action potential (AP) and, therefore, its role in governing APD is controversial. The goal of this work is to characterize I_{to} from patchclamp experiments in canine ventricular epicardial cells and demonstrate its influence in cardiac restitution using an AP mathematical model. Data from our experiments has been used to define a new mathematical model for I_{to} , which has been then inserted in the Decker et al. model for canine epicardial AP, substituting the original formulation of I_{to} . The new model predicts an increase in action potential duration (APD) when I_{to} is blocked, in accordance with recent experimental evidence. Inspection of the ionic currents in the simulations show that the blockade of I_{to} may indirectly affect other plateau ionic currents like L-type Calcium current (I_{Cal}) and the rapid component of the rectifier potassium current (I_{Kr}) , producing an increment in the APD. These novel findings emphasize the importance of I_{to} in repolarization and suggest a potential role of I_{to} blockade in arrhythmogenesis.

1. Introduction

Ventricular fibrillation is the leading cause of sudden cardiac death. Recent experimental evidences have suggested that fibrillation is created and sustained by the property of restitution of the cardiac action potential duration (APD) [1]. The cardiac transient outward K⁺ current (Ito) activates at the end of the depolarization phase and recovers rapidly from inactivation in dog and human, thus it plays an important role only at the beginning of the action potential (AP), contributing to phase 1 repolarization and the AP notch [2]. However, the influence of Ito in APD is controversial and depends on the experimental conditions, the region of the myocardium or the species studied. It has been suggested that alterations in Ito may affect the plateau voltage, and consequently, it can indirectly influence the activation and deactivation of certain plateau currents producing a lengthening or a shortening of the APD [3].

Recent experiments using the action potential voltage clamp technique [2] demonstrated that APD significantly lengthens when I_{to} is blocked using chromanol 293B in the presence of 0.5 μ M of HMR 1556 (specific blocker of I_{Ks}). Furthermore, early afterdepolarizations (EADs) appeared when 0.1 μ M dofetilide was added to block I_{Kr} and the cycle length (CL) was increased to 3 s.

In this work, whole-cell patch-clamp experiments were performed to define a new mathematical model of I_{to} . The new formulation of the potassium transient current was inserted in the canine AP model of Decker et al. [4], replacing the original one. Then, the experimental conditions of [2] were reproduced simulating the effects of the different drugs by partially blocking different ionic currents. The APs and the ionic currents were registered and analyzed to clarify the contribution of the I_{to} in cardiac repolarization.

2. Materials and methods

2.1. Whole cell patch clamp experiments

All experiments were carried out in compliance with the *Guide for the Care and Use of Laboratory Animals* (USA NIH publication NO 85-23, revised 1985). The protocols were approved by the Review Board of the Committee on Animal Research of the Animal Health and Animal Welfare Directorate (15.1/01031/006/2008).

Ventricular myocytes were enzymatically dissociated from dog hearts using the segment perfusion technique as described earlier in detail [5]. The protocols followed to fabricate the micropipettes and to carried out the mesurements are described in [2], as well as, the detailed containing of the HEPES-buffred Tyrode solution.

When measuring potassium currents, 1 μ M nisoldipine (gift from Bayer AG, Leverkusen, Germany) was added to the external solution to eliminate L-type Ca²⁺ current (I_{CaL}). The slow component of the delayed rectifier potassium current (I_{Ks}) was inhibited by using the selective I_{Ks} blocker HMR 1556 (0.5 μ M). In some experiments the rapid component of the delayed rectifier potassium current (I_{Kr}) was blocked by 0.1 μ M dofetilide.

Membrane currents were recorded with Axopatch-1D and 200B patch-clamp amplifiers (Axon Instruments, Union City, CA, USA) using the whole-cell configuration of the patch-clamp technique, following the technique described in [2].

2.2. Model

The recently published Decker et al. model [4], both in its original form and using our modified version of I_{to} , was used to reproduce the experiments carried out in [2]. The Decker model is based on a previous canine AP dynamic model by Hund-Rudy [6], but it incorporates an improved description of intracellular calcium dynamics by including recent finding [7].

The Decker et al. dynamic model [4] contains mathematical descriptions for 16 transmembrane currents (CTKCl, K^+ -Cl⁻ cotransporter; CTNaCl, Na⁺-Cl⁻ cotransporter; I_{NaL} , slowly activating late Na^+ current; I_{Na} , Na^+ current; I_{Nab} , background Na^+ current; I_{NaCa} , Na^+/Ca^{2-1} exchanger; I_{Cab} , background Ca^{2+} current; I_{pCa} , sarcolemmal Ca^{2+} pump; I_{to} , 4-aminopyridine-sensitive transient outward current; IKr, fast component of delayed rectifier $K^{\scriptscriptstyle +}$ current; $I_{Ks}\!,$ slow component of delayed rectifier K^+ current; I_{K1} , time-dependent K^+ current; I_{NaK} , Na⁺- K⁺ pump current; I_{leak}, network sarcoplasmic reticulum (NSR) leak current; Ito2, Ca2+ dependent transient outward Cl current; $I_{Ca,L}$, L-type Ca²⁺ current) and intracellular calcium handling processes (I_{diff} , ion diffusion, myoplasm-to-SR subspace; I_{tr}, Ca²⁺ transfer, NSR to junction sarcoplasmic reticulum (JSR); Irel, JSR release current; Idiff,ss, ion diffusion, subspace-to-local ICaL subspace; $I_{NaCa,ss}$, Na^+/Ca^{2+} exchanger localized to SR subspace).

In some of our simulations, we have modified the formulation of the 4-amynopiridine-sensitive transient outward current (I_{to}) as described below.

3. Results and discussion

3.1. Experimental results

The whole-cell patch-clamp experimental results showed in Figure 1 reveal two main aspects that differ from the present knowledge of I_{to} . The first is the crossover between the steady-state activation and inactivation curves shown in Figure 1A. The second is the increase of the slow component of the time constant of inactivation.



Figure 1. Characterization of the kinetic properties of I_{to} . (A) Experimental steady-state activation and inactivation curves obtained for I_{to} in canine ventricular myocytes. (B) Fitted steady-state activation and inactivation curves using Boltzmann functions. (C) Time constants of inactivation were determined by fitting a sum of two exponential functions to the decay phase of I_{to} . (D) Simulation of the slow and the rapid phase of the inactivation.

3.2. Model of I_{to}

The data presented in the previous section was used to formulate a new mathematical model for I_{to} . As in the original Decker et al. model [4], the I_{to} is formulated as:

$$I_{to} = G_{to}a^3 i_f i_s (V - E_K)$$

where G_{to1} is the maximum conductance, *a* is the activation gate, i_f and i_s are the fast and slow inactivation gates respectively, *V* is membrane potential and E_K is the Nernst potential for K⁺ ions.

The steady-state curves for the gates were reformulated using the data shown in Figure 1A. Experimental data were fitted with Boltzmann functions (Figure 1B) yielding the following equations:

$$a_{\infty} = \frac{1}{1 + \exp\left(-\frac{V + 14.65}{19.78}\right)} \qquad i_{f,\infty} = i_{s,\infty} = \frac{1}{1 + \exp\left(\frac{V + 40.08}{8.496}\right)}$$

The new formulation of the steady-state curves produces a slight reactivation of I_{to} (96 nA/ μ F) in a range of potentials of -20 and -40 mV. Using the data of Figure 1C, the inactivation time constant was modified obtaining

the curves showed in Figure 1D and the equations:

$$\begin{aligned} \alpha_{is} &= \frac{1}{800 \left[1 + \exp\left(\frac{V+60}{5}\right) \right]} \quad \beta_{is} = \frac{1}{15 \left[1 + \exp\left(-\frac{V-18}{9}\right) \right]} \\ \alpha_{if} &= \frac{1}{150 \left[1 + \exp\left(\frac{V+58}{5}\right) \right]} \quad \beta_{if} = \frac{1}{5 \left[1 + \exp\left(-\frac{V+19}{9}\right) \right]} \\ \tau_{is} &= \frac{1}{\alpha_{is} + \beta_{is}} \qquad \tau_{if} = \frac{1}{\alpha_{if} + \beta_{if}} \end{aligned}$$

In the original model, the time constant of inactivation has a value of 10 ms for a membrane potential of 25 mV, while in the modified model it is approximately 25 ms.

3.3. Action potential model

Recent experimental evidence shows that the blockade of I_{to} (together with I_{Ks}) increases APD in canine ventricular tissue (Figure 2A). We used the Decker model, both with the original I_{to} (see Figure 2B) and with the modified I_{to} (Figure 2C) to try to reproduce and explain this effect. The cell was stimulated by a train containing 200 identical pulses at 1 Hz (amplitude twice diastolic threshold) until it reached steady-state. Three types of simulations were carried out: control, 100% I_{Ks} block (simulating the effect of HMR 1556 [2]) and 100% I_{Ks} block + 90% I_{to} block (simulating the effect of Chromanol 293B [2]), respectively.

Figure 2B shows the results obtained using the original Decker et al. [4]. When I_{Ks} was fully blocked, APD does not change significantly compared to the control situation, what is consistent with the experimental results (Figure 2A). However, additional I_{to} inhibition (90%) shifts the early plateau to more positive voltages and eventually shortens APD in 10% (Figure 2B), in contrast with the experimental results. Conversely, the same simulations using the modified I_{to} model correlated well with the experimental data of [2], and the inhibition of I_{to} in presence of full block of I_{Ks} produced APD prolongation (Figure 2C).

In order to understand why APD increases in the presence of I_{to} inhibition, the main ionic currents underlying the AP were monitored during the simulations. IKr and ICaL turned out to be the plateau currents more affected by changes in Ito. The traces of these currents during the AP, in control conditions and under the effect of a 100% IKs blockade and under the effects of 100% and 90% blockade of I_{Ks} and I_{to} , respectively, are shown in Figure 3. A detailed analysis of Figure 3 clarifies that there are three factors cooperating in slowing down repolarization in the mid-plateau in I_{to} block conditions compared to control in the modified Decker et al. [4] model. The first is the higher value of I_{Kr} in the modified control model compared to the modified I_{to} block model, as shown in Figure 3D. The second is an increment in I_{CaL} produced when the I_{to} is blocked (Figure 3B, lower inset), a fact that increases the inward balance of currents and rises membrane potential. The third is the late activation of Ito at the beginning of repolarization in control conditions due to the "window" current (Figure 3B, upper inset), which is a consequence of the overlap of the steady-state activation and inactivation curves in the new formulation of Ito. Its reduction when Ito blockade is applied causes a reduction of the outward current and keeps membrane potential higher. Under normal conditions, this "window" current would not be determinant for APD, but in certain pathological conditions or under the effect of drugs that block I_{Ks}, it may alter the inward/outward current balance of the cell in a way that produces APD prolongation. Thus, the slowdown of Ito inactivation in the modified model produces variations in the membrane potential at the end of phase 1 that indirectly alters the behaviour of I_{CaL} and I_{Kr}.

Finally, in the study of Viràg et al. [2], the CL was increased up to 3 s and 0.1 μ M of dofetilide was used to inhibit I_{Kr}. These conditions, added to the previous blockades of I_{Ks} and I_{to}, resulted in excessive repolarization lenghening and EADs formation. Blockades of 100%, 90% and 55% were applied to I_{Ks}, I_{to} and I_{Kr}, respectively to reproduce the experiment using the original Decker et al. [4] model. The CL was increased to 3 s and the cells were stimulated until the



Figure 2. (A) Monitored experimental steady-state APs for a CL of 1 s under control conditions, under the effect of 0.5 μ M of HMR 1556 and of 100 μ M of Cromanol 293B added to the previous concentration of HMR 1556. (B y C) Simulated steady-state APs using the original Decker et al. model (B) and the modified model (C) reproducing the effect of MHR 1556 with a blockade of

steady-state. EADs did not appear in the simulations, in contrast to what happened in [2]. When repeating the simulations using the modified I_{to} model, EADs were found (not shown).



Figure 3. Simulated ionic current traces under 90% I_{to} and I_{Ks} 100% block and in control conditions. (A) Results using the original Decker et al. dog model. Superimposed I_{to} and I_{CaL} current traces. (B) Results using the modified Decker et al. dog model. Superimposed I_{to} and I_{CaL} current traces. (C) Results using the original Decker et al. dog model. I_{Kr} current trace. (D) Results using the modified Decker et al. dog model. I_{Kr} current trace.

The similarities between the ionic currents of dog and human hearts have enabled other studies about the arrhythmogenesis or heart failure using mathematical canine AP models [9, 10]. Despite the Decker et al. [4] model being the most recent model, it failed in reproducing the experimental results found in [2]. Incorporating the new findings of the kinetic of I_{to} described in this study into the existing dog AP model represents an improvement of the existing knowledge and makes the Decker et al. [4] model more predictive. Furthermore, the current analysis carried out in this work emphasizes the importance of I_{to} in repolarization and suggests a potential role of I_{to} blockade in arrhythmogenesis.

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