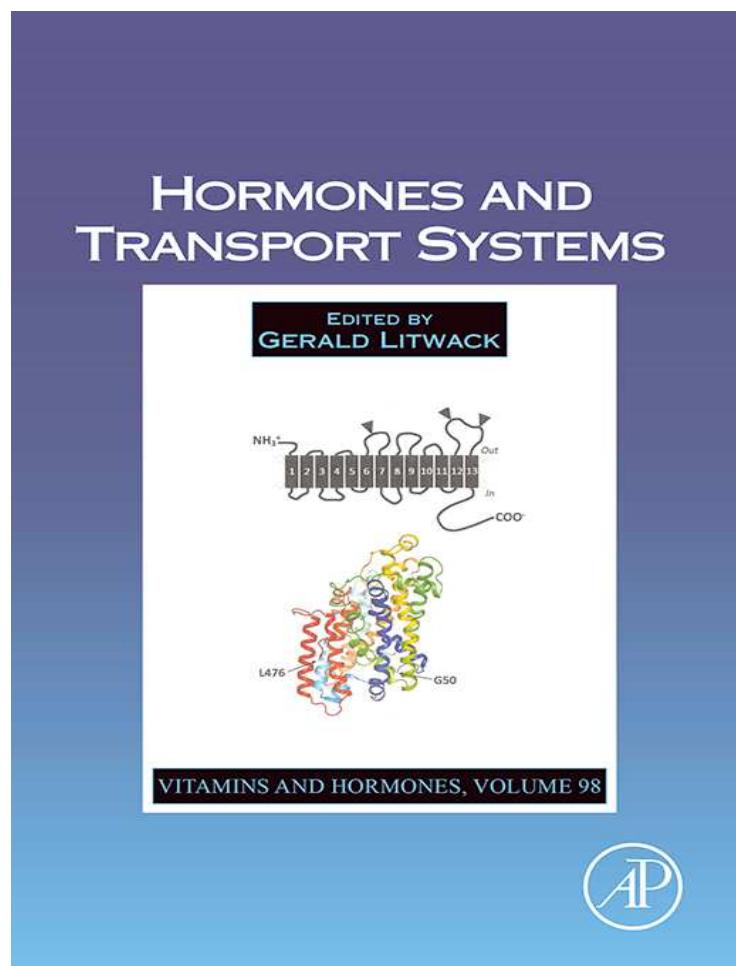


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From Marcelo S. Vatta, Liliana G. Bianciotti, María J. Guil and Sandra I. Hope, Regulation of the Norepinephrine Transporter by Endothelins: A Potential Therapeutic Target. In: Gerald Litwack, editor, *Vitamins and Hormones*, Vol. 98, Burlington: Academic Press, 2015, pp. 371-405.

ISBN: 978-0-12-803008-0

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# Regulation of the Norepinephrine Transporter by Endothelins: A Potential Therapeutic Target

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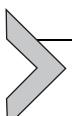
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## Abstract

Neuronal norepinephrine (NE) uptake is a crucial step in noradrenergic neurotransmission that regulates NE concentration in the synaptic cleft. It is a key mechanism mediated by the NE transporter (NET) which takes the neurotransmitter into the presynaptic neuron terminal or the adrenal medulla chromaffin cell. The activity of NET is short and long terms modulated by phosphorylation mediated by protein kinases A, C, and G and calcium–calmodulin-dependent protein kinase, whereas the transporter availability at the cell surface is regulated by glycosylation. Several neuropeptides like angiotensins II, III, and 1–7, bradykinin, natriuretic peptides, as well as endothelins (ETs) regulate a

wide variety of biological effects, including noradrenergic transmission and in particular neuronal NE uptake. Diverse reports, including studies from our laboratory, show that ETs differentially modulate the activity and expression of NET not only in normal conditions but also in diverse cardiovascular diseases such as congestive heart failure and hypertension. Current literature supports a key role for the interaction between ETs and NE in maintaining neurotransmission homeostasis and further suggests that this interaction may represent a potential therapeutic target for various diseases, particularly hypertension.

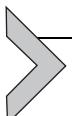
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## 1. INTRODUCTION

The present review focuses on the participation of the endothelinergic system in the regulation of neuronal norepinephrine (NE) uptake which is the crucial step that ends NE activity at the synaptic cleft. The modulation of the NE transporter (NET) activity and expression by endothelin (ETs) is reviewed in normal animals and in different cardiovascular diseases focusing on the differential regulation exerted by ETs in diverse areas of the central nervous system (CNS) and peripheral nervous system. In addition, the contribution of other neuropeptides to the regulation of NET is briefly described. This review is divided into three sections: the first section describes the main features of NET regulation; the second section involves the description of ETs biosynthesis, receptors, and coupled intracellular signaling pathways and main biological actions; and the third section focuses on the regulation of NET by ETs and other neuropeptides.

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## 2. NEURONAL NE UPTAKE

### 2.1 General aspects

Catecholamines (CAs) are classic neurotransmitters of low-molecular-weight that share a catechol group in their structure. The biosynthetic pathway begins with the stereospecific uptake of the CA precursor L-tyrosine into the cytoplasm where it is transformed to L-DOPA by tyrosine hydroxylase (TH). This is the limiting step in CA biosynthetic pathway. Then, by the action of L-aromatic amino acid decarboxylase, L-DOPA is converted to dopamine that enters into the synaptic vesicle through a monoamine vesicular transporter, where it is transformed to NE by dopamine- $\beta$ -hydroxylase. In response to diverse stimuli, NE is released from vesicles

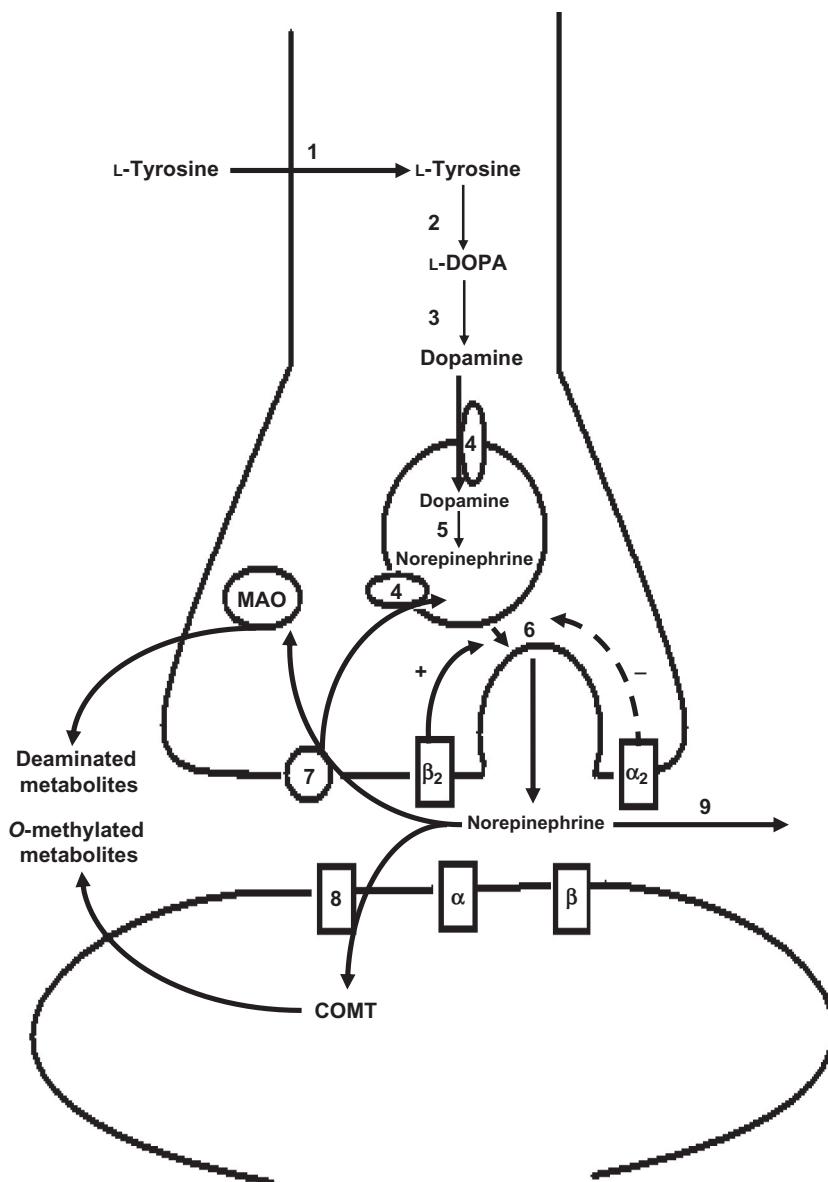
through a complex exocytotic calcium-dependent mechanism to the synaptic cleft where it binds to specific adrenergic receptors localized at the pre- and/or postsynaptic levels to exert diverse biological effects. The amine is then removed mainly by uptake mechanisms which will be discussed in more detail in the following section (Fig. 1; Flatmark, 2000; Kvetnansky, Sabban, & Palkovits, 2009).

## 2.2 NE inactivation

NE exerts its actions on target cells by binding to and activating adrenergic receptors. The target cell expression of different receptor types determines the ultimate cellular effect, and thus NE has different actions on different cell types. The signal is terminated by the removal of NE through distinct uptake mechanisms that may eventually be followed by enzymatic degradation. Although part of the neurotransmitter may be lost through its diffusion across the synaptic cleft to the blood, it is a route of minor importance for NE inactivation (Brandao, 1976; Kvetnansky et al., 2009). The extracellular uptake of NE into the cytosol, either by presynaptically (uptake 1) or by nonneuronal cells in the vicinity (uptake 2), represents the major mechanisms for NE inactivation (Hahn & Blakely, 2007; Kvetnansky et al., 2009). Part of the NE is transported by the monoamine vesicular transporter into synaptic vesicles to be further released upon stimuli, but uptake may be followed by rapid degradation to various metabolites through monoamine oxidase (MAO) or catechol-O-methyl transferase (COMT) enzymes (Eisenhofer, Kopin, & Goldstein, 2004; Kopin, 1994; Youdim & Riederer, 1988). In neurons, MAO converts NE to the corresponding aldehyde which is then nonenzymatically further oxidized (Eisenhofer et al., 2004; Kopin, 1994). Similarly, but in nonneuronal cells, COMT methylates the m-hydroxyl group of the phenyl ring of NE, rendering it less active (Eisenhofer et al., 2004; Youdim & Riederer, 1988).

### 2.2.1 Nonneuronal uptake or uptake 2

Nonneuronal uptake occurs in nonneuronal cells like myocytes, hepatocytes, chromaffin cells, as well as glial, renal, and smooth muscle cells (Hughes, 1972; Iversen & Salt, 1970; Kvetnansky et al., 2009; Trendelenburg, 1988; Vatta et al., 1997). It is mediated by the classic corticosterone-sensitive extraneuronal MAO transporter and two organic cation transporters (OCT1 and OCT2) localized on extraneuronal structures (Eisenhofer, 2001; Friedgen, Wolfel, Russ, Schomig, & Graefe, 1996; Haag et al., 2004). It is a nonstereo-specific, low-affinity, and



**Figure 1** Schematic representation of the events occurring at the noradrenergic terminal and an effector cell. A Na<sup>+</sup>-dependent cotransport of aromatic amino acid uptakes L-tyrosine (1) to be converted to L-DOPA by the tyrosine hydroxylase enzyme (2). Subsequently, the L-aromatic amino acid decarboxylase enzyme converts L-DOPA to dopamine (3) which by a vesicular transport of amines (4) is taken back into vesicles, where it is finally converted to norepinephrine (NE) by the dopamine-β-hydroxylase enzyme (5). Upon appropriate stimuli, NE is released by a calcium-dependent mechanism into the

high-capacity mechanism that it is independent of  $\text{Na}^+$  and  $\text{Cl}^-$  (Eisenhofer, 2001). Nonneuronal uptake is not inhibited by usual inhibitors of neuronal uptake but by metanephrine and corticosteroids like hydrocortisone (Olivier, Soudijn, & van Wijngaarden, 2000). This mechanism primarily clears circulating CA, rather than neuronal NE, although it may contribute to the clearance of synaptic NE under conditions of diminished NET function. Nonneuronal uptake is followed by enzymatic degradation of CA.

### 2.2.2 *Neuronal uptake or uptake 1*

Neuronal uptake of CA is a high-affinity and  $\text{Na}^+$ - and  $\text{Cl}^-$ -dependent system mediated by the NET, dopamine transporter (DAT), and serotonin transporter (SERT) proteins (Iversen, 2006). Uptake of NE into the presynaptic neuron by NET represents the primary mechanism for NE inactivation (Bönish & Brüss, 2006; Wersinger, Jeannotte, & Sidhu, 2006; Zahniser & Doolen, 2001). Approximately, 80–90% of the released NE to the synaptic cleft is transported into neurons by NET (Esler et al., 1990). In the late 1950s and early 1960s, Julius Axelrod revealed the existence of neuronal uptake as a key mechanism for CA inactivation (Axelrod, 1957, 1962). Before this finding, it was accepted that inactivation of CA was mediated by rapid enzymatic degradation at the synaptic cleft like it occurs with acetylcholine which is hydrolyzed by acetylcholinesterase. At present, it is well established that CA inactivation is primarily mediated by transporter proteins belonging to the solute carrier 6 (SLC6) transport family (Kristensen et al., 2011; Pramod, Foster, Carvelli, & Henry, 2013).

## 2.3 NE transporter

The NET has a pivotal role in the regulation of synaptic NE in the brain and in peripheral tissues. This transporter is highly relevant given that it is a molecular target for diverse antidepressants, like the tricyclics, and abused

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synaptic cleft (6), where NE binds to adrenoceptors localized at the pre- and postsynaptic membrane. The  $\alpha_2$  and  $\beta_2$  receptors placed at the presynaptic membrane down- or upregulate neuronal NE release, respectively. The biological inactivation of NE occurs not only by neuronal uptake or uptake 1 mediated by the norepinephrine uptake transporter (NET) (7), but also by extraneuronal uptake or uptake 2 (8) or diffusion into the extracellular space (9). The neurotransmitter transported by NET is either internalized into vesicles by the amine vesicular transporter (4) or degraded by the monoamine oxidase (MAO) enzyme to deaminated metabolites. NE undergoing nonneuronal uptake is metabolized to O-methylated derivatives by catechol-O-methyltransferase (COMT).

substances as cocaine and amphetamines (Iversen, 2000; Kristensen et al., 2011; Schlessinger et al., 2011).

The NET is localized on the membrane of noradrenergic neurons, and it not only regulates NE availability at the synaptic cleft but also plays an important role in the neurotransmitter homeostasis between presynaptic and postsynaptic nerve endings (Liang, 2007; Matthies et al., 2009; Xu et al., 2000). The NET can also transport dopamine and epinephrine, and although it has higher affinity for dopamine than NE, it is not expressed in dopaminergic nerve terminals (Apparsundaram, Moore, Malone, Hartzell, & Blakely, 1997; Buck & Amara, 1994; Giros et al., 1994). Nevertheless, it is believed that it may contribute to clear dopamine in certain brain areas (Carboni, Tanda, Frau, & Di Chiara, 1990; Moron, Brockington, Wise, Rocha, & Hope, 2002). The affinity rank order for NET is dopamine > NE > epinephrine.

NE uptake by NET is a secondary active transport dependent on  $\text{Na}^+$  and  $\text{Cl}^-$  ions. Uptake is driven by an inwardly directed  $\text{Na}^+$  gradient maintained by the action of the  $\text{Na}^+ - \text{K}^+$ -ATPase (Bönisch & Brüss, 2006; Kristensen et al., 2011; Kvetnansky et al., 2009). The NET belongs to the SLC6 transport family, which consists of four groups based on the substrate they transport: the neurotransmitter transporters which besides NET (SLC6A2) include DAT,  $\gamma$ -aminobutyric acid (GABA) transporter, SERT, and glycine transporter; the amino acid transporters; the osmolyte transporters; and creatine transporters (Kristensen et al., 2011; Pramod et al., 2013).

### 2.3.1 NET: Structure and function

The human and rat NET contains 617 amino acids, and its distribution is consistent with the distribution of noradrenergic pathways. The human gene encoding NET is localized to chromosome 16q12.2 (Brüss, Kunz, Lingen, & Bönisch, 1993; Gelernter et al., 1993). Alternative mRNA splicing variants of the transporter which results in the expression of NET that differ in carboxyl-terminal regions have been reported (Pörzgen, Bönisch, Hammermann, & Brüss, 1998; Sogawa et al., 2007). These variants from alternative splicing may influence maturation as well as trafficking of the transporter to the cell surface. In addition, several polymorphisms in the coding and noncoding regions of human NET gene have also been shown (Hahn & Blakely, 2002; Iwasa, Kurabayashi, Nagai, Nakamura, & Tanaka, 2001; Shannon et al., 2000; Stöber et al., 1996; Tellioglu & Robertson, 2001).

The NET is mostly expressed in the *locus coeruleus* that sends projections to cerebellum, cortex, and thalamus and in the A1 and A2 cell groups that project to the hypothalamus, preoptic area, and forebrain (Kvetnansky et al., 2009; Matthies et al., 2009; Schroeter et al., 2000). In addition, NET is present in the sympathetic neurons of the autonomic nervous system and the chromaffin cells of the adrenal medulla (Kippenberger et al., 1999; Schroeter et al., 2000; Wehrwein et al., 2008).

Sequence analysis combined with biochemical approaches revealed that these transporters have 12 hydrophobic transmembrane spanning domains with intracellular amino and carboxy termini and a large extracellular loop between transmembrane helices TM3 and TM4 that contains three N-glycosylation sites (Kristensen et al., 2011; Pramod et al., 2013; Ramamoorthy, Shippenberg, & Jayanthi, 2011; Yamashita, Singh, Kaeate, Jin, & Gouaux, 2005). Another structural feature is a pair of Cys residues in extracellular loop 2 that form an intraloop disulfide bridge. The N-glycosylation sites modulate the activity and the structural stability of the transporter. The structure has an inverted symmetry given by the TM1–TM5 and TM6–TM10 domains (Kristensen et al., 2011; Pramod et al., 2013; Yamashita et al., 2005). Within the amino and carboxy termini and within its internal domain, the NET contains consensus sites for serine/threonine phosphorylation (Ramamoorthy et al., 2011). The NET shares high homology with the other monoamine transporters (DAT and SERT), particularly at TM1, TM2, and TM4–8 domains (Pramod et al., 2013).

The ligand-binding site is in close vicinity with  $\text{Na}^+$  which allows a coupled movement between NE and the ion (Hahn & Blakely, 2007; Torres & Anara, 2007; Yamashita et al., 2005). Kinetic studies show that the entry of  $\text{Na}^+$  and  $\text{Cl}^-$  is a requisite for NE binding (Apparsundaram, 2011; Bönish & Brüss, 2006; Gouaux, 2009). Removal of  $\text{Na}^+$  or  $\text{Cl}^-$  abolishes NET-mediated NE uptake. NET is believed to translocate one substrate molecule with two  $\text{Na}^+$  and one  $\text{Cl}^-$  (Kristensen et al., 2011). The transporter is inhibited by cocaine, desipramine, and nisoxetine among other drugs (Apparsundaram, 2011; Hahn & Blakely, 2007; Robinson, 2003).

The activity and expression of NET is regulated by short- and long-term mechanisms. Short-term regulation involves phosphorylation, trafficking, and protein–protein interaction, whereas long-term modulation involves transcriptional modifications.

The abundance of NET on the plasma membrane depends on NE release rate thus avoiding asynchrony between the release and uptake of the neurotransmitter (Oaks & Sidhu, 2011; Quick, 2006; Ramamoorthy et al.,

2011). NET can be internalized into endosomal compartments or recycled to the membrane upon demand (Oaks & Sidhu, 2011). The rate of recycling/internalization can be as high as 3–5% transporters/min.

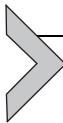
SNARE proteins (soluble N-ethylmaleimide-sensitive factor attachment protein receptor) present in the vesicles (v-SNARES) and in the plasma membrane (t-SNARE) regulate neuronal release and inactivation of NE (Oaks & Sidhu, 2011; Quick, 2006; Ramamoorthy et al., 2011). Synaptobrevin or vesicle associated membrane proteins (VAMP) (v-SNARE) as well as syntaxin and SNAP-25 (t-SNARES) are involved in NE release as well as the NET recycling/internalization process.

A stable ternary complex (1:1:1) is formed by SNARE proteins which interact with N- and P/Q-type calcium channels to allow the fusion of vesicles with the plasma membrane and the eventual release of NE (Chen & Scheller, 2001; Jena, 2011; Rizo & Südhof, 2002; Sheng, Rettig, Cook, & Catterall, 1996). Syntaxin A1 interacts with NET to regulate the availability of the transporter in the membrane and to inhibit NE release (Sung & Blakely, 2007). If the syntaxin/NET complex is dissociated, NE inactivation is retarded (Sung et al., 2003).

High calcium concentrations favor not only NET insertion in the membrane but also NET/syntaxin complex formation, whereas the absence of calcium reduces NET recycling (Sung & Blakely, 2007). Protein kinase C (PKC) activation leads to decreased transport (reduced  $V_{max}$ ) as a result of redistribution of the transporter from the surface to intracellular compartments (Apparsundaram, Galli, DeFelice, Hartzell, & Blakely, 1998; Jayanthi, Samuvel, & Ramamoorthy, 2004). Mutation of Thr258 and Ser259 to Ala significantly reduces transporter phosphorylation and prevents phorbol 12-myristate 13-acetate-induced decrease in NE uptake and NET internalization, an effect that was not observed upon substitution of the other potential phosphorylation sites in the transporter (Jayanthi, Annamalai, Samuvel, Gether, & Ramamoorthy, 2006). Stimulation of calcium-calmodulin-dependent protein kinase (CaMKII) activity in PC12 cells, which endogenously express NET, correlates with enhanced NET transport activity (Ramamoorthy et al., 2011; Sung & Blakely, 2007; Uchida, Kiuchi, Ohno, Yura, & Oguchi, 1998). Protein phosphatases like protein phosphatases 1 and 2 play a relevant role in maintaining NET in a relatively dephosphorylated state (Bauman et al., 2000). The phosphorylation sites appear to be potential sites for the presynaptic modulation of NET activity. Nevertheless, despite numerous studies, the molecular basis of the processes by which phosphorylation controls the transporter function still remains to be fully elucidated.

### 2.3.2 Involvement of the NET in disease

Impairment of NET has been associated with diverse neurological diseases like Alzheimer and Parkinson; psychiatric disorders like depression and attention-deficit hyperactivity disorder; as well as cardiovascular diseases like congestive heart failure, blood pressure elevation, and postural tachycardia syndrome (Bönish & Brüss, 2006; Esler et al., 2006; Kristensen et al., 2011; Liang, 2007; Schroeder & Jordan, 2012; Shannon et al., 2000; Tellioğlu & Robertson, 2001; Whiskey & Taylor, 2013). Whether NET impairment is involved in the genesis and/or maintenance of these pathophysiological conditions remains to be further elucidated.



## 3. ENDOTHELINS

### 3.1 General aspects

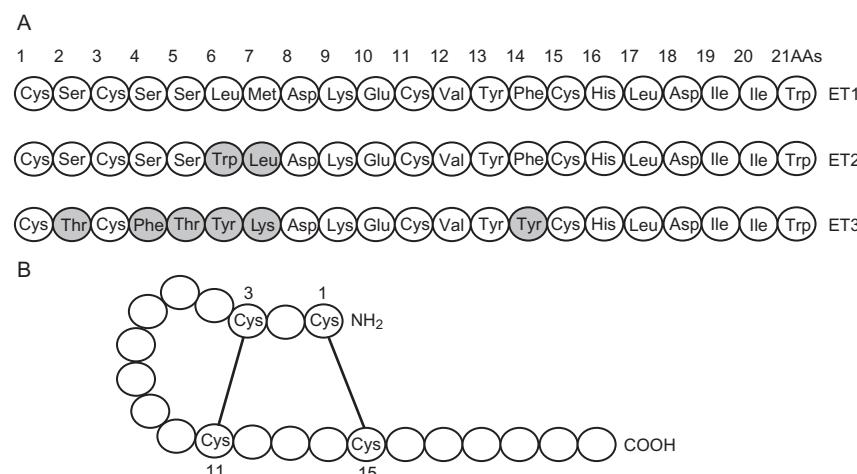
ETs are a family of vasoactive isopeptides comprised by ET-1, ET-2, and ET-3 that were first evidenced by Hickey, Rubanyi, Paul, and Highsmith (1985). They provided the first evidence for a potent vasoconstrictor substance derived from bovine aortic cells (Hickey et al., 1985). In 1988, these substances were then isolated, purified, and further characterized from porcine and rat aortic endothelial cells (Itoh et al., 1988; Yanagisawa, Kurihara, et al., 1988). ETs are 21 amino acid peptides with a hydrophobic C-terminus and two cysteine bridges at the N-terminus, which are essential for the biological activity (Kimura et al., 1988; Yanagisawa, Inoue, et al., 1988). ET-1, the first characterized member of the family, induces a strong long-lasting pressor response when intravenously injected (Yanagisawa & Masaki, 1989). ET-1, ET-2, and ET-3 are encoded in rodents, porcine, and humans by different independent genes localized to the 6, 1, and 20 chromosomes, respectively (Arinami et al., 1991; Inoue et al., 1989; Yanagisawa, Inoue, et al., 1988). Phylogenetic studies show that ETs are highly conserved in different species like humans, fishes, insects, mollusks, and annelids (Kasuya, Kobayashi, & Uemura, 1991; Kuwaki et al., 1997). ET-1 gene expression is enhanced by stress, and it plays a relevant role in diverse systemic disorders associated with endothelium injury like hypertension, uremic hemolytic syndrome, thrombocytopenic purpura, and heart failure (Hynynen & Khalil, 2006; Itoh et al., 1988). Immunoreactive ET-1 and mRNA ET-1 were reported in the blood vessels, heart, liver, kidney, peripheral nervous system, and CNS (Giard et al., 1989; Kuddus, Nalesnik, Subbotin, Rao, & Gandhi, 2000; Naicker & Bhoola, 2001; Naidoo, Mahabeer, & Raidoo, 2001; Naidoo, Naidoo, Mahabeer, &

Raidoo, 2004; Rubanyi & Botelho, 1991; Zhan & Rockey, 2011). ET-1 is the peptide with most potent vasoconstrictor property known (Yanagisawa, Inoue, et al., 1988; Yanagisawa, Kurihara, et al., 1988).

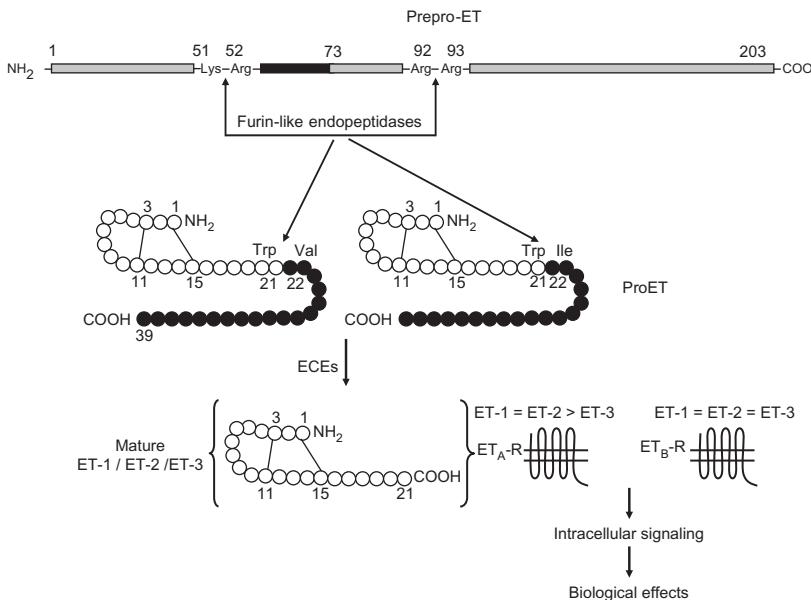
ET-2 is principally expressed in vascular endothelium, and minor in kidney, heart, placenta, uterus, CNS, and in the gastrointestinal tract (Takizawa et al., 2005; Uchide, Adur, Fukamachi, & Saida, 2000), whereas ET-3 is primarily localized in the CNS, and also in pituitary, intestine, pancreas, and liver (Matsumoto, Suzuki, Onda, & Fujino, 1989; Sluck, Lin, Katolik, Jeng, & Lehmann, 1999). ET-2 and ET-3 differ from ET-1 in the amino acid sequence but share similar biological properties (Fig. 2).

The venom of the burrowing asp *Atractaspis engaddensis* contains several 21 amino acid residue peptides known as sarafotoxins. The sarafotoxins are homologous to the mammalian ET family, and they have similar biological activities (Kloog et al., 1988; Kochva, Bdolah, & Wollberg, 1993).

The precursors of ETs are processed by peptidases to create mature active forms. The 203-residue pre-pro-ETs (212 in human) are cleaved by furin-like endopeptidases to form inactive intermediates of 39 amino acids termed big-ETs or pro-ETs (Fig. 3; Sluck et al., 1999). Processing is mediated by zinc metalloproteases from the neprilysin superfamily, termed endothelin-converting enzymes (ECEs) that cleave big-ETs into the biological active



**Figure 2** Endothelins structure. (A) The amino acid sequence of the endothelin family isoforms. Filled circles represent the amino acid residues different from ET-1 sequence. (B) Cyclic endothelin structure that includes two disulfide bridges joining the cysteine residues in positions 1–15 and 3–11. AAs: amino acids and ET-1, ET-2, and ET-3: endothelins 1, 2, and 3.



**Figure 3** Endothelin biosynthetic pathway and affinity for endothelin receptors. ET-1, ET-2, and ET-3: endothelins 1, 2, and 3; ECEs: endothelin-converting enzymes; and ET<sub>A</sub>-R and ET<sub>B</sub>-R: endothelin receptor type A and endothelin receptor type B.

peptides (Opogenorth, Wu-Wong, & Shiosaki, 1992; Sluck et al., 1999). Although several isoforms of ECEs have been described, isoforms ECE-1, ECE-2, and ECE-3 are the most important in ETs' cleavage (Hasegawa et al., 1998; Kawanabe & Nauli, 2011; Opogenorth et al., 1992). ECE-1 is a membrane-bound metalloprotease that acts at neutral pH, whereas ECE-2 acts at acidic intracellular pH (Emoto & Yanagisawa, 1995). While ECE-1 and ECE-2 cleave pro-ET-1, these enzymes display low affinity for big-ET-2 and big-ET-3. ECE-3, originally purified from iris microsomes, would be specific for the cleavage of big-ET-3 to ET-3 (Hasegawa et al., 1998).

Once synthesized, ETs are secreted through two distinct secretory pathways. One is the classical exocytotic pathway activated in response to stimuli like hypothermia, stretch, and diverse agonists (Khimji & Rockey, 2010; Macarthur, Warner, Wood, Corder, & Vane, 1994; Russell & Davenport, 1999; Yoshitomi, Kojima, Ogi, & Kuramochi, 1998). The other secretory via is constitutive secretion that results in elevated ETs release as a consequence of increased biosynthesis without peptide package into vesicles (Khimji & Rockey, 2010; Ohkita, Tawa, Kitada, & Matsumura, 2012; Russell & Davenport, 1999).

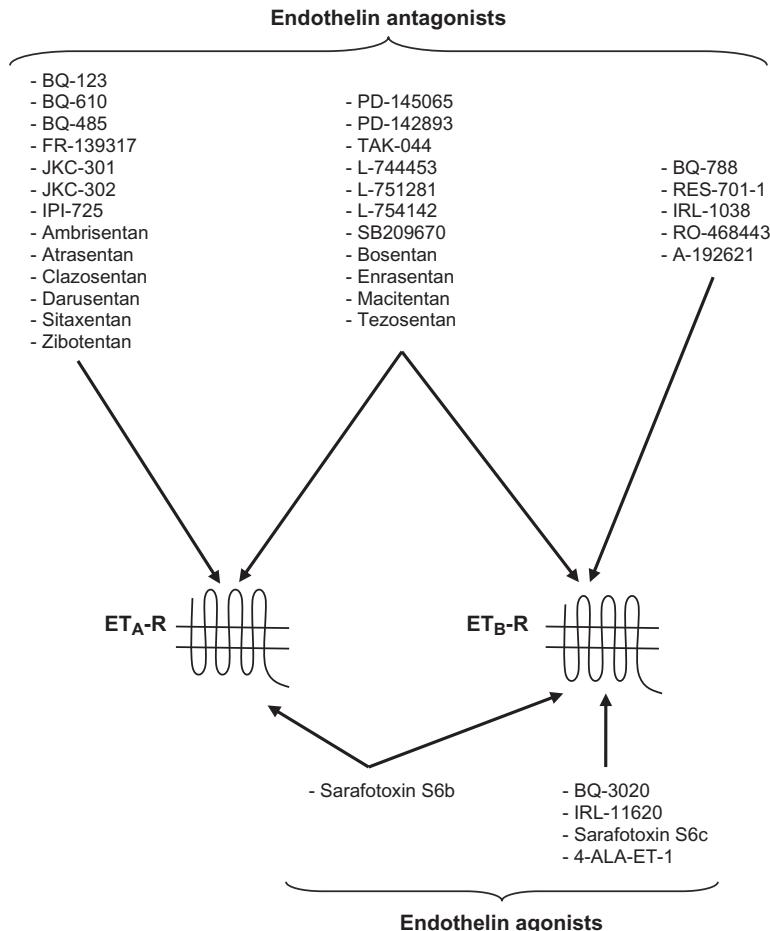
### 3.2 Receptors and intracellular signaling pathways

ETs mediate their biological actions through two well-characterized G protein-coupled receptors (GPCRs) termed ET<sub>A</sub> and ET<sub>B</sub> (Fig. 3; Sokolovsky, 1995a, 1995b). The ET<sub>A</sub> receptor displays higher affinity for ET-1 and ET-2 than for ET-3, whereas ET<sub>B</sub> binds the three isopeptides with similar affinity (Fig. 3; D'Orleans-Juste et al., 2002; Meyers & Sethna, 2013).

In rodents, ET<sub>A</sub> is highly expressed in the heart, blood vessels, and lungs whereas to a lesser extent in the liver, kidney, CNS, and the reproductive system (King, Gude, Di Iulio, & Brennecke, 1995; Kohan, Rossi, Inscho, & Pollock, 2011; Koyama, 2013; Kurokawa, Yamada, & Ochi, 1997; Kuwaki et al., 1997; Opgenorth, 1995). Conversely, ET<sub>B</sub> is expressed mainly in the CNS, although it is also found in lungs, pancreas, heart, kidneys, and the endocrine and reproductive systems (D'Orleans-Juste et al., 2002; King et al., 1995; Koyama, 2013; Kuwaki et al., 1997; Yamamoto & Uemura, 1998).

Both ET receptors can be pharmacologically identified by selective antagonists and agonists (Fig. 4). However, several studies support the existence of receptors other than ET<sub>A</sub> and ET<sub>B</sub> given that diverse biological effects mediated by ETs fail to be mimicked by ET agonists or inhibited by ET antagonists. These receptors were termed *atypical receptors* or ET<sub>AX</sub> and ET<sub>BX</sub> (di Nunzio, Legaz, Rodano, Bianciotti, & Vatta, 2004; Nabhen et al., 2009, 2011; Nambi et al., 1997; Pate et al., 1999; Perfume et al., 2007, 2008; Sokolovsky, 1995a, 1995b). Whether they represent ET<sub>A</sub> and ET<sub>B</sub> receptor subtypes or additional ET receptors remains to be investigated.

A third receptor subtype termed ET<sub>C</sub> with higher affinity for ET-3 was cloned in *Xenopus laevis* (Karne, Jayawickreme, & Lerner, 1993; Kumar et al., 1994). Although it has not been cloned in mammals so far, it is believed that this receptor coupled to the phosphoinositide pathway would mediate various ET-3 biological effects like the neuronal release of NE in the posterior hypothalamus (di Nunzio et al., 2004). Diverse studies show that ET receptors may associate between themselves and with other receptors. It was shown that ET receptors interact to form homodimers and heterodimers (Evans & Walker, 2008; Gregan, Jürgensen, et al., 2004; Gregan, Schaefer, Rosenthal, & Oksche, 2004; Watts, 2010). Associations of ET receptors and other non-ET receptor were also reported, like dimerization between ET receptors and dopamine D3 receptor (D<sub>3</sub>) or angiotensin type 1 receptors (AT1) (Watts, 2010; Yu et al., 2009; Zeng et al., 2005).



**Figure 4** Endothelin receptor antagonists and agonists. ET<sub>A</sub>-R and ET<sub>B</sub>-R: endothelin receptor type A and endothelin receptor type B.

ET<sub>A</sub> and ET<sub>B</sub> can activate different G proteins (Gq, Gs, Go, or Gi) and thus trigger multiple signaling pathways depending on the ligand concentration and cell type involved (Hersch, Huang, Grider, & Murthy, 2004; Kitamura et al., 1999; Kuwaki et al., 1999; Shraga-Levine & Sokolovsky, 2000; Sokolovsky, 1995a, 1995b).

ETs activate phospholipase C (PLC) resulting in the cleavage of the phospholipid phosphatidylinositol 4,5-biphosphate into diacylglycerol which stimulates PKC and inositol 1,4,5-triphosphate (IP<sub>3</sub>) which binds to IP<sub>3</sub> receptors in the smooth endoplasmic reticulum causing cytosolic

calcium concentration to increase (Deacon & Knox, 2010; Jain, Olovsson, Burton, & Yung, 2012; Kato et al., 2013; Kuwaki et al., 1997; Sokolovsky, 1995a, 1995b).

ETs can also stimulate phospholipase A<sub>2</sub>, which releases arachidonic acid, a precursor of eicosanoids including prostaglandins and leukotrienes and phospholipase D that catalyzes the hydrolysis of phosphatidylcholine to generate phosphatidic acid and choline (Deacon & Knox, 2010; Kuwaki et al., 1997; Robin, Chouayekh, Bole-Feysot, Leiber, & Tanfin, 2005; Sokolovsky, 1995a, 1995b).

The activation of ET receptors also increases cytosolic calcium through the Na<sup>+</sup>/H<sup>+</sup> cotransporter and the calcium voltage and/or ligand channels that induce a sustained calcium influx. The increase in cytosolic calcium activates CaMK and also nitric oxide synthases (NOSs) which through cGMP activate protein kinase G (PKG). ETs can also inhibit or stimulated adenyl cyclase by activating either Gi or Gs (Kuwaki et al., 1997, 1999; Pollock, Keith, & Highsmith, 1995).

### 3.3 Biological actions of ETs

ETs and ET receptors are widely distributed in different tissues and cell types supporting a broad spectrum of biological effects. The main effects of ETs with focus on the cardiovascular system and the CNS are discussed in the following sections.

#### 3.3.1 Effects of ETs on the cardiovascular function

Intravenous or intraarterial infusion of ETs causes a sustained vasoconstriction preceded by a transient vasodilation (Cocks, Broughton, Dib, Sudnir, & Angus, 1989; Haynes, Ferro, & Webb, 1995; Haynes, Strachan, & Webb, 1995). It is now known that ET<sub>A</sub> receptor activation is responsible for the ETs vasoconstrictor property (Clozel, Gray, Breu, Löfler, & Osterwalder, 1992; Harrison, Randiantsoa, & Schöffter, 1992; Moreland, McMullen, Delaney, Lee, & Hunt, 1992). ET<sub>B</sub> agonists can also elicit vasoconstriction, but it depends on the vessel type and size as well as the species involved (King et al., 1995).

ETs infusion to anesthetized rats or chemically denervated rats, either normotensive or spontaneously hypertensive, results in a rapid and transient decrease in blood pressure followed by a sustained increase (Winquist, Bunting, Garsky, Lumma, & Schofield, 1989). The initial vasodepressor response is mediated by ET<sub>B</sub> receptor activation and endothelium-derived vasodilator substances like nitric oxide (NO) and prostaglandins, whereas the

sustained pressor response would be direct or indirect through sympathetic activation but mediated by ET<sub>A</sub> receptors (Knuepfer, O'Brien, Hoang, Gan, & Song, 1994).

ETs are involved in maintaining the vascular tone not only in physiological but also in pathophysiological conditions like vascular spasm, diabetes mellitus, insulin resistance, and hypertension (Hall et al., 2012; Haynes & Webb, 1998; Ivey, Osman, & Little, 2008; Meyers & Sethna, 2013; Nasser & El-Mas, 2014; Schiffrin, 1998; Schneider, Boesen, & Pollock, 2007).

ETs also induce hemodynamic changes in different vascular beds when applied to the brain. Recent reports in agreement with studies from our laboratory suggest that the central cardiovascular effects elicited by ETs are mediated by the activation of noradrenergic activity in the brain (Chen et al., 2012; di Nunzio, Jaureguiberry, Rodano, Bianciotti, & Vatta, 2002; di Nunzio et al., 2004; Hope, Schmipp, Rossi, Bianciotti, & Vatta, 2008; Kuwaki et al., 1999; Morgazo et al., 2005; Nabhen et al., 2009, 2011; Perfume et al., 2007, 2008).

### **3.3.2 Effects of ETs on the CNS**

ET receptors are expressed in different brain regions and nuclei supporting that ETs mediate numerous biological actions (Kohan et al., 2011; Kurokawa et al., 1997; Kuwaki et al., 1997, 1999; Stojilkovic & Catt, 1996).

ETs in the CNS regulate cardiovascular and renal functions as well as the synthesis and release of diverse hormones and neurohormones like vasopressin, renin, aldosterone, follicle-stimulating hormone, growth hormone, and prolactin (Chan, Tang, & O, 2008; Kanyicska, Sellix, & Freeman, 2003; Kuhlmann, Amann, Schlotzer-Schrehardt, Kruse, & Crysiefen, 2005; Kuwaki et al., 1997; ThanThan et al., 2010; Yamamoto et al., 1991).

The intracerebroventricular injection of ET-1 elicits a sustained rise in blood pressure (Gulati, Rebello, Roy, & Saxena, 1995; Lu et al., 2007; Nishimura et al., 1990, 1991; Ouchi et al., 1989; Sirén & Feuerstein, 1989). Similar effects elicit ET-1 microinjections in the area postrema of anesthetized rats (Yamamoto et al., 1991). Adrenergic receptor antagonists inhibit ET-1 pressor response, supporting that the peptide applied to the brain activates the catecholaminergic system in diverse areas of the CNS (Ferguson & Smith, 1990). Furthermore, ET-1 applied to the area postrema increases plasma CA levels (Matsumura et al., 1994), showing a close relationship between the endothelinergic and catecholaminergic systems. The administration of ET-1 low doses to areas like the rostral ventrolateral medulla increases blood pressure, and renal sympathetic activity, but in some

animals induces cardiorespiratory collapse and death (Kumada, Cao, & Kuwaki, 2003; Mosqueda-García, Inagami, Appalsamy, Sugiura, & Robertson, 1993). The pressor response following ET-1 administration is associated with sympathetic activation (Chen et al., 2012). Low doses of ET-3 applied to the solitarii tract nucleus also increase blood pressure and heart rate (Mosqueda-García et al., 1993).

Several studies suggest that ETs act as putative neurotransmitters or regulatory neuropeptides in the CNS (di Nunzio et al., 2002, 2004; Hope et al., 2008; Jaureguiberry, di Nunzio, Dattilo, Bianciotti, & Vatta, 2004; Kurokawa, Yamada, Liu, & Kudo, 2000; Kurokawa et al., 1997; Morgazo et al., 2005; Nabhen et al., 2009, 2011; Perfume et al., 2007, 2008; Yamada & Kurokawa, 1998). ETs enhance the release of monoamines from nerve endings that activate the renin–angiotensin system (Oparil et al., 1995; Yamada & Kurokawa, 1998). Webber, Pennefather, Head, and van den Buuse (1998) reported that ET-1 through ET<sub>B</sub> receptors induces dopamine release in the striatum. It was also reported that ETs also stimulate substance P secretion from the hypothalamus and adenohypophysis (Calvo et al., 1990). In addition, both ET-1 and ET-3 increase NOS activity in the hypothalamus (di Nunzio et al., 2002; Jaureguiberry et al., 2004).

The hypothalamic areas and nuclei present high density of mRNA ET as well as ET receptors (Kurokawa et al., 1997; Kuwaki et al., 1997; Stojilkovic & Catt, 1996). Studies carried out in our laboratory show that ETs differentially regulate NE release in the anterior and the posterior hypothalamic regions of normotensive rats. The anterior and posterior hypothalamic areas are considered sympathoinhibitory and sympathoexcitatory, respectively. In the anterior hypothalamus, ET-1 and ET-3 diminish neuronal NE release through the activation of ET<sub>B</sub> receptors coupled to the NO/soluble guanylyl cyclase/cGMP/PKG/GABA<sub>A</sub> pathway (di Nunzio et al., 2002; Jaureguiberry et al., 2004). However, in the posterior hypothalamus, ET-1 and ET-3 increase neuronal NE release through different intracellular pathways. ET-1 activates nonconventional (*atypical*) ET receptors and triggers different intracellular signaling involving a cross talk among PLC, PKC, and the adenylyl cyclase pathway, whereas ET-3 activates ET<sub>C</sub> receptors and stimulates phosphoinositide signaling (di Nunzio et al., 2004). We also reported that ET-1 and ET-3 are involved in the short- and long-term modulations of activity and expression of TH in the anterior and posterior hypothalamic regions. The regulation of TH by ETs is very complex and involves different ET receptor subtypes, including nonconventional or *atypical* receptors and multiple signaling pathways (Karne et al., 1993; Perfume et al., 2007, 2008). In the rat anterior hypothalamic region, ET-1 and

ET-3 decrease TH activity through ET<sub>B</sub> receptors coupled to the activation of the phosphoinositide, CaMKII, and NO/GMPc/PKG pathways (Morgazo et al., 2005; Perfume et al., 2008). ETs do not modify TH expression levels in the short term, but at long term, both peptides decrease it. In the posterior hypothalamus, ET-1 and ET-3 at short term decrease TH activity through a nonconventional receptor coupled to the phosphoinositide, CaMKII, and O/cGMP/PKG pathways, whereas TH protein level remains unaltered (Perfume et al., 2007). On the other hand, in the posterior hypothalamus, ET-1 and ET-3 increase TH activity and expression at long term through an *atypical* receptor coupled to protein kinase A (PKA), phosphoinositide, and CaMKII activation (Perfume et al., 2008). Studies from our laboratory also show that ET receptors are expressed in the rat olfactory bulb, and they regulate the activity and expression of TH. Short-term modulation of TH by ET-1 and ET-3 in the olfactory bulb results in a significant increase in the enzyme activity without changes in the enzyme expression (Nabhen et al., 2009). Both ETs also participate in the long-term modulation of TH by increasing its activity through different ET receptors and intracellular signaling pathways, its mRNA, and the phosphorylation of the enzyme at serine 19, 31, and 40 sites (Nabhen et al., 2011). Short-term modulation of TH results in the enzyme activation, whereas long-term regulation results in increased synthesis (Nabhen et al., 2009, 2011). Enhanced TH activity results from its phosphorylation at diverse serine sites. Ser-40 is the most promiscuous site given that it can be phosphorylated by PKA, PKC, CaMKII, and PKG. We also showed that ET-1 and ET-3 regulate neuronal NE release in the anterior and posterior hypothalamus and the olfactory bulbs of normotensive rats (di Nunzio et al., 2002, 2004; Nabhen et al., 2009, 2011).

ET-1 and ET-3 also regulate noradrenergic neurotransmission in pathophysiological conditions like hypertension. Recent studies from our laboratory show that both ETs differentially regulate NE neurotransmission in brain regions (anterior and posterior hypothalamus, and olfactory bulb) of desoxycorticosterone acetate (DOCA)-salt hypertensive rats (Abramoff, T. et al., unpublished data).

Both ETs are also involved in the modulation of NET as will be further discussed in the present review.

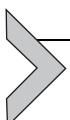
### 3.3.3 Other biological effects

ETs behave as paracrine and/or autocrine factors. Autocrine effects include endothelium proliferation and NO synthesis and release (Goto et al., 2013; Hirata et al., 1993; King et al., 1995; Tsukahara, Ende, Magazine, Bahou, & Goligorsky, 1994). DNA synthesis as well as the proliferation, migration,

and invasion of endothelial cells are mediated by ET<sub>B</sub> receptor activation (Herman & Simonson, 1995; MacCumber, Ross, & Snyder, 1990; Morbidelli, Orlando, Maggi, Ledda, & Ziche, 1995).

Paracrine actions include the contraction and proliferation of smooth muscle cells (Eddahibi et al., 2006; Horinouchi, Terada, Higashi, & Miwa, 2013; Hynynen & Khalil, 2006; King et al., 1995; Opgenorth, 1995). ET-1 increases the expression of several proto-oncogenes (c-myc, c-fos, and c-jun) in the vascular smooth muscle (Chen, Qiong, & Gardner, 2006; Herman & Simonson, 1995; Hynynen & Khalil, 2006). Radioautographic studies show the presence of binding sites for ETs in endocrine and neuroendocrine organs like the hypothalamus, pituitary, and the adrenal gland supporting ETs modulation of the endocrine function (Filosa et al., 2012; Hatae et al., 2007; Hynynen & Khalil, 2006; Kurokawa et al., 2000; Kuwaki et al., 1997; Sluck et al., 1999; Yamamoto & Uemura, 1998).

Other studies from our laboratory show that centrally applied ET-1 and ET-3 induce either cholestasis or choleresis depending on the dose (Rodríguez et al., 2005, 2006). However, when ETs are peripherally infused in doses that not induce changes in portal venous pressure and blood flow, they induce choleresis mediated by ET<sub>B</sub> receptors coupled to NOS activation and vago-vagal reflexes (Rodríguez et al., 2013).



## 4. ET AND NEURONAL UPTAKE INTERACTION

### 4.1 General aspects

Neuropeptides are defined as small protein-like molecules produced and released by neurons through the regulated secretory route and acting on neural substrates (Belzung, Yalcin, Griebel, Surget, & Leman, 2006; Burbach, 2011). They are the most diverse class of signaling molecules in the brain and the peripheral nervous system engaged in many physiological functions. The neuropeptide families involved in the regulation of cardiovascular function include angiotensins (Ang) II and III, kallikreins, natriuretic peptides, and ETs (AbdAlla, Abdel-Baset, Lother, el Massiery, & Quitterer, 2005; Duchene & Ahluwalia, 2009; Ganter, Paul, & Lang, 1991; Kohan et al., 2011; Kuwaki et al., 1997; Szczepańska-Sadowska, 2006; Vatta, Bianciotti, Perfume, Nabhen, & Hope, 2009).

Neuropeptides, also called high-molecular-weight neurotransmitters, colocalize with classic neurotransmitters in neurons and synapsis regulating the efficiency of neuronal communication (de Lartigue, 2014; Merighi, 2002; Tasker, Oliet, Bains, Brown, & Stern, 2012).

Classic neurotransmitters are synthetized in the axon terminal, whereas neuropeptides are produced in the neuronal soma and packed in vesicles which travel by fast axonal transport down the axon (Hökfelt et al., 2000; Shakiryanova, Tully, Hewes, Deitcher, & Levitan, 2005). Neuropeptide synthesis is a dynamic process that easily adjusts to the activity of the neurons where they operate (Hökfelt, Bartfai, & Bloom, 2003; Hökfelt et al., 2000). However, it may undergo sustained adaptive changes in response to sustained environmental modifications (Barakat et al., 2006; Nostramo, Tillinger, Serova, Kvetnansky, & Sabban, 2013).

No membrane uptake system for neuropeptides was identified in neurons, so it is believed that they are inactivated by active peptidases. Neuropeptides remain in the synaptic cleft longer than classic neurotransmitters because their enzymatic degradation is slower thus allowing a more prolonged interaction with their receptors (Szczepańska-Sadowska, 2006).

Neuropeptides regulate not only neurons but also glial cells where their receptors are also expressed in those cell types (Filosa et al., 2012; Garrido-Gil, Rodríguez-Pallares, Dominguez-Mejide, Guerra, & Labandeira-Garcia, 2013; Hökfelt et al., 2003, 2000; Stern & Filosa, 2013). They regulate neuronal circuits involved in relevant biological functions like learning, memory, cognition and emotion, body temperature, thirst, appetite, metabolism, hypothalamic hormone release, as well as respiratory and cardiovascular activities (Bourque, Ciura, Trudel, Stachniak, & Sharif-Naeini, 2007; de Wied, Diamant, & Fodor, 1993; Dimicco & Zaretsky, 2007; Garcia-Segura, Lorenz, & DonCarlos, 2008; Guyenet, 2006; Pfaff, Kieffer, & Swanson, 2008; Plant, 2008; Wyss & Carlson, 2001).

Intense and sustained regulation by neuropeptides occur in diverse pathophysiological situations like addiction, cardiovascular diseases, energy disturbances, and sodium and water imbalances (Boutrel, 2008; Cottrell et al., 2009; de Lecea et al., 2006; Penna et al., 2006; Stepienakowski, Budzikowski, Loń, & Szczepańska-Sadowska, 1994; Szczepańska-Sadowska, Paczwa, Loń, & Ganten, 1998). These findings reveal the importance of studies aiming to understand the molecular mechanisms underlying neuropeptide regulation and the interaction with classical neurotransmitters.

## 4.2 Interaction with the endothelinergic system

Neuropeptides regulate diverse aspects of neurotransmission like the inactivation of neurotransmitters in the synaptic cleft. In the case of NE, its neuronal uptake is a complex mechanism highly regulated by neuropeptides.

The interaction between ETs and NE was first described by [Backs, Bresch, Lutz, Kristen, and Haass \(2005\)](#). These authors, with the aim to determine the underlying causes of sympathetic cardiac activation in congestive heart failure, showed that ET-1 through the activation of ET<sub>A</sub> receptors inhibits in a concentration- and time-dependent fashion [<sup>3</sup>H]-NE uptake in isolated perfused hearts. In the same study they showed that the ET<sub>A</sub> antagonist, darusetan, reduces [<sup>3</sup>H]-NE uptake and the number of NET-binding sites in rats with transverse aortic constriction (an animal model of congestive heart failure; [Backs et al., 2005](#)).

In 2008, the first reports showing an interaction between NE uptake and ETs in the brain were published. It was shown that ET-1 and ET-3 reduce NE uptake without affecting nonneuronal uptake in the posterior hypothalamus of normotensive rats ([Hope et al., 2008](#)). The internalization of NET is the underlying mechanism responsible for ETs' response. Conversely, in the anterior hypothalamus, ET-3 stimulates neuronal NE uptake by enhancing NET recycling to the plasma membrane without increasing the *de novo* synthesis of the transporter ([Hope et al., 2008](#)). In contrast, ET-1 elicits the same response as that observed in the posterior hypothalamus ([Hope et al., 2008](#)). Further studies in the anterior hypothalamus show that ET-1 reduces NE uptake through the activation of ET<sub>B</sub> receptors coupled to the cAMP/PKA pathway, whereas ET-3 increases the uptake of the amine through an *atypical* ET GPCR coupled to the PLC/PKC/IP<sub>3</sub> and cAMP/PKA pathways without involving NO generation (Abramoff, T. et al., unpublished data).

On the other hand, in the posterior hypothalamus both ETs diminish neuronal NE uptake through different signaling pathways. ET-1 activates ET<sub>B</sub> receptors, whereas ET-3 an *atypical* ET GPCR, although both receptors are coupled to neuronal NOS activation. In addition, the *atypical* ET GPCR is coupled to the phosphoinositide pathway ([Hope, Nabhen, Soria, Bianciotti, & Vatta, 2010](#)).

We recently reported that ETs also modulate NE uptake in the olfactory bulbs. Both ET-1 and ET-3 dose dependently diminish the amine uptake through the activation of *atypical* ET GPCRs coupled to PKC, PKG, and CaMKII activation (Abramoff, T. et al., unpublished data).

Increasing reports in the literature support the involvement of NET in different pathophysiological conditions. In the last years, our laboratory focused the studies on the underlying mechanisms of ETs-NE interaction in experimental hypertension. In the DOCA-salt animal model of hypertension, we observed that ET-1 and ET-3 diminish neuronal NE uptake in the anterior hypothalamus. These findings reveal a distinct ET-3 response in normotensive and hypertensive animals in this hypothalamic area. Another

interesting finding was that ETs decrease both glycosylated (expressed in plasma membrane) and nonglycosylated NET (internalized transporter). Taken together, these findings support that ETs induce NET down-regulation in the anterior hypothalamus of DOCA-salt hypertensive rats (Abramoff, T. et al., unpublished data).

On the other hand, ET-1 and ET-3 increase neuronal NE uptake in the posterior hypothalamus and olfactory bulbs of hypertensive animals due to an increase in the glycosylated form of NET (Abramoff, T. et al., unpublished data).

The evidence presented support that ETs play a relevant role in the regulation of NET activity, kinetic, and internalization.

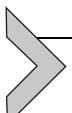
### 4.3 Interaction with other neuropeptides

The renin–angiotensin system, and particularly Ang II, has been extensively studied regarding NE uptake. [Palaic and Khairallah \(1967a, 1967b, 1968\)](#) were the first to show that Ang II modulates NE uptake in the brain and the heart. These studies were later confirmed and extended by other authors. Ang II stimulates NE uptake in the hypothalamus and brain stem neuronal cultures ([Sumners & Raizada, 1986](#); [Sumners, Shalit, Kalberg, & Raizada, 1987](#)). Conversely, studies from our laboratory show that Ang II and Ang III inhibit neuronal NE uptake in diverse brain areas and in the adrenal medulla ([Fernández et al., 1990](#); [Papouchado, Vatta, Escalada, Bianciotti, & Fernández, 1995](#); [Vatta, Bianciotti, Locatelli, Papouchado, & Fernández, 1992](#); [Vatta, Bianciotti, Papouchado, Locatelli, & Fernández, 1991](#)). In addition, it was recently reported that Ang 1–7 increases the uptake of NE in the brain ([Lopez-Verrilli et al., 2012](#)).

Bradykinin also regulates NE uptake, although few reports exist in the literature. It was shown that bradykinin increases NE release without inhibiting NE uptake ([Seyed, Win, Lander, & Levi, 1997](#)). However, studies from our laboratory report that bradykinin enhances the uptake of the amine in the hypothalamus and medulla oblongata and in the adrenal medulla of normotensive rats ([Fernández, Vatta, & Bianciotti, 1993](#); [Vatta, Bianciotti, & Fernández, 1993a](#)).

Other neuropeptides involved in the regulation of NE uptake are natriuretic peptides. This family is comprised by atrial natriuretic peptide (ANP), B-type natriuretic peptide (BNP), and C-type natriuretic peptide (CNP). Different studies show that ANP, BNP, and CNP increase NE uptake in the adrenal medulla and different areas and regions of the brain ([Fernepín, Vatta, Bianciotti, Wolovich, & Fernández, 2000](#);

Fernández et al., 1990; Vatta, Bianciotti, & Fernández, 1993b; Vatta et al., 1991, 1997; Vatta, Presas, Bianciotti, Zarzbeitia, & Fernández, 1996; Vatta et al., 1995, 1994).



## 5. CONCLUSION

Since the discovery of ETs in the late 1980s, most studies centered on their involvements in the regulation of cardiovascular and renal activities. From all the studies on ETs, only 10% focused on the role of these peptides in the brain, and approximately 1% focused on the interaction between ETs and noradrenergic neurotransmission. Future studies will surely unveil further aspects on the molecular mechanisms underlying the interaction between the endothelinergic system and noradrenergic transmission, and in particular NE uptake by NET in the brain. The role of this interaction is relevant not only in physiological but also in pathophysiological conditions like cardiovascular and neurodegenerative diseases, and mood disorders as being evidenced by emergic reports in the literature. Current evidence suggests that the interaction between ETs and NE uptake may represent a potential therapeutic target for various diseases, particularly hypertension.

## ACKNOWLEDGMENTS

The studies from our laboratory cited in this review were supported by grants from the Agencia Nacional de Promoción Científica y Tecnológica (ANPCyT), Consejo Nacional de Investigaciones Científicas y Técnicas (CONICET), and Universidad de Buenos Aires (UBACyT).

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