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Kinetic properties of cardiac myosin heavy chain isoforms in rat

Received: 26 June 2002 / Accepted: 19 August 2002 / Published online: 18 October 2002
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Abstract The head portion of the myosin heavy chain (MHC) is essential in force generation. As previously shown, Ca^{2+} -activated fibres of mammalian skeletal muscle display a strong correlation between their MHC isoform complement and the kinetics of stretch activation, suggesting isoform-specific differences in kinetic properties of myosin heads. Using the same methodology on muscle strips of atria and ventricles of hyper- and hypothyroid rats, this study showed that the kinetics of cardiac α MHC are 3 times faster than those of cardiac β MHC under isometric conditions and maximal Ca^{2+} activation. Comparison of rat heart and skeletal muscle fibres revealed that 100% α MHC heart muscle strips exhibited faster stretch activation kinetics (time parameter t_3 : 108 ± 18 ms, mean \pm SD) than rat type-IIA fibres (t_3 : 157 ± 19 ms), but slower than type-IID fibres (t_3 : 55 ± 10 ms). The kinetics of 100% β MHC heart muscle strips (t_3 : 351 ± 44 ms) were faster than that of type-I fibres in rat skeletal muscle (t_3 : 901 ± 348 ms). This difference between the two muscle types calls in question the generally accepted identity of β MHC and MHCII β .

Keywords Cardiac muscle · MHCII β · α MHC · β MHC · Muscle mechanics · Myosin heavy chain isoforms · Stretch activation

Introduction

Muscle is an extremely heterogeneous tissue. Its diversity is based on the existence and differential expression of specific myofibrillar protein isoforms. In skeletal muscle,

different fibre types are generally categorized according to their specific myosin heavy chain (MHC) isoforms (for review, see [27]). Thus, three fast fibre types and one slow fibre type exist in limb muscles of adult rat and rabbit: the fast fibre types IIB, IID(X), and IIA express MHCIIb, MHCII d(x) and MHCIIa isoforms, respectively. The slow type-I fibres express MHCII β .

Cardiac MHC isoforms are also heterogeneous (for review, see [31]). Mammalian heart expresses two functionally different MHC isoforms, namely α - and β MHC. Cardiac β MHC is believed generally to correspond to the β MHCI isoform in type-I skeletal muscle fibres [25]. Cardiac α MHC is present in both atria and ventricles, whereas cardiac β MHC is present only in ventricles. β MHC predominates in the human ventricle, while α MHC is the predominant isoform in rat ventricle.

The essential component of the molecular force-generating system resides in the head portion of the MHC [15, 16, 28]. Single fibre studies have shown a clear correlation between the kinetics of force responses following a quick stretch of maximally Ca^{2+} -activated muscle fibres (stretch activation) and their MHC isoforms in rat, rabbit and human skeletal muscle [7, 9, 21]. This correlation probably points to different kinetic properties of the force-generating power strokes [22] of myosin heads of different isoforms in muscle fibres under isometric conditions and maximal Ca^{2+} activation.

Compared with skeletal muscle, only little information exists on the force-generating properties of cardiac MHC isoforms [29]. The aim of the present study was to investigate the relationship between stretch activation kinetics and MHC isoforms in rat heart muscle. For establishing a direct correlation between kinetic parameters and MHC isoforms, it appeared desirable to investigate preparations varying with regard to MHC isoform composition without differences in the isoform profiles of other myofibrillar proteins. In addition, it was desirable to compare the properties of preparations with identical MHC isoform complement in combination with different isoform patterns of other myofibrillar proteins. Both types of investigation are possible by using atria and

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ventricles of rats with an experimentally altered thyroid hormone level. Atria and ventricles are known to exhibit different MHC and myosin light chain (MLC) isoforms, but identical isoforms of other myofibrillar proteins. Altered thyroid hormone levels effect MHC isoform expression in cardiac muscle without affecting the composition of other myofibrillar proteins [1, 3, 11, 30, 32] (for review, see [31]). In the rat, the spectrum of MHC expression in the ventricle shifts to 100% β MHC under conditions of hypothyroidism, whereas hyperthyroidism may induce up to 100% α MHC expression. Thus, a comparison of stretch activation between these two preparations allows the effects of different MHC isoforms to be studied against a constant background of MLC and other myofibrillar protein isoforms. Since atria and ventricles of hyperthyroid rats both contain 100% α MHC, but differ in their MLC composition, a comparison of stretch activation between these two preparations allows the influence of varied MLC composition to be studied under conditions of identical MHC isoform expression. This experimental model made it possible to investigate stretch activation kinetics of maximally Ca^{2+} -activated, skinned muscle strips prepared from hypo- and hyperthyroid atria and ventricles. Our study also included muscle strips obtained from euthyroid ventricles displaying varying ratios of α - and β MHC. Subsequent to the physiological experiments, the MHC isoform composition of the preparations was established by SDS gel electrophoresis.

Materials and methods

Muscle preparations

Adult (4 months old), male Wistar rats were utilized. Hypothyroidism was induced by feeding an iodine-poor diet containing 0.25% propylthiouracil (C1042, Altromin, Lage, Germany) for 6 weeks and by the addition of 0.9% propylthiouracil (PTU) to the drinking water. Hyperthyroidism was induced by implanting encapsulated triiodo-L-thyronine pellets with biodegradable carrier-binder (1.5 mg pellets, IRA, Toledo, Ohio, USA) 3 weeks before the animals were sacrificed. In addition to the hypo- and hyperthyroid animals, hearts from untreated euthyroid rats were examined also.

The hearts of the euthanized animals were excised quickly and perfused retrogradely by connecting a syringe with the aorta (non-circulating Langendorff perfusion). The following solutions (0–10 °C) were used for sequential perfusions: (1) Tyrode solution, containing (mM) 137 NaCl, 2.7 KCl, 0.5 MgCl_2 , 12 NaHCO_3 , 1.4 CaCl_2 , 0.3 NaH_2PO_4 , 5.6 glucose, 10 HEPES, approximately 2 units/ml heparin, adjusted to pH 7.4 with NaOH; (2) Tyrode solution in which CaCl_2 was replaced by NaCl; (3) skinning solution (mM): 132 sodium propionate, 5 EGTA, 7 $\text{Na}_2\text{H}_2\text{ATP}$, 2 MgCl_2 , 10 MOPS, adjusted to pH 6.9 with KOH; (4) skinning solution in which sodium propionate was replaced by potassium propionate; (5) solution 4 with 10% v/v glycerol; (6) solution 4 with 25% v/v glycerol; (7) relaxation solution (composition see below, pH 6.9) with 50% glycerol v/v. The muscle preparations were stored in this solution for at least 1 h at approximately 5 °C. They were then transferred to a freezer at –25 °C. Before the experiments, tissue strips (below also designated as fibres) were dissected under a stereoscopic microscope on an ice-cooled plate.

Mechanical measurements

The set-up and methods for mechanical measurement have been described in detail [6]. The attachment points for the muscle strips (1.0–3.5 mm in length, 0.1–0.3 mm in diameter) on the mechanical apparatus were two vertically orientated epoxy carbon fibres of ~100 μm tip diameter. The needles were connected to the rest of the apparatus by silicon plates from force transducer elements (AE 801, SensoNor, Norway). One element, the force sensor (resonance frequency, 9 kHz) was connected mechanically to a micrometer screw and electrically to a force bridge amplifier. The other element was a dummy, glued on the lever arm of a stepping motor. Rapid changes of the fibre length (<1 ms) were achieved by a feedback-controlled stepping motor based on a Ling vibrator. The ability to make rapid solution changes (≤ 0.2 s) was provided by a cuvette transporting system. Laser diffractometry (He-Ne laser, 632.8 nm, 4 mW) was used for measuring the sarcomere length.

The solutions used during the mechanical measurements had an ionic strength of 0.24 M and contained (mM) 60 HEPES, 8 $\text{Na}_2\text{H}_2\text{ATP}$, 10 sodium creatine phosphate, 1 NaN_3 , 0.1 dithioerythritol, 40 g/l dextran T-500, 30 units/ml creatine phosphokinase and 0.4 mM free Mg^{2+} . The pCa ($-\log [\text{Ca}^{2+}]_{\text{free}}$) and the free $[\text{Mg}^{2+}]$ of the solutions were determined with ion-selective electrodes [5]. In addition, the relaxation solution (pCa >9) contained 50 mM EGTA. The activation solution (pCa 4.5) contained 50 mM Ca-EGTA and the pre-activation solution (low Ca^{2+} -buffering capacity, pCa 7) 50 mM hexamethylenediamine-*N,N,N',N'*-tetraacetic acid (HDTA). pH was adjusted to 7.10 in all solutions at 22 °C.

Prior to experiments, the muscle strips were treated with 1% (v/v) Triton X-100 in relaxation solution (15 min; 22 °C). Subsequently, the length of the preparations was adjusted to exactly the slack position in relaxation solution, and both fibre dimensions and sarcomere length were recorded. After transferring the fibre from the pre-activation solution to the activation solution, quick (<1 ms) stretches (range, about 0.2–0.3% of fibre length) were applied to detect the time course of the resulting force transients.

All experiments were performed at 22 °C. Results are expressed as means \pm SD and analysed using two-tailed Student's *t*-tests. For checking the distribution of data, the Kolmogorov-Smirnov normality test (SIGMASTAT software, Jandel Scientific) was used.

Biochemical analysis

After completion of the mechanical measurements, the muscle preparations were cut from the apparatus for biochemical analysis. A muscle strip fragment was dissolved in SDS lysis buffer (62 mM TRIS-HCl, pH 6.8, 10% glycerol v/v, 2.3% SDS w/v, 5% 2-mercaptoethanol v/v, 19% sucrose w/v) and heated at 65 °C for 15 min. Subsequently, 2.5 μl of this extract was applied to a polyacrylamide gradient gel according to [12]. After electrophoresis, gels were silver stained [26] and the relative amounts of MHC isoforms evaluated by integrating densitometry.

Results

MHC isoforms and maximal tension

The regional distribution of MHC isoforms in rat heart muscle corresponded to previous data (e.g. [2, 14]). All preparations from hyper- and hypothyroid atria and from hyperthyroid ventricles contained α MHC exclusively. Ventricles of hypothyroid rats contained β MHC exclusively. Muscle strips from different regions of euthyroid ventricles contained 57–92% α MHC and 43–8% β MHC.

Sarcomere length (2.0–2.2 μm) could be measured successfully by laser diffraction in approximately 60% of

Table 1 Myosin heavy chain (MHC) isoforms, maximal tension and kinetic parameters (t_2 and t_3 , see Materials and methods) of stretch activation of muscle strips from atria and ventricles of hyper- and hypothyroid rats and from ventricles of euthyroid rats. Means \pm SD (n)

| | Hyperthyroid atria | Hyperthyroid ventricles | Hypothyroid atria | Hypothyroid ventricles | Euthyroid ventricles |
|----------------------------------------|-----------------------|-------------------------|----------------------|------------------------|-----------------------------------|
| MHC isoform | 100% α MHC | 100% α MHC | 100% α MHC | 100% β MHC | 77% α MHC, 23% β MHC |
| Maximal tension (kN m^{-2}) | 15 \pm 7 (20) | 21 \pm 11* (30) | 5 \pm 2* (8) | 11 \pm 9* (30) | 23 \pm 5* (21) |
| t_3 (ms) | 101.8 \pm 22.9 (16) | 114.0 \pm 12.9 (16) | 109.3 \pm 11.8 (7) | 351.2 \pm 43.9* (28) | 190.3 \pm 41.5* (20) |
| t_2 (ms) | 39.6 \pm 13.2 (20) | 41.0 \pm 10.6 (30) | 40.5 \pm 8.7 (8) | 129.4 \pm 21.5* (30) | 71.0 \pm 18.4* (21) |

* means significantly different from all values given in the left column (two-tailed Student t -test, $P \leq 0.01$) with one single exception: Maximum tension of hyper- and euthyroid ventricles were not significantly different

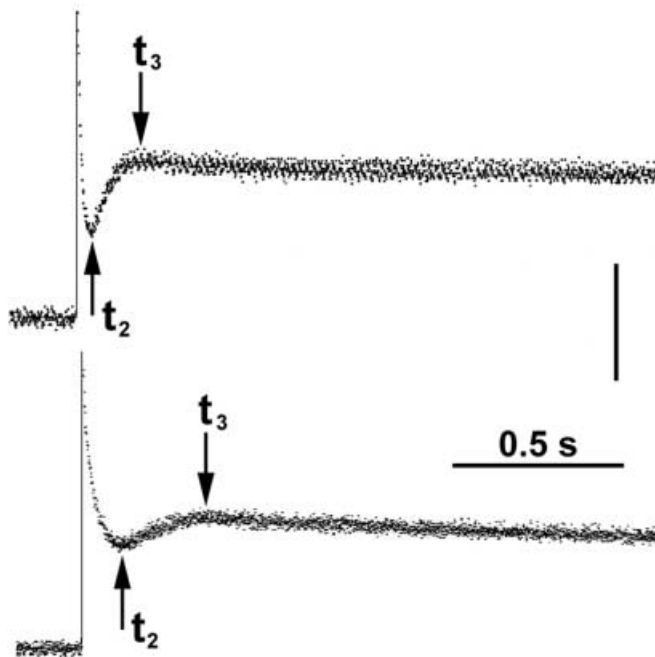


Fig. 1 Stretch experiments. Original recordings of force during a quick stretch experiment of 0.3% fibre length. *Upper trace*: fibre from hyperthyroid ventricle [100% α -myosin heavy chain (MHC)], *lower trace*: fibre from hypothyroid ventricle (100% β MHC). Force calibration bar: *upper trace* 3 μ N; *lower trace* 10 μ N

the cardiac muscle strips investigated. The remaining strips displayed no distinct diffraction pattern. The mean values of maximal isometric tension are given in Table 1. Hyperthyroid preparations exhibited higher tension values than hypothyroid preparations ($P < 0.001$). As hyperthyroidism results in hypertrophy and hypothyroidism in atrophy of both atria and ventricles (e.g. [18, 24]), this difference most likely resulted from higher and lower myofibril densities, respectively.

Stretch activation kinetics

After maximal activation under isometric conditions, fibre length was changed stepwise (< 1 ms) by stretches with amplitudes of about 0.2–0.3% of fibre length (Fig. 1). The stretches caused an immediate rise in force, followed

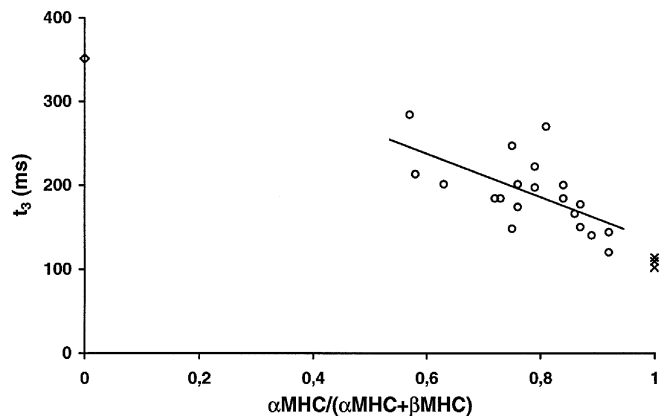


Fig. 2 The distribution of t_3 values of individual muscle strips from euthyroid ventricles (*circles*) in relation to their MHC isoform composition. For comparison the mean t_3 values of muscle strips containing 100% α MHC (atria and ventricles of hyperthyroid rats, atria of hypothyroid rats; *crosses*) and muscle strips containing 100% β MHC (ventricles of hypothyroid rats, *diamond*) are also given. The *straight line* is the linear regression line of the values of euthyroid preparations (*circles*, $r^2 = 0.62$). Including the 67 t_3 values of hyper- and hypothyroid preparations increases r^2 to 0.95

by a decrease and, subsequently, a secondary, delayed force increase (usually designated stretch activation). To allow comparison with published data from skeletal muscle fibres [7, 10, 13], the following kinetic parameters of the force transients were evaluated: t_3 , which is the time from the beginning of the stretch to the peak value of the delayed force increase, and t_2 , which is the time from the beginning of the stretch to the lowest force value before the onset of delayed force increase. Independent of the tissue type, approximately 25% of all fibres exhibited no detectable force decay following the delayed force increase. t_3 could therefore not be determined accurately in these cases. t_2 was determined in all fibres.

In each of the four groups (muscle strips from both hyper- and hypothyroid atria and ventricles), the t_3 values followed a normal (Gaussian) distribution. Table 1 lists the mean t_3 and t_2 values. Preparations containing exclusively α MHC (hyperthyroid ventricles and atria, hypothyroid atria), displayed similar values, whereas preparations containing exclusively β MHC (hypothyroid ventricles), were characterized by values approximately 3 times higher ($P < 0.001$). No overlap of the t_3 values

existed between these two groups. Muscle strips from euthyroid ventricles exhibited t_3 and t_2 values intermediate between the purely α MHC and β MHC samples (Table 1). A dependency of the t_3 values on the percentage distribution of the two isoforms is suggested in Fig. 2, in which the t_3 values of the individual preparations are shown as a function of their corresponding α MHC/(α MHC+ β MHC) ratio. For comparison, the t_3 values of hypo- and hyperthyroid preparations were also included in the diagram. The correlation coefficient r^2 for the euthyroid t_3 values was 0.62. Including the 67 t_3 values for the hyper- and hypothyroid preparations increased r^2 to 0.95.

Discussion

The present findings on maximally Ca^{2+} -activated muscle strips of hyper- and hypothyroid rat hearts reveal a remarkable correlation between MHC isoform complement and kinetics of stretch activation (t_3 , t_2). This correlation is validated by the results from muscle strips of euthyroid ventricles which contain both α MHC and β MHC at various ratios. Here, the kinetics of stretch activation depended on the percentage distribution of the two isoforms.

Our results suggest that the kinetic differences obtained under isometric conditions with maximal Ca^{2+} activation relate primarily to the MHC isoform and not to other components of the myofibrillar apparatus, especially the MLC complement. This suggestion is based on the following observations. (1) Preparations of atria and ventricles containing 100% α MHC, but differing in their MLC profiles (hyperthyroid ventricles and hypo- and hyperthyroid atria), exhibited similar kinetics of stretch activation. (2) Preparations with similar profiles of MLC and other myofibrillar protein isoforms, but dissimilar in their MHC isoform composition, namely hyper- and hypothyroid ventricles (for review, see [31]), exhibit great differences in their kinetic properties.

A correlation between MHC isoform composition and stretch activation kinetics has been demonstrated previously for single fibres from rat, rabbit and human skeletal muscles [7, 9, 13]. The present findings, therefore, extend our assumption of a causal relationship between MHC isoforms and stretch activation kinetics to rat cardiac muscle. In experiments in which activated muscle fibres were exposed to sinusoidal length changes at varying frequencies, maximal work output occurred at a frequency corresponding to the rate constant of the stretch-induced force increase e.g. [19, 21, 33], for skeletal muscle fibres and for heart muscle strips [20, 22]. This is in line with the suggestion that the stretch-induced delayed force increase is caused by a transient stretch synchronisation of force-generating cycles of a group of myosin heads. Consequently, it is possible that the kinetics of stretch activation is related to the kinetics of force-generating power strokes of the myosin heads in maximally activated muscle fibres under isometric con-

ditions [20]. From this point of view our data suggest that comparable kinetic properties of myosin heads from α MHC are approximately 3 times faster than that of β MHC. These variations are most likely related to the diversity of functional requirements in the muscle tissue of atria and ventricles of (euthyroid) mammalian hearts. The varying molecular properties of the individual myosin heavy chain isoforms appear to contribute to the range of contractility in intact muscle fibres. In addition to properties of the contractile apparatus, the energy supply and regulatory factors of muscle cells play a role in fulfilling the varying functional requirements in vivo.

Using pseudo-random binary noise length changes on rat heart muscle strips Rossmann et al. [29] have determined a kinetic parameter (f_{\min} , the frequency at which dynamic stiffness is minimum) that is related to a resonance phenomenon and that may reflect kinetic aspects of force generators, similar to the stretch activation parameters t_3 and t_2 of the present study. f_{\min} differed by a factor of 2 between papillary muscles from 4-week-old rats (α MHC only) and hypothyroid adult rats (β MHC only). Assuming a relationship between f_{\min} and stretch activation-derived t_3 and t_2 values [19], a discrepancy exists between [29] and the present investigation. This discrepancy might result from different experimental conditions of the two studies, such as temperature (25 °C in [29], 22 °C here), pH (7.3 in [29], 7.1 here), free $[\text{Mg}^{2+}]$ (2.3 mM in [29], 0.4 mM here), ionic strength (0.18 M in [29], 0.24 M here) and $[\text{MgATP}^{2-}]$ (8.5 mM in [29], 6 mM here). The possibility exists that α MHC and β MHC differ in their sensitivities towards one or more of these parameters which could result in different ratios of the kinetics of the two isoforms.

A comparison between heart and skeletal muscle fibres of rat revealed that heart muscle strips expressing 100% α MHC exhibited faster stretch activation kinetics (t_3 : 108 ± 18 , $n=39$) than rat type-IIA fibres (t_3 : 157 ± 19 ms, $n=10$), but slower than type-IID fibres (t_3 : 55 ± 10 ms, $n=27$) [9]. The kinetics of heart muscle strips expressing 100% β MHC (t_3 : 351 ± 44 ms, $n=28$) were faster than that of type-I fibres in rat skeletal muscle (t_3 : 901 ± 348 ms, $n=20$). This is surprising because the β MHC isoform is thought to be identical to the $\text{MHC}\beta$ expressed in type-I fibres [25].

A possible explanation for this discrepancy is the assumption that the kinetics of stretch activation is determined not only by the MHC but also by other myofibrillar proteins. However, this assumption is weakened by two observations. (1) Our results on 100% α MHC ventricles (hyperthyroid) and atria (hypo- and hyperthyroid) suggest that differences in MLC isoform complement do not affect the kinetics of stretch activation. (2) Studies on rat skeletal muscle fibres have shown that the kinetics of stretch activation correlates only with the MHC isoforms and not with the isoforms of troponin T [10].

An alternative explanation for the kinetic difference between cardiac β MHC and $\text{MHC}\beta$ is that both proteins are not identical. Presently, the complete amino acid

sequence of cardiac β MHC and skeletal muscle MHC1 β have been established for the pig (*Sus scrofa*), but not yet for the rat or other mammalian species including humans. Sequence alignment analysis (using the ClustalW software, European Bioinformatics Institute, Hinxton, Cambs., UK), showed that only 10 out of the 1935 amino acids differ between pig β MHC and skeletal muscle MHC1 β and, of these ten, only one is located in the myosin head. Nevertheless, variations in the amino acid sequence of the motor domain between cardiac β MHC and MHC1 β remain a possible cause for explaining differences between the kinetics of the two isoforms in rat. In fact, two sarcomeric slow-type MHC isoforms have been identified recently in the human genome and assigned to chromosome 20 [4].

Moreover, evidence in support of the assumption that type-I fibres may not represent a functionally and/or structurally homogeneous population is found in the literature. Thus, contraction times of type-I motor units are conspicuously shorter in the tibialis anterior than in soleus muscle of the rat [23]. Also, type-I fibre subtypes have been described in several human skeletal muscles by in situ hybridization of the essential slow light chains MLC1sa and MLC1sb and their specific distribution patterns within the type-I fibre population [17]. Similarly, immunohistochemical studies with monoclonal antibodies directed against slow myosin indicate a non-homogeneous distribution of specific epitopes in myofibrillar ATPase-based type-I fibres of rat and rabbit (D. Pette, C.T. Putman, unpublished observations). Finally, two electrophoretically distinct MHC isoforms have been described in single type I fibres of rabbit plantaris muscle differing with regard to their stretch activation kinetics [8].

In summary, we have shown that the correlation between MHC isoform composition and stretch activation kinetics previously demonstrated for single skeletal muscle fibres also applies to rat cardiac muscle with regard to its α MHC and β MHC isoforms. A comparison of the stretch activation kinetics between purely β MHC-containing cardiac muscle strips and MHC1 β -containing skeletal muscle fibres revealed pronounced differences, calling in question the generally accepted identity of β MHC and MHC1 β .

Acknowledgements Supported by grants from the FWF-P14753-MOB (Austria), South Tyrolean Sparkasse, the Deutsche Forschungsgemeinschaft (Pe 62/25-1) and Fonds der Chemie.

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