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## Participation of Histamine in the Cardiovascular Reactions in Response to ACTH

Udział histaminy w reakcjach układu krążenia po podaniu ACTH

Участие гистамина в реакциях системы кровообращения под влиянием АКТГ

ACTH is a hormone which exerts various effects in men and animals, among others through its actions on the cardiovascular system. It is generally assumed that the effect of ACTH on the cardiovascular system is mainly dependent on corticosteroids release, raising the blood pressure. Recently it has been demonstrated that, besides this indirect mechanism, ACTH acts on the cardiovascular system in extra-adrenal manner (10, 14, 19). These extra-adrenal effects of ACTH have not yet been elucidated. In our previous work (20) it was demonstrated that the ACTH-induced decrease of the blood pressure was associated with a rise of histamine level in blood. This has been in agreement with the recent report of Rüegg (18), who showed that ACTH and its derivatives are strong histamine-releasing agents. On the other hand histamine produced a release of ACTH in the pituitary gland (2, 17). Clinical observations of Kaiser (6) have shown that in some allergic skin diseases and in bronchial asthma i.e. in conditions characterized by increased histamine release, a greater therapeutic effect was obtained after ACTH than after corticosteroids treatment.

These findings made us suppose the possibility of interactions between ACTH and histamine. The question which we have studied here is whether histamine is involved in the effect of ACTH on the cardiovascular system.

### MATERIAL AND METHODS

The experiments were carried out on 30 rabbits weighing 3–4 kg under general anaesthesia with urethane 1 g/kg. The arterial blood pressure was recorded with Ludwig mercurial manometer in the common carotid artery. The venous pressure was determined with an aqueous manometer in the jugular vein. The heart rate was recorded with a one-channel electrocardiograph in bipolar leads using needle electrodes placed subcutaneously on the extremities.

The investigations were performed in two groups: in the first, these parameters were determined after intravenous injection of ACTH POLFA in a dose of 14 mg/kg, in the second one the ACTH effect was determined 10 minutes after the blockade of  $H_1$  or  $H_2$  histamine receptors.

H<sub>1</sub> receptors were blocked with Mepyramine Malate (May and Baker), 2,5 mg/kg, i.v.

H<sub>2</sub> receptors were blocked i.v. with cimetidine (Lek Ljubliana Yugoslavia) in a dose of 50 mg/kg. The blocking effect of antagonist was tested with histamine (Histaminum dihydrochloricum POLFA) in a dose of 40 µg/kg.

The observations were conducted during one hour after ACTH injection. The results obtained were subjected to statistical analysis using *t* test of Student.

## RESULTS AND DISCUSSION

The effects of ACTH on the arterial blood pressure before and after previous blockade of H<sub>1</sub> and H<sub>2</sub> receptors are shown in Fig. 1A. It is evident that blocking agents alone caused no significant changes in the arterial blood pressure. Treatment with histamine H<sub>1</sub> antagonist (Fig. 1B) following ACTH injections caused the fall of the arterial pressure to  $68.3 \pm 4.4$  mm Hg in the 10th minute after ACTH injection, similarly as in the group of rabbits receiving no blocking agents. However, this initial decrease was followed by a gradual rise of the pressure to  $80.0 \pm 3.9$  mm Hg and  $88.2 \pm 4.6$  mm Hg respectively in the 30th and 60th minute of the experiment. The pressure rise in the 30th and 60th minute was statistically significant ( $p < 0.05$ ) in relation to the initial decrease. The arterial blood pressure reached 90% of the initial value in the 60th minute after ACTH administration and it was not significantly different from the initial value.

The arterial blood pressure response to ACTH after H<sub>2</sub> receptors blockade (Fig. 1C) was similar to the reaction observed after H<sub>1</sub> receptors blockade but a fall of the arterial blood pressure lasted a short time and was statistically significant in the first minute after ACTH administration only. In this time the arterial blood pressure decreased from  $91.3 \pm 6.1$  mm Hg to  $80.3 \pm 6.0$  mm Hg

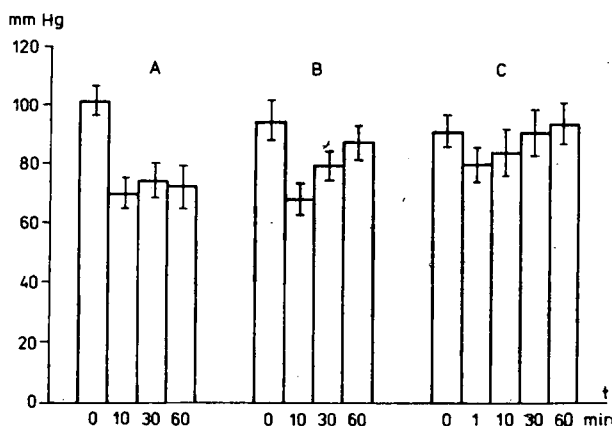


Fig. 1. A – the effect of ACTH (14 mg/kg) on the arterial blood pressure ( $n = 14$ ), B – the same effect after H<sub>1</sub> receptors blockade ( $n = 12$ ), C – the same effect after H<sub>2</sub> receptors blockade ( $n = 10$ )

( $p = 0.05$ ). In the 10th minute after ACTH there was a rise of the blood pressure to  $84.6 \pm 7.9$  mm Hg and then to  $91.6 \pm 7.8$  mm Hg and  $94.3 \pm 7.1$  mm Hg, respectively, in the 30th and 60th minute.

The present study failed to confirm the great rise in the heart rate after ACTH administration described previously (20), when the heart rate had been calculated from the kymographic record. In the present experiment, more accurate calculations based on the electrocardiographic records (Fig. 2) showed that ACTH produced only a slight rise in the heart rate in the first minutes, and a slight decrease from the 10th minute on. Similar changes were observed when histamine  $H_1$  receptors blockade was followed by ACTH administration. In the first minute of hormone action the heart rate increased only from  $275 \pm 4$  to  $278 \pm 5/\text{min.}$ , and then it decreased to  $249 \pm 6/\text{min.}$  The heart rate decrease at the end of the experiment was at the border of statistical significance of the

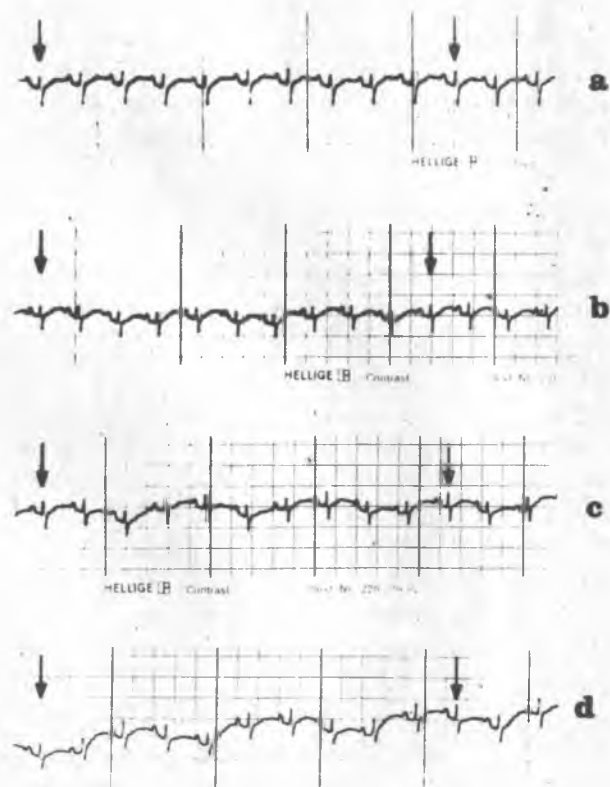


Fig. 2. Fragment of an electrocardiogram demonstrating the effect of ACTH administration (14 mg/kg) on the heart rate: a – before ACTH administration, b – 1 min after ACTH, c – 30 min after ACTH, d – 60 min after ACTH. Arrows show the distances between 10 cardiac cycles; paper speed 50 mm/s

differences ( $p = 0.05$ ). The blockade of histamine  $H_2$  receptors did not affect the heart rate response to ACTH in a statistical manner. A little decrease of the heart rate was observed only at the end of the experiments, similarly as in the previous groups.

The venous pressure showed no statistically significant changes either after ACTH administration only or after pretreatment with histamine antagonist following ACTH administration. It oscillated between 7.9 and 10.9 mm of water during the experiment. The present study has shown that the ACTH-induced fall in arterial blood pressure is modified by histamine antagonists pretreatment. It could be evidence to indicate the possibility of histamine being involved in ACTH action.

Cardiovascular response to histamine depends upon the kind of receptors and animals used in experiments (1, 5, 16). In rabbit vascular response to histamine, just as in other animals, both  $H_1$  and  $H_2$  receptors are stimulated. However, in the rabbit unlike in other species, where histamine elicits the fall of arterial pressure due to vasodilatation, injections of histamine can cause biphasic changes in blood pressure: an initial pressor response followed by a depressor phase. The pressor response is due to vasoconstriction via  $H_1$ -receptor mechanism and the depressor response is due to vasodilatation via  $H_2$ -receptor mechanism (16).

Analogically, if histamine were involved in the ACTH – induced fall of arterial pressure, one could expect extension of the arterial blood pressure decrease after  $H_1$ -receptors blockade and its reduction after  $H_2$ -receptors blockade. In both situations, the reduction of arterial pressure decrease was found in our experiments. But it should be pointed out that the reduction after  $H_2$ -receptor antagonists pretreatment was more pronounced.

It is interesting that so significant ACTH – induced fall in arterial pressure is not associated with a change of the heart rate. If histamine were involved in the ACTH actions, heart rate increase should be found because both histamine receptors were thought to be involved in the positive chronotropic response to histamine (13). It was worth noting that the effect of histamine antagonists appeared with some delay in relation to the effect of ACTH and all antagonists failed to prevent pressure fall just after ACTH administration. It is possible that the action of ACTH is not homogeneous and in the first rapid phase, histamine does not participate in it.

The rapid pressure fall after ACTH administration suggests the participation of the nervous system. It is possible that ACTH, similarly as many peptide substances, may have an effect on the release of neurotransmitters from nerve endings. The connection of ACTH with activities of various nervous structures is confirmed by its presence not only in hypophysis but also in certain parts of the limbic system, thalamus and hypothalamus (7, 9). Olpe (15) demonstrated its excitatory effects on noradrenergic neurons of the *locus coeruleus*. However,

in the supposed action of ACTH via the nervous system the participation of histamine could not be excluded because histamine is one of neurotransmitters or neuromodulators in the central nervous system (4, 8, 11, 12). Further investigations may establish other mechanisms involved in cardiovascular response to ACTH.

### Conclusions

1. Blockade of both  $H_1$  and  $H_2$  histamine receptors changed the effect of ACTH on the arterial blood pressure: it caused the ACTH-induced fall in the arterial blood pressure followed by its gradual return to the initial level.
2. Endogenous histamine may be involved in the cardiovascular response to ACTH.

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### STRESZCZENIE

W ostrych doświadczeniach na królikach wykazano zmianę działania ACTH na ciśnienie tętnicze po zablokowaniu receptorów histaminowych. Zarówno substancje blokujące receptory  $H_1$ , jak i  $H_2$  nie zapobiegają spadkowi ciśnienia w trwającej kilka minut pierwszej fazie działania ACTH. Powodują natomiast jego stopniowy wzrost i powrót do wartości początkowej w 60 minucie doświadczenia. Wydaje się prawdopodobne, że histamina jest aminą pośredniczącą w reakcji spadku ciśnienia tętniczego po podaniu ACTH.

### РЕЗЮМЕ

В острых опытах на кроликах, при блокаде гистаминовых рецепторов, доказали изменения в действии АКТГ на артериальное давление крови. Как вещества блокирующие рецепторы  $H_1$  так и  $H_2$  не предупреждают снижения давления крови в первой стадии действия АКТГ, продолжающейся несколько минут. Вместо того вызывают его постепенный рост и возврат в 60 минуте опыта к исходной величине. Кажется вероятным, что тистамин является амином-посредником в реакции падения артериального давления крови после подачи АКТГ.