Voltage-gated sodium channel modulation by \( \sigma \)-receptors in cardiac myocytes and heterologous systems

Molly Johannessen,1 Subramaniam Ramachandran,2 Logan Riemer,1 Andrea Ramos-Serrano,1 Arnold E. Ruoho,2 and Meyer B. Jackson1

Departments of 1Physiology and 2Pharmacology, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin

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Johannessen M, Ramachandran S, Riemer L, Ramos-Serrano A, Ruoho AE, Jackson MB. Voltage-gated sodium channel modulation by \( \sigma \)-receptors in cardiac myocytes and heterologous systems. Am J Physiol Cell Physiol 296: C1049–C1057, 2009. First published March 11, 2009; doi:10.1152/ajpcell.00431.2008.—The \( \sigma \)-receptor, a broadly distributed integral membrane protein with a novel structure, is known to modulate various voltage-gated \( K^+ \) and \( Ca^{2+} \) channels through a mechanism that involves neither G proteins nor phosphorylation. The present study investigated the modulation of the heart voltage-gated \( Na^+ \) channel (Nav1.5) by \( \sigma \)-receptors. The \( \sigma_1 \)-receptor ligands [SKF-10047 and (+)-pentazocine] and \( \sigma_1/\sigma_2 \)-receptor ligands (haloperidol and ditolylguanidine) all reversibly inhibited Nav1.5 channels to varying degrees in human embryonic kidney 293 (HEK-293) cells and COS-7 cells, but the \( \sigma_2 \)-receptor ligands were less effective in COS-7 cells. The same four ligands also inhibited \( Na^+ \) current in neonatal mouse cardiac myocytes. In \( \sigma_1 \)-receptor knockout myocytes, the \( \sigma_1 \)-receptor-specific ligands were far less effective in modulating \( Na^+ \) current, but the \( \sigma_1/\sigma_2 \)-receptor ligands modulated \( Na^+ \) channels as well as in wild-type. Photoactivating the \( \sigma_1 \)-receptor photoprobe \( [125I] \)-iodoazidococaine demonstrated that \( \sigma_1 \)-receptors were abundant in heart and HEK-293 cells, but scarce in COS-7 cells. This difference was consistent with the greater efficacy of \( \sigma_1 \)-receptor-specific ligands in HEK-293 cells than in COS-7 cells. \( \sigma \)-Receptors modulated \( Na^+ \) channels despite the omission of GTP and ATP from the patch pipette solution. \( \sigma \)-Receptor-mediated inhibition of \( Na^+ \) current had little if any voltage dependence and produced no change in channel kinetics. \( Na^+ \) channels represent a new addition to the large number of voltage-gated ion channels modulated by \( \sigma \)-receptors. The modulation of Nav1.5 channels by \( \sigma \)-receptors in the heart suggests an important pathway by which drugs can alter cardiac excitability and rhythmicity.

\( \sigma \)-Receptors were originally identified by their ability to bind opioid receptor ligands (22), but they were subsequently shown not to bind opioid peptides (40). In addition to the natural hallucinogen, \( N,N \)-dimethyltryptamine (9), \( \sigma \)-receptors are sensitive to an impressive array of ligands, including opioid receptor ligands such as pentazocine; dopamine receptor ligands such as haloperidol; drugs of abuse such as cocaine and amphetamines; fungicides such as fenpropimorph; class III antiarrhythmics such as amiodarone; vasodilators such as ifenprodil; and completely novel compounds such as ditolylguanidine (DTG) (24, 26, 32, 40, 44). Many mammalian tissues express \( \sigma \)-receptors, including heart, brain, liver, kidney, placenta, and heart muscle; haloperidol

\( \sigma \)-Receptors have been subdivided into two subtypes, \( \sigma_1 \) and \( \sigma_2 \). The \( \sigma_1 \)-receptor has been much better characterized: the encoding gene predicts a 25.3-kDa protein (11, 17, 38), with a deduced amino acid sequence that is highly conserved in mammals. It has no vertebrate homologues. When expressed in \( Xenopus \) oocytes, the \( \sigma_1 \)-receptor has two transmembrane segments, with both the COOH- and NH2 termini located in the cytoplasm (2). The \( \sigma_2 \)-receptor has a distinct pharmacological signature and a lower molecular mass of 19–21 kDa (14, 32), but its molecular structure is unknown.

It is well established that \( \sigma \)-receptors modulate membrane excitability. In rat sympathetic and parasympathetic neurons, \( \sigma \)-receptor ligands modulate \( N_\mathit{a}, L_\mathit{c} \), P/Q- and R-type \( Ca^{2+} \) channels (48). In rat neurophyshis, \( \sigma \)-receptors modulate two types of voltage-activated \( K^+ \) channels (45). Additional studies in rat hippocampal slices, intracardiac neurons, and tumor cells have demonstrated modulation of various \( K^+ \) channels (18, 27, 47). Association of the \( \sigma_1 \)-receptor and the \( K_{1.4} \) \( K^+ \) channel has been shown in posterior pituitary nerve terminals and \( Xenopus \) oocytes (2), and these proteins colocalize in the focal adhesions of CHO-K1 cells (23). In general, the modulation of ion channels by \( \sigma \)-receptors does not depend on \( G \) proteins or phosphorylation (21, 33, 47) but instead results from a direct protein-protein interaction between the receptor and channel (2). \( \sigma \)-Receptors have also been observed in the endoplasmic reticulum, and their association with nascent plasma membrane ion channels may be relevant to their proposed function as a molecular chaperone (12).

A number of \( \sigma \)-receptor ligands influence cardiovascular function, and the heart has binding sites for \( \sigma \)-receptor ligands (6, 7). \( \sigma \)-Receptor ligands alter contractility, \( Ca^{2+} \) influx, and rhythmic activity in cultured cardiac myocytes, but these actions are complex and controversial. \( \sigma \)-Receptor ligands can either increase or decrease the contractile force, with a variable time course that depends on concentration and animal age (7, 8, 28, 29). In myocytes from newborn rats, \( \sigma \)-receptor ligands enhance \( Ca^{2+} \) entry (7), but in adult myocytes the elevation of cellular \( Ca^{2+} \) depends on \( Ca^{2+} \) from sarcoplasmic reticulum (28, 29). Some \( \sigma \)-receptor ligands have proarrhythmic effects, whereas others have antiarrhythmic effects (26). Various \( \sigma \)-receptor ligands inhibit \( K^+ \) currents and increase the duration of the QT period (15, 27). On the other hand, the \( \sigma \)-receptor ligands haloperidol and chlorpromazine have been shown to block heart \( Na^+ \) channels in a manner consistent with an antiarrhythmic action (31).

To clarify the effects of \( \sigma \)-receptor ligands on the heart, we have used patch-clamp techniques to study the modulation of...
cardiac Na\(^+\) channels by \(\sigma\)-receptors. Our results in both myocytes and heterologous expression systems indicate that \(\sigma\)-receptor ligands inhibit the cardiac voltage-gated Na\(^+\) channel Na\(_\text{a},1,5\). These results extend the already diverse range of voltage-gated ion channels that are modulated by \(\sigma\)-receptors, and may make for some of the actions of \(\sigma\)-receptor ligands on the cardiovascular system.

**METHODS**

**Ethical approval.** All protocols were approved by the Animal Care and Use Committee of the University of Wisconsin, in accordance with the guidelines of the National Institutes of Health.

**Cell culture and transfection.** Human embryonic kidney 293 (HEK-293) cells stably expressing Na\(_{1,5}\) were provided by Dr. J. C. Makielski at the University of Wisconsin-Madison (43). COS-7 cells were transiently transfected with recombinant cDNA encoding Na\(_{1,5}\) using Lipofectamine (Invitrogen, San Diego, CA) according to the manufacturer’s instructions. Both cell types were cultured on glass coverslips as previously described (3, 30). Briefly, myocytes were enzymatically isolated and cultured on laminin-coated glass coverslips as previously described (3, 30). Brieﬂy, hearts were aseptically removed from 1- to 3-day-old mouse pups 129/SvEvBrd (in some cases), and centrifuged at 14,000 \(\times\) g for 15 min, after which samples were illuminated for 6 s with a high-pressure AH6-mercury lamp. Following photolabeling, the membranes were solubilized with 1% Triton X-100 or 0.2% CHAPS (in some cases), and centrifuged at 14,000 \(\times\) g for 30 min to separate the extract. \(\sigma\)-Receptor polyclonal antibody (36) (2 \(\mu\)g) was added to the solubilized extract and incubated at 4°C for at least 4 h. Immune complexes were captured using protein A Sepharose (GE Healthcare). Proteins were eluted with sample buffer and separated on 12% SDS-PAGE. The gel was placed on a PhosphorImager (445 SI, Molecular Dynamics) exposure cassette for at least 8 h, after which the cassette was scanned to develop the autoradiogram.

**Drug application.** SKF-10047, (+)-pentazocine, haloperidol, and DTG were obtained from Sigma-Aldrich. DTG and occasionally (+)-pentazocine were first dissolved in DMSO, and then diluted in external solution to obtain the desired drug concentration. Final DMSO never exceeded 0.1% (by volume), and control experiments verified that this level of DMSO had no effect on sodium currents. Drugs were applied in recording solution by gravity feed at approximately 1–2 ml/min. In general, currents were recorded at 15-s intervals for ~5 min to obtain a stable baseline, after which the drug was applied. Drug effects typically appeared within 2–4 min of application.
solution change and were recorded until a stable inhibition level was achieved. Reversal of response following drug removal was checked routinely.

Data analysis. Current recordings were analyzed on a PC with pCLAMP7 software. Simple statistical analyses were performed on exported data using Microsoft Excel. Concentration dependence of $I_{Na}$ inhibition was analyzed using Prism (Graphpad Software, San Diego, CA), by fitting to a single-site saturation equation of the form $I = I_{control}/IC_{50} + [X]$, where $I$ is peak current for a voltage step to $-10\, mV$, $[X]$ is drug concentration, and $IC_{50}$ is the concentration producing 50% block. Arithmetic means were computed and presented with the standard error of the mean. Statistical significance was calculated using one-way analysis of variance followed by the post hoc Newman-Keuls test, also using Prism.

RESULTS

HEK-293 cells. Patch-clamp recordings from HEK-293 cells stably expressing the human cardiac $Na^+$ channel Na,1.5 produce large $Na^+$ currents ($I_{Na}$) on the order of several nanoamps in response to voltage steps from $-80\, mV$ to $-10\, mV$ (Fig. 1, A and B). $\sigma$-Receptor ligands reversibly inhibited this $I_{Na}$, as illustrated in Fig. 1A for four different cells, each tested with one of the four ligands employed in this study (all at $100 \, \mu M$). Two of these ligands, SKF-10047 and (+)-pentazocine, are $\sigma_1$-receptor specific (13, 14), and the other two, haloperidol and DTG, bind to both types of $\sigma$-receptor and are considered $\sigma_1/\sigma_2$-receptor-specific ligands. SKF-10047, (+)-pentazocine, haloperidol, and DTG inhibited $I_{Na}$ by $54 \pm 10, 52 \pm 6, 93 \pm 1$, and $92 \pm 2\%$, respectively ($n=4-6$). Each panel of Fig. 1 shows the control current prior to drug application, the reduced current in the presence of the drug, and the current following drug removal. Inhibition by all of these ligands was reversible; currents recovered to >75% of control levels within 10–15 min of the start of superfusion with drug-free solution. The effectiveness of this diverse group of ligands suggests that $\sigma$-receptors can modulate $Na_{1.5}$ and that HEK-293 cells express $\sigma$-receptors.

A $\sigma_1$-receptor siRNA construct was designed and generated on the basis of the $\sigma_1$-receptor gene sequence (the $\sigma_2$-receptor has not been cloned so there is no sequence on which to base a $\sigma_2$-receptor siRNA). Transfection of HEK-293 cells with this siRNA construct did not alter control $I_{Na}$ but reduced the inhibition of $I_{Na}$ by SKF-10047 to 26 ± 4% (compared with $54 \pm 10\%$). The siRNA construct had no significant effect on $I_{Na}$ inhibition by DTG (88 ± 1% vs. 92 ± 2%) (Fig. 1B; for averages with statistical significance, see Fig. 4). These results are consistent with a selective reduction of $\sigma_1$-receptor protein levels by siRNA. We assayed $\sigma_1$-receptor protein levels biochemically by photoaffinity labeling cell homogenates with IACOC, followed by immunoprecipitation enrichment with a $\sigma_1$-receptor antibody. Resolution with SDS-PAGE and detection by autoradiography revealed strong photolabeling of a 26-kDa protein, the $\sigma_1$-receptor. Expression of the $\sigma_1$-receptor siRNA construct reduced this signal by an average of $33 \pm 9\%$ (Fig. 1C). This reduction observed biochemically parallels the reduction of channel modulation by the $\sigma_1$-receptor-specific ligand SKF-10047.

All four ligands inhibited current in a concentration-dependent manner (Fig. 2A). Plots of peak $I_{Na}$ versus concentration were well fitted by a single-site saturation equation (see METHODS), yielding $IC_{50}$ values of 70, 53, 4, and $10 \, \mu M$ for SKF-10047, (+)-pentazocine, haloperidol, and DTG, respectively. As shown in Fig. 2A, at saturating concentrations, all four ligands reduced $I_{Na}$ to <5% of control (data not shown).

These drugs inhibited $I_{Na}$ despite the omission of ATP and GTP from the patch pipette filling solution. In recordings from HEK-293 cells lasting over an hour, modulation of $I_{Na}$ continued unabated. Since G protein and protein kinase-mediated
Fig. 2. Concentration and voltage dependence of sodium channel modulation in HEK-293 cells. A: peak Na\(^+\) current (\(I_{\text{Na}}\)) amplitude, evoked by steps from −80 mV to −10 mV, was normalized to control and plotted versus drug concentration. Data points represent means ± SE for \(n = 4–7\) cells. Curves represent best fits to the data using the single-site saturation equation given in METHODS. Half-maximal inhibition (IC\(_{50}\)) values were 70, 53, 4, and 10 \(\mu\)M for SKF-10047, (+)-pentazocine, haloperidol, and DTG, respectively. B: \(I_{\text{Na}}\) amplitude was determined for steps to different voltages, in the absence (control) and presence of 100 \(\mu\)M SKF-10047, (+)-pentazocine, haloperidol, and DTG. \(I_{\text{Na}}\) recorded in the presence of drugs was normalized to controls. Data points represent means ± SE for \(n = 3\) cells.

responses generally depend on GTP and ATP, respectively, and small molecules generally exchange in a few minutes in whole cell patch-clamp experiments (35, 42), the absence of rundown suggests that these responses to \(\sigma\)-receptor activation do not depend on G proteins or protein kinases.

Normalized currents recorded from HEK-293 cells before, during application, and after removal of 100 \(\mu\)M SKF-10047 were essentially superimposable (Fig. 1, inset). This suggests that \(I_{\text{Na}}\) modulation simply prevents channels from opening rather than permits activity with altered kinetics. To explore this further, we examined the voltage dependence of \(I_{\text{Na}}\) modulation. Plots of current versus voltage (Fig. 2B) showed that \(\sigma\)-receptor ligands reduced \(I_{\text{Na}}\) at all voltages where current could be measured. The voltage threshold for \(I_{\text{Na}}\) was \(\sim -50\) mV, with peak current between −10 and −20 mV and reversal at approximately +55 mV. Haloperidol increased the reversal potential by roughly 10 mV, but this small increase is probably insignificant and reflects the difficulty of quantitative measure-ments of reduced \(I_{\text{Na}}\) near its reversal potential. Fig. 2B indicates that alterations in the voltage dependence of \(\text{Na}^+\) channel gating do not play an important role in the modulation by \(\sigma\)-receptor ligands.

**COS-7 cells.** Patch-clamp recordings from COS-7 cells transiently expressing Na\(_a\),1.5 showed that voltage steps elicited \(I_{\text{Na}}\) (Fig. 3). The same four \(\sigma\)-receptor ligands tested in HEK-293 cells also inhibited \(I_{\text{Na}}\) in COS-7 cells. Again, haloperidol (100 \(\mu\)M) inhibited with the greatest potency, reducing \(I_{\text{Na}}\) by 92 ± 1%. SKF-10047, (+)-pentazocine, and DTG inhibited \(I_{\text{Na}}\) by 18 ± 5%, 28 ± 7%, and 89 ± 4%, respectively (\(n = 4–6\)). Figure 3 shows \(I_{\text{Na}}\) traces from four different COS-7 cells before, during application, and after removal, of SKF-10047, (+)-pentazocine, haloperidol, and DTG (all 100 \(\mu\)M). As in HEK-293 cells, \(I_{\text{Na}}\) inhibition by all of these ligands was reversible, recovering to >75% of control levels within 10–15 min (Fig. 3).

As seen with HEK-293 cells (Fig. 2B), \(I_{\text{Na}}\) current-voltage plots from COS-7 cells revealed no significant shift in voltage dependence following ligand application (data not shown). Furthermore, current traces before, during, and after drug application were superimposable (data not shown), indicating that channel kinetics are not altered. Finally, the modulation continued unabated for more than half an hour despite the omission of ATP and GTP from the patch pipette filling solution.

**HEK-293 cells versus COS-7 cells.** Patch-clamp recordings and photolabeling experiments did not yield identical results in COS-7 cells and HEK-293 cells. SKF-10047 and (+)-pentazocine inhibited \(I_{\text{Na}}\) much less in COS-7 cells than in HEK-293 cells. By contrast, haloperidol and DTG inhibited \(I_{\text{Na}}\) very effectively in both cell types. Figure 4A presents the averages for \(I_{\text{Na}}\) modulation in HEK-293 cells and COS-7 cells, including the siRNA-treated HEK-293 cells (from experiments as in Fig. 1B). Figure 4A shows that in control HEK-293 cells, all of...
the tested ligands strongly inhibited $I_{Na}$. By contrast, in COS-7 cells, SKF-10047 and (+)-pentazocine were much less effective than DTG and haloperidol. The difference between the $\sigma_1$-receptor ligand actions in HEK-293 cells versus COS-7 cells paralleled the difference between control and siRNA-treated HEK-293 cells.

Immunoprecipitation-photolabeling with IACOC provided an assessment of the differences in $\sigma_1$-protein levels between HEK-293 and COS-7 cell homogenates. These experiments again demonstrated strong photolabeling of a 26-kDa protein in HEK-293 cells, and this labeling was blocked by haloperidol (Fig. 4B). By contrast, the photolabeling signal in COS-7 cells, while still haloperidol sensitive, was much weaker. Likewise, note that the low abundance of $\sigma_1$-receptors in COS-7 cells, as demonstrated in $\sigma_1$-receptor siRNA-transfected HEK-293 cells, parallels the very weak effects of the two $\sigma_1$-receptor-specific ligands, tested in patch-clamp recordings [SKF-10047 and (+)-pentazocine]. The results of these photolabeling and patch-clamp experiments indicate that COS-7 cells have much lower levels of $\sigma_1$-receptors than HEK-293 cells.

**Neonatal cardiac myocytes.** The above studies showed that $\sigma$-receptor ligands modulate Na,1.5 in heterologous expression systems. To evaluate this modulation in native tissue, we tested $\sigma$-receptor ligands on $I_{Na}$ in neonatal cardiac myocytes. Figure 5 shows $I_{Na}$ recordings from wild-type and $\sigma_1$-receptor knockout myocytes before, during, and after application of SKF-10047, (+)-pentazocine, haloperidol, and DTG (all 100 $\mu$M). These ligands inhibited $I_{Na}$ by 46 ± 4, 49 ± 5, 90 ± 3, and 89 ± 3%, respectively ($n = 3$–4). In knockout myocytes, these drugs inhibited $I_{Na}$ by 19 ± 5, 9 ± 2, 83 ± 1, and 90 ± 3%, respectively ($n = 3$–4). Figure 6A summarizes the percent inhibition of these drugs in myocytes. SKF-10047 and (+)-pentazocine produced much less inhibition in knockout compared with wild-type myocytes ($P < 0.05$). In fact, the comparison of the profiles of inhibition for the various drugs between wild-type and knockout myocytes shows a striking parallel to the comparison of profiles between HEK-293 cells and COS-7 cells (Fig. 4A). Immunoprecipitation-photolabeling experiments further demonstrated this parallel. Identical experiments to those carried out with HEK-293 and COS-7 cell homogenates were performed on wild-type and $\sigma_1$-receptor knockout mouse heart membranes. These experiments demonstrated the presence of $\sigma_1$-receptors in wild-type mouse heart membranes and verified their absence in the knockout (Fig. 6B). Again these profiles indicate that $\sigma_1$-receptors play a significant role in the inhibition of $I_{Na}$ by the $\sigma_1$-receptor-selective compounds SKF-10047 and (+)-pentazocine, but that in the absence of $\sigma_1$-receptors, $\sigma_2$-
receptors, for which binding sites have been reported in the heart (6), can still mediate responses to haloperidol and DTG. As in HEK-293 cells (Fig. 2B), $I_{Na}$ peaked between −80 and −10 mV in neonatal cardiac myocytes from wild-type (A) and $\sigma_1$-receptor knockout (B) mice in the absence (control, black), presence (drug, red), and after washout (recovery, blue) of 100 μM SKF-10047, (+)-pentazocine, haloperidol, and DTG. Insets: normalization revealed that inhibition occurred without a change in channel kinetics [pentazocine (A) and DTG (B)]. Note that SKF-10047 and (+)-pentazocine, two $\sigma_1$-receptor-specific ligands, inhibit $I_{Na}$ by ~50% in wild-type mice (A) and 20% or less in knockout (B) mice. By contrast, haloperidol and DTG, two nonspecific $\sigma$-receptor ligands, inhibited $I_{Na}$ by ~90% in both wild-type and knockout mice (see Fig. 6). In a further parallel with HEK-293 and COS-7 cells (inset of Fig. 1A and data not shown). In HEK-293 and COS-7 cells, the modulation of $I_{Na}$ in myocytes does not require the inclusion of ATP or GTP in the patch pipette filling solution. Responses were seen in recordings lasting more than half an hour, and there was no decline in the magnitude of the response over time.
DISCUSSION

This study has shown that σ-receptor ligands modulate the voltage-gated Na\(^+\) channel Na\(_{1.5}\). Experiments demonstrated this modulation in two different heterologous expression systems, as well as a native preparation (mouse cardiac myocytes). The myocyte experiments demonstrate this modulation in mice and the HEK-293 cell experiments demonstrate this modulation in humans. Thus, the present study makes the case for σ-receptor modulation of Na\(_{1.5}\) channels in two different species and shows that, in each, the pharmacological profiles are similar (Figs. 4 and 6).

The four ligands tested here, SKF-10047, (+)-pentazocine, haloperidol, and DTG, all have well-documented actions on σ-receptors (40, 44, 45). Haloperidol also interacts with dopamine receptors, but as an antagonist. The minus stereoisomers of SKF-10047 and pentazocine interact with opioid receptors, but this interaction is much weaker for the plus stereoisomers used in the present study. Finally, DTG is not known to interact with receptors other than σ-receptors. We noted that similar concentrations of haloperidol were more effective at blocking photolabeling (Fig. 4B) than the inhibition of Na\(^+\) channels (Fig. 2A). A similar trend had been observed previously for SKF-10047 in DMS-114 cells, but this discrepancy was not statistically significant (46). These differences may reflect higher binding affinity of σ-receptors when not in a complex with channels. Thus, a larger excess of σ-receptors over Na\(^+\) channels in HEK cells could allow the binding properties of uncomplexed receptors to dominate in the photolabeling experiments. Although the quantitative discrepancy between photolabeling and channel modulation remains to be resolved definitively, the actions of all four of these ligands make a strong case that σ-receptors serve as the primary drug target in the modulation of I\(_{\text{Na}}\). The present findings additionally suggest that σ-receptor activation accounts for the previously reported inhibition of cardiac Na\(^+\) channels by haloperidol (31).

The question of receptor specificity was addressed by comparing responses in cells containing high levels of σ\(_1\)-receptors (HEK-293 cells and wild-type mouse cardiac myocytes), cells containing low levels of σ\(_1\)-receptors (COS-7 cells and HEK-293 cells expressing σ\(_1\)-receptor siRNA), and cells containing no σ\(_1\)-receptors (myocytes from knockout mice). The different levels of σ\(_1\)-receptor expression were established by photolabeling with IACOC (Figs. 1C, 4B, and 6B). In light of the demonstrated differences in levels of σ\(_1\)-receptor, it is significant that SKF-10047 and (+)-pentazocine only slightly inhibited I\(_{\text{Na}}\) in cells with little or no σ\(_1\)-receptor (COS-7 cells, HEK-293 cells expressing σ\(_1\)-receptor siRNA, and knockout myocytes). These two drugs both exhibit a strong preference for σ\(_1\)-receptors (13, 14), so the near elimination of their actions in three separate cellular systems provides strong evidence for σ\(_1\)-receptors in the modulation of I\(_{\text{Na}}\). By contrast, DTG and haloperidol interact strongly with both σ\(_1\)- and σ\(_2\)-receptors. It would thus appear that these compounds inhibit I\(_{\text{Na}}\) by binding to both σ\(_1\)- and σ\(_2\)-receptors. However, a more definitive demonstration of a role for σ\(_2\)-receptors will have to await the development of a cell system in which this receptor species can be abolished. Until such experiments can be performed, the possibility that some inhibition of I\(_{\text{Na}}\) by direct effects of haloperidol and DTG on Na\(^+\) channels or by activation of some other type of receptor cannot be completely ruled out.

In general, σ-receptor modulation of diverse ion channels does not depend on G proteins or protein phosphorylation (21, 33, 46, 47). The present results conform to this general trend in demonstrating that modulation was maintained without attenuation for recordings lasting over an hour in HEK-293 cells and over half an hour in COS-7 cells and myocytes with patch pipette solutions containing neither ATP nor GTP. Since such solutions generally produce washout of responses that depend on protein kinases or G proteins (42), the absence of washout indicates that σ-receptor-mediated modulation of I\(_{\text{Na}}\) also does not depend on these signal transduction molecules.

σ-Receptor ligands have been shown to inhibit a large number of voltage-gated ion channels. Among K\(^+\) channels, targets include M-current, A-current, and Ca\(^{2+}\)-activated K\(^+\) channels in sympathetic neurons (18), inward rectifying K\(^+\) channels in the heart (27); M-current, delayed rectifier, and Ca\(^{2+}\)-activated K\(^+\) channels in intracellular neurons (47); and A-current and Ca\(^{2+}\)-activated K\(^+\) channels in neurohypophysis (46). σ-Receptors also inhibit a variety of Ca\(^{2+}\) channels, as demonstrated in hippocampal (5) and parasympathetic (48) neurons. The present study extends the σ-receptor ion channel interface by demonstrating the modulation of voltage-gated Na\(^+\) channels. If σ-receptors modulate Na\(^+\) channels by a direct association, as has been suggested for the modulation of the K\(^+\) channel K\(_{\text{v1.4}}\) (2) and the L-type Ca\(^{2+}\) channel (41), then these receptors have a remarkable ability to associate with channel proteins from very different families. As the number of different ion channels targeted by σ-receptors increases, the question of the structural basis for the implied association assumes greater prominence. Elucidating the basis for this association may also shed light on how this modulation can be achieved either with (48) or without (2, 45) (present work) alterations in channel kinetics and shifts in voltage dependence.

The modulation of cardiac I\(_{\text{Na}}\) by σ-receptors is clearly relevant to the actions of drugs on the heart. σ-Receptors regulate intracellular Ca\(^{2+}\) and modulate cardiac contractility (26), with different effects in neonatal and adult rat cardiac myocytes (7, 8, 28, 29). σ-Receptor ligands have been shown to inhibit both inwardly rectifying K\(^+\) channels and human ether-a-go-go-related gene K\(^+\) channels in the heart (19, 27). Given the modulation of Ca\(^{2+}\) channels in neurons (5, 48), it will clearly be important to assess the effect of σ-receptor activation on cardiac Ca\(^{2+}\) current. The inhibition of I\(_{\text{Na}}\) described in the present study would be expected to inhibit contractility and rhythmicity, while the inhibition of various K\(^+\) channels could have the opposite effects. How these two opposing actions are resolved will be of critical importance in understanding how σ-receptor ligands alter the cardiac action potential to act either as antiarrhythmics, or to produce acquired arrhythmias such as acquired long QT, Brugada, and Timothy syndromes (4, 37, 39).

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