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Abstract

Oxidative stress has been implicated in cardiovascular diseases such as hypertension, atherosclerosis, diabetic vascular complications, ischemic heart disease, and heart failure. Reactive oxygen species (ROS) in cardiovascular system are

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generated from various enzymatic systems such as NADPH oxidase (NOX), uncoupled nitric oxide synthase (NOS), mitochondria and xanthine oxidase. Interactions among these systems have been intensively investigated for their roles in cardiovascular pathogenesis. The current review discusses up-to-date findings regarding pathophysiology of each oxidase system, complex crosstalks among different oxidase components, and consequences of these crosstalks in mediating cardiovascular pathogenesis. Better understanding of these mechanisms may promote novel therapeutic strategies to prevent or treat cardiovascular diseases.

Keywords

Cardiovascular disease • eNOS uncoupling • Interaction • Mitochondria • NADPH oxidase • Xanthine oxidase

Major Oxidases in the Cardiovascular System

Accumulating evidence indicates that the major enzymatic sources of reactive oxygen species (ROS) in the cardiovascular system are the NADPH oxidases, uncoupled endothelial nitric oxide synthase (eNOS), the mitochondria and xanthine oxidase (XO). While the NADPH oxidases are generally thought to only produce ROS, (Lambeth 2004) they also generate an electrical potential across cell membranes which likely has important roles in cellular and organelle functions (Ahluwalia 2008). Low levels of ROS produced by the NADPH oxidase have been implicated in physiological processes such as cell proliferation, migration, differentiation, and cytoskeleton organization (Griendling et al. 1994; Lassegue and Griendling 2010; Petry et al. 2006; Gupte et al. 2009; Peshavariya et al. 2009). Excessive production of ROS from activated NADPH oxidases, however, contributes to cardiovascular pathology. Of note, ROS from one source are able to trigger ROS production by activating other enzyme systems. For example, ROS produced from the NADPH oxidases induce oxidative inactivation and deficiency of tetrahydrobiopterin (H₄B), an essential cofactor for eNOS. This leads to a condition referred to as NOS uncoupling in which the NO synthases produce superoxide rather than nitric oxide (NO^{*}) (Landmesser et al. 2003; Vasquez-Vivar et al. 1998; Gao et al. 2009; Chalupsky and Cai 2005; Oak and Cai 2007; Youn et al. 2012a). In addition, NADPH oxidase-derived ROS can stimulate conversion of xanthine dehydrogenase (XDH) to xanthine oxidase (XO) by oxidation of sulfhydryl residues (Nishino 1994). ROS produced by the NADPH oxidase can oxidize components of membrane permeability transition pore (mPTP) (Ago et al. 2004) and cause opening of the redox-sensitive channel, mitoK_{ATP}, (Costa et al. 2006) both contributing to mitochondrial uncoupling and ROS production (Costa et al. 2006). These different amplification mechanisms are illustrated in Fig. 37.1. Indeed, the Nox enzymes have emerged as the primary oxidase responsible for oxidative stress in vascular diseases such as hypertension (Peterson et al. 2009; Harrison et al. 2007), hypercholesterolemia,

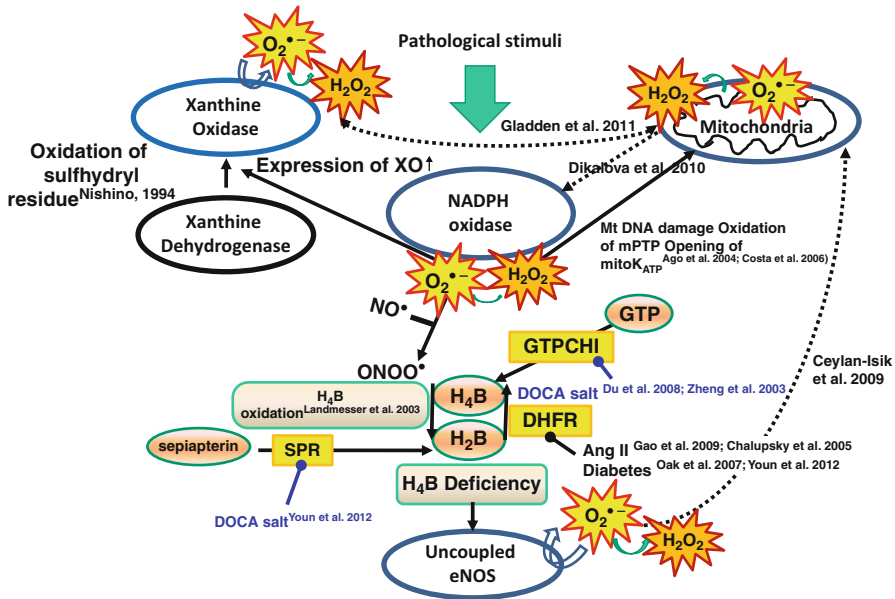


Fig. 37.1 Oxidase interactions among NADPH oxidase, xanthine oxidase, mitochondria, and uncoupled eNOS

(Loffredo et al. 2012) atherosclerosis (Cai and Harrison 2000; Cai et al. 2002; Cai et al. 2003a; Cai 2005), diabetic vascular complications (Oak and Cai 2007; Liu et al. 2007; San Martin et al. 2007) as well as cardiac diseases such as heart failure (Ide et al. 2000), atrial fibrillation (Kim et al. 2005), and myocardial infarction (Krijnen et al. 2003).

Nox Family Oxidases

The Nox proteins represent the catalytic subunit of the NADPH oxidases, which are membrane-bound enzyme complexes present in many mammalian cells. The originally characterized of these was Nox2, also known as gp91^{phox}, which exists in phagocytic cells and mediates killing of invading microorganism by generating a superoxide burst (Bedard and Krause 2007). A brief historical overview of identification and characterization of Nox and Nox isoforms is shown in Figs. 37.2 and 37.3. Seven Nox isoforms (Nox1-5 and DUOX1-2) exist. In addition to the Nox catalytic subunit, the complex also requires regulatory subunits including the membrane-bound subunit p22^{phox} and cytosolic regulatory subunits such as Nox organizer subunits (p47^{phox} and NoxO1), activator subunits (p67^{phox} and NoxA1), two DUOX maturation factors (DUOXA1, DUOXA2), and the small GTP-binding proteins Rac 1/2.

Brief historical overview was discussed in *Physiol Rev* 2007 (Karl-Heinz Krause)

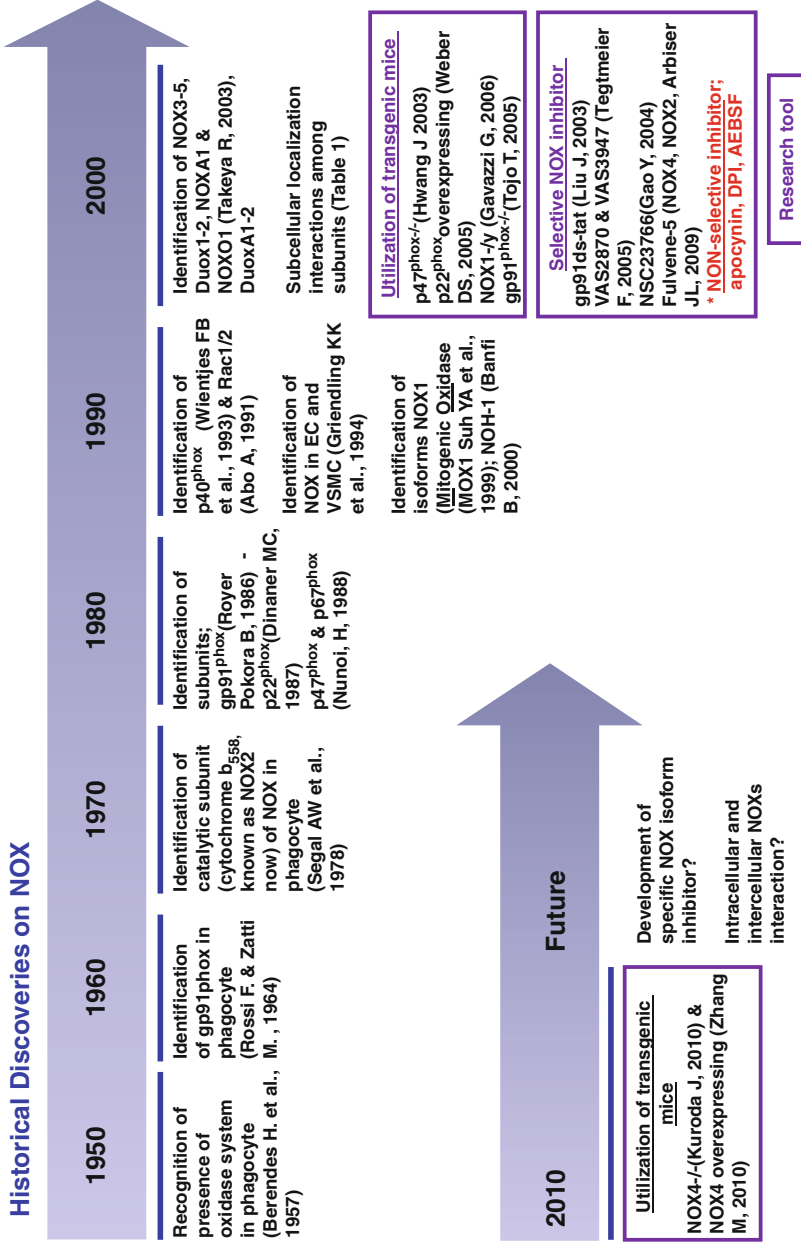


Fig. 37.2 History of discovery and characterization of NOX oxidase family

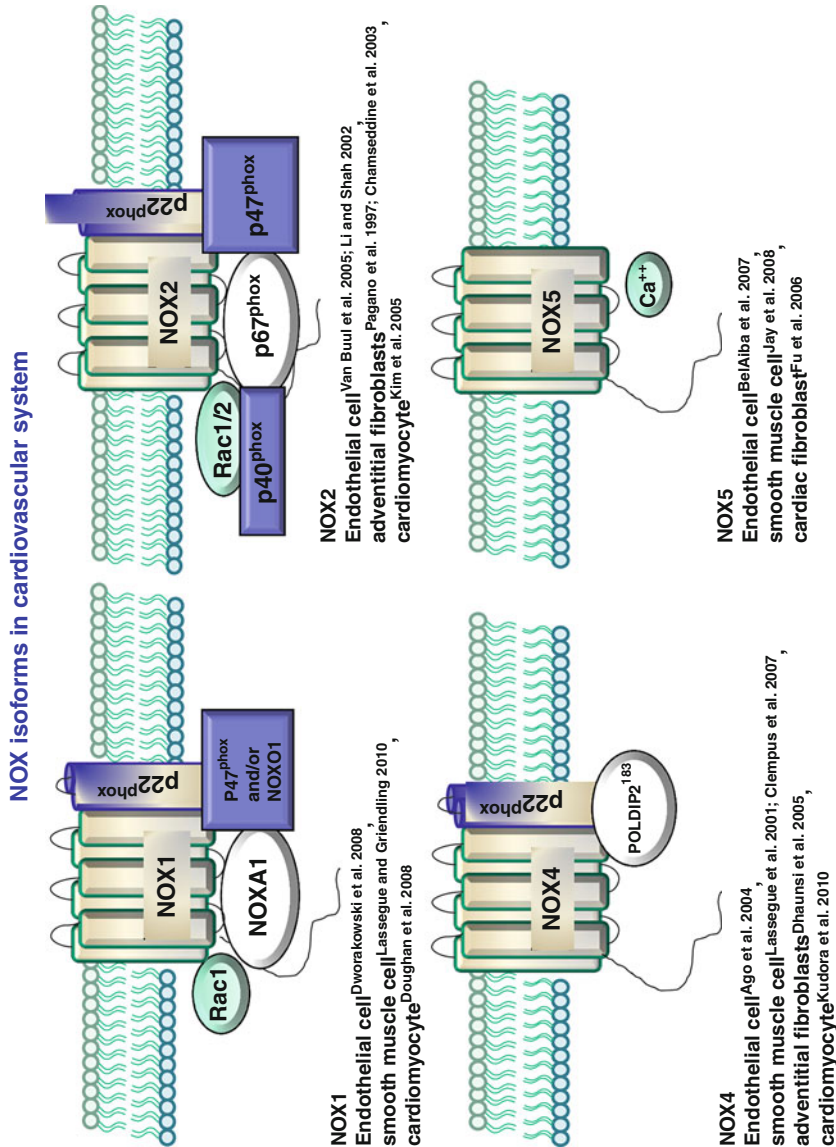


Fig. 37.3 Composition and cell-specific expression of NADPH oxidase isoforms found in the cardiovascular system

In phagocytic cells, assembly of these subunits is required for enzymatic activation of the NADPH oxidases. Nox2, for example, exists in a membrane complex with p22^{phox}, referred to as cytochrome b558. The p47^{phox}, p67^{phox}, and p40^{phox} subunits exist in the cytoplasm in resting cells (Van Buul et al. 2005; Wang et al. 2001). Upon activation, Rac1 assembles with the membrane components prior to sequential assembly of other cytosolic components. The other cytoplasmic subunits also translocate to the membrane and interact with p22^{phox} after phosphorylation of p47^{phox} (Groemping et al. 2003). This leads to a functional oxidase that transfers electrons from NADPH to reduce molecular oxygen to form superoxide. Unlike phagocytic Nox2, which is inactive in the resting state, the vascular NADPH oxidases have basal activity in unstimulated state as a pool of them exist in a preassembled form at cytoskeleton (Li and Shah 2002; Sorescu et al. 2001). Mice deficient in Nox2 have modestly reduced blood pressure (Van Buul et al. 2005; Wang et al. 2001). In leukocytes, Rac2 rather than Rac1 interacts with p67^{phox} at the membrane upon stimulation. As summarized in Table 37.1, each Nox isoform has distinct functions, different subunit compositions for assembly, tissue distribution, and intracellular localizations. Moreover, Nox1, 2, 4, and 5 are expressed in cardiovascular cells. Nox5, which is calcium responsive, is absent in rodents but is present in larger animal models or humans.

Mitochondria

The major biological function of the mitochondria is ATP synthesis via oxidative phosphorylation, based on the transfer of electrons through the mitochondrial respiratory chain (Cadenas and Davies 2000). In short, electrons are first supplied into the chain through either NADH at complex I or succinate at complex II, then transferred to complex III via ubiquinone, and subsequently to complex IV, where oxygen is reduced to water and protons are transferred via the proton pump, creating the proton motive force for ATP synthesis (Chance and Williams 1955). The transfer of electrons in the electron transport chain can also leak to oxygen molecules (Han et al. 2003; Boveris 1984), resulting in formation of superoxide that can be rapidly dismutated to H₂O₂ (Cadenas et al. 1977; Han et al. 2001). Under basal conditions, the level of mitochondrial ROS “leakage” is low. However, increased mitochondrial ROS production occurs in endothelial cells during hypoxia (Powell and Jackson 2003), hyperglycemia, and/or diabetes (Giardino et al. 1996), which has been attributed to an increase in the mitochondrial proton gradient (Gokce et al. 2001). In the heart, increased mitochondrial ROS production has been observed during heart failure (Ide et al. 1999), as well as ischemia-reperfusion injury (Arroyo et al. 1987; Bolli et al. 1988; Garlick et al. 1987; Zweier et al. 1987). One of the major processes responsible for increased mitochondrial ROS production is opening of the mitochondrial membrane permeability transition pore (mPTP). While transient opening of mPTP could be protective (Kutala et al. 2007), chronic opening of mPTP is associated with ROS-induced ROS release (Zorov et al. 2000), and implicated in myocardial cell death during reperfusion after ischemia (Crompton 1999; Kutala et al. 2007).

Table 37.1 Nox isoforms in cardiovascular system

Isoform	Distribution	Subcellular localization	Required subunits for activation	Physiological functions
Nox1	Vascular smooth muscle cell (Lassegue and Griendling 2010), endothelial cell (Dworakowski et al. 2008), colon epithelial cell (Szanto et al. 2005), mast cells (Manea et al. 2005), cardiomyocyte (Zhang et al. 2012; Spallarossa et al. 2006)	Plasma membrane (Hanna et al. 2004), caveolae (Hilenski et al. 2004), endosomes (Miller et al. 2007)	p22 ^{phox} , p47 ^{phox} , or Nox1, Noxa 1, p40 ^{phox} , Rac1 (Banfi et al. 2003; Cheng and Lambeth 2004)	Vascular inflammation (San Martin et al. 2007), migration (Suh et al. 1999), and extracellular matrix production (Schroder et al. 2007)
Nox2	Endothelial cell (Van Buul et al. 2005; Li and Shah 2002), cardiomyocytes (Kim et al. 2005), fibroblasts (Pagano et al. 1997; Chamseddine et al. 2003), neutrophil	Plasma membrane (Petry et al. 2006), perinuclear (Li and Shah 2002; Sipkens et al. 2011), nuclear pore (Hahn et al. 2011), endosome (Li et al. 2008), ER (Petry et al. 2006)	p22 ^{phox} , p47 ^{phox} (phosphorylation for activation), p67 ^{phox} , p40 ^{phox} , Rac1 or Rac2 (leukocyte only)	Inflammation (Hwang et al. 2003), endothelial cell proliferation & migration (Anilkumar et al. 2008), cardiac hypertrophy and remodeling (Tojo et al. 2005)
Nox4	Fibroblasts (Dhaunsi et al. 2005), vascular smooth muscle cells (Hilenski et al. 2004; Clempus et al. 2007; Lassegue et al. 2001), endothelial cells (Ago et al. 2004; Van Buul et al. 2005; Wingler et al. 2001; Xu et al. 2009), cardiomyocyte (Kudora et al. 2010)	Plasma membrane, ER (Van Buul et al. 2005; Martyn et al. 2006; Pedruzzi et al. 2004), mitochondria (Pedruzzi et al. 2004; Santos et al. 2009), nucleus (Kuroda et al. 2005), and focal adhesions (Hilenski et al. 2004; Clempus et al. 2007; Lyle et al. 2009)	p22 ^{phox} , Poldip2 (Lyle et al. 2009), and Tks5 (Diaz et al. 2009)	Angiogenesis (Craigie et al. 2011; Schroder et al. 2012), regulation of focal adhesions and cytoskeletal remodeling (Lyle et al. 2009)
Nox5	Endothelial cell (BelAiba et al. 2007), vascular smooth muscle cells (Jay et al. 2008), cardiac fibroblasts (Fu et al. 2006)	Plasma membrane (Hahn et al. 2012), cytoplasm (Hahn et al. 2012), ER (BelAiba et al. 2007)	N/A	Growth (Montezano et al. 2010)

Uncoupled eNOS

Under physiological conditions, eNOS catalyzes the transfer of electrons from NADPH to the flavins in the reductase domain of one monomer and upon calcium/calmodulin binding to a heme group in the oxygenase domain of another monomer. Oxygen is then reduced and incorporated into one of the terminal

guanidino groups of L-arginine to generate NO and L-citrulline (Wever et al. 1997). When the NOS cofactor tetrahydrobiopterin (H₄B) is either absent or oxidized, electrons are transferred to oxygen to generate superoxide rather than to L-arginine to form NO, leading to a condition known as NOS uncoupling (Wever et al. 1997). NO has multifaceted functions that include relaxation of vascular smooth muscle, inhibition of inflammatory protein expression, and attenuation of platelet and monocyte activation, all critical for vascular health. Activity of eNOS is thus regulated by the bioavailability of its substrate L-Arginine (Xia et al. 1996; Druhan et al. 2008) and its essential cofactor H₄B (Vasquez-Vivar et al. 1998). Under pathophysiological conditions, it is rare for L-arginine to become deficient, unless there is augmented degradation as occurs with excessive arginase activation (Johnson et al. 2005; Romero et al. 2008; Ming et al. 2004; Ryoo et al. 2006).

The eNOS cofactor H₄B is synthesized de novo from GTP by a series of enzymatic steps involving GTP cyclohydrolase-1 (GTPCH-1), 6-pyruvoyl tetrahydropterin synthase (PTPS), and sepiapterin reductase (SPR) (Crabtree and Channon 2011; Thony et al. 2000). Once oxidized to dihydropterin (H₂B), H₄B can be regenerated to H₄B by dihydrofolate reductase (DHFR). The stable exogenous precursor sepiapterin can be converted to H₂B by SPR, and then to H₄B by DHFR. These latter pathways are called salvage pathways (Thony et al. 2000; Werner-Felmayer et al. 2002). eNOS uncoupling due to H₄B deficiency has been implicated in various cardiovascular disorders including atherosclerosis (Takaya et al. 2007), hypertension (Landmesser et al. 2003), diabetes (Oak and Cai 2007; Hink et al. 2001), and heart failure (Takimoto et al. 2005). Ang II treatment can cause deficiency in endothelial DHFR, which in turn mediates eNOS uncoupling in cultured endothelial cells, hypertensive mice, and type 1 diabetic mice (Gao et al. 2009; Chalupsky and Cai 2005; Oak and Cai 2007). Oscillatory shear stress induction of eNOS uncoupling however is attributed to loss of GTPCH-1 activity (Widder et al. 2007; Li et al. 2011). GTPCH-1 overexpression restores H₄B levels and eNOS function in the deoxycorticosterone acetate (DOCA)-salt hypertensive mice, a low renin model of hypertension (Du et al. 2008; Zheng et al. 2003). SPR deficiency has also been observed in DOCA-salt hypertension, making sepiapterin an ineffective agent to restore H₄B levels and NOS function in this particular model of hypertension (Youn et al. 2012b). These data seem to indicate that regulation of different H₄B metabolic enzymes is responsible for eNOS uncoupling in various disease states. More recently, a causal role of uncoupled eNOS has been established in the formation of abdominal aortic aneurysms, in which endothelium-specific DHFR deficiency occurs (Gao et al. 2012).

Xanthine Oxidase

Xanthine oxidase (XO) is one of the two isoforms xanthine oxidoreductase (XOR), the other being xanthine dehydrogenase (XDH) (Hille and Nishino 1995; Stirpe and Della 1969). These isoforms are involved in the last two reactions of the purine degradation pathway, namely, conversion of hypoxanthine to xanthine and the

oxidation of the latter to uric acid (Hille and Nishino 1995; Christen et al. 2001; Nagler et al. 2002). While both forms of XOR catalyze these reactions of purine metabolism, they utilize different electron acceptors. XO can only use oxygen, while XD can use both oxygen and NAD⁺, but has a greater affinity for NAD⁺ (Waud and Rajagopalan 1976; Harrison 2002; Meneshian and Bulkley 2002). Hence, in addition to its importance in purine catabolism, XOR is an important generator of oxidative stress. Ironically, uric acid is a potent antioxidant (Becker 1993), making XOR important in both causing oxidative stress and in generating protective antioxidants. Experimental evidence also shows that XO is involved in many different cardiovascular conditions. XOR has also been shown to play an important role in hypertension. For example, inhibition of XOR either by oxypurinol (Nakazono et al. 1991) or by tungsten (Suzuki et al. 1998; Swei et al. 1999) successfully lowers blood pressure in hypertensive rats. Uric acid levels have also been linked with increased blood pressure (Mazzali et al. 2001). Heart failure is another condition where XOR plays a role. Patients with heart failure have increased endothelial XOR activity and reduced SOD activity (Landmesser and Drexler 2002; Cappola et al. 2001). A clinical trial involving the inhibition of XOR using allopurinol (Gavin and Struthers 2005) and the phase II clinical trial by Cardioma Pharma Corp in which oxypurinol was employed have failed to show benefit, casting doubts on the importance of XOR in human heart failure. ROS derived from XOR are increased during ischemia reperfusion (I/R) injury of the heart (Brown et al. 1988; Ferdinandy et al. 1999). Further, inhibition of XOR using allopurinol attenuates I/R damage in animal models (Guan et al. 2003; Gimpel et al. 1995). However, similar to heart failure, multiple clinical trials examining inhibition of XO via allopurinol failed to improve cardiac function (Coghlan et al. 1994; Taggart et al. 1994; Coetzee et al. 1996), with one study actually showing an increase in myocardial infarct extension after allopurinol (Parmley et al. 1992). Taken together, these data show that while XOR is important in experimental animal models, it does not seem to play a central role in the pathogenesis of human cardiovascular disease.

Communication of Oxidases in Cardiovascular System

Interaction Between Nox and eNOS Uncoupling

Nox enzyme activation is associated with clinical risk factors for cardiovascular diseases such as hypercholesterolemia (Sorescu et al. 2002; Guzik et al. 2000; Sheehan et al. 2011), hypertension (Peterson et al. 2009; Harrison et al. 2007), and diabetes (Oak and Cai 2007; Inoguchi et al. 2003) in experimental animals and humans (Lassegue and Griendling 2010; Cai et al. 2003a; Bedard and Krause 2007; Guzik et al. 2000). Interactions between the NADPH oxidases and eNOS uncoupling are well established in hypertension and diabetes (Landmesser et al. 2003). Ang II is a potent activator of the NADPH oxidases. In endothelial cells, Ang II activation of the NADPH oxidases leads to H₂O₂-mediated downregulation of

DHFR, which in turn results in eNOS uncoupling due to H₄B depletion (Chalupsky and Cai 2005). Indeed, DHFR restoration by folic acid supplementation or DHFR overexpression in Ang II-dependent hypertension improved endothelial function along with restored NO[•] bioavailability (Gao et al. 2009). In type 1 diabetes, eNOS uncoupling occurs following Ang II-dependent Nox activation (Oak and Cai 2007), in particular, activation of Nox1 (Youn et al. 2012a). Nox1-deficient diabetic mice have preserved endothelial function due to recoupling of eNOS (Youn et al. 2012a). In DOCA-salt hypertension, p47^{phox} deficiency prevents H₄B oxidation and NOS uncoupling, indicating NADPH-oxidase-dependent eNOS uncoupling in this low renin model of hypertension. Oscillatory shear stress (OSS) introduction by partial carotid ligation in apoE null mice, which is associated with p47^{phox}-dependent endothelial dysfunction and atherosclerosis (Nam et al. 2009), induces eNOS uncoupling that is due to loss of GTPCH-1 activity (Hattori et al. 2003). The NADPH oxidases are activated in endothelial cells in response to thromboxane A₂ receptor activation, via a PKC- ζ -dependent mechanism, subsequently leading to eNOS uncoupling (Zhang et al. 2012). Collectively, NADPH oxidase activation in response to various pathological stimuli causes NOS uncoupling, ROS-dependent oxidation of H₄B, and ROS-induced deficiencies in H₄B metabolic enzymes.

Interaction Between Nox and Mitochondria

Crosstalk between the mitochondria and the NADPH oxidases has been reported in endothelial cells in response to Ang II, which induces mitochondrial dysfunction via protein kinase C-mediated activation of Nox (Doughan et al. 2008). The authors of this study proposed that Ang II activates Nox, which in turn increases mitochondrial ROS production by modulating mitoK_{ATP} channel opening (Doughan et al. 2008; Pain et al. 2000). In this study, L-NAME prevented Ang II induction of mitochondrial dysfunction, indicating that eNOS uncoupling might also lie upstream of mitochondrial ROS production, although the effect of H₄B administration was not examined (Doughan et al. 2008). Administration of apocynin or p22^{phox} knockdown by RNA interference attenuated Ang II-induced mitochondrial ROS production, as measured by DCF fluorescence (Doughan et al. 2008). Furthermore, stimulation of the mitoK_{ATP} channel opening using diazoxide in smooth muscle cells caused Nox activation, mimicking the effect of Ang II (Kimura et al. 2005). Intriguingly, treatment with 5-HD, a specific inhibitor of the mitoK_{ATP} channel, decreased superoxide production and restored bioavailable NO[•] in endothelial cells treated with angiotensin II, indicating that mitochondrial ROS are acting in a feed-forward mechanism (Kimura et al. 2005). In another study, these authors showed that suppression of mitochondrial ROS using mitochondrial superoxide dismutase (SOD2) overexpression or mitoTEMPO attenuates Nox activity (Dikalova et al. 2010). Hypoxia drives mitochondrial ROS production in pulmonary artery smooth muscle cells (Waypa et al. 2002; Waypa et al. 2006). Further studies using the novel redox-sensitive ratiometric fluorescent protein sensor (RoGFP) demonstrated that hypoxia increases H₂O₂

production in the mitochondrial intermembrane space (Waypa et al. 2010). H_2O_2 can then diffuse to the cytoplasm and activate NADPH oxidase production of ROS and increase calcium via a PKC-dependent pathway in pulmonary artery smooth muscle (Rathore et al. 2008). Conversely, it seems that hypoxia acutely activates the NADPH oxidase, leading to sustained production of mitochondrial ROS (Weidemann and Johnson 2008). Taken together, the NADPH oxidases and mitochondria seem to activate one another in several pathological conditions.

Interaction Between eNOS Uncoupling and Mitochondria

Ceylan-Isik et al. demonstrated that crosstalk exists between eNOS uncoupling and mitochondria production of ROS (Ceylan-Isik et al. 2009). Treatment with the GTPCH-1 inhibitor DAHP depletes H_4B and induces NOS uncoupling in the heart, and this is associated with impaired mitochondrial function in cardiac cells. Cardiac overexpression of the antioxidant metallothionein attenuates mitochondrial dysfunction. These studies provide evidence that ROS-derived NOS uncoupling leads to mitochondrial dysfunction (Ceylan-Isik et al. 2009). Conversely, supplementation of coenzyme Q10, which facilitates electron transport from complexes I and II to complex III and reduces mitochondrial ROS production, recouples eNOS and improves endothelial function in diabetes (Watts et al. 2002) and atherosclerosis (Chew and Watts 2004).

Interaction Between XO and Mitochondria

Ischemia induces ROS in cremaster muscle arterioles and this seems to be due to XO and complex III of the mitochondria (Baudry et al. 2008). A recent study by Gladden et al. showed XO and mitochondria both contribute to ROS production in the volume overloaded heart (Gladden et al. 2011). The mitochondrial inhibitor MitoQ prevented stretch-induced XO activation while the XO inhibitor allopurinol suppressed mitochondrial respiration, suggesting a crosstalk between XO and mitochondria. In this study, the authors found that volume overload increases cardiac XO activity by 300 % and decreases mitochondrial state-3 respiration, which depends on ADP as a substrate. Treatment with allopurinol improved state-3 respiration. It thus seems that XO-derived superoxide damages the mitochondria, leading to generation of additional superoxide.

Oxidases and Cardiovascular Diseases

As described above, a complex relationship exists among the different ROS-generating systems in pathophysiological conditions. In this section, we will examine the roles of ROS-generating oxidases in several cardiovascular diseases.

Hypertension

The earliest study linking ROS and hypertension showed that intravenous injection of a membrane-targeted superoxide dismutase acutely lowers blood pressure in spontaneously hypertensive rats (Nakazono et al. 1991). These authors also showed that oxyipurinol lowered blood pressure in the SHR. Subsequent studies showed that angiotensin II and DOCA-salt hypertension increases vascular superoxide production, seemingly by activation of the NADPH oxidase. Increased ROS has been observed in many different animal models of hypertension, including hypertension induced by Ang II (Rajagopalan et al. 1996; Fukui et al. 1997; Mollnau et al. 2002; Dikalova et al. 2005; Murdoch et al. 2011), DOCA-salt (Landmesser et al. 2003; Beswick et al. 2001; Wu et al. 2001), L-NAME (Bauersachs et al. 1998; Usui et al. 1999), renal artery clipping (Jung et al. 2004; Heitzer et al. 1999; Wang et al. 2007), and in genetic models of hypertension (Gao et al. 2012; Kobori and Nishiyama 2004; Wingler et al. 2001; Zalba et al. 2000). Mice deficient in either p47^{phox} or Nox1 have blunted hypertension and reduced vascular superoxide production in response to angiotensin II (Gavazzi et al. 2006; Matsuno et al. 2005; Landmesser et al. 2002), while Nox1-overexpressing animals exhibit enhanced hypertension and vascular ROS production (Dikalova et al. 2005). Similarly, Nox2 is upregulated in many models of hypertension (Wang et al. 2001; Dikalova et al. 2010; Datla and Griendling 2010; Cifuentes et al. 2000). In a study using mice with endothelial-specific overexpression of Nox2, basal BP is unchanged but Ang II infusion causes a greater impairment in endothelium-dependent vasodilatation, vascular remodeling, and a greater increase in blood pressure than observed in wild type controls (Murdoch et al. 2011). Nox2-deficient mice have reduced blood pressure at baseline and following 6 days of angiotensin II infusion (Wang et al. 2001). Nox2 has also been shown to play a role in the central control of hypertension (Peterson et al. 2009; Zimmerman et al. 2004).

The role of Nox4 in hypertension is more controversial. Several studies have found increased vascular expression of Nox4 in hypertension (Wingler et al. 2001; Akasaki et al. 2006), (Mollnau et al. 2002). Interestingly, Nox4 largely releases H₂O₂ rather than superoxide. H₂O₂ can promote vasodilatation, in part by eliciting hyperpolarization of the vascular smooth muscle and by enhancing eNOS expression and activity (Cai et al. 2003b; Miura et al. 2003; Thomas et al. 2002). In keeping with this, targeted overexpression of Nox4 to the endothelium slightly enhances H₂O₂-dependent vasodilatation, and slightly lowers blood pressure in mice (Ray et al. 2011).

The NADPH oxidases play a major role in modulating sympathetic outflow from the brain, and in particular neuronal firing within the subformical organ of the forebrain. This and other circumventricular organs lack a fully developed blood-brain barrier and are responsive to circulating stimuli such as salt and angiotensin II. Nox2 and Nox4 in the subformical organ are both required for hypertensive and dipsogenic responses to intracerebroventricular (ICV) injections of Ang II (Peterson et al. 2009). Overexpression of the small G-protein Rac1 in the subformical organ enhances the acute pressor, bradycardic, and dipsogenic effects

of ICV angiotensin II, while a dominant negative form of Rac1 has the opposite effect (Zimmerman et al. 2004). Recently, it has been shown that selective deletion of the NADPH oxidase subunit p22^{phox} from the subfornical organ prevents the long-term hypertensive response to angiotensin II (Lob et al. 2013).

The ROS produced by various oxidants in hypertension do not act in isolation, but interact with each other and with other oxidant systems. As described above, H₂O₂ from the NADPH oxidase downregulates the tetrahydrobiopterin salvage pathway, leading to NOS uncoupling. eNOS uncoupling also occurs in other models of hypertension such as DOCA-salt hypertension (Landmesser et al. 2003). Another study showed that DOCA-salt hypertension is associated with deficiency of GTPCH-1, and that overexpression of GTPCH-1 partially recouples eNOS and improves endothelial dysfunction (Du et al. 2008). In another study, SPR was found to be deficient in DOCA-salt hypertension, so that the H₄B precursor sepiapterin is ineffective in recoupling eNOS. In contrast, co-treatment with the NADPH oxidase inhibitor apocynin and with H₄B effectively restored eNOS function (Youn et al. 2012b). Thus, these data demonstrate that there is the interplay between Nox and eNOS uncoupling in different models of hypertension including Ang II and DOCA-salt dependent.

Evidence also suggests that the mitochondria and NADPH oxidases interact in hypertension. Upregulation of thioredoxin-2, a potent mitochondrial antioxidant, attenuates Ang II-induced hypertension and mitochondrial ROS levels and eliminates the elevation of vascular ROS and the expression of Nox subunits (Nox2, Rac2, p47phox) (Widder et al. 2009). Treatment with the mitochondrial-targeted antioxidant mitoTempol, or overexpression of the mitochondrial superoxide scavenger SOD2, attenuates the increase in blood pressure, mitochondrial ROS production, and Nox activity in response to chronic angiotensin II infusion. These effects are not observed when TEMPOL, which is not targeted to the mitochondria, is used (Dikalova et al. 2010). Taken together, these data not only show the importance of the mitochondria in the pathogenesis of hypertension in experimental models, but also suggests that ROS from the NADPH oxidases induce mitochondrial ROS production.

Diabetic Cardiovascular Complications

Cardiovascular complications are the leading cause of death in patients with diabetes (Macfarlane et al. 2007). Increased vascular production of ROS has been proposed to trigger multiple downstream signaling events that promote endothelial dysfunction in diabetes. Many enzymatic sources, including the mitochondrial electron transport chain, the NADPH oxidases, xanthine oxidase, and uncoupled eNOS, contribute to ROS formation in diabetes. Nonenzymatic sources such as glucose auto-oxidation and AGE formation can contribute as well.

NADPH oxidase activation has been reported in both type I and II diabetes. In particular, upregulation of Nox1 occurs mice with type 1 diabetes induced by streptozotocin (STZ). Nox1, in turn, mediates eNOS uncoupling and impairment of

vessel relaxation in these animals (Youn et al. 2012a). These authors also showed that eNOS uncoupling is attenuated in $p47^{phox}$ and Nox1 null mice (Youn et al. 2012a). Knockdown of Nox1 and Nox1 by RNA interference in vivo also prevents eNOS uncoupling in diabetes, indicating an upstream role of Nox1 and $p47^{phox}$ in diabetic eNOS uncoupling (Gao et al. 2009). In contrast, inhibition of mitochondrial complexes does not affect diabetic eNOS uncoupling, indicating that the mitochondria are not upstream system of eNOS uncoupling even though an important role of mitochondria in diabetic endothelium has been previously documented (Nishikawa et al. 2000). Of note, DHFR overexpression and folic acid supplementation improve endothelium-dependent vasodilatation. In the Goto-Kakizaki (GK) rat, a model of non-obese type II diabetes, Nox-derived ROS induce H₄B deficiency and eNOS uncoupling in aorta; however, no information is available regarding which Nox isoform is involved or whether H₄B enzymatic pathways are deficient (Bitar et al. 2005). In the obese db/db mice, Nox1 expression is upregulated and superoxide and peroxynitrite production is increased. In addition, augmented Nox2 expression and mitochondrial dysfunction are observed in the left ventricle, all of which are attenuated by a NF- κ B inhibitor, pyrrolidine dithiocarbamate (PDTC) (Mariappan et al. 2010). Given that NF- κ B is activated by Ang II and PKC, these findings suggest that Ang II-dependent NADPH oxidase activation induces oxidative stress and NF- κ B activation, which affects expression of Nox1 and Nox2, mitochondrial ROS production, and subsequently cardiac dysfunction due to oxidant amplification (Mariappan et al. 2010). In keeping with a role of Nox1 in diabetes, a recent study showed that atherosclerotic lesion formation is dramatically enhanced when ApoE^{-/-} mice are made diabetic by STZ injection (Gray et al. 2012). This enhancement of atherosclerosis is prevented by crossing the ApoE^{-/-} mice with mice lacking Nox1 or by treatment with a novel Nox1 inhibitor GKT13783. Taken together, these data show that the NADPH oxidase, and in particular Nox1, plays a role in diabetes and that Nox1-derived ROS likely contribute to NOS uncoupling and activation of pro-inflammatory signaling events.

A major consequence of diabetes is small vessel disease, which leads to blindness, neurologic dysfunction, myocardial ischemia, and kidney failure. Several studies have implicated the NADPH oxidases in microvascular dysfunction in animal models of diabetes (Mayhan et al. 2006; Su et al. 2008; Park et al. 2011). Superoxide generation by the mitochondria is increased in the retina of rats with STZ-induced diabetes, and this promotes retinal endothelial cells and pericytes (Kowluru and Abbas 2003). In this model, uncoupling of NOS has contributed to coronary arteriolar dysfunction, which likely contributes to myocardial ischemia and dysfunction (Bagi and Koller 2003).

Atherosclerosis

The NADPH oxidases have been considered a major source for vascular oxidative stress in human atherosclerosis (Sorescu et al. 2002; Guzik et al. 2000; Azumi et al. 1999)

and animal models (Sheehan et al. 2011). In atherosclerotic human coronary arteries, abundant expression of Nox2, Nox4, and Nox5 occurs, likely due to macrophage infiltration and smooth muscle cell accumulation (Sorescu et al. 2002; Guzik et al. 2008). The presence of Nox5 in advanced lesions leads to calcium-dependent production of H₂O₂, and might explain one benefit of calcium channel inhibitors (Guzik et al. 2008). In ApoE^{-/-} mice, deletion of Nox1 reduces superoxide production, lesion size, and macrophage infiltration (Sheehan et al. 2011), indicating a critical role of Nox1 in atherosclerosis. As discussed below, either Nox1 deficiency or treatment with a Nox1 inhibitor decreases lesions in ApoE^{-/-} mice with diabetes (Gray et al. 2012). Deletion of the cytoplasmic subunit p47^{phox} also reduces aneurysm formation in ApoE^{-/-} mice (Barry-Lane et al. 2001; Thomas et al. 2006). Nox2 is abundantly expressed in macrophages, and levels of the Nox2/p22^{phox} mRNAs in atherosclerotic lesions positively correlate with the presence of these cells in human atherosclerotic lesions (Sorescu et al. 2002). In endothelial cells, Nox2 activity is necessary for induction of the pro-inflammatory transcription factor NF-κB. This and other redox-dependent signals promote upregulation of inflammatory cytokines, such as TNF-α, and of adhesion molecules including VCAM-1, E-selectin, and ICAM-1, all of which are involved in vascular inflammation and atherogenesis (Gertzberg et al. 2004; Chen et al. 2003). The role of Nox2 in atherosclerosis is however controversial. Some studies have shown a reduction in atherosclerosis when Nox2-deficient mice have been crossed with ApoE^{-/-} mice, (Judkins et al. 2010) while others have not (Kirk et al. 2000). Moreover, endothelial-targeted Nox2 overexpression in ApoE^{-/-} mice does not alter atherosclerosis progression even though Nox2 seems to increase vascular superoxide production and macrophage recruitment possibly via activation of endothelial cells (Douglas et al. 2012). Thus, it is clear that Nox1 and Nox2 have distinct roles in atherosclerosis.

Of note, H₄B deficiency and NOS uncoupling activity have been found in ApoE^{-/-} mice. Thus, hypercholesterolemia seems to activate the NADPH oxidases and increase Nox-derived ROS to uncouple eNOS (Alp et al. 2004). Mitochondrial SOD (SOD2) deficiency also increases atherosclerosis in ApoE^{-/-} mice, implicating a role of mitochondrial ROS in atherosclerosis (Ohashi et al. 2006). Taken together, this evidence seems to demonstrate that excessive ROS production from Nox, mitochondria, and uncoupled NOS is involved in the development of atherosclerosis.

Cardiac Diseases

Chronic heart failure is the result of maladaptive changes to stressors such as myocardial infarction, valvular heart disease, and hypertension (Cohn et al. 2000). Studies have suggested that Nox4 is expressed in the mitochondria of cardiomyocytes (Ago et al. 2004), although this could be due to contamination of mitochondrial preparations used for these analyses. Nox4 also plays a role in superoxide generation by the cardiac mitochondria in setting of pressure overload

(Kuroda et al. 2010). NOS uncoupling has also been shown to play an important role in heart failure (Takimoto and Kass 2007). Given that oxidation of the NOS cofactor H₄B leads to its uncoupling, and that the activities of both the mitochondria (Sawyer and Colucci 2000) and NADPH oxidases (Heymes et al. 2003) are increased in heart failure, it is very likely that the three systems interact with each other during this pathophysiological condition.

ROS have also been implicated to play important roles in reperfusion injury following myocardial ischemia (Maxwell and Lip 1997; Eltzschig and Collard 2004). Extensive research has focused upon the mitochondria, which plays a key role in mediating ischemia-reperfusion (I/R) injury via the opening of the mitochondrial mPTP and the release of pro-apoptotic factors such as cytochrome c (Choi et al. 2009; Loor et al. 2011; Perrelli et al. 2011). Interestingly, experimental evidence also shows that there is crosstalk between the different ROS generators during these events. In one study of acute ischemia in the rat heart, it was shown that inhibition of AT1 receptors, which have been shown to increase Nox activity, reduced mitochondrial dysfunction (Monteiro et al. 2005). A link between NADPH oxidase and mitochondrial-dependent cardiomyocyte apoptosis has been defined in a study using p47^{phox}-deficient mice (Erickson et al. 2008), where cardiomyocytes from these mice were resistant to CaMKII-dependent apoptosis. Taken together, these data show that while the mitochondria play a major role in the myocardial damage in cardiac I/R, other ROS-generating systems such as the NADPH oxidases and uncoupled eNOS may also play a role via interactions with each other.

Summary and Conclusions

In the cardiovascular system, ROS are generated from various enzymatic sources such as Nox, mitochondria, XO, and uncoupled eNOS. As discussed in detail here, complex interactions among these enzymes contribute to oxidative stress by forming a vicious cycle of ROS-induced ROS generation. Moreover, the NADPH oxidases seem to have a major role in oxidase interactions, and often function as initiating enzymes that lead to oxidant amplification by other enzymes in hypertension, diabetes, atherosclerosis, and cardiac diseases. Even though it is evident that NADPH oxidase activation induces eNOS uncoupling, the underlying mechanisms vary and depend on pathological stimuli (i.e., GTPCH-1 deficiency in DOCA-salt hypertension versus DHFR deficiency in Ang II-induced hypertension). These observations have made it potentially possible to develop disease-specific novel therapies. Although interactions between mitochondria and the NADPH oxidase have been suggested in hypertension and cardiac diseases, direct evidence on interactions among mitochondria, Nox, and uncoupled eNOS is limited. Also, the signaling pathways involved in the interactions among oxidases remain incompletely understood. Future studies in these fields may provide novel therapeutic approaches for prevention and treatment of cardiovascular diseases.

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