IS RED CELL ACETYLCHOLINESTERASE RELATED WITH ARTERIAL HYPERTENSION?

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In addition to the suggestive involvement of the noradrenergic system,¹ there is substantial evidence that blood pressure regulation in the man and some other mammals (e.g. cat, dog and rat) is dependent on the cholinergic activity.² Many experimental and some clinical studies have demonstrated that the stimulation of the central cholinergic system by direct receptor agonists or acetylcholinesterase (AChE) inhibitors, mediates a rise in arterial pressure (Fig. 1)

According with these findings (still questionable), the activation of the cholinergic system might play a role in the pathogenesis of essential hypertension (EH) as well as in SHR, apparently via increased peripheral sympathetic activity. Meanwhile, other studies have claimed to a suppressed parasympathetic activity in the SHR and humans with essential hypertension.^{3, 4}

The AChE activity might be interpreted as an index of the parasympathetic innervation if it were more specific than observed; the AChE activity is identified in regions containing pacemaking and conducting tissues and, also, in red blood cells and other non-neural tissues.⁵ Nevertheless, pharmacologic and kinetic studies in all molecular forms of AChE have identified a remarkable similarity in their enzymatic sites. Beyond this, a high level of homology is shown between the AChE from human erythrocytes and neuromuscular junctions.⁶

Although the presence of AChE activity in non-neural regions seems to be a factor hardly involved in the pathogenic mechanisms of hypertension, a very significant elevation in red cell AChE activity has been detected by us in humans with essential hypertension.⁷ This observation was not confirmed by others,⁸ being the discrepancy with our results attributed to differences in technical methodologies or the patients studied. Recently, we could reaffirm an increase in AChE activity in hemoglobin-free membranes from hypertensive patients without evidence of renal insufficiency.⁹

Acetylcholinesterase from human erythrocytes is a membrane bound enzyme with still obscure function.¹⁰ Among other mechanisms, there is increasing evidence that AChE might be involved in sodium exchanges across the erythrocyte¹¹ and other cell membranes.¹² However, if the increase on red cell AChE activity is related to the well known altered cation transport in patients with EH ¹³ is still a matter to further studies.

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Furthermore, it might be conjectured that erythrocyte AChE activity is dependent on cell membrane alterations, consequent to the external or internal effect of some released factor, or viewed as reflection of a localized change in lipid-protein interactions in EH.

Acetylcholinesterase is a lipid-glycoprotein complex molecule with an assymetric orientation on the outer surface of the erythrocytes;¹⁴ the allosteric properties of the enzyme depend on the fatty acid composition of the red cell membrane.¹⁵ Any change in the membrane lipid composition,^{15, 16} as such as a modification in the transmembrane potencial,¹⁷ might interfere with the hydrophilic environment and the enzymatic activity of acetylcholinesterase. These facts would confirm that red cell AChE sensitivity probes the dynamics of the membrane integrity ¹⁸ and its dependence on the membrane fluidity.¹⁵ No data are yet available to steadily confirm or deny these possibilities in what concerns the increased activity of AChE in red cells of EH patients.

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