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Endogenous production of nitric oxide synthase inhibitors

Shelagh Anthony, James Leiper and Patrick Vallance

Abstract: Numerous reports have indicated that the plasma concentration of endogenously produced inhibitors of nitric oxide synthase are elevated in human disease states. In this review we discuss recent advances in our understanding of the enzymes responsible for the synthesis of these inhibitors.

Key words: asymmetric methylarginine; dimethylarginine dimethylaminohydrolase; nitric oxide synthase; protein-arginine methyltransferase

Introduction

In 1986 Hibbs and colleagues identified N^Gmonomethyl-L-arginine (L-NMMA) as a compound that inhibits cytotoxic effects of activated macrophages and prevents the release of nitrate and nitrite derived from Larginine within these cells.¹ A year later, Furchgott's endothelium-derived relaxing factor was identified as nitric oxide (NO)² and it soon became clear that L-arginine was the substrate for endothelial NO (eNO) generation in a process inhibited by L-NMMA.³ Very soon L-NMMA became the standard pharmacological tool with which to probe the biological significance of the L-arginine:NO pathway in the cardiovascular, nervous and immune systems. Injection of L-NMMA was shown to increase blood pressure in guinea-pigs⁴ and rabbits,⁵ and local intra-arterial infusion of the drug caused a dose-dependent arteriolar vasoconstriction in humans.⁶ It appeared that L-NMMA might even have therapeutic utility, and it has now been used to prevent the overproduction of NO that contributes to vasodilatation and hypotension in septic shock,⁷ although it is not clear if this improves outcome. However, L-NMMA is also a naturally occurring arginine analogue. Together with asymmetric dimethylarginine (ADMA) and symmetric dimethylarginine (SDMA) it forms a trio of guanidine-substituted arginine analogues that have the potential to affect arginine handling and/or NO synthesis in biological systems (Figure 1). In this review we discuss the origin of these compounds, their biological effects and their possible clinical significance.

Identification of protein-arginine methyltransferase activity

The presence of methylated arginine residues within a range of proteins including myelin basic protein,8 heat shock proteins,⁹ and nuclear and nucleolar proteins^{10,11} has been known for many years. When initially identified in calf thymus, a single proteinarginine methyltransferase (PRMT) enzyme was thought to be responsible for the arginine methylation of all substrate proteins.¹² However, advances in enzymology revealed two subtypes of PRMT activity (type I and type II) in mammals. One has a wide substrate specificity that includes histones and nonhistone nuclear proteins but has no activity toward myelin basic protein, and the second appears specifically to methylate myelin basic protein.¹³ Both types of PRMT utilise S-adenosyl methionine as a methyl donor and both produce S-adensoyl homocysteine as a by-product (Figure 2). More recent studies have indicated that, in the nucleus, the preferred substrates for the nonmyelin basic protein methyltransferase are RNA binding proteins (hnRNP) that constitute the nuclear RNA-splicing machinery.14 In addition to different substrate specificities, these two subclasses of PRMT appear to have different catalytic activities: the myelin basic protein-specific activity (type II) catalyses the formation of L-NMMA and SDMA, while the nonmyelin basic protein-specific activity (type I) catalyses the formation of L-NMMA and ADMA.^{13,15} Thus type I PRMT activity is the major source of asymmetric methylarginines, and these are the ones that inhibit nitric oxide synthase (NOS).

Cloning of a gene family encoding human PRMTs

To date molecular cloning has revealed the presence of seven PRMT genes, PRMT1-7.¹⁶⁻²² All PRMTs

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		56				20		ttein tting ABP,	
	References	Tang et al 1998 ¹⁸ Belyanskaya et al 2001 ²⁶ Chen et al 2002 ³⁴	Frankel et al 2002 ²¹	Tang et al 1998 ¹⁸ Frankel et al 2002 ²¹ Chen et al 2002 ³⁴	Chen et al 1999 ¹⁹ Frankel et al 2002 ²¹ Li et al 2003 ³²	Branscombe et al 2001 ²⁰ Wang et al 2001 ²³ Frankel et al 2002 ²¹	Miranda et al 2004 ²²	ovirus type 5 early 1B prc corticoid receptor interac ethal abnormal visual (El nuclear protein 13 kDa; P	
	Comments	Predominant in mammalian cells, 3 splice variants	Contains SH3 domain Interacts with ER α	Contains zinc finger domain, forms homo-oligomers	Interacts with CBP/p 300 and GRIP1	Forms homo-oligomers First to automethylate	Contains 2 putative AdoMet binding motifs	ling protein; E1B-AP5, adenc 1 of fibrillarin; GRIP1, gluco ansferase; HuR, embryonic I myelin basic protein; Np13, ence.	
	Substrates	Histone H4, histone H2a, ILF3, TIS21, BTG2, hnRNPA1, hnRNPA2, PABP2, Sam68	E1B-AP5	HnRNP A1, hnRNP A2, PABP2	PABP1, p300, histone H3, histone H2A, HuR	MBP, smD1 and D3, histone H4, histone H2A ltself, Npl3, GAR	۲	thyltransferase; CBP, creb bind arginine-rich N-terminal region MT, human arginine methyltra s kinase-binding protein; MBP, t kDa; TIS, TPA inducible seque	
	Intracellular distribution	Predominantly nuclear	Nuclear	Predomin antly cytosoli c	Predomin antly nuclear	Predominantly cytosolic Predominantly nuclear	· ¿	iated arginine met AR, glycine- and a stein complex; HRI factor 3; JBP, Janus during mitosis 68	
Properties of mammalian PRMTs.	Tissue distribution	Heart, testis > brain, kidney, liver, muscle, placenta, small intestine, spleen, stomach, lung, colon (human)		Adrenal, kidney, ovary, thyroid, brainstem, pituitary > heart, small intestine, testis, cortex > liver, lung, thymus, cerebellum, hippocampus (rat)	Heart, testis > brain, kidney, liver, muscle, spleen, stomach. lung (mouse)	Kidney, testis > brain, heart, liver, muscle, placenta, small intestine, spleen, stomach, lund colon	jane en la compañía de la compañía d	BTG, B-cell translocation gene; CARM, coactivator-associated arginine methyltransferase; CBP, creb binding protein; E1B-AP5, adenovirus type 5 early 1B protein associated protein 5; E Rol, oestrogen receptor alpha; GAR, glycine- and arginine-rich N-terminal region of fibrillarin; GRIP1, glucocorticoid receptor interacting protein 1; HnRNP, heterogenous nuclear ribonuclear protein complex; HRMT, human arginine methyltransferase; HuR, embryonic lethal abnormal visual (ELAV) RNA binding protein; ILF3, interleukin enhancer binding factor 3; JBP, Janus kinase-binding protein; MBP, myelin basic protein; Np13, nuclear protein 13 kDa; PABP, poly(A)-binding protein; Sam68, src-associated substrate during mitosis 68 kDa; TIS, TPA inducible sequence.	
	1T Name	PRMT1	PRMT2/ HRMT1L1	PRMT3	PRMT4/ CARM1	PRMT5/ JBP1 PRMT6	PRMT7	 , B-cell transloc sciated protein ein 1; HnRNP, I binding protei (A)-binding pro 	
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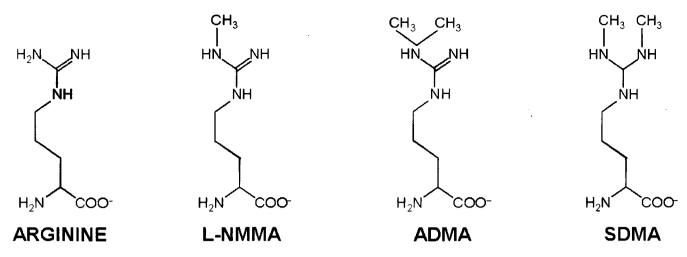


Figure 1 Structure of L-arginine and endogenously produced methylarginines. Only asymmetrically methylated arginines (L-NMMA and ADMA) are nitric oxide synthase inhibitors.

contain a conserved catalytic core region of about 310 amino acids,¹⁸ however the sequence at the N-terminal of PRMTs is not well conserved.

Recombinant expression and enzymatic characterization of these genes has been used to classify the gene products as either type I or type II enzymes. This analysis has indicated that PRMT1–4 and 6 are type I and PRMT5 and 7 are type II enzymes.^{16,18–22} Recent studies have indicated that alternative splicing of the PRMT1 mRNA results in the production of three mRNA species that vary at their 5' ends although the physiological relevance of this processing remains unclear. The tissue distribution of mammalian PRMT expression is widespread, with many tissues expressing multiple isoforms. Within individual cells the intracellular localization of different PRMT isoforms varies, with some (PRMT1, 2, 4 and 6) being predominantly nuclear while the remainder (3 and 5) are predominantly cytosolic (Table 1). The intracellular localization of PRMT isoforms may be related to the localization of their substrate proteins and some reports suggest that it may be regulated in response to extracellular stimuli.¹⁶

The classification of type I and type II proteins was originally made on the basis of substrate specificity

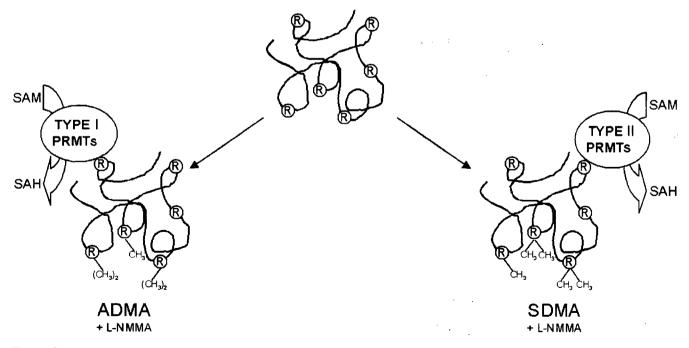


Figure 2 Methylation of arginine residues in proteins by protein-arginine methyltransferases (PRMTs). Arginine residues (®) in proteins that lie within appropriate consensus sequences can be post-translationally methylated by the action of PRMTs. *S*-adenosyl methionine (SAM) is the methyl donor in these reactions and *S*-adenosyl homocysteine (SAH) is produced.

with type I methylating histones and type II methylating myelin basic protein. Since then numerous other substrates have been identified, predominantly for type I PRMT enzymes. There appears to be overlap in the protein substrates that can be methylated by the PRMT family, for example, in the case of histones. PRMT1, PRMT4 and PRMT5 have been shown to methylate histones H4, H3 and H4 respectively,^{20,22-24} with all three also methylating histone H2A. The known substrates of each PRMT isoform are listed in Table 1.

Physiological roles for protein-arginine methylation

Until recently, very little was known about the physiological role of methylation of arginine residues within proteins. Along with identification and cloning, of PRMT1, Lin et al demonstrated that PRMT1 is able to interact with many proteins, including the early response proteins TIS21 and BTG1, both of which are thought to play a role in negatively regulating cell growth. Interaction of PRMT1 with these two proteins can in turn regulate its enzymatic activity.¹⁶

Protein arginine methylation may modify the activity of proteins required for transcription,²⁵ and may modulate the affinity of nucleic acid binding proteins for nucleic acids and may therefore be involved in mediating protein–RNA interactions.^{25,26} Arginine methylation has also been implicated in the process of protein sorting¹⁹ and PRMT1 has been shown to regulate interferon-signalling pathways by altering targeting of nuclear proteins.²⁷ PRMT1 is also required for the activation of the transcription factor STAT1 following interferon stimulation of cells.²⁸

PRMT1 has co-activator function through methylation of histone H423 and, similarly, PRMT4 via methylation of histone H3 can stimulate transcriptional activation by nuclear receptors in combination with the p160 family of co-activators.¹⁹ PRMT4 was originally noted to interact with glucocorticoid receptor interacting protein 1 (GRIP1)¹⁹ and, together with PRMT1, has also been found to interact with the p160 family of co-activators and can act in synergy with PRMT1.²⁹ The ability of PRMT1 and PRMT4 to act as coactivators for nuclear receptors has led to the suggestion that acetylation and methylation may co-operate with one another in the regulation of histone function.^{19,29,30} PRMT1 has been shown to act in synergy with acetylation on histone H4,²³ suggesting a role for protein-arginine methylation in the modulation of chromatin structure and gene transcription. In support of this suggestion, PRMT4 synergises with p300 as nuclear receptor coactivators.^{30,31} PRMT4 may also play a role in the regulation of mRNA stability as PRMT4 can methylate the mRNA binding protein HuR. Methylation of HuR promotes its binding to the

3' untranslated regions of certain mRNAs, resulting in the stabilization of the message and increased protein expression.³²

The development of a PRMT1 knockout mouse has allowed the identification of possible physiological roles for protein methylation. Pawlak et al demonstrated that the PRMT1 homozygous null mutant mouse has an embryonic lethal phenotype, thus suggesting a role for PRMT1 in the early stages of development in mice.³³ PRMT4 is required for morphological skeletal muscle differentiation by acting as a co-activator for myocyte enhancer factor-2 mediated gene transcription.³⁴

Taken together these studies indicate that the synthesis of asymmetric methylarginine residues is a highly regulated process. Indeed, protein methylation has been suggested to be analogous to protein phosphorylation in the regulation of protein function.³⁵ Recent, data suggest that some methylated arginine residues, particularly those found within histone tails, may be demethylated in a reaction catalysed by protein arginine deiminase.³⁶ However, it appears that for many proteins the reversal of the effects of arginine methylation may require proteolysis of the methylated protein and new protein synthesis. Proteolysis of proteins containing methylarginine residues leads to the release of free methylarginines into the cytoplasm.³⁷ Many of the nuclear proteins that have been identified as substrates for type I PRMTs are highly abundant and contain clusters of methylarginine residues, which account for a significant proportion of the protein. For example, the nuclear protein fibrillarin contains ~4 mol% ADMA and the hnRNP complex contains ~1 mol% ADMA. Proteolysis of such proteins would liberate significant amounts of free asymmetric methylarginine residues into the cytoplasm.

Inhibition of NOS by asymmetric methylarginines

The IC₅₀ for L-NMMA on all three isoforms of NOS is in the order of 2–5 μ M.³⁸ ADMA is also an effective inhibitor of NOS and is equipotent with L-NMMA. SDMA has no effect on NOS. Inhibition of NOS activity by L-NMMA is reversible by addition of arginine, however, the stoichiometery in biological systems is not 1:1 and an excess of arginine is required to reverse inhibition caused by L-NMMA or ADMA. In the presence of L-NMMA or ADMA the apparent $K_{\rm m}$ of NOS for arginine increases.³⁹ It has also been suggested that L-NMMA may irreversibly inhibit NOS under certain conditions⁴⁰ and that when arginine concentrations are very low L-NMMA can cause eNOS to generate oxygen free radicals,⁴⁰ although whether this occurs in vivo remains to be demonstrated.

Circulating levels of ADMA in healthy individuals are in the $0.5-1.0 \mu M$ range but in an increasing

Condition	Species	Reference
Renal failure	Human	41
Childhood hypertension	Human	42
Pregnancy-induced hypertension	Human	43
Pre-eclampsia	Human	44
Experimental hypertension	Rat	45
Pulmonary hypertension associated with congenital heart disease	Human	46
Atherosclerosis	Human	47
	Rabbit	48
Hypercholesterolaemia	Human	49
	Rabbit	50
Thrombotic	Human	51
microangiopathy		
Regenerated endothelial cells after angioplasty	Rabbit	52
Heart failure	Human	53
	Rat	54
Cardiac syndrome X	Human	55
Alloxan-induced	Rabbit	56
hyperglycaemia 👘 👘 🗄		
Type 2 diabetes mellitus	Human	57
Hyperhomocysteinaemia	Monkey	58
Experimental hyperhomocysteinaemia	Human	59
Stroke	Human	60
Ischaemic proximal urethra	Rabbit	61
Hyperthyroidism	Human	62
Schizophrenia	Human	63
Multiple sclerosis	Human	64
Muscular dystrophy	Human	65
Helicobacter pylori infection of gastric mucosa	Human	66

Table 2	Conditions	in which	raised	plasma	concentra-
tions of A	ADMA have	been rep	orted.		

number of disease states higher levels have been reported (Table 2). Initial observations of increased methylarginine concentrations came from studies of individuals with renal failure. Methylarginines are eliminated from the body by a combination of renal excretion and metabolism. In situations of renal failure, methylarginine excretion is decreased and concentrations of both ADMA and SDMA are elevated to levels as high as 10 μ M. These initial observations from renal failure cohorts have now been extended to cover a wide range of disorders, including a number in which reduced NO generation has been suggested to play a role in pathology.

Summary

An increasing volume of literature now suggests that the production of methylarginine is actively regulated. Intracellular and plasma concentrations of methylarginines are determined by the activity of synthetic and

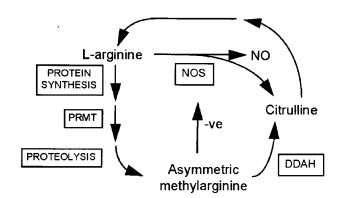


Figure 3 Proposed model for the regulation of intracellular asymmetric methylarginine and NO synthesis. Free arginine is metabolized to nitric oxide (NO) and citrulline by nitric oxide synthase (NOS). Arginine incorporated into proteins during protein synthesis can be methylated by type I PRMTs to generate asymmetric methylarginines (L-NMMA and ADMA), which are subsequently released by proteolysis. Free intracellular L-NMMA and ADMA are competitive inhibitors of NOS. Asymmetric methylarginine is metabolized by dimethylarginine dimethylaminohydrolase (DDAH) to citrulline. Citrulline can be converted back to arginine in a two step reaction catalysed by enzymes of the urea cycle.

metabolic pathways and therefore misregulation of either might result in increased levels of free methylarginine. Free asymmetric methylarginines compete for the active site of NOS and may account for reduced NO generation in some disease states (Figure 3). Members of the PRMT family of enzymes are clearly key determinants of ADMA production in vivo, however isoformspecific molecular, pharmacological and biochemical reagents will be required fully to elucidate the role of these enzymes in the regulation of ADMA production in physiological and pathophysiological states.

References

- 1 Drapier JC, Hibbs JB, Jr. Murine cytotoxic activated macrophages inhibit aconitase in tumor cells. Inhibition involves the iron-sulfur prosthetic group and is reversible. *J Clin Invest* 1986; **78**: 790–97.
- 2 Palmer RM, Ferrige AG, Moncada S. Nitric oxide release accounts for the biological activity of endothelium-derived relaxing factor. *Nature* 1987; **327**: 524–46.
- 3 Palmer RM, Ashton DS, Moncada S. Vascular endothelial cells synthesize nitric oxide from L-arginine. *Nature* 1988; **333**: 664–66.
- 4 Aisaka K, Gross SS, Griffith OW, Levi R. NG-methylarginine, an inhibitor of endothelium-derived nitric oxide synthesis, is a potent pressor agent in the guinea pig: does nitric oxide regulate blood pressure in vivo? *Biochem Biophys Res Commun* 1989; **160**: 881–86.
- 5 Rees DD, Palmer RM, Hodson HF, Moncada S. A specific inhibitor of nitric oxide formation from L-arginine attenuates endothelium-dependent relaxation. *Br J Pharmacol* 1989; **96**: 418–24.

- 6 Vallance P, Collier J, Moncada S. Effects of endotheliumderived nitric oxide on peripheral arteriolar tone in man. *Lancet* 1989; **ii**: 997–1000.
- 7 Petros A, Lamb G, Leone A, Moncada S, Bennett D, Vallance P. Effects of a nitric oxide synthase inhibitor in humans with septic shock. *Cardiovasc Res* 1994; **28**: 34–39.
- 8 Baldwin GS, Carnegie PR. Isolation and partial characterization of methylated arginines from the encephalitogenic basic protein of myelin. *Biochem J* 1971; **123**: 69–74.
- 9 Wang S, Wright G, Geng W, Wright GL. Retinol influences contractile function and exerts an anti-proliferative effect on vascular smooth muscle cells through an endothelium-dependent mechanism. *Pflugers Arch* 1997; **434**: 669–77.
- 10 Lischwe MA, Ochs RL, Reddy R et al. Purification and partial characterisation of a nucleolar scleroderma antigen rich in NG,Ng-dimethylarginine. J Biol Chem 1985; 260: 14304–10.
- 11 Lischwe MA, Cook RG, Ahn YS et al. Clustering of glycine and Ng, NG-dimethylarginine in nucleolar protein C23. *Biochemistry* 1985; 22: 6025–28.
- 12 Paik WK, Kim S. Protein methylase I. Purification and properties of the enzyme. J Biol Chem 1968; 243: 2108–14.
- 13 Ghosh SK, Paik WK, Kim S. Purification and molecular identification of two protein methylases I from calf brain. Myelin basic protein- and histone-specific enzyme. *J Biol Chem* 1988; 263: 19024–33.
- 14 Najbauer J, Johnson BA, Young AL, Aswad DW. Peptides with sequences similar to glycine, arginine-rich motifs in proteins interacting with RNA are efficiently recognised by methyltrasferases modifying arginine in numerous proteins. J Biol Chem 1993; 268: 10501–509.
- 15 Rajpurohit R, Paik WK, Kim S. Enzymatic methylation of heterogenous nuclear ribonucleoprotein in isolated liver nuclei. *Biochim Biophys Acta* 1992; **1122**: 183–88.
- 16 Lin WJ, Gary JD, Yang MC, Clarke S, Herschman HR. The mammalian immediate-early TIS21 protein and the leukemiaassociated BTG1 protein interact with a protein-arginine *N*-methyltransferase. *J Biol Chem* 1996; **271**: 15034–44.
- 17 Katsanis N, Yaspo ML, Fisher EM. Identification and mapping of a novel human gene, HRMT1L1, homologous to the rat protein arginine *N*-methyltransferase 1 (PRMT1) gene. *Mamm Genome* 1997; 8: 526–29.
- 18 Tang J, Gary JD, Clarke S, Herschman HR. PRMT 3, a type I protein arginine N-methyltransferase that differs from PRMT1 in its oligomerization, subcellular localization, substrate specificity, and regulation. J Biol Chem 1998; 273: 16935–45.
- 19 Chen D, Ma H, Hong H et al. Regulation of transcription by a protein methyltransferase. *Science* 1999; **284**: 2174–77.
- 20 Branscombe TL, Frankel A, Lee JH et al. PRMT5 (Janus kinase-binding protein 1) catalyzes the formation of symmetric dimethylarginine residues in proteins. *J Biol Chem* 2001; 276: 32971–76.
- 21 Frankel A, Yadav N, Lee J, Branscombe TL, Clarke S, Bedford MT. The novel human protein arginine *N*-methyltransferase PRMT6 is a nuclear enzyme displaying unique substrate specificity. *J Biol Chem* 2002; **277**: 3537–43.
- 22 Miranda TB, Miranda M, Frankel A, Clarke S. PRMT7 is a member of the protein arginine methyltransferase family with a distinct substrate specificity. *J Biol Chem* 2004; **279**: 22902–907.
- 23 Wang H, Huang ZQ, Xia L et al. Methylation of histone H4 at arginine 3 facilitating transcriptional activation by nuclear hormone receptor. *Science* 2001; **293**: 853–57.

- 24 Yadav N, Lee J, Kim J et al. Specific protein methylation defects and gene expression perturbations in coactivator-associated arginine methyltransferase 1-deficient mice. *Proc Natl Acad Sci USA* 2003; **100**: 6464–68.
- 25 Gary JD, Clarke S. RNA and protein interactions modulated by protein arginine methylation. *Prog Nucleic Acid Res Mol Biol* 1998; **61**: 65–131.
- 26 Belyanskaya LL, Gehrig PM, Gehring H. Exposure on cell surface and extensive arginine methylation of ewing sarcoma (EWS) protein. J Biol Chem 2001; 276: 18681–87.
- 27 Abramovich C, Yakobson B, Chebath J, Revel M. A proteinarginine methyltransferase binds to the intracytoplasmic domain of the IFNAR1 chain in the type I interferon receptor. *EMBO J* 1997; 16: 260–66.
- 28 Mowen KA, Tang J, Zhu W et al. Arginine methylation of STAT1 modulates IFNalpha/beta-induced transcription. *Cell* 2001; **104**: 731–41.
- 29 Koh SS, Chen D, Lee YH, Stallcup MR. Synergistic enhancement of nuclear receptor function by p160 coactivators and two coactivators with protein methyltransferase activities. *J Biol Chem* 2001; 276: 1089–98.
- 30 Lee J, Bedford MT. PABP1 identified as an arginine methyltransferase substrate using high-density protein arrays. *EMBO Rep* 2002; **3**: 268–73.
- 31 Chen D, Huang SM, Stallcup MR. Synergistic, p160 coactivatordependent enhancement of estrogen receptor function by CARM1 and p300. J Biol Chem 2000; 275: 40810–16.
- 32 Li H, Park S, Kilburn B et al. Lipopolysaccharide-induced methylation of HuR, an mRNA-stabilizing protein, by CARM1. Coactivator-associated arginine methyltransferase. *J Biol Chem* 2002; 277: 44623–30.
- 33 Pawlak MR, Scherer CA, Chen J, Roshon MJ, Ruley HE. Arginine N-methyltransferase 1 is required for early postimplantation mouse development, but cells deficient in the enzyme are viable. *Mol Cell Biol* 2000; 20: 4859–69.
- 34 Chen SL, Loffler KA, Chen D, Stallcup MR, Muscat GE. The coactivator-associated arginine methyltransferase is necessary for muscle differentiation: CARM1 coactivates myocyte enhancer factor-2. J Biol Chem 2002; 277: 4324–33.
- 35 Clarke S. Protein methylation. Curr Opin Cell Biol 1993; 5: 977–83.
- 36 Wang Y, Wysocka J, Sayegh J et al. Human PAD4 regulates histone arginine methylation levels via demethylimination. *Science* 2004; **306**: 279–83.
- 37 Kakimoto Y, Akazawa S. Isolation and identification of N-G,N-G- and N-G,N'-G-dimethyL-arginine, N-epsilon-mono-, di-, and trimethyllysine, and glucosylgalactosyl- and galacto-syl-delta-hydroxylysine from human urine. J Biol Chem 1970; 245: 5751–58.
- 38 Vallance P, Leone A, Calver A, Collier J, Moncada S. Accumulation of an endogenous inhibitor of nitric oxide synthesis in chronic renal failure. *Lancet* 1992; **339**: 572–75.
- 39 MacAllister RJ, Vallance P. Nitric oxide in essential and renal hypertension. J Am Soc Nephrol 1994; 5: 1057–65.
- 40 Olken NM, Marletta MA. NG-methyl-L-arginine functions as an alternative substrate and mechanism based inhibitor of nitric oxide synthase. *Biochemistry* 1993; 32: 9677–85.
- 41 Vallance P, Leone A, Calver A et al. Accumulation of an endogenous inhibitor of nitric oxide synthesis in chronic renal failure. *Lancet* 1992; **339**: 572–75.
- 42 Goonasekera CD, Rees DD, Woolard P et al. Nitric oxide synthase inhibitors and hypertension in children and adolescents. *J Hypertens* 1997; **15**: 901–909.

Vascular Medicine 2005; 10: S3-9

- 43 Chen BM, Xia LW, Zhao RQ. Determination of *N*(*G*),*N*(*G*)dimethylarginine in human plasma by high-performance liquid chromatography. *J Chromatogr B Biomed Sci Appl* 1997; **692**: 467–71.
- 44 Holden DP, Fickling SA, Whitley GS et al. Plasma concentrations of asymmetric dimethylarginine, a natural inhibitor of nitric oxide synthase, in normal pregnancy and preeclampsia. *Am J Obstet Gynecol* 1998; **178**: 551–56.
- 45 Matsuoka H, Itoh S, Kimoto M et al. Asymmetrical dimethylarginine, an endogenous nitric oxide synthase inhibitor, in experimental hypertension. *Hypertension* 1997; **29**(1 Pt 2): 242-47.
- 46 Gorenflo M, Zheng C, Werle E et al. Plasma levels of asymmetrical dimethyl-L-arginine in patients with congenital heart disease and pulmonary hypertension. *J Cardiovasc Pharmacol* 2001; **37**: 489–92.
- 47 Miyazaki H, Matsuoka H, Cooke JP et al. Endogenous nitric oxide synthase inhibitor: a novel marker of atherosclerosis. *Circulation* 1999; **99**: 1141–46.
- 48 Boger RH, Bode-Boger SM, Kienke S et al. Dietary L-arginine decreases myointimal cell proliferation and vascular monocyte accumulation in cholesterol-fed rabbits. *Atherosclerosis* 1998; 136: 67–77.
- 49 Boger RH, Bode-Boger SM, Szuba A et al. Asymmetric dimethylarginine (ADMA): a novel risk factor for endothelial dysfunction: its role in hypercholesterolemia. *Circulation* 1998; **98**: 1842–47.
- 50 Bode-Boger SM, Boger RH, Kienke S et al. Elevated L-arginine/dimethylarginine ratio contributes to enhanced systemic NO production by dietary L-arginine in hypercholesterolemic rabbits. *Biochem Biophys Res Commun* 1996; 219: 598–603.
- 51 Herlitz H, Petersson A, Sigstrom L et al. The arginine-nitric oxide pathway in thrombotic microangiopathy. Scand J Urol Nephrol 1997; 31: 477–79.
- 52 Azuma H, Sato J, Hamasaki H et al. Accumulation of endogenous inhibitors for nitric oxide synthesis and decreased content of L-arginine in regenerated endothelial cells. *Br J Pharmacol* 1995; **115**: 1001–1004.
- 53 Usui M, Matsuoka H, Miyazaki H et al. Increased endogenous nitric oxide synthase inhibitor in patients with congestive heart failure. *Life Sci* 1998; **62**: 2425–30.
- 54 Feng Q, Lu X, Fortin AJ et al. Elevation of an endogenous inhibitor of nitric oxide synthesis in experimental congestive heart failure. *Cardiovasc Res* 1998; **37**: 667–75.
- 55 Piatti P, Fragasso G, Monti LD et al. Acute intravenous L-arginine infusion decreases endothelin-1 levels and

improves endothelial function in patients with angina pectoris and normal coronary arteriograms: correlation with asymmetric dimethylarginine levels. *Circulation* 2003; **107**: 429–36.

- 56 Masuda H, Goto M, Tamaoki S et al. Accelerated intimal hyperplasia and increased endogenous inhibitors for NO synthesis in rabbits with alloxan-induced hyperglycaemia. *Br J Pharmacol* 1999; **126**: 211–18.
- 57 Abbasi F, Asagmi T, Cooke JP et al. Plasma concentrations of asymmetric dimethylarginine are increased in patients with type 2 diabetes mellitus. *Am J Cardiol* 2001; 88: 1201–203.
- 58 Boger RH, Bode-Boger SM, Sydow K et al. Plasma concentration of asymmetric dimethylarginine, an endogenous inhibitor of nitric oxide synthase, is elevated in monkeys with hyperhomocyst(e)inemia or hypercholesterolemia. Arterioscler Thromb Vasc Biol 2000; 20: 1557–64.
- 59 Boger RH, Lentz SR, Bode-Boger SM et al. Elevation of asymmetrical dimethylarginine may mediate endothelial dysfunction during experimental hyperhomocyst(e)inaemia in humans. *Clin Sci (Colch)* 2001; **100**: 161–67.
- 60 Yoo JH, Lee SC. Elevated levels of plasma homocyst(e)ine and asymmetric dimethylarginine in elderly patients with stroke. *Atherosclerosis* 2001; **158**: 425–30.
- 61 Masuda H, Tsujii T, Okuno T et al. Involvement of accumulated endogenous NOS inhibitors and decreased NOS activity in the impaired neurogenic relaxation of the rabbit proximal urethra with ischaemia. *Br J Pharmacol* 2001; **133**: 97–106.
- 62 Hermenegildo C, Medina P, Peiro M et al. Plasma concentration of asymmetric dimethylarginine, an endogenous inhibitor of nitric oxide synthase, is elevated in hyperthyroid patients. *J Clin Endocrinol Metab* 2002; **87**: 5636–40.
- 63 Das I, Khan NS, Puri BK et al. Elevated endogenous nitric oxide synthase inhibitor in schizophrenic plasma may reflect abnormalities in brain nitric oxide production. *Neurosci Lett* 1996; 215: 209–11.
- 64 Rawal N, Lee YJ, Whitaker JN et al. Urinary excretion of NGdimethylarginines in multiple sclerosis patients: preliminary observations. J Neurol Sci 1995; 129: 186–91.
- 65 Inoue R, Miyake M, Kanazawa A et al. Decrease of 3-methylhistidine and increase of NG,NG-dimethylarginine in the urine of patients with muscular dystrophy. *Metabolism* 1979; **28**: 801–804.
- 66 Fandriks L, von Bothmer C, Johansson B et al. Water extract of *Helicobacter pylori* inhibits duodenal mucosal alkaline secretion in anesthetized rats. *Gastroenterology* 1997; 113: 1570–75.

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