

# MEMBRANES AND RECEPTORS MODULE

SESSION: 2, LECTURE: 2

DURATION: 1hr

## ATP-DEPENDENT ION PUMPS AND ION EXCHANGERS

Module staff:

**Dr Hadeel S. Al Ali**

**Dr Nehaya M. Al-Aubody (Module leader)**

**Dr Ahmed J.A. Al-ali**

**Dr Amani N. Mohammed**

**Dr Ammar M.S. Almomin**

**Dr Ansam Munadhel**

**Dr Dhaighum I. Al-Mahfoodh**

**Dr Hamid J. Abbas**

**Dr Hussein K. Abdul-Sada**

**Dr Maida A. Adnan**

**Dr Raghda S. Al-Najjar**

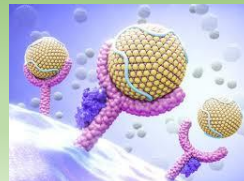
**Dr Zainab A. Almnaseer**



Guyton, A.C., Human Physiology and Mechanisms of Disease, 13th Edition, W.B. Saunders, 2016, ISBN: 978-1-4557-7005-2.

Koeppen, B.M. & Stanton, B.A. Berne & Levy: Principles of Physiology, 7th Edition, Philadelphia, PA, 2018, ISBN: 978-0-323-39394-2.

For more discussion, questions or cases need help  
please post to the session group



# Learning objectives

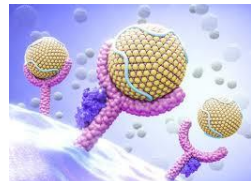
## ➤ Outline the major physiological roles of: (L01)

- Sodium-potassium ATPase ( $\text{Na}^+/\text{K}^+$ -ATPase,  $\text{Na}^+/\text{K}^+$  pump).
- Plasma membrane  $\text{Ca}^{2+}$ -ATPase (PMCA).
- Sarcoplasmic/endoplasmic reticulum ATPase (SERCA).
- Sodium calcium exchange (NCX).
- Sodium hydrogen exchange (NHE).
- Anion exchange (AE).

## ➤ How do ion transporters work together in cell physiology? (L02)

## ➤ To consider how ion transport contribute to: (L03)

- Cellular  $\text{Ca}^{2+}$  handling.
- Cellular pH regulation.
- Cell volume regulation.
- Renal bicarbonate reabsorption.
- Renal  $\text{Na}^+$  handling.



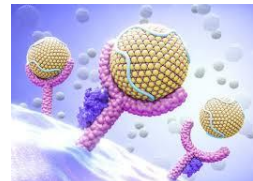
Ion gradients are maintained across the plasma membrane by activity of **ion pumps** fuelled by ATP (energy drives from hydrolysis of ATP) and **ion exchangers** (the energy drives from difference in ion gradient).

### ATP-dependant ion pumps

- $\text{Na}^+/\text{K}^+$ -**ATPase**
- Plasma membrane  $\text{Ca}^{2+}$ -**ATPase** (PMCA)
- Sarcoplasmic reticulum  $\text{Ca}^{2+}$ -**ATPase** (SERCA)

### Ion exchangers

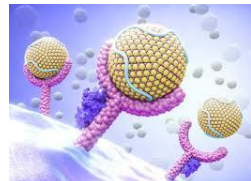
- $\text{Na}^+/\text{Ca}^{2+}$  **exchanger**
- $\text{Na}^+/\text{H}^+$  **exchanger**
- Sodium-independent anion **exchanger** ( $\text{Cl}^-/\text{HCO}_3^-$  **exchanger**)



# Chemical compositions of extracellular and intracellular fluids

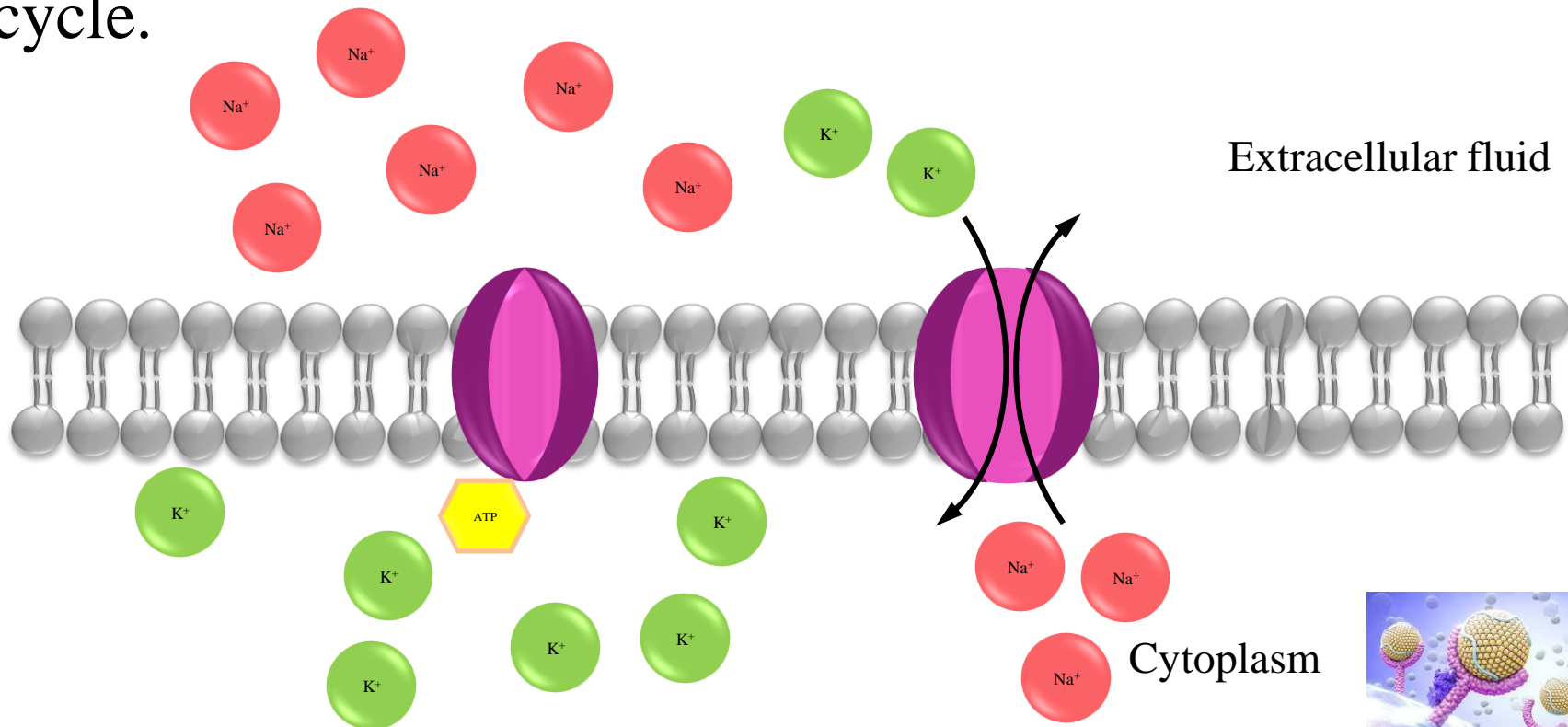
	Extracellular Fluid	Intracellular Fluid
<b>Na<sup>+</sup></b>	142 mEq/L	10 mEq/L
<b>K<sup>+</sup></b>	4 mEq/L	140 mEq/L
<b>Ca<sup>2+</sup></b>	2.4 mEq/L	0.0001 mEq/L
<b>Cl<sup>-</sup></b>	103 mEq/L	3 mEq/L
<b>HCO<sub>3</sub><sup>-</sup></b>	28 mEq/L	10 mEq/L

← Cell membrane

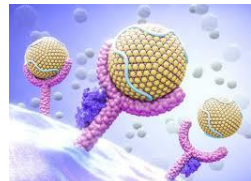


# $\text{Na}^+/\text{K}^+$ -ATPase ( $\text{Na}^+/\text{K}^+$ pump)

- Found in the plasma membrane of all cells.
- Energy is derived directly from breakdown of ATP.
- 3  $\text{Na}^+$  are exported and 2  $\text{K}^+$  are imported. Then, there is a net export of a single positive charge per pump cycle.

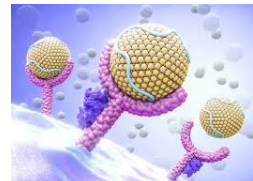
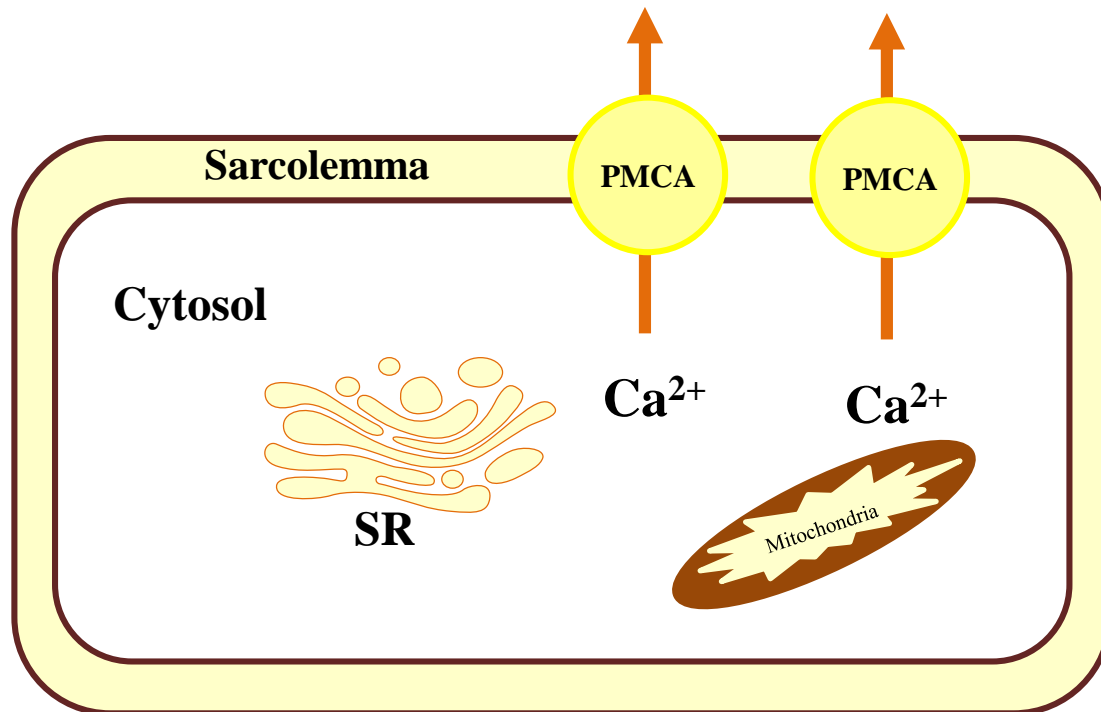


- The action of the  $\text{Na}^+/\text{K}^+$  ATPase is the most important example of **primary active transport**.
- Drives many secondary active transport processes
  - Ion homeostasis,  $[\text{Ca}^{2+}]_i$ ,  $\text{pH}_i$ , cell volume, nutrient uptake and resting membrane potential.



# Plasma membrane $\text{Ca}^{2+}$ ATPase (PMCA)

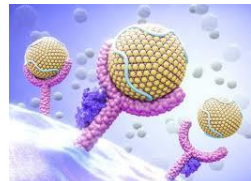
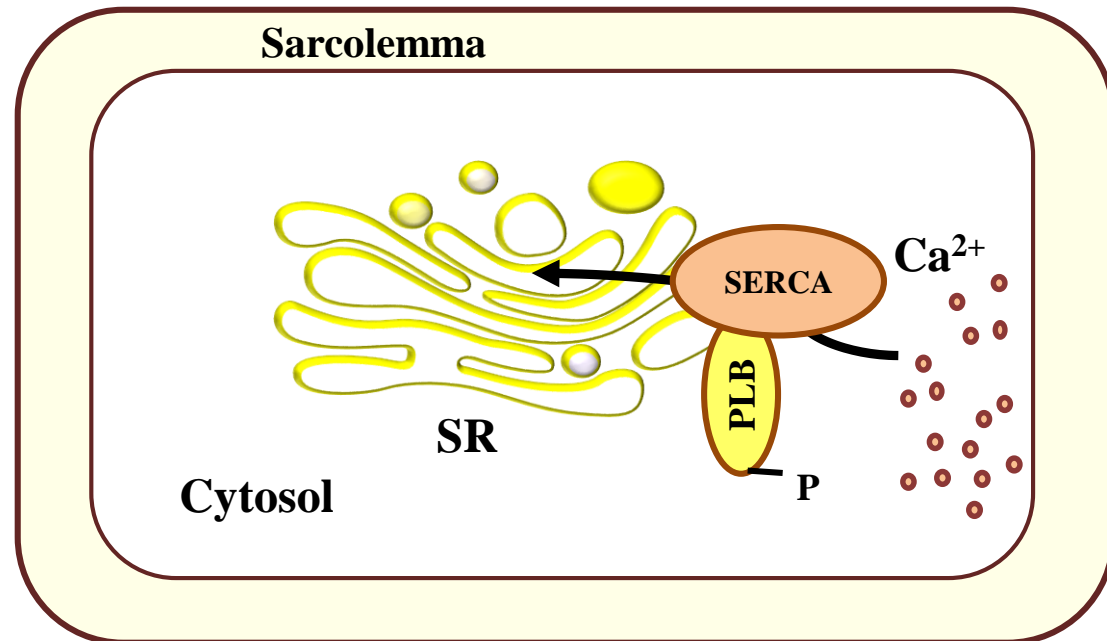
- $\text{Ca}^{2+}$  effluxes to the extracellular fluid is carried out by PMCA.
- The pump is powered by the hydrolysis of ATP.



# Sarcoplasmic/endoplasmic reticulum $\text{Ca}^{2+}$ -ATPase (SERCA)

L01

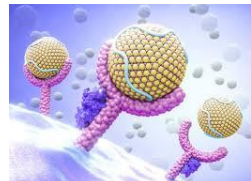
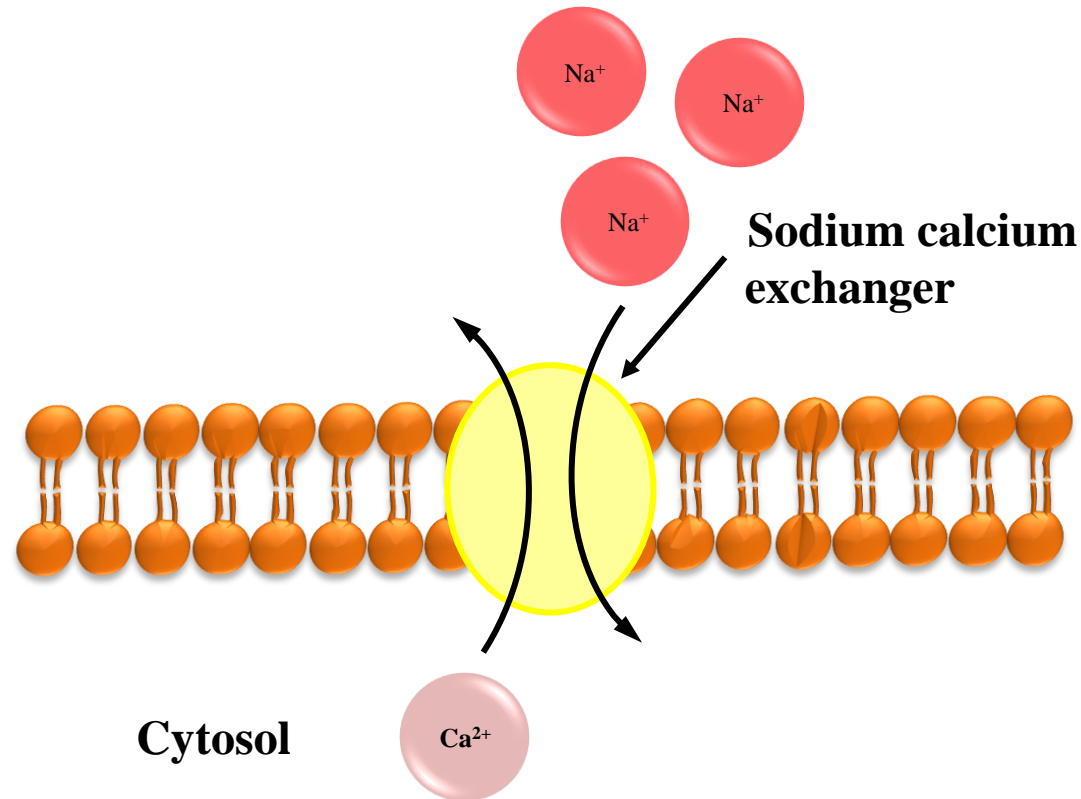
- SERCA resides in the SR within muscle cells.
- $\text{Ca}^{2+}$  is transferred from the cytosol of the cell to the lumen of the SR by  $\text{Ca}^{2+}$  ATPase at the expense of ATP hydrolysis.





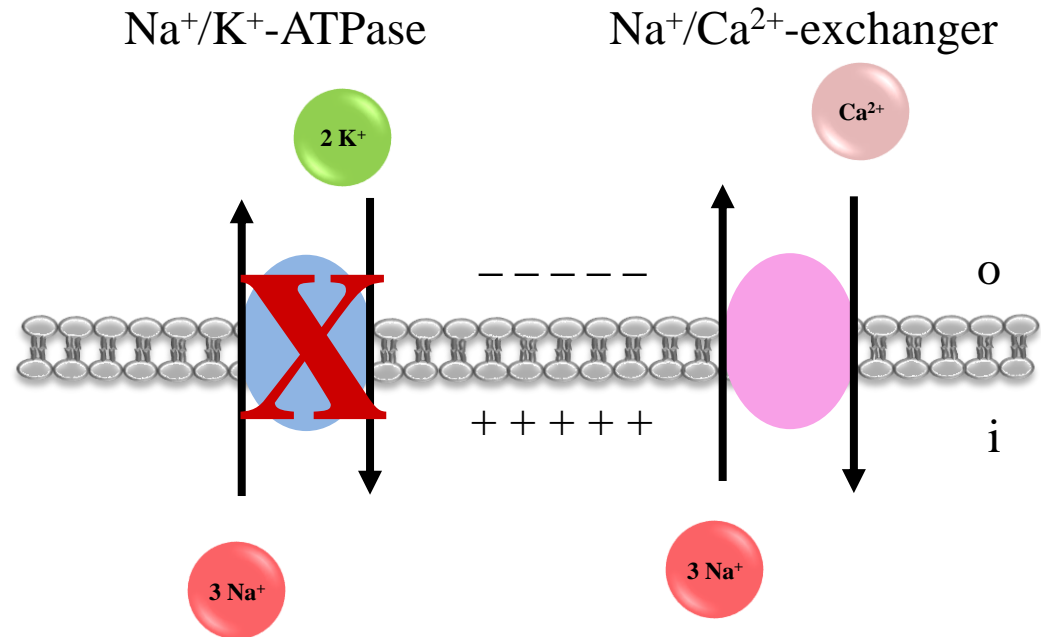
# Sodium calcium exchanger (NCX)

- NCX is a carrier for  $\text{Ca}^{2+}$  which couples the movement of  $\text{Na}^+$  and  $\text{Ca}^{2+}$  in the opposing directions (3  $\text{Na}^+$ : 1  $\text{Ca}^{2+}$ ).



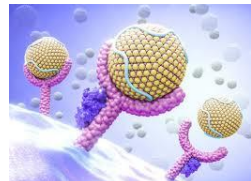
# Sodium calcium exchanger (NCX) in ischaemia

- NCX can reverse and transport  $\text{Ca}^{2+}$  into the cell.
- $\text{Na}^+/\text{K}^+$ -ATPase is inhibited during ischaemia.



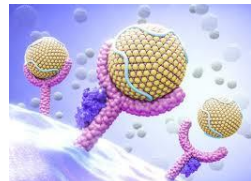
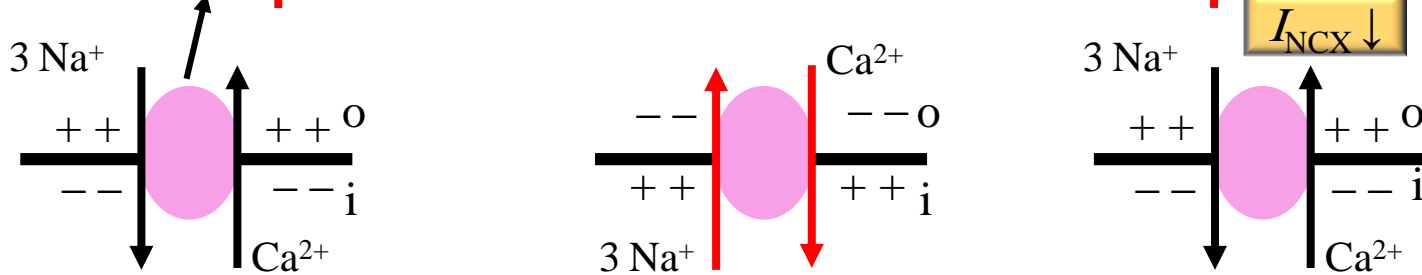
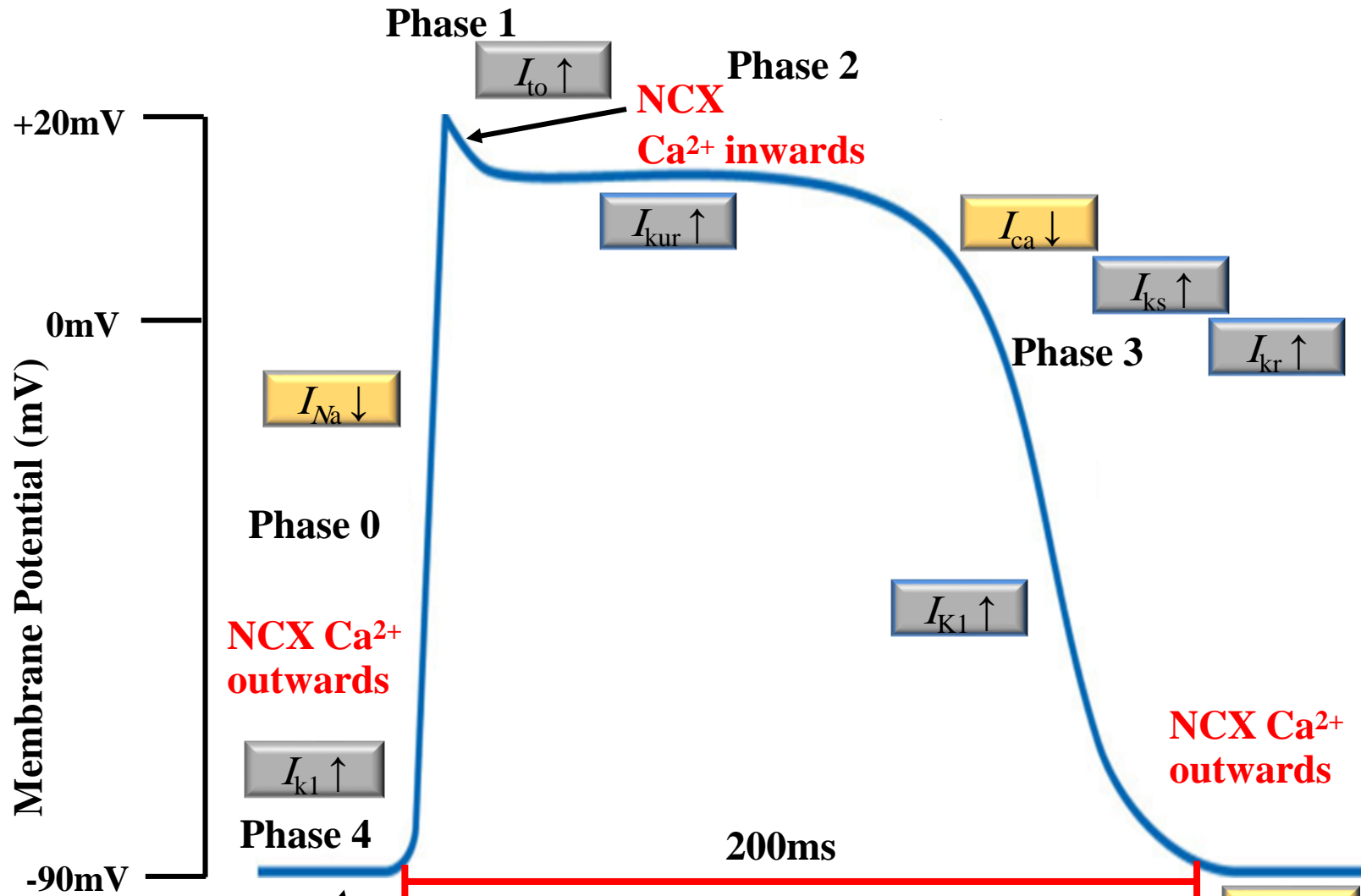
ATP depleted  
 Sodium pump inhibited  
 $[\text{Na}^+]_{\text{in}}$  accumulates  
 Cell depolarised

NCX reverses  
 $[\text{Na}^+]_{\text{in}}$  exchanges  
 for  $[\text{Ca}^{2+}]_{\text{out}}$   
 High  $[\text{Ca}^{2+}]_{\text{in}}$   
 toxic



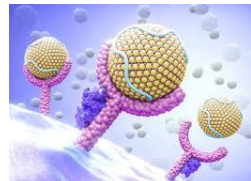
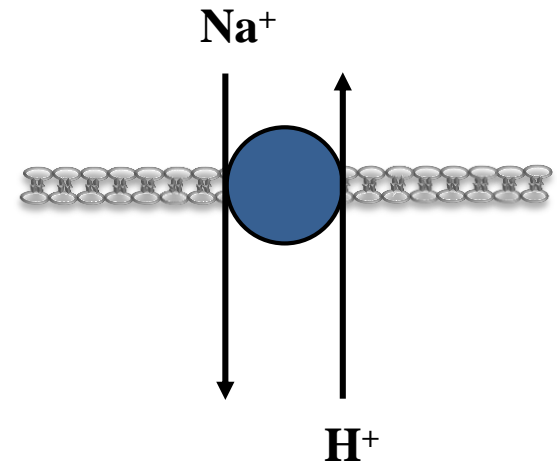
# NCX in ventricular cardiomyocytes

L01



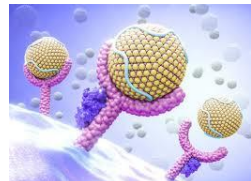
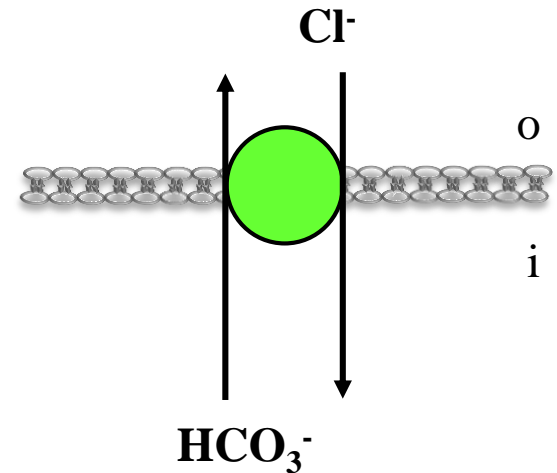
# Sodium hydrogen exchanger (NHE)

- Transports of  $\text{Na}^+$  for  $\text{H}^+$  across the plasma membrane.
- Function: Raises  $\text{pH}_i$  and regulates cell volume.



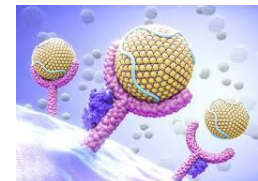
# Sodium-independent anion exchanger (Cl<sup>-</sup>/HCO<sub>3</sub><sup>-</sup> exchanger)

- Exchanges of HCO<sub>3</sub><sup>-</sup> for Cl<sup>-</sup> across the plasma membrane.
- Electroneutral.
- Occurs in both directions.



# Control of intracellular $\text{Ca}^{2+}$

- Intracellular  $[\text{Ca}^{2+}]$  is 50-100 nM (0.1  $\mu\text{M}$ ).
- Extracellular  $[\text{Ca}^{2+}]$  is 2mM.
- A **20,000** fold difference in levels across the plasma membrane.
- High intracellular calcium is **toxic** to cells.
- Cells signal by small changes in intracellular  $[\text{Ca}^{2+}]$ .



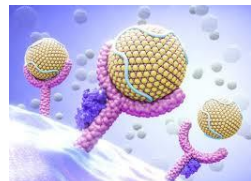
# Control of resting $[Ca^{2+}]_i$

## ➤ Primary active transport

- PMCA expels  $Ca^{2+}$  out of the cell.  
{High affinity, low capacity (removes residual  $Ca^{2+}$ )}.
- SERCA accumulates  $Ca^{2+}$  into the SR/ER.  
{High affinity, low capacity (removes residual  $Ca^{2+}$ )}.

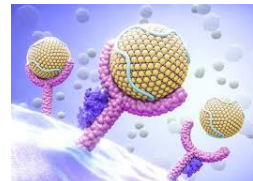
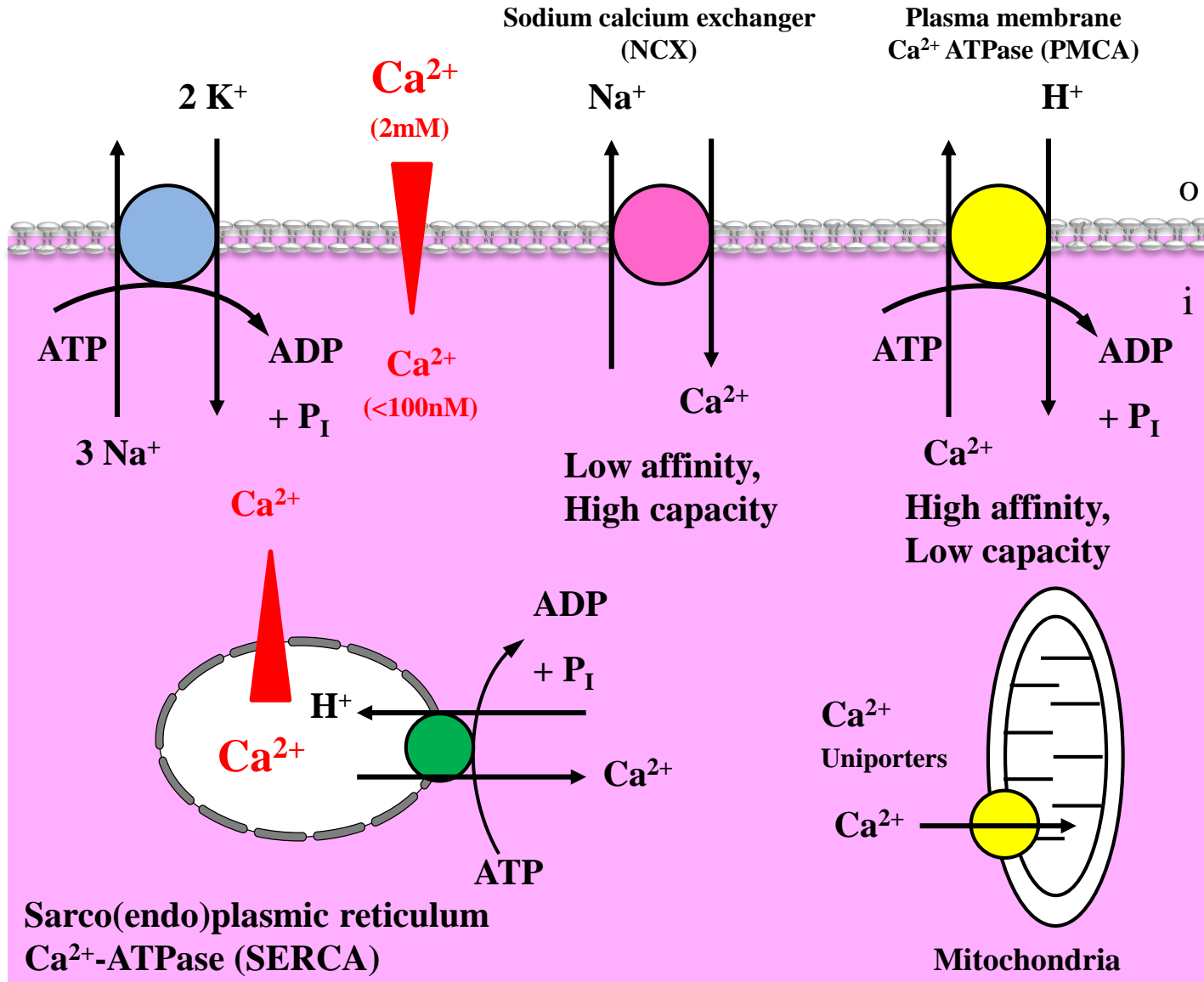
## ➤ Secondary active transport

- $Na^+/Ca^{2+}$ -exchange (NCX).  
{Low affinity, high capacity (removes most  $Ca^{2+}$ )}.
- Mitochondrial  $Ca^{2+}$  uniports.  
{Operate at high  $[Ca^{2+}]_i$  to buffer potentially damaging  $[Ca^{2+}]$ }.



# Control of resting $[Ca^{2+}]_i$

L02&3





# Raising $[Ca^{2+}]_i$

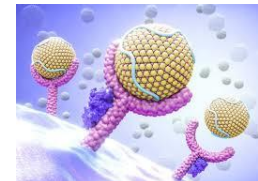
## ➤ Facilitated diffusion

- Receptor-operated  $Ca^{2+}$  channels (ROC).
- Voltage-operated  $Ca^{2+}$  channels (VOCC, VGCC (gated)).
- IP<sub>3</sub>-gated  $Ca^{2+}$  channels (IP<sub>3</sub>R).
- $Ca^{2+}$  induced  $Ca^{2+}$  release (CICR)(Ryanodinesensitive  $Ca^{2+}$  channels).
- Store-operated  $Ca^{2+}$  channels (SOC).
- Mitochondrial  $Ca^{2+}$  uniports.

## ➤ Secondary active transport

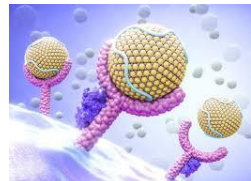
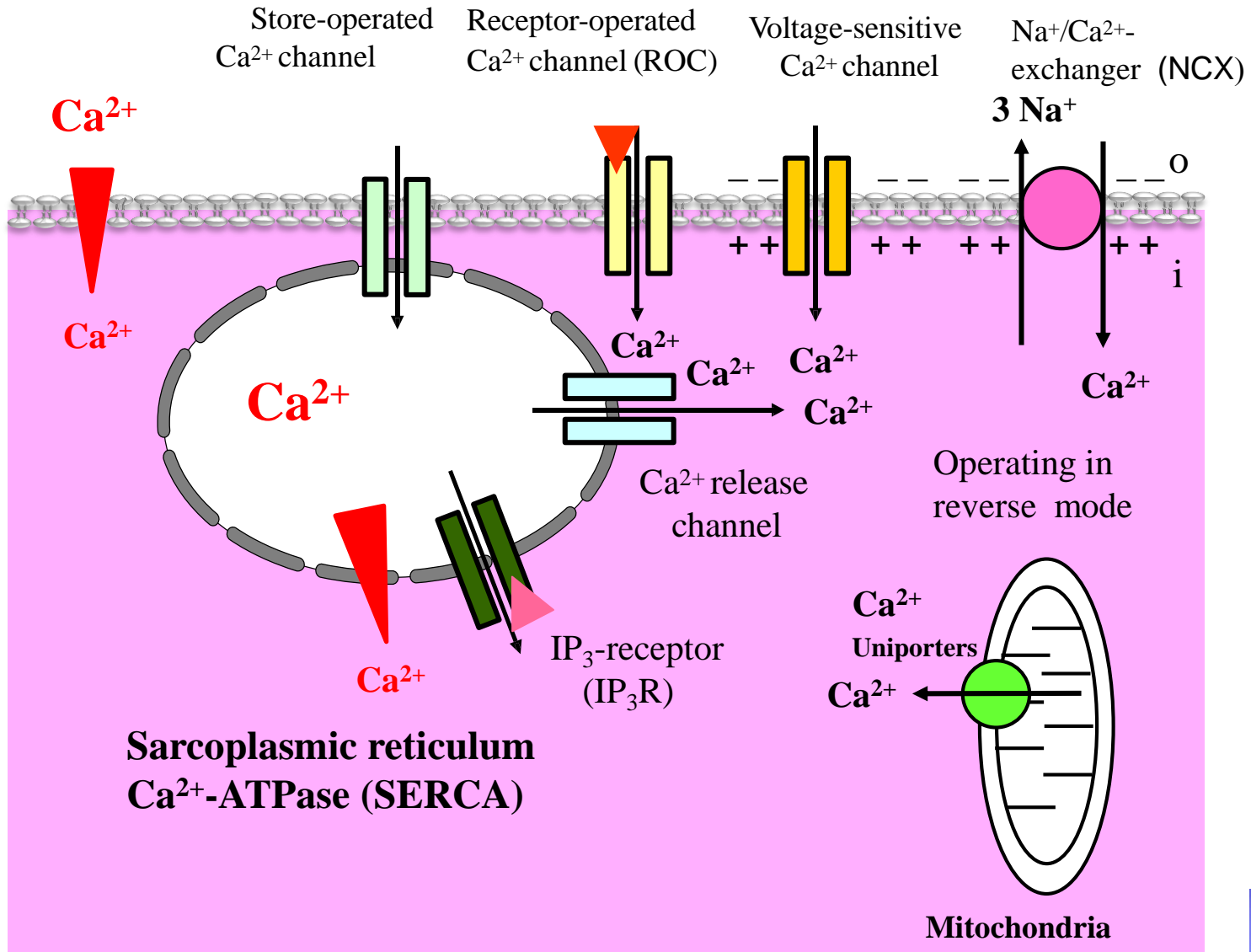
- $Na^+/Ca^{2+}$ -exchange (NCX).

Reverse mode in depolarised cells.



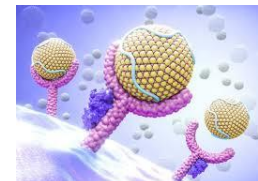
# Raising $[Ca^{2+}]_i$

LO2&3

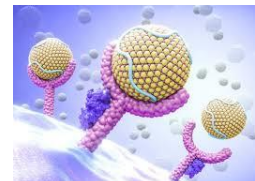
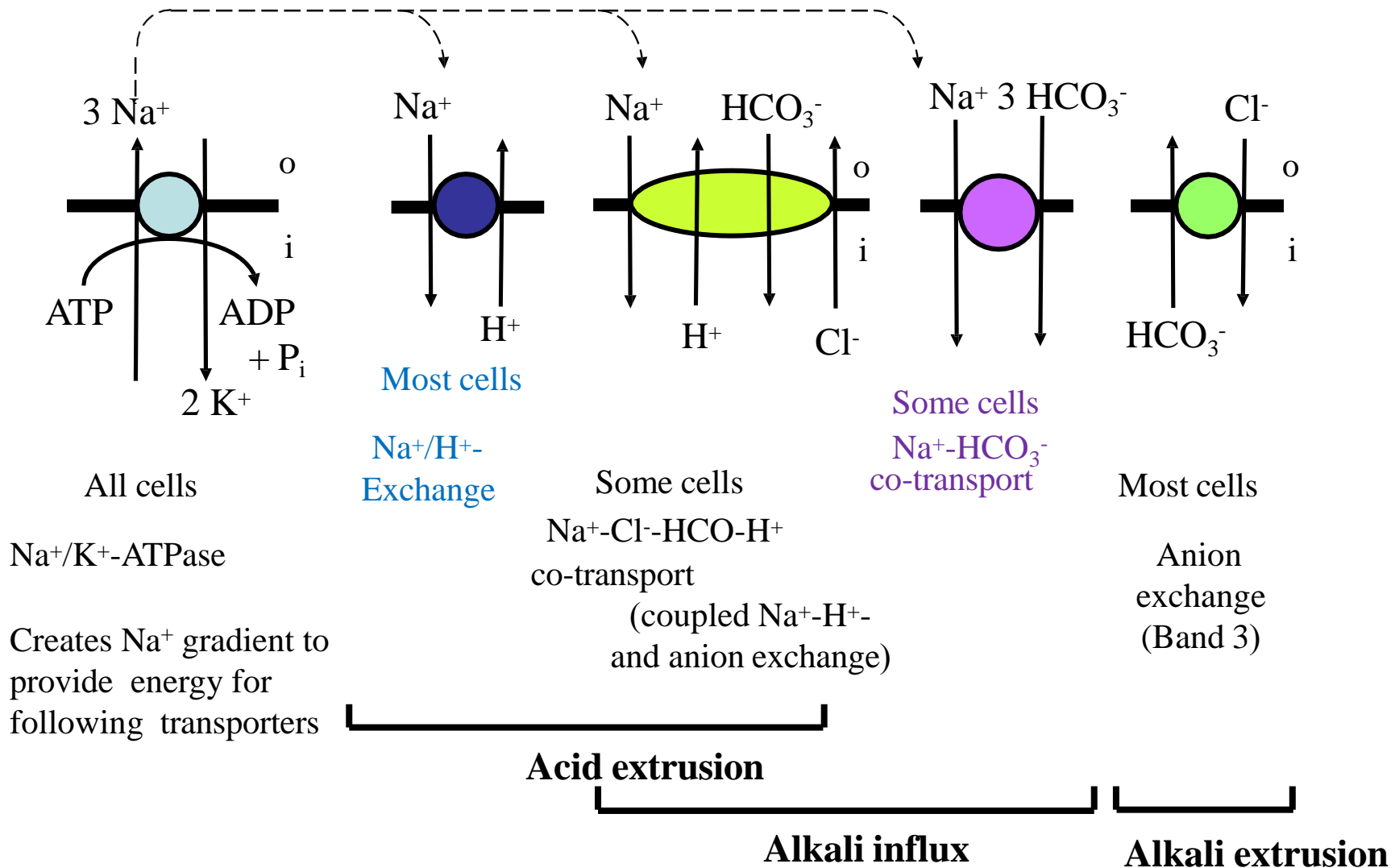


# Ion transporters in cellular pH regulation

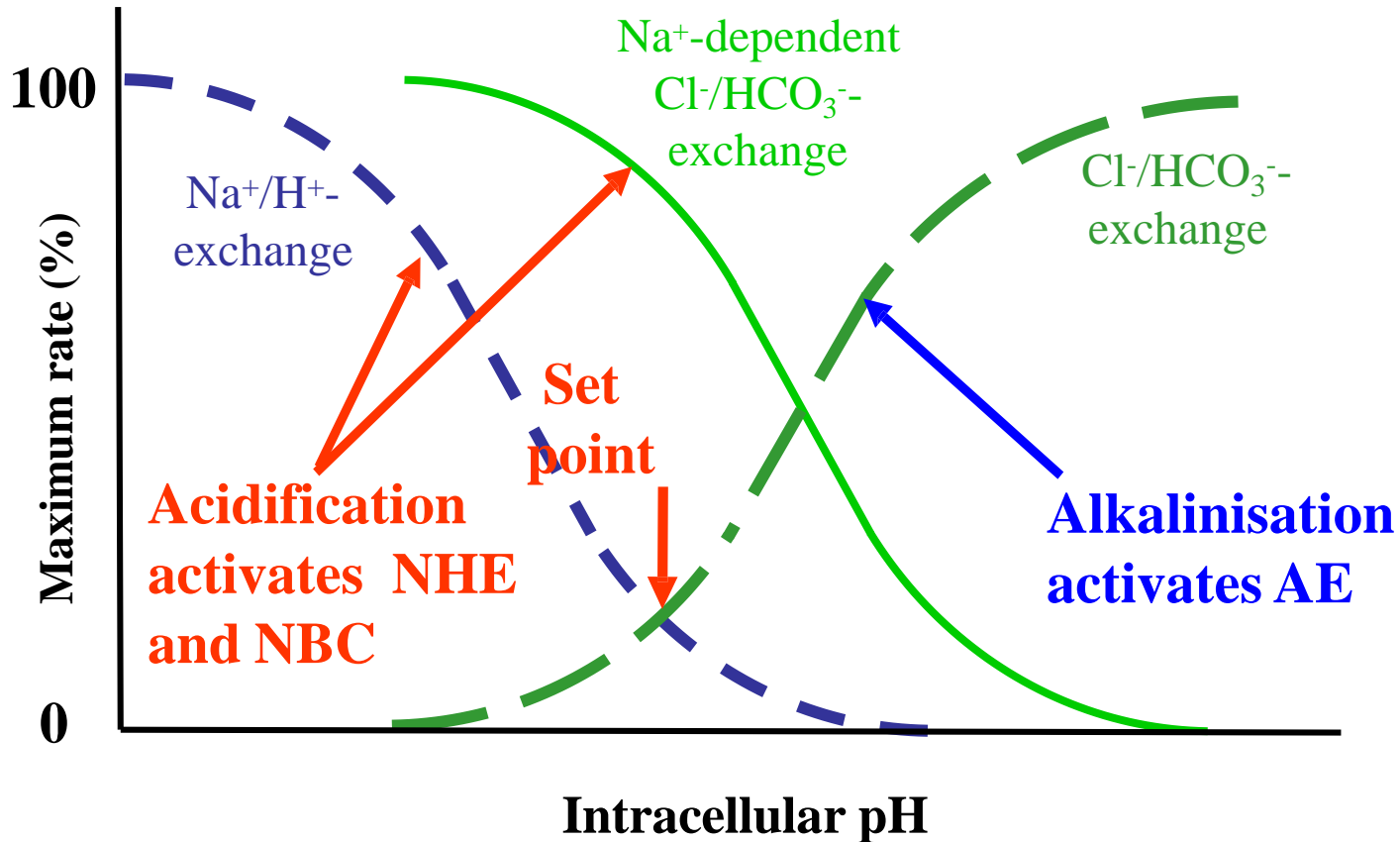
- Cellular pH is controlled by the activity of a variety of plasma membrane transporters.
- Acidification can be opposed by expelling  $\text{H}^+$  ions or the inward movement of  $\text{HCO}_3^-$ .
- Alkalinisation is opposed by expelling  $\text{HCO}_3^-$  via the anion exchanger.



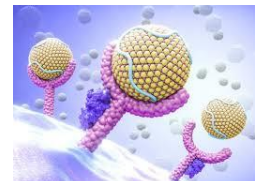
# Ion transporters in cellular pH regulation LO2&3



# Coordination of intracellular pH regulation



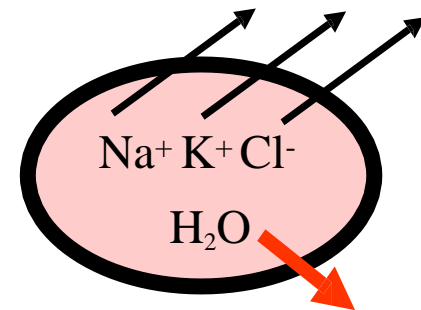
pH is held at the set point. Any drift away from this pH is corrected by the  $\uparrow$  activity of either the  $\text{Na}^+/\text{H}^+$ - or  $\text{Cl}^-/\text{HCO}_3^-$  exchangers



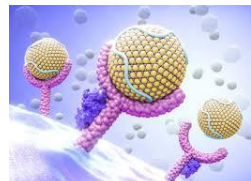
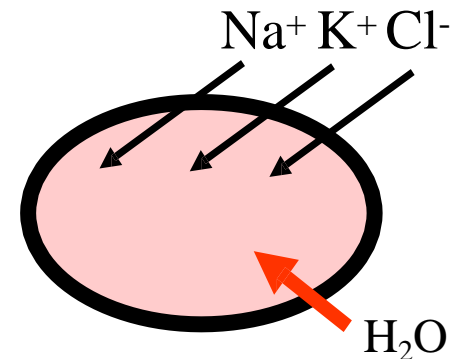
# Cell volume regulation

- Osmolytes (osmotically active particles ( $\text{Na}^+$ ,  $\text{K}^+$  and  $\text{Cl}^-$ ) or small organic molecules) are transported to keep cell volume and prevent cell damage or death.
- Water follows.

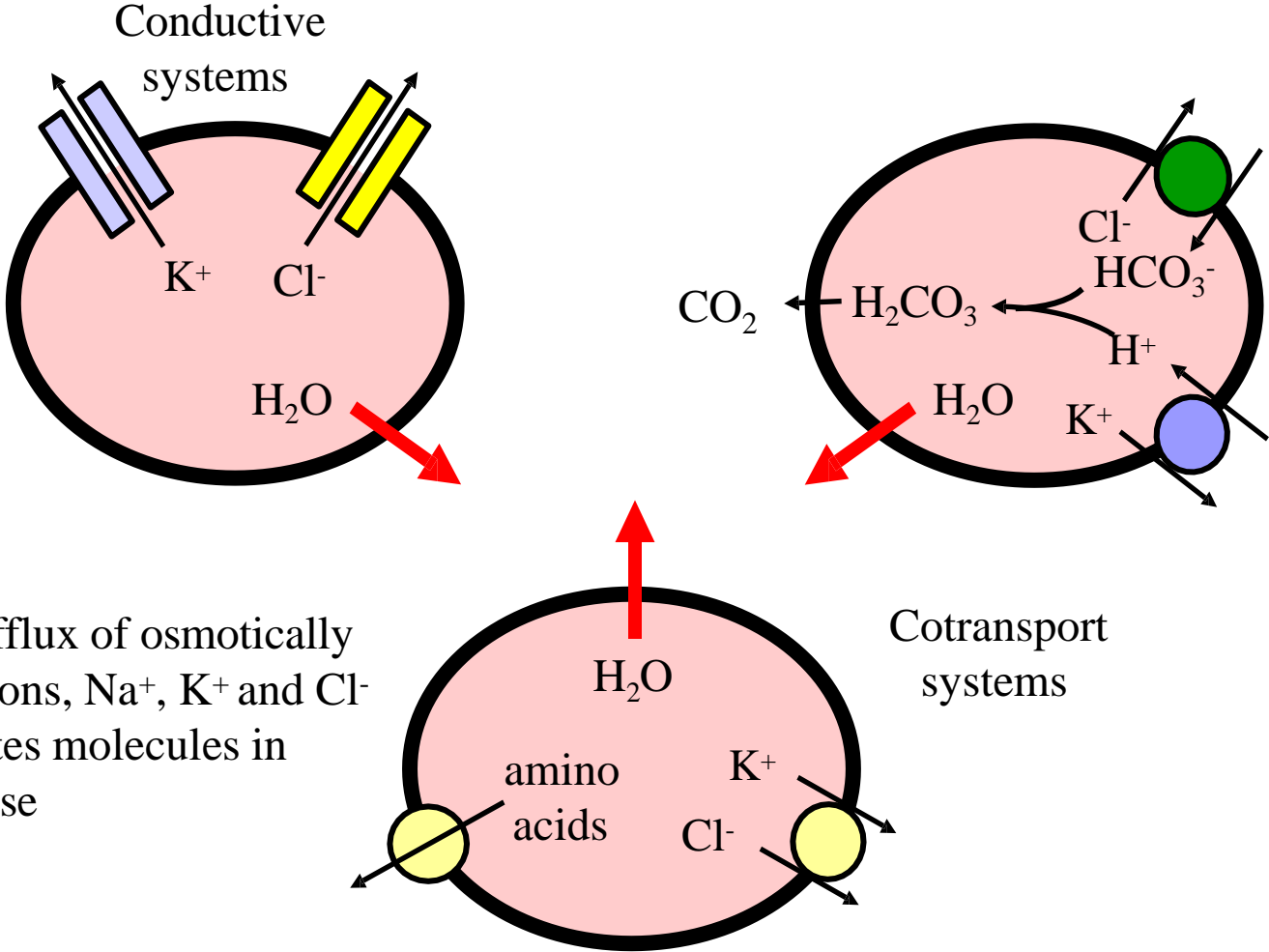
**Cell swelling – extrudes ions  
Water follows**



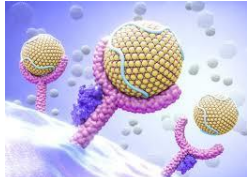
**Cell shrinking – influxes ions  
Water follows**



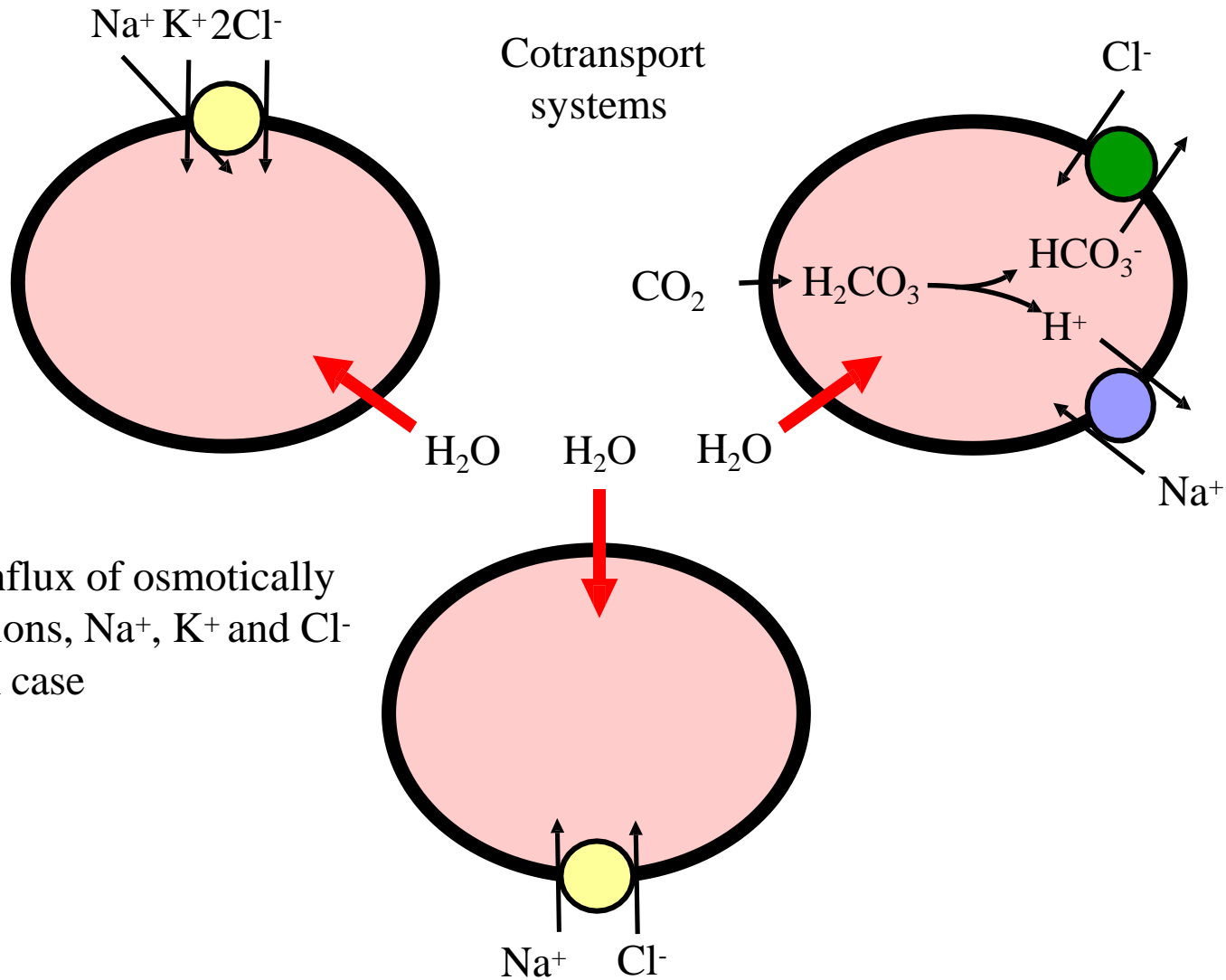
# Mechanisms to resist cell swelling



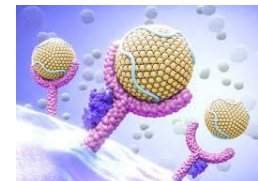
N.B. Efflux of osmotically active ions,  $Na^+$ ,  $K^+$  and  $Cl^-$  or solutes molecules in each case



# Mechanisms to resist cell shrinking

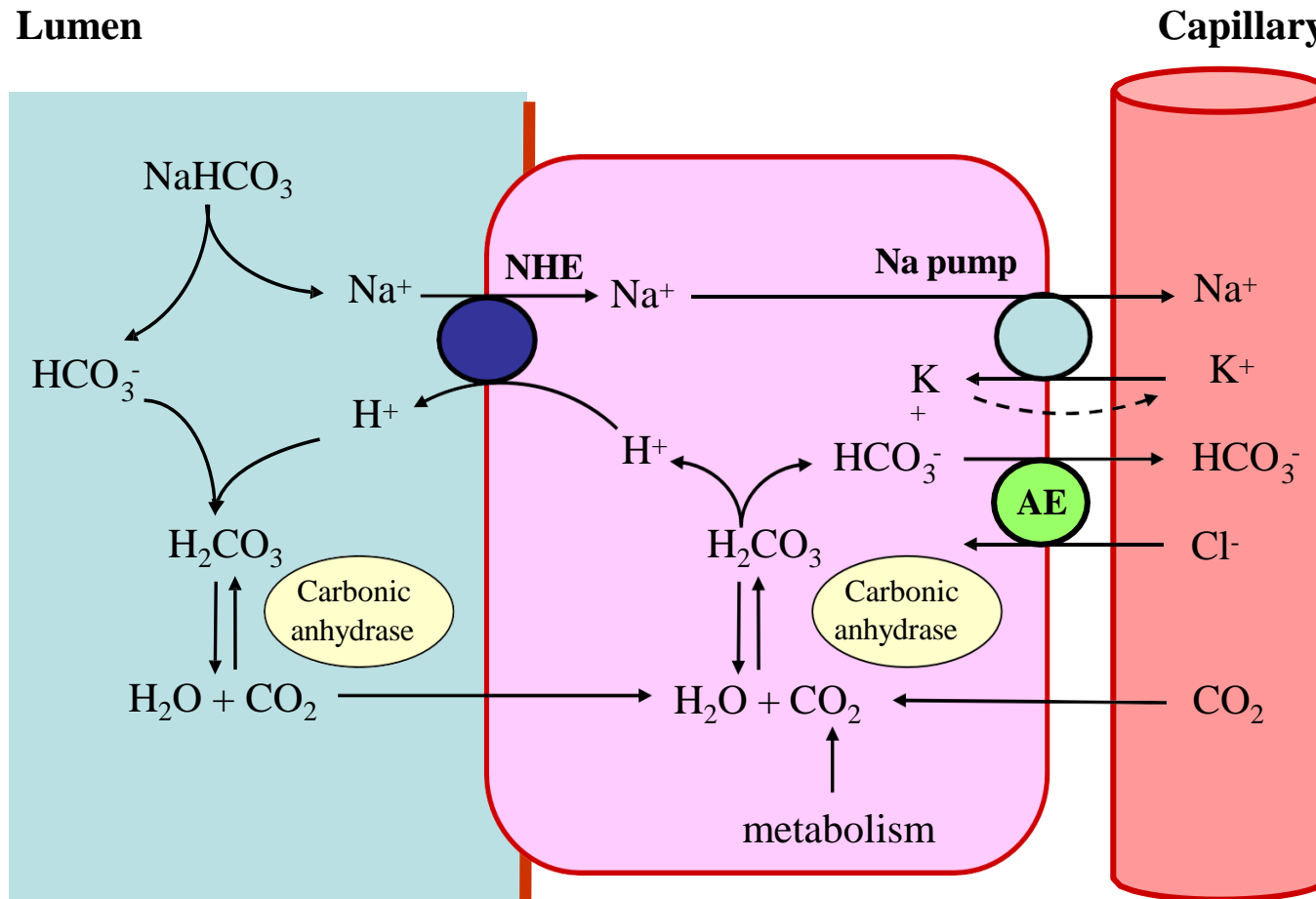


N.B. Influx of osmotically active ions,  $\text{Na}^+$ ,  $\text{K}^+$  and  $\text{Cl}^-$  in each case

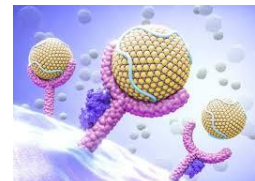




# Bicarbonate reabsorption by the proximal tubule

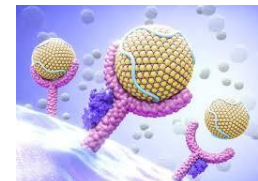
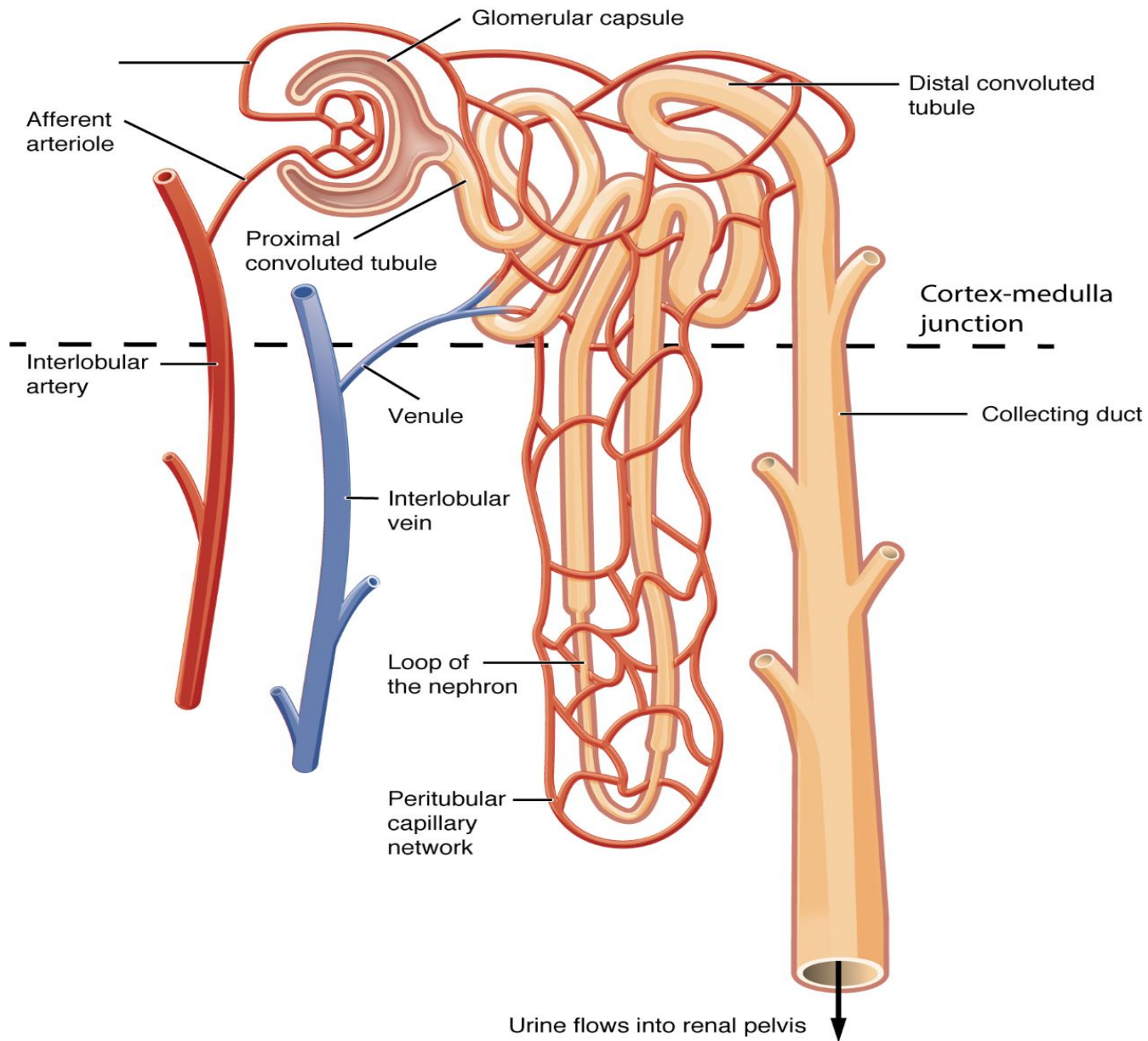


Under normal circumstances, the kidney reabsorbs all of the  $\text{HCO}_3^-$  filtered into the proximal tubule. The main reason is to retain base for pH buffers.

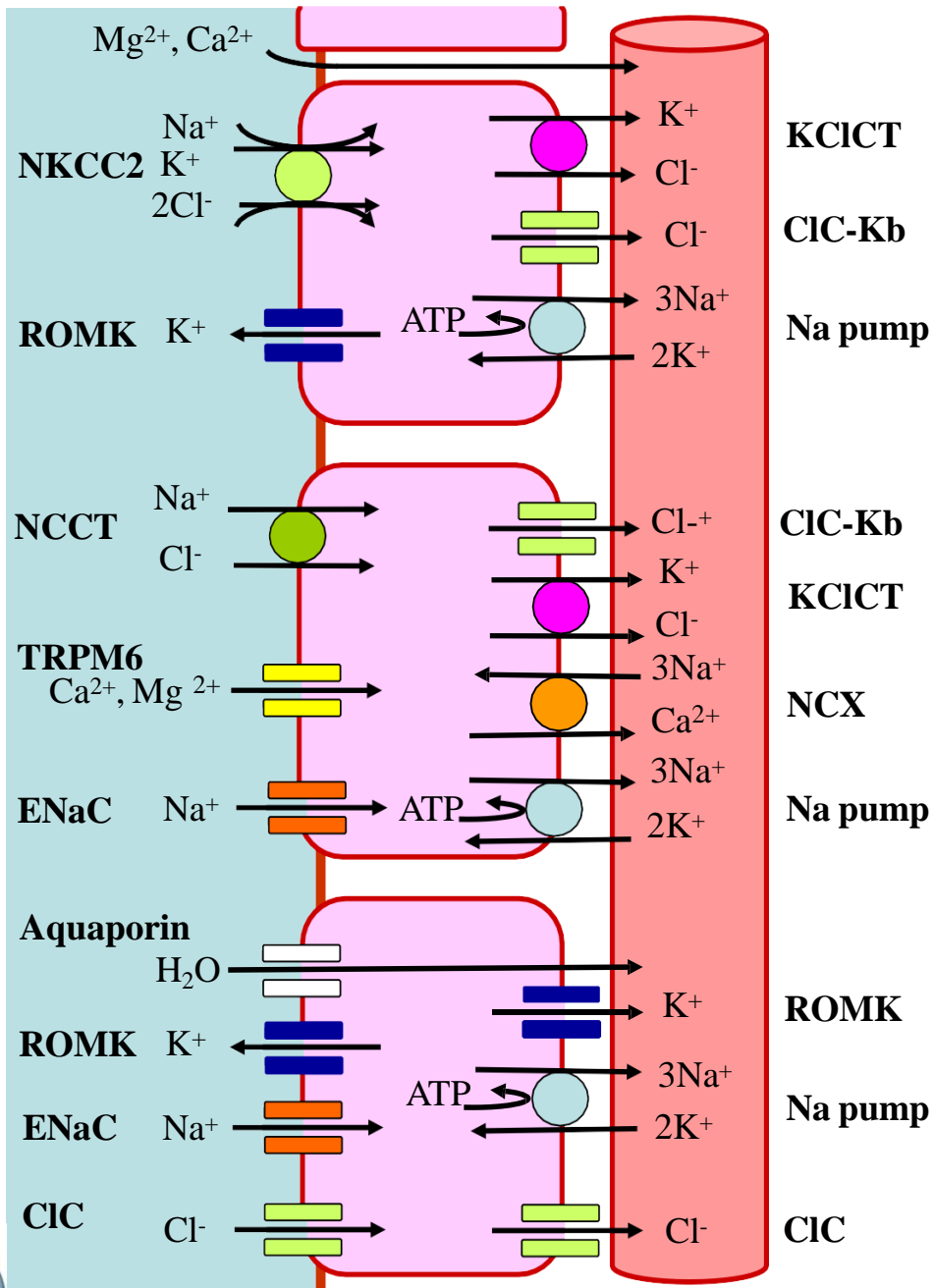


# Structure of nephron

LO2&3



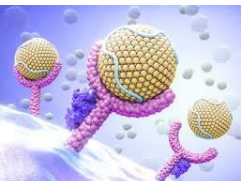
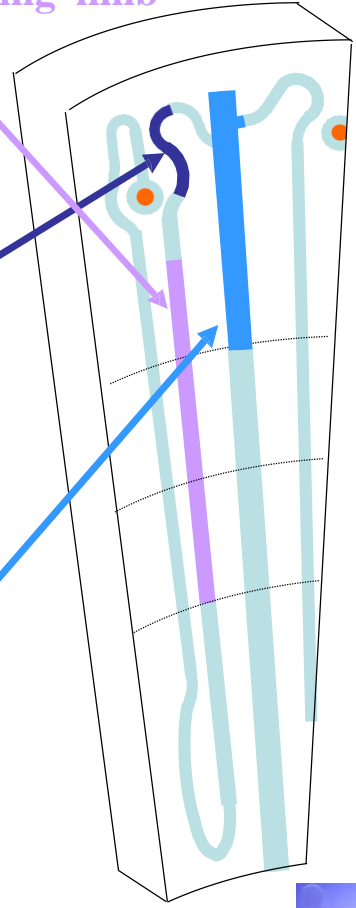
# Na<sup>+</sup> reuptake by the kidney



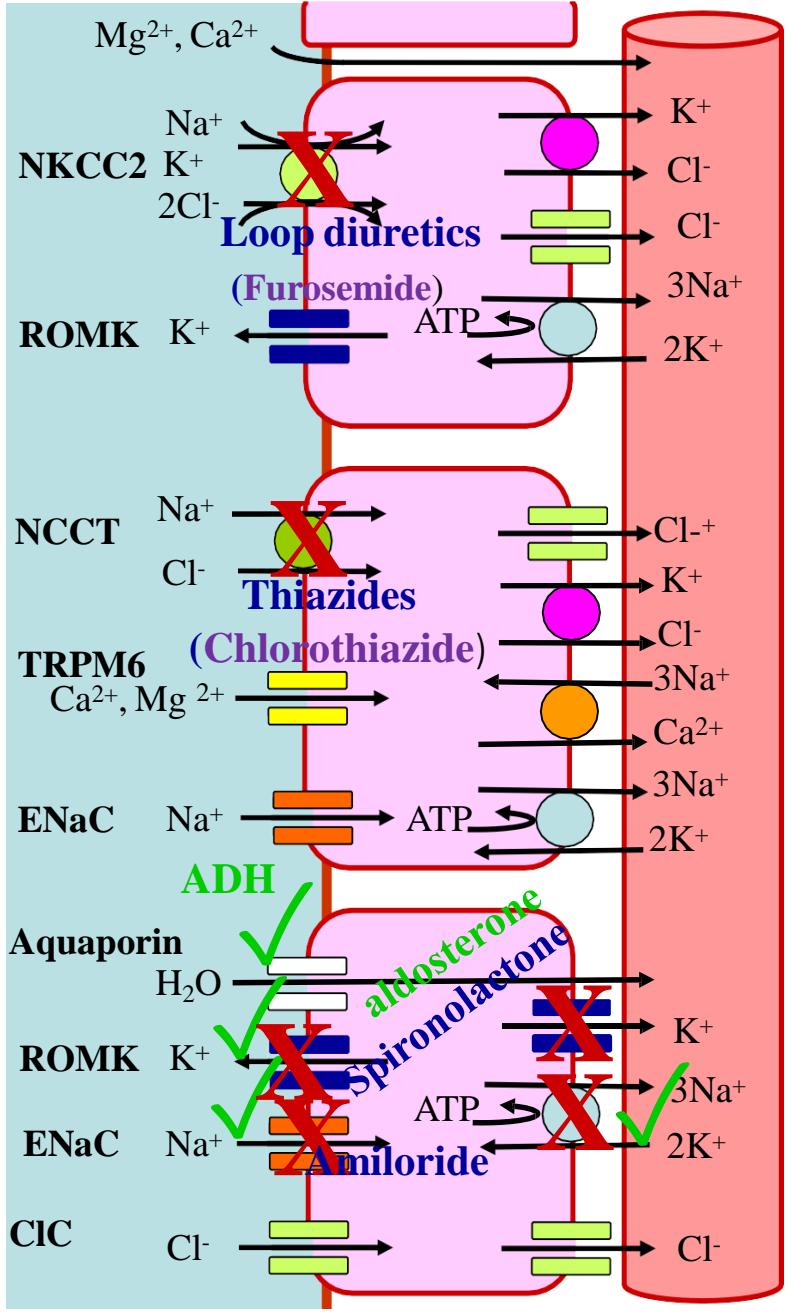
Thick ascending limb

Distal convoluted tubule

Cortical collecting duct



# Renal anti-hypertensive therapy

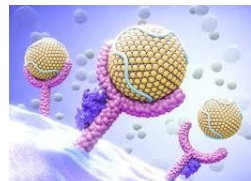
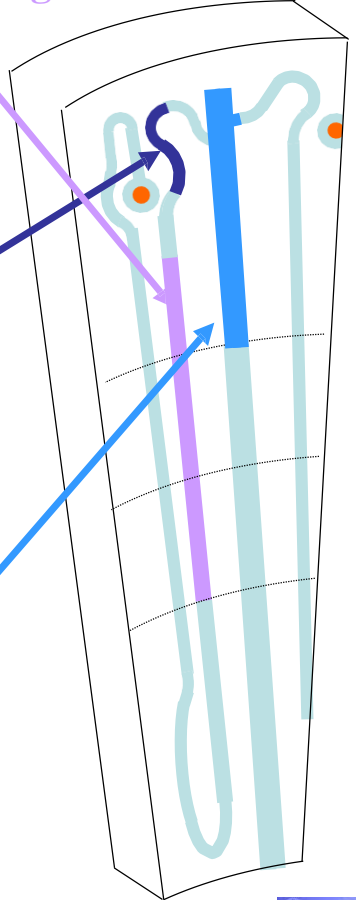


KCIC  
 CIC-Kb  
 Na pump  
 CIC-Kb  
 KCIC  
 NCX  
 Na pump  
 ROMK  
 Na pump  
 CIC

Thick ascending limb

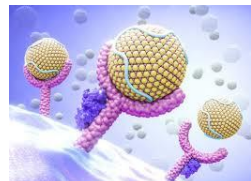
Distal convoluted tubule

Cortical collecting duct



# Abbreviation

- **NKCC2**: Sodium-Potassium-two Chloride cotransporter
- **ROMK**: Renal Outer Medullary Potassium channel
- **NCCT**: Sodium-Chloride cotransporter
- **TRPM6**: Transient Receptor Potential Cation Channel subfamily M6
- **ENaC** : Epithelial Sodium channel
- **ClC**: Chloride channel
- **KClCT**: Potassium-Chloride cotransporter
- **ClC-kb**: Chloride channel type kb



*Thank you*

