

MEMBRANES AND RECEPTORS MODULE

Academic year 2025-2026/ S3

SESSION: 2

LECTURE: 2 DURATION: 1hr

ATP-DEPENDENT ION PUMPS AND ION EXCHANGERS

Module staff:

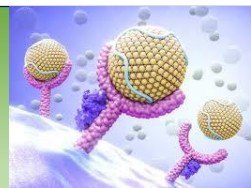
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John E. Hall and Michael E. Hall. Guyton and Hall Textbook of Medical Physiology, 14th Edition, Elsevier, Philadelphia, 2021, ISBN978-0-323-67280-1.

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



Learning Objectives (LO):

Outline the major physiological roles of: (LO1):

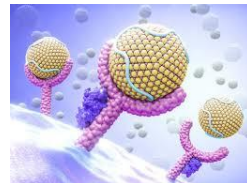
- Sodium-potassium ATPase (Na^+/K^+ -ATPase, Na^+ pump).
- Plasma membrane Ca^{2+} -ATPase (PMCA).
- Sarcoplasmic/endoplasmic reticulum ATPase (SERCA).
- Sodium hydrogen exchange (NHE).
- Sodium calcium exchange (NCX).
- Anion exchange (AE).

• How do ion transporters work together in cell physiology? (LO2)



To consider how ion transport contribute to: (LO3)

- Cellular Ca^{2+} handling?
- Cellular pH regulation?
- Cell volume regulation?
- Renal bicarbonate reabsorption?
- Renal Na^+ handling?



Chemical compositions of extracellular and intracellular fluids (**Ion gradients across the plasma membrane**)

ECF

Cations:

Na^+ (142mmol/L)

K^+ (4.2mmol/L)

Mg^{2+} (0.8mmol/L)

Anions:

Cl^- (108mmol/L)

HCO_3^- (24mmol/L)

ICF

Cations:

Na^+ (14mmol/L)

K^+ (140mmol/L)

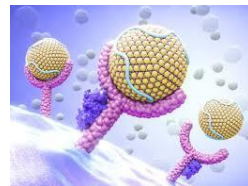
Mg^{2+} (20mmol/L)

Anions:

Cl^- (4mmol/L)

HCO_3^- (10mmol/L)

Phosphate ions



Ion gradients are maintained across the plasma membrane by activity of:

ATP-dependant ion pumps

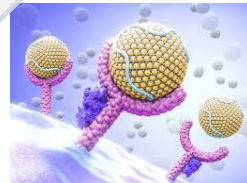
(Energy drives from hydrolysis of ATP)

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

Ion exchangers

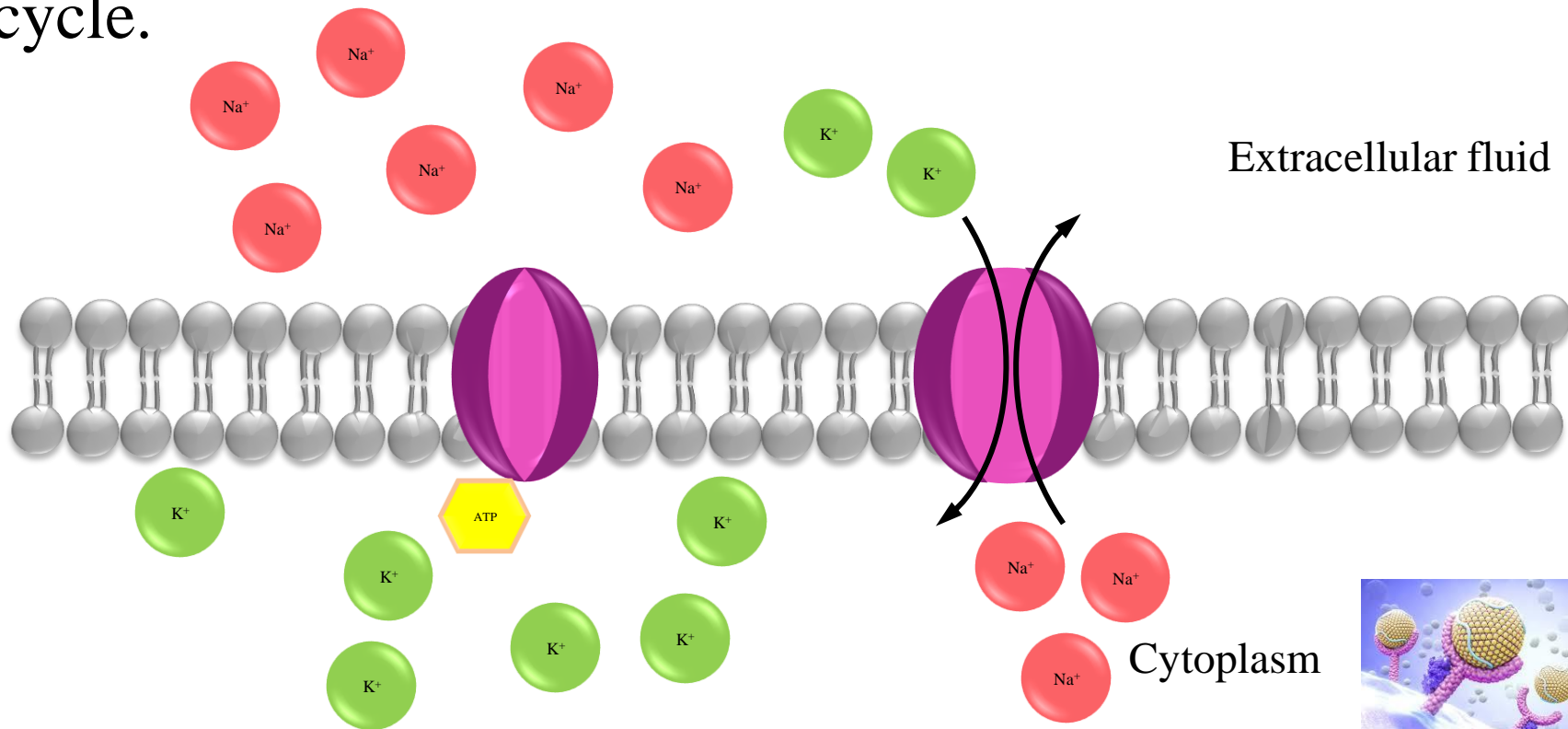
(The energy drives from difference in ion gradient).

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



Na^+/K^+ -ATPase (Na^+/K^+ pump)

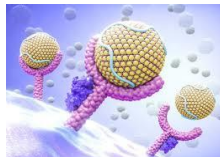
- Found in the plasma membrane of all cells.
- Energy is derived directly from breakdown of ATP.
- 3 Na^+ are exported and 2 K^+ are imported. Then, there is a net export of **a single positive charge** per pump cycle.



➤ The action of the Na^+/K^+ ATPase is the most important example of **primary active transport**.

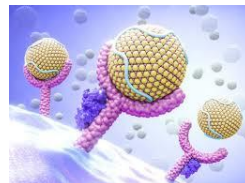
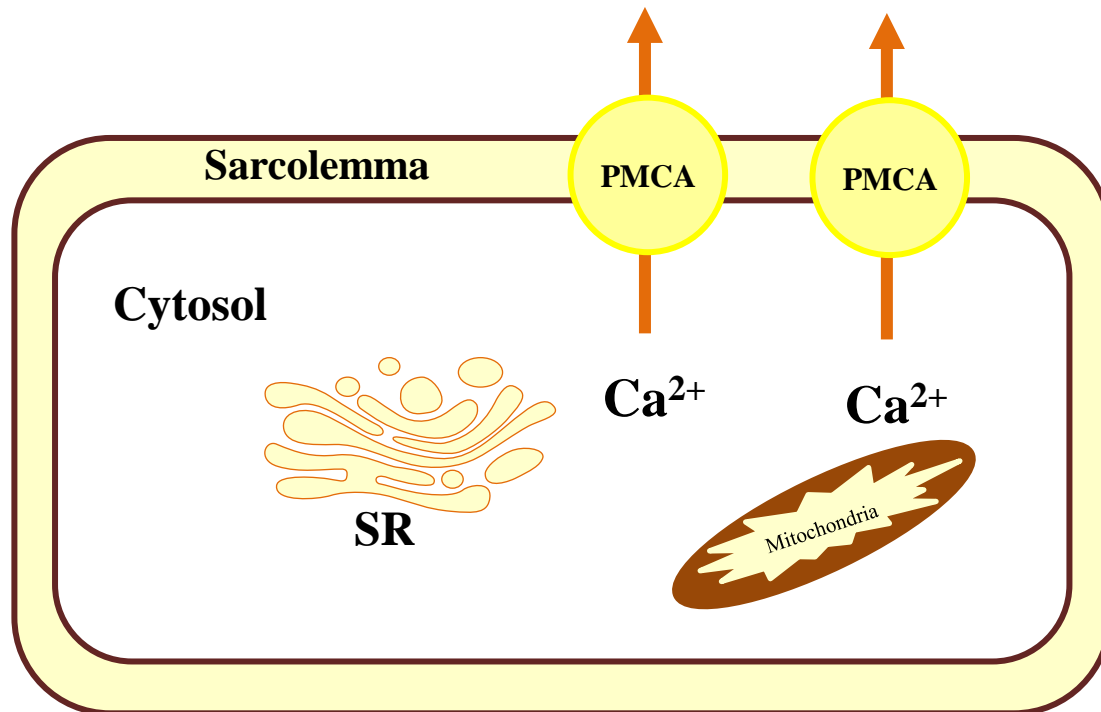
➤ Drives many secondary active transport processes

- Ion homeostasis
- $[\text{Ca}^{2+}]_i$
- pH_i
- Cell volume
- Nutrient uptake
- Resting membrane potential



Plasma membrane Ca^{2+} ATPase (PMCA)

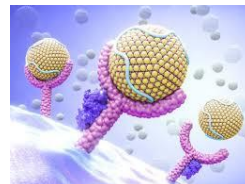
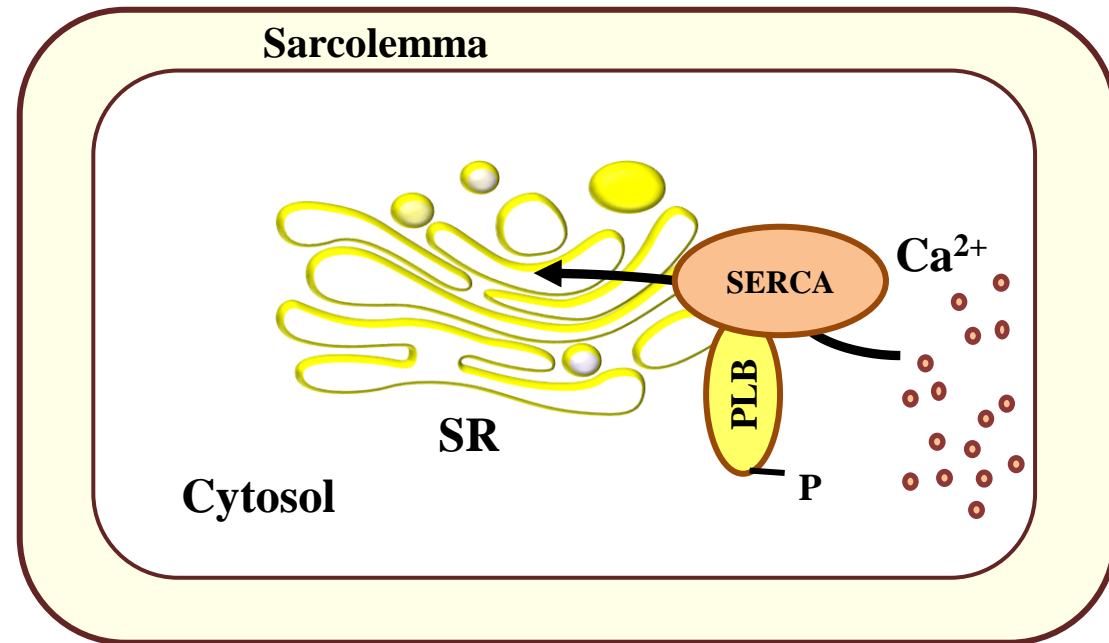
- Ca^{2+} effluxes to the extracellular fluid is carried out by PMCA.
- The pump is powered by the hydrolysis of ATP.



Sarcoplasmic/endoplasmic reticulum Ca^{2+} -ATPase (SERCA)

L01

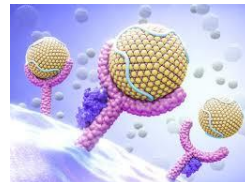
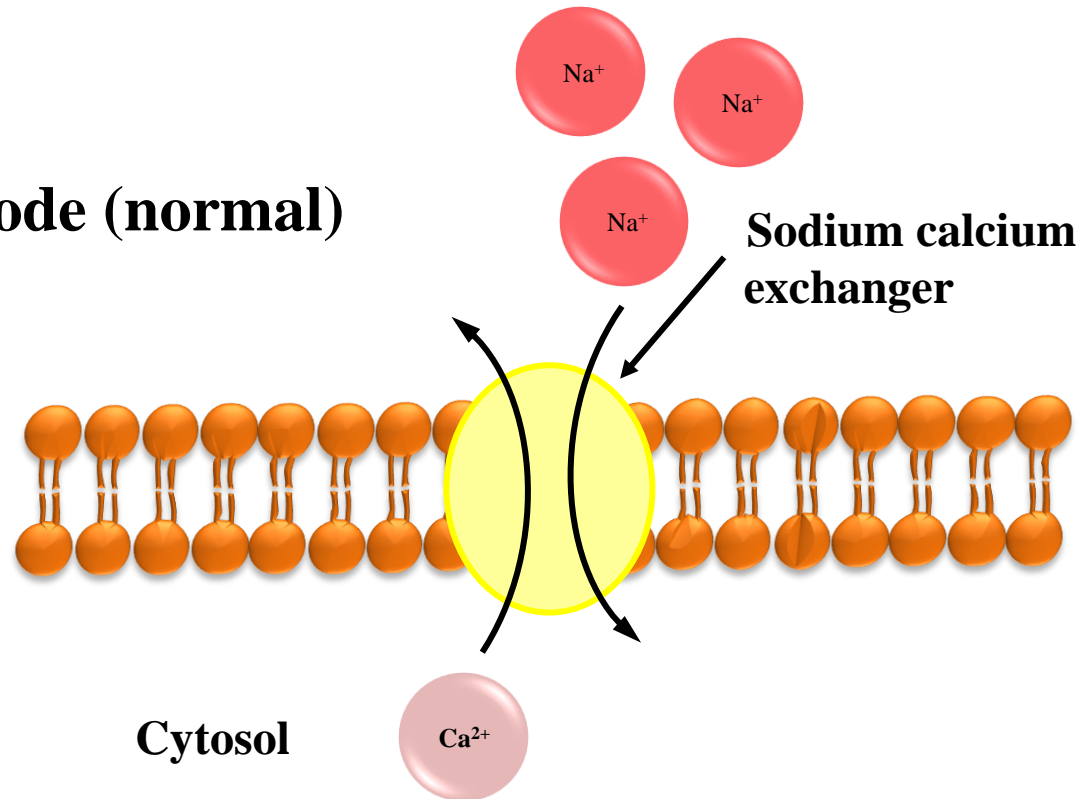
- SERCA resides in the SR within muscle cells.
- Ca^{2+} is transferred from the cytosol of the cell to the lumen of the SR by Ca^{2+} ATPase at the expense of ATP hydrolysis.



Sodium calcium exchanger (NCX)

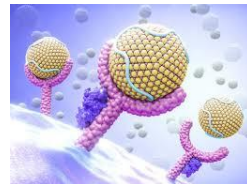
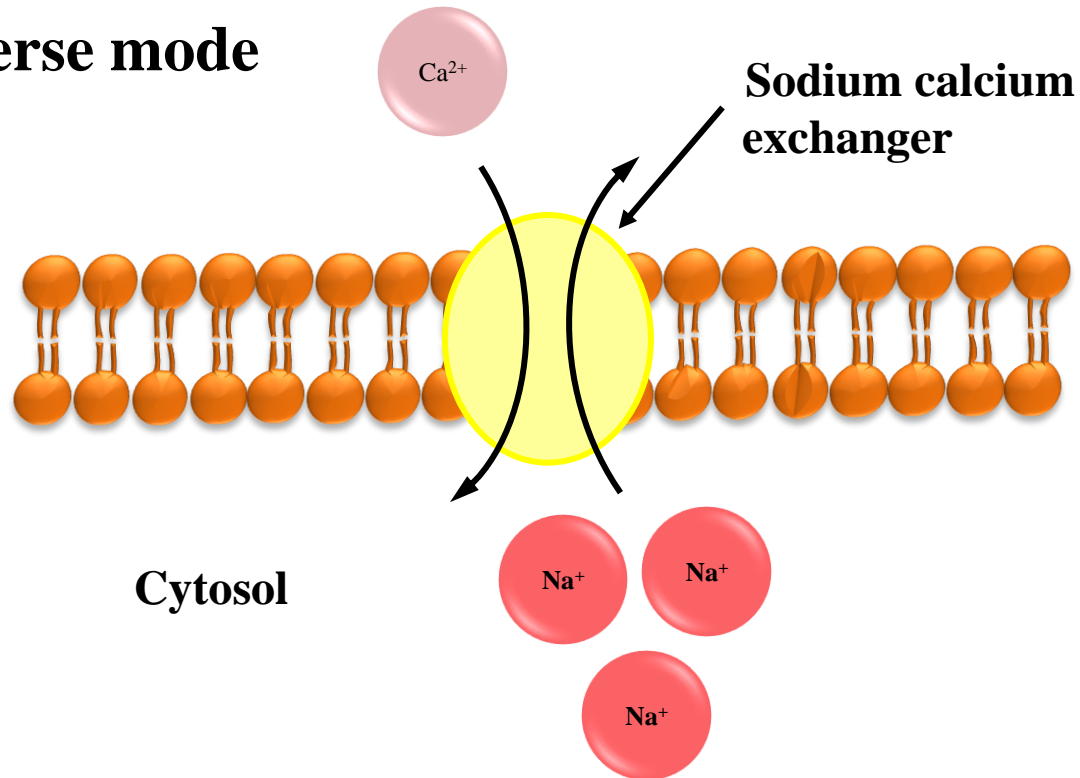
➤ NCX is a carrier for Ca^{2+} which couples the movement of Na^+ and Ca^{2+} in the opposing directions (3 Na^+ : 1 Ca^{2+}).

- **Forward mode (normal)**



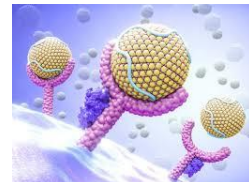
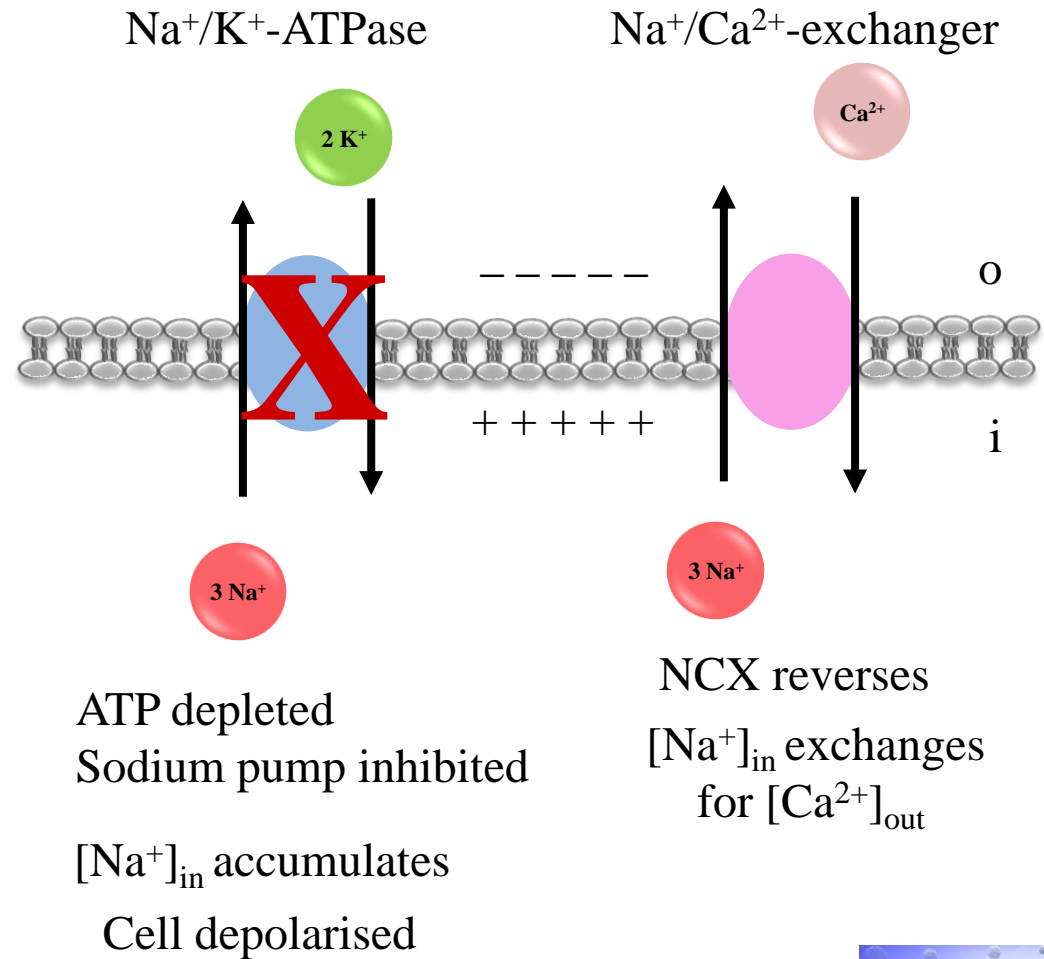
Sodium calcium exchanger (NCX)

- Reverse mode



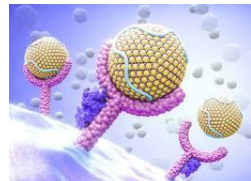
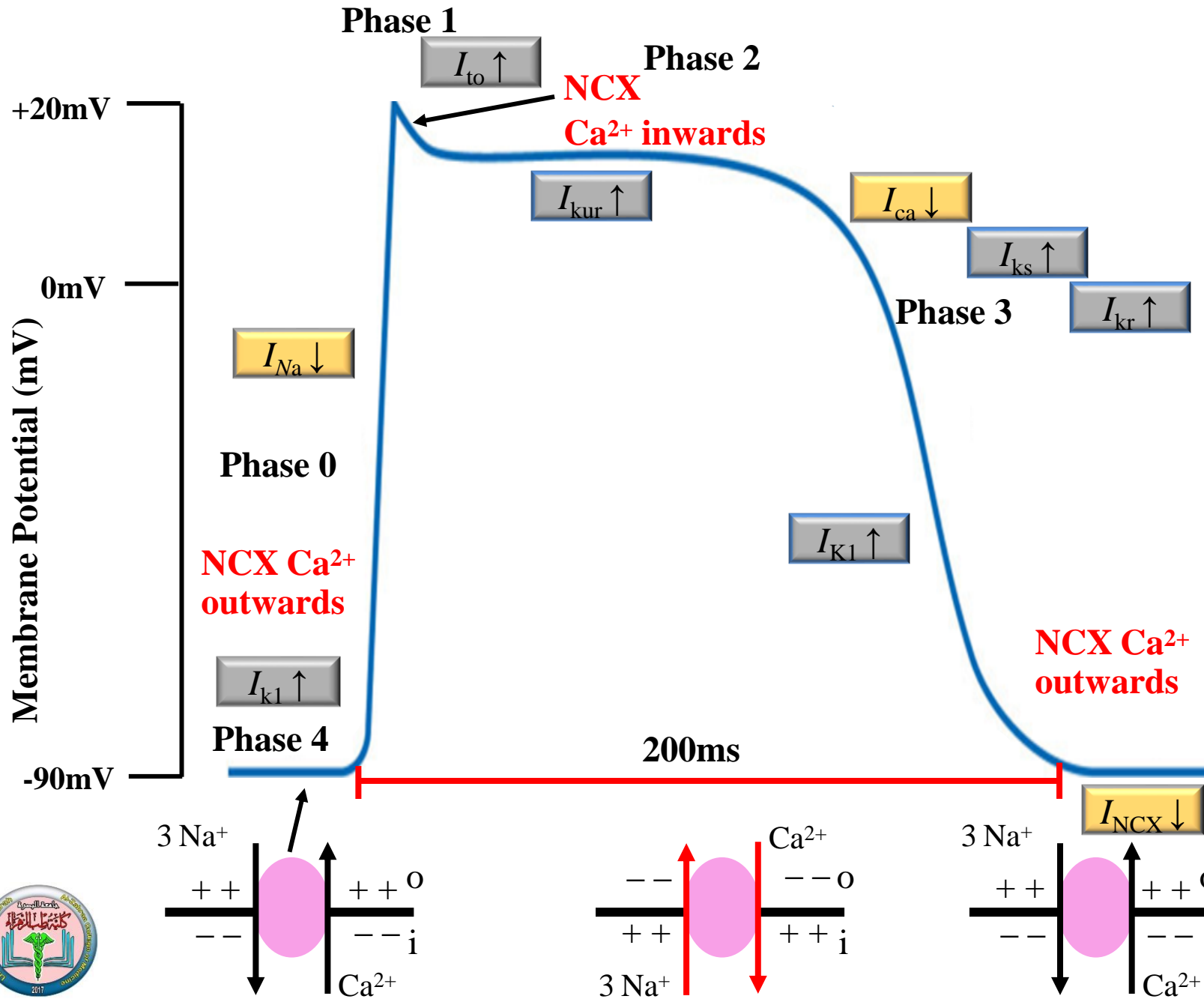
Sodium calcium exchanger (NCX) in ischaemia

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



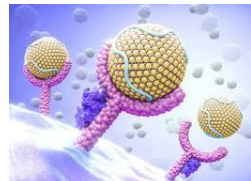
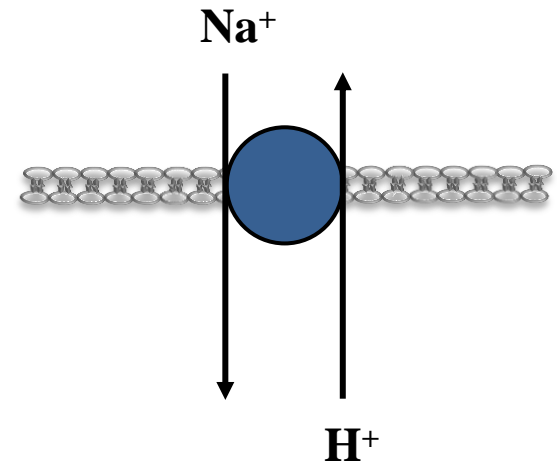
NCX in ventricular cardiomyocytes

L01



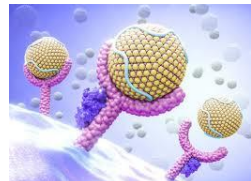
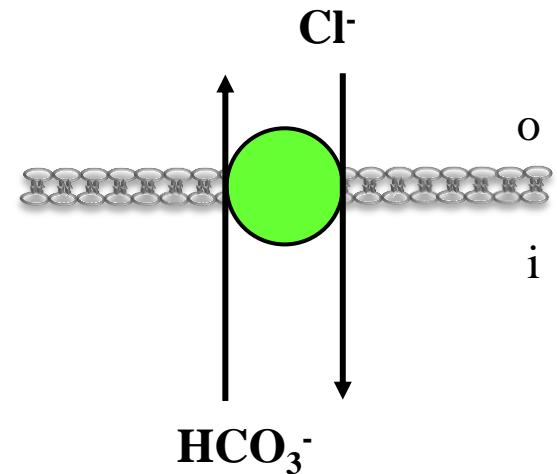
Sodium hydrogen exchanger (NHE)

- Transports of Na^+ for H^+ across the plasma membrane.
- Function: Raises pH_i and regulates cell volume.



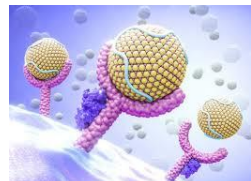
Sodium-independent anion exchanger (Cl⁻/HCO₃⁻ exchanger)

- Exchanges of HCO₃⁻ for Cl⁻ across the plasma membrane.
- Electroneutral.
- Occurs in both directions.



Control of intracellular Ca^{2+}

- Intracellular $[\text{Ca}^{2+}]$ is 50-100 nM
- Extracellular $[\text{Ca}^{2+}]$ is 2×10^6 nM
- 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 $[Ca^{2+}]_i$

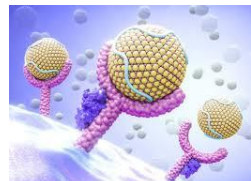
LO2&3

➤ 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+})}.

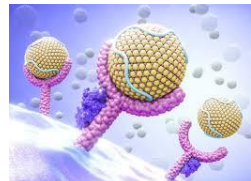
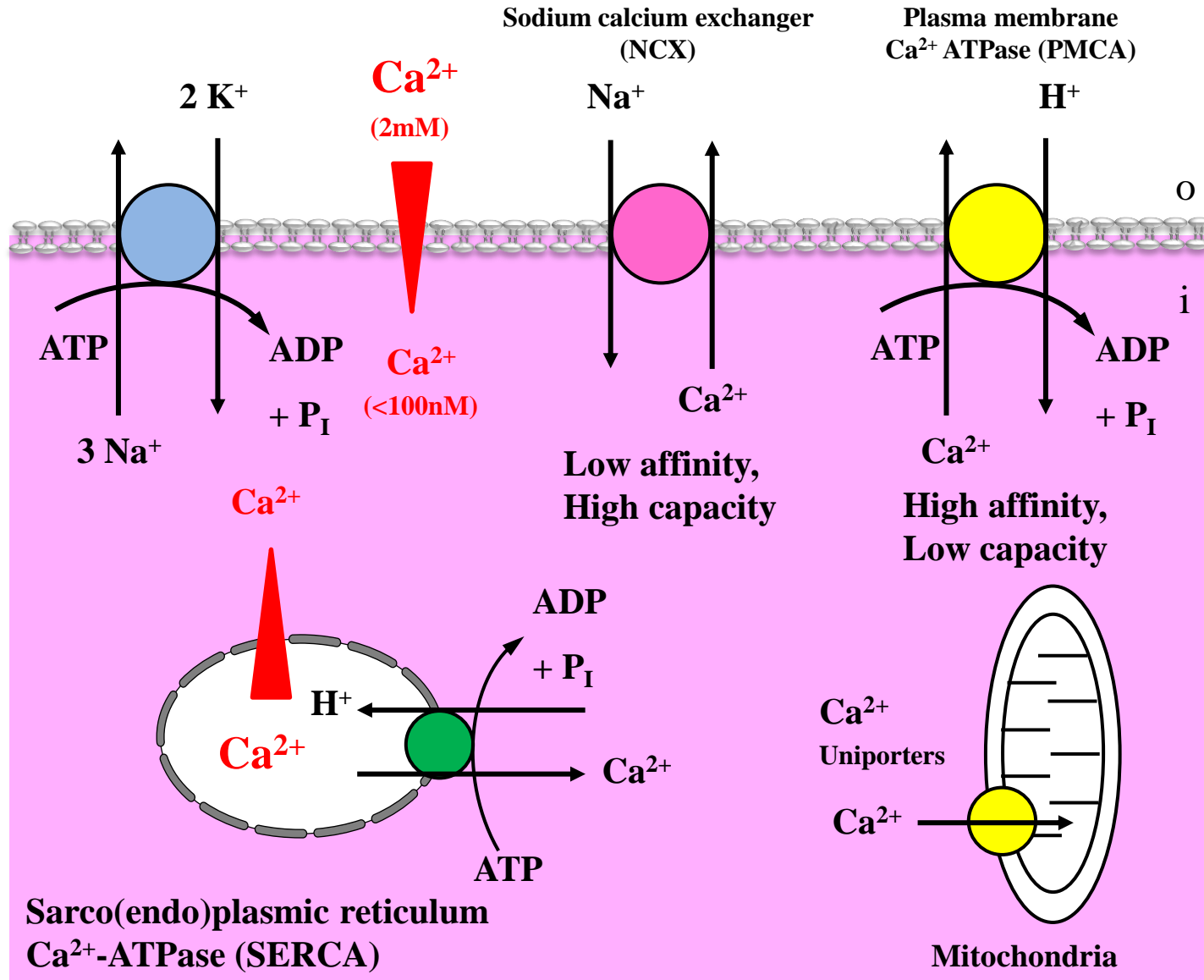
➤ Secondary active transport

- 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 $[Ca^{2+}]_i$

LO2&3



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

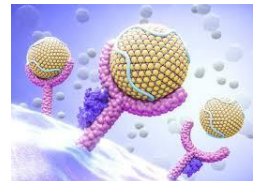
➤ Facilitated diffusion

- Receptor-operated Ca^{2+} channels (ROC).
- Voltage-operated Ca^{2+} channels (VOCC, VGCC (gated)).
- IP₃-gated Ca^{2+} channels (IP₃R).
- Ca^{2+} induced Ca^{2+} release (CICR) (Ryanodinesensitive Ca^{2+} channels).
- Store-operated Ca^{2+} channels (SOC).
- Mitochondrial Ca^{2+} uniports.

➤ Secondary active transport

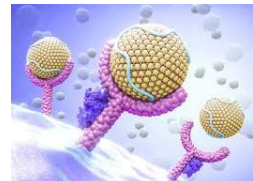
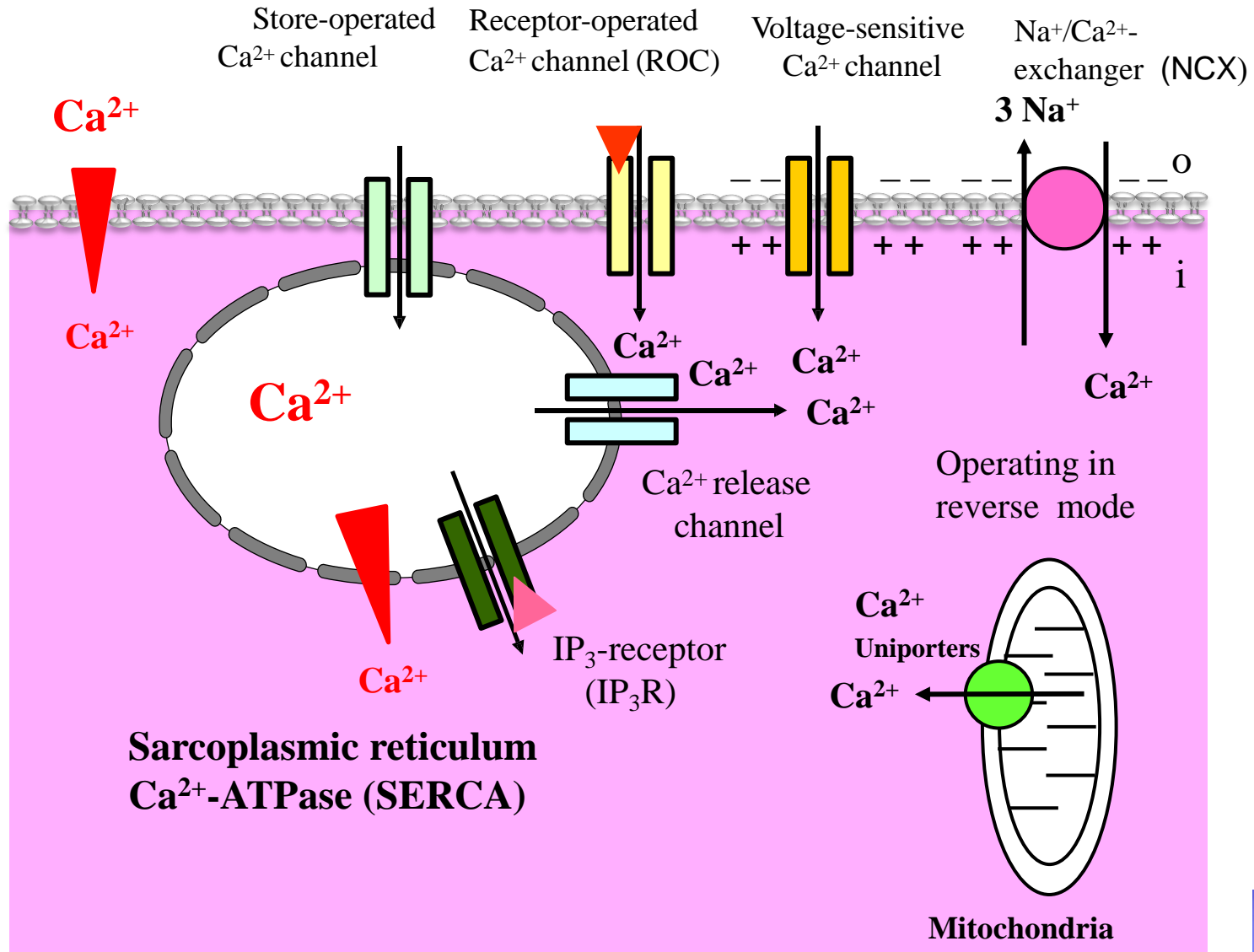
- Na^+/Ca^{2+} -exchange (NCX).

Reverse mode in depolarised cells.



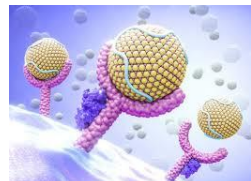
Raising $[Ca^{2+}]_i$

LO2&3

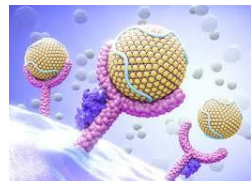
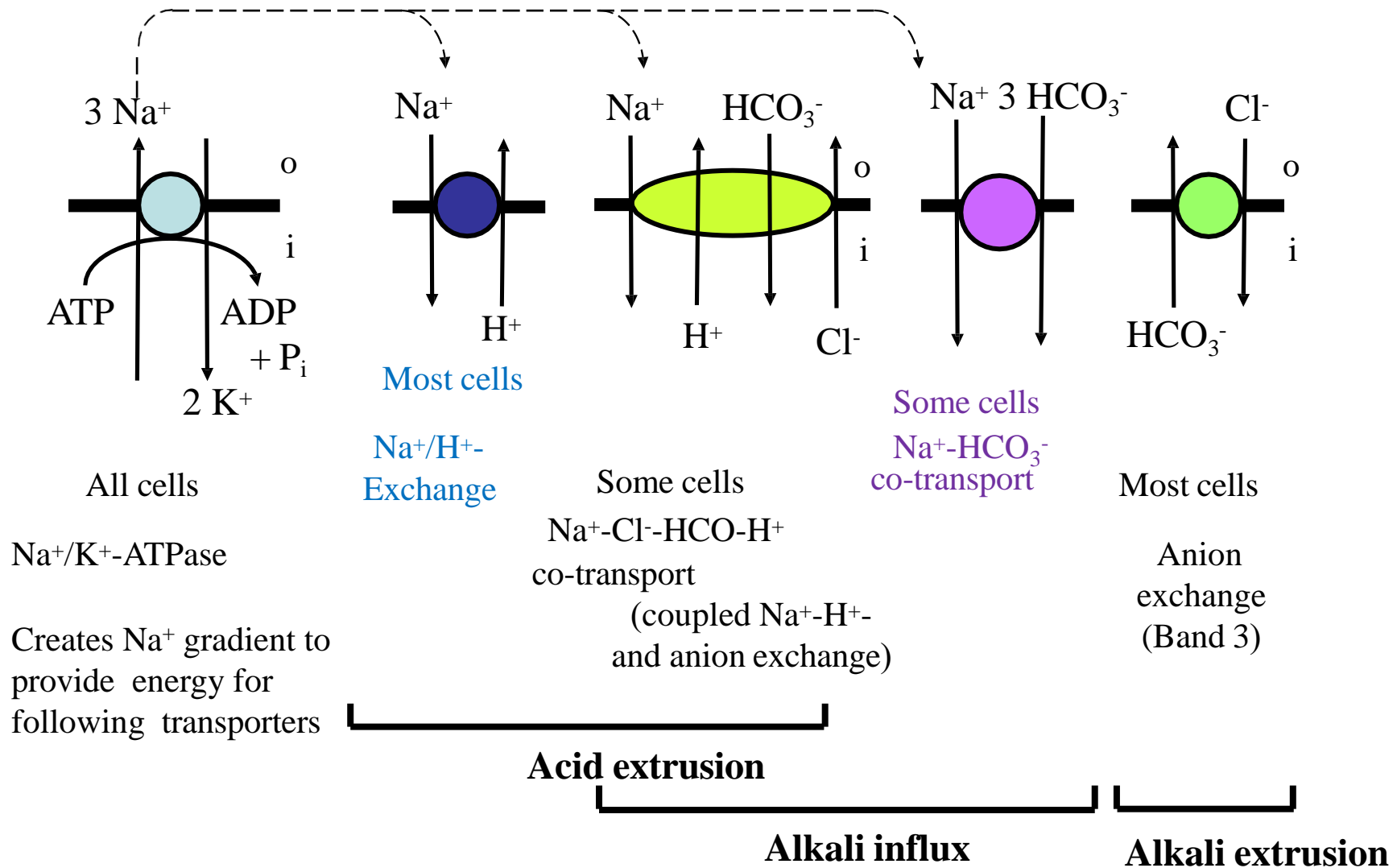


Ion transporters in cellular pH regulation

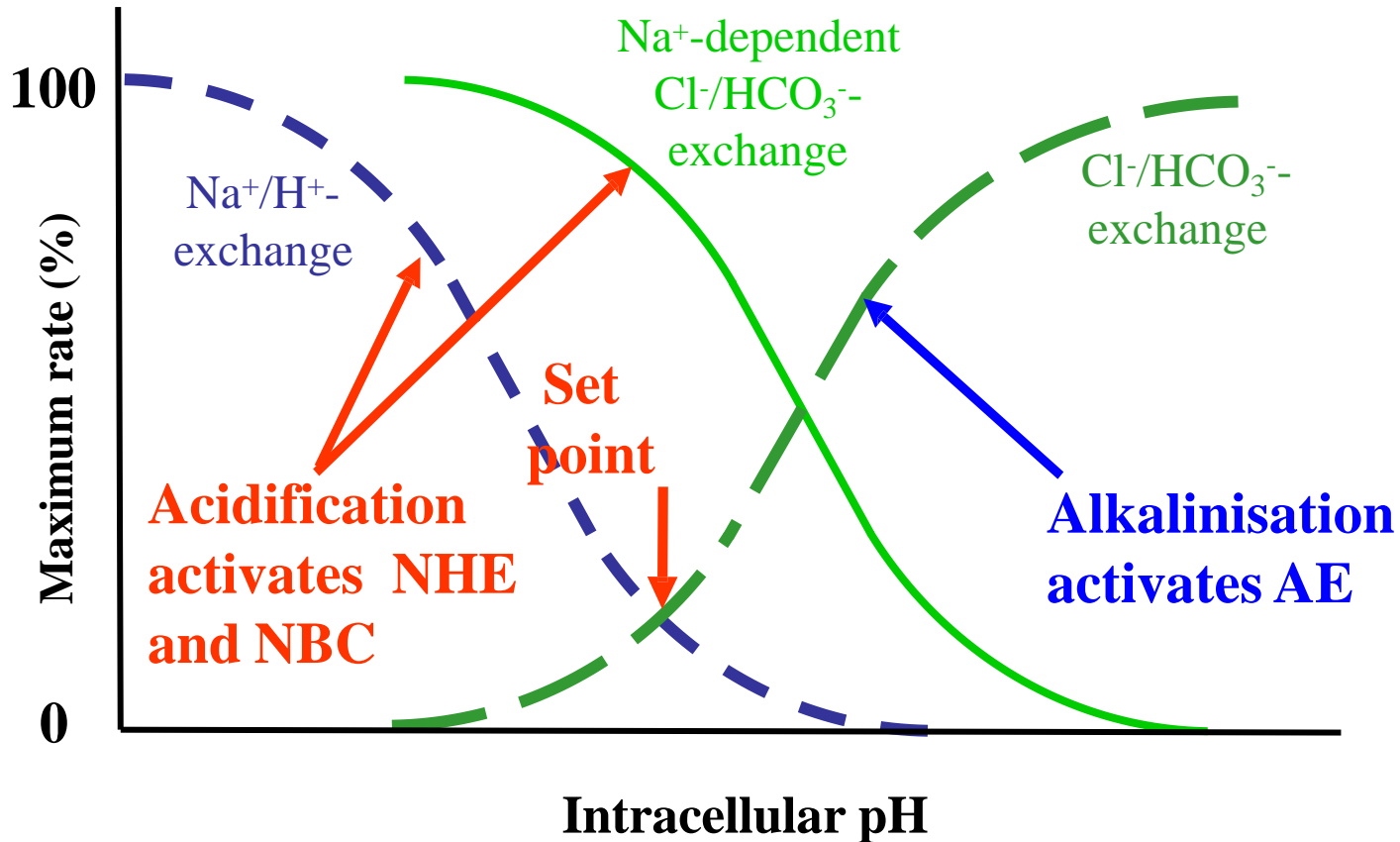
- Cellular pH is controlled by the activity of a variety of plasma membrane transporters.
- Acidification can be opposed by expelling H^+ ions or the inward movement of HCO_3^- .
- Alkalinisation is opposed by expelling HCO_3^- via the anion exchanger.



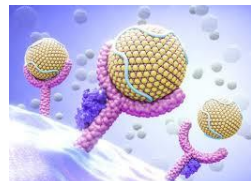
Ion transporters in cellular pH regulation LO2&3



Coordination of intracellular pH regulation



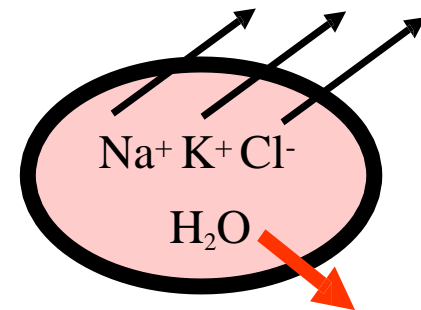
pH is held at the set point. Any drift away from this pH is corrected by the \uparrow activity of either the Na^+/H^+ - or $\text{Cl}^-/\text{HCO}_3^-$ exchangers



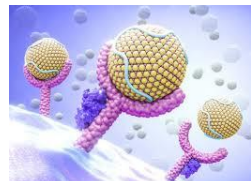
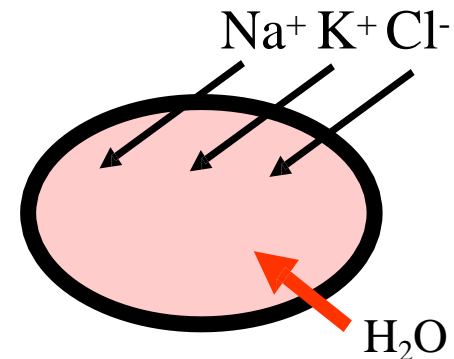
Cell volume regulation

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

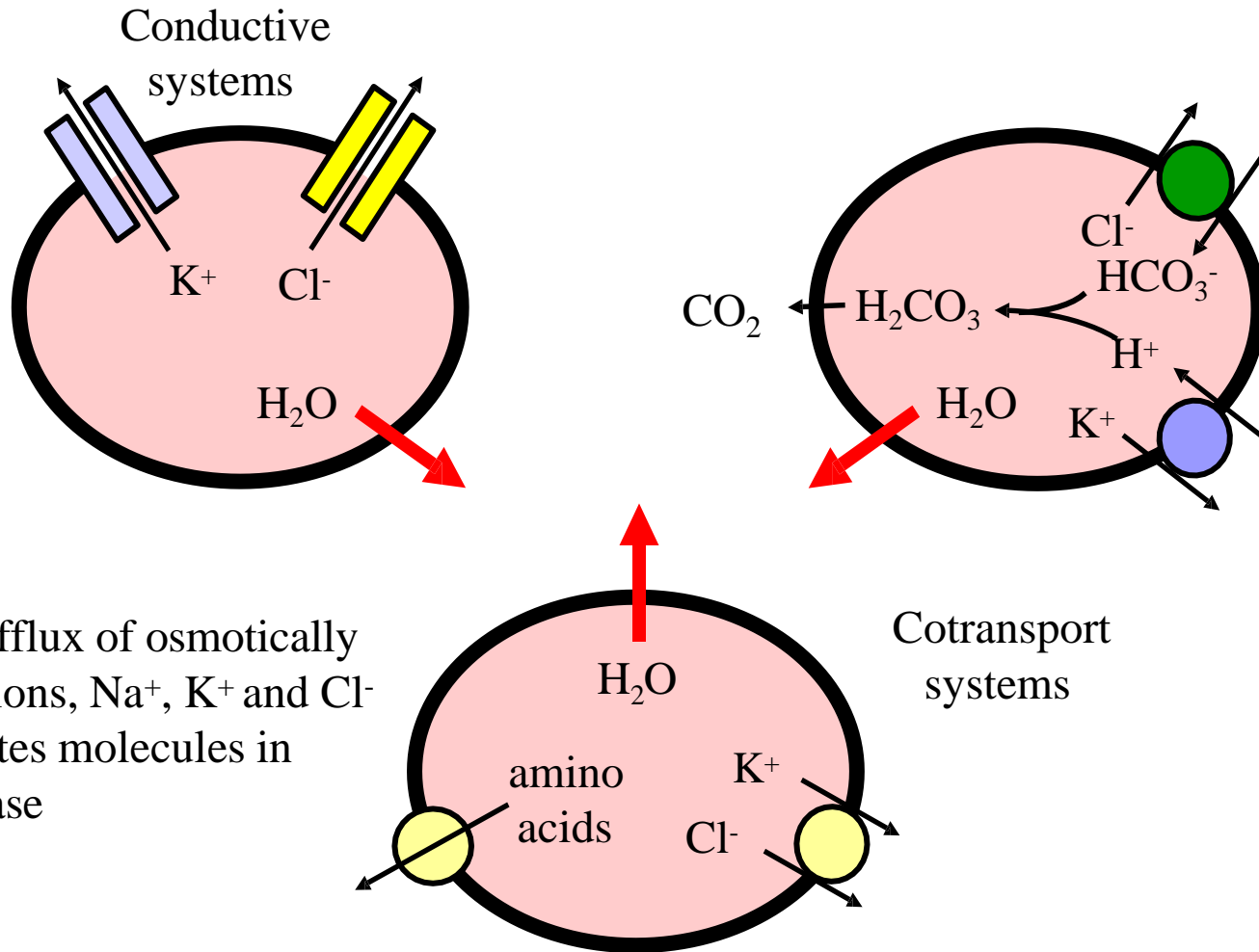
**Cell swelling – extrudes ions
Water follows**



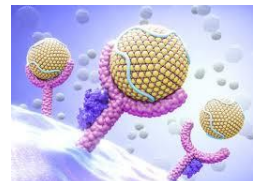
**Cell shrinking – influxes ions
Water follows**



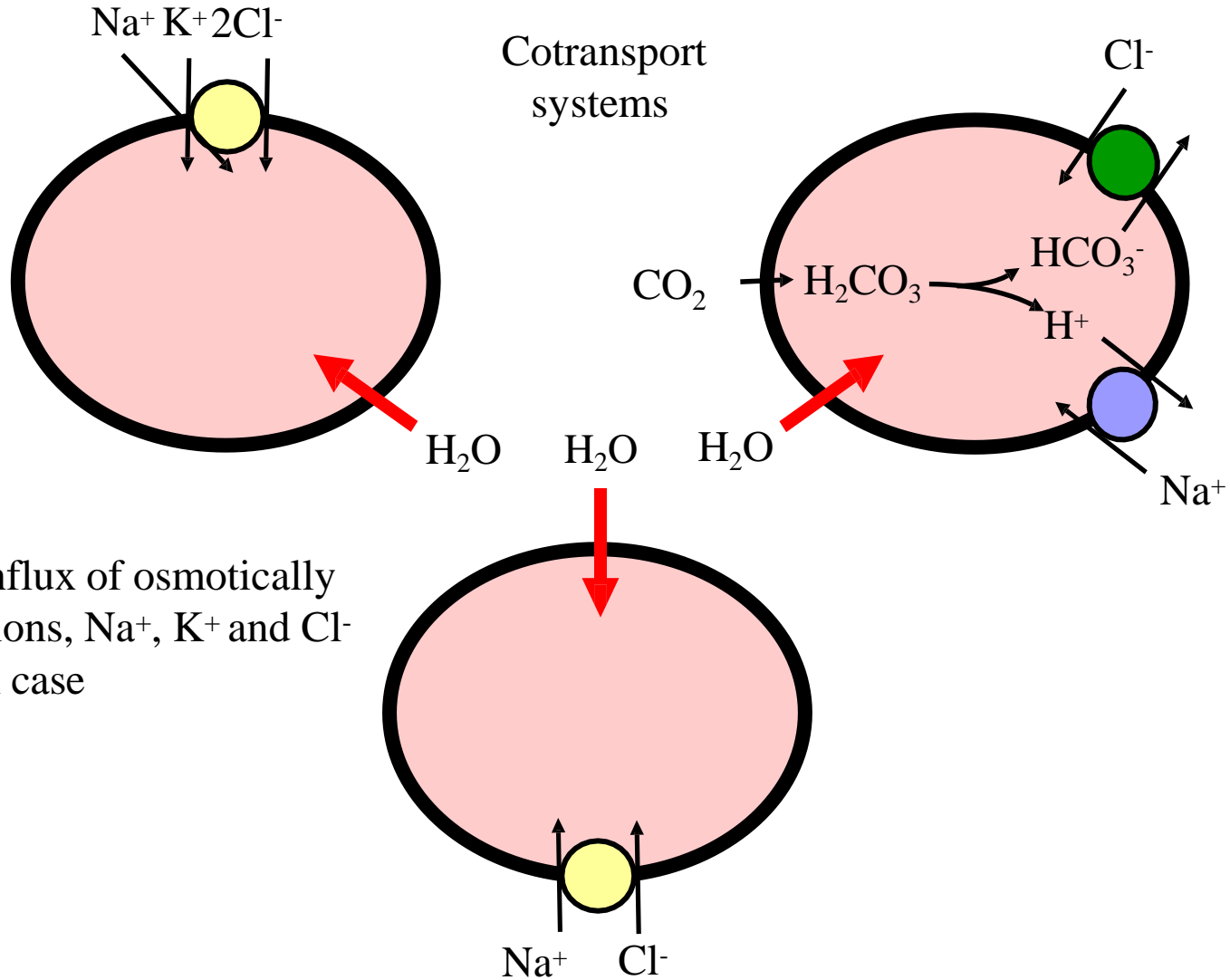
Mechanisms to resist cell swelling



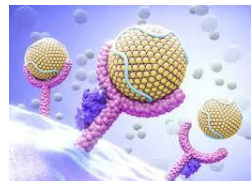
N.B. Efflux of osmotically active ions, Na^+ , K^+ and Cl^- or solutes molecules in each case



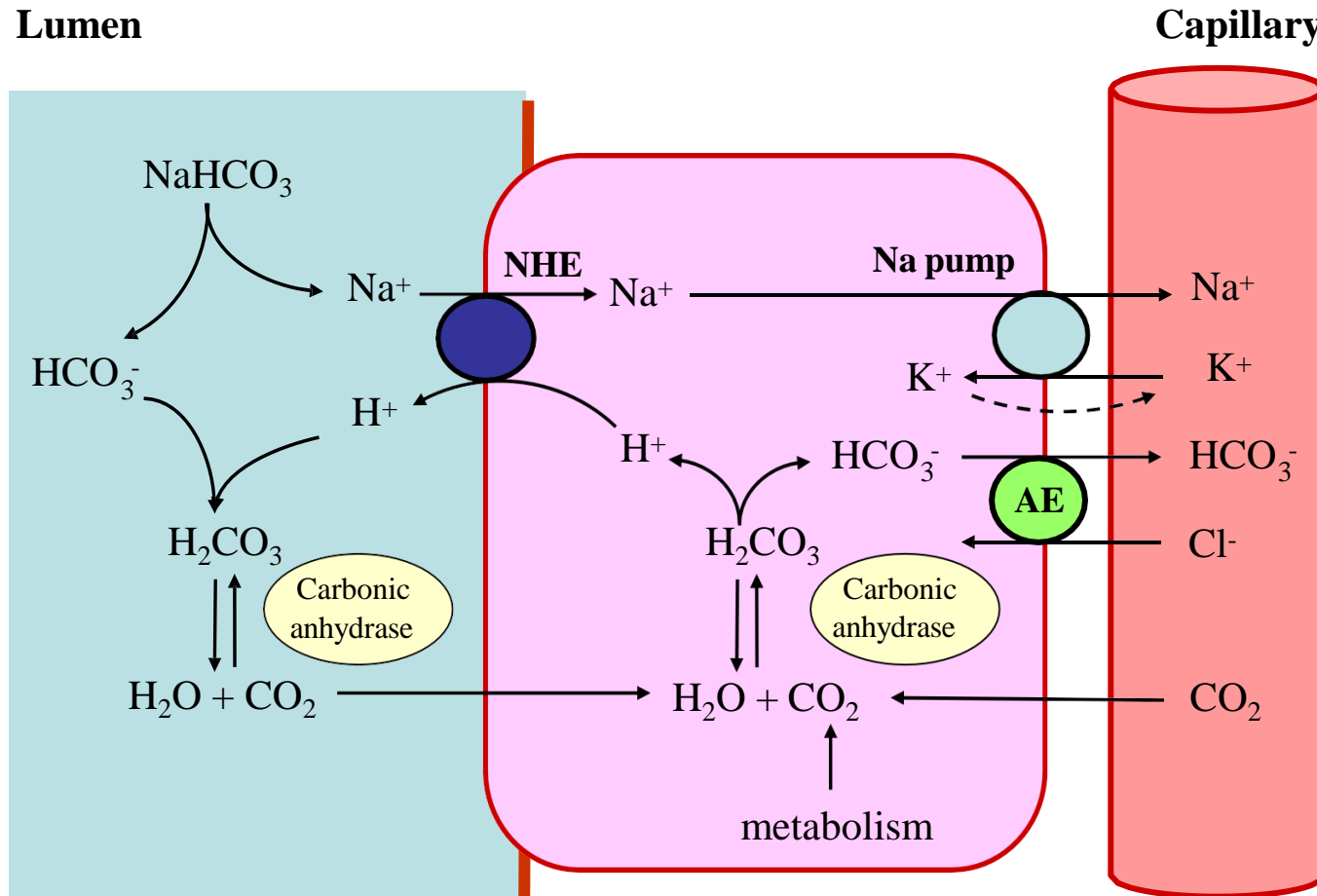
Mechanisms to resist cell shrinking



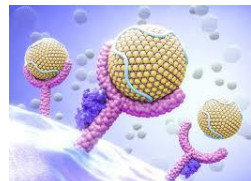
N.B. Influx of osmotically active ions, Na^+ , K^+ and Cl^- in each case



Bicarbonate reabsorption by the proximal tubule

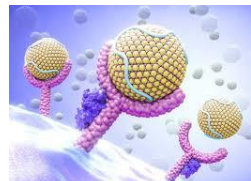
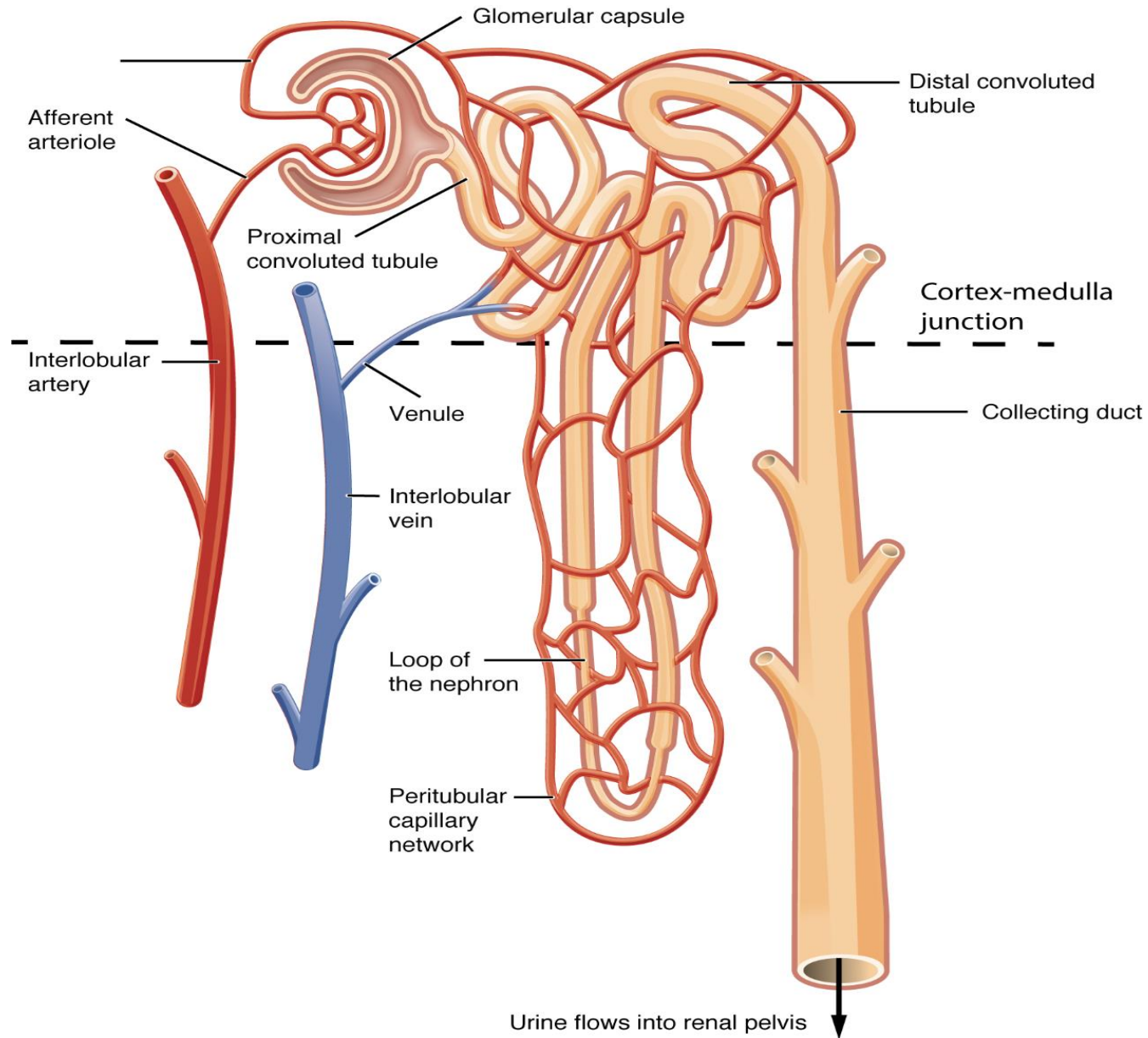


Under normal circumstances, the kidney reabsorbs all of the bicarbonate filtered into the proximal tubule. The main reason is to retain base for pH buffers.

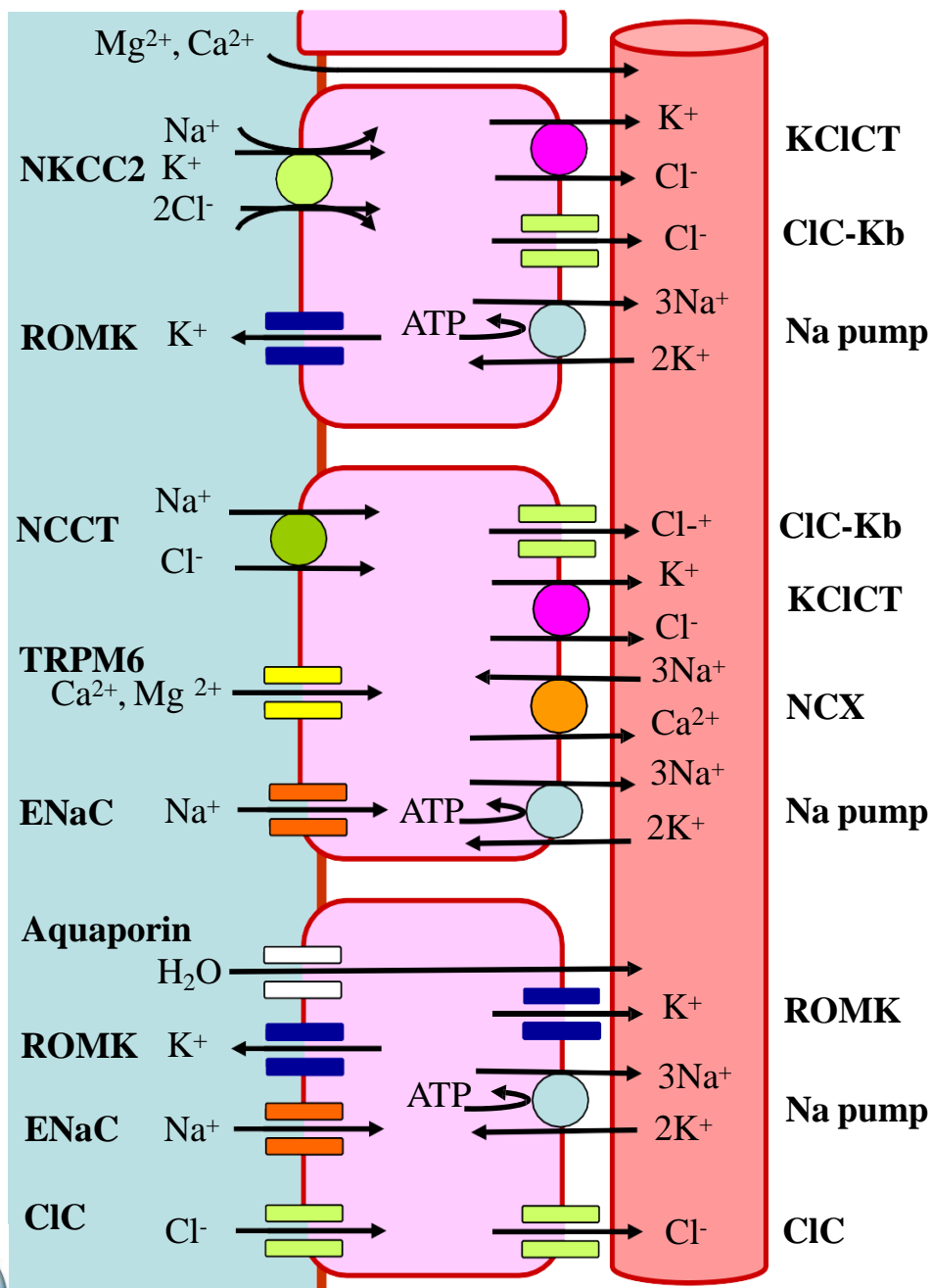


Structure of nephron

LO2&3



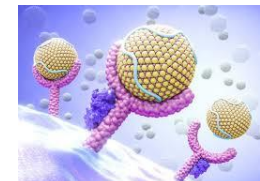
Na⁺ reuptake by the kidney



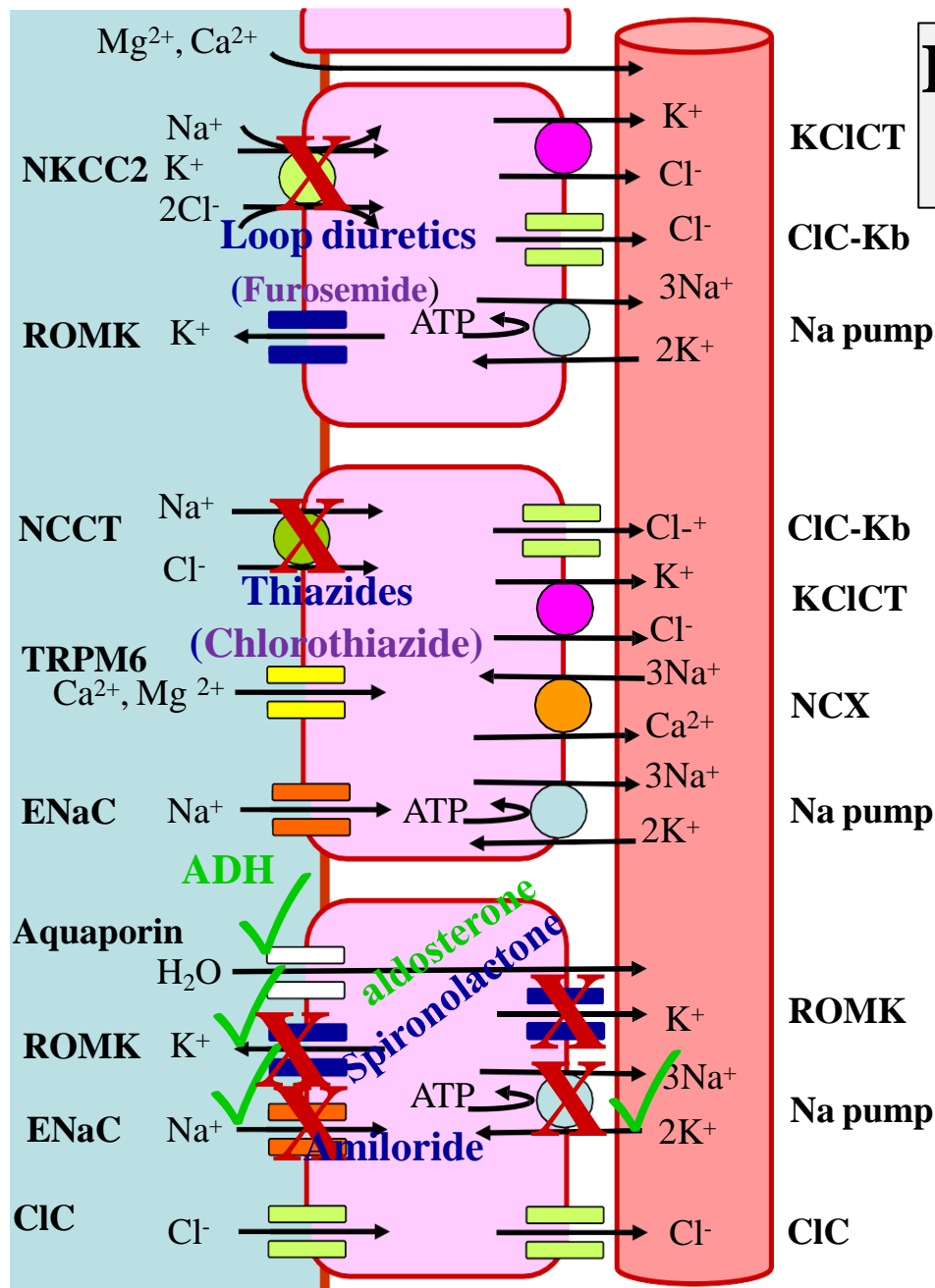
Thick ascending limb

Distal convoluted tubule

Cortical collecting duct



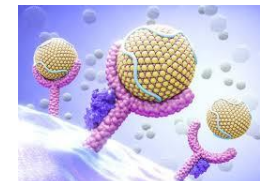
Renal anti-hypertensive therapy



Thick ascending limb

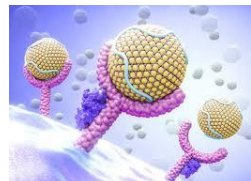
Distal convoluted tubule

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

