Peripheral Aromatic L-Amino Acids Decarboxylase Inhibitor in Parkinsonism. I.

EFFECT ON O-METHYLATED METABOLITES OF L-DOPA-2-¹⁴C

F. S. Messiha, … , T. H. Hsu, J. R. Bianchine


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Decarboxylase Inhibitor in Parkinsonism

I. EFFECT ON O-METHYLATED METABOLITES OF L-DOPA-2-14C

F. S. Messia, T. H. Hsu, and J. R. Blanchine

From the Maryland Psychiatric Research Center, Pharmacology Unit, Department of Health and Mental Hygiene, Johns Hopkins University, School of Medicine and Baltimore City Hospitals, Baltimore, Maryland 21228

Abstract The effects of MK-486, an inhibitor of peripheral aromatic L-amino acids decarboxylase, on the urinary metabolites derived from orally administered L-Dopa-2-14C were studied in three Parkinsonian patients. Treatment with MK-486 before L-Dopa-2-14C markedly reduced radioactivity found in catecholamines fraction by 70-80% during 48 hr, but increased 3-O-methylidopa fraction by threefold, as compared with a nonpretreated base line value. Pretreatment with MK-486 for a period of 1 wk resulted in less inhibition of O-methylated amine and acid metabolite fractions than that measured after a single dose of the inhibitor.

INTRODUCTION

Some adverse effects arising from Levodopa therapy in Parkinsonism might be minimized by reducing Levodopa dose requirements with an inhibitor of peripheral aromatic L-amino acids decarboxylase (1-3). Since DOPA decarboxylase (E.C.4.1.1.26) activity (DC),1 found in various species, is greater in peripheral organs than in the brain (4-6), most orally administered Levodopa is decarboxylated peripherally. The potential efficacy of aromatic L-amino acids decarboxylase inhibitor is dependent upon preferential inhibition of extracerebral decarboxylation of Levodopa and relative impenetrability of the inhibitor into the brain. The importance of Levodopa in the treatment of Parkinsonism is well known (7). Therefore, we studied the L-isomer of an inhibitor of aromatic L-amino acids decarboxylase, MK-486, L-α-hydrazino-α-methyl-β-(3,4-dihydroxyphenyl) propionic acid. This investigation reports some metabolic effects of MK-486 on the excretion profiles of urinary metabolites derived from L-Dopa-2-14C by three Parkinsonian patients.

METHODS

Clinical. Three male Parkinsonian patients, (aged 58, 65, 68 yr), whose conditions were uncomplicated by renal, hepatic, or cardiovascular disease were admitted to the Clinical Pharmacology Research Unit for this study. All medications were discontinued for 7 days before the study. After an overnight fast, each patient then received by mouth a single capsule containing 50 μCi (100 mg) L-Dopa-2-14C which was purchased from Amersham/Searle Corp. (Arlington Heights, Ill.), added to nonradioactive Levodopa and recrystallized from water until constant specific activity was reached (0.5 μCi/mg). Radiochemical and chemical purity was further established by melting points, UV absorption, and thin-layer chromatography. Urine samples were collected every 2 hr during the first 8 hr and re-
mandelic acid (VMA) determinations were performed as outlined by Pisano, Crout, and Abraham (10). Recovery of authentic internal standards utilizing this procedure ranged from 60 to 65% for HVA and VMA, 70-75% for the catecholamines and their respective O-methylated amine metabolites (3-methoxytyramine, normetanephrine, and metanephrine). The interference of MK-486 in the isolation and in analytical procedures described above was insignificant.

 Portions of alumina eluents and effluents were also measured for radioactivity. Fractionation of 3-O-methylidopa (3-O-MD) followed the procedure of Wurtman, Chou, and Rose (11). However, 2.0 M NaCl solution was utilized for elution of 3-O-MD from the cation exchange resin Dowex 50W-X4.

**RESULTS**

After the administration of L-Dopa-2-14C alone, base line radioactivity was measured in those fractions containing catecholamines (CA), their O-methylated monamines and major O-methylated acid metabolites. 90% of the radioactivity administered was recovered in the urine within 48 hr. Acid and neutral metabolite fraction account for approximately 80% of this radioactivity. Pretreatment with MK-486 either in a single 100 mg dose or in 100 mg doses administered three times per day for 7 days decreased this recovery of radioactivity from urine to 63 and 65%, respectively and decreased acid and neutral fractions of urine to 56 and 63%, respectively.

Fig. 1 shows the effect of pretreatments with MK-486 on the cumulative excretion of urinary CA and their O-methylated metabolites, expressed in per cent of radioactivity of dose administered. The measured radioactivity in the CA fraction was markedly reduced by both single and multiple dose pretreatment with the inhibitor. After a single pretreatment dose of MK-486 a similar trend was observed in the O-methylated CA

![Figure 1](image1)

**Figure 1** Effect of MK-486 pretreatment on the urinary excretion of catecholamines; i.e., dopamine (DA), norepinephrine (NE), and epinephrine (E) (left panel) and their 3-O-methylated metabolites; i.e., 3-methoxytyramine (3-MT), normetanephrine (NM), and metanephrine (M) (right panel), after administration of L-Dopa-2-14C. Total cumulative radioactivity present in urinary CA fraction (left panel) and their O-methylated metabolites (right panel) expressed as per cent of total radioactivity administered as a function of time.

![Figure 2](image2)

**Figure 2** Effect of MK-486 pretreatment on cumulative urinary excretion of O-methylidopa (O-MD) after oral administration of L-Dopa-2-14C. Total cumulative radioactivity present in urinary O-methylidopa fraction, expressed as per cent of total radioactivity administered, as a function of time.

O-Methylated Metabolites of L-Dopa and Dopa-Decarboxylase Inhibitor

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**Note:** The text contains chemical and biological data, and the figures illustrate the effects of pretreatment with MK-486 on the excretion of catecholamines and their O-methylated metabolites following the administration of L-Dopa-2-14C. The text describes methods for the isolation and quantification of these metabolites, highlighting the impact of MK-486 on the radioactivity recovery and excretion patterns.
metabolites. However, less inhibitory effect in the O-methylated CA fraction was noted after prolonged pre-treatment with MK-486.

Conversely, radioactivity measured in the fraction containing mainly 3-O-MD, (Fig. 2), was increased by the pretreatment of a single dose of MK-486. This was further increased after prolonged pretreatment. Cumulative excretion of urinary 3-O-MD accounted for 2.5% of administered dose during 48 hr.

Fig. 3 illustrates the effect of MK-486 on the cumulative excretion of the CA and their O-methylated acid metabolite fraction derived from L-Dopa-2-14C. Data are expressed as per cent inhibition from nonpretreatment base line values. The CA fraction was equally reduced by each form of pretreatment with the inhibitor. This decrease approximated 70-80% of base line and remained relatively constant throughout a 48 hr period. Further, Fig. 3 indicates that the per cent inhibition of radioactivity measured in the O-methylated acid fraction (mainly HVA) was very marked during the first 8 hr period. This decrease progressively declined with time and contrasts to the constant inhibition observed in CA fraction during 48 hr period.

Quantitative determination of HVA indicated a similar decrease in per cent inhibition after pretreatment of the inhibitor. However, urinary VMA concentrations, which constituted a small fraction of the L-dopa dose administered, were not markedly altered by MK-486 pretreatment.

DISCUSSION

It has been suggested (12) that inhibitors of peripheral aromatic L-amino acids decarboxylase enhance a dopa-induced rise in cerebral CA while minimizing formation of extracerebral DOPA metabolites which might contribute to undesired side effects. On the other hand, treatment by Levodopa coupled with a peripheral decarboxylase inhibitor might also facilitate the formation of extracerebral DOPA metabolite(s) such as 3-O-MD which could penetrate into the brain (13). In the present study, a modest increase was noted in O-methylated CA and 3-O-MD fraction after pretreatment with the inhibitor. This finding is of particular interest since 3-O-MD itself is now in clinical trial (14).

Prolonged pretreatment with the inhibitor for 1 wk was designed in this study to saturate the peripheral pool of aromatic L-amino acids decarboxylase before the administration of the substrate, Levodopa. Thus, providing a comparison of initial vs. chronic effects of MK-486. Unexpectedly, there was no apparent difference between the MK-486 pretreatment schedules obtained regarding the marked inhibition found in CA fraction. This decrease remained relatively constant through a subsequent 48 hr period. MK-486 inhibitory effect on the O-methylated acid fraction, was of short duration and declined rapidly with time. A similar trend was observed in the quantitative determination of HVA, while the excretion profile of VMA was not markedly changed by MK-486 treatment. The increase in the O-methylated acid metabolites after prolonged pretreatment with MK-486 might suggest that the metabolic conversion of DOPA to its major O-methylated acid metabolite preceded by transamination of the formed 3-O-MD to the corresponding lactic acid, through pyruvic acid, to form HVA as has been recently suggested by Bartholini, Kuruma, and Pletscher (15). However, one cannot exclude the possibility that prolonged pretreatment with the inhibitor might induce enzymes involved in the oxidative deamination of L-DOPA-methylated metabolite(s).

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