



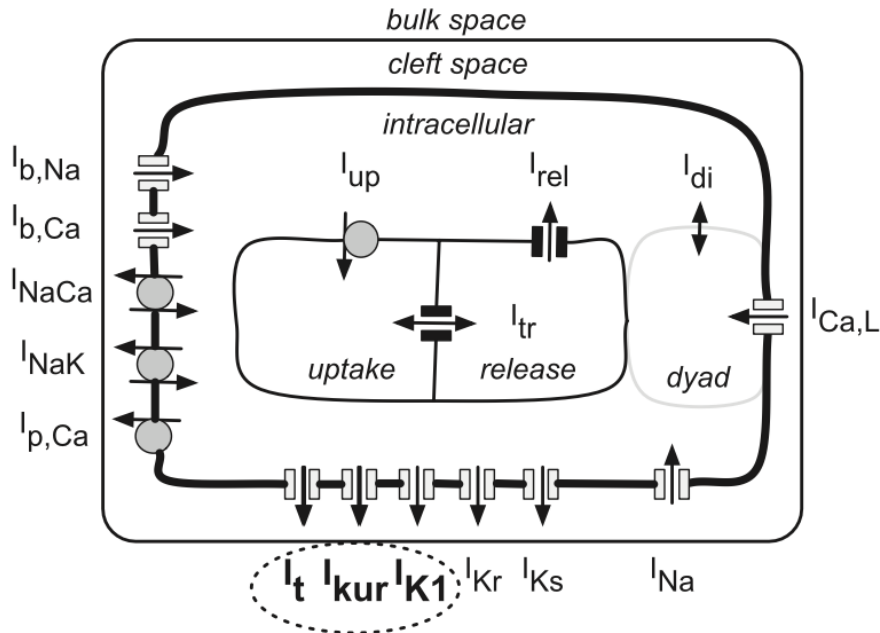
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Simulation of the effect of the drug diltiazem on the bioelectric activity of the heart

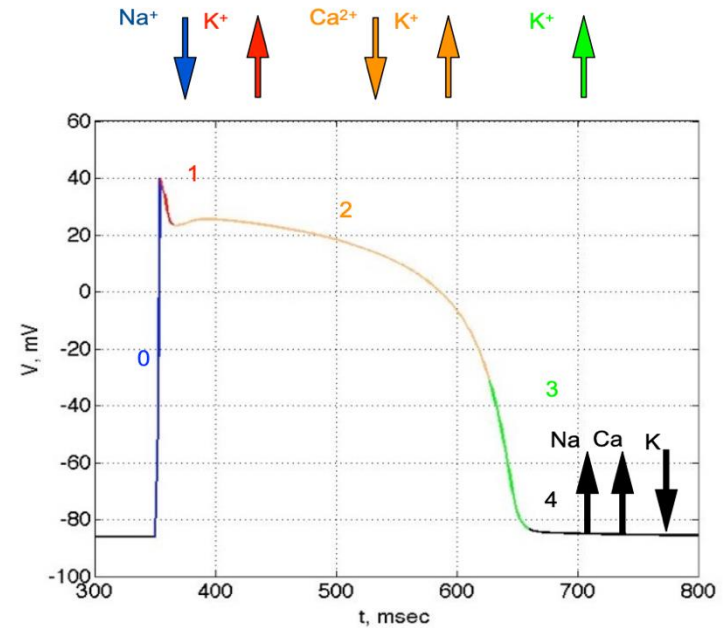
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05 June 2024

Model of an isolated human cardiomyocyte:



Action Potential (AP): general waveform



Instantaneous conductance of each channel:

$$G_k = N_k * \sigma_k * f_k$$

Also:

$$I_k = G_k * (V_m - E_k)$$

Phase 0: depolarization

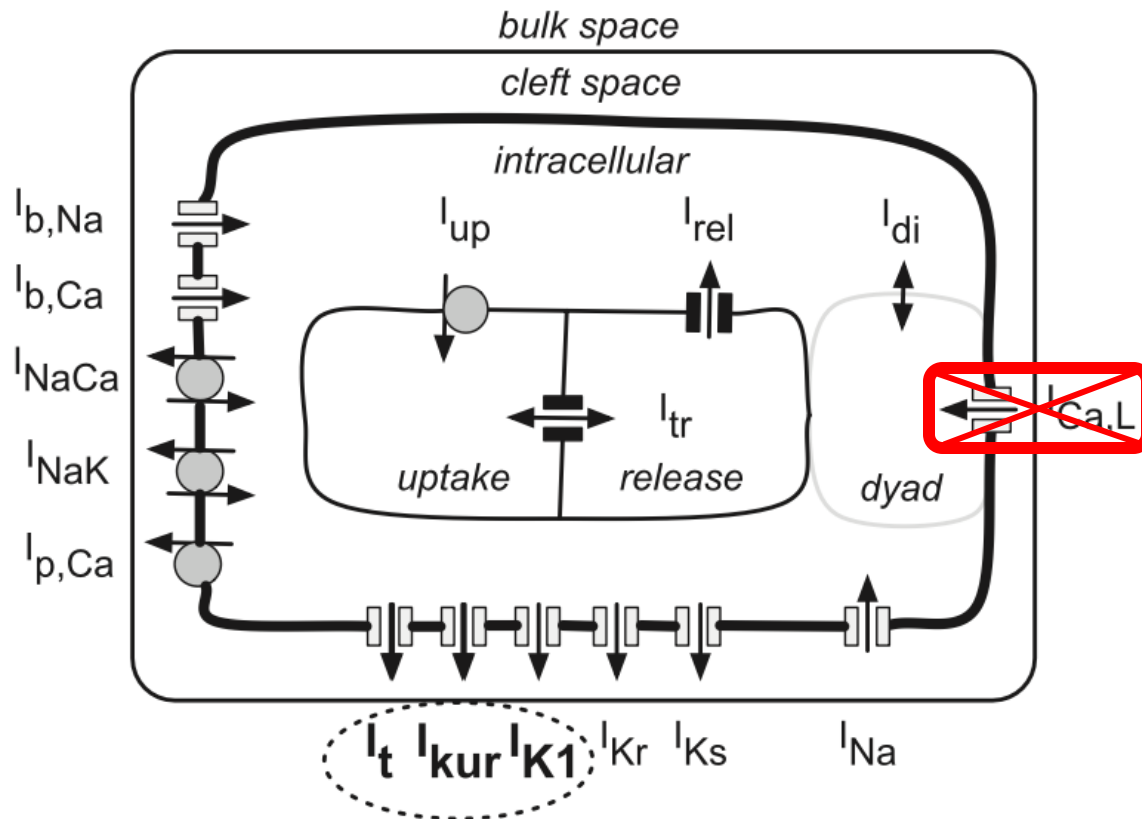
Phase 1: early repolarization

Phase 2: plateau

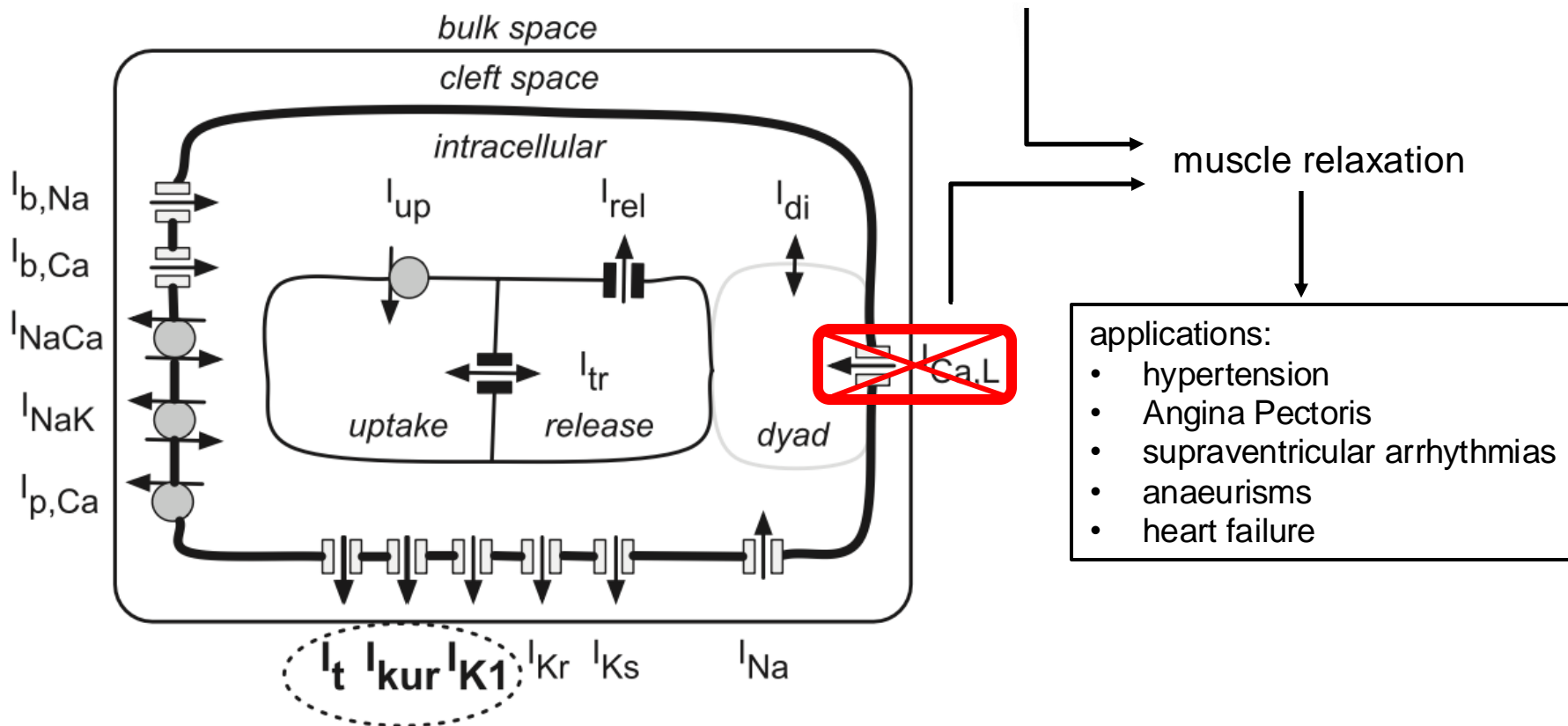
Phase 3: late repolarization

Phase 4: resting potential

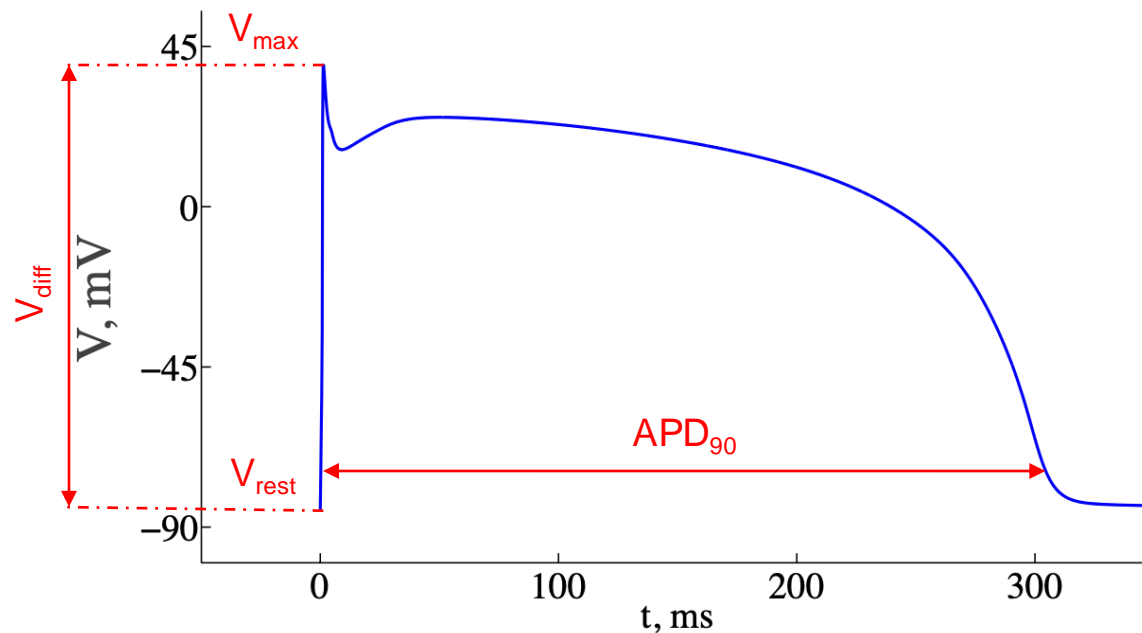
Effects of **diltiazem** on atrial cardiomyocyte:
blockage of L-type calcium channels



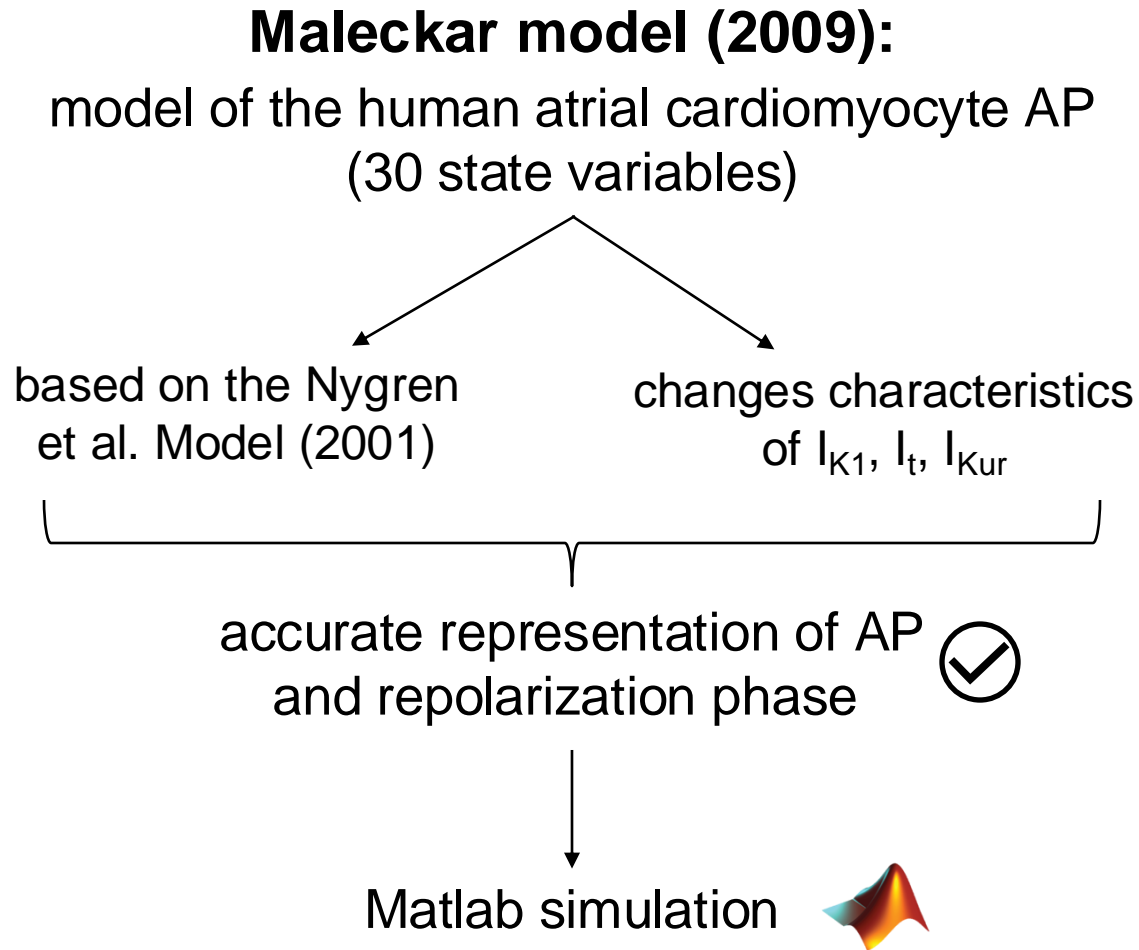
Effects of **diltiazem** on atrial cardiomyocyte:
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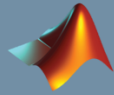


Effects of **diltiazem** on atrial cardiomyocyte: **blockage of L-type calcium channels**



1. Waveforms changes
2. V_{rest} and V_{max}
3. V_{diff}
4. APD_{90}





Settings parameters

BCL = 800 ms → time between two consecutive stimuli

Dur_stim = 1 ms → duration of the stimulation

NumStim = 30 → number of stimulations

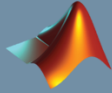
TSim = 24000 ms → simulation time → 800 ms * 30

Amp_stim = -42 mV → amplitude of the stimulation → $1.5 * \text{threshold} = 1.5 * (-28\text{mV})$

% conductance of L-type Ca channels

Const = [1 0.95 0.9 0.85 0.8 0.75 0.7 0.65 0.6 0.55 0.5 0.45 0.4 0.35 0.3 0.25 0.2 0.15 0.1 0.05 0.0];

$g_{\text{Ca}_L} = 6.75 \text{ nS} * \text{Const}$



Waveforms

1. Plots of 30 APs and then the last one, by setting storeLast
 - Plots of the ionic currents

Measurement of the following parameters for the last AP

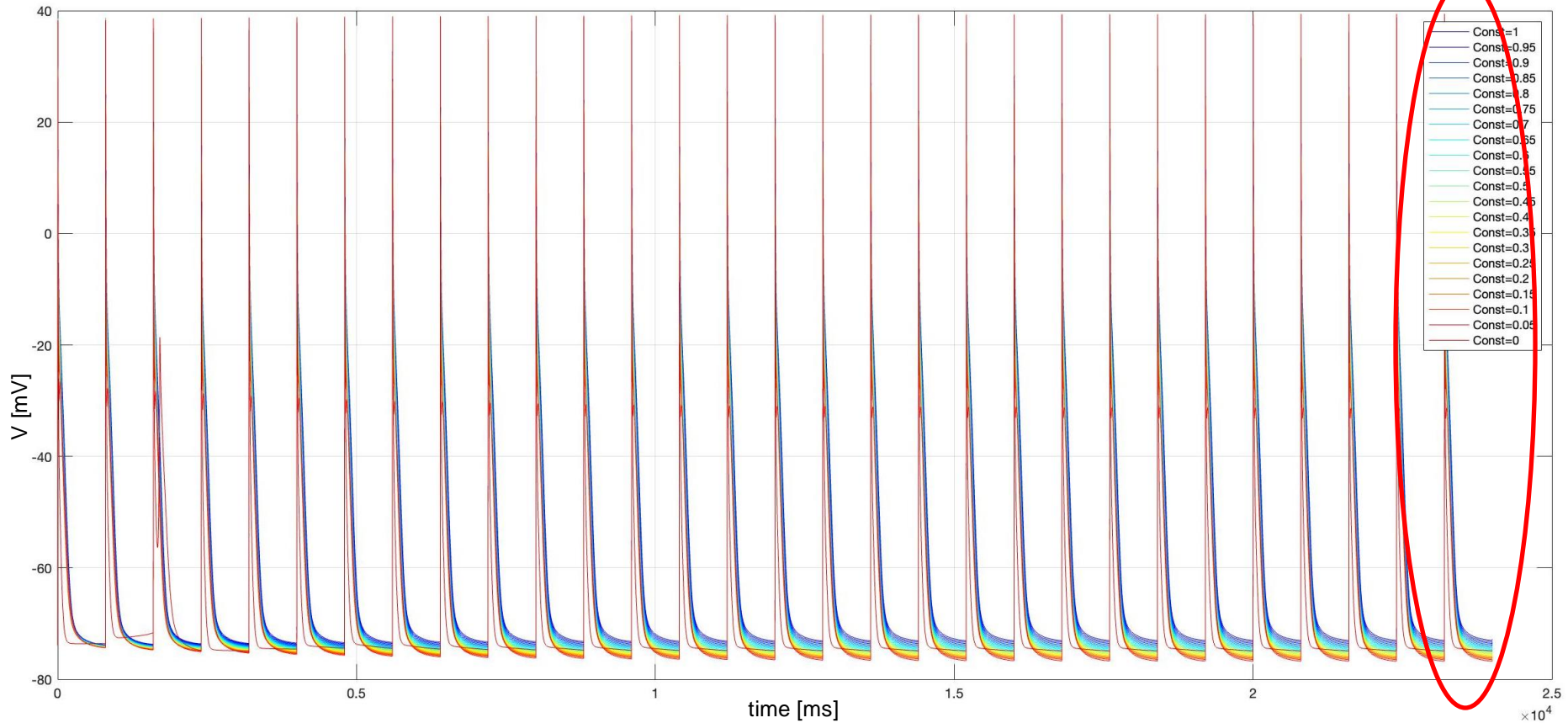
2. $V_{\text{rest}} = \text{min AP}$ and $V_{\text{max}} = \text{max AP}$
3. $V_{\text{diff}} = V_{\text{max}} - V_{\text{rest}}$
 - $V_{90} = V_{\text{max}} - 0.9 * V_{\text{diff}} \rightarrow$ corresponds to 90 % of repolarization
 - $t_0 \rightarrow$ corresponds to the time for which $V = V_{\text{max}}$
 - $t_{90} \rightarrow$ corresponds to the time for which $V = V_{90}$
4. $\text{APD}_{90} = t_{90} - t_0 \rightarrow$ corresponds to AP duration at 90% of repolarization

Results and discussion: action potential

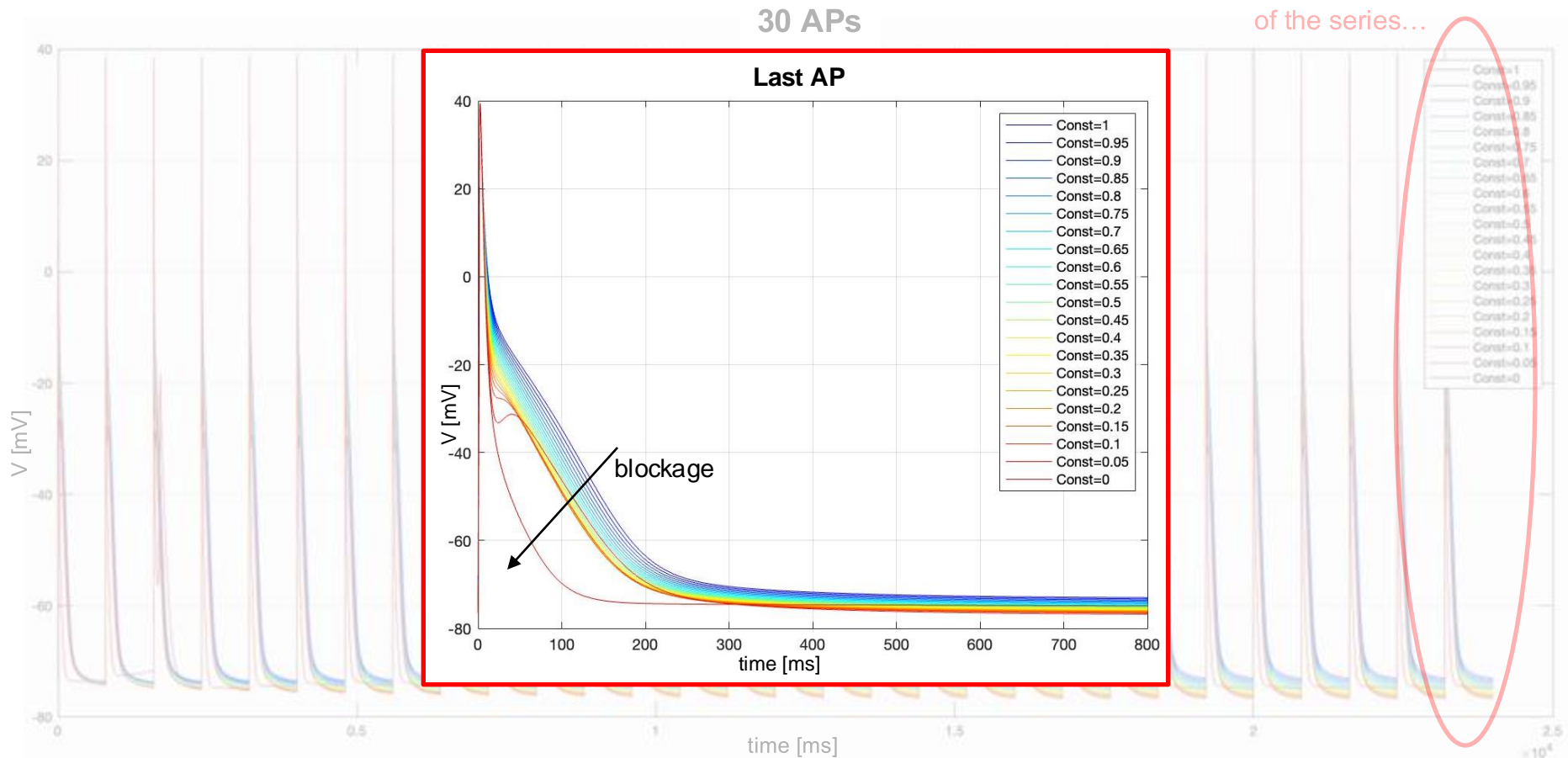
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30 APs

focus on the last AP
of the series...

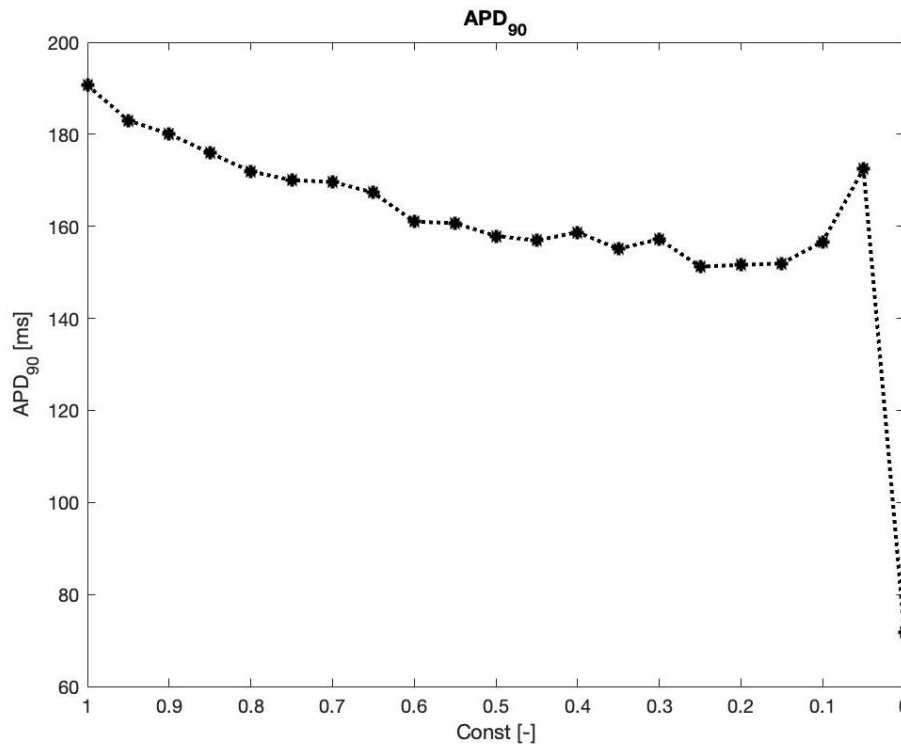


focus on the last AP
of the series...

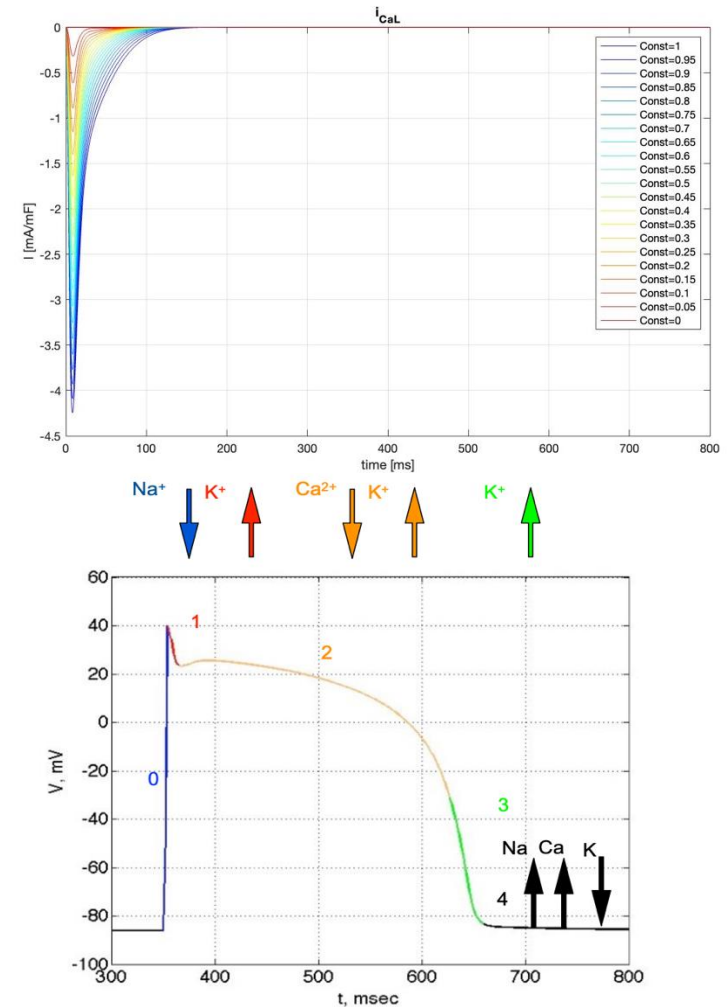


Results and discussion: APD_{90}

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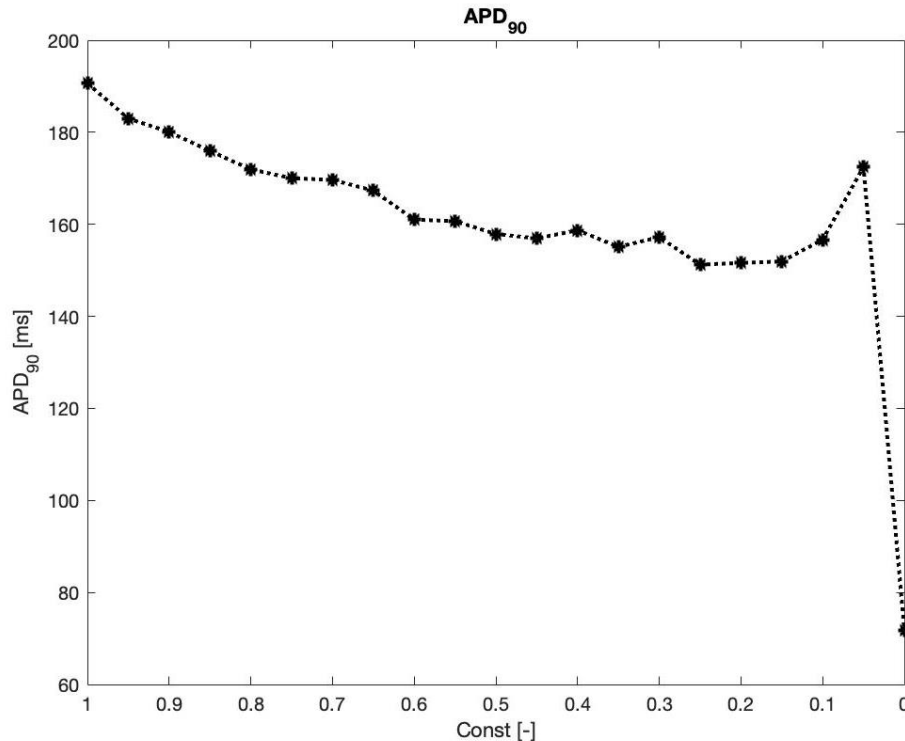


- In general, **decreases: Ca** responsible of plateau phase → shorter duration of depolarization

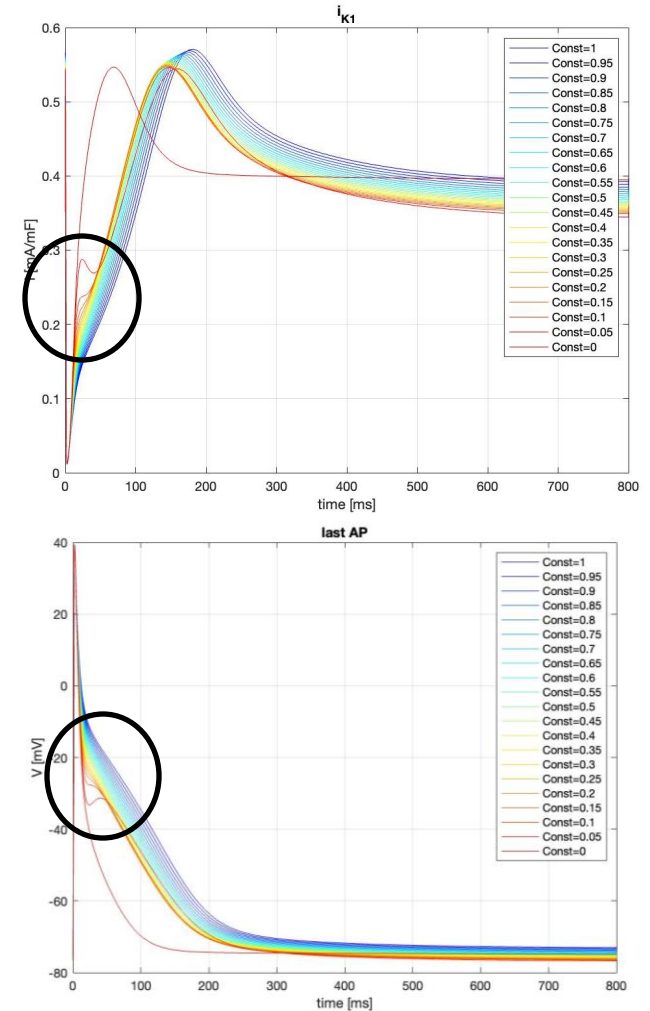


Results and discussion: APD_{90}

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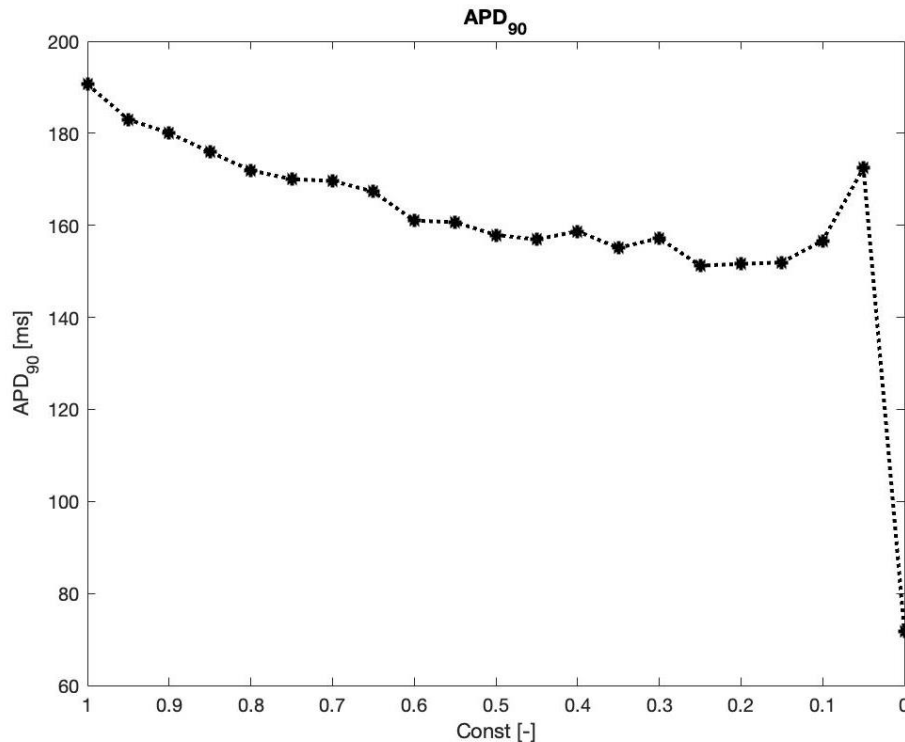


- For **low values** of $Const$, APD_{90} **increases** slightly → an early peak appears in I_{K1} → distortion in the AP

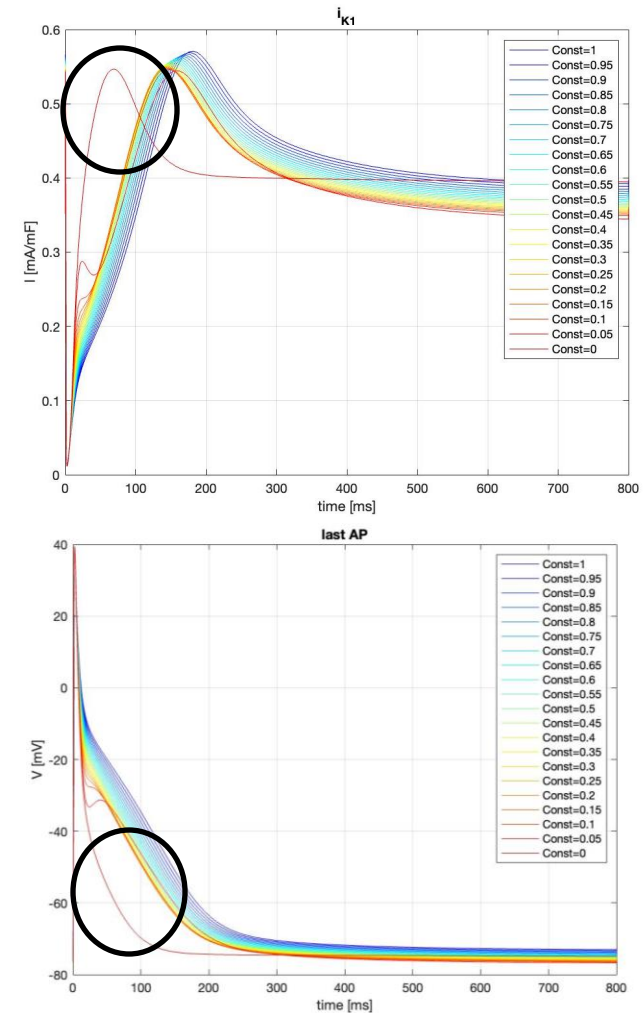


Results and discussion: APD_{90}

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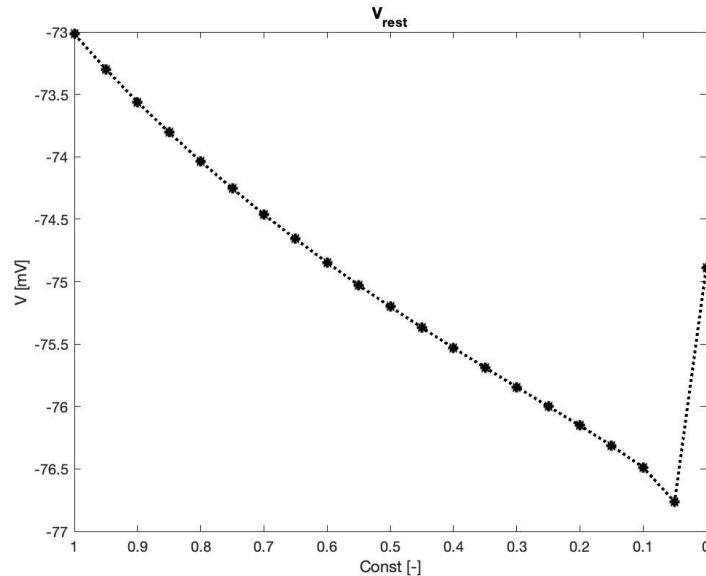


- For **low values** of $Const$, APD_{90} **increases** slightly → an early peak appears in I_{K1} → distortion in the AP
- For **$Const = 0$** , APD_{90} **decreases** → **no Ca** and I_{K1} peak appears **earlier** → more rapid repolarization



Results and discussion: V_{rest}

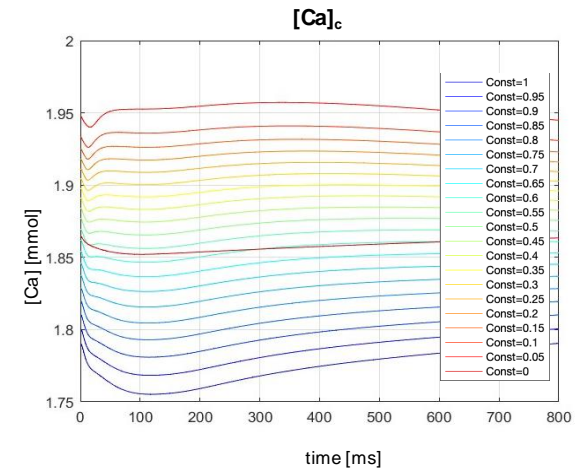
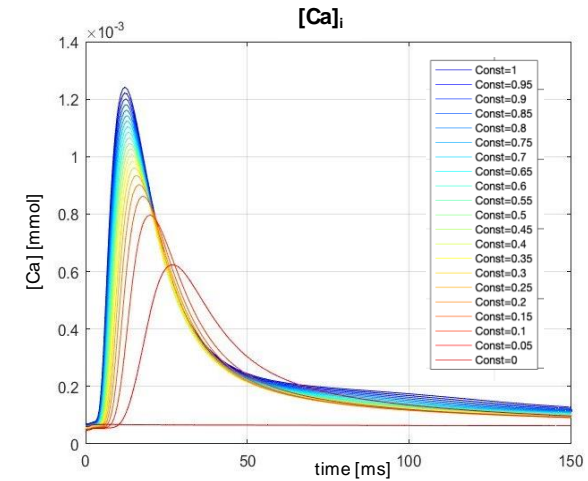
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➤ In general, V_{rest} **decreases** → GHK equation

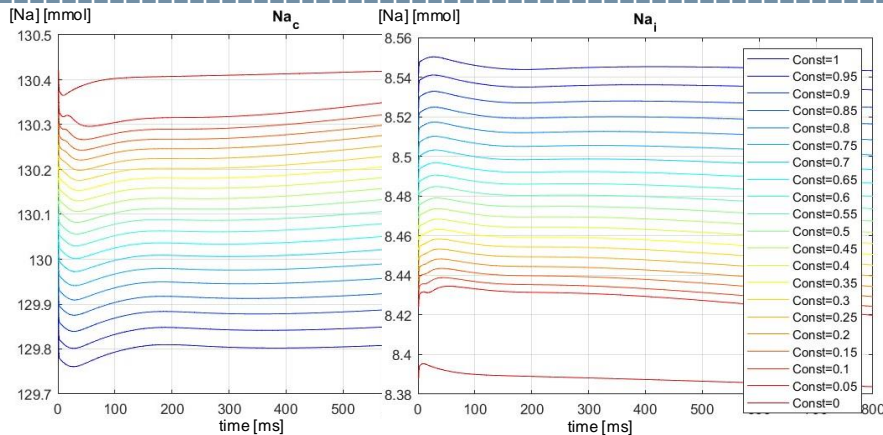
$$V_{rest} = \frac{R * T}{F} * \ln \frac{P_K * [K^+]_o + P_{Na} * [Na^+]_o + P_{Cl} * [Cl^-]_i + P_{Ca} * [Ca^{2+}]_o}{P_K * [K^+]_i + P_{Na} * [Na^+]_i + P_{Cl} * [Cl^-]_o + P_{Ca} * [Ca^{2+}]_i}$$

- $[Ca]_i$ and $[Ca]_c$ vary, but ~ **no effect** on V_{rest} because too low permeability
- Ca_L channel blockage → **effects** on other **currents** → **[K] and [Na] change**
 ↓
 V_{rest} changes

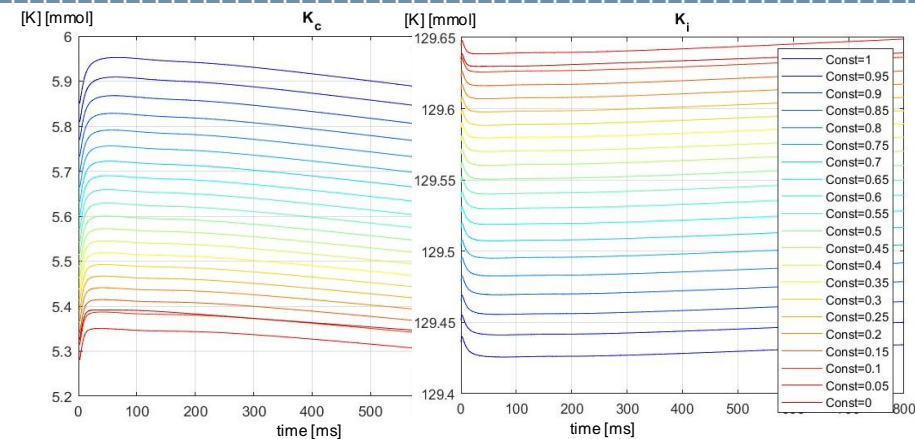


Results and discussion: V_{rest}

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$[Na]_o \uparrow$ $[Na]_i \downarrow \rightarrow$ ratio becomes higher
 $\rightarrow V_{rest}$ should increase

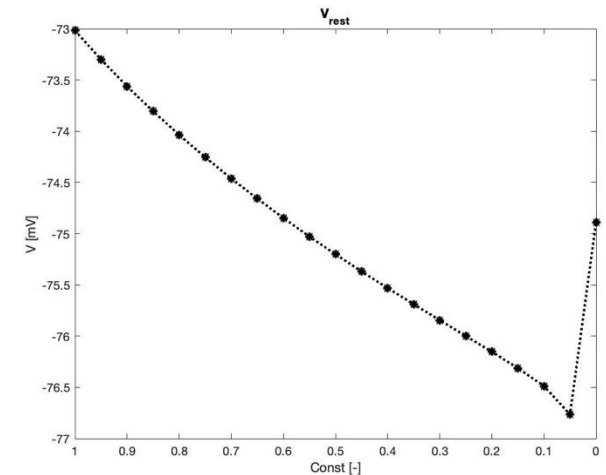


$[K]_o \downarrow$ $[K]_i \uparrow \rightarrow$ ratio becomes lower
 $\rightarrow V_{rest}$ should decrease



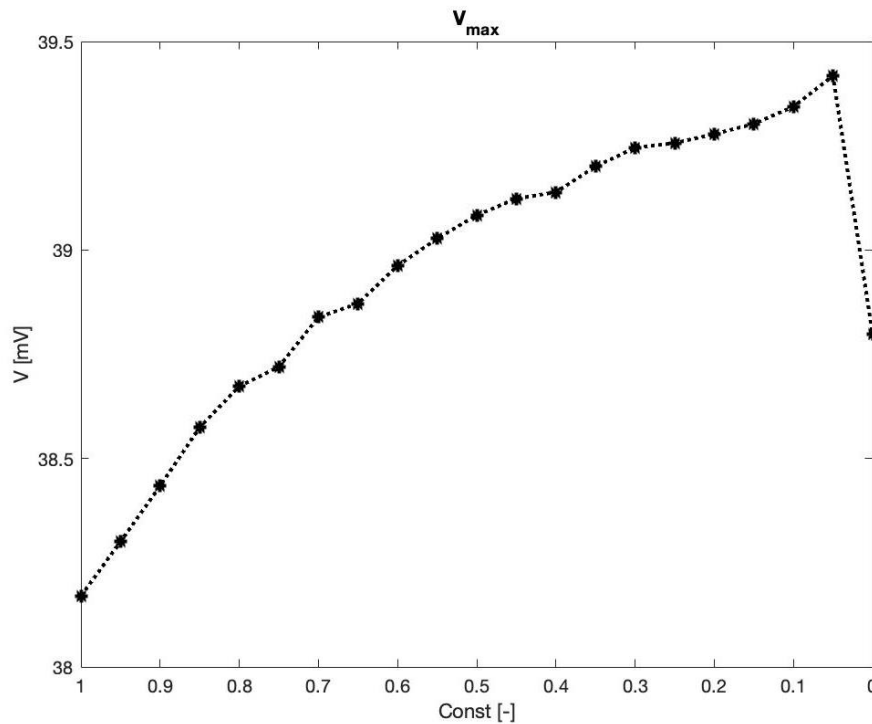
$$V_{rest} = \frac{R \cdot T}{F} \cdot \ln \frac{P_K \cdot [K^+]_o + P_{Na} \cdot [Na^+]_o + P_{Cl} \cdot [Cl^-]_i + P_{Ca} \cdot [Ca^{2+}]_o}{P_K \cdot [K^+]_i + P_{Na} \cdot [Na^+]_i + P_{Cl} \cdot [Cl^-]_o + P_{Ca} \cdot [Ca^{2+}]_i}$$

- In general, V_{rest} **decreases** because $[K]$ has a bigger influence
- For **Const = 0**: $[Na]_i \downarrow$ a lot so V_{rest} **increases** a little



Results and discussion: V_{\max}

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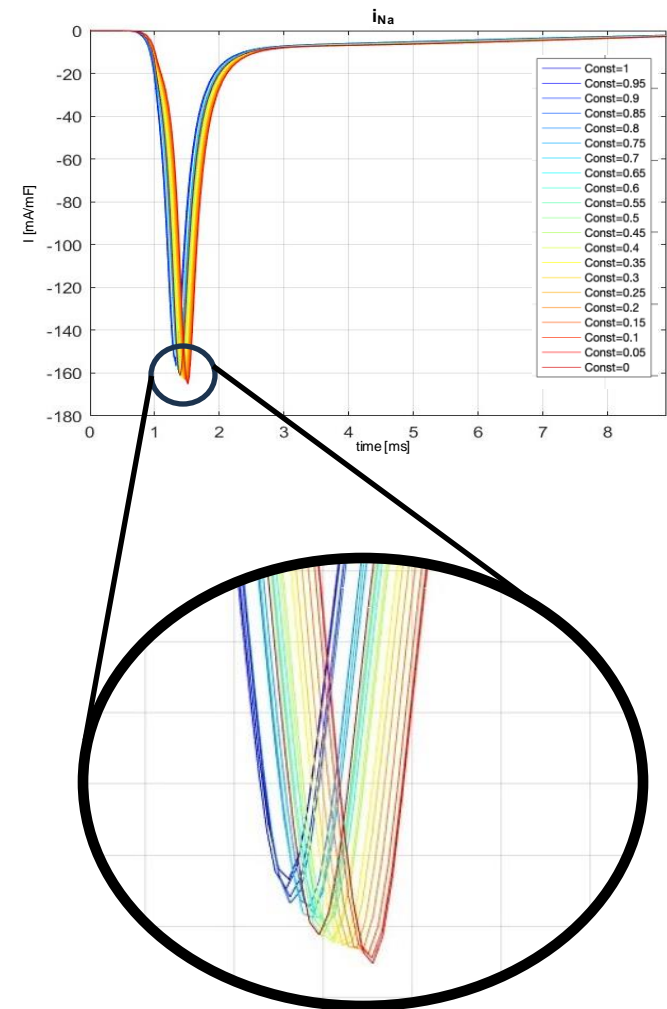


➤ In general :

$i_{Na} \uparrow \rightarrow$ more depolarized \rightarrow **greater** V_{\max} peak

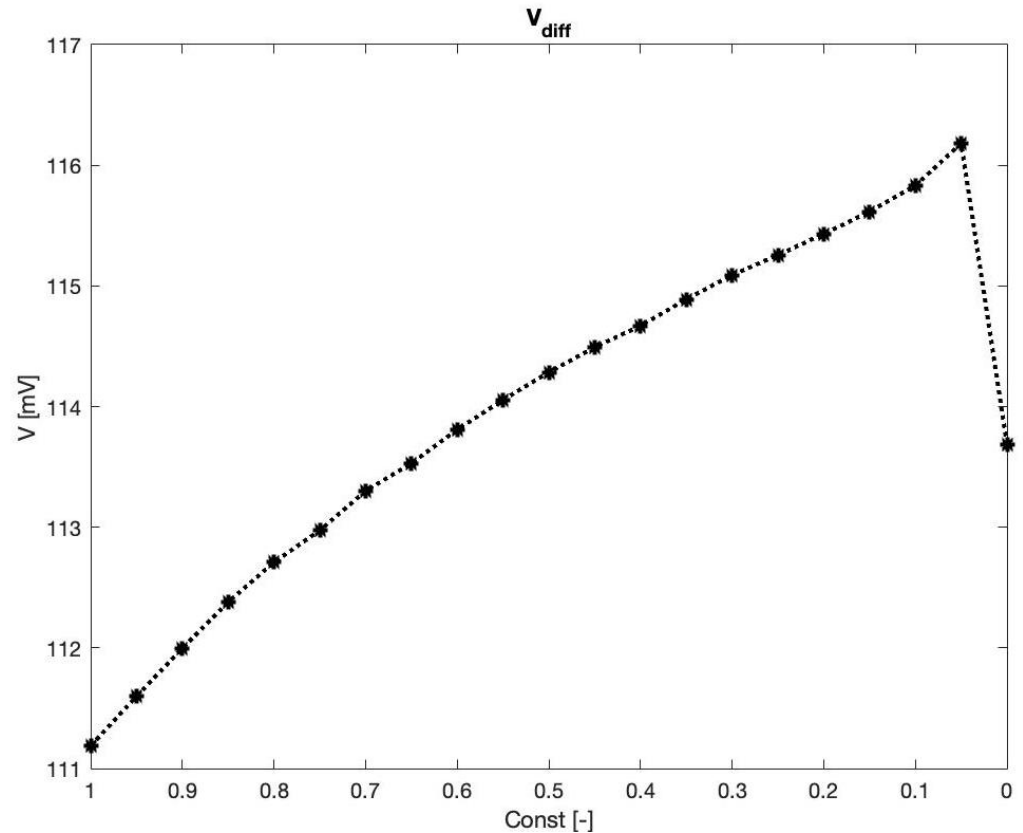
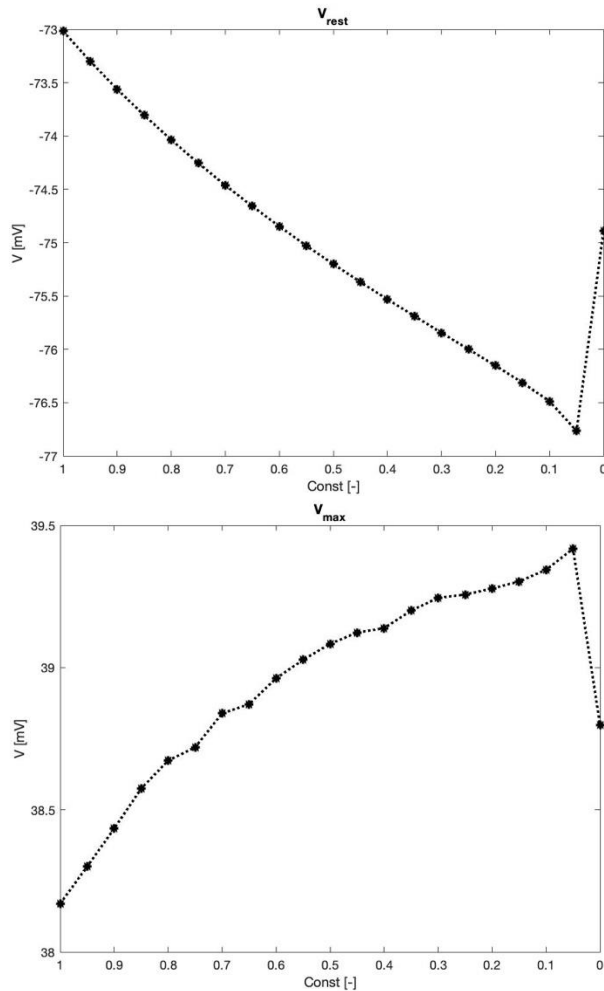
➤ For **Const = 0**

$i_{Na} \downarrow \rightarrow$ less depolarized \rightarrow **decrease** in V_{\max}



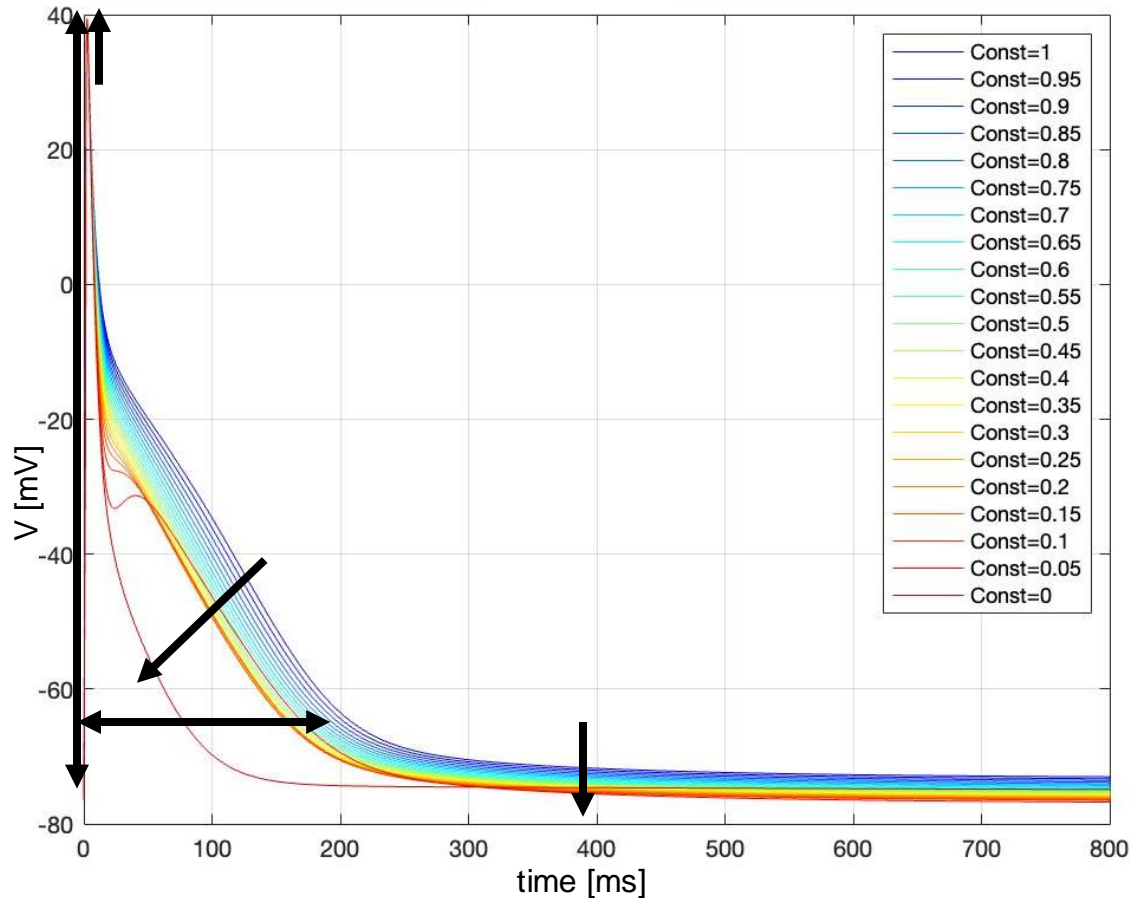
Results and discussion: V_{diff}

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- V_{diff} increases until $\text{Const} = 0.05$
- For $\text{Const} = 0$, V_{diff} falls down

Last AP



In general:

- V_{rest} decreases,
 V_{max} increases
 ↳ V_{diff} increases
- Repolarization more and more rapid → no plateau
- APD_{90} decreases

For low $Const$ values:

- Abnormal behaviour



- Better representation of the currents
- Good representation of human atrial cardiomyocyte bioelectric activity



- Very simplified model (Hodgkin-Huxley formalism and Ca channels)
- Small dataset
- Heterogeneities in AP

- [1] Maleckar, M. M., Greenstein, J. L., Giles, W. R., & Trayanova, N. A. (2009). K⁺ current changes account for the rate dependence of the action potential in the human atrial myocyte. *American Journal of Physiology - Heart and Circulatory Physiology*, 297(4). <https://doi.org/10.1152/ajpheart.00411.2009>
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- [3] Rossi, D., Pierantozzi, E., Amadsun, D. O., Buonocore, S., Rubino, E. M., & Sorrentino, V. (2022). The Sarcoplasmic Reticulum of Skeletal Muscle Cells: A Labyrinth of Membrane Contact Sites. In *Biomolecules* (Vol. 12, Issue 4). MDPI. <https://doi.org/10.3390/biom12040488>
- [4] Shah, K., Seeley, S., Schulz, C., Fisher, J., & Rao, S. G. (2022). Calcium Channels in the Heart: Disease States and Drugs. In *Cells* (Vol. 11, Issue 6). MDPI. <https://doi.org/10.3390/cells11060943>
- [5] mieth-et-al-2013-l-type-calcium-channel-inhibitor-diltiazem-prevents-aneurysm-formation-by-blood-pressure-independent, DOI: 10.1161/HYPERTENSIONAHA.113.01986
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- [7] Gao, B., Zhang, Z., Qian, J., Cao, C., Hua, X., Chu, M., He, X., & Zeng, H. (2015). The Use of Calcium Channel Blockers in the Treatment of Coronary Spasm and Atrioventricular Block. *Cell Biochemistry and Biophysics*, 72(2), 527–531. <https://doi.org/10.1007/s12013-014-0498-z>
- [8] LiverTox: Clinical and Research Information on Drug-Induced Liver Injury [Internet]. Bethesda (MD): National Institute of Diabetes and Digestive and Kidney Diseases; 2012–. Calcium Channel Blockers. 2017 Jan 11. PMID: 31643892
- [9] GORDON M. WAHLER, in Heart Physiology and Pathophysiology (Fourth Edition), 2001



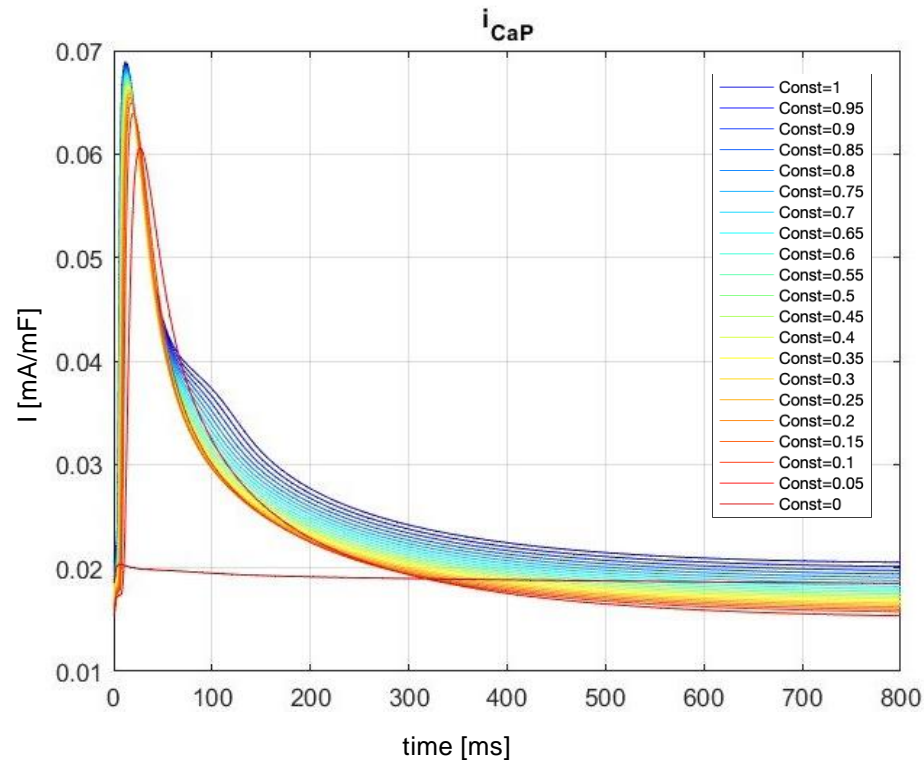
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Thanks for your attention!

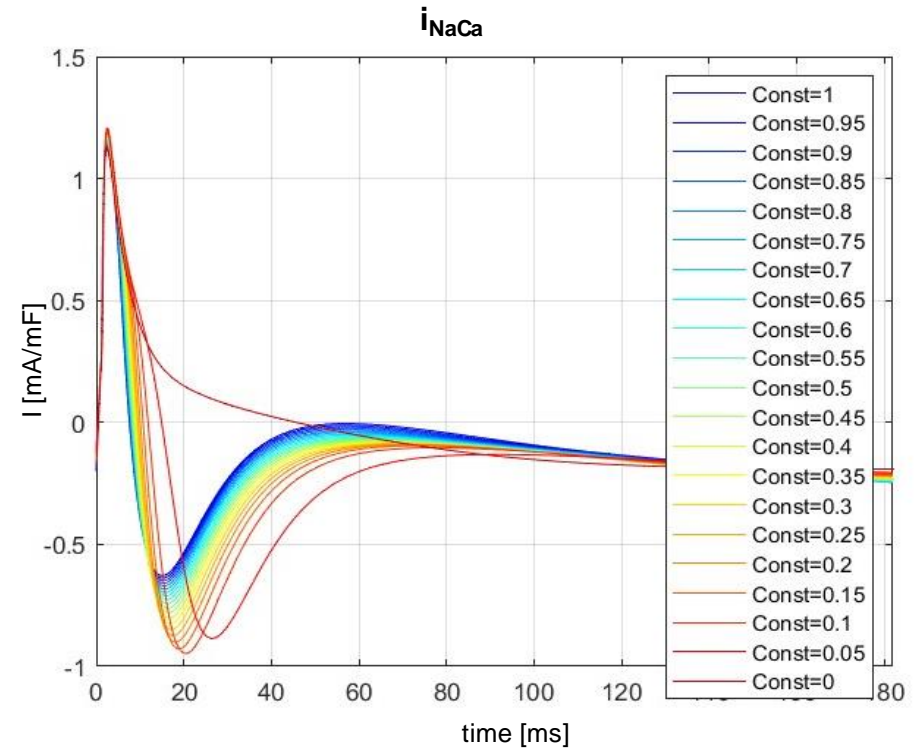
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05 June 2024

Additional slides: Ca currents

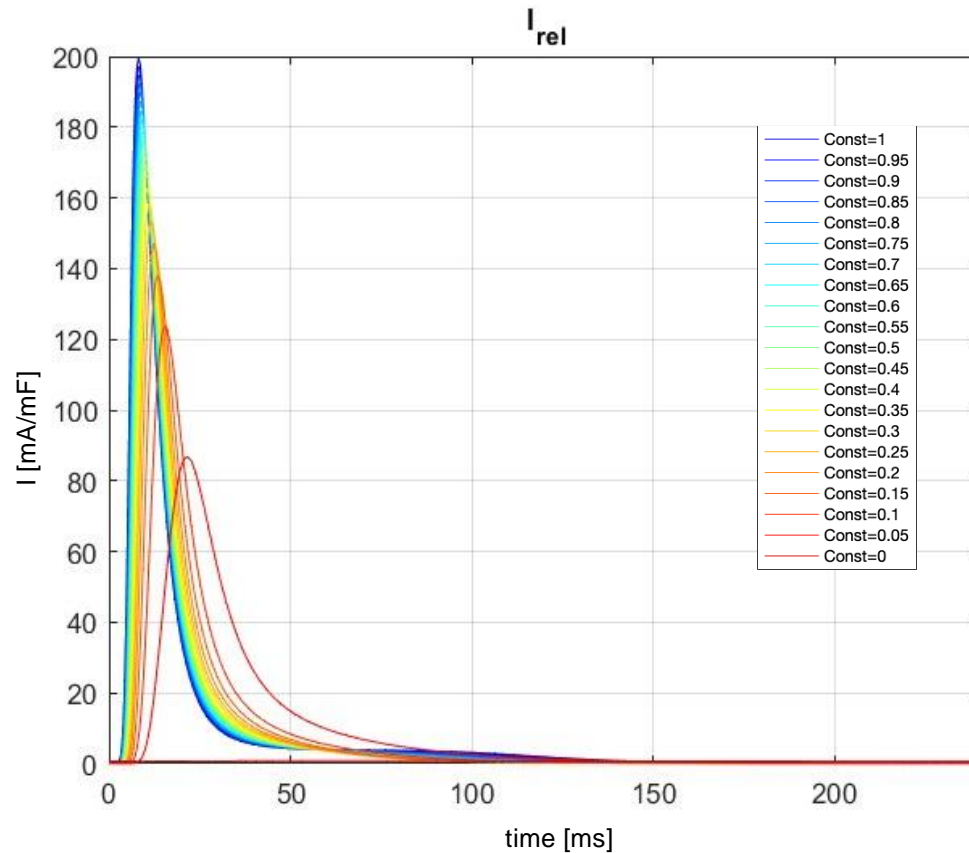


(sarcolemmal Ca pump)



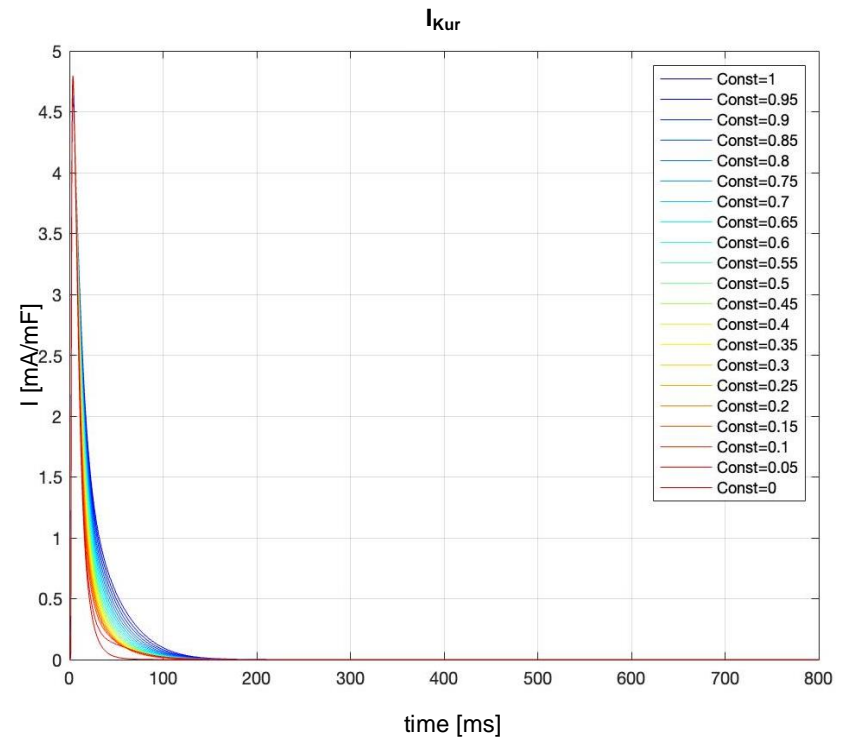
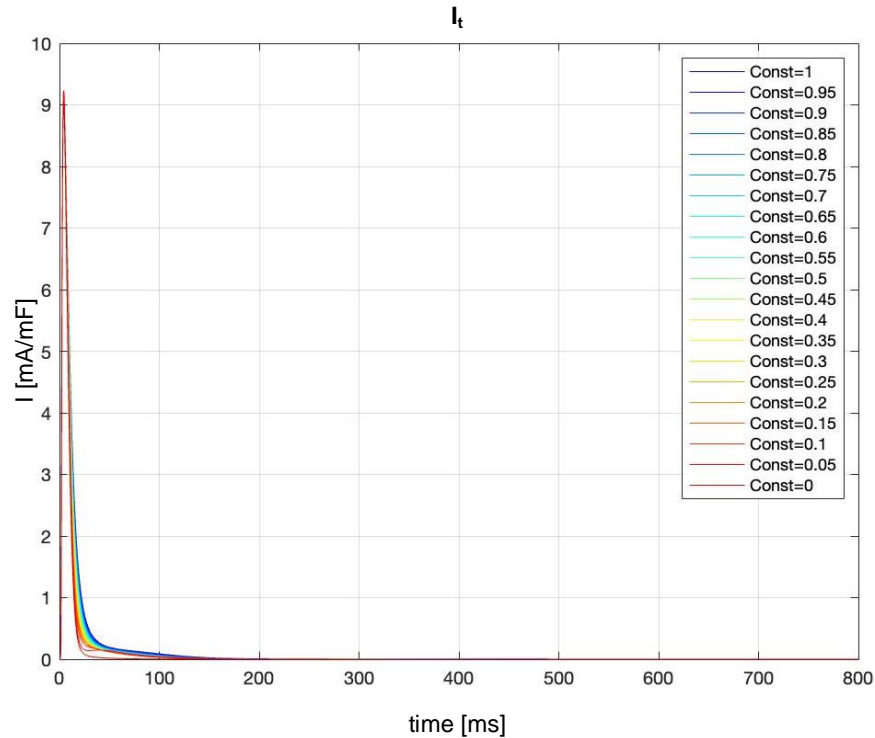
(Na-Ca exchanger)

Additional slides: Ca currents

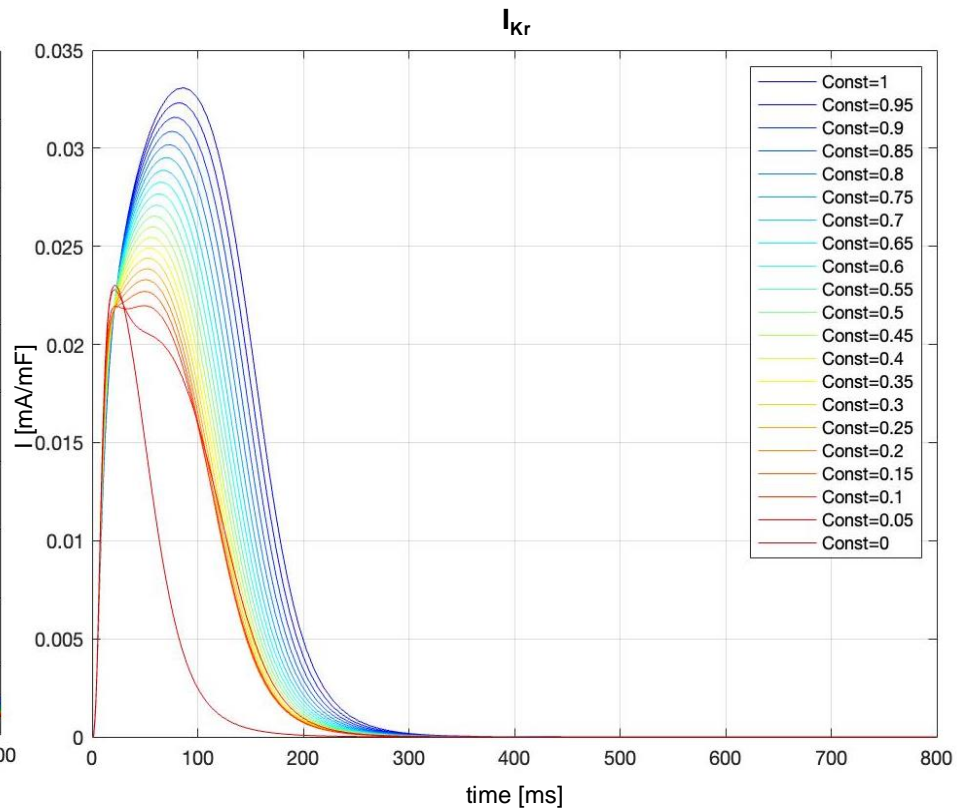
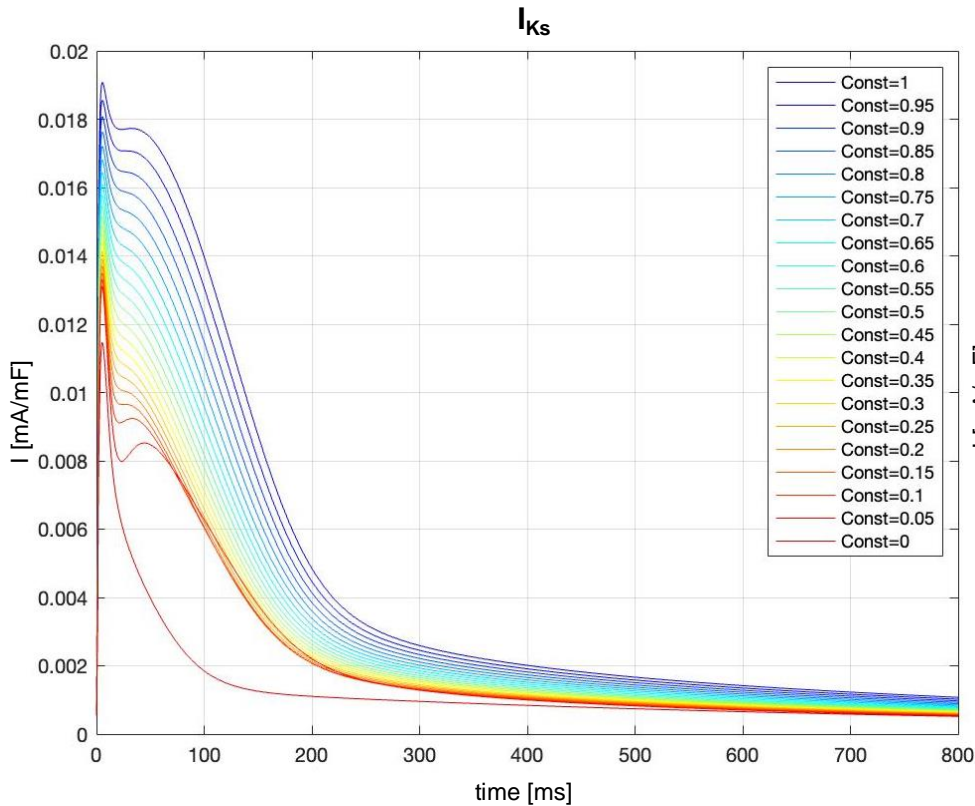


(sarcoplasmic reticulum RyR channel)

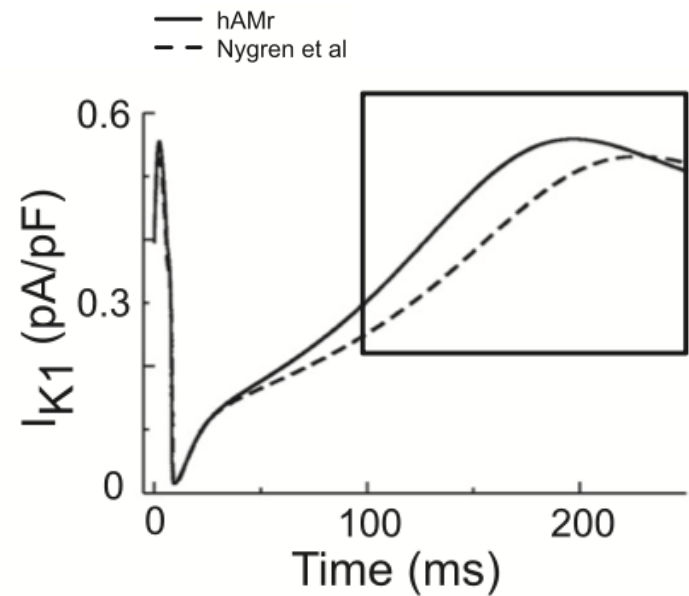
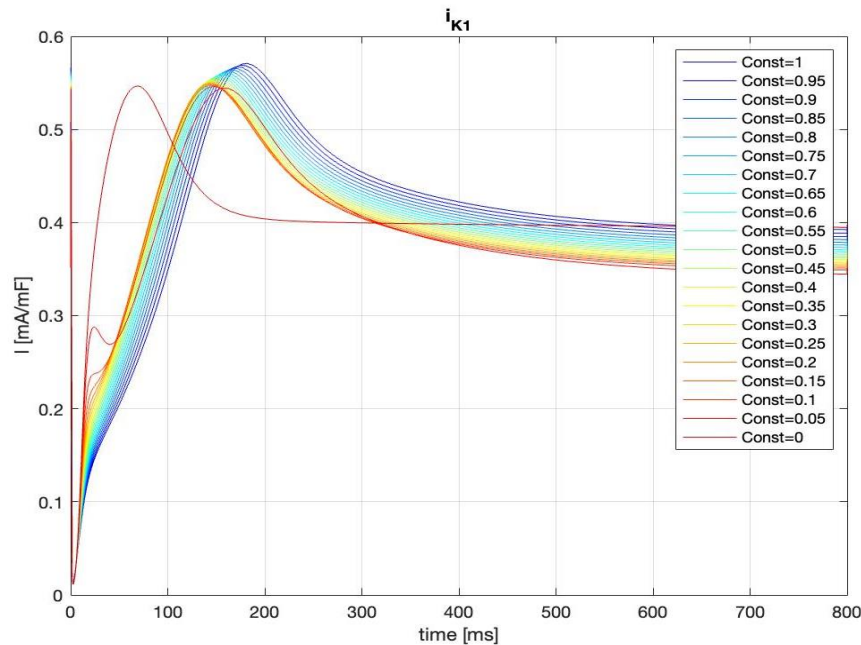
Additional slides: other currents



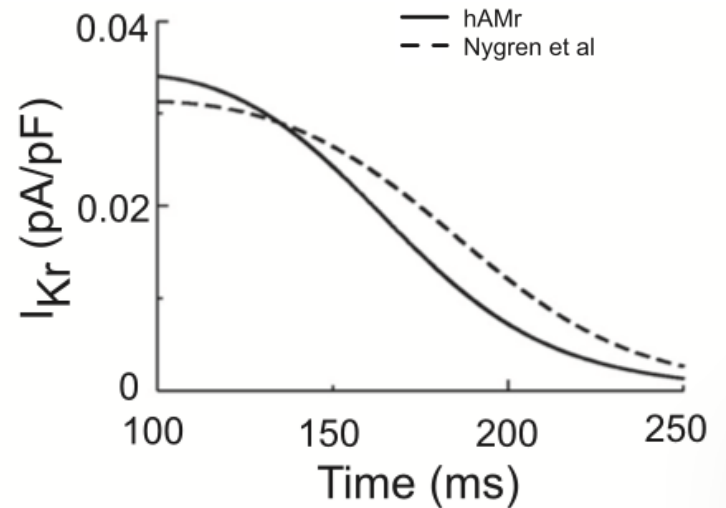
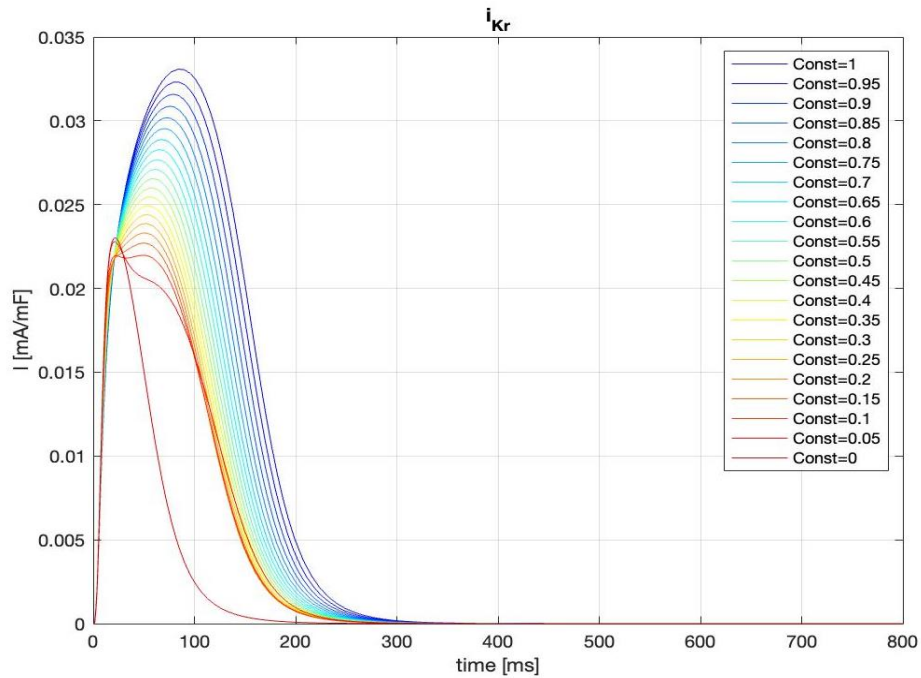
Additional slides: other currents



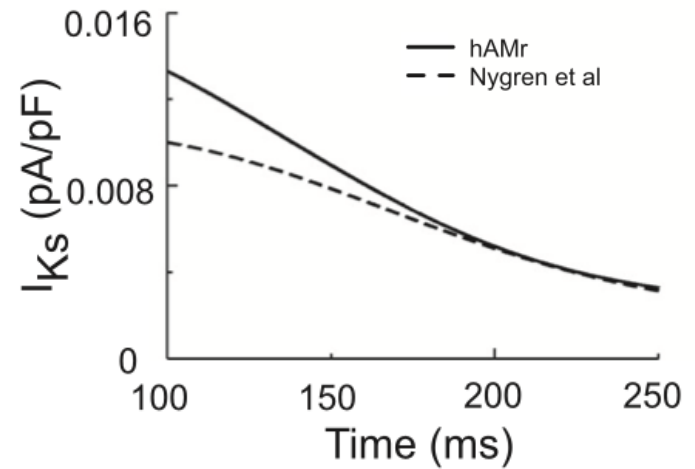
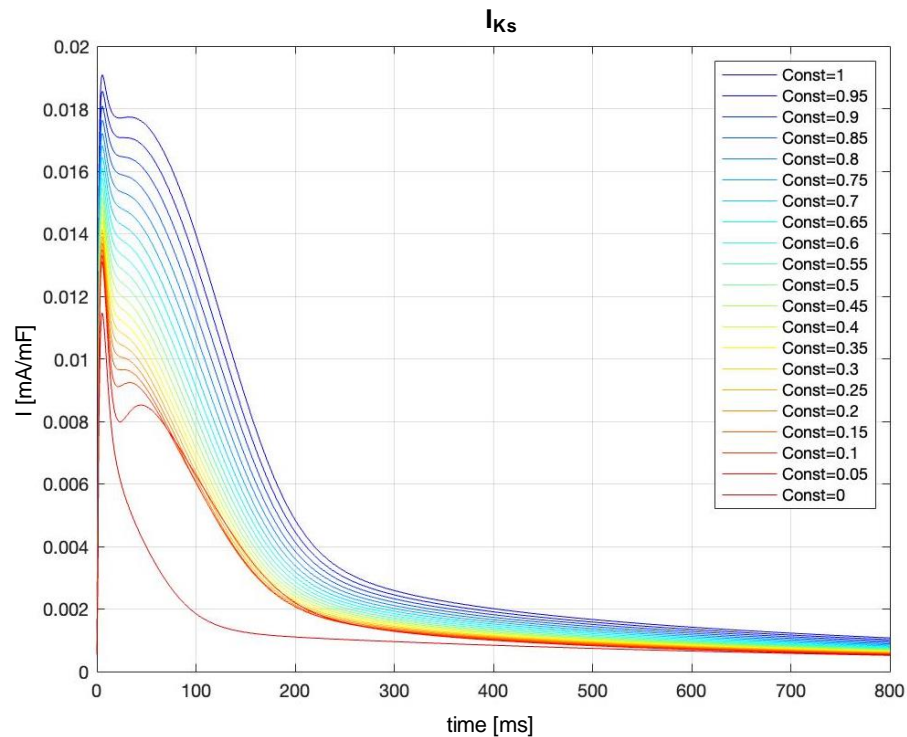
Additional slides: our currents VS model (I_{K1})



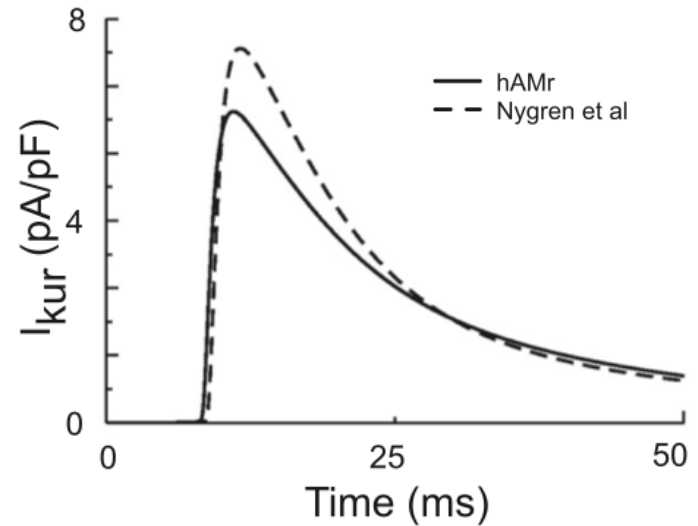
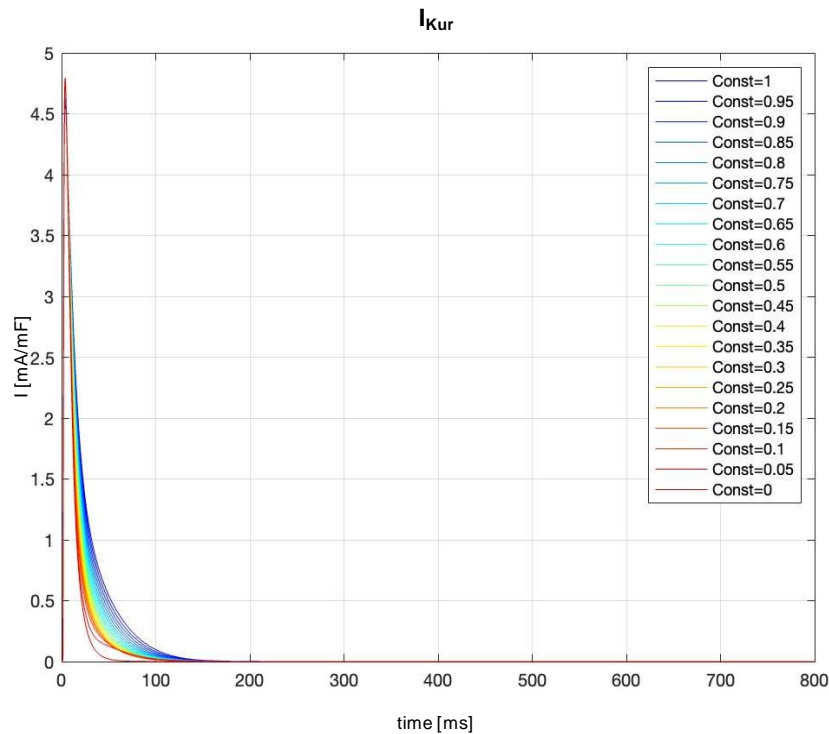
Additional slides: our currents VS model (I_{kr})



Additional slides: our currents VS model (I_{Ks})



Additional slides: our currents VS model (I_{Kur})



Additional slides: our currents VS model (I_t)

