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IN VITRO FUNCTIONAL INTERPLAY BETWEEN PERIVASCULAR ADIPOSE TISSUE AND FLAVONOIDS: CRITICAL ROLE OF BETA3 RECEPTOR AND SUPEROXIDE ANION

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List of Abbreviations

ABC	ATP-binding cassette
ACE1/2	Angiotensin converting enzyme 1/2
ADRF	Adipocyte-derived relaxing factor
AT1R	Angiotensin II receptor type 1
AT2R	Angiotensin II receptor type 2
BK _{Ca}	Large conductance Ca ²⁺ -dependent K ⁺ channel
BMI	Body mass index
CBS	Cystathionine β-synthase
cGMP	Cyclic guanosine monophosphate
COMT	Catechol-O-methyltransferase
COX-1/2	Cyclooxygenases 1/2
CSE	Cystathionine γ-synthase
DAG	Diacylglycerol
eNOS	Endothelial NO synthase
GPCR	G-protein coupled receptors
HDL	High-density lipoprotein
IP3	Inositol 3,4,5-triphosphate
K _{ATP}	ATP-sensitive K^+ channel
K _{ir}	Inward rectifier K^+ channel
KLF-2	Krüpple like factor-2
K _V	Voltage-dependent K ⁺ channel
LDL	Low-density lipoprotein
L-NAME	N-ω-nitro-L-arginine methyl ester
LPH	Lactase phlorizin hydrolase
MLC	Myosin light chain
MLCK	Myosin light chain kinase
MLCP	Myosin light chain phosphatase
NF-kB	Nuclear factor kappa-light-chain enhancer of activated B cells
nNOS	Neuronal NO synthase
Nrf2	Nuclear factor erythroid-derived 2-related factor 2
PAME	Palmitic acid methyl ester
PDCF	PVAT-derived contracting factors

PDRF	PVAT-derived relaxing factors
PGE2	Prostaglandin E2
PGI2	Prostacyclin
РКС	Protein kinase C
PLA2	Phospholipase A2
PPAR-γ	Peroxisome proliferator-activated receptor $\boldsymbol{\gamma}$
PVAT	Perivascular adipose tissue
RAS	Renin-angiotensin system
ROCC	Receptor-operated Ca ²⁺ channels
ROCK	Rho kinase
ROS	Reactive oxygen species
sGC	Soluble guanylyl cyclase
SHR	Spontaneously hypertensive rat
SOCC	Store-operated Ca ²⁺ channels
SOD	Superoxide dismutase
TNF-α	Tumor necrosis factor-α
TXA2	Thromboxane A2
UCP-1	Uncoupling protein-1
VCAM-1	Vascular cell adhesion protein 1
VDCC	Voltage-dependent Ca ²⁺ channel
VLDL	Very low-density lipoprotein
VSMC	Vascular smooth muscle cells

Abstract (in English)

Flavonoids, a class of natural polyphenols abundantly present in our diet, have been shown to exert in vitro vasorelaxant activity. This was ascribed to a direct effect on the smooth muscle or factors released by the endothelium. Nowadays, perivascular adipose tissue (PVAT) is emerging as a fine regulator of blood vessel contractility. Therefore, it is conceivable to hypothesize that flavonoids vasoactivity may occur also through or is influenced, either positively or negatively, by PVATreleased factors. This hypothesis was assessed in vitro on rat aorta rings. Several flavonoids proved to display both antispasmodic and spasmolytic activity towards noradrenaline-induced contraction of rings deprived of PVAT (-PVAT). However, when PVAT was present (+PVAT), both activities of some flavonoids were lost and/or much decreased. In rings-PVAT, the superoxide donor pyrogallol mimicked the effect of PVAT, whereas in rings+PVAT the antioxidant mito-tempol restored both activities of the two most powerful flavonoids, namely apigenin and chrysin. The Rho-kinase inhibitor fasudil, or apigenin and chrysin concentration-dependently relaxed the vessel active tone induced by the Rho-kinase activator NaF; the presence of PVAT counteracted apigenin spasmolytic activity though only in the absence of mito-tempol. Similar results were obtained in rings pre-contracted with phenylephrine. Finally, when β_3 receptors were blocked by SR59230A, the vasorelaxant activity of both flavonoids was no more affected by PVAT. These findings are coherent with the hypothesis that both noradrenaline and apigenin activated adipocyte β_3 receptors with the ensuing release of mitochondrial superoxide anion, which once diffused toward myocytes counteracted flavonoid vasorelaxant activity, thus underlining the control of adipocytes upon the vascular tone. This phenomenon might limit the beneficial health effects of this class of natural compounds in patients affected by either obesity and/or other pathological conditions characterized by sympathetic nerve overactivity.

Abstract (In Italian)

Numerosi studi dimostrano gli effetti benefici sul sistema cardiovascolare esercitati dai flavonoidi assunti con la dieta. Poiché il tessuto adiposo perivascolare (PVAT) ricopre un ruolo attivo nella regolazione del tono vasale, sia in condizioni fisiologiche sia patologiche, è lecito ipotizzare che l'attività vascolare dei flavonoidi possa manifestarsi anche attraverso il o sia influenzata, positivamente o negativamente, da fattori rilasciati dal PVAT. Quest ipotesi è stata valutata utilizzando come modello sperimentale anelli di aorta di ratto in vitro. Diversi flavonoidi tra quelli saggiati esercitavano un'azione sia antispasmodica sia spasmolitica nei confronti della contrazione indotta da noradrenalina in anelli privi di PVAT (-PVAT). Tuttavia, in presenza di PVAT (+PVAT), entrambe le attività venivano ridotte o addirittura perse. In anelli-PVAT, il donatore di anione superossido pirogallolo riproduceva gli effetti osservati in presenza di PVAT, mentre in anelli+PVAT l'antiossidante mitocondriale mito-tempol ripristinava entrambe le attività dei due flavonoidi più efficaci, apigenina e crisina. L'inibitore della Rho-chinasi fasudil, l'apigenina e la crisina rilassavano in maniera concentrazione-dipendente il tono attivo indotto dall'attivatore della Rho-chinasi NaF; la presenza di PVAT antagonizzava l'attività spasmolitica dell'apigenina, anche se solo in assenza di mito-tempol. Risultati simili venivano ottenuti in anelli pre-contratti con fenilefrina. Infine, quando i recettori β₃ venivano bloccati con SR59230A, l'attività vasorilassante di entrambi i flavonoidi non era più influenzata dalla presenza del PVAT. Questi risultati sono coerenti con l'ipotesi che sia la noradrenalina sia l'apigenina attivavano i recettori β_3 degli adipociti con il conseguente rilascio di anione superossido; questo, diffondendo nei sottostanti miociti, antagonizzava l'attività vasorilassante dei due flavonoidi, sottolineando così il controllo esercitato dagli adipociti sul tono vasale. Tale fenomeno potrebbe limitare gli effetti benefici sulla salute umana esercitati da questa classe di composti naturali in pazienti affetti da obesità o altre condizioni patologiche caratterizzate da una elevata attività simpatica.

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CHAPTER 1

INTRODUCTION

1. Introduction

Blood vessels are comprised of three layers. *Tunica intima* is the innermost layer consisting of a single sheet of endothelial cells lining and anchored to the lumen of vessels by a sub-endothelial layer/basal membrane (Milutinović et al., 2020). *Tunica media*, the middle layer, is primarily made of vascular smooth muscle cells (VSMCs) embedded in elastin and collagen fibres. *Tunica adventitia*, the outermost layer, contains fibroblast, *vasa vasorum*, nerves, and immune cells (Stenmark et al., 2013; Ahmed and Warren, 2018). Most blood vessels are surrounded by a fourth layer of adipose tissue called perivascular adipose tissue (PVAT), harbouring mainly adipocytes, resident immune cells (like macrophages, T-cells, and mast cells), perivascular nerves, and endothelial cells (Fig. 1.1). PVAT influences the vascular network in both health and disease states (Majesky, 2015). The following sections discuss these layers, focusing mainly on endothelium, VSMCs, and in more detail PVAT, and their relevance to vascular homeostasis.

1.1 Endothelium

The endothelium, a single layer of cells lining the lumen of the entire vascular system from the heart to the capillaries, contributes to the normal functioning of the vascular system. It forms a physical barrier separating the blood from underlying tissues, controls the movements of macromolecules, regulates vascular tone and blood flow, attenuates VSMCs proliferation and migration, reduces leukocyte adhesion and activation, minimizes platelet aggregation, and prevents thrombus formation (Rajendran et al., 2013; Li et al., 2018). Notably, endothelium exerts these functions by producing numerous factors such as NO, prostacyclins (PGI2), hydrogen peroxide (H_2O_2), and others, which act *via* autocrine, paracrine and/or endocrine modes (Triggle et al., 2012).

In particular, NO is a pivotal signalling molecule synthesized by vascular endothelial cells to coordinate their functions (Forstermann and Sessa, 2011). Ca²⁺-dependent endothelial NO synthesic (eNOS) synthesizes NO from L-arginine. Once synthesized, NO readily diffuses to neighbouring cells to elicit vasodilation of underlying VSMCs, attenuate their proliferation and migration, and or prevent platelet aggregation. In VSMC, NO binding to and the ensuing activation of soluble guanylyl cyclase (sGC) to produce cyclic guanosine monophosphate (cGMP), initiates a signalling cascade leading to VSMC relaxation (Chen et al., 2008).



Figure 1.1. Schematic representation of blood vessel layers and cellular components of each layer.

Another key factor released by the endothelium is PGI₂, a potent vasodilator capable of attenuating VSMCs remodelling and inhibiting platelet activation (Mitchell et al., 2008). PGI2 is synthesized from membrane phospholipids by three enzymes, namely the Ca²⁺-dependent phospholipase A2 (PLA2), cyclooxygenases (COX-1 and COX-2), and PGI2 synthase (Majed and Khalil, 2012). PGI2 synthase is highly expressed in endothelial cells compared to other prostaglandin synthase enzymes accounting for PGI2 as the predominant arachidonic acid metabolite produced by this tissue (Barac and Panza, 2009). Once synthesized, the labile and lipid-soluble molecule PGI2, diffuses to VSMCs and binds to its receptor, a member of G-protein coupled receptors (GPCR), leading to vasodilation (Tanaka et al., 2004).

In addition to NO and PGI2, the endothelium produces other mediators endowed with vasorelaxant and vasoconstricting, pro- and anti-inflammatory, pro- and anti-proliferative, and

pro- and anti-thrombotic activities (Galley and Webster, 2004). In a healthy endothelium, production of these factors is tightly shifted in favour of vasodilator, anti-inflammatory, anti-proliferative, and anti-thrombotic substances. However, disease states causing endothelial dysfunction are characterized by an over-production of pro-oxidants, vasoconstrictors, and pro-inflammatory, pro-proliferative, as well as pro-thrombotic factors (Park and Park, 2015; Jourde-Chiche et al., 2019).

1.2 Vascular smooth muscle cells

VSMCs are the structural and functional unit of blood vessels regulating, in healthy conditions, the degree of contraction and relaxation, and hence vascular tone and blood pressure (Shi et al., 2020). VSMCs are characterized by a quiescent, non-synthetic, contractile phenotype, and express several contractile proteins like α -actin and myosin heavy chains (Lacolley et al., 2017). Their function is controlled by the autonomic nervous system, hormones, and autocrine and paracrine agents produced by both endothelium and PVAT (Owens et al., 2004).

Contraction of VSMCs can be induced by electro-mechanical and/or pharmaco-mechanical coupling. The former involves depolarization of the cell membrane and Ca^{2+} influx through voltage-dependent Ca^{2+} channels (VDCCs). The latter is triggered by pharmacological agents acting on different GPCRs situated on the cell membrane. Receptor activation induces a conformational change resulting in the exchange of heterotrimeric Gq-protein GDP to Gq-GTP followed by dissociation of G-protein into α , and β - γ subunits. The α subunit activates a membrane-bound phospholipase C (PLC), which hydrolyzes membranous phosphatidylinositol 4,5-bisphosphate to inositol 3,4,5-triphosphate (IP₃) and diacylglycerol (DAG). IP3 activates IP3 receptors located on the sarcoplasmic reticulum inducing Ca²⁺ release, while DAG stimulates protein kinase C (PKC) activity that, in turn, phosphorylates receptor-operated, and storeoperated Ca^{2+} channels (ROCCs and SOCCs, respectively), which open allowing Ca^{2+} influx (Amberg and Navedo, 2013; Brozovich et al., 2016; Ringvold and Khalil, 2017). Similarly, PKC phosphorylates and inhibits K⁺ channels causing membrane depolarization, thus favouring VDCCs opening and augmenting Ca^{2+} influx. The formation of the Ca^{2+} -calmodulin complex activates the myosin light chain (MLC) kinase (MLCK) that, in turn, phosphorylates MLC on Ser-19 and stimulates its ATPase activity, thus facilitating actin-myosin cross-linking and triggering muscle contraction (Hong et al., 2011). Simultaneously, also Ca^{2+} sensitivity is

enhanced through, for instance, PKC phosphorylation of phosphorylation-dependent inhibitor of MLC phosphatase (CPI-17) that inhibits myosin light chain phosphatase (MLCP) and prevents removal of the phosphate group from MLC, thus maintaining the contractile status (Hamaguchi et al., 2000; Woodsome et al., 2001). PKC can also trigger muscle contraction by activating the MAPK kinase (MEK)/ERK1/2 pathway and/or Rho-Rho-kinase (ROCK) (Khalil, 2013; Liu and Khalil, 2018). Furthermore, some subtypes of GPCRs activate Rho-Rho-kinase (ROCK) which, in turn, phosphorylates and inhibits MLCP, thus enhancing Ca²⁺ sensitivity and vascular tone (Wynne et al., 2009). A summary of these mechanisms is depicted in Fig. 1.2.



Figure 1.2. Mechanisms of VSMC contraction. Abbreviations: cPKC, active protein kinase C; CaD, caldesmon; DAG, diacylglycerol; C, contracting agent; GPCR, G-protein coupled receptor; inPKC, inactive protein kinase C; IP3R, IP3 receptor; K^+ , K^+ channel; MLCP, myosin light chain phosphatase; ROCC, receptor-operated Ca²⁺ channel; ROCK, rho-kinase; RyR, ryanodine receptor; SOCC, store-operated Ca²⁺ channel; VDCC, voltage-dependent Ca²⁺ channel.

VSMCs relaxation is induced mainly by decreasing $[Ca^{2+}]_i$ and/or Ca^{2+} sensitivity. Several mechanisms contribute to this phenomenon including (1) decreasing Ca^{2+} influx by blockade of VDCCs, ROCCs and/or SOCCs; (2) decreasing Ca^{2+} release from intracellular store sites by inhibiting IP3 or ryanodine receptors; (3) increasing Ca^{2+} extrusion/efflux from the cytoplasm by activating the plasmalemmal Ca^{2+} -ATPase and the Na⁺-Ca²⁺ exchanger; (4) enhancing Ca^{2+} uptake into the sarcoplasmic reticulum by activating the corresponding Ca^{2+} -ATPase; (5) blocking stimulatory GPCRs like α -adrenergic receptors; (6) activating inhibitory GPCRs like β -adrenergic receptors; (7) opening K⁺ channels including large-conductance Ca^{2+} -dependent (BK_{Ca}), voltage-dependent (K_V), ATP-dependent (K_{ATP}), and inward rectifier (K_{ir}) channels; (7) activating protein kinase A and protein kinase G; (8) inhibiting phosphodiesterases; and (9) activating sGC. Additionally, inhibition of PKC and ROCK or any of their downstream players like CPI-17, MLCP, etc., decreases the sensitivity of contracting machinery to Ca^{2+} , thus contributing to VSMC relaxation (Gurney, 1994; Liu and Khalil, 2018). A summary of these mechanisms is depicted in Fig. 1.3.



Figure 1.3. Mechanisms of VSMC relaxation. Abbreviations: AC, adenylyl cyclase; cPKC, active protein kinase C; β -AR, β -adrenergic receptor; Ca²⁺-ATPase, plasmalemmal Ca²⁺-ATPase; cAMP, cyclic adenosine monophosphate; cGMP, cyclic guanosine monophosphate; DAG, diacylglycerol; GPCR, G-protein coupled receptor; inPKC, inactive protein kinase C; IP3R; IP3 receptor; K⁺, K⁺ channel; MLCP, myosin light chain phosphatase; NCX, Na⁺-Ca²⁺ exchanger; PKA, protein kinase A; PKG, protein kinase G; PDEs, phosphodiesterases; R, relaxing agent; R/SOCC, receptor-/store-operated Ca²⁺ channel; ROCK, Rho-kinase; RyR, ryanodine receptor; sCG, soluble guanylyl cyclase; SERCA, sarcoplasmic reticulum Ca²⁺-ATPase; VDCC, voltage-dependent Ca²⁺ channel.

1.3 Perivascular adipose tissue

PVAT is a type of adipose tissue that surrounds all blood vessels except cerebral and pulmonary arteries. Traditionally, PVAT was thought to act solely as a supporting matter, adhering blood vessels to other tissues; therefore, it is usually removed during *in vitro* studies. Three decades ago, Soltis and Cassis (1991) reported that the presence of PVAT attenuates noradrenaline-induced contraction; this effect was ascribed to catecholamine re-uptake into adrenergic nerves. The anti-contractile activity of PVAT was later observed with other vasoconstrictors that are not subjected to neuronal re-uptake (Löhn et al., 2002; Saxton et al., 2018b), thus promoting research to delineate the mechanisms underpinning this phenomenon and assess its role in cardiovascular diseases. Today, PVAT is recognized as an effective regulator of vascular tone and homeostasis *via* outside-in signalling (Nava and Llorens, 2019). Accumulating evidence indicates that PVAT, under certain pathological conditions like obesity, hypertension or diabetes, not only becomes dysfunctional but also exerts deleterious effects on the vasculature by secreting a plethora of procontractile and pro-inflammatory factors (Saxton et al., 2019).

1.3.1 Characteristics of perivascular adipose tissue

PVAT displays several characteristics that distinguish it from other vascular bed layers or adipose tissues. First, it is not separated from the underlying blood vessel by a physical layer or an elastic lamina being rather in direct contact with the *tunica adventitia*. This allows factors produced by PVAT to directly affect blood vessels in a paracrine mode or *via* the *vasa vasorum* present within PVAT itself (Rajsheker et al., 2010). Second, unlike *tunica intima* and *tunica media* that are formed solely of endothelial cells and VSMCs, respectively, PVAT hosts pre- and mature adipocytes, endothelial cells derived from *vasa vasorum*, mesenchymal stem cells, and

immune cells including macrophages and lymphocytes (T and B cells), though adipocytes are the predominant cells. This cellular heterogeneity may be altered under certain pathological conditions such as inflammation, characterized by increased infiltration of macrophages (Fernández-Alfonso et al., 2017; Kumar et al., 2020). Third, PVAT adipocytes may originate from progenitors of the neighbouring cells such as VSMCs. Peroxisome proliferator-activated receptor gamma (PPAR- γ) is the master regulator of this adipogenic differentiation as its deletion in VSMCs results in a complete loss of PVAT in both thoracic and abdominal aorta, as well as in mesenteric arteries (Chang et al., 2012a). Additionally, PVAT situated in the aortic arch is believed to develop from neural crest cells, which can differentiate into brown and white adipocytes (Fu et al., 2019). Moreover, PVAT hosts multipotent mesenchymal stem cells that can differentiate into VSMCs or adipocytes, thus contributing to vascular remodelling (Pan et al., 2019). Fourth, PVAT displays phenotypic heterogeneity depending on the vascular bed, species, age, and/or disease status. For example, PVAT surrounding rat thoracic aorta exhibits a brown adipose tissue phenotype characterized by the presence of small lipid droplets, numerous mitochondria, and the expression of thermogenic genes such as uncoupling protein-1 (UCP-1). However, adult human aortic PVAT exhibits a white adipose tissue phenotype. Unlike thoracic PVAT, abdominal aortic PVAT is a mixture of white and brown adipose tissues, whereas that surrounding the mesenteric artery resembles white adipose tissue in both humans and rodents being characterized by the presence of large lipid droplets, few mitochondria, and a limited expression of UCP-1 (Gil-Ortega et al., 2015). Fifth, some pieces of evidence support the presence within PVAT of sensory and sympathetic innervation (Abu Baker et al., 2017; Saxton et al., 2018) essential for the release of leptin and adiponectin, respectively. However, these nerves might simply cross PVAT to reach the tunica adventitia or media. Further studies are required to demonstrate or rule out a direct innervation of PVAT.

Finally, PVAT contains functional catecholamines independent of sympathetic nerves but sensitive to tyramine (Ayala-Lopez et al., 2014). In this context, it can act as a buffer for noradrenaline released from sympathetic fibres and transported into PVAT *via* organic cation transporter 3, thereby preventing catecholamines from reaching blood vessels and causing contraction (Saxton et al., 2018a; Ahmad et al., 2019b).

1.3.2 Perivascular adipose tissue regulates vascular tone

A decade later to the seminal study by Soltis and Cassis (1991) demonstrating in rat thoracic aorta the anti-contractile effect of PVAT toward noradrenaline, Gollasch and colleagues observed that PVAT antagonizes the response to other vasoconstrictors, which are not subjected to neuronal reuptake (i.e., phenylephrine and angiotensin II) and to serotonin, which can be taken up by neurons. This antagonism was attenuated by the K_{ATP} channel blocker glibenclamide and the tyrosine kinase inhibitor genistein, but was unaffected by other K⁺ channel blockers (tetraethylammonium, 4-aminopyridine, and Ba²⁺), by eNOS, COX-1/2, or cytochrome P450 inhibitors, or endothelium denudation. Noticeably, transferring solution from vessel rings with an intact PVAT (donor) to preparations deprived of PVAT (acceptor) caused a significant relaxation. The authors proposed that PVAT releases one or more factors (of unknown identity) termed adipocyte-derived relaxing factor (ADRF) (Löhn et al., 2002). ADRF release depends on extracellular Ca²⁺ and is tuned by protein tyrosine kinase and protein kinase A without involving perivascular nerve endings or neuronal presynaptic Na⁺ and N-type Ca²⁺ channels, as well as vanilloid, cannabinoid, and calcitonin gene-related peptide receptors (Dubrovska et al., 2004).

Later, Gao et al. (2007) found that PVAT anti-contractile effect is mediated by two distinct pathways: endothelium-dependent and endothelium-independent. The former involves transferable factors, which stimulate eNOS that, in turn, activates BK_{Ca} channels. The latter involves H_2O_2 , which activates sGC. Noticeably, the anti-contractile effect of PVAT was also reported in other species including humans (Gao et al., 2005) and mice (Agabiti-Rosei et al., 2014).

In rat mesenteric arteries PVAT can also potentiate the response to perivascular neuronal activation elicited by electrical field stimulation in rat mesenteric arteries (Gao et al., 2006; Lu et al., 2010). Nowadays, it is well-established that PVAT influences vascular tone releasing numerous pro-contractile [known as PVAT-derived contracting factors (PDCFs)] and anti-contractile factors [PVAT-derived relaxing factors (PDRFs); Fig. 1.4]. Accordingly, the mechanisms of action triggered by these mediators have been explored to some extent, and PVAT therapeutic potential highlighted (Akoumianakis et al., 2017; Man et al., 2020).



Figure 1.4. PVAT derived pro-contractile and anti-contractile factors. Abbreviations: Ang 1-7, angiotensin 1-7; Ang II, angiotensin II. PAME, palmitic acid methyl ester; PGI₂, prostacyclin; PGE₂, prostaglandin E_2 ; and PGF2 α , prostaglandin 2 α .

1.3.3 Anti-contractile factors released by perivascular adipose tissue

Similar to the endothelium, PVAT regulates vascular tone by synthesizing and secreting factors that act in a paracrine mode on the underlying VSMCs. Several PDRFs have been identified by different laboratories in various species and/or vascular beds: gasotransmitters (NO, H₂S), small molecules (H₂O₂, PGI2, palmitic acid methyl ester (PAME)), and adipocytokines (adiponectin, angiotensin 1-7, apelin, leptin, omentin) (Fig. 1.5). In this complex scenario, the search for selective drug modulating PVAT activity appears rather difficult.



Figure 1.5. Mechanisms triggered by anti-contractile factors produced by PVAT. Abbreviation: Ang 1-7, angiotensin 1-7; β_3 -AR, β_3 -adrenergic receptor; CSE, cystathionine γ -lyase; ECs, endothelial cells; eNOS, endothelial nitric oxide synthase; PAME, palmitic acid methyl ester; PGI₂, prostacyclin; PGE₂, prostaglandin E₂; RAS, renin-angiotensin system; sGC, soluble guanylyl cyclase; SOD, superoxide dismutase; PVAT, perivascular adipose tissue; and VSMC, vascular smooth muscle cells.

1.3.3.1 Nitric oxide

NO is a gasotransmitter and potent vasodilator, produced mainly by endothelial cells capable of regulating vascular tone and blood homeostasis. Though Löhn and colleagues (2002) showed that the anti-contractile effect of PVAT is not dependent on NO synthesis, subsequently consistent studies revealed that NO is produced within PVAT and contributes to its anti-contractile effect (Dashwood et al., 2007; Gil-Ortega et al., 2010; Bussey et al., 2016; Victorio et al., 2016). Indeed, eNOS is expressed in PVAT adipocytes and endothelial cells of *vasa vasorum* within PVAT (Dashwood et al., 2007). Interestingly, NO derived from neuronal NOS (nNOS)

also contributes to the anti-contractile effect of PVAT (Nóbrega et al., 2019). Vasoconstriction triggered by the eNOS inhibitor N- ω -nitro-L-arginine methyl ester (L-NAME), in fact, is potentiated in the presence of PVAT suggesting that also PVAT-derived NO contributes to the overall basal NO production (Virdis et al., 2015). Similarly, L-NAME significantly enhances the response of endothelium-denuded PVAT-intact rat mesenteric preparations to noradrenaline, supporting the involvement of PVAT-derived NO in its anti-contractile effect (Aghamohammadzadeh et al., 2015). It is hypothesized that NO diffuses from PVAT to the neighbouring VSMCs and elicits vasodilation either *via* activation of the sGC-cGMP pathway and/or directly activating BK_{Ca} channels, thus hyperpolarizing the membrane (Xia and Li, 2017). In conclusion, NO is produced by PVAT and contributes to the regulation of vascular tone supporting its role as a PDRF.

1.3.3.2 Hydrogen sulfide

 H_2S is a gasotransmitter synthesized endogenously from L-cysteine by the action of cystathionine β-synthase (CBS), and cystathionine γ-synthase (CSE). In the cardiovascular system, H_2S , produced in the endothelium and VSMCs by CSE, exerts vasodilation by activating either endothelial intermediate- and small-conductance Ca^{2+} -activated K^+ channels that hyperpolarize the underlying VSMCs or directly stimulating VSMC K_{ATP} channel and inhibiting Ca_v1.2 channels (Streeter et al., 2012; Lv et al., 2020). PVAT expresses CSE and its anti-contractile effect is significantly decreased by CSE inhibition suggesting that H₂S is a PDRF (Fang et al., 2009; Köhn et al., 2012). PVAT-derived H₂S exerts its effect by activating KCNQ-type K_v channels, but not K_v7.1 (Zavaritskaya et al., 2013; Tsvetkov et al., 2017; Gollasch et al., 2018). In summary, PVAT produces H₂S that mediates its anti-contractile effect by hyperpolarizing the underlying VSMCs.

1.3.3.3 Hydrogen peroxide

 H_2O_2 , a small non-free radical reactive oxygen species (ROS), is recognized as the most pivotal mediator in oxidative signalling. H_2O_2 , produced in both endothelial and VSMCs, plays a critical role in cardiovascular physiology and pathology (Bretón-Romero and Lamas, 2014; Byon et al., 2016). Gao and colleagues (2007) were the first to show the involvement of the $H_2O_2/sGC/cGMP$ pathway in the endothelium-independent anti-contractile effect of PVAT.

Previous findings showed that H_2O_2 indeed induces vasodilation by sGC activation (Hayabuchi et al., 1998; Iesaki et al., 1999). Consistently, in rat thoracic aorta rings, the increase of propoloinduced relaxation caused by the presence of PVAT is significantly blocked by the H_2O_2 scavenger catalase and the sGC inhibitor ODQ (Kassam et al., 2011). Recent studies have confirmed the role of H_2O_2 in the PVAT anti-contractile effect (Costa et al., 2016; Emilova et al., 2016; Nóbrega et al., 2019). In fact, H_2O_2 is produced in PVAT mitochondria by Mn-Superoxide dismutase (SOD) (Costa et al., 2016), cytosolic and extracellular SOD (Gil-Ortega et al., 2014a), and nNOS (Nóbrega et al., 2019). Moreover, PVAT ameliorates endothelial dysfunction caused by an acute dose of ethanol, an effect ascribed to H_2O_2 (Gonzaga et al., 2018). In summary, PVAT-derived H_2O_2 , produced by either mitochondrial or cytoplasmic pathways, diffuses down to VSMCs to mediate endothelium-independent PVAT anti-contractile effect.

1.3.3.4 Prostacyclin

PGI2 is a potent vasodilator produced mainly by the endothelium. Though Lohn et al. (2002) did not detect PGI2 among the PVAT factors mediating its anti-contractile effect, several studies have shown that it is produced by PVAT and contributes to its anti-contractile effect. In particular, this was observed in male Wistar-Kyoto rats (Zeng et al., 2009), in mice mesenteric arteries where the anti-contractile effect towards noradrenaline is inhibited by the cyclooxygenase inhibitor indomethacin (Lynch et al., 2013) and its level decrease with age or obesity (Chang et al., 2012b), in the human saphenous vein where the level of vasodilating prostaglandin E2 (PGE2) and PGI2 is markedly high (Ozen et al., 2013), and in male Wistar Hannover rats subjected to sepsis where PVAT anti-contractile effect decreases in the presence of indomethacin or the selective PGI2 receptor antagonist Ro1138452 while the level of superoxide anion and 6-keto-prostaglandin F1 α (stable products of prostacyclin) increase (Awata et al., 2019). Finally, PVAT of mesenteric arteries from spontaneously hypertensive obese and Wistar-Kyoto rats shows enhanced COX-2 activity and releases PGE2, PGI2 and TXA2 (the latter is a pro-contractile factor) (Mendizábal et al., 2013). Taken together, these observations suggested that prostacyclin is synthesized by PVAT and contributes to its anti-contractile effect.

1.3.3.5 Palmitic acid methyl ester

PAME, a free fatty acid ester and a potent vasodilator released from the sympathetic ganglion (Lee et al., 2019), was first identified in aortic PVAT of Wistar Kyoto rats: its release is spontaneous and Ca²⁺-dependent and causes vasodilation by opening 4-aminopyridine-sensitive K⁺ channels. Both release and vasorelaxation are significantly reduced in spontaneously hypertensive rats (SHR) (Lee et al., 2011). Recently, in rat aorta and human mesenteric rings, PVAT exerts an anti-contractile effect on serotonin that is abolished by XE991, a K_V7 channel blocker (Wang et al., 2018). However, PAME induces vasodilation only in rat aorta, where it is also detected in PVAT (Wang et al., 2018). Interestingly, Liu et al. (2020) demonstrated that catechol-O-methyltransferase (COMT) is involved in PAME biosynthesis from palmitic acid and that both 3T3-L1 adipocytes and rat aortic PVAT express membrane-bound- and soluble-COMT proteins. Noticeably, the level of these enzymes is significantly reduced in SHR, suggesting a role for PAME in hypertension. These studies suggest that PAME is a PDRF that contributes to PVAT anti-contractile effect in various vascular beds.

1.3.3.6 Angiotensin 1-7

Angiotensin 1-7, a heptapeptide (Asp-Arg-Val-Tyr-Ile-His-Pro) produced by the cleavage of angiotensin I or angiotensin II, counterbalances almost all physiological effects of angiotensin II (Ferrario et al., 2005). Though angiotensin 1-7 is produced mainly by endothelial cells and cardiomyocytes, PVAT contains complete renin-angiotensin system (RAS) components including renin, angiotensin I, angiotensin II, angiotensin 1-7, angiotensin-converting enzyme 1 (ACE1), ACE2, angiotensin II receptor type 1 (AT1R), and angiotensin II receptor type II (AT2R) (Averill et al., 2003; Galvez-Prieto et al., 2008). Angiotensin 1-7 was detected in aortic PVAT of Wistar rats where it exerts an endothelium-dependent anti-contractile effect. Of note, angiotensin 1-7 acts on the GPCR Mas (Santos et al., 2003), which is expressed in endothelial cells, VSMCs, and PVAT (Miao and Li, 2012). In fact, the anti-contractile effect is abolished by L-NAME, NO scavengers, the Mas receptor blocker A779, and the ACE2 inhibitor DX600 (Lee et al., 2009). In summary, PVAT produces angiotensin 1-7 that acts on endothelial cells *via* the Mas receptor thus contributing to its anti-contractile effect.

1.3.3.7 Adiponectin

Adiponectin is a hormone or adipokine, secreted mainly by adipose tissues, to regulate several physiological functions including metabolism and vascular tone (Achari and Jain, 2017). Fésüs et al. (2007) demonstrated that similarly to PVAT, it reduces serotonin-induced vasoconstriction by activating K_V channels. However, the anti-contractile effect of PVAT in adiponectin gene-deficient mice is similar to that of wild-type animals, suggesting that it cannot be considered a PDRF candidate. This conclusion has been challenged by other studies showing that this hormone is a local vasodilator and a PDRF (Greenstein et al., 2009; Lynch et al., 2013; Withers et al., 2014). More recently, Withers et al. (2017) found that PVAT of eosinophil-deficient mice loses its anti-contractile activity which can be restored by eosinophil reconstitution. The authors demonstrated that adiponectin and NO are released from adipocytes upon activation of adipocyte β_3 -adrenoceptors by catecholamines released from eosinophils. Furthermore, mice fed a high-fat diet exhibit reduced AMPK phosphorylation and adiponectin secretion, along with the loss of the anti-contractile effect of aortic PVAT. This phenomenon is reproduced in AMPK α_1 knockout mice (Almabrouk et al., 2017; Almabrouk et al., 2018).

Adiponectin-induced vasodilation has been ascribed to numerous mechanisms including: stimulation of eNOS activity and enhanced biosynthesis of its substrate tetrahydrobiopterin (Chen et al., 2003; Xia and Li, 2017); direct activation of VSMC BK_{Ca} or K_V channels or indirect stimulation through NO release from adipocytes (Fésüs et al., 2007; Lynch et al., 2013; Withers et al., 2014); and VSMC NADPH oxidase inhibition *via* a PI3K/Akt-mediated block of Rac1 and down-regulation of p22phox gene expression (Antonopoulos et al., 2015). Altogether, adiponectin is a potent PVAT-derived vasodilator that contributes to its anti-contractile effect, at least in mouse species.

1.3.3.8 Leptin

Leptin is a hormone produced mainly by adipose tissue to regulate appetite and energy expenditure. Under physiological conditions, leptin stimulates the sympathetic nervous system (indirectly causing vasoconstriction) and directly induces vasodilation; both processes are in a balanced manner (Gu and Xu, 2013). Vasodilation may occur either through an endothelium-dependent eNOS activation (Vecchione et al., 2002) or endothelium-derived hyperpolarizing

factor (e.g., H₂S) (Jamroz-Wiśniewska et al., 2014) or through an endothelium-independent VSMC hyperpolarization (Momin et al., 2006). PVAT synthesizes and releases leptin in response to sensory nerve activation (Gálvez-Prieto et al., 2012; Fernández-Alfonso et al., 2013; Abu Bakar et al., 2017). However, its role as a possible PDRF remains controversial. Löhn et al. (2002), for instance, showed that leptin is not involved in the anti-contractile effect of PVAT, as Zucker obese rats lacking leptin receptors maintain PVAT activity. On the other hand, Gálvez-Prieto and colleagues (2012) demonstrated that leptin, likewise PVAT, antagonizes the response to angiotensin II. This antagonism is lost in SHR, where leptin mRNA and protein levels are significantly lower as compared to control animals. Therefore, the reduced synthesis of leptin and consequent impairment of eNOS stimulation may account for the loss of the PVAT anticontractile effect. In this regard, it must be underlined that leptin can induce vasoconstriction of thoracic and pulmonary arteries of SHR increasing intracellular Ca^{2+} release and Ca^{2+} influx (Gomart et al., 2017). In Ossabaw swine with metabolic syndrome, PVAT-derived leptin worsens coronary endothelial dysfunction via PKC- β that, in turn, phosphorylates and inactivates eNOS (Payne et al., 2010). Notably, PVAT-derived leptin may also contribute to coronary pathogenesis through a Rho-kinase-mediated mechanism (Noblet, 2016) and may promote neointima formation and obesity-associated diseases (Schroeter et al., 2013). These findings demonstrate that leptin acts either as a PDRF or a PDCF: further studies are needed to clarify its role as a PVAT factor.

1.3.4 Pro-contractile factors released by perivascular adipose tissue

The effect of PVAT on vascular tone is still a matter of debate. Several studies have shown that, besides its anti-contractile effect, PVAT is also capable of potentiating vascular contraction under normal as well as pathological conditions. Owen et al. (2013) observed that the presence of PVAT from lean and obese Ossabaw swine augmented the contraction induced by high KCl in coronary arteries. Similarly, PVAT potentiates the contraction induced by electrical field stimulation in rat superior mesenteric arteries (Gao et al., 2006). Numerous studies have attempted to identify the factors released from PVAT that are directly or indirectly involved in this phenomenon. Some of them are detailed below and their mechanisms are depicted in Fig. 1.6.



Figure 1.6. Mechanisms of pro-contractile factors produced by PVAT. Abbreviations: α -AR, α -adrenergic receptors; Ang II, angiotensin II; AT1R, angiotensin II receptor type 1; PGF2 α , prostaglandin F2 α ; PGR, prostaglandin receptor; PVAT, perivascular adipose tissue; RAS, reninangiotensin system; TXA2, thromboxane A2; and VSMC, vascular smooth muscle cells.

1.3.4.1 Superoxide anion

Superoxide anion, a free radical produced mainly by NADPH oxidase and mitochondrial electron transport chain complexes, is involved in several pathophysiological processes. In the vasculature, for example, it is produced in the endothelium, smooth muscle cells, and *adventitia* by the action of at least two enzymes: NADPH oxidase and xanthine oxidase (Staiculescu et al., 2014). In rat superior mesenteric arteries, Gao et al. (2006) showed that superoxide anion, produced by PVAT, increases the response to electrical field stimulation. Fluorescent labelling with dihydroethidium detected superoxide anion in PVAT-intact rings, isolated PVAT, and PVAT-derived adipocytes. Potentiation is mimicked by the exogenous superoxide donor pyrogallol, significantly reduced by SOD, NADPH oxidase inhibitors, and indomethacin, and is

not observed in PVAT-denuded rings. Tyrosine kinase and MAPK/ERK pathway inhibitors (i.e., tyrphostin A25 and U0126, respectively) suppress the response of electrical field stimulation in PVAT-intact but not in PVAT-denuded preparations, and attenuate the potentiation of the response operated by pyrogallol. Therefore, PVAT NADPH oxidase generates superoxide anions that potentiate the contraction of electrical field stimulation through a tyrosine kinase- and MAPK/ERK-dependent pathway.

Similarly, mesenteric arteries, isolated from C57BL/6J mice fed a high-fat diet for 32 weeks, lose the anti-contractile effect of PVAT, and exhibit high levels of superoxide anion and NADPH oxidase activity compared to vessels obtained from lean mice. This phenomenon was ascribed to a decreased expression of extracellular SOD and total SOD activity in PVAT, along with a two-fold increase in the ratio of oxidized to reduced glutathione (Gil-Ortega et al., 2014). High levels of superoxide anion and hydrogen peroxide as well as reduced endothelium-dependent vasodilation are observed in abdominal aortic PVAT of male C57Bl/6 mice fed a high-fat diet for 8 months. Finally, the anti-contractile effect of PVAT is abolished in obese mice as compared to lean controls and is partially restored by the NADPH oxidase inhibitor apocynin or the superoxide scavenger tiron (Ketonen et al., 2010). Taken together, these findings suggest that superoxide anions can be considered a PDCF limiting PVAT anti-contractile function under certain pathophysiological conditions.

1.3.4.2 Angiotensin II

Angiotensin II is an endogenous peptide hormone capable of eliciting vasoconstriction, thus increasing blood pressure. Similar to the adipose tissue, PVAT presents all the RAS components including angiotensinogen, angiotensin II, angiotensin 1-7, ACE1, ACE2, renin, AT1R, and AT2R. RAS components vary across the vascular tree: for example, angiotensin II levels are higher in mesenteric PVAT than in periaortic PVAT (Gálvez-Prieto et al., 2008; Cheng et al., 2018). Though its precise function in PVAT is not defined yet, angiotensin II can regulate vascular tone, VSMC growth and migration, as well as vascular remodelling (Miao and Li, 2012). Lu et al. (2010) demonstrated that PVAT-derived angiotensin II is the pro-contractile factor capable of potentiating the response of rat mesenteric arteries to electrical field stimulation. In fact, both inhibition of angiotensin II synthesis by the ACE inhibitor enalaprilat and blockade of AT1R by candesartan antagonize this stimulation in PVAT-intact but not in

PVAT-deprived tissues. Furthermore, likewise PVAT, exogenous angiotensin II augmented the response to electrical field stimulation. PVAT-derived angiotensin II is thought to act directly on AT1R, expressed on both adipocytes and vascular wall, to stimulate superoxide anion production by NADPH oxidase (Lu et al., 2008).

Noticeably, in rat mesenteric arteries, the anti-contractile effect of PVAT was abolished by *in vitro* hypoxic conditions and restored by pre-incubation with both the AT1R antagonist telmisartan and the ACE 2 inhibitor captopril, thus suggesting a role for angiotensin II in hypoxia-mediated loss of PVAT anti-contractile activity (Rosei et al., 2015). Recently, Fontes et al. (2020) showed that the loss of PVAT anti-contractile effect in a rat model of heart failure is caused by an overproduction of angiotensin II: in fact, the blockade of both AT1R and AT2R restored it. In summary, PVAT produces angiotensin II that, in turn, contributes to the loss of its anti-contractile activity under pathological conditions.

1.3.4.3 Prostaglandins

Prostaglandins are a group of arachidonic acid-derived metabolites endowed with diverse physiological activities such as vasodilation, vasoconstriction, as well as pro- and antiinflammatory effects (Ricciotti and FitzGerald, 2011). Meyer et al. (2013) showed that aortic PVAT of monogenic G-protein coupled estrogen receptor-deficient obese or diet-induced obese C57Bl6 mice (but not lean mouse) significantly augments serotonin- and phenylephrine-induced vasoconstriction. This effect is blocked by COX inhibition or partially antagonized by inhibition of either COX-1 or COX-2. Furthermore, TXA2 is detected in the periaortic PVAT of these obese mice. PVAT-derived prostaglandins cause endothelial dysfunction in mesenteric arteries of spontaneously hypertensive obese rats as demonstrated by the reduced response of vessels to acetylcholine-induced vasodilation. This effect is reversed by the blockade of COX-2, TXA2 synthase, as well as PGI2 and TXA2 receptors (Mendizabal et al., 2013). Also, minced PVAT constricts thoracic aorta, carotid, and mesenteric arteries of C57BL/6J mice in an indomethacin-(a nonspecific COX inhibitor) dependent manner (Chang et al., 2012b). Indomethacin and flurbiprofen, another COX inhibitor, abolish PVAT-induced contraction of porcine coronary arteries (Ahmad et al., 2017). Interestingly, this study highlights sex differences in PVAT function because PGF2a receptor antagonist AL8810 attenuates PVAT-induced contraction in males while TXA2 receptor antagonist GR32191B in female's porcine coronary arteries,

respectively (Ahmad et al., 2017). Collectively, these studies point to PVAT-derived prostaglandins as PDCFs counteracting its anti-contractile effect and/or mediating its vasoconstriction.

1.3.4.4 Catecholamines

Catecholamines, produced mainly by the sympathetic nervous system and adrenal medulla, are monoamine neurotransmitters endowed with several functions such as regulation of metabolism and blood pressure. In addition to sympathetic nervous system innervation, PVAT contains its reservoir of catecholamines. A pioneering study by Ayala-Lopez and colleagues (2014), in fact, demonstrated that aortic and mesenteric PVAT of male Wistar rats contain detectable amounts of neurotransmitters; namely noradrenaline, dopamine, and serotonin. These catecholamines are sensitive to the indirect sympathomimetic tyramine, which elicits significantly higher contractions in arteries with intact PVAT compared to preparations devoid of PVAT. Tyramine-induced contraction is reduced by nisoxetine (a noradrenaline transporter inhibitor), tetrabenazine (a vesicular monoamine transporter inhibitor), and prazosin (an α adrenoreceptor antagonist), but not by either dopamine and serotonin transporters inhibition, or celiac ganglionectomy, indicating that noradrenaline release is independent of sympathetic neurons.

The origin of catecholamines in PVAT adipocytes is a matter of debate. First, PVAT adipocytes may synthesize these neurotransmitters *de novo* from their precursors, as they express the enzymes necessary for the synthesis (Stunes et al., 2011; Vargovic et al., 2011; Vargovic et al., 2013). Second, PVAT adipocytes may uptake catecholamines upon their release from the sympathetic nervous system. Indeed, in mesenteric PVAT accumulation of noradrenaline is reduced by nisoxetine, the serotonin transporter inhibitor citalopram, and the organic cation transporter 3 inhibitor corticosterone, as well as by the combinations of nisoxetine + corticosterone or citalopram + corticosterone (Ayala-Lopez et al., 2015). Saxton et al. (2018b) showed that PVAT of C57BL/6J mouse mesenteric arteries exhibits an anti-contractile effect to the electrical field stimulation-induced contraction that was ascribed to noradrenaline uptake into the adipocytes. Furthermore, PVAT adipocytes store noradrenaline *via* a vesicular monoamine transporter 1/2 (Ahmad et al., 2019). Finally, also other cells colonizing PVAT such as macrophages and lymphocytes may contribute to the pool, being capable of synthesizing catecholamines (Josefsson et al., 1996; Sá Gomes et al., 2019).

1.3.4.6 Chemerin

Chemerin, a small multifunctional protein produced mainly by adipose tissues and the liver, exerts a wide spectrum of functions by acting on chemokine-like receptor 1, now formally known as chemerin 1 (Kwiecien et al., 2020). Several reports have shown that PVAT, likewise endothelial cells and VSMC, can produce chemerin 1 (Watts et al., 2013; Darios et al., 2016; Flood and Watts, 2020). Chemerin and its active fragment chemerin-9 constrict various blood vessel preparations and this effect increases following endothelium removal or eNOS inhibition (Watts et al., 2013; Ferland et al., 2017; Omori et al., 2020). The mechanism underpinning chemerin-induced contraction seems to involve inhibitory G-protein and L-type Ca²⁺ channel activation (Ferland et al., 2017). Additionally, chemerin potentiates the contraction induced by other agents such as endothelin-1 (Hanthazi et al., 2015), phenylephrine (Lobato et al., 2012), and electrical field stimulation (Flood and Watts, 2020). As its expression is enhanced in obesity and type 2 diabetes, chemerin may contribute to the loss of PVAT anti-contractile effect observed under these pathological conditions (Sell et al., 2009; Cao et al., 2017). Thus chemerin is a possible PDCF candidate; however, additional direct evidence demonstrating its involvement in PVAT-induced contraction or loss of its anti-contractile effect is needed.

1.4 Flavonoids

Flavonoids, the largest class of plant polyphenols, are synthesized from the amino acid phenylalanine through the shikimic acid pathway (Falcone et al., 2012). In plants, they protect against phytopathogens and ultraviolet radiations, contribute to flower pigmentation and pollinators' attraction, and play key roles in auxin transport, nodulation, as well as mediating plant-plant, plant-microbes, and plant-mammals interactions (Pandey and Rai, 2014; Nabavi et al., 2020). Hence, plants have evolved various metabolic pathways and enzymes involved in flavonoid biosynthesis: up to 9000 different flavonoids have been identified to date and this number is continuously growing (Wang et al., 2018b).

Human consumes a considerable amount of flavonoids from different plant-derived foods and beverages such as fruits, vegetables, tea, coffee, wine, and herbal medicines (Egert and Rimbach, 2011). These natural molecules are pleiotropic compounds endowed with excellent antioxidant, antimicrobial, anti-inflammatory, antidiabetic, antiatherosclerotic, antithrombotic, anticancer,

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and neuro- and cardio-protective activities (Panche et al., 2016; Ayaz et al., 2019). In addition, clinical trials and epidemiological studies have found a significant inverse correlation between flavonoid intake and the incidence of diseases, among others, cardiovascular diseases and cancer (Peterson et al., 2012; Bondonno et al., 2019; Parmenter et al., 2020). The consequent increase in flavonoid market demand warrants production in large amounts; hence, principles of genetic engineering and synthetic biology are currently developed to increase their production either in plants or microorganisms (Zha et al., 2019). Furthermore, several flavonoid supplements and flavonoid-rich foods are present over-the-counter, e.g., lipo-flavonoids, ginkgo Biloba, milk thistle (silymarin), dark chocolate, and others.

1.4.1 Flavonoids: chemistry and classification

Flavonoids are characterized by a diphenylpropane skeleton consisting of 15 carbon atoms arranged into two 6-carbon rings (namely A and B) linked via an oxygen-containing, heterocyclic benzopyran C-ring (Panche et al., 2016). Based on oxidation and saturation of the C ring, or position of the B ring, flavonoids are classified into eight classes: flavone, flavonol, flavanone, flavanonol, isoflavone, flavan-3-ol, anthocyanidins, and chalcone (Fig. 1.7). Flavones have a double bond between C-2 and C-3 and the ketone group at position 4 of the C-ring. Similar to flavones, flavonols have a double bond between C-2 and C-3, a ketone at C-4, plus an OH group at C-3. Unlike flavones, isoflavones have the B ring attached to C-3 instead of C-2. Flavanones, also called dihydroflavones, have a saturated bond between C-2 and C-3 and a ketone group. Flavanonols, also called dihydroflavonols, have a saturated bond between C-2 and C-3 and an OH group at C-3 but lack both the ketone group and the double bond between C-2 and C-3. Chalcones, have the C-ring open. The last class, anthocyanidins, lacks the ketone group but has two double bonds between C-1 and C-2, and C-3 and C-4 (Rauter et al., 2018).

Flavonoids within the same class differ in their substitutions on A- and B-rings, hydroxylation being the most common, particularly at positions 5, 6, 7, 2^{\chi}, 3^{\chi}, 4^{\chi}, and 5^{\chi}. Flavonoids are also found in methylated, acylated, prenylated, phenyl-acylated and, most commonly, glycosylated forms. Besides contributing to flavonoid diversity, these modifications markedly influence their solubility, stability, and reactivity (Kumar and Pandey, 2013; Yang et al., 2015). Flavonoids can

also polymerize, either in plants or artificially, into larger molecules such as tannins or proanthocyanidins (Bridson et al., 2015; Santiago-Medina et al., 2017).



Figure 1.7. Structures and classification of the most common flavonoids

1.4.2 Flavonoids: occurrence and sources

Flavonoids are synthesized and widely distributed in all plant parts including roots, shoots, leaves, flowers, and fruits (Del Valle et al., 2015). Their content varies considerably depending on plant species, geographical area, genetic background, and developmental stage (Mouradov and Spangenberg, 2014). Since flavonoids play a crucial role as protecting agents, biotic and abiotic stressors such as pathogens, drought, temperature, radiation, salinity, and heavy metals also markedly influence their content and accumulation (Mierziak et al., 2014).

Dietary flavonoids can be found in fruits, vegetables, tea, coffee, wine, and herbal medicine (D'Archivio et al., 2007), different classes being characteristic of different plants. Celery, parsley, red peppers, chamomile, spinach, and ginkgo Biloba are rich in flavones (Hostetler et al., 2017). Flavonols are abundantly present in many vegetables, fruits, and beverages such as lettuce, onions, kale, tomatoes, berries, apples, grapes, tea, and red wine (Zhang et al., 2010). Flavanones are found in grapes and *Citrus* fruits such as oranges and lemons: they are responsible for the bitter taste of the juice and peel (Khan et al., 2013; Barreca et al., 2017). Isoflavones, also known as phytoestrogens, are abundant in soybeans and leguminous plants (Křížová et al., 2019). Tea, bananas, apples, blueberries, peaches, and pears are rich in flavan-3-ols or catechins (Auger et al., 2004). Flavanonols are limited in their distribution to *Citrus* fruits and *Glycosmis* species (Lukaseder et al., 2009). Finally, anthocyanidins are predominantly present in flowers and the outer layers of fruits such as cranberries, black currants, grapes, and berries: they confer beautiful colours that depend on pH and chemical modifications of A- and B-rings (Krga and Milenkovic, 2019). The most common flavonoids of each class and their sources are presented in Table 1.1.

1.4.3 Flavonoid intake

Daily flavonoid intake varies qualitatively and quantitatively depending on lifestyle, cultural dietary practices, dietary assessment methods, genetic variation of consumed food, food processing, and socioeconomic status of the individuals (Fanelli Kuczmarski et al., 2018; Ahn-Jarvis et al., 2019; Vieux et al., 2020). Recently, flavonoid intake has been estimated to range from 150 to 600 mg/day with considerable within- and between-individual variation (Escobar-Cévoli et al., 2017). The predominant sources of flavonoids in Western countries (Europe, the USA, and Australia) are tea, wine, citrus fruits, and vegetable juices. The major contributors to the total flavonoid intake in East Asia (China, Korea, and Japan) are soy foods and green tea whereas in the Middle East is black tea (Escobar-Cévoli et al., 2017). Globally, flavanols and pro-anthocyanidins are the most consumed flavonoids with daily intake ranging from 11 mg in Brazil to 629 mg in Australia, depending on tea and fruit consumption (Kent et al., 2015; Miranda et al., 2016). Flavanone intake varies from 5.0 mg in China to 130 mg in Spain, perfectly paralleling the consumption of citrus fruits and juices (Goetz et al., 2016). Flavonol intake seems similar globally with a daily range spanning from 15 to 60 mg/day, with
China, Korea, and Poland presenting the highest values (Chun et al., 2007). Similar to flavonols, the daily intake of anthocyanidins varies from 2.2 mg in Brazil to 60 mg in Northern Italy; this matches well with the ingestion of berries, grapes, and plums (Zamora-Ros et al., 2011). Flavone intake varies from 1 mg/day in the Asian population to 10 mg/day in Southern Europe, the latter arising from the Mediterranean diet (Escobar-Cévoli et al., 2017). Isoflavone intake is normally as low as 1-2 mg/day in Western countries where soy food is less consumed. Strikingly, in the Asian countries where soy foods are routinely consumed, the daily intake of isoflavones may reach 70 mg/day, for example, in China and Korea (He and Chen, 2013).

1.4.4 Flavonoids: absorption, transport, metabolism, and excretion

Except for catechins, flavonoids are generally glycosylated, thus being hydrophilic. Therefore, their absorbance through cellular membranes in the small intestine is enhanced by the enzymatic removal of sugar moieties (Hollman, 2004). Two main absorption pathways allow flavonoids uptake in the small intestine: a) hydrolysis of the glycoside by lactase phlorizin hydrolase (LPH) in the brush border of epithelial cells that readily absorbs the free aglycone (Németh et al., 2003) (LPH has a broad substrate specificity with more affinity toward glucosides, regardless of the aglycone (Day et al., 2000; Day et al., 2003); b) transport of polar glycosides by specific translocators, such as the Na⁺-dependent glucose transporter, into the cytoplasm of epithelial cells, where they are hydrolyzed by a cytosolic β -glucosidase.

In epithelial cells, ATP-binding cassette (ABC) transporters (i.e., P-glycoprotein, multidrug resistance proteins, and breast cancer-resistance protein) pump flavonoids through the basolateral membrane into the bloodstream or back into the intestinal lumen, thus reducing their bioavailability (Williamson et al., 2018). Flavonoids that are not absorbed in the small intestine pass into the colon where they are hydrolyzed and metabolized by intestinal microbiota into phenolic and aromatic compounds and then absorbed into the bloodstream. Notably, the bioavailability of flavonoids is markedly influenced by the dietary source and food matrix in which they are consumed (Petersen et al., 2016; Kamiloglu et al., 2020). For instance, quercetin from onion is 4-fold more readily absorbed than that from apple and tea. As a general rule, flavonoids are absorbed according to the following order: isoflavones > flavonols > flavonols

concomitantly used medications may influence flavonoid absorption (Cassidy and Minihane, 2017; Eker et al., 2020).

Once absorbed from the small intestine into the systemic circulation, flavonoids are transported *via* the portal vein to the liver where they gain access to hepatocytes *via* organic anion transporters and ABC transporters (Wong et al., 2012). Here, they may undergo further phase I metabolism (oxidation or O-demethylation) by cytochrome P450 monooxygenases and/or phase II conjugation reactions by uridine-5-diphosphate glucuronosyltransferases, sulphotransferases, and catechol-O-methyltransferases catalyzing glucuronidation, sulfation, or methylation at different positions (Thilakarathna and Rupasinghe, 2013; Xiaoa and Högger, 2013). Sulfation and glucuronidation produce polar metabolites that are either released into the general circulation or excreted *via* bile acid. Of note, conjugation reactions are very efficient as evidenced by the fact that, in plasma and urine, flavonoids are found almost exclusively as conjugates, whereas aglycones are undetected or present at very low concentrations (Manach and Donovan, 2004). Finally, the ubiquitously expressed ABC transporters are involved either in flavonoid uptake from the circulation into the site of action, or excretion *via* the kidney (Sissung et al., 2014).

Table 1.1. Most common flavonoid	ds and their main sources
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Parent class	Examples	Sources			
Flavonol	Quanaatin	Apple, honey, onion, red grape, cherries, citrus fruit, green leafy vegetable, nuts, broccoli, olive oil,			
	Quercetiii	green tea, red wine, dark cherries, and berries such as blueberries and cranberries			
	Morin	Almond, guava, old fustic, onion, apple, tea, red wine, seaweeds, coffee and cereal grains			
	Myricetin	Black plum, berries, oranges, nuts, tea, red wine, and vegetables e.g., tomato and fennel leave			
	Kaempferol	Saffron, capers, spinach, kale, ginger, Chinese cabbage, broccoli, onion, and cherries			
	Apigenin	Parsley, celery, onions, artichoke, oranges, tea, beer, wine, and herbs such as chamomile, thyme, oregano, and basil			
171	Chrysin	Propolis, honey, passion flowers like <i>Passiflora caerulea</i> and <i>P. incarnata</i> , and <i>Oroxylum indicum</i>			
Flavone	Luteolin	Celery, broccoli, green pepper, parsley, chamomile, tea, carrots, olive oil, navel oranges, and oregano			
	Diosmetin	Citron juice, bergamot juice, orange juice, rosemary, and oregano			
	Genistein	Bean curd, fava beans, soybeans, kudzu (Japanese arrowroot), and lupin			
	Daidzein	Soybeans (green, mature, cooked or boiled), black beans, currants and raisins			
Isoflavone	Biochanin A	Clovers (zigzag, crimson, hares foot, red), alfalfa sprout, soybean, peanuts, chickpea, and cabb			
	Formononetin	Red clover, green beans, lima beans, and soybeans			
	Naringenin	Grapefruit, oranges, tomatoes, tart cherries, cocoa, bergamot, oregano, water mint, and beans			
Flavanone	Hesperetin	Oranges, lemons, balm, and mandarins			
	Eriodictyol	Eriodictyon californicum, lemon balm, barley, rye, millet, and sorghum			
Flavanol	Epicatechin	Apples, blackberries, raspberries, broad beans, chocolate, red wine, cherries, grapes, pears, apric green and black teas			
	Gallocatechin	Green tea, bananas, persimmons, pomegranates, nectarine, peach, pecan nut, and chocolate			
	Epigallocate-	Teas (green, white, oolong, and black), cranberries, strawberries, blackberries, kiwis, cherries, pears,			
	chin gallate	peaches, apples, avocados, and nuts (pecans, pistachios, and hazelnuts)			
Flavanonol	Taxifolin	Non-glutinous rice, conifers like the Siberian larch, silymarin, wine, tea, cocoa, and cherry wood			
Flavanonol	Aromadendrin	Siberian pine, loganberry, fenugreek, bog bilberry, and narrow-leaf cattail			
	Malvidin	Bilberry, blueberry, bean, potatoes, black, blue or concord grapes, and grapes waste			
Anthogyanidin	Pelargonidin	Ripe rasp-, straw-, blue-, black-, cran-, saskatoon-, and choke-berries, plums and pomegranates			
Anthocyanidin	Cyanidin	Berries, cabbage, asparagus, plum, pomegranate, hawthorn, and cherry			
	Delphinidin	Black-, rasp-, cran-, elderberries, blackcurrants, eggplant, red grapes, and soybean			

1.4.5 Flavonoids: biological and pharmacological activities

Flavonoids were first discovered in 1930 by Albert Szent-Gyorgyi, a Hungarian scientist, who termed them vitamin P. However, interest in the pharmacological and nutraceutical features of these natural compounds was boosted only during the 90s, after the publication of the French paradox, an epidemiological study highlighting the low incidence of coronary heart diseases in the French population despite its high daily intake of saturated fats. This paradox was ascribed to the consumption of red wine and polyphenol therein (Sun et al., 2002). This hypothesis stimulated researchers all over the world to investigate flavonoids beneficial effects at the cellular, animal, and human levels. Nowadays, flavonoids are recognized as pleiotropic compounds exhibiting a wide array of biological and pharmacological activities such as antioxidant, antitumor, antidiabetic, antimicrobial, cardioprotective, and neuroprotective activities (Fig. 1.8) (Busch et al., 2015; Jucá et al., 2020). More importantly, several epidemiological and meta-analysis studies have correlated flavonoid intake with a low incidence of cancer (Chang et al., 2018; Bondonno et al., 2019), cardiovascular diseases (Kim and Je, 2017; Parmenter et al., 2020), diabetes (Xu et al., 2018), obesity (Vernarelli and Lambert, 2017; Marranzano et al., 2018), Alzheimer's disease (Shishtar et al., 2020), and Parkinson disease (Gao et al., 2012).

The beneficial activity of this class of compounds has been ascribed to various mechanisms. First, a direct antioxidant activity ascribed to the presence of one or more phenolic groups that are effective ROS scavengers (Procházková et al., 2011; D'Amelia et al., 2018). Second, inhibition of enzymes like COXs, lipoxygenase, xanthine oxidase, aldehyde oxidase, SOD, ACE1/2, CYP3A4, and PKC, among others (Sadik et al., 2003; Pirouzpanah et al., 2009; Hou and Kumamoto, 2010; Ribeiro et al., 2015; Nile et al., 2018). Third, modulation of the expression of enzymes such as catalase, SOD, protein kinases, MAPK, RAF, etc. (Mansuri et al., 2014; Moskot et al., 2015). Fourth, the inhibition or activation of ion channels (Fusi et al., 2017; Fusi et al., 2020; Redford and Abbott, 2020). Fifth, modulation of receptors such as aryl hydrocarbon (Jin et al., 2018), liver X (Fouache et al., 2019), and γ -amino butyric acid-A receptors (Hanrahan et al., 2011). Sixth, modulation of transcription factors such as Nrf2, FoxO, and PPAR γ , and signal transduction proteins (Pallauf et al., 2017; Mendonca and Soliman, 2020). Seventh, modulation of glucose (Strobel et al., 2005) and ABC transporters (Alvarez et

al., 2010; Miron et al., 2017). Eighth, interplay with cytoskeleton proteins (Böhl et al., 2007), cellular membranes (Oteiza et al., 2005; Hendrich, 2006), and blood proteins as well as red blood cells (Fiorani et al., 2003; Gecibesler and Aydin, 2020).



Figure 1.8. Biological and pharmacological activities of flavonoids.

1.4.6 Flavonoids and cardiovascular diseases

Coronary heart disease, myocardial infarction and stroke are cardiovascular diseases, a group of disorders that affect blood vessels and hearts: they represent the leading cause of death worldwide resulting in 17.8 million deaths in 2017 (Jagannathan et al., 2019). Cardiovascular diseases are generally preceded by many modifiable risk factors such as hypertension, hyperglycemia, obesity, oxidative stress, and others, which are not independent but often occur simultaneously. Additionally, these risk factors may be associated with genetic factors and/or bad lifestyles such as physical inactivity, smoking, inappropriate diet, mental stress, and ageing (Tangvarasittichai, 2015; Petrie et al., 2018). Accumulating evidence obtained from *in vitro*, *in vivo*, clinical and epidemiological studies point to flavonoids as beneficial agents capable of

improving cardiovascular health and ameliorating risk factors associated with cardiovascular diseases (Sánchez et al., 2019) (Fig. 1.9).



Figure 1.9. Flavonoids and cardiovascular diseases.

1.4.6.1 Flavonoids improve endothelial function

Endothelial dysfunction is an independent predictor and a risk factor for cardiovascular diseases (Versari et al., 2009; Bertoluci et al., 2015). Dietary flavonoids improve endothelial dysfunction by enhancing NO synthesis *via* the up-regulation of eNOS expression, and/or stimulation of its activity (Grassi et al., 2013; Duarte et al., 2014). Luteolin and cynaroside from artichoke (*Cynara scolymus* L.) increase eNOS expression in human umbilical vein cells (EA.hy 926 and HUVECs) and potentiate the relaxant response to acetylcholine in rat aortic rings (Li et al., 2004). Similarly, the red wine polyphenols cyanidin and the tea catechins epicatechin gallate and epigallocatechin gallate stimulate eNOS expression in EA.hy926 endothelial cells (Wallerath et al., 2005; Appeldoorn et al., 2009). Several flavonoids activate eNOS in a Ca²⁺-independent

manner through the induction of Ser-1179 phosphorylation and/or Thr-495 dephosphorylation [e.g., epigallocatechin gallate (Lorenz et al., 2004), quercetin (Li et al., 2012), luteolin (Si et al., 2014), hesperetin (Rizza et al., 2011), hesperidin and naringin (Kim et al., 2015a)] or through a Ca²⁺-dependent mechanism [quercetin (Khoo et al., 2010), and (-)-epicatechin (Ramirez-Sanchez et al., 2010)]. Furthermore, flavonoids down-regulate caveolin-1 (a negative regulator of eNOS) expression or uncouple it from eNOS (Sánchez et al., 2006; Ramirez-Sanchez et al., 2010), activate chaperonin protein HSP90 (involved in eNOS activation; Ramirez-Sanchez et al., 2012), reduce the level of asymmetrical dimethylarginine, an eNOS inhibitor (Li Volti et al., 2011; Wu et al., 2020; Yang et al., 2020), and inhibit arginase (Kim et al., 2013; Garate-Carrillo et al., 2020), thus stimulating eNOS activity and enhancing NO production. Moreover, quercetin, naringenin, and fisetin activate Sirtuin-1 that, in turn, deacetylates eNOS, thus improving endothelial function (Zhang et al., 2017; Iside et al., 2020). Finally, flavonoids up-regulate eNOS transcription factor Krüpple like factor-2 (KLF-2) to increase NO production (Tsai et al., 2014; Martínez-Fernández et al., 2015).

Flavonoids protect NO from inactivation and prevent eNOS uncoupling by: directly scavenging superoxide anion and preventing ONOO⁻ formation (Grassi et al., 2010); inhibiting ROS-producing enzymes such as NADPH oxidase, 5-lipooxygenase, COXs, myeloperoxidase, xanthine oxidase; stimulating antioxidant enzymes such as SOD, catalase, and glutathione peroxidase (Izzi et al., 2012; Duarte et al., 2014); increasing the activity of erythroid-derived 2 related factor 2 (Nrf2) and up-regulating antioxidant enzymes such as NADPH:quinone oxidoreductase 1, heme oxygenase-1, glutathione-S-transferase, and γ -glutamylcysteine ligase (Zhang et al., 2013; Li et al., 2016; Yao et al., 2020).

A plethora of *in vitro* studies demonstrate the endothelium-dependency of flavonoid-induced relaxation of different vascular preparations (Loh et al., 2020). Furthermore, they protect endothelial function hampering the synthesis of prostaglandins (Kim et al., 2004), stimulating prostacyclin production (Polagruto et al., 2003; Yam et al., 2016), lowering the expression and release of endothelin-1 (Martínez-Fernández et al., 2015), and limiting the cellular damage caused by either angiotensin II (Wei et al., 2015; Jones et al., 2016) or glucose (Qian et al., 2017; Rezabakhsh et al., 2019). Altogether, these natural molecules improve endothelial function by

increasing NO production and inhibiting its degradation, modulating prostaglandins and prostacyclin synthesis, and by decreasing endothelial damage induced by pathological stimuli.

1.4.6.2 Flavonoids improve vascular smooth muscle cell function

Flavonoids relax a plethora of conduit and resistance arteries and veins (Loh et al., 2020). Mechanistically, this vasodilation can be mediated by: the blockade of Ca^{2+} channels (Fu et al., 2005; Morello et al., 2006; Fusi et al., 2017); the opening of K⁺ channels (Novakovic et al., 2015; Fusi et al., 2020); inhibition of Ca^{2+} release (Huai et al., 2013; Tan and Yam, 2018) or stimulation of Ca^{2+} uptake from and to intracellular stores, respectively (Marinko et al., 2018); inhibition of PKC (Duarte et al., 1993), ROCK (Baek et al., 2009; Je et al., 2014; Min et al., 2018), and phosphodiesterases (Orallo et al., 2005; Macêdo et al., 2014); stimulation of sGC (Mahobiya et al., 2018), protein kinase A (Mahobiya et al., 2018; Kumar et al., 2020), and protein kinase G (Iozzi et al., 2013); and/or stimulation of GPCRs like β adrenoreceptor (Revuelta et al., 1999). Notably, vasodilation is usually achieved through more than one of these pathways.

VSMCs are dynamic cells capable of changing their phenotype according to environmental cues. Under certain stimuli or pathological conditions such as hypertension, asthma, and atherosclerosis, VSMCs can transform from quiescent contractile into a synthetic non-contractile phenotype capable of proliferation, migration, and vascular remodelling (Lacolley et al., 2012). Luteolin inhibits the proliferation and migration of rat (A7r5) and human aortic vascular smooth muscle cells. This effect is mediated by inhibition of transforming growth factor- β (TGF- β) receptor 1 (TGFBR1) signalling because: 1) phosphorylation of TGFBR1 and its downstream player Smad 2/3 was decreased and 2) overexpression of TGFBR1 relieved the inhibitory effect of luteolin on VSMC proliferation. Furthermore, Molecular simulation demonstrated the direct binding of luteolin to TGFBR1 (Wu et al., 2018). A similar effect has been reported for quercetin (Alcocer et al., 2002), morin (Shin et al., 2018), cardamonin (Shen et al., 2014), xanthohumol (Liu et al., 2017a), baicalin (Liu et al., 2019), kaempferol (Kim et al., 2015b), naringenin (Chen et al., 2012; Xu et al., 2013), apigenin (Kim et al., 2002), and genistein (Tsai et al., 2017). Various mechanisms underpin this activity including a reduced activation of mitogen-activated protein kinase (Alcocer et al., 2002), modulation of transforming growth factor- β receptor 1 signalling (Wu et al., 2018), p27KIP1, Akt, and MMP-9 functions (Shin et al., 2018), downregulation of p38 MAPK, Akt, and extracellular regulated protein kinase phosphorylation (Shen et al., 2014), activation of maternally expressed gene 3 protein/p53 signalling pathway (Liu et al., 2019), modulation of microRNA expression (Kim et al., 2015b), and/or suppression of oxidative stress (Xu et al., 2013). In summary, flavonoids improve VSMC function by inducing vasodilation and/or inhibiting contraction and maintaining their non-synthetic, contractile phenotype by inhibiting proliferation, migration, and remodelling.

1.4.6.3 Flavonoids inhibit platelet aggregation

Platelet aggregation plays a pivotal role in the pathogenesis of acute and chronic cardiovascular diseases such as *angina pectoris*, stroke, and myocardial infarction (Gregg and Goldschmidt-Clermont, 2003). Platelet activation is a complex phenomenon, involving multiple players, that fundamentally depends on cytosolic Ca^{2+} concentration. Several agents stimulate phospholipase C and Ca^{2+} release from intracellular stores *via* IP3: Ca^{2+} activates phospholipase A to release arachidonic acid that, in turn, is metabolized into TXA2 by COX-1, thus triggering and amplifying platelet aggregation (Li et al., 2010; Estevez and Du, 2017).

Flavonoids, either as flavonoid-rich food (tea, coffee, and wine) or as pure compounds, have shown an excellent anti-platelet aggregation activity in various experimental settings. Purple grape juice inhibits platelet aggregation in vitro and in vivo, simultaneously increasing plateletderived NO production (Freedman et al., 2001). Ingestion of 200 ml of coffee reduces ex vivo platelet aggregation induced by collagen and arachidonic acid: this effect was caffeineindependent (Natella et al., 2008). The citrus flavonoids naringin and naringenin show antiplatelet activity, the former was more potent than the latter in peripheral blood platelets isolated from healthy controls (Zaragozá et al., 2016). Also, quercetin diminishes collagen-, thrombinand ADP-dependent platelet aggregation in a concentration-dependent manner: this effect was mediated by the inhibition of ATP release, P-selectin expression, intracellular Ca^{2+} mobilization, platelet integrin aIIb_{β3} activation, and by an increase in the level of cyclic adenosine monophosphate (cAMP) and vasodilator-stimulated phosphoprotein (Oh et al., 2012). A similar effect has been reported for 3,6-dihydroxyflavone (Bojić et al., 2011), apigenin (Wright et al., 2013), chrysin (Liu et al., 2016), hesperetin (Jin et al., 2007), rutin (Sheu et al., 2004), kaempferol (Choi et al., 2015), isorhamnetin, and tamarixetin (Stainer et al., 2019). Ravishankar and coworkers (2018) found that hydroxyl groups in the A-ring are important structural

determinants for optimum platelet inhibitory activity, which decreases when OH is replaced with CHO; conversely, C=O substitution with C=S or B ring modification seems less critical. Flavonoids inhibition of platelet aggregation occurs preferentially through the blockade of signalling pathways initiated by activators such as ADP (Bojić et al., 2011; Iida et al., 2014), collagen (Liu et al., 2016), TXA2 (Guerrero et al., 2005; Muñoz et al., 2009), and thrombin (Choi et al., 2015). Furthermore, these natural products inhibit COX-1 (Jin et al., 2007) or phospholipase A/C activity (Sheu et al., 2004; Jin et al., 2007), reduce Ca²⁺ mobilization from the sarcoplasmic reticulum (Hubbard et al., 2008), inhibit protein disulfide isomerase involved in the activation of platelet integrin α IIb β 3 (Gaspar et al., 2020), stimulate NO production, ameliorate oxidative stress, and inhibit the expression of endothelial cell adhesion molecules such as VCAM-1, intercellular adhesive molecule (ICAM-1) and E-selectin (Stangl et al., 2005; Forte et al., 2016). Taken together, these observations indicate that flavonoids counteract platelet aggregation by exploiting several mechanisms including inhibition of the arachidonic acid pathway, and platelet degranulation (Fig. 1.10).



Figure 1.10. Mechanisms underpinning flavonoid-induced inhibition of platelet aggregation. Abbreviations: ADP, adenosine diphosphate, COX-1/2, cyclooxygenase-1/2; IP₃, inositol,3,4,5-triphosphate; PLA2, phospholipase A2; PLC, phospholipase C, TXA2, thromboxane A2.

1.4.6.4 Flavonoids ameliorate oxidative stress and vascular inflammation

Oxidative stress is caused by an imbalance between the production and scavenging of radicals and, more generally, oxidants. It plays a central role in the pathogenesis of several cardiovascular diseases such as vascular inflammation (Münzel et al., 2017), thus representing an important therapeutic target (Münzel et al., 2010).

Flavonoids can prevent oxidative stress and alleviate vascular inflammation through a plethora of mechanisms (Suen et al., 2016; Maiti et al., 2019). First, these polyphenols act as direct scavengers of oxidants such as superoxide anion, H₂O₂, hydroxyl radical, etc. The antioxidant activity of flavonoids is attributed to the presence of the double bond at position C2-C3, the OH group at position 3 on the C-ring, the polyhydroxylated B-ring, and the OH group at position 5 on the A-ring (Cao et al., 1997; Procházková et al., 2011). However, they cannot be regarded as direct scavengers of free radicals *in vivo* as the reported antioxidant activity is usually detected at micromolar concentrations, which are hardly attainable in the bloodstream due to their poor absorption, extensive metabolism, and rapid excretion. Hence, other mechanisms may account for oxidative stress amelioration, such as regulation of defence and repair systems along with the maintenance of a nucleophilic tone (i.e. protection against electrophiles, including radicals and oxidants (Forman et al., 2014). Second, flavonoids decrease the expression and/or directly inhibit ROS generating enzymes such as NADPH oxidase, xanthine oxidase, myeloperoxidase, lipoxygenase, COXs, inducible NOS, as well as limit ROS production at the mitochondrial electron transport chain (Shiba et al., 2008; Romero et al., 2009; Wang et al., 2015b; Kicinska and Jarmuszkiewicz, 2020). Third, some flavonoids modulate antioxidant enzymes like catalase, SOD, and glutathione peroxidase in favour of increased ROS elimination (Grassi et al., 2010; Al-Numair et al., 2015). Fourth, they activate the transcription factor nuclear factor erythroidderived 2-related factor 2 (Nrf2), which regulates the expression of about 250 genes coding for antioxidant proteins, detoxifying enzymes, and cytoprotective proteins (Zheng et al., 2012; Yao et al., 2020). Under normal conditions, Nrf2 is located in the cytoplasm in association with the negative regulator Keap1, responsible for its ubiquitination and proteasomal degradation. Under oxidative stress conditions, Nrf2 disassociates from Keap1, translocates to the nucleus to form a

complex with several coactivators, and binds to the promoter region of antioxidant response elements, thus initiating the transcription of antioxidant enzymes (Smith et al., 2016; Satta et al., 2017). Fifth, flavonoids inhibit the nuclear factor kappa-light-chain-enhancer of activated B cells (NF-kB), thus alleviating the associated cardiovascular inflammation (Chekalina et al., 2018; Choy et al., 2019). NF-kB is a family of inducible transcription factors that play a pivotal role in the expression of pro-inflammatory mediators and cell cycle regulators. It is normally sequestered in the cytoplasm by proteins known as the IkB family, but once stimulated, enters the nucleus and binds to the NF-kB response site on DNA to initiate the transcription of a plethora of genes coding for inflammatory cytokines, chemokines, adhesion molecules, antiapoptotic factors, and cell cycle regulators, which contribute to inflammation, endothelial dysfunction, angiogenesis, VSMC proliferation and migration, and platelet adhesion (Van der Heiden et al., 2010; Liu et al., 2017b). Sixth, they chelate transition metal ions such as iron and copper that may contribute to oxidative stress (Forman et al., 2014). Noticeably, flavonoids, like many antioxidants, show also pro-oxidant effects by direct production of hydroxyl radical via Fenton reaction, by oxidation of flavonoid phenoxyl radicals (end product of ROS scavenging reaction by flavonoids), inhibition of mitochondrial respiration, oxidation of low molecular antioxidants, and direct oxidation by peroxidases (Procházková et al., 2011). In summary, flavonoids protect the vascular system from oxidative stress due to their direct antioxidant activity and/or shifting the redox signalling balance towards a more antioxidant one.

1.4.6.5 Flavonoids ameliorate dyslipidemia/hyperlipidemia

Dyslipidemia, a persistent elevation of cholesterol, triglyceride, and low-density lipoprotein (LDL) levels along with a persistent decrease of high-density lipoprotein (HDL) levels, is the major risk factor for atherosclerosis and coronary heart diseases (Lacoste et al., 1995; Musunuru, 2010).

The lipid-lowering effect of flavonoids has been evaluated in different animal models (Koshy and Vijayalakshmi, 2001) and humans (Maron et al., 2003). Quercetin markedly reduces serum cholesterol and triglyceride in rabbits fed a high-fat diet for 12 weeks (Juźwiak et al., 2005). Similarly, administration of this flavonoid with a high-cholesterol diet to rats results in a significant reduction of liver triglycerides (-24%), liver and serum cholesterol (-22% and -20%,

respectively), and serum LDL (31%) while doubling serum HDL cholesterol as compared to control animals (Mariee et al., 2012).

Naringenin normalizes cholesterol, triglyceride, free fatty acid, very-low-density lipoprotein (VLDL), and LDL levels, increases plasma HDL, lipoprotein lipase, and lecithin cholesterol acyltransferase, and reduces the expression of β -hydroxy β -methylglutaryl-CoA reductase in rats fed 20% ethanol for two months (Jayachitra and Nalini, 2012). Similarly, naringenin also effectively decreases lipid (cholesterol and triglycerides) accumulation in the aorta and liver of mice lacking LDL receptors, fed a high-fat diet (Mulvihill et al., 2010).

Chrysin, orally administered to triton WR-1339-induced hyperlipidemic female C57BL/6 mice, significantly decreases total cholesterol, LDL cholesterol, and triglyceride levels (Zarzecki et al., 2014). Apigenin supplementation to C57BL/6J mice fed a high-fat diet for 16 weeks significantly decreases plasma levels of free fatty acids, total cholesterol, and apolipoprotein B by up-regulating the genes involved in fatty acid oxidation, Krebs's cycle, oxidative phosphorylation, and electron transport chain, down-regulating the expression of lipolytic and lipogenic genes, and inhibiting the activity of enzymes involved in triglycerides and cholesterol synthesis (Jung et al., 2016).

The black tea flavonoids theaflavin and thearubigins markedly reduce cholesterol, LDL, and triglyceride levels while increasing HDL levels in rats fed high cholesterol diet, theaflavin based drink being more effective than thearubigins alone or theaflavin and thearubigins combination (Imran et al., 2018). The lemon fruit flavonoid eriocitrin does not affect hepatic total cholesterol or triglycerides though significantly decreasing total serum cholesterol, VLDL, LDL, triglyceride, and phospholipid levels in rats fed a high-fat diet increasing their excretion in bile acid, clearance, or the expression of LDL receptor (Miyake et al., 2006). A similar effect is exerted by total flavonoid extracts from *Lomatogonium rotatum* (Bao et al., 2016), blueberry (Li et al., 2011), *Polygonum perfoliatum L*. (Wang et al., 2018a), and *Perilla frutescens* leaves (Feng et al., 2011) administrated to dyslipidemic rat models.

Studies concerning the anti-dyslipidemic effect of flavonoids in humans are scarce. For example, quercetin supplementation gives rise to contrasting results either decreasing triglycerides and LDL or being ineffective (Lee et al., 2011; Pfeuffer et al., 2013). A meta-analysis of five

randomized control trials performed on quercetin evidenced only a reduction of total triglycerides at doses >50 mg/day (Sahebkar, 2015). In conclusion, flavonoids seem to exert an excellent lipid-lowering effect in different dyslipidemic animal models by lowering the levels of total cholesterol, LDL, free fatty acids, and triglycerides as well as by increasing HDL levels.

1.4.6.6 Flavonoids protect against hypertension

Hypertension represents the main risk factor for various cardiovascular diseases including coronary heart disease, stroke, and cardiac arrhythmia (Oparil et al., 2018; Fuchs and Whelton, 2020). The antihypertensive effect of flavonoids has been claimed based on data obtained in *in vitro* blood vessel assays, animal models, and subsequently confirmed by human intervention and population studies (Clark et al., 2015). *In vitro* studies performed on blood vessels obtained from different animal species highlighted the excellent vasodilating activity of quercetin, naringenin, galangin, chrysin, apigenin, fisetin, tamarixetin, eupatorin, morin, kaempferol, genistein, and others (Loh et al., 2020).

In animal models, quercetin lowers the high blood pressure in spontaneously and salt-induced hypertensive rats (Duarte et al., 2001; Olaleye et al., 2014). Interestingly, the glucuronidated form of this flavonoid also decreases blood pressure of SHR after deconjugation at the target tissue by β -glucuronidase (Galindo et al., 2012). Similarly, chrysin shows an excellent antihypertensive effect in spontaneously and L-NAME induced hypertensive rats (Villar et al., 2002; Ramanathan and Rajagopal, 2016). This effect has also been reported for catechin (Jaffri et al., 2011), epigallocatechin gallate (Luo et al., 2020), hesperidin (Hashemzaei et al., 2020), genistein (Cho et al., 2007), luteolin (Lv et al., 2013), myricetin (Godse et al., 2010), naringin (Akintunde et al., 2020), and naringenin (Sánchez-Recillas et al., 2019; Oyagbemi et al., 2020) in various animal models of hypertension. Noticeably, these studies demonstrate that flavonoids are ineffective on normotensive rats.

Human data are limited and sometimes conflicting. Quercetin, for example, does not affect blood pressure in healthy men and women (Conquer et al., 1998; Bondonno et al., 2016) or in rheumatoid arthritis patients (Javadi et al., 2014), but reduces it in women with type 2 diabetes (Zahedi et al., 2013), in hypertensive patients (Edwards et al., 2007), in obese individuals with metabolic syndrome traits (Egert et al., 2009), in healthy male smokers (Lee et al., 2011), and in

healthy male carrying the apolipoprotein E genotype (Pfeuffer et al., 2013). A meta-analysis of seven clinical studies (enrolling 587 patients) shows that quercetin significantly reduces both systolic and diastolic blood pressure, though only at doses >500 mg/day (Serban et al., 2016).

In a cross-over clinical trial, a high-flavonoid sweetie juice (rich in naringin and narirutin) followed by a low-flavonoid sweetie juice (25% of naringin and 30% of narirutin as compared to the high-flavonoid sweetie juice), each for 5 weeks, significantly decrease both diastolic and systolic blood pressure in twelve stage-1 hypertensive patients. The former juice was particularly effective in reducing diastolic blood pressure (Reshef et al., 2005). Furthermore, the prolonged consumption or even a single dose administration of a hesperidin-enriched orange juice reduces systolic blood pressure in a randomized clinical trial involving pre- and stage-1 hypertensive individuals (Valls et al., 2020). Altogether, flavonoids exhibit an anti-hypertensive effect when administered to hypertensive models though only at high concentrations but do not affect the normotensive ones. This effect is mediated by their excellent endothelium-dependent and - independent vasorelaxant activity and alleviation of oxidative stress (Maaliki et al., 2019).

1.4.6.7 Flavonoids exert anti-obesity effects

Obesity, an accumulation of excessive fat (body mass index (BMI) \geq 30), affects human health and reduces the quality of life. Its occurrence increases the incidence of hypertension and type-2 diabetes and is an independent risk factor for cardiovascular diseases such as stroke, coronary heart disease, and myocardial infarction (Poirier et al., 2006; Akil and Ahmad, 2011; Carbone et al., 2019).

Several cellular, animal models, and human intervention studies demonstrate the anti-obesity properties of flavonoids (Akhlaghi et al., 2018; Rufino et al., 2021). At the cellular level, the citrus flavonoid hesperetin reduces lipid accumulation by 63% at 25 μ M and decreases ROS generation compared to control (Lee et al., 2017). Similarly, kaempferol inhibits adipogenesis in pre- and mature adipocytes. This effect is mediated by down-regulation of CCAAT enhancer binding protein alpha (Cebpa) mRNA (which encodes for a transcription factor involved in the modulation of proteins regulating cell cycle and body weight homeostasis) and up-regulation of *Pnpla2* and *Lipe* genes expression (both genes encode for enzymes involved in triglyceride hydrolysis) in 3T3-L1 cells (Torres-Villarreal et al., 2019). A similar effect has also been

described for quercetin (Seo et al., 2015a), chrysin (Choi and Yun, 2016), and apigenin (Gómez-Zorita et al., 2017), among others.

Galangin reduces body weight, energy intake, liver weight, and parametrial adipose tissue in obese female albino rats fed a cafeteria diet for 6 weeks. It also restores serum lipids; hence, counteracting lipid peroxidation and limiting the accumulation of hepatic triglycerides (Kumar and Alagawadi, 2013). Similarly, myricetin administered to obese C57BL/6 mice fed a high-fat diet significantly reduces body weight and restores several obesity-associated parameters such as serum glucose, triglyceride, and cholesterol levels. It also improves oxidative stress markers such as glutathione peroxidase activity, total antioxidant capacity, malondialdehyde level, and inflammatory markers (e.g., tumour necrosis factor-a (TNF-a)) (Su et al., 2016). Chrysin significantly reduces body weight, BMI, abdominal circumference/thoracic circumference ratio, and calorie intake while increasing locomotor activity and faecal cholesterol excretion in obese rats fed a high-fructose diet compared to control (Pai et al., 2020). More interestingly, apigenin administered to high fat-diet induced obese mice, reduces both body weight and visceral adipose tissues, by binding to non-phosphorylated STAT3 in visceral adipose tissues, thus reducing its transcriptional activity. This, in turn, decreases the expression of cluster of differentiation 36 (CD36) that, under physiological conditions, controls the level of peroxisome proliferatoractivated receptor gamma (PPAR-y), a critical nuclear factor for adipogenesis (Su et al., 2020). Similar effects are shown also by other flavonoids: quercetin (Seo et al., 2015a), fisetin (Liou et al., 2018), kaempferol (Wang et al., 2020), and morin (Madkhali, 2020).

So far, clinical trials assessing flavonoids in humans have produced conflicting results (Llaneza et al., 2012; Engelbert et al., 2016). Akhlaghi and coworkers (2018) meta-analyzed 58 studies published until 2018 concluding that flavanols have the potential for reducing the BMI and waist circumference in the overall population. Stratification analysis shows that flavanols decrease the BMI also in Asians, in subjects under 50 year-olds, or in those consuming higher doses >500 mg/day. Similarly, isoflavones reduce the BMI in non-Asian populations or in those consuming doses \geq 75 mg/day. However, neither the BMI nor the waist circumference is modified by flavonols, flavanones, and anthocyanins.

Several mechanisms underlying the anti-obesity effect of flavonoids were hypothesized:

- 1. reduction of appetite and food intake *via* modulation of neuropeptide and leptin which control the hunger/satiety centre (Myoung et al., 2010);
- reduction of carbohydrate and lipid digestion and/or absorption by decreasing activity of digestive enzymes such as pancreatic lipase (Rahim et al., 2015; Martinez-Gonzalez et al., 2017), α-amylase (Takahama and Hirota, 2018; Martinez-Gonzalez et al., 2019), and α-glucosidase (Proença et al., 2017; Hua et al., 2018);
- modulation of lipid metabolism in favour of suppressed adipocyte differentiation and/or adipogenesis and enhanced lipolysis, β-oxidation, and apoptosis, through a complex hormonal and biochemical signalling involving CCAAT-enhancer binding protein (C/EBPα, β, δ), and PPARγ (Rufino et al., 2021);
- induction of adipose tissue browning through the modulation of, for example, AMPK and or sirtuin-1 signalling pathways that, in turn, induces mitochondrial biogenesis and uncoupling protein-1 expression and, hence, energy expenditure, as demonstrated for rutin (Seo et al., 2015b), pentamethylquercetin (Han et al., 2017), quercetin (Choi et al., 2018), luteolin (Zhang et al., 2016), nobiletin (Lone et al., 2018), and other flavonoids (Zhang et al., 2019);
- normalization of obesity-associated gut dysbiosis, as reported for quercetin, rutin, catechin, procyanidin, epigallocatechin gallate, and other flavonoids (Gil-Cardoso et al., 2016; Bai et al., 2019).

In summary, flavonoids exhibit a powerful anti-adipogenic effect at cellular and organism levels, particularly under obesity conditions. This effect involves a wide array of mechanisms: inhibition of lipid digestion and absorption, modulation of metabolism, and induction of adipose tissue browning.

1.4.6.8 Flavonoids ameliorate hyperglycemia and diabetes

Type-2 diabetes is not only a metabolic disorder characterized by persistent hyperglycemia but also an independent risk factor for cardiovascular diseases, the latter representing the most frequent cause of morbidity and mortality in diabetic patients (Leon and Maddox, 2015). Flavonoids seem to exert antidiabetic effects as demonstrated in several animal models and clinical trials (Fang et al., 2019; Russo et al., 2019). In particular, diosmin administered orally for 4 weeks to streptozotocin-induced diabetic rats significantly restores blood sugar levels,

improves lipid profile, reduces malondialdehyde levels, and increases glutathione levels and SOD activity (Jain et al., 2014). Similarly, apigenin improves diabetes-associated nephropathy in streptozotocin-induced diabetic rats as compared to control animals and inhibits renal dysfunction, oxidative stress, inflammation, collagen deposition, glomerulosclerosis, and fibrosis (Malik et al., 2017). A promising anti-diabetic effect characterizes also other flavonoids assessed in various diabetic animal models: fisetin (Prasath et al., 2014), quercetin (Shi et al., 2019), morin (Vanitha et al., 2014; Jiang et al., 2020a), hesperetin (Jayaraman et al., 2018), baicalein (Zhang et al., 2018), and kaempferol (Chandramohan et al., 2014).

Unlike studies on animal models, human clinical trials are limited to a few flavonoid-rich foods or flavonoid mixtures: furthermore, these studies show sometimes inconsistent results. For instance, flavonoids intake was not associated with a lower risk of type-2 diabetes in post-menopausal women (Nettleton et al., 2006) whereas, in a large cohort study involving 340,234 participants from 8 European countries, flavanols (monomer, dimer or pro-anthocyanidin with low degree of polymerization) and flavonols (in particular myricetin) were associated with a lower risk of type-2 diabetes (Zamora-Ros et al., 2014). A similar result was observed with quercetin in the Chinese population (Yao et al., 2019). However, the consumption of flavonols, flavones, quercetin, apigenin, myricetin, kaempferol and luteolin is not associated with type-2 diabetes incidence (Song et al., 2005).

In a cross-sectional study performed on 1997 women aged 18-76 years, a high intake of anthocyanins and flavones was associated with low peripheral insulin resistance and inflammation biomarkers; the other flavonoid subclasses assessed are ineffective (Jennings et al., 2014). Similarly, a follow-up study of 200,000 US women and men demonstrate that high anthocyanin consumption lowers the risk of type-2 diabetes; this beneficial effect seems to be specifically correlated to anthocyanins as no association was detected with the total flavonoid intake (Wedick et al., 2012). However, a subsequent meta-analysis considering four studies and 284,806 participants found that total intake of flavonoids is indeed associated with a lower risk of type-2 diabetes (Liu et al., 2014). The same conclusion was reached by an independent meta-analysis of nine prospective cohort studies involving 172,058 participants for flavonols, flavan-3-ols, and isoflavones (Guo et al., 2019). Xu et al. (2018) demonstrated in a meta-analysis of eight prospective studies involving 312,015 participants that, beyond total flavonoids,

anthocyanidins, flavan-3-ols, flavonols, and isoflavones are inversely correlated with type-2 diabetes risk.

In a meta-analysis of 18 studies involving 457,922 participants, a high intake of coffee, decaffeinated coffee, or tea was associated with a lower risk of type-2 diabetes (Huxley et al., 2009), in line with two studies that took into account tea consumption (Van Woudenbergh et al., 2012; Yang et al., 2014). In a previous study, however, tea consumption showed only a borderline effect on type-2 diabetes (Song et al., 2005).

Various mechanisms underpin the antidiabetic effect of these natural compounds (as depicted in Fig. 1.11): 1) modulation of digestive enzymes and, hence, lipid and carbohydrate absorption; 2) increased expression and translocation of glucose transporter-4; 3) modulation of hepatic enzymes involved in glucose metabolism, enhancing glucose uptake and storage; 4) protection of β -cells from apoptosis and enhancement of insulin secretion; 5) increased expression of and activation of PPAR- γ , thus improving glucose uptake and insulin sensitivity; 6) activation of the AMP-kinase pathways; 7) inhibition of tyrosine kinase activity; and 8) activation of the NF- κ B pathway (Chen et al., 2015; Mahmoud et al., 2015; Al-Ishaq et al., 2019). Altogether, flavonoids seem to have a promising antidiabetic effect in particular in diabetic animal models. In humans, this effect appears to be conferred by flavonoid-rich foods rather than by individual flavonoids.



Figure 1.11. Mechanisms involved in flavonoid anti-diabetic effects. Abbreviations: cAMP, cyclic adenosine monophosphate; Glut-4, glucose transporter 4; HMG-CoA, 3-hydroxy-3-methylglutaryl-coenzyme A; IRS; insulin receptor substrate; PI3K, phosphatidylinositol-3- 17 kinase; PKC, protein kinase C; PKA, protein kinase A; PLC, phospholipase C; ROS, reactive oxygen species; SREBP-1c, sterol regulatory element-binding protein; TG, triglycerides; VLDL, very-low-density lipoprotein.

1.4.6.9 Flavonoids attenuate atherosclerosis development

Atherosclerosis is the major direct cause of cardiovascular diseases such as myocardial infarction, stroke, and heart failure. It initiates with fat deposition on the vessel wall, which develops forming plaques that, in turn, either restrict blood flow or induce thrombosis (Frostegård, 2013).

Several flavonoids hamper atherosclerosis pathogenesis in various animal models (Salvamani et al., 2014). In particular, in apolipoprotein E knockout mice fed a high-fat diet, quercetin ameliorates atherosclerosis-associated alterations by enhancing autophagy, up-regulating P21 and P53 expression, and down-regulating TNF α , IL1 β , IL18 and mTOR (Cao et al., 2019a).

Interestingly, apigenin shows an anti-atherosclerotic effect both in RAW264.7 macrophages and apolipoprotein E knockout mice by upregulation of ABCA1 expression *via* miR-33 repression that, in turn, increases cholesterol efflux and decreases foam cells formation, and the down-regulation of inflammation-associated markers like TLR-4, MyD88, p-I κ B- α , and nuclear NF- κ B p65 subunit (Ren et al., 2018). Also, fisetin shows a promising anti-atherosclerotic effect in apolipoprotein E knockout mice fed a high-fat diet: in fact, it reduces atherosclerotic plaque formation and lipid accumulation in the aortic sinus. This effect is mediated by the down-regulation of PCSK9, LOX-1, p53, p21, and p16 (Yan et al., 2021). Other flavonoids such as kaempferol (Kong et al., 2013), chrysin (Anandhi et al., 2014), and naringenin (Mulvihill et al., 2010) show similar effects in various atherosclerotic animal models.

The studies examining the effect of flavonoids on human atherosclerosis are limited and usually confined to flavonoid-rich food rather than individual flavonoids. For instance, tea but not coffee, caffeine or caffeinated coffee consumption, is inversely associated with coronary artery plaque progression (Reis et al., 2010). In the Danish population, a daily intake of flavonoids reduces by 14% the risk of atherosclerosis, particularly in smokers and alcohol consumers (Dalgaard et al., 2019).

The main mechanism responsible for the anti-atherosclerotic effect of flavonoids is inhibition of LDL oxidation and, hence, foam cell formation, which is considered the hallmark of atherosclerosis progression. This is achieved by, for example, quercetin enhancement of cholesterol efflux from foam THP-1 cells treated with oxidized LDL, an effect mediated by the up-regulation of PPAR γ and ABCA1 expression (Sun et al., 2015). Quercetin also enhances the viability of RAW264.7 macrophages treated with oxidized LDL and decreases the intracellular accumulation of cholesterol and lipids. Up-regulation of ABCA1, ABCG1, and LXR α and down-regulation of PCSK9, p53, p21, and p16 seems involved in this activity (Li et al., 2018). Other flavonoids such as chrysin (Wang et al., 2015a), baicalin (He et al., 2016), kaempferol (Li et al., 2013), and fisetin (Jia et al., 2019) inhibit foam cell formation.

Other mechanisms participate in the anti-atherosclerotic effect of flavonoids: regulation of lipid metabolism in favour of enhanced cholesterol excretion (Deng et al., 2020); inhibition of endothelial cell senescence induced by oxidized LDL (Jiang et al., 2020b); enhanced autophagic activity of foam cells (Cao et al., 2019b); and reduced plaque rupture by metalloproteinase

inhibition (Song et al., 2001). In conclusion, flavonoids exhibit, at least in animal models, a promising anti-atherosclerotic effect that is mediated by reduced lipid oxidation, lipid accumulation, and foam cell formation.

1.4.7 Flavonoids and PVAT: what is known and what is missing?

Studies investigating the effect of flavonoids on PVAT are scarce. Hesperidin, for example, reverses PVAT advanced glycation end-products accumulation in old C57BL/6 mice to the level of young mice, thus improving the age-related PVAT-mediated arterial stiffening. This observation suggests a potential application of hesperidin in arterial de-stiffness and reduction of cardiovascular diseases *via* a PVAT mediated mechanism (Ouyang et al., 2017). Downregulation of the proinflammatory factor NF- κ B p65 and the oxidative stress marker nitrotyrosine was hypothesized to underpin this beneficial effect of the flavonoid.

The standardized *Crataegus* extract WS[®] 1442, which contains considerable amounts of flavonoids, administered to high fat diet-induced obese male C57BL/6J mice, restored PVAT-mediated aorta response to acetylcholine without reducing the animal body weight. The mechanism underpinning this effect was hypothesized to be an increased phosphorylation and a decreased acetylation of PVAT eNOS (Xia et al., 2017; Halver et al., 2019).

In addition, several pathways are influenced and/or regulated by both PVAT and flavonoids. PVAT, for example, releases superoxide anions and H_2O_2 , which are known to be scavenged by flavonoids (Yokomiza and Moriwaki, 2006; Khan et al., 2012). PVAT expresses different isoforms of NOS and releases NO that influences vascular tone. Flavonoids modulate NOS expression and activity by either increasing NO production or decreasing its degradation rate (Ahmed, 2021). PVAT secretes adiponectin (Withers et al., 2014); flavonoids improve its signalling in obese mice (Shabrova et al., 2011; Goto et al., 2012) and increase its serum level in diabetic patients (Yang et al., 2020). Finally, PVAT expresses a complete RAS system and secretes both angiotensin 1-7 and angiotensin II, while flavonoids inhibit ACE2 (Muchtaridi et al., 2020), thus protecting against angiotensin II-induced hypertension and endothelial dysfunction (Sarr et al., 2006; Wei et al., 2015).

Taken together, these observations suggest a potential overlapping control exerted by both PVAT and flavonoids on the vascular tone. Therefore, a possible functional interplay between

these two actors, occurring at the vascular level, was hypothesized. To vadilate this hypothesis, the choice of the best in-depth characterized model systems (in terms of animal species and vessel type) in the field of PVAT research is mandatory/crucial. A literature survey performed on the PubMed database identified the rat species and the aorta artery as the two best candidates (Fig. 1.12) which were, therefore, used in the present study. The fact that the cardiovascular physiology and pharmacology of the rat are well-known as are the mechanisms underpinning the contraction and relaxation of the rat aorta also contributed to this choice. Furthermore, the rat thoracic aorta is a large and long vessel: surgical and post-surgical procedures are easy to perform, and standard laboratory equipment allows for collecting a significant number of data in a short time from a few animals, in line with the 3Rs objectives. Finally, a plethora of studies have characterized the physiology of PVAT and the vascular effects of flavonoids in rat thoracic aorta, thus allowing a more rigorous assessment of their functional interaction.



Figure. 1.12. Number of scientific publications provided by the PubMed database using the keywords "PVAT" or "flavonoids" in association with various animal models or vessels, as reported in the graph title.

CHAPTER 2:

MATERIALS AND METHODS

2. Materials and methods

2.1 Statement on Animal Care

All the study procedures were in strict accordance with the European Union Guidelines for the Care and the Use of Laboratory Animals (European Union Directive 2010/63/EU) and approved by the Animal Care and Ethics Committee of the University of Siena and the Italian Department of Health (7DF19.N.TBT). Male Wistar rats (weighing 347±42) were purchased from Charles River Italia (Calco, Italy) and maintained in an animal house facility at 25±1°C and 12:12 h dark-light cycle with access to standard chow diet and water *ad libitum*.

2.2 Preparation of aorta rings

Animals were anaesthetized with an isoflurane (4%) and O_2 gas mixture using Fluovac (Harvard Apparatus, Holliston, Massachusetts, USA), decapitated and exsanguinated. Following the opening of the abdominal and thoracic cavity, the thoracic aorta was gently removed along with adhered PVAT, washed from blood, and placed in a modified Krebs-Henseleit physiological solution (KHS) at 4°C containing (final concentrations expressed in mM): NaCl 118; KCl 4.75; KH₂PO₄ 1.19; MgSO₄.7H₂O 1.19; NaHCO₃ 25; glucose 11.5; CaCl₂.2H₂O 2.5; saturated with carbogen (95% O_2 , 5% CO₂) to obtain a pH of 7.4. The thoracic aorta was cut into 10-12 rings of 3 mm long using a tissue slicer (2Biological Instruments, Besozzo, Italy). Two different types of aortic rings were prepared: rings with either intact (+PVAT) or deprived of (-PVAT). In some experiments, PVAT was detached from rings and left in the organ bath (Fig. 2.1). The endothelium was removed by gently rubbing the lumen of the ring with a forceps tip. Rings were mounted in organ baths between two parallel, L-shaped, stainless steel hooks, one fixed in place and the other connected to an isometric transducer, and subjected to 1 g passive tension (Carullo et al., 2021; Gao et al., 2007).

Preparations were allowed to equilibrate for 60 min to overcome the mechanical stress suffered during preparation. In this equilibration phase, KHS was renewed every 15 min and passive tension, if decreased by more than 25% within the first 15 min, was restored to the initial value. The mechanical activity of aorta rings was transformed into an electrical signal using the isometric transducer, amplified, and differentiated with an operational amplifier, and converted

from analogue to digital for analysis using a computerized acquisition system (LabChart 7.3.7; ADInstrument, Castle Hill, Australia).



Figure 2.1. Schematic representation of the procedure followed to prepare aorta rings. On the right-hand column pictures of organ bath containing different preparations are shown.

2.3 Functional testing of the aorta preparations

2.3.1 Pharmaco-mechanical coupling and endothelium test

After 1 hour of initial equilibration, rings were pre-contracted with a sub-maximal concentration (0.3 μ M) of the α_1 -adrenergic selective agonist phenylephrine. The contractile response induced by phenylephrine is mediated by both mobilization of Ca²⁺ from intracellular stores and Ca²⁺ influx through receptor-operated, store-operated, and voltage-gated Ca²⁺ channels. Once the contraction reached a plateau, 10 μ M acetylcholine was added: a relaxation less than 10% denoted the absence of a functional endothelium. Preparations were then washed for at least 60



min, once every 15 min before performing the electro-mechanical coupling test (Fig. 2.2).

Figure 2.2. Pharmaco-mechanical coupling. Test of the viability of aorta rings and the functional integrity of the endothelium. Phe, phenylephrine; Ach, acetylcholine; w, wash.

2.3.2 Electro-mechanical coupling test

Preparations were challenged with 60 mM KCl (K60), which depolarizes the cell membrane, thus leading to the opening of voltage-gated Ca^{2+} channels. The ensuing Ca^{2+} influx triggers a tonic contraction. After 15 min, rings were washed with KHS at least for one hour once every 15 min to bring muscle tone back to the basal values before proceeding with the various experimental protocols (Fig. 2.3).



Figure 2.3. Electro-mechanical coupling and test of $Ca_V 1.2$ channels functionality. K60, 60 mM KCl; w, wash.

2.4 Experimental protocols

2.4.1 Effect of PVAT on flavonoids antagonistic effect towards noradrenaline- or KClinduced contraction

Both -PVAT and +PVAT preparations were pre-incubated with 10 μ M flavonoid for 30 min; then, either noradrenaline or KCl was added cumulatively to construct a concentration-response curve. In a separate set of experiments, rings were pre-incubated with 10 μ M mito-tempol for 30 min before the flavonoid addition. In the end, 1 μ M nifedipine followed by 100 μ M sodium nitroprusside (KCl-induced contraction) or 100 μ M sodium nitroprusside alone (noradrenalineinduced contraction) were added to test the functional integrity of smooth muscle. In all these experimental settings, the response was calculated as a percentage of the tone induced by 60 mM KCl in the ring functional assay (Table 2.1) (Kassam et al., 2012).

Diama da	KCl-induced contraction (mg)				
Flavonoids	DMSO-PVAT	DMSO+PVAT Flavonoid-PVAT		Flavonoid+PVAT	
Apigenin					
NA	1379±114 (9)	1550±158 (9)	1590±265 (9)	1719±180 (9)	
NA+Mito-tempol	1352±161 (6)	1547±150 (6)	1533±107 (6)	1490±72 (6)	
NA+PVAT in bath	1580±180 (5)	1336±78 (5)	1550±267 (5)	1254±112 (5)	
KCl	1417±91 (10)	1693±197 (10)	1540±129 (10)	1829±255 (10)	
Chrysin					
NA	1279±208 (7)	1393±164 (7)	1340±181 (7)	1941±177 (7)	
NA+Mito-tempol	1352±161 (6)	1547±150 (6)	1578±186 (6)	1550±86 (6)	
NA+PVAT in bath	1522±158 (6)	1343±63 (6)	1393±229 (6)	1657±112 (6)	
KCl	1441±98 (9)	1817±171 (9)	1567±203 (9)	2000±280 (9)	
3,4'-Dihydroxyflavone	1254±320 (5)	1942±177 (5)	1180±247 (5)	1950±116 (5)	
(-)-Epigallocatechin	1413±247 (6)	1972±115 (6)	1840±189 (6)	1567±74 (6)	
(-)-Epigallocatechin	1138±241 (5)	1768±46 (5)	1448±259 (5)	1772±133 (5)	
gallate					
Fisetin	1097±281 (6)	1263±159 (6)	1247±202 (6)	1478±113 (6)	
Galangin	1299±161 (8)	1541±133 (8)	1440±126 (8)	1561±103 (8)	
Genistein	1203±144 (10)	1358±137 (10)	1382±171 (10)	1725±178 (10)	
Hesperetin	996±162 (7)	1680±146 (6)	1061±173 (7)	1687±133 (7)	
Hesperidin	1197±200 (7)	1550±79 (7)	1447±146 (7)	1740±69 (7)	
5-Hydroxyflavone	966±162 (7)	1619±138 (7)	966±187 (7)	1511±145 (7)	
Isorhamnetin	1665±87 (4)	1970±118 (4)	1693±153 (4)	2343±87 (4)	
Kaempferol	1153±206 (7)	1503±81 (7)	1400±146 (7)	1671±157 (7)	
Luteolin	1878±110 (7)	1730±111 (7)	1495±197 (7)	1723±121 (7)	
Morin	1379±275 (7)	1769±203 (7)	1583±267 (7)	1951±189 (7)	
(±)-Naringenin	1836±104 (8)	1715±97 (8)	1584±111 (8)	1677±88 (8)	
Quercetin	1701±151 (7)	1877±144 (7)	1420±142 (9)	1845±155 (9)	
Resokaempferol	1254±320 (5)	1942±177 (5)	1428±296 (5)	1826±197 (5)	
Rutin	1179±190 (7)	1487±49 (7)	1306±110 (8)	1450±115 (8)	
Scutellarein	1390±211 (7)	1797±200 (7)	1687±122 (7)	1723±164 (7)	
Tamarixetin	1256±167 (7)	1884±83 (7)	1411±241 (7)	1889±175 (7)	
(±)-Taxifolin	1097±129 (6)	1777±235 (6)	1487±111 (6)	1825±232 (6)	

Table 2.1: Responses to KCl recorded in the ring functional assay.

Aorta rings were stimulated by 60 mM KCl and the ensuing contraction was measured in mg. The number of independent replicates, indicated in parenthesis, was obtained from at least three animals. The responses ranged between 1000 and 2000 mg demonstrating the strong viability of the preparations. NA: noradrenaline.

2.4.2 Effect of PVAT on flavonoid-induced vasodilation

-PVAT and +PVAT rings were pre-contracted with a submaximal concentration of noradrenaline or phenylephrine to a similar level. Once a plateau was achieved, flavonoids were added cumulatively to construct a concentration-response curve. In some experiments, preparations were pre-incubated with 10 μ M mito-tempol for 30 min before stimulation by noradrenaline. In another series of experiments, -PVAT rings were pre-incubated with either 30 μ M pyrogallol for 20 min before the addition of 1 μ M noradrenaline. In the end, 100 μ M sodium nitroprusside was added to test the functional integrity of smooth muscle. Responses were calculated as a percentage of the contraction induced by noradrenaline or phenylephrine (Table 2.2), taken as 100% (Kassam et al., 2011).

2.4.3 Effect of PVAT on apigenin- and chrysin-induced relaxation of NaF-evoked contraction

-PVAT and +PVAT rings were pre-contracted with 10 mM NaF. Once the plateau was achieved, apigenin or chrysin was added cumulatively to construct a concentration-response curve. In the end, 100 μ M sodium nitroprusside was added to test the functional integrity of smooth muscle. Responses were calculated as a percentage of the contraction induced by NaF (Table 2.2), taken as 100%.

2.4.4 Effect of PVAT on fasudil-induced relaxation

-PVAT and +PVAT rings were pre-contracted with a submaximal concentration of noradrenaline or NaF to a similar level. Once a plateau was achieved, fasudil was added cumulatively to construct a concentration-response curve. In the end, 100 μ M sodium nitroprusside was added to test the functional integrity of smooth muscle. Responses were calculated as a percentage of the contraction induced by noradrenaline or NaF (Table 2.2), taken as 100%.

2.4.5 Effect of SR59230A on the functional interaction between PVAT and flavonoids

-PVAT and +PVAT rings were pre-incubated with 0.3 μ M SR59230A for 30 min and then contracted with noradrenaline to a similar level. Once a plateau was achieved, apigenin or chrysin was added cumulatively to construct a concentration-response curve. In the end, 100 μ M sodium nitroprusside was added to test the functional integrity of smooth muscle. Responses

were calculated as a percentage of the contraction induced by noradrenaline (Table 2.2), taken as 100%.

Table 2.2: Responses to noradrenaline, phenylephrine or NaF recorded under variousexperimental conditions.

X 7	D	Contrac	D		
vasoconstrictor	Drug	-PVAT	+PVAT	P value	
	DMSO	1674±120 (10)	1670±118 (9)	0.9814	
	Apigenin	1970±145 (8)	1971±171 (8)	0.9956	
	Chrysin	1658±156 (10)	1909±107(9)	0.1978	
	3,4'-Dihydroxyflavone	1704±115 (8)	1832±111 (9)	0.4355	
	Fisetin	2100±168 (11)	2009±123 (11)	0.6664	
	Fasudil	1433±174 (6)	1284±157 (7)	0.5365	
	Galangin	2021±124 (7)	2039±176 (7)	0.9365	
	Genistein	2194±101(8)	2017±216 (9)	0.4865	
NA	Hesperetin	1919±232 (9)	1684±142 (9)	0.4016	
	5-Hydroxyflavone	1601±153 (11)	1849±116 (12)	0.2056	
	Kaempferol	1829±171 (7)	1883±80 (7)	0.7785	
	Luteolin	2180±387 (7)	1583±170 (7)	0.1831	
	Quercetin	1907±195 (8)	1542±1542 (9)	0.1307	
	Resokaempferol	1474±101 (8)	1711±122 (8)	0.1555	
	Tamarixetin	1996±293 (4)	2656±366 (5)	0.1635	
	Apigenin (PVAT in bath)	2040±165 (7)	1973±136 (7)	0.7591	
	Chrysin (PVAT in bath)	2053±173 (8)	1820±115 (8)	0.2797	
NA+Mito-tempol	Apigenin	1793±239 (7)	1683±156 (7)	0.7063	
	Chrysin	1882±294 (6)	1655±115 (6)	0.3425	
	Apigenin NA	2368±174 (6)		0 1 4 5 4	
NA Duro collol	NA+pryo	2005±151 (6)		0.1454	
NA+Pyrogallol	Chrysin NA	1818±186 (10)		0.6045	
	NA+pryo	1914±154 (11)		0.0945	
	Apigenin NA	2180±95 (5)	1844±152 (5)	0.0967	
NA SP 50230A	NA+SR	1713±143 (7)	1543±145 (7)	0.4202	
INATSICJ9250A	Chrysin NA	1747±229 (8)	1599±147 (9)	0.5842	
	NA+SR	1813±288 (7)	1655±153 (8)	0.6236	
	DMSO	1202±158 (6)	1282±69 (6)	0.6515	
Phenylephrine	Apigenin	2027±203 (6)	1515±183 (6)	0.0910	
	Chrysin	1333±207 (7)	1420±165 (7)	0.7476	
	DMSO	2028±132 (5)	1820±204 (5)	0.4175	
NaE	Apigenin	2233±179 (8)	2078±96 (9)	0.4437	
1101	Chrysin	2311±210 (7)	2293±190 (8)	0.9476	
	Fasudil	1779±190 (11)	1877±169 (11)	0.6997	
NaF+Mito-tempol	Apigenin	1050±173 (6)	1503±101* (6)	0.0471	

Aorta rings were stimulated by noradrenaline (0.86 μ M-0.93 μ M), phenylephrine (0.92 μ M-1.1 μ M), or NaF (10 mM) and the ensuing contraction was measured in mg. The number of independent replicates is indicated in parenthesis. NA: noradrenaline; pyr: pyrogallol; SR: SR59230A.

2.5 Drugs and chemicals

The chemicals used were acetylcholine, apigenin, (-)-epigallocatechin, (-)-epigallocatechin gallate, fasudil, genistein, hesperetin, hesperidin, 5-hydroxyflavone, isorhamnetin, morin, (±)-naringenin, nifedipine, noradrenaline, phenylephrine, quercetin, rutin, scutellarein, SR59230A, (±)-taxifolin (Sigma Chimica, Milan, Italy), chrysin, galangin, kaempferol, resokaempferol, tamarixetin, 3,4'-dihydroxyflavone (Indofine, New Jersey, U.S.A), NaF, sodium nitroprusside (Riedel-De Haen AG, SeelzeHannover, Germany), pyrogallol (Merck, Darmstadt, Germany), fisetin, luteolin, and mito-tempol (Abcam, Milan, Italy). All other substances were of analytical grade and used without further purification. Phenylephrine was solubilized in 0.1 M HCl. Nifedipine was dissolved directly in ethanol, flavonoids in DMSO, pyrogallol, NaF, mito-tempol, and noradrenaline in distilled water.

2.6 Statistical analysis

Analysis of data was accomplished using LabChart 7.3.7 Pro (PowerLab; ADInstruments) and GraphPad Prism version 5.04 (GraphPad Software Inc.). Data are reported as mean \pm s.e.m; n is the number of rings analysed (indicated in parentheses), isolated from at least three animals. Statistical analyses and significance as measured by Student's t test for unpaired samples (two-tailed) were obtained using GraphPad Prism version 5.04 (GraphPad Software Inc.). In all comparisons, P<0.05 was considered significant. The pharmacological response to drugs, described in terms of potency (IC₅₀ or EC₅₀ value, i.e. the drug concentration that caused a decrease or increase of muscle tone equal to 50% of the maximum response, respectively) and efficacy (E_{max} , i.e. the maximal response achieved with the highest concentration tested), was obtained by nonlinear regression analysis.

CHAPTER 3

RESULTS

3. Results

3.1 PVAT antagonism towards noradrenaline

As shown in Fig. 3.1, noradrenaline contracted rings -PVAT in a concentration-dependent manner (EC₅₀ 30.9±10.0 nM; E_{max} 114.8±5.8%, n=8). The presence of PVAT, however, significantly reduced noradrenaline efficacy (E_{max} 94.2±5.1%, n=7; P=0.021 vs -PVAT). Also, potency was reduced, though statistical significance was not reached (EC₅₀ 149.3±79.9 nM, n=7; P=0.14 vs -PVAT).



Figure 3.1. Effect of PVAT on noradrenaline response in endothelium-denuded rat aorta rings. (A) Traces (representative of 7-8 similar experiments) of the contraction induced by cumulative concentrations (in log units M) of noradrenaline in ring PVAT-deprived (-PVAT, upper panel), or PVAT-intact (+PVAT, lower panel). The effect of 100 μ M sodium nitroprusside (SNP) is also shown. (B) Noradrenaline concentration-response curves constructed in endothelium-denuded rings -PVAT (red) or +PVAT (blue). In the ordinate scale, the response is reported as a

percentage of the contraction induced by 60 mM KCl in ring functional assay (-PVAT 1491±129 mg, n=8; +PVAT 1606±136 mg, n=7; P=0.553). Data points represent the mean±s.e.m.

3.2 Effect of flavonoids on PVAT anti-contractile activity

To assess the functional interaction between flavonoids and PVAT, a concentration-response curve to noradrenaline was constructed in both -PVAT and +PVAT rings in the presence of either various flavonoids (10 µM) or vehicle. The choice of this concentration was based on preliminary experiments performed with quercetin, chrysin, and genistein showing that 10 µM is the lowest concentration at which flavonoids significantly antagonized noradrenaline-induced response and relaxed aortic preparations pre-contracted by noradrenaline. Pre-incubation with flavonoids or vehicle, at the concentrations used in this study, did not affect the baseline tone (Fig. 3.2A-D). Noradrenaline was used to assess PVAT and flavonoid interplay under experimental conditions as physiological as possible. As shown in Table 3.1 and Fig. 3.2, in rings pre-incubated with vehicle PVAT reduced the efficacy of noradrenaline. Also, potency was decreased, though statistical significance was reached only in approximately half of the experiments. Among the flavonoids assessed, (-)-epigallocatechin (Fig. 3.2H), (-)-epigallocatechin gallate (Fig. 3.2I), hesperidin (Fig. 3.2N), isorhamnetin (Fig. 3.2P), morin (Fig. 3.2S), (±)naringenin (Fig. 3.2T), rutin (Fig. 3.2W), scutellarein (Fig. 3.2X), and (±)-taxifolin (Fig. 3.2Z) neither modified the activity of noradrenaline in the absence of PVAT nor affected the anticontractile effect of PVAT itself. All the remaining flavonoids significantly reduced noradrenaline efficacy in the order 3,4'-dihydroxyflavone (Fig. 3.2G) > galangin (Fig. 3.2K) > luteolin (Fig. 3.2R) > resokaempferol (Fig. 3.2V) > apigenin (Fig. 3.2E) \cong tamarixetin (Fig. $(3.2Y) \cong$ chrysin (Fig. 3.2F) > genistein (Fig. 3.2L) > 5-hydroxyflavone (Fig. 3.2O) \cong fisetin (Fig. 3.2J) \cong kaempferol (Fig. 3.2Q) \cong hesperetin (Fig. 3.2M) > quercetin (Fig. 3.2U). Surprisingly, in rings pre-treated with chrysin, fisetin, genistein, hesperetin, 5-hydroxyflavone, kaempferol, luteolin, quercetin, resokaempferol, and tamarixetin the efficacy of noradrenaline was independent of the presence of PVAT. Finally, PVAT counteracted the marked antagonism exerted by apigenin, galangin, and 3,4'-dihydroxyflavone towards noradrenaline-induced contraction.

Flavonoid	EC ₅₀ (nM)				E _{max} (%)				
	DMSO-PVAT	DMSO+PVAT	Flavonoid-PVAT	Flavonoid+PVAT	DMSO-PVAT	DMSO+PVAT	Flavonoid-PVAT	Flavonoid+PVAT	n
Apigenin	29.9±6.3	60.3±8.0*	81.0±18.8*	56.6±16.4	123.3±3.6	108.9±5.7*	89.1±4.1*	102.5±5.4 ^{&}	9
Chrysin	45.0±19.1	114.1±48.7	65.3±14.5	109.5±36.6	118.4±5.9	94.4±3.9*	90.5±11.9*	89.0±3.3	6-7
3,4'-	6.6±1.6	17.7±4.4*	42.1±30.5	30.4±11.4	127.0±5.4	102.9±4.6*	47.2±7.5*	87.3±4.1 ^{#,&}	5
Dihydroxyflavone									
(-)-Epigallocatechin	17.9 ± 7.4	34.2±12.4	13.7±1.9	28.1±9.3	123.4±4.1	101.5±2.8*	120.9±2.8	105.1±2.1 ^{&}	6
(-)-Epigallocatechin	9.0 ± 0.5	22.1±6.4	7.5 ± 4.9	13.5±5.3	137.0±6.2	113.2±4.6*	131.2±10.2	101.5±5.9 ^{&}	5
gallate									
Fisetin	21.6 ± 7.1	113.3±49.8*	52.1±28.9	103.7±43.8	121.9±4.1	98.6±3.9*	99.4±7.8*	97.2±4.7	6
Galangin	9.6±0.6	24.3±4.9*	120.3±70.4*	89.8±58.8	132.8±5.9	111.6±3.1*	72.3±8.8*	94.3±4.1 ^{#,&}	8
Genistein	23.3±6.6	48.1±9.0*	38.3±8.3	41.5±9.5	126.1±4.1	115.0±3.1*	101.3±8.0*	103.7±3.6 [#]	9-10
Hesperetin	21.6±11.3	38.9±15.7	38.2±15.2	41.2±14.4	126.3±3.0	107.9±3.9*	112.8±4.0*	109.7±2.9	6-7
Hesperidin	12.5±1.9	33.6±10.2*	15.9±3.3	27.0±6.9	129.1±5.9	111.8±4.9*	131.1±3.7	111.4±2.1 ^{&}	7
5-Hydroxyflavone	21.6±11.3	74.2±37.7	102.3±70.9	28.1±5.9	126.3±2.9	107.2±3.4*	103.6±4.6*	112.4±2.7	7
Isorhamnetin	11.0 ± 3.0	27.2±8.5	10.6±4.3	32.6±9.7	131.3±5.2	107.6±3.4*	126.2±4.4	102.8±9.1 ^{&}	4
Kaempferol	21.1±6.5	65.6±22.8*	113.7±42.6*	53.0±20.9	115.6±4.1	102.5±2.9*	95.6±5.7*	94.0±5.6	7
Luteolin	49.6±11.4	172.8±41.0*	59.1±13.1	173.0±70.3	109.4±2.1	92.9±6.3*	54.9±8.0*	57.1±10.5 [#]	7
Morin	20.8 ± 4.8	73.3±31.1*	16.3±2.8	63.5±20.3 ^{&}	119.7±3.5	102.2±5.3*	117.0±1.9	103.8±4.9 ^{&}	7
(±)-Naringenin	47.5±10.1	170.0±35.6*	62.1±14.0	122.2±28.0 ^{&}	111.0±2.4	95.1±5.8*	107.8±3.5	88.5±7.3 ^{&}	8
Quercetin	23.0±4.5	123.6±29.7*	9.5±2.4*	80.7±21.8 ^{&}	120.2±2.5	100.4±5.4*	108.4±2.9*	98.4±4.4	7-9
Resokaempferol	6.6±1.6	17.7±4.4*	13.9±4.5	36.1±12.3	127.0±5.4	102.9±4.5*	78.2±9.6*	85.6±8.0	5
Rutin	14.7 ± 2.0	43.5±19.3	16.4±2.0	30.0±8.9	129.9±5.9	108.7±4.3*	125.9±4.1	108.3±4.7 ^{&}	7-8
Scutellarein	16.1±6.6	35.2±10.6	13.4±4.9	51.4±23.6	116.8±4.4	103.5±3.2*	113.6±3.2	104.5±2.0 ^{&}	7
Tamarixetin	9.8±2.7	17.1±4.8	11.3±3.2	34.1±15.6	144.1±6.4	118.0±4.8*	113.8±7.9*	110.5±5.2	7
(±)-Taxifolin	13.3±2.7	21.4±5.9	10.8±2.6	15.8±6.5	138.4±6.3	119.0±5.7*	137.1±5.0	115.8±3.2 ^{&}	6

Table 3.1. Effect of flavonoids on noradrenaline response and the anti-contractile activity of PVAT

Endothelium-denuded thoracic rat aorta rings either -PVAT or +PVAT were pre-incubated with 10 μ M flavonoids or vehicle for 30 min and then a concentration-response curve to noradrenaline was constructed. Potency (EC₅₀) and efficacy values (E_{max}, expressed as a percentage of 60 mM KCl-induced contraction) for noradrenaline are mean±s.e.m of n experiments performed. *, *, * P<0.05 vs DMSO-PVAT, DMSO+PVAT, and flavonoid-PVAT, respectively, Student's t test for unpaired samples.








Figure 3.2. Effect of flavonoids on noradrenaline-induced response in endothelium-denuded thoracic aorta rings either in the absence (-PVAT) or in presence of PVAT (+PVAT). (A-D) Aortic rings -PVAT (A,C) or +PVAT (B,D) were pre-incubated with (A,B) vehicle (DMSO) or (C,D) 10 μ M chrysin and then cumulative concentrations of noradrenaline were added (in log units M); traces are representative of 6-7 similar experiments. (E-Z) Noradrenaline concentration-response curves constructed in preparation pre-incubated with vehicle (DMSO) or 10 μ M of different flavonoids for 30 min. In the ordinate scale, the response is reported as a percentage of the tension induced by 60 mM KCl in ring functional assay. Data points represent the mean±s.e.m (n=4-10). (-)-EGC, (-)-epigallocatechin; (-)-EGCG, (-)-epigallocatechin gallate; 3,4'-DHF, 3,4'-dihydroxyflavone; 5-HF, 5-hydroxyflavone.

3.3 Effect of PVAT on the vasorelaxant activity of flavonoids

In the first series of experiments, the stability of vessel active tone induced by noradrenaline was assessed. As shown in Figure 3.3, in time control experiments, matching those performed with each flavonoid, noradrenaline-induced contraction in rings-PVAT showed a partial, significant, fading, though only after 60 min, corresponding to the highest concentration of flavonoids used. On the contrary, the residual tone measured in rings+PVAT was reduced by a mere 14%. Overlapping results were observed when assessing the effect of vehicle (i.e., DMSO).



Figure 3.3. Effect of DMSO on and stability of the noradrenaline-induced tension in endothelium-denuded thoracic aorta rings. The steady-state contraction evoked by a submaximal concentration of noradrenaline in preparations without (-PVAT) or with PVAT (+PVAT) was monitored for 60 min as well as after the addition of cumulative concentrations of DMSO, matching those necessary to construct a concentration-response curve to each flavonoid (see below). In the ordinate scale, response is reported as a percentage of the initial tension induced by noradrenaline (NA). Data points represent the mean \pm s.e.m. (n=9-10). * P<0.05 vs. -PVAT, Student's t test for unpaired samples.

Another series of experiments were performed to assess PVAT modulation of flavonoid vasorelaxant activity towards noradrenaline-induced contraction (compounds that resulted ineffective in the previous experiments were not assessed further). As shown in Table 3.2 and Fig. 3.4, flavonoids caused **a** concentration-dependent relaxation of noradrenaline-induced contraction with IC_{50} values in the range of 10-70 μ M. The presence of PVAT significantly decreased the potency of all the compounds (except fisetin, kaempferol, luteolin, and quercetin) and the efficacy of chrysin, fisetin, genistein, hesperetin, 5-hydroxyflavone, and tamarixetin. The vasorelaxant activity of kaempferol, luteolin and quercetin was similar in both -PVAT and +PVAT preparations.

Flavonoid	$IC_{50}(\mu M)$		E _{max} (%)	
	-PVAT	+PVAT	-PVAT	+PVAT
DMSO				
Apigenin	11.4±2.2 (8)	26.1±4.2* (8)	98.0±1.3 (5)	92.0±2.6 (7)
Chrysin	13.4±1.9 (10)	31.5±4.4* (9)	99.4±0.4 (6)	85.8±4.4* (9)
3,4'-Dihydroxyflavone	10.8±1.9 (8)	21.8±3.9* (9)	92.7±2.5 (7)	89.1±3.1 (9)
Fisetin	31.4±2.7 (11)	40.5±4.9 (11)	99.6±0.3 (11)	91.0±3.4* (11)
Galangin	16.4±2.3 (7)	26.8±2.5* (7)	94.9±1.5 (5)	93.4±2.3 (7)
Genistein	13.2±2.6 (8)	46.7±6.9* (9)	97.1±0.8 (5)	87.8±3.9* (9)
Hesperetin	74.6±24.2 (9)	>100 (9)	71.6±8.5 (9)	43.1±7.5* (9)
5-Hydroxyflavone	20.2±4.9 (11)	~ 100 (12)	93.0±4.3 (9)	55.4±10.3* (12)
Kaempferol	29.5±1.9 (7)	27.1±1.8 (7)	95.2±1.7 (7)	96.3±1.2 (7)
Luteolin	12.3±1.6 (7)	13.4±1.3 (7)	99.2±0.8 (7)	98.1±0.8 (7)
Quercetin	44.2±4.8 (8)	33.1±5.3 (9)	80.2±1.9 (8)	85.9±2.7 (9)
Resokaempferol	12.6±1.7 (8)	24.3±3.1* (8)	99.0±0.7 (6)	96.2±0.6 (8)
Tamarixetin	42.6±10.7 (4)	~ 100 (5)	78.7±6.6 (4)	53.0±6.6* (5)

 Table 3.2. Effect of PVAT on flavonoid vasorelaxant activity

Endothelium-denuded thoracic aorta rings were pre-contracted with noradrenaline to similar a level. When muscle tone reached a plateau, each flavonoid was added at cumulative concentrations. Potency (IC₅₀) and efficacy (E_{max}) were calculated by non-linear regression analysis. -PVAT IC₅₀ values for hesperetin and tamarixetin are estimated. Data represent the

mean \pm s.e.m; numbers in parenthesis indicate the experiments performed. *P<0.05 vs -PVAT, Student's t test for unpaired samples.







Figure 3.4. Effect of PVAT on the vasorelaxant activity of different flavonoids in endotheliumdenuded thoracic aorta rings. (A,B) The steady-state contraction was evoked by a submaximal concentration of noradrenaline (NA) to similar levels in preparations without (-PVAT) or with PVAT (+PVAT) and then (A) apigenin or (B) chrysin was added cumulatively. Traces are representative of 8-10 similar experiments. (C-P) Flavonoid concentration-response curves constructed in rings -PVAT and +PVAT. In the ordinate scale, relaxation is reported as a percentage of the initial tension induced by noradrenaline (NA). Data points represent the mean±s.e.m.

3.4 Effect of PVAT "in bath" on the vascular activity of apigenin and chrysin

Two reasons prompted us to select apigenin and chrysin to investigate the mechanism responsible for the functional interaction between flavonoids and PVAT. First, they relaxed aortic preparations with IC_{50} values that markedly inhibited noradrenaline-induced response. Second, both their antispasmodic and spasmolytic activities were counteracted by the presence of PVAT.

As PVAT might function as a physical barrier limiting the diffusion of flavonoids towards vascular smooth muscle, in this series of experiments PVAT was detached from rings and left in the organ bath throughout the experiment. Then, the effect of the two flavonoids on noradrenaline response was re-assessed. As shown in Fig. 3.5A,B, under these experimental conditions, the anti-contractile effect of PVAT was lost; furthermore, the antagonistic effect of both chrysin and apigenin towards noradrenaline was not affected. In fact, the vasorelaxant activity of both apigenin and chrysin was not also modified by the presence of PVAT in the organ bath (Fig. 3.5C,D).



Figure 3.5. Effect of PVAT "in bath" either on noradrenaline-induced contraction or on flavonoid-induced relaxation. (A,B) Endothelium-denuded thoracic aorta rings pre-incubated with vehicle (DMSO), (A) 10 μ M apigenin or (B) 10 μ M chrysin for 30 min were challenged with cumulative concentrations of noradrenaline. PVAT was removed from the preparations (-PVAT) and, in some experiments, left in the organ bath (+PVAT in bath). (C,D) Concentration-response curves to (C) apigenin and (D) chrysin constructed in rings pre-contracted with 1 μ M noradrenaline either in the absence (-PVAT) or presence of PVAT in the organ bath (+PVAT in bath). In the ordinate scale, the response is reported as a percentage of the tension induced either by (A,B) 60 mM KCl in ring functional assay or (C,D) by 1 μ M noradrenaline (NA). Data points represent the mean±s.e.m.

3.5 Effect of PVAT on the anti-spasmodic activity of apigenin and chrysin

In this series of experiments, the anti-spasmodic activity of flavonoids was assessed in rings stimulated with cumulative concentrations of KCl in the absence or presence of PVAT. As previously reported (Soltis and Cassis 1991; Gao et al. 2005), PVAT did not affect the response to KCl. In fact, under control conditions, KCl contracted -PVAT and +PVAT preparations with

similar potency (EC₅₀ -PVAT 20.4±1.7 mM, +PVAT 23.1±1.3 mM, n=6-7; P=0.234) and efficacy (E_{max} -PVAT 102.6±1.8%, +PVAT 105.7±1.6%, n=6-7; P=0.217). Similar results were obtained in rings pre-incubated with the vehicle (DMSO; Fig. 3.6). In rings -PVAT pre-incubated with either 10 µM apigenin (EC₅₀ DMSO 20.2±1.6 mM, apigenin 22.8±1.4 mM, n=10; P=0.242; E_{max} DMSO 101.7±2.4%, apigenin 75.4±3.1%, n=10; P<0.0001) (Fig. 3.6A) or chrysin (EC₅₀ DMSO 19.6±1.7 mM, chrysin 25.4±1.9 mM, n=9; P=0.042; E_{max} DMSO 102.8±2.4%, chrysin 70.4±4.1%, n=9; P<0.0001) (Fig. 3.6B), the response evoked by KCl was significantly reduced. As shown in Fig. 3.6, also in rings +PVAT the response to KCl was antagonized by both apigenin (EC₅₀ 24.7±1.6 mM, P=0.779 vs -PVAT; E_{max} 77.0±4.6%, n=9; P=0.299) similarly to what observed in rings -PVAT.



Figure 3.6. Effect of PVAT on the anti-spasmodic activity of apigenin and chrysin towards KCl. KCl concentration-response curves were constructed in endothelium-denuded thoracic aorta rings pre-incubated with vehicle (DMSO), (A) 10 μ M apigenin or (B) 10 μ M chrysin for 30 min. In the ordinate scale, the response is reported as a percentage of the contraction induced by 60 mM KCl in ring functional assay. Data points represent the mean±s.e.m.

3.6 Effect of mito-tempol on the functional interaction between flavonoids and PVAT

To test the hypothesis that the functional interaction between PVAT and apigenin or chrysin is mediated by the production of superoxide anion at PVAT mitochondrial level, -PVAT and +PVAT rings were pre-incubated with 10 μ M mito-tempol for 30 min prior to construct a noradrenaline concentration-response curve. As shown in Fig. 3.7A,B, mito-tempol abolished the functional interaction between PVAT and both apigenin (EC₅₀ -PVAT 78.9±33.5 nM, +PVAT

99.5±66.9, n=6; P=0.790; E_{max} -PVAT 65.6±2.9%, +PVAT 38.1±4.0%, n=6; P=0.0003) and chrysin (EC₅₀ -PVAT 33.2±3.4 nM, +PVAT 160.2±11.1 nM, n=6; P<0.0001; E_{max} -PVAT 67.2±5.2%, +PVAT 49.5±2.3%, n=6; P=0.011) (see Fig. 3.2 E,F for a comparison).

In a second series of experiments, the vasorelaxant activity of apigenin and chrysin was assessed on noradrenaline pre-contracted rings in the presence of 10 μ M mito-tempol. As shown in Fig. 3.7C,D, mito-tempol reverted the antagonism exerted by PVAT towards apigenin (IC₅₀ -PVAT 13.0±1.3 μ M, +PVAT 14.2±2.5 μ M, n=7; P=0.685; E_{max} -PVAT 97.1±0.7%, +PVAT 93.7±4.4%, n=3-6; P=0.581) and chrysin (IC₅₀ -PVAT 11.9±2.3 μ M, +PVAT 14.5±1.8 μ M, n=6; P=0.374; E_{max} -PVAT 90.5±3.6%, n=3; +PVAT 89.3±1.9%, n=4; P=0.768) (see Fig. 3.4C,D for a comparison).



Figure 3.7. Effect of mito-tempol on the functional interaction between PVAT and flavonoids. (A,B) Endothelium-denuded thoracic aorta rings -PVAT or +PVAT were pre-incubated with 10 μ M mito-tempol for 30 min and then treated with vehicle (DMSO), (A) 10 μ M apigenin or (B) 10 μ M chrysin for 30 min before constructing a noradrenaline concentration-response curve or pre-contracted by 1 μ M noradrenaline before constructing a concentration-response curve to either (C) apigenin or (D) chrysin. In the ordinate scale, the response is reported as a percentage

of the tension induced by (A,B) 60 mM KCl in ring functional assay or (C,D) 1 μ M noradrenaline (NA). Data points represent the mean±s.e.m.

3.7 Effect of pyrogallol on flavonoid vasodilatory activity

To strengthen the hypothesis of the superoxide radical involvement in the functional interaction between PVAT and apigenin or chrysin, rings -PVAT were pre-incubated with 30 μ M pyrogallol, a superoxide donor (Gao et al. 2006), for 20 min, before the addition of 1 μ M noradrenaline. Then, a cumulative concentration-response curve to either apigenin or chrysin was constructed. As shown in Fig. 3.8, under control conditions, both flavonoids relaxed noradrenaline-induced tone with IC₅₀ values of 14.3±1.7 μ M (apigenin, n=6) and 15.3±4.3 μ M (chrysin, n=10). In preparations pre-treated with pyrogallol, a significant rightward shift was observed, IC₅₀ values being 24.2±1.5 μ M (n=6; P=0.001) and 29.1±4.3 μ M (n=11; P=0.035) for apigenin and chrysin, respectively. Efficacy, however, remained unaffected.



Figure 3.8. Effect of pyrogallol on apigenin and chrysin vasorelaxant activity. Endotheliumdenuded thoracic aorta rings were pre-contracted with 1 μ M noradrenaline and then either (A) apigenin or (B) chrysin was added cumulatively. In the ordinate scale, the response is reported as a percentage of the initial tension induced by noradrenaline (NA). Data points represent the mean±s.e.m.

3.8 Effect of flavonoids on NaF-induced contraction in the absence or presence of PVAT

In the first series of experiments, the effect of DMSO on vessel active tone induced by NaF was assessed. As shown in Figure 3.8, in rings both -PVAT and +PVAT, the addition of cumulative

concentrations of DMSO did not produce any significant effect, the residual tone measured at the maximal added concentration being reduced by a mere 10%.



Figure 3.9. Effect of DMSO on NaF-induced tension in endothelium-denuded thoracic aorta rings. The steady-state contraction evoked by 10 mM NaF in preparations without (-PVAT) or with PVAT (+PVAT) was monitored after the addition of cumulative concentrations of DMSO, matching those necessary to construct a concentration-response curve to each flavonoid (see below). In the ordinate scale, response is reported as a percentage of the initial tension induced by NaF. Data points represent the mean \pm s.e.m. (n=5).

Another series of experiments were performed to assess a possible involvement of the Rho/Rhokinase pathway in the functional interaction between PVAT and apigenin or chrysin. -PVAT and +PVAT rings were challenged by 10 mM NaF, a known activator of this enzyme (Yang et al. 2010), before constructing a concentration-response curve for both flavonoids. NaF evoked a slow and strong contraction (Fig. 3.10A) that was not affected by the presence of PVAT (see Table 2.2). In rings -PVAT (Fig. 3.10A,B), addition of apigenin induced a concentrationdependent relaxation of NaF-induced tone with a potency (IC₅₀ 17.2±2.5 μ M, n=8; P=0.110) and an efficacy (E_{max} 94.1±1.5%, n=6; P=0.083) not significantly different from those recorded in noradrenaline pre-contracted preparations (see Table 3.2). Chrysin, however, resulted less effective under these experimental conditions (Fig. 3.10C), as the IC₅₀ value (24.9±5.7 μ M, n=7; P=0.043) and E_{max} value (90.3±1.6%, n=7; P=0.0003) were higher and lower, respectively, than those obtained in noradrenaline challenged rings. Vasorelaxation induced by chrysin was not significantly affected by the presence of PVAT (IC₅₀ 29.3±5.5 μ M, n=8; P=0.583 vs -PVAT; E_{max} 92.0±0.9%, n=8; P=0.349, Fig. 3.10C) whereas that of apigenin was significantly reduced (IC₅₀ 28.2±4.0 μ M, n=9; P=0.038), though its efficacy remained unaltered (E_{max} 93.1±0.9%, n=9; P=0.565; Fig. 3.10B). Noticeably, in rings pre-treated with 10 μ M mito-tempol, PVAT antagonism towards apigenin was abolished (IC₅₀ -PVAT 6.5±0.6 μ M, +PVAT 8.9±1.6 μ M, n=6; P=0.200) (Fig. 3.10D), both concentration-response curves being significantly shifted to the left (-PVAT, P=0.004; +PVAT P=0.002).



Figure 3.10. Effect of apigenin and chrysin on NaF-induced contraction. (A) The steady-state contraction was evoked in endothelium-denuded thoracic aorta rings -PVAT (upper panel) or +PVAT (lower panel) by 10 mM NaF and then apigenin (μ M) was added cumulatively. Traces are representative of 8 similar experiments. (B-D) Concentration-response curves to (B,D) apigenin and (C) chrysin constructed in -PVAT and +PVAT rings pre-contracted by NaF (B,C)

under control conditions and (D) in the presence of 10 μ M mito-tempol, pre-incubated for 30 min before NaF stimulation. In the ordinate scale, the response is reported as a percentage of the initial tension induced by NaF. Data points represent the mean±s.e.m.

3.9 Effect of PVAT on fasudil-induced vasorelaxation

To strengthen the hypothesis of Rho/Rho-kinase pathway involvement in the functional interaction between flavonoids and PVAT, the Rho-kinase inhibitor fasudil (Huang et al. 2018) was assessed in rings pre-contracted with either 1 μ M noradrenaline or 10 mM NaF, both in absence or presence of PVAT. As shown in Fig. 3.11A, fasudil caused concentration-dependent relaxation of -PVAT preparations pre-contracted by noradrenaline, with an IC₅₀ value of 0.15±0.06 μ M (n=6). The presence of PVAT significantly decreased the potency of fasudil (IC₅₀ 1.03±0.35 μ M, n=7; P=0.041) without, however, affecting its efficacy (E_{max} -PVAT 99.0±1.1%, +PVAT 98.4±1.2%, n=4; P=0.918). In rings pre-contracted by NaF (Fig. 3.11B), neither the potency (IC₅₀ -PVAT 0.83±0.32 μ M, +PVAT 1.01±0.42 μ M, n=11; P=0.731) nor the efficacy of fasudil (E_{max} -PVAT 93.9±2.2%, +PVAT 93.7±1.9%, n=5; P=0.952) were modified by the presence of PVAT.



Figure 3.11. Effect of PVAT on fasudil vasorelaxant activity. Endothelium-denuded thoracic aorta rings were pre-contracted by either (A) 1 μ M noradrenaline or (B) 10 mM NaF and then fasudil was added cumulatively. In the ordinate scale, the response is reported as a percentage of the initial tension induced by either noradrenaline (NA). Data points represent the mean±s.e.m.

3.10 Effect of PVAT on the vasorelaxant activity of apigenin and chrysin on phenylephrineinduced contraction

In the first series of experiments, the stability of vessel active tone induced by phenylephrine was assessed. As shown in Figure 3.12, in time control experiments, matching those performed with each flavonoid, phenylephrine-induced contraction in rings-PVAT displayed a partial fading accounting for less than 20% loss of tone in correspondence to the highest concentration of flavonoids used. This fading was not affected by the presence of PVAT. Overlapping results were observed when assessing the effect of vehicle (i.e., DMSO).



Figure 3.12. Effect of DMSO on and stability of the phenylephrine-induced tension in endothelium-denuded thoracic aorta rings. The steady-state contraction evoked by a submaximal concentration of phenylephrine in preparations without (-PVAT) or with PVAT (+PVAT) was monitored for 60 min as well as after the addition of cumulative concentrations of DMSO, matching those necessary to construct a concentration-response curve to each flavonoid (see below). In the ordinate scale, response is reported as a percentage of the initial tension induced by phenylephrine (phe). Data points represent the mean \pm s.e.m. (n=7-8).

Another series of experiments were performed to assess the possible involvement of β_3 receptors in mediating the functional interplay between PVAT and flavonoids. Both -PVAT and +PVAT rings were pre-contracted with the α_1 adrenergic receptor-selective agonist phenylephrine to similar levels and then apigenin or chrysin was added cumulatively. As shown in Fig. 13, in rings -PVAT both flavonoids relaxed phenylephrine-induced tone (apigenin IC₅₀ 11.4±1.9 µM, E_{max} 99.2±0.3%, n=5-6; chrysin IC₅₀ 16.0±2.4 µM, E_{max} 98.3±2.6%, n=6-7). In +PVAT preparations, both potency (IC₅₀ 25.1±5.1 µM, n=6; P=0.032 vs -PVAT) and efficacy of apigenin (E_{max} 91.5±3.2%, n=5; P=0.044; Fig. 13A) of apigenin were significantly reduced. However, neither potency of chrysin (17.8±3.2 µM, n=7; P=0.659 vs -PVAT) nor efficacy (E_{max} 94.4±2.5%, n=7; P=0.212; Fig. 13B) were affected by the presence of PVAT.



Figure 3.13. Effect of PVAT on apigenin and chrysin vasorelaxant activity towards phenylephrine-induced contraction. Both -PVAT and +PVAT endothelium-denuded thoracic aorta rings were pre-contracted by phenylephrine to similar levels and then either (A) apigenin or (B) chrysin was added cumulatively. In the ordinate scale, the response is reported as a percentage of the initial tension induced by phenylephrine (phe). Data points represent the mean±s.e.m.

3.11 Effect of SR59230A on the functional interplay between PVAT and flavonoids

To reinforce the hypothesis of superoxide anion release from PVAT as a result of β_3 receptor stimulation, both -PVAT and +PVAT rings were pre-incubated with 0.3 μ M SR59230A (a selective β_3 receptor antagonist; (Gan et al. 2007) prior to stimulation by noradrenaline. As shown in Fig. 1.14, SR59230A abolished the antagonism exerted by PVAT towards apigenin (IC₅₀ -PVAT 3.5±0.9 μ M, n=7, +PVAT 3.9±0.7 μ M, n=8; P=0.746; E_{max} -PVAT 98.9±1.1%, +PVAT 98.0±0.7%, n=4-8; P=0.475) and chrysin (IC₅₀ -PVAT 5.7±1.3 μ M, n=7, +PVAT 5.9±1.2 μ M, n=8; P=0.374; E_{max} -PVAT 99.4±0.4%; +PVAT 99.1±0.9%, n=4; P=0.785). The

presence of SR59230A caused a significant leftward shift of the concentration response curves of both -PVAT and +PVAT rings (apigenin -PVAT+SR59230A, P=0.015; +PVAT+SR59230A, P=0.0008; chrysin -PVAT+SR59230A, P=0.040; +PVAT+SR59230A, P<0.0001).



Figure 3.14. Effect of SR59230A on the functional interplay between PVAT and flavonoids. Both -PVAT and +PVAT endothelium-denuded thoracic aorta rings were pre-incubated with 0.3 μ M SR59230A (SR) or none for 30 min and then contracted by noradrenaline to similar levels. On the plateau, either (A) apigenin or (B) chrysin was added cumulatively. In the ordinate scale, the response is reported as a percentage of the initial tension induced by noradrenaline (NA). Data points represent the mean±s.e.m.

CHAPTER 4

DISCUSSION

4. Discussion

The present study aimed to assess the possible functional interplay between PVAT and a series of dietary flavonoids. The main findings include: 1) flavonoids antagonized noradrenaline-induced response in a non-competitive and structure-dependent manner; 2) in the presence of PVAT, flavonoid antagonistic effect was either lost or reduced and the vasorelaxant activity either decreased or remained unaffected; 3) the vasorelaxant activity of apigenin and chrysin may be mediated, at least partially, by the Rho/Rho-kinase pathway; and 4) the stimulation of β_3 adrenergic receptors by noradrenaline and/or apigenin, likely resulted in the PVAT release of superoxide anions that, in turn, diffused down to VSMCs and activate the Rho/Rho-kinase pathway, thus inhibiting flavonoid vasorelaxant activity (Fig. 4.2).

4.1 Flavonoids antagonized noradrenaline response in a non-competitive and structuredependent manner

Several flavonoids antagonized noradrenaline-induced response in a non-competitive manner. The structure-activity relationship revealed the structural requirements necessary for this antagonism (Fig. 4.1). The presence of one OH group in the flavonoid scaffold conferred a modest activity (5-hydroxyflavone), which markedly increased by adding another OH group, giving rise to the most potent compound (3,4'-dihydroxyflavone); the two OH groups, however, must be positioned on different rings (namely B and C rings) as the analogue chrysin was dramatically less effective. Flavonoids bearing three OH groups (apigenin, galangin, and resokaempferol) showed an inhibitory activity between 33% and 60%; in this case, however, the isoflavone structure (genistein) showed reduced activity. When the number of OH groups increased to four (one being methoxylated as in hesperetin), noradrenaline response was reduced by a mere 20% (fisetin and kaempferol), unless the groups were equally distributed on rings A and B only (luteolin) giving rise to an about 50% inhibition. In fact, unequal distribution occurring in scutellarein abolished the inhibitory activity. A further increase in the number of OH groups to five did not give rise to effective inhibition except for tamarixetin, bearing a methoxylated group in para position on the B ring (meta position in fact was ineffective as in isorhamnetin). Finally, the lack of the C2-C3 double bond, the presence of a bulky glycoside group(s), or catechins gave rise to structures devoid of activity. One limitation of this study, to our knowledge the first screening such a large number of flavonoids towards the adrenergic

receptor agonist noradrenaline, is that the molecular mechanism underpinning this antagonism was not investigated. However, it pointed to flavonols bearing one (3,4'-dihydroxyflavone) or two OH groups (galangin) as the most effective, non-competitive antagonists. Though the dietary flavonoids ingested, taken singularly, will never give rise to plasma concentrations comparable to those effective reported in this study, our diet is a rich mixture of these natural molecules that might act synergistically or additively to counteract endogenous α_1 receptor agonists, reduce vascular smooth muscle tone and hence high blood pressure. These observations, therefore, might provide additional support to the substantial epidemiological evidence that people ingesting a high amount of food and/or beverages rich in flavonoids are more protected against hypertension development (Clark et al. 2015).

Noticeably, the non-competitive antagonism exerted by flavonoids towards noradrenaline indicates that the molecular target(s) underpinning this phenomenon is situated downstream to α_1 receptors, where several stimulatory pathways occurred, thus supporting their effectiveness against hypertension inducers such as angiotensin II or endothelin. Indeed, flavonoids induce vasodilation of different vascular beds by blocking Ca²⁺ channels, opening K⁺ channels, inhibiting Ca²⁺ release from or stimulating Ca²⁺ uptake to intracellular stores, inhibiting enzymes such as protein kinase C, Rho-kinase, and phosphodiesterases, stimulating soluble guanylyl cyclase, protein kinase A, and protein kinase G, and stimulating of β receptor (Ahmed 2021). However, direct binding studies of flavonoids to these molecular targets, particularly adrenergic receptors, are lacking. Though, with regard to Ca_V 1.2 channels, Fusi et al. (2003) demonstrated that myricetin did not significantly affect the binding of (+)-[³H]PN-200-110 (a dihydropyridine capable to bind specifically to the α -subunit of Ca_V1.2 channels) to porcine aortic membranes, contrary to nicardipine and (S)-(-)-Bay K 8644, which displaced it in a concentration-dependent manner.



Figure 4.1 Structure-activity relationship for the flavonoids assessed for antagonism towards noradrenaline-induced contraction. Antagonism: — very weak (<20%); — — weak (20-45%); — — — moderate (45-75%); — — — potent (>75%).

4.2 PVAT and flavonoids exhibited a multifaceted interaction

In the presence of PVAT, the compounds that did not antagonize the noradrenaline-induced response did not affect also the anti-contractile effect of PVAT. On the other hand, flavonoids antagonizing noradrenaline response either lost their inhibitory activity (their effect was not additive to the anti-contractile activity of PVAT; chrysin, fisetin, genistein, hesperetin, 5-hydroxyflavone, kaempferol, quercetin, resokaempferol, and tamarixetin) or significantly decreased (apigenin, 3,4'-dihydroxyflavone, and galangin). Consistently, the vasorelaxant activity of all these compounds was reduced except for kaempferol, luteolin and quercetin.

When considering the slow, time-dependent fading of noradrenaline-induced tone that was recorded either under control conditions or following the addition of DMSO, one could argue that this effect might have biased the direct vasorelaxant activity of flavonoids. However, several evidence suggest that this hypothesis can be ruled out. First, the vehicle did not exert any vasorelaxant activity *per se*, because the loss of active tone caused by the highest concentrations of DMSO overlapped that observed in its absence. Second, most of the experiments here presented were performed using a flavonoid concentration (10 μ M) at which noradrenaline-induced tone was still around 100%. Third, in most concentration-response curve for flavonoids, IC₅₀ values were below 30 μ M, thus marginally affecting, if any, only E_{max} values.

Altogether, this finding suggests that PVAT and flavonoids exhibit a multifaceted interplay: PVAT antagonizes the vascular activity of flavonoids or flavonoids inhibit the anti-contractile effect of PVAT.

Noticeably, kaempferol, luteolin, and quercetin, on one hand, exerted an antagonistic effect towards noradrenaline to variable levels; this effect was lost or independent of the presence of PVAT. On the other hand, their vasorelaxant activity was not affected by PVAT. This may imply that these flavonoids inhibit the anti-contractile effect of PVAT. However, this hypothesis or other plausible mechanisms underpinning this phenomenon were not investigated in this study and deserved further investigation in the future.

Of note, genistein inhibition of PVAT anti-contractile effect described here is in agreement with what was previously reported by Löhn and co-worker (Löhn et al. 2002) who pointed to tyrosine kinase inhibition as the mechanism underpinning this phenomenon. Furthermore, PVAT markedly inhibited genistein vasorelaxant activity in this work. A likely explanation for this observation is reported below.

4.3 PVAT does not act as a physical barrier to limit the diffusion of flavonoids

Apigenin and chrysin were selected as the most representative compounds, capable of antagonizing vascular response to noradrenaline and functionally interacting with PVAT, to elucidate the mechanism underpinning this interplay. First, the hypothesis that PVAT may act as a physical barrier limiting the diffusion of flavonoids to vascular smooth muscle cells was assessed. PVAT detached from rings, though left in the organ bath, lost its anti-contractile activity towards noradrenaline and did not counteract both antagonistic and vasorelaxant activities of flavonoids. However, apigenin and chrysin antagonized also KCl-induced contraction in both -PVAT and +PVAT rings with comparable potency and efficacy. This type of contraction induced by membrane depolarization is not affected by the presence of PVAT (Soltis and Cassis 1991; Löhn et al. 2002). These observations indicate that: PVAT does not limit the diffusion of flavonoids to the underlying vascular smooth muscle; factors released from PVAT, likely characterized by a brief half-life, are critical to the functional interplay between PVAT and flavonoids, observed only when PVAT was in contiguity to the smooth muscle. In this regard, Gao et al. (2007) demonstrated that aortic PVAT exerts its anti-contractile effects through either of two distinct mechanisms: one releasing a transferable relaxing factor that induces endothelium-dependent relaxation; the other involving an endothelium-independent factor. The latter hypothesis is in line with what is reported in the present work.

4.4 Superoxide anion mediates the functional interplay between flavonoids and PVAT

Superoxide anion, produced within PVAT, contributes to the pro-contractile effect observed in rat superior mesenteric artery in response to electrical field stimulation (Gao et al. 2006) and obese animal models (Gil-Ortega et al. 2014). As noradrenaline is capable to stimulate mitochondrial superoxide anion production from PVAT of rat aorta rings (Costa et al. 2016), it was hypothesized that this radical might be involved in the functional interplay between PVAT

and flavonoids. Two pieces of evidence supported this hypothesis. First, the mitochondriatargeted antioxidant, superoxide dismutase mimetic, mito-tempol abolished PVAT antagonism towards the spasmolytic and antispasmodic activities of apigenin and chrysin. Second, in rings -PVAT the superoxide donor pyrogallol decreased the vasorelaxant potency of both apigenin and chrysin, mimicking the effect of PVAT. ROS or superoxide anion produced from PVAT could be originated from mitochondria, NADPH oxidases, and endothelial nitric oxide synthase (eNOS) uncoupling. High vascular oxidative stress is an important pathologic and detrimental event in cardiometabolic complications of obesity, hypertension and type 2 diabetes mellitus (Zhou et al., 2021).

4.5 The Rho/Rho-kinase pathway mediates the vascular activity of apigenin and chrysin and the functional interplay between PVAT and flavonoids

Several studies have demonstrated that superoxide anion induces a contractile effect in different vascular beds through the modulation of the arachidonic acid pathway (Bharadwaj and Prasad 2002), and NO inactivation at the endothelial level (Wang et al. 1998), or activation of the smooth muscle Rho-kinase pathway (Jin et al. 2004). The former mechanism can be ruled out due to the absence of endothelium in the preparations used here. The latter mechanism was investigated by maximally stimulating the Rho/Rho-kinase pathway by NaF. First, both apigenin and chrysin concentration-dependently relaxed NaF-induced contraction suggesting that their vasorelaxant effect might occur, at least partially, through Rho/Rho-kinase inhibition. Second, under these experimental conditions, the presence of PVAT did not affect chrysin vasorelaxant activity but significantly reduced that of apigenin. The latter, however, was restored by pretreatment with mito-tempol suggesting that, besides noradrenaline, also apigenin can induce superoxide anion production from PVAT. Finally, to reinforce the role of Rho-kinase in mediating the functional interplay between PVAT and flavonoids, the Rho-kinase inhibitor fasudil was assessed in the absence or presence of PVAT. Indeed, PVAT significantly decreased the vasorelaxant potency of fasudil in noradrenaline but not in NaF pre-contracted rings. Taken together, these observations are consistent with the hypothesis that stimulation of β_3 receptor with noradrenaline or apigenin releases superoxide anions from PVAT mitochondria. These radicals likely diffuse into VSMCs and activates the Rho/Rho-kinase pathway, which counteracts flavonoids vasoactivity. In fact, increased generation of mitochondrial superoxide anion is

implicated in the loss of PVAT anti-contractile effect in a high-fat diet obese mice *via* Rhokinase activation (da Costa et al. 2017).

Notably, Rho-kinase plays a fundamental role in vascular contraction by enhancing the sensitivity of the contractile machinery to Ca²⁺. This effect is mediated by phosphorylation of myosin light chain phosphatase (MYLP)-regulatory subunit 1 (MYPT1) at T696 and T852 residues consequently inhibiting MLCP activity and maintaining myosin light chain in the phosphorylated form (Yang and Hori 2021). Additionally, Rho-kinase also phosphorylates the 17-kDa protein phosphatase-1 inhibitor protein (CPI-17) at the Thr38 residue that, in turn, inhibits the MLCP (Koyama et al. 2000; Liu and Khalil 2018).

4.6 Activation of β₃ receptor mediates the release of superoxide anions from PVAT

Adipose tissue β_3 receptor stimulation by noradrenaline increases cAMP levels and lipolysis (Schena and Caplan 2019); free fatty acids can then enter mitochondria where they are metabolized into energy and radicals as by-products (Chouchani et al. 2016). Therefore, the binding of noradrenaline to β_3 receptors might be the upstream event leading to superoxide anion production. Indeed, in rings pre-contracted by the selective α_1 adrenergic receptor agonist phenylephrine that allowed the assessment of PVAT and flavonoid interplay in the absence of β_3 receptor stimulation, chrysin relaxation was not affected by the presence of PVAT, whereas both potency and efficacy of apigenin were reduced. However, pre-incubation of rings with the β_3 receptor antagonist SR59230A abolished the inhibitory activity exerted by PVAT towards both apigenin and chrysin vasorelaxation, suggesting that PVAT-flavonoids interplay is dependent on β_3 receptor stimulation by noradrenaline and/or apigenin. Interestingly, Pasha et al. (2019) hypothesized that apigenin can be a β_3 receptor agonist based on molecular docking studies and experiments performed on Ewing sarcoma A673 cells.



Figure 4.2. The proposed mechanism underpinning the interplay between flavonoids and PVAT. Abbreviations: α_1 -AR, α_1 -adrenergic receptor; β_3 -AR, β_3 -adrenergic receptor; CaM, Ca²⁺ - calmodulin complex; FFA, free fatty acids; MLC, myosin light chain; MLCK, myosin light chain kinase; MLCP, myosin light chain phosphatase; NA, noradrenaline; Phe, phenylephrine; PVAT, perivascular adipose tissue; ROCK, Rho-kinase, VSMC, vascular smooth muscle cell, \uparrow , increase.

CHAPTER 5

CONCLUSION

5. Conclusion and limitations

The main actors of this PhD work are PVAT, an active regulator of vessel tone, and flavonoids, a class of dietary natural compounds endowed with excellent vasorelaxant activity. A multifaceted interaction between the two was pinpointed: PVAT hampering both the spasmolytic and anti-spasmodic activities of flavonoids, while flavonoids inhibiting the anti-contractile effect of PVAT. A mechanism underpinning this interplay was hypothesized as follows: noradrenaline and/or apigenin activate β_3 receptors within PVAT that, in turn, enhance lipolysis and free fatty acids production. These are metabolized by mitochondria into energy and ROS, in particular superoxide anions, which diffuse into VSMCs and activate the Rho/Rho-kinase pathway, the target of apigenin- and chrysin-induced vasorelaxation. Hence, in the presence of PVAT, the vascular activity of both flavonoids is hampered, a phenomenon that may limit the beneficial effects of these bioactive compounds in obesity-associated hypertension or diseases characterized by hyperactivity of the sympathetic nervous system.

This work suffered from a few limitations, which can be the focus of future investigation. First, though proper PVAT-denuded controls have been used, PVAT has not been studied separately; hence, a muscular origin of the effects observed cannot be ruled out. Second, among the 22 flavonoids analysed, only apigenin and chrysin were assessed in-depth for their interaction with PVAT; therefore, the hypothesized mechanism cannot be extrapolated to the whole class of natural compounds, particularly to those behaving differently toward PVAT.

Finally, the involvement of superoxide radicals and Rho-kinase in the functional interplay between flavonoids and PVAT has not been directly assessed by measuring their tissue levels and activity, respectively. Last, but not least, the cellular source of superoxide radicals has not been identified considering the heterogeneous cell types constituting PVAT.

CHAPTER 6

APPENDIX

6.1 Appendix 1

During his PhD, Amer Ahmed collaborated with other research groups and contributed to the following publications:

6.1.1 Vasoactivity of Mantonico and Pecorello grape pomaces on rat aorta rings: An insight into nutraceutical development

Journal of Functional Foods, 2019, 57, 328-334, (I.F. 3.451)

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Abstract

The valorisation of agrochemical wastes has become a low cost and sustainable tendency for the development of functional food. In particular, these enriched products seem to be enjoyable tools to treat metabolic disorders. In this field, Calabrian autochthonous white grape pomaces (Mantonico and Pecorello cultivar) were firstly investigated for their vasoactive properties. Skins and seeds were extracted and characterized by NMR spectroscopy, revealing the presence of numerous vasoactive compounds. The effects of extracts were analysed in *in vitro* experiments on rat aorta rings (with and without endothelium), contracted by phenylephrine or KCl. Seeds extracts showed, differently from skins, an appreciable endothelium-dependent, eNOS-mediated

vasodilation in the range of $1-100 \ \mu g/ml$. From a food market point of view, all the extracts were enclosed into a pectin polymer matrix. In the same experimental conditions, the polymers demonstrated the persistence of vasodilator activity only for Pecorello seed extract, which presented the richest chemical profile.

Keywords: Vasoactivity, White grape pomaces, Catechin, Pectin, Rat aorta rings

His contributions consisted in:

6.1.1.1 Investigation of the mechanism of action underlying PSS-induced vasodilation

This series of experiments was performed to explore the mechanism (s) involved in the vasoactivity of the most interesting pomace, i.e. PSS. First, we investigated a possible K^+ channel opening activity of the extract. Agents that open these channels enhance K⁺ efflux from the cell and produce membrane hyperpolarization that, in turn, will cause $Ca_{y}1.2$ channels to close and muscle to relax. A characteristic property of these drugs is that they effectively inhibit vascular smooth muscle contraction caused by a moderate increase in the extracellular K⁺ concentration, being ineffective when the K^+ concentration is raised to higher levels. Endothelium-denuded rings were, therefore, contracted with low extracellular K⁺ concentrations (20–30 mM). Cumulative concentrations of PSS (up to 300 µg/ml) did not affect muscle active tone (Fig. 6.1A). Conversely, the subsequent addition of 100 µM pinacidil, a well-known K_{ATP} channel opener, almost completely reverted K^+ -induced contraction to 6.5±1.8% of control (n=6), thus demonstrating that PSS is not capable to open K^+ channels. In a second series of experiments, the endothelium-derived factor involved in PSS-induced relaxation was investigated. As shown in Fig. 6.1B, the cumulative addition of PSS relaxed endothelium-intact aorta rings pre-contracted with phenylephrine. This effect was suppressed by pre-incubation of tissues with 100 µM L-NAME, a well-known inhibitor of eNOS. The subsequent addition of sodium nitroprusside, a well-known NO-donor, completely reverted phenylephrine-induced contraction (0.0±0.0% of control, n=5), thus confirming that PSS relaxing effect is endotheliumdependent and mediated by eNOS. The production of an endothelium-dependent hyperpolarizing factor can be excluded because its relaxing effect is not modified by NO synthase inhibitors. Furthermore, as PSS-induced relaxation is abolished by the presence of L-NAME, also the production of prostanoids can be ruled out.



Figure 6.1. Effects of PSS on rat aorta rings. Concentration-response curves for PSS recorded either (A) in endothelium-denuded, 20–30 mM K⁺ or (B) in endothelium-intact, 0.3 μ M phenylephrine pre-contracted rings, the latter in the absence or presence of 100 μ M L-NAME pre-incubated for 30 min. On the ordinate scale, relaxation is reported as a percentage of the initial tension induced by K⁺ or phenylephrine (taken as 100%). Data points are means±s.e.m (n=5–8). *P<0.05, Student's t test for unpaired samples.

6.1.2. Vasorelaxing Activity of R-(-)-3'-Hydroxy-2,4,5-trimethoxy-dalbergiquinol from *Dalbergia tonkinensis*: Involvement of Smooth Muscle Ca_V1.2 Channels

Planta Medica, 2020, 86, 284–293 (I.F. 3.352)

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Abstract

Dalbergia species heartwood, widely used in traditional medicine to treat various cardiovascular diseases, might represent a rich source of vasoactive agents. In Vietnam, *Dalbergia tonkinensis* is an endemic tree. Therefore, the aim of the present work was to investigate the vascular activity of R-(–)-3'-hydroxy-2,4,5-trimethoxydalbergiquinol isolated from the heartwood of D. *tonkinensis* and to provide circular dichroism features of its R absolute configuration. The vascular effects of R-(–)-3'-hydroxy-2,4,5-trimethoxydalbergiquinol were assessed on the *in vitro* mechanical activity of rat aorta rings, under isometric conditions, and on whole-cell Ba²⁺ currents through Ca_V1.2 channels (I_{Ba1.2}) recorded in single, rat tail main artery myocytes by means of the patch-clamp technique. R-(–)-3'-Hydroxy-2,4,5-trimethoxydalbergiquinol showed concentration-dependent, vasorelaxant activity on both endothelium-deprived and endothelium
intact rings pre-contracted with the $\alpha 1$ receptor agonist phenylephrine. Neither the eNOS inhibitor L-NAME nor the cyclooxygenase inhibitor indomethacin affected its spasmolytic activity. R-(–)-3'-Hydroxy-2,4,5 trimethoxydalbergiquinol-induced vasorelaxation was antagonized by (S)-(–)-Bay K 8644 and unaffected by tetraethylammonium plus glibenclamide. In patch-clamp experiments, R-(–)-3'-hydroxy-2,4,5-trimethoxydalbergiquinol inhibited I_{Ba1.2} in a concentration-dependent manner and significantly decreased the time constant of current inactivation. R-(–)-3'-Hydroxy-2,4,5- trimethoxydalbergiquinol likely stabilized the channel in its closed state, as suggested by molecular modelling and docking simulation to the Ca_V1.2 channel α 1c subunit. In conclusion, *D. tonkinensis* species may represent a source of agents potentially useful for the development of novel antihypertensive drugs.

Key words: *Dalbergia tonkinensis*, Fabaceae, R-(–)-3'-hydroxy-2,4,5-trimethoxydalbergiquinol, rat aorta rings, docking simulation, Ca_V1.2 channel, open-chain neoflavonoid, patch-clamp

His contribution consisted in:

6.1.2.1 Effect of DBQ on phenylephrine induced contraction

The vasorelaxant activity of (*R*-(–)-3'-hydroxy-2,4,5-trimethoxydalbergiquinol) DBQ was first assessed on α 1 adrenergic receptor-mediated smooth muscle contraction. As shown in Fig. 6.2, DBQ caused a concentration-dependent relaxation of endothelium-deprived rings contracted by 0.3 µM phenylephrine, almost fully reverting the active tone. The IC₅₀ value of DBQ was 31.4±8.6 µM (n=6). In a second series of experiments, DBQ was tested on rings with intactendothelium, contracted by 0.3 µM phenylephrine. DBQ reverted phenylephrine-induced contractions with an IC₅₀ value that was not significantly different from that recorded in preparations devoid of endothelium (39.3±5.8 µM, n=7, P>0.05) (Fig. 6.2A,B). When tissues were pre-incubated with eNOS inhibitor L-NAME, DBQ potency (55.9±10.3 µM, n=7, P>0.05) marginally decreased, while efficacy remained unaffected. Finally, the concentration-response curve to DBQ recorded in endothelium-intact rings pre-incubated with indomethacin (32.3±4.6 µM, n=5, P>0.05) overlapped that obtained under control conditions.



Figure 6.2. Effect of DBQ on phenylephrine-induced contraction of rat aorta rings. (A) Trace (representative of 7 similar experiments) of the relaxation developed in response to cumulative concentrations of DBQ, added at the plateau of a 0.3 μ M phenylephrine (Phe)-induced contraction in the presence of an intact endothelium. The effect of 100 μ M sodium nitroprusside (SNP) is also shown. (B) Concentration-response curves for DBQ recorded in endothelium-intact (+endo) and endothelium-denuded (-endo) rings in the absence or presence of either 100 μ M L-NAME or 5 μ M indomethacin. Relaxation is reported as a percentage of the initial tension induced by phenylephrine. Data points are the mean±s.e.m. (n=5–7).

6.1.2.2 Effect of DBQ on high KCl induced contraction

To determine the involvement of Ca_v1.2 channels in the vascular activity of DBQ, its effect was evaluated on the contraction induced by both 25 mM and 60 mM KCl in endothelium-denuded aorta rings. As shown in Fig. 6.3, DBQ caused a concentration-dependent relaxation of the preparations pre-contracted by 60 mM KCl, with a relative IC₅₀ value of $15.5\pm3.3 \mu$ M (n=7), which was 1-fold lower than, but not significantly different from, that recorded in endothelium-deprived rings pre-contracted with phenylephrine (P=0.0941). Full relaxation was nearly attained, at least within the concentration range assessed, and efficacy (E_{max}) was 86.5±1.6%. When the rings were depolarized with 25 mM KCl, the concentration-response curve to DBQ was shifted leftward (Fig. 6.3B), though neither potency (IC₅₀ value of $7.0\pm2.1 \mu$ M, n=5, P=0.0802 vs. 60 mM KCl) nor efficacy (E_{max} value of 86.6±6.0%, P=0.9793) were significantly different from those observed in the presence of 60 mM KCl. This leftward shift, however, may

suggest a potential activation of K⁺ channels by DBQ, therefore, a new series of experiments was carried out to define the effect of the drug on those channels that play a fundamental role in the regulation of vascular smooth muscle tone, i.e., $K_{Ca}1.1$, K_V , and K_{ATP} channels. As shown in Fig. 6.3B, pre-incubation of the rings with 10 mM tetraethylammonium plus 10 μ M glibenclamide did not affect DBQ-induced relaxation (IC₅₀ value of 10.6±4.3 μ M, n=5, P=0.4816; E_{max} value of 86.2±8.9%, P=0.9683 vs. 25 mM KCl). To examine the role played by Ca_V1.2 channels in the vasorelaxant activity of DBQ, rings were contracted by 100 nM (S)-(–)- Bay K 8644 in the presence of 10–15 mM K⁺. As shown in Fig. 6.3B, the concentration-response curve to DBQ significantly shifted to the right compared to that obtained in the 60 mM K⁺-depolarized rings. The IC₅₀ value (23.5±4.5 μ M, n=5, P=0.1729), however, was not significantly affected.



Figure 6.3. Effect of DBQ on high K⁺-induced contraction in endothelium-denuded rat aorta rings. (A) Traces (representative of 5-7 similar experiments) of the relaxation developed in response to cumulative concentrations of DBQ (μ M), added at the plateau of 60 mM (K60; upper trace) or 25 mM KCl (K25; lower trace). The effect of 1 μ M nifedipine (nife) and 100 μ M sodium nitroprusside (SNP) is also shown. (B) Concentration response curves for DBQ constructed in rings depolarized with 25 mM KCl, either in the absence or presence of 10 mM tetraethylammonium (TEA) plus 10 μ M glibenclamide (gliben), 60 mM KCl, or stimulated with 100 nM (S)-(–)-Bay K 8644 in the presence of 10–15 mM KCl. Relaxation is reported as percentage of the initial tension induced by the stimulating agent. Data points are the mean±s.e.m. (n=5–7). *P=0.03 vs. 60 mM KCl, Student's t test for unpaired samples.

6.1.2.3 Effect of DBQ on CaCl₂ response curve

Furthermore, 20 μ M DBQ caused a rightward, non-parallel shift of the concentration-response curve to Ca²⁺ in preparations depolarized by 60 mM K⁺ (Fig. 6.4).



Figure 6.4. Effect of DBQ on the concentration-response curve to Ca^{2+} in endothelium-denuded rat aorta rings. Concentration-response curves for $CaCl_2$ constructed in rings depolarized with a 60 mM KCl, Ca^{2+} -free PSS in the presence of either DMSO (control) or 20 μ M DBQ. Contraction is reported as percentage of the tension induced by 60 mM KCl in the ring functional assay. Data points are the mean±s.e.m (n=3–5). *P<0.0001, two-way ANOVA.

6.1.3 Vasorelaxing Activity of Stilbenoid and Phenanthrene Derivatives from *Brasiliorchis porphyrostele*: Involvement of Smooth Muscle Ca_v1.2 Channel

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ABSTRACT

Five compounds, 3,4'-dihydroxy-3',5,5'-trimethoxydihydro-stilbene, 1; 3,4'-ihydroxy-3',5'dimethoxydihydrostilbene, 2; 3,4'-dihydroxy-5,5'-dimethoxydihydrostilbene, 3; 9,10-dihydro-2,7-dihydroxy-4,6-dimethoxyphenanthrene, 4; and the previously unreported 1,2,6,7tetrahydroxy-4-methoxyphenanthrene, 5 were isolated from the South American orchid, *Brasiliorchis porphyrostele*. An in-depth analysis of their vascular effects was performed on *in vitro* rat aorta rings and tail main artery myocytes. Compounds 1–4 were shown to possess vasorelaxant activity on rings pre-contracted by the α l receptor agonist phenylephrine, the Ca_V1.2 stimulator (S)-(–)-Bay K 8644, or depolarized with high K⁺ concentrations. However, compound 5 was active solely on rings stimulated by 25 mM but not 60 mM K⁺. The spasmolytic activity of compounds 1 and 4 was significantly affected by the presence of an intact endothelium. The K_{ATP} channel blocker glibenclamide and the K_V channel blocker 4aminopyridine significantly antagonized the vasorelaxant activity of compounds 4 and 1, respectively. In patch-clamp experiments, compounds 1–4 inhibited Ba²⁺ current through Ca_V1.2 channels in a concentration-dependent manner, whereas neither compound 4 nor compound 1 affected K⁺ currents through K_{ATP} and K_V channels, respectively. The present *in vitro*, comprehensive study demonstrates that *Brasiliorchis porphyrostele* may represent a source of vasoactive agents potentially useful for the development of novel antihypertensive agents that have now to be validated *in vivo* in animal models of hypertension.

Key words: *Brasiliorchis porphyrostele*, phenanthrenes, stilbenoids, vasorelaxing, vascular Ca_V1.2 channel, vascular endothelium, Orchidaceae

His contribution consisted in:

6.1.3.1 Effect of compounds 1-5 on phenylephrine-induced contraction

As shown in Fig. 6.5A, compounds 1-4 caused a concentration-dependent relaxation of endothelium-denuded rings contracted by 0.3 µM phenylephrine. Compound 4 showed the greatest efficacy, almost fully reverting phenylephrine-induced contraction. pIC₅₀ values of the 4 compounds ranged between 4.30 and 4.58 (50 µM and 26 µM, respectively). However, compound 5 was ineffective. In a second series of experiments, compounds 1-5 were tested on rings with intact endothelium contracted by 0.3 µM phenylephrine. Compounds 2 and 3 reverted phenylephrine-induced contractions with pIC₅₀ values not significantly different from those recorded in preparations devoid of endothelium. As the endothelium was not involved in their vasorelaxant activity, compounds 2 and 3 were not further investigated in this particular experimental setting. However, compound 1 was found to be less potent and compound 4 more potent, with an intact endothelium. Even in the presence of an intact endothelium, compound 5 was still ineffective. To elucidate the role played by the endothelium in the vasorelaxation caused by compounds 1 and 4, the concentration-response curve was repeated in rings preincubated with either 5 μ M indomethacin (to investigate the conceivable involvement of cyclooxygenase-derived vasoconstrictors) or 100 µM L-NAME (to investigate the conceivable involvement of endothelium-derived vasodilators such as NO), respectively. As shown in Fig. 6.5B, compound 1-induced spasmolysis was markedly augmented, though not significantly, in the presence of indomethacin. However, pre-treatment with L-NAME significantly antagonized the relaxation caused by compound 4. These results obtained on aorta ring preparations stimulated with phenylephrine (pharmaco-mechanical contraction) provided important information on the mechanism of action of compounds 1-4. In particular, endothelium-derived vasodilators (e.g., NO) or vasoconstrictors (e.g., cyclooxygenase-derived) seem to be involved

only in compounds 4 and 1 vasoactivity, respectively, while compounds 2 and 3 relaxed both endothelium-intact and endothelium-denuded rings with similar potency.



Figure 6.5. Effects of compounds 1–5 on phenylephrine-induced contraction in rat aorta rings. (A) Concentration-response curves for compounds 1–5 in endothelium-denuded rings precontracted by 0.3 μ M phenylephrine. Steady tension was evoked by phenylephrine, and then each compound was added cumulatively. In the ordinate scale, response is reported as percentage of the initial tension induced by 0.3 μ M phenylephrine (phe). (B) Concentration-response curves for compounds 1 and 4 in endothelium-intact rings pre-contracted by 0.3 μ M phenylephrine, in the absence or presence of either 5 μ M indomethacin or 100 μ M L-NAME, pre-incubated for 20 min and 30 min, respectively, and left in contact with the preparation throughout the experiments. Data points are mean±s.e.m (n=3–16). *P<0.05 vs. L-NAME, Student's t-test for unpaired samples.

6.1.4 Vasorelaxant Effects Induced by Red Wine and Pomace Extracts of Magliocco Dolce *cv*.

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Abstract

Several epidemiological studies demonstrate that moderate (red) wine consumption may afford protection against cardiovascular diseases. Protection is ascribed to the biological activity of wine components, many of which, however, are discarded during winemaking. *In vitro* rat thoracic aorta rings contracted with phenylephrine or KCl were used to assess the vasorelaxant activity of extracts from wine pomaces (seeds and skins) of the Calabrian autochthonous grape variety Magliocco dolce (Arvino). NMR spectroscopy was used to ascertain their chemical composition. Data demonstrate that seed and skin, but not must, extracts are capable of relaxing vascular preparations in an endothelium-dependent manner, similarly to the red wine extract, due to the presence of considerable amounts of bioactive constituents. In rings pre-contracted with 20–30 mM KCl, only seed extracts showed a moderate relaxation. The most efficacious vasodilating extract (wine) showed a good antioxidant profile in both [(2,2-diphenyl-1-picrylhydrazyl)acid] radical (DPPH) and [2,2'-azino-bis (3-ethylbenzothiazoline-6-sulphonic acid)] radical (ABTS) assays. In conclusion, winemaking from Magliocco dolce grape can provide potentially health-promoting by-products useful in cardiovascular disease management.

His contribution consisted in:

6.1.4.1 Effect of LDC extracts on phenylephrine-induced contraction

In rings with an intact endothelium, all LDC extracts except LDC4 caused a concentration dependent relaxation of phenylephrine-induced contraction. E_{max} values were 58.1±12.1% (1 mg/mL LDC1, n=5), 65.8±5.8% (0.3 mg/mL LDC2, n=7), 80.6±5.3% (0.1 mg/mL LDC3, n=6), 79.8 \pm 3.6% (10 µg/mL LDC5, n=6), and 76.6 \pm 5.1% (10 µg/mL LDC6, n=7) (Fig. 6.6A–F). Skin extracts LDC1 and LDC2 showed a biphasic relaxing behaviour, with a primary activity plateauing, and a secondary effect starting at concentrations of 300 µg/mL and 100 µg/mL, respectively (Fig. 6.6A,B). Seed extracts LDC5 and LDC6 were the most potent of the series (IC₅₀ values of $1.7\pm0.3 \mu \text{g/mL}$, n=6, and $1.3\pm0.3 \mu \text{g/mL}$, n=7, respectively; Fig. 6.6) but, at concentrations $>10 \mu g/mL$, they showed a hormetic behaviour giving rise to vessel contraction. Finally, even the lyophilized red wine LDC3 markedly relaxed aortic rings with an IC₅₀ value of 39.1±13.9 µg/mL (n=6). In endothelium-deprived preparations, LDC extracts did not cause vasorelaxation; only LDC5 and LDC6, at the maximal concentration assessed (1 mg/mL), significantly reverted phenylephrine-induced active tone (E_{max} of 83.1±4.1% and 83.5±5.3%, respectively, n=5; Fig. 6.6E,F). The three most interesting extracts of the series (i.e., effective and devoid of a hormetic behaviour), namely LDC1-LDC3, were further investigated in order to shed light on the mechanism underpinning their endothelium-dependent antispasmodic activity. Pre-exposure of endothelium-intact rings to L-NAME antagonized the vasorelaxant activity of LDC1, LDC2, and LDC3 (Fig. 6.6A–D). Finally, vasorelaxation induced by the most effective mixture, i.e., LDC3, was assessed in the presence of a TRPV1 channel blocker: capsazepine did not affect LDC3-induced spasmolysis in endothelium-intact preparations (Fig. 6.7).



Figure 6.6. Effects of LDC extracts on phenylephrine-induced contraction in either endothelium-intact or deprived rat aorta rings. Endothelium-intact (control) or -denuded (- endo) rings, pre-contracted by 0.3 μ M phenylephrine, were challenged with cumulative concentrations of (A) LDC1, (B) LDC2, (C) LDC3, (E) LDC5, and (F) LDC6. Some

experiments were performed in endothelium-intact rings pre-incubated with 100 μ M L-NAME. (D) Traces representative of 5–6 similar experiments, showing the effects of LDC3 on endothelium-intact rings in the absence (blue trace) or presence of 100 μ M L-NAME (red trace). In the ordinate scale, relaxation is reported as percentage of the initial tension induced by phenylephrine (Phe). In the abscissa, the concentration of each drug (as specified in the legend to symbols) is reported in μ g/ml. Data points represent mean±s.e.m. (n=4–8). *P<0.05 vs control, one-way ANOVA or Student's t test for unpaired samples.



Figure 6.7. Effects of capsazepine on LDC3-induced relaxation. Endothelium-intact rings, pre-contracted by 0.3 μ M phenylephrine, were challenged with cumulative concentrations of LDC3, in the absence (control) or presence of 5 μ M capsazepine. In the ordinate scale, relaxation is reported as percentage of the initial tension induced by phenylephrine (Phe). In the abscissa, the concentration of drug (as specified in the legend to symbols) is reported in μ g/ml. Data points represent mean±s.e.m. (n = 6).

6.1.4.2 Effects of LDC extracts on high KCl-induced contraction

The cumulative addition of the seed extracts LDC5 and LDC6 to endothelium-denuded rings depolarized with 20–30 mM KCl caused a modest decrease of the active tension (E_{max} values of 42.1±18.2% and 47.3±15.5%, respectively; n=6; Fig. 6.8). The remaining extracts did not affect this contraction up to the maximal concentration assessed in the present work (Fig. 6.8). Contrary to LDC extracts showing no relaxing activity, the addition of 100 µM pinacidil completely reverted vessel tone to basal level (Fig. 6.8B).



Figure 6.8. Effect of LDC extracts on high KCl-induced contraction of rat aorta rings. (A) Concentration-response curves for LDC extracts were constructed on endothelium-denuded preparations pre-contracted by 20–30 mM KCl. In the ordinate scale, relaxation is reported as percentage of the initial tension induced by KCl, taken as 100%. In the abscissa, the concentration of each drug (as specified in the legend to symbols) is reported in μ g/mL. Data point represent mean±s.e.m. (n=4–6). (B) Trace representative of 4 similar experiments, showing the effects of LDC1 (μ g/mL) on an endothelium-denuded ring precontracted by 25 mM KCl (K25). The effect of 100 μ M pinacidil and 100 μ M sodium nitroprusside (SNP) is also shown.

6.1.5 Design, synthesis and pharmacological evaluation of ester-based quercetin derivatives as selective vascular K_{Ca}1.1 channel stimulators

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Abstract

Quercetin represents one of the most studied dietary flavonoids; it exerts a panel of pharmacological activities particularly on the cardiovascular system. Stimulation of vascular K_{Ca} 1.1 channels contributes to its vasorelaxant activity, which is, however, counteracted in part by its concomitant stimulation of Ca_v1.2 channels. Therefore, several quercetin hybrid derivatives were designed and synthesized to produce a more selective K_{Ca} 1.1 channel stimulator, then assessed both *in silico* and *in vitro*. All the derivatives interacted with the K_{Ca} 1.1 channel with similar binding energy values. Among the selected derivatives, **1E** was a weak vasodilator, though displaying an interesting Ca_v1.2 channel blocking activity. The lipoyl derivatives **1F** and **3F**, though showing pharmacological and electrophysiological features similar to those of quercetin, seemed to be more effective as K_{Ca} 1.1 channel stimulators as compared to the parent compound. The strategy pursued demonstrated how different chemical substituents on the quercetin core can change/invert its effect on Ca_v1.2 channels or enhance its K_{Ca} 1.1 channel stimulatory activity, thus opening new avenues for the synthesis of efficacious vasorelaxant quercetin hybrids.

Keywords: Ca_V1.2 channel, K_{Ca}1.1 channel, Molecular docking, Quercetin, Vasoactivity, Lipoic acid, Hypertension, Ester-based derivatives

His contribution consisted in:

6.1.5.1 Pharmacological evaluation of quercetin and its derivatives on phenylephrine- and high KCl-induced contraction

In a first series of experiments, 1E, 1F, and 3F were tested on rings pre-contracted with high KCl, which depolarizes the membrane, thus causing Ca_V1.2 channels to open. Quercetin was also assessed as positive control. In rings depolarized with 25 mM KCl, 1F, 3F, and quercetin caused a concentration dependent relaxation of equal potencies and efficacy (Fig. 6.9A). However, 1E was only partially effective, showing a relaxant effect of 27.5±6.3% (n=4). In preparations depolarized with 60 mM KCl, **1F** and quercetin showed a vasorelaxant activity superimposable to that recorded on 25 mM KCl-stimulated rings (Fig. 6.9B). The spasmolytic activity of **3F** was significantly greater than that of the parent compound quercetin. Furthermore, 1E efficacy was further reduced. High KCl-induced contraction is essentially due to the opening of $Ca_V 1.2$ channels and the ensuing Ca^{2+} influx from the extracellular space. In particular, the two KCl concentrations employed here (namely 25 mM and 60 mM) represented standardized experimental settings to detect K^+ channel openers and Ca^{2+} antagonists, respectively. In fact, the former should be more efficacious on 25 mM KCl-induced contraction whereas the latter on that induced by 60 mM KCl. As no significant differences were observed between the two experimental settings, it can be hypothesized that the vasorelaxant activity of quercetin and its derivatives cannot be ascribed only to a Ca_v1.2 channel blockade or to a K_{Ca}1.1 channel stimulation. Of note two findings: the weak myorelaxant activity displayed by **1E** and the higher efficacy of **3F** as compared to quercetin in rings depolarized with 60 mM KCl. The effects of **1E**, 1F, and 3F were further investigated on rings precontracted with the α -adrenergic receptor agonist phenylephrine. Fig. 6.9C shows that **3F** and quercetin relaxed aorta ring preparations in a concentration-dependent manner, with similar of а pattern potency and efficacy. 1F was less active, whereas 1E spasmolytic activity accounted for a mere 10% relaxation at the maximal concentration assessed. Phenylephrine-induced contraction is the result of Ca²⁺ release from the sarcoplasmic reticulum triggered by inositol trisphosphate (IP₃) and Ca^{2+} influx from the extracellular space through receptor-, store-operated, and $Ca_V 1.2$ channels.

Therefore, quercetin and **3F**, **1F** to a lesser extent, but not **1E**, likely affect one or more of these pathways leading to vasorelaxation. Taken together, aorta ring findings suggest that the introduction of a lipoyl moiety in C-7 position leaves unaltered or even improves quercetin vasorelaxant activity, whereas that in C-4' position does not change or slightly reduces it. The latter observation is further supported by the marked reduction of vasorelaxant activity characterizing **1E** that bears a 3,4-methyelenedioxycynnamoyl moiety in C-4' position.



Figure 6.9. Effects of quercetin and its derivatives on rat aorta rings. Endothelium-deprived rings were pre-contracted with (A) 25 mM KCl (K25), (B) 60 mM KCl (K60), or (C) 0.3 μ M phenylephrine (phe). On the plateau of the contraction, cumulative concentrations of quercetin, **1E**, **1F** or **3F** were added. On the ordinate axis, muscle tension is reported as percentage of the initial tone evoked by either KCl or phenylephrine. Data points represent mean±s.e.m. (n=4–6). *P<0.05 vs. quercetin, Student's t test for unpaired samples.

6.1.6 A multitarget semi-synthetic derivative of the flavonoid morin with improved *in vitro* vasorelaxant activity: Role of Cav1.2 and K_{Ca}1.1 channels

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Abstract

 $Ca_V 1.2$ channels play a fundamental role in the regulation of vascular smooth muscle tone. The aim of the present study was to synthesize morin derivatives bearing the nitrophenyl moiety of dihydropyridine Ca^{2+} antagonists to increase the flavonoid vasorelaxant activity. The effects of morin and its derivatives were assessed on $Ca_V 1.2$ and $K_{Ca} 1.1$ channels, both *in vitro* and *in silico*, as well as on the contractile responses of rat aorta rings. All compounds were effective $Ca_V 1.2$ channel blockers, positioning in the α_{1C} subunit region where standard blockers bind. Among the four newly synthesized morin derivatives, the penta-acetylated morin-1 was the most efficacious Ca^{2+} antagonist, presenting a vasorelaxant profile superior to that of the parent compound and, contrary to morin, antagonized also the release of Ca^{2+} from the sarcoplasmic reticulum; surprisingly, it also stimulated $K_{Ca} 1.1$ channel S6 segment. In conclusion, these findings open a new avenue for the synthesis of valuable multi-functional, vasorelaxant morin derivatives capable to target several pathways underpinning the pathogenesis of hypertension.

His contribution consisted in:

6.1.6.1 Effects of morin and its derivatives on high K⁺-induced contraction

In this series of experiments, the vasorelaxant activity of morin and its derivatives was assessed on rings pre-contracted by high KCl concentrations, which cause membrane depolarization and $Ca_V 1.2$ channel opening. In aorta preparations depolarized by 60 mM KCl, morin-1 and morin-2 caused a concentration-dependent relaxation (Table 1; Fig. 6.10A), whilst the parent compound morin had only weak inhibitory effects.

Table 6.1. Effects of morin and its derivatives on high K⁺- or phenylephrine-induced contractions in rat aorta rings

Drug	K ⁺ -induced contraction						Phenylephrine-induced contraction					
	25 mM KCl (-endothelium)			60 mM KCl (-endothelium)			+endothelium			-endothelium		
	IC ₅₀ (µM)	E _{max}	n	IC ₅₀ (µM)	E _{max}	n	IC ₅₀ (µM)	E _{max}	n	IC ₅₀ (µM)	E _{max}	n
Morin	N.D.	-28.2±6.6%	5	N.D.	-35.7±6.6%	4	N.D.	-34.4±4.7%	5	N.D.	-46.6±8.5%	5
Morin-1	7.1±2.1*	-99.6±0.2%	6	28.3±5.7	-94.2±2.7%	5	20.9±4.6	-95.5±1.4%	5	17.8±3.4	-94.8±1.4%	5
Morin-2	18.2±6.0*	-98.8±0.4%	6	47.3±4.9	-83.6±4.6%	5	32.4±7.8	-84.4±6.4%	5	27.5±7.5	-85.3±5.2%	6
Morin-4	N.D.	-2.2±2.2%	3	N.D.	-0.4±3.8%	3	N.D.	+55.3±16.0%	3	N.D.	+53.9±36.5%	3

Rings, endothelium-denuded (-endothelium) or -intact (+endothelium), were contracted by 25 mM, 60 mM KCl or 0.3 μ M phenylephrine. Potency (IC₅₀) and efficacy (E_{max}) are reported as mean±s.e.m and n represent the number of independent replicates. N.D.: Not detected. *P<0.05 vs 60 mM KCl, Student's *t* test for unpaired samples.

Additionally, morin-1 and morin-2 fully relaxed rings stimulated by 25 mM KCl, the former being apparently more potent than the latter compound (Table 6.10; Fig. 6.10B). Noticeably, both derivatives were significantly more potent on 25 mM KCl- than on 60 mM KCl-induced contraction; the parent compound morin weakly antagonized the former contraction, while morin-4 was almost devoid of effects on both KCl-induced contractions. These functional experiments indicated that morin-1 behaves either as a Ca²⁺ antagonist or as a K⁺ channel opener (being more active on 25 mM KCl- as compared to 60 mM KCl-induced contraction). Hence, its activity was assessed on rings incubated simultaneously with the K⁺ channel blocker TEA (10 mM, a concentration known to block almost all the K⁺ channels) and the Ca_v1.2 channel stimulator Bay K 8644. Under this experimental condition, both the efficacy (-60.6±7.9%, n=8; P<0.05 vs 60 mM KCl, see Table 6.1) and potency (83.1±11.7 μ M, n=7; P<0.05) of morin-1 were significantly reduced.



Figure 6.10. Effects of morin and its derivatives on high KCl-induced contraction of rat aorta rings. (A, C) Traces (representative of 5-6 similar experiments) of the relaxation developed in response to cumulative concentrations of morin-1 (μ M), added at the plateau of (A) 60 mM (K60) or (C) 25 mM KCl (K25). The effect of 10 μ M nifedipine (nife) and 100 μ M sodium nitroprusside (SNP) is also shown. (B, D) Concentration-response curves for morin-1, morin-2, morin-4, and morin in endothelium-denuded rings pre-contracted with either (B) 60 mM KCl or (D) 25 mM KCl. In the ordinate scale, relaxation is reported as percentage of the initial tension induced by high K⁺ (60 mM KCl 1895±137 mg, n=17; 25 mM KCl 1500±112 mg, n=20). Data points represent the mean±s.e.m.

6.1.6.2 Effects of morin and its derivatives on phenylephrine-induced contraction

This series of experiments was performed to investigate the effect of drugs on pharmacomechanical coupling. In endothelium-intact rings, both morin-1 and morin-2 reverted the α_1 adrenergic receptor agonist phenylephrine-induced contraction in a concentration-dependent manner (Table 6.1; Fig. 6.11A, B). Endothelium removal did not significantly affect either potency or efficacy (Table 6.1; Fig. 6.11). The parent compound morin weakly relaxed aorta preparations either in the presence or absence of a functional endothelium (Table 6.1; Fig. 6.11D). Surprisingly, morin-4 caused a marked concentration-dependent increase of phenylephrine-induced tone, which was not affected by endothelium removal (Table 6.1; Fig. 6.11C).



Figure 6.11. Effects of morin and its derivatives on phenylephrine-induced contraction of rat aorta rings. Concentration-response curves for (A) morin-1, (B) morin-2, (C) morin-4, and (D) morin in endothelium-intact (+endo) or denuded (-endo) rings pre-contracted by 0.3 μ M phenylephrine (phe). Steady-state contraction was evoked by phenylephrine and then each drug was added cumulatively. In the ordinate scale, relaxation is reported as a percentage of the initial tension induced by phenylephrine (-endo 1149±112 mg, n=19; +endo 1156±127 mg, n=18). Data points represent the mean±s.e.m.

6.1.6.3 Effects of morin and morin-1 on Ca²⁺ release from intracellular stores and extracellular Ca²⁺ influx triggered by phenylephrine

The most effective compound of the series morin-1 as well as morin were assessed for their effects on phenylephrine-induced contraction elicited either in the absence or in presence of extracellular Ca²⁺. As shown in Fig. 6.12A, pre-treatment with 30 μ M morin-1 significantly reduced the contraction elicited by 10 μ M phenylephrine in Ca²⁺-free KHS. When the normal external Ca²⁺ concentration was restored, still in presence of phenylephrine, morin-1 significantly reduced also the ensuing tonic contraction. On the contrary, morin did not affect the contraction elicited by phenylephrine both in the presence and in absence of extracellular Ca²⁺ (Fig. 6.12B).



Figure 6.12. Effects of morin and morin-1 on Ca^{2+} release from intracellular stores and on extracellular Ca^{2+} influx induced by phenylephrine in endothelium-denuded rings. Effect of (A) morin-1 or vehicle only (DMSO) and (B) morin or vehicle only (DMSO) on 10 μ M phenylephrine-induced contraction in the presence (+Ca²⁺) and absence of extracellular Ca²⁺ (-Ca²⁺). Contractions were measured independently, the response to phenylephrine in the absence of extracellular Ca²⁺ representing the baseline for that obtained after the addition of extracellular Ca²⁺. Columns are the mean±s.e.m and represent the percentage of the response to 0.3 μ M

phenylephrine (phe) in KHS (989±102 mg, n=20, morin-1; 701±52 mg, n=24, morin), taken as 100%. *P<0.05 vs. DMSO, Student's *t* test for unpaired samples.

6.1.7 Flavonoids and hERG channels: Friends or foes? (Review Article)

European Journal of Pharmacology, 2021, 899, 174030 (I.F. 4.432) Simona Saponara^a, Fabio Fusi ^{b,*}, Daniele Iovinelli^b, **Amer Ahmed^a**, Alfonso Trezza^b, Ottavia Spiga^b, Giampietro Sgaragli ^{a,c}, Massimo Valoti ^a

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Abstract

The cardiac action potential is regulated by several ion channels. Drugs capable to block these channels, in particular the human ether-a-go-go-related gene (hERG) channel, also known as $K_v11.1$ channel, may lead to a potentially lethal ventricular tachyarrhythmia called *"Torsades de Pointes"*. Thus, evaluation of the hERG channel off-target activity of novel chemical entities is nowadays required to safeguard patients as well as to avoid attrition in drug development. Flavonoids, a large class of natural compounds abundantly presents in food, beverages, herbal medicines, and dietary food supplements, generally escape this assessment, though consumed in consistent amounts. Continuously growing evidence indicates that these compounds may interact with the hERG channel and block it. The present review, by examining numerous studies, summarizes the state-of-the-art in this field, describing the most significant examples of direct and indirect inhibition of the hERG channel current operated by flavonoids. A description of the molecular interactions between a few of these natural molecules and the *Rattus norvegicus* channel protein, achieved by an *in silico* approach, is also presented.

Keywords:

Docking simulation, Flavonoid, Patch-clamp, hERG channel, Long QT syndrome, *Torsades de pointes*

His contribution consisted in: drafting, and revising the manuscripts.

6.1.8 Flavonoids and cardiovascular risk factors: a review (review article)

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Abstract:

Several modifiable and non-modifiable risk factors are associated with the incidence of cardiovascular diseases, the leading cause of death worldwide. A healthy diet, such as the Mediterranean diet, lowers the incidence of cardiovascular diseases. Intake of flavonoids, a class of plant-derived polyphenols widely distributed in fruits, vegetables, tea, coffee, and wine, is the hallmark of the Mediterranean diet that has been associated with reduced cardiovascular risk factors. Several mechanisms underpin this beneficial activity: a direct vasodilatory effect, prevention of endothelial dysfunction, inhibition of platelet aggregation, and smooth muscle cell proliferation along with an anti-oxidant, anti-inflammatory, anti-obesity, anti-diabetic, and anti-atherosclerotic effect. This review provides an updated overview of the mechanisms by which flavonoids ameliorate cardiovascular risk factors, thus retarding cardiovascular disease progression.

Keywords: cardiovascular diseases, flavonoids, endothelial cells, hypertension, obesity.

6.2 Appendix-2

During his PhD, Amer Ahmed has investigated on abdominal rat aorta rings the vascular activity of mitochondrial fission and dynamin protein inhibitors, namely mdivi-1, dynasore, and dyngo-4a.

6.2.1 Effect of mdivi-1 on high KCl induced contraction

The vasorelaxant activity of mdivi-1 was assessed on rings pre-contracted by high KCl concentrations, which cause membrane depolarization and Ca_v1.2 channel opening. As shown in Fig. 6.13, mdivi-1 caused a concentration-dependent relaxation of aorta preparations depolarized by 60 mM KCl, (IC₅₀ 4.8±0.5 μ M, n= 5). This relaxation was not significantly affected by the presence of the dynamin inhibitors dynasore (IC₅₀ 4.4±0.7 μ M, n=5; P=0.823 vs control) and dyngo-4a (IC₅₀ 5.2±0.2 μ M, n=5; P=0.823 vs control; Fig. 6.13A) or the dynamin activator ryngo 1-23 (IC₅₀ 5.2±0.7 μ M, n=5; P=0.823 vs control)

Mdivi-1 fully reverted also the contraction evoked by 25/30 mM KCl, though with a potency that was significantly greater than that recorded in rings pre-contracted by 60 mM KCl (IC₅₀ 1.1±0.3 μ M, n=6; P=0.0001; Fig. 6.13B). This data suggest that mdivi-1 behaved both as a Ca_V1.2 channel blocker and as a K⁺ channel opener: this hypothesis was supported by the shift to the right of mdivi-1 concentration-response curve observed in rings pre-contracted by the K⁺ channel blocker tetraethylammonium (10 mM) and the Ca_V1.2 channel stimulator Bay K 8644 (100 nM). Under this experimental condition, an IC₅₀ value of 10.2±3.1 μ M (n=6) and an efficacy of 86.4±9.4 were recorded.



Figure 6.13. Effect of mdivi-1 on high KCl-induced contraction. (A) Mdivi-1 concentration response curves constructed on endothelium-denuded abdominal rat aorta rings pre-contracted by 60 mM KCl in the absence (control) or presence of 30 μ M dynasore, 80 μ M dyngo-4a, or 10 μ M ryngo 1-23. (B) Mdivi-1 concentration-response curves constructed in rings pre-contracted by 60 mM KCl (K60; red), 25/30 mM KCl (K25/30; blue), or 10 mM tetraethylammonium (TEA) plus 100 nM Bay K 8644 (green). In the ordinate scale, response is reported as percentage of the initial tension induced (A) by 60 mM KCl (control 2152±332 mg, n=5; 30 μ M dynasore 1548±85 mg; 80 μ M dyngo-4a 1602±198 mg, n=5; ryngo 1-23 1972±151 mg, n=5) or (B) by (60 mM KCl 2152±332 mg, n=5; 25/30 mM KCl 2163±176 mg, n=6; TEA+Bay K 8644 1587±121 mg). Data points represent the mean±s.e.m.

6.2.2 Effect of mdivi-1 on phenylephrine- and NaF-induced contractions

The effects of mdivi-1 were assessed in endothelium-denuded rings were pre-contracted by either 0.3 μ M phenylephrine (a selective α_1 receptor agonist) or 10 mM NaF (a known activator of Rho-kinase). As shown in Fig. 6.14, mdivi-1 reverted both contractions with similar potency (IC₅₀ phenylephrine 4.0±0.8 μ M, n=11; NaF 3.5±0.9 μ M, n=6; P=0.706) and efficacy (E_{max} phenylephrine 91.0±2.2%, n=9; NaF 86.8±5.6%, n=5; P=0.421). Interestingly, in aortic rings pre-incubated with the mitochondria-targeted antioxidant mito-tempol, both potency (IC₅₀ 10.2±1.4 μ M, n=7; P=0.006 vs control) and efficacy of mdivi-1 towards phenylephrine (E_{max} 77.8±5.7%, n=7; 0.034; Fig. 6.14A) were reduced.



Figure 6.14. Effects of mdivi-1 on phenylephrine- and NaF-induced contractions. Mdivi-1 concentration-response curves were constructed in endothelium-denuded abdominal rat aorta rings pre-contracted either by (A) 0.3 μ M phenylephrine (phe), in the absence (control) or presence of 10 μ M mito-tempol, or by (B) 10 mM NaF. Steady-state contraction was evoked by phenylephrine or NaF and then mdivi-1 was added cumulatively. In the ordinate scale, response is reported as percentage of the initial tension induced by either (A) phenylephrine (control 1308±128 mg, n=11; mito-tempol 1908±138 mg, n=7) or (B) NaF (1443.1±199, n=6). Data points represent the mean±s.e.m.

6.2.3 Effect of mdivi-1 on intracellular Ca²⁺ homeostasis

The effect of mdivi-1 on Ca^{2+} release from intracellular store sites and Ca^{2+} influx from extracellular environment triggered by phenylephrine was assessed. As shown in Fig. 6.15, pre-treatment with mdivi-1 did not affect Ca^{2+} release from intracellular store sites (measured as muscle tension in the absence of extracellular Ca^{2+}). However, at the highest concentration tested (10 μ M), Ca^{2+} influx triggered by phenylephrine was significantly reduced (Fig. 6.15B).



Figure 6.15. Effect of mdivi-1 on Ca^{2+} release from intracellular store sites and on extracellular Ca^{2+} influx induced by phenylephrine. Effects of vehicle only (DMSO), (A) 5 µM, and (B) 10 µM mdivi-1 recorded in endothelium-denuded abdominal rat aorta rings pre-contracted by 10 µM phenylephrine in the absence (- Ca^{2+}) and presence of extracellular Ca^{2+} (+ Ca^{2+}). Contractions were measured independently, the response to 10 µM phenylephrine in the absence of extracellular Ca^{2+} representing the baseline for that obtained after the addition of extracellular Ca^{2+} . In the ordinate scale, response is reported as percentage of tension induced by 60 mM KCl

in ring functional assay (5 μ M mdivi-1 1727 \pm 179 mg, n=18; 10 μ M mdivi-1 2150 \pm 125 mg, n=13). Data points represent the mean \pm s.e.m. *P<0.05 vs DMSO, Student's t test for unpaired samples.

As mdivi-1 reduced extracellular Ca^{2+} influx and relaxed 60 mM KCl-induced contraction, its effect on Ca^{2+} influx through $Ca_V 1.2$ channel was assessed. As shown in Fig. 6.16, preincubation with 5 µM mdivi-1 caused a rightward, non-parallel shift of the Ca^{2+} concentrationresponse curve in preparations depolarized by 60 mM KCl, decreasing the area under curve from 895±124 (DMSO, n=5) to 420±72 (mdivi-1, n=6; P=0.007). Notably, addition of the $Ca_V 1.2$ channel stimulator Bay K 8644 (100 nM) significantly increased muscle tension of both DMSO and mdivi-1 treated rings.



Figure 6.16. Effect of mdivi-1 on Ca²⁺ influx through Ca_V1.2 channels. Concentration-response curves to CaCl₂ constructed in endothelium-denuded abdominal rat aorta rings depolarized with 60 mM KCl Ca²⁺-free KHS in the presence of either vehicle (DMSO) or 5 μ M mdivi-1. In the ordinate scale, response is reported as percentage of the tension induced by 60 mM KCl in ring functional assay. Data points represent the mean±s.e.m. (n=5-6). *,[#] P<0.05 vs 10 mM Ca²⁺ (paired samples) or vs DMSO (AUC; unpaired samples), Student's t test.

6.2.4 Effect of dynasore and dyngo-4a on high KCl-induced contraction

The vascular effects of dynamin inhibitors dynasore and its analogue dyngo-4a were assessed. As shown in Fig. 6.17, dynasore caused a concentration-dependent relaxation of 25/30 mM KCl-(IC₅₀ 4.3±1.5 μ M, n=7; E_{max} 90.1±3.4%; n=4) and 60 mM KCl-induced contraction (estimated IC₅₀ 56.8±18.5 μ M; E_{max} 66.0±6.7%; n=5). Surprisingly, its analogue dyngo-4a potentiated 60 mM KCl- induced response by about 50%.



Figure 6.17. Effect of dynasore and dyngo-4a on high KCl-induced contraction. (A) Endothelium-denuded abdominal aorta rings were depolarized by 60 mM KCl (K60). Once a plateau was achieved, dynasore (μ M) was added cumulatively. The effect of 1 μ M nifedipine (nife) followed by 100 μ M sodium nitroprusside (SNP) is also shown. The trace is representative of 5 similar experiments. (B) Concentration-response curves for dynasore and dyngo-4a in rings pre-contracted by 25/30 mM (green) or 60 mM KCl (blue and black). In the ordinate scale, response is reported as percentage of the initial tension evoked by KCl. Data points represent the mean±s.e.m. (n=4-7). *P<0.05 vs K60, Student's t test for unpaired samples.

As shown in Fig. 6.18, dyngo-4a induced a concentration-dependent contraction in rings stimulated by 25 mM KCl (EC₅₀ 10.6±4.7 μ M, n=9; E_{max} 90.6±11.5%, n=8). This effect was not affected by the presence of the α_1 receptor antagonist prazosin (100 nM) (EC₅₀ 5.2±0.9 μ M, n=8; P=0.322 vs control; E_{max} 90.8±4.7%, n=5; P=0.987).



Figure 6.18. Effect of dyngo-4a on 25 mM KCl-induced contraction. Dyngo-4a concentrationresponse curves were constructed in endothelium-denuded abdominal rat aorta rings precontracted by 25 mM KCl in absence (control) or presence of 100 nM prazosin. In the ordinate scale, response is reported as a percentage of the initial tension evoked by 60 mM KCl in ring functional assay. Data points represent the mean±s.e.m. (n=8-9).

6.2.5 Effect of dynasore on phenylephrine-induced contraction

The effect of dynasore on pharmaco-mechanical coupling was assessed in rings pre-contracted by 0.3 μ M phenylephrine. As shown in Fig. 6.19, dynasore relaxed phenylephrine-induced tone in a concentration-dependent manner (IC₅₀ 10.8±2.9 μ M; E_{max} 88.3±5.7%, n=6). In rings pre-incubated with the mitochondria-targeted antioxidant mito-tempol, efficacy was reduced (E_{max} 63.8±7.6%, n=6; P=0.028 vs control); also estimated potency was reduced, though statistical significance was not reached (IC₅₀ 23.1±7.7 μ M, n=6; P=0.167).



Figure 6.19. Effect of dynasore on pharmaco-mechanical coupling. (A) Steady-state contraction was evoked by 0.3 μ M phenylephrine (phe) in endothelium-denuded abdominal rat aorta rings and then dynasore (μ M) was added cumulatively; the effect of sodium nitroprusside (SNP) is also shown. Trace is representative of 6 similar experiments. (B) Dynasore concentration-response curves constructed in rings pre-contracted by phenylephrine in absence (control) or presence of mito-tempol. In the ordinate scale, response is reported as percentage of the initial tension induced by phenylephrine (control 1370±221 mg; mito-tempol 1360±74 mg; n=6). Data points represent the mean±s.e.m.

6.2.6 Effect of dyngo-4a on KCl concentration-response curve

The effect of dyngo-4a on KCl concentration-response curve was assessed in endotheliumdenuded abdominal rat aorta rings. As shown in Fig. 6.20, dyngo-4a caused a concentrationdependent leftward shift of the curve (EC₅₀ 1.4 mM DMSO 28.4±1.8 mM; 10 μ M dyngo-4a 21.2±1.2 mM, n=5; P=0.007; EC₅₀ 11.2 mM DMSO 26.6±1.9 mM; 80 μ M dyngo-4a 15.7±2.1 mM, n=5; P=0.0001) (E_{max} DMSO 94.9±5.2%; 10 μ M dyngo-4a 113.3±1.8%; P=0.046; DMSO 96.9±2.1%; 80 μ M dyngo-4a 106.0±3.5%; P=0.163). Noticeably, dyngo-4a evoked a concentration-dependent, weak contraction of basal tone during the incubation period (Fig. 6.20B).



Figure 6.20. Effect of dyngo-4a on KCl concentration-response curve. (A) Abdominal rat aorta rings were pre-incubated with DMSO prior to construct KCl concentration-response curve. After

washout, a second concentration-response curve was constructed in the presence of 10 μ M or 80 μ M dyngo-4a. In the ordinate scale, response is reported as percentage of the tension induced by 60 mM KCl in ring functional assay. (B) Tension recorded in preparations incubated with dyngo-4a. Data points and columns represent the mean±s.e.m. (n=5).

6.2.7 Effect of dyngo-4a on phenylephrine concentration-response curve

The effect of dyngo-4a on the contractile response to the α_1 receptor agonist phenylephrine was assessed. Two consecutive phenylephrine concentration-response curves were constructed; the first under control conditions, the second in the absence or presence of 10 µM, 80 µM dyngo-4a, or vehicle (DMSO) pre-incubated for 15 min. As shown in Fig. 6.21, the two consecutive phenylephrine concentration-response curves were superimposable (EC₅₀ 268±92 nM and 157±16 nM, n=5; P=0.2605; E_{max} 135.5±9.7% and 147.4±12.4%; P=0.150). Similar results were obtained in rings pre-incubated with vehicle (DMSO) when compared to both the first curve (EC₅₀ 275±87 nM and 318±110 nM, n=5; P=0.185; E_{max} 134.5±11.9% and 141.3±3.6%, n=5; P=0.651) and the second curve (EC₅₀ 157±16 nM, n=5; P=0.492; E_{max} 147.4±12.4%, n=5; P=0.651; Fig.6.21B).



Figure 6.21. Reproducibility of the response to phenylephrine. Phenylephrine concentrationresponse curves were constructed in endothelium-denuded abdominal rat aorta rings. (A) Two consecutive curves measured in the same ring. (B) Effect of DMSO on the second phenylephrine concentration-response curve. In the ordinate scale, response is reported as percentage of the contraction induced by 60 mM KCl in ring functional assay. Data points represent the mean \pm s.e.m. (n=5).

As shown in Fig. 6.22, pre-incubation with 10 μ M dyngo-4a caused a significant leftward shift of phenylephrine concentration-response curve (EC₅₀ 63±18 nM; P=0.021 vs DMSO; E_{max} 178.3±9.3%; n=7; P=0.009). Similarly, pre-incubation with 80 μ M dyngo-4a significantly increased the potency of phenylephrine (EC₅₀ 55.0±17.2 nM, n=6; P=0.029); the increase in efficacy however, did not reach a statistical significance (E_{max} 150.7±5.7%, n=6; P=0.218).



Figure 6.22. Effect of dyngo-4a on phenylephrine-induced contraction. Endothelium-denuded abdominal rat aorta rings were pre-incubated with DMSO, 10 μ M, or 80 μ M dyngo-4a for 15 min and then phenylephrine was added cumulatively. In the ordinate scale, response is reported as percentage of tension induced by 60 mM KCl in ring functional assay. Data points represent the mean±s.e.m. (n=5-7).

6.2.8 Effect of mito-tempol on dyngo-4a potentiation of phenylephrine-induced contraction

The involvement of superoxide anion in dyngo-4a potentiation of phenylephrine-induced contraction was assessed. As shown in Fig. 6.23, in the presence of vehicle phenylephrine evoked a concentration-dependent contraction of the preparations (EC₅₀ DMSO 408±133 nM; E_{max} 97.2±6.1%, n=7). Dyngo-4a induced potentiation of this response (EC₅₀ 66±9 nM; P=0.014 vs DMSO; E_{max} 131.1±7.0%; P=0.002) was counteracted by the mitochondria-targeted antioxidant mito-tempol (EC₅₀ mito-tempol+dyngo-4a 96±11 nM, n=7; P=0.060 vs dyngo-4a; E_{max} 104.4±10.5%, n=7; P=0.0564; Fig. 6.23A). Notably, mito-tempol alone did not affect the response to phenylephrine (Fig. 6.23B).



Figure 6.23. Effect of mito-tempol on dyngo-4a potentiation of phenylephrine-induced contraction. (A) Endothelium-denuded abdominal rat aorta rings, pre-incubated with DMSO, 10 μ M dyngo-4a alone, or 10 μ M dyngo-4a plus 10 μ M mito-tempol, were stimulated with cumulative concentrations of phenylephrine. (B) Effect of 10 μ M mito-tempol on phenylephrine-induced contraction. In the ordinate scale, response is reported as percentage of tension induced by 60 mM KCl in ring functional assay. Data points represent the mean±s.e.m. (n=7).

6.2.9 Effect of tyramine on dyngo-4a-induced contraction

The mechanism underpinning dyngo-4a-induced increase of basal tone (see Fig. 6.20B) was assessed. As shown in Fig. 6.24, 80 μ M dyngo-4a alone evoked a modest contraction, which was lower than that caused by the indirect sympathomimetic agent tyramine. When dyngo-4a was

added on the plateau of tyramine-induced contraction, a further increase of tone was recorded (P=0.0002). Finally, the subsequent cumulative addition of prazosin (0.1-10 μ M) fully reverted the rings vessel tone to basal level.



Figure 6.24. Effect of tyramine and prazosin on dyngo-4a-induced contraction. (Left) Endothelium-denuded abdominal rat aorta rings were pre-contracted by 100 μ M tyramine and then, at the plateau of tyramine-induced contraction, 80 μ M dyngo-4a was added followed by prazosin (10 μ M). (Right) Effect of 80 μ M dyngo-4a on the spontaneous tone in the absence or presence of 100 μ M tyramine. In the ordinate scale, the response is reported in mg. Columns represent the mean±s.e.m. (n=5-11). *P<0.05, Student's t test for unpaired samples.

CHAPTER 7:

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8. List of Publications

Pozzetti L., Ferrara F., Marotta L., Gemma S., Butini S., Benedusi M., Fusi F., **Ahmed, A**., Pomponi S., Ferrari S., Perini M., Ramunno A., Pepe G., Campiglia P., Valacchi G., Carullo G., Campiani G. 2022. Extra Virgin Olive Oil Extracts of Indigenous Southern Tuscany Cultivar Act as Anti-Inflammatory and Vasorelaxant Nutraceuticals. Antioxidants 11: 437

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