Nitric oxide is a principal factor involved in the antiatherosclerotic properties of the endothelium. \(^1\)–\(^3\) NO interferes in vitro with key events in the development of atherosclerosis, such as monocyte and leukocyte adhesion to the endothelium \(^4\)–\(^7\) as well as platelet–vessel wall interaction. \(^8\)–\(^10\) NO also decreases endothelial permeability and reduces vessel tone, thus decreasing flux of lipoproteins into the vessel wall. \(^11\)–\(^12\) Finally, NO has been shown to inhibit vascular smooth muscle cell proliferation and migration in vitro as well as in vivo. \(^13\)–\(^16\) In agreement with these findings, inhibition of the NO-producing enzyme NOS III caused accelerated atherosclerosis in experimental models. \(^17\) Major risk factors for atherosclerotic vascular disease, such as hypercholesterolemia, diabetes, hypertension, and smoking, have been associated with impaired NO activity. \(^18\)–\(^22\)

In vivo, the activity of the \(\lambda\)-arginine–NO pathway is a balance between the synthesis and breakdown of NO. At present, there are several reasons to believe that NO synthesis could indeed be impaired in hypercholesterolemia and atherosclerosis. In these conditions, there appears to be an uncoupling of the receptor–G, complex. \(^23\) The exact mechanism is not known, but a very intriguing hypothesis is that the altered lipid composition of the cell membrane may play a role in this phenomenon. Although there is some controversy regarding the effect of oxidized LDL on the transcription of the enzyme, there is evidence of reduced transcription and enhanced breakdown of NOS transcripts with increasing concentrations of oxidized LDL. \(^24\) Long-term stimulation with oxidized LDL may also lead to a decrease in the amount of the NOS protein through induction of cytokines. \(^25\) Finally, hypercholesterolemia is associated with increased circulating concentrations of ADMA, an endogenous inhibitor of NOS. This has been demonstrated in hypercholesterolemic rabbits and humans. \(^26\)–\(^27\) This is particularly interesting because these observations suggest that administration of \(\lambda\)-arginine may overcome a competitive inhibition of NOS.

In agreement with this theory, administration of \(\lambda\)-arginine increases synthesis of NO by the vascular endothelium, \(^28\) improves NO-dependent vasodilation in conditions such as hypercholesterolemia and angina pectoris, \(^18\)–\(^20\) and prevents development of atherosclerosis in LDL receptor knockout mice. \(^31\) These facts led to the concept that a reduction in NO synthesis is the primary process involved in endothelial dysfunction and that this reduction in NO synthesis is due to a reduced availability of the NOS substrate \(\lambda\)-arginine. However, the intracellular concentration of \(\lambda\)-arginine far exceeds the \(K_m\) value of NOS, making less likely the possibility that the extracellular \(\lambda\)-arginine concentration is rate limiting. \(^32\) It is also uncertain to what extent increased circulating levels of ADMA affect intracellular \(\lambda\)-arginine availability. Finally, a recent study by Giugliano et al. \(^33\) demonstrates that the effect of \(\lambda\)-arginine on vasodilation is mediated in part by stimulation of insulin secretion.

Alternatively, reduced NO activity could be caused by enhanced catabolism. The in vivo half-life of NO is determined mainly by its reaction with oxygen and superoxide. \(^34\) The reaction of superoxide and NO occurs at a diffusion-limited rate, with the production of the powerful oxidant peroxynitrite \((\text{ONOO}^-)\). This reaction is more than three times faster than catabolism of superoxide by superoxide dismutase. \(^35\) Under physiological conditions, NO is probably formed in the picomolar to nanomolar range. \(^36\) Because peroxynitrite is formed optimally from equimolar concentrations of NO and superoxide, \(^36\) it is not very likely for peroxynitrite to achieve high concentrations in normal physiology. This is important because low concentrations of peroxynitrite have been shown to behave very similarly to NO: they can cause vasorelaxation, \(^37\)–\(^39\) decrease platelet aggregation, \(^38\)–\(^40\) reduce leukocyte adhesion to the vessel wall, \(^41\) exert cytoprotective effects, \(^42\) and in fact may act as an NO donor. \(^42\) By contrast, higher concentrations of peroxynitrite may be very toxic. It can form the cytotoxic peroxynitrous acid, \(^43\) cause hydroxyl radical toxicity, \(^44\) and cause protein fragmentation by nitration of amino acids. \(^45\) It can be postulated that such deleterious concentrations of peroxynitrite can be achieved in atherosclerotic lesions, in which superoxide generation is increased by endothelial oxidases such as xanthine oxidase. \(^46\)–\(^47\) as well as oxidase systems in infiltrating leukocytes (see Fig 1), while at the same time NO production in atherosclerotic lesions may also be increased by induction of NOS II by cytokines. \(^48\) Moreover, hypercholesterolemia, as a risk factor for atherosclerosis, has been shown to impair the glutathione detoxification mechanism against peroxynitrite. \(^49\) In agreement, nitrotyrosine immunostaining, which has been advanced as a marker of peroxynitrite-mediated protein modification, \(^34\) is increased in human atherosclerotic plaques. Moreover, nitrrosylation of LDL cholesterol isolated from atherosclerotic plaques is also largely increased, \(^50\) suggesting...
that enhanced peroxynitrite formation occurs in atherosclerosis and could contribute to lipid peroxidation in atherosclerosis.\textsuperscript{24,51} Taken together, these data indicate that catabolism of NO by its reaction with superoxide could be an important phenomenon in hyperlipidemia and atherosclerosis.

Very intriguing are observations that NOS III itself can be an important source of endothelial superoxide production in hypercholesterolemia. Pritchard et al\textsuperscript{53} found that endothelial cells that were incubated with LDL released superoxide, which could be largely inhibited by the NOS inhibitor L-NAME. In fact, superoxide production by the endothelium fell below control levels during administration of L-NAME, suggesting that there is continuous superoxide production by NOS III. In other words, NOS III is both an NO- as well as a superoxide-producing enzyme. To understand this double action of NOS III, one has to take a closer look at its biochemistry.

**The Two Faces of NOS**

NOS III consists of a flavin-containing reductase domain and a heme-containing oxidase domain\textsuperscript{74} (Fig 2). NADPH reduces the flavin component of the reductase domain, but electron transfer to heme will not occur until Ca\textsuperscript{2+}/calmodulin is present. In the presence of Ca\textsuperscript{2+}/calmodulin, there is an electron transfer from NADPH to the heme moiety, which also serves as an acceptor for oxygen. This reaction is dependent on the presence of BH\textsubscript{4}.\textsuperscript{56}
citrate. Another cofactor, BH4, has been postulated to play an important role in whether the electron flow in the enzyme can be directed to L-arginine. Indeed, in the (neural) NOS I isoform, depletion of BH4 results in uncoupling of oxygen reduction and arginine oxidation, thereby generating superoxide and subsequently hydrogen peroxide.36,59 Regarding recombinant NOS III, we recently also confirmed that addition of BH4 increases NO production and reduces superoxide generation by NOS III.56 The exact mechanisms by which BH4 exerts these effects are not known. In NOS I, BH4 appears to play a major role in stabilizing the NO in its active dimeric form.60,61 However, this allosteric role of BH4 appears to be less prominent for recombinant NOS III.56,62

What are the implications for these enzyme kinetics for impaired NO activity in vivo? Administration of BH4 is capable of restoring endothelium-dependent vasodilation in experimental diabetes,63 smoking,64 and reperfusion injury.65 Sepiapterin, which is converted intracellularly to BH4 via the salvage pathway,66 also restores endothelial function.68 We recently demonstrated in hypercholesterolemic patients that intra-arterial administration of BH4 restores the impaired NO-dependent vasodilation response to serotonin in these patients77 (Fig 3). It has been suggested that there is cooperation between the BH4 and L-arginine binding site on NOS,77 thereby reducing the KM for each other. A reduced availability of BH4 may therefore lead to the “paradoxical” deficiency of L-arginine. Interestingly, in vivo administration of BH4 also abolished the rate-limiting role of L-arginine in these patients, lending further support for this hypothesis.77

Such data suggest that conditions that are associated with impaired NO activity and accelerated atherosclerosis are characterized by a reduced availability of BH4. This obviously also raises the question why BH4 becomes rate limiting in such conditions. NOS contains BH4 as a tightly bound prosthetic group, which does not undergo net oxidation during NO synthesis.68 Thus, when participating as a redox-active cofactor in L-arginine oxidation, BH4 shuttles its electron to L-arginine and must be continuously recycled into its active reduced state by NOS,69–71 Several studies have shown that atherosclerosis is associated with an increased cellular production of reactive oxygen species.66,67 This is also confirmed by in vivo observations in which the oxygen radical scavengers vitamin C and probucol improved impaired endothelium-dependent vasodilation in hypercholesterolemia and atherosclerosis.72,73 It is thus possible that the abnormal intracellular redox state in these conditions, which is unfavorable for reduction of the oxidized bioppterin, impairs the endothelial recycling of BH4. Studies that measure BH4 levels are required to address this issue further.

Surprisingly, administration of exogenous BH4,74 and sepiapterin75 has also been associated recently with an inhibitory effect on endothelium-dependent vasodilation in vitro. These effects were noted with high levels of BH4 (10 to 100 μmol/L) but not found with dihydrobiopterin and appeared reversible with superoxide dismutase, suggesting that these effects were mediated by superoxide anion. Indeed, in the presence of oxygen, BH4 is susceptible to auto-oxidation and the subsequent production of superoxide radicals and oxidized bioppterin.74,75 However, these data cannot be easily extrapolated to the in vivo situation due to the different in vivo redox status, which actually determines if a compound acts as an antioxidant or a prooxidant. For example, direct antioxidant effects of BH4 have been described as well.56

Conclusions
On the basis of these observations, we propose that NOS III has a dual role in the pathogenesis of atherosclerosis: under normal conditions, it generates low concentrations of NO and probably peroxynitrite, which favor an antithrombotic environment. However, during hyperlipidemia and atherosclerosis, it may contribute to the formation of oxidative stress by a reduction in BH4-dependent NO formation and unopposed superoxide formation by the enzyme. Particularly in the setting of local induction of NOS II, this could favor the development of local toxic concentrations of peroxynitrite in atherosclerotic plaques. This concept further emphasizes the role of redox state as a determinant of vascular integrity in atherosclerosis.

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Figure 3. Effects of BH4 on serotonin (5-HT)-induced NO-mediated vasodilation. BH4 did not significantly alter vasodilation in controls but significantly enhanced 5-HT-mediated vasodilation in young patients with familial hypercholesterolemia (FH) without macrovascular disease. There was no effect of BH4 on sodium nitroprusside (SNP)-induced endothelium-independent vasodilation (reprinted with permission67).
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