

The effects of calcium block on repolarization seems to relate to the behavior of potassium channels.

The varieties of potassium channels (some of them):

- 1. Voltage gated  $-K_V$  like the delayed rectifier of the HH model. Some of these also have inactivation gates. These repolarize action potentials and limit the spiking rate during excitation.
- 2. Calcium dependent K(Ca) There are two varieties of these:

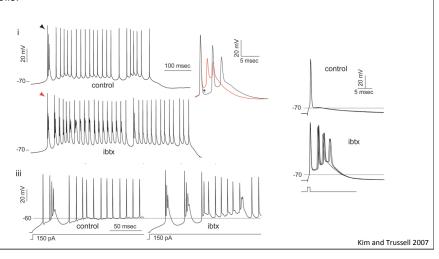
 ${\rm BK-gated}$  by both  $\it V$  and  $\it Ca.$  Important for repolarization and for activity-dependent sensing.

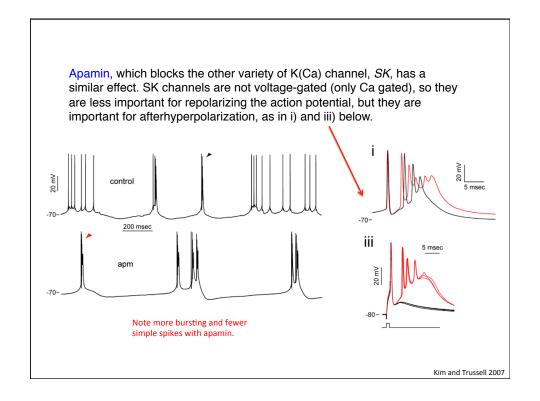
SK – gated by *Ca* only. Produce afterhyperpolarization (AHP) and help govern stability after bouts of activity (e.g. between bursts).

- 3. H channels non-specific channels that are related to K channels. These have only an inactivation gate.
- 4. Inward rectifier Non-V-gated channels whose conductance is often controlled by intracellular second messengers.
- 5. Tandem pore domain contribute to the resting potential.

Repolarization in cartwheel cells depends on calcium-dependent potassium channels K(Ca), which are less activated when calcium currents are decreased. Of course there are V-dependent K channels as well.

The data below show the effects of iberiotoxin, an antagonist of *BK* channels. Note more complex spikes, faster bursting, and bursting in previously stable cells.





To refine the description of this system, consider the electrophysiological families of calcium channels.

Varieties of calcium channels:

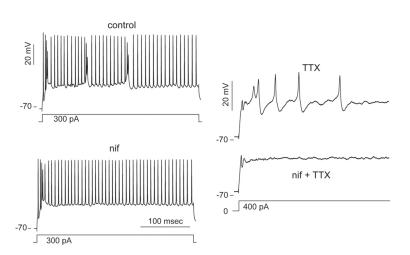
L-type – high threshold (>-30 mV), slow V inactivation, Ca++ inactivation.

 $P/Q,\,N,\,R-$  high threshold (>-20 mV), weak V inactivation, Ca++ inactivation.

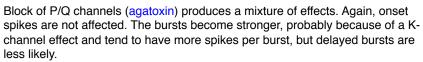
T-type – low threshold (>-70 mV), strong V inactivation, no  $Ca^{++}$  inactivation.

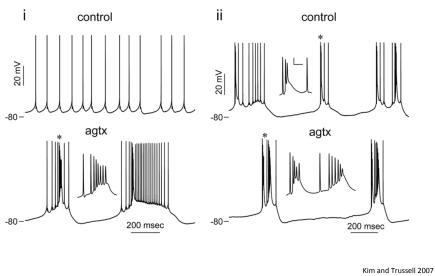
These types were originally identified on voltage-clamp criteria, but have subsequently been associated with specific genes, with multiple genes for each type. They differ in pharmacology and in their localization.

Block of L-type channels (nifedipine) eliminates the delayed bursts, but not the onset burst.

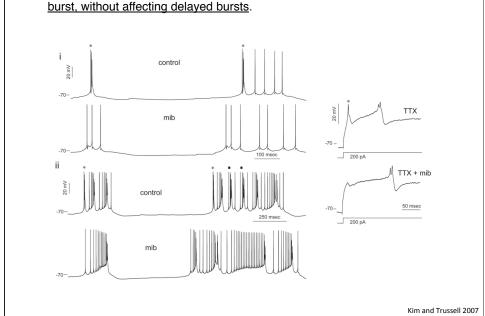


Kim and Trussell 2007

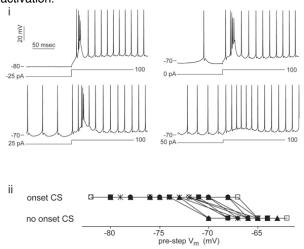








A second evidence pointing to T-channel involvement in the onset burst is the fact that pre-hyperpolarization increases the likelihood of getting an onset complex spike. T channels are inactivated by depolarization, so the pre-hyperpolarization is necessary to remove the inactivation.



Kim and Trussell 2007

The diagram at right shows the voltage range over which channels typically activate or inactivate (abscissa) and the time scale (ordinate).

Note that the only channels that activate at low potentials (below  $V_{\text{REST}}$ ) are the T-type Ca channel and inactivation of the A-type K channel.

(H channels, not shown, also activate below  $V_{\text{REST}}$ )

