

# Angiotensin II RIA

## Quantitative Monitoring of Angiotensin II

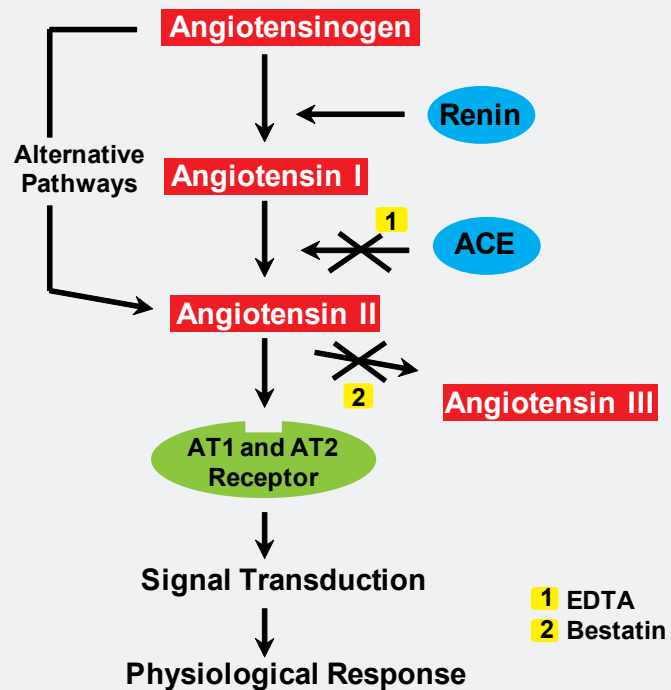
Quantitative  
Monitoring of  
Angiotensin II  
e.g. in  
Hypertension



Monitoring of pharmacological  
effect and efficiency of:

ACE inhibitors

Receptor antagonists



# Quantitative Monitoring of Angiotensin II

## Introduction

The renin-angiotensin system (RAS) mainly regulates blood pressure and the preservation of salt and water balance. The major part of Angiotensin II (Ang II), an octapeptide (MW 1045), is being generated from its inactive precursor Ang I by the activity of angiotensin-converting enzyme (ACE). It has been proven a considerable part is being processed via alternative pathways, especially by chymase. The major effects of Ang II are(1):

- Stimulation of aldosterone in the adrenal cortex resulting in salt and water retention
- Aldosterone independent salt and water retention by a proximal tubulus.
- Vasoconstriction and ultimate promotion of a hypertrophic response within the myocardium and vascular smooth muscle cells
- Promotion of cell growth and differentiation within smooth muscle and cardiac cells

## Why measure Angiotensin II

Ang II is the hemodynamic effector in the blood pressure regulatory loop controlled by the renin-angiotensin system(2). Further, Ang II is also a growth factor for vascular endothelial cells. It has been suggested that elevated plasma Ang II be directly involved in vascular hypertrophy and/or the remodeling of resistance arteries. Ang II is measured either in hypertension research or during therapy follow-up.

**Treatment with angiotensin-converting enzyme inhibitors (ACEI):** Both, active renin and Ang I immediately increase after ingestion of ACEI, in parallel plasma Ang II decreases. Thus, plasma Ang II reflects a resetting of the RAS at any particular level of a converting enzyme inhibition. Long-term therapy with ACEI often goes along with an escape phenomenon

## Assay Performance Data

**Intra-assay precision (CV)** 8.3%  
4 plasma samples; range: 5.8-242 pg/ml; 20 duplicates

**Inter-assay precision (CV)** 11.5%  
3 plasma samples; range: 4.1-152.9; 20 runs

**Dilution linearity** 93.5%  
2 samples diluted with Ang II free plasma; 1:2 – 1:64

**Spiking recovery** 99.2%  
8 samples spiked with Ang II (2.5 – 250 pg/ml)

**Analytical sensitivity** 1.0 pg/ml  
20 Zero Calibrator (Tris buffer) duplicates

### Specificity (% crossreactivity)

[Val5] Angiotensin II	44.0
[Sar1-Ile8] Angiotensin II	3.2
Angiotensin I	0.14
Angiotensin (2-8) = Ang III	108.0
Angiotensin (3-8) Hexapeptide	96.0
Angiotensin (4-8) Pentapeptide	39.0
Angiotensin (5-8) Tetrapeptide	0.03
Angiotensin (1-7) Heptapeptide	0.01
[Arg8] Vasopressin	0.01

**Tracer shelf life**  
**7 weeks after labeling**

### Sample type

#### 1.2 ml EDTA Plasma

To be extracted with a reversed-phase cartridge

### Standard Range

**2-500 pg/ml**

**Reference ranges** (normal blood donors)  
**median 5.9 pg/ml;** (n=81 samples,  
range: 0.8 - 16 pg/ml)


**Calibration against the WHO Standard (MRC 70/302)**

**A sample stabilizer, Bestatin, can be ordered separately.**


## Assay Procedure

**Pipet 500 µl Standards, Controls or extracted plasma samples into polystyrene tubes**


**add 100 µl of antiserum**

↓  incubate 16 hours at 2-8°C


**add 100 µl of Tracer**

↓  incubate 6 hours at 2-8°C

**add 100 µl of 2<sup>nd</sup> antibody**

↓  incubate 30 min at 2-8°C

**add 1.0 ml of water**

↓  centrifuge 15 min  
at 2-8°C 1000 x g

**aspirate and count for 1 minute**

**Time to Result: 1 Day**

and a return to pre-therapy levels. It is probably caused by alternative pathways of Ang II activation e.g. by Chymase. Thus, a careful monitoring of Ang II during long-term therapy may be advisable.

**Treatment with angiotensin-receptor antagonists:** These antihypertensives specifically block the actions of Ang II at the AT<sub>1</sub>-receptor. Unlike ACEI, they are accompanied by an immediate increase in Ang II. Although the implications of this increase in Ang II are unclear, unabated Ang II stimulation of the AT<sub>1</sub>-receptor may prove significant and a reason to monitor ACEI (3).

**The determination of Ang II is helpful in monitoring the pharmacological effect and efficiency of a wide variety of angiotensin converting enzyme inhibitors or Angiotensin II receptor antagonists and for monitoring the efficiency of therapeutic approaches in treating congestive heart failure.**

## Literature

- (1) Katz AM: J Mol Cell Cardiol 22 739-47 (1990)
- (2) Juillerat L, Nussberger J et al.: Hypertension 16, 564-72 (1990)
- (3) Johnston CI; Lancet 346 1403-7 (1995)



BÜHLMANN Laboratories AG  
Baselstrasse 55  
CH-4124 Schönenbuch/Basel  
Switzerland

Phone +41 61 487 12 12  
Fax orders +41 61 487 12 99  
info@buhlmannlabs.ch  
www.buhlmannlabs.ch

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Angiotensin II RIA Kit (100 tests): RK-A22  
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