

**Mechanisms of drug action;
non-specific, specific.**

Receptors and ligand binding.

**Receptor subtypes;
neuronal autoreceptors, heteroreceptors**

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Mechanisms of drug effects

SPECIFIC - RECEPTOR MEDIATED

DRUG ↔ **RECEPTOR**

drug = ligand of the receptor

afinity
&
intrinsic activity = efficacy

- direct
- indirect

NONSPECIFIC – non-receptor

- physical
(e.g. osmotic diuretics)
- chemical
(e.g. antacids)
- impact on function
of the receptor system
functioning
(beyond the receptor)

Mechanisms of drug effects

SPECIFIC - RECEPTOR MEDIATED

DRUG ↔ **RECEPTOR**

**affinity,
intrinsic activity**

- **DIRECT**
- **INDIRECT**

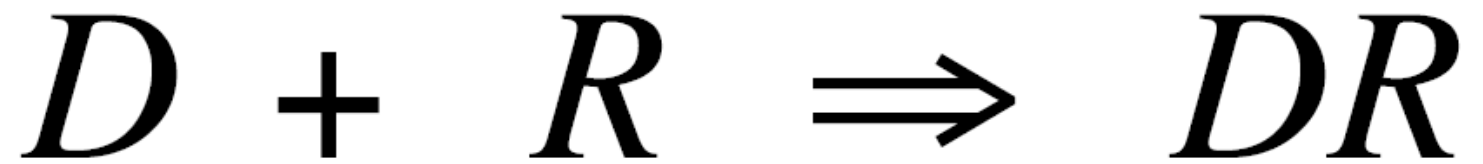
NONSPECIFIC - NONRECEPTOR

- **physical**
- **chemical**
- **binding to macromolecules of the organism which do not serve physiologically as receptors**
(e.g. influence on ion channel, proton pump, modification of DNA, substrate inhibition of enzyme, binding to cell components,)

Non-receptor Mediated Drug Effects

- Physical
- Chemical
- **Metabolic pathways** (beyond the receptor)
 - **changes of ion channel permeability**
 - **changes of proton pump functioning,**
 - **DNA modification,**
 - **substrate enzyme inhibition,**
 - **binding to cell components**

Biological Effect \propto [DR]



D: Drug or endogenous ligand

R: Receptor

DR: Drug-Receptor Complex

What is a Receptor?

- The term “**receptor**” specifically refers to proteins that participate in intracellular communication via chemical signals
- Upon recognition of an appropriate chemical signaling molecule (“**ligand**”), receptor proteins transmit the signal into a biochemical change in the target cell
- Ligands include **drugs** as well as **endogenous signaling molecules** such as e.g. hormones and neurotransmitters

Drug binding in the organism } proteins

receptor – modulation of activity

ion channel – modulation of permeability

**enzyme – false substrate (abnormal metabolite;
inhibition of the function;
activation of a "pro-drug")**

transporter – false substrate; inhibition



endogenous ligand = agonist



drug = agonist



endogenous ligand = agonist



drug = antagonist



TYPES of RECEPTOR LIGANDS

agonist

has

affinity (ligand)

has

intrinsic activity

antagonist

has

affinity (ligand)

has no

intrinsic activity

Major Receptor Families

- ☛ Ligand-gated ion channels (ionotropic r.)
- ☛ G protein–coupled receptors (metabotropic r.)
- ☛ Enzyme-linked receptors
- ☛ Intracellular receptors

Examples:

~Nitric oxide (NO)

~Steroid (e.g., estradiol, progesterone, testosterone)

Receptor type	Receptor	Drug	Effects, treatment
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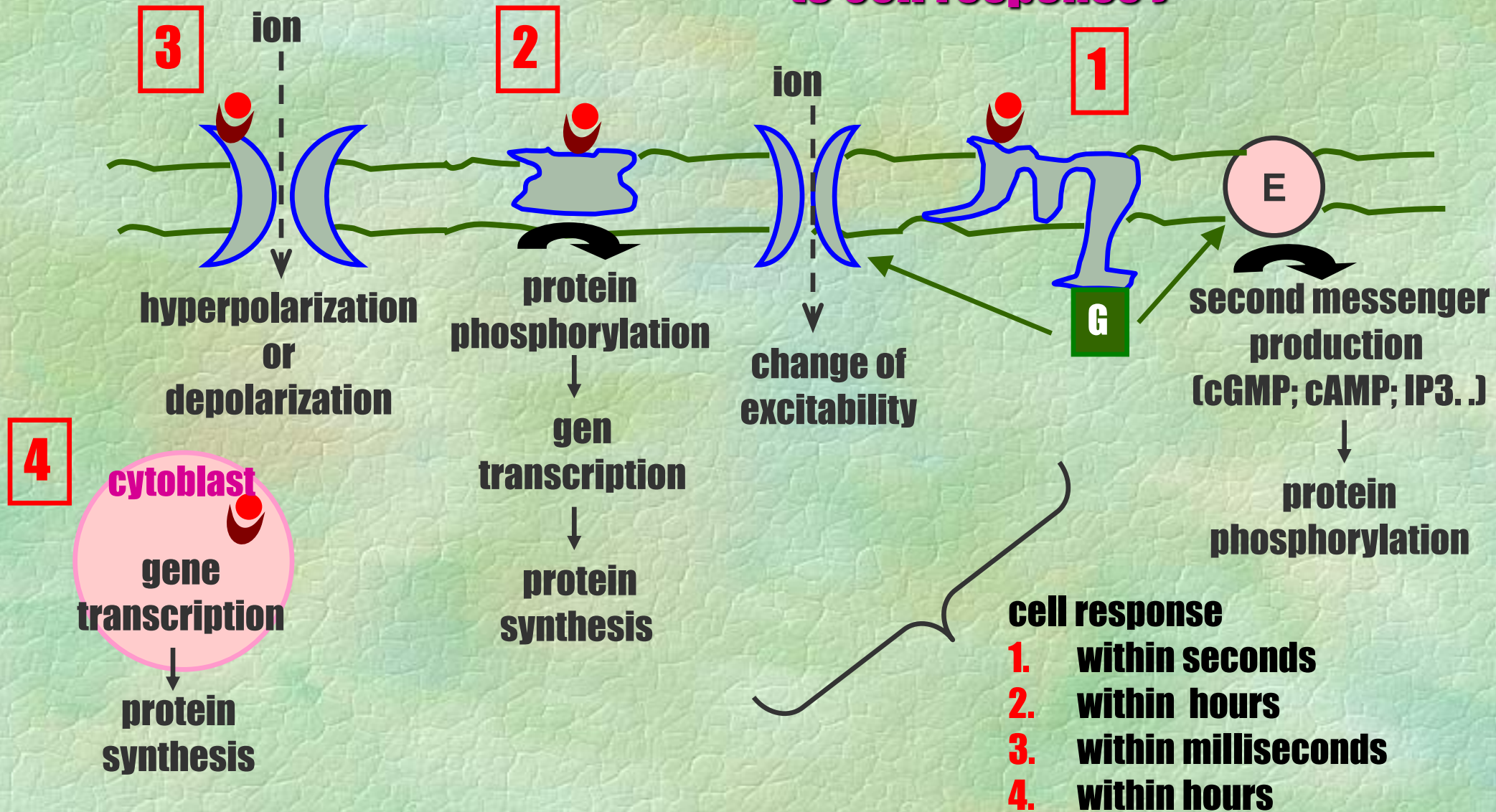
MEMBRANE:

<u>1. G-protein coupled (metabotropic)</u>	β2 adrenergic	salbutamol	asthma bronch.
<u>2. enzyme coupled</u>	insulin	insulin	diabetes mell.
<u>3. ion channel (ionotropic)</u>	GABA_A	muscimol	hallucinogen

CYTOSOLIC :

<u>4. Cytosol (intracellular r.)</u>	DNA	intercalator (inserts itself into the DNA structure)	cancer
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RECEPTOR SIGNAL TRANSDUCTION (from intrinsic activity to cell response)



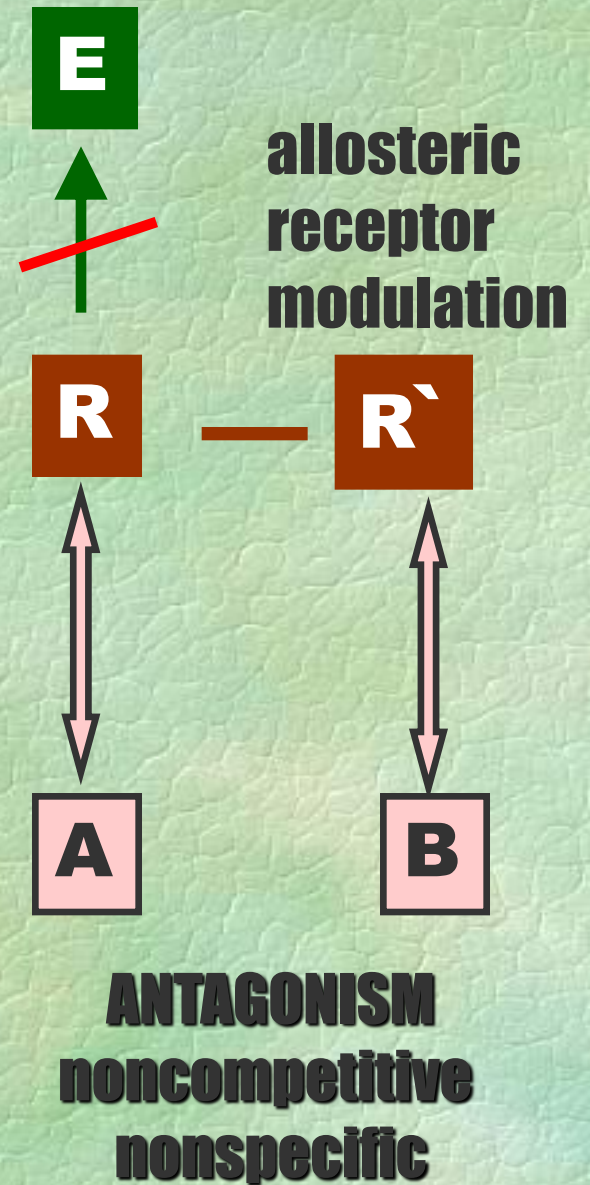
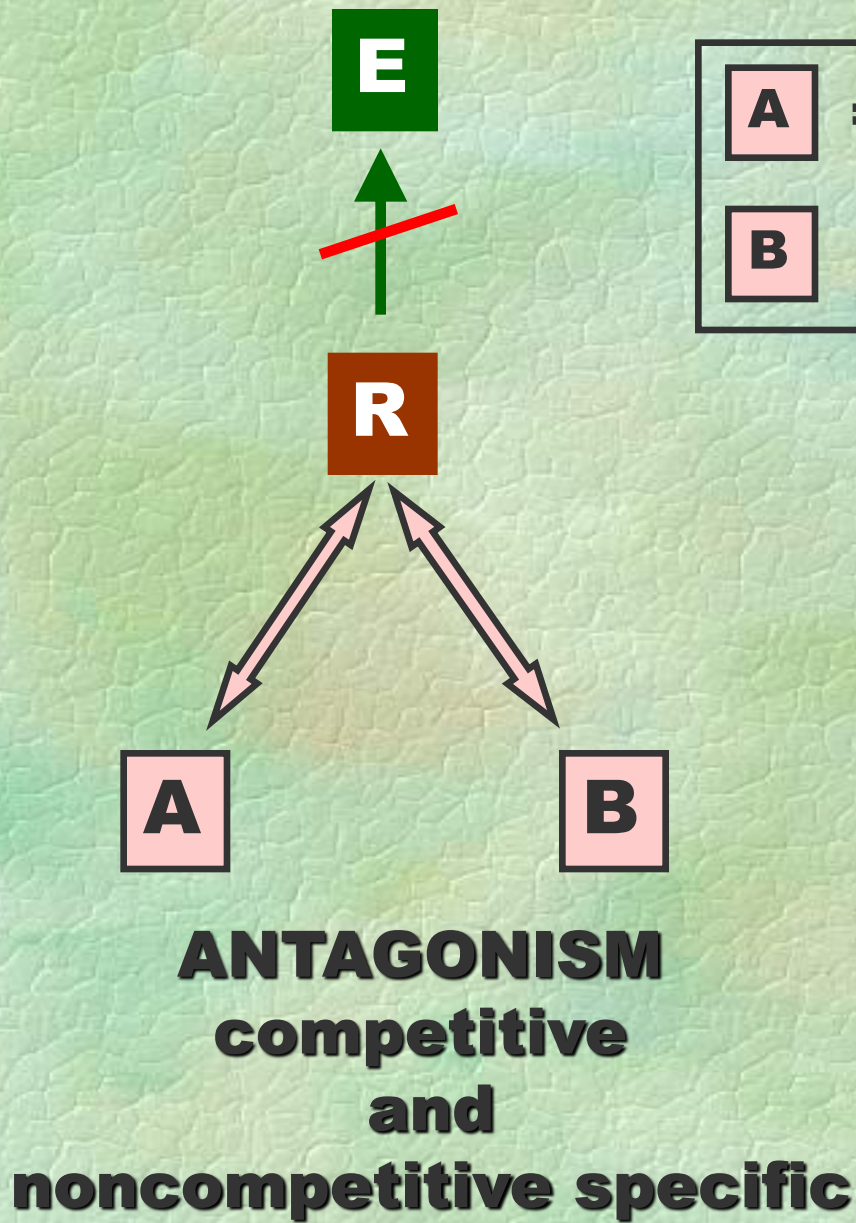
TYPES OF RECEPTOR LIGANDS

agonist

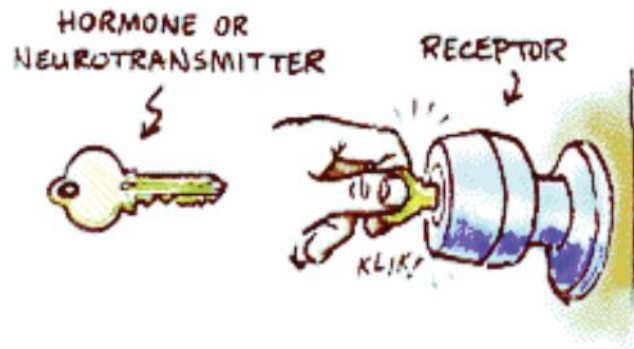
partial agonist (competitive dualist)

antagonist

- **competitive**
- **noncompetitive**
 - **specific**
 - **nonspecific**



The Lock and Key Model of Ligand-Receptor Interaction



- a ligand such as a hormone or neurotransmitter (the "key") bind to specific receptors (the "lock")
- this binding "unlocks" the cell's response.



- many drugs work by mimicking a naturally occurring hormone or neurotransmitter
- if the drug causes the receptor to respond in the same way as the naturally occurring substance, then the drug is referred to as an agonist
- these are drugs that can "pick the lock".



- other drugs work in the opposite way - as antagonists.
- these drugs bind to the receptor, but do not produce a response.
- because the drug prevents the receptor from binding to the normal hormone or neurotransmitter, it has an inhibitory effect on the naturally occurring substance.

TYPES OF RECEPTOR LIGANDS

agonist

partial agonist (competitive dualist)

antagonist — **competitive**
— **noncompetitive**

- **specific**
- **nonspecific**

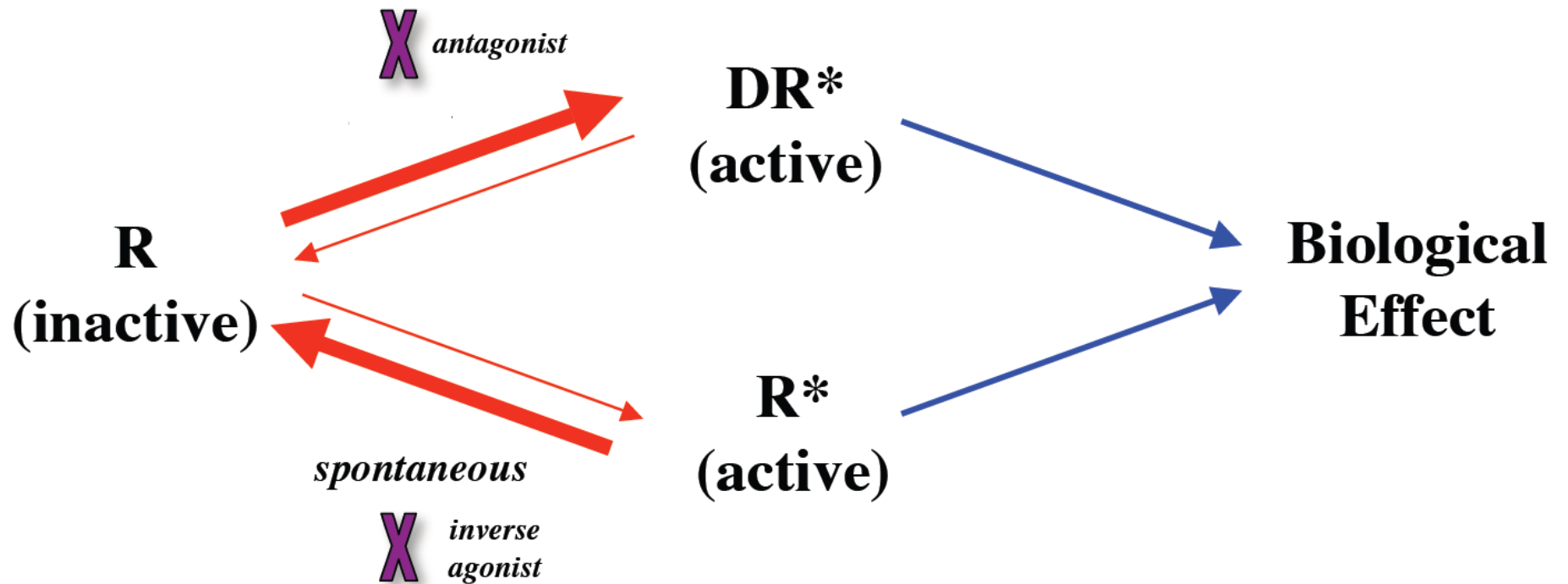
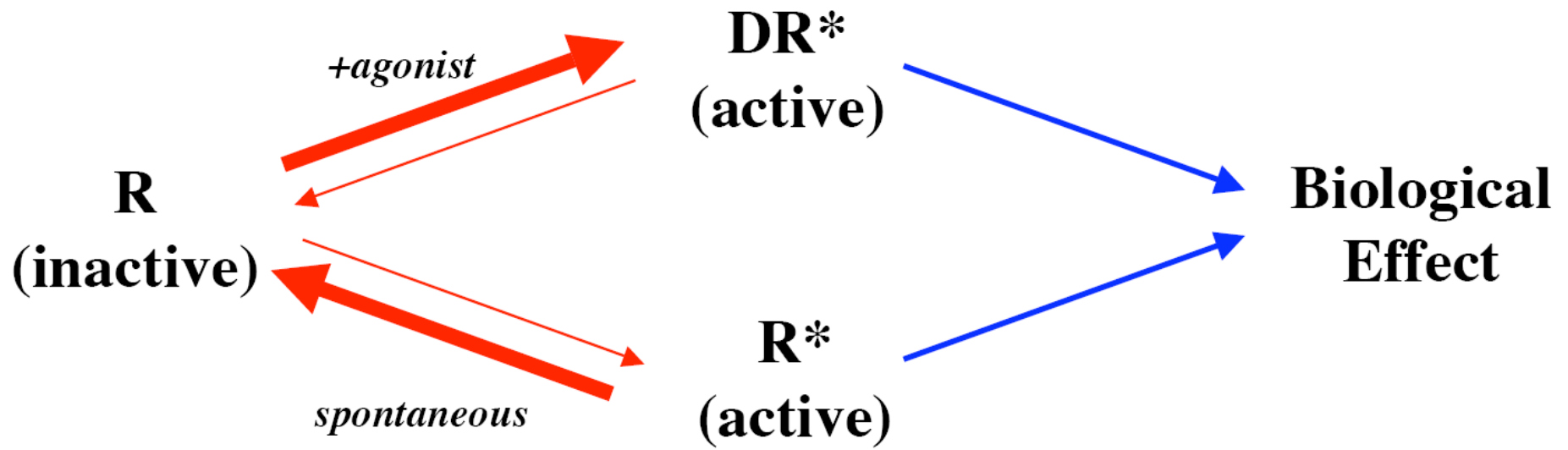
inverse agonist

partial inverse agonist

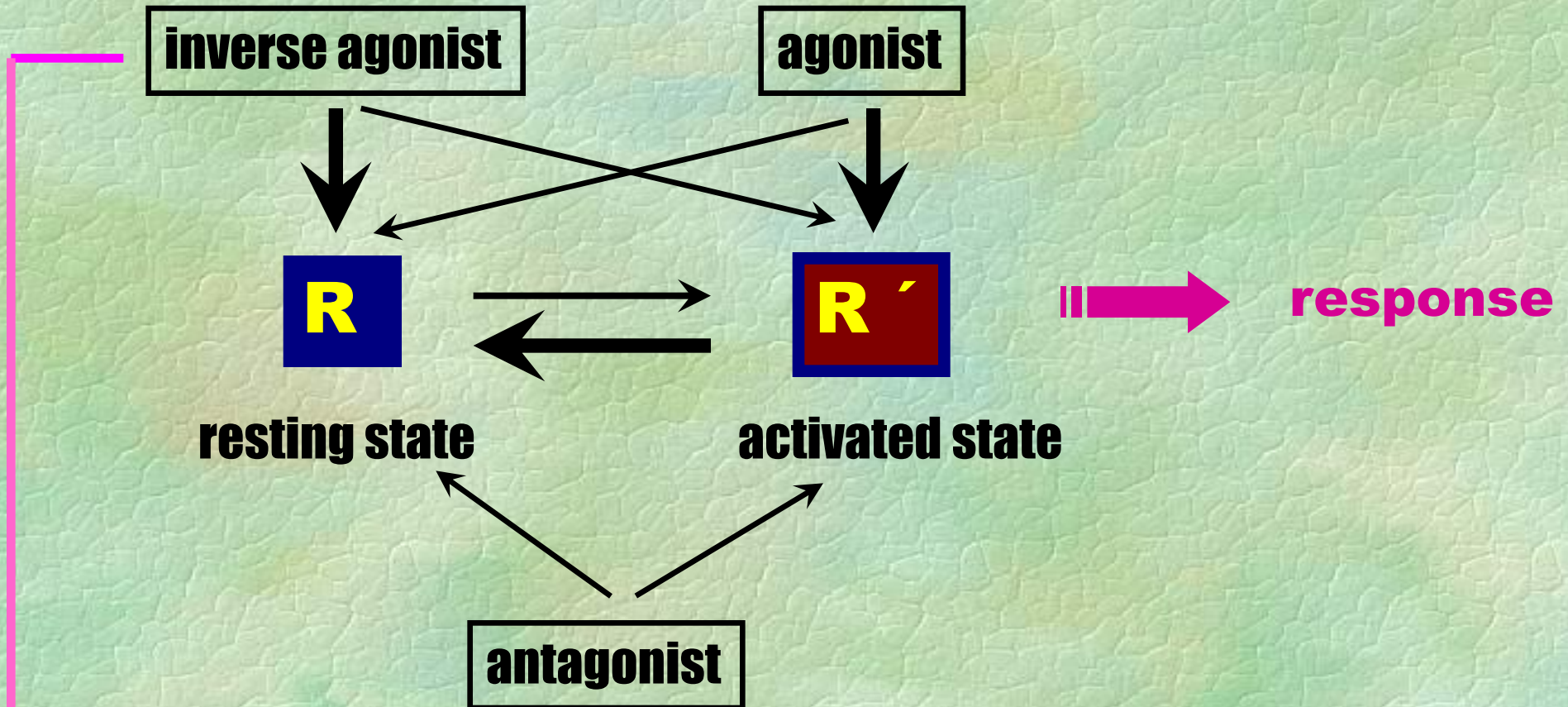
Quantitative model of receptor influence
= the "two-state model"



In some of receptors systems , even in the absence of an endogenous ligand or an exogenously administered agonist, there is intrinsic activity ("tone")
- there is an inherent stability of constitutively activated receptors.



Quantitative model of receptor influence
= the "two-state model"



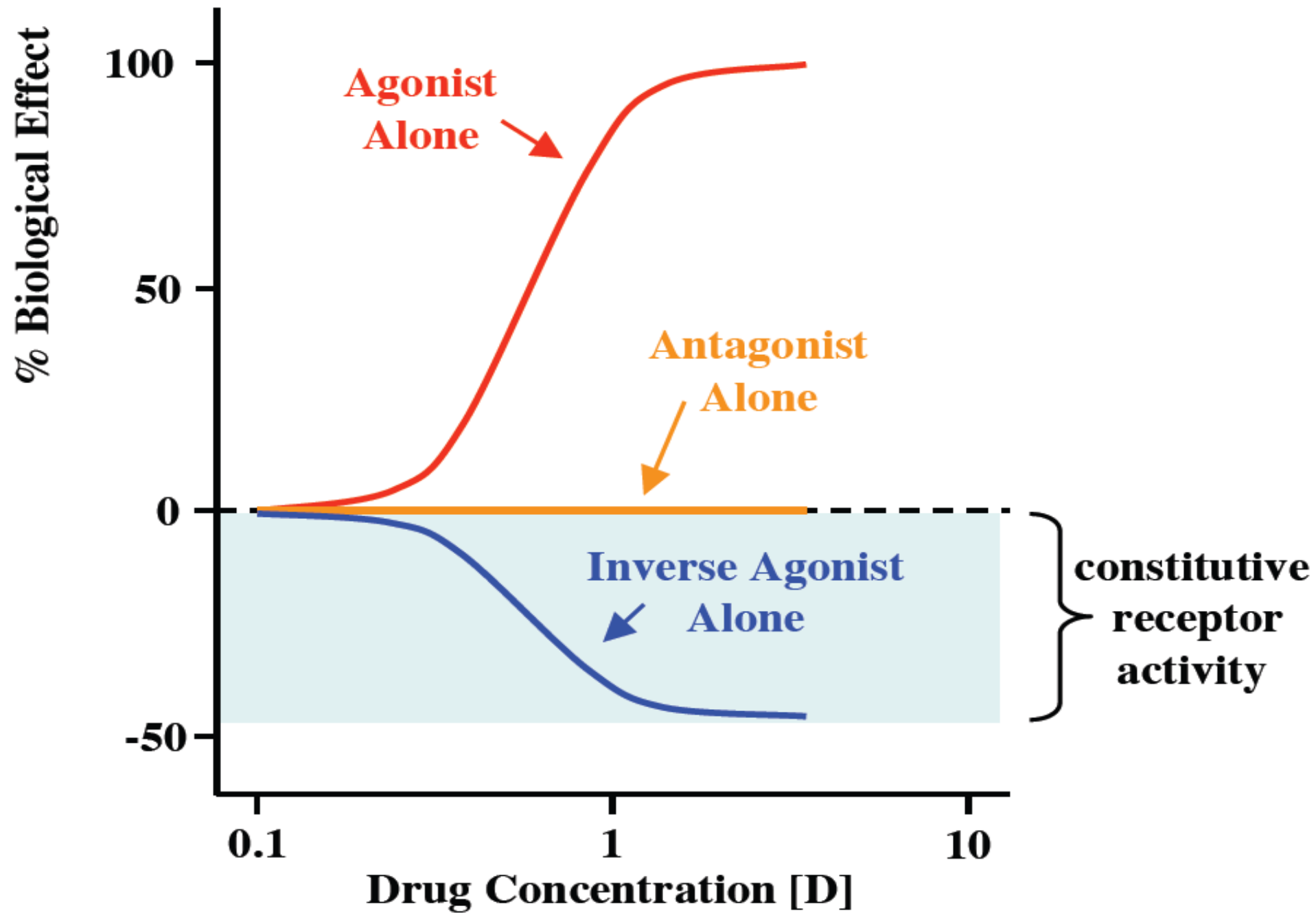
acts by abrogating the intrinsic activity of the free (unoccupied) receptors

agonists ... stabilize R^*

partial agonists ... stabilize $R + R^*$

inverse agonists ... stabilize R

**competitive antagonist ... prevent full, partial,
and inverse agonists
from binding to the receptor**



Agonist

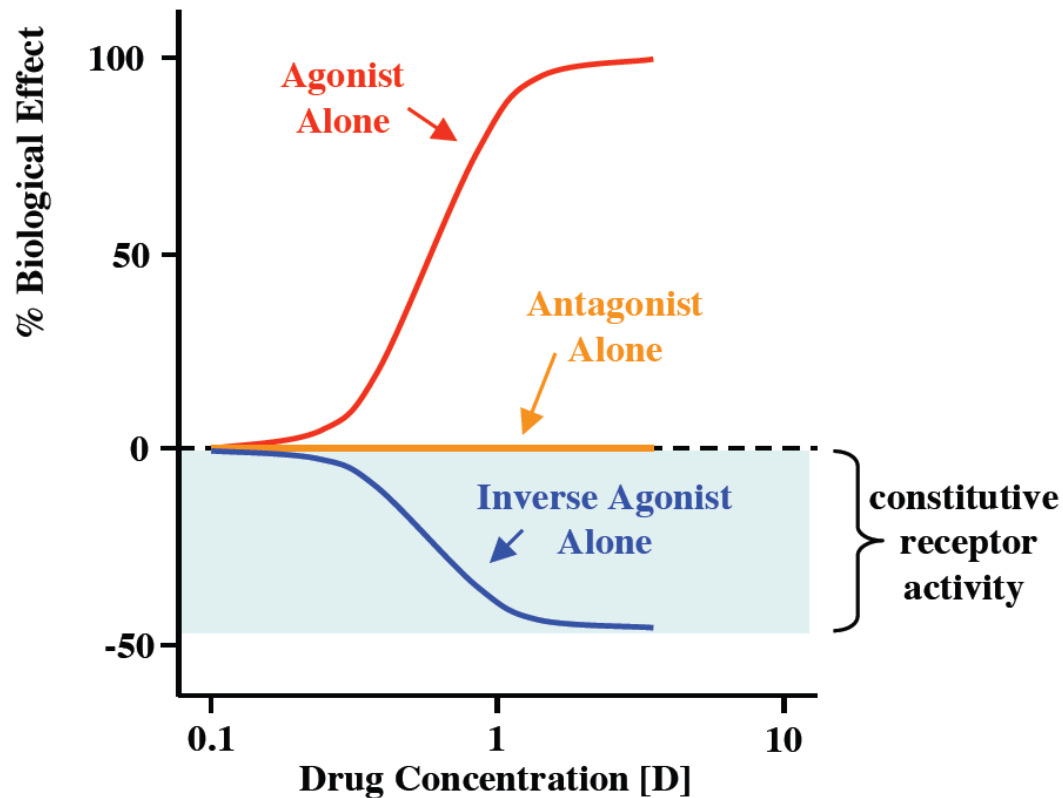
- has an independent impact upon receptor activity

Antagonist

- impacts receptor activity only in the presence of agonist

Inverse Agonist

- has an independent impact upon receptor activity
- produces an effect opposite to agonist



AGONISTIC LIGANDS

ACTION

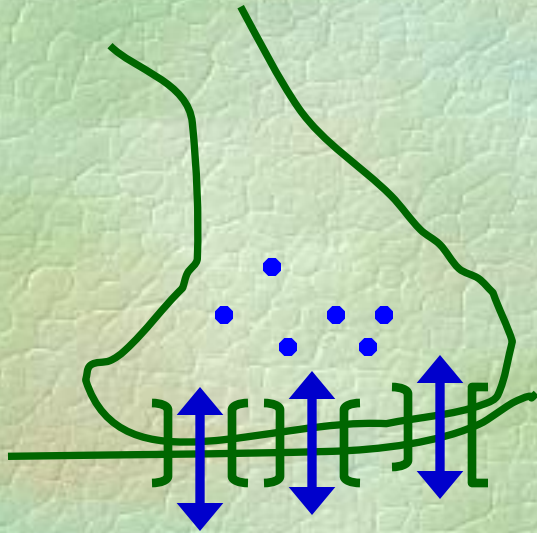
agonist	maximal receptor activation
partial agonist	receptor activation but not maximal
inverse agonist	inactivation of constitutively active receptors

ANTAGONISTS

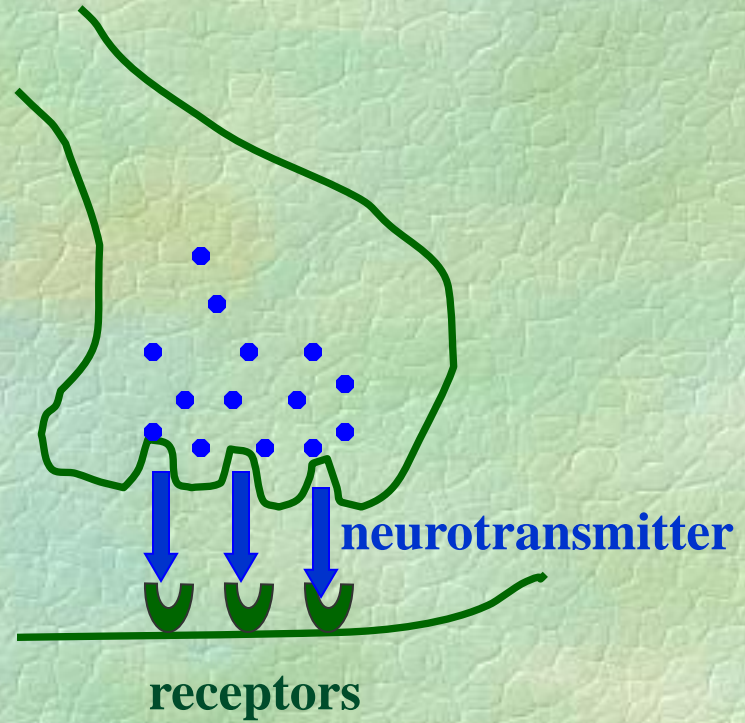
ACTION

competitive	reversible receptor blockade
noncompetitive (specific)	irreversible receptor blockade
noncompetitive (nonspecific, allosteric)	reversible or irreversible binding to site other than active site of receptor

SYNAPSE



electric
("gap junction")

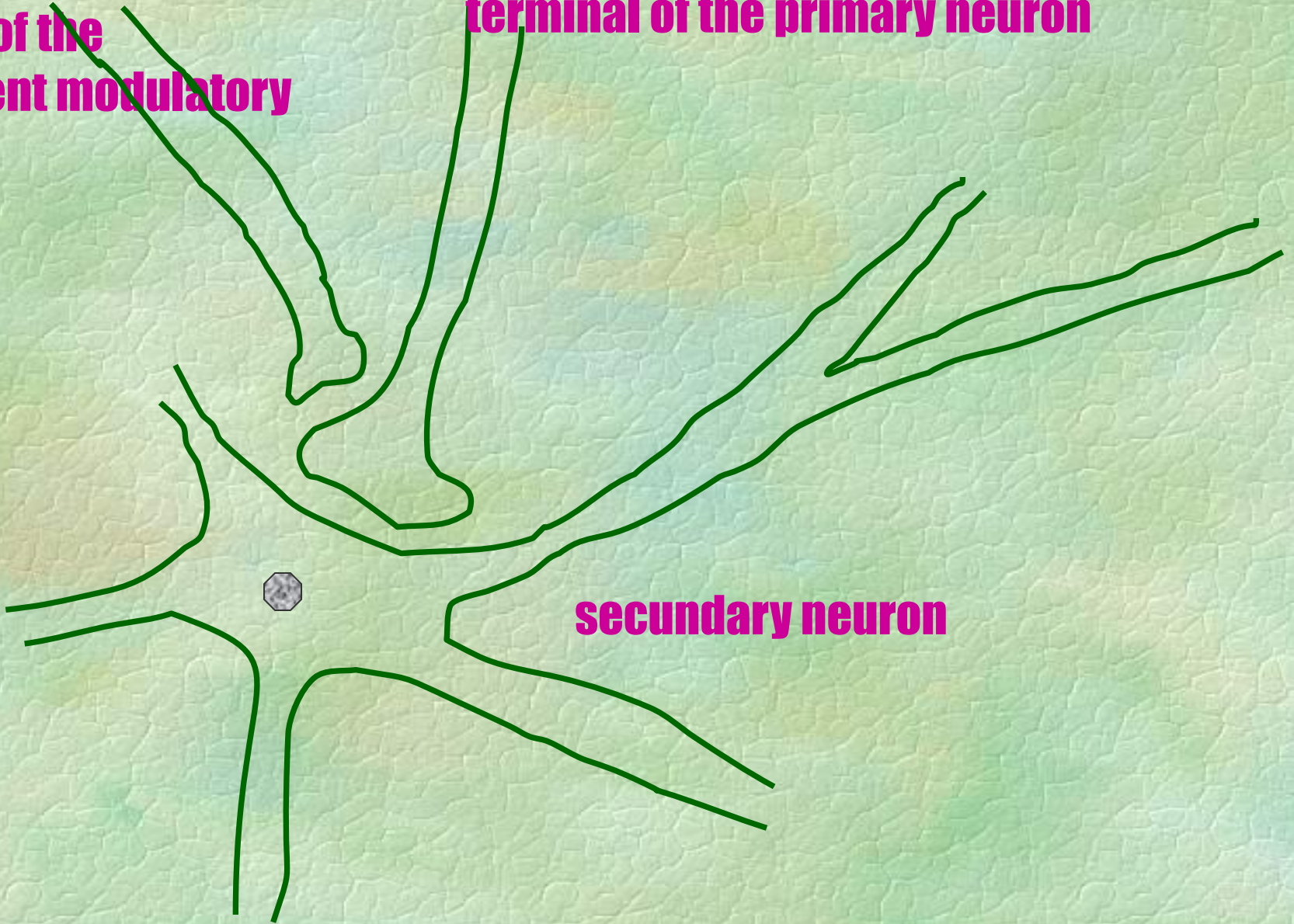


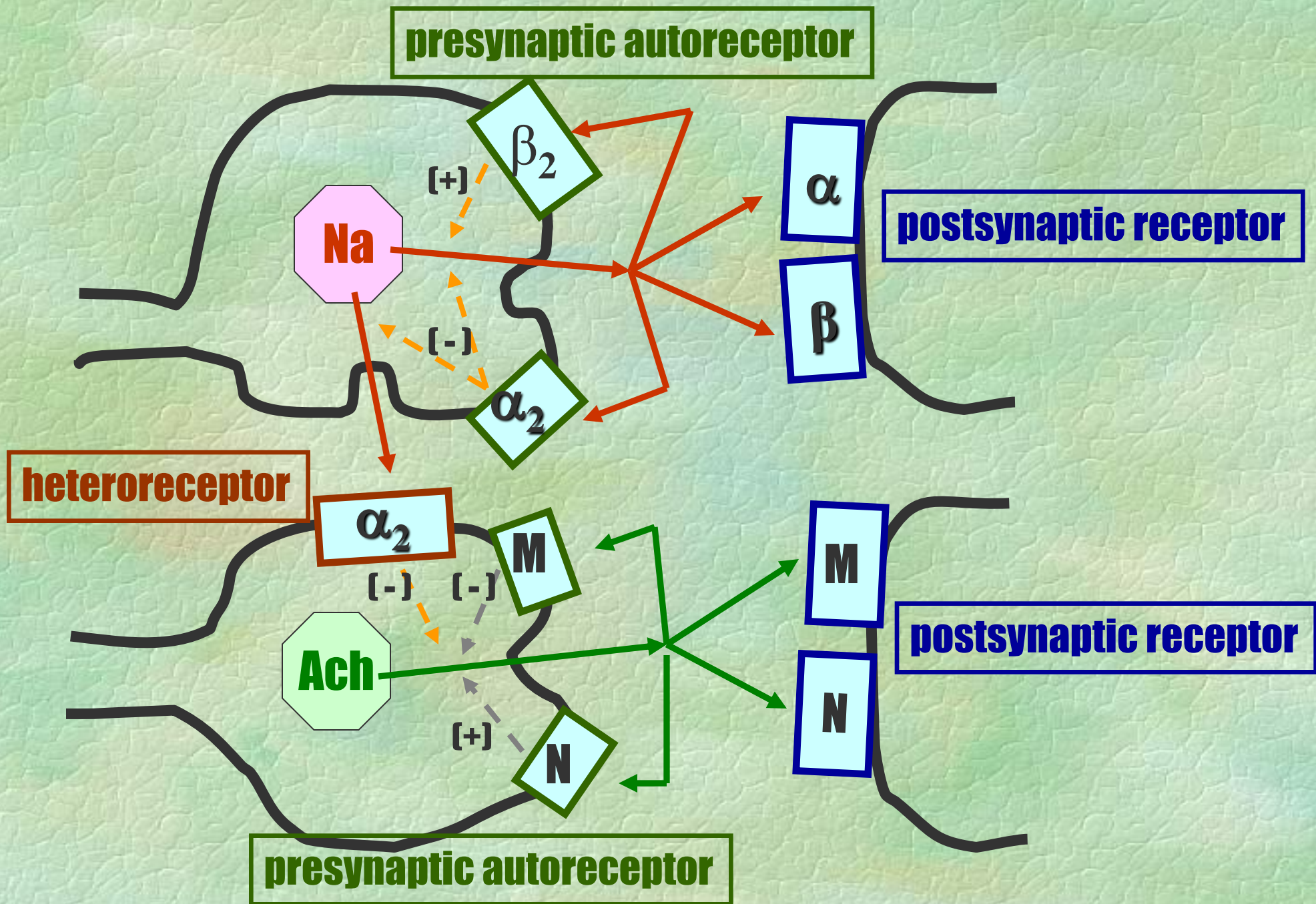
chemic

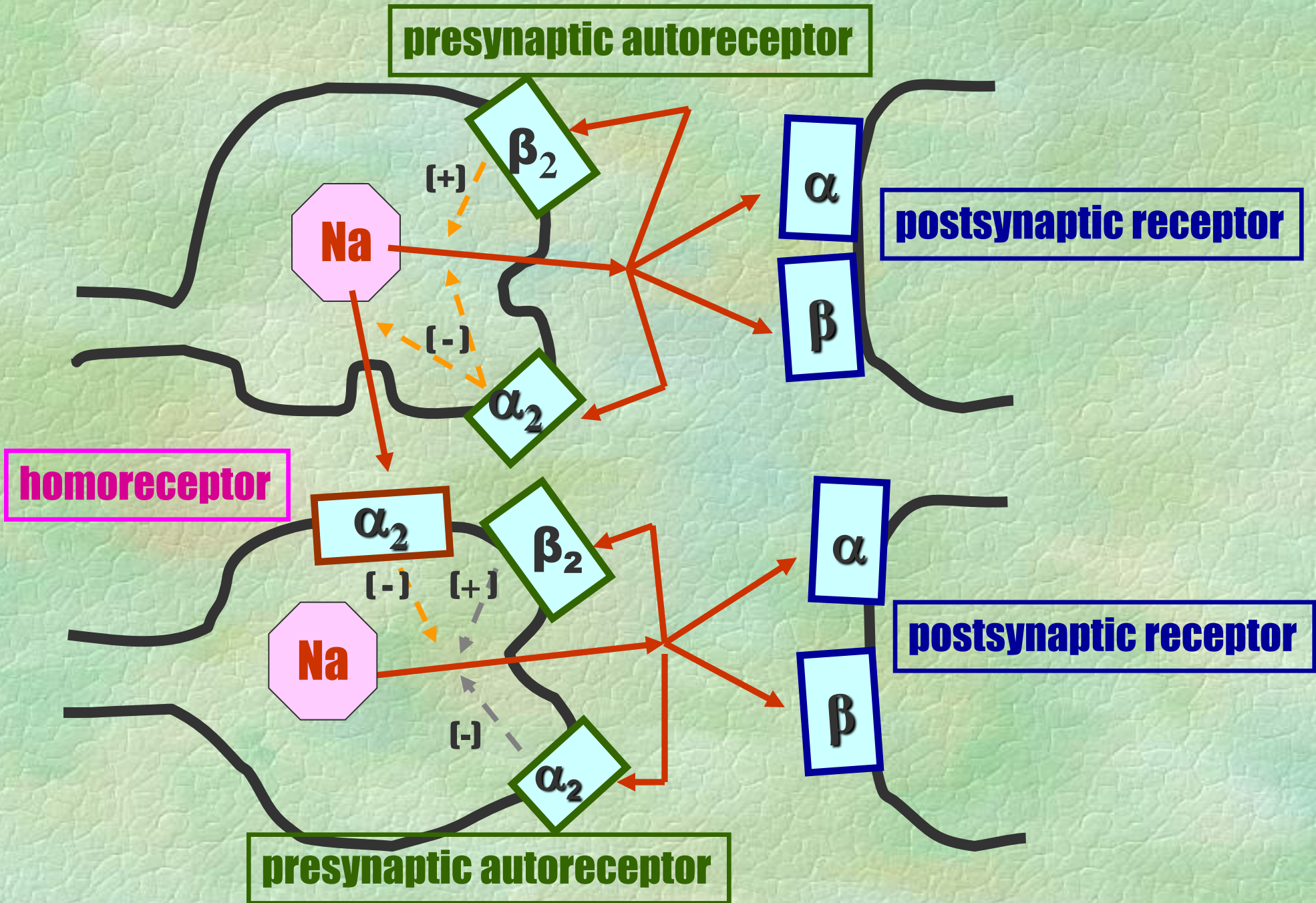
**terminal of the
descendent modulatory
neuron**

terminal of the primary neuron

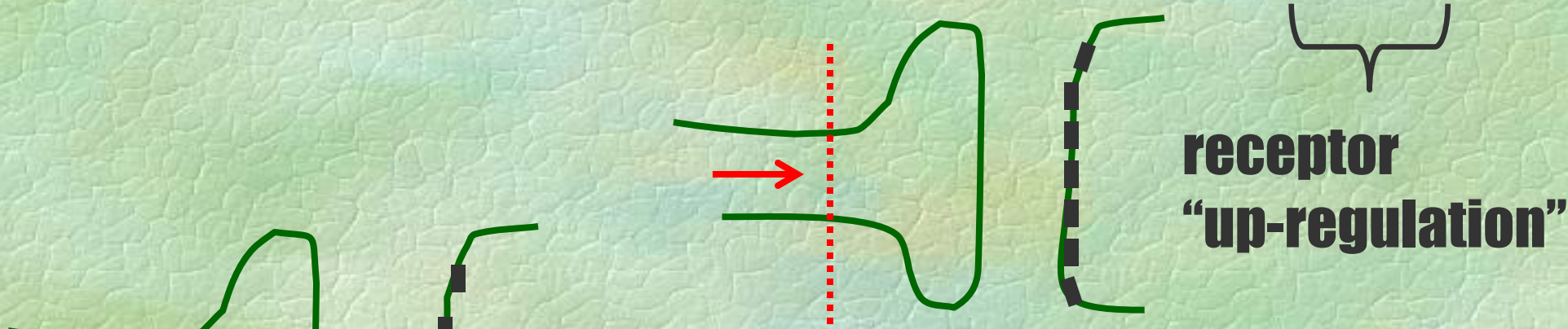
secondary neuron



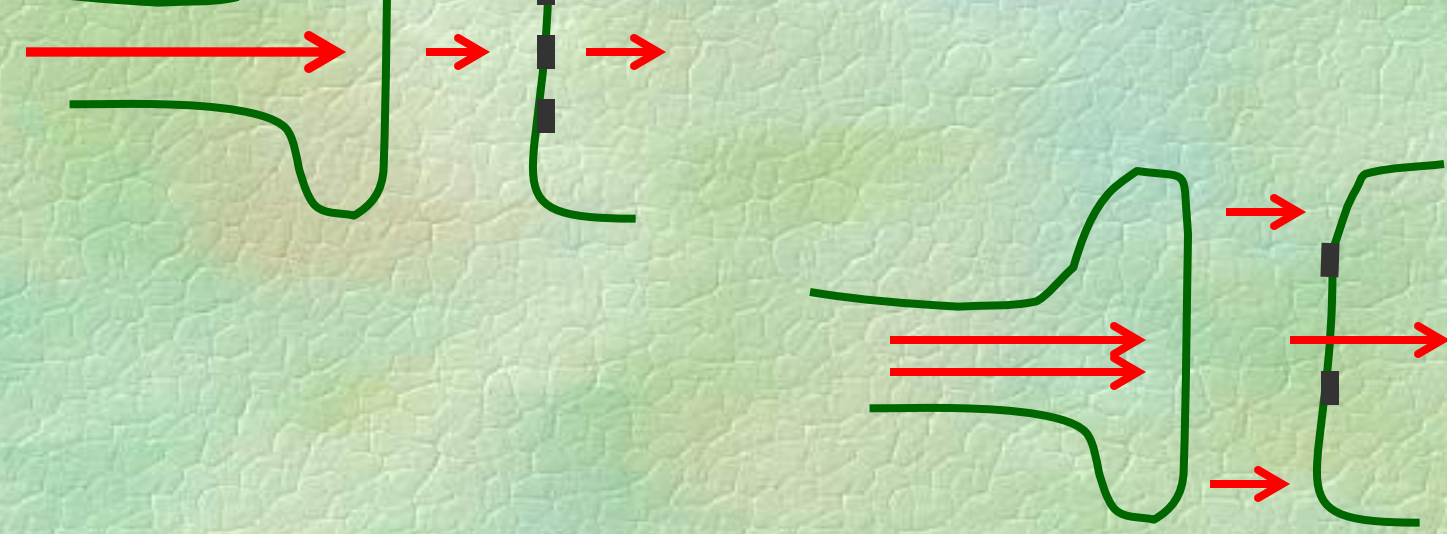




chronic antagonist influence



**receptor
"up-regulation"**



**receptor
"down-regulation"**

chronic agonist influence

Mechanisms of drug effects

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E - false precursors

synthesis

D - precursors

F - inhibition

(antidepressants - IMAO)

MAO

G - depletion of transmitter

H - impact on release

CH - blockade of reuptake
(antidepressants)

C - agonists/antagonists

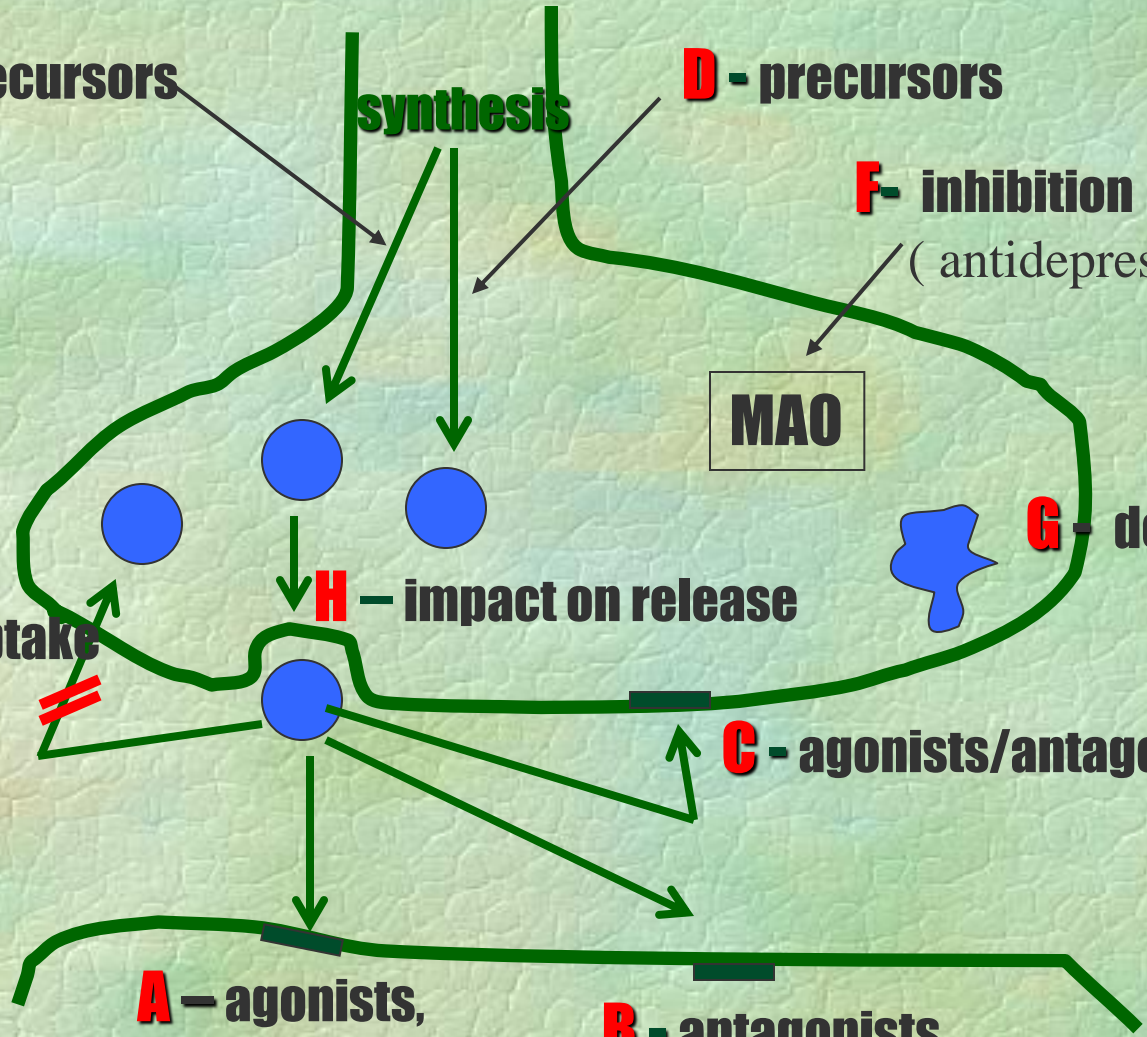
A - agonists, invers.agon.

B - antagonists

Drug effects on synapse function

DIRECT - A, B, C

INDIRECT - D, E, F, G, H, CH



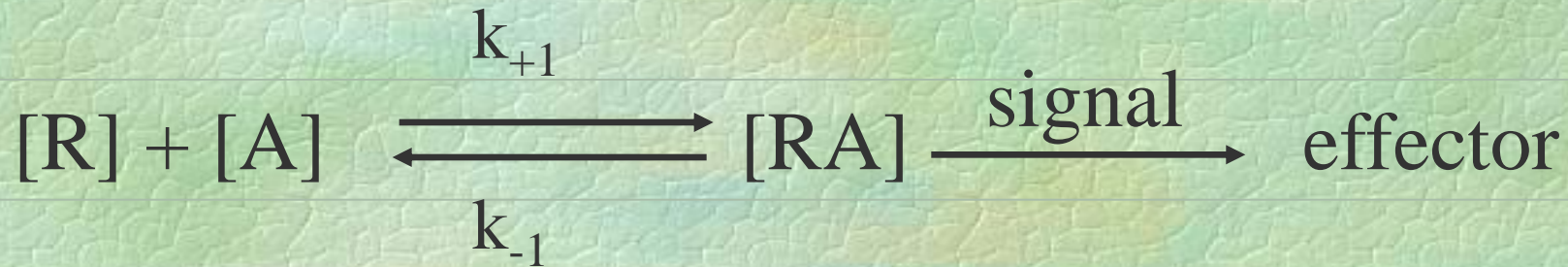
Beneficial *versus* Toxic Drug Effects



Paracelsus 1493-1541
(the father of toxicology)

“all things are poison and not without poison; only the dose makes a thing not a poison”

- it is not the nature of the drug that determines toxicity, but rather the amount
- everything, in excess, is potentially toxic



R = receptor

A = drug "A"

RA = complex receptor/drug

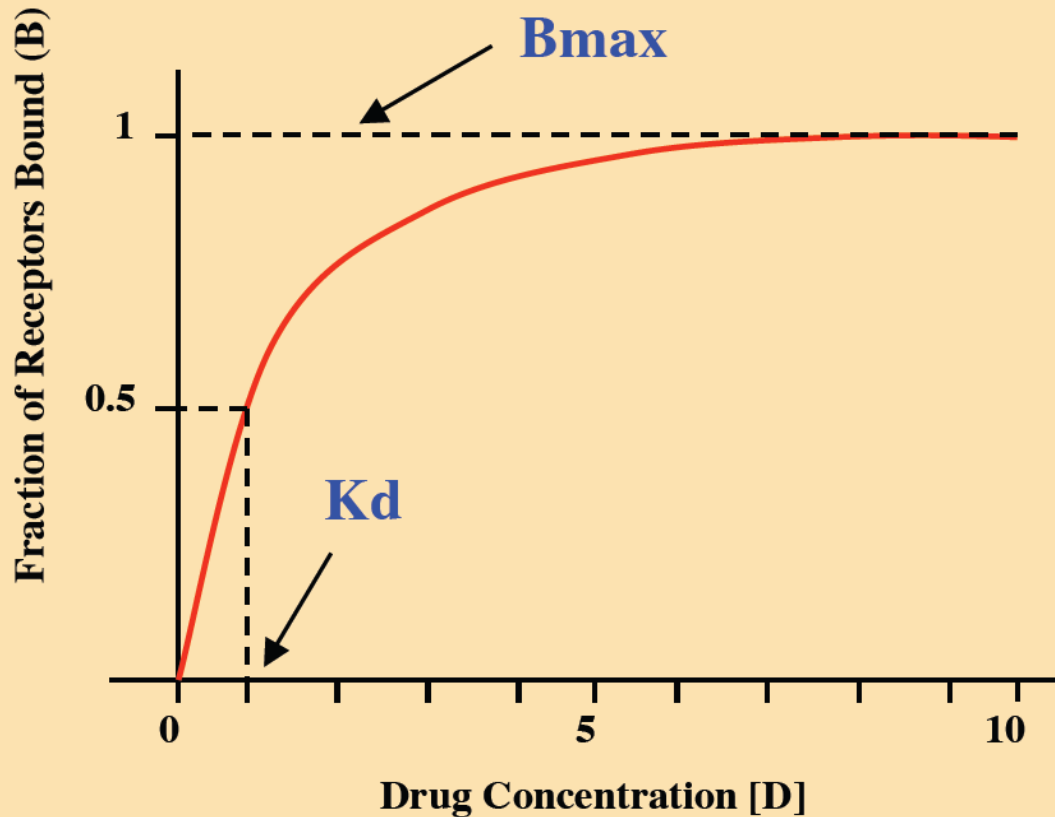
k_{+1} = association constant

k_{-1} = dissociation constant

effectors = molecules of transduction of the drug/receptor interaction into changes of cell activity (e.g. adenylylcyclase)

Relationship of Drug Concentration and Receptor Binding

Hyperbolic Concentration-Binding Curve



B - Fraction of available receptors bound

B_{max} - Maximal binding of receptors (=1)

[D] - Concentration of drug

K_d - Equilibrium Dissociation Constant

- Drug concentration at which 1/2 of available receptors are bound

- Measure of **affinity** of drug/receptor interaction

$$B = \frac{B_{\max} \times [D]}{[D] + K_d}$$

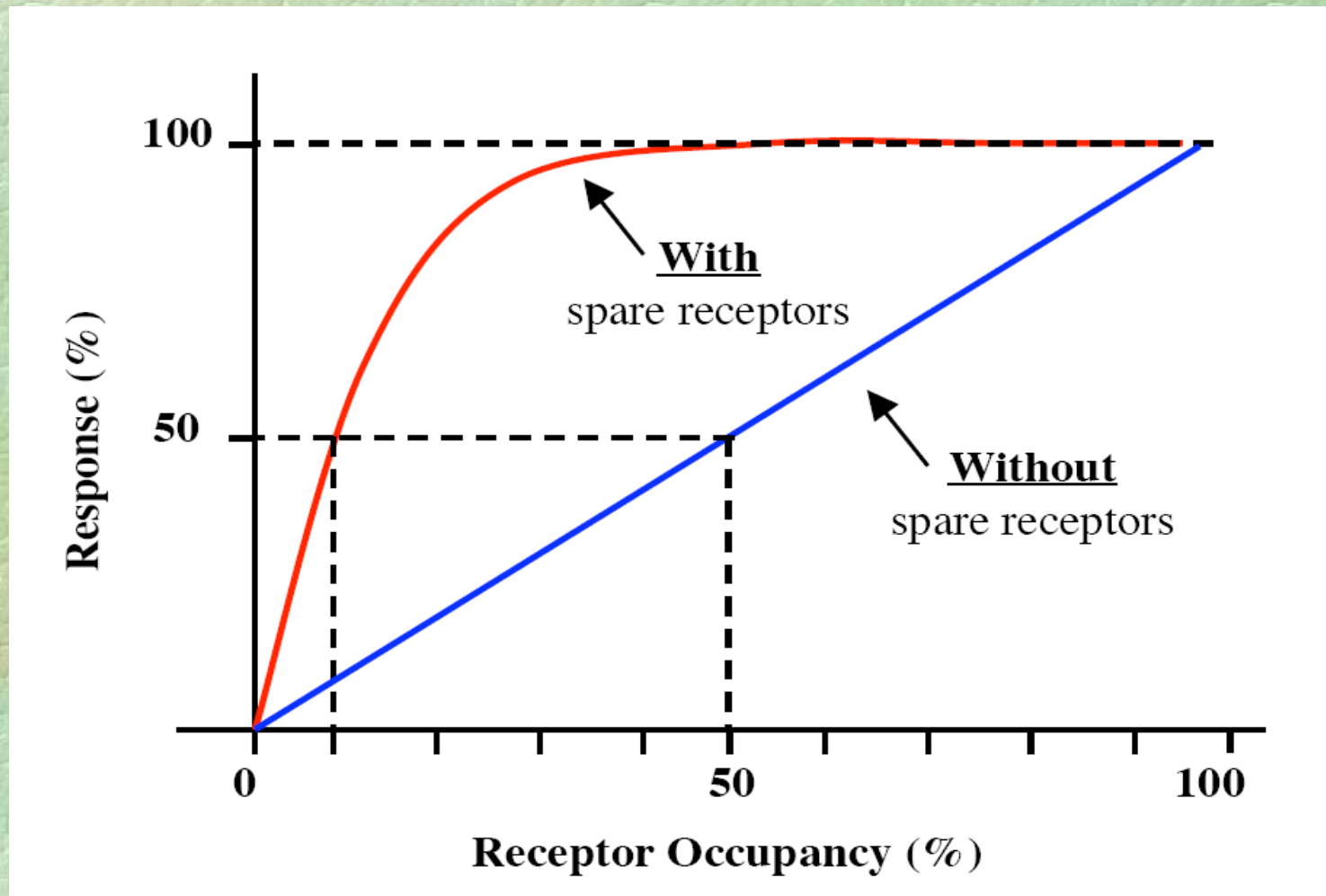
Spare Receptors

- ❖ In some systems, full agonists are capable of eliciting 50% response with less than 50% of the receptors bound (receptor occupancy)
- ❖ Pool of available receptors exceeds the number required for a full response
- ❖ Common for receptors that bind hormones and neurotransmitters

At equilibrium:
$$\frac{[D][R]}{[DR]} = K$$

- ❖ if [R] is increased, the same [DR] can be achieved with a smaller [D]
- ❖ a similar physiological response is achieved with a smaller [D]

Receptor Occupancy versus Biological Response



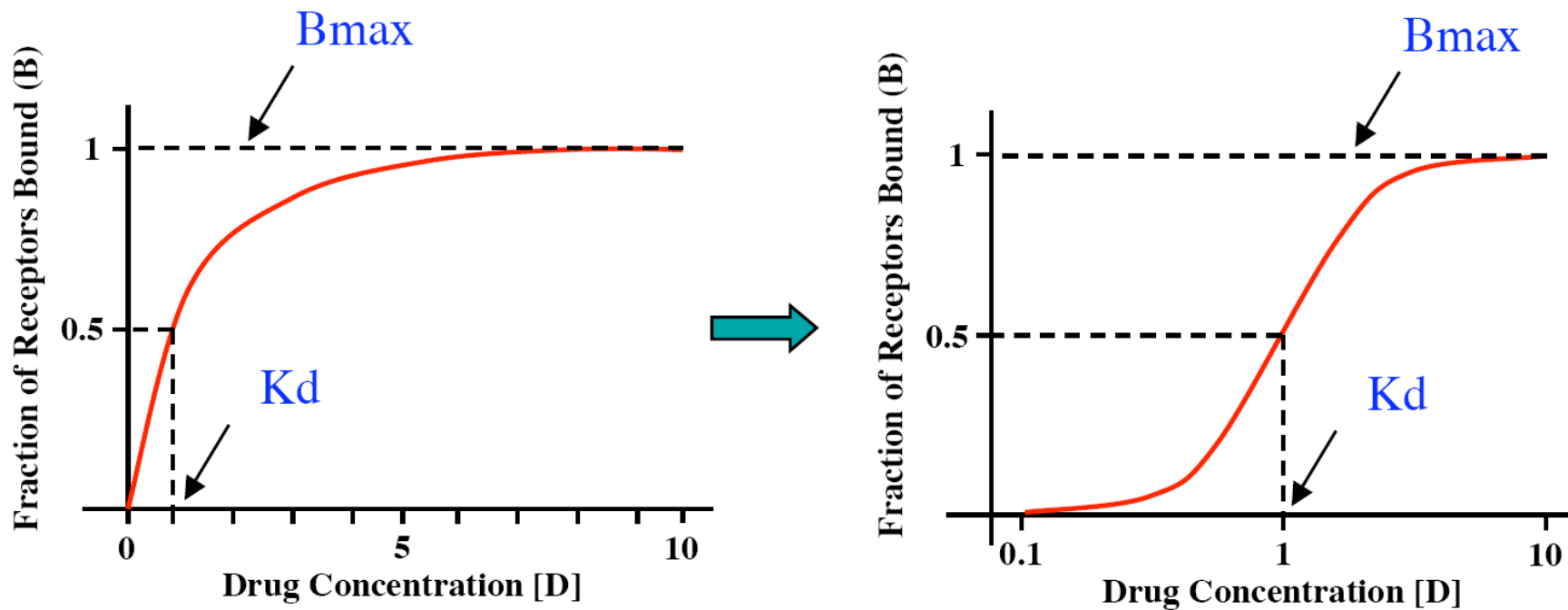
Without spare receptors:

- 50% response = 50% occupancy
- Biological effect is proportional to $[DR]$ at all drug concentrations

With spare receptors:

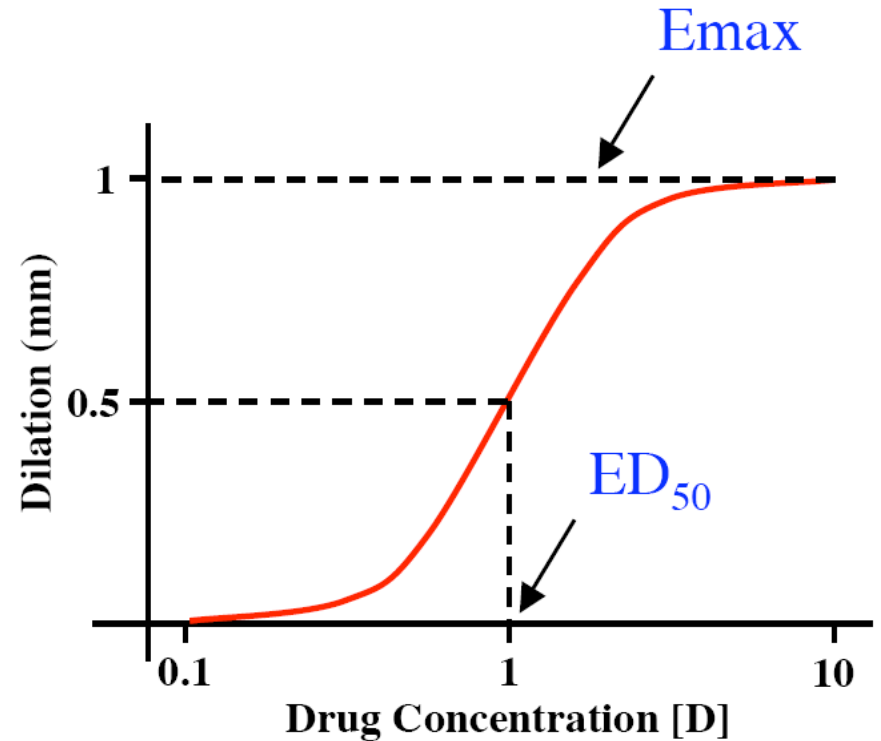
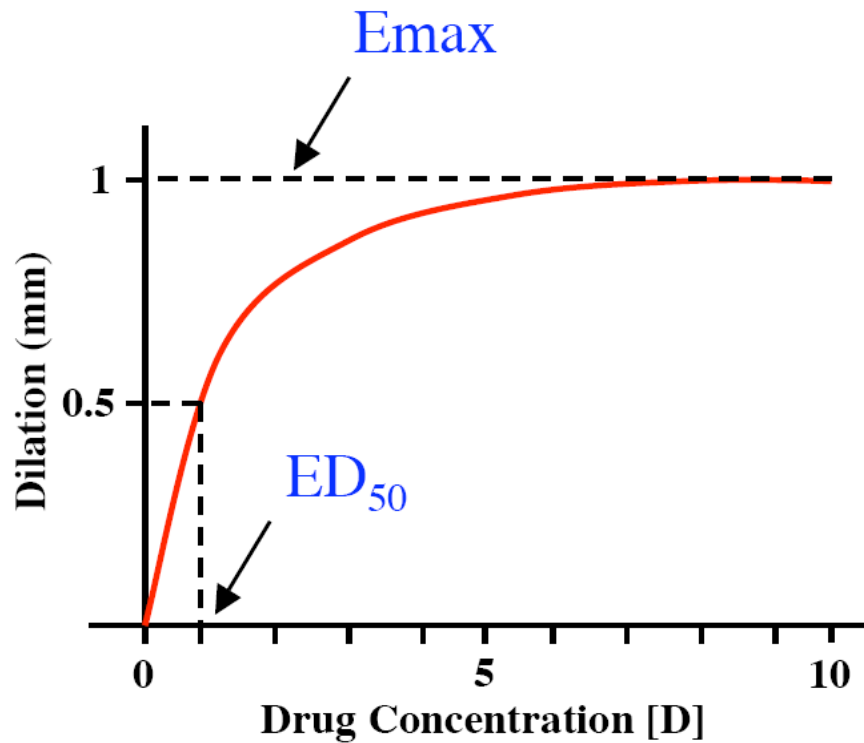
- 50% response = 10% occupancy
- Biological effect is proportional to $[DR]$ only at low drug concentrations

Sigmoidal Receptor Binding Curves



- Semi-logarithmic transformation (Common representation of pharmacological data)
- Expands concentration scale at low concentration (where binding is changing rapidly)
- Compresses concentration scale at high concentrations (where binding is changing slowly)
- Does not change value of B_{max} and K_d

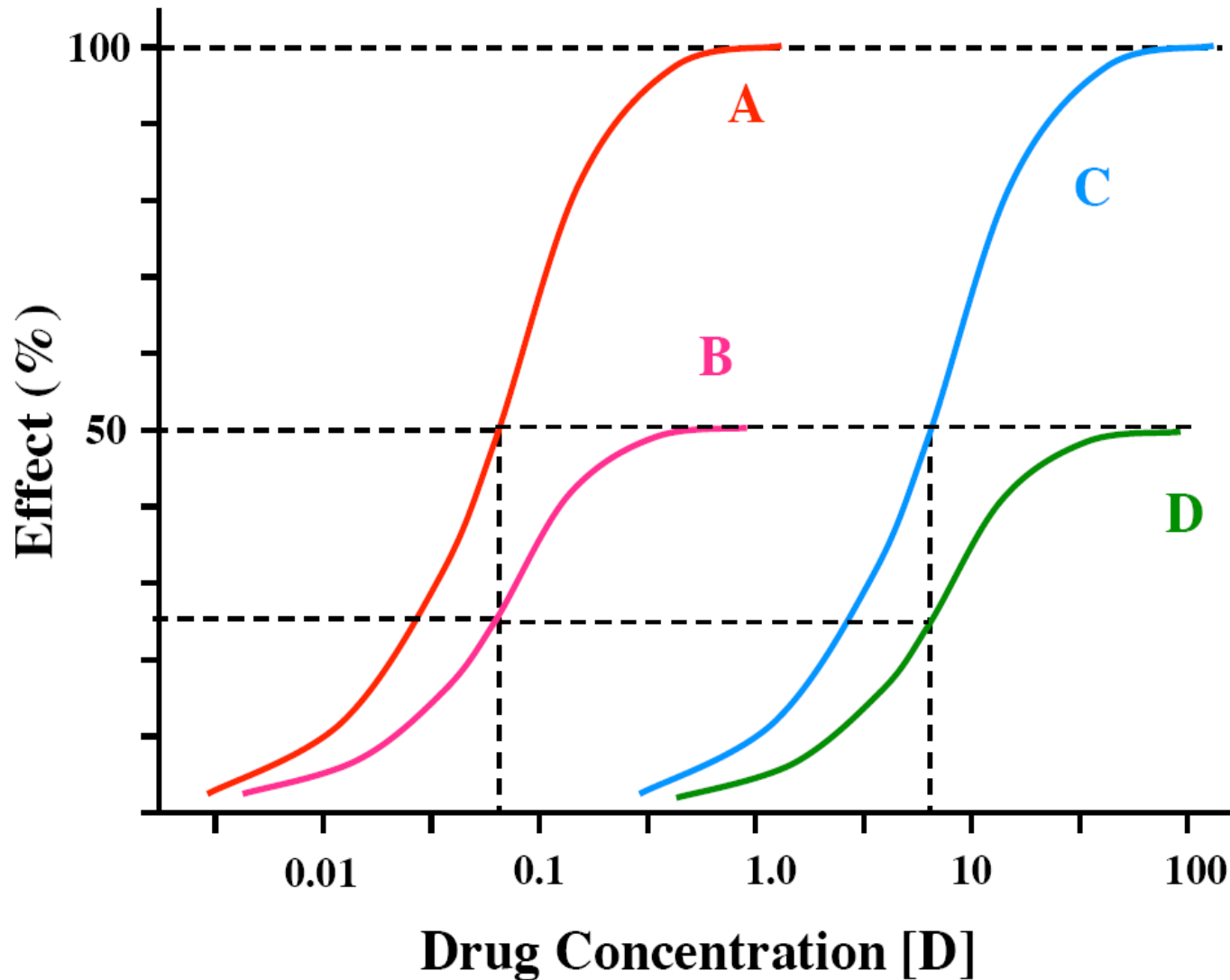
Graded Dose-Response Curves



Emax - the maximum response achieved by an agonist -also referred to as drug **efficacy**

ED₅₀ - the drug concentration (or dose) at which 50% of Emax is achieved
- also referred to as drug **potency**

Agonist Types: Its All Relative



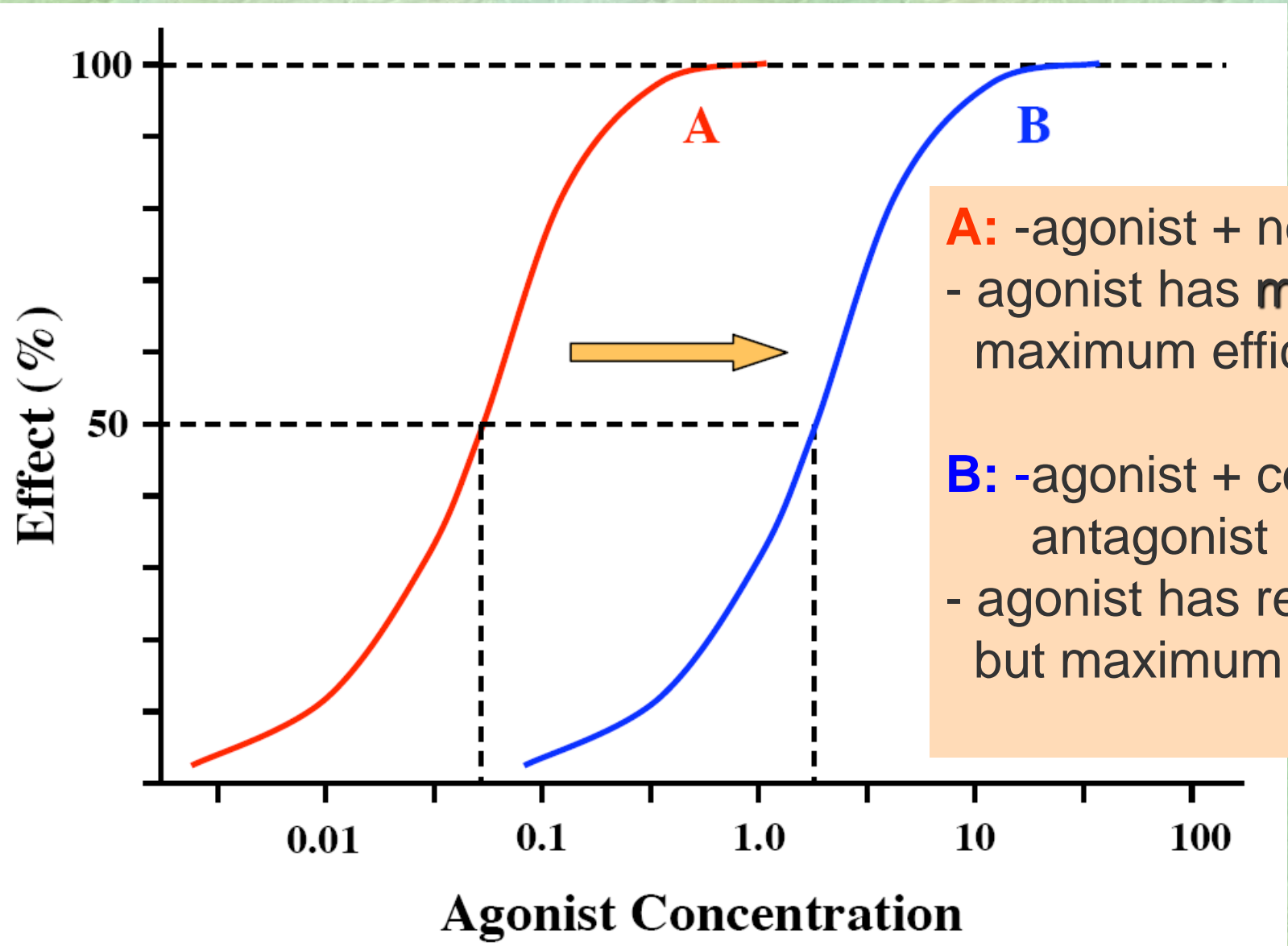
A: full agonist
maximum potency,
maximum efficacy

B: partial agonist
maximum potency,
reduced efficacy

C: full agonist
reduced potency,
maximum efficacy

D: partial agonist
reduced potency,
reduced efficacy

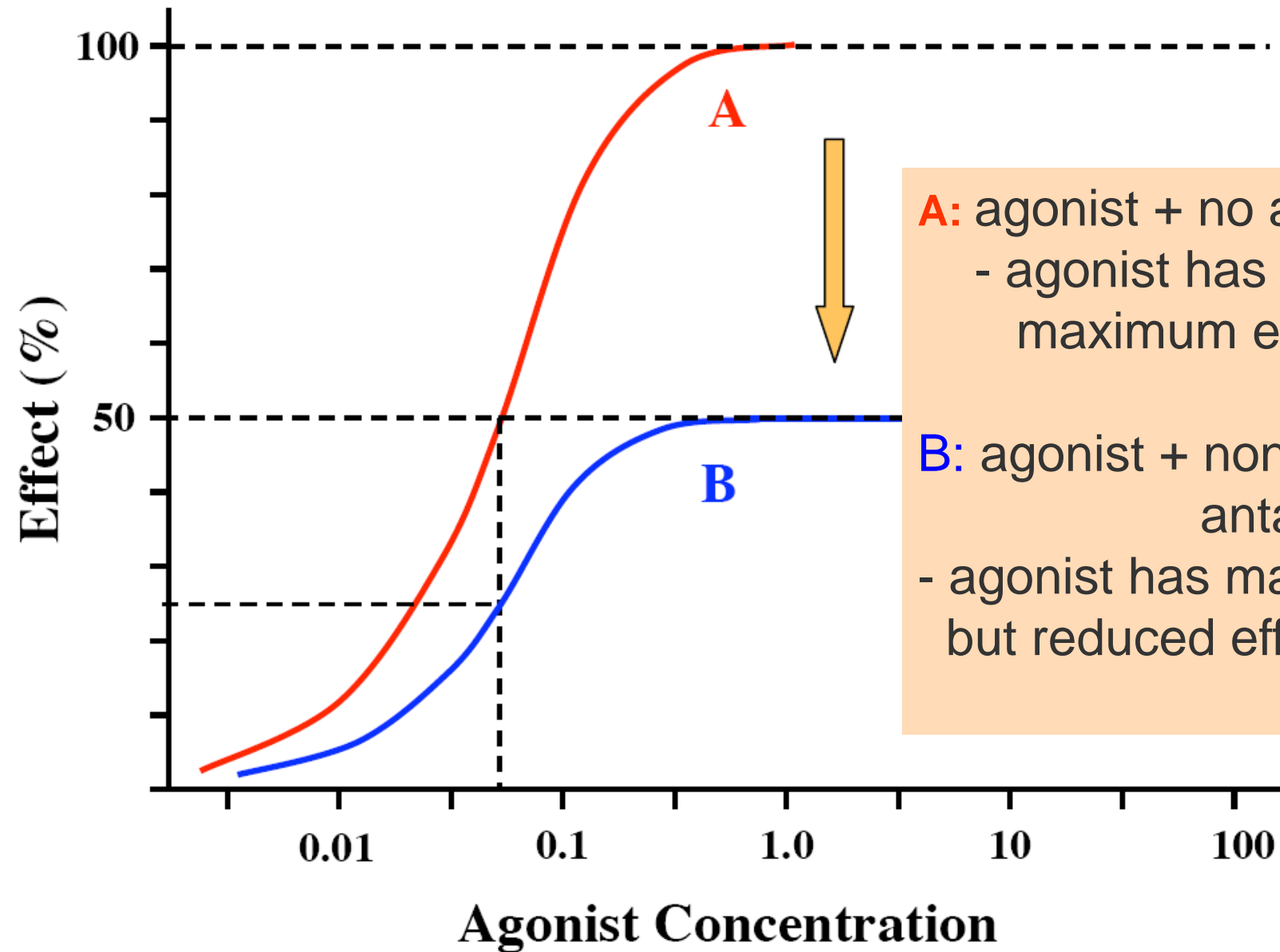
Competitive Antagonists - Effect on Dose Response Curves



A: -agonist + no antagonist
- agonist has **maximum** potency, maximum efficacy

B: -agonist + competitive antagonist
- agonist has reduced potency, but maximum efficacy

Non-Competitive Antagonists - Effect on Dose Response Curves

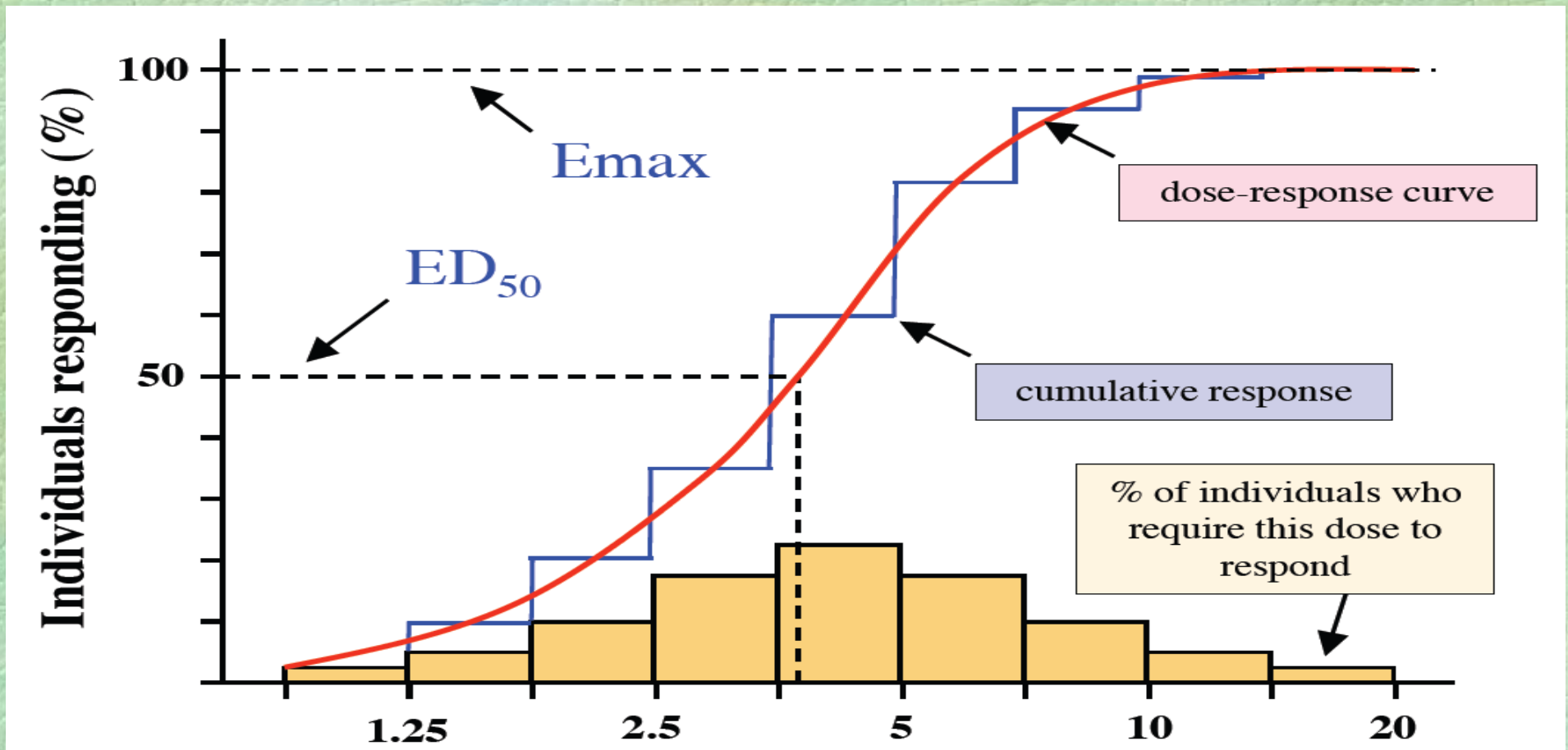


A: agonist + no antagonist
- agonist has maximum potency, maximum efficacy

B: agonist + non-competitive antagonist
- agonist has maximum potency, but reduced efficacy

Quantal Dose-Response Curves

Quantal Phenomena: - all-or-none



- describe population rather than single individual responses to drugs
- based on plotting cumulative frequency distribution of responders against the log drug dose

