Receptors of Hormones & Neurotransmitters

Seminar No. 8

- Chapter 22 -

What are general features of signal molecule? (see scheme on p. 130)

Signal molecule (e.g. hormone)

- carries information into cell
- has extremely low concentration in blood $(10^{-9} 10^{-15} \text{ mol/l})$
- specifically binds to receptor
- signal molecule is quickly inactivated
- **agonist** (external) molecule which acts the same way as physiological signal molecule
- antagonist (external) molecule which blocks receptor
 ⇒ no biological response

What is the amplification of signal?

Amplification of signal = to make it more powerful

1 molecule of hormone

$\sim 100-1000$ molecules of second messenger

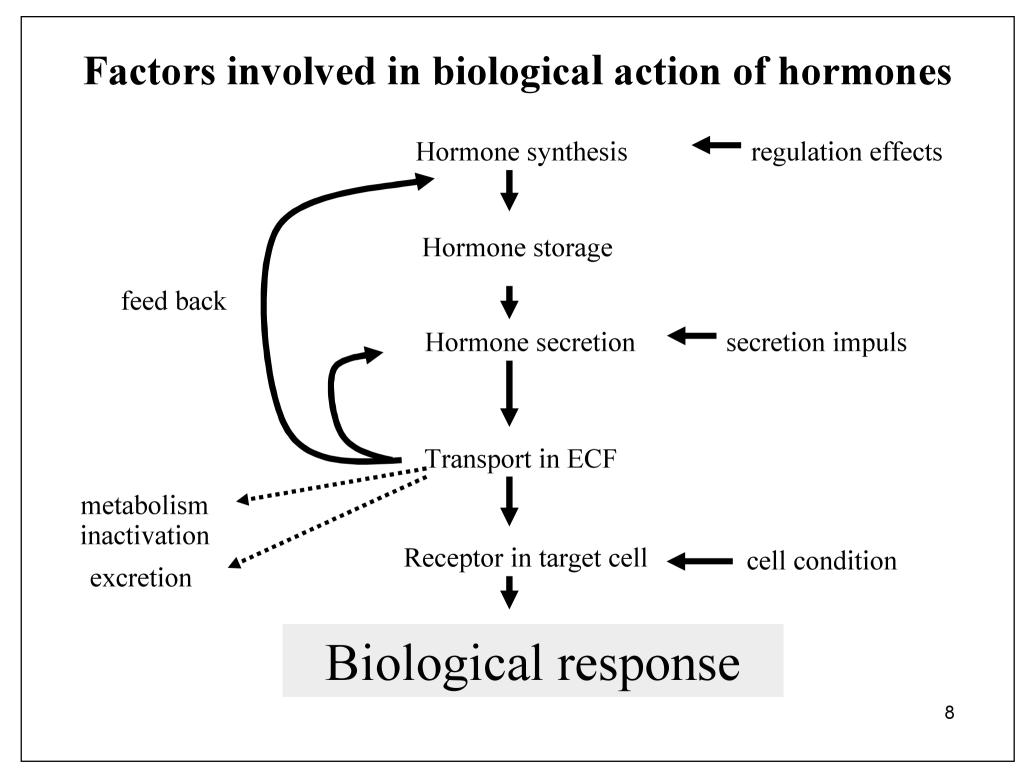
second messenger transfers information to other intracellular systems and then is quickly inactivated

Two classes of hormones

Feature	Lipophilic hormone	Hydrophilic hormone
Chemical type	steroids, iodothyronines, calcitriol, retinoids	aminoacid derivatives, polypeptides, proteins
Water solubility	no	yes
Transport protein*	yes	no
Plasma half-time	long (hours, days)	short (minutes)
Membrane penetration	yes	no
Receptor	intracellular	in cell membrane**
Second messenger	hormone-receptor complex	cAMP, Ca^{2+}
* in blood	** hormone acts without entering the cell	

Concentration of hormone in blood generally does not correlate with its biological effects

More factors are involved (transport systems, chemical modifications, activity of receptors etc.)



Two principal types of receptors

- membrane receptors
- intracellular receptors

The main types of membrane receptors

Ligand gated ion channels

• in synapses, activated by neurotransmitters, very quick response

Receptors activating G-proteins

• stimulate or inhibit adenylate cyclase /phospholipase C

Receptors with guanylate cyclase activity

• atrial natriuretic factors

Receptors with tyrosine kinase activity

• insulin

Nicotinic acetylcholine receptor

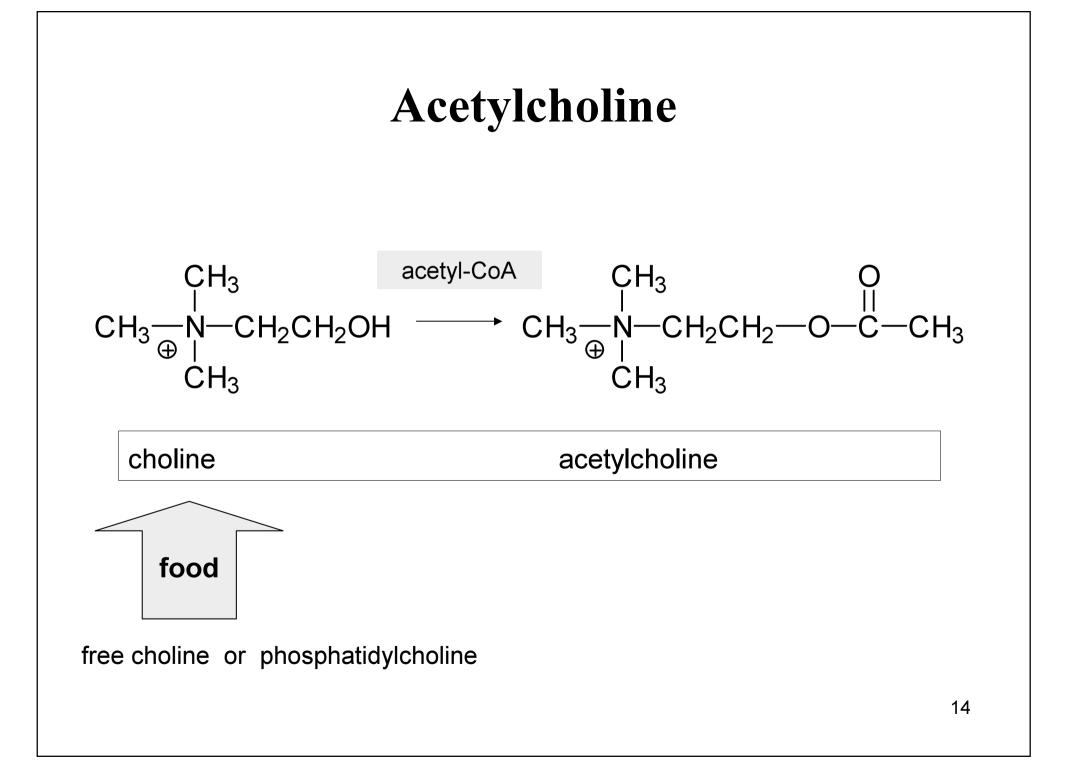
- transmembrane protein = channel for Na^+ and K^+
- heteropentamer $(\alpha_2\beta\gamma\delta)$
- α-subunits have two binding sites for acetylcholine (ACH)
- nicotine is agonist of this receptor

Four events on postsynaptic membrane

(see the scheme and the graph on p. 131)

- 1. ACH binds to receptor \Rightarrow channel opens \Rightarrow influx of Na⁺ and efflux of K⁺
- 2. partial depolarization of membrane (-60 \rightarrow -40 mV) opens other type of voltage-dependent Na⁺-channel \Rightarrow further influx of Na⁺ \Rightarrow <u>depolarization</u> of postsyn. membrane (\rightarrow +20 mV)
- 3. this depolarization opens K⁺-channel (volt. dep.) \Rightarrow efflux of K⁺ \Rightarrow membrane potential returns to normal value (-60 mV) = <u>repolarization</u>
- 4. Na⁺,K⁺-ATPase gets ion distribution to normal state (Na⁺ \Rightarrow OUT, K⁺ \Rightarrow IN)

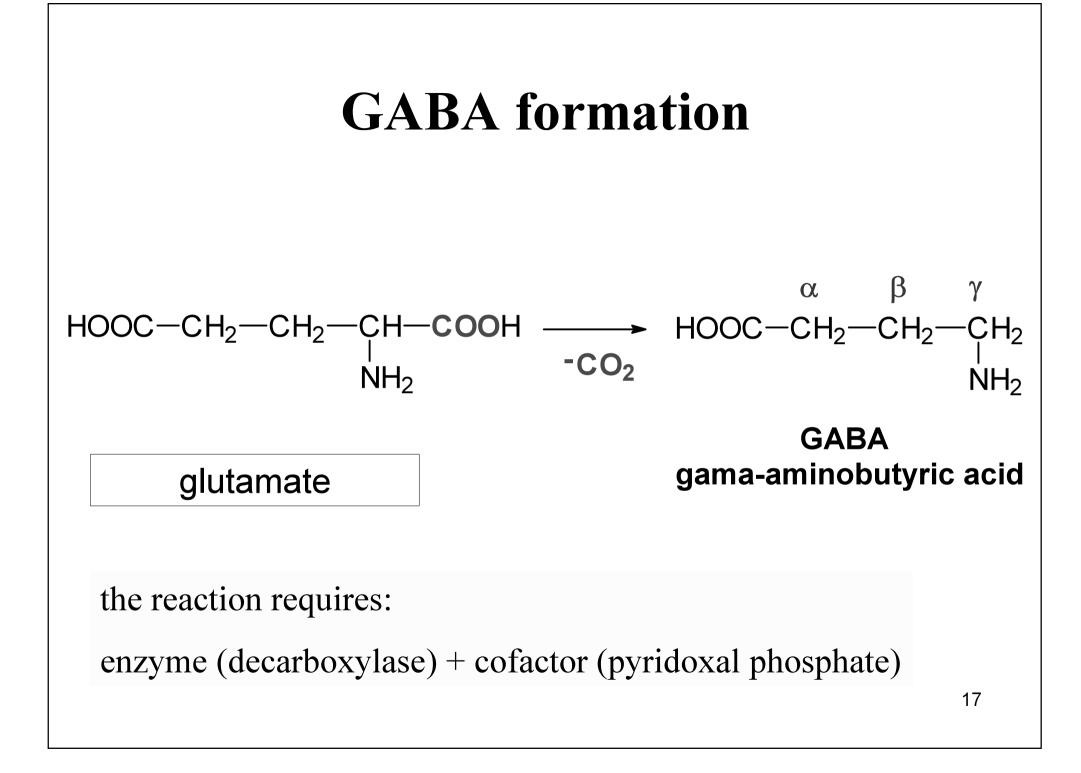
Describe the formation of acetylcholine in the body.

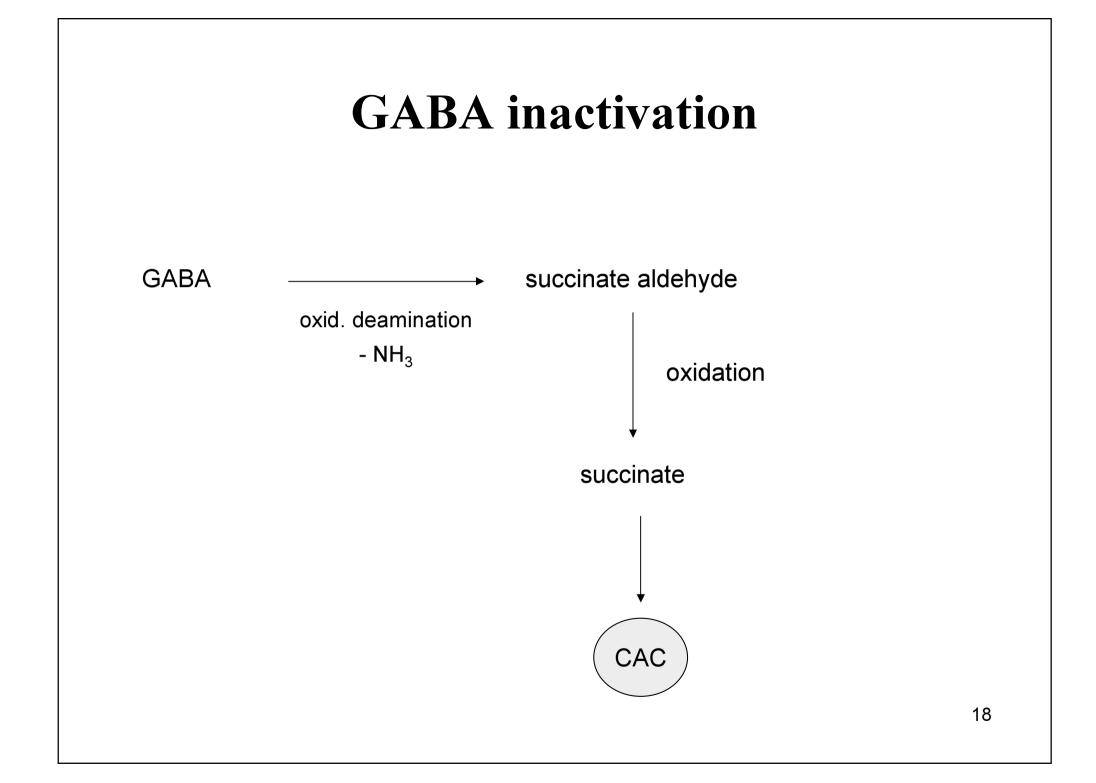


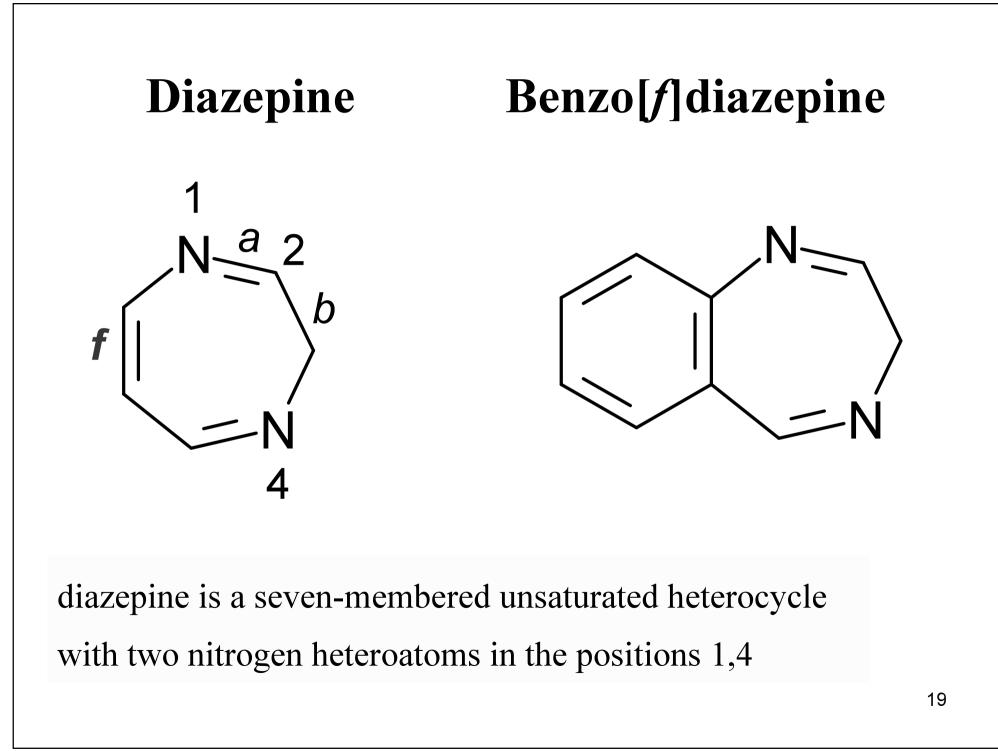
GABA receptor

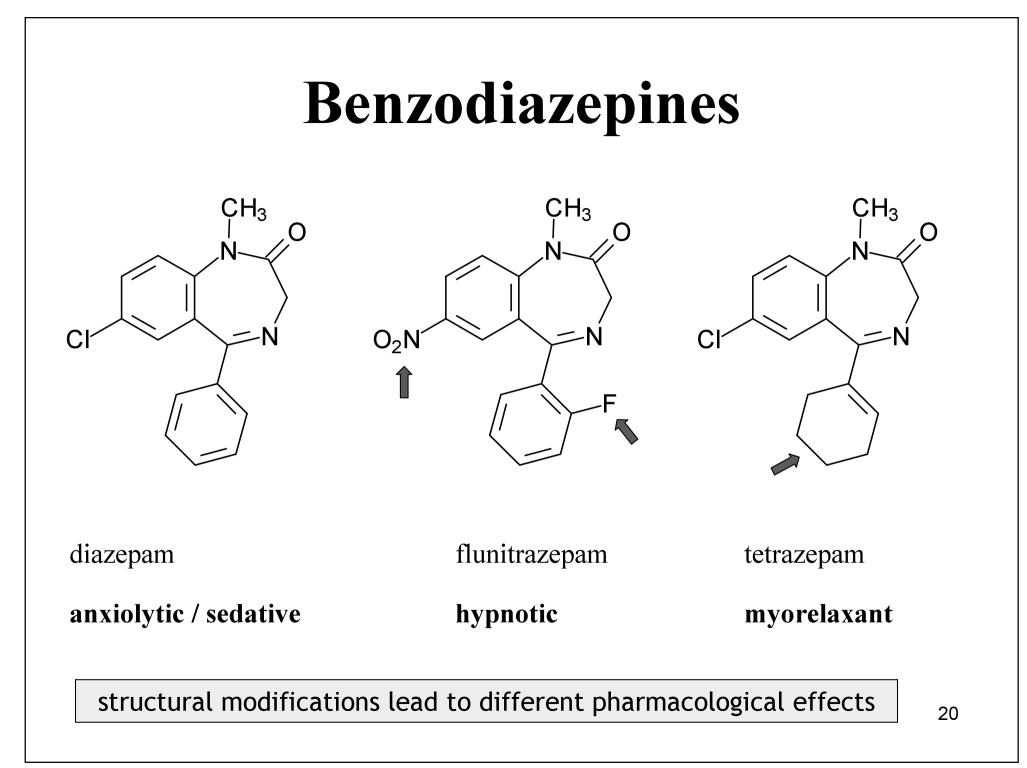
- channel for chloride ion (Cl⁻)
- has the binding site for GABA ⇒ channel opens ⇒ Cl⁻ ions get into cell ⇒ <u>hyperpolarization</u> (→ -80 mV) ⇒ decrease of excitability
- benzodiazepines and barbiturates (synthetic substances) have similar effects like GABA, they are used as anxiolytics and/or sedatives
- endozepines endogenous peptides have opposite effects, close the channel (are responsible for anxiety feelings)

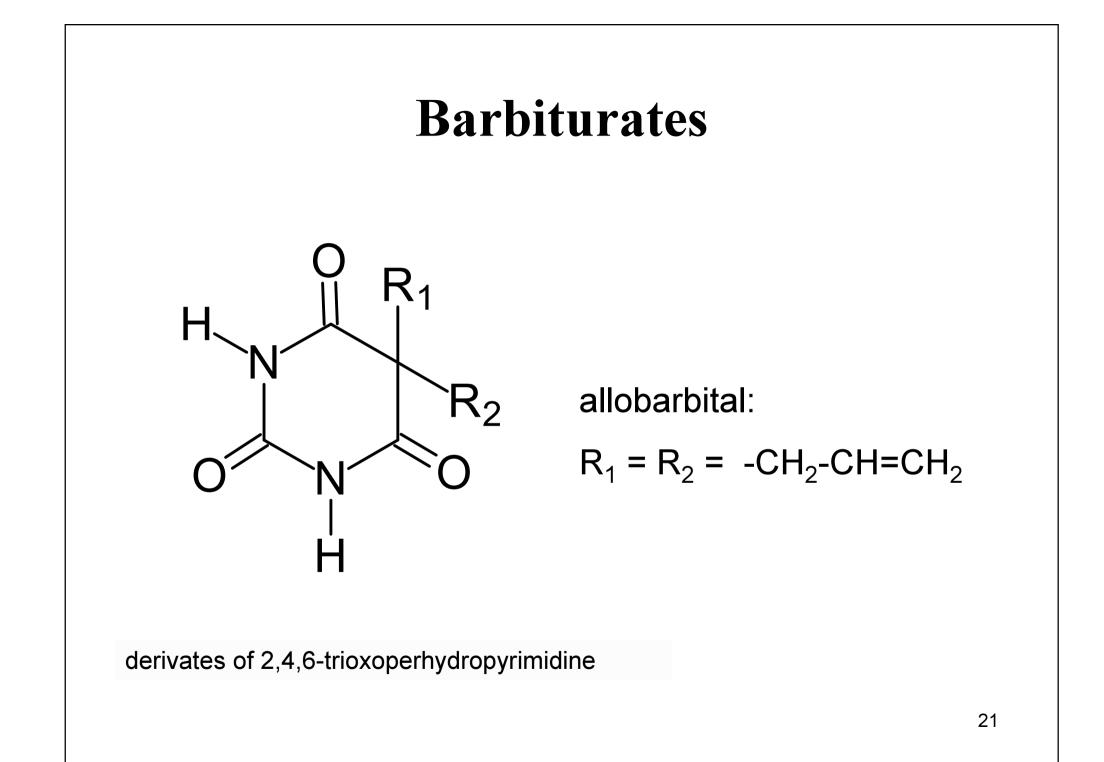
Describe the synthesis of GABA.











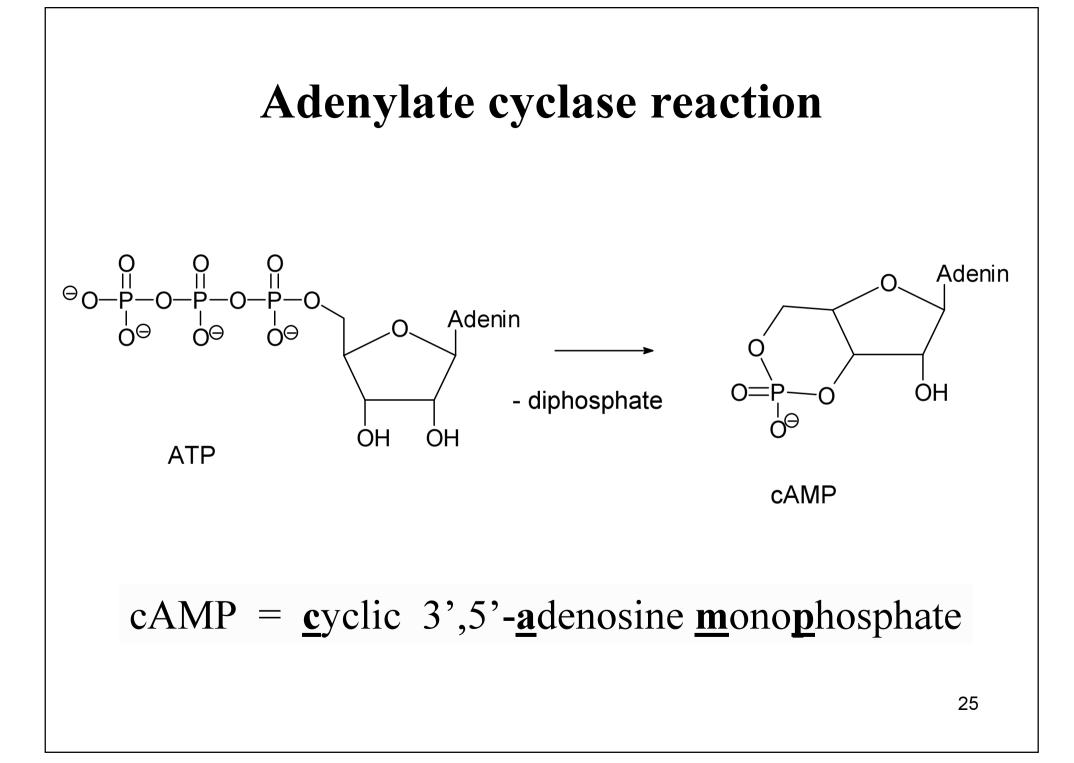
G-Protein linked receptors (scheme, p. 132)

- extracellular part of receptor has a binding site for hormone
- intracellular part has a binding site for G-protein
- G-proteins are heterotrimers $(\alpha\beta\gamma)$
- in resting state, α -unit has GDP attached
- after binding hormone \Rightarrow (α -GDP) $\beta\gamma$ makes complex with receptor \Rightarrow GDP is phosphorylated to GTP
- activated G-trimer dissociates: $(\alpha$ -GTP) $\beta\gamma \rightarrow \alpha$ -GTP + $\beta\gamma$
- α -GTP interacts with <u>effector</u> (enzyme) \Rightarrow activated/inhibited enzyme \Rightarrow <u>second messenger</u> (\uparrow or \downarrow)

Main types of G-proteins

- G_s (stimulatory)
- G_i (inhibitory)
- G_p (phospholipid)
- and other ...
- see table on p. 132 !!

What reaction is catalyzed by adenylate cyclase?



Adenylate cyclase (AC)

- membrane bound receptor
- catalyzes reaction: ATP \rightarrow cAMP + PP (diphosphate)
- G_s protein stimulates AC \Rightarrow conc. of cAMP \uparrow
- G_i protein inhibits AC \Rightarrow conc. of cAMP \downarrow

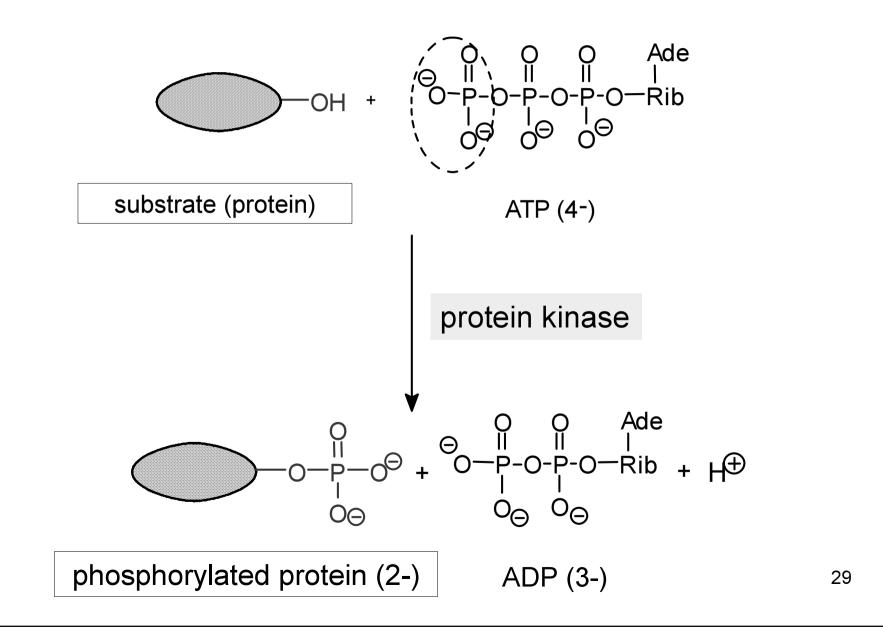
What is the function of cAMP?

cAMP is the second messenger

- cAMP activates protein kinase A ⇒ phosphorylation of cell proteins:
- Protein-OH + ATP \rightarrow Protein-O-P + ADP

- the second messenger cAMP is quickly inactivated
- cAMP is removed by hydrolysis, catalyzed by phosphodiesterase:
- cAMP + $H_2O \rightarrow AMP$

General scheme of phosphorylation



Which aminoacids can be phosphorylated?

• AA with a hydroxyl group in a side chain

- serine
- threonine
- tyrosine

write the structural formulas

What reaction is catalyzed by protein phosphatase?

Protein-O-P + $H_2O \rightarrow$ Protein-O-H + P_i

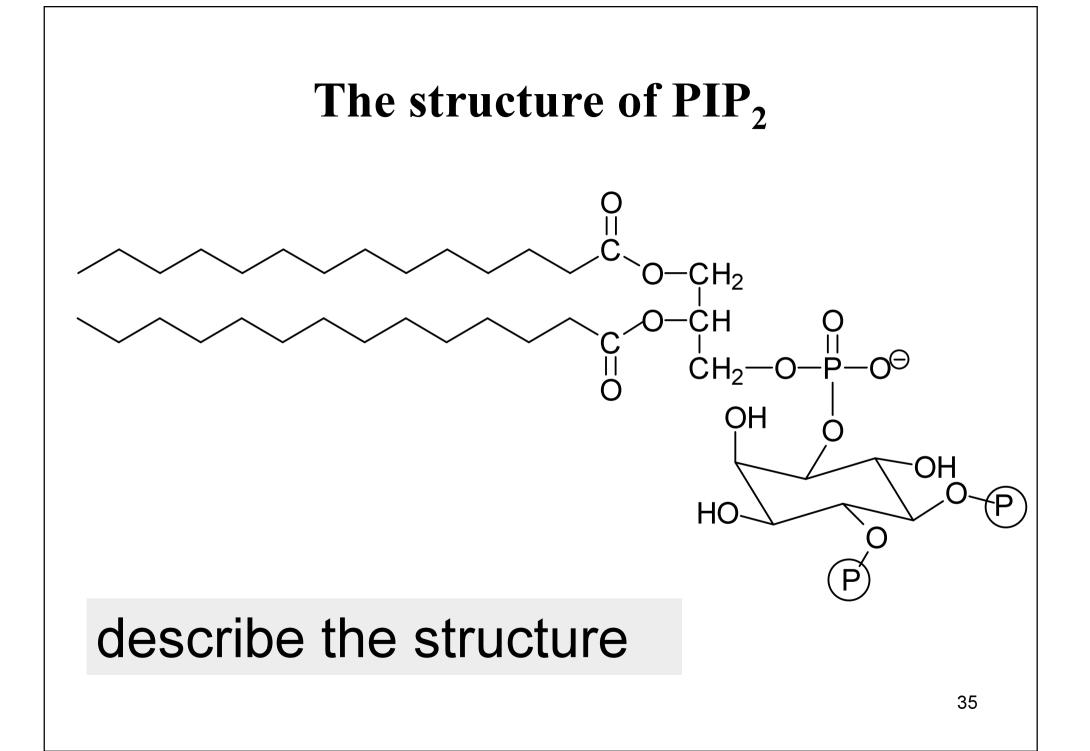
hydrolysis

(dephosphorylation)

Phosphatidyl inositol system (p. 133)

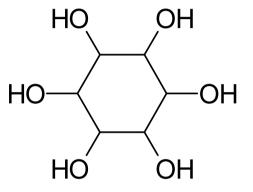
- G_p protein activates phospholipase C (PL-C)
- PL-C catalyzes the hydrolysis of phosphatidyl inositol bis phosphate (PIP₂):
- $PIP_2 + H_2O \rightarrow IP_3 + DG$

• both products (IP₃, DG) are second messengers



What is the source of inositol in human body?

The origine of inositol



Exogenous source: food

Endogenous source: glucose-6-P (side path of metabolism)

DG and IP₃ as second messengers

- DG activates protein kinase C ⇒ phosphorylation of intracellular proteins
- IP₃ opens calcium channel in ER ⇒ Ca²⁺ concentration in cytoplasm increases ⇒ Ca²⁺ ions are associated with special protein calmodulin (CM) ⇒ Ca²⁺-CM complex activates certain types of kinases ⇒ biological response

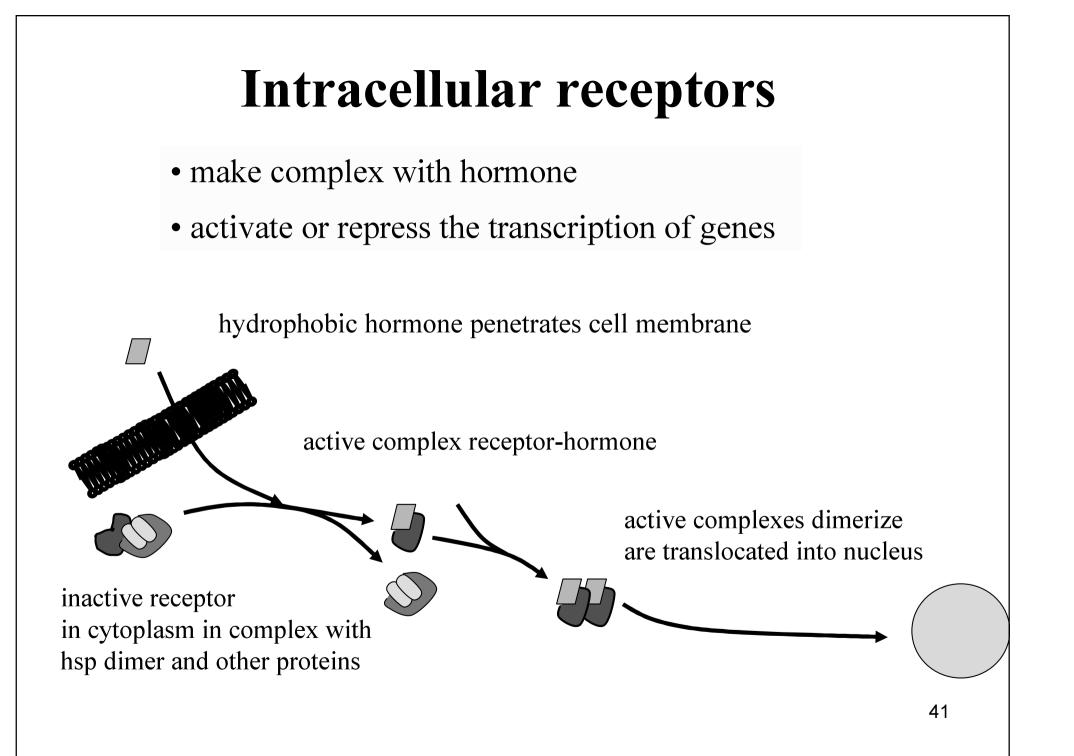
Insulin receptor

- has four subunits $(\alpha_2\beta_2)$
- extracellular α -units bind insulin
- intracellular β-units have <u>tyrosine kinase activity</u> ⇒ phosphorylation of tyrosine phenolic hydroxyl of intracellular proteins including <u>insulin receptor itself</u> (autophosphorylation) ⇒ cascade of further events ⇒ biological response

Intracellular receptors:

- cytoplasmatic- nucleic

for steroids, iodothyronines, calcitriol, retinoids



Steroid and thyroid hormones

- insoluble in water ⇒ in ECF are transported in complex with transport proteins
- hormone themselves diffuse easily across cell membrane
- they are bound to cytoplasmatic or nuclear receptors
- in nucleus, the hormone-receptor complex binds to HRE (hormone response element) in regulation sequence of DNA
- this leads to induction of mRNA synthesis = transcription of gene

Events on synapses

Cholinergic synapses

- neurotransmitter: acetylcholine
- two types of receptors
- **nicotinic rec.** (ion channel) e.g. neuromuscular junction
- **muscarinic rec.** (G-prot.) e.g. smooth muscles

Cholinergic receptors

Feature	Nicotinic receptor -	Muscarinic receptors		
		M ₁ , M ₃	M ₂	
Receptor type	Ion channel	G _p	G _i	
2 nd messenger	$\Delta \psi^{oldsymbol{st}}$	DAG, IP ₃	cAMP ↓	
Antagonist	tubocurarine	atropine	atropine	
Locations	neuromuscular juct.	brain	myocard	

* the change of membrane potential

Q.

How is acetylcholine released from presynaptic terminal?

- influx of Ca²⁺ triggers the fusion of presynaptic vesicles (contaning acetylcholine) with cell membrane and exocytosis of acetylcholine
- acetylcholine is liberated into synapse

Q.

What reaction is catalyzed by acetylcholinesterase?

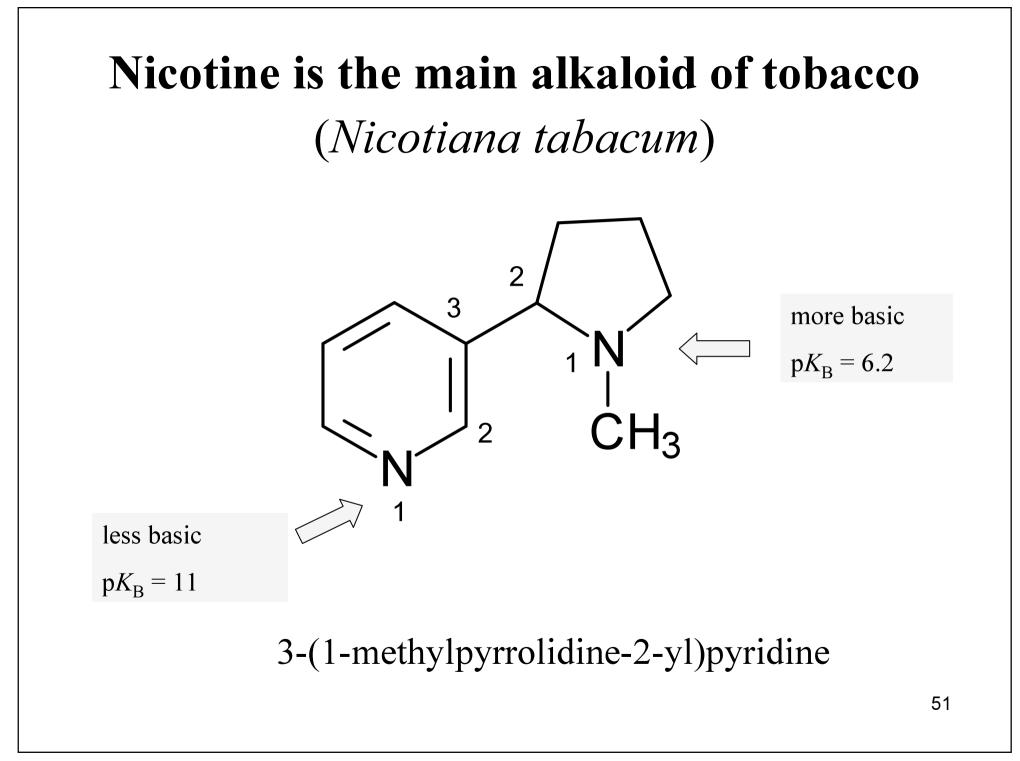


acetylcholine + $H_2O \rightarrow$ choline + acetic acid

hydrolysis of ester

What is nicotine?

Q.



Q.

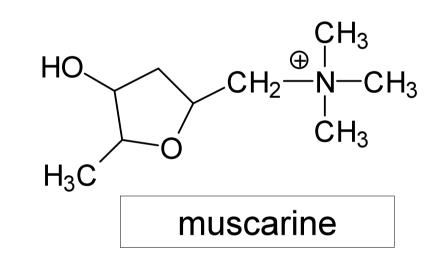
Why nicotine triggers the release of adrenaline?

Main effects of nicotine

- nicotine binds to **acetylcholine nicotinic receptors** in brain and other tissues including cells of adrenal medula
- stimulates the secretion of adrenaline because it binds to receptors in adrenal medula (p. 135 !) <u>silent stress</u>
 other effects:
- increases the secretion of saliva and gastric juice
- increase intestinal peristalsis
- vasoconstriction

Q. What is muscarine?

Muscarine is an alkaloid in some mushrooms



tetrahydro-4-hydroxy-N,N,N,5-

tetramethyl-2-furanmethanammonium

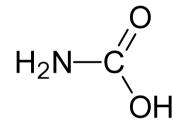


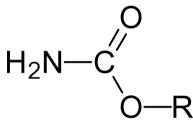
Amanita muscaria (fly agaric)

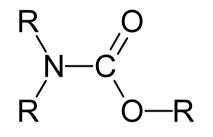
Inhibitors of acetylcholinesterase

- **Reversible** carbamates (*N*-substituted esters of carbamic acid), e.g. fysostigmine, neostigmine
- they are used to improve muscle tone in people with myasthenia gravis and routinely in anesthesia at the end of an operation to reverse the effects of non-depolarising muscle relaxants. It can also be used for urinary retention resulting from general anaesthetia
- Irreversible organophosphates, very toxic compounds

Carbamates – General formulas



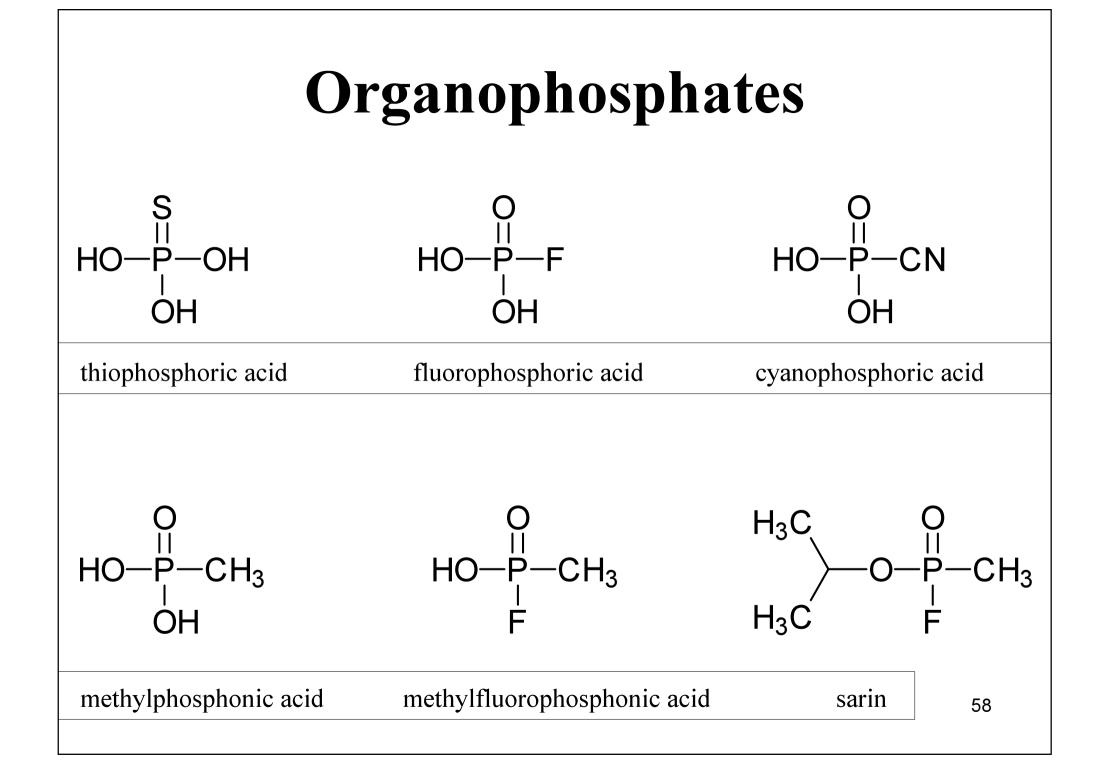




carbamic acid

(hypothetic compound)

alkyl carbamate (ester) N-disubstituted alkyl carbamate



Adrenergic synapses

- neurotransmitter: **noradrenaline**
- four types of receptors: α_1 , α_2 , β_1 , β_2
- all of them are G-protein linked receptors
- occur in various cells and tissues

Adrenergic receptors

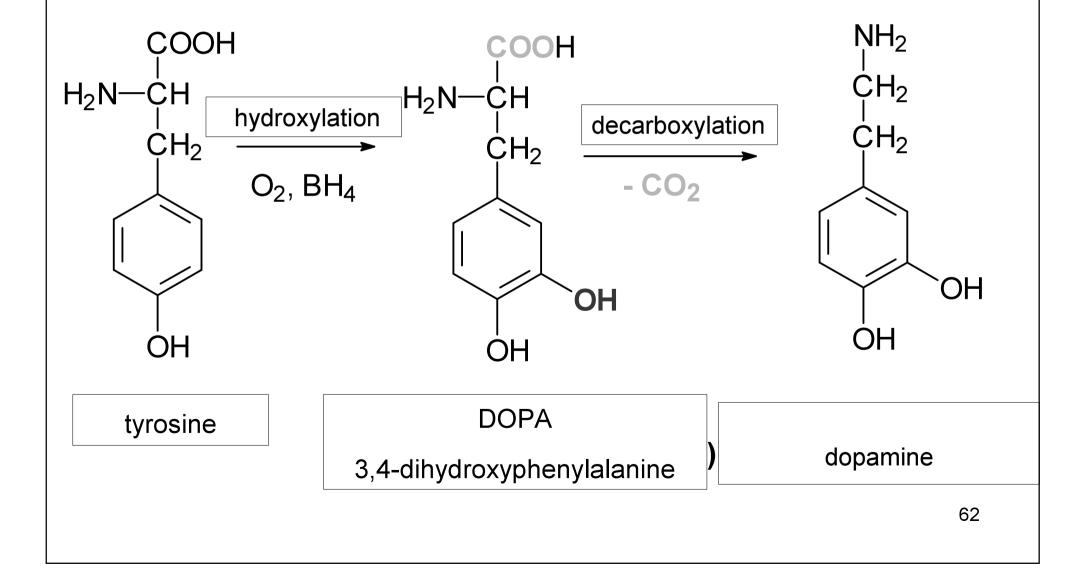
Feature	α_1	α_2	β_1	β ₂
G-protein	G _p	G _i	G _s	G _s
2 nd messenger	DG, IP ₃	cAMP	cAMP	cAMP
Occurence*	smooth muscle	brain	myocard	smooth m.

* Example of occurence

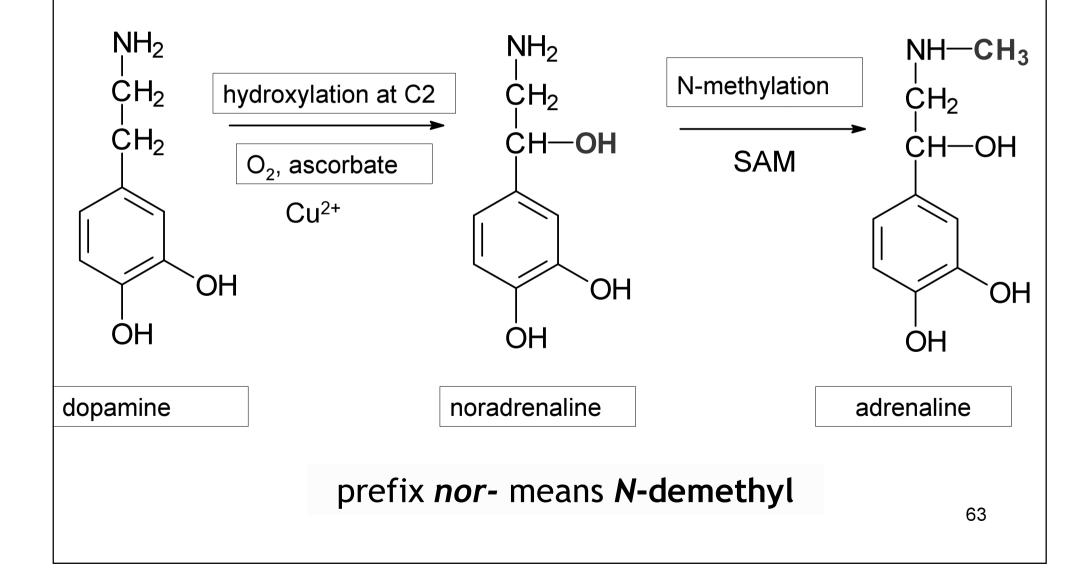
Q.

Describe the synthesis of noradrenaline.

The formation of DOPA and dopamine



Noradrenaline and adrenaline



The next seminar April 24, 2006

Chapter 21 - I. part