

# Antagonisti angiotenzinskih receptorjev

izr. prof. dr. Marko Anderluh

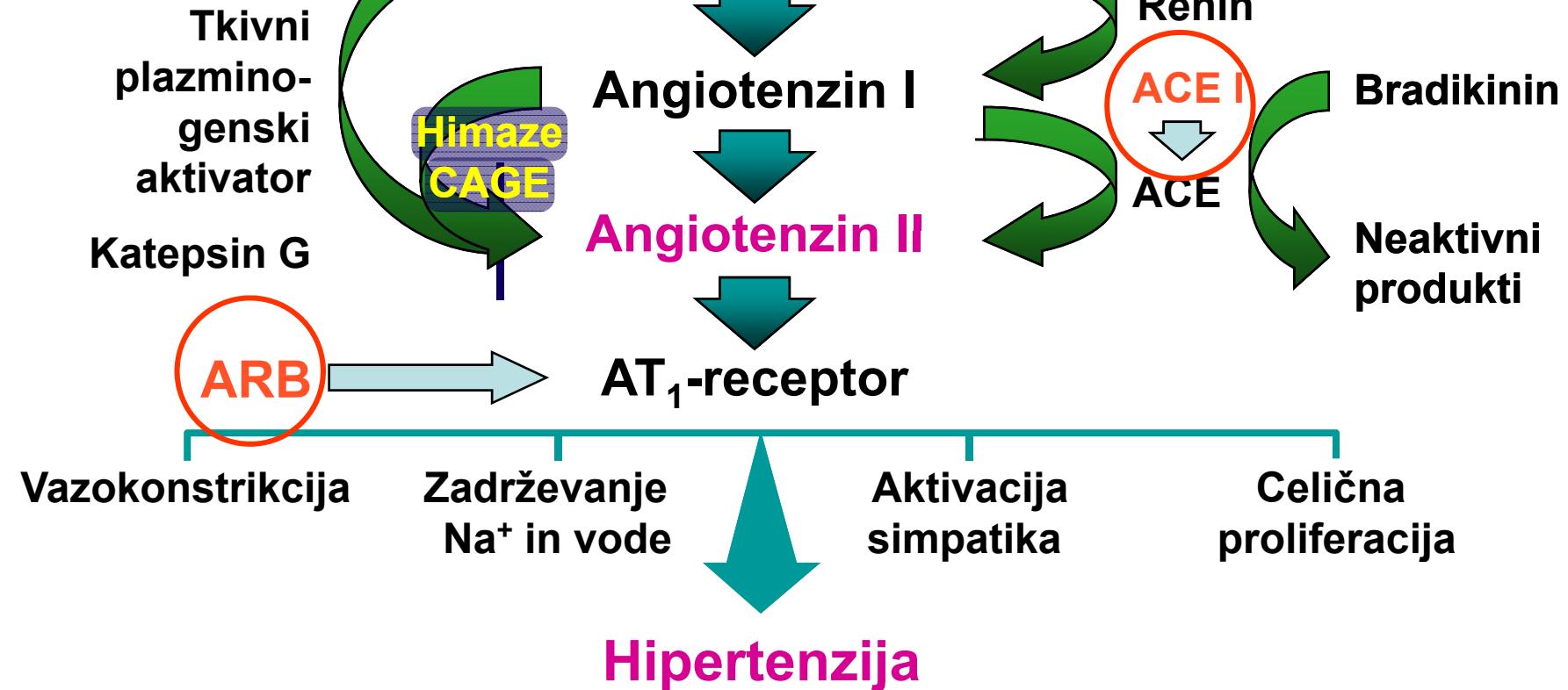
28. maj 2013

# Inhibitorji ACE

- Bradikinin, substanca P – kašelj in stranski učinki inhibitorjev ACE
- Zakaj ravno kašelj?
- Angioedemi (bradikinin -> retencija tekočine)

# Tarče v renin-angiotenzin sistemu

*Alternativne  
poti*



ARB = Angiotenzinski antagonisti;

CAGE = Hmaza-”chymase angiotenzin generating enzyme”.

# Razlike v učinkih preko AT<sub>1</sub> in AT<sub>2</sub> receptorjev

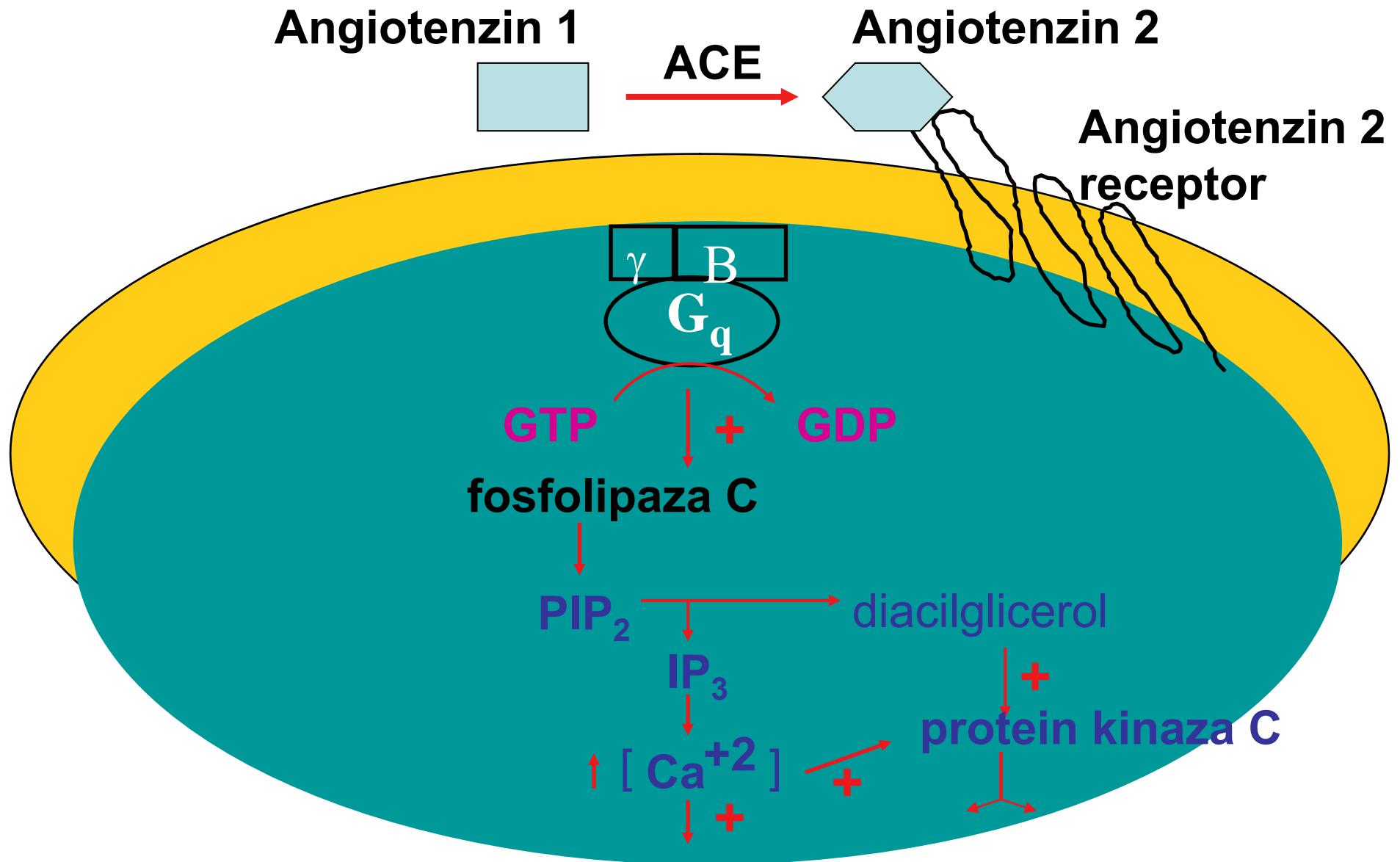


Vazokonstrikcija  
Vaskularna proliferacija  
Izločanje aldosterona  
Proliferacija srčnih miocitov  
Porast simpatičnega tonusa

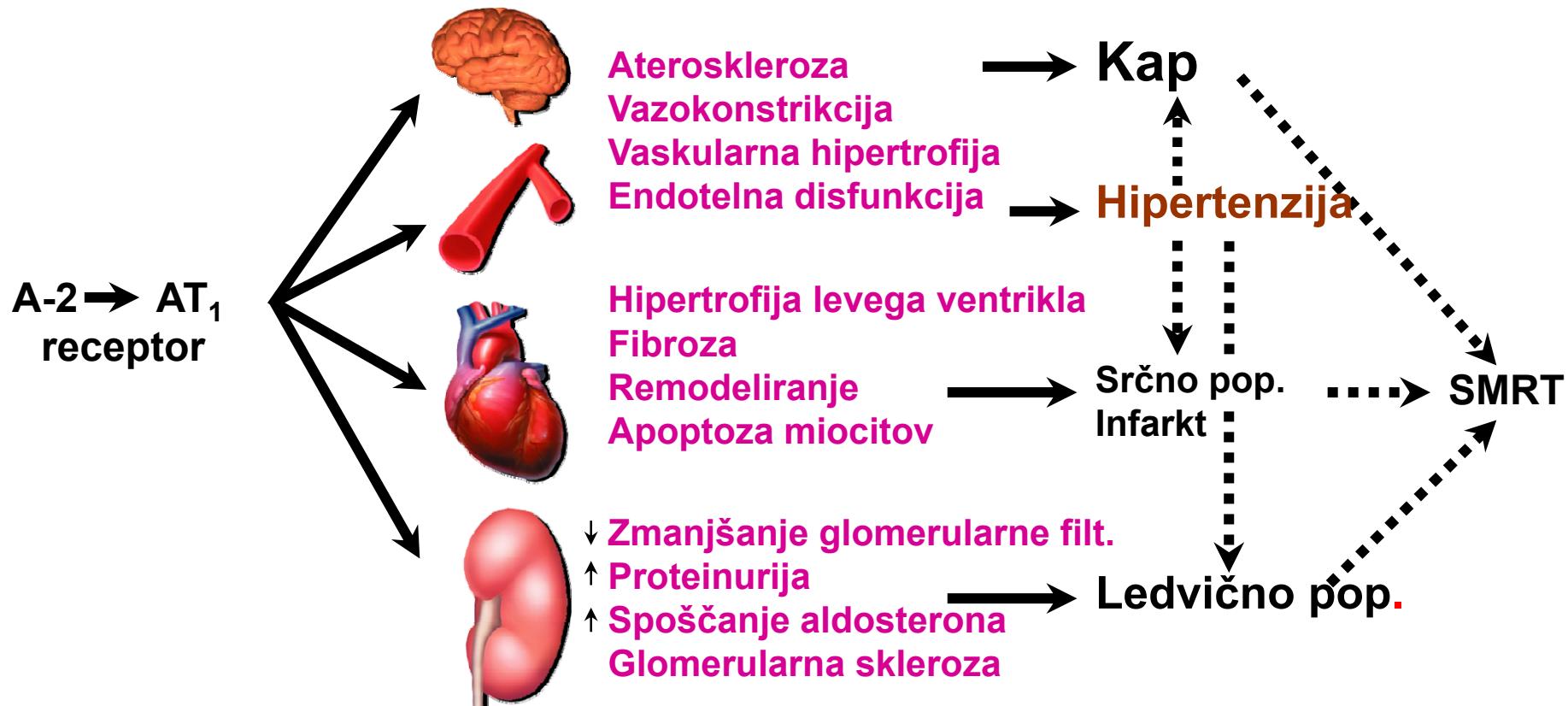
Vazodilatacija  
Antiproliferacija  
Apoptoza

# AT<sub>1</sub> receptor

- Prvi opis 1970 (Lin in Goodfriend).
- družina s proteinom G sklopljenih receptorjev: 395 amino k.
- Angiotenzin-2 se veže na AT<sub>1</sub> receptor in povzroči konformacijsko spremembo, ki aktivira G proteinski kompleks



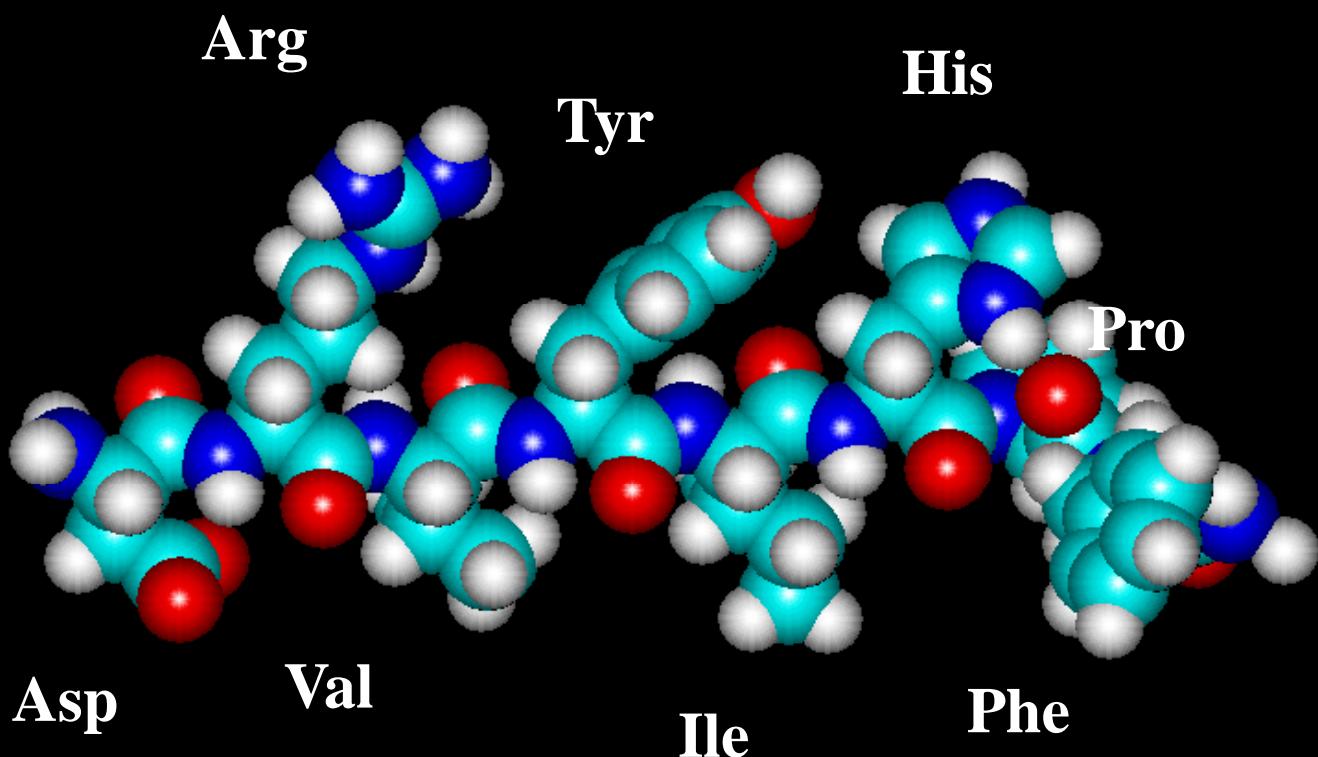
# Angiotenzin 2 ima pomembno vlogo pri poškodbi organov



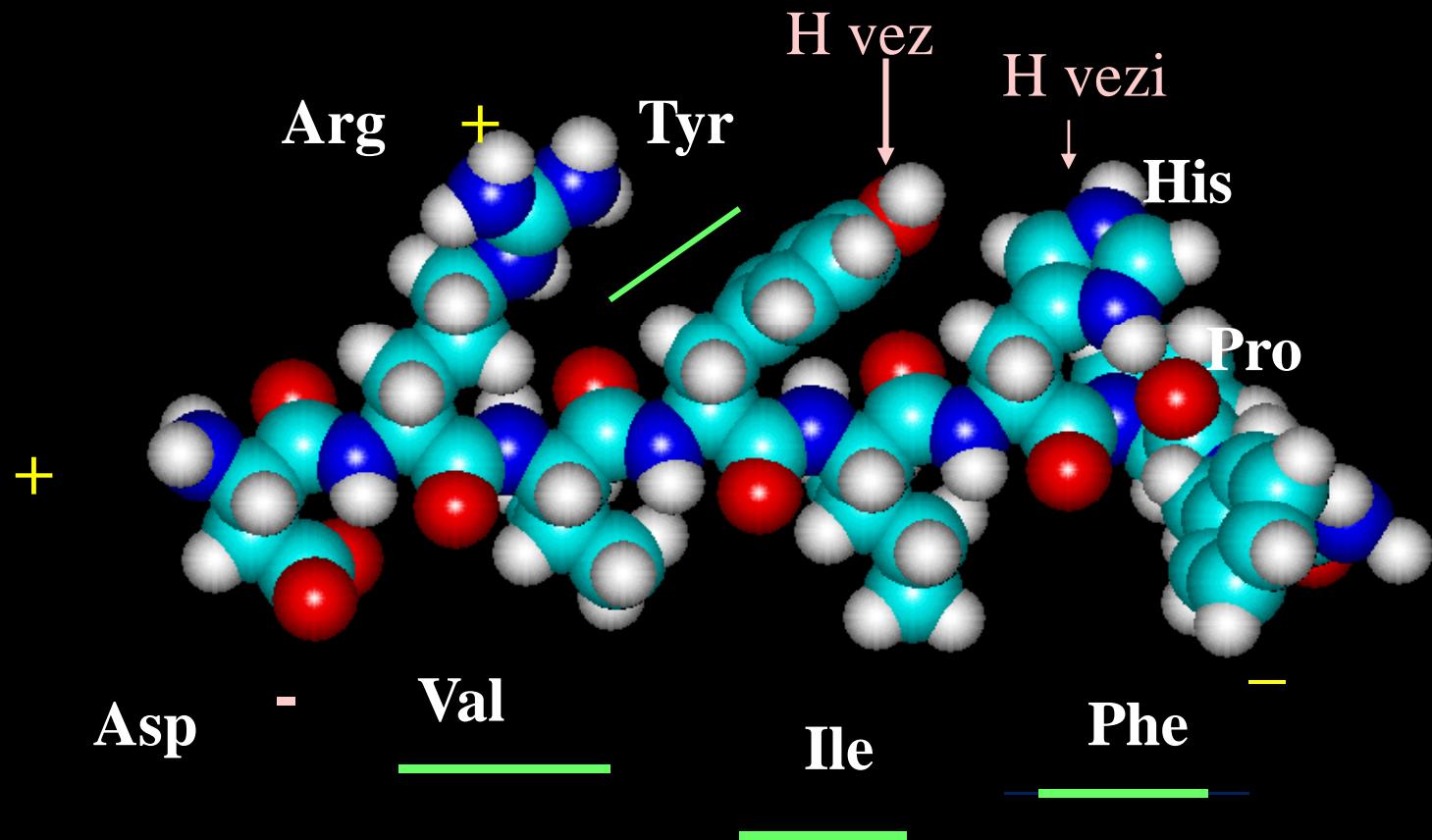
# Načrtovanje sartanov

- Antagonisti AT<sub>1</sub>
- Analogi nativnega liganda
- Selektivnost napram AT<sub>1</sub>

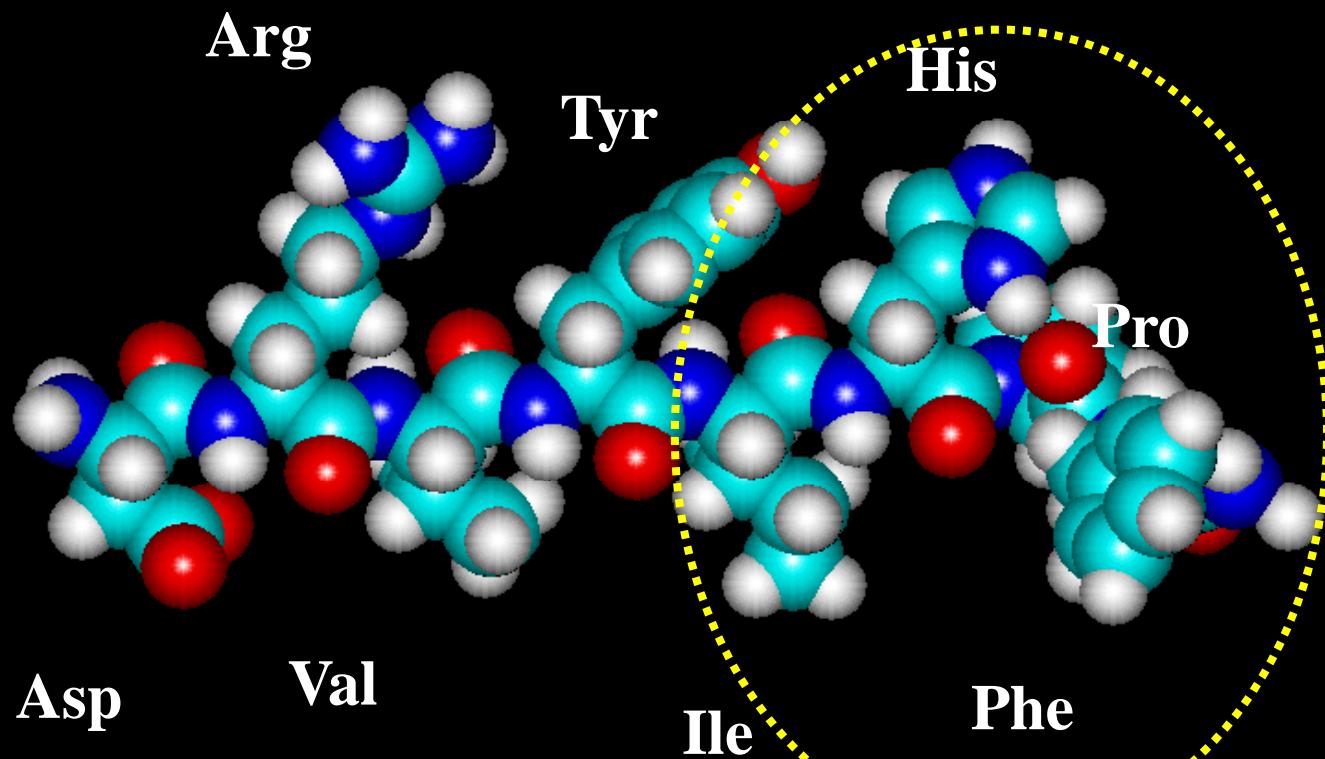
# **ANGIOTENZIN 2 oktapeptid**



# ANGIOTENZIN 2 oktapeptid



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# Načrtovanje sartanov

## Angiotenzin II

Asp-Arg-Val-Tyr-Ile-His-Pro-Phe

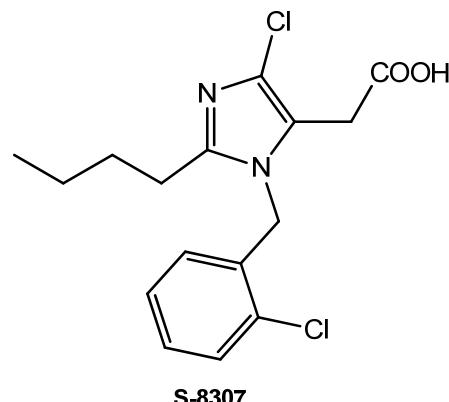


## Saralazin

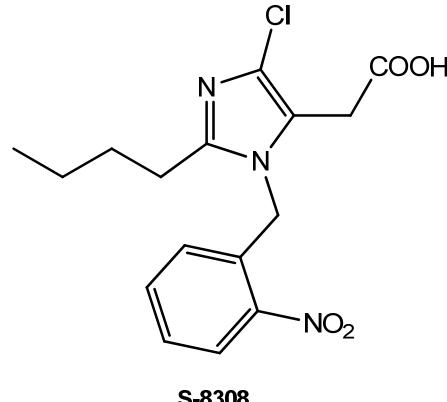
Sar-Arg-Val-Tyr-Ile-His-Pro-Sar

- Antagonist AT1
- Parcialni agonist
- Peptidna spojina

## 1-benzylimidazol-5-ocetne kisline



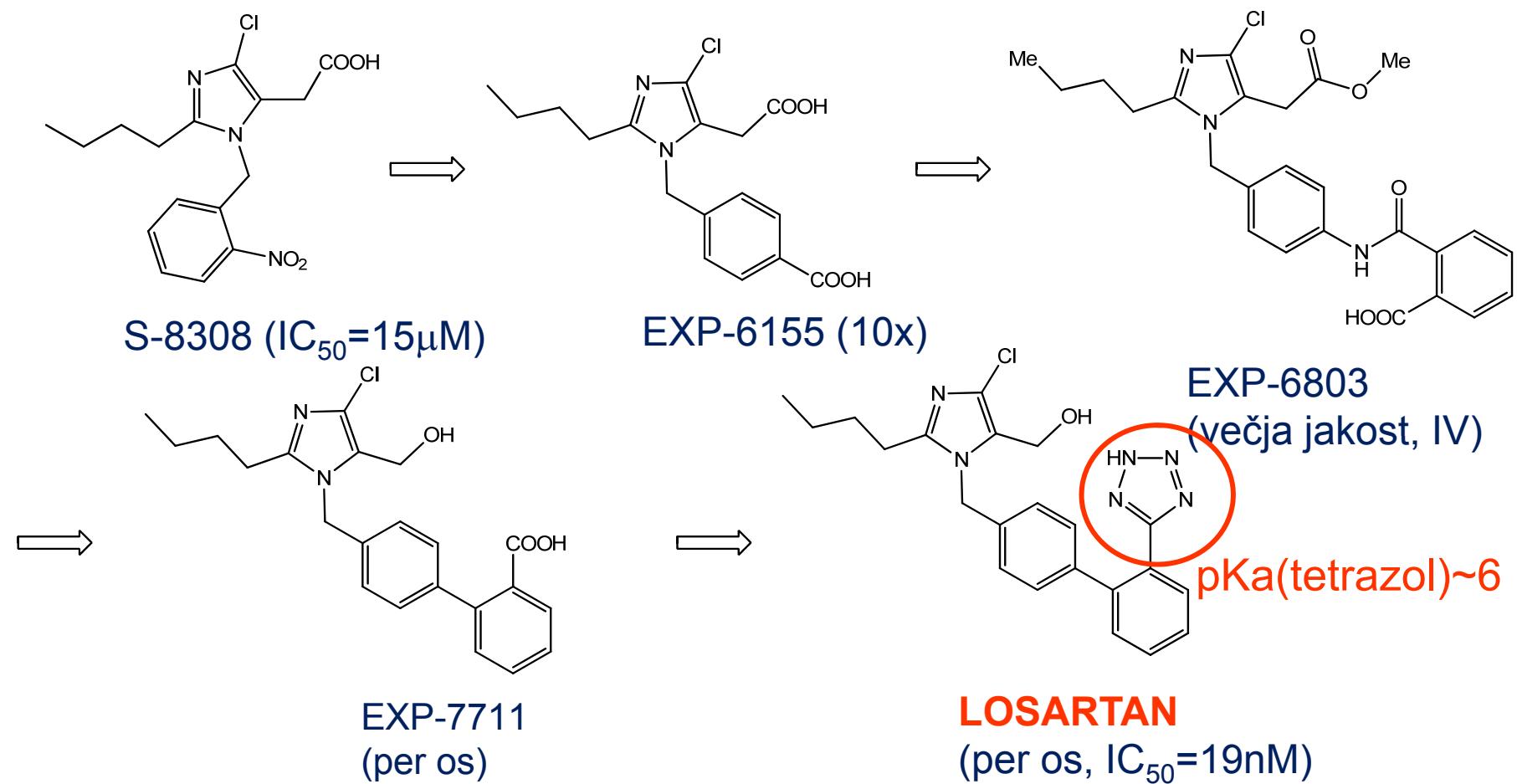
S-8307



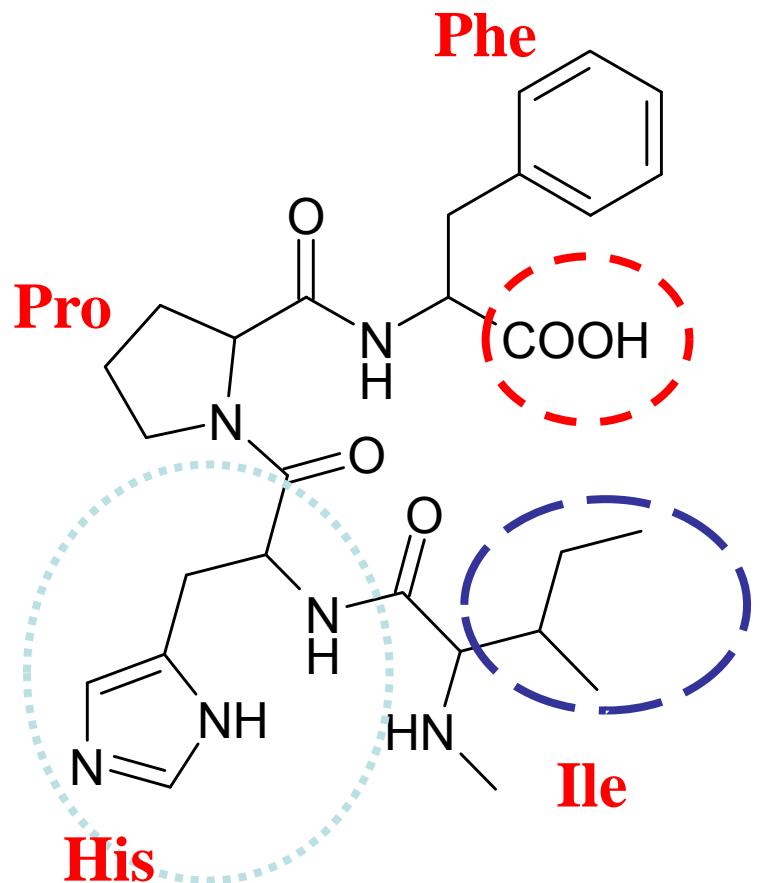
S-8308

- Antagonisti AT1
- Nizka jakost
- Selektivnost!

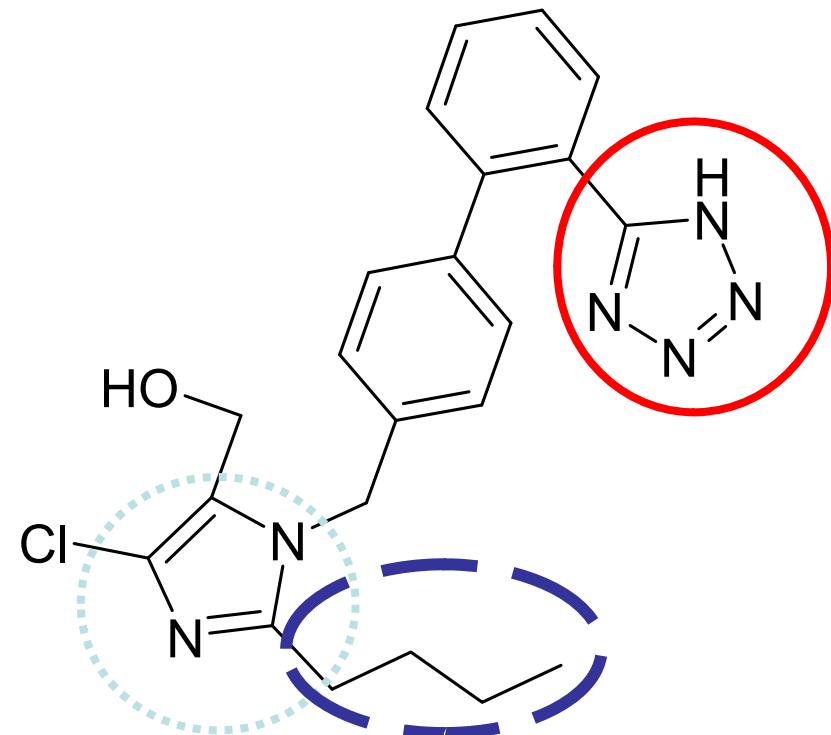
# Načrtovanje sartanov



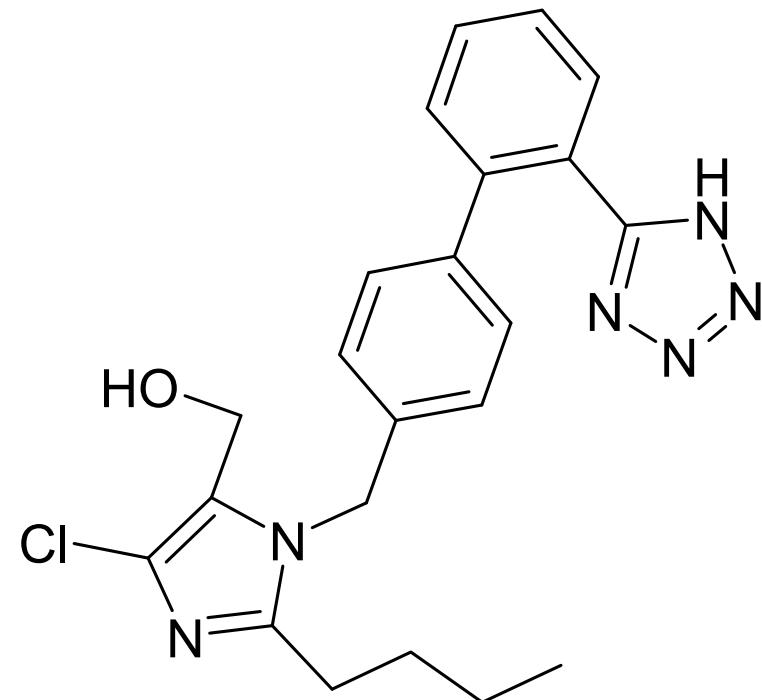
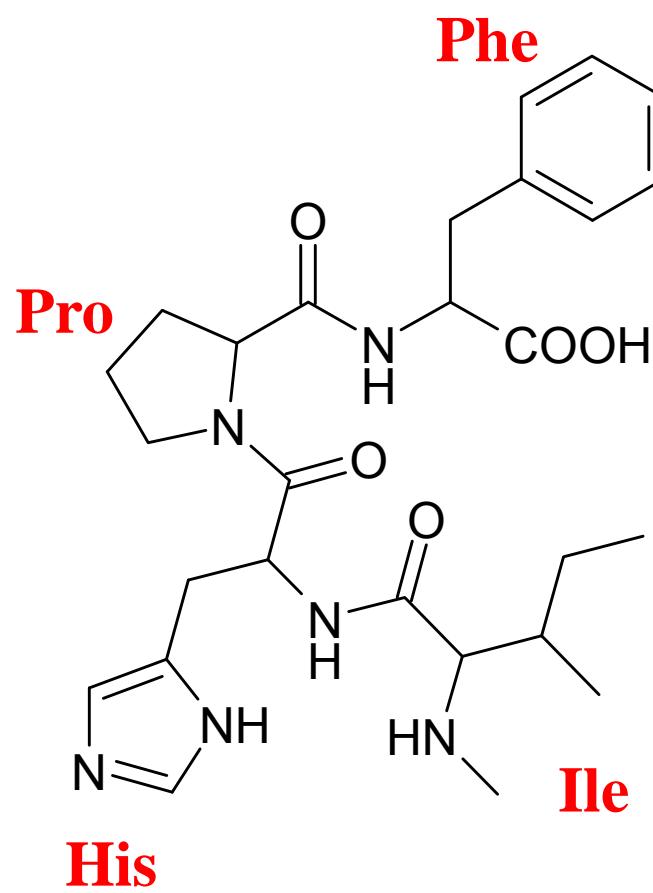
## Zadnje štiri aminokisline Angiotenzina 2



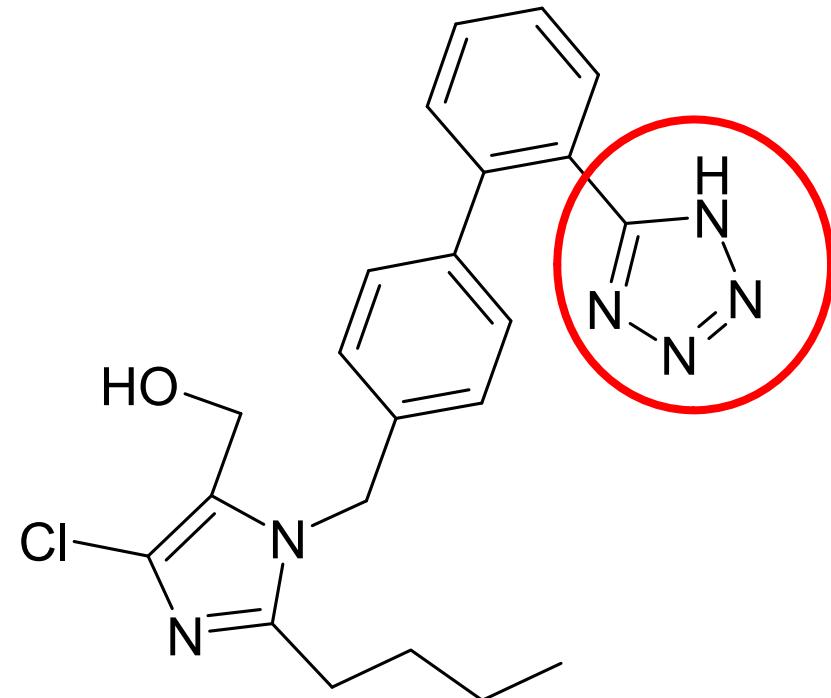
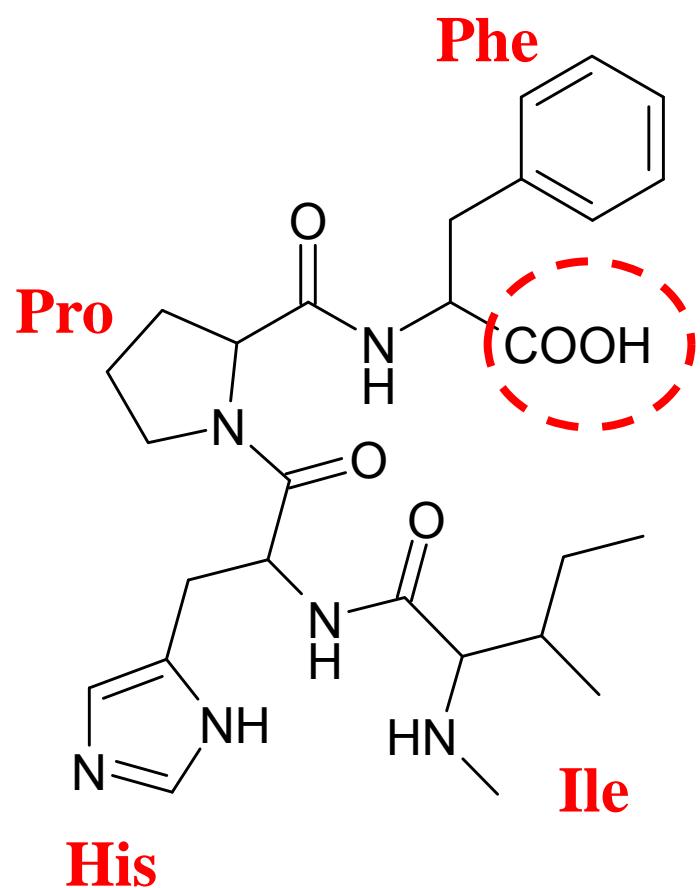
# Molekula losartana



## Angiotenzin 2 in losartan

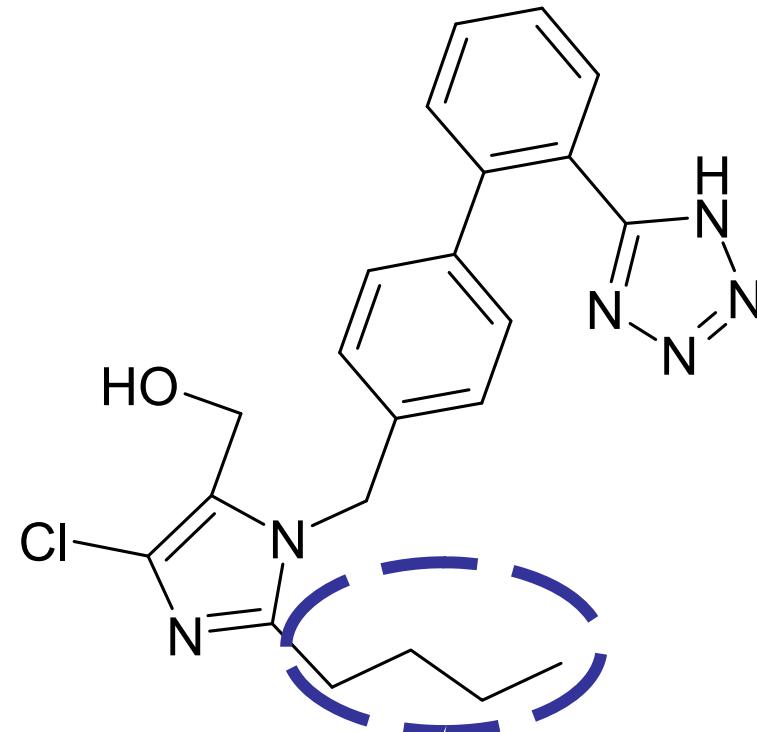
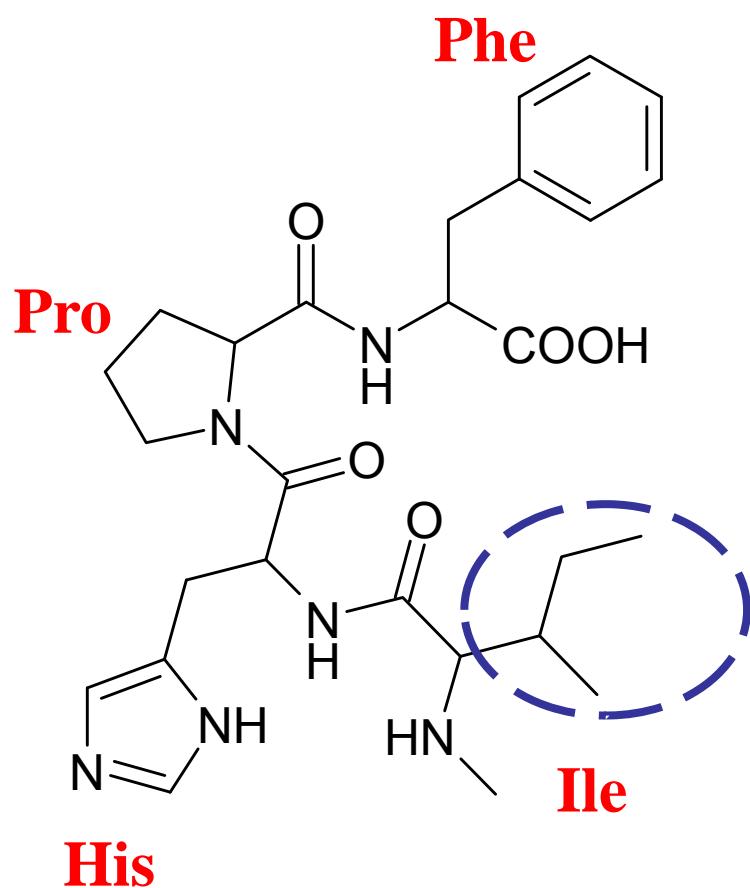


## Angiotenzin 2 in losartan



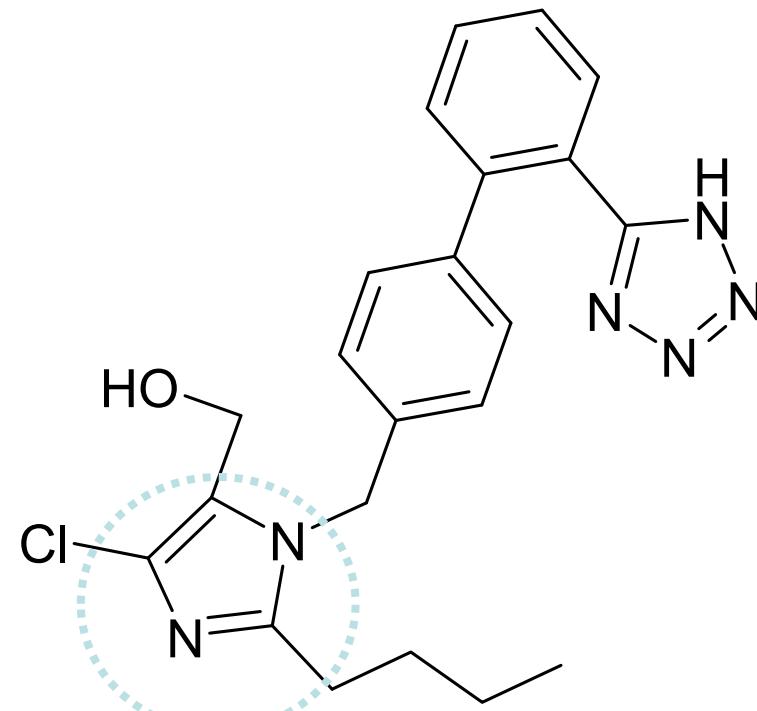
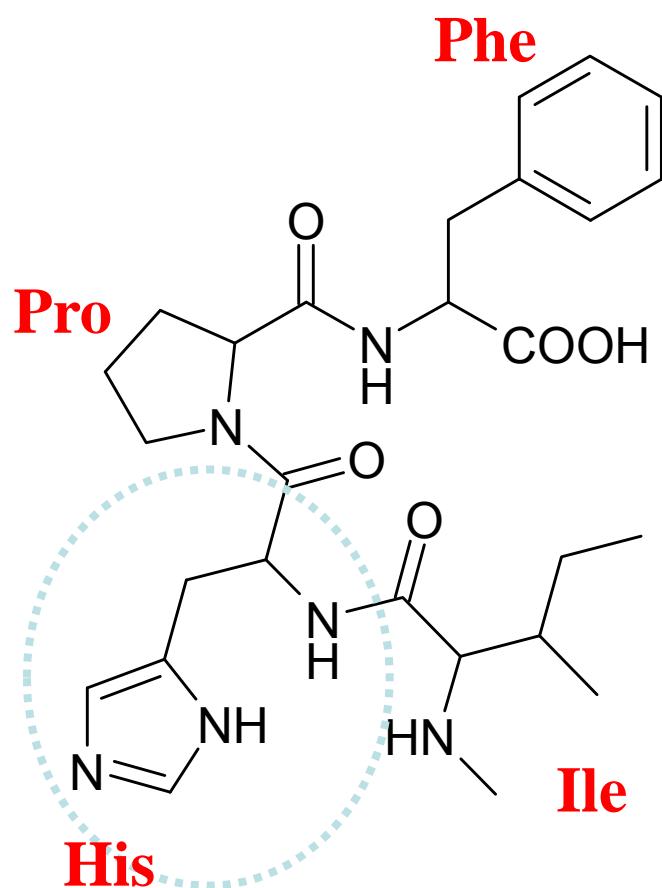
Podobnost v anionskem centru

## Angiotenzin 2 in losartan



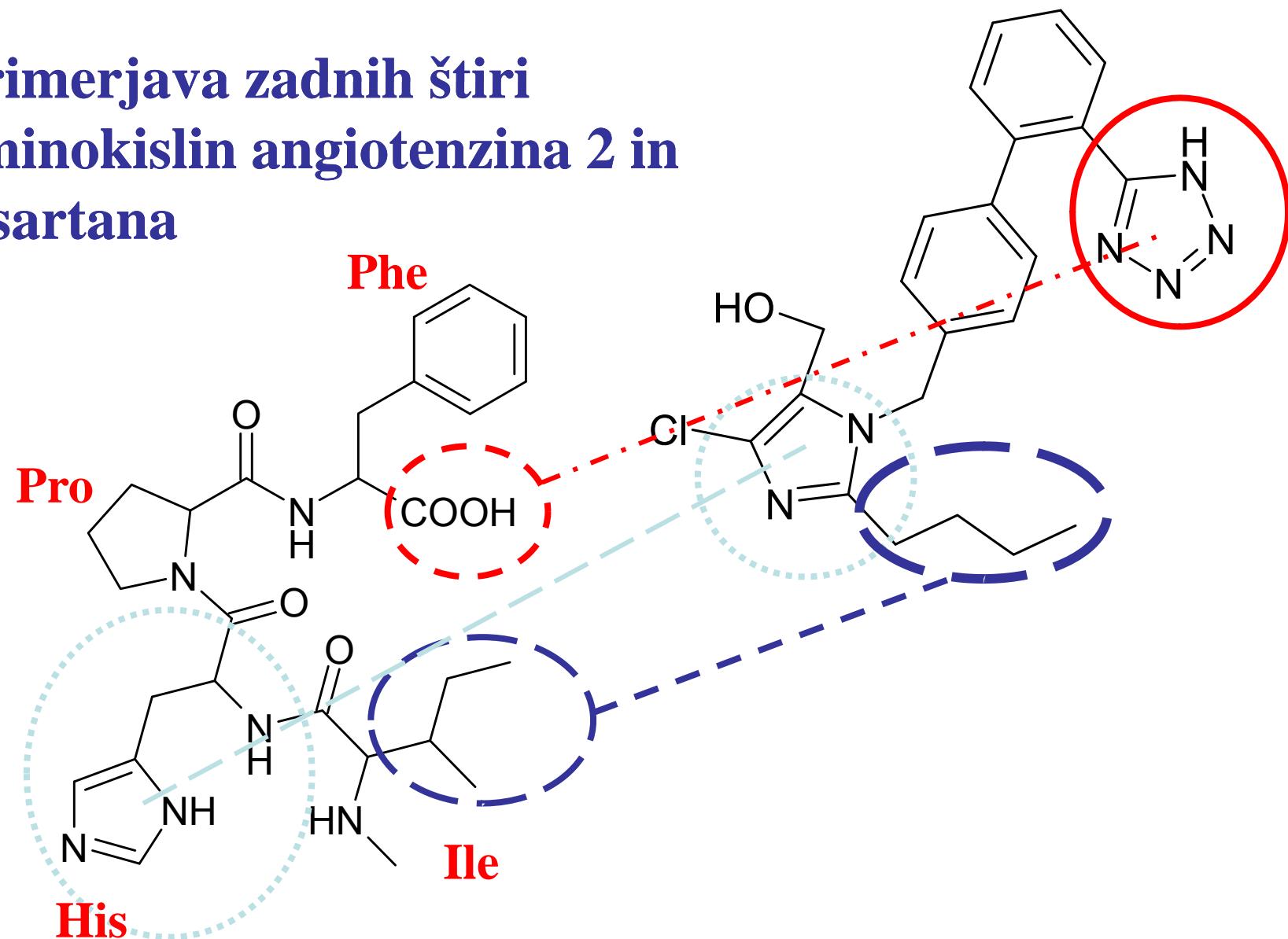
Podobnost v  
lipofilnosti

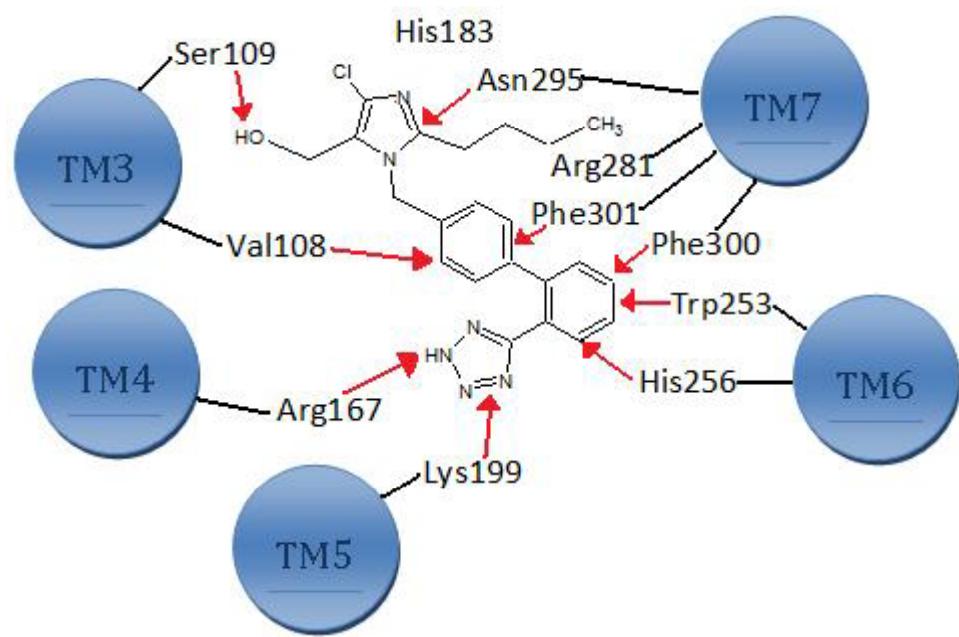
## Angiotenzin 2 in losartan



Prisotnost  
imidazola

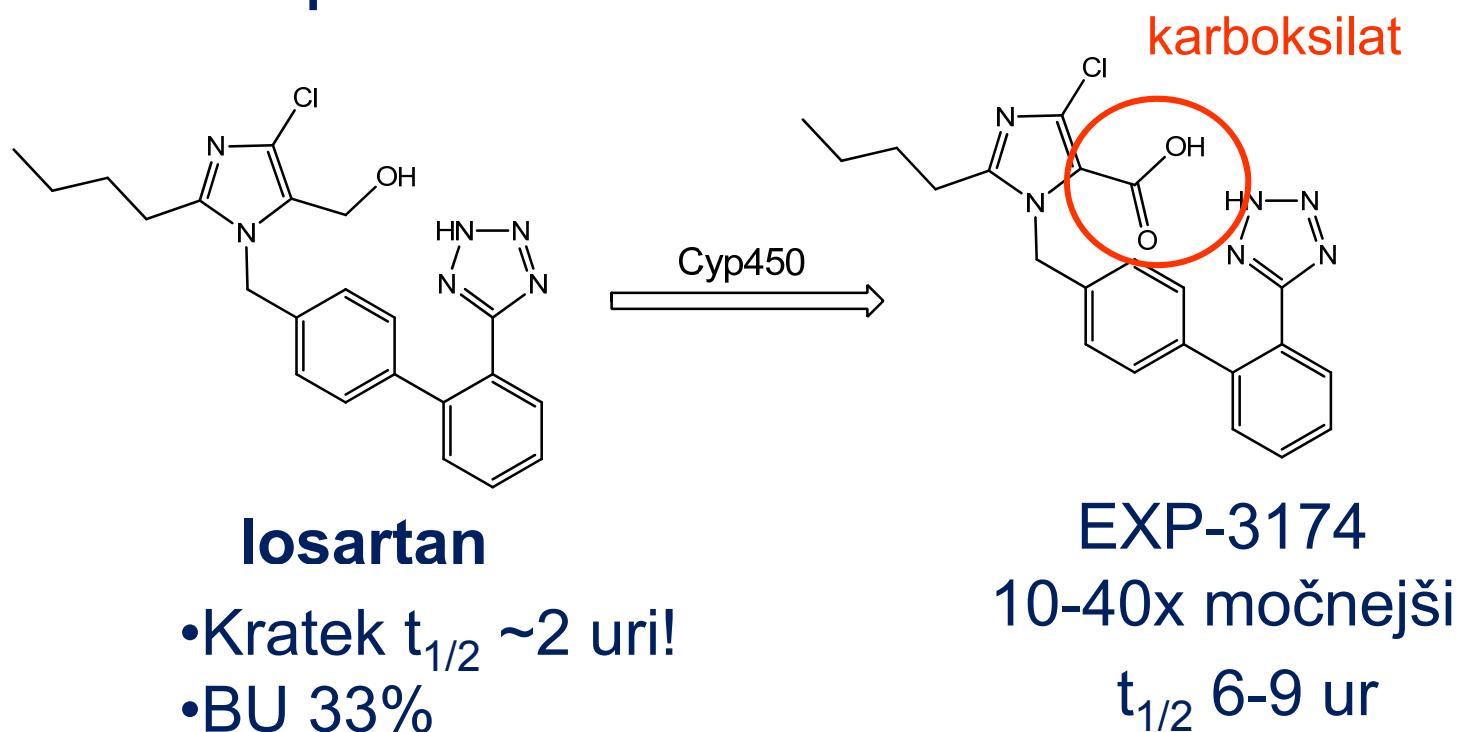
## Primerjava zadnjih štiri aminokislin angiotenzina 2 in losartana





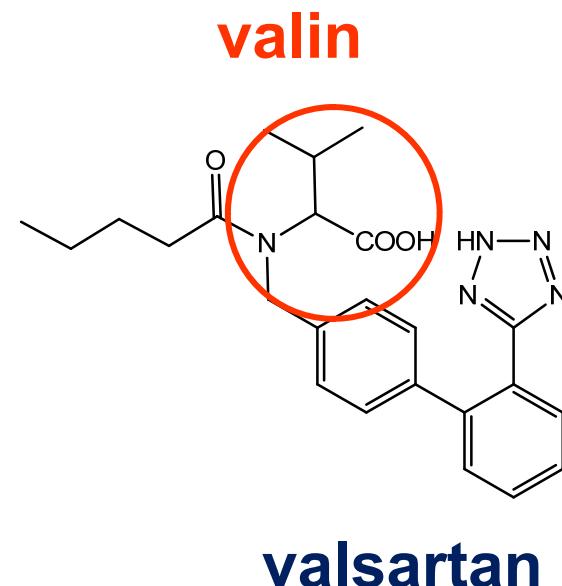
# Losartan

- Neke vrste predzdravilo



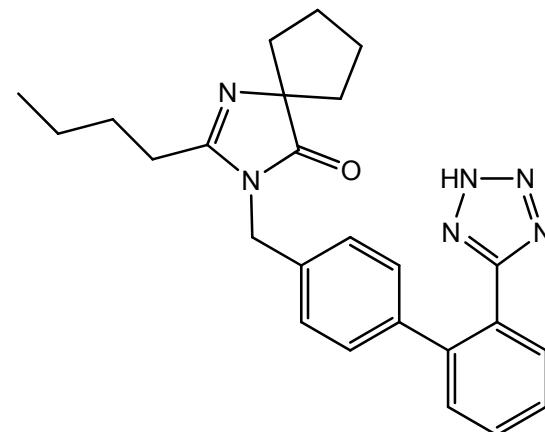
# Valsartan

- Močnejši od losartana,  $IC_{50} = 8,9 \text{ nM}$
- Zelo selektiven napram AT1
- $t_{1/2} 6 \text{ ur}$
- BU~25%



# Irbesartan

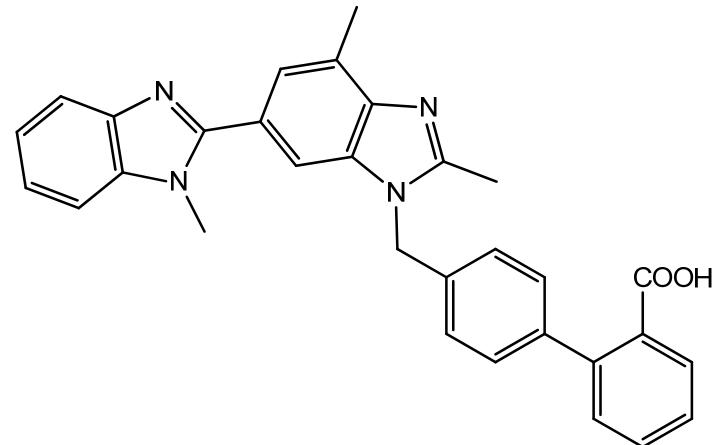
- Močnejši od losartana,  
 $IC_{50} = 1,3 \text{ nM}$
- Višja biološka  
razpoložljivost do 80%
- $t_{1/2} = 11 \text{ ur}$
- Nima aktivnih metabolitov



irbesartan

# Telmisartan

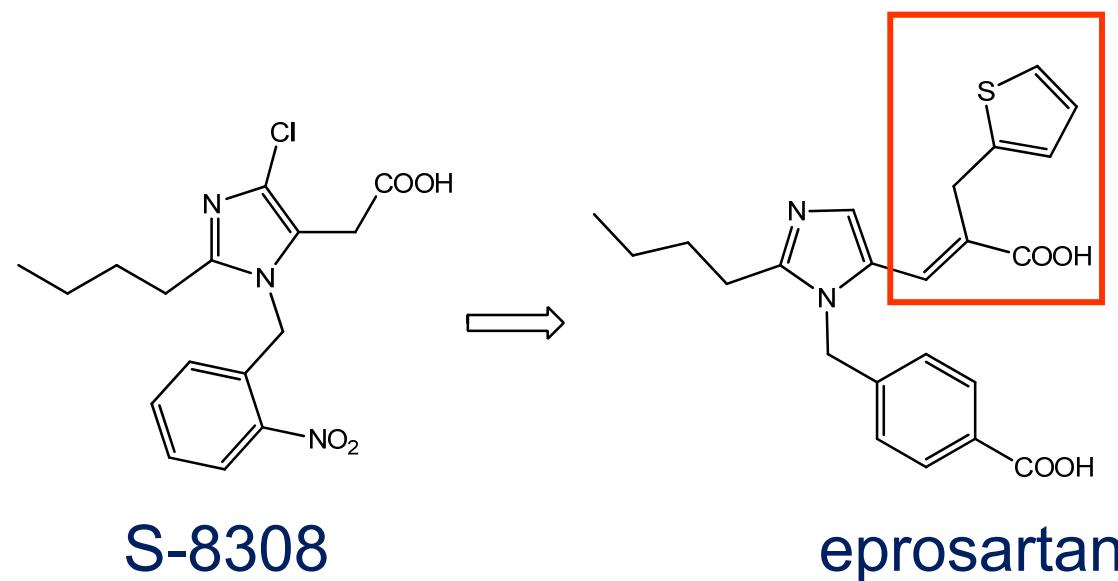
- Karboksilat!
- Večja lipofilnost
- BU do 42-58%
- Dolg  $t_{1/2} = 24\text{h}$
- Poleg AT1 deluje na PPAR $\gamma$  receptorje



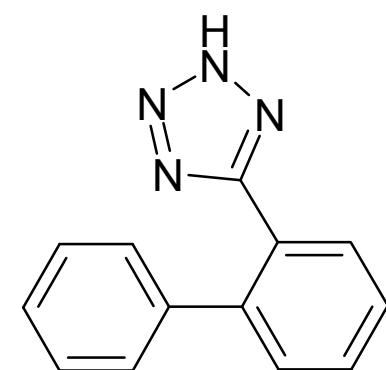
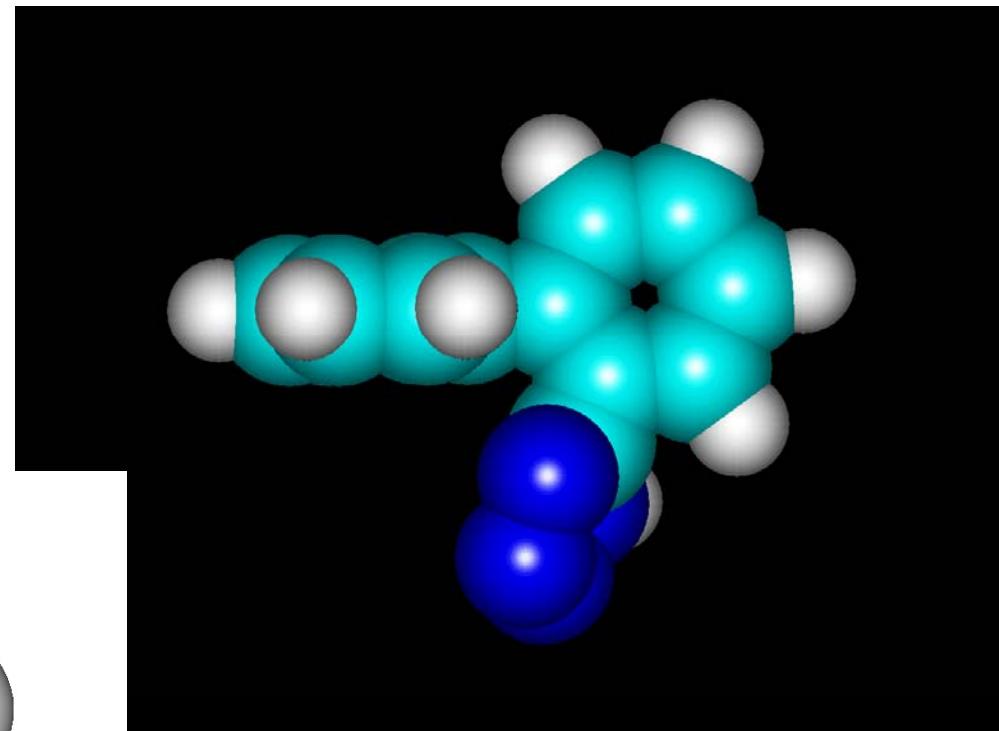
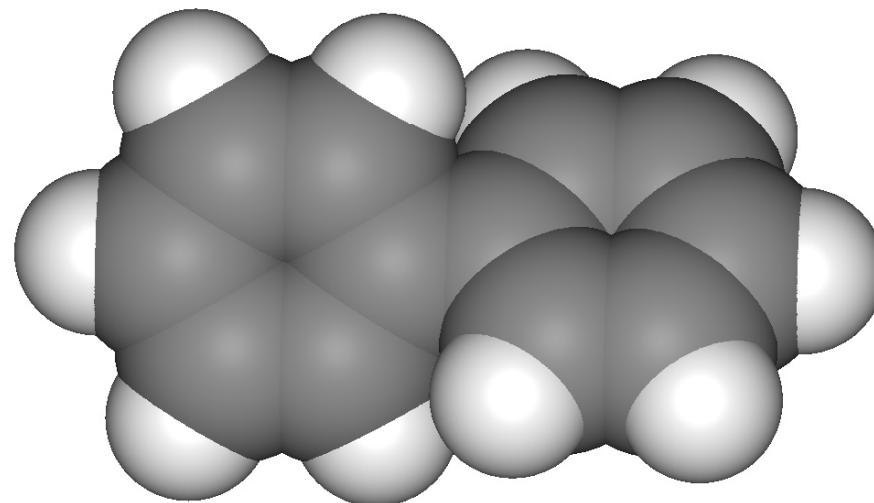
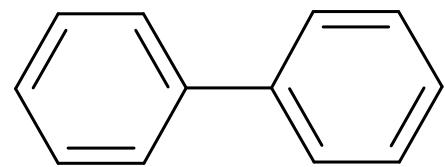
**telmisartan**

# Eprosartan

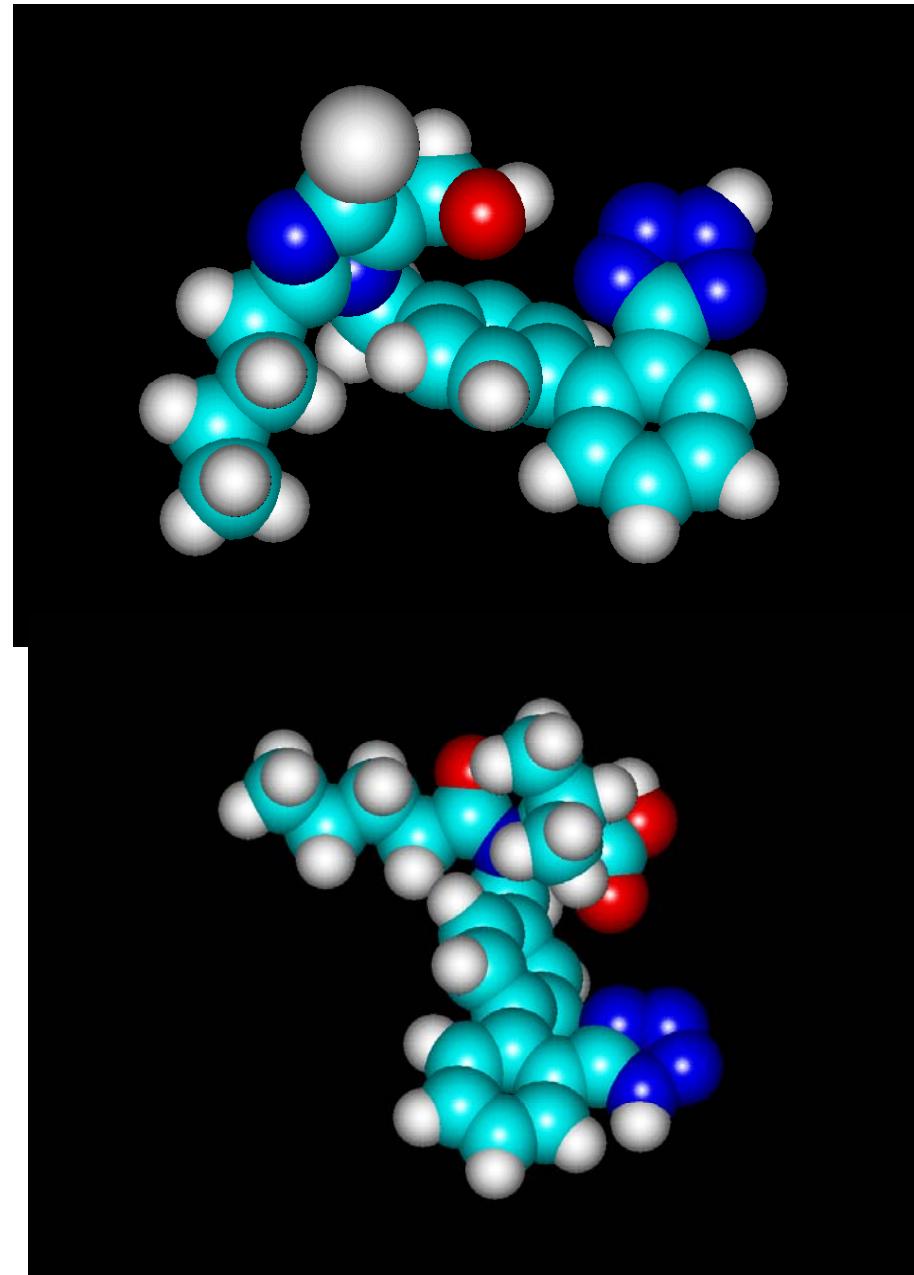
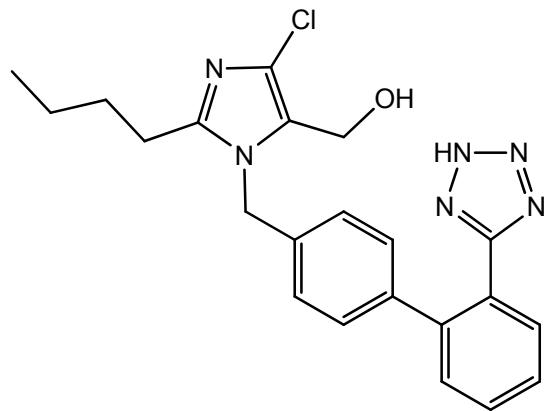
- Močan učinek,  $IC_{50} = 1,5 \text{ nM}$
- Ni bifenilnega fragmenta
- Struktura podaljšana proti C-terminalnemu delu



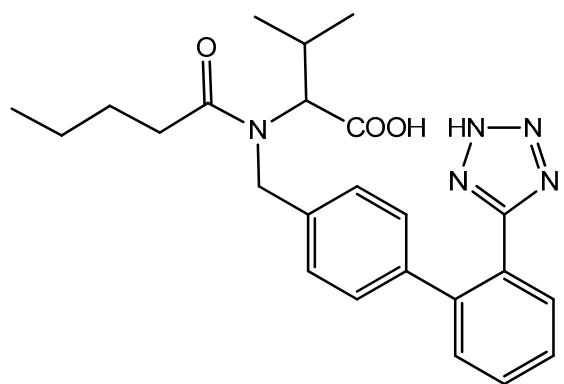
## Primerjava bifenila in ortotetrazolobifenila



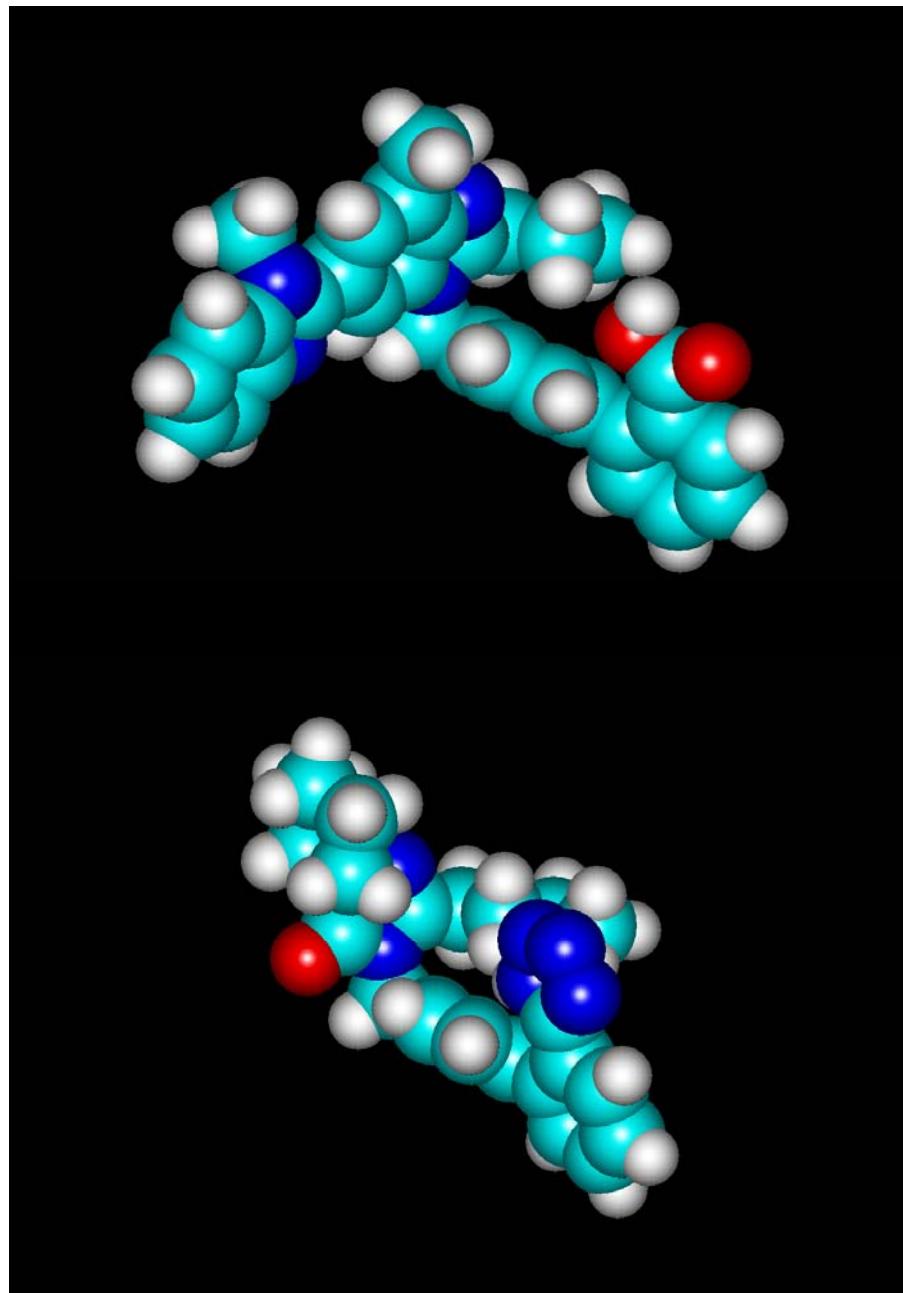
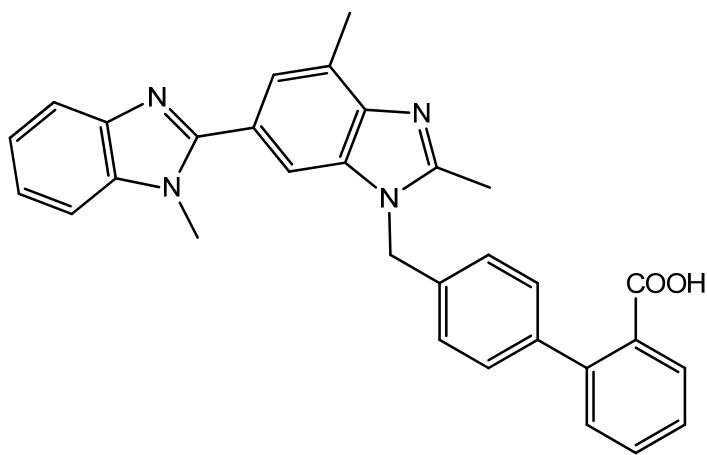
# **LOSARTAN**



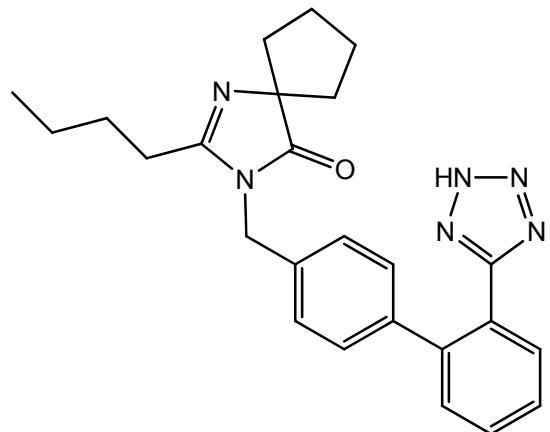
# **VALSARTAN**



# **TELMISARTAN**

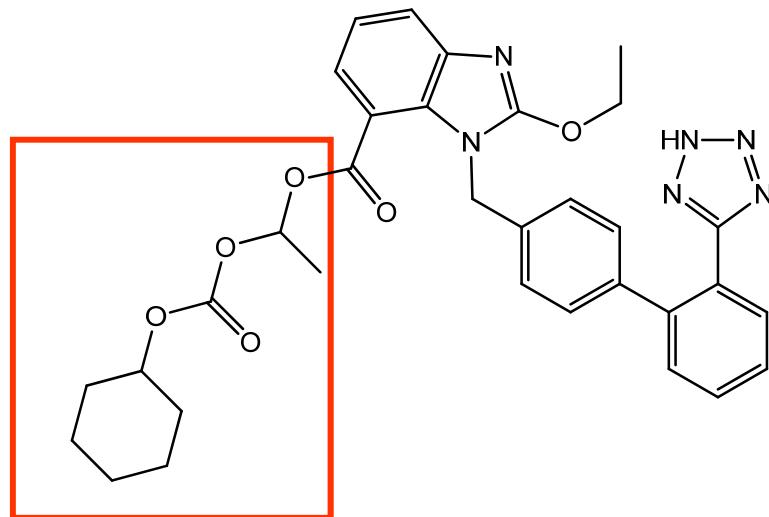


# **IRBESARTAN**



# Predzdravili

- Kandesartan **cileksetil**



**cileksetil**

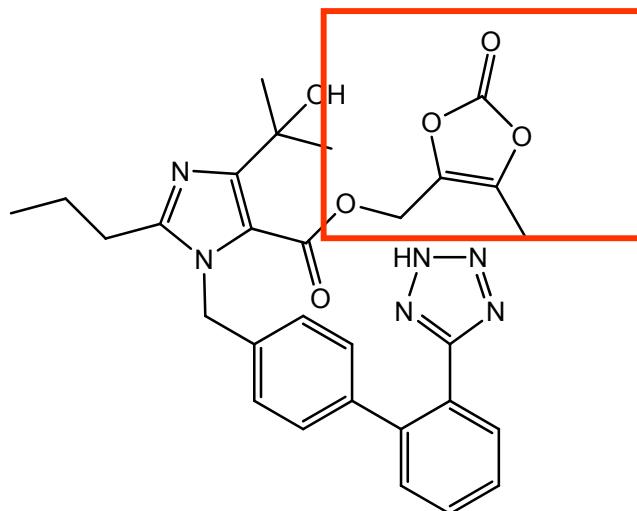
- Kandesartan – nizka BU
- Predzdravilo BU~15%

# Predzdravili

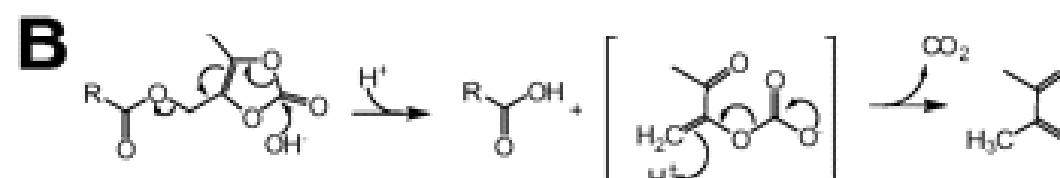
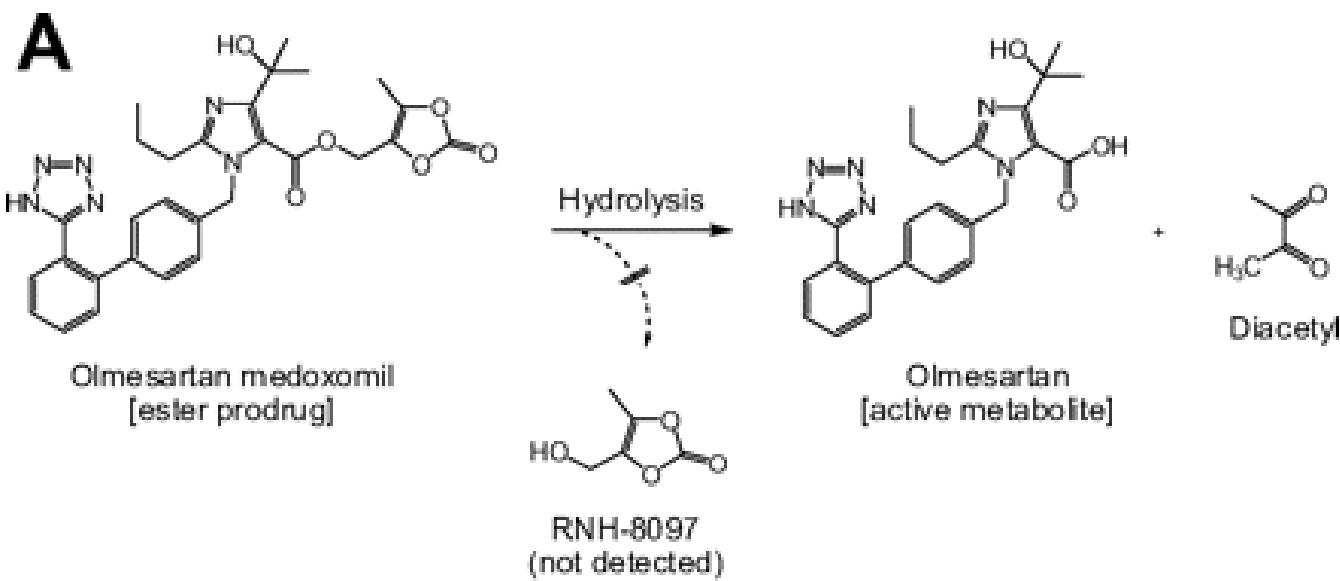
- Olmesartan medoksomil  
(medoksomilolmesartanat )

- Olmesartan – nizka BU
- Predzdravilo BU~26%

medoksomil

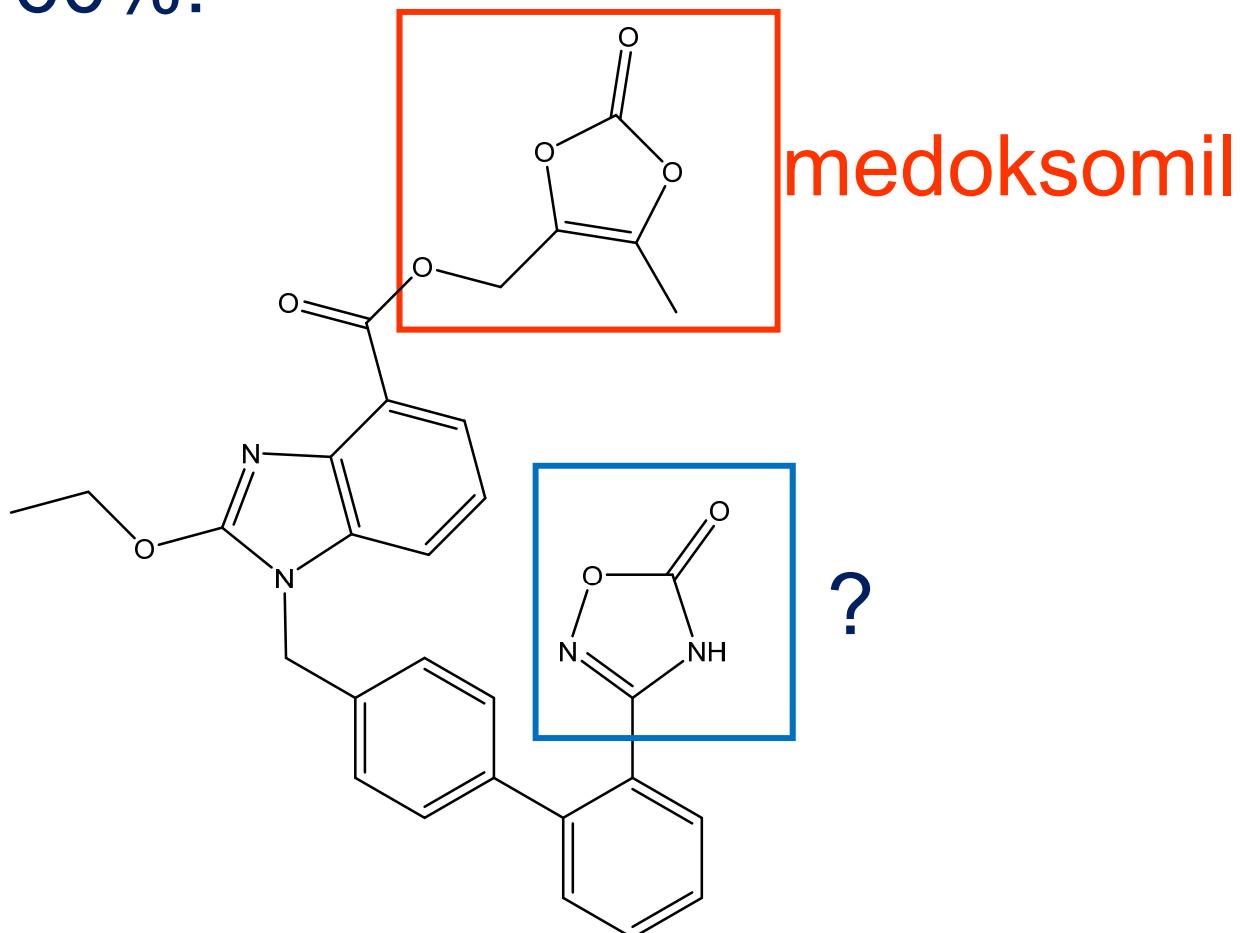


# Bioaktivacija olmesartana medoksomila



# Azilsartan medoksomil (Feb 2011)

- BU 60%!



# SAR sartanov

- Kisla skupina pripeta na fenilni obroč: karboksilat, tetrazol
- Imidazol
- Mesto 2 imidazola – alkilna skupina (Bu, Pr)
- Mesto 4 imidazola – karboksilat, keton, hidroksimetil, benzylimidazol

# Fiz-kem lastnosti sartanov

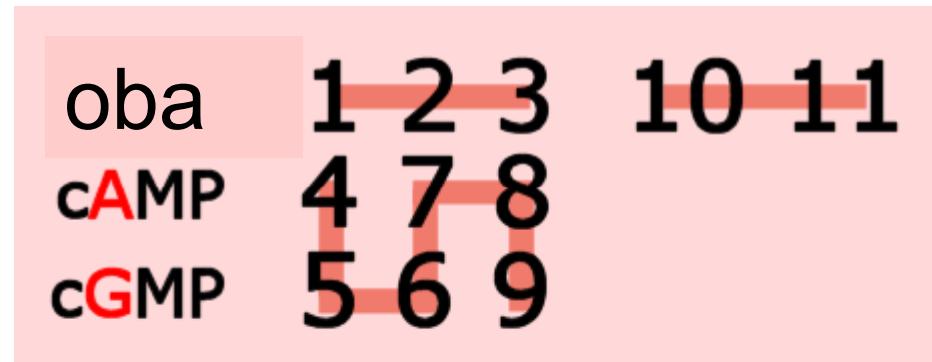
- Tetrazol:  $pK_a \sim 6$ , vsaj 90% ioniziran pri fiziološkem pH
- karboksilat pri valsartanu, olmesartanu, kandesartanu
- Telmisartan in eprosartan imata  $pK_a$  med 3–4; popolna ionizacija
- BU irbesartana (60–80%) in telmisartana (42–58%) visok, pri ostalih BU nizka (15–33%)

# Metabolizem sartanov

- Oksidacija losartana!
- Ostali – izločanje večinoma v nespremenjeni obliki
- telmisartan in eprosartan se izločajo v obliki glukuronidov
- Tetrazol metabolno razmeroma stabilen

# Fosfodiesteraze

- Cepijo fosfodiestersko vez cAMP ali cGMP
- PDE 1-11



Klinično pomembni

- PDE3 – cAMP
- PDE5 – cGMP

# Neselektivni inhibitorji fosfodiesteraz

- Kofein
- Teofilin
- Teobromin

# Inhibitorji fosfodiesteraze 3

- Učinki preko ↑ cAMP

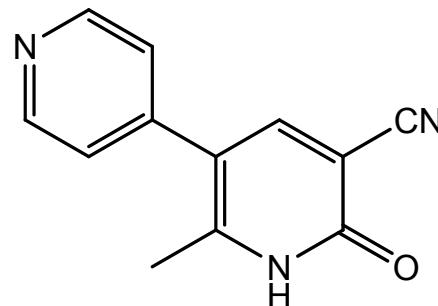
srce	žile
kardiotimulatorni	inhibicija MLCK
povečana kontraktilnost (Inotropni učinek)	relaksacija
Povečan iztisni volumen	vazodilatacija
	znižanje pritiska

Močnejši učinek

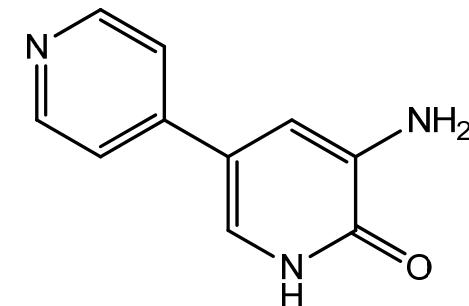
- Kontraindicirani pri dolgotrajni terapiji po poškodbi srca
- Indicirani pri akutnih težavah – dekompenzirano srce

# Inhibitorji fosfodiesteraze 3

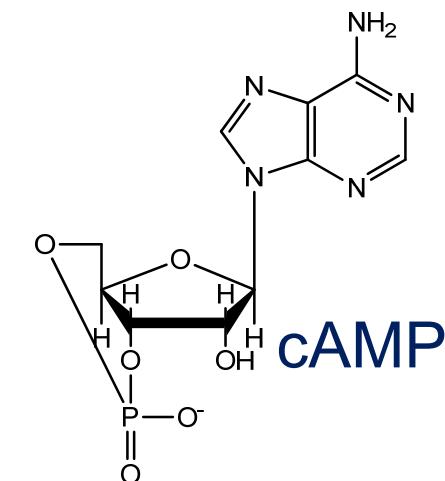
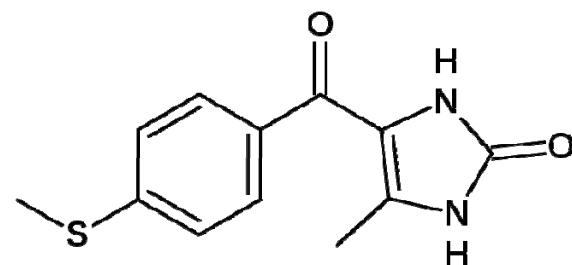
- milrinon



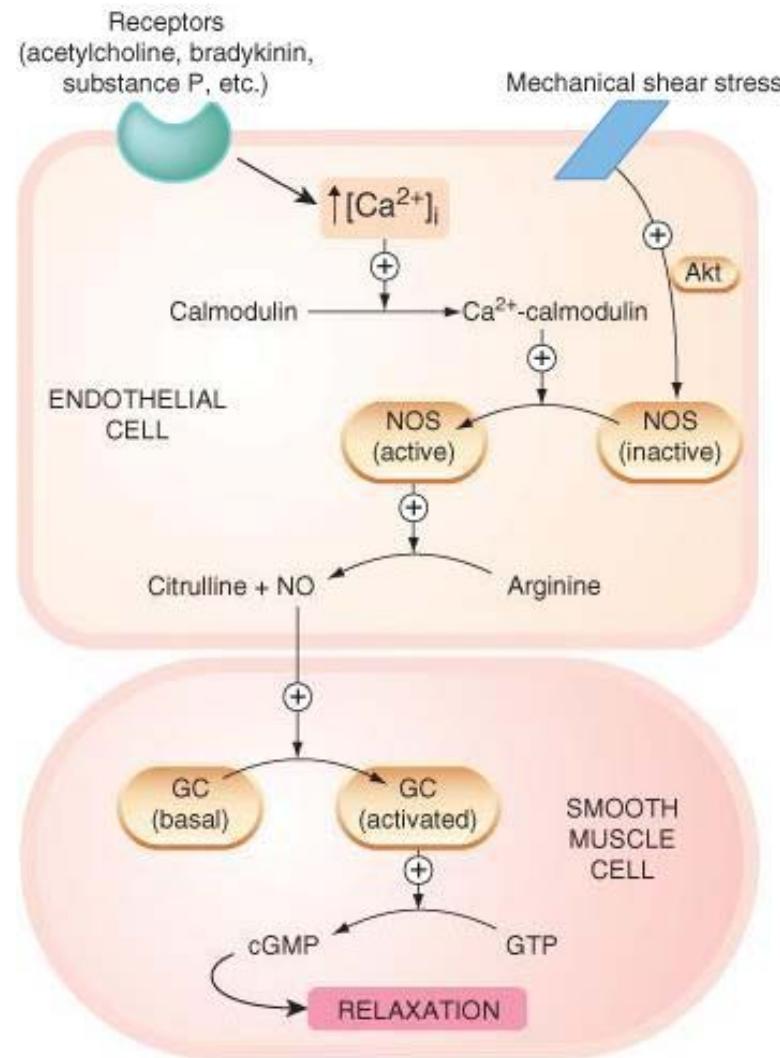
- amrinon



- enoksimon



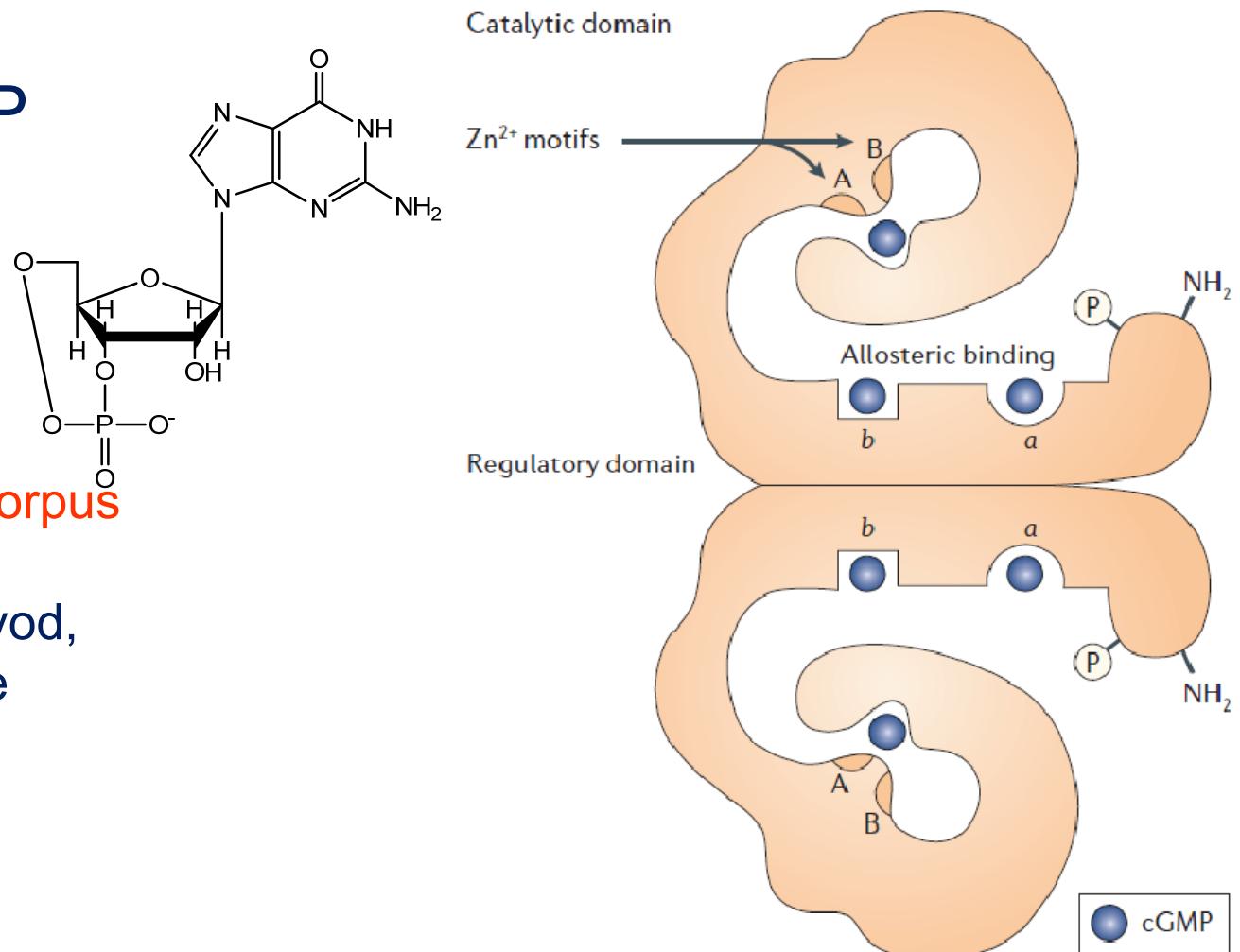
# Regulacija krvnega tlaka preko NO



# Fosfodiesteraza tipa 5

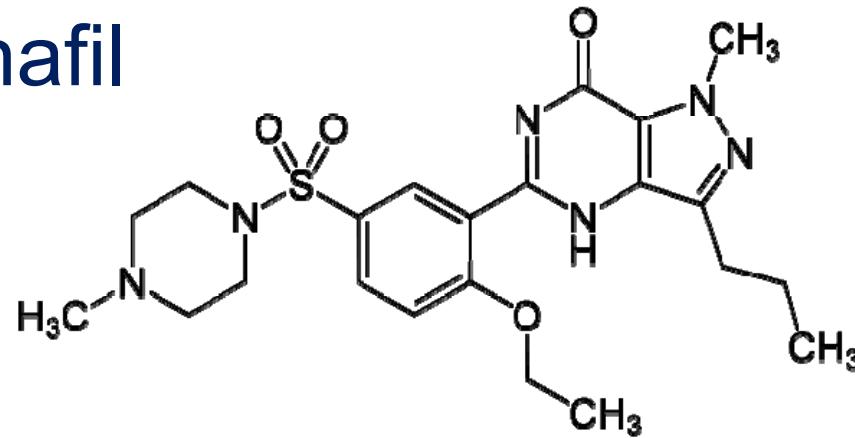
- Cepi cGMP

- Srce, pljuča, **Corpus cavernosum**, prostata, sečevod, retina, skeletne mišice

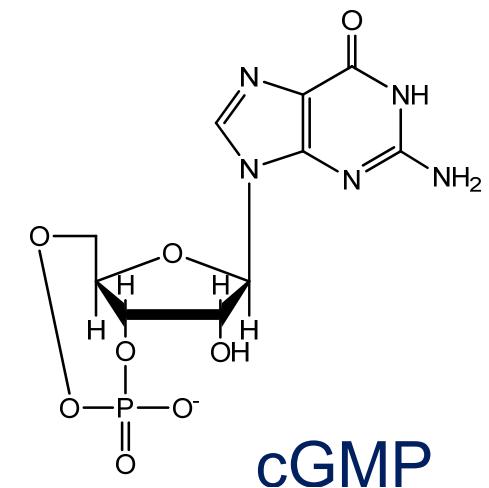
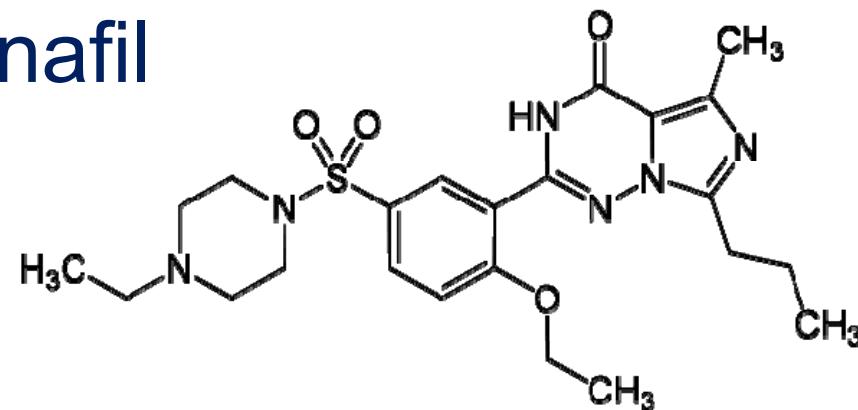


# Inhibitorji fosfodiesteraze 5

- sildenafil



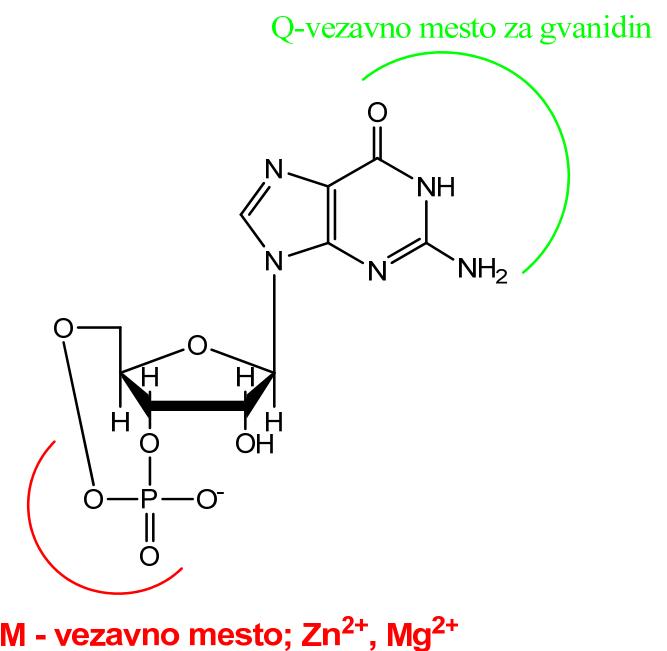
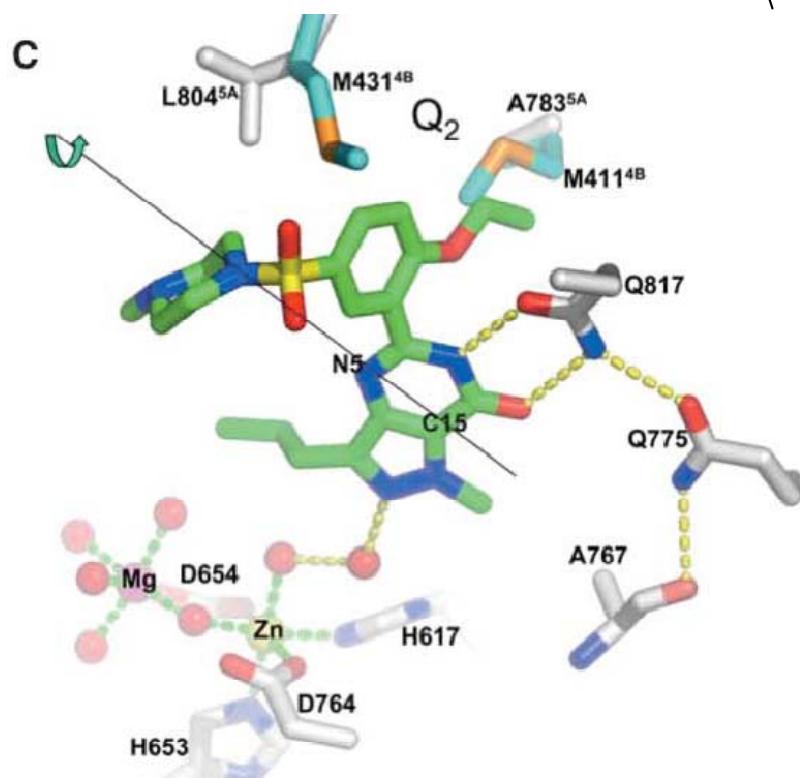
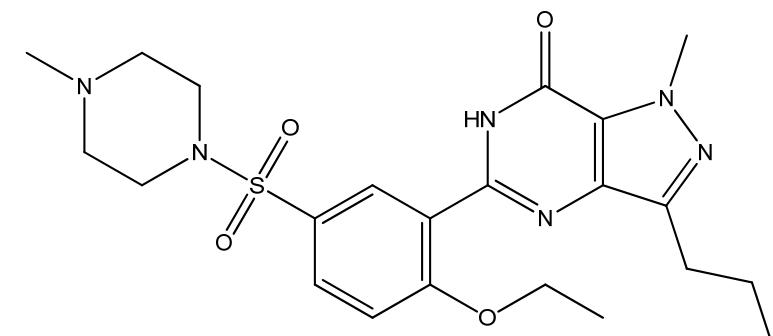
- vardenafil



Ključna selektivnost!

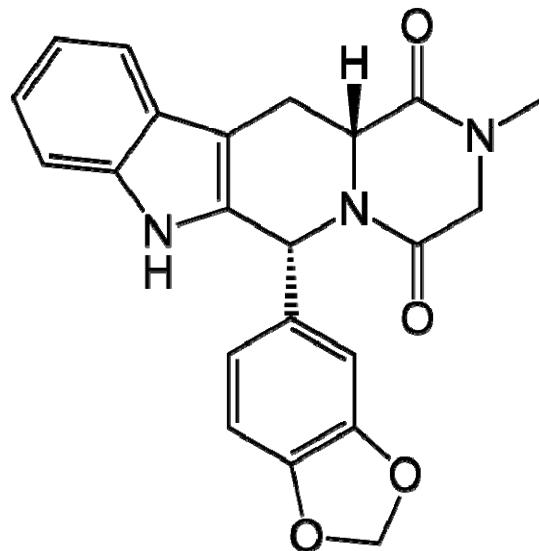
Drug	Geometric mean IC <sub>50</sub> values (μM) [fold selectivity versus PDE5 in parentheses]											
	PDE1	PDE2	PDE3	PDE4	PDE5	PDE6 (rod)	PDE6 (cone)	PDE7A	PDE8A	PDE9A	PDE10A	PDE11A
Sildenafil	0.281 [80]	>30 [>8,570]	16.2 [4,630]	7.68 [2,190]	0.00350	0.037 [11]	0.034 [10]	21.3 [6,090]	29.8 [8,510]	2.61 [750]	9.80 [2,800]	2.73 [780]
Tadalafil	>30 [>4,450]	>100 [>14,800]	>100 [>14,800]	>100 [>14,800]	0.00674	1.26 [187]	1.30 [193]	>100 [>14,800]	>100 [>14,800]	>100 [>14,800]	>100 [>14,800]	0.037 [5]
Vardenafil	0.070 [500]	6.20 [44,290]	>1.0 [>7,140]	6.10 [43,570]	0.00014	0.0035 [25]	0.0006 [4]	>30 [>214,000]	>30 [>214,000]	0.581 [4,150]	3.0 [21,200]	0.162 [1,160]

# Sildenafil - cGMP



# Inhibitorji fosfodiesteraze 5

- tadalafil



## Literatura predavanj

Foye's Principles of Medicinal Chemistry, 6.  
izdaja:

- 28. poglavje
- 29. poglavje