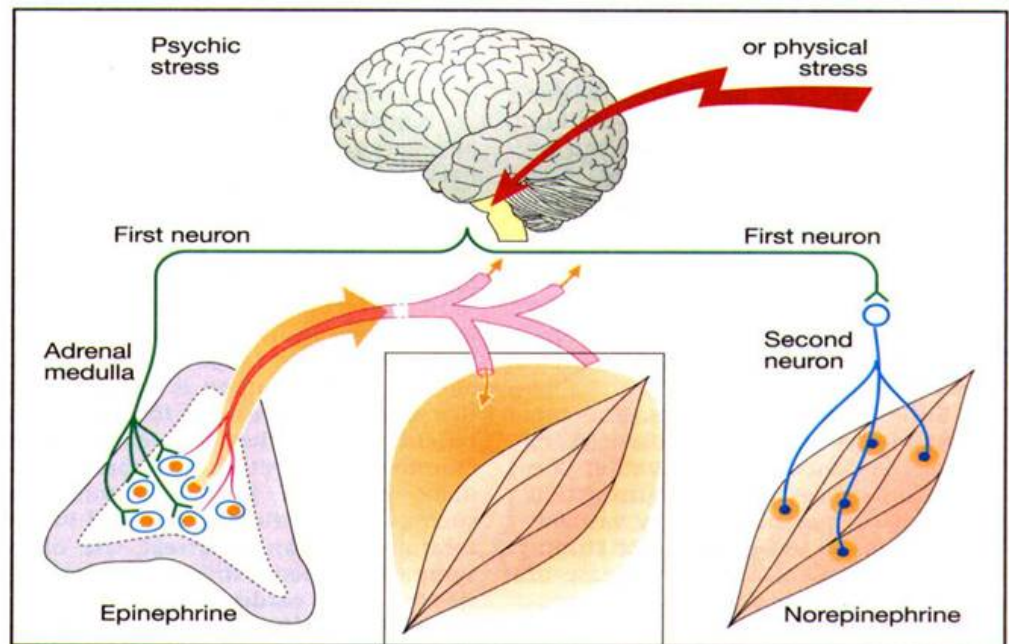


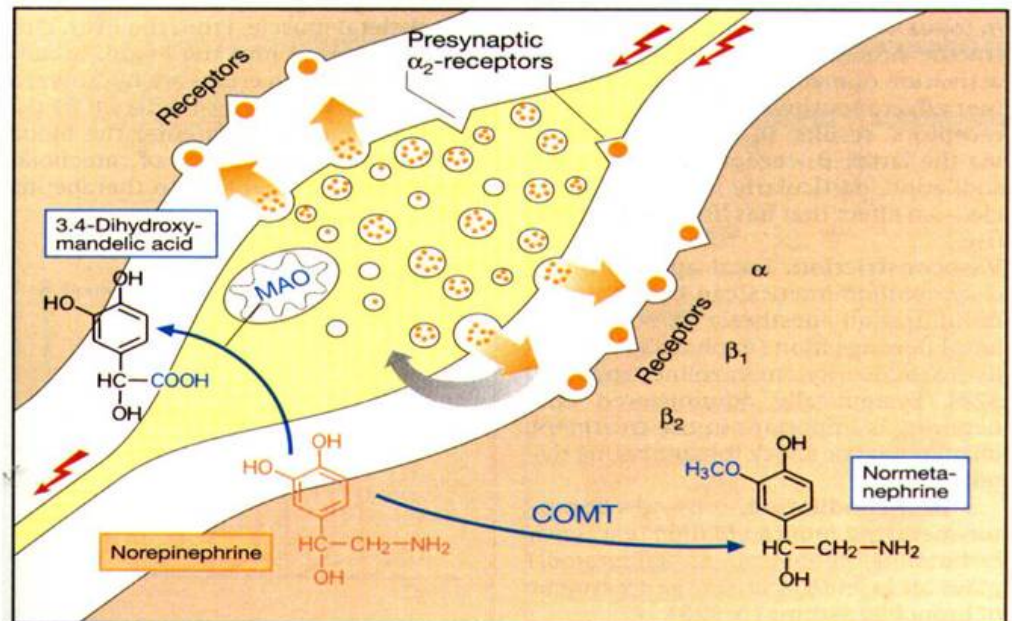
# Farmakologija noradrenergičnega sistema

Prof. dr. Lovro Stanovnik

# Simpatična inervacija



**A. Epinephrine as hormone, norepinephrine as transmitter**



**B. Second neuron of sympathetic system, varicosity, norepinephrine release**

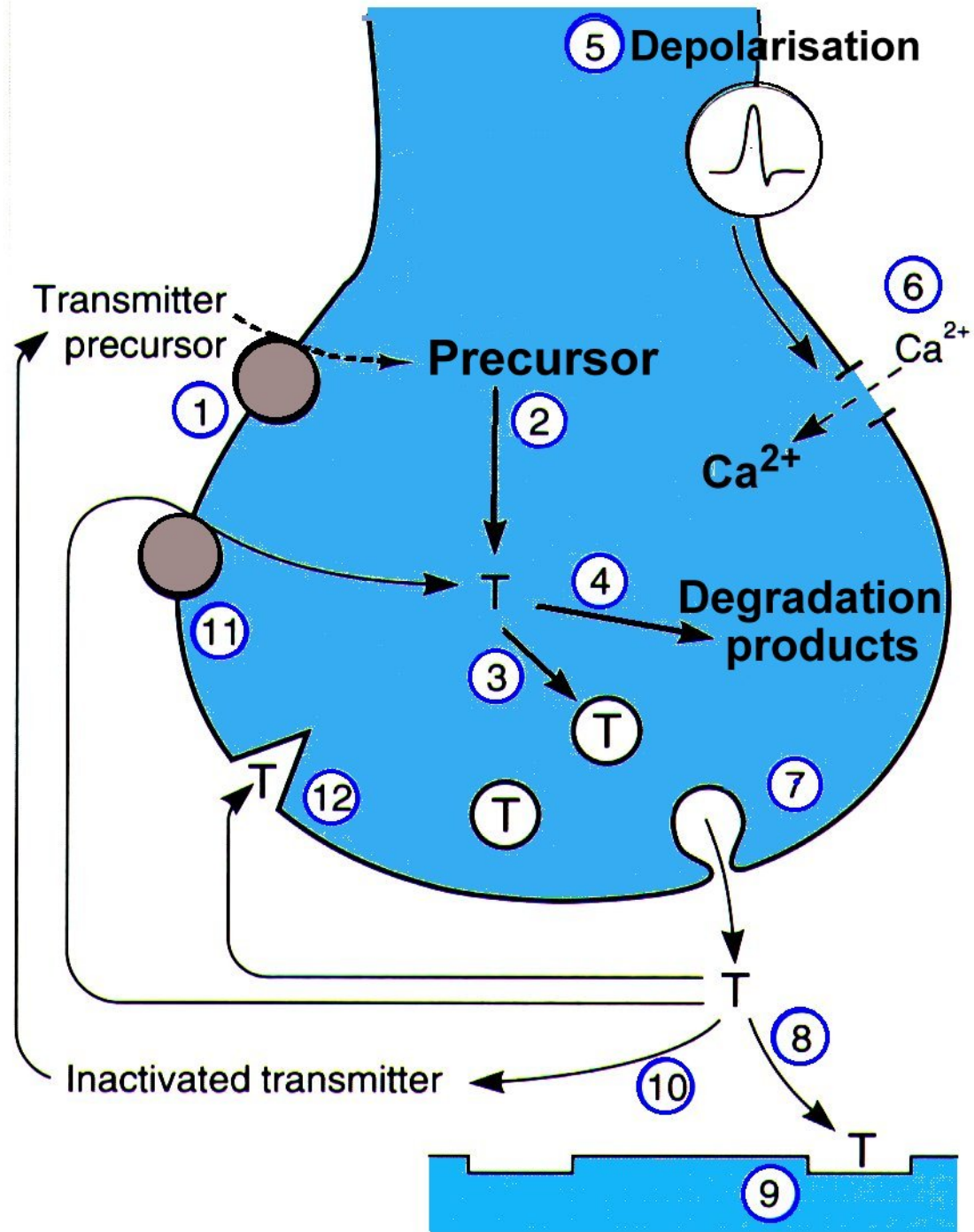
# Zdravila, ki delujejo na simpatik

- Učinek podoben aktivaciji simpatika – simpatikomimetiki
- Zmanjšanje učinkov aktivacije simpatika – simpatikolitiki

# Faze sinaptičnega prenosa - kemične sinapse

- Sprejem prekursorja v živčni končič
- Sinteza mediatorja
- Shranjevanje (skladiščenje) mediatorja
- Razgradnja znotraj živčnega končiča
- Depolarizacija ob akcijskem potencialu (AP)
- Vdor  $\text{Ca}^{++}$  ob AP
- Sproščanje mediatorja
- Difuzija do receptorjev
- Kombinacija z receptorji (pre-in post-sinapt.)
- Aktivacija  $R \rightarrow \rightarrow E$
- Inaktivacija mediatorja

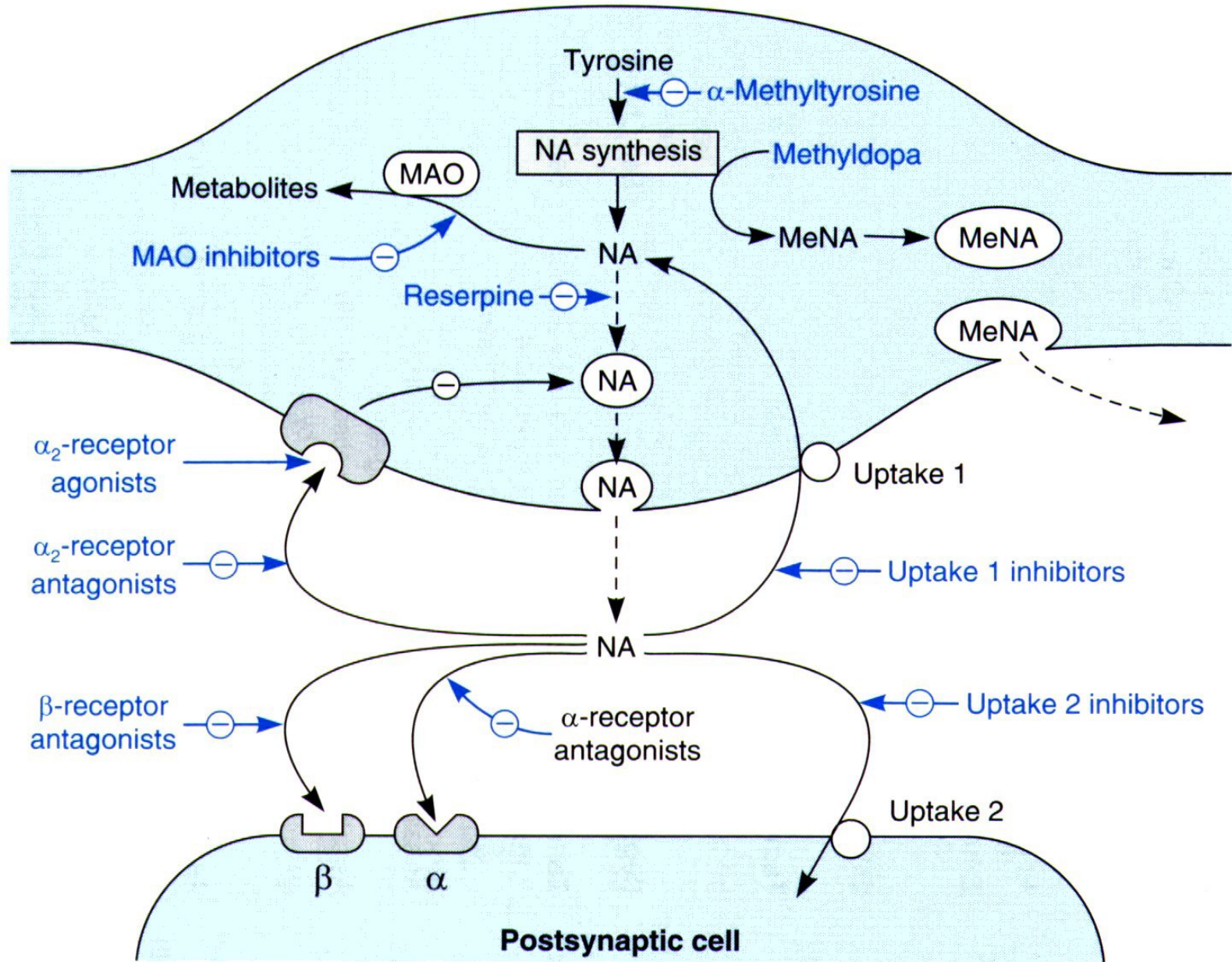
# Faze sinaptičnega prenosa





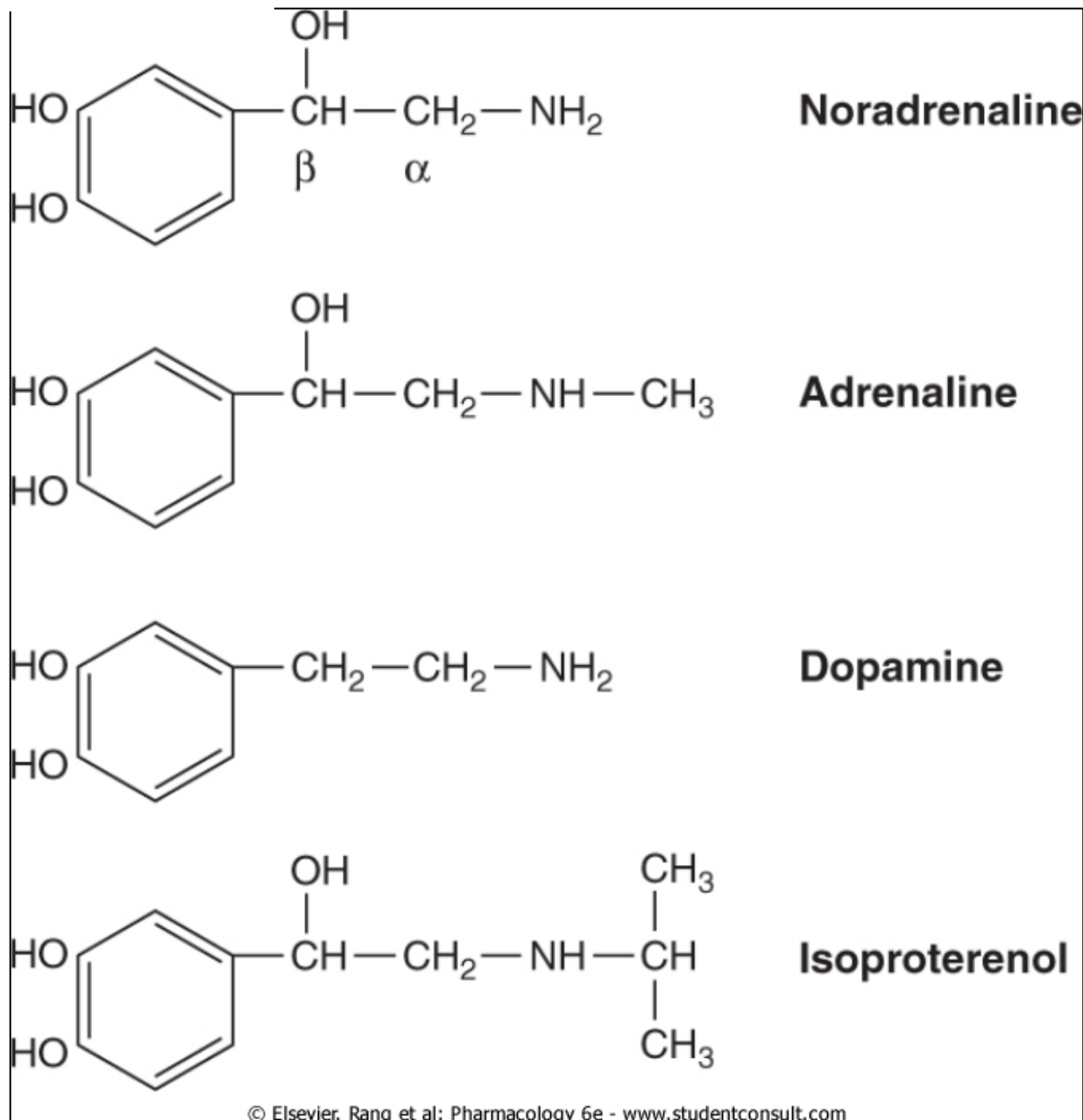
# Noradrenergic varicosity

NA  
sinapsa



# Sinteza mediatorja

- Poteka v aksoplazmi
- Sledi prenos v vezikle ali zrnca
- Aksonski transport encimov za sintezo
- Pogosta povratna inhibicija (feed back)
- Možnost blokade encimov





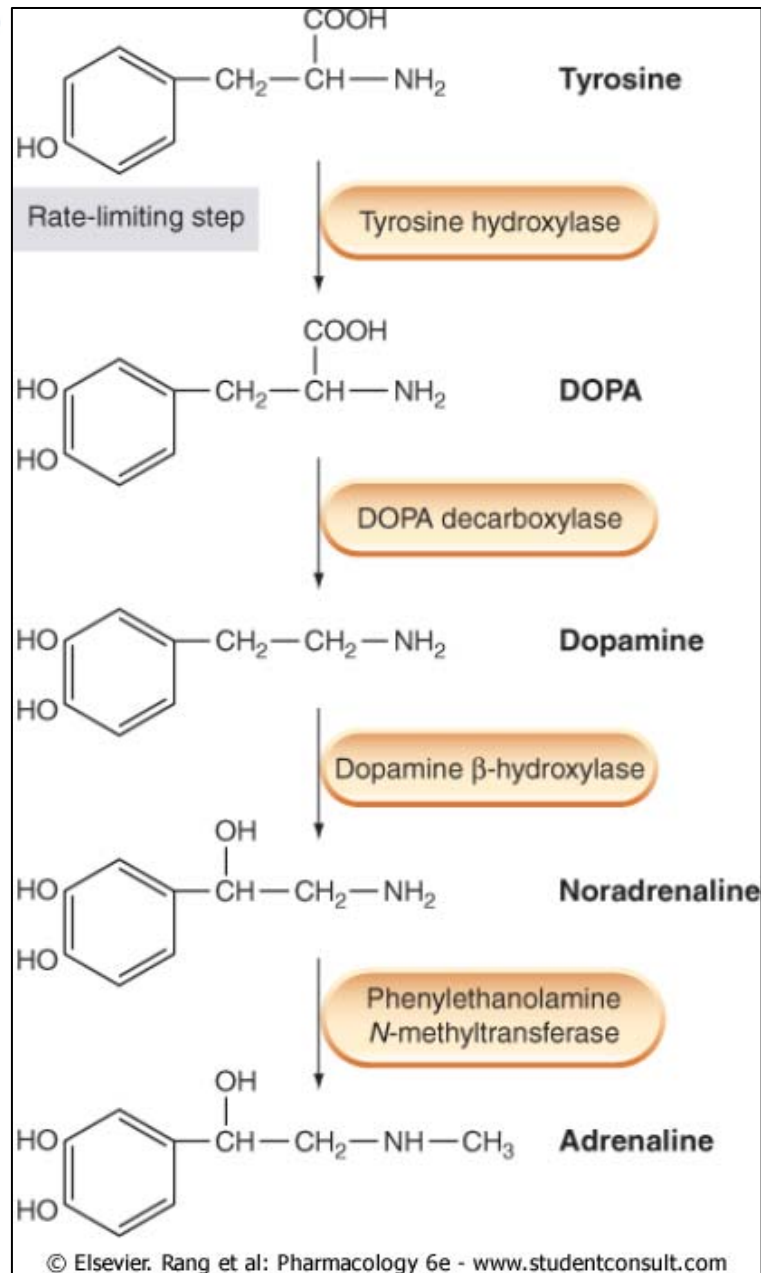


Figure 11-2 Biosynthesis of catecholamines. DOPA, dihydroxyphenylalanine.

**Table 6–4 Enzymes for Synthesis of Catecholamines**

ENZYME	OCCURRENCE	SUBCELLULAR DISTRIBUTION	COFACTOR REQUIREMENT	SUBSTRATE SPECIFICITY	COMMENTS
Tyrosine hydroxylase	Widespread; sympathetic nerves	Cytoplasmic	Tetrahydrobiopterin, O <sub>2</sub> , Fe <sup>2+</sup>	Specific for L-tyrosine	Rate-limiting step. Inhibition can lead to depletion of NE
Aromatic L-amino acid decarboxylase	Widespread; sympathetic nerves	Cytoplasmic	Pyridoxal phosphate	Nonspecific	Inhibition does not alter tissue NE and Epi appreciably
β-hydroxylase	Widespread; sympathetic nerves	Synaptic vesicles	Ascorbic acid, O <sub>2</sub> (contains copper)	Nonspecific	Inhibition can decrease NE and Epi levels
Phenylethanolamine <i>N</i> -methyltransferase	Largely in adrenal gland	Cytoplasmic	<i>S</i> -Adenosyl methionine (CH <sub>3</sub> donor)	Nonspecific	Inhibition leads to decrease in adrenal catecholamines; under control of glucocorticoids

# Prenos v mesto skladiščenja

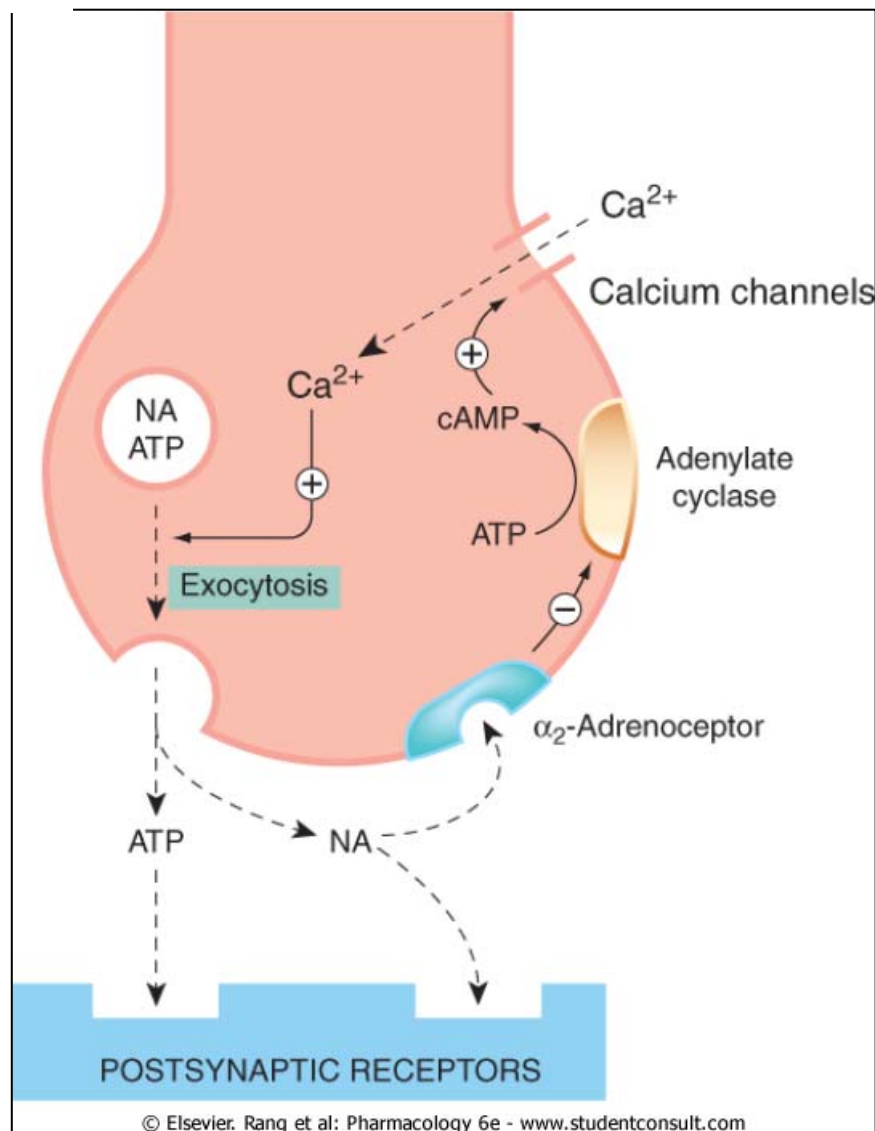
- Že pred zadnjo stopnjo v sintezi (često)
- Poseben transportni sistem
- Možnost kompeticije za mesto na transporterju
- Inhibicija transporta
- Izrivanje z mest vezave v granulih (veziklih)

## Characteristics of noradrenaline transport systems

	Uptake 1	Uptake 2	Vesicular
Transport of noradrenaline (rat heart)			
$V_{max}$ (nmol/g per min)	1.2	100	
$K_m$ ( $\mu\text{mol/l}$ )	0.3	250	~0.2
Specificity	NA > A > ISO	A > NA > ISO	NA = A $\gg$ ISO
Location	Neuronal membrane	Non-neuronal cell membrane (smooth muscle, cardiac muscle, endothelium)	Synaptic vesicle membrane
Other substrates	Methylnoradrenaline Dopamine 5-hydroxytryptamine Tyramine Adrenergic neuron blocking drugs (e.g. guanethidine)	(+)-noradrenaline Dopamine Serotonin Histamine	Dopamine 5-HT Guanethidine MPP <sup>+</sup> (see Ch. 31)
Inhibitors	Cocaine Tricyclic antidepressants (e.g. desipramine) Phenoxybenzamine Amphetamine	Normetanephrine Steroid hormones (e.g. corticosterone) Phenoxybenzamine	Reserpine Tetrabenazine

# Sproščanje mediatorja

- kontinuirno (počasno) sproščanje → → mepp → vzdrževanje fiziol. odzivnosti efektorja – udeleženi prenašalci
- proces eksocitoze
  - pomen  $Ca^{++}$  - Ca kanali v bližini mesta 'pristanka' vezikla
  - poleg osnovnega mediatorja se sproščajo tudi encimi, ATP – kotransmitor
  - modifikacija sproščanja - presinaptični R
    - za mediator, ki se sprošča - avto R
    - za druge mediatorje (heteroreceptorji)
    - v spl. → zavora sproščanja

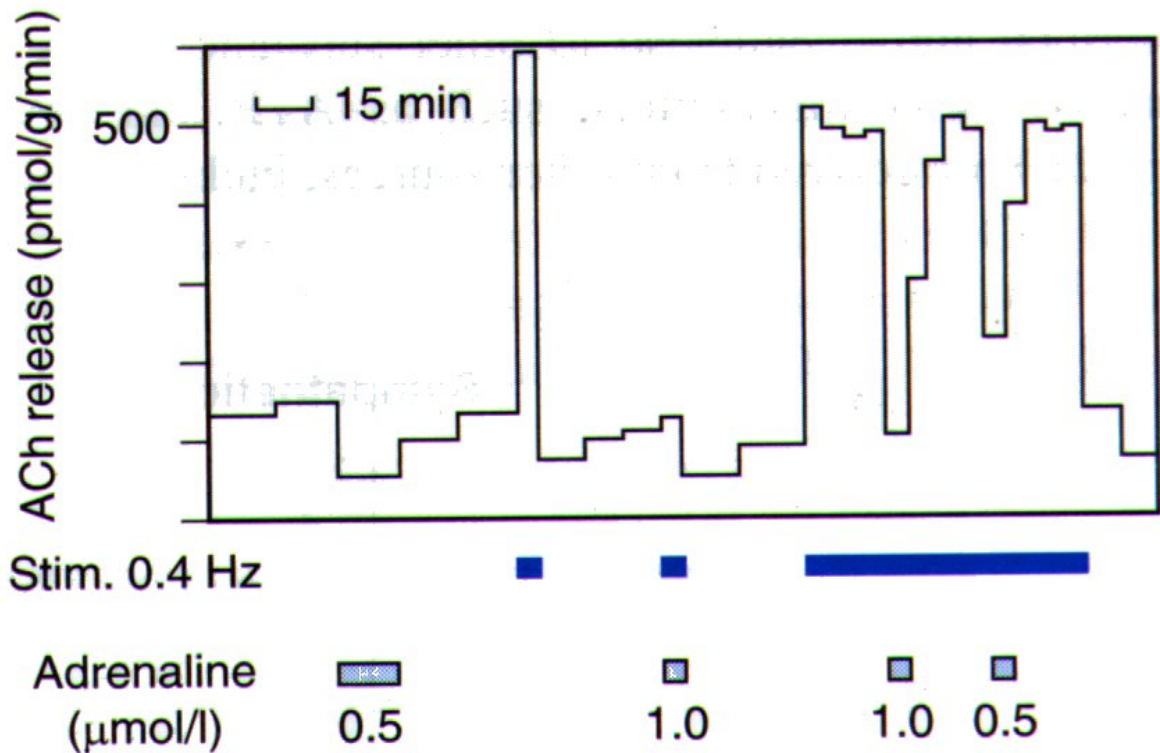


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Figure 11-3 Feedback control of noradrenaline release. The presynaptic  $\alpha_2$  receptor inhibits adenylate cyclase, thereby reducing intracellular cAMP. cAMP acts to promote  $Ca^{2+}$  influx in response to membrane depolarisation, and hence to promote the release of noradrenaline and ATP.



# Delovanje NA na presinaptične receptorje



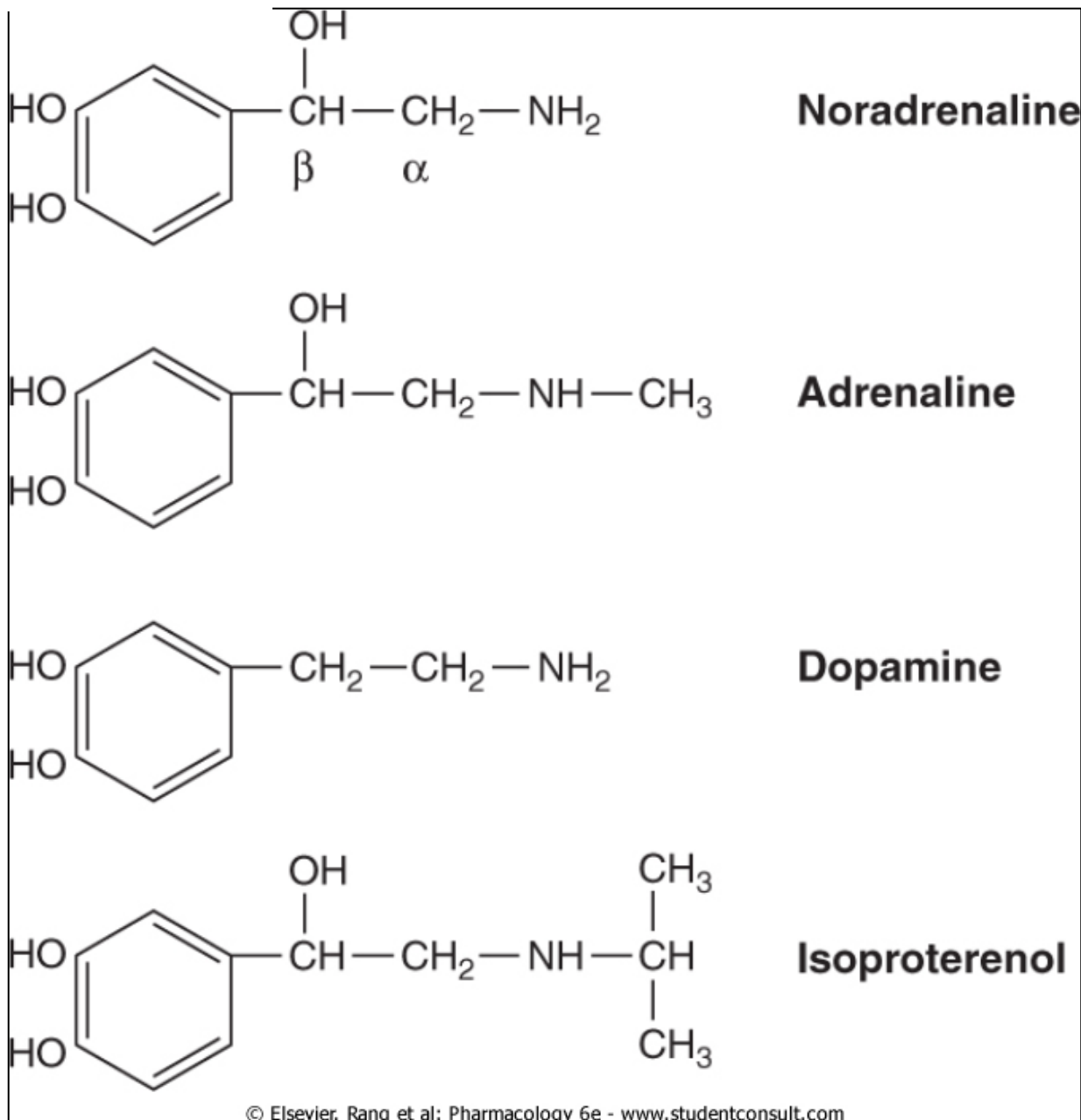
**Fig. 6.3 Inhibitory effect of adrenaline on acetylcholine release from postganglionic parasympathetic nerves in the guinea-pig ileum.** The intramural nerves were stimulated electrically where indicated, and the acetylcholine released into the bathing fluid determined by bioassay. Adrenaline strongly inhibits acetylcholine release. (From: Vizi E S 1979 Prog Neurobiol 12: 181)

# Vezava na receptor (R)

- Različne vrste receptorjev glede na:
- Transdukcijske mehanizme
  - Receptorji, sklopljeni s proteinom G (metabotropni R)
- Lokalizacijo
  - Postsinaptični R
  - Presinaptični R

# Funkcija receptorjev (R) glede na njihovo lokalizacijo

- Postsinaptični R:
  - Efektni organi – kontrakcija, sekrecija
  - Drugi nevroni – depolarizacija, hiperpolarizacija
- Presinaptični R (hetero R, avto R):
  - Zmanjšanje sproščanja (sekrecije) mediatorja
  - Povečanje sproščanja mediatorja



# Noradrenergic receptor subtypes: $\alpha$

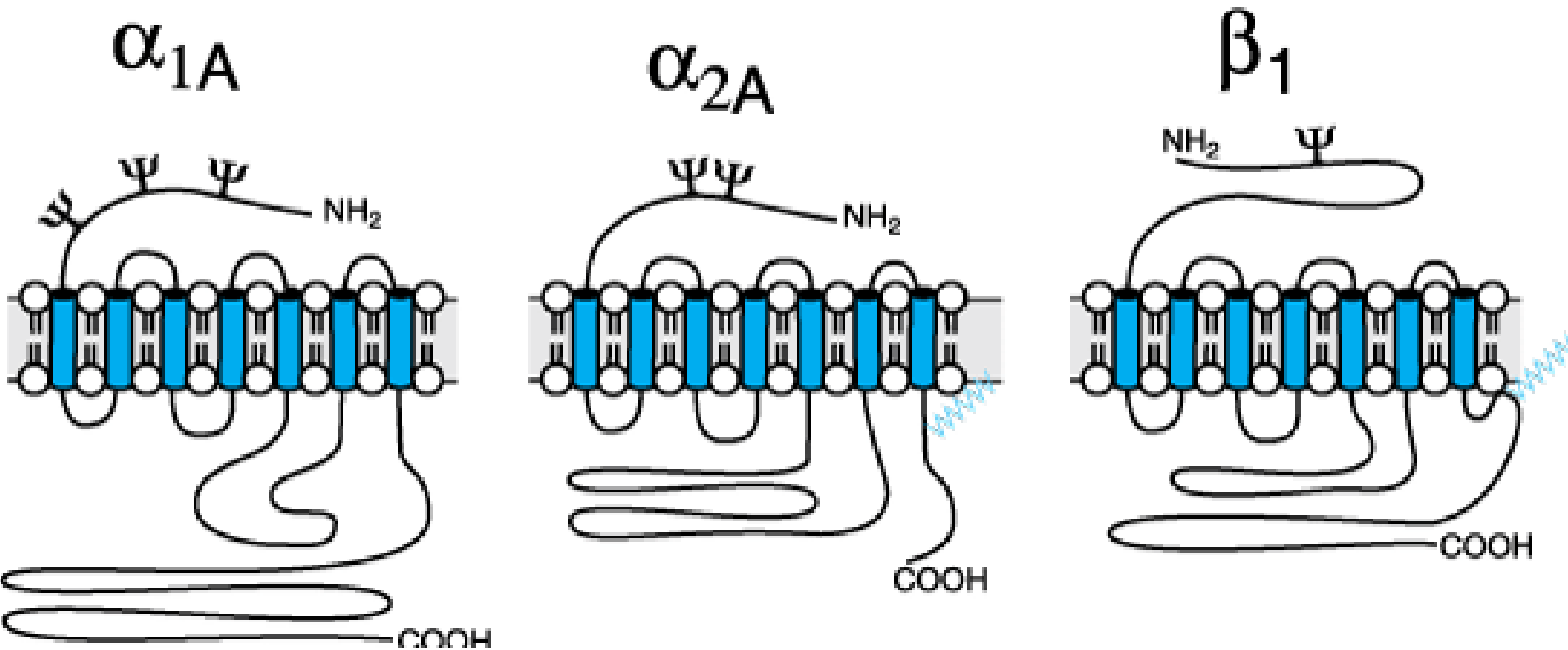
RECEPTOR	AGONISTS	ANTAGONISTS	TISSUE	RESPONSES
$\alpha_1$	Epi $\geq$ NE $\gg$ Iso	Prazosin	Vascular smooth muscle	Contraction
	Phenylephrine		GU smooth muscle	Contraction
			Liver $\ddagger$	Glycogenolysis; gluconeogenesis
			Intestinal smooth muscle	Hyperpolarization and relaxation
			Heart	Increased contractile force; arrhythmias
$\alpha_2$	Epi $\geq$ NE $\gg$ Iso	Yohimbine	Pancreatic islets ( $\beta$ cells)	Decreased insulin secretion
	Clonidine		Platelets	Aggregation
			Nerve terminals	Decreased release of NE
			Vascular smooth muscle	Contraction

# Noradrenergic receptor subtypes: $\beta$

RECEPTOR	AGONISTS	ANTAGONISTS	TISSUE	RESPONSES
$\beta_1$	Iso > Epi = NE	Metoprolol	Juxtaglomerular cells	Increased renin secretion
	Dobutamine	CGP 20712A	Heart	Increased force and rate of contraction and AV nodal conduction velocity
$\beta_2$	Iso > Epi >> NE	ICI 118551	Smooth muscle (vascular, bronchial, GI, and GU)	Relaxation
	Terbutaline		Skeletal muscle	Glycogenolysis; uptake of K <sup>+</sup>
			Liver‡	Glycogenolysis; gluconeogenesis
$\beta_3$	Iso = NE > Epi	ICI 118551	Adipose tissue	Lipolysis
	BRL 37344	CGP 20712A		



# Struktura NA receptorjev

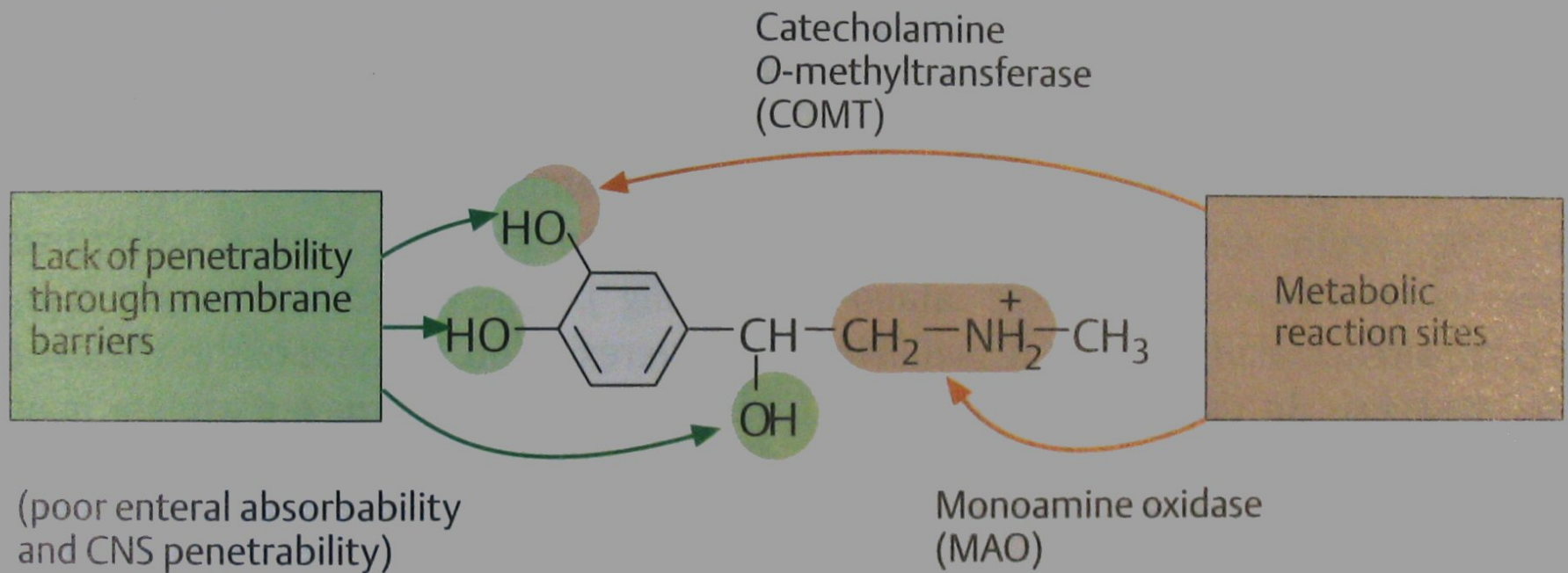


Source: Brunton LL, Lazo JS, Parker KL: *Goodman & Gilman's The Pharmacological Basis of Therapeutics*, 11th Edition: <http://www.accessmedicine.com>

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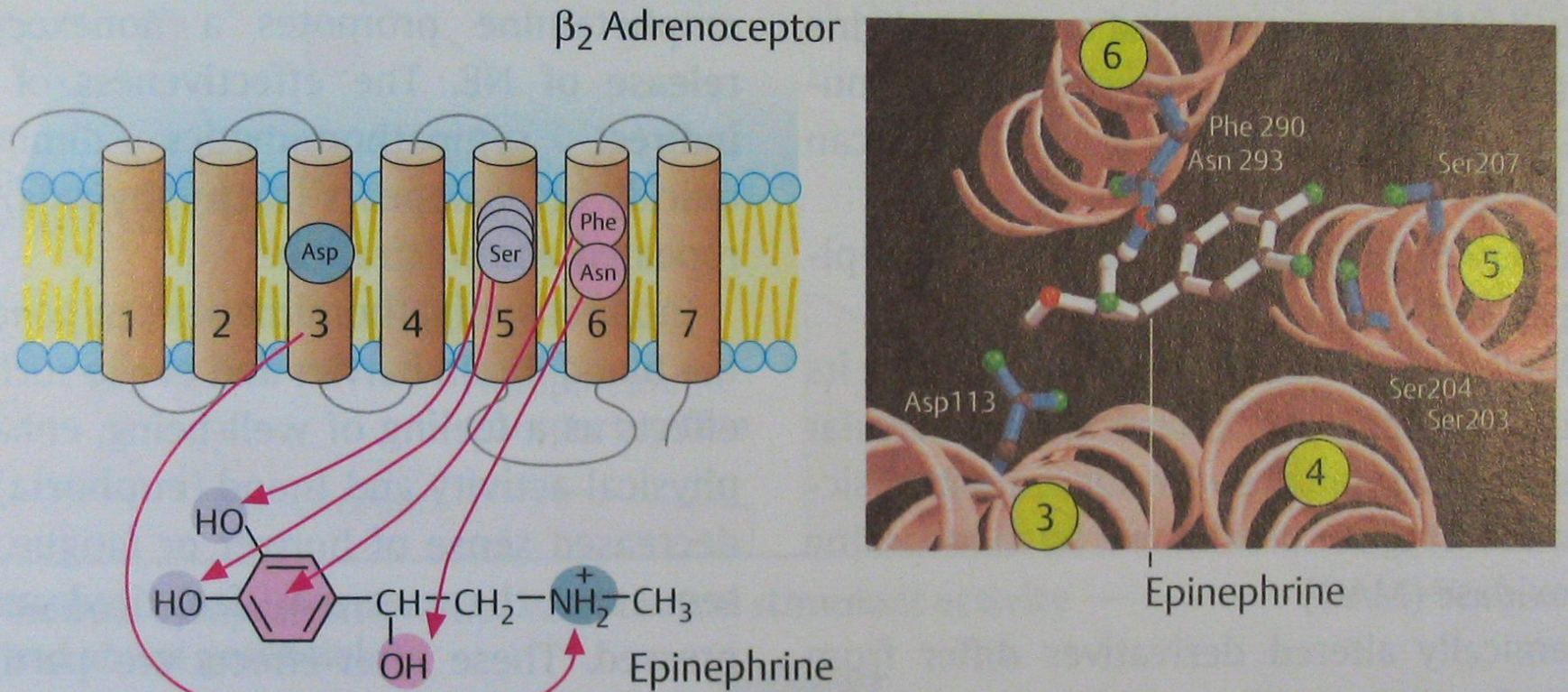
# Odnos med strukturo in aktivnostjo adrenalina

## B. Structure-activity relationship of epinephrine



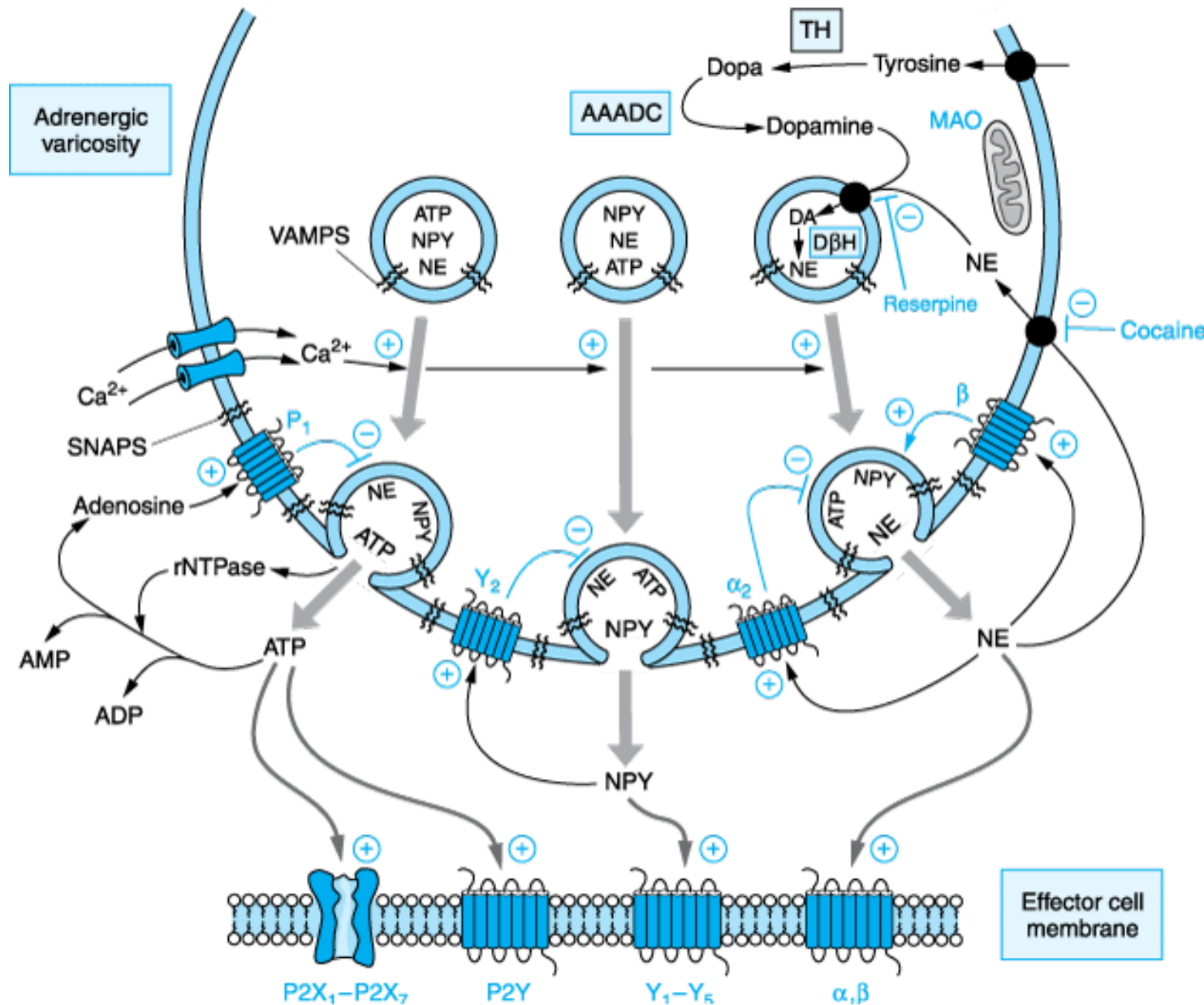
# Interakcija A z receptorji $\beta$

## A. Interaction between epinephrine and the $\beta_2$ -adrenoceptor





# Dogajanja v noradrenergični sinapsi



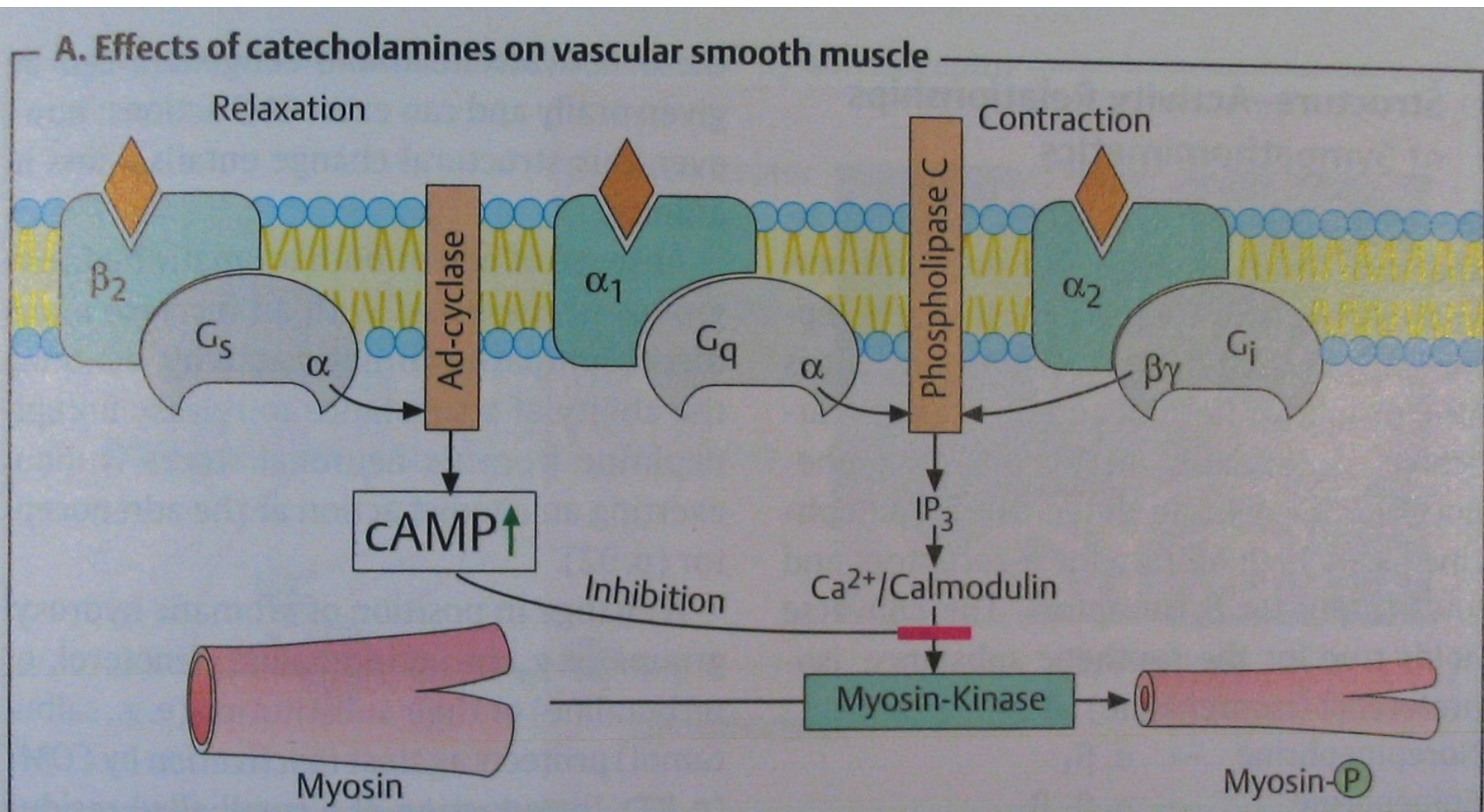
Source: Brunton LL, Lazo JS, Parker KL: *Goodman & Gilman's The Pharmacological Basis of Therapeutics*, 11th Edition: <http://www.accessmedicine.com>

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# Denervacijska preobčutljivost

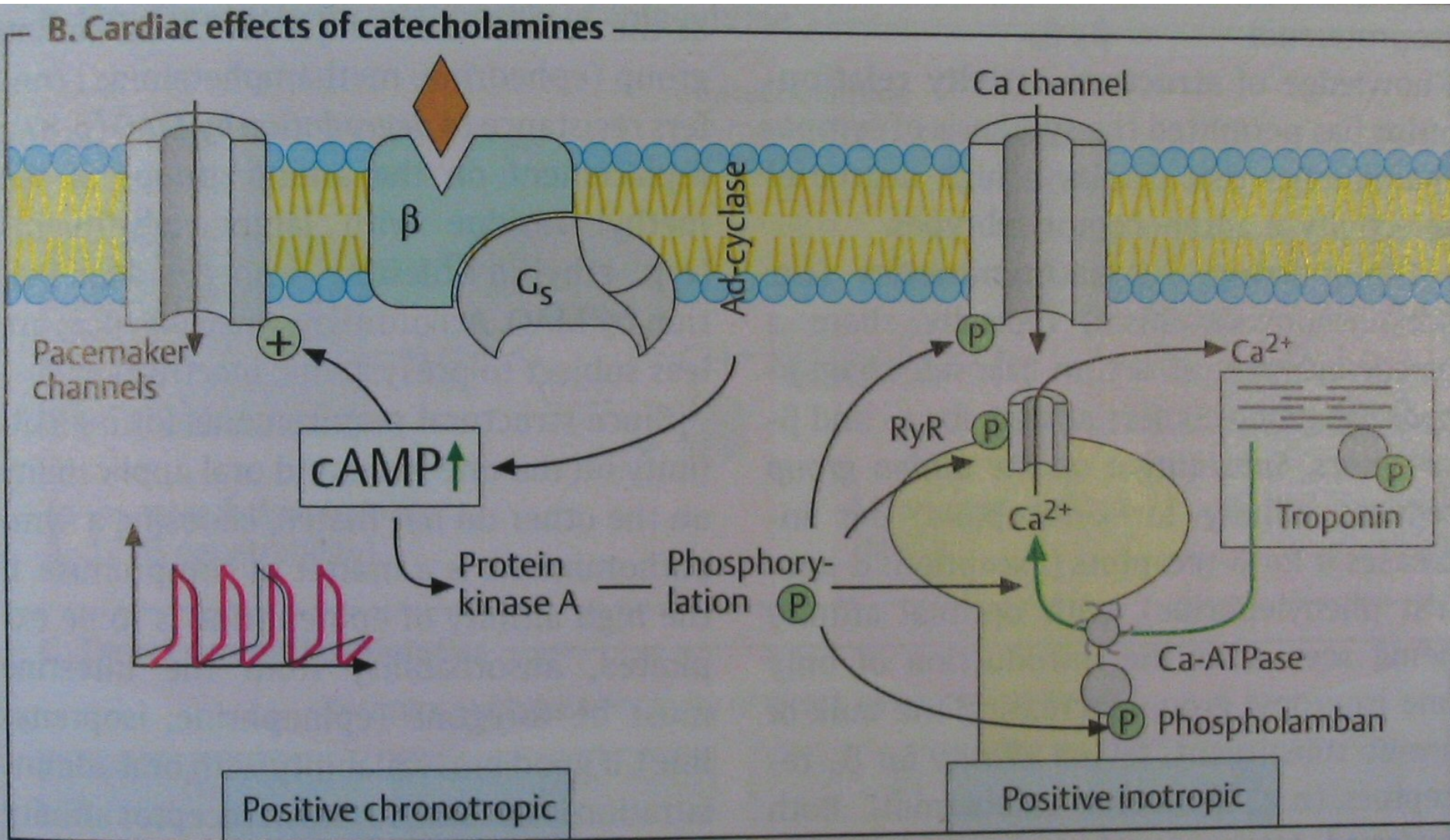
- Povečana odzivnost postsinaptične celice na eksogeni mediator (agonist)
- Vzroki:
  - spremenjen mehanizem inaktivacije mediatorja
  - proliferacija R
  - ↑ občutljivost iz drugih vzrokov (depolarizacija postsinaptične membrane iz neznanega vzroka)

# Učinki kateholaminov na žilje





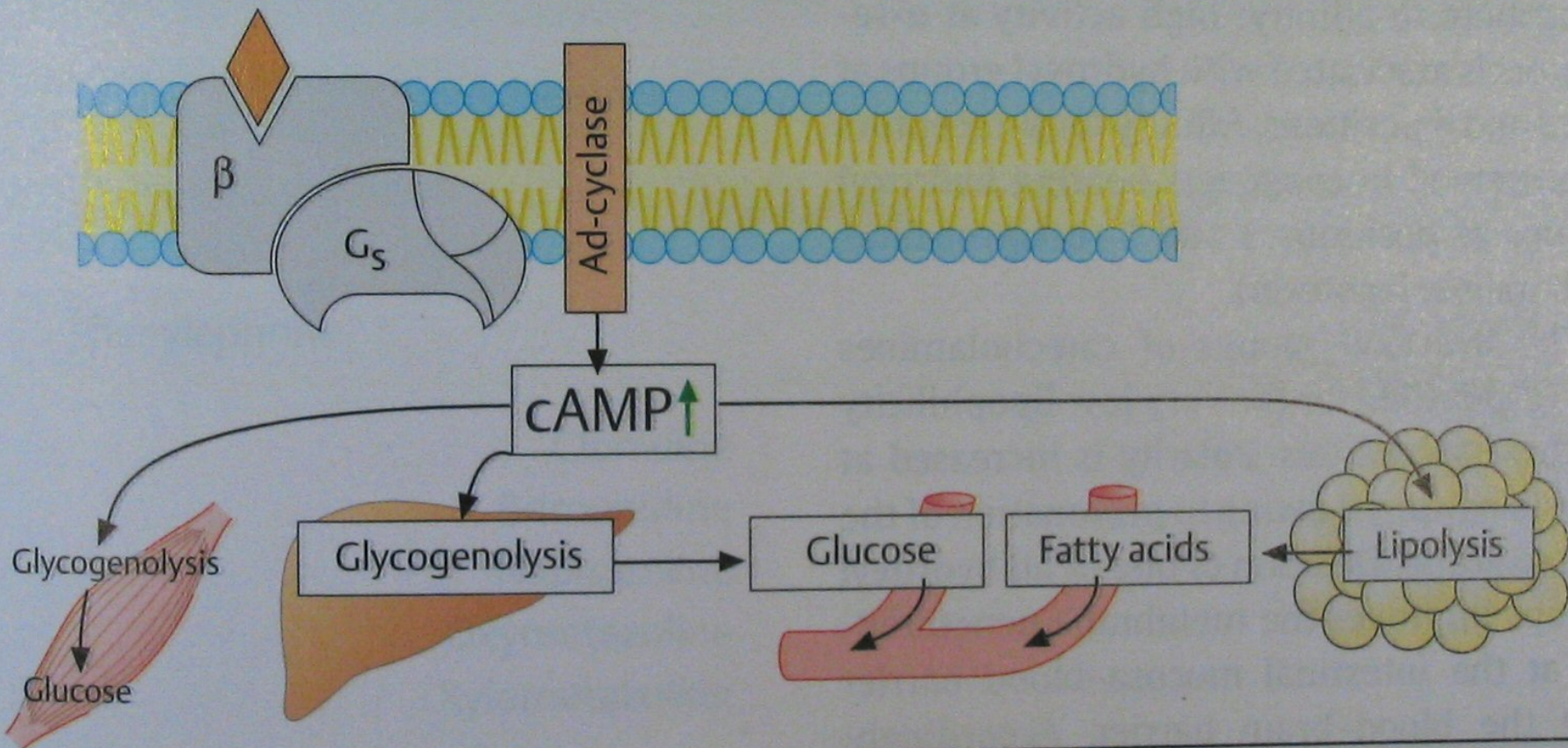
# Kardialni učinki kateholaminov





# Metabolni učinki kateholaminov

## C. Metabolic effects of catecholamines



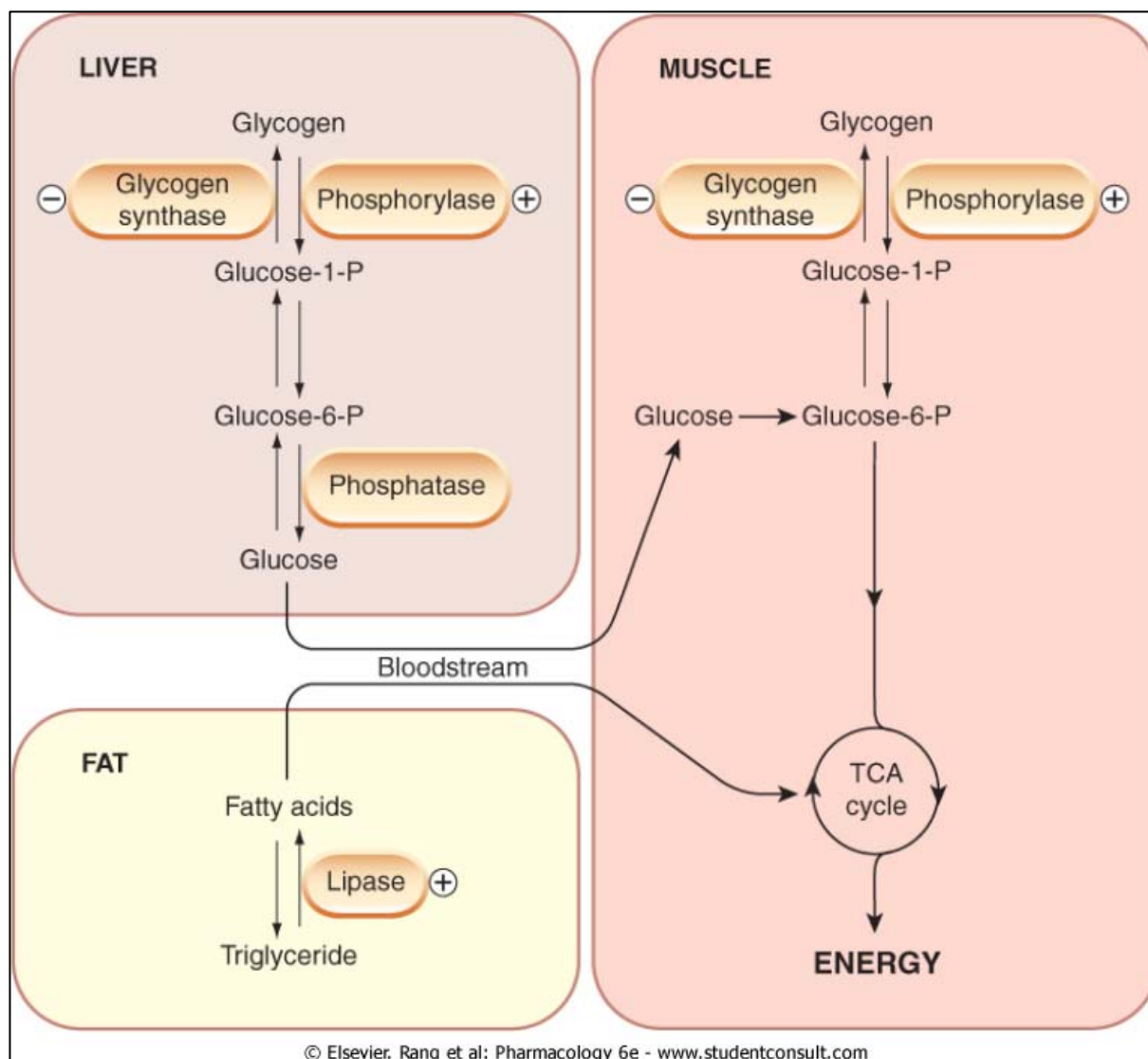


Figure 11-6 Regulation of energy metabolism by catecholamines. The main enzymic steps that are affected by  $\beta$ -adrenoceptor activation are indicated by + and - signs, denoting stimulation and inhibition, respectively. The overall effect is to mobilise glycogen and fat stores to meet energy demands.

# Inaktivacija mediatorja

- Privzem (ponovni) ((re)uptake) – noradrenergična, dopaminergična.... sinapsa:
  - nevronski (privzem 1) – NET
  - ekstranevronski (privzem 2) – OCT3
- Difuzija iz sinaptične reže
- Možnosti farmakološkega vpliva na prva dva procesa

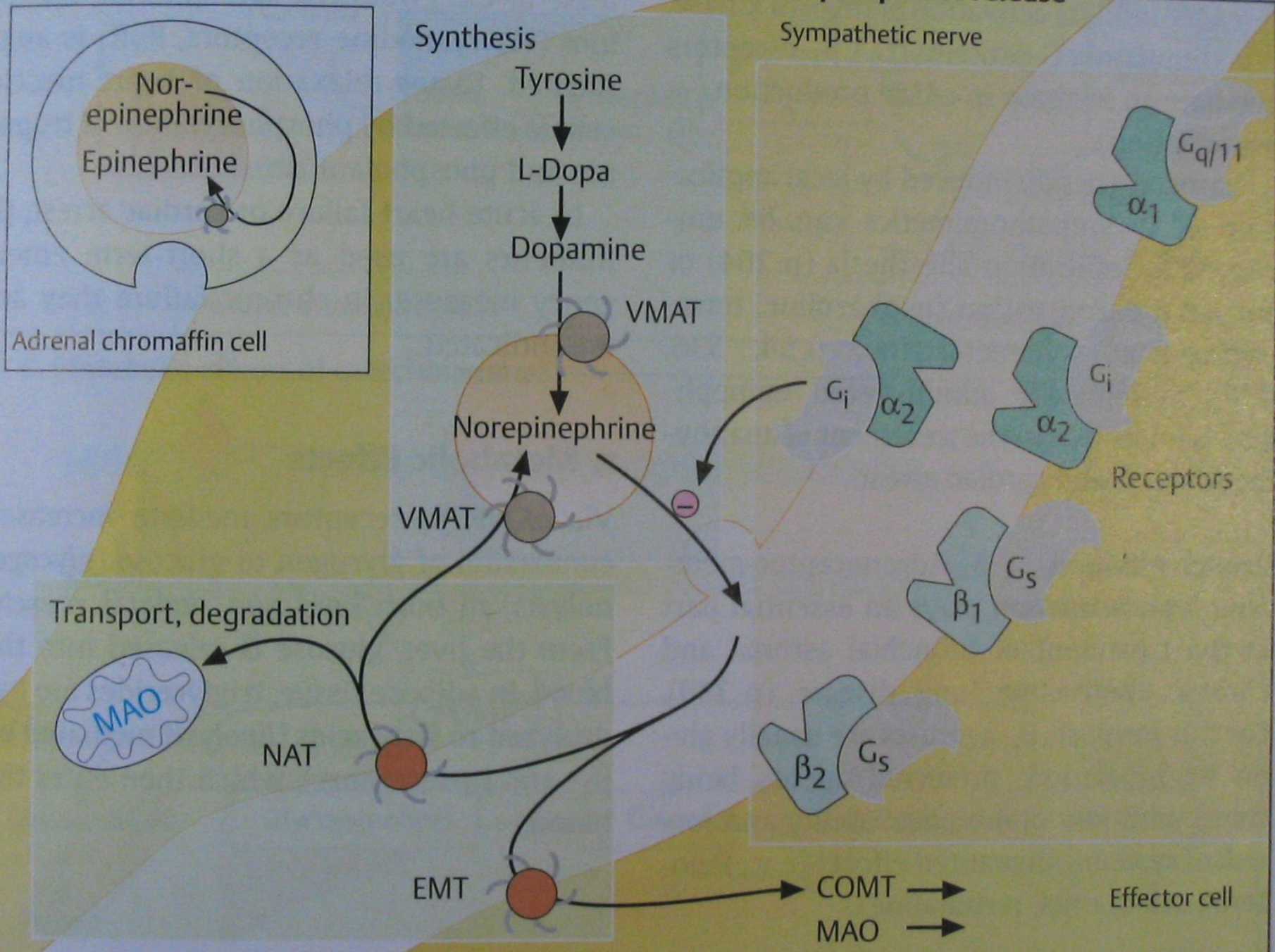
# Characteristics of noradrenaline transport systems

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Transport of noradrenaline (rat heart)			
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Location	Neuronal membrane	Non-neuronal cell membrane (smooth muscle, cardiac muscle, endothelium)	Synaptic vesicle membrane
Other substrates	Methylnoradrenaline Dopamine 5-hydroxytryptamine Tyramine Adrenergic neuron blocking drugs (e.g. guanethidine)	(+)-noradrenaline Dopamine Serotonin Histamine	Dopamine 5-HT Guanethidine MPP <sup>+</sup> (see Ch. 31)
Inhibitors	Cocaine Tricyclic antidepressants (e.g. desipramine) Phenoxybenzamine Amphetamine	Normetanephrine Steroid hormones (e.g. corticosterone) Phenoxybenzamine	Reserpine Tetrabenazine

OCT 3



# B. Second neuron of sympathetic system, varicosity, norepinephrine release





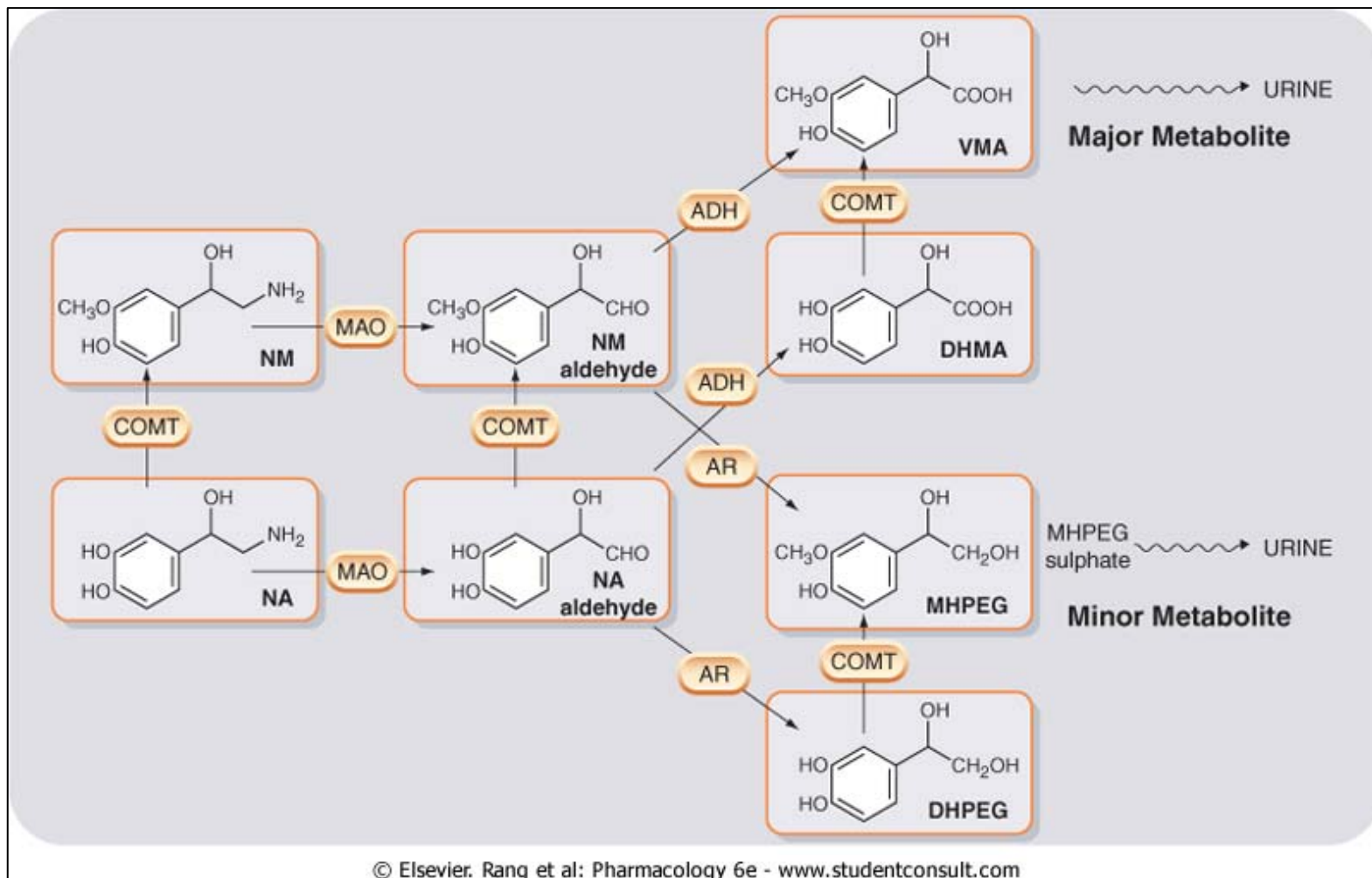


Figure 11-4 The main pathways of noradrenaline metabolism. The oxidative branch (catalysed by ADH) predominates, giving VMA as the main urinary metabolite. The reductive branch (catalysed by AR) produces the less abundant metabolite, MHPEG, which is conjugated to MHPEG sulfate before being excreted. ADH, aldehyde dehydrogenase; AR, aldehyde reductase; CNS, central nervous system; COMT, catechol-O-methyl transferase; DHMA, 3,4-dihydroxymandelic acid; DHPEG, 3,4-dihydroxyphenylethanol; MAO, monoamine oxidase; MHPEG, 3-methoxy, 4-hydroxyphenylethanol; NA, noradrenaline; NM, normetanephrine; VMA, vanillylmandelic acid.

# Razlike med učinki A in NA pri človeku I

## Comparison of the Effects of Intravenous Infusion of Epinephrine and Norepinephrine in Human Beings\*

EFFECT	EPINEPH- RINE	NOREPINEPH- RINE
Cardiac		
Heart rate	+	-†
Stroke volume	++	++
Cardiac output	+++	0,-
Arrhythmias	++++	++++
Coronary blood flow	++	++
Blood pressure		
Systolic arterial	+++	+++
Mean arterial	+	++
Diastolic arterial	+,0,-	++
Mean pulmonary	++	++

\*0.1 to 0.4  $\mu\text{g}/\text{kg}/\text{min}$

Abbreviations: + = increase; 0 = no change; - = decrease; † = after atropine, +

SOURCE: After Goldenberg *et al.*, 1950. Courtesy of *Archives of Internal Medicine*.

# Razlike med učinki A in NA pri človeku II

## Comparison of the Effects of Intravenous Infusion of Epinephrine and Norepinephrine in Human Beings\*

EFFECT	EPINEPH- RINE	NOREPINEPH- RINE
Peripheral circulation		
Total peripheral resistance	—	++
Cerebral blood flow	+	0,—
Muscle blood flow	+++	0,—
Cutaneous blood flow	--	--
Renal blood flow	—	—
Splanchnic blood flow	+++	0,+
Metabolic effects		
Oxygen consumption	++	0,+
Blood glucose	+++	0,+
Blood lactic acid	+++	0,+
Eosinopenic response	+	0
Central nervous system		
Respiration	+	+
Subjective sensations	+	+

\*0.1 to 0.4  $\mu\text{g}/\text{kg}/\text{min}$

Abbreviations: + = increase; 0 = no change; — = decrease; † = after atropine, +

SOURCE: After Goldenberg *et al.*, 1950. Courtesy of *Archives of Internal Medicine*.

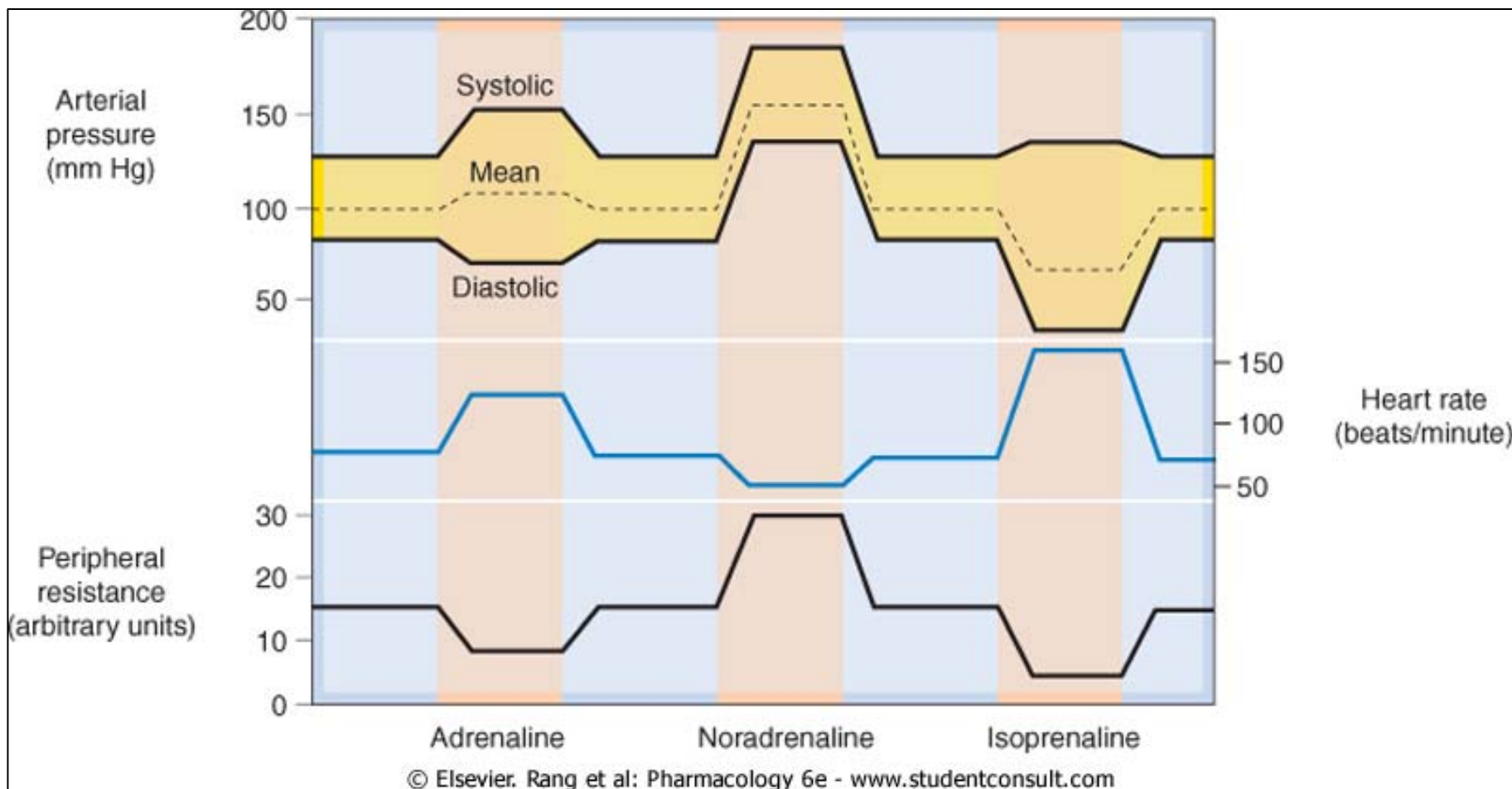
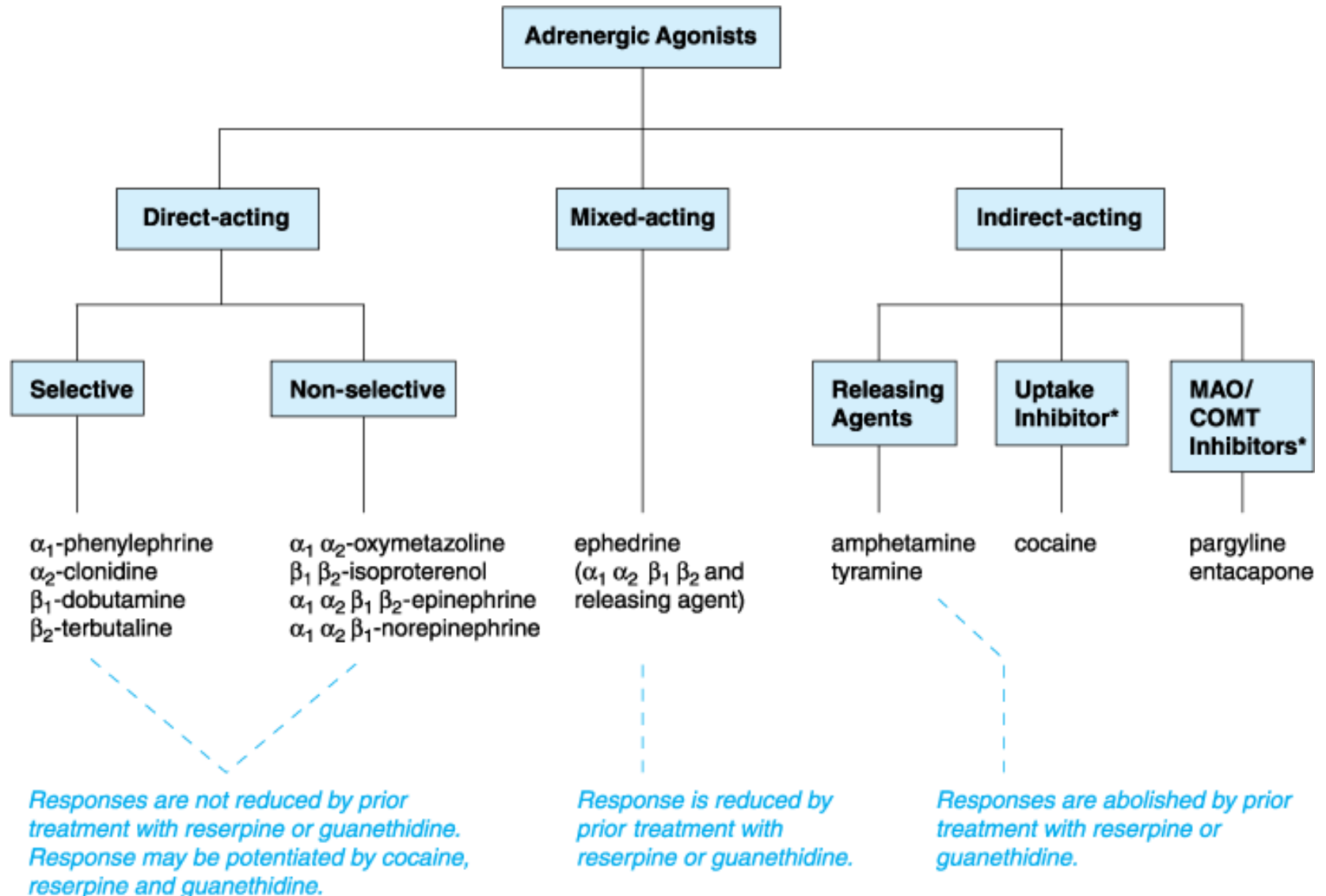


Figure 11-5 Schematic representation of the cardiovascular effects of intravenous infusions of adrenaline, noradrenaline and isoproterenol in humans. Noradrenaline (predominantly  $\alpha$ ; agonist) causes vasoconstriction and increased systolic and diastolic pressure, with a reflex bradycardia. Isoproterenol ( $\beta$ ; agonist) is a vasodilator, but strongly increases cardiac force and rate. Mean arterial pressure falls. Adrenaline combines both actions.

# Pregled adrenergičnih agonistov



Source: Brunton LL, Lazo JS, Parker KL: *Goodman & Gilman's The Pharmacological Basis of Therapeutics*, 11th Edition: <http://www.accessmedicine.com>

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Inštitut za farmakologijo in eksperimentalno toksikologijo, Medicinska fakulteta, Univerza v Ljubljani



# Razdelitev direktnih simpatikomimetikov

## C. Direct sympathomimetics

Receptor subtype selectivity of direct sympathomimetics

$\alpha_1$

$\alpha_2$

$\beta_1$

$\beta_2$

Epinephrine

Norepinephrine

Dobutamine

Phenylephrine

Fenoterol

Salbutamol

Terbutaline

Salmeterol

Formoterol

Clonidine

Brimonidine

Naphazoline

Oxymetazoline

Xylometazoline



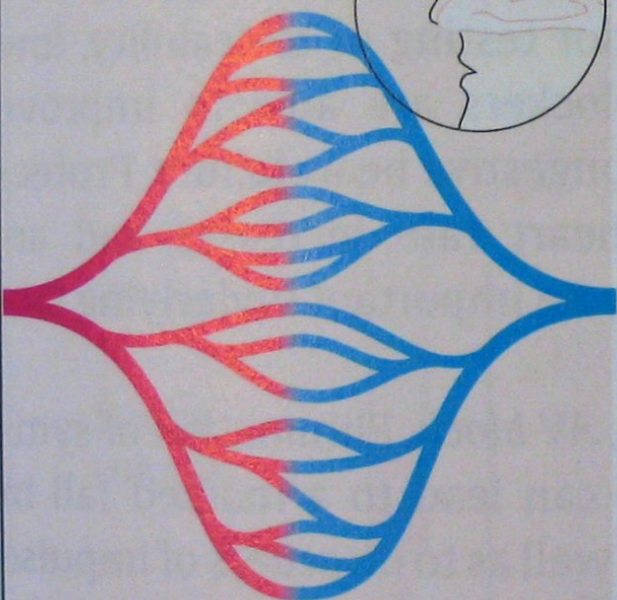
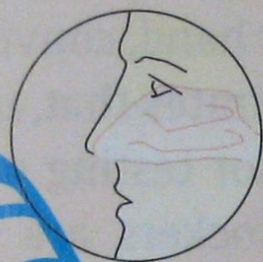
# Uporaba agonistov $\alpha$

- Neselektivni: adrenalin
  - Srčni zastoj
- $\alpha_1$  : fenilefrin (efedrin)
  - dekongestija nosne sluznice
  - arterijska hipotenzija
- $\alpha_2$  : klonidin, .....
  - arterijska hipertenzija
  - abstinenčni pojavi
  - prevencija migrene
  - postmenopavzalne težave

# Agonisti $\alpha$ - vpliv na kongestijo nosne sluznice

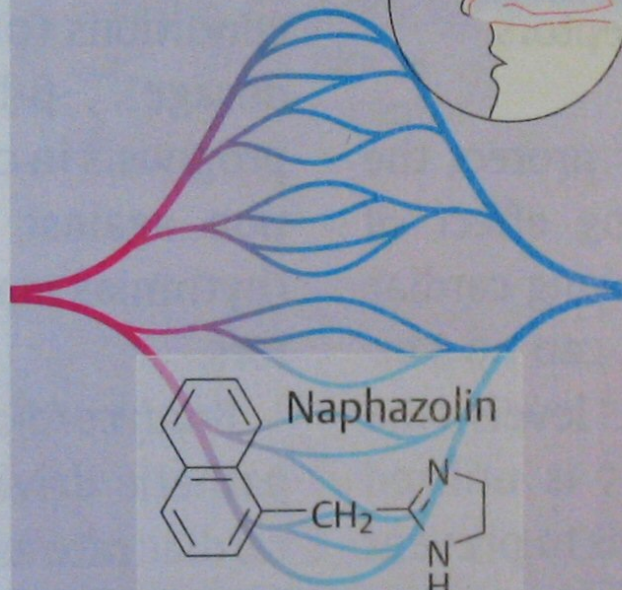
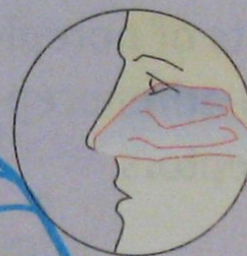
A. Reactive hyperemia due to  $\alpha$ -sympathomimetics, e.g., following decongestion of nasal mucosa

Before

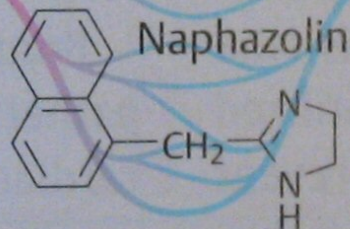


$O_2$  supply =  $O_2$  demand

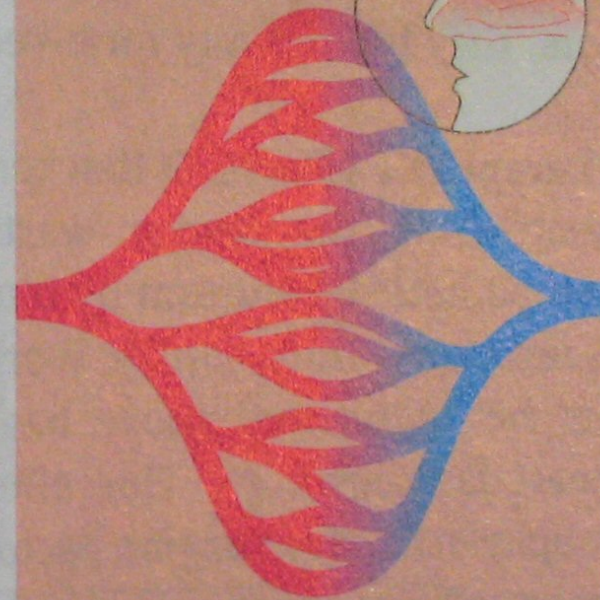
$\alpha$ -Agonist



$O_2$  supply <  $O_2$  demand



After

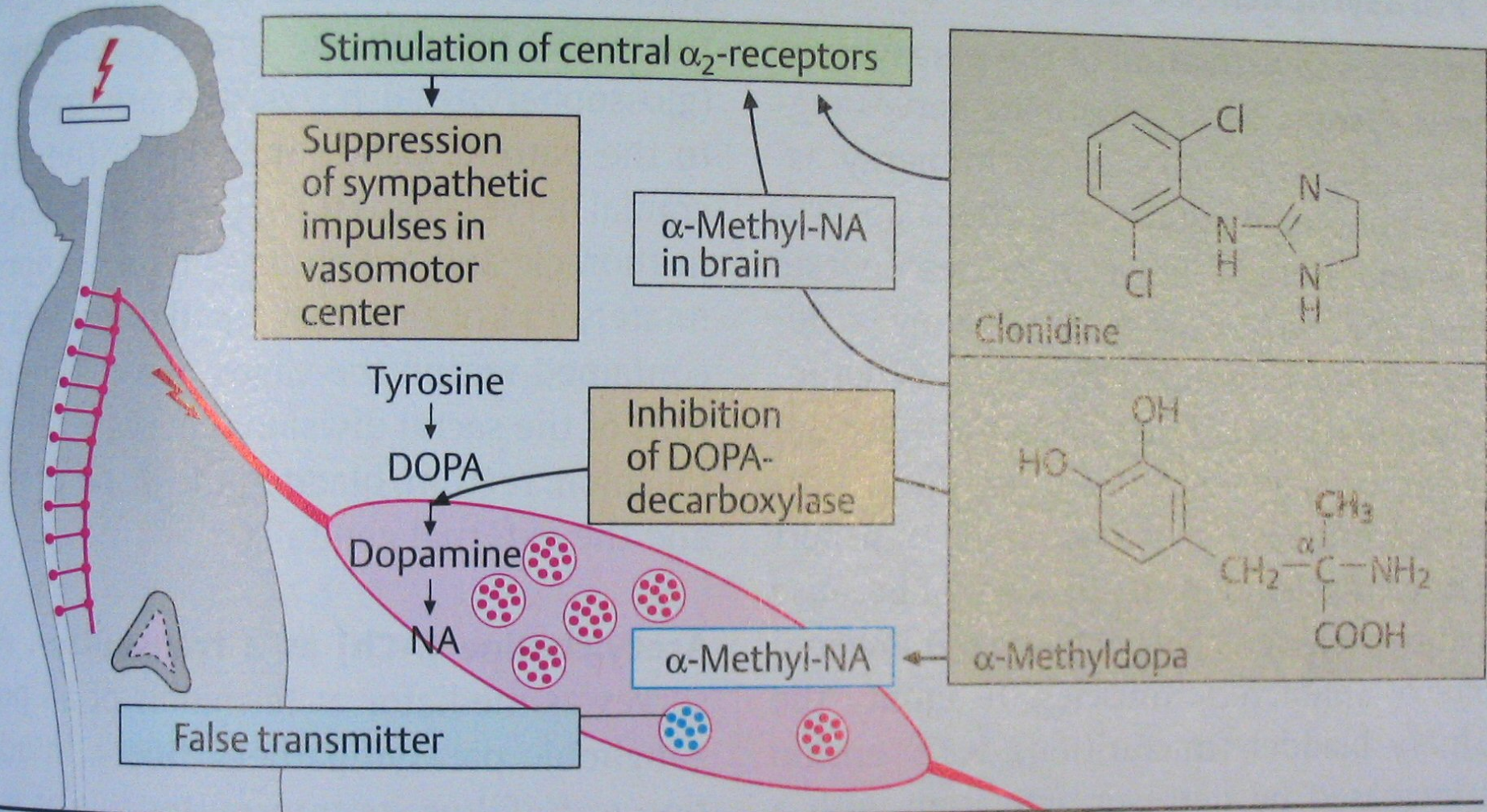


$O_2$  supply <  $O_2$  demand



# Inhibicija tonusa simpatika I

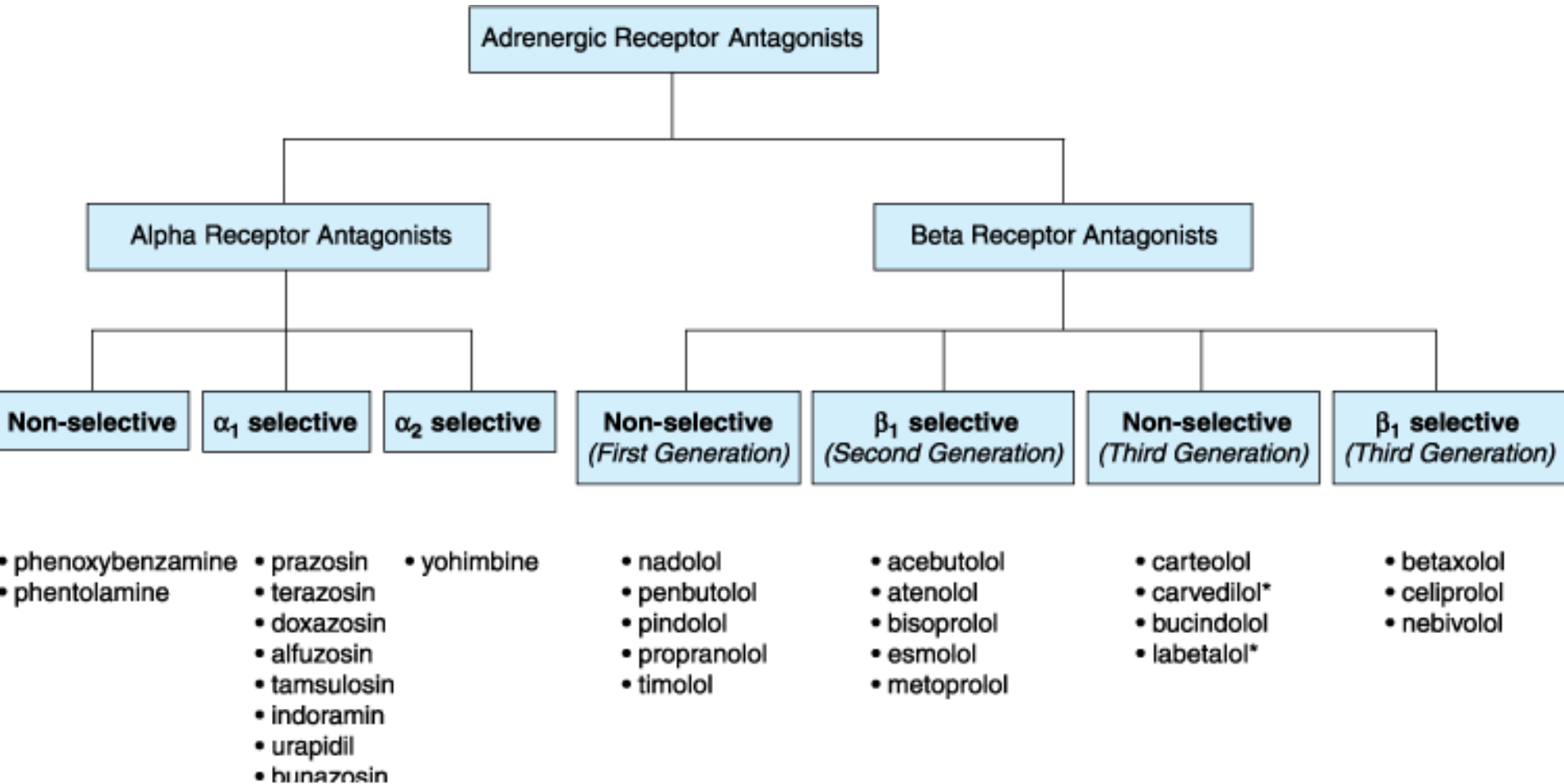
## A. Inhibitors of sympathetic tone



# Uporaba agonistov $\beta$

- $\beta_1$ : dobutamin – kardiogeni šok
- $\beta_2$ : salbutamol,... -
  - astma
  - prezgodnji porod

# Pregled adrenergičnih antagonistov

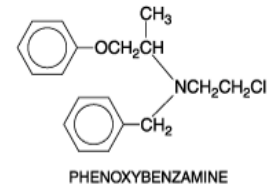


Source: Brunton LL, Lazo JS, Parker KL: *Goodman & Gilman's The Pharmacological Basis of Therapeutics*, 11th Edition: <http://www.accessmedicine.com>

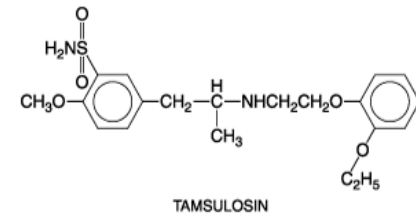
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# Struktura antagonistov $\alpha$

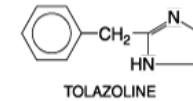
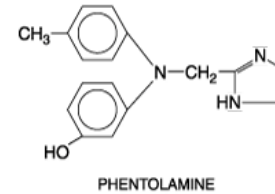
## Alkylating agent



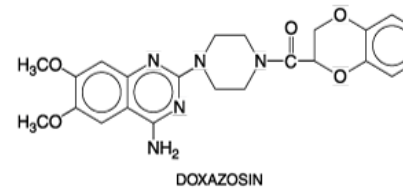
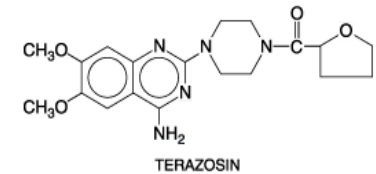
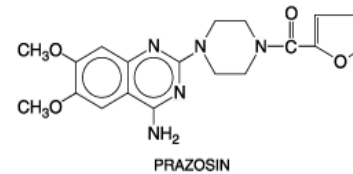
## Benzenesulfonamide



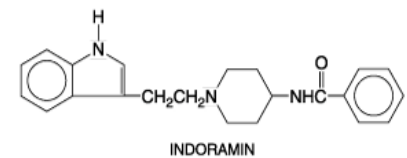
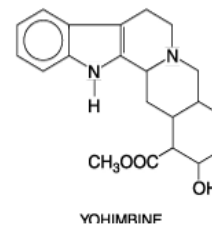
## Imidazolines



## Piperazinyl quinazolines



## Indoles

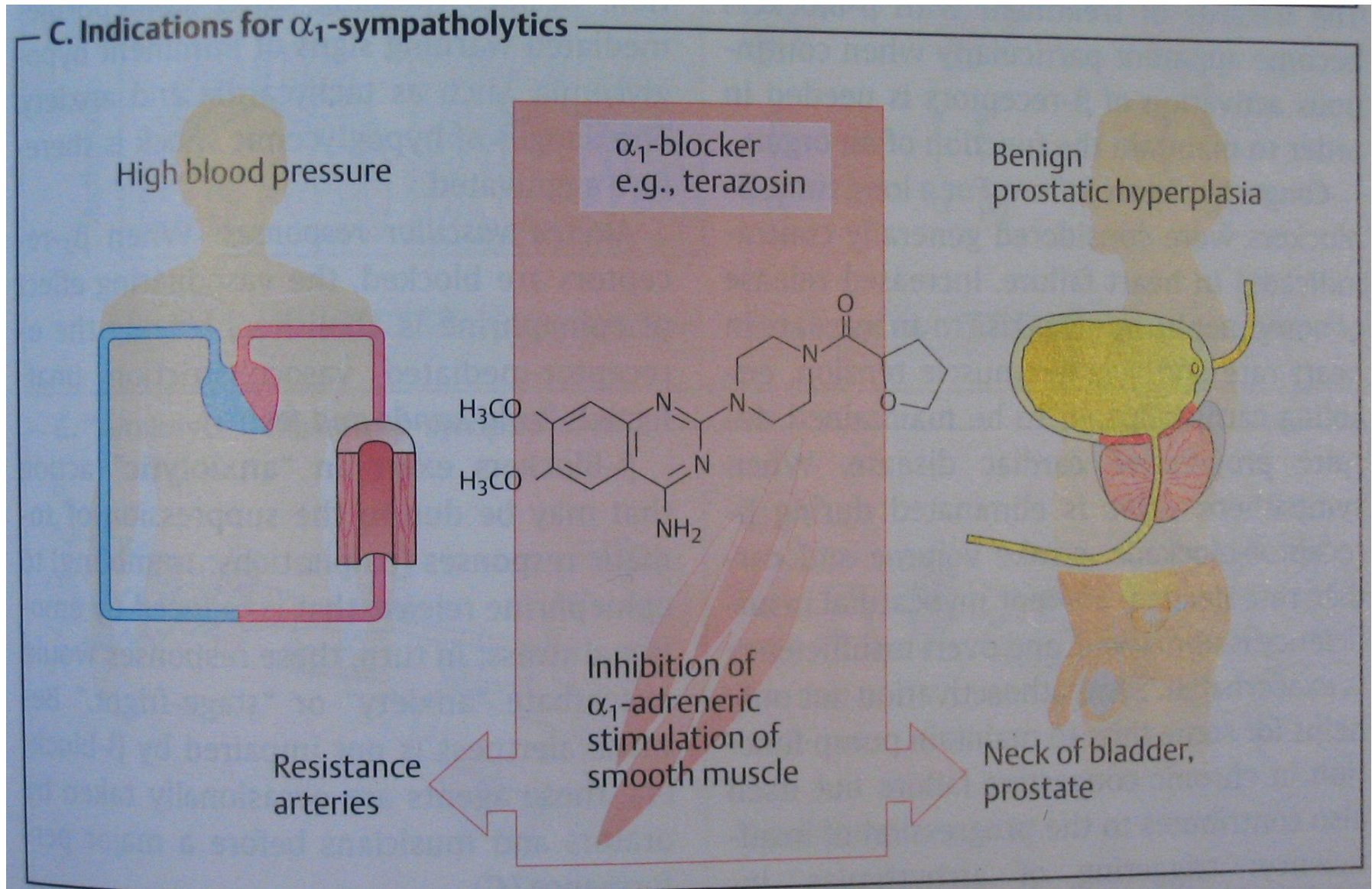


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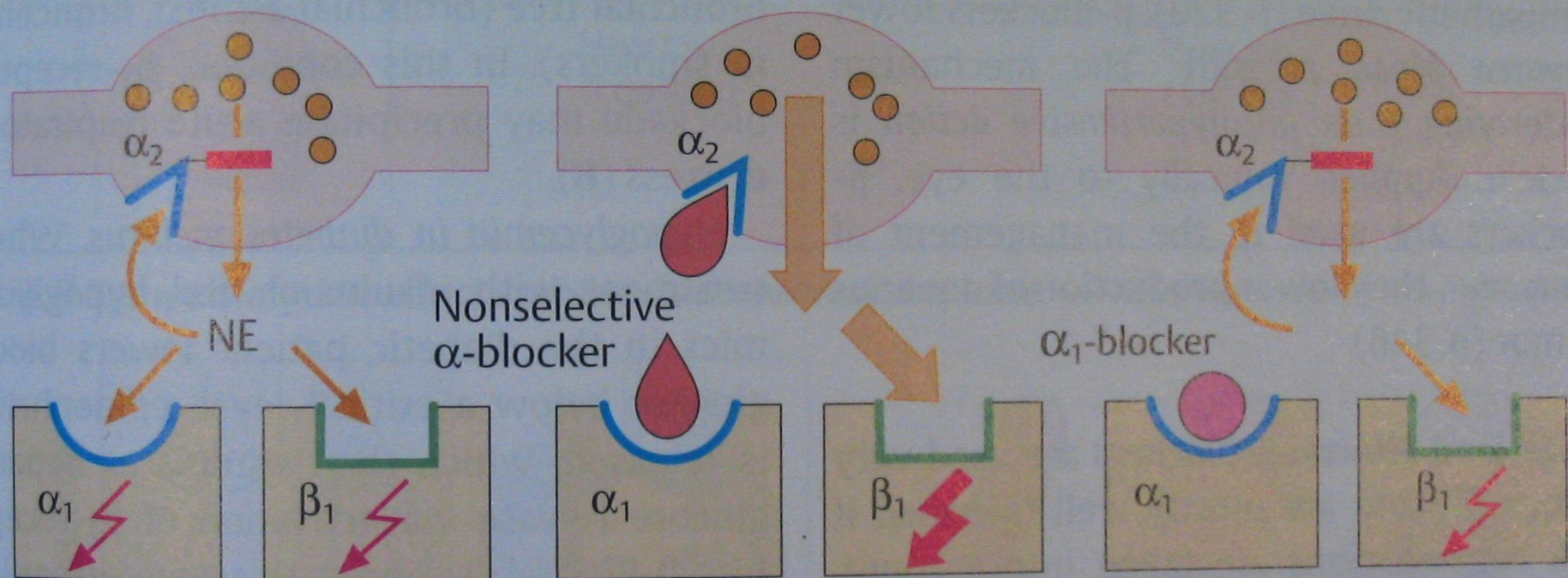
# Indikacije za blokatorje $\alpha_1$





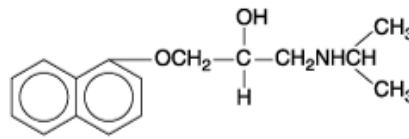
# Vpliv blokatorjev $\alpha$ na sproščanje NA

## B. Autoinhibition of norepinephrine release and $\alpha$ -sympatholytics

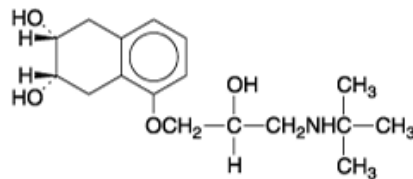


# Struktura antagonistov $\beta$

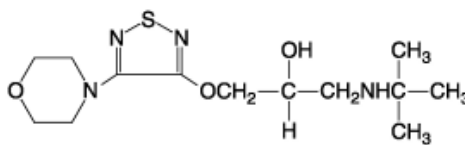
*Nonselective antagonists*



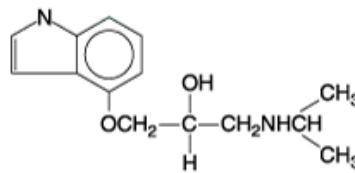
PROPRANOLOL



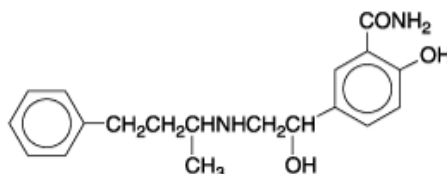
NADOLOL



TIMOLOL

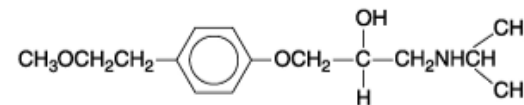


PINDOLOL

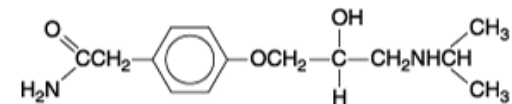


LABETALOOL

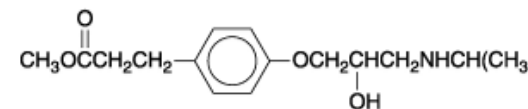
*$\beta_1$ -selective antagonists*



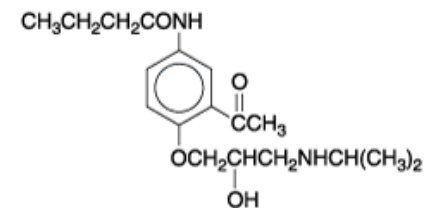
METOPROLOL



ATENOLOL



ESMOLOL



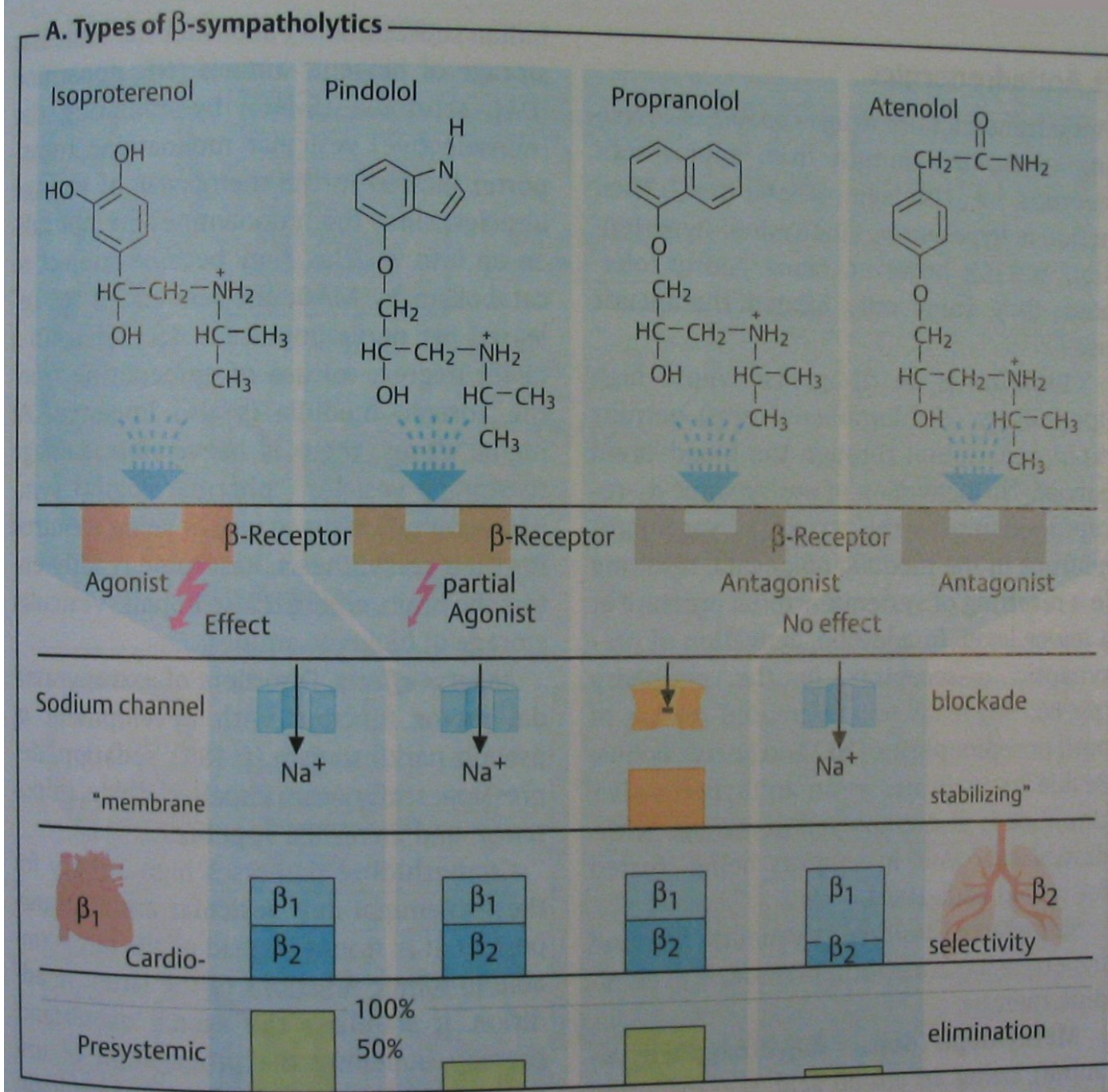
ACEBUTOLOL

Source: Brunton LL, Lazo JS, Parker KL: *Goodman & Gilman's The Pharmacological Basis of Therapeutics*, 11th Edition: <http://www.accessmedicine.com>

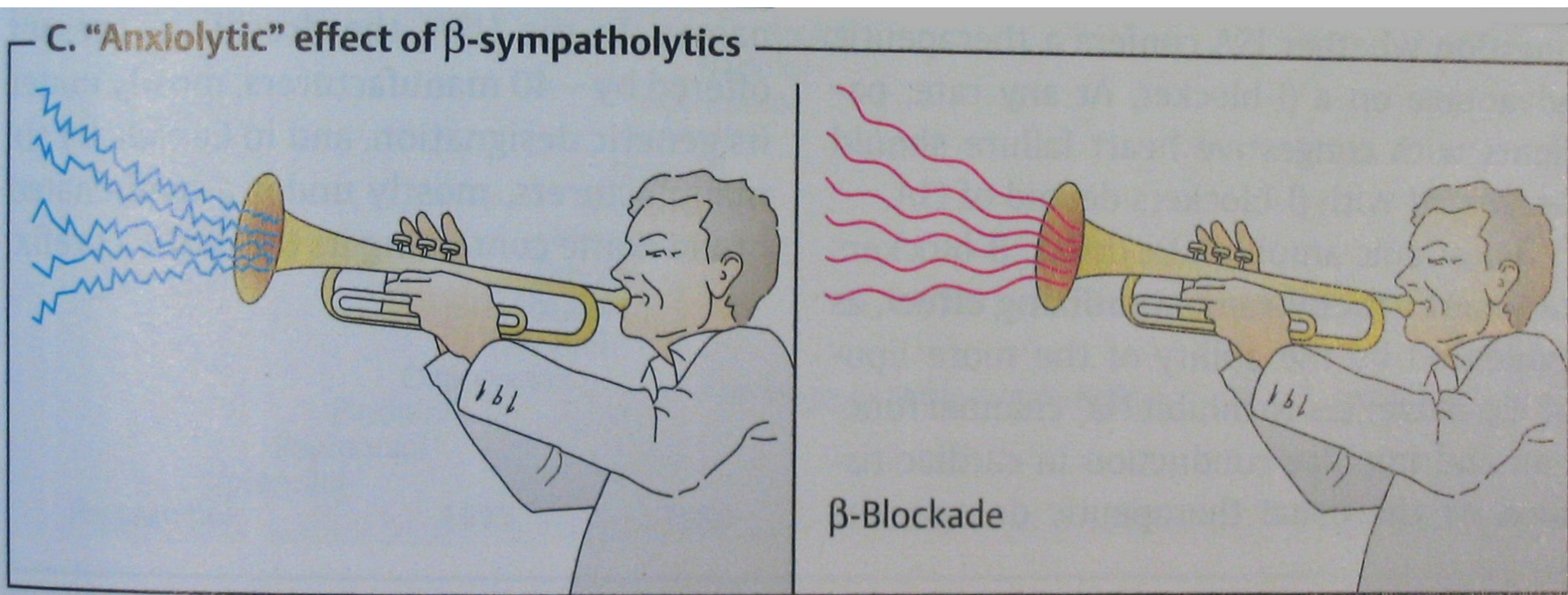
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# Tipi antagonistov $\beta$



# Anksiolitično delovanje antagonistov $\beta$





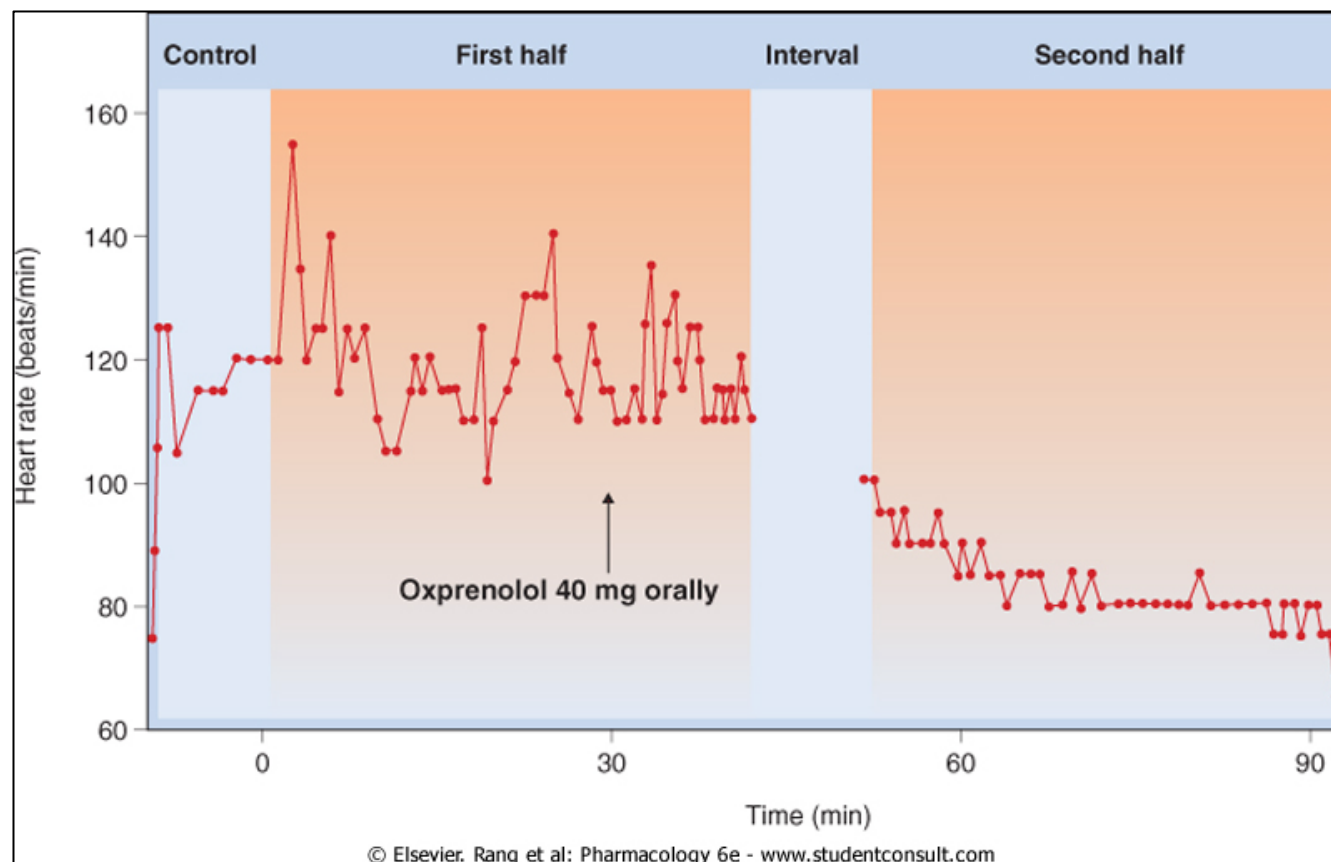
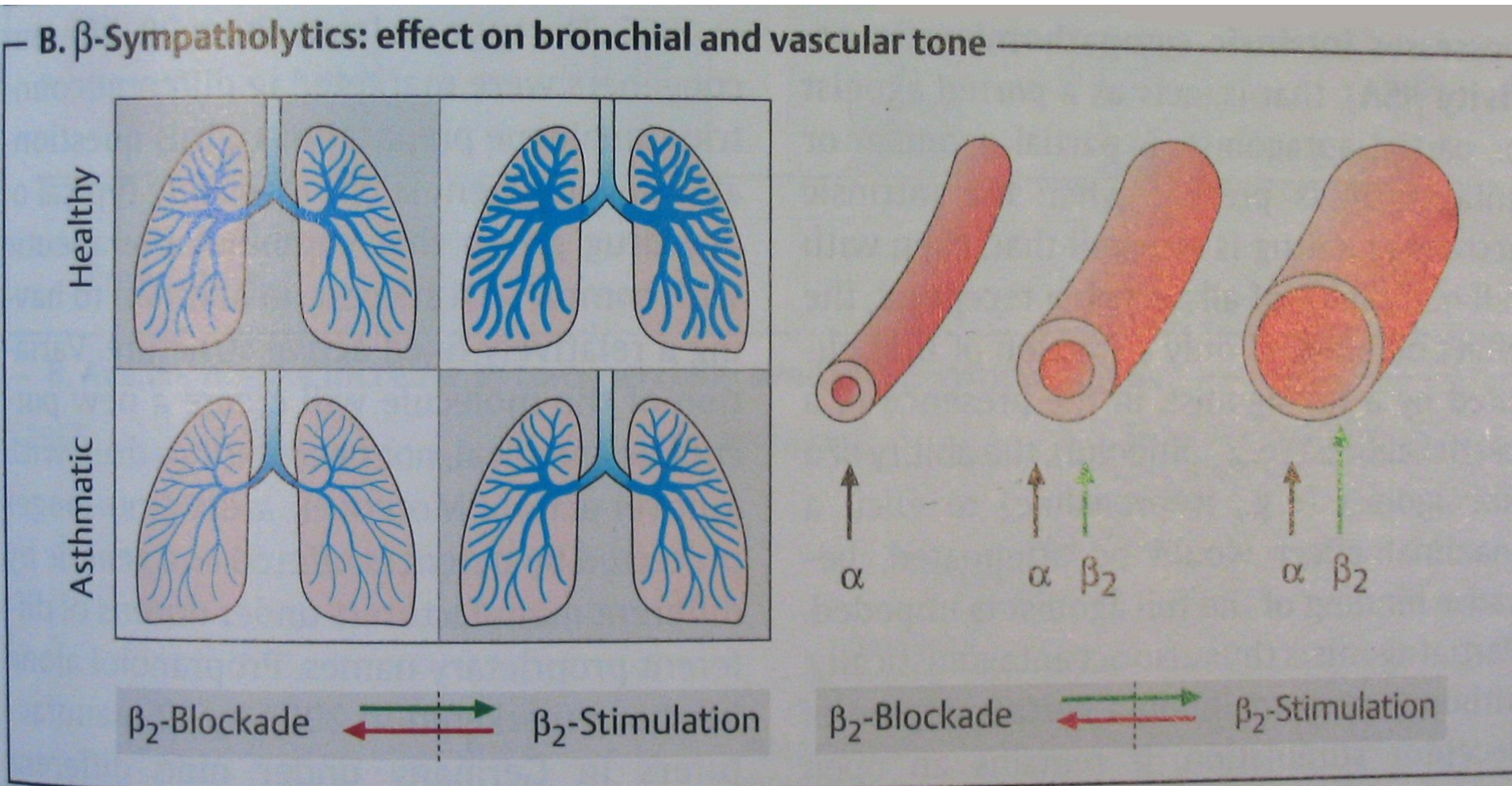


Figure 11-7 Heart rate recorded continuously in a spectator watching a live football match, showing the effect of the  $\beta$ -adrenoceptor antagonist oxprenolol. (From Taylor S H, Meeran M K 1973 In: Burley et al. (eds) New perspectives in beta-blockade. CIBA Laboratories, Horsham.)

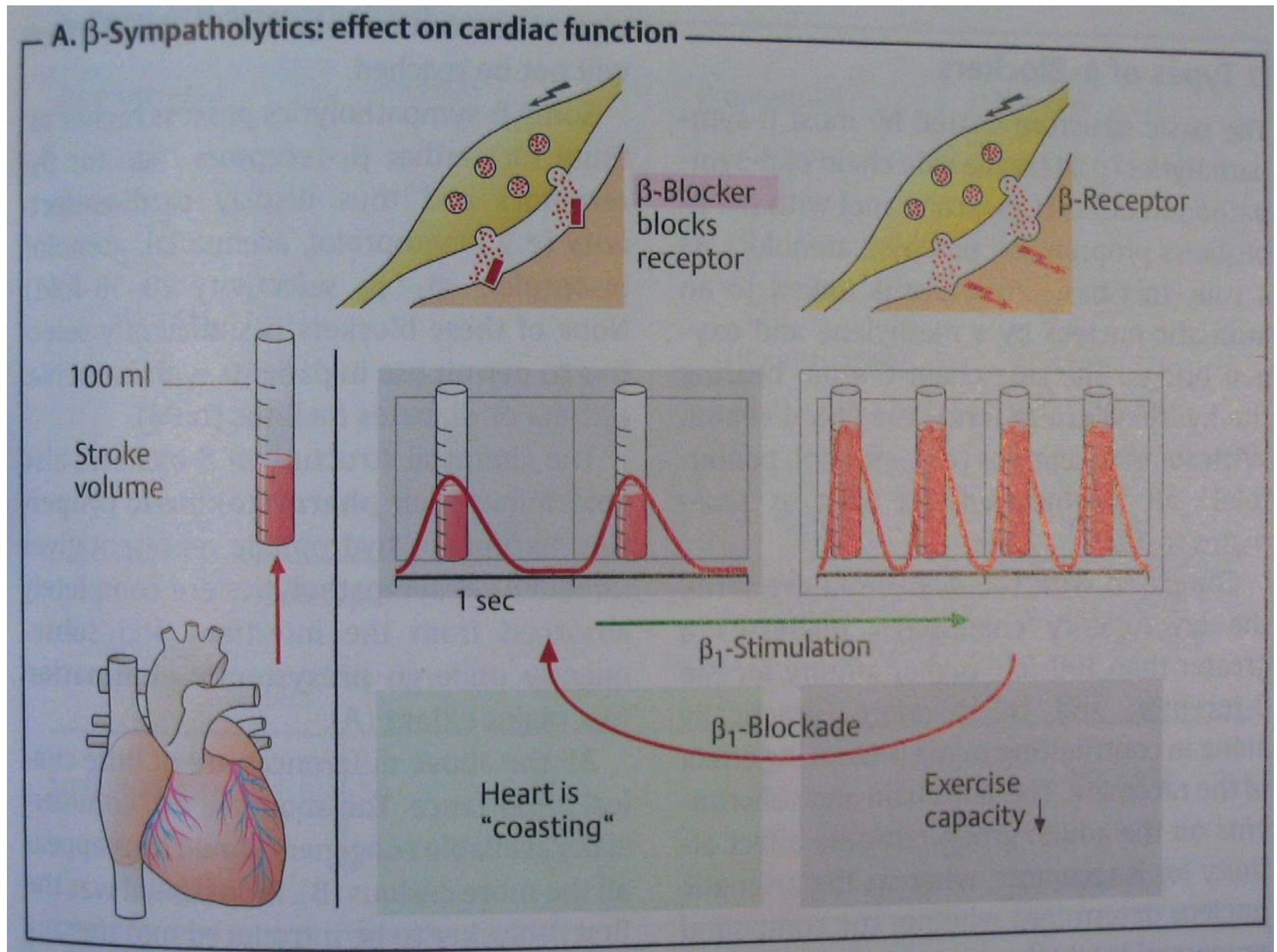


# Vpliv agonistov in antagonistov $\beta$ na bronhialni sistem in na žilje





# Vpliv blokatorjev $\beta$ na srce



# Pharmacological/Pharmacokinetic Properties of Receptor Blocking Agents I

DRUG	MEMBR. STAB. ACTIVITY	INTRINSIC AGONIST ACTIVITY	LIPID SOLUBILITY	EXTENT OF ABSORPTION (%)	ORAL BIOAVAIL. (%)	PLASMA t <sub>1/2</sub> (hours)	PROTEIN BINDING (%)
Classical non-selective blockers: First generation							
Nadolol	0	0	Low	30	30-50	20-24	30
Penbutolol	0	+	High	100	100	5	80-98
Pindolol	+	+++	Low	>95	100	3-4	40
Propranolol	++	0	High	<90	30	3-5	90
Timolol	0	0	Low to Moderate	90	75	4	<10
β <sub>1</sub> -Selective blockers: Second generation							
Acebutolol	+	+	Low	90	20-60	3-4	26
Atenolol	0	0	Low	90	50-60	6-7	6-16
Bisoprolol	0	0	Low	90	80	9-12	30
Esmolol	0	0	Low	NA		0.15	55
Metoprolol	+*	0	Moderate	100	40-50	3-7	12

# Pharmacological/Pharmacokinetic Properties of Receptor Blocking Agents II

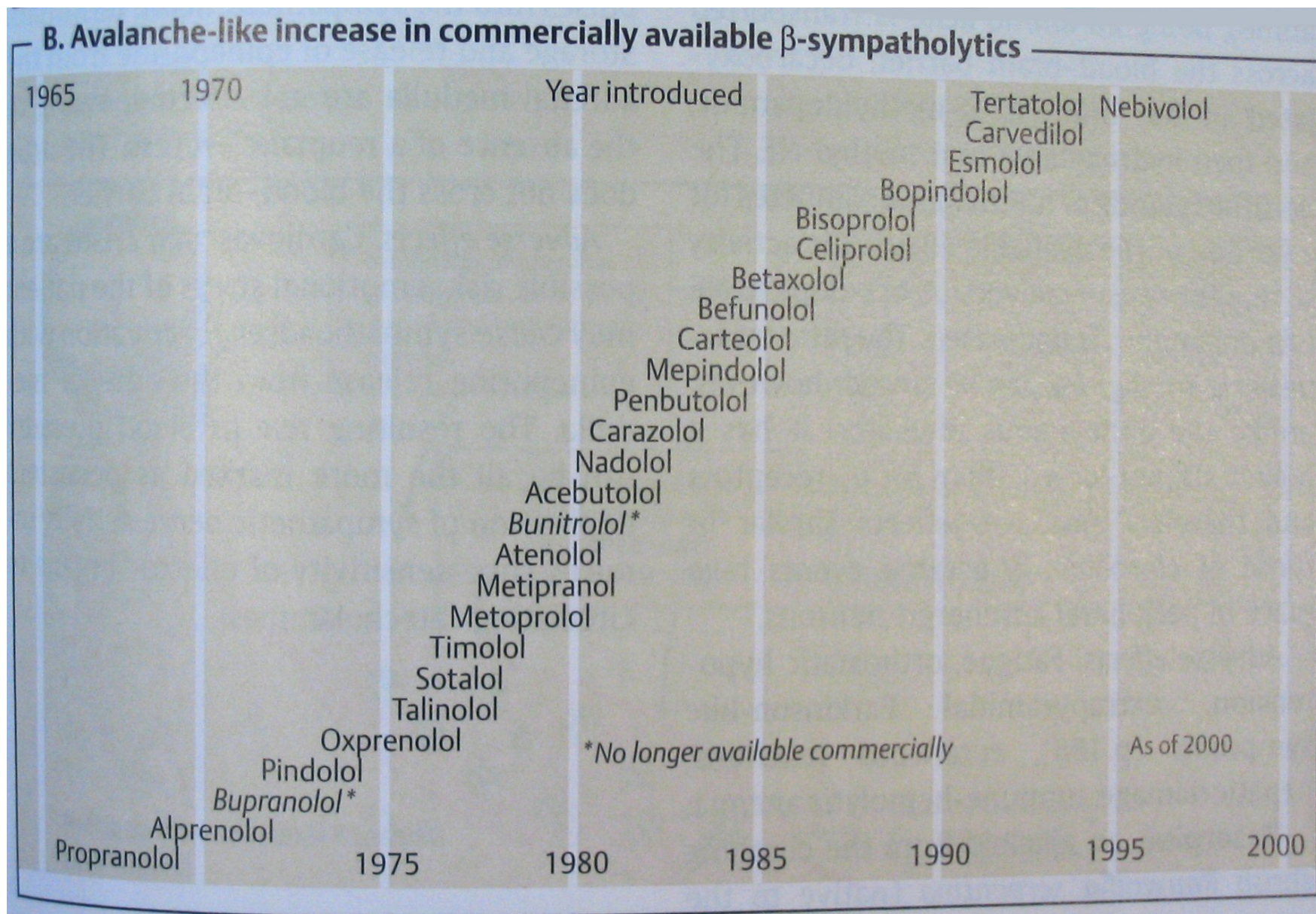
DRUG	MEMBR. STAB. ACT.	INTRINSIC AGONIST ACTIVITY	LIPID SOL.	EXTENT OF ABSORPTION (%)	ORAL BIOAVAIL. (%)	PLASMA t <sub>1/2</sub> (hours)	PROTEIN BINDING (%)
Non-selective blockers with additional actions: Third generation							
Carteolol	0	++	Low	85	85	6	23-30
Carvedilol	++	0	Moderate	>90	~30	7-10	98
Labetalol	+	+	Low	>90	~33	3-4	50
$\beta_1$ -selective blockers with additional actions: Third generation							
Betaxolol	+	0	Moderate	>90	~80	15	50
Celiprolol	0	+	Low	~74	30-70	5	4-5



# Third-Generation $\beta$ Receptor Antagonists with Additional Cardiovascular Actions: Proposed Mechanisms Contributing to Vasodilation

NITRIC OXIDE PRODUCTION	$\beta_2$ - R AGONISM	$\alpha_1$ - R ANTAGONISM	Ca <sup>2+</sup> ENTRY BLOCKADE	K <sup>+</sup> CHANNEL OPENING	ANTIOXIDANT ACTIVITY
Celiprolol*	Celiprolol*	Carvedilol	Carvedilol	Tilisolol*	Carvedilol
Nebivolol*	Carteolol	Bucindolol*	Betaxolol		
Carteolol	Bopindolol*	Bevantolol*	Bevantolol*		
Bopindolol*		Nipradilol*			
Nipradilol*		Labetalol			

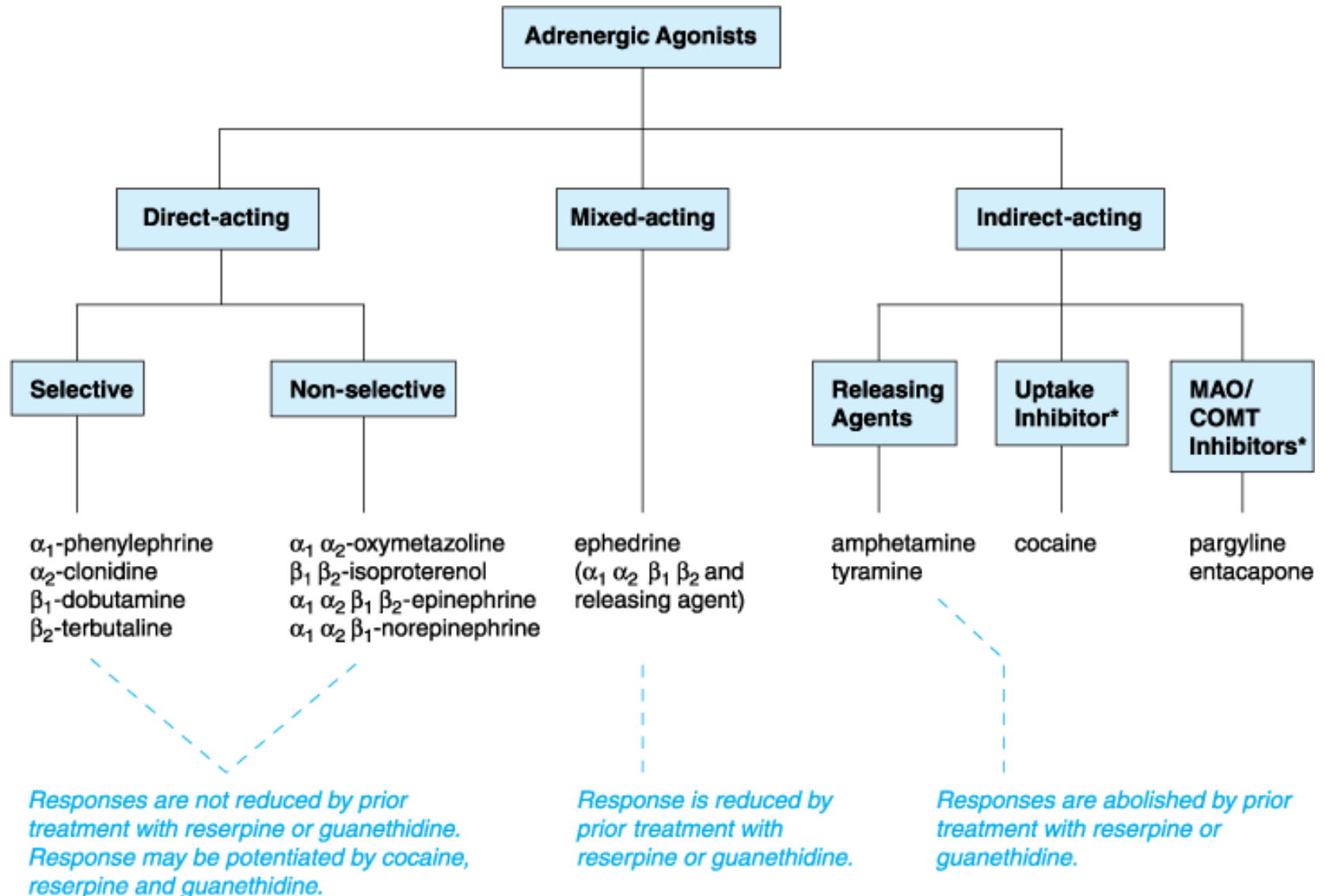
# Naraščanje števila blokatorjev $\beta$



# Indikacije za uporabo antagonistov $\beta$

- Kardiovaskularni sistem:
  - angina pectoris
  - miokardni infarkt
  - motnje srčnega ritma (disritmije)
  - pešanje srca
  - arterijska hipertenzija
- Druge indikacije:
  - glavkom
  - tireotoksikoza
  - anksioznost
  - profilaksa migrene
  - benigni esencialni tremor

# Pregled adrenergičnih agonistov



Source: Brunton LL, Lazo JS, Parker KL: *Goodman & Gilman's The Pharmacological Basis of Therapeutics*, 11th Edition: <http://www.accessmedicine.com>

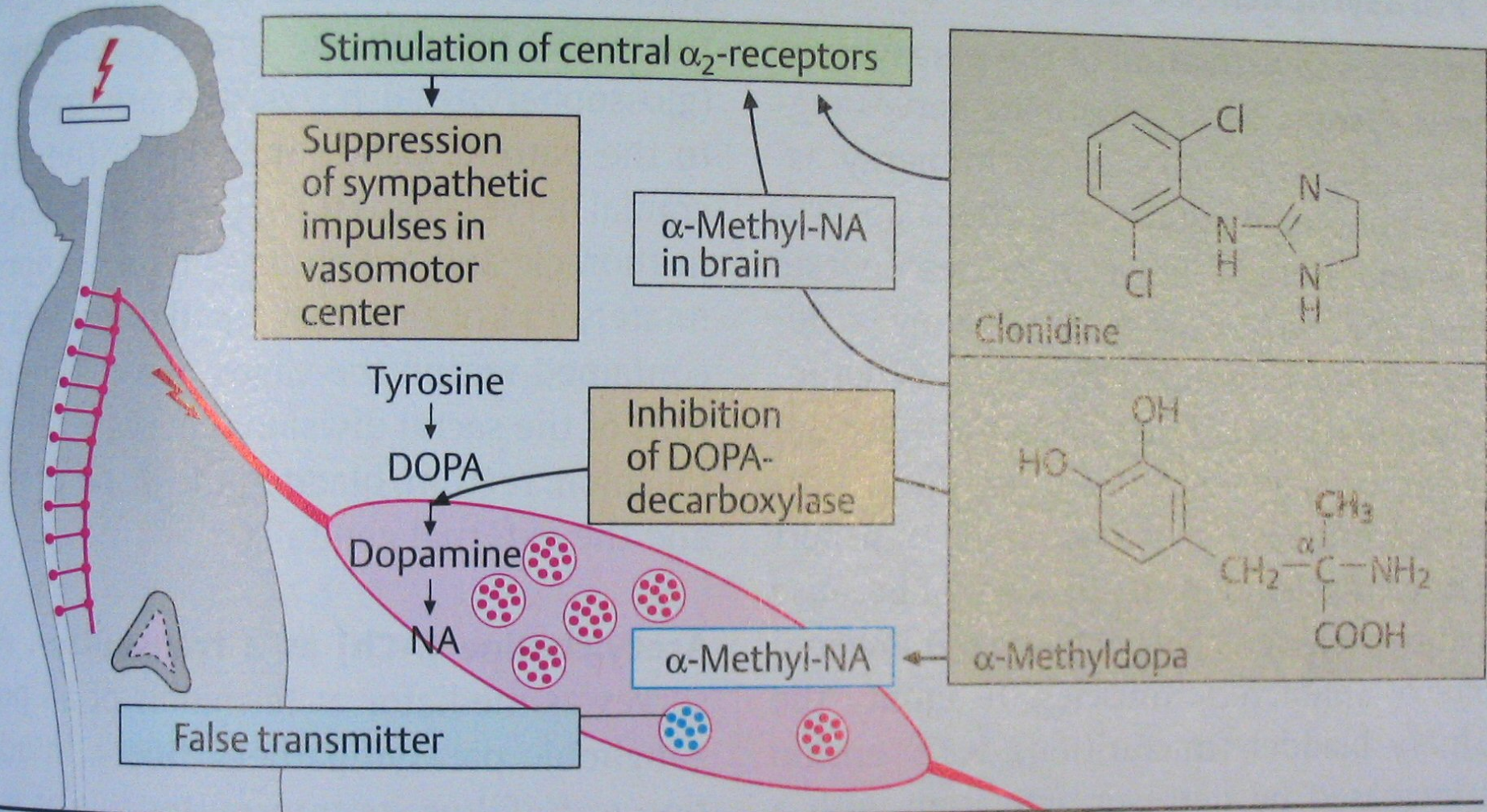
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Inštitut za farmakologijo in eksperimentalno toksikologijo, Medicinska fakulteta, Univerza v Ljubljani



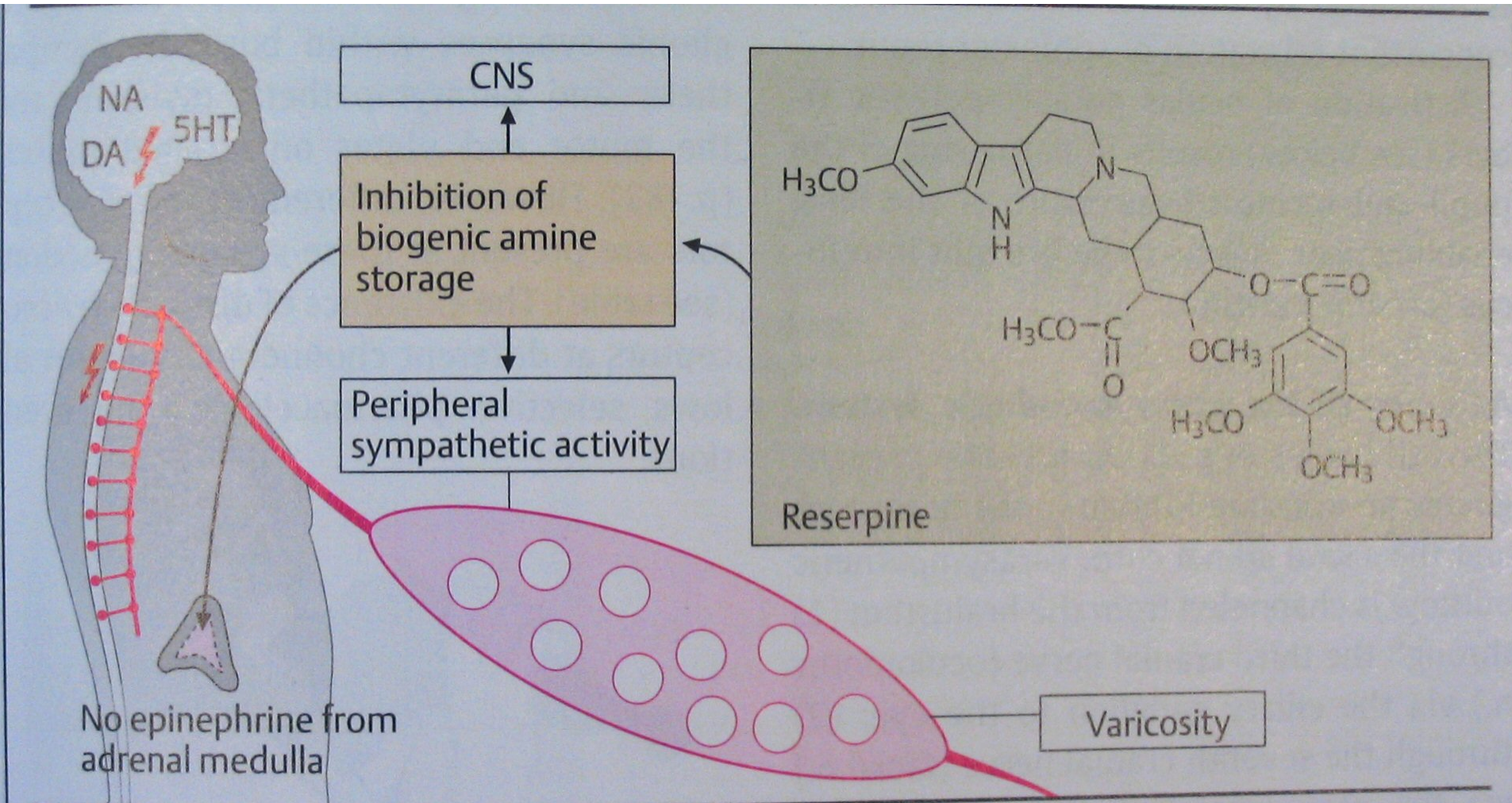
# Inhibicija tonusa simpatika I

## A. Inhibitors of sympathetic tone



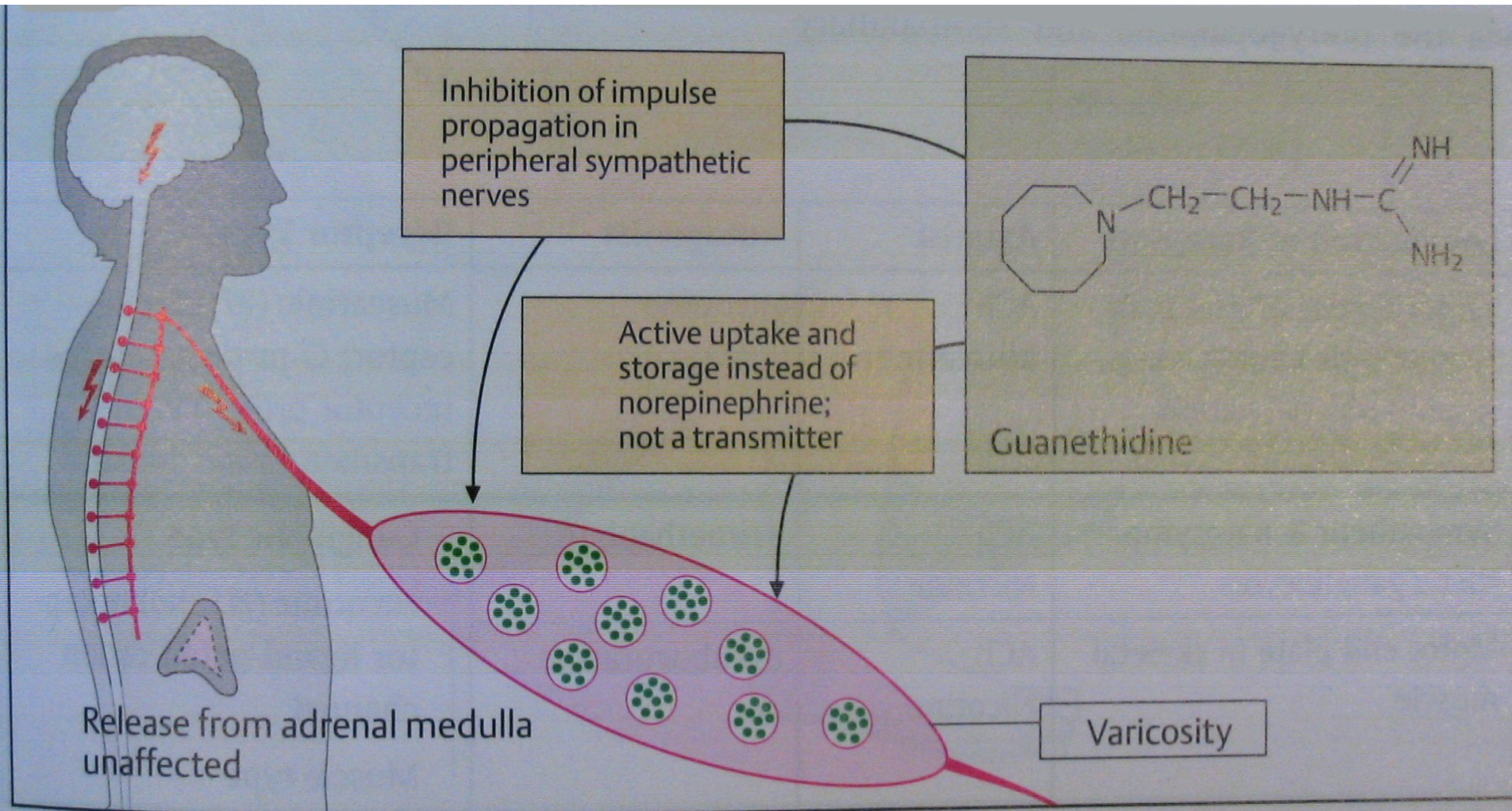


# Inhibicija tonusa simpatika II



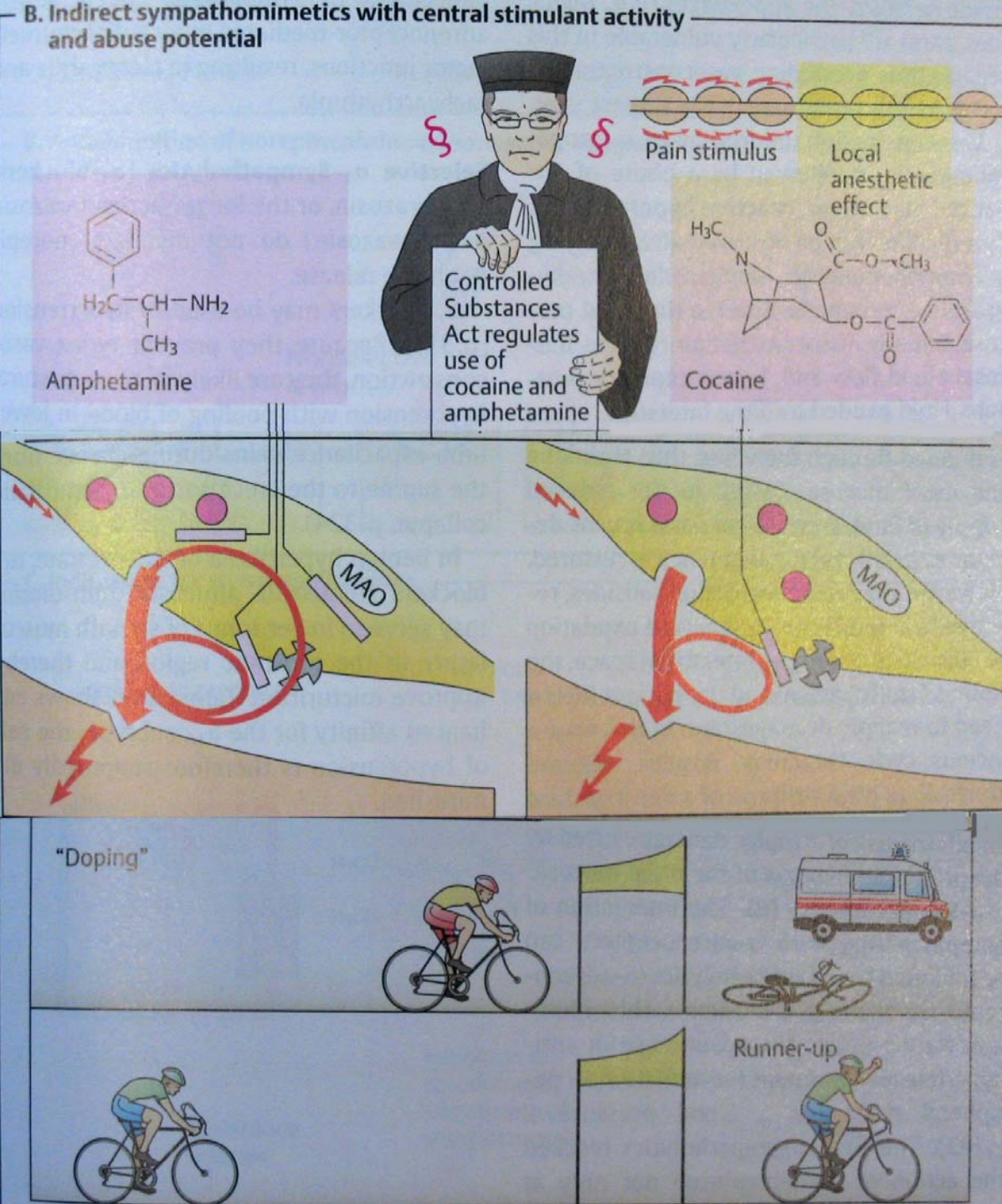


# Inhibicija tonusa simpatika III

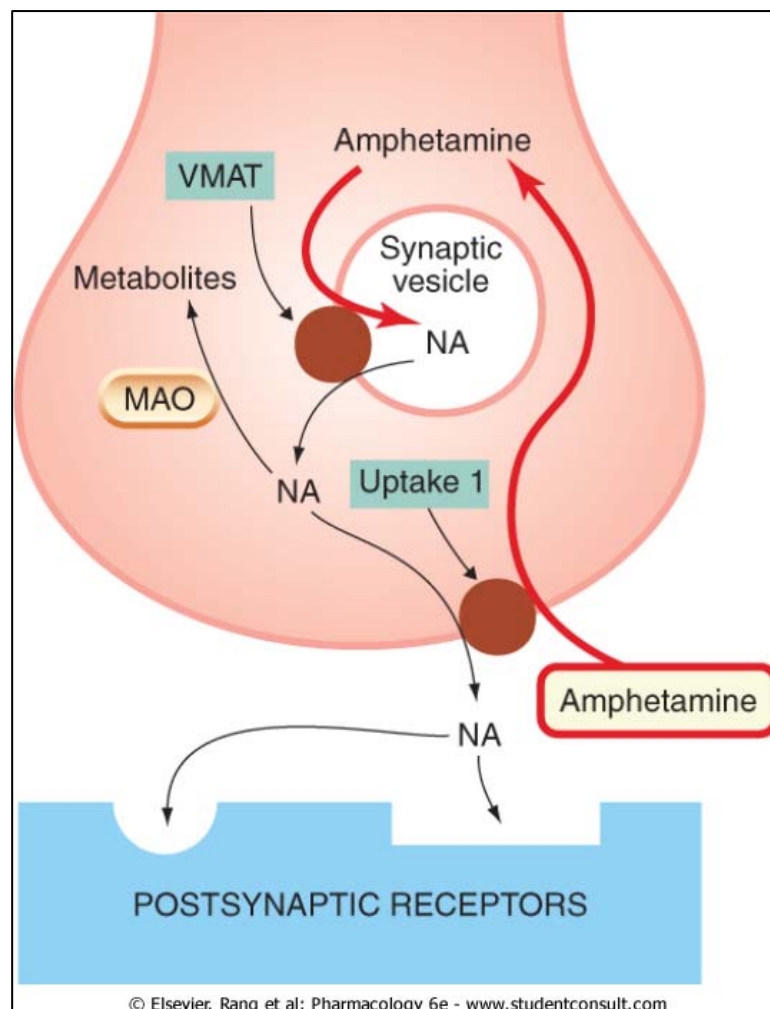




# Delovanje indirektnih simpatikomimetikov



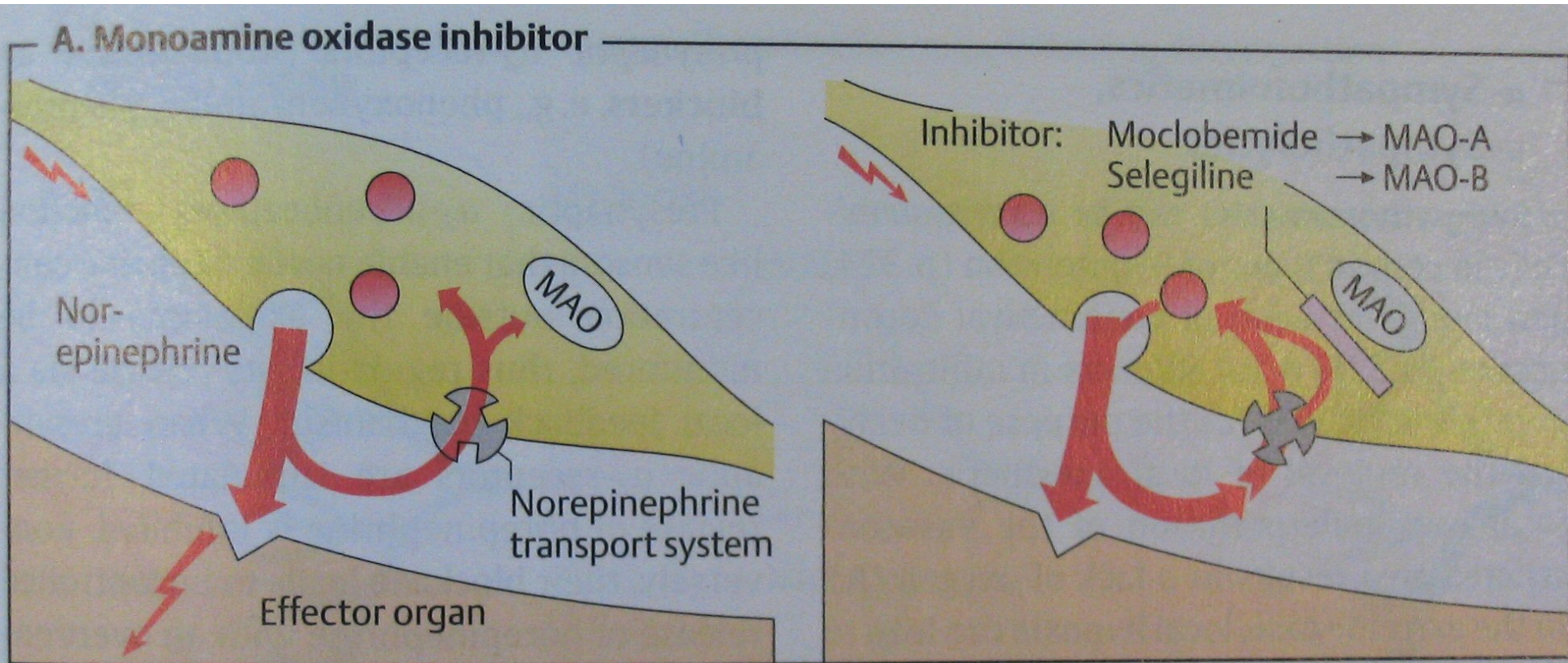




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Figure 11-8 The mode of action of amphetamine, an indirectly acting sympathomimetic amine. Amphetamine enters the nerve terminal via the noradrenaline (NA) transporter (uptake 1) and enters synaptic vesicles via the vesicular monoamine transporter (VMAT), in exchange for NA, which accumulates in the cytosol. Some of the NA is degraded by monoamine oxidase (MAO) within the nerve terminal and some escapes, in exchange for amphetamine via the noradrenaline transporter, to act on postsynaptic receptors. Amphetamine also reduces NA reuptake via the transporter, so enhancing the action of the released NA.

# Delovanje inhibitorjev MAO



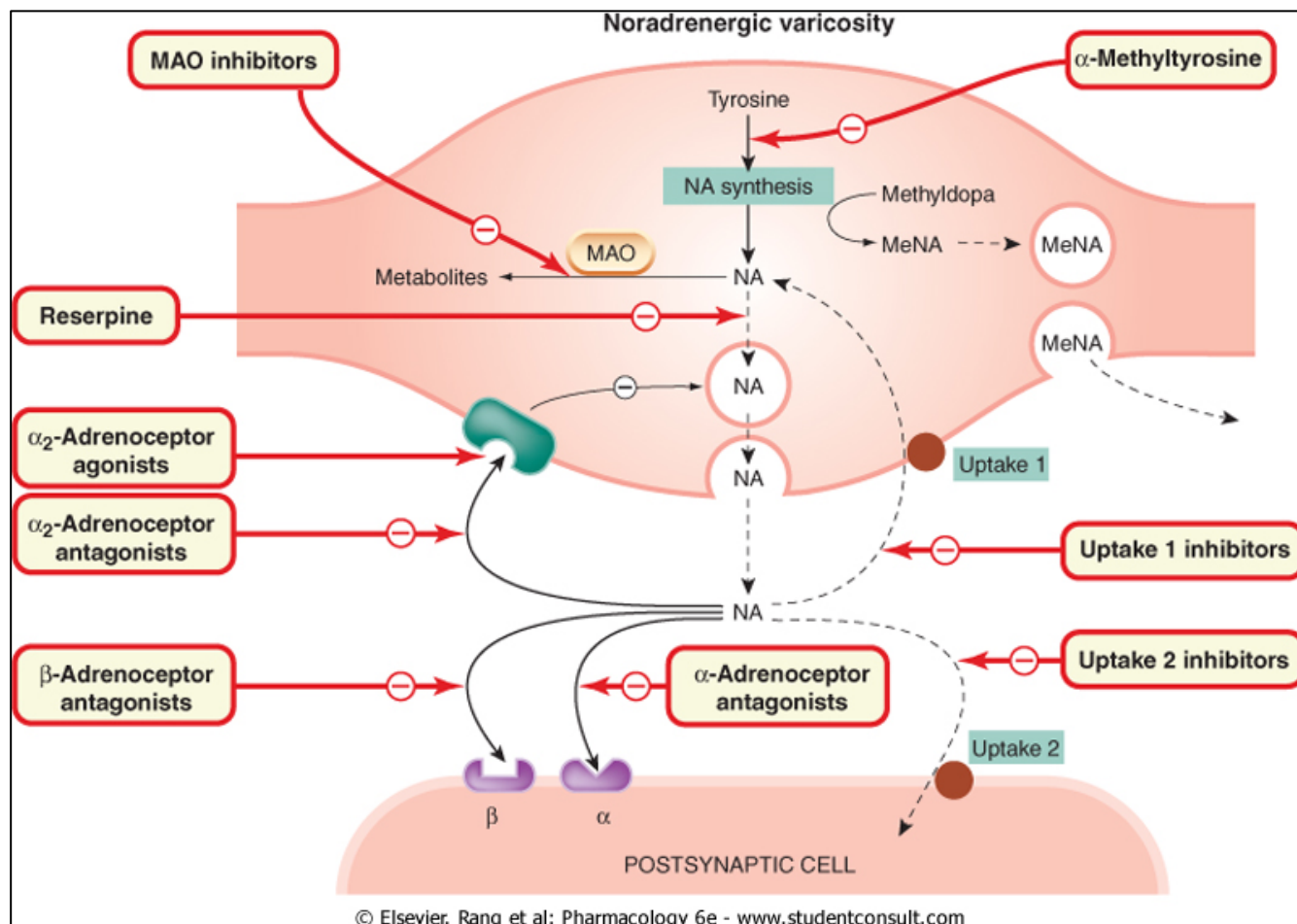


Figure 11-9 Generalised diagram of a noradrenergic nerve terminal, showing sites of drug action. MAO, monoamine oxidase; MeNA, methylnoradrenaline; NA, noradrenaline.