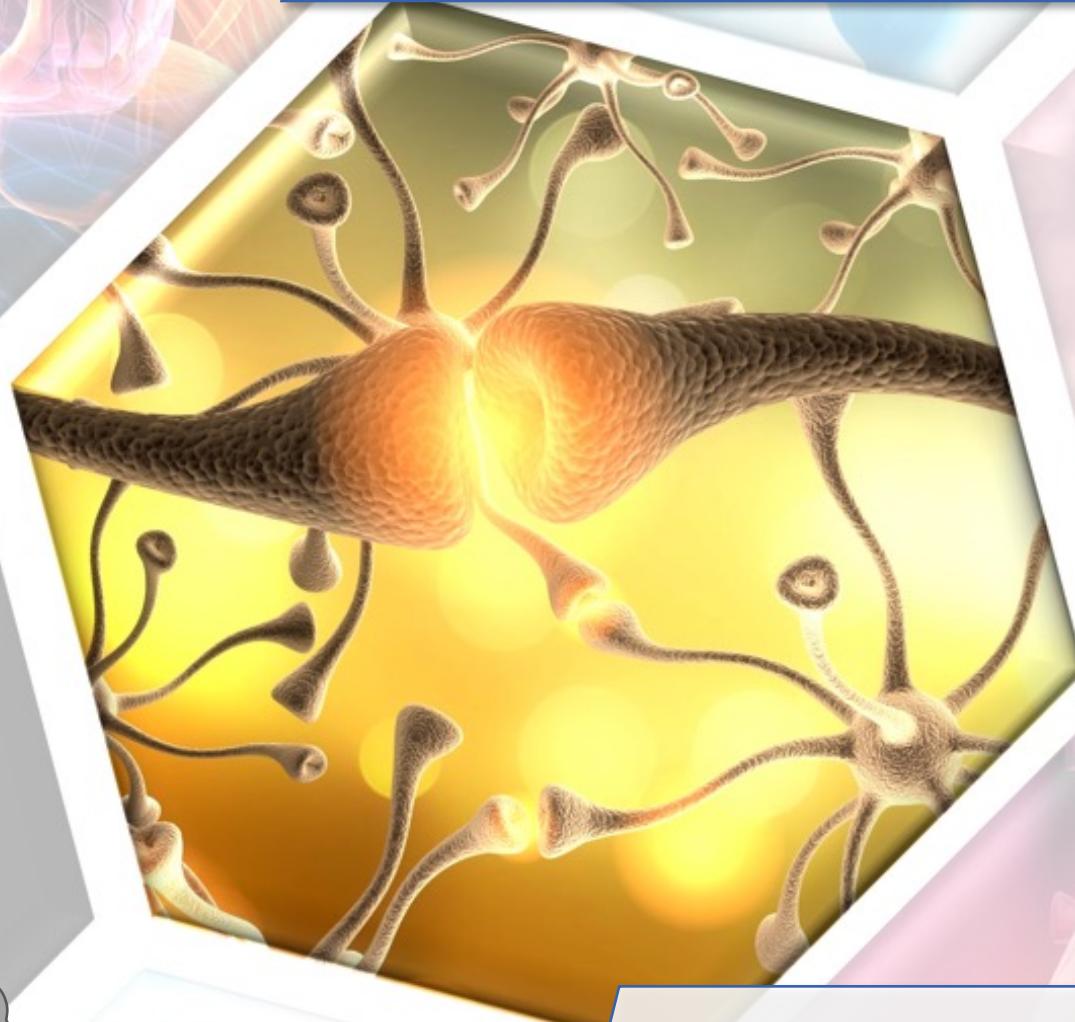


IMPERIAL

Pharmacology of the Nervous System



part 1 of 3

Dr Chris John c.john@imperial.ac.uk



Session Review

QUESTIONS: Go to www.menti.com and use the code 8752 3753

What is pharmacology?

Definition

3 questions

Drug targets/selectivity

Drug targets – classes

Selectivity

Dose/side effects

Dose

Side effects/adverse effects

What is pharmacology?

Before you look at the effects of individual drugs as treatments for specific diseases/disorders you need an understanding of the core concepts of **pharmacology**

What is pharmacology?

Pharmacology - the study of how chemical agents (drugs) can influence the function of living systems.

A better definition:

A chemical substance that interacts with a specific target within a biological system to produce a physiologic effect

Q: If we use an example of a 'chemical substance', can you answer the three questions opposite?

How do individual drugs produce their effects?

1) Where is the effect produced?

2) What is the target for the drug?

3) What is the response produced after interaction with this target?



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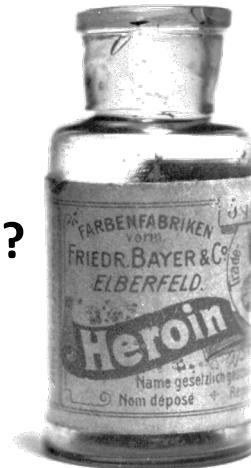
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- 2) What is the target for the drug?
- 3) **What is the response produced after interaction with this target?**

Why do people take heroin?

- Euphoria
- Analgesia (pain relief)
- Cough suppression





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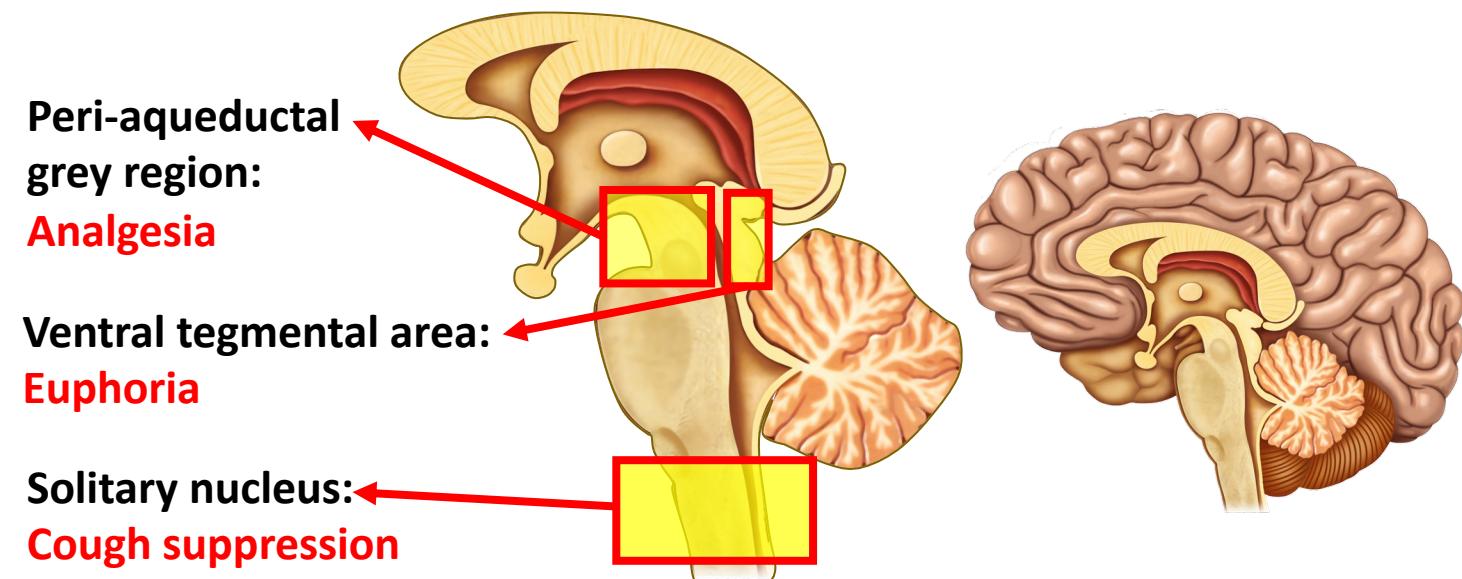
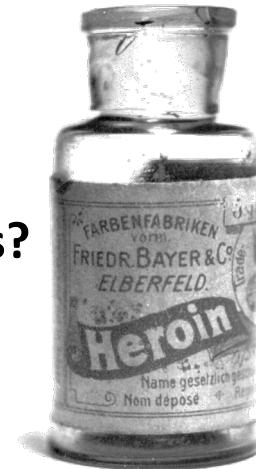
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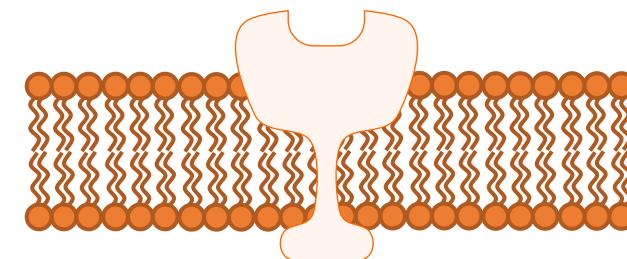
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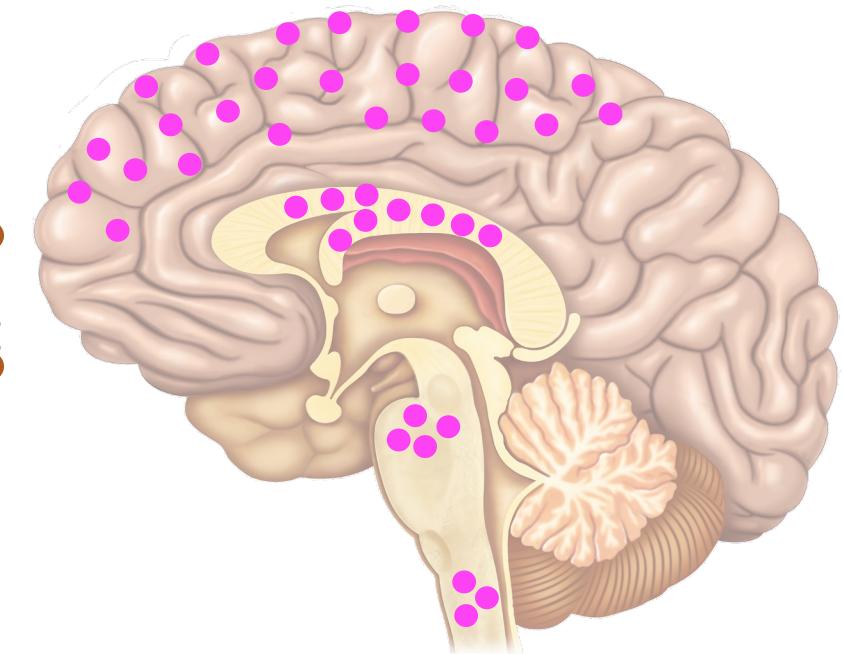
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Opioid receptors





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3 questions

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What is the **target** for the drug?

What is the **response** produced after interaction with this target?

Drug targets/selectivity

Drug targets – classes

Selectivity

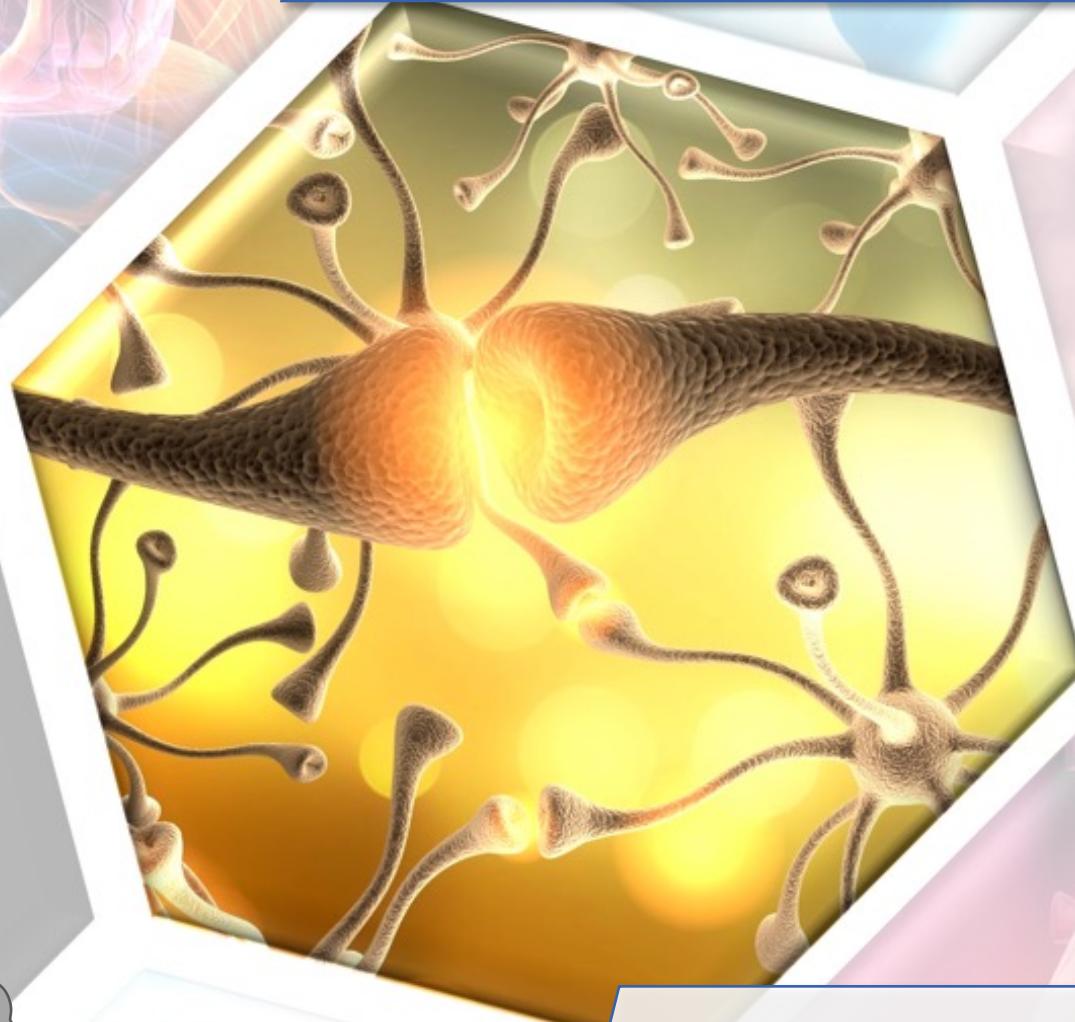
Dose/side effects

Dose

Side effects/adverse effects

IMPERIAL

Pharmacology of the Nervous System



part 2 of 3

Dr Chris John c.john@imperial.ac.uk



Session Plan

What is pharmacology?

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Pharmacology – drug targets

A chemical substance that **interacts** with a specific target within a biological system to produce a physiologic effect

Q: Below are 4 of the most commonly prescribed drugs (both locally and globally).

Which type of drug target do they act on?

1. Atorvastatin
2. Amlodipine
3. Salbutamol
4. Citalopram

(Note – they are not all CNS drugs)

Majority of drug targets are proteins – **4 main classes**

- 1) Receptors
- 2) Enzymes
- 3) Transport proteins
- 4) Ion channels

| Drug | Target |
|--------------|--------|
| Atorvastatin | |
| Amlodipine | |
| Salbutamol | |
| Citalopram | |



Pharmacology – drug targets

A chemical substance that **interacts** with a specific target within a biological system to produce a physiologic effect

Majority of drug targets are proteins – **4 main classes**

- 1) Receptors
- 2) Enzymes
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IMPORTANT POINT

Drugs can act on targets to –
Enhance activation (stimulate an effect)
Or
Prevent activation (block an effect from being produced).

| Drug | Target |
|--------------|--------|
| Atorvastatin | |
| Amlodipine | |
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Enzyme **Receptor**
Transport protein **Ion channel**

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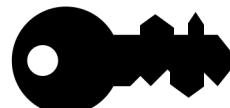


Pharmacology – selectivity

Another concept relating to drug targets =
drug selectivity

To be an effective therapeutic agent, a drug must show a **high degree of selectivity** for a **particular drug target**

Drug A



Drug B

Lock & Key Hypothesis

Drug Target





Pharmacology – selectivity

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To be an effective therapeutic agent, a drug must show a **high degree of selectivity** for a **particular drug target**

Consider 3 Central Nervous System
Neurotransmitters:
Dopamine, Noradrenaline and Serotonin

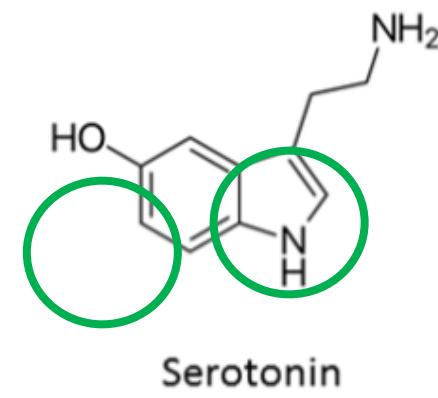
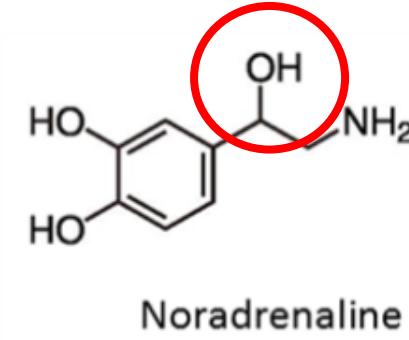
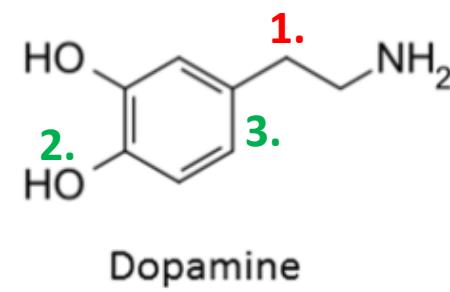
Are there structural similarities?

Drug A



Drug B

Lock & Key Hypothesis





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Neurotransmitters:
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Are there structural similarities?

Q. Why might selectivity be more important for drugs than endogenous compounds like dopamine? [Hint – method of delivery to target]

Lock & Key Hypothesis

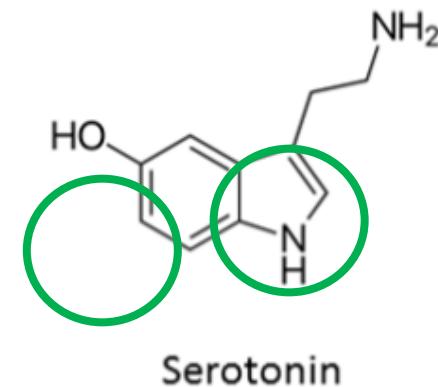
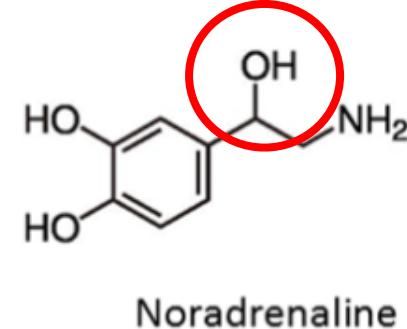
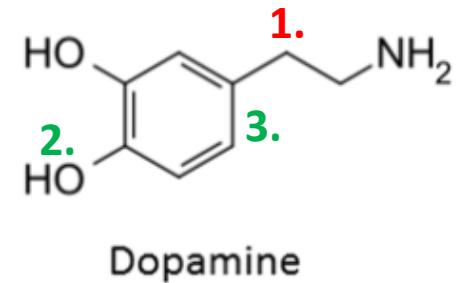
Dopamine



Noradrenaline



Serotonin





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Drug targets – classes

Receptors

Enzymes

Ion Channels

Transport proteins

Drugs can **enhance or reduce activation** of the target

Selectivity

Lock and key hypothesis

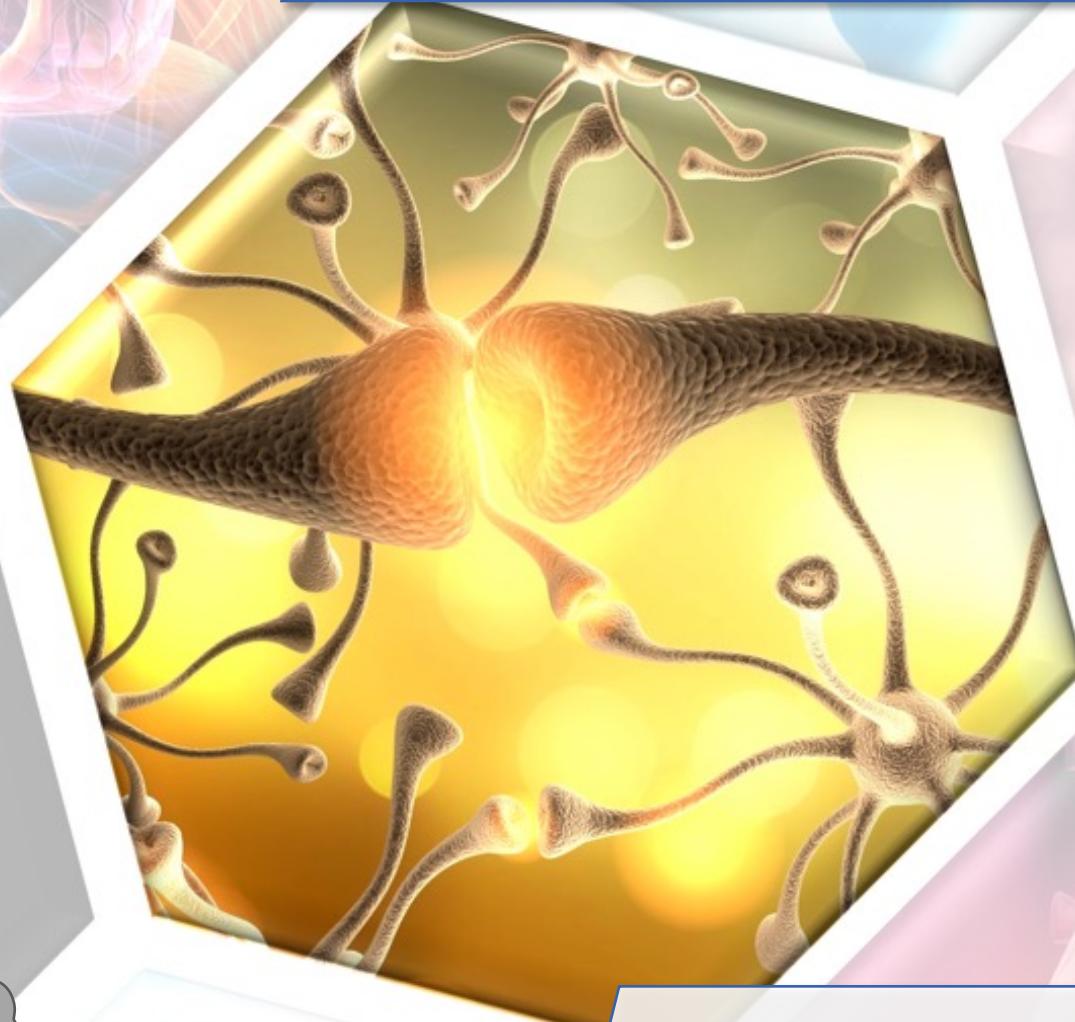
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Pharmacology –side effects/adverse effects

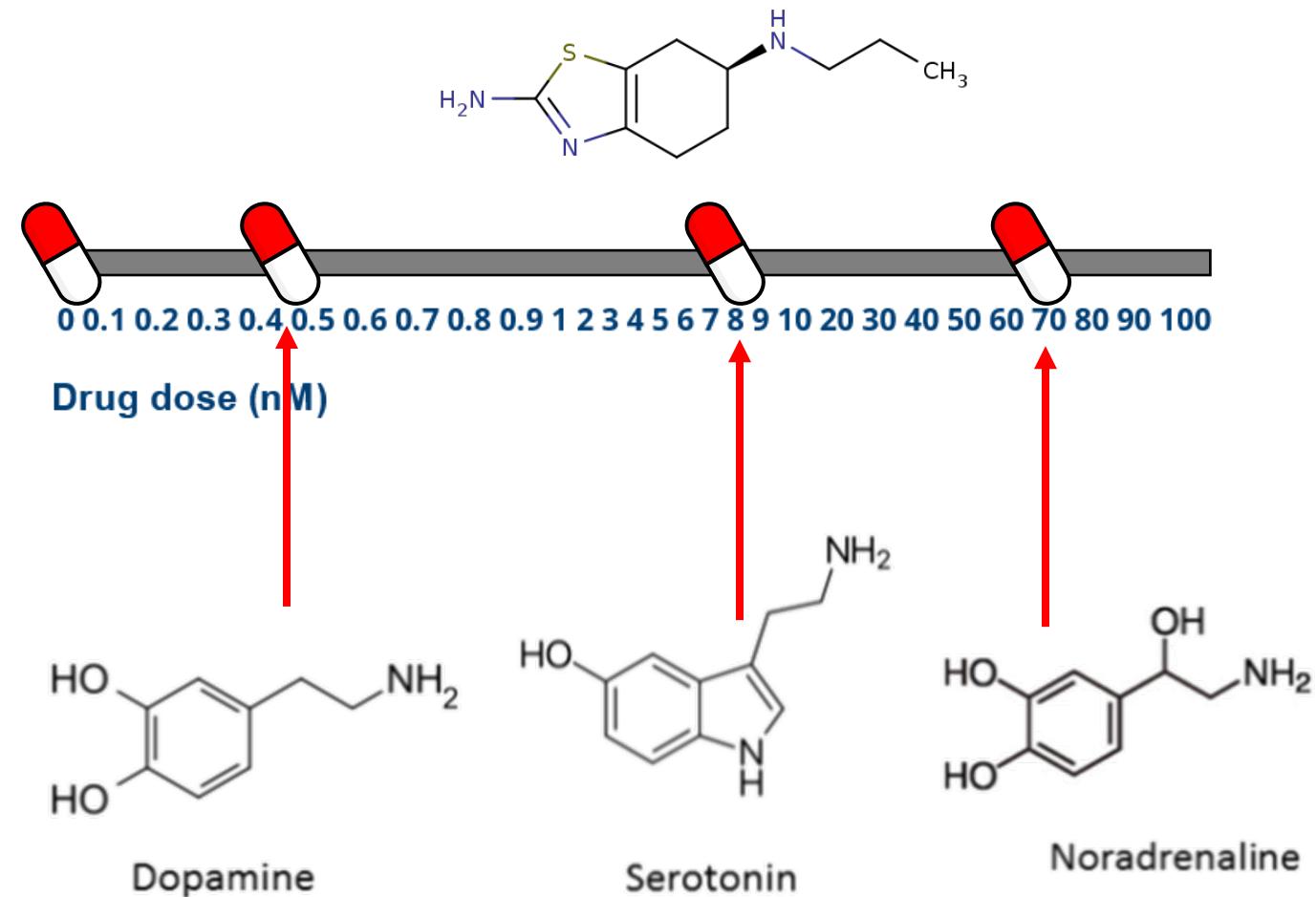
Side effects

As the name implies, a side effect is an effect produced by the drug that is secondary to the intended effect.

If that side effect has negative health consequences, then it is also termed an **adverse effect**

The two terms are often used interchangeably, since most side effects have some sort of negative health consequence from minor (e.g. runny nose) to major (e.g. heart attack)

Pramipexole – dopamine receptor agonist



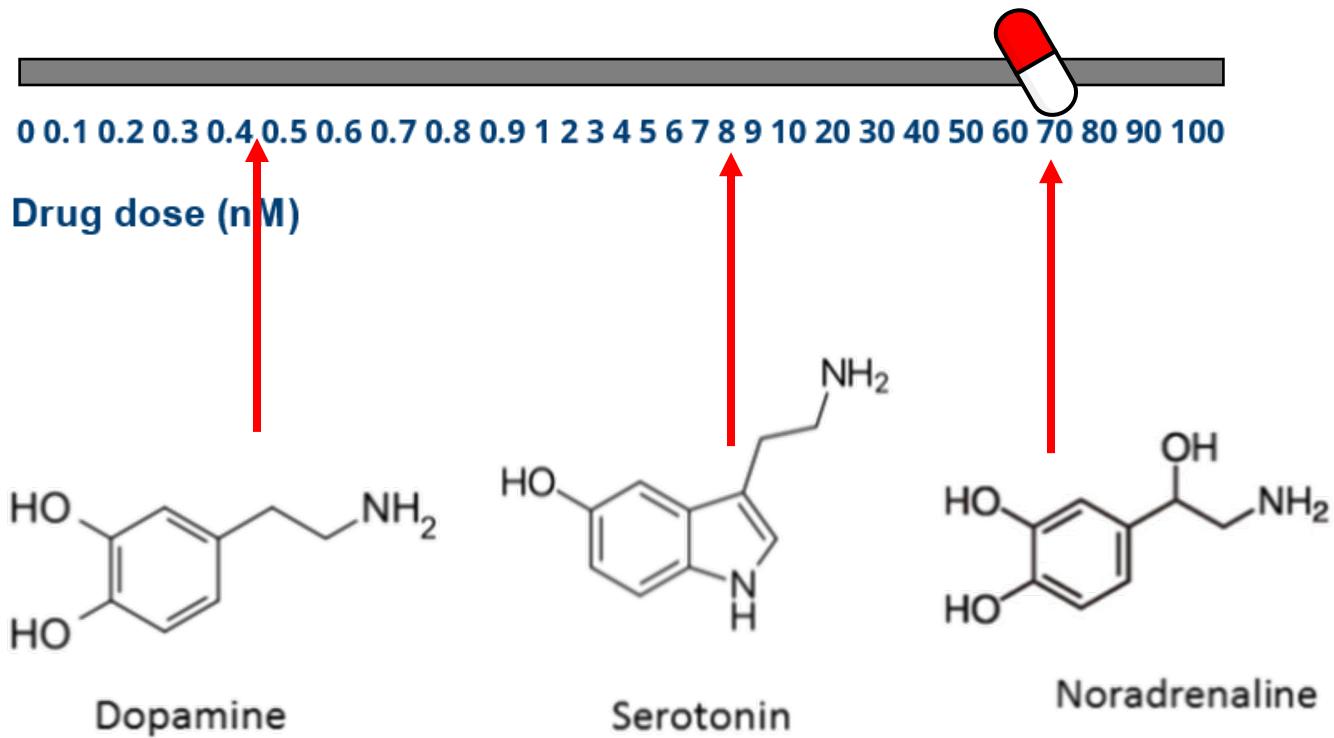
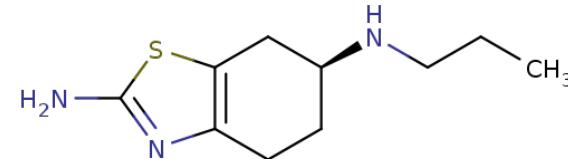


Pharmacology –side effects/adverse effects

Side effects

These can be due to **off-target effects**
(e.g. Pramipexole selectivity)

Pramipexole – dopamine receptor agonist





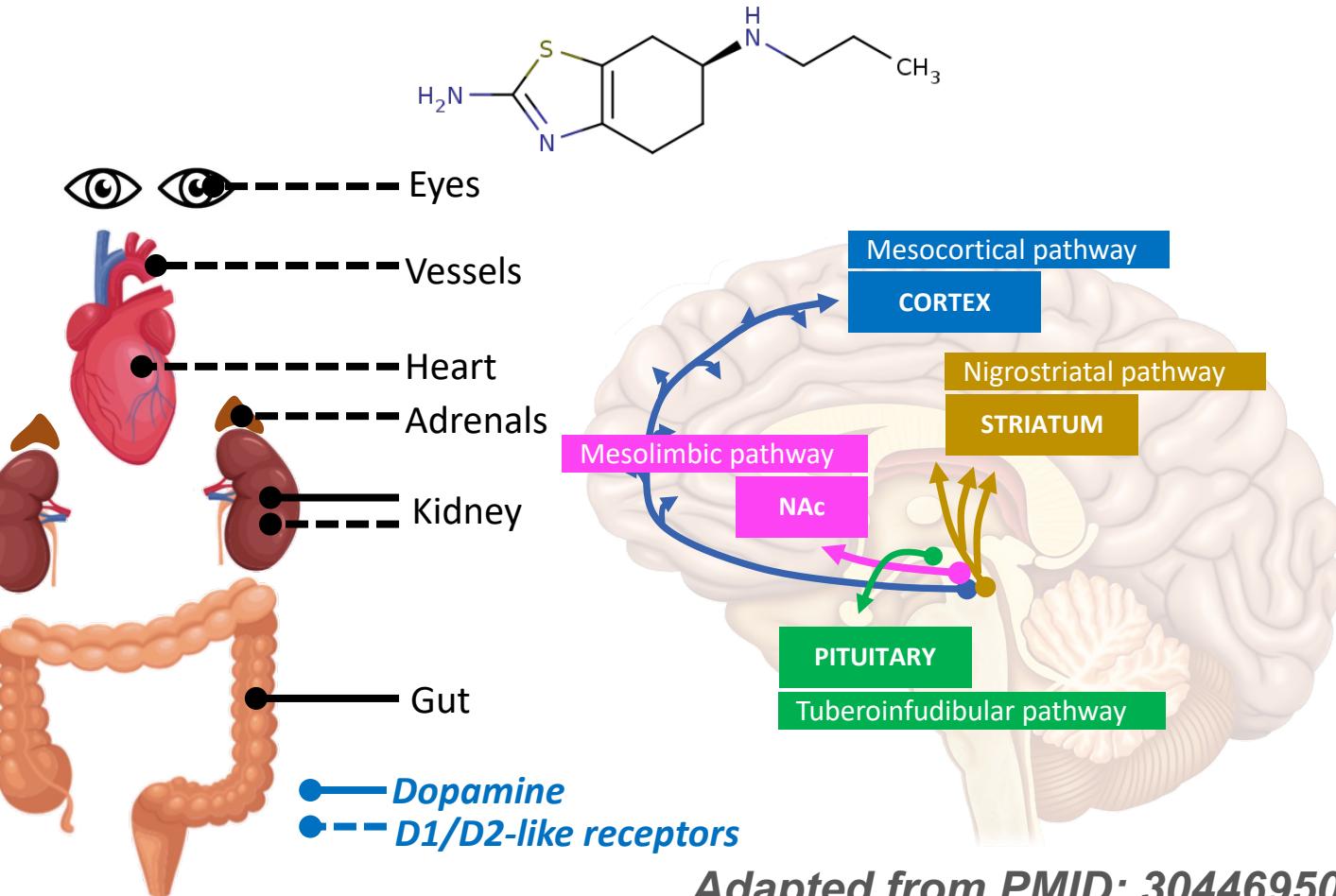
Pharmacology –side effects/adverse effects

Side effects

Or they can be due to **effects on the same target**

Q: What is the relevance of the figure posted opposite for pramipexole side effects?

Pramipexole – dopamine receptor agonist



Adapted from PMID: 30446950



Pharmacology –side effects/adverse effects

Side effects

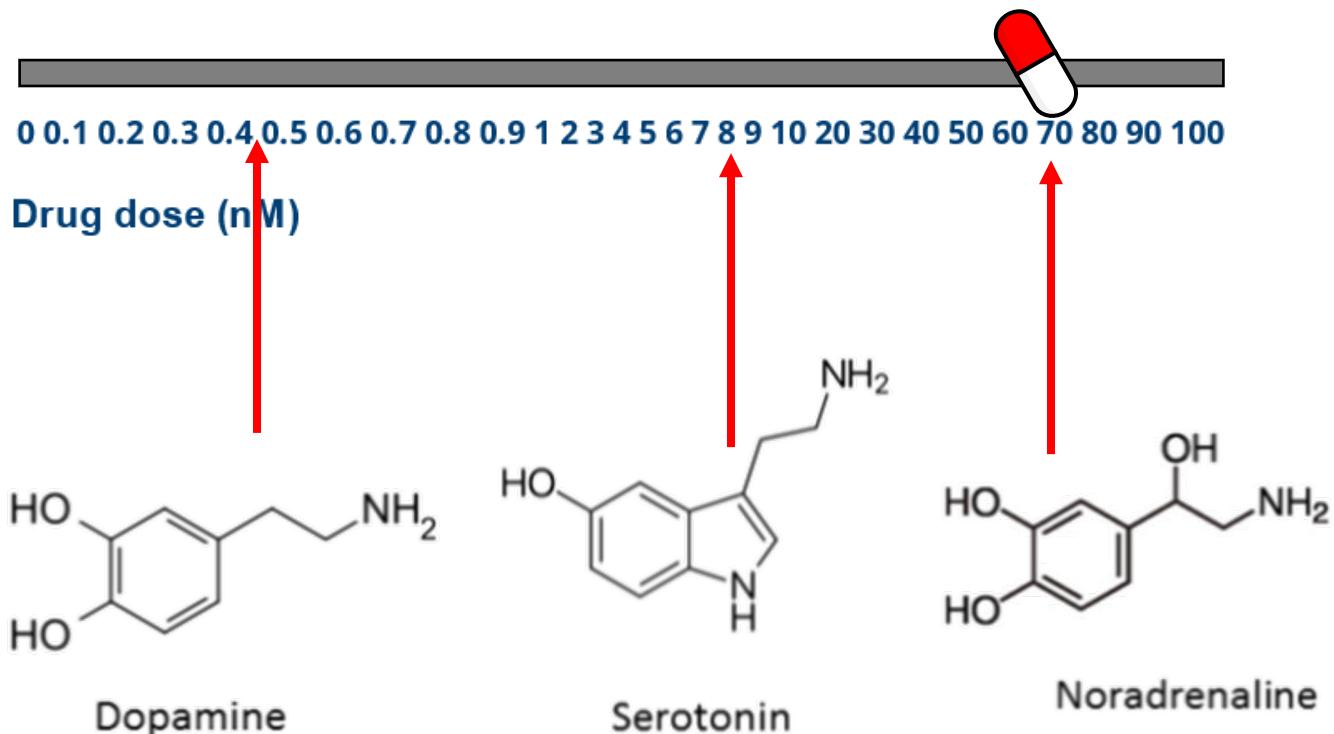
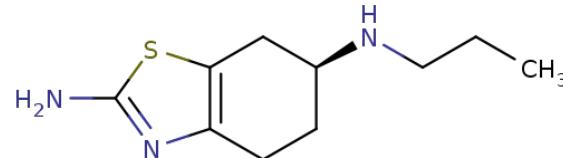
What does it all mean?

Side effects can be produced by drug action:

- a) on **other targets in the same tissue** or **other tissues**
- b) on the **same target in other tissues**
- c) **dependent on the dose** of drug administered

The 'safest' drugs are those where there is a **large difference between the dose required to induce the desired effect and the dose required to induce side effects/adverse effects**

Pramipexole – dopamine receptor agonist





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Lock and key hypothesis

Dose/side effects

Dose

Drug effects are dose related
As dose increases, selectivity is lost

Side effects/adverse effects

Secondary drug effects – can have negative health consequences

Can be due to effects on:
Same target in other tissues
Different targets

Drug safety linked to dose required to induce adverse events