

## Drugs\_Receptor Interactions And Pharmacodynamics

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**Pharmacodynamics**: هي تأثير الدواء على الجسم  
وال **concentration** مال ال **drug** ياثّر على مدى الاستجابة لهذا ال  
drug واحنا نعرف ال response اما يكون **beneficial or harmful**.  
عن طريق ارتباط ال **drug** و ال **receptor**.

\_ مكان ال **receptor** اما على **سطح الخلية** او **داخل الخلية**.

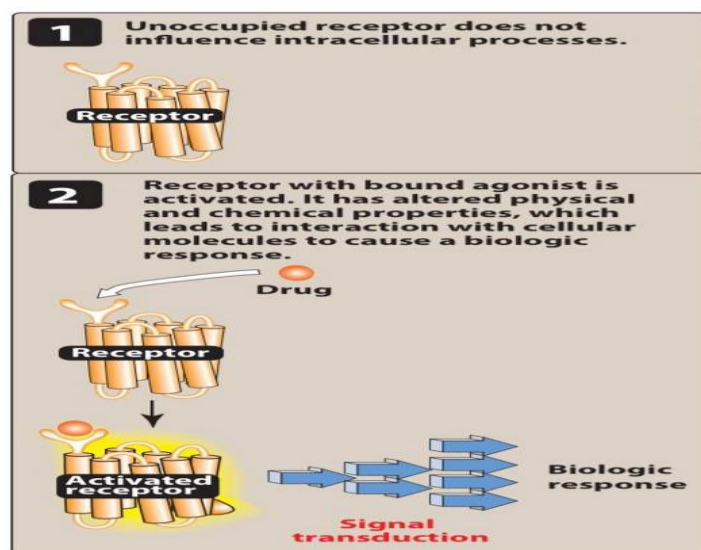
\_ **receptor** هو عبارة عن اي biological molecules  
ترتبط وية الدرك وتسوي رسبونس مثل البروتينات  
الاحماض الامينية وحتى الانزيمات تشتغل كرسبترات للدرك.

\_ اكو مصطلح **signal transduction**, and **Drugs act as signals**,  
their **receptors act as signal detectors**. Receptors

transduce their recognition of a bound agonist by  
initiating a series of

reactions that ultimately result in a specific intracellular response.

(agonist) معناها drug ترتبط ب receptor وتسوية activation



**Figure 2.1**  
The recognition of a drug by a receptor triggers a biologic response.

### A. The drug–receptor complex

Cells have many different types of receptors, each of which is specific for a particular agonist and produces a unique response

مثل عدنا بال cardiac cell membrane البيتا رسيتر فتكون

سبيسفاك لل epinephrine and norepinephrine

وتحتوي على muscarinic receptor تكون سبباً لل  
 acetylcholine (يعني ال drug من ترتبط ب receptor ويصير  
 response راح يشتغل على acetylcholine)

فائدة هاي الرسبترات تسير dynamically على ال heart function  
 اسم الرسبتتر حسب type of agonist that interacts best with  
 it. مثل عندي الرسبترات مال الهستامين اسميهن histamine receptor

## B. Receptor states

يعني ممكن الرسبتتر يكون active وممكن يكون inactive.

## C. Major receptor families

انواع الرسبترات راح اوضحها بالرسم:

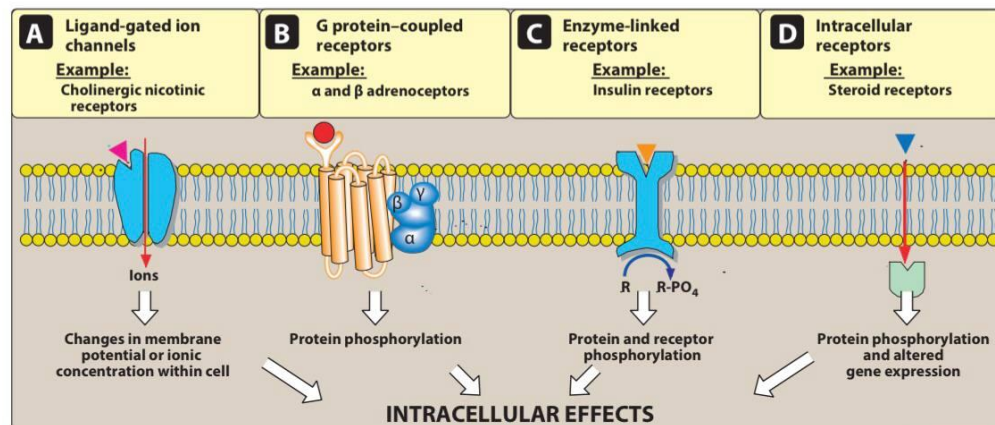


Figure 2.2

Transmembrane signaling mechanisms. **A.** Ligand binds to the extracellular domain of a ligand-gated channel. **B.** Ligand binds to a domain of a transmembrane receptor, which is coupled to a G protein. **C.** Ligand binds to the extracellular domain of a receptor that activates a kinase enzyme. **D.** Lipid-soluble ligand diffuses across the membrane to interact with its intracellular receptor. R = inactive protein.

## 1 Transmembrane ligand-gated ion channels:

a) The extracellular

portion of ligand-gated ion channels usually contains the  
 -ligand

binding site.

This site the pore through which the ion channel regulates the shape of the pore through which ions can flow across cell membranes.

2\_ هذا ال channel يبقى مغلق الى ان يجي فد drug agonist يرتبط بالرسبتير يالة يصير لة open

3- اعتمادا على ion conducted خلال هذا ال channel الرسبتيرات هذه تادي وظائف مختلفة:

## 1\_NEUROTRANSMISSION

## 2\_CARDIAC OR MUSCLE CONTRACTION

Acetylcholine ➡ binding in nicotinic receptor ➡ مثال/ stimulation receptor ➡ results in sodium influx and potassium outflux, ➡ generating an action potential in a neuron or contraction in skeletal muscle

NOTE agonist stimulation of the

γ-aminobutyric acid (GABA) receptor ➡ increases chloride influx and hyperpolarization of neurons. Voltage-gated ion channels

may also possess ligand-binding sites that can regulate channel function. For example, local anesthetics bind to the voltage-gated sodium channel,  $\Rightarrow$  inhibiting sodium influx  $\Rightarrow$  decreasing neuronal conduction

## 2\_ Transmembrane G protein-coupled receptors:

1\_ The extracellular domain of this receptor contains the ligand-binding area, and the intracellular domain interacts (when activated) with a G protein or effector molecule.

2\_ There are many kinds of G proteins (for example, Gs, Gi, and Gq), but they all are composed of three protein subunits.

a) The  $\alpha$  subunit binds guanosine triphosphate (GTP)

b) the  $\beta$  and

c)  $\gamma$  subunits anchor the G protein in the cell membrane.

3\_ Binding of an agonist to the receptor increases GTP binding to the  $\alpha$  subunit, causing dissociation of the  $\alpha$ -GTP

complex from the  $\beta,\gamma$  complex. These two complexes can then

interact with other cellular effectors, usually an enzyme, ,a protein

or an ion channel, that are responsible for further actions within

the cell. These responses usually last several seconds to .minutes

Sometimes, the activated effectors produce second messengers that further activate other effectors in the cell, causing a signal cascade effect.

noteA common effector, activated by  $G_s$  and inhibited by  $G_i$ , is adenylyl

cyclase, which produces the second messenger cyclic adenosine

monophosphate (cAMP).  $G_q$  activates phospholipase C, -gener

ating two other second messengers: inositol 1,4,5-trisphosphate (IP3) and diacylglycerol (DAG). DAG and cAMP activate different protein kinases within the cell, leading to a myriad of physiological effects. IP3 regulates intracellular free calcium concentrations, as well as some protein kinases

### 3\_Enzyme-linked receptors:

1\_ These receptors consists of a protein that may form dimers or multisubunit complexes

2\_ When activated, these receptors undergo conformational changes

resulting in increased cytosolic enzyme activity, depending their structure and function

2\_ This response lasts on the order of minutes to hours

-3\_ The most common enzyme

linked receptors (epidermal growth factor, platelet-derived growth factor, atrial natriuretic peptide, insulin, and -others) possess tyrosine kinase activity as part of their structure.

The activated receptor phosphorylates tyrosine residues on itself and then other specific proteins. Phosphorylation ➡ modify the structure of the target protein ➡ acting as a molecular switch. For example, when the peptide hormone (insulin) binds to two of its receptor subunits, ➡ their intrinsic tyrosine kinase activity causes autophosphorylation ➡ the receptor itself. In turn, the phosphorylated receptor -phosphorylates other peptides or proteins that subsequently activate other important cellular signals. This cascade of activations



results in a multiplication of the initial signal, much like  
that with

.G protein–coupled receptors

4\_ :Intracellular receptors

1\_ the ligand must diffuse into

.the cell to interact with the receptor

In order to

move across the target cell membrane, the ligand must  
have

sufficient lipid solubility.

– The primary targets of these ligand  
receptor complexes are transcription factors in the cell  
.nucleus

Binding of the ligand with its receptor generally  
activates the  
receptor via dissociation from a variety of binding  
.proteins

The activated ligand–receptor complex then  
translocates to the  
nucleus, where it often dimerizes before binding to  
transcription

factors that regulate gene expression. The activation or  
-inactivation

tion of these factors causes the transcription of DNA  
into RNA

and translation of RNA into an array of proteins. The  
time course

of activation and response of these receptors is on the  
order

of hours to days. For example, steroid hormones exert  
their

action on target cells via intracellular receptors. Other  
targets

of intracellular ligands are structural proteins, enzymes,  
, RNA

and ribosomes. For example, tubulin is the target of  
-antineoplastic

agents such as paclitaxel (see Chapter 46), the  
enzyme

dihydrofolate reductase is the target of antimicrobials  
such as

trimethoprim.

, and the 50S subunit of the

bacterial ribosome is the target of macrolide antibiotics  
such as  
erythromycin.

### Dose response relationships:

#### a) A. Graded dose–response relations

As the concentration of a drug increases, its  
pharmacologic effect also  
gradually increases until all the receptors are occupied  
(the maximum  
effect).

**\_\_Potency:** Potency is a measure of the amount of drug  
necessary  
to produce an effect of a given magnitude. the  
concentration  
of drug producing 50% of the maximum effect (EC<sub>50</sub>) is  
usually used to determine potency.

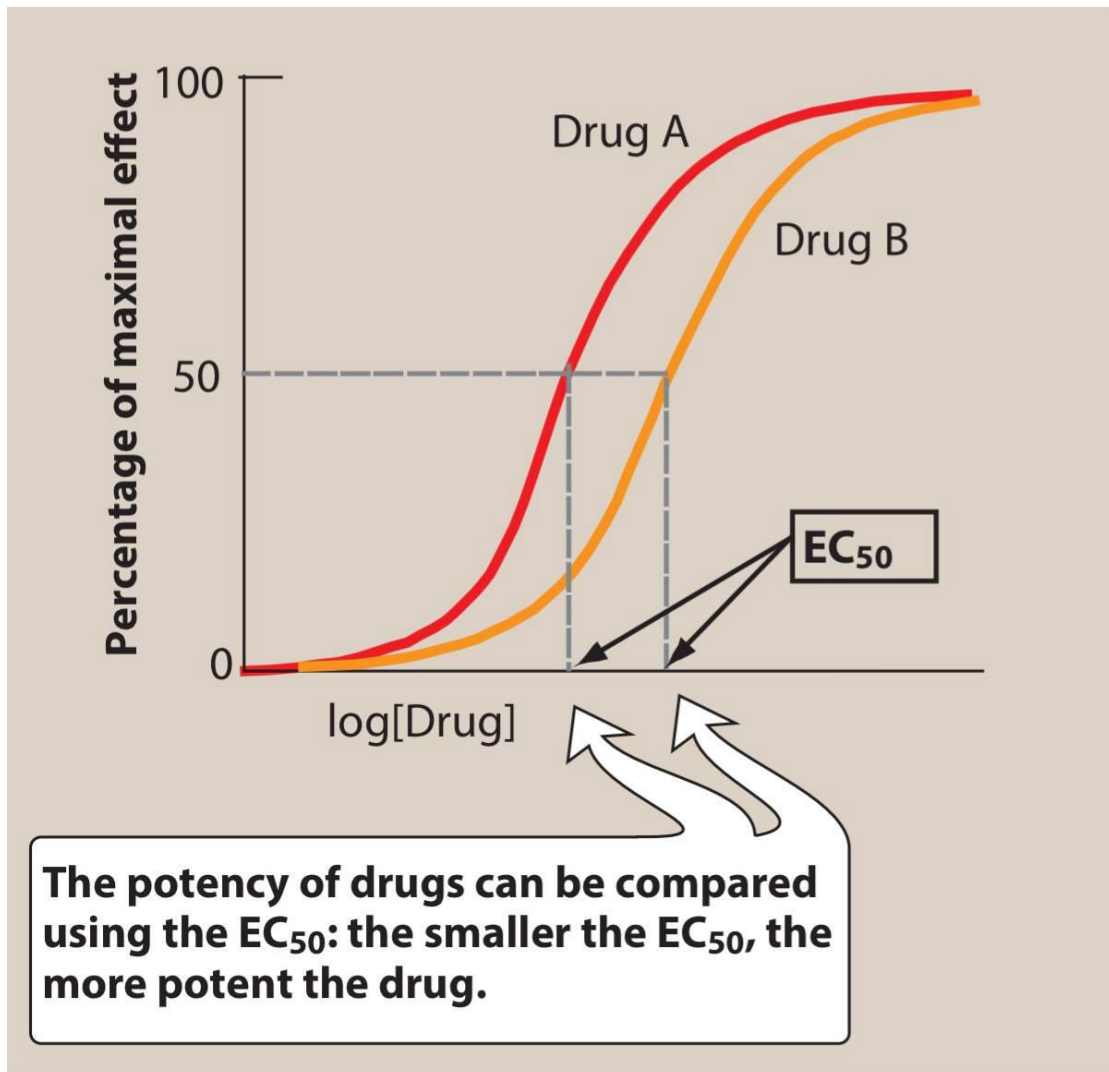
\_\_حتى نفتهم البوتنسي ناخذ مثال/ and candesartan  
irbesartan are \_\_\_\_\_ angiotensin receptor blockers that  
are used to  
treat hypertension

The therapeutic dose range for **candesartan**

is 4 to 32 mg, as compared to 75 to 300 mg for  
.irbesartan

Therefore, candesartan is more potent than is irbesartan  
(it has  
,a lower EC<sub>50</sub> value

يعني استنتج ان ال drug اللي باقل دوز ينطي therapeutic effect هو  
اللي يكون more potent كما موضح بالرسم



اعتبر:

A\_\_CANDESARTAN,B\_\_IRBESARTAN

\_\_Efficacy is the magnitude of response a drug causes when it interacts with a receptor. Efficacy is dependent on the number of drug–receptor complexes formed and the intrinsic activity of the drug its ability to activate the receptor and cause a cellular ) .(response

Maximal efficacy of a drug ( $E_{max}$ ) assumes that all receptors are occupied by the drug, and no increase in response is observed if a higher concentration of drug is obtained.

,\_\_\_\_\_ the maximal response differs between full and partial agonists, even when 100% of the receptors are occupied by the drug. Similarly, even though an antagonist occupies 100% of the receptor sites, no receptor activation results and  $E_{max}$  is zero.

NOTE) — a drug with greater efficacy is more therapeutically beneficial than is one that is more potent.

## B. Effect of drug concentration on receptor binding

The quantitative relationship between drug concentration and receptor occupancy applies the law of mass action to the kinetics of the binding of drug and receptor molecules

$$\text{Drug} + \text{Receptor} \rightleftharpoons \text{Drug-receptor complex}$$

Biologic effect.

## C. Relationship of drug binding to pharmacologic effect

1) The magnitude of the response is proportional to the amount of receptors bound or occupied, 2) the E<sub>max</sub> occurs when all receptors are bound, and 3) binding of the drug to the receptor exhibits no cooperativity

مصطلحات جدا مهمة:

FULL AGONIST	PARTIAL AGONIST	INVERSE AGONIST
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<p><b>1_A. Full agonists</b>  If a drug binds to a receptor ➡ produces a maximal biologic response that mimics the response to the endogenous .ligand receptor, ➡ stabilizing the in its active state .and are said to .</p>	<p>partial agonist may have an affinity that is greater than, less than, or equivalent to that of a full agonist have ➡ .than one</p>	<p>Rceptors show a spontaneous conversion from R to R*(INACTIVE RECEPTOR) in the absence of an agonist. Inverse agonists, unlike full agonists, -stabilize the inactive R(ACTIVE RECEPTOR) form and cause R* to convert to R. This decreases the number of activated receptors to below that observed in the absence of drug</p>
<p><b>2-all full agonist</b>  should produce the same Emax</p>	<p>cannot produce . the same Emax as a full agonist</p>	
<p><b>3_</b> have an intrinsic activity of one</p>	<p>intrinsic activities greater than zero but less THAN ONE</p>	<p>have an intrinsic activity less than zero</p>
<p><b>4_</b> example, phenylephrine is</p>	<p>As the number of receptors</p>	

<p>a full agonist at <math>\alpha 1</math>-adrenoceptors, because it produces the same <math>E_{max}</math> as does the endogenous ligand, -norepinephrine. Upon binding to <math>\alpha 1</math>-adrenoceptors on vascular smooth muscle phenylephrine stabilizes the receptor in its active state. ➡</p> <p>This leads to the mobilization of intracellular <math>Ca^{2+}</math>, causing interaction of actin ➡ myosin filaments and ➡ shortening of the muscle cells. ➡ The diameter of the arteriole</p>	<p>occupied by the partial agonist increases, the <math>E_{max}</math> would decrease until it reached the <math>E_{max}</math> of the partial agonist.</p> <p>This potential of partial agonists to act as both an agonist and antagonist may be therapeutically utilized. For example, aripiprazole, an -atypical antipsychotic, is a partial agonist at selected dopamine receptors.</p> <p>Dopaminergic pathways that are overactive tend to be inhibited by</p>	
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<p>decreases, ➡ causing an increase in resistance to blood flow through the vessel and ➡ an increase in blood pressure.</p>	<p>aripiprazole, whereas pathways that are underactive .are stimulated This might explain the ability of aripiprazole to improve symptoms of schizophrenia, with a small risk of causing extrapyramidal adverse . effects</p>	
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## Antagonists

**Antagonists bind to a receptor with high affinity but  
-possess zero intrinsic activity**

يعني يجي الانتاكونست فقط يشغل الرسبتر يسويله بلوك عكس  
الاكونست يسوي اكنفيشن للرسبتر. الانواع :

1)Competitive antagonists: If both the antagonist and  
the agonist

bind to the same site on the receptor in a reversible manner, they are said to be “competitive.” The competitive antagonist prevents an agonist from binding to its receptor and maintains the receptor in its inactive state.

(يعني تصير فد منافسة بين AGONIST و ال ANTAGONIST على الارتباط بالرسبتير بشكل REVERSIBLE فبتالي ال ANTAGONIST فبتالي يسوي انكتفیشن للرسبتير. واكدر اتغلب على هل التأثير عن طريق اضافة MORE AGONIST لان كلنا هو ريفيرزبل.

REDUCE agonist **potency**\_

2\_Irreversible antagonists: Irreversible antagonists bind covalently to the active site of the receptor, thereby reducing the number of receptors available to the agonist.

(هاي تعتبر NONCOMPETITIVE بالتالي من اسمها ارريفيرزبل مراح نكدر نتغلب على هذا التأثير مثل الاكونست

reduce agonist **efficacy**\_

3\_Allosteric antagonists: An allosteric antagonist also causes a

downward shift of the Emax, with no change in the EC50 value of

an agonist. This type of antagonist binds to a site ("allosteric site

other than the agonist-binding site and prevents the receptor from

being activated by the agonist

4\_Functional antagonism: An antagonist may act at a completely

separate receptor, initiating effects that are functionally opposite

.those of the agonist

(يعني هو راح يفصل ل الرسبترات , بالتالي ينطي تاثير يعاكس تاثير الاكونست وظيفيا).

### Therapeutic index

The therapeutic index (TI) of a drug is the ratio of the -dose that pro

duces toxicity in half the population (TD50) to the dose that produces

a clinically desired or effective response (ED50) in half :the population

$$/ TI = TD50 ED50$$

The TI is a measure of a drug's safety, because a larger  
-value indi  
cates a wide margin between doses that are effective  
and doses that  
are toxic

REF. LIPINCOTT

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