

## Lecture 13

### Receptors and signalling pathways 2: G protein coupled receptors, enzyme receptors and intracellular receptors

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VETS30015 /  
VETS90121

# Intended learning objectives

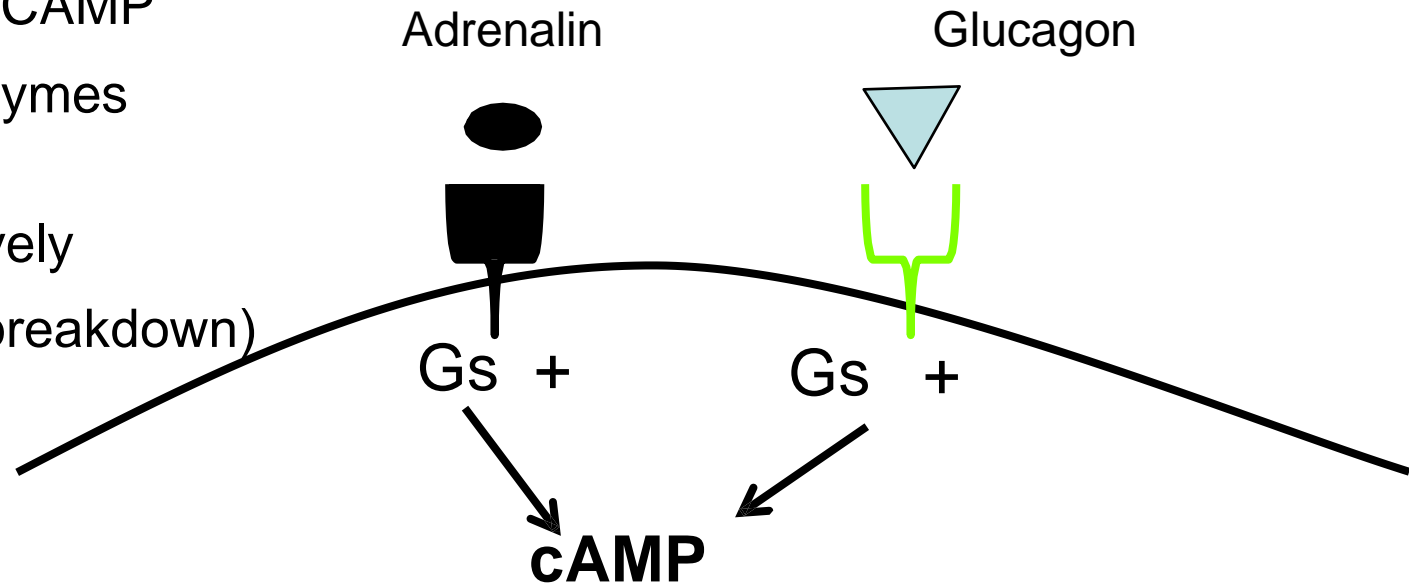
- Describe the main signal transduction pathways involved in cell signalling
  1. Ligand-gated ion channels
  2. G-protein coupled receptors,
  3. Receptor enzymes (i.e., tyrosine kinase),
  4. Nuclear receptors (class I and class II)
    - Discuss the mechanism of nuclear receptor activation
- Be able to give an example of each.
- Describe how different types of G proteins (Gs, Gi, Gq, Gt signalling) can be linked to different intracellular signalling pathways
- Describe how endothelial cells can be stimulated to produce nitric oxide, causing dilation of smooth muscle.
- Describe how enzyme-linked receptors, such as growth factor receptors and the insulin receptor, activate downstream effector proteins.
- Understand how some hormones act through intra-cellular receptors, leading to changes in gene transcription via hormone response elements.

# G protein families

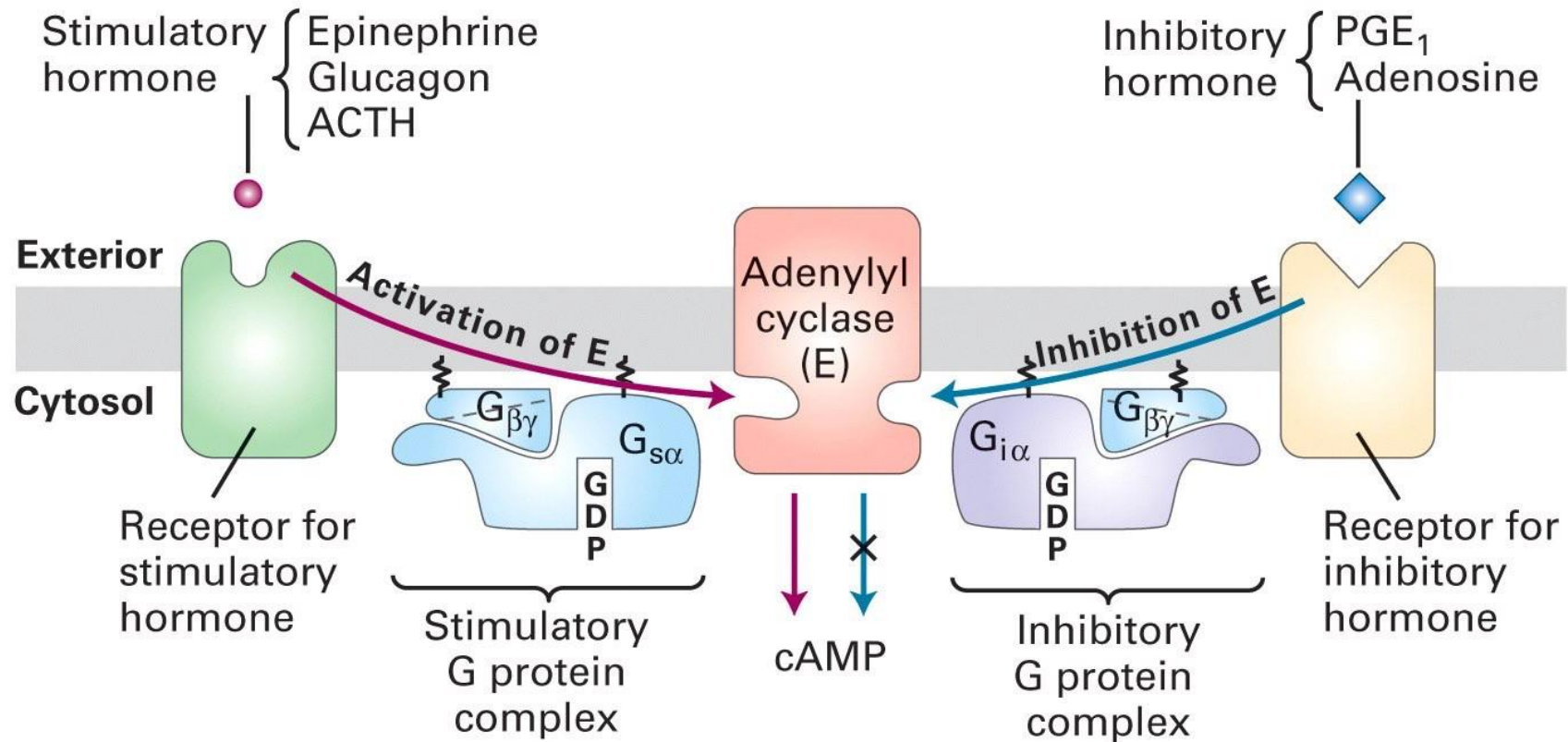
G protein	Receptor	Signalling pathway
Gs	$\beta$ -adrenergic receptors, glucagon, histamine, serotonin	Stimulatory, increase cAMP
Gi	$\alpha_2$ -adrenergic receptors	Inhibitory, decrease cAMP
Gq	$\alpha_1$ -adrenergic receptors, some muscarinic receptors; histamine	IP <sub>3</sub> , DAG Increase cytoplasmic Ca <sup>++</sup>
Gt	Light receptors in eye	Transducin, Increase cGMP phosphodiesterase (catalytic) Decrease cGMP

# Important regulatory control points

- Example of two hormones acting additively -  
Use same second messenger, cAMP
- Glucagon & Adrenalin, acting on the liver
  - Both acts via GS proteins
  - Increase adenylate cyclase
  - increase CAMP
  - Same enzymes activated
  - Act additively  
(↑ glycogen breakdown)

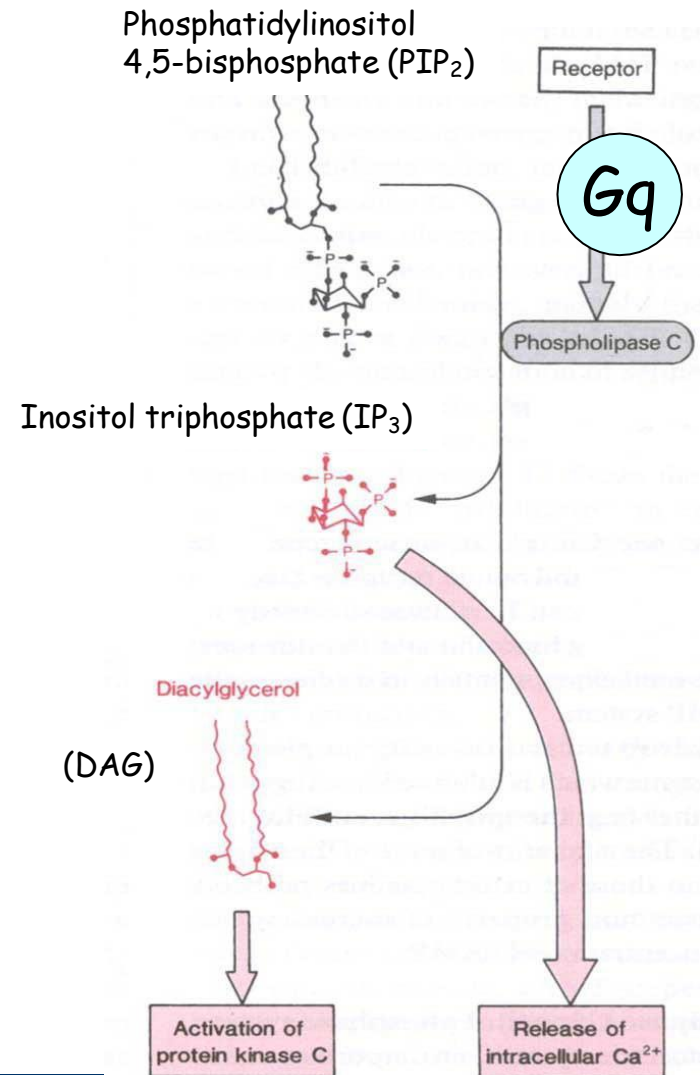
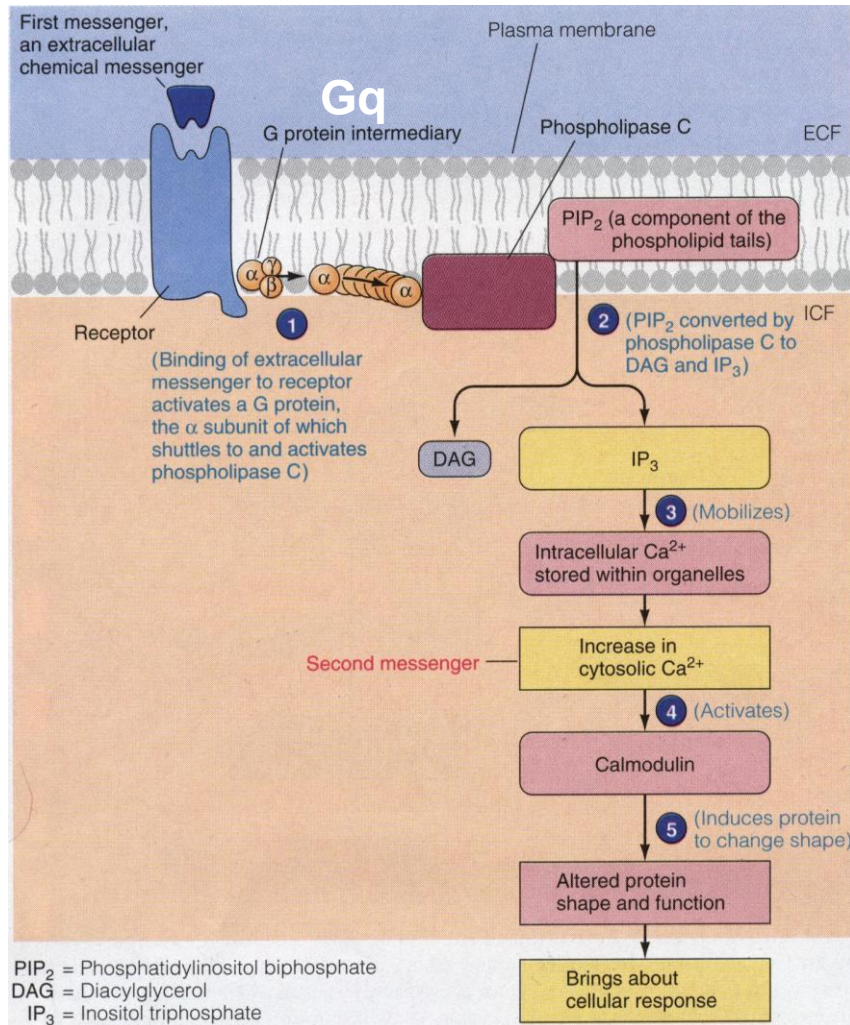


# Important regulatory control points Gs & Gi proteins

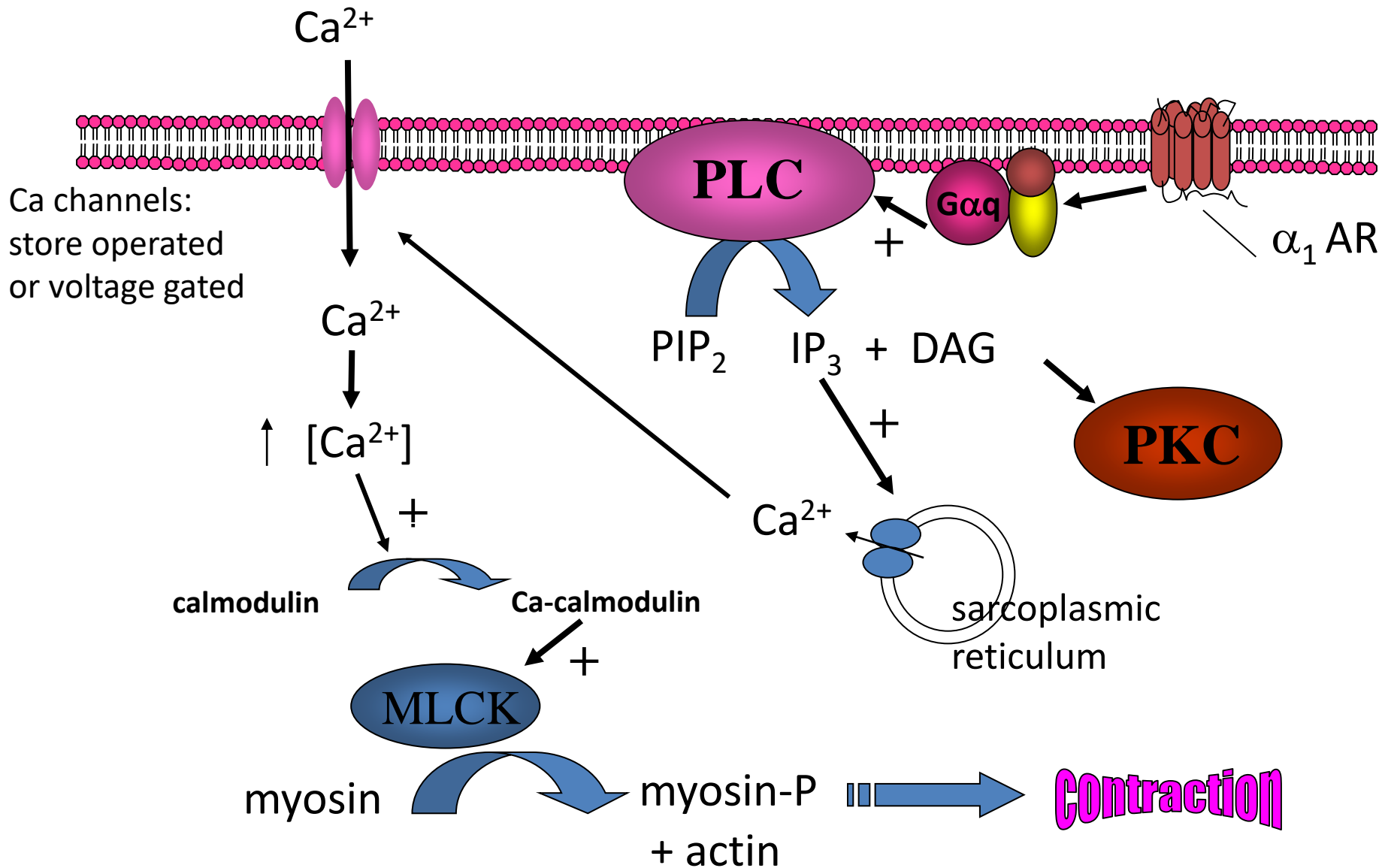




# Gq proteins & phospholipase C activation



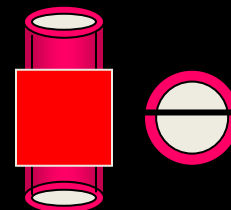
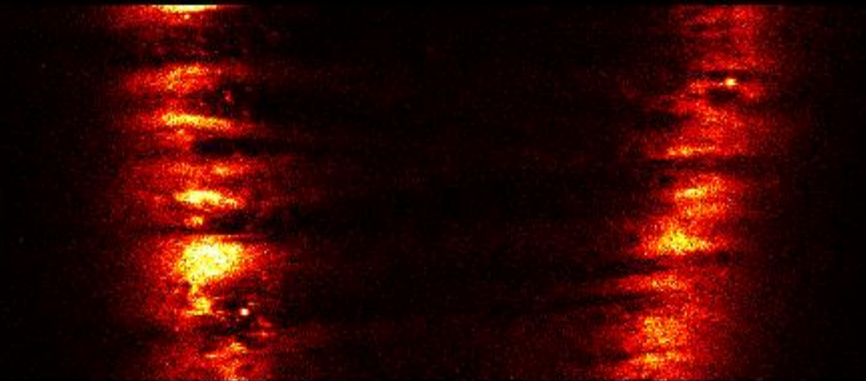
# $\alpha_1$ adrenoceptor-mediated constriction of smooth muscle



# Calcium influx in mouse tail arteriole

$\text{Ca}^{2+}$  activated  
fluorescent dye

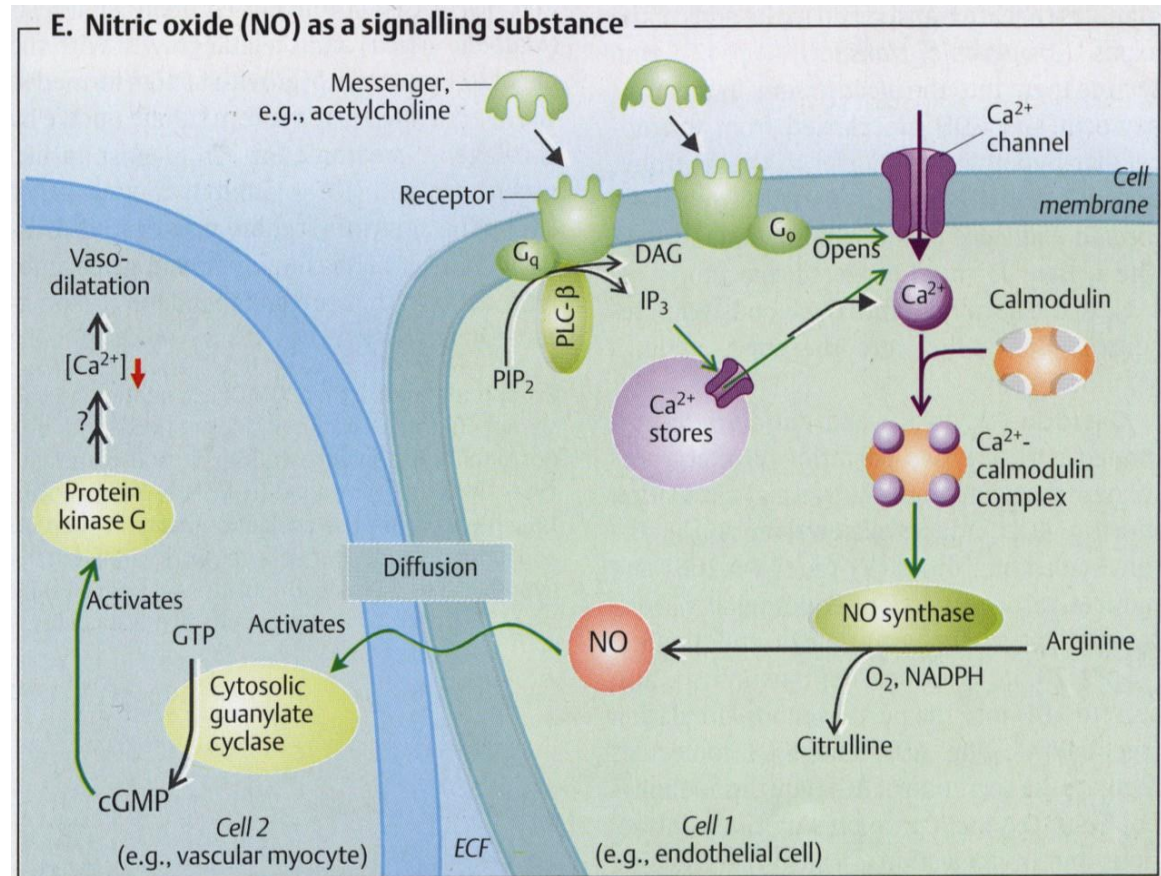
$\alpha_1$  adrenoceptors  
stimulated with NA  
mimetic





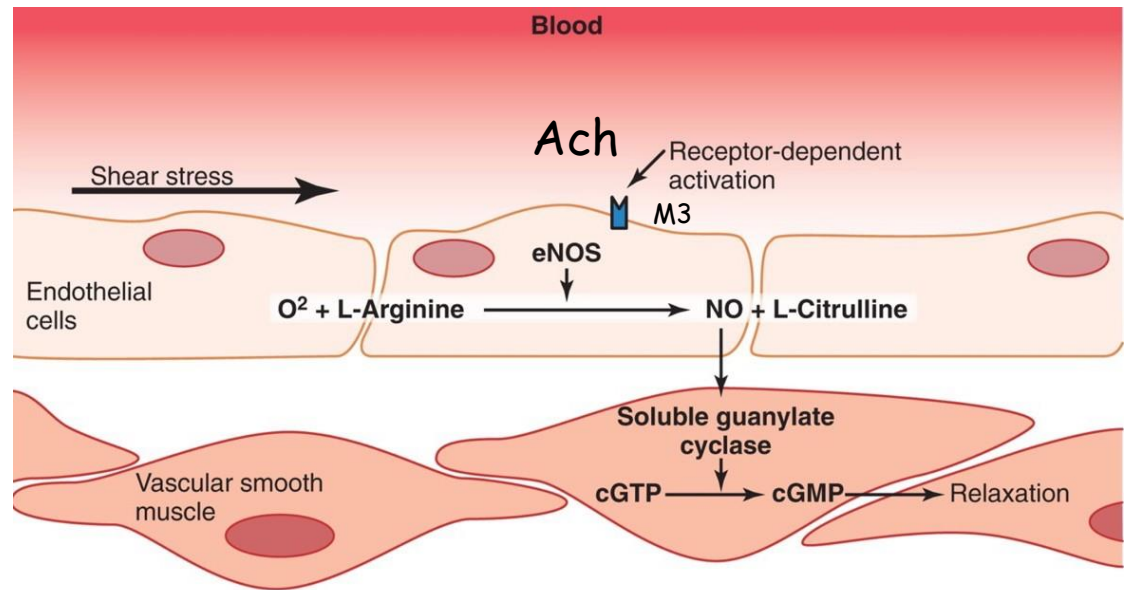
## Nitric oxide (NO):

- Labile (short-lived) gas molecule
- Produced by cardiovascular endothelial cells
- Causes vasodilation
- NO donor compounds used in the treatment of congestive heart failure



# Nitric oxide signalling in blood vessels

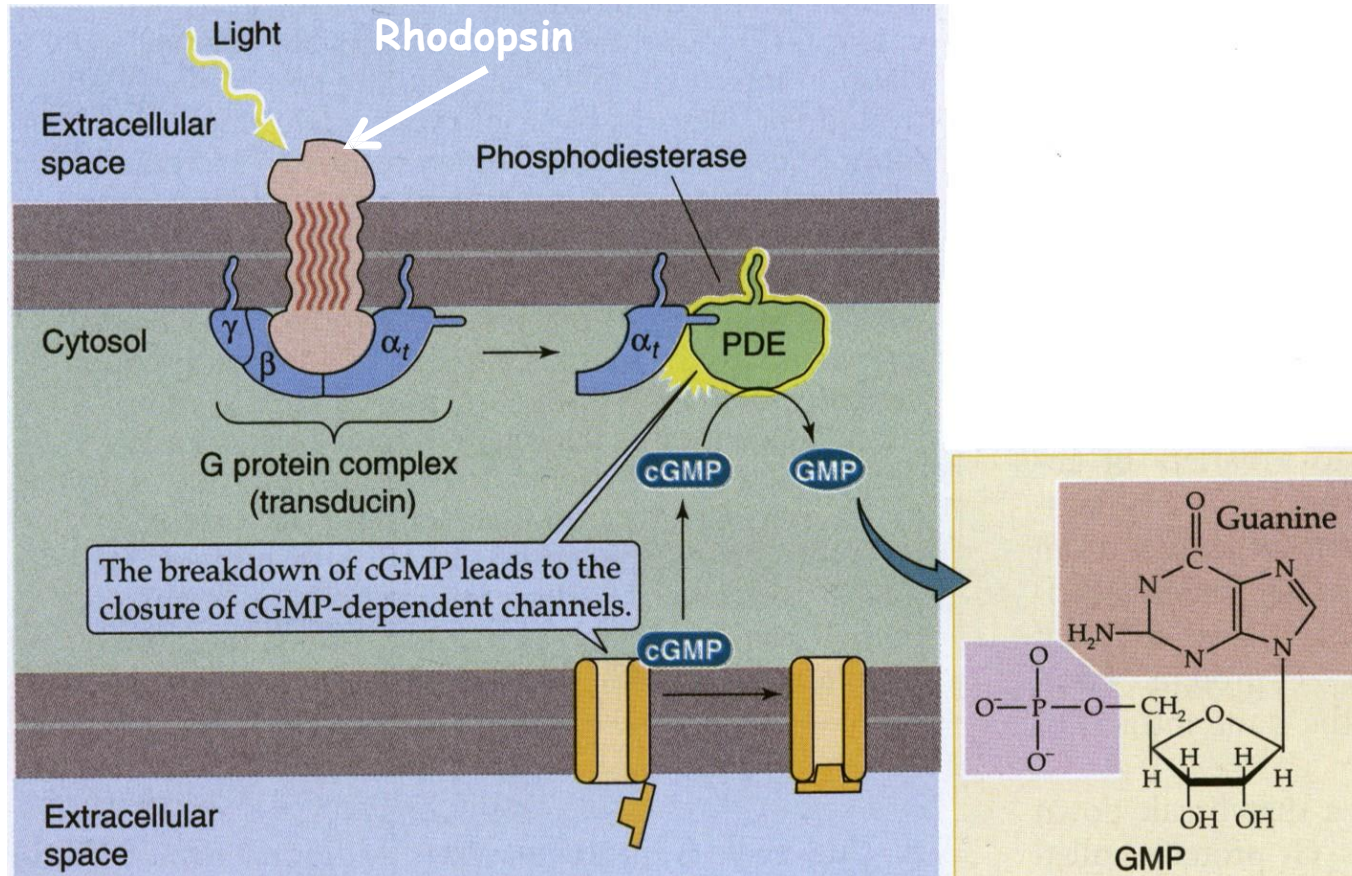
- Small, toxic gas
- Acts locally
- Short  $\frac{1}{2}$  life of 5-10 sec
- Endogenous NO release stimulated by bradykinin, acetylcholine, adenine nucleotides



## • Example

1. Ach binds Muscarinic M3 receptor linked to Gq protein on endothelial cell
2. Causes cascade that activates NO synthase (eNOS)
3. Arginine converted to citrulline + NO
4. NO diffuses into adjacent smooth muscle cells
5. NO activates cytosolic guanylyl cyclase
6. cGTP is converted to cGMP
7. cGMP activates protein kinase G which phosphorylates muscle proteins to induce muscle relaxation – more blood flow

# $G\alpha_t$ proteins & phosphodiesterase Phototransduction in the retina

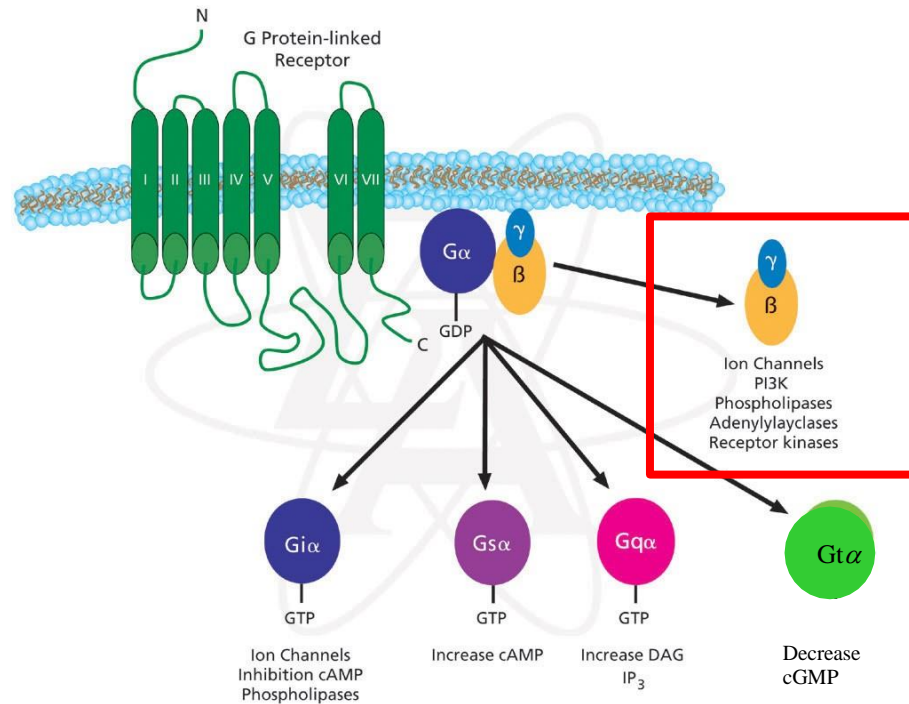


Closes cation channels

$\text{Na}^+$  &  $\text{Ca}^{2+}$



# G-protein families + $\beta\gamma$ signalling



Diversity of  
G Protein-Coupled receptor signal transduction pathways

# Examples – ion channel vs G protein transduction $\beta\gamma$ signalling

- **Ionotropic receptor**

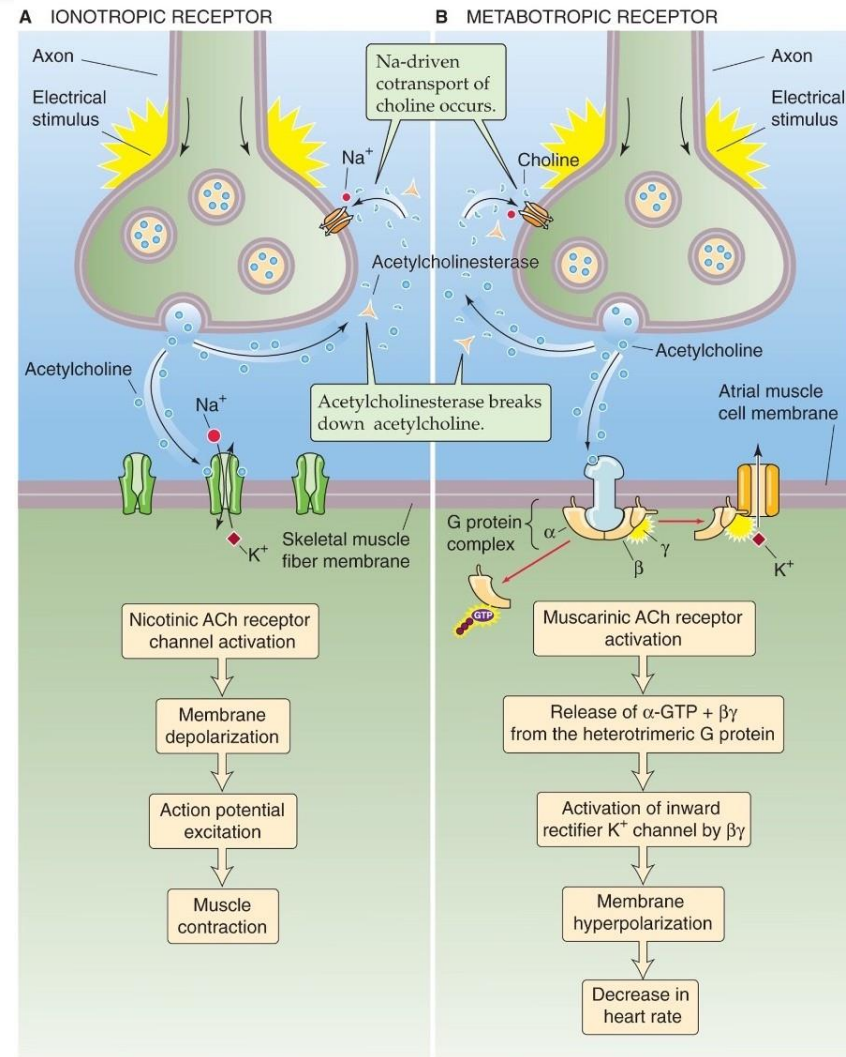
- Nicotinic Ach receptor
- Opens  $\text{Na}^+$  ion channel
- Ø Membrane depolarization
- Ø Action potential produced
- Ø Muscle contraction

## Skeletal muscle

- **Metabotropic receptor**

- Muscarinic receptor
- G protein activated
- $\beta\gamma$  subunit activates  $\text{K}^+$  channel
- Opens  $\text{K}^+$  ion channel
- Membrane hyperpolarization
- Decreased heart rate


- **Cardiac muscle**



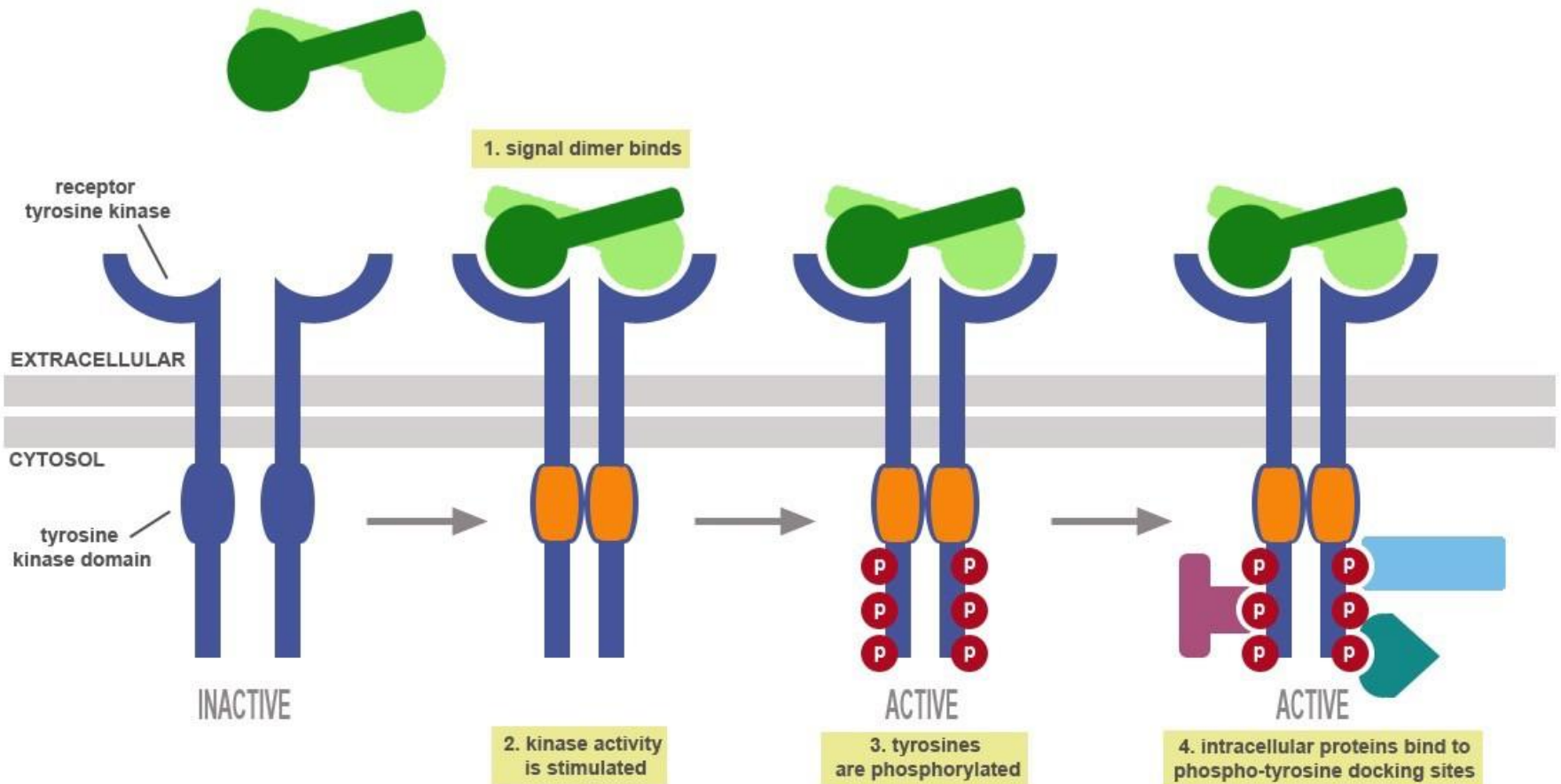


# G protein-coupled receptors

## 2<sup>nd</sup> messengers

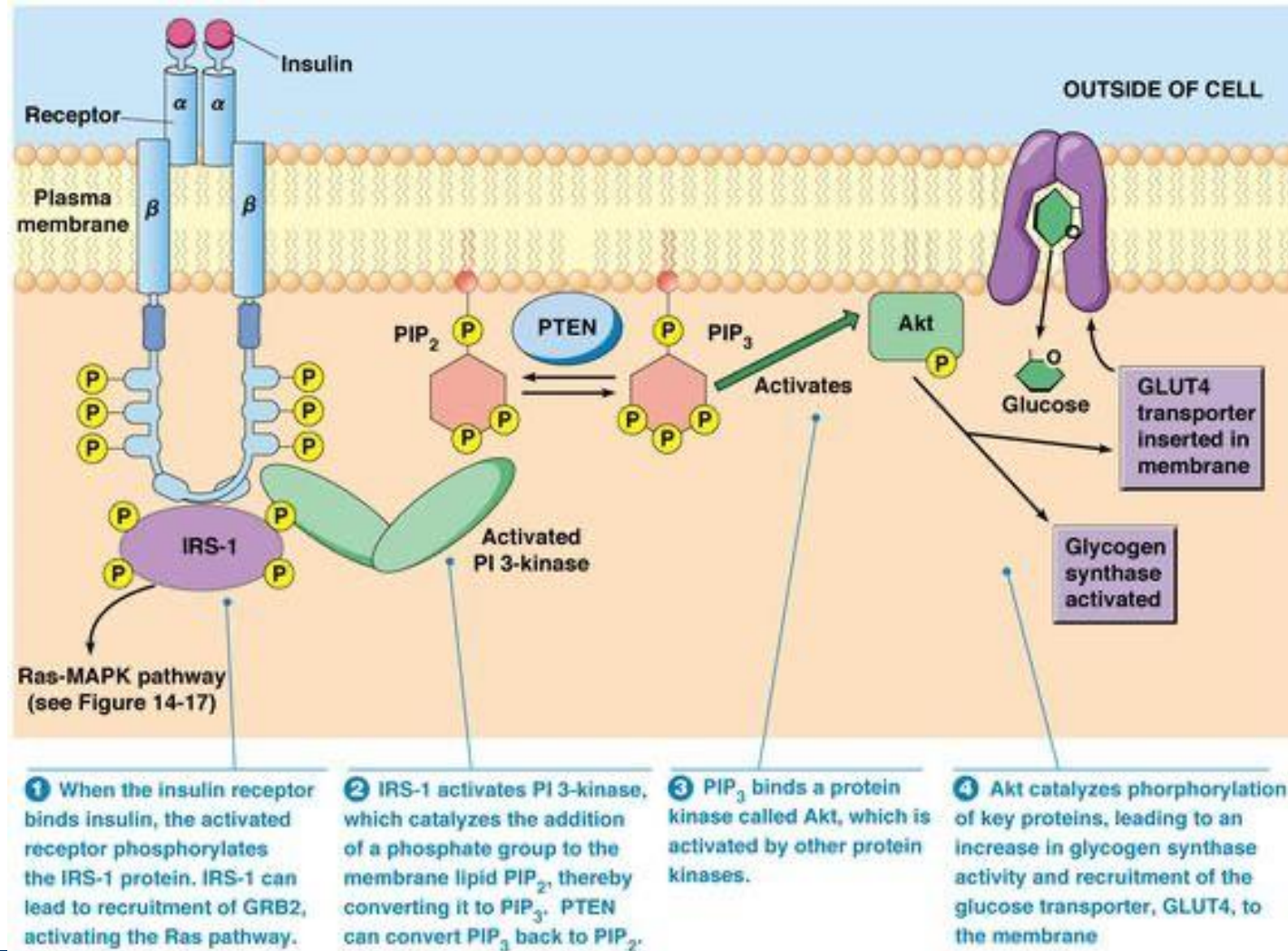
Ligand or signal	Effector enzyme	2 <sup>nd</sup> messenger
Adrenaline (epinephrine) Thyroid stimulating hormone (TSH) Angiotensin II (epithelial cells) Catecholamine ( $\beta$ receptors)  Acetylcholine (ACh, via a muscarinic receptor) Adrenocorticotrophic hormone (ACTH) Corticotrophin-releasing hormone (CRH) Follicle stimulating hormone (FSH) Glucagon Vasopressin ( $V_2$ receptor - epithelial cells)	Adenylyl cyclase	cAMP
Angiotensin II (vascular smooth muscle) Catecholamine ( $\alpha$ receptors) Gonadotropin-releasing hormone (GnRH) Growth hormone-releasing hormone (GHRH) Oxytocin Thyrotropin releasing hormone (TRH) Vasopressin ( $V_1$ receptor - vascular smooth muscle)	Phospholipase C	Inositol (1,4,5) trisphosphate ( $IP_3$ ) & Diacylglycerol (DAG)
Nitric oxide Atrial natriuretic hormone Light	Guanylyl cyclase (+)  Phosphodiesterase (-)	cGMP

# Activation of receptor kinase



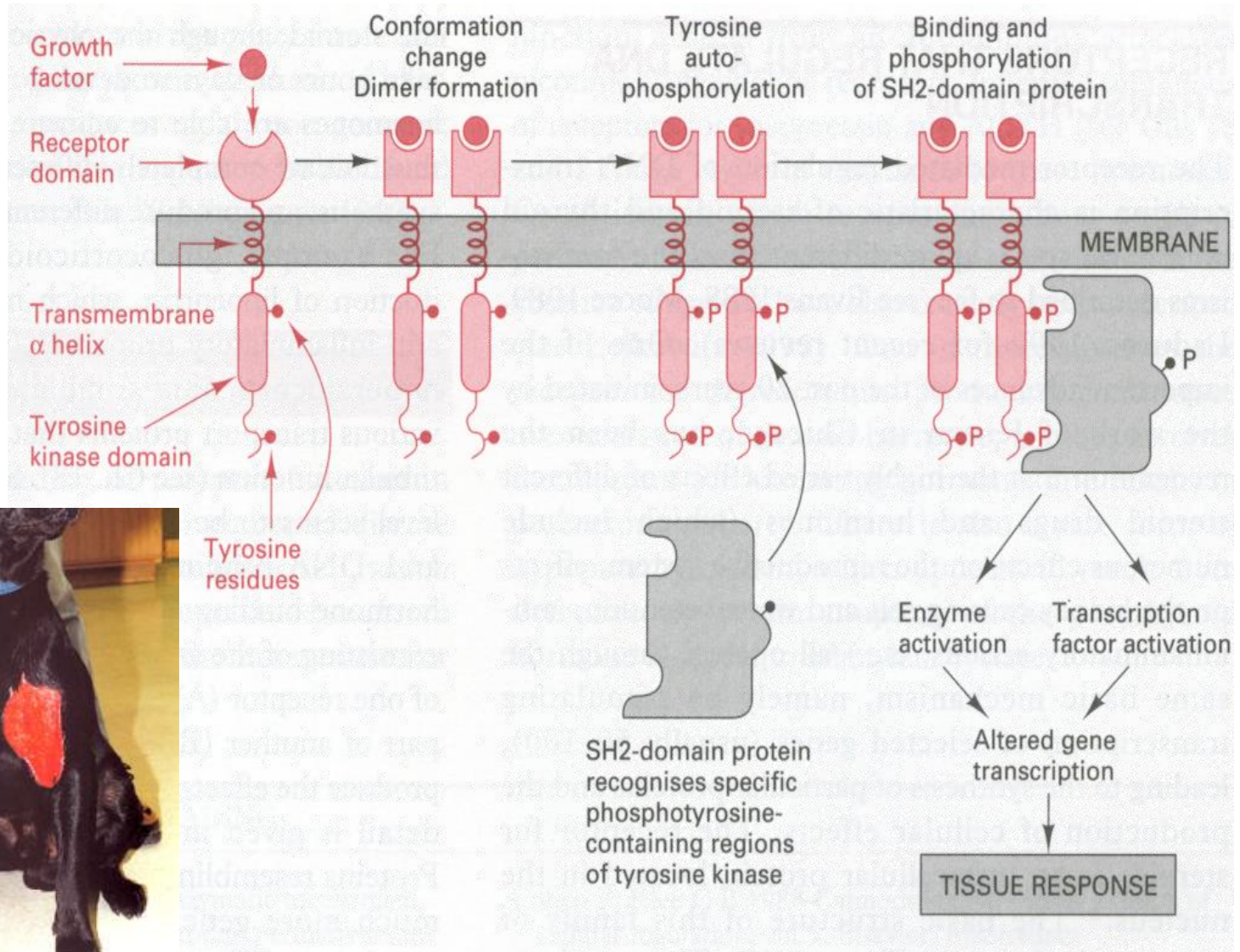
# Mechanism of action of insulin

- Activates insulin receptor substrates (IRS) via tyrosine kinase receptor





# Growth factor receptors



# Functional classes of hormones

## • Water soluble

- Amines (other than thyroid hormones)
- Peptides & proteins, Eicosanoids

1. First messenger (hormone) binds to membrane receptor
2. Activated receptor sets off cascade that activates an enzyme
3. Enzyme reaction produces a second messenger (eg cAMP)
4. Second messenger produces response in cell

## • Lipid soluble

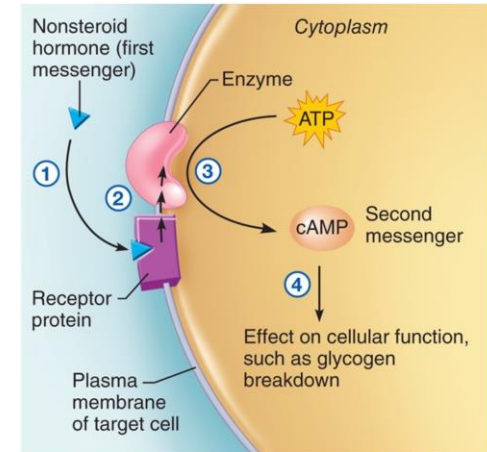
- Steroids
- Thyroid hormones (amines), Nitric oxide

1. Diffuse through plasma membrane (except thyroid hormones transported)
2. Bind to specific receptors in cytoplasm **or** nucleus
3. Hormone & receptor bind to DNA
4. Gene is transcribed or deactivated

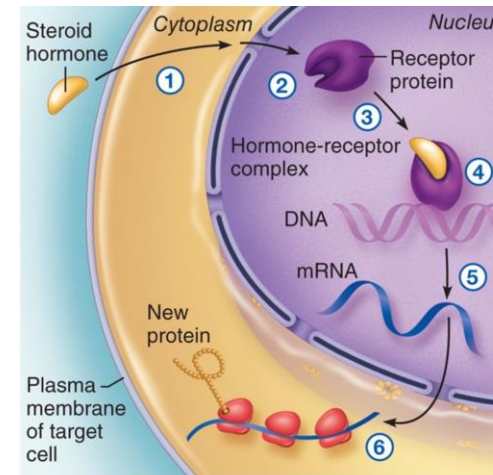
Receptors (>80 identified) include those for:

- 11 Corticosteroids (glucocorticoid, mineralocorticoid) cytoplasm
- 11 Sex hormone receptors (estrogen, testosterone)
- 11 Thyroid hormone receptors (nuclear)

## Transduction differences



(b) Nonsteroid hormone action



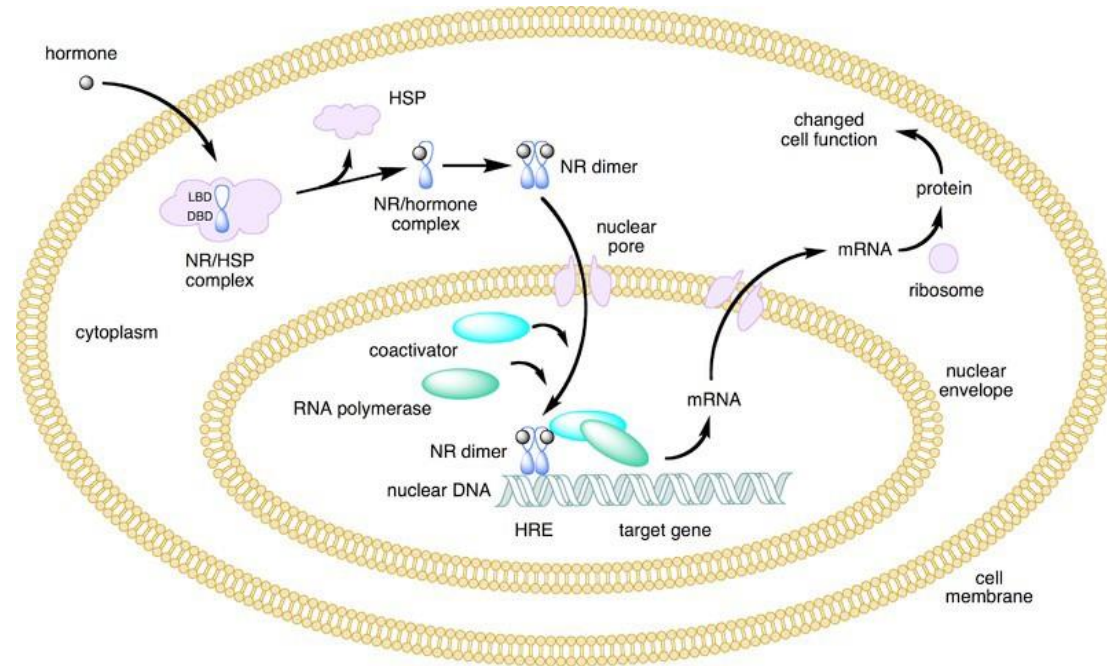
(a) Steroid hormone action





# Class I Nuclear Receptors -Steroids

1. Ligand binding to type I nuclear receptors (NR) in the cytosol
2. Dissociation of inhibitory heat shock proteins (HSP).
3. Receptors homodimerization
4. Translocation to nucleus (active transport)
5. Binding to specific DNA (HRE )
6. Activate RNA polymerase or inhibit certain genes.

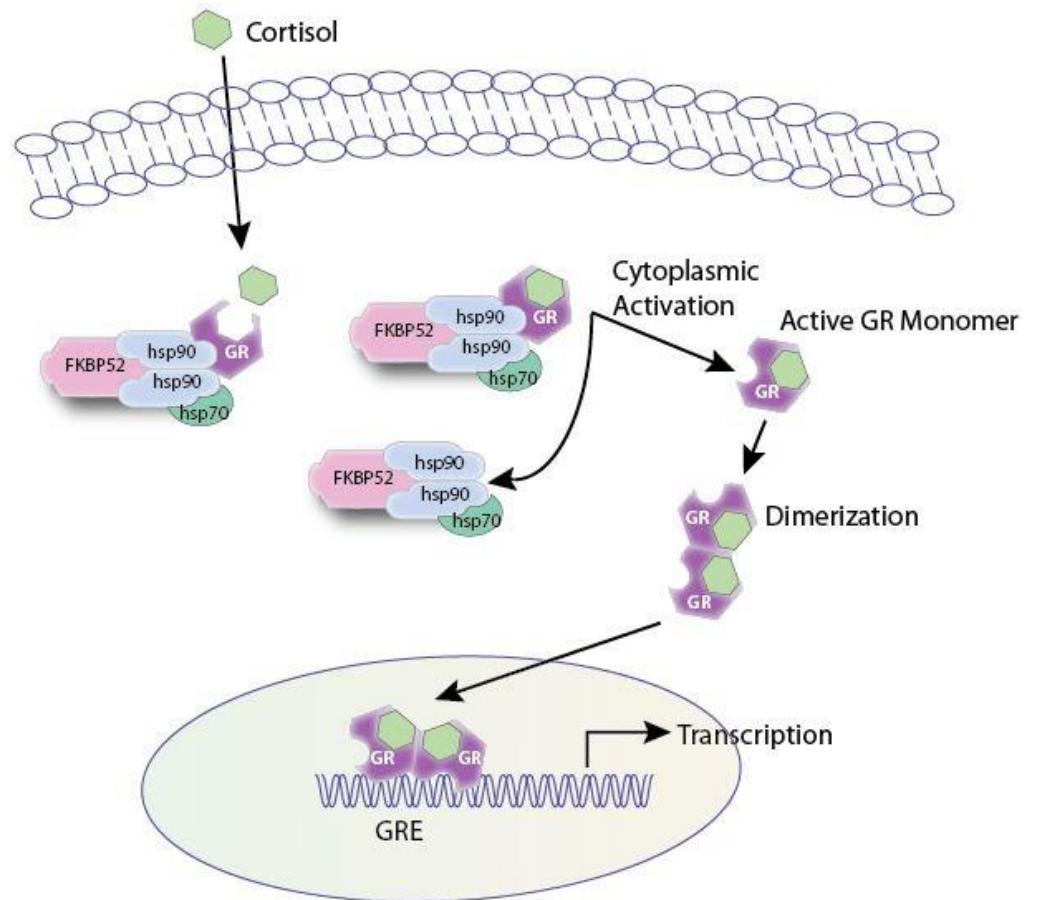


For example, cortisone and aldosterone



# Glucocorticoid receptor signaling

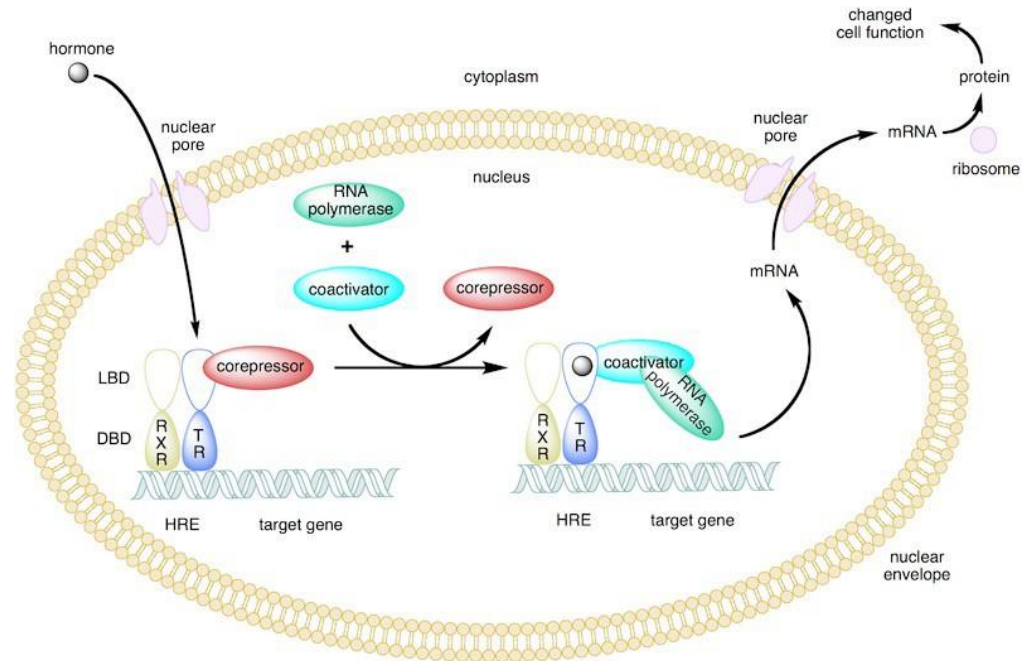
- Cortisol passes through cell membrane
- Binds glucocorticoid receptor (GR)
- Forms non-DNA-binding oligomer
- Oligomer dissociates to form active GR monomer
- GR monomers form DNA-binding homodimers
- These pass through nuclear pores
  - Bind to glucocorticoid response elements (GRE) to activate transcription



# Class II Nuclear Receptors

## Thyroid & Retinoic acid

1. NR located in nucleus
2. Thyroid hormone receptor (TR) heterodimerized to the retinoic acid receptor RXR.
3. TR is bound to corepressor protein. **OFF**
4. Ligand binding to TR causes a dissociation of corepressor and recruitment of coactivator protein **ON**
5. Activate RNA polymerase that are responsible for transcription



For example, Thyroid hormones

## 1. **Specificity:**

- A high receptor ligand specificity
- Non-covalent interactions

## 2. **Amplification**

- First messengers are often short-lived and in low concentrations
- Induce key intracellular signalling proteins to behave as a molecular switch.
- Amplification proceeds usually via enzyme cascades

## 3. **Integration**

- Cells frequently receive multiple signals
- Must be coordinated with integrated cellular response

## 4. **Rapid decay**

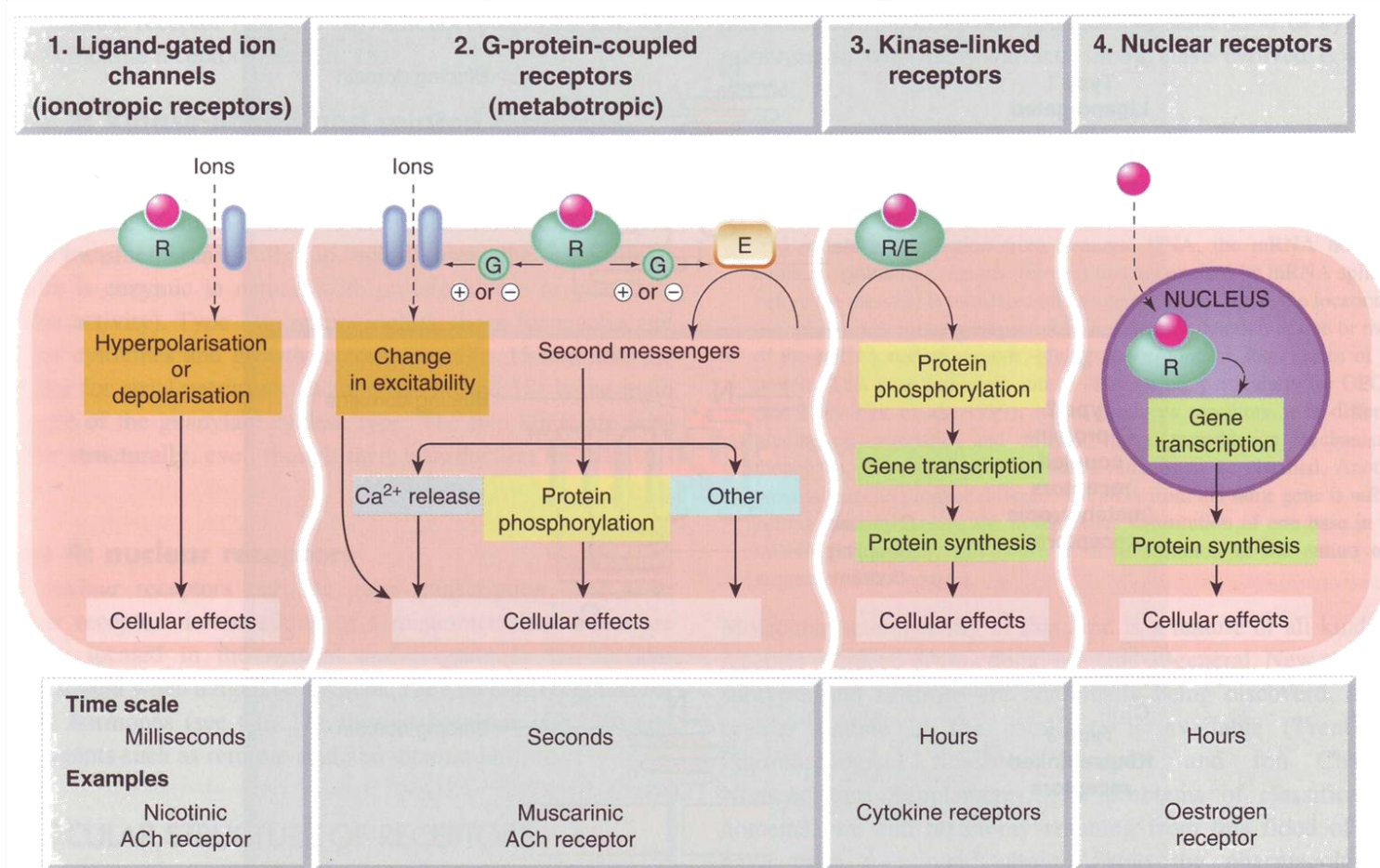
- Hormones give short-term, reversible messages so system must decay relatively rapidly.

## 5. **Desensitization**

- Often achieved by a feedback loop
- The target may be the receptor – affinity, activity or expression



# Summary: receptor-linked transduction pathways



[ R = receptor, G = G protein, E = enzyme]