



# Adrenergic Agonists

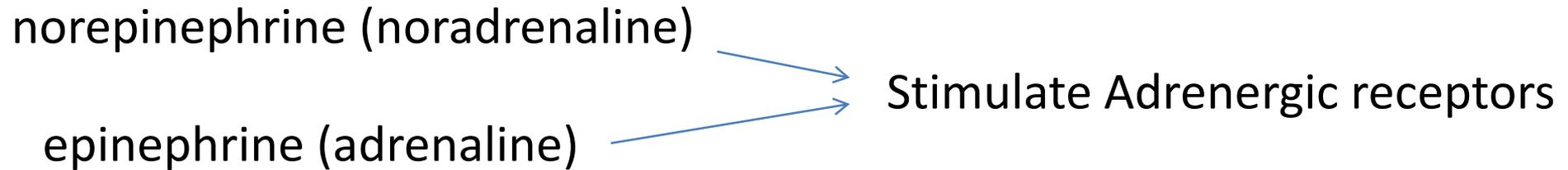
Pharmacology –Lecture 10

3rd Grade

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# Adrenergic Agonists



Adrenergic receptors activator are termed sympathomimetics:

- direct-acting agonists
- indirect-acting agonists

Blocker for adrenergic receptors activity are termed sympatholytics

# Catecholamines

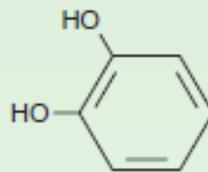
Catechol moiety (a benzene ring with two adjacent hydroxyl groups) and an amine side chain

Noradrenaline (norepinephrine)

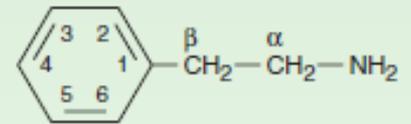
Adrenaline (epinephrine)

Dopamine

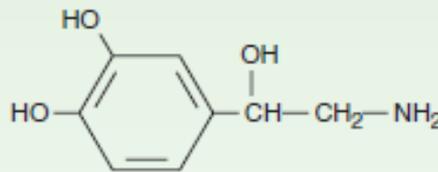
Isoprenaline (isoproterenol)



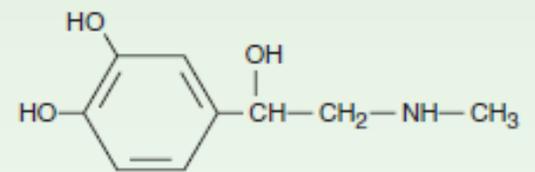
Catechol



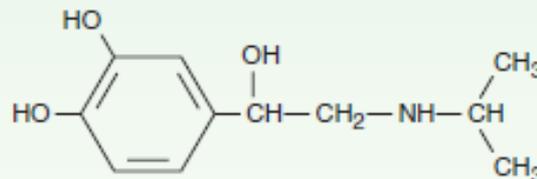
Phenylethylamine



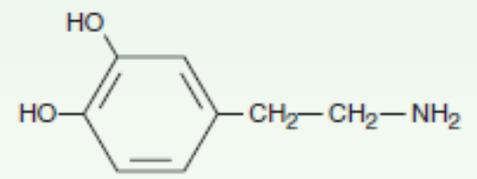
Norepinephrine



Epinephrine



Isoproterenol



Dopamine

## **Adrenergic Neuron**

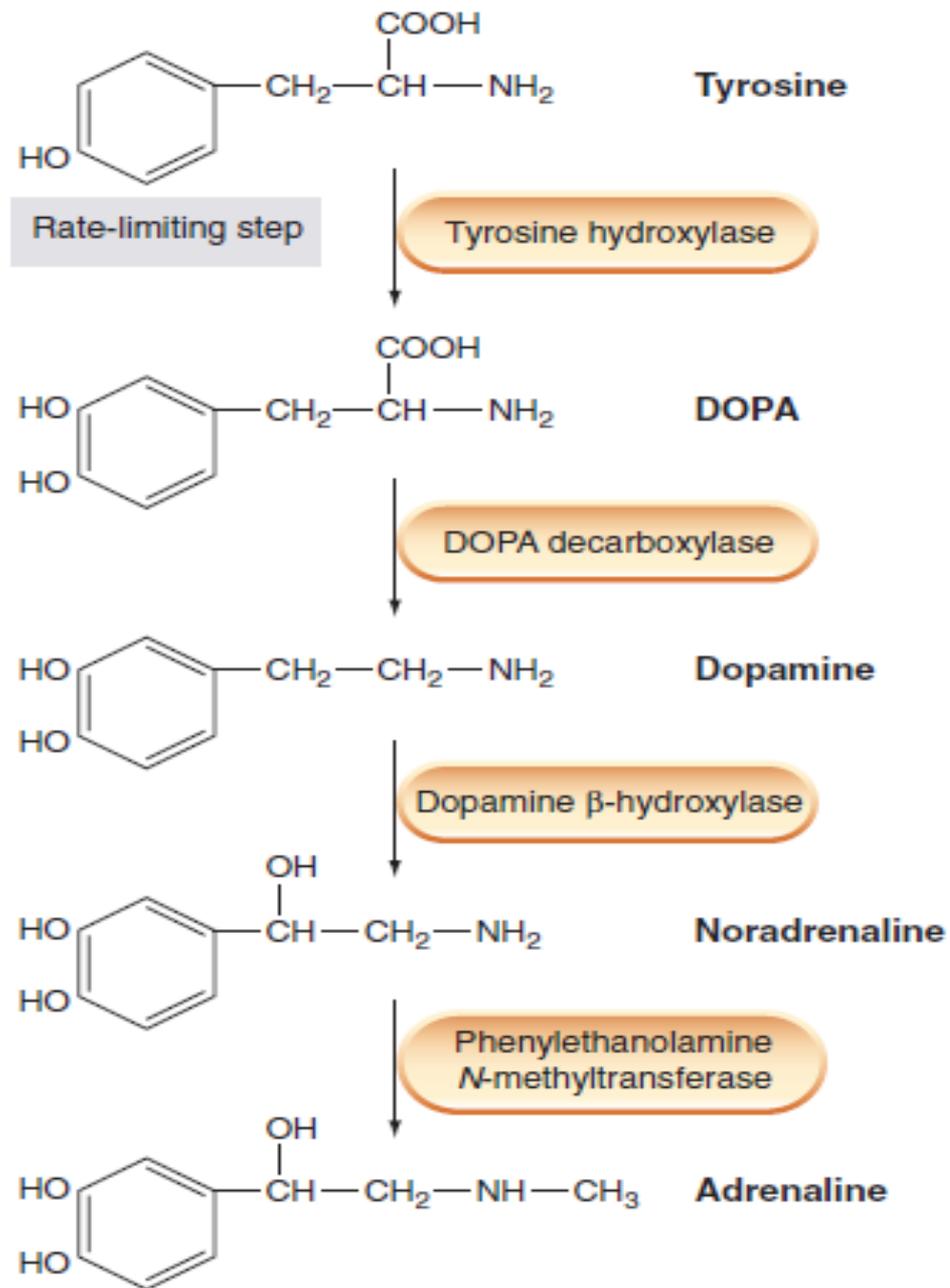
Adrenergic neurons release norepinephrine as the primary neurotransmitter.

These neurons are found in the central nervous system (CNS) and also in the sympathetic nervous system, where they serve as links between ganglia and the effector organs.

## **Neurotransmission at adrenergic neurons**

Neurotransmission involves the following steps: synthesis, storage, release, and receptor binding of norepinephrine, followed by removal of the neurotransmitter from the synaptic gap

# Synthesis of norepinephrine



# 1 SYNTHESIS OF NOREPINEPHRINE

- Hydroxylation of tyrosine is the rate-limiting step.

# 2 UPTAKE INTO STORAGE VESICLES

- Dopamine enters a vesicle and is converted to norepinephrine.
- Norepinephrine is protected from degradation in the vesicle.
- Transport into the vesicle is inhibited by *reserpine*.

# 3 RELEASE OF NEUROTRANSMITTER

- Influx of calcium causes fusion of the vesicle with the cell membrane in a process known as exocytosis.
- Release is blocked by *guanethidine*.

# 4 BINDING TO RECEPTOR

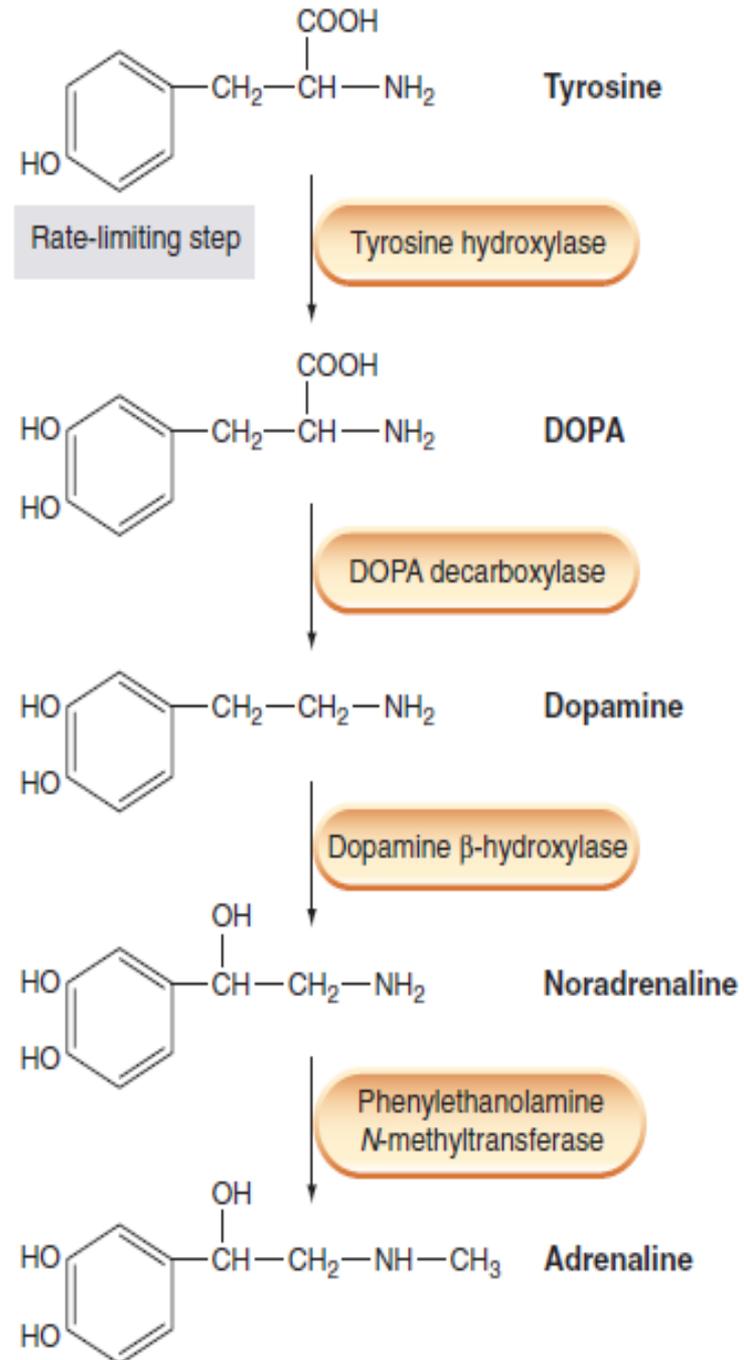
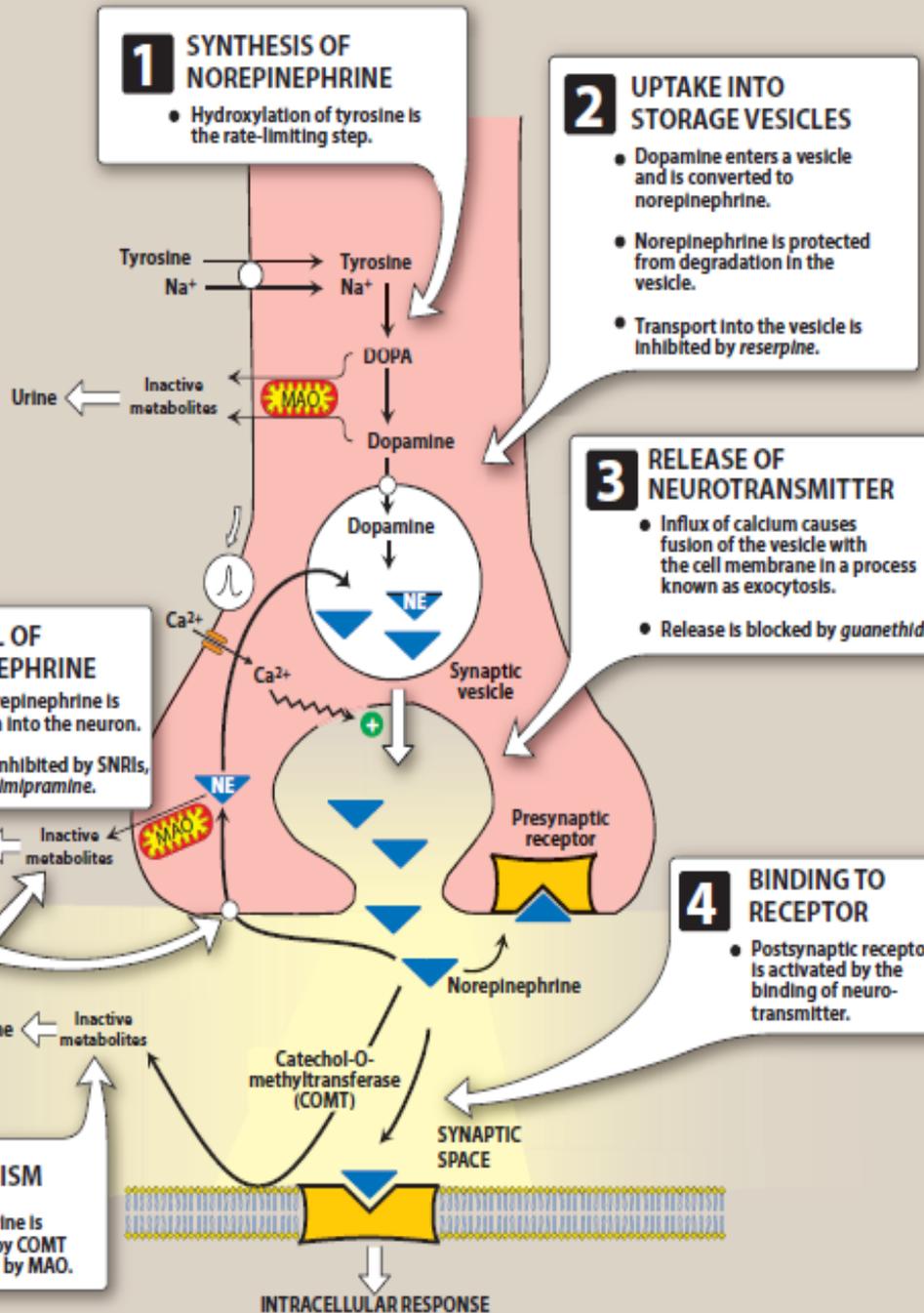
- Postsynaptic receptor is activated by the binding of neurotransmitter.

# 5 REMOVAL OF NOREPINEPHRINE

- Released norepinephrine is rapidly taken into the neuron.
- Reuptake is inhibited by SNRIs, cocaine, and *imipramine*.

# 6 METABOLISM

- Norepinephrine is methylated by COMT and oxidized by MAO.



# Adrenergic receptors (adrenoceptors)

Two main families of receptors, designated  $\alpha$  and  $\beta$ ,

Each of these main receptor types has a number of specific receptor subtypes that have been identified

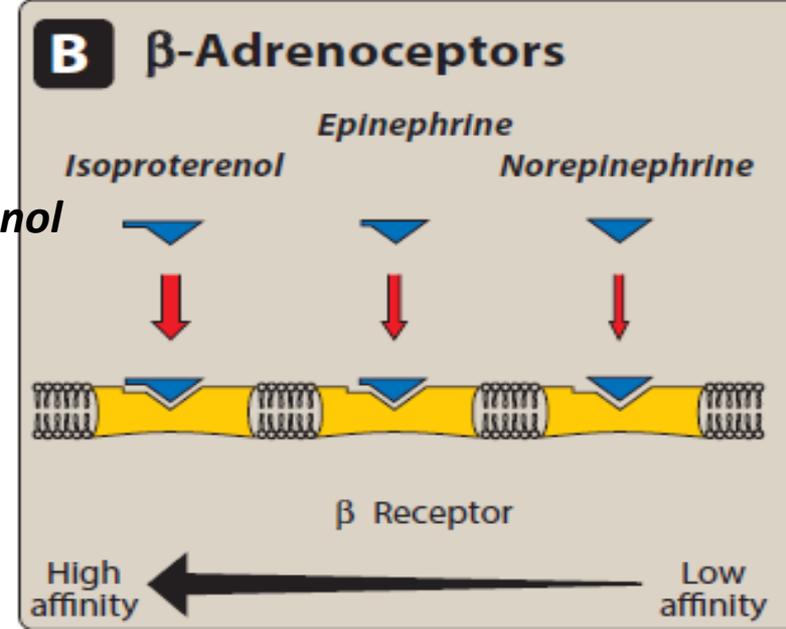
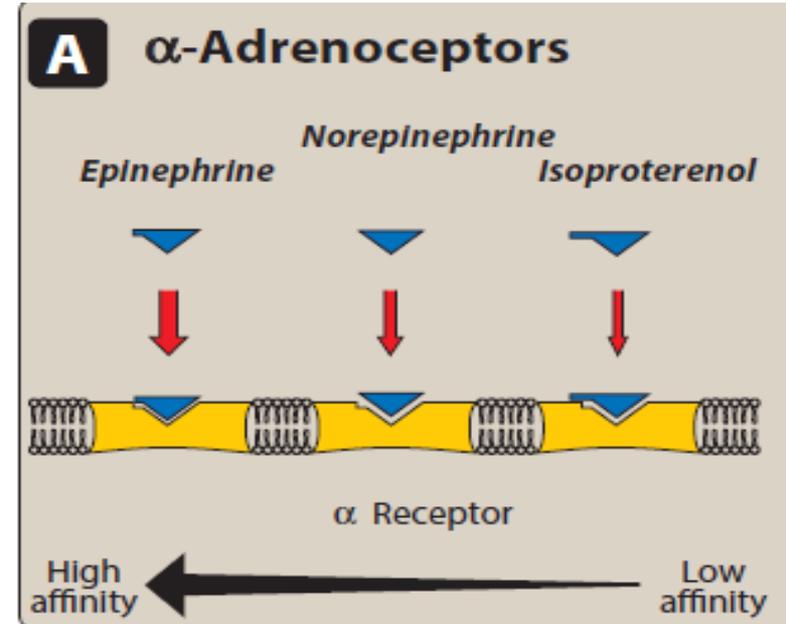
## $\alpha$ -Adrenoceptors

*epinephrine*  $\geq$  *norepinephrine*  $\gg$  *isoproterenol*

$\alpha$ -adrenoceptors have two subgroups  $\alpha_1$  and  $\alpha_2$

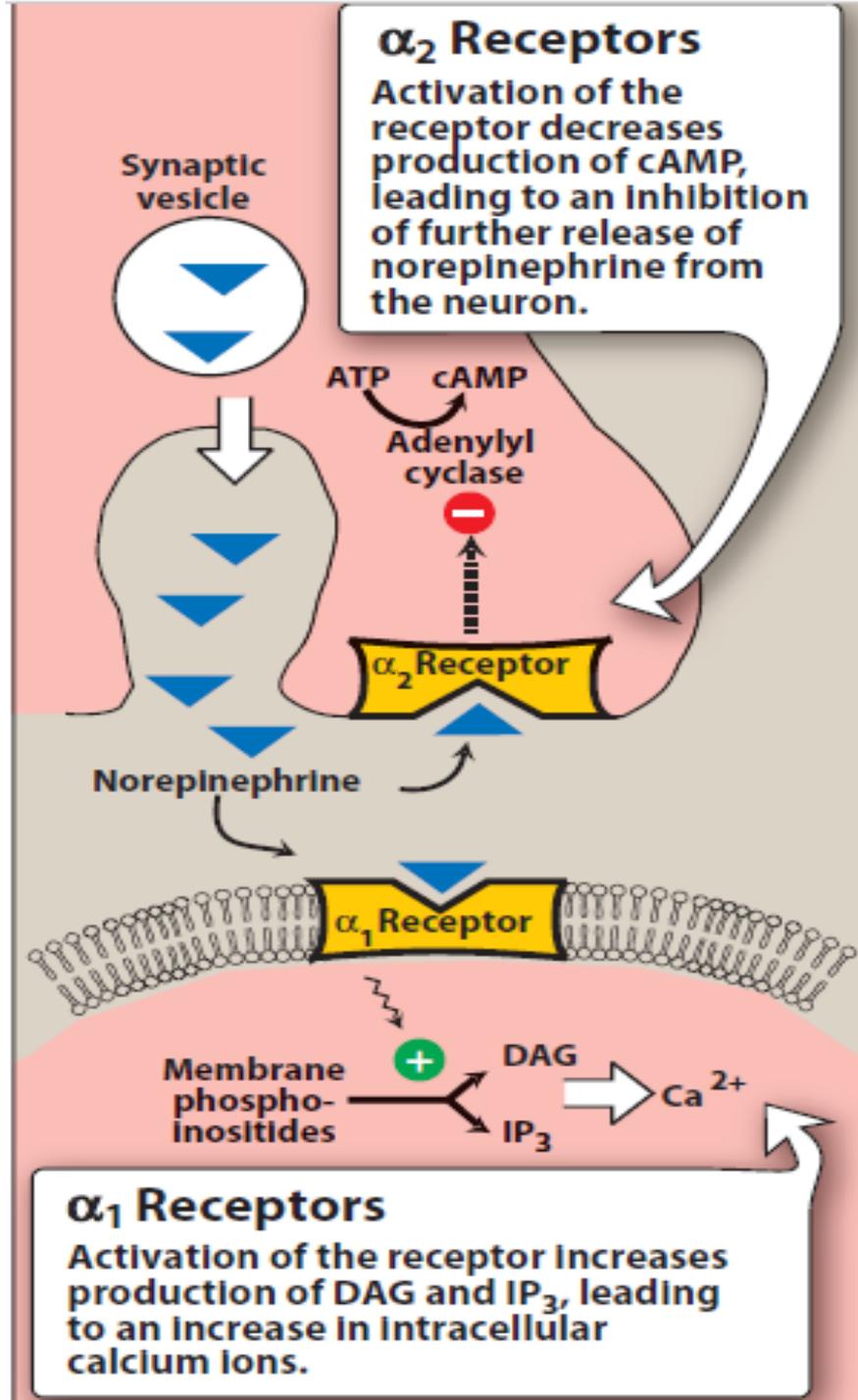
*Phenylephrine* agonist for  $\alpha_1$

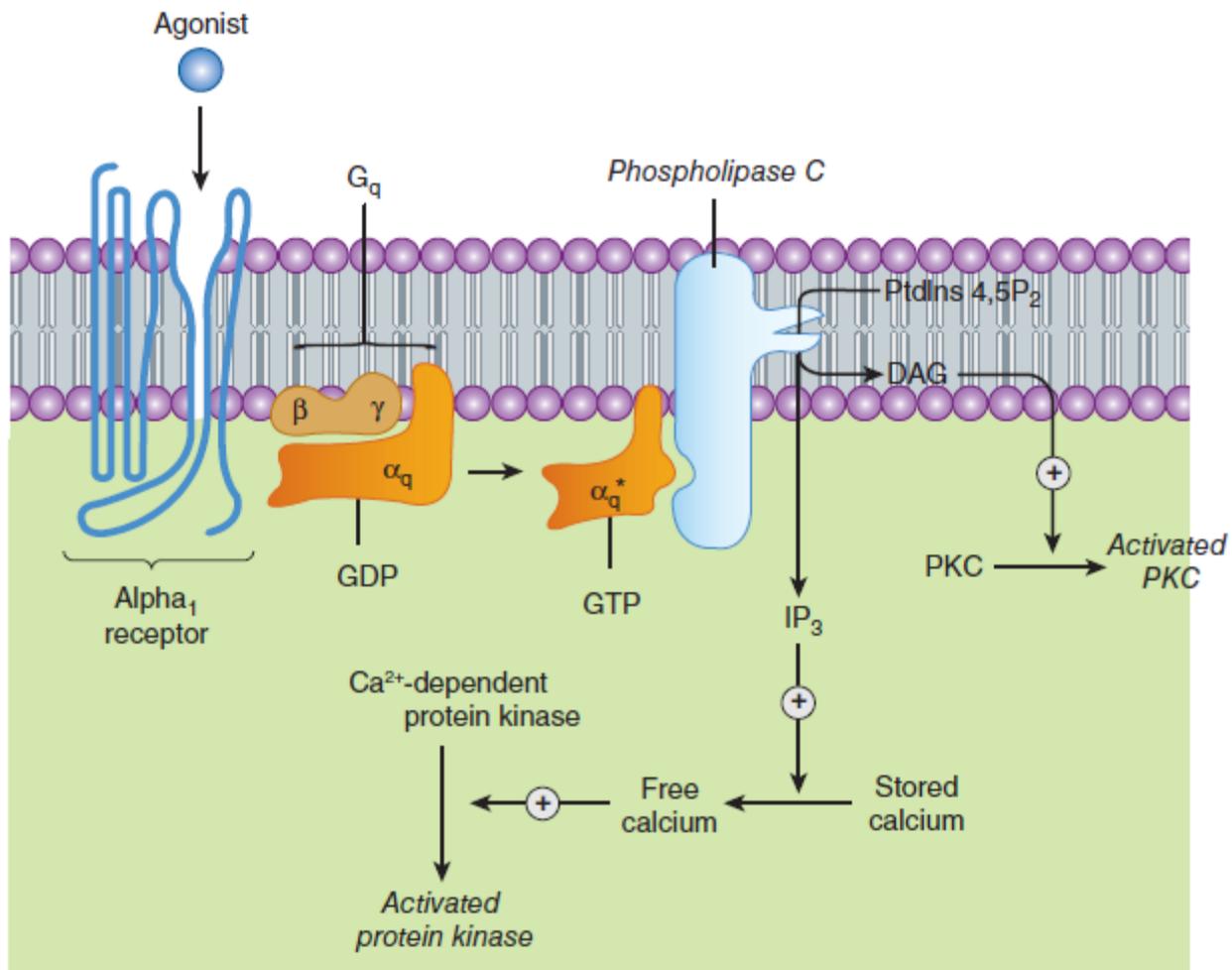
*Clonidine* agonist for  $\alpha_2$



# $\alpha_1$ Receptors

Activation of  $\alpha_1$  receptors initiates a series of reactions through the G protein activation of phospholipase C, ultimately resulting in the generation of second messengers inositol-1,4,5-trisphosphate (IP<sub>3</sub>) and diacylglycerol (DAG).

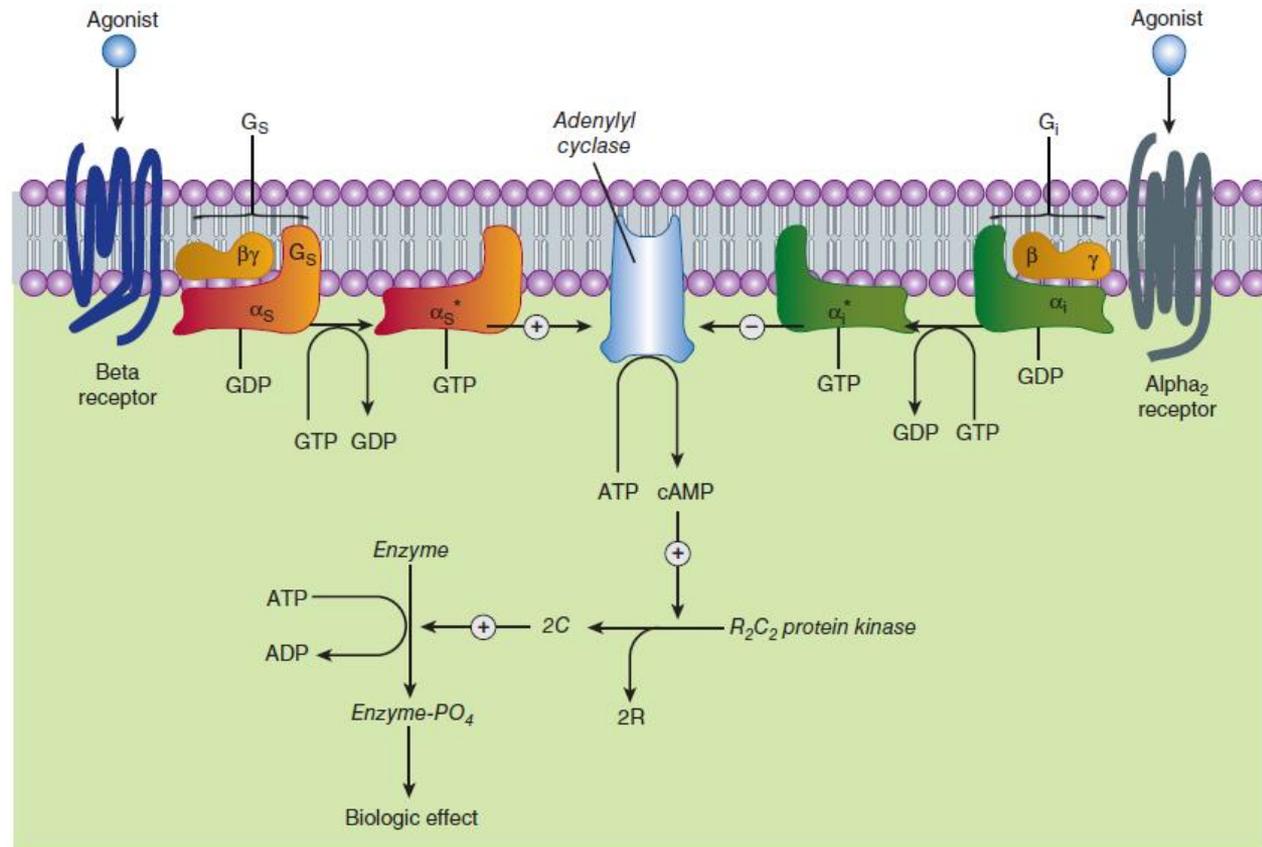




# $\alpha_2$ Receptors

located primarily on sympathetic presynaptic nerve endings

Effects of binding at  $\alpha_2$  receptors are mediated by inhibition of adenylyl cyclase and by a fall in the levels of intracellular cAMP.



## Further subdivisions

$\alpha_{1A}$ ,  $\alpha_{1B}$ ,  $\alpha_{1C}$ , and  $\alpha_{1D}$

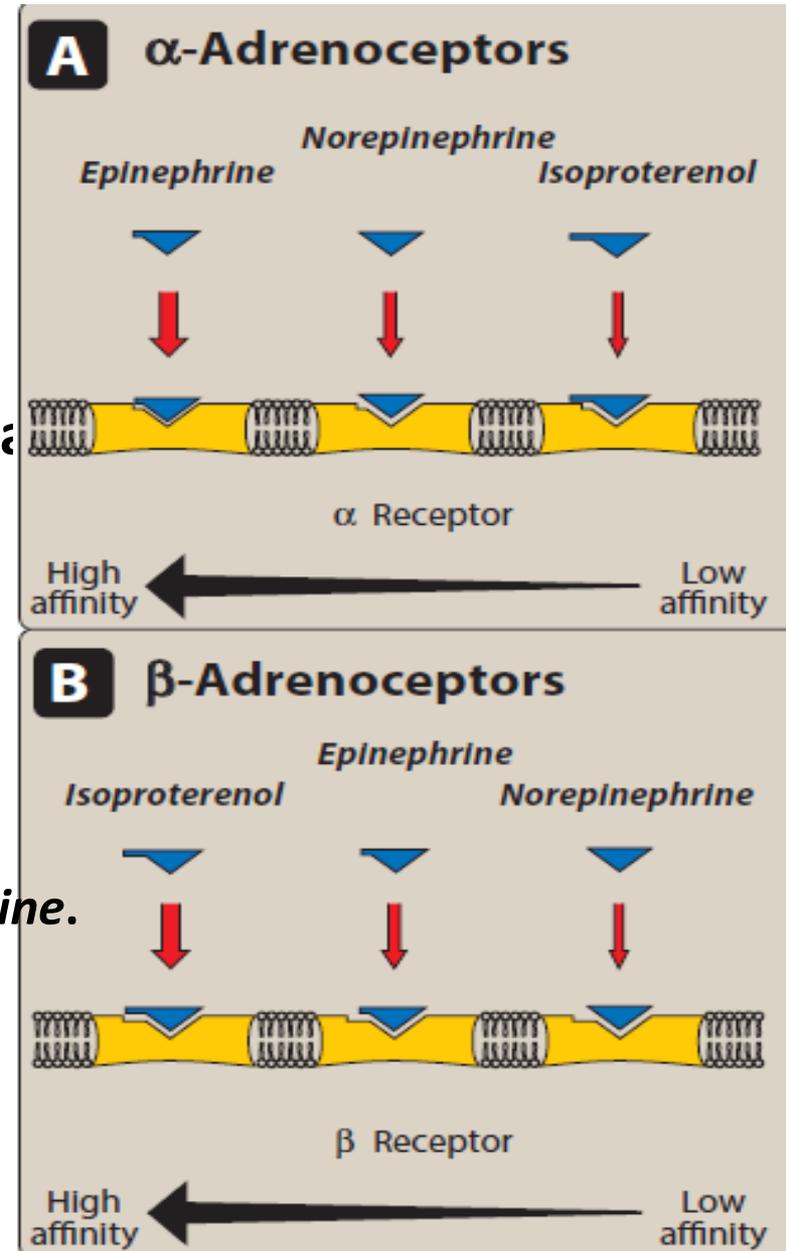
$\alpha_{2A}$ ,  $\alpha_{2B}$ , and  $\alpha_{2C}$

*tamsulosin* is a selective  $\alpha_{1A}$  antagonist that is used for the treatment of prostatic hyperplasia.

## $\beta$ -Adrenoceptors

*isoproterenol* > *epinephrine* > *norepinephrine*.

$\beta_1$ ,  $\beta_2$ , and  $\beta_3$



- $\beta_1$  receptors have approximately equal affinities for *epinephrine* and *norepinephrine*.
- whereas  $\beta_2$  receptors have a higher affinity for *epinephrine* than for *norepinephrine*.
- $\beta_3$  receptors are involved in lipolysis
- Binding of a neurotransmitter at any of the three types of  $\beta$  receptors results in activation of adenylyl cyclase and increased concentrations of cAMP within the cell.

## ADRENOCEPTORS

$\alpha_1$

- Vasoconstriction
- Increased peripheral resistance
- Increased blood pressure
- Mydriasis
- Increased closure of internal sphincter of the bladder

$\alpha_2$

- Inhibition of norepinephrine release
- Inhibition of acetylcholine release
- Inhibition of insulin release

$\beta_1$

- Tachycardia
- Increased lipolysis
- Increased myocardial contractility
- Increased release of renin

$\beta_2$

- Vasodilation
- Decreased peripheral resistance
- Bronchodilation
- Increased muscle and liver glycogenolysis
- Increased release of glucagon
- Relaxed uterine smooth muscle

	Relative Receptor Affinities
<b>Alpha agonists</b>	
Phenylephrine, methoxamine	$\alpha_1 > \alpha_2 \gg \gg \gg \beta$
Clonidine, methylnorepinephrine	$\alpha_2 > \alpha_1 \gg \gg \gg \beta$
<b>Mixed alpha and beta agonists</b>	
Norepinephrine	$\alpha_1 = \alpha_2; \beta_1 \gg \beta_2$
Epinephrine	$\alpha_1 = \alpha_2; \beta_1 = \beta_2$
<b>Beta agonists</b>	
Dobutamine <sup>1</sup>	$\beta_1 > \beta_2 \gg \gg \alpha$
Isoproterenol	$\beta_1 = \beta_2 \gg \gg \alpha$
Albuterol, terbutaline, metaproterenol, ritodrine	$\beta_2 \gg \beta_1 \gg \gg \alpha$

Receptor	Agonist	Antagonist	G Protein	Effects
<b><math>\alpha_1</math> type</b>	Phenylephrine	Prazosin	$G_q$	$\uparrow$ IP3, DAG common to all
$\alpha_{1A}$		Tamsulosin		
$\alpha_{1B}$				
$\alpha_{1D}$				
<b><math>\alpha_2</math> type</b>	Clonidine	Yohimbine	$G_i$	$\downarrow$ cAMP common to all
$\alpha_{2A}$	Oxymetazoline			
$\alpha_{2B}$				
$\alpha_{2C}$				
<b><math>\beta</math> type</b>	Isoproterenol	Propranolol	$G_s$	$\uparrow$ cAMP common to all
$\beta_1$	Dobutamine			
$\beta_2$	Albuterol			
$\beta_3$	Mirabegron			

**Desensitization of receptors:** Prolonged exposure to the catecholamines reduces the responsiveness of these receptors, a phenomenon known as desensitization.

Three mechanisms have been suggested to explain this phenomenon:

- 1) sequestration of the receptors so that they are unavailable for interaction with the ligand.**
- 2) down-regulation, that is, a disappearance of the receptors either by destruction or by decreased synthesis**
- 3) an inability to couple to G protein, because the receptor has been phosphorylated on the cytoplasmic side.**

# CHARACTERISTICS OF ADRENERGIC AGONISTS

## A. Catecholamines

(such as *epinephrine*, *norepinephrine*, *isoproterenol*, and *dopamine*)

- 1. High potency:
- 2. Rapid inactivation:
- 3. Poor penetration into the CNS:

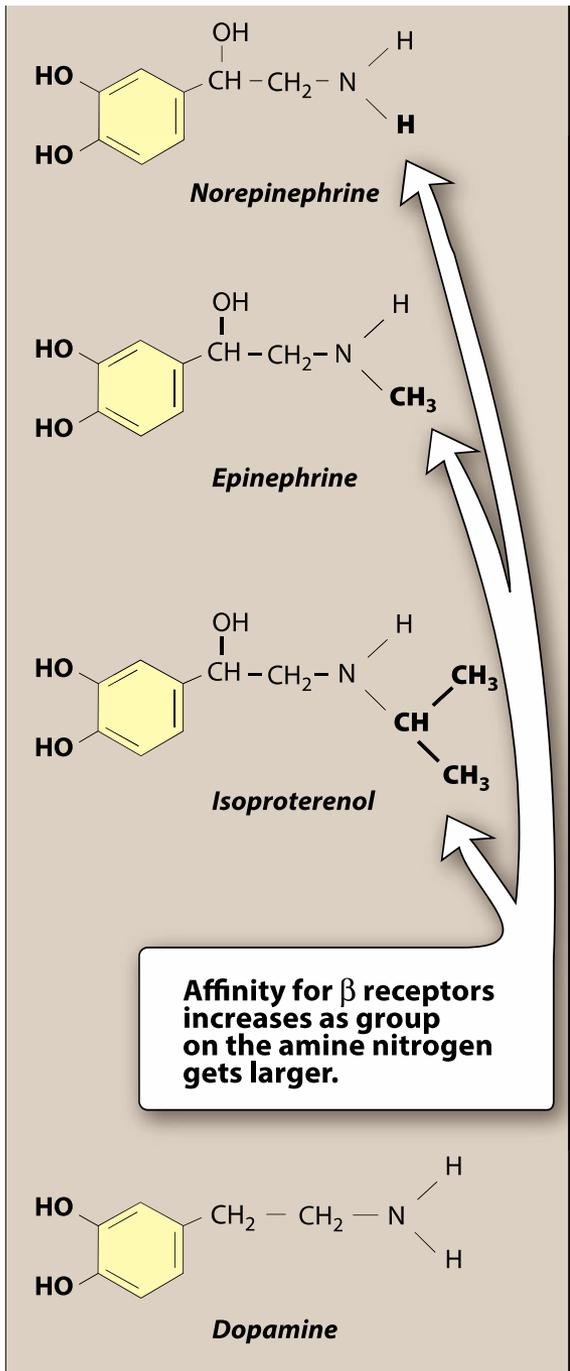
## B. Noncatecholamines

### Mechanism of action of adrenergic agonists

Direct-acting agonists:

Indirect-acting agonists:

Mixed-action agonists:



**Thank you**