AUTACOID DR.MOHAMMAD JADAAN

INTRODUCTION

AUTACOIDS auto=self coids=healing/remedy

Local Hormones

CLASSIFICATION

Amine derived: Histamine (amino acid: Histidine),

Serotonin (Tryptophan)

Peptide derived: Angiotensin, Bradykinin

Lipid derived: Prostaglandins, Leukotrienes, Interleukins, Platelet Activating Factor, etc.

FUNCTIONS

 \bigcirc Physiological

OPathophysiological (Reaction to injuries)

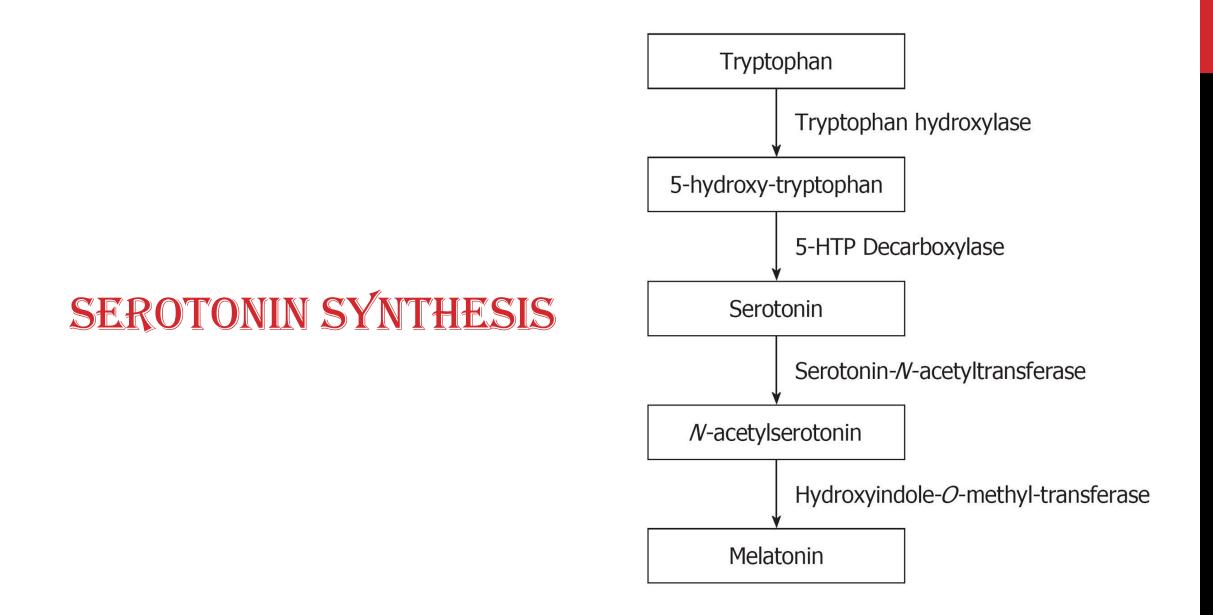
OTransmission and Modulation

SEROTONIN OR 5-HYDROXYTRYPTAMINE (5-HT)

Molecular formula : C10H12ON2

A monoamine neurotransmitter biochemically derived from tryptophan.

Structurally it contains an indole ring, hydroxyl group and ethyl amine group attached to the ring.



Approximately 90% of the human body's total serotonin is located in the enterochromaffin cells in the alimentary canal (gut), used to regulate intestinal movements.

☐ The remainder is synthesized in serotonergic neurons of the CNS, where it has various functions including the regulation of mood, appetite, and sleep.

☐ Serotonin secreted from the enterochromaffin cells eventually finds its way out of tissues into the blood. There, it is actively taken up by blood platelets, which store it. When the platelets bind to a clot, they release serotonin, where it serves as a vasoconstrictor and helps to regulate homeostasis and blood clotting.

IMPORTANCE OF SEROTONIIN

Serotonin is believed to play a central role in:

Modulation of vasoconstriction

Body temperature

Mood

Sleep

Sexual desire

appetite

Stimulation of vomiting reflex

Memory and Learning

SOURCES OF 5HT

Meat and Banana are the direct sources of serotonin.

Main source: L-tryptophan, an amino acid, which is found in proteins. So proteins are the main sources of serotonin:

Deat, eggs, milk, fishes

Pulses

Enough calcium, magnesium and oxygen are also needed for serotonin production.

Witamin B6 also promotes its production.

HIGH LEVEL OF SEROTONIN:

Obsessive-compulsive disorders e.g. compulsive hand-washing

Pulmonary vasoconstriction causing an acute or chronic pulmonary hypertension

Cardiac fibrosis

LOW LEVELS OF SEROTONIN:

Irritability, Irrational emotions, Sudden unexplained tears, Sleep disturbances, Depression, Suicidal tendencies

When we have enough Serotonin we have: Emotional stability, Reduces aggression, Sleep cycle, Appetite control

5-HT RECEPTORS

Receptors are divided into 7 types: 5-HT1 to 5-HT7

>5-HT1 group consist of 5 receptor subtypes:











5-HT1A RECEPTORS

Most extensively distributed of all 5-HT receptors.

In CNS, these receptors are present in high density in cerebral cortex, and raphe nucleus.

Involved in inhibition of discharge of neurons, regulation of production of behaviour and eating.

Play an important role in the emergence of anxiety.

Agonists: Buspirone, Ergotamine, Yohimbine and Antagonists are Alprenolol, Pindolol, Propranolol.

5-HT1B RECEPTORS

Present in CNS where they induce presynaptic inhibition and behavioural effects

Exhibit vascular effects as well, such as pulmonary vasoconstriction

Agonists: Ergotamine, Dihydroergotamine, Zolmitriptan

Antagonists: Yohimbine, Propranolol, Pindolol

The Clinical significance of 5-HT1D receptor is still largely unknown

The function of 5-HT1E receptor is unknown but it is hypothesized that they are involved in regulation of memory

>5-HT1F receptor has a possible role in vascular contraction. Distribution in brain appears limited

5-HT2 RECEPTORS

This class has 3 subtypes:







Receptors	Effcets & Function	Agonist	Antagonist
5-HT2A	CNS: Anxiety, Imagination, Learning, Perception SM: Contraction Platelet: Aggregation	Yohimbine	Aripiprazole, Clozapine, Olanzapine, Trazodone
5-HT2B	CNS: Anxiety GIT: GI Motility	Norfenfluramine	Agomelatine
5-HT2C	CNS: Mood, Sleep, Anxiety		Clozapine, Olanzapine

5-HT3 RECEPTORS:

With the exception of the 5-HT3 receptor, a ligand- gated ion channel, all other serotonin receptors are G protein-coupled receptors that activate an intracellular second messenger cascade to produce an excitatory or inhibitory response

The 5-HT3 receptor antagonist suppress vomiting and nausea by inhibiting serotonin binding to the 5-HT3 receptors

5-HT4 RECEPTORS:

Found on CNS and Myenteric neurons.

Prucalopride (brand name Resolor, developed by Johnson & Johnson) is drug acting as a selective, high affinity 5-HT4 receptor agonist which targets the impaired motility associated with chronic constipation, thus normalising bowel movements

5-HT5 RECEPTORS:

Pharmacological functions of these receptors are unknown. Based on their localization, it has been speculated that they may be involved in motor control, anxiety, learning, adaptive behaviour and brain development.

5-HT6 RECEPTORS:

The exact clinical significance of these receptors remain still unclear. Selective antagonist of this type of serotonin receptor have an impact on behaviour and seem to improve the spatial memory of laboratory animal

5-HT7 RECEPTORS:

Expressed abundantly in the vessels and are responsible for persistent vasodilation. 5-HT7 receptors are also expressed in CNS and in smooth muscles (in GIT tract).

SEROTONIN SÝNDROOME

Extremely high levels of serotonin can cause a condition known as Serotonin Syndrome, with toxic and potentially fatal effects.

Drugs used to treat SEROTONIN SYNDROME

Non-specific blocking agents: Methysergide, Cyproheptadine

Beta blockers: Propranolol, Pindolol

Benzodiazepines: Lorazepam, Diazepam, Clonazepam

MIGRAINE

 \blacktriangleright 5-HT1 agonists (e.g. Sumatriptan) are first-line therapy for severe migraine and are effective on cluster headache.

Many other different drugs are also used in migraine such as Propranolol, valproic acid. NSAIDs such as aspirin and ibuprofen are often helpful in controlling the pain of migraine.

VOMITING

J5-HT3 receptors participate in the vomiting reflex.

Particularly important in vomiting caused by anti cancer drugs. Ondansetron is the prototypical 5-HT3 antagonist.

Important in the prevention of nausea and vomiting associated with surgery and cancer chemotherapy.

DEPRESSION

A class of drugs, such as fluoxetine or sertraline, that inhibit the uptake of serotonin by neurons of the central nervous system are primarily used in the treatment of depression and obsessive compulsive disorder known as SSRIs

A few of them are: Citalopram (Cipram, Seropram), Fluoxetine (Prozac, Evorex), Paroxetine (Paxil, Seroxat, Aropax), Sertraline (Zoloft, Lustral, Serlain)

LIPID DERIVED AUTACOIDS

PROSTAGLANDINS

Biologically active derivatives of 20 C-atoms polyunsaturated essential fatty acids that are major lipid derived autacoids.

Derived from arachidonic acids.

Two major types of eicosanoids-

Prostaglandins (PGs)

Leukotrienes (LTs)

The eicosanoids are important local hormones and they may act as circulating hormones as well.

An the body PGs, TXs and LTs are all derived from eicosa (Referring to 20c atoms).

PROSTAGLANDINS

WHAT ARE PROSTAGLANDINS ?

Group of hormone-like lipid compounds

Derived enzymatically from fatty acids

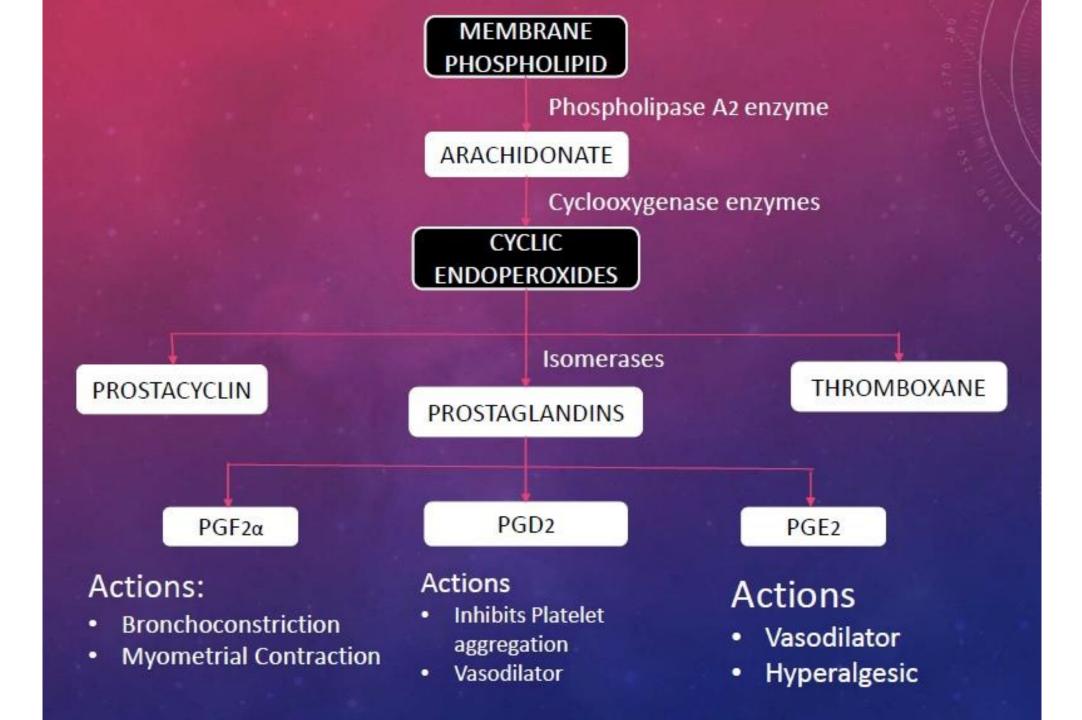
Perform important functions in the body

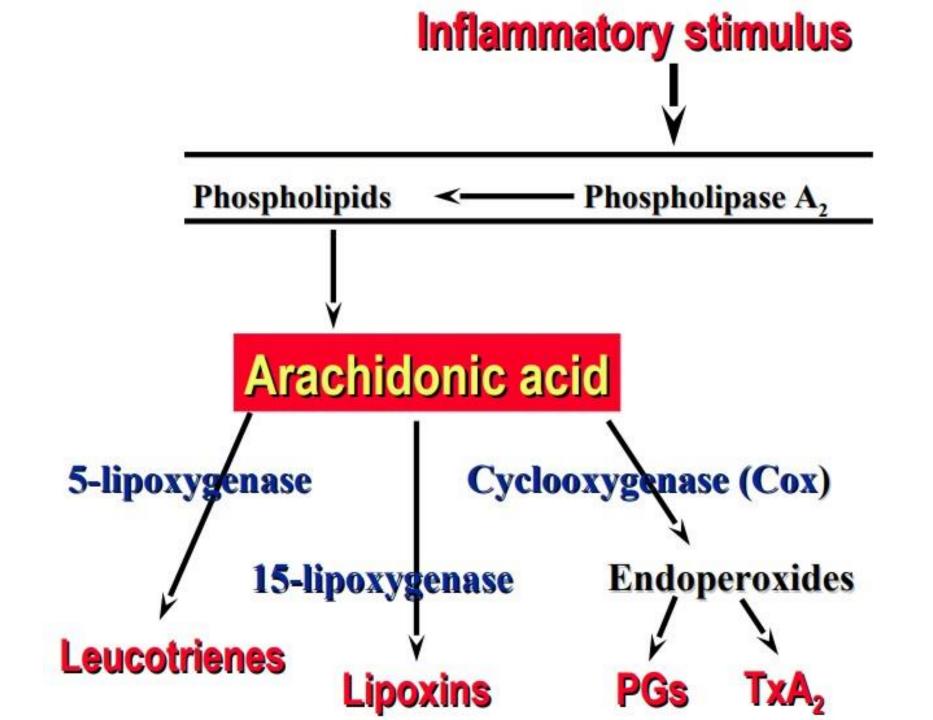
Every prostaglandin contains 20 carbon atoms, including a 5-carbon ring.

They are produced in many places throughout the body and their target cells are present in the immediate vicinity of the site of their secretion.

They are autocrine and paracrine lipid mediators that act upon platelets, endothelium, uterine and mast cells. They are synthesized in the cell from the essential fatty acids (EFAs).

BIOSYNTHESIS AND ACTIONS OF PROSTAGLANDINS



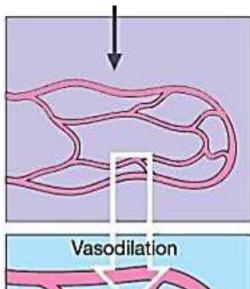


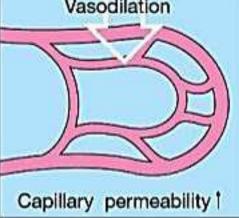
PH&RM&COLOGIC&L &CTIONS

1) REGULATION OF BLOOD PRESSURE

PGE2 and PGI2 are vasodilators in vascular beds

Increased blood flow and decreased peripheral resistance





Lower BP

2) INFLAMMATION

PGE1 and PGE2 induce the symptoms of Inflammation (redness, swelling etc.) due to vasodilation.

3) REPRODUCTION

PGE2 AND PGF2⁽¹⁾ causes contraction of Uterine smooth muscles in

pregnant women.

4) PAIN AND FEVER

It acts on thermoregulatory centre of hypothalamus to produce fever

Pyrogens (fever producing agents) promotes PG synthesis Formation of PGE2 in hypothalamus Fever associated with Pain

5) REGULATION OF GASTRIC SECRETION

PG inhibits Gastric secretion

PG stimulate pancreatic secretion and increase the motility of the intestine leads to diarrhea.

6) INFLUENCE ON IMMUNE SÝSTEM

PGE decreases immunological functions of B and T lymphocytes

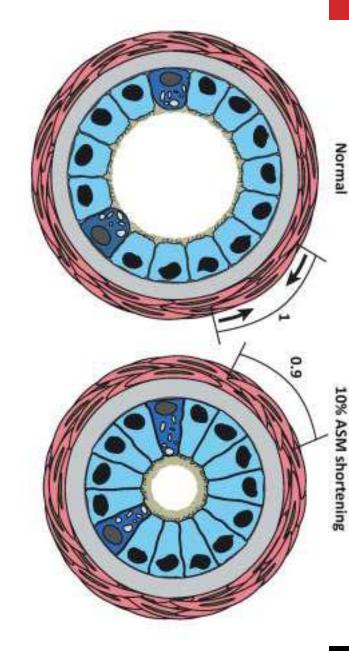
7) EFFECT ON RESPIRATORY FUNCTION

PGEs causes bronchial smooth muscle relaxation

PGFs causes bronchial smooth muscle constriction

➢PGE and PGF oppose the action of each other in the lungs
★8) INFLUENCE ON RENAL FUNCTIONS
➢PG increases Glomerular Filtration rate

Promotes Urine Output



9) EFFECT ON PLATELET AGGREGATION

PGI2 inhibits platelet aggregation

Thromboxane and PGE2 promotes platelet aggregation and blood clotting which might lead to thrombosis.

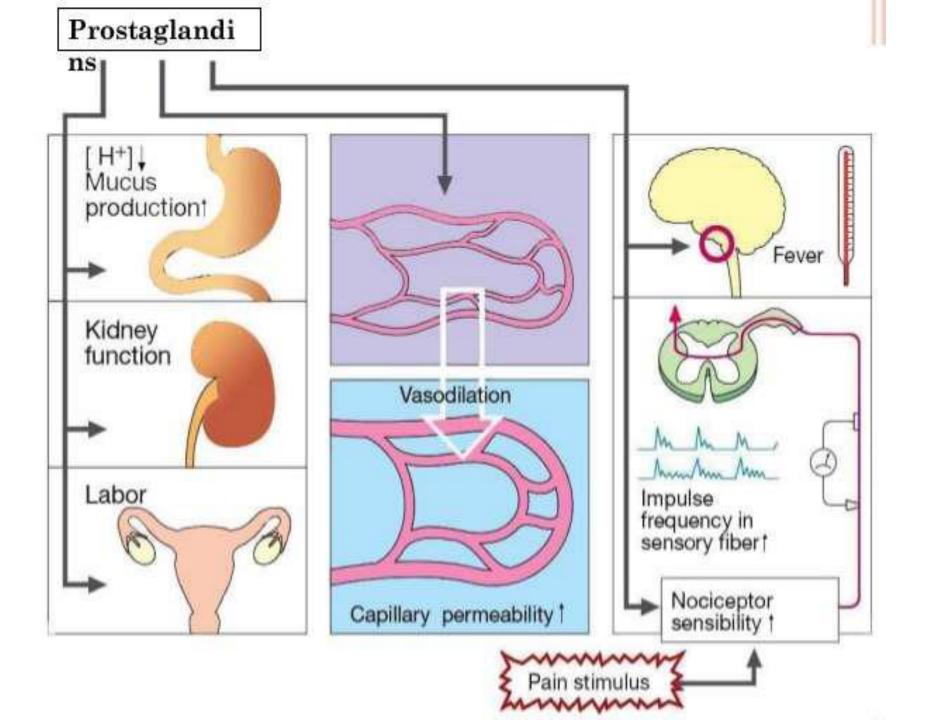
10) EYE

It decreases intraocular pressure

11) CNS

regulate hormones

sensitize spinal neurons to pain



LEUKOTRIENES

Leukotrienes are so named because they were first obtained from leukocytes (leuko) and conjugated double bonds

TYPES OF LEUKOTRIENES

Cysteinyl leukotrienes: LTC4, LTD4, LTE4 and LTF4



Primary function is to recruit neutrophils to areas of tissue damage, though it also helps promote the production of inflammatory cytokines by various immune cells.



A metabolite of LTE4 in which the cysteinyl moiety oxidized to an alpha-ketoacid (i.e. the cysteine has been replaced by a pyruvate)

FUNCTIONS OF LEUKOTRIENES

Act principally on a subfamily of G protein coupled receptors May also act upon peroxisome proliferator-activated receptors Anvolved in asthmatic and allergic reactions and act to sustain inflammatory reactions; several leukotriene receptor antagonists Nerv important agents in the inflammatory response LTB4 have a chemotactic effect on migrating neutrophils, and as such help to bring the necessary cells to the tissue

USED IN PROPHÝLAXIS

Chronic asthma

Allergic Rhinitis

Chronic Urticaria

COPD

Atopic Dermatitis

Migraine Prophylaxis

Sino nasal polyposis

CHRONIC ASTHMA

Asthma is a common inflammatory illness

Characterized by airway inflammation and hyper
 responsiveness to stimuli that produce bronchoconstriction
 These stimuli include cold air, exercise, a wide variety of allergens and emotional stress—

Extrinsic asthma: It is mostly episodic, less prone to status asthmaticus

Antrinsic asthma: It tends to be perennial, status asthmaticus is more

common

LEUKOTRIENES IN ASTHMA

Leukotrienes assist in the pathophysiology of asthma, causing or potentiating the following symptoms:

Pairflow obstruction

Ancreased secretion of mucus

mucosal accumulation

bronchoconstriction

Anfiltration of inflammatory cells in the airway wall

LEUKOTRIENE RECEPTOR ANTAGONIST

Mechanism of Action:

Attenuates bronchoconstriction and inflammation

Leukotriene Receptor Antagonists

Zafirlukast (Accolate)

Montelukast (Singulair)

Leukotriene Synthesis Inhibitor





