PROSTAGLANDINS, VASOACTIVE PEPTIDES AND OTHER AUTOCOIDS

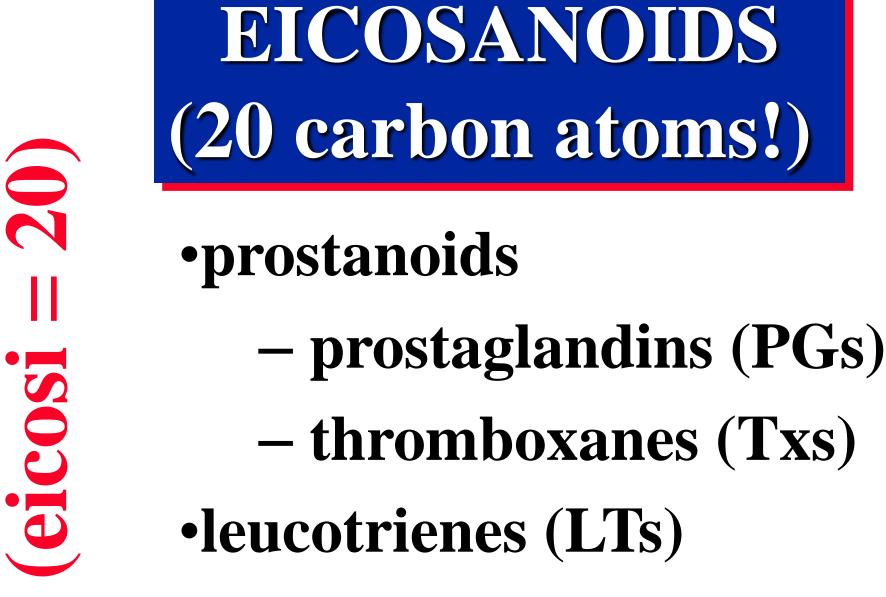
Assoc. Prof. Bilgen Başgut

Autacoids

endogenous compounds;

 play an important role in the physiological and pathological processes;

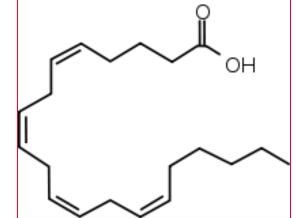
- have very short $t_{1/2}$;
- have local action.



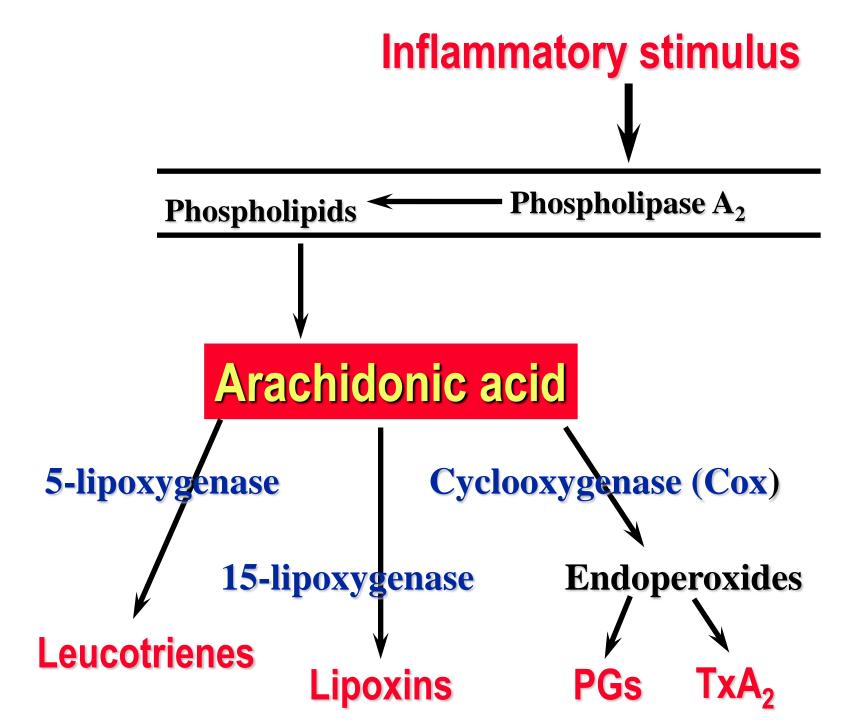
lipoxins

•The eicosanoids are important mediators of inflammation

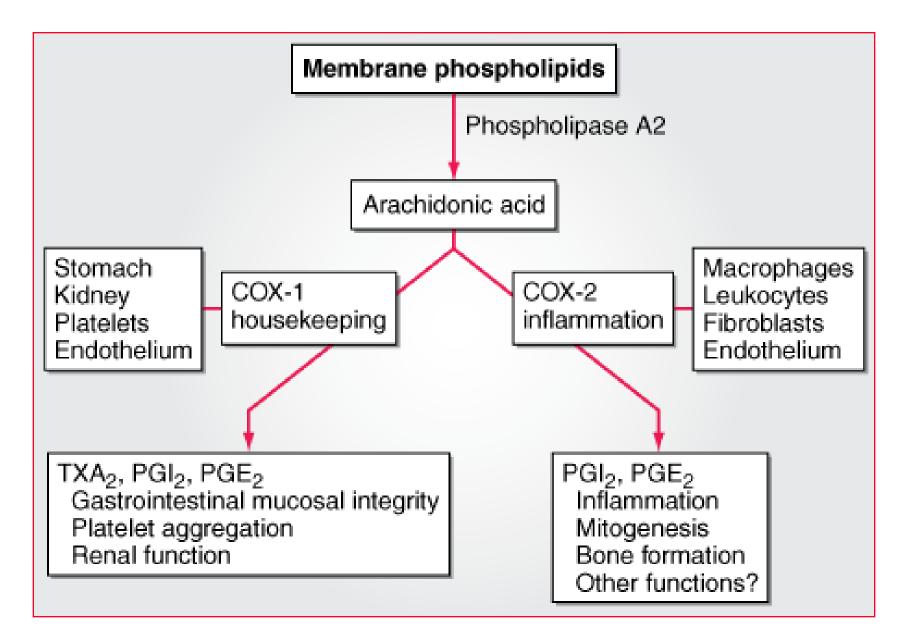
and allergy.



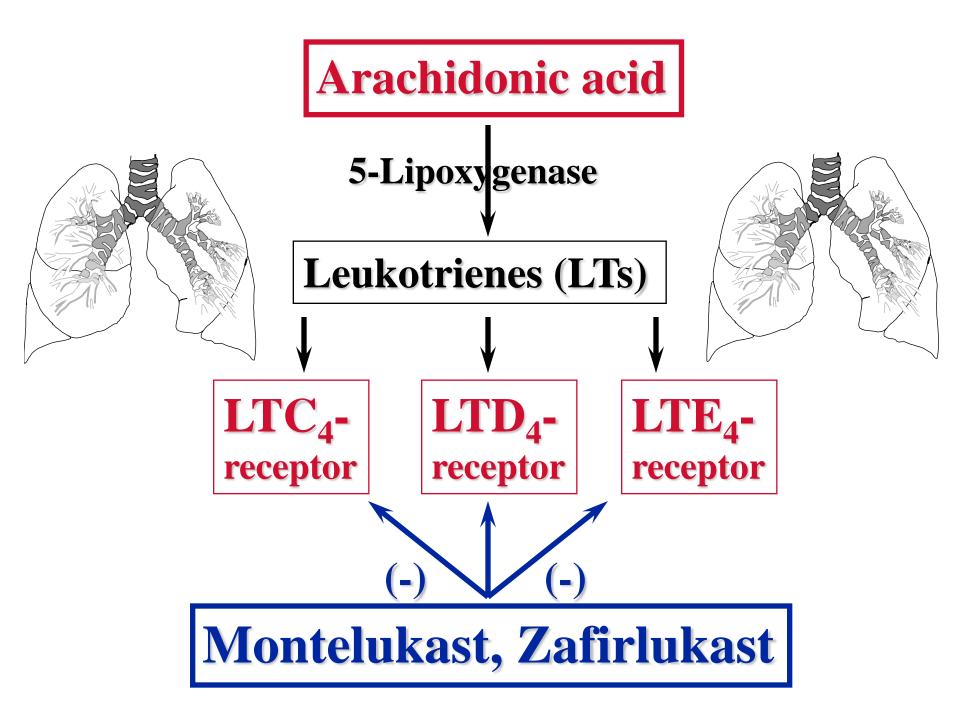
The main source of eicosanoids is arachidonic acid.
 It is a 20-carbon unsaturated fatty acid.



Cyclooxygenase (COX) is found bound to the endoplasmatic reticulum. COX exists in **3 isoforms:** •COX-1 (constitutive) acts in physiological conditions. •COX-2 (inducible) is induced in inflammatory cells by pathological stimulus. •COX-3 (in brain)



Source: Fauci AS, Kasper DL, Braunwald E, Hauser SL, Longo DL, Jameson JL, Loscalzo J: *Harrison's Principles of Internal Medicine*, 17th Edition: http://www.accessmedicine.com



Aspirin-like drugs inhibit mainly COX-1 and can cause peptic ulcer, **Gl bleeding**, bronchial asthma, and nephrotoxicity.

PROSTANOIDS (PGs & Txs)

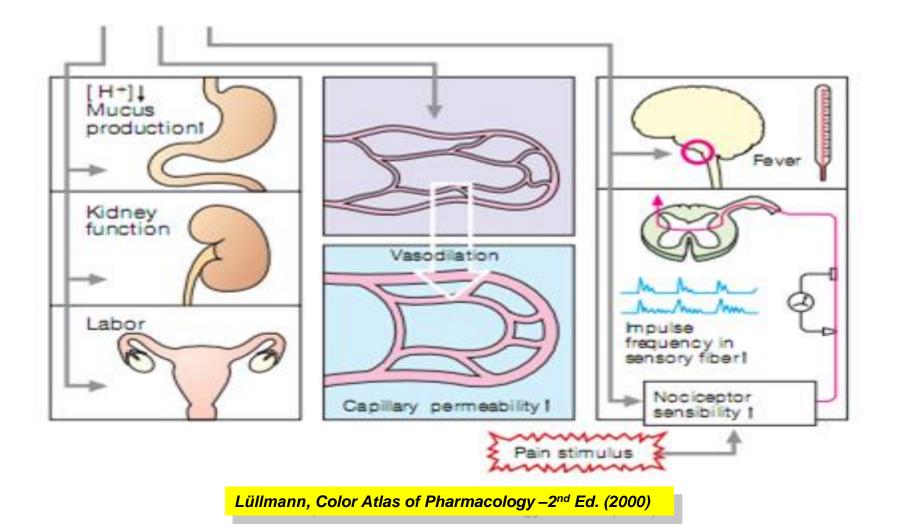
- **PGI**₂ (prostacyclin) is located predominantly in vascular
- endothelium. Main effects:
 - vasodilatation
 - inhibition of platelet aggregation
- **TxA₂** is found in the platelets. Main effects:
 - platelet aggregationvasoconstriction

PGE₂ causes: •contraction of pregnant uterus •inhibition of gastric acid secretion •contraction of GI smooth muscles

PGF_{2α} – main effects:
•contraction of bronchi
•contraction of myometrium



Main actions of the eicosanoids



Physiological and Pharmacological Actions of Eicosanoids

Mechanisms and Receptors:
Act on cell surface receptors
All coupled to G-protein.
PGI; PGE increases adenylate cyclase (decrease intracellular calcium) while TXA2, PGF2α and leukotriens increases IP3 (increases intracellular calcium)

Their functions vary widely depending on the tissue

The release of TxA₂ from platelets during tissue injury triggers platelet aggregation (the first step in clot formation) as well as local vasoconstraction

• PGI₂, produced by endothelial cells, has opposite effects- inhibiting platelet aggregation and producing vasodilation

Actions

Inflammation, pain and fever Most important mediators..

NSAIDS-their inhibitors

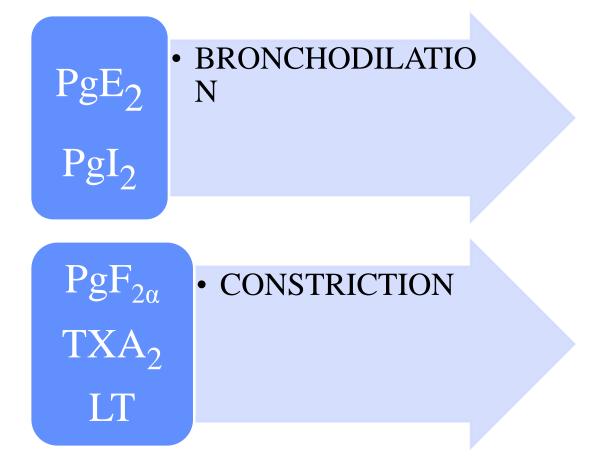
Actions – Vascular smooth muscles

Blood vessels PGE₂, PGI₂(Prostacycline) vasodilatation

Thromboxane A_2 – constriction

Actions :Smooth muscle

Bronchus



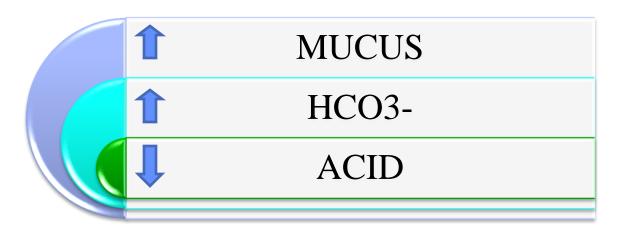
Uterus

Both uterus &cervix

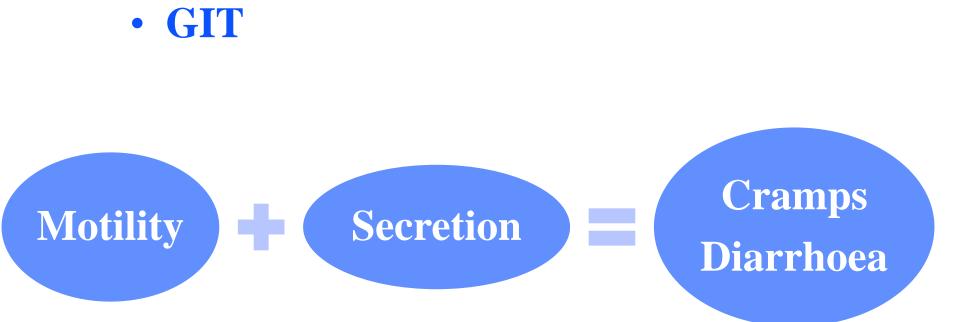
Cervical ripening

• **PgE**₂

Actions- GIT

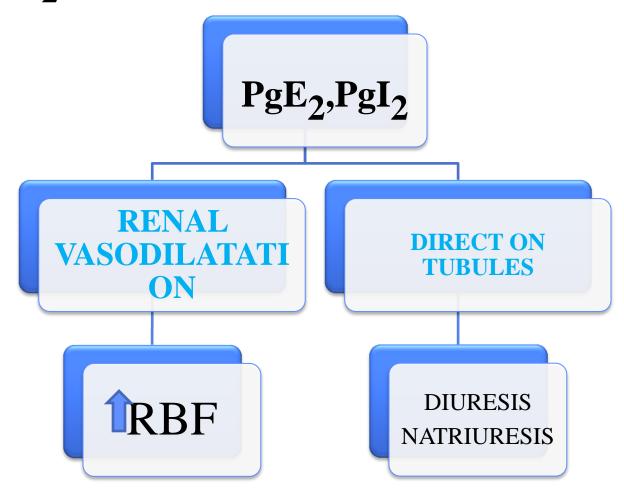


Natural ulcer protectants..



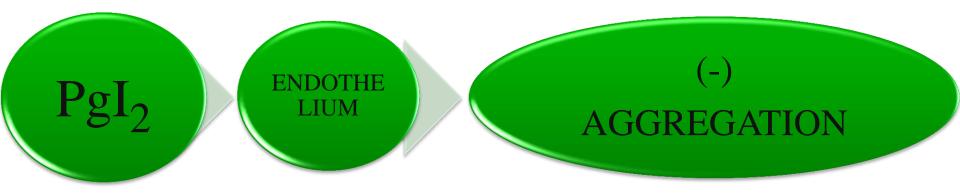
RENAL

PgE₂,Prostacyclin (PGI₂) -protective..



Coagulation





Clinical Uses of Eicosanoids and Inhibitors:

A. Uses of Eicosanoids:

Misoprostol (a PGE1 analogue)

- It is used to protect the mucosal lining of the stomach during chronic NSAID treatment
- Reducing gastric acid secretion, stimulating mucus and bicarbonate production
- Increasing uterine contraction- off-label uses in obstetric settings for labor induction
- ADRs: Category X, potential risk to induce abortion, diarrhea, abdominal pain, spotting, headache Uterine damage, fetal bradycardia, infection, death

• Mifepriston + misoprostol-

Complete abortion rates exceeding 95 percent

Iloprost (a analog of PGI₂)

Pulmonary vasodilator (cAMP inc., TxA₂ inh.)

- It is used for the treatment of pulmonary arterial hypertension
- It is given via inhalation
- short half life- requires frequent doses
- Side effects: dizziness, headache, flushing and fainting
- Bronchospasm and cough can also occur after iloprost inhalation

Latanoprost (PGF2a analogue)

Treatment of open-angle glaucoma and elevated intraocular pressure

Travoprost (pro-drug)

Reducing intraocular pressure

Bimatoprost (mimics endogenous prostamides) Reduction of intraocular pressure Increase eyelash prominence, length, darknessapproved for eyelash hypotrichosis

Side effects: blurred vision, iris color change (increased brown pigmentation), increased number and pigment of eyelashes, ocular irritation and foreign body sensation

Alprostadil (PGE₁)

that is naturally produced in tissues (seminal vesicles, cavernous tissues, placenta, ductus arteriosus of the fetus)

use to treat erectile dysfunction or to keep the ductus arteriosus open in neonates with congenital heart conditions until surgery is possible

Side effects: symptomatic hypotension, dizziness and syncope

Local adverse reactions: penile, urethral and testicular pain, prolonged erections and priapism When admin. i.v in neonates- apnea, fever, sepsis, seizures

Lubiprostane (a PGE1 derivative)

Treatment of chronic idiopathic constipation and irritable bowel syndrome with constipation

(via opening chloride channels in the luminal cells of the intestinal epithelium)

Side effects: nausea (can be decreased if taken with food)

Dose-dependent diarrhea, headache, abdominal pain

B – Uses of eicosanoids blockers:

- Asthma: Leukotrien antagonists (Zafirleukast; Montelukast); or Lipoxygenase inhibitor e.g. Zileuton
- Anti-inflammatory and RA (NSAIDs)
- -Antiplatelet action (Aspirin)
- -Dysmenorrhea (NSAIDs)



- Vomiting, Diarrhea, Abdominal cramps
- Uterine cramps
- Bronchospasm

Platelet activating factor (PAF)

•PLA₂ releases PAF in inflammation. •PAF causes vasodilatation, increases vascular permeability, activates platelet aggregation.

Vasoactive Peptides

A. Vasoconstrictors (angiotensin II; vasopressin; endothelins and neuropeptide Y.

 B. Vasodilators (Bradykinin and related Kinins; Natriuretic Peptides; Vasoactive Intestinal Peptide; substance P; Neurotensin)

Kinins : (e.g. : Bradykinin & kallidin)

• Polypeptides present in plasma and several tissues including the kidneys, pancreas, intestine, sweat and salivary glands.

ACTIONS :

CVS : Very potent vasodilator (direct and via increase EDRF). Also, increases the body capillary permeability

• **Bronchioles :** Contraction of bronchial smooth muscles (cough).

• Inflammation : Kinins can produce all the symptoms of inflammation (pain and edema when injected to tissue).

• **Pain :** Intradermal injection of kinins elicited potent pain (Stimulate nociceptive nerve afferent fibers)

176 / CHAPTER 11

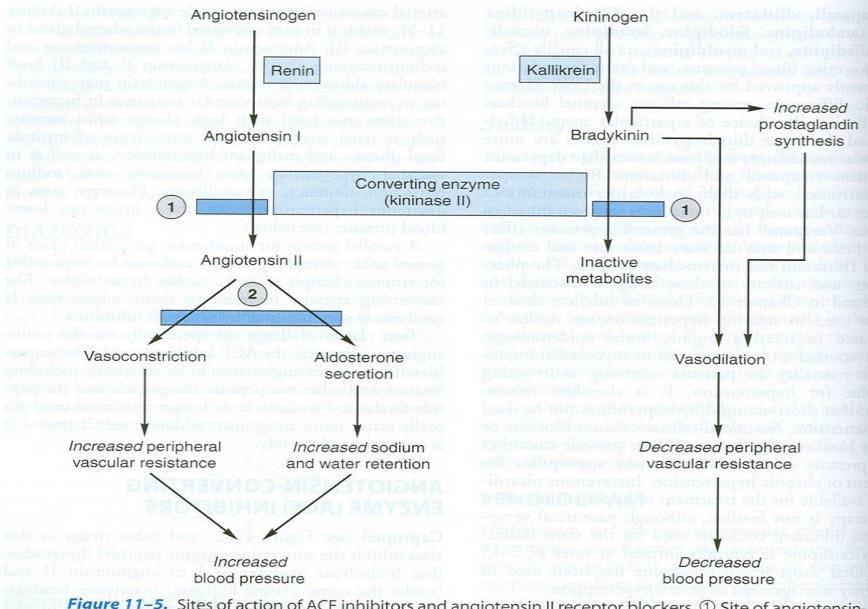


Figure 11–5. Sites of action of ACE inhibitors and angiotensin II receptor blockers. ① Site of angiotensinconverting enzyme blockade. ② Site of receptor blockade.

2. Vasoconstrictor peptides:

Angiotensin II

1. the most potent vasoactive agent in the body (direct and via NE)

2. Stim release of aldosterone and renin as well.

3. Centrally, stim. Drinking and increase the secretion of vasopressin and ACTH.

ACE inhibitors and AngII antagonists- hypertension, congestive heart failure

Endothelins:

- Widely distributed in the body (in endothelial cells of blood vessels)
- ACTIONS: Dose-depen. Vasoconstriction in most vascular beds, Thus:
 - Decrease GFR
 - Increase aldosterone, vasopressin and ANP
 - Potent bronchoconstriction

Endothelin Antagonists: (Bosentan, ambrisentan) (pulmonary HTN)

Cytokines

Soluble proteins and glycoproteins that interact with specific cellular receptors.

Cytokines are involved in inflammatory and immune response.

INTERLEUKINES (ILs)

- *IL-1* participates in the pathogenesis of rheumatoid arthritis.
- Glucocorticosteroids and glucosamine
 - depress the synthesis of IL-1.
- *IL-2:* used i.v. in renal carcinoma but has ADRs!
- **IL-11** stimulates thrombocytopoesis.



IL-18:

Upregulated interferon production

IL-23:

- Anti-viral activity
- •Stimulates T-cell, macrophage, and
- •Used therapeuticaly in viral and autoimmune conditions

INTERFERONS (INFs)

•Interferon alpha-2b (Intron[©]):

- in chronic hepatitis B and C
 -lymphomas, melanomas, etc.
- •Interferon beta-1b (Betaferon[©]) s.c. in multiple sclerosis.
- •Interferon gamma –

in the regulation of the immune system.

Colony-stimulating factors:

 Filgrastim, Molgramustim, Lenograstim (to treat agronulocytosis and leukopenia)

