

SIMPLIFIED MODEL OF SIGNALLING MECHANISMS AND DRUG ACTION

Intracellular receptors Lipid soluble signalling molecules diffuse across the cell membrane and interact with these receptors. The most studied of this class are the Steroid Receptor Superfamily which include; steroids, sterols, thyroxine, retinoic acid and vitamin D. The hormone-receptor complex then modulates gene transcription leading to a biological effect. This explains the lag with drugs such as prednisolone which has an effect lag of ~30mins whilst the transcription takes place and can continue to have effect for days.

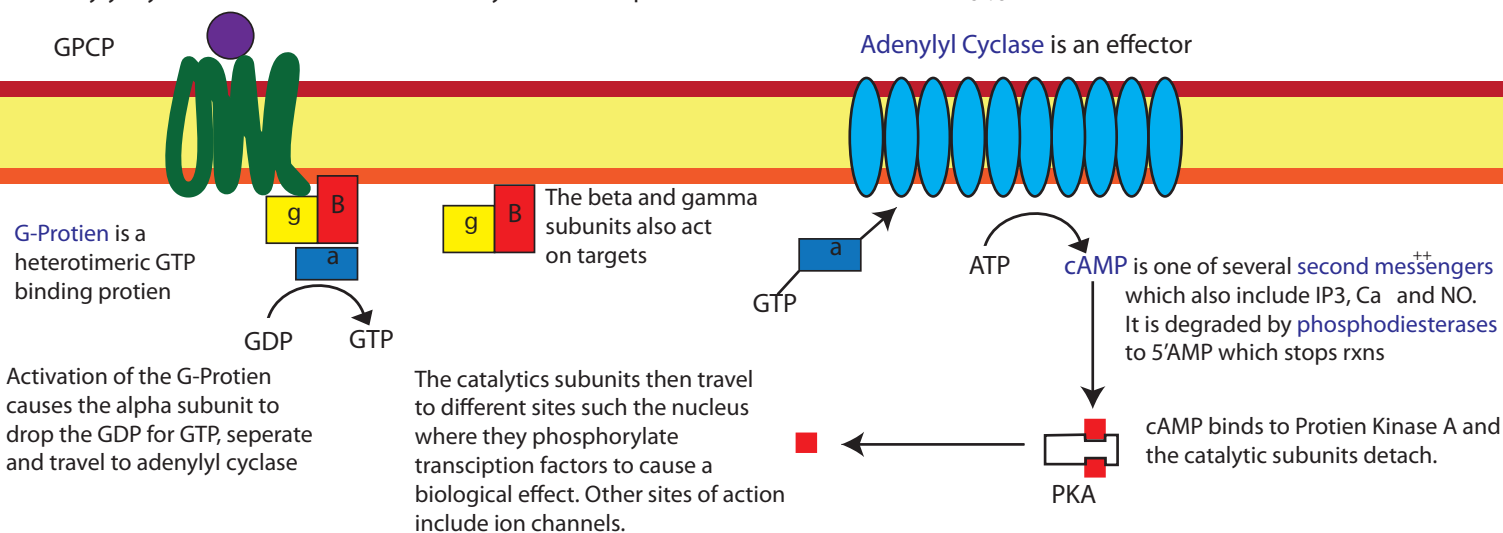
The remainder of the receptors above are transmembrane, and interact with hydrophilic ligands or ions on the cell surface.

Enzyme linked cell surface receptors are a very diverse group that contain intracellular catalytic domains or are closely associated with intracellular enzymes. They may be present either as **monomers** (for example guanylyl cyclase which binds to atrial natriuretic factor) or **dimers** such as the tyrosine kinase-associated receptors (which bind to erythropoietin or the interferons) and dimerise on contact with the associated ligand.

Ligand-gated ion channels are involved primarily in fast synaptic transmission between excitable cells. An example is the nicotinic acetylcholine receptor at the neuromuscular junctions.

The last class of receptors are the **G-Protein Coupled Receptors**. These activate or inhibit adenylyl cyclase, activate phospholipase C or modulate ion channels. A variety of signals, which include hormones, neurotransmitters, cytokines, pheromones, odourants and photons produce their intracellular actions through GPCR. They are discussed below in greater detail along with second messengers.

The Adenylyl Cyclase/Protein Kinase A Pathway as an example of G-Protein function Hemmings pg 40



Receptors are regulated in number, location and sensitivity. Frequent or continuous exposure leads to short term diminution of the receptor response sometimes called **tachyphylaxis** (literally "fast-guarding"). There are three main mechanisms for this, intracellular proteins may **block access to a G-protein** to the activated molecule. An example is Beta-arrestin which blocks continuous activation of the Beta-adrenoceptor. Second, **agonist bound receptors may be internalised by endocytosis** (eg morphine receptors). Third, continuous activation may lead to **depletion of a substrate** needed for downstream effects. Long term changes lead to down regulation or up regulation of receptors.

An adverse reaction to a drug is a harmful or unintended response. Overdose, excessive effects and drug interactions may occur in any patient. Adverse reactions occurring only in susceptible patients include intolerance, idiosyncrasy (often genetic in origin) and allergy (usually immunological mediated). See following Pharmacological Basis of Poisoning for further information.