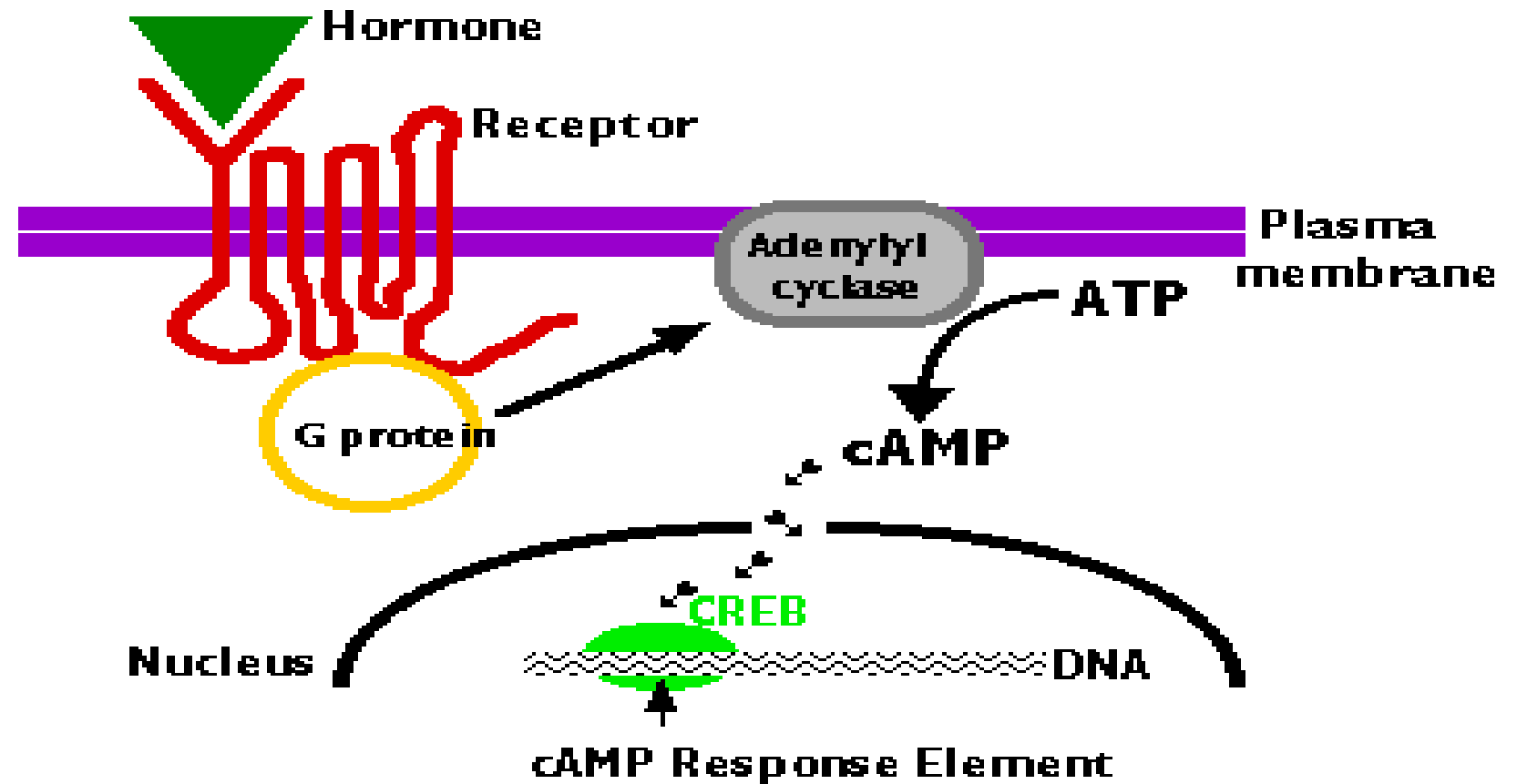


**TDC 3<sup>RD</sup> SEM MAJOR : PAPER 5.3**

# **MECHANISMS OF HORMONE ACTION**

**BY: DR. LUNA PHUKAN**

Hormones activate target cells by diffusing through the plasma membrane of the target cells (lipid-soluble hormones) to bind a receptor protein within the cytoplasm of the cell, or by binding a specific receptor protein in the cell membrane of the target cell (water-soluble proteins)



## **1. Cellular receptors and hormone action**

### **1) Hormone receptors bind specific hormones**

- Each type of receptor is capable of binding only one specific hormone, or at most, a small number of closely related hormones.**
- Ligand: agonist vs. antagonist**
- Ligand binding specificity**

**2) Tissue responses to a hormone are determined by the presence of specific receptors**

- Insulin  $\square$  increase glucose uptake by hepatocytes, fat cells, and certain muscle cells, and interacts with many other cell types**
- Parathyroid hormone (PTH)  $\square$  elevates serum  $\text{Ca}^{2+}$  levels by releasing  $\text{Ca}^{2+}$  from bone, stimulating  $\text{Ca}^{2+}$  uptake from the gut and preventing  $\text{Ca}^{2+}$  loss from the kidney.**

**3) Some hormones can activate multiple receptor isoforms**

- Estrogen: estrogen receptor alpha ( $\text{ER}\alpha$ ) and beta ( $\text{ER}\beta$ )  $\square$  evoke different responses in different tissues, or even different responses in the same tissues, depending upon the relative abundance of each of these two receptor isoforms in the target cells**
- i.e., in some mammary gland cells, estrogen stimulates cell proliferation by activating  $\text{ER}\alpha$ , while activation of  $\text{ER}\beta$  in other cells can inhibit cell growth.**

## **2. Characteristics of physiological receptors**

**☒ High affinity**

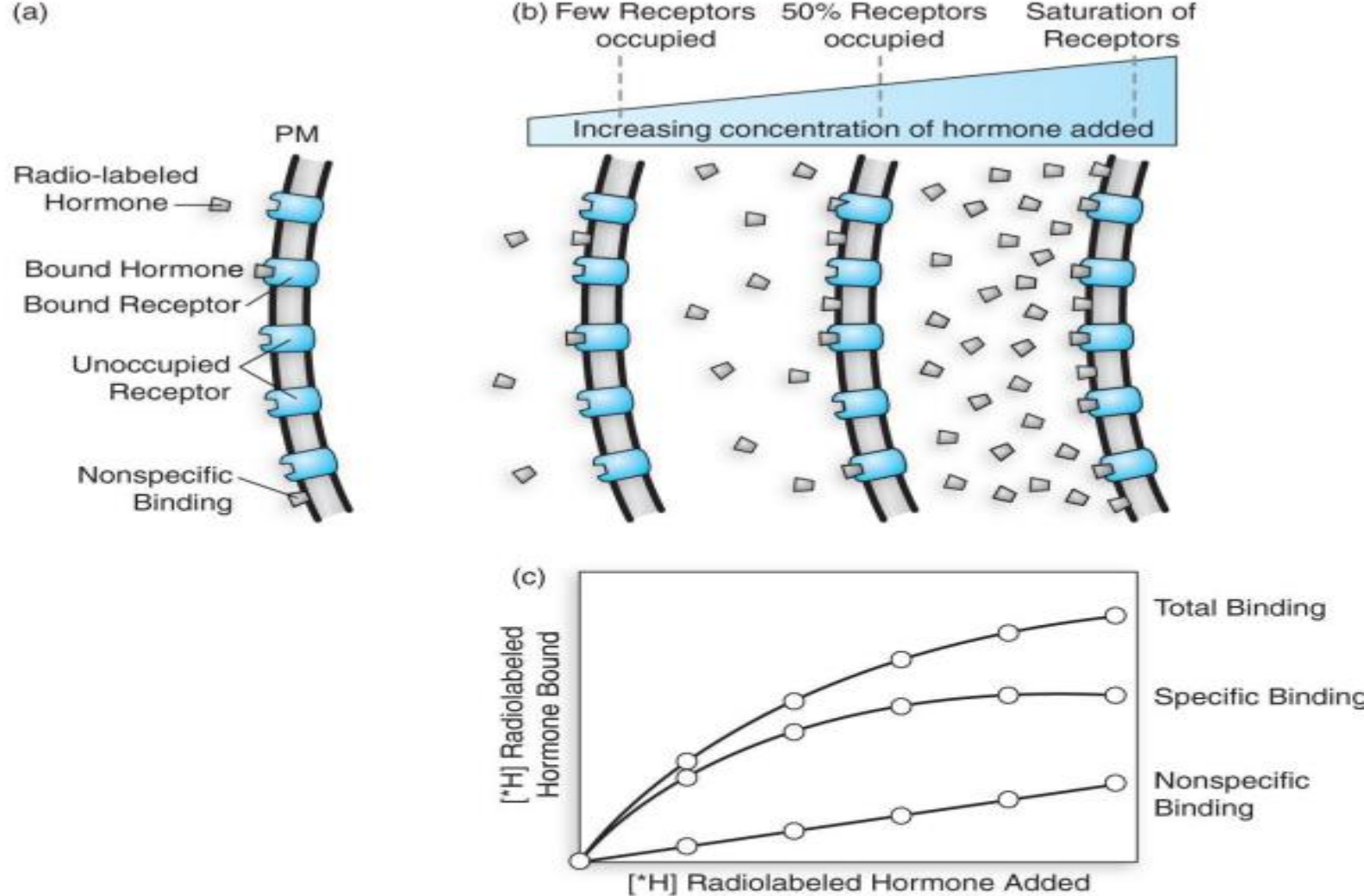
**☒ Specificity**

**☒ Saturability: Under normal conditions, a cell generally produces between 2,000 and 100,000 receptor molecules.**

**☒ Reversible nature**

**☒ Associated with physiological response in the target cell**

Fig. 3.1. Schematic representation of (a) hormone molecules binding to plasma membrane receptors, (b) hormone molecules present in increasing concentrations and corresponding increases in receptor binding, as in a typical saturation receptor binding assay, and (c) saturation receptor binding curves in a typical saturation binding assay.



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# **Mechanism of Hormone Action**

## **☐ Binding to receptor**

- Cell surface receptors**

- Intracellular receptors : Cytoplasmic**

- Nuclear**

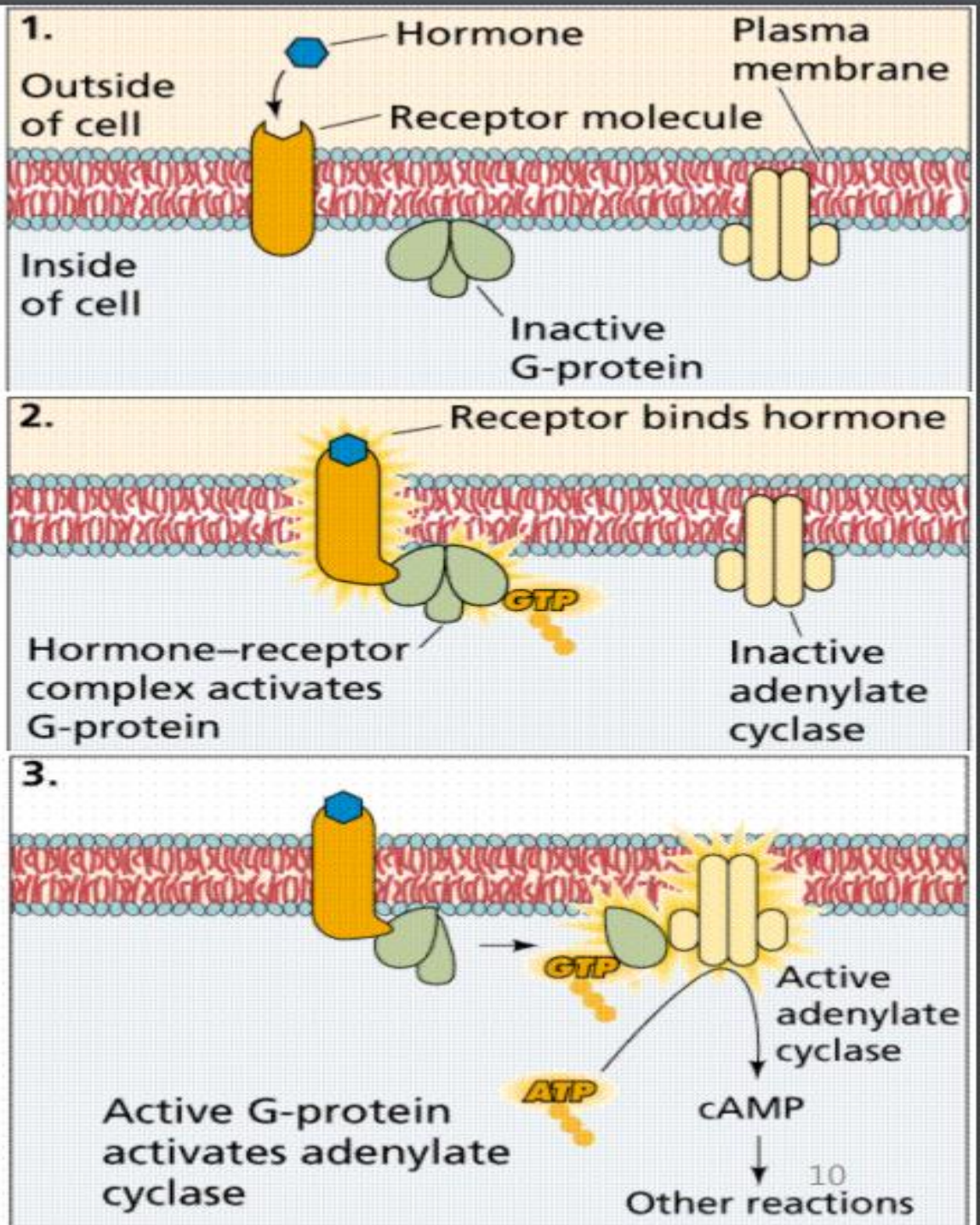
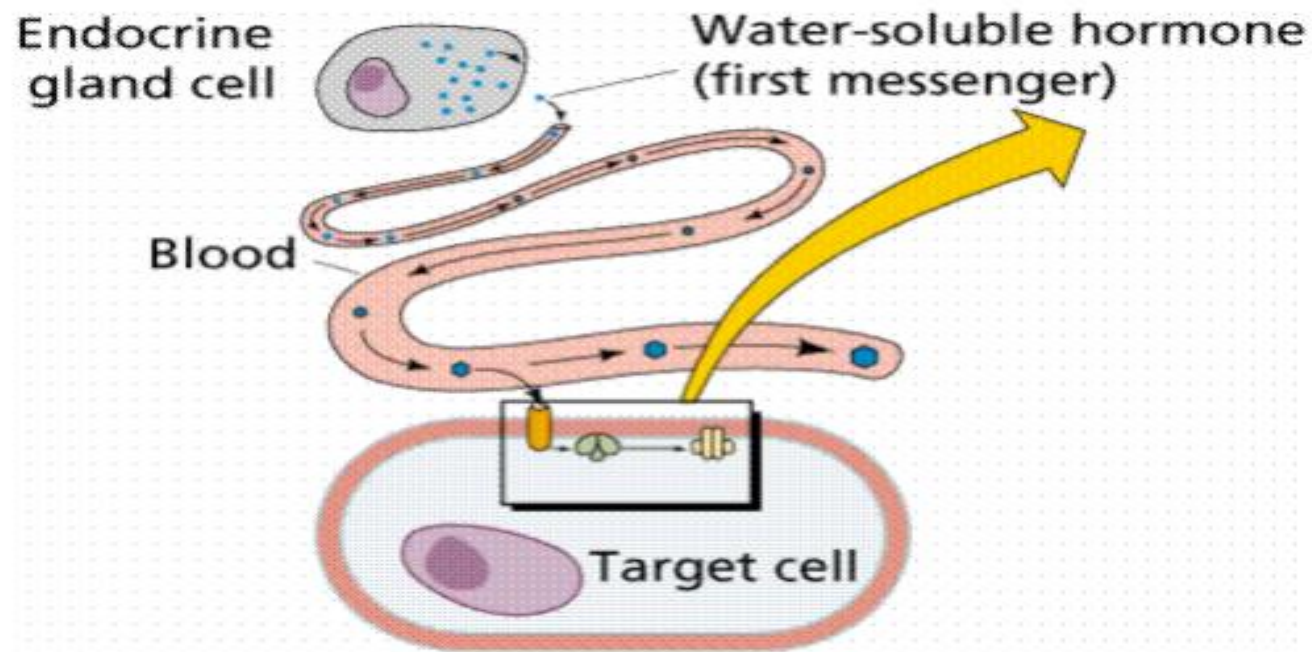
- Mitochondrial**

## **☐ Activation of postreceptor messengers**

## **☐ Cellular answer**



# Water soluble hormone and Cell surface receptors





### **3. Plasma membrane hormone receptors**

**1) Membrane receptor families have characteristic structures and functional properties**

**A. Four main classes of membrane-bound receptors:**

**a. Class I: A superfamily of receptors coupled to G (GTP-binding) proteins (G-protein-coupled receptors, GPCRs); Receptors for ACTH, LH, FSH, hCG, TSH, glucagon, catecholamines, muscarine, serotonin, dopamine, histamine**

**b. Class II: Receptors that are also enzymes (tyrosine protein kinases, serine/threonine kinases, or guanylate cyclase); Receptors for insulin, growth factors (tyrosine kinase), ANP(guanylyl cyclase), TGF- $\beta$  (serine-threonine kinase). Receptors for GH, cytokines, interferones.**

**c. Class III: Receptors that are associated with enzymes (cytokine receptors associated with tyrosine kinases)**

**d. Class IV: Receptors coupled to ion channels; Receptor for Ach.**

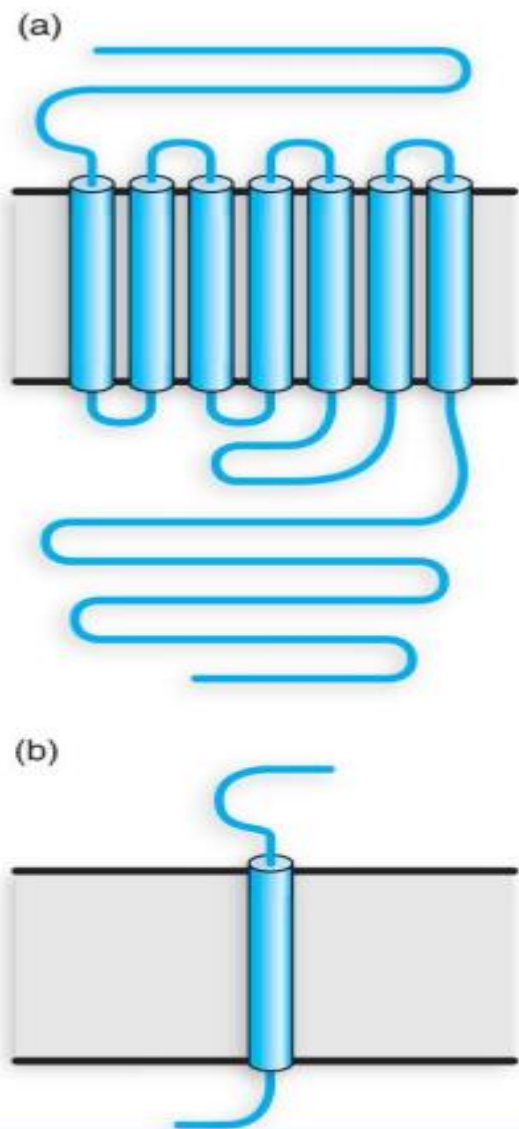


Fig. 3.4. Schematic representation of (a) multi- and (b) single-transmembrane receptors

### Class I of Protein receptor

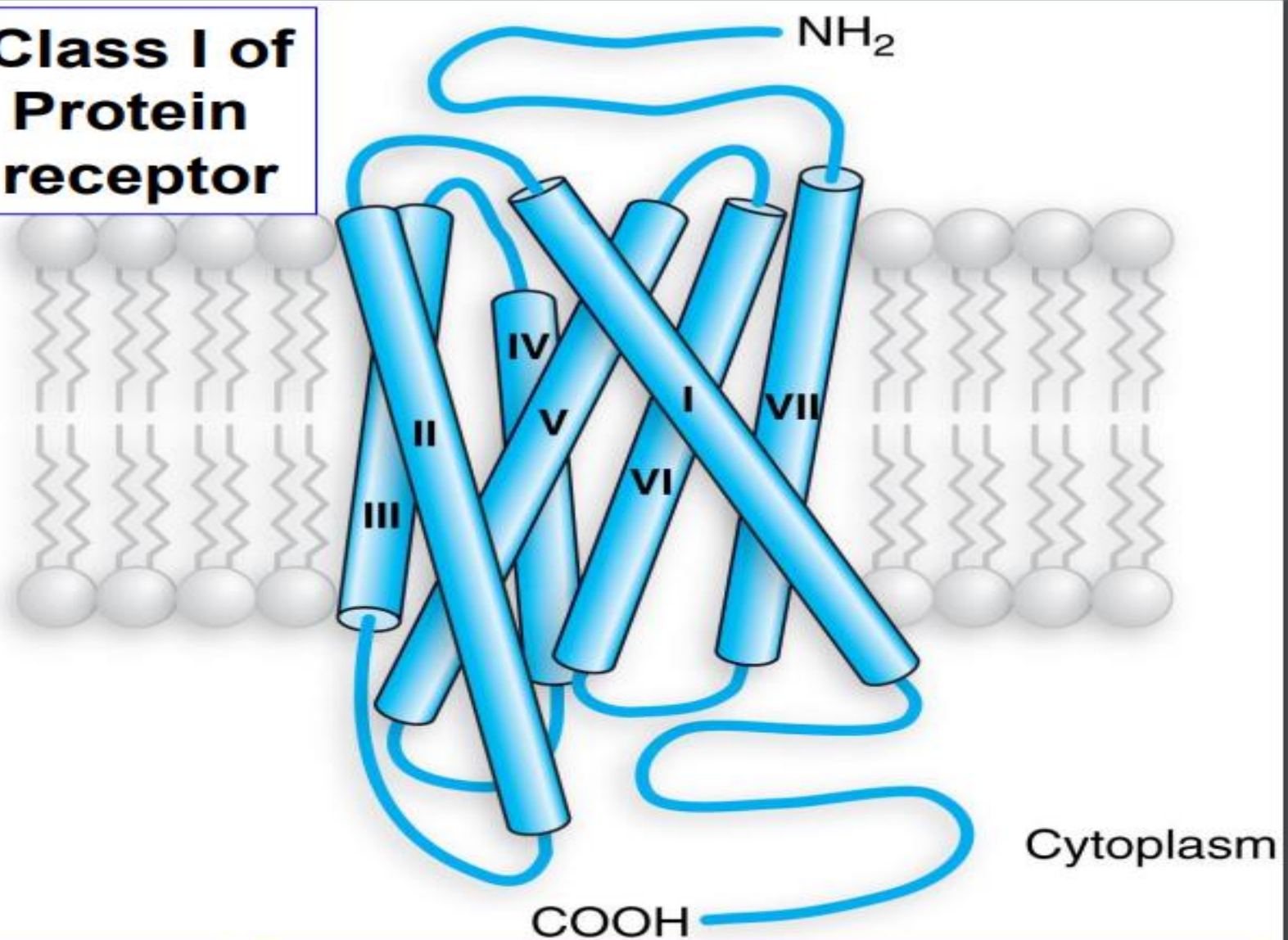
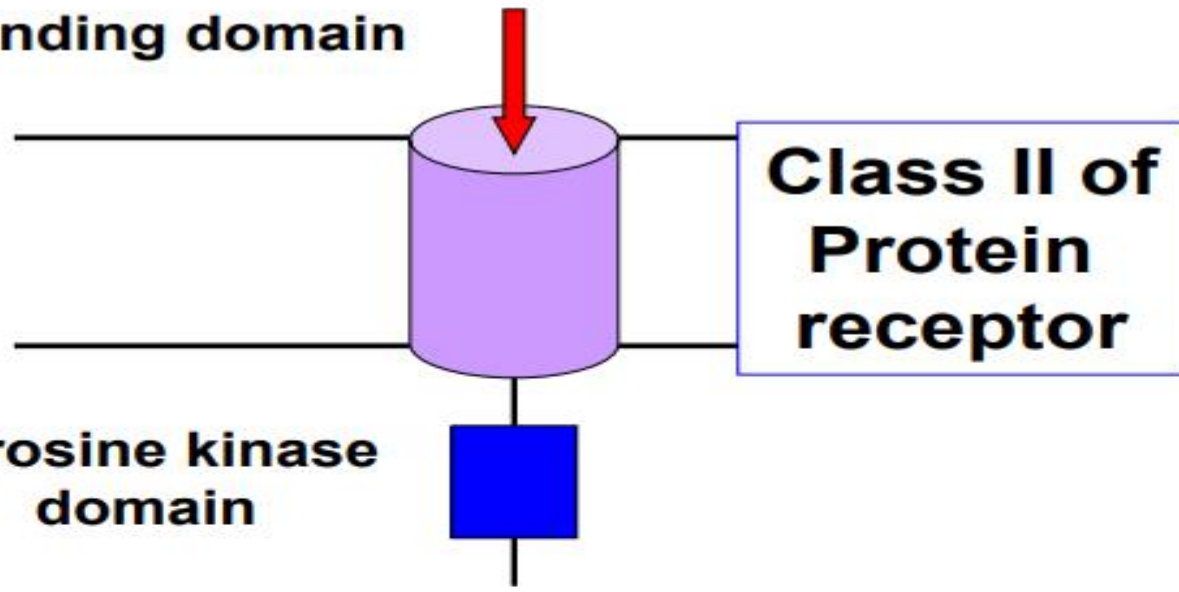


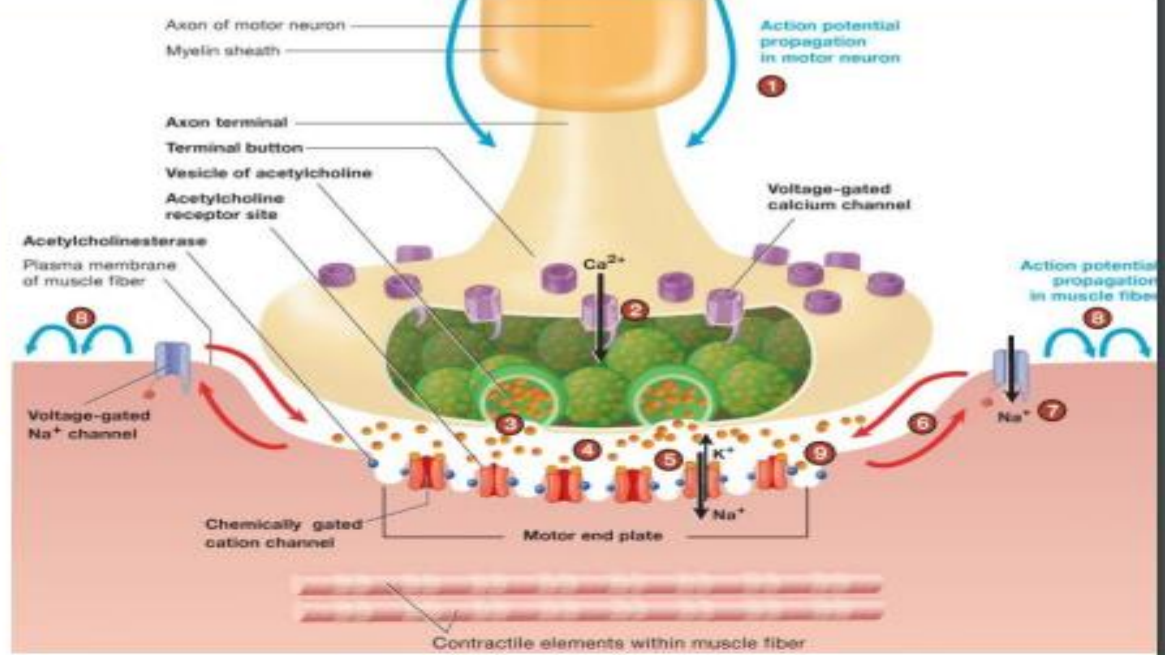
Fig. 3.5. Schematic model of insertion of **G-protein**-coupled receptors in the plasma membrane.

**Binding domain**



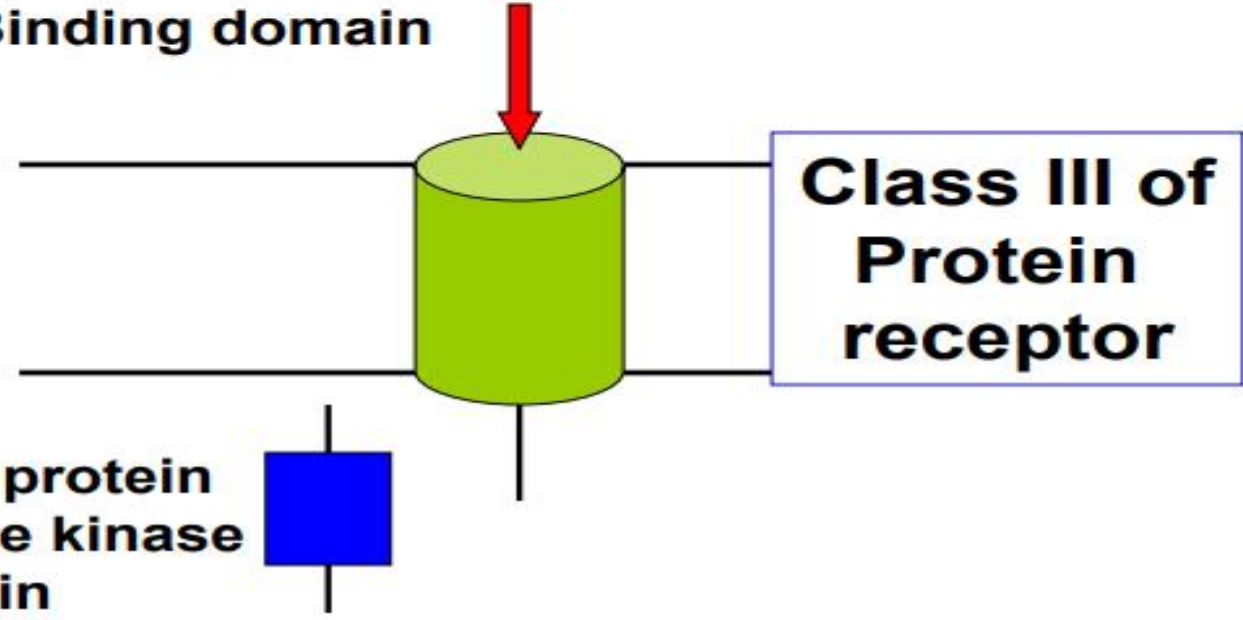
**Class II of Protein receptor**

**Tyrosine kinase domain**



**Class IV of Protein receptor**

**Binding domain**



**Class III of Protein receptor**

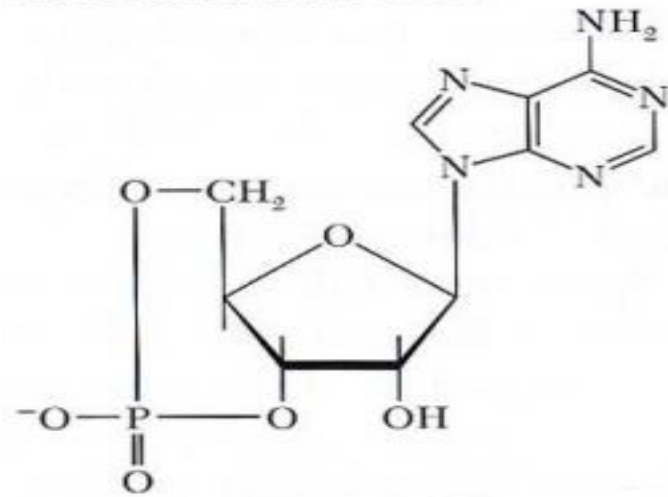
**Accessory protein With tyrosine kinase domain**



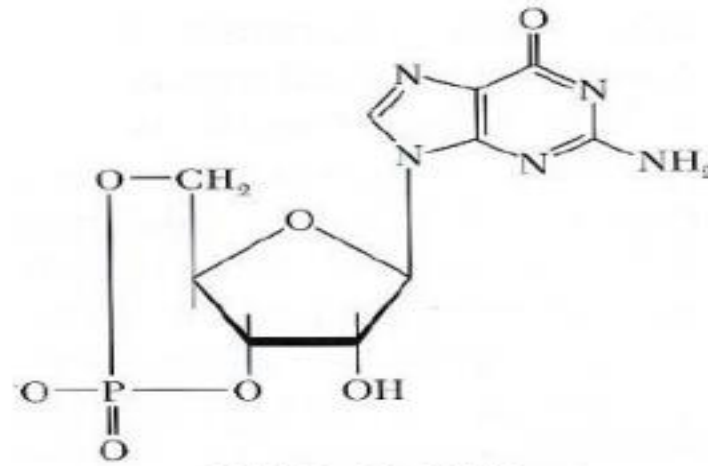
# 4. Second messengers of hormone action

Second messengers (stimulated by lipid insoluble hormones):

## CYCLIC NUCLEOTIDES

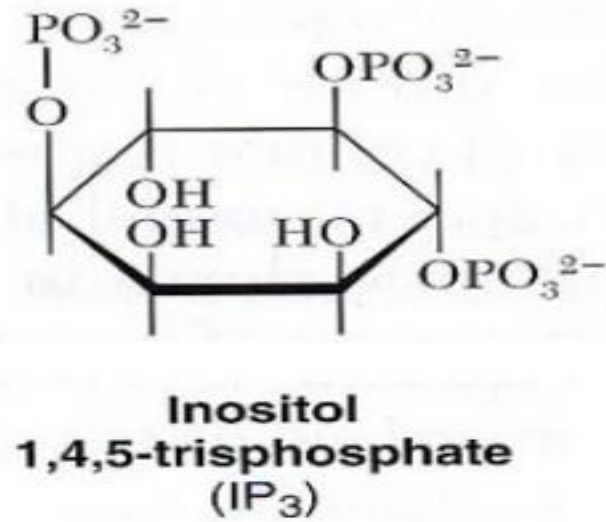
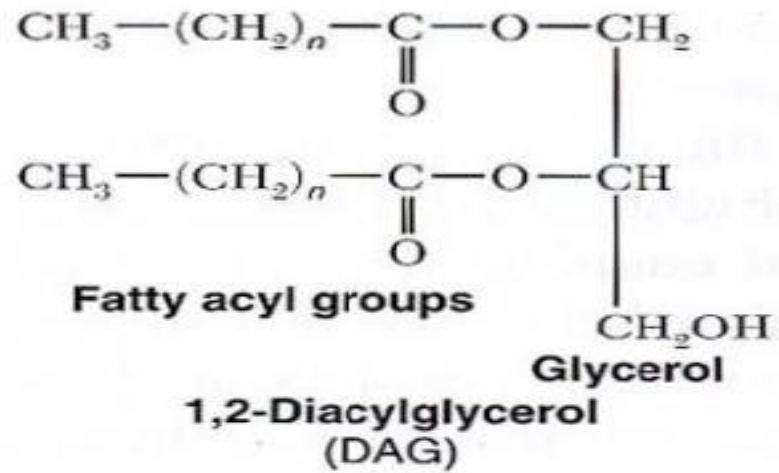


**3',5'-Cyclic AMP**  
(cAMP)



**3',5'-Cyclic GMP**  
(cGMP)

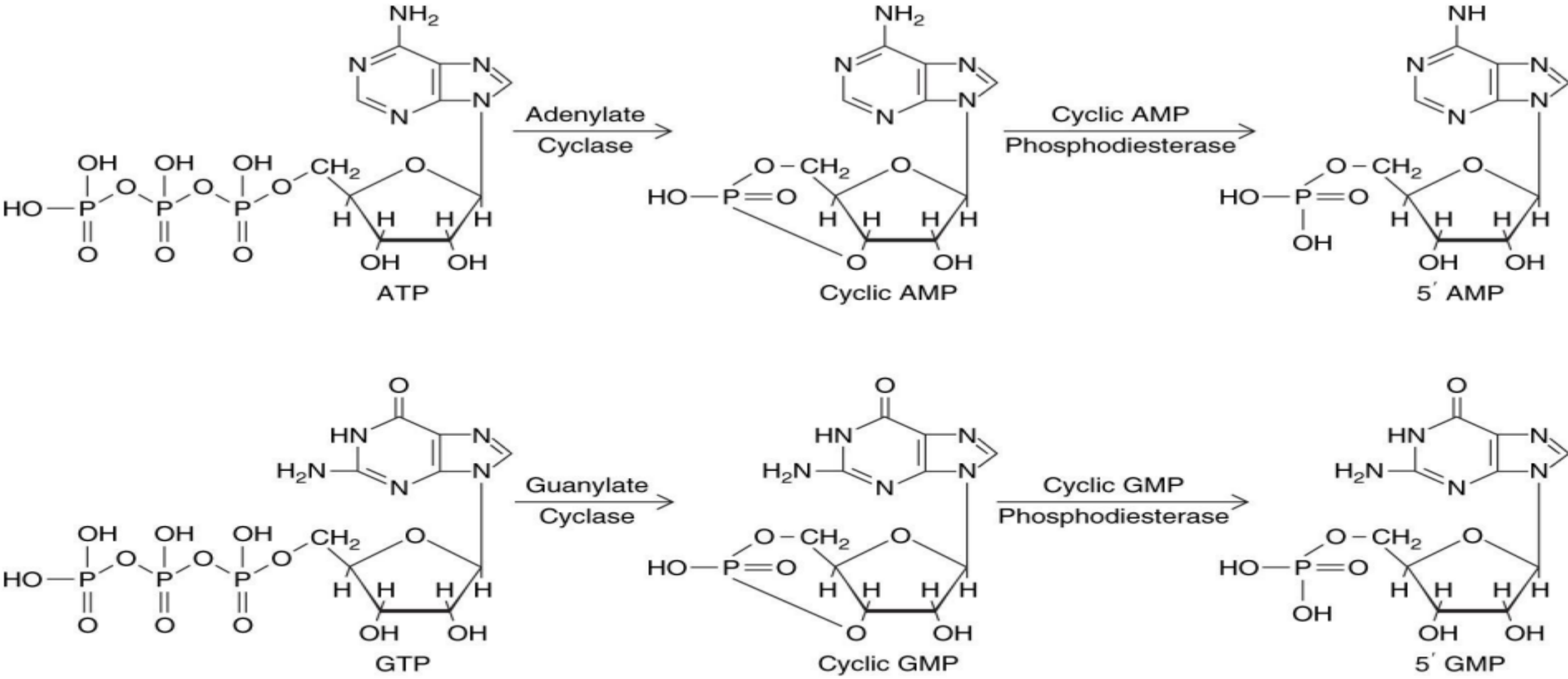
## INOSITOL PHOSPHOLIPIDS



## CALCIUM ION







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**Fig. 3.6. Cyclic nucleotide synthesis and inactivation**

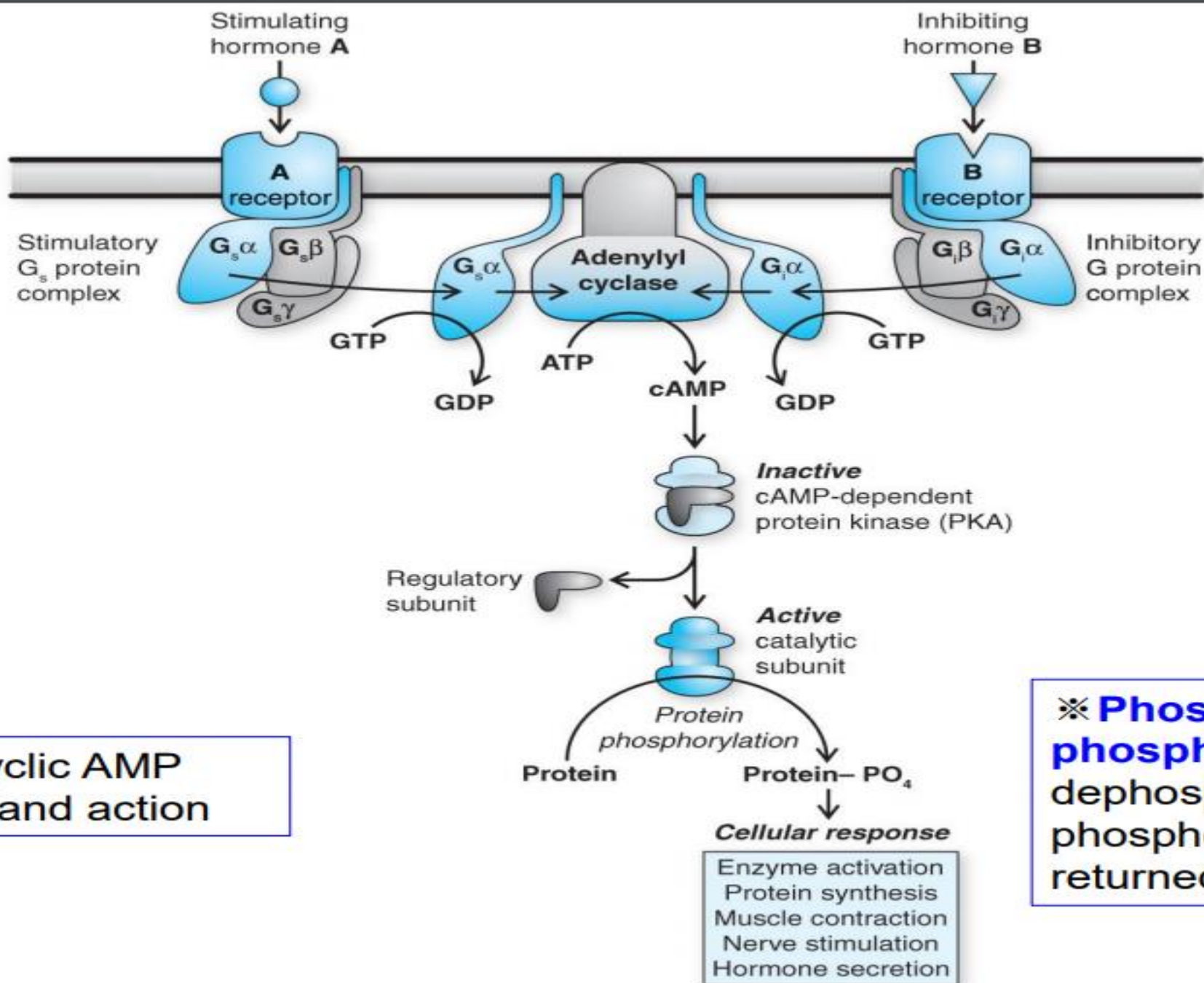
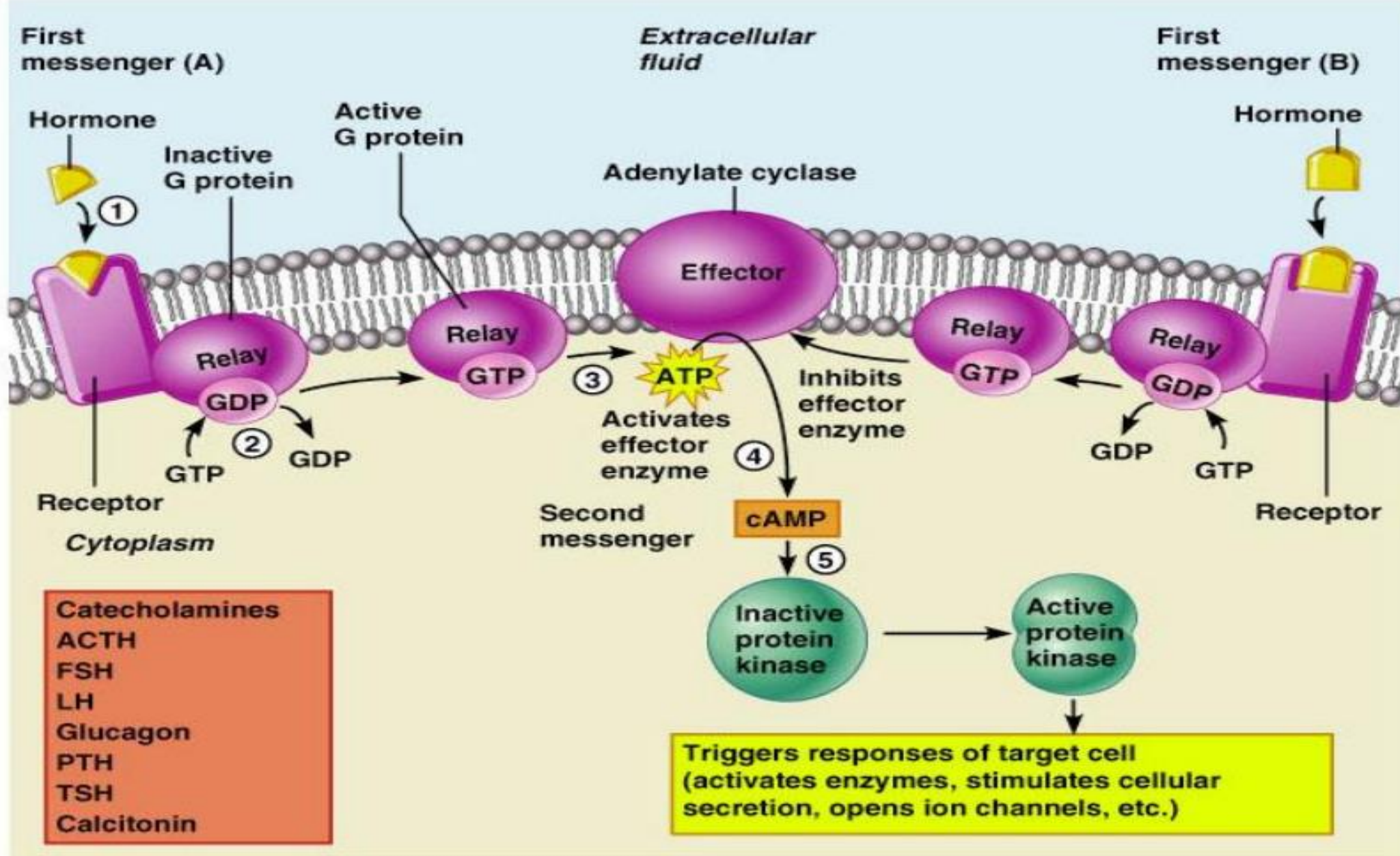


Fig. 3.7. Cyclic AMP production and action

✱ **Phosphoprotein phosphatases:**  
dephosphorylate the phospho-protein → returned to basal level





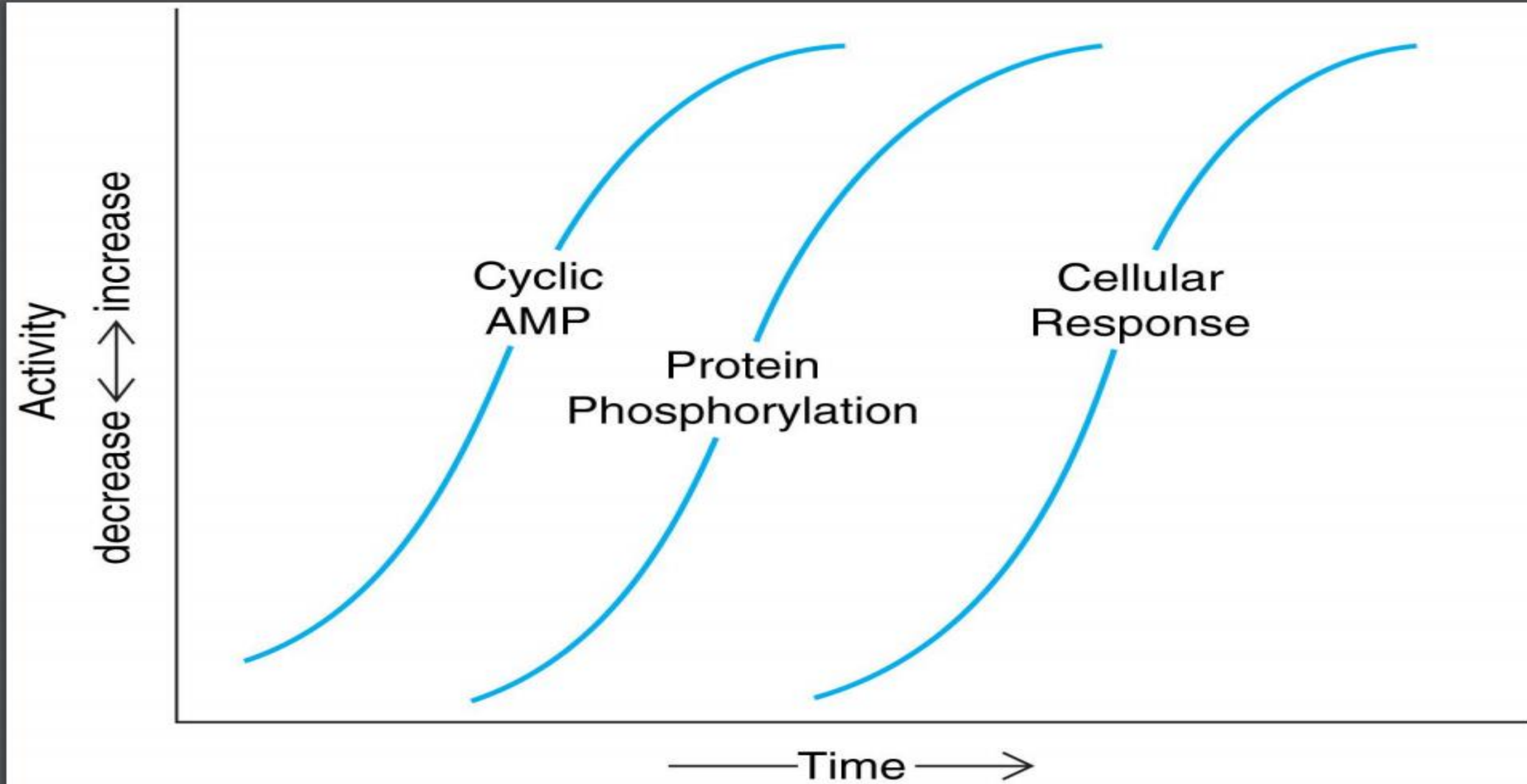
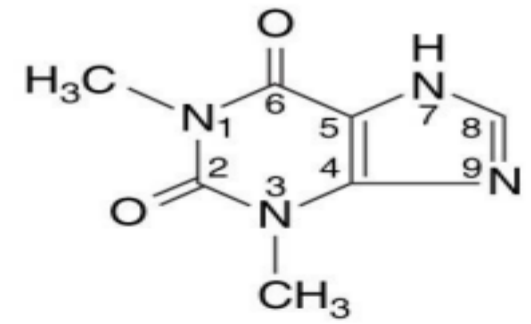


Fig. 3.8. Temporal cellular events in hormone-mediated cAMP production and action

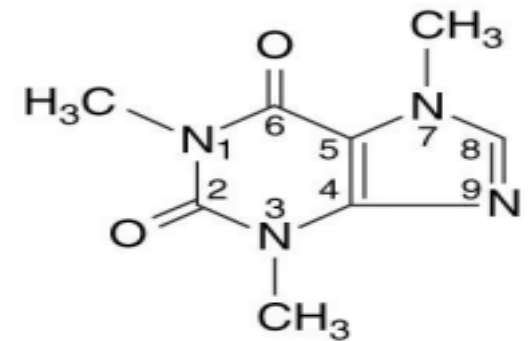
## Inhibitors of cAMP- and cGMP- dependent phosphodiesterase activity

- Caffeine, theophylline, and theobromine are methylxanthines derived from coffee, tea, and cocoa, respectively.
- Theophylline: the most potent of the three
- Adenylate cyclase is always active.

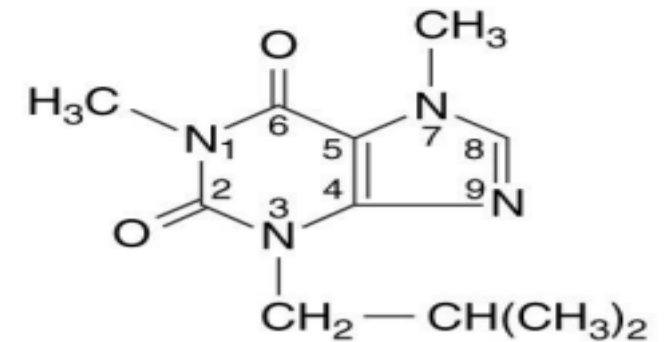
Fig. 3.9. Methylxanthine structures: theophylline, caffeine, and 1-methyl-3-isobutylxanthine (a synthetic xanthine analog)



Theophylline



Caffeine

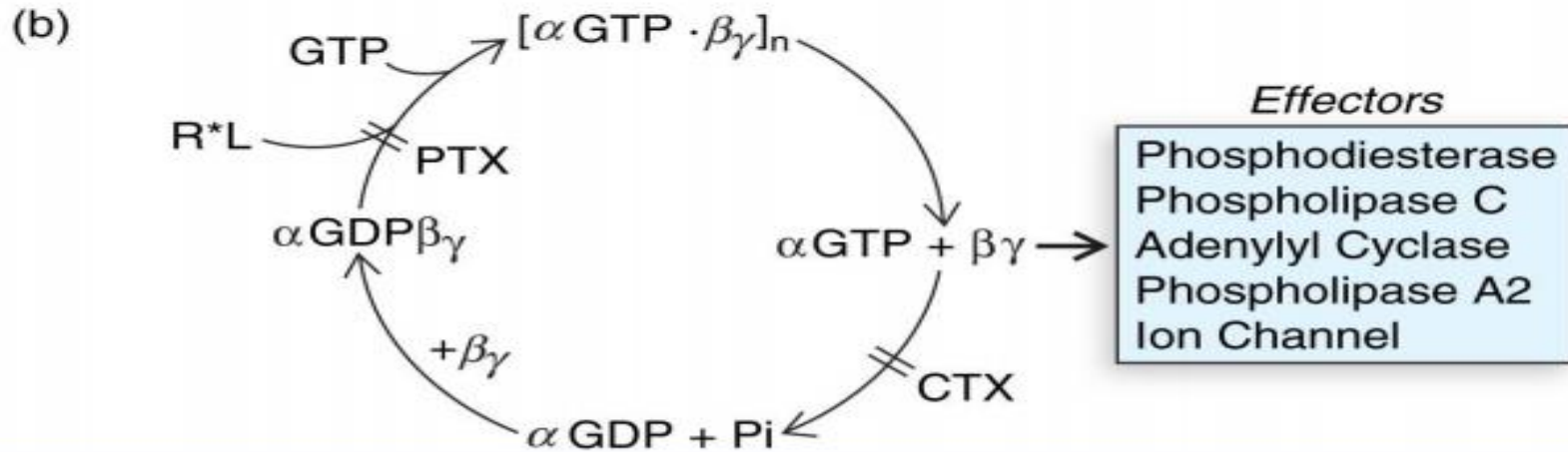
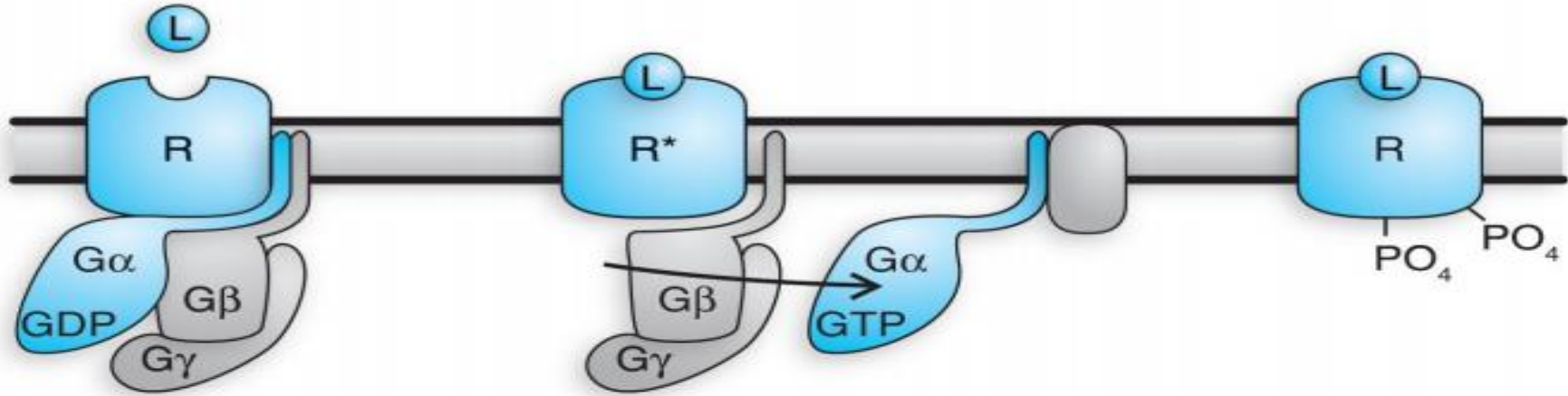


1-Methyl-3-Isobutylxanthine



# 5. Membrane receptor signal transduction

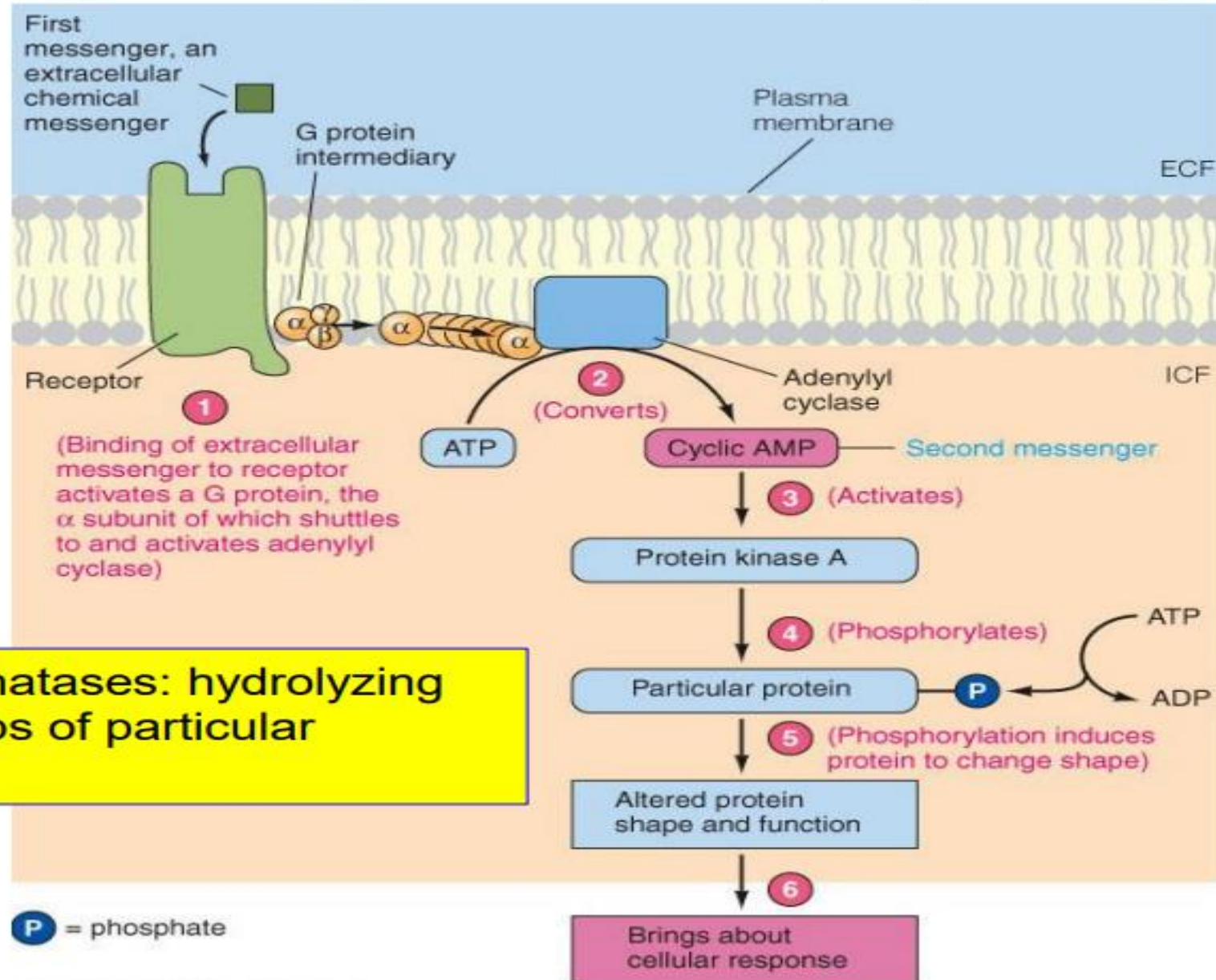
(a)  
 Receptor + Ligand  $\rightleftharpoons$  Receptor\**Ligand*  $\longrightarrow$  Receptor Desensitized



- **PTX** (pertussis toxin)  $\rightarrow$  blocks the catalysis of GTP exchange by the receptor
- **CTX** (cholera toxin)  $\rightarrow$  inhibitor of GTPase

Fig. 3.11. Receptor-G-protein-mediated signal transduction

# 6. Phosphorylated proteins as physiological effectors



❖ Protein phosphatases: hydrolyzing phosphoryl groups of particular proteins





## **8. Eicosanoids and hormone action**

- In 1930s, human semen and extracts of seminal vesicles from animals caused uterine tissue to contract or relax ☐

“prostaglandin (PG)”

- PGs belong to a family of chemically related substances, eicosanoids.

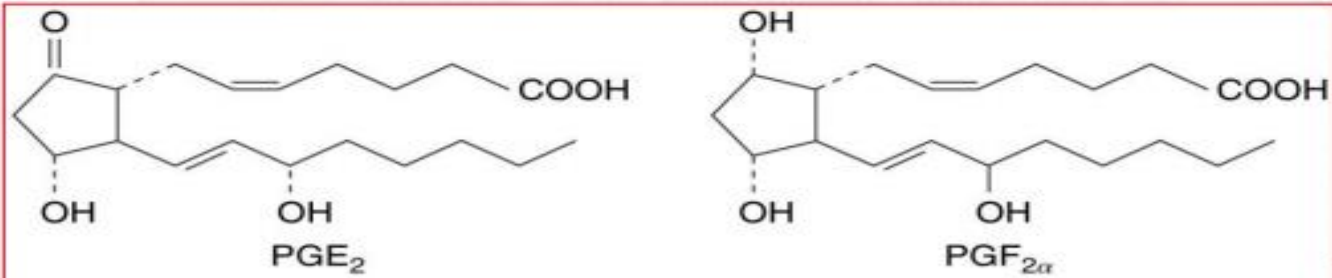
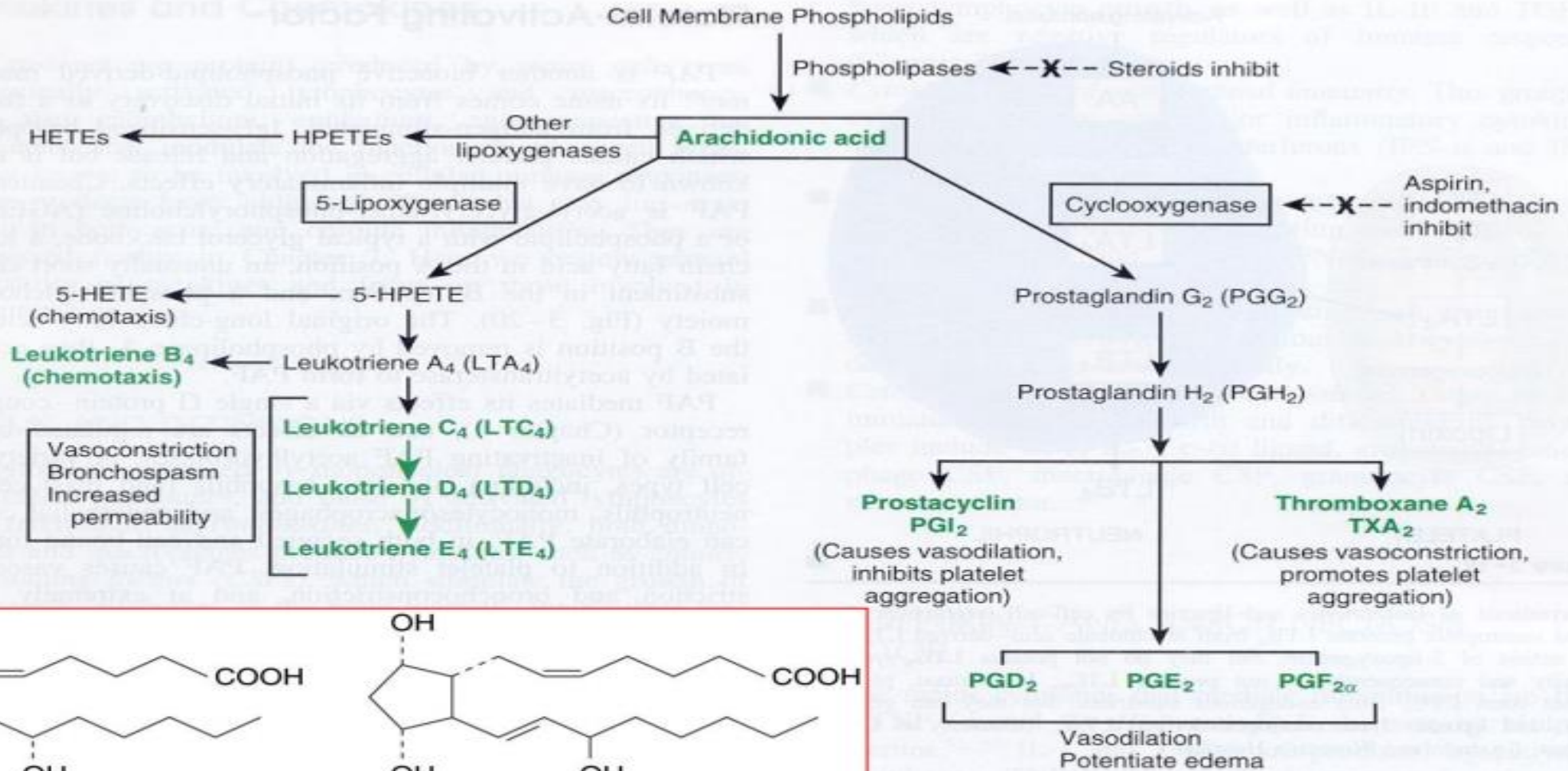
- Nobel Prize in

Physiology/Medicine for 1982:

Bergström, Samuelsson, and

Vane for their “discoveries concerning prostaglandins and biologically related substances”.

# Arachidonic Acid Metabolites



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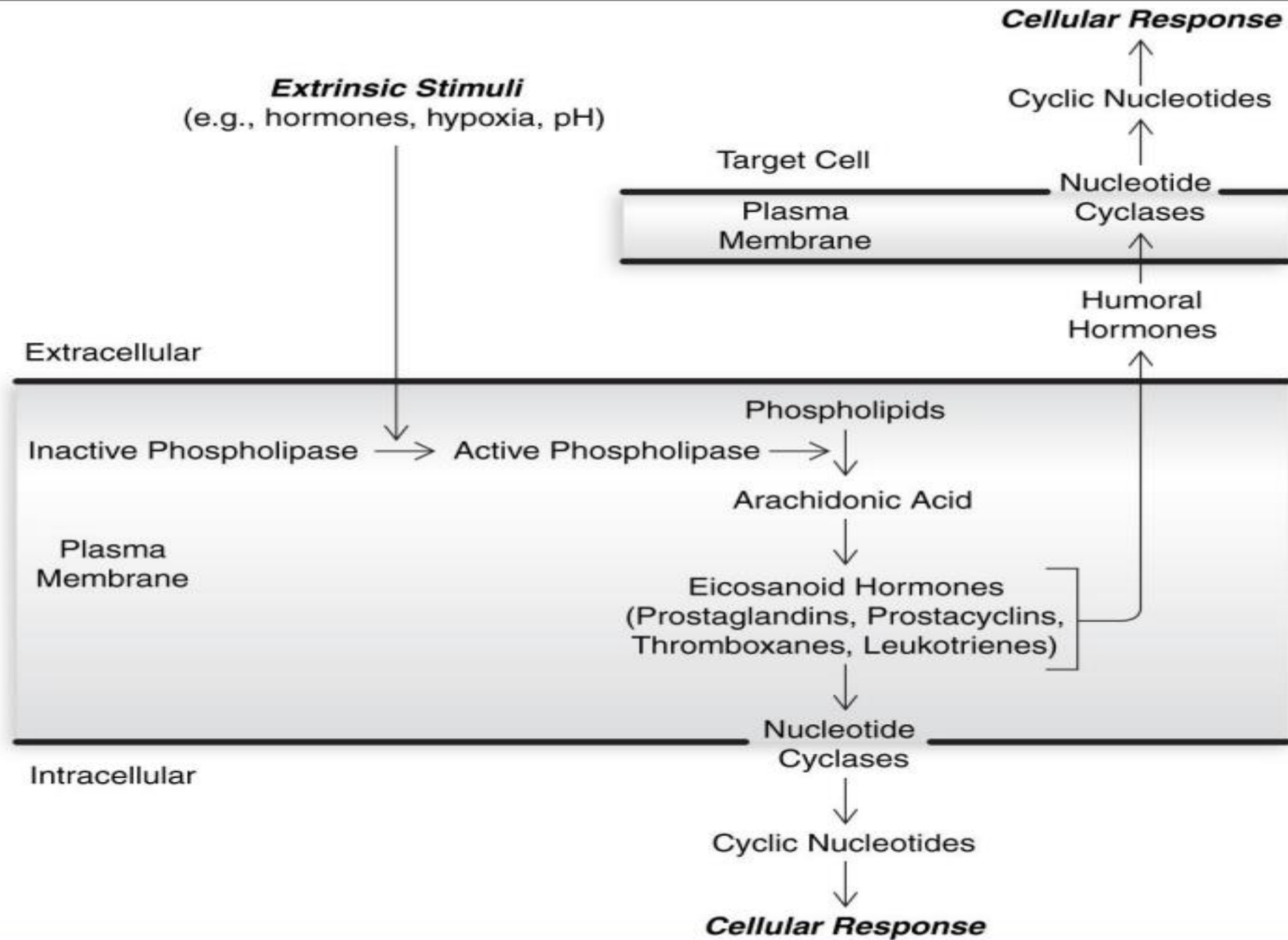


Fig. 3.14. General scheme of eicosanoid biosynthesis and mechanisms of action.

▲ **TABLE 20-3**

**Actions of Prostaglandins**

<b>BODY SYSTEM ACTIVITY</b>	<b>ACTIONS OF PROSTAGLANDINS</b>
<b>Reproductive System</b>	Promote sperm transport by action on smooth muscle in the male and female reproductive tracts Play a role in ovulation Play important role in menstruation Contribute to preparation of the maternal portion of the placenta Contribute to parturition
<b>Respiratory System</b>	Some promote bronchodilation, others bronchoconstriction
<b>Urinary System</b>	Increase the renal blood flow Increase excretion of water and salt
<b>Digestive System</b>	Inhibit HCl secretion by the stomach Stimulate intestinal motility
<b>Nervous System</b>	Influence neurotransmitter release and action Act at the hypothalamic "thermostat" to increase body temperature Exacerbate sensation of pain
<b>Endocrine System</b>	Enhance cortisol secretion Influence tissue responsiveness to hormones in many instances
<b>Circulatory System</b>	Influence platelet aggregation
<b>Fat Metabolism</b>	Inhibit fat breakdown
<b>Defense System</b>	Promote many aspects of inflammation, including development of fever

# Inflammatory Actions of Eicosanoids

Action	Metabolite
<ul style="list-style-type: none"><li>• Vasoconstriction</li><li>• Vasodilation</li><li>• Increased vascular permeability</li><li>• Chemotaxis, leukocyte adhesion</li></ul>	<ul style="list-style-type: none"><li>• Thromboxane A<sub>2</sub>, leukotrienes C<sub>4</sub>, D<sub>4</sub>, E<sub>4</sub></li><li>• PGI<sub>2</sub>, PGE<sub>1</sub>, PGE<sub>2</sub>, PGD<sub>2</sub></li><li>• Leukotrienes C<sub>4</sub>, D<sub>4</sub>, E<sub>4</sub></li><li>• Leukotriene B<sub>4</sub>, HETE, lipoxins</li></ul>

The following is a comparison of different types of prostaglandin, prostaglandin I<sub>2</sub> (PGI<sub>2</sub>), prostaglandin E<sub>2</sub> (PGE<sub>2</sub>), and prostaglandin F<sub>2α</sub> (PGF<sub>2α</sub>).

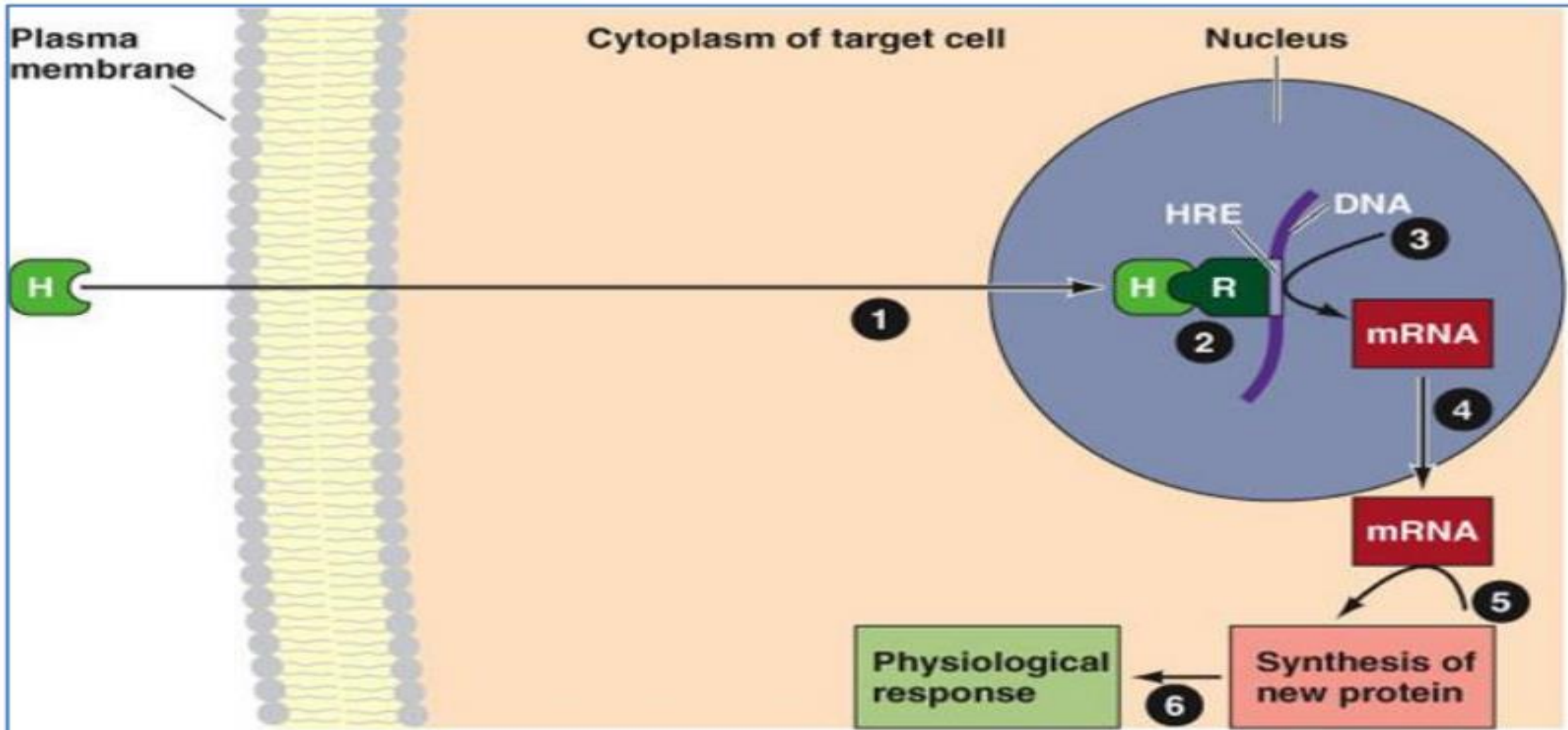
Type	Receptor	Function
PGI <sub>2</sub>	IP	<ul style="list-style-type: none"> <li>•vasodilation</li> <li>•inhibit platelet aggregation</li> <li>•bronchodilatation</li> </ul>
PGE <sub>2</sub>	EP <sub>1</sub>	<ul style="list-style-type: none"> <li>•bronchoconstriction</li> <li>•GI tract smooth muscle contraction</li> </ul>
	EP <sub>2</sub>	<ul style="list-style-type: none"> <li>•bronchodilatation</li> <li>•GI tract smooth muscle relaxation</li> <li>•vasodilatation</li> </ul>
	EP <sub>3</sub>	<ul style="list-style-type: none"> <li>•↓ gastric acid secretion</li> <li>•↑ gastric mucus secretion</li> <li>•uterus contraction (when pregnant)</li> <li>•GI tract smooth muscle contraction</li> <li>• lipolysis inhibition</li> <li>•↑ autonomic neurotransmitters</li> <li>•↑ platelet response to their agonists and ↑ atherothrombosis in vivo</li> </ul>
	Unspecified	<ul style="list-style-type: none"> <li>•Hyperalgesia</li> <li>•Pyrogenic</li> </ul>
PGF <sub>2α</sub>	FP	<ul style="list-style-type: none"> <li>•uterus contraction</li> <li>•bronchoconstriction</li> </ul>



**9. Nuclear hormone receptors:** Nuclear receptors are ligand-regulated transcription factors that control gene expression by binding to target genes usually in the region near their promoters.

**1) Class I: steroid hormone.** Are present in either the cytosol or the nucleus. Ligand binding promotes dissociation of certain proteins and formation of receptor homodimers that bind to specific DNA elements (HREs)

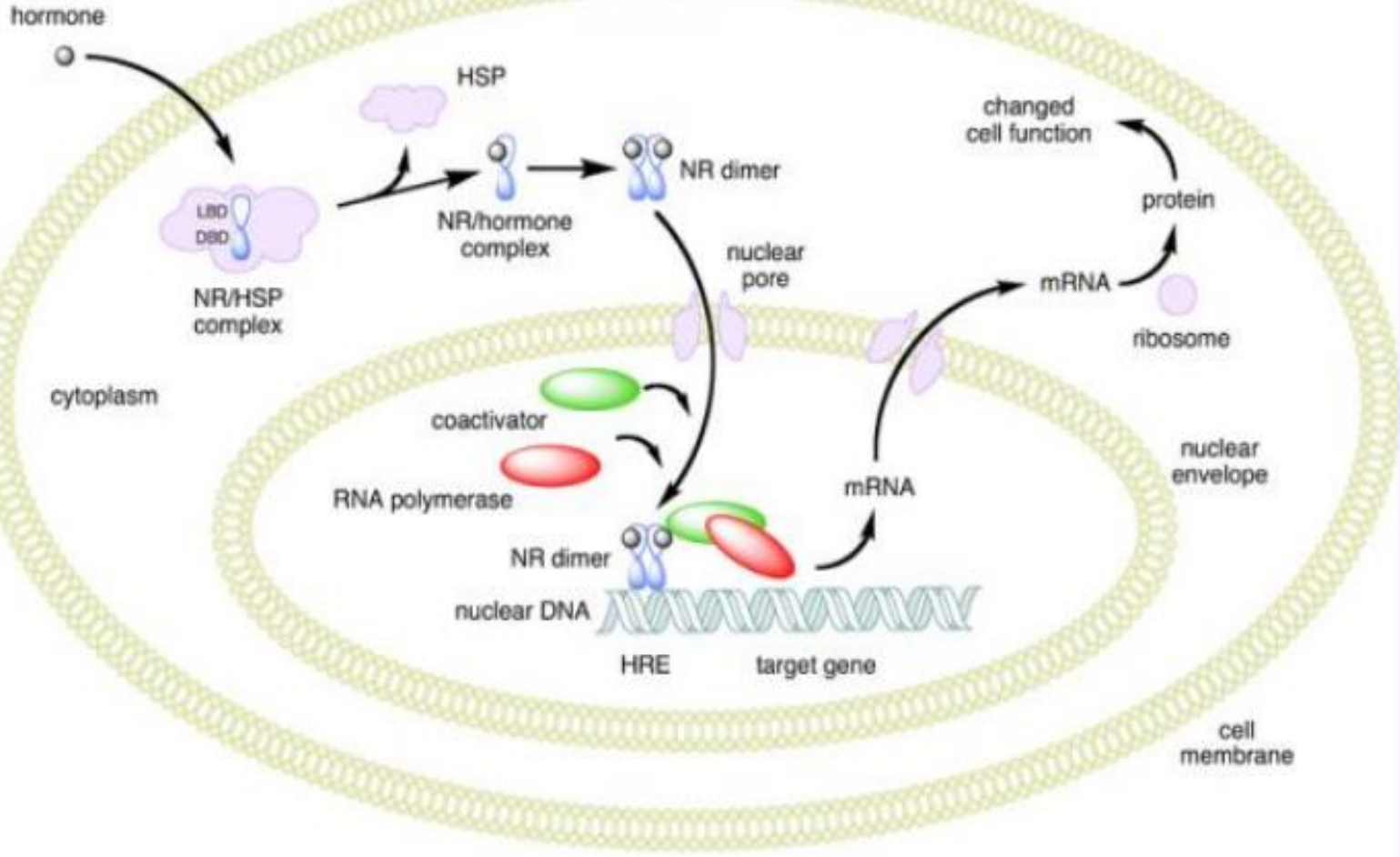
**2) Class II: thyroid hormone, retinoid, vitamin D, PPAR.** Receptors are already present in the nucleus in the unliganded state. They are commonly active in the absence of hormone.

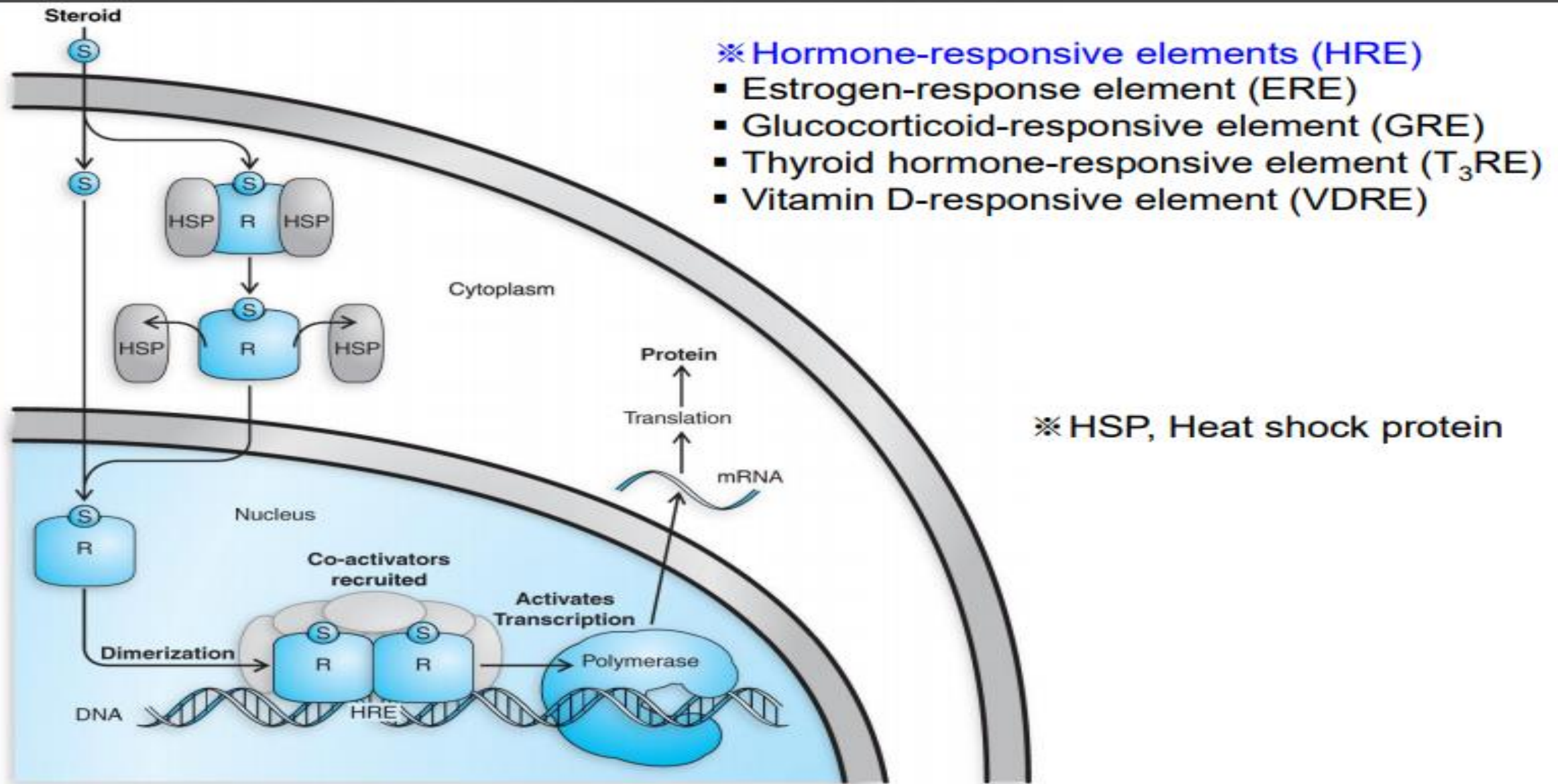


H = Free lipophilic hormone  
 R = Lipophilic hormone receptor

HRE = Hormone response element  
 mRNA = Messenger RNA

# steroid hormone



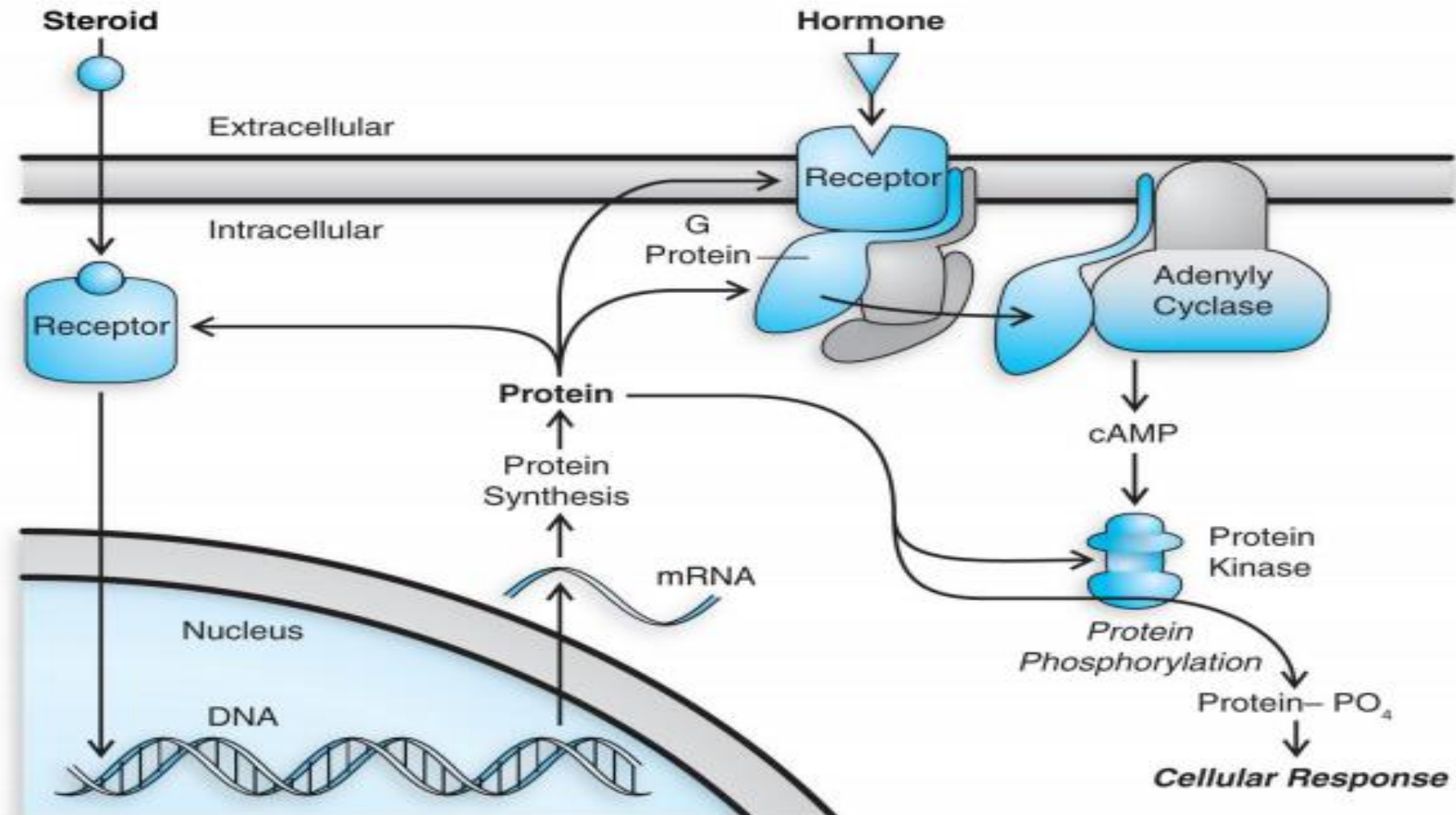


**Fig. 3.15. Mechanisms of steroid hormone action.**



# 10. Permissive, additive, and synergistic actions of hormones

- **Permissive actions** of steroid hormones



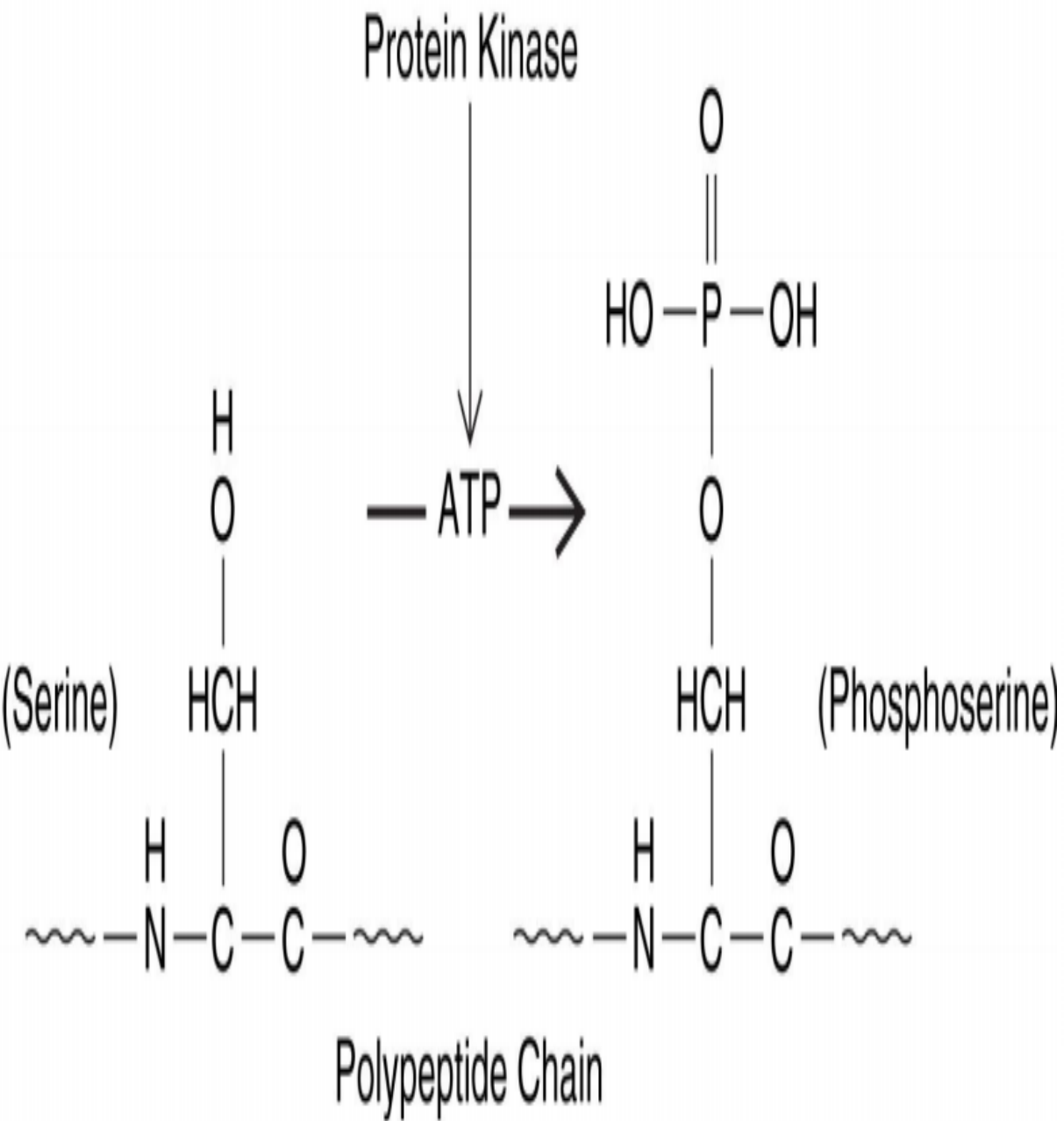


Fig. 3.17. Protein kinase phosphorylation of a protein substrate

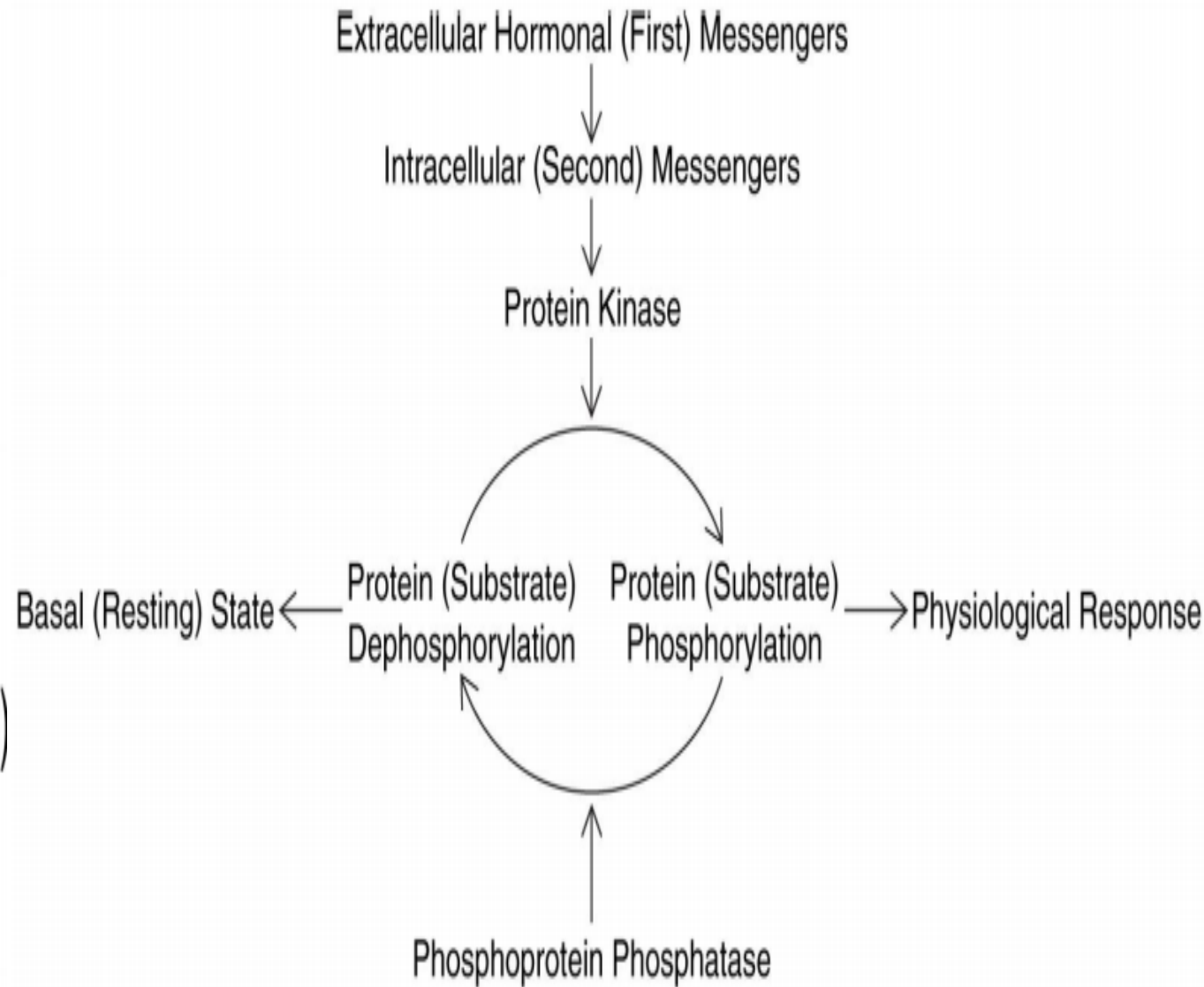


Fig. 3.18. Role of protein kinases and phosphoprotein phosphatases in hormone action.

## Additive effects of hormones

- epinephrine and glucagon: stimulate glycogenolysis and the release of glucose by liver cells

- Synergism: FSH and LH

## Synergism: FSH and LH

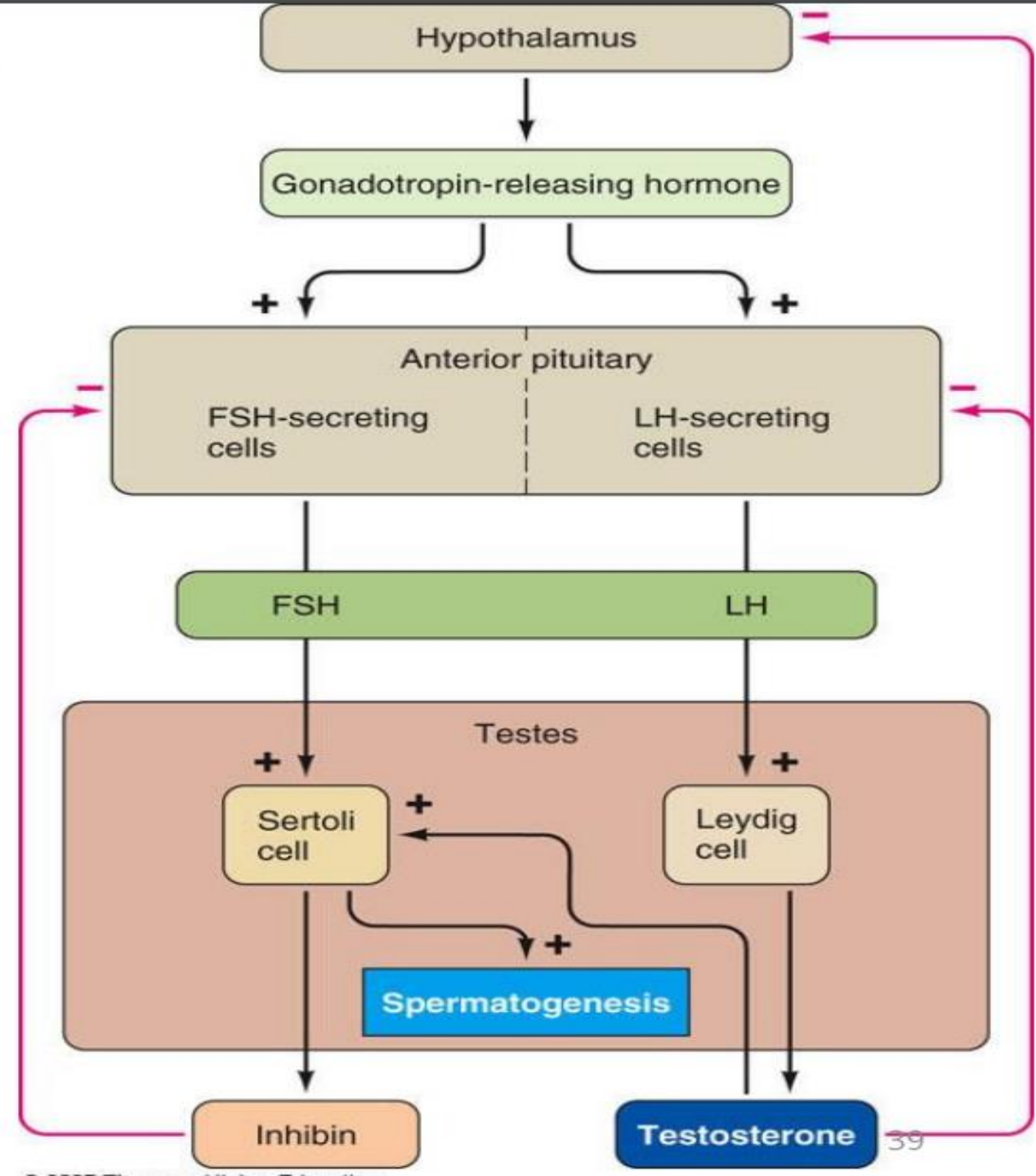
LH and FSH from the anterior pituitary control testosterone secretion and spermatogenesis

- GnRH: gonadotropin

- releasing hormone

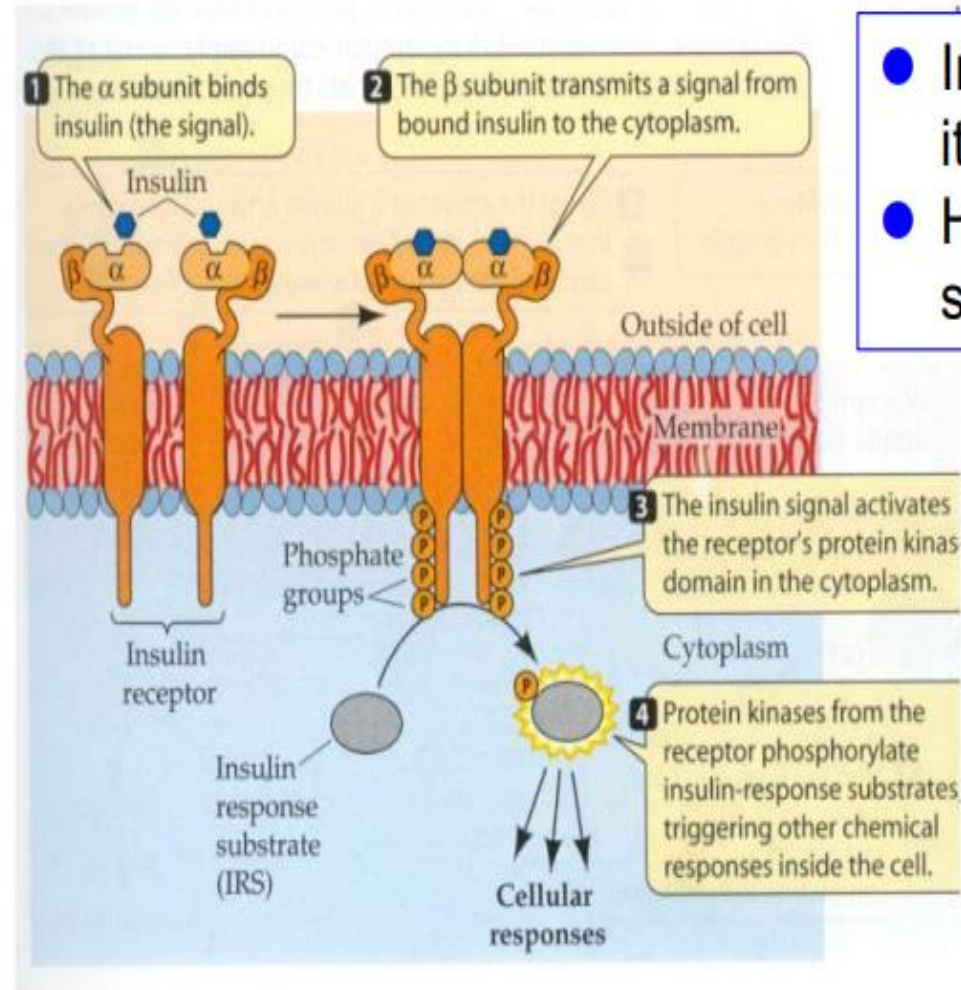
- LH: luteinizing hormone
- FSH: follicle hormone

- Inhibin



# Receptor regulation

- Negative or “down” regulation: decrease numbers of receptors
- Positive or “up” regulation: increase numbers of receptors



- Interaction of insulin and its receptor
- Heterodimer:  $\alpha$  and  $\beta$  subunits



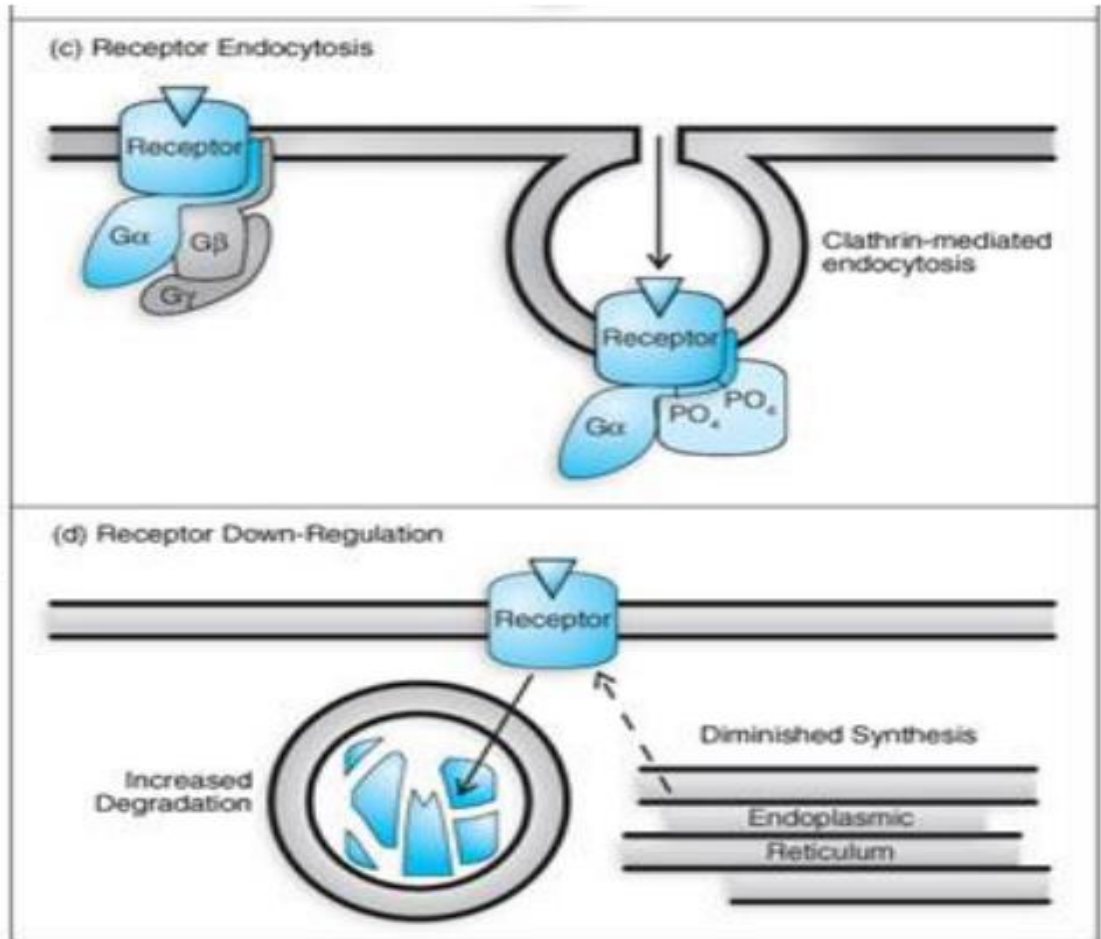
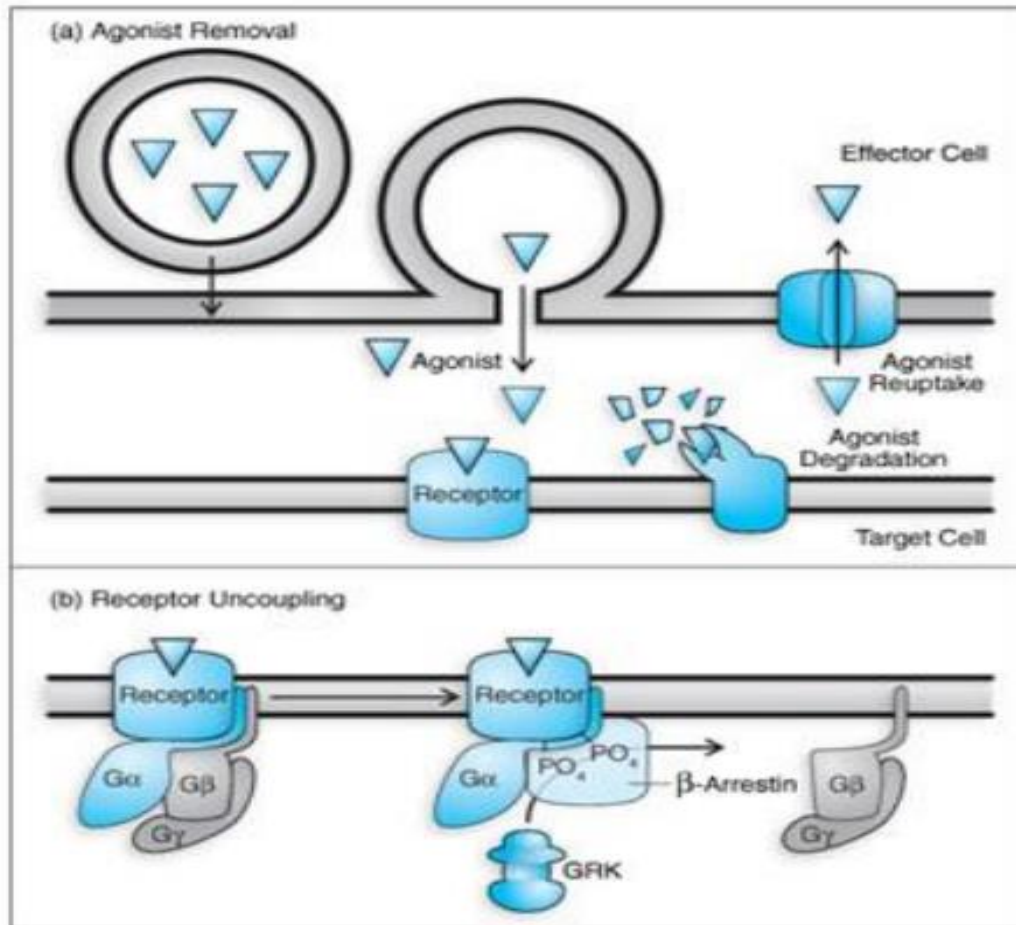
# 12. Termination of hormone action

a. Agonist removal

b. Receptor uncoupling

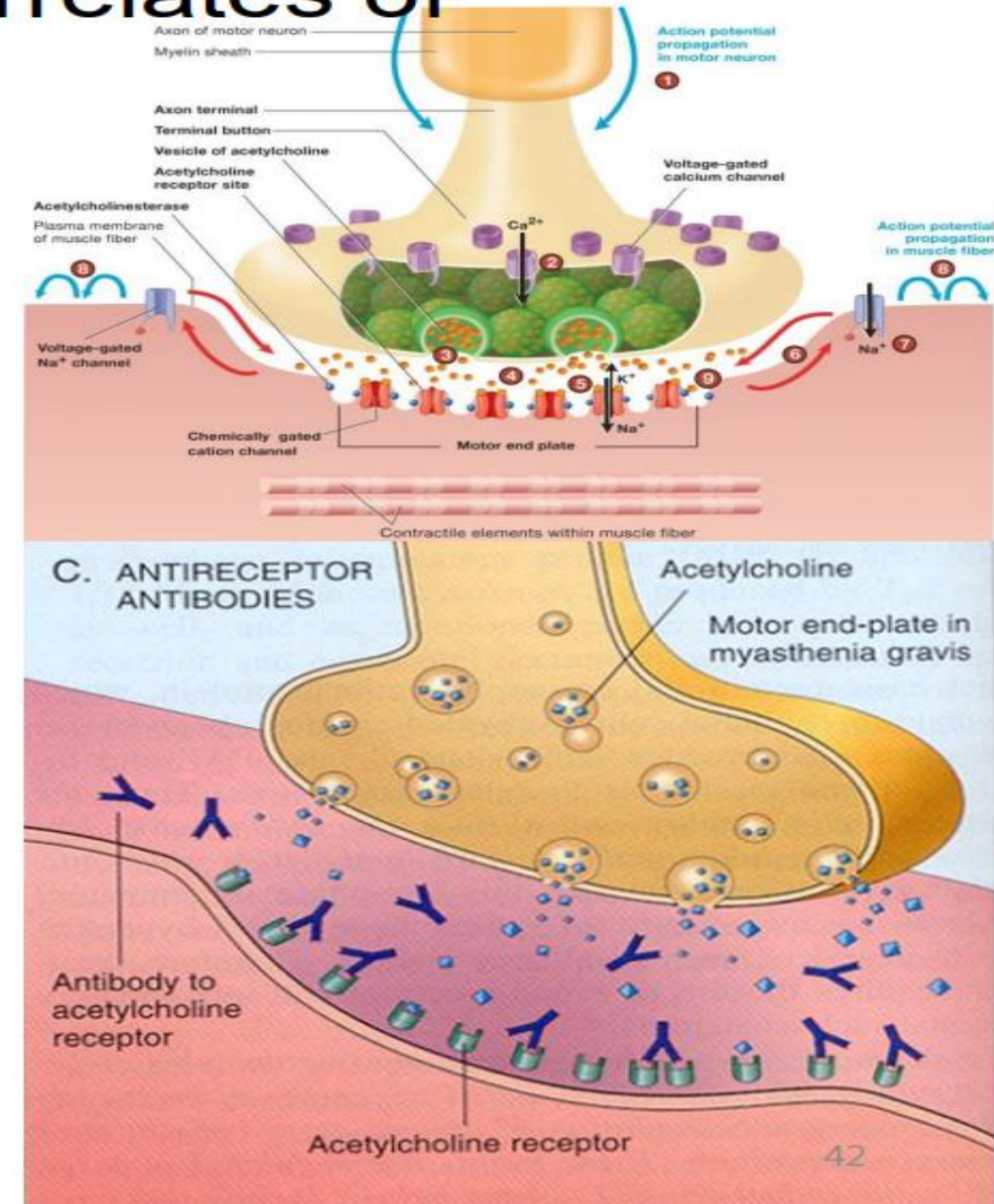
c. Receptor endocytosis

d. Receptor down-regulation



# 13. Pathophysiological correlates of hormone action

- **Myasthenia gravis** inactivates Ach receptor sites.
- Muscular weakness
- Autoimmune disease
- **Antireceptor antibodies** erroneously bind to acetylcholine receptor and give false signals.
- **AChE** destroys much of the Ach.
- **Treatment: neostigmine** that inhibits AChE temporarily, prolongs the action of Ach at the neuromuscular junction.



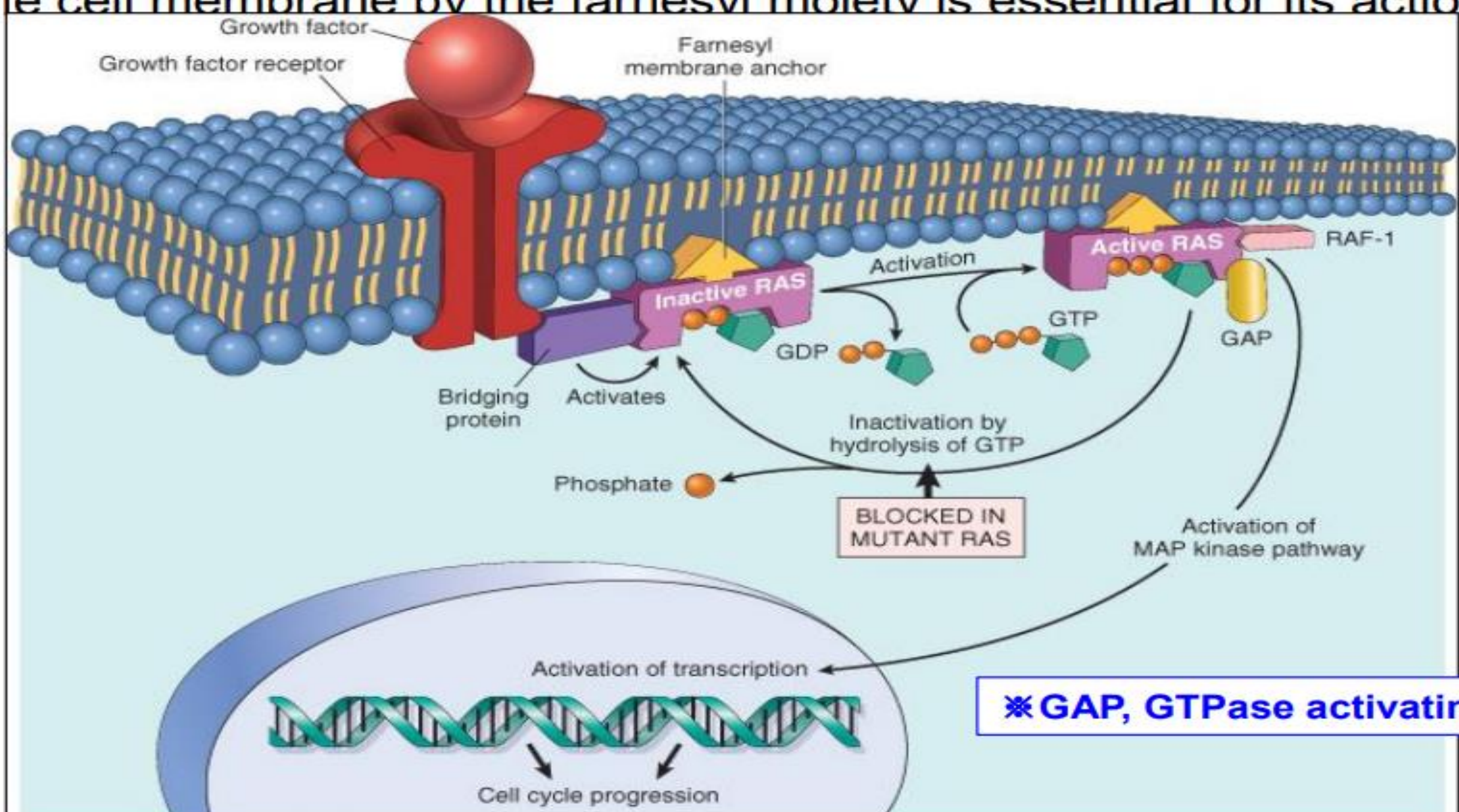


**Mutation of G protein: Model for action of RAS genes. When a normal cell is stimulated through a growth factor receptor, inactive (GDP-bound) RAS is activated to a GTP-bound state. Activated RAS recruits RAF and stimulates the MAP-kinase pathway**

**to transmit growth-promoting signals to the nucleus. The mutant RAS protein is permanently activated because of inability to hydrolyze GTP, leading to continuous**

**stimulation of cells without any external trigger (becoming cancer cells). The anchoring**

**of RAS to the cell membrane by the farnesyl moiety is essential for its action.**



**\*GAP, GTPase activatin**



**A | Three classes of membrane receptor are shown illustrating the classic nuclear steroid hormone receptor associated with a caveola.**

- **Aa | The receptor is technically outside the cell and is associated with the outer surface of the plasma membrane in the flask of the caveola.**

- **Ab | The receptor is tethered by a scaffolding protein to the plasma membrane on the inner surface of a caveola.**

- **Ac | The receptor is tethered to the caveolae by a palmitic acid molecule that is esterified to a receptor Ser or Thr with the fatty-acid side chain 'inserted' into the membrane (palmitoylation).**

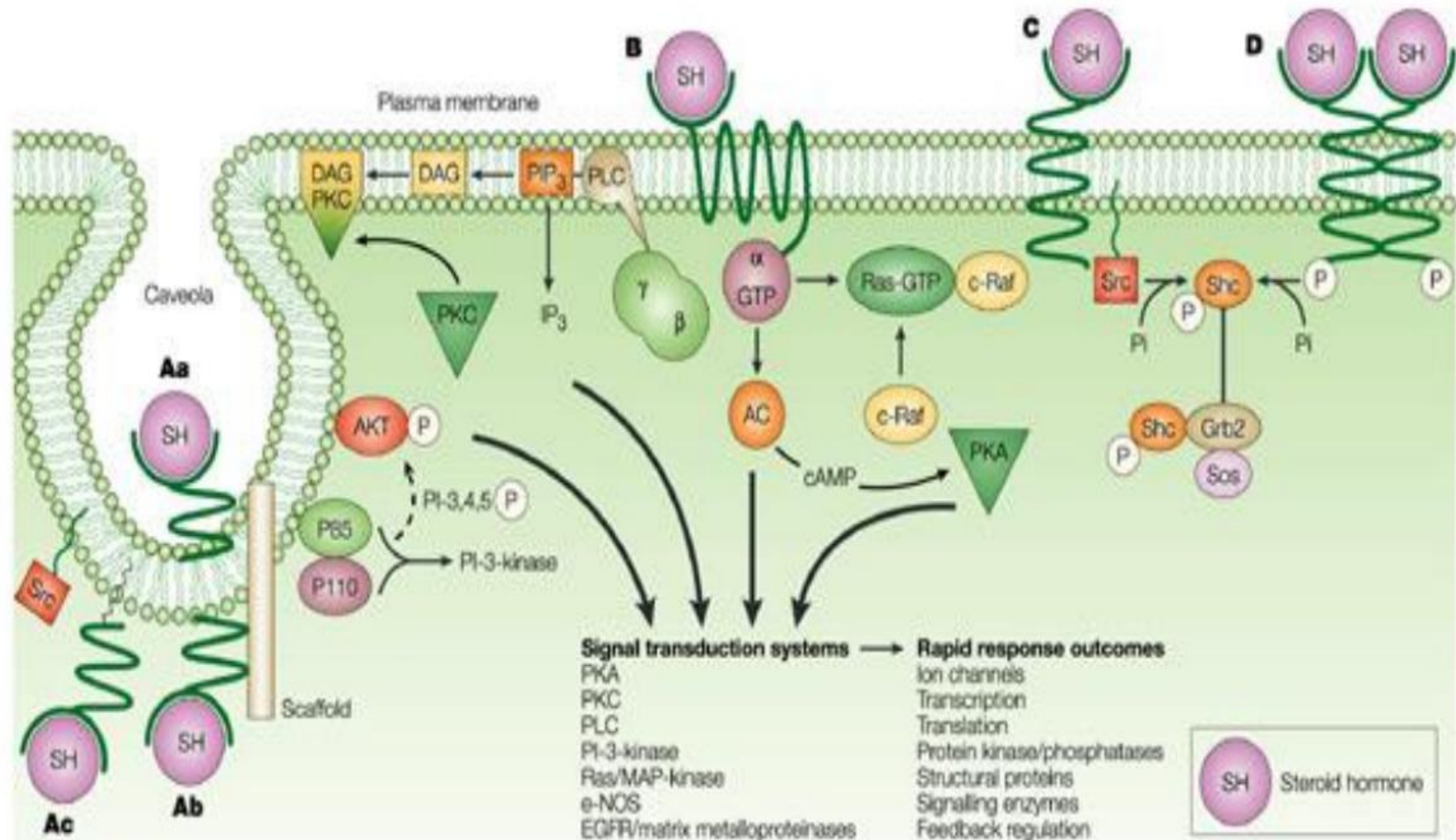
- **B | A G-protein-coupled receptor with its ligand-binding domain on the outside of the cell and a seven-membrane spanning peptide transition followed by an intracellular peptide domain that can bind G, and proteins.**

**C | A single-spanning membrane receptor with intrinsic kinase activity that might be functional as a monomer.**

**D | Same as C except a homodimer. Caveolae are flask-shaped membrane invaginations present in the outer cell membrane of many cells; they are believed to serve as a 'platform' to accumulate or 'dock' signal-transduction-related molecules. The signal-transduction systems are listed as candidates for mediating rapid responses to steroid hormones and are based on published data. The details remain to be defined on the basis of careful experimentation. The two ovals with RasGTP and c-Raf 'touching' are to suggest that c-Raf was recruited to the complex. AC, adenylyl cyclase; DAG, diacylglycerol; EGFR, epidermal growth factor receptor; e-NOS, endothelial nitric oxide synthase; IP3**

**, inositol triphosphate; MAP, mitogen-activated protein; PI3K, phosphatidylinositol 3-kinase; PIP3**

**, phosphatidylinositol triphosphate; PKA, protein kinase A; PKC, protein kinase C; PLC, phospholipase**



## MEANING OF SOME IMPORTANT POINTS

**Signal transduction** (also known as cell **signaling**) is the transmission of molecular **signals** from a cell's exterior to its interior. **Signals** received by cells must be transmitted effectively into the cell to ensure an appropriate response. This step is initiated by cell-surface receptors.

**G proteins**, also known as guanine nucleotide-binding proteins, are a family of proteins that act as molecular switches inside cells, and are involved in transmitting signals from a variety of stimuli outside a cell to its interior.

**caveolae (Latin for "little caves"; singular, caveola)**, which are a special type of lipid raft, are small (50–100 nanometer) invaginations of the plasma membrane in many vertebrate cell types, especially in endothelial cells, adipocytes and embryonic notochord cells.

Caveolins · Cavins · Caveolar endocytosis · Other roles of caveolae

**G protein-coupled receptors (GPCRs)**, also known as seven-(pass)-transmembrane domain receptors, 7TM receptors, heptahelical receptors, serpentine receptors, and G protein-linked receptors (GPLR), form a large group of evolutionary related proteins that are cell surface receptors that detect molecules outside the cell and activate cellular responses



**THANK YOU**