Physiology INTRO + AP 1&2

Endocrine Block

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baaah.



INTRO

- Exocrine glands: secrete its hormones in specific ducts, e.g. salivary gland.
- Endocrine glands: secrete its hormones directly in blood.
 - Pituitary, thyroid, parathyroid, adrenal, pineal, and thymus.
 - Some have more than an endocrine effect like:
 - Pancreas, gonads, hypothalamus.

INTRO

- What are hormones?
 - Chemical signals secreted by cells for regulation of metabolism.
 - Can be either: 1- Peptide, 2-Steroid, 3- Amine
 - Solubility?
 - Lipophilic or lipophobic? (all amine-based are lipophobic except T4/T3-→lipophilic
- Stimulus?
 - Humoral, neural, or hormonal
- Effect? On their target tissue (receptor-specific)



MoA?

- Change the permeability/potential
- Activate/deactivate enzymes.
- Induce secretion
- Stimulate synthesis of proteins/regulatory mech.
- Stimulate mitosis
- We have 5 major mechanisms:
 - Act on cell membrane?
 - cAMP , Phospholipase C, cGMP and tyrosine kinase mechanisms
 - Act intracellularly?
 - Steroid, and thyroid mechanisms.

The mechanisms:

- Adenylyl-cyclase ----> 2nd messenger is cAMP
- Guanylyl –cyclase----> 2nd messenger is cGMP
- Phospholipase C -----> 2nd messenger is Ca⁺⁺ /PIP
- Tyrosine Kinase -----> tyrosine chain
- And by intracellular receptor---> steroid and thyroid superfamily





CONTINUED

- The action of the hormone depend on either:
 - The hormone
 - The receptors
 - The affinity between those two love-birds 🙂
- So %, sensitivity, elimination rate, binding, and its half-life?
 - Half-life of water-soluble hormones is the shortest because of ease of elimination.

CONT

- The receptors can undergo either up, or downregulation. Depends on the need.
- Negative feed-back mechanisms are called selflimiting
- Positive feed-back mechanisms are called selfaugmenting
- Solution Can anyone tell me an example of each?

CONTINUED

- Interaction of hormones?
 - Permissiveness
 - T4 and sex hormones also GH and prolactin.
 - Synergism
 - Glucagon and NE ----> ex: in stimulation of glucose release from liver
 - Antagonism
 - Glucagon and Insulin

HYPOTHALAMUS HORMONES

- GHRH
- Somatostatin
- ORH
- ◎ TRH
- PIH

Hypothalamic neuron cell bodies Superior hypophyseal artery Hypophyseal portal system

- Primary capillary plexus
- Hypophyseal portal veins
- Secondary capillary plexus

Anterior lobe of pituitary TSH, FSH,

LH, ACTH,

GH, PRL

Hypothalamus

stimulated, hypothalamic neurons secrete releasing and inhibiting hormones into the primary capillary plexus.

(1) When appropriately

(2) Hypothalamic hormones travel through the portal veins to the anterior pituitary where they stimulate or inhibit release of hormones from the anterior pituitary.

> (3) Anterior pituitary hormones are secreted into the secondary capillary plexus.

(b) Relationship between the anterior pituitary and the hypothalamus

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ANT-PIT

- Six hormones: (each from a troph-specific cell-line)
 - GH, ACTH, FSH, LH, TSH, and Prolactin
 - GH and Prolactin are related
 - FSH, LH, and TSH are also cousins (alpha subunit is same)
 - They are regulated by hypothalamic hormones that travel through the portal system (1st and 2nd capillary networks)

- **GH**:
- Regulated by:

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- Negative feedback
- Of IGF and GH

- GH: 191 polypeptide, from somatotrophs.
 - It stimulated the body to:
 - 1- increase in size 2- divide
 - Work on most tissues
 - Action by GH or IGF (from the liver)
 - Stimulated by GHRH(G+) and inhibited by Somatostatin (G-)
 - Excess cause
 - gigantism in children, and acromegaly in adults
 - Deficiency cause:
 - Dwarfism in children

◎ GH:

- Cause diabetogenic effect: increase Glucose in blood:
 - By gluconeogenesis, glycogenolysis, and decreased utilization by tissue.
- Cause lipolysis and anabolism of proteins
- Retention of water and minerals
- Don't forget that it is pulsatile!!! Every 2 hours
- Time-line of secretion:
 - Increases from birth to childhood---> increasing slowly
 - rapid increase in puberty
 - Steady state in adult until old age when it falls.



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◎ TSH:

- Glycoprotein from thyrotroph cells
- stimulates the thyroid gland
 - Secretion and synthesis
 - Trophic effect



REMEMBER THE REGULATION?

- We have three main negative feedback loops
 - Long (from the end-result to the initiator)
 - Short (shorter, AP---> hypothalamus)
 - Ultrashort (autocrine, secreted and acted at the same site)

Prolactin:

- secreted from lactotrophs.(15%)
- 198 Amino acids in single chain of polypeptide
- Related to GH
 - Actions:
 - The major function of prolactin is milk production [lactose, casein & lipid synthesis]
 - Other functions are 1- Breast development and 2-Inhibition of ovulation by inhibiting GnRH

- Prolactin is inhibited by PIH (dopamine)
 - Three sources of dopamine:
 - Dopaminergic neurons in hypothalamus and P.Pit.
 - Third is non-lactotroph cells in anterior pituitary
 - It is also stimulated by TRH but PIH's inhibition is more so net is decrease in secretion.
 - If lactating, prolactin increasing

ACTH:

- Secreted from Cortictrophs.(15%)
- Melanocyte stimulating hormone [MSH] and β-endorphin are secreted with ACTH
- ACTH is first synthesized as Preproopiomelanocortin (POMC) then cleaved and secreted
 - Preproopiomelanocortin gives MSH/ ACTH and two opiates
- In addisons disease, (low cortisol), POMC will increase giving MSH and ACTH ---> pigmentation on skin occurs as a positive symptom

O ACTH?

• Action?

- By stimulation of the adrenal gland
- Increase in steroid synthesis of the three layers
- Increase in cortisol, aldosterone, and adrenal sex hormones
- They have specific effects which we will talk about later!

So which hormone of the pituitary hormone shares a precursor with MSH and opiates?

What causes the diabetogenic effect? How?

- Give me three 2-3 hormones for each of the following mechanisms
 - Adenylyl cyclase, guanylyl cyclase, steroid, phospholipase C, tyrosine kinase?