

# Pituitary Hormones

## 1- Adenohypophysis: vascular connection to hypothalamus (hypothalamo-hypophysial portal system)

Hormone	Stimuli for hypothalamus		Hypophysiotropic hormones	Effect on Hormone	Systemic effect (response)	Outcome and regulation	
GH <sup>1</sup> By somatotropes of Ant. Pituitary	Low blood levels of GH as well as by a number of 2 <sup>nd</sup> ry triggers for example :	Hypoglycemia (e.g. fasting)	release of GHRH and Inhibit inhibitory	GH ↑	GH and somatomedins speed up glycogen break down by the liver , glucose enter blood more rapidly	Blood glucose level normalize –ve feed back HOWEVER if continue to increase inhibit release of GHRH	
		Hyperglycemia	release of GHIH ( somatostatin) and inhibit stimulatory	GH ↓	GH and somatomedins slow down glycogen break down by the liver , glucose enter blood more slowly	Blood glucose level normalize –ve feedback HOWEVER if continue to decrease inhibit release of GHIH	
TSH by By thyrotropes of Ant. Pituitary	Low blood levels of T <sub>3</sub> and T <sub>4</sub> + Low metabolic rate		release of TRH	TSH ↑	TSH stimulate thyroid follicular cells , T <sub>3</sub> and T <sub>4</sub> release + maintain follicular cell size	Elevated T <sub>3</sub> inhibit release of <u>both</u> TRH and TSH	
ACTH by corticotropes of Ant. Pituitary	Internal and external factors such as fever , hypoglycemia and Stressors		release of CRH in a daily rhythm	ACTH ↑	Stimulate secretion of glucocorticoids (e.g. cortisol) and androgens by adrenal cortex + maintain size of zona fasciculata and zona reticularis of cortex	Elevated cortisol inhibit release of <u>both</u> ACTH and CRH	
LH , FSH By gonadotropes of Ant. Pituitary	Low levels Of LH \ FSH	GnRH		LH \ FSH ↑	ovaries	<ul style="list-style-type: none"> <li>LH-&gt; stimulate ovulation, formation of corpus luteum in addition to estrogen and progesterone synthesis in the ovaries</li> <li>FSH -&gt; growth of ovarian follicles</li> </ul>	<ul style="list-style-type: none"> <li>- Estrogen ( +ve feed back within 12-14 days)</li> <li>- Estrogen and progesterone (-ve feedback over most of the cycle )</li> </ul>
					Testis	<ul style="list-style-type: none"> <li>LH -&gt; Leydig cells -&gt; testosterone (+ve on spermatogenesis)</li> <li>FSH -&gt; Sertoli cells -&gt; spermatogenesis + release inhibin</li> </ul>	<ul style="list-style-type: none"> <li>- Testosterone ( –ve feedback on <u>Both</u> LH\FSH responsiveness and GnRH secretion )</li> <li>- Inhibin ( –ve feedback on LH\FSH )</li> </ul>
PRL By mamotropes (lactotropes) of Ant. Pituitary	Higher brain centers (sound of child's cry or baby suckling ->mechanoreceptors in nipple\ ascending sensory info ) in addition to exercise , stress sleep , pregnancy and TRH		PIH (dopamine)	Inhibit inhibition of prolactin cells -> PRL ↑	Act mainly on mammary gland for Milk production ( casein + lactalbumin ) , Inhibit effect of gonadotropins and other actions on different organs	Itself Stimulate secretion of dopamine in the median eminence , But the stimulus such as baby suckling create a +ve feedback loop	
Beta-Endorphins					Act on opioid receptor to inhibit pain perception		

<sup>1</sup> General physiologic roles of GH is stimulating postnatal body growth, secretion of IGF-1 and other Direct metabolic effects.

## 2- Neurohypophysis: nervous connection to hypothalamus (hypothalamo-hypophysial tract)

Hormone	Stimuli for hypothalamus	Hypophysiotropic hormones	Effect on Hormone	Systemic effect (response)	Outcome and regulation
ADH By supraoptic nucleus in hypothalamus	<p>↑ Osmotic pressure ( input from <b>osmoreceptors</b><sup>2</sup> located in the anterolateral hypothalamus) <b>*more sensitive 1-2% change in pressure</b></p> <p>↓ blood volume (reduce input from <u>baroreceptors</u> in carotid artery and aortic arch + <u>stretch receptors</u> in left atrium and pulmonary veins collectively called <b>pressure receptors</b> ) <b>*less sensitive 5-10% change in volume</b></p> <p>stress , nausea and pain</p>	—————	<p>If osmoreceptors are stimulated a <b>small</b> amount of ADH is produced</p> <p>If pressure receptors are suppressed <b>large</b> amount of ADH is produced for systemic vasoconstriction ; hence it <b>override</b></p>	<p>Has 3 receptors:</p> <ul style="list-style-type: none"> <li>- V<sub>1A</sub> -&gt; 1- blood vessels -&gt; mediate vasoconstriction -&gt; increase BP</li> <li>2- liver -&gt; glycogenolysis</li> <li>- V<sub>1B</sub> -&gt; Ant. Pituitary (corticotropes cells) -&gt; increase ACTH secretion</li> <li>- V<sub>2</sub> -&gt; principle cells of distal convolutes tubules and collecting ducts in the kidneys -&gt; enhance water permeability at the luminal membrane -&gt; <b>conserve body water by antidiuresis</b></li> </ul> <p>In addition to its effect on sudoriferous gland -&gt; decrease water loss by perspiration from skin</p>	<p>Hypothalamus receives feedback from osmoreceptors, baroreceptors and stretch receptors. any increase in osmolality or decrease in blood volume will stimulate ADH secretion from post. Pituitary and once normalizes the secretion is inhibited</p> <p>Alcohol decrease secretion</p>
Oxytocin By periventricular nucleus in hypothalamus	<p>Neural stimuli ( higher brain centers stimuli + parturition)</p> <p>other stimuli such as hugging , stress .</p>	—————	Oxytocin ↑	<p><u>Parturition</u>: Strong stimulant of myometrium contractions during and after child birth</p> <p><u>Breast-feeding</u>: it triggers milk ejection by contracting myoepithelial cells of the alveoli (letdown reflux)</p>	<p>Regulated by +ve feedback mechanism which lead to increase in the intensity of the contractions due to increased sensitivity of myometrium to hormone ending in birth</p> <p>Alcohol decrease secretion</p>

<sup>2</sup> also stimulate thirst