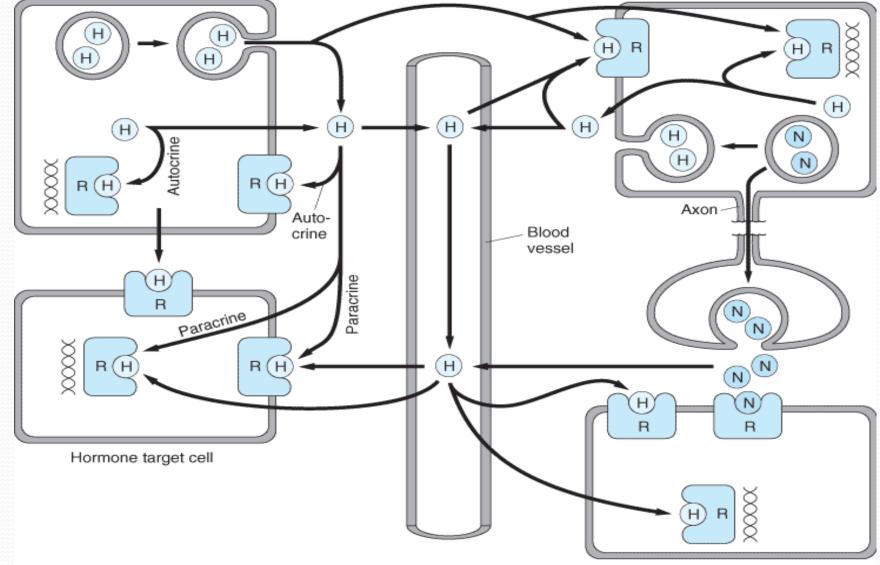
Action of hormones and neurotransmitters

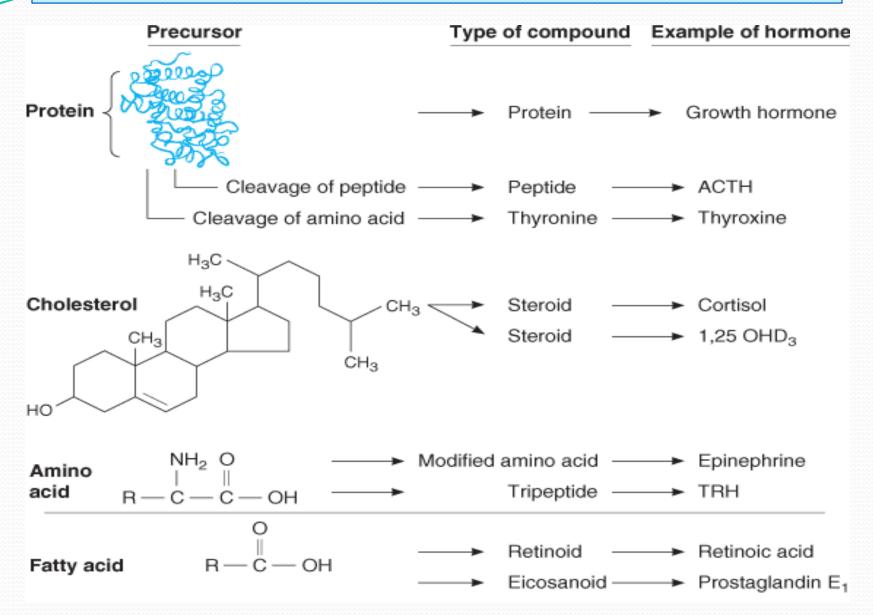


Neurotransmitter cell

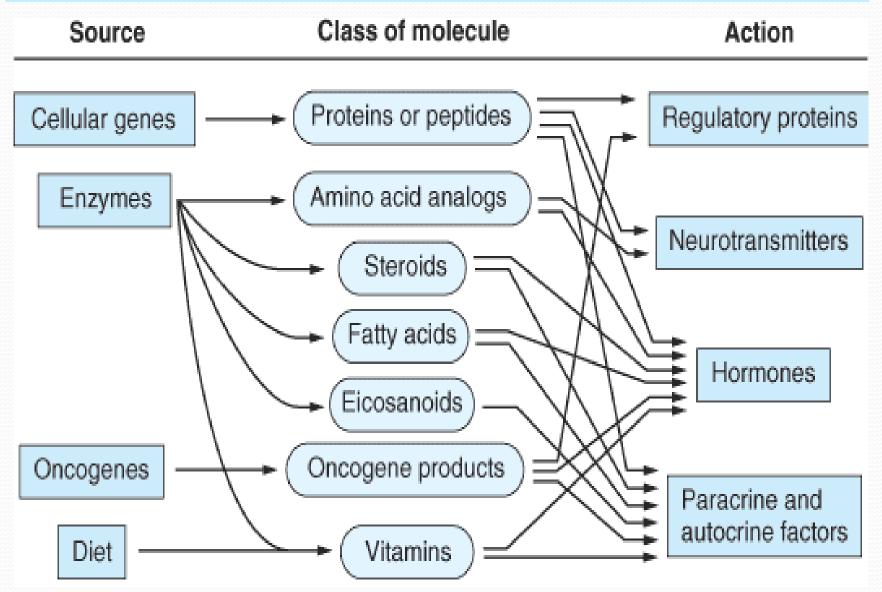


Neurotransmitter and hormone target cell

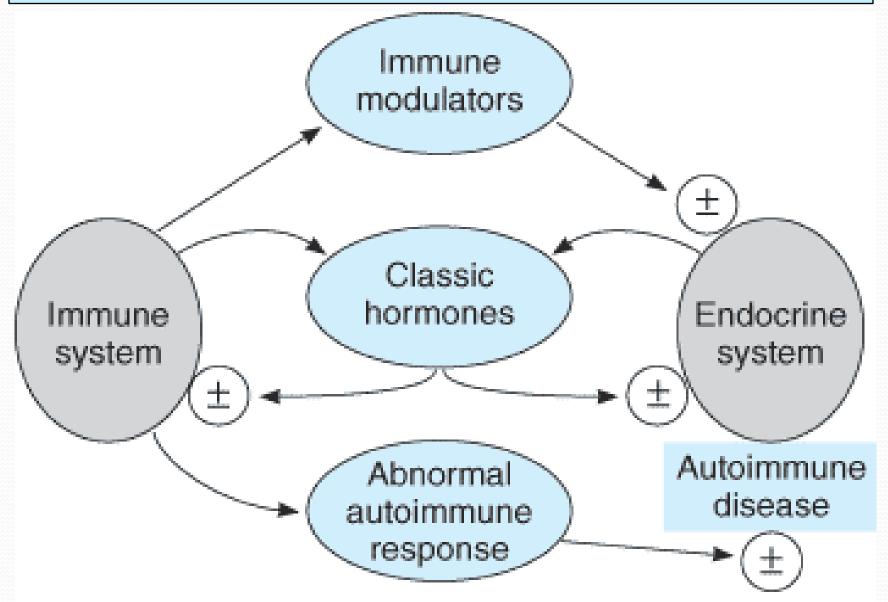
Precursors of hormones



Source, class, and actions of various molecules in the endocrine system



Endocrine and the immune system



Hormone Synthesis and Release

Overview

- Compartmentation
 Hormones stored in vesicles: polypeptide hormones, neurotransmitters.
- Hormones not stored in vesicles: steroids, eicosanoids.

Vesicle-Mediated Hormone Export

Targeting and Translocation Across ER

Signal sequence (targeting):
Translocation
Modification

Modulation of Hormone Levels (1)

Hormone Synthesis

Regulation of Hormone Production
Transcription
Translation
Release

Modulation of Hormone Levels (2)

Hormone Transport

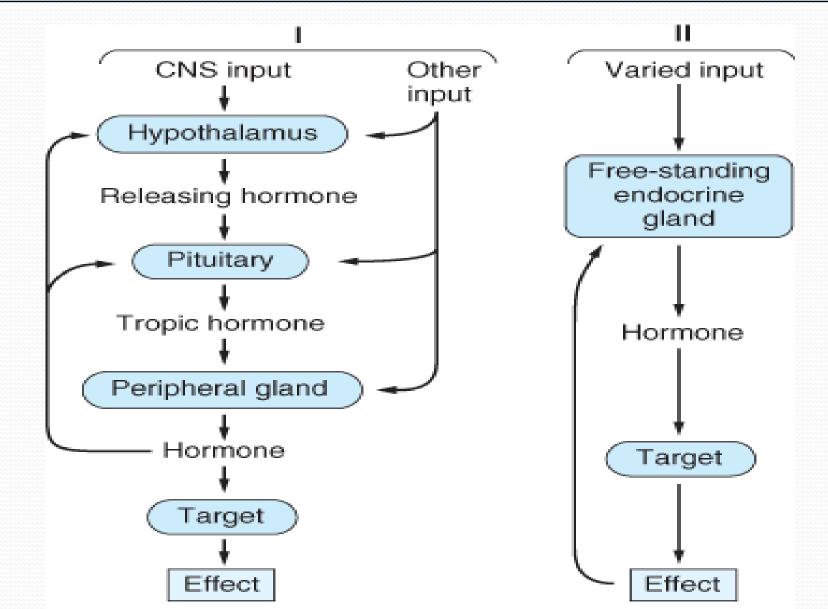
In the circulation: free-bound (CBG, SHBG, TBG, TBG,...) Across the membrane.

Modulation of Hormone Levels (3)

Hormone Metabolism

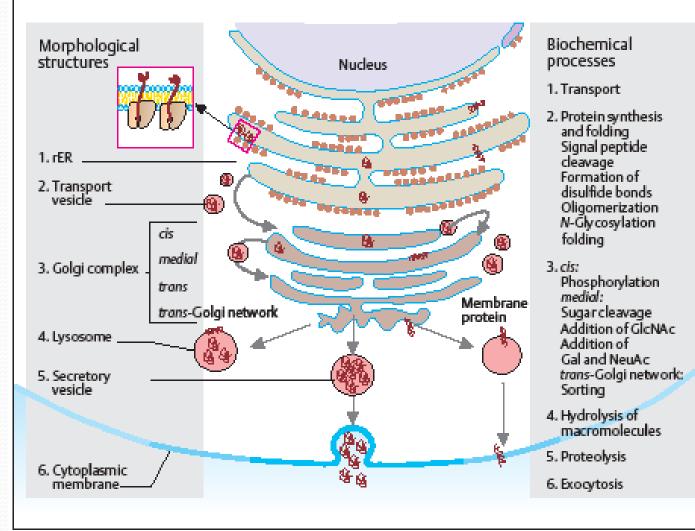
- Peptide hormones: glycosylation, internalization.
- Steroid, thyroid hormone, vit. D: conjugation, Activation (T4 \rightarrow T3 ; T \rightarrow DHT)
- >Catecholamines and Eicosanoids.

Control of endocrine gland function

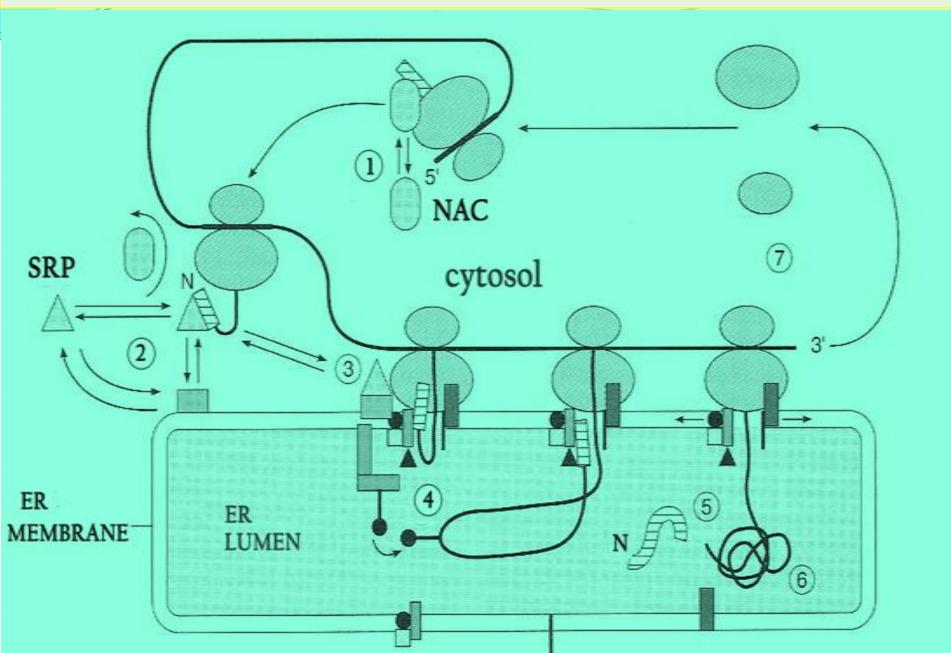


Hormone synthesis

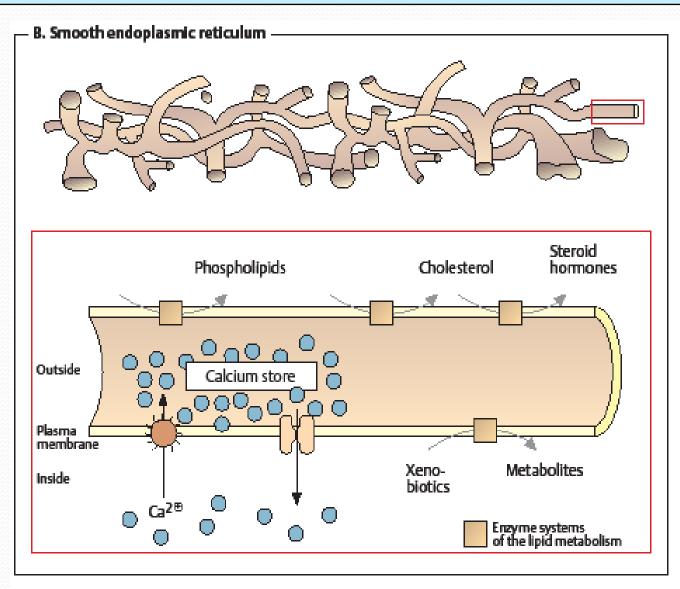
- A. Rough endoplasmic reticulum and Golgi apparatus



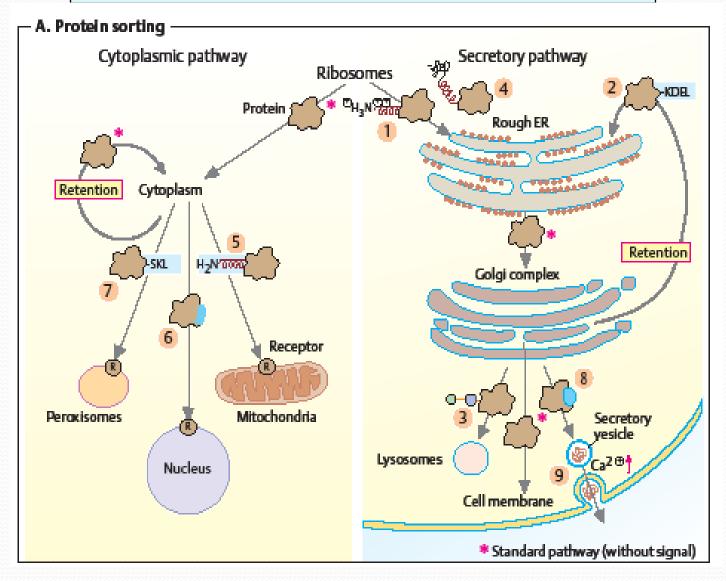
Targeting and Translocation Across ER



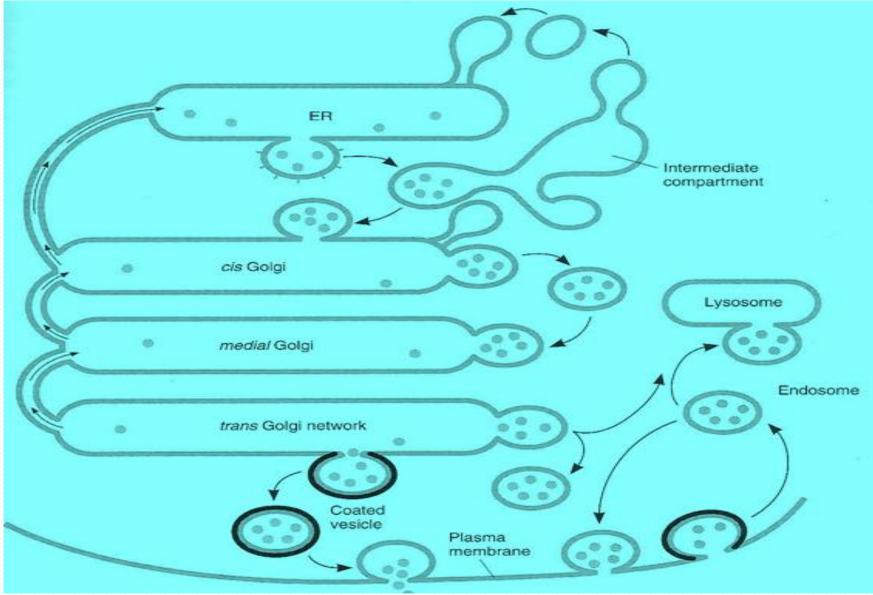
Hormone synthesis ...



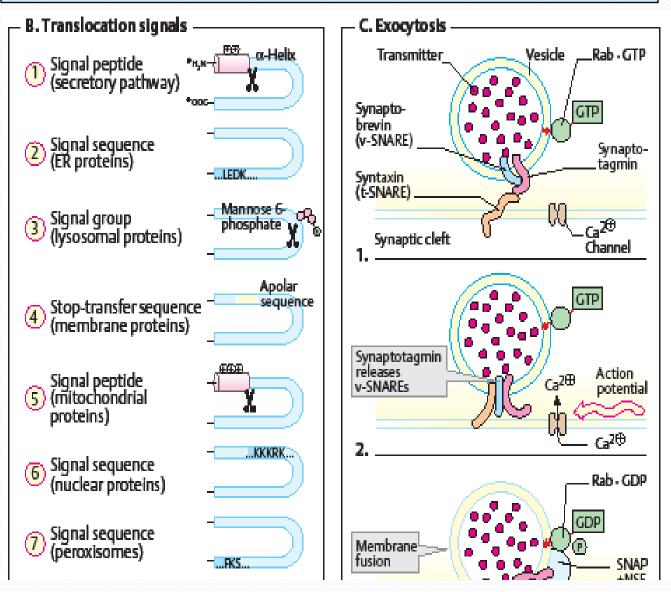
Protein sorting



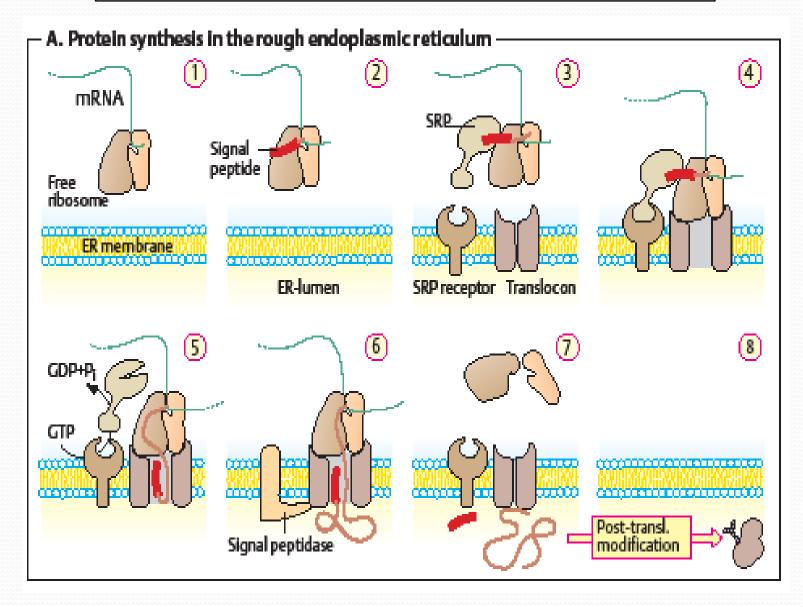
Vesicular Traffic: Exocytosis or Lysosomes



Translocation signal

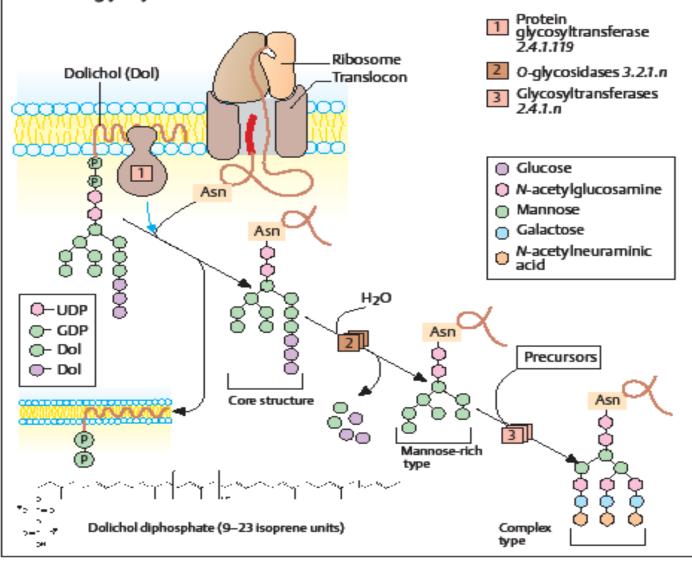


Protein synthesis in RER

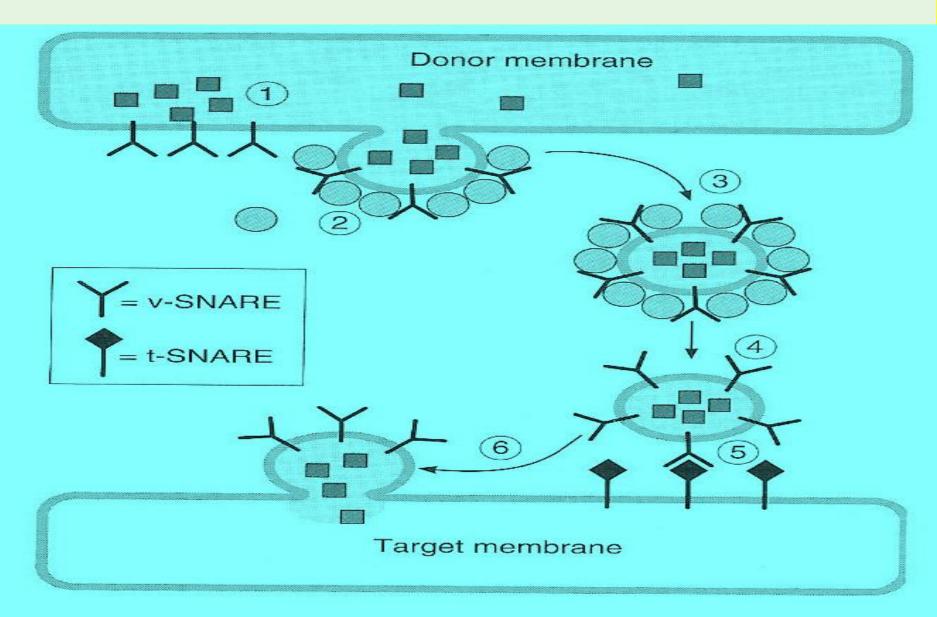


Protein glycosylation

B. Protein glycosylation



Intracellular Vesicular Traffic



Vesicle Sorting

- **Regulated secretory pathway:** specific stimulation, SNARE.
- **Constitutive secretory pathway:** No stimulation.
- Content Segregation
- Lysosomal sorting: GlcNAc, signal patch.
- Endocytosis and Recycling: coated pits, dynamin

Neurotransmitters and Thyroid Hormones

•Secretion of Catecholamines

- **Regulated Secretory Pathway:** Ca⁺⁺, vesicles
- Vesicles loaded with neurotransmitters and transports

•Secretion of Thyroid Hormones

 Vesicular and Nonvesicular trafficking Thyroglobulin Colloid Transcytosis

Nonvesicular Hormone Transport

•Steroid Hormones

Synthesis

Adrenal – gonads – placenta - nervous system.

Cholesterol (de novo, acetate, stored, LDL).

LDL (Receptor-mediated endocytosis).

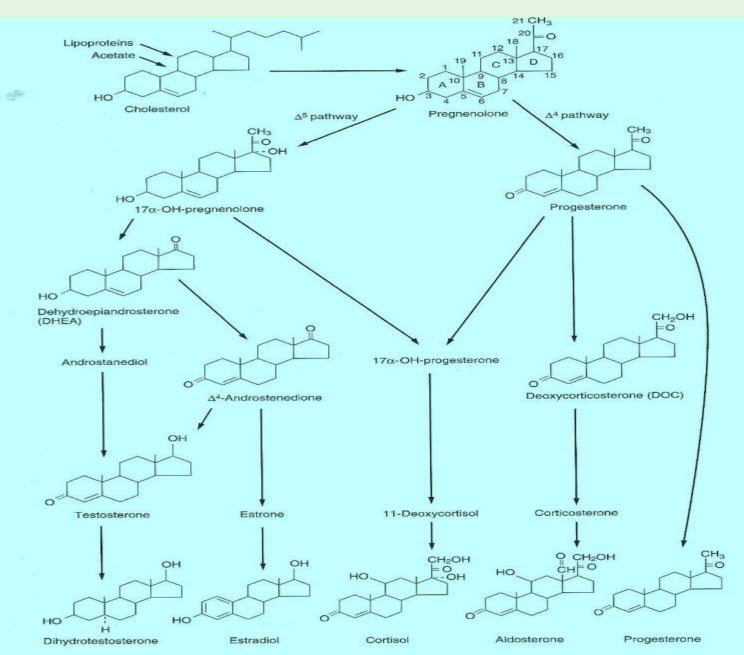
P₄₅₀

•Vitamin D

Transportations

Vitamin D transport protein, α-globulin

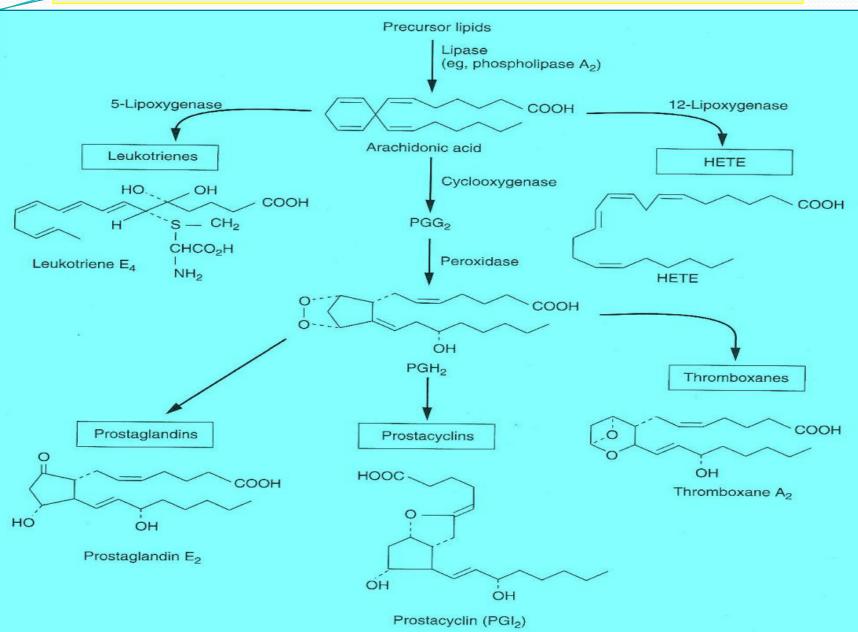
Nonvesicular Hormone Transport: Steroids



Nonvesicular Hormone Transport

Eicosanoids Synthesis Arachidonic acid → PGs, prostacyclins, thromboxanes, HETE.

Synthesis of Eicosanoids



Membrane Traffic and Disease

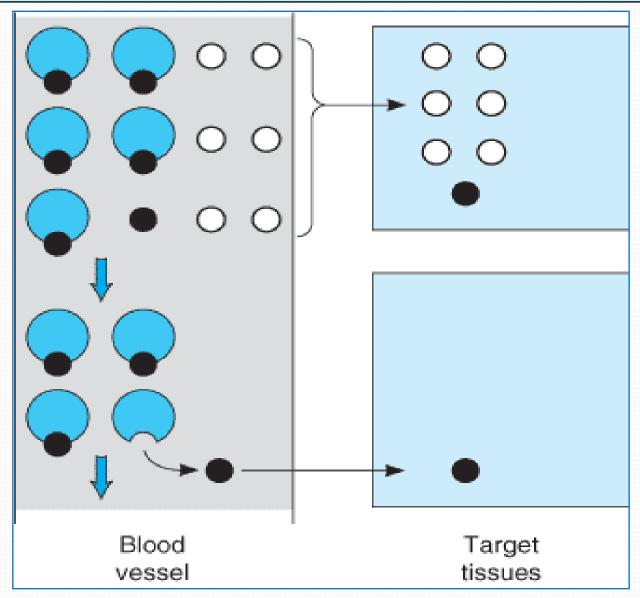
• Cystic Fibrosis

Mutations in membrane transporter $ER \rightarrow PM$

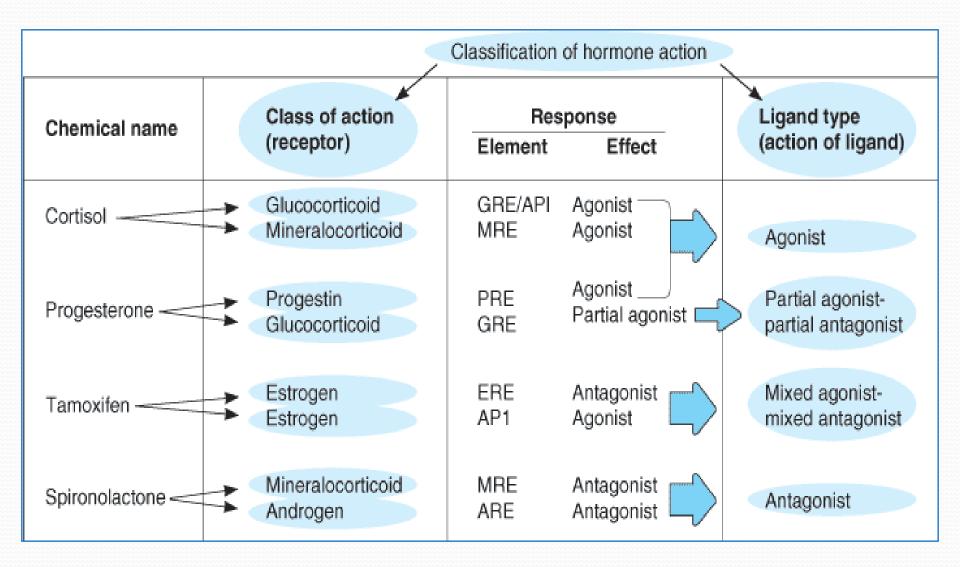
•*Emphysema*

 α_1 – anti protease deficiency

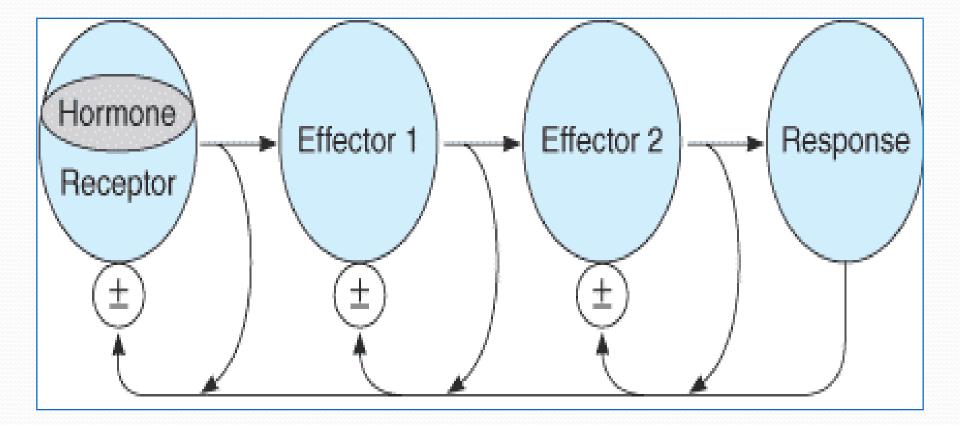
Role of Binding proteins



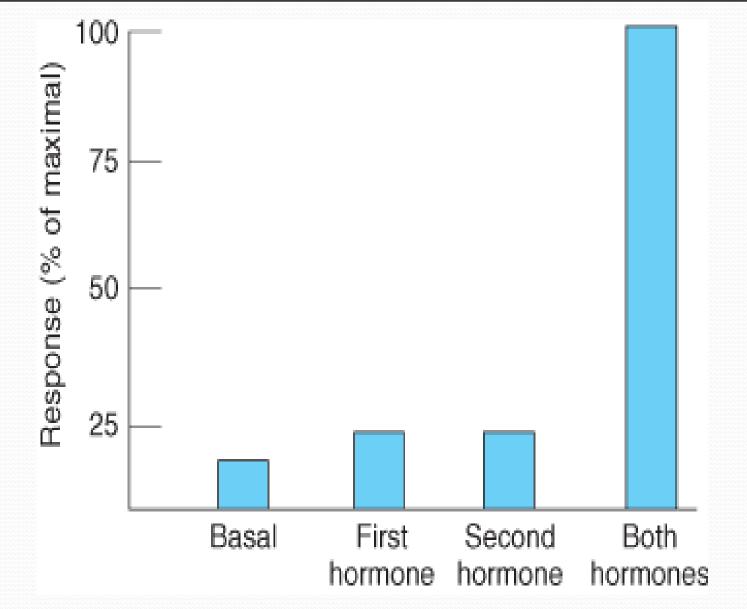
Classification of hormone action



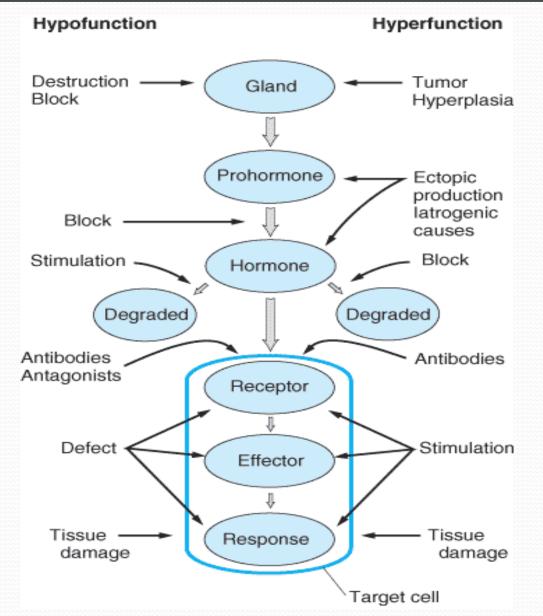
Regulation of hormone responsiveness: Feedback regulation



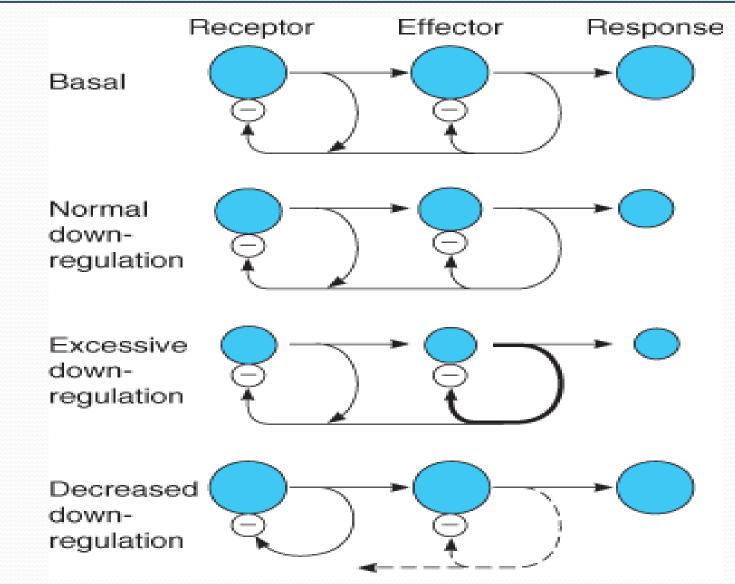
Synergistic Hormone Response



Hypofunction and hyperfunction



Hypo- and hyperesponsiveness



Actions of Hormones

- Hormone Release
- Fetal Development
- Cell Growth and Cancer
- Intermediary Metabolism
- Mineral and water Metabolism
- Cardiovascular and Renal Function:
- Skeletal Function
- Reproductive Function
- Immune System
- Central Nervous System

Disorders of the Endocrine System (1)

Hypofunction:

- Destruction of the Gland:
 - Autoimmune disease
- Extraglandular Disorders:
 - Renal disease:
- Defect in Hormone Biosynthesis:
 - Defects in genes
 - Dietary iodine deficiency

Disorders of the Endocrine System (2)

Hyperfunction

- Tumors
- Ectopic tumors
- Hyperplasia
- Autoimmune Stimulation
- Hormone administration

Sensitivity

- Genetic defects
- Acquired Defects

Approaches to Endocrine Patients (1)

- Evidence-Based endocrinology
- History and Physical Examination
- Laboratory Studies
 - •Measurement of Hormone Levels: basal levels, precursor, metabolites.
 - Plasma and Urine Assays: Urine assays for steroids and catecholamine.
 - Free Hormone Levels: equilibrium dialysis, ultrafiltration, competitive binding.
 - •Immunoassays: RIA, ELISA, Sandwich technique.
 - •Nonimmunologic Assays: chemical, bioassays, receptor-binding.
 - Diagnosis of genetic Diseases: DNA sequence (PCR), RFLP.

Approaches to Endocrine Patients (2)

Laboratory Studies

- Indirect Measurements: hormone effects (glucose, Ca⁺⁺, ...)
- **Provocative Test:** adrenal insufficiency, glucocorticoid excess.
- Imaging Studies: MRI, CT for endocrine tumors.
- **Biopsy procedures:** thyroid gland.

Screening of Endocrine Diseases

• Hypertension, diabetes.

Interpretation of Lab. Tests

Treatment of Endocrine Diseases

• Hormone replacement, blockers, surgery.

Metabolism, Transport and Elimination of Hormones (1)

Polypeptide Hormones

• **Metabolism** Degradation, lysosomes

Transport

Free IGF-1 binding proteins, neurophysins, GH. Glycosylation.

Metabolism, Transport and Elimination of Hormones (2)

Steroid Hormones & Vitamin D

• Transport

CBG (transcortin), SHBG, vit. D binding protein.

Metabolism

Inactivation (water-soluble forms) Activation: T, vit. D Aldosterone

Metabolism, Transport and Elimination of Hormones (3)

Thyroid Hormone

- **Transport** Free Bound: (TBG), TBPA, Albumin.
- Metabolism

Degradation (deiodinases: type I, type II)

Catecholamines

Metabolism
 COMT, MAO → VMA