

**FARM 2219 : Pharmacologie spéciale****Relations structure-activité:  
quelques notions utiles (ou éclairantes) \***

1 février 2010

1. antagonistes du Ca<sup>++</sup>
2. dérivés nitrés
3. β-adrénergiques
4. sartans
5. statines
6. ézétimibe

20 mai 2010

7. spironolactone
8. opiacés et codéine
9. tricycliques
10. neuroleptiques
11. sumatriptan

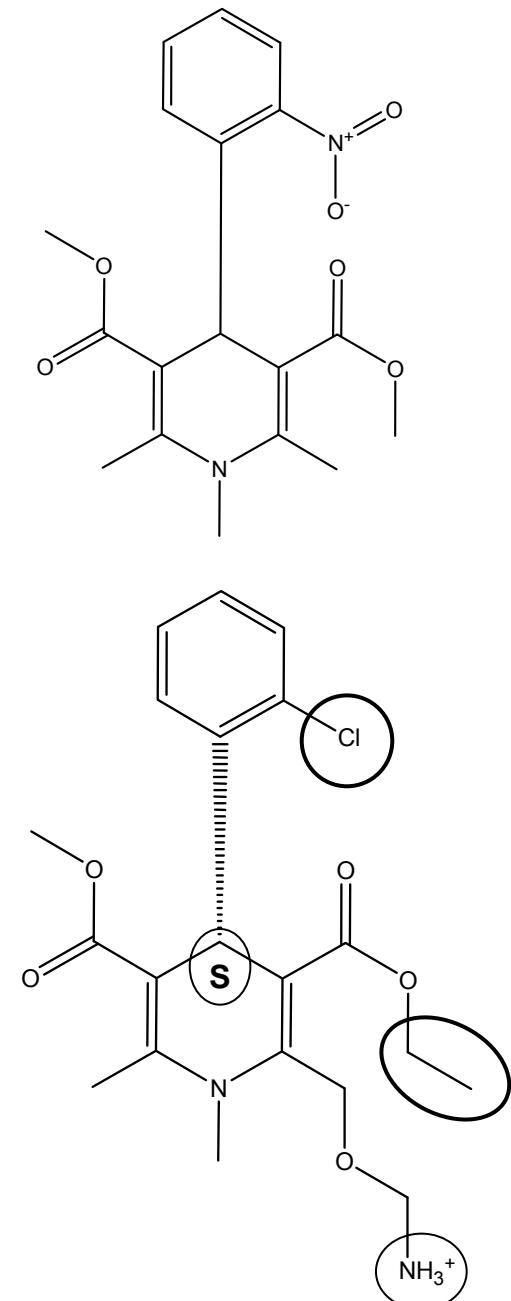
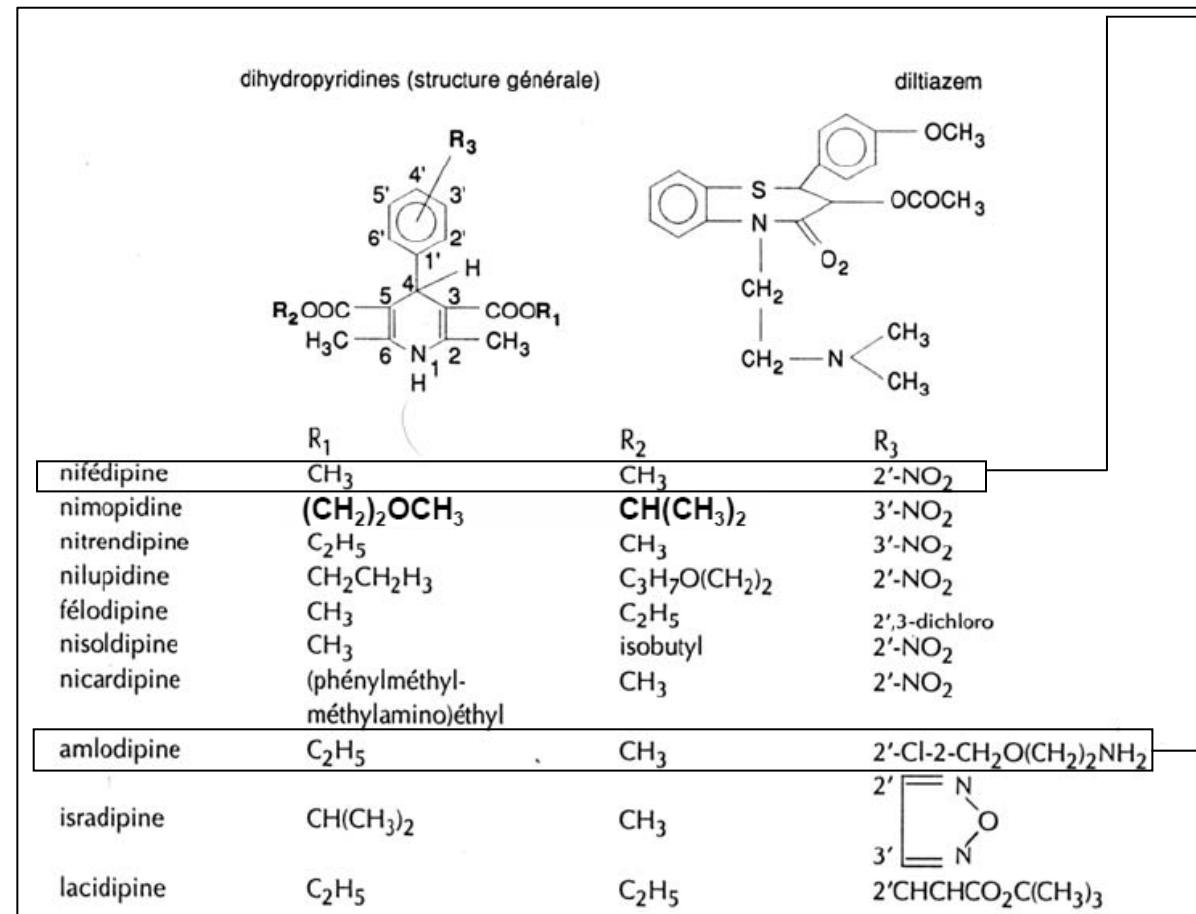
RSA vues dans d'autres parties du cours:

AINS (et coxibs) – antihistaminiques (H1 et H2) – antibiotiques – antiviraux – inhibiteurs de la pompe à proton – agents prokinétiques – antiémétiques (sétrons) – antagonistes muscariniques (respiratoire) – morphiniques – hypnosédatifs – antidépresseurs – agents anti-parkinsoniens – neuroleptiques – anesthésiques locaux – stéroïdes (cort. et sex.) – diphosphonates – insulines – glitazones ...

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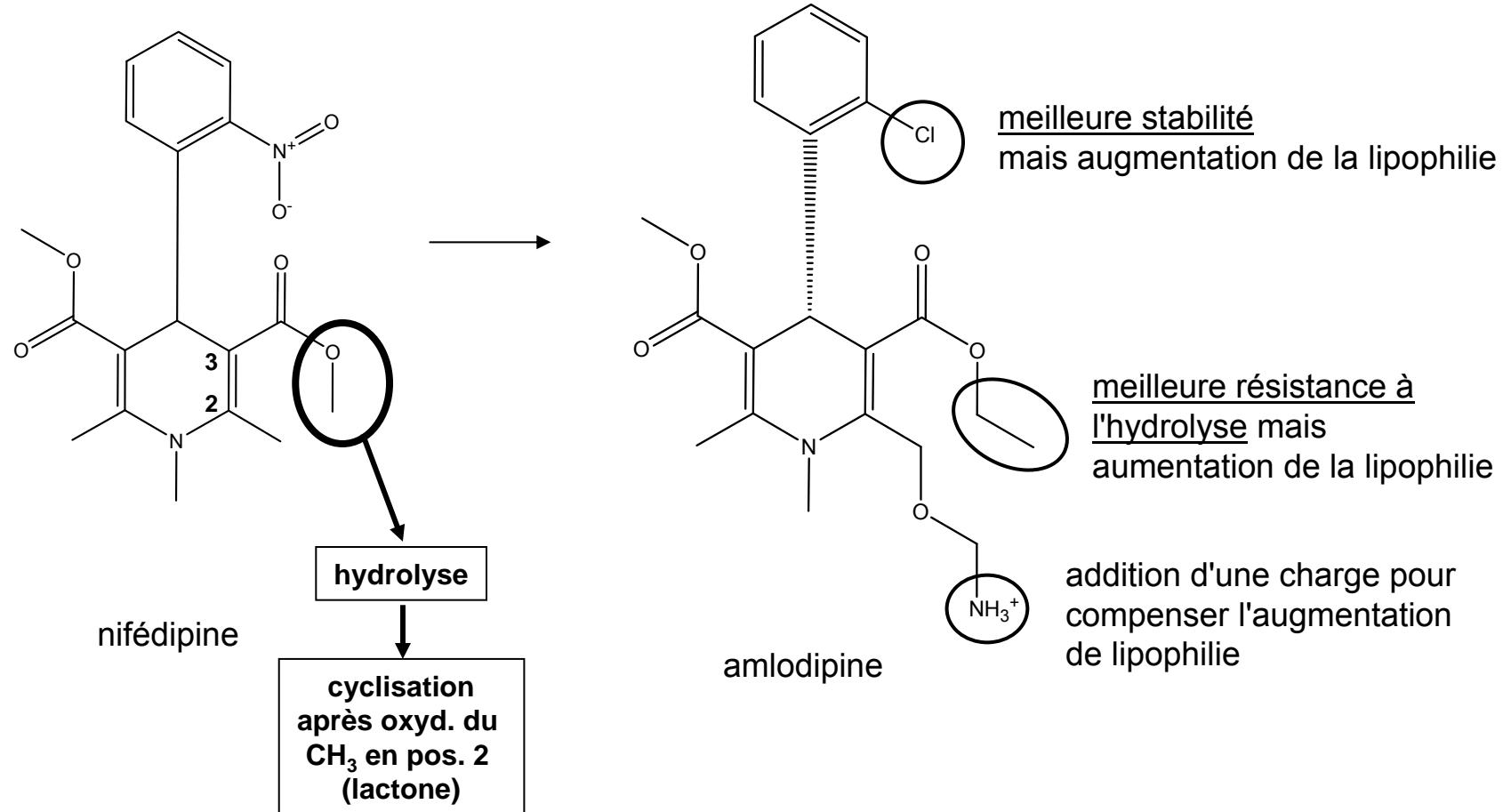
\* avec l'aide (éclairée) des professeurs Poupaert, Depovere et Sonveaux 

# Antagonistes calciques



Dia 6 de Mr Feron – corrigée ce 24-01-10 pour la nimodipine

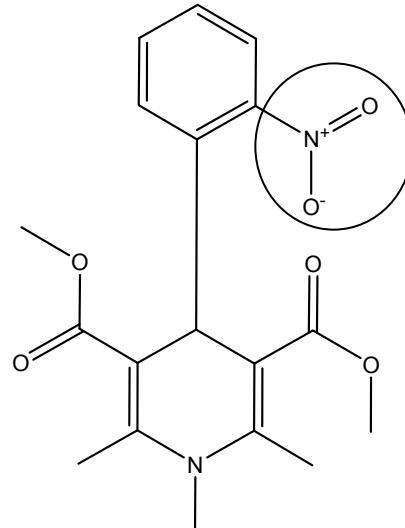
# Antagonistes calciques; pourquoi des $t_{1/2}$ différents ?



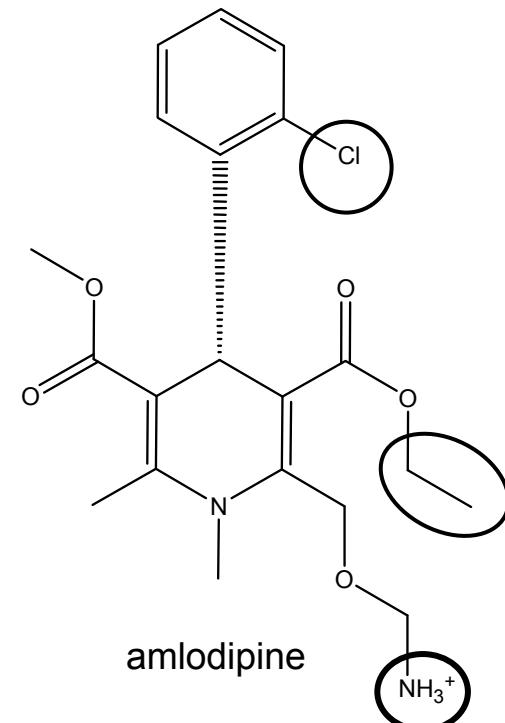
# Antagonistes calciques: charge (à pH 7) et lipophilie (en relation avec la $t_{1/2}$ et la pénétration dans le SNC)

	$t_{1/2}$	$\log P$	$\log D_{\text{pH}7}$	pKa
nifedipine	3 h	2.96	2.97	2.69
amlodipine	45h	4.16	2.21	<b>8.97</b>
nimodipine	2h	3.85	<b>3.85</b>	2.77

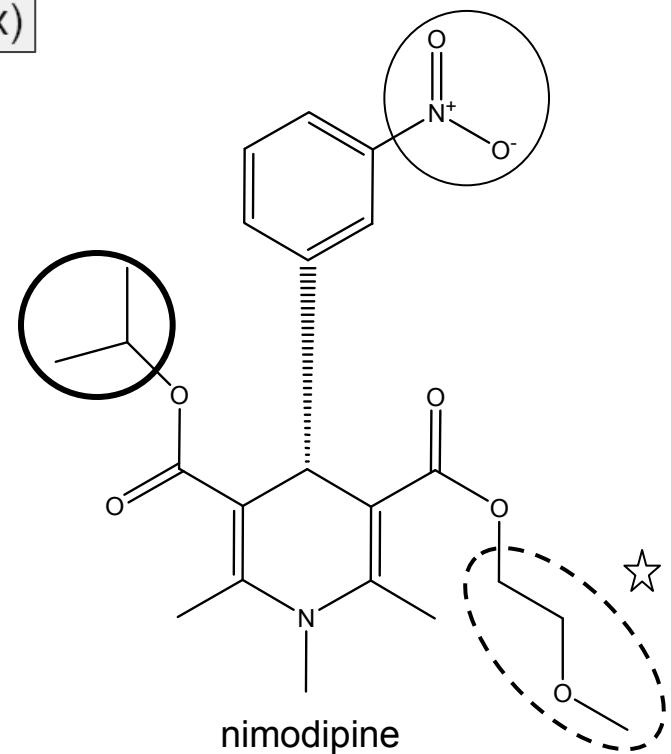
\*\* nimodipine: très lipophile ( $\Rightarrow$  spasmes artériels cérébraux)



nifédipine



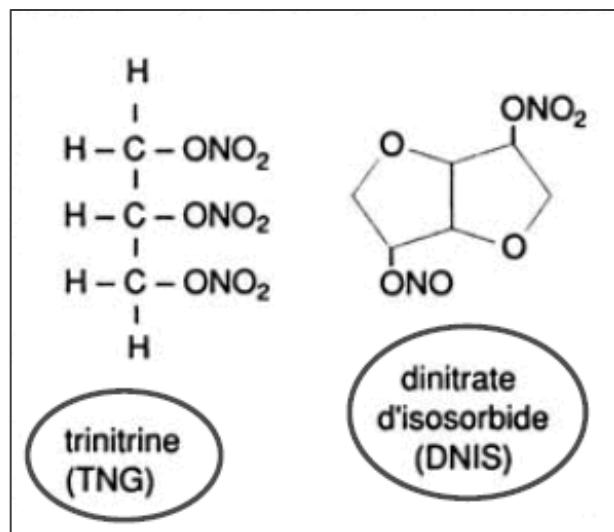
amlodipine



nimodipine

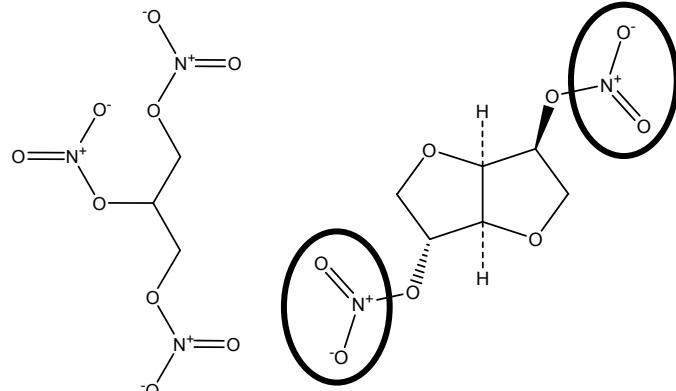
!! Dia 6 de Mr Feron corrigée ce 24-01-10

# Dérivés nitrés: pourquoi des rapides et des lents ?

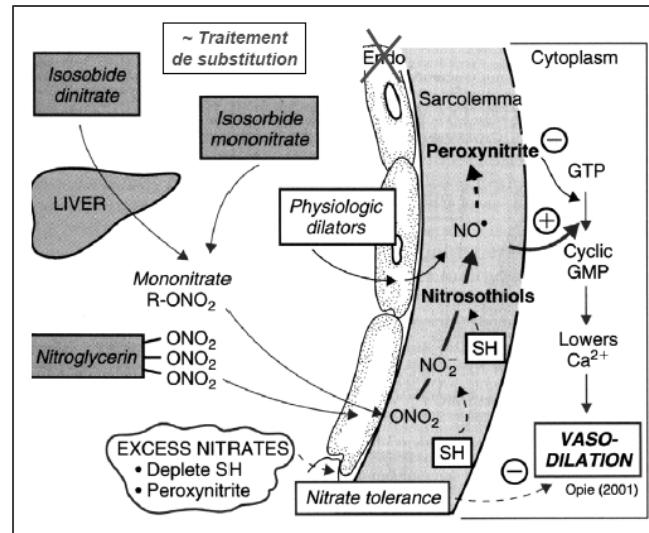


↓  
rapide

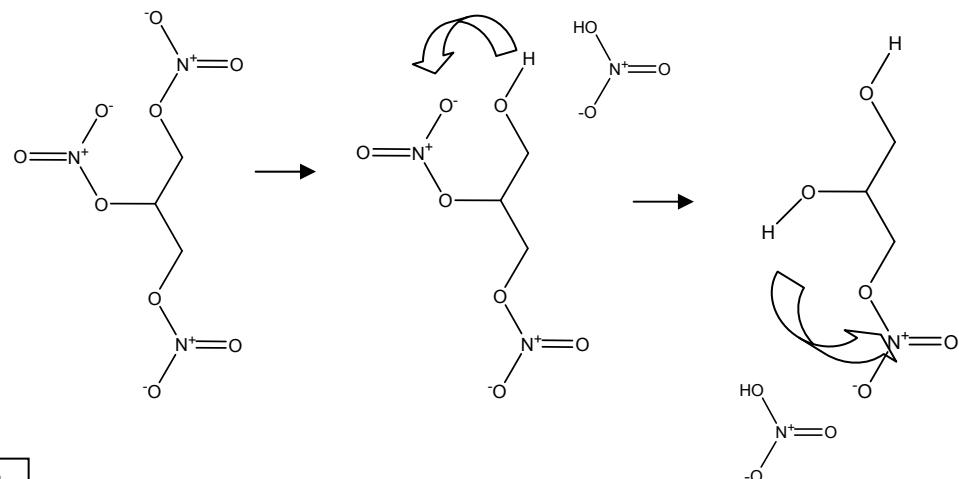
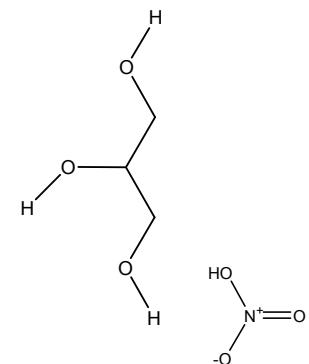
↓  
lent



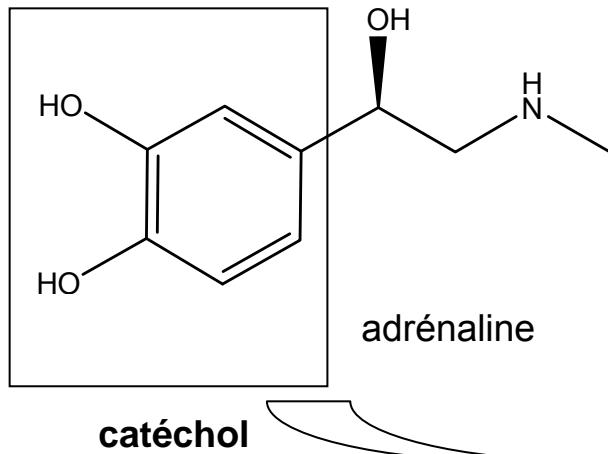
!! erreur dans la dia 9 (F.) - Fig 14.1  
(Shorderet) – c'est  $-ONO_2$  2 x



autocatalyse !

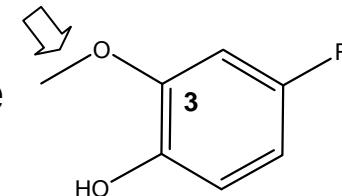


# $\beta$ -mimétiques - $\beta$ -bloquants: importance du catéchol

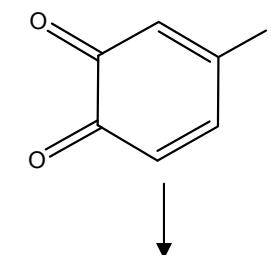


dégradation rapide  
par la COMT

oxydation en  
o-quinone

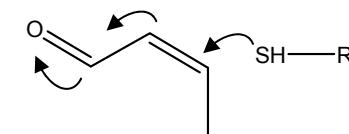


aussi pour la  
dopamine !

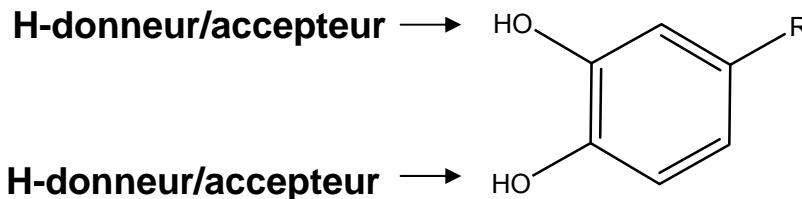


aussi pour le  
paracétamol !

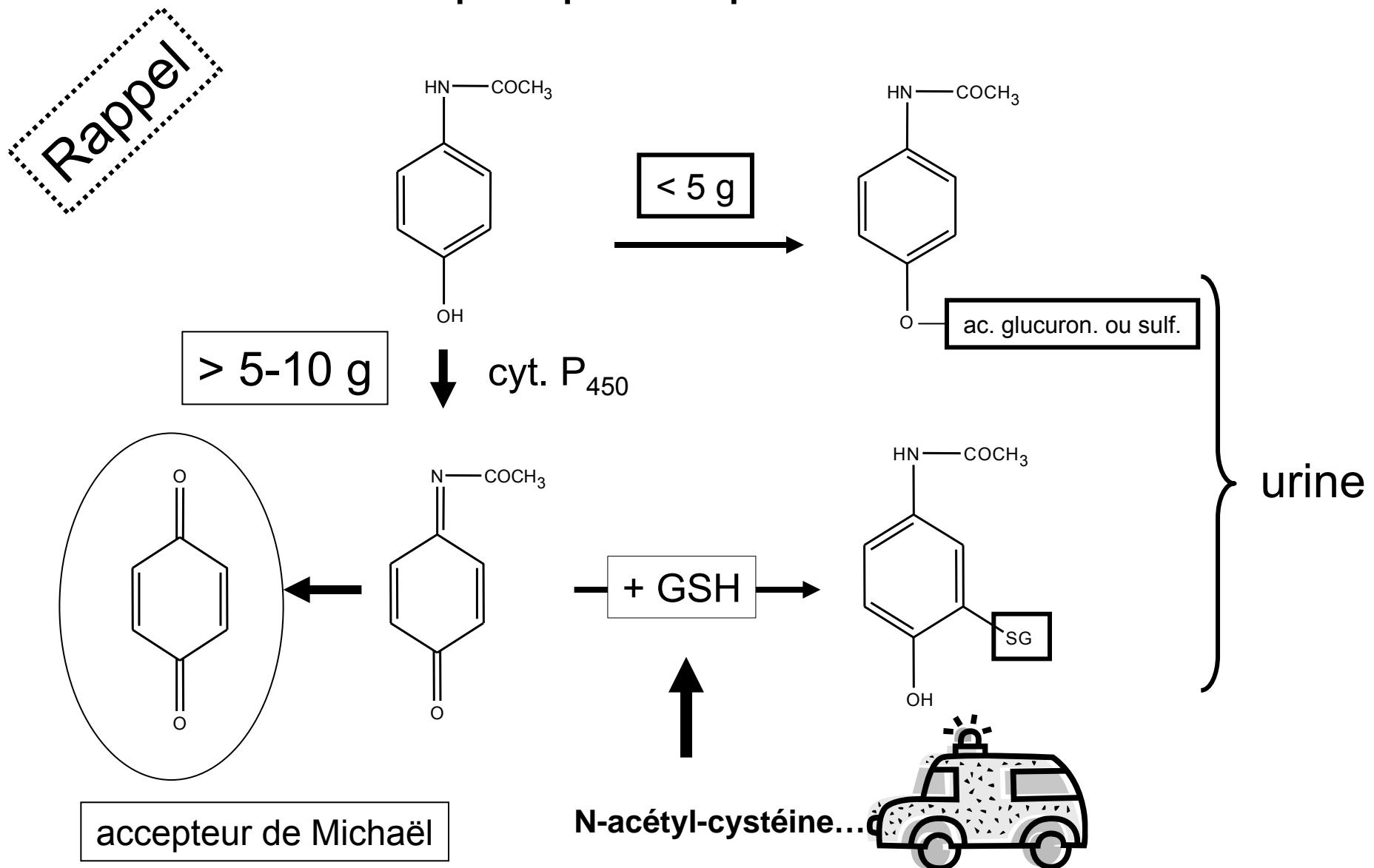
sequestration du  
CoASH et du glutathion



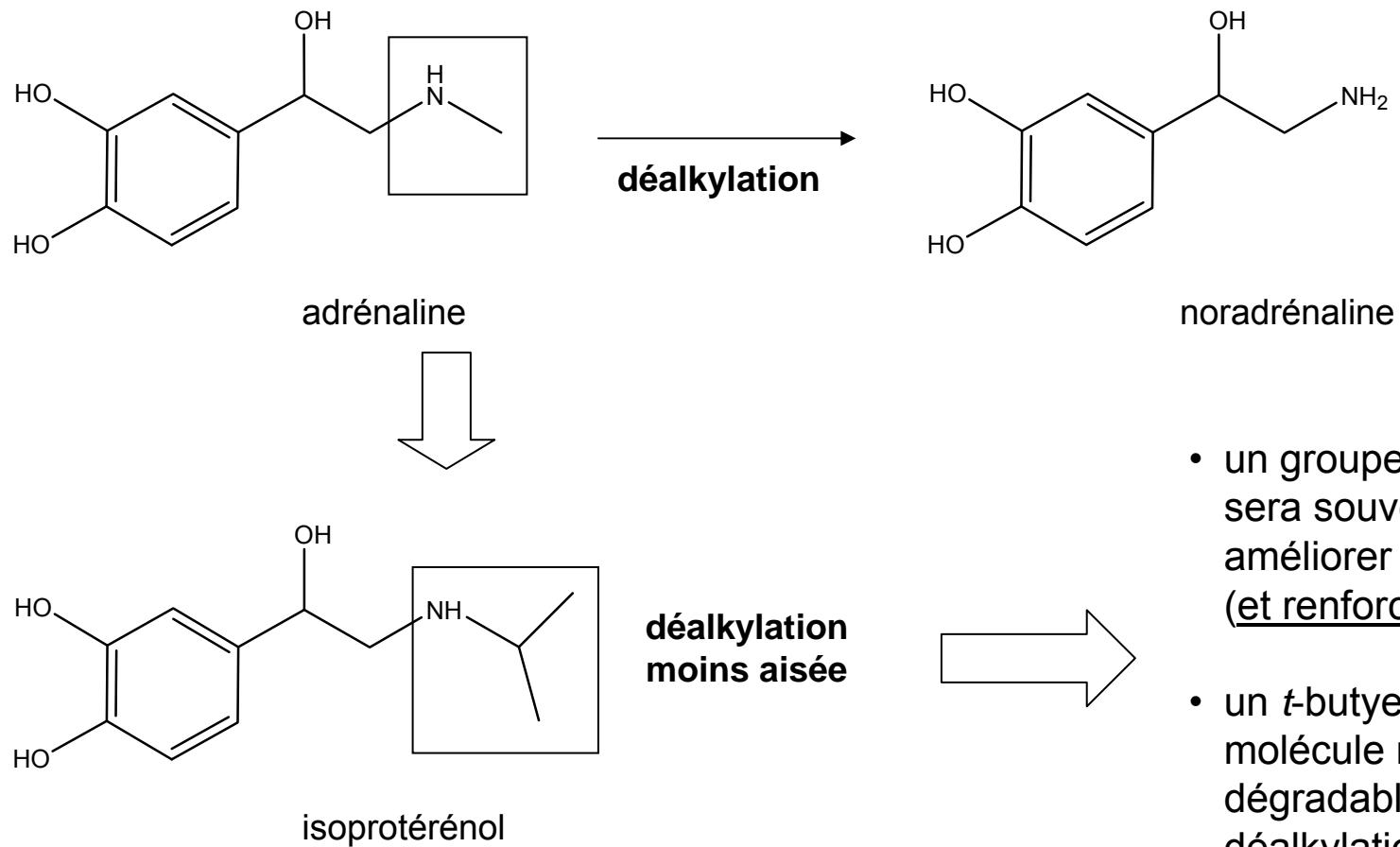
accepteur de Michaël ...



# Metabolisme hépatique du paracétamol et toxicité ...



# $\beta$ -mimétiques - $\beta$ -bloquants: inhiber la dégradation...

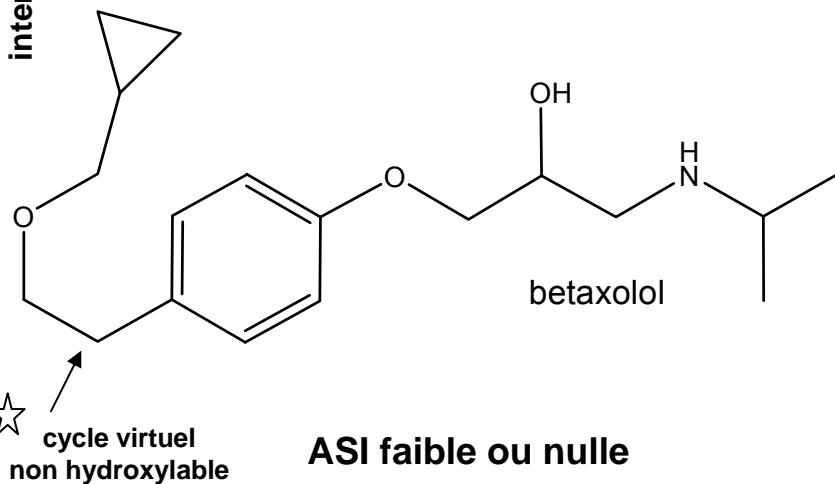
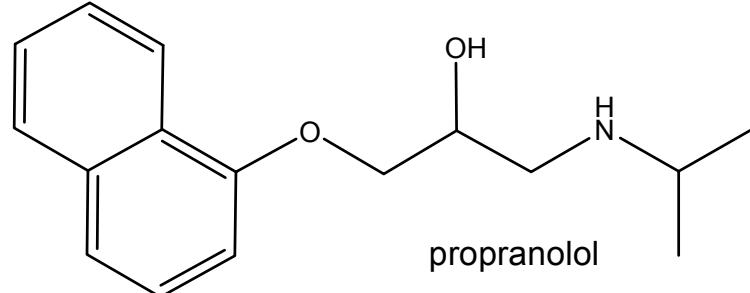
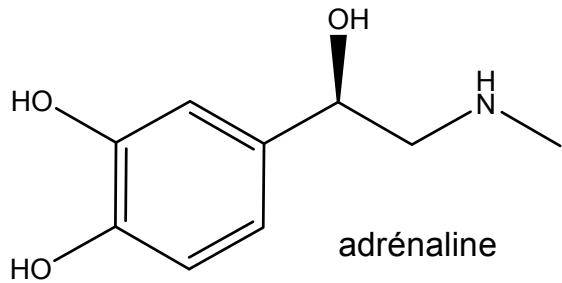


- un groupe isopropyle sera souvent utilisé pour améliorer la stabilité (et renforcer l'activité  $\beta$ )
- un *t*-butyle rendra la molécule non-dégradable par déalkylation (absence de CH en  $\alpha$  du N)

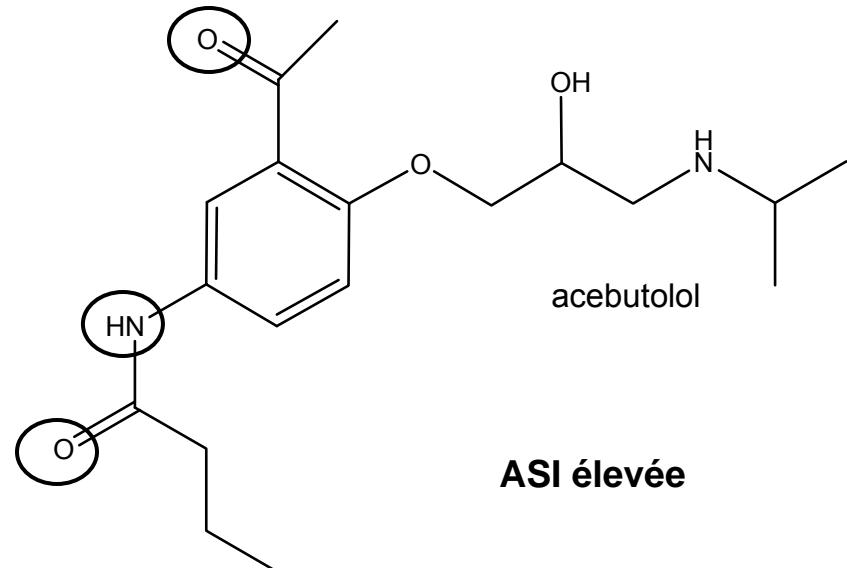
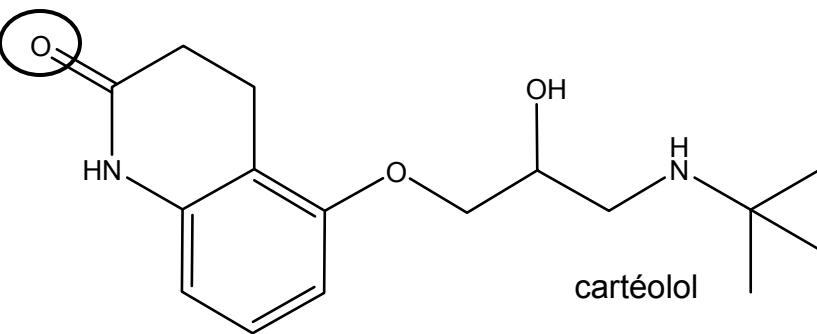
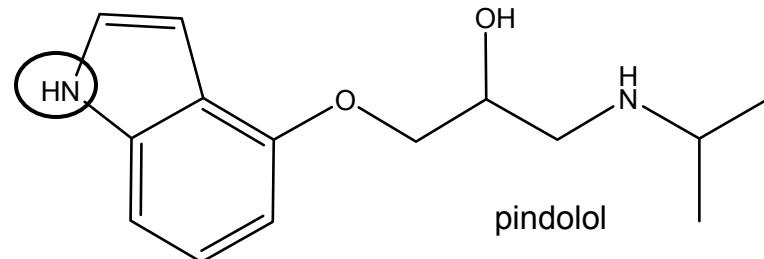


## $\beta$ -bloquants et activité sympathicomimétique intrinsèque

☆ interactions hydrophobes



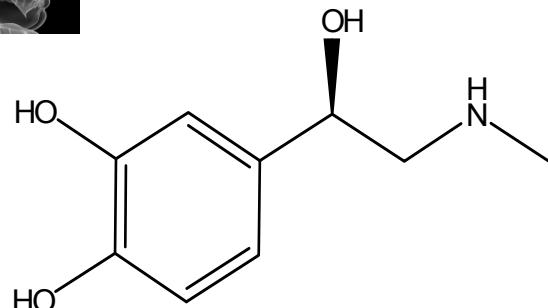
**ASI faible ou nulle**



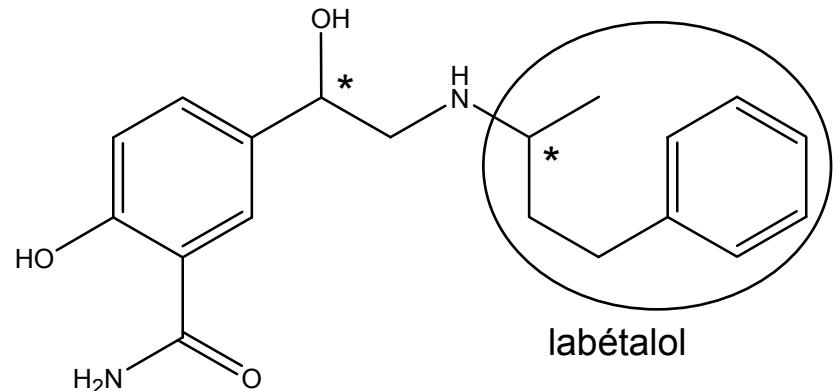
**ASI élevée**



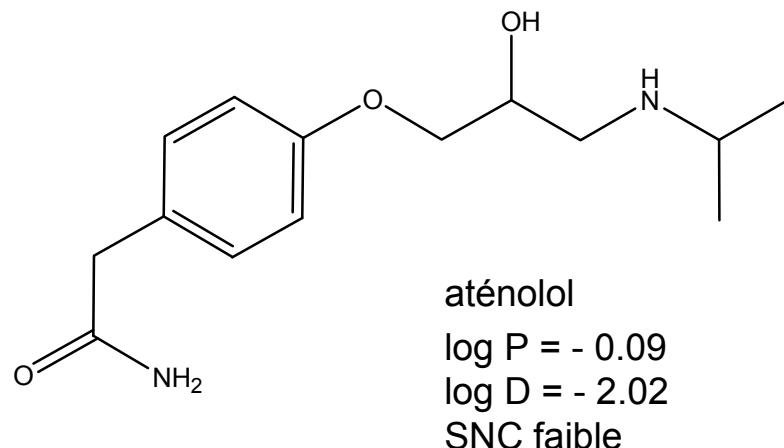
## $\beta$ -bloquants et lipophilie <sup>a</sup>



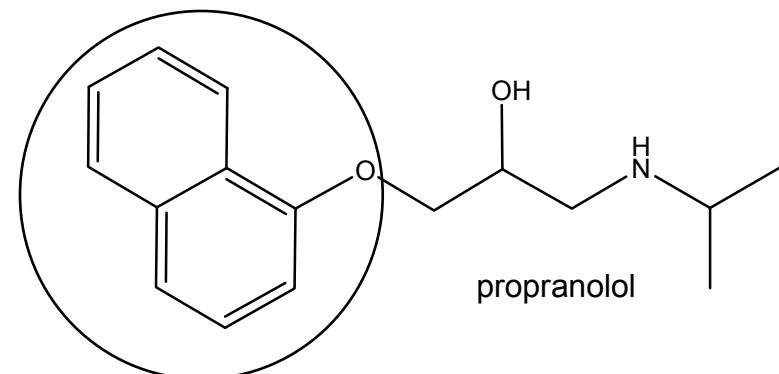
L-adrénaline  
 $\log P = -0.63$   
 $\log D = -2.75$



labétalol  
 $\log P = +2.31$   
 $\log D = +0.33$   
SNC forte



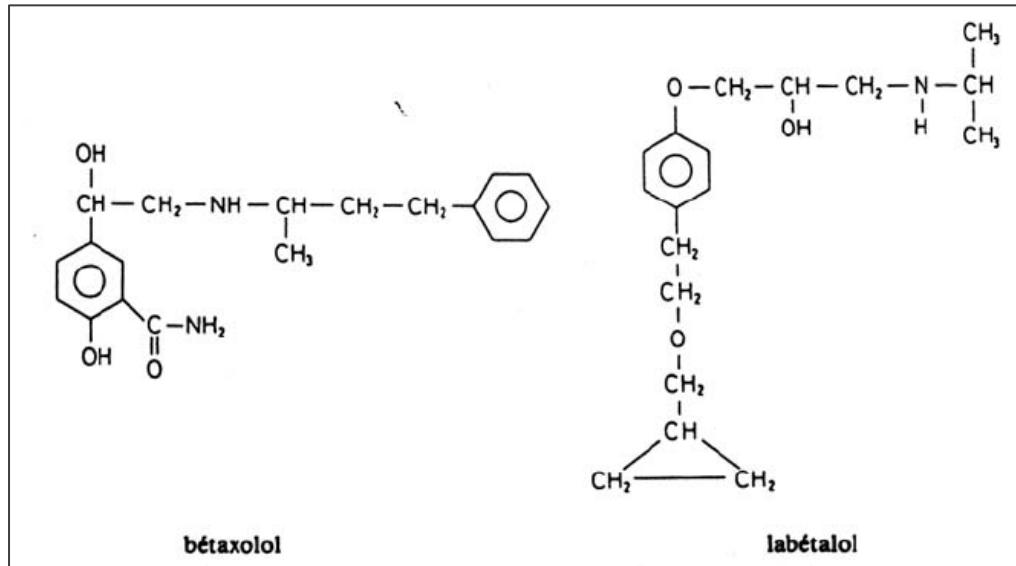
aténolol  
 $\log P = -0.09$   
 $\log D = -2.02$   
SNC faible



propranolol  
 $\log P = +3.09$   
 $\log D = +1.00$   
SNC forte

<sup>a</sup> les valeurs de log D sont celles à pH 7

# $\beta$ -bloquants: une petite erreur...



bétaxolol

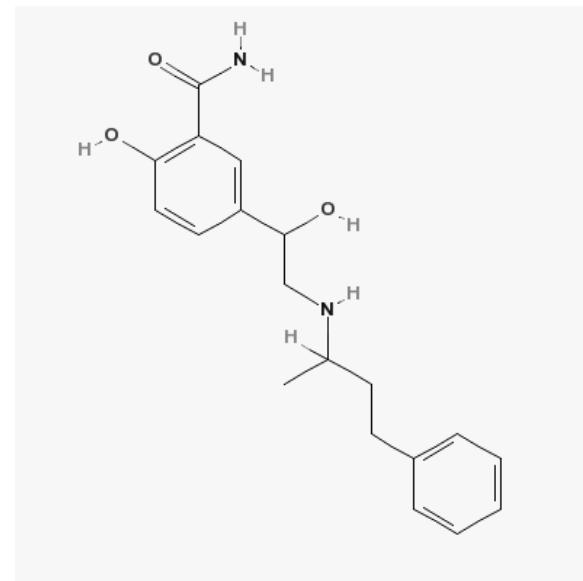
labétalol

légendes inversées...

!! faute dans la dia 3 (F.) - Fig 3 (Shorderet)

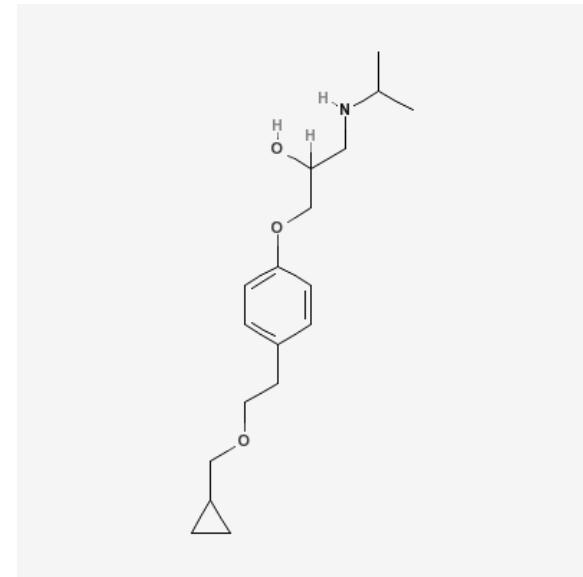


Corrigé par Mr Feron ce 24-01-10



ibetalol; Labetolol; Ibdomide ...

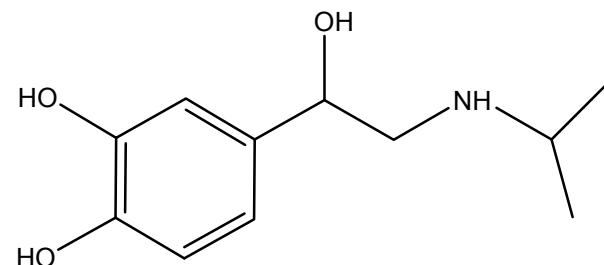
IUPAC: 2-hydroxy-5-[1-hydroxy-2-(4-phenylbutan-2-ylamino)ethyl]benzamide



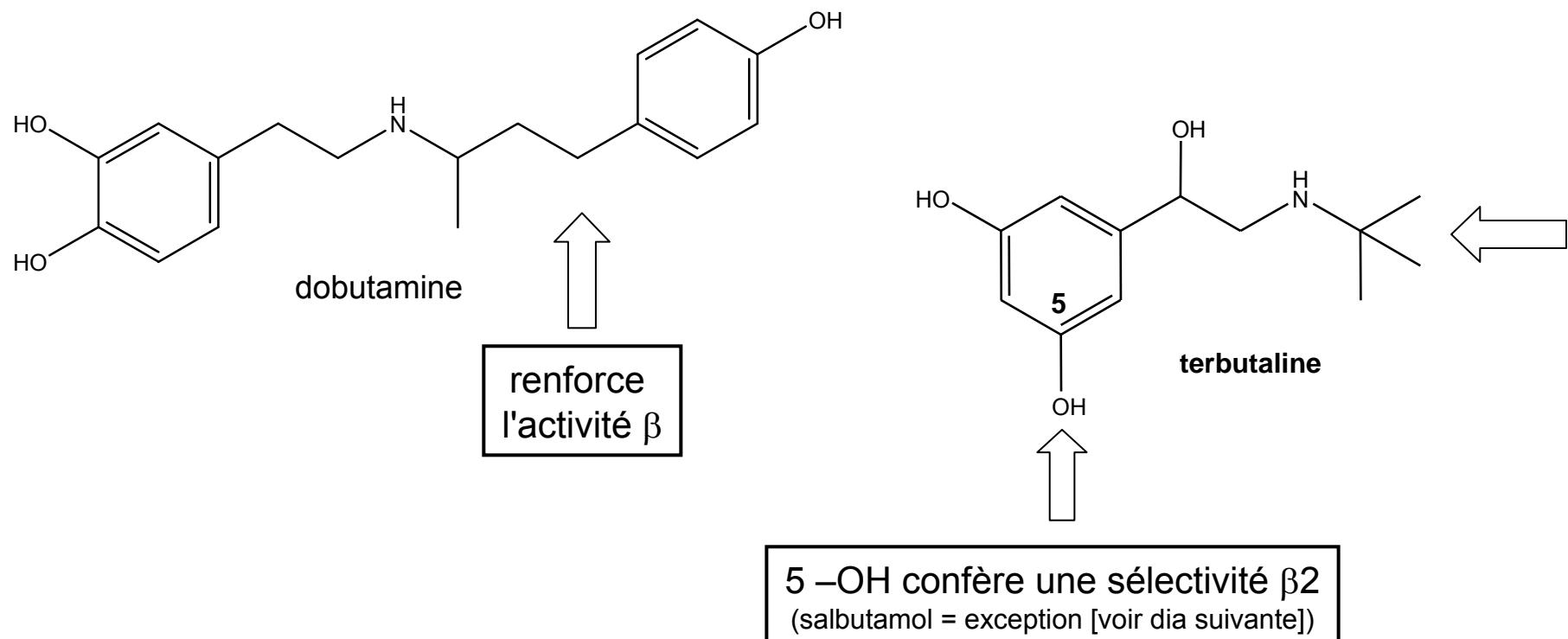
betaxolol; Betazolol; Betoptic ...

IUPAC: 1-[4-[2-(cyclopropylmethoxy)ethyl]phenoxy]-3-(propan-2-ylamino)propan-2-ol

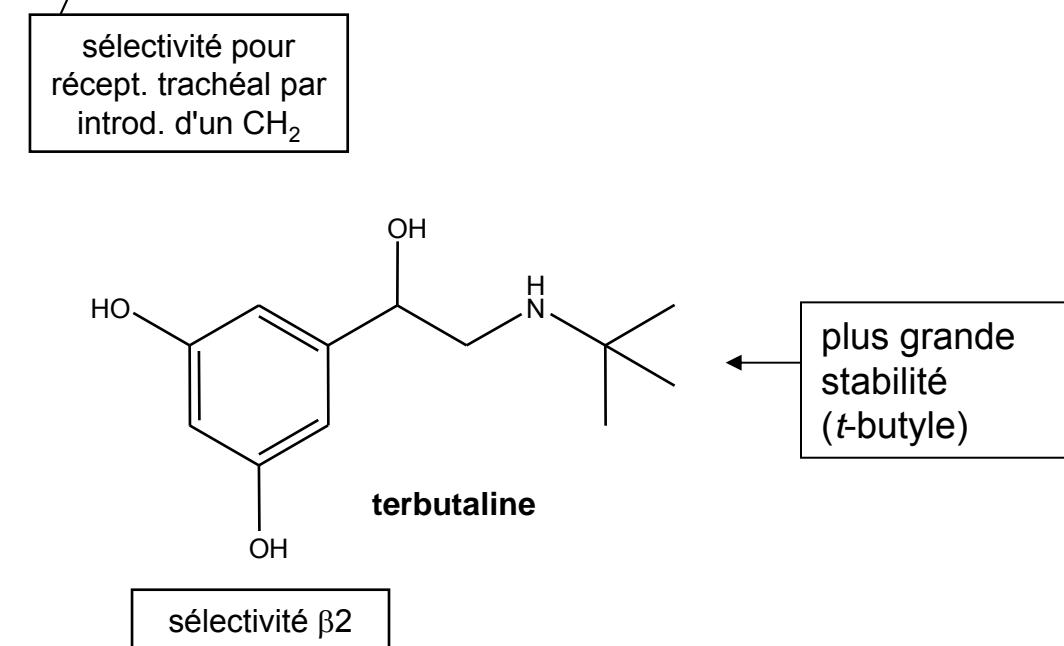
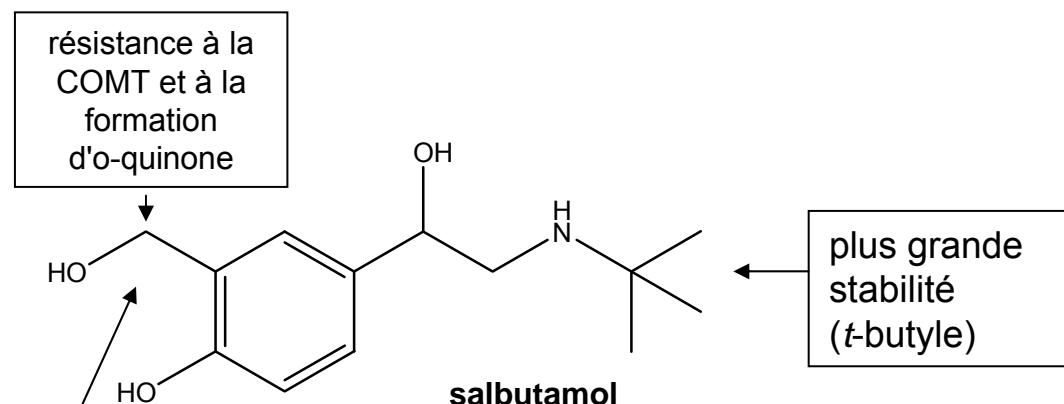
# $\beta$ -mimétiques $\beta 1$ et $\beta 2$



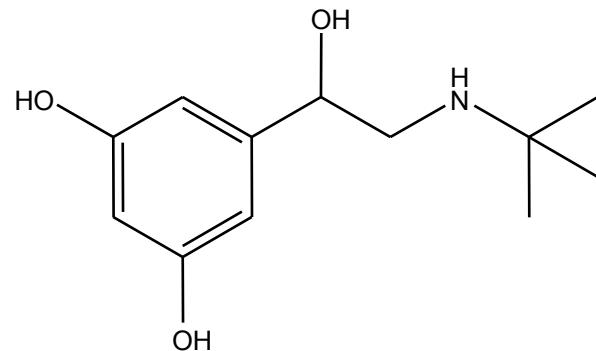
isoprotérénol



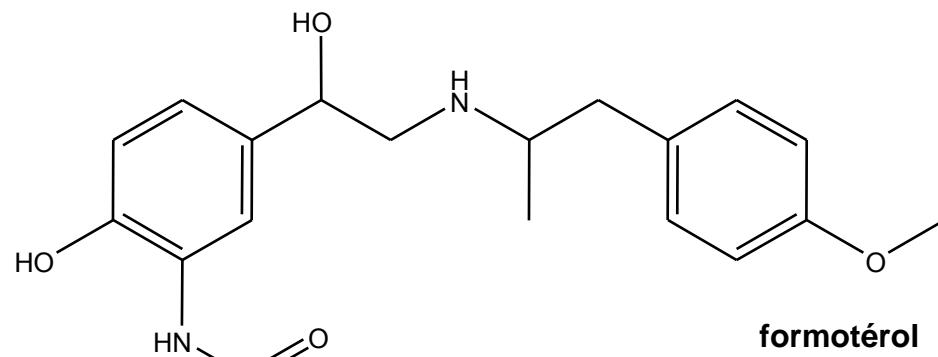
# $\beta_2$ -mimétiques: construire des molécules (suffisamment) spécifiques et stables



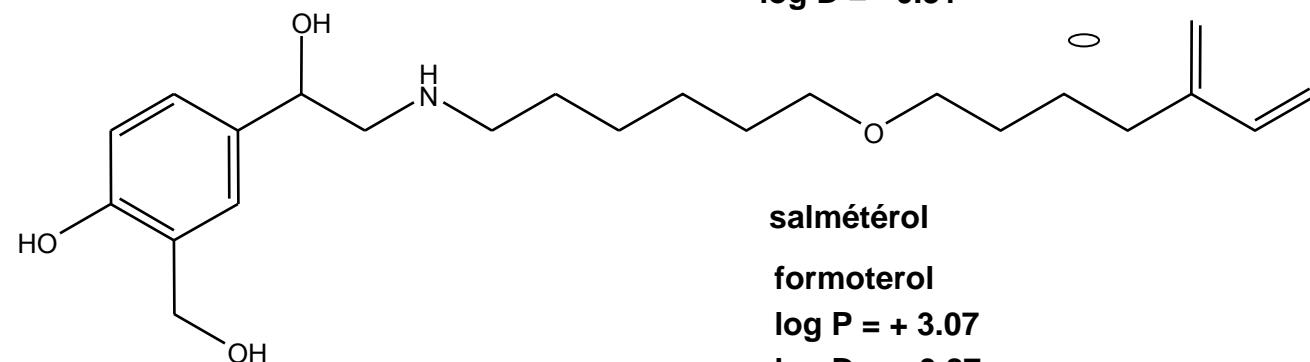
# $\beta_2$ -mimétiques: augmenter la durée d'action



terbutaline  
 $\log P = + 0.477$   
 $\log D = - 1.67$

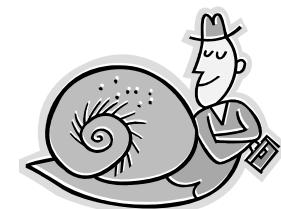


formoterol  
 $\log P = + 1.15$   
 $\log D = - 0.31$



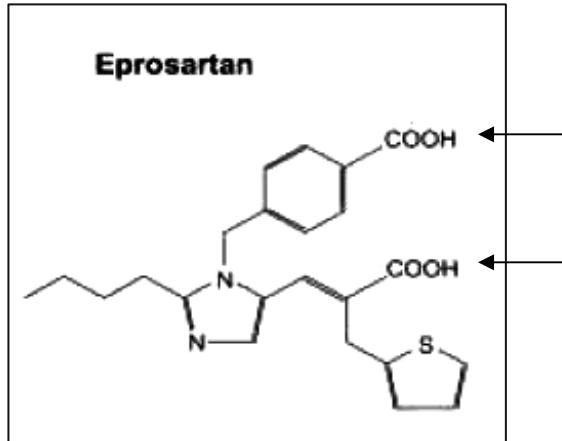
salmétérol  
formoterol  
 $\log P = + 3.07$   
 $\log D = + 0.87$

Nous verrons  
cela en avril ...





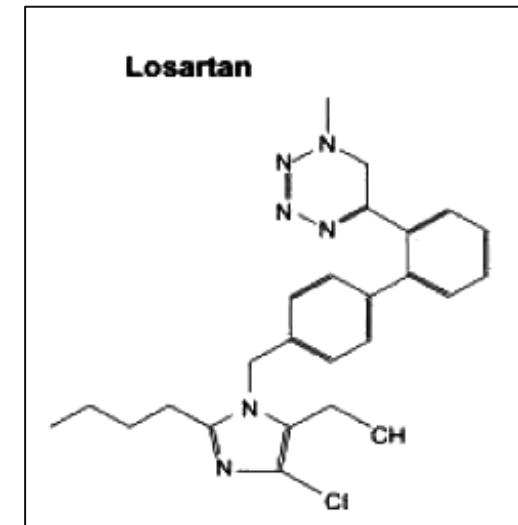
# Sartans: toute une famille autour d'un tétrazole...



Les premiers sartans  
sont des dianions

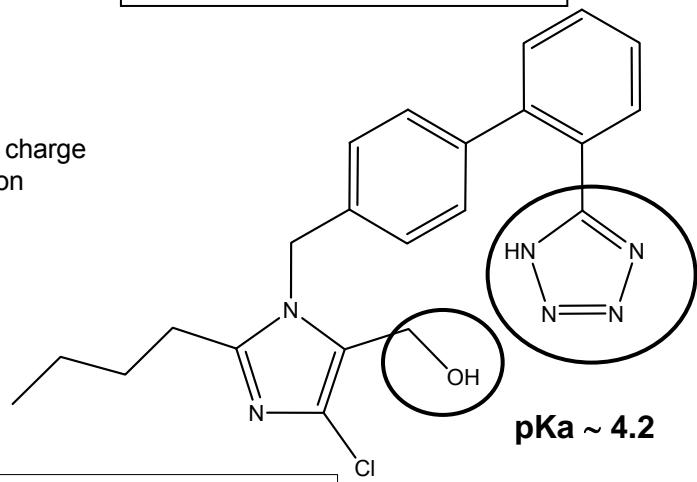
Mais un de ceux-ci a  
été vite remplacé par  
**un tétrazole \***  
(et l'autre, parfois, par  
une autre permettant  
**des ponts H**)

\* bioisostère du COOH mais diminution de la charge  
et pas de possibilité de glucurononoconjuguaison



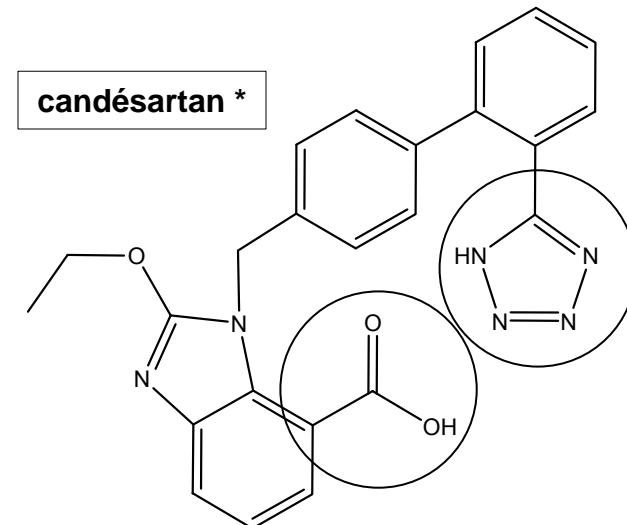
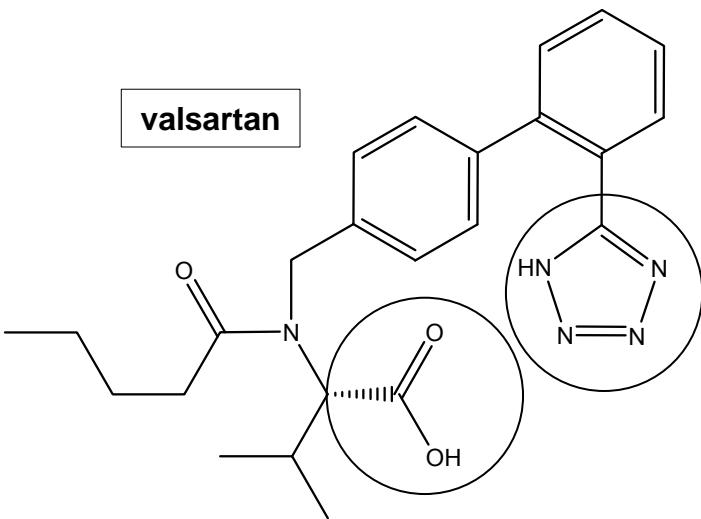
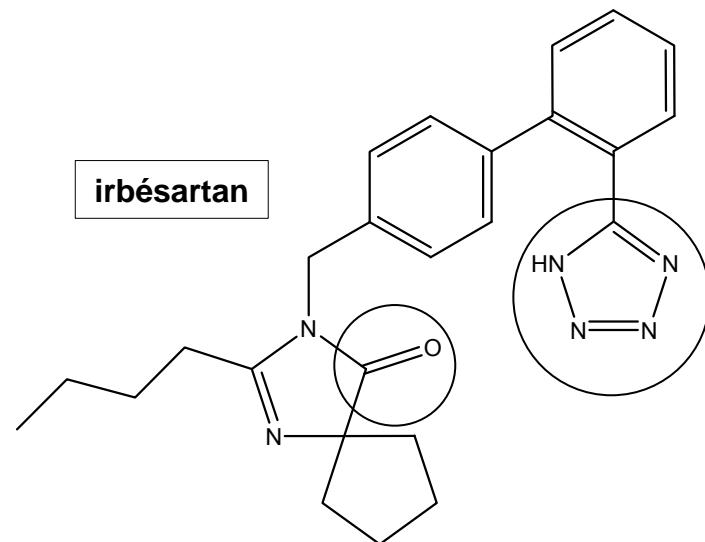
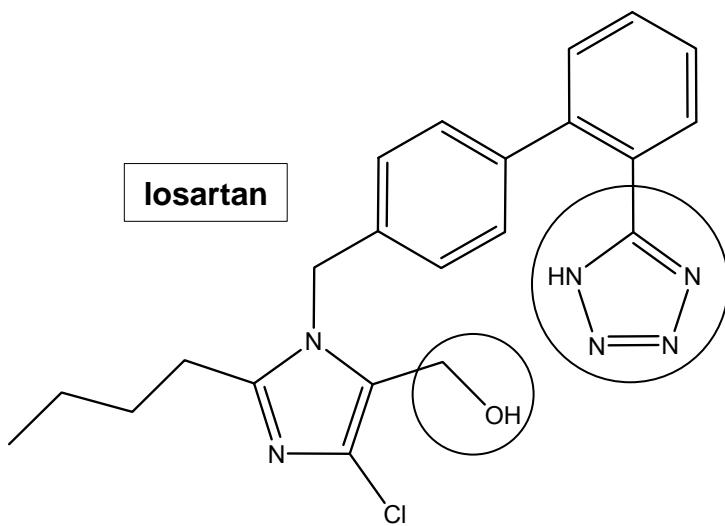
attention, erreur systématique à la dia  
7 (F.) pour la struct. du tétrazole

corrigée ce 24-01-10 par Mr Feron

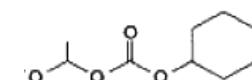


losartan (vraie structure)

# Sartans

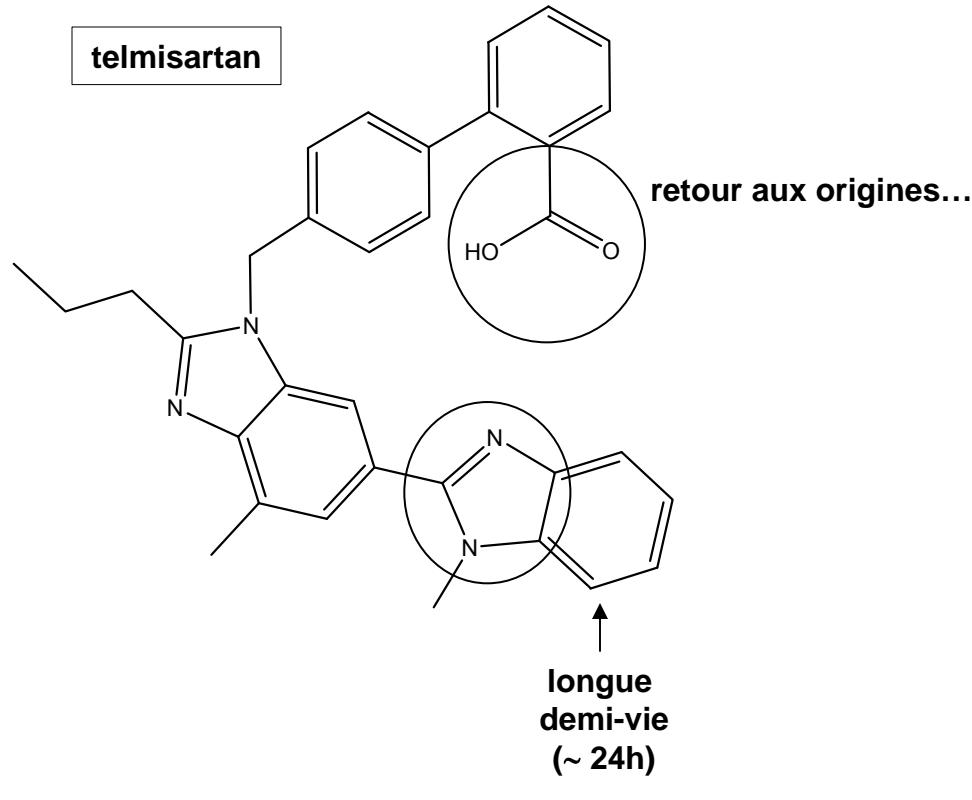


\* commerç. sous forme de prodrogue  
(cilexétيل substituant le COOH)

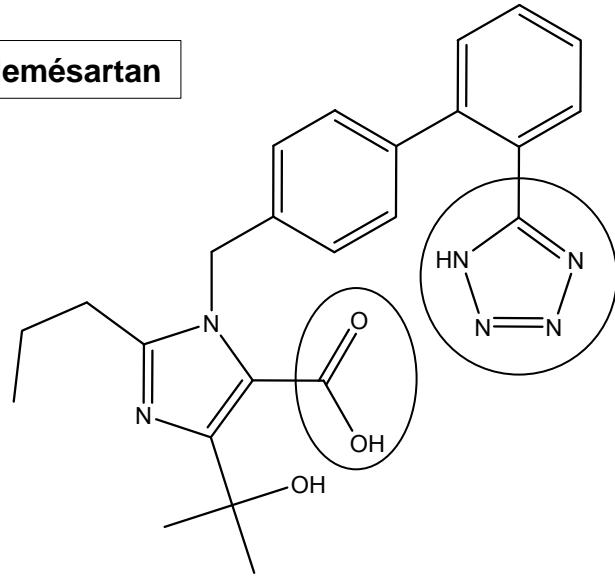


# Sartans

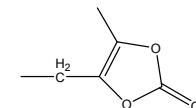
telmisartan



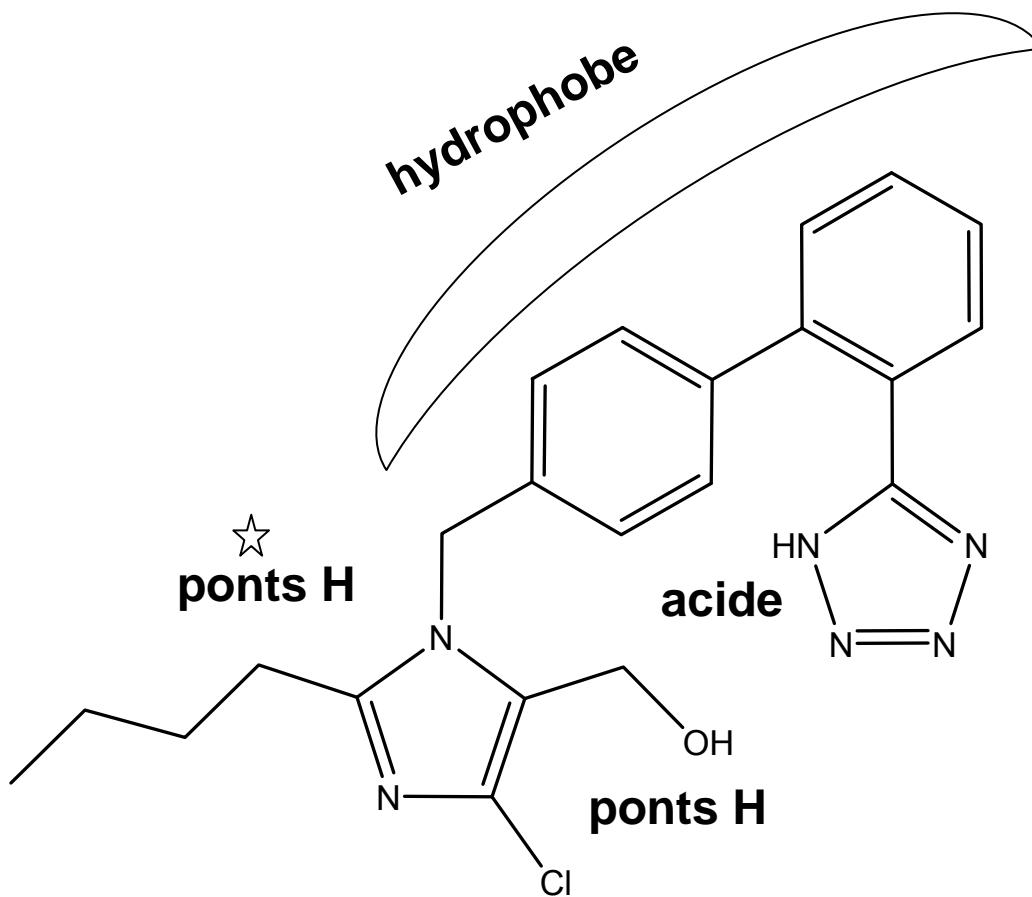
olemésartan



\* commerc. sous forme de prodrogue  
(medoxomil substituant le COOH)



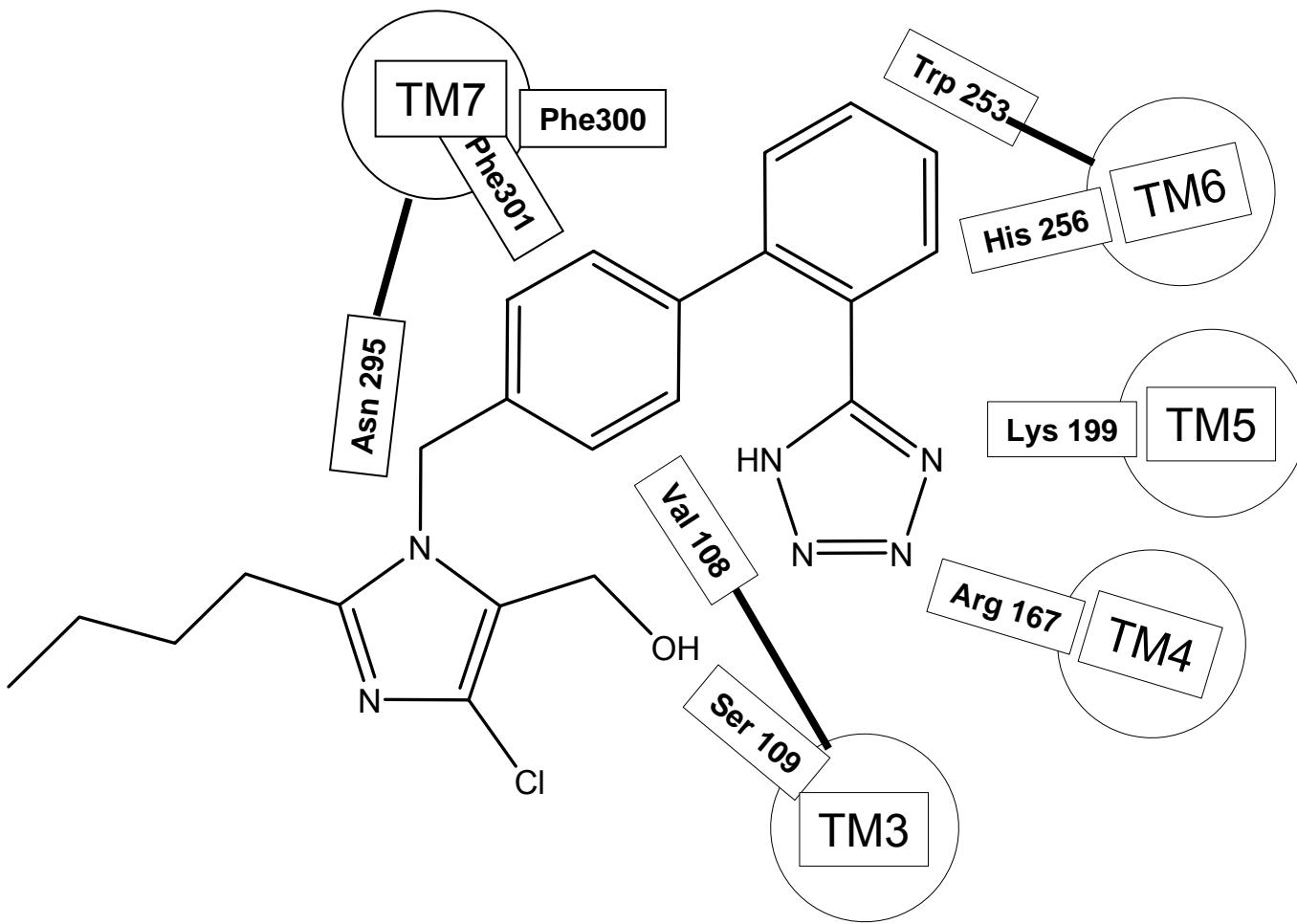
# Sartans: une certaine idée du pharmacophore ...



Aulakh et al., An update on non-peptidic angiotensin receptor inhibitors. Life Sci. 2007; 81:615-639

disponible sur i-campus

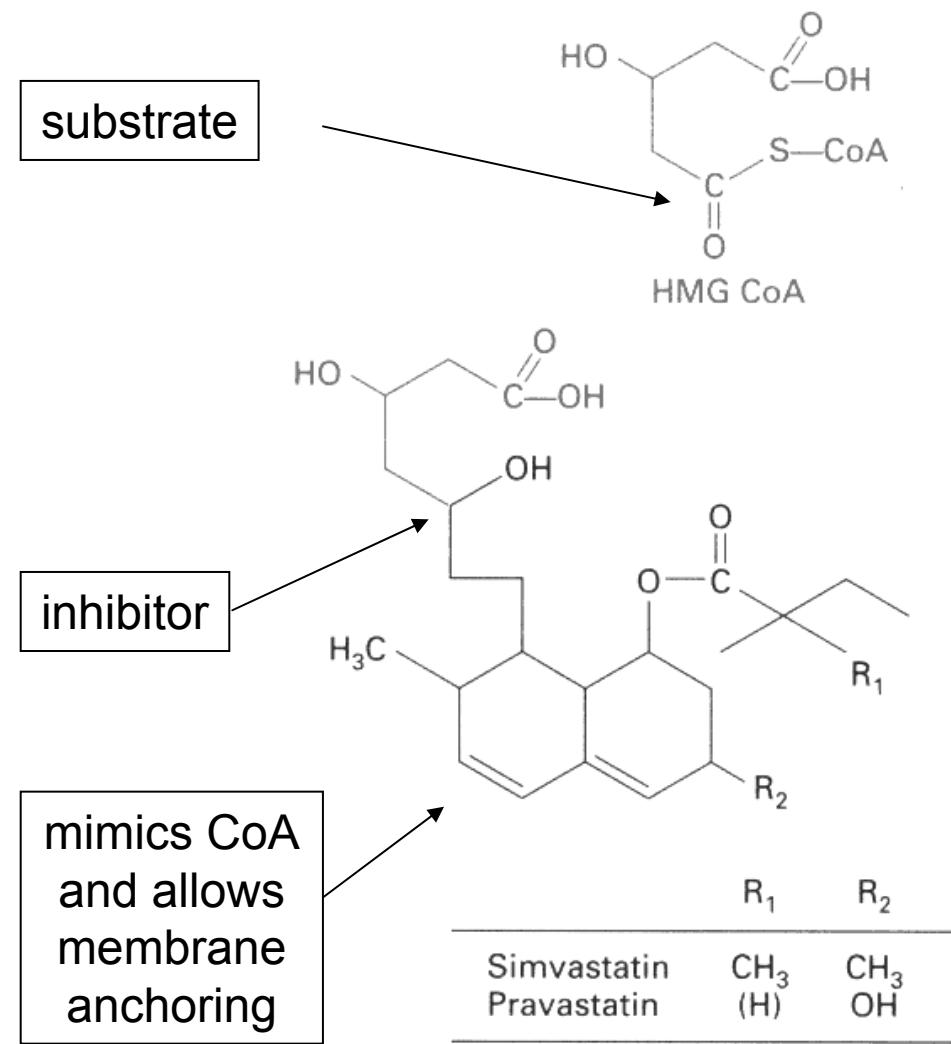
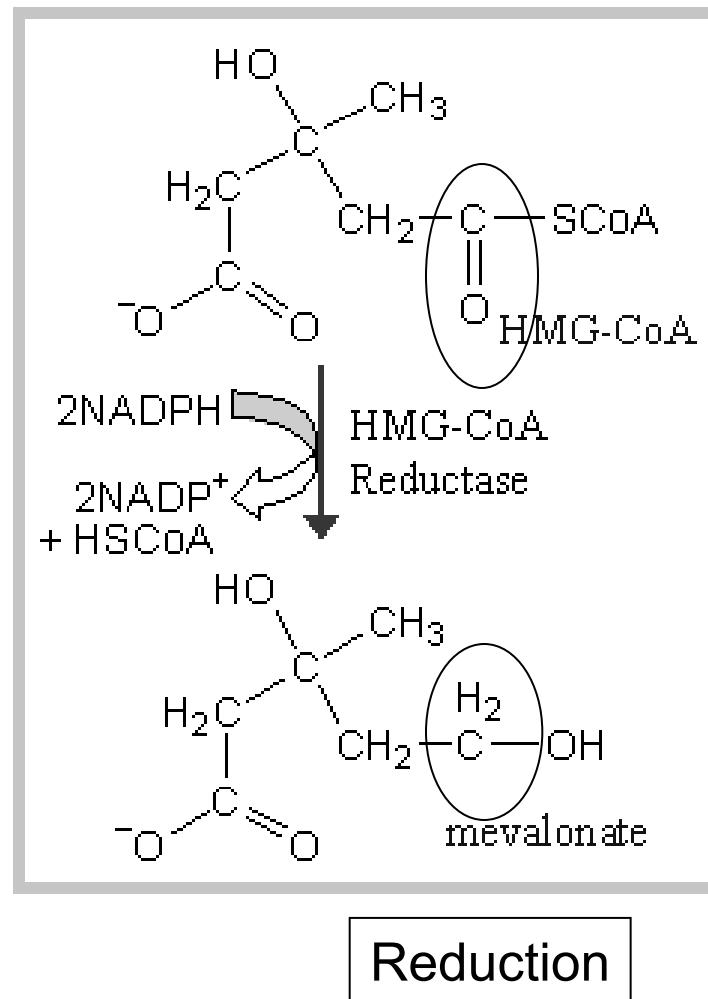
# Sartans: pourquoi tous sur le même pharmacophore ?



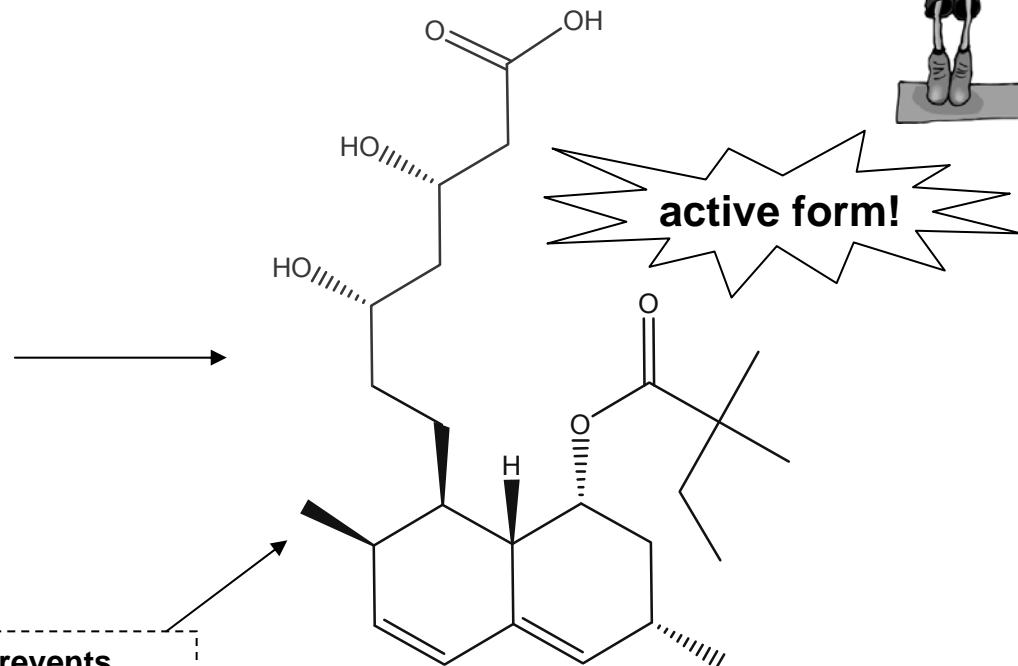
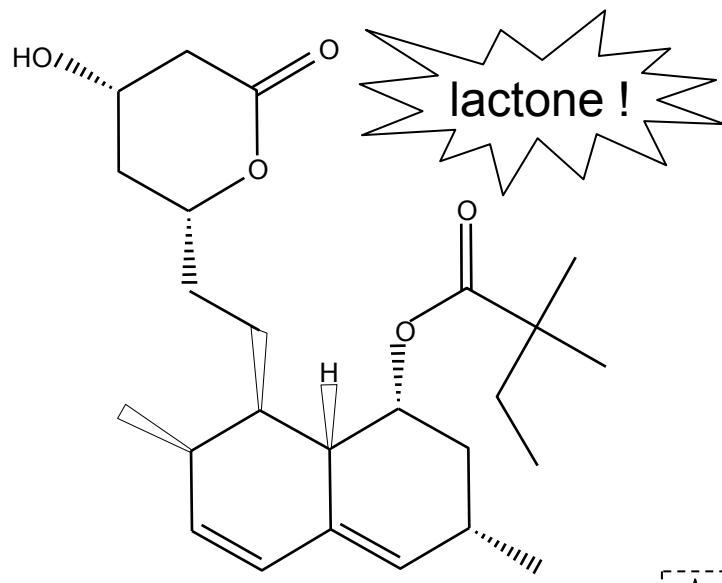
Aulakh et al., An update on non-peptidic angiotensin receptor inhibitors. Life Sci. 2007; 81:615-639

disponible sur i-campus

# The statins (as inhibitors of the HMG-CoA reductase...)

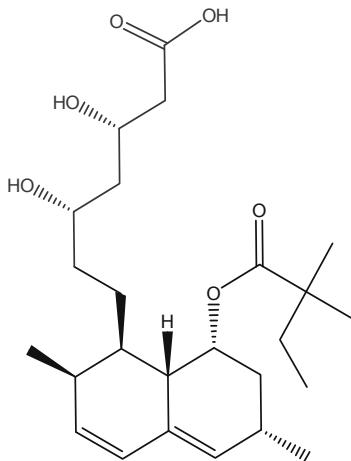


You said "statins" ?

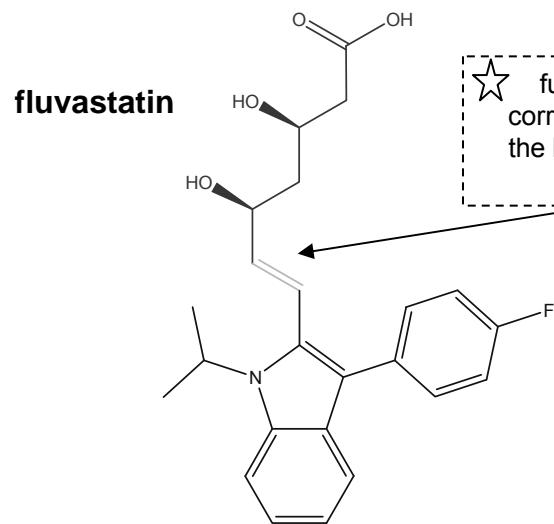


simvastatin hydroxy acid

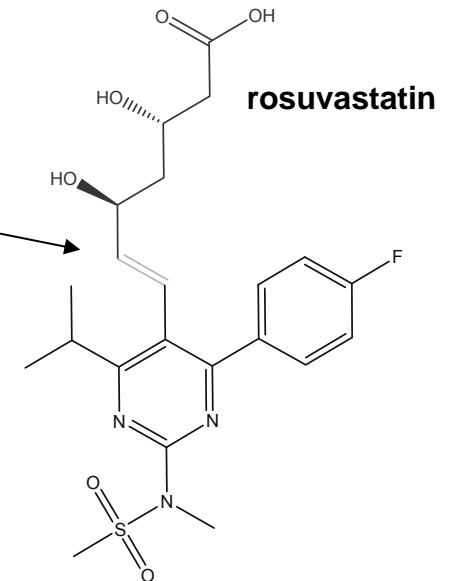
Here is the family (as available for you in Belgium)...



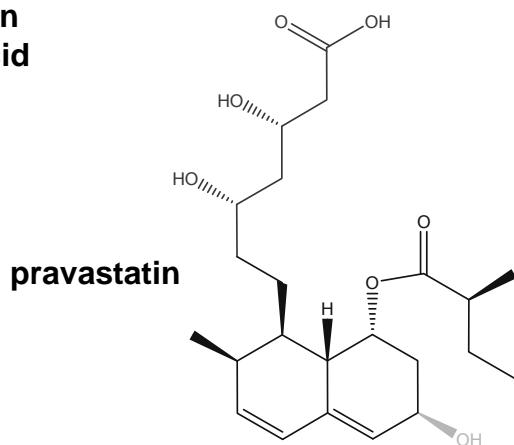
**simvastatin  
hydroxy acid**



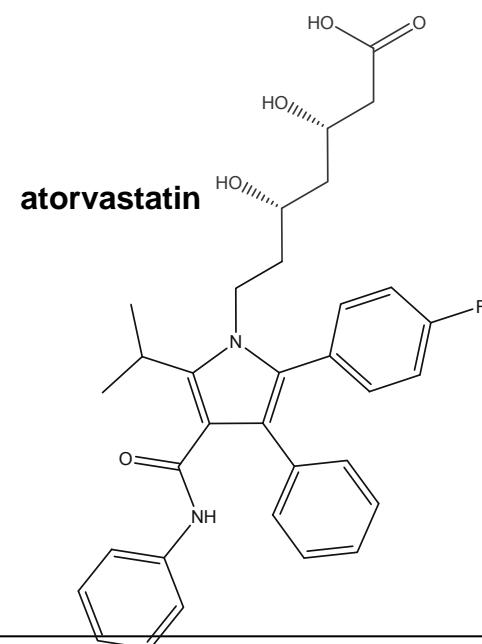
**fluvastatin**



**rosuvastatin**



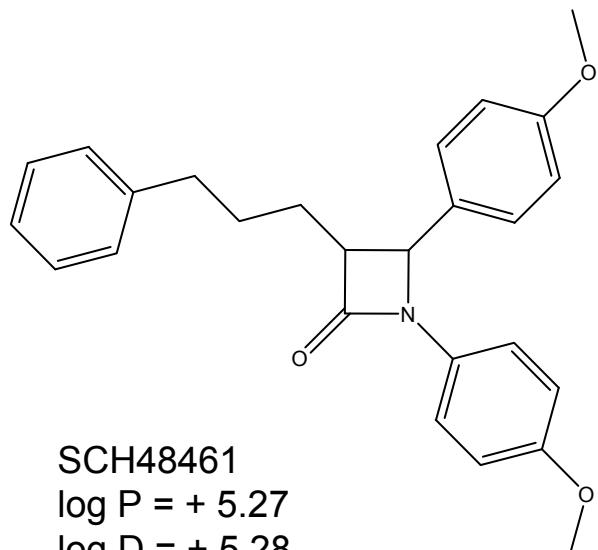
**pravastatin**



**atorvastatin**

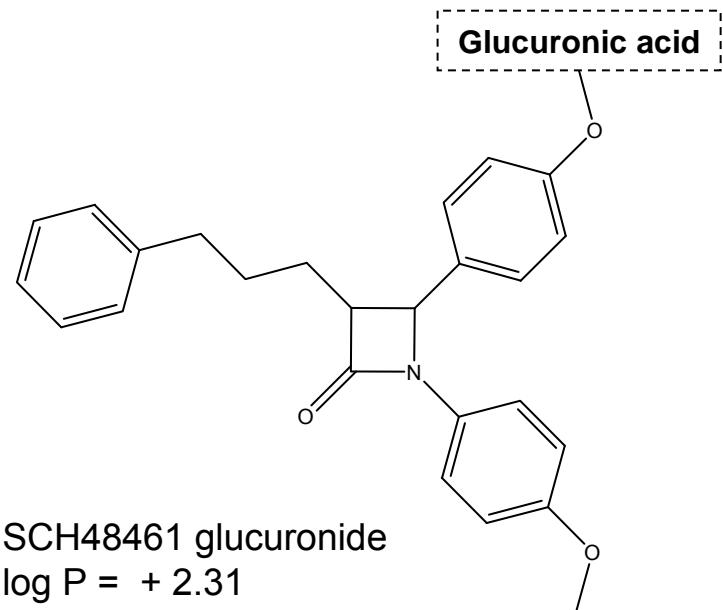


# The story of ezetimibe



weak cholesterol uptake inhibitor

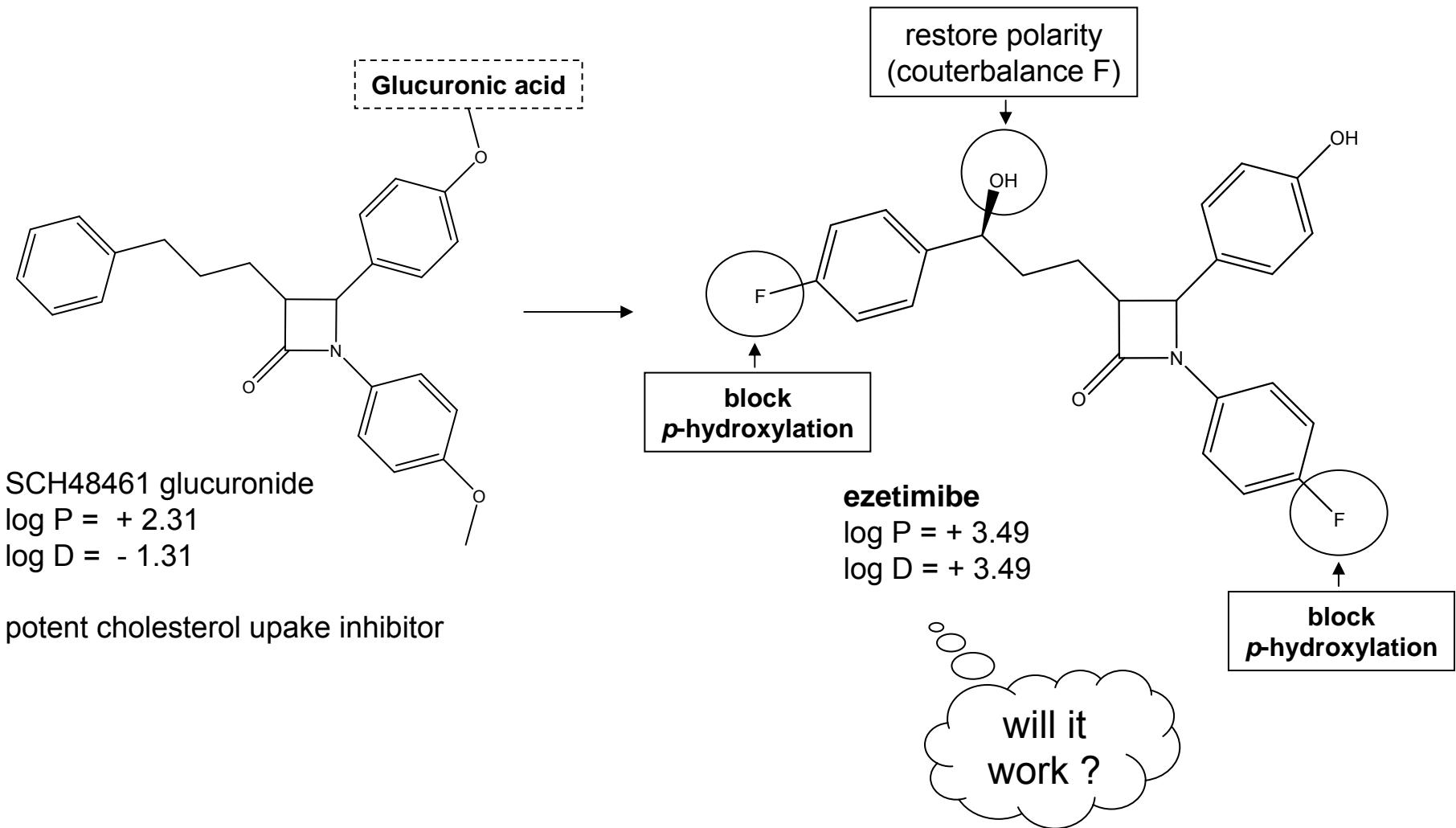
absorption,  
liver metabolism,  
and bile excretion



potent cholesterol uptake inhibitor

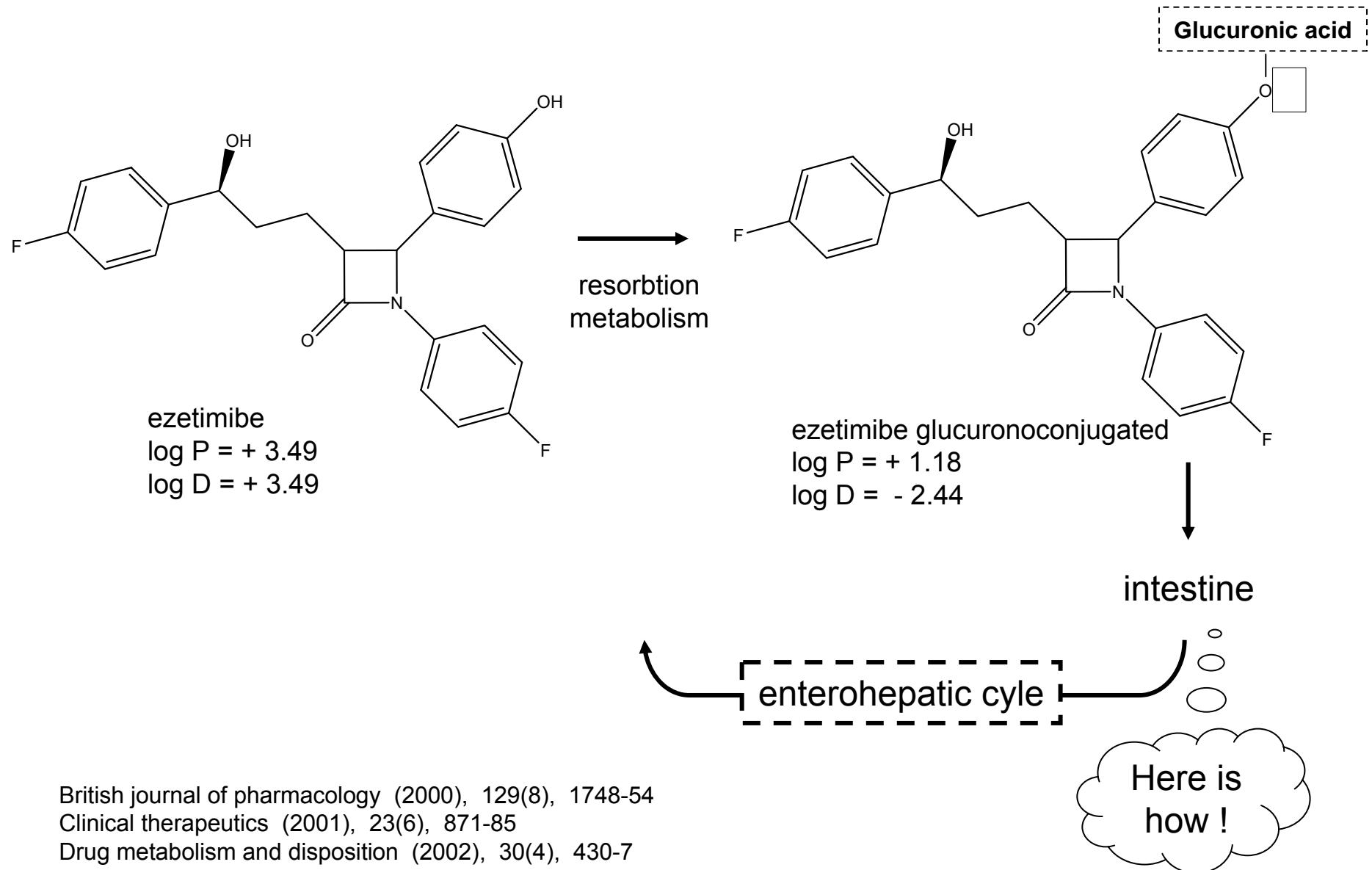
Journal of pharmacology and experimental therapeutics (1997), 283(1), 157-63.

# From a metabolite to a drug



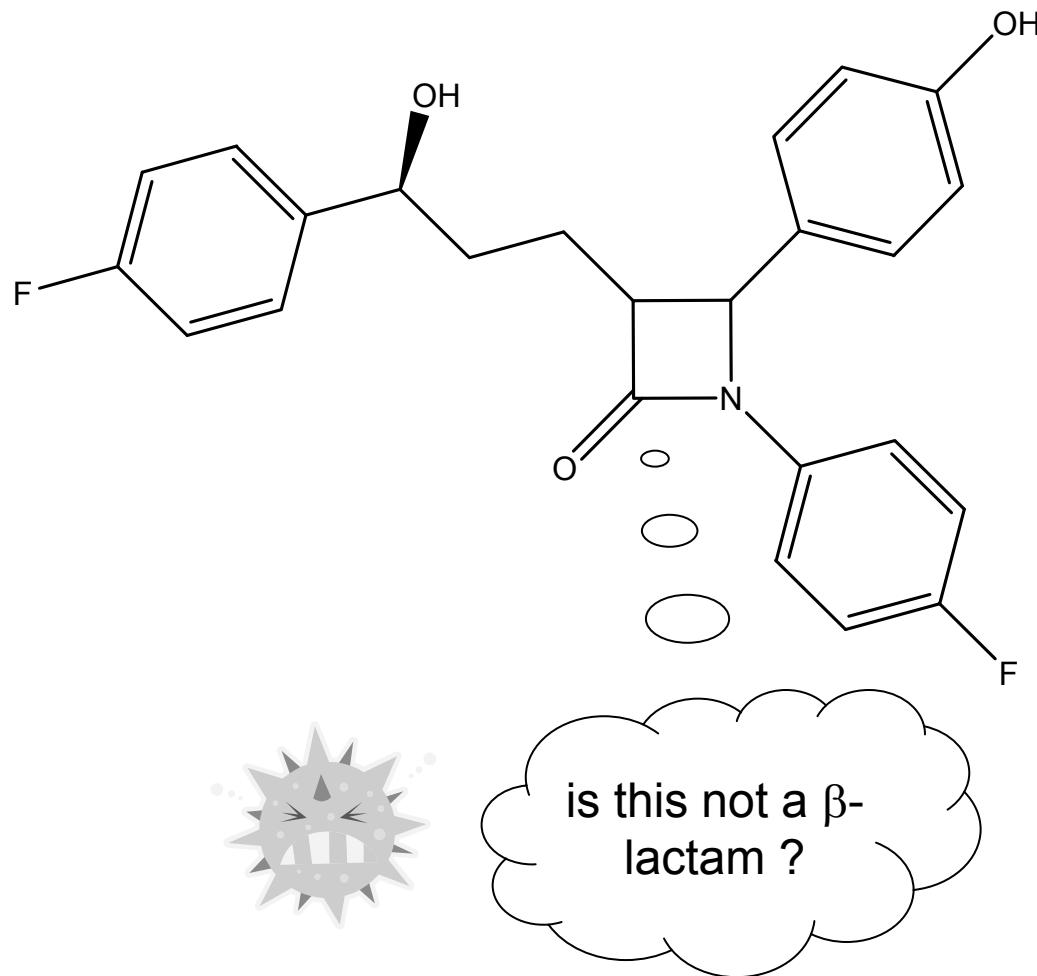
Journal of medicinal chemistry (1998), 41(6), 973-80.

# Here is how...



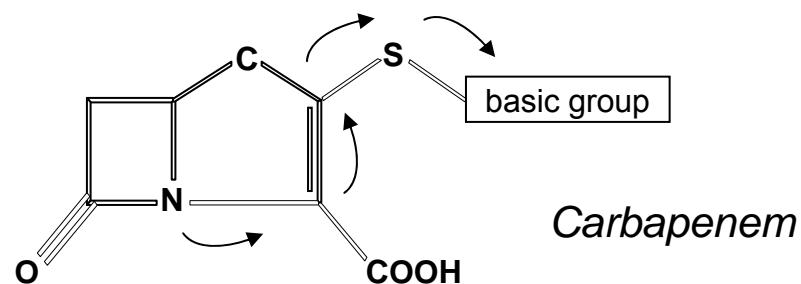
British journal of pharmacology (2000), 129(8), 1748-54  
Clinical therapeutics (2001), 23(6), 871-85  
Drug metabolism and disposition (2002), 30(4), 430-7

# But is the molecule stable ?

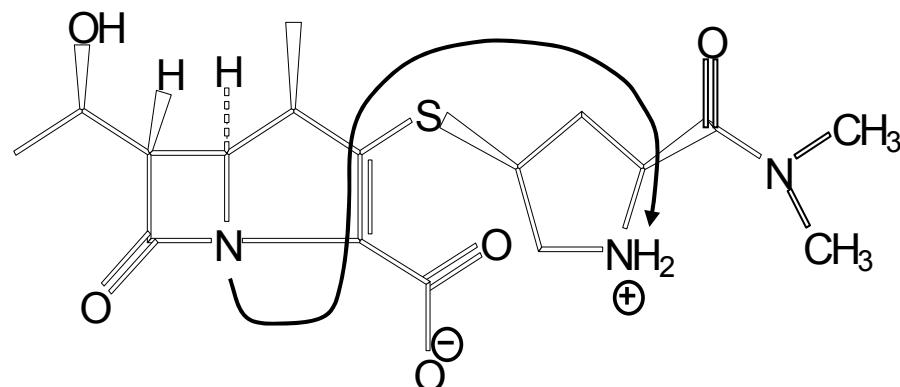


# $\beta$ -lactams are unstable because of anchimeric assistance ...

example for carbapenems (very unstable)



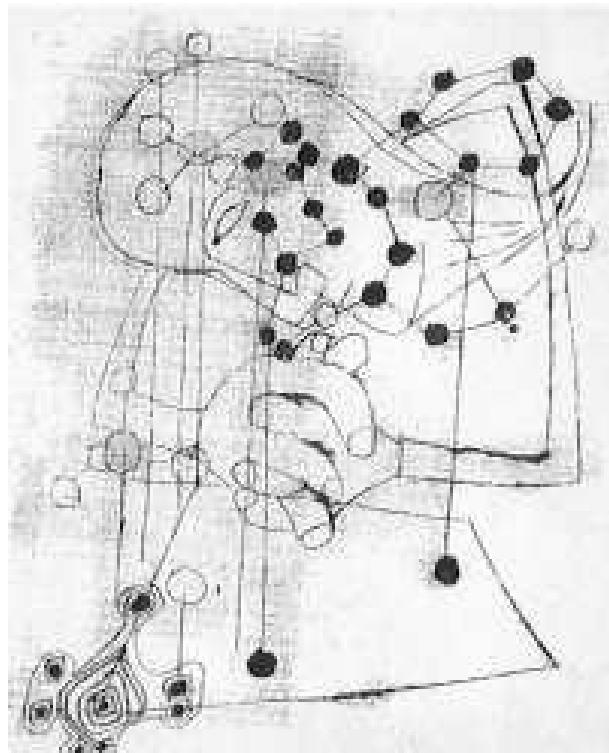
greater intrinsic activity due to larger instability of the  $\beta$ -lactam ring because of C1-C2 double bond and **electrocapturing effect of the basic group**



**meropenem**

1 $\beta$ -methyl, C2-pyrrolidylthio-dimethylcarbamoyl

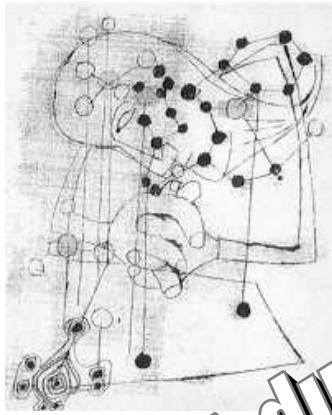
# Le médicament ...



"Scientist" by Ben Shahn  
New Jersey State Museum,  
Trenton, N.J.

est une structure chimique (ou biologique) qui guérit ...

# Le médicament ...



et ceci du chercheur ...

au pharmacien



et à la pharmacienne !!



est une structure chimique (ou biologique) qui guérit ...