Glucocorticoid Signaling

- Glucocorticoids are important for lung development, carbohydrate metabolism, and the inflammatory response.
- Dexamethasone binds tighter to the GR (Glucocorticoid receptor)
- Tighter binding= more of an effect

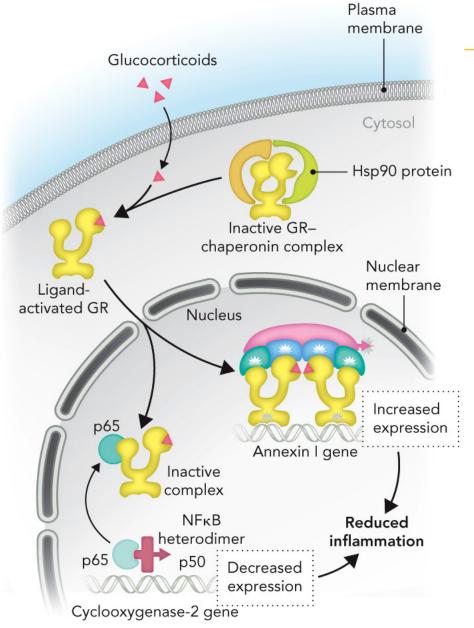
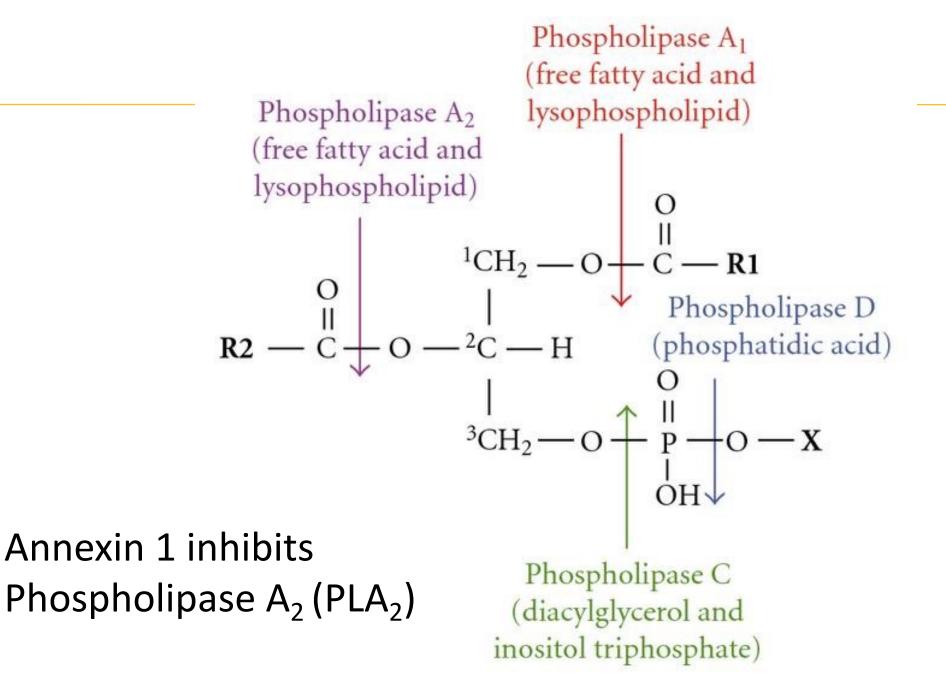
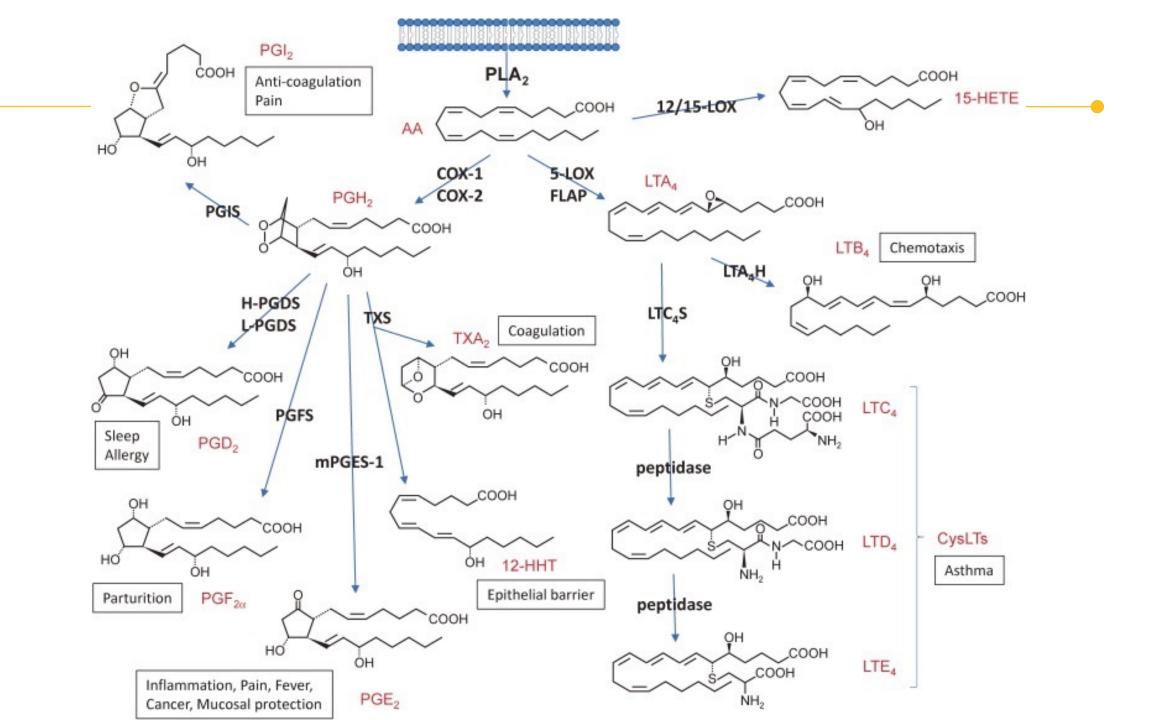
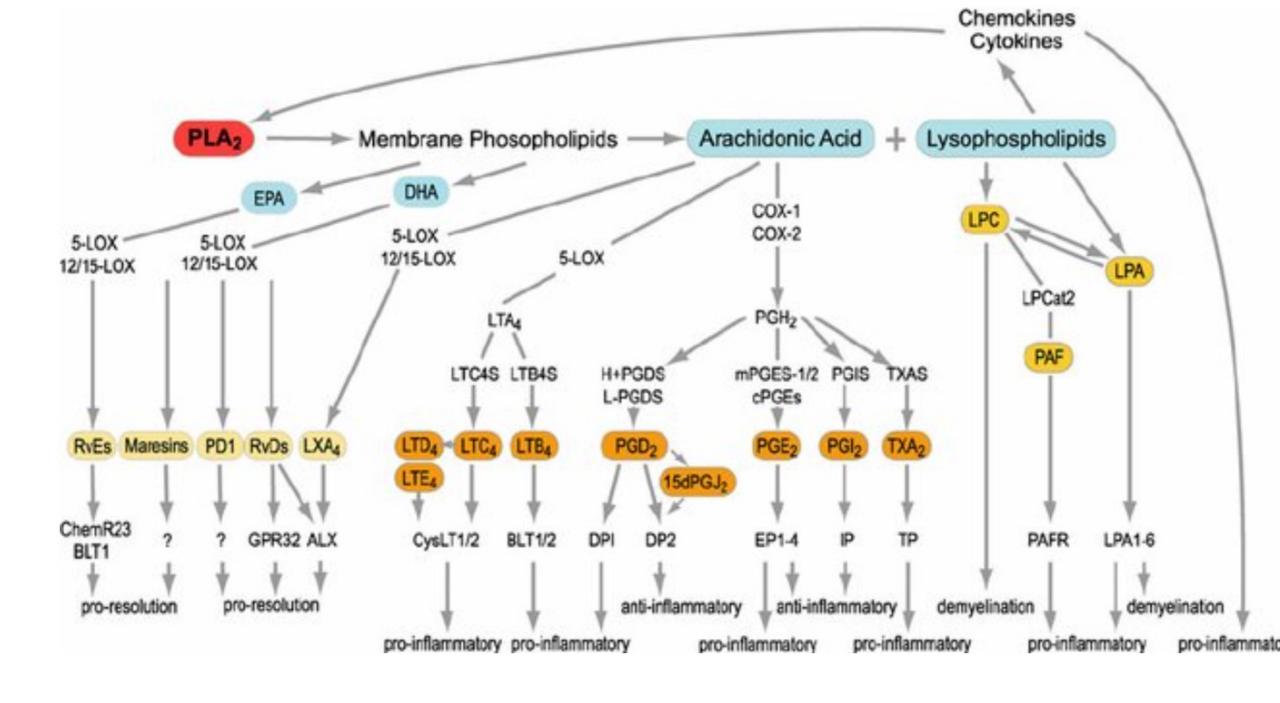
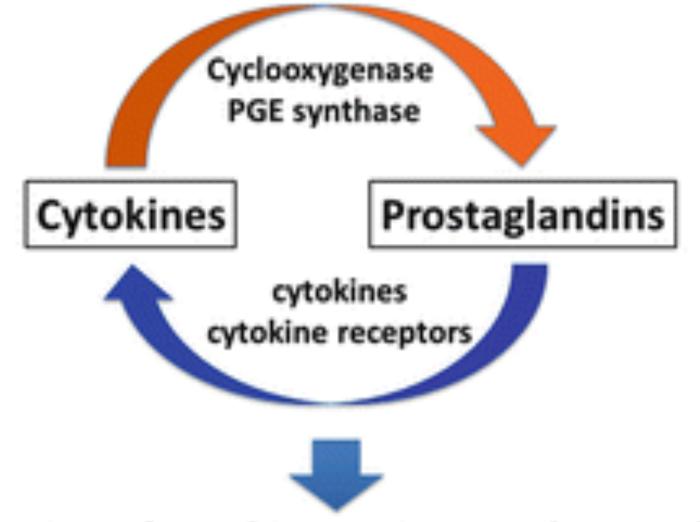


Figure 8.66

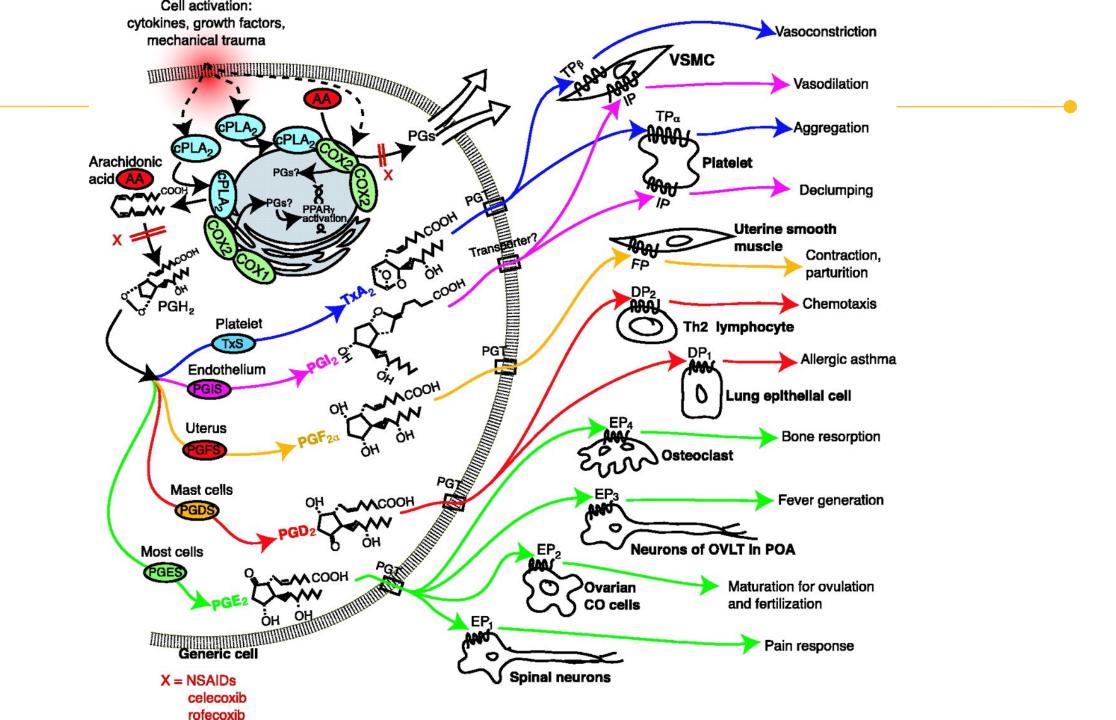




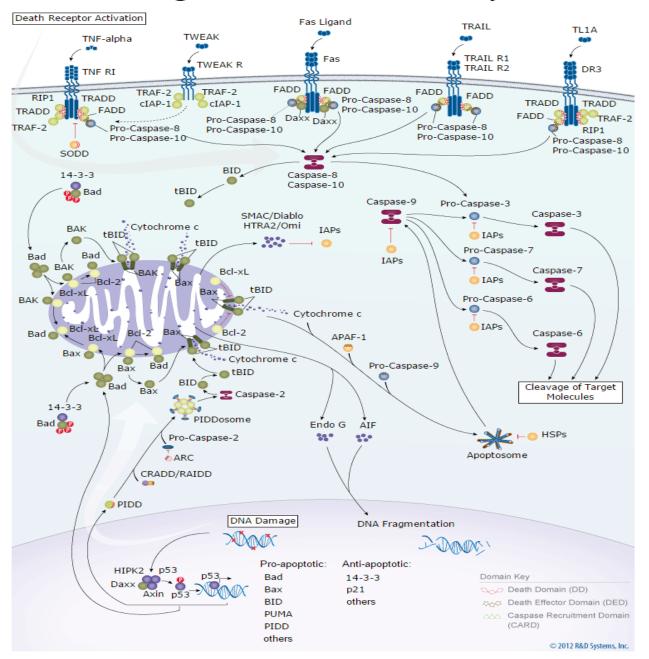




Amplification of cytokine actions and exacerbation of inflammation-related gene expressions



Articular Cartilage Extracellular Matrix Pathway



Mitosis (nuclear **Terminally** division) and differentiated **G2** Phase cytokinesis (cell cells withdraw division) yield two No DNA synthesis. from cell cycle daughter cells. RNA and protein indefinitely. synthesis continue. G0 M **Reentry point** G2 1 h A cell returning 3-4 h from G0 enters at early G1 phase. G1 6-12 h 6-8 h **G1** Phase RNA and protein synthesis. No DNA synthesis. **S Phase DNA synthesis doubles Restriction point** the amount of DNA in A cell that passes this point is committed the cell. RNA and protein also synthesized. to pass into S phase.

M Phase

GO Phase

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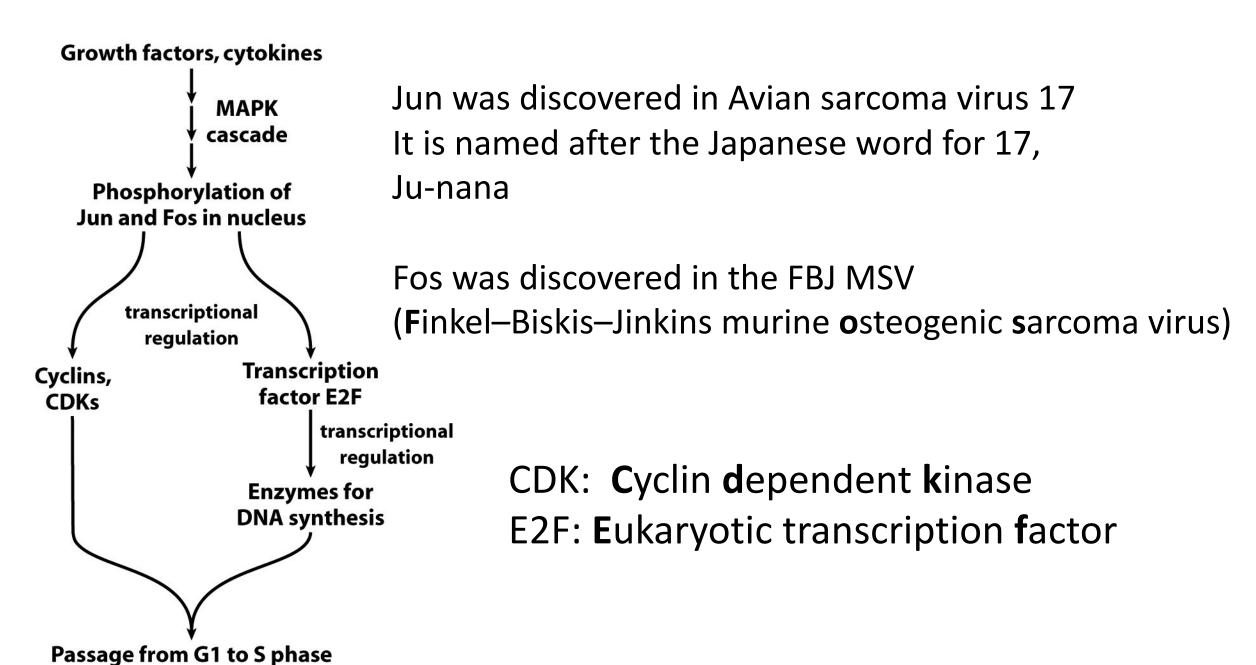


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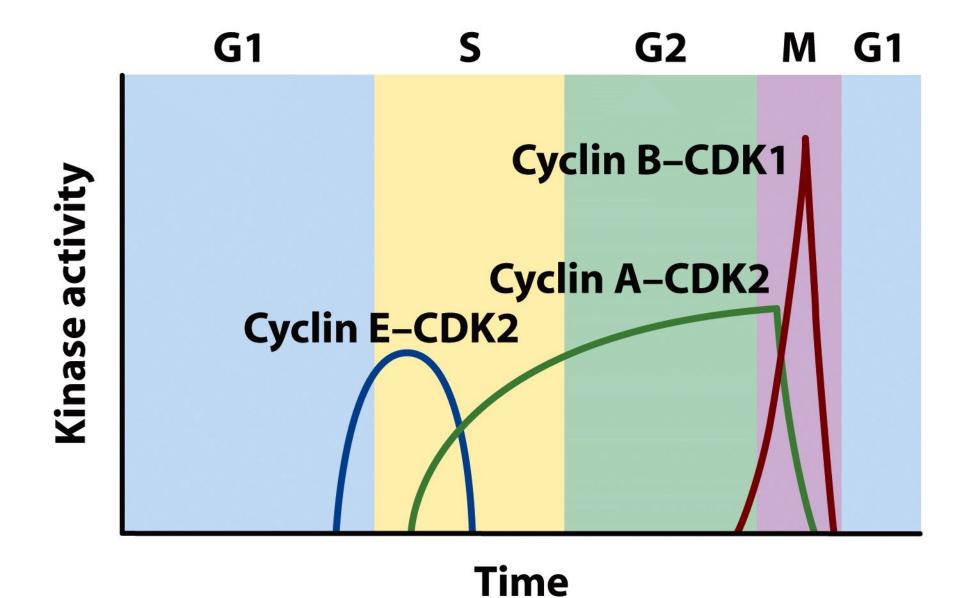


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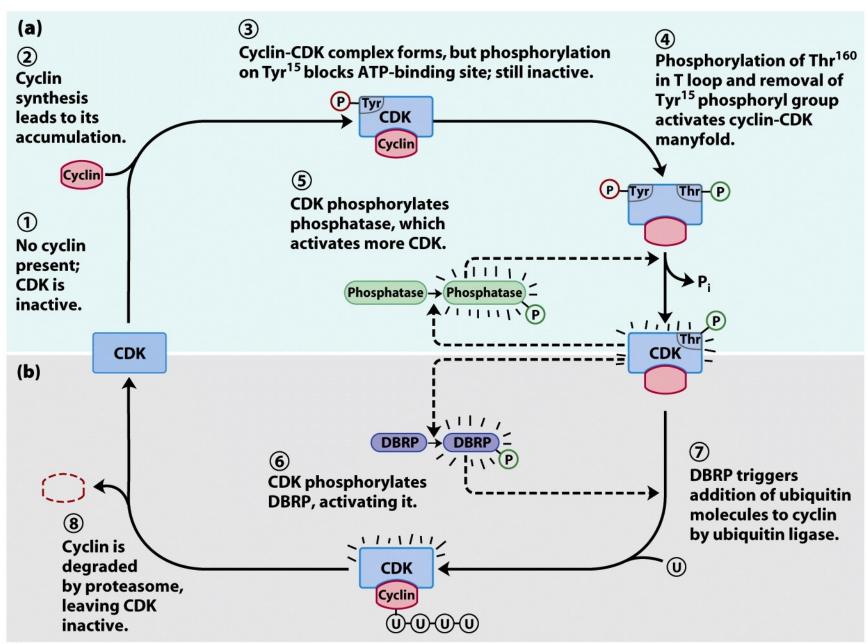


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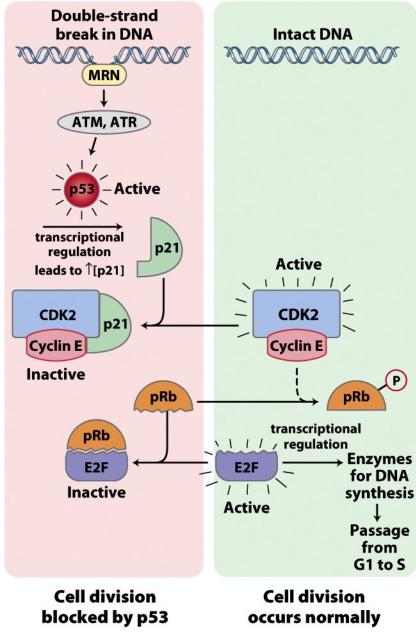


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MRN = Mre + rad50 + Nbs1

Mre= recombinations

Rad50 = DNA repair protein for radiation damage

Nbs1 = Nijmegen breakage syndrome

(autosomal recessive, chromosomal instability)

ATM-check point kinase, Ataxia telegiectasia mutated, discolored skin, problems walking, mental development stops at age 12

ATR-ATM and Rad3 related, activated by single strand DNA breaks

p53 53kD protein Transcription factor, increases p21 P21 21 kD protein

CDK2 cyclin dependent kinase pRB Retinoblastoma protein

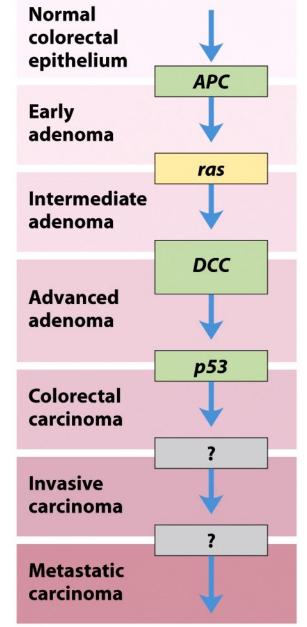


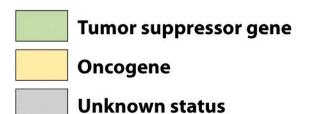
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APC: Adenomatous polyposis coli, tumor suppressor, mutation removes ability of cell to differentiate => tumor.

Ras: rat associated sarcoma, GAP, mutation lacks GTPase activity, signal to divide is always on.

DCC: Deleted in colorectal cancer, mutated cells can not produce mucous.

p53: tumor suppressor, prevents cell division if DNA is damaged.



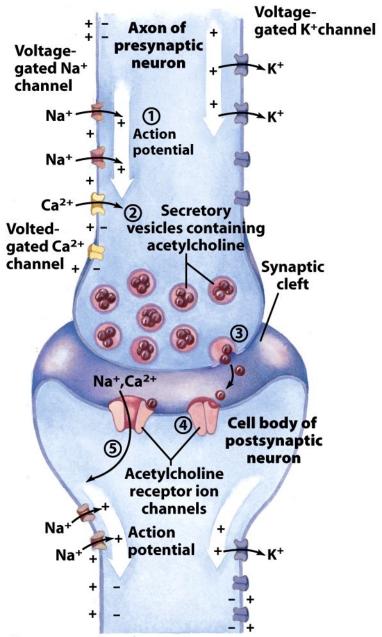


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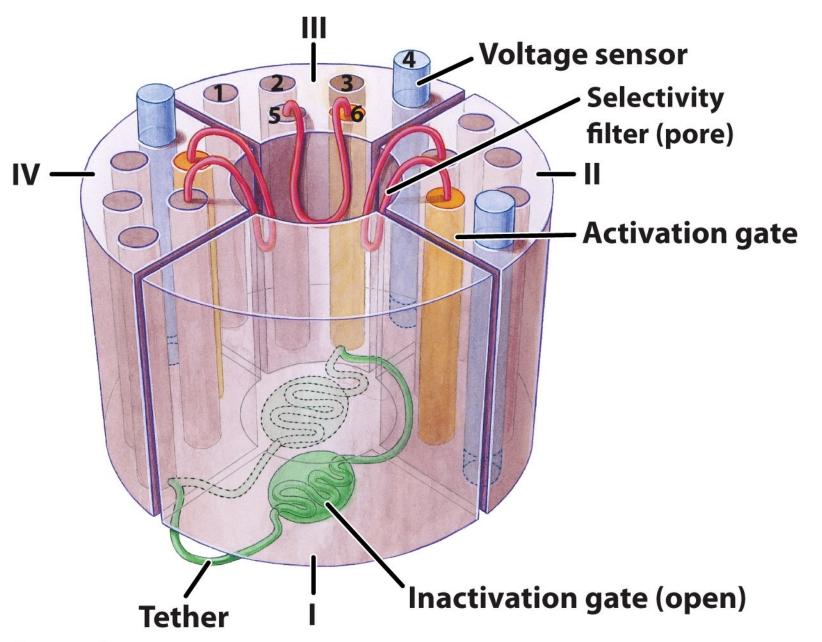


Figure 12-26b
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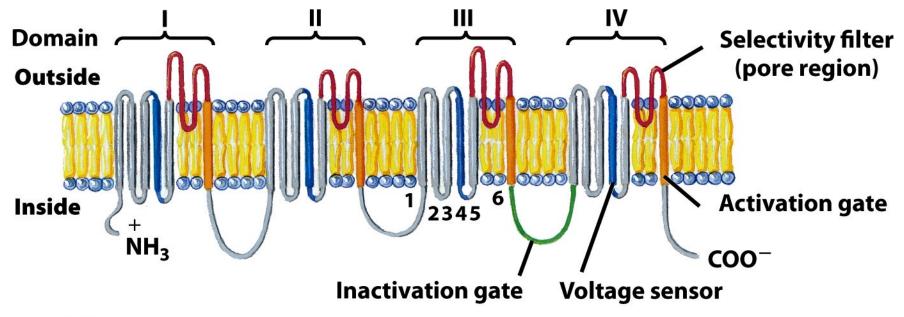
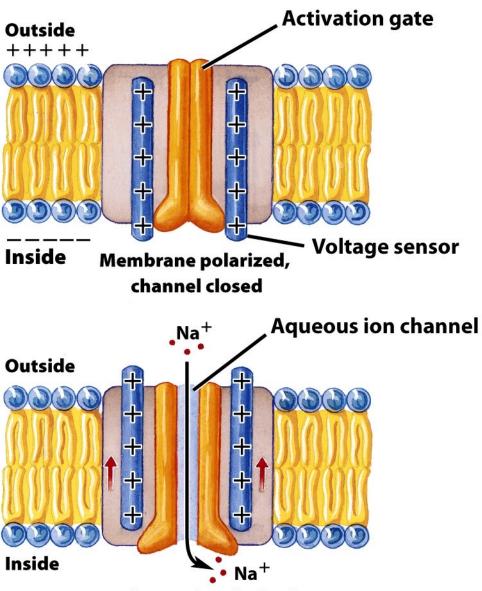


Figure 12-26a
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Membrane depolarized, channel open

Figure 12-26c
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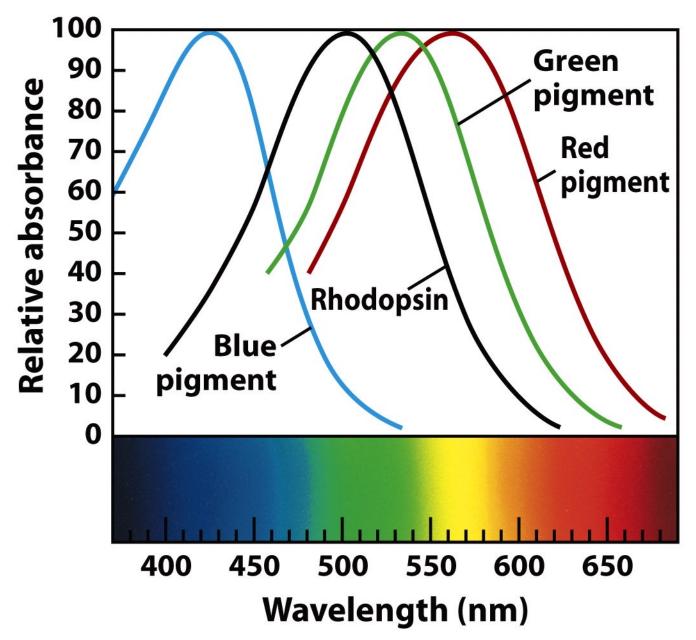


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The α 1A-Adrenergic receptor cascade involves Gq, PLC, IP₃, Ca⁺² and diacyl glycerol. Ca⁺²and diacyl glycerol activate PKC and PKC phosphorylates GSK3 β (Glycogen Synthase Kinase -3 β). The phosphorylated form of GSK3 β is inactive and thus can not phosphorylate Glycogen Synthase (GS). This makes Glycogen Synthase **more active** and promotes glycogen synthesis; this is the opposite of what is in your book.

The book gives a general statement that activation of PKC inhibits glycogen synthase. After reading this journal article, the full story becomes clearer. The $\alpha1A$ -Adrenergic receptor has another pathway that does inhibit glycogen synthesis. The $\alpha1A$ -Adrenergic receptor cascade **inactivates** Akt (aka PKB). Akt is activated by the Insulin cascade: which is shown in the powerpoint slides. When Akt is inactivated by the $\alpha1A$ -Adrenergic receptor cascade, it does not phosphorylate GSK3 β . The unphosphorylated form of GSK3 β is active, it phosphorylates Glycogen Synthase to make GS less active.

Catecholamines work against insulin by binding to the Gq coupled receptor that results in the **inactivation** of Akt (mechanism under study). This allows GSK3 β to remain active and it phosphorylates and inactivates GS. The net result of catecholamines binding to the α 1A-Adrenergic receptor is less glycogen synthesis, as stated (vaguely) in the text.

Lisa M. Ballou, Pei-Yu Tian, Hong-Ying Lin, Ya-Ping Jiang and Richard Z. Lin "Dual Regulation of Glycogen Synthase Kinase-3β by the α1A-Adrenergic Receptor" (2001) *Journal of Biological Chemistry*, 276: 40910-40916 http://www.jbc.org/content/276/44/40910.full