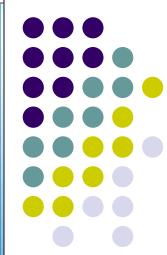
SEX HORMONES

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SEX HORMONES



- synthesised in:
- reproductive organs
- some other tissues

- two principal groups:
- female

History of sex hormones



- Adolf Butenandt (1903-1995)
 isolated:
- **estrone** (1929)
- androsterone (1931)
- + progesterone (1934)

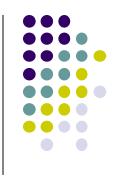
& synthesised:

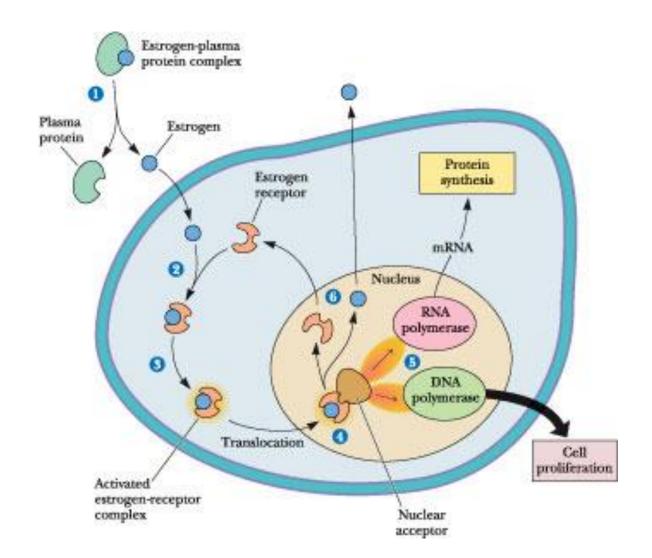
- **↓ testosterone** (1934)
- Nobel chemistry prize in 1939



SEX HORMONES

Mechanism of action



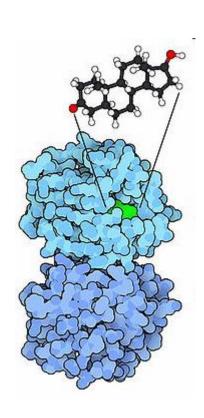


SEX HORMONES

Pharmacokinetics



- good GIT resorption
- strong plasma protein binding (globulins, albumins, transcortin)
- metabolism in liver & GIT
- preferential urine excretion mainly as glucuronylconjugates



Crystal structure of human sex hormonebinding globulin, transporting 5adihydrotestosterone.

www.answers.com/topic/anabolic-steroid

ESTROGENS

Side effects



Contraceptives

- nausea & vomiting
- Trisk of thrombembolic complications
- disturbance of glucose tolerance (diabetes mellitus)
- Na⁺ & water retention ⇒ edemas, 1 body weight
- metabolism could have negative effect on liver function
- acne & 1 pigmentation
- risk of hypertension

Substitution therapy

- incidence & intensity of side effects is lower
- risk of endometrial cancer (postmenopausal women)

ESTROGENS

Therapeutic overview



- ovarial hypofunction
- ovarial failure
- dysfunctional uterine bleeding
- primary amenorrhea
- breast & prostate cancer (formerly)
- postmenopausal symptoms
- supression of lactation
- contraception

CLINICAL USE OF ESTROGENS IN CLIMACTERIUM



- risk of CVS diseases
- **Josteoporosis** (up to 50% during 5 years)
- J colon cancer
- elimination of menopausal sy (e.g. sleep disorders, hotflashes)
- prevention of sex organ atrophy

Prevention of osteoporosis only is no more the indication for estrogen use mainly for

risk of breast cancer!

PROGESTERONE

Mechanism of action

- in breast development:
- > involved in the formation of lobular-alveolar structures
- affects differentiation by modulation of milk protein synthesis
- in human endometrium PG directs:
- > glandular differentiation & glycogenesis
- stromal proliferation & development of predecidual cells
- PG-receptors (PR):
- > PR A (predominant in uterine stroma)
- > PR B (predominant in endometrial glands)
- > A & B (equivalent in normal breast)



PROGESTERONE

Therapeutic overview



- mainly in corpus luteum insuficiency
- to induce bleeding & fast endometrium discharge
- in insuficient progesterone production during pregnancy
- contraception

Synthetic progestins



• cyproterone:

- > synthetic progestin
- > steroidal antiandrogen & antigonadotropin
- > it is equally potent as a progestogen & antiandrogen

drospirenone:

- > synthetic agonist of the progesteron receptor
- an antagonist of the mineralocorticoid & androgen receptors
- both often as the components of some combined oral contraceptive pills with ethinyl estradiol

COMBINED oral CONTRACEPTION

Estrogens & progesterone



- estrogens ↓ FSH release ⇒ ↓ ovarial follicle development

- both hormones influence endometrial development ⇒ invalid for egg implantation
- in consecutive 21 days ⇒ induction of menstruation

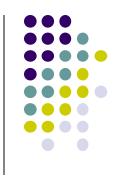
OTHER oral CONTRACEPTION

Progesterone alone



- continually during the whole period
- the effect on cervical mucin
- of egg implantation by affecting endometrium, motility & secretion of ovarial tubes
- less effective than combined contraception
- irregular bleeding (side effect)

OTHER CONTRACEPTION

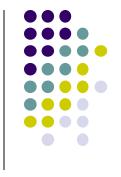


Emergency contraception (postcoital)

- high doses of hormones, the most effective ⇒
- estrogens & progesterone combination (applied immediately after coitus & repeated after 12 hours)
- > other ⇒ high doses of estrogens during 5 days, resp. derivatives of progesterone only
- the use is strictly reserved for exceptional situations (rare sexual intercourse, rape)

Ulipristal

Selective progesteron receptor modulator



Indications:

- emergency contraception 30 mg tbl. within 120 hours (5 days) after an unprotected intercourse:
- > prevents more pregnancies than levonorgestrel (65 82%)
- pre-operative treatment of uterine fibroids (myoma)
- effective control of excessive bleeding & reduction of the size of the fibroids

Common side effects include:

- abdominal pain & temporary menstrual irregularity or disruption
- headache & nausea (long-term administration 12 weeks)

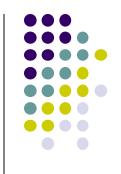
CONTRAINDICATIONS Estrogens

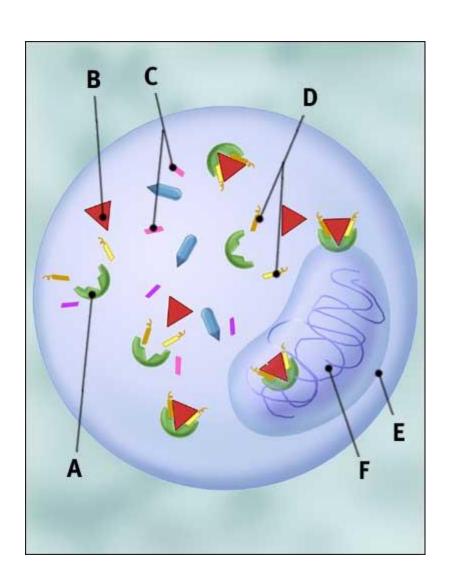


- estrogen-dependent tumours
- thromboembolic disease
- hepatopathies
- cardiovascular & cerebrovascular diseases

ANTIESTROGENS

Tamoxifen





A estrogen receptor

B tamoxifen

C coactivator proteins

D corepressor proteins

E nucleus

F DNA genetic material

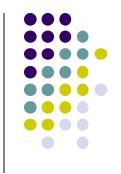
SELECTIVE ESTROGEN RECEPTOR MODULATORS

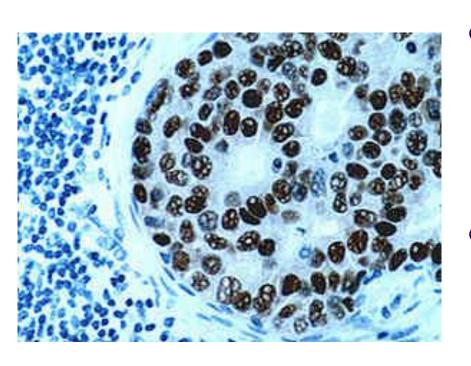


- they promote ER interactions with different proteins (transcriptional coactivators or corepressors)
- the ratio of coactivator to corepressor protein varies in different tissues
- the same ligand may be:
- > an agonist in some tissue (where coactivators predominate)
- > an antagonist in other tissues (where corepressors predominate)
- tamoxifen as a weak estrogen (parcial antagonist) is:
- > an antagonist in breast (breast cancer treatment)
- > an ER agonist in bone (preventing osteoporosis)
- > a partial agonist in the endometrium (1 risk of cancer)

TAMOXIFEN

Therapeutic overview





 therapy of estrogen-dependent breast cancer

 blocks mainly the growth of estrogen stimulated tumour cells

ANDROGENS

Therapeutic overview



- substitution therapy of male hypogonadism
- stimulation of growth + growth hormone (puberty)
- gynaecomastia
- anabolic effects after:
- severe infections
- surgery
- trauma
- chemotherapy & radiotherapy
- antiestrogen effect (ca mammae)
- endometriosis

ANDROGENS

Side effects

Women

- virilization (acne & hirsutism)
- irregular bleeding
- voice changes, clitoris enlargement

Preadolescent period

 faster closure of epiphyseal plate ⇒ growth retardation

Children

abnormal sexual development

General

- hepatotoxicity & water & Na⁺ retention
- LDL increase & HDL decrease



ANTIANDROGENS



FLUTAMID

- 4 the effect of androgens in target tissues
- therapy of hirsutism in women
- prostate cancer

