

Angiotensin

Overview: The actions of angiotensin II (Ang II) are mediated by AT₁ and AT₂ receptors (nomenclature agreed by the NC-IUPHAR Subcommittee on Angiotensin Receptors; see De Gasparo *et al.*, 2000), which have around 30% sequence similarity. AT₁ receptors are predominantly coupled to G_{q/11}. Most species express a single AT₁ gene, but two related AT_{1A} and AT_{1B} receptor genes are expressed in rodents. The AT₂ receptor counteracts several of the growth responses initiated by the AT₁ receptors. The AT₂ receptor is much less abundant than the AT₁ receptor in adult tissues and is up-regulated in pathological conditions. Endogenous ligands are Ang II and Ang III, while Ang I is weakly active in some systems.

Nomenclature	AT ₁	AT ₂
Ensembl ID	ENSG00000144891	ENSG00000180772
Principal transduction	G _{q/11}	Tyr & Ser/Thr phosphatases
Selective agonists	L162313	[p-NH ₂ -Phe ⁶]-Ang II, CGP42112
Selective antagonists	EXP3174, eprosartan, valsartan, irbesartan, losartan	PD123319, PD123177
Probes	[³ H]-A81988, [³ H]-L158809, [³ H]-eprosartan, [³ H]-losartan, [¹²⁵ I]-EXP985	[¹²⁵ I]-CGP42112

There is also evidence for an AT₄ receptor that specifically binds Ang IV and is located in the brain and kidney. An additional putative endogenous ligand for the AT₄ receptor has been described (LVV-hemorphin, a globin decapeptide) (Moeller *et al.*, 1997). The AT₁ and bradykinin B2 receptors have been proposed to form a heterodimeric complex (Abdalla *et al.*, 2000). The antagonist activity of CGP42112 has also been reported (Lokuta *et al.*, 1995). Novel AT₁ receptor antagonists bearing substituted 4-phenylquinoline moieties have recently been designed and synthesized. The best of these compounds bind to AT₁ receptors with nanomolar affinity and are slightly more potent than losartan in functional studies (Cappelli *et al.*, 2004).

Abbreviations: **A81988**, 2-(N-n-propyl-N-[(2'-(1H-tetrazol-5-yl)biphenyl-4-yl)methyl]amino)pyridine-3-carboxylate; **CGP42112A**, nicotinic acid-Tyr-(N-benzoylcarbonyl-Arg)-Lys-His-Pro-Ile-OH; **eprosartan**, (E)-α-([2-butyl-1-[(4-carboxyphenyl)methyl]-1H-imidazol-5-yl]methylene)-2-thiophenepropanoate; **EXP3174**, n-butyl-4-chloro-1-[(2'-(1H-tetrazol-5-yl)biphenyl-4-yl)methyl]imidazole-5-carboxylate; **EXP985**, N-(2-[4-hydroxy-3-iodophenyl]ethyl)-4-chloro-2-propyl-1-[(2'-(1H-tetrazol-5-yl)biphenyl-4-yl)methyl]imidazole-5-carboxamide; **losartan**, 2-n-butyl-4-chloro-5-hydroxymethyl-1-[(2'-(1H-tetrazol-5-yl)biphenyl-4-yl)methyl]imidazole, also known as Dup 753; **irbesartan**, 2-butyl-3-[(2'-(1H-tetrazol-5-yl)[1,1'-biphenyl]-4-yl)methyl]-1,3-diazaspiro[4.4]non-1-en-4-one; **L158809**, 5,7-dimethyl-2-ethyl-3-(2-[1H-tetrazol-5-yl]biphenyl-4-yl)imidazo[4,5-b]pyridine; **L162313**, 5,7-dimethyl-2-ethyl-3-[[4-[2-(n-butyloxycarbonylsulfonamido)-5-isobutyl-3-thienyl]phenyl]methyl]imidazo[4,5,6]pyridine; **PD123177**, 1-(4-amino-3-methylphenyl)methyl-3-(diphenylacetyl)-4,5,6,7-tetrahydro-1H-imidazo[4,5-c]pyridine-6-carboxylate; **PD123319**, (S)-1-(4-[dimethylamino]-3-methylphenyl)methyl-5-(diphenylacetyl)-4,5,6,7-tetrahydro-1H-imidazo[4,5-c]pyridine-6-carboxylate; **valsartan**, N-(1-oxopentyl)-N-[(2'-(1H-tetrazol-5-yl)[1,1'-biphenyl]-4-yl)methyl]-L-valine

Further Reading

- Aldigier JC, Ghannad E (2002). Exploring AT₁ and AT₂ angiotensin II receptors in humans. *Drugs* **62**: 11–19.
- Carey RM (2005). Update on the role of the AT₂ receptor. *Curr Opin Nephrol Hypertens* **14**: 67–71.
- Cheung BM (2006). Therapeutic potential of angiotensin receptor blockers in hypertension. *Expert Opin Investig Drugs* **15**: 625–635.
- Croom KF, Plosker GL (2008). Irbesartan: a review of its use in hypertension and diabetic nephropathy. *Drugs* **68**: 1543–1569.
- De Gasparo M (2002). AT₁ and AT₂ angiotensin (II) receptors: key features. *Drugs* **62**: 1–10.
- De Gasparo M, Catt KJ, Inagami T, Wright JW, Unger T (2000). International Union of Pharmacology. XXIII. The angiotensin II receptors. *Pharmacol Rev* **52**: 415–472.
- Ferrario CM, Chappell MC (2004). Novel angiotensin peptides. *Cell Mol Life Sci* **61**: 2720–2727.
- Jones ES, Vinh A, McCarthy CA, Gaspari T, Widdop RE (2008). AT₂ receptors: functional relevance in cardiovascular disease. *Pharmacol Ther* **120**: 292–316.
- Kintscher U, Forst-Ludwig A, Unger T (2008). Inhibiting angiotensin type 1 receptors as a target for diabetes. *Expert Opin Ther Targets* **12**: 1257–1263.
- Kusserow H, Unger T (2004). Vasoactive peptides, their receptors and drug development. *Basic Clin Pharmacol Toxicol* **94**: 5–12.
- Maggioni AP (2006). Efficacy of angiotensin receptor blockers in cardiovascular disease. *Cardiovasc Drugs Ther* **20**: 295–308.
- Nouet S, Nahmias C (2000). Signal transduction from the angiotensin II AT₂ receptor. *Trends Endocrinol Metab* **11**: 1–6.
- Ram CV (2008). Angiotensin receptor blockers: current status and future prospects. *Am J Med* **121**: 656–663.
- Rashid AJ, O'Dowd BF, George SR (2004). Minireview: diversity and complexity of signaling through peptidergic G protein-coupled receptors. *Endocrinology* **145**: 2645–2652.
- Unger T (1999). The angiotensin type 2 receptor: variations on an enigmatic theme. *J Hypertens* **17**: 1775–1786.
- Zaman MA, Oparil S, Calhoun DA (2002). Drugs targeting the renin-angiotensin-aldosterone system. *Nat Rev Drug Discov* **1**: 621–636.

References

- Abdalla S *et al.* (2000). *Nature* **407**: 94–98.
- Cappelli A *et al.* (2004). *J Med Chem* **47**: 2574–2586.
- Lokuta AJ *et al.* (1995). *J Biol Chem* **269**: 4832–4838.
- Moeller I *et al.* (1997). *J Neurochem* **68**: 2530–2537.