LECTURE 2 – INNATE IMMUNE MECHANISMS

- Innate and adaptive systems
- Operate in parallel and interact in both health and disease
- Innate systems influence adaptive responses
 - Can prime the adaptive system and amplify levels of activity
- Innate system is **rapid** (seconds, minutes, hours)
- Adaptive system is **delayed** (days, weeks) and **protracted** (weeks, months, lifelong)
- Each system can be viewed as protecting the host but protection is dependent on context
 - Same systems activated at the wrong time in wrong place and for the wrong duration may harm the host

LECTURE 3 – ADAPTIVE IMMUNE MECHANISMS

- Principle: specificity to foreign antigens; tolerance to self
- Key cells in the adaptive immune system:
 - Antigen presenting cells (e.g. dendritic cells); lymphocytes (T cells CD4+ helpers, CD8+ cytotoxic; B cells – antibodies)
 - CD = clusters of differentiation (antigens expressed on T cell surface which help to identify the differentiation of the cell)
- **Endotoxin** (lipopolysaccharide) fragment of gram negative bacterial cell wall binds CD14 and TLR4 trigger rapid (hours) production of IL-1 alpha, TNF alpha and chemokines
 - Also reinforces adaptive immune system by inducing co-stimulatory molecules on antigen presenting cells → enables adaptive immunity (antigen-specific T and B cells)

LECTURE 5 – GLUCOCORTICOIDS

- Roles
- **Physiological roles** e.g. replacing cortisol in individuals who are deficient to allow for usual physiological roles to occur
- **Pharmacological roles –** e.g. anti-inflammatory, immunosuppressant, anti-cancer
 - Doses of steroid in excess of physiological amount
- Cortisol "stress hormone"
- Synthesised by the adrenal cortex
- Affects carbohydrate and protein metabolism essential for life
- Cortisol has **glucocorticoid** activity anti-inflammatory (at supraphysiological level) and **mineralocorticoid** (influence salt and water balance) activity
 - I.e. cortisol can bind to each of these distinct receptors with similar potency, to promote different actions
- Synthetic corticoids tend to have greater glucocorticoid (anti-inflammatory) potency

LECTURE 12 – SMOOTH MUSCLE in the RESPIRATORY SYSTEM

Lung airway architecture

- Number of airways doubles at each airway branch
- 23 generations of bifurcations
 - o Increasing number of parallel units moving down the bronchial tree
 - Generation 0 = trachea
 - Generation 1 = 2 main bronchi
 - Generations 2-4 = large bronchi
 - Generations 5-11 = small bronchi
 - Generation 12- 23 = bronchioles
 - Number of airways = 2^g (g = generation)

LECTURE 13 – DRUGS IN ASTHMA

Definition of asthma

- A chronic inflammatory disorder of the airways
- Chronic inflammation is associated with airway hyper-responsiveness that leads to recurrent episodes of wheezing, breathlessness, chest tightness and coughing
- Widespread, variable and often reversible (spontaneous/with treatment) airflow limitation
- Many cells and cellular elements play a role

LECTURE 16 – DRUGS TO TREAT CANCER 1

- Therapeutic objectives
- Primary prevention
 - o E.g. smoking cessation, Coxibs (polyps not yet a tumour but can develop into one)
- Elimination of tumour cells (cure)
 - May require a combination of approaches
 - Surgical resection of solid tumour
 - Organ specific radiotherapy (breast)
 - Cycles of chemotherapy
 - Targeted therapy small molecules and biologicals
 - Immunotherapy
 - Cell therapy (e.g. transgenic cells, autografts)
 - Most attempts at cure are thwarted by the development of resistance

LECTURE 21 – DRUGS TO TREAT HYPERTENSION

• β1-adrenoceptor antagonists

- Contribute to decreasing in blood pressure by influencing:
 - HR, SV, contractility, preload, venous tone, intravascular volume, Na+/H2O retention
- β1-adrenoceptor stimulation supports cardiac performance
 - \circ β agonists increase β 1-adrenoceptor mediated increases in Ca2+ during systole
 - Increased Ca2+ entry increases fractional shortening of cardiac muscle during contraction