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EFFECT OF GLY 16 ARG SINGLE NUCLEOTIDE POLYMORPHISM ON AGONIST BINDING TO BETA 2 ADRENERGIC RECEPTOR – A STRUCTURAL PHARMACOGENOMIC APPROACH

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ABSTRACT: Asthma obstructive disease characterized is by bronchoconstriction and inflammation for which beta 2 (β_2) agonists that act through the β_2 adrenoceptor are the first line agents of choice. Glycine16Arginine (Gly16Arg) is a common single nucleotide polymorphism (SNP) of β_2 adrenoceptor whose effects on treatment response remain inconclusive. Hence the study aims to understand and determine the effect of the Gly16Arg SNP on β_2 -agonist binding and treatment responsiveness. Structure guided mutagenesis was performed with discovery studio tool, energy minimization was performed using Chemistry at Harvard Macromolecular Mechanics(CHARMM) force field, protein confirmation was studied using Ramachandran plot, Molecular docking analysis was performed using Autodock 4.2 and statistical analysis was performed using Graph pad prism 6.0. Statistically significant difference was observed between the binding energies of Glycine16 (Gly16) and Arginine16 (Arg16) groups. Further, the binding energies of β_2 agonists were found to be comparatively less in Arg16 group than the Gly16 group suggesting that the Arg16 variant carriers may be poor responders of β_2 – sympathomimetic therapy. Presence of functional non synonymous single nucleotide polymorphisms in the β_2 adrenoceptor significantly alters β_2 sympathomimetic binding. Patients with Arg16 variant may therefore be poor or non-responders of conventional bronchodilator therapy.

INTRODUCTION: Asthma is a chronic pulmonary disease characterized by inflammation and hyper responsiveness of the tracheobronchial smooth muscle resulting in obstruction of the lower respiratory tract and structural changes such as airway remodeling. Obstruction of the airways in asthma occurs due to bronchospasm, inflammation and mucus formation 1,2 .



Bronchoconstriction occurs as a result of airway smooth muscle contraction and mucus secretion from the sub mucosal glands caused by increased parasympathetic tone ³. Hence bronchodilators play the central role in the symptomatic management of acute as well as chronic asthmatic episodes. The bronchodilators are generally β_2 -adrenergic agonists that cause smooth muscle relaxation, resulting in dilation of bronchial passages ⁴.

The human β_2 adrenoceptor is a 413 amino acid Gprotein coupled receptor encoded by the adrenergic receptor beta 2 (ADRB2) intronless genes located on chromosome 5q31.32⁵. Binding of β_2 sympathomimetics to the extracellular ligand binding domain causes displacement of

boundguanosine diphosphate (GDP) by guanosine triphosphate (GTP) followed by the dissociation of the α -subunit from the $\beta\gamma$ dimer. The separated α subunit activates the effector, adenyl cyclase resulting in intracellular accumulation of cyclic adenosine monophosphate (cAMP). Increased cAMP formation in the bronchial smooth muscle cell results in relaxation through cAMP-dependent protein kinase a mediated phosphorylation ⁶. The β₂-adrenergic agonists used are broadly classified as short acting and long acting β_2 agonists on the basis of their duration of action. The basic structural unit of the β_2 agonists is a benzene nucleus attached to an ethyl amine group. For instance, isoprenaline is a synthetic catecholamine whereas salbutamol and terbutaline are non catecholamine derivatives and structural changes in these ligands renders longer halve lives by resistance catechol-o-methyl conferring to transferases ^{7, 8}.

The common bronchodilators used include Salbutamol. Levosalbutamol. Terbutaline. Isoprenaline, Procaterol etc. Variations in bronchodilator response have been reported due to several single nucleotide polymorphisms associated with the ADRB2 gene. Pharmacogenetic screens have identified approximately more than 50 SNPs within the coding and promoter regions of ADRB2, some of which are known to alter response to β_2 adrenergic agonists ⁹⁻¹¹. The common non synonymous SNPs of the β_2 adrenoceptor that tend to alter the protein conformation are Gly16Arg, Glutamate 27 Glutamine (Glu27Gln), Valine 34 Methionine (Val34Met) and Theonine 164 Isoleucine (Thr164Ile). The most prominent coding SNP is Gly16Arg and Gly16 receptor has been reported to be associated with increased agonistpromoted down regulation than the Arg16 variant, but there is discrepancy in the existing data ¹²⁻¹⁴.

A few initial studies have reported that Arg16 homozygotes have increased bronchodilator response to short acting β_2 -agonist than Gly16 homozygotes¹⁵⁻¹⁷. However, further studies have reported the Gly16 allele to be associated with increased bronchodilator response while a few studies have reported no significant association between Gly16Arg functional SNP and drug responsiveness. Thus the results remain

inconclusive ¹⁸⁻²¹. Hence, in order to understand and determine the effect of the Gly16Arg SNP on β_2 -agonist binding and responsiveness, a receptor – ligand interaction study was carried out with both the wild type and Arg16Gly mutant variants of β_2 adrenergic receptor.

MATERIALS AND METHODS:

Retrieval of Crystal Structure and Target Preparation:

The high resolution crystal structure of human β_2 adrenergic G protein coupled receptor was retrieved from the protein data bank. FASTA sequence of the retrieved structure revealed the presence of glycine at position 16²². Hence the Arg16 variant was prepared by structure guided mutagenesis using the Discovery Studio tool. Both the wild type and mutant targets were preprocessed by standard methods prior to binding analysis.

Energy minimization:

CHARMM is a general and flexible program for macromolecular energy minimization and dynamics calculations that utilizes both classical and quantum mechanical energy functions for molecular systems ²³. Energy minimization of both the wildtype and mutant targets were carried out under CHARMM27 force field. Gradient was set to 0.05.

Structural Assessment of Proteins:

Three dimensional structure and conformational stability of the protein was analyzed by means of Ramachandran plot. Ramachandran plot analysis was carried out individually for the energy minimized Gly16 and Arg16 receptors.

Active site prediction:

The ligand binding domain of the human beta-2 adrenergic receptor and its variant bearing the Gly16Arg single nucleotide polymorphism were individually predicted using the Site Finder module of Molecular Operating Environment.

Molecular Docking Analysis:

In order to understand the difference in binding conformation and affinity, salbutamol was individually docked to both the wild type and mutant variants of human beta 2 adrenergic receptor. Autodock 4.2 tool was used for molecular docking analysis. Both the receptor and ligands were prepared by addition of hydrogen's and gasteiger charges. A grid defining the active site was constructed before running the docking simulation. Genetic algorithm was adopted for conformer search while docking ²⁴.

Statistical Analysis:

Presence of statistically significant difference between the binding affinities of β_2 - agonists with wild type Gly16 and mutant Arg16 variants groups was analyzed using Graph pad Prism 6.0 statistics package. A two sample paired t – test was carried out at 95% percentile confidence interval.

RESULTS AND DISCUSSION:

Energy minimization of the Gly16 and Arg16 variants was carried out. The initial and post minimization potential energies of both the allelic variants are listed in **Table 1**.



FIG. 1: RAMACHANDRAN PLOT OF GLY16 VARIANT

A shift in the position of the residues and difference in dihedral angles is noted between the proteins bearing glycine and arginine at position 16 respectively. The difference in the amino acid pattern as observed in the ramachandran plot is suggestive of Arg16 single nucleotide polymorphism to be non-synonymous that alters the conformation of the wild type variant. Thus the ligand binding domain of the ADRB2 gene product

TABLE	1:	ENERGY	MINIMIZATION	OF	GLY16	AND
ARG16 V	VAR	RIANTS				

S.	Type of	Pre-	Post-
No	Variant	Minimization	Minimization
		Potential	Potential Energy
		Energy	
1	Gly16 variant	5150.8530	-744.0501
		kcal/mol	kcal/mol
2	Arg16 variant	5246.0517	-918.6189
		kcal/mol	kcal/mol

* Force field: CHARMM27, Gradient: 0.05, H and LP adjusted

The conformation and stability of the Gly16 and Arg16 variants were analyzed in terms of their dihedral angles phi and psi using a ramachandran plot. A typical ramachandran plot consists of a favored, allowed and disallowed region. The ramachandran plots of Gly16 and Arg16 variants are shown in **Fig. 1** and **2** respectively.



FIG. 2: RAMACHANDRAN PLOT OF ARG16 VARIANT

is altered and β_2 – agonist binding to the altered active site is ultimately affected. This finding correlates with the results of the active site analysis. The active site residues of the gly16 and arg16 variants differ to a considerable extent suggesting a conformational difference of the ligand binding region. The active site residues of the two variants are listed in **Table 2**.

S. No	Type of Variant	Active Site Residues
1	Gly16 variant	GLN37 GLN38 LYS39 LYS42 SER43 PRO44 LYS45 LEU47 VAL58
		PRO59 ARG61 PHE62 ILE75 ALA81 ASP82 TYR86
2	Arg16 variant	GLN37 GLN38 LYS39 SER43 PRO44 LYS45 LEU47 GLY57 VAL58
		PRO59 ARG61 PHE62 ALA81 ASP82 TYR86

	TABLE 2: ACTIV	E SITE ANALYSIS C	F GLY16 AND ARG16	VARIANT TARGETS
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The primary active site of the gly16 variant is formed of sixteen amino acids whereas that of arg16 variant is formed only of fifteen amino acids. The active site of arg16 variant lacks Lys42, Ile75 and instead bears Gly57.

To gain better insight for the interactions between β_2 -sympathomimetics and the considered dual variants of the β_2 adrenergic receptor, molecular docking studies were carried out. The interactions of the ligands with the active site residues of the target are analyzed in terms of the following parameters: Binding energy, number of hydrogen bonds established by the ligand with residues of the active site, π - π interactions, conformation oriented by the ligand within the active site and root mean square deviation (RMSD) of the active site residues. The dock score of Autodock is reported in kcal/mol. Autodock uses the following empirical formula to calculate the free energy of binding:

Binding energy (ΔG) = Intermolecular energy + Vanderwaal's hydrogen bond desolvation energy (VHBDE) + Electrostatic energy + Total internal energy + Torsional energy – Unbound energy of the system.

Desolvation energy is a prime parameter that a molecules interaction decides with its pharmacodynamic target. In the biological environment, all drug binding pockets of a target protein remain solvated and hence a ligand cannot as such occupy the active site unless it dislodges the water molecules. The similarity of docked structures is measured by computing the root mean square deviation and clusters are created based on the comparison of conformations and estimated RMSD values. The docking score of selected ligands with the Gly16 variant and Arg16 variant receptors are shown in Table 3 and 4 respectively.

TABLE 3. MOLECULAR DOCKING	ANALYSIS OF 8-	AGONISTS WITH	GLV16 RECEPTOR
TABLE 5. MOLECULAR DOCKING	$A_1A_1B_1B_1B_0P_1P_2$	AUDITO WITH	OLT TO RECEITOR

Drug	ΔG	kI	Intermolecular	VHBDE	Electrostatic	Total Internal	Torsional
	(kcal/mol)	(mM)	Energy		Energy	Energy	Energy
Salbutamol	-3.97	1.23	-6.35	-6.62	0.26	-1.17	2.39
Formeterol	-4.13	0.94	-7.41	-7.83	0.42	-0.73	3.28
Isoprenaline	-4.25	0.76	-6.34	-6.53	0.19	-0.23	2.09
Terbutaline	-3.67	2.05	-5.75	-5.9	0.15	-0.01	2.09
Procaterol	-5.22	0.14	-7.31	-7.56	0.26	-0.13	2.09
Salmeterol	-1.67	59.24	-7.34	-7.71	0.37	-1.03	5.67

TABLE 4: MOLECULAR DOCKING ANALYSIS OF β_2 - AGONISTS WITH ARG 16 RECEPTOR

Drug	ΔG	kI	Intermolecular	VHBDE	Electrostatic	Total	Torsional
	(kcal/mol)	(mM)	Energy		Energy	Internal	Energy
						Energy	
Salbutamol	-3.61	2.27	-5.59	-6.52	0.53	-0.6	2.39
Formeterol	-2.72	10.13	-6.0	-6.55	0.55	-0.95	3.28
Isoprenaline	-3.46	2.91	-5.55	-5.62	0.07	-047	2.09
Terbutaline	-3.04	5.88	-5.13	-5.76	0.63	-0.49	2.09
Procaterol	-2.87	7.93	-4.95	-5.55	0.6	-0.66	2.09
Salmeterol	1.0	N/A	-4.67	-4.85	0.18	0.09	5.67

*N/A = Not applicable. kI of salmeterol was not calculated since the free binding energy of salmeterol was found to be +1.0

The hydrogen bonding interactions established by the ligands with the active site of both Gly16 and Arg16 receptors are shown in **Table 5**. The number of hydrogen bonds and the residues involved are significantly different between the two groups due to the conformational change induced by the nonsynonymous single nucleotide polymorphism.

International Journal of Pharmaceutical Sciences and Research

S. No	Drug	Gly16	variant	Arg16 variant	
		No. of H-bonds	Residues	No. of H-bonds	Residues
1.	Salbutamol	2	Ser 43, Lys 45	4	Gln 37, Gly57
2.	Formeterol	1	Ser 43	2	Gly57, Arg 61
3.	Isoprenaline	2	Ser 43	3	Ser 43, Lys
					45, Gln 37
4.	Terbutaline	2	Gln 37, Ser 43	1	Gln37
5.	Procaterol	3	Ser 43, Lys 45	0	-
6.	Salmeterol	1	Ser 43	1	Gln 37

Statistically significant difference was observed between the binding energies of Gly16 and Arg16 groups. A p-value of 0.017 was observed at a confidence interval of 95% which clearly indicates that presence of Arg16 single nucleotide polymorphism alters β_2 – sympathomimetic

binding and activity. Further, the binding energies of β_2 agonists were found to be comparatively less in Arg16 group than the Gly16 group suggesting that the Arg16 variant carriers may be poor responders of β_2 – sympathomimetic therapy.



FIG. 3: PAIRED t-TEST PLOT (p value <0.05, CI=95%)



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FIG. 4g: TERBUTALINE WITH Gly16 VARIANT

FIG. 4h: TERBUTALINE WITH Arg16 VARIANT

International Journal of Pharmaceutical Sciences and Research





FIG. 5a: SALBUTAMOL WITH Gly16 VARIANT

FIG. 5b: SALBUTAMOL WITH Arg16 VARIANT

George and Dhivya, IJPSR, 2016; Vol. 7(10): 4064-4073.

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FIG. 5c: FORMETEROL WITH Gly16 VARIANT



FIG. 5e: ISOPRENALINE WITH Gly16 VARIANT

FIG. 5d: FORMETEROL WITH Arg16 VARIANT



FIG. 5f: ISOPRENALINE WITH Arg16 VARIANT



FIG. 5g: TERBUTALINE WITH Gly16 VARIANT

FIG. 5h: TERBUTALINE WITH Arg16 VARIANT

International Journal of Pharmaceutical Sciences and Research

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FIG 51: SALMETEROL WITH Arg16 VARIANT

FIG 5: THREE DIMENSIONAL DOCKED CONFIRMATION OF β_2 SYMPATHOMIMETICS

CONCLUSION: Presence of functional non synonymous single nucleotide polymorphisms in the β_2 adrenoceptor significantly alters ligand binding. Binding of β_2 sympathomimetic to the Arg16 variant was found to be considerably less than that of the Gly16 variant. Hence pharmacogenetic screenings of patients who are non-responders of β_2 sympathomimetic therapy should be carried out individualize therapy regimens. Further, a constant demand for novel molecules that bind to the mutant variants of common receptors exists.

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REFERENCES:

Abramson MJ, Perret JL, Dharmage SC, McDonald VM, 1. Mc Donald CF: Distinguishing adult-onset asthma from COPD: a review and a new approach. International journal of chronic obstructive pulmonary disease 2014; 9:945-962.

- Broekema M, Timens W, Vonk JM, Volbeda F, Lodewijk ME, Hylkema MN et al: Persisting remodeling and less airway wall eosinophil activation in complete remission of asthma. American journal of respiratory and critical care medicine 2011; 183:310-316.
- 3. Scott GD, Fryer AD: Role of parasympathetic nerves and muscarinic receptors in allergy and asthma. Chemical immunology and allergy 2012; 98:48-69.
- 4. Rogers L, Hanania NA: Role of anticholinergics in asthma management: recent evidence and future needs. Current opinion in pulmonary medicine 2015; 21:103-108.
- 5. Kobilka BK, Dixon RA, Frielle T, Dohlman HG, Bolanowski MA, Sigal IS et al: cDNA for the human beta 2-adrenergic receptor: a protein with multiple membranespanning domains and encoded by a gene whose chromosomal location is shared with that of the receptor for platelet-derived growth factor. Proceedings of the national academy of sciences of the United States of America1987; 84:46-50.
- Billington CK, Ojo OO, Penn RB, Ito S: cAMP Regulation of Airway Smooth Muscle Function. Pulmonary pharmacology & therapeutics 2013; 26:112-120.
- Lipworth BJ, McDevitt DG: Inhaled beta 2-adrenoceptor agonists in asthma: help or hindrance? British journal of clinical pharmacology 1992; 33:129-138.
- Prenner, Bruce M: Role of long-acting β2-adrenergic agonists in asthma management based on updated asthma guidelines. Current opinion in pulmonary medicine 2008; 14:57-63.
- 9. Ortega VE, Hawkins GA, Moore WC, Hastie AT, Ampleford EJ, Busse WW et al: Effect of rare genetic variants in the β 2 adrenergic receptor gene on the risk for exacerbations and symptom control during long-acting beta agonist treatment in a multi-ethnic asthma population. The Lancet respiratory medicine 2014; 2:204– 213.
- Drysdale CM, McGraw DW, Stack CB, Stephens JC, Judson RS, Nandabalan K et al: Complex promoter and coding region beta 2-adrenergic receptor haplotypes alter receptor expression and predict in vivo responsiveness. Proceedings of the national academy of sciences of the United States of America2000; 97:10483-10488.
- 11. Reihsaus E, Innis M, MacIntyre N, Liggett SB: Mutations in the gene encoding for the beta 2-adrenergic receptor in normal and asthmatic subjects. American journal of respiratory cell and molecular biology 1993; 8:334-339.
- Corvol H, Burchard EG: Pharmacogenetic response to albuterol among asthmatics. Pharmacogenomics 2008; 9:505-510.
- 13. Green SA, Turki J, Innis M, and Liggett SB: Aminoterminal polymorphisms of the human beta 2-adrenergic receptor impart distinct agonist-promoted regulatory properties. Biochemistry 1994; 33:9414-9419.
- 14. Silverman EK, Kwiatkowski DJ, Sylvia JS, Lazarus R, Drazen JM, Lange C et al: Family-based association

analysis of beta2-adrenergic receptor polymorphisms in the childhood asthma management program. Journal of allergy and clinical immunology 2003; 112:870-876.

- Lima JJ, Thomason DB, Mohamed MH, Eberle LV, Self TH, Johnson JA:Impact of genetic polymorphisms of the β -adrenergic receptor on albuterol bronchodilator pharmacodynamics. Clinical pharmacology and therapeutics 1999; 65:519–525.
- Martinez FD, Graves PE, BaldiniM, Solomon S, Erickson R: Association between genetic polymorphisms of the beta2-adrenoceptor and response to albuterol in children with and without a history of wheezing. Journal of clinical investigation 1997; 100:3184-3188.
- Choudhry S, Ung N, Avila PC, Ziv E, Nazario S, Casal J et al: Pharmacogenetic differences in response to albuterol between Puerto Ricans and Mexicans with asthma. American journal of respiratory and critical care medicine 2005; 171563-171570.
- 18. Hawkins GA, Tantisira K, Meyers DA, Ampleford EJ, Moore WC, Klanderman B et al: Sequence, haplotype, and association analysis of ADRbeta2 in a multiethnic asthma case-control study. American journal of respiratory and critical care medicine2006; 174:1101-1109.
- Taylor DR, Epton MJ, Kennedy MA, Smith AD, Iles S, Miller AL et al: Bronchodilator response in relation to beta2-adrenoceptor haplotype in patients with asthma. American journal of respiratory and critical care medicine 2005; 172:700-703.
- Hall IP, Blakey JD, Al Balushi KA, Wheatley A, Sayers I, Pembrey ME et al: Beta2-adrenoceptor polymorphisms and asthma from childhood to middle age in the British 1958 birth cohort: a genetic association study. Lancet 2006; 368:771-779.
- 21. Tsai HJ, Shaikh N, Kho JY, Battle N, Naqvi M, Navarro D et al: Beta 2-adrenergic receptor polymorphisms: pharmacogenetic response to bronchodilator among African American asthmatics. Human genetics 2006; 119:547-557.
- 22. Rasmussen SG, Choi HJ, Rosenbaum DM, Kobilka TS, Thian FS, Edwards PC et al: Crystal structure of the human beta2 adrenergic G-protein-coupled receptor. Nature 2007; 450:383-387.
- Bernard RB, Robert EB, Barry DO, David JS, Swaminathan S, Martin K: CHARMM: A program for macromolecular energy, minimization, and dynamics calculations. Journal of computational chemistry 1983; 4:187-217.
- 24. Garrett MM, David SG, Robert SH, Ruth H, William EH, Richard KB et al: Automated docking using a Lamarckian genetic algorithm and an empirical binding free energy function. Journal of computational chemistry 1998; 19:1639-1662.

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