



# Pharmacogenetics & pharmacogenomics

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# Objectives

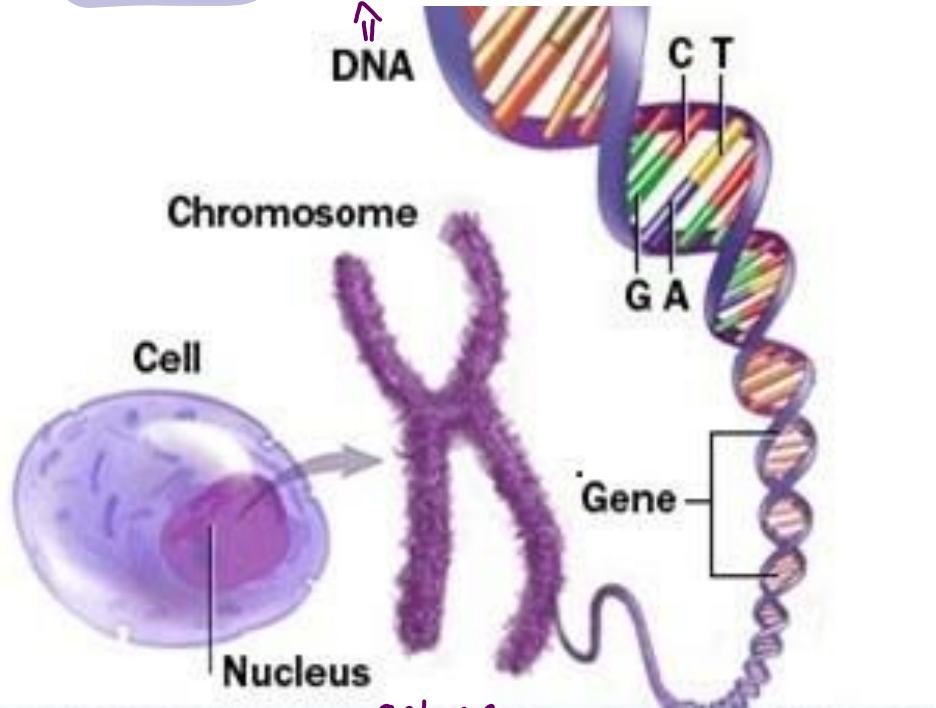
- What is pharmacogenetics (pharmacogenomics)?
- Importance of pharmacogenetics
- Define genetic polymorphism
- Types of genetic polymorphism
- Polymorphism affecting pharmacokinetics
- Polymorphism affecting pharmacodynamics
- Polymorphism affecting underlying disease and adverse drug reactions

# Concepts: **gene**, **chromosome**, **genotype** and **phenotype**

*Sequence of DNA*

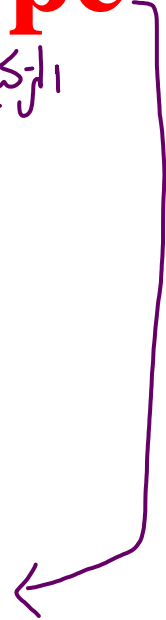
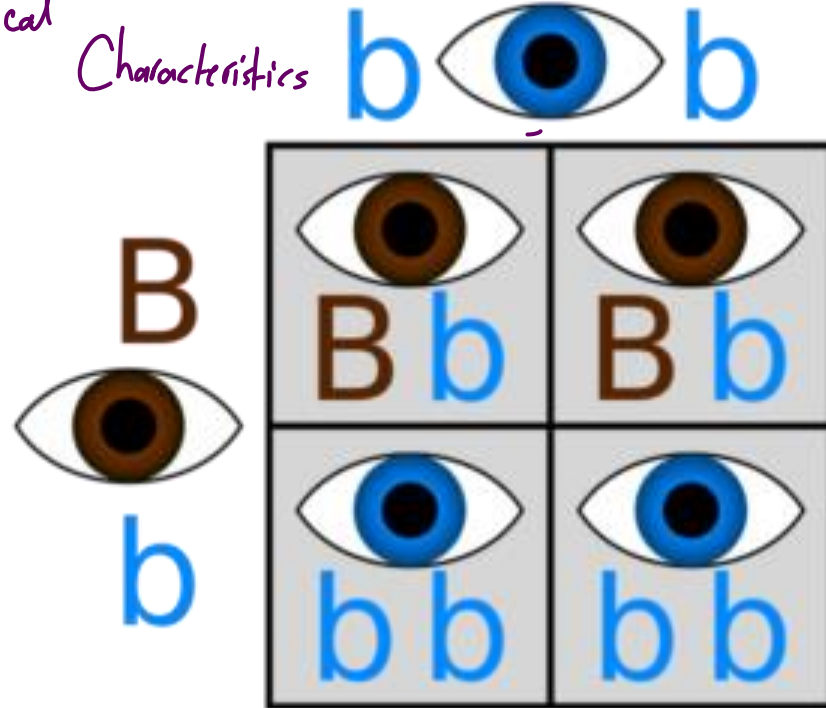
التركيب الوراثي الجين

وحدة بنائه يوكليوتيدات



*genome*  
↓  
*23 pair*

*Physical Characteristics*



# Pharmacogenomics & pharmacogenetics

- **Genomics** – The study of genetic material found in a cell (DNA)
- **Pharmacogenomics** – is a branch of pharmacology concerned with using DNA data to explain **individual variations in drug response**.
- **Pharmacogenetics** – The study or clinical testing of genetic variation affecting individual patients different response to drugs

## • Goal...

- To develop precisely targeted, optimal drug therapy (personalized medicine)
- Minimizing drug related adverse effects

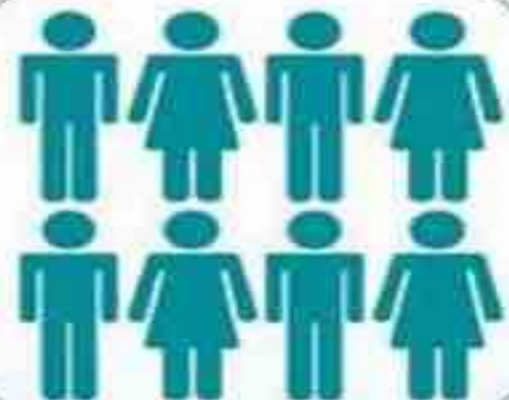
➤ **Personalized medicine**: the <sup>tailoring</sup> of medical treatment to the specific characteristics of each patient. (right patient, right drug, right dose)

Individual response  
to the same  
medication can vary

Patients taking same medication



No response



Desired response



Serious side effects

# Genetic polymorphism

• Variations in human genome that occurs in 1% of population *Multiple genes → Multiple phenotype*

## • Types of genetic polymorphism:

• 1- Single nucleotide polymorphisms (SNPs)

• 2- Indel (insertion-deletion)

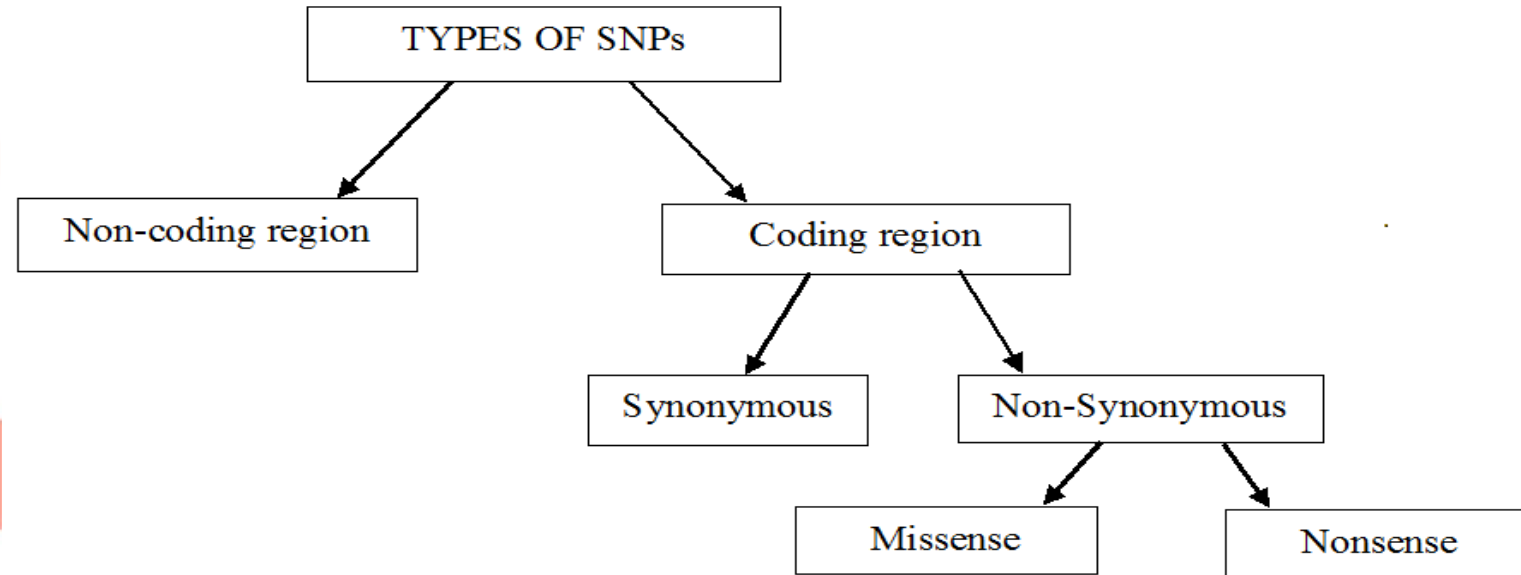
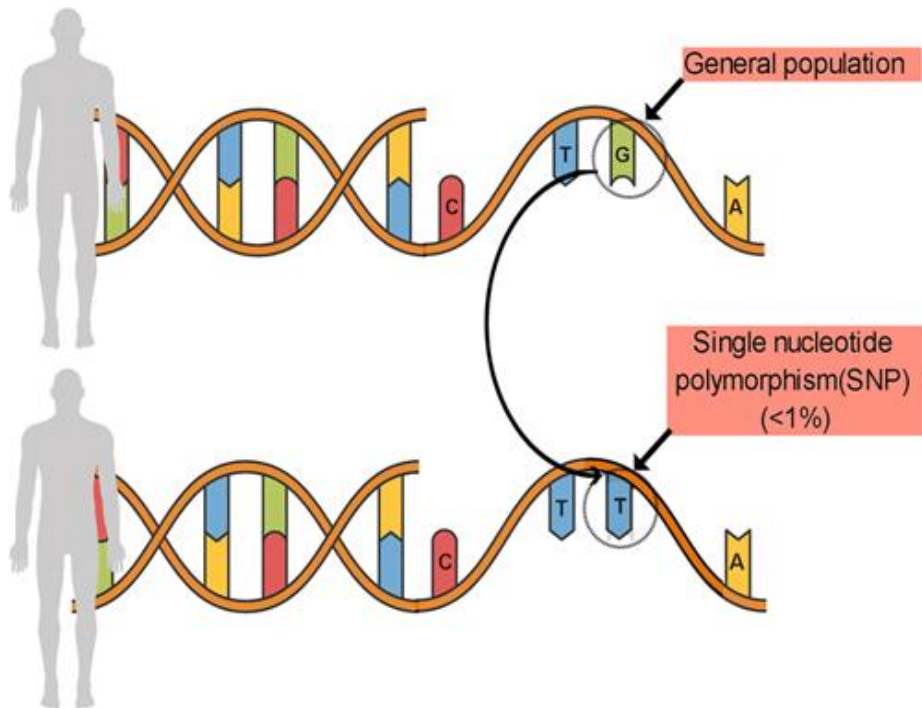
*اختلاف شكل الجين (بعضه حذف أو إضافة) ⇒ mutations cause different response*

# Single nucleotide polymorphisms (SNPs)

- The most common variation in human DNA
- Each SNP represents a difference in a single DNA building block, called a nucleotide
- **Example:** the substitution of a C for a G in the nucleotide sequence AACGAT, thereby producing the sequence AACCAT.  
TTGGTA      TTGCTA
- SNPs in non-coding regions can manifest in a higher risk of cancer *genetic defect*
- SNPs in coding regions:
  - Silent substitutions do not result in a change of amino acid sequence (silent mutation) *Functional protein* *Don't change the protein*
  - Non-silent substitutions *Change the function but still works*
    - missense – single change in the base results in change in amino acid of protein and its malfunction which leads to disease *or affects on drug metabolism/action*
    - nonsense – mutation in a sequence of DNA that results in a *nonsense codon* in the transcribed mRNA, nonfunctional protein product (e.g. Cystic fibrosis mutation in the cystic fibrosis transmembrane conductance regulator gene).

تغيير الرتبة

# Types of SNPs

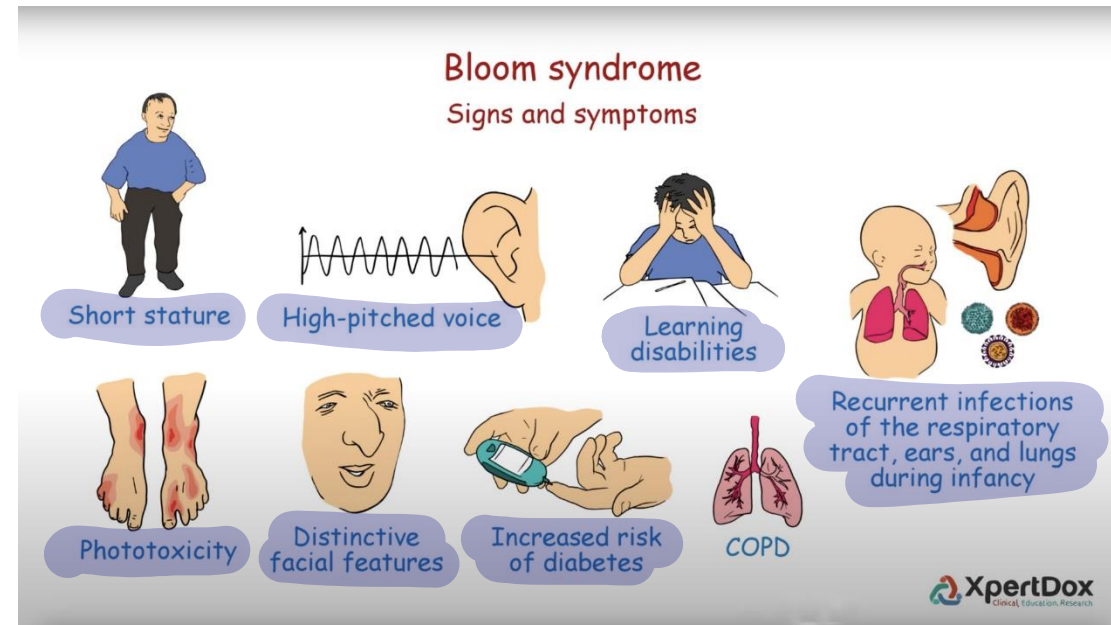




# Indel (insertion-deletion) *fare*

- an *increase the sequence (become longer)* insertion or *(become shorter)* deletion of bases in the genome of an organism
- **Example:**
- causes **Bloom syndrome** in the Jewish or Japanese population.

*ما بعيش اكثر من 30 سنة*



# Pharmacogenomic polymorphism

جين جهل له mutation يغير من phenotype

• **Affected genes lead to different phenotypes with modified response and adverse effects to certain drugs:**

- 1- Pharmacokinetic polymorphism
- 2- Pharmacodynamics polymorphism
- 3- Polymorphism modifying underlying disease

↑ يغير action للدواء بسبب

# Polymorphisms modifying PKs *(The most metabolism)*

- Cytochromes P450 (P450s or CYPs) are a family of enzymes
- Mainly found within the endoplasmic reticulum and mitochondria of liver cells. => *detoxification*
- They are also found in many other cells of the body.
- These membrane-bound proteins are involved in the metabolism of many harmful substrates, such as toxins.
- Of all the different CYP proteins that are present in the human body, **6** of them are involved in the metabolism of 90% of drugs.
- The most important are <sup>رقتين بنهم حرف</sup> CYP3A4, CYP2C9, CYP2C19 and CYP2D6.
- **Changes in genes controlling CYP enzymes** can make them: more active or less active than normal, or completely inactive

# Examples of pharmacokinetic polymorphism

- **Clopedogril** <sup>(plavix)</sup> <sup>To prevent thromaspsms</sup> (anticoagulant, inhibiting platelet aggregation):  
85% metabolized by an esterase to inactive metabolite and  
15% metabolized by CYP2C19 to **active metabolite**.

action of the drug depends on 15%

- **CYP2C19 poor phenotype**: <sup>(inactive)</sup> poor anticoagulant action of clopedogril: **blood clotting** → produce inactive gene → Losing 15%

- **Antidepressants**: metabolized by: CYP2D6:

- **Poor phenotype**: increased antidepressant toxicity <sup>inhibition of metabolism</sup>

- **Ultra-rapid phenotype**: decreased efficacy <sup>increase metabolism</sup>

inactive

very active

relaxation of skeletal muscle & respiratory muscle

# Succinylcholine (scoline) apnea

- SCH is rapidly hydrolyzed by butyrylcholinesterase (BCHE, also known as plasma cholinesterase and pseudocholinesterase), which is synthesized in the liver and present in plasma (duration of action: 5 min.).
- Succinylcholine or scoline apnoea, occurs when there are abnormalities in plasma cholinesterase and the body has difficulties in metabolizing the drug leading to prolonged muscle paralysis and respiratory failure (death).
- Treatment?

↳ Fresh blood transfusion  
BCHE      \* بعضى المرضى  
من دم شخص سليم

تكسير الانزيم بسرعة

تكسير الانزيم ببطء

# Rapid and slow acetylators of INH

TB علاج

- The rate of drug acetylation is influenced by genetic factors (hepatic acetyltransferase gene).
- Hepatic acetyltransferase metabolizes INH *metabolism of INH drug*
- Individuals who are **phenotypically slow acetylators** are have a higher risk of hepatotoxicity than do rapid acetylators

more side effect  
because drug accumulation  
in the blood lead to  
toxicity

# Polymorphisms modifying PDs *(Drug action)*

- **Beta-Adrenergic Receptors Gene Polymorphisms** alter response to **bronchodilators**
- **Serotonine receptor gene polymorphisms** affect response to **antidepressant drugs**

نو ۴ ← mutation ← بآز اس drug action

# Polymorphisms modifying diseases and drug responses

انيميا الفول

- **G6PD deficiency (Fauvism)**
- Genetic disorder that causes G6PD deficiency
- More in males
- G6PD protect RBCs against oxidizing agents: antibiotics, antimalarial drugs (chloroquine), aspirin, some anti-cancer medicines and large doses of vitamin C, some foods, particularly fava beans, certain infections
- These agents destroy RBCs causing hemolysis and anemia which can be life-threatening.

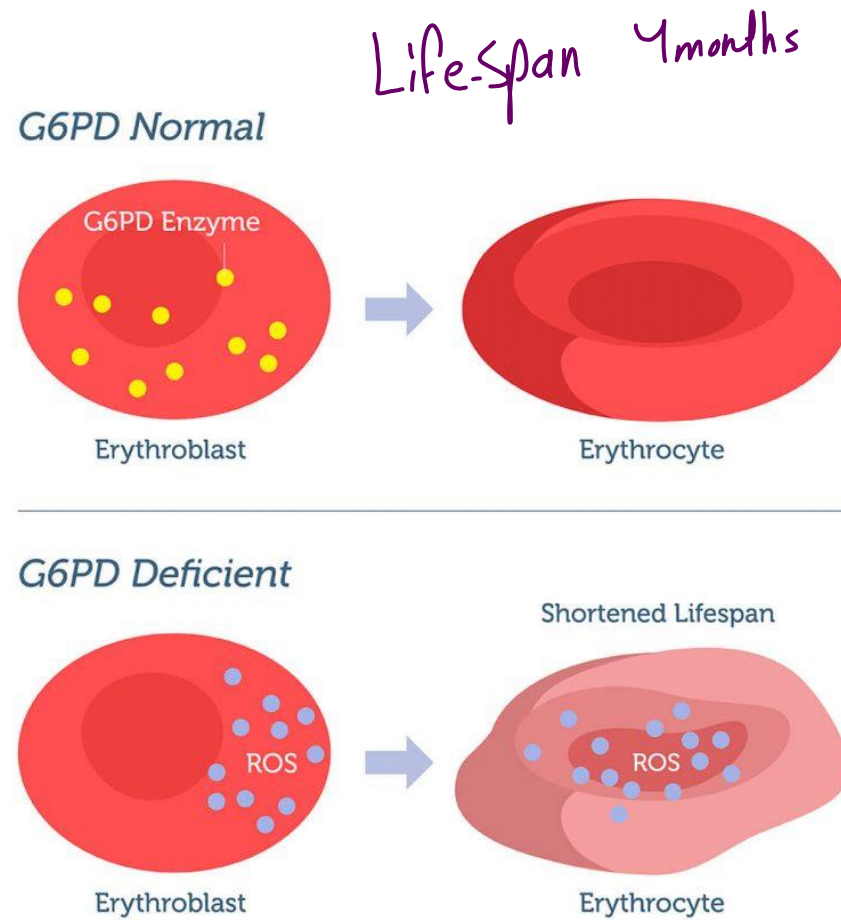
Glucose 6 phosphate dehydrogenase

صت كسب من رapture

Drug



# G6PD deficiency (Fauvism)



# Malignant hyperthermia (MH)

- MH is a type of severe reaction that occurs in response to particular medications used during general anesthesia (volatile anesthetic agents and succinylcholine) in susceptible individuals.
- Symptoms include muscle rigidity, fever, and tachycardia
- Complications can include muscle breakdown and high blood potassium
- Due to genetic mutations in RYR1 gene
- **Ryanodine receptor 1 (RYR1):** functions as calcium release channel in the sarcoplasmic reticulum
- In susceptible individuals, the medications induce the release of stored calcium ions within muscle cells.
- The resulting increase in calcium concentrations within the cells cause the muscle fibers to contract.
- This generates excessive heat and results in metabolic acidosis
- Treatment???

كمية كبيرة من  $Ca^{+2}$  يخرج من الرلي skeletal muscles

hyperkalemia  
ضغط على الكلية/القلب

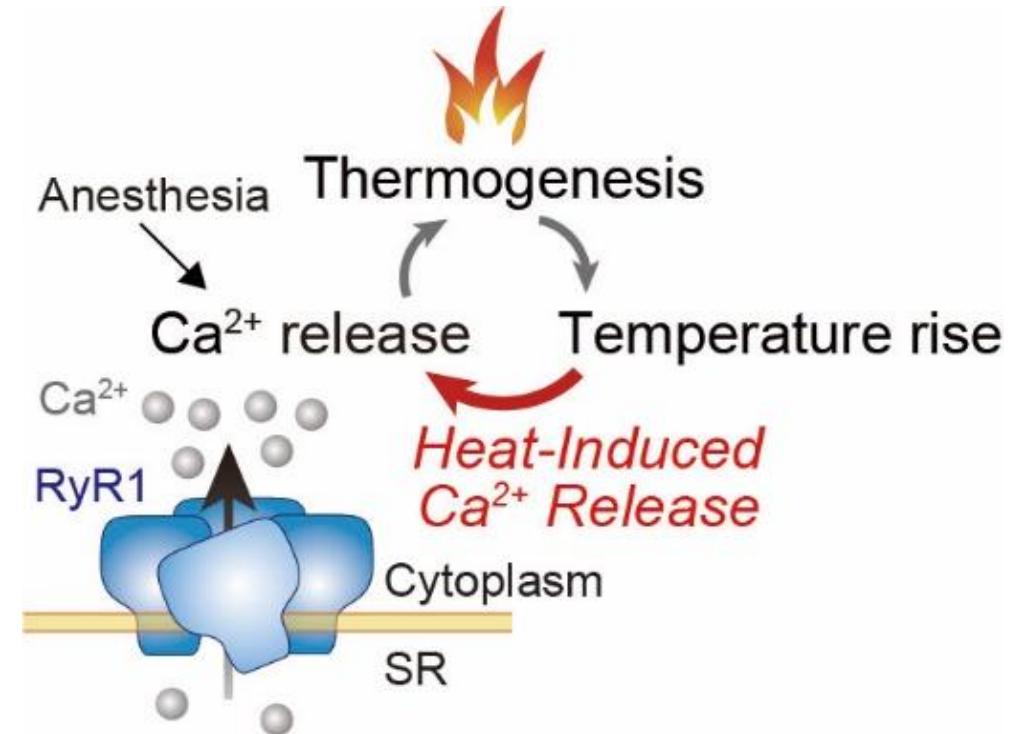
Fever mechanism different لأن يتم علاجها بخلاف حرارة لأن



# Malignant hyperthermia

- **Dantrolene** is currently the only specific medication used for treating a malignant hyperthermia crisis
- **Mechanism of action:**
- Antagonizing the ryanodine receptors, which lessens the excitation-contraction coupling of muscle cells.

Ca<sup>2+</sup> release



## **References**

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*Thank you*