



**UFRJ**

Universidade Federal do Rio de Janeiro

# Noções básicas de Química Medicinal na descoberta de fármacos



Laboratório de Avaliação e Síntese de Substâncias Bioativas

<http://www.farmacia.ufrj.br/lassbio>

**Eliezer J. Barreiro**

Professor Titular

([ejbarreiro@ccsdeqania.ufrj.br](mailto:ejbarreiro@ccsdeqania.ufrj.br))

Universidade Federal do Rio de Janeiro

Departamento de Fármacos

Faculdade de Farmácia



Universidade Federal de Goiás, junho de 2008



# O fármaco...





# O que é um fármaco ?

## • Fármaco...

- É uma substância orgânica (> 99%) com propriedades farmacoterapêuticas para uso médico, capaz de recuperar, promover, manter ou preservar o estado de Saúde;
- Tem elevada eficácia para o alvo terapêutico (PD);
- Não tóxico;
- Potente *in vivo* com boa biodisponibilidade: ativo em doses baixas, usado por via oral em dose-única ao dia;
- Bem absorvido e estável metabolicamente (PK):
  - Propriedades físico-químicas críticas para a atividade do fármaco por via oral: solubilidade, boa partição passiva membrana/água, peso molecular, ligações-H;
- Proteção intelectual (*i.e.* patenteável = conteúdo inventivo);
- Acessível sinteticamente em custos aceitáveis (*scale-up*);
- De aplicação médica segura & inovadora (?);

- ... as propriedades moleculares dos fármacos são objeto do estudo da

Química Medicinal



# Química Medicinal

## Prof. Alfred Burger

(1904-2000)

University of Virginia

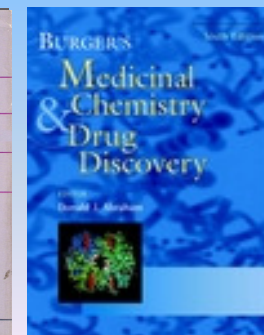
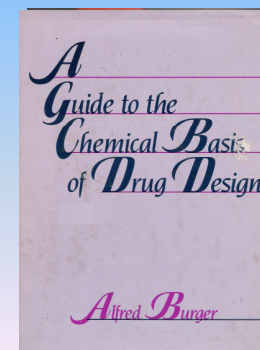
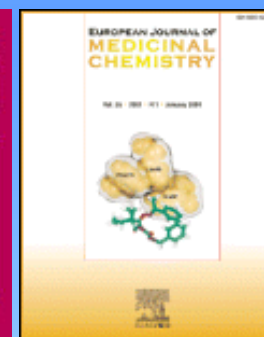
EUA

### *Pioneiro na Química Medicinal*

Criou as bases do planejamento racional para a descoberta de novos fármacos

“Tries to be based on the ever increasing hope that biochemical **rationales for drug discovery** may be found”

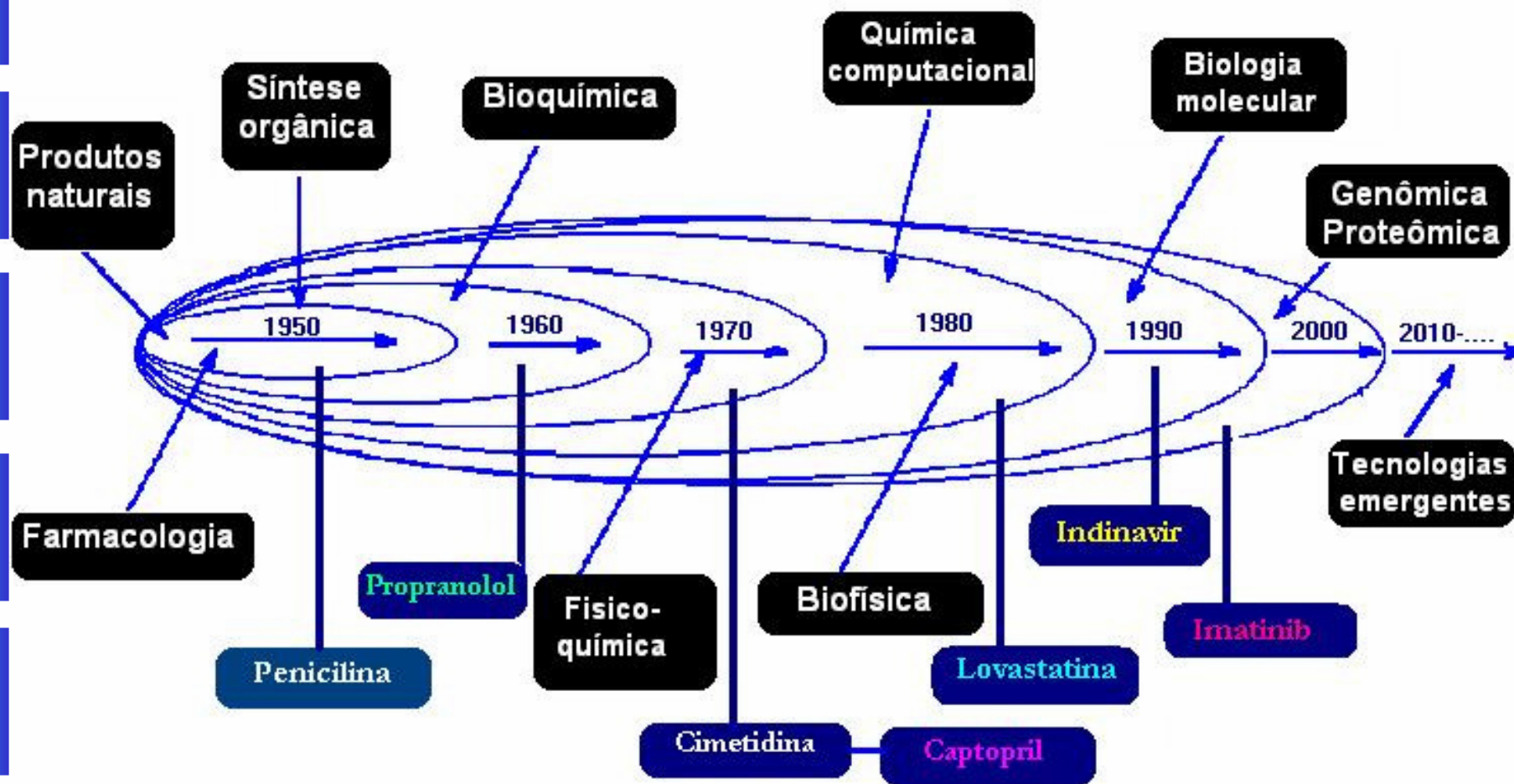
***J. Med. Chem. (ACS) vol. 34, 1991***







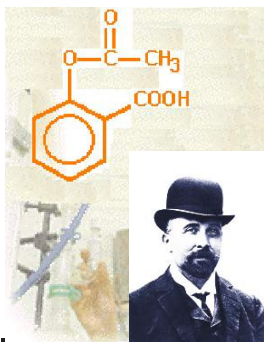
# A evolução da Química Medicinal



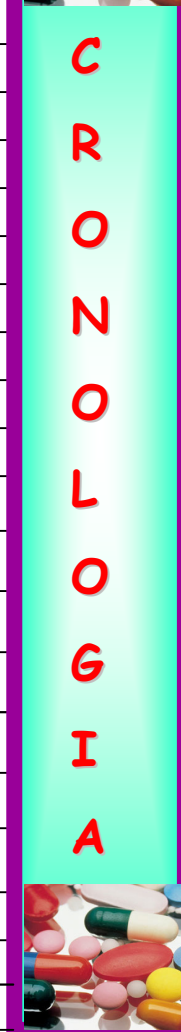
Química Medicinal



# Cronologia da Descoberta de Fármacos



|                 |      |
|-----------------|------|
| AAS *           | 1889 |
| barbitúricos    | 1923 |
| cloroquina      | 1934 |
| sulfonamidas    | 1935 |
| penicilina      | 1942 |
| nitrofurano     | 1952 |
| progesterona    | 1953 |
| talidomida      | 1954 |
| haloperidol     | 1958 |
| verapamil       | 1962 |
| indometacina    | 1963 |
| propranolol     | 1964 |
| salbutamol      | 1968 |
| prostaglandinas | 1970 |
| oxamniquina     | 1970 |
| nifedipina      | 1975 |
| cimetidina      | 1975 |
| atenolol        | 1976 |
| tamoxifeno      | 1977 |
| captopril       | 1977 |
| oxicams         | 1980 |
| praziquantel    | 1980 |
| aciclovir       | 1981 |
| ranitidina      | 1981 |



|      |                                   |
|------|-----------------------------------|
| 1985 | misoprostol                       |
| 1985 | mefloquina ena                    |
| 1987 | azidovudina                       |
| 1987 | lovastatina                       |
| 1989 | ozagrel                           |
| 1989 | mifepristona                      |
| 1989 | fluoxetina                        |
| 1990 | salmeterol, amlodipina            |
| 1993 | tacrina, fanciclovir              |
| 1995 | indinavir, losartan               |
| 1996 | docetaxel, atorvastatina          |
| 1996 | zileuton, olanzapina              |
| 1997 | zafirlukast, montelukast          |
| 1998 | infliximab, sildenafil, efavirenz |
| 1999 | celecoxibe, orlistat, oseltamivir |
| 2000 | galantamina, rofecoxibe           |
| 2001 | imatinib, rosiglitazona           |
| 2002 | voriconazola, etoricoxibe         |
| 2003 | gefitinib, aripiprazola           |
| 2004 | rosuvastatina, rofecoxibe         |
| 2005 | pregabalin, Caduet <sup>R</sup>   |
| 2006 | risperidona, garenoxacina         |
| 2007 | maraviroc, ambrisentam            |



Mercado mundial  
de fármacos em 2007:  
US\$ >650 bilhões



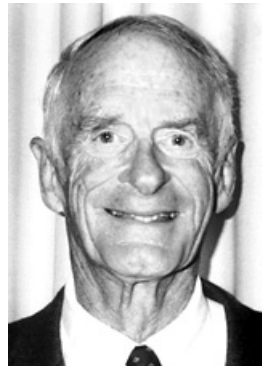


## Os fármacos e o Nobel !

● 150 pesquisadores  
ganharam o Prêmio  
Nobel de Química  
desde 1901



1990 - E. J. Corey



2001-W.S. Knowles



2001-R. Noyori



2001-K.B. Sharpless

*inter-alia:*

2002-J.B. Fenn

K. Tanaka

K. Hüthrich

1997-P.D. Boyler

J.E. Walker

J.C. Skou

1987 -D.J. Cram

J-M Lehn

C.J. Pedersen

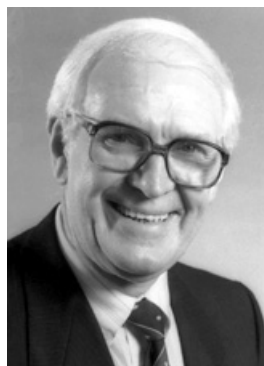
1979 - H. C. Brown

G. Wittig

“for their discoveries of important principles for drug treatment”



<http://nobelprize.org>



1988 - J.W. Black



1988 -G.B. Elion



1988 -G.H. Hitchings

*inter-alia:*

**Propranolol**

**Cimetidina**

**Aciclovir**

■ 189 pesquisadores  
ganharam o Prêmio  
Nobel de Medicina  
desde 1901



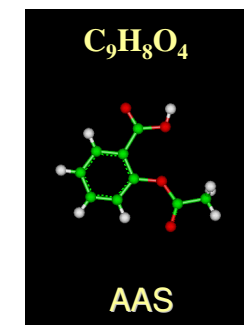
1982 -S.B. Bergström



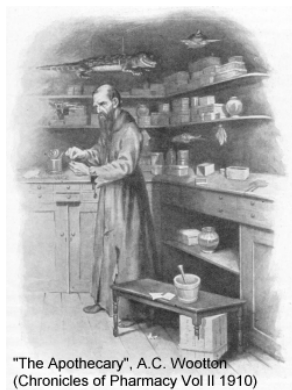
1982 -B.I. Samuelsson



1982 -J.R. Vane



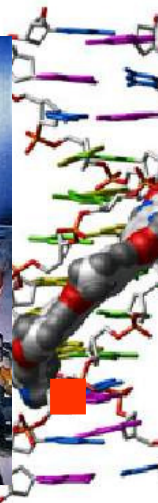
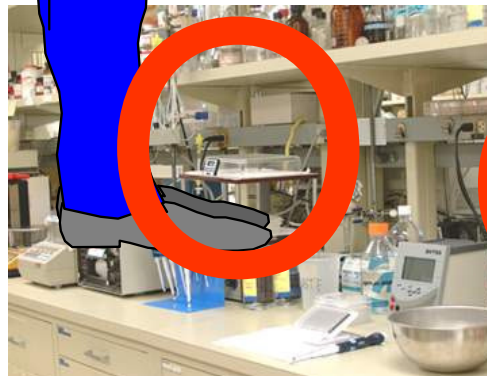




"The Apothecary", A.C. Wootton.  
(Chronicles of Pharmacy Vol II 1910)

Como **se** descobrem  
**os** fármacos ?

Química Medicinal



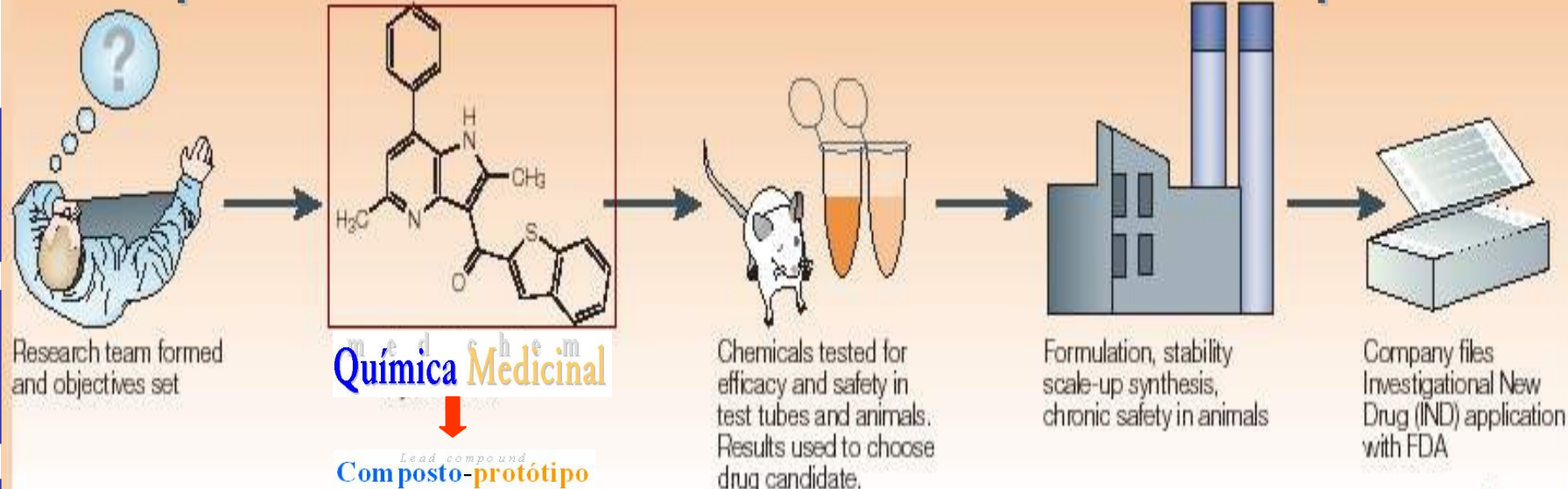
Química Medicinal



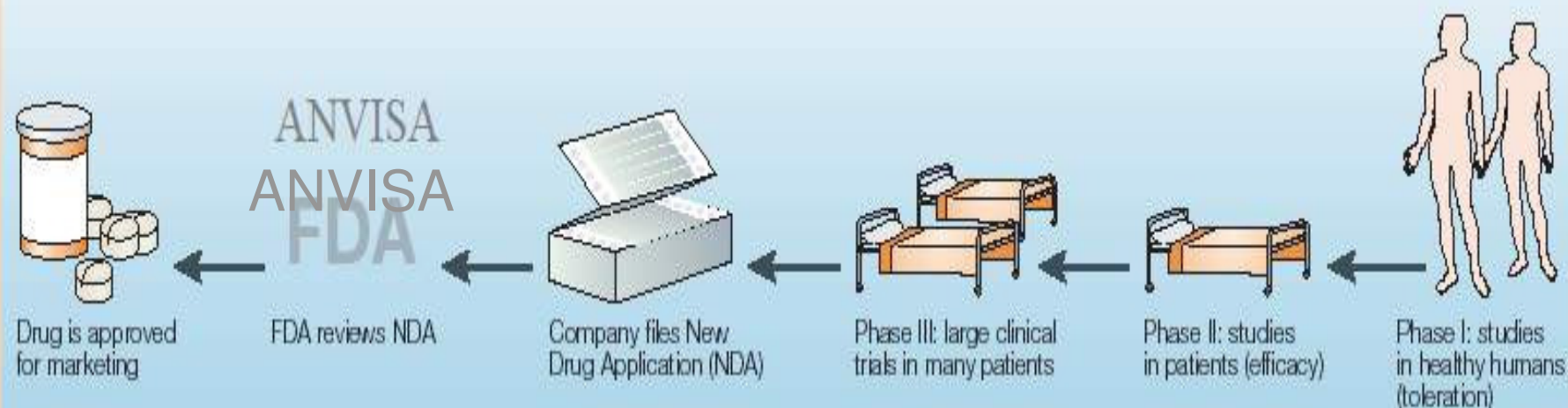




# Preclinical studies processo da descoberta é complexo...



## Clinical studies



Adaptado de Joseph Lombardino



JA Lombardino & JA Lowe III, Nature Rev. Drug Disc. 2004, 3, 853

eliezer © 2008



# *As bases moleculares*



*da ação  
dos  
fármacos.*





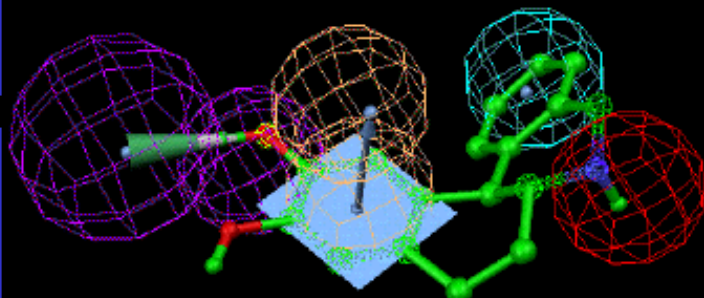
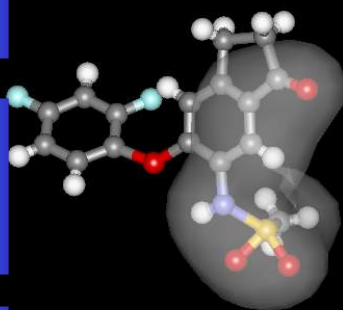
# A interdisciplinaridade ...





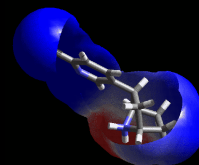


*Agora...*



# Química Medicinal

**Atualmente**, os fármacos, **capazes de atuarem em qualquer alvo-terapêutico**, são descobertos **por planejamento racional**.



EJ Barreiro, CAM Fraga, ALP Miranda, Estratégias em Química Medicinal para o Planejamento de Fármacos, *Braz. J. Pharm. Sc.*, 37, 269-292 (2001).



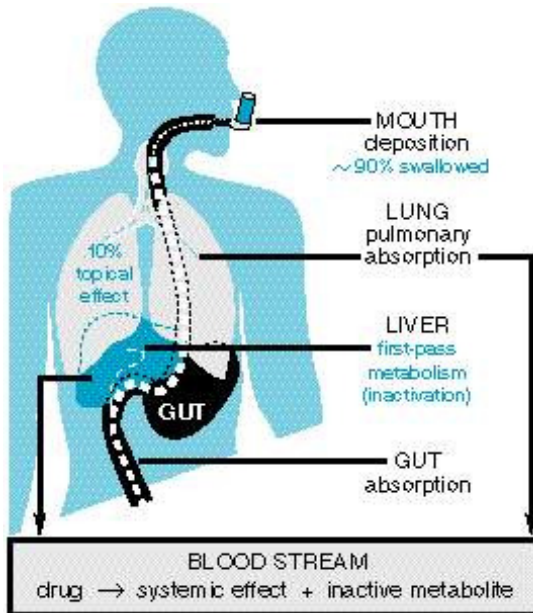
# As ***fases*** da ação dos fármacos....

## Fase farmacocinética

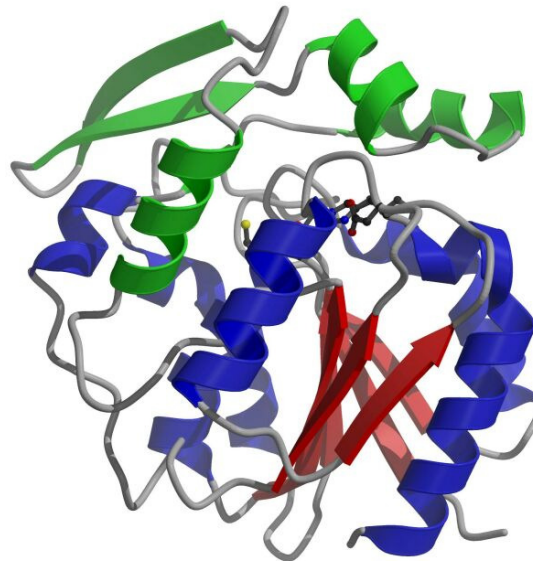
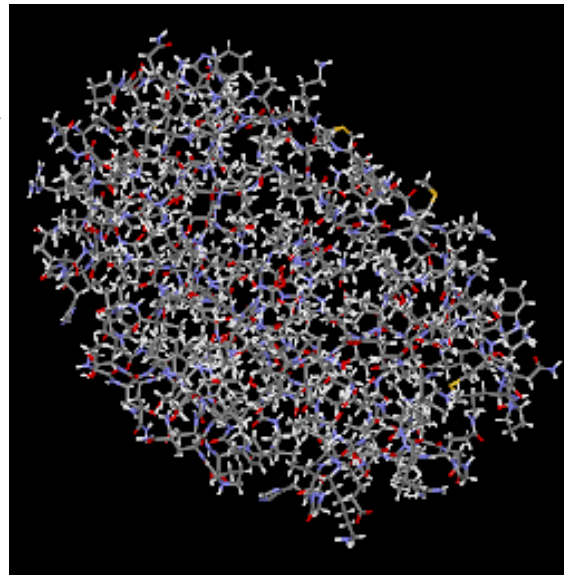
(PK)



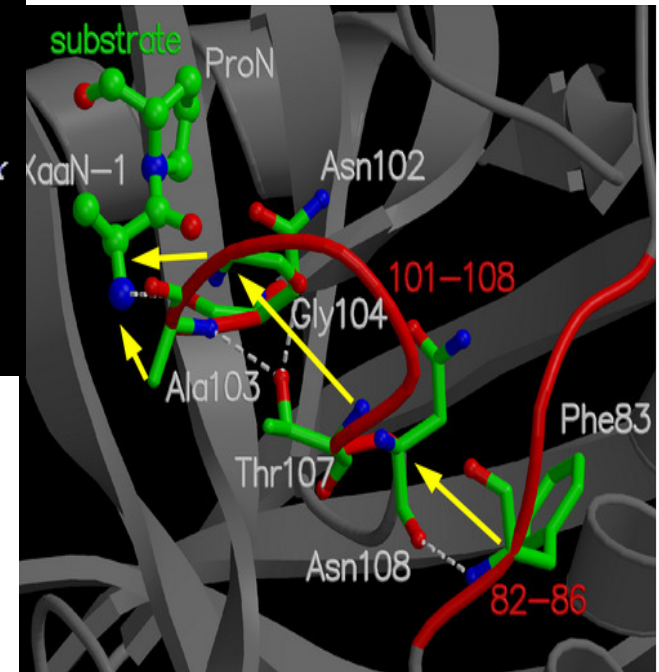
Posologia



**Biofase**



## Biorreceptor



Efeito terapêutico



## Fase farmacodinâmica

(PD)



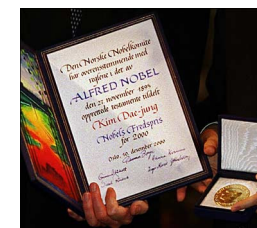
## LOCK & KEY CONCEPT

(Emil Fischer, 1894)

“Um ein Bild zu gebrauchen, will ich sagen, dass Enzym und Glucosid wie **Schloss und Schlüssel** zueinander passen müssen, um eine chemische Wirkung aufeinander ausüben zu können”.



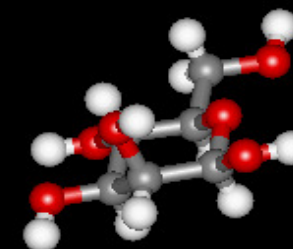
1902



medicinal chemistry

fentidrazina

“Em termos figurados, eu gostaria de dizer que enzima e o glicosídeo tem que encaixar como uma chave-fechadura, de maneira a interagir quimicamente uma com a outra”.



glucose

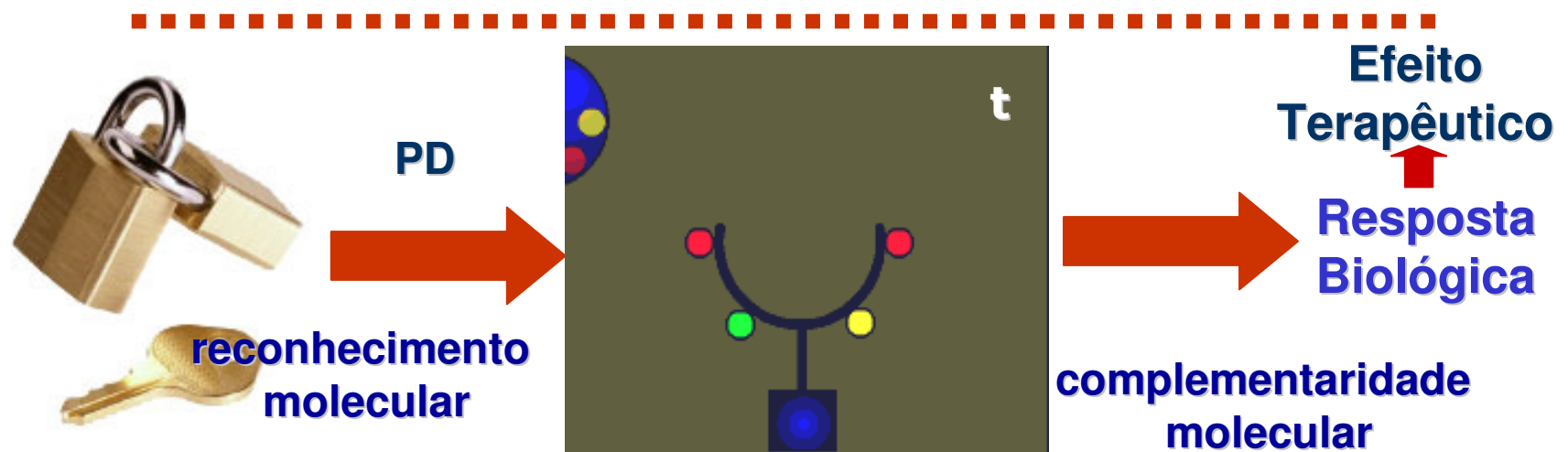
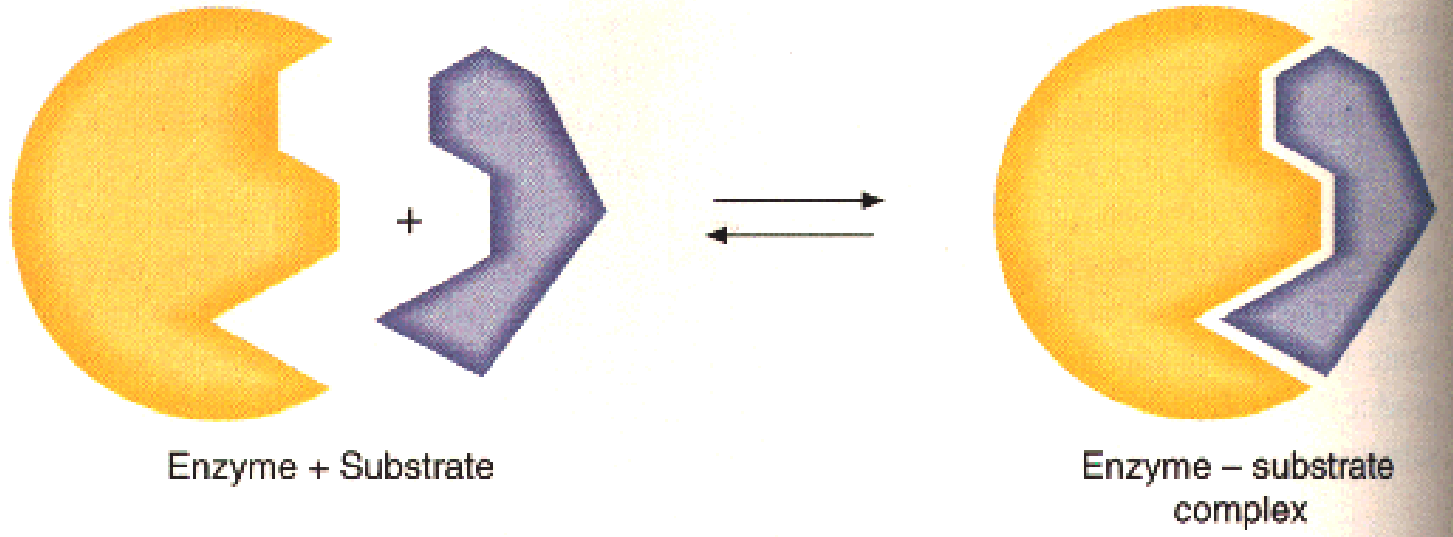
# O Modelo Chave-Fechadura





# Modelo Chave-Fechadura

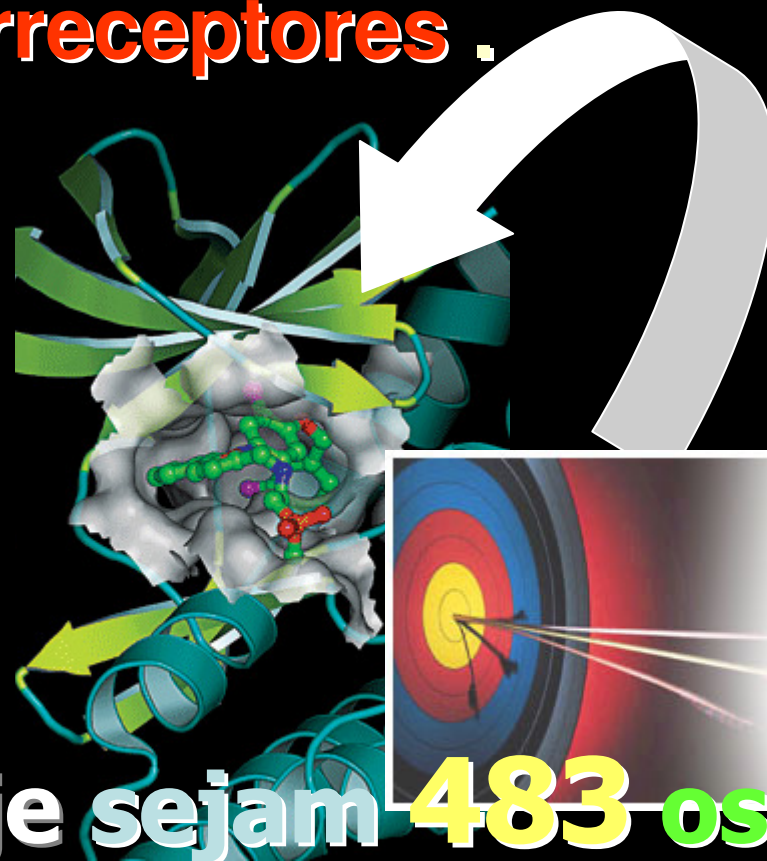
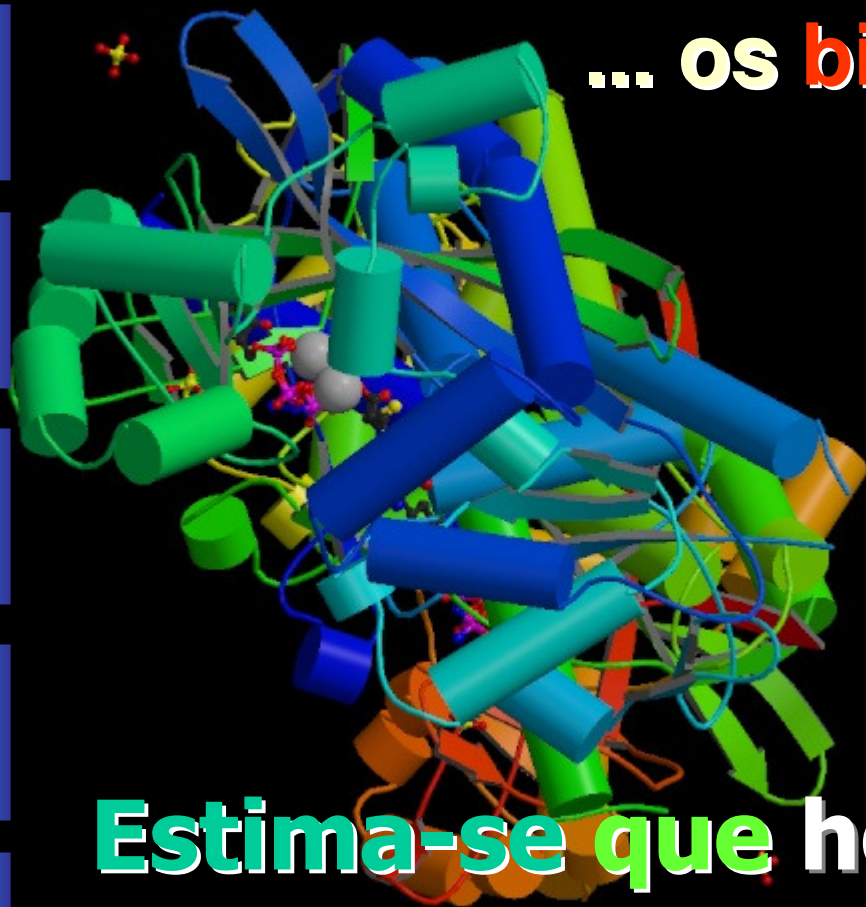
Enzima = alvo





Os fármacos atuam em alvos terapêuticos...

... os biorreceptores .



Estima-se que hoje sejam **483** os  
biorreceptores envolvidos na  
resposta terapêutica de todos os  
fármacos contemporâneos.



## A maioria dos biorreceptores dos fármacos contemporâneos são enzimas ...

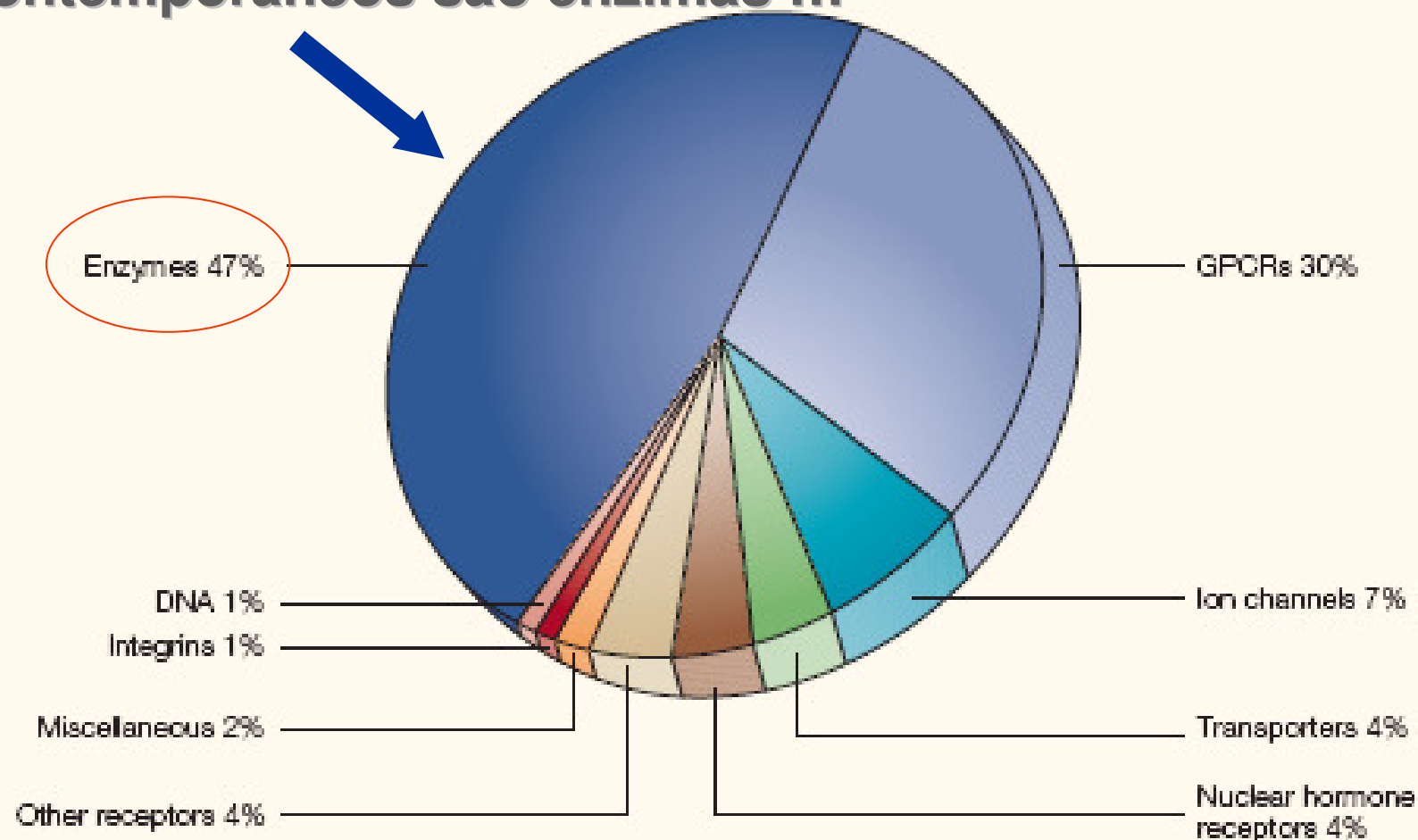


Figure 4 | Marketed small-molecule drug targets by biochemical class.  
GPCR, G-protein-coupled receptor.

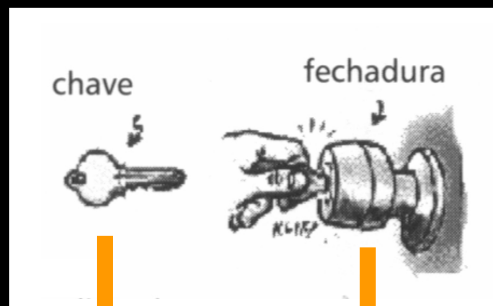
...de apenas 130 famílias distintas de proteínas !





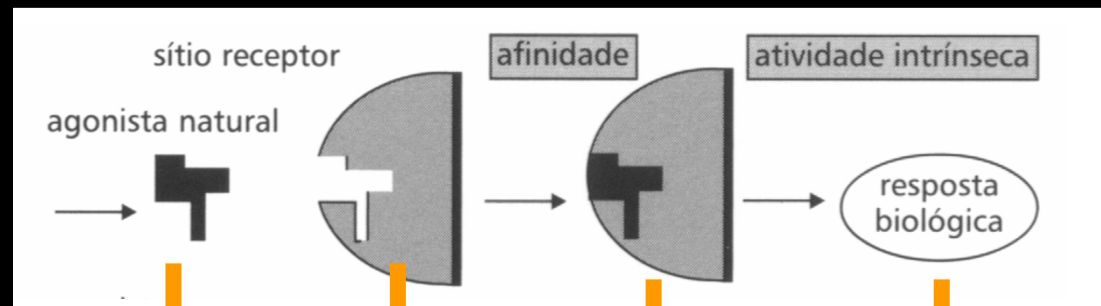


# O Centenário Modelo "Chave-Fechadura"



**Fármaco**  
**Substrato**  
**natural**

**Enzima**  
**= Alvo**  
**terapêutico**

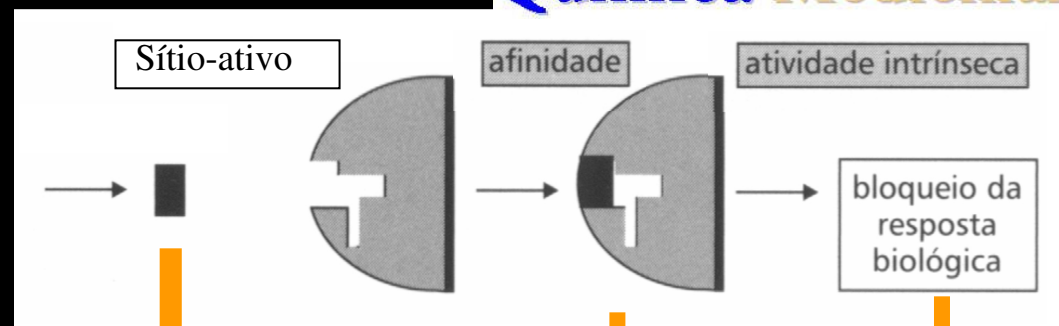
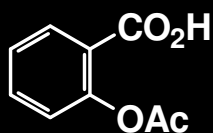


**Ácido**  
**araquidônico**

**PGHS-1**  
**PGHS-2**

**PGE<sub>2</sub>**  
**icosanóide**

**inflamação**



**Inibidor: AAS**

**PGHS-2**  
**PGHS-1**

**NSAI**

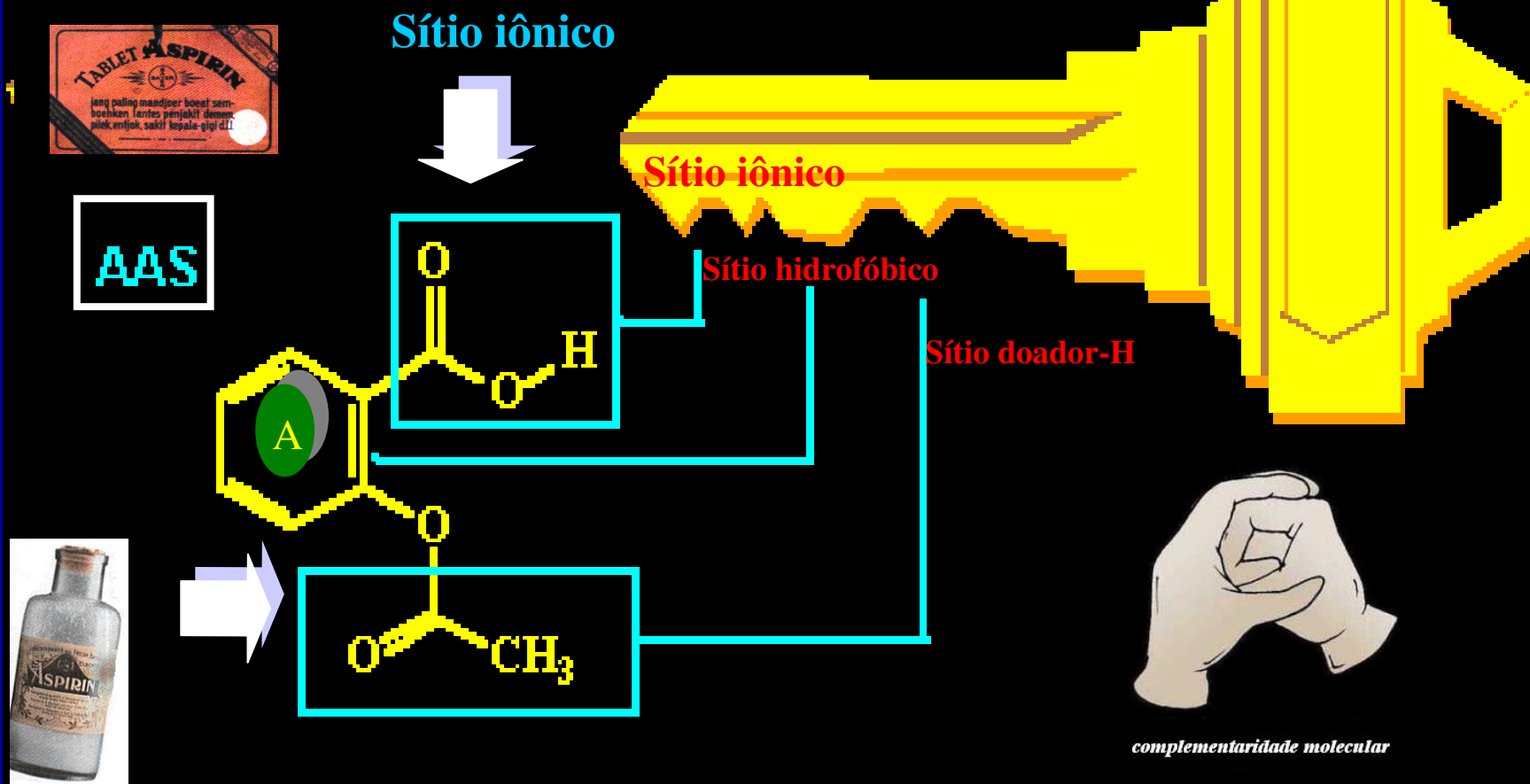
**NSAI = antiinflamatórios não-esteróides**

**Química Medicinal**



# O Centenário Modelo "Chave-Fechadura"

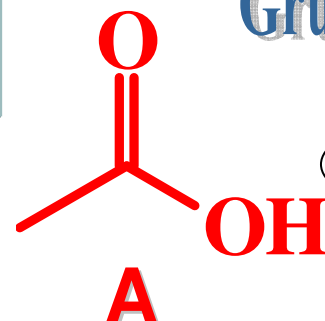
## Complementaridade do modelo Chave-fechadura



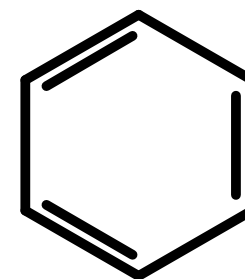
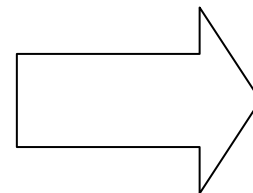
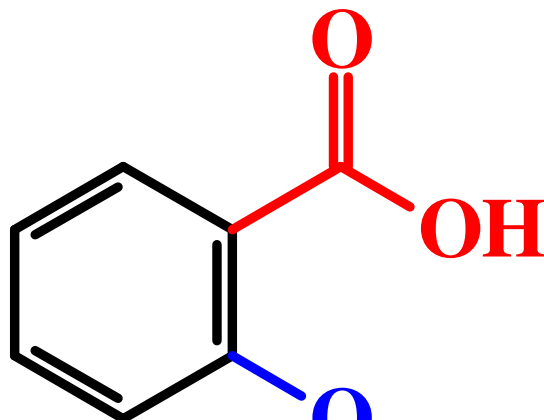


# Dissecação Molecular

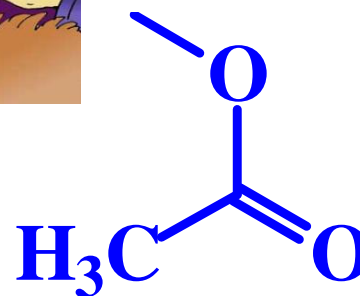
Pontos farmacofóricos  
Grupos farmacofóricos



ácido carboxílico



fenila



éster

Ácido acetilsalicílico

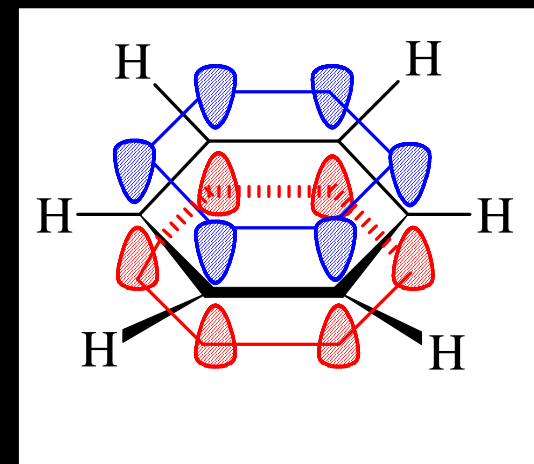
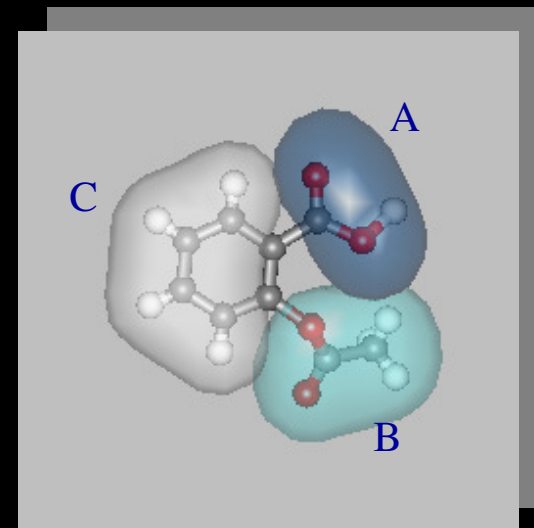
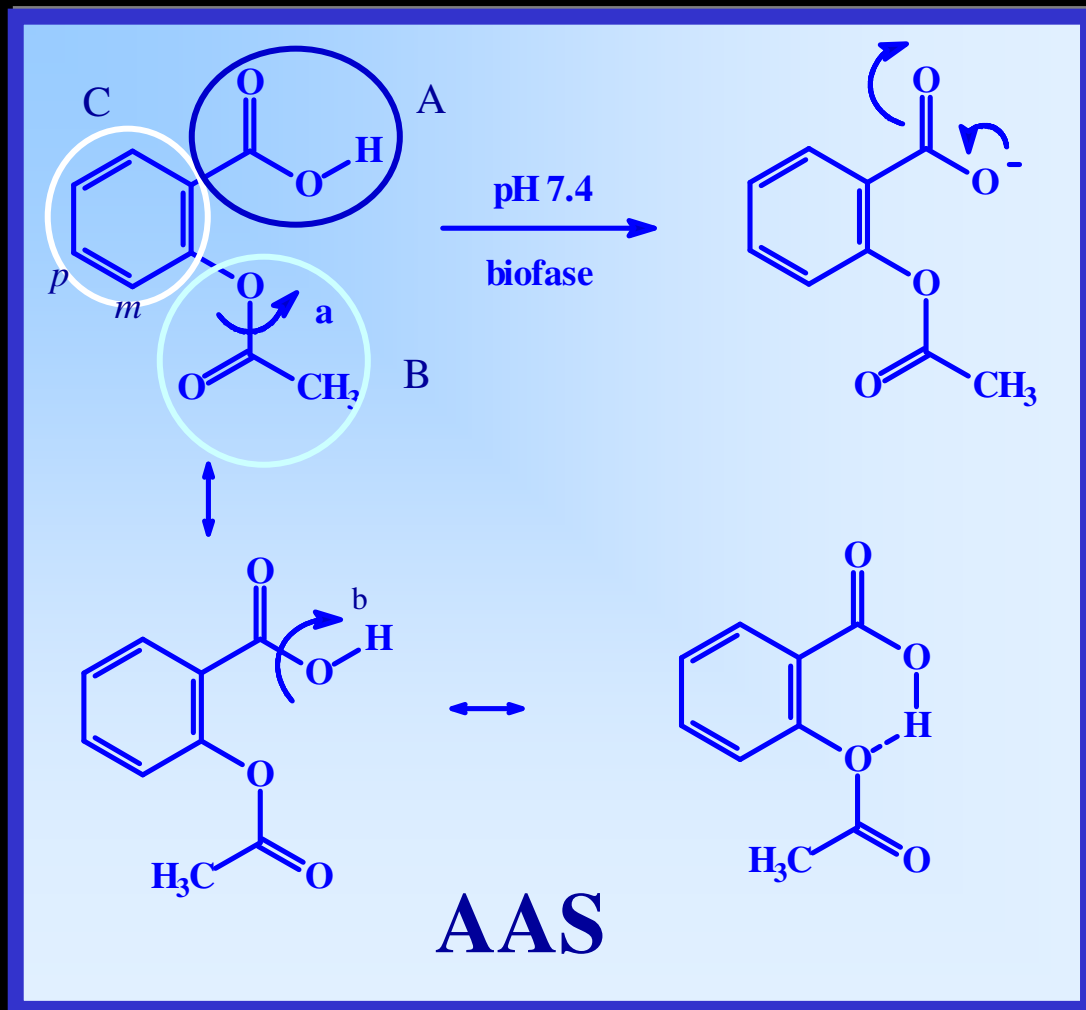


Teoria das Assinaturas  
(Paracelsus)



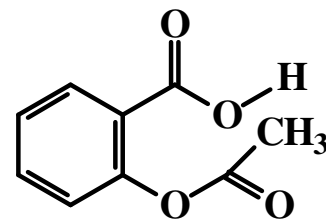
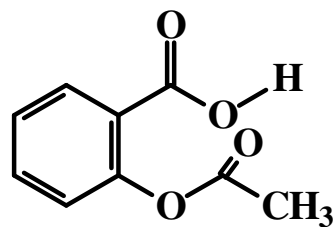
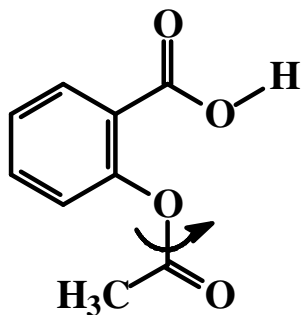
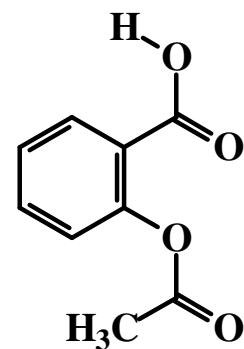
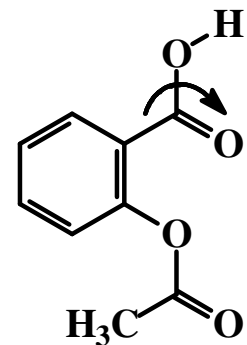
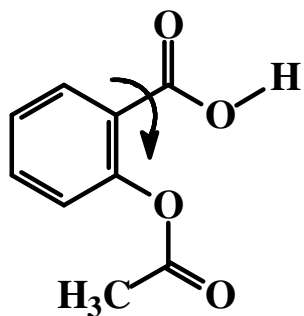
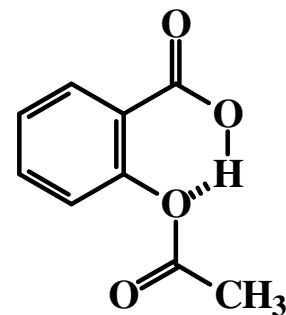
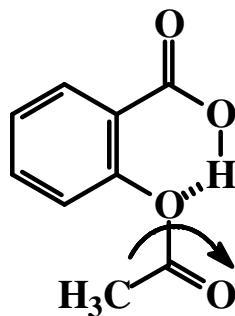
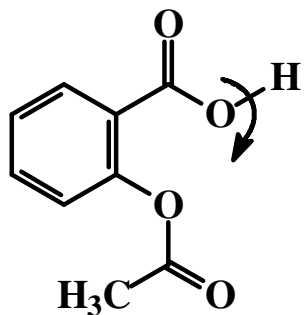


# A *hierarquia* dos **grupos** funcionais



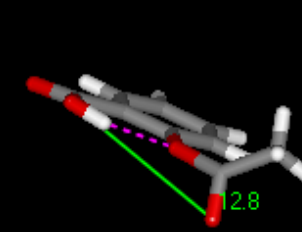
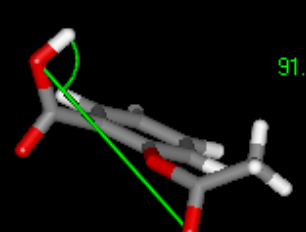
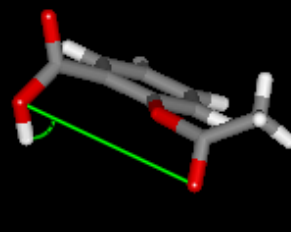
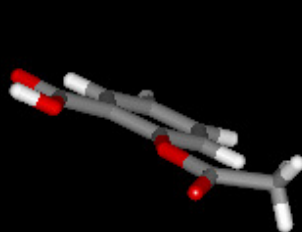
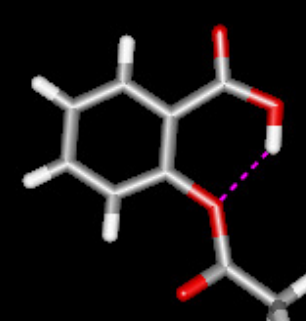
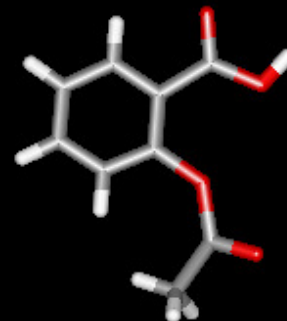
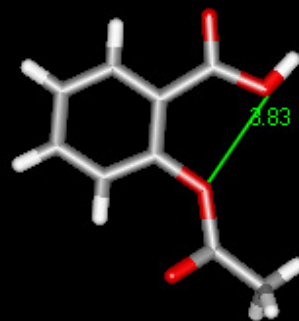
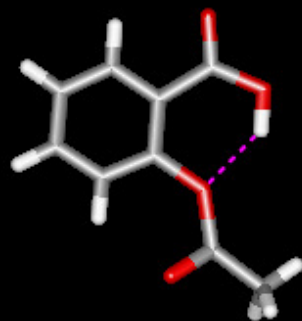
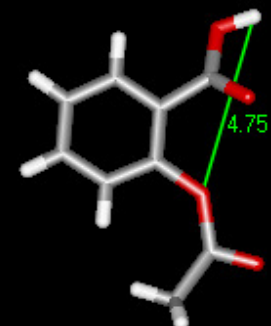
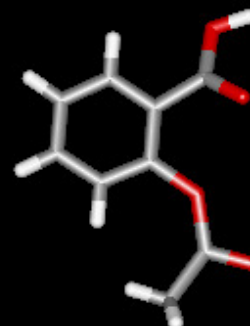
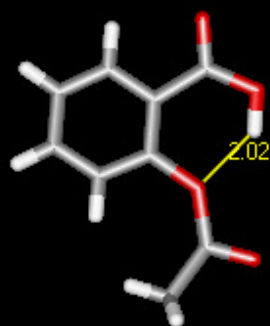
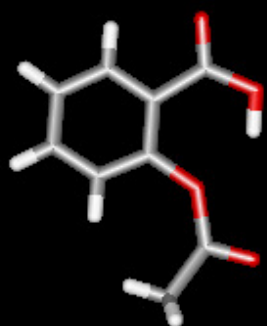


# Confôrmers do ácido acetilsalicílico





# Confôrmers do ácido acetilsalicílico





# Interação Fármaco-Receptor

## Modelo “Chave-Fechadura”

**“Fechadura”**



?

**“Chaves”**



Reconhecimento  
Molecular

Complementaridade  
Molecular

Energia aproximada de interações atômicas e moleculares

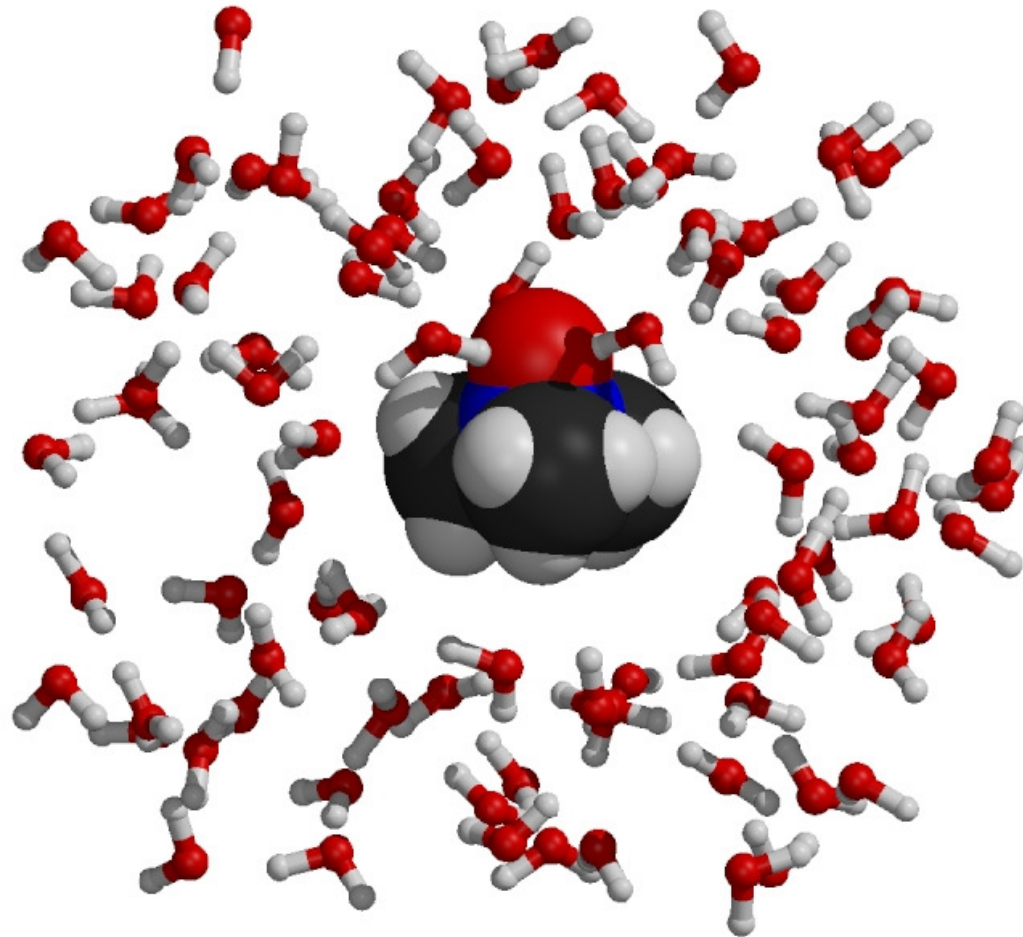
| Interação                      | Energia (kcal/mol)   |
|--------------------------------|----------------------|
| Ligação covalente              | 77-88 (irreversível) |
| Interações iônicas             | ~5                   |
| Ligação de hidrogênio          | 3-5                  |
| Atração dipolo-dipolo          | 1-5                  |
| Interações Hidrofóbicas        | ~1                   |
| Forças de dispersão de London/ | 0,001 – 0,2          |

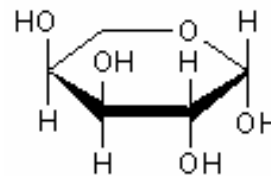
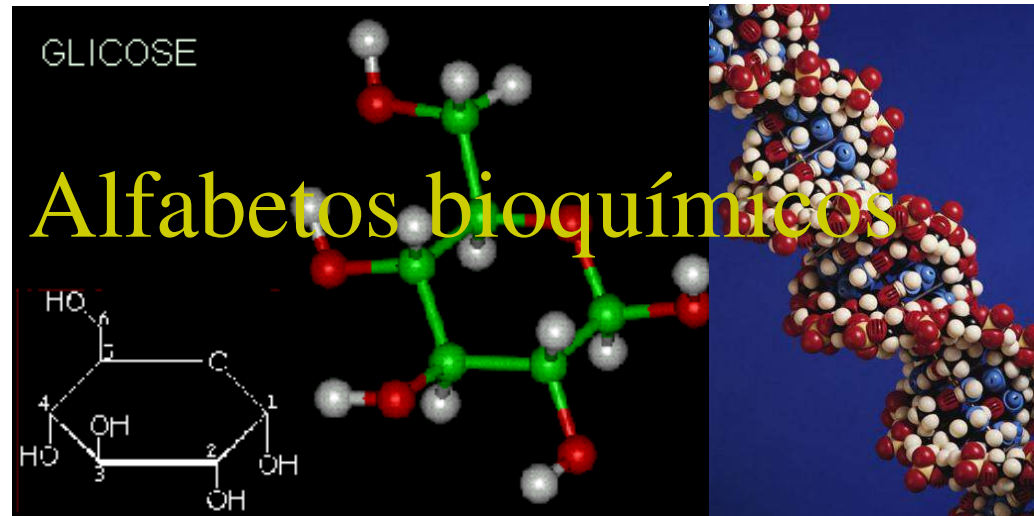
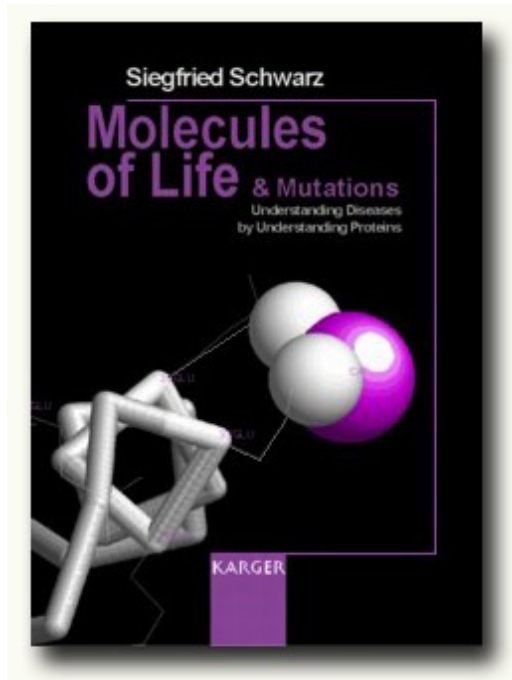




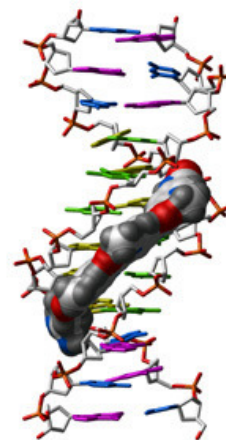
# A importância das “*ligações*” frágeis...

“*ligações*” de hidrogênio ...





$\beta$ -L-Arabinose



Model Compound Bound to the Minor Groove of a DNA Molecule

*Carboídratos*

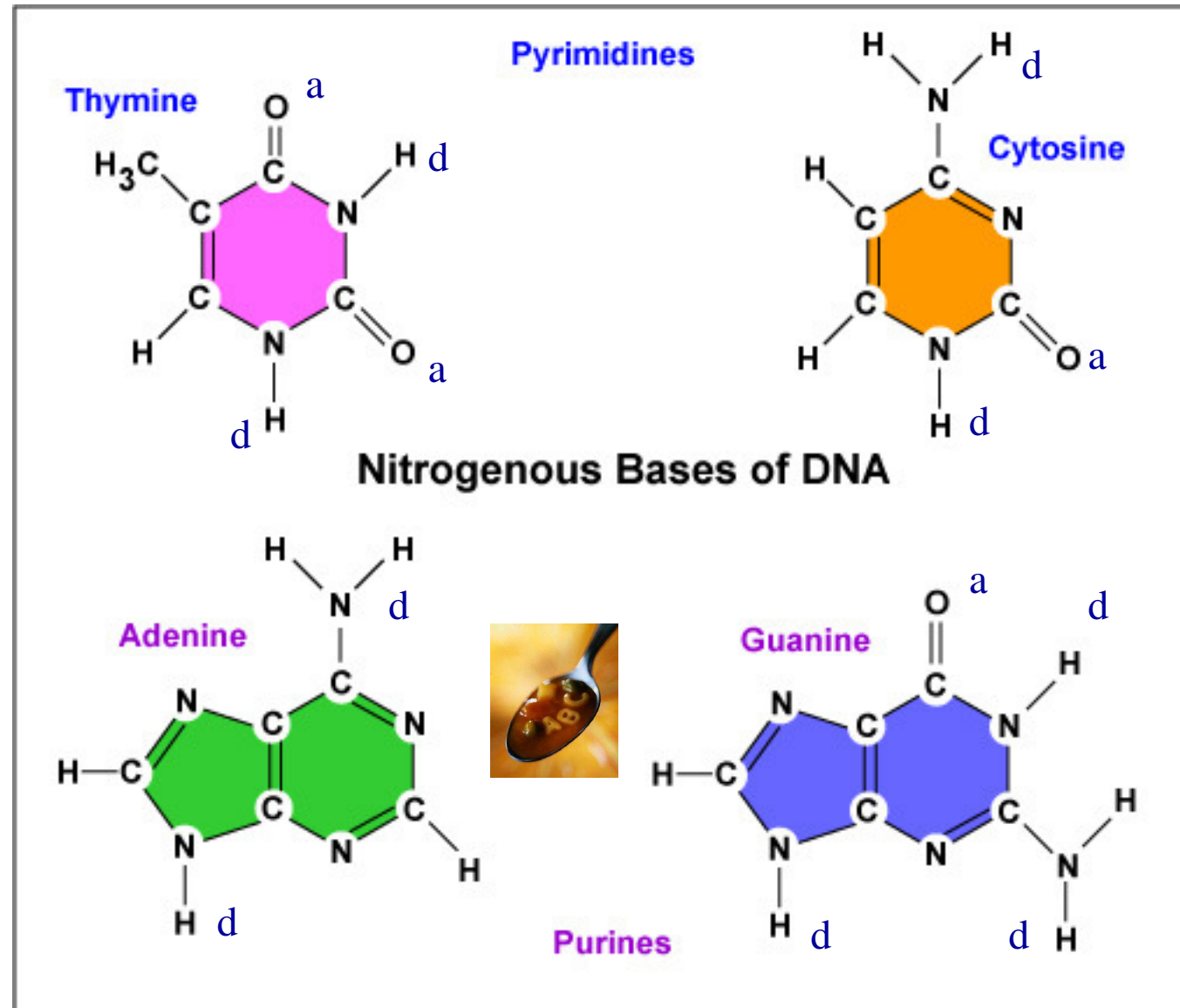
*Lipídeos*

*ácidos nucleícos*

*proteínas*

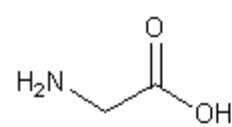


# “*ligações*” de hidrogênio ...

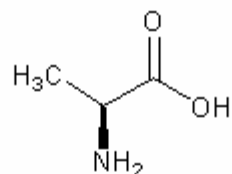




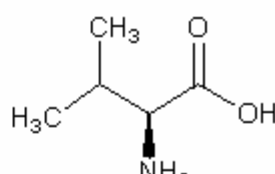
# “ligações” de hidrogênio ...



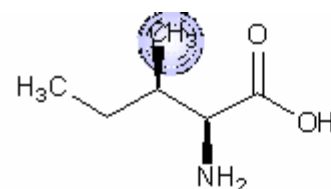
glicina (**gly**)



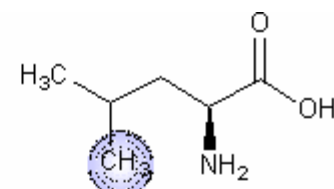
alanina



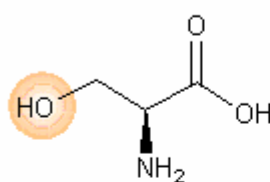
valina



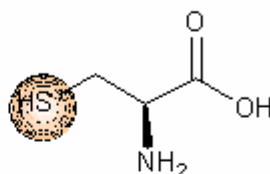
isoleucina (**Ile**)



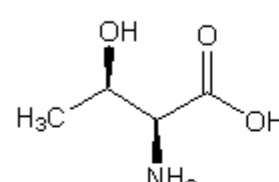
leucina



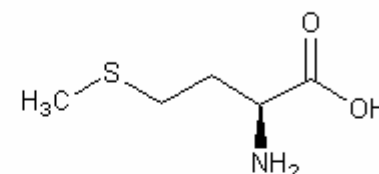
serina



cisteína (**Cys**)



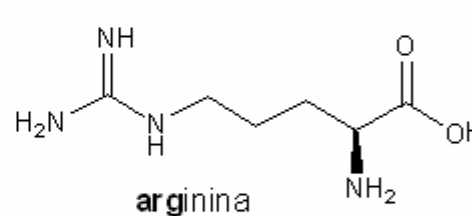
treonina (**Thr**)



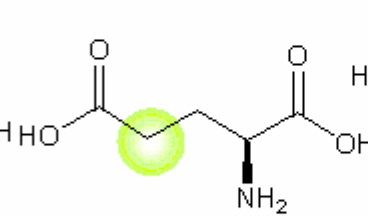
metionina



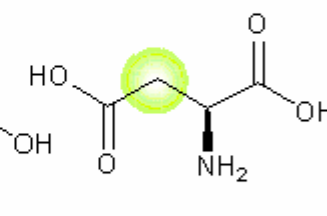
lisina (**Lys**)



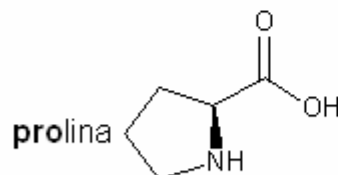
arginina



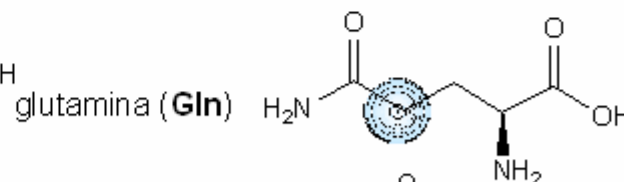
ácido glutâmico



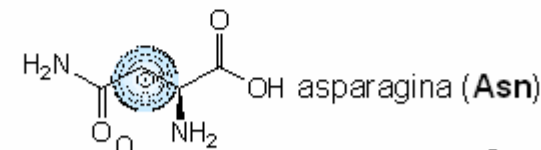
ácido aspártico



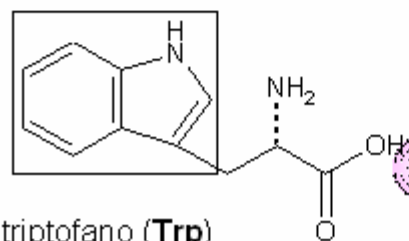
prolina



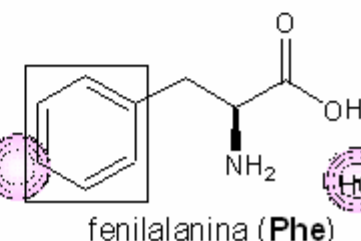
glutamina (**Gln**)



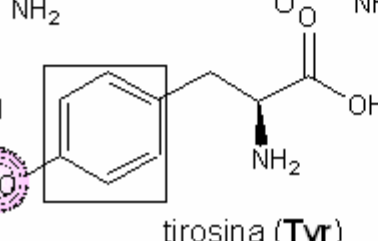
asparagina (**Asn**)



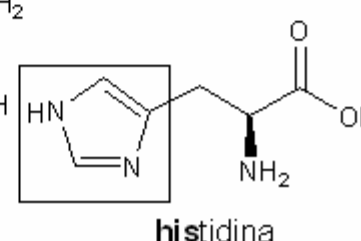
triptofano (**Trp**)



fenilalanina (**Phe**)



tirosina (**Tyr**)

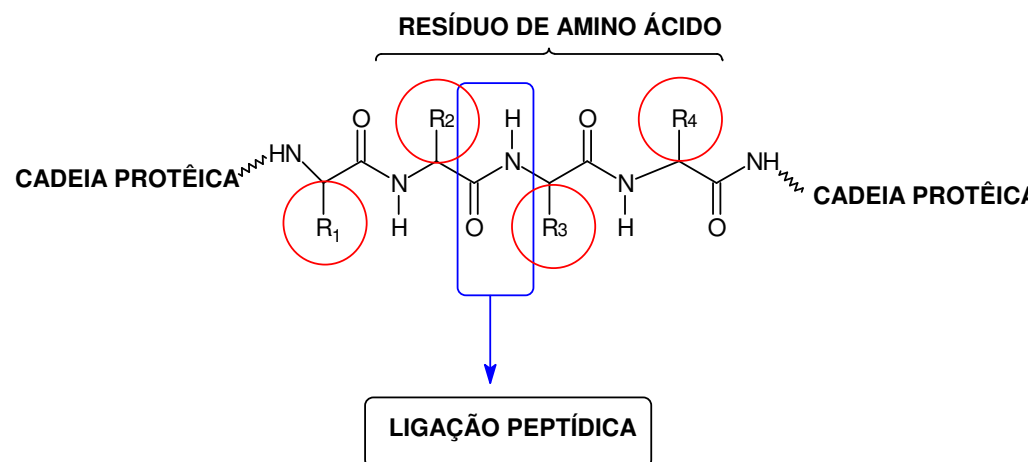
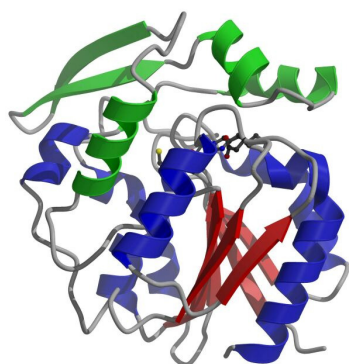


histidina





# Estrutura Primária das Proteínas



**AMINO ÁCIDOS:** { **Essenciais:** His, Ile, Leu, Lys, Met, Phe, Thr, Trp, Val  
**Não-essenciais:** Ala, Arg, Asn, Asp, Cys, Glu, Gln, Gly, Pro, Ser, Tyr

**Força das Ligações Droga-Bioreceptor:**

{ Covalente: >200kJ/mol  
Iônica: 20kJ/mol  
Hidrogênio: 7-40kJ/mol  
Van der Waals: 1.9kJ/mol

**"Fechadura"**





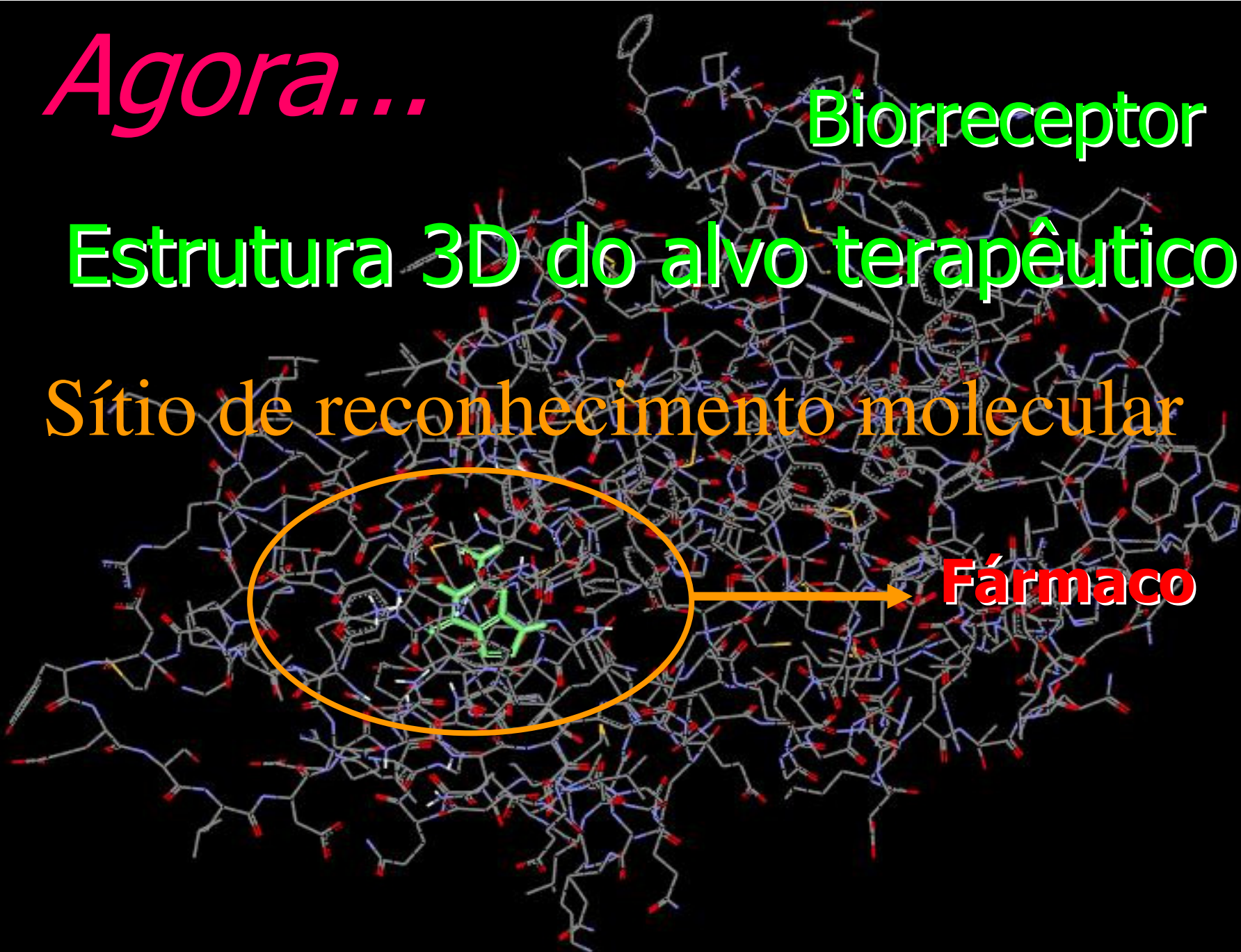
*Agora....*

Biorreceptor

Estrutura 3D do alvo terapêutico

Sítio de reconhecimento molecular

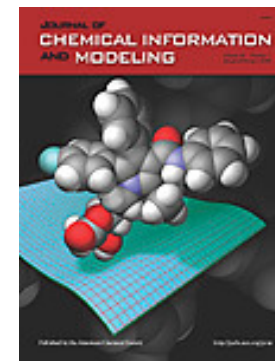
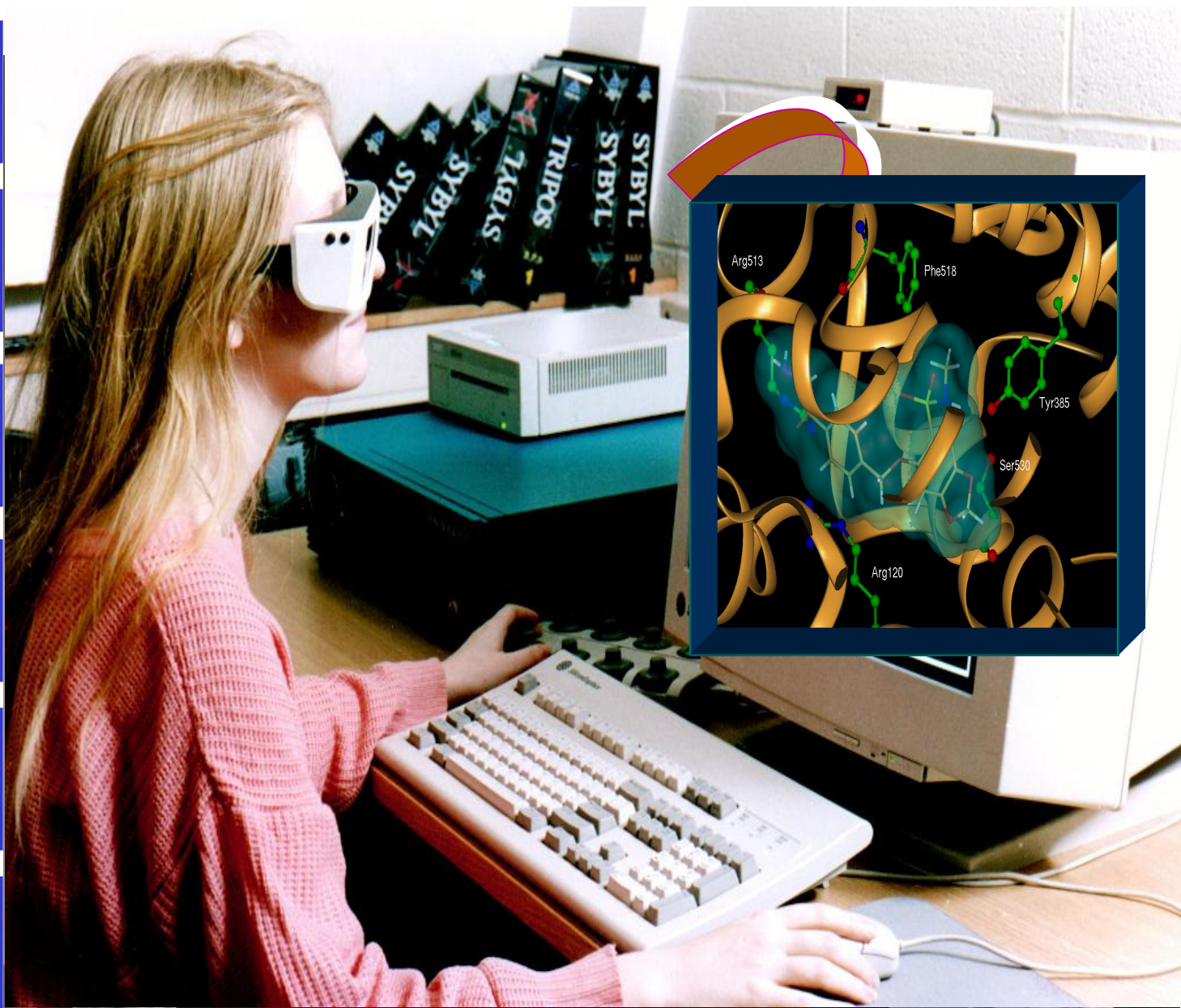
Fármaco







# Modelagem Molecular







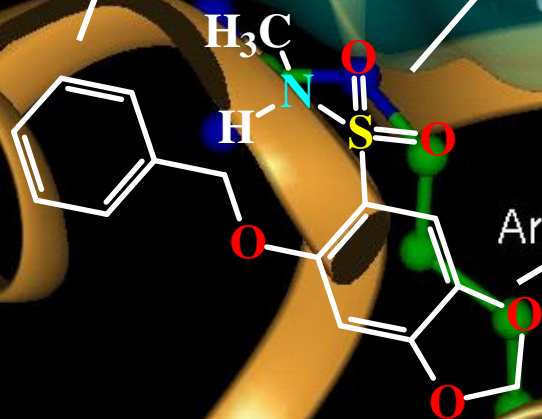
Arg513

Phe518

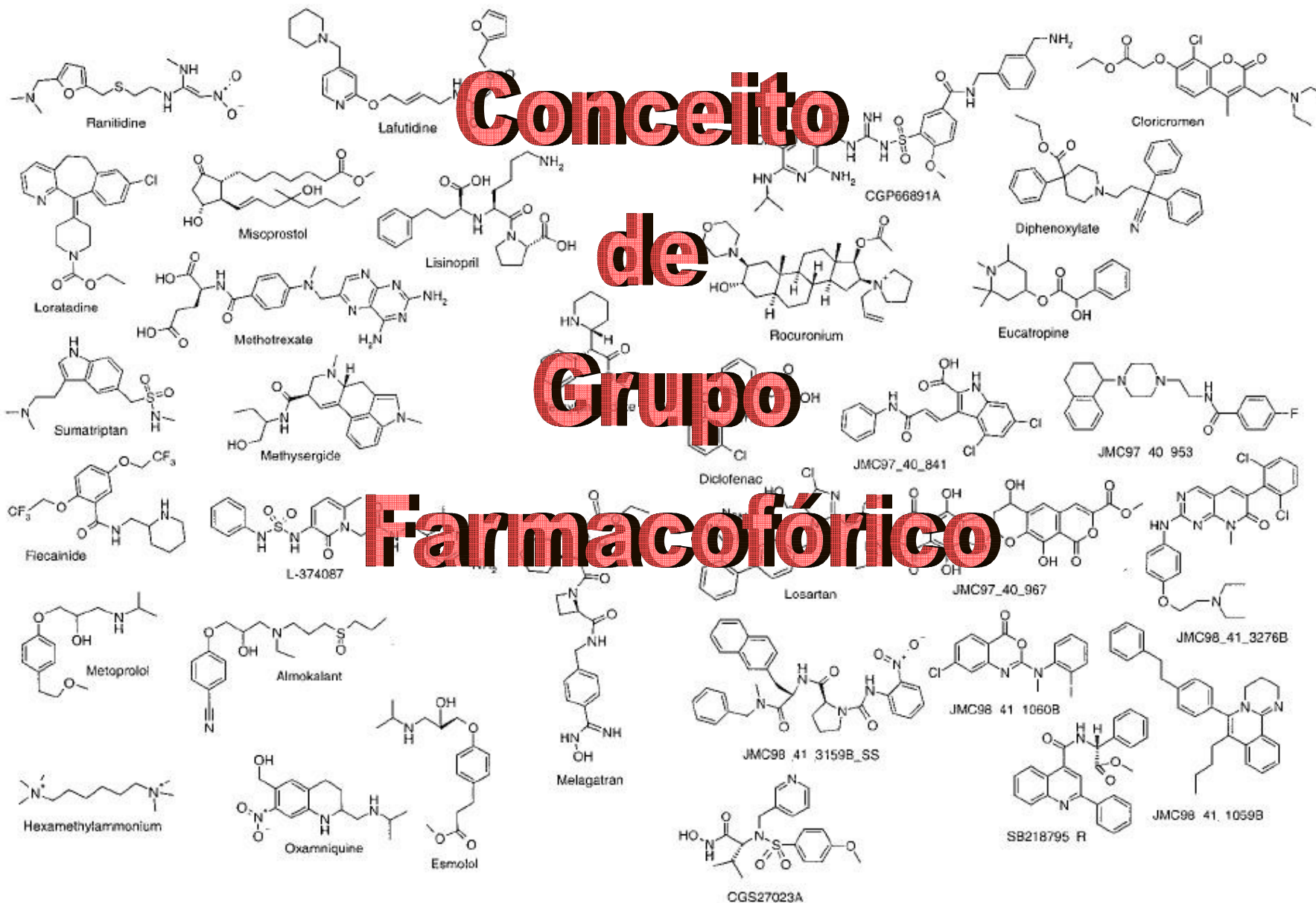
Tyr385

Ser530

Arg120





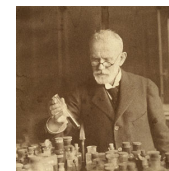


Química Medicinal



# Conceito de Grupo Farmacofórico

**Paul Ehrlich** (1909) – Um **farmacóforo** "carries (*phoros*) the essential features responsible for a drug's (= pharmacon's) biological activity" (Ehrlich. *Dtsch. Chem. Ges.* 1909, 42: p.17).



Em 1977, **Peter Gund** atualizou a definição: "a set of structural features in a molecule that is recognized at a receptor site and is responsible for that molecule's biological activity" (Gund. *Prog. Mol. Subcell. Biol.* 1977, 5: pp 117–143).

**IUPAC**: "an ensemble of steric and electronic features that is necessary to ensure the optimal supramolecular interactions with a specific biological target and to trigger (or block) its biological response".



**Barreiro & Fraga**: É o conjunto de características eletrônicas e estéricas que caracterizam um ou mais grupos funcionais ou subunidades estruturais, necessários ao melhor reconhecimento molecular pelo receptor e, portanto, para o efeito farmacológico desejado. Farmacóforo não é uma molécula real, nem associações de grupos funcionais; ao contrário, é um conceito abstrato que representa as diferentes capacidades de interações moleculares de um grupo de compostos com o sítio receptor. O farmacóforo pode ser considerado como a "parte" molecular do fármaco essencial à atividade desejada.

Química Medicinal



**PK**

**Biofase**

**Absorção**

**Concentração**

**pH**

**Meia-vida**

**Posologia**



**Complexação plasmática**

**Depósito tissular**

**Metabolismo**

**Eliminação**



# Drug Metabolism and Disposition:

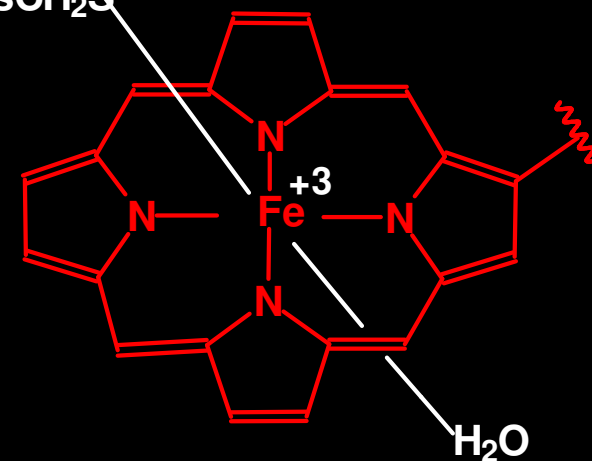
Founded in 1973 by Kenneth C. Leibman

the  
biological  
fate of  
chemicals

**Enzimas  
oxidativas**

**CYP450**

Citocromo P450CysCH<sub>2</sub>S



Idade  
Sexo  
Raça

**Polimorfismo**

**Isoformas  
(24)  
CYP2C18**

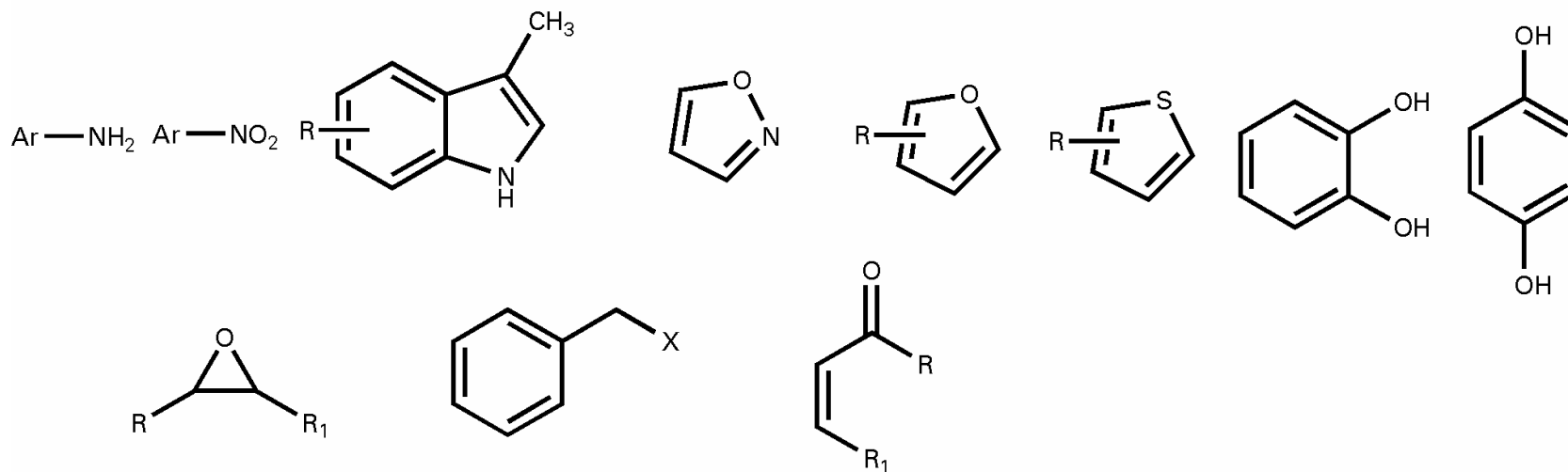
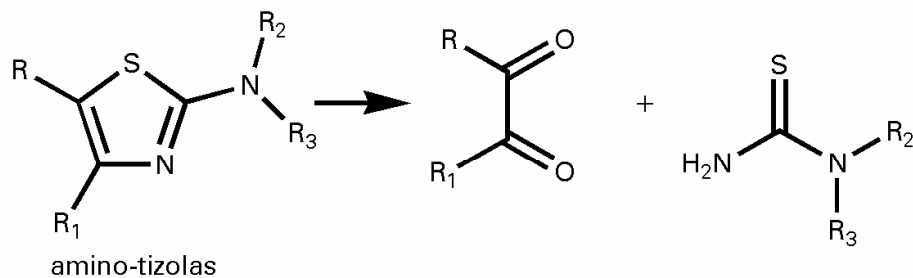
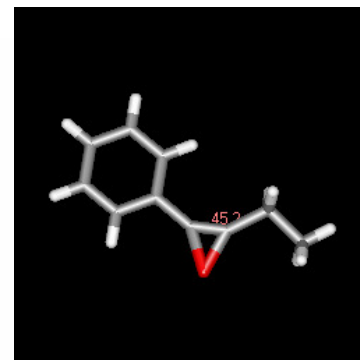
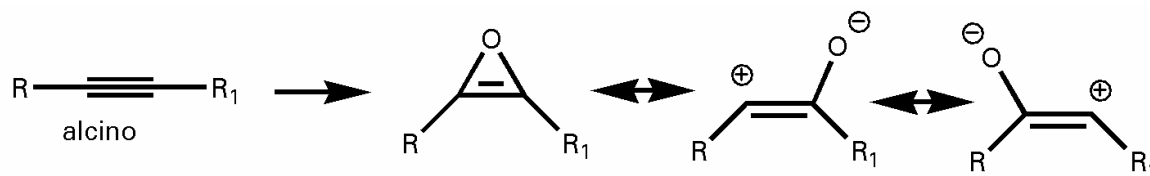
**Interação medicamentosa**

**Indução / Inibição**





# Grupamentos toxicofóricos



$R, R_1, R_2, R_3 = \text{H, alquila, cicloalquila, arila, heteroarila}$   
 $X = \text{grupo abandonador}$



Medicamento

F  
Á  
R  
M  
A  
C  
O  
  
P  
A  
+  
V  
+  
C

Fase farmacêutica

F  
O  
R  
M  
U  
L  
A  
Ç  
Ã  
O

Fármaco

Química Medicinal

Excreção

Eliminação  
*renal*

Bile, fezes, pulmão

Biofase

Agente de  
depósito

Complexo  
tissular

Bioinativação

tóxico

Bioativação

Distribuição

Hepática, plasmática, entérica

Absorção

Metabolismo

F-R

E.T

Polimorfismo, idade,  
raça, sexo

PQF

P  
pKa  
D

Complexo  
plasmático

Indução /  
inibição  
enzimática

Agente de  
deslocamento

Vida-média

Agente de  
co-solubilidade

Afinidade  
Potência  
Eficácia  
Sinergismo

Fase farmacocinética  
(ADME)

Fase farmacodinâmica