

Adenosine is a purine nucleoside that regulates many physiological functions which includes respiratory regulation, neural function, platelet aggregation, hormonal action, lymphocyte differentiation, vascular tone, negative chronotropic and dromotropic effect on heart, also mediates inhibition of neurotransmitter release and lipolysis. These physiological functions have been largely revised.(1),(2)

These functions are mediated through different adenosine receptors. There are four subtypes of AR-A1, A2A-AR, A2B-AR, A3-AR each of these receptors has distinct tissue distribution and effector coupling. They belong to super family of G-protein coupled receptors (3). Among these receptors A1, A3AR1 are closely related based on their sequence similarity while A2A, A2B AR also similarly related. A1 and A3 are primarily coupled to G(s) –family of G-protein. A2A and A2B are mostly coupled to G_i like G-protein. Each of these receptors plays an essential role in responding to adenosine in central nervous system(4), regulating pain (5), cerebral blood flow(6), basal ganglia function (7) respiration (8) and sleep (9.) thus these receptors can be therapeutic targets for several diseases. Development of more selective agonists and antagonists for adenosine receptor subtype provide a class of therapeutics for treatment of numerous human diseases such as pain (10), parkinsons disease (11) asthma(12) huntingtons disease(13). A search for new leads acting on specific adenosine acting on specific adenosine receptors may provide a key for novel therapeutics

A2A-AR subtype is linked to G(s) and G(OLF) protein and upon activation the intracellular levels of cAMP are increased. The expression of A2A AR is highest in brain, spleen, thymus, leucocyte and blood platelets and intermediate in heart, lungs and blood vessel.(14)(15). Crystal structure of A2A AR was determined in 2008, physiological functions of A2A AR are regulation of sensory motor integration in basal ganglia., inhibition of platelet aggregation and polymorphonuclear leucocytes, vasodilation protection against ischemic damage, stimulation of sensory nerve activity. (17) these wide range of functions implies their significant role in the body and use of chemical moieties to alter these functions in disease state (may be agonists or antagonists).

A2A AR antagonists have their role in parkinsons disease, (18) keep regulations (19) controlling alcohol abuse (20) in vivo receptor imaging (21) they can also be used as anti depressant drug. (22) A2A AR agonists can be a treatment for ischemic renal injury (23) paroxysmal supraventricular tachycardia. They can be used as vasodilators (24) antithrombotic agent (25) antiinflammatory (26). they can also be used in treatment of asthma(27), arthritis(28) sepsis (29) inflammatory bowel disease (30) and reduced skin pressure ulcer formation (26) and accelerated wound healing,(31)

In view of the role of A2A AR in these diseases a further study in the subject may reveal beneficial (facts) information for the treatment of such diseases. These receptors became a good targeting strategy to bring out novel therapeutics for effective treatment of diseases..So a 3D QSAR study was taken up on the ligands of A2A receptors to identify a new lead molecule based on pharmacophore model generated.

REFERENCES:

- (1) K. A. Jacobson, Z.G.Gao, Adenosine receptors as therapeutic targets *Nat.Rev., Drug Discovery* 5(2006) 247-264
- (2) M.P. Abbracchio, G. Burnstock, A. Verkhratsky, H. Zimmermann, purinergic signalling in nervous system an overview, *Trends Neurosci.* 32 (2009) 19-29
- (3) B.B. Fredholm, G. Arslanian, L. Halldner, B. Kull, G. Schütze, W. Wasserman, structure and function of adenosine receptors and their genes, *Naunyn – Schmiedeberg's Arch. Pharmacol.* 362 (2006) 19-29
- (4)(a) T.V Dunwiddie, S.A. Masina *Annu. Rev. Neurosci.* 24,31(2001)
(b) K.A. Jacobson, Z.G. Gao, *Nat. Rev Drug Discover.* 5,247 (2006)
- (5) J. Sawynok, X.J. Liu, *Prog. Neurobiol.* 69,313 (2003)
- (6) Y. Shietai, *J. Cereb Blood Flow Method.* 28,111 (2008)
- (7) M.A. Schwarzschild, L. Agnati, K. Fuxe, J. Fritschy, M. Morelli, *Trends Neurobiol.* 29. 647 (2006)
- (8) S. Lahiri, C.H. Nitchell, D. Reigada, A. Roy, N. Schmeck, *Respir. Physiol. Neurobiol.* 157, 123 (2007)
- (9) R. Basheer, R.E. Strecker, M.M. Thatkar, R.W.M. Carley *Prog. Neurobiol.* 73,379 (2009)
- (10) J. Sawynok, X.J. Liu. *Prog. Neurobiol.* 69,313
- (11) A.H. Schapira et al, *Nat. Rev. Drug. Discov.* 5,845 (2006)
- (12) A. Brown, D. Spina, C. Page, *Br. J. Pharmacol.* 153,(suppl),5446(2008)
- (13) D. Blum, R. Hourez, M.C. Galar, P. Popoli, S.N. Schiffmann, *Lancet Neurol.* 2,366(2003)
- (14) F. Meng, G.X. Xie, D. Chalmeri, C. Margan, S.J. Watson, Jr., H. Akil, Cloning and expression of the A2a receptors from guinea pig brain *Neurochem* 66(1996) 613-621
- (15) R.A. Deterfreud, M. Maccollin, J. Gusella, J.S. Flink Characterization and expression of the human A2a adenosine receptors gene, *Neurochem.* 66(1996)362-368.
- (16) Veli-Pekka Jaakola, Mark.T. Griffin, Micheal, A. Hanson, Vadim Cherezov, Ellen Y. Chien, J. Robert Lane, Adhion, P.L. Jzerman, Raymond C. Sterens, the 2.6 Angstrom Crystal structure of a human A2a Adenosine receptor Bound to an Antagonist
- (17) B.B. Fredholm, Adenosine, an endogenous distress signal, modulates tissue damage and repair not cell death and differentiation (2007) 14, 1315-1323
- (18) Michael A. Schwarzschild, Luigi Agnati, Kjell Fuxe, Jiang – Fanchen and Micaela Morelli, Targeting Adenosine A2a receptors in parkinsons disease *Trends in neurosciences* Vol.29 No.11
- (19) Satoh, S., Matsumura, H. & Hayaishi, O. Involvement of adenosine A2A receptor in sleep promotion. *Eur. J. Pharmacol.* **351**, 155–162 (1998)
- (20) Yao, L. *et al.* $\alpha\alpha$ dimers mediate synergy of dopamine D2 and adenosine A2 receptor-stimulated PKA signalling and regulate ethanol consumption. *Cell* **109**, 733–743 (2002).
- (21) Moresco, R. M. *et al.* *In vivo* imaging of adenosine A2A receptors in rat and primate brain using [11C]SCH442416. *Eur. J. Nucl. Med. Mol. Imaging* **32**,405–413 (2005).
- (22) El Yacoubi, M. *et al.* Absence of the adenosine A2A receptor or its chronic blockade decrease ethanol withdrawal-induced seizures in mice. *Neuropharmacology* **40**, 424–432 (2001).

- (23) Okusa, M. D. *et al.* A2A adenosine receptor-mediated inhibition of renal injury and neutrophil adhesion. *Am.J. Physiol. Renal Physiol.* **279**, F809–F818 (2000).
- (24) Fredholm, B. B., IJzerman, A. P., Jacobson, K. A., Klotz, K. N. & Linden, J. International Union of Pharmacology. XXV. Nomenclature and classification of adenosine receptors. *Pharmacol. Rev.* **53**,527–552 (2001).
- (25) Varani, K. *et al.* Dose and time effects of caffeine intake on human platelet adenosine A2A receptors: functional and biochemical aspects. *Circulation* **102**,285–289 (2000)
- (26) Peirce, S. M., Skalak, T. C., Rieger, J. M., Macdonald, T. L. & Linden, J. Selective A2A adenosine receptor activation reduces skin pressure ulcer formation and inflammation. *Am. J. Physiol. Heart Circ. Physiol.* **281**, H67–H74 (2001).
- (27) Fozard, J. R., Ellis, K. M., Villela Dantas, M. F., Tigani, B. & Mazzoni, L. Effects of CGS 21680, a selective adenosine A2A receptor agonist, on allergic airways inflammation in the rat. *Eur. J. Pharmacol.* **438**, 183–188 (2002).
- (28) Montesinos, M. C. *et al.* Adenosine A2A or A3 receptors are required for inhibition of inflammation by methotrexate and its analog MX-68. *Arthritis Rheum.* **48**, 240–247 (2003)
- (29) Sullivan, G. W., Fang, G., Linden, J. & Scheld, W. M. A2A adenosine receptor activation improves survival in mouse models of endotoxemia and sepsis. *J. Infect. Dis.* **189**, 1897–1904 (2004).
- (30) Odashima, M. *et al.* Activation of A2A adenosine receptor attenuates intestinal inflammation in animal models of inflammatory bowel disease. *Gastroenterology* **129**, 26–33 (2005).
- (31) Montesinos, M. C. *et al.* Wound healing is accelerated by agonists of adenosine A2 (G \square s-linked) receptors. *J. Exp. Med.* **186**, 1615–1620 (1997).