WEST-EUROPEAN SYMPOSIA ON CLINICAL CHEMISTRY

VOLUME 2

The Clinical Chemistry of Monoamines

WEST-EUROPEAN SYMPOSIA ON CLINICAL CHEMISTRY VOLUME 2

THE CLINICAL CHEMISTRY OF MONOAMINES

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PREFACE

When the Association of Clinical Biochemists agreed to hold its twenty third National Meeting in Manchester, it was suggested that this should take the form of a two-day symposium to which members of the sister societies in West Europe should be invited. At a meeting held on the eve of the symposium, it was decided to hold a series of West European Symposia on Clinical Chemistry. These symposia would take place annually in each of the participating countries in rotation and be published in book form. The present symposium is the second in the series, the first being considered to be the "Symposium on Water and Electrolyte Metabolism" held in Amsterdam in 1960.

The subject chosen by the Programme Committee was "The Clinical Chemistry of Monoamines", which it was intended should include adrenaline. noradrenaline and related amines, and the 5-hydroxyindoles. These were to be considered from the standpoints of their metabolism, methods of determination, clinical, pathological, clinical chemical, pharmacological and toxicological aspects. The symposium took the form of a series of papers by invited speakers followed by the presentation of short papers by participants and by discussion. The symposium was held at Manchester University on the 17th and 18th of July, 1962 and 197 participants attended. A list of these appears on pages vii-xii of the book. The papers are printed in full, for the most part as delivered, but in some cases where it was thought that this would increase the value of the contributions, authors have been allowed to include additional material. Short papers and discussions were recorded and edited later from the tape and from scripts submitted by the contributors. A standard system of abbreviations and nomenclature has been adopted throughout the book by the Editors. A list of these is included.

We should like to thank all those who read papers and contributed to the discussions for submitting their material for publication and to acknowledge most gratefully, generous financial assistance given by the following firms:

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ABBREVIATIONS AND NOMENCLATURE

In the following list, the terms in the left hand column are the ones used throughout this book:

Adrenaline epinephrine

5,6-quinone of 2,3-dihydro-3-hydroxy-1-methylindole Adrenochrome

N.N-dimethyltryptamine Bufotenin central nervous system CNS cerebrospinal fluid CSF DHMA 3.4-dihydroxymandelic acid 3.4-dihydroxyphenylalanine Dopa 3,4-dihydroxyphenylacetic acid Dopac

5,6-quinone of 2,3-dihydroindole-2-carboxylic acid Dopachrome β-3,4-dihydroxyphenylethylamine, 3-hydroxytyramine Dopamine

N-methyldopamine Epinine

5-HIAA 5-hydroxyindole-3-acetic acid

4-hydroxy-3-methoxymandelic acid, VMA AMMH HMPG 4-hydroxy-3-methoxyphenyl glycol 4-hydroxy-3-methoxyphenylacetic acid Homovanillic acid 5-hydroxytryptamine, serotonin, enteramine 5-HT

5-hydroxytryptophan 5-HTP LSD lysergic acid diethylamide MAO

monoamine oxidase

Melatonin N-acetyl-5-methoxytryptamine

Metadrenaline 3-O-methyladrenaline, metanephrine nicotinamide-adenine dinucleotide, DPN NAD

NADP nicotinamide-adenine dinucleotide phosphate, TPN

Noradrenaline norepinephrine

Normetadrenaline 3-O-methylnoradrenaline, normetanephrine β -p-hydroxyphenyl- β -hydroxyethylamine Octopamine

Synephrine N-methyloctopamine THI trihydroxyindole Tryptamine β -3-indolylethylamine

 β -p-hydroxyphenylethylamine Tyramine

DRUGS

Wherever possible, we have used the Approved Name selected by the British Pharmacopoeia Commission instead of one of the many proprietary names. In most cases, the name in use in the U.S.A. is identical, but where it differs, the American name follows the Approved Name in brackets, e.g. Nialamide (Niamide). In the case of Methyldopa, we have preferred to use the term, α -Methyldopa, in order to avoid possible confusion in the catecholamine field where N-methylation and O-methylation is so common. In the few cases where no Approved Name exists, we have employed the term quoted by the author.

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INTRODUCTION BY THE PRESIDENT OF THE ASSOCIATION OF CLINICAL BIOCHEMISTS

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In opening this Symposium on the Clinical Chemistry of Monoamines it is a pleasure to welcome you all to Manchester to discuss this very topical and extremely important field. I am particularly pleased to see our visitors from abroad and to note the fact that they include Prof. Dr. Ruyssen, President of the Belgian Society of Clinical Chemistry, Prof. Dr. Werle, President of the Section of Clinical Chemistry in the German Society of Physiological Chemistry, Prof. de Traverse, President of the French Society of Biological Chemistry and Dr. Strengers, President of the Dutch Association of Clinical Chemistry.

With regard to our contributors, I am looking forward very much to hearing the communication from Dr. Axelrod whose work on 3-O-methylation and other aspects of catecholamine metabolism puts him amongst the world's leaders in this field. Recently a new metabolite has been isolated from the urine of patients suffering from schizophrenia [1]. It appears to be 3,4-dimethoxyphenylethylamine, and its presence would suggest that there is a 4-O-methyltransferase in schizophrenic patients. Although the results must be viewed with caution, this could be an important breakthrough in the biochemical understanding of this disease. It will be a privilege to hear what Dr. Axelrod has to say about this and other aspects of 4-O-methylation. I am also looking forward with great expectation to Prof. Pletscher's remarks dealing with the effects of drugs on monoamine metabolism. This is an extremely important field of modern therapeutics and he is indeed an acknowledged expert.

Studies in relation to monoamines lead us into very widespread fields, ranging from the diagnosis of phaeochromocytoma on the one hand to psychiatric medicine on the other. There seems little doubt in relation to the latter aspect that careful study has led to scientific methods of exorcizing those devils of the mind which have possessed the mentally bewitched. Indeed, a great contribution to human happiness, as well as an important step to the eventual understanding of mental processes, has been made through these studies. There seems little doubt that 5-hydroxytryptamine (5-HT) is in some way concerned with higher nervous function, although it must be admitted that we have no real evidence as yet which points precisely to its mode of action, but the neurobiochemist is rapidly producing a good deal of evidence in this field and no doubt much valuable information will be derived.

In relation to physical medicine, the study of catecholamine metabolites is proving extremely important both in the diagnosis of phaeochromocytoma and of neuroblastoma. Studies of the metabolites of 5-HT are also playing an important part in diagnosis, especially in regard to carcinoid tumours and other

biochemically related conditions. Dr. Jepson's authoritative remarks on the metabolism of the hydroxyindoles will further educate us in this field.

There has been some confusion in the clinical chemical laboratory with regard to the various technical methods used. I am, therefore, looking forward very much to what Mr. Ruthven has to say about the methods of determination of 4-hydroxy-3-methoxymandelic acid and other related catecholamine metabolites as well as to Dr. Smith's remarks on chromatographic techniques. Dr. Sandler's information in relation to hydroxyindoles will, I hope, go a long way to standardizing methods in this field.

Monoamine oxidase inhibitors and many of the tranquillizers are threatening to become popular with potential suicides. In this country, there is no greater authority on this subject than Dr. Curry. We shall have much to learn from what he has to say about his valuable experiences in relation to the toxicology of tranquillizers and the like.

Whilst I have not mentioned all of the speakers by name, it suffices for me to say that each is an acknowledged expert in his particular field and that we have been particularly happy in our choice. There is no doubt that we shall hear much of interest and value and that we shall leave this Symposium much wiser than when we arrived. I am sure that nothing but good can come from this type of collaboration involving clinicians, morbid anatomists, psycho-pharmacologists, physiologists and biochemists. It must inevitably lead to an integrated concept of molecular pathology which, when combined with advancing knowledge of molecular biology, will lead to much greater understanding of the living organism and its disorders.

REFERENCE

1. A.J. Friedhoff and E. van Winkle, Nature, 194 (1962) 897.