

Neurochem

Fri. Mar. 2/07

- Most important type of transporter is the 1° transporter (Na^+/K^+ ATPase).
- 2° transporters - require an established gradient
 - ↳ same direction - symporter
 - ↳ opposite " - anti-transporter.
- coca cola - made of coca plant + Kola Nut.
 - ↳ give taste + flavour.
 - ↳ provide caffeine
- before 1903, cocaine was in coca cola.
 - ↳ affects monoamine neurotransmitter in the brain.
- monoamine NT - only have one amine group.
 - ↳ dopamine, norepi, serotonin.
 - ↳ dopamine is a precursor of norepi
- most are G-protein coupled receptors.
- substantia nigra + ventral tegmentum → where dopamine is.
 - + limbic system → controls mood
- dopamine is important for behaviour reinforcement, motor control.
- norepinephrine controls the sleep-wake cycle
 - ↳ present on presynaptic terminals on plasma membrane.
- NT's are ^{*}uptaken by transporters } to get rid of NT.
 - or are degraded

transporters of monoamine NT:

- DAT → let 2Na^+ move, 1Cl^- and 1 dopamine
 - ↳ these share molecular structure.
- one polypeptide chain but 12 transmembrane domains

- Once they are in cytosol, they can either [] back in vesicle or be degraded.
- V_0V_1 -type proton pump \rightarrow pump protons into vesicle.
- Vesicular monoamine transporter (VMAT) \rightarrow not very selective.
- require DAT to allow NT reuptake
- also need monoamine transporter to [] back in vesicle.
- DA autoreceptors - will \downarrow the release of NT's.
 \rightarrow \ominus ve feedback system.
- cocaine blocks the uptake of NT's (blocks DAT).

Psychostimulants

- cocaine, amphetamine, methamphetamine.
- blocks transporters for dopamine \therefore have more dopamine in synaptic cleft.
- amphetamine - gets into terminal by transporter or diffusion
 \rightarrow goes into synaptic vesicles + affects H^+ gradient.
 \therefore dopamine gets released into synaptic terminal.
- also affects MAO - degraded dopamine
 \rightarrow monoamine oxidase.
- ↑ arousal, alertness, give feeling of euphoria
- used to be used to treat narcolepsy (sleep too much)
- Ritalin \rightarrow used to treat ADD
 \rightarrow is an amphetamine analog.
- also \downarrow 's appetite.
- creates a dependence + addictive + may cause depression.
- now still use amphetamine to treat soldiers \rightarrow help them stay awake

Prozac - an inhibitor for serotonin transporter
 \rightarrow used to treat depression.

SSRI's - selective serotonin reuptake inhibitors
↳ ∴ ↑ amount of serotonin in the synaptic cleft.
↳ billion\$ industry!

- take a month to see the effect of the drug.
- still don't have a cure for this type of mood disorder.
- by removing the transporter, you can detect an ↑ in the amount of NT (↑ lifetime) but ↓ release.
↳ ↑ synthesis.

- monoamine NT's play a role in mood + depression.
- SSRI has been used to treat depression.

Parkinson's disease - 0.2% of people over 65.

- ↳ some people lose the ability to move their muscles.
- ↳ have some tremors + @ the end cause muscle rigidity

- occurs in substantia nigra → region of the brain that is pigmented.
↳ in Parkinson's, get loss of the majority of these neurons → make dopamine.

MPTP → a toxin that kills dopaminergic neurons.

- ↳ in mid 1970's, early 80's, there was a shortage of heroin ∴ people tried to make an analog of heroin → meperidine (MPPP)
- Barry Kidston → tried to make MPPP himself in his basement
↳ chemistry student.
↳ @ one point, got into problem w synthesis
↳ when he injected it into his body, he developed Parkinson's. → this is b/c he injected MPTP instead which kills dopaminergic neurons.

Hilroy

→ affects dopaminergic neurons

MPTP - can pass through dopamine transporter
↳ neurotoxic b/c it produces free radicals in mitochondria + affect ATP production.

- if you inject MPTP into animals w/ DAT knockout, will not have an effect.
- ↑ # of people in China develop Parkinson's → maybe b/c there is more pollution (more neurotoxins).

Neuropathic pain - caused by damages of nerve fibers → require for sending signal to the brain

↳ the threshold for pain ↓'s.

↳ very hard to treat b/c still need these fibers.

↳ related to pathway that ends in ^{thalamus} cingulate cortex.

- pain pathways go from the spinal cord → brain

↳ if inhibitory signal, will inhibit this pathway

(mediated by GABA → K^+/Cl^- transporter) → $KCC2$.

- if you open a Cl^- channel, Cl^- will flow inside cell + act inhibitory

- in neuropathic pain conditions, microglial cells will secrete BDNF + activate receptors → ↓ expⁿ of $KCC2$ + activate $NKCC1$ → will cause Cl^- to accumulate inside + ∴ can exit + affect other cells.