

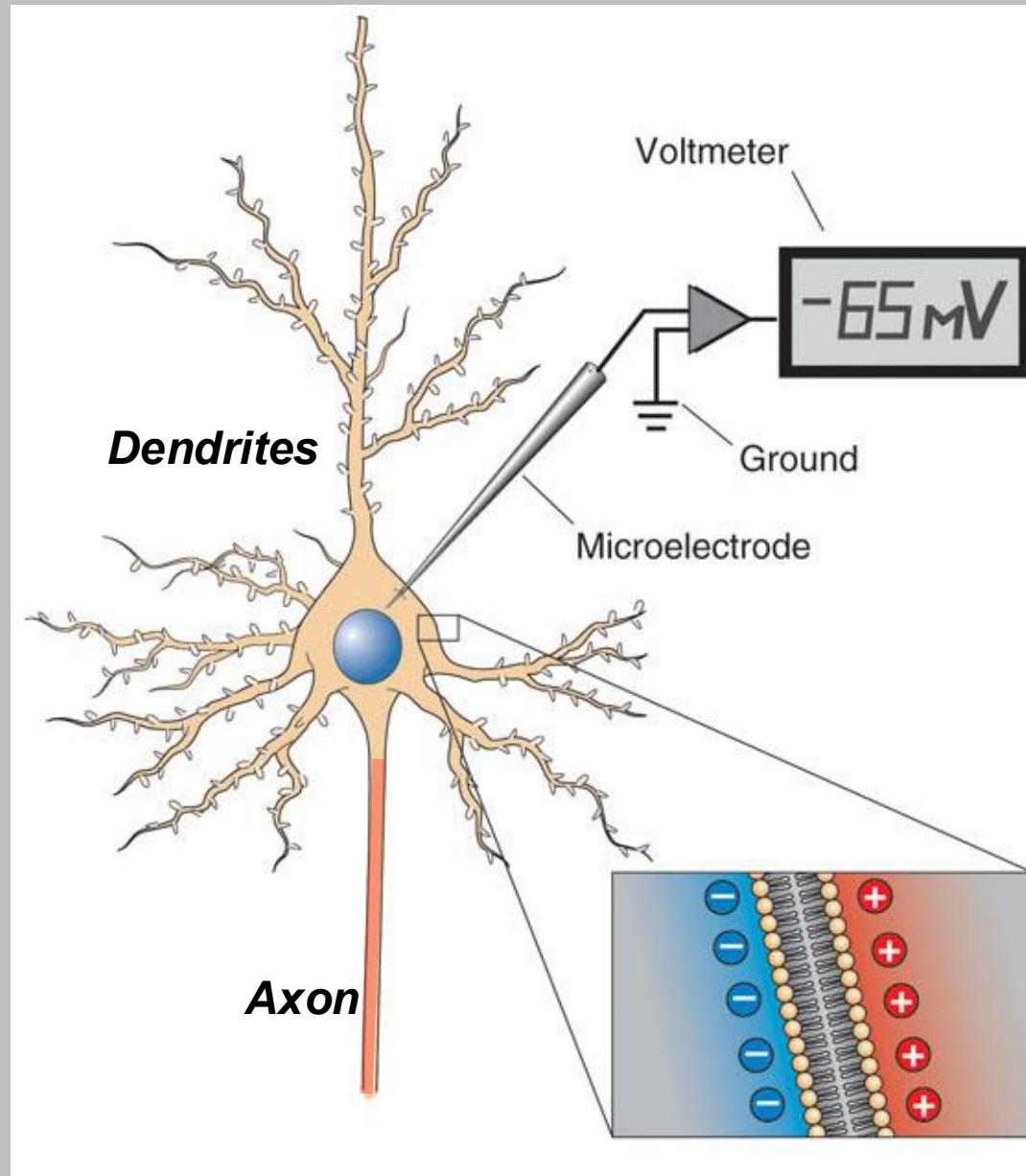
Session objectives

- Students will be able to describe how different ionic conductances create the resting membrane potential of neurons.
- Students will be able to describe how different ionic conductances generate an action potential as well as the different phases of the action potential
- Students will be able to describe the anatomy and physiology of chemical and electric synapses.
- Students will be able to describe the major steps that characterize synaptic transmission beginning with an action potential in the presynaptic neuron to depolarization or hyperpolarization in the postsynaptic neuron
- Students will be able to describe several examples of the clinical relevance of ion channels and synaptic transmission.



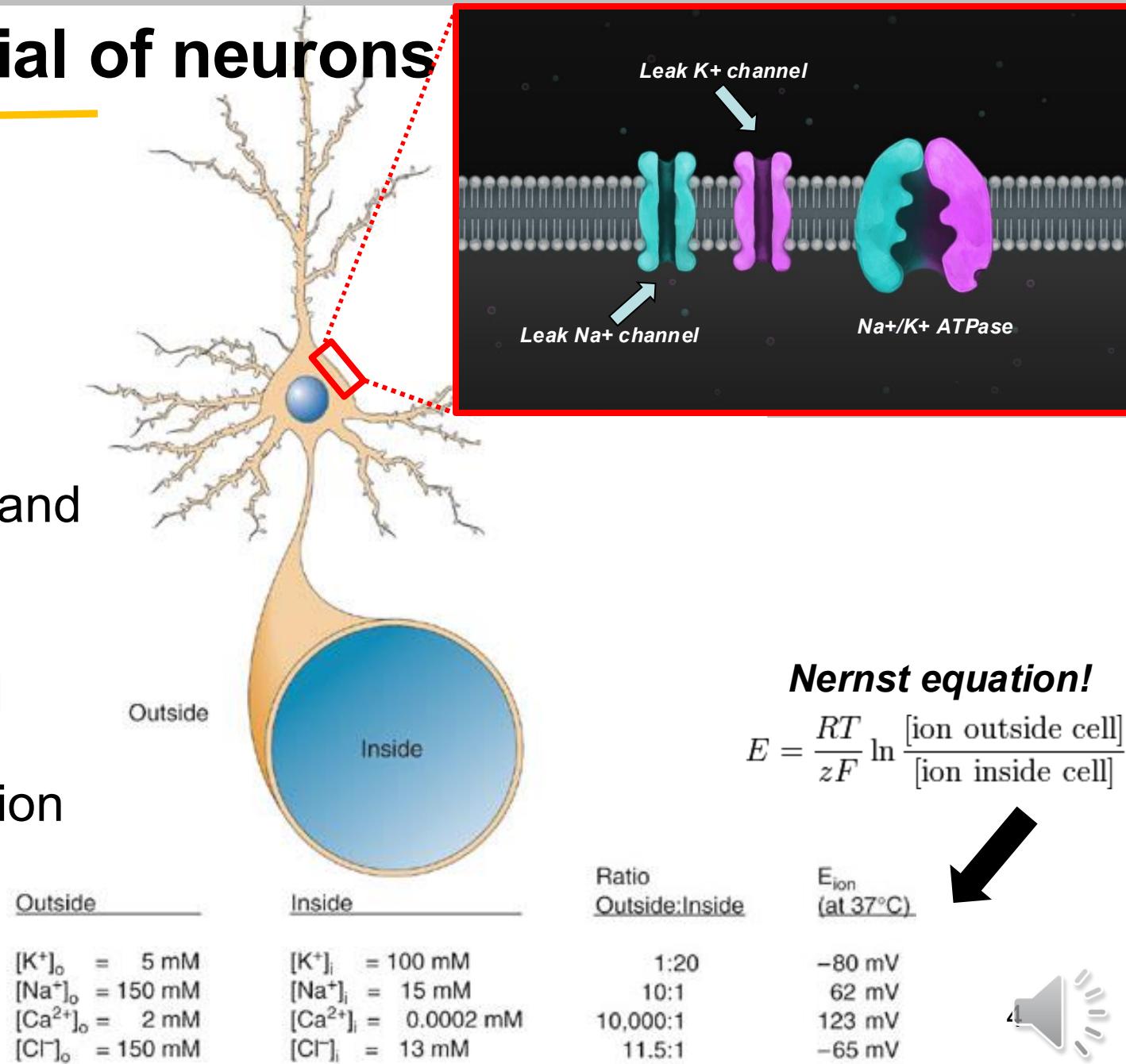
Neuronal resting membrane potential (rVm)

- Neuronal membrane changes, electric activity, and synaptic connections creates behavior!
- rVm of neuron is “hyperpolarized” (more negative) relative to the extracellular side.
- rVm is $\sim -65\text{mV}$ in many central neurons but can vary by $+/-15\text{mV}$.
- Membrane potential physiology also important to understand cardiovascular function.



Resting membrane potential of neurons

- Hyperpolarized rV_m is established by...
- 1] Na/K pump $\rightarrow 3\text{Na}^+ \text{out} / 2\text{K}^+ \text{in}$
- 2] membrane channels selectively permeable to certain ions “leak” K⁺ and “leak” Na⁺ channels.
- 40X more “leak” K than “leak” Na
- 3] unequal concentration of charged ions present in the intra vs. extracellular space determine direction and extent of ion flow.



Action Potentials (APs)

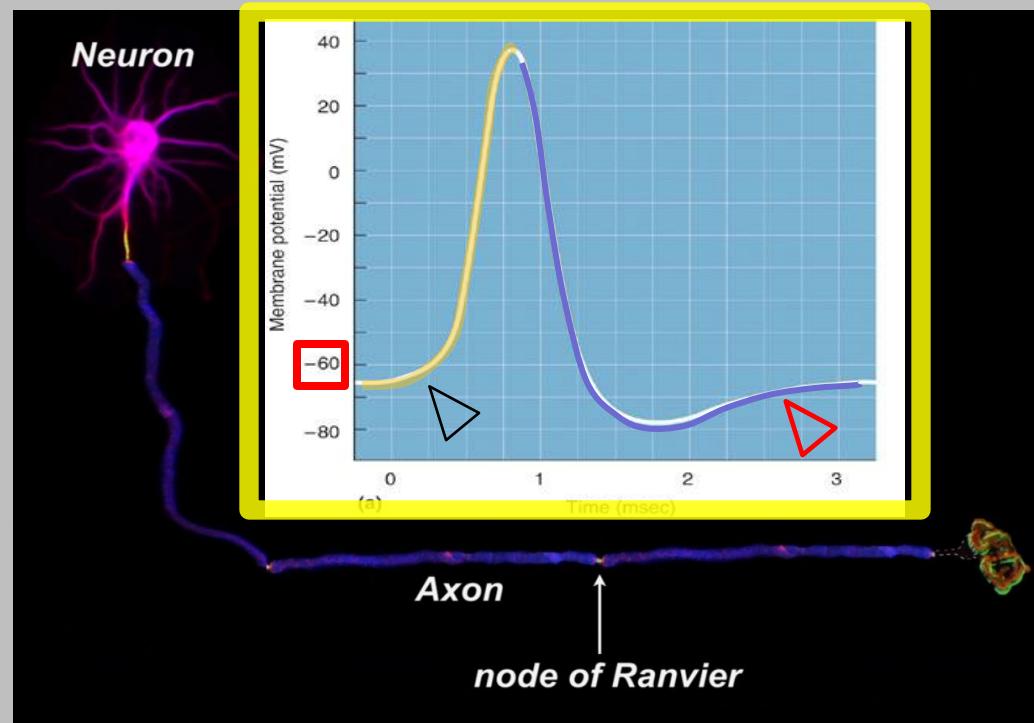
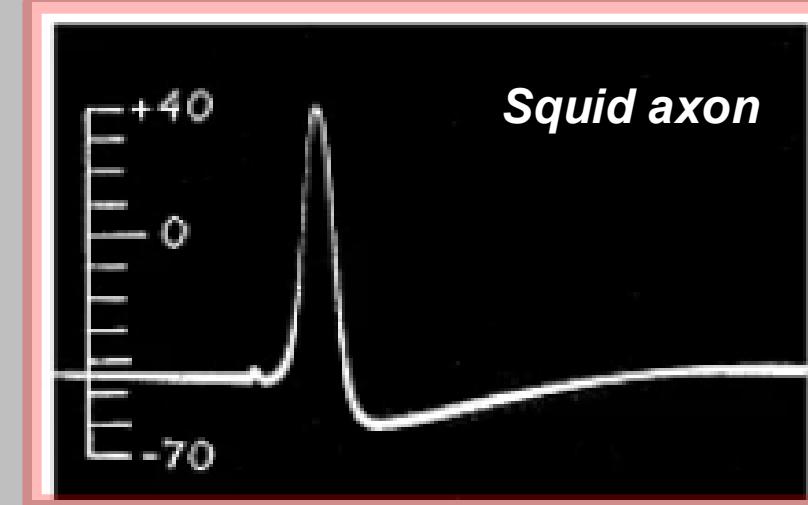
APs are the *information carrying electrical signal of neurons about the external world, motor commands, emotions, etc.*

Neurons have a *threshold* for AP generation – depolarization to $\sim -40\text{mV}$ then... bang!

What determines the AP threshold? – the “voltage-gating” of voltage-gated Na^+ channels (activation voltage $\sim -40\text{mV}$)

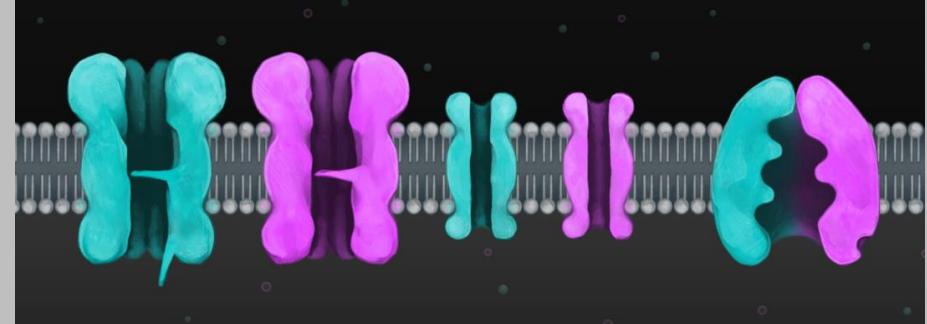
APs are generated by the activation of voltage-gated Na^+ and K^+ channels.

Travel down the axon and cause neurotransmitter release which is used to communicate across neuronal connections (synaptic transmission).



Action potential simulation:

<https://neuromembrane.ualberta.ca/>



ACTION POTENTIAL
Simulation

? A ↴ ↴ ⌂

LEAK CHANNELS + MEMBRANE SETTINGS

Relative Permeability
 Na^+ 1 K^+ 40

Net Conductance (mS)

NA⁺ CHANNEL +

Conductance (mS)

Reverse Potential 0.0 mV

Inactivation Gate

TTX Neurotoxin

K⁺ CHANNEL +

Conductance (mS)

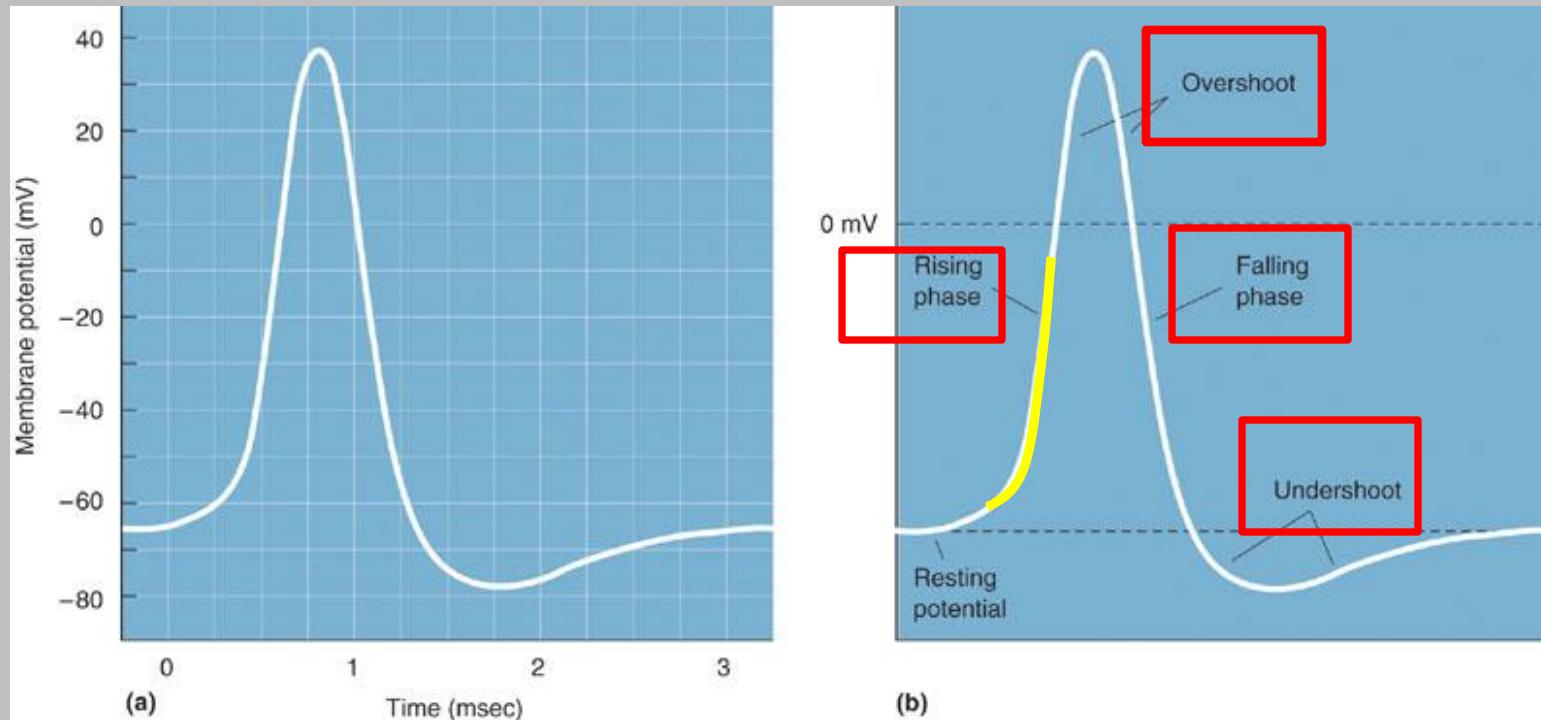
Reverse Potential 0.0 mV

CREATE SIMULATION

Speaker icon

This screenshot shows the interface of the Action Potential Simulation tool. On the left, there are three main sections: LEAK CHANNELS, NA⁺ CHANNEL, and K⁺ CHANNEL. Each section contains parameters like relative permeability, conductance, and reverse potential. The NA⁺ channel section also includes controls for inactivation and TTX neurotoxin. On the right, a dark background shows a 3D model of a phospholipid bilayer membrane with several protein channels embedded in it. At the bottom center is a white button labeled 'CREATE SIMULATION'. In the bottom right corner, there is a speaker icon indicating audio functionality.

4 Phases of the AP



- 1. Rising phase = initial rapid **depolarization** – opening of **voltage-gated** Na⁺ channels
- 2. Overshoot = portion of the AP that is depolarized > 0mV – opening, closing, inactivation of Na⁺ channels and opening of K⁺ channels.
- 3. Falling phase = rapid **hyperpolarization** – opening of **voltage gated** K⁺ channels
- 4. Undershoot = portion of AP that is hyperpolarized past resting V_m toward (E_{K+}, -80mV) - closing of K⁺ channels.

Clinical correlates: Mechanisms of neurotoxins



Tetrodotoxin (TTX)

- potent sodium channel blocker
- found in symbiotic bacteria in Pufferfish eg. genus *Lagocephalus*
- eaten in small amounts causes tingling and numbness of the mouth.
- eaten in large amounts can cause limb weakness, respiratory failure and cardiac arrest
- symptom onset varies from immediately to ~15mins

Saxitoxin

- potent sodium channel blocker
- produced by dinoflagellates found in shellfish
- causes "paralytic shellfish poisoning"
- similar symptoms as in TTX poisoning

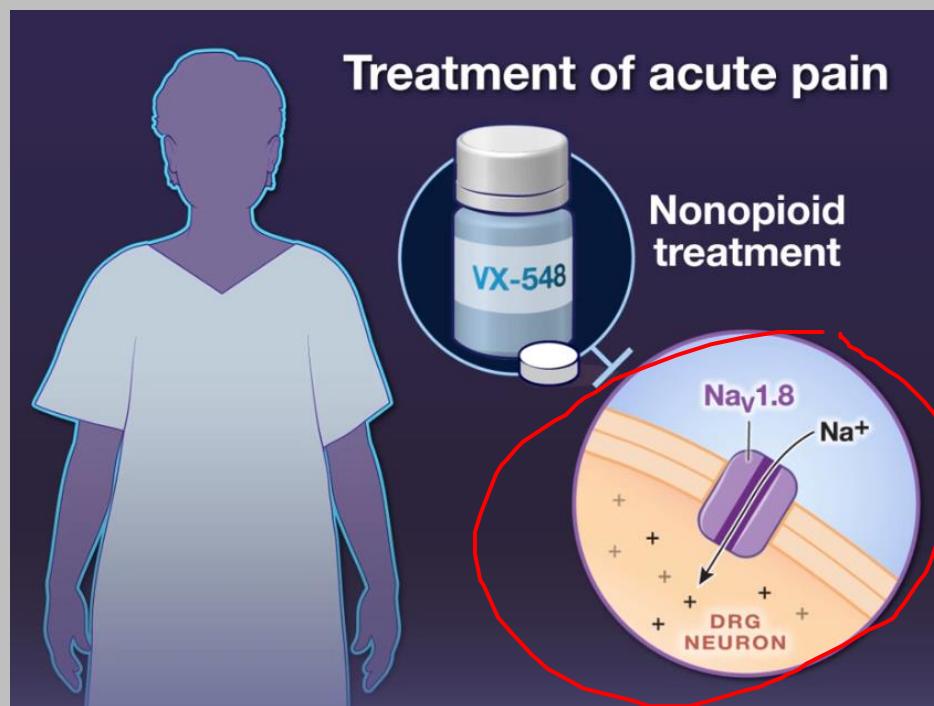
α -dendrotoxin

- potent potassium channel blocker (Kv1)
- found in venom of the green mamba *Dendroaspis angusticeps*
- prolongs action potentials affecting neuro and cardiovascular function

Targeting VG Na channels for the treatment of pain (ex. after surgery).

Block action potentials in peripheral neurons (DRGs) carrying pain info to brain.

DRGs express voltage gated Na⁺ channel (Nav1.8) that is not found in central neurons.



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Selective Inhibition of Na_v1.8 with VX-548 for Acute Pain

J. Jones, D.J. Correll, S.M. Lechner, I. Jazic, X. Miao, D. Shaw, C. Simard, J.D. Osteen, B. Hare, A. Beaton, T. Bertoch, A. Buvanendran, A.S. Habib, L.J. Pizzi, R.A. Pollak, S.G. Weiner, C. Bozic, P. Negulescu, and P.F. White, for the VX21-548-101 and VX21-548-102 Trial Groups*

VX-548 now called suzetrigine (Journavx)

This site is intended for US residents only.

Patient Information Prescribing Information Important Safety Information JOURNAVX En Español For Healthcare Professionals

JOURNAVX™ (suzetrigine) 50mg tablet About JOURNAVX™ Savings and Support Resources Stay in Touch Share Your Story

How pain works

1 Pain signals are created by injury or surgery
2 Pain signals move through the peripheral nervous system
3 Pain is felt when pain signals reach the brain

How JOURNAVX works

1 Pain signals are created by injury or surgery
2 JOURNAVX reduces pain signals before they reach the brain
3 JOURNAVX works in the peripheral nervous system

VG Sodium channel gene mutations in PNS cause pain syndromes

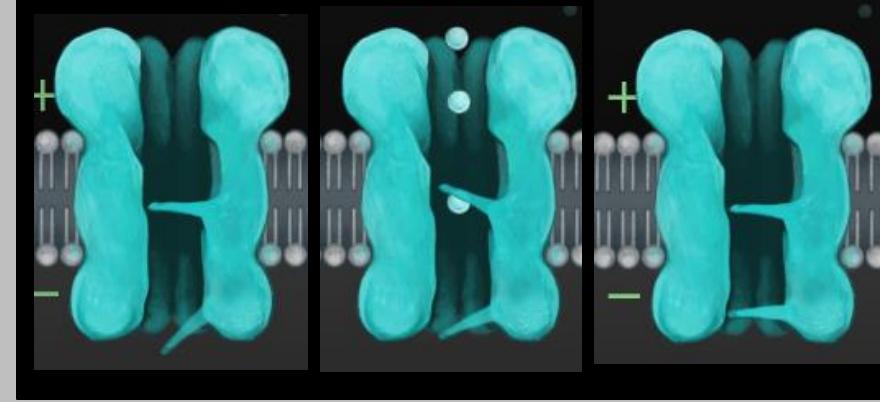
- Mutations can change channel function increasing activity – too many action potentials, abnormal pain signals sent to CNS

1] Inherited Primary Erythromelalgia (Nav1.8) rare syndrome of intermittently **red, hot, painful extremities**. Usually affects the lower extremities (predominantly the feet) but may also involve the upper extremities (predominantly hands) and rarely involves the face. Symptoms present in the first two decades of life.

2] Familial Episodic Pain Syndrome (Nav1.7) also rare and characterized by intense, recurrent pain attacks, which often subside with age. Autonomic symptoms include excessive sweating, palpitations, and breathing difficulties. Pain can be in more proximal areas such as shoulders, chest, knees.

- Mutations can changes channel function reducing activity – too few action potentials, reduced pain signals sent to CNS

1] Congenital Pain Insensitivity/ Congenital Analgesia (Nav1.7) condition characterized by the (near) complete absence of pain perception typically associated with noxious stimuli. Patients have painless injuries beginning in infancy but otherwise normal sensory modalities.



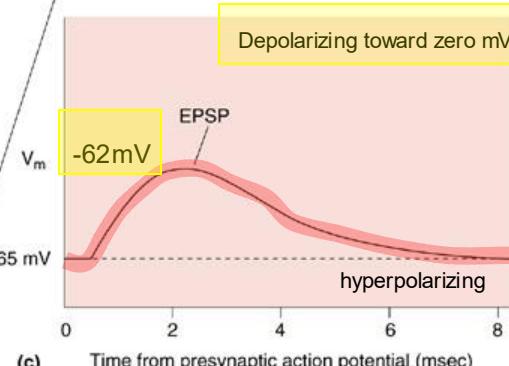
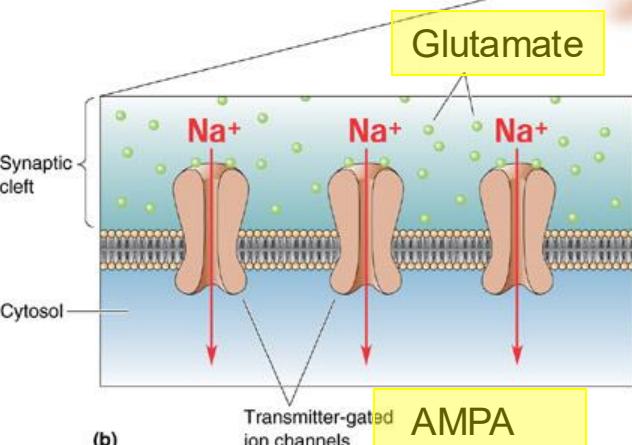
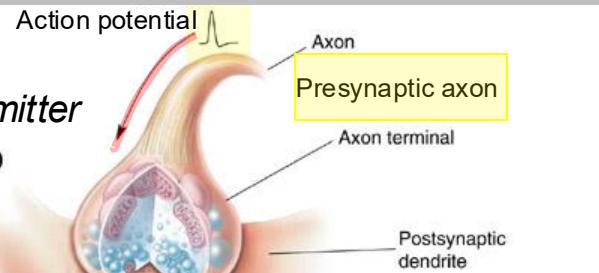
Conclusions (Part 2):

- The neuronal membrane contains voltage-gated Na^+ and K^+ channels that contribute to the generation of the action potential
- The action potential has distinct phases which are produced by the sequential opening and closing of Na^+ and K^+ channels
- Action potential generation can be modified by ion channel blockers such as TTX and lidocaine and Journavx.
- Gene mutations affecting voltage gated Na^+ channels produce pain syndromes

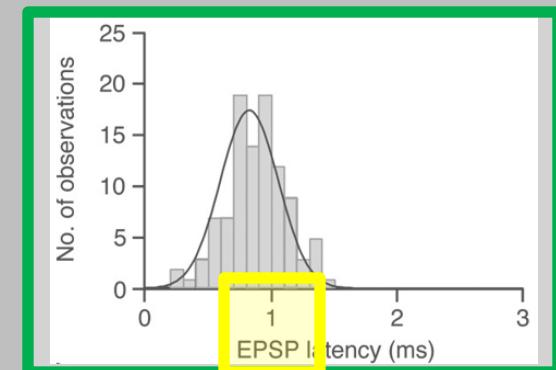
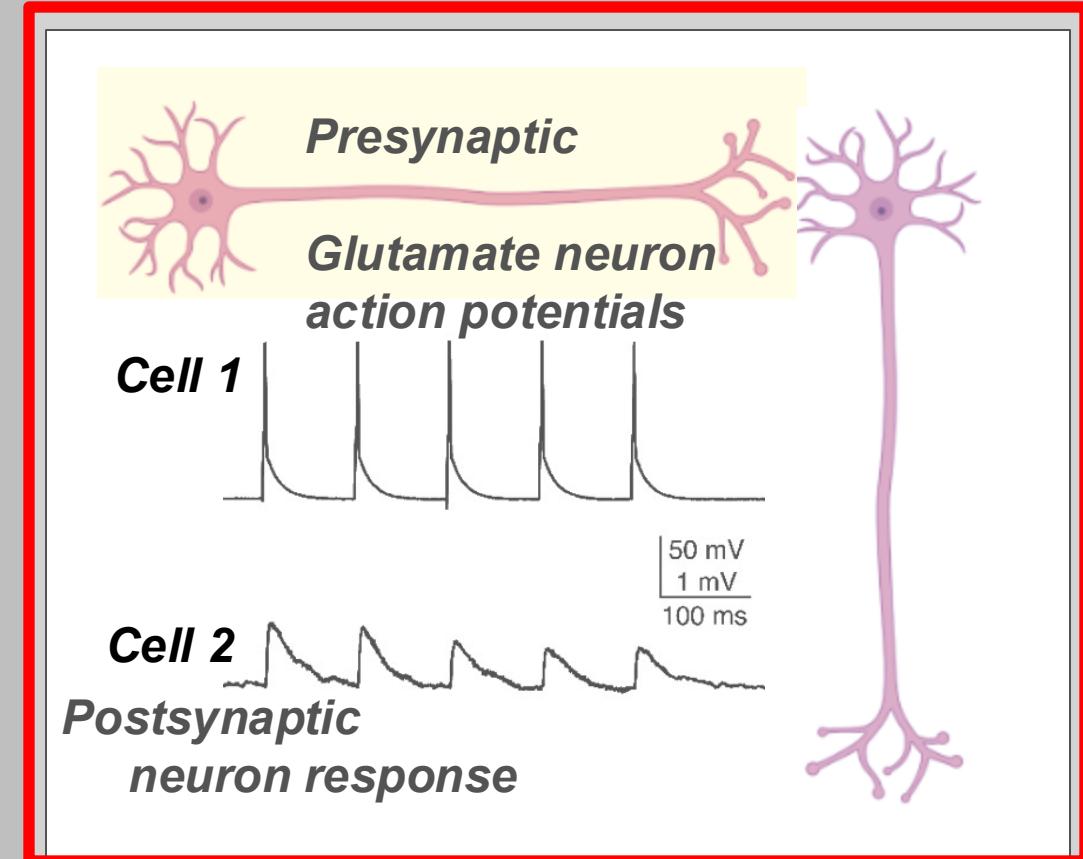
Glutamate synapses depolarize the postsynaptic neuron

*** Presynaptic voltage-gated

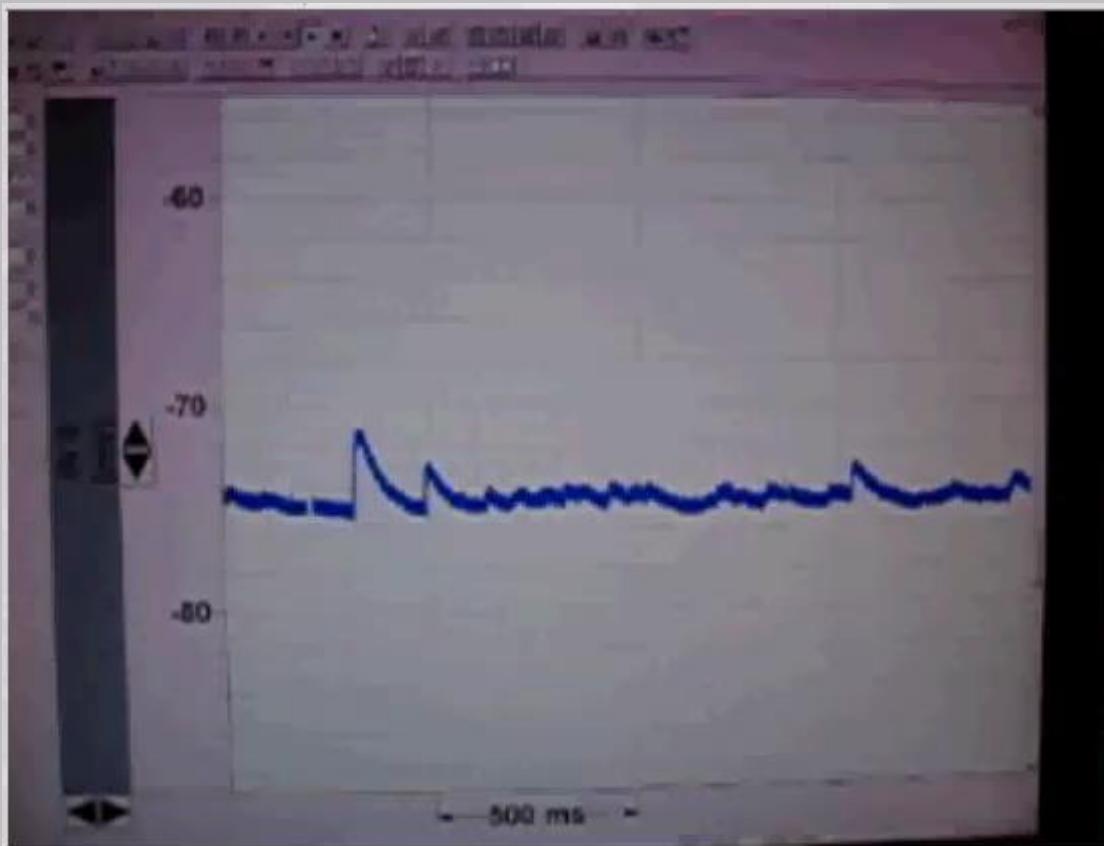
Ca⁺ channels cause neurotransmitter release at the terminal.



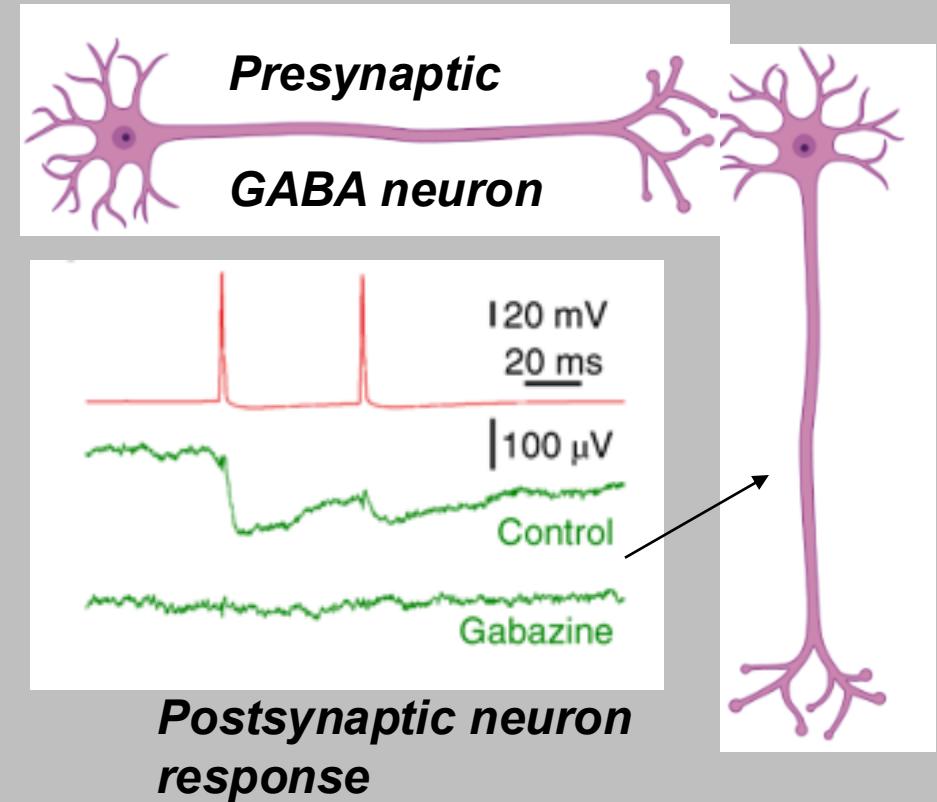
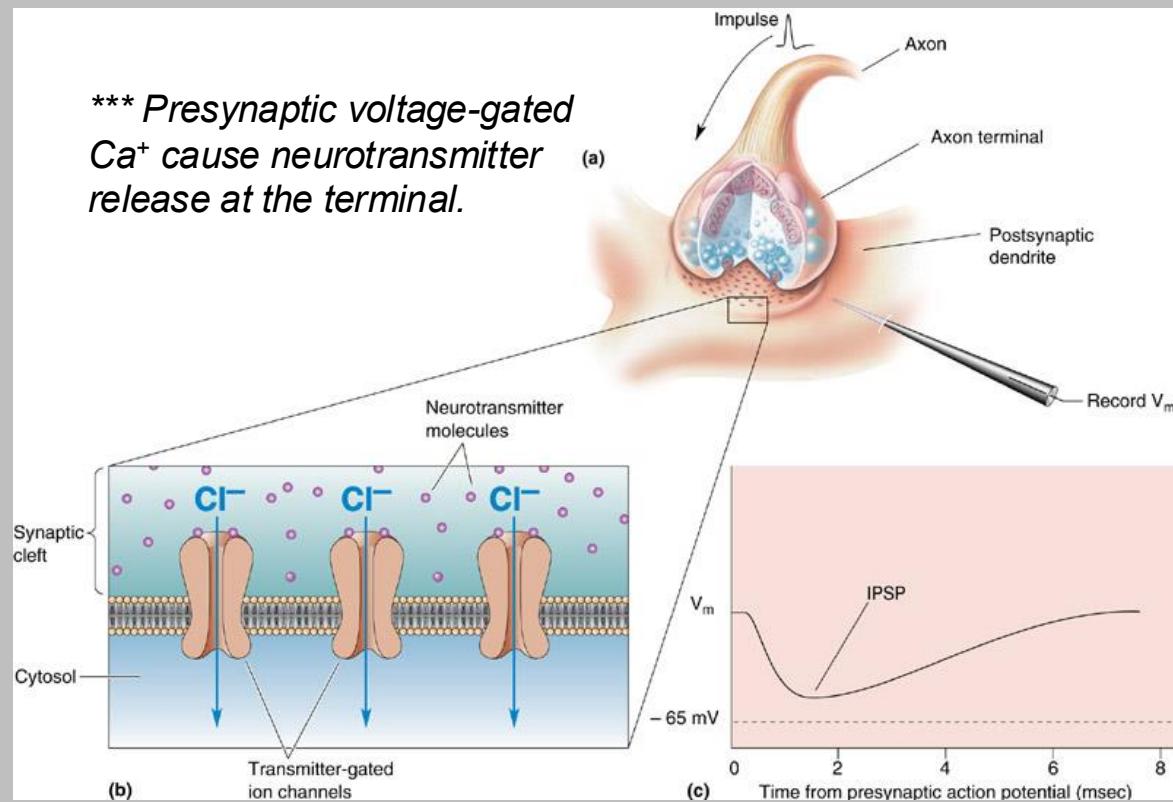
- AP induced release of Glutamate into cleft
- Ionotropic glutamate receptors (AMPA) have a Na⁺ pore. Glu binding opens channel and Na⁺ rushes into the cell (some K⁺ out of the cell).
- Depolarizes postsynaptic neuron which might contribute to AP generation in postsynaptic neuron.



Excitatory postsynaptic potentials- EPSPs



GABA synapses hyperpolarize the postsynaptic neuron

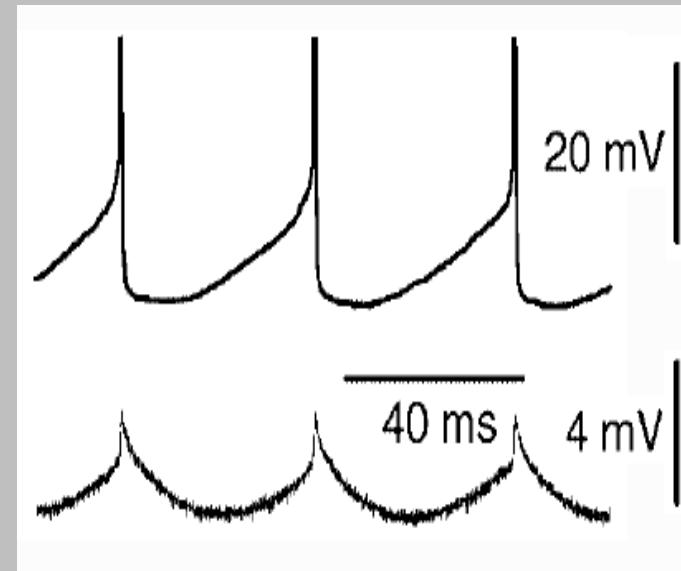
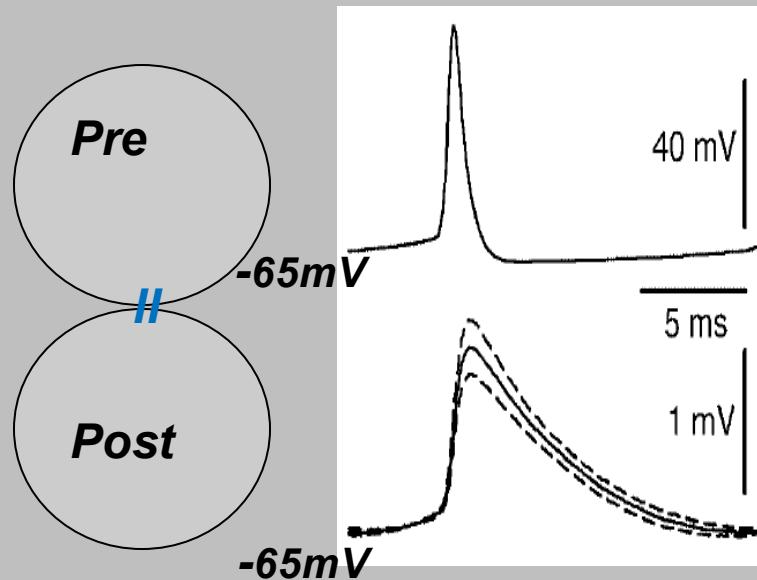


- AP induced release of GABA
- Ionotropic GABA_A receptors have a Cl^{-} pore.
- Cl^{-} rushes into the cell due to concentration gradient
- Make it harder for the postsynaptic neuron to fire APs

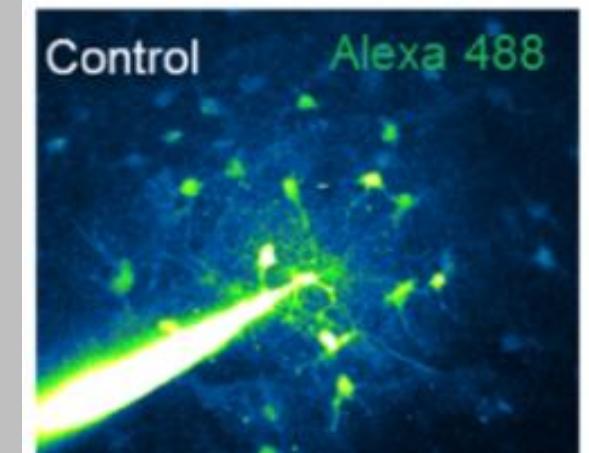
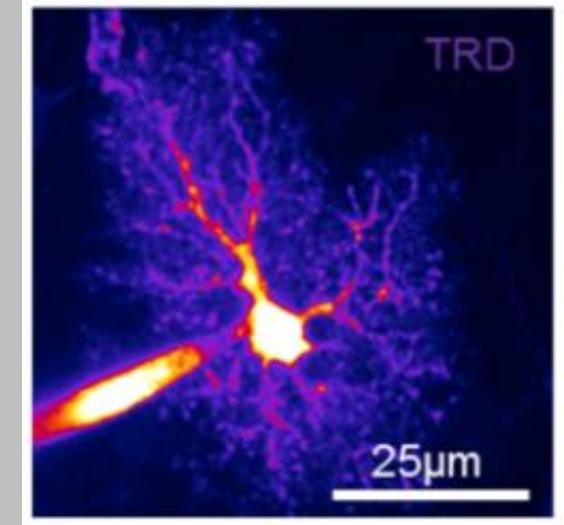
Boldog et. al 2018



Gap junctions/Electrical synapses: no neurotransmitter used



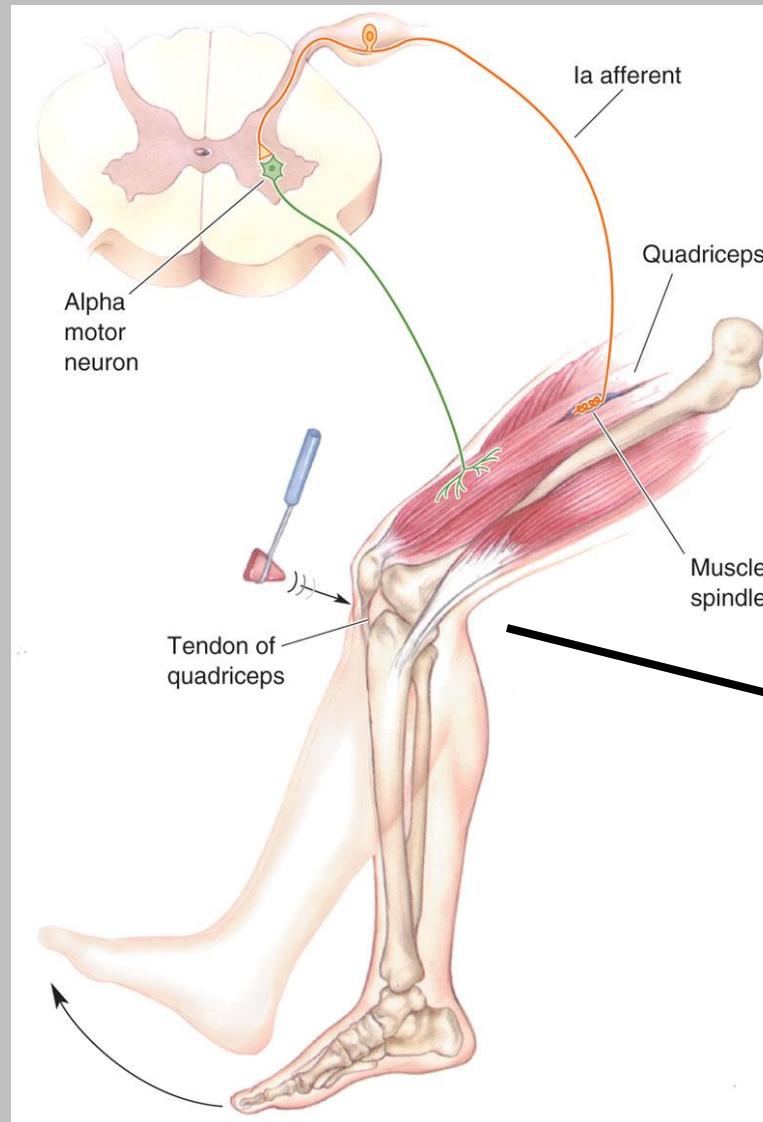
Connors & Long 2004



- **Gap junctions allow direct ion & small molecule flow from one neuron to the other which can depolarize or hyperpolarize the postsynaptic neuron**
- **Amplitude attenuation of currents**
- **Usually bidirectional**
- **Fastest type of neural communication <1ms**
- **Can depolarize neurons**

Patellar-tendon reflex:

Great example of how neuronal connections and synaptic physiology creates behavior! Sensation & movement response

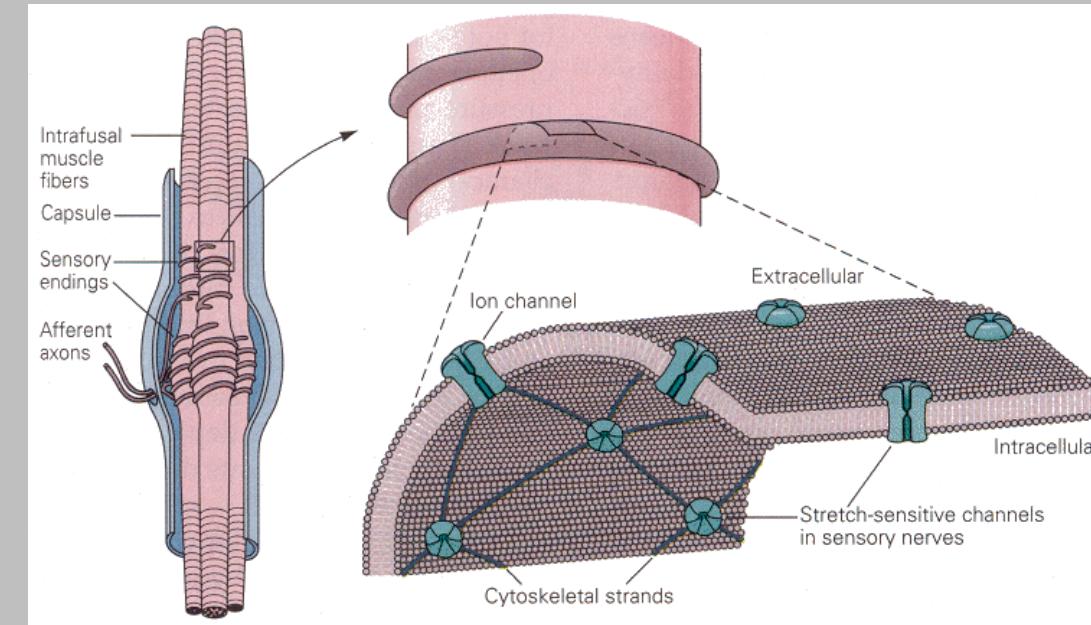


Sensory pathway:

Stretch-sensitive channels on 1a axons depolarize neuron and open voltage gated Na⁺ channels causing AP.

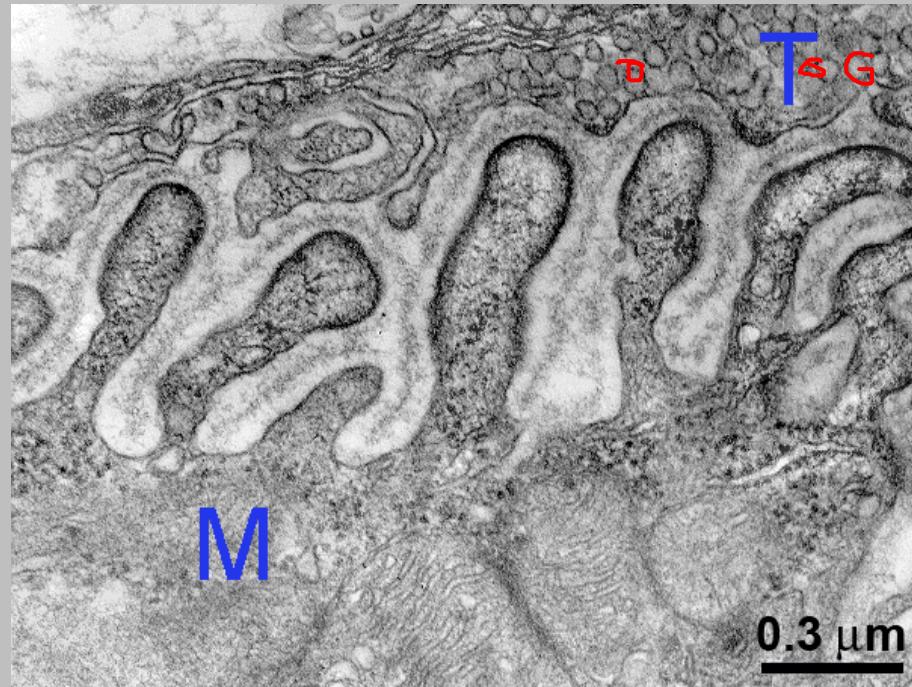
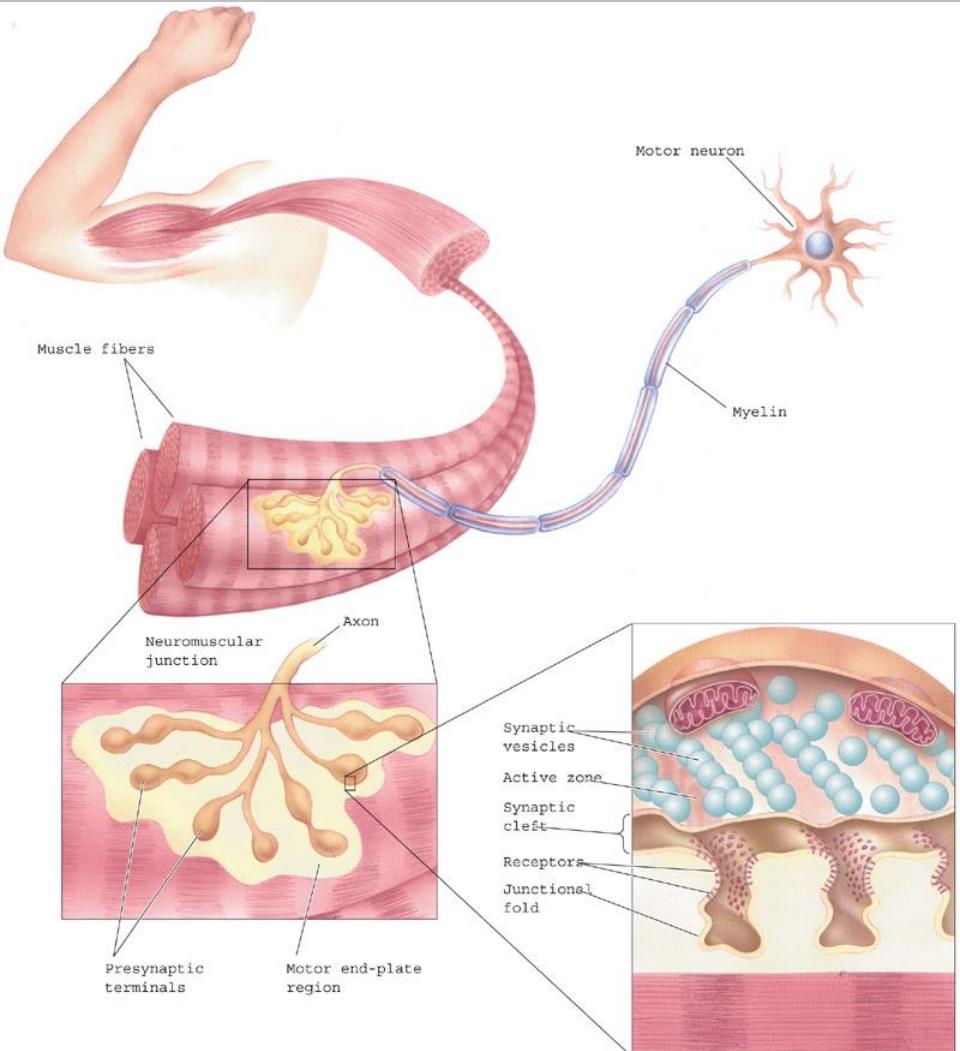
Motor pathway:

1a neuron synapses on motor neuron and releases Glu. Motor neuron fires an AP and releases Ach at quad muscle causing contraction.



Synaptic Transmission & Behavior: Neuromuscular synapse/junction

- synapse formed by motor neuron with a muscle fiber.



Synaptic transmission

Presynaptic

- Resting membrane potential
- Action potential generation
- Neurotransmitter synthesis
- Vesicle packaging of neurotransmitter
- Axonal calcium channels
- Reuptake of transmitter

Synaptic cleft

- Neurotransmitter breakdown

Postsynaptic

- Postsynaptic transmitter receptors
Ionotropic/metabotropic

Synaptic mechanisms of disease

Conclusions (Part 3):

- Neurons are connect to one another via chemical and electrical synapses
- The postsynaptic effect of a given neurotransmitter will depend on the type of transmitter itself as well as the type of receptor found on the postsynaptic neuron (ionotropic vs. metabotropic)
- All of the players (neurons, channels, myelin, transmitters, etc) involved in synaptic transmission are vulnerable to perturbation in disease and are drug-able targets for therapy.