

Session Objectives

- To understand the concepts of neurotransmission and actions of key neurotransmitters
- To learn locations in the brain where key neurotransmitters are made and released
- To learn and understand the principles of chemical production, transport, and processing that are important for disorders of the nervous system

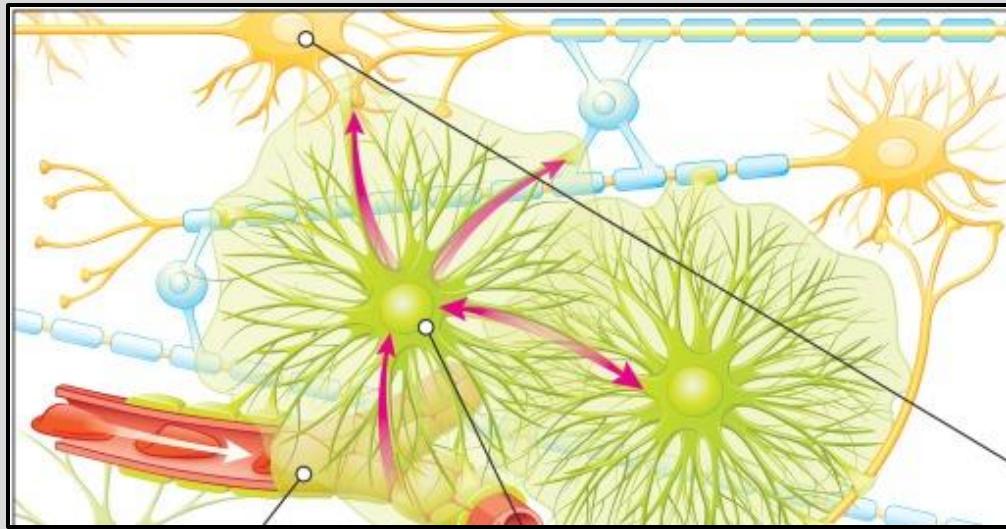
Cells act as chemical compartments

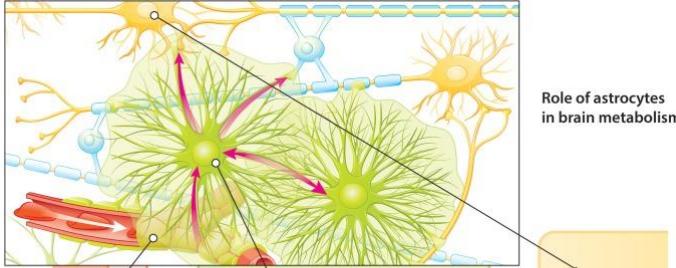
Review of brain cell types:

- Neurons
- Astrocytes
- Oligodendrocytes
- Microglia
- Endothelial cells (vasculature)
- Other cells: Pericytes, ependymal cells, NG2 glia, vascular smooth muscle cells, others

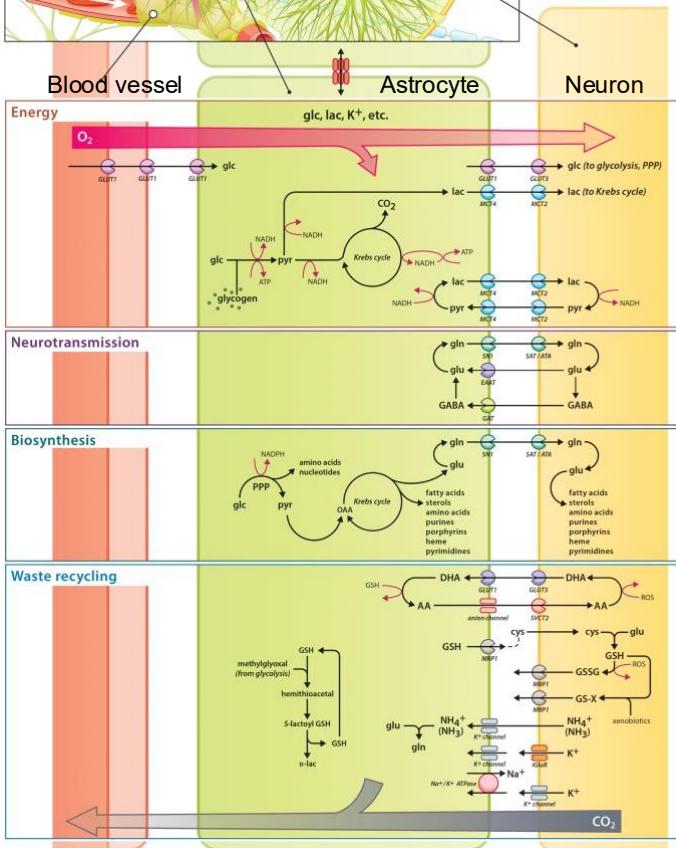
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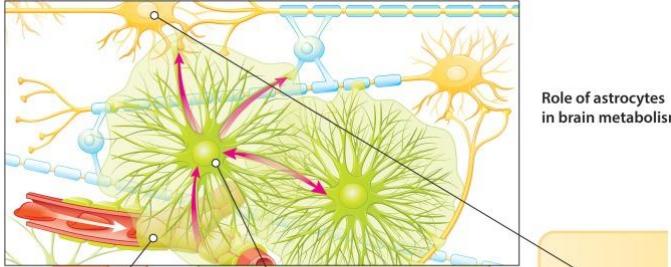




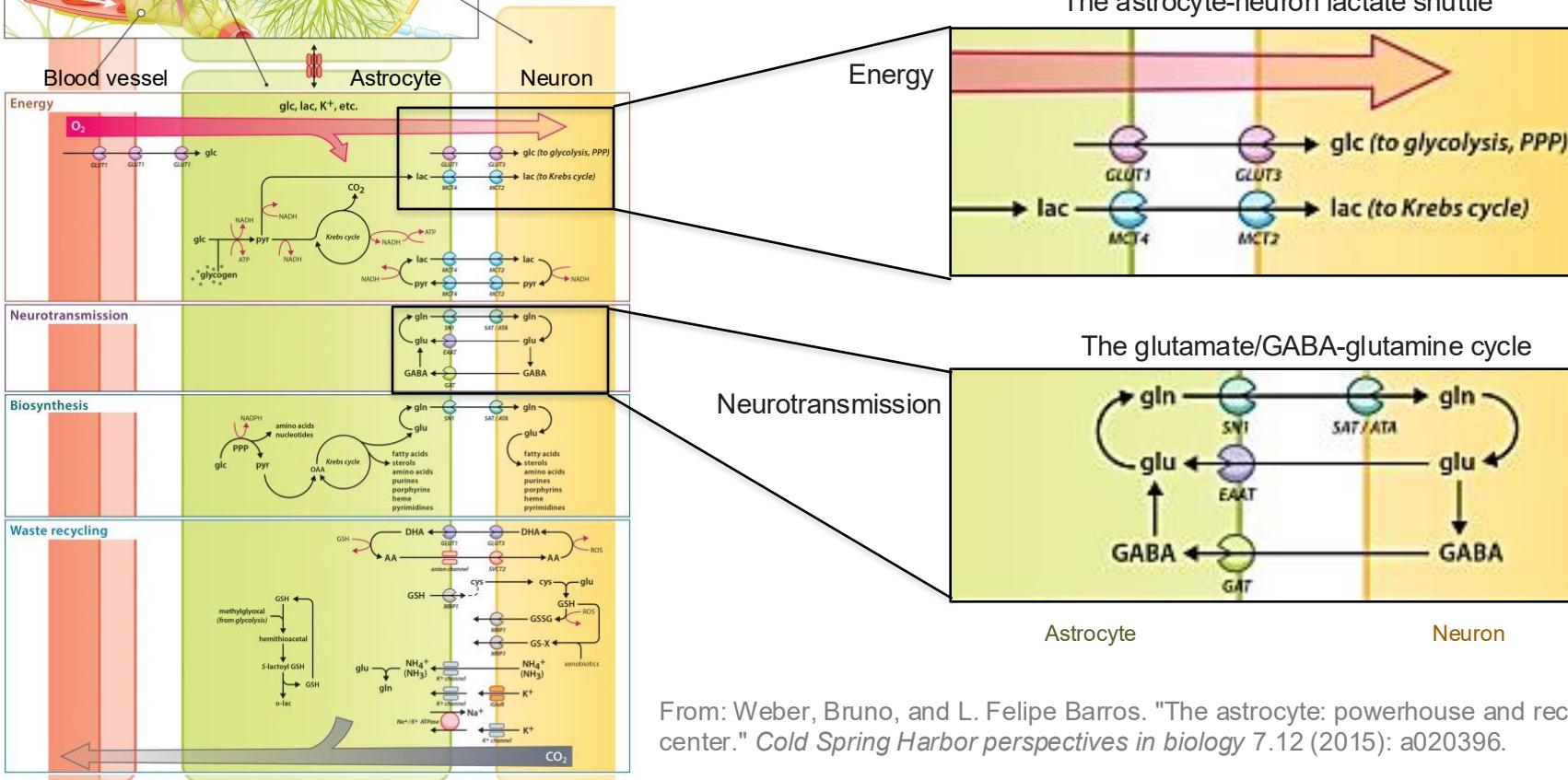
Astrocytes and neurons work as complementary compartments to achieve brain function



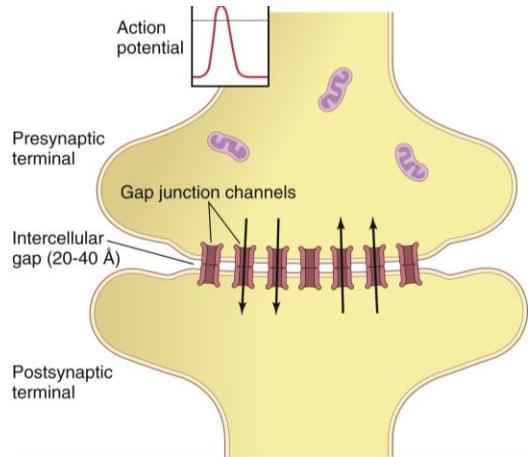
From: Weber, Bruno, and L. Felipe Barros. "The astrocyte: powerhouse and recycling center." *Cold Spring Harbor perspectives in biology* 7.12 (2015): a020396.



Astrocytes and neurons work as complementary compartments to achieve brain function



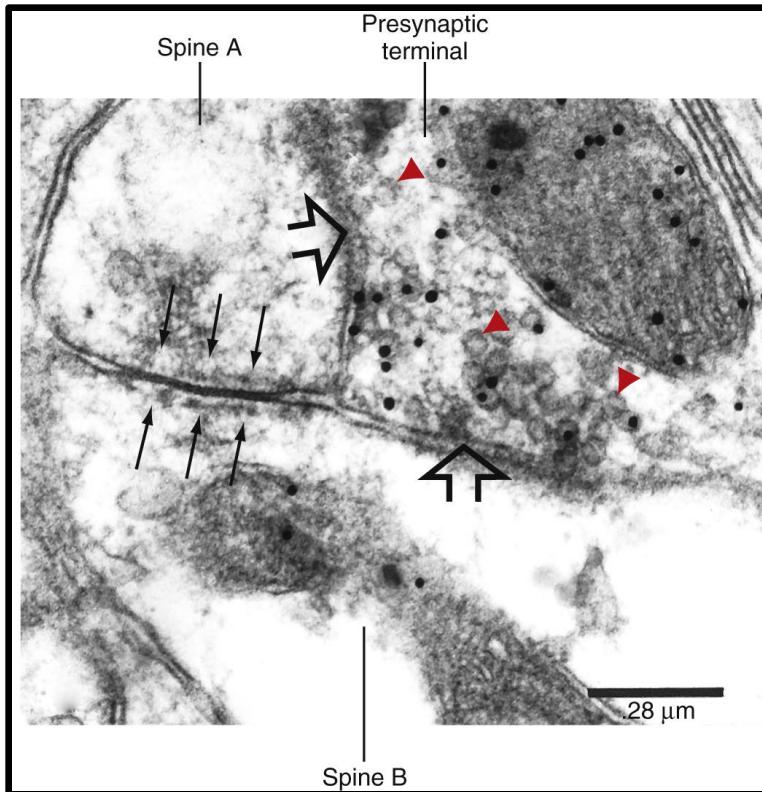
Two types of synapses



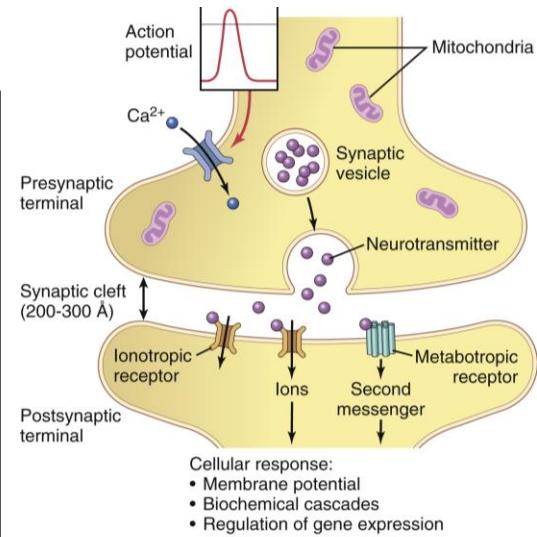
Electrical

- Gap junctions
- No synaptic delay (≈ 0.2 ms)

Guyton and Hall Textbook of Medical Physiology. Ch 46, 569-585



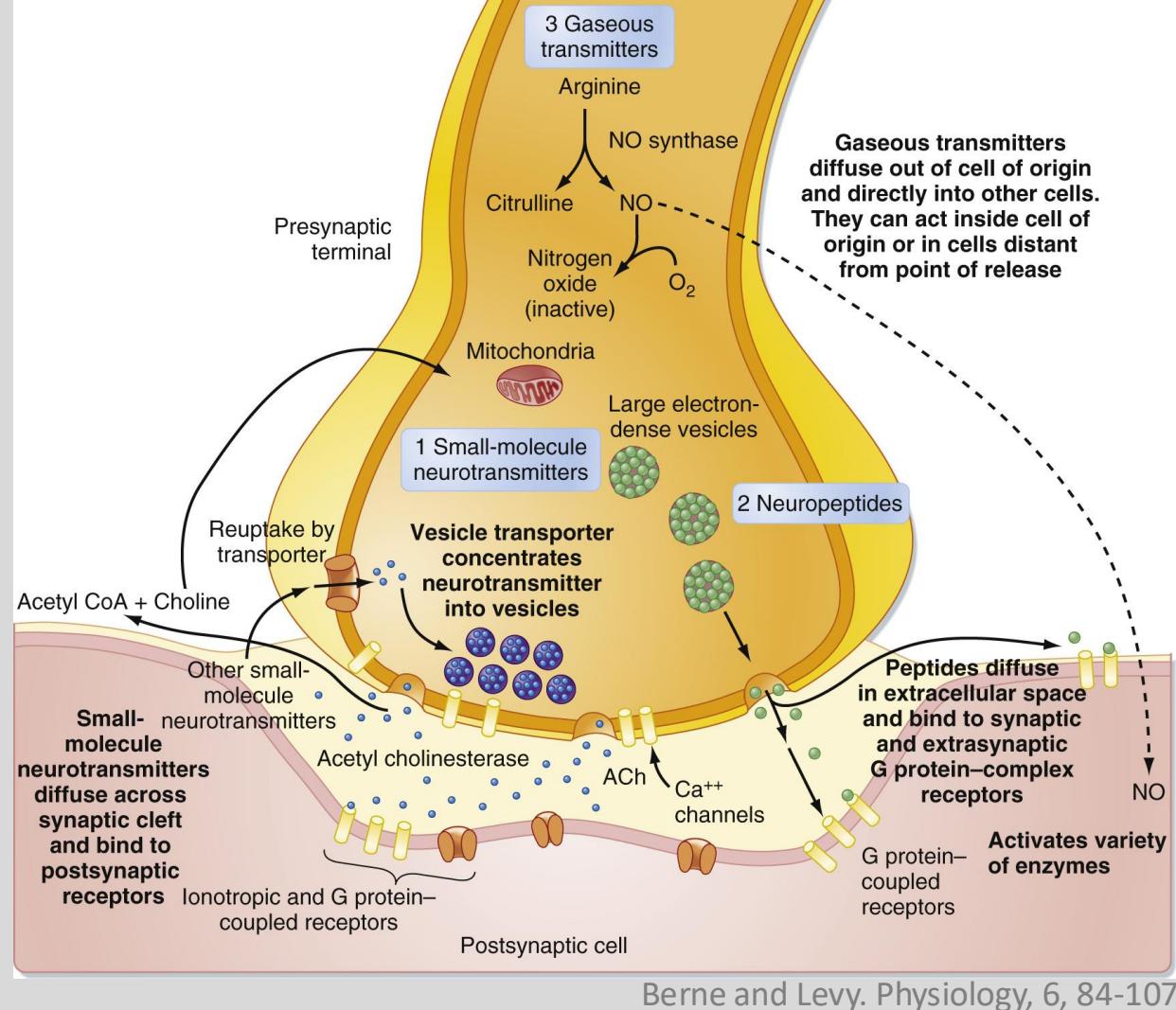
Berne and Levy. Physiology, 6, 84-107



Chemical

- Neurotransmitters
- Signal amplification

Type	Major Transmitters
Amines	Acetylcholine Catecholamines Dopamine Norepinephrine Serotonin Histamine
Amino acids	Glutamate GABA Glycine
Other small molecules	ATP, adenosine Gases
Neuropeptides	β -endorphin Cholecystokinin Enkephalin Neuropeptide Y Orexin Somatostatin Substance P Many others
Lipids, etc.	



DRUGS OR TOXINS THAT ENHANCE TRANSMISSION

1. By enhancing synthesis or packaging of neurotransmitter:

L-dopa crosses the blood-brain barrier and is metabolized into dopamine, compensating for lower dopamine levels in Parkinson's disease.

2. By enhancing neurotransmitter release:

Amphetamine causes increased release of norepinephrine and dopamine, acts as a stimulant.

3. By effects on neurotransmitter-gated ion channels:

Benzodiazepine tranquilizers (e.g., diazepam, or Valium) increase the frequency of opening of GABA-gated Cl^- channels.

Barbiturate sedatives increase the duration of opening of GABA-gated Cl^- channels.

4. By effects on G protein-coupled neurotransmitter receptors:

Morphine mimics opioid peptides, binds to their receptors, causes analgesia and other effects.

5. By blocking removal of neurotransmitter:

Fluoxetine (Prozac), an antidepressant, blocks serotonin reuptake.

Cocaine blocks reuptake of norepinephrine and dopamine.

6. By blocking degradation of neurotransmitter:

Pyridostigmine (Mestinon) blocks acetylcholinesterase, is used to treat patients with myasthenia gravis.

7. By blocking retrograde signaling:

Caffeine blocks presynaptic adenosine receptors, prevents suppression of transmitter release, acts as a stimulant.

DRUGS OR TOXINS THAT DEPRESS TRANSMISSION

1. By interfering with synthesis or packaging of neurotransmitter:

Vesamicol and reserpine block transport of acetylcholine and amines, respectively, into synaptic vesicles.

2. By interfering with neurotransmitter release:

Botulinum toxin blocks release of acetylcholine, causes flaccid paralysis.

Tetanus toxin blocks release of glycine, causes rigid paralysis.

3. By effects on neurotransmitter-gated ion channels:

Strychnine blocks glycine-gated Cl^- channels, causes convulsions and other signs of hyperexcitability.

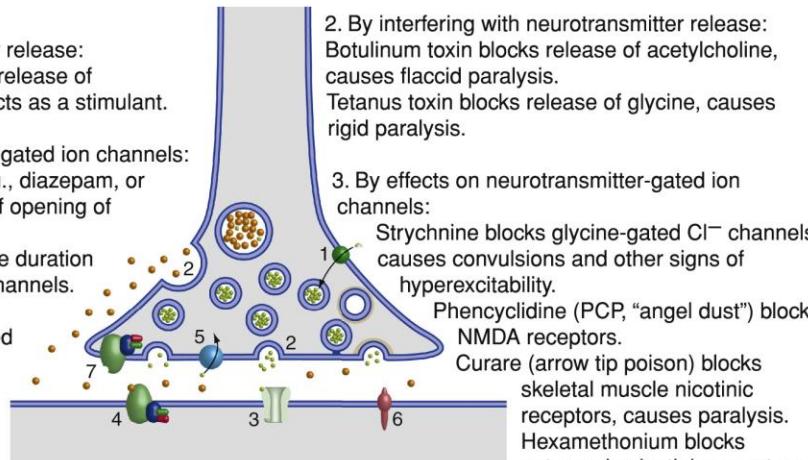
Phencyclidine (PCP, "angel dust") blocks NMDA receptors.

Curare (arrow tip poison) blocks skeletal muscle nicotinic receptors, causes paralysis. Hexamethonium blocks autonomic nicotinic receptors.

4. By effects on G protein-coupled neurotransmitter receptors:

Haloperidol (Haldol), an antipsychotic, blocks some dopamine receptors.

Atropine blocks muscarinic acetylcholine receptors, causes autonomic changes.



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Neurotransmitter cycling

1. Production
2. Packaging into vesicles
3. Vesicle localization to pre-synapse
4. Vesicle fusion and NT release
5. Receptor binding, Postsynaptic signaling
6. NT chemical conversion-deactivation, and/or NT uptake by transporter (astrocytes or neurons)

Receptors determine neurotransmitter effects

Effect (typical, not exclusive)	Major Transmitters
Fast excitatory	PNS: acetylcholine (nicotinic receptors) CNS: glutamate ATP (P_{2X} receptors)
Fast inhibitory	GABA ($GABA_A$ receptors, mostly in the brain) Glycine (mostly in the spinal cord)
Second-messenger effects	Catecholamines Serotonin (one type is ionotropic) Acetylcholine (muscarinic receptors) Glutamate (metabotropic receptors) GABA ($GABA_B$ receptors) ATP (P_{2Y} receptors) Neuropeptides

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Ligand-gated **cation** channels
(Depolarization)

Ligand-gated **anion** channels
(Hyperpolarization)

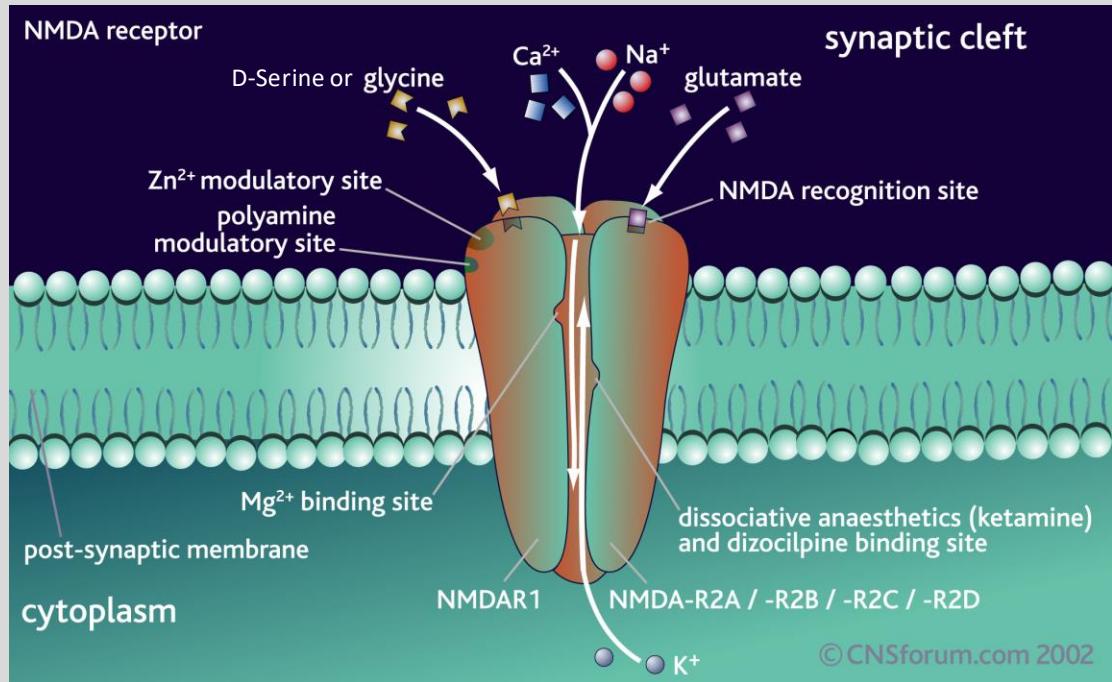
G-coupled receptors
(\uparrow or \downarrow cAMP,
cGMP, DAG, IP_3 , Ca^{2+} ,
ion channel conductance)

NMDA-type Glutamate Receptors

- Two ligands must bind two different protein subunits
- Also requires depolarization
- Coincidence detector
- Associated with memory formation
- Mutations associated with schizophrenia, intellectual disability, autism spectrum disorder, epilepsy and more.

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GABA - Inhibition

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The neurotransmitters glycine and gamma-aminobutyric acid (**GABA**) **inhibit the firing of neurons**

The activity of GABA is increased by benzodiazepines (e.g., Valium) and by anticonvulsant drugs (e.g., Valproate)

Ethanol exerts many effects via GABA agonism (GABA_A receptor allosteric modulator)

In Huntington's disease, the GABA-producing neurons in brain centers that coordinate movement degenerate, thereby causing uncontrollable movements

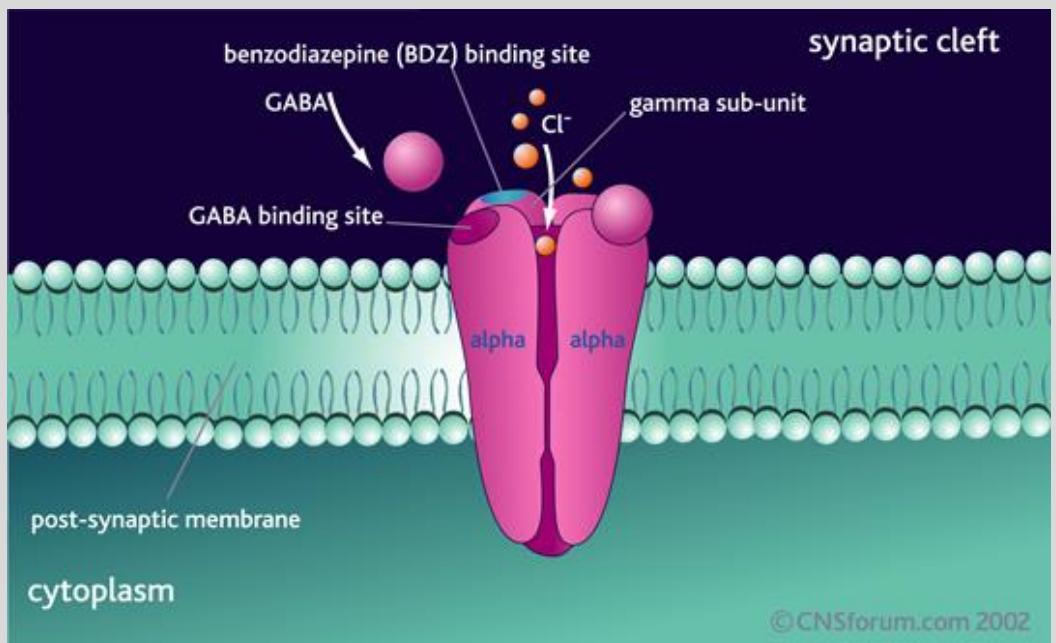
Two kinds of receptors GABA_A (ionotropic) and GABA_B (metabotropic).

GABA Receptors

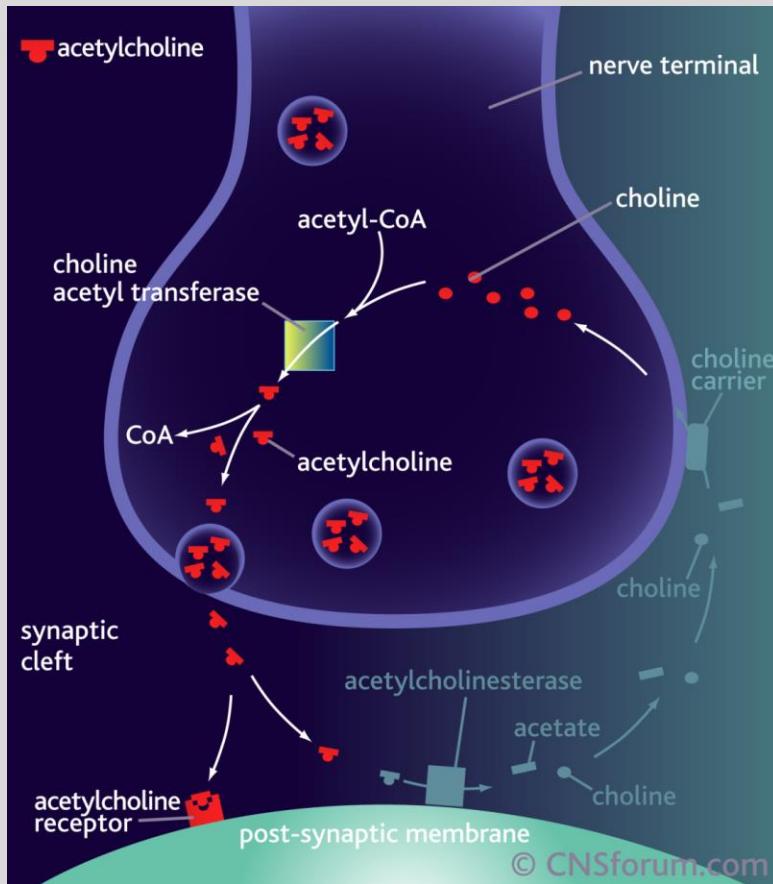
- The GABA_A receptor is composed of five sub-units (two α, two β and one γ sub-unit)
- Two molecules of GABA activate the receptor by binding to the α sub-units
- Once activated, the receptor allows the passage of negatively charged ions into the cytoplasm, which results in hyperpolarization

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Acetylcholine



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Choline acetyl transferase (ChAT) is an enzyme needed to produce acetylcholine

ChAT can be used to mark cholinergic cells

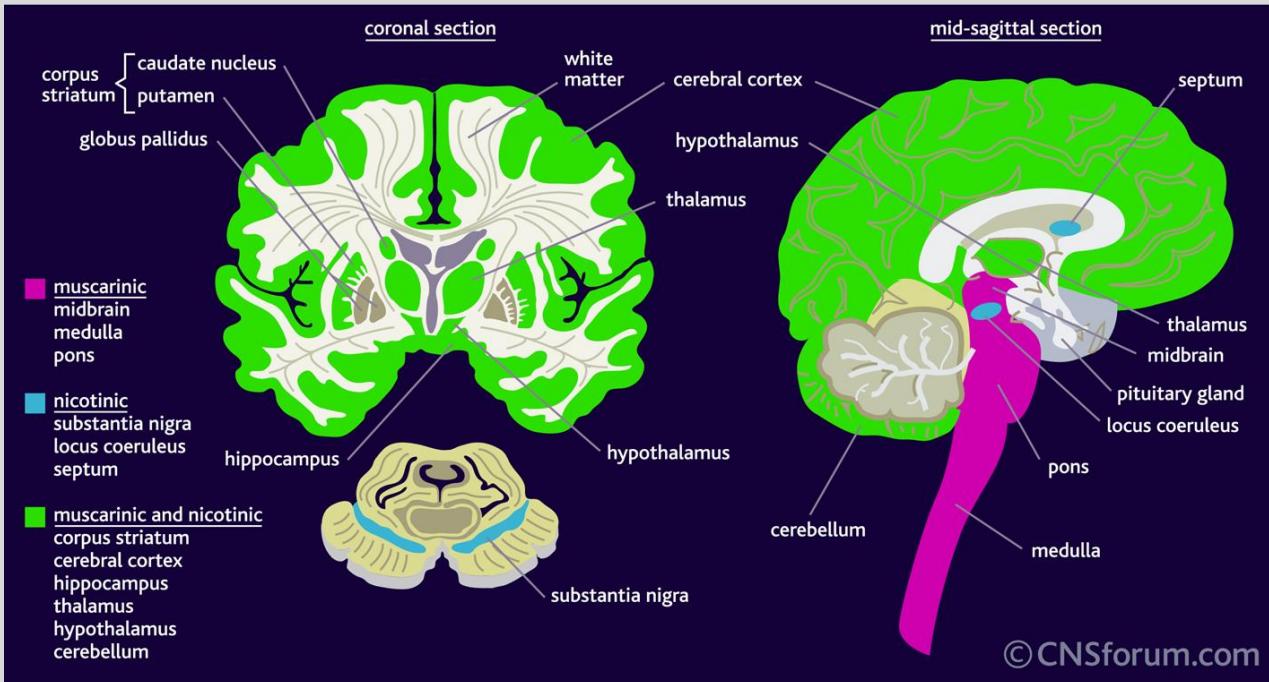
ChAT positive cells are decreased in Alzheimer's disease patient brain

Decreased cholinergic signaling may be involved with Alzheimer's disease symptoms

Acetylcholine Receptor Distribution

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Nicotinic acetylcholine receptors (nAChR) are ligand gated ionotropic channels, positive ion conductance

Muscarinic acetylcholine receptors are metabotropic and signal through second messengers

Norepinephrine

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The cell bodies of **norepinephrine neurons** are in the brain stem, **mainly the locus coeruleus** and lateral tegmental nuclei.

Deficiencies in NE occur in patients with Alzheimer's disease, Parkinson's, disease and Korsakoff's syndrome, a cognitive disorder associated with chronic alcoholism

NE is also released from **sympathetic nerves and the adrenal medulla**

Serotonin (5-HT)

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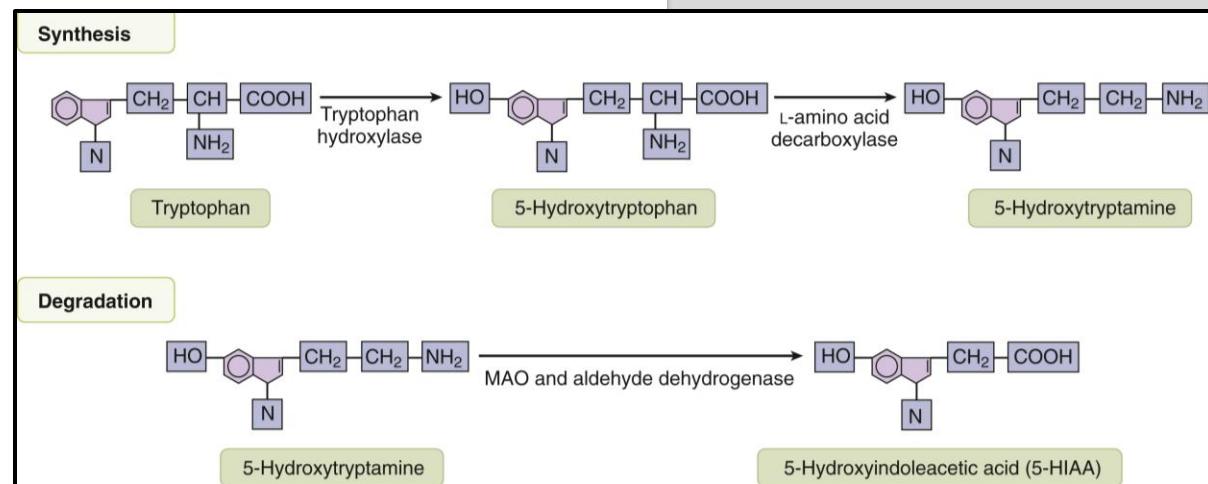
Serotonin (**5-hydroxytryptamine, 5-HT**) is an indoleamine present in the brain, and other tissues, particularly blood platelets and the lining of the digestive tract.

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In the brain, 5-HT has been implicated in sleep, **mood, depression and anxiety**.

Drugs that alter 5-HT synaptic levels such as Fluoxetine, relieve symptoms of depression and obsessive-compulsive disorder.

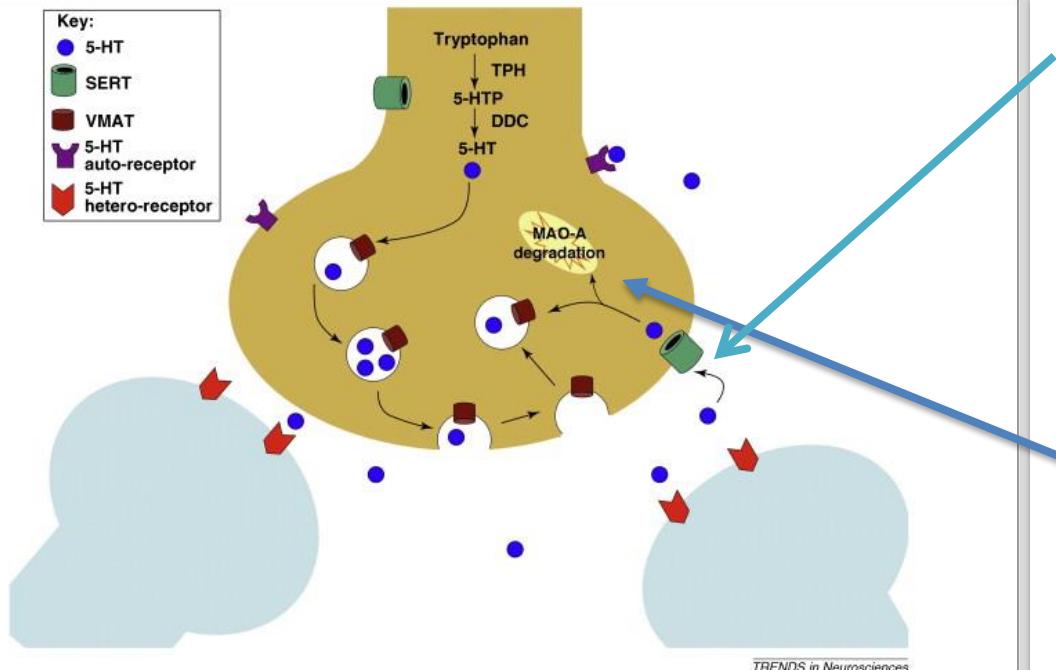
Brenner and Stevens'
Pharmacology,
Chapter 18, 197-207



Serotonin Synthetic Pathway

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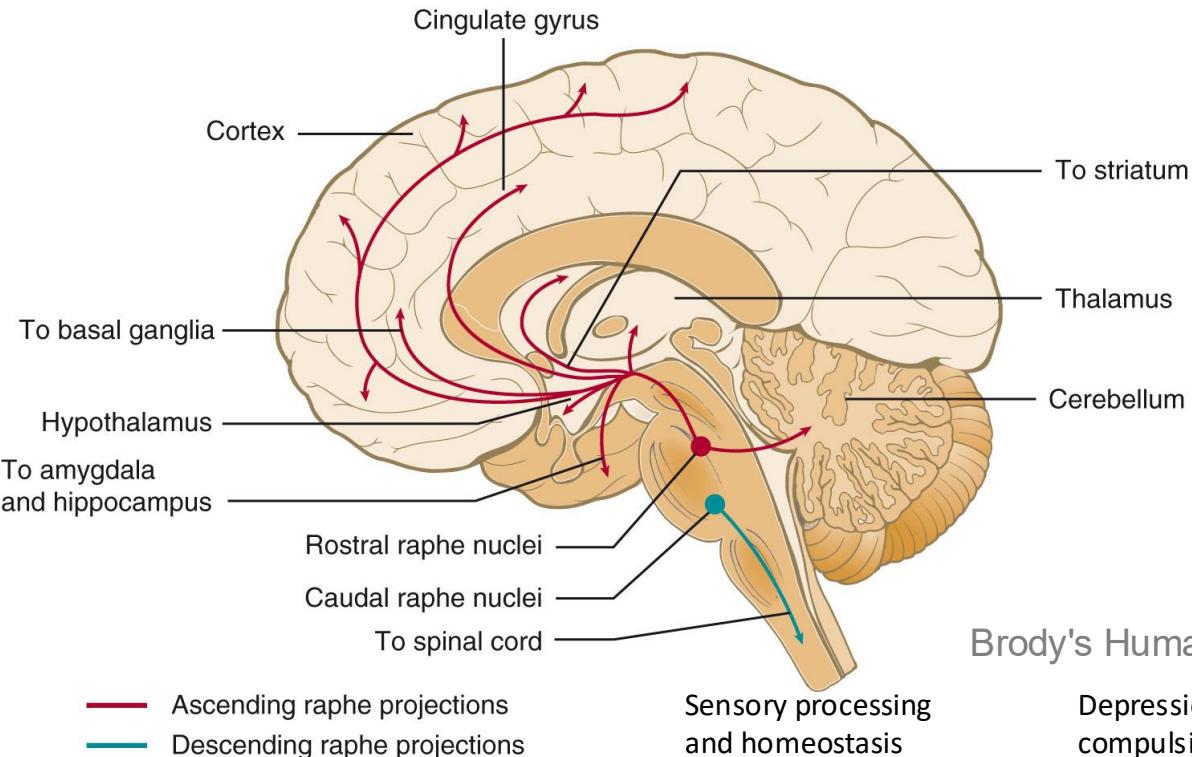
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Selective serotonin reuptake inhibitors (SSRIs) such as Fluoxetine **block reuptake** transporters and thereby increasing serotonin signaling to modify depressive symptoms

Monoamine oxidase inhibitors (MAOIs) inhibit degradation of **serotonin** and other monoamine neurotransmitters

Serotonin (5-HT) Signaling Pathways



Brody's Human Pharmacology, 13, 109-120

ATP and Adenosine

ATP is the energy currency of the cell, and it can be released via channels, vesicles and cell death.

Extracellular enzymes hydrolyze ATP to Adenosine.

ATP and Adenosine are released by neurons and glia and affect both neurons and glia through purinergic receptors.

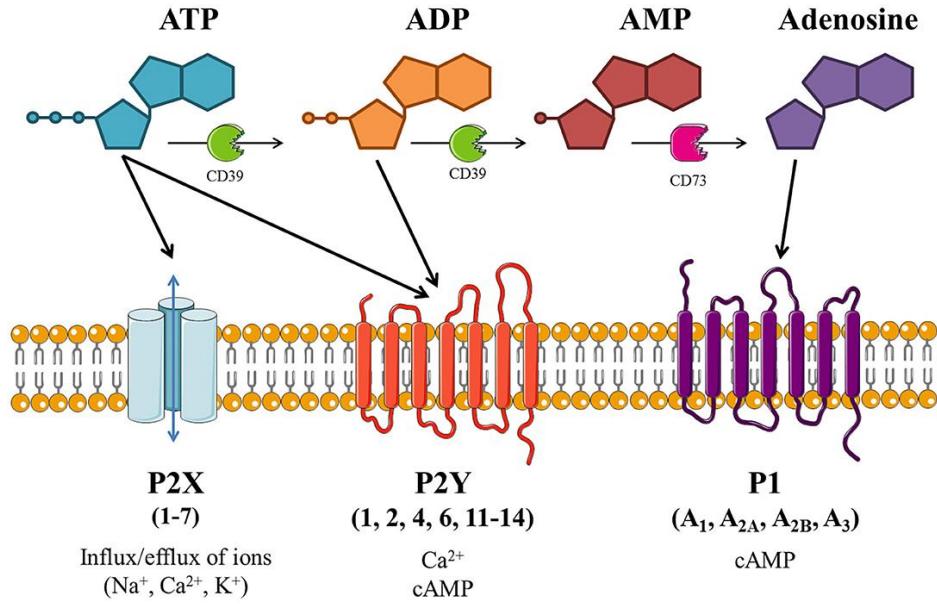
Astrocyte derived Adenosine and ATP is a driver of sleep pressure (drive to seek sleep) and circadian rhythm.

Caffeine promotes wakefulness primarily by **inhibiting adenosine receptors**.

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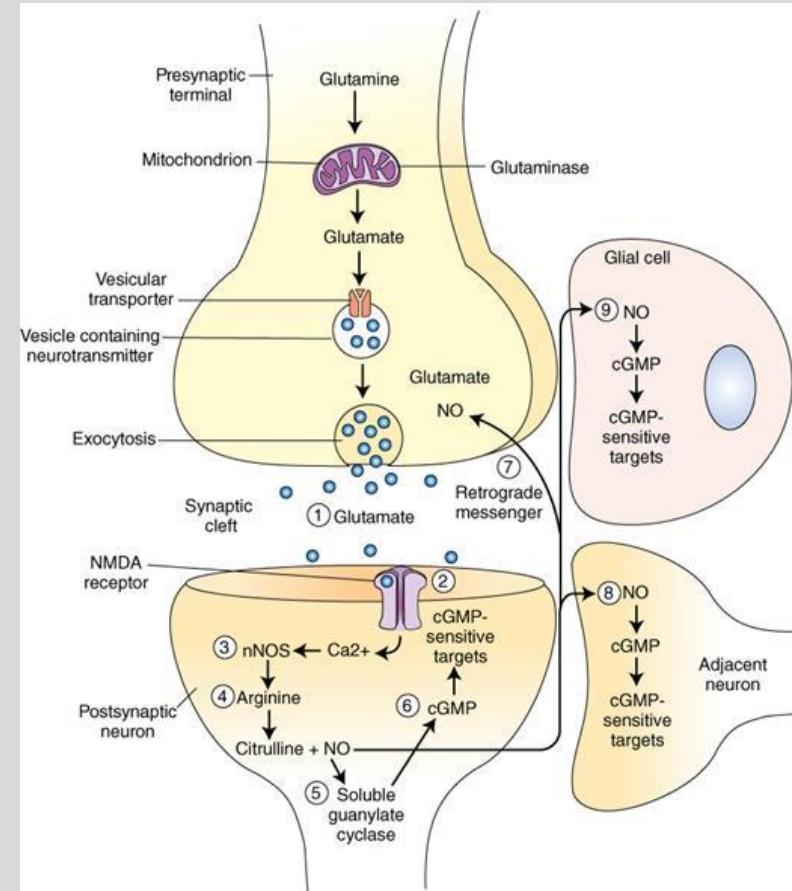
Purinergic signaling



Nitric oxide

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Nitric oxide and carbon monoxide are gases that also serve as neurotransmitters.

Being gases, they are not stored in any structure. Instead, they are made by enzymes (e.g., NOS) as they are needed and released from neurons by diffusion

Neuromodulator and vasodilator.

Selected Peptide Neurotransmitters

Group	Neuropeptide	Selected CNS Function
Opioid Family	Endorphins	Analgesia (μ agonist; derived from pro-opiomelanocortin, POMC)
	Enkephalins	Analgesia (δ agonist; derived from pro-enkephalin), Feeding, Thermoregulation, Learning and memory
	Dynorphins	Analgesia (κ agonist; derived from pro-dynorphin)
Some Hypothalamic Peptides	Releasing Hormones (RH)	CRH - regulate ACTH secretion, GHRH - regulate growth hormone secretion, regulates GnRH - gonadotropin secretion, TRH – regulates thyroid-stimulating hormone secretion
	Neurotensin	Endogenous neuroleptic, Thermoregulation, Analgesia
	Neuropeptide Y	Stimulates hunger, food intake, and drinking, Locomotion, Memory
	Agouti-related protein	Stimulate hunger and food intake
Some Brain–Gastrointestinal Tract Peptides	Bombesin	Inhibition of feeding, Thermoregulation, Modulatory effect on learning and memory
	Cholecystokinin	Satiety, Modulates dopamine neuron activity, Facilitates memory processing (especially under stress)
	Secretin	Modulates motor and other functions in brain, facilitating GABA
	Galanin	Modulates release of several hormones and factors, Affects feeding, sexual behavior, and anxiety, Potent anticonvulsant effects
	Orexins (hypocretin)	Wakefulness/sleep, Regulation of energy homeostasis, Feeding behavior, Locomotion and muscle tone
	Somatostatin	Regulation of growth hormone secretion
	Tachykinins	Substance P colocalizes with serotonin and is involved in nociception
	Vasoactive intestinal polypeptide	Cerebral blood flow, Potent anti-inflammatory factor

Modified from Bradley and Daroff's Neurology in Clinical Practice, 50, 730-747.e2

Summary:

- 3 Key Concepts
 1. Cells compartmentalize neurochemicals
 2. Cell body and release sites are different
 3. Neurotransmitter receptors produce effect
- Know sites of production and major effects of the neurotransmitters discussed
 - Glutamate
 - GABA
 - Acetylcholine
 - Dopamine
 - Norepinephrine
 - Serotonin
 - Histamine
 - Neuropeptides
 - ATP and Adenosine
 - Nitric oxide