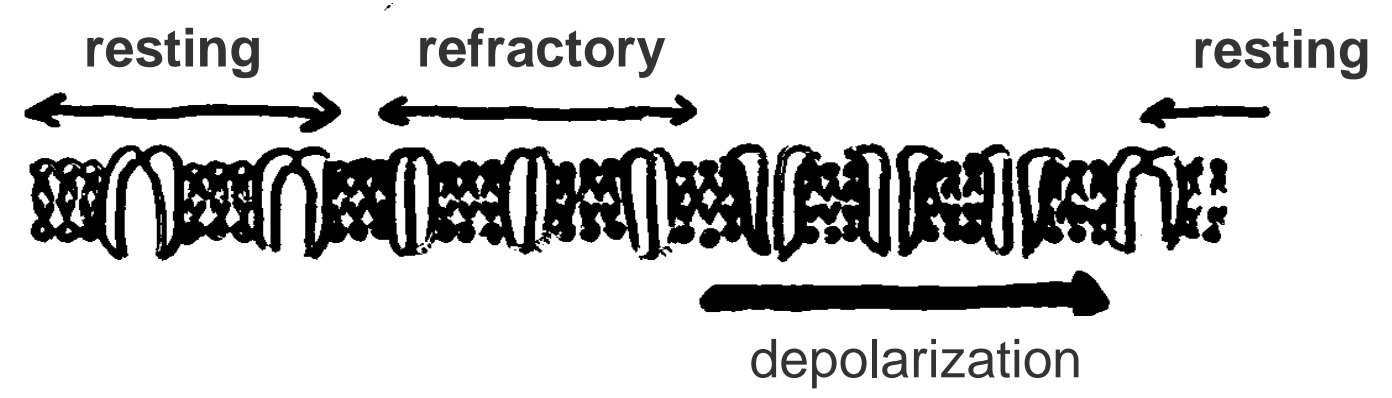
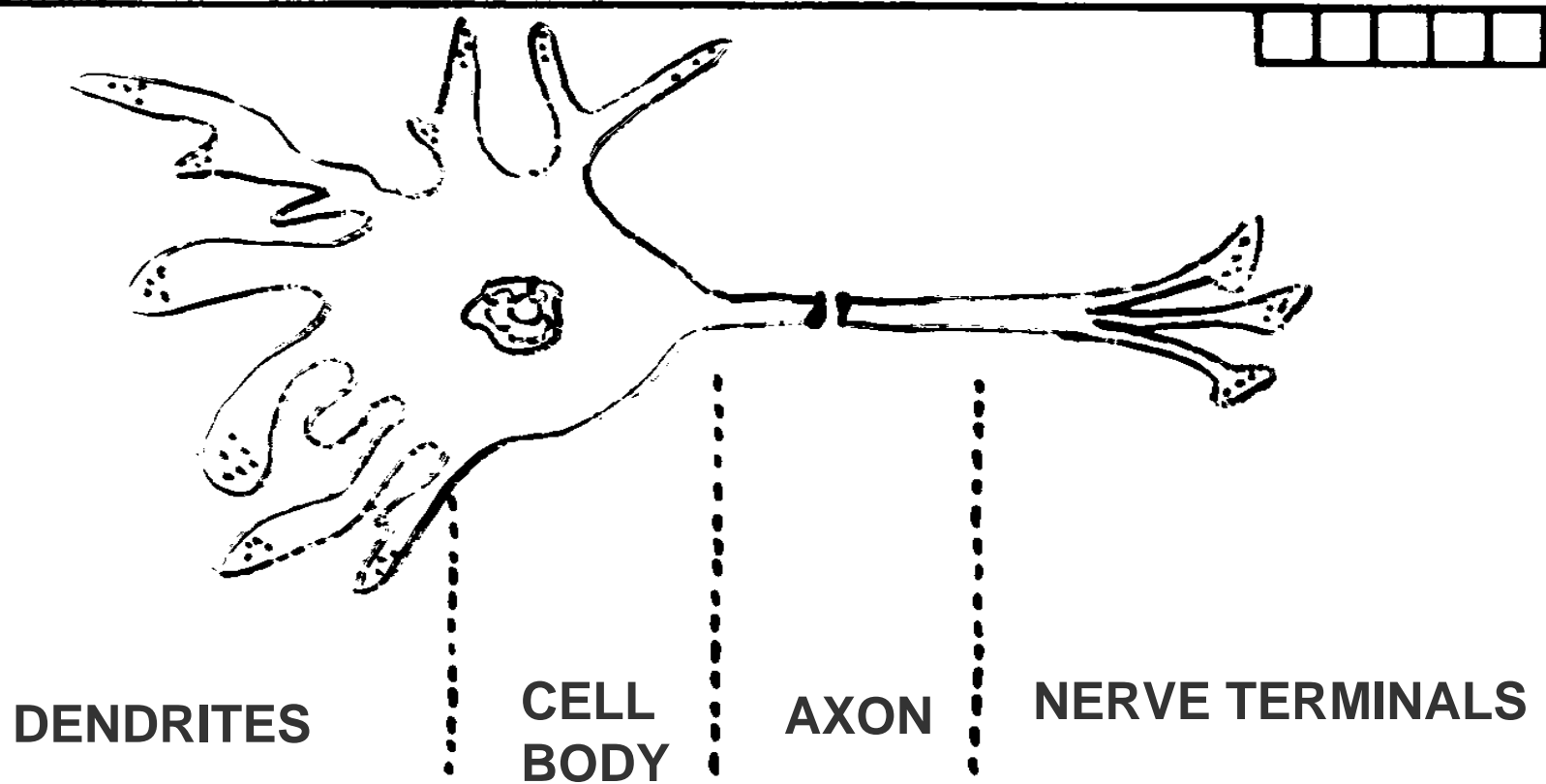


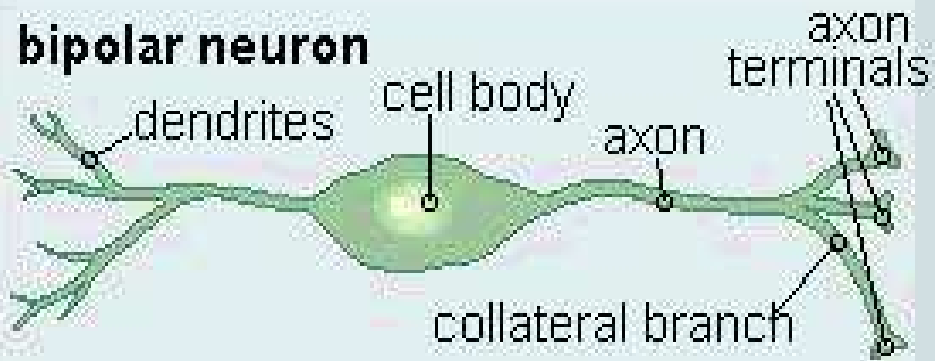
Introduction to neuropsychopharmacology.

Neurotransmitter mechanisms and specific neurotransmitter systems.

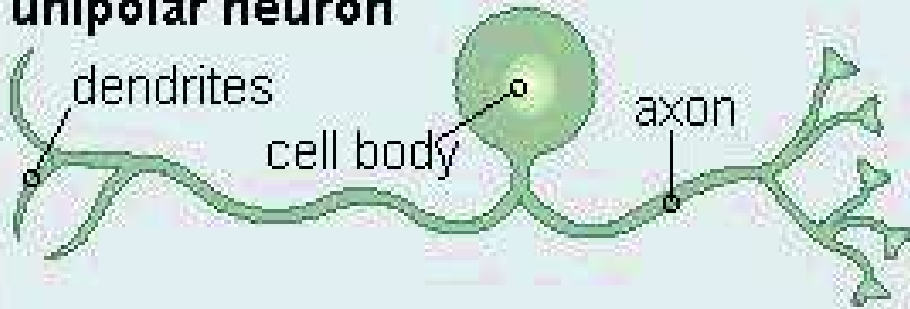
**Alexandra Šulcová, M.D., Ph.D., Professor of Pharmacology
Central European Institute of Technology (CEITEC) MU,
Group: Experimental and Applied Neuropsychopharmacology**



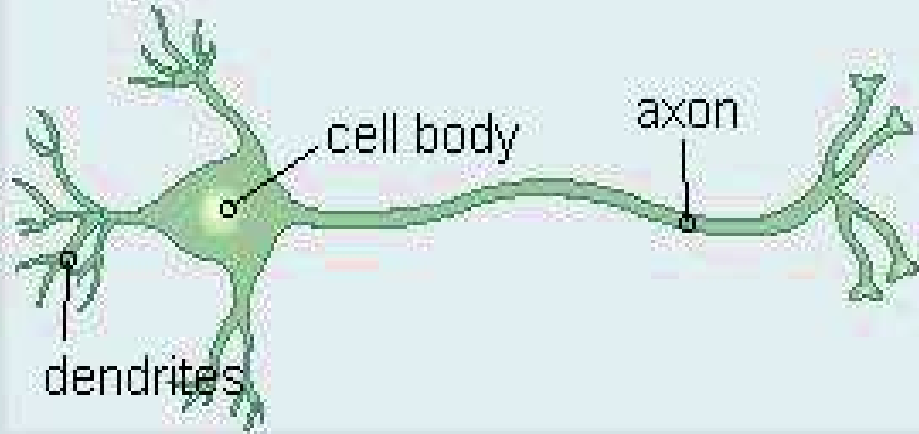
bipolar neuron



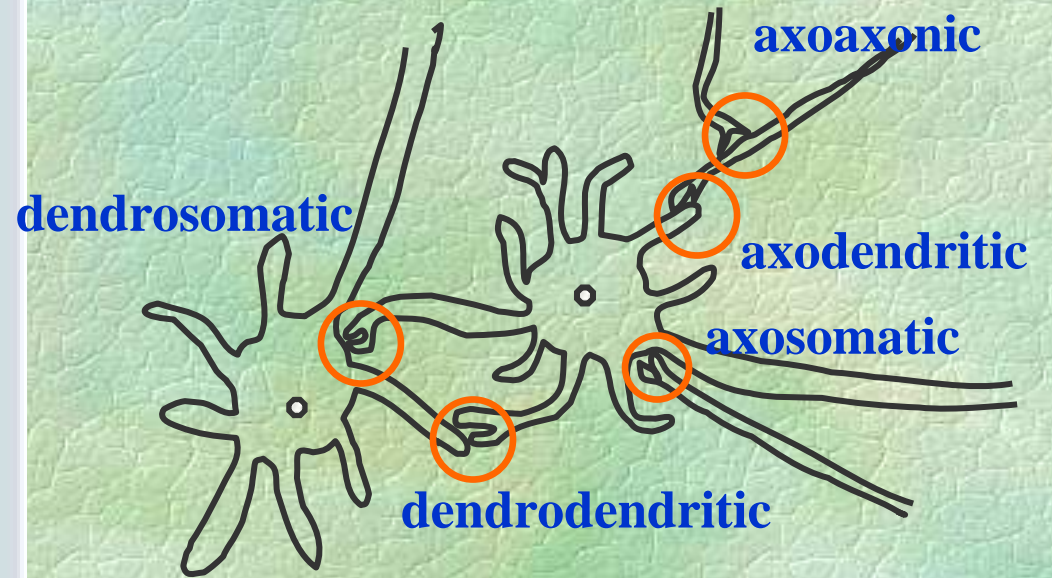
unipolar neuron



multipolar neuron



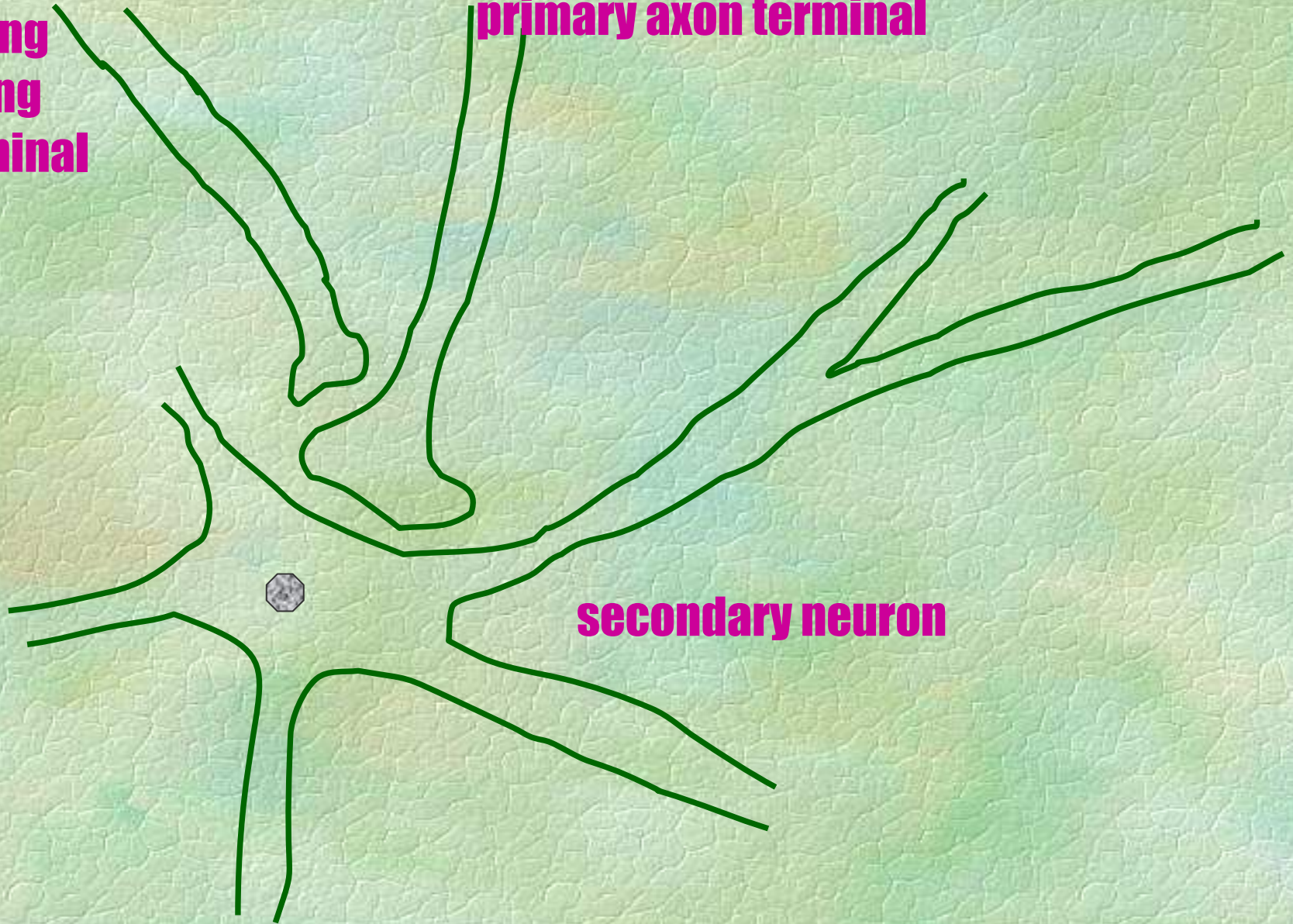
TYPES of SYNAPSES



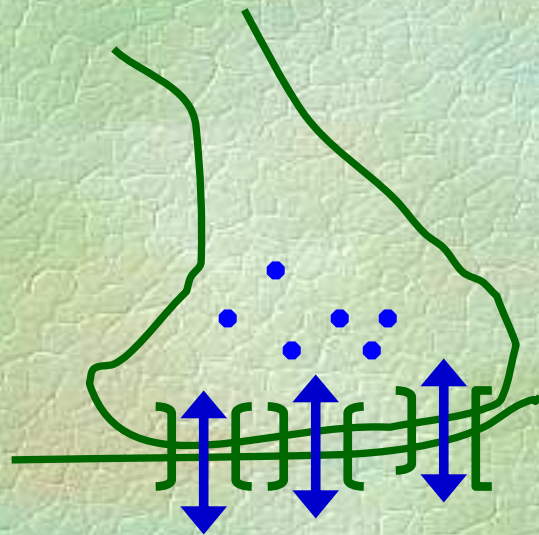
**descending
modulating
axon terminal**

primary axon terminal

secondary neuron

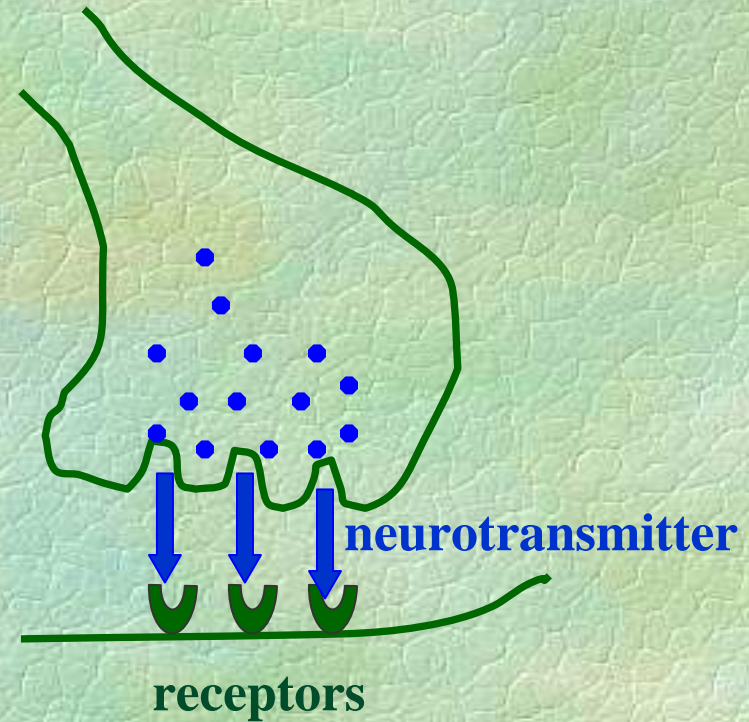


SYNAPSE



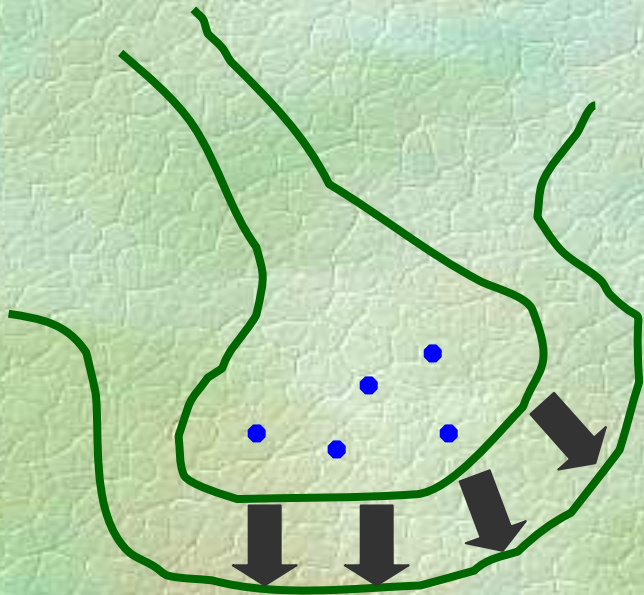
electrical
("gap junction")

bidirectional passage of ions and
small molecules through channels



chemical

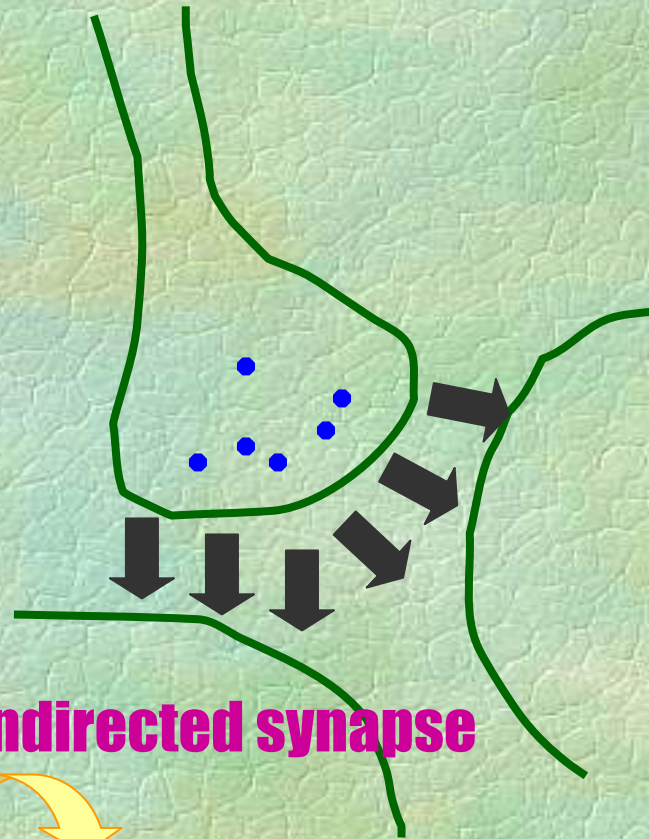
CHEMICAL SYNAPSES



directed synapse



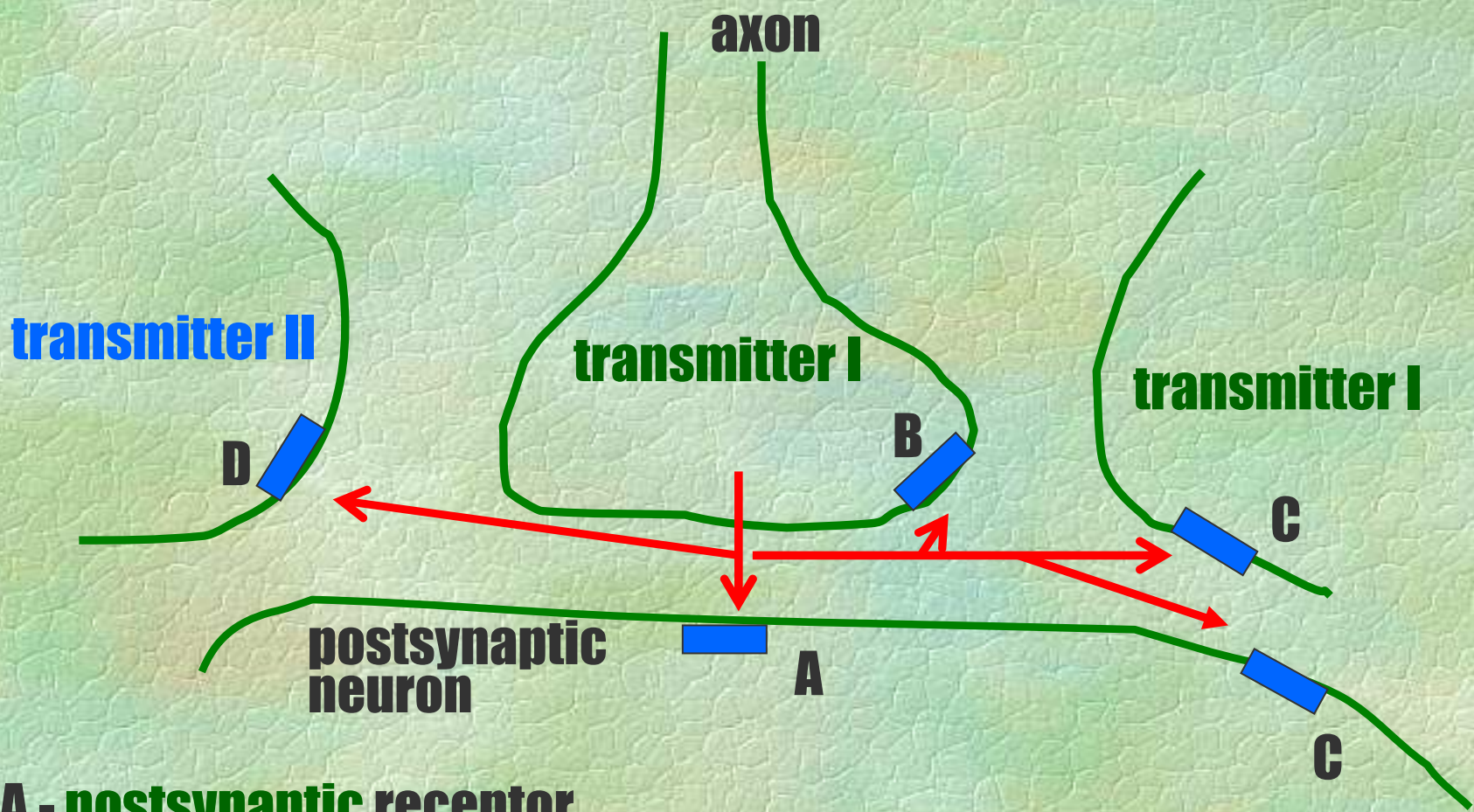
20 - 30 nm



nondirected synapse

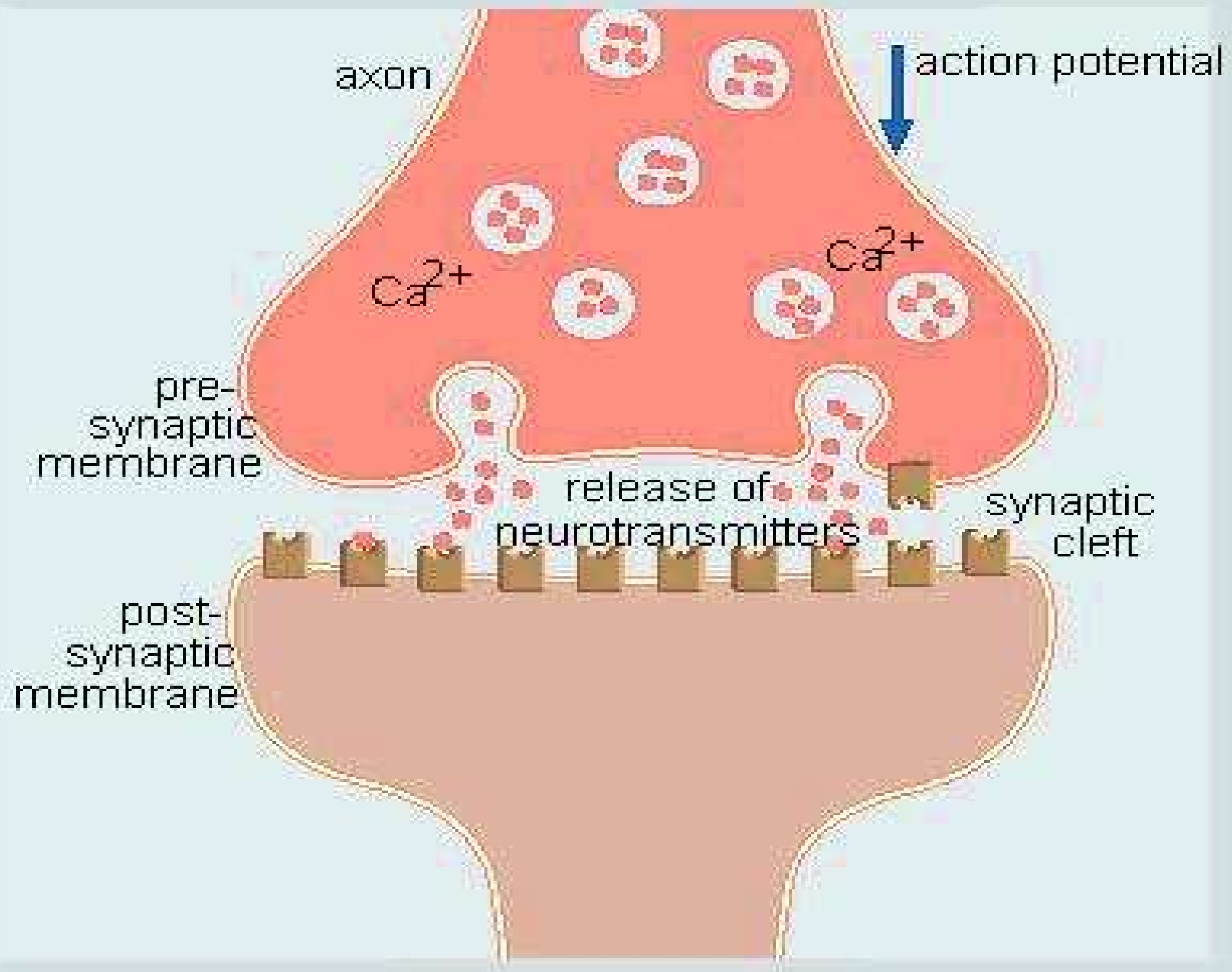


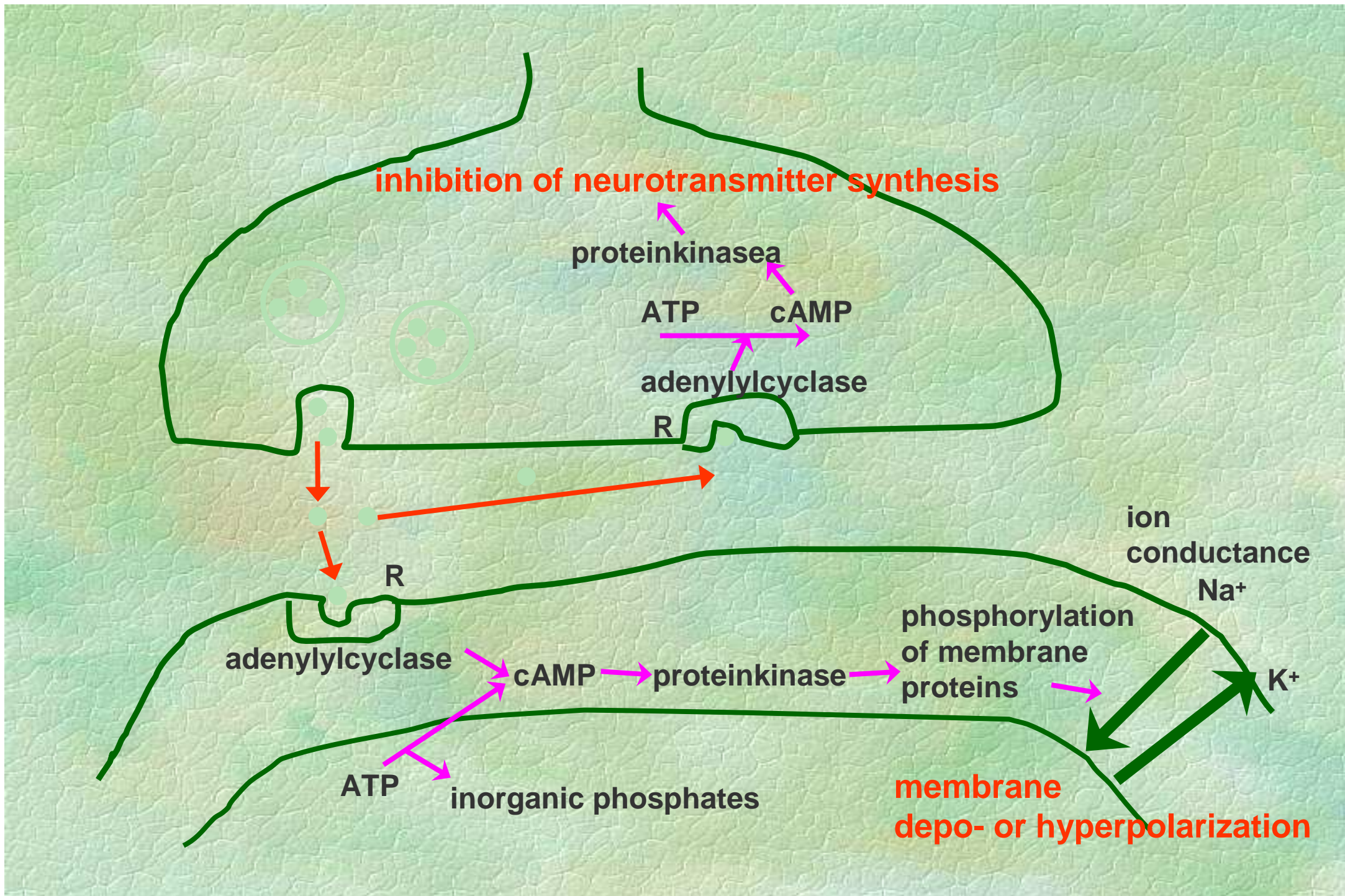
till 400 nm

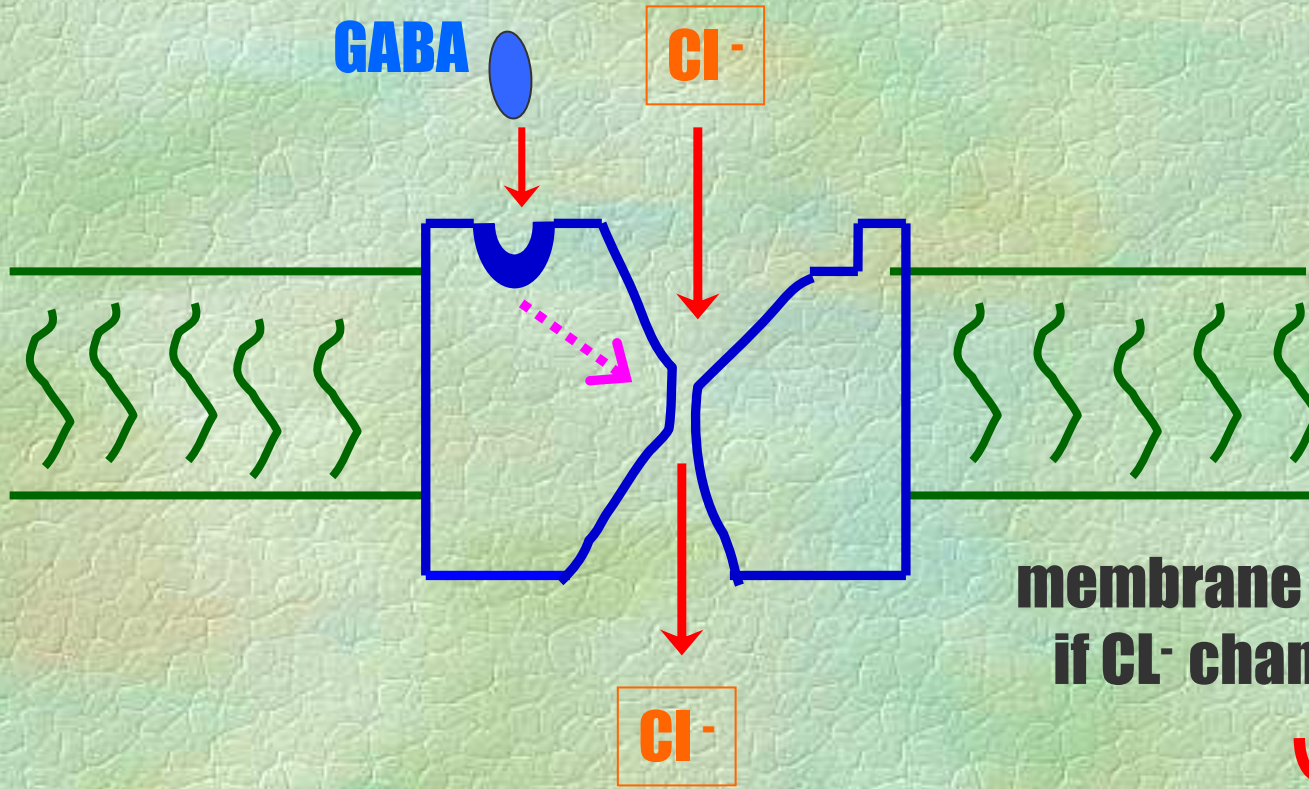


- A - postsynaptic receptor**
- B - autoreceptor (presynaptic)**
- C - homoreceptor**
- D - heteroreceptor**

Potential targets for transmitter released from nerve terminal

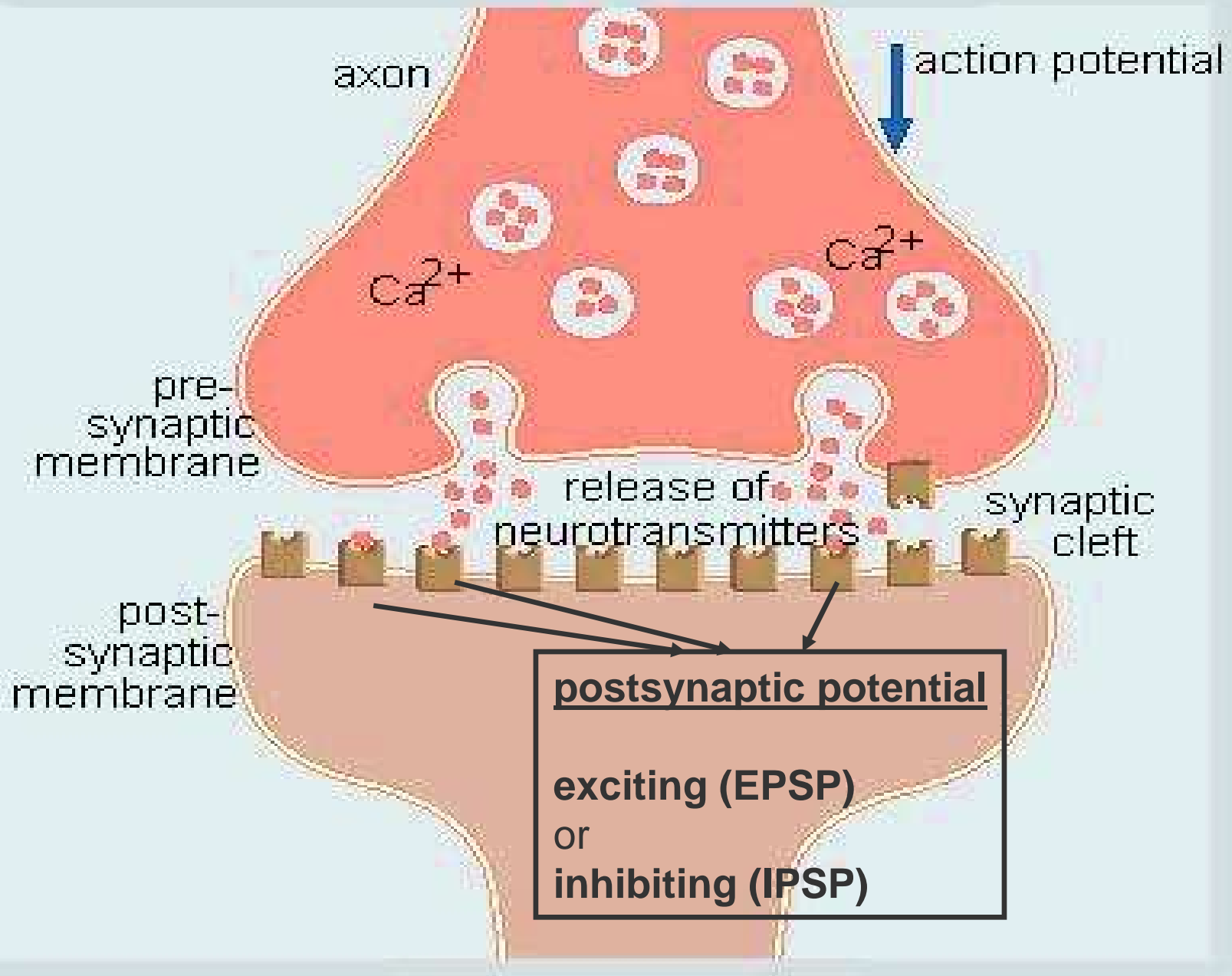






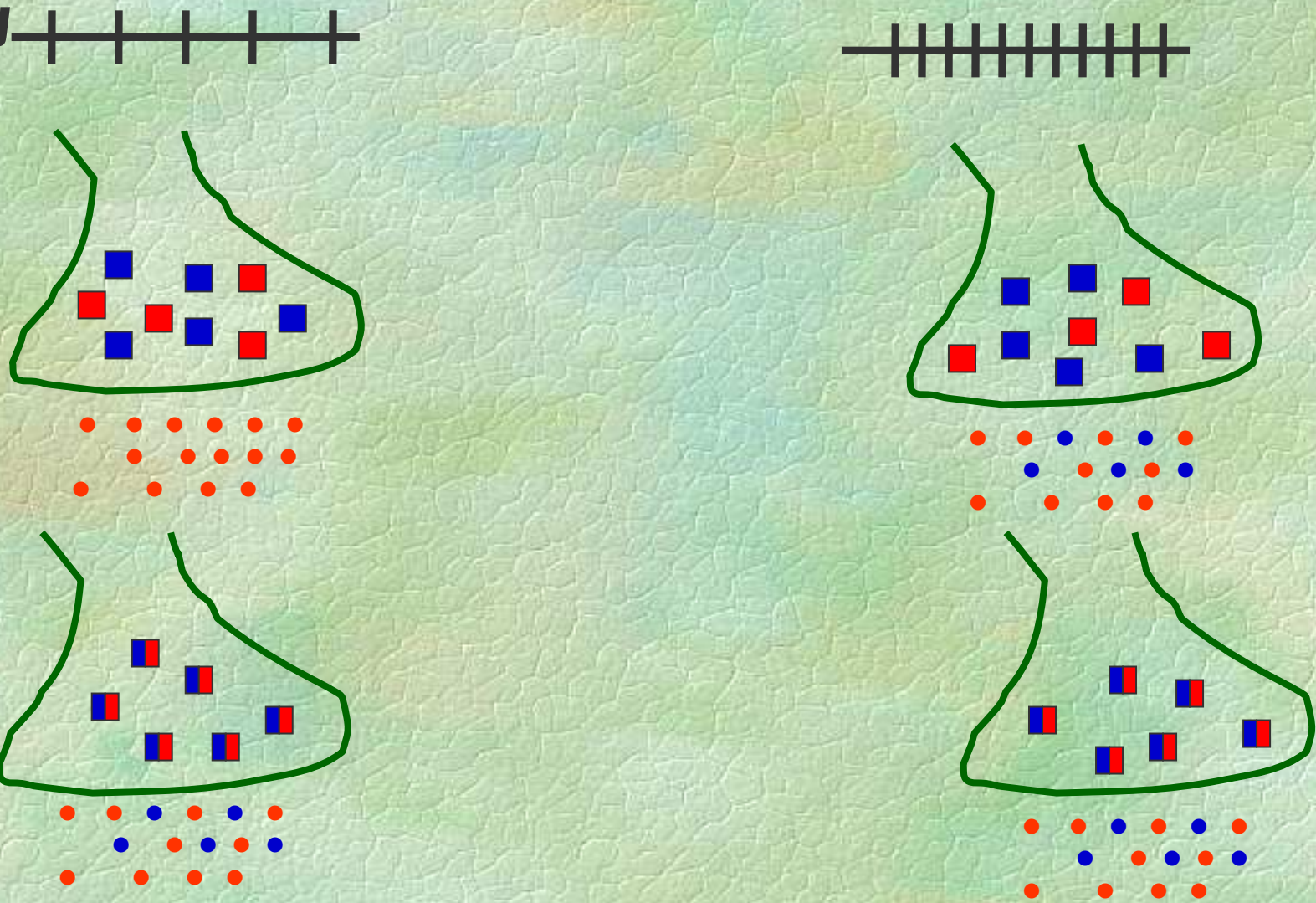
**membrane hyperpolarization
if Cl^- channels are opened**

**inhibiting influence
of GABA**



CO-TRANSMISSION

stimulation
frequency

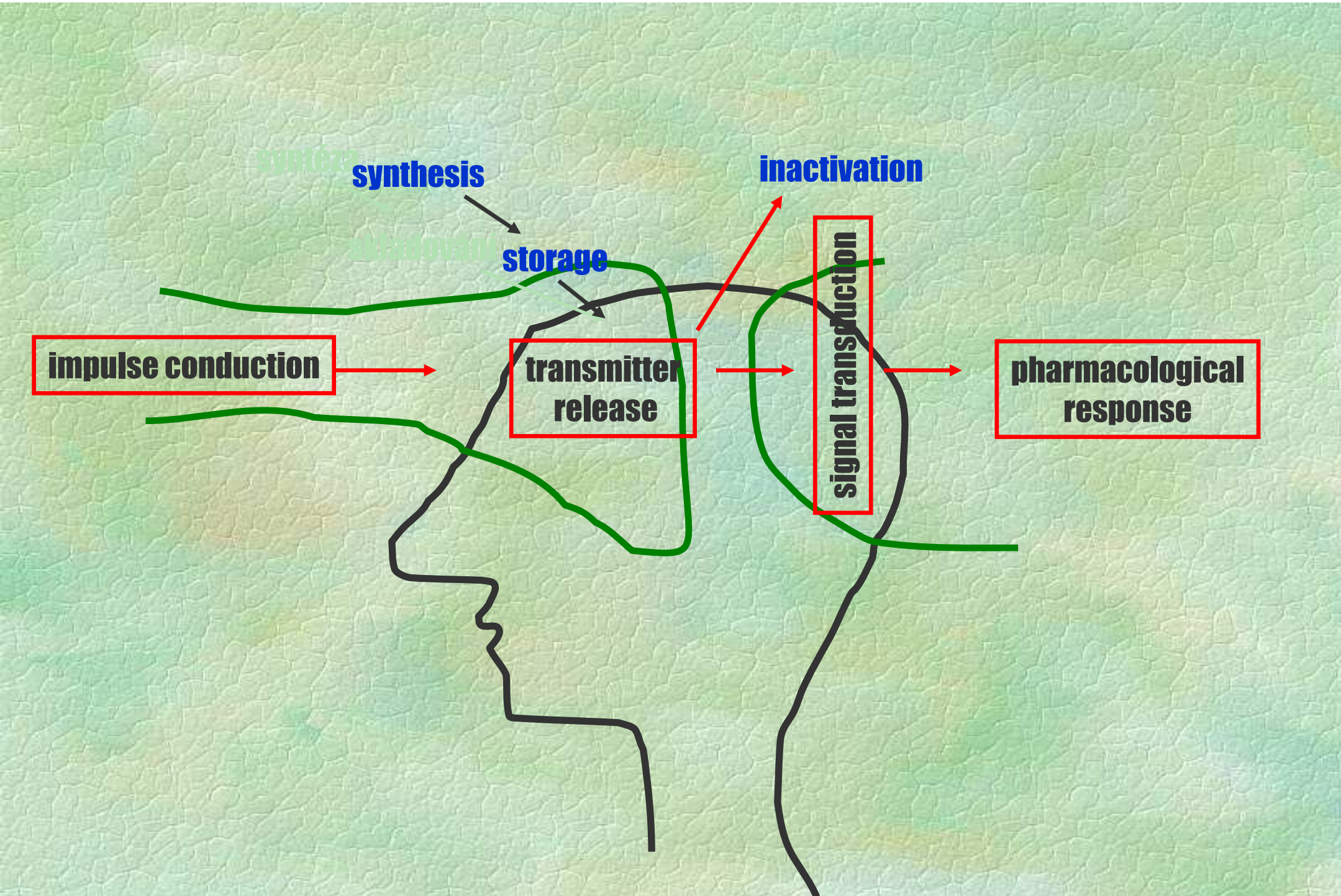


Co-transmission

- ❧ **co-transmitters stored in the same vesicles; convey different messages to different receptors at the same time**
- ❧ **co-transmitters stored in the differential vesicles; released preferentially in response to different frequency nerve impulses**



Exogenic influences affecting just one transmitter cannot simulate the physiological synaptic effects



CNS SPECIFIC NEUROTRANSMITTERS

- 1. physiologically active substance; can be identified in appropriate regions together with enzymes needed for its synthesis and breakdown**
- 2. can be identified in the perfusate of a region when stimulated but not when it is inactive**
- 3. applied locally is capable of mimicking the effects of nerve stimulation**
- 4. effects of the putative neurotransmitter and of nerve stimulation can be modified, enhanced, or attenuated in the same manner by appropriate drugs**
- 5. on nerve stimulation is released selectively in dependence on intracellular calcium ion concentration**
- 6. it is possible to increase/decrease its effects by administration of agonists/antagonists of relevant specific receptors**
- 7. after release is rapidly inactivated by specific enzymes or re-uptake**

CNS SPECIFIC NEUROTRANSMITTERS

- 1. physiologically active substance; can be identified in appropriate regions together with enzymes needed for its synthesis and breakdown**
- 2. can be identified in the perfusate of a region when stimulated but not when it is**

**TO BE ABLE TO CONSIDER DRUG INTERACTIONS
WITH EACH NEUROTRANSMITTER**

we study

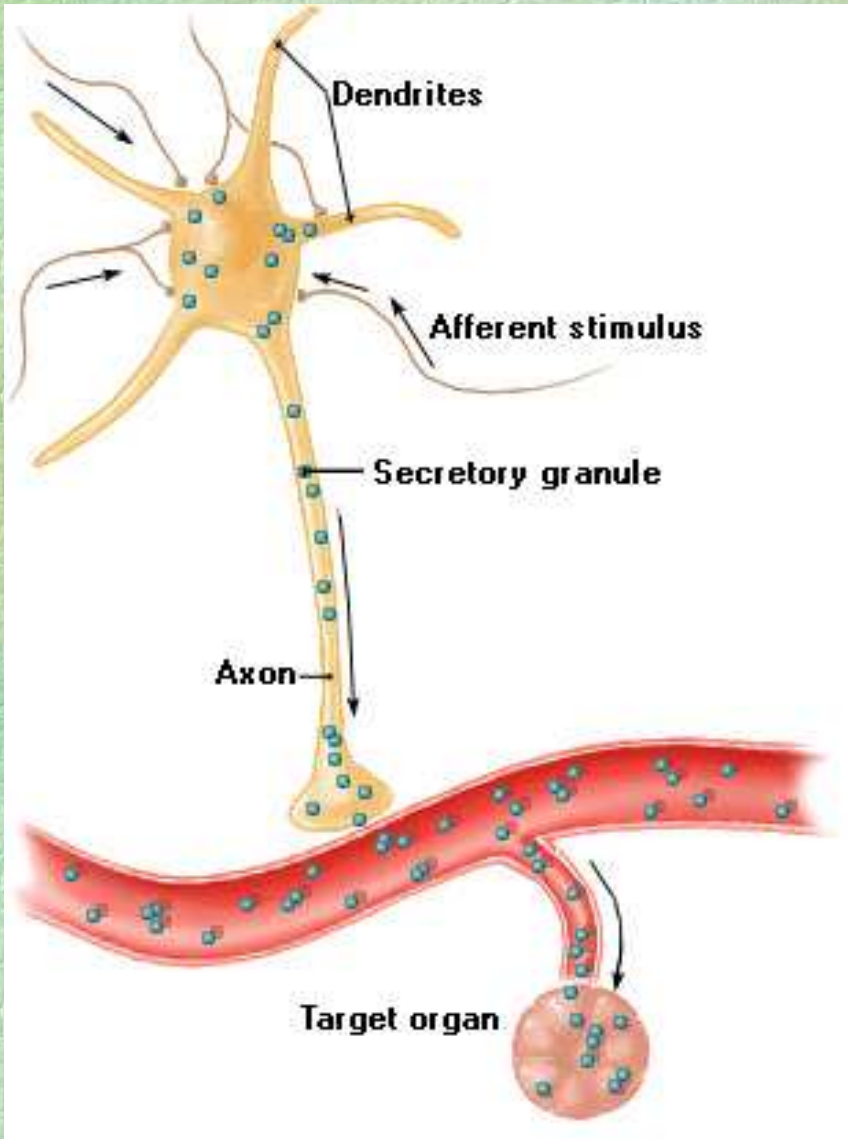
**synthesis, storage, release, breakdown, regulation,
specific receptors (and their subtypes)
for each neurotransmitter**

- 6. it is possible to increase/decrease its effects by administration of agonists/antagonists of relevant specific receptors**
- 7. after release is rapidly inactivated by specific enzymes or re-uptake**

neurotransmitters released by nerve cells into blood circulation

NEUROHORMONES

e.g.:
oxytocine vasopressin,
gonadotropin, corticotropin . . .



NEUROMODULATORS (e.g. opioids, anandamide, NO ...)



biologically active in small amounts,

released on synapses, however, also by e.g. glial cells,

**have impact on receptor activity either directly
or through interaction with neurotransmitter**

Acetylcholine

synthesis **choline** → cholinacetyltransferase (acetyl ko-enzym A)
⇒ **Ach** → acetylcholinesterase ⇒ **choline + acetate**

storage in synaptic vesicles

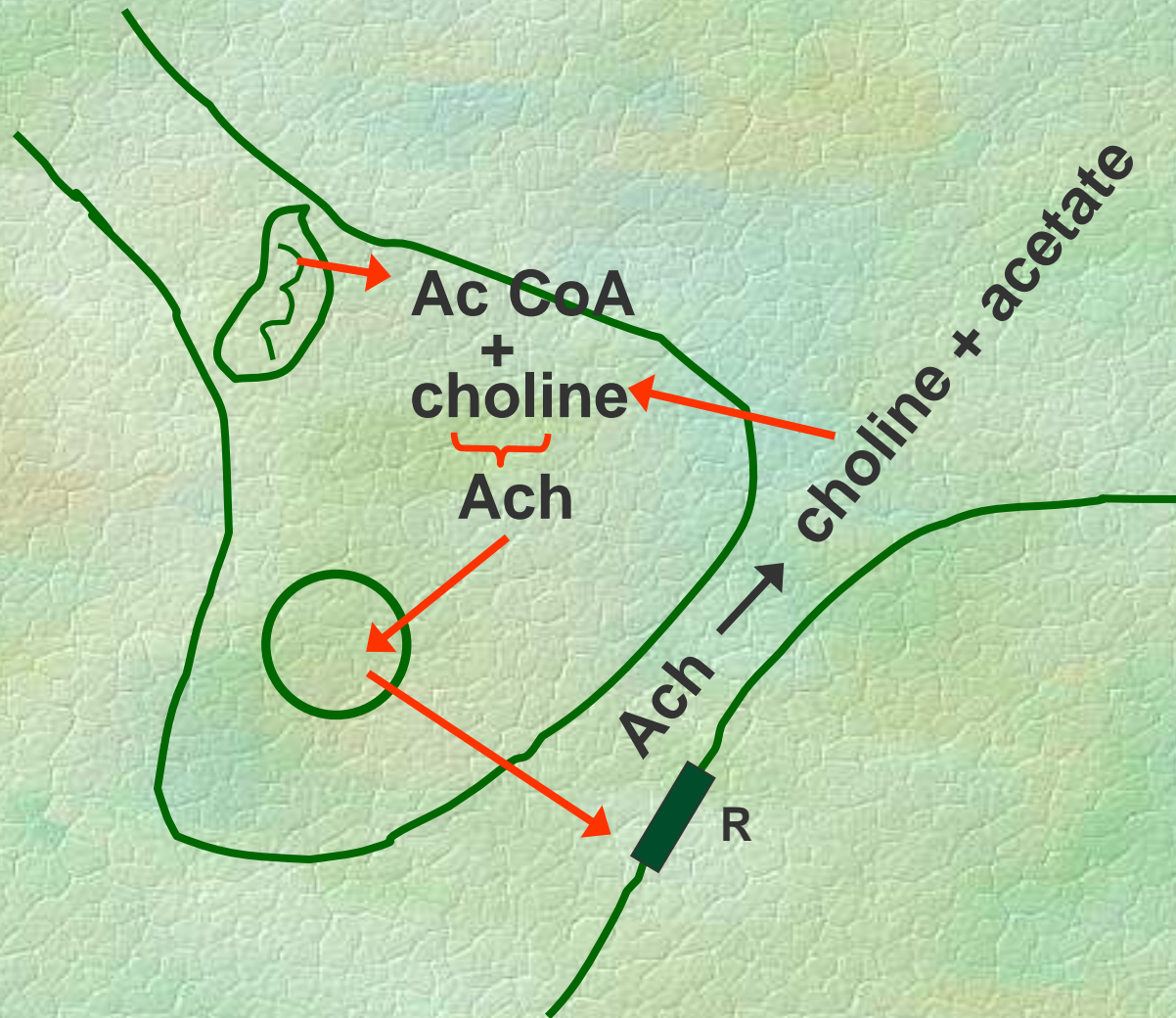
breakdown (very fast)

specific cholinesterase – in neurones and neuroeffector junction

pseudocholinesterase(butyrylcholinesterase) – throughout the body,
including body fluids

re-uptake choline

Cholinergic synapse - acetylcholin (Ach)



Acetylcholin

continuation

receptors **M₁₋₅** (muscarinic) - stimulation has slower and more sustained action, G-protein coupled
N (nicotinic) - stimulation has rapid and short action, part of receptor mediated Cl⁻ channels , often occurring as heteroreceptors (increase of neurotransmitter release)

Ach ↑ **IQ** (learning, memory, attention, emotions, nociception, sleep ...)

Ach ↓ **dementia, delirium**

Catecholamines

dopamine (basal ganglia, limbic system ...)

noradrenaline (hypothalamus, cortex, cerebellum)

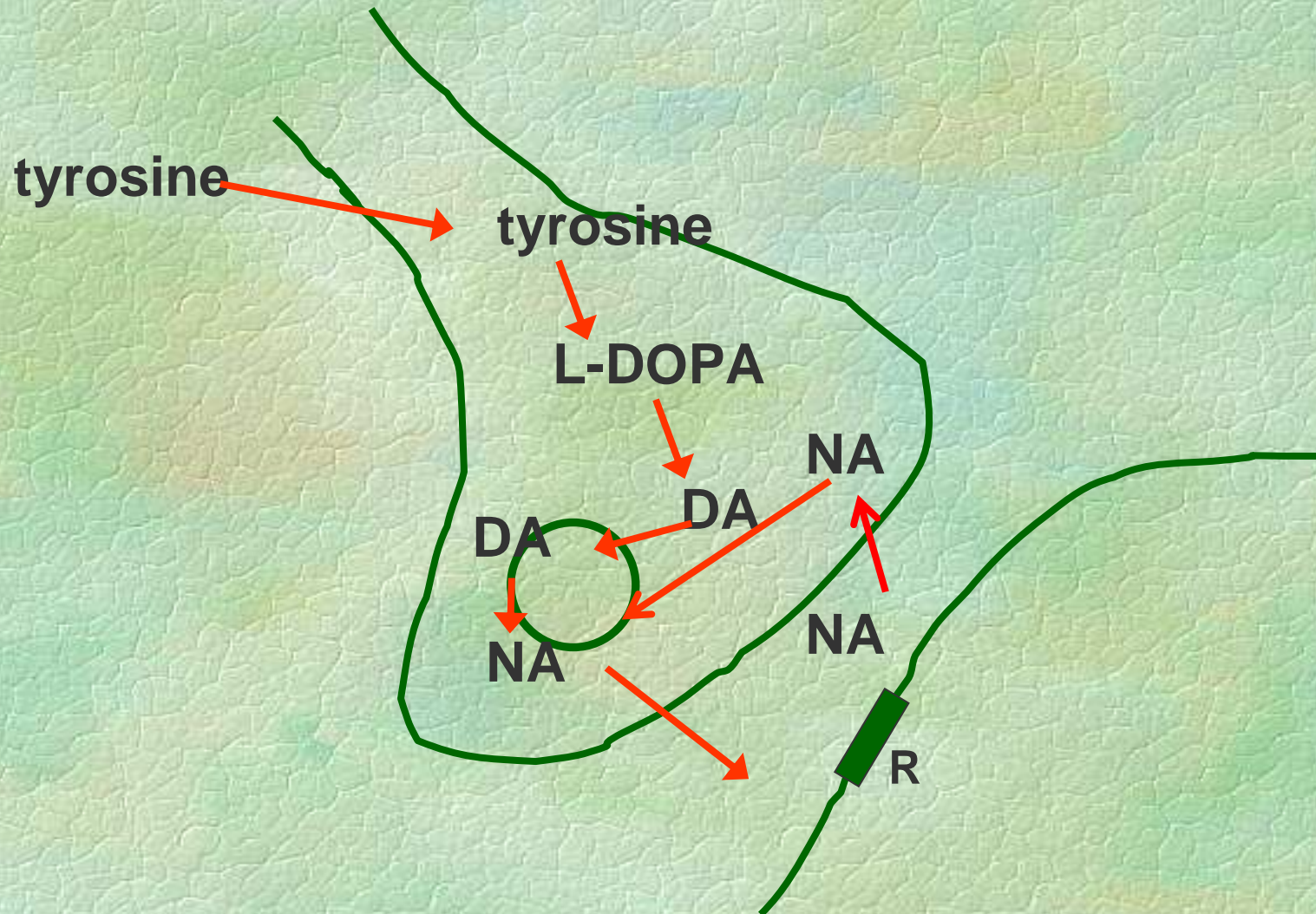
adrenaline

synthesis **tyrosine** → **tyrosine hydroxylase** ⇒ **DOPA** → **decarboxylase**
⇒ **dopamine** → **hydroxylase** ⇒ **noradrenaline** →
N-methyltransferase ⇒ **adrenaline**

storage - **in vesicles (with ATP - 4 : 1)**
- **free in cytoplasmic fluid**

breakdown - **re-uptake !!**
- **diffusion**
- **intracellularly - MAO_A (A a Na) + MAO_B (DA)**
extracellularly - MAO_B + COMT

Adrenergic synapse - noradrenaline (NA) (norepinephrine)



Catecholamines

continuation

receptors

DA r. - partly sensitive to A a Na, too

D_{1, 5} - coupled to adenylylcyclase → ↑ cAMP – excitation

D_{2, 3, 4} - coupled to phosphodiesterase (cAMP degradation) - ↓ cAMP - inhibition

adrenergic r. (in the CNS in neurons; on vessels)

- α

α_1 - stimulation of phosphatidylinositol metabolism

α_2 - ↓ cAMP

↑ K⁺ channel

↓ Ca²⁺ channel

} regulated by G-protein

- $\beta_{1, 2, 3}$ - ↑ cAMP

Katecholaminy

continuation

Na (A) ↑ unrest

Na (A) ↓ sedation, depression

DA ↑ aggressivity

DA ↓ apathy

Serotonin (5-HT)

synthesis tryptophan → hydroxylase ⇒ 5-hydroxytryptophan →
decarboxylase ⇒ 5-hydroxytryptamine (5-HT)

storage - in vesicles (with ATP) in presynaptic terminals
- in a mobile extravesicular cytoplasmic pool

breakdown - re-uptake !!
- MAO_A (cytoplasmic)

receptors 5-HT_{1A, B, C, D} - ↓ cAMP
5-HT_{2A, B, C} - stimulation of phosphoinositol metabolism
5-HT₄ - ↑ cAMP
5-HT_{5A, B}
5-HT_{6, 7}
5-HT₃ - stimulation of ion channels (= ionotropic receptor)

} = metabotropic receptors

Serotonin (5-HT)

continuation

5-HT ↑ anxiety, aggressivity

5-HT ↓ sedation, depression

GABA (gamma-aminobutyric acid)

synthesis glutamic acid $\rightarrow \rightarrow \rightarrow$ decarboxylase \Rightarrow GABA

storage in neurones, in glial cells

breakdown - re-uptake
- GABA-transaminase (in neurones, in glial cells)

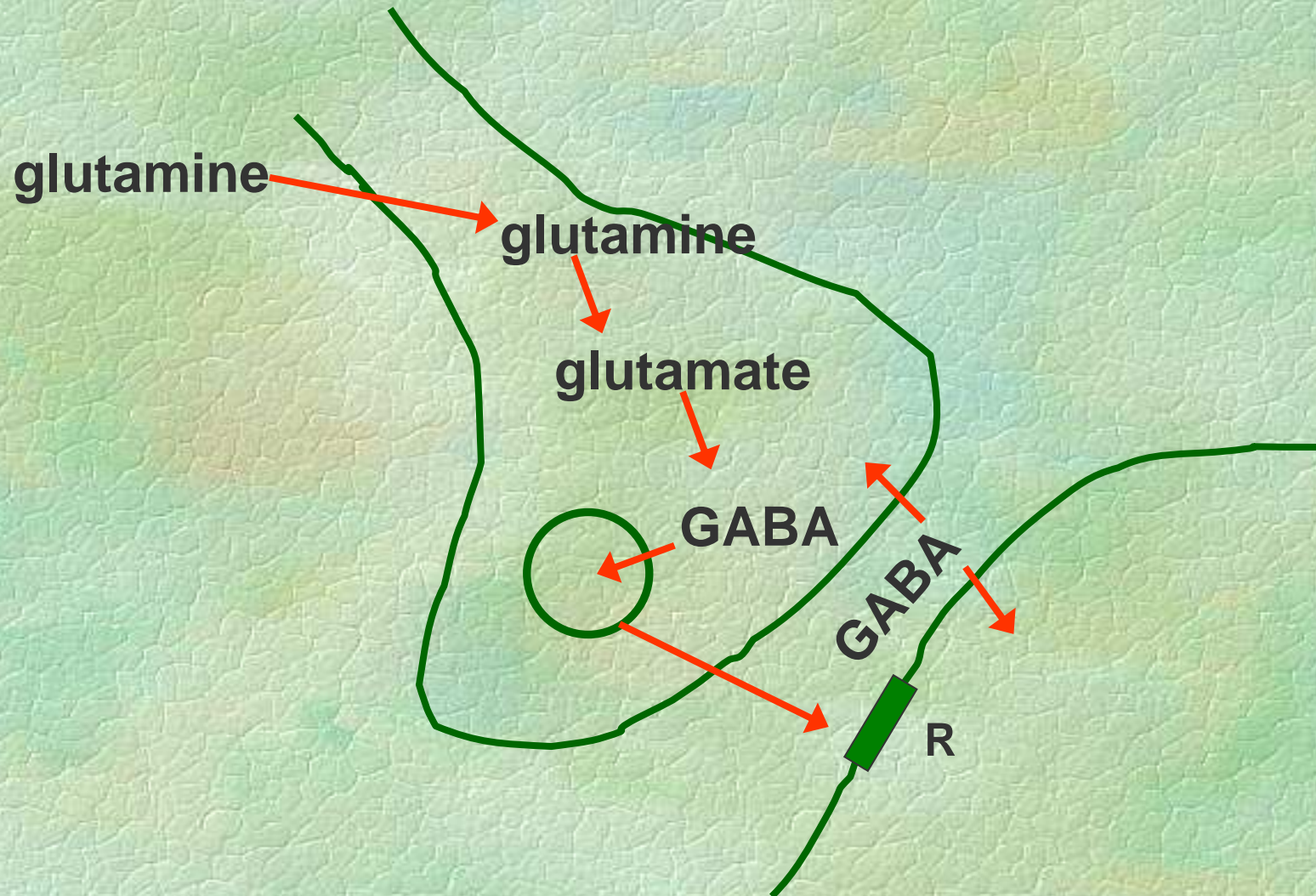
receptors GABA_A, GABA_C - part of Cl⁻ channel structure,
(postsynaptic)

GABA_B - \downarrow cAMP
 \uparrow K⁺ kanálu
 \downarrow Ca²⁺ kanálu,
(presynaptic)

GABA \uparrow
(sleep)

GABA \downarrow
(anxiety)

GABAergic synapse gamma-aminobutyric acid (GABA)



Excitatory amino acids - glutamate, aspartate

receptors

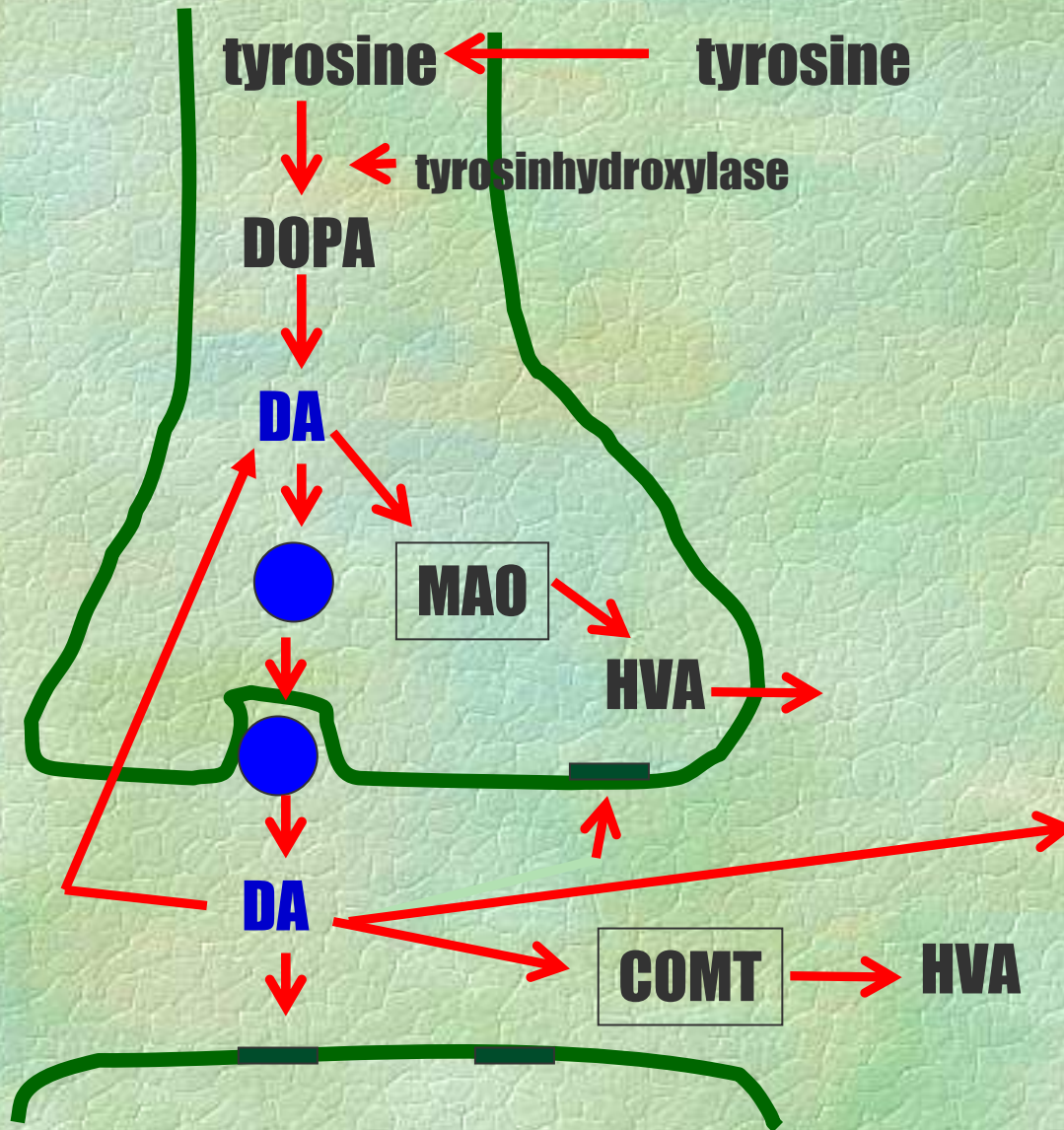
ionotropic:

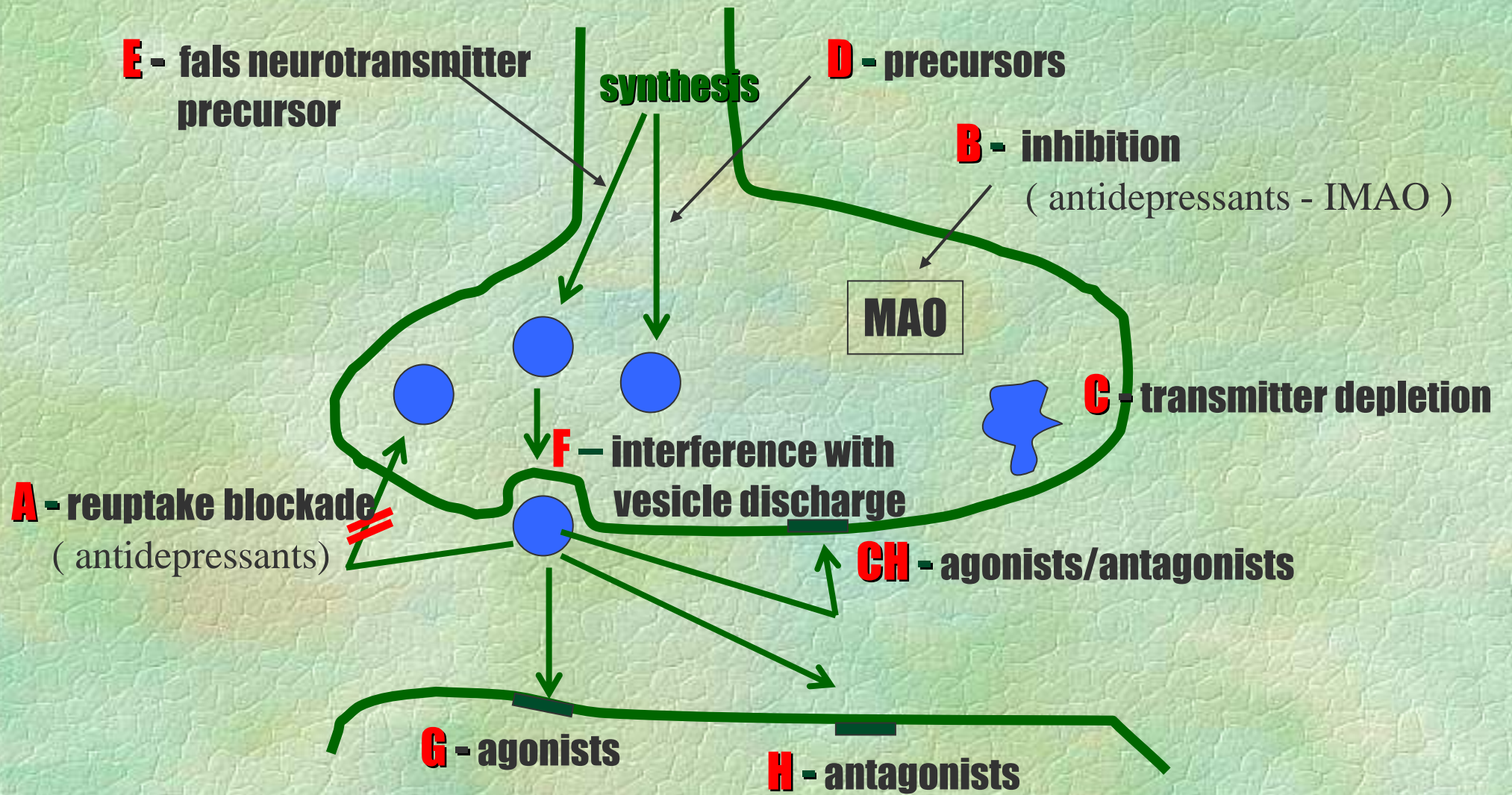
- **NMDA r (NR₁₋₃)** - (N-methyl-D-aspartate, glutamate)
- **AMPA r. (GluR₁₋₄)** – (alfa-amino-3-hydroxy-5- methyl-4- isoxazolepropionic acid)
- **kainate-ergic r. (GluR₅₋₇, KA₁, K₂)**

metabotropic, G-protein coupled:

mGluR₁₋₈ inhibition of glutamate release from presynaptic terminal or
Increase of phosphatidylinositol turnover

memory functions, learning processes





Sites of drug action at the synapse

→ **DIRECT - G, H, CH**

↘ **INDIRECT - A, B, C, D, E, F**

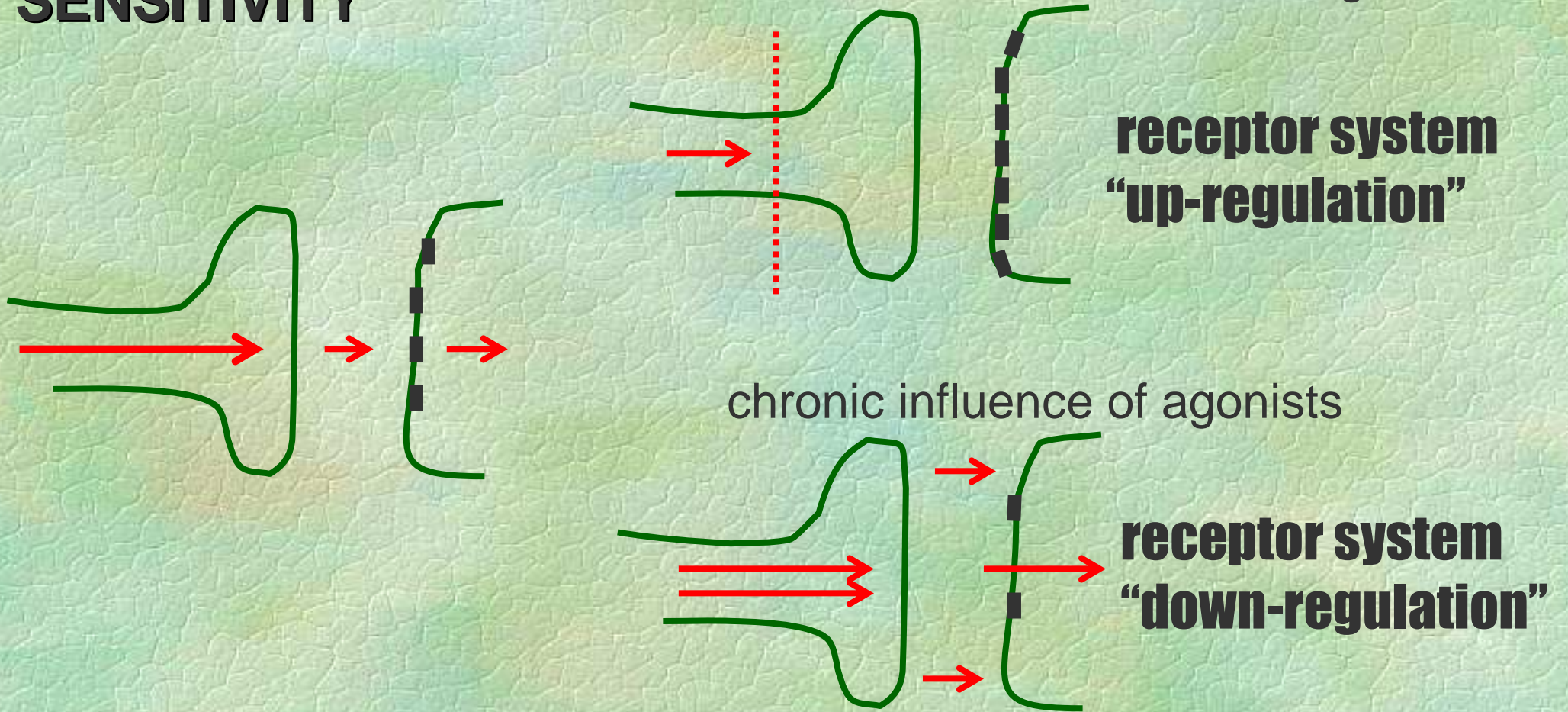
RECEPTOR SENSITIVITY

denervation supersensitivity and chronic influence of antagonists

**receptor system
“up-regulation”**

chronic influence of agonists

**receptor system
“down-regulation”**



**DRUGS
AFFECTING
CNS
FUNCTIONS**

quantitatively

(+) central analeptics

**(-) general anaesthetics
analgesics
sedatives
hypnotics**

qualitatively

(+)

(-)

} psychotropics

PSYCHOTROPICS

→ **treatment of psychic disorders**

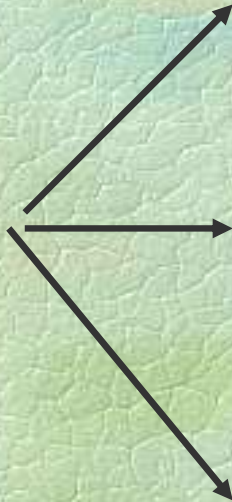


= inducing behavioural changes

Psychotropics



**changes
of psychic
activities**



PSYCHOANALEPTICS



PSYCHOLEPTICS



PSYCHODYSLEPTICS

neurotransmitters

inhibitory a excitatory



**depression, anxiety,
sleeping disorders,
epilepsy,
parkinsonism**



**imbalanced functions =
PATHOLOGICAL
CONDITION**

“ Neurotransmitter diseases “

**↑ activity
of the neurotransmitter
system**

**↓ activity
of the neurotransmitter
system**

Differential neuronal pathways use the same neurotransmitter

it is difficult to target exogenous modulation on just one of them

origin of adverse effects of drug acting in the CNS