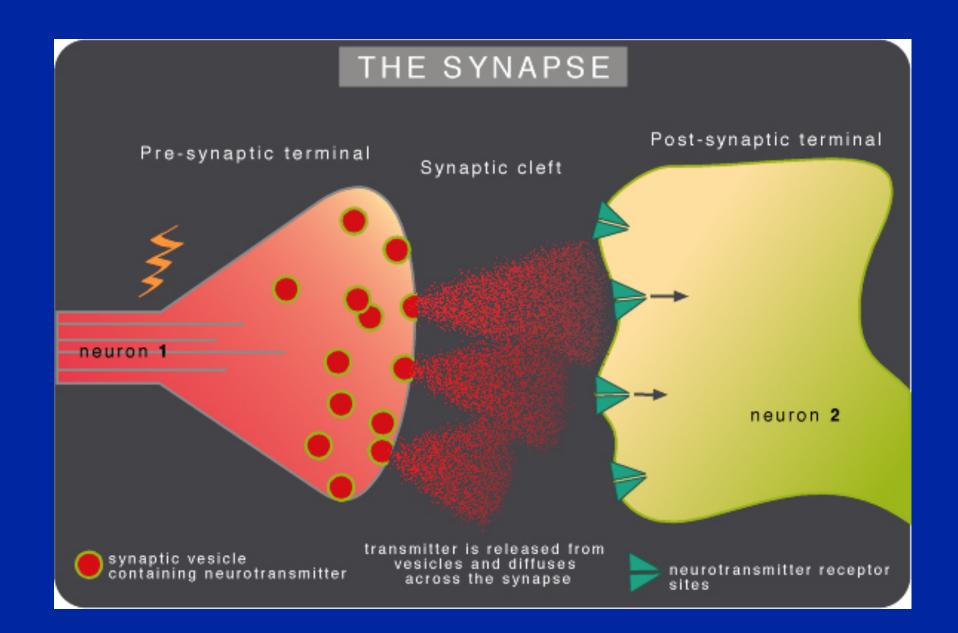
Pharmacology of central Neurotransmitters

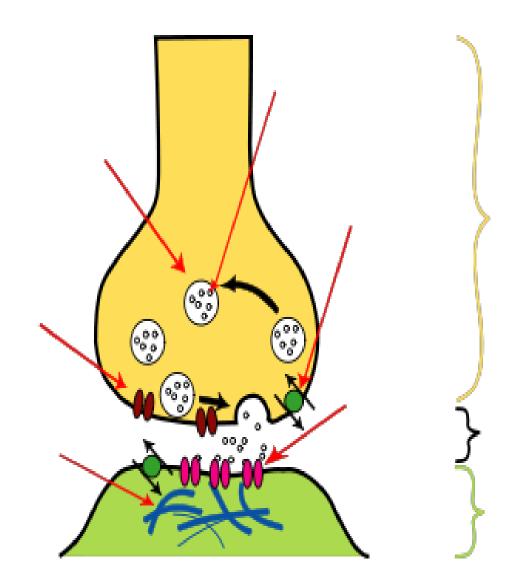
#### **Objectives**

 The main objective of this lecture is to understand the role of neurotransmitters in the etiology and treatment of CNS diseases.

#### Neurotransmitters

- Endogenous chemicals that transmit signals from a neuron to a target cell across a synapse.
- They packed into synaptic vesicles under the membrane in the axon terminal, on the presynaptic side.
- They are released into & diffuse across the synaptic cleft to bind to a specific receptors on the post synaptic side.





- Neuropsychopharmacological science seeks to :

Understand how drugs can affect the CNS selectively to relieve pain, improve attention, induce sleep, reduce appetite, suppress disordered movements ....ect.

To provide the means to develop appropriate drugs to correct pathophysiological events in the abnormal CNS. What is the importance of understanding neurotransmitters

- To understand the etiology of diseases.
- \*To suggest the best drugs to be used.
- To understand the other clinical uses of any particular drug.

**Examples of neurotransmitters** 

#### **Amino acids:**

- Glutamate (Glu), gamma aminobutryic acid (GABA)
- Monoamines & other biogenic amines:
  - Dopamine (DA), Norepinephrine (NE), Serotonin (5-HT)

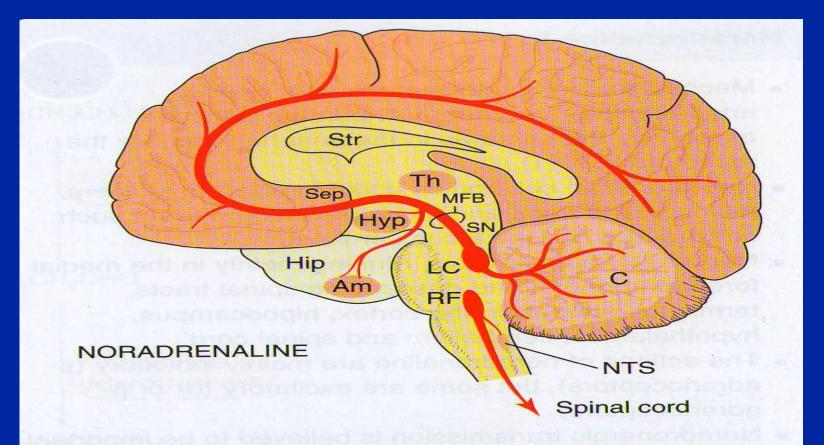
### **Peptides:**

Somatostatin

#### **Others:**

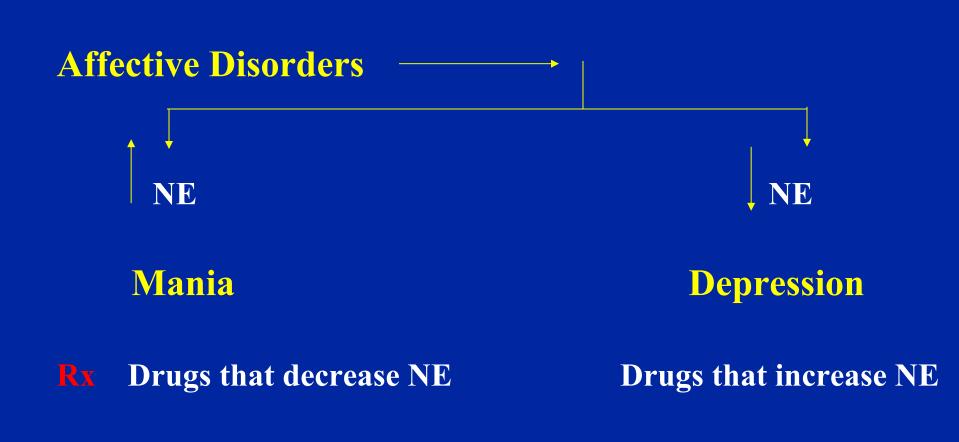
**Acetylcholine (Ach)** 

# Norepinephrine (NE)

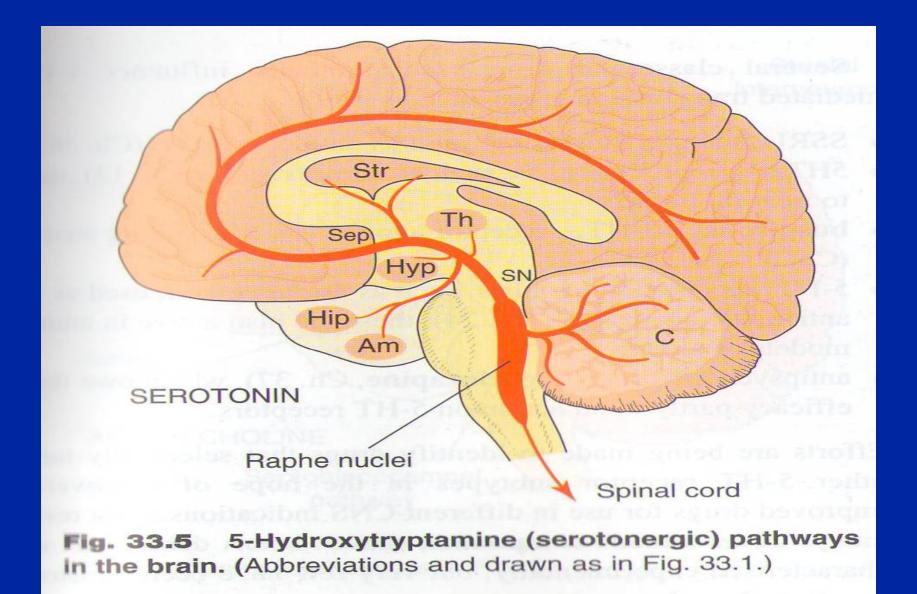


**Fig. 33.1** Noradrenaline pathways in the brain. The location of the main groups of cell bodies and fibre tracts is shown in red. Pink areas show the location of noradrenergic terminals. (Am, amygdaloid nucleus; C, cerebellum; LC, locus ceruleus; Hip, hippocampus; Hyp, hypothalamus; MFB, medial forebrain bundle; NTS, nucleus of the tractus solitarius (vagal sensory nucleus); RF, brainstem reticular formation; Sep, septum; SN, substantia nigra; Str, corpus striatum; Th, thalamus.)

### **Mood disorders and NE**



# Serotonin (5-HT)



# Serotonin (5HT)

- Primarily found in the CNS , GIT, platelets, .....
- It is a popular thought that serotonin is responsible for feeling of well-being & happiness.
- Serotonin plays an important role : in regulation of ; Mood ; sleep; appetite and pain perception

# - Diseases that are influenced by changes in 5-HT brain content:

- Depression.
- Social phobia.
- Obsessive Compulsive Disorders.
- Generalized Anxiety.
- Schizophrenia.
- Vomiting.

Dopamine

# **Dopaminergic Pathways**

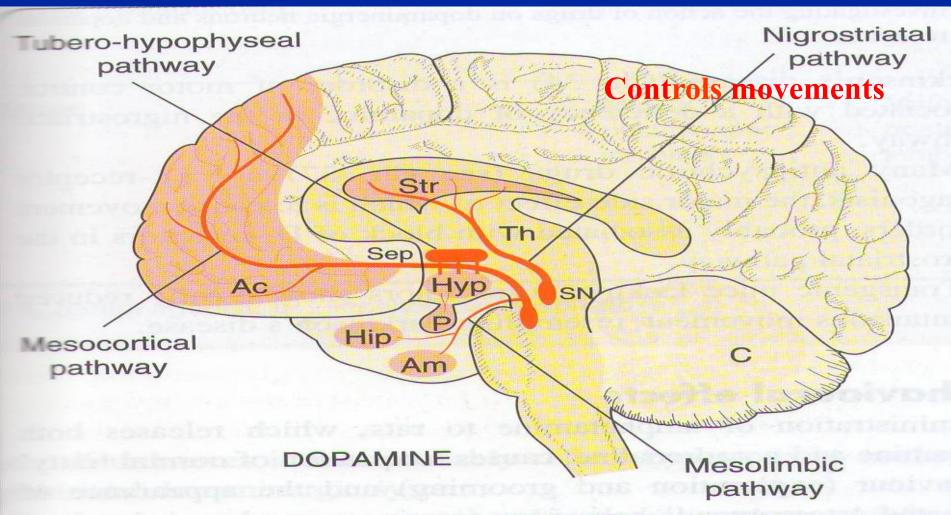
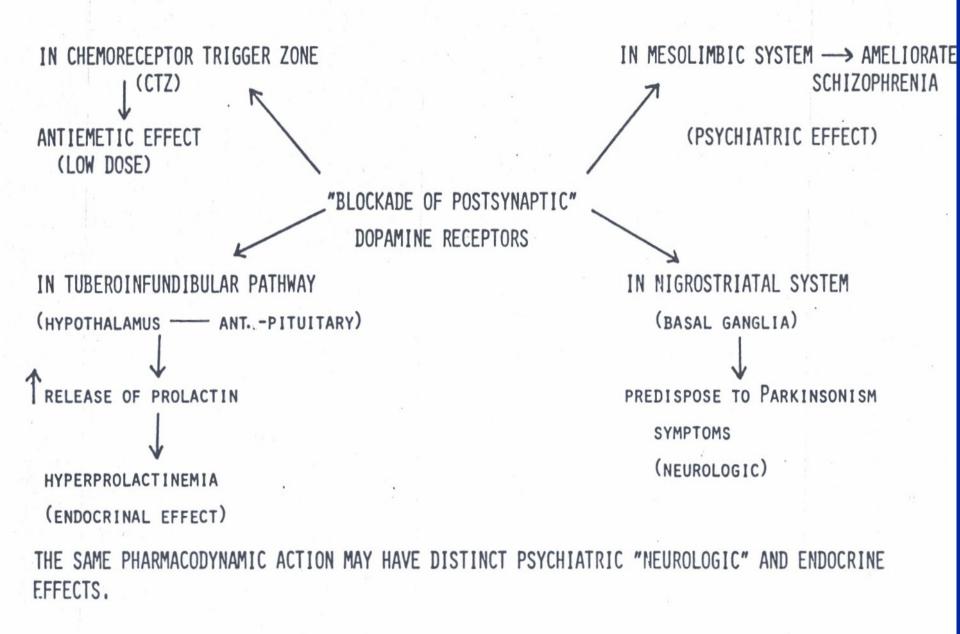


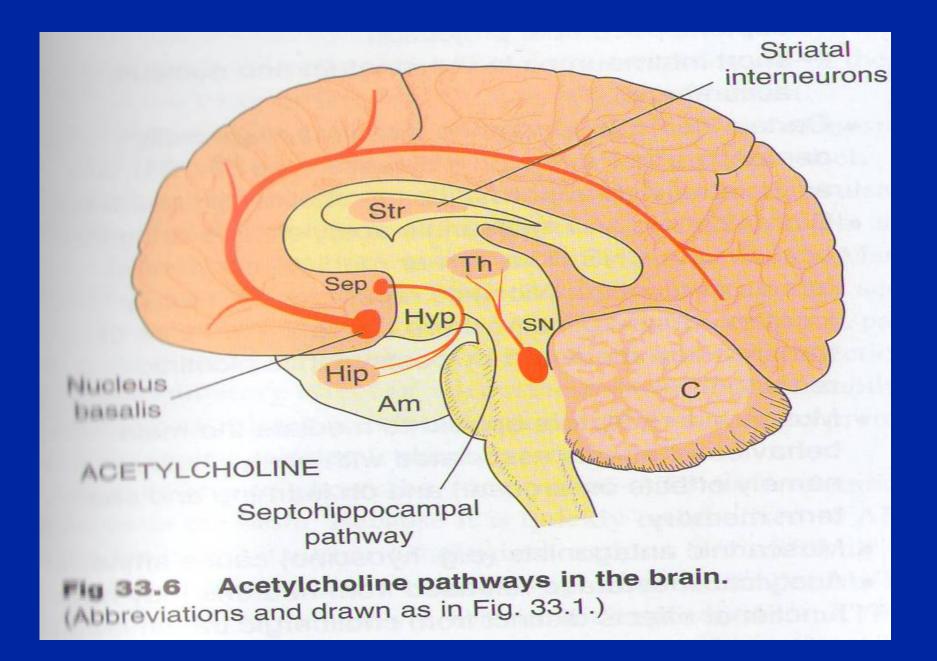
Fig. 33.3 Dopamine pathways in the brain (drawn as in Fig. 33.1). The pituitary gland (P) is shown, innervated with dopaminergic fibres from the hypothalamus. (Ac, nucleus accumbens; other abbreviations as in Fig. 33.1.)

EFFECTS ON DOPAMINERGIC SYNAPSES



# What are the diseases that influenced by dopamine level ?

Parkinson's disease, attention deficit hyperactivity disorder, schizophrenia, depression and drug addiction Acetylcholine



- Acetylcholine, the first neurotransmitter discovered
- Inside the brain Ach functions as a neuromodulator—a chemical that alters the way other brain structures process information rather than a chemical used to transmit information from point to point
- Is ACh an inhibitory or excitatory neurotransmitter?

**Role of Acetylcholine in the CNS** 

ACh is thought to be involved in cognitive functions such as :

Memory
Arousal الإثارة
Attention انتباه

What are the CNS diseases that linked to ACh derangement ?

- Damage to cholinergic receptors

(muscarinic) is associated with memory deficits as in Alzheimer's disease.

- Muscarinic antagonists as hyoscine cause amnesia.
- Increased brain level of ACh predispose to Parkinson's disease

- Schizophrenia may be due to imbalance between ACh & dopamine brain levels.
- Depression may be a manifestation of a central cholinergic predominance.

#### **Glutamic acid**

- Glutamic acid

- is an excitatory neurotransmitter

- An increase in its level predispose to epilepsy

Potential therapeutic effect of glutamate antagonists

 Reduction of brain damage following strokes & head injury

- Treatment of epilepsy

- Drug dependence

- Schizophrenia



## is the main inhibitory transmitter in the brain

Present throughout the brain; there is very little in peripheral tissues

## Pathophysiological role of GABA

**Decrease GABA brain content is associated with :** 

- Epilepsy
- Anxiety
- Convulsions
- Insomnia

Transmitter	Anatomic Distribution	Receptor Subtypes	Receptor Mechanisms
Acetylcholine	Cell bodies at all levels, short and long axons	Muscarinic, M <sub>1</sub> ; blocked by pirenzepine and atropine	Excitatory; ↓ in K <sup>+</sup> conductance; ↑ IP <sub>3</sub> and DAG
	includes and an and a pick of	Muscarinic, M <sub>2</sub> ; blocked by atropine	Inhibitory; ↑ K* conductance; ↓ cAMP
	Motoneuron-Renshaw cell synapse	Nicotinic, N	Excitatory; 1 cation conductance
Dopamine	Cell bodies at all levels, short, medium, and long axons	D <sub>1</sub> ; blocked by phenothiazines	Inhibitory; ↑ cAMP
	A Construction of the second s	D <sub>2</sub> ; blocked by phenothiazines and haloperidol	Inhibitory (presynaptic); ↓ Ca <sup>2+</sup> conductance; Inhibitory (postsynaptic); ↑ K <sup>+</sup>
		and the second s	conductance; ↓ cAMP
Norepinephrine	Cell bodies in pons and brain stem project to all levels	Alpha <sub>1</sub> ; blocked by prazosin	Excitatory; $\downarrow$ K <sup>+</sup> conductance; $\uparrow$ IP <sub>3</sub> and DAG
	Production and the	Alpha <sub>2</sub> ; activated by clonidine	Inhibitory (presynaptic); ↓ Ca <sup>2+</sup> conductance
			Inhibitory (postsynaptic); ↑ K <sup>+</sup> conductance; ↓ cAMP
		Beta <sub>1</sub> ; blocked by propranolol	Excitatory; ↓ K <sup>+</sup> conductance; ↑ cAMP
		Beta <sub>2</sub> ; blocked by propranolol	Inhibitory; ? increase in electrogenic sodium pump; ↑ cAMP
Serotonin (5-hydroxy- tryptamine)	Cell bodies in midbrain and pons project to all levels	5-HT <sub>1A</sub> ; buspirone is a partial agonist	Inhibitory; $\uparrow$ K <sup>+</sup> conductance, $\downarrow$ cAMP
		5-HT <sub>2A</sub> ; blocked by clozapine, risperidone, and olanzapine	Excitatory; ↓ K <sup>+</sup> conductance; ↑ IP <sub>3</sub> and DAG
		5-HT <sub>3</sub> ; blocked by ondansetron	Excitatory; ↑ cation conductance
	(E) Manager ( the subave	5-HT <sub>4</sub>	Excitatory; ↓ K <sup>+</sup> conductance
GABA	Supraspinal interneurons; spinal interneurons in- volved in presynaptic inhibition	GABA <sub>A</sub> ; facilitated by benzodiazepines and zolpidem	Inhibitory; ↑ CI⁻ conductance
	and a start and the cost	GABA <sub>B</sub> ; activated by baclofen	Inhibitory (presynaptic); ↓ Ca <sup>2+</sup> conductance
	(13) gen tenns		Inhibitory (postsynaptic); ↑ K <sup>+</sup> conductance
	Relay neurons at all levels	Four subtypes; NMDA subtype blocked by phencyclidine	Excitatory; $\uparrow$ Ca <sup>2+</sup> or cation conductance
	The subscreening community	Metabotropic subtypes	Inhibitory (presynaptic); $\downarrow$ Ca <sup>2+</sup> conductance, $\downarrow$ cAMP
	(H) when we have	the second second second second	Excitatory (postsynaptic); ↓ K <sup>+</sup> conduc- tance, ↑ IP <sub>3</sub> and DAG
lycine	Interneurons in spinal cord and brain stem	Single subtype; blocked by strychnine	Inhibitory; ↑ CI <sup>-</sup> conductance
pioid peptides	Cell bodies at all levels	Three major subtypes: mu, delta, kappa	Inhibitory (presynaptic); ↓ Ca <sup>2+</sup> conductance; ↓ cAMP
	AND TRANSPORT		Inhibitory (postsynaptic); ↑ K <sup>+</sup> conductance; ↓ cAMP

#### - Conclusion:

 Without understanding the involvement of neurotransmitters in the etiology of CNS diseases, Doctors could not select the proper drug for any particular disease.