
Carlson (7e)

PowerPoint Lecture Outline

Chapter 4: Psychopharmacology

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Psychopharmacology

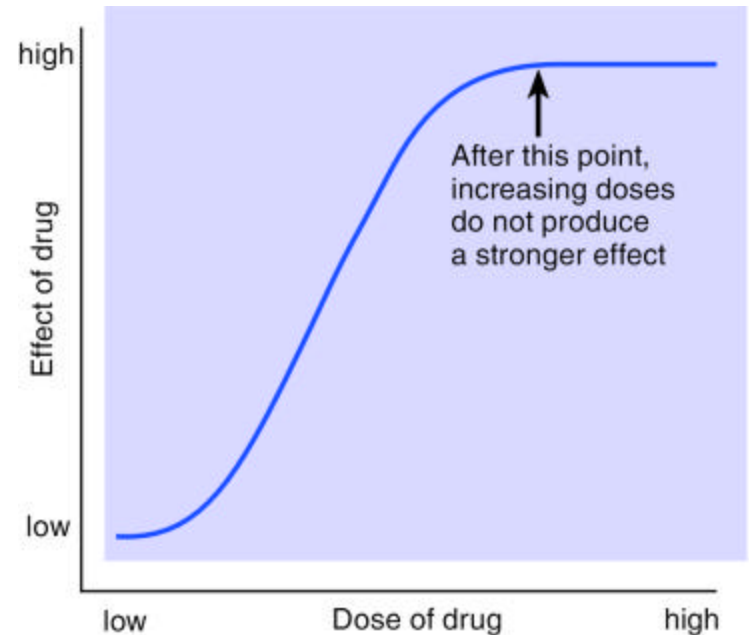
- **Psychopharmacology** is the study of the effects of drugs on the nervous system and on behavior
- The term drug has many meanings:
 - Medication to treat a disease
 - A chemical that is likely to be abused
 - An “**exogenous**” chemical that significantly alters the function of certain bodily cells when taken in relatively low doses (chemical is not required for normal cellular functioning)

Pharmacokinetics

- Drug molecules interact with target sites to effect the nervous system
 - The drug must be absorbed into the bloodstream and then carried to the target site(s)
- **Pharmacokinetics** is the study of drug absorption, distribution within body, and drug elimination
 - Absorption depends on the route of administration
 - Drug distribution depends on how soluble the drug molecule is in fat (to pass through membranes) and on the extent to which the drug binds to blood proteins (albumin)
 - Drug elimination is accomplished by excretion into urine and/or by inactivation by enzymes in the liver

Drug Effectiveness

- **Dose-response (DR) curve:**
Depicts the relation between drug dose and magnitude of drug effect
- Drugs can have more than one effect
- Drugs vary in effectiveness
 - Different sites of action
 - Different affinities for receptors
- The effectiveness of a drug is considered relative to its safety (therapeutic index)



Routes of Drug Administration

- Routes of drug administration into the body
 - Intravenous (IV): into a vein (rapid absorption)
 - Intraperitoneal (IP): into the gut (used in lab animals)
 - Subcutaneous (SC): under the skin
 - Intramuscular (IM): into a muscle
 - Inhalation of the drug into the lungs
 - Topical: absorbed through the skin
 - Oral (PO): via the mouth

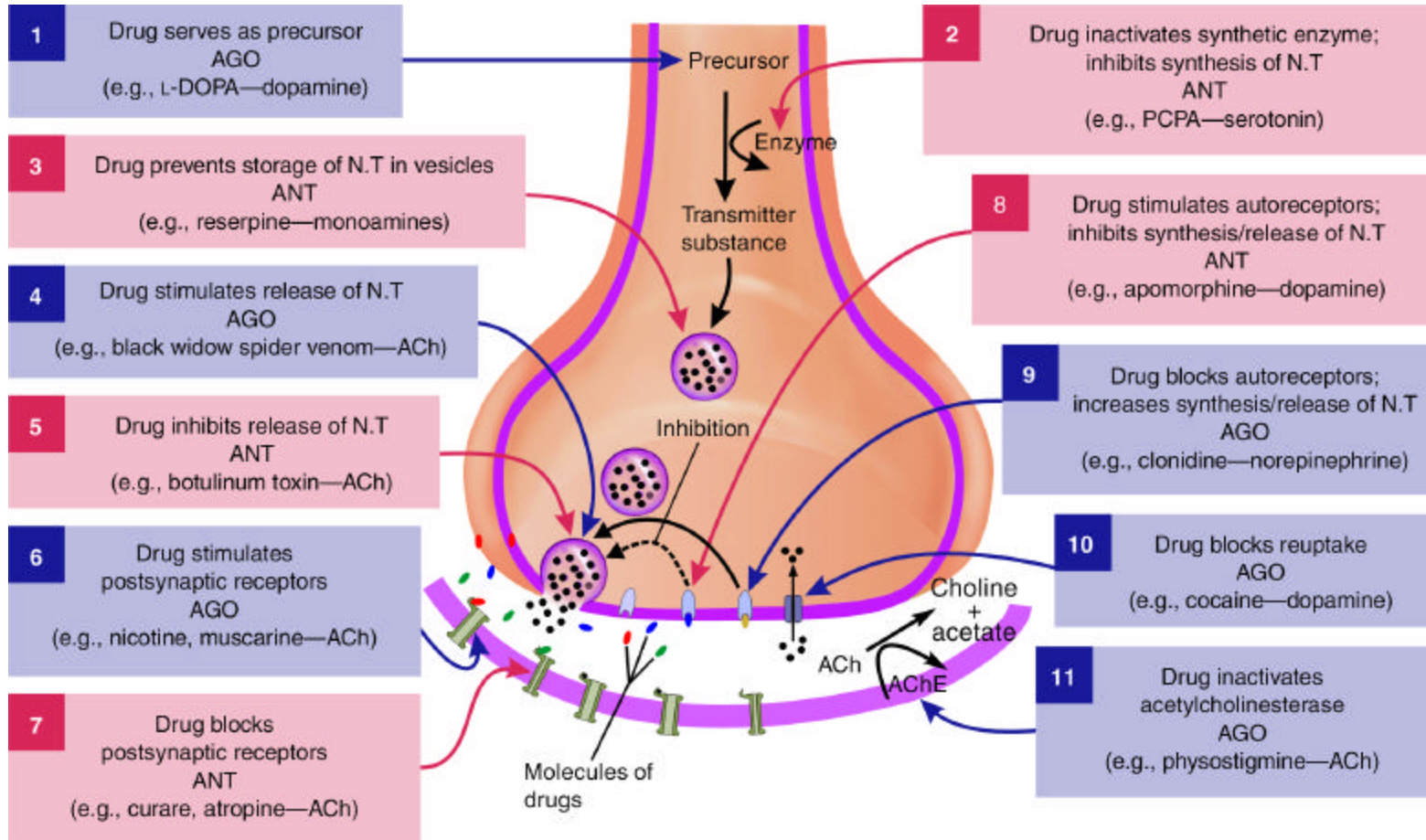
Tolerance and Sensitization

- Repeated administration of a drug can alter its subsequent effectiveness
 - **Tolerance:** Repeated drug administration results in diminished drug effect (or requires increased dosage to maintain constant effect)
 - ◆ Withdrawal effects are often the opposite of the drug effect and often accompanies tolerance
 - ◆ Tolerance can reflect decreased drug-receptor binding or reduced postsynaptic action of the drug
 - **Sensitization:** Repeated drug administration results in heightened drug effectiveness

Synaptic Transmission

- Transmitter substances are
 - Synthesized, stored, released, and terminated
 - Susceptible to drug manipulation
- Definitions:
 - **Direct agonist:** a drug that binds to and activates a receptor
 - **Antagonist:** a drug that binds to but does not activate a receptor
 - ◆ Indirect antagonists are drugs that attach to a binding site and interfere with the normal action of the receptor

Drug Action on Synaptic Transmission



Agonist drugs are in red, Antagonists are in blue

Presynaptic Drug Actions

- Presynaptic autoreceptors regulate the amount of NT released from the axon terminal
 - Drugs that activate presynaptic autoreceptors reduce the amount of NT released, an antagonistic action
 - Drugs that inactivate presynaptic autoreceptors increase the amount of NT released, an agonistic action
- Presynaptic heteroreceptors are sensitive to NT released by another neuron, can be inhibitory or facilitatory

Neuromodulators

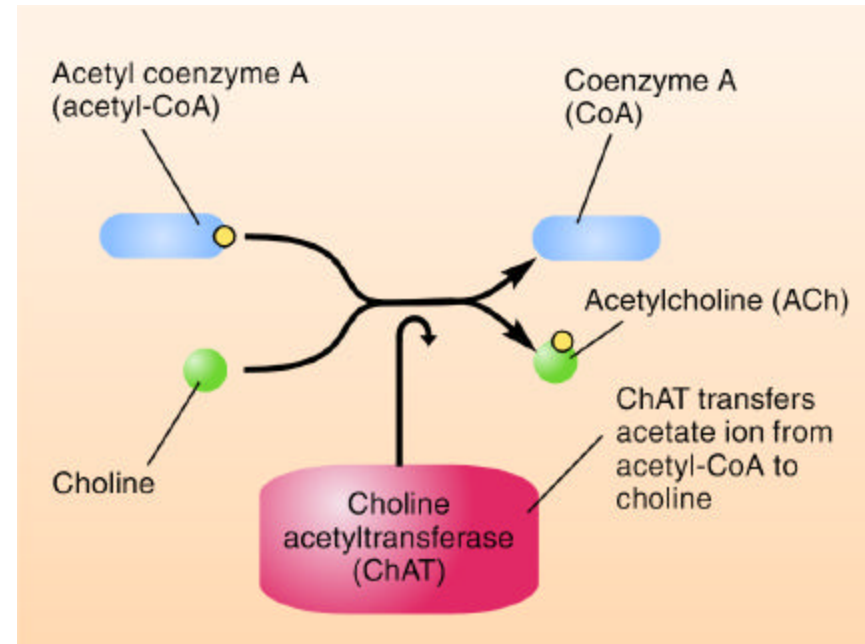
- Neurotransmitter binding to receptors produces either EPSPs or IPSPs
 - Glutamate produces EPSPs
 - GABA produces IPSPs
- **Neuromodulators** alter the action of systems of neurons that transmit information using either glutamate or GABA

Acetylcholine

- Acetylcholine (ACh) is the primary NT secreted by efferent CNS cells
- In the periphery: ACh neurons are found in:
 - Autonomic ganglia (e.g. the heart)
 - The neuromuscular junction (activation of muscle movement)
- In brain: ACh neurons are found in:
 - Dorsolateral pons
 - Medial septum
 - Basal forebrain
 - ACh release in brain results in facilitatory effects

Synthesis of ACh

- ACh synthesis pathway:
 - Acetyl CoA+Choline → ACh
 - CoA arises from glucose metabolism
 - Synthesis is dependent on choline
 - ACh synthesis is blocked by **NVP**



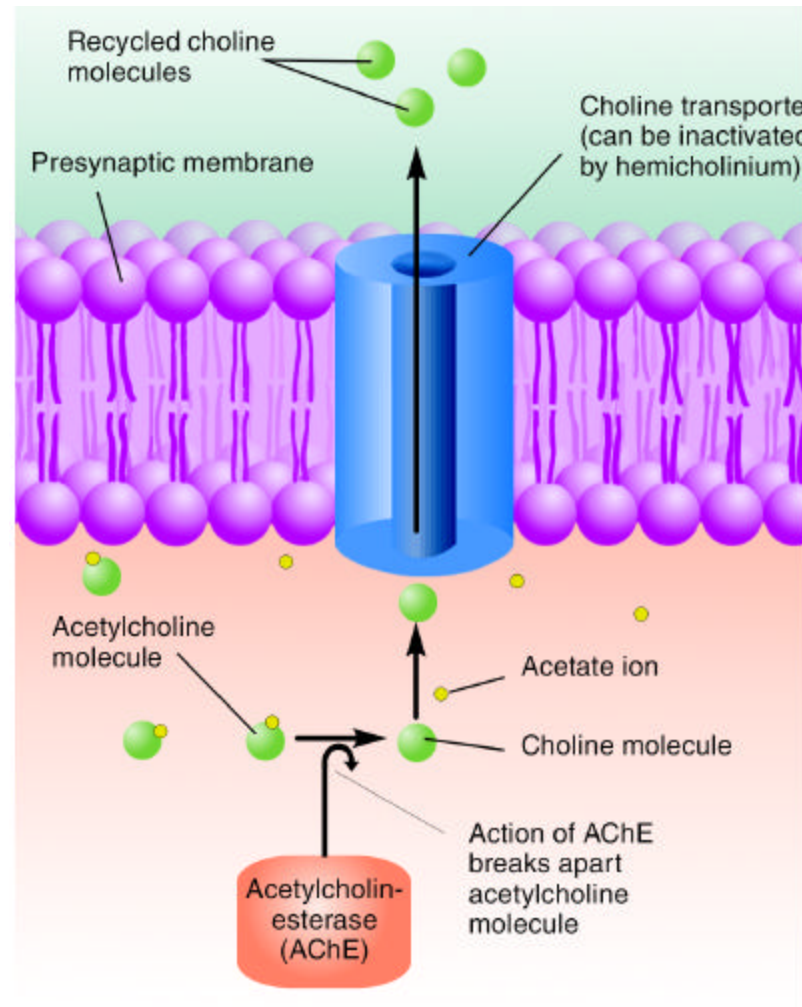
Drug-ACh Interactions

- Choline is required for ACh synthesis
 - Hemicholinium inhibits the reuptake of choline
- ACh release
 - Requires calcium ion entry
 - ACh release is blocked by botulinum toxin
 - ACh release is promoted by black widow spider venom
- ACh is degraded by AChE
 - Neostygmine interferes with AChE activity

ACh Receptors

- **Nicotinic** receptors are found in skeletal muscle (ionotropic effect)
 - Agonists: ACh, nicotine
 - Antagonists: d-tubocurarine and curare
- **Muscarinic** receptors are found in heart and smooth muscle (metabotropic effects)
 - Agonists: ACh, muscarine
 - Antagonists: Atropine and scopolamine

Termination of ACh Effect

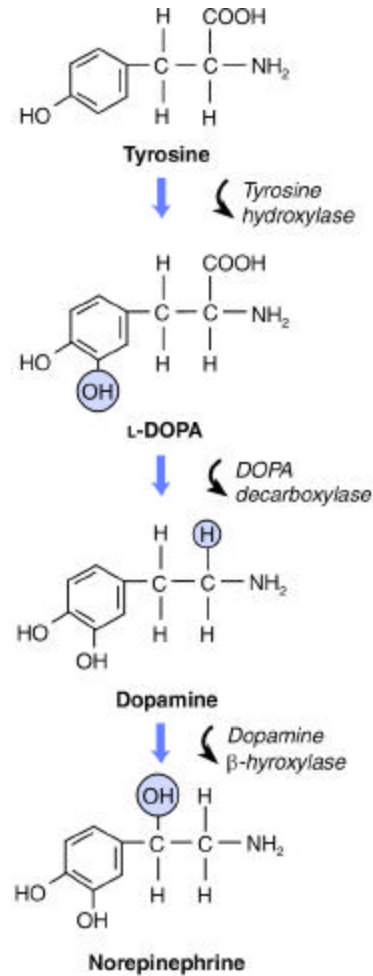


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Monoamine Neurotransmitters

- The **monoamine** transmitters share a common structure and form a family of neurotransmitters
 - Catecholamines include dopamine (DA), norepinephrine (NE), and epinephrine (EPI)
 - Indolamines include serotonin (5-HT)
- The cell bodies of monoamine neurons are located in the brainstem and give rise to axon terminals that are distributed widely throughout the brain

Catecholamine Synthesis



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Dopamine

- Dopamine is used by several neural systems
 - Nigrostriatal system projects from the substantia nigra to the caudate nucleus and putamen
 - Mesolimbic system projects from ventral tegmental area to the limbic system (including the nucleus accumbens, amygdala, and hippocampus)
 - Mesocortical system projects from the ventral tegmental area to the cortex
- Dopamine receptors are metabotropic
 - D1 receptors are postsynaptic, whereas D2 receptors are pre- and postsynaptic

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Drug-Dopamine Interactions

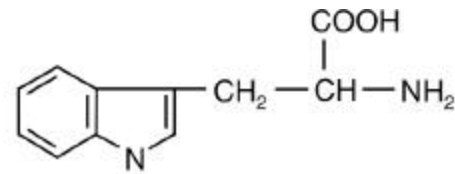
- AMPT blocks tyrosine hydroxylase, preventing the conversion of tyrosine to l-DOPA
- Reserpine prevents the storage of dopamine within vesicles
- Cocaine blocks the reuptake of dopamine
- Monoamine oxidase (MAO) within the axon terminal degrades dopamine
 - Deprenyl blocks MAO-B to increase dopamine

Norepinephrine

- Norepinephrine is synthesized from dopamine within vesicles
- The locus coeruleus gives rise to NE fiber systems
 - NE is secreted from varicosities along fibers
- NE interacts with four receptor types in brain
 - α -adrenergic (subtypes 1 and 2)
 - β -adrenergic (subtypes 1 and 2)
 - Adrenergic receptors are metabotropic

Serotonin Synthesis

5-HT Precursor

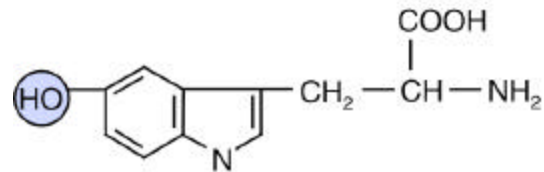


Tryptophan



Tryptophan hydroxylase

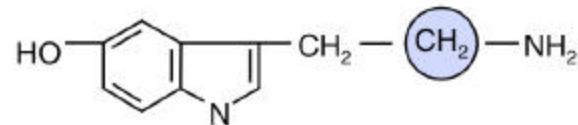
PCPA: inhibits TH



5-hydroxytryptophan (5-HTP)



5-HTP decarboxylase



5-hydroxytryptamine (5-HT, or serotonin)

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Serotonin

- **Serotonin** (5-HT) cells are mostly located in the gut (98%) with only 2% of serotonin cells in brain
- Serotonin cell bodies are located in brainstem raphe nuclei and project to cortex
- Serotonin systems:
 - D system originates in the dorsal raphe nucleus but does not form synapses (5-HT as a neuromodulator)
 - M system originates from the median raphe nucleus and these varicosities form synapses

5-HT: Release and Termination

- Serotonin release:
 - 8-OHDPAT is an autoreceptor agonist that reduces 5-HT release
 - No selective release blocker
 - **Fenfluramine** is a 5-HT releasing drug
- Serotonin termination:
 - Reuptake is blocked by **fluoxetine** (elevates 5HT)
 - Degradation: MAO converts serotonin to 5-HIAA

Serotonin Receptors

- There are at least 9 types of 5-HT receptors
 - 5-HT₁: 1A, 1B, 1D, 1E, and 1F
 - 5-HT₂: 2A, 2B, and 2C
 - 5-HT₃
- 5-HT₃ receptors are ionotropic, the remainder are metabotropic
- 5-HT_{1B} and 5-HT_{1D} are presynaptic autoreceptors

Glutamate

- **Glutamate** (glutamic acid) is an excitatory neurotransmitter
- Glutamate interacts with four receptor types
 - NMDA receptor: controls a Ca^{++} channel
 - ◆ Activation by glutamine requires glycine binding and displacement of magnesium ions
 - AMPA receptor: controls sodium channels
 - Kainate receptor: controls sodium channels
 - Metabotropic glutamate receptor

GABA

- **GABA** is synthesized from glutamic acid
- GABA induces IPSPs
- GABA acts via 2 receptors
 - GABA_A: ionotropic receptor (controls a chloride channel)
 - GABA_A receptors contain 5 distinct binding sites
 - GABA site
 - Benzodiazepine site
 - Barbiturates
 - Steroid binding site
 - Picrotoxin binding site
 - GABA_B: metabotropic receptor (controls a K⁺ channel)

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Peptides

- **Peptides** consist of 2 or more amino acids (linked by peptide bonds)
- Peptides are synthesized in the soma and transported to axon terminal in vesicles
- Peptides are released from all parts of the terminal button and after release are enzymatically degraded (no reuptake)
- Peptides can be co-released with other NTs
 - Peptide can serve as neuromodulator

Lipids

- THC interacts with cannabinoid (CB) receptors in brain to produce analgesia and sedation
- There are two endogenous ligands for the CB receptors, each is derived from lipid precursors
 - Anandamide
 - 2-arachidonyl glycerol (2-AG)
- Anandamide interferes with 5-HT₃ receptors to reduce vomiting and nausea

Soluble Gases

- Soluble gases can diffuse widely to exert actions on distant cells
- Nitric oxide (NO) is created within cells from the amino acid arginine
 - NO exerts effects within intestinal muscles, dilates brain blood vessels, and contributes to the changes in blood vessels that produce penile erections
 - NO activates an enzyme that produces cyclic GMP (a second messenger) within adjoining cells