

# Neuromodulation

# Neurotransmitters

## Excitatory

Glutamate

## Inhibitory

GABA

glycine

## Modulatory

Dopamine

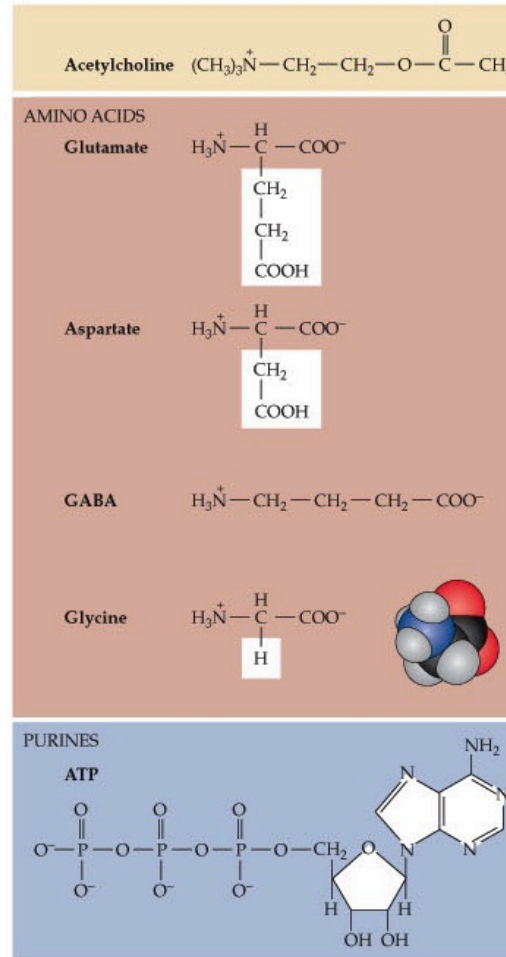
Norepinephrine

Serotonin

Acetylcholine

Neuropeptides

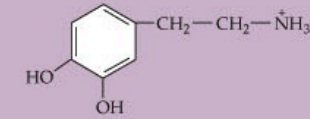
### SMALL-MOLECULE NEUROTRANSMITTERS



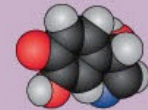
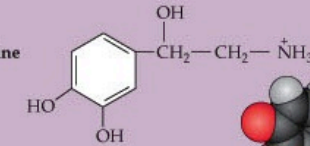
### BIOGENIC AMINES

#### CATECHOLAMINES

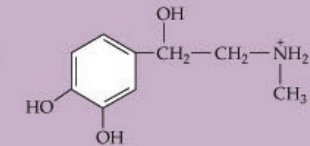
**Dopamine**



**Norepinephrine**

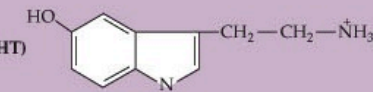


**Epinephrine**



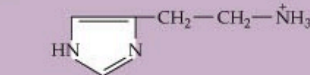
#### INDOLEAMINE

**Serotonin (5-HT)**

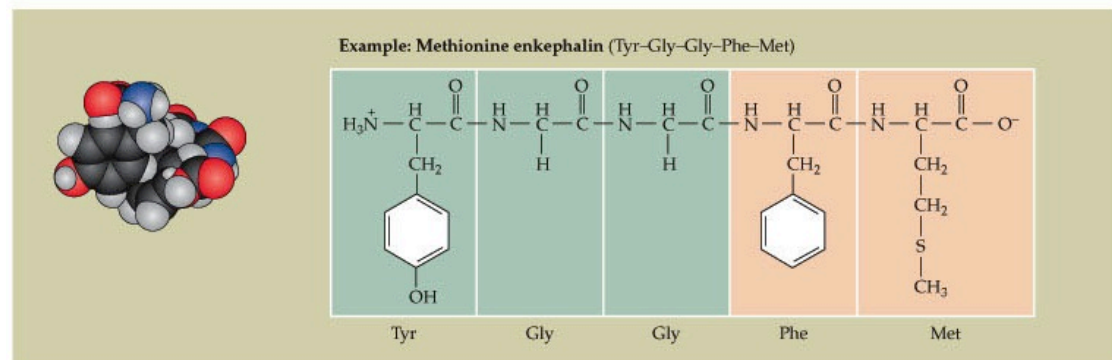


#### IMIDAZOLEAMINE

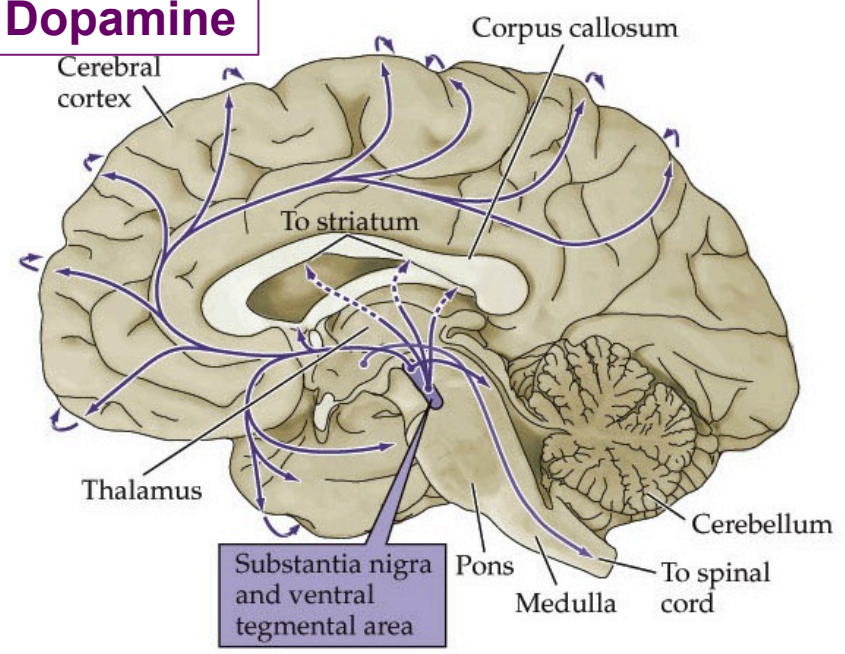
**Histamine**



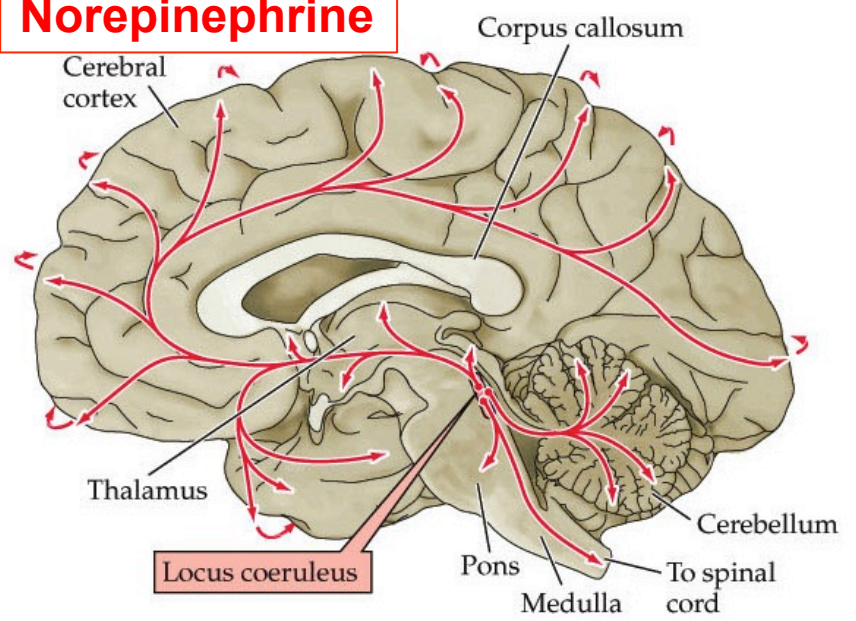
### PEPTIDE NEUROTRANSMITTERS (more than 100 peptides, usually 3-30 amino acids long)



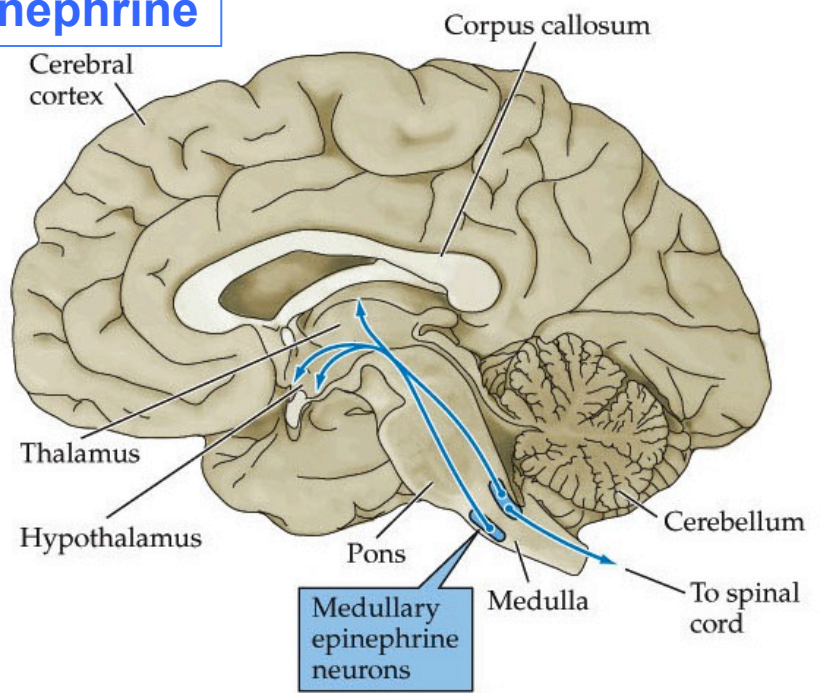
## Dopamine



## Norepinephrine



## Epinephrine

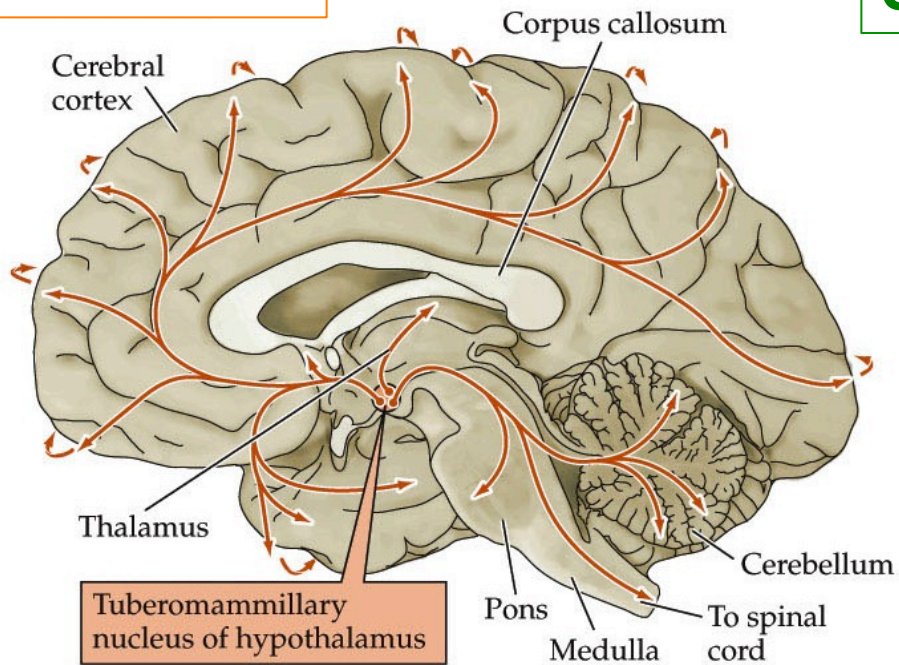


### Neuromodulators have global effects!

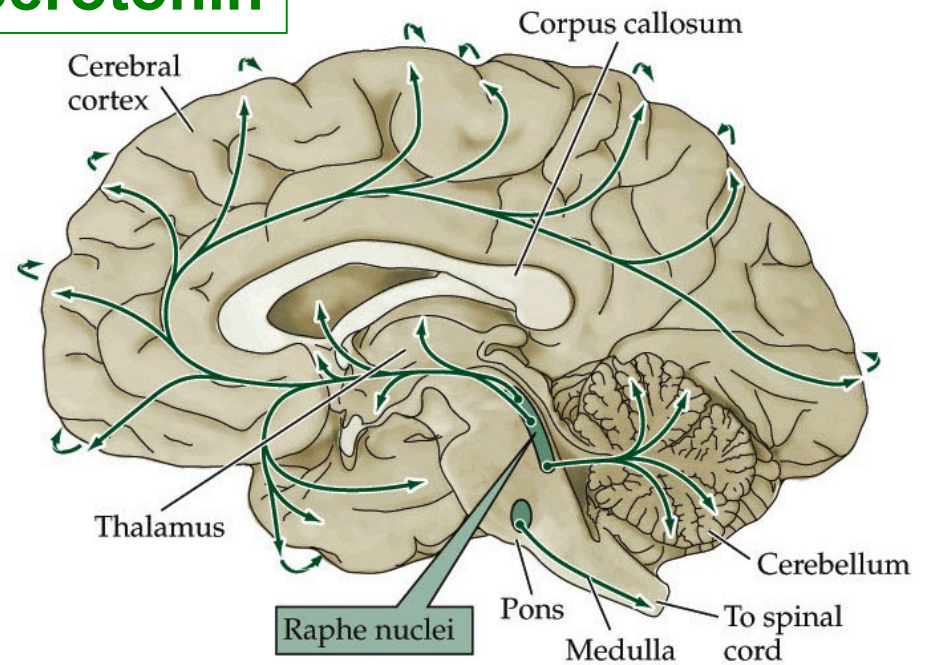
made by small clusters of cells (nuclei) in brain stem or midbrain

project axons to many areas of brain

## Histamine



## Serotonin

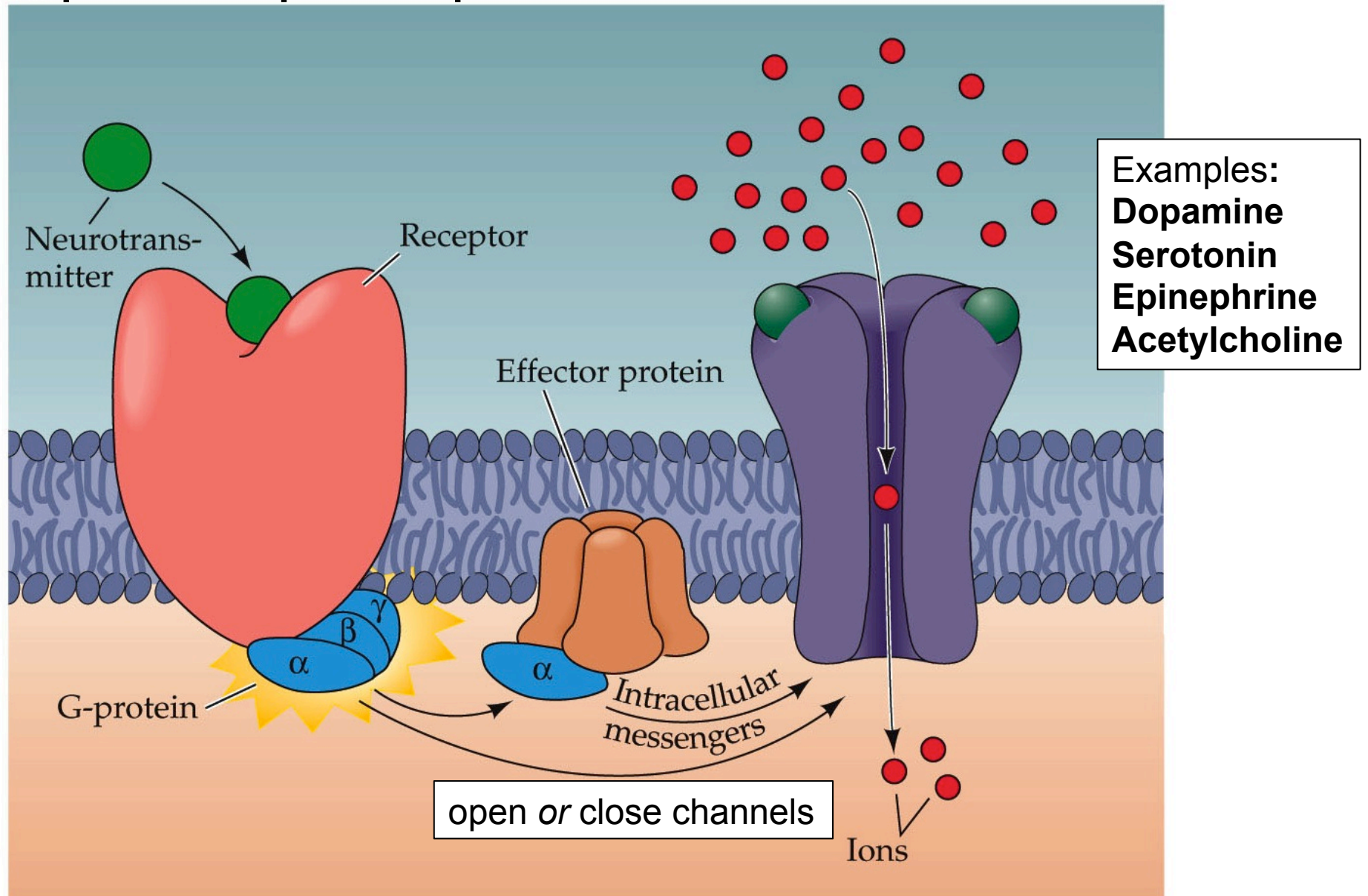


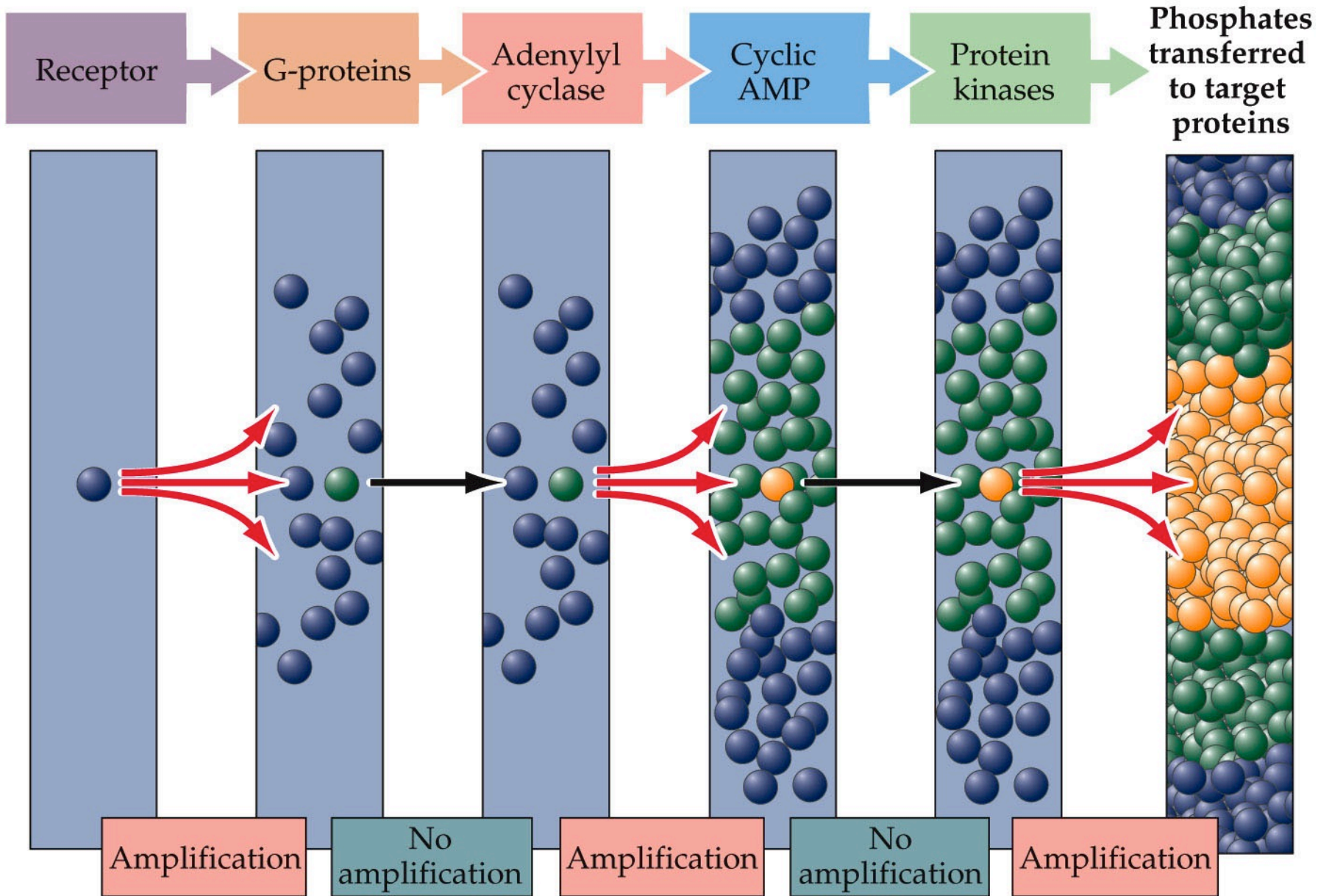
### Neuromodulators have global effects!

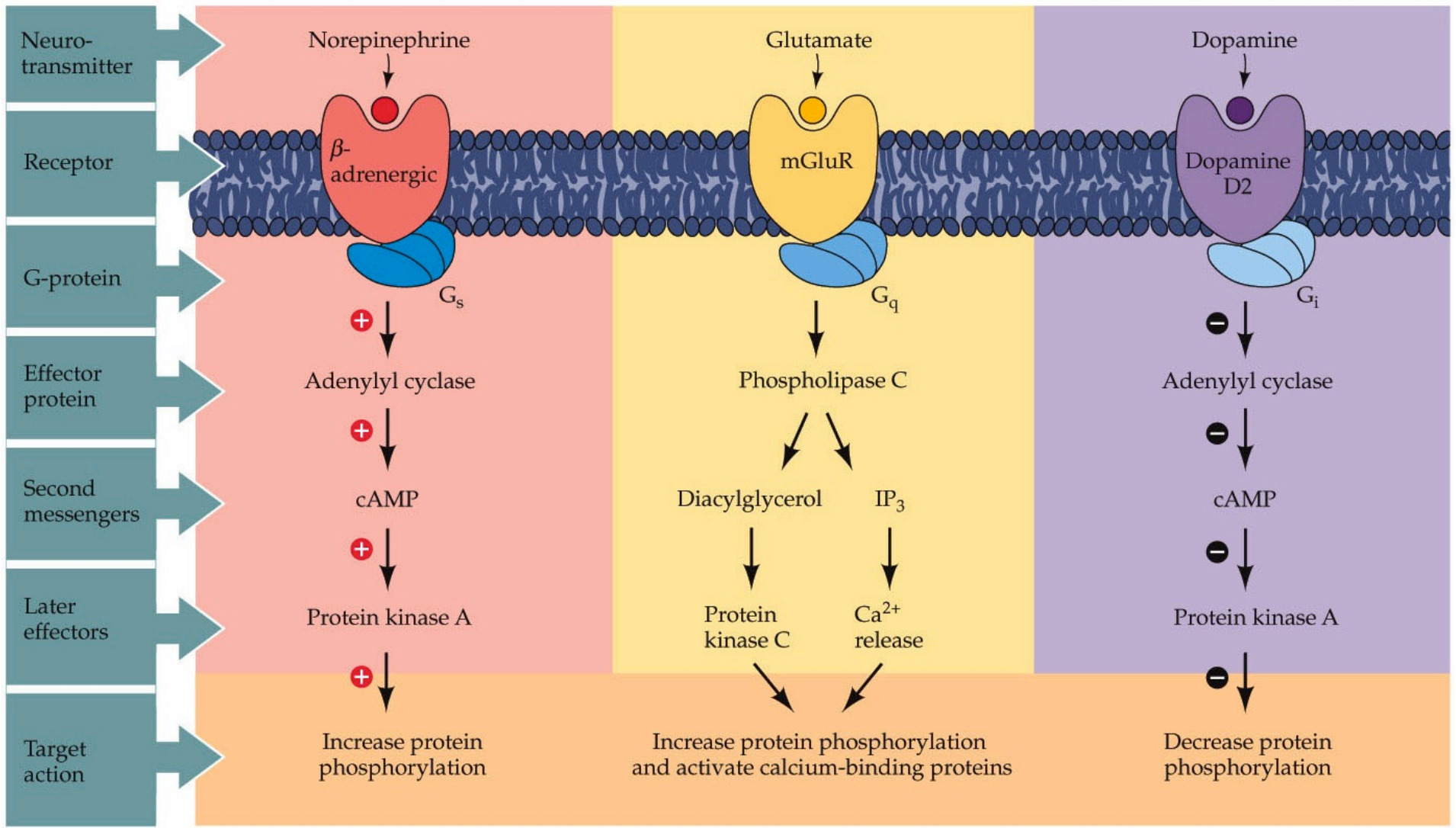
made by small clusters of cells (nuclei)  
in brain stem or midbrain

project axons to many areas of brain

# G-protein-coupled receptors

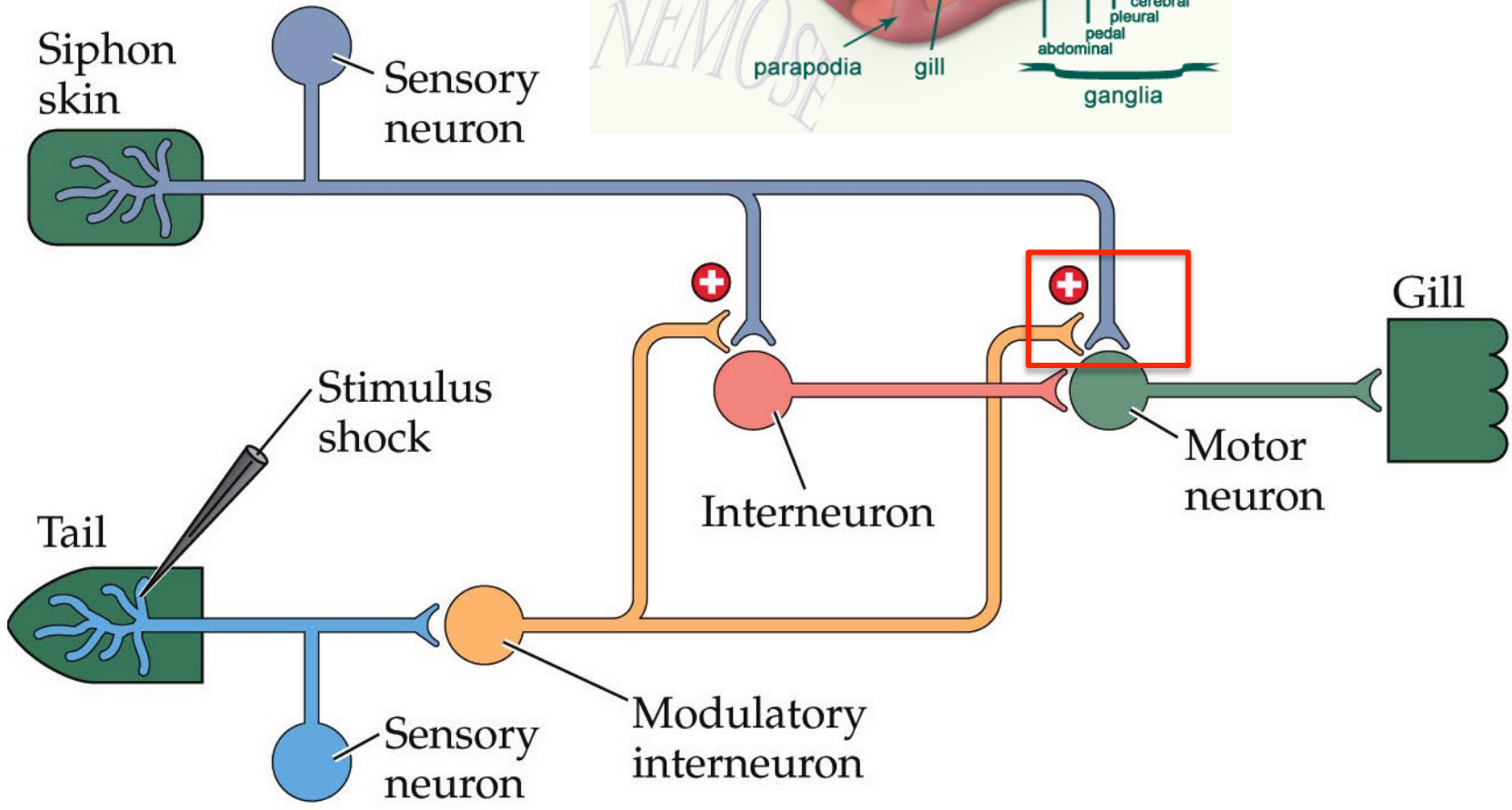
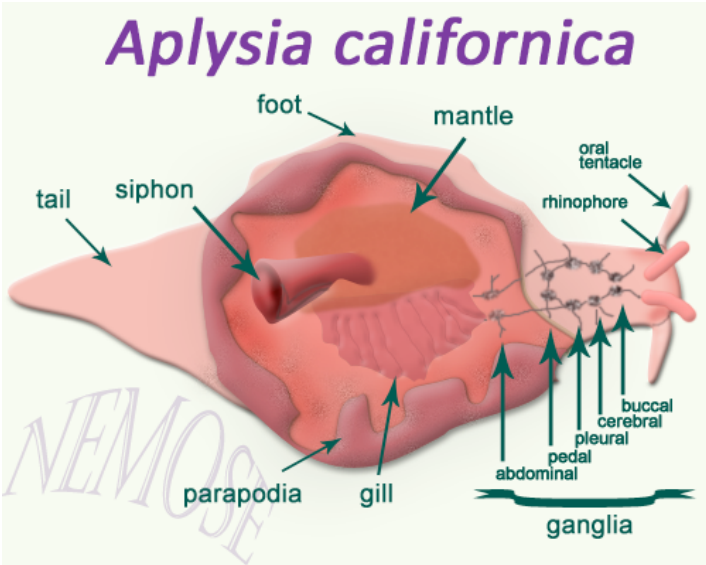




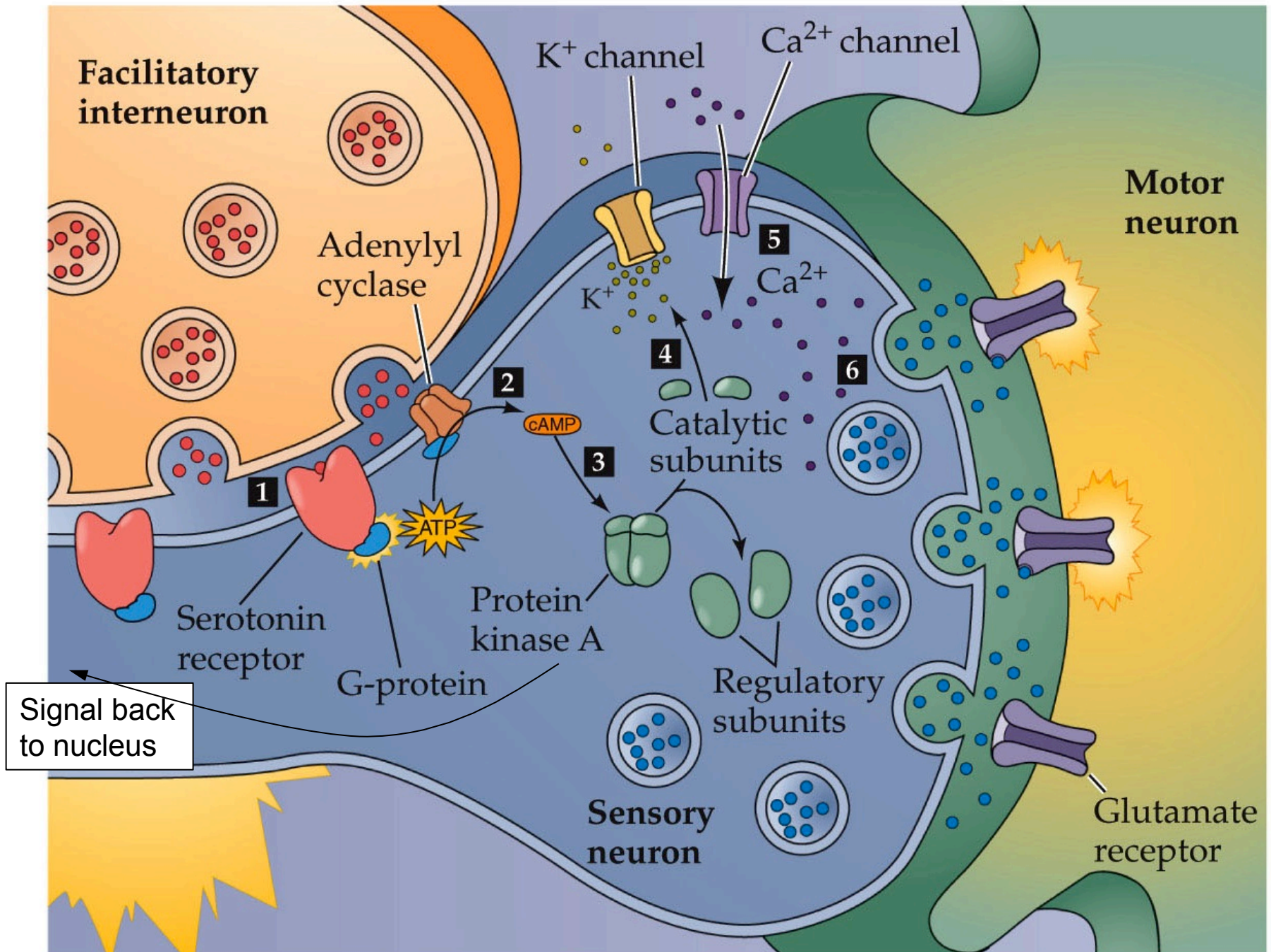


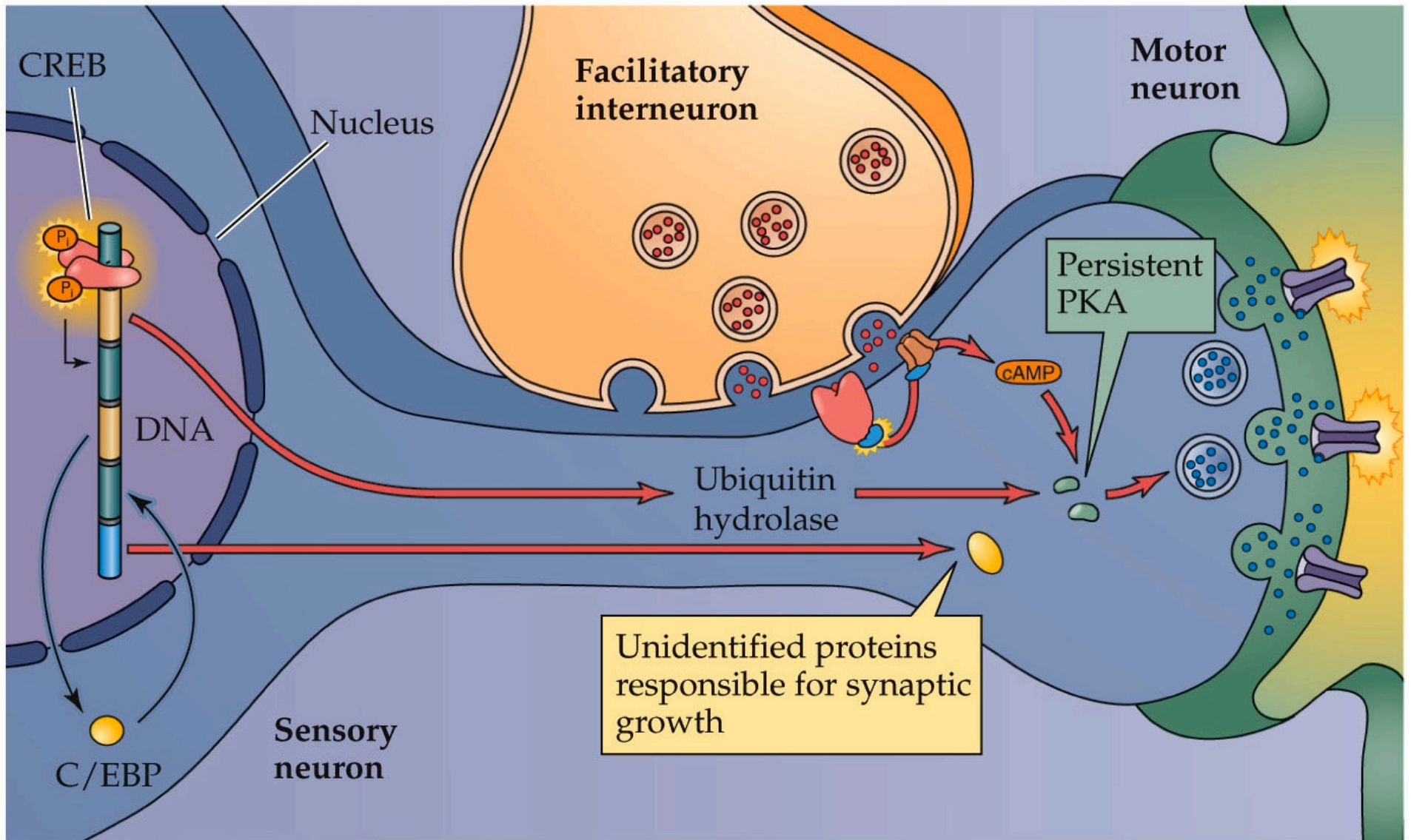
open/close ion channels  
change gene expression

...









**Depression**

# Major Depressive Disorder

≥ 5 of following symptoms:

Depressed mood

Loss of interest or pleasure in most or all activities

Insomnia or hypersomnia

Change in appetite or weight

Psychomotor retardation or agitation

Low energy

Poor concentration

Thoughts of worthlessness or guilt

Recurrent thoughts about death or suicide

- S** Sleep disturbance
- I** Interest/pleasure reduction
- G** Guilt, feelings or thoughts of worthlessness
- E** Energy changes/fatigue
- C** Concentration/attention impairment
- A** Appetite/weight changes
- P** Psychomotor disturbances
- S** Suicidal thoughts

# Depression

## Affective (mood)

- depressed mood
- loss of interests or pleasure
- blunted emotion

## Cognitive (ideations)

- feelings of worthlessness
- unjustified guilt
- thoughts of death/suicide

## Somatic (physical)

- sleep (insomnia, hypersomnia)
- appetite or weight changes
- agitation
- concentration

# Depression

8 - 12% incidence of major depressive episode

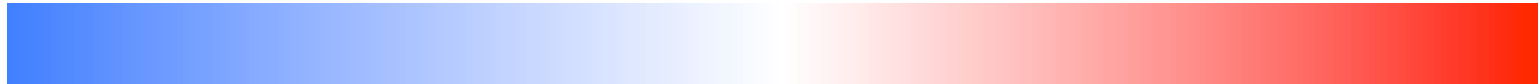
2:1 females-to-males (diagnosis bias?)

Suicide 3<sup>rd</sup> leading cause of death for 15-24 year olds

Bipolar Disorder (Manic Depression)

Depression

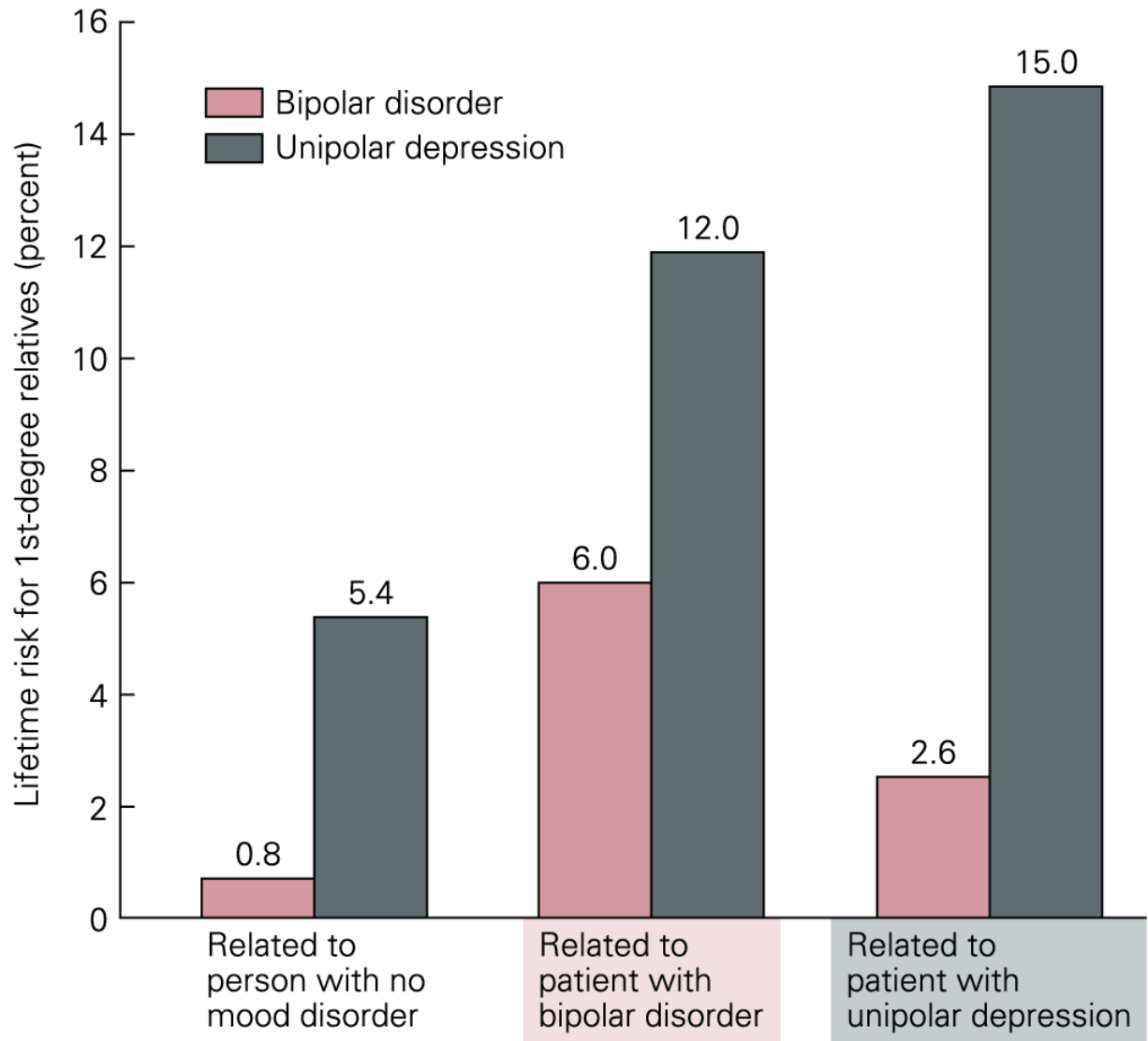
Mania



- Decreased need for sleep
- Talkativeness
- Racing thoughts or flight of ideas
- Distractibility
- Increased self-esteem or grandiosity

# Depression

Strong genetic component

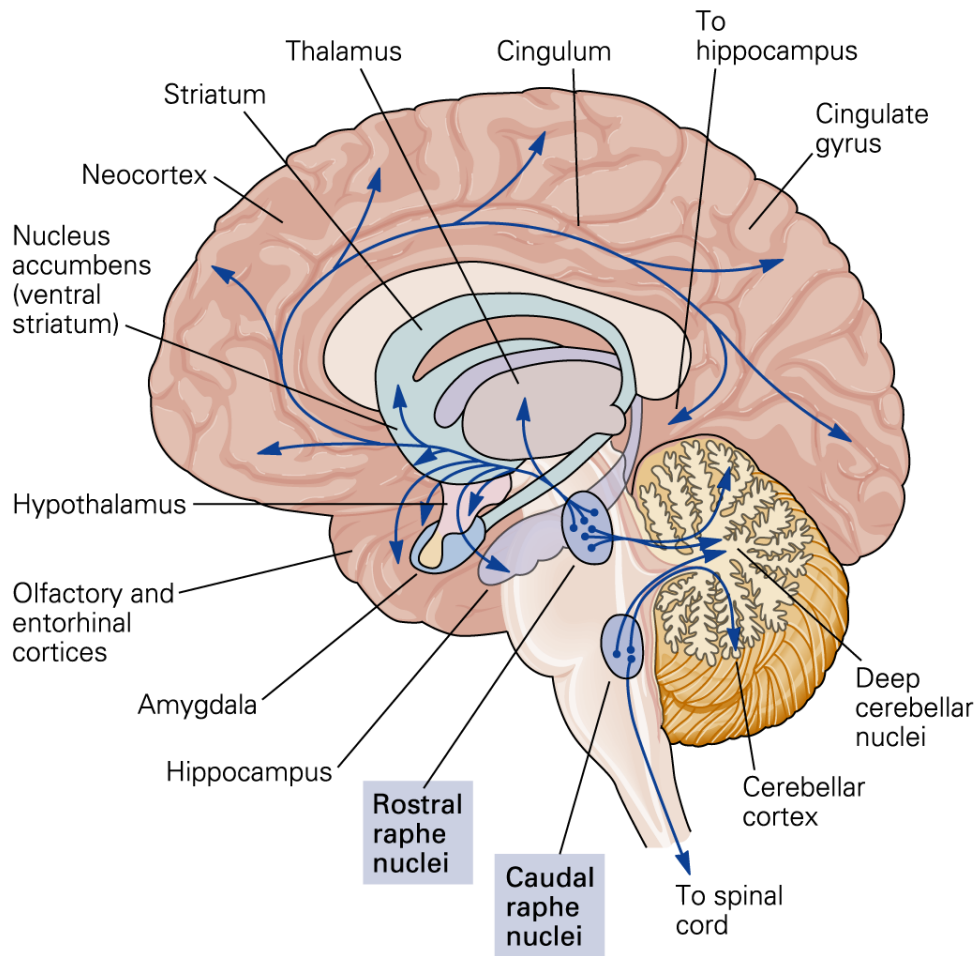




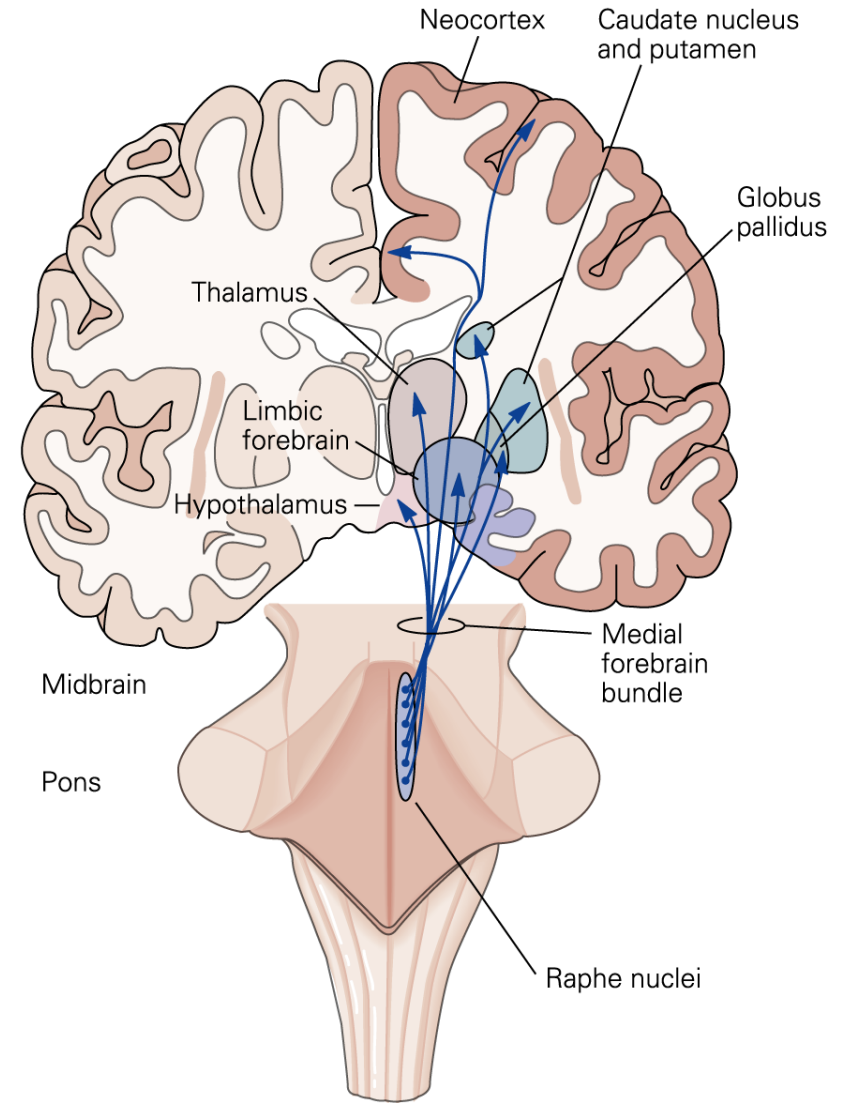
# Depression

## Serotonin System

A Pathways



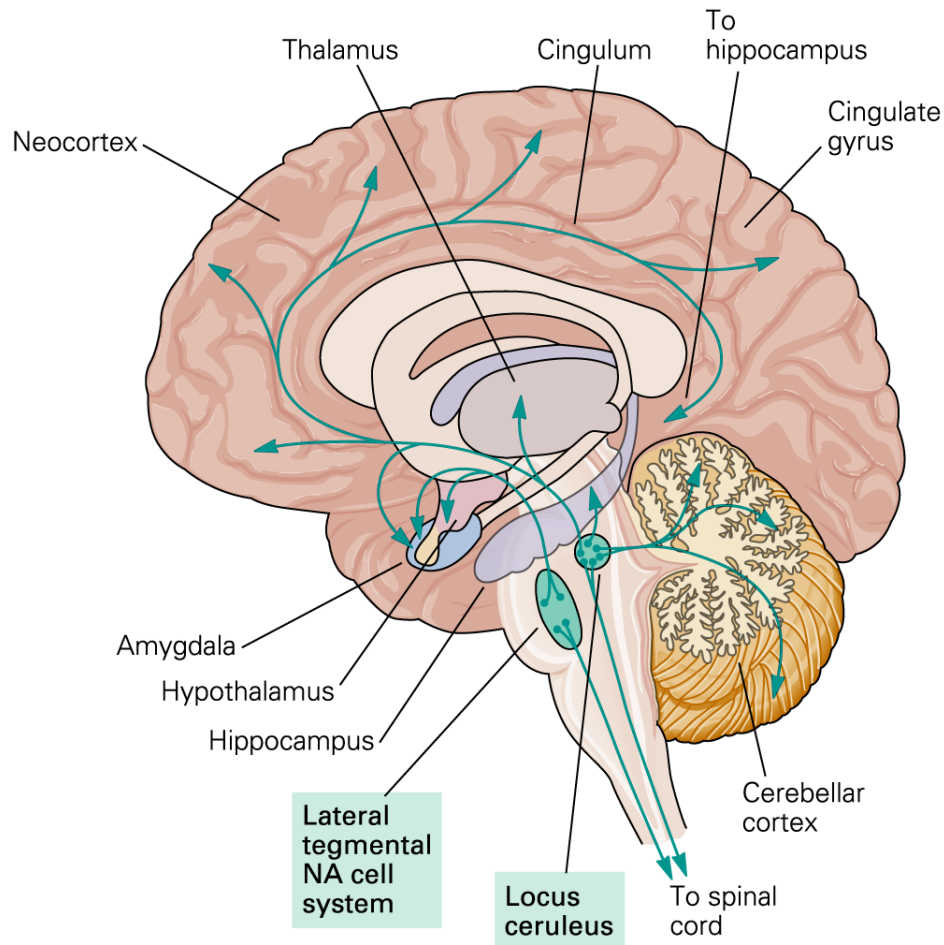
B Targets



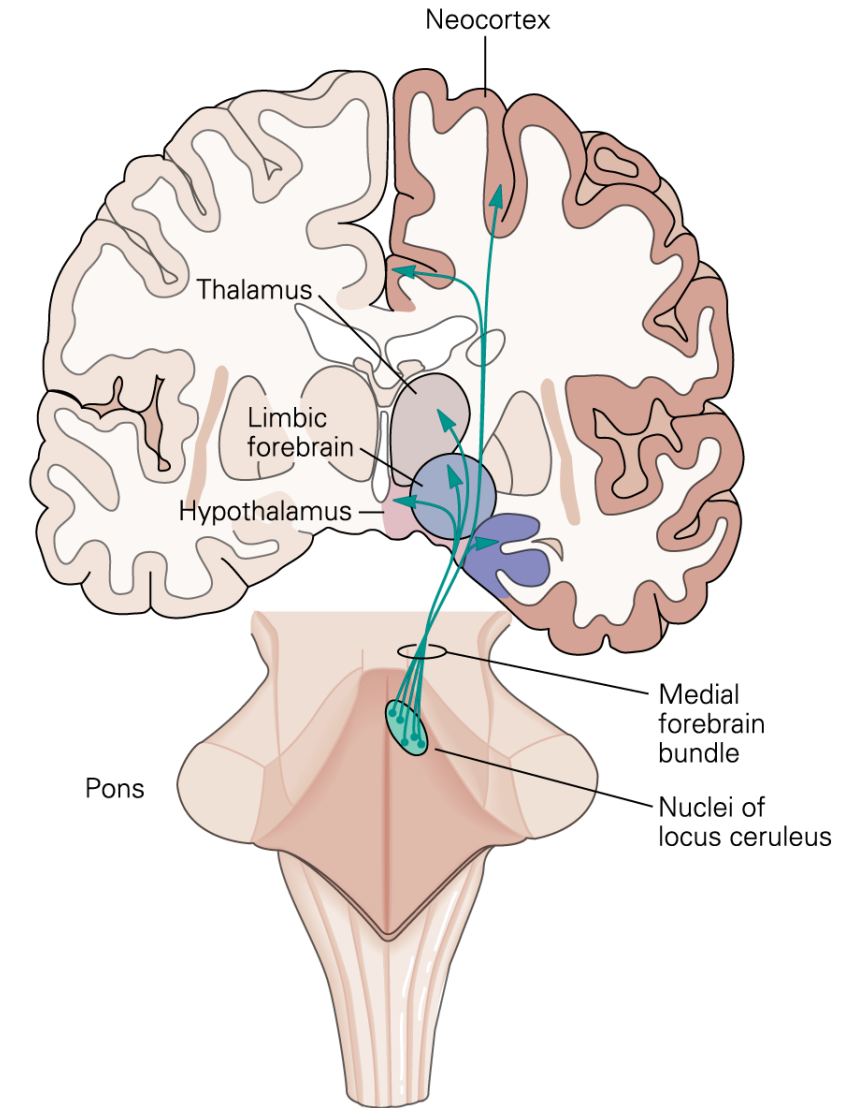
# Depression

# Norepinephrine System

A Pathways



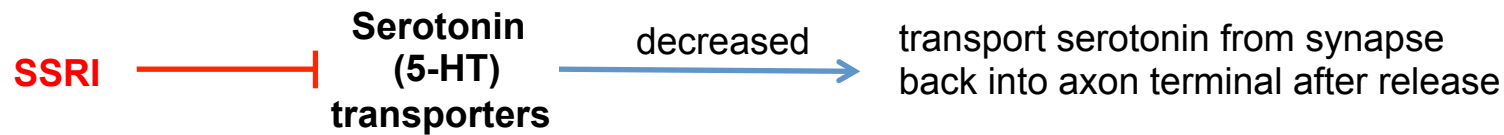
B Targets



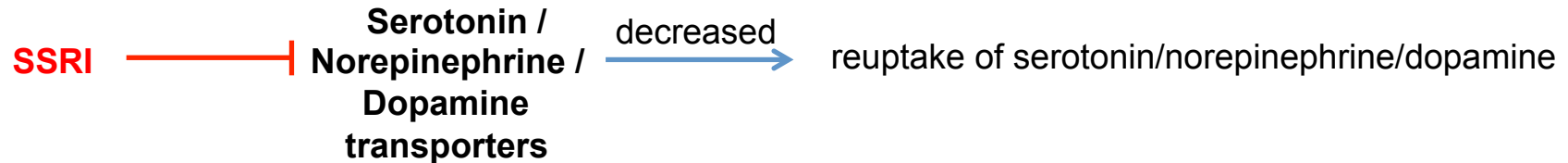
# Treatment for Depression

## Classes of Antidepressants

### Selective Serotonin Reuptake Inhibitors (**SSRIs**)



### Non-selective Serotonin Reuptake Inhibitors (**NSRIs**)



### Monoamine Oxidase Inhibitors (**MAOIs**)

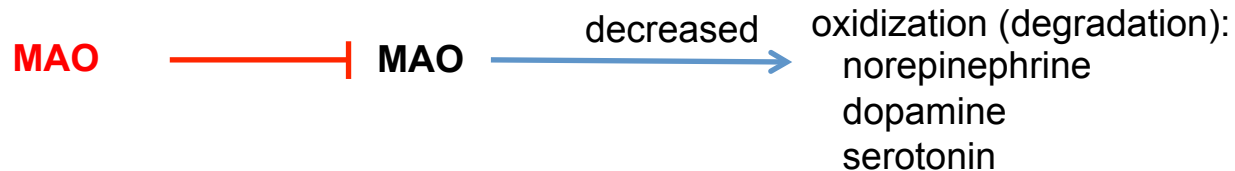
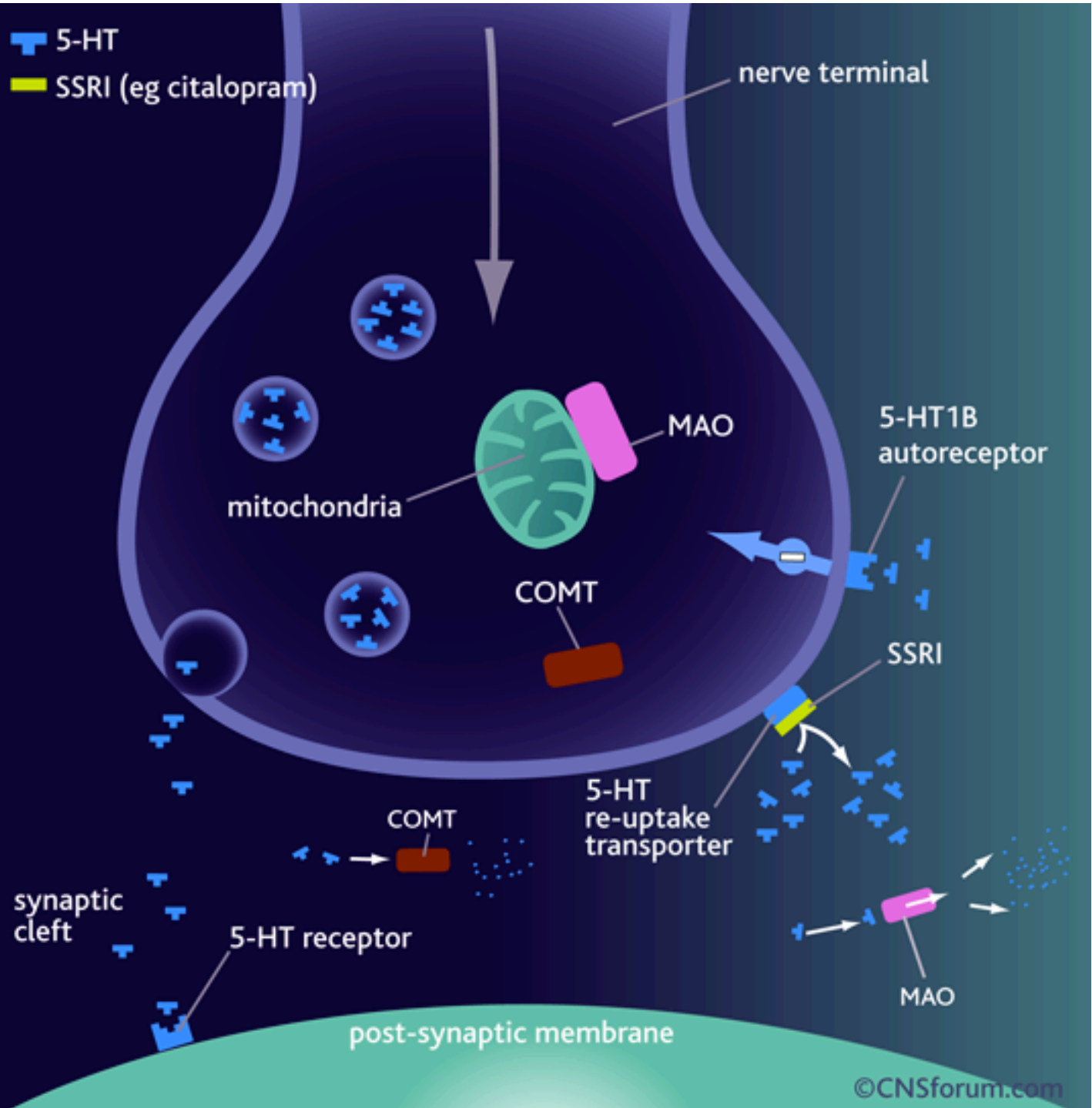


Table 1 | **Currently available antidepressant treatments**

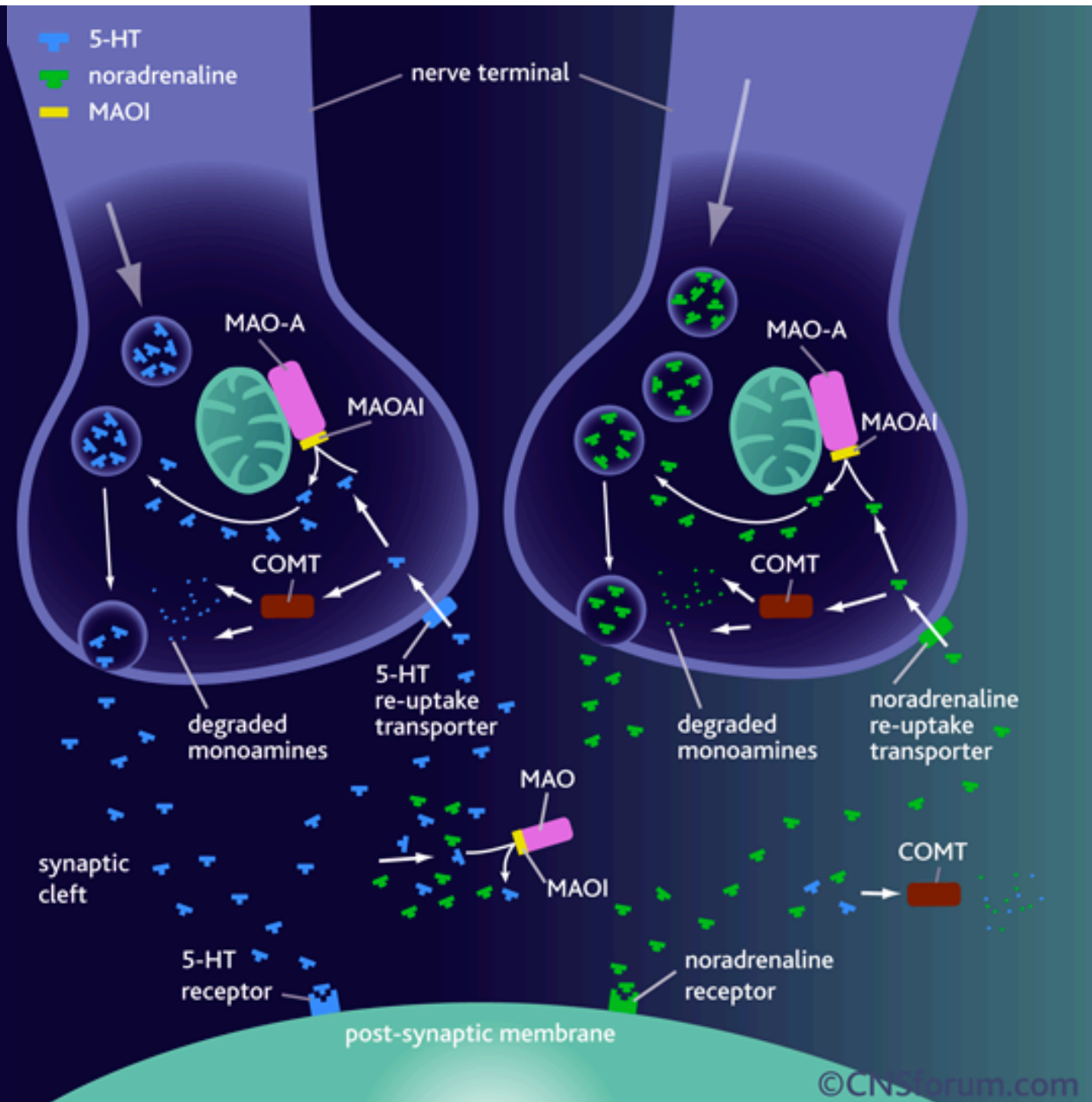
Type of treatment	Mode of action	Examples
<i>Medication*</i>		
Tricyclics	Inhibition of mixed noradrenaline and serotonin reuptake	Imipramine, desipramine
Selective serotonin reuptake inhibitors (SSRIs)	Inhibition of serotonin-selective reuptake	Fluoxetine, citalopram
Noradrenaline reuptake inhibitors (NRIs)	Inhibition of noradrenaline-selective reuptake	Atomoxetine, reboxetine
Serotonin and noradrenaline reuptake inhibitors (SNRIs)	Inhibition of mixed noradrenaline and serotonin reuptake	Venlafaxine, duloxetine
Monoamine oxidase inhibitors (MAOIs)	Inhibition of monoamine oxidase A (MAO <sub>A</sub> ). Inhibition of MAO <sub>B</sub> does not have antidepressant effects	Tranylcypromine, phenelzine
Lithium	Lithium has many molecular actions (for example, inhibition of phosphatidylinositol phosphatases, adenylyl cyclases, glycogen synthase kinase 3 $\beta$ and G proteins) but which of its actions is responsible for its antimanic and antidepressant effects is unknown	
Atypical antidepressants	Unknown. Although these drugs have purported monoamine-based mechanisms (for example, bupropion inhibits dopamine reuptake, mirtazapine is an $\alpha_2$ -adrenergic receptor antagonist and tianeptine an activator of monoamine reuptake), these actions are not necessarily the mechanisms that underlie the drugs' therapeutic benefit	Bupropion, mirtazapine, tianeptine
<i>Non-medication</i>		
Electroconvulsive therapy (ECT)	General brain stimulation	
Magnetic stimulation	General brain stimulation? A magnetic field is thought to affect the brain by inducing electric currents and neuronal depolarization	
Vagal nerve stimulation (VNS)	Unknown	
Psychotherapies	Exact mechanism is uncertain, but is thought to involve learning new ways of coping with problems	Cognitive-behavioural therapy, interpersonal therapy
Deep brain stimulation	In severely ill patients, stimulation of a region of the cingulate cortex found to function abnormally in brain imaging scans reportedly has antidepressant effects <sup>84</sup>	

# Selective Serotonin Reuptake Inhibitors (SSRIs)

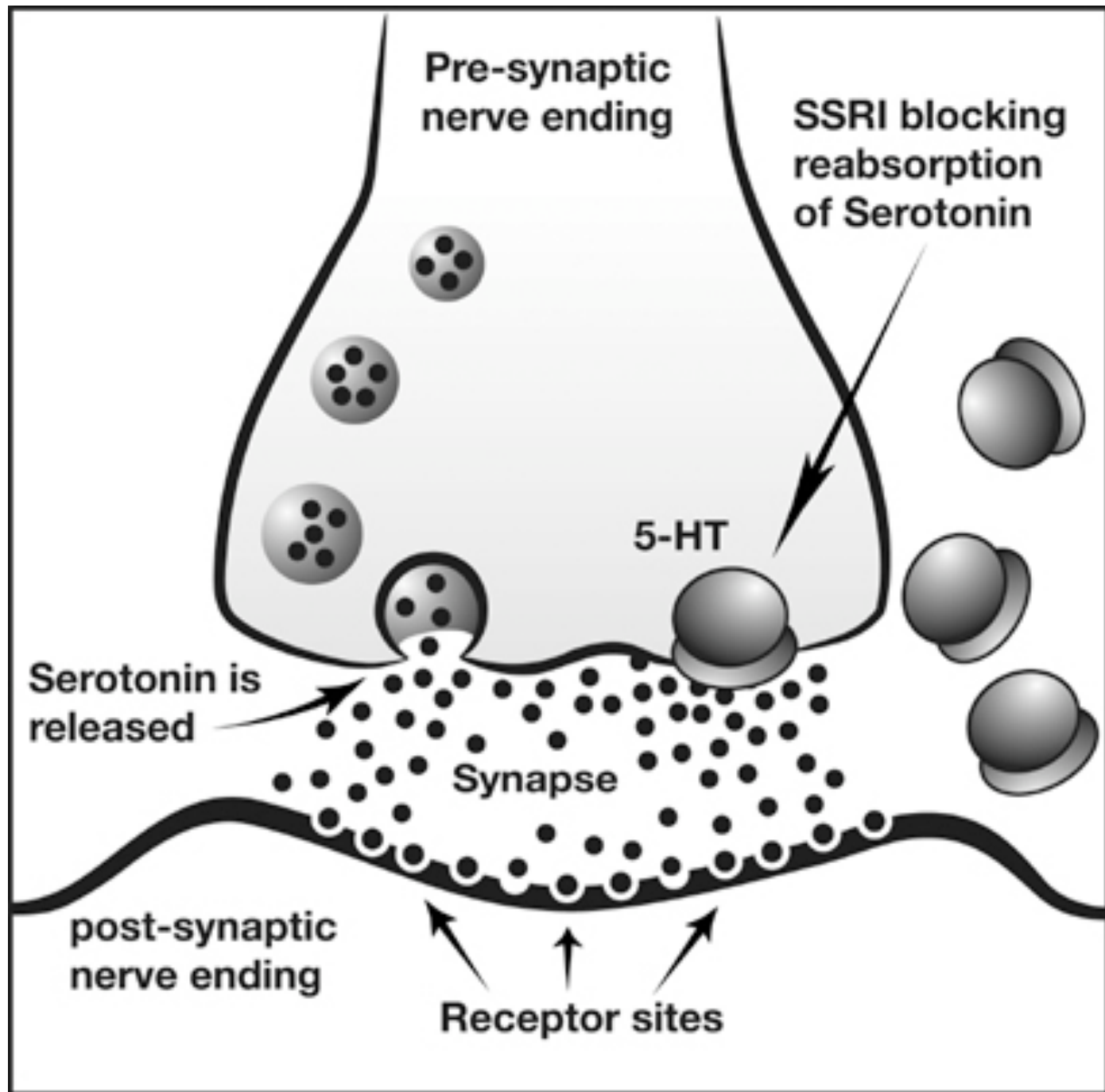
5-HT  
SSRI (eg citalopram)



# Monoamine Oxidase Inhibitors (MAOIs)



Selective Serotonin Reuptake Inhibitors (SSRIs)

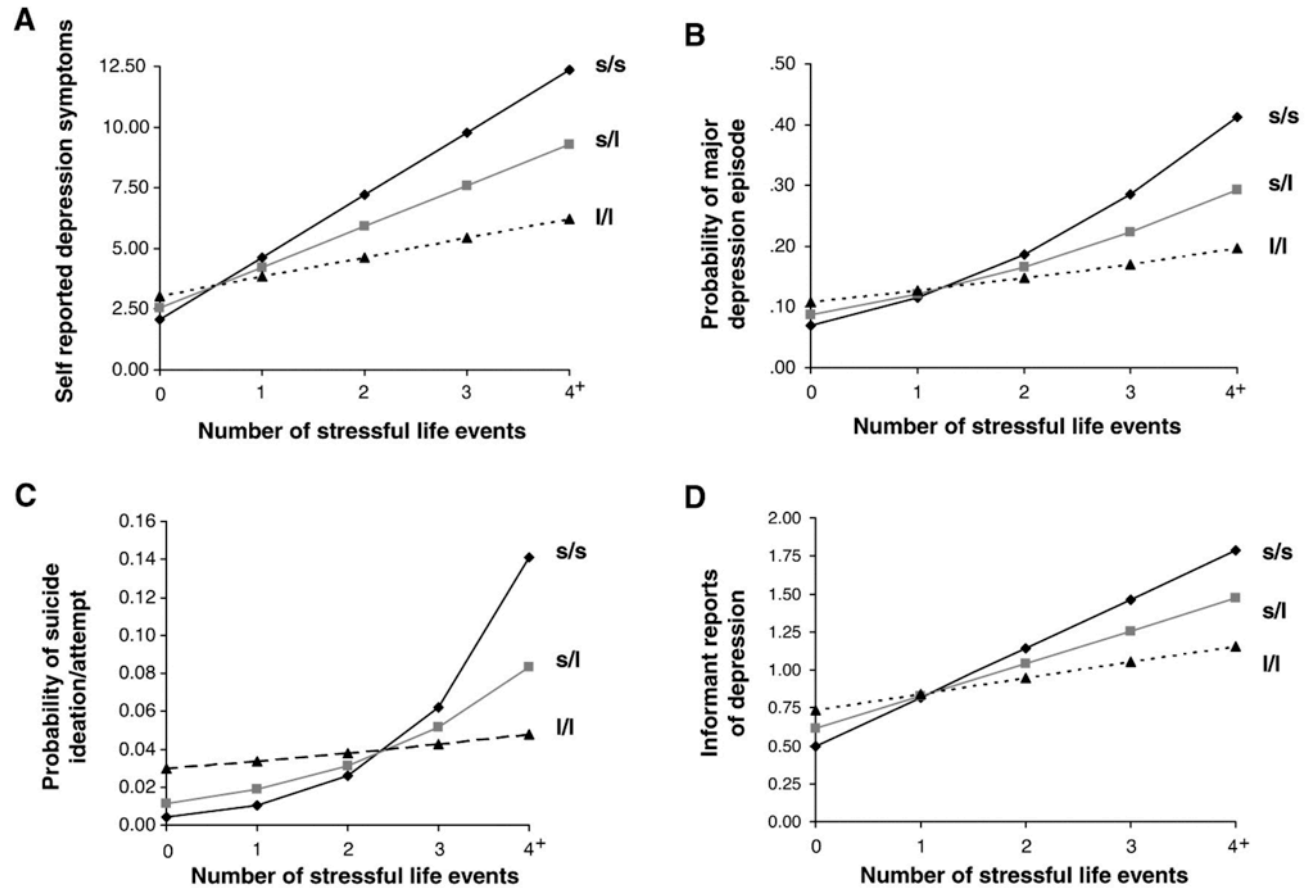


# Genetic predisposition to depression

**5-HTT gene**  
serotonin transporter

2 forms { long "l" "normal form"  
short "s" lower transcriptional efficiency

life stressors { employment  
financial  
housing  
health  
relationship



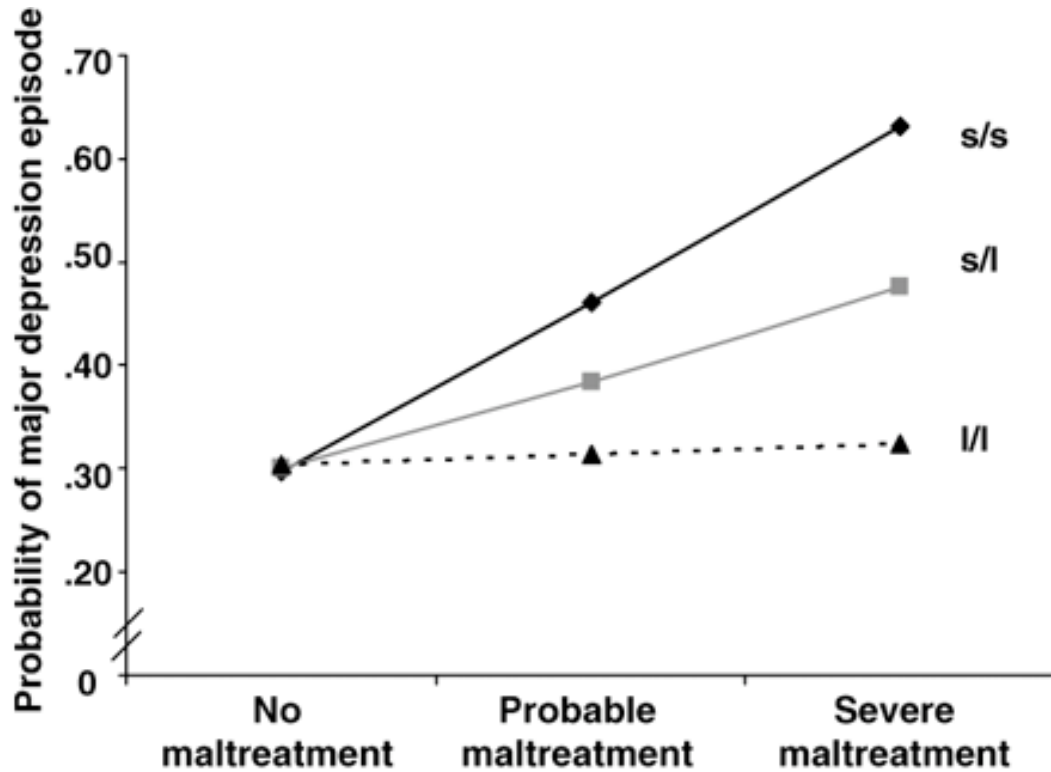


## Genetic predisposition to depression

**5-HTT gene**  
serotonin transporter

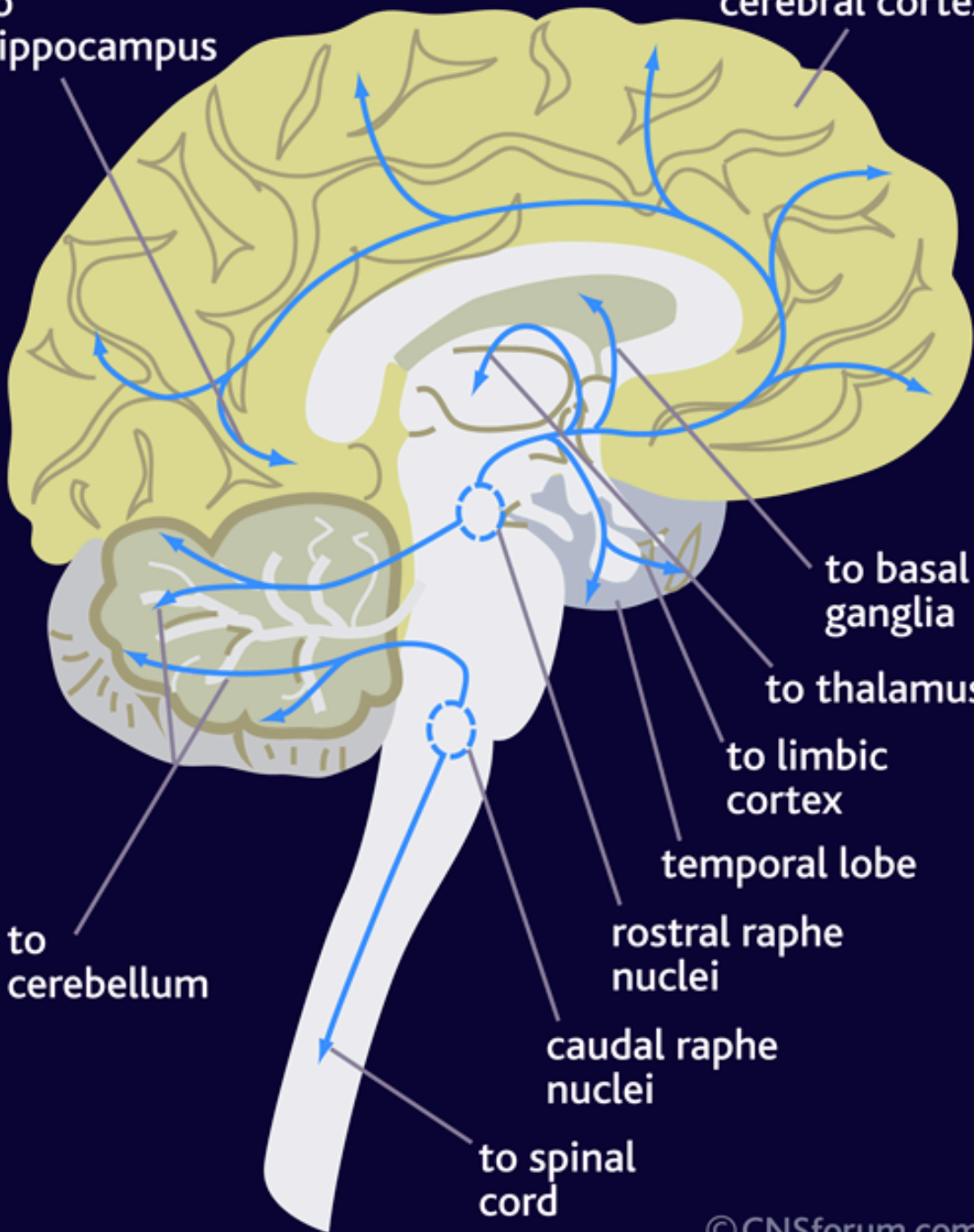
2 forms { long "l"  
short "s"

"normal form"  
lower transcriptional efficiency



to hippocampus

cerebral cortex



to basal ganglia

to thalamus

to limbic cortex

temporal lobe

rostral raphe nuclei

caudal raphe nuclei

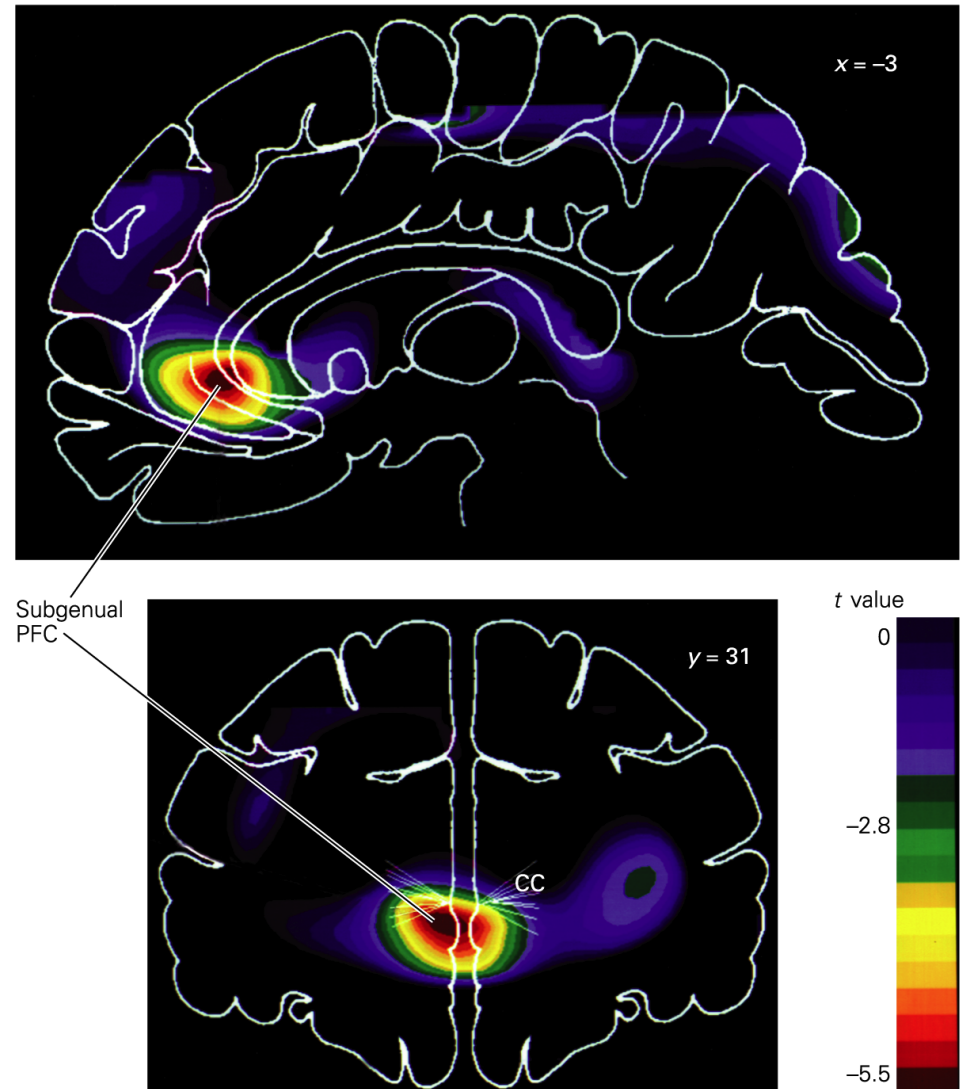
to spinal cord

to cerebellum

## Abnormal activity in prefrontal cortex

↑ activity during manic phase

↓ activity during depressive phase



To get at what is really going on, need to get at the circuitry

How?

# Fundamental Problem in Making Mouse Models

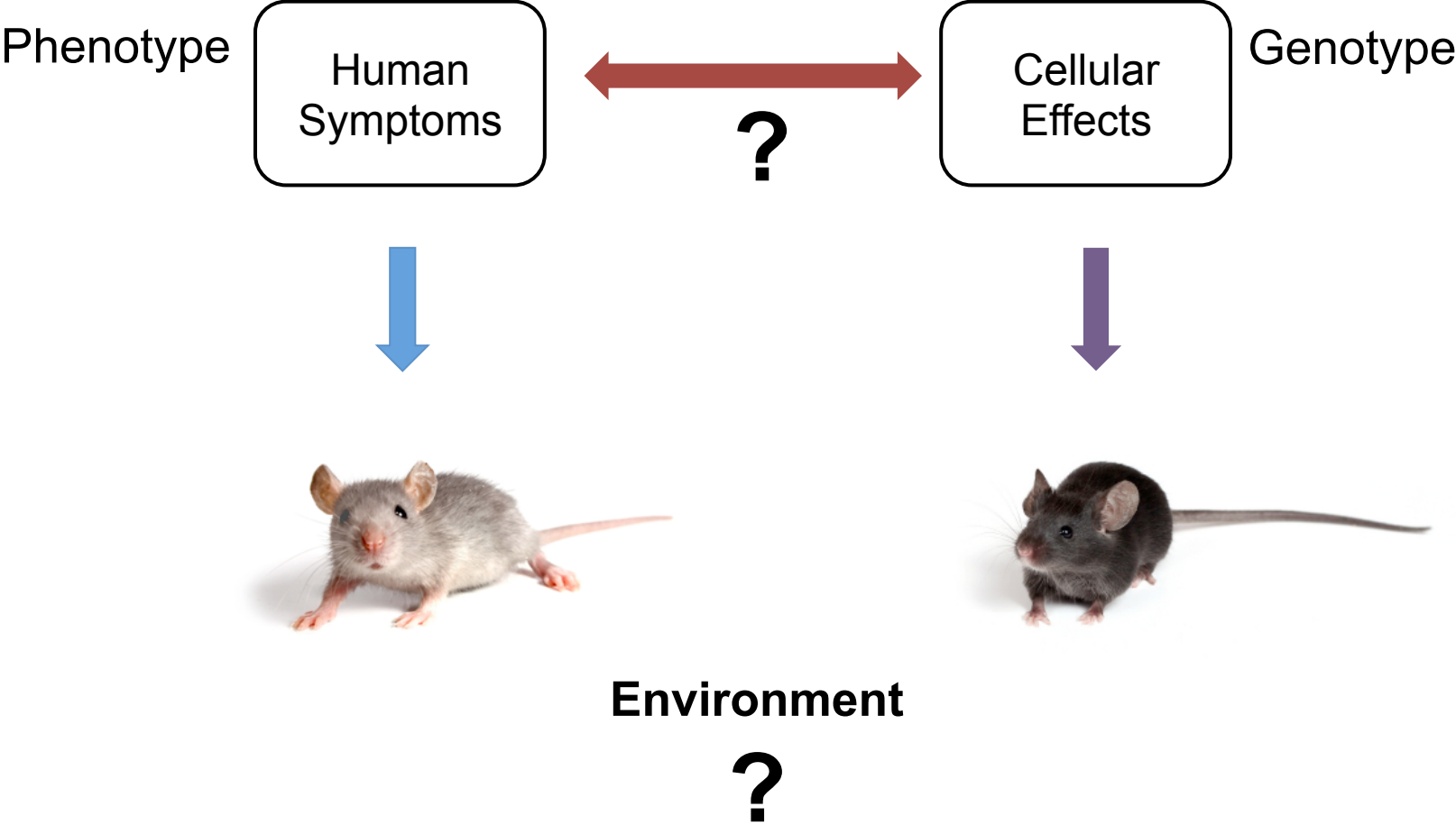
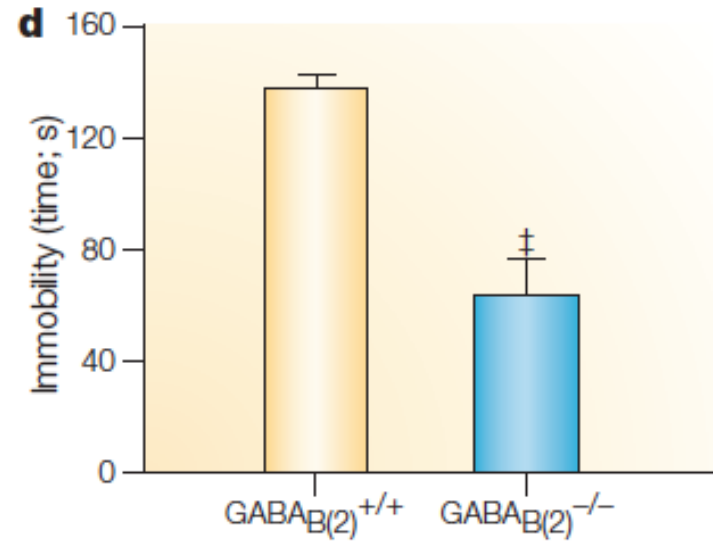
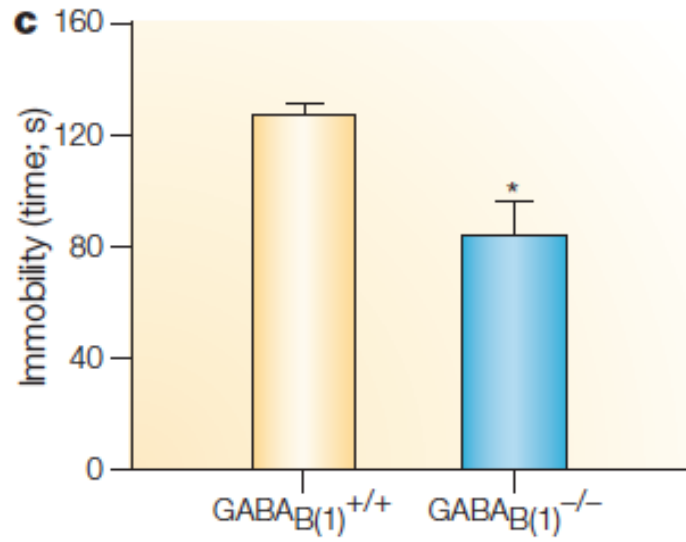
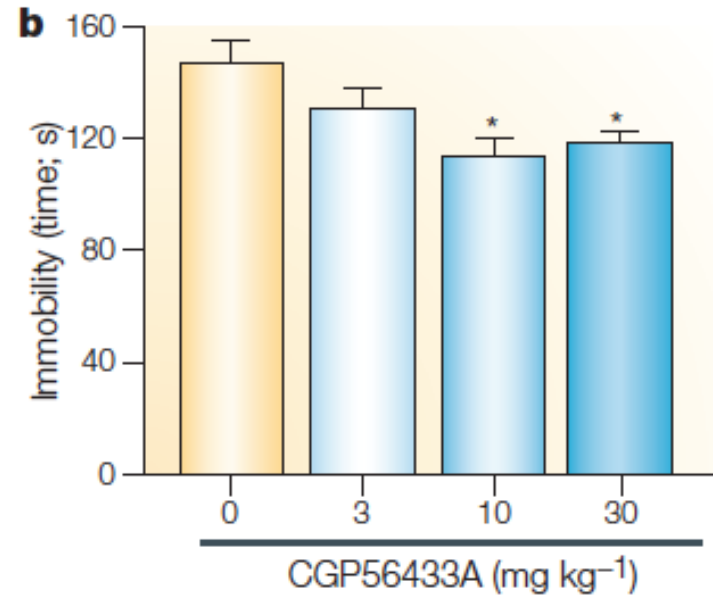


Table 1 | **Modelling symptoms of major depression\* in mice**

<b>Symptom</b>	<b>How might symptom be modelled in mice?</b>
Markedly diminished interest or pleasure in everyday activities (anhedonia)	Reduced intracranial self-stimulation, progressive ratio responding for positive reward (for example, sucrose) and social withdrawal
Large changes in appetite or weight gain	Abnormal loss in body weight after exposure to chronic stressors
Insomnia or excessive sleeping	Abnormal sleep architecture (measured using electroencephalography)
Psychomotor agitation or slowness of movement	Difficulty in handling and alterations in various measures of locomotor activity and motor function
Fatigue or loss of energy	Reduced activity in home cage, treadmill/running-wheel activity, nest building and active waking electroencephalogram
Indecisiveness or diminished ability to think or concentrate	Deficits in working and spatial memory and impaired sustained attention
Difficulty performing even minor tasks, leading to poor personal hygiene	Poor coat condition during chronic mild stress
Recurrent thoughts of death or suicide	Cannot be modelled
Feelings of worthlessness or excessive or inappropriate guilt	Cannot be modelled

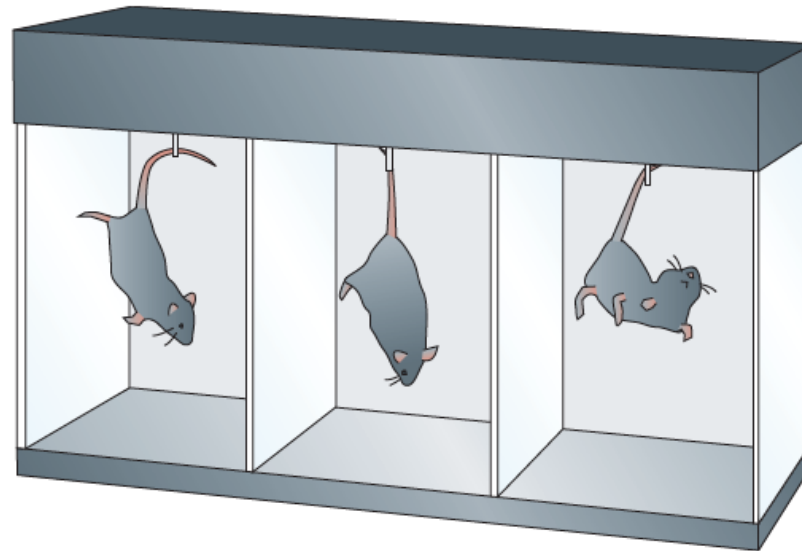
\*Symptoms used in the *Diagnostic and Statistical Manual-IV* diagnosis of major depression.

# Forced Swim Test



# Tail Suspension Test

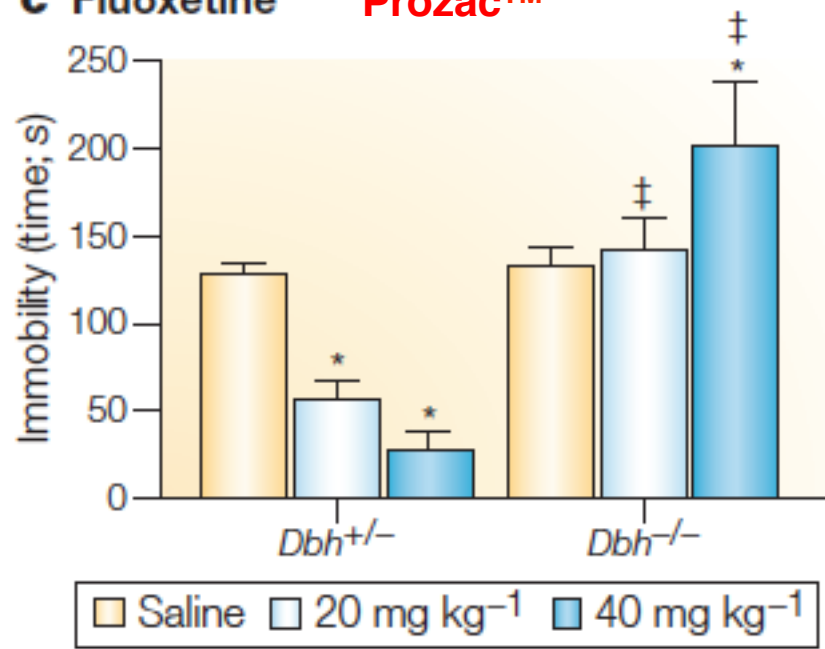
a



(*Dbh*<sup>-/-</sup> lack noradrenaline)

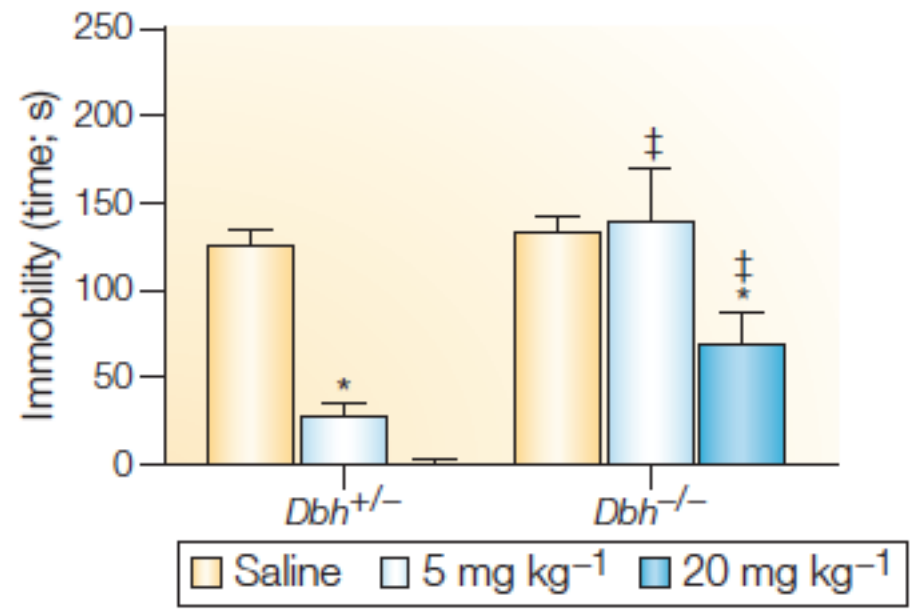
## c Fluoxetine

Prozac™



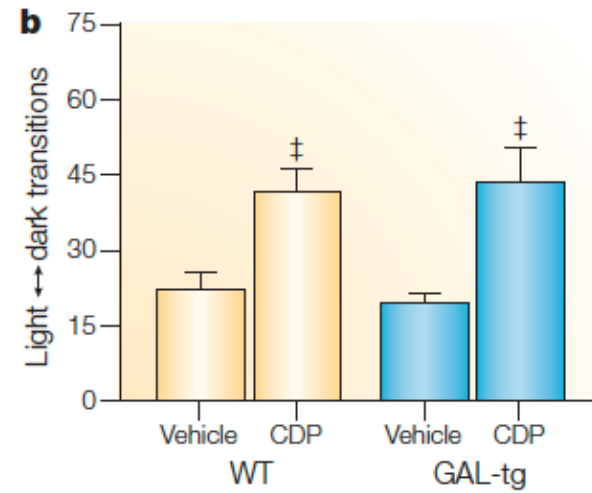
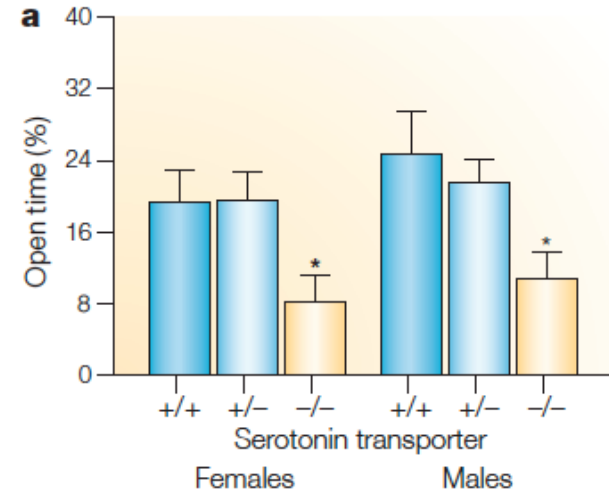
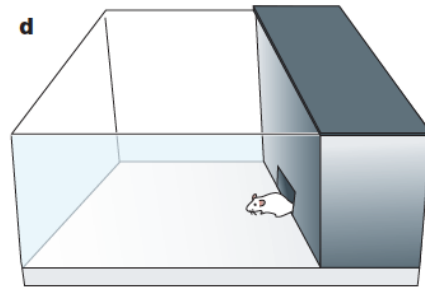
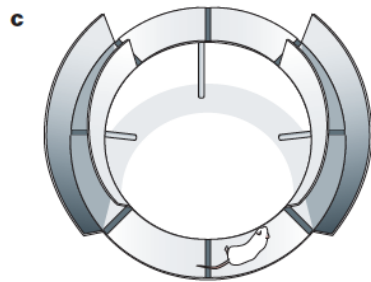
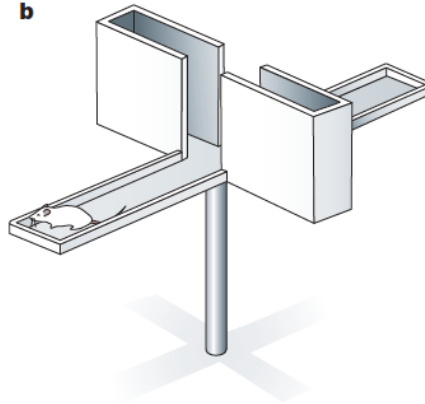
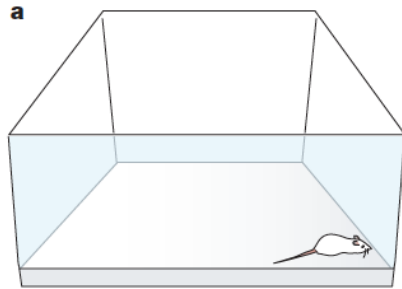
## d Paroxetine

Paxil™



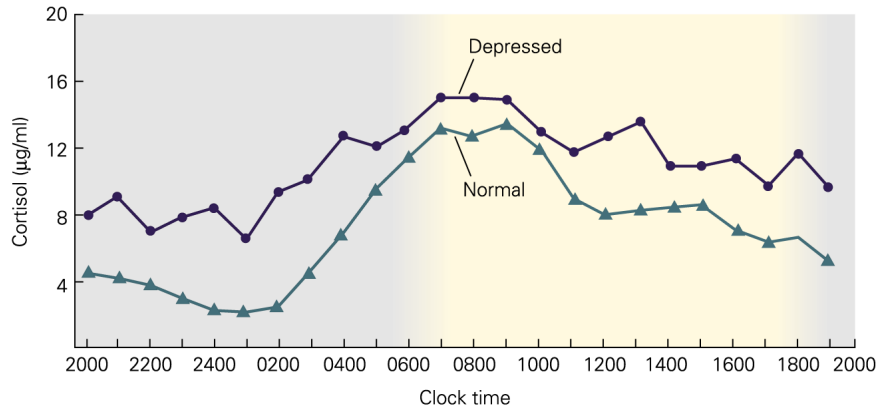


# Tests for anxiety

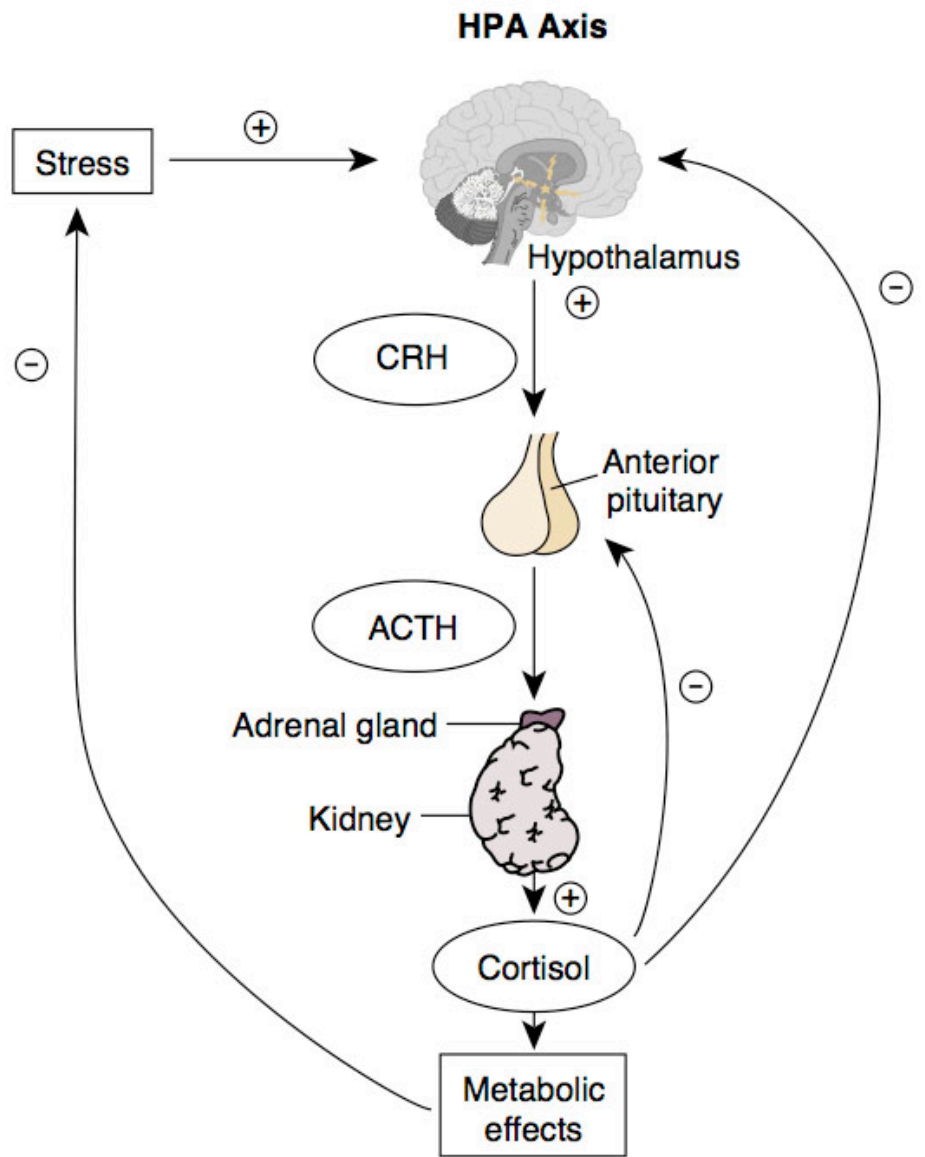


CDP similar to Valium

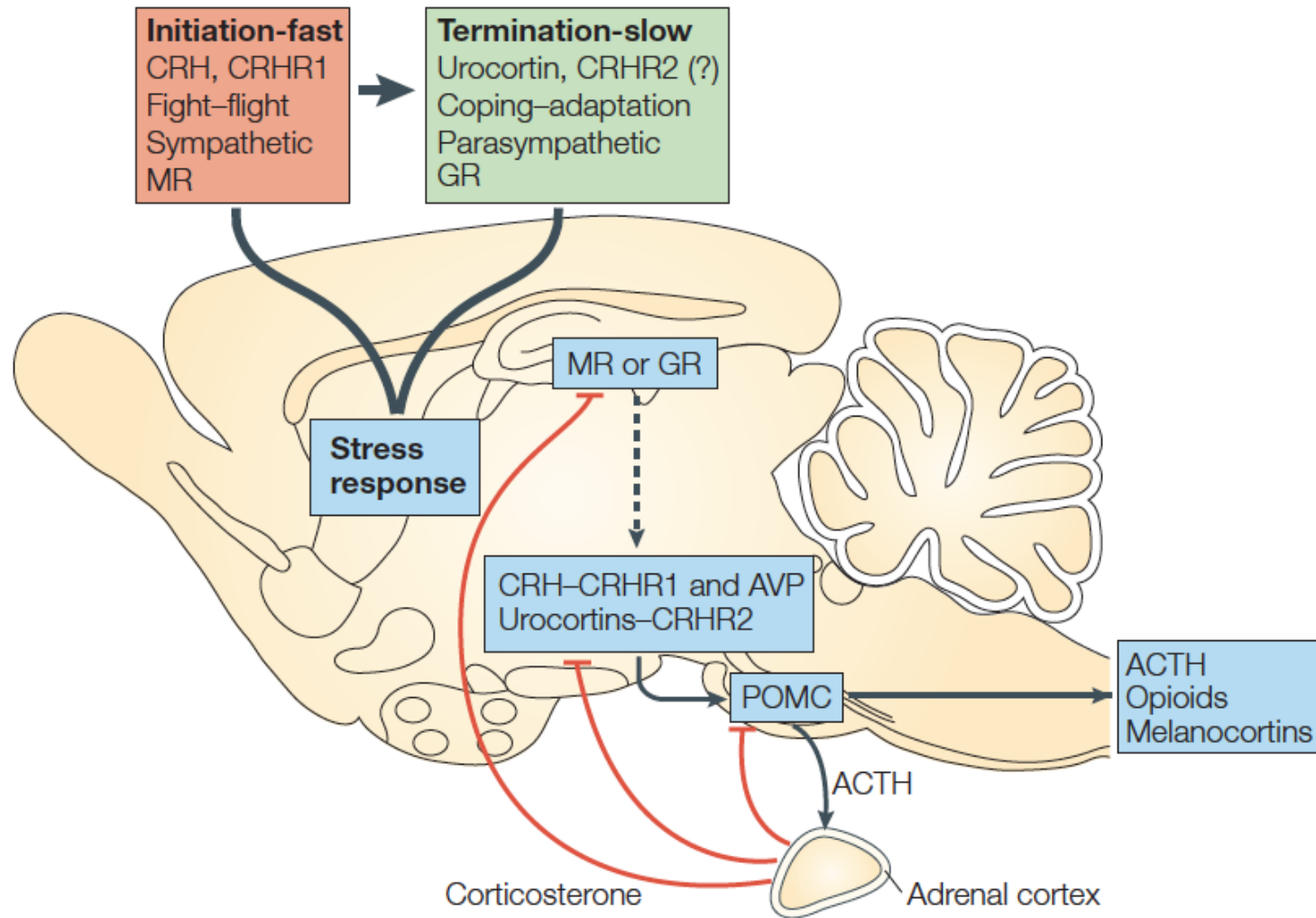
# Stress & Depression



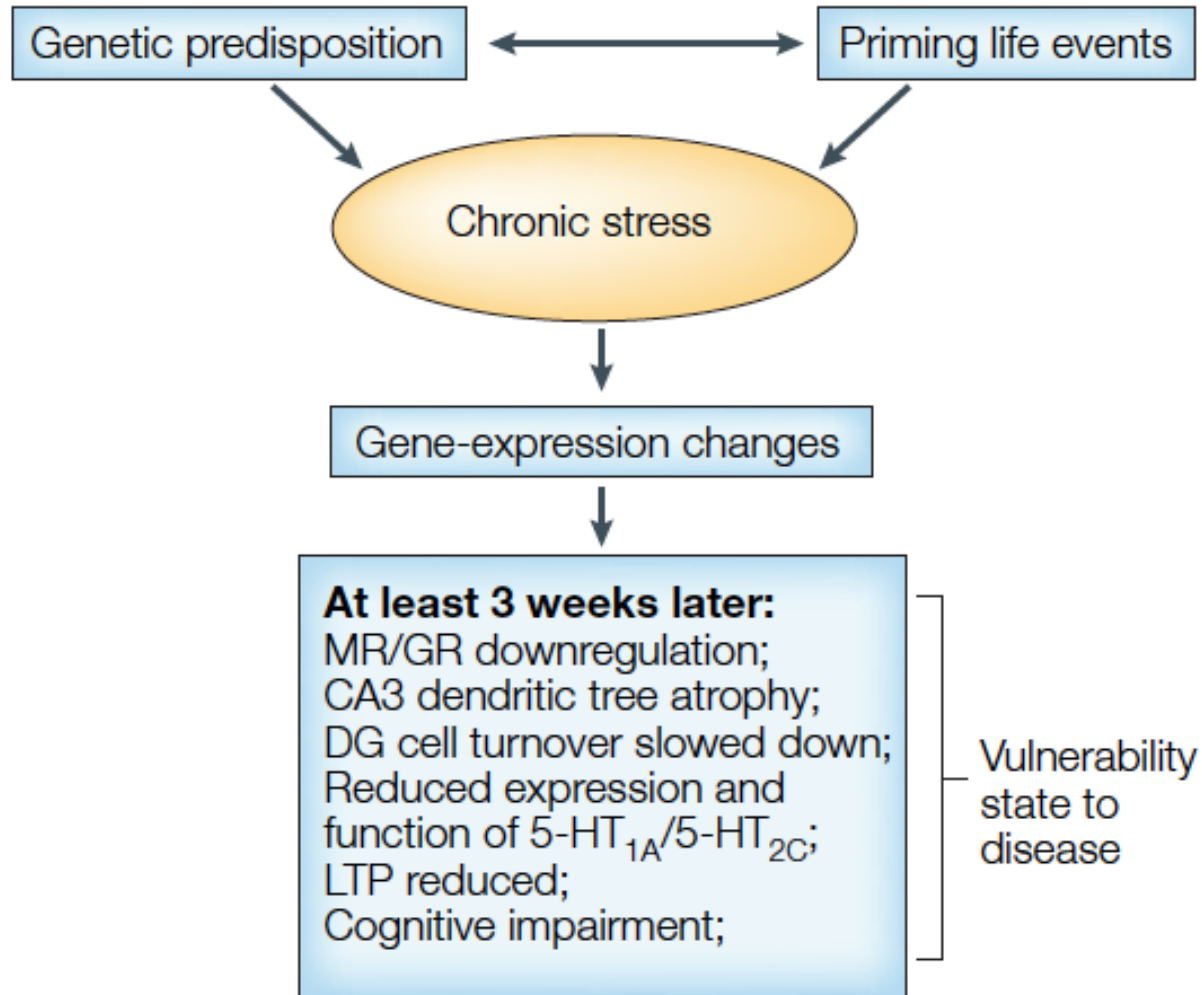
Glucocorticoids }  
 Cortisol } Stress Hormones  
 ACTH }



# Stress Hormones in the Brain



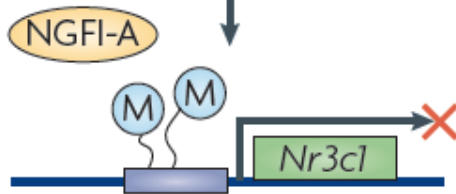
# Stress Leads to Vulnerability to Depression



# Stress Has Long-term Effects on Genes

Epigenetics

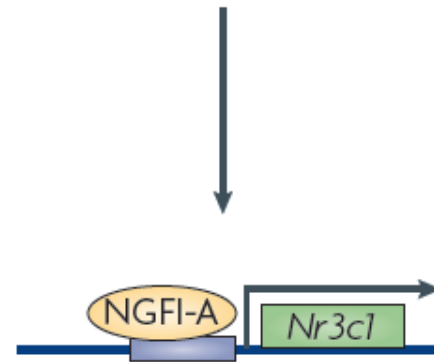
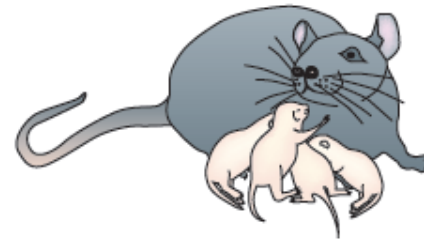
a Low licking and grooming



↓ GR expression

High corticosterone levels  
High anxiety  
Low licking or grooming

b High licking and grooming



↑ GR expression

Low corticosterone levels  
Low anxiety  
High licking or grooming

**Exposure to environmental pathogen**  
Infant rearing condition of rhesus macaques

**Genotype**  
rh-5HTTLPR

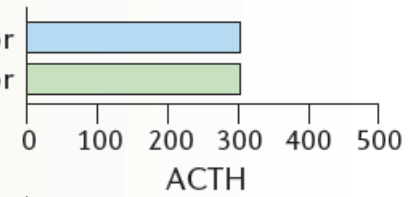
**Neural substrate reactivity measure**  
ACTH release under stress

Mother-reared



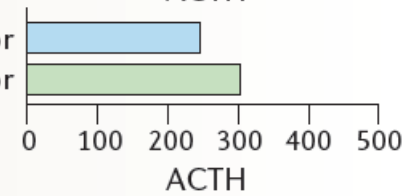
Short/long

Pre-stressor  
Post-stressor

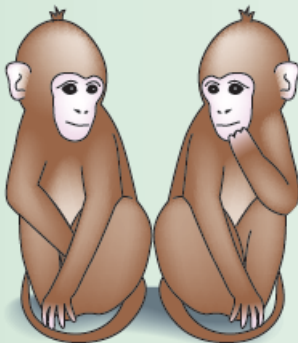


Long/long

Pre-stressor  
Post-stressor

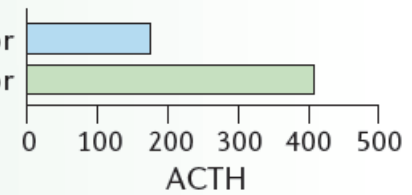


Peer-reared



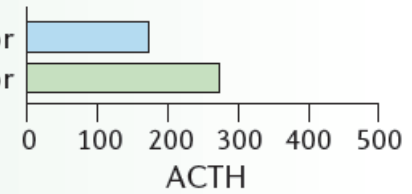
Short/long

Pre-stressor  
Post-stressor

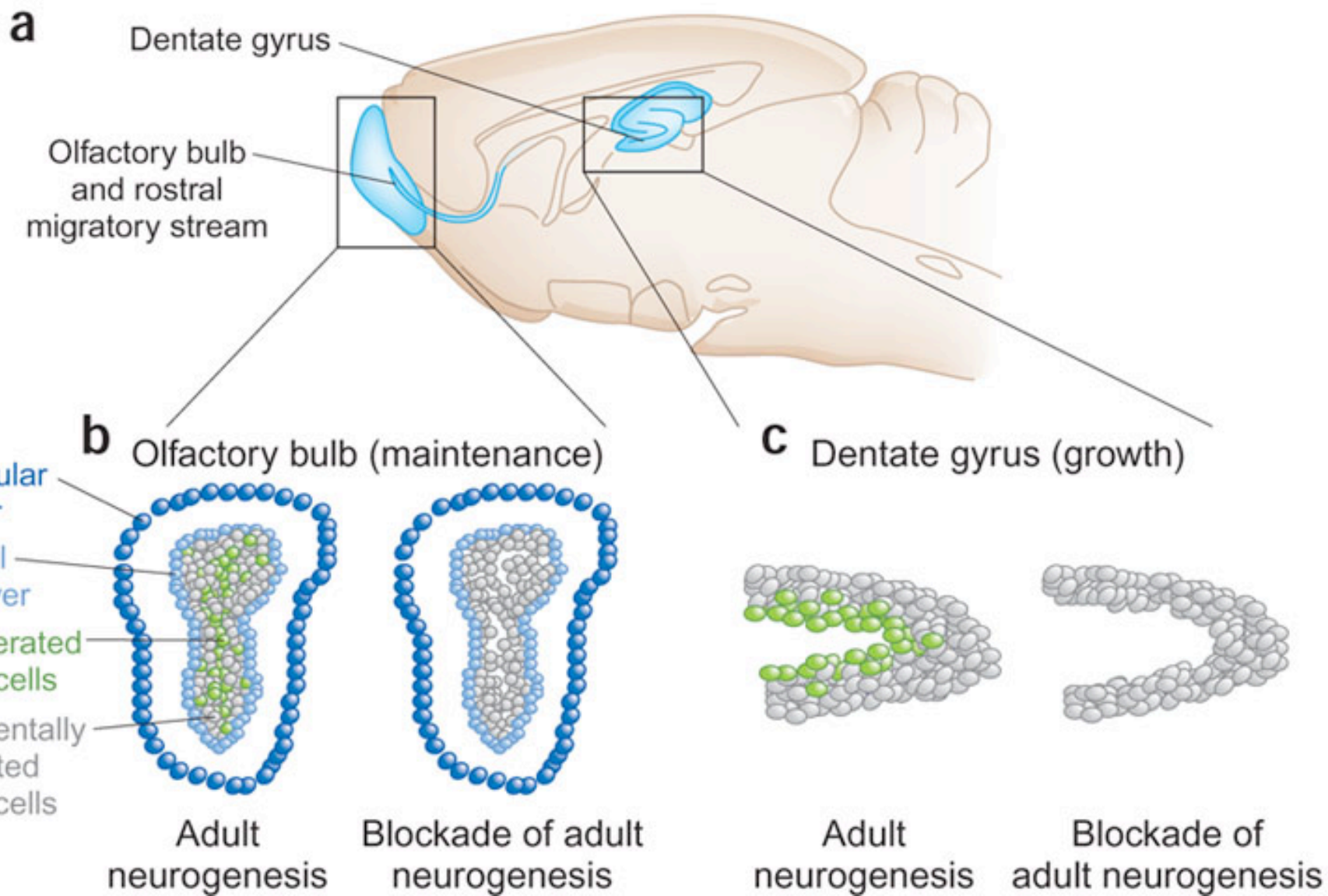


Long/long

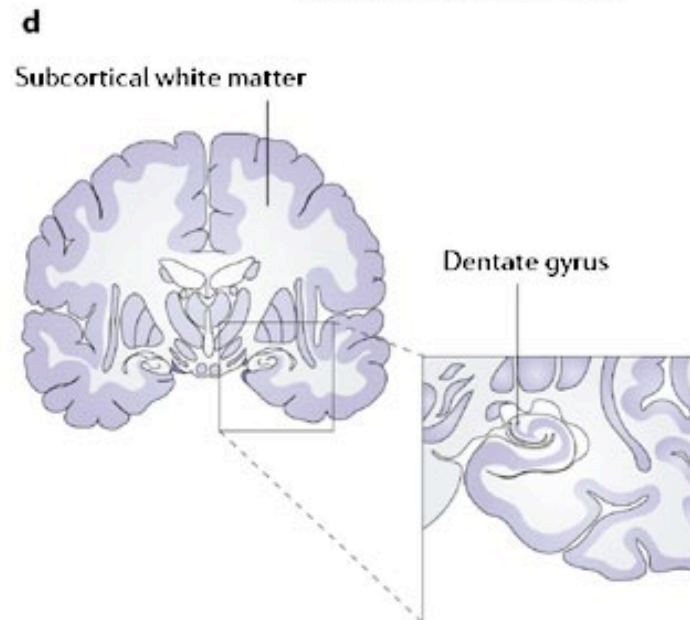
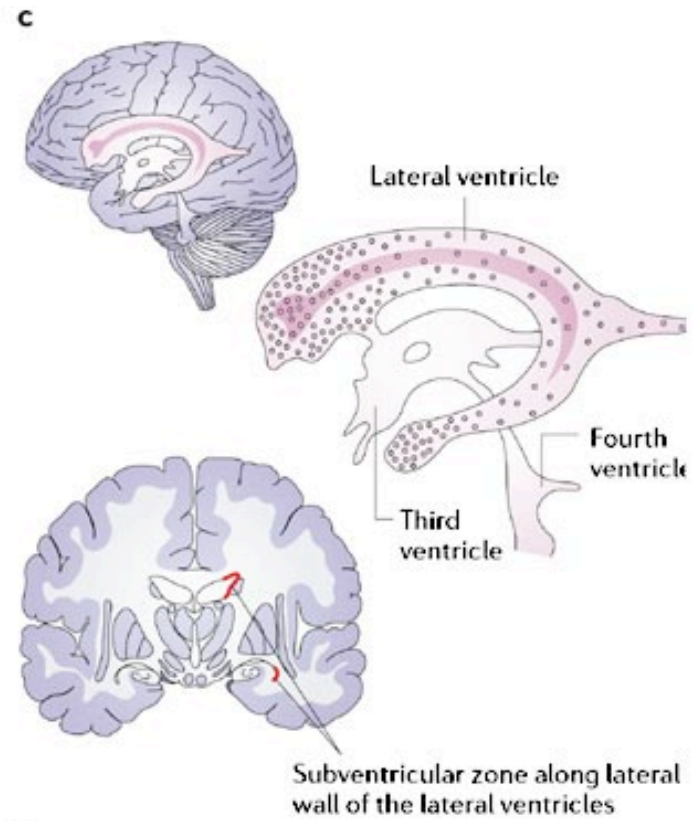
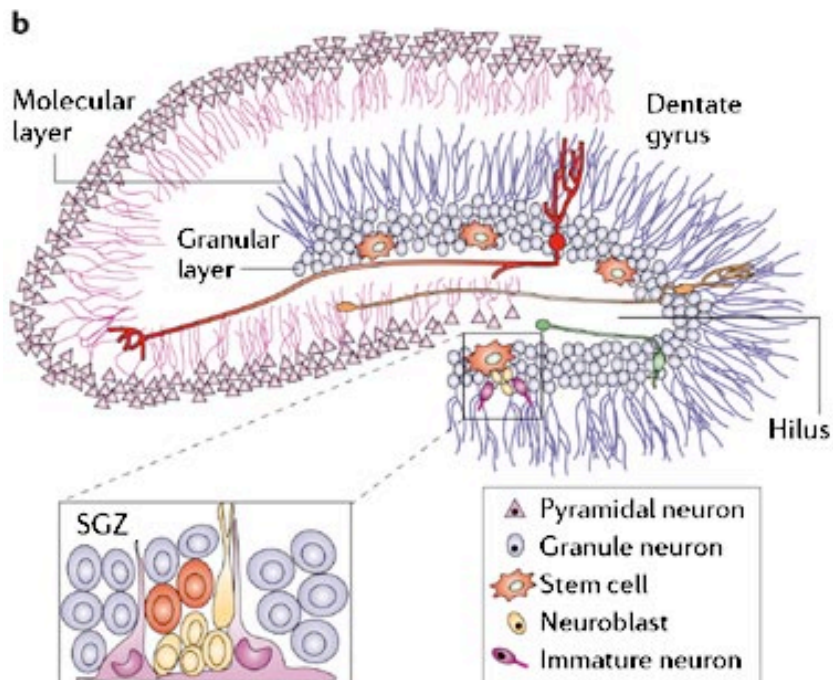
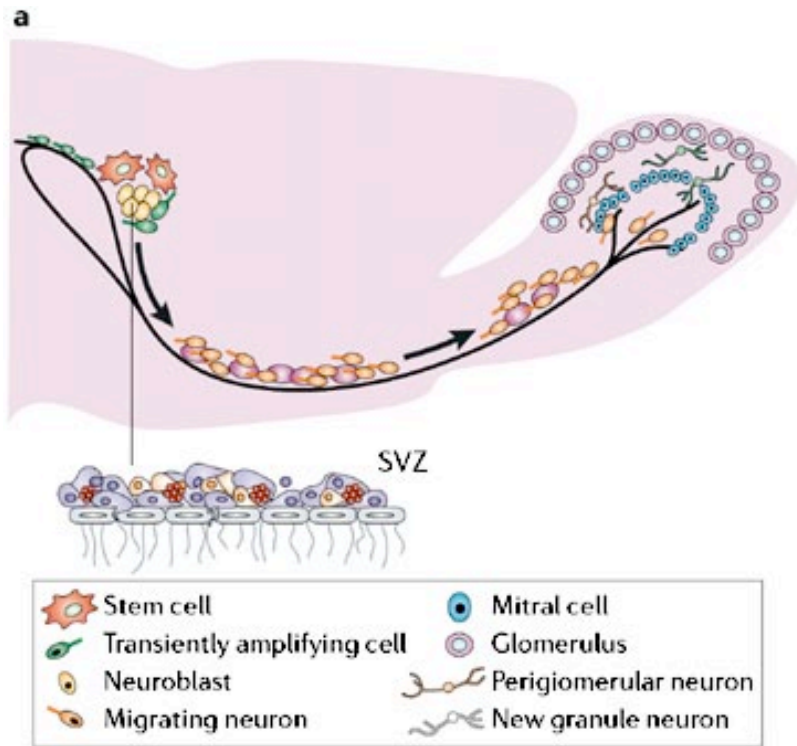
Pre-stressor  
Post-stressor

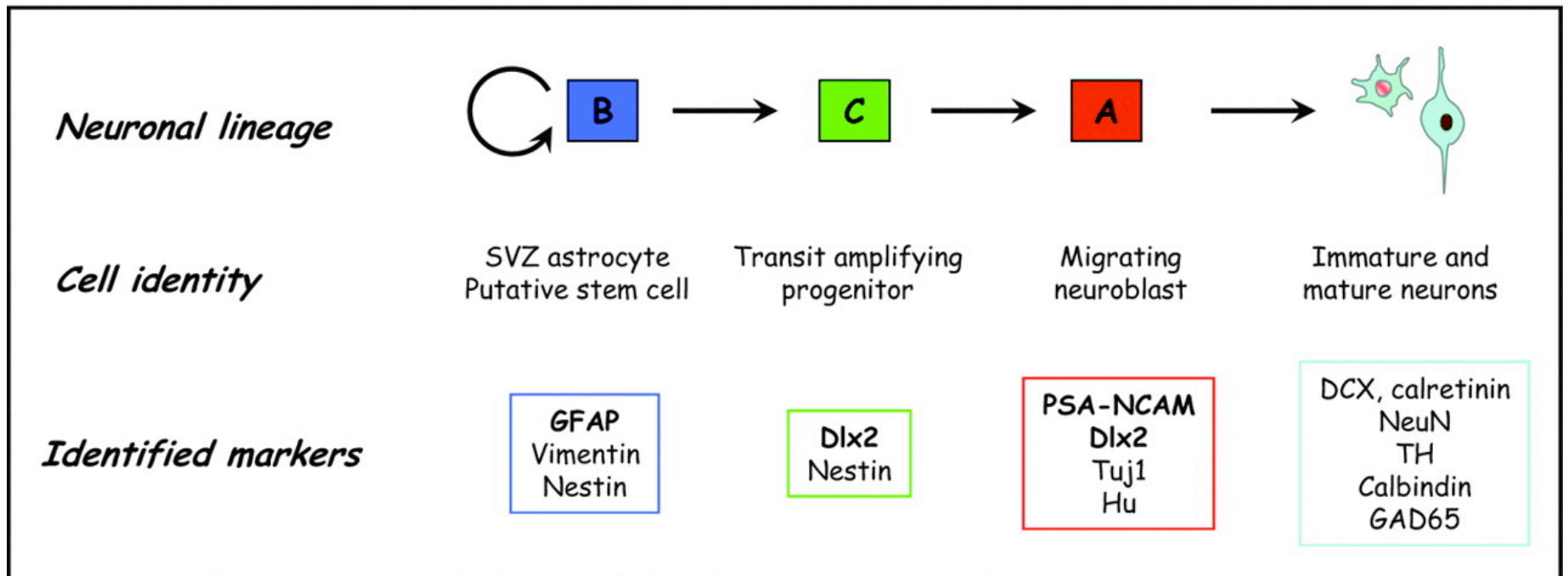
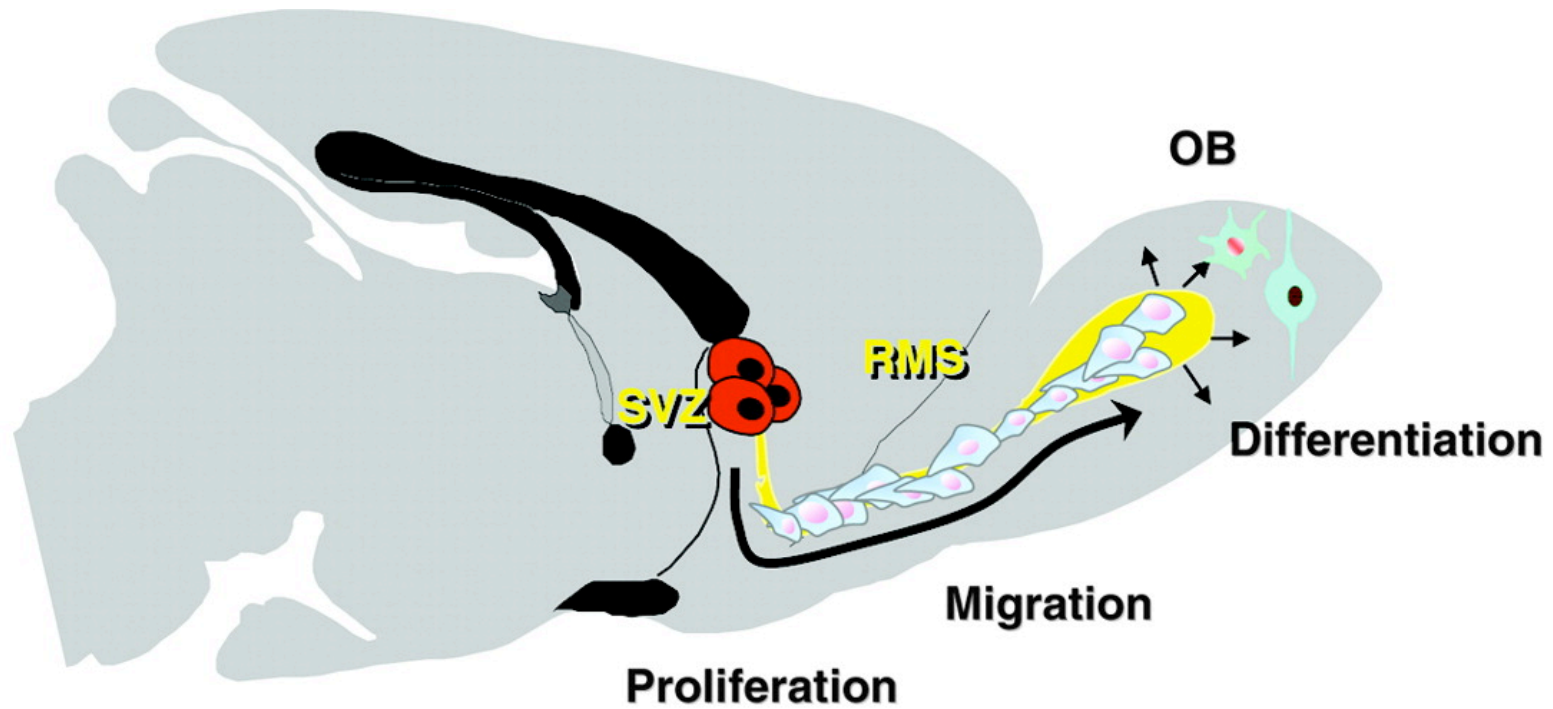


# Adult Neurogenesis

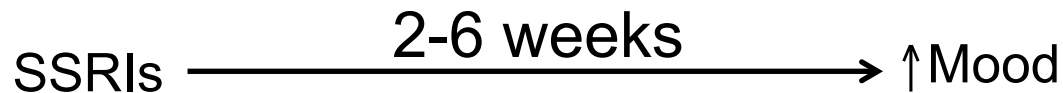
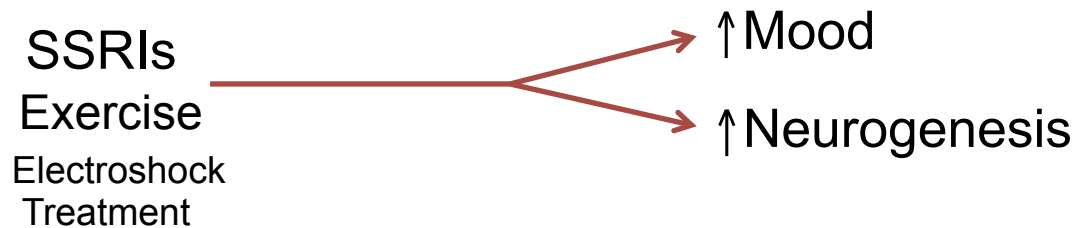
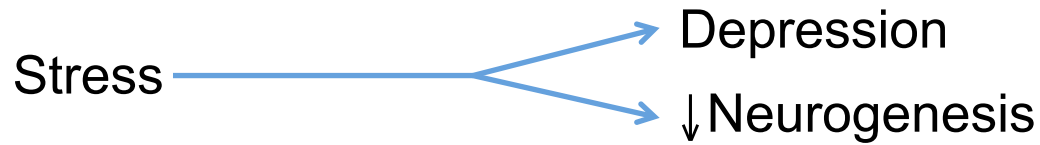








## Evidence for role of neurogenesis in depression



Similar to the amount of time required for increased neurogenesis and maturation of neurons

Finally, depressed patients have *decreased* hippocampal volume

# Schizophrenia

# Schizophrenia

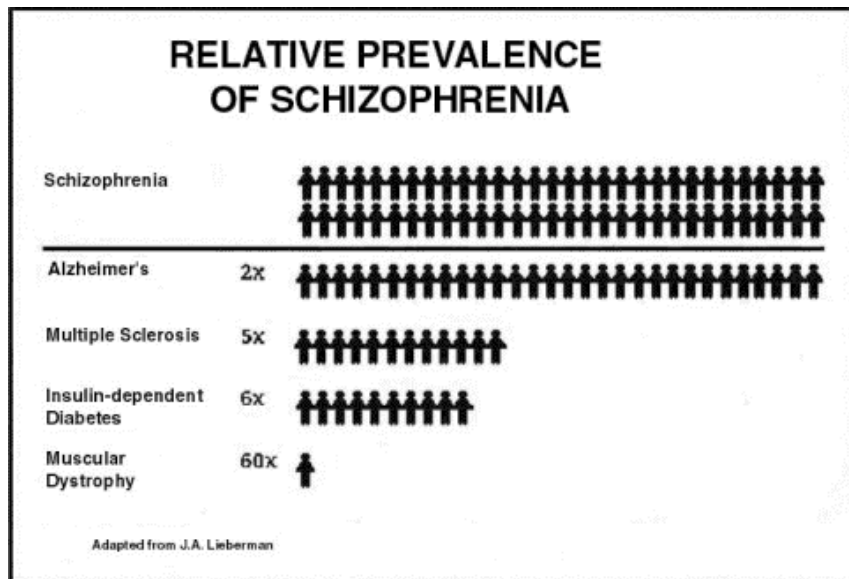
1.1% population >18yo, 51 million people worldwide

Male-to-Female 1.4:1

Though occurs earlier and with worse prognosis in males

Usually presents in early twenties

Estimated 30-40% of homeless population



# Schizophrenia

## Positive Symptoms

### Hallucinations

- Auditory
- Visual
- Somatic

### Delusions

- Bizarre
- Grandiose
- Paranoid
- Nihilistic
- Erotomanic

### Disorganization

- Tangential speech
- Circumstantial speech
- Derailment
- Neologisms
- Word salad

# Schizophrenia

## Negative Symptoms

- Decreased expressiveness
- Apathy
- Lack of energy
- Lack of emotion

## Cognitive Impairment

- Processing speed
- Attention
- Learning & memory
- Reasoning
- Verbal comprehension
- Social cognition

And finally, can also have mood or anxiety symptoms

Table 1 | **Examples of positive symptoms of schizophrenia**

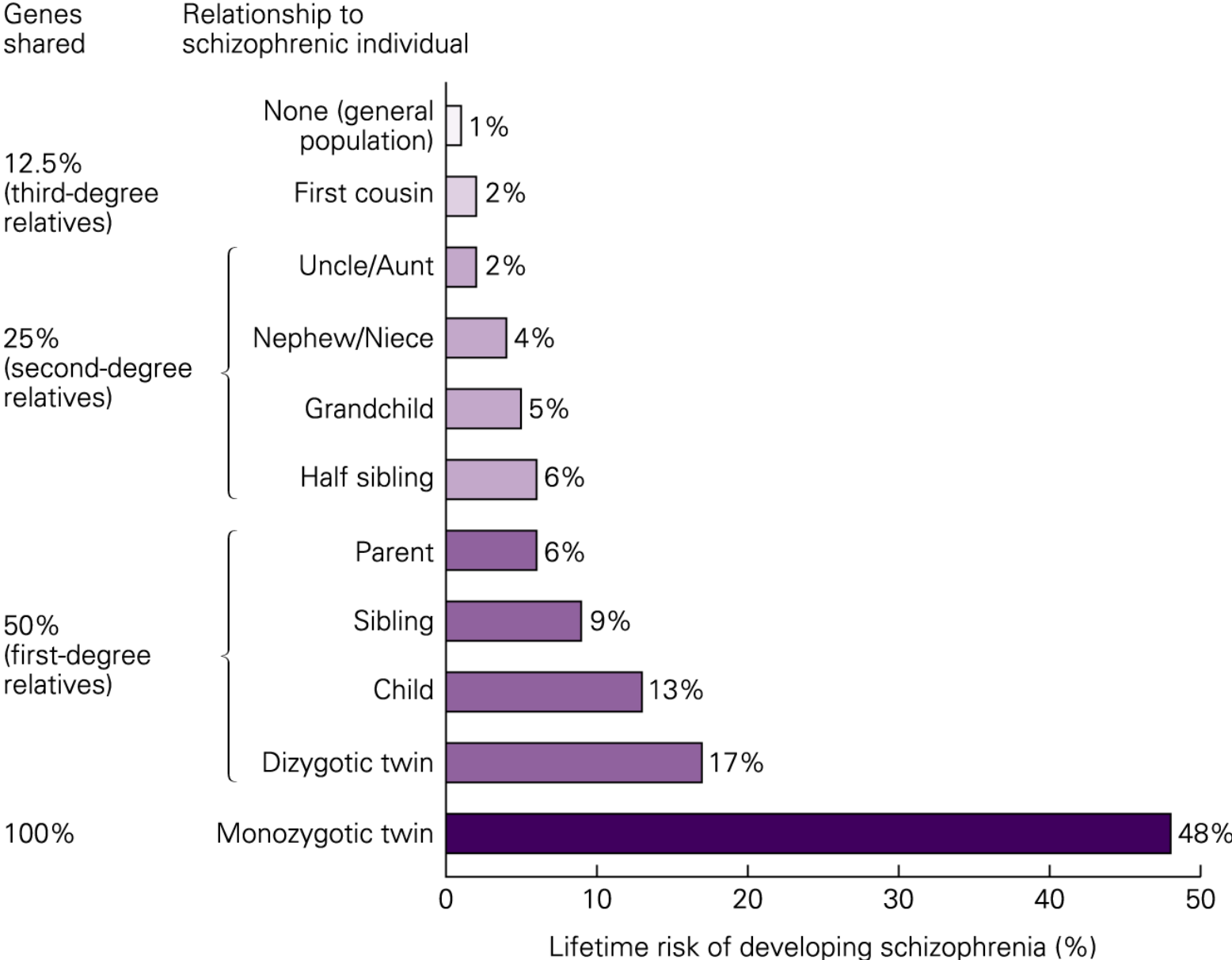
Symptom	Example
Audible thoughts	The patient would think 'I must put the kettle on', and after a pause of not more than one second would hear a voice say 'I must put the kettle on'.
Voices arguing	Patient G.T. heard one voice say 'G.T. is a bloody paradox'; another say 'He is that, he should be locked up'; and a third say 'He is not, he is a lovely man'.
Voices commenting on one's actions	A voice in a flat monotone describing everything the patient was doing: 'She is peeling potatoes, got hold of the peeler, she does not want that potato...'
An influence on the body (somatic passivity)	'X-rays enter the back of my neck, where the skin tingles and feels warm, they pass down the back in a hot tingling strip about six inches wide to the waist.'
Thought withdrawal	'I am thinking about my mother, and suddenly my thoughts are sucked out of my mind by a phrenological vacuum extractor, and there is nothing in my mind.'
Thought insertion	'The thoughts of Eamonn Andrews come into my mind. He treats my mind like a screen and flashes his thoughts on to it like you flash a picture.'
Thought broadcasting	'My thoughts leave my head on a type of mental ticker-tape. Everyone around me has only to pass the tape through their mind and they know my thoughts.'
'Made' feelings	'It is not me who is unhappy, but they are projecting unhappiness into my brain. They project upon me laughter for no reason.'
'Made' impulses	'It came to me from the X-ray department. It was nothing to do with me, they wanted it so I picked up the bottle and poured it.'
'Made' volitional acts (delusions of control)	'It is my hand and arm that move, and my fingers pick up the pen, but I don't control them. What they do is nothing to do with me.'
Delusional perception	One of the lodgers pushed the salt cellar towards him, and the patient knew that he must return home 'to greet the Pope who is visiting Ireland to see his family and reward them'.

The examples are taken from Schneider's first rank symptoms of schizophrenia<sup>114</sup>.

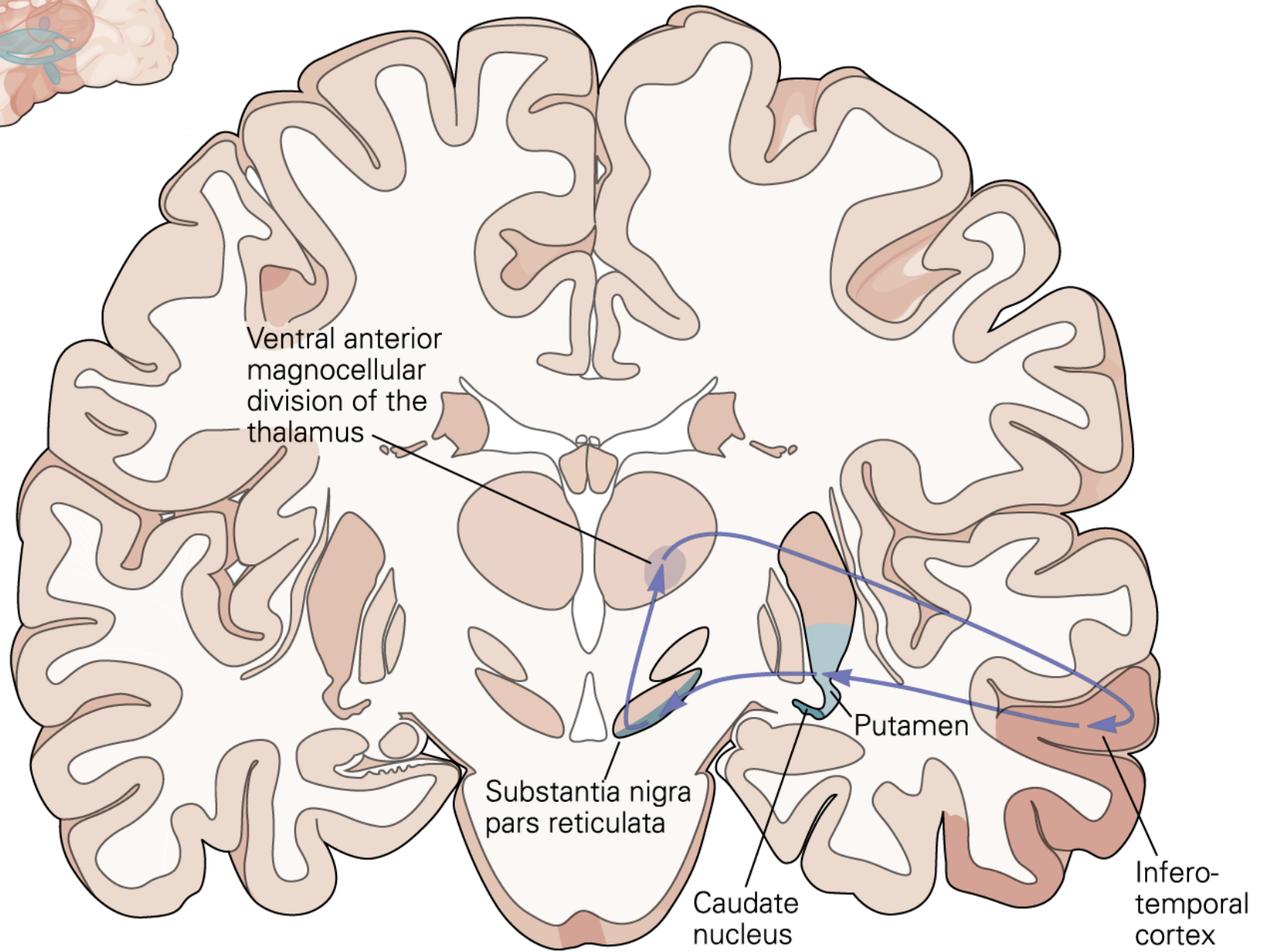
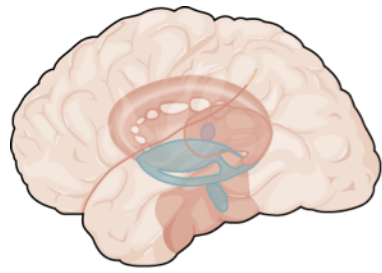


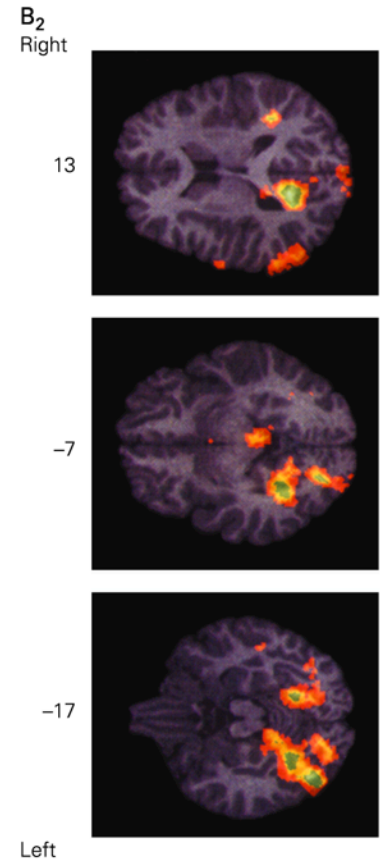
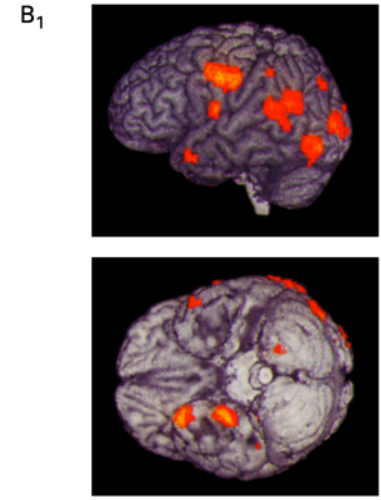
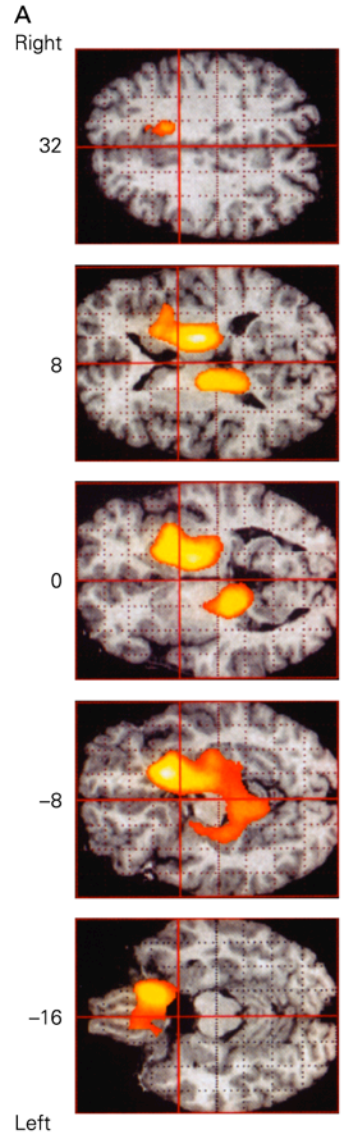
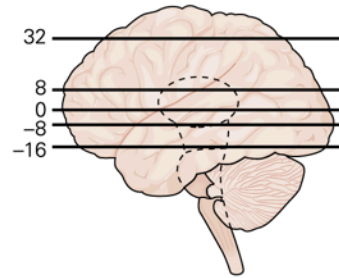
# Schizophrenia

Strong genetic component



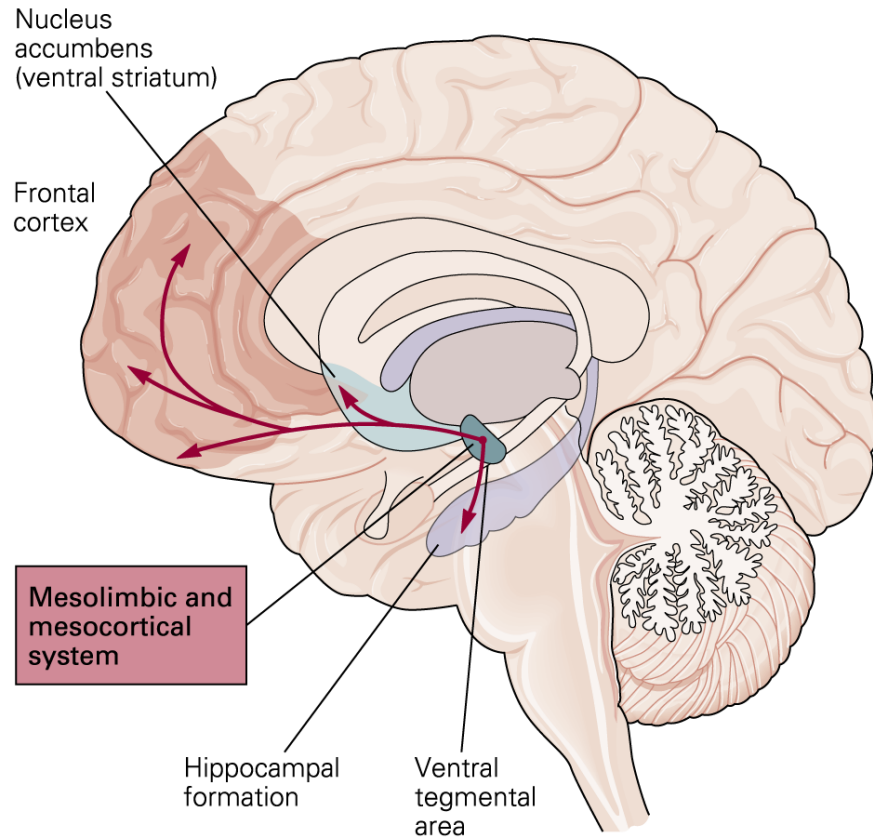
# Hallucinations in Schizophrenia



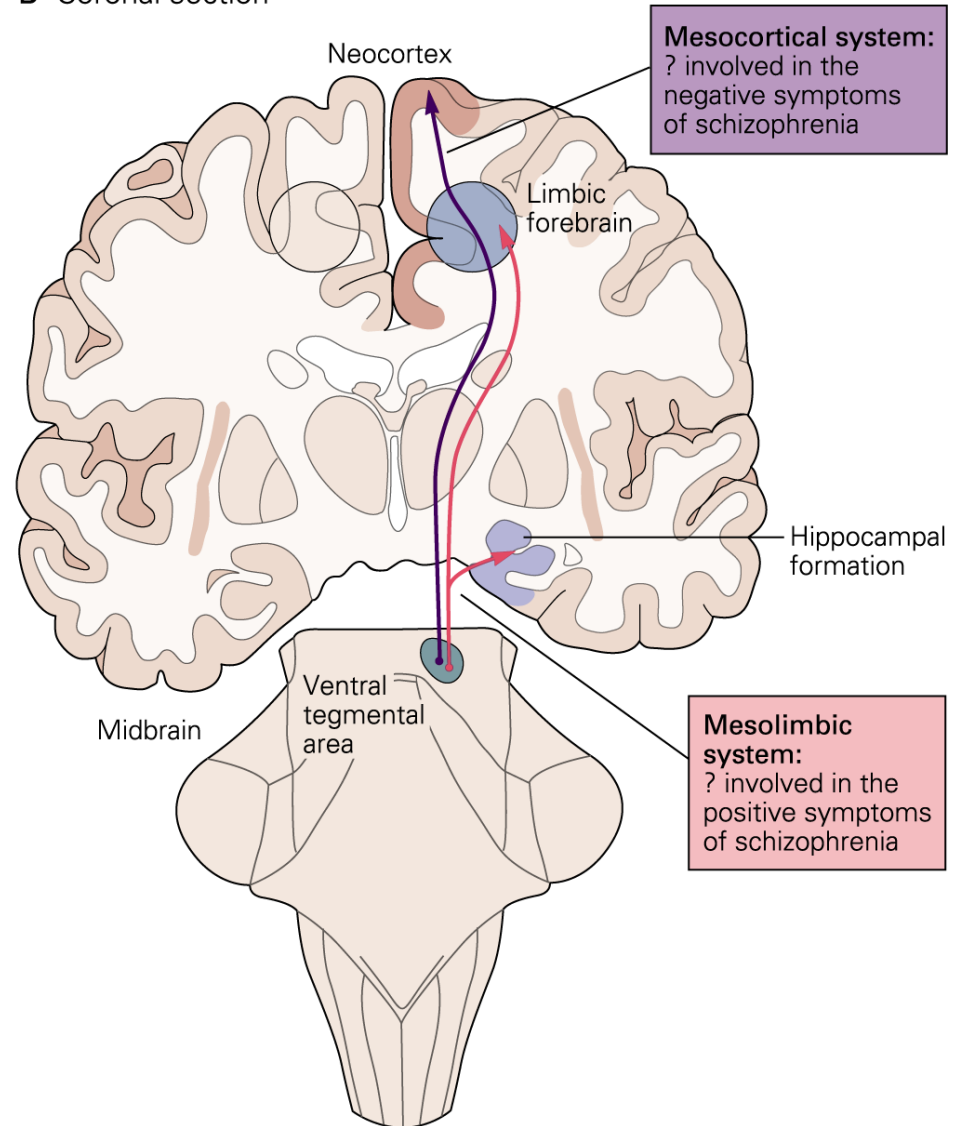


# Dopaminergic systems in the brain

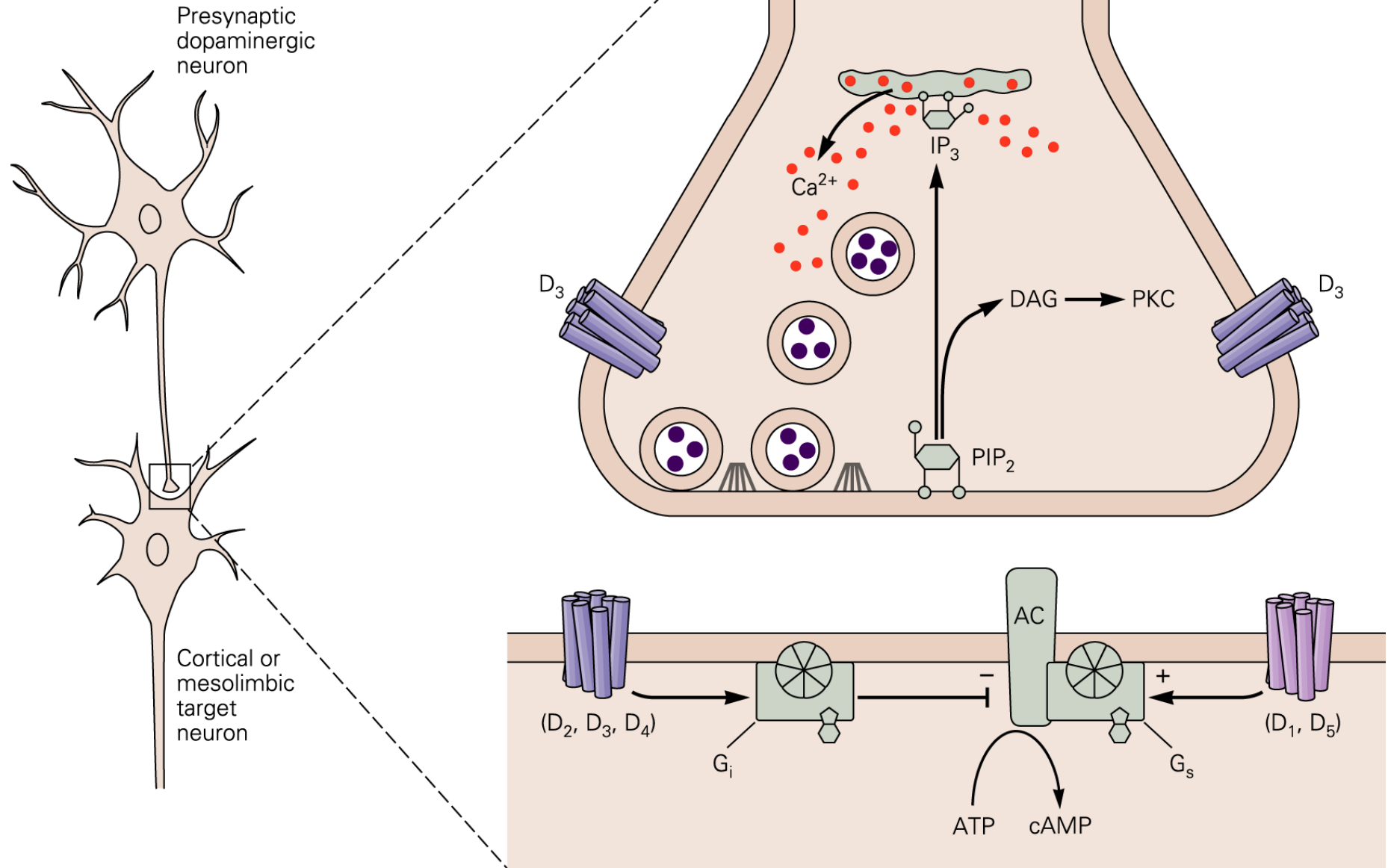
A Midsagittal section



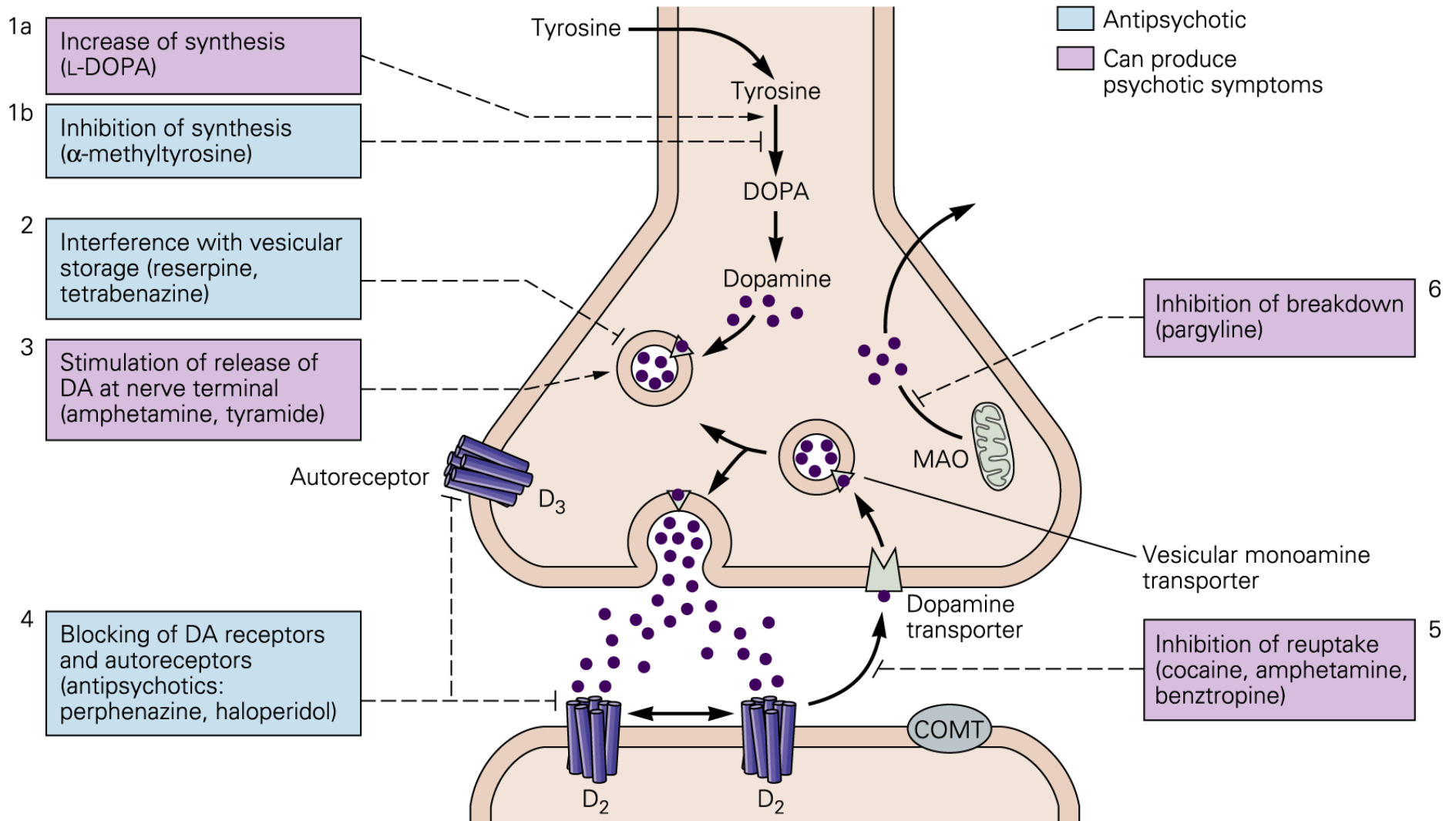
B Coronal section

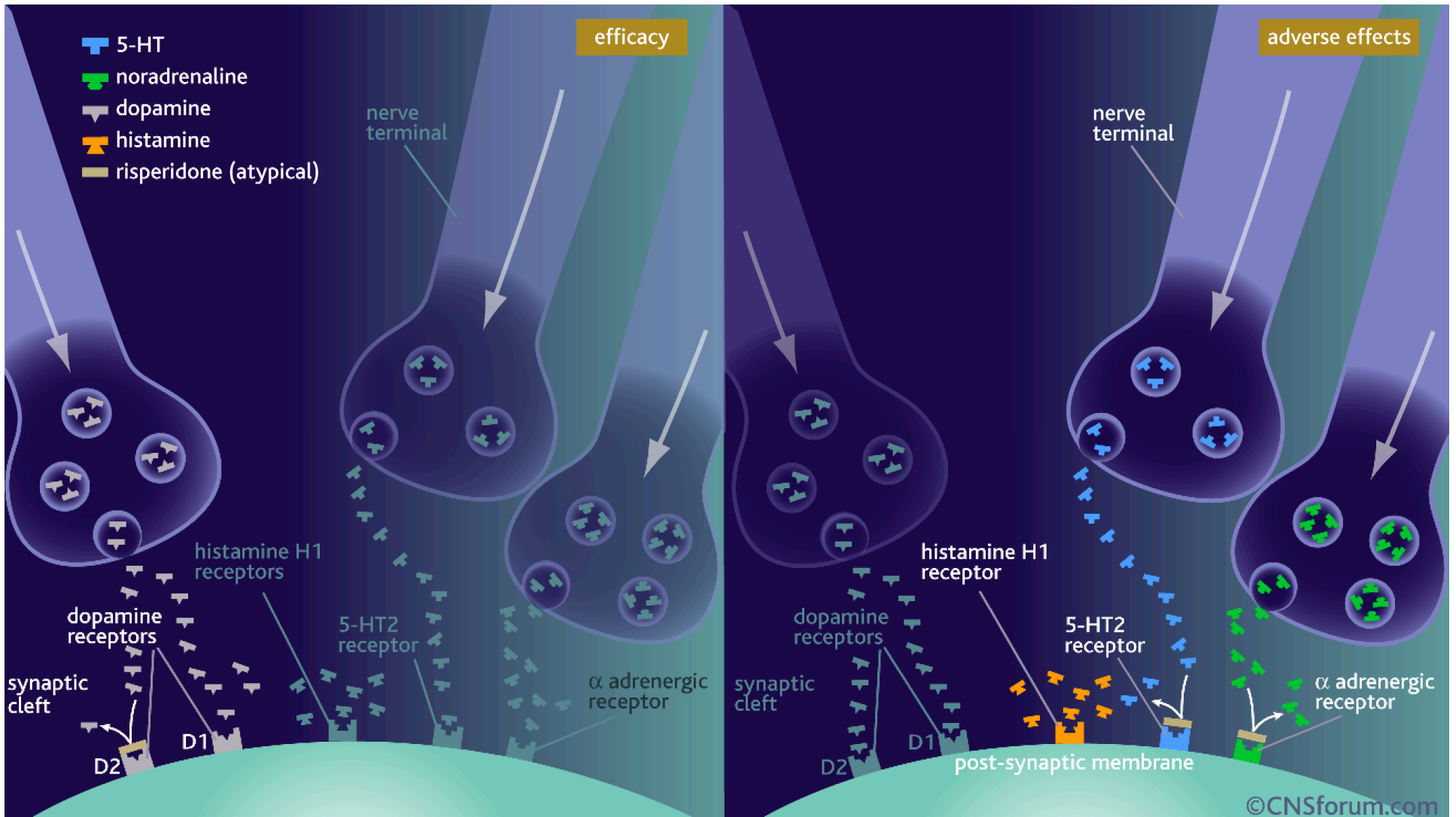


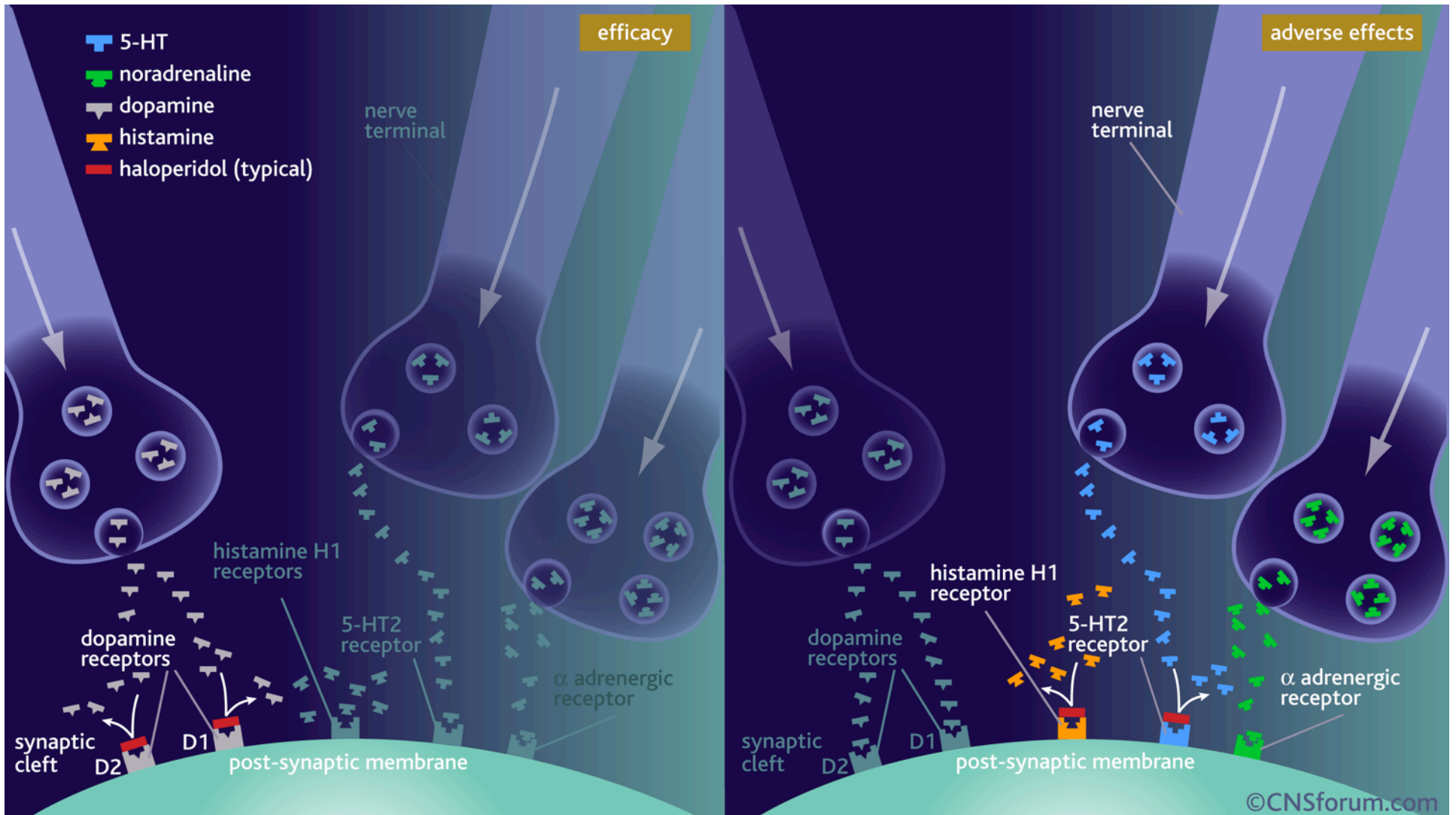
# Dopaminergic Receptors



# Actions of anti-psychotics at dopaminergic synapses



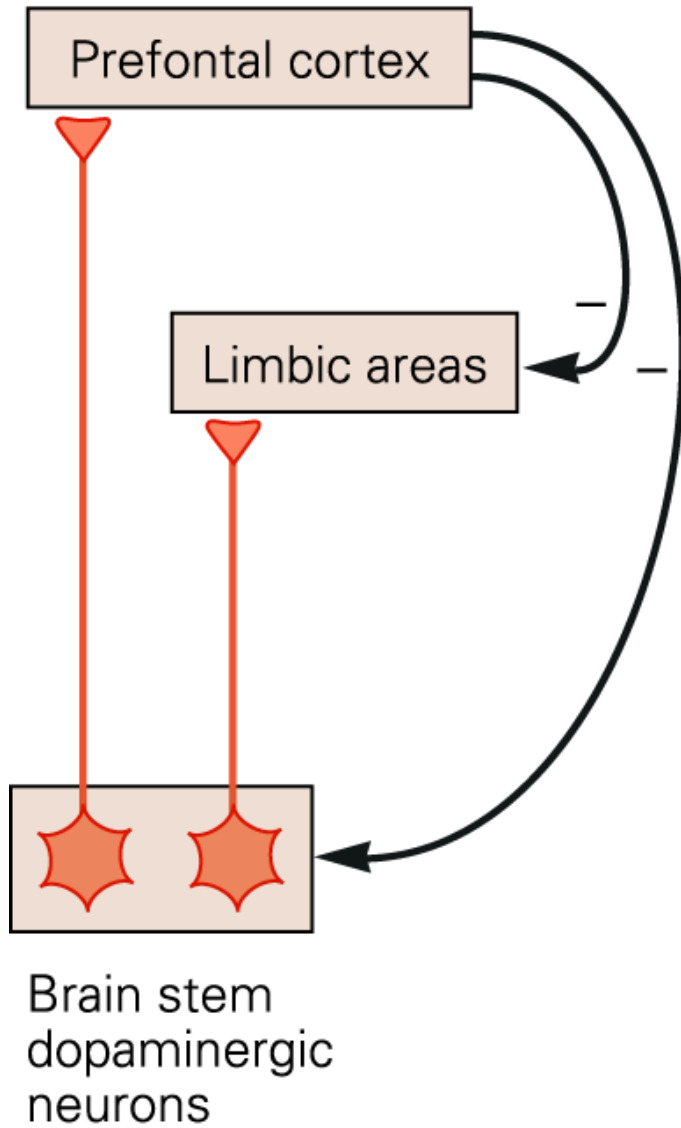




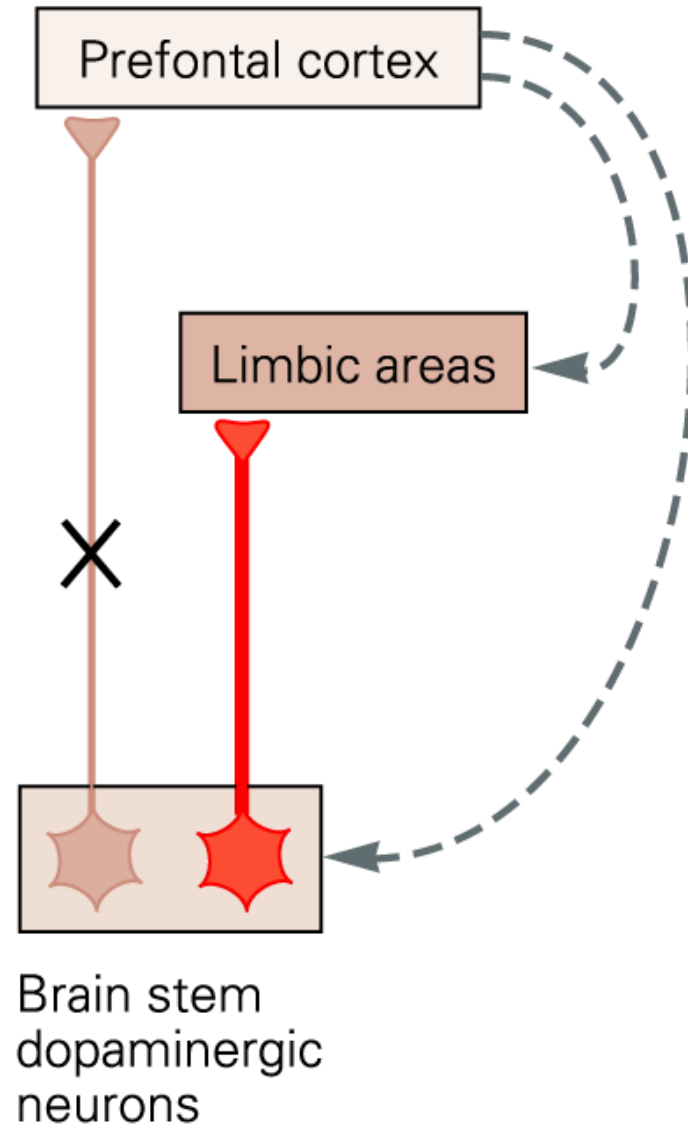


# Just One Working Model of Schizophrenia

Normal state



Schizophrenia



# Modeling Schizophrenia in Mouse

## Human Trait

Social withdrawal

Psychomotor agitation

Stereotypic behaviors

Learning, memory deficits

Cognitive rigidity

Decreased GAD67 gene expression

Reduced prefrontal cortical dopamine release

Increased ventricle volume

## Mouse Trait

Deficits in reciprocal grooming or huddling

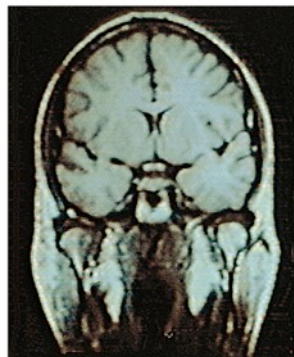
Increased locomotor activity

Repetitive grooming

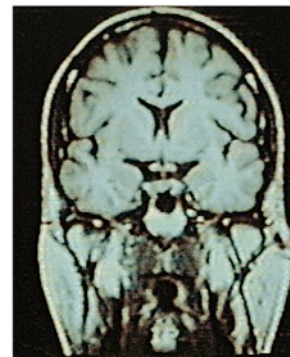
Impaired learning (fail in mouse school)

After learning one task, cannot relearn a slightly different task

...ditto

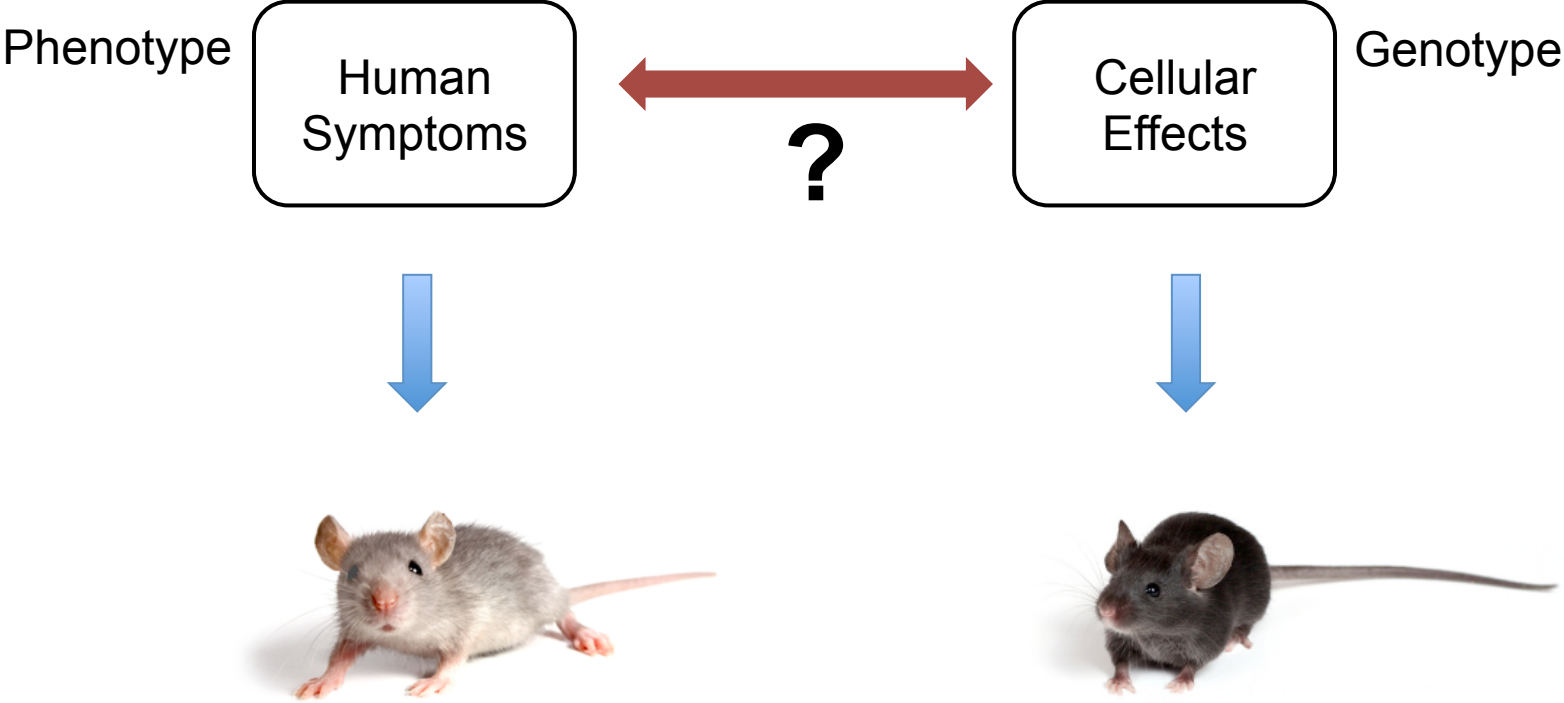


Unaffected twin



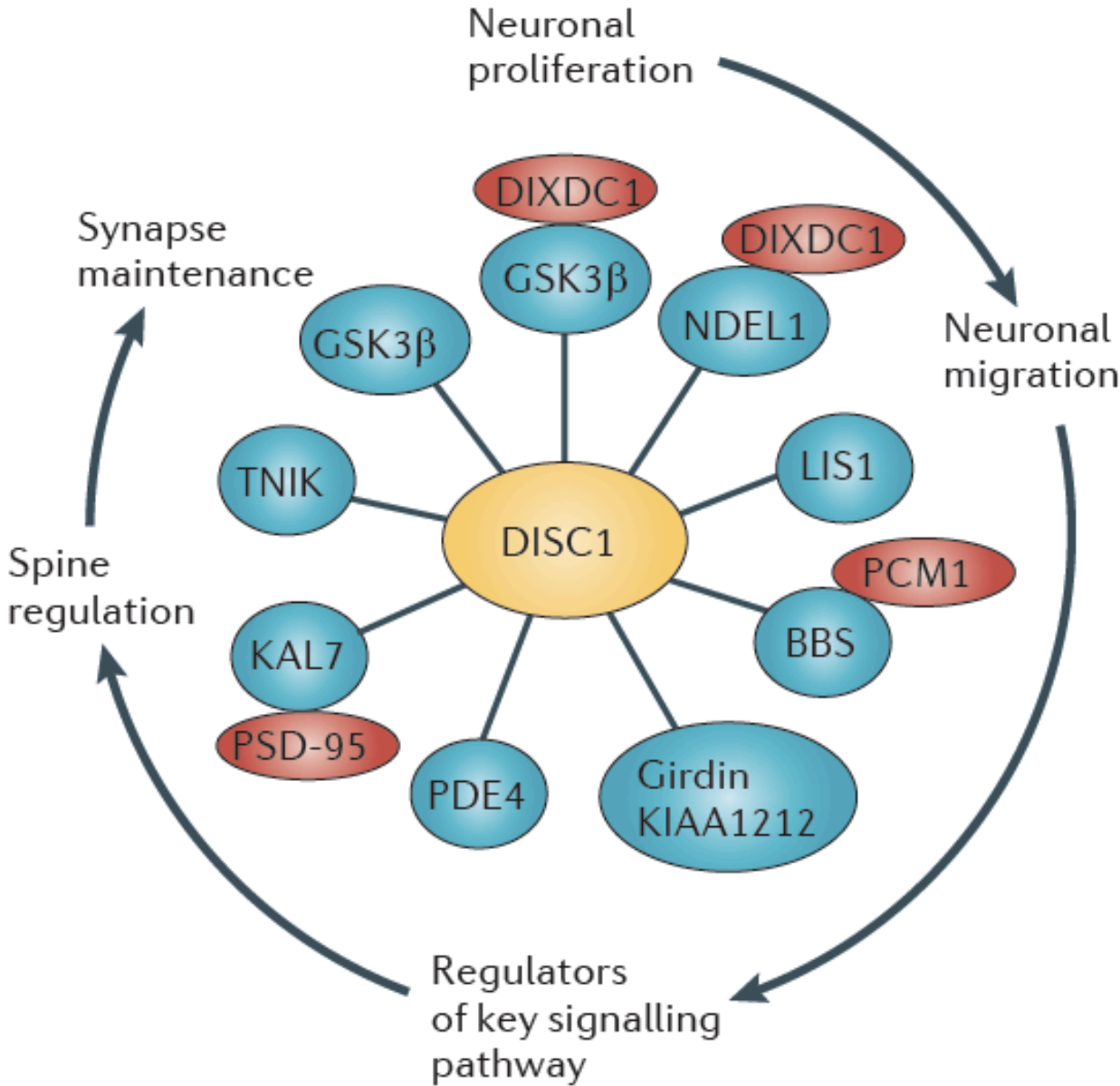
Schizophrenic twin

# Fundamental Problem in Making Mouse Models



# DISC1 Mutation

(Disrupted in Schizophrenia 1 gene)



Mutation identified in DISC1 gene  
of humans with schizophrenia

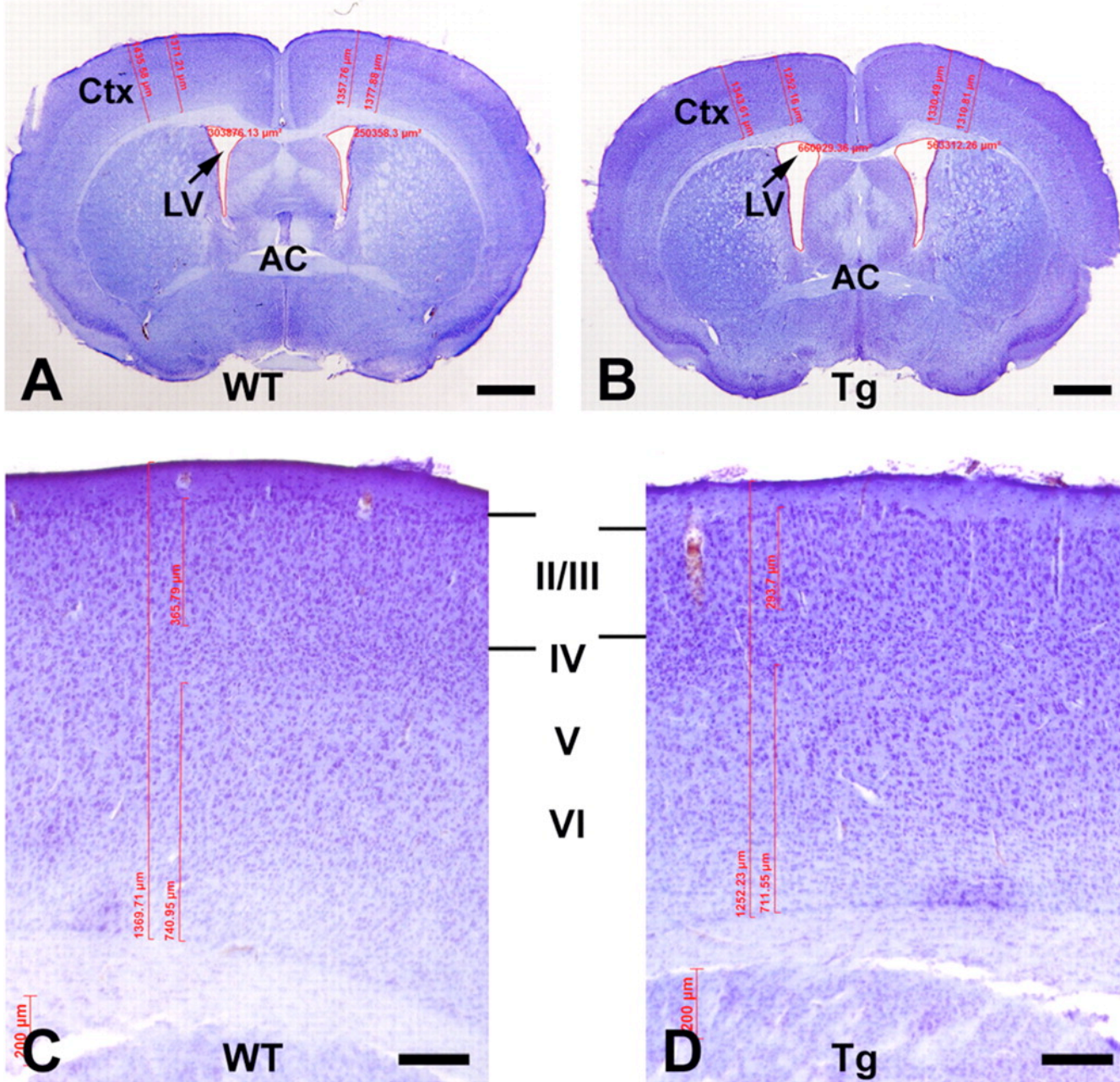


Genetically engineer a mouse  
with the same mutation:

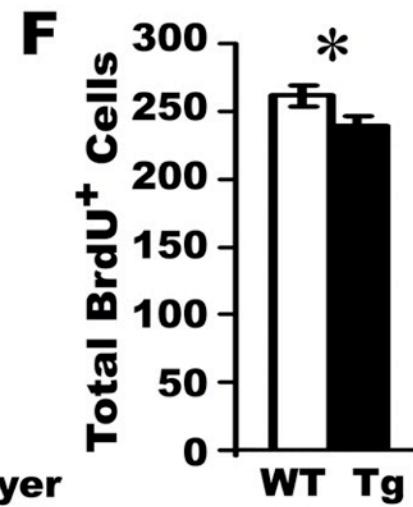
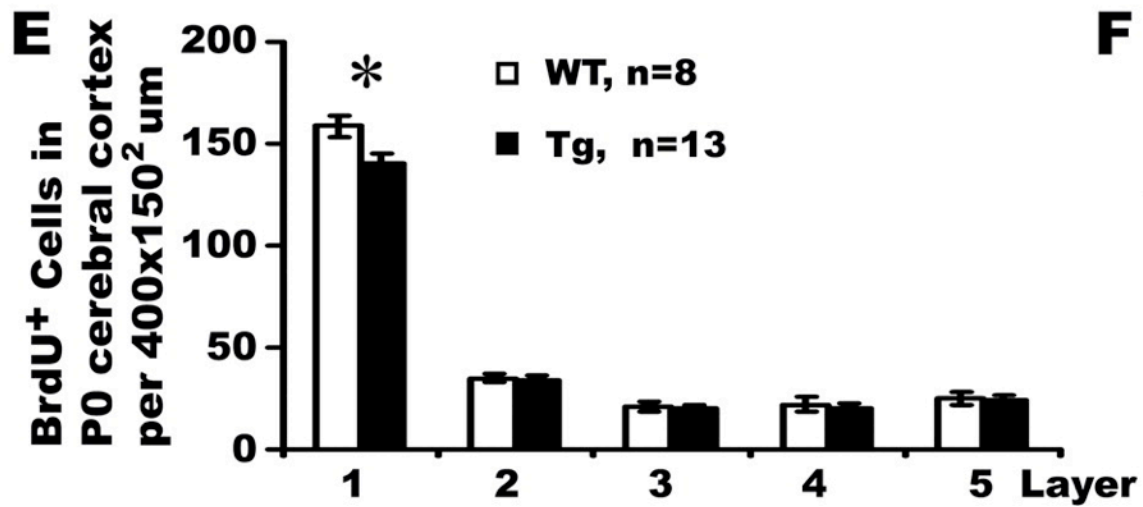
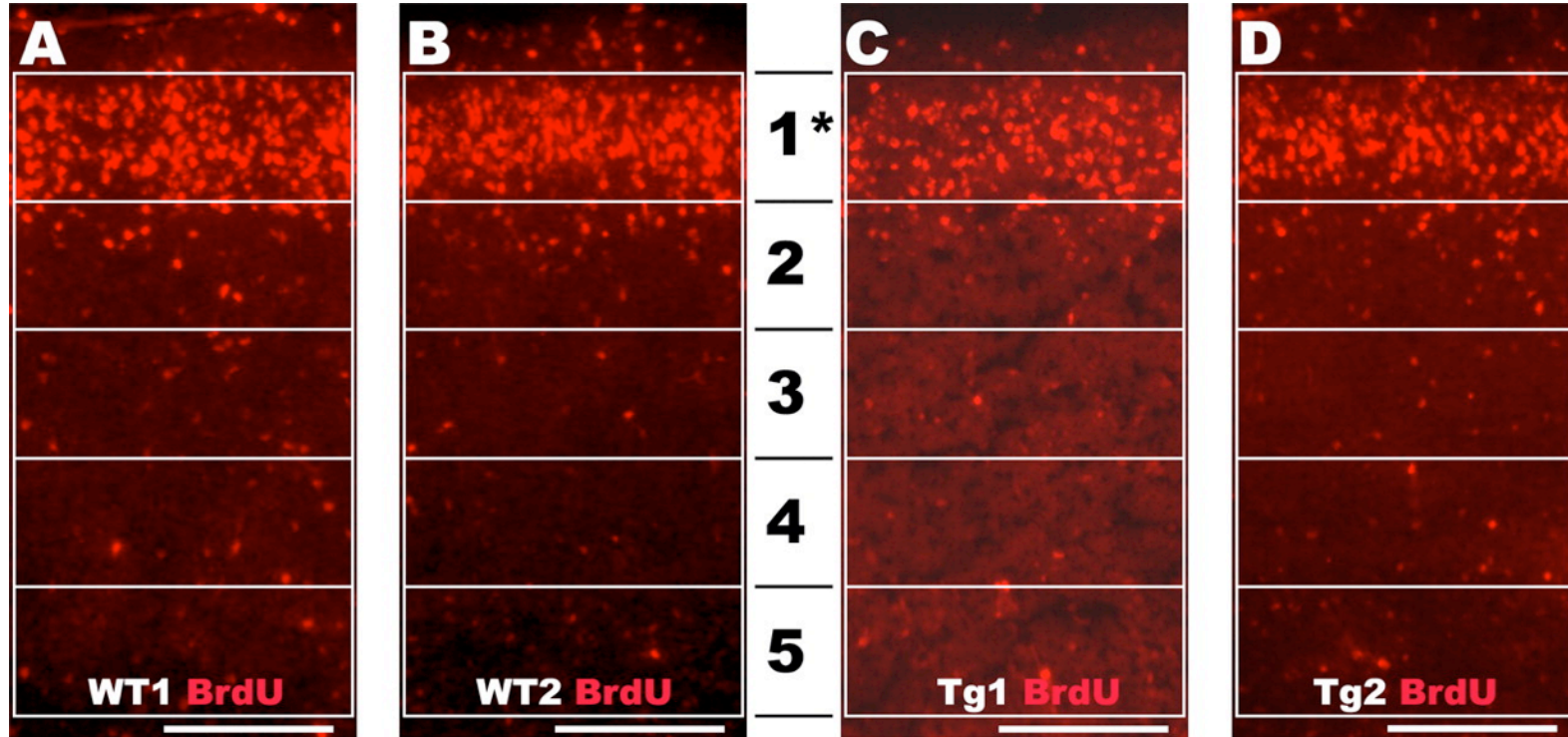


DISC1-deficient  
transgenic (Tg)  
mouse

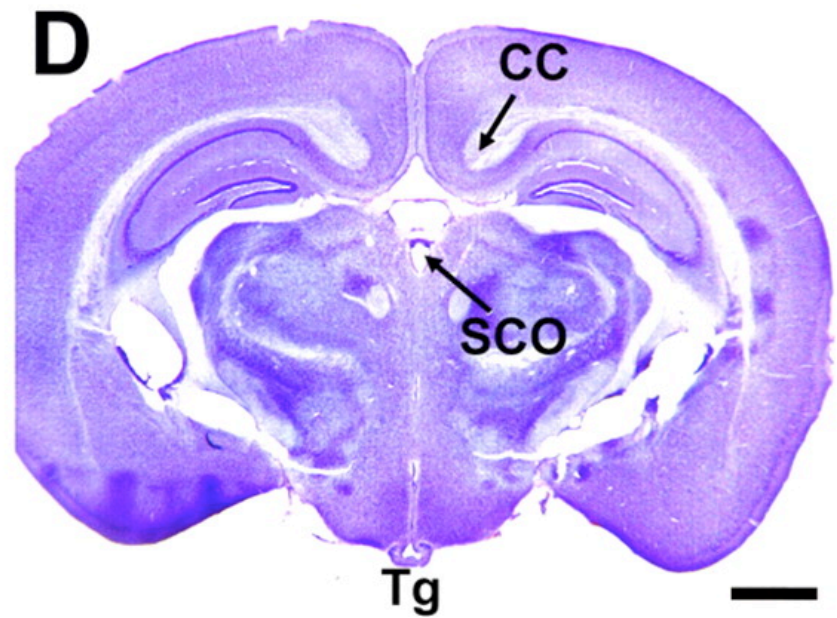
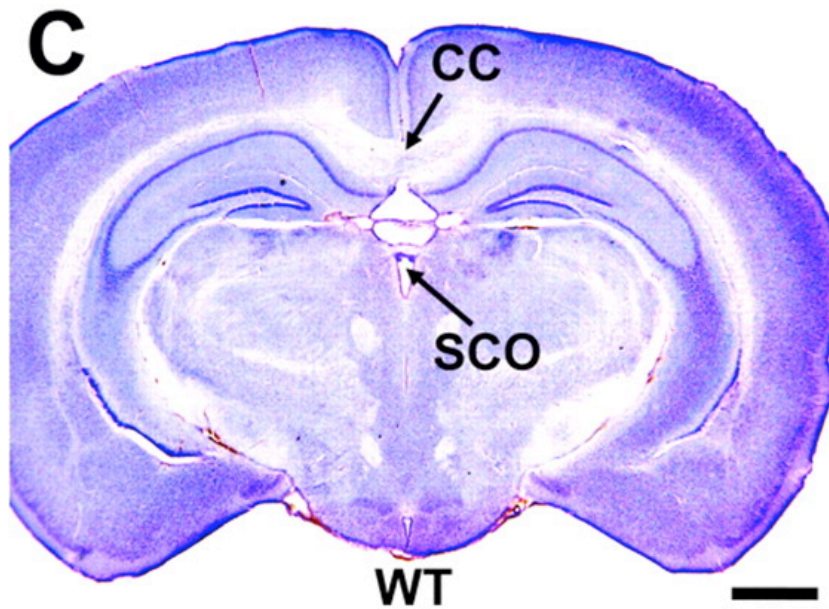
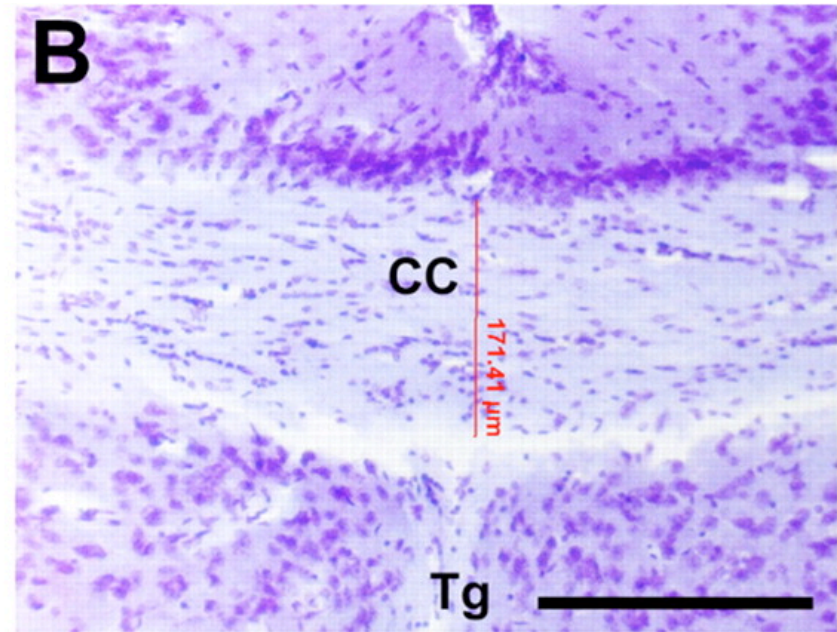
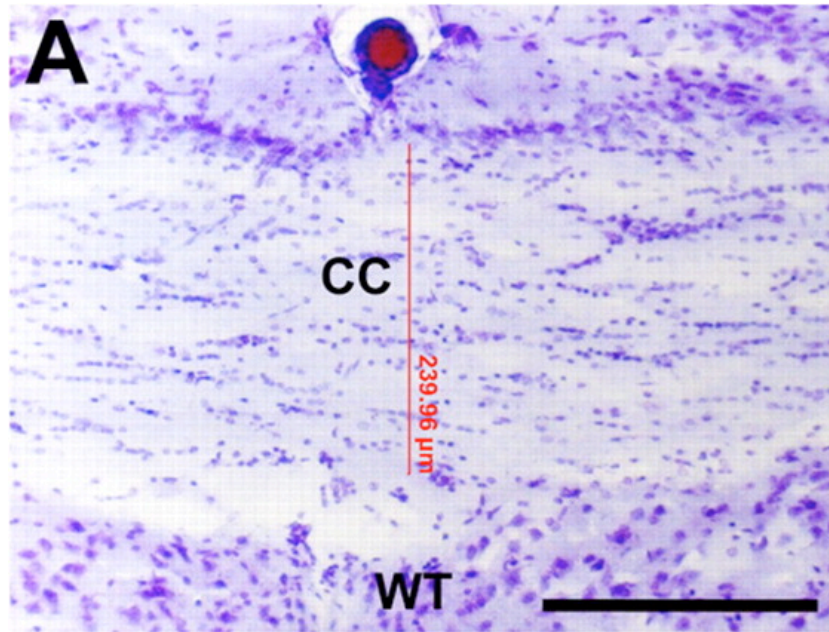
# Enlarged Lateral Ventricles



## Decreased Neuron Proliferation



# Partial Agenesis of Corpus Callosum





## Reduced Interneurons in Hippocampus

