

Electrical & Chemical Signaling

Part 2

Lecture Outline

- Graded Potentials
- Other electrical signaling
 - Gap junctions
- The Process of Synaptic Transmission
 - Events releasing Neurotransmitters
 - Neurotransmitters
- Modulation & Stopping Transmission

Graded Potentials

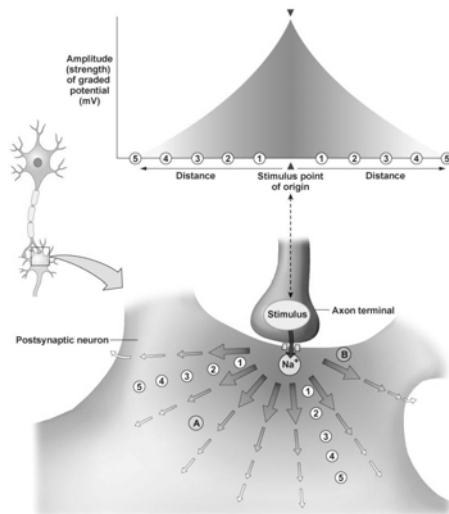
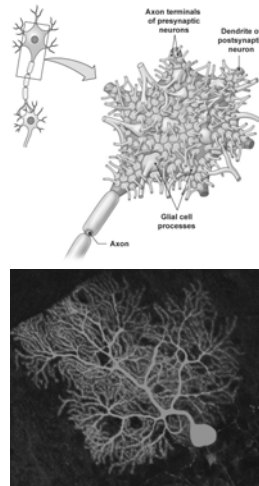
- **Characteristics**
 - NOT all-or-none
 - Graded
 - May increase or decrease in size
 - Decremental
 - Summable / cancelable
 - Local
 - May be excitatory or inhibitory

Graded Potentials

- **Function**
 - Integration
 - Decision making at the cellular level (neurons)
 - Called **post-synaptic potentials**
 - Transduction
 - Conversion of stimulus into action potential
 - Called **receptor potentials**
 - Stimulus modality may be:
 - Chemical
 - Mechanical
 - Light (photons)
 - Heat/cold
 - Pain
 - Receptors may be:
 - Chemoreceptors
 - Mechanoreceptors
 - photoreceptors\
 - Thermoreceptors
 - Nociceptors

Graded Potentials & Integration

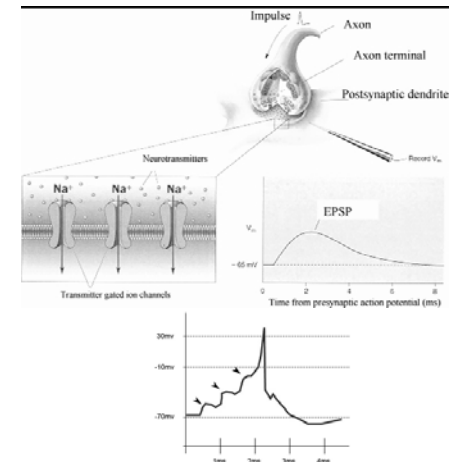
- Location
 - Neuronal cell bodies & dendrites
- Creation of post-synaptic potentials
 - Binding of neurotransmitter to neurotransmitter receptor (chemically gated channel)
 - Chemically gated channel opens allowing
 - Na^+ or Ca^{2+} influx creates excitatory post-synaptic potentials (EPSPs)
 - OR
 - K^+ efflux or Cl^- influx creates inhibitory post-synaptic potentials (IPSPs)



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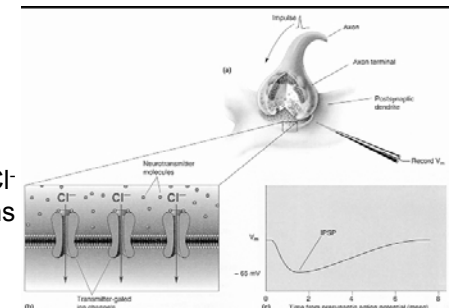
Graded Potentials & Integration

- EPSPs
 - Cause localized depolarization events
 - Due to influx of Na^+ or Ca^{2+} ions
 - individually, unless they occur very close to the axon hillock, nothing will happen
 - May be summed



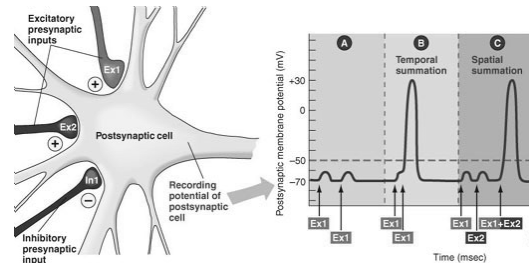
Graded Potentials & Integration

- IPSPs
 - Cause localized hyperpolarization events
 - Due to influx of Cl^- or efflux of K^+ ions
 - May be summed to create greater hyperpolarization



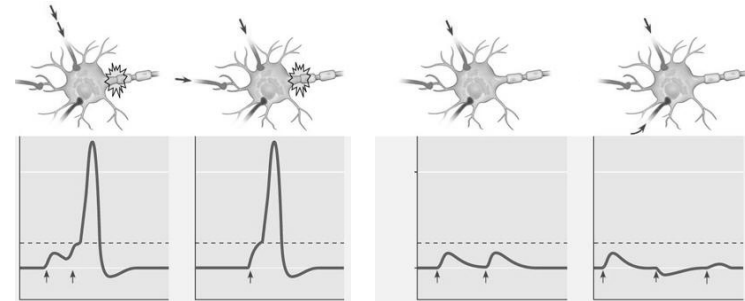
Graded Potentials & Integration

- Summation may be
 - Temporal
 - Spatial



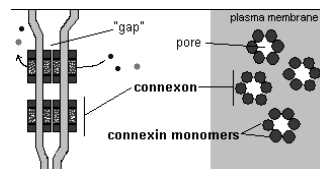
Post Synaptic Potentials

- May be EPSPs or IPSPs
- The sum of all post-synaptic events is called the Grand Post Synaptic Potential (GPSP)
 - If GPSP allows axon hillock to reach threshold an action potential occurs
 - If GPSP is not great enough to reach threshold, or moves axon hillock membrane potential away from threshold – no action potential



Gap Junction (Electrical Synapse)

- Direct flow between cells
 - Ions
 - cAMP
- Found to some extent in most cells of body
 - Exceptions: freely mobile cells (RBC's, sperm...)
- Connexons (formed by connexins) create a connection between cell membranes of adjacent cells
 - Rate of flow depends on density of gap junctions
- Useful
 - For creating a unified response in
 - Cardiac tissue
 - Smooth muscle
 - For modulating neuron activity in retina
 - Communication between glial cells (in CNS)



Chemical Synapses

- Transfers the action potential to the target cell/membrane via neurocrines or neurotransmitters
- Neuron secreting the chemical signals are the presynaptic neurons
- Cells receiving (with the receptors on the postsynaptic membrane) the chemicals are the postsynaptic cell
- The small space that the neurotransmitters diffuse is the synaptic cleft

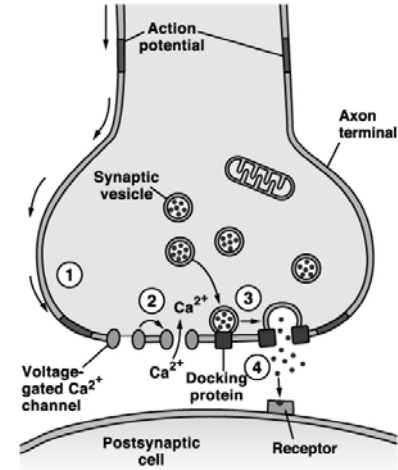
<http://outreach.mcb.harvard.edu/animations/synaptic.swf>

Chemical Synapses

- Physiologically, it is
 - The process of converting the action potential (*electrical*) at the synaptic bulb to a *mechanical* event that causes the release of neurotransmitter (*chemical*) that then creates a membrane potential (*electrical*) event on the post synaptic membrane
- Things to consider
 - Process
 - Influences on the process

The Process of Synaptic Transmission

1. action potential depolarizes the axon terminal
2. Voltage gated Ca^{2+} channels are activated by the depolarization, allowing a Ca^{2+} influx into the synaptic bulb
3. Ca^{2+} triggers secondary messenger system that causes
 - a. Motor proteins to attach to vesicles and move along cytoskeletal "tracks" to the docking proteins in the presynaptic membrane
 - b. Vesicle binds and releases neurotransmitters into synaptic cleft
4. Neurotransmitter binds to receptors on the postsynaptic membrane
 - a. Initiating a response (EPSP or IPSP)



The Process of Synaptic Transmission

- The neurocrines (neurotransmitters and neuromodulators)
- Classes:
 - Acetylcholine
 - Amines
 - Amino acids
 - Peptides
 - Purines
 - Gases
 - Lipids

The Neurotransmitters

- Acetylcholine
 - Derived from choline & acetyl CoA
 - binds to cholinergic class of receptor which may be
 - Nicotinic
 - Ion channel receptor (Na^+/K^+)
 - Skeletal muscle, CNS and ANS
 - Agonist = nicotine
 - Antagonist = curare & α -bungarotoxin
 - Muscarinic
 - GPCR
 - Mainly in smooth muscle and cardiac muscle
 - Receptors also in CNS and glands (both exo & endocrine)
 - Agonist = muscarine, Antagonist = atropine
 - Used widely
 - By all preganglionic neurons in autonomic nervous system (ANS)
 - By all postganglionic neurons of the parasympathetic system of the ANS



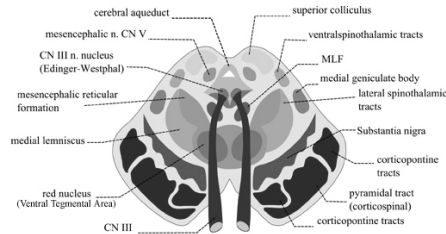
Bungarus multicinctus

The Neurotransmitters

• Amines

- Derived from single amino acid tyrosine
- Function as neurohormones:
 1. Dopamine produced in the brain (substantia nigra, ventral tegmental area [VTA] & hypothalamus (where it inhibits release of prolactin))
 - Binds to dopamine receptors (at least 5)
 - GPCR
 - Targets the CNS
 - » In the substantia nigra it is involved in reward, cognition as well as a major player in muscle control (death of dopamine producing neurons in the substantia nigra is responsible for Parkinson's Disease)
 - » In the VTA it is implicated in reward, cognition, motivation & addiction

however given orally, dopamine will act as a sympathomimetic, increasing heart rate and blood pressure, but will not affect CNS as it does not cross the BBB



The Neurotransmitters

Amines, cont...

2. Norepinephrine
3. Epinephrine
 - Produced in the adrenal medulla
 - Bind to adrenergic receptors (α, β)
 - GPCR
 - Affects smooth & cardiac muscle tissue as well as exo and endocrine glands
4. Serotonin – from tryptophan (aa)
 - Binds to serotonergic receptors (at least 20 different ones so far)
 - Activates ICR that regulate Na^+/K^+
 - LSD is an antagonist
 - In CNS Functions in various functions, including the regulation of mood, appetite, sleep, muscle contraction, and some cognitive functions including memory and learning
 - Most of serotonin is produced by the enteroendocrine system (gut) in regulation of digestive function
5. Histamine – from histidine (aa)
 - Binds to histamine receptors (GPCRs) in the CNS, PNS and system wide
 - In CNS modulate sleep
 - 4 receptors to date ($\text{H}_1\text{-H}_4$)
 - Antagonists in CNS will induce sleepiness (antihistamines)

The Neurotransmitters

• Amino Acids

Four major amino acids functioning as NT's in the CNS

1. Glutamate

- Most abundant excitatory NT in the CNS
- Involved in long term potentiation or synaptic plasticity
- Binds to Glutaminergic ionotropic (iGluR) class of receptors
 - AMPA (α -amino-3-hydroxy-5methyl-4-isoxazole propionic acid) which is a ICR that controls Na^+ and K^+
 - NMDA (N-methyl-D-aspartate) which is an ICR that controls Na^+ , K^+ , Ca^{2+} movement
- Long Term Potentiation (LTP)
 - Binding to NMDA receptors causes the cell to increase the density of AMPA receptors

2. Aspartate binds to NMDA receptors, but can also be an excitotoxin!

The Neurotransmitters

• Amino Acids

3. GABA

- Main inhibitory NT of the brain
- Binds to GABA receptors which are ICRs, that control Cl^-
 - antagonist = picrotoxin (Indian Berry)
 - » It is non-competitive
 - » Strong convulsive effects
 - Potentiators = alcohol, benzodiazepene & barbituates (also block the AMPA receptors for glutamate!)



4. Glycine

- Main inhibitory NT of the spinal cord, brain stem and retina
- A co-agonist with glutamate on NMDA receptors (in an excitatory role)
- An antagonist is strychnine – causing convulsions, and possibly death due to asphyxiation



Benzodiazapenes - Cause we all need to relax a little more!

- Over 80 different drugs that utilize it with most being antianxiety, anticonvulsive, hypnotic in effect!

	<u>Bromazepam</u> • <u>Camazepam</u> • <u>Chlordiazepoxide</u> • <u>Cinolazepam</u> • <u>Clonazepam</u> • <u>Clozarazepate</u> • <u>Cyprazepam</u> • <u>Delorazepam</u> • <u>Diazepam</u> • <u>Doxefazepam</u> • <u>Eflazepam</u> • <u>Etidiazepam</u> • <u>Etidiazepoxide</u> • <u>Etidiazepoxide</u> • <u>Fludiazepam</u> • <u>Fludiazepam</u> • <u>Flurazepam</u> • <u>Flutemazepam</u> • <u>Flutoprazepam</u> • <u>Fosazepam</u> • <u>Gidazepam</u> • <u>Halazepam</u> • <u>Ildazepam</u> • <u>Loprazepam</u> • <u>Lorazepam</u> • <u>Lormetazepam</u> • <u>Meclonazepam</u> • <u>Medazepam</u> • <u>Menitrazepam</u> • <u>Metaciazepam</u> • <u>Nimetazepam</u> • <u>Nitrazepam</u> • <u>Nitrazepate</u> • <u>Nordazepam</u> • <u>Oxazepam</u> • <u>Phenobarbital</u> • <u>Prazepam</u> • <u>Devazepam</u> • <u>Prazepam</u> • <u>Profazepam</u> • <u>Quazepam</u> • <u>QH-II-66</u> • <u>Reclazodrine</u> • <u>Sulazepam</u> • <u>Tamazepam</u> • <u>Tetraazepam</u> • <u>Uridazepam</u>
1,4-Benzodiazepines	
1,5-Benzodiazepines	<u>Arfendazepam</u> • <u>Clobazam</u> • <u>Lofendazepam</u> • <u>Trifluazepam</u>
2,3-Benzodiazepines	<u>Grisopiam</u> • <u>GYKI-52466</u> • <u>GYKI-52895</u> • <u>Nerisopiam</u> • <u>Tofisopiam</u>
Triazolobenzodiazepines	<u>Adinazolam</u> • <u>Alprazolam</u> • <u>Estazolam</u> • <u>Triazolam</u>
Imidazobenzodiazepines	<u>Brotazepam</u> • <u>Climazolam</u> • <u>Flumazenil</u> • <u>Imidazepam</u> • <u>L-655 708</u> • <u>Loprazolam</u> • <u>Midazolam</u> • <u>PWZ-029</u> • <u>Ro15-4513</u> • <u>Ro48-6791</u> • <u>Samazenil</u> • <u>SH-053-R-CH3-2F</u>
Oxazolobenzodiazepines	<u>Cloxazolam</u> • <u>Flutazolam</u> • <u>Haloxazolam</u> • <u>Mexazolam</u> • <u>Oxazolam</u>
Thienodiazepines	<u>Brotizolam</u> • <u>Cotizololam</u> • <u>Cotiazepam</u> • <u>Ebzolam</u>
Pyridodiazepines	<u>Zapizolam</u> • <u>Lopirazepam</u>
Pyrazolobenzodiazepines	<u>Ripazepam</u> • <u>Zolazepam</u> • <u>Zomebazam</u>
Pyrrolidodiazepines	<u>Premazepam</u>
Benzodiazepine Prodrugs	<u>Avizafone</u> • <u>Rimazafone</u>
Others	<u>Benzazepam</u> • <u>Devazepoxide</u> • <u>Ketazolam</u> • <u>Racozabam</u> • <u>Tifluodolom</u>

The Neurotransmitters

- Purines (adenosine, AMP, ATP)
 - All bind to purinergic receptors
 - Adenosine
 - Involved in sleep
 - Levels of adenosine rise continuously after awaking, eventually shutting you down
 - Bind to adenosine receptors which are GPCRs and modulate the activity of adenylyl cyclase
 - 2 adenosine receptors inhibit adenylyl cyclase activity
 - 2 adenosine receptors increase adenylyl cyclase activity
 - AMP & ATP
 - Bind to receptor (GPCRs) and modulate intracellular levels of Ca^{2+} and cAMP
 - As adenosine depending on receptor, may have + or - effect

The Neurotransmitters

- **Peptides**
 - Usually two amino acids such as
 - May function as NT's as well as neurohormones
 - CCK (cholecystokinin)
 - Vasopressin
 - Atrial Natriuretic Peptide (ANP)
 - May also be involved with neuromodulation in pain/analgesic pathways
 - Substance P - pain
 - Enkephalins
 - Endorphins

The Neurotransmitters

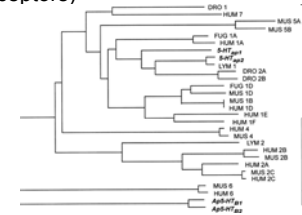
- **Gases**
 - NO, CO and H₂S
 - There is relatively little known about these as neurotransmitters
 - NO was named “molecule of the year” in 1992 as realization regarding it’s very widespread effects in immunology, physiology, & neuroscience
 - What is known about NO is
 - It was found that NO acts through the stimulation of guanylate cyclase with subsequent formation of cyclic GMP.
 - Cyclic GMP activates protein kinase G
 - which caused phosphorylation of myosin light chain phosphatase which then inactivates myosin light-chain kinase
 - causing smooth muscle relaxation

The Neurotransmitters

- **Lipids**
 - Eiconoid neurocrines that bind to cannabinoid receptors (so called because....)
 - There are two receptors
 - CB₁ which are in the brain & are linked to the psychoactive nature of marijuana
 - CB₂ which are mostly peripheral and associated with the immune system
 - » These may mediate inflammation and pain
 - » CB₂ Don't cause any psychoactive issues

The Process of Synaptic Transmission

- Receptor types
 - Determine effect on postsynaptic membrane
 - There are multiple subtypes (isoforms) of receptors for each neurotransmitter (except gases)
 - Two basic types of receptors
 - Ionotropic (ion channel-receptors)
 - Metabotropic (G-protein coupled receptors)
- Why?
 - Allows for one NT to have multiple effects
 - Handy when you have only one autonomic nervous system!
 - Serotonin has over 20 different receptor types identified!

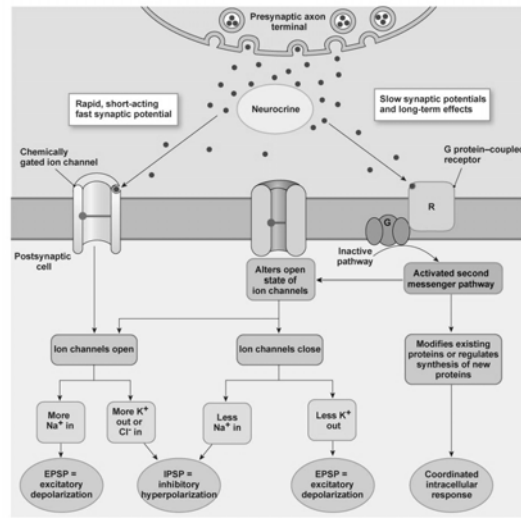


The Process of Synaptic Transmission

- Physiology of the Cholinergic & Adrenergic receptors
 - Cholinergic may be nicotinic or muscarinic
 - Both bind acetylcholine
 - Binding events differ vastly!
 - Nicotinic receptors are ICR (Na^+ / K^+) and are found mainly in skeletal muscle, Autonomic Division (aka ANS) of the PNS and in the CNS
 - » Excitatory as depolarization occurs upon binding
 - Cholinergic receptors are GPCR and are found in the CNS and ANS
 - » Reaction varies with receptor subtype and effect secondary messenger pathways

The Process of Synaptic Transmission

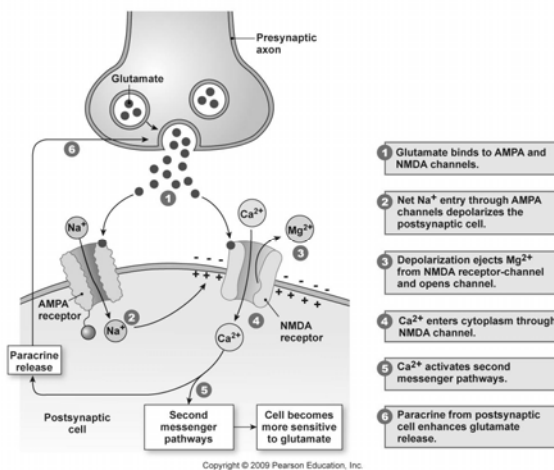
- The glutamatergic receptors
 - AMPA
 - ICR that cause depolarization (Na^+ influx =excitatory) upon binding of glutamate
 - NMDA
 - ICR channels that are trivalent cation channels
 - Na^+ , K^+ and Ca^{2+} can pass through BUT
 - » Co activation by glutamate and a depolarizing event are required
 - » Glutamate partially opens channel
 - » Depolarization causes Mg^{2+} to be removed, opening the channel completely
 - » Aspartate can also bind to the NMDA receptors



The Process of Synaptic Transmission

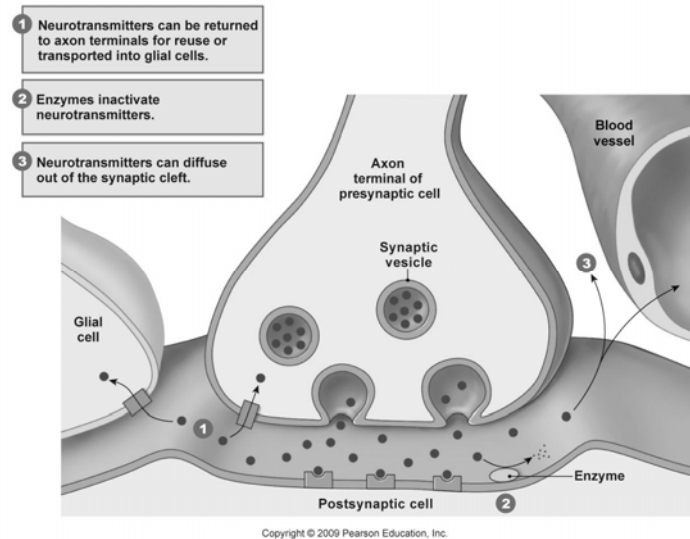
- Rate of Responses
 - With ICRs, ion flow is typically fast
 - Ligand binds, channel opens
 - Typical EPSPs and IPSPs
 - With GPCRs
 - The intracellular change is slower
 - If the change is an electrical change, it is a slow synaptic potential
 - can be used for long term changes in potentiation

Long Term Potentiation



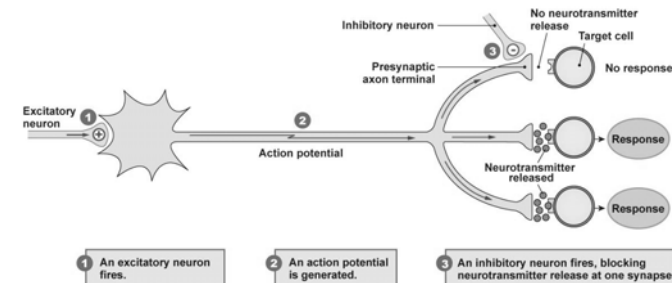
Stopping the Process of Synaptic Transmission

- Forever is bad when it comes to NT binding!
 - Thankfully, binding follows rules
 - Reversible
 - Equilibrium
 - Meaning if the presynaptic neuron “re-uptakes” it’s NT, the NT bound to the receptor has to leave to maintain equilibrium
 - Removal can be
 - Diffusion
 - Enzymatic activity in synaptic cleft
 - Removal of receptors will limit the effect as well



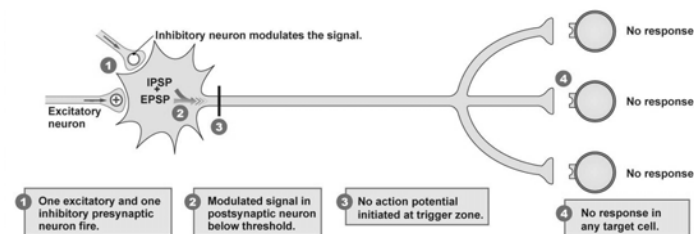
Presynaptic vs Postsynaptic Modulation of Activity

- Presynaptic modulation take place at the axon terminal near the synaptic bulb
 - Allows for local or specific control of that synaptic bulb and associated post-synaptic receptors
 - May be inhibitory or excitatory



Presynaptic vs Postsynaptic Modulation of Activity

- Post-synaptic modulation takes place at the cell and controls the axon hillock and is therefore
 - Less specific
 - If excitatory all synapses are effected
 - If inhibitory all synapses are effected



Next Time

- Nervous System