# Cell & Molec. Neuro. Tools:

How to measure & localize gene/protein expression? How to knock down/up specific gene? How to identify/target neurons? How to target a specific neuron type? How to kill a neuron?

synthetic pathway? degradation pathway? where are components located?

# **Monoamines**

1. Review Basic Monoamine Neurochemistry

- synthetic pathway?
- degradation pathway?
- where are components located?

2. Implications for gene expression/protein localization by monoamine neurons:

- · Saporin-DBH antibodies to lesion norepi & epi cells
- Specific knockout of dopamine vs. norepi & epi
- Transcriptional control of serotonergic genes

## **Biogenic Amines**

Catecholamines, Serotonin, & Histamine

Localization, Anatomy

Synthesis & Degradation

Regulation

Receptors

Drugs

**Disorders/Model Systems** 

# **Monoamines**

catecholamines: dopamine norepinephrine epinephrine

indolamines serotonin melatonin

modified amino acids (tyrosine, tryptophan) that act as neurotransmitters or hormones

# Catecholamines

catechol group with an amine attached

dopamine

norepinephrine (noradrenaline)

epinephrine (adrenaline)

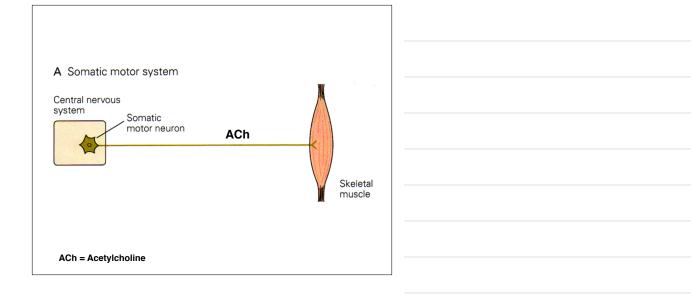
modified amino acids that act on 7-transmembrane domain G-protein-coupled receptors

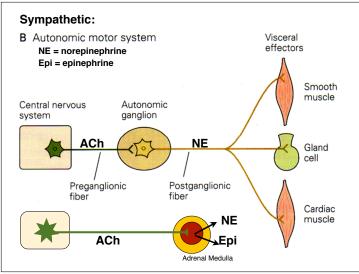
# **Peripheral Anatomy of Catecholamines**

Sympathetic nervous system

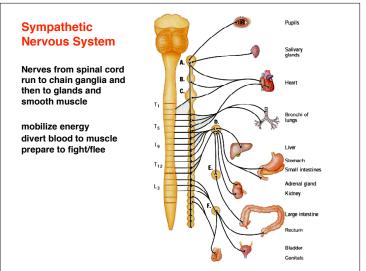
- part of autonomic nervous system
- "fight or flight response" -- ability to expend energy
- preganglionic motor neurons in lateral horn of spinal cord short axons synapse onto pre- or para-vertebral column
- release acetylcholine onto postganglionic neurons
- postganglionic neurons release norepinephrine onto target tissues
- also release acetylcholine onto adrenal medulla of adrenal gland (a modified sympathetic ganglion) to cause release of norepinephrine and epinephrine into the bloodstream.

(several notable exceptions to use of Norepi by SNS)

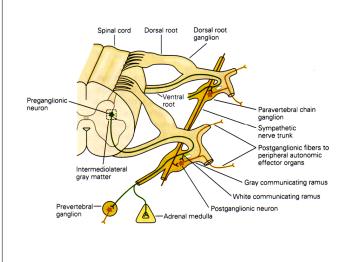














# Effects of Norepi/Epi on Peripheral Tissues

via adrenergic receptors

- bronchial airways expand
- intestinal peristalsis halts
- · heart rate and cardiac output increases
- · vasodilation in striated muscle, heart, lung
- vasoconstriction in smooth muscle (gut, skin)

# NB: same transmitter can have opposite effects on different target tissues

Epinephrine more potent than Norepi Epinephrine causes glucose release from liver

Norepinephrine		
Adrenergic $\alpha_1$	Contractile effects of NE on smooth muscle, especially	↓ cAMP
α	blood vessels, urogenital,	<b>v</b> 0/1111
	and sphincter muscles	Blocker: Yohimbine
Adrenergic α <sub>2</sub>	Presynaptic control (inhibitory) of release of NE, ATP, and ACh from nerve terminals	
Adrenergic $\beta_1$	Stimulatory effects of NE and circulating epinephrine on heart	
Adrenergic $\beta_2$	Relaxant effects of NE on smooth muscle in gastrointesti-	↑ cAMP
β	nal tract, urinogenital system, and airways	
Adrenergic $\beta_3$	Stimulate release of free fatty acids from adipose tissue	Blocker: Propanolol Agonist: Isoproterend

imbine

Pheochromocytoma model system for catecholamines tumor of adrenal medulla oversecretion of norepinephrine and epinephrine hypertension, headache, diabetes mellitus, panic attacks rare in humans, common in rats



PC12 cells are an immortalized adrenal cell line for studying catecholamines

#### **Central Anatomy of Catecholamines**

Limited to discrete nuclei ("A" and " C" groups ) with long projection axons (different from Glutamate and GABA, which are ubiquitous)

#### Dopamine

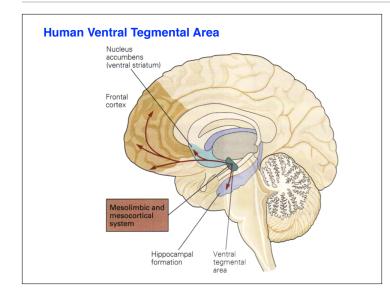
Ventral Tegmental Area = reward, cognition Substantia Nigra = motor control hypothalamus = pituitary control

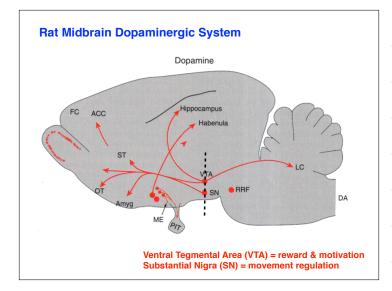
## Norepinephrine

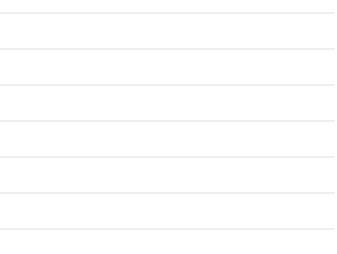
brainstem = cardiovascular, autonomic nuclei Locus Ceuruleus = altertness and stress

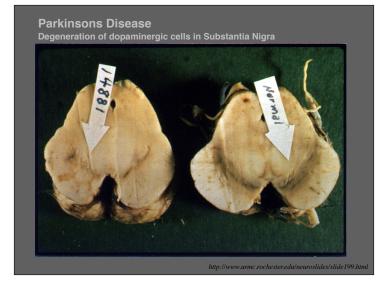
## Epinephrine C1 & C2

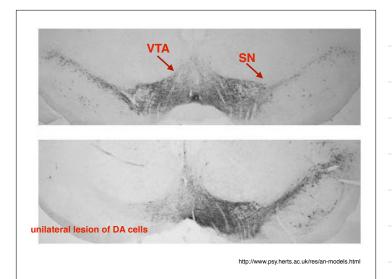
brainstem = cardiovascular nuclei

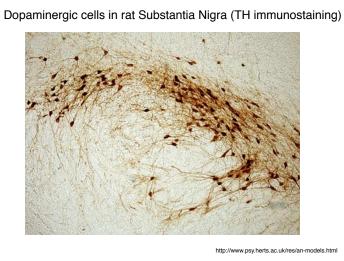


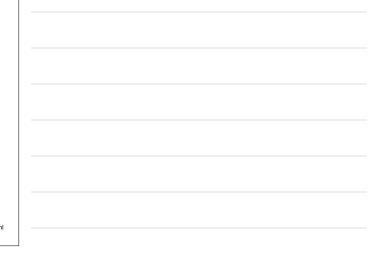


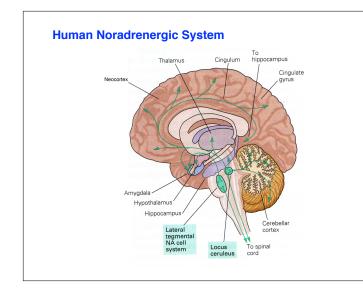




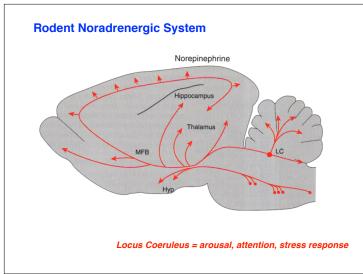


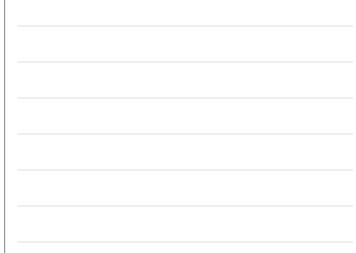






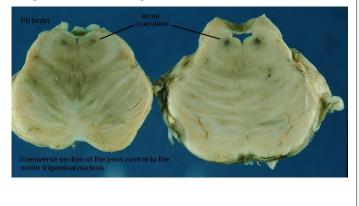






#### **Parkinsons Disease**

Degeneration of noradrenergic cells in Locus Coeruleus



http://medweb.bham.ac.uk/http/depts/clin\_neuro/teaching/tutorials/parkinsons/coeruleus.jpg

# **Central Anatomy of Catecholamines**

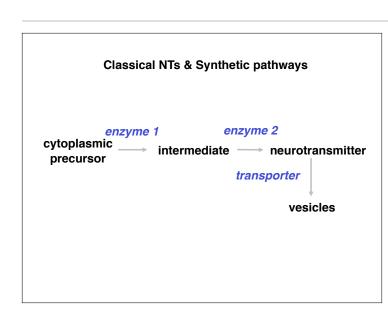
Limited to discrete nuclei ("A" and " C"groups ) with long projection axons (different from Glutamate and GABA, which are ubiquitous)

Note parallels to Sympathetic System

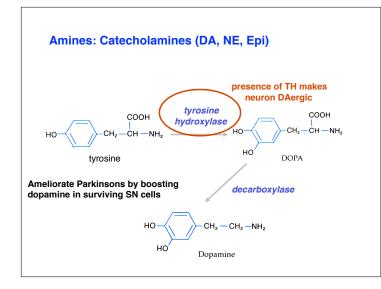
Norepinephrine brainstem = cardiovascular nuclei Locus Ceuruleus = altertness and stress

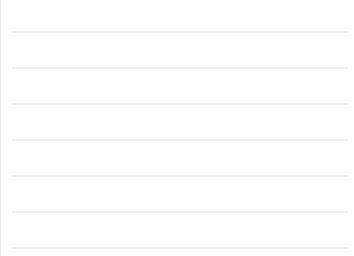
# Epinephrine C1 & 2

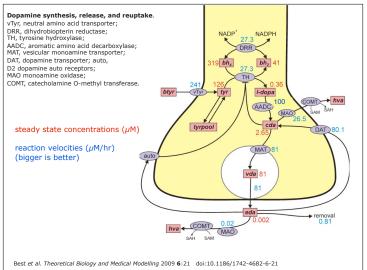
brainstem = cardiovascular nuclei

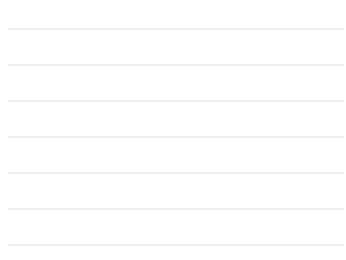


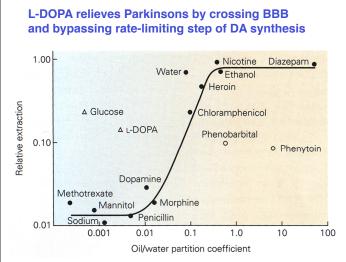
Synthesis of Cat	techolamines
tyrosine	
ļ	TH tyrosine hydroxylase rate limiting
L-DOPA	
ļ	AADC L-aromatic acid decarboxylase
dopamine	
ļ	<b>DBH</b> dopamine $\beta$ hydroxylase
norepinephrine	
ļ	PNMT phenyl-ethanolamine-N-methyl-transferase
epinephrine	·····,

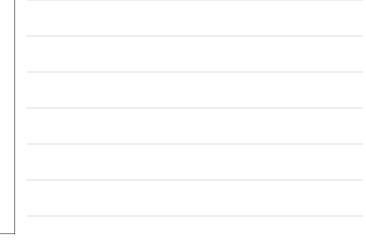


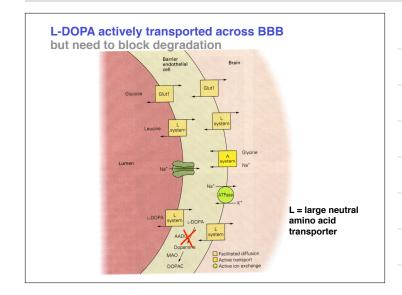


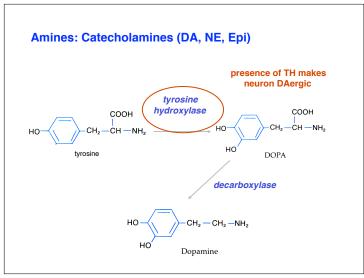




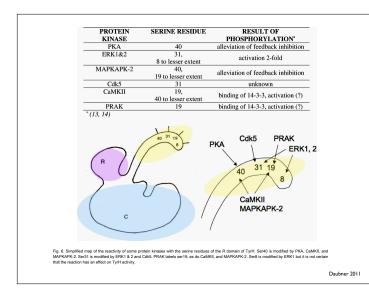




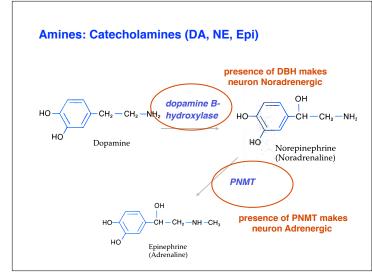


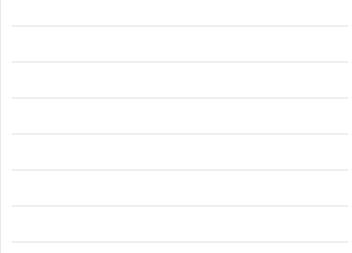


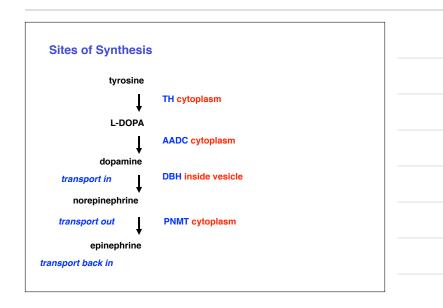


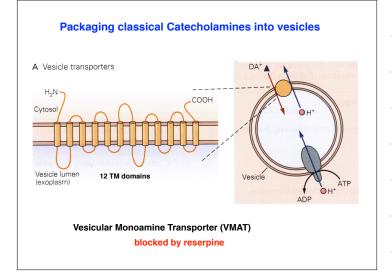












# **Dopamine Receptors**

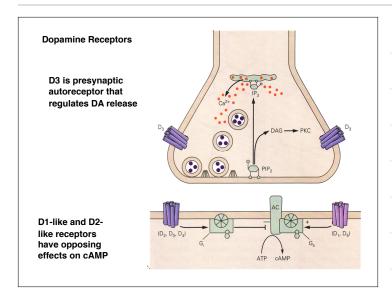
D1-like: D1, D5 D2-like: D2, D3, D4

Identified in 2 ways:

action of specific drugs on subsets of receptors

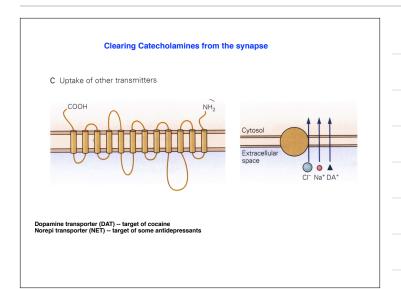
cloning of unique receptor genes

screening of orphan receptors



	D1	D <sub>2</sub>	D <sub>3</sub>	$D_4$	D <sub>5</sub>
Molecular structure	Seven membrane- spanning regions	Seven membrane- spanning regions	Seven membrane- spanning regions	Seven membrane- spanning regions	Seven membrane spanning regions
Effect on cyclic AMP	Increases	Decreases	Decreases	Decreases	Increases
Agonists	SKF 38393	Bromocriptitine	7-OH-DPAT	?	SKF 38393
Antagonists	SCH 23390 Phenothiazines Thioxanthenes Butyrophenones	Sulpiride Phenothiazines Thioxanthenes Butyrophenones	UH232		SCH 23390
		Clozapine	Clozapine	Clozapine	

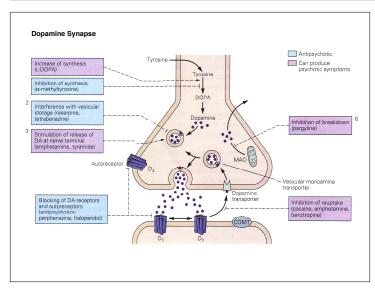




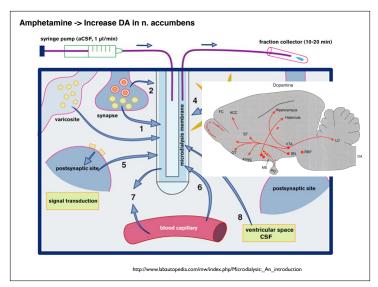
## **MPTP-induced Parkinsonism**

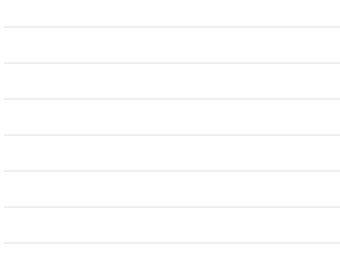
(1-methyl 4-phenyl 1,2,3,6-tetrahydropyridine)

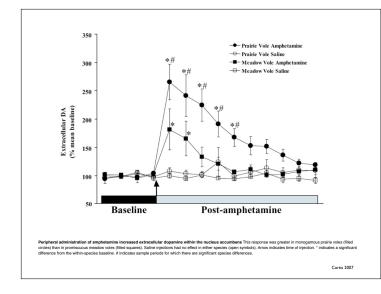
- Parkinson's Disease: tremor and rigidity due to death of dopamine cells in substantia nigra
- Demerol (opiate) addicts screwed up synthesis, produced MPTP
- MPTP taken up by dopamine cells via DAT, metabolized by MAOB to form MPP+
- MPP+ very toxic, kills cells (but only cells with DAT)
- Drug addict gets Parkinsons Disease



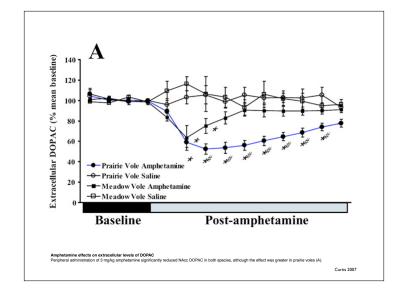


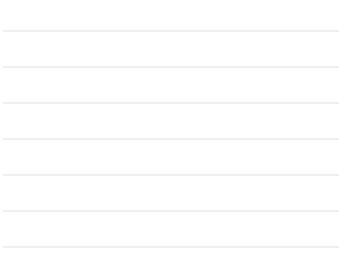


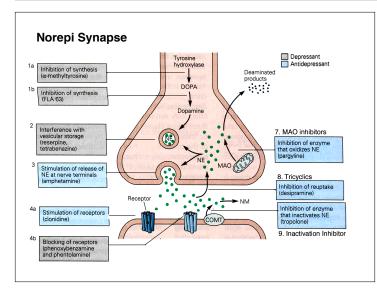


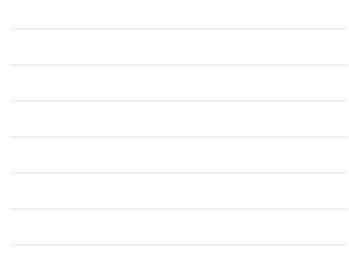












# Identification of Catecholamine cells

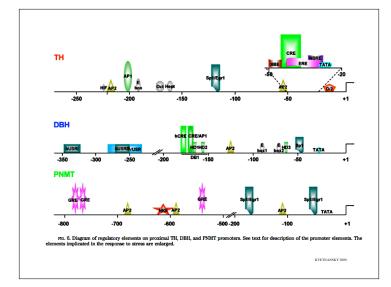
AADC very common MAOs very common

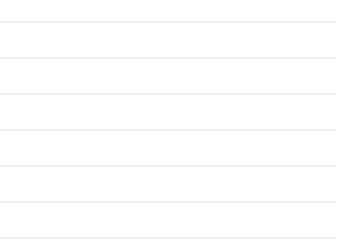
TH - DA, NE, Epi cells DBH - NE, Epi cells PNMT - Epi cells

DAT - DA cells NET - NE cells VMAT - DA, NE, Epi, and serotonin cells

All of these genes are being investigated for polymorphisms in psychiatric illnesses

TH	AADC	DBH	PNMT	VMAT	DAT	NET	MAC
	+						+
+	+			+	+		
+	+	+		+		+	
+	+	+	+	+			
	+	+ + + + +	+ + + + + +	+ + + + +	+ + + + +	+ + + + + + +	+ -





#### Some catecholamine drugs to know:

L-DOPA - enhance DA synthesis reserpine - deplete catecholamines amphetamine - stimulate DA release, block uptake cocaine - block DA uptake 6-OH-dopamine - lesions DA terminals haloperidol - dirty D2 blocker clozapine - more specific D2 blocker

# **Monoamines**

catecholamines: dopamine norepinephrine epinephrine

indolamines serotonin melatonin

modified amino acids (tyrosine, tryptophan) that act as neurotransmitters or hormones

## **Peripheral Anatomy of Serotonin (5HT)**

blood-borne regulation of vasoconstriction, blood pressure, and gut motility

Synthesized by enterochromaffin cells of gut and mast cells.

Taken up (via 5HT transporter) into platelets and other cells.

Also taken up by NE transporter into NE nerve terminals.

#### carcinoid tumors:

GI tumors which oversecrete 5HT and other peptides -> hypertension, nausea, & high levels of 5HIAA in urine

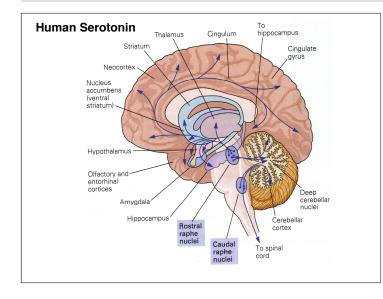
# Central Anatomy of Serotonin

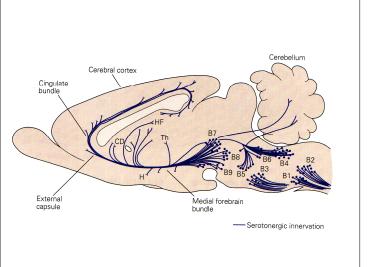
Limited to discrete nuclei ("B" groups ) with long projection axons Synthesized by TPH2 enzyme (TPH1 in periphery)

Brainstem = descending motor, pain, and autonomic modulation

Pons and Midbrain = forebrain projections dorsal and median raphe

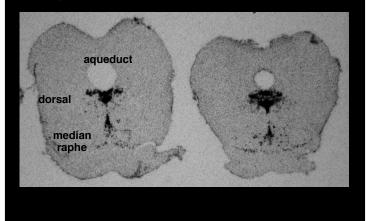
alertness, mood, hypothalamic regulation



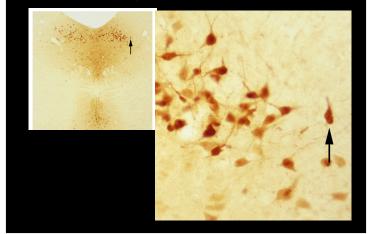


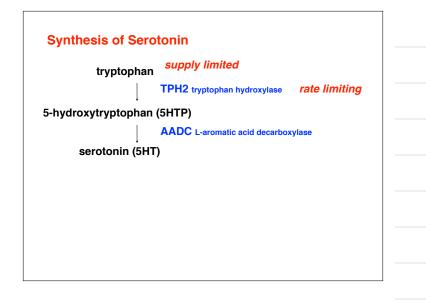


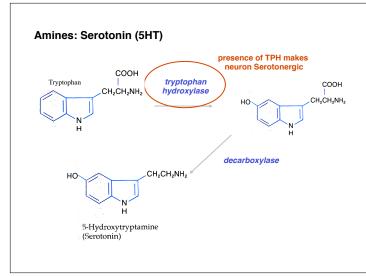
# Cell bodies that express mRNA for serotonin transporter

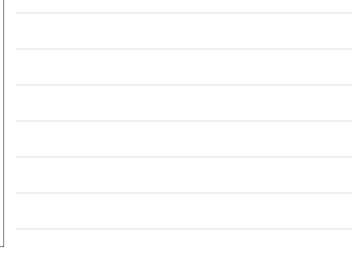


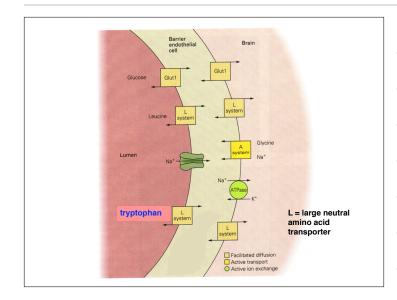
Cell bodies that synthesize serotonin

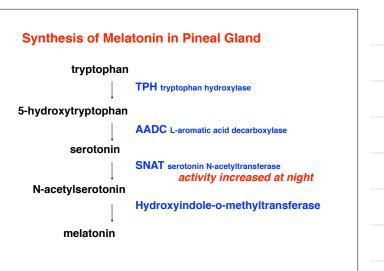


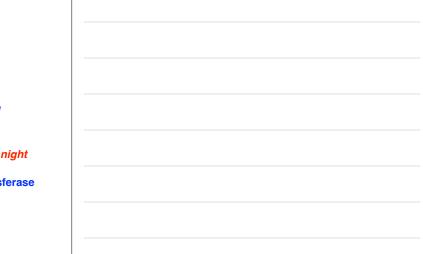


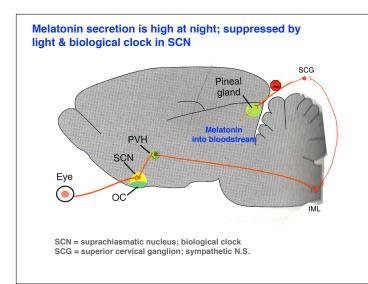


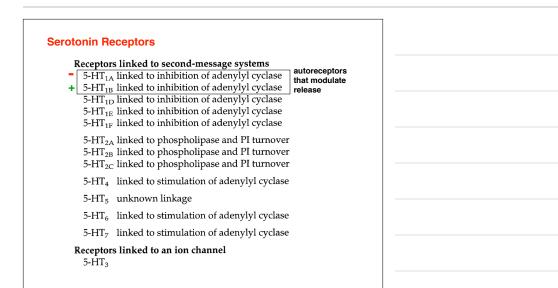












#### **Behaviors mediated by Serotonin Receptors**

5HT-1a knockout - less reactive, more anxious, and possibly less aggressive

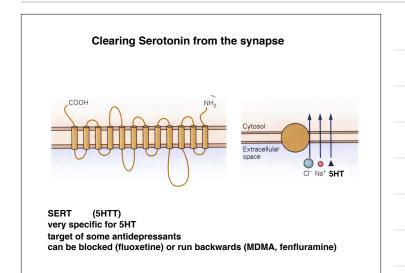
5HT-1b knockout - more aggressive, more reactive, and less anxious

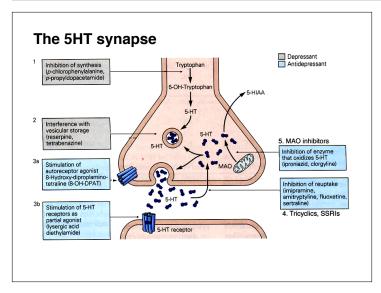
5HT-2c knockout - obese

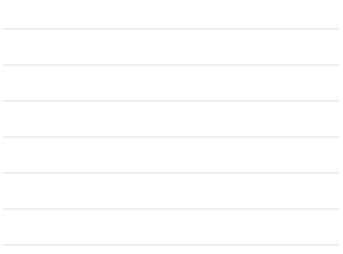
5HT-5a knockout - enhanced exploration



- 1. Re-uptake into presynaptic cell via SERT
- 2. Degradation by MAOs on mitochondria inside cells monoamine oxidase A 5HT-> 5HIAA







## Some Serotonergic Drugs

PCPA - blocks TPH

reserpine - blocks vesicular transporter

6-OH-DPAT - stimulates release presynaptically

LSD - stimulates postsynaptic receptors

fluoxetine - (Prozac) selective serotonin reuptake inhibitor (SERT)

MAOIs - blocks MAO

fenfluramine - SERT releaser (norfenfluramine = 5HT2C agonist)

MDMA (ecstasy) - SERT releaser

