Central Neurotransmission	
by the end of this lecture you should be able to • predict the consequences of giving drugs which interact with CNS neurotransmission	

8yr old farm Collie
<ul> <li>dosed with pour-on ivermectin 2 d ago</li> </ul>
• ataxia
• blind
tremors
<ul> <li>hypersalivation (may have vomited)</li> </ul>
<ul> <li>generally depressed</li> </ul>

definitions	
<ul> <li>neurotransmitter         <ul> <li>acts rapidly, briefly &amp; at short range</li> </ul> </li> </ul>	
<ul> <li>neuromodulator         <ul> <li>act more slowly and further away</li> <li>responsible for most synaptic plasticity</li> </ul> </li> </ul>	
<ul> <li>not always from neurones</li> </ul>	





















glutamate	]
<ul> <li>energy metabolism</li> <li>excitotoxicity</li> </ul>	

neurotransmitters
orv
mate
ory
<b>A</b>
10
holamines
either
osine / ATP

GABA / glycine receptors	
• GABA	
glycine	
<ul> <li>postsynaptic chloride channels</li> </ul>	
• GABA <sub>B</sub>	
<ul> <li>presynaptic, G protein coupled</li> </ul>	
glycine / NMDA	
- on NMDA receptor	
<ul> <li>glutamate (nematodes)</li> </ul>	



GABA / glycine receptors
• GABA
• glycine
<ul> <li>postsynaptic chloride channels</li> <li>GABA<sub>B</sub></li> </ul>
- presynaptic, G protein coupled
- on NMDA receptor
<ul> <li>glutamate (nematodes)</li> </ul>

|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|



noradrenaline	
<ul> <li>mostly postsynaptic α2</li> </ul>	
<ul> <li>mostly inhibitory</li> <li>alertness, pain, blood pressure</li> </ul>	
alertitess, pain, blood pressure	

imidazolines  • I1  - blood pressure • I2  - depression?? MAO	
• I3 – insulin release	

dopamine - currently 5 receptors - D2 - reward pathway - pituitary hormone release - nigrostriatal pathway - vomiting	
---	--

5HT receptors in brain
• 5HT <sub>1A</sub> - mood / emotion, pain?
<ul> <li>5HT<sub>1C</sub> - CSF secretion, motor function</li> <li>5HT<sub>4D</sub> - motor function</li> </ul>
• 5HT <sub>2</sub> - stereotypy, mood / emotion,
hallucinations <ul> <li>5HT<sub>3</sub> - anxiety, emesis, pain?</li> </ul>
• + 9 other subtypes!

reuptake inhibitors	
human antidepressants     used to alter animal behaviour	

other fast transmitters • acetylcholine	
<ul> <li>- nAChR, mAChR</li> <li>histamine</li> <li>- H1, H2, H3</li> <li>adenosine, ATP, AMP</li> </ul>	

purinergic receptors	]
adenosine	
- A1 and A2 R - G protein coupled	
Presynaptic inhibition     ATP	
<ul> <li>P2x (ionotropic) P2y (metabotropic)</li> </ul>	
<ul> <li>co-transmission in periphery, nociception</li> </ul>	

neuromodulators	
excitatory     – substance P	
– neurokinins A & B – cholecystokinin – nitric oxide, carbon monoxide	
– arachidonic acid / prostaglandins – etc, etc	

neuromodulators	
<ul> <li>inhibitory         <ul> <li>encephalins, morphine - μ, δ R</li> </ul> </li> </ul>	
- some dynorphins - κ R - cannabinoids - CB1, CB2 R - magnesium?	
- zinc??	

adaptive processes			
<ul> <li>cfos, cjun</li> <li>growth factors</li> </ul>			

8yr old farm Collie	
<ul> <li>dosed with pour-on ivermectin 2 d ago</li> <li>ataxia</li> </ul>	
<ul> <li>blind</li> <li>tremors</li> </ul>	
<ul> <li>hypersalivation (may have vomited)</li> <li>generally depressed</li> </ul>	

central neurotransmitters
<ul> <li>glutamate is the main excitatory transmitter</li> </ul>
• glutamate acts at AMPA (fast), NMDA (medium) and mGlu (slow)
<ul> <li>GABA is the main inhibitory transmitter, acting at GABAA receptors</li> </ul>
<ul> <li>neuromodulators act slowly to amplify or reduce transmission</li> </ul>
• noradrenaline, acting a $\alpha_2$ receptors, causes
CNS depression