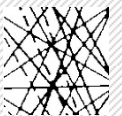




Mechanism of Antipsychotic Action

Specific role of 5-HT₂ and NMDA receptors

› Prof. Dr. Anton J.M. Loonen



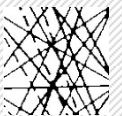
Possible conflict of interest

- › Speakers fee from Servier
- › Unrestricted research grant from Servier

Structure and function of the forebrain

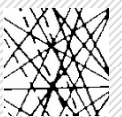
- › Cortical regions for analysis and response
 - Posterior brain for processing input
 - Anterior brain for generating output
 - Temporal lobe for regulating input to output

- › Subcortical and brainstem structures
 - Extrapyramidal structures regulating magnitude and velocity
 - Ascending activating systems regulating awareness and consciousness
 - Ascending brain stem structures regulating alertness and response readiness



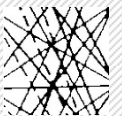
Site of Action of Antipsychotics

- › Extrapyramidal circuits
 - Caudate: antimanic activity
 - Putamen: Parkinsonism, dystonia, dyskinesia
 - Accumbens: Anti-agitation, akathisia
- › Temporal lobe
 - Hippocampal complex: anti-hallucinatory
 - Amygdaloidal complex: anti-delusional
- › Prefrontal cortex
 - Combating negative and cognitive symptoms



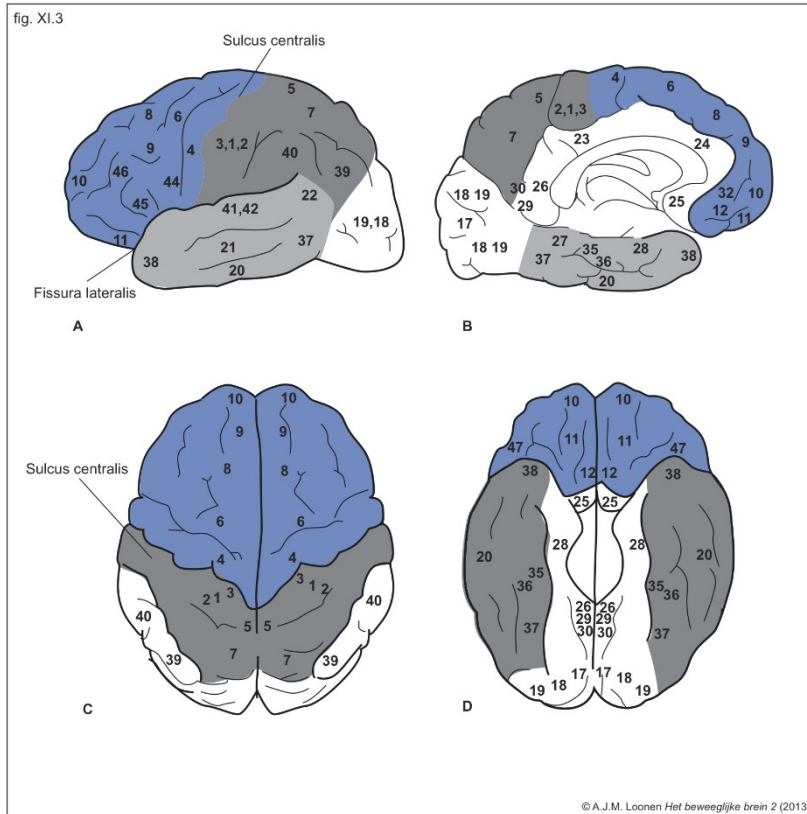
Neurotransmitter systems involved

- › Extrapyramidal systems
 - Glutamate and GABA serially connected
 - Dopamine, norepinephrine and serotonin
- › Temporal lobe
 - Glutamate serially connected
 - GABA interneurons
 - Dopamine
- › Prefrontal cortex
 - Glutamate serially connected
 - GABA interneurons
 - Dopamine, norepinephrine and serotonin

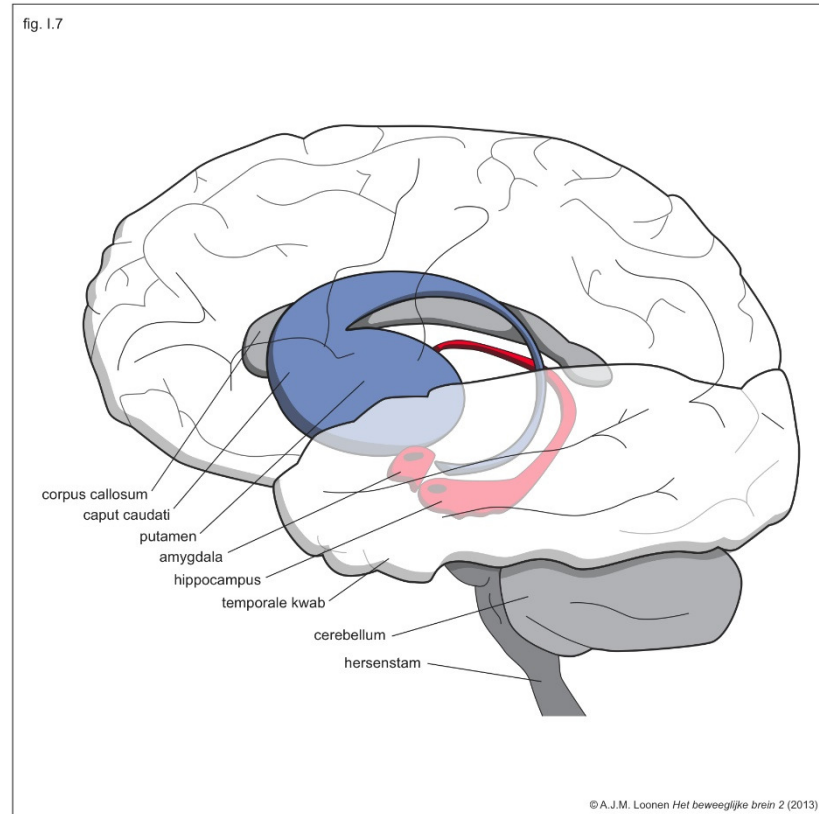


Structure of the forebrain

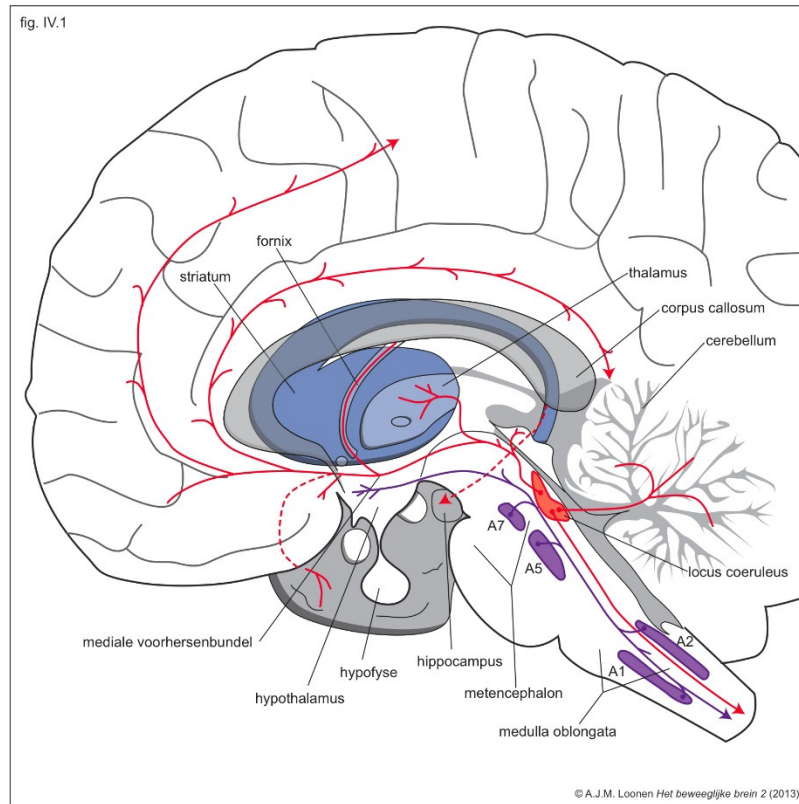
The outer component



The inner component



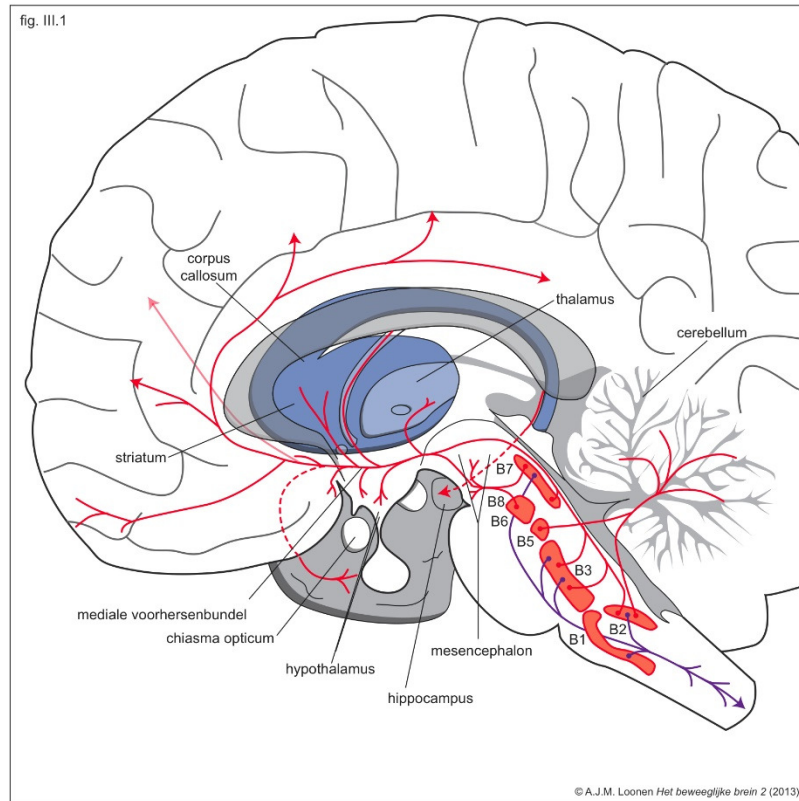
The adrenergic influence on the forebrain



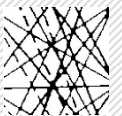
- > Autonomic nuclei
 - Hypothalamus
- > Locus coeruleus complex
 - Basal forebrain
 - Anterior cortex



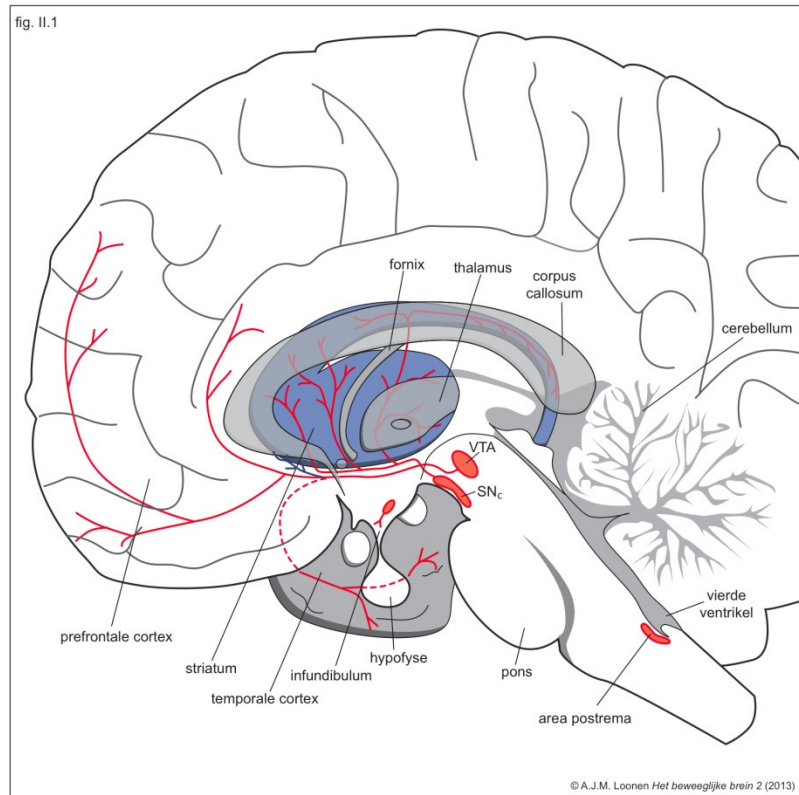
The serotonergic influence on the forebrain



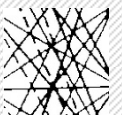
- > Rostral raphe nuclei
 - Basal forebrain
 - Basal ganglia
 - Temporal lobe
 - Frontal cortex
- > Caudal raphe nuclei
 - Cerebellum
 - Spinal cord



The dopaminergic influence on the forebrain

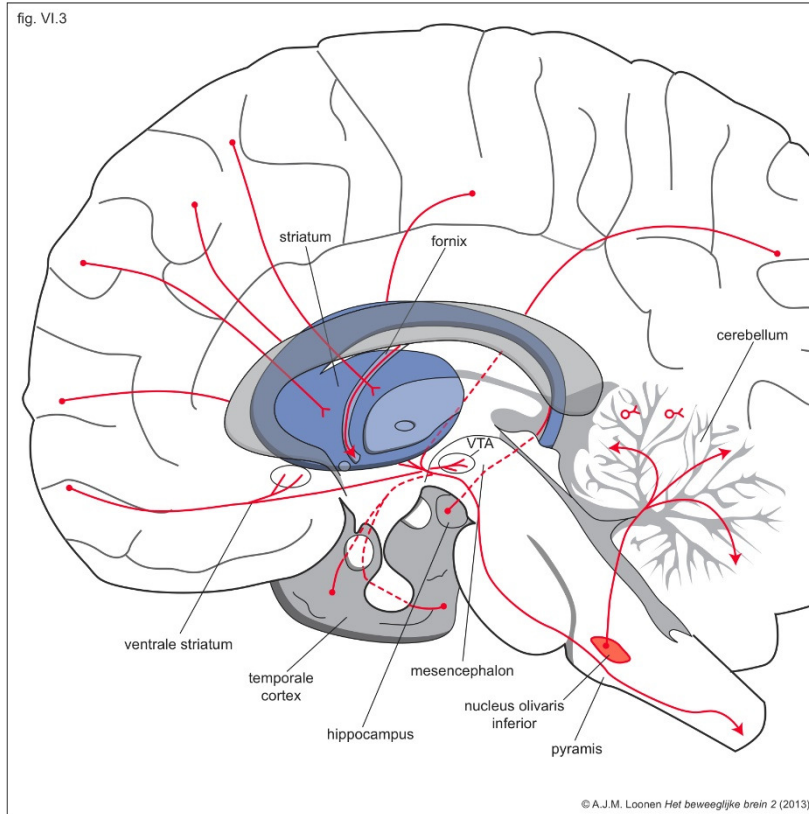


- › Ventrale Tegmental Area (VTA)
 - Basal ganglia
 - Frontal cortex
 - Temporal lobe
- › Substantia nigra pars compacta (SNc)
 - Basal ganglia
- › Area postrema
- › Infundibulum

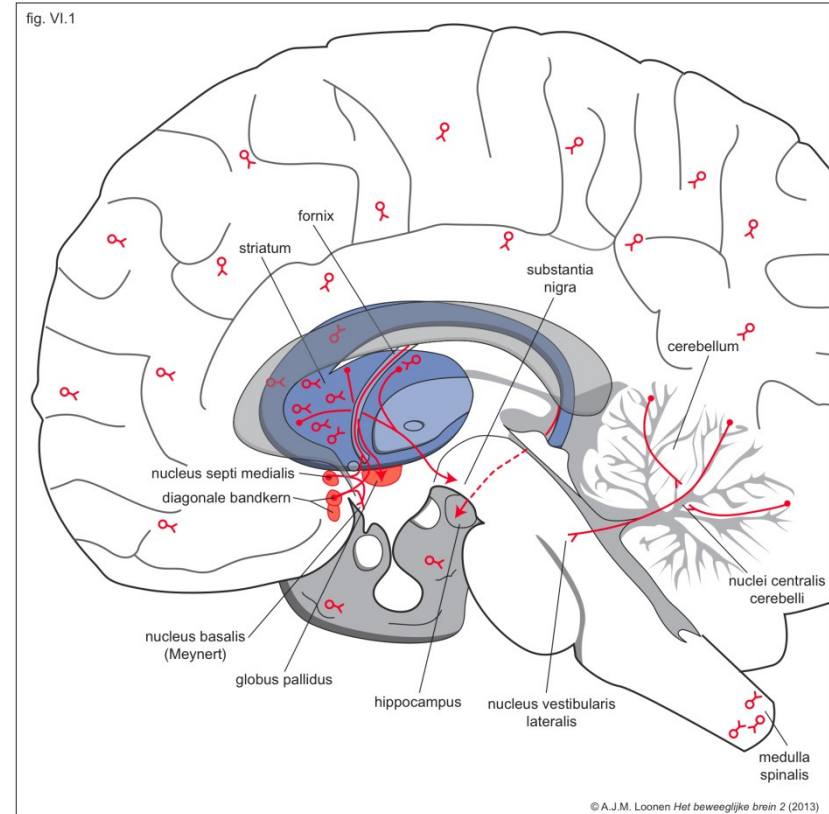


The main players within the forebrain

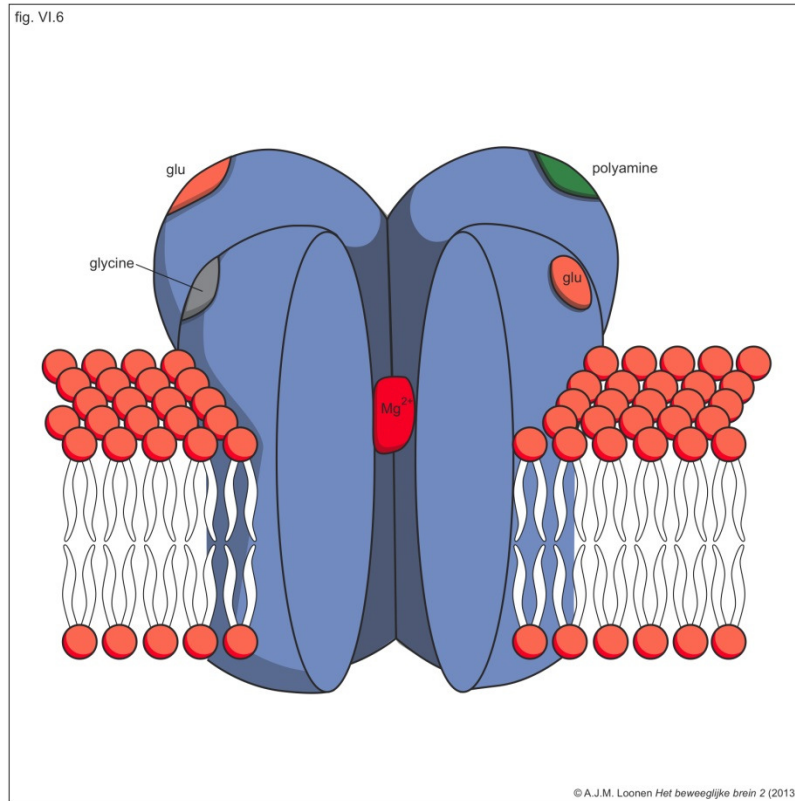
Glutamate



GABA



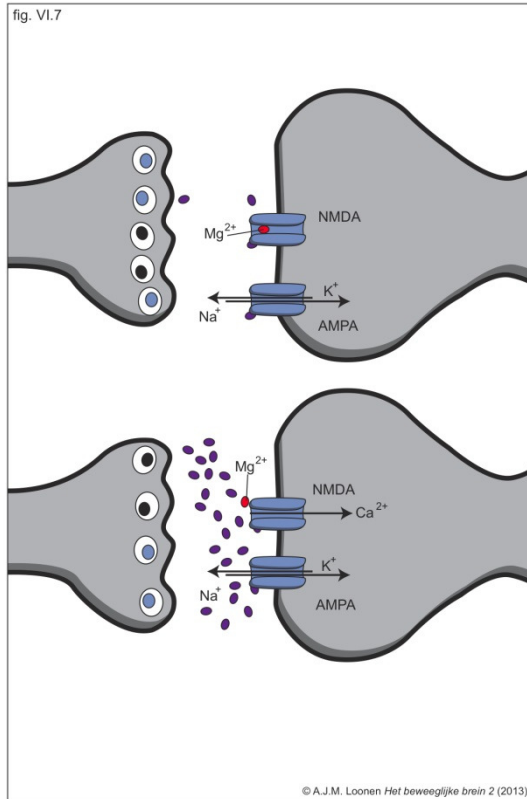
Glutamatergic neurotransmission



- > Ionotropic receptors
 - AMPA
 - **NMDA**
- > Metabotropic receptors
 - mGlu receptors



Long-term potentiation (LTP)

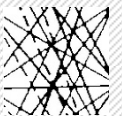


> Normal activation

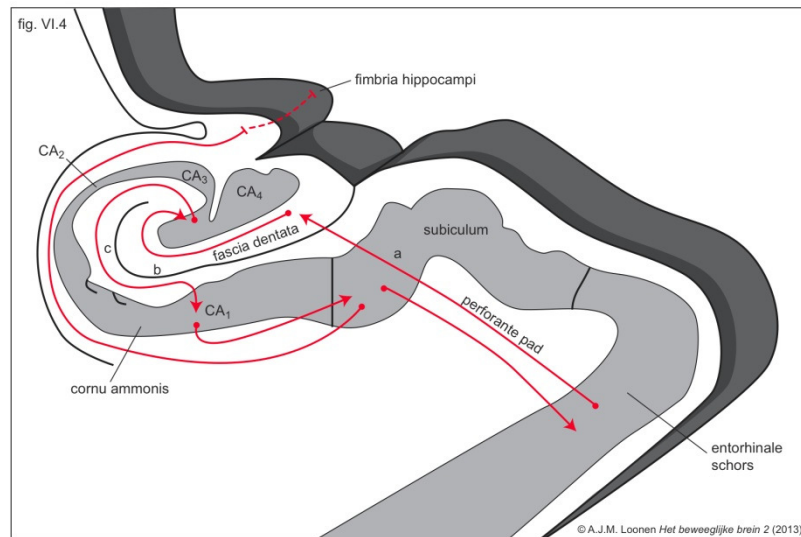
- AMPA receptors
- Na & K flux

> Strong activation

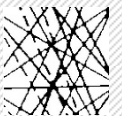
- AMPA receptors
- NMDA receptors
- Also Ca flux



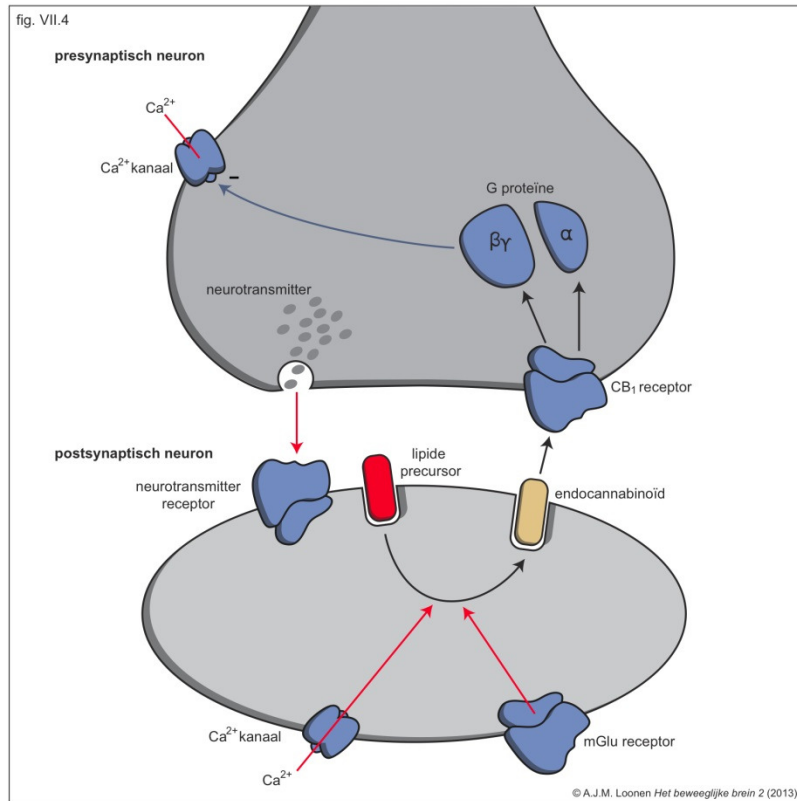
Long-term potentiation (LTP) in hippocampus



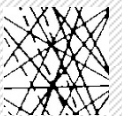
- › Converging fibers
- › Concomitant activity
- › Increased sensitivity
- › Preferred tracks



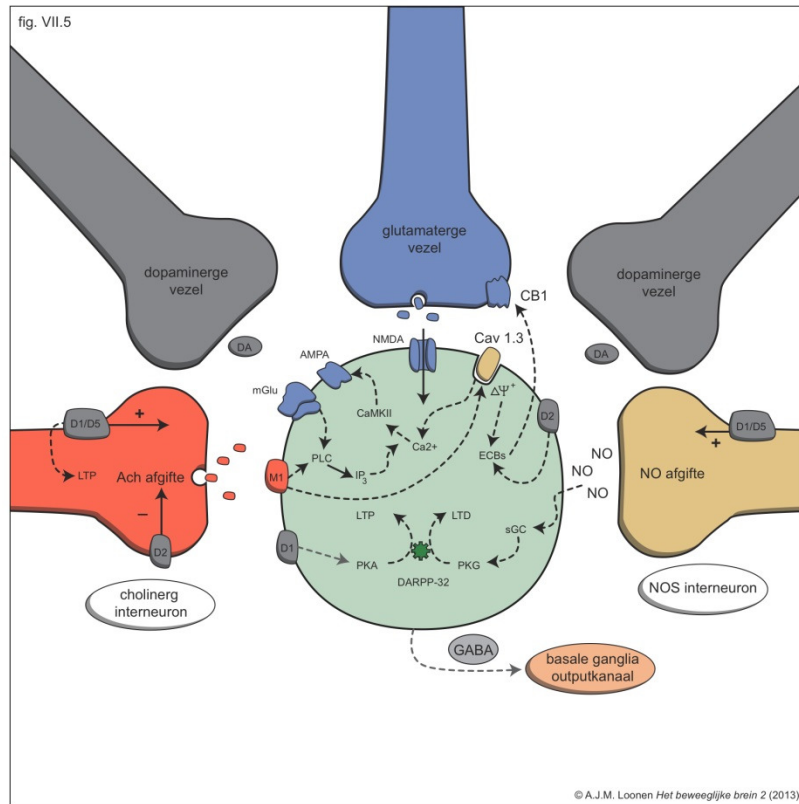
Long-term depression (LTD)



- > Postsynaptic activity
- > Synthesis endocannabinoid
- > Release endocannabinoid
- > Stimulation CB_1R
 - Presynaptic receptor
 - G-protein activation
- > Blocking Ca influx
- > LTD of presynaptic activity

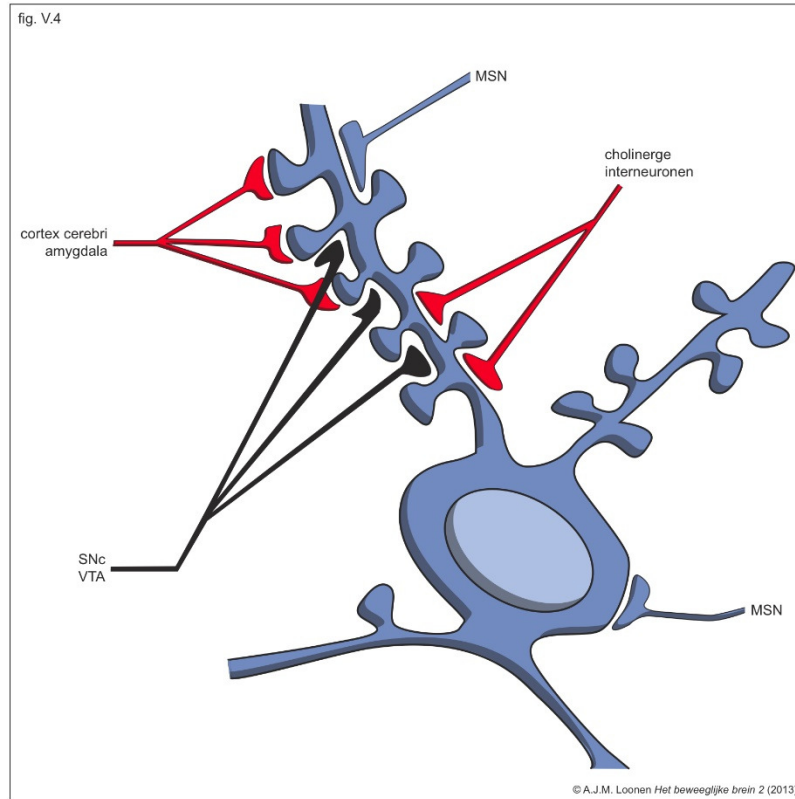


Long-term depression in corticostriatal synapses



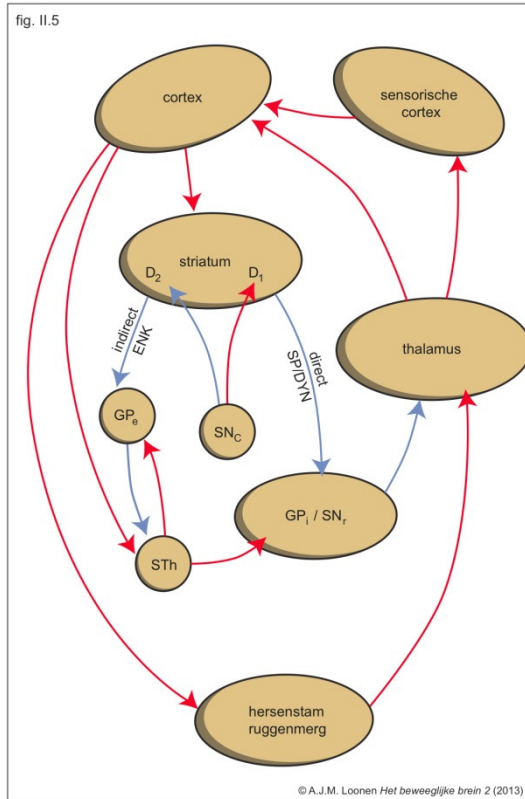
- > Glutamatergic synapse
- > Activation DRD2 & CHRM1
- > Endocannabinoid pathway
- > LTD of glutamatergic synapse

Corticostriatal connections



- > Medium Spiny Neurons (MSN)
- > Input:
 - Glutamatergic fibers (Ctx)
 - Dopaminergic fibers (SNc)
 - GABAergic interneurons
 - Cholinergic interneurons
- > Output:
 - Globus pallidus (Gpe/Gpi)
 - Substantia nigra, pars reticulata (SNr)

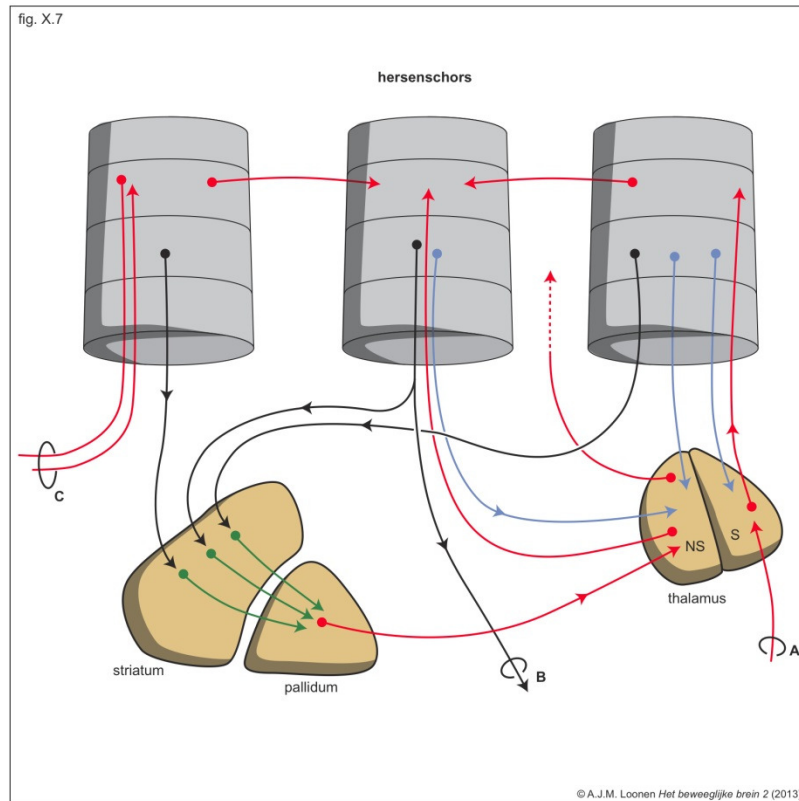
Learning by LTP and LTD



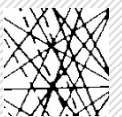
> Medium Sized Neurons

- Direct pathway
 - Stimulates cortical endpoint
- Indirect pathway
 - Inhibits cortical endpoint

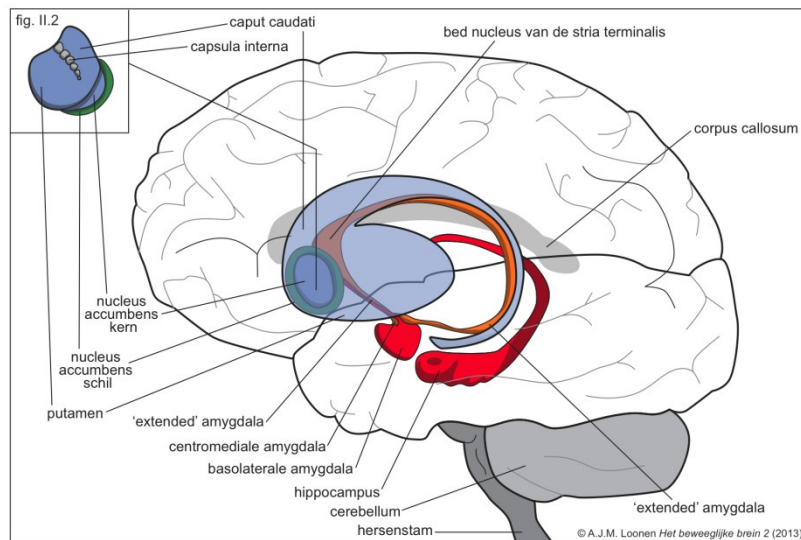
Learning in cycles



- > Intracortical connections
 - Serial connections
 - Connecting many areas
 - Programming output
- > Infracortical connections
 - Parallel connections
 - Connecting same areas
 - Adaptation of output



Position of basal ganglia within the forebrain

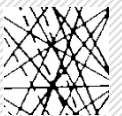


> Striatum

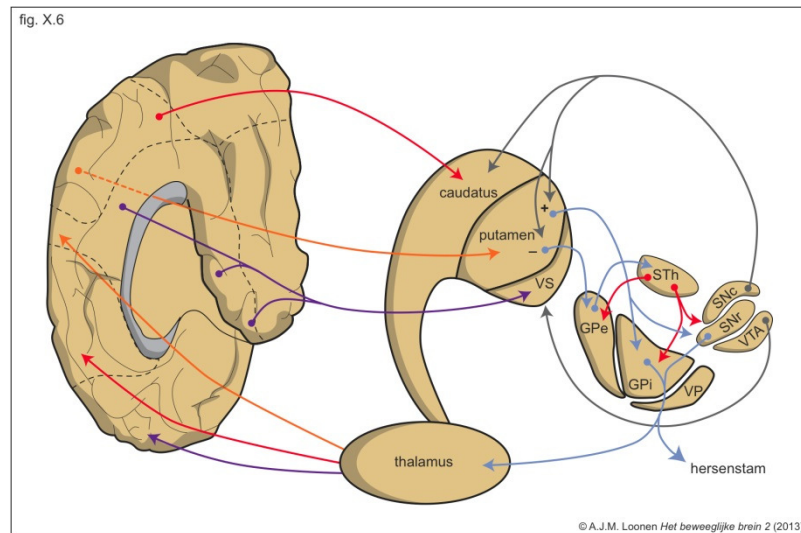
- Caudate
- Putamen
- Accumbens

> Amygdala (limbic)

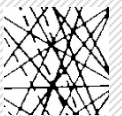
- Centromedial part
- Extended amygdala
- Bed nucleus of the Stria terminalis



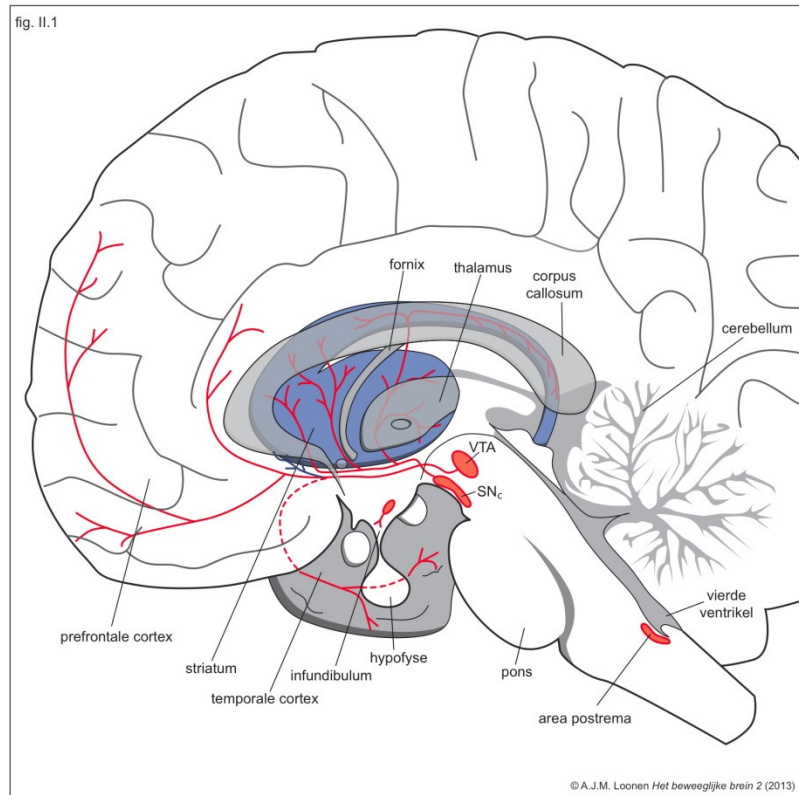
Topographical arrangement



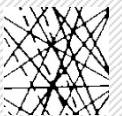
- > Motor circuit
 - Putamen → MFC
- > Cognitive circuit
 - Caudate → dl-PFC
- > Motivational circuit
 - Accumbens → m-PFC



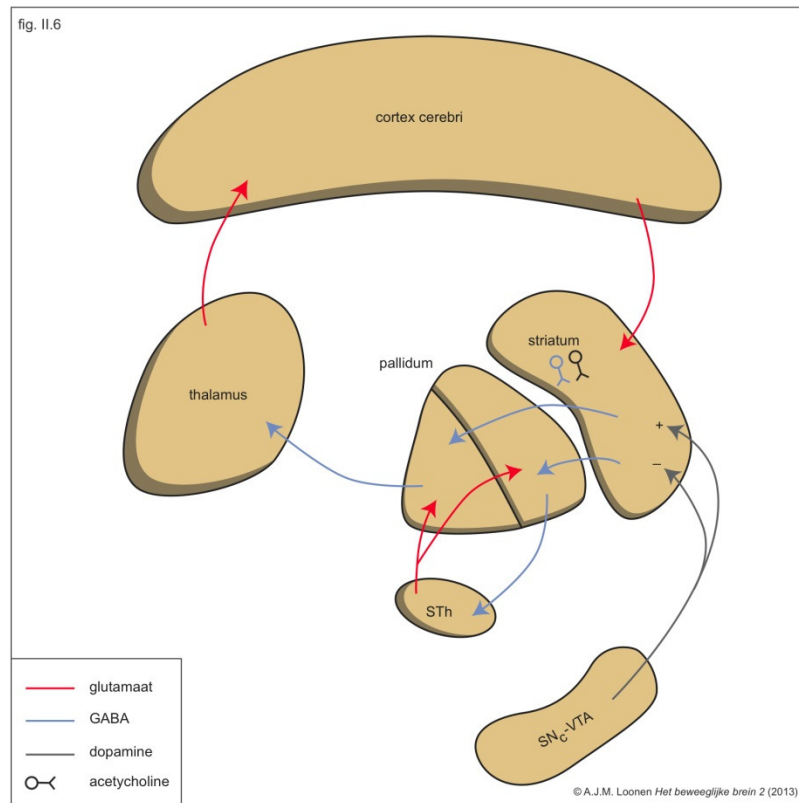
Distribution of dopaminergic fibres



- › Ventrale Tegmental Area (VTA)
 - Basal ganglia
 - Frontal cortex
 - Temporal lobe
- › Substantia nigra pars compacta (SNc)
 - Basal ganglia

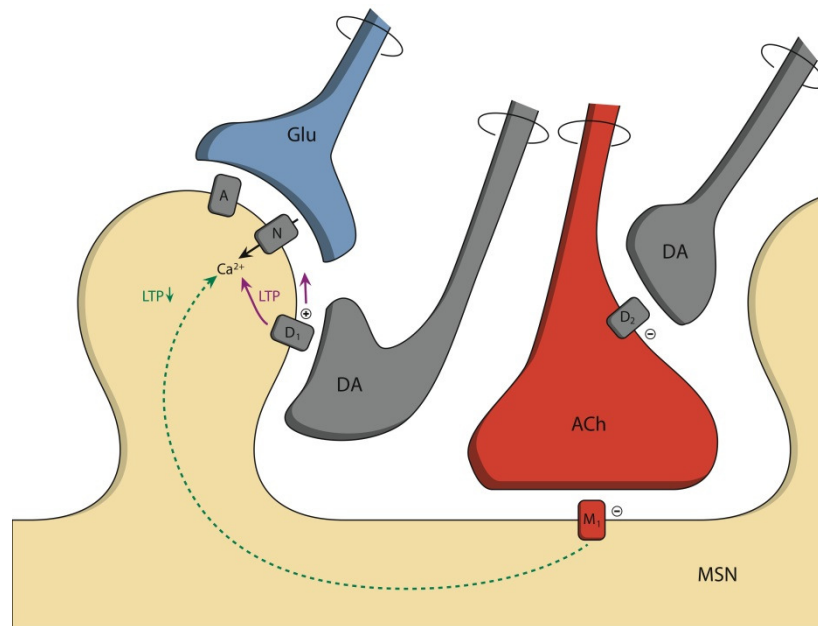


Dopaminergic fibres regulate striatal activity



- > Extrapyramidal circuit
 - DRD1 increase activity
 - DRD1 in direct pathway
- > Extrapyramidal circuit
 - DRD2 inhibit activity
 - DRD2 in indirect pathway
- > DA increases output

Dopaminergic terminals regulate LTP/LTD

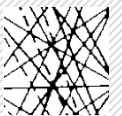


- > Stimulation DRD1
 - Facilitates LTP
 - Direct pathway
- > Stimulation DRD2
 - Inhibition ACh interneurons
 - Inhibition CHRM1 stimulation
 - Inhibition of LTP
- > Stimulation DRD2
 - Inhibits LTP
 - Facilitates LTD
 - Indirect pathway

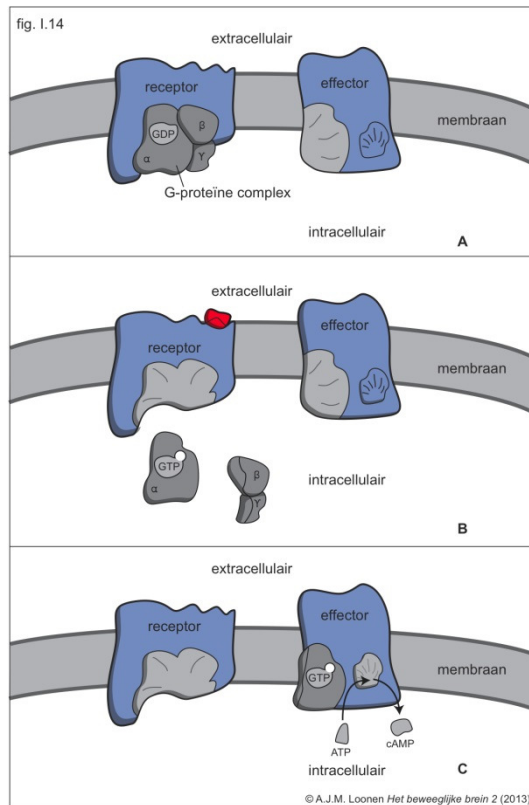


Serotonin (5-HT) receptors

- › Type 1: 5-HT_{1a} receptor (anxiety/depression)
- › Type 2: LSD receptor (delirium/biorhythm)
 - Type 2A: inhibits dopamine
 - Type 2B: neurotrophic effects (embryo)
 - Type 2C: inhibits dopamine
- › Type 3: ionotropic receptor (emesis)
- › Type 4: cAMP (dementia, eating disorder)
- › Type 5: cAMP (unknown)
- › Type 6: cAMP (dementia, psychosis, obesity)
- › Type 7: cAMP (depression, psychosis, anxiety)



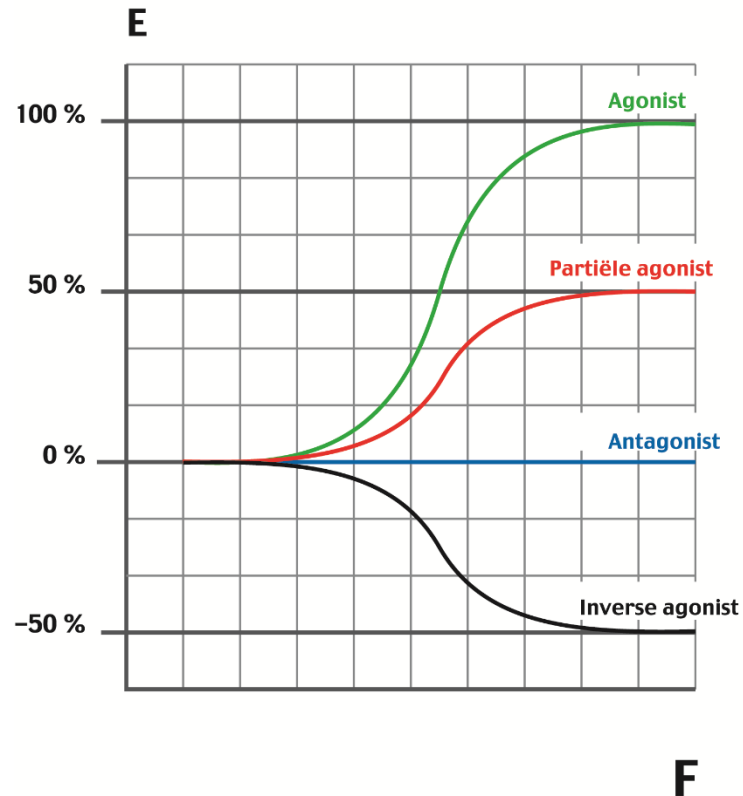
5-HT_{2A/2C} receptors



> Metabotropic receptors

- Agonist activates receptor
 - G protein dissociates
- G protein parts leave receptor
 - alpha part binds GTP
 - Beta-Gamma part
- Effector is bound by alpha part
 - Effector is activated
 - GTP → GDP ends binding

5-HT_{2A/2C} receptors



Excitatory receptors

- Agonists increase activity
 - Agonist
- Constitutive activity
 - 5-HT_{2C} >> 5-HT_{2A}
- Antagonists decrease activity
 - Inverse agonist

5-HT_{2C} Antagonists act as inverse agonists

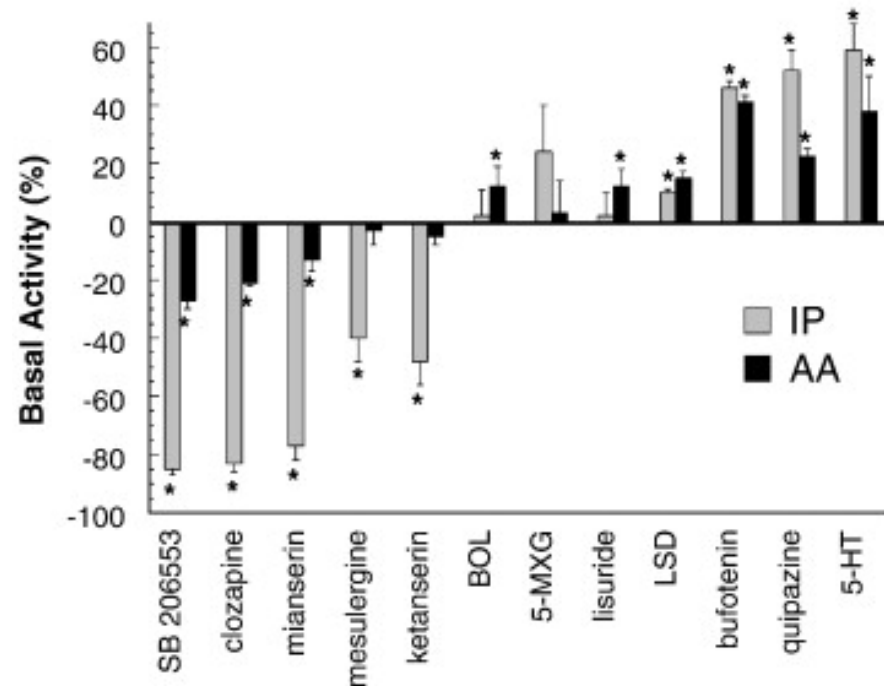
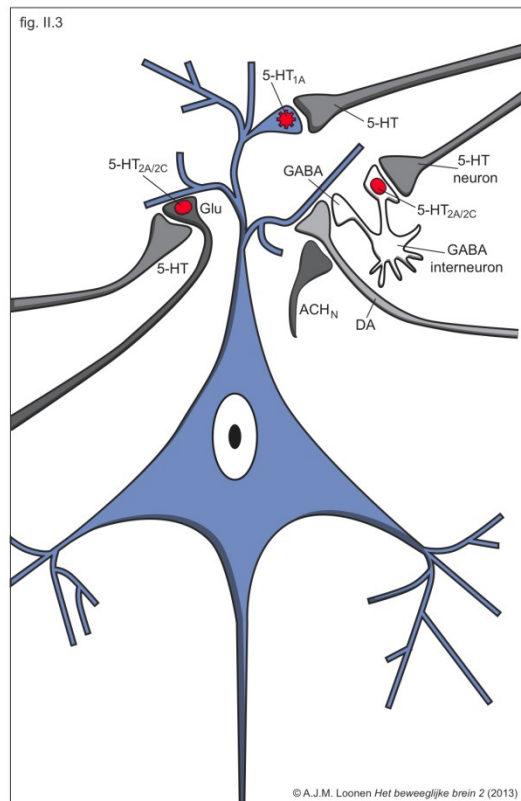


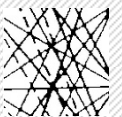
Fig. 3 Response-dependence of 5-HT 2C receptor inverse agonist efficacy: CHO-1C7 cells are optimized to detect inverse agonist properties of ligands since they express a high density of the human 5-HT 2C receptor (10–20 pmol/mg protein) and thus have a r...

V.J. Aloyo , et al. Pharmacology & Therapeutics Volume 121, Issue 2, 160 – 173.

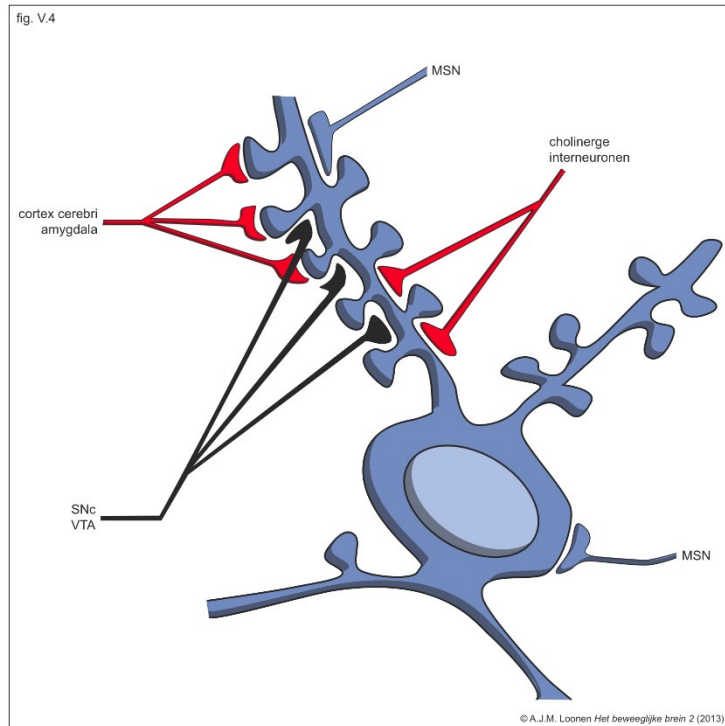
Serotonin 2A/2C receptors in cortex



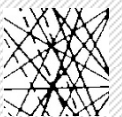
- › Stimulates GABA-interneurons (HTR2A)
 - GABA inhibits DA fibres
 - GABA inhibits pyramidal cell
 - Antagonist disinhibits DA
- › Stimulates MA fibers
 - Facilitates release
- › Stimulates pyramidal cells
 - Excitatory activity



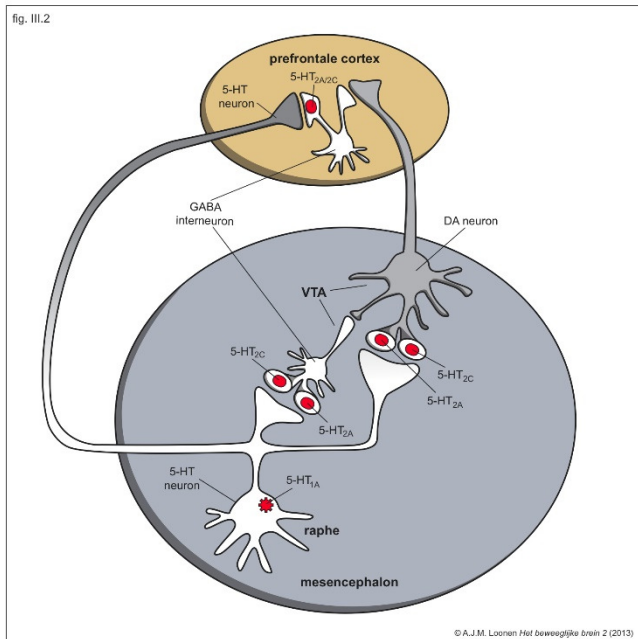
Serotonine 2A/2C receptors in striatum



- > Stimulates GABA-interneurons (HTR2C)
 - GABA inhibits DA fibres
 - GABA inhibits MSN
 - Antagonist disinhibits DA
- > Stimulates MA/Ach/Glu fibres (HTR2A/2C)
- > Stimulates MSN (5-HT2C/HTR2A)
 - Constitutive (rest) activity
 - Antagonist → invers agonism

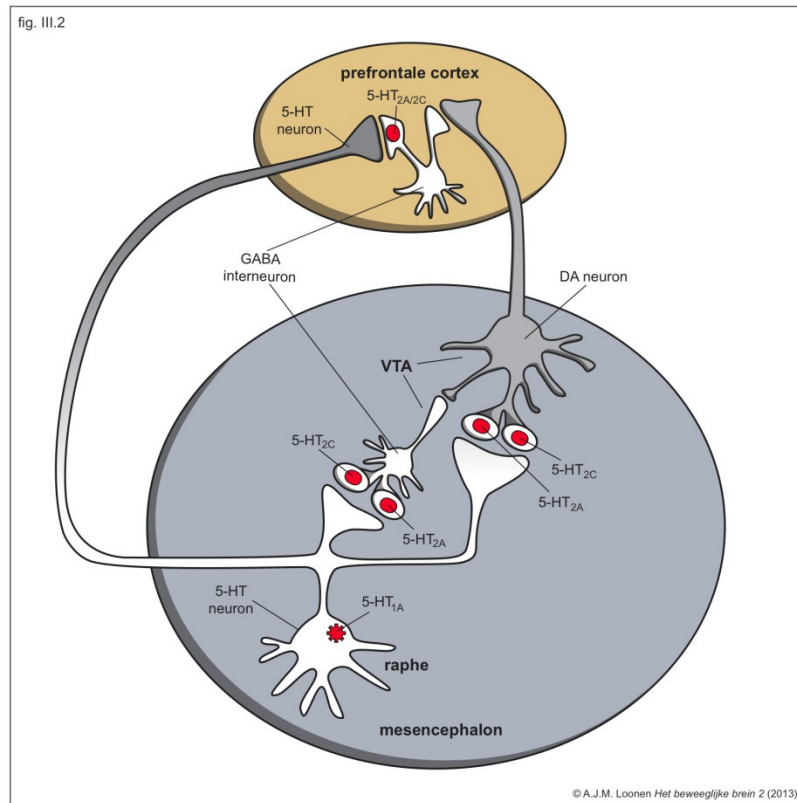


Serotonine 2A/2C receptors in midbrain



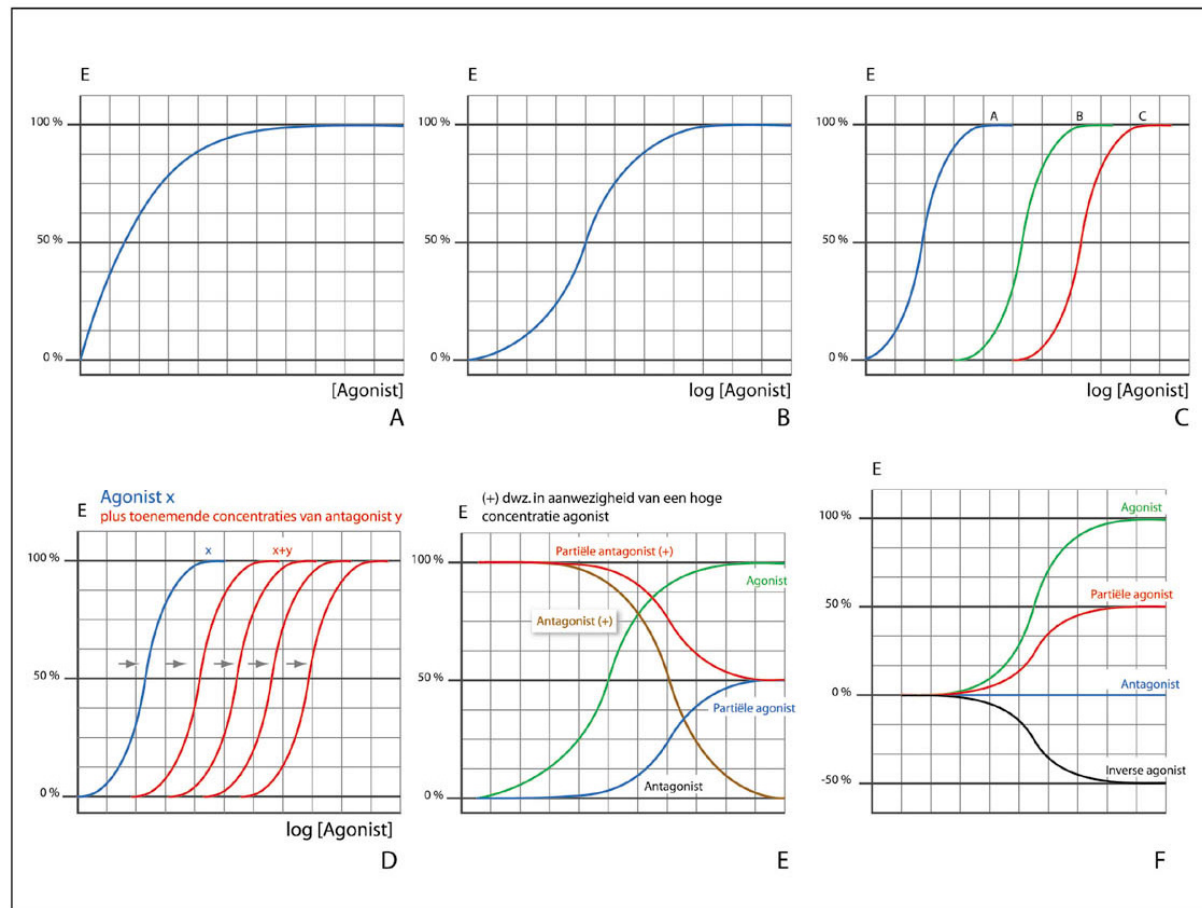
- > Ventral tegmental area (HTR2A)
 - Stimulate DA neurons
 - DA release within Accumbens/Cortex
 - Antagonist → inactivity
- > Substantia nigra, pars compacta
 - Stimulates GABA-interneurons (HTR2C)
 - GABA inhibits DA neurons
 - DA release within putamen/caudate
 - Constitutive (rest) activity
 - Antagonist → invers agonist

5-HT_{2A/2C} receptors regulate dopamine release



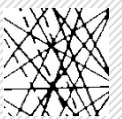
- > VTA
 - HTR2A on DA neurons
- > SNc
 - **HTR2C on GABA interneurons**
- > Striatum
 - **HTR2C on GABA interneurons**
 - HTR2A on MSN (and terminals)
 - HTR2C on MSN (and terminals)
 - HTR2A not on GABA interneurons
- > Cerebral cortex
 - HTR2A on GABA interneurons
 - HTR2A on pyramidal cells
 - HTR2A on MA terminals
 - HTR2C idem, but
 - **HTR2C not on GABA interneurons**

Drug receptor interactions



illus. 1

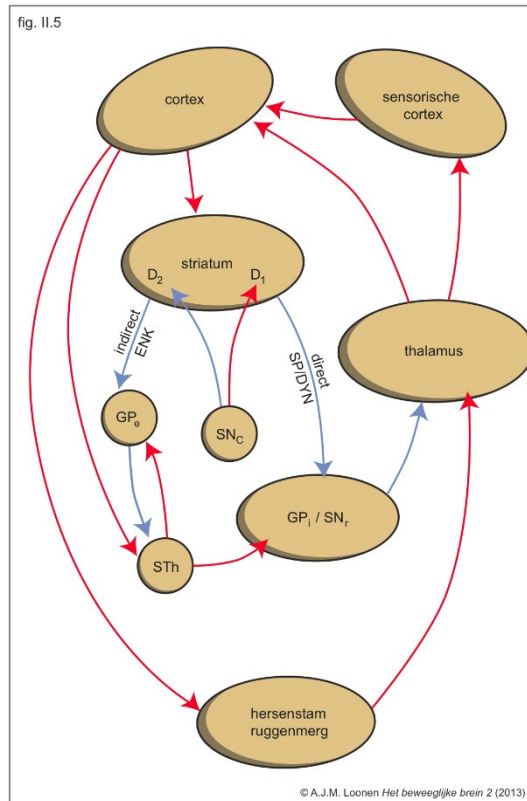
AJM Loonen. Het beweeglijke brein. Badhoevedorp: Mension, 2004.



Receptor binding affinity of antipsychotics

Receptor	Clozapine	Olanzapine	Quetiapine	ziprasidone	Sertindole	Aripiprazol	Asenapine	Risperidon	Paliperidon	Pipamperon	Ritanserine	Haloperidol
D1	85	31	455	9.5	12	265	1.4	75	670	-	-	25
D2	125	11	160	4.8	0.45	0.34	1.4	3	4.0	124	70	1
D3	473	49	340	7.2	12	0.8	0.42	10	7.5	-	-	2
D4	9	27	1600	32	11	44	1.1	7	30	-	-	5
D5	235	90	1738	152	-	1675	-	16	29	-	-	147
5-HT _{2A}	12	4	220	0.4	0.2	3.4	0.07	0.6	0.25	7	1.0	78
5-HT _{2C}	8	11	615	1.3	0.51	15	0.034	26	71	54	9.3	3085
α_1	7	19	7	10	1.4	57	1.2	2	4.0	62	97	46
H ₁	6	7	11	47	440	61	1.0	155	10	>>	35	3630
M ₁	1,9	1.9	120	>>	260	>>	>>	>>	3570	2.500	-	1475

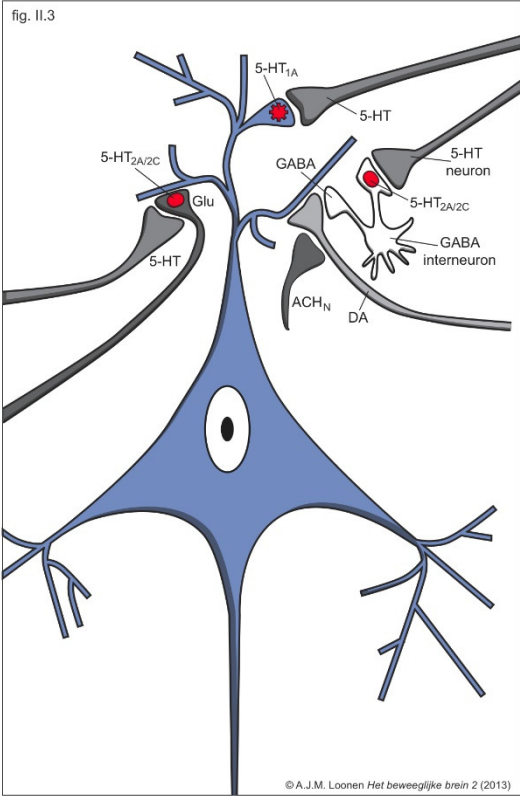
Effects atypical antipsychotics in striatum I



> Antagonism on DRD2 receptors

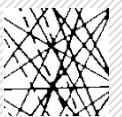
- No influence on direct pathway (increases activity)
- Less inhibition of indirect pathway (decreases activity)
 - Decreases activity of extrapyramidal circuit → bradykinesia
 - Compensatory release of dopamine at DRD2 → Neurotoxicity MSN

Effects atypical antipsychotics in striatum II

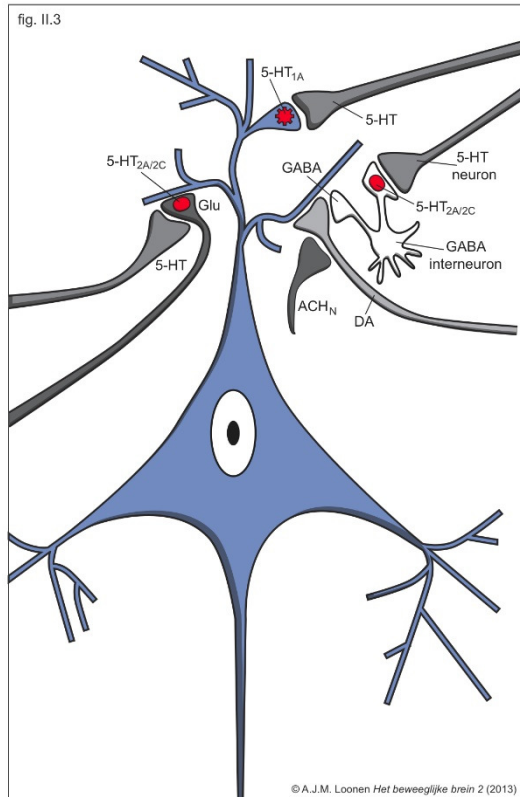


> Antagonism HTR2A

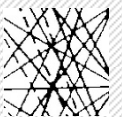
- No effect on GABA interneurons (inhibit)
- No excitation terminals
- No excitation of MSN
 - Decrease DA, Glu activity
 - No direct effect on MSN



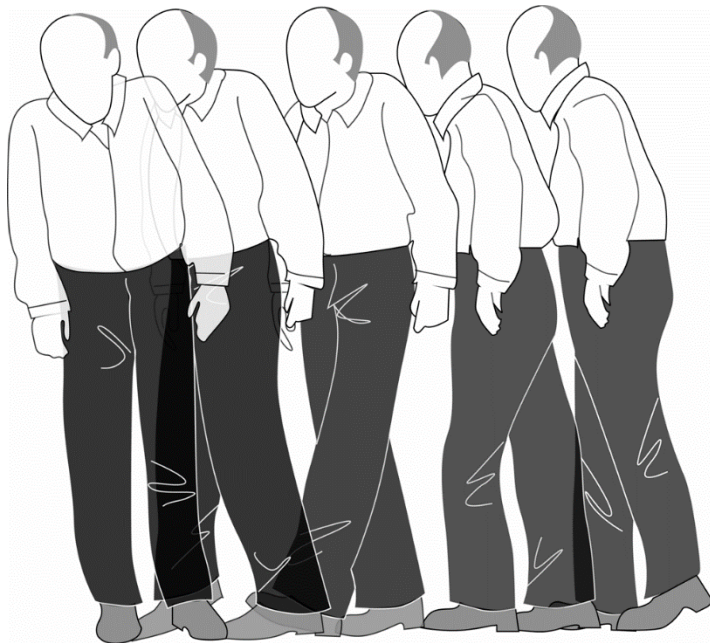
Effects atypical antipsychotics in striatum III



- > Inverse agonism HTR2C
 - Decrease activity GABA interneurons (inhibit DA release)
 - DA stimulates only DRD1
 - Increased direct pathway activity
 - Inhibition Glu/DA terminals
 - Less LTP at indirect pathway MSN (DRD2 is blocked)
 - Inhibition of MSN
 - No compensation at indirect pathway MSN
 - Less neurotoxicity at indirect pathway MSN



Parkinsonism and atypical antipsychotics

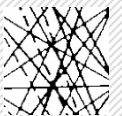


> Putamen

- DRD2 antagonism indirect pathway (bradykinesia)
- HTR2A antagonism no effect
- HTR2C inverse agonism →
 - increased DA release
 - Stimulation DRD1 on direct pathway (less bradykinesia)
 - Inhibition of Glu terminals
 - Decreased activation MSN [mainly indirect pathway (less bradykinesia)]
 - Inhibition of MSN
 - Decreased activation MSN [mainly indirect pathway (less bradykinesia)]

Substantia nigra, pars compacta

- HTR2C inverse agonist →
 - Inhibition of GABA interneurons → Increased release of DA in putamen.
- HTR2A has no effect



Tardive dyskinesia and atypical antipsychotics

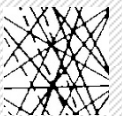


> Putamen

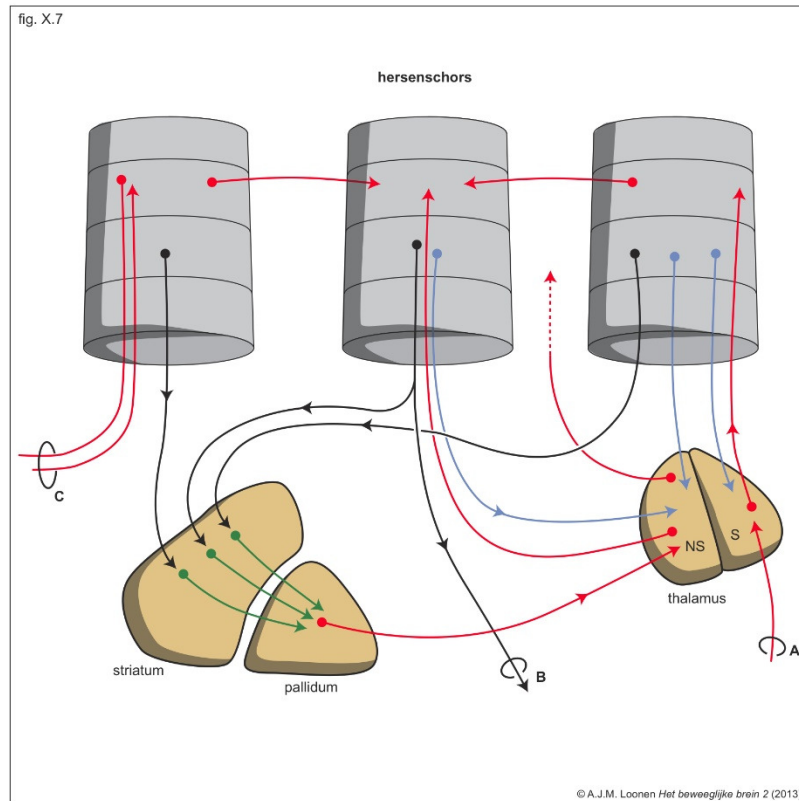
- DRD2 antagonism indirect pathway
 - Insensitive for DA stimulation
 - Compensatory DA release
 - Increased intracellular oxidative stress → neurotoxicity
- HTR2A antagonism no effect
- HTR2C inverse agonist →
 - increased DA release
 - Increased oxidative stress
 - Inhibition of Glu terminals
 - Decreased activation MSN (less LTP → less excitotoxicity)
 - **Inhibition of MSN**
 - Decreased activation MSN (less LTP → oxidative toxicity)

> Substantia nigra, pars compacta

- HTR2C disinhibits DA activity → increased DA release in putamen (causes tardive dyskinesia)

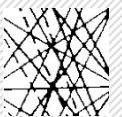


Dystonia and atypical antipsychotics



> Putamen

- Mismatch between direct and indirect pathways.
 - DRD2 antagonism indirect pathway (inhibition)
 - Compensatory DA release stimulates DRD1 on direct pathways
- Acute effect on cholinergic interneurons
 - Mismatch within converging extrapyramidal circuits → aberrant activation patterns
 - Antagonism of CHRM1 inhibits influence extrapyramidal circuits
- Long-term effects on MSN
 - Mismatch between LTP/LTD at indirect pathway MSN → aberrant inhibition patterns
- HTR2C inverse agonism →
 - Inhibition of LTP → decreased learning ability of activation patterns during exposure with DRD2 antagonist

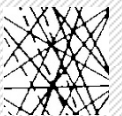


Dystonia and atypical antipsychotics

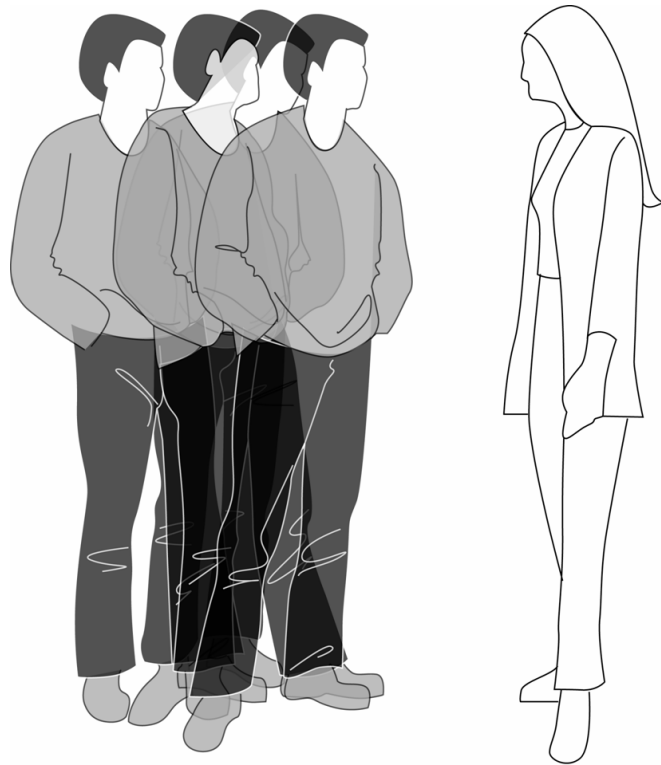


Dystonia

- > Putamen
 - Mismatch of extrapyramidal activity
 - Aberrant movement patterns
- > Anticholinergic drugs
 - Decrease influence of extrapyramidal circuit
- > Atypical antipsychotics
 - CHRM1 antagonism gives acute effect
 - HTR2C inverse agonism inhibits learning

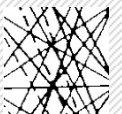


How about akathisia?

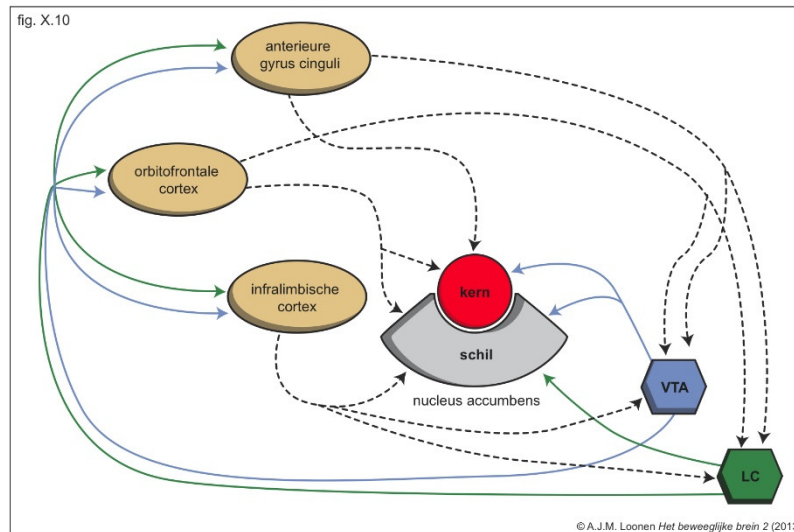


Akathisia

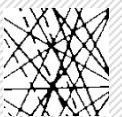
- Hypermotivation to get started
 - Urge to move the legs
 - Unpleasant feelings (dysphoria) when resisting this urge.
 - Movement are reaction to this urge/dysphoria
- Side effect of all antipsychotics
 - Classical > atypicals
- Can lead to aggression
 - Suicide
 - Hostility



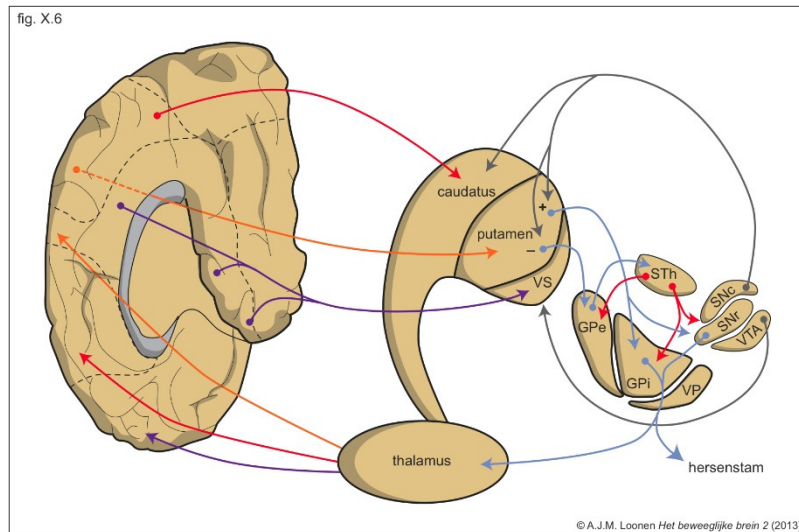
Akathisia and agitation



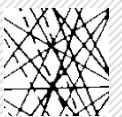
- > Nucleus accumbens core
 - Stimulation by VTA → DA
 - DRD2 on direct pathway
 - DRD1 on indirect pathway
 - DRD2 antagonism
 - Inhibition of motivation
 - Inhibition of agitation
- > Nucleus accumbens shell
 - Stimulation by VTA (idem)
 - Stimulation by LC (ADRB1)
 - Facilitates dysphoria
 - Facilitates akathisia



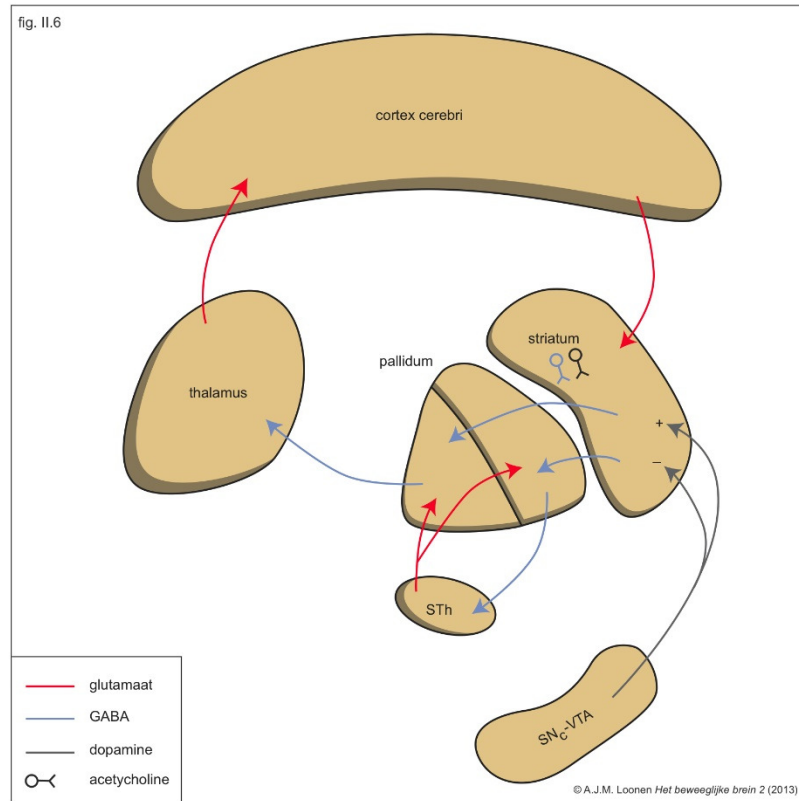
How about the caudate nucleus?



- > Cognitive circuit
 - Regulates reasoning
 - Regulates associations
- > Neurobiology caudate
 - Same as putamen
- > Dorsolateral PFC
 - Endpoint of cognitive circuit
 - Target of atypicals
 - Blocking HTR2 → DA release
 - Blocking HTR2 →
 - increased intracortical activity
 - Increased corticofugal activity



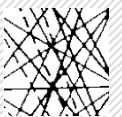
Antimanic and cognitive effects



- › DRD2 antagonism in caudate nucleus
 - Antimanic effects
 - Bradyphrenia
- › Blocking HTR2 in caudate nucleus, SNc
 - Less bradyphrenia
- › Blocking HTR2 in dl-PFC
 - Cognition enhancing
- › Blocking HTR2 in m-PFC
 - Motivation enhancing
 - Initiative enhancing

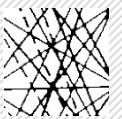
Conclusion action of atypical antipsychotics

- › Extrapyramidal circuits:
 - Caudate: anti-manic activity (DRD2)
 - Putamen:
 - Parkinsonism (DRD2, compensated HTR2 by stimulating DRD1 and directly inhibiting indirect pathway MSN),
 - Dystonia (topographical mismatch, CHRM1 by disabling extrapyramidal control and HTR2 by decreasing LTP),
 - Dyskinesia (DRD2, compensated HTR2C inhibiting neurotoxicity at indirect pathway MSN)
 - Accumbens: anti-agitation (DRD2), akathisia (ADRB1)
- › Prefrontal cortex
 - Combating negative and cognitive symptoms (DRD1 and HTR2).

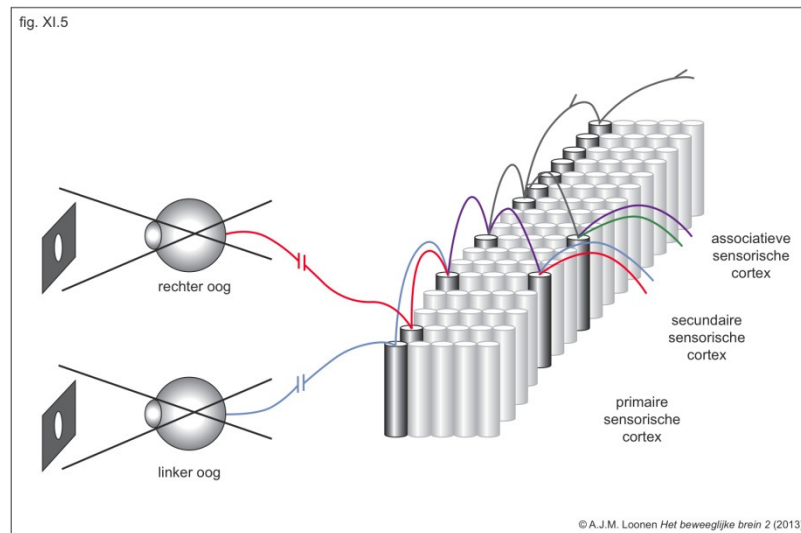


Anti-delusional and anti-hallucinatory effect

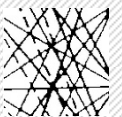
- › Influencing the functioning of the temporal lobe
 - Identification of sensory information
 - Identification of non-existing input (= hallucination)
 - Dysregulation of salience (selecting relevant items)
 - Feelings of insecurity or grandness
 - Cognitive construct to explain these feelings (=delusion)



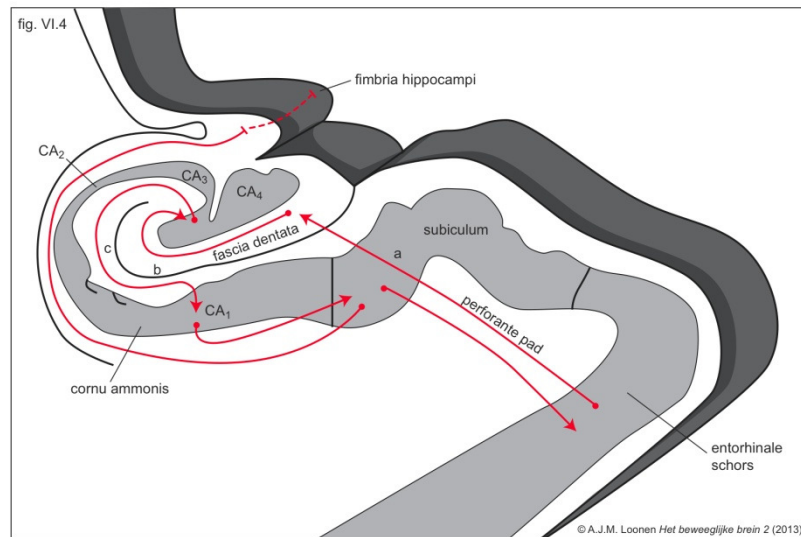
Visual input, recognition and memory



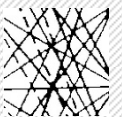
- > Sensory cortex
 - Stepwise analysis
- > PTO association area
 - Combining information
- > Hippocampal complex
 - Recognition
- > Back to sensory cortex
 - Memory formation



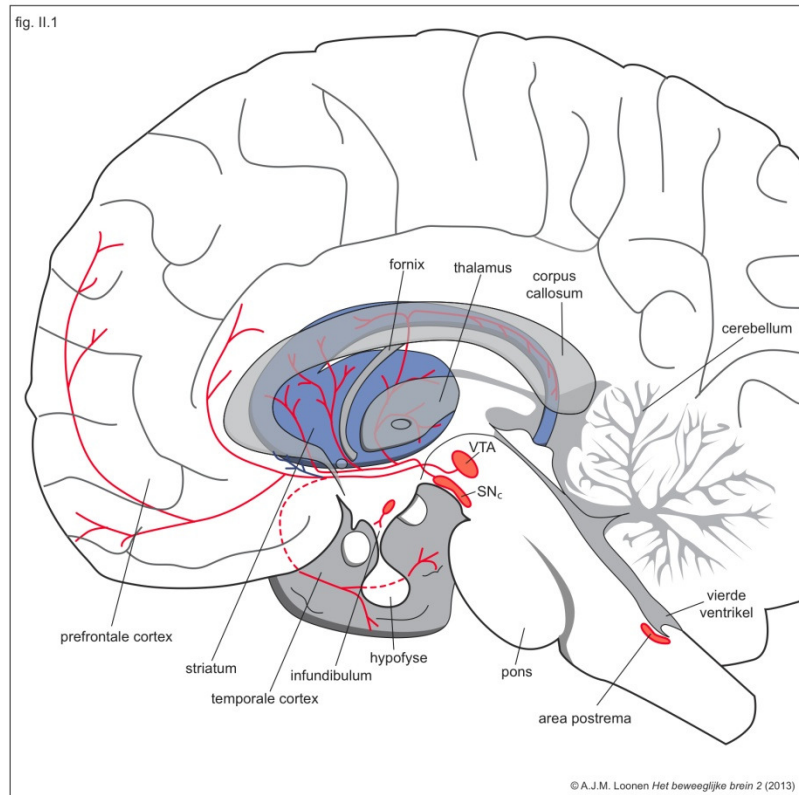
Recognition in hippocampus (learning by LTP)



- > Sensory cortex
 - LTP
- > Parahippocampal ctx
 - LTP
- > Cornu ammonis
 - LTP
- > Parahippocampal ctx
 - LTP
- > Sensory ctx



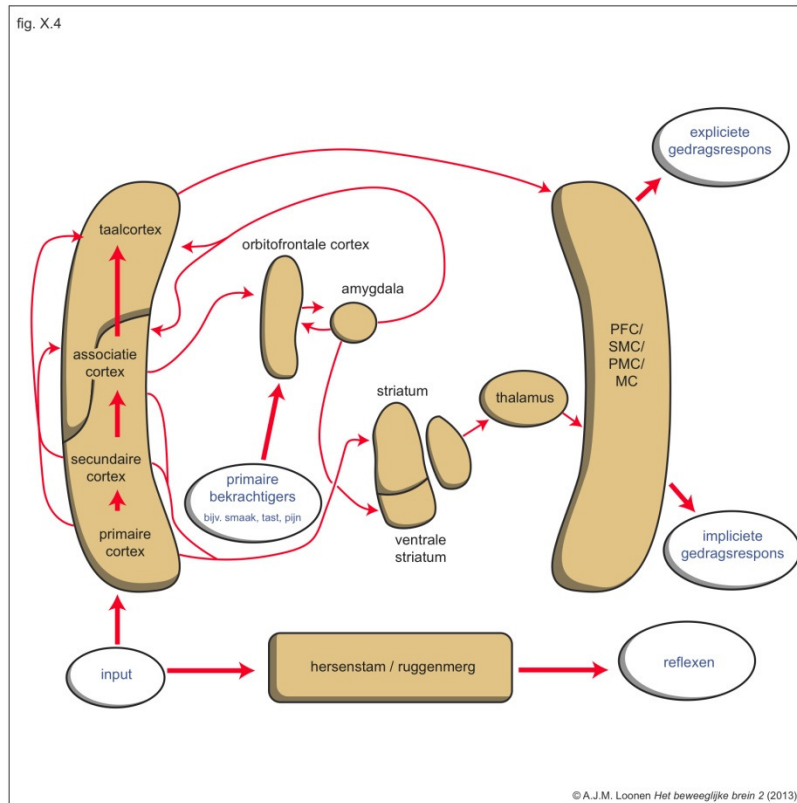
Antihallucinatory effect



- › Dopamine stimulates parahippocampal ctx
 - Illusion
 - Recognition without identification
 - Hallucination
 - Recognition without presence of input



Complex behavioural response



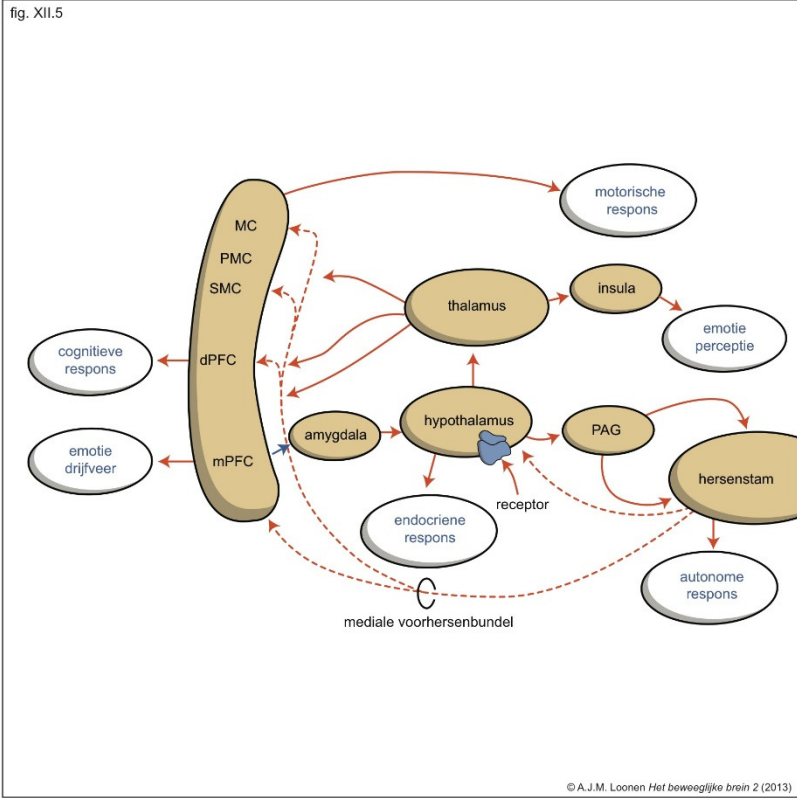
> Explicate response

- Constructed
- Planned and skilled
- Motivation based

> Implicate response

- Conditioned
- Intuitive
- Drive based

Emotional response type

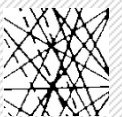


- > Hypothalamus
 - Controller
- > Amygdala
 - Salience selector
- > Prefrontal cortex
 - inhibitor



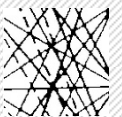
Anti-delusional effect

- › Amygdala attributes too much significance to certain sensory stimuli (salience dysregulation)
- › Prefrontal cortex inhibits emotional response insufficiently
- › Dopamine stimulates amygdala too much
 - Facilitates emotional response (DRD2)
 - Facilitates conditioning response (DRD2)
- › Delusion is cognitive construct explaining feeling
- › Antipsychotics block DRD2 in amygdala



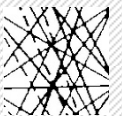
Conclusion: site of action of antipsychotics

- › Extrapyramidal circuits
 - Caudate: antimanic activity
 - Putamen: Parkinsonism, dystonia, dyskinesia
 - Accumbens: Anti-agitation, akathisia
- › Temporal lobe
 - Hippocampal complex: anti-hallucinatory
 - Amygdaloid complex: anti-delusional
- › Prefrontal cortex
 - Combating negative and cognitive symptoms



Conclusion: receptor interactions involved

- › Antidelusional: DRD2 antagonism
- › Antihallucinatory: DRD2 antagonism
- › Anti-agitation: DRD2 antagonism
- › Akathisia: DRD2 antagonism + ADRB1 stimulation
- › Cognitive: DRD1 stimulation + 5-HT2A antagonism
- › Parkinsonism: DRD2 antagonism
 - Antiparkinson: HT2A/2C antagonism
- › Dyskinesia: excitotoxicity indirect pathway MSN
 - Prevention: inverse agonist HTR2C on MSN
- › Dystonia: mismatch LTP of MSN direct/indirect pathway





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May 2014 | 55

Thank you very much

