

# AUTONOMIC NERVOUS SYSTEM

CENTRAL NERVOUS  
SYSTEM

PERIPHERAL  
NERVOUS SYSTEM

Sensory division

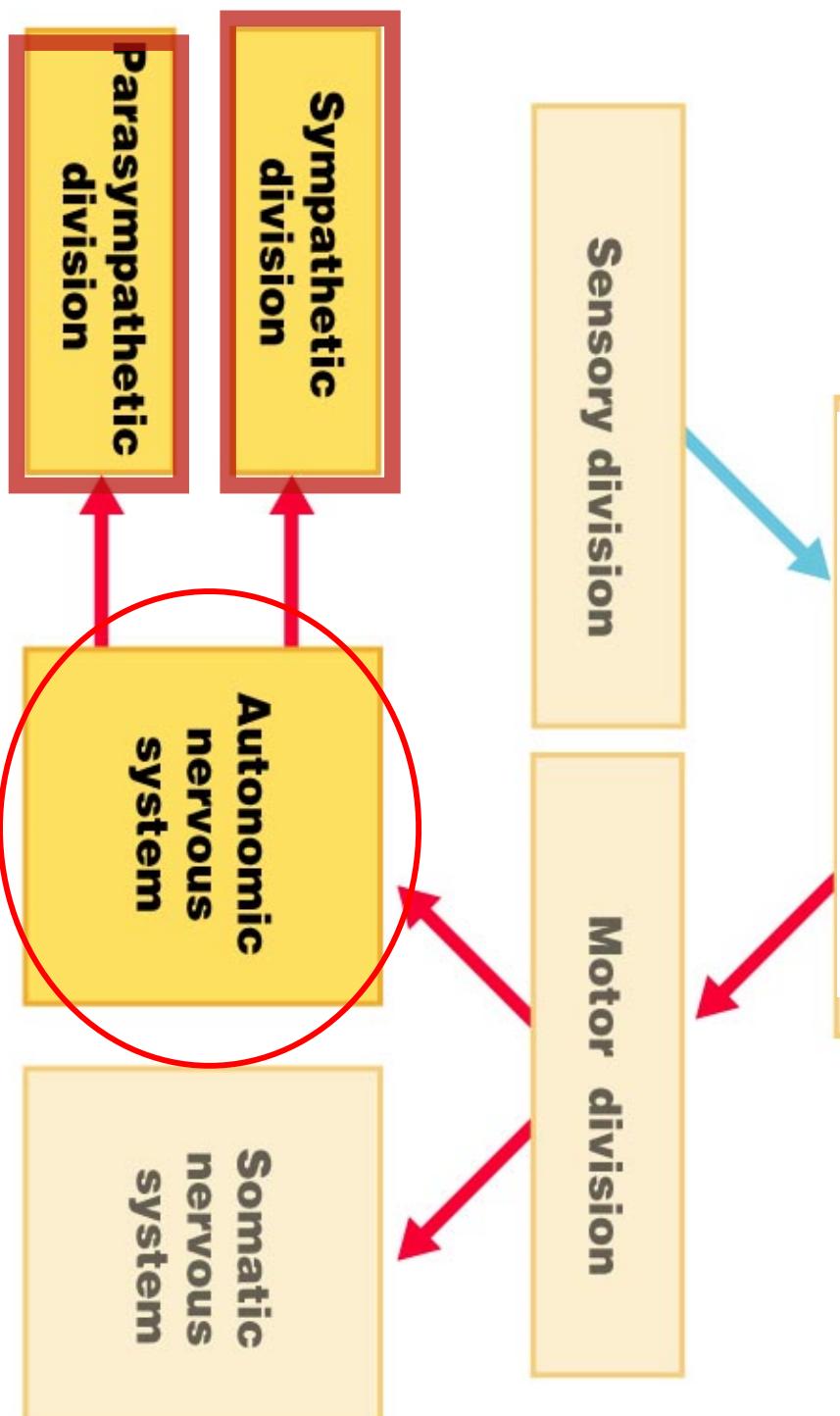
Motor division

Sympathetic  
division

Parasympathetic  
division

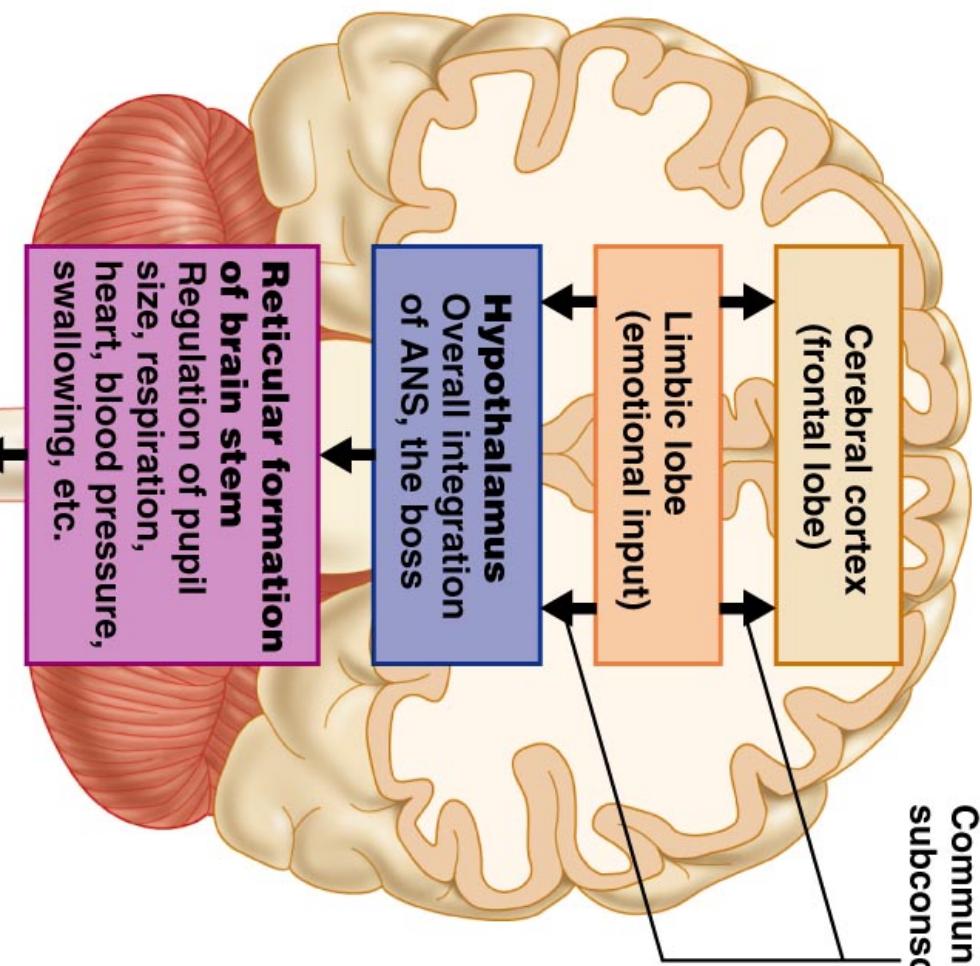
Autonomic  
nervous  
system

Somatic  
nervous  
system



# The Autonomic Nervous System (ANS) is under control of the Central Nervous System (CNS)

Communication at subconscious level



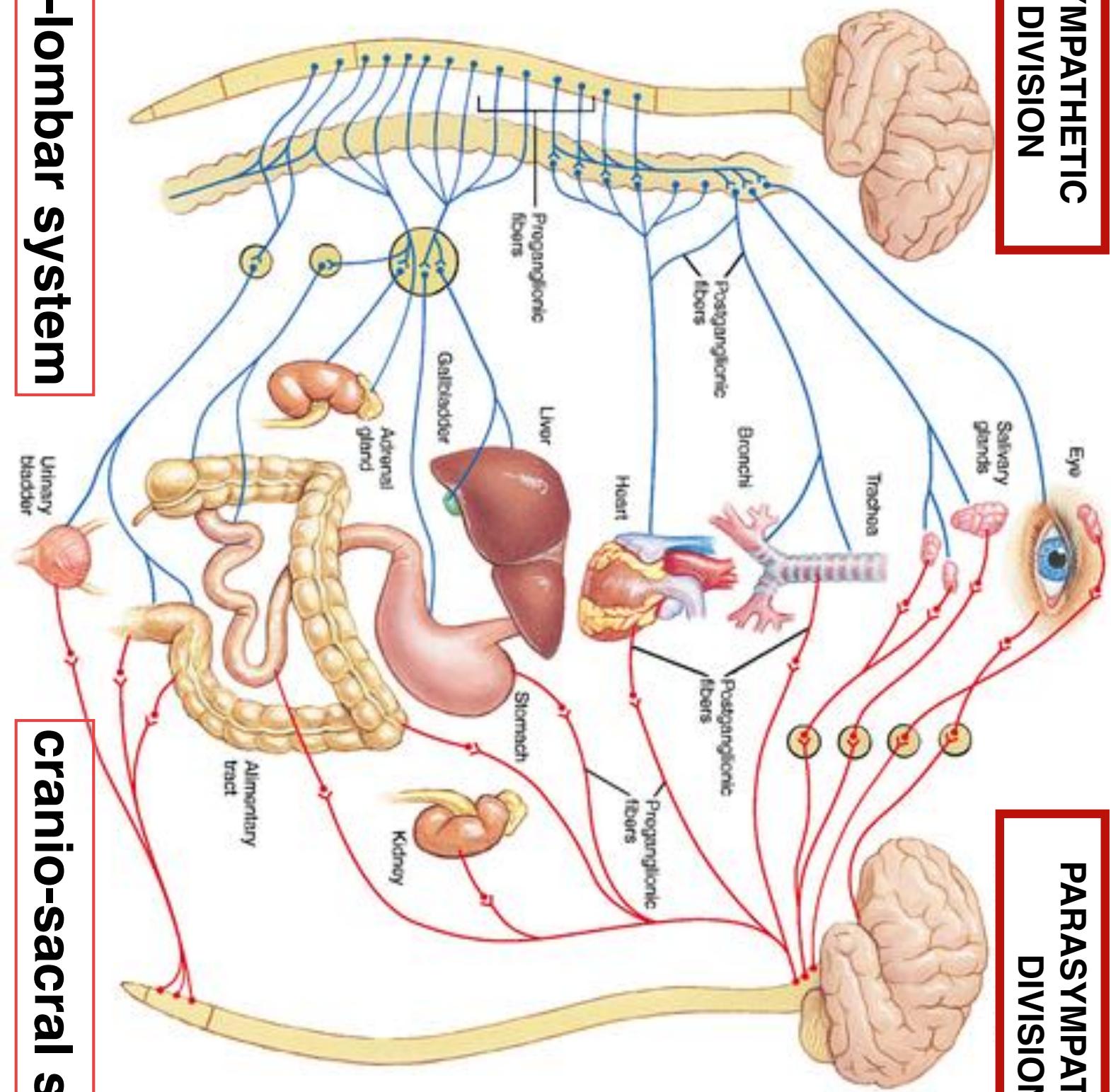
## SYMPATHETIC DIVISION

## toraco-lombar system

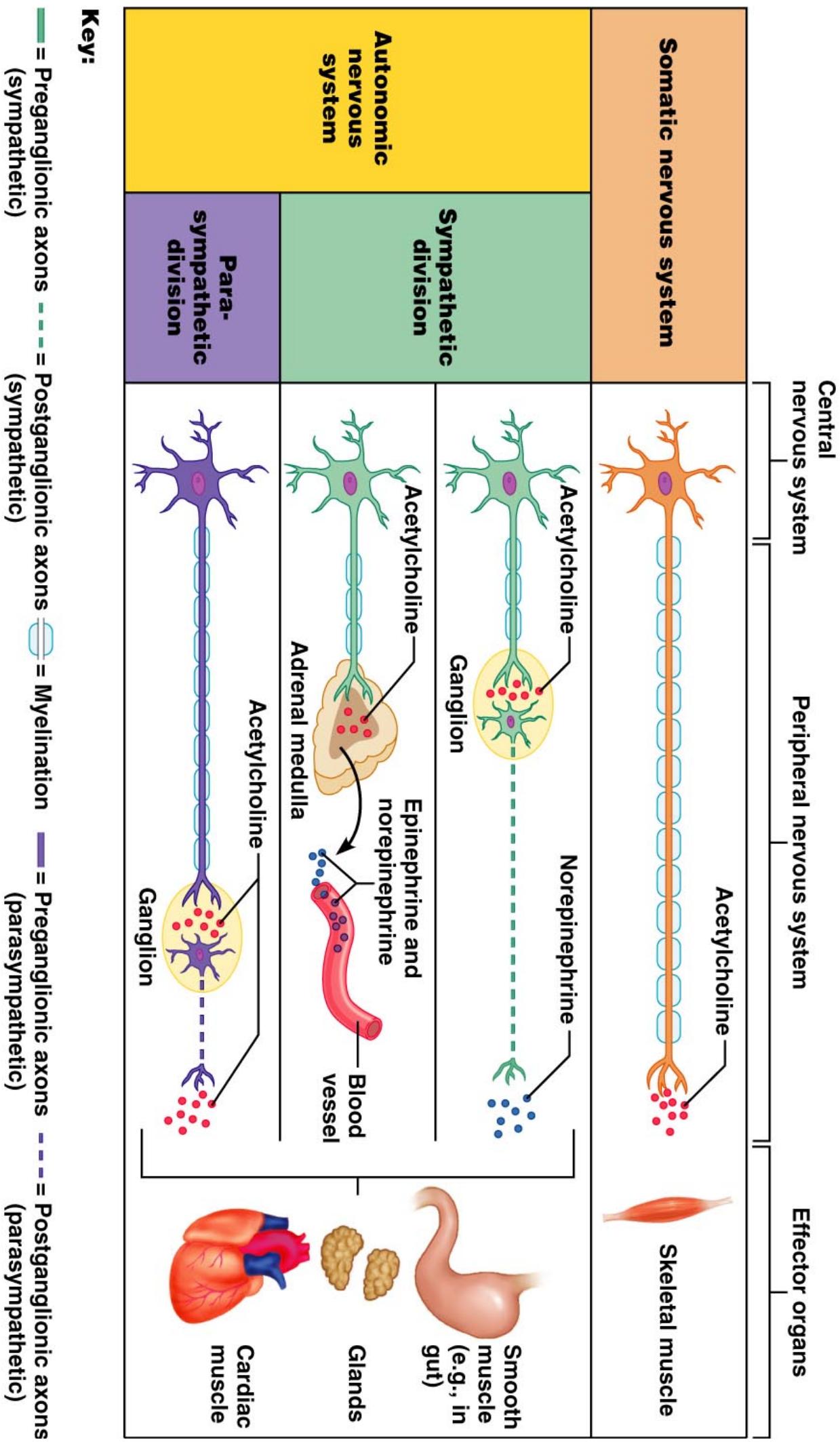
Urinary bladder

## cranio-sacral system

## PARASYMPATHETIC DIVISION

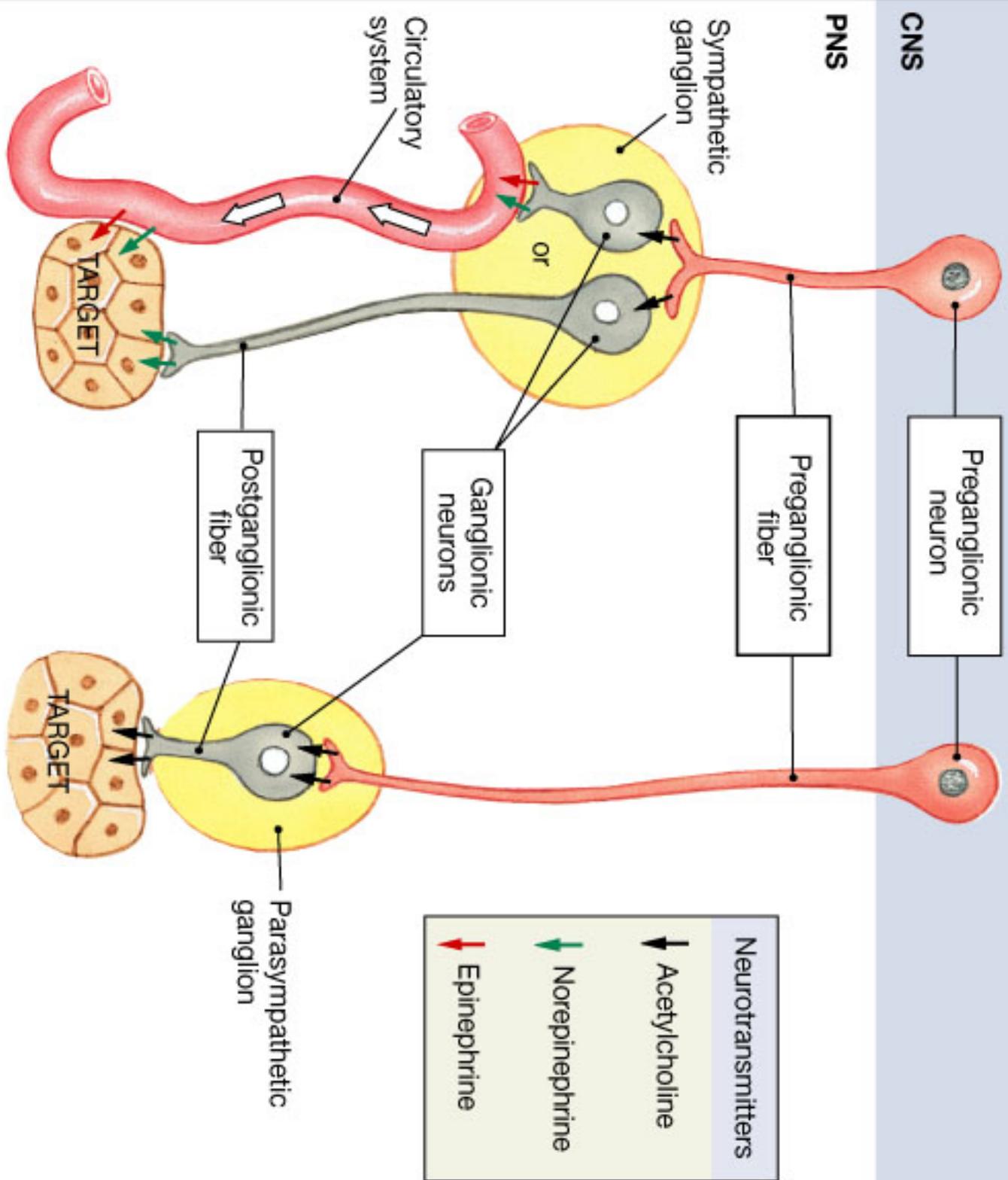


# Autonomic Nervous System fibers



## Sympathetic

## Parasympathetic

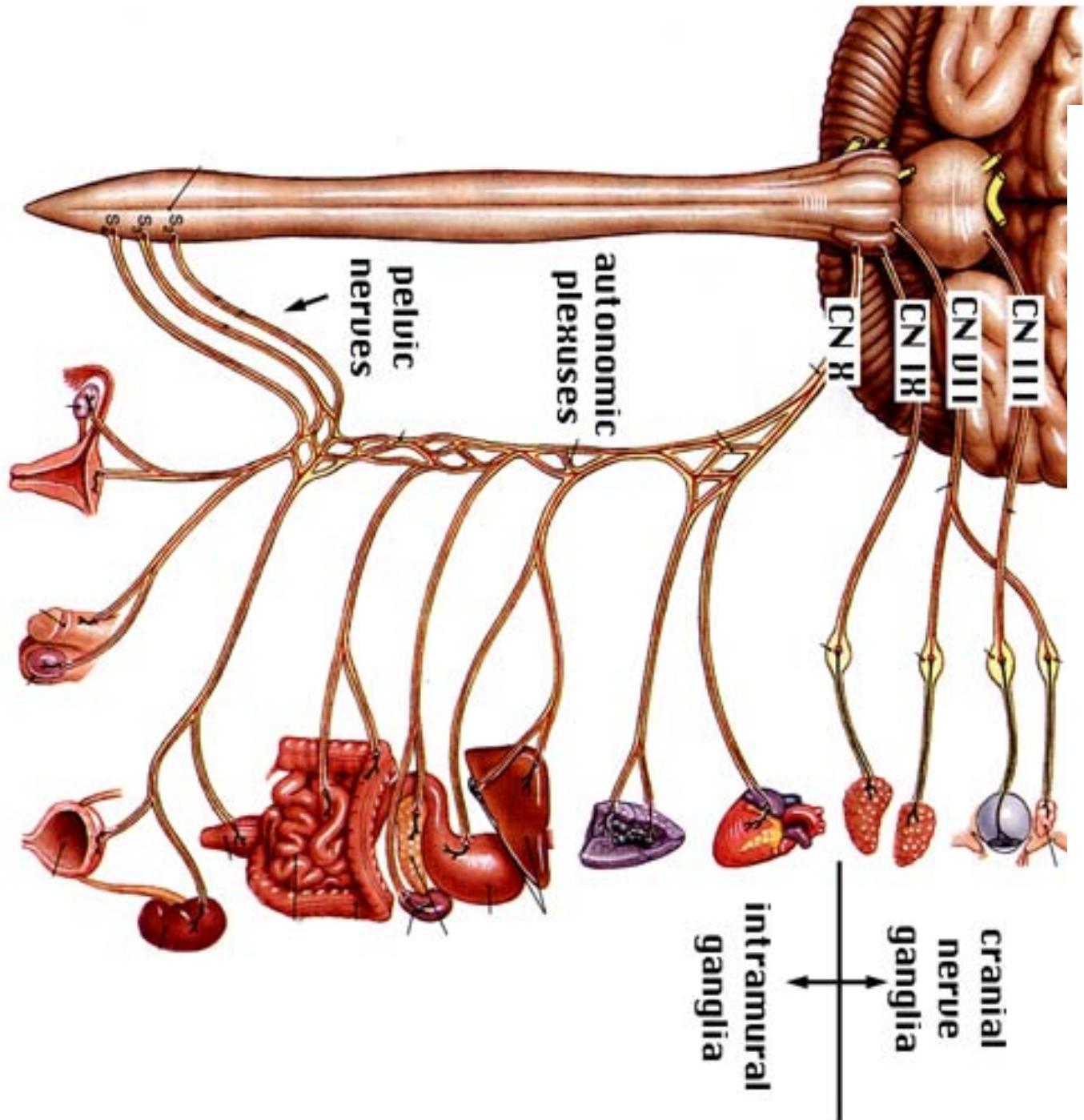


## PNS vs SNS

The parasympathetic nervous system (PNS) controls homeostasis of the body at rest and is responsible for the "**rest and digest**" function

The sympathetic nervous system (SNS) controls the body's responses to a perceived threat and is responsible for the "**fight or flight**" response

# PARASYMPATHETIC DIVISION



# "rest and digest" functions:

**Eyes:**  
Accommodation  
for near vision

Miosis

Eyes:  
Accommodation  
for near vision  
miosis



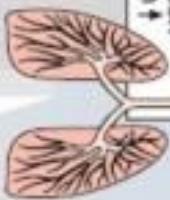
Saliva:  
copious, liquid

Bronchi:  
constriction

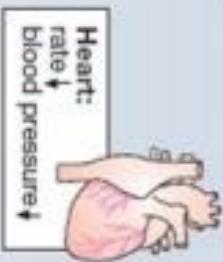
Constriction

Increased  
secretion

Bronchi:  
constriction  
secretion ↑



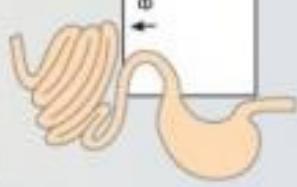
Heart:  
Decreased rate  
Decreased blood  
pressure



## Gastro-intestinal tract:

Increased secretion  
Increased peristalsis  
Decreased sphincter  
tone

GI tract:  
secretion ↑  
peristalsis ↑  
sphincter tone ↓



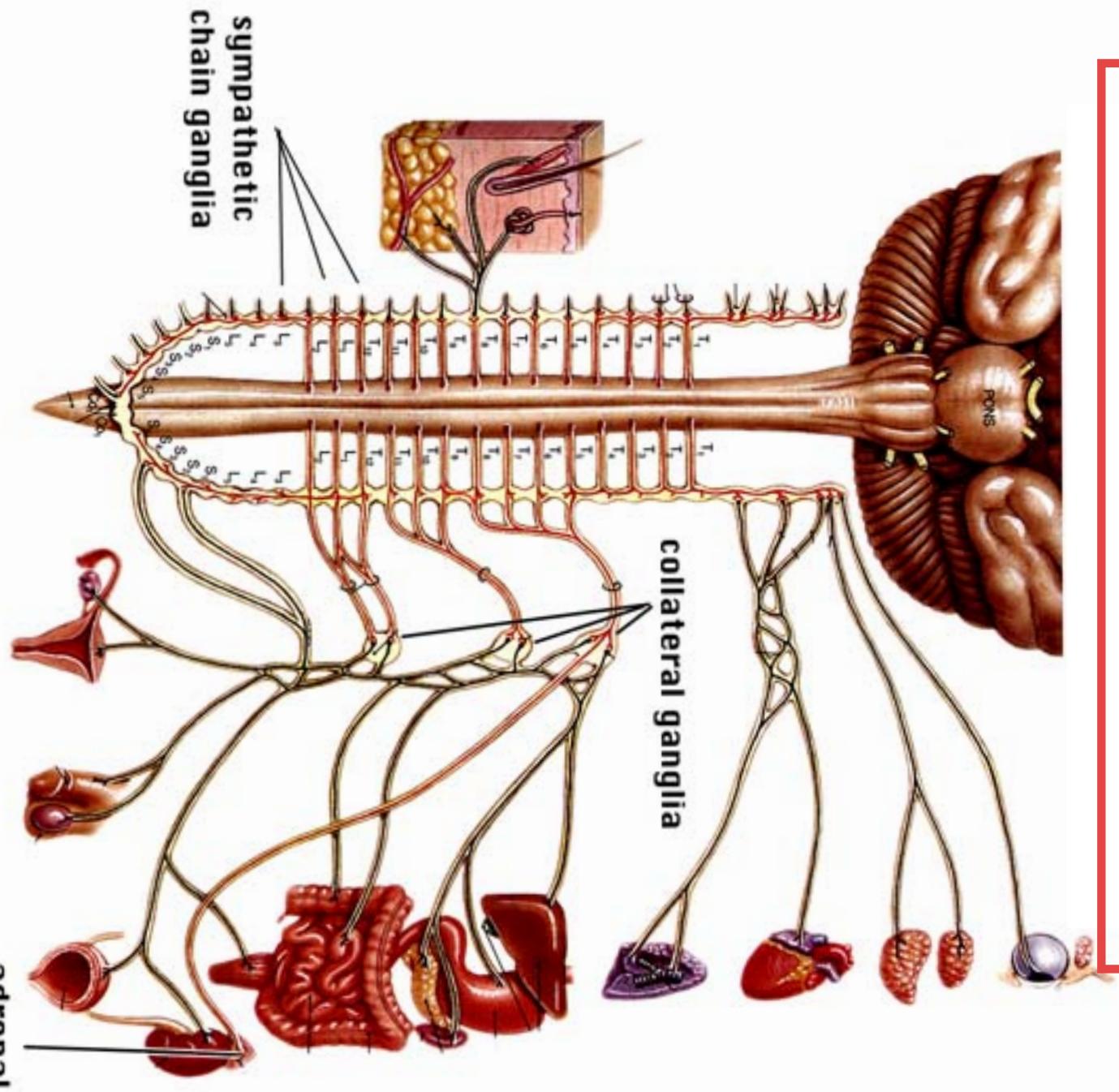
Bladder:  
sphincter tone ↓  
detrusor ↑

## Gastro-intestinal tract:

Increased  
detrusor tone  
Decreased  
sphincter tone

# SYMPATHETIC DIVISION

Modified from Fig. 17-5, Prentice Hall, Martin/Timmons 1997



**SNC:**

Increased drive  
and alertness

**Saliva:**

Little, viscous

**Bronchi:**

Dilatation

## "Fight or flight" functions

CNS:  
drive ↑  
alertness ↑

Eyes:  
pupillary dilation

Saliva:  
little, viscous

Bronchi:  
dilation

Liver:  
glycogenolysis



**Heart:**  
Increased rate  
Increased force  
Increased blood pressure

**Bladder:**  
Decreased detrusor tone  
Increased sphincter tone

**Bladder:**  
Decreased detrusor tone  
Increased sphincter tone

**Liver:**

Glycogenolysis  
Glucose release

**Skeletal muscle:**  
Increased blood flow  
Increased glycogenolysis

**Gastrointestinal tract:**

Decreased peristalsis

Increased sphincter tone

Decreased blood flow



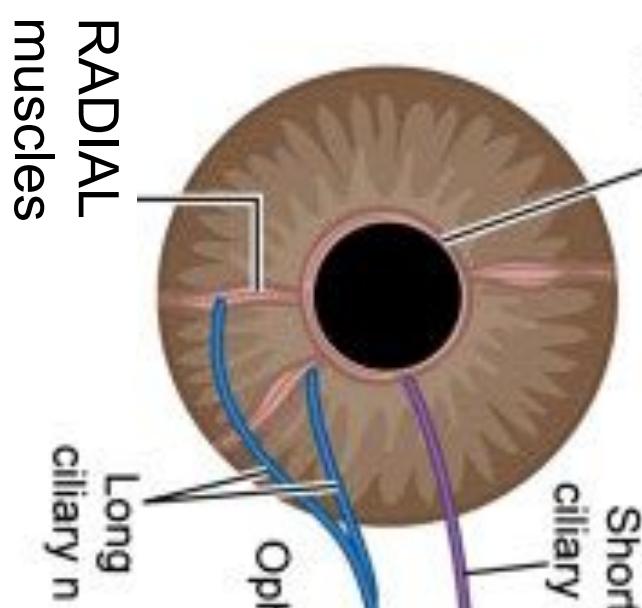
**Bladder:**

Decreased detrusor tone  
Increased sphincter tone

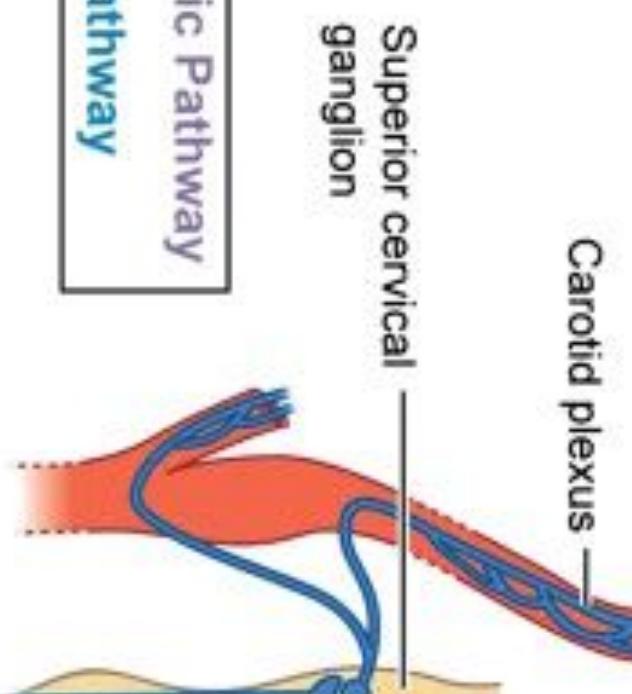
**Skeletal muscle:**

Increased blood flow  
Increased glycogenolysis

CIRCULAR  
muscles

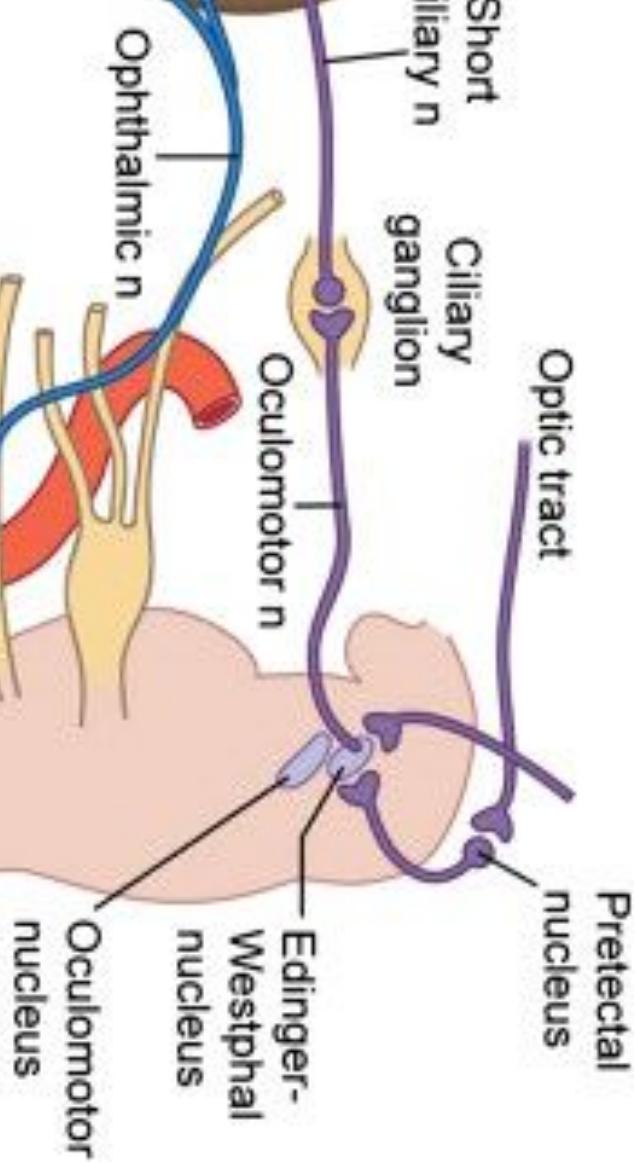


RADIAL  
muscles



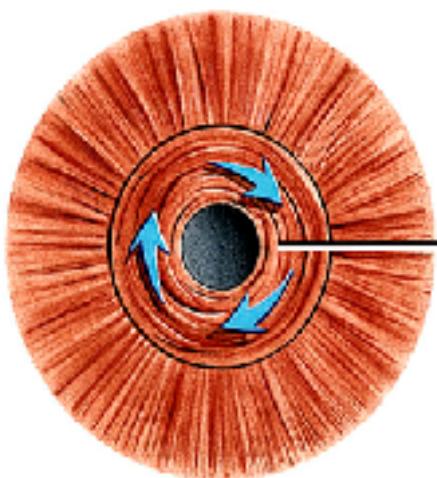
Parasympathetic Pathway

J. Gregory o/F

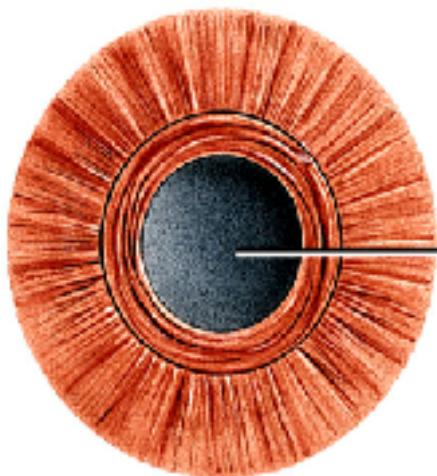


# The circular and radial muscles control the size of the pupil

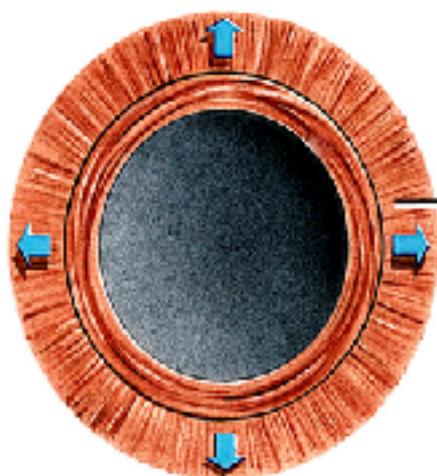
Pupil constricts as  
CIRCULAR fibers  
contract  
(parasympathetic)



Pupil dilates as RADIAL  
fibers contract  
(sympathetic)



Pupil constricts as  
CIRCULAR fibers  
contract  
(parasympathetic)



Miosis

Bright light

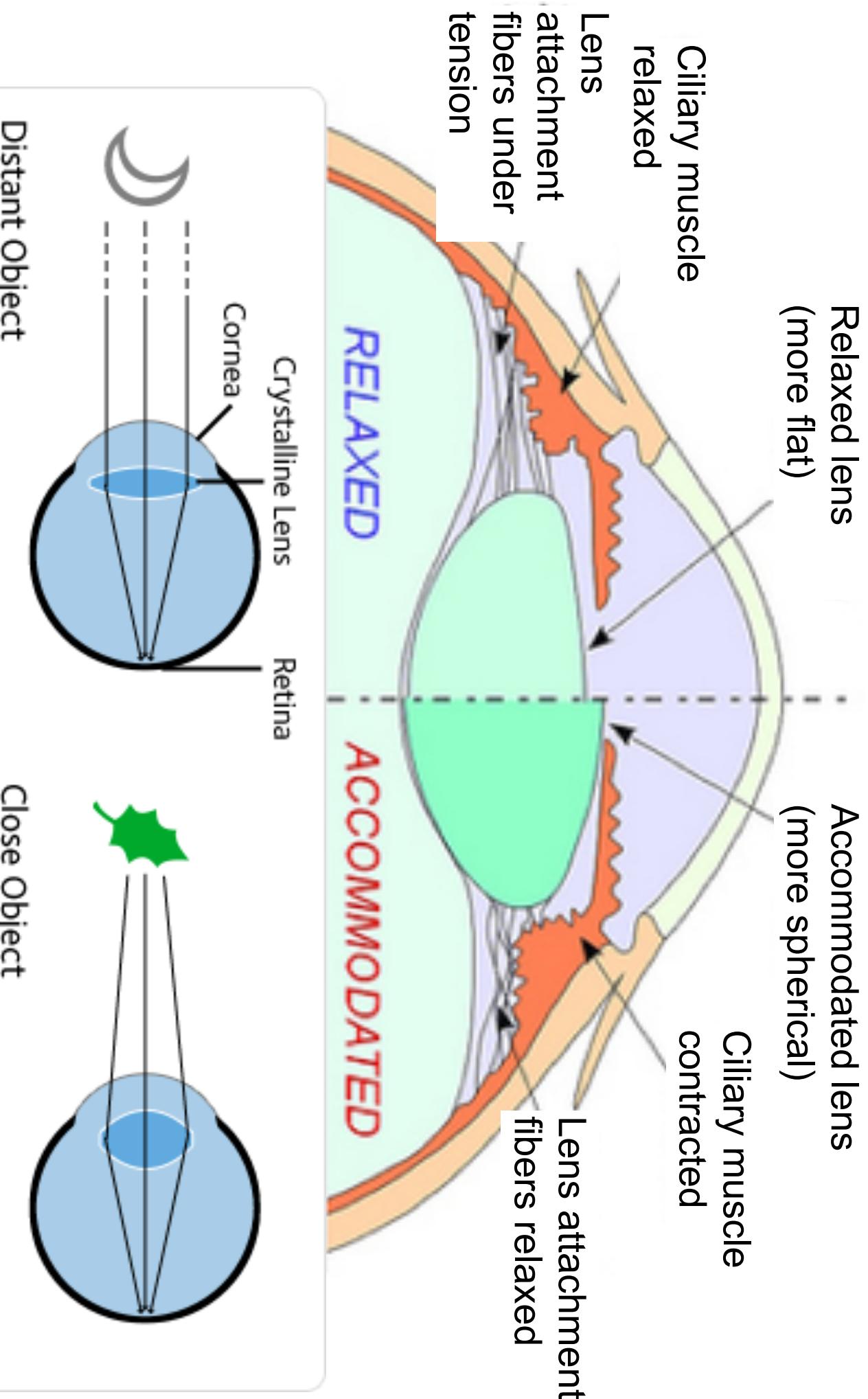
Normal light

Dim light

Anterior views

Midriasis

# The ciliary muscles control the shape of the lens



# Bladder

– Bladder

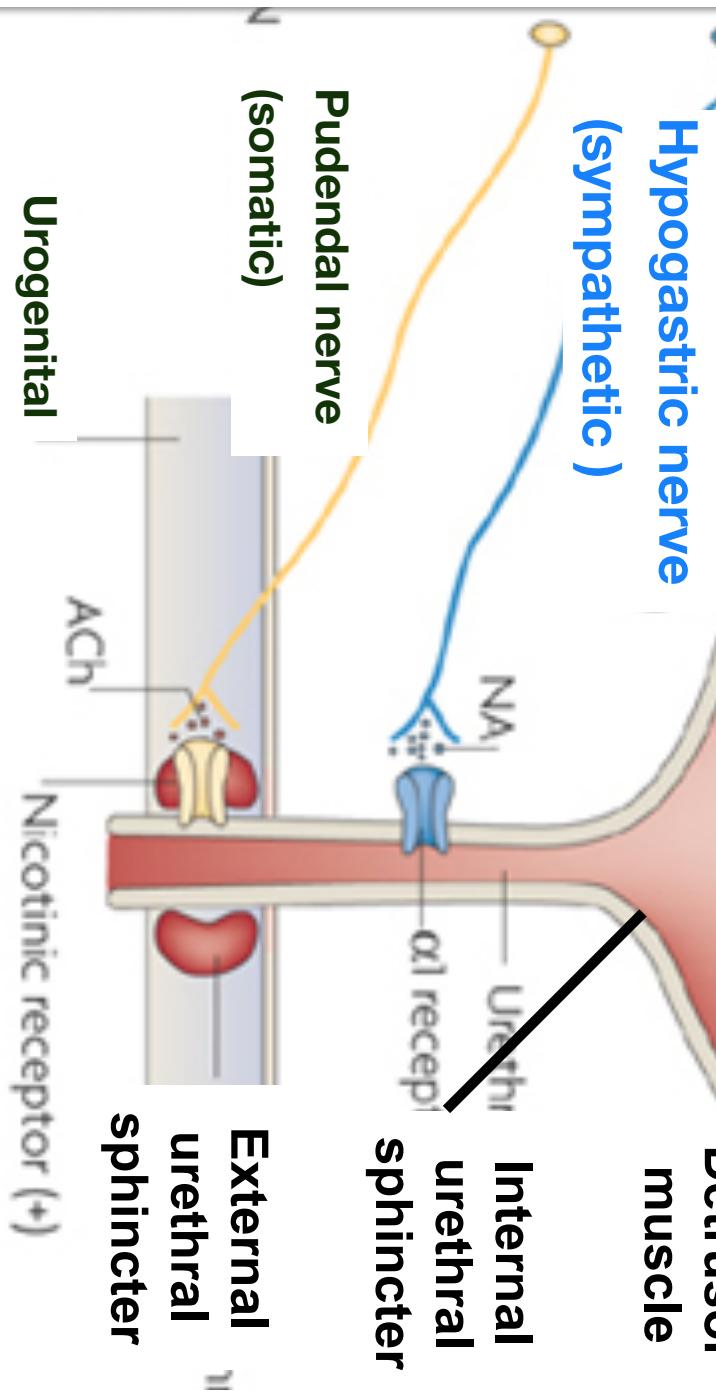
## Parasympathetic system:

Detrusor muscle contracts



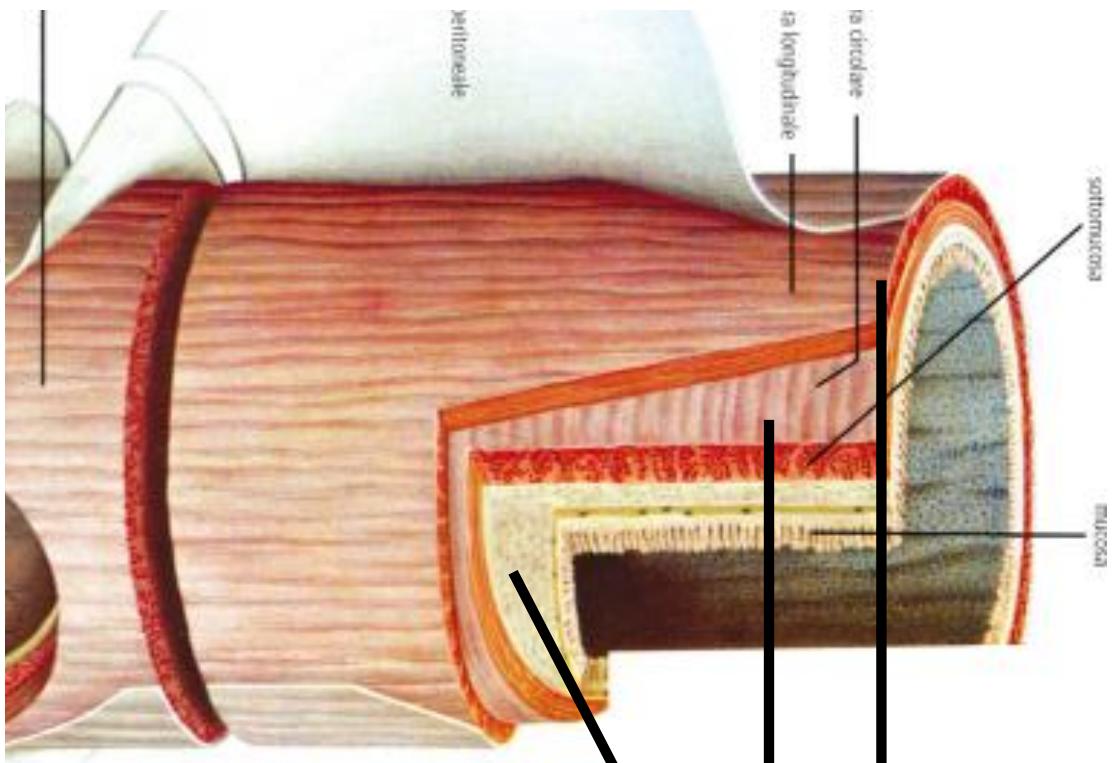
## Sympathetic system:

Detrusor muscle relax  
Internal urethral sphincter contracts

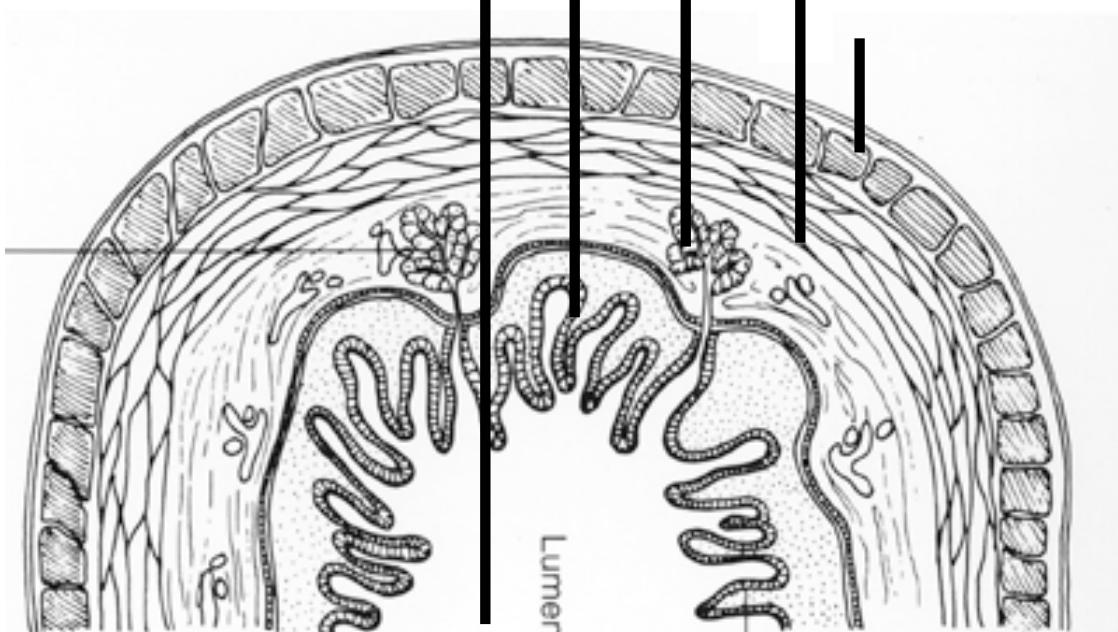


Urogenital diaphragm

# Intestinal tract



Longitudinal muscle  
Circular muscle  
Submucosa  
Gland  
Epithelium  
Lumen



Lumen

Sympathetic system:  
Decreased peristalsis  
Increased sphincter tone

Parasympathetic system:  
Increased peristalsis  
Decreased sphincter tone

# SYMPATHETIC

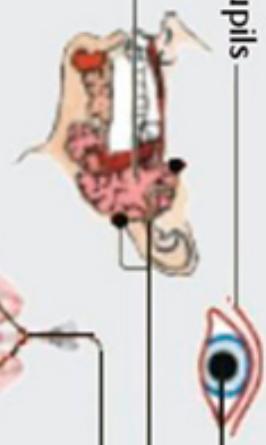
Sympathetic Ganglia

Dilates Pupils

Inhibits Salivation

Constricts Pupils

Stimulates Salivation



Inhibits Digestion

Bronchial Dilation

Increases Heart Rate

Decreases Contractility

Bronchial Constriction

Stimulates Digestion

Increases Contractility

Stimulates Gallbladder

Stimulates Glucose Release by Liver

Stimulates Epinephrine & Norepinephrine Release

Relaxes Bladder

Contracts Rectum

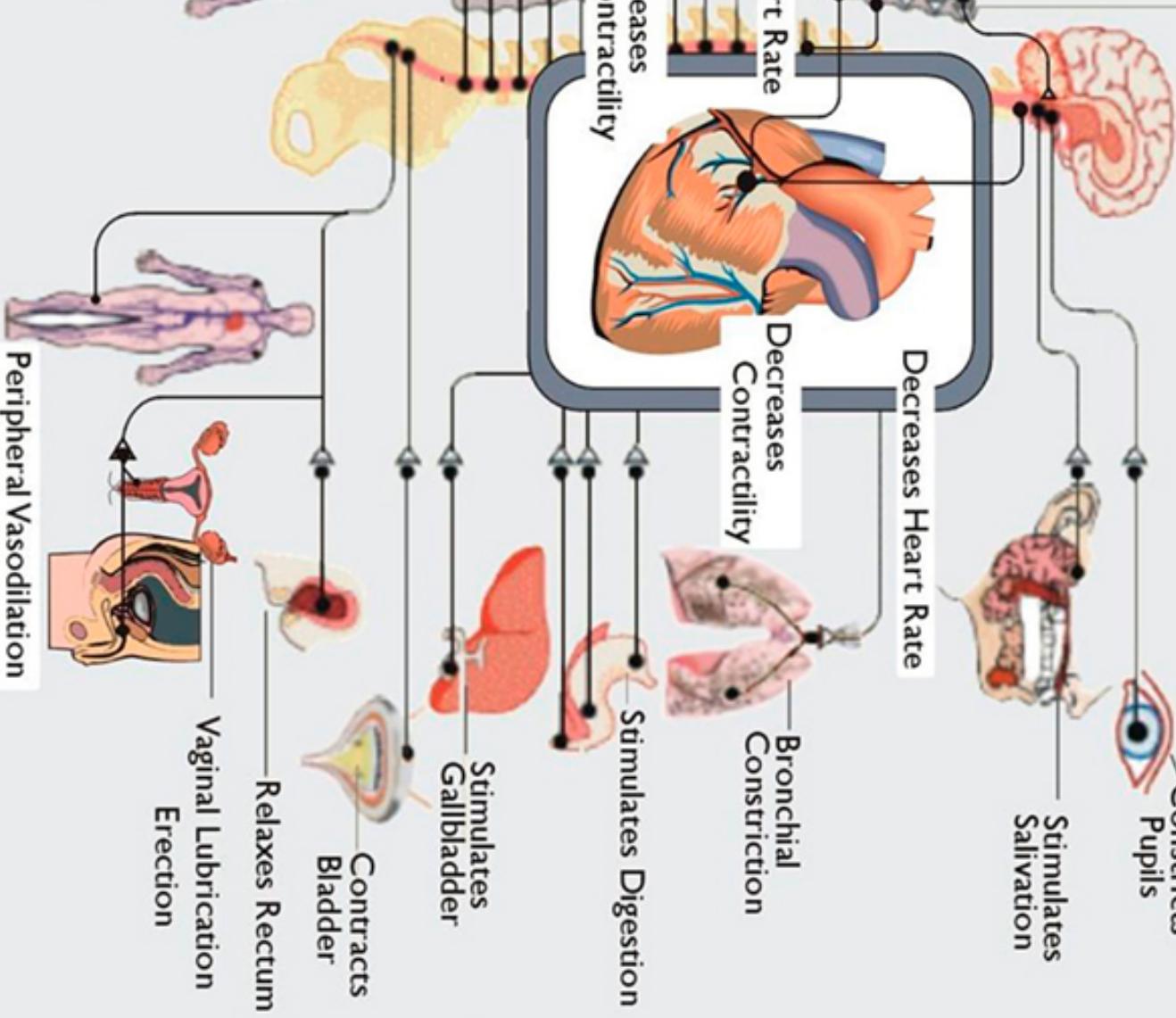
Orgasm Ejaculation

Peripheral Vasoconstriction

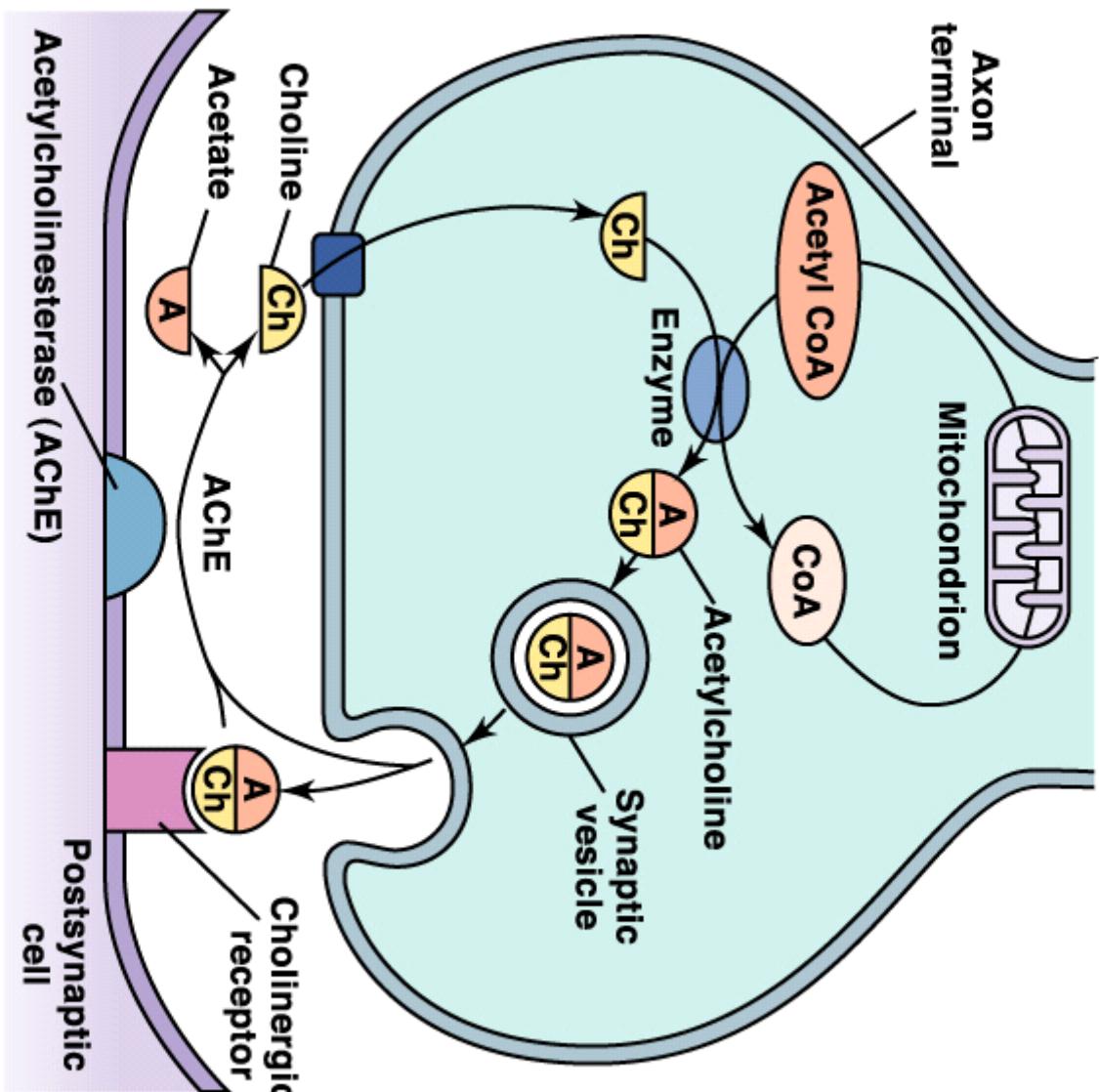
# PARASYMPATHETIC

Peripherally Vasoconstriction

Peripherally Vasodilation



# CHOLINERGIC TRANSMISSION ACETYLCHOLINE SYNTHESIS AND DEGRADATION



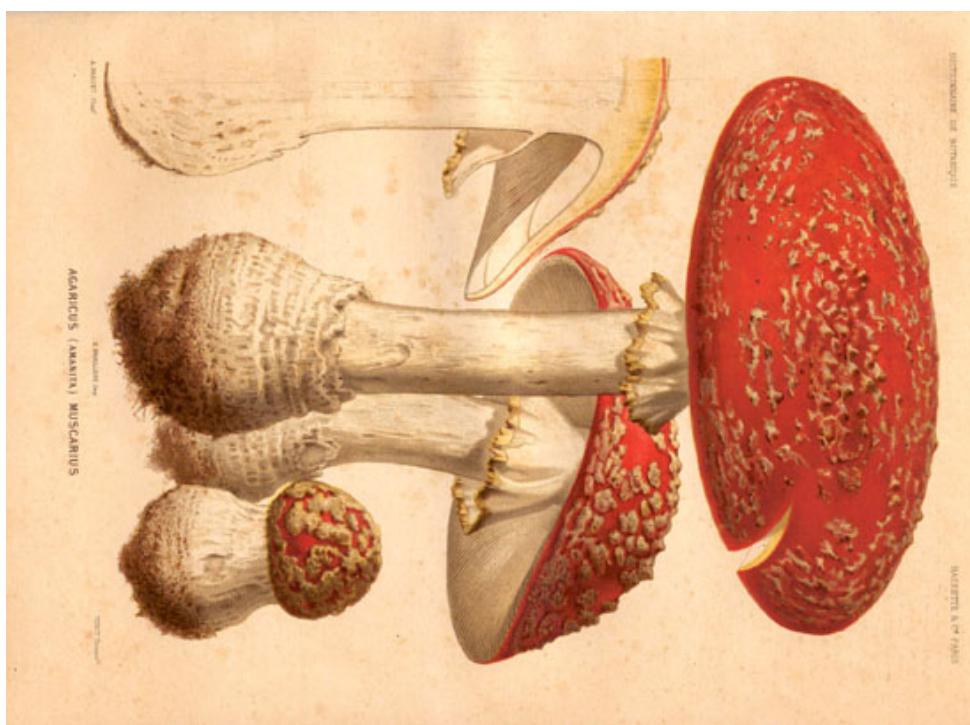
# ACETYLCHOLINE RECEPTORS

(Dale, 1914)

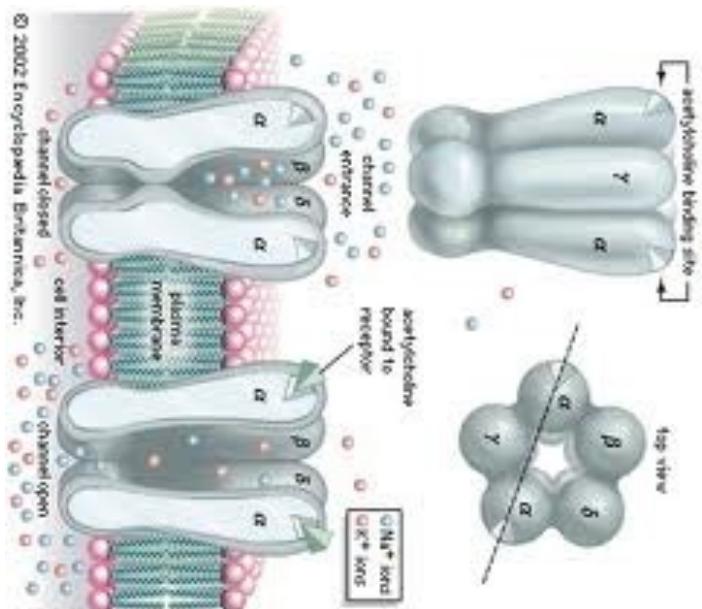
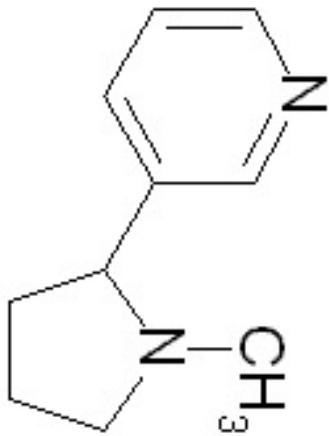
NICOTINIC  
ionotropic



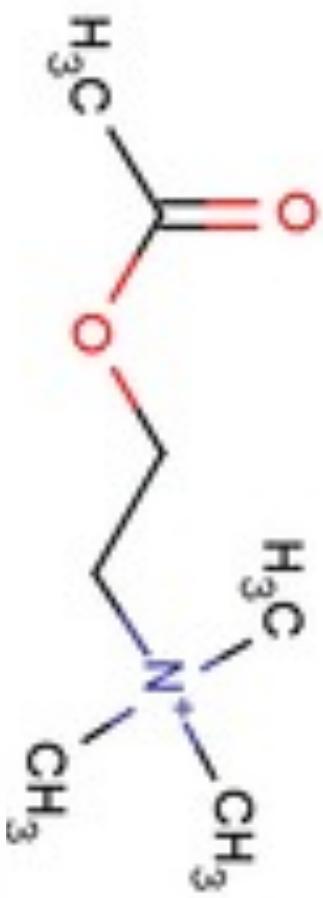
MUSCARINIC  
metabotropic



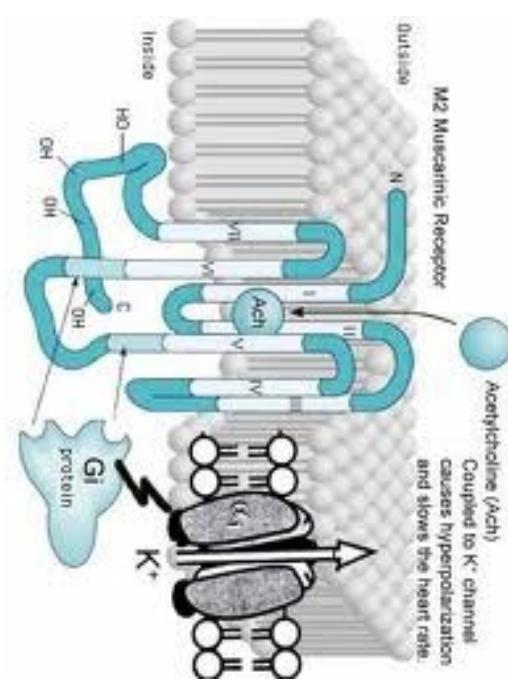
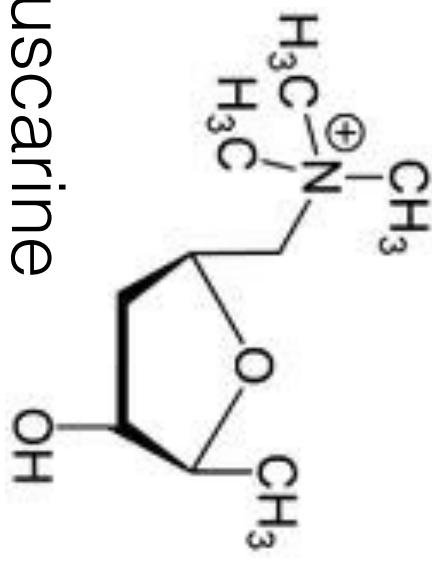
# Nicotine



# Acetylcholine



# Muscarine



# NICOTINIC RECEPTOR CLASSIFICATION

| SUBTYPE  | MAIN LOCALIZATION                                      | MEMBRANE RESPONSE |
|--|--|-------------------|
| Muscle type<br>$(\alpha 1)2-\beta\alpha 1-\delta\alpha-\epsilon\sigma$ | Skeletal neuromuscular junction (mainly post-synaptic) | Excitatory        |
| Ganglion type<br>$(\alpha 3)2-(\beta 2)3$                              | Autonomic ganglia<br>(mainly post-synaptic)            | Excitatory        |
| CNS type<br>$(\alpha 4)2-(\beta 2)3(\alpha 7)5$                        | Many brain regions: pre- and post-synaptic             | Excitatory        |

# NICOTINIC RECEPTOR CLASSIFICATION

| SUBTYPE  | AGONISTS   | CLINICAL USE   |
|--|--|--|
| Muscle type<br><br>$(\alpha_1)_2-\beta_1-\delta-\epsilon$        | Acetylcholine<br>Carbachol<br>Succinylcholine<br>Suxamethonium | None<br>None<br>Paralysis during anesthesia (short acting) |
| Ganglion type<br><br>$(\alpha_3)_2-(\beta_2)_3$                  | Acetylcholine<br>Carbachol<br>Nicotine<br>Epibatidine          | None<br>None<br>Smoke cessation<br>None                    |
| CNS type<br><br>$(\alpha_4)_2-(\beta_2)_3$<br><br>$(\alpha_7)_5$ | Nicotine<br>Epibatidine<br>Acetylcholine<br>Varenicline        | None<br>None<br>None<br>Smoke cessation                    |

# NICOTINIC RECEPTOR CLASSIFICATION

| SUBTYPE   | ANTAGONISTS   | CLINICAL USE  |
|---|---|---|
| Muscle type<br><br>$(\alpha_1)_2$ -<br>$\beta_1$ - $\delta$ -<br>$\epsilon$ | Tubocurarine<br>Pancuronium<br>Atracurium<br>Vecuronium | Paralysis during<br>anaesthesia   |
| Ganglion type<br><br>$(\alpha_3)_2$ -<br>$\beta_2$                          | Mecamylamine<br>Trimetaphan<br>Hexamethonium            | Obsolete anti-<br>hypertensive drug   |
| CNS type<br><br>$(\alpha_4)_2$ -<br>$\beta_2$                               | Mecamylamine<br>Methylaconitine<br><br>$(\alpha_7)_5$   | Crosses the BBB<br>(antagonizes nicotine<br>CNS effects)<br><br>Alpha-bungarotoxin<br>Alpha-conotoxin |

| MUSCARINIC RECEPTOR CLASSIFICATION                  |   |   |
|---|---|---|
| SUBTYPE   | MAIN LOCATION   | FUNCTIONAL RESPONSE   |
| <b>M1<br/>("neural")</b>                            | Cerebral cortex<br>Autonomic ganglia  | CNS excitation<br>Gastric secretion   |
| <b>M2<br/>("cardiac")</b>                           | Heart: atria<br>CNS   | Cardiac inhibition (bradycardia)<br>Neural inhibition   |
| <b>M3<br/>("Glandular -<br/>Smooth<br/>muscle")</b> | Exocrine glands: gastric,<br>Salivary, etc<br>Smooth muscle: GI tract, eye,<br>airways, bladder<br>Blood vessel (endothelium) | Gastric, salivary secretion<br>Contraction, ocular<br>accommodation<br>Vasodilatation (NO-mediated) |
| <b>M4</b>   | CNS   | Enhanced locomotion   |
| <b>M5</b>   | CNS (very localized expression)   | Not known   |

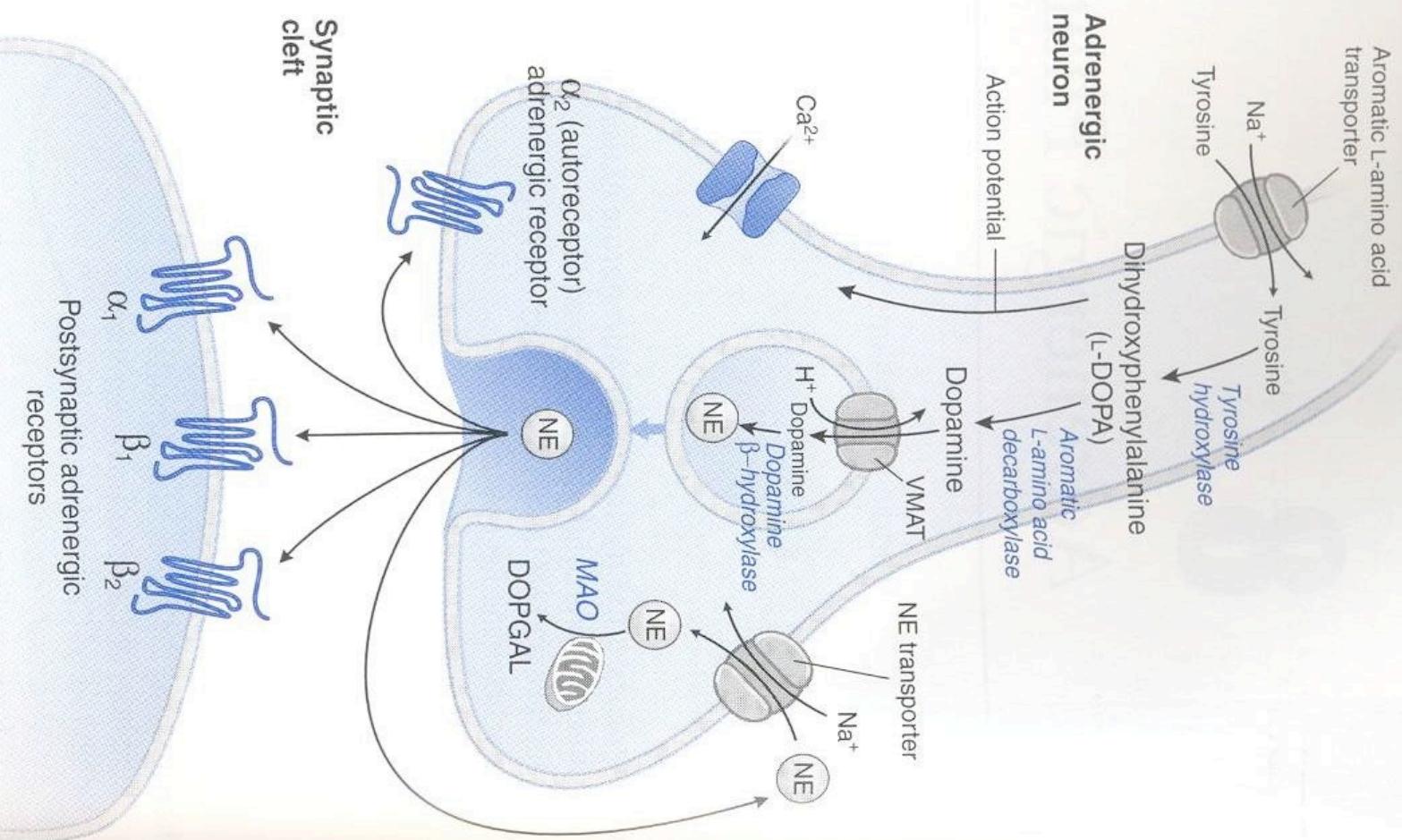
# MUSCARINIC RECEPTOR CLASSIFICATION

| SUBTYPE                             | AGONISTS                 | CLINICAL USE   |
|-------------------------------------|--------------------------|--|
|                                     | NON-SELECTIVE:           | -  |
|                                     | Acetylcholine            | -  |
|                                     | Carbachol                | -  |
| M1<br>("neural")                    | Pilocarpine              | Glaucoma   |
|                                     | Bethanechol              | Treatment of bladder and gastrointestinal hypotonia              |
| M2<br>("cardiac")                   | Not known                |  |
| M3<br>("Glandular - Smooth muscle") | SELECTIVE:<br>Cevimeline | Sjögren's syndrome (to increase salivary and lacrimal secretion) |
| M4                                  | Not known                | Not known  |
| M5                                  | Not known                | Not known  |

# MUSCARINIC RECEPTOR CLASSIFICATION

| SUBTYPE                    | ANTAGONISTS  | CLINICAL USE  |
|----------------------------|--|---|
| M1<br>("neural")           | NON-SELECTIVE:<br>Atropine<br>Oxibutynin<br>Ipatropium | Ophthalmic (midriasis and paralisis of accomodation)<br>Prevention of motion sickness<br>COPD and Asthma<br>Anaesthetic premedication |
| M2<br>("cardiac")          | SELECTIVE:<br>Pirenzepine                              | Inhibition of gastric secretion   |
| M3<br>("Glandular-Smooth") | SELECTIVE<br>Darifenacin                               | Urinary incontinence  |
| M4                         | Not known  |   |
| M5                         | Not known  |   |

# ADRENERGIC TRANSMISSION NORADRENALINE SYNTHESIS AND DEGRADATION



# ADRENERGIC RECEPTOR CLASSIFICATION

The main pharmacological classification into alfa ( $\alpha$ ) and beta ( $\beta$ ) was originally based on order of potency of agonists:

alfa ( $\alpha$ ): Epinephrine = NE > dopamine > isoproterenol

beta ( $\beta$ ): Isoproterenol > Epinephrine > NE > dopamine

Epinephrine and Norepinephrine show relatively little receptor **selectivity**

|                | $\alpha_1$ | $\alpha_2$ | $\beta_1$ | $\beta_2$ | DA  |
|----------------|------------|------------|-----------|-----------|-----|
| Norepinephrine | +++        | +++        | +         | -         | -   |
| Epinephrine    | +++        | ++         | +++       | ++        | -   |
| Dopamine       | ++         | +          | ++        | +++       | +++ |
| Dobutamine     | +          | -          | +++       | +         | -   |
| Isoproterenol  | -          | -          | ++        | ++        | -   |

## ADRENERGIC RECEPTOR CLASSIFICATION

| SUBTYPE        | MAIN LOCATION   | FUNCTIONAL RESPONSE   |
|----------------|---|---|
| <b>Alpha 1</b> | <b>Blood vessels</b>  | Contraction   |
|                | GI tract<br>GI sphincters<br>Bladder sphincter<br>Iris              | Relaxation<br>Contraction<br>Contraction<br>Contraction (midriasis)         |
| <b>Alpha 2</b> | <b>Presynaptic brain stem</b><br><b>Presynaptic nerve terminals</b> | Inhibition of sympathetic outflow<br>Decreased release of neurotransmitters |

# ADRENERGIC RECEPTOR

## SUBTYPE AGONISTS

### **Alpha 1**

Phenylephrine  
Methoxamine

### **Alpha 2**

Clonidine

## ANTAGONISTS

## CLINICAL USES

### **Alpha 1**

Prazosin

Doxazocin

Tamsulosin

Hypertension

Benign prostatic hypertrophy

### **Alpha 2**

Yohimbine

No clinical use

# ADRENERGIC RECEPTOR CLASSIFICATION

| SUBTYPE | MAIN LOCATION   | FUNCTIONAL RESPONSE   |
|---------|---|---|
| Beta 1  | Heart<br><br><b>Kidney (iuxtaglomerular apparatus)</b>                                | Increase rate and force of contraction<br><br>Renine release                |
| Beta 2  | <b>Smooth muscle:</b><br>bronchi, blood vessel<br>ciliary, GI tract, bladder detrusor | Dilate<br><br>Relax   |
| Beta 3  | Skeletal muscle<br><br>Liver<br><br>Fat tissue  | Increase mass, tremor<br><br>Glycogenolysis<br><br>Lipolysis, thermogenesis |

# ADRENERGIC RECEPTOR

## SUBTYPE

## AGONISTS

## CLINICAL USES

### Beta 1

Dobutamine

Cardiogenic shock

### Beta 2

Salbutamol  
Terbutaline  
Formoterol

Asthma

### Beta 3

Mirabegron

Symptoms of overactive bladder

## ADRENERGIC RECEPTOR

### SUBTYPE

### ANTAGONISTS

### CLINICAL USES

Propranolol

Alprenolol

Metoprolol

Nevibolol

Angina pectoris

Hypertension

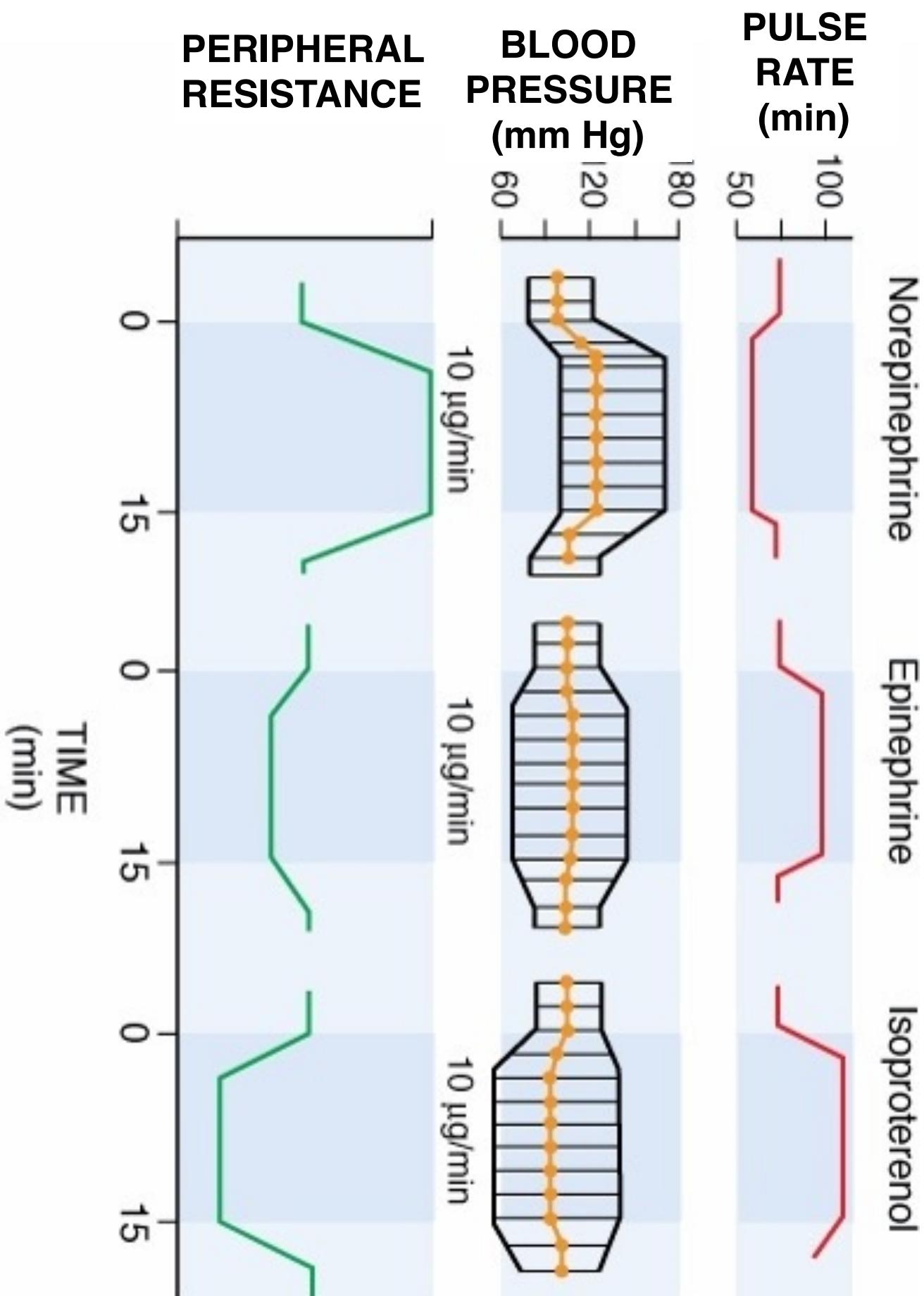
Cardiac dysrhythmias  
(Anxiety, tremor)

### Beta 2

Butoxamine

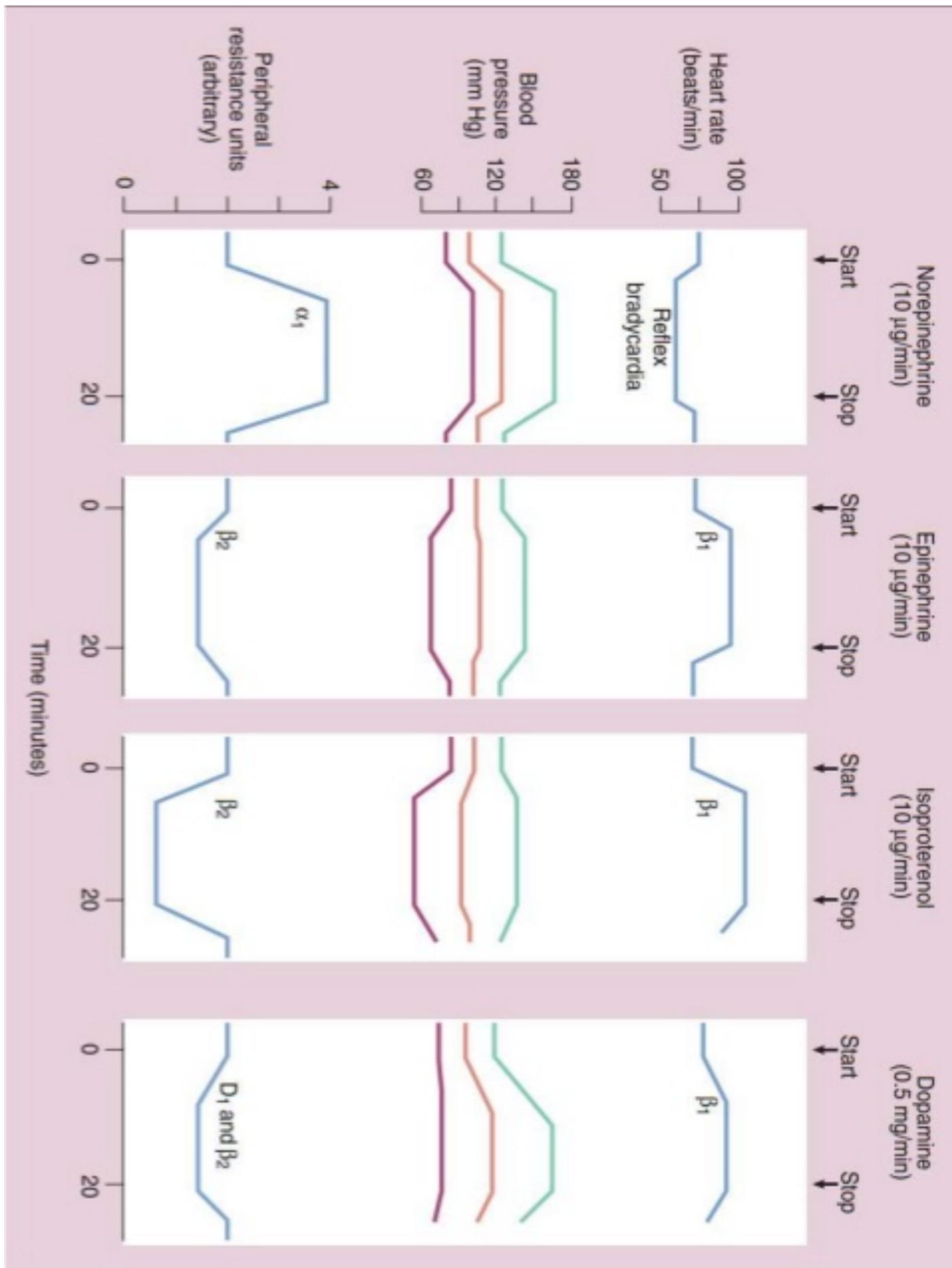
None

### Beta 3

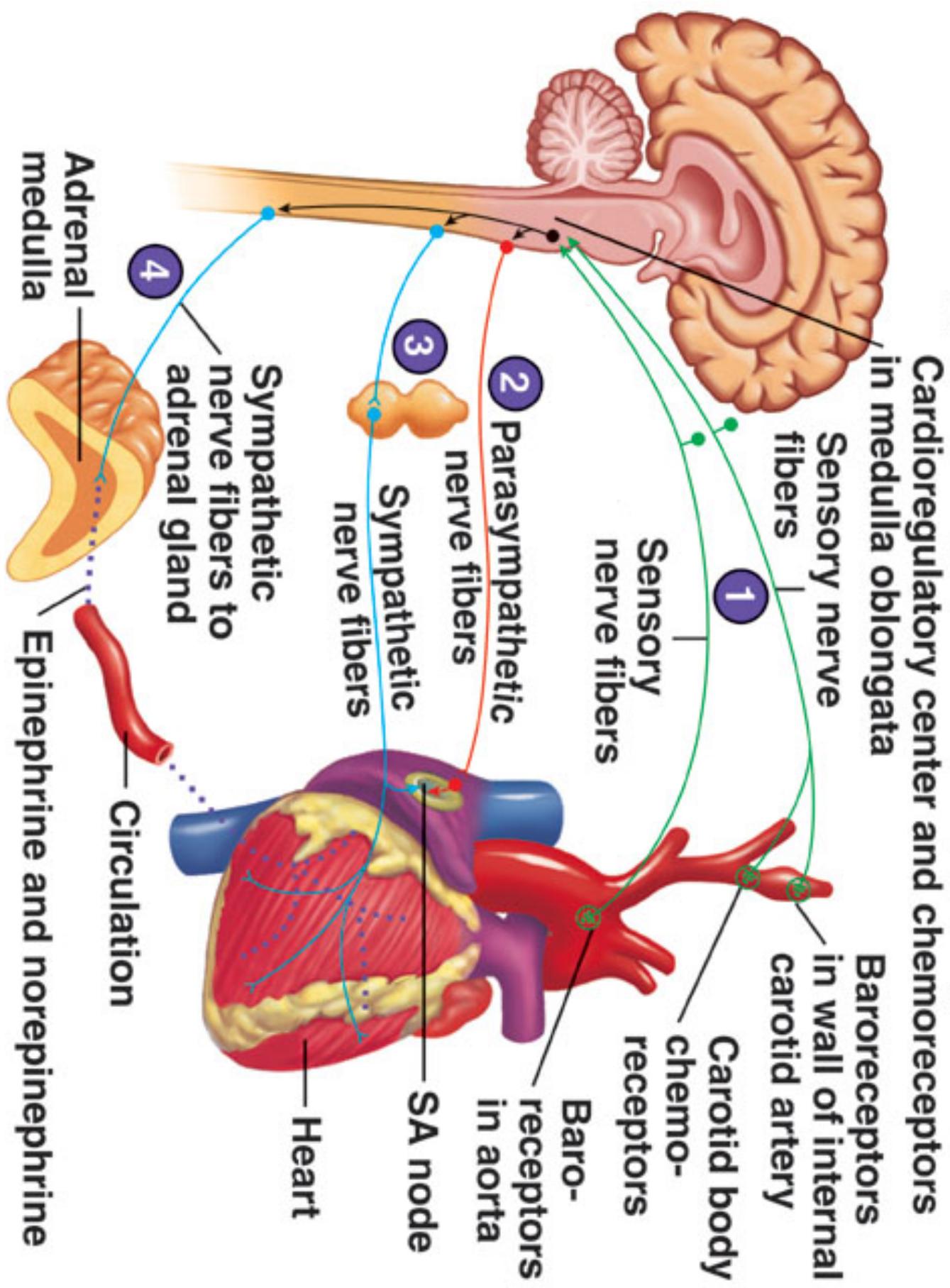


**Effect of intravenous infusion of Norepinephrine, Epinephrine or Isoproterenol in human beings**

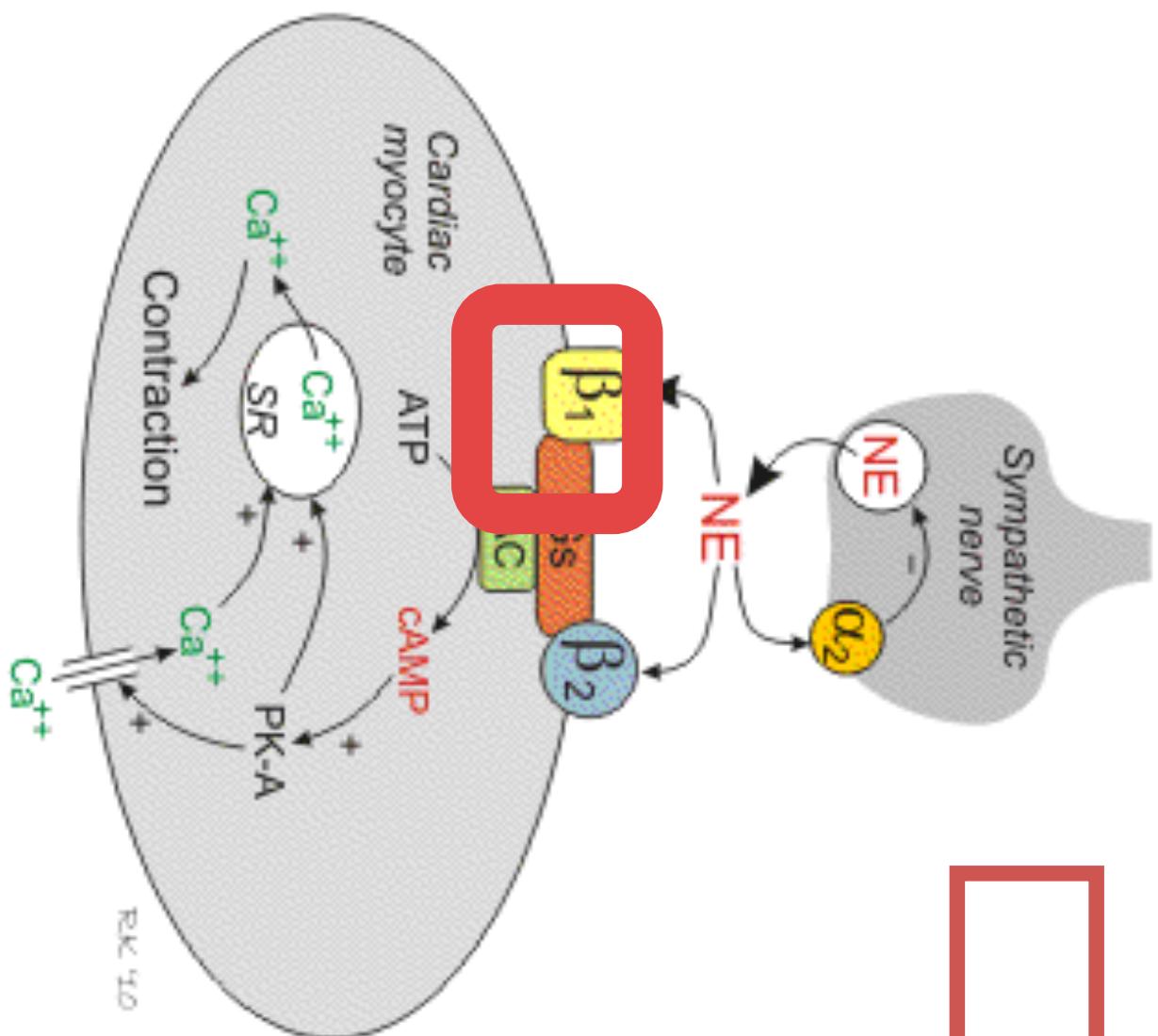
# Effect of intravenous infusion of Norepinephrine, Epinephrine or Isoproterenol in human beings



# BAROCEPTOR, CHEMOCEPTOR AND CARDIOVASCULAR REGULATION

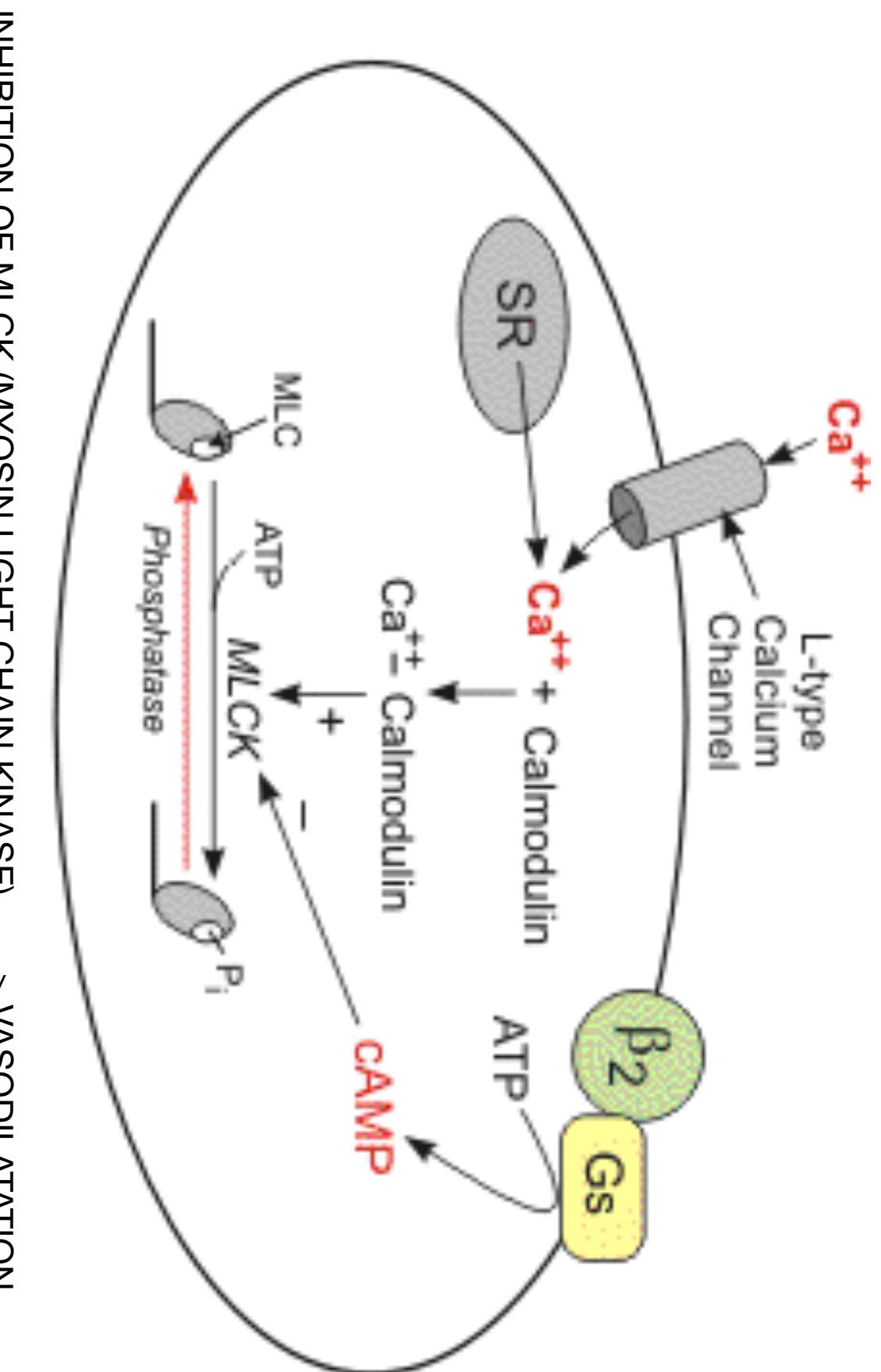


# HEART



PHOSPHORYLATION OF L-TYPE CALCIUM CHANNELS  
INCREASE OF CICR (CALCIUM INDUCED CALCIUM RELEASE)  
---> POSITIVE INOTROPIC

# VASAL SMOOTH MUSCLE



INHIBITION OF MLCK (MYOSIN LIGHT CHAIN KINASE)  $\dashrightarrow$  VASODILATATION