Mood disorders - Depression

Depression is a common and heterogeneous psychiatric disorder

Clinical classification (most common)
1. Major depressive disorder (unipolar depression)
2. dysthymia, a less severe but more chronic form of depression
3. bipolar disorders or maniac-depressive disorders

Affects approximately 15% of the population with high morbidity and mortality

Occurs at any age, is twice as common in women

The underlying causes of most mood disorders remain unknown

Symptoms of depression

EMOTIONAL

Lose Interest and Motivation
Lose Self Confidence / Feelings of worthlessness
Experience Feelings of Guilt
Thoughts of Suicide (7-15% commit suicide)
Loss of ambition
Little pleasure from sex or food
Excess sadness in response to loss, failure, or disappointment

BIOLOGICAL

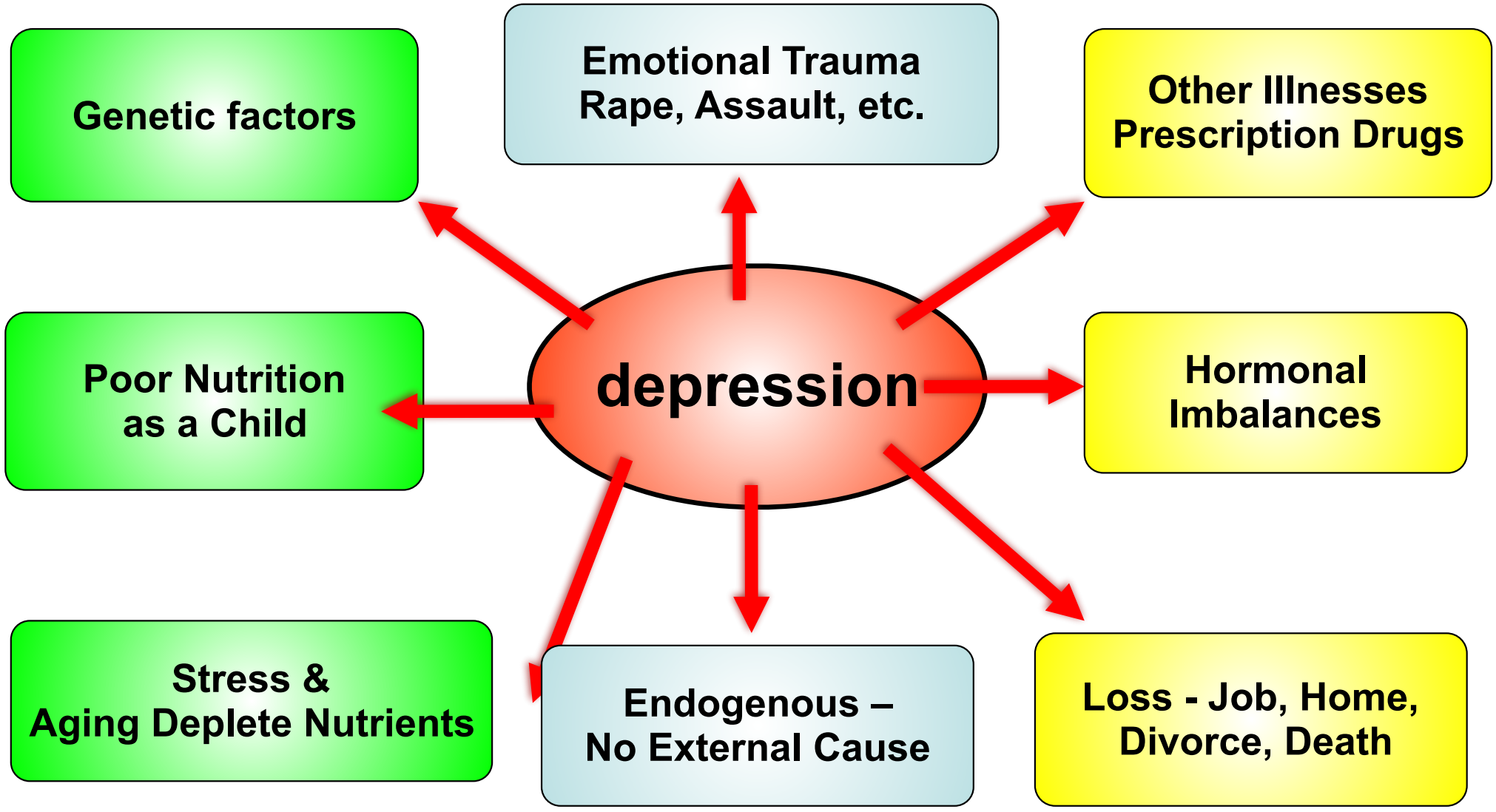
Sleep Disturbance
Appetite and Weight Change
Lack of Energy, fatigue
Poor Concentration and Memory

Diagnostic and Statistical Manual of Mental Disorders (DSM-IV): criteria for major depression

At least five of the following symptoms for at least two weeks (symptom 1 or 2 must be present):

- Depressed mood
- Loss of interest or pleasure
- Significant appetite or weight loss or gain
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feelings of worthlessness or excessive guilt
- Impaired thinking or concentration, indecisiveness
- Suicidal thoughts/thoughts of death

Depression: etiology

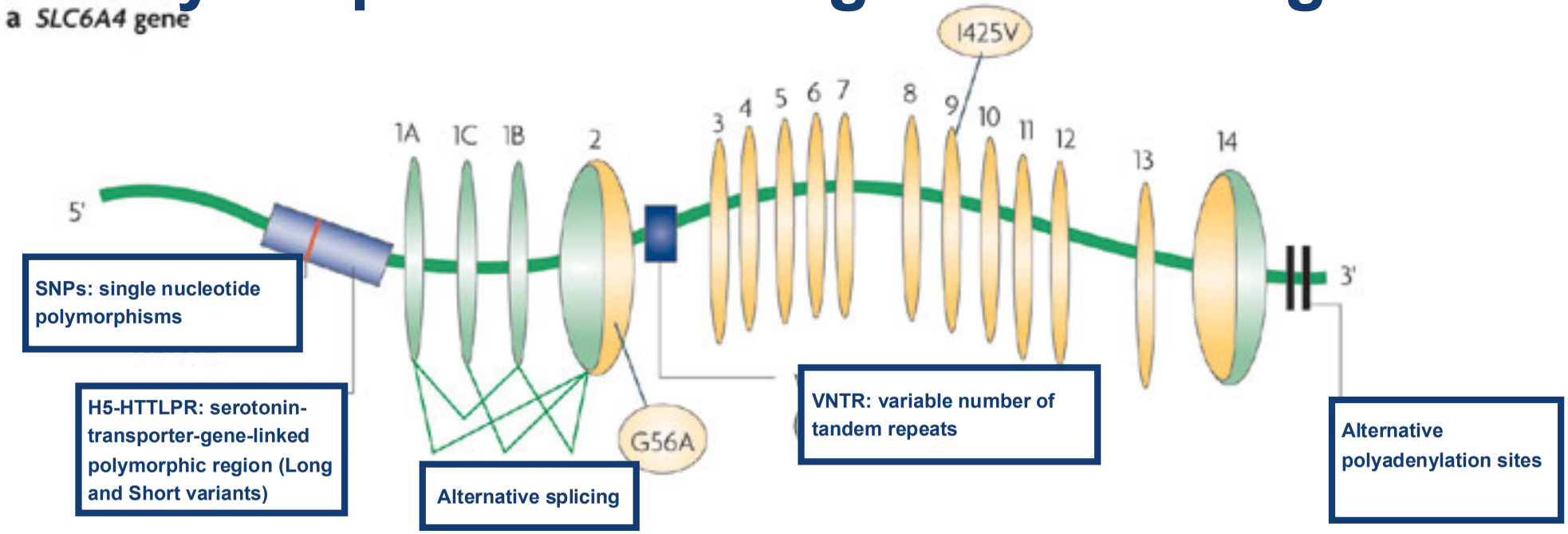


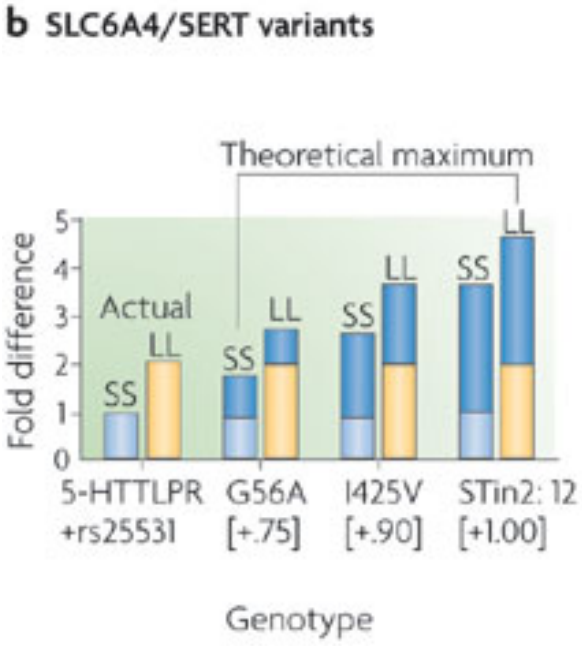
Genetic factors

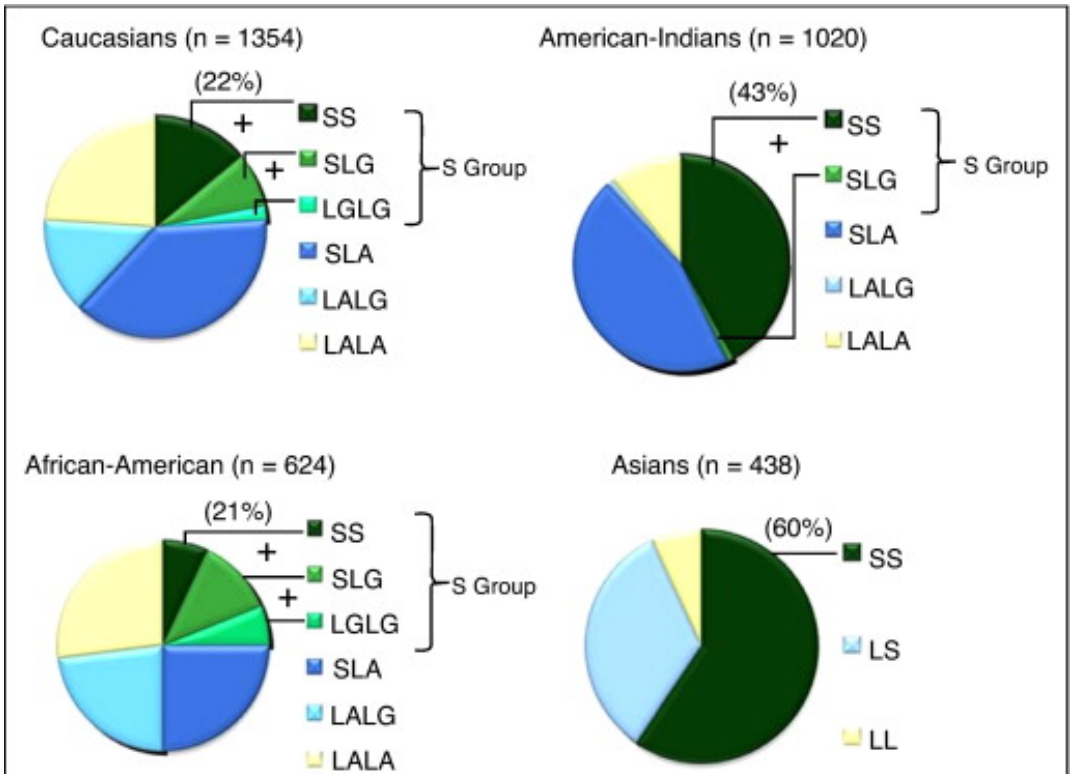
Predisposition depends on a variety of genes:

- The serotonin transporter (SERT) gene
- The serotonin 2A receptor
- FK-506 binding protein (FKBP5)

Polymorphisms in the gene encoding SERT







A

Main characteristics of the 5-HT$_{2A}$ receptor

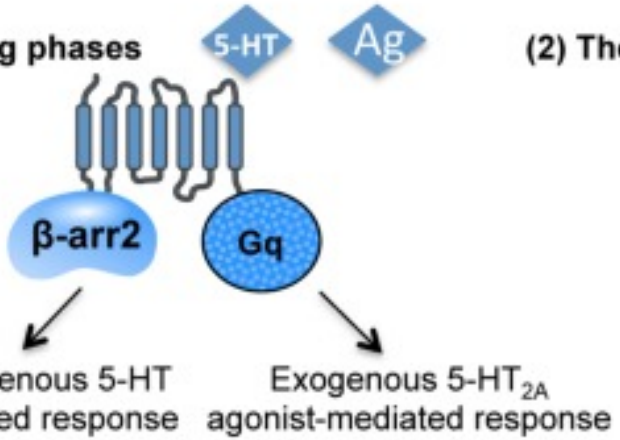
5-HT$_{2A}$ receptor in brain regions relevant to mood and epilepsy

Region:		**Cell type**:
Amygdala:	+++	Glutamatergic / GABAergic *(Bombardi, 2014)*
Neocortex:	+++	Glutamatergic / GABAergic *(Celada et al., 2013)*
Entorhinal Cortex	+++	Glutamatergic / GABAergic *(Pompeiano et al., 1994)*
Thalamus	++	Glutamatergic / GABAergic *(Li et al., 2004)*
Hippocampus:	++	Glutamatergic / GABAergic *(Tanaka et al., 2012)*
DR:	+	GABA *(Boothman and Sharp, 2005)*
LC:	+	GABA *(Szabo and Blier, 2001)*
VTA:	++	GABA & DAergic *(Cornea-Hebert et al., 1999)*

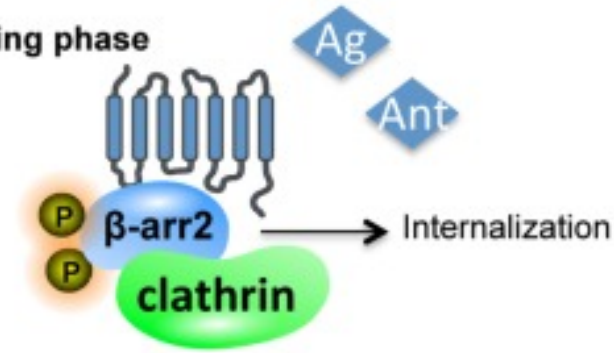
B

β-arrestin2 – dependent signaling/arresting phases

(1) The signaling phases



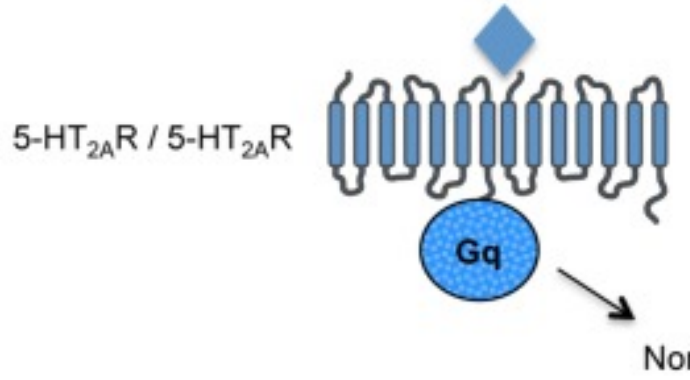
(2) The arresting phase



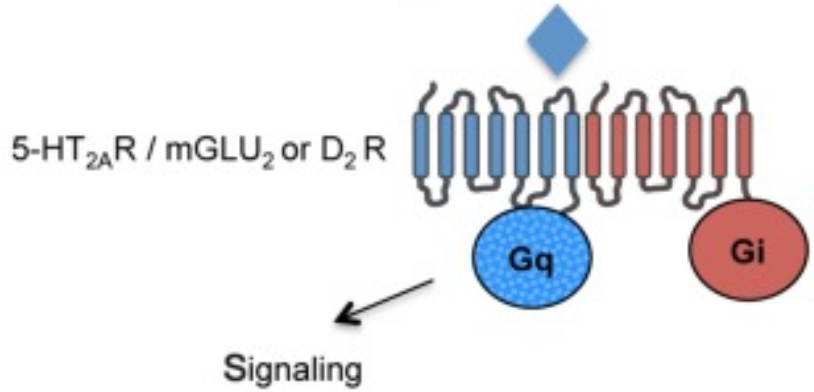
C

Dimerization

(1) Homodimerization

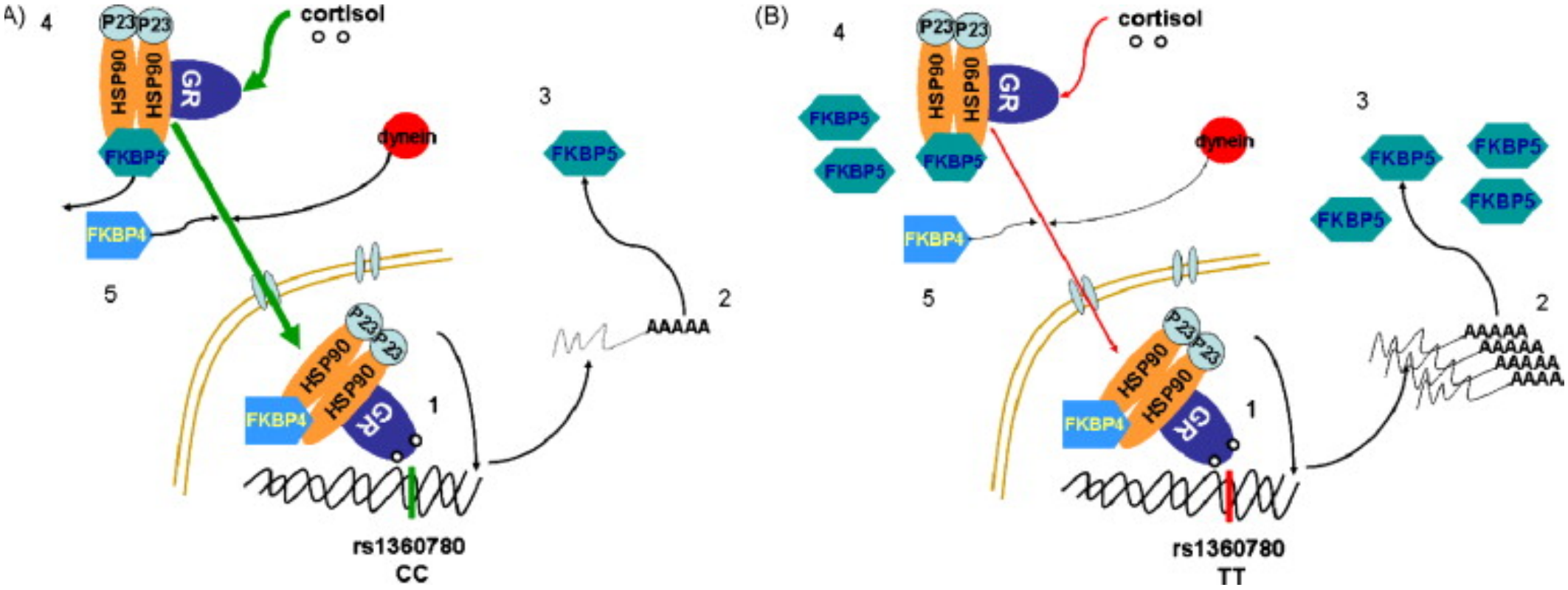


(2) Heterodimerization



FKBP5 is a co-chaperone of hsp90 which regulates glucocorticoid receptor (GR) sensitivity

FKBP5 mediates an ultra-short feedback negative loop for GR-sensitivity leading to GR resistance



Polymorphisms in the gene encoding FKBP5 associate with differential upregulation of FKBP5 following GR activation and differences in GR sensitivity and stress hormone system regulation

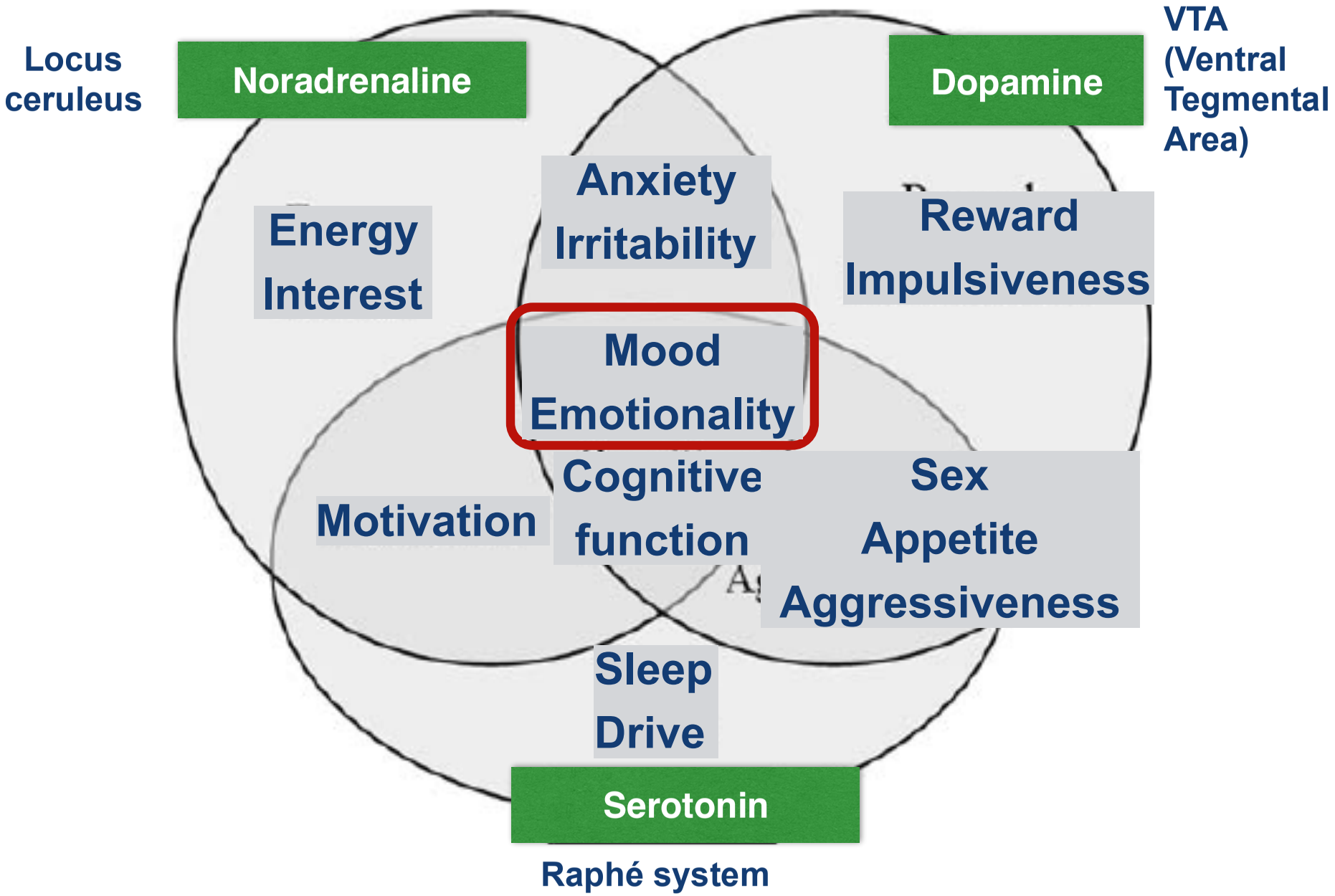
Theories of Depression

1. Monoamine Theory of Depression
2. Stress Theory of Depression

(The neurotrophic hypothesis)

1. Mood is controlled by the level of the biogenic monoamine Serotonin, Norepinephrine and Dopamine

Relationship among noradrenaline, serotonin, and dopamine and behavior



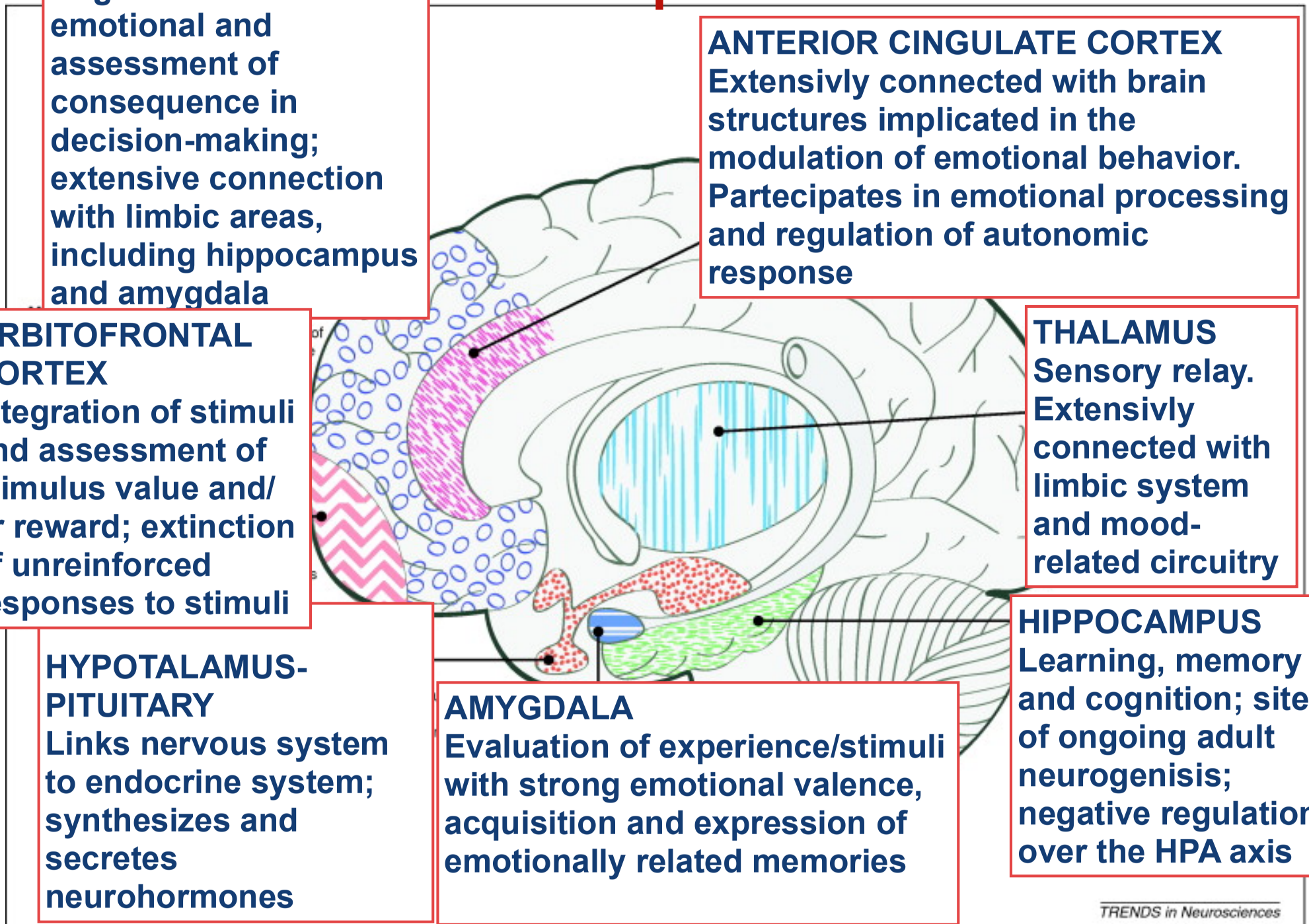
Prefrontal–limbic system circuitry important in mood disorders

MEDIAL PREFRONTAL CORTEX
Regulation of emotional and assessment of consequence in decision-making; extensive connection with limbic areas, including hippocampus and amygdala

ANTERIOR CINGULATE CORTEX
Extensivly connected with brain structures implicated in the modulation of emotional behavior. Partecipates in emotional processing and regulation of autonomic response

ORBITOFRONTAL CORTEX
Integration of stimuli and assessment of stimulus value and/ or reward; extinction of unreinforced responses to stimuli

THALAMUS
Sensory relay. Extensivly connected with limbic system and mood-related circuitry



HYPOTALAMUS-PITUITARY
Links nervous system to endocrine system; synthesizes and secretes neurohormones

AMYGDALA
Evaluation of experience/stimuli with strong emotional valence, acquisition and expression of emotionally related memories

HIPPOCAMPUS
Learning, memory and cognition; site of ongoing adult neurogenisis; negative regulation over the HPA axis

TRENDS in Neurosciences

Monoamine Theory of Depression

Most widely accepted theory:

depression may be due to **underactivity** at serotonin and norepinephrine synapses

1. all clinically effective drugs are

serotonin and/or norepinephrine agonists

or increase serotonin and/or norepinephrine levels

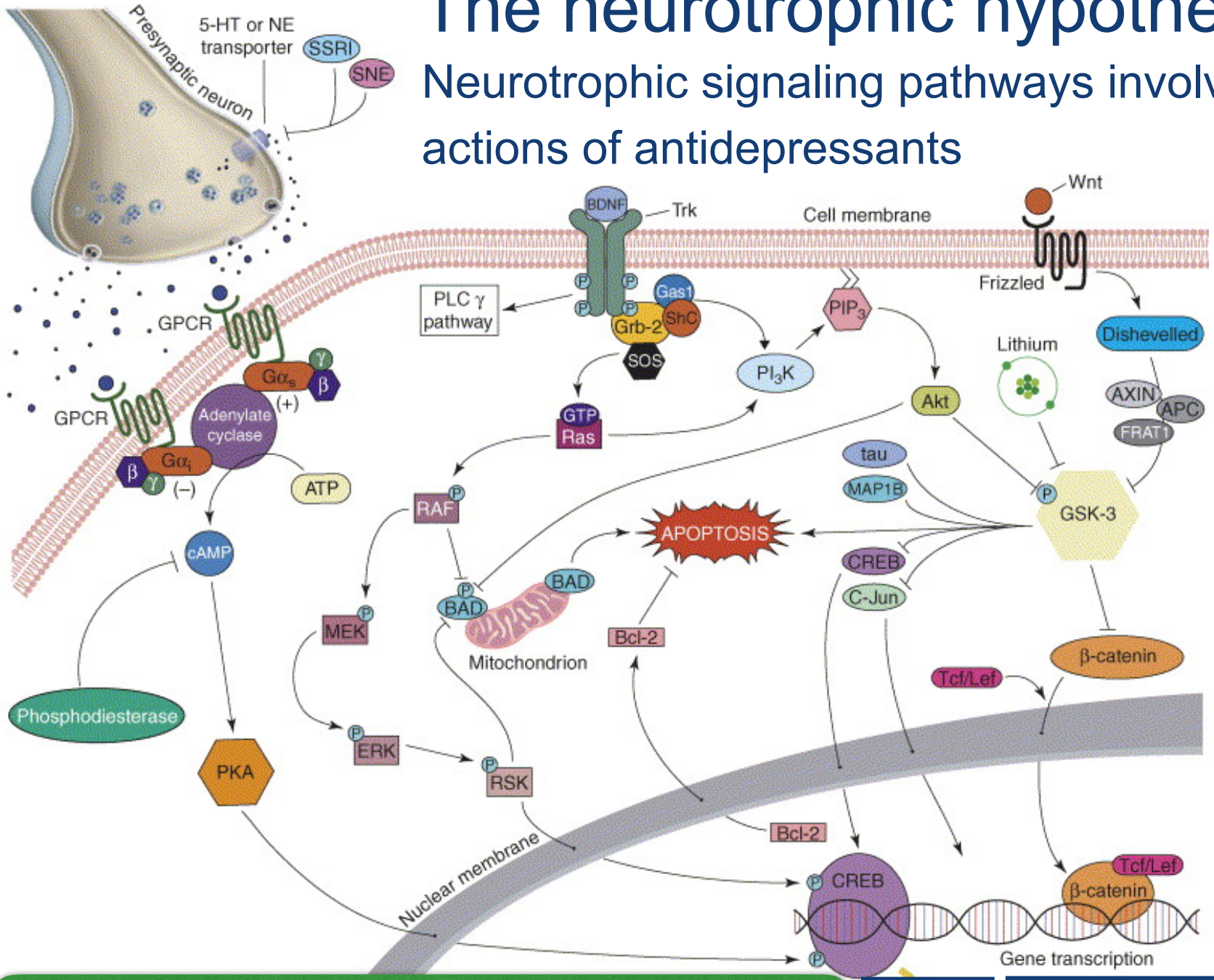
2. certain norepinephrine and serotonin receptors are **up-regulated** in untreated depressed patients (compensatory increase in receptors due to low levels of transmitters)

Criticisms

1. Neither 5-HT nor NE depletion induce clinical depression in healthy subjects
2. Antidepressants are generally effective in only about 60% of patients
3. Most antidepressants take **3 or more weeks** to take effect

The neurotrophic hypothesis

Neurotrophic signaling pathways involved in the actions of antidepressants



Neuroplastiticy, Neurogenesis and Cell Survival

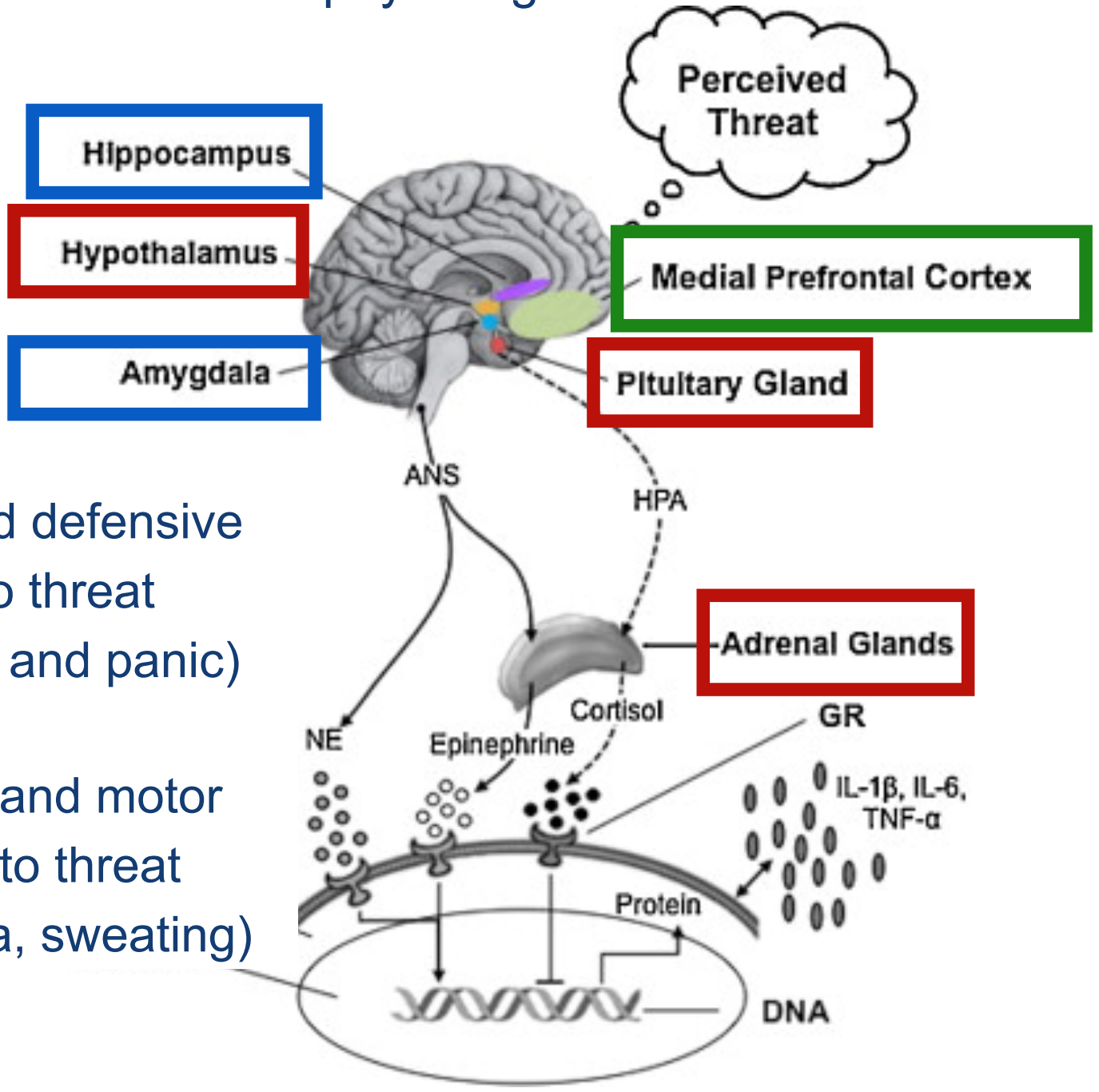
BDNF
Bcl-2

CREB (cAMP response element-binding protein)

Drug Discovery Today: Disease Mechanisms

2. Stress theory of depression

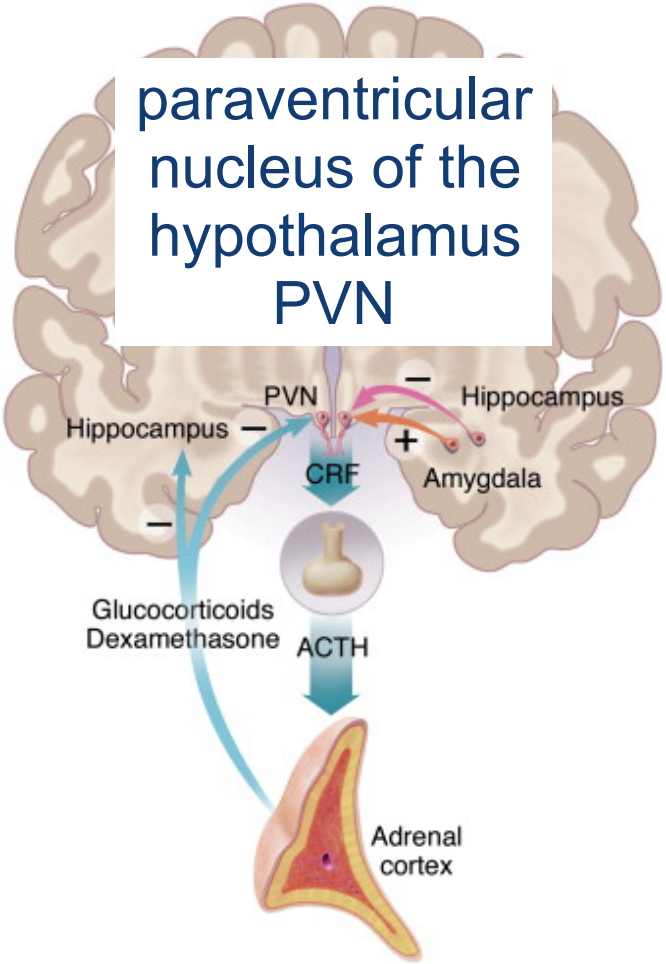
Depression shares some physiologic mechanisms with **chronic** stress

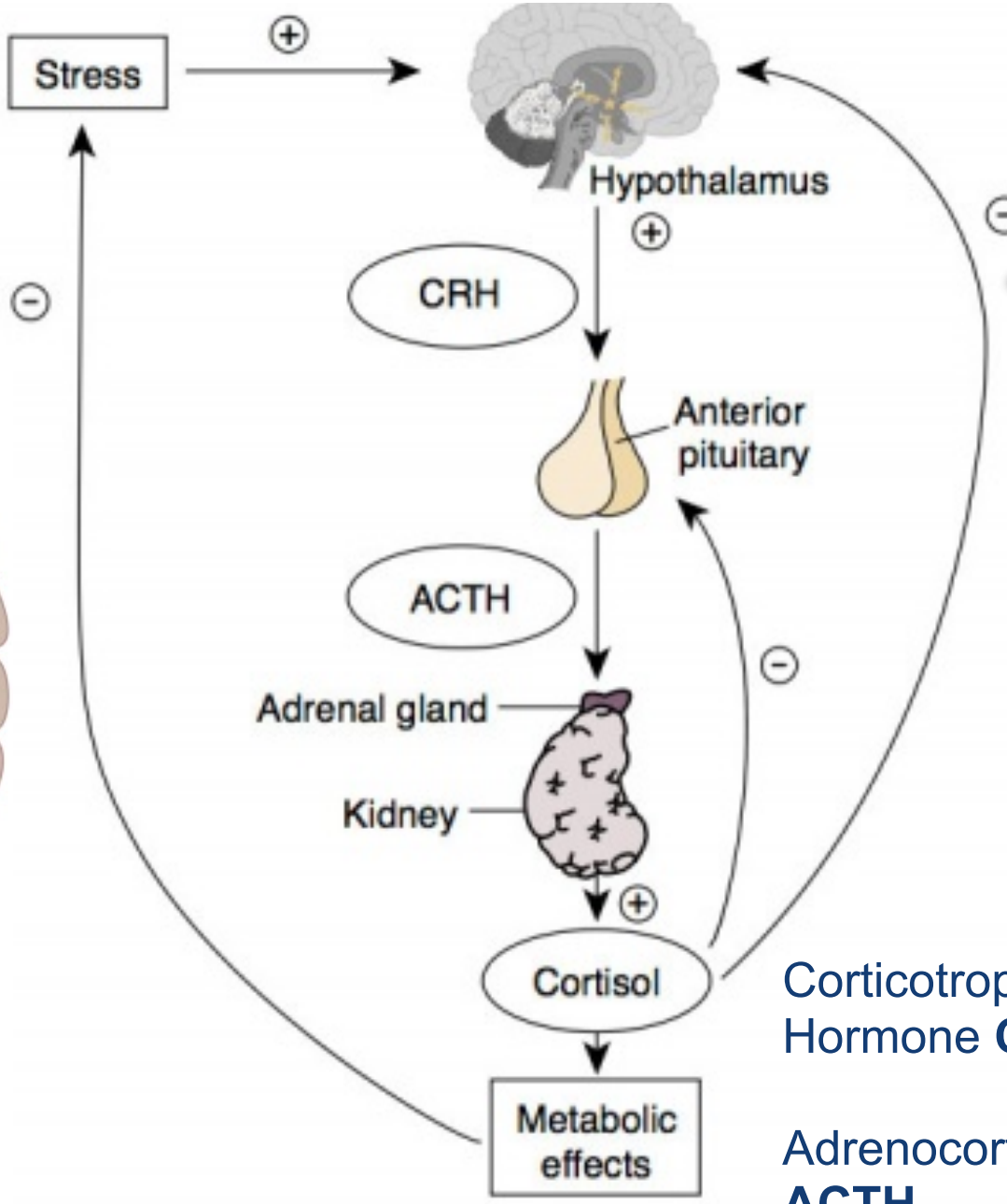


stereotyped defensive reactions to threat (immobility and panic)

autonomic and motor responses to threat (tachicardia, sweating)

The Hypotalamic - Pituitary - Adrenal Axis (HPA)



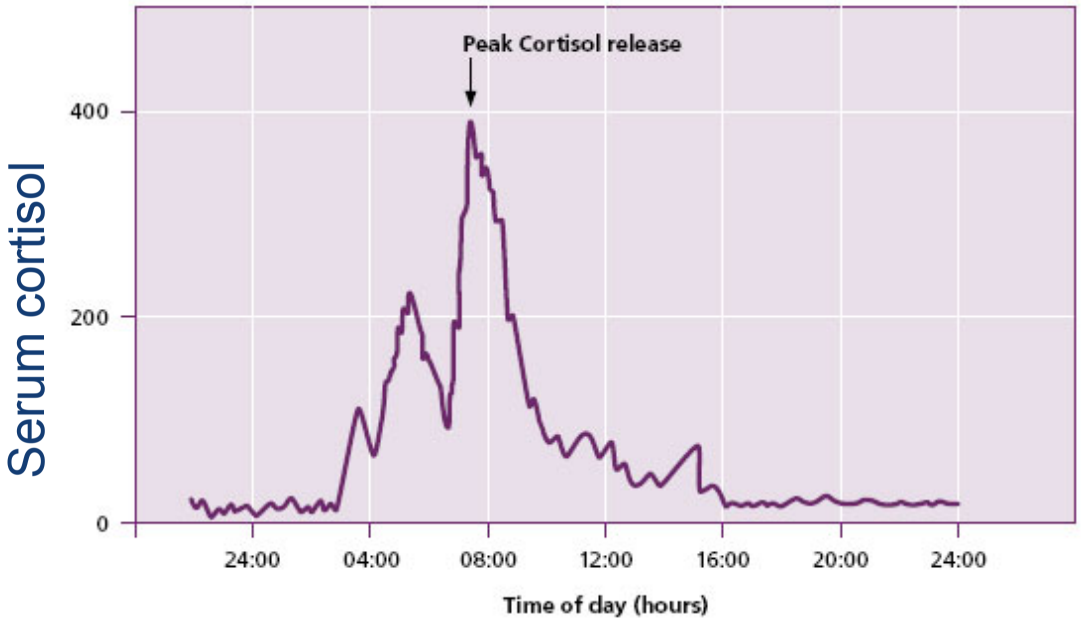


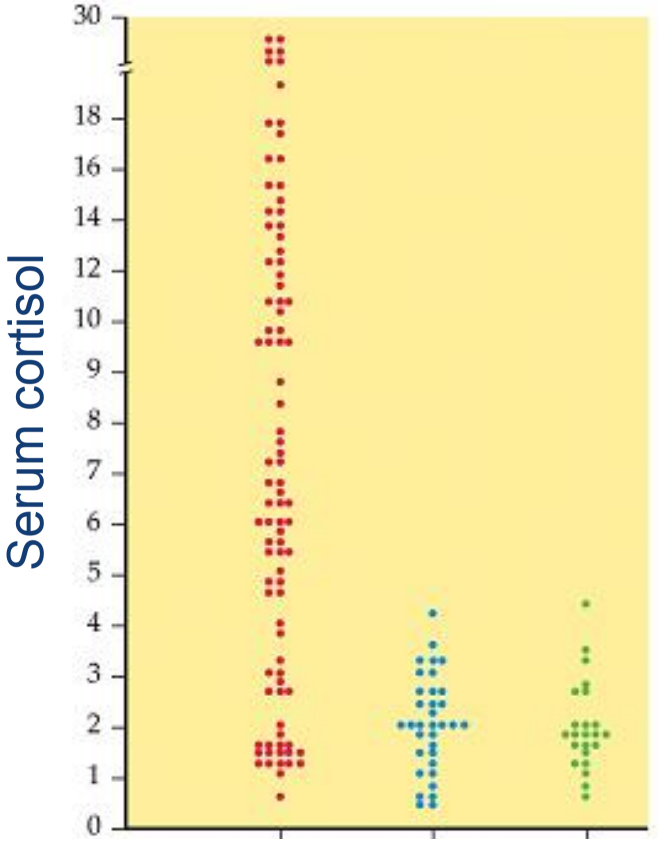
Negative feedback

Corticotropin Releasing Hormone **CRH**

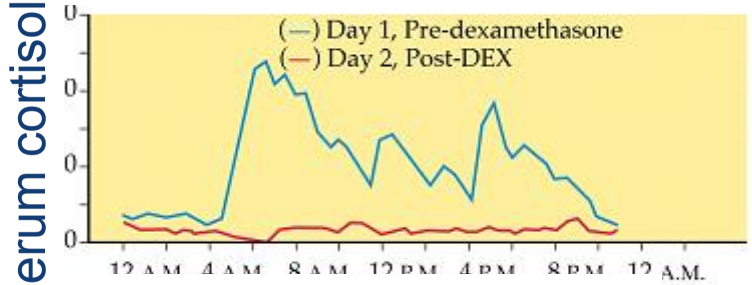
Adrenocorticotrophin **ACTH**

Circadian pattern of serum cortisol

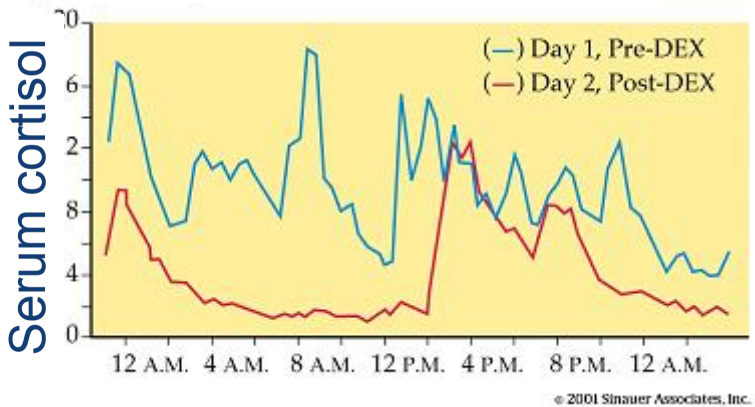




(b) Controls

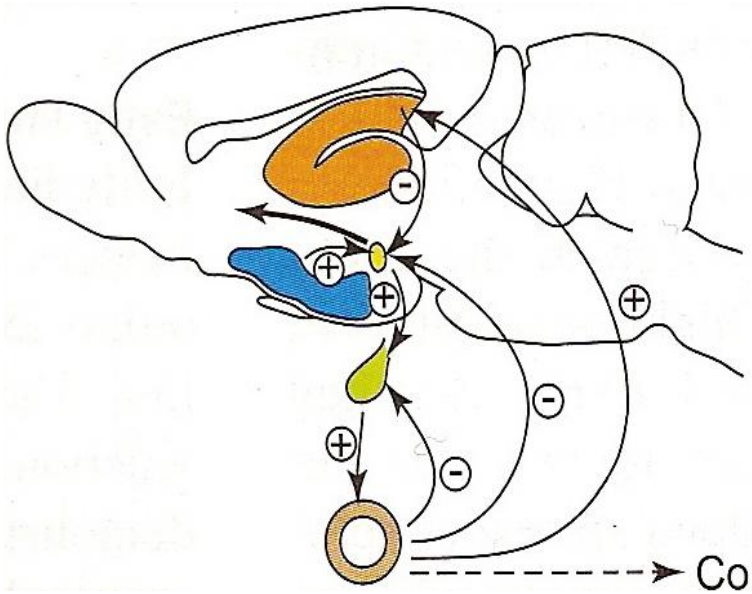


Depressed patients



Dexamethasone Suppression test

Effect of stressors on HPA Axis

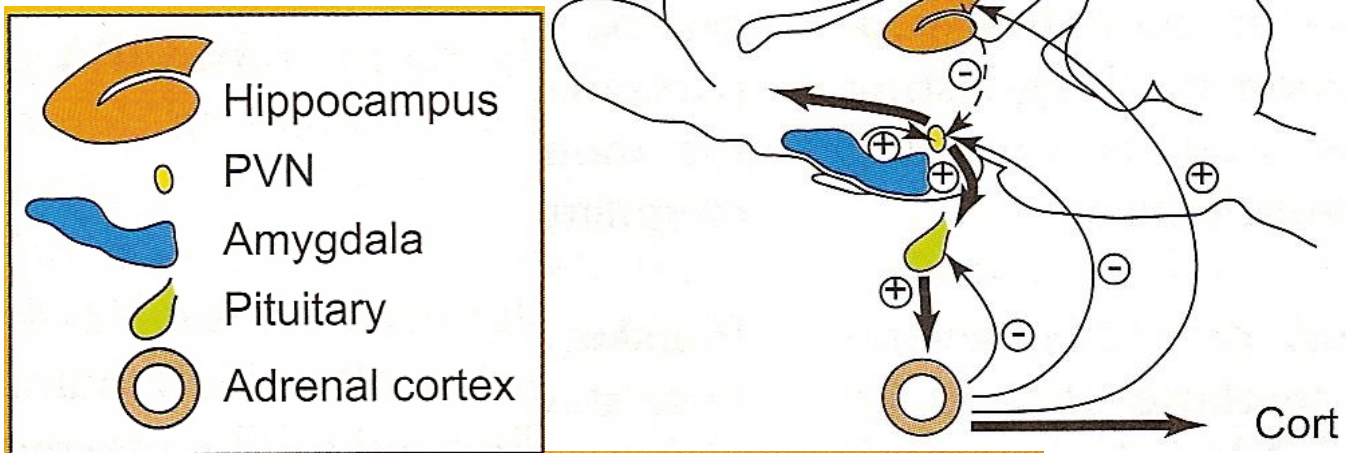


Baseline:
- depression / anxiety ↓
- hippocampal 5-HT, 5-HIA ↑
- BDNF, NGF ↑
- hippocampal neurogenesis ↑

Responses to stress:
- HPA response ↓

High levels of maternal care

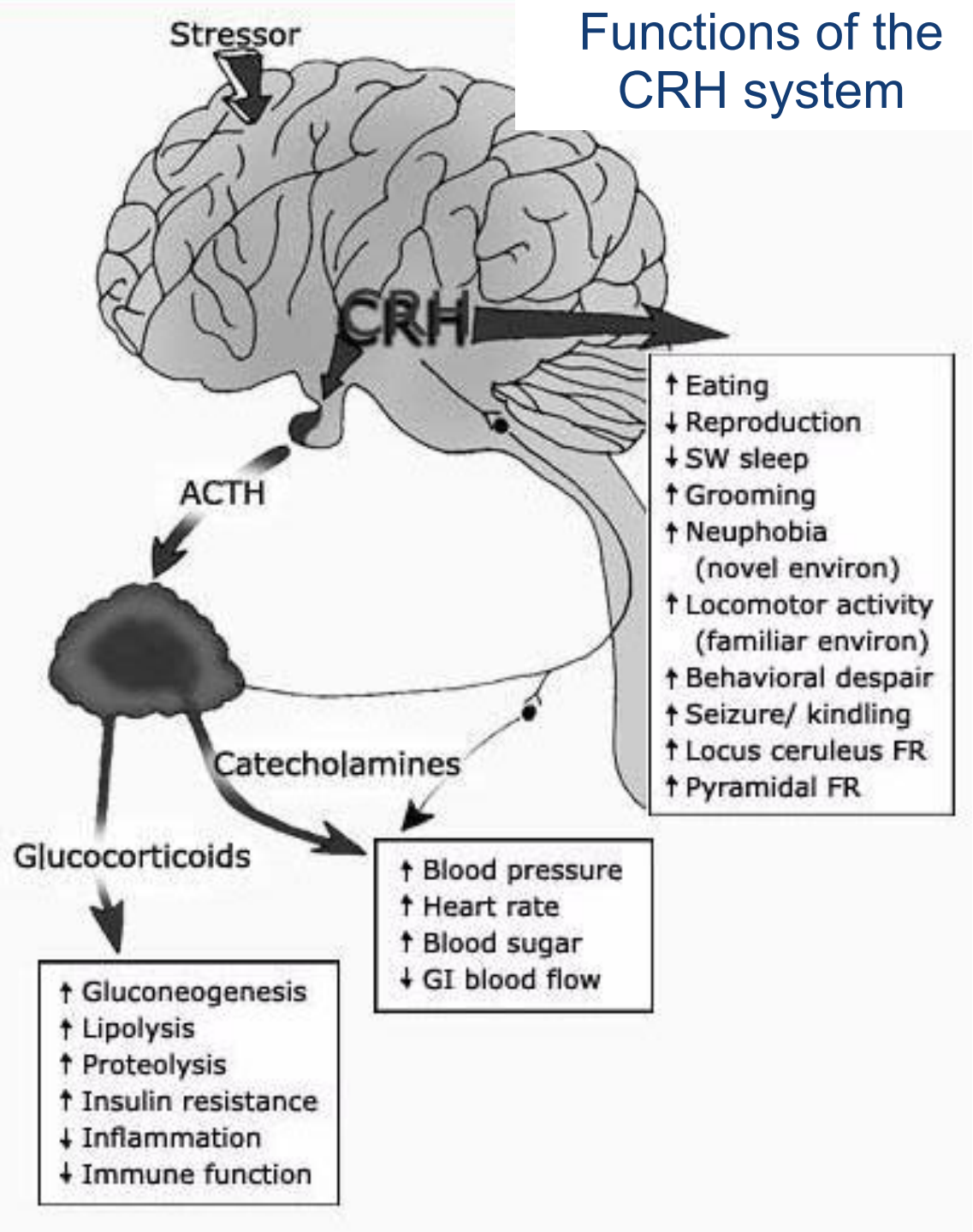
Neglect
Trauma
Chronic Stress



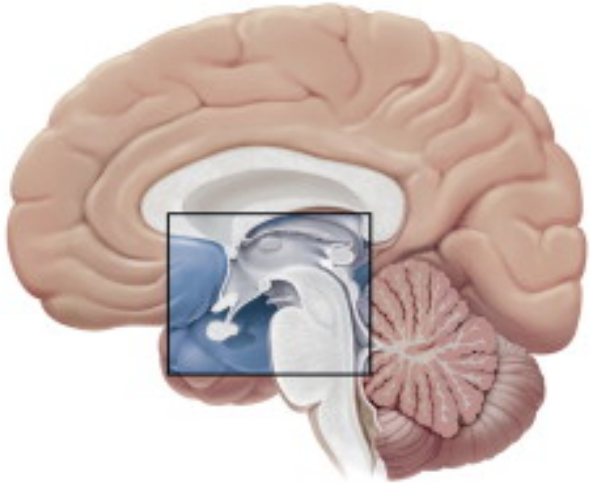
Baseline:
- depression / anxiety ↑
- CRF ↑
- hippocampal volume ↓
- hippocampal 5-HIAA/5-HT ratio ↑
- BDNF, NGF ↓
- hippocampal neurogenesis ↓

Responses to stress:
- HPA response ↑

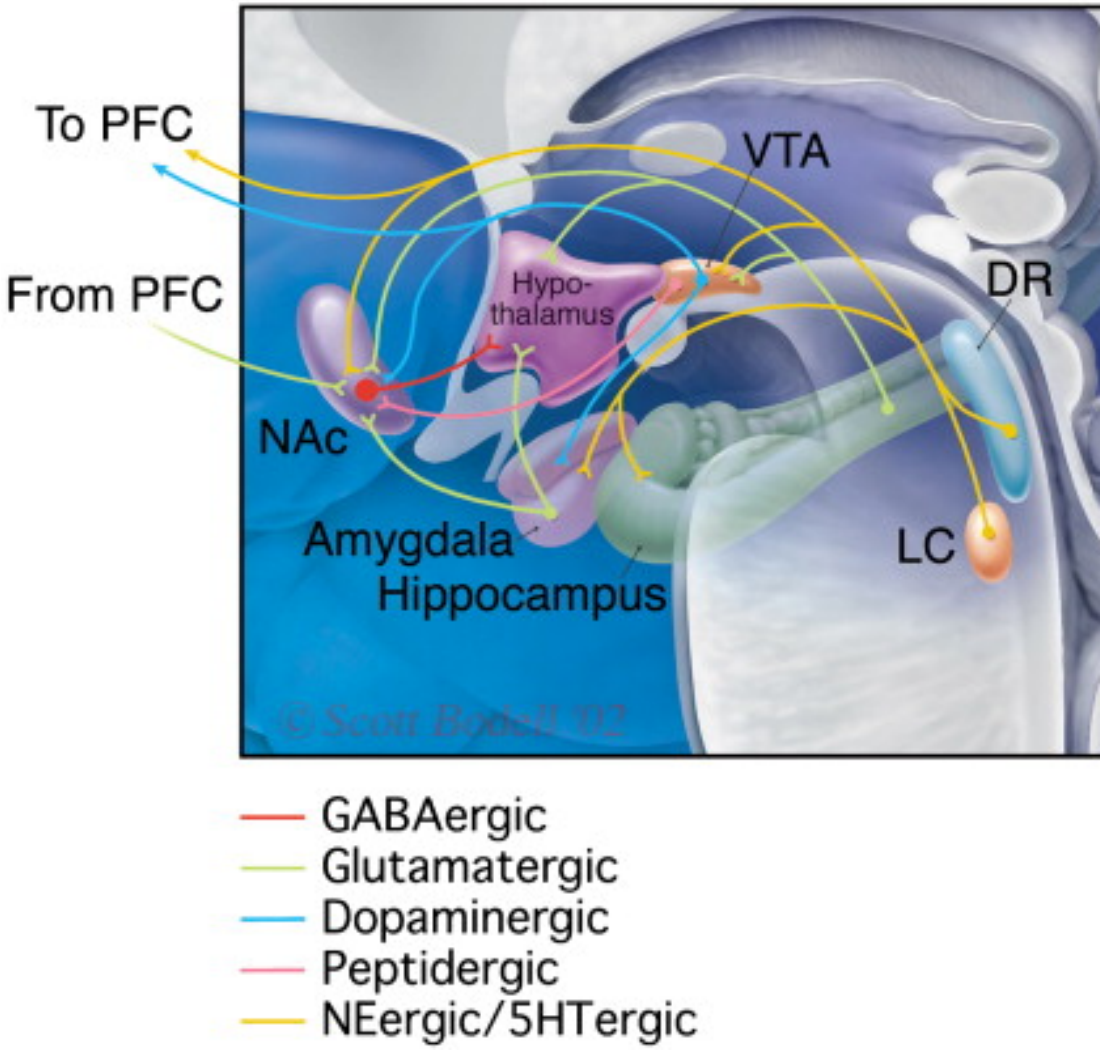
Effect of stressors on HPA Axis



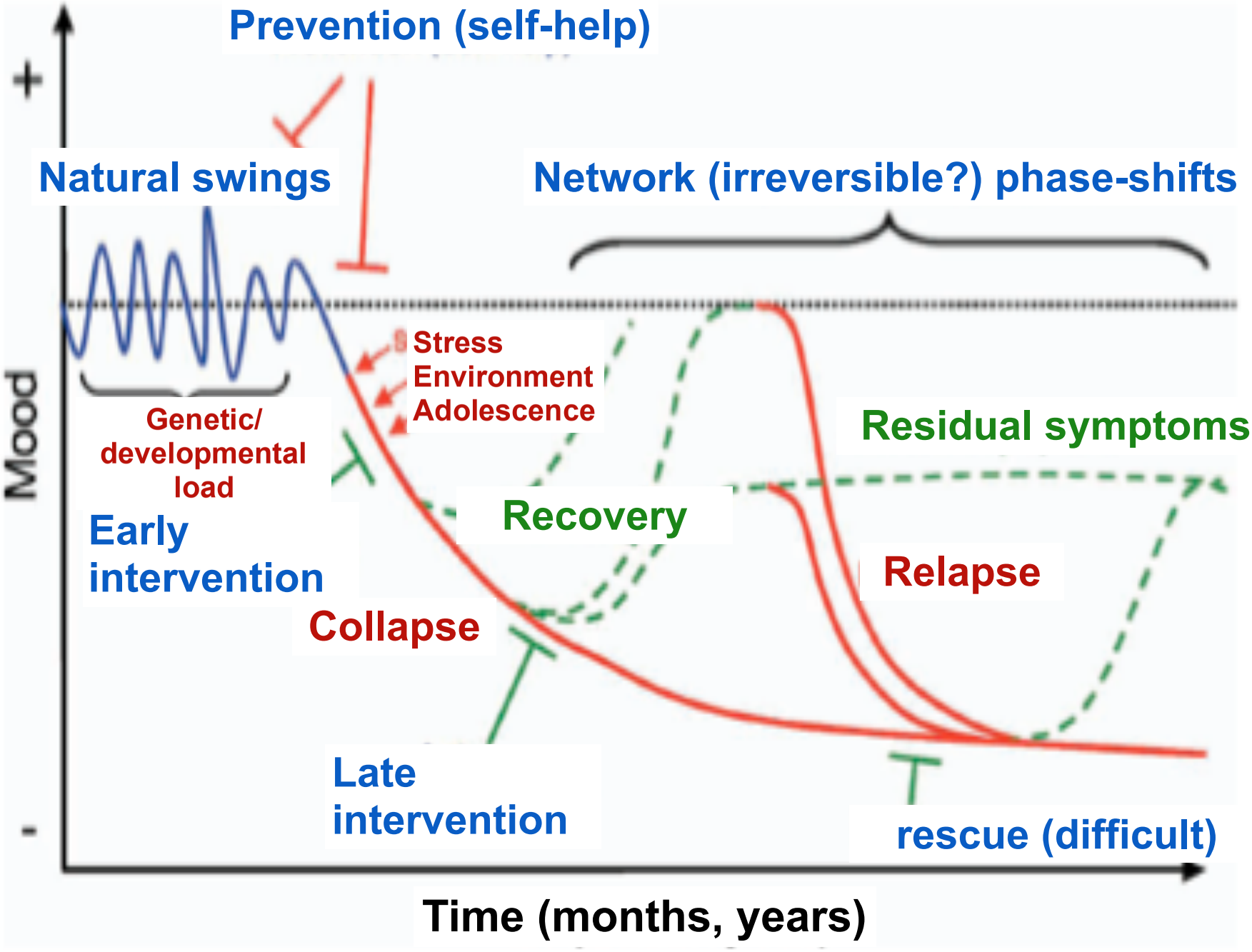
Other neurotransmitters involved in the etiology of depression



- Glutamate
- GABA
- Acetylcholine
- Corticotropin-releasing factor (CRF)
- Arginine vasopressin
- Substance P
- Neurotensin
- Neuropeptide Y



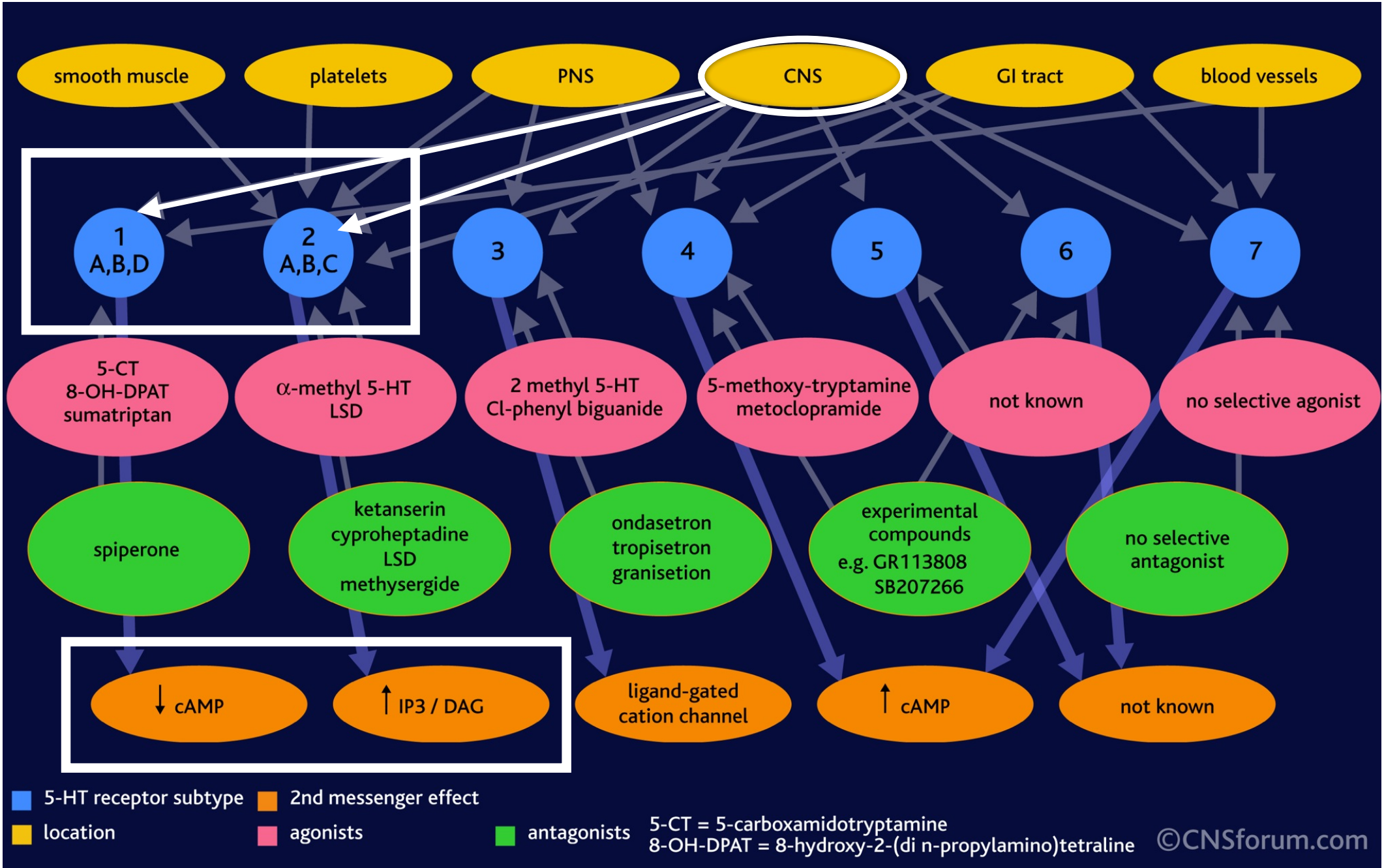
The life-cycle of major depression and its treatment



Antidepressant drugs: Main mechanisms of action

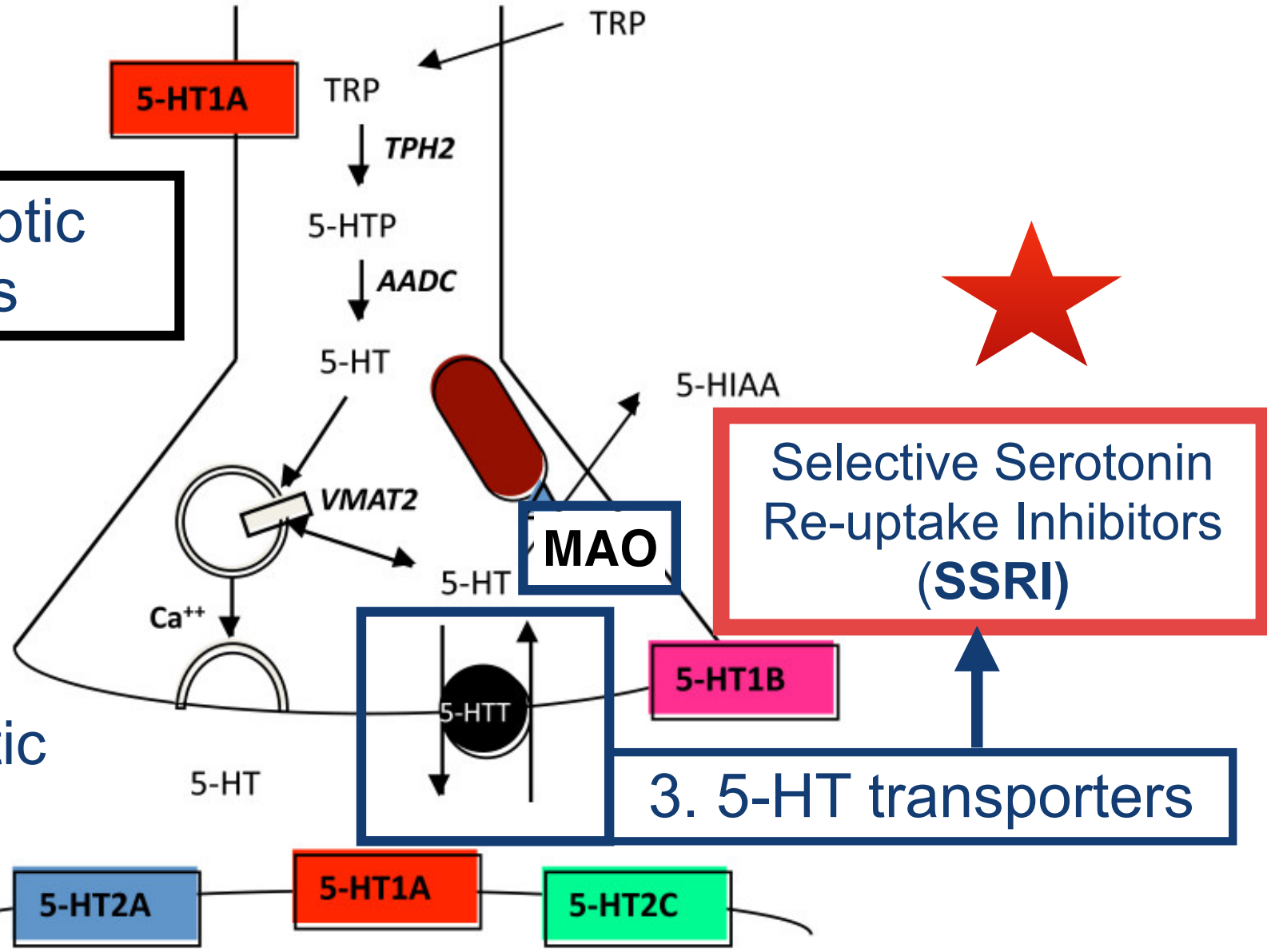
- Inhibition of 5-HT and NA re-uptake
- $5\text{-}HT_{1A}$ and NA pre-synaptic (Autoreceptors) blockade
- $5\text{-}HT_{1A}$ post-synaptic receptors activation
- $5\text{-}HT_{2}$ post-sinaptic receptors blockade
- Inhibition of mono amino oxidases (MAO B)

Serotonin receptors classification



5-HT receptors expression and the presynaptic regulation of 5-HT levels

1. Presynaptic receptors

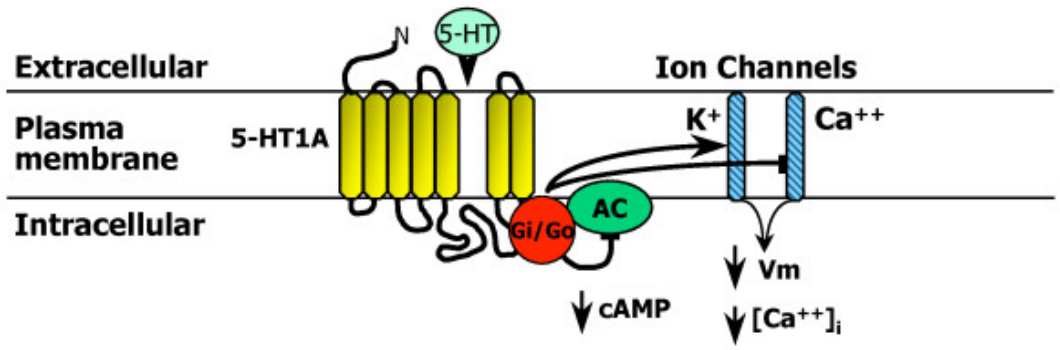


Selective Serotonin Re-uptake Inhibitors (**SSRI**)

2. Postsynaptic receptors

3. 5-HT transporters

5-HT1A receptor signalling



Coupled to inhibitory G proteins (Gi/Go)

- inhibit adenylyl cyclase (AC)
- open G-protein inward rectifying potassium channels (K+) to reduce membrane potential (Vm)
- inhibit voltage-gated calcium channels (Ca++) and reduce intracellular free calcium concentration ([Ca++]i).

Presynaptic 5-HT1A somatodendritic **autoreceptors** expressed on 5-HT neurons act as a "brake" to inhibit the activity of the entire 5-HT system

In depressed individuals:

the expression of pre-synaptic 5-HT1A autoreceptors is increased

with reduced release of 5-HT by serotoninergic neurons

the expression of post-synaptic 5-HT1A receptors is reduced

with reduced response of the post-synaptic neurons to 5-HT

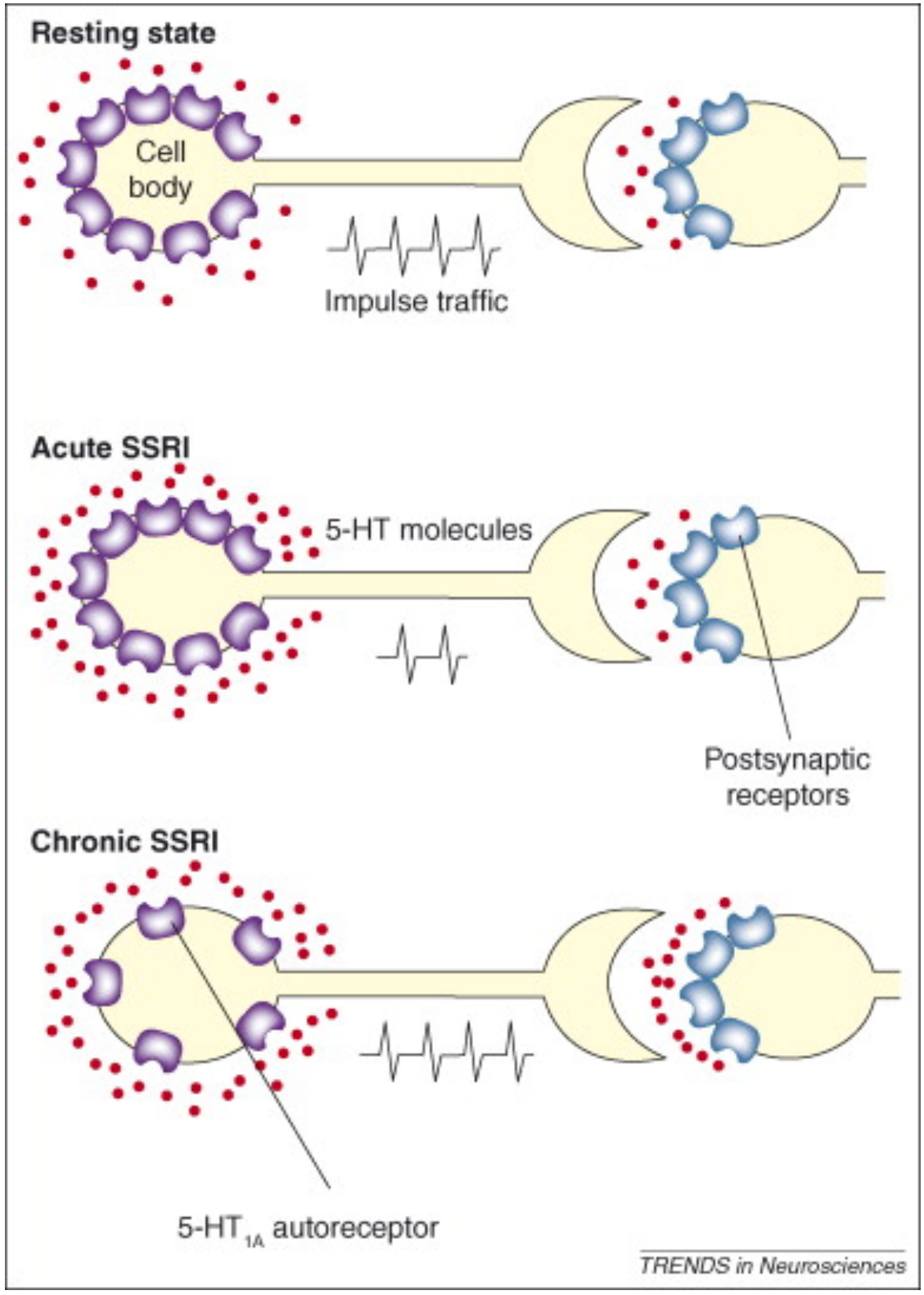
In agreement with the Monoamine Theory of Depression, a strategy for restoring the activity of the serotoninergic neurons is to block the re-uptake of 5-HT

Selective Serotonin Re-uptake Inhibitors (**SSRI)**

SSRIs mechanism of action:

Acute SSRIs:
SSRIs rapidly block 5-HT reuptake and cause an increase of 5-HT synthesis and release
5-HT1A autoreceptors on serotonin synapses detect excess serotonin and reduce serotonin release

Chronic SSRIs:
high levels of 5-HT cause a gradual **downregulation** of 5-HT1A autoreceptors
5-HT release increases gradually as autoreceptors become more desensitized



SSRI treatment

SSRIs take 3 or more weeks to take effect and this depends on two slow changes in the brain:

1. Desensitization and downregulation of 5-HT1A autoreceptors with increased release of 5-HT

2. Release of BDNF which promotes neuron growth and survival

Presynaptic 5-HT1A receptors delay antidepressant response but are also primarily responsible for the **therapeutic** effect

Postsynaptic 5-HT2 receptors are primarily responsible for the **adverse** effects due to the increased intrasynaptic serotonin levels

Antidepressant drugs

Five Categories

1. Tricyclics (Serotonin and Noradrenaline reuptake inhibitors, SNRI)
2. Monoamine oxidase inhibitors (MAOI)
3. Selective serotonin reuptake inhibitors (SSRI)
4. Atypical – DARIs (dopamine reuptake inhibitors)
5. Newest

Newest antidepressants

1. **2 nd generation SNRIs** (serotonin and noradrenaline reuptake inhibitors) e.g. Venflaxine

2. **SARIs (**serotonin reuptake inhibitors and receptor antagonists) e.g. Nefazodone

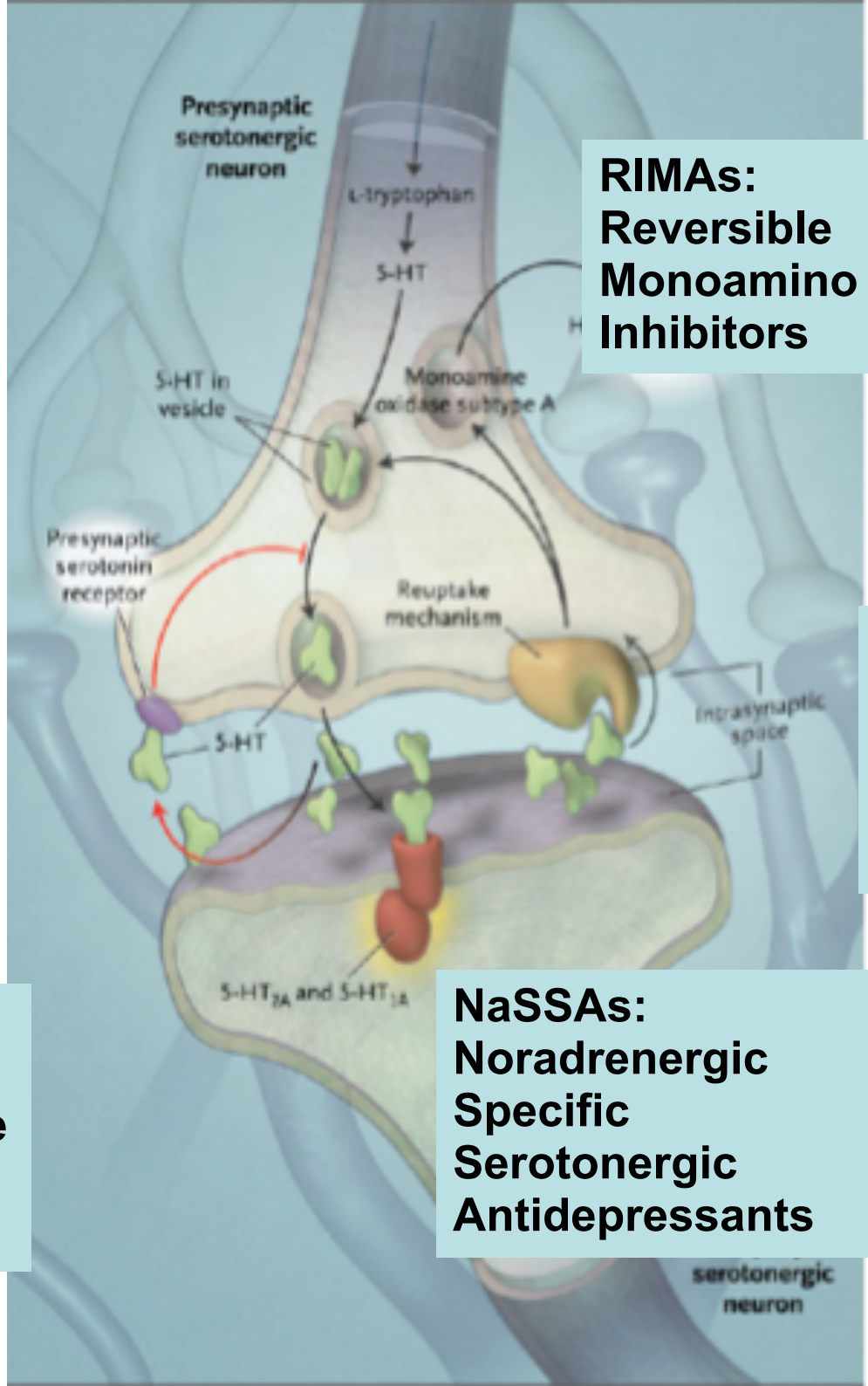
3. **NaSSAs** (noradrenaline reuptake inhibitors and specific serotonergic antidepressants) e.g. Mirtazapine

4. **NaRIs** (selective noradrenaline reuptake inhibitors) e.g. Reboxetine

SARI's
Serotonin Antagonist/ Reuptake Inhibitors

NaRIs:
Noradrenaline Reuptake Inhibitors

SNRIs:
Serotonin Noradrenaline Reuptake Inhibitors



RIMAs:
Reversible Monoamino oxidase A Inhibitors

SSRIs:
Selective Serotonin Reuptake Inhibitors

NaSSAs:
Noradrenergic Specific Serotonergic Antidepressants

TRICYCLICS (TCAs): 1st generation of SNRI's (Serotonin/Norepinephrine Reuptake Inhibitors)

Mechanisms

5-HT and NA reuptake inhibition

'SARI' (5-HT_2 antagonism)

Histamine and muscarinic receptors antagonists

Drugs

Amitriptyline

Amoxapine

Desipramine

Doxepine

Imipramine

Nortriptyline

Advantages

Low cost

Long clinical history

Subset efficacy:

- Chronic pain (amitriptyline)
- Dyspepsia (doxepine)

Disadvantages

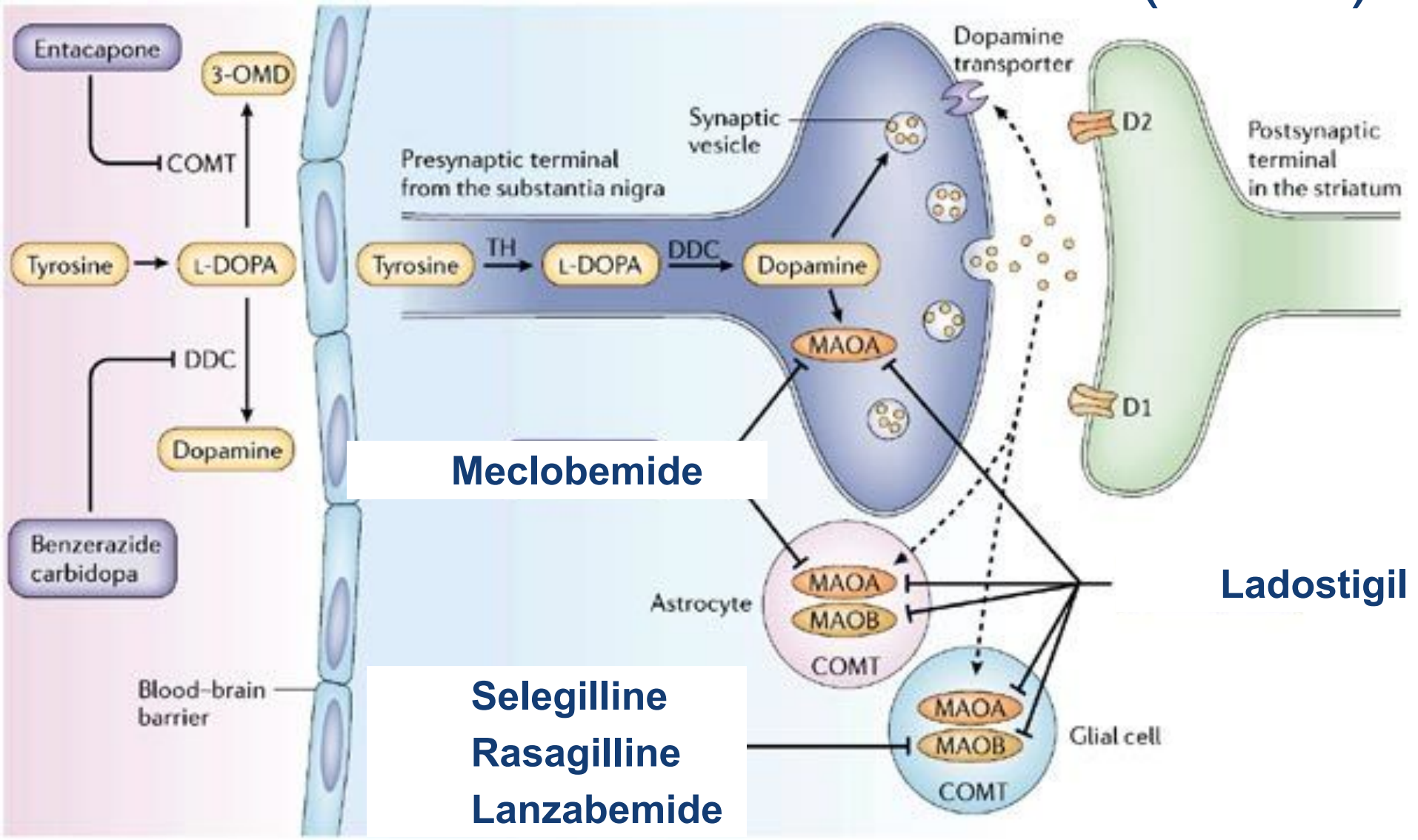
Lethal in overdose ($\uparrow QT_c$)

Sexual dysfunction

Weight gain

Anticholinergic (sedation, constipation, dry mouth)

MonoAmino Oxidase Inhibitors (MAOI)



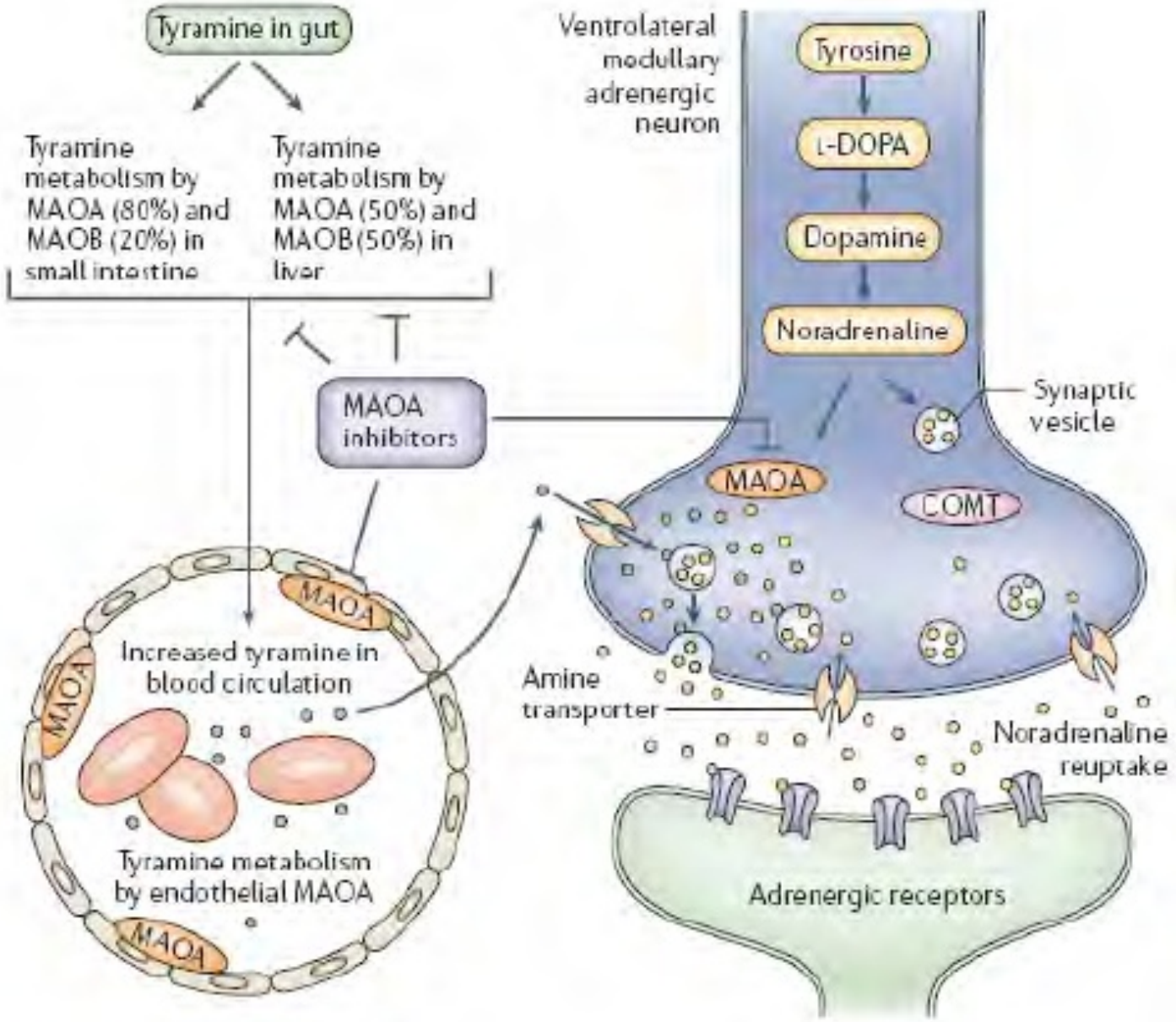
Selectivity	Clinical use
MAO-A: 5-HT > NA >> DA	Depression
MAO-B: DA>> 5-HT = NA	Parkinson's disease

MAO-A Inhibitors (MAOI)

Mechanisms	Drugs
Inhibit monoamine oxidase Results in ↑ NE	Irreversible Phenelzine Tranycypromine Isocarboxazid Reversible (RIMA's) **Meclobemide**

Advantages	Disadvantages
Subset efficacy: Panic disorder Social phobia	Dietary restrictions (cheese, red wine): tyramine and consequent hypertension

The mechanism of potentiation of cardiovascular effects of tyramine: the cheese effect



 Nature Reviews Neuroscience, 7:295, 2006

Selective Serotonin Reuptake Inhibitors "SSRI's"

Mechanisms	Drugs
5-HT reuptake inhibition Stimulation of neurosteroids synthesis?	Citalopram **Fluoxetine** (Prozac®) Fluvoxamine Paroxetine Sertraline
Advantages	**Disadvantages**
Safety **Anxiolysis** Side effect profile favorable: Low incidence of weight gain ↓ Anticholinergic effects	nausea, headache sexual dysfunction

Symptoms and CNS Disorders Frequently associated with Major Depression

	Depressed Mood	Anxiety	Cognitive Perturbation	Reduced Sleep Quality	Sexual Dysfunction	Pain
Depression	+++	++	++	++	+	+
Anxiety	++	+++	++	++	+	+
Schizophrenia	+	+	++	+	+	+
Parkinson's	++	+	++	++	++	++
Alzheimer's	+	+	+++	++	-	-
Epilepsy	+	+	++	++	+	+
Chronic pain	++	++	+	++	++	+++
Stroke	++	+	+++	+	+	++

ATYPICAL - DARIs

Mechanisms	Drugs
Dopamine (and NA) but not serotonin uptake inhibition Presynaptic release of DA and NA	bupropion

Advantages	Disadvantages
Subset efficacy: Smoking cessation	Convulsions Nervousness

2nd gen. SNRI's
(Serotonin and Norepinephrine Reuptake Inhibitors)

Mechanisms	Drugs
Serotonin and NA uptake inhibition	Venlafaxine Milnacipram

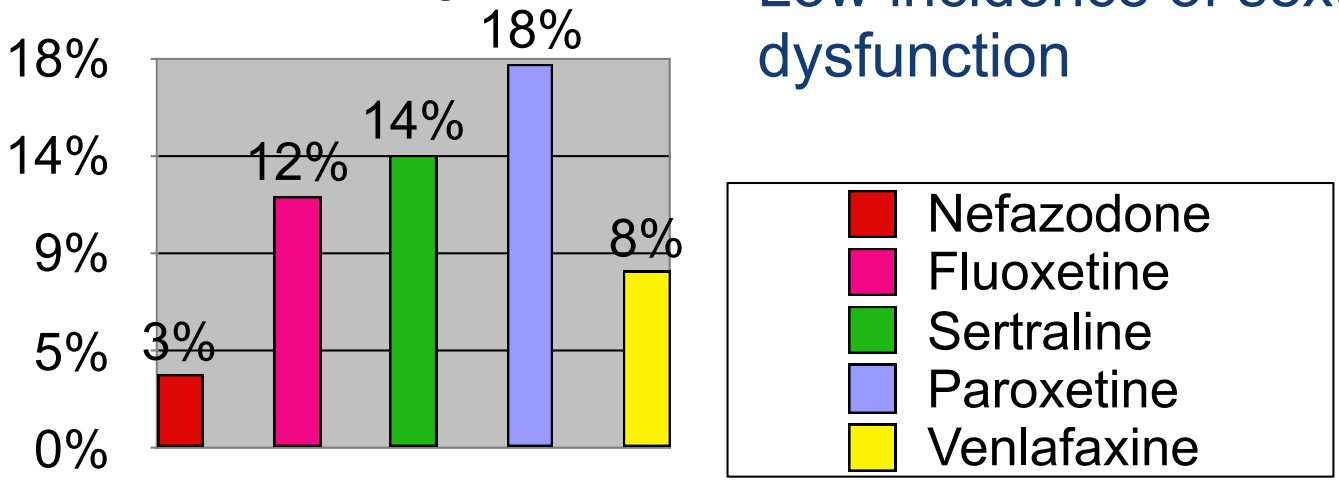
Advantages	Disadvantages
Anxiolysis Subset efficacy: chronic pain bipolar disorders	Weight gain Sexual dysfunction NE side effects: Tachycardia Hypertension Anticholinergics: Hypertension Constipation

SARI's
Serotonin Antagonist/ Reuptake Inhibitors

Mechanisms	Drugs
5-HT reuptake inhibition	**Nefazodone**
$5\text{-HT}_{2a,\ 2c}$ antagonism	Trazodone

Advantages	Disadvantages
Early relief of **anxiety** and agitation (nefazodone)	Sedation
Low incidence of sexual dysfunction	

Percentage of Patients Requiring Anxiolytics



NaSSA's
(Noradrenergic Specific Serotonergic Antidepressants)

Mechanisms

- $5HT_{2a,c}$ $5HT_3$ antagonism
- α_2 inhibition (blocks NA 'brakes')

Drugs

- Mirtazapine
- Risperidone
- Olonzapine

Advantages

- Anxiolysis (5-HT2 blockade)
- Low incidence of sexual dysfunction (selective blockade)
- Low incidence of nausea and vomiting (5-HT3 blockade)
- Fast onset of action

Disadvantages

- Sedation
- Weight gain due to:
  - H_1 antagonism
  - $5HT_{2c}$ antagonism

NaRIs
Noradrenaline reuptake inhibitors

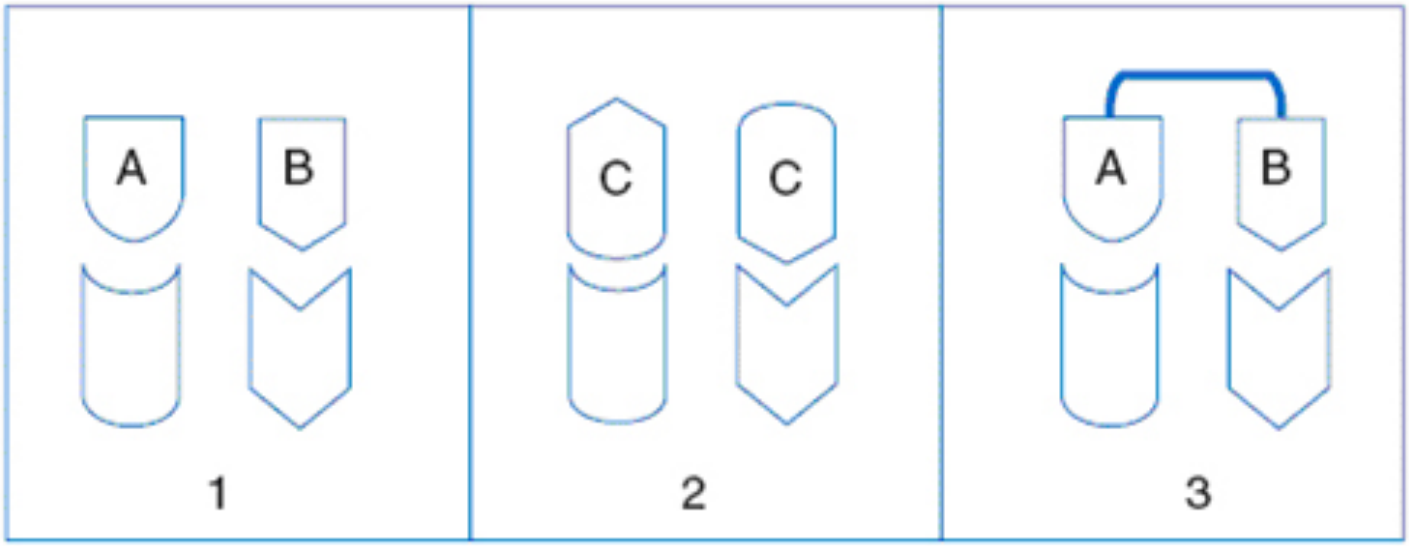
Mechanisms	Drugs
NA reuptake inhibition	Reboxetine
Advantages	**Disadvantages**
?	No more effective than NSRIs

5-HT_1 Agonists

Mechanisms	Drugs
Agonists at $5HT_1$	Buspirone Ipsapirone Gepirone
Advantages	**Disadvantages**
Anxiolysis	No proven efficacy as single agents for depression

The Multitargetig approach: Dual- and Triple-acting antidepressants

Multitarget drugs have complementary components of action and may be more effective (synergism) and better tolerated than their highly selective counterparts

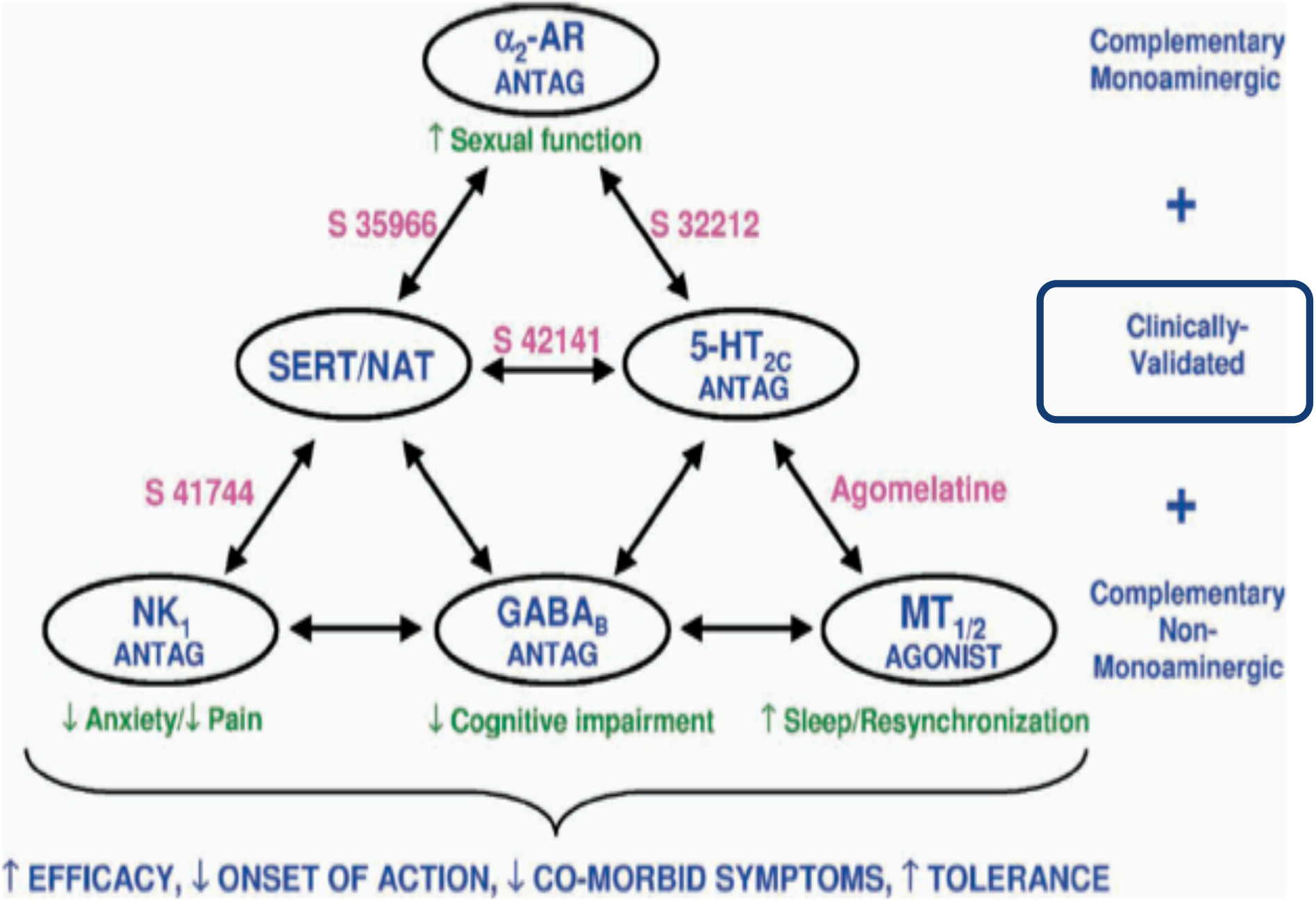


Administration of two different drugs (A and B)

Administration of a non-selective *bifunzional drug* (C)

Administration of a *bivalent drug (two drugs,* A and B, liked by a spacer)

Dual- and Triple-acting antidepressants



Nonmonoaminergic mechanisms for treatment of depression

CRF: corticotrophin releasing factor

GR: glucocorticoid receptor

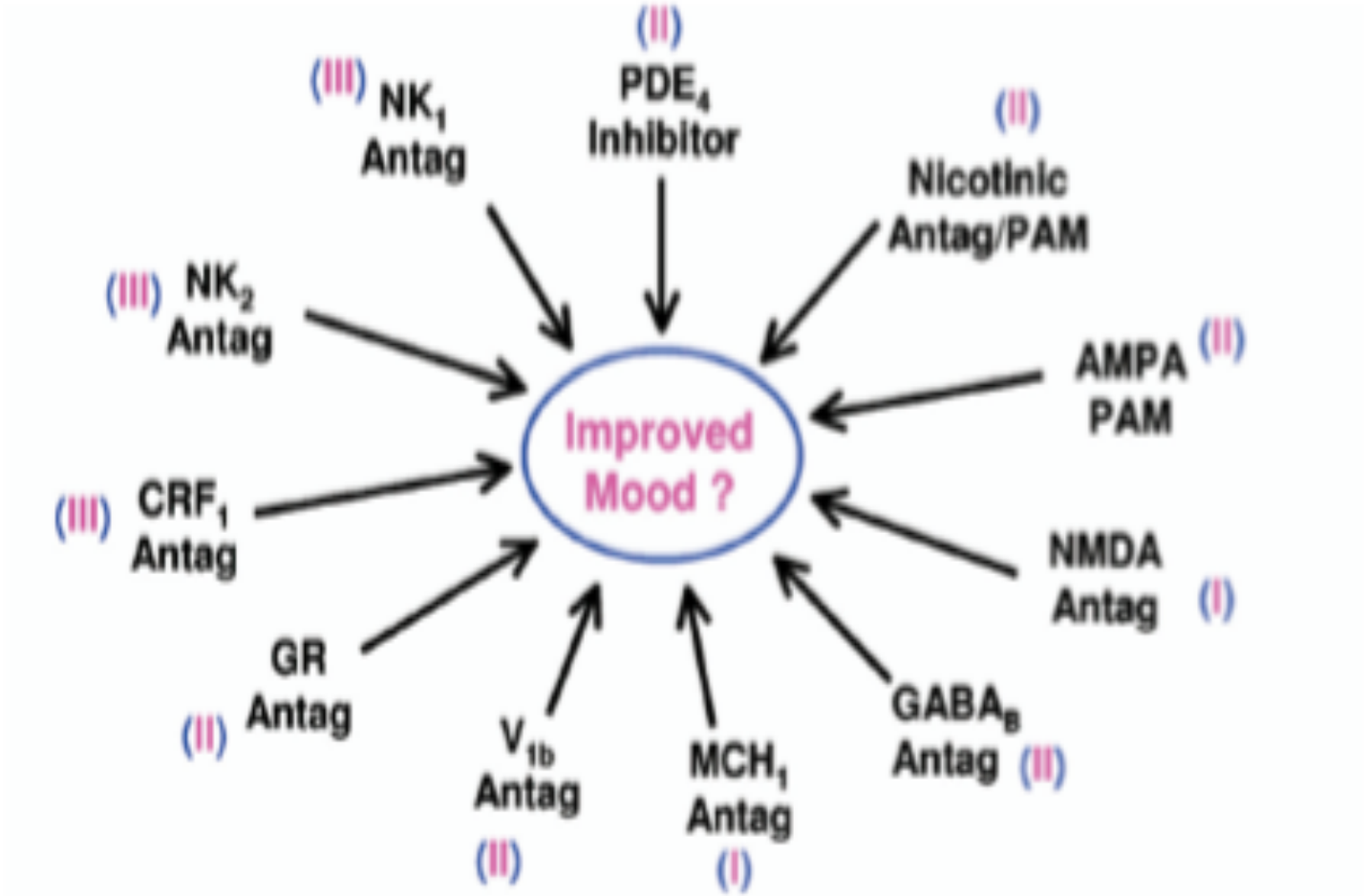
MCH: melanin concentrating hormone

NK: neurokinin

PAM: positive allosteric modulator

PDE: phosphodiesterase

V: vasopressin



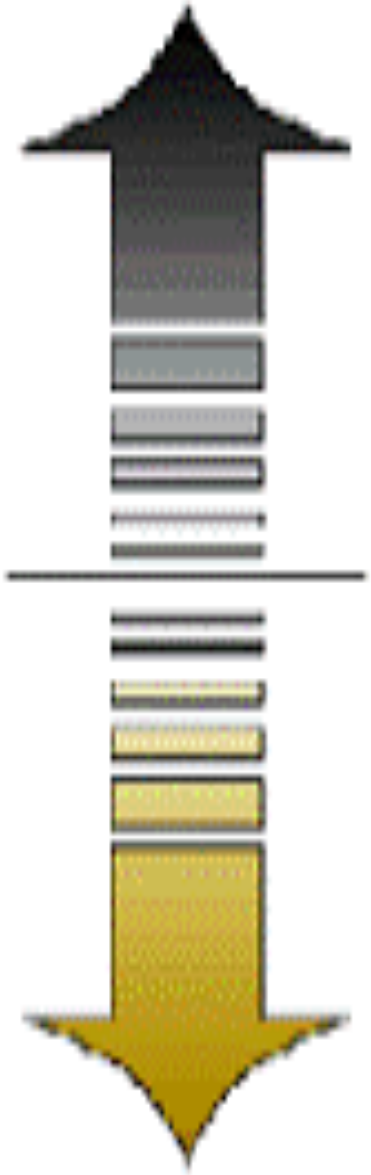
Bipolar Disorder

Mania -

- Feeling very high on life
- Talking rapidly
- Feeling grandiose
- Racing thoughts and speech
- Erratic and impulsive actions
- Delusions and hallucinations (severe)

Hypomania -

- Like but less severe that mania
- Euphoric, energetic and productive
- No hallucinations or delusions
- Characterized by an unusually good mood



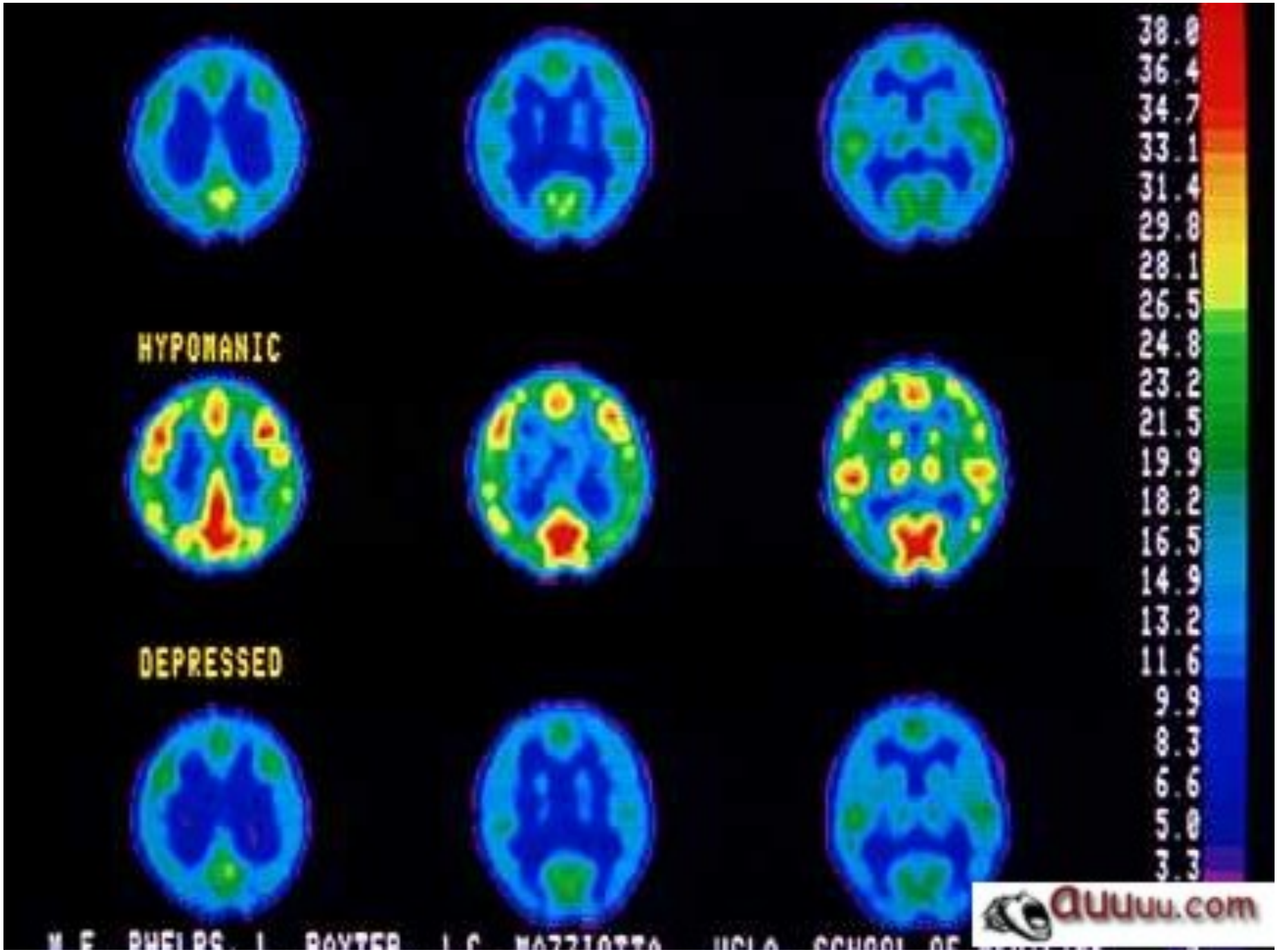
Severe Mania

Hypomania (mild to moderate)

Normal/balanced mood

Mild to moderate Depression

Severe Depression



Brain scans indicating the differences in brain activity when a patient is switching between a depressive episode and hypomanic episode

Mood Stabilizers For Bipolar Disorders

Lithium Carbonate

Anticonvulsants:

Carbamazapine

Valproic Acid

Lamotrigine

Topiramate

Proposed signaling mechanisms underlying lithium's neuroprotective effects