

# Notes: Damage & Disorders

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Version:

12/02/12 - original version

## Damage

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### Stroke

crisis of \_\_\_\_\_ to neural tissue

US: 3rd leading cause of death, leading cause of adult disability

\_\_\_\_\_ - the area of dead/damaged tissue

cerebral \_\_\_\_\_

rupture of blood vessels

\_\_\_\_\_ - balloon like expanse in an artery

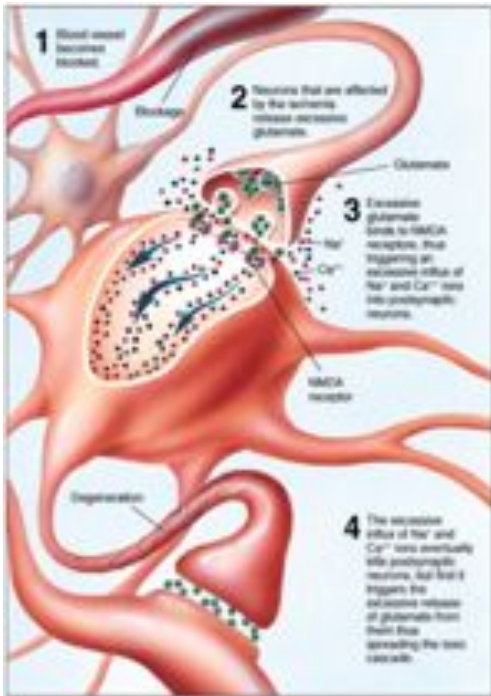
cerebral \_\_\_\_\_

disruption of blood flow

thrombosis - a plug or clot that develops in place

embolism - a plug or clot that develops elsewhere, travels through blood stream, lodges elsewhere

arteriosclerosis - narrowing of arteries



ischemic cascade

good but detailed: [wikipedia.org/wiki/Ischemic\\_cascade](https://www.wikipedia.org/wiki/Ischemic_cascade)  
 disruption of oxygen delivery causes energy crisis & failure to maintain cell homeostasis

fail to: \_\_\_\_\_

internal build up of Na<sup>+</sup>, permanent depolarization, glutamate release

fail to: clean up \_\_\_\_\_

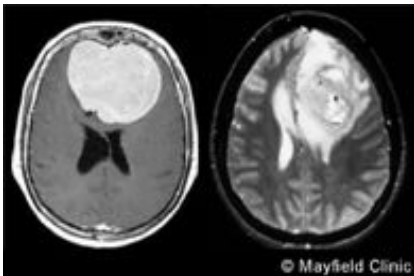
causes over stimulation of post-synaptic neurons  
 influx and toxic buildup of \_\_\_\_\_ in post-synaptic neuron  
 over-stimulation of next post-synaptic neuron, cycle repeats

damage takes days to develop

some areas more sensitive than others: hippocampus

## Tumors

Benign (left) vs malignant (right) tumors



Source: [www.mayfieldclinic.com/PE-BrainTumor.htm](http://www.mayfieldclinic.com/PE-BrainTumor.htm)

\_\_\_\_\_

tumor originating in the meninges  
 usually benign, wrapped in a membrane  
 causes problems by displacing tissue  
 about 20% of brain tumors

malignant / metastatic

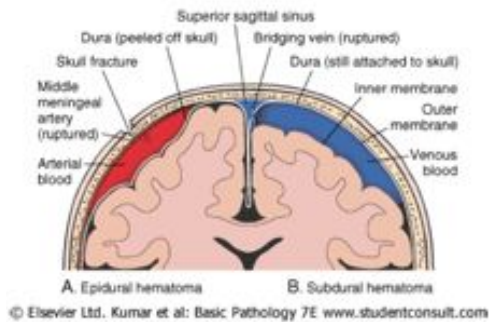
typically originate in other areas of the body  
 chemical and physical disruption of other cells  
 about 10% of brain tumors

symptoms: headaches, seizures, disruption of function

## Closed head injuries

"Closed head injury" means the skull was not fractured

contrasts with "Open head injury" in which the skull was fractured or penetrated



\_\_\_\_\_ - damage to circulatory system  
produces a hematoma (bruise)

\_\_\_\_\_

blow to head, loss of consciousness, no evidence of contusion  
brain is colliding with skull  
countercoup - brain injury opposite location of impact ("sloshing")

repeated incidents can lead to long term deficits  
currently a growing concern for football

the nature of the damage is not well understood

## Infection

\_\_\_\_\_ - inflammation of brain due to the invasion of a microorganism

bacterial - syphilis, Lyme disease, malaria

viral - rabies, mumps, herpes

cause deficits by interfering with cell function and producing an inflammatory response

## Neuron damage & regeneration

\_\_\_\_\_ - the ability of neuron configurations, and therefore the brain, to change with time and recover  
critical to development, learning and recovery

## Damage

\_\_\_\_\_

programmed cell death

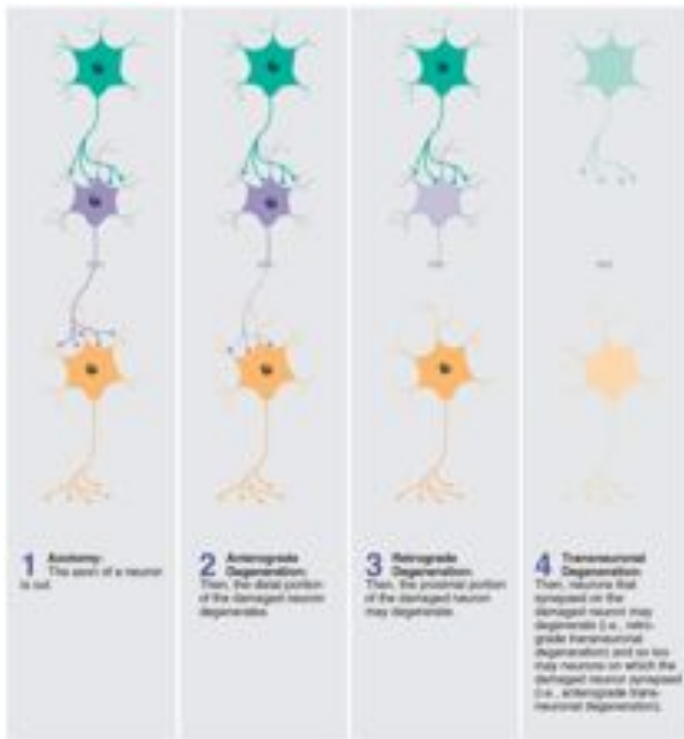
slow, orderly disintegration of cells, no inflammation, doesn't disturb neighboring cells

(Full review: [Apoptosis in neurodegenerative disorders, Nature Reviews Mol Cell Bio, Mattson 2000](#))

\_\_\_\_\_

sudden, disorderly cell death

causes inflammation, disrupts neighboring cells



\_\_\_\_\_ degeneration  
 damage between cut and synaptic terminals  
 this is the distal portion of the neuron

\_\_\_\_\_ degeneration  
 damage between cut and cell body  
 this is the proximal portion of the neuron

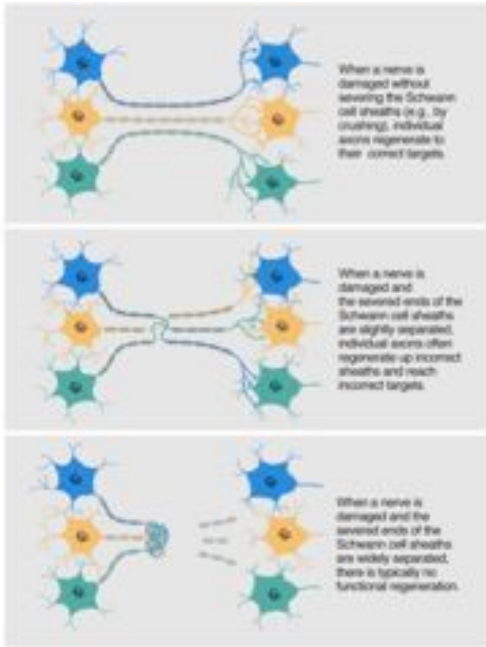
\_\_\_\_\_ degeneration  
 when a neuron dies, other neurons that are  
 post-synaptic, or  
 pre-synaptic  
 may also die

## Regeneration

Unsuccessful in mature mammals and higher vertebrates

CNS - virtually non-existent

PNS - unlikely but possible



## Regeneration in PNS

requires original \_\_\_\_\_ to be intact  
 neurotropic factors - chemicals that encourage tissue growth  
 CAMs - cell adhesion molecules, provide guidance

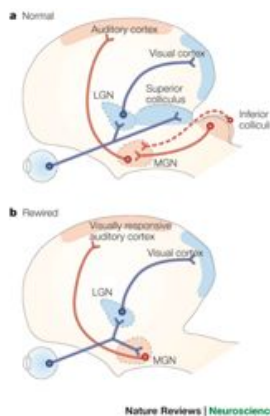
new growth may connect to incorrect targets

It is not the neurons themselves, but the environment  
 CNS neurons transplanted to PNS will regenerate  
 PNS neurons transplanted to CNS will not regenerate

## Reorganization

Example 1: Reorganization in V1 following retinal lesions

In adult monkeys, remapping can occur within hours ([Botelho et al, 2012](#))



Example 2: Rewiring neurons from the eye to the auditory cortex

In the developing ferret, input to MGN (auditory) is removed  
 MGN then "attracts" input from retinal ganglion cells  
 Visual stimuli produce activity in the auditory cortex

Source: [Sur & Leamey, Nature Reviews Neuroscience, 2001](#)

Example 3: In newly blinded individuals, auditory and somatosensory input is processed in formerly visual areas

Example 4: Phantom limb

somatosensory cortex that previously received input from amputated arm begins responding to neighboring input

Example: touching a patient's cheek can feel like touching the amputated arm

## Treatment & Recovery

\_\_\_\_\_ - return of original function in a damaged area

Example: after a stroke affecting the hand motor area, that tissue recovers and hand function returns

\_\_\_\_\_ - performing a function by newly learned methods using non-damaged areas

Example: after a stroke affecting the hand motor area, neighboring tissue learns to operate the hand

### 1. Reducing degeneration

apoptosis inhibition

nerve growth factors

estrogen (Review: [Brann et al, 2007](#))

females have better incidence/outcomes in neurological pathologies

administration of estrogen improves post-stroke outcomes in rodents

### 2. Promoting regeneration

can be induced in CNS neurons by Schwann cells ([Xu et al, 2004](#))

physical activity promotes adult neurogenesis in rodent hippocampus

### 3. Transplant

fetal substantia nigra cells for treating monkeys with Parkinson's disease-like symptoms

limited success with humans

embryonic stem cells in rat damaged spinal cord improved mobility

### 4. Rehabilitative training

for hands, restrict the functioning limb to maximize use of impaired hand

for spinal cord injuries, facilitated walking

### 5. Prevention

rats raised in enriched environments are resistant to epilepsy, AD models, HD models

adults that are more cognitively active have less incidence of AD

# Neuropsychological Diseases

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*A note on terms I use:*

mechanism - what happens in the brain to produce the deficit ("pathophysiology")

cause - what genetic/environmental factors cause the disease to develop ("etiology")

## Alzheimer's Disease

Most common cause of dementia, 4th leading killer of adults

### Population

2000: 4 million Americans

2050: estimated 14 million Americans (Evans et al, 1990)

Typical onset at \_\_\_\_\_ years, but 10% of cases are \_\_\_\_\_

As the overall population grows older, more people are going to encounter the disease

Women are more likely to have it because they \_\_\_\_\_

Cause is unclear

### Symptoms

initial - confusion, selective decline in memory

severe - can not: communicate verbally, understand words, recognize self or family, care for themselves

death due to \_\_\_\_\_ (i.e. can't properly chew food -> inhale particles -> contract pneumonia)

### Diagnosis

Can only be diagnosed for certain in autopsy

Behavioral observation can identify dementia, but not AD as the specific cause

### Mechanism: Neurons

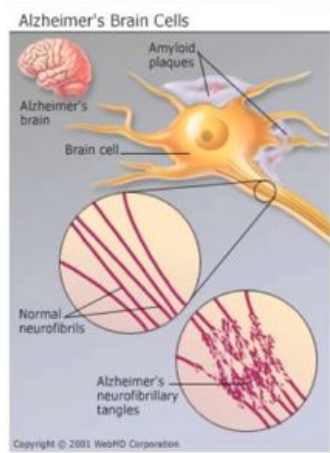
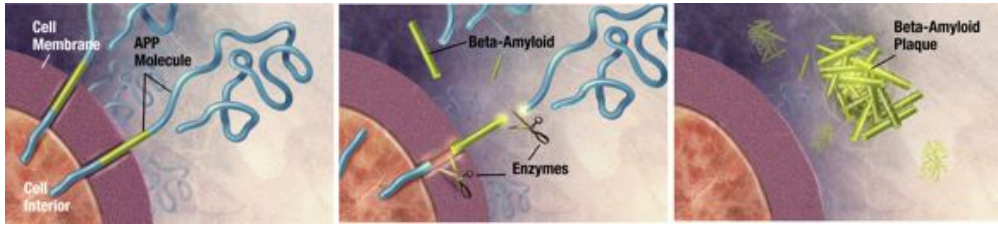
1. \_\_\_\_\_

amyloid precursor protein (APP) - a normal protein in the neuron's cell membrane

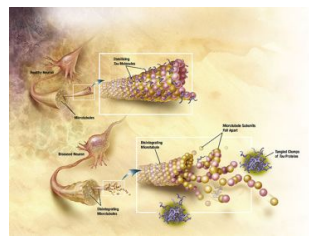
amyloid beta - a portion of APP that is improperly clipped off

amyloid beta builds up as a plaque outside of neurons

genetic basis: a mutation in the gene for APP causes a 6x increased risk of early onset AD



2. \_\_\_\_\_  
 microtubules - "railroad tracks" of the cell, transport molecules throughout cell  
 in AD, these become tangled  
 due to improperly formed tau proteins (the "railroad ties")

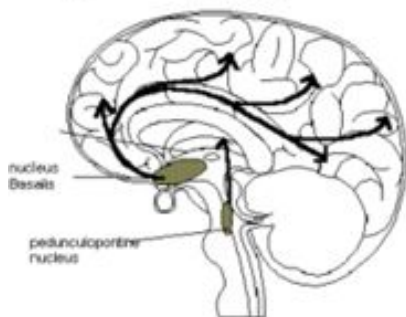


(right click and "View Image")

## Mechanism: Brain

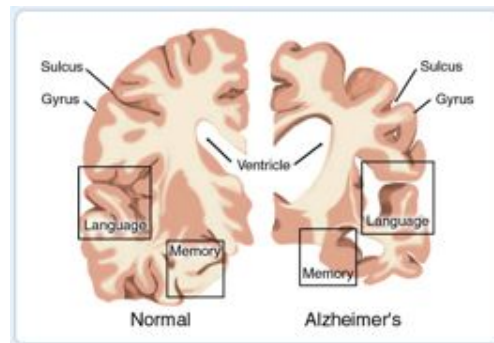
\_\_\_\_\_ important neurotransmitter for learning & memory  
 produced in the nucleus basalis  
 and distributed throughout cortex  
 in AD, there is a decrease in nucleus basalis activity  
 and levels of acetylcholine across the brain

### major cholinergic projections



**Nucleus basalis projects to the neocortex**  
**PPN projects to the thalamus**

Across the brain, there is widespread \_\_\_\_\_  
 Most pronounced in areas for  
 memory (hippocampus) and language





## Animal model

\_\_\_\_\_ - genes from another species are introduced to produce a behavior or physiological condition

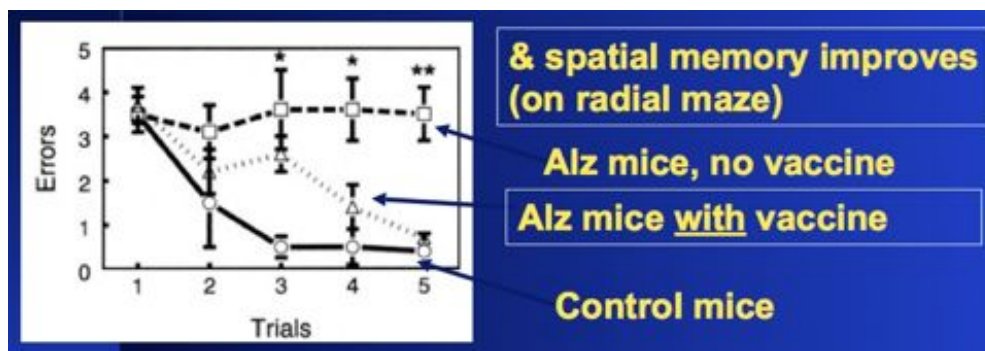
\_\_\_\_\_ - an animal with characteristics like a disease used to study causes and potential treatments

mouse model of AD

Only humans and some primates develop plaques, wild mice do not get AD

a mouse model was developed that develop plaques in the brain and diminished memory  
vaccine (Schenk et al, Nature 1999)

a vaccine was developed that prevented/reduced plaques in mice and improved memory  
produced encephalitis in human trials, never successful



## Treatments

Working on a vaccine, but not successful in humans

monoamine oxidase inhibitors (MAOIs)

these prevent the breakdown to monoamines like \_\_\_\_\_

boost levels across the brain

not addressing a specific problem, just "turning up" neurotransmitters in general

NSAIDs (non-steroidal anti-inflammatory drugs)

aspirin, ibuprofen (Advil), analgesics and anti-fever. used for many issues like arthritis.

reduce inflammation in response to plaque damage

cholinesterase inhibitors

prevent the breakdown of acetylcholine

Treatment Summary: There are no working direct treatments, all address the disease \_\_\_\_\_

## Parkinson's Disease

### Population

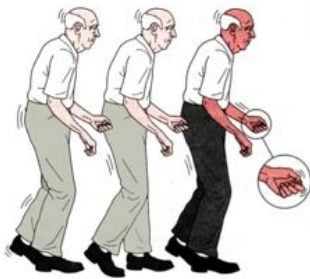
Onset typically in 50s or 60s

Affects 0.3% of the population (approximately 1 million U.S. patients)

Most cases have unidentifiable causes

possible causes: genetics if onset before 50 years old, diet, smoking, rural areas, environmental toxins

## Symptoms



20.2 CLASSIC SYMPTOMS OF LATE-STAGE PARKINSON'S DISEASE, including a stooped and rigid posture, shuffling gait, tremor, a masklike facial appearance, and "pill rolling" (inset). (After Markey, 1986.)

\_\_\_\_\_ at rest, typically in hand

rigidity

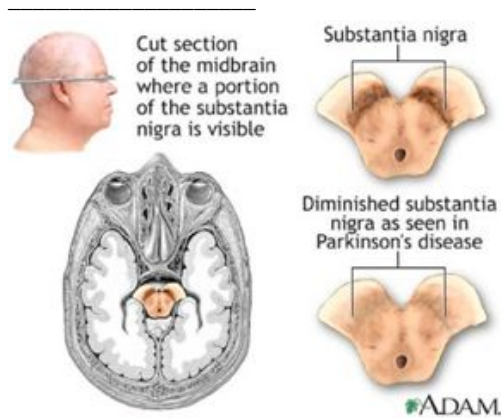
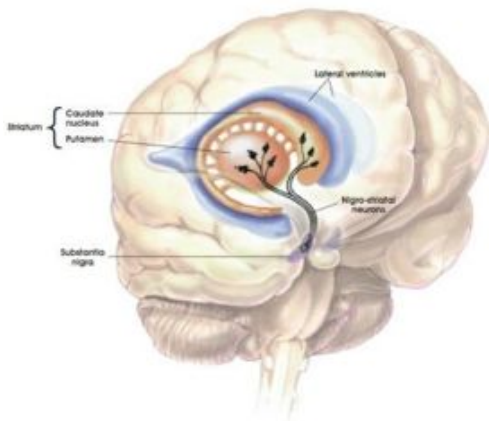
\_\_\_\_\_ - inability to initiate movement

Cognitive symptoms (dementia) are not typical

## Mechanism

Review: substantia nigra distributes dopamine to the basal ganglia (in diagram, striatum is a major structures of the basal ganglia) in PD, there is dramatic cell death in the substantia nigra

causes lack of dopamine in basal ganglia, therefore dysfunction in motor \_\_\_\_\_ and motor \_\_\_\_\_



## Treatments

\_\_\_\_\_ a precursor to dopamine that can be absorbed through the blood brain barrier  
problems: difficulty to dose, side effects, eventually loses efficacy (effectiveness)

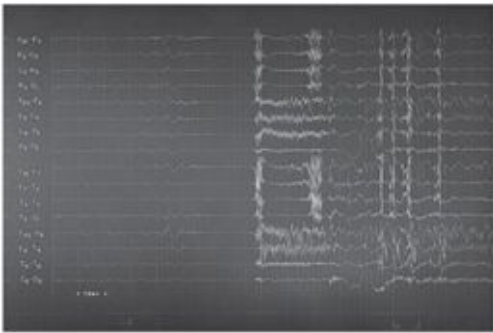
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\_\_\_\_\_ of subthalamic nucleus (in basal ganglia)  
implant a "pacemaker" into an area of the basal ganglia  
patient can turn on and off and adjust settings  
can dramatically reduce tremor  
not clear how it is having its effect  
Movie: Deep Brain Stimulation (link pending)

## Other Diseases/Disorders

*(Note: The choice to cover Alzheimer's and Parkinson's in depth above was somewhat arbitrary, though these both affect large populations and tend to be in the forefront of the public's attention. The following diseases/disorders are covered briefly due to time constraints in the course, not due to less severity or social relevance.)*

### Epilepsy



Primary symptom is \_\_\_\_\_ (though not always)  
A burst of abnormal, self-reinforcing neural activity  
Usually generated internally, though sometimes by stimuli  
Convulsions - motor seizures  
Non-motor - can include loss of or shift in consciousness  
Affects 1% of population  
Diagnosed with EEG  
Treated with anti-convulsant drugs and, if necessary, surgery

### Huntington's Disease

Cause: Inheritable genetic mutation (single, dominant Huntingtin gene) with a reliable genetic test

Mechanism: With the genetic mutation, there is severe damage to striatum (basal ganglia)

Symptoms:

initial - fidgety, restless

final - jerky uncontrolled movement of limbs (\_\_\_\_\_), severe dementia

death approx. 15 years after onset

Onset usually not seen until around 40 years old

*If your parent has the gene, there is a 50% chance that you inherited. When, if ever, would you want to be tested?*

### Multiple Sclerosis

Unknown cause

Progressive \_\_\_\_\_ disease that attacks the myelin of the CNS

sclerosis - the hard scar tissue left behind

symptoms:

visual disturbances, muscle weakness, tremor, ataxia (loss of motor control)

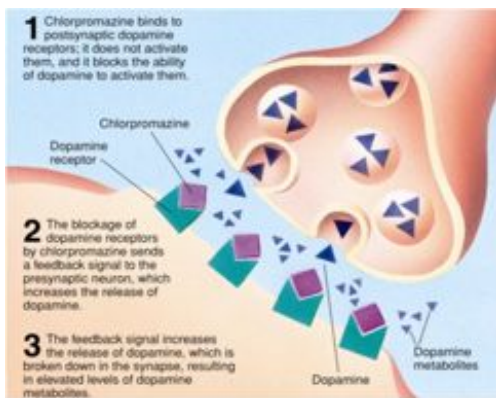
Periods of remission are common

## Schizophrenia

Symptoms:

Positive symptoms: delusions, hallucinations, inappropriate affect, formal thought disorder

Negative symptoms: lethargy, social withdrawal, flat affect, alogia (lack of speech)



Theory: caused by overactive \_\_\_\_\_ in the brain  
Increasing dopamine transmission exacerbates symptoms  
Decreasing dopamine transmission is therapeutic  
But for many reasons, dopamine is not the entire story

Treatments:

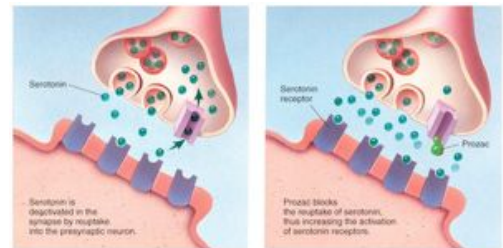
Chlorpromazine - Dopamine \_\_\_\_\_  
calms agitated patients, activates withdrawn patients

## Depression

5% of population suffer from unipolar (as opposed to bipolar) depression

Cause

- there is a genetic component to depression
- stress is not a likely cause of depression
- sparse evidence linking stress and depression
- extreme stress is more likely to cause PTSD



Theory:

underactivity of \_\_\_\_\_ and \_\_\_\_\_ at synapses

Treatments

Monoamine oxidase inhibitors (MAOIs) - see Alzheimer's disease treatments for details

Tricyclic antidepressants - Block reuptake of serotonin and norepinephrine

Selective serotonin reuptake inhibitors (SSRIs)

Prozac, Paxil, Zoloft

Not more effective than tricyclics, but less side effects

Selective norepinephrine reuptake inhibitors (SNRIs)

Other: light therapy, electroconvulsive shock therapy, chronic electrical stimulation

2002 study

MAOIs, tricyclics and SSRIs all get about a 50% improvement  
control subjects have \_\_\_\_\_ improvement

2008 meta-study

\_\_\_\_\_ was 82% as effective as antidepressants in severely depressed individuals  
antidepressants even less effective in mildly-moderately depressed individuals

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