MASARYKOVA UNIVERT

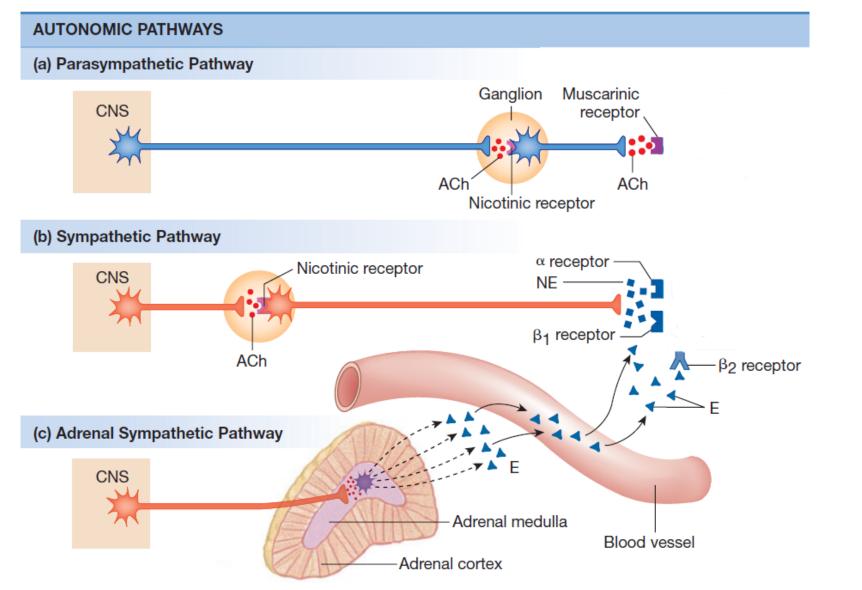


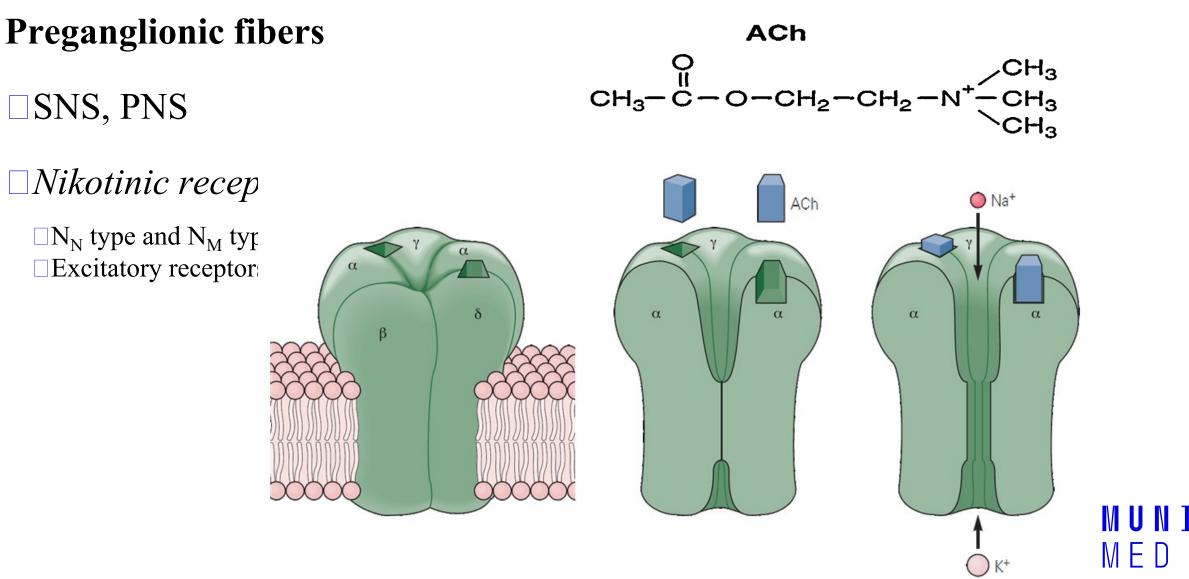
TAKE HOME MESSAGES

ANS vs. somatic NS

Comparison of Somatic Motor and Autonomic Divisions

	SOMATIC MOTOR	AUTONOMIC
Number of neurons in efferent path	1	2
Neurotransmitter/receptor at neuron-target synapse	ACh/nicotinic	ACh/muscarinic or NE/ α - or β -adrenergic
Target tissue	Skeletal muscle	Smooth and cardiac muscle; some endocrine and exocrine glands; some adipose tissue
Neurotransmitter released from	Axon terminals	Varicosities and axon terminals
Effects on target tissue	Excitatory only: muscle contracts	Excitatory or inhibitory
Peripheral components found outside the CNS	Axons only	Preganglionic axons, ganglia, postganglionic neurons
Summary of function	Posture and movement	Visceral function, including movement in internal organs and secretion; control of metabolism



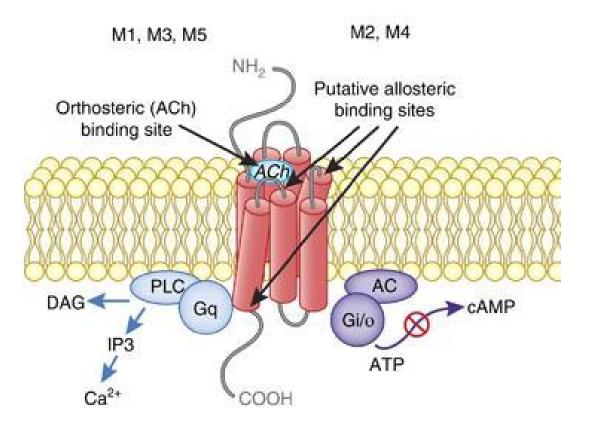


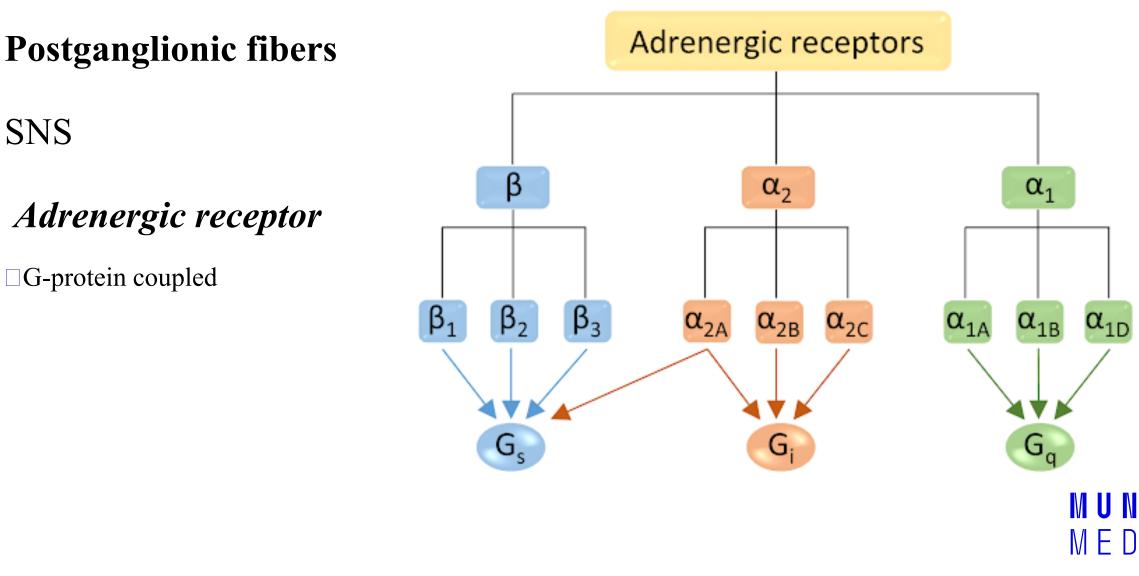
Postganglionic fibers

PNS

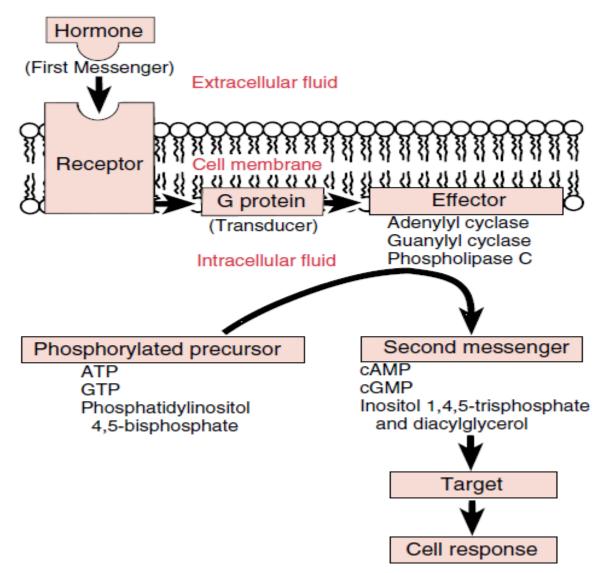
Muscarinic receptor

□ G-protein coupled
□ Excitatory receptors (M₁, M₃, M₅)
□ Inhibitory receptors (M₂, M₄)





Second messenger systems



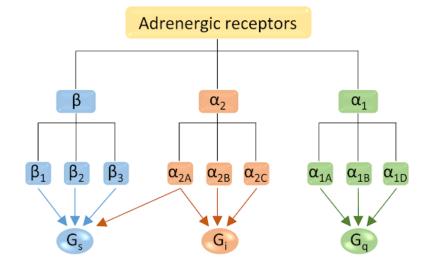
MED

Adrenergic receptor

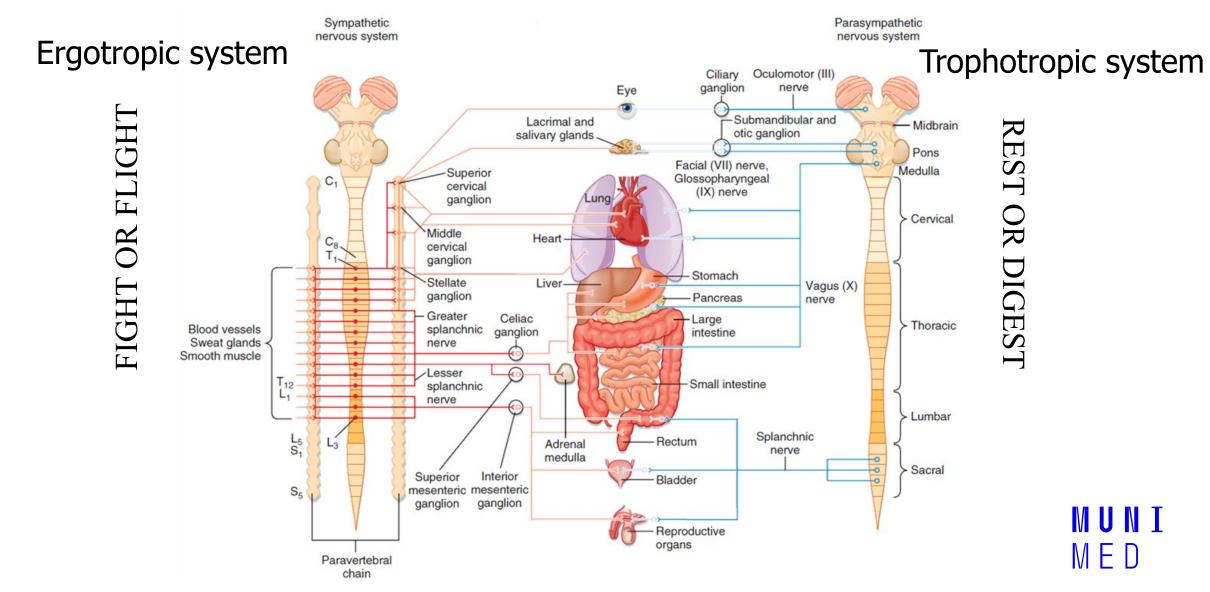
G-protein coupled

 \Box Type α –Excitatory receptors

 \Box Type β – Inhibitory receptors



Receptor Type	Primary Mechanism of Action	Examples of Tissue Distribution	Examples of Action	
α ₁ α ₂	1 IP3 and Ca ⁺⁺ , DAG ↓ cAMP	Sympathetic postsynaptic nerve terminals Sympathetic presynaptic nerve terminals, beta cell of pancreatic islets	Increase vascular smooth muscle contraction Inhibit norepinephrine release, inhibit insulin release	
β1 β2	↑ cAMP ↑ cAMP	Heart Liver; smooth muscle of vasculature, bronchioles, and uterus	Increase cardiac output Increase hepatic glucose output; decrease contraction of blood vessels, bronchioles, and uterus	MUN
β ₈	1 cAMP	Liver, adipose tissue	Increase hepatic glucose output, increase lipolysis	MED



ANS innervates

□ The secretory glands (salivary,sweat, tear, and various mucus-producing glands; smooth muscles, cardiac muscles)

- $\hfill\square$ The heart and blood vessels to control blood pressure and flow
- □ The bronchi of the lungs to meet the oxygen demands of the body

□ ANS regulates:

- □ The digestive and metabolic functions of the liver, GIT, pancreas
- □ The functions of the kidney, urinary bladder, large intestine, rectum
- □ ANS is essential to the sexual responses of the genitals and reproductive organs
- □ Interacts with the body's immune systém
- □ Mnemonic used:
- □ The sympathetic division tends to Fs: fight, flight, fright, and sex
- The parasympathetic division facilitates various non-fourF processes as digestion, growth, immune response, energy storage
- □ In most cases the activity levels of the 2 ANS divisions are reciprocal- when one is high, the other tends to be low. U E D and vice versa.

Sympathetic nervous system

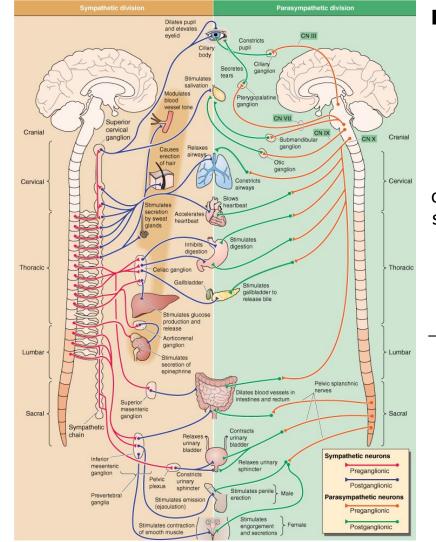
Fight or flight response

Energy/store consumption

Preganglionic neuron – Spinal cord -Thoraco - lumbar system

Ganglia Paravertebral -Truncus sympathicus - Majority Prevertebral -Plexus aorticus

Mostly diffuse effect



Parasympath etic nervous system

Rest and digest response

Energy conservation/en. store production

Preganglionic neuron – Brain stem and spinal cord – cranio-sacral system

Ganglia *Close to target organs or intramurally*

Mostly local effect

Sympattheti c nervous system		Sympathetic division Dilates pupil and elevates eyelid Cilie bod	Constricts pupil	CNIII	Parasyn etic ner
System/fun	ction	Parasympat	hetic	Sympath	
Fight d Cardiovascu resp	ılar	Decreased cardiac of heart rate	output and	Increased contract rate; increased ca	
Energy Pulmonary		Bronchial constrict	ion	Bronchial dilatatior	ו
	letal	Muscular relaxatior	ı	Muscular contracti	on
Pupillary		Constriction		Dilatation	
Pregar Urinary		Increased urinary of sphincter relaxation		Decreased urinary sphincter contract	
neu – Spin Gastrointes Thoraco sys	tinal	Increased motility of and gastrointestin increased secretion	nal tract;	Decreased motility and gastrointestin decreased secret	nal tract;
Gar Glycogen to conversion		No involvement		Increased	
Parave -Tru Adrenal glai sympa	nd	No involvement		Release epinephrin norepinephrine	e and
- Ma jonty Prevertebral -Plexus aorticus		Inferior garglion Preventebral ganglia Stimulates contraction	Relaxes urinary sphincter Stimulates penile erection Stimulates engorgement	Sympathetic neurons Preganglionic Postganglionic Parasympathetic neurons Preganglionic Postganglionic	<i>intramu</i> Mostly
lostly diffuse effect		of smooth muscle	and secretions J		effec

ANS

Effector Response	Anatomical Pathway	Neurotransmitter	Receptor	G Protein	Enzyme or Protein	Second Messenger
Tachycardia	Sympathetic	NE	β_1 on cardiac pacemaker	Gαs	1АС	↑[cAMP];
Bradycardia	Parasympathetic	ACh	M ₂ on cardiac pacemaker	Direct action of dimeric Gβγ	GIRK1 K⁺ channels	$\Delta V_{\rm m}$
Increase cardiac contractility	Sympathetic	NE	β_1 on cardiac myocyte	Gα _s Direct action of Gα _s on Cav1.2	1AC	î[σΑΜΡ];
Decrease cardiac contractility	Parasympathetic	ACh	M ₂ on cardiac myocyte Presynaptic M ₂ receptor on noradrenergic neuron M ₃ receptor on cardiac myocyte	Gα, Gα, Gα _q	\downarrow_{AC} \downarrow_{AC} $\uparrow_{PLC} \rightarrow \uparrow_{[Ca^{2e}]_i} \rightarrow$ $\uparrow_{NOS} \rightarrow \uparrow_{GC}$	↓[cAMP] ↓[cAMP], in neuron ↑[cGMP], → ↑Cav1.2
Vasoconstriction in most blood vessels (e.g., skin)	Sympath etic	NE	α_i on VSMC	Gα _q	1PLC	↑[Ca²+],
Vaso constriction in some blood vessels	Sympath etic	NE	α_2 on VSMC	Gα _{V☉}	↓AC	↓[cAMP]
Vasodilation in most blood vessels (e.g., muscle)	Adrenal medulla	Epi	β_2 on VSMC	Gα	↑AC	↑[camp]
Vasodilation in erectile blood vessels	Parasympathetic	ACh ACh NO VIP	Presynaptic M ₂ receptor on noradrenergic neurons M ₃ on endotheſial cell NO receptor (i.e., GC) inside VSMC VIP receptor on VSMC	Gα; Gαq — Gαs	↓AC ↑PLC → ↑[Ca [≫]] _i → ↑NOS ↑GC ↑AC	↓[cAMP], in neuron NO diffuses to VSMC ↑[cGMP]; ↑[cAMP];
Vasodilation in blood vessels of salivary gland	Parasympathetic	ACh	M3 receptor on gland cell	Gαq	↑Kallikrein	Kinins
Vasodilation in blood vessels of muscle in fight-or-flight response	Sympathetic	ACh NANC	Presynaptic M ₂ receptor on noradrenergic neurons Receptor on VSMC	Gαi	JAC	↓[cAM P], in neuron

AC, adenylyl cyclase; ACh, acetylcholine; cAMP, cyclic adenosine monophosphate; cGMP, cyclic guanosine monophosphate; Epi, Epinephrine; CC, guanylyl cyclase; GIRK1, G protein–activated/inwardly rectifying K⁺ channel (Kir3.1); NANC, nonadrenergic, noncholinergic; NE, norepinephrine; NO, nitric oxide; NOS, nitric oxide synthase; PLC, phospholipase C; VIP, vasoactive intestinal peptide; VSMC, vasoular smooth muscle cell.

Brain control of ANS

Autonomic centers—brain stem and hypothalamus

1. Medulla

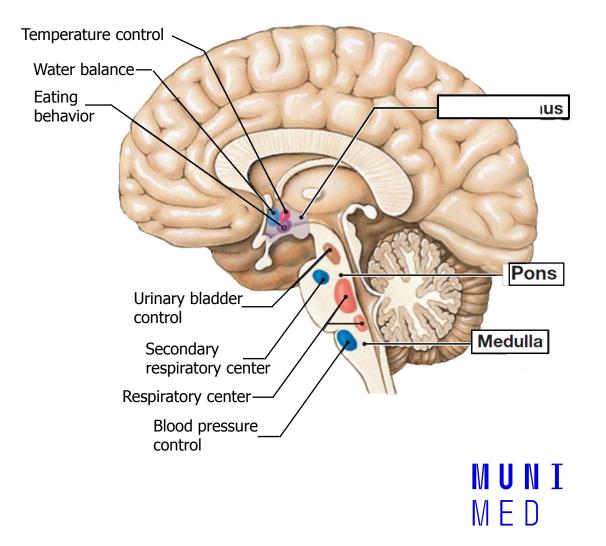
- Vasomotor center
- Respiratory center
- Swallowing, coughing, and vomiting centers

2. Pons

- Pneumotaxic center
- 3. Midbrain
 - Micturition center

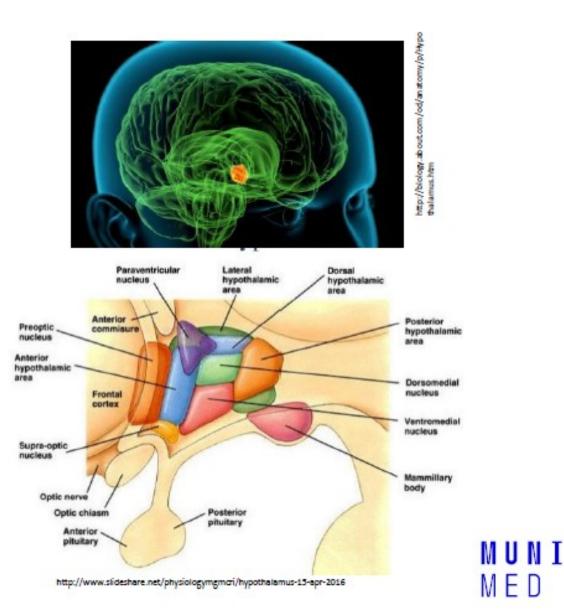
4. Hypothalamus

- Temperature regulation center
- Thirst and food intake regulatory centers

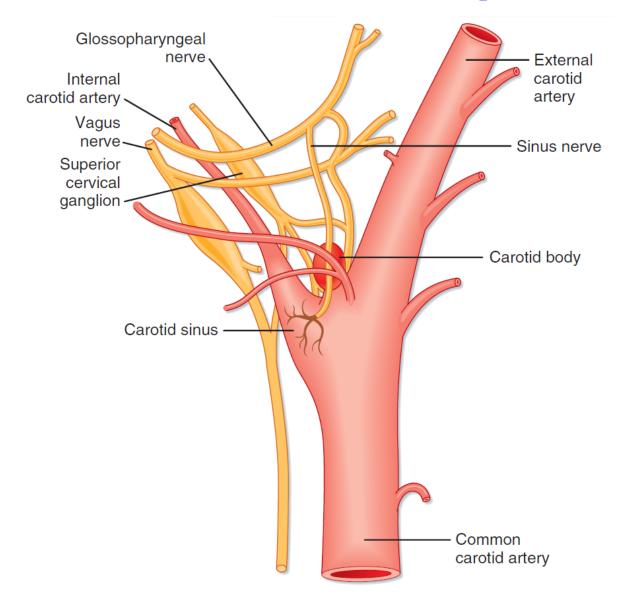


Hypothalamus

- Key center of autonomic regulations and coordination
- Integration of the information from inner and outer environment
- Behavioral modulation
- Regulation of autonomic nervous system
- Maintenance of homeostasis



Baroreceptor vs. Chemoreceptor

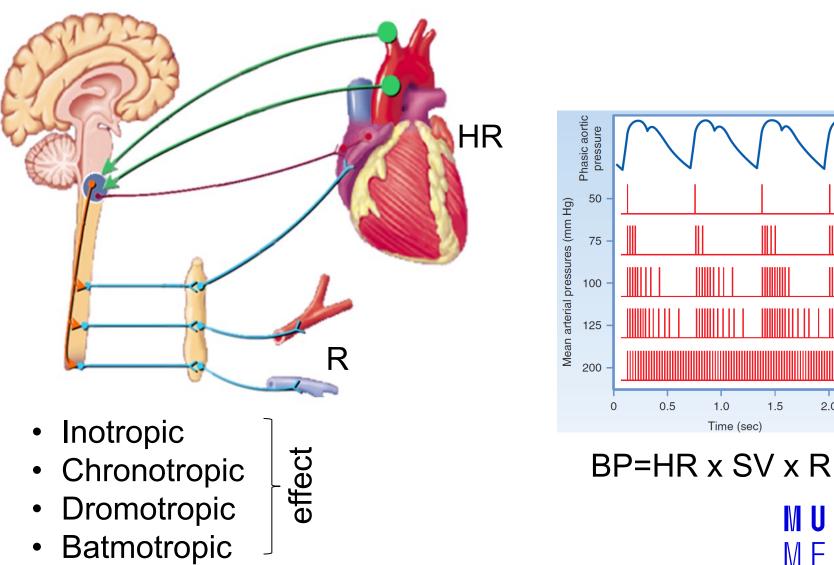


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Baroreflex I

Aferent pathway Parasympathetic pathway Sympathetic pathway



0.5

1.0

Time (sec)

1.5

2.0

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Something more...

Oculocardial reflex

Pressure on the eyebulbes decreases heart rate (activation of the vagus)
 It is used to suppress or stop atrial tachycardia

Low pressure baroreflex

□ greater expansion of the left ventricle stimulates baroreceptors –vagus→medulla - inhibition of SNS – vasodilation, bradycardia – decrease of BP

Diving reflex

□ Cold water on the face causes respiratory arrest, peripheral vasoconstriction and bradycardia

Coronary chemoreflex (Bezoldov-Hirtov-Jarisch reflex)

□ Substances applied to the left coronary artery (veratridine, capsaicin, some contrast agents, substances produced by ischemic tissue) induce apnea and then hyperpnea, hypotension, bradycardia (vagal afferentation)

Testing of autonomic nervous system

□ Tilt table test

- Neurocardiogene syncopa (cardioinhibitory vasodepresoryboth)
- □ Cerebral vasoconstriction with syncopa

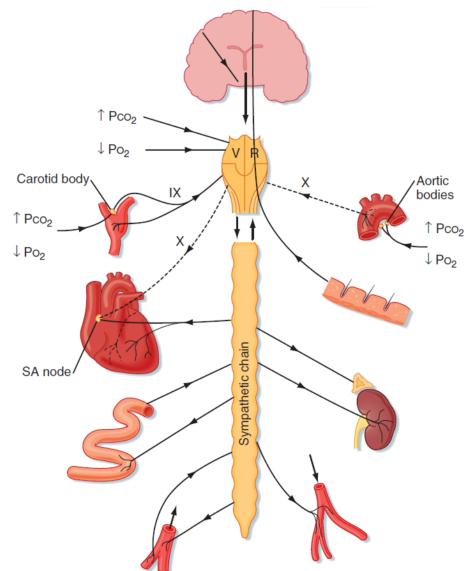
Pressure of the eyebulbes or sinus caroticus

Cardioinhibitory-vasodepresory-both answer (hypersensitivity of sinus caroticus)

Farmacological tests

With norepinephrine, isoprenaline, atropine

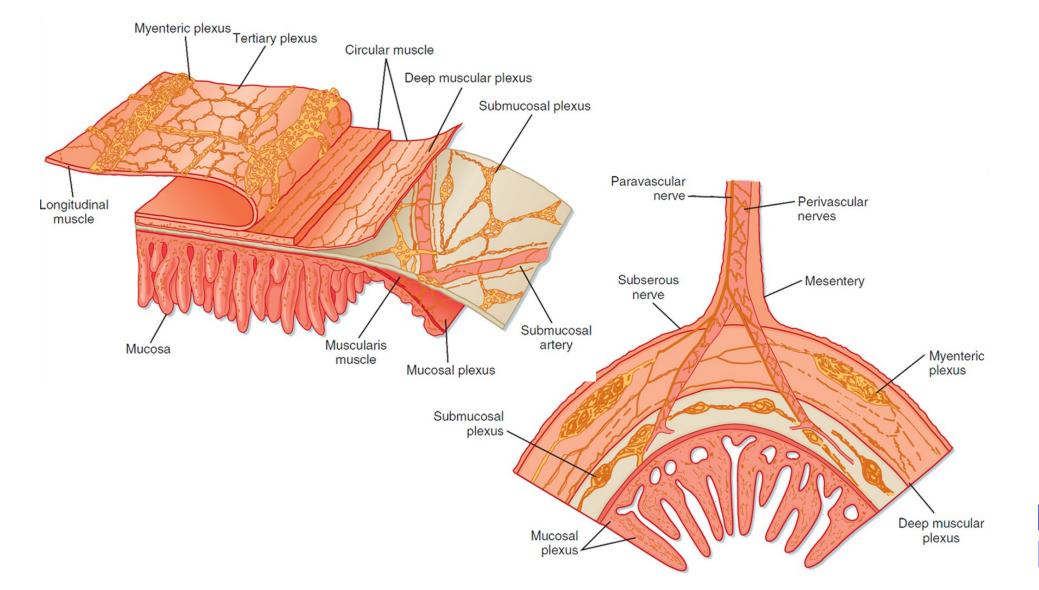
ANS and blood vessels



EFECTORS	RECEPTORS	ADRENERGIC REACTION
CORONARY A.	α, β ₂	C, D
SKIN A.	α	С
SKELETAL MUSCLE	α, β ₂	C, D
BRAIN A.	α	С
LUNGS A.	α, β ₂	C, D
ABDOMINAL A.	α, β ₂	C, D
VEINS	α, β ₂	C, D

MUNI Med

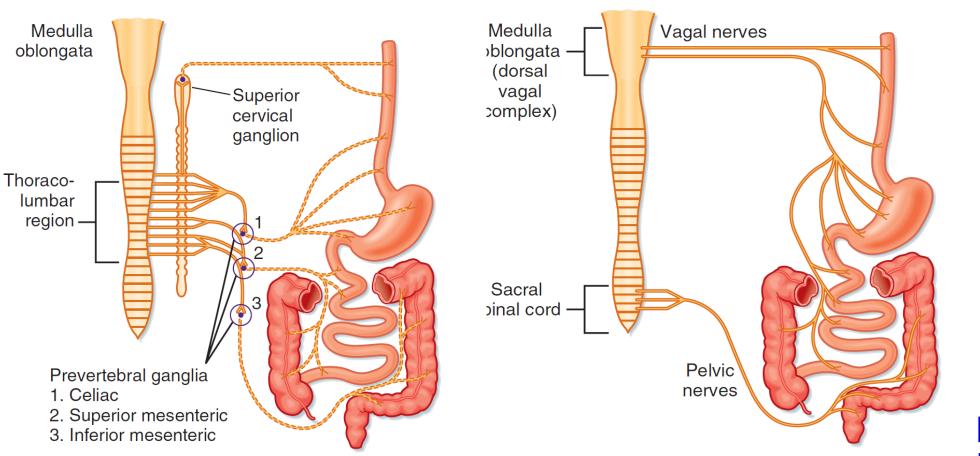
GIT - Enteric Nervous System



GIT and ANS

SNS

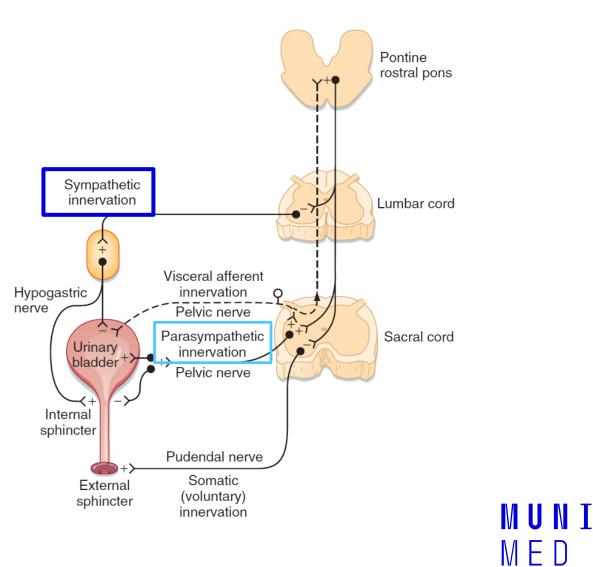
PNS



ANS and urinary bladder

SNS		
DETRUSOR	RELAXATION	
SPHINCTER	CONTRACTION	

PSN			
DETRUSOR	CONTRACTION		
SPHINCTER	RELAXATION		



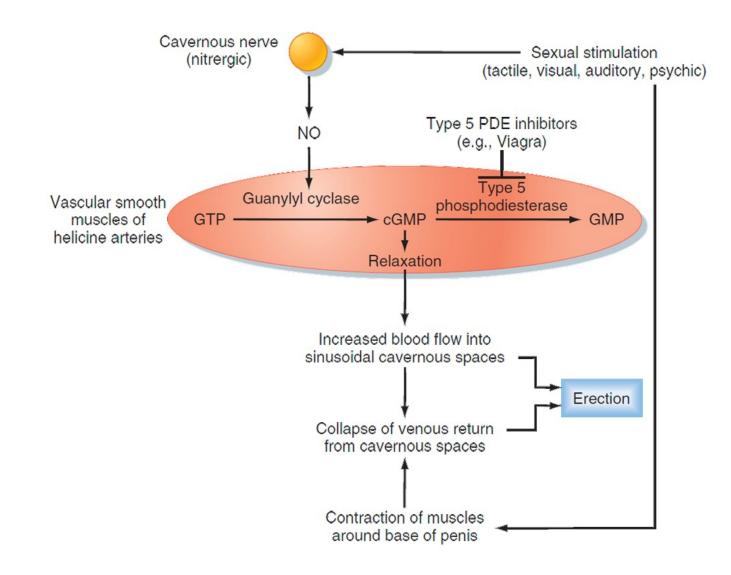
Thank you for your attention

Extra information

Neurogenic bladder

NAME	COMMENTS
Uninhibited bladder	Lesion: above the pontine micturition center Signs: reduced awareness of bladder fullness, incontinence may occur
Upper motor neuron bladder (Detrusor-sphincter dyssynergia)	Lesion: between the pontine micturition center and sacral cord Signs: detrusor is usually spastic, simultaneous detrusor and urinary sphincter contractions increase pressures in the bladder, can lead to vesicoureteral reflux that and renal damage
Mixed type A bladder	Lesion: sacral cord lesion at the detrusor nucleus with sparring of the pudendal nucleus Signs: the detrusor muscle is flaccid, bladder is large, external urinary sphincter is spastic, incontinence uncommon
Mixed type B bladder	Lesion: sacral cord lesion at the pudendal nucleus with sparring of the detrusor nucleus Signs: the bladder is spastic and the external urinary sphincter is flaccid, incontinence is common
Lower motor neuron bladder	Lesion: sacral cord or sacral root while the thoracic sympathetic outflow to the lower urinary tract is preserved Signs: bladder is large and hypotonic, incontinence uncommon

ANS and sexual function



ANS and covual function

