

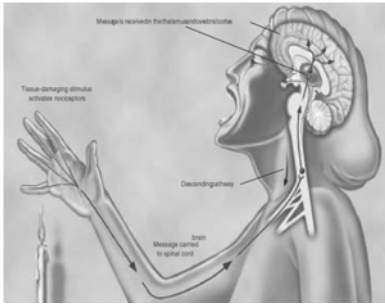
Pain and Analgesia

PAIN IS

- a submodality of somatic sensations like touch
- an unpleasant sensory and emotional experience associated with actual or potential tissue damage.
- individual and subjective
- more than a symptom

DIFFERENT KINDS OF PAIN:

- Acute
- Inflammatory
- Neuropathic



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BB 1109, 305-3889

Fig from Brain Awareness – SFN 2003

To understand the pharmacology of pain, you must know the anatomy and physiology of the system.

1. Peripheral nociceptors
2. Dorsal horn – major center for integration of afferent and efferent signaling
3. Ascending pathway
4. Descending pathway

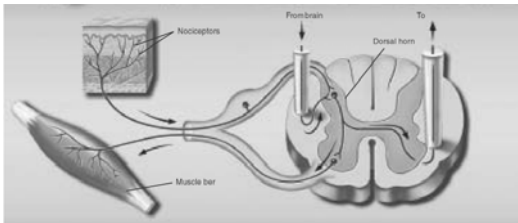
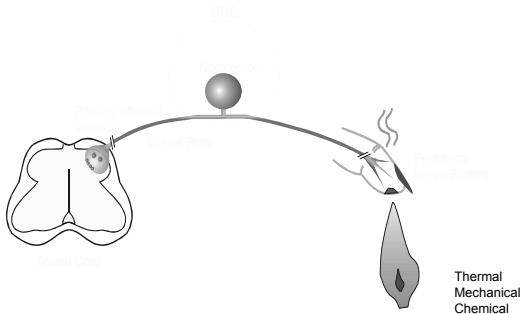
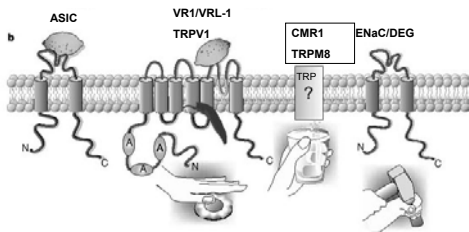


Fig from Brain Awareness – SFN 2003

There are multiple types of nociceptors: they can be classified by sensory modality, conduction velocity, sensitivity to growth factors, peptide expression, site of termination in the dorsal horn



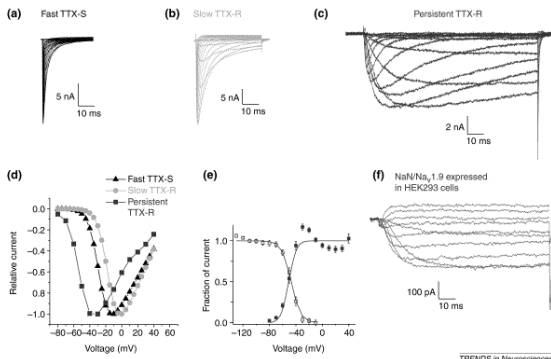
Signal transduction in nociceptors



VR1 – vanilloid receptor 1 or TRPV1
 CMR1 – cold and menthol activated receptor 1 or TRPM8
 ASIC – acid sensing ion channel
 Degenerin family

Modified from Julius and Basbaum, 2001

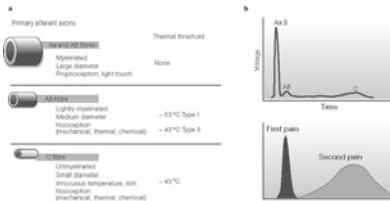
Nociceptor-specific Na⁺ channels



TRENDS in Neurosciences

Dib-Hajj et al, 2002

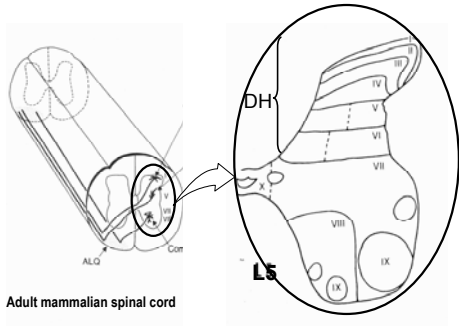
Afferent fiber conduction and pain



-- Nociceptors include both Aδ and C fibers
 -- Most, but not all, small diameter fibers are nociceptors. Some are thermal and low threshold mechanoreceptors

Julius and Basbaum, 2001

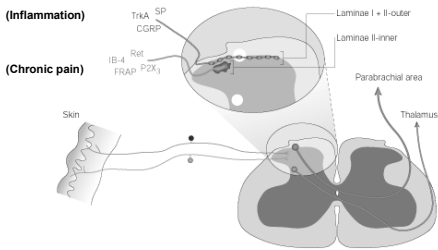
Nociceptive inputs go to lamina I, II and V in the dorsal horn



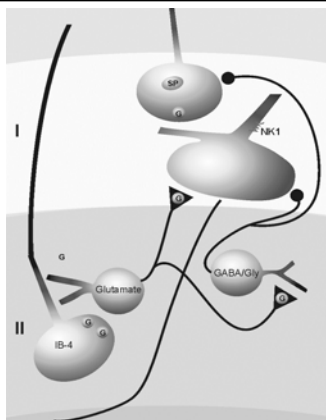
Adult mammalian spinal cord

Adapted from Fields, 1987

Two populations of nociceptors project to different sub-regions of the superficial dorsal horn



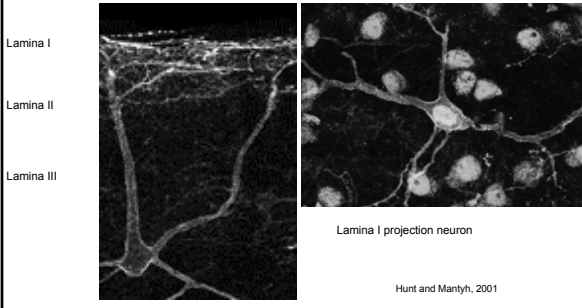
Hunt and Mantyh, 2001

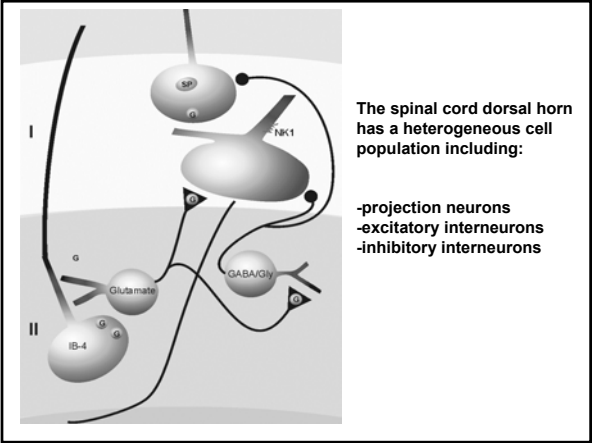


The spinal cord dorsal horn has a heterogeneous cell population including:

- projection neurons
- excitatory interneurons
- inhibitory interneurons

Dorsal horn neurons expressing receptor for substance P, the NK1 receptor.



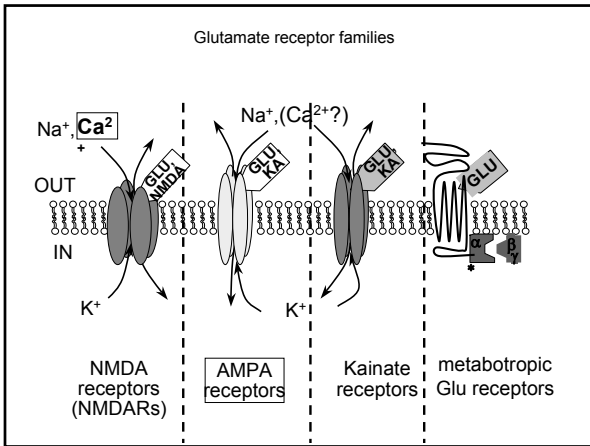


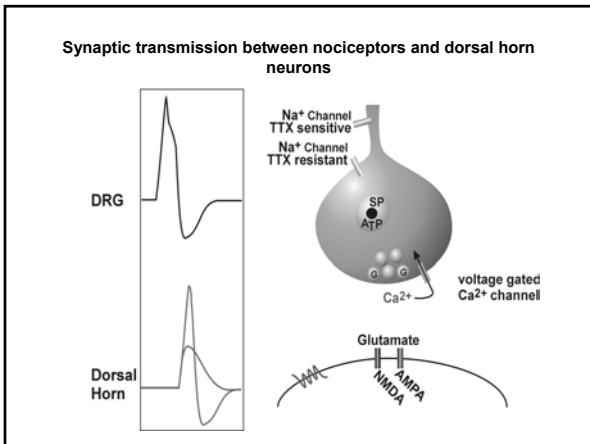
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Synaptic transmission in the dorsal horn

- Nociceptors synapse with dorsal horn neurons in lamina I, II, and V
- Nociceptors and local excitatory interneurons release glutamate as the fast transmitter, some also release co-transmitters such as peptides with slower excitatory action
- Local inhibitory interneurons release GABA and glycine as fast transmitters, some also release co-transmitters.
- Descending inputs synapse with projection neurons, interneurons, and terminals of the nociceptors





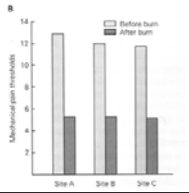
Sensitization in the pain pathway may result in hyperalgesia (hypersensitivity to a noxious stimulus) and allodynia (pain that results from a non-noxious stimulus).

- Peripheral sensitization
skin and viscera
- Central sensitization
dorsal horn
higher centers

Thermal injury can cause hyperalgesia



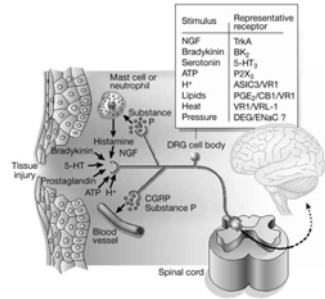
Mechanical thresholds for pain were tested at sites A, B, and C before and after burns at sites A and D.



53°C stimulus at both sites for 30 sec

Kandel, Schwartz Jessell Ch 24

Peripheral terminals of primary afferent nociceptors respond to inflammatory mediators



Stimulus	Representative receptor
NGF	TrkA
Bradykinin	BK ₂
Serotonin	5-HT ₃
ATP	P2X ₂
H ⁺	ASIC3/VR1
Lipids	PGE ₂ /CB1/VR1
Heat	VR1/VR2-1
Pressure	DEG/ENAC ?

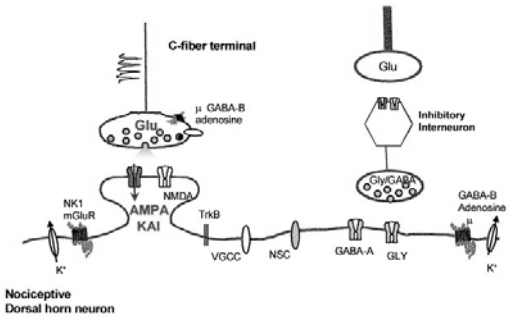
- ATP, Ach and serotonin released from damaged endothelial cells and platelets
- Histamine from mast cells
- Bradykinin from plasma kininogen

Julius and Basbaum, 2001

Central sensitization is sometimes due to neural plasticity in the spinal cord dorsal horn:

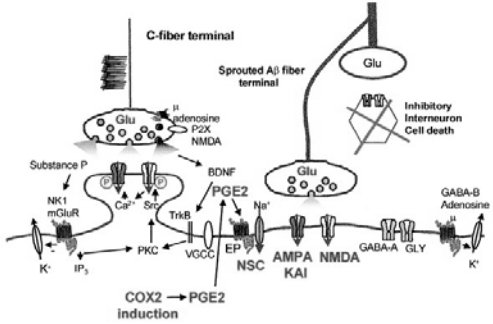
- Activation of nociceptive dorsal horn neurons
- Modulation producing long lasting central sensitization

Activation of neural plasticity in the spinal cord dorsal horn: fast EPSPs



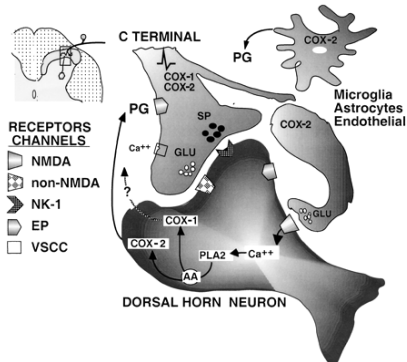
Woolf and Salter, 2000

Modulation of neural plasticity in the spinal cord dorsal horn: altered connectivity and cell death

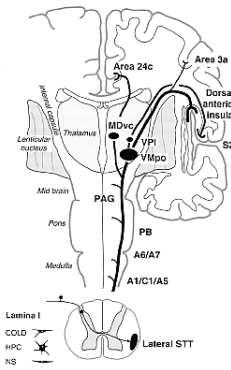


Woolf and Salter, 2000

Prostanoids and central sensitization



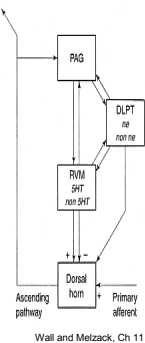
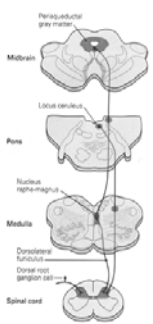
Ascending nociceptive pathway



- Spinothalamic tract (STT)
 - Lamina I – mostly high threshold input, fibers cross to lateral funiculus – many projections ascend to the thalamus – carry pain and temperature info
 - Lamina V – some low and high threshold input, fibers cross to anterior STT – many projections as ascends to thalamus - also important in pain signaling
- Spinoreticular (SRT) and
- Spinomesencephalic tract (SMT)
- Spinohypothalamic tract (SHT)

Wall and Melzack, Ch 7

Descending pathway that regulates nociceptive signaling in dorsal horn

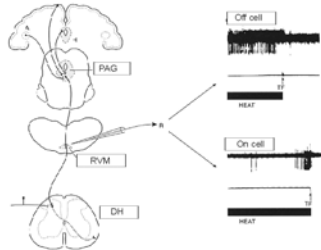


- Descending Pathway
 - Periaqueductal grey (PAG)
 - Dorsolateral pontomesencephalic tegmentum (DLMT)
 - Rostral ventromedial medulla (RVM)
 - Nucleus raphe magnus
 - Reticular formation
 - Dorsal horn

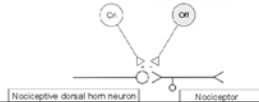
Kandel, Schwartz, Jessell Ch 24

Wall and Melzack, Ch 11

Descending brainstem connections for pain modulation: on and off cells



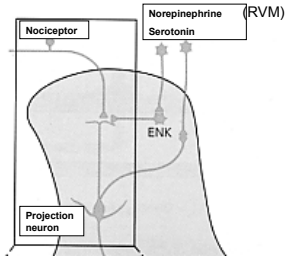
Morphine inhibits Morphine excites



Wall and Melzack

Opioids are important regulators of nociceptive signaling and they act at many levels of the nervous system:

- primary afferents
- dorsal horn neurons
- higher centers

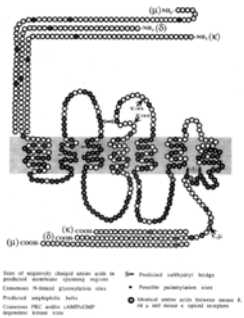


Opioid receptors – 3 gene families

μ opioid receptor – activated by morphine, β endorphin and enkephalins

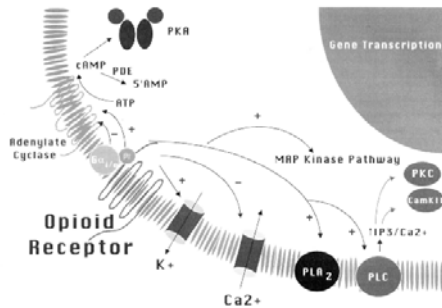
κ opioid receptor activated by dynorphin

δ opioid receptors activated by enkephalins and β endorphin



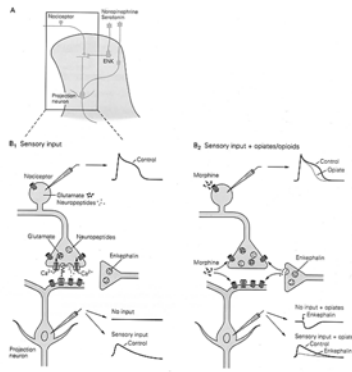
Bonica's Management of Pain Ch 4

Opioid receptor action



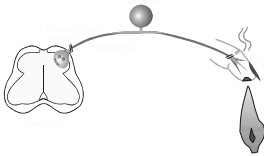
Bonica's Management of Pain Ch 4

Local circuit interneurons



Kandel, Schwartz, Jessell Ch 24

Summary:



- There are multiple types of nociceptors: they can differ by sensitivity to growth factors, peptide expression, conduction velocity, sensory modality
- All nociceptors release glutamate thus glutamate receptors are potential targets for pain management
- Sensitization occurs peripherally and centrally
- Dorsal horn neurons project to multiple higher levels in the brain and receive descending regulatory input from those same areas
- There are good targets for pain management on peripheral and central terminals of nociceptors as well as through regulation of inhibition in the dorsal horn
