

Monoamine Theory in Depression

Implications for disease and treatments



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Objectives

Identify
monoamine
neurobiological
pathways and
potential role in
emotional
behaviors

Review the Monoamine imbalance theory in Depression

Discuss current paradigm of treatment options and the neurobiological theories behind treatments



Prevalence of Depression



- Age of onset similar across genders¹
 - Middle age is largest prevalence gap¹



Nearly twice as common in women than in men^{1,2}

Psychiatric Comorbidities



- Obsessive compulsive disorder³
- Substance
 Abuse^{2,3}



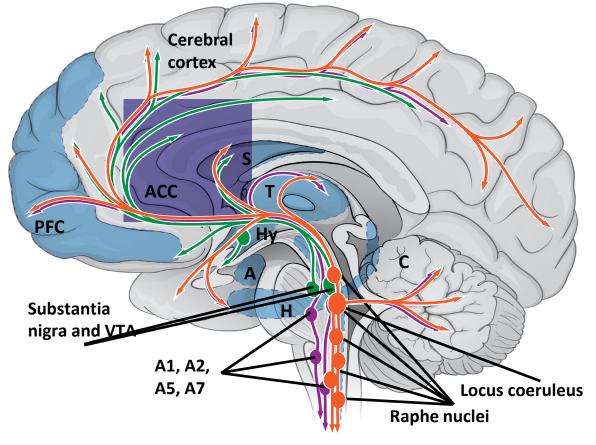
- GAD³
- Somatoform
 Disorder³
- Bulimia³

- 1. Bogren et al 2018 Eur Arch Psychiatry Clin Neurosci 268: 179-189.
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Monoamine Pathways Overlap in Several Areas of the

Brain¹⁻⁸



A = amygdala

ACC = anterior cingulate cortex

C = cerebellum

H = hippocampus

Hy = hypothalamus

NA = nucleus accumbens

PFC = prefrontal cortex

S = striatum

T = thalamus

VTA = ventral tegmental area

Norepinephrine

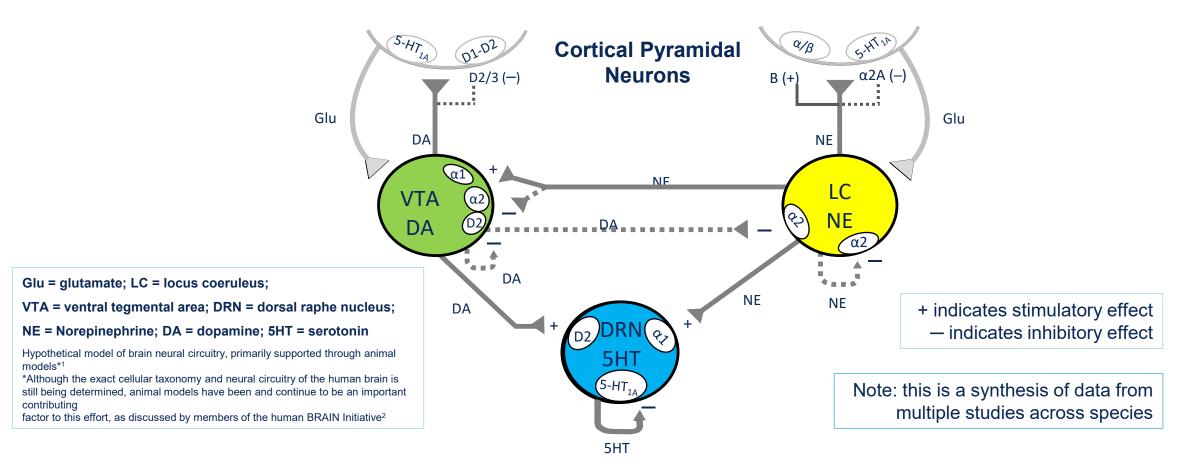
Dopamine

Serotonin

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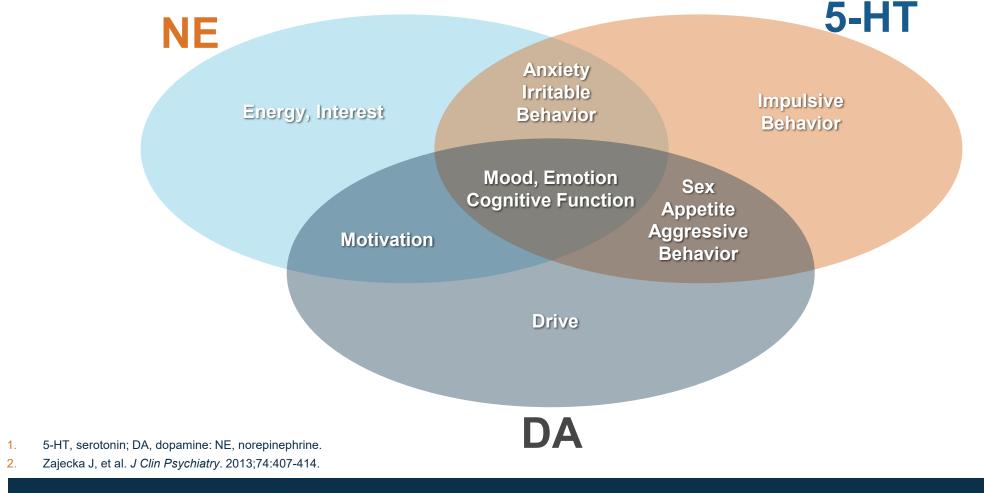
Neural Circuitry Of Monoamines Overlap



- 1. El Mansari et al. CNS Neurosci Ther. 2010;16(3):e1-17.
- 2. Jorgenson et al. Philos Trans R Soc Lond B Biol Sci. 2015;370(1668):1-12.



Overlap Between Monoamine Neurotransmitter Systems Plays a Role in Emotional Behavior



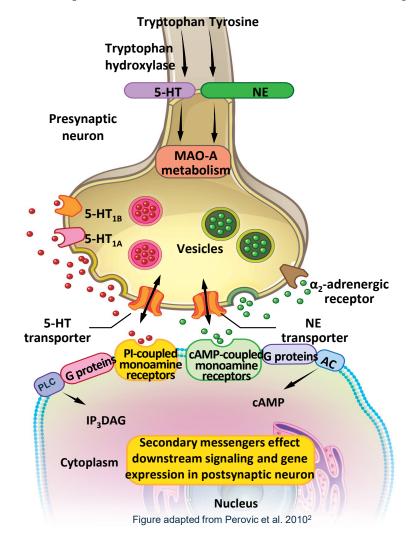


Monoamine Imbalance Theory of Major Depressive Disorder (MDD)

- Imbalance theory describes patients with depression having deficient¹:
 - Dopamine (DA),
 - Serotonin (5-HT),
 - Norepinephrine (NE)
- Monoaminergic deficiencies may be caused by depleted or dysregulated²:
 - Monoamine synthesis
 - Monoamine receptor signaling
- The efficacy of SSRIs, SNRIs, and dopamine agonists as antidepressants supports this theory³

AC, adenylate cyclase; cAMP, cyclic adenosine monophosphate; MAO-A, monoamine oxidase A; PLC, phospholipase-C; PI, phosphoinositide; SNRIs, serotonin norepinephrine reuptake inhibitors; SSRIs, selective serotonin reuptake inhibitors.

- 1. Delgado PL. J Clin Psychiatry. 2006;67 Suppl 4:22-6.
- 2. Perovic B, et al. Neuropsychiatr Dis Treat. 2010;6:343-364
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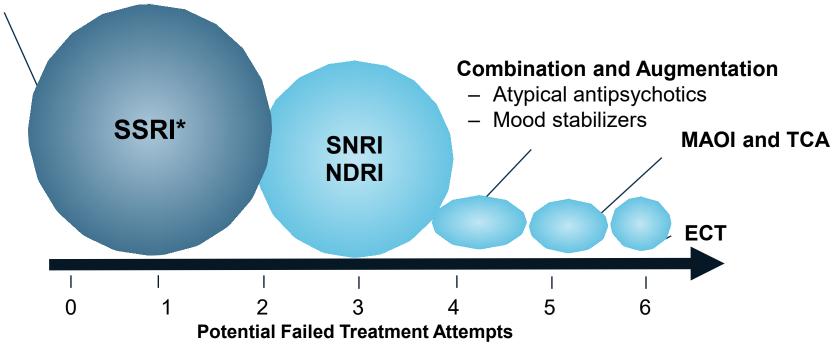




MDD: Treatment Practices

*Up to two-thirds of adult patients will not achieve remission with a selective serotonin reuptake inhibitor (SSRI); APA Guidelines recommend the first strategy when a treatment change is necessary may be to try to optimize SSRI dose

 VNS may be an additional option for individuals who have not responded to at least 4 adequate trials of antidepressant treatment, including ECT



APA=American Psychiatric Association; ECT=electroconvulsive therapy; MAOI=monoamine oxidase inhibitor; NDRI=norepinephrine-dopamine reuptake inhibitor; SNRI=serotonin-norepinephrine reuptake inhibitor; TCA=tricyclic antidepressant; VNS=vagus nerve stimulations.

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Proposed Mechanisms for Antidepressant Activity¹⁻⁷

Antidepressants

- Reuptake inhibitors
 - SSRIs, SNRIs, NDRIs
 - TCAs
- MAOIs

Mood Stabilizers

• Evidence suggests some may enhance serotonergic neurotransmission

Antipsychotics

- All alter D₂ neurotransmission
- Some atypical antipsychotics also target 5-HT receptors, NE receptors, and a variety of other receptor types
- D₂ receptor α1 receptor **Postsynaptic** α2 receptor neuron 5-HT_{1∆} receptor 5-HT_{1B} receptor GABAergic interneuron Figure adapted from: Blier P, El Mansari M. Philos Trans R Soc Reuptake transporter Lond B Biol Sci. 2013;368(1615):20120536.
 - . Stahl SM. Chapter 5. In: Stahl SM, ed. Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Application. 4th ed; 2013:129-236.
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 - 5. Nugent AC, et al. J Psychopharmacol. 2013;27(10):894-902.
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GABA=gamma aminobutyric acid; MAOI=monoamine oxidase inhibitor; NDRI=norepinephrine-dopamine reuptake inhibitor; NE=norepinephrine; SSRI=selective serotonin reuptake inhibitor; SNRI=serotonin-norepinephrine reuptake inhibitor; TCA=tricyclic antidepressant.



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