Bio217: Pathophysiology Class Notes  
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Unit IV: Nervous System Disorders

Chap. 12: Structure & Function of the Nervous System  
Chap. 13: Pain, Temperature, Sleep, and Sensory  
Chap. 14: Alterations in Cognitive Systems, Cerebral Dynamics, and Motor Function  
Chap. 15: Disorders of the Central and Peripheral Nervous Systems

Overview of the Nervous System

- Central nervous system (_____)  
  - ____________

- Peripheral nervous system (_____)  
  - Cranial nerves  
  - Spinal nerves  
  - Pathways  
    - Afferent (__________)  
    - Efferent (__________)  

Cells of the Nervous System

- Neuron (conducts nerve impulses)  
  - Variable size and structure  

- Three components  
  - Cell body (soma)  
    - Nuclei = cell bodies in CNS  
    - Ganglia = cell bodies in PNS are ganglia  
  - Dendrites  
    - _________ impulses  
  - Axons  
    - Carry impulses ________ from cell body

Structure and Function of the Nervous System

Chapter 12

Overview of the Nervous System

- Peripheral nervous system (PNS)  
  - Somatic nervous system  
    - Motor (efferent) and sensory (afferent) pathways regulating voluntary motor control of skeletal muscle  
  - Autonomic nervous system (ANS)  
    - Motor and sensory pathways regulating body's internal environment through involuntary control of organ systems  
      - Sympathetic ("_____________")  
      - Parasympathetic ("Rest and repose")

Neuron

- Axons  
  - Myelin  
    - Insulating layer of lipid material  
    - Formed by the Schwann cell  
  - Endoneurium  
    - Delicate layer of CT around each axon  
  - Neurilemma  
    - Thin membrane between myelin sheath and endoneurium
Neuron

- Axons
  - Nodes of Ranvier
    - Regular interruptions of the myelin sheath
  - Saltatory conduction
    - Flow of ions between segments of myelin rather than along entire length of axon

Structural Classification of Neurons

- Based on number of processes extending from cell body
  - Unipolar
  - Bipolar
  - Multipolar

Functional Classification of Neurons

- Sensory (afferent)
  - Transmit impulses from sensory receptors to CNS
- Associational (interneurons)
  - Transmit impulses from neuron to neuron
- Motor (efferent)
  - Transmit impulses from CNS to an effector

Neuroglia

- “Nerve glue”
- Support the neurons of the CNS
  - Astrocytes
  - Oligodendroglia (oligodendrocytes)
  - Microglia
  - Ependemal
Nerve Impulse

- Neurons generate action potentials by selectively changing the **electrical** portion of their plasma membranes and influencing other nearby neurons by release of neurotransmitters (**chemicals**)

Synapses

- Region between adjacent neurons (pre- and postsynaptic neurons) is called a synapse
- Impulses are transmitted across synapse by chemical and electrical conduction
- Neurotransmitters
  - More than 30 substances
    - (ACh, serotonin, NE, dopamine)
    - Excitatory or Inhibitory

Central Nervous System

BRAIN:

- Forebrain
  - Cerebral hemispheres
- Midbrain
  - Corpora quadrigemina, substantia nigra, and cerebral peduncles
- Hindbrain
  - Cerebellum, pons, and medulla

Forebrain:

- Functional areas

Central Nervous System

- Diencephalon
  - Thalamus
  - Hypothalamus

- Midbrain
  - Corpora quadrigemina
    - Superior and inferior colliculi
  - Tegmentum
    - Red nucleus and substantia nigra (dopamine → NE)
    - Cerebral peduncles
Central Nervous System

- Cerebellum
- Pons
- Medulla oblongata

Spinal Cord

- Located in **vertebral canal**, protected by **vertebral column**
- Connects the brain and the body
- Conducts somatic and autonomic reflexes
- Modulates sensory and motor function

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Reflex Arc

- Receptor
- Afferent (sensory) neuron
- Efferent neuron
- Effector

Neuromuscular Junction
Protective Structures

• Cranium
  – Eight bones
    • Frontal, Occipital, Temporal (2), Parietal (2), Sphenoid, Ethmoid
  – Galea aponeurotica

• Meninges
  – Protective membranes surrounding brain & SC
    • Dura mater
    • Arachnoid
    • Pia mater

Protective Structures

• Cerebrospinal fluid (CSF)
  – Clear, colorless fluid similar to blood plasma and interstitial fluid
  – 125 to 150 mL
  – Produced by ___________ in lateral, third, and fourth ventricles
  – Reabsorbed through ____________

Vertebral Column

Blood Supply to the Brain

• 800 to 1000 mL per minute
• CO$_2$ is the primary regulator for CNS blood flow
• Internal carotid and vertebral arteries
• Arterial circle (circle of Willis)
Blood Supply to the Brain

Peripheral Nervous System

- 31 pairs of spinal nerves
  - Named for vertebral level from which they exit
  - Mixed nerves
  - Arise from gray matter of the spinal cord

- 12 pairs of cranial nerves
  - Sensory, motor, and mixed

Cranial Nerves

Autonomic Nervous System

- Located in both the CNS and PNS
- Maintains a homeostasis in visceral (internal) organs
- Neurons
  - Preganglionic (myelinated)
  - Postganglionic (unmyelinated)
**Autonomic Nervous System**

- Two divisions
  - Sympathetic
    - “Fight or flight” response
    - Thoracolumbar
    - Sympathetic (paravertebral) ganglia
  - Parasympathetic
    - “Rest or repose” response
    - Craniosacral
    - Preganglionic neurons travel to ganglia close to organs they innervate

**Sympathetic Nervous System**

- Thoracolumbar
- Sympathetic (paravertebral) ganglia

**Parasympathetic Nervous System**

**Neurotransmitters and Neuroreceptors of the ANS**

- SNS preganglionic fibers
  - ACh (___________)
- SNS postganglionic fibers
  - NE (___________)
- PSN preganglionic & postganglionic fibers
  - ACh

**Aging and the Nervous System**

- Decrease in the number of neurons
  - Decreased brain weight and size
- Senile plaques
- Neurofibrillary tangles
- Slowing of neurologic responses
Concept Check:

1. One function of somatic NS that is not performed by the ANS is conduction of impulses:
   - A. To involuntary muscles and glands
   - B. To the CNS
   - C. To skeletal muscles
   - D. Between the brain and SC

2. Neurons are specialized for the conduction of impulses, while neuroglia:
   - A. Support nerve tissue
   - B. Serve as motor end plates
   - C. Synthesize ACh and AChE
   - D. All of the above

3. Which of the following best describes the SC?
   - A. Descends inferior to the lumbar vertebrae
   - B. Conducts motor impulses from the brain
   - C. Descends to L4
   - D. Conducts sensory impulses to the brain

4. Which is not a protective covering of the CNS?
   - A. Cauda equina
   - B. Dura mater
   - C. Arachnoid
   - D. Cranial bone

5. The SNS:
   - A. Mobilizes E in times of need
   - B. Is innervated by cell bodies from T1 → L2
   - C. Is innervated by cell bodies located in the cranial nerve nuclei
   - D. Both A and B are correct

6. The PSN:
   - A. Conserves and stores E
   - B. Has relatively short postganglionic neurons
   - C. Both A and B are correct
   - D. Has paravertebral ganglia

Pain, Temperature, Sleep, and Sensory Function

Chapter 13

Pain

• “Pain is whatever the experiencing person says it is, existing whenever he says it does” —McCaffrey

Neuroanatomy of Pain

• Nociception
  - Perception of pain

• Nociceptors
  - Free nerve endings in skin, muscle, joints, arteries, and the viscera that respond to chemical, mechanical, and thermal stimuli
Bio217 Sp14

Pathways of Nociception
- Spinothalamic tracts

Neuromodulation of Pain
- Neuromodulators
  - Located in pathways of NS
  - Triggered by tissue injury and or inflammation
  - Excitatory neuromodulation
    - Substance P, glutamate, somatostatin
  - Inhibitory neuromodulation
    - GABA, glycine, serotonin, NE, endorphins

Neuromodulation of Pain
- Endorphins (endogenous morphines)
  - Neuropeptides – inhibit pain transmission in CNS
  - Bind opioid receptors
- Beta-endorphins (rel. from hypothalamus & pit. gland)
- Enkephalin (weaker than other endorphins)
- Dynorphins (can stimulate pain)
- Endomorphins (cause VD due to NO$_2$ released from endothelial cells)

Endorphin Response

Acute Pain
- Manifestations
  - Fear and anxiety
    - Tachycardia, hypertension, fever, diaphoresis, dilated pupils, outward pain behaviors, elevated BG, decreased gastric acid secretion and intestinal motility, and a general decrease in blood flow

Acute Pain
- Referred pain
  - Pain present in an area removed or distant from point of origin
  - Area of referred pain is supplied by same spinal segment as the actual site
  - Myocardial infarction pain
Chronic Pain

- May be sudden or develop insidiously
- Usually defined as lasting at least 3 to 6 months
- Produces significant behavior and psychologic changes
- Types:
  - Low back pain
  - Myofascial pain syndromes
  - Chronic postoperative pain
  - Cancer pain

Neuropathic Pain

- Result of trauma or disease of nerves
- Peripheral
  - Painful diabetic neuropathy
- Central
  - Phantom limb

Temperature Regulation

- Peripheral & central thermoreceptors
- Hypothalamic control (range “37°C ± 0.7°C”)
- Heat production
  - Metabolism
  - Skeletal muscle contraction
  - Chemical thermogenesis
- Heat conservation
  - Vasoconstriction
  - Voluntary mechanisms

Heat Loss

- Radiation, Conduction, Convection
- Vasodilation
- Decreased muscle tone
- Evaporation
- Increased respirations
- Voluntary measures
- Adaptation to warmer climates

Temperature Regulation

- Aging
  - Slow blood circulation, vasoconstrictive response, and metabolic rate
  - Decreased sweating and perception of heat and cold

Fever

- Resetting of the hypothalamic thermostat
- Activate heat production and conservation measures to a new “set point”
- __________ (exogenous or endogenous) toxins from pathogens → PG (which reset thermostat)
**Fever**

- Kills many microorganisms
- Decreases serum levels of Fe, Zn, and Cu
- Promotes lysosomal breakdown and autodestruction of cells
- Increases lymphocytic transformation and phagocyte motility
- Augments antiviral interferon production

**Hyperthermia**

- Not mediated by pyrogens (no resetting of thermostat)
- 41°C (105.8°F): nerve damage produces convulsions
- 43°C (109.4°F): death results
- Forms
  - Heat cramps (abdom. pain, incr. sweat, loss Na+)
  - Heat exhaustion (collapse, profuse sweat, high core temp.)
  - Heatstroke (→ death, brain cannot tolerate temperatures >40.5°C (104.9°F))

**Hypothermia**

- Body temperature less than 35°C
- Produces:
  - VC, alterations in the microcirculation, coagulation, and ischemic tissue damage
  - Ice crystals, which form inside the cells, causing them to rupture and die

**Sleep**

- Infants: 16-17 hours/day; about half in REM
- Elderly: decrease in sleep time, longer to fall asleep; increase in sleep apnea

REM = rapid eye movement sleep; 90 minute cycles after non-REM sleep
Sleep Disorders

• Insomnia
  – not able to fall asleep or stay asleep
  – idiopathic, abuse of drugs or alcohol,
    chronic pain, depression, or certain
    drugs, age, obesity

• Obstructive sleep apnea
  – Upper airway blockage
  → snoring
  – Apneic episodes > 10 sec.

Vision

• Blepharitis
  – Inflammation of the eyelids

• Hordeolum (stye)
  – Infection of the sebaceous glands of the eyelids

• Chalazion
  – Infection of the meibomian (oil-secreting) gland

• Keratitis
  – Infection of the cornea

External Eye Disorder

• Conjunctivitis
  – Inflammation of the conjunctiva
  – Acute bacterial conjunctivitis (pinkeye)
    • Highly contagious
    • Mucopurulent drainage from one or both eyes
  – Viral, Allergic, or Trachoma (chlamydial)
    conjunctivitis

Vision Changes and Aging

• Cornea
• Anterior chamber
• Lens
• Ciliary muscles
• Retina

Visual Dysfunctions

• Alterations in visual acuity
  – ___________ – cloudy lens due to degeneration
    (age)
  – ___________ – increase in intraocular pressure

  – Age-related macular degeneration (AMD)
  – major cause of blindness in elderly;
    increased risk due to HT, smoking, DM
The Ear

Aging and Hearing
- Cochlear hair cell degeneration
- Loss of auditory neurons in spiral ganglia of organ of Corti
- Degeneration of basilar conductive membrane of cochlea
- Decreased vascularity of cochlea
- Loss of cortical auditory neurons

Ear Infections
- Otitis externa
  - Infection of the outer ear
  - Commonly caused by prolonged moisture exposure (swimmer’s ear)
- Otitis media
  - Acute otitis media
  - Otitis media with effusion

Auditory Dysfunction
- Mixed hearing loss – combination of conductive and sensorineural loss
- Functional hearing loss – no known cause
- Ménière disease – middle ear affected, hearing and balance are impaired

Concept Check
- 1. Endorphins:
  - A. Increase pain sensations
  - B. Decrease pain sensations
  - C. May increase or decrease pain
  - D. Have no effect on pain
- 2. IL-1:
  - A. Raises hypothalamic set point
  - B. Is an endogenous pyrogen
  - C. Is stimulated by exogenous pyrogens
  - D. All of the above
3. In heatstroke—
   - A. Blood viscosity increases
   - B. Core temp. increases as regulatory center fails
   - C. Stimulates VC
   - D. Ice crystals form in cells

Matching:

_ 4. Meniere disease  A. due to airway obstruction during breathing
_ 5. AMD  B. Vestibular & hearing disruption
_ 6. AOM  C. Retinal detachment & loss of photoreceptors
_ 7. Sleep apnea  D. Effusion behind tympanic membrane

Matching:

  - 8. Blepharitis  A. Increase intraocular pressure
  - 9. Vertigo  B. Infected eyelid
  - 10. Glaucoma  C. Inflammation of semicircular canals

Alterations in Cognitive Systems, Cerebral Dynamics, & Motor Function

Chapter 14

Alterations in Cognitive Networks

- Consciousness
  - State of awareness of oneself and env.
  - Arousal
    - State of awareness
  - Content of thought

Levels of Consciousness

- Consciousness – alert and aware of person, place, time
- Confusion – not able to think
- Lethargy – limited speech, may/may not be oriented to PPT
- Obtundation – stimulation needed for arousal
- Stupor – unresponsive except for vigorous stimuli
- Coma – no vocalization or arousal

Alterations in Arousal

- Coma is produced by either:
  - Bilateral hemisphere damage or suppression
  - Brain stem lesions or metabolic derangement that damages or suppresses the RAS
  - RAS (reticular activating system = maintains wakefulness; consists of nuclei in brainstem and extends to cerebral cortex)
  - No verbal responses to stimuli
  - No reaction to deep pain
Alterations in Arousal

- Clinical manifestations of Coma
  - Level of consciousness changes
  - Pattern of breathing
    - Posthyperventilation apnea (PHVA)
    - Cheyne-Stokes respirations (CSR)
  - Vomiting
  - Pupillary changes
  - Oculomotor responses
  - Motor responses

Seizures

- Sudden, transient alteration of brain function caused by an abrupt explosive, disorderly discharge of cerebral neurons
- Motor, sensory, autonomic, or psychic signs
- Convulsion
  - Tonic-clonic (jerky, contract-relax) movements associated with some seizures

Dementia

- Progressive failure of cerebral functions that is not caused by an impaired level of consciousness

- Classifications
  - Cortical
  - Subcortical

Alzheimer Disease (AD)

- Familial, early and late onset
- Nonhereditary (sporadic, late onset)
- Theories
  - Mutation for encoding amyloid protein
  - Alteration in apolipoprotein E
  - Loss of neurotransmitter ACh

Alzheimer Disease (AD)

- Neurofibrillary tangles
- Senile plaques
- Clinical manifestations
  - Forgetfulness, emotional upset, disorientation, confusion, lack of concentration, decline in abstraction, problem solving, and judgment
- Diagnosis is made by ruling out other causes of dementia

Alterations in Movement

- Huntington disease
  - Also known as “chorea”
  - Autosomal dominant hereditary-degenerative disorder
  - Severe degeneration of the basal ganglia (caudate nucleus) and frontal cerebral atrophy
  - Depletion of gamma-aminobutyric acid (GABA)
Alterations in Movement

- Hypokinesia
  - Decreased movement
- Akinesia
- Bradykinesia
- Loss of associated movement

Parkinson Disease

- Severe degeneration of the basal ganglia (corpus striatum) involves dopamine secreting cells
  - Parkinsonian tremor
  - Parkinsonian rigidity
  - Parkinsonian bradykinesia
  - Postural disturbances

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Concept Check

Matching:
1. Confusion
2. Lethargy
3. Obtundation
4. Stupor
5. Coma

- a. No speech or arousal
- b. Only responses to strong stimuli
- c. Stimulation necessary for arousal
- d. Speech limited, may or may not be oriented
- e. Not able to think straight

Disorders of the Central & Peripheral Nervous Systems

Chapter 15

- 6. AD a. Autosomal dominant, GABA decreased
- 7. HD b. Decreased dopamine, resting tremors
- 8. PD c. Neurofibrillary tangles, amyloid proteins
Brain Trauma

- Major head trauma
  - Traumatic insult to the brain → physical, intellectual, emotional, social, and vocational changes
  - Transportation accidents
  - Falls
  - Sports-related event
  - Violence

Brain Trauma

- Closed (blunt, nonmissile) trauma
  - Head strikes hard surface or a rapidly moving object strikes the head
  - The dura intact, brain tissue not exposed to the env.
  - Causes focal (local) or diffuse (general) brain injuries

- Open (penetrating, missile) trauma
  - Injury breaks dura, exposes cranial contents to env.
  - Causes primarily focal injuries

Focal Brain Injury

- Observable brain lesion
- Force of impact produces contusions (bruise)
- Contusions can cause:
  - Extradural (epidural) hemorrhages or hematomas
  - Subdural hematomas
  - Intracerebral hematomas

Hematomas

- Collection of blood in closed space

Subdural Hematomas
**Mild Concussion**

- Temporary axonal disturbance → attention and memory deficits but no loss of consciousness
- I: confusion, disorientation, and momentary amnesia
- II: momentary confusion and retrograde amnesia
- III: confusion with retrograde (events preceding trauma) and anterograde amnesia (unable to form recent memories)

**Classic Cerebral Concussion**

- Grade IV
  - Disconnection of cerebral systems from the brain stem and reticular activating system
  - Physiologic and neurologic dysfunction without substantial anatomic disruption
  - Loss of consciousness (<6 hours)
  - Anterograde and retrograde amnesia
  - Postconcussive syndrome (headaches, anxiety, insomnia, depression, unable to concentrate)

**Spinal Cord Trauma**

- Most commonly occurs due to vertebral injuries
  - Simple fracture, compressed fracture, and comminuted fracture and dislocation
- Traumatic injury of vertebral and neural tissues as a result of compressing, pulling, or shearing forces
Spinal Cord Trauma

- **Flexion-rotation injury**

- **Spinal shock**
  - Normal activity of the SC ceases at and below _______________. Sites lack continuous nervous discharges from brain.
  - Complete loss of reflex function below level of lesion.

Degenerative Disorders of the Spine

- **Degenerative disk disease (DDD)**
  - Spondylolysis – structural defect of lamina or vertebral arch (lumbar)
  - Spondylolisthesis- vertebra slides forward
  - Spinal stenosis – _________ of spinal canal, puts pressure on nerves (sciatica)
- **Low back pain**
- **Herniated intervertebral disk – protusion of nucleus pulposus**

Cerebrovascular Disorders

- **Cerebrovascular accident (CVA) – stroke**
  - Impairment of cerebral circulation
  - Leading cause of disability
  - 3rd leading cause of death in US
- **Cerebrovascular accidents (CVAs)**
  - **Thrombotic stroke**
    - Arterial occlusions caused by thrombi formed in arteries supplying the brain
    - Due to obesity, smoking, OC, surgery
    - Transient ischemic attacks (TIAs)
  - **Embotic stroke**
    - Fragments that break from a thrombus formed outside brain
    - Can also be from fat, tumor, bacteria, air
    - Middle cerebral artery is site of emboli
- **Hemorrhagic stroke** (intracranial hemorrhage)
  - Due to HT, aneurysms
  - Causes sudden rupture of cerebral artery
  - Blood accumulating deep in brain
  - Further neural tissue compromise
TIA (transient ischemic attack)
- Recurring episode of neurologic deficit
- Lasts seconds to hours (clears in 12-24 hours)
- Microemboli → temporary interruption of blood flow
- Also small spasms of brain arterioles
- Double vision, blindness (unilateral), uncoordinated gait, fall due to weakness in legs, dizzy, slurred speech
- Temporary — clears in 12-24 hours
- Impending stroke sign — warning of stroke
- Aspirin or Anticoagulant is given to minimize blood clots

Intracranial Aneurysm
- Due to: atherosclerosis, congenital, trauma, inflammation
- Pathophysiology: no single mechanism
- Classified: based on shape
- Clinical manifestations: asymptomatic or various cranial nerve compression, or hemorrhage

Infection and Inflammation of the CNS
- Meningitis
  - Bacterial meningitis
  - Aseptic (viral, nonpurulent, lymphocytic) meningitis
  - Fungal meningitis
  - Tubercular (TB) meningitis

Demyelinating Disorders
- Multiple sclerosis (MS)
  - MS is a progressive, inflammatory, demyelinating disorder of the CNS
  - Involves optic, oculomotor & spinal tracts
  - Ups and downs of MS — exacerbations & remissions
  - Occurs in women mostly (18-40yrs.)
  - Causes: viral, autoimmune, genetic, stress
  - Symptoms: optic neuritis & sensory impairment (paresthesia)
  - Prognosis varies

Understanding Demyelination
- Myelin (white matter)= ____________ that speeds nerve impulse conduction
- Injury to myelin by hypoxemia, chemicals, or autoimmune responses
- Leads to inflammation, breakdown of layers and formation of plaque (scar tissue)
- Damaged myelin sheath not able to conduct AP → neurologic dysfunction
Neuromuscular Junction Disorders

- Myasthenia gravis (“grave muscular weakness”)
  - Chronic autoimmune disease
  - Antibodies produced against ACh receptors
  - Weakness and fatigue of muscles head and neck → diplopia, difficulty chewing, talking, swallowing
  - Causes: unknown, autoimmune, disorders of thymus
  - Symptoms: progressive muscle weakness, respiratory distress (______________________)
  - Treatment: AChase drugs, Corticosteroids

NMJ

- During normal NMJ transmission- motor neuron AP travels to axon terminal → release of ACh (neurotransmitter) → diffuses across cleft and attach to receptor sites on motor end plate → depolarization of muscle fiber.
- In MG – antibodies attach to ACh receptors and block the ACh from attaching → blocked neuromuscular transmission

Concept Check

1. If an individual struck the car windshield in a car accident, the coup/contrecoup injury would be in the:
   A. Frontal/parietal region
   B. Frontal/occipital region
   C. Parietal/occipital region
   D. Occipital/frontal region

2. Injury of the cervical SC may be life threatening due to:
   A. Increased intracranial pressure
   B. Spinal shock
   C. Loss of bladder and rectal contrao
   D. Impairment of the diaphragm

Matching:

4. MG a. Autoimmune disorder, antibodies attack ACh receptors at NMJ
5. MS b. Protrusion of nucleus pulposus
6. Herniated disc c. Demyelination of nerves

3. TIAs are:
   A. Neurological deficits that slowly resolve
   B. Neurological deficits that occur every hour
   C. Focal neurological deficits that dev. suddenly, last for a few minutes, and clear in 24 hours
   D. Events that never indicate an impending stroke