Past, Present and Future Brains

Siena 9-11 novembre 2023 Museo Santa Maria della Scala

BIOMARKERS OF MOOD DISORDERS AND NOVEL THERAPEUTICS Chairs: Alessandra Cinti (Siena) and Claudio Agnorelli (Siena)

Brain Serotonin Release Is Reduced in Patients With Depression: A [11C]Cimbi-36 Positron Emission Tomography Study With a d-Amphetamine Challenge Claudio Agnorelli (Siena)

Detecting synaptogenesis induced by Ketamine and motor learning using the PET tracer [11C]UCB-J in an integrated PET-fMRI paradigm

Joseph Peill (Regno Unito)

EEG correlates of ketamine-induced dissociative state Alessandra Cinti (Siena)

DISCUSSIONE

Brain Serotonin Release Is Reduced in Patients With Depression: A [11C]Cimbi-36 Positron Emission Tomography Study with a d-Amphetamine Challenge

Speaker: Claudio Agnorelli, PhD student, University of Siena

David Erritzoe¹, Beata R. Godlewska², Gaia Rizzo³, Graham E. Searle³, Claudio Agnorelli^{1,4}, Yvonne Lewis³, Abhishekh H. Ashok^{5,6}, Alessandro Colasanti⁷, Iro Boura⁵, Chloe Farrell⁵, Hollie Parfit¹, Oliver Howes⁵, Jan Passchier³, Roger N. Gunn³, David J. Nutt¹, Philip J Cowen², Gitte Knudsen⁸, Eugenii A. Rabiner^{3, 5}

¹ Imperial College, London, UK, ² University of Oxford, Oxford, UK, ³ Invicro, London, UK, ⁴ University of Siena, Italy ⁵ King's College, London, UK, ⁶ University of Cambridge & Addenbrooke's Hospital, ⁷ University of Sussex, UK, ⁸ Neurobiology Research Unit, University Hospital Rigshospitalet and Dept. Clinical Medicine, University of Copenhagen, Denmark









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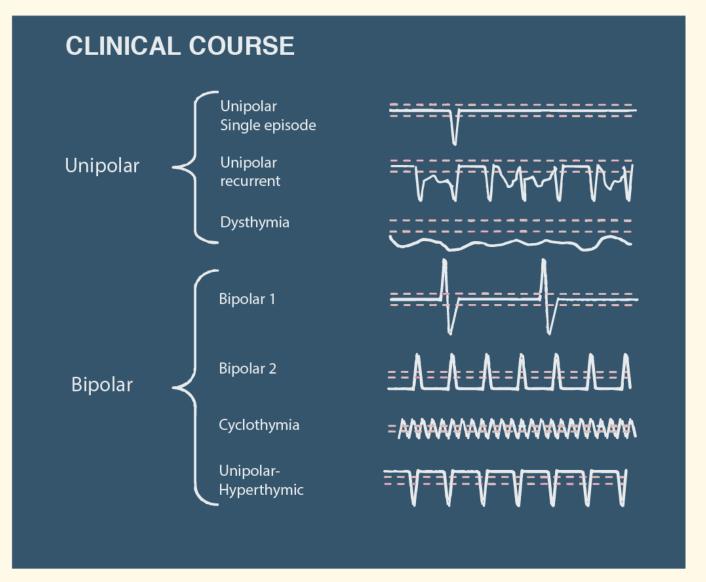
Materials and Methods: PET scan, [11C]Cimbi-36, d-amphetamine challenge

Results: Depression vs healthy controls, relationship with psychometric measures

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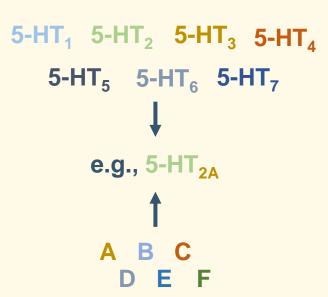
Aknowledgments



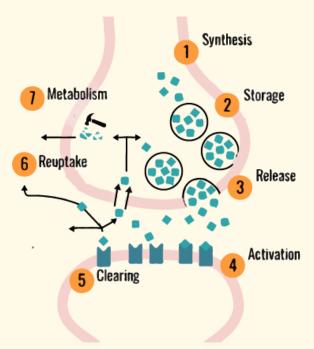


The "monoamine deficiency hypothesis" of depression postulates that depressive symptoms arise in part from insufficient levels of monoamine neurotransmitters such as serotonin (or 5 hydroxytryptamine, 5-HT).

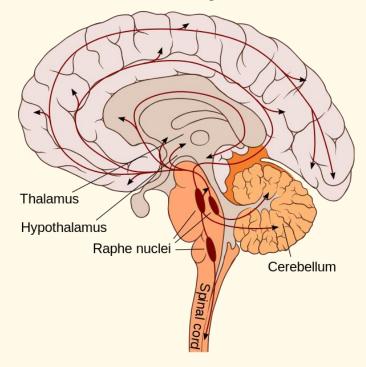
The 5-HT receptors



The 5-HT synapse



The 5-HT system



Cowen, Philip J., and Michael Browning. "What has serotonin to do with depression?." World Psychiatry 14.2 (2015): 158.

Testing the 5-HT hypothesis of depression in patients

Study Aim

Molecular Psychiatry

SYSTEMATIC REVIEW OPEN

The serotonin theory of depression: a systematic umbrella review of the evidence

Joanna Moncrieff^{1,2,224}, Ruth E. Cooper³, Tom Stockmann⁴, Simone Amendola⁵, Michael P. Hengartner⁶ and Mark A. Horowitz^{1,2}

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"The main areas of serotonin research provide no consistent evidence of there being an association between serotonin and depression, and no support for the hypothesis that depression is caused by lowered serotonin activity or concentrations"

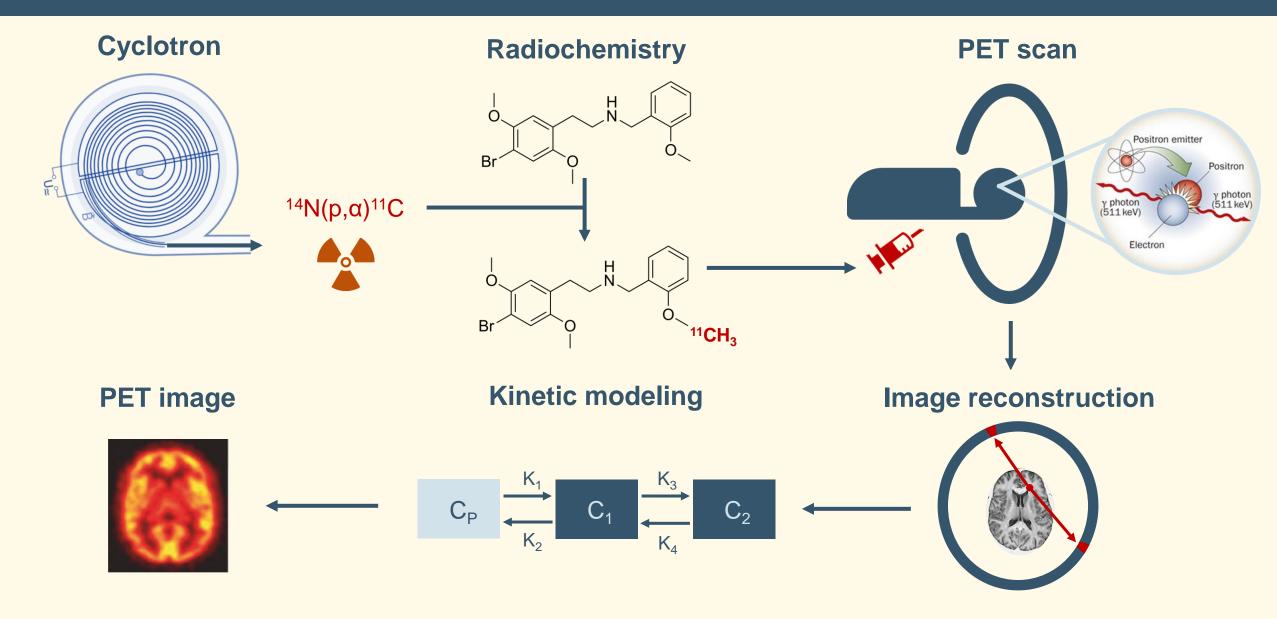


- Some evidence of impaired 5-HT system in depression.
- All available evidence is indirect.
- No in-vivo human studies measured 5-HT in patients.

Objective

To compare the release of 5-HT in the living human brain between patients with depression and healthy controls

Materials and Methods



5-HT targets challenged in human PET studies:

Targets

SERT

DASB

5-HT_{1A}

- WAY-analogues
- **CUMI-101**
- 5-HT_{1B}

AZ10419369

5-HT_{2A}

- MDL
- Altanserin
- Setoperone
- 5-HT₁
- SB207145

All antagonists

Challenges

- SSRIs
- Ketamine
- Clomipramine
- d-Fenfluramine
- Tryptophan depletion

Studies with expected direction

1 of 6 5-HT_{1A} 0 of 1 5-HT_{1B}

0 of 6 5-HT_{2A}

1 of 2 5-HT₄

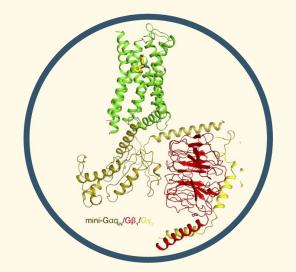
0 of 2 SERT

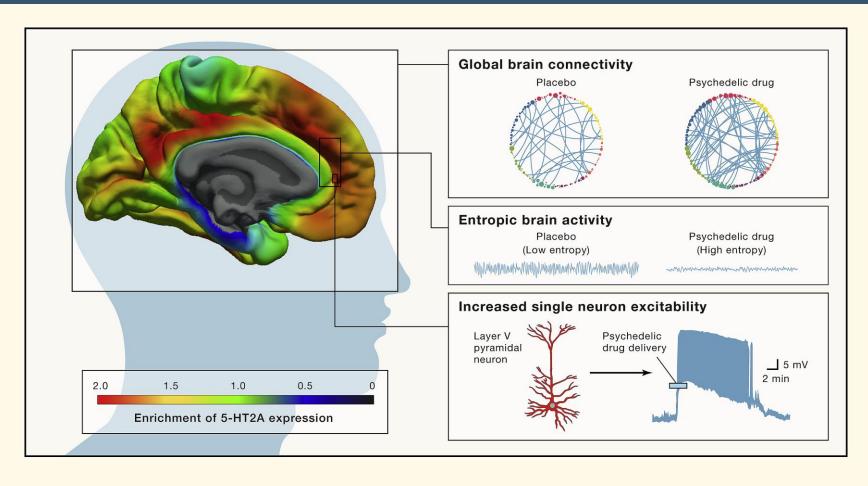
Active vs Inacitve receptor states

In dopamine research it was found that the D2/D3 agonist [11C]PHNO is 1.5 times more sensitive to acute fluctuations in synaptic dopamine induced by d-amphetamine challenge than the D2/D3 antagonist [11C]raclopride.

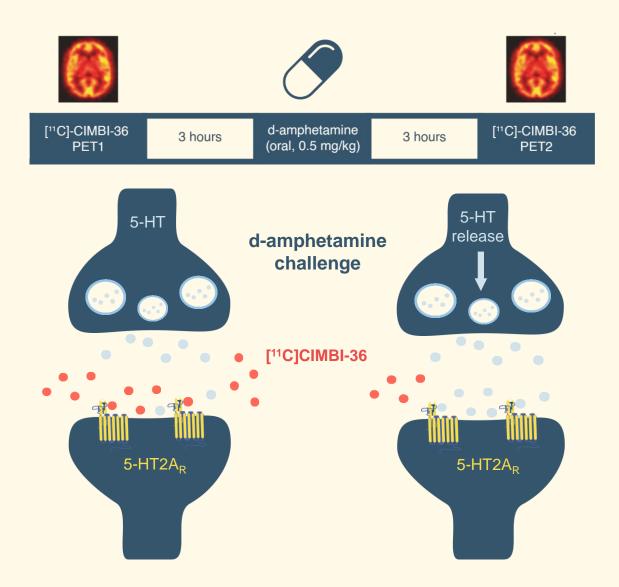
[11C]Cimbi-36 (25B-NBOMe)

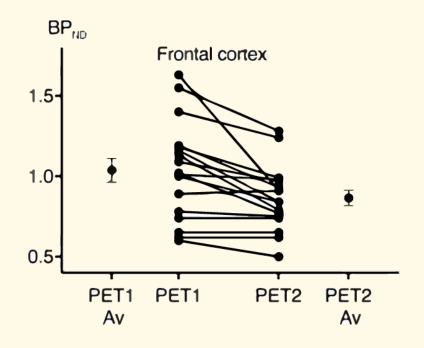
5-HT type 2A receptor (5-HT2AR)





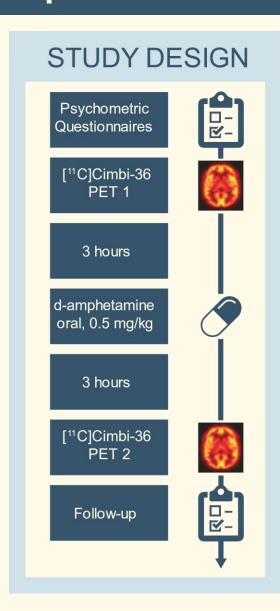
- 5-HT2AR highly expressed in cortical regions
- Agonism at the 5-HT2AR induces alteration of consciousness
- Main mechanism of action of classic psychedelics





"Data from 17 healthy males suggest that [11C]Cimbi-36 is sensitive to synaptic 5-HT release in the human brain, and combined with a d-amphetamine challenge can enable the evaluation of the human brain 5-HT system in neuropsychiatric disorders"

Materials and Methods



- 12 medication-free patients with Major Depressive Disorder (MDD)
 [9 males, mean age 40 ± 11].
- 5 medication-free patients with comorbid Major Depressive Disorder and Parkinson's Disease (MDPD) [All males, mean age 55 ± 9].
- 20 Healthy Controls (HC)
 [17 males, mean age 32 ± 9].
- [11C]CIMBI-36 PET pre and 3 hours post oral d-amphetamine [0.5 mg/kg, p.o.].
- Scale: Beck Depression Inventory (BDI).
- Dynamic PET data with metabolite, arterial plasma input function, acquired over 90 minutes, corrected for attenuation, scatter and motion.

$$BP_{ND} = \frac{V_T^{FCx}}{V_T^{Cb}} - 1$$

$$\Delta BP_{ND} = 100 \times (1 - \frac{BP_{ND}^{post-dose}}{BP_{ND}^{baseline}})$$

Outlier exclusion

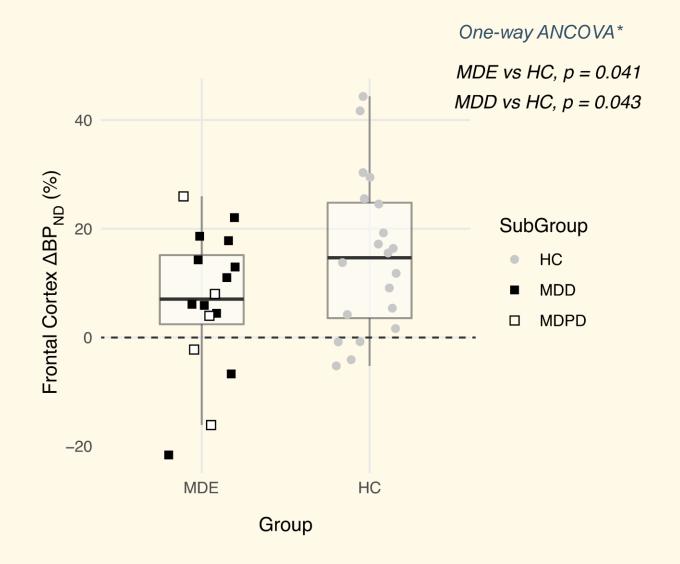
1 participant in the MDD group was identified as an outlier for ΔBP_{ND} using the Tukey's rule and was not included in all the parametric statistics involving ΔBP_{ND}

Brain serotonin release is reduced in patients with depression

Reduced [11C]CIMBI-36 displacement in patients with major depressive episode (MDE)

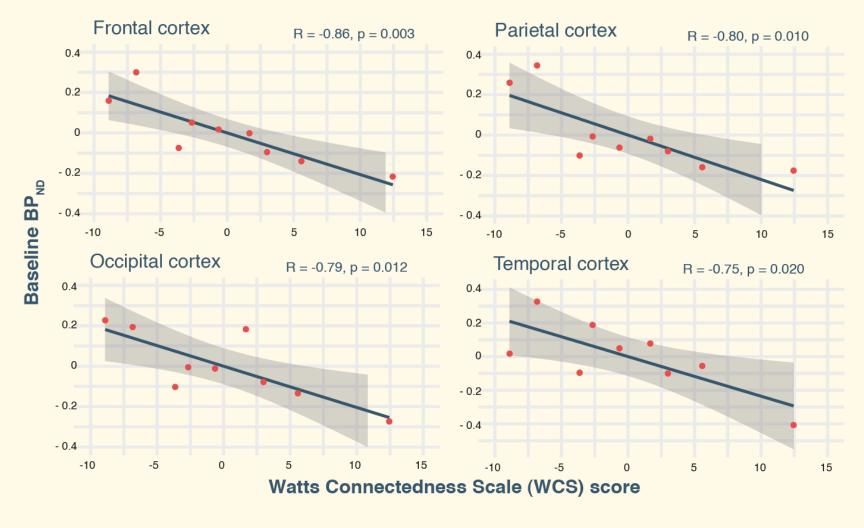
- 1. 5-HT release (or ΔBP_{ND}) in Frontal Cortex:
 - In 20 HC: 15±14%, p<0.001
 - In 12 MDD: 3±20%, ns
 - In 5 MDPD: 4±15%, ns

Conclusion – MDE patients have lower serotonin release capacity (SRC) in the frontal cortex than non-depressed controls



Brain serotonin release is reduced in patients with depression

Relationship between 5-HT2A receptor availability (Baseline BP_{ND}) and SRC (ΔBP_{ND}) with psychometric measures in the MDD sub-group.



- A statistically signficant negative correlation was found between the baseline BP_{ND} and connectedness scores (i.e., WCS, 3 missing data points) in all analysed ROIs.
- No statistically significant relationship was found between the psychometric measures of mood (i.e., BDI, RS, SHAPS, and SSAI), wellbeing (i.e., WEMWBS) and personality (i.e., BFI) with either baseline BP_{ND} or SRC in any of the analysed ROIs.

^{*} data points correspond to residuals after inculding age as a covariate as a positive correlation existed in our data between age and baseline BP_{ND}

Brain serotonin release is reduced in patients with depression

Summary

- 1. Reduced serotonin release capacity (SRC) in the frontal cortex of depressed patients as compared to healthy controls.
- 2. No correlation with severity of depression or treatment outcome.
- 3. Negative correlation between baseline 5-HT2AR availability and trait connectedness among depressed patients (scale not administered to healthy controls).

- Small effect size of the between-group difference in ΔBP_{ND}.
- Study underpowered to detect interpretable correlations.
- Results to be replicated in a bigger sample size and using a selective 5-HT pharmacological challenge.

Limitations

Acknowledgments



Dr. David Erritoze,
Centre for Psychedelic Research:
Secondary supervisor of the PhD,
First author of the study



Dr. Eugenii (Ilan) Rabiner, Invicro Imaging Centre:
Last author of the study



Prof. Andrea Fagiolini, University of Siena: Primary supervisor of the PhD

Co-Authors:

Beata R. Godlewska, Gaia Rizzo, Graham E. Searle, Yvonne Lewis, Abhishekh H. Ashok, Alessandro Colasanti, Iro Boura, Chloe Farrell, Hollie Parfit, Oliver Howes, Jan Passchier, Roger N. Gunn, David J. Nutt, Philip J Cowen, Gitte Knudsen





Imperial College London



