

# *Basal forebrain participation in general anesthesia*

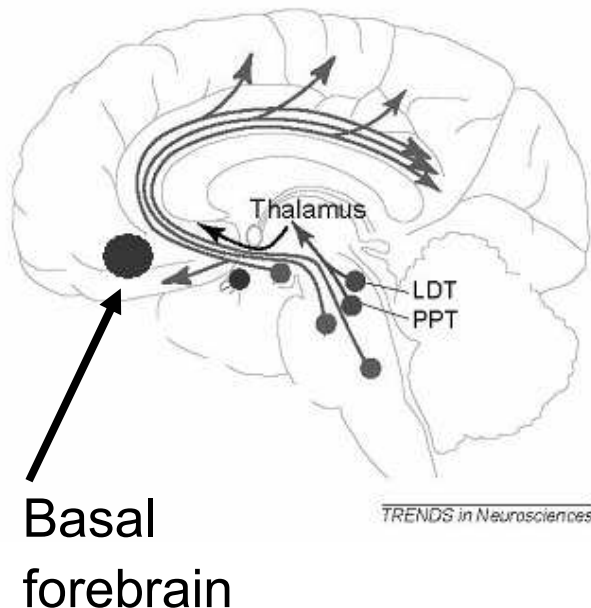
L Stan Leung

*Dept Physiology and Pharmacology  
and Neuroscience Program  
University of Western Ontario*

*Collaborators: Tao Luo, J Ma, J Tai, S  
Petropoulos, & Ian Herrick*



# *What is the Basal forebrain?*



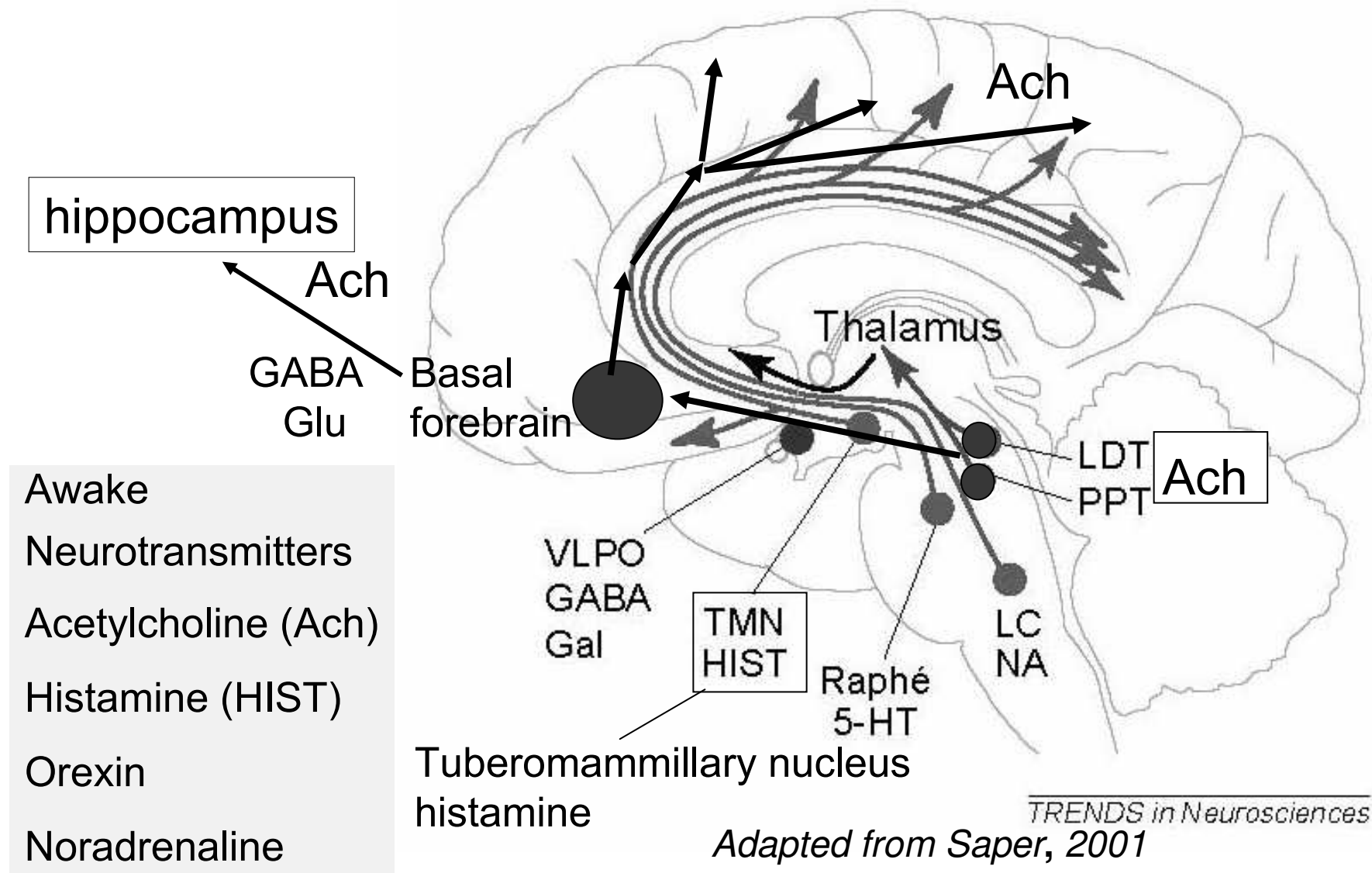
A group of neurons (including cholinergic neurons) at the base of the forebrain

Receives from the brainstem and controls electrical activity of the cerebral cortex

Early cholinergic pathology in Alzheimer's disease

Involved in cortical activation (physiological and functional), cognitive and other behavioral functions

# Basal forebrain & wake-sleep circuit



# *Hippocampal & Neocortical EEG*

## **AWAKE**

hippocampus



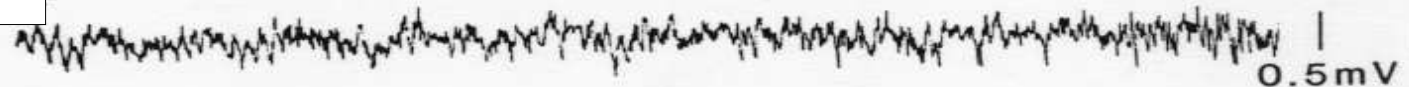
Walking: theta

Immobile: irregular activity

Low-voltage fast

Low-voltage fast

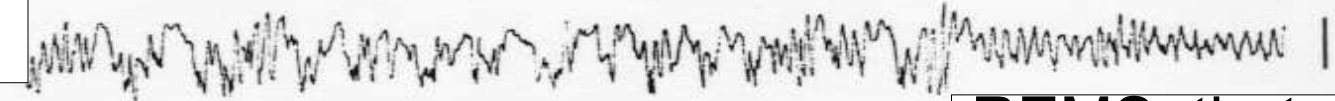
frontal cortex



1 sec

## **ASLEEP**

hippocampus

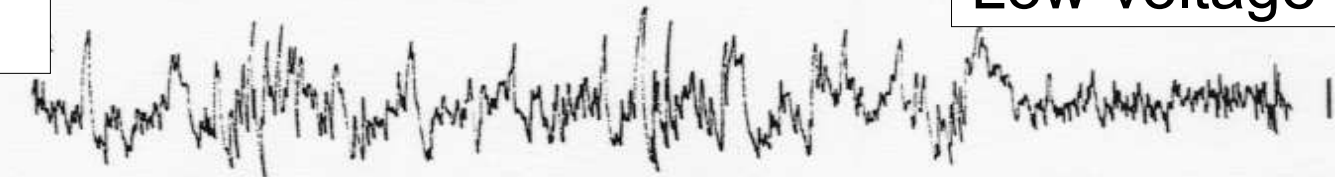


SWS: large irregular activity

REMS: theta

Low-voltage fast

frontal cortex



(Leung 1998)

*Leung 1998*

# *General Anesthesia*

□ state of overall loss of awareness and pain, allowing surgical operations

□ Components □

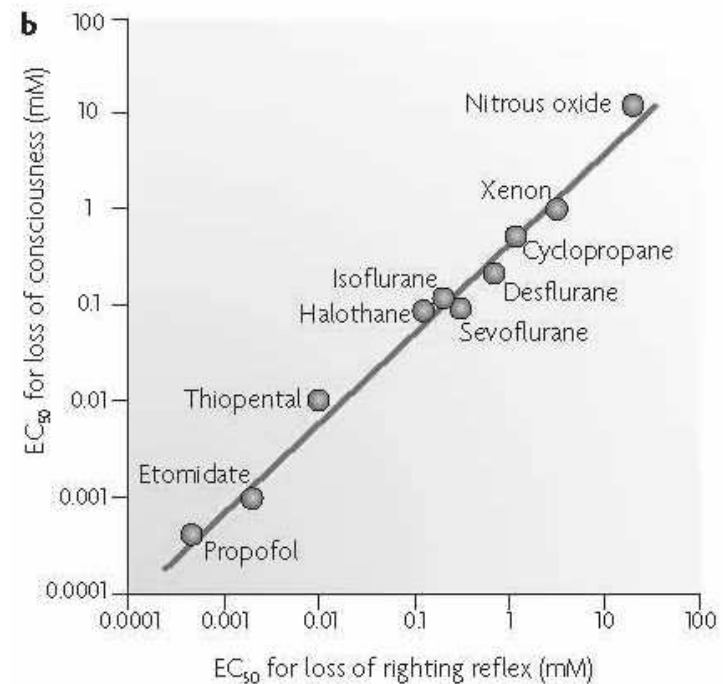
1. Loss of awareness
2. Loss of pain
3. Loss of voluntary movements
4. Loss of memory of the surgery

# *Surgical anesthesia in animals*

Loss of Righting Reflex  
in animals  
correlated with loss of  
consciousness in  
humans

Response to pain tested  
by tail-pinch (surgical  
anesthesia)

Record EEG frontal cortex &  
hippocampus



*Franks, Nat Rev Neurosci 2008*

# *Volatile anesthesia stages (Guedel 1951)*

I. Analgesia

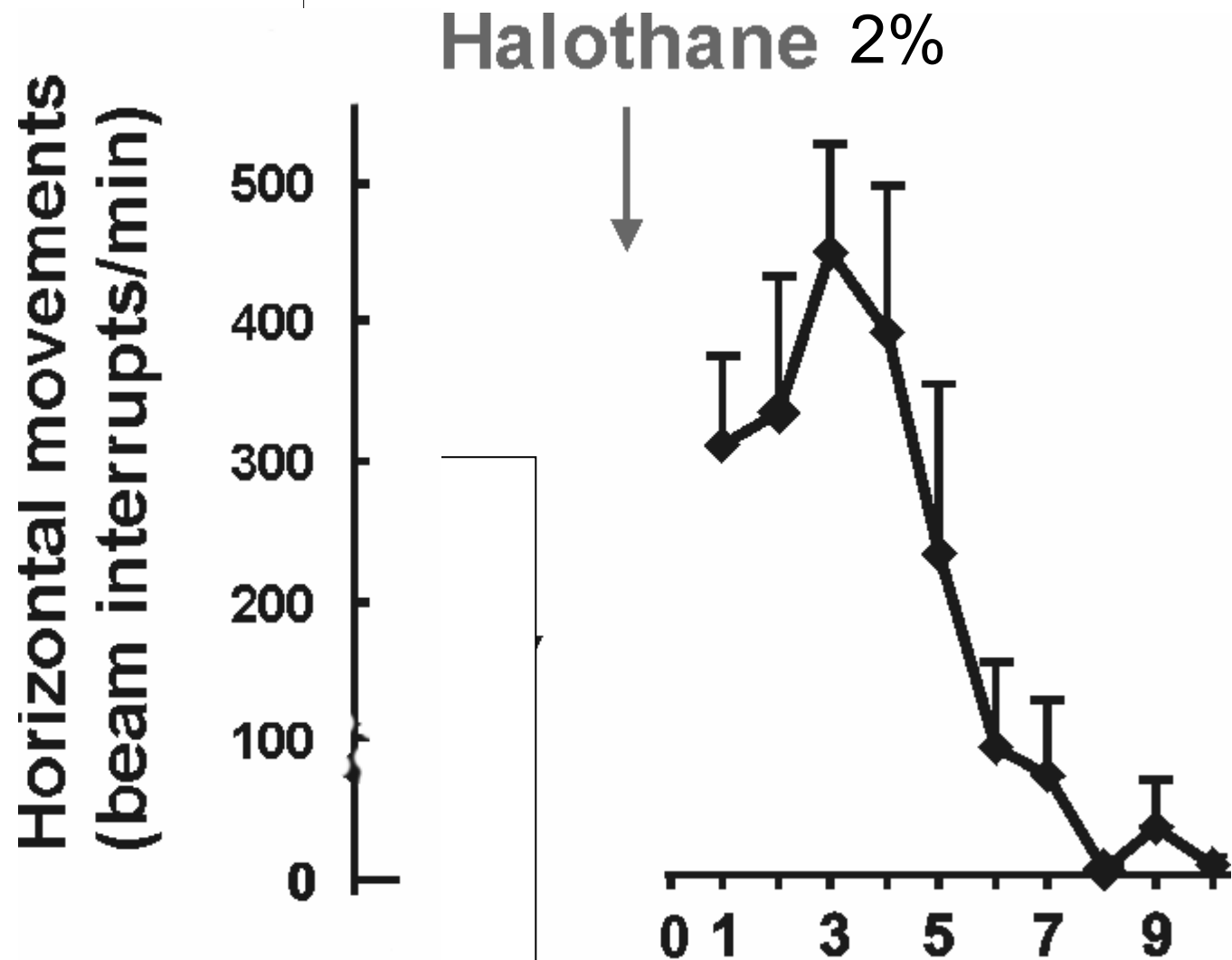
II. Delirium (behavioral excitation)

Priestley J (1776) on N<sub>2</sub>O: □The sense of muscular power became greater, and at last an irresistible propensity to action was indulged in□. □before impressions ceased to be perceived .. and voluntary power was altogether destroyed□

III. Surgical anesthesia

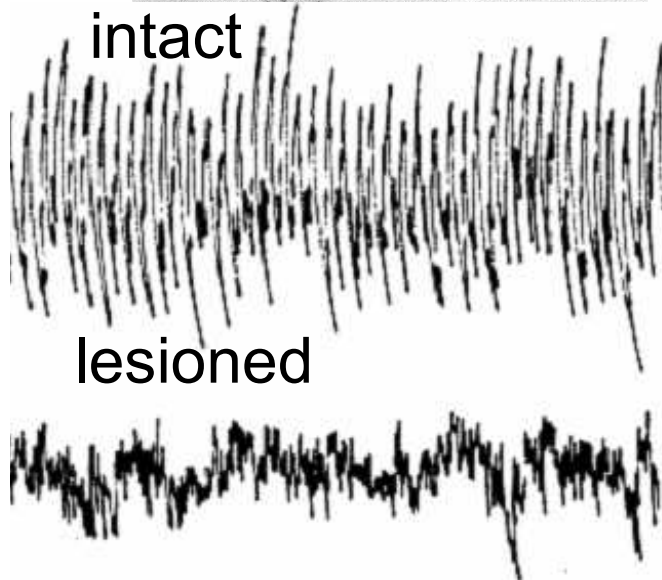
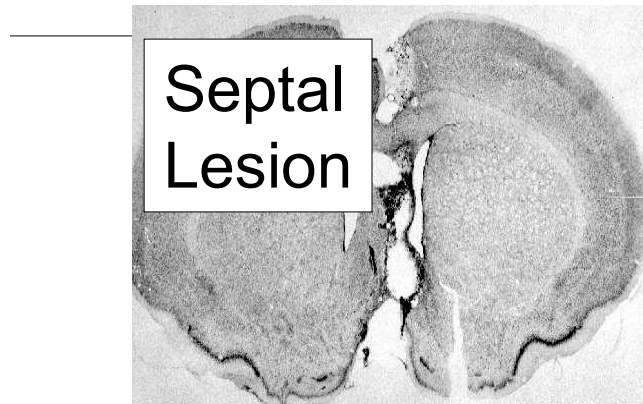
IV. Respiratory Paralysis

# *Delirium after halothane in control rats*

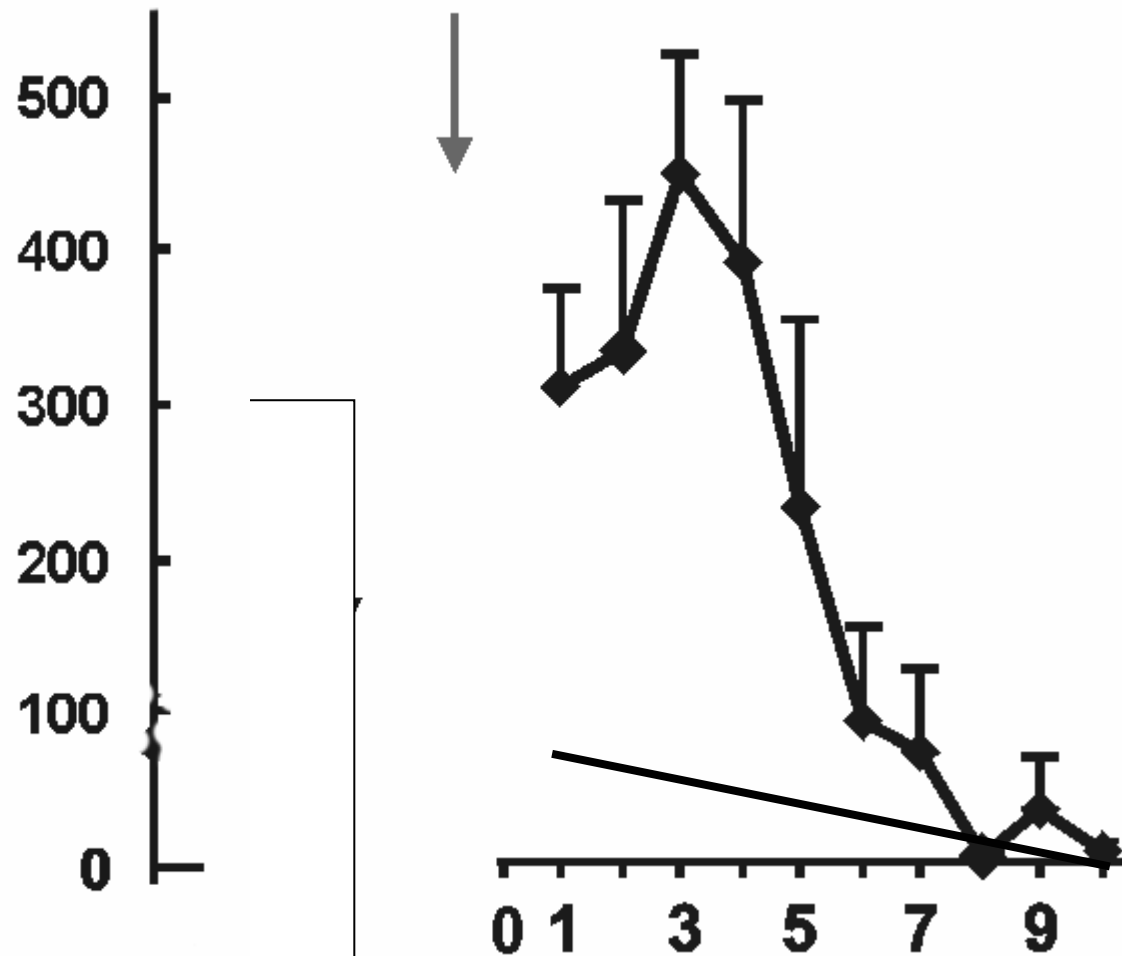




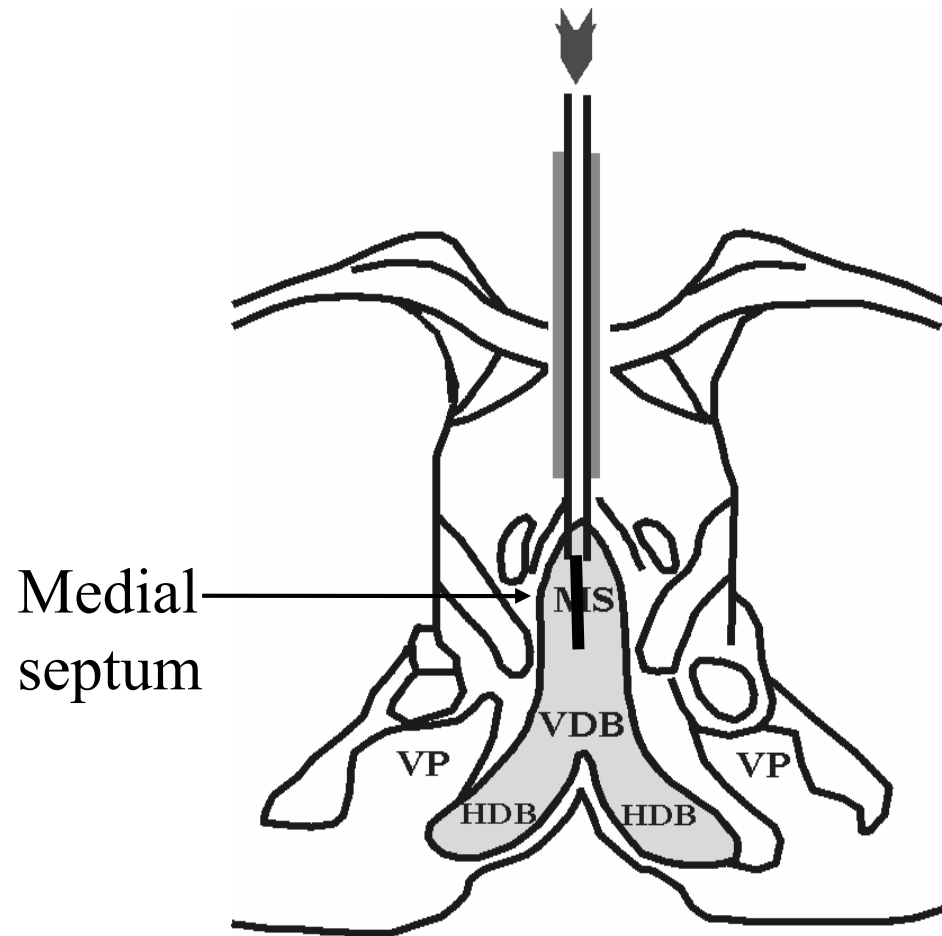
# *Septal lesion abolishes anesthetic-induced delirium*



**Halothane**



# *Reversible inactivation of brain by GABA-A receptor agonist muscimol*



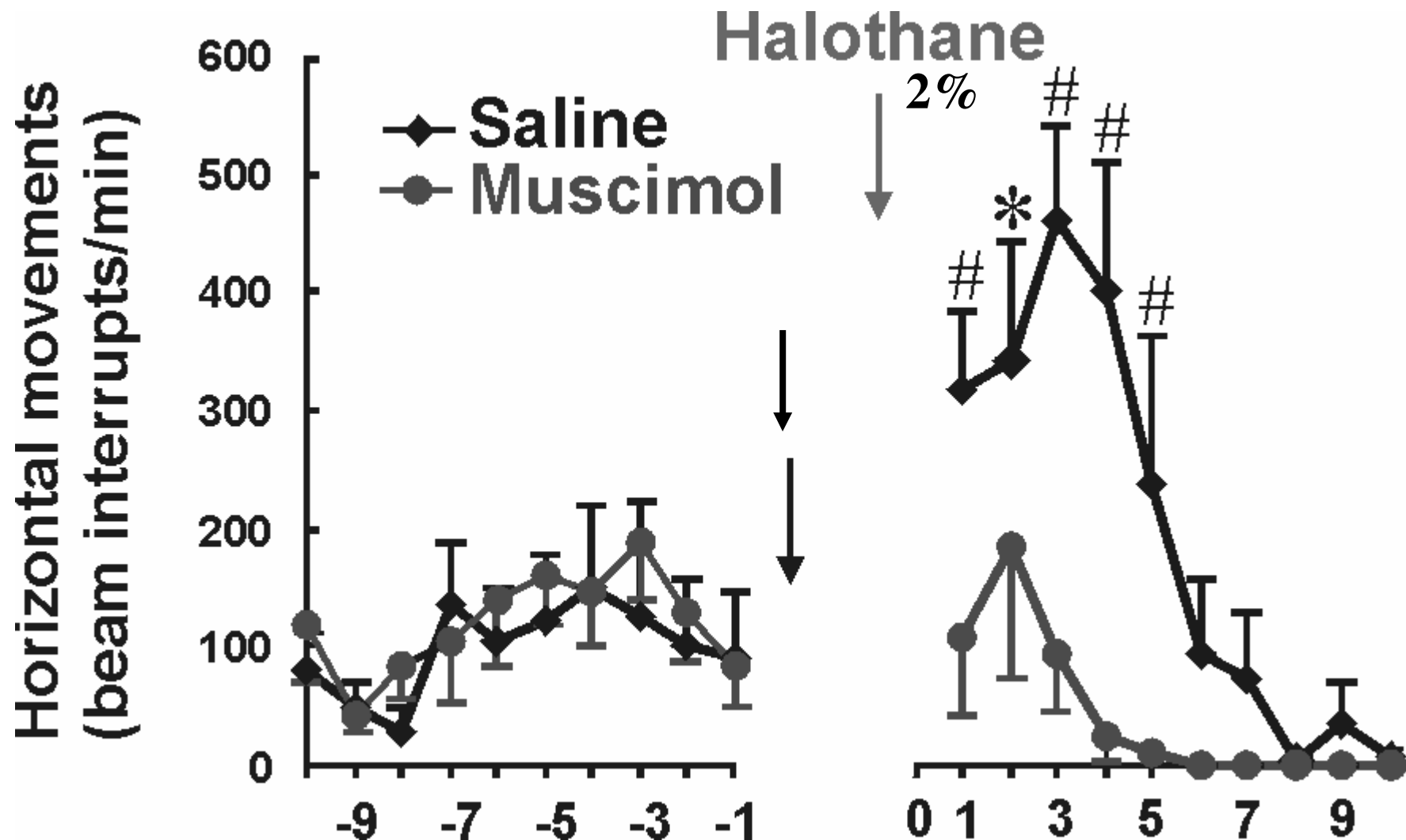
Muscimol (0.4-1 ug)  
injection 0.3-0.6 ul in  
~1 min

hyperpolarizes and  
stops neuronal firing

Within ~ 1 mm radius

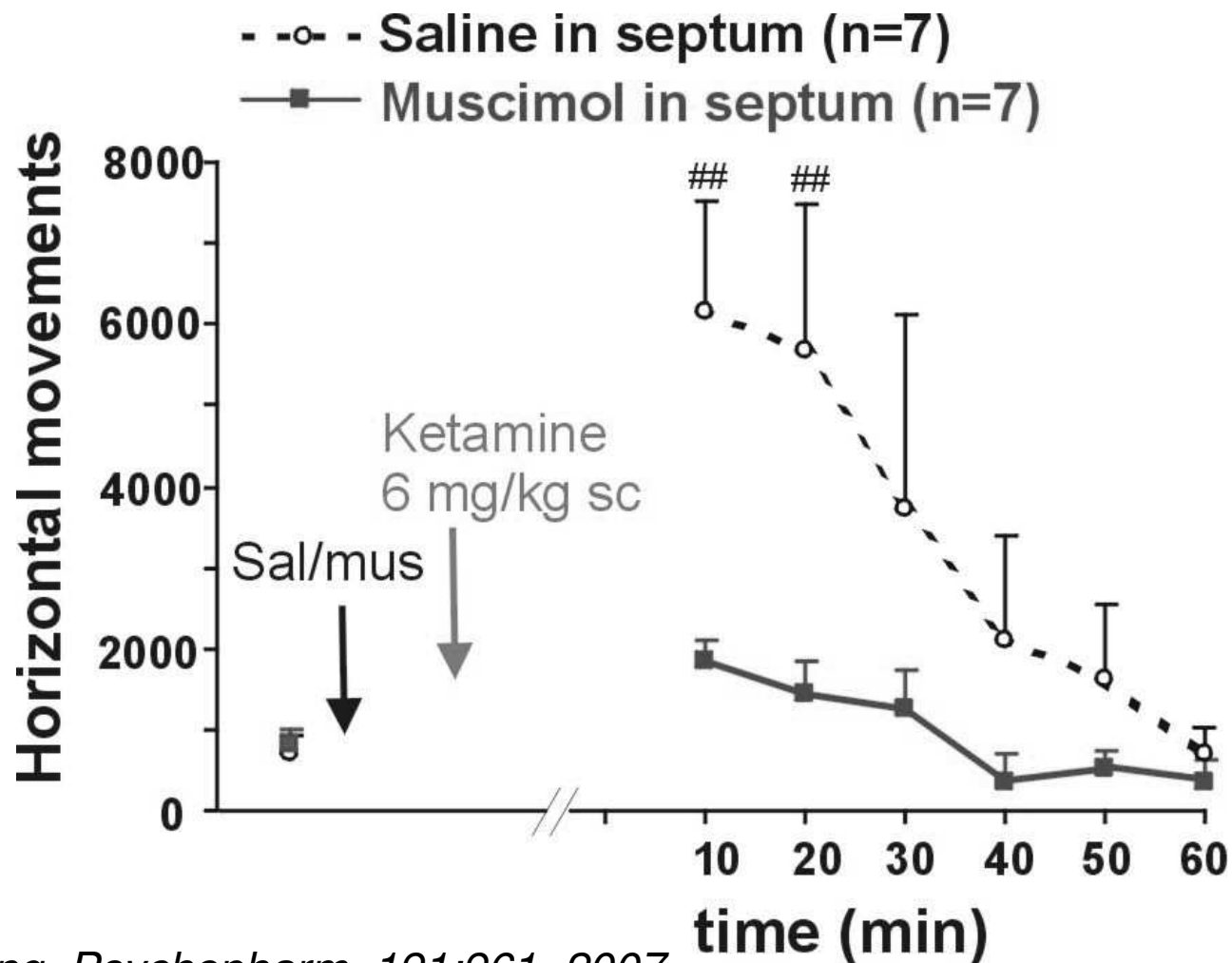
Saline infusion as  
control

# *Halothane-induced delirium reduced by inactivation of medial septum*



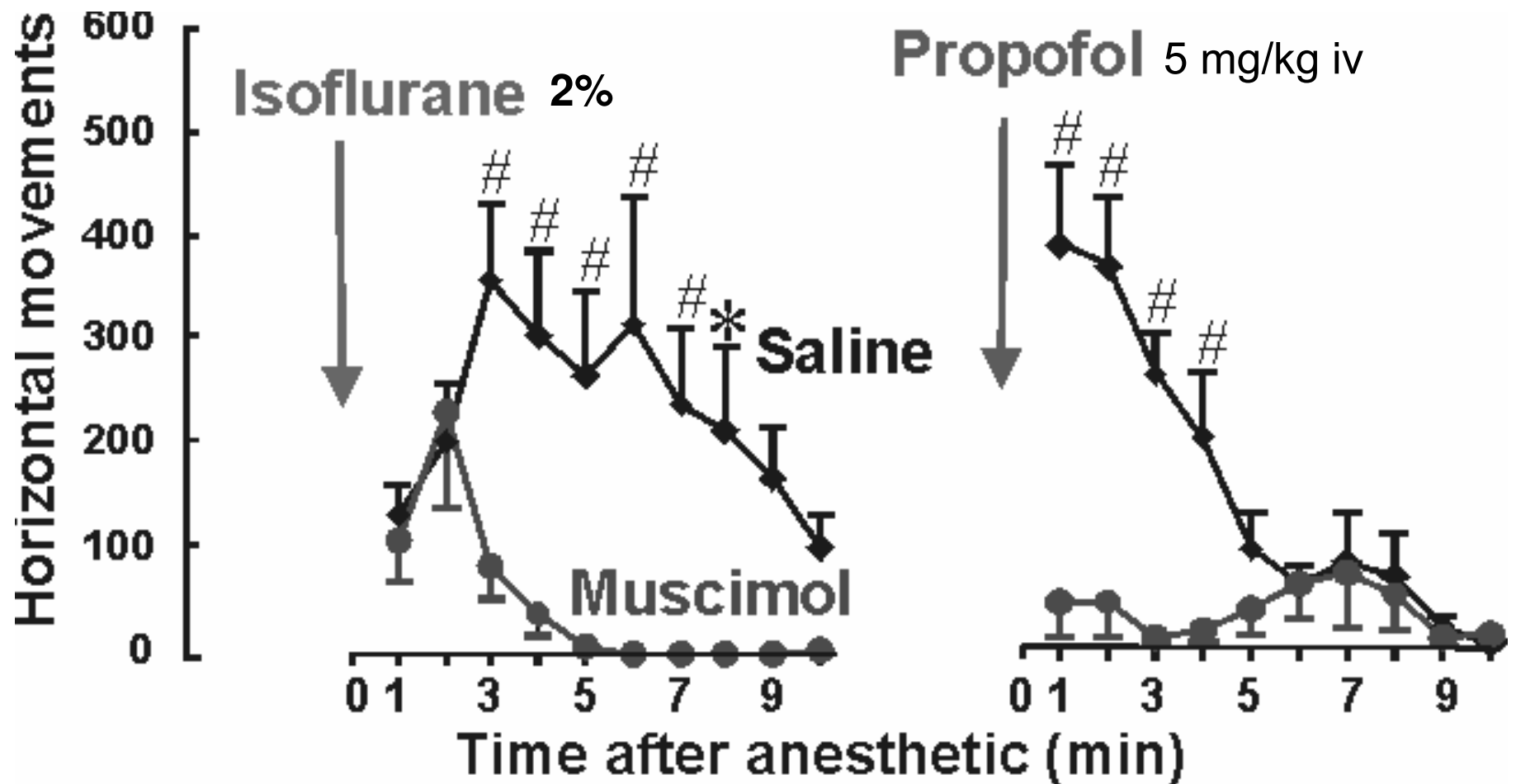
Ma et al., J Neurosci. 22:RC200: 1, 2002

# *Ketamine induced delirium suppressed by septal inactivation*



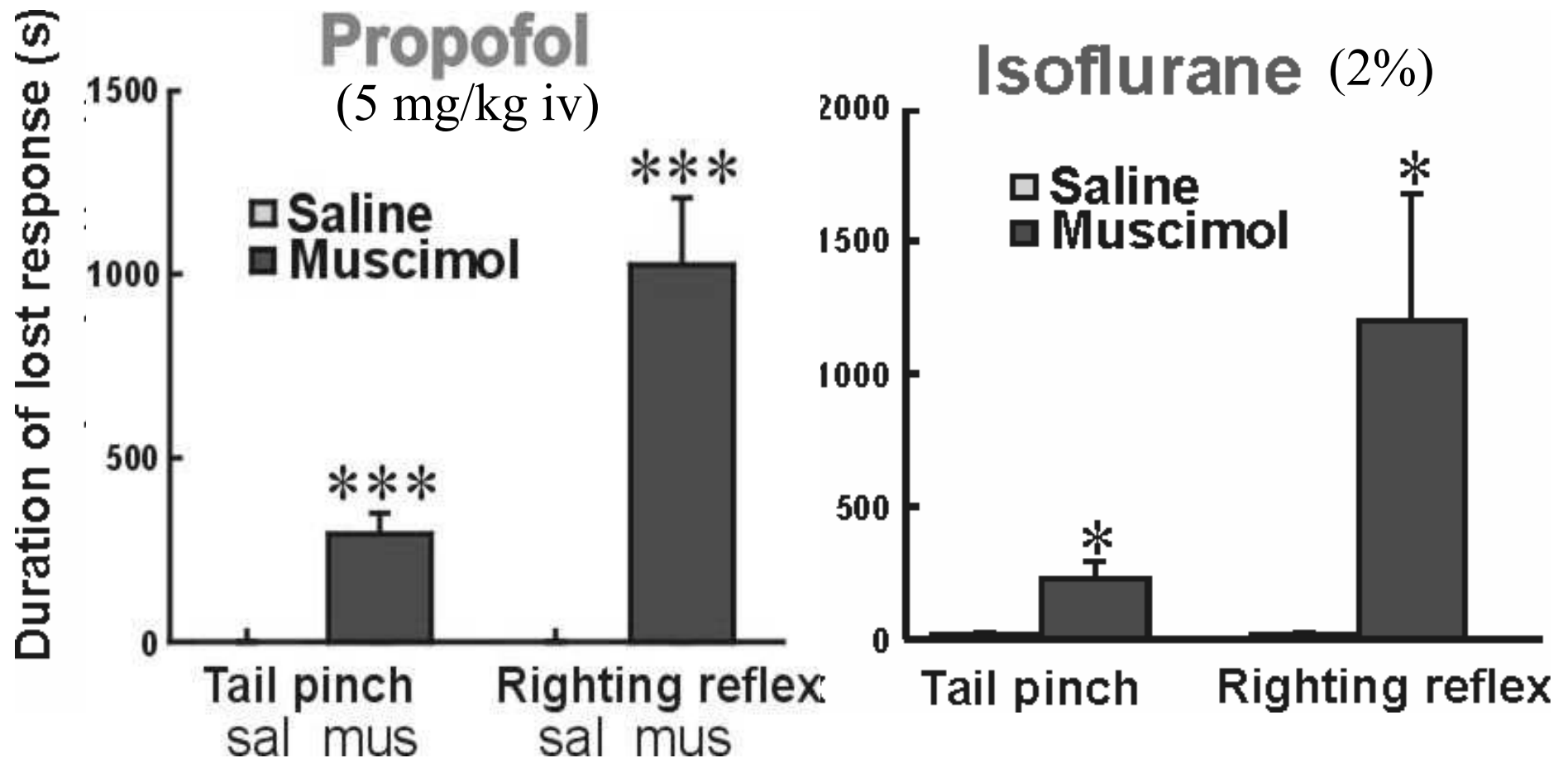
Ma & Leung, *Psychopharm*, 191:961, 2007

# *Delirium reduced by hippocampal inactivation (muscimol)*



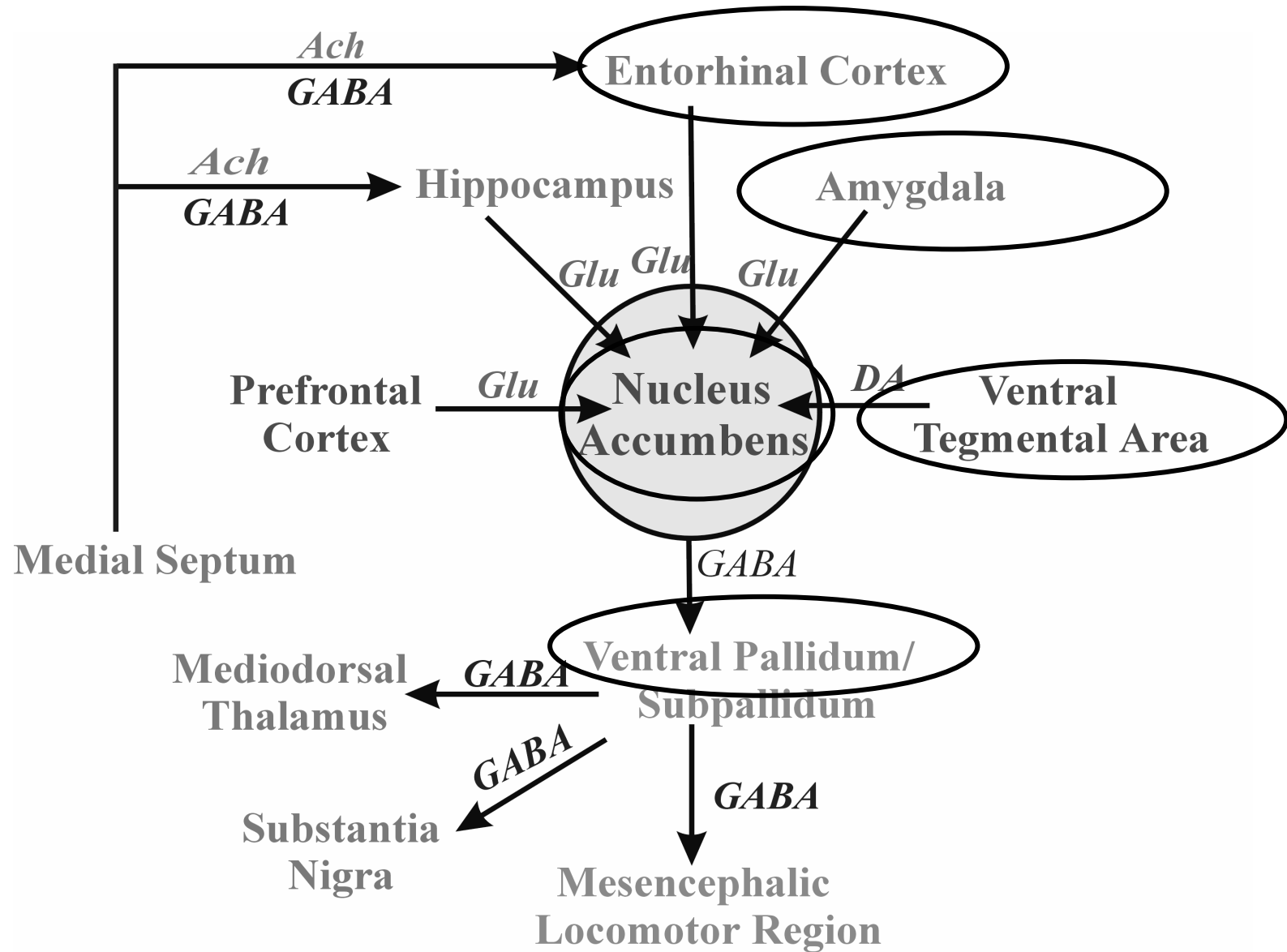
*Ma et al., J Neurosci., 2002*

# *Septal inactivation prolongs effects of general anesthesia*



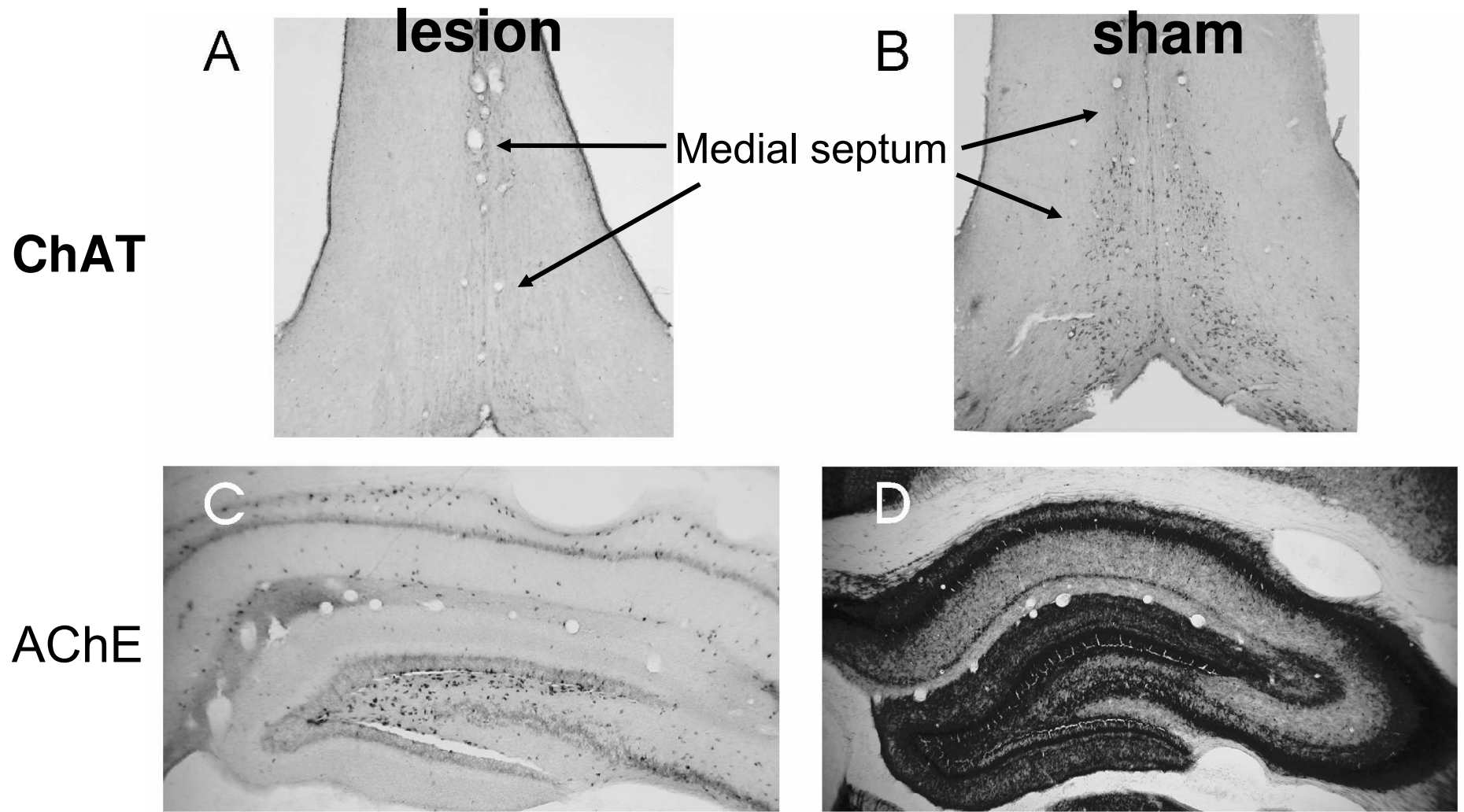
*Ma et al. J Neurosci 2002*

# *Limbic circuit involved in anesthesia*



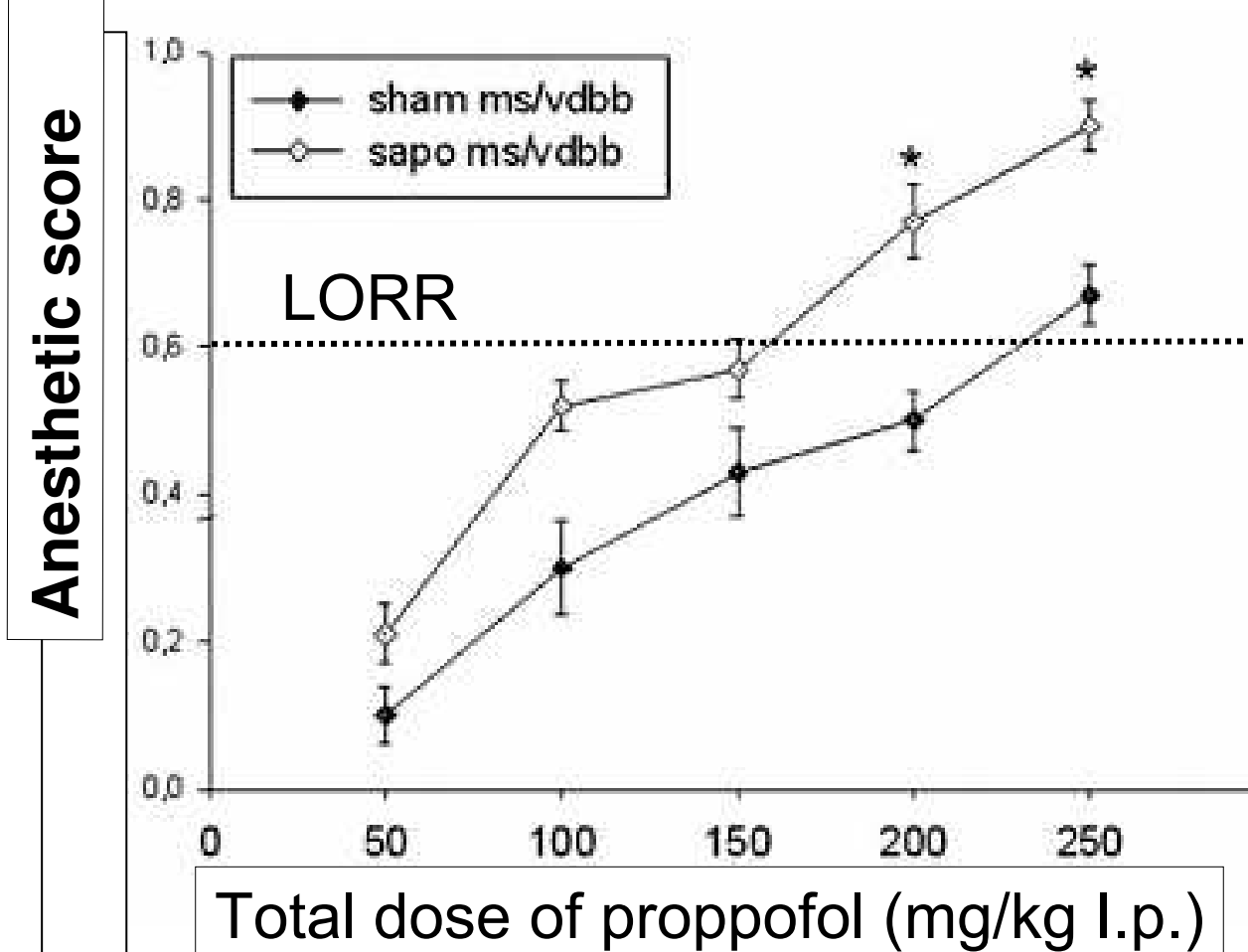
*Ma & Leung, Neuropsychopharmacology, 2006*

# *Cholinotoxin (192 IgG-saporin) lesion of medial septum*





# *Septal cholinergic lesion increased propofol sensitivity*



***Laalou et al. Anesthesiology. 108:888, 2008.***

# *Septal cholinergic lesion increased isoflurane sensitivity*

Sensitivity to equilibrium level of isoflurane increased  
In septal cholinergic lesion rats as compared to sham lesion

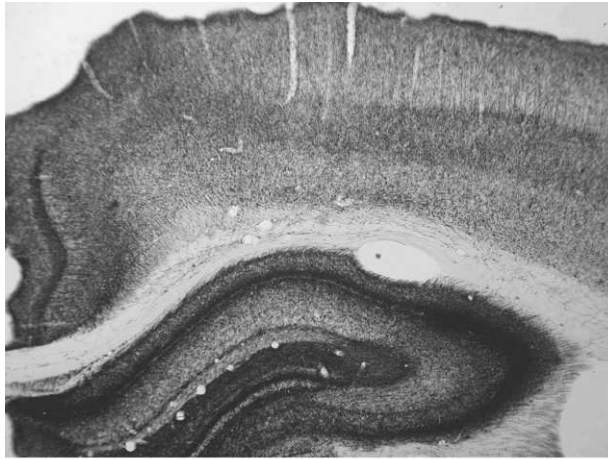
Both induction and emergence from anesthetic were affected

Induction measured by the time to the loss of righting reflex in  
1.375% isoflurane  
and emergence measured by the time to recover righting  
after 30 min in isoflurane

*Tai SK and Leung, unpublished*

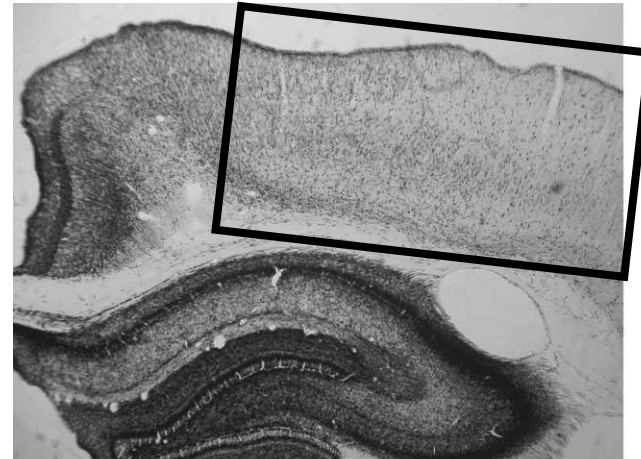
# *Nucleus basalis Cholinergic Lesion*

Saline in NB

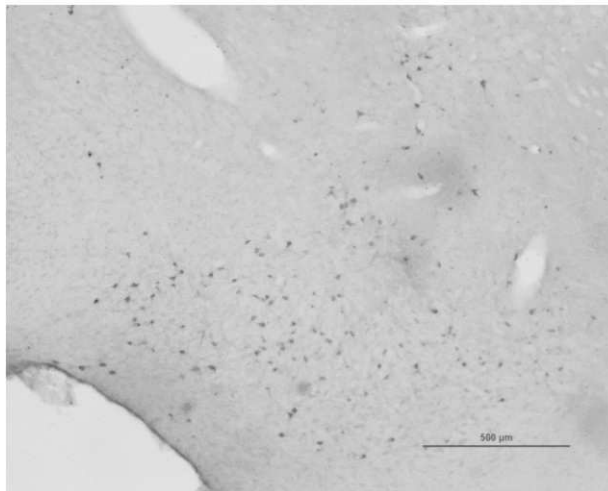


AchE

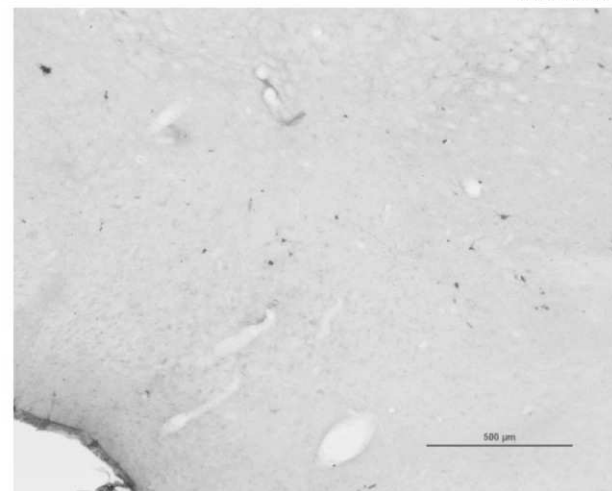
192 IgG-saporin in NB



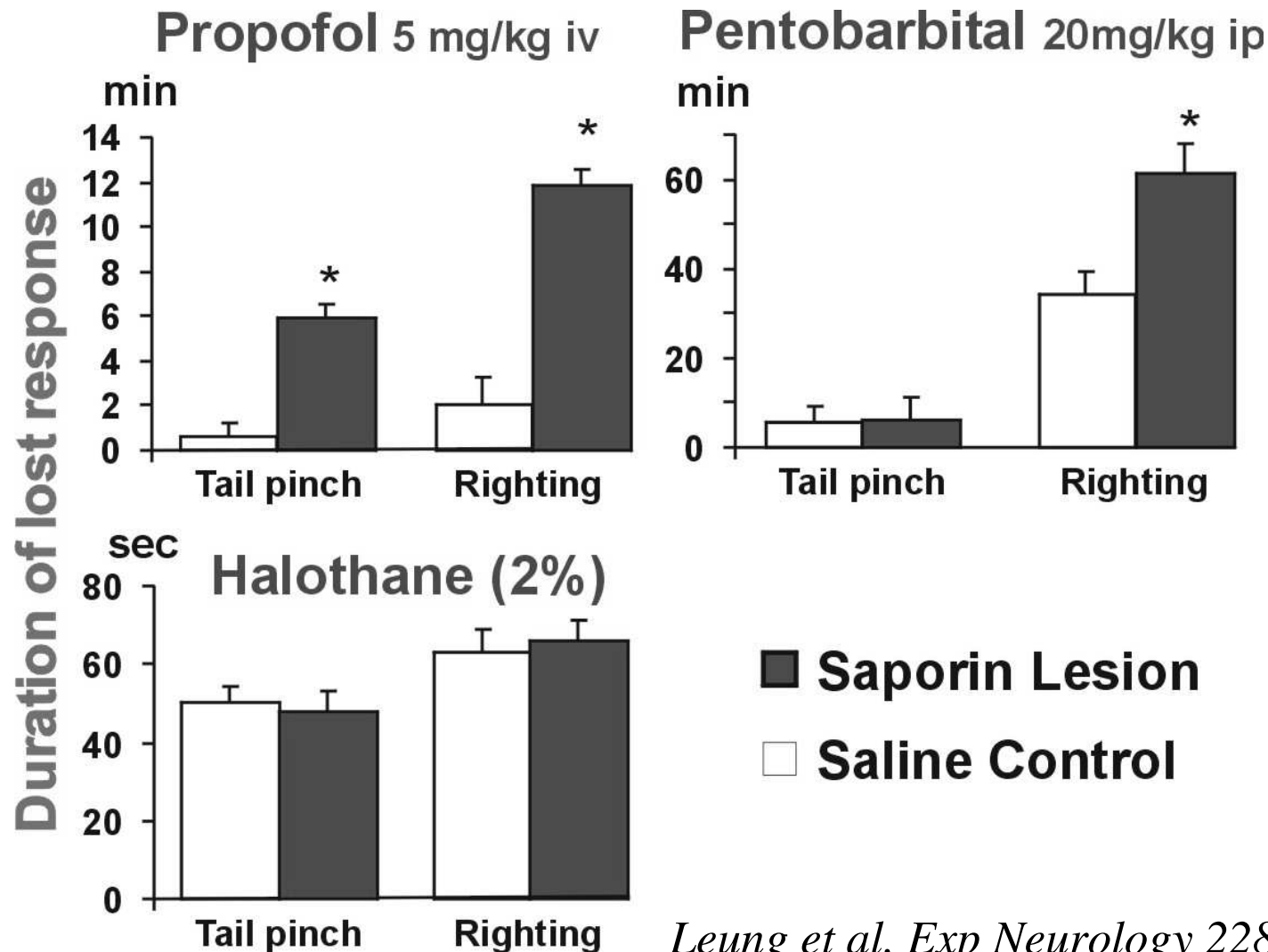
0.5 mm



ChAT  
in NB

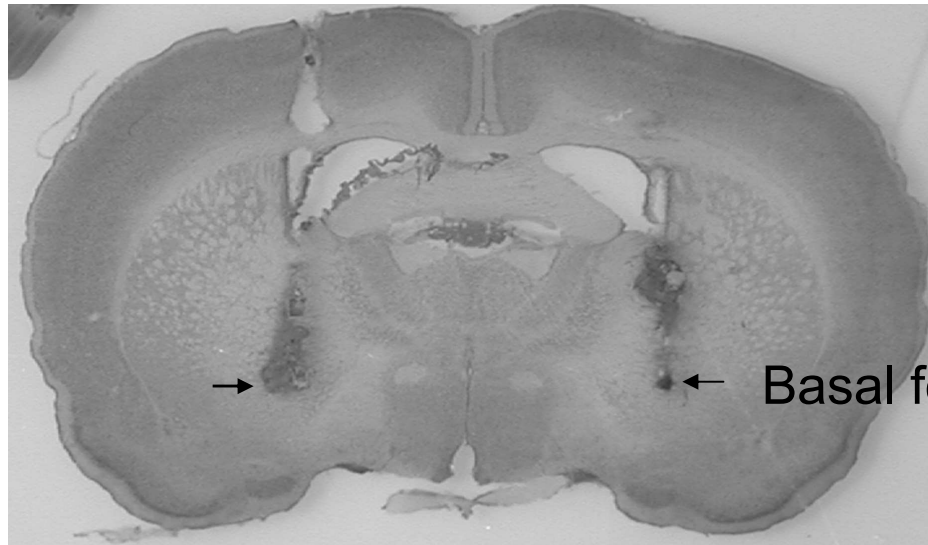


# *Nucleus Basalis Cholinergic Lesion prolongs some anesthetic effect*



*Leung et al. Exp Neurology 228: 259, 2011*

# *Inactivation of nucleus basalis induces paradoxical slow waves during waking*



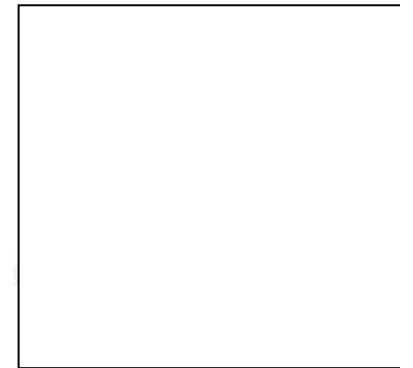
Baseline

Muscimol

Frontal  
Cortex  
EEG

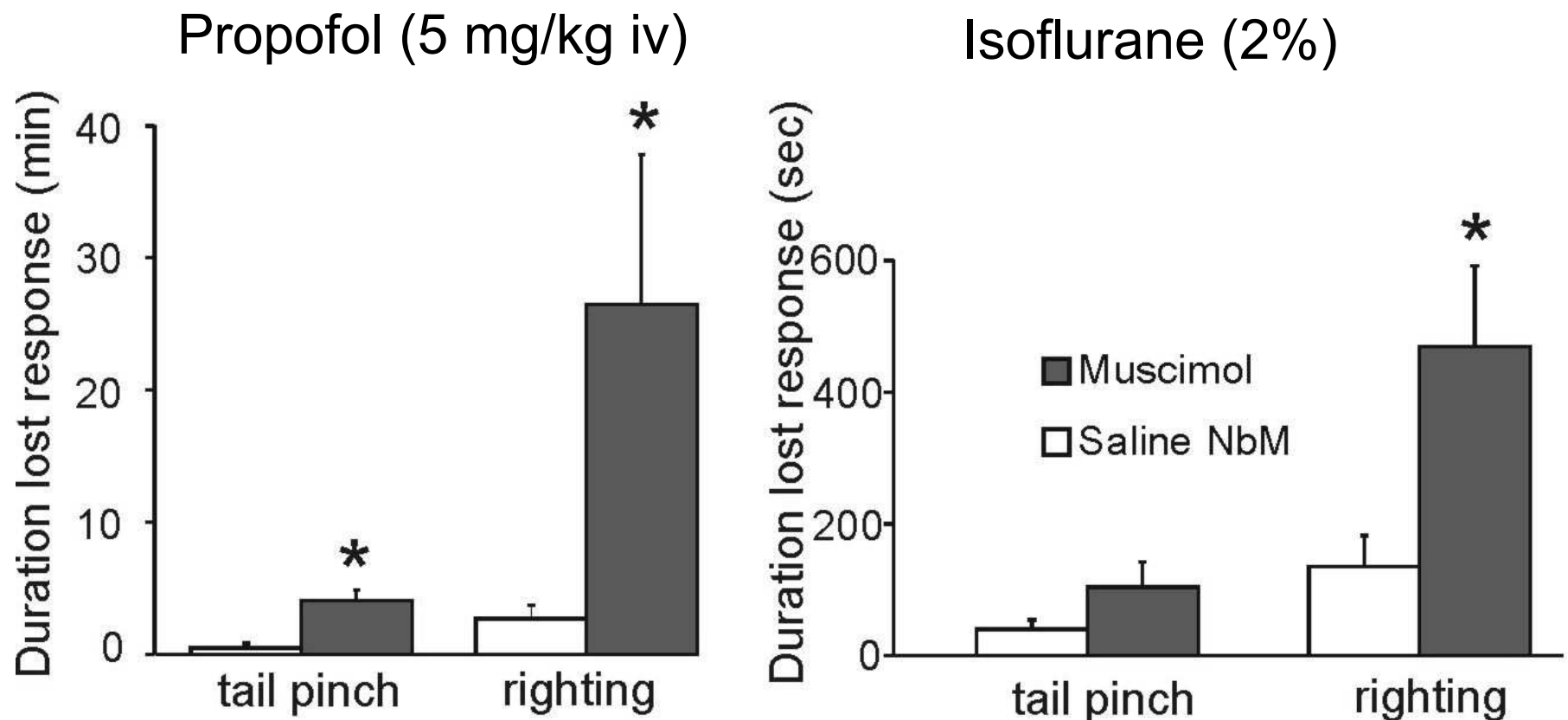


Slow waves but awake,  
with righting and pain responses intact



*Leung, Luo, et al. Exp Neurology 228: 259, 2011*

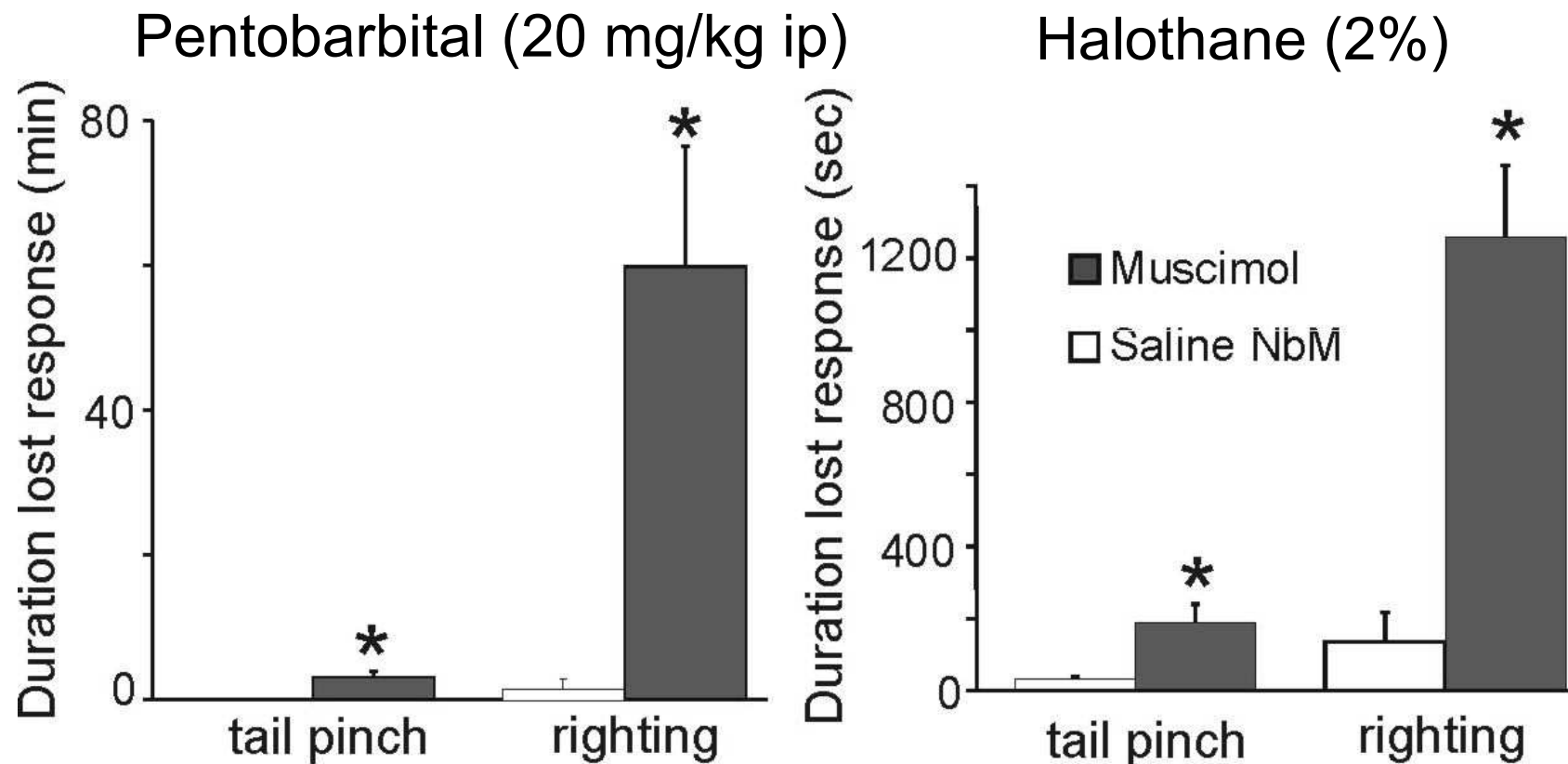
# *Nucleus Basalis inactivation prolongs effect of general anesthetic*



*Leung et al. Exp Neurology 2011*

# *Nucleus Basalis inactivation prolongs effect of general anesthetic*

Duration of lost response



*Leung et al. Exp Neurology 2011*

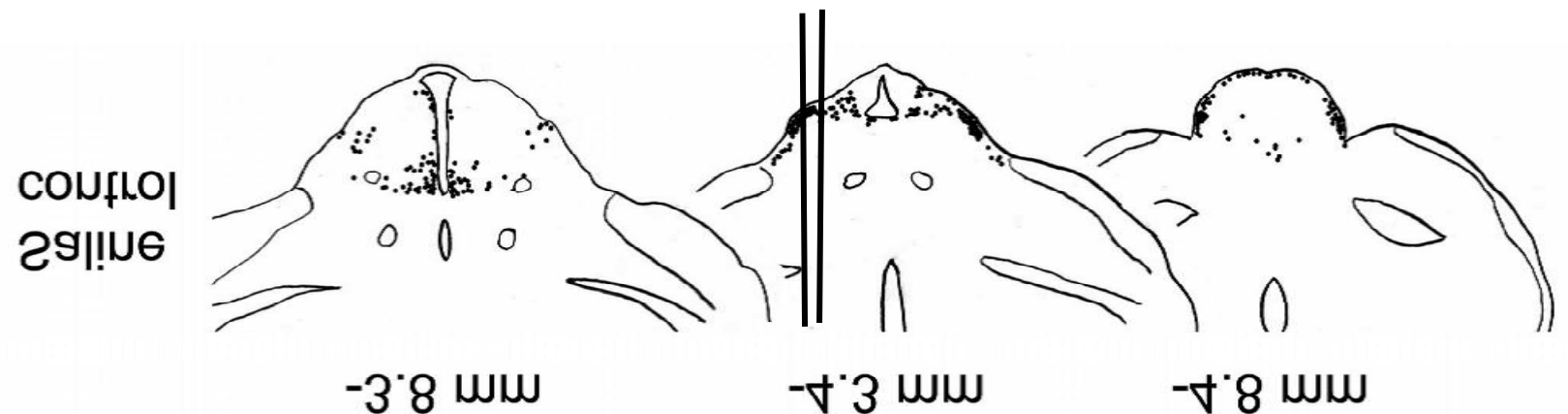
# *Neurochemical correlates of behavioral states*

	SWS	REMS	quiet awake	active awake
Acetyl- choline	-	+++	+	+++
Histamine	-	-	+	+++

(similar to other monoamines: serotonin, noradrenaline; orexin)



# *Histaminergic neurons in hypothalamus: tuberomammillary nucleus (TMN)*



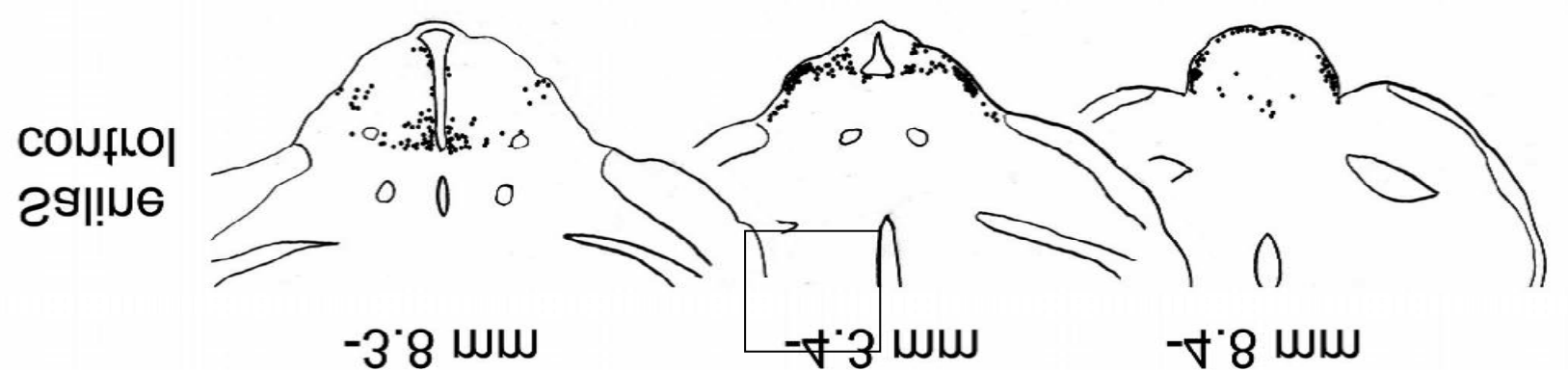
***adenosine deaminase stain, Gerashchenko et al. 2004***

*Nelson et al., Nature Neuroscience 5:979. 2002*

GABA-A agonist muscimol in TMN induced sedation  
GABAzine, GABA-A antagonist, in TMN reversed  
GABAergic anesthetic induced sedation

# *Histaminergic neurons in hypothalamus*

Gerashchenko et al. Sleep 2004



*Luo and Leung, Anesthesiology 115:36 (2011)*

Control (sham)

Lesion (orexin2-saporin)

