

# The Renin Angiotensin System and the Therapeutic Implications for PTSD

**Paul J. Marvar, PhD**

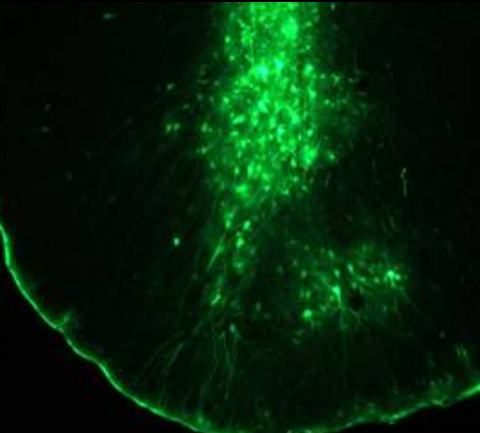
**Assistant Professor**

**Department of Pharmacology  
& Physiology**

**George Washington University**

**GWU Psychiatry Grand Rounds**

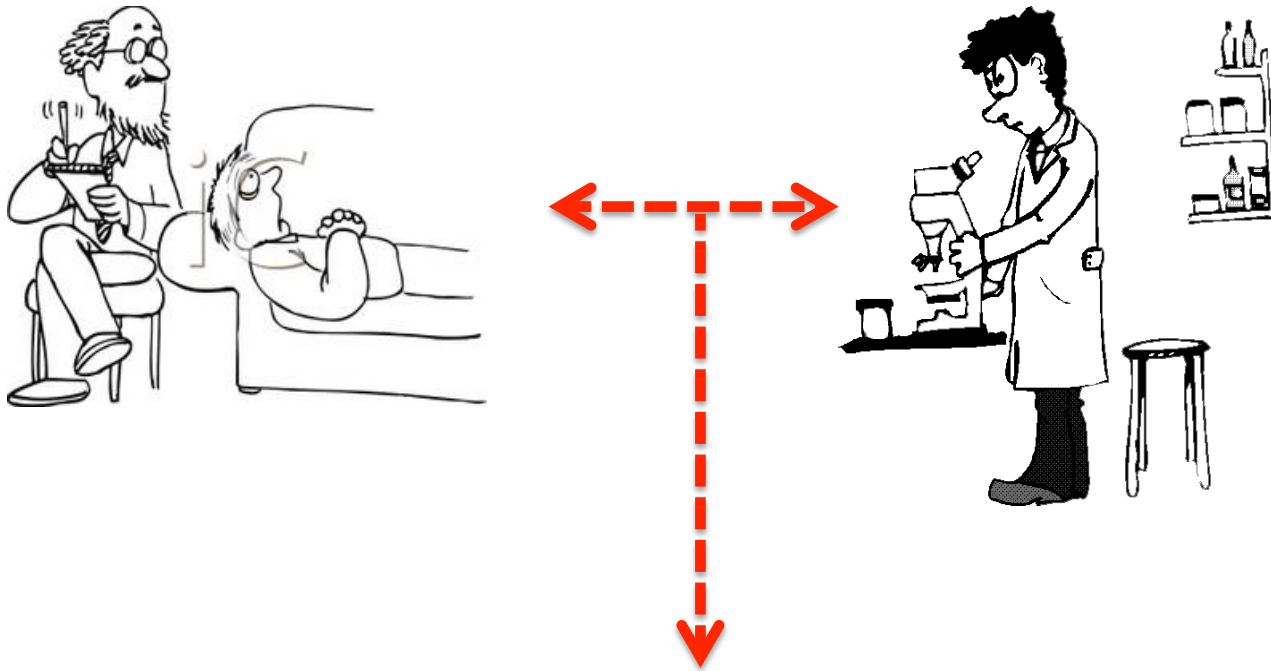
**October 15, 2015**



# Overview of Presentation

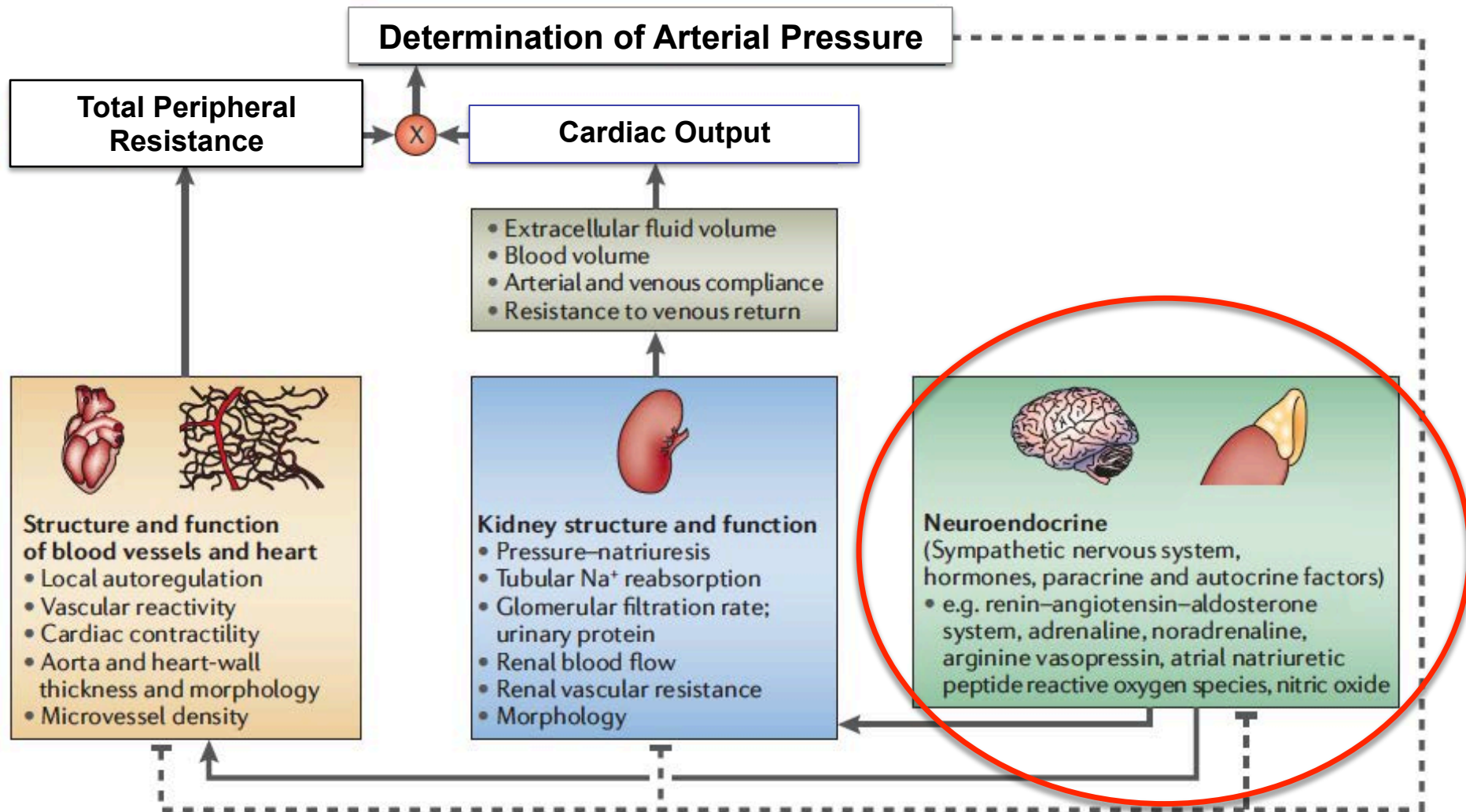
- Brief overview of the neurophysiology and cardiovascular roles of the renin angiotensin system.
- Review current pre-clinical (animal) and clinical data for the angiotensin system in stress disorders.
- Provide evidence for discussion regarding use of pharmacotherapies (ie; ARBs / ACE) for PTSD.

# Disclosures



**Translating medical scientific  
discoveries to improved clinical  
treatment strategies**

# Blood Pressure Homeostasis





# Hypertension and its cardiovascular consequences contribute to the leading causes of morbidity and mortality worldwide



77%  
of Americans  
treated for a first  
stroke have blood  
pressure  
over 140/90



69%  
of Americans who  
have a first heart  
attack have blood  
pressure  
over 140/90



74%  
of Americans with  
congestive heart  
failure have blood  
pressure  
over 140/90

Kearney, P.M., et al. 2005. *Lancet*. 365:217–223)

<http://www.americanheart.org/presenter.jhtml?identifier=2129>

# Contributing Factors to hypertension

- ✧ Genetics
- ✧ Race
- ✧ Age
- ✧ High sodium diet
- ✧ Lack of physical activity
- ✧ Obesity

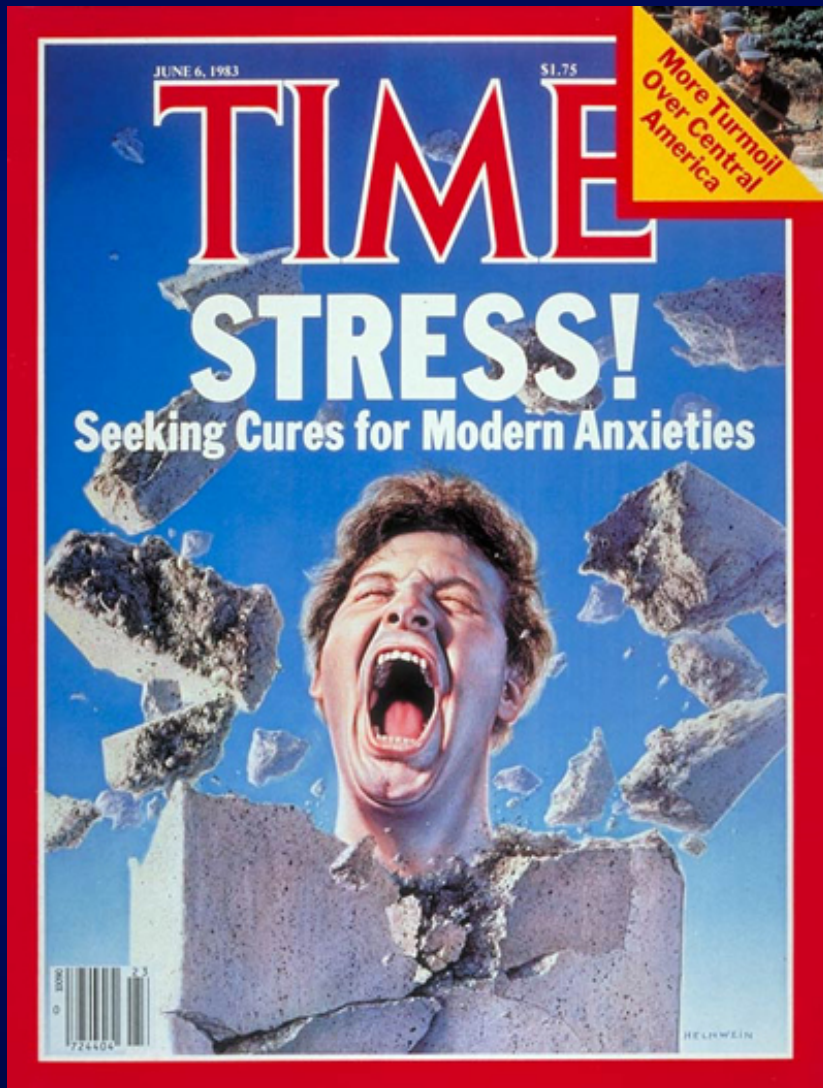


- ✧ Stress (anxiety related disorders)
- ✧ Low-grade systemic Inflammation
- ✧ Renin Angiotensin System
- ✧ Autonomic Dysfunction

Psychological  
Stress

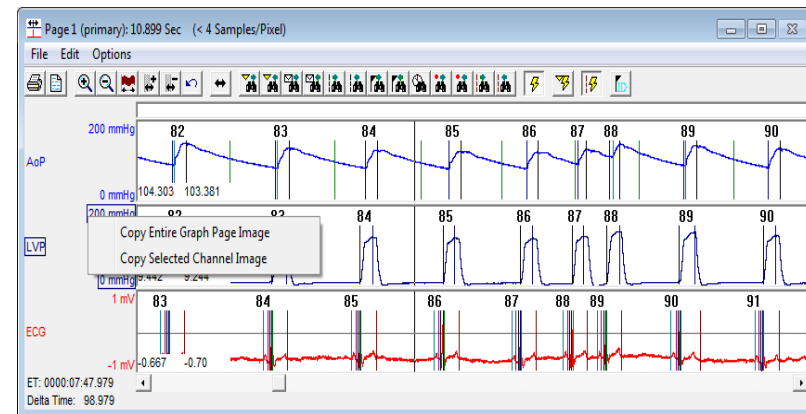
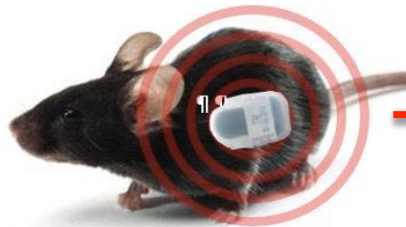
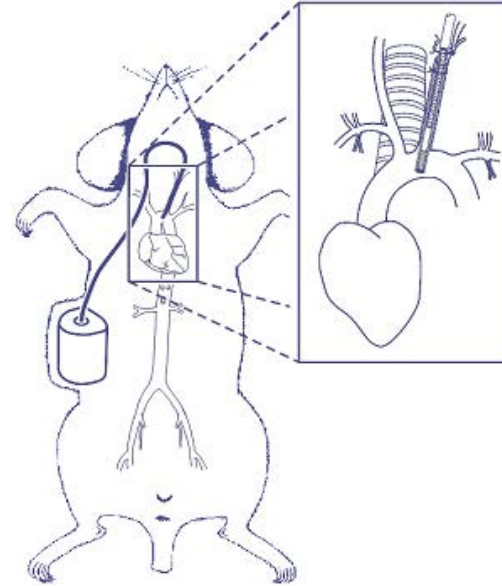


Cardiovascular  
Disease





# Method of Blood Pressure Analysis: Radio Telemetry implantable probes in mice



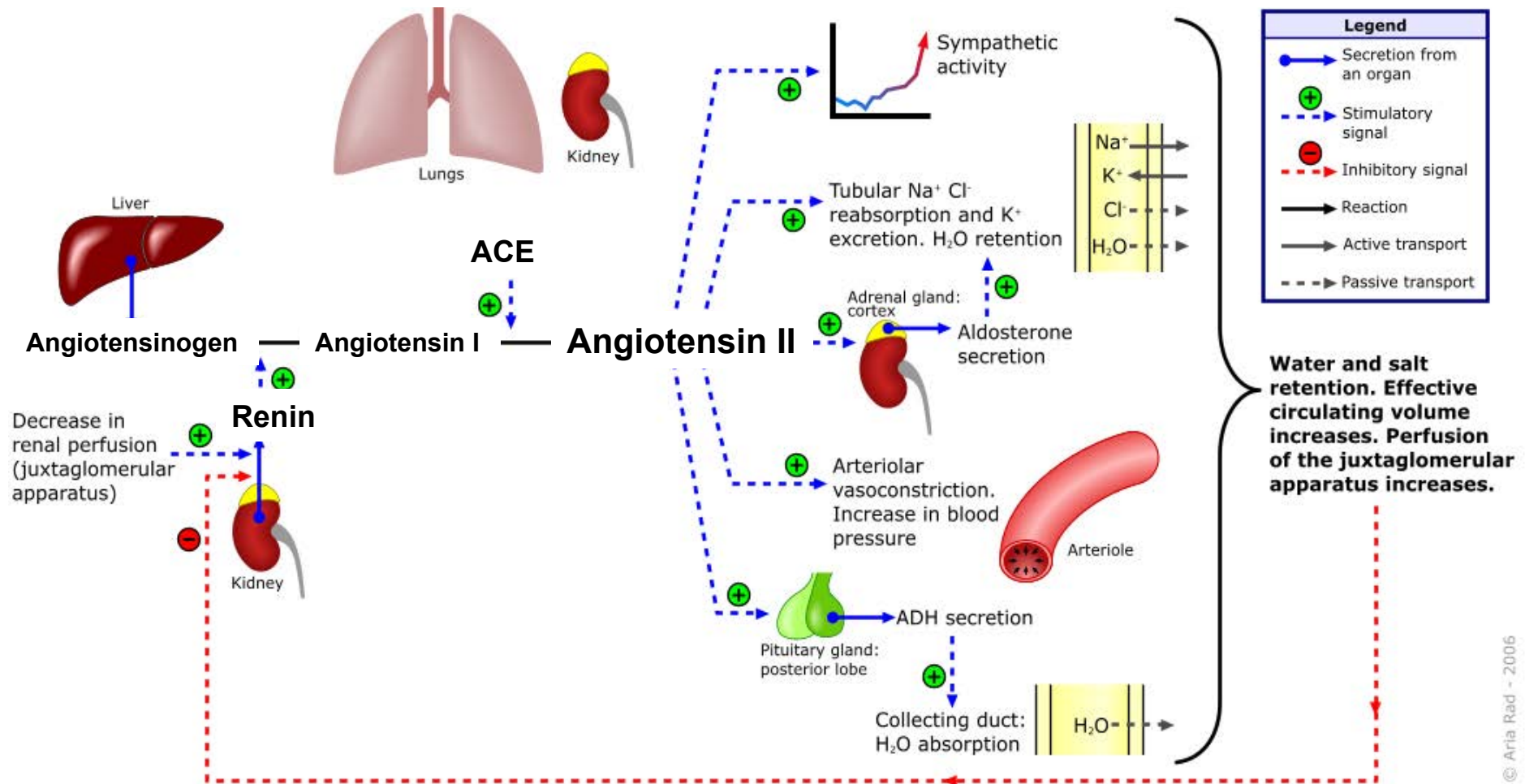


# Experimental Animal Models

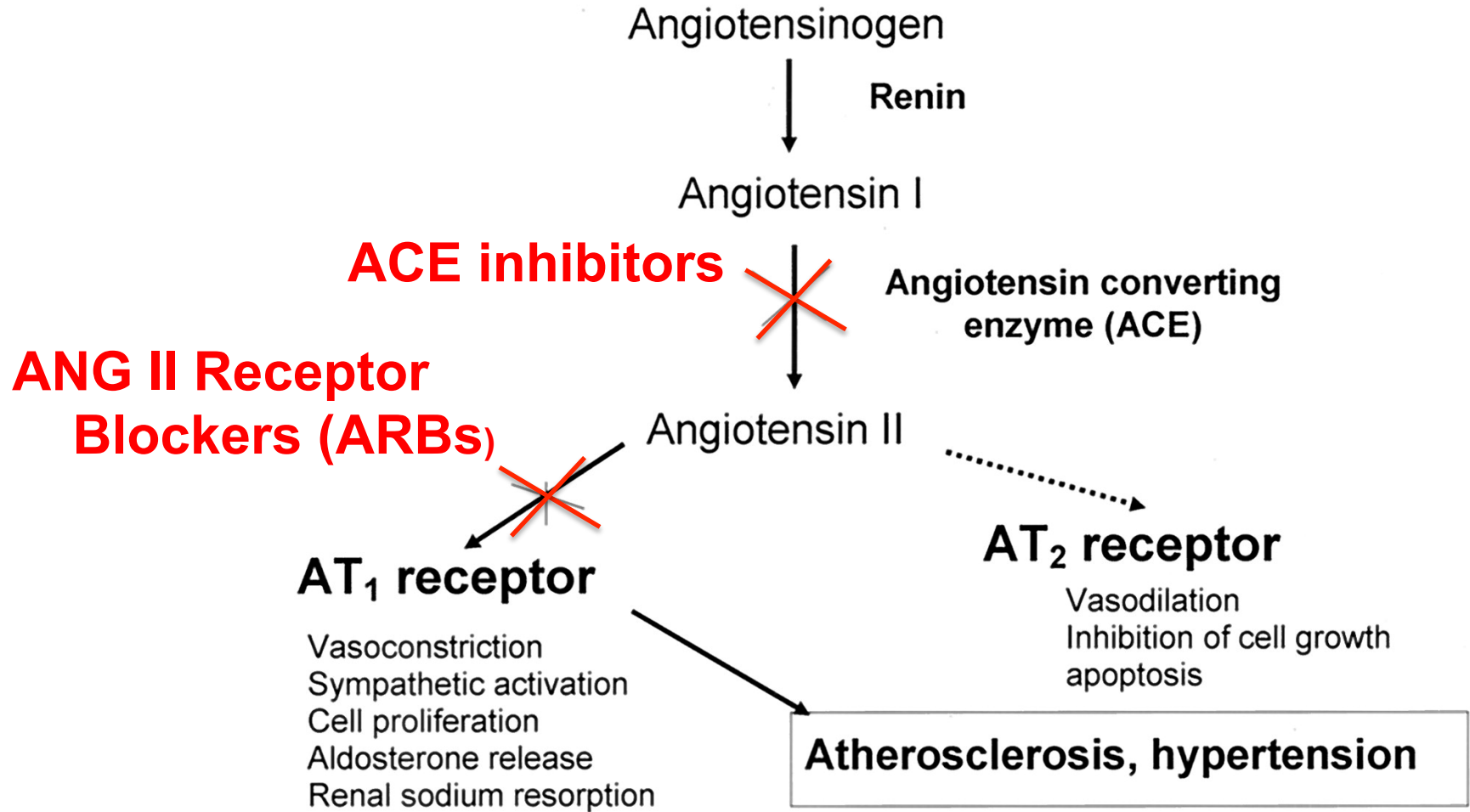
## Experimental Hypertension (Pharmacological subcutaneous infusions)



# Renin-Angiotensin-Aldosterone System



# Therapeutic Targets of Angiotensin (Ang II)



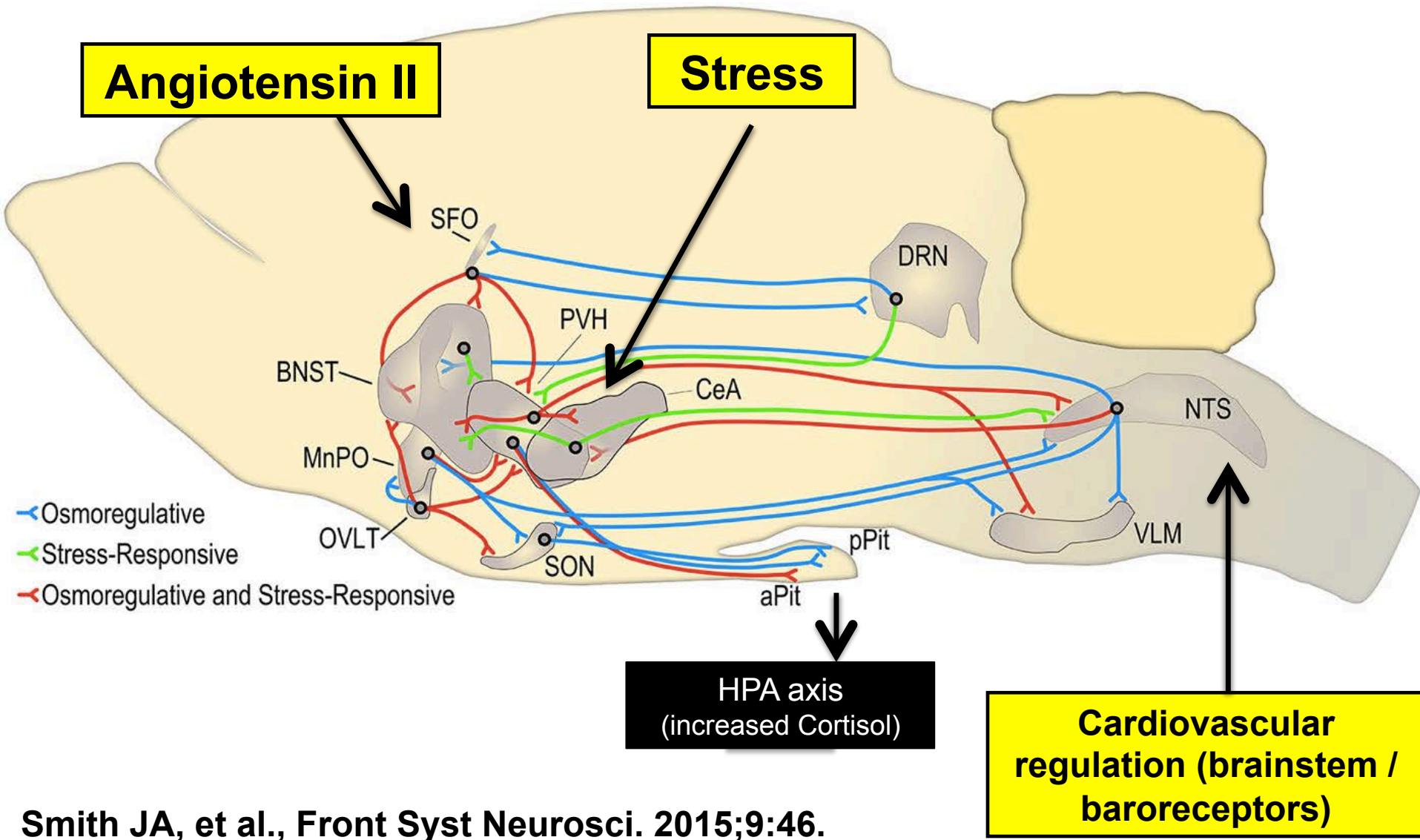


# Angiotensin II Exacerbates the Blood Pressure Response to acute and chronic Stress

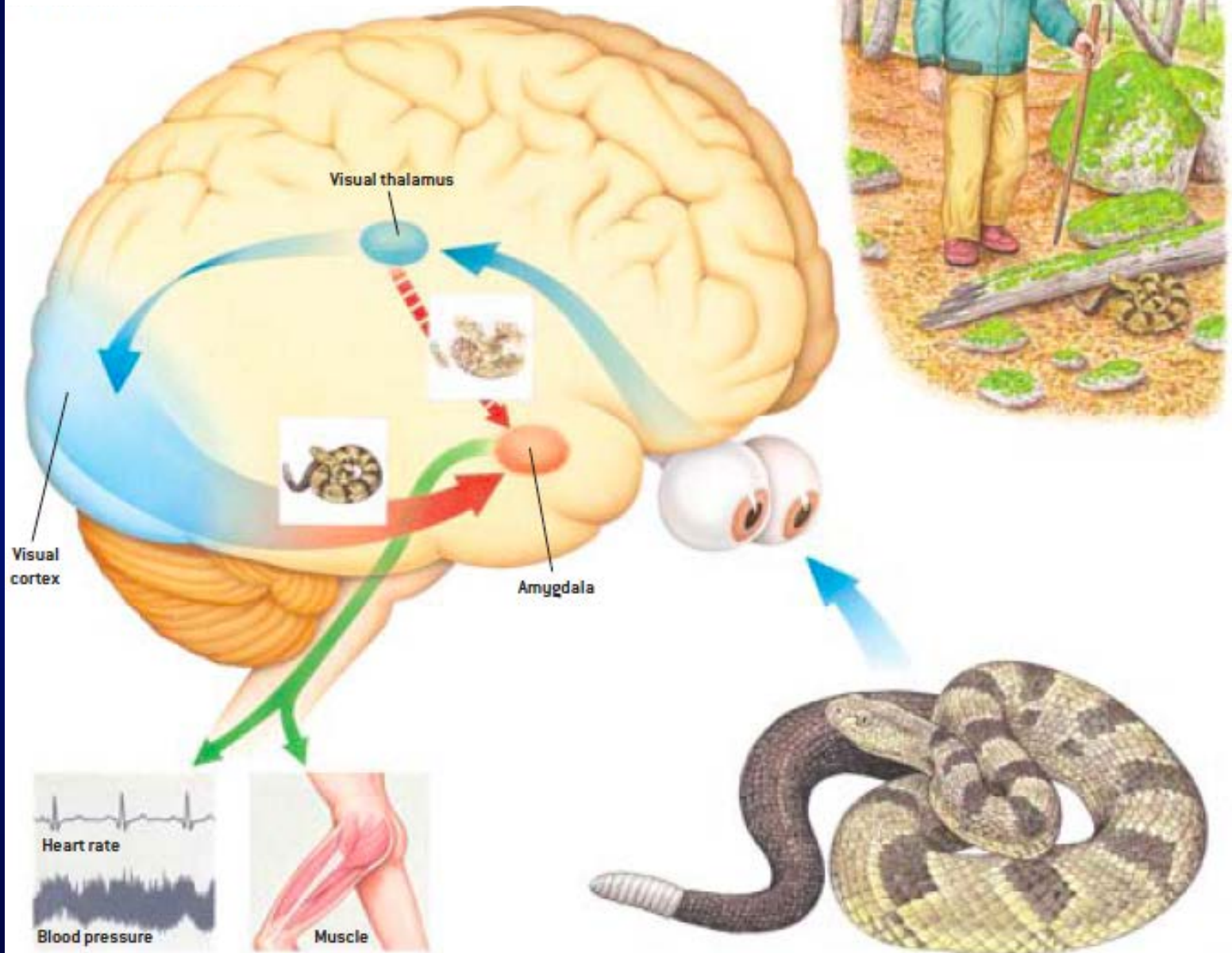
**Acute and Chronic  
Stress**



# Key hypothalamic circuits that mediate the behavioral, endocrine, and autonomic stress-response

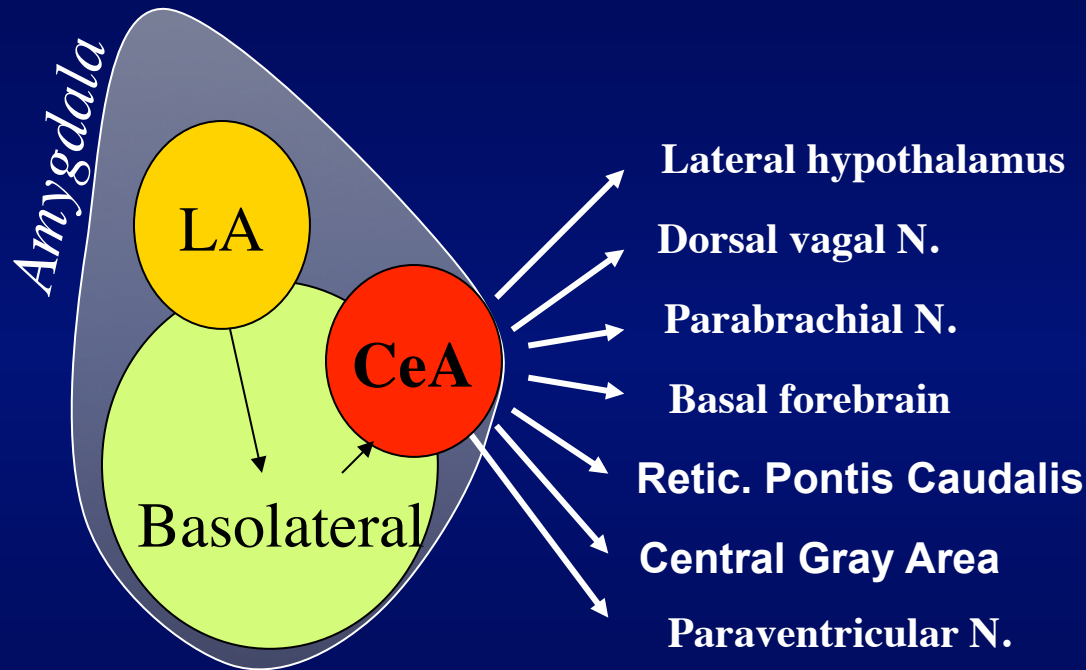


# The Fear Response





# The Fear Response is a Hardwired Process involving the Amygdala



## *Fear / Panic Symptoms:*

- heart rate, blood pressure
- bradycardia, ulcers
- panting, respiratory distress
- arousal, vigilance, attention
- increased **startle response**
- **freezing**, social interaction
- corticosteroid release

*Fear Learning*

*Expression of Fear*

## **PANIC ATTACK:**

*"All of a sudden I felt dizzy, my legs gave out on me, and I couldn't catch a breath. It felt like someone was choking me. I could feel my heart was beating too fast and I was terrified I was dying. I knew I had to get away before I lost it."*

**Increased heart rate**

**Chills, hotflushes**

**Nausea / abdominal distress**

**Shortness of breath**

**Expressions of fear**

**Chest discomfort**

**Sweating**

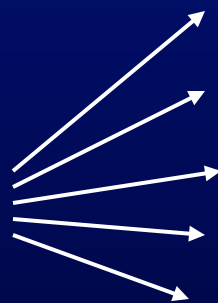
**Lightheadedness / faint**

**Choking sensation**

**Fear of dying / losing control**

**PANIC ATTACK = 'Fear Attack' in Fear-related Disorders**

**PANIC ATTACK**



Panic Disorder

Simple Phobia

Social Phobia (Agoraphobia)

Posttraumatic Stress Disorder

Acute Stress Disorder



EMORY  
UNIVERSITY

Scholars Program in  
Interdisciplinary Neuroscience Research

2009-2011

## Stress Disorders (PTSD)



**Kerry J. Ressler, MD/Phd**  
McLean Hospital  
Harvard Medical School



## Cardiovascular Disease (hypertension)




**David G. Harrison, MD**  
Clinical Pharmacology  
Vanderbilt University



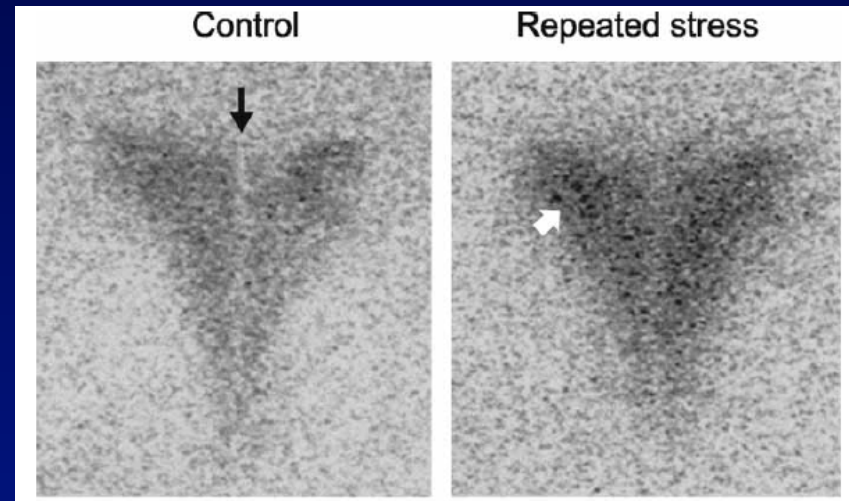
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**↑ Sympathetic Nervous System**



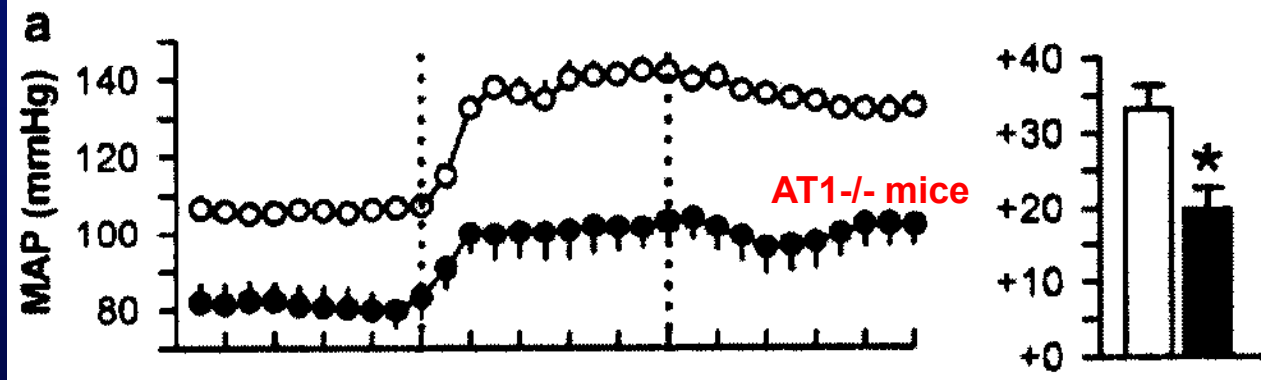
# Chronic Stress Increases Activity of the Central and Peripheral Renin Angiotensin System

✧ Repeated restraint stress increases Ang II receptor expression in the Paraventricular Nucleus (PVN)



Castreñn E, Saavedra JM. Endocrinology 1988 122:370–372.

✧ Reduced blood pressure response in AT1<sup>-/-</sup> mice to acute stressors (cage-switch stress)



Davern et al., Hypertension. 2009 Dec;54(6):1262-8.

NeuroReport 1, 20-21 (1990)

THE potential of DuP753, an angiotensin II receptor antagonist, to inhibit the suppressed behaviour of mice in a light/dark aversion test was investigated. The aversive response to the light compartment of the apparatus was reduced (increase in latency to move from the light to the dark compartment and decreases in rears, line crossings and percentage of time spent in the dark compartment) following treatment with DuP753 ( $0.1-1000 \mu\text{g kg}^{-1}$  p.o., 45 min before the test). These results further implicate the modulation of mental function by angiotensin II.

**Key words:** Anxiolytic-like action, Angiotensin II receptor antagonist, DuP753

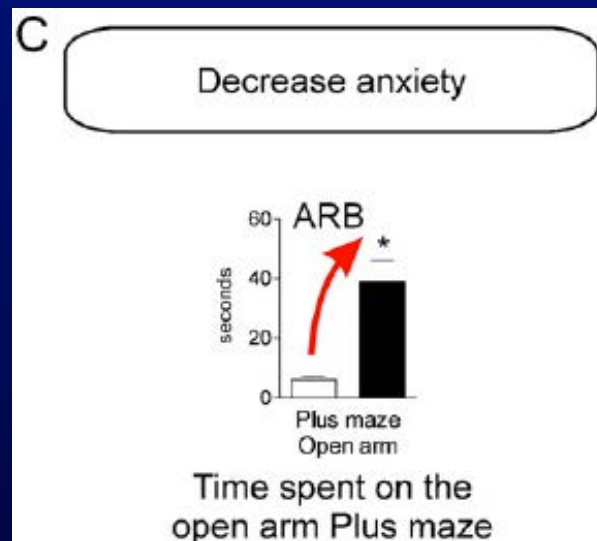
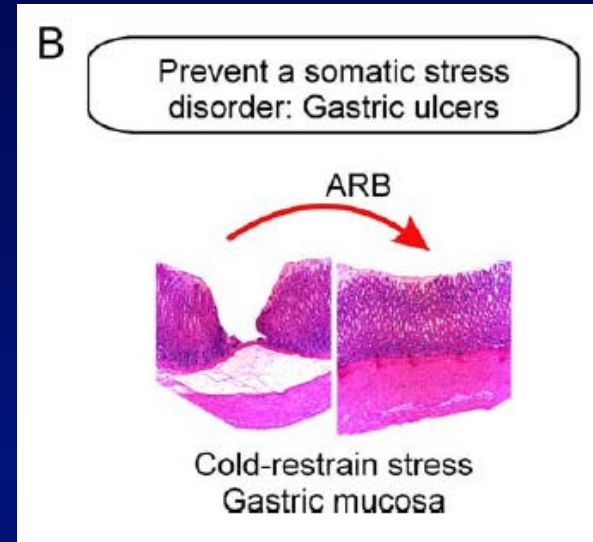
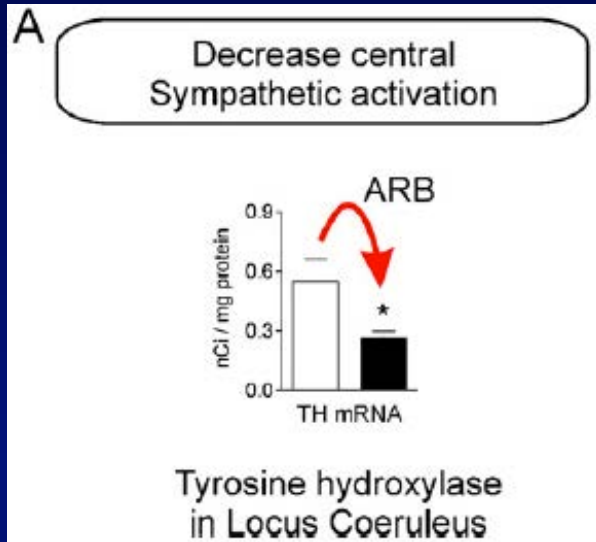
## Anxiolytic-like action of DuP753, a non-peptide angiotensin II receptor antagonist

Nicholas M Barnes<sup>CA</sup>, Brenda Costall, M Elizabeth Kelly, Deborah A Murphy and Robert J Naylor

Postgraduate Studies in Pharmacology, The School of Pharmacy, University of Bradford, Bradford, West Yorkshire, BD7 1DP, UK

<sup>CA</sup>Corresponding Author

# Angiotensin II Receptor Blockade Improves Stress Related Pathology



# Expert Opinion

1. The renin-angiotensin system
2. Angiotensin and cognition
3. Angiotensin and depression
4. Angiotensin and anxiety
5. Conclusion and expert opinion

Central & Peripheral Nervous Systems

## Angiotensin as a target for the treatment of Alzheimer's disease, anxiety and depression

Paul R Gard

*School of Pharmacy and Biomolecular Sciences, University of Brighton, Brighton BN2 4GJ, UK*

The brain renin-angiotensin system (RAS), which is comprised of a variety of peptides including angiotensin II, angiotensin III and angiotensin IV acting on AT<sub>1</sub>, AT<sub>2</sub> and AT<sub>4</sub> receptors, is important in cognition and anxiety. Perturbation of the RAS improves basal cognition and reverses age-, scopolamine-, ethanol- and diabetes-induced deficits. In studies of dementias and Alzheimer's disease (AD), some studies have shown that antihypertensive drugs, including angiotensin-converting enzyme inhibitors, have some moderate effects on cognitive decline, but that the angiotensin receptor antagonist losartan has a significantly beneficial effect. These findings suggest that angiotensin receptor ligands may have potential in the prevention or even reversal of vascular dementias and AD. With respect to depression and anxiety, there is similar experimental evidence from animal models that drugs acting on the RAS may be antidepressant or anxiolytic, but insufficient clinical data exist. Such effects, if proven, could promote the use of such agents in the treatment of hypertension coexisting with depression or anxiety.



# Post Traumatic Stress Disorder (PTSD)

- ✧ A debilitating anxiety disorder thought to manifest after exposure to a traumatic event.



- ✧ Characterized by the re-experiencing of a trauma, hyperarousal, and avoidance.



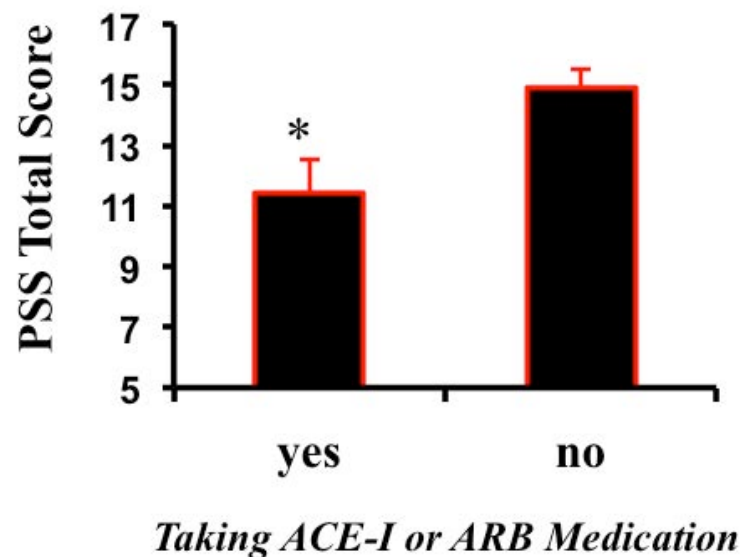
# Post Traumatic Stress Disorder (PTSD)

- PTSD is a prevalent, disabling, and costly condition.
- The societal impact of PTSD is likely to increase in coming years, given high rates of PTSD in service members returning from the conflicts in Iraq and Afghanistan.
- Current pharmacological therapies - selective serotonin reuptake inhibitors (SSRIs) or serotonin norepinephrine reuptake inhibitors (SNRIs) provide substantial benefit to only 30-40% of patients ([Ravindran and Stein, 2009](#), [2010](#)).
- The current need for effective PTSD treatments is great.

# ACE-I / ARB medication is associated with decreased PTSD symptoms in a traumatized community sample

**Table 4. Multi-Variable Linear Regression of PSS and CAPS Score**

| Outcome                                   | ACE Inhibitor or ARB $\beta$ Estimate | SE   | <i>t</i> | <i>P</i> |
|---|---------------------------------------|------|----------|----------|
| PSS total score (n = 467)                 |                                       |      |          |          |
| Unadjusted effect                         | -3.51                                 | 1.4  | -2.47    | .014     |
| Adjusted <sup>a</sup> effect              | -2.83                                 | 1.4  | -2.02    | .044     |
| PSS hyperarousal score (n = 467)          |                                       |      |          |          |
| Unadjusted effect                         | -1.30                                 | 0.5  | -2.59    | .010     |
| Adjusted <sup>b</sup> effect              | -1.22                                 | 0.6  | -2.20    | .028     |
| PSS avoidance numb score (n = 459)        |                                       |      |          |          |
| Unadjusted effect                         | -0.94                                 | 0.6  | -1.49    | .138     |
| Adjusted <sup>c</sup> effect              | -0.92                                 | 1.1  | -1.12    | .161     |
| PSS intrusive score (n = 467)             |                                       |      |          |          |
| Unadjusted effect                         | -1.27                                 | 0.4  | -2.86    | .005     |
| Adjusted <sup>d</sup> effect              | -1.01                                 | 0.5  | -2.20    | .029     |
| Lifetime CAPS score (n = 467)             |                                       |      |          |          |
| Unadjusted effect <sup>e</sup>            | -4.90                                 | 3.95 | -1.24    | .216     |
| Adjusted <sup>f</sup> effect <sup>e</sup> | -1.22                                 | 0.56 | -2.20    | .028     |
| Current CAPS score (n = 417)              |                                       |      |          |          |
| Unadjusted effect <sup>e</sup>            | -5.05                                 | 2.91 | -1.74    | .083     |
| Adjusted <sup>g</sup> effect <sup>e</sup> | -7.16                                 | 2.78 | -2.57    | .010     |



# Summary

- First clinical study to show that ACE-inhibitors and ARB medications may have protective effects against PTSD symptoms among individuals exposed to trauma (Khoury et al., 2012).
- Genetic Polymorphisms in Angiotensin-Converting Enzyme associated with PTSD symptom severity (Nylocks et al., 2015)
- **Neurobiological mechanism(s) unclear??**

# Modeling Fear Disorders

*Pavlovian Fear Conditioning = animal model of PTSD*



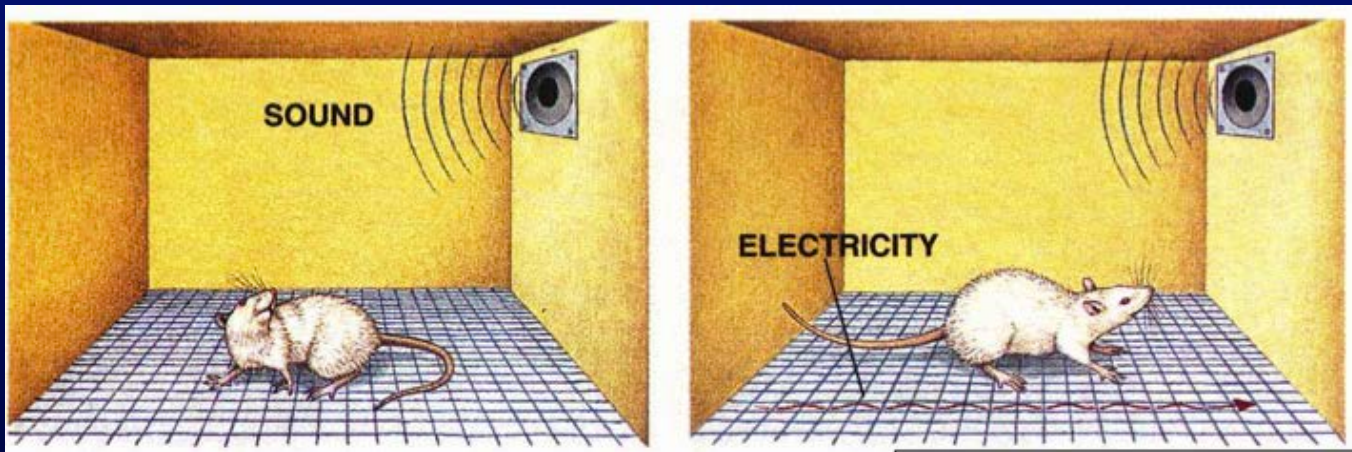
Transgenic mouse models

*Joseph LeDoux, PhD – Pioneer in the understanding of Fear Memory*  
<http://www.cns.nyu.edu/labs/ledouxlab/overview.htm>



# Pavlovian Fear Conditioning

- Neutral conditioned stimulus (CS)—light or tone—is paired with aversive unconditioned stimulus (US)—foot shock.
- After a number of pairings, subject forms an association between the CS and US
- Elicits a fear response when presented with the innocuous CS, even in the absence of the US.



Tone & Foot shock pairing

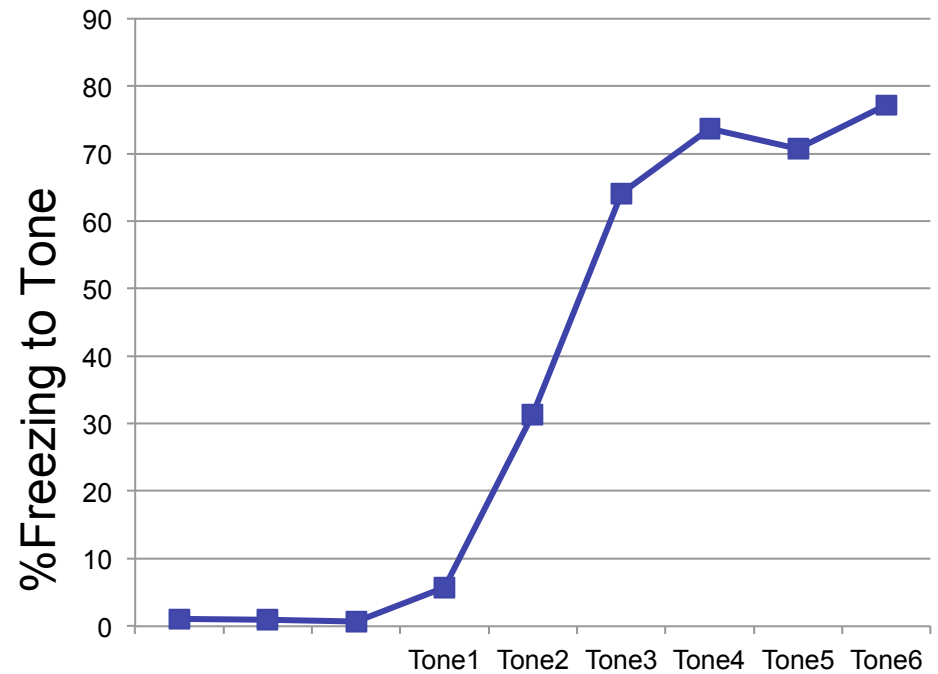
24 hours later (Tone Alone)

# How we measure fear in animals?

## Fear-Potentiated Startle & Freezing



## Fear Conditioning



# Freezing Response During Extinction Training to Conditioned Cue (Tone)



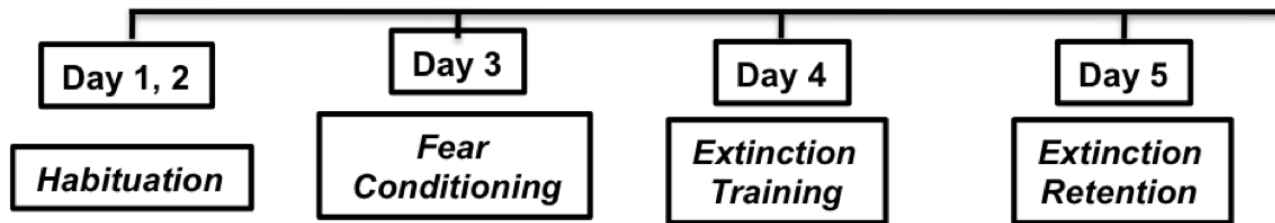
Video Courtesy of Brian G. Dias, PhD – Emory University Dept. of Psychiatry

# Extinction of Fear Memory

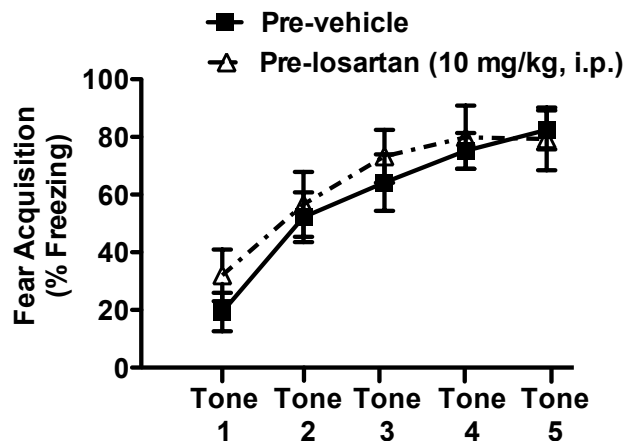
- Exposure therapy is modeled in the lab via an extinction learning paradigm, once an animal has been fear conditioned
- Increased understanding of the mechanisms underlying deficits in extinction learning will aid in the development of new therapies to treat anxiety and fear-related disorders, such as PTSD.

# Angiotensin type 1 receptor inhibition enhances the extinction of learned fear

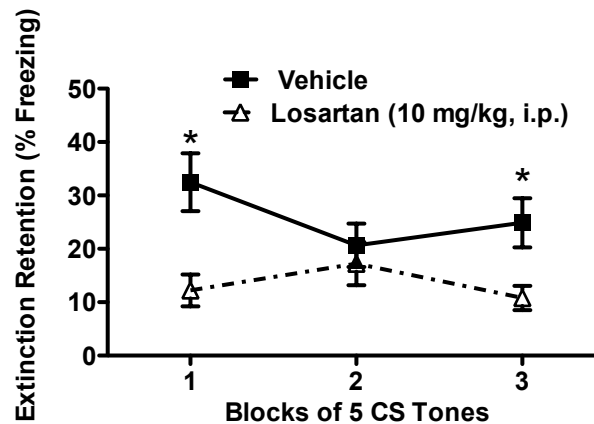
*ARB (Losartan) 40min*



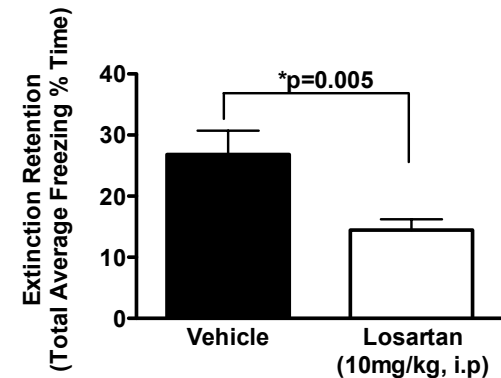
A.



B.



C.

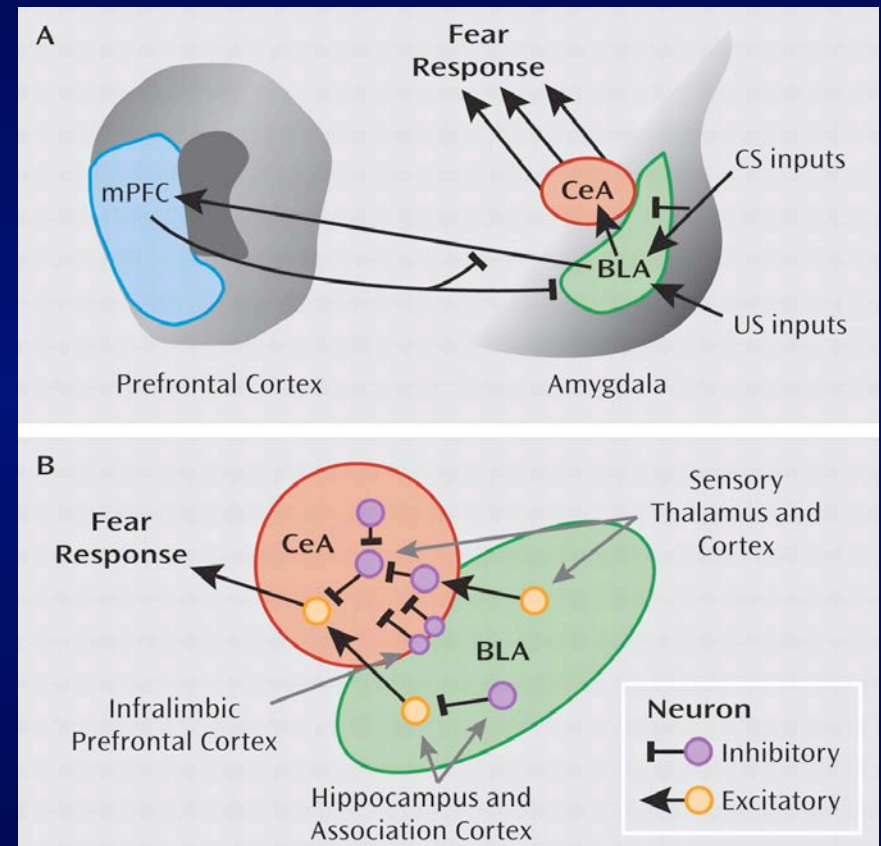




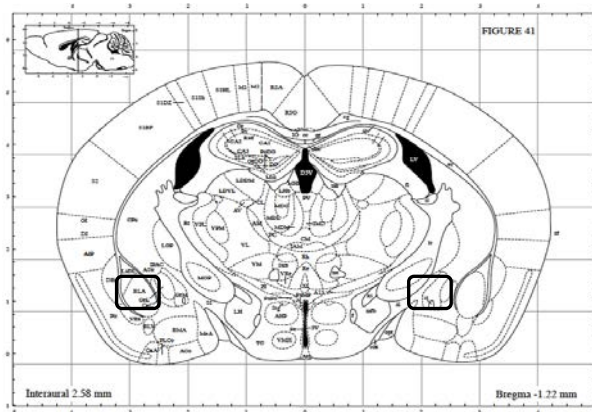


# Amygdala and Fear

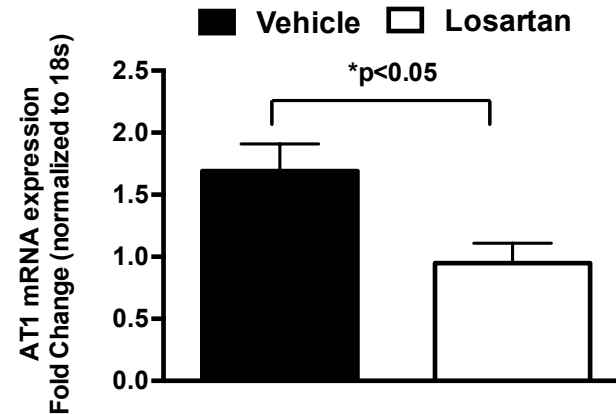
- ❖ Required for both the acquisition of classically-conditioned fear, and the extinction of conditioned fear
- ❖ Lesions in the BLA in animal models lead to an inability to extinguish conditioned fear responses



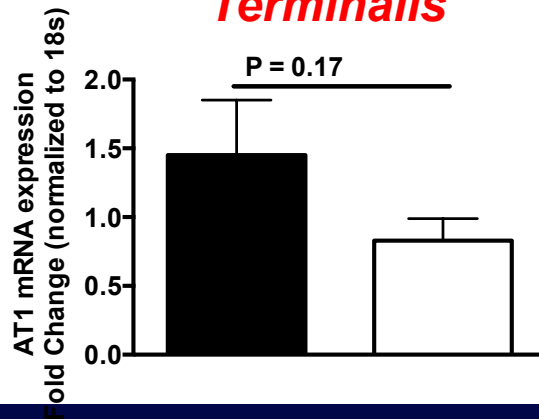
# Chronic inhibition of angiotensin type 1 receptor enhances extinction of learned fear



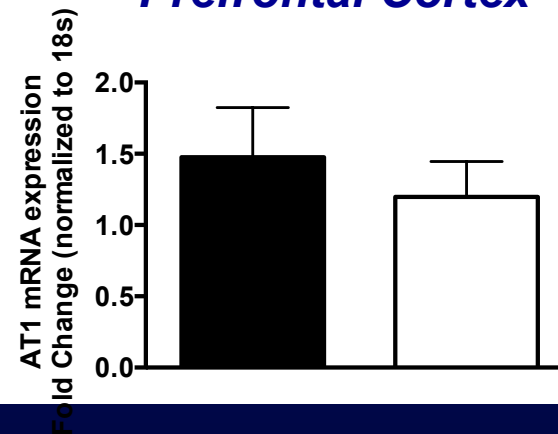
## Amygdala



## Bed Nucleus Stria Terminalis



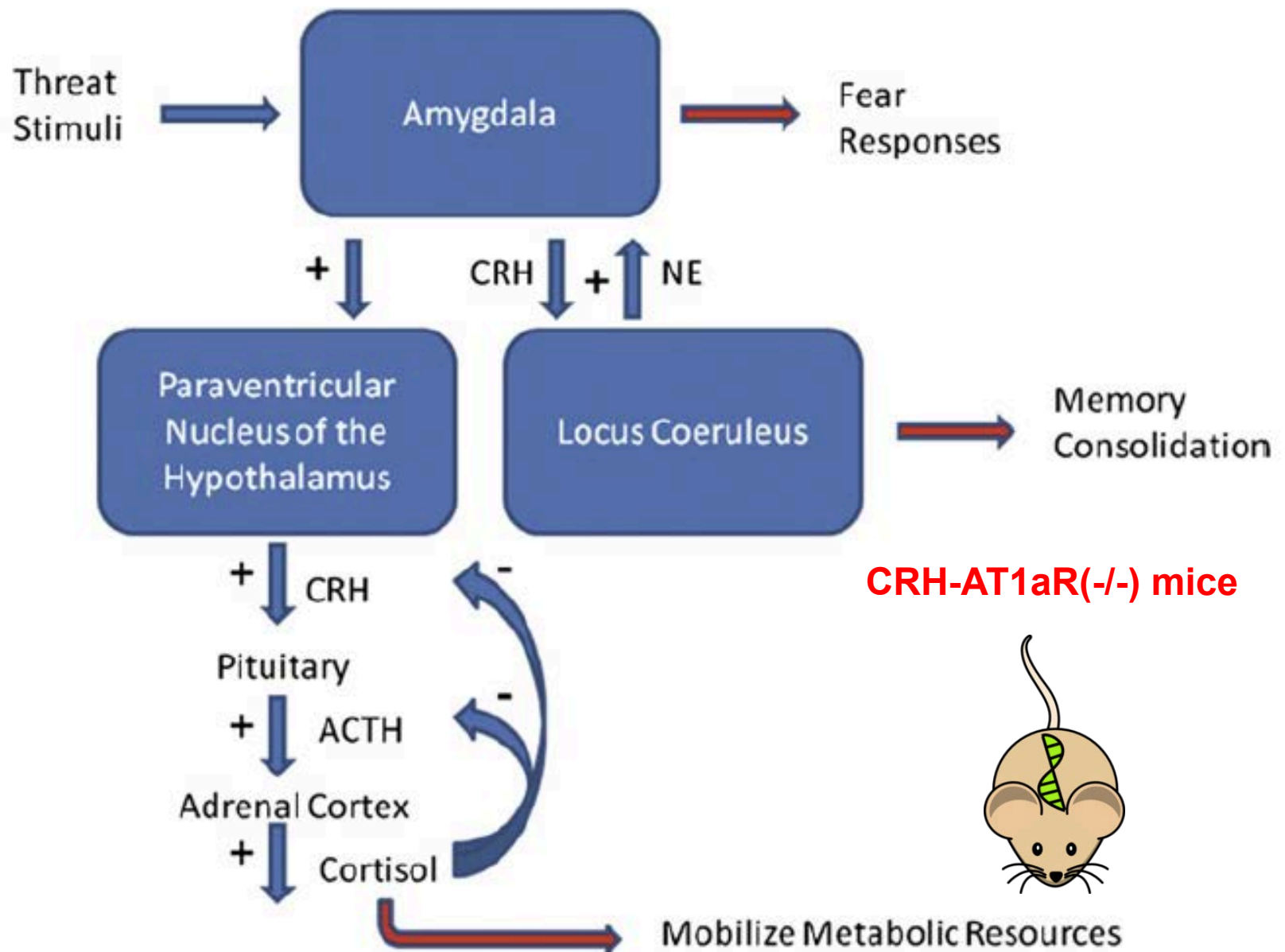
## Prefrontal Cortex



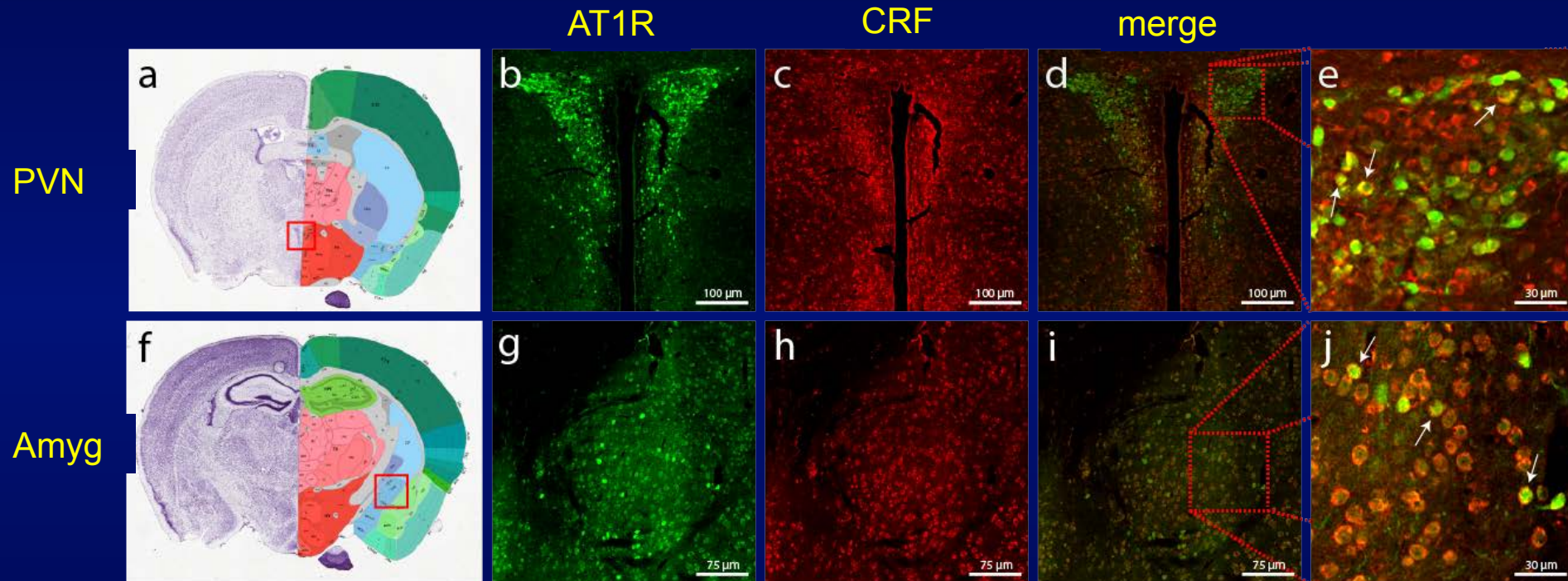
- Systemic administration of ARBs does not address whether ARBs are acting centrally and which cell types they are acting on?
- Determine whether AT1aR deletion from a genetically defined neural population—**(corticotropin-releasing factor (CRF)-expressing cells)** affects the expression of conditioned fear.



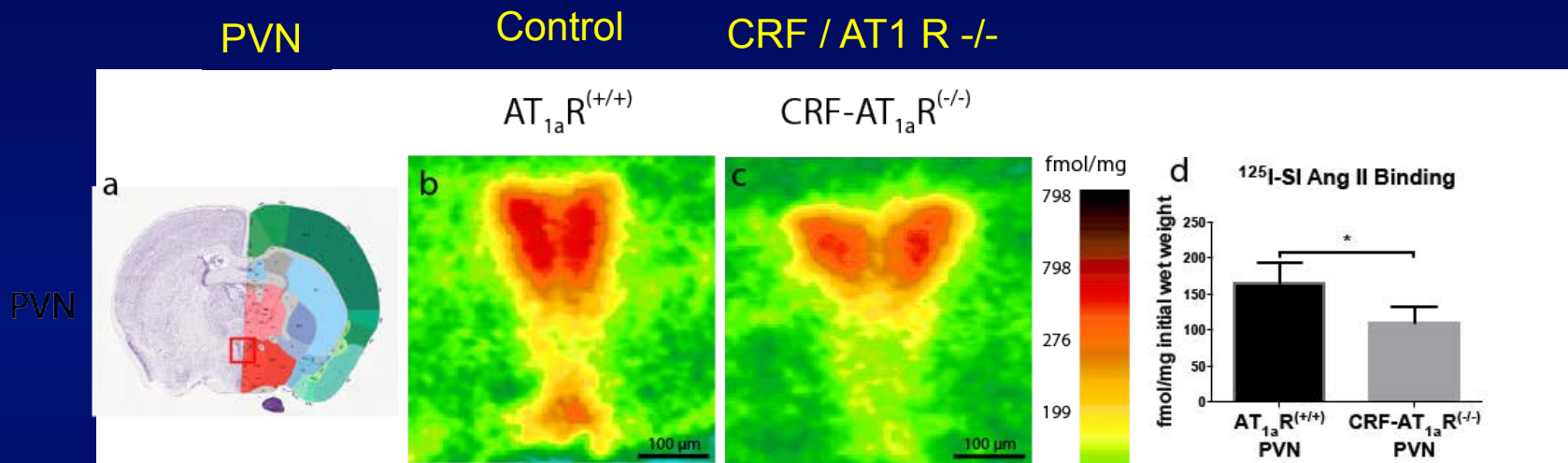




# AT1 receptor and CRF co-localize in subsets of PVN and Amygdala neurons

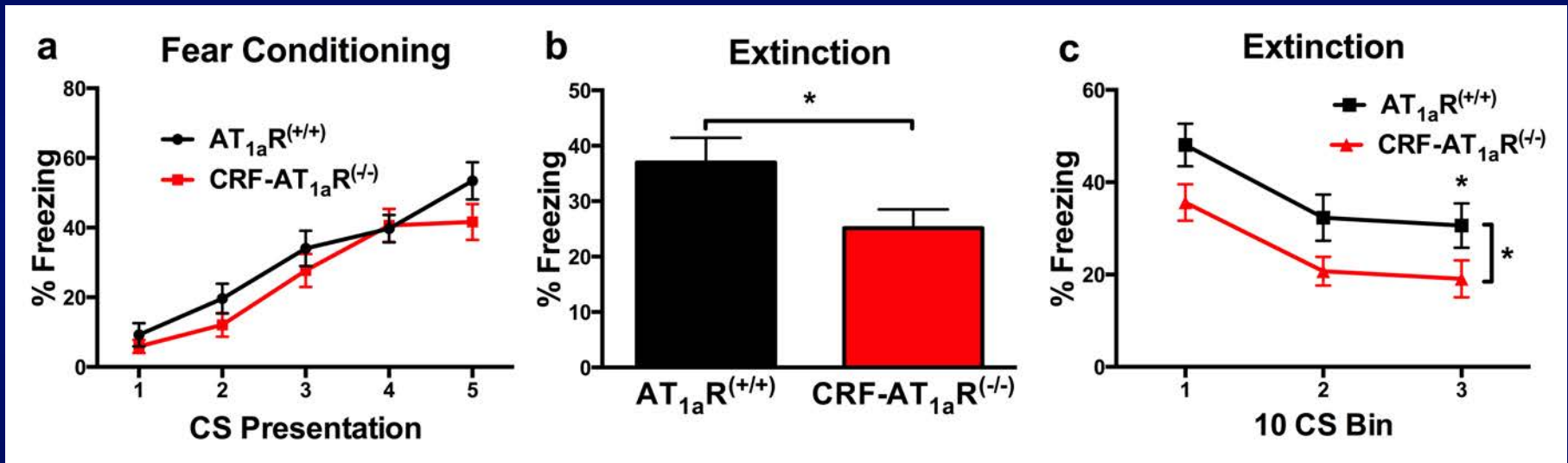


# Decreased AT1R expression in the PVNs of CRF-AT1aR(-/-) mice compared to controls

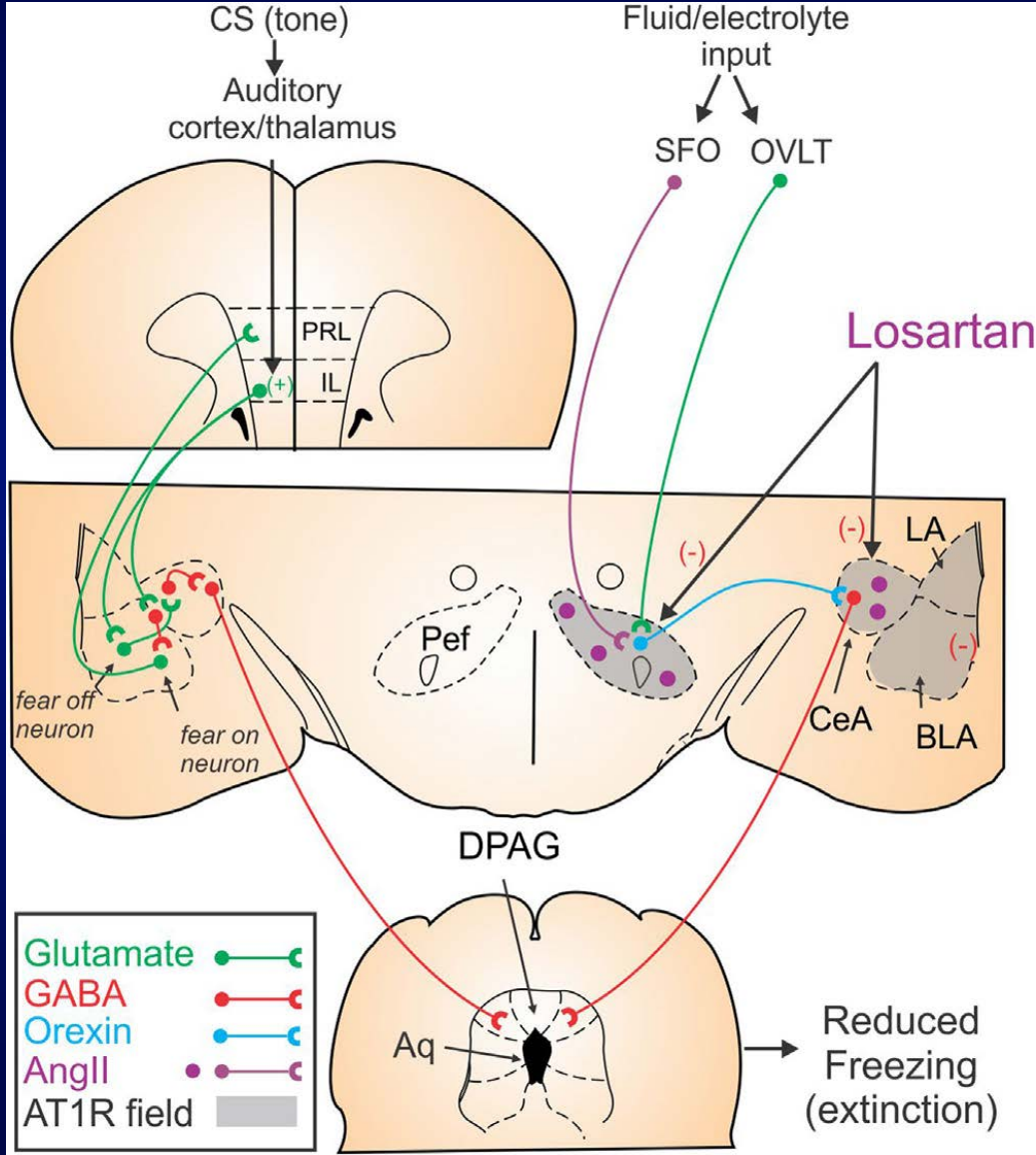


BL

# AT1R knockout from CRFergic cells decreases fear expression and enhances extinction retention



# Fear Circuits and the Renin Angiotensin System a Therapeutic Target?



Shekhar et al. *Biol Psychiatry*. 2014 Jun 1;75(11):836-7.



# Modeling Fear Disorders

**ACE polymorphism**  
(Nylocks et al., 2015)

Pre-existing Sensitivity  
(*gene + environment*)

Skelton et al.  
Neuropharmacology,  
Volume 62, Issue 2,  
2012, 628–637

Genes - BDNF,  
PACAP,FKB5, Nk3

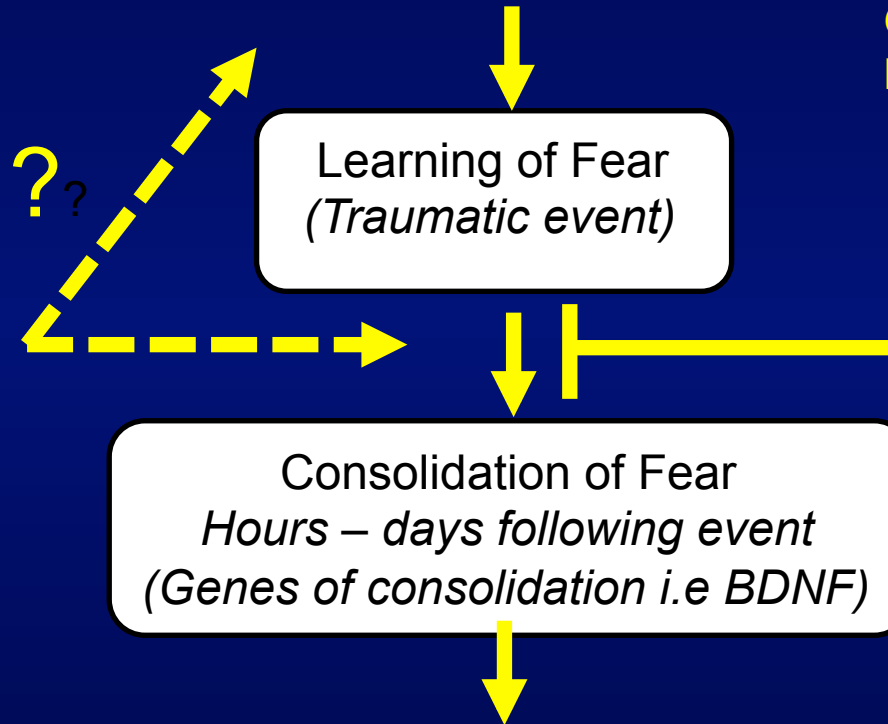
Learning of Fear  
(*Traumatic event*)

**Angiotensin II**

**ARBs**

Consolidation of Fear  
*Hours – days following event*  
(*Genes of consolidation i.e BDNF*)

Expression of Fear  
*Memories, Nightmares, Flashbacks*  
*Avoidance, Sympathetic Response, Startle*



# PTSD and Cardiovascular Disease

- \* PTSD (veteran and non-veteran populations) is associated with major forms of cardiovascular disease. *Boscarino et al. Prev Med. 2012 Jan 18; Player et al., Int J Psychiatry Med. 2011;41(4):365-77.*
- \* More likely to have hypertension, hyperlipidemia, obesity, and cardiovascular disease. *Ahmadi et al., Am J Cardiol. 2011 Jul 1;108(1):29-33.*

Targeting the angiotensin system  
could provide an additional  
avenue for *treating co-morbid  
PTSD and cardiovascular  
disease?*

# Acknowledgements



**Emory University (2006-2010)**

Division of Cardiology

Mentor: David G. Harrison, MD



**Emory University (2011-2013)**

Behavioral Neurosciences

Department of Psychiatry

Mentor: Kerry J. Ressler, MD/PhD



**University of Bristol, UK  
(2012-2014)**

Department of Physiology

Mentor: Julian F. Paton, PhD

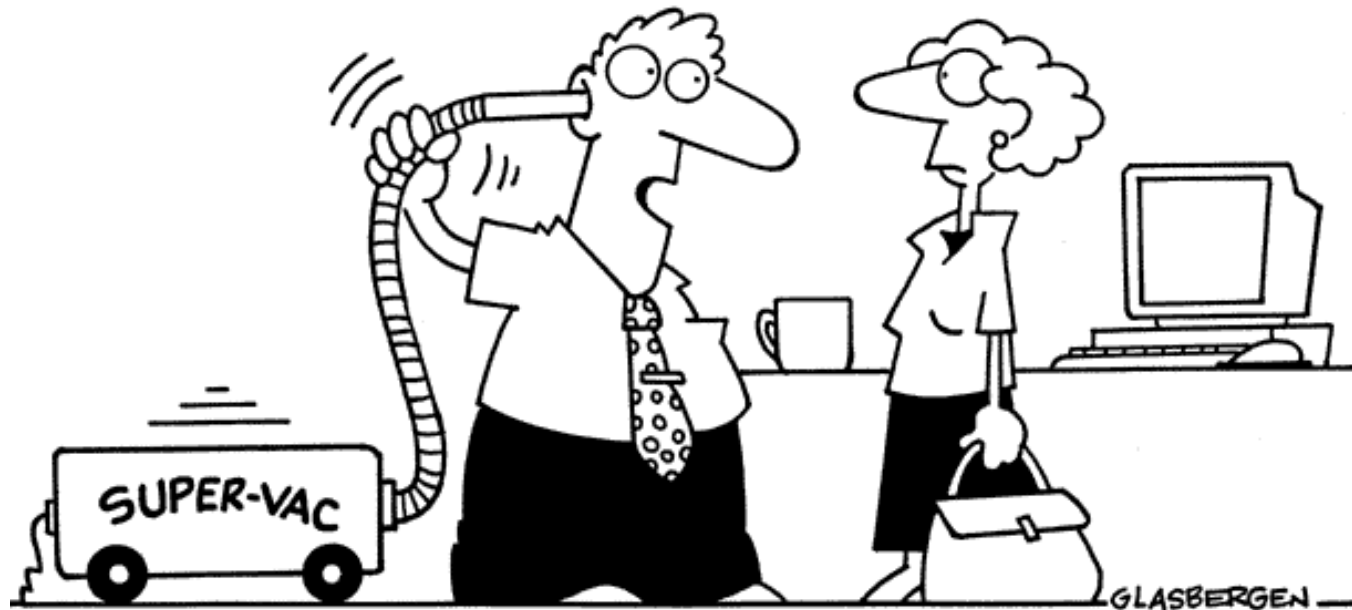
**GWU (2014-present)**



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# Thank you – Questions?

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**"It's just something I do every day at 5:00  
to get rid of stress before I go home."**