

Lesson(s)	..by the end of the lesson(s) I should know...
Nervous System Organisation	<ul style="list-style-type: none"> <input type="checkbox"/> the central nervous system (CNS) includes the brain and the spinal cord <input type="checkbox"/> The peripheral nervous system (PNS) consists of the peripheral nerves and includes the somatic nervous system (SNS) and autonomic nervous system (ANS) <input type="checkbox"/> The SNS contains sensory and motor neurons <input type="checkbox"/> Sensory neurons take impulses from sense organs to the CNS <input type="checkbox"/> Motor neurons take impulses form the CNS to muscles and glands <input type="checkbox"/> the ANS consists of sympathetic and parasympathetic nervous systems which have fibres that are antagonistic to each other <input type="checkbox"/> sympathetic system speeds up heart and breathing rates while slowing down peristalsis and production of intestinal secretions <input type="checkbox"/> parasympathetic system slows the heart and breathing rates but speed up peristalsis and production of intestinal secretions
Neural Pathways	<ul style="list-style-type: none"> <input type="checkbox"/> neural pathways are routes taken by impulses through the nervous system <input type="checkbox"/> in converging neural pathways, impulses from several neurons travel to one neuron, this increases the sensitivity to excitatory and inhibitory signals <input type="checkbox"/> in diverging neural pathways, impulses from one neuron travel to several neurons so affecting more than one destination at the same time <input type="checkbox"/> in reverberating neural pathways, neurons later in the pathway link with earlier neurons, sending the impulse back through the pathway. This allows repeated stimulation of the pathway.

HHB Unit 3.2 The Cerebral Cortex LOs

Lesson(s)	..by the end of the lesson(s) I should know...
cerebral cortex	<ul style="list-style-type: none"><input type="checkbox"/> the cerebral cortex is the centre of conscious thought. It also recalls memories and alters behaviour in light of experience.<input type="checkbox"/> The cerebral cortex has functions localised in regions including sensory, motor and association areas<input type="checkbox"/> the sensory area receives impulses from the skin, organs and muscle<input type="checkbox"/> the motor area sends impulses to the skeletal muscles<input type="checkbox"/> there are association areas involved in language processing, personality, imagination and intelligence<input type="checkbox"/> the cerebrum is divided into the left and right cerebral hemispheres<input type="checkbox"/> information from one side of the body is processed by the cerebral hemisphere that is located on the opposite side of the cerebrum<input type="checkbox"/> the corpus callosum transfers information between the two cerebral hemispheres

HHB Unit 3.3 Memory LOs

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Memory	<ul style="list-style-type: none"> <input type="checkbox"/> memory involves the encoding, storage and retrieval of information <input type="checkbox"/> memories include past experiences, knowledge and thoughts <input type="checkbox"/> all information entering the brain passes through the sensory memory and enters the short-term memory (STM) <input type="checkbox"/> items in the STM may be transferred to the long-term memory (LTM) or be discarded
sensory memory	<ul style="list-style-type: none"> <input type="checkbox"/> sensory memory retains all the audio or visual input received for a few seconds
short term memory	<ul style="list-style-type: none"> <input type="checkbox"/> memory span is the number of discrete items, such as letters, words or numbers, that the STM can hold <input type="checkbox"/> STM has a limited capacity and holds information for a short time <input type="checkbox"/> STM capacity can be improved by chunking, in which the items to be remembered are clustered based on items' semantic features (meaning) or perceptual features <input type="checkbox"/> the serial position effect is the tendency of a person to recall the first and last items in a series best and the middle items worst <input type="checkbox"/> items can be retained in the STM by rehearsal or lost by displacement or decay <input type="checkbox"/> STM can process data to a limited extent, this 'working memory model' explains why STM can perform simple cognitive tasks
LTM	<ul style="list-style-type: none"> <input type="checkbox"/> LTM has an unlimited capacity and holds information for a long time <input type="checkbox"/> information can be transferred the the LTM by rehearsal, organisation or elaboration <input type="checkbox"/> rehearsal is regarded as a shallow form of encoding information into LTM <input type="checkbox"/> elaboration is regarded as a form of deeper form of encoding which leads to improved information retention <input type="checkbox"/> Retrieval from LTM is aided by contextual cues <input type="checkbox"/> Contextual cues relate to the time and place when the information was initially encoded into LTM

HHB Unit 3.4 The Cells of the Nervous System and neurotransmitters at synapses LOs

	..by the end of the lesson(s) I should know...
neurons	<ul style="list-style-type: none"> <input type="checkbox"/> neurons are nerve cells <input type="checkbox"/> neurons have a cell body and fibres called dendrites and axons <input type="checkbox"/> three types of neuron are sensory, inter and motor <input type="checkbox"/> myelination is the covering of axon fibres with a myelin sheath which insulates them, increasing the speed of nervous impulses <input type="checkbox"/> myelination continues from birth to adolescence <input type="checkbox"/> responses to stimuli in the first two years of life are not as rapid or coordinated as those in an older child or adult <input type="checkbox"/> certain diseases destroy the myelin sheath causing a loss of coordination <input type="checkbox"/> glial cells physically support neurons and produce myelin sheaths
neurotransmitters at synapses	<ul style="list-style-type: none"> <input type="checkbox"/> synapses are gaps at the junctions between neurons <input type="checkbox"/> neurotransmitters are chemicals that relay impulses across the synaptic cleft <input type="checkbox"/> synaptic vesicles containing chemical neurotransmitters are found in pre-synaptic neurons <input type="checkbox"/> they are released into the synaptic cleft on arrival of an impulse <input type="checkbox"/> they diffuse across the cleft and bind to receptors in the membrane of the postsynaptic neuron <input type="checkbox"/> receptors in the post-synaptic membrane respond to neurotransmitters <input type="checkbox"/> neurotransmitters must be removed from the synaptic cleft rapidly by enzymes or reuptake, to prevent continuous stimulation of the postsynaptic neurons <input type="checkbox"/> receptors determine whether a signal is excitatory or inhibitory <input type="checkbox"/> synapses can filter out weak stimuli resulting from insufficient secretion of neurotransmitter <input type="checkbox"/> summation of a series of weak stimuli can release enough neurotransmitter to trigger an impulse <input type="checkbox"/> converging neural pathways can release sufficient neurotransmitter molecules to reach the threshold to trigger an impulse

mood & behaviour	<ul style="list-style-type: none"> <input type="checkbox"/> endorphins are neurotransmitters that stimulate neurons involved in reducing intensity of pain, <input type="checkbox"/> increased levels of endorphins are also linked to the feelings of pleasure obtained from activities such as eating, sex and prolonged exercise <input type="checkbox"/> endorphin production increases in response to severe injury, prolonged and continuous exercise, stress and certain foods <input type="checkbox"/> dopamine is a neurotransmitter that induces feelings of pleasure and reinforces particular behaviour by activating the reward pathway in the brain <input type="checkbox"/> the reward pathway involves neurons which secrete or respond to dopamine, it is activated by beneficial behaviour e.g. eating when hungry
medicinal drugs	<ul style="list-style-type: none"> <input type="checkbox"/> some medicinal drugs are used because they affect the way that neurotransmitters function <input type="checkbox"/> agonist (or agonistic) drugs are chemicals that bind to and stimulate specific receptors, mimicking the action of a neurotransmitter at a synapse <input type="checkbox"/> antagonist (or antagonistic) drugs are chemicals that bind to specific receptors, blocking the action of a particular neurotransmitter at a synapse <input type="checkbox"/> some drugs inhibit the enzymes that should remove the neurotransmitter from the synaptic cleft <input type="checkbox"/> some drugs can act by inhibit the enzymes that degrade neurotransmitters or inhibiting reuptake of the neurotransmitter at the synapse causing an enhanced effect
recreational drugs	<ul style="list-style-type: none"> <input type="checkbox"/> recreational drugs can also act as agonist or antagonists <input type="checkbox"/> they affect neurotransmission at the synapses in the brain, altering an individual's mood, cognition (thinking), perception and behaviour <input type="checkbox"/> many recreational drugs affect neurotransmission in the reward pathway of the brain <input type="checkbox"/> drug addiction is caused by repeated use of drugs that act as antagonists <input type="checkbox"/> antagonists block specific receptors causing the nervous system to respond by increasing their number and sensitivity, resulting in sensitisation <input type="checkbox"/> sensitisation leads to addiction where the individual craves more of the drug <input type="checkbox"/> drug tolerance results from repeated use of drugs that act as agonists <input type="checkbox"/> agonists stimulate specific receptors causing the nervous system to decrease their number and sensitivity, resulting in desensitisation <input type="checkbox"/> desensitisation leads to drug tolerance where the individual must take more of the drug to get an effect

HHB Unit 3.5 Non-specific Body Defences LOs

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defences	<ul style="list-style-type: none"> <input type="checkbox"/> non-specific defences can be physical and chemical <input type="checkbox"/> epithelial cells form a physical barrier <input type="checkbox"/> closely-packed epithelial cells are found in the skin and inner linings of the digestive and respiratory systems <input type="checkbox"/> specialised cells produce chemical secretions against invading pathogens (bacteria, virus or other disease-causing organism) <input type="checkbox"/> secretions include tears, saliva, stomach acid and mucus
inflammatory response	<ul style="list-style-type: none"> <input type="checkbox"/> histamine is released by mast cells, <input type="checkbox"/> histamine causes vasodilation and increased capillary permeability <input type="checkbox"/> increased blood flow leads to accumulation of phagocytes and clotting elements to the site of infection
phagocytes	<ul style="list-style-type: none"> <input type="checkbox"/> phagocytes are white blood cells that recognise pathogens and destroy them by phagocytosis <input type="checkbox"/> phagocytosis involves the engulfing of pathogens and destroying them with digestive enzymes contained in lysosomes <input type="checkbox"/> phagocytes release cytokines which attract more phagocytes to the site of infection. <input type="checkbox"/> cytokines are protein molecules that act as a signal to specific white blood cells causing them to accumulate at the site of infection

Lesson(s)	..by the end of the lesson(s) I should know...
lymphocytes	<ul style="list-style-type: none"> <input type="checkbox"/> antigens are molecules, often proteins, on cell surfaces that can trigger an immune response <input type="checkbox"/> lymphocytes are white blood cells involved in the specific immune response <input type="checkbox"/> lymphocytes respond to specific antigens on invading pathogens <input type="checkbox"/> lymphocytes have a single type of membrane receptor which is specific for one antigen <input type="checkbox"/> antigen binding leads to repeated lymphocyte division resulting in the formation of a clonal population of identical lymphocytes <input type="checkbox"/> there are two broad categories of lymphocyte, called T lymphocytes and B lymphocytes
B lymphocytes	<ul style="list-style-type: none"> <input type="checkbox"/> B lymphocytes produce antibodies against antigens, which leads to the destruction of the pathogen <input type="checkbox"/> antibodies are Y-shaped proteins <input type="checkbox"/> antibodies have receptor binding sites specific to a particular antigen on a pathogen <input type="checkbox"/> antibodies become bound to antigens, inactivating the pathogen <input type="checkbox"/> antibody-antigen complexes can then be destroyed by phagocytosis <input type="checkbox"/> B lymphocytes can respond to antigens on harmless substances e.g. pollen, this hypersensitive response is called an allergic reaction

<p style="text-align: center;">T lymphocytes</p>	<ul style="list-style-type: none"> □ T lymphocytes destroy infected body cells by recognising antigens of the pathogen on the cell membrane and inducing apoptosis □ Apoptosis is programmed cell death caused by proteins released by T lymphocytes diffusing into the infected cells □ The remains of the dead cells are removed by phagocytosis □ T lymphocytes can normally distinguish between the antigens of the body's own cells (self antigens) and those on infected cells (non-self antigens) □ in autoimmunity there is an error in the immune system leading to autoimmune diseases e.g. type 1 diabetes and rheumatoid arthritis □ autoimmune diseases are caused by a failure of the regulation of the immune system leading to T lymphocytes responding to self-antigens and attacking the body tissues
<p style="text-align: center;">immunological memory</p>	<ul style="list-style-type: none"> □ after one exposure to an antigen some T and B lymphocytes produced survive long-term as memory cells □ in a second exposure to the same antigen these memory cells rapidly give rise to a new clone of specific lymphocytes □ the secondary immune response produces antibodies at a faster rate and in higher concentration compared to the primary immune response □ the secondary response provides immunity to the disease as the invading pathogens are destroyed before the individual shows symptoms
<p style="text-align: center;">HIV</p>	<ul style="list-style-type: none"> □ the human immunodeficiency virus (HIV) attacks and destroys T lymphocytes □ HIV therefore causes depletion of T lymphocytes which leads to AIDS □ AIDS = Acquired Immune Deficiency Syndrome □ Individuals with AIDS have a weakened immune system and are therefore more vulnerable to infections

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vaccinations	<ul style="list-style-type: none"> <input type="checkbox"/> active immunity can be developed by vaccination with antigens from infectious pathogens to create a memory cells <input type="checkbox"/> adjuvants can be mixed with antigens from infectious pathogens to enhance the immune response generated by a vaccine <input type="checkbox"/> sources of antigens for vaccines include inactivated pathogen toxins, dead pathogens, parts of pathogens and weakened pathogens
herd immunity	<ul style="list-style-type: none"> <input type="checkbox"/> herd immunity occurs when large percentage of a population is immunised <input type="checkbox"/> in herd immunity, non-immunised individuals are protected as there is a lower probability that they will come into contact with infected individuals <input type="checkbox"/> the herd immunity threshold depends on the disease, the effectiveness of the vaccine and the contact parameters for the population <input type="checkbox"/> in the UK a number of diseases are immunised against as part of public health programmes <input type="checkbox"/> mass vaccination programmes aim to establish herd immunity to a disease <input type="checkbox"/> widespread vaccination may not be possible due to poverty in developing world or when a percentage of the population rejects the vaccine in the developed world
antigenic variation	<ul style="list-style-type: none"> <input type="checkbox"/> some pathogens can change their antigens, this is called antigenic variation <input type="checkbox"/> these pathogens can therefore evade the immunological memory, as it no longer recognises the antigens <input type="checkbox"/> the virus that causes influenza undergoes antigenic variation and so remains a public health problem <input type="checkbox"/> individuals at risk of influenza must be vaccinated annually

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clinical trials	<ul style="list-style-type: none"><input type="checkbox"/> vaccines and drugs undergo clinical trials to establish their safety and effectiveness before being licensed for use<input type="checkbox"/> designs of clinical trials include randomised, double-blind and placebo-controlled protocols<input type="checkbox"/> a placebo is a treatment which is inactive, it does not contain the vaccine or drug being tested<input type="checkbox"/> placebo-control trials allow valid comparisons to be made between the effect of the treatment and no treatment<input type="checkbox"/> in double blind trials neither the researchers nor the subjects know which group are given the treatment and which are given the placebo<input type="checkbox"/> subjects in clinical trials are divided into groups in a randomised way to reduce bias in the distribution of characteristics such as gender, age<input type="checkbox"/> results from the groups are compared to determine if there are any statistically significant differences between them<input type="checkbox"/> suitable group size is important when carrying out a clinical trial to increase the reliability of results and reduce the effect of any error