

The Receptors

Adam C. Errington  
Giuseppe Di Giovanni  
Vincenzo Crunelli *Editors*

# Extrasynaptic GABA<sub>A</sub> Receptors

 Humana Press

# **The Receptors**

Volume 27

## **Series Editor**

Giuseppe di Giovanni

Department of Physiology & Biochemistry Faculty of Medicine and Surgery,  
University of Malta, Malta, Italy

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Adam C. Errington • Giuseppe Di Giovanni  
Vincenzo Crunelli  
Editors

# Extrasynaptic GABA<sub>A</sub> Receptors

 Springer

*Editors*

Adam C. Errington  
Neuroscience and Mental Health  
Research Institute  
Institute of Psychological Medicine  
and Clinical Neuroscience  
School of Medicine  
Cardiff University  
Cardiff  
United Kingdom

Vincenzo Crunelli  
School of Biosciences  
Cardiff University  
Cardiff  
United Kingdom

Giuseppe Di Giovanni  
Dept. of Physiology & Biochemistry  
University of Malta  
Msida MSD  
Malta

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# Contributors

**Justo Aguilar** Department of Physiology, Biophysics and Neuroscience, Center for Research and Advanced Studies of the National Polytechnic Institute (Cinvestav-IPN), Mexico City, Mexico

**Carmen Andrés** Department of Physiology, Biophysics and Neuroscience, Center for Research and Advanced Studies of the National Polytechnic Institute (Cinvestav-IPN), Mexico City, Mexico

**Emmanuel J. Botzolakis** Department of Radiology, Hospital of the University of Pennsylvania, Philadelphia, PA, USA

**Stephen Brickley** Biophysics Section, Department of Life Sciences, Imperial College London, London, UK

**Damian Bright** Department of Neuroscience, Physiology and Pharmacology, University College London, London, UK

**Anna Cavaccini** Neuroscience Division, Cardiff School of Biosciences Cardiff University, Cardiff, UK

Department of Neuroscience and Brain Technologies, Istituto Italiano di Tecnologia, Genoa, Italy

**Mary Chebib** Department of Pharmacy A15, University of Sydney, Sydney, NSW, Australia

**Andrew N. Clarkson** Departments of Anatomy and Psychology, University of Otago, Dunedin, New Zealand

**William M. Connelly** Neuroscience Division, Cardiff School of Biosciences, Cardiff University, Cardiff, UK

**Vincenzo Crunelli** Neuroscience Division, Cardiff School of Biosciences, Cardiff University, Cardiff, UK



**Rodolfo Delgado-Lezama** Department of Physiology, Biophysics and Neuroscience, Center for Research and Advanced Studies of the National Polytechnic Institute (Cinvestav-IPN), Mexico City, Mexico

**Giuseppe Di Giovanni** Department of Physiology and Biochemistry, Faculty of Medicine, Malta University, Msida, Malta

**Adam C. Errington** Neuroscience and Mental Health Research Institute, Institute of Psychological Medicine and Clinical Neuroscience, School of Medicine, Cardiff University, Cardiff, UK

**Ricardo Felix** Department of Cell Biology, Cinvestav-IPN, Mexico City, Mexico

**Jean-Marc Fritschy** Institute of Pharmacology and Toxicology, University of Zurich, Zürich, Zürich, Switzerland

**Catriona Houston** Biophysics Section, Department of Life Sciences, Imperial College London, London, UK

**Molly M. Huntsman** Department of Pharmaceutical Sciences, Skaggs School of Pharmacy and Department of Pediatrics, School of Medicine, University of Colorado, Aurora, CO, USA

**Emanuel Loeza-Alcocer** Department of Physiology, Biophysics and Neuroscience, Center for Research and Advanced Studies of the National Polytechnic Institute (Cinvestav-IPN), Mexico City, Mexico

**Robert L. Macdonald** Department of Neurology, Vanderbilt University Medical Center, Nashville, TN, USA

Department of Molecular Physiology and Biophysics, Vanderbilt University Medical Center, Nashville, TN, USA

Department of Pharmacology, Vanderbilt University Medical Center, Nashville, TN, USA

**Jamie Maguire** Department of Neuroscience, Tufts University School of Medicine, Boston, MA, USA

**Brandon S. Martin** Children's National Medical Center, Washington, DC, USA

**Patrizia Panzanelli** Department of Neuroscience Rita Levi Montalcini, University of Turin, Turin, Italy

**H. Rheinallt Parri** School of Life and Health Sciences, Aston University, Birmingham, UK

**Ivan Pavlov** Department of Clinical and Experimental Epilepsy, UCL Institute of Neurology, London, UK

**Keith A Wafford** Eli Lilly UK, Windlesham, Surrey, UK

**Matthew C. Walker** Department of Clinical and Experimental Epilepsy, UCL Institute of Neurology, London, UK

**Josue G. Yagüe** Neuroscience Division, Cardiff School of Biosciences Cardiff University, Cardiff, UK

Strathclyde Institute of Pharmacy and Biomedical Sciences, University of Strathclyde, Glasgow, UK

# Chapter 1

## Extrasynaptic GABA<sub>A</sub> Receptors

### A Brief Introduction to Extrasynaptic GABA<sub>A</sub> Receptors and ‘Tonic’ GABA<sub>A</sub> Receptor-Mediated Inhibition in Physiology and Disease

Adam C. Errington

**Abstract**  $\gamma$ -aminobutyric acid (GABA) is the principal inhibitory neurotransmitter in the brain and its actions are mediated by two diverse families of neurotransmitter receptors, the ionotropic receptors, known as GABA<sub>A</sub> receptors, and metabotropic receptors that are classified as GABA<sub>B</sub> receptors. The classical phasic inhibitory postsynaptic potential (IPSP) is mediated by GABA<sub>A</sub> receptors that are located in the postsynaptic membrane. However, GABA also produces tonic inhibition through activation of GABA<sub>A</sub> receptors that are located outside the synapse. These extrasynaptic GABA<sub>A</sub> receptors respond to low concentrations of GABA to provide more spatially and temporally diffuse inhibition compared to their synaptic counterparts. This book covers the most current knowledge of extrasynaptic GABA<sub>A</sub> receptor structure, function, cellular distribution and pharmacology and the roles of tonic inhibition in neuronal excitability, physiology and pathophysiology.

**Keywords**  $\gamma$ -aminobutyric acid · Extrasynaptic GABA<sub>A</sub> receptor · Tonic GABA inhibition ·  $\delta$  subunit ·  $\alpha_5$  subunit · Inhibitory neurotransmission · Inhibitory postsynaptic potential (IPSP)

$\gamma$ -aminobutyric acid (GABA) is the principal inhibitory neurotransmitter in the brain and its actions are mediated largely by a family of ubiquitously expressed ligand-gated ion channels known as GABA<sub>A</sub> receptors (Farrant and Nusser 2005; Brickley and Mody 2012). GABA<sub>A</sub> receptors are pentameric assemblies comprising several distinct subunits which open upon GABA binding leading to an increase in membrane permeability to both chloride and bicarbonate ions (Chebib and Johnston 2000). Typically, this occurs when GABA is released from presynaptic terminals causing a transient rise in GABA concentration within the synaptic cleft and activation of postsynaptic receptors. The resulting brief change in membrane conductance

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A. C. Errington (✉)

Neuroscience and Mental Health Research Institute, Institute of Psychological Medicine and Clinical Neuroscience, School of Medicine, Cardiff University, Cardiff, UK

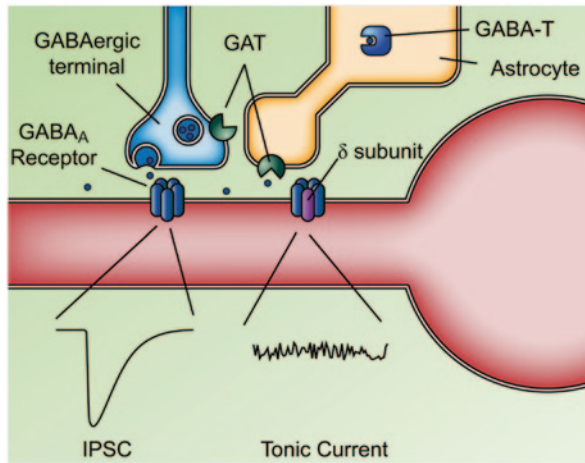
e-mail: erringtonac@cardiff.ac.uk

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underlies 'phasic' GABA<sub>A</sub>ergic inhibition and generation of the 'classical' inhibitory postsynaptic potential (IPSP). However, it has come to light relatively recently that GABA<sub>A</sub> receptor activation can occur in a much more spatially and temporally diffuse manner (Farrant and Nusser 2005; Brickley and Mody 2012). It has been demonstrated in several brain regions including granule cells of the cerebellum (Brickley et al. 1996), layer II/III and V cortical pyramidal neurons (Semyanov et al. 2003; Yamada et al. 2007), medium spiny neurons of the striatum (Ade et al. 2008), hippocampal CA1 and CA3 pyramidal neurons and dentate gyrus granule cells (Nusser and Mody 2002; Scimemi et al. 2005; Mortensen and Smart 2006) and thalamocortical (TC) neurons of the ventrobasal, dorsal lateral geniculate and medial geniculate nuclei of thalamus (Cope et al. 2005; Jia et al. 2005; Belelli et al. 2005; Richardson et al. 2011, 2013) that very low (nM) concentrations of GABA, which typically occur in the cerebrospinal fluid (CSF) of the extracellular space, can persistently activate a population of non-synaptic GABA<sub>A</sub> receptors resulting in a 'tonic' increase in membrane conductance (Fig. 1.1; Brickley and Mody 2012). In fact, it has been demonstrated in dentate gyrus granule cells that GABA may not even be necessary for this form of inhibition since GABA-independent channel openings, as demonstrated by resistance to the GABA receptor antagonist SR95531 (gabazine) but not the channel blocker picrotoxin, maintain the level of tonic current under low extracellular GABA concentrations (Wlodarczyk et al. 2013). This novel form of GABA<sub>A</sub> receptor-mediated signalling has become widely known as tonic GABAergic inhibition and for the first time this book brings together much of the most current knowledge of extrasynaptic GABA<sub>A</sub> receptor (eGABA<sub>A</sub>R) structure, function, cellular distribution and pharmacology and the roles of tonic inhibition in neuronal excitability, physiology and pathophysiology. Unlike the classical 'point-to-point' signalling that occurs at chemical and electrical synapses, for example, those that mediate phasic GABA IPSPs, this form of GABAergic cellular communication is more similar to the type of volume transmission observed with monoamine neurotransmitters like serotonin, dopamine and histamine (Agnati et al. 2010).

As detailed by Fritschy and Panzanelli in Chap. 2, these peri- or extrasynaptic GABA<sub>A</sub> receptors differ substantially from their synaptic counterparts in terms of subunit composition and distribution. These differences impart major changes in functional receptor properties including a significantly higher affinity for GABA and markedly slower rates of receptor desensitization compared to synaptic receptors (Farrant and Nusser 2005; Bright et al. 2011). The divergence in properties of synaptic GABA<sub>A</sub>Rs versus eGABA<sub>A</sub>Rs is largely conferred by receptor subunit composition. In particular, the inclusion of a  $\delta$  subunit (typically in place of the  $\gamma$  subunit found in synaptic receptors—Fig. 1.1) is necessary for generation of tonic GABA currents in dentate gyrus granule cells, cerebellar granule cells, TC neurons and layer II/III cortical neurons (Ade et al. 2008; Drasbek and Jensen 2006; Pirker et al. 2000; Nusser et al. 1998) whilst  $\alpha_5$  subunits, usually as  $\alpha_5\beta\gamma_2$  receptors, appear to mediate most of the tonic current in pyramidal cells of the hippocampal CA1 and CA3 regions and cortical layer V (Caraiscos et al. 2004; Glykys and Mody 2006, 2007; Pavlov et al. 2009; Semyanov et al. 2004; Sperk et al. 1997; Yamada et al. 2007). In total, nineteen GABA<sub>A</sub> receptor subunits have been cloned from the



**Fig. 1.1** Phasic and tonic GABA<sub>A</sub> ergic inhibition. Release of GABA from inhibitory neurons into the synaptic cleft results in activation of postsynaptic GABA<sub>A</sub> receptors that open transiently to increase the permeability of the postsynaptic membrane to chloride (and bicarbonate) ions. These receptors quickly deactivate and undergo rapid desensitization to GABA. This results in the classical inhibitory postsynaptic current (IPSC). Extrasynaptic GABA<sub>A</sub> receptors sense very low concentrations of GABA in the extracellular space surrounding the synapse and are desensitized less rapidly than their synaptic counterparts. Extrasynaptic receptors are tonically activated by GABA released in an activity-dependent fashion from inhibitory GABAergic neurons and also from glia, such as astrocytes. The magnitude of tonic inhibition is regulated by the ambient GABA concentration which is determined by the rate of GABA release and the rate of uptake by the GABA transporters (GAT) which are expressed in both neurons and glia

mammalian CNS ( $\alpha_{1-6}$ ,  $\beta_{1-3}$ ,  $\gamma_{1-3}$ ,  $\delta$ ,  $\epsilon$ ,  $\theta$ ,  $\pi$ ,  $\rho_{1-3}$ ) offering the potential for an enormous heterogeneity in functional GABA<sub>A</sub> receptor assembly (Olsen and Sieghart 2008, 2009; Sieghart and Sperk 2002). In reality, however, only about 20–30 of the potential combinations have been shown to exist in the brain. The most commonly expressed subunit combination is  $\alpha_1$ ,  $\beta_2$  and  $\gamma_2$  (with stoichiometry of  $2\alpha$  and  $2\beta$  subunits and a single  $\gamma$  subunit) whilst other common arrangements include  $\alpha_2\beta_3\gamma_2$  and  $\alpha_3\beta_3\gamma_2$ . Significantly, light microscopic immunofluorescence and electron microscopic (EM) immunogold methods have established that the postsynaptic densities of GABAergic synapses are highly enriched with receptors including  $\alpha_{1-3}$ ,  $\alpha_6$ ,  $\beta_{2-3}$  and  $\gamma_2$  subunits suggesting that these subunits form the GABA<sub>A</sub> receptors responsible for classical ‘phasic’ inhibition. However, in contrast to the aforementioned subunits which are enriched in the postsynaptic density but also abundant at extrasynaptic locations, some GABA<sub>A</sub> receptor subunits, especially  $\delta$ , are not found in the synapse and are exclusively peri- or extrasynaptically located. Extrasynaptic receptors containing the  $\delta$  subunit are commonly found to co-assemble with  $\alpha_4$  or  $\alpha_6$  subunits ( $\alpha_4/\alpha_6\beta_X\delta$ ) whilst  $\alpha_5$ -containing receptors are also mostly extrasynaptic despite usually containing the typically synaptically located  $\gamma_2$  subunit ( $\alpha_5\beta_X\gamma_2$ ). As a consequence of these differences in receptor subunit composition, extrasynaptic receptors can have markedly different biophysical properties, such as different

channel opening times, compared to their synaptic counterparts and the differences in properties of receptors containing  $\delta$  and  $\gamma$  subunits are explored in detail in Chap. 3 by Macdonald and Botzolakis.

Another key feature that defines eGABA<sub>A</sub>Rs and differentiates them from their synaptic counterparts is their unique pharmacology. Receptors targeted to synaptic locations typically contain  $\gamma$  subunits that form an important part of the GABA<sub>A</sub> receptor benzodiazepine-binding site. The inclusion of these subunits makes these receptors responsive to the action of benzodiazepine compounds such as diazepam. In contrast, extrasynaptic receptors that often lack  $\gamma$  subunits are mostly, although not completely, insensitive to the actions of benzodiazepines. Extrasynaptic receptors containing  $\delta$  subunits have unique pharmacological profiles and are targeted selectively (Brown et al. 2002) by the hypnotic agonist 4,5,6,7-tetrahydroisoxazolo[5,4-c]pyridin-3(2H)-one (THIP or Gaboxadol; Wafford and Ebert 2006) at low concentrations (~500 nM, Mortensen et al. 2010). The effects of THIP on extrasynaptic GABA receptors are, in fact, thought to account for its ability to promote both slow-wave (non-REM) and REM sleep since in animals lacking  $\delta$  subunits the hypnotic effects of the drug are lost (Winsky-Sommerer et al. 2007). Furthermore, recent evidence suggests that eGABA<sub>A</sub>Rs may also be the preferential high-affinity target of the naturally occurring GABA precursor  $\gamma$ -hydroxybutyric acid (GHB), a depressant drug that is also used recreationally. However, this observation remains controversial since the  $\alpha_4\beta_1\delta$  subunit combination expressed in *Xenopus* oocytes in this study are believed to exist only in very low numbers, if at all, in the mammalian brain. In Chap. 4, Wafford provides a comprehensive overview of the pharmacology of synaptic and extrasynaptic receptors highlighting the major similarities and differences in their pharmacological profile and the structural properties that underlie these variations. In addition, extrasynaptic GABA<sub>A</sub> receptors are also high-affinity targets for the actions of a range of endogenous and exogenous ligands including naturally occurring neurosteroids (Stell et al. 2003; Belelli and Lambert 2005), a number of anaesthetic agents (Meera et al. 2009; Houston et al. 2012; Orser et al. 1994) and alcohols (Wei et al. 2004; Jia et al. 2008; Yamashita et al. 2006). The actions of neurosteroids at GABA<sub>A</sub> receptors are now believed to play an important role in both normal and pathological stress responses as well as during the oestrous cycle and parturition (Maguire et al. 2005; Maguire and Mody 2008; see also Chap. 12). Several of these ligands including 3 $\alpha$ ,5 $\alpha$ -tetrahydrodeoxycorticosterone (3 $\alpha$ ,5 $\alpha$ -THDOC), which are synthesised de novo in the central nervous system, appear to have greater affinity for extrasynaptic  $\delta$ -subunit-containing GABA receptors compared to  $\gamma$ -containing receptors and may therefore preferentially target these receptors at physiological neurosteroid concentrations. In Chap. 5, Connelly addresses the synthesis of neurosteroids and the evidence demonstrating their effects at GABA receptors in the brain. Indeed, the actions of steroids at GABA<sub>A</sub> receptors have been appreciated for a long time (Harrison and Simmonds 1984) and the steroid alphaxalone, which was used clinically as an anaesthetic for several years, has been shown to potentiate the effect of GABA upon GABA<sub>A</sub> receptors. In fact, more recent studies show that alphaxalone is more potent at GABA<sub>A</sub> receptors that contain  $\delta$  subunits indicating that its anaesthetic action may be mediated largely

through extrasynaptic receptors. Other anaesthetic agents, for example, propofol, have also been demonstrated to act at extrasynaptic receptors and enhance tonic inhibition in hippocampus (Bai et al. 2001), thalamus (Jia et al. 2008) and cortex (Drasbek et al. 2007). This compound, a widely used intravenous anaesthetic, is a positive allosteric modulator of both  $\alpha_5$ - and  $\delta$ -subunit-containing eGABA<sub>A</sub>Rs.

As previously discussed, eGABA<sub>A</sub>Rs are activated by GABA that accumulates in the extrasynaptic space—but how does this GABA build-up occur? The neurons that release GABA as their principal neurotransmitter are extraordinarily diverse and often highly specialised (Freund and Buzsaki 1996, Klausberger and Somogyi 2008); for example, interneurons of the dorsal lateral geniculate nucleus of the thalamus release GABA through both axonal and dendritic release sites (Cox and Sherman 1998, 2000). Thus, do common release mechanisms exist that are involved in introducing GABA to the extracellular space and what are the uptake mechanisms that regulate GABA concentration? When compared to their synaptic counterparts, eGABA<sub>A</sub>Rs have a significantly greater affinity for GABA and can be easily activated by the relatively low levels (nM range) of GABA that are typically found in the extracellular space. Evidence suggests that the release of GABA required to permit such modest extracellular accumulation occurs not only via classical action potential-dependent vesicular release in neurons (Wall and Usowicz 1997; Bright et al. 2007) but also through non-vesicular release mechanisms, such as the Bestrophin-1 channel (Lee et al. 2010), in both neurons and glial cells (particularly astrocytes). Additionally, the GABA concentration in the extracellular space is tightly regulated through reuptake of GABA by GABA transporters (GAT 1 and 3) that are expressed in both neurons and glia (Minelli et al. 1995, 1996; Conti et al. 1998a, b; Jin et al. 2011; and only glia in some areas such as the thalamus, De Biasi et al. 1998) and intracellular breakdown by the enzyme GABA transaminase (GABA-T). Additionally, the local extracellular concentration is determined by the physical morphology surrounding GABA releases site which can encourage or limit the diffusion of GABA, for example, in the glomerular structures found in the thalamus and cerebellum (Wall and Usowicz 1997; Rossi et al. 2003; Errington et al. 2011). The source(s) of GABA that accumulates in the extracellular space and mechanisms underpinning vesicular and non-vesicular GABA release as well as GABA uptake and degradation processes are key determinants of tonic GABA<sub>A</sub> receptor currents in all brain areas and these are discussed in detail herein by Bright et al. (Chap. 6).

Like their synaptic counterparts and some other ligand-gated neurotransmitter receptors, evidence is emerging that highlights the functional modulation of eGABA<sub>A</sub>Rs by a range of metabotropic receptors and their related effector molecules. For example, in the thalamus, dentate gyrus and cerebellum, it has been shown that eGABA<sub>A</sub>Rs are postsynaptically modulated by metabotropic GABA<sub>B</sub> receptors through a mechanism involving adenylyl cyclase and cAMP-dependent kinase (protein kinase A, PKA) (Connelly et al. 2013; Tao et al. 2013). In the thalamus, in particular, modulation of eGABA<sub>A</sub>Rs by GABA<sub>B</sub> receptors appears to occur even at ambient GABA levels since application of the antagonist CGP 55845 significantly reduces gabazine-sensitive tonic currents. Indeed, as demonstrated by elegant dynamic clamp experiments in brain slices, the modulatory effects of GABA<sub>B</sub>



receptors upon eGABA<sub>A</sub>Rs have a significant effect upon excitability of thalamic neurons (Connelly et al. 2013). The activation of eGABA<sub>A</sub>Rs is highly sensitive to the extracellular GABA concentration which in turn is determined by activity-dependent release and reuptake (Rossi and Hamann 1998). Although not a direct postsynaptic effect on the magnitude of neuronal tonic currents, as described previously, presynaptic modulation of GABA release via metabotropic receptors also plays an important role in dynamically regulating tonic GABA inhibition in some brain regions (Errington et al. 2011). In Chap. 7, Di Giovanni et al. cover the most recent data demonstrating direct and indirect modulation of eGABA<sub>A</sub>Rs and their function by metabotropic receptors such as GABA<sub>B</sub>, serotonin, dopamine, noradrenalin and metabotropic glutamate receptors.

Despite these advances in understanding of the cellular distribution, regulation and pharmacology of eGABA<sub>A</sub>Rs, our knowledge of the physiological roles of these receptors remains limited, a factor that should continue to stimulate research in this area for many years to come. However, we know that these receptors do have important physiological roles in several brain regions. For example, in TC neurons, it is thought that eGABA<sub>A</sub>Rs can regulate action potential firing probability (Cope et al. 2005; Connelly et al. 2013), help to determine firing mode and modulate the temporal precision of burst firing (Bright et al. 2007). In addition, eGABA<sub>A</sub>Rs have been demonstrated to have potentially important roles in cognitive processes such as the control of hippocampal gamma oscillations (Mann and Mody 2010) and in neuronal computational processes. In hippocampal CA1 pyramidal cells eGABA<sub>A</sub>Rs mediate outwardly rectifying tonic GABA currents that have the effect of shifting the offset of the neuronal input–output curve without changing the gain, a process which is thought to stabilise information encoding in the hippocampus in response to dynamically changing input levels (Pavlov et al. 2009). Expression of eGABA<sub>A</sub>Rs is not restricted only to the brain and eGABA<sub>A</sub>Rs and tonic GABA inhibition has also been found in the spinal cord. A role for GABA in the spinal cord has been known since the late 1950s and early 1960s where the work of Curtis, Eccles and colleagues demonstrated the depression of excitatory potentials in motor neurons in response to GABA release from local interneurons onto GABA<sub>A</sub>Rs on primary afferent terminals (Curtis et al. 1959; Curtis 1969; Eccles et al. 1963). Subsequently, *in situ* hybridization, reverse transcriptase-polymerase chain reaction (RT-PCR) and immunohistochemistry have been used to detect the presence of numerous GABA<sub>A</sub> receptors subunits in the spinal cord including  $\alpha$ ,  $\beta$ ,  $\gamma$ ,  $\theta$  and  $\epsilon$  types. Moreover, it has now been demonstrated in several spinal cord neuron types that these subunits form receptors that can mediate tonic GABA currents. In Chap. 8, Loeza-Alcocer et al. describe in detail the expression of GABA<sub>A</sub>Rs in spinal cord and the evidence for the presence of tonic GABAergic signalling, and explore potential roles for these receptors in spinal physiology including their putative role in pain responses and motor control.

In the final part of this book, the role of eGABA<sub>A</sub>Rs and tonic GABAergic inhibition in a range of pathological conditions including epilepsy, anxiety, stroke and neurodevelopmental disorders are covered. Changes in eGABA<sub>A</sub>Rs expression and



function have been observed in many of these conditions and these are discussed in detail herein as well as the potential exploitation of eGABA<sub>A</sub>Rs signalling for therapeutic purposes.

Stroke is a leading cause of mortality and morbidity in the developed world and despite heavy investment in development of prophylactic (to treat those deemed high risk) and restorative (to regain function post infarct) therapeutic agents most of the currently available treatments remain unsatisfactory. In fact, there are no currently available compounds used clinically to encourage functional recovery after ischaemic damage. As a result, stroke-induced loss of sensory and motor limb function results in almost one third of surviving stroke patients being unable to return to work and becoming institutionalized (Dobkin 2004, 2008; Lai et al. 2002; Ng et al. 2007). It has been suggested that the post-infarct brain has the capacity to recover and remodel in order to regain function. Neurons in the peri-infarct region display increased plasticity allowing re-mapping of sensorimotor function. However, this plasticity is dependent upon the balance of excitatory and inhibitory neurotransmission and excessive inhibitory function can act to impair the necessary post-infarct plasticity required to achieve functional recovery. A recent study demonstrated that excessive tonic GABA<sub>A</sub>ergic inhibition is a key feature of neurons in the cortex surrounding the infarct site (peri-infarct) after induction of stroke in experimental models (Clarkson et al. 2010). The pathological increase in tonic inhibition was mediated by a reduction in expression of the GAT-3/4 GABA transporter. In the motor cortex, where the stroke was induced, eGABA<sub>A</sub>Rs largely contain  $\alpha_5$  and  $\delta$  subunits and the authors of this study showed that the  $\alpha_5$ -subunit-selective benzodiazepine inverse agonist, L655–708, not only produced a significant reduction in the tonic current amplitude in peri-infarct neurons of slices from post-stroke animals but also improved the performance of animals in an in vivo motor task (Clarkson et al. 2010). These data bring hope that eGABA<sub>A</sub>Rs may be effective targets for agents that could help facilitate plastic changes in the cortex post stroke and may be valuable in aiding recovery of sensorimotor function in patients. In Chap. 9, Clarkson and Chebib present these findings, amongst others, and discuss the potential of eGABA<sub>A</sub>Rs becoming a target of choice for drug design in stroke therapy.

Epilepsy is a term used to describe a collection of neurological conditions of widely varying aetiology, symptoms and severity. Focal epilepsy can result from a range of causes including genetic mutations, brain tumours and malformations during cortical development or acute brain trauma including head injury and stroke. The common pathophysiological hallmark of all epilepsy syndromes, the seizure, is the result of aberrant synchronous and rhythmic discharges of populations of neurons that can occur across various brain regions. For several decades, it has been considered that a major factor in many types of epilepsy is the hyperexcitability of neurons caused by a loss of GABAergic inhibition (Schwarzkroin and Prince 1977; Gutnick et al. 1982; Connors 1984). The conventional view that seizures are caused by a loss of synaptic GABA<sub>A</sub>ergic inhibition has arisen from several lines of evidence. In particular, a decrease in synaptic GABA<sub>A</sub> receptors has been observed in animal models of temporal lobe epilepsy and in vitro seizure-like activity in rodent brain slices can be induced by application of GABA<sub>A</sub> receptor antagonists such

as bicuculline. However, in recent years, this rather simplistic view of the role of GABA<sub>A</sub>R-mediated inhibition in seizure genesis and epilepsy has been reappraised, not least owing to increased understanding of eGABA<sub>A</sub>R-mediated tonic inhibition. In Chap. 10, Walker and Pavlov discuss a new theory for the role of GABA<sub>A</sub>ergic inhibition in seizure genesis in acquired focal epilepsies that emphasises the importance of a shift in the balance of phasic and tonic GABA currents. Despite the apparent loss of phasic inhibition and a reduction in GABA release, experimental evidence from animal models of status epilepticus indicates that levels of tonic GABA inhibition are maintained or increased in hippocampal CA1 pyramidal neurons, stratum radiatum interneurons and dentate gyrus granule cells (Scimemi et al. 2005; Naylor et al. 2005; Zhang et al. 2007; Goodkin et al. 2008; Zhan and Nadler 2009; Rajasekaran et al. 2010; Pavlov et al. 2011). Walker and colleagues have proposed that the shift in GABA<sub>A</sub> inhibition from phasic to tonic results in neuronal networks that become inherently more unstable and that these networks have smaller operating windows in which inhibition can adequately compensate for significant changes in cellular excitation (Pavlov and Walker 2012). Loss of phasic inhibition could have a significant effect upon the gain of the neuronal input–output relationship and result in even small changes in excitability causing a large number of neurons to fire and recurrent hyperexcitability. Whilst a concurrent increase in eGABA<sub>A</sub>R-mediated tonic inhibition may help to reduce these effects by shifting the offset of the input–output function, the inability of tonic inhibition to affect the gain (Pavlov et al. 2009) means it will be unable to prevent the transition to a seizure state once threshold is reached. It is thought that this might explain one of the common, yet paradoxical, observations that animals or patients suffering from severe epileptic seizures are able to spend the majority of their time seizure free.

Typical absence epilepsy is characterised by the regular occurrence of non-convulsive seizures that result in periods of sudden and brief (average  $\approx 10$  s, range  $\approx 4$ –40 s) loss of consciousness. In the electroencephalogram (EEG), human absence seizures are typified by the appearance of generalized, synchronous and bilateral ‘spike (or polyspike) and slow wave discharges’ (SWD) occurring at frequencies between 2.5 and 4 Hz (Avoli et al. 2001; Crunelli and Leresche 2002). Although typical absence seizures are significant clinical features of many generalized idiopathic epilepsies (IGEs), as defined by the classification of the International League Against Epilepsy (ILAE; ILAE 1989), they are the only neurological symptom presented in childhood absence epilepsy (CAE). In this pure absence epilepsy phenotype, there is a consensus, based upon older invasive studies and more recent imaging investigations, that seizure genesis and propagation occurs as a result of aberrant electrical activity in reciprocally connected thalamic and cortical regions (i.e. TC circuits) without significant involvement of other brain areas including hippocampus and limbic regions which are often associated with convulsive seizures (Holmes et al. 2004; Hamandi et al. 2006; Westmijse et al. 2009; Bai et al. 2010; Szaflarski et al. 2010). Recent work has demonstrated a pivotal role for eGABA<sub>A</sub>Rs in TC neurons in the expression of spike-and-wave discharges in a number of genetic animal models of absence seizures as well as in the classical pharmacological model using GHB (Cope

et al. 2009). These new findings show that the generation and propagation of spike-and-wave discharges appear to be dependent upon a pathological increase in tonic GABA inhibition in TC neurons that results from reduced GABA uptake by GAT-1, which in thalamus is exclusively expressed by astrocytes (De Biasi et al. 1998). Whether this change in tonic inhibition in the thalamus produces hyper-synchronous firing or reduced TC neuron activity (and impaired relay of sensory information) remains to be seen. It is clear, however, animals missing  $\delta$ -subunit-containing eGABA<sub>A</sub>Rs are resistant to the induction of spike-and-wave discharges by THIP or GHB which highlights the importance of these receptors in this form of epilepsy (Cope et al. 2009). In Chap. 11, we summarise these data in detail.

GABA<sub>A</sub> receptors have long been known to play a significant role in stress and anxiety disorders. In fact, benzodiazepines that act at  $\gamma$ -subunit-containing synaptic GABA<sub>A</sub> receptors are commonly used clinically as anxiolytics despite having poor side-effect profiles. It is now becoming increasingly clear that eGABA<sub>A</sub>Rs also play an important part in stress and anxiety through their ability to influence and control the hypothalamic–pituitary–adrenal (HPA) axis which mediates the body’s physiological stress response. This is due to the fact that most of the key hypothalamic neurons that comprise the HPA receive powerful GABAergic inhibition (50% of synapses in hypothalamus are thought to be GABAergic) from a number of important brain regions including the hippocampus, prefrontal cortex, bed nucleus of the stria terminalis (BNST) and amygdala. For example, parvocellular secretory neurons of the hypothalamus release corticotrophin-releasing hormone (CRH) to regulate the output of the HPA axis and are themselves, in turn, influenced by robust GABAergic inhibition as a result of dense GABAergic inhibition (Miklos and Kovacs 2002). Evidence exists that the majority of CRH neurons express both the  $\alpha_5$  and  $\delta$  eGABA<sub>A</sub>Rs on their cell bodies (Pirker et al. 2000), and despite a lack of functional evidence this strongly indicates that these neurons are regulated by not only phasic but also tonic GABA<sub>A</sub> inhibition. In Chap. 12, Maguire discusses in detail the anatomy and physiology of the HPA, the expression and function of GABA receptors in its key neurons and the role that they play in stress and anxiety.

As well as playing potentially significant roles in the pathology of stroke, convulsive and non-convulsive epilepsies, stress and anxiety, growing evidence also suggests that eGABA<sub>A</sub>Rs dysfunction may contribute to the cellular hyperexcitability underlying some neurodevelopmental disorders. In Chap. 13, Martin and Huntsman discuss the potential role of aberrant tonic GABAergic signalling in the neurodevelopmental disorder Fragile X Syndrome (FXS). This disorder, which results from the expansion of an unstable CGG trinucleotide repeat in the regulatory region of the *Fmr1* gene located in the X-chromosome, is a major cause of genetic intellectual disability and one of the leading causes of autism (Hagerman et al. 2009; Belmonte and Bourgeron 2006). Furthermore, FXS is also linked with other disorders including epilepsy and anxiety in which disrupted tonic GABA<sub>A</sub> inhibition or eGABA<sub>A</sub>Rs function have been described. The genetic silencing of the *Fmr1* gene results in the absence of a protein, named Fragile X Mental Retardation Protein (FMRP), which is broadly expressed in GABAergic interneurons and

thought to play a role in normal interneuron development and function. As a result of the loss of FMRP, interneuron development is impaired and in particular the presynaptic machinery required for GABA release is affected. This has the effect of modifying not only phasic GABA<sub>A</sub>-mediated inhibition but also producing a reduction on tonic GABA signalling as the result of chronic lowering of the GABA concentration in the extracellular space.

Thus, tonic GABAergic inhibition and eGABA<sub>A</sub>Rs are now known to play a pivotal role in physiological and pathophysiological process throughout several brain regions. The distinct subunit composition of eGABA<sub>A</sub>Rs gives them unique biophysical properties and pharmacological profiles that make them attractive novel targets in the treatment of a range of diseases. We hope that this book provides an insightful summary of the currently available data regarding eGABA<sub>A</sub>Rs and tonic GABA inhibition for academics and students alike and that this might stimulate future research in this area, revealing new and exciting roles for these receptors.

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# Chapter 2

## Extrasynaptic GABA<sub>A</sub> Receptors: Subunit Composition, Distribution, and Regulation

Jean-Marc Fritschy and Patrizia Panzanelli

**Abstract** Among the multiple GABA<sub>A</sub> receptor (GABA<sub>A</sub>R) subtypes that are assembled from the 18 subunits encoded in the mammalian genome, several of them, notably those containing the subunits  $\alpha 4$ ,  $\alpha 5$ ,  $\alpha 6$ , and  $\delta$  are preferentially located outside of the postsynaptic density and are activated tonically by GABA. Owing to their subunit composition, these extrasynaptic GABA<sub>A</sub>R have specific functional properties and pharmacological profiles that distinguish them from “post-synaptic” receptors. In this chapter, we summarize anatomical, developmental, and cell biological evidence that extrasynaptic GABA<sub>A</sub>R represent a specialized subset of GABA<sub>A</sub>R with specific functional roles and regulation mechanisms. Anatomically, the regional and cellular distribution of the subunits forming extrasynaptic GABA<sub>A</sub>R explains their enrichment in cerebellum, thalamus, hippocampus, dentate gyrus, striatum, olfactory bulb, and possibly spinal cord. Little is known about the ontogeny of these receptors during central nervous system (CNS) development and neurogenesis, but it is likely that extrasynaptic receptors on progenitor cells and differentiating neurons differ from their adult counterparts, notably owing to late onset of  $\alpha 6$  and  $\delta$  subunit expression. On the cell biological level, the extrasynaptic localization of receptors containing the  $\alpha 4$ ,  $\alpha 5$ , and  $\delta$  subunits depends on structural motifs that either prevent interaction with the postsynaptic scaffolding molecule gephyrin or allow interaction with radixin, a member of the ezrin/radixin/moesin family of actin-interacting proteins. Importantly, there is evidence indicating that regulation of GABA<sub>A</sub>R trafficking and cell-surface expression, mediated in part by protein phosphorylation mechanisms, allows for rapid changes in the ratio of extrasynaptic/postsynaptic receptors upon physiological and pathophysiological stimuli. A better understanding of the subcellular localization and regulation of extrasynaptic GABA<sub>A</sub>R will be required to unravel their multiple contributions to the control of neuronal network activity and behavior.

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J.-M. Fritschy (✉)  
Institute of Pharmacology and Toxicology, University of Zurich,  
Winterthurerstrasse 190, 8057 Zürich, Switzerland  
e-mail: fritschy@pharma.uzh.ch

P. Panzanelli  
Department of Neuroscience Rita Levi Montalcini,  
University of Turin, 10126 Turin, Italy

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## 2.1 Introduction

Extrasynaptic GABA<sub>A</sub>R mediate tonic inhibition upon activation by GABA spillover from synaptic sites as well as by ambient GABA in the extracellular space (Farrant and Nusser 2005; Glykys and Mody 2007; Brickley and Mody 2012). They regulate network excitability and synaptic plasticity, and are selectively modulated by neurosteroids and hypnotic/sedative drugs, such as 4,5,6,7-tetrahydroisoxazolo(5,4-c)pyridin-3-ol (THIP) and ethanol, as well as by several GABA super-agonists (Caraiscos et al. 2004a; Belelli and Lambert 2005; Belelli et al. 2005; Hosie et al. 2006; Mortensen et al. 2010). Although defined by their localization outside synaptic sites, extrasynaptic GABA<sub>A</sub>R are identified by their subunit composition (and hence functional and pharmacological properties) and are subject to multiple regulation mechanisms allowing for rapid changes in tonic inhibition of neurons upon activation by physiological and pathophysiological stimuli (Brickley and Mody 2012).

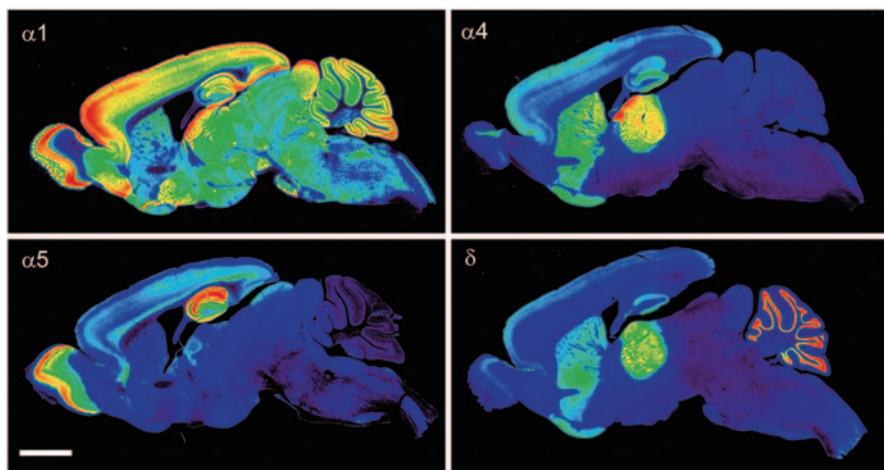
Although considerable attention has been given to extrasynaptic GABA<sub>A</sub>R containing the  $\alpha 4/\delta$  subunits in the thalamus, striatum, and dentate gyrus, as well as  $\alpha 5$  subunit in the hippocampus and  $\alpha 6$  subunit in the cerebellum, there are still numerous aspects of their function, regulation, and physiological relevance remaining to be uncovered. Furthermore, the role of extrasynaptic GABA<sub>A</sub>R in the rest of the brain, as well as their developmental regulation during ontogeny and adult neurogenesis, remain largely undefined. Likewise, little is known about their specific cellular and subcellular distribution, and about the molecular mechanisms underlying their regulation and intracellular trafficking. The aim of this chapter is to provide an overview of the anatomical features and regulation of extrasynaptic GABA<sub>A</sub>R in the mammalian central nervous system (CNS).

## 2.2 Subunit Composition, Regional and Cellular Distribution of Extrasynaptic GABA<sub>A</sub>R

Among the 18 GABA<sub>A</sub>R subunits encoded in the mammalian genome (Barnard et al. 1998), the  $\alpha 4$ ,  $\alpha 5$ , and  $\alpha 6$  subunits are generally considered to be assembled in receptor complexes localized extrasynaptically, along with a  $\beta$  subunit variant (often  $\beta 2$ ) and either the  $\delta$  or the  $\gamma 2$  subunit. Almost nothing is known about the  $\pi$  and  $\tau$  subunits, whereas the occurrence and distribution of the  $\rho 1-3$  subunits, which form the so-called GABA<sub>C</sub> receptors, are only poorly characterized in the brain and spinal cord (Schlicker et al. 2009) and have not been well studied in relation to post- and extrasynaptic sites. In the retina,  $\rho 1$  and  $\rho 2$  subunits have been reported to be localized postsynaptically (Enz et al. 1996), although there is functional evidence for GABA<sub>C</sub> receptor-mediated tonic inhibition (Jones and Palmer 2009).

The  $\alpha 1$ ,  $\alpha 2$ , and  $\alpha 3$  subunits along with  $\beta 1-3$  and  $\gamma 2$  form receptors that are for the most part postsynaptically localized (Sassoè-Pognetto et al. 2000), where they mediate phasic responses in response to vesicular GABA release, and therefore mediate most of the synaptic actions of GABA in the CNS. As discussed below, a fraction of these receptors might be localized extrasynaptically, for instance, due to their lateral diffusion in the membrane. Furthermore, a differential subcellular distribution of these receptors has been reported among various neuron subtypes, with the occurrence of extrasynaptic  $\alpha 3$ -GABA<sub>A</sub>R, for example, in the amygdala and inferior olivary nucleus (Devor et al. 2001; Marowsky et al. 2012), and extrasynaptic  $\alpha 1$ -GABA<sub>A</sub>R in a subset of cortical interneurons (Glykys et al. 2007; Schneider Gasser et al. 2007). In fact, the  $\alpha 1$  subunit is rather promiscuous and contributes to a large variety of GABA<sub>A</sub>R subtypes, along with the  $\alpha 3$ ,  $\alpha 5$ ,  $\alpha 6$ , and  $\delta$  subunits, in particular. In the latter case, the corresponding receptors are composed of the subunits  $\alpha 1/\beta 2/\delta$  and they mediate tonic inhibition in cortical interneurons (Glykys et al. 2007). Additional extrasynaptic  $\alpha 1/\delta$ -GABA<sub>A</sub>R are formed in cerebellar granule cells, typically along with the  $\alpha 6$  subunit (Jones et al. 1997). Studies of recombinant receptors containing the  $\delta$  subunit unexpectedly revealed that its position within the pentameric complex is variable, being located either between  $\alpha$  and  $\beta$  subunits or between two  $\alpha$  subunits (Kaur et al. 2009). This finding stands in contrast to receptors containing the  $\gamma 2$  subunit, where its location next to an  $\alpha$  subunit contributes to form the benzodiazepine-binding site (Gunther et al. 1995; Balic et al. 2009).

On the regional level, the distribution of the  $\alpha 4$ ,  $\alpha 5$ ,  $\alpha 6$ , and  $\delta$  subunits in the rodent brain has been described in detail in numerous original publications (Fritschy and Mohler 1995; Pirker et al. 2000; Schwarzer et al. 2001), and verified with the corresponding knockout mice (Homanics et al. 1997a; Peng et al. 2002; Caraiscos et al. 2004b; Chandra et al. 2006). Each of them has a unique distribution pattern, ranging from being restricted to a single cell type (mature cerebellar and cochlear granule cells for the  $\alpha 6$  subunit; Baude et al. 1992; Gutierrez et al. 1996) to being predominant in the forebrain ( $\alpha 4$ ) or widely distributed across the entire neuraxis ( $\alpha 5$ ). There is considerable overlap between  $\alpha 4$  and  $\delta$ , notably in the thalamus, striatum, and dentate gyrus (Benke et al. 1997; Sur et al. 1999; Peng et al. 2002; Sun et al. 2004), and also between  $\alpha 5$  and  $\delta$  (striatum, olfactory bulb; Fritschy and Mohler 1995; Ade et al. 2008). Taken together, these four subunits as well as  $\alpha 1$  account for the multiple distinct GABA<sub>A</sub>R subtypes having in common their extrasynaptic localization. The most prevalent of these receptors include  $\alpha 1/\alpha 6$  and  $\alpha 1/\alpha 6/\delta$  in the granule cell layer of the cerebellum (Bahn et al. 1996; Nusser et al. 1996a);  $\alpha 4/\delta$  in the thalamus, striatum, and hippocampal formation (Sun et al. 2004; Jia et al. 2005; Mann and Mody 2010);  $\alpha 1/\alpha 5$  or  $\alpha 5$  only in the hippocampal formation (Crestani et al. 2002; Prenosil et al. 2006; Bonin et al. 2007; Glykys et al. 2008; Balic et al. 2009), deep cortical layers, olfactory bulb, and most of the brainstem and spinal cord (Serwanski et al. 2006); and  $\alpha 1$ ,  $\alpha 3$  and  $\alpha 5/\delta$  in the striatum (Luscher et al. 1997; Santhakumar et al. 2010), olfactory bulb (Fritschy and Mohler 1995), and amygdala (Marowsky et al. 2004). Overall, these features can be appreciated best from the comparison of the regional distribution patterns of the  $\alpha 1$ ,  $\alpha 4$ ,  $\alpha 5$ , and



**Fig. 2.1** Comparative regional distribution of four subunits ( $\alpha 1$ ,  $\alpha 4$ ,  $\alpha 5$ ,  $\delta$ ) contributing to predominant extrasynaptic GABA<sub>A</sub>R subtypes in the brain of adult mice, displayed in false-color images of immunoperoxidase-stained parasagittal sections. Warm colors (*red, orange*) represent high relative staining intensity; cold colors (*violet, blue*) represent low staining intensity. Scale bar, 2 mm. (The materials illustrated are taken from Zheng et al. 2009)

$\delta$  subunits (Fig. 2.1). In the spinal cord, the  $\alpha 4$  and  $\delta$  subunits are virtually absent (Paul et al. 2012); evidence for the presence of extrasynaptic GABA<sub>A</sub>R is mainly indirect and derived from pharmacological enhancement of GABAergic transmission by benzodiazepines and neurosteroids in the dorsal horn (Mitchell et al. 2007; Muller et al. 2008; Maeda et al. 2010; Nishikawa et al. 2011), which suggest that extrasynaptic GABA<sub>A</sub>R might contribute to the hypnotic and analgesic actions of these drugs, respectively. However, their subunit composition and cellular distribution are not fully determined, although the  $\alpha 2$  and  $\alpha 3$  subunits are most abundant in the substantia gelatinosa and the  $\alpha 5$  subunit in Rexed laminae III and IV (Bohlhalter et al. 1996; Paul et al. 2012).

Note that all extrasynaptic GABA<sub>A</sub>R also contain at least one  $\beta$  subunit variant, which has not been identified in most cases, except for  $\alpha 4/\beta 2/\delta$  GABA<sub>A</sub>R in the dentate gyrus (Herd et al. 2008) and presumably the thalamus. The presence of a  $\delta$  or  $\gamma$  subunit in extrasynaptic receptors is not mandatory; for instance, receptors assembled by  $\alpha/\beta$  subunits only, which are highly sensitive to Zn<sup>2+</sup> and form low conductance channels, have been characterized in hippocampal neurons (Mortensen and Smart 2006). Almost nothing is known about extrasynaptic GABA<sub>A</sub>R in the human brain, as the distribution of the  $\alpha 4$ ,  $\alpha 5$ , and  $\delta$  subunit proteins have not been mapped so far, to our knowledge.

It is generally considered that for GABA<sub>A</sub>R to mediate phasic inhibition upon vesicular GABA release, they have to be concentrated in the postsynaptic density (PSD) by means of interactions with scaffolding proteins, in particular gephyrin, the main scaffolding protein of GABAergic and glycinergic synapses (Fritschy et al. 2008). It should be noted, however, that such receptors can diffuse laterally

in the plasma membrane and participate in a constitutive cycle of externalization and endocytosis (Thomas et al. 2005; Bannai et al. 2009; Mukherjee et al. 2011), thereby blurring the distinction between postsynaptic and extrasynaptic receptors based solely on subcellular localization. However, the contribution of such receptors to tonic inhibition is not known, and their definition as “postsynaptic” receptors mainly reflects their ability to interact with specific proteins of the GABAergic PSD and to aggregate postsynaptically (Sassoè-Pognetto et al. 2000; Fritschy et al. 2012). There is considerable evidence that these properties are imparted to a large degree by a  $\gamma$  subunit variant (notably  $\gamma 2$  or  $\gamma 3$ ) in the pentameric complex (Gunther et al. 1995; Baer et al. 1999; Schweizer et al. 2003), although the presence of these subunits does not necessarily imply that the receptor is aggregated postsynaptically. It is even likely that a majority of  $\gamma 2$  subunit-containing receptors are located extrasynaptically in most neurons, along with  $\alpha 1$ ,  $\alpha 3$ , and  $\alpha 5$  subunits. Recent work also revealed that the various  $\alpha$  subunit variants contain sequence motifs determining the extra- or postsynaptic localization of the pentameric complex (Wu et al. 2012), as well as their binding affinity to gephyrin (Tretter et al. 2008, 2011; Mukherjee et al. 2011).

In light microscopy studies, the localization at pre- and postsynaptic sites can only be inferred from immunostaining of proteins known to be restricted to these compartments. For GABAergic synapses, and hence for assessing “postsynaptic” GABA<sub>A</sub>R, markers of choice include the vesicular GABA transporter (VGAT) or glutamic acid decarboxylase (GAD) for presynaptic terminals, and gephyrin or neuroligin-2 (NL2) for postsynaptic sites. Both of these proteins appear to be selectively clustered within the PSD of GABAergic synapses (and glycinergic synapses in the case of gephyrin), as confirmed ultrastructurally (Sassoè-Pognetto et al. 2000). Therefore, apposition between GABA<sub>A</sub>R subunit immunofluorescence staining and VGAT-positive terminals, as well as colocalization between GABA<sub>A</sub>R subunit staining and gephyrin or NL2, is typically taken as an evidence for a postsynaptic localization (Brünig et al. 2002b; Panzanelli et al. 2011; Fritschy et al. 2012). While confocal microscopy analysis allows distinguishing between apposition and colocalization, such results need to be interpreted with caution, as the size of synapses is below the resolution of this technique. Furthermore, there is no proof that gephyrin is present at every GABAergic synapse, and consequently, the absence of colocalization between a GABA<sub>A</sub>R subunit and gephyrin is only indicative of a possible extrasynaptic localization (Panzanelli et al. 2004; Lagier et al. 2007). Nevertheless, the validity of these approaches by light microscopy has been confirmed in studies using targeted deletion of GABA<sub>A</sub>R subunits (Kralic et al. 2006; Pallotto et al. 2012).

Beyond the dichotomy postsynaptic–extrasynaptic GABA<sub>A</sub>R, based on their localization relative to the PSD and on their role in mediating phasic and tonic GABAergic currents, there also are GABA<sub>A</sub>R located on axons and presynaptic terminals (Grasshoff et al. 2007; Trigo et al. 2008; Long et al. 2009; Paul et al. 2012). Those on the axon initial segment, typically clustered in rows of prominent synapses innervated by axo-axonic interneurons, can be considered *bona fide* “postsynaptic receptors” (Nusser et al. 1996b; Fritschy et al. 1998), whereas those on distal axons and terminals, often undetectable by immunohistochemistry, would

be classified as extrasynaptic, although their roles presumably include control of action potential transmission, constraining plasticity, neuronal synchronization, regulation of transmitter release, and mediation of presynaptic afferent depolarization. However, because they are largely undetectable morphologically, their subunit composition is unknown. We have recently characterized a population of GABA<sub>A</sub>R on primary afferent terminals in the spinal cord that fulfill the criteria for “post-synaptic receptors,” i.e., apposition to a GABAergic terminal immunopositive for VGAT and colocalization with gephyrin clusters (Paul et al. 2012). These examples illustrate the functional heterogeneity of GABA<sub>A</sub>R and the importance of precisely establishing their subcellular localization to decipher their contribution to the regulation of neuronal activity.

Extrasynaptic GABA<sub>A</sub>R containing the  $\delta$  subunit are the targets of neurosteroids (Mihalek et al. 1999; Porcello et al. 2003; Herd et al. 2007; Smith et al. 2007) and can be activated by low concentrations of drugs acting as super-agonists at the GABA-binding sites, as well as taurine and  $\gamma$ -hydroxybutyrate (Jia et al. 2008; Halonen et al. 2009; Herd et al. 2009; Wafford et al. 2009; Absalom et al. 2014). Therefore, they can be identified pharmacologically and/or their distribution mapped by autoradiography (Halonen et al. 2009; Absalom et al. 2014). However, since such autoradiographic maps do not match exactly the distribution of any of the 18 GABA<sub>A</sub>R subunits, it is generally assumed that a combination of several subunits defines pharmacologically distinct GABA<sub>A</sub>R. In addition, extrasynaptic GABA<sub>A</sub>R containing the  $\alpha 4$  and  $\alpha 6$  subunits are insensitive to the classical benzodiazepine-binding-site ligands, such as diazepam, but have a high affinity for the inverse agonist Ro-154513. These properties are imparted by the presence of an arginine residue at the canonical position 101 (of the  $\alpha 1$  subunit) instead of a histidine found in subunits forming diazepam-sensitive GABA<sub>A</sub>R (Wieland et al. 1992; Benson et al. 1998). This pharmacological profile again provides the means for autoradiographic mapping of diazepam-insensitive GABA<sub>A</sub>R. Such maps readily demonstrate that the highest concentration of these receptors, which correspond to a major subset of extrasynaptic GABA<sub>A</sub>R, is found in the cerebellar granule cell layer, followed by the dentate gyrus, thalamus, and rest of the brain (Rudolph et al. 1999). While such comparisons of the relative abundance of GABA<sub>A</sub>R subunits are not possible from immunohistochemical staining (where differential affinity of antibodies for their target preclude direct quantitative comparisons; see Fig. 2.1), these data are in line with estimates of the relative abundance of subunit proteins determined by immunoprecipitation and Western blotting (Benke et al. 1991, 1997; Sieghart and Sperk 2002). Taken together, the abundance of extrasynaptic GABA<sub>A</sub>R with an atypical pharmacological profile is low compared to the total number of GABA<sub>A</sub>Rs in the CNS. However, because the tonic conductance they mediate represents most of the current charge transferred by GABA<sub>A</sub>R, their functional relevance cannot be overstated (Glykys and Mody 2007; Brickley and Mody 2012).

On the cellular level, it is probably fair to say that no single neuron population expresses only extrasynaptic GABA<sub>A</sub>R. Rather, one or several GABA<sub>A</sub>R subtypes mediating phasic inhibition are also present in any case, such as  $\alpha 1/\beta 2/\gamma 2$  receptors in the thalamic relay neurons expressing high levels of  $\alpha 4/\delta$ -GABA<sub>A</sub>R (Kralic et al.



2006; Peden et al. 2008);  $\alpha 1$ - and  $\alpha 2$ -GABA<sub>A</sub>R in the hippocampus and dentate gyrus (Panzanelli et al. 2011);  $\alpha 1$ -,  $\alpha 2$ -, and  $\alpha 3$ -GABA<sub>A</sub>R in the cerebral cortex and olfactory bulb (where  $\alpha 4$ ,  $\alpha 5$ , and  $\delta$  subunits are expressed); and  $\alpha 2$ -GABA<sub>A</sub>R in spinal cord motoneurons (also expressing  $\alpha 5$  subunit; Fritschy and Mohler 1995). Conversely, however, there are neurons, such as Purkinje cells in the cerebellum, in which no GABAergic tonic inhibition can be detected electrophysiologically, and which appear to express a single  $\alpha$  subunit variant, suggesting that they lack “extrasynaptic” GABA<sub>A</sub>R (Fritschy et al. 2006; Patrizi et al. 2008). Overall, this situation raises the issue how multiple GABA<sub>A</sub>R subtypes are assembled, segregated, and regulated in neurons. We will address these questions in Sect. 2.4 of this chapter.

### 2.3 Ultrastructural Studies of the Subcellular Distribution of Extrasynaptic GABA<sub>A</sub>R

There are only a few studies reporting the ultrastructural distribution of GABA<sub>A</sub>R subunits. In part, the underlying reason is that preembedding techniques fail to detect a majority of epitopes located at postsynaptic sites (Somogyi et al. 1989; Soltesz et al. 1990). Therefore, postembedding techniques, e.g., using Lowicryl-embedded tissue, are required for studying postsynaptic GABA<sub>A</sub>R (Baude et al. 1992; Nusser and Somogyi 1994; Somogyi et al. 1996). In this case, however, the majority of antibodies available lack sensitivity and, therefore, information is available for the  $\alpha 1$ ,  $\alpha 2$ ,  $\alpha 4$ ,  $\alpha 5$ ,  $\alpha 6$ ,  $\beta 2$ ,  $\beta 3$ ,  $\delta$ , and  $\gamma 2$  subunits only in selected brain areas (such as cerebral cortex, hippocampus, olfactory bulb, pallidum, thalamus, cerebellum, and spinal cord) (Nusser and Somogyi 1994; Nusser et al. 1995; Somogyi et al. 1996; Nusser et al. 1998, 1999; Hajos et al. 2000; Tretter et al. 2001; Wei et al. 2003; Panzanelli et al. 2004; Peng et al. 2004; Fritschy et al. 2006; Serwanski et al. 2006). Due to the low sensitivity of the method, a quantitative analysis of the fraction of postsynaptic versus extrasynaptic receptors was not readily feasible (Nusser and Somogyi 1994), and most studies focused on post- and perisynaptic receptors. These reports confirmed light microscopy analyses that  $\alpha 4$  and  $\delta$  subunits are not concentrated postsynaptically, but are located peri- and extrasynaptically under basal conditions in wild-type mice (Peng et al. 2002; Wei et al. 2003). Evidence for regulated distribution of these subunits came from the analysis of a model of temporal lobe epilepsy, in which a decrease in  $\delta$  subunit at perisynaptic sites was compensated by an increase in  $\alpha 4$  and  $\gamma 2$  subunits at these locations, at the expense of postsynaptic  $\gamma 2$  subunit localization (Peng et al. 2004).

In contrast to the  $\alpha 4$  and  $\delta$  subunits, the  $\alpha 5$  subunit, which shows no obvious colocalization with gephyrin in the hippocampal formation (Brünig et al. 2002a), has been reported to be present in a subset of GABAergic synapses by postembedding electron microscopic (EM) analysis (Serwanski et al. 2006). This result is in line with electrophysiological studies, demonstrating the existence of postsynaptic GABA<sub>A</sub>R insensitive to zolpidem (a benzodiazepine site ligand devoid of affinity for  $\alpha 5$ -GABA<sub>A</sub>R; Thomson and Jovanovic 2010) and the contribution of  $\alpha 5$ -GABA<sub>A</sub>R in the CA1 area

of the hippocampus to “slow” inhibitory postsynaptic potentials (IPSPs) (Prenosil et al. 2006; Zarnowska et al. 2009; Vargas-Caballero et al. 2010), generated by a specialized subset of interneurons (Ivy and neurogliaform cells; Armstrong et al. 2012).

More recently, immunolabeling of membrane proteins in freeze-fracture replica after sodium dodecyl sulfate (SDS) digestion provided unprecedented sensitivity for the detection of GABA<sub>A</sub>R subunits and their spatial relationships relative to postsynaptic sites (Kasugai et al. 2010). These studies revealed that while the density of immunogold labeling for the  $\alpha 1$ ,  $\alpha 2$ , and  $\beta 2,3$  subunits is much higher postsynaptically than extrasynaptically, the majority of these subunits nevertheless are located extrasynaptically in dendritic and somatic membranes of CA1 pyramidal cells. As noted above, it is not known which fraction of these extrasynaptic receptors is functionally mediating tonic inhibition.

## 2.4 Regulation of Extrasynaptic GABA<sub>A</sub>R Expression During Ontogeny and Neurogenesis

GABA<sub>A</sub>Rs are expressed at the early stages of fetal brain development by neural precursor cells and during neuronal differentiation, and have been proposed to contribute to the regulation of cell proliferation, migration, and differentiation, possibly involving Ca<sup>2+</sup>-mediated signals activated by neuronal depolarization (Loturco et al. 1995; Serafini et al. 1998a; Behar et al. 2000; Maric et al. 2001; Ben-Ari 2002). The specific contribution of any GABA<sub>A</sub>R subtypes of a defined subunit composition has not been established, and the likelihood of functional redundancy is rather high, since none of the GABA<sub>A</sub>R subunit knockouts analyzed so far ( $\alpha 1$ – $\alpha 6$ ,  $\beta 2$ ,  $\beta 3$ ,  $\delta$ ,  $\gamma 2$ ) exhibit detectable deficits in brain general architecture at birth; even  $\beta 3$ -ko mice, which have cleft palate and a severe behavioral phenotype, show no obvious brain anomaly (Homanics et al. 1997b; Ferguson et al. 2007). Likewise, the contribution of postsynaptic versus extrasynaptic GABA<sub>A</sub>R to brain developmental mechanisms or to initial formation of neuronal networks has remained elusive. However, it is well established that the subunit composition of the predominant GABA<sub>A</sub>R subtypes changes during the period of synaptogenesis, accounting in part for the distinct functional and pharmacological properties of GABA<sub>A</sub>R in neonatal and mature brain (Fritschy et al. 1994; Paysan et al. 1997; Hutcheon et al. 2000; Bosman et al. 2002; Fagiolini et al. 2004; Peden et al. 2008).

Overall, there is little information available on the developmental expression pattern of the subunits that contribute to the main extrasynaptic GABA<sub>A</sub>R of the adult brain (Paysan et al. 1997; Smith et al. 2009; Santhakumar et al. 2010), except for classical *in situ* hybridization and biochemical studies pointing to early expression of the  $\alpha 4$  and  $\alpha 5$  subunits at late fetal stages, along with the  $\alpha 3$  subunit (Laurie et al. 1992; Poulter et al. 1992; Serafini et al. 1998b). In contrast, the  $\alpha 1$  and  $\delta$  subunits appear mainly postnatally during the period of synaptogenesis (second–third postnatal week in rodents; Paysan et al. 1994; Luscher et al. 1997). Furthermore, downregulation of the  $\alpha 5$  subunit in layer 4 of the neocortex and its replacement by



the  $\alpha 1$  subunit has been shown to be dependent on the integrity of thalamocortical projection (Paysan et al. 1997). In cerebellum, the  $\alpha 6$  subunit also appears at late stages of granule cell differentiation (Varecka et al. 1994; Tia et al. 1996), along with the  $\delta$  subunit (Muller et al. 1994). Accordingly, it is undetectable in the outer granule cell layer and forms a distinct outside-in gradient in the inner granule cell layer (Mellor et al. 1998) that disappears when migration of granule cells is complete. In human neocortex, the GABAergic system develops during the second half of pregnancy and infancy (Xu et al. 2011), and the expression of GABA<sub>A</sub>R subunit genes appears to be coordinated based on their respective chromosomal localization (Fillman et al. 2010), with distinct up- and downregulation patterns suggestive of differential expression of specific GABA<sub>A</sub>R subtypes.

Adult neurogenesis, taking place in the subventricular zone of the lateral ventricles and in the subgranular zone of the dentate gyrus, offers an attractive paradigm for investigating the contribution of GABA<sub>A</sub>R, extrasynaptic and postsynaptic, to the regulation of major steps in the formation of new neurons, from proliferation to functional integration into preexisting synaptic circuits (Wang et al. 2003; Liu et al. 2005; Cuzon et al. 2006; Lledo et al. 2006; Duveau et al. 2011; Nissant and Pallotto 2011). Using full or Cre recombinase-mediated conditional deletion of specific GABA<sub>A</sub>R subunits, we have unraveled distinct contributions of extrasynaptic and postsynaptic GABA<sub>A</sub>R subtypes to these processes. Thus, neuroprogenitor cell proliferation, as measured by pulse-chasing with BrdU, is increased in  $\alpha 4$ -ko mice (Duveau et al. 2011), in line with a negative feedback function of ambient GABA in the neurogenic niche mediated by extrasynaptic GABA<sub>A</sub>R (Wang et al. 2003). Additionally, adult-born neurons in  $\alpha 4$ -ko mice failed to complete their migration into the granule cell layer and exhibited reduced dendritic growth that persisted at the completion of maturation. Electrophysiological recordings in 14–20-day-old mutant neurons revealed no bicuculline or picrotoxin-sensitive tonic currents (Duveau et al. 2011), suggesting a major role of the  $\alpha 4$  subunit for assembly of extrasynaptic GABA<sub>A</sub>R in immature adult-born neurons. Accordingly, none of these phenotypes was observed in  $\delta$ -ko mice, in line with the delayed onset of this subunit during ontogenic development. In contrast, targeted deletion of the  $\alpha 2$  subunit affected the maturation of dendrites and the formation of glutamatergic synapses at advanced stages of differentiation in both dentate gyrus and olfactory bulb granule cells (Duveau et al. 2011; Pallotto et al. 2012). In the latter, abolition of postsynaptic GABAergic currents by the *Gabra2* deletion precluded any activity-dependent morphological plasticity in adult-born granule cells (Pallotto et al. 2012), pointing to a major role of GABAergic synaptic inhibition in this process.

Taken together, these observations suggest that GABA<sub>A</sub>R expressed by neural precursor cells and differentiating neurons likely differ in subunit composition (and functional properties) compared to those emerging at the end of maturation, when synaptogenesis is already well advanced. The former presumably play a key role in regulating proliferation, migration, and early steps of neuronal differentiation, whereas the latter regulate excitability and signal integration in synaptically interconnected neurons.

## 2.5 Trafficking and Synaptic Targeting of Extrasynaptic GABA<sub>A</sub>R

Despite the promiscuity of GABA<sub>A</sub>R subtypes within individual neurons, several lines of evidence suggest that they are not functionally interchangeable and are therefore mediating specific roles at precise subcellular sites. For instance, thalamic relay neurons in the ventrobasal complex of adult mice express  $\alpha 1/\beta 2/\gamma 2$ -GABA<sub>A</sub>R at postsynaptic sites, colocalized with gephyrin, and mediate fast phasic spontaneous and evoked GABAergic currents (Peden et al. 2008). These cells also express  $\alpha 4/\beta 2/\delta$ -GABA<sub>A</sub>R that are not colocalized with gephyrin (Kralic et al. 2006), but are responsible for tonic inhibition in these cells, as shown by targeted deletion of the  $\alpha 4$  subunit (Suryanarayanan et al. 2011). In  $\alpha 1$ -ko mice, miniature GABAergic inhibitory postsynaptic currents (IPSCs) are completely abolished in mature relay cells and gephyrin postsynaptic clustering is disrupted, with gephyrin forming large intracellular aggregates at nonsynaptic sites (Kralic et al. 2006; Peden et al. 2008). Tonic inhibition is enhanced, pointing to compensatory adaptations, but staining for the  $\alpha 4$  subunit revealed no association with gephyrin and no enrichment at postsynaptic sites. These observations suggest that interaction with gephyrin or other proteins of the GABAergic PSD is a prerequisite for postsynaptic clustering of GABA<sub>A</sub>R, which is lacking in  $\alpha 4/\beta 2/\delta$ -GABA<sub>A</sub>R in these neurons. In turn, gephyrin also appears to depend on such interactions for being able to form a postsynaptic cluster in GABAergic synapses. While the underlying molecular mechanisms are not yet clarified, these interactions likely involve neuroligins and collybistin, a guanine nucleotide exchange factor belonging to the Dbl family and selectively activating cdc-42 (Poulopoulos et al. 2009; Fritschy et al. 2012).

In neurons, such as the hippocampal pyramidal cells, where  $\alpha 5$ -GABA<sub>A</sub>R mediate tonic inhibition, postsynaptic receptors are assembled by the  $\alpha 1$  and/or  $\alpha 2$  subunits (Panzanelli et al. 2011). There again, targeted deletion of the  $\alpha 2$ -subunit partially disrupts gephyrin clustering, notably on the soma and proximal dendrites of principal cells, and is not compensated for by an increased formation of postsynaptic  $\alpha 5$ -GABA<sub>A</sub>R, despite a compensatory increase in  $\alpha 5$ -subunit-immunoreactivity in these cells (Panzanelli et al. 2011). This observation underscores the complex regulation of GABA<sub>A</sub>R subtypes, suggesting rules for synapse-specific targeting, in view of the fact that a subset of  $\alpha 5$ -GABA<sub>A</sub>R are postsynaptic in hippocampal pyramidal cells. The factors underlying this specificity in various types of synapses are not yet identified.

However, cell-surface expression and function of extrasynaptic GABA<sub>A</sub>R is known to be regulated in a subtype-specific manner by phosphorylation-dependent mechanisms (Harney et al. 2003; Abramian et al. 2010). In particular,  $\alpha 5$ -GABA<sub>A</sub>R selectively interact with activated radixin (Loebrich et al. 2006), a member of the ezrin–radixin–moesin family, known to link the actin cytoskeleton and plasma membrane proteins and/or to act as signal transducers in cellular responses involving cytoskeletal remodeling. Additional mechanisms for stabilization of GABA<sub>A</sub>R at extrasynaptic sites might involve direct interaction with other transmembrane receptors,

as reported in the spinal cord, where cell-surface dynamics of GABA<sub>A</sub>R are modulated via direct interactions with purinergic P2X<sub>2</sub> receptors (Shrivastava et al. 2011). These examples, and notably the need for phosphorylation-dependent activation of radixin for binding to the  $\alpha 5$  subunit, underscore the fact that plasma membrane localization of extrasynaptic GABA<sub>A</sub>R is likely a tightly regulated process.

Overall, it will be of major importance to unravel the mechanisms underlying regulation and synaptic targeting of post- and extrasynaptic GABA<sub>A</sub>R, notably in view of the fact that ethanol, neurosteroids and stress hormones cause profound changes in the balance between phasic and tonic inhibition by altering GABA<sub>A</sub>R trafficking and cell-surface expression (Maguire and Mody 2008; Gunn et al. 2011; Hines et al. 2012; Suryanarayanan et al. 2011). Therefore, abnormal regulation of extrasynaptic GABA<sub>A</sub>R function or trafficking might either contribute to the symptoms of pathophysiological states in which neurosteroids and stress hormones are implicated, or occur upstream of these pathological states and therefore represent an attractive target for disease-modifying therapy.

## Conclusions

This brief overview highlights how most of the knowledge available to date on extrasynaptic GABA<sub>A</sub>R is derived from pharmacological and functional studies, whereas much remains to be done to elucidate their precise cellular and subcellular localization, their contribution to CNS development, and the mechanisms underlying their regulation under physiological and pathophysiological conditions.

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# Chapter 3

## Biophysical Properties of Recombinant $\gamma 2$ - and $\delta$ -subunit Containing GABA<sub>A</sub> Receptors

Robert L. Macdonald and Emmanuel J. Botzolakis

**Abstract** GABA<sub>A</sub> receptors mediate the majority of GABAergic signaling in the mammalian brain and are thus primarily responsible for maintaining inhibitory tone. GABA<sub>A</sub> receptors mediate two modes of inhibitory neurotransmission, phasic synaptic inhibition and tonic extra- or perisynaptic inhibition. Phasic inhibition is mediated primarily by activation of subsynaptic  $\alpha\beta\gamma 2$  receptors, whereas tonic inhibition is mediated primarily by extrasynaptic or perisynaptic  $\alpha\beta\delta$  GABA<sub>A</sub> receptors. The biophysical properties of  $\gamma 2$  and  $\delta$  subunit-containing receptors are complex yet quite different, consistent with the unique demands of phasic and tonic inhibitory systems. Mutations in GABA<sub>A</sub> receptor genes (*GABRs*) have been associated with genetic epilepsies in humans. However, genetic epilepsies are more commonly associated with  $\gamma$ -aminobutyric acid-A receptor  $\gamma 2$  (*GABRG2*) mutations than  $\gamma$ -aminobutyric acid-A receptor  $\delta$  (*GABRD*) mutations, suggesting considerable differences in the role of  $\alpha\beta\gamma 2$  and  $\alpha\beta\delta$  receptors in regulating thalamocortical excitability.

**Keywords** GABA<sub>A</sub> receptors · Kinetic properties · Phasic inhibition · Tonic inhibition · *GABRG2* · *GABRD*

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R. L. Macdonald (✉)  
Department of Neurology, Vanderbilt University Medical Center,  
1211 Medical Center Dr, Nashville, TN 37212, USA  
e-mail: Robert.macdonald@vanderbilt.edu

Department of Molecular Physiology and Biophysics, Vanderbilt University  
Medical Center, 1211 Medical Center Dr, Nashville, TN 37212, USA

Department of Pharmacology, Vanderbilt University Medical Center,  
1211 Medical Center Dr, Nashville, TN 37212, USA

E. J. Botzolakis  
Department of Radiology, Hospital of the University of Pennsylvania,  
3400 Spruce Street, Philadelphia, PA 19104, USA

### 3.1 GABA<sub>A</sub> Receptor Subunit Families, Subtypes, and Splice Variants

Like other members of the Cys-loop superfamily of ligand-gated ion channels (LGICs), which includes the nicotinic acetylcholine receptor (nAChR; Noda et al. 1983), the 5-hydroxytryptamine type 3 (5-HT<sub>3</sub>) serotonin receptor (Maricq et al. 1991), the zinc-activated channel (ZAC; Davies et al. 2003), and the glycine receptor (Langosch et al. 1988),  $\gamma$ -aminobutyric acid type A (GABA<sub>A</sub>) receptors are heteropentameric and are assembled from a large panel of homologous subunits (Schofield et al. 1987; Mamalaki et al. 1989; Nayeem et al. 1994; Knight et al. 1998; Barrera et al. 2008a, b). There are eight subunit families ( $\alpha$ ,  $\beta$ ,  $\gamma$ ,  $\delta$ ,  $\epsilon$ ,  $\theta$ ,  $\pi$ , and  $\rho$ ), thus providing enormous potential for receptor heterogeneity. Several of these subunit families are composed of multiple subtypes ( $\alpha$ 1–6,  $\beta$ 1–3,  $\gamma$ 1–3,  $\rho$ 1–3), splice variants (e.g.,  $\beta$ 2S and  $\beta$ 2L;  $\beta$ 3-v1 and  $\beta$ 3-v2;  $\gamma$ 2S and  $\gamma$ 2L), and alternatively edited transcripts (e.g.,  $\alpha$ 3I and  $\alpha$ 3M), further increasing the potential for heterogeneity (Schofield et al. 1987; Levitan et al. 1988; Pritchett et al. 1989; Shivers et al. 1989; Ymer et al. 1989a, b; Whiting et al. 1990; Herb et al. 1992; Kirkness and Fraser 1993; Davies et al. 1997; Hedblom and Kirkness 1997; Bonnert et al. 1999; Simon et al. 2004; Ohlson et al. 2007). Sequence homology is ~60–80% among members of the same GABA<sub>A</sub> receptor family, ~20–40% among members of different families, and ~10–20% among members of the GABA<sub>A</sub> receptor and other Cys-loop receptor families (Olsen and Tobin 1990).

### 3.2 Assembly of $\alpha\beta\gamma$ and $\alpha\beta\delta$ GABA<sub>A</sub> Receptors

All Cys-loop receptors, including GABA<sub>A</sub> receptors, are assembled in a complex, multistep process that occurs in the endoplasmic reticulum (ER). Assembly is thought to be relatively inefficient and slow (Green and Millar 1995) and to be assisted by ER luminal and cytoplasmic chaperones (Bollan et al. 2003; Wanamaker and Green 2007; Sarto-Jackson and Sieghart 2008). Working in concert, these proteins facilitate the folding and oligomerization of GABA<sub>A</sub> receptor subunits and provide stringent quality control to eliminate misfolded subunits or misassembled receptors in the ER (Ellgaard and Frickel 2003; Bollan et al. 2003).

In addition to these ER quality control requirements, there are also specific subunit requirements for GABA<sub>A</sub> receptor assembly that result in preferential oligomerization between specific subunit subtypes, thus limiting receptor heterogeneity (Angelotti et al. 1993). Although most subunit combinations appear capable of oligomerization under some conditions and in some heterologous expression systems (Connolly et al. 1996), sucrose density centrifugation studies of CNS GABA<sub>A</sub> receptors indicate that only a small subset of subunit combinations can form receptor form pentamers, a prerequisite for receptor function and surface expression (Angelotti et al. 1993; Gorrie et al. 1997; Connolly et al. 1996, 1999; Taylor et al.

2000; Klausberger et al. 2001; Bollan et al. 2003; Lo et al. 2008; Sarto-Jackson and Sieghart 2008). For example, co-expression of  $\alpha 1$  and  $\beta 2$  or  $\beta 3$  subunits formed pentamers, as did co-expression of  $\alpha 1$ ,  $\beta 2$  or  $\beta 3$ , and  $\gamma 2$  subunits (Gorrie et al. 1997; Tretter et al. 1997; Connolly et al. 1999; Taylor et al. 2000; Klausberger et al. 2001; Lo et al. 2008; Sarto-Jackson and Sieghart 2008). In contrast, when  $\alpha 1$ ,  $\beta 2$ , or  $\gamma 2$  subunits were expressed individually in heterologous cells, primarily monomers and dimers were formed (Gorrie et al. 1997; Connolly et al. 1999; Taylor et al. 1999; Lo et al. 2008; Sarto-Jackson and Sieghart 2008). Similarly, co-expression of either  $\alpha 1$  or  $\beta 3$  subunits with  $\gamma 2$  subunits yielded primarily dimers and trimers (Tretter et al. 1997; Sarto-Jackson and Sieghart 2008). Thus, the presence of both  $\alpha$  and  $\beta$  subunits is required for pentameric assembly of functional GABA<sub>A</sub> receptor channels (Angelotti et al. 1993). Known exceptions are the  $\beta 3$  and  $\rho 1$  subunits, which efficiently form homopentameric receptor channels (Taylor et al. 1999; Pan et al. 2006).

Ternary receptors, however, appear to assemble with higher efficiency than binary receptors (Angelotti et al. 1993), suggesting the existence of hierarchical assembly within the subunit family that further limits receptor heterogeneity. For example, co-expression of  $\alpha$  and  $\beta$  subunits with  $\gamma$ ,  $\delta$ ,  $\epsilon$ , or  $\pi$  subunits yields relatively homogeneous receptor populations with kinetic properties distinct from those of receptors formed following co-expression of only  $\alpha$  and  $\beta$  subunits (Angelotti and Macdonald 1993; Saxena and Macdonald 1994; Fisher and Macdonald 1997a; Haas and Macdonald 1999; Neelands et al. 1999; Neelands and Macdonald 1999; Lagrange et al. 2007). Thus, the majority of native receptors are likely composed of ternary subunit combinations (McKernan and Whiting 1996; Olsen and Sieghart 2009), with the most widely expressed ternary GABA<sub>A</sub> receptors being the  $\alpha\beta\gamma$  and  $\alpha\beta\delta$  isoforms.

For  $\alpha\beta\gamma$  receptors, a subunit stoichiometry of  $2\alpha:2\beta:1\gamma$  (Chang et al. 1996; Tretter et al. 1997; Farrar et al. 1999) and a counterclockwise subunit arrangement of  $\gamma\text{-}\beta\text{-}\alpha\text{-}\beta\text{-}\alpha$  when viewed top-down from the synaptic cleft has been proposed (Tretter et al. 1997; Baumann et al. 2001, 2002; Baur et al. 2006). Studies using atomic force microscopy suggested a similar stoichiometry and arrangement for  $\alpha\beta\delta$  receptors, with the  $\delta$  subunit replacing the  $\gamma$  subunit in the pentamer, thus yielding a stoichiometry of  $2\alpha:2\beta:1\delta$  and a counterclockwise subunit arrangement of  $\delta\text{-}\beta\text{-}\alpha\text{-}\beta\text{-}\alpha$  (Barrera et al. 2008). There is, however, some evidence for alternate patterns of assembly. For example, multiple  $\gamma$  subunit subtypes have been reported in a subset of native (Quirk et al. 1994; Khan et al. 1994; Benke et al. 1996) and recombinant (Backus et al. 1993) receptors. Although it is unclear if multiple  $\delta$  subunits can also be incorporated in the same pentamer, recent evidence using concatenated subunits suggests that at least two additional subunit arrangements for  $\alpha\beta\delta$  receptors are theoretically possible:  $\delta\text{-}\alpha\text{-}\beta\text{-}\beta\text{-}\alpha$  (GABA-gated) and  $\delta\text{-}\alpha\text{-}\beta\text{-}\alpha\text{-}\beta$  (THDOC-gated) (Kaur et al. 2009).

### 3.3 Modes of GABAergic Inhibition

GABA<sub>A</sub> receptors mediate three modes of inhibitory neurotransmission: phasic, spillover, and tonic inhibition. Phasic inhibition involves transient activation of postsynaptic GABA<sub>A</sub> receptors by nearly saturating concentrations of GABA released from presynaptic vesicles. This produces rapidly activating (rise times of ~1 ms or less) but slowly decaying (time constants of 10 to 100 s of ms) inhibitory postsynaptic currents (IPSCs; Maconochie et al. 1994; Jones and Westbrook 1995). While both pre- and postsynaptic factors influence IPSC shape, it is generally accepted that postsynaptic factors are the primary determinants. Indeed, the GABA transient reaches nearly saturating concentrations in <100 μs and decays in <1 ms due to a combination of diffusion and reuptake (Clements 1996; Glavinovic 1999; Ventriglia and Di 2003). Thus, IPSCs significantly outlast the presence of GABA in the synaptic cleft, suggesting that IPSCs are shaped primarily by the intrinsic properties of the postsynaptic GABA<sub>A</sub> receptors. Supporting this assertion, application of ultrabrief pulses of saturating GABA to membrane patches excised from cells expressing recombinant GABA<sub>A</sub> receptors gives rise to currents with transient kinetic properties resembling those of IPSCs (Jones and Westbrook 1995; Haas and Macdonald 1999).

In addition to mediating fast synaptic inhibition, GABA<sub>A</sub> receptors also mediate spillover (Brickley et al. 2001) and tonic (Farrant and Nusser 2005) inhibition. Spillover inhibition refers to activation of receptors in peri-, extra-, or presynaptic locations, as well as at adjacent synapses, by GABA that diffuses from the synaptic cleft (Bright et al. 2011). Tonic inhibition is mediated by peri- and extrasynaptic GABA<sub>A</sub> receptors that are activated by persistent subsaturating concentrations of ambient GABA (Bright et al. 2011). Although the source of ambient GABA is not entirely clear, it is generally believed that GABA concentrations of ~1 μM are typically present (Attwell et al. 1993; Nusser et al. 1998; Bach-y-Rita 2001; Farrant and Nusser 2005; Bright et al. 2011). It has been suggested that phasic spillover and tonic inhibition reflect activation of different, spatially distinct GABA<sub>A</sub> receptor populations (Bright et al. 2011). Of note, while spillover and tonic currents are relatively small in amplitude compared to phasic currents, their contribution to overall inhibitory tone (net charge transfer) may actually be greater than the summed charge transfer of phasic currents (Brickley et al. 1996; Hamann et al. 2002).

Phasic and tonic inhibition are differentially modulated by various pharmacological agents (Feng and Macdonald 2004; Feng et al. 2004, 2008) and play distinct roles in the pathogenesis of neurological disorders such as epilepsy (Dibbens et al. 2004; Feng et al. 2006; Eugene et al. 2007). This reflects the fact that tonic currents are mediated by different receptor isoforms with kinetic properties distinct from those mediating phasic currents. Specifically, while  $\alpha 1\beta\gamma 2$ ,  $\alpha 2\beta\gamma 2$ , or  $\alpha 3\beta\gamma 2$  receptor isoforms are thought to be the primary mediators of phasic inhibition (Jones and Westbrook 1995; Haas and Macdonald 1999; Lagrange et al. 2007),  $\alpha 4\beta x\delta$  and  $\alpha 6\beta x\delta$  receptor isoforms are thought to be the primary mediators of tonic inhibition (Brickley et al. 2001; Farrant and Nusser 2005). That said,  $\alpha 1\beta x\delta$  and  $\alpha 5\beta x\gamma 2$



receptors may also play a role in mediating tonic inhibition in the hippocampus (Glykys et al. 2008).

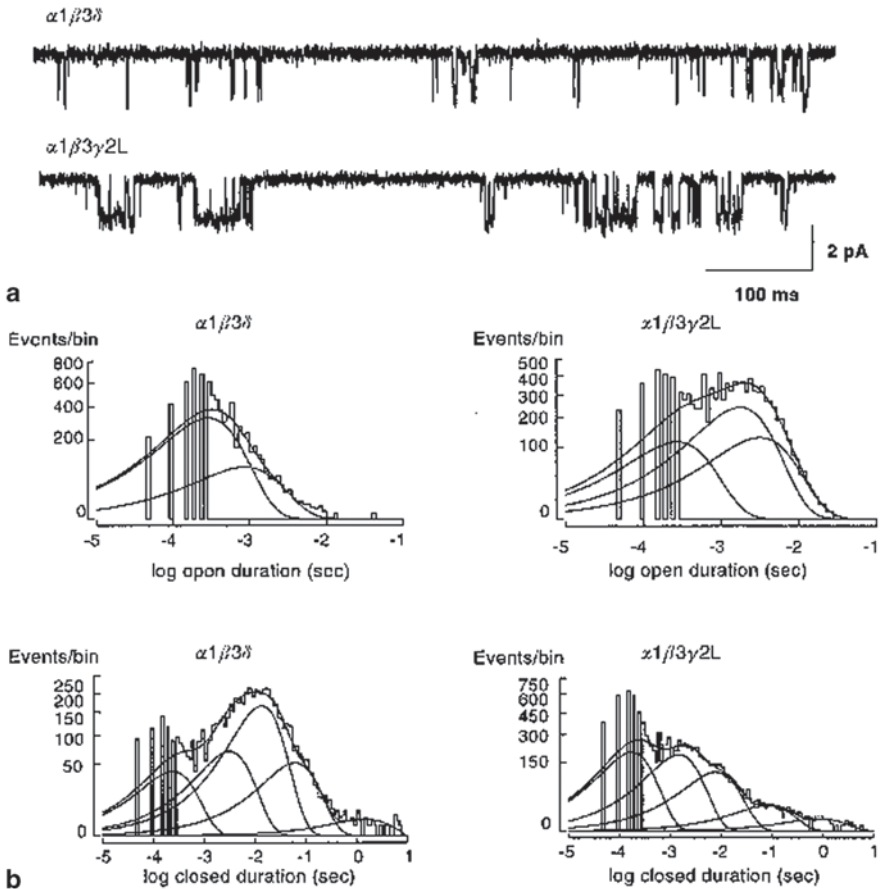
### 3.4 Biophysical and Kinetic Properties of $\alpha\beta\gamma$ and $\alpha\beta\delta$ GABA<sub>A</sub> Receptor Channels

GABA<sub>A</sub> receptor channels are highly permeable to anions including Cl<sup>-</sup> and HCO<sub>3</sub><sup>-</sup> but are relatively impermeant to cations (permeability ratio of K<sup>+</sup> to Cl<sup>-</sup> <0.05) (Bormann et al. 1987). The channels are considerably more permeable to Cl<sup>-</sup> than to HCO<sub>3</sub><sup>-</sup> (Cl<sup>-</sup>:HCO<sub>3</sub><sup>-</sup> permeability is ~5:1), and thus, the majority of charge transfer following channel activation is Cl<sup>-</sup> mediated. However, HCO<sub>3</sub><sup>-</sup> flux through the channel has been hypothesized to play a role following collapse of the Cl<sup>-</sup> gradient (Grover et al. 1993; Perkins and Wong 1997; Dallwig et al. 1999; Kim et al. 2009).

The kinetic properties of GABA<sub>A</sub> receptors are highly dependent on receptor subunit composition, thereby providing a mechanism for neurons to regulate their sensitivity to GABA (Angelotti and Macdonald 1993; Saxena and Macdonald 1994; Burgard et al. 1996; Fisher and Macdonald 1997a, b; Fisher et al. 1997; Neelands et al. 1999; Neelands and Macdonald 1999; Haas and Macdonald 1999; Bianchi et al. 2002a; Feng and Macdonald 2004; Feng et al. 2004; Barberis et al. 2007; Bianchi et al. 2007; Lagrange et al. 2007; Picton and Fisher 2007; Rula et al. 2008; Keramidas and Harrison 2008; Mortensen et al. 2004a). Indeed, GABA<sub>A</sub> receptor  $\alpha\beta\gamma 2$  and  $\alpha\beta\delta$  isoforms have substantially different biophysical properties, which make them more effective for mediating phasic and tonic inhibition, respectively (Fig. 3.1).

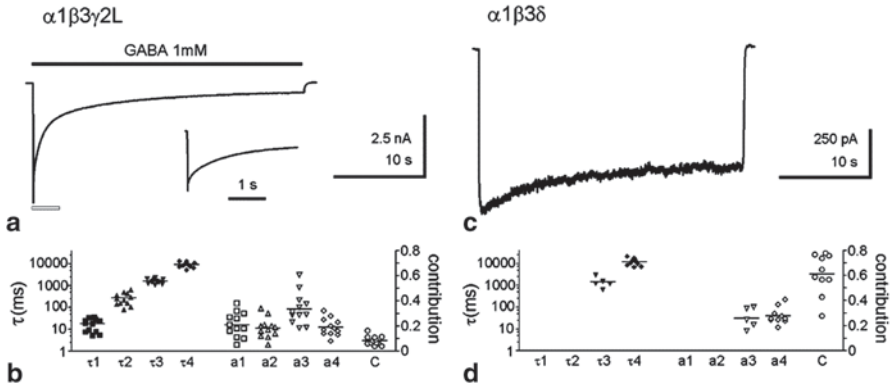
GABA<sub>A</sub> receptor  $\alpha 1\beta x\gamma 2$  single channels open to a main conductance level of 26–30 pS and to two less frequently occurring subconductance levels (~17–19 and 10–15 pS) (Bormann et al. 1987; Macdonald et al. 1989; Twyman et al. 1990; Newland et al. 1991; Fisher and Macdonald 1997a; Haas and Macdonald 1999; Burkat et al. 2001; Mortensen et al. 2004b). To fully activate the receptor, binding of two molecules of GABA is required. Once GABA is bound, the channel exhibits a complex pattern of opening and closing (Fig. 3.1a). Detailed kinetic analysis of native (Macdonald et al. 1989; Twyman et al. 1990; Newland et al. 1991) and recombinant (Fisher and Macdonald 1997; Haas and Macdonald 1999; Burkat et al. 2001; Mortensen et al. 2004b; Keramidas and Harrison 2008) GABA<sub>A</sub> receptor channels demonstrated the existence of multiple open (two to three) and closed (four to five) states (based on exponential fitting of open and closed time distributions) (Fig. 3.1b). When activated by a saturating concentration of GABA (1 mM), GABA<sub>A</sub> receptor channel total mean open time was 2.1 ms and total mean closed time was 21.0 ms, and the channels opened to three open states (referred to as O1, O2, and O3), with individual mean open times of 0.3, 2.0, and 3.5 ms and relative frequencies of occurrence of 24, 48, and 28%, respectively (Haas and Macdonald 1999).





**Fig. 3.1** Properties of  $\alpha 1 \beta 3 \gamma 2 L$  and  $\alpha 1 \beta 3 \delta$  GABA<sub>A</sub> receptor microscopic single channel currents. **a** In transfected HEK293T cells, single channel GABA<sub>A</sub> receptor currents were recorded from outside-out membrane patches voltage-clamped at  $-75$  mV and bathed in 1 mM GABA. Traces shown were continuous 700 ms recordings and channel openings are downwards. **b** Duration histograms of open and closed intervals were obtained from steady-state single-channel data. Open duration histograms for  $\alpha 1 \beta 3 \gamma 2 L$  GABA<sub>A</sub> receptors were fitted best with three exponential components, while  $\alpha 1 \beta 3 \delta$  open duration histograms were fitted best with only two components. Closed interval histograms were fitted best by five components in both cases. (Reproduced from Haas and Macdonald 1999)

Channel openings occurred in bursts (a series of openings separated by brief closures that are flanked by closures longer than a specific burst termination duration) of three types (referred to as B1, B2, and B3), each containing a single type of opening (i.e., either O1, O2, or O3) (Twyman et al. 1990). Activating receptors with subsaturating GABA concentrations increased the relative contribution of O1 openings at the expense of both O2 and O3 openings without altering individual mean open times (though the overall total mean open time was decreased since



**Fig. 3.2** Properties of  $\alpha 1\beta 3\gamma 2L$  and  $\alpha 1\beta 3\delta$   $GABA_A$  receptor macroscopic rapid  $GABA$  application whole cell currents. **a** Response of  $\alpha 1\beta 3\gamma 2L$  receptors transiently expressed in HEK293T cells to a 28 s concentration jump using 1 mM  $GABA$  (filled bar). The inset shows the first 3 s on an expanded time scale. **c** Response of  $\alpha 1\beta 3\delta$  receptors to the same protocol as in Panel **a**. The parameters used to fit  $\alpha 1\beta 3\gamma 2L$  and  $\alpha 1\beta 3\delta$  currents are shown as scatter plots in Panels **b** and **d**, respectively. The left ordinate indicates the time constants ( $\tau 1$ – $\tau 4$ ; note the logarithmic scale), and the right ordinate indicates the relative contribution of the corresponding time constants (a1–a4), as well as the constant term to account for incomplete desensitization. For each parameter, a horizontal line is drawn through the mean. (Reproduced from Bianchi and Macdonald 2002)

the lifetime of O1 is short). Considering that receptors have minimal spontaneous openings, this finding has been interpreted to mean that O1 and O2/O3 open states represent receptor sojourns in mono- and di-liganded open states, respectively. It is unclear, however, why O1 openings were detected at all when activated by a saturating  $GABA$  concentration, since this should have driven receptor occupancy in mono-liganded states effectively to near zero. One possibility is that two brief open states exist with similar mean open times, one mono-liganded and the other di-liganded, raising the possibility that there may actually be four open states, two of which are simply indistinguishable with classical exponential fitting of open time distributions (Lagrange et al. 2007).

Given the complexity of single channel kinetic properties, it is not at all surprising that  $GABA_A$  receptor whole cell current properties (i.e., the ensemble response of hundreds to thousands of channels) are also quite complex (Fig. 3.2; Haas and Macdonald 1999; Bianchi and Macdonald 2001a, b; Mozrzymas et al. 2003; Lagrange et al. 2007). Rapid application of a saturating concentration of  $GABA$  to excised outside-out patches from hippocampal neurons or HEK293T cells transiently expressing  $\alpha 1\beta \gamma 2$  subunits evokes currents that activate in sub-millisecond times (Fig. 3.2a). With prolonged  $GABA$  application, these currents undergo substantial multiphasic desensitization, typically with three to four time components of exponential decay with time constants ranging from  $<10$  ms to  $>1000$  ms (Celentano and Wong 1994; Haas and Macdonald 1999; Bianchi and Macdonald 2002; Lagrange et al. 2007). This multiphasic desensitization is an intrinsic property of the channel and reflects the progressive accumulation of receptors into long-lived

nonconducting desensitized states (Celentano and Wong 1994; Bianchi and Macdonald 2002). Desensitization has a steep concentration dependence (Haas and Macdonald 1999; Bianchi et al. 2007), and although this has been suggested to reflect concentration-dependent entry rate into the microscopic desensitized state, multiple modeling studies have demonstrated that this gating structure is not required (Haas and Macdonald 1999; Bianchi et al. 2007). The lack of macroscopic desensitization of whole cell currents with application of low concentrations of GABA is most likely caused by failure to synchronously activate receptors, thus masking the otherwise concentration-independent desensitization process (much like slow application of agonist; Jones and Westbrook 1995; Bianchi and Macdonald 2002). The basis for this conclusion comes from detailed kinetic analysis of desensitization of whole cell currents, which shows that while the relative contribution of each desensitization exponential component changes with GABA concentration, the actual desensitization time constants do not change (Haas and Macdonald 1999).

Following washout of GABA,  $\alpha 1\beta \times \gamma 2$  currents typically deactivate biphasically (Jones and Westbrook 1995; Haas and Macdonald 1999), though more complex deactivation has been described (Lagrange et al. 2007). Deactivation time course varies with the duration of GABA application prior to washout, with longer applications being associated with slower deactivation (Jones and Westbrook 1995; Haas and Macdonald 1999; Bianchi et al. 2007; Botzolakis et al. 2008). This relationship between the deactivation rate and the duration of GABA application reflects the inability of GABA to unbind from receptors in desensitized states, which represent an increasing fraction of receptors with longer GABA applications (Bianchi et al. 2007). In other words, the long lifetimes of desensitized states provide channels with the opportunity to reopen long after GABA washout, resulting in slowing of whole cell current deactivation (Jones and Westbrook 1995, 1996). As a result, desensitization and deactivation are commonly referred to as being “coupled” (Jones and Westbrook 1995; Bianchi et al. 2001).

Like  $\gamma$  subunit containing receptors, those containing the  $\delta$  subunit also require two molecules of GABA for full activation, and are also thought to access multiple open and closed states. However, in contrast to  $\alpha 1\beta 2\gamma 2$  receptors,  $\alpha 1\beta 2\delta$  receptor currents exhibit a less complex pattern of opening and closing (Fig. 3.1a).  $\alpha 1\beta 2\delta$  single channels have only two open states (O1 and O2), both of which are relatively short-lived with individual mean open times of 0.3 and 1.0 ms, respectively (Fig. 3.1b). The briefer O1 state openings account for 80% of all openings, thus yielding a short overall mean open time of only 0.4 ms (Fisher and Macdonald 1997; Haas and Macdonald 1999). In addition,  $\alpha 1\beta 2\delta$  receptors have a longer overall mean closed time (~36 ms); reflecting their increased likelihood of entering long-lived closed states. The combination of decreased mean open time and increased mean closed time results in an open probability that is much lower than that of  $\alpha 1\beta 2\gamma 2$  receptors (~0.02 vs. ~0.1, respectively). As a result of these differences in microscopic kinetic properties, macroscopic  $\alpha 1\beta 2\delta$  receptor currents (Fig. 3.2c, d) have kinetic properties that are different from those evoked from  $\alpha 1\beta 2\gamma 2$  receptors (Fig. 3.2a, b). Whole cell  $\alpha 1\beta 2\delta$  receptor currents are typically small, slowly activating, minimally desensitizing, and rapidly deactivating (Saxena

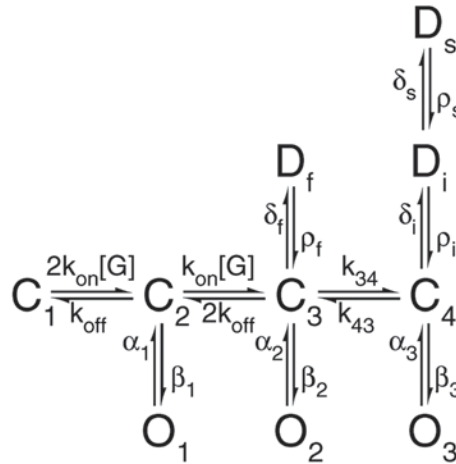
and Macdonald 1996; Fisher and Macdonald 1997; Haas and Macdonald 1999; Bianchi and Macdonald 2002). These properties are consistent with the known role of  $\alpha\beta\delta$  receptors in tonic inhibition. Indeed, because they desensitize more slowly and less extensively than  $\alpha\beta\gamma$  receptor currents and have a lower GABA  $EC_{50}$ , they are better suited for the extrasynaptic environment, where they must respond to very low concentrations of GABA for extended periods of time (Saxena and Macdonald 1996; Haas and Macdonald 1999; Lagrange et al. 2007).

### 3.5 Mathematical Modeling of GABA<sub>A</sub> Receptor Function

Multiple mathematical approaches have been used to understand the microscopic kinetic behavior of ion channels. It is generally agreed, however, that Markov models with multiple, reversibly connected states, each corresponding to a distinct receptor conformation (i.e., open, closed, or desensitized), provide the best description of single channel data (Korn and Horn 1988; McManus et al. 1988; Sansom et al. 1989). Application of Markov models to ion channels involves several assumptions, including that state transitions are random (stochastic) and independent of previous channel activity (memoryless). Markov models have been very useful for describing the single channel kinetic behavior of not only GABA<sub>A</sub> receptor channels (Macdonald et al. 1989; Weiss and Magleby 1989; Celentano and Wong 1994; Jones and Westbrook 1995; Haas and Macdonald 1999; Lagrange et al. 2007; Mortensen et al. 2004b; Keramidas and Harrison 2008) but also of numerous other ligand- and voltage-gated ion channels (Horn and Vandenberg 1984; Zagotta et al. 1994; Schoppa and Sigworth 1998; Rothberg and Magleby 2000; Sigg and Bezanilla 2003; Burzomato et al. 2004; Chakrapani et al. 2004; Lape et al. 2008). In addition, Markov models have provided the dominant conceptual framework for interpreting effects of disease-causing mutations and a variety of modulators (Twyman and Macdonald 1992; Twyman et al. 1989a, b; Bianchi and Macdonald 2001a; Feng et al. 2004; Mercik et al. 2006; Plested et al. 2007).

For models to have any practical use, however, they should describe both microscopic and macroscopic behavior of any given channel. Indeed, evaluating receptor channel currents under both microscopic and macroscopic conditions is critical as neither can independently provide enough information for a unique reaction scheme to be generated with certainty. Macroscopic currents, for example, constrain gating schemes by providing nonequilibrium kinetic data, which is typically unavailable from near-equilibrium, steady-state single channel (or microscopic) studies. Single channel data, in contrast, provides direct information regarding channel open and closed states, including the relative frequency of occurrence of each, their connectivity, and in the case of the open states, their approximate mean lifetimes.

The first comprehensive model of micro- and macroscopic GABA<sub>A</sub> receptor currents was developed by Haas and Macdonald (1999) and was based on an earlier model by Twyman et al. (1990) that described the behavior of single  $\alpha 1\beta 2\gamma 2$



**Fig. 3.3** Kinetic models of ligand-gated ion channel function. **a** Comprehensive kinetic model for the  $\alpha 1\beta 3\gamma 2L$  receptor (Haas and Macdonald 1999) illustrating reversibly connected closed ( $C$ ), open ( $O$ ), and desensitized ( $D_f$ , “fast”;  $D_i$ , “intermediate”;  $D_s$ , “slow”) states. For simplicity, the two distal “intraburst”  $C$  states connected to each  $O$  state were omitted. The microscopic transitions associated with agonist binding were labeled  $k_{on}$  and  $k_{off}$  for association and dissociation rate constants, respectively. Each agonist binding step was taken to be equivalent and independent (the first binding and unbinding rates were therefore multiplied by 2).  $[G]$ , concentration of GABA. **b** Simple 4-state kinetic model in “linear” arrangement. A single binding step connects  $C_1$  (the unbound closed state) and  $C_2$  (the ligand-bound closed state). The  $O$  state is accessed from  $C_2$  and is arranged in series with the  $D$  state. **c** Simple 4-state kinetic model in “branched” arrangement.  $D$  and  $O$  states are arranged in parallel, each being directly accessible from  $C_2$ . (Reproduced from Bianchi et al. 2007)

GABA<sub>A</sub> receptor channels (Fig. 3.3). This model contained two GABA binding steps and a total of 16 states – 3 open and 13 closed. Six of the states (the same two closed states for each of three open states) were brief closed states that branch off each open state (not shown in Fig. 3.3 to reduce complexity). The basis for the two closed states distal to each open state is unclear but likely due to random channel closures that are not actually related to channel gating (Macdonald et al. 1989; Twyman et al. 1990). In addition, three of the closed states were given the special designation of “desensitized” states, as they allowed for the macroscopic phenomenon of desensitization to occur. Although this model has been updated recently to take into account several additional macroscopic and microscopic observations, its core gating structure has not significantly changed (Lagrange et al. 2007).

### 3.6 Involvement of $\alpha\beta\gamma$ and $\alpha\beta\delta$ GABA<sub>A</sub> Receptors in Epilepsy

Epilepsy is associated with abnormal hypersynchronous activation of neurons in specific neuronal networks. Although the mechanistic bases for partial and generalized forms of epilepsy are uncertain, there is considerable evidence that impaired GABAergic inhibition underlies several types of epilepsy. It has long been known that blockade of GABAergic inhibition with GABA<sub>A</sub> receptor antagonists such as penicillin, picrotoxin, or bicuculline produces paroxysmal bursting in isolated neurons and partial seizures in experimental animals (Schwartzkroin and Prince 1980). However, conclusive evidence that loss of GABAergic inhibition was involved in the pathogenesis of human epilepsy syndromes came from the discovery of mutations in genes encoding GABA<sub>A</sub> receptor subunits that were associated with genetic epilepsies (Baulac et al. 2001; Wallace et al. 2001; Macdonald et al. 2006). To date, multiple epilepsy mutations have been identified in  $\gamma$ -aminobutyric acid-A receptor  $\gamma 2$  (*GABRG2*), and epilepsy susceptibility variants have been identified in  $\gamma$ -aminobutyric acid-A receptor  $\delta$  (*GABRD*).

A family with generalized epilepsy with febrile seizures plus (GEFS+) was found to have a  $\gamma 2$  subunit mutation, K328M, located in the extracellular M2–M3 linker (Baulac et al. 2001), a region implicated in transduction of ligand binding to channel gating (Kash et al. 2003). Consistent with the known importance of this protein domain to channel function, recordings from HEK293T cells co-expressing  $\alpha 1\beta 2\gamma 2$ (K328M) subunits were found to have defective channel gating (shortened mean open times) and accelerated deactivation (Bianchi et al. 2002b). A family with childhood absence epilepsy (CAE) and febrile seizures (FS) had a  $\gamma 2$  subunit mutation, R82Q, located in the benzodiazepine (BDZ)-binding domain of the extracellular N-terminal domain (Wallace et al. 2001). This reduced peak current amplitudes without altering channel kinetics (Bianchi et al. 2002b), the result of reduced surface expression of GABA<sub>A</sub> receptors due to retention in the ER (Kang and Macdonald 2004; Sancar and Czajkowski 2004) following disruption of intersubunit contacts at the  $\gamma$ – $\beta$  subunit interface (Hales et al. 2005). However,  $\gamma 2$ (R82Q) subunits may assemble with  $\alpha 3$  subunits (Frugier et al. 2007), suggesting that the effects of the mutation may depend on the specific  $\alpha$  subunit subtype involved. The  $\gamma 2$  subunit mutation, R177G, altered BDZ sensitivity and accelerated current desensitization (Audenaert et al. 2006). The  $\gamma 2$  subunit mutation, Q390X, which introduced a premature translation-termination codon (PTC) in the cytoplasmic M3–M4 linker was identified in a family with GEFS+ (Harkin et al. 2002). Mutant receptors had no GABA sensitivity when expressed in oocytes, probably due to ER retention. A  $\gamma 2$  subunit splice donor site mutation, IVS6+2T-G, was identified in a family with CAE and FSs (Kananura et al. 2002) that caused activation of a cryptic splice donor site in intron 6, retention of a portion of intron 6, a frame shift and production of a PTC. The resultant truncated  $\gamma 2$  subunit was stable but nonfunctional and led to decreased GABA-evoked current when transfected with  $\alpha 1$  and  $\beta 2$  subunits in HEK293T cells (Tian and Macdonald 2012). A  $\gamma 2$  subunit, mutation Q40X, that introduced a PTC at the N-terminus of the mature peptide was identified in a family

with Dravet syndrome (Kanaumi et al. 2004), which triggered nonsense mediated mRNA decay, thus preventing production of even a signal peptide (Huang et al. 2012).

In contrast to epilepsy mutations found in *GABRG2*, no epilepsy mutations have been reported in *GABRD*. However, the *GABRD* variants, E177A and R220H, have been associated with GEFS+ (Dibbens et al. 2004), suggesting that *GABRD* may be a susceptibility gene for generalized epilepsy. These findings in humans suggest that defects in phasic inhibition are more pathogenic for genetic epilepsies than defects in tonic inhibition. Indeed, an increase rather than a decrease in tonic inhibition has been reported in animal models of absence epilepsy (Cope et al. 2009).

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# Chapter 4

## The Pharmacology of Extrasynaptic GABA<sub>A</sub> Receptors

Keith A Wafford

**Abstract** The different subunits that make up the family of GABA<sub>A</sub> receptor subtypes have unique distributions within the brain and nervous system. Their localization at the neuronal level is in many cases not necessarily associated with synaptic densities, and this has led to the hypothesis that extrasynaptic receptors perform a unique function in controlling excitability. In most cases, the subunits that make up extrasynaptic receptors are different to those on synaptic membranes and hence have their own unique pharmacological profile, both in respect to agonists and allosteric modulators. Here I will review the different receptor subtypes that have been classified as extrasynaptic, as well as those that may serve both roles depending on their location, with a view to illustrating their pharmacological properties, and their impact on neuronal function. The identification of functional differences and allosteric sites for specific modulation of these receptors offers an opportunity to gain more knowledge of the role of receptor subtypes and the potential to develop novel therapeutic agents that should impact a number of psychiatric and neurological disorders where these receptors are implicated.

**Keywords**  $\delta$  subunit ·  $\alpha 5$  subunit · Gaboxadol · Anaesthetic · Allosteric modulator · Benzodiazepine

### 4.1 Introduction

Healthy and efficient activity of the mammalian brain relies on a careful balance between neuronal excitation and inhibition within the networks that control its activity. A major component of that inhibitory control is contributed via the neurotransmitter  $\gamma$ -aminobutyric acid (GABA) acting on a large family of ligand-gated ion channel (LGIC) receptors and G protein-coupled receptors. The ligand-gated GABA<sub>A</sub> receptors have a widespread distribution throughout the brain and until recently were believed to exert their prominent effects, inhibiting neuronal excitation, entirely through their clearly demonstrated presence on postsynaptic membranes of GABAergic synapses. More detailed localization experiments and electrophysiological

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K. A. Wafford (✉)

Eli Lilly UK, Erl Wood Manor, GU20 6PH Windlesham, Surrey, UK

e-mail: waffordke@lilly.com

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studies have now shown that in addition to their postsynaptic location, GABA<sub>A</sub> receptors are also present outside the synapse both on cell bodies and peripheral to synapses. Thought at first to be non-functional or perhaps receptors in transit, recent evidence has suggested that these receptors play a major role in neuronal excitability and are involved in a number of important functions including sleep, cognition and epilepsy. Moreover, these receptors have physiological properties that differentiate them from their synaptic partners and make them ideally suited for their extrasynaptic role. The pharmacological properties of these receptors also differ in many respects, and offer an opportunity to specifically target them as a route to potential novel therapeutic drugs. This chapter will review the pharmacological properties of those GABA<sub>A</sub> receptors which are primarily extrasynaptic and compare their properties to postsynaptic GABA<sub>A</sub> receptor subtypes.

## 4.2 GABA<sub>A</sub> Receptor Subtypes

All GABA<sub>A</sub> receptors are made up of a pentameric arrangement of heterogeneous subunits which combine to form a pore in the plasma membrane that is selectively permeable to chloride (Cl<sup>-</sup>) ions. Activation of the receptor allows chloride to pass through the channel in either direction depending on the driving force on the cell. This change in chloride levels will directly influence the excitability of the neuron and will be inhibitory in most cases but in some instances can elicit an excitatory response. The GABA<sub>A</sub> receptor family consists of a number of related subunits including  $\alpha 1$ – $\alpha 6$ ,  $\beta 1$ – $\beta 3$ ,  $\gamma 1$ – $\gamma 3$ ,  $\delta$ ,  $\epsilon$ ,  $\theta$ ,  $\rho 1$ – $3$ . The majority of GABA<sub>A</sub> receptors comprise two  $\alpha$  subunits, two  $\beta$  subunits and one other, predominantly  $\gamma 2$ .  $\rho$ -containing subunits are members of the of GABA<sub>A</sub> receptor family but form an independent receptor sometimes referred to as GABA<sub>C</sub> that has its own unique pharmacology and can assemble as a homomeric receptor. Each GABA receptor subunit has an individual distinctive pattern of expression throughout the central nervous system (CNS) and this determines the nature of receptors expressed in particular brain structures. For example, the most abundant receptor in the brain is the  $\alpha 1\beta 2\gamma 2$  subtype which is expressed widely, particularly in the cortex, thalamus, olfactory bulb and some parts of the hippocampus (Pirker et al. 2000). Even in the same brain region, expression of subtypes can be cell specific; the major GABA<sub>A</sub> receptor subtype in cerebellar Purkinje neurons is  $\alpha 1\beta 3\gamma 2$  but in cerebellar granule cells  $\alpha 6\beta \delta$  predominates (Pirker et al. 2000). Another clear example is the nucleus reticularis of the thalamus which exclusively expresses the  $\alpha 3$ -containing subtype (Studer et al. 2006). Differential distribution of subunits has also been shown to be present within an individual cell with different receptors being targeted to different parts of the plasma membrane (Mangan et al. 2005). Different promoters control the regional expression of individual receptor subunits in different brain regions, and there are molecular chaperones which target and traffic the subunits on a cellular basis. There have been a number of these identified for GABA<sub>A</sub> receptors, including gephyrin, GABARAP, PLIC, GRIF-1, protocadherin  $\gamma C5$ , radixin and GRIP (reviewed in Luscher et al. 2011; Tretter et al. 2012).

Although immunoprecipitation techniques have estimated that there are likely to be 10–12 major receptor subtypes, it is impossible not to preclude any minor combinations that might occur at very low levels and with highly specific regional expression (McKernan and Whiting 1996). The question remains however, which of these receptor subtypes are located postsynaptically, and which are extrasynaptic? Until recently it was thought that the  $\gamma 2$  subunit played a major part in determining postsynaptic clustering since receptors in  $\gamma 2$  subunit-deleted mice did not appear to form proper postsynaptic clusters (Günther et al. 1995), a feature which could be restored by transfecting neurons with  $\gamma 2$  cDNA (Baer et al. 2000). More recently, the role played by the protein gephyrin in determining postsynaptic clustering has been better understood and gephyrin binding sites identified on  $\alpha 1$ ,  $\alpha 2$  and  $\alpha 3$  receptors, which seem to be more important for localizing receptors at postsynaptic membranes (Tretter et al. 2012; Wu et al. 2012). Co-immunolabelling with the GABAergic synaptic marker neuroligin-2 demonstrated that  $\alpha 1$ ,  $\alpha 2$  and  $\beta 3$  in CA1 hippocampal membranes are primarily expressed in synaptic membranes compared to extrasynaptic membranes (Kasugai et al. 2010). In contrast, similar experiments studying the  $\delta$  subunit showed that receptors containing this subunit were excluded from synaptic locations revealing an extrasynaptic location (Nusser et al. 1998).  $\alpha 5$  subunit-containing receptors are interesting in this regard since they are primarily thought to be extrasynaptic (Brunig et al. 2002). There is some evidence however, for  $\alpha 5$  contributing to postsynaptic responses in the hippocampus (Zarnowska et al. 2009; Serwanski et al. 2006). Recent work has revealed that  $\alpha 5$ -containing receptors are able to form clusters on the neuronal cell-body membrane associated with the actin-binding protein radixin (Loebrich et al. 2006), and these authors speculate that  $\alpha 5$ -containing receptors might form specialised neuron–glia contacts. It is likely then that the majority of  $\alpha 1$ ,  $\alpha 2$  and  $\alpha 3$  plus  $\gamma 2$ -containing receptors are primarily postsynaptic in nature, while  $\alpha 4$ ,  $\alpha 5$  and  $\alpha 6$  appear to be predominantly extrasynaptically located. Alpha 4 and  $\alpha 6$  are preferentially co-expressed with the  $\delta$  subunit, forming receptors with unique biophysical characteristics that enable them to perform quite different functions to postsynaptic receptors, however there is also a population of  $\alpha 4$  and  $\alpha 6\beta\gamma 2$  receptors. The  $\alpha 5$  subunit co-assembles with a  $\beta$  and  $\gamma 2$  subunit with similar properties to  $\alpha 1$ ,  $\alpha 2$  and  $\alpha 3$ . This receptor is highly sensitive to GABA, and with both extrasynaptic and synaptic locations appears to mediate both tonic extrasynaptic conductance and phasic inhibitory synaptic activity.

### 4.3 Different Biophysical Properties of Synaptic and Extrasynaptic Receptors

The fact that GABA<sub>A</sub> receptors are found outside of the synapse has been known for many years. However, the precise nature of these receptors and identification of a functional role has only been uncovered fairly recently. Postsynaptic receptors clearly respond to activation by presynaptically released GABA, usually at relatively high localised concentrations. As the released GABA is cleared via reuptake mechanisms

and diffusion, the response diminishes rapidly. The majority of postsynaptic receptors will also rapidly desensitize following agonist exposure. Postsynaptic GABA<sub>A</sub> receptors usually have a relatively low sensitivity for GABA, typically in the 10–50  $\mu\text{M}$  range. This may be related to the high concentrations of GABA usually found in the synaptic cleft. Having low sensitivity for GABA and rapid desensitization means that these types of receptors located on the neuronal membrane will not be activated following exposure to low concentrations of GABA. The delta subunit which co-assembles primarily with  $\alpha 4$  and  $\alpha 6$  is exclusively located extrasynaptically and confers several properties that differentiate these receptors from  $\alpha 1$ ,  $\alpha 2$  and  $\alpha 3$  containing synaptic receptors. Firstly, these receptors possess a significantly higher sensitivity to agonists such as GABA; they are usually activated at concentrations of less than 1  $\mu\text{M}$  GABA (Brown et al. 2002; Saxena and MacDonald 1996; Mortensen et al. 2011). Secondly, they exhibit a lower degree of receptor desensitization (Saxena and MacDonald 1996; Mortensen et al. 2010) to enable sustained or tonic levels of activation, and thirdly a lower open-channel probability, restricting the maximum level of receptor activation (Mortensen et al. 2010). These properties allow receptors to be activated by low levels of extracellular GABA in a continuous manner providing dynamic regulation of the resting membrane potential and a gain control on neuronal output (Semyanov et al. 2004; Cope et al. 2005; Duguid et al. 2012). The presence of a native tonic GABAergic current was first demonstrated in cerebellar granule neurons, which primarily express  $\alpha 6\beta\delta$  receptors (Brickley et al. 1996). The same type of current was also later identified in various brain regions expressing the  $\alpha 4\beta\delta$  subtype, such as dentate gyrus of the hippocampus (Stell and Mody 2002; Yeung et al. 2003) and thalamic relay neurons (Jia et al. 2005; Herd et al. 2009; Cope et al. 2005). In addition,  $\delta$ -containing receptors are expressed at low levels in cerebral cortex and are localised on neurogliaform interneurons (Capogna 2011), which can release GABA to produce self-inhibition and inhibition of surrounding cells expressing  $\delta$ -containing GABA<sub>A</sub> receptors (Oláh et al. 2009). Tonic currents have been demonstrated not only in brain slice preparations but also *in vivo*, for example in the cerebellum (Chadderton et al. 2004). The presence of a tonically activated GABA channel will directly influence the level of intracellular chloride and this in turn is dependent on the presence of chloride transporters such as KCC2 producing a dynamic balance. Interestingly, this has now come full circle, in that the level of intracellular chloride itself has recently been shown to regulate the expression of GABA receptor subunits (Succol et al. 2012). The source of GABA eliciting tonic currents is thought to result from either spillover at synapses or release from surrounding glia (Rossi et al. 2003)(see Chap. 6). Block of GABA uptake by drugs such as tiagabine or NO-711 can enhance tonic currents and in the cerebellum for example, one source of GABA is thought to be via release from astrocytes through bestrophin-1 anion channels (Lee et al. 2010). This group demonstrated that silencing bestrophin-1 could completely abolish tonic currents in granule cells (Lee et al. 2010) and that the levels of astrocytic GABA were generally higher in brain regions identified as expressing GABA-mediated tonic currents, suggesting that release from astrocytes may be a primary source of ambient GABA in these areas (Yoon et al. 2011).

#### 4.4 $\delta$ Subunit-Containing Receptors

The  $\delta$  subunit is highly expressed in cerebellar granule cells where it assembles with  $\alpha 6$  and  $\beta 2/3$ , and in hippocampal dentate gyrus and the ventrobasal thalamus where it assembles with  $\alpha 4$  and  $\beta 2/3$  (Saxena and Macdonald 1996; Brickley et al. 1996; Jia et al. 2005; Stell and Mody 2002). Lower levels of  $\delta$  subunit expression have been reported in cortex and striatum where it may co-assemble with other  $\alpha$  subunits such as  $\alpha 1$  (Drasbek and Jensen 2006; Santhakumar et al. 2010). The  $\delta$  subunit substitutes for the  $\gamma$  subunit resulting in a number of effects on the pharmacology of these subtypes. Firstly, the  $\gamma 2$  subunit contributes a major part to the binding site for benzodiazepines (BZ), and substitution with the  $\delta$  subunit ablates this binding site making these receptors insensitive to modulation by BZ (Quirk et al. 1995; Saxena and Macdonald 1996; Brown et al. 2002). This change to the binding site is not exclusively down to the  $\delta$  subunit. The  $\alpha 4$  and  $\alpha 6$  subunits also co-assemble with  $\beta \gamma 2$  forming a modified binding site which can bind some BZ site ligands, particularly the imidazobenzodiazepines such as bretazenil and flumazenil, with reasonably high affinity. However, given the different nature of the binding site, the functional efficacy of these drugs is modified. For example, the BZ ligand Ro15-4513 behaves as a partial inverse agonist at  $\alpha 1\beta 3\gamma 2$  but has full agonist efficacy at  $\alpha 4\beta 3\gamma 2$  and  $\alpha 6\beta 3\gamma 2$  (Brown et al. 2002). This change is due to a single histidine to arginine change between the  $\alpha 1$  and  $\alpha 4/6$  subunits (Wieland et al. 1992). The amino acids contributing to the BZ site are now well explored and pharmacophore modelling has revealed a number of residues important for the binding of BZs (Sigel and Luscher 2011). It is not just the binding site residues that make a difference in functional modulation however, and chimeric subunit studies using  $\gamma 2$  and  $\delta$  have identified functionally relevant residues Tyr235, Phe236, Thr237 in transmembrane domain 1 (TM1) and Ser280, Thr281, Ile282 in TM2. The TM2–TM3 loop also forms a pocket responsible for transducing BZ signalling to potentiate channel opening in  $\gamma 2$  containing receptors, a region which is different in  $\delta$ -containing receptors (Jones-Davis et al. 2005). It is currently unknown whether this binding pocket plays a role in the action of other allosteric modulators that can affect  $\delta$ -containing receptors.

GABA<sub>A</sub> receptors are also known to be modulated by some types of steroid, many of which are endogenous, for example, 5 $\alpha$ -pregnan-3 $\alpha$ -ol-20-one which is a metabolite of progesterone, and 5 $\alpha$ -pregnan-3 $\alpha$ ,21-diol-20-one a metabolite of deoxycorticosterone (Belelli and Lambert 2005)(see Chap. 5). These neurosteroid type modulators are produced at levels which may influence inhibitory synaptic transmission, but given that they also affect tonically active, extrasynaptic receptors, they may actually exert a much more profound effect by modulating these types of receptors (Stell et al. 2003). The potentiating effect of neurosteroids was reported to be much greater at  $\delta$ -containing receptors than other  $\gamma 2$  containing subtypes (Wohlfarth et al. 2002; Brown et al. 2002). Subsequent exploration of this mechanism however suggests that the apparent increase in neurosteroid efficacy is more likely due to the low efficacy of GABA itself at  $\delta$ -containing receptors,

resulting in a greater potential for modulation (Bianchi and MacDonald 2003; Shu et al. 2012). The  $\delta^{-/-}$  mouse displays a reduced sensitivity to neurosteroids *in vivo*, suggesting that  $\delta$ -containing receptors are an important target for these modulators (Mihalek et al. 1999).  $\delta$  subunit expression can also be regulated by the levels of endogenous steroid in females (Maguire and Mody 2009) and these receptors may play a role in the pathology of some types of menstrual disorder such as anxiety associated with premenstrual dysphoria, catamenial epilepsy and postpartum depression (Maguire and Mody 2008; Brickley and Mody 2012)(see Chap. 12). Several residues on the  $\alpha$ -subunit have been identified to play a role in conferring the allosteric modulation by neurosteroids (Hosie et al. 2006) and indeed the binding site is conserved in  $\alpha 4\beta 3\delta$  receptors suggesting that the  $\delta$  subunit does not form part of this site (Hosie et al. 2009). An additional complicating factor with neurosteroid modulation of GABA<sub>A</sub> receptors is that it appears to be somewhat dependent on the phosphorylation state of the receptor and reduction of protein kinase C- (PKC) or protein kinase A- (PKA) dependent phosphorylation reduces the degree of potentiation by neurosteroids (Harney et al. 2003). This factor is also likely to influence steroid effects on extrasynaptic  $\delta$ -containing receptors, since the  $\alpha 4$  and  $\beta 3$  subunits also contain sites for phosphorylation and these receptors are regulated by protein kinases (Abramian et al. 2010; Saliba et al. 2012).

Another important pharmacological property of GABA<sub>A</sub> receptors is their sensitivity to anaesthetics and it is believed that this mechanism underlies the *in vivo* activity of many commonly used anaesthetics such as propofol and etomidate, as well as the volatile anaesthetics such as halothane and isoflurane (Franks 2008). Like neurosteroids, the majority of GABA<sub>A</sub> receptor subtypes have binding sites for anaesthetics and robust enhancement of GABA activity is observed with these agents (Forman and Miller 2011). Site-directed mutagenesis studies and photolabelling using an analogue of etomidate have identified a potential pocket in the transmembrane domain incorporating residues from TM1 and TM3 where anaesthetics can bind (Jenkins et al. 2001; Li et al. 2006; Chiara et al. 2012). GABA responses at both  $\alpha 4\beta \delta$  and  $\alpha 6\beta \delta$  subtypes are enhanced by anaesthetic agents, for example propofol (Brown et al. 2002), etomidate and isoflurane (Lees and Edwards 1998; Jia et al. 2008a). In  $\delta^{-/-}$  mice, the sleep time produced by propofol, pentobarbital, etomidate and ketamine were not different to wild-type mice and loss of righting reflex to halothane was unchanged suggesting that  $\delta$ -containing receptors do not play a major role in mediating anaesthetic activity of these agents (Mihalek et al. 1999). While loss of righting reflex and degree of immobility with isoflurane were unaffected in the  $\alpha 4^{-/-}$  mouse, amnesic effects were reduced, suggesting a potential role for  $\alpha 4$ -containing receptors in anaesthetic mediated cognitive deficits (Rau et al. 2009). Additional studies have suggested agent-specific differential effects on synaptic and extrasynaptic receptors when comparing thiopental and isoflurane on hippocampal brain slice activity (Bieda et al. 2009) and propofol effects on tonic and phasic GABA currents in supraoptic magnocellular neurons (Jeong et al. 2011). While the gene knockout data would suggest that with the exception of neurosteroids, anaesthetics exert their effects primarily through synaptic receptors, the  $\alpha 4\beta \delta$  receptors in thalamus have been demonstrated to play a role in hypnotic

activity, and more specifically in the generation of slow-wave sleep with GABA agonists (see later section). Recent work using  $\alpha 6\beta\delta$  receptors and cerebellar granule cells has also demonstrated that the level of enhancement of tonic GABA-mediated currents by anaesthetic agents is also dependent on the ambient GABA concentrations which will differ from one brain region to the other (Houston et al. 2012). These authors demonstrate that at higher ambient GABA concentrations, propofol enhancement was reduced, whereas other types of modulator such as neurosteroids maintained their efficacy, perhaps accounting for the differences observed in the  $\delta^{-/-}$  mouse.

GABA<sub>A</sub> receptors are known to be sensitive to alcohols and these molecules are believed to bind in the same region as anaesthetics (McCracken et al. 2010). There have been several papers published demonstrating that  $\delta$ -containing receptors are particularly sensitive to low concentrations of ethanol (Wallner et al. 2003; Sundstrom-Poromaa et al. 2002) and that there is a binding site conferred by the  $\delta$  subunit that is also sensitive to the BZ inverse agonist Ro15-4513 (Wallner et al. 2006). In addition, tonic currents in hippocampal recordings are modulated at low concentrations of ethanol (Wei et al. 2004). These findings are however still controversial, as other publications have failed to replicate these effects with low concentrations of ethanol (Borghese et al. 2006; Borghese and Harris 2007; Baur et al. 2009; Yamashita et al. 2006; Shu et al. 2012) or binding of Ro15-4513 (Korpi et al. 2007; Mehta et al. 2007). In addition, for the most part  $\alpha 4^{-/-}$  and  $\delta^{-/-}$  mice have normal responses to ethanol (Chandra et al. 2008; Mihalek et al. 2001; Shannon et al. 2004). It is quite possible that similar to the case for neurosteroids, there are other factors that can influence receptor sensitivity to ethanol, for example, PKC isoforms (Werner et al. 2011; Choi et al. 2008; Qi et al. 2007) which are not controlled for in these studies. A recent report has identified an interesting sex difference with regard to the  $\alpha 4$  dependence of Ro15-1453 and ethanol induced ataxia, where only male  $\alpha 4^{-/-}$  were resistant to the effects of Ro15-4513 (Iyer et al. 2011). However, this effect is likely to be mediated through  $\alpha 4\beta 2$  receptors rather than  $\alpha 4\beta\delta$  (Linden et al. 2011).

While the agonist binding site is thought to be located at the  $\alpha/\beta$  subunit interface, there are very clear effects on GABA agonist pharmacology when the  $\gamma 2$  subunit is replaced by the  $\delta$  subunit, indicating that the nature of the third subunit can influence agonist-induced gating.  $\delta$  containing receptors are generally much more sensitive to agonists (Brown et al. 2002; Mortensen et al. 2011; Stórustovu and Ebert 2006) with GABA EC<sub>50</sub> values usually less than 1  $\mu$ M. In addition, the amplitude of maximum currents produced by GABA is reduced relative to other subtypes (Mortensen et al. 2010). Despite the presence of the GABA binding site at the  $\alpha/\beta$  interface, there have been several recent reports showing that the  $\delta$ -subunit can also contribute to the GABA binding site. Using concatenated subunits, Baur et al. showed that the  $\delta$ -subunit can assume various positions in the pentameric structure replacing the position of an  $\alpha$ -subunit and can form part of a GABA-binding site (Baur et al. 2009; Kaur et al. 2009). In addition, mutating the residue Arg218 of the  $\delta$ -subunit, equivalent to the GABA-binding residue Arg207 of the  $\beta 2$ -subunit, reduced the potency of GABA by 670-fold, again suggesting a potential role for GABA binding to the  $\delta$ -subunit (Karim et al. 2012a).



Receptor desensitization is reduced although not completely abolished, and the steady-state tonic current that remains when activated by ambient GABA is rendered insensitive to transient increases in GABA, for example from spillover at synaptic junctions (Bright et al. 2011). The agonist pharmacology is also somewhat different on  $\delta$ -containing receptors compared to  $\gamma 2$ -containing receptors. For example GABA behaves as a partial agonist relative to other agonists such as the constrained analogue 4,5,6,7-tetrahydroisoxazolo[5,4-c]pyridin-3(2H)-one (THIP or Gaboxadol), as well as other amino acids such as  $\beta$ -alanine and taurine which, like GABA, have increased potency at  $\delta$ -containing receptors (Brown et al. 2002; Mortensen et al. 2010; Jia et al. 2008b, Bianchi and Macdonald 2003). The potency and efficacy of THIP at  $\delta$ -containing receptors led to this being classified as a selective extrasynaptic agonist, and when applied to thalamic slices which express  $\alpha 4\beta\delta$ , THIP can selectively activate tonic currents with no effect on synaptic transients (Belelli et al. 2005; Cope et al. 2005). These properties combined with its favourable brain distribution following oral dosing, supported the discovery that THIP could induce slow-wave activity and increase sleep in both rodents and humans (Lancel and Langebartels 2000; Lankford et al. 2008; Wafford and Ebert 2006). Despite not being approved as a sleep-enhancing agent, THIP has proven to be a useful tool in exploring the role played by  $\delta$ -subunit containing, extrasynaptic GABA<sub>A</sub> receptors, since its sedating effects are lost in both  $\delta^{-/-}$  and  $\alpha 4^{-/-}$  mice (Winsky-Sommerer et al. 2007; Chandra et al. 2006), implicating  $\alpha 4\beta\delta$  GABA<sub>A</sub> receptors in sleep-wake control mechanisms.

Like other GABA<sub>A</sub> receptors,  $\delta$ -containing receptors are also allosterically potentiated by barbiturates such as pentobarbital (Brown et al. 2002). As with other allosteric modulators, the degree of potentiation observed when using GABA as the agonist appears much greater than with other receptor subtypes, however the potency is not affected. This difference can be accounted for by the partial agonist nature of GABA at this subtype (Feng et al. 2004). Chimeric  $\delta/\gamma 2$  subunits have been used to demonstrate a key region from the amino-terminus to proline 241 in the TM1 transmembrane domain that is critical for pentobarbital potentiation, as well as being a part of the subunit that confers reduced desensitization (Feng and Macdonald 2010).

Given the very different properties and role of extrasynaptic  $\delta$ -containing receptors, there has been recent interest in developing allosteric modulators that would be selective for this subtype. The first  $\delta$ -selective modulator identified by Wafford et al. was 4-chloro-N-[2-(2-thienyl)imidazo[1,2-a]pyridine-3-yl] benzamide or DS2. This drug-induced marked potentiation of  $\alpha 4\beta\delta$  receptor mediated currents with sub-micromolar potency and robust efficacy comparable to that of neurosteroids and was devoid of effects at other subtypes (Wafford et al. 2009). A close analogue, DS1 was also very potent, but had a strong GABA-mimetic effect, directly activating the receptor, while maintaining subtype selectivity. Further work has shown a dependence on the  $\delta$ -subunit for potent activity of DS2 and suggests a novel binding site exists for these types of allosteric modulators, since mutations known to affect steroids and anaesthetics do not alter modulation by DS2 (Jensen et al. 2013). The compound also enhances tonic currents in thalamic and cerebellar brain slices



where  $\alpha 4\beta\delta$  and  $\alpha 6\beta\delta$  generate the extrasynaptic tonic current (Wafford et al. 2009), and these effects are absent in thalamic slices from the  $\delta^{-/-}$  mouse (Jensen et al. 2013). Unfortunately, DS2 has very limited brain penetration so is not a useful tool for *in vivo* experiments, however other compounds have been proposed that have  $\delta$ -subunit activity with some *in vivo* effects. AA29504 is a retigabine analogue with modest activity at KCNQ ion channels that has been shown to potentiate  $\alpha 4\beta\delta$  receptor responses activated by GABA and gaboxadol. Like other modulators, AA29504 produced a greater maximal effect on  $\alpha 4\beta\delta$  than  $\alpha 1\beta 2\gamma 2$ , but was not selective for  $\delta$ -containing receptors since  $\alpha 1\beta 2\gamma 2$  receptors were also potentiated at the same concentrations, and synaptic inhibitory postsynaptic currents (IPSCs) were prolonged in cerebellar granule neurons (Hoestgaard-Jensen et al. 2010; Vardya et al. 2012). When administered subcutaneously, the drug produced anxiolytic activity and motor impairment, but the mechanism underlying these effects is not yet determined. A set of dihydropyrimidinones related to barbiturates have also been shown to potentiate  $\alpha 1\beta 2\delta$  receptors with some selectivity over other subtypes (Lewis et al. 2010). These compounds are relatively weak with EC<sub>50</sub> values from between 190  $\mu$ M for monastrol, and 410  $\mu$ M for JM-II-43A. Further investigation revealed that potentiation by these drugs was not completely dependent on the  $\delta$  subunit since GABA currents at  $\alpha 4\beta 2$  receptors were also potentiated. No effects were observed on  $\gamma 2$ -containing receptors however, suggesting at least some level of receptor selectivity with this class of molecule (Lewis et al. 2010). Interestingly there appeared to be some differences in potentiation between  $\alpha 1\beta 2\delta$ ,  $\alpha 4\beta 2\delta$  and  $\alpha 6\beta 2\delta$  receptors, supporting the hypothesis that the effects of these compounds are modulated by  $\delta$ , but their binding site may be linked more to the  $\alpha$ -subunit.

The NMDA antagonist ketamine has recently been demonstrated to be a weak potentiator of GABA<sub>A</sub> receptors with some selectivity for the  $\alpha 6\beta 2/3\delta$  receptor subtype. In addition, at concentrations above 100  $\mu$ M, ketamine could directly activate these receptors (Hevers et al. 2008). This property was not shared by other NMDA channel blockers such as MK-801 or phencyclidine. Ketamine could potentiate tonic currents in cerebellar granule neurons at 30  $\mu$ M or above suggesting this effect may contribute to the CNS depressant features of this drug *in vivo*.

Another well-characterised GABA-related drug, gamma-hydroxybutyric acid (GHB), has previously been shown not to affect GABA<sub>A</sub> receptors, but exert its effects primarily through GABA<sub>B</sub> receptors and potentially bind to a specific site which remains to be identified. More recently, the GABA  $\alpha 4$  subunit has been proposed as a potential binding protein for [<sup>3</sup>H]NCS-382, a potent 'GHB-receptor' ligand, and photo-affinity labelling using [<sup>125</sup>I]BnOPh-GHB which labels high-affinity GHB sites is inhibited by the GABA<sub>A</sub> antagonist gabazine (Absalom et al. 2012). These authors also showed that GHB can behave as a partial agonist at  $\alpha 4\beta 1\delta$  receptors with a potency of 140 nM and can be blocked by gabazine. Interestingly, GHB had remarkable  $\beta 1$  selectivity over  $\beta 2$  and  $\beta 3$  containing receptors and had no effect on  $\gamma 2$ -containing receptors. This suggests that  $\alpha 4\beta 1\delta$  may represent a high-affinity binding site for GHB, a hypothesis which is supported by reduced [<sup>3</sup>H]NCS-382 binding in  $\alpha 4^{-/-}$  mice. This interesting finding needs to be followed up, and several questions remain, particularly around the pharmacological profiling of

other GHB ligands such as NCS-382. In addition  $\alpha 4$  and  $\delta$  primarily associate with  $\beta 2$  and  $\beta 3$ , whereas  $\beta 1$  has low abundance in regions expressing  $\alpha 4$  (Pirker et al. 2000; Herd et al. 2008; Belelli et al. 2005).

A number of other agents have claimed to have some activity at extrasynaptic  $\delta$ -containing receptors, however it is as yet unclear what contribution these receptors may be making to the *in vivo* activity of any of these drugs. For example, 3-hydroxy-20-methoxy-6-methylflavone has been reported to enhance GABA-mediated responses at  $\alpha 1$ ,  $\alpha 2$ ,  $\alpha 4$  and  $\alpha 6$  but not  $\alpha 3$  and  $\alpha 5$  containing GABA<sub>A</sub> receptors, in addition to acting as a direct agonist at  $\alpha 4\beta\delta$  and  $\alpha 6\beta\delta$  receptor subtypes (Karim et al. 2012b). The compound is anxiolytic *in vivo*, but the role played by extrasynaptic receptors in this response remains to be elucidated. Biphenolic extracts from magnolia tree bark, magnolol and honokiol which have been shown to be anxiolytic and sleep inducing in humans also potentiated GABA-mediated currents in recombinant receptors, with no particular subtype selectivity, but more marked effects on  $\delta$ -containing receptors (Alexeev et al. 2012). Some endocannabinoids such as 2-arachidonoyl glycerol (2-AG) have been shown to potentiate GABA<sub>A</sub> receptors between 1 and 10  $\mu\text{M}$ . These compounds seem to show a degree of  $\beta 2$  selectivity and some synergistic effects with neurosteroids. It is possible that endogenous 2-AG can modulate GABA<sub>A</sub> responses to neurosteroids (Sigel et al. 2011) and these authors suggest that extrasynaptic receptors would be preferentially affected given a larger effect of 2-AG at low GABA concentrations.

An indirect modulator of GABA<sub>A</sub> receptors is insulin, which is able to rapidly recruit new receptors to the plasma membrane and consequently increase the amplitude of induced pluripotent stem cells (IPSCs) (Wan et al. 1997). This is thought to be mediated via tyrosine phosphorylation of residues on the  $\beta$ -subunit and is dependent on the GABA<sub>A</sub> receptor-associated protein, phospholipase C-related catalytically inactive protein (PRIP) (Fujii et al. 2010). This process also affects extrasynaptic receptors and insulin enhances tonic currents in hippocampal slices, subsequently reducing neuronal excitability (Jin et al. 2011). Given the relatively larger charge transfer produced by extrasynaptic receptors relative to synaptic receptors, this effect may predominate where extrasynaptic receptors are present and functional. While the  $\delta$ -subunit itself does not appear to be a substrate for PKC, both the  $\beta 2$  and  $\beta 3$  subunits do contain consensus sites for phosphorylation and can modulate the function of extrasynaptic GABA<sub>A</sub> receptors (Saliba et al. 2012). In addition,  $\alpha 4$  is also phosphorylated by PKC at Ser<sup>443</sup> (Abramian et al. 2010). Like insulin PKC phosphorylation can increase the number of receptors in the plasma membrane and stabilizes the receptor, preventing run-down of the current over time when  $\alpha 4\beta\delta$  receptors are expressed in human embryonic kidney (HEK) cells (Abramian et al. 2010). 8-bromo-cAMP has also been shown to enhance currents produced by expression of  $\alpha 4\beta 3\delta$ , implicating the potential for PKA phosphorylation as another modulatory mechanism for these extrasynaptic receptors (Tang et al. 2010).

As mentioned with regard to anaesthetic sensitivity, the contextual nature of extrasynaptic receptors compared to synaptic receptors can also contribute to their pharmacology. For example, the open channel blocker penicillin was reported to selectively block phasic currents in hippocampal neurons, but be relatively inef-

fective at blocking tonic extrasynaptic currents in the same neurons (Yeung et al. 2003). Using directly applied GABA to recombinant receptors,  $\gamma 2$ - and  $\delta$ -containing receptors were both found to be sensitive to block with penicillin, but in both cases only peak currents were reduced, leaving steady-state currents unaffected (Feng et al. 2009). Likewise  $\delta$ -containing receptors stimulated in a physiological manner, for instance by continuous application of low concentrations of GABA, produced a steady-state current that was insensitive to penicillin, whereas  $\gamma 2$ -containing receptors stimulated with brief, high concentrations of GABA were almost completely inhibited. Penicillin may be one example of this type of contextual-dependent selectivity, and potentiators may also give apparent differences when applied in context. For example propofol, gaboxadol and neurosteroids behave differently depending on the ambient concentration of GABA, and this is likely to influence their *in vivo* properties (Houston et al. 2012).

Another potential contributor to the pharmacology of both types of receptors is the possibility of constitutive activity in the absence of agonist. There is still some debate as to whether there are endogenous constitutively active GABA<sub>A</sub> channels; however, in recombinant expression systems there are some instances where channel activity can be measured in the absence of GABA (Maksay et al. 2003). There are a few reports of spontaneous activity with  $\delta$ -containing receptors (Tang et al. 2010), and one recent study has demonstrated a small amount of activity with  $\alpha 4\beta 3\delta$  expressed in *Xenopus* oocytes. This activity, which appeared to be dependent on the  $\beta$ -subunit isoform as it was not seen in  $\alpha 4\beta 2\delta$  expressing cells, could be potentiated by DS2 (Jensen et al. 2013). In other expression systems, however, the spontaneous activity of this combination is not present (Brown et al. 2002), so it is currently unclear if this represents the native situation or just an artefact of the expression system.

## 4.5 $\alpha 5$ Subunit-Containing Receptors

In adult brain, the  $\alpha 5$  subunit has a very limited distribution. Early on in development however there is more widespread expression, hence this receptor may play an important role during brain maturation (Laurie et al. 1992; Sebe et al. 2010). In adults, the most abundant form of this receptor is  $\alpha 5\beta_x\gamma 2$  and its highest level of expression is in the CA1 and CA3 regions of the hippocampus (Pirker et al. 2000), and lower levels of expression is in the cortex.

The  $\alpha 5\beta 2$  subunit was one of the first GABA<sub>A</sub> receptors to be proposed to function in a tonic fashion (Caraiscos et al. 2004; Glykys and Mody 2006) despite containing a  $\gamma 2$  subunit and being sensitive to BZs. More recent studies have revealed an actin-binding protein radixin, co-associated uniquely with  $\alpha 5$ , which may be responsible for trafficking and clustering  $\alpha 5$ -containing receptors within the membrane (Loebrich et al. 2006). There is still some debate about the presence of  $\alpha 5$ -containing receptors at hippocampal synapses, but accumulating evidence now suggests this receptor may contribute to synaptic responses (Collinson et al. 2002;

Prenosil et al. 2006; Zarnowska et al. 2009) and is located at synaptic terminals in addition to existing in a larger extrasynaptic pool (Serwanski et al. 2006). More specifically, GABA<sub>A</sub>  $\alpha$ 5-containing receptors have been shown to contribute to a slow IPSC termed 'GABA<sub>A,slow</sub>' in CA1 dendrites which is large in amplitude, prolonged by diazepam and activated by stimulation of the Schaffer-collateral pathway (Zarnowski et al. 2009; Vargas-Caballero et al. 2010; Capogna and Pearce 2011).

Given the high level of expression of  $\alpha$ 5 $\beta$ 2 receptors in the hippocampus, this receptor has been strongly implicated in cognitive processing, and evidence suggests that inhibition or deletion of  $\alpha$ 5-containing receptors promotes cognitive performance in both rodents and humans (Collinson et al. 2002; Dawson et al. 2006; Nutt et al. 2007). The potential for the treatment of cognitive disorders such as Alzheimer's disease and schizophrenia has led to the development of selective BZ-site targeted molecules with either binding or functional selectivity for  $\alpha$ 5 $\beta$ 2 over other receptor subtypes. Several different molecules have been identified and used as tools in this context. L-655,708 was demonstrated to be 50–100-fold more selective for  $\alpha$ 5 $\beta$ 2 over other  $\gamma$ 2-containing subtypes using [<sup>3</sup>H]-flumazenil binding, and behaved as a partial inverse agonist at the receptor (Atack et al. 2006). The compound-enhanced long-term potentiation in hippocampal brain slices and improved cognitive performance in the Morris water maze (Atack et al. 2006). Several other molecules were developed with greater efficacy at inhibiting  $\alpha$ 5 $\beta$ 2 receptors and it was discovered that compounds could be designed to exhibit functional selective inhibition at this subtypes versus other receptor subtypes.  $\alpha$ 5IA has potent affinity at all BZ-sensitive receptors but inhibits only  $\alpha$ 5 $\beta$ 2, behaving as a neutral antagonist at the other subtypes with no functional consequences, for example no convulsant liability.  $\alpha$ 5IA improved cognitive performance in rodent hippocampal-dependent tests of learning and memory (Dawson et al. 2006) as well as reversing alcohol induced memory impairment in humans (Nutt et al. 2007). Other examples of selective  $\alpha$ 5-negative modulators have also been developed (Ballard et al. 2009; Atack 2011), but none have yet been evaluated in cognitively impaired patients. There have been several recent reports that inhibiting GABA<sub>A</sub>  $\alpha$ 5-containing receptors can improve cognitive deficits in the mouse Ts65Dn model of Down's Syndrome (Braudeau et al. 2011; Möhler 2012) and an  $\alpha$ 5 inverse agonist (RG1662) is now being evaluated in Down's Syndrome patients.

Recent publications have suggested that there may be an age-related component to modulation of  $\alpha$ 5-containing receptors and cognitive improvement (Koh et al. 2013). Koh et al. report an improvement in cognitive performance in young rats with an  $\alpha$ 5-selective allosteric inhibitor, but not in older rats. In contrast, in their older cohort they demonstrate an improvement when the animals are injected with positive  $\alpha$ 5-selective modulators, such as Compound 44 [6,6-dimethyl-3-(3-hydroxypropyl)thio-1-(thiazol-2-yl)-6,7-dihydro-2-benzothiophen-4(5H)-one] and Compound 6 [methyl 3,5-diphenylpyridazine-4-carboxylate], which are partial positive allosteric modulators at  $\alpha$ 5 $\beta$ 2 receptors. They suggest that the hippocampus is overactive in older animals and in conditions such as Alzheimer's disease, and by potentiating  $\alpha$ 5-containing GABA<sub>A</sub> receptors this activity can be normalised (Koh et al. 2013).

Interestingly, another condition that exhibits abnormal hippocampal overactivity is the methylazoxymethanol acetate (MAM) model of schizophrenia (Lodge and Grace 2007) and application of another positive allosteric modulator at  $\alpha 5\beta \gamma 2$  receptors SH-053-2'F-R-CH3 appears to normalise this activity when administered either systemically or directly injected into hippocampus (Gill et al. 2011). This drug also reduced the enhanced locomotor response to amphetamine seen in this model; however, it has not yet been evaluated in cognitively based tests.

As described above, because general anaesthetics interact with most GABA<sub>A</sub> receptors, it is likely that  $\alpha 5\beta \gamma 2$  receptors are also involved in their *in vivo* effects. It has recently been shown by using the  $\alpha 5^{-/-}$  mice that this receptor contributes to the memory impairing effects of both etomidate and the volatile anaesthetic isoflurane on anaesthetic recovery (Martin et al. 2009; Zurek et al. 2012). In addition, by blocking  $\alpha 5$ -containing receptors with L-655,708, the deficits in short-term memory induced by isoflurane could be prevented (Zurek et al. 2012).

It is not currently clear which population of  $\alpha 5$ -containing receptors are contributing to the *in vivo* effects observed with  $\alpha 5$ -selective inhibitors. Given the function and significant effects extrasynaptic receptors have on controlling baseline neuronal excitability, it is quite likely that this population are playing a major role in the *in vivo* effects of allosteric modulators, both positive and negative. While  $\alpha 5^{-/-}$  mice exhibit enhancements in tests of learning and memory (Collinson et al. 2002), further experiments need to be done to understand the role of the tonic current in the hippocampus and its contribution to spatial learning.

While the majority of effort has focused on  $\alpha 5$ -containing receptors in the hippocampus and their role in cognition, there are some reports of  $\alpha 5$ -mediated tonic current in other regions, for example a recent report of tonic GABAergic currents in spinal ventral cord interneurons which are sensitive to  $\alpha 5$ -selective pharmacological agents (Castro et al. 2011). This opens the possibility that  $\alpha 5$ -selective agents may have some analgesic properties, although this has yet to be reported.

## 4.6 Other Potential Extrasynaptic Receptor Subtypes

While a major receptor subtype in the ventrobasal thalamus is  $\alpha 4\beta \delta$ , there is also a high level of expression of  $\gamma 2$  in this region, which by immunoprecipitation co-assembles with  $\alpha 4$  and  $\beta$  (Sur et al. 1999). The  $\alpha 4\beta \gamma 2$  subtype can be expressed in recombinant systems and has some unique properties with its modified BZ binding site being sensitive to certain BZ-site molecules such as the imidazobenzodiazepines, Ro15-4513, bretazenil and flumazenil, all of which behave as positive allosteric modulators (Whittemore et al. 1996; Brown et al. 2002). Like  $\alpha 6\beta \gamma 2$ , the  $\alpha 4\beta \gamma 2$  receptor is also more sensitive to blockade by furosemide than other subtypes (Wafford et al. 1996). Despite the immunoprecipitation data, native receptor pharmacology in the ventrobasal thalamus has not actually revealed a receptor with this pharmacology, and

individual subunit deletion experiments suggest just two populations in this region,  $\alpha 4\beta 2\delta$  and  $\alpha 1\beta 2\gamma 2$  (Herd et al. 2009; Peden et al. 2008). In the hippocampus, there is some evidence for receptors which exhibit this unique pharmacology appearing transiently following progesterone withdrawal (Gulinello et al. 2002), which results in up-regulation of  $\alpha 4$  in this region. In addition, lorazepam becomes inactive, and flumazenil which is normally silent exhibits an anxiolytic-like effect under these conditions, suggesting  $\alpha 4\beta \gamma 2$  may underlie the response in these animals (Gulinello et al. 2002). It is not clear whether this receptor is located at synapses or extrasynaptically, however the miniature IPSC decay time constant is decreased in many neurons, and these become insensitive to the prolongation normally observed with lorazepam, suggesting that at least a proportion are located synaptically (Hsu et al. 2003).

A recent publication studying GABA<sub>A</sub> receptors in the amygdala has identified a tonic current present in principal cells of the basolateral nucleus which expresses predominantly  $\alpha 3$ -containing receptors (Marowsky et al. 2012). The tonic current is sensitive to BZ and is potentiated by the  $\alpha 3$ -selective potentiator TP003 and hence contains a  $\gamma 2$  subunit. The current is also significantly reduced in the  $\alpha 3^{-/-}$  mouse suggesting this receptor may play a role in controlling excitability of the basolateral amygdala. The presence of  $\alpha 3$  in extrasynaptic receptors is surprising given it has the lowest sensitivity to GABA, but the local concentration of ambient GABA in this region is unknown.

The majority of GABA<sub>A</sub> receptors in the CNS appear to be pentamers comprising a preferred arrangement of two  $\alpha$ , two  $\beta$  and one other subunit. Evidence does exist however for native receptors containing only  $\alpha$  and  $\beta$  subunits, an arrangement which does function in recombinant systems, and will form in the  $\gamma 2^{-/-}$  mouse (Günther et al. 1995). In a recent report, a low conductance component of the tonic current in hippocampal pyramidal neurons appeared to be highly sensitive to block by zinc, a feature of receptors composed of  $\alpha$  and  $\beta$  subunits alone (Mortensen and Smart 2006). Further investigation revealed this to be insensitive to BZs and have a conductance state similar to  $\alpha\beta$  but not  $\alpha\beta\gamma$  or  $\alpha\beta\delta$  receptors, making up approximately 10% of the tonic current in these neurons (Mortensen and Smart 2006). This suggests that at least in some parts of the CNS, there may be extrasynaptic receptors composed of just  $\alpha$  and  $\beta$  subunits with their own distinct pharmacology, including high sensitivity to zinc and insensitivity to BZs.

There are two additional GABA<sub>A</sub> subunits ( $\theta$  and  $\epsilon$ ) which are of very low abundance and in at least the case of  $\epsilon$  can dramatically alter the pharmacology of receptors when expressed with  $\alpha$  and  $\beta$  subunits.  $\theta$  remains relatively unexplored (Bonnert et al. 1999) but it has been proposed that  $\alpha 3$ ,  $\theta$  and  $\epsilon$  are expressed together in postnatal spinal cord (Pape et al. 2009), as well as in other brain regions, including the locus coeruleus, the amygdala and various nuclei of the hypothalamus (Moragues et al. 2002; Sinkkonen et al. 2000). The native pharmacology of such a receptor has yet to be defined and the contribution of  $\theta$  to these receptors is still unknown. The  $\epsilon$ -subunit is unusual in that when co-expressed with  $\alpha$  and  $\beta$  subunits, it can reduce the sensitivity to anaesthetics (Davis et al. 1997; Thompson et al. 2002) and is insensitive to



BZs. More importantly, it can produce constitutively open receptors which can also be activated by GABA and have a level of spontaneous channel activity (Maksay et al. 2003). Clearly this is likely to be an important feature for an extrasynaptic receptor where a level of constitutive or tonic activity can be maintained even in the absence of GABA. Unfortunately, it has been difficult to demonstrate the presence of such a receptor in native neuronal preparations, even those with the highest levels of expression of these subunits. One study reports a BZ-insensitive GABA synaptic current in locus coeruleus, however this did not exhibit spontaneous activity (Belujon et al. 2009). So at the present time, it is still unclear whether these represent a novel subtype of extrasynaptic receptor, or what the pharmacology of these receptors might be.

In addition to the identification of tonic currents elicited by GABA<sub>A</sub> receptor subtypes, it has recently been shown that GABA<sub>C</sub> or  $\rho$ -containing receptors can also be localised extrasynaptically on retinal bipolar neurons (Jones and Palmer 2009). These are thought to be predominantly  $\rho 1$  containing due to their insensitivity to the  $\rho 2$ -selective antagonist cyclothiazide (Jones and Palmer 2011).

## 4.7 Beta Subunits

Unlike the  $\alpha$ ,  $\delta$  and  $\gamma 2$  subunits, the identity of the  $\beta$  subunits in different populations of extrasynaptic and synaptic receptors has had little investigation. One study has utilized  $\beta 2^{-/-}$  and the point mutant  $\beta 2N265S$  transgenic mice to differentiate populations of receptors in the dentate gyrus of the hippocampus. They discovered that the extrasynaptic  $\alpha 4\beta\delta$  population contained primarily  $\beta 2$  subunits while the synaptic  $\alpha\beta\gamma 2$  population contained primarily  $\beta 3$  subunits. The delineation of  $\beta 3$  and  $\beta 2$  to synaptic and extrasynaptic receptors is not universal however, since the diazepam sensitive tonic current present in these neurons, made up of  $\alpha 5\beta\gamma 2$ , contained primarily  $\beta 3$  subunits and was unaffected by  $\beta 2$  deletion (Herd et al. 2008). In addition, in thalamic relay neurons, both extrasynaptic and synaptic GABA<sub>A</sub> receptors contained primarily  $\beta 2$  subunits (Belelli et al. 2005). Another study using cultured hippocampal pyramidal cells identified  $\alpha 1/2\beta 2/3\gamma 2$  in clusters in both synaptic membranes and extrasynaptic membranes, and diffusely distributed  $\alpha 4\beta 1\delta$  receptors in extrasynaptic membranes (Mangan et al. 2005). There are few pharmacological tools that exhibit  $\beta$ -subunit selectivity. Loreclezole and etomidate both show a degree of  $\beta 2/3$  selectivity over  $\beta 1$ , and PI 24513, a dioxane analogue has been identified which exhibits preferential allosteric potentiation of  $\beta 1$ -containing receptors (Sergeeva et al. 2010). These have recently been used to demonstrate the presence of synaptic  $\beta 1$ -containing receptors in the tuberomammillary nucleus and their potential involvement in the sedating effects of PI 24513 (Yanovsky et al. 2012). This tool may be useful to identify the potential presence of  $\beta 1$  in other extrasynaptic receptor populations.



**Table 4.1** Direct and indirect modulators of extrasynaptic and synaptic GABA<sub>A</sub> receptor subtypes

|                      | $\alpha 1\beta\gamma 2$ | $\alpha 2\beta\gamma 2$ | $\alpha 3\beta\gamma 2$ | $\alpha 5\beta\gamma 2$ | $\alpha 4\beta\gamma 2$ | $\alpha 4\beta\delta$ | $\alpha 6\beta\delta$ | $\alpha 1\beta\delta$ | $\alpha\beta$ | $\rho 1$ |
|----------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-----------------------|-----------------------|-----------------------|---------------|----------|
| Classical BZ         | ✓✓✓                     | ✓✓✓                     | ✓✓✓                     | ✓✓✓                     | —                       | —                     | —                     | —                     | —             | —        |
| imidazoBZ            | ✓✓                      | ✓✓                      | ✓✓                      | ✓✓✓                     | ✓✓✓                     | —                     | —                     | —                     | —             | —        |
| Zolpidem             | ✓✓✓                     | ✓✓                      | ✓✓✓                     | —                       | —                       | —                     | —                     | —                     | —             | —        |
| THIP                 | ✓✓                      | ✓✓                      | ✓✓                      | ✓                       | ✓                       | ✓✓✓                   | ✓✓✓                   | —                     | ✓✓✓           | antag.   |
| DS2                  | —                       | —                       | —                       | —                       | —                       | ✓✓✓                   | ✓✓✓                   | —                     | —             | —        |
| TP003                | BZ antag.               | BZ antag.               | ✓✓                      | BZ antag.               | —                       | —                     | —                     | —                     | —             | —        |
| steroids             | ✓✓                      | ✓✓                      | ✓✓✓                     | ✓✓                      | ✓✓                      | ✓✓✓                   | ✓✓✓                   | ✓✓✓                   | —             | —        |
| IA $\alpha 5$        | BZ antag.               | BZ antag.               | BZ antag.               | ✓✓✓                     | —                       | —                     | —                     | —                     | —             | —        |
| EtOH                 | ✓                       | ✓                       | ✓                       | ✓✓                      | ✓                       | ✓✓?                   | ✓✓?                   | ✓✓?                   | ✓             | —        |
| AA29504              | ✓                       | ✓                       | ✓                       | ✓                       | ✓                       | ✓✓                    | ✓✓                    | —                     | ✓             | —        |
| Dihydrop.            | —                       | —                       | —                       | —                       | —                       | —                     | —                     | —                     | ✓             | —        |
| Propofol/barbs       | ✓✓                      | ✓✓                      | ✓✓                      | ✓✓                      | ✓✓                      | ✓✓✓                   | ✓✓✓                   | ✓✓✓                   | ✓✓            | —        |
| furosemide           | ✓                       | ✓                       | ✓                       | ✓                       | ✓✓                      | ✓✓                    | ✓✓                    | —                     | ✓             | —        |
| GABA uptake blockers | ✓                       | ✓                       | ✓                       | ✓                       | —                       | ✓✓                    | ✓✓                    | ✓✓                    | ✓             | ✓✓       |

 Illustrates predominantly synaptic receptors

 Illustrates predominantly extrasynaptic receptors

 Illustrates both synaptic and extrasynaptic receptors

## Conclusions

The rich and diverse pharmacology of the GABA<sub>A</sub> receptor family can now be extended to that of those receptors that are located extrasynaptically and serve a different function to synaptic receptors. Many of the existing allosteric modulators of GABA<sub>A</sub> receptors show overlapping pharmacology on these different populations, while others are more specific (see Table 4.1), and while the understanding of the functional contribution of non-synaptic receptors is growing, it is still to be fully appreciated. It is clear now that some populations are insensitive to BZs such as those containing  $\delta$ , while others such as those containing  $\alpha 5$  can still be modulated via this site. It also appears that the level of receptor activation by GABA can affect some allosteric modulators but not others, which will have major consequences to the *in vivo* activity of these types of drugs and will be an important consideration when developing novel pharmacologically selective molecules. Extrasynaptic receptors also appear to be more plastic, and can respond quickly to changes in their environment, for example, in response to steroid exposure, or an epileptic seizure. The therapeutic potential for modulation of extrasynaptic receptors is extremely diverse, with associated changes in many neurological disorders such as epilepsy, depression, menstrual disorders, anxiety, sleep and Alzheimer's disease (Brickley and Mody 2012). Development of pharmacologically selective agents is still in the early stages and it is hoped that novel agents will be forthcoming in the near future that will prove beneficial in one or more of these disorders.

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# Chapter 5

## Neurosteroids and Extrasynaptic GABA<sub>A</sub> Receptors

William M. Connelly

**Abstract** Steroid sex hormones are generally thought to act through intracellular receptors, where they regulate gene expression and protein synthesis, an effect that takes minutes to hours to occur. However, steroid metabolites can also directly modulate the activity of numerous ligand-gated ion channels. These metabolites can be synthesised *de novo* in the CNS, and are termed *neurosteroids*. The action of neurosteroids at ion channels, most notably GABA<sub>A</sub> receptors, is implicated in natural and pathophysiological stress responses and neurophysiological changes during the oestrous cycle and parturition. Here, I will review the synthesis, action and the activity of neurosteroids on synaptic and extrasynaptic GABA<sub>A</sub> receptors.

**Keywords** GABA · Neurosteroids · Tonic inhibition · Extrasynaptic

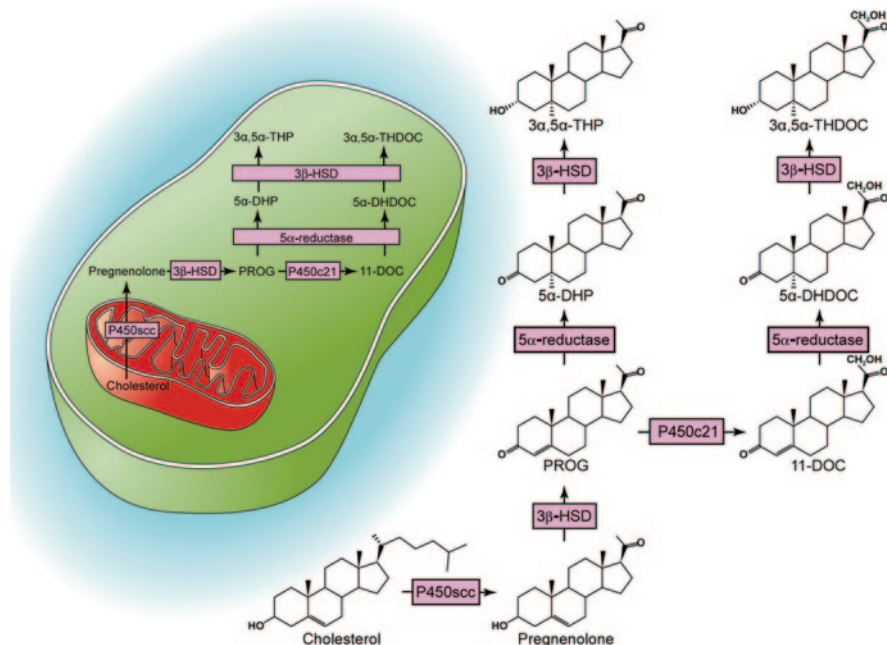
### 5.1 Metabolism

The notion that steroids could be synthesised *de novo* in the central nervous system (CNS) was raised by Corpéchet et al. (1981) when dehydroepiandrosterone (DHEA) was shown to be present in the CNS at concentrations 20 times that of plasma. Furthermore, CNS levels of the steroid were not reduced by removal of the testes, adrenal glands or by treatment with dexamethasone, indicating that the steroids were not derived from classical peripheral sources, a result soon repeated for pregnenolone and its sulphate ester (Corpéchet et al. 1983). Thereafter, the mitochondrial cytochrome P450 cholesterol side-chain cleavage (P450<sub>scc</sub>) enzyme, which catalyses the conversion of cholesterol to the steroid precursor, pregnenolone, was identified in neurons and glial cells (Le Goascogne et al. 1987; Jung-Testas et al. 1989; Zwain and Yen 1999). The subsequent metabolism of active neurosteroids is complex, and a complete discussion of the various biosynthetic pathways is outside the scope of this review. However, a brief outline of the most potent and commonly researched neurosteroids is in order. All neurosteroids can be derived from progesterone (PROG) which is pro-

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W. M. Connelly (✉)

Neuroscience Division, Cardiff School of Biosciences, Cardiff University,  
The Sir Martin Evans Building, Museum Avenue, Cardiff CF10 3AX, UK  
e-mail: connellywm@cardiff.ac.uk



**Fig. 5.1** Biosynthesis of neurosteroids. Cholesterol is metabolised by mitochondrial cytochrome P450 cholesterol side-chain cleavage (P450scc) to pregnenolone. 3- $\beta$ -hydroxysteroid dehydrogenase (3 $\beta$ -HSD), located largely in the endoplasmic reticulum converts pregnenolone to progesterone (*PROG*). *PROG* is converted to 5 $\alpha$ -dihydroprogesterone (5 $\alpha$ -DHP) by 5 $\alpha$ -reductase also located largely in the endoplasmic reticulum, which is then metabolised by 3 $\alpha$ -HSD to form 3 $\alpha$ ,5 $\alpha$ -tetrahydroprogesterone (3 $\alpha$ ,5 $\alpha$ -THP). *PROG* can also be metabolised by P450c21 to 11-deoxycorticosterone (11-DOC). Which in turn is converted to 5 $\alpha$ -dihydrodeoxycorticosterone (5 $\alpha$ -DHDOC). Tetrahydrodeoxycorticosterone (3 $\alpha$ ,5 $\alpha$ -THDOC) is produced that is metabolised by 3 $\beta$ -HSD. Note, even though P450c21 is represented in this diagram, it is not expressed in the CNS

duced by the action of 3- $\beta$ -hydroxysteroid dehydrogenase (3 $\beta$ -HSD) on pregnenolone. To produce 3 $\alpha$ ,5 $\alpha$ -tetrahydroprogesterone (3 $\alpha$ ,5 $\alpha$ -THP; allopregnanolone), *PROG* is converted to 5 $\alpha$ -dihydroprogesterone by 5 $\alpha$ -reductase, which is then metabolised by 3 $\alpha$ -HSD. Alternatively, 3 $\alpha$ ,5 $\alpha$ -tetrahydrodeoxycorticosterone (3 $\alpha$ ,5 $\alpha$ -THDOC) is produced when *PROG* is metabolised by P450c21 to 11-deoxycorticosterone (11-DOC), and then acted on by 5 $\alpha$ -reductase to produce 5 $\alpha$ -dihydrodeoxycorticosterone which is subsequently metabolised by 3 $\alpha$ -HSD (Fig. 5.1). There are numerous other end pathways and products which are reviewed in detail by Compagnone and Mellon (2000). As with the previously discussed pathways, all of these alternative biosynthetic enzymes, apart from P450c21, can be found in the CNS (reviewed by Mellon et al. 2001).

Once synthesised, it is assumed that neurosteroids leave the cell via diffusion through the plasma membrane. Clearance of neurosteroids is probably mediated by the same enzymes which synthesise them. This view is supported by evidence such

that inhibition of 3 $\alpha$ -HSD amplifies the action of exogenously applied 3 $\alpha$ ,5 $\alpha$ -THP (Belelli and Herd 2003).

## 5.2 Action

In 1941, Selye demonstrated that intraperitoneal delivery of PROG and 11-DOC produced a rapid and reversible anaesthesia. This discovery led to the development of alphaxalone, a short-acting steroid anaesthetic, which for a brief time enjoyed widespread clinical use (Gyermek and Soyka et al. 1975). While these anaesthetic steroids were originally hypothesised to act via non-specific membrane disruption, several results made this suggestion untenable. For instance, alphaxalone, while being similarly non-polar to PROG, is a significantly more potent anaesthetic (see Gyermek and Soyka et al. 1975). Furthermore, the beta-hydroxy isomer of alphaxalone, betaxalone, which is again equally lipophilic, is completely devoid of anaesthetic action (Phillipps 1974). The notion that neuroactive steroids may have a specific receptor was confirmed when Harrison and Simmonds (1984) demonstrated that alphaxalone (but not betaxalone) potentiated the extracellular field response to muscimol in brainstem slices, as well as [<sup>3</sup>H]muscimol binding to synaptic membranes. Indeed, previous results had shown that alphaxalone slowed the decay of *inhibitory postsynaptic currents* (IPSCs) recorded in cortical brain slices (Scholfield 1980). Further evidence comes from whole-cell recording from cultured bovine chromaffin cells, where low (10 nM–1  $\mu$ M) concentrations of alphaxalone potentiated the response to GABA, and higher concentrations directly evoked GABA<sub>A</sub> receptor-mediated currents (Cottrell et al. 1987). Single-channel studies indicated that neurosteroids acted in a manner similar to barbiturates, increasing the frequency of channel opening and the likelihood that a channel will enter an open state of long duration, without altering the main conductance level (Callachan et al. 1987; Twyman and Macdonald 1992). However, it is not as simple as the notion that all neurosteroids potentiate the GABA<sub>A</sub> receptor. Pregnenolone sulphate and DHEA sulphate are well established to block GABA<sub>A</sub> receptors at low micromolar concentrations (Majewska et al. 1988; Demirgören et al. 1991; Akk et al. 2001). Furthermore, some 3 $\beta$ -hydroxypregnane steroids such as 3 $\beta$ ,5 $\alpha$ -THP and 3 $\beta$ ,5 $\alpha$ -THDOC appear to act as neurosteroid antagonists: inactive at the GABA<sub>A</sub> receptor themselves, but able to antagonize the effect of 3 $\alpha$ -hydroxypregnane steroids (Wang et al. 2002; Lundgren et al. 2003).

During this era of research, two facts were becoming evident, first, that the GABA<sub>A</sub> receptor was made up of a dizzying array of subunits, and that certain drugs only acted at receptors made up of specific subunits. The prototypical class of these are the benzodiazepines. The first evidence of subunit-dependent drug action was revealed when the  $\gamma$ 2 subunit was cloned, and it was shown that this subunit was required for benzodiazepine action (Pritchett et al. 1989). This idea was extended to show that benzodiazepine action was dependent on the presence of  $\alpha$ 1, 2, 3 or 5 subunits. (Sigel et al. 1990; Smith and Olsen 1995). However, such subunit se-

lectivity was not initially forthcoming for steroids. Early work either showed that steroids could bind to a large variety of receptors (e.g. Gee et al. 1988 and Puia et al. 1990) or contradictory results regarding subunit selectivity. For example Korpi and Lüddens (1993) showed that  $\alpha 6\beta\gamma 2$  receptors are highly sensitive to steroids while Puia et al. (1993) reported that  $\alpha 6\beta\gamma 2$  receptors are less sensitive. Similarly, Shingai et al. (1991) reported that  $\alpha 1$ -containing receptors were the most sensitive to steroids while Lan et al. (1991) reported that  $\alpha 3$ -containing receptors are more sensitive than  $\alpha 1$ . Possibly one of the most interesting subunits, when it comes to the action of steroids is the  $\delta$  subunit. Initial reports suggested that the  $\delta$  subunit significantly decreased the action of steroids in oocyte expression systems, and likewise, that cultured cerebellar granule cells that expressed  $\gamma 2$  subunits were more sensitive to the action of  $3\alpha, 5\alpha$ -THDOC than those that express  $\delta$  subunits (Zhu et al. 1996). This result was repeated by measuring the decay kinetics of miniature IPSCs by Cooper et al. (1999), where more mature,  $\delta$ -containing cerebellar granule cells became insensitive to steroid action. However, these results were soon contested when it was reported that, while  $3\alpha, 5\alpha$ -THDOC has similar EC50s for potentiating submaximal GABA responses in  $\alpha 1\beta 3\gamma 2L$  and  $\alpha 6\beta 3\gamma 2L$  versus  $\alpha 1\beta 3\delta$  and  $\alpha 6\beta 3\delta$  receptors, the neurosteroid produced a far greater magnitude of potentiation in  $\delta$ -containing receptors when the receptors were exposed to saturating concentrations of GABA (Belelli et al. 2002; Wohlfarth et al. 2002). Likewise, while  $3\alpha, 5\alpha$ -THP, alphaxalone and  $3\alpha, 5\alpha$ -THDOC all had similar EC50s for potentiating submaximal GABA responses in  $\alpha 4\beta 3\gamma 2$  and  $\alpha 4\beta 3\delta$  receptors, the steroids produced a far greater magnitude of potentiation in  $\delta$ -containing receptors in the presence of saturating concentrations of GABA (Brown et al. 2002). Indeed, these results were foreshadowed by a study using fluorescence resonance energy transfer (FRET) imaging of GABA-evoked depolarization (Adkins et al. 2001). Furthermore, these results were reinforced when it was shown that the tonic current in dentate gyrus and cerebellar granule cells, known to be produced by  $\alpha 4\beta\delta$  and  $\alpha 6\beta\delta$  receptors respectively, was sensitive to low concentrations (10–100 nM) of  $3\alpha, 5\alpha$ -THDOC, while the sensitivity was lost in  $\delta^{-/-}$  animals (Stell et al. 2003). It is important to note that while there is no evidence to support the notion that steroids such as  $3\alpha, 5\alpha$ -THDOC are *pharmacologically* selective for  $\delta$ -containing receptors (that is, they do not have a lower EC50 at these receptors, Lambert et al. 2003), because neurons that use these receptors to mediate extrasynaptic currents generally receive the majority of their inhibitory charge transfer through extrasynaptic receptors, neurosteroid-mediated potentiation of these receptors can be seen as *functionally* selective for  $\delta$ -containing receptors. That is, the potentiation of inhibition in response to steroids is largely due to the enhancement of charge transfer through  $\delta$ -containing receptors.

### 5.3 Anxiety/Stress

The initial observation by Purdy et al. (1991) that mild stress-induced synthesis of neurosteroids has fuelled research into the role of steroids in stress and anxiety. Their experiments reported that swim stress induced a 4–20-fold increase in both



the levels of circulating and CNS neurosteroids, reaching concentrations of approximately 50 nM. Moreover, the increase in central 3 $\alpha$ ,5 $\alpha$ -THP levels preceded that in the plasma, and occurred even in adrenalectomized rats, indicating that the steroid was centrally synthesised. It is now well known that these neurosteroids have anxiolytic actions in humans and experimental animals (Freeman et al. 1993; Bitran et al. 1999), thus, it seems possible that neurosteroid release may act as an endogenous anxiolytic in response to stressful situations. While I am unaware of any evidence that specifically tests this hypothesis, it seems that stress-induced neurosteroid synthesis is responsible for the antiseizure effect of mild stress, as treatment with the 5 $\alpha$ -reductase inhibitor, finasteride, prevents the stress-induced increase in plasma THDOC levels, as well as the stress-induced increase in seizure threshold (Reddy and Rogawski 2002; though see Perićić et al. 2000). Indeed, neurosteroids may regulate basal levels of anxiety, as microinjections of finasteride into the amygdala appears to increase anxiety-related behaviour of unstressed rats (Walf et al. 2006). Interestingly, there is some evidence that patients with generalized anxiety disorder (GAD) may have low-circulating levels of pregnenolone sulphate (Semeniuk et al. 2001; Heydari and Le Mellédo 2002).

While the interaction of neurosteroids with the hypothalamic–pituitary–adrenal (HPA) axis is covered elsewhere in this book (Maguire, Chap. 12), one example warrants mention in this chapter. The release of corticotropin-releasing hormone (CRH) from the hypothalamus is instrumental in coordinating the stress response, causes the release of adrenocorticotrophic hormone and subsequently corticosterone. As would be expected, THDOC potentiates  $\delta$ -containing GABA<sub>A</sub> receptors on CRH neurons, reducing their output (Sarkar et al. 2011). However, during stress the THDOC-mediated enhancement of GABAergic signalling actually increases the output of CRH neurons due to a shift in Cl<sup>-</sup>-gradient induced by phosphorylation of the K<sup>+</sup>/Cl<sup>-</sup> co-transporter KCC2. Furthermore, under normal conditions, intra-peritoneal THDOC has no effect on circulating corticosterone levels while under stressed conditions THDOC actually enhances the release of corticosterone. Indeed, the physiological release of corticosterone in response to stress is dependent on this neurosteroid-mediated excitement of CRH neurons, as finasteride (which does not directly affect the synthesis of corticosterone) prevents stress-induced increase in corticosterone (Sarkar et al. 2011).

A final and potentially most illustrative example of the interaction between neurosteroids, GABA<sub>A</sub> receptors subunits and anxiety comes from studying neurophysiological changes during puberty. Plasma concentrations of 3 $\alpha$ ,5 $\alpha$ -THP have been shown to increase throughout puberty (Fadalti et al. 1999), and this steroid is a well-established anxiolytic. However, seemingly at odds with this, stress responses are increased and anxiety disorders first become apparent during puberty (Modesti et al. 1994; Hayward and Sanborn 2002). This discord is potentially explained by the findings of Shen et al. (2007) who demonstrated that 3 $\alpha$ ,5 $\alpha$ -THP in fact inhibits currents produced by  $\alpha$ 4 $\beta$ 2 $\delta$  receptors (while still potentiating  $\alpha$ 4 $\beta$ 3 $\delta$  receptors) by enhancing desensitization. They showed that during puberty, there is an increase of  $\alpha$ 4 and  $\delta$  subunits in area CA1 of the hippocampus, an area where they are essentially undetectable before puberty (they did not investigate  $\beta$  subunit expression). Importantly, 3 $\alpha$ ,5 $\alpha$ -THP inhibited the tonic current recorded in CA1 pyramidal



neurons from pubertal animals, whereas in prepubertal animals, it potentiated it. In line with this, while exogenous  $3\alpha,5\alpha$ -THP was anxiolytic in prepubertal animals, it was anxiogenic in pubertal animals. These results show the complexity that the neurosteroid system can have when interacting with the dynamic subunit composition of the GABA<sub>A</sub> receptor.

## 5.4 Oestrous Cycle, Parturition and Puberty

Some of the most striking examples of the potential endogenous role for neurosteroids come from studying the alteration in steroid synthesis during the oestrous cycle and parturition. It is well established that PROG and  $3\alpha,5\alpha$ -THP have antiseizure effects (e.g. Selye 1942; Beelli et al. 1989). Plasma PROG levels peak during the luteal phase of the oestrous cycle, a period during which animals have a decreased seizure susceptibility (Frye and Bayon 1998). Thus, it seems reasonable to hypothesise that the increased PROG and  $3\alpha,5\alpha$ -THP levels seen during the luteal phase may be responsible for the lowered seizure susceptibility during this phase. Indeed, during artificially induced oestrous cycling, finasteride blocks the increase in plasma  $3\alpha,5\alpha$ -THP, as well as the antiseizure effects of oestrous (Frye et al. 1998). Furthermore, during natural oestrous cycling, the level of the  $\delta$  subunit of the GABA<sub>A</sub> receptor increases, coincident with high levels of PROG, and there is in turn an increase in the magnitude of the tonic current recorded in dentate gyrus granule cells. Importantly, the decrease in seizure sensitivity seen during this high PROG, high  $\delta$ -subunit phase, is removed when the  $\delta$ -subunit is knocked down by RNA interference (Maguire et al. 2005). Thus, it seems that during the luteal phase, there is both an increase in neurosteroids as well receptors they target.

Pregnancy is another condition where neurosteroids are elevated. In females, plasma and central levels of both PROG and  $3\alpha,5\alpha$ -THP increase massively over the course of pregnancy (Concas et al. 1998; Luisi et al. 2000). In parallel with this, there is an increase in seizure threshold during pregnancy, an effect that is blocked by finasteride (Nau et al. 1985; Fyre and Bayon 1998). However, the subunit changes in the GABA<sub>A</sub> receptor that occur during pregnancy remain unclear. The initial report by Maguire and Mody (2008) demonstrated that during pregnancy the level of  $\delta$ -subunit protein decreases in the hippocampus, along with the magnitude of the tonic current recorded in dentate gyrus granule cells. However, Sanna et al. (2009) reported an increase in the magnitude of the tonic current, increasing the tonic current's sensitivity to  $3\alpha,5\alpha$ -THP and a parallel increase in immunoreactivity for  $\delta$ -subunit protein in the hippocampus. Subsequently, Maguire and colleagues repeated their results, and implicated the difference in the antibodies used for the different results (Maguire et al. 2009). However, this fails to explain the diametrically opposed results regarding the magnitude of the tonic current during pregnancy. Interestingly, slices from Maguire et al. (2009) are shown to be hyperexcitable when taken from pregnant animals, apparently opposing what is known about the

lowered seizure threshold during pregnancy. As the work of Maguire and colleagues was performed in mice, while that of Sanna and colleagues was performed in rats, perhaps these differences are simply due to the species/strain used.

## Conclusion

In the 50 years since Selye's report of the anaesthetic action of neurosteroids, much has been revealed about their action and physiological relevance. However, many important areas remain to be properly covered. Apart from the regulation of CRH release, what roles do neurosteroids play in the physiological response to stress? Is the action of neurosteroids enhanced or decreased in pregnancy? How is neurosteroid synthesis regulated in the CNS? It is still not completely clear which GABA<sub>A</sub> receptor subtypes neurosteroids target. There appears to be a dearth of molecular tools to investigate these questions (for instance, a CNS-specific knockout of 5 $\alpha$ -reductase) and hopefully the development of tools like this will help elucidate the role of neurosteroids in the healthy and diseased brain.

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# Chapter 6

## Sources of GABA That Activate Extrasynaptic GABA<sub>A</sub> Receptors

Damian Bright, Catriona Houston and Stephen Brickley

**Abstract** Extrasynaptic  $\gamma$ -aminobutyric acid type A (GABA<sub>A</sub>) receptors in the brain are activated by GABA molecules present in the extracellular space, leading to the generation of a tonic conductance that has been shown to influence neuronal excitability (see other chapters). In the current chapter, we explore the many factors that can influence the ambient GABA concentration paying particular attention to how GABA synthesis, release, diffusion and uptake both provides and controls extracellular GABA levels. Evidence in support of both vesicular and non-vesicular sources of GABA is presented. We also consider how the physical environment of the extracellular space influences ambient GABA concentrations by shaping transmitter diffusion and regulating GABA availability due to the complex spatial distribution of GABA-binding proteins. Measurements of GABA levels in the brain are reviewed including some discussion of how ambient GABA concentrations are reported to change in pathological conditions.

**Keywords** GABA · Vesicular · Non-vesicular · GABA transporter · Extrasynaptic · Tonic inhibition

### 6.1 Introduction

Tonic inhibition is provided by various populations of extrasynaptic  $\gamma$ -aminobutyric acid type A (GABA<sub>A</sub>) receptors within the brain. Specific extrasynaptic GABA<sub>A</sub> receptor populations are formed from defined subunit combinations (normally containing either the  $\delta$  subunit or the  $\alpha 5$  subunit). It is the high GABA affinity of these extrasynaptic GABA<sub>A</sub> receptor populations that results in their continuous activation by the low ambient GABA concentrations present in the extracellular space (ECS). These tonic GABA<sub>A</sub> receptor-mediated conductances have been

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S. Brickley (✉) · C. Houston  
Biophysics Section, Department of Life Sciences, Imperial College London,  
South Kensington Campus, London SW7 2AZ, UK  
e-mail: s.brickley@imperial.ac.uk

D. Bright  
Department of Neuroscience, Physiology and Pharmacology, University College London,  
London WC1E 6BT, UK

identified in various neuronal populations within all major brain areas, including cortex, hippocampus, thalamus, hypothalamus and brain stem (Farrant and Nusser 2005; Brickley and Mody 2012). Several studies have suggested an important role for tonic conductances in the control of neuronal excitability, with distinct physiological roles from the more well-studied phasic inhibition (Brickley et al. 1996; Mitchell and Silver 2003; Chadderton et al. 2004; Pavlov et al. 2009). However, a critical factor in understanding the functional role of tonic inhibition is to appreciate how these GABA<sub>A</sub> receptor-mediated conductances can be modulated. Therefore, it is important to identify the sources of GABA that give rise to tonic receptor activation and to understand the various mechanisms that might control the concentration of GABA within the ECS.

We will review how GABA is synthesized and stored and our current knowledge about the sources of GABA responsible for the various tonic GABA<sub>A</sub> receptor-mediated conductances that have been identified. We will then discuss factors that control the extracellular GABA concentration under various conditions and how these are likely to influence tonic inhibition. Finally, we will review measurements of extracellular GABA concentration in brain tissue, including some discussion of how GABA levels are determined by behaviour, pharmacology and pathophysiology.

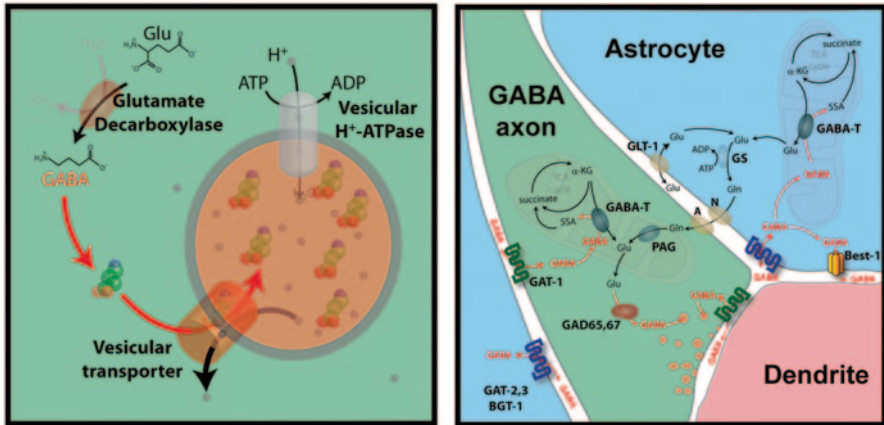
## 6.2 Synthesis and Sequestration of GABA

### 6.2.1 GABA in Neurons

GABA is taken up into neurons by specific membrane-bound GABA transporters (GATs, see Sect. 6.4.3). However, as illustrated in Fig. 6.1 most GABA within inhibitory neurons appears to be derived from *de novo* synthesis (Martin and Tobin 2000). The principal enzyme responsible for the conversion of glutamate to GABA (Roberts and Frankel 1950) is glutamate decarboxylase (GAD). GAD exists in two isoforms (GAD65 and GAD67), which as well as differing in molecular weight have different catalytic and kinetic properties (Battaglioli et al. 2003; Fenalti et al. 2007), and variant cellular and subcellular distributions (Kaufman et al. 1991; Escalapez et al. 1994) with GAD65 apparently preferentially targeted to axon terminals, compared with a more uniform distribution throughout the cytoplasm for GAD67 (Kaufman et al. 1991).

Since glutamate is the principal substrate for GABA synthesis, control of the availability and uptake of this excitatory amino acid is known to have an impact upon inhibitory GABAergic transmission. Neuronal glutamate uptake is mediated by specific excitatory amino acid carriers (EAACs; also known as transporters, EAATs), of which EAAC1 appears to be the major carrier expressed at presynaptic inhibitory terminals (Rothstein et al. 1994; Conti et al. 1998a). Knockdown of EAAC1 leads to a downregulation of GABA synthesis and a concomitant reduction in total hippocampal GABA levels of about 50%, subsequently resulting in





**Fig. 6.1** Illustration of the synthesis, sequestration, release and transport of  $\gamma$ -aminobutyric acid (GABA) within the complex environment surrounding the synapse. Axon terminals are depicted in green and astrocytes are blue. The postsynaptic dendrite is shown in red and the extracellular space is shown in white. Lipid bilayers are drawn in grey with various cytoplasmic and membrane-bound proteins indicated where necessary. Scale and anatomical location are not represented in these cartoons. The left-hand panel concentrates on the synthesis and packaging of GABA into vesicles within the axon terminal. GABA molecules are shown being synthesized by the enzyme glutamate decarboxylase (GAD). The GAD65 isoform is reported to be concentrated in nerve terminals whereas GAD67 may be distributed more uniformly in neurons. GABA is then moved into vesicles via the vesicular GABA transporter (VGAT) also known as the vesicular inhibitory amino acid transporter (VIAAT; since it also transports glycine). Vesicular transport is driven by a proton gradient that has been established across the vesicular membrane by the vesicular  $H^+$ -ATPase. The right-hand panel gives a broad overview of GABA synthesis within astrocytes and axon terminals and the interplay between these two cell compartments. Briefly, the GABA precursor glutamate (glu) is synthesized from glutamine (Gln) by phosphate-activated glutaminase (PAG) and from  $\alpha$ -ketoglutarate ( $\alpha$ -KG) by several enzymes, including GABA transaminase (GABA-T). GABA is degraded in mitochondria in both neurons and astrocytes by GABA-T, which produces succinic semialdehyde (SSA); the SSA is then converted to succinate. Succinate and  $\alpha$ -KG are both intermediates of the tricarboxylic acid (TCA) cycle. Within astrocytes, extracellular glutamate is taken up by the action of the astrocyte-specific glutamate transporter-1 (GLT-1) where it is converted into glutamine by glutamine synthetase (GS) and exported back to neurons. Glutamine is released from astrocytes by system N transporters (N) and taken up into neurons by system A transporters (A). It has been suggested that GABA release through the anion channel bestrophin-1 (Best-1) may also take place.

epileptiform activity (Sepkuty et al. 2002). It has also been shown that increasing extracellular glutamate levels drives an increase in GABA synthesis and enhances inhibitory synaptic transmission (Mathews and Diamond 2003). Hence, control of glutamate uptake may also represent an important regulator of extracellular GABA levels and thus modulate tonic inhibition.

As shown in Fig. 6.1, glutamate levels within the CNS are critically determined by the availability of the amino acid, glutamine. Extracellular glutamate is taken up into glial cells by the action of the astrocyte-specific glutamate transporter-1 (GLT-1) where it is converted into glutamine by glutamine synthetase (Pines et al.

1992; Arriza et al. 1994). Glutamine is then released from astrocytes by system N transporters into the ECS where levels can reach hundreds of micromoles ( $\mu\text{M}$ ; Kanamori and Ross 2004). Uptake of glutamine into neurons is mediated by system A transporters (SNATs, Chaudhry et al. 2002) where it can then be converted into glutamate by glutaminase. This glutamate–glutamine cycle has been shown to provide an important source of glutamate for conversion into GABA within inhibitory neurons, with perturbations of this cycle leading to altered GABAergic transmission (Roth and Draguhn 2012). For instance, blockade of neuronal glutamine uptake within the hippocampus has been shown to reduce GABA levels (Rae et al. 2003) and inhibit evoked GABAergic synaptic transmission (Liang et al. 2006). In thalamus, disruption of the glutamate–glutamine cycle by blockade of neuronal glutamine uptake or by selective ablation of glial cells was also shown to impair inhibitory synaptic transmission and resulted in attenuated intra-thalamic rhythmic activity (Yang and Cox 2011). Given the impact on GABA synthesis of the glutamate–glutamine cycle, it appears likely that regulation of this system will also be important for extrasynaptic GABA<sub>A</sub> receptor activation.

Within axon terminals, GABA is concentrated in vesicles by the actions of the vesicular GABA transporter (VGAT; also known as the vesicular inhibitory amino acid transporter, VIAAT, since it can also transport glycine). This vesicular GABA can then be released into the synaptic cleft by a  $\text{Ca}^{2+}$ -dependent exocytotic process triggered by an action potential. It has been suggested that this vesicular GABA may be synthesized largely by GAD65; firstly, due to the localisation of this enzyme within terminals and also due to a functional coupling between GAD65 and VGAT (Jin et al. 2003). Although GABA is highly enriched in the vesicles compared with the cytosol (about 1000-fold; Edwards 2007), there may still be a significant concentration of GABA in the cytosolic compartment (1–10 mM; Otsuka et al. 1971; Schwartz 1987; Wu et al. 2007). This extravesicular GABA may also be subject to release from the neuron under various conditions which will be discussed below.

### 6.2.2 GABA in Glial Cells

Uptake of GABA from the ECS into glial cells is mediated by GATs (see Sect. 6.4.3 Madsen et al. 2010). However, glia can also synthesize GABA as particular populations of glial cells express GAD enzymes and can produce GABA from the decarboxylation of glutamate as in neurons (Martinez-Rodriguez et al. 1993). A second pathway is also available since the polyamine putrescine can be converted into GABA by the actions of diamine oxidase (Seiler et al. 1979; Laschet et al. 1992). This pathway may be particularly important during pathological conditions, with production of GABA from putrescine being significantly higher in astrocytes from an epileptic mouse strain (Laschet et al. 1992). Although cytosolic levels of GABA will be reduced by the actions of the enzyme GABA-transaminase (GABA-T), which is highly expressed in astrocytes and converts GABA into glutamate, significant levels of GABA can still be detected in specific populations of glial

cells (Angulo et al. 2008). For instance, Bergmann glia in the cerebellum display significant immunoreactivity for GABA (Benagiano et al. 2000), as do astrocytes in the brainstem (Blomqvist and Broman 1988). The cytosolic GABA concentration is difficult to measure, especially for glial cells where turnover of GABA by uptake, synthesis and catalysis may be particularly high; however, an intracellular GABA concentration of 3.5 mM has been reported for cultured astrocytes (Bardakdjian et al. 1979). Interestingly, it has been shown that astrocytes possess some of the factors necessary for exocytotic glutamate release, including storage vesicles, pumps for accumulating transmitter in the vesicles and machinery to promote fusion of the vesicles with the plasma membrane (reviewed by Hamilton and Attwell 2010). This is consistent with studies demonstrating that astrocytes release glutamate when their internal  $[Ca^{2+}]$  is raised. At this moment, there is a paucity of evidence to directly support exocytotic release of glial GABA, although this mechanism does not seem implausible given the situation with glial glutamate. Much less attention has been focussed on GABA release from glial cells but it is becoming clear that glia may represent an important source of GABA within the central nervous system (Angulo et al. 2008; Yoon et al. 2012).

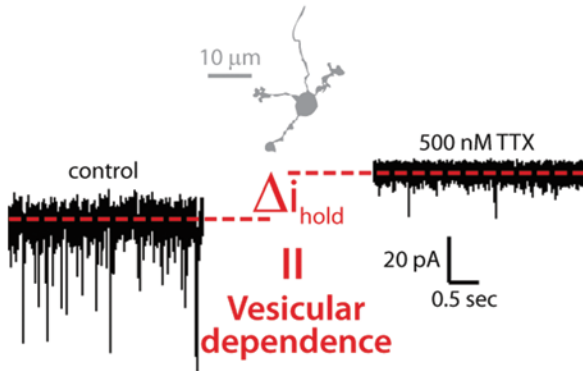
## 6.3 Release of GABA

Mechanisms for the release of GABA into the ECS can be divided into two broad categories: (1) vesicular release and (2) non-vesicular release. These mechanisms will be addressed in more detail below, including discussion of where identified tonic currents can be attributed to a particular source of GABA.

### 6.3.1 Vesicular Release

The vesicular release of GABA from the axon terminals of inhibitory interneurons to activate synaptic receptors on the soma and dendrites of adjacent neurons is a well-established concept. Although GABA will be cleared from the synapse and the surrounding area by highly efficient transporters (GATs 1/3, see Sect. 6.4.3), some of this GABA is likely to escape, particularly under conditions of enhanced release (Rossi and Hamann 1998; Wei et al. 2003). This spillover of released transmitter provides a potential source for the GABA that activates extrasynaptic receptors.

It should also be noted that in recent years, other forms of exocytotic GABA release have been identified. For instance, certain neurons are able to release GABA from dendrites to provide a retrograde or lateral inhibition (Koch and Magnusson 2009). A well-characterised example is in the thalamus where local interneurons can release GABA from presynaptic (F2) terminals on their distal dendrites (Sherman 2004; Acuna-Goycolea et al. 2008). Another atypical mode of vesicular GABA release has recently been identified in the cortex (Olah et al. 2009) and in other brain



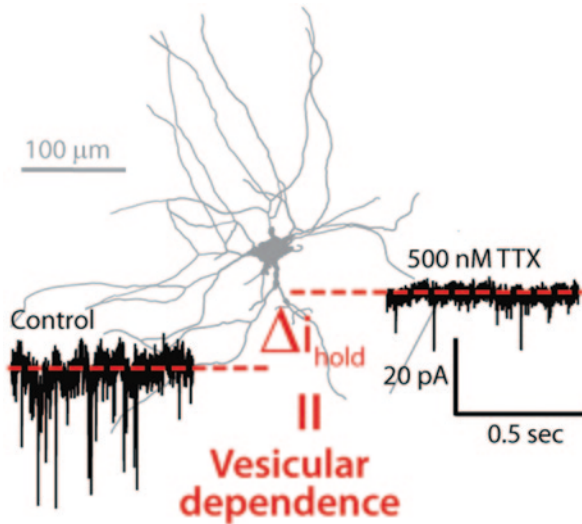
**Fig. 6.2** A typical whole-cell voltage-clamp recording from an adult cerebellar granule cell (post-natal day 41) before and after reduction in the rate of vesicular  $\gamma$ -aminobutyric acid (*GABA*) release in the acute slice preparation. A neurobiotin-filled cerebellar granule cell is also shown following a recording of this type. The standing holding current measured at  $-70$  mV is clearly reduced following the application of  $500$  nM *TTX* to the recording solution as is the rate of spontaneous inhibitory post synaptic conductances (IPSCs). This type of experiment represents clear evidence in favour of vesicular *GABA* release contributing to the generation of a tonic conductance

areas (see Sect. 6.4.2.1). A particular class of interneurons, the neurogliaform cells, produces very slow inhibitory post synaptic conductances (IPSCs) in their target cells. These are thought to be caused by release of a cloud of *GABA* from the unusually dense axonal arborisation of these interneurons, mostly from release sites not situated at synapses. Extracellular *GABA* derived from vesicular release is therefore likely to depend upon various characteristics of the parent interneuron population.

The following section will briefly review the contributions of vesicular release in generating the tonic  $\text{GABA}_A$  receptor-mediated currents that have been identified in various brain areas.

### 6.3.1.1 Cerebellar Granule Cells

Granule cells in the cerebellum exhibit a tonic inhibition that is generated by high-affinity  $\text{GABA}_A$  receptors containing the  $\alpha 6$  subunit, probably in combination with  $\delta$  subunits. In a number of studies (see Fig. 6.2), the tonic inhibition appears to be generated by *GABA* released in response to action potentials, probably in Golgi cells (Kaneda et al. 1995; Brickley et al. 1996; Bright et al. 2011; Houston et al. 2012). However, some investigations report that a component of the tonic conductance is not blocked by tetrodotoxin (*TTX*) and therefore is not dependent upon action potential-evoked release of *GABA* (Wall and Usowicz 1997; Rossi et al. 2003). These authors suggested that the *GABA* must be released from either Golgi cell terminals or astrocytes by a non-vesicular,  $\text{Ca}^{2+}$ -independent mechanism. It has also recently been suggested that *GABA* release via the anion channel bestrophin-1



**Fig. 6.3** A typical whole-cell voltage-clamp recording from an adult thalamic relay neuron (post-natal day 35) before and after reduction in the rate of vesicular  $\gamma$ -aminobutyric acid (*GABA*) release in the acute slice preparation. A neurobiotin-filled thalamic relay neuron is also shown following a recording of this type. The standing holding current measured at  $-60$  mV is clearly reduced following the application of 500 nM TTX to the recording solution as is the rate of spontaneous inhibitory post synaptic conductances (IPSCs). This type of experiment represents clear evidence in favour of vesicular GABA release contributing to the generation of a tonic conductance

may be responsible for setting the ambient GABA level in the cerebellum (Lee et al. 2010); however, another report has failed to replicate these findings (Diaz et al. 2011; see Sect. 6.3.2.2).

### 6.3.1.2 Dentate Gyrus Granule Cells

Hippocampal granule cells of the dentate gyrus exhibit a tonic GABA<sub>A</sub> conductance that is likely to be mediated primarily by  $\alpha 4\delta$  receptors with a component due to receptors containing the  $\alpha 5$  subunit (Glykys et al. 2008). A recent study using mouse hippocampal slices has demonstrated that TTX causes a reduction in both the frequency of IPSCs and in the size of the tonic current, suggesting that about 50% of the tonic conductance is caused by action potential-dependent release of GABA (Holter et al. 2010). These authors suggest that the remaining component of the tonic current is generated by action potential-independent release. Reversed transport is unlikely to contribute since use of the GAT-1-specific antagonist, NO-711, causes a potentiation of the tonic, suggesting that GAT-1 acts as a sink, rather than a source, of GABA (see Sect. 6.3.2.1), consistent with an earlier study in the adult rat (Nusser and Mody 2002; Fig. 6.3).

### 6.3.1.3 Hippocampal Pyramidal Cells

A significant tonic GABA<sub>A</sub> current is present in juvenile hippocampal pyramidal cells but this diminishes with development to become only a small component of the membrane conductance in adult animals (Semyanov et al. 2004). It is thought that this current is mediated by  $\alpha 5\beta\gamma$ ,  $\alpha 4\beta\gamma$  and  $\alpha\beta$  receptors. The relative contributions of these different receptor populations may be determined by the ambient GABA concentration, with one study suggesting that at low GABA concentrations, the tonic conductance is mediated largely by  $\alpha 4\beta\gamma$  GABA<sub>A</sub>Rs, with increased GABA concentrations leading to recruitment of  $\alpha 5$ -containing receptors (Scimemi et al. 2005). Glykys and Mody (2007b) have recently demonstrated a strong correlation between phasic inhibition (IPSCs) and tonic inhibition in CA1 pyramidal cells. This is consistent with the majority of the tonic receptor activation in these cells being due to vesicular GABA release.

### 6.3.1.4 Cortical Pyramidal Cells

Tonic GABA<sub>A</sub> receptor-mediated conductances have been identified in both layer 2/3 and layer 5 pyramidal neurons in the somatosensory cortex (Keros and Hablitz 2005; Drasbek and Jensen 2006) as well as in some interneurons (Krook-Magnuson et al. 2008). Although there is no direct evidence to support a vesicular source of GABA, it has been proposed that enhanced GABA release caused by repetitive stimulation of thalamocortical fibres may cause increased tonic inhibition in specific populations of cortical interneurons. This could provide an explanation for the increased ratio of excitation to inhibition observed in layer four barrel cortex excitatory cells under such conditions (Krook-Magnuson et al. 2008).

### 6.3.1.5 Thalamus

Extrasynaptic GABA<sub>A</sub> receptors were first identified immunohistochemically in the thalamus (Soltesz et al. 1990) and these have since been attributed to the expression of high-affinity  $\delta$ -GABA<sub>A</sub>Rs (Sur et al. 1999; Jia et al. 2005; Kralic et al. 2006). These receptors underlie the tonic conductance that has been measured in relay neurons of the ventrobasal (VB) thalamus (Jia et al. 2005; Cope et al. 2005; Belelli et al. 2005) and dorsal lateral geniculate nucleus (dLGN; Cope et al. 2005). We have demonstrated that the tonic inhibition exhibited by dLGN relay neurons depends upon the global level of inhibitory activity within the thalamus (Bright et al. 2007). Manipulations that alter vesicular release of GABA across the thalamus, such as blockade of action potential-dependent release with TTX or reduction of release probability by lowering external Ca<sup>2+</sup> concentration, concomitantly cause a decrease in the tonic conductance. Consistent with this, we have shown more recently that increasing GABA release across thalamic synapses by application of a nitric oxide donor leads to an enhancement of the tonic conductance (Bright and Brickley 2008).



Interestingly, in this study, we also demonstrated a novel activity-dependent mechanism for enhancing GABA release at a limited set of thalamic synapses. However, this up-regulation of local GABA release was not associated with a change in the tonic conductance, suggesting that the underlying receptors will only respond to more global changes in GABA release, reflecting concerted alterations in inhibitory activity. Inhibitory circuitry within the thalamus plays a key role in the generation of oscillatory activity that underlies various physiological and pathophysiological states (McCormick and Bal 1997; Huguenard and McCormick 2007). Hence, tonic inhibition within the thalamus may be dynamically regulated by global changes in GABA release, corresponding to various behavioural states.

### 6.3.1.6 Striatum

It has recently been shown that a particular subset of medium spiny neurons (MSNs) within the striatum express a significant tonic GABA<sub>A</sub> conductance. These neurons are part of the striatal–pallidal pathway and selectively express dopamine D<sub>2</sub> receptors (Ade et al. 2008; Janssen et al. 2009). The tonic conductance is almost completely abolished by application of TTX, suggesting that most of the GABA responsible is derived from action potential-dependent vesicular release.

### 6.3.1.7 Hypothalamus

Tonic GABA<sub>A</sub> receptor-mediated conductances have been identified in two hypothalamic nuclei: the supraoptic nucleus (SON) of the magnocellular neurosecretory system (Park et al. 2006) and the paraventricular nucleus (PVN; Park et al. 2007). With regard to the source of the GABA, the two hypothalamic tonic conductances exhibit somewhat disparate biophysical fingerprints. Park et al. (2007) described a significant positive correlation between basal IPSC frequency and tonic conductance in the PVN, suggesting that synaptically released GABA may contribute to the tonic conductance. In the case of the SON tonic conductance, no such correlation was apparent and furthermore, elevated GABA release caused by application of the K<sup>+</sup> channel blocker 4-AP was ineffective in increasing the tonic conductance (Park et al. 2006). The authors of these two studies speculate that these differences could be due to distinct neuronal–glial microenvironments present in the two nuclei. Specifically, neurons within the SON and their synapses are tightly enveloped by thin glial processes. This arrangement may act as a diffusion barrier, limiting the ability of synaptically released GABA to activate the extrasynaptic receptors that give rise to tonic inhibition. Under conditions of repetitive afferent stimulation, both hypothalamic neuronal populations exhibit enhancement of the tonic conductance. This would suggest that strong synchronous release of GABA can result in elevated levels of neurotransmitter, capable of activating the receptors that underlie tonic inhibition in the hypothalamus.

### 6.3.1.8 Brainstem

Recently, a tonic GABA<sub>A</sub> receptor-mediated conductance has been identified in auditory neurons of the avian nucleus laminaris, an analogue of the mammalian medial superior olive (Tang et al. 2011). Experimental manipulations that reduced the level of synaptic release, including lowering the extracellular Ca<sup>2+</sup> concentration and activation of presynaptic GABA<sub>B</sub> receptors, were shown to significantly reduce the tonic current. Furthermore, it was demonstrated that the magnitude of the tonic inhibition was highly correlated with the magnitude of the phasic inhibition (IPSC frequency and amplitude). Therefore, this study provides convincing evidence that the source of the GABA in this nucleus is vesicular release.

### 6.3.1.9 Spinal Cord

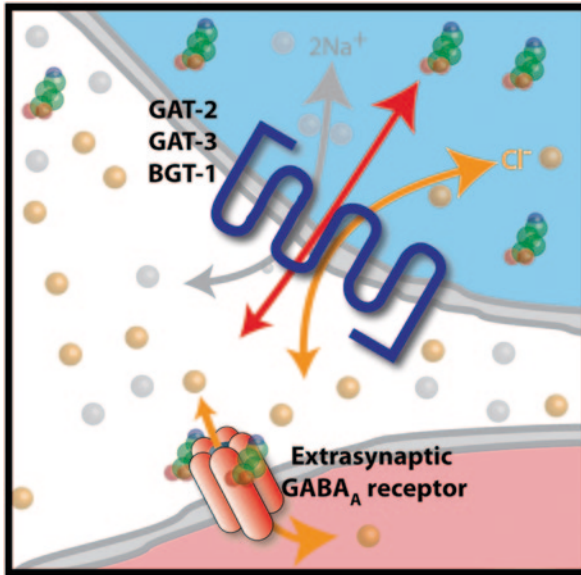
Ataka and Gu (2006) have shown that neurons in lamina 2 of the adult mouse spinal cord dorsal horn display a tonic GABA<sub>A</sub> conductance. This tonic conductance presumably displays a dependence on species and/or age since a similar study in juvenile rats failed to detect a significant basal tonic GABA<sub>A</sub> conductance in the same neurons (Mitchell et al. 2007). However, this latter study did demonstrate the presence of a significant population of extrasynaptic receptors, since application of a GABA uptake blocker, and of both endogenous and exogenous neurosteroids, induced large bicuculline-sensitive inward currents. Evidence supporting a vesicular source for the GABA responsible for activating these receptors is provided by the positive correlation between IPSC frequency and the tonic conductance in adult mouse lamina 2 neurons (Ataka and Gu 2006).

## 6.3.2 Non-vesicular Release of GABA

In Sect. 6.3.1, we reviewed the large body of evidence that suggests that levels of vesicular release alter the magnitude of tonic inhibitory conductances across the brain (see Figs. 6.2–6.3). However, there has been some controversy on the relative role of synaptic release in setting the ambient GABA concentration (Hamann et al. 2002; Rossi et al. 2003). In some cases, abolition of vesicular release causes only a partial reduction in the tonic current, suggesting that other non-vesicular sources must also contribute. Therefore, the potential role of GATs in releasing GABA and other non-vesicular sources must be considered.

### 6.3.2.1 GATs: A Dynamic Equilibrium

GATs such as GAT-1 undergo a single reaction cycle that will generate coupled translocation of 2 Na<sup>+</sup>, one Cl<sup>-</sup> ion and one GABA molecule by utilising the energy



**Fig. 6.4** Extracellular *GABA* concentration is determined by the stoichiometry of  $\gamma$ -aminobutyric acid (*GABA*) transporters located within the plasma membrane of neurons and astrocytes. There are believed to be at least four distinct *GABA* transporters (*GAT-1*, *GAT-2*, *GAT-3* and *BGT-1*). *GAT-1* is principally found in neurons whereas *GAT-2*, *GAT-3* and *BGT-1* are believed to be present in astrocytes. Irrespective of the transporter type, the movement of *GABA* depends upon the coupled translocation of two sodium ions ( $2\text{Na}^+$ , grey) and one chloride ion ( $\text{Cl}^-$ , orange). Therefore, uptake of *GABA* results in a net gain of positive charge inside the cell. The direction of *GABA* transport, however, will depend upon the ion gradient and the membrane potential. Therefore, the equilibrium state of the *GABA* transporter will largely determine the resting ambient *GABA* concentration present in the extracellular space. The lowest theoretical estimates of ambient *GABA* concentration (low nM) are believed to be sufficient to bind to high-affinity extrasynaptic *GABA<sub>A</sub>* receptors and cause chloride flux through the open channels.

provided by the inward  $\text{Na}^+$  gradient (Fig. 6.4: Lu and Hilgemann 1999; Wu et al. 2007). The transporters act to move *GABA* towards an equilibrium determined by the internal and external substrate concentrations ( $\text{Na}^+$ ,  $\text{Cl}^-$  and *GABA*) and the membrane potential. The theoretical prediction is that GATs have a reversal potential close to the resting potential of neurons acting to reduce *GABA* to an ambient concentration of 0.1–0.4  $\mu\text{M}$  (Attwell et al. 1993; Wu et al. 2003; Richerson and Wu 2003). The transporter is equally capable of moving in the reverse direction if the ambient *GABA* concentration is below the transporters equilibrium state. Inhibition of GATs clearly increases the extracellular *GABA* concentration as detected using a “sniffer patch” of membrane pulled from a cell positioned close to a slice preparation (Isaacson et al. 1993). The theoretical predictions have been confirmed by direct measurement of transporter currents (Cammack et al. 1994; Lu and Hilgemann 1999; Gonzales et al. 2007) which showed a predicted sensitivity to internal and external  $\text{Na}^+$  and  $\text{Cl}^-$  concentrations.

Using a more sensitive approach in which Chinese hamster ovary (CHO) cells were transfected with high-affinity  $\alpha\beta\delta$  GABA<sub>A</sub> receptors (“sniffer patches”) to detect release of GABA from CHO cells expressing GAT-1, it was demonstrated that GATs can reverse under physiological conditions. This was confirmed by paired recordings in hippocampal neurons in culture (Wu et al. 2007). Depolarisation and increased intracellular Na<sup>2+</sup> concentration, as may occur during an action potential, was shown to lead to GABA transport into the ECS. Transporter currents have also been observed in Bergmann glia in rat cerebellar slices mediated by GAT-1. In these cells, it appeared GAT-1 was acting to import GABA but increased intracellular GABA and Na<sup>2+</sup> again revealed that reverse transport of GABA was possible (Barakat et al. 2002). Hence, conditions that increase internal Na<sup>2+</sup> and membrane potential during high-frequency activity or seizures will lead to a change in transporter equilibrium and an increase in ambient GABA concentration (Wu et al. 2001, 2003, 2007). Under physiologically relevant conditions, the equilibrium of transporters may be such that the extracellular GABA concentration is high enough to activate high-affinity extrasynaptic receptors (Brickley et al. 1996; Bright et al. 2011). The GAT equilibrium however is highly dynamic and will be modulated by changes in Na<sup>+</sup>, Cl<sup>-</sup> and GABA homeostasis, as well as being dependent upon membrane potential.

### 6.3.2.2 GABA-Permeant Channels as a Source of Ambient GABA

It has also been reported that specific channel types in glial cells may be capable of releasing GABA into the ECS. The bestrophin1 (Best-1) anion channel has been reported to contribute to tonic inhibition in the cerebellum (Lee et al. 2010). Best-1 belongs to a family of volume regulating channels that open in response to changes in the osmolarity of extracellular solutions (Hartzell et al. 2008). These Ca<sup>2+</sup>-activated anion channels have been identified in astrocytes and are also thought to be permeable to the neurotransmitters glutamate and GABA (Park et al. 2009; Lee et al. 2010). Lee et al. (2010) demonstrated in HEK cells that Best-1 is permeable to GABA and that the Cl<sup>-</sup> channel blocker 5-nitro-2-(3-phenylpropylamino) benzoic acid (NPPB) blocked Best-1 but not GABA<sub>C</sub> receptors. They observed a significant reduction in tonic current recorded from cerebellar granule cells after addition of NPPB and other Cl<sup>-</sup> channel blockers to the slice. Knock-down of Best-1 with sh-RNA removed the effect of NPPB and reduced tonic current, suggesting that resting Ca<sup>2+</sup> levels in glial cells could activate Best-1 and allow GABA release, contributing to the extracellular GABA concentration. However, in a previous study in adult rat slices the application of NPPB resulted in an increase in tonic current recorded from cerebellar granule cells (Rossi et al. 2003). In this study, slices were also pre-incubated in hyperosmotic solution to control for potential swelling-activated release of neurotransmitter (Rutledge and Kimelberg 1996; Hartzell et al. 2008; Haskew-Layton et al. 2008) but no significant differences were observed from control. It is possible that release of GABA through Best-1 could be related to slicing conditions and swelling-related activation. In both rat and mouse cerebellum

(Diaz et al. 2011), an increase in tonic current on NPPB application has also been reported whilst in the hippocampus application of NPPB had no effect (Shigetomi et al. 2012). It is not clear at present why there are such conflicting results when using NPPB in acute slice preparations.

### 6.3.2.3 GABA<sub>A</sub> Receptor Currents Evoked by Non-vesicular Release from Glia

There are some clear examples of GABA<sub>A</sub> receptor activation by GABA derived from non-vesicular sources such as in the olfactory bulb where slow GABA<sub>A</sub> receptor-mediated currents could be observed in both mitral and granule cells, even in the absence of synaptic transmission (Kozlov et al. 2006). These currents could be evoked by mechanical stimulation of astrocytes, but not neurons, and were sensitive to changes in extracellular osmolarity. These observations suggest that GABA released from astrocytes through volume-regulated anion channels is responsible for the slow GABA<sub>A</sub> currents. A similar mechanism has been proposed to generate slow GABA<sub>A</sub> receptor-mediated currents in the rodent VB thalamus, with the further observation that these currents are produced by activation of extrasynaptic  $\delta$ -GABA<sub>A</sub> receptors (Jimenez-Gonzalez et al. 2011). The antiepileptic drug vigabatrin increased the frequency of these currents, but this effect was not modulated by GABA transport blockers, suggesting that astrocytic GABA release may play an important role in the therapeutic effects of this drug. Slow GABA<sub>A</sub> receptor-mediated currents have also been identified in principal neurons of the three main hippocampal fields (CA1, CA3 and dentate gyrus) and are likely to be generated by astrocytic GABA release through volume-sensitive anion channels (Le Meur et al. 2012). These findings suggest that astrocytic GABA release via these channels may provide an important mechanism for controlling neuronal excitability.

## 6.3.3 Tonic Inhibition Without GABA

The majority of experimental evidence suggests that the magnitude of any tonic inhibitory conductance will be primarily determined by the availability of GABA. However, there are reports of GABA-independent GABA<sub>A</sub> receptor gating either involving alternative endogenous agonists or spontaneous channel openings. As such, the magnitude of a tonic conductance mediated by such mechanisms would be independent of the extracellular GABA concentration.

### 6.3.3.1 Constitutive Activity

Channel opening without GABA binding may contribute to the tonic conductance observed in some neurons. Spontaneously opening extrasynaptic channels have been reported in cell-attached patches from CA1 pyramidal neurons in slices

(Birnir et al. 2000; McCartney et al. 2007; Le Meur et al. 2012). A number of GABA<sub>A</sub> receptor subtypes have been reported to exhibit spontaneous channel openings without agonist binding in recombinant systems (Neelands et al. 1999; Wagner et al. 2005; Hadley and Amin 2007; Tang et al. 2010) including the  $\delta$  and  $\epsilon$  subunit-containing receptors which are thought to be primarily extrasynaptic (Wagner et al. 2005; Hadley and Amin 2007). Typical synaptic subtypes ( $\alpha\beta\gamma$ ) have also been reported to exhibit spontaneous opening (Knoflach et al. 1996). Given the large number of extrasynaptic GABA<sub>A</sub> receptors present on the plasma membrane of neurons, a low spontaneous open probability of these channels could theoretically generate a significant tonic conductance (Kasugai et al. 2010).

### 6.3.3.2 Other Endogenous Agonists of GABA<sub>A</sub> Receptors

Taurine (2-aminoethane sulphonic acid) is an abundant amino acid in the brain and is a known agonist at both glycine and GABA<sub>A</sub> receptors, showing higher efficacy for activation of  $\delta$ -containing receptors than  $\gamma$ -containing receptors (Jia et al. 2008). In the mouse VB thalamus, it has been reported that taurine (10–100  $\mu$ M) can activate extrasynaptic  $\alpha 4\beta\delta$ -containing GABA<sub>A</sub> receptors and mediate tonic inhibition (Jia et al. 2008). Tonic inhibition was also enhanced by a taurine transporter antagonist suggesting that taurine levels may contribute to extrasynaptic receptor activation in this region. Extracellular taurine has been measured within the range of 1–10  $\mu$ M by microdialysis but as with GABA, the precise extracellular concentration in any one region *in vivo* is unclear (Sect. 6.5.2; Segovia et al. 1997; Albrecht and Schousboe 2005). Taurine levels are regulated as with GABA by specific taurine transporters (TAUTs) which are expressed across the brain with high levels in the cerebellum and hippocampus (Pow et al. 2002; Sergeeva et al. 2003). Taurine plays a role in cell volume regulation and is known to be released from glia and neurons in response to membrane depolarisation, ischaemia and hypo-osmotic stimulation (Oja and Saransaari 2000; Barakat et al. 2002; Albrecht and Schousboe 2005; Haskew-Layton et al. 2008). Release can occur both by reversed transport (Saransaari and Oja 1999) and through osmo-sensitive anion channels (Hussy et al. 2001; Choe et al. 2012). In addition, there is some evidence that taurine may block GABA transporters GAT-2/3 and could potentially influence ambient GABA levels as a result (Takanaga et al. 2001). Therefore, extracellular taurine may also contribute to extrasynaptic GABA<sub>A</sub> receptor activation and the magnitude of tonic inhibition. This may be of particular consideration in pathophysiological situations such as ischaemia or excessive excitatory activity where taurine release may be elevated.



## 6.4 Regulation of Extracellular GABA Concentration

Once GABA has been released into the ECS, whether by vesicular release at a synapse or by non-vesicular release from extrasynaptic sites on neurons or glia, it will diffuse away from the release site. There are multiple additional factors controlling the extracellular GABA concentration, including the efficacy of release, the physical geometry of the ECS and uptake of GABA by transporters. Here, we will consider how these factors might determine the GABA concentration sensed by extrasynaptic GABA<sub>A</sub> receptors.

### 6.4.1 GABA Content in Vesicles

#### 6.4.1.1 Regulation of GABA Synthesis

Transgenic animals lacking expression of the synthetic enzymes for GABA, GAD65 and GAD67 have been developed and used to study the impact of impaired GABA synthesis. GAD67 ( $-/-$ ) mice die shortly after birth (Asada et al. 1997) but GAD65 ( $-/-$ ) mice are viable. Tissue GABA levels in the GAD65 ( $-/-$ ) mice are reduced by about 50% compared to wild-type mice (Stork et al. 2000) and consistent with this, tonic inhibition in these mice is also impaired (Kubo et al. 2009; Walls et al. 2010). Regulation of GABA synthesis may also reflect an important homeostatic control of inhibition under pathological conditions. Using a mouse strain exhibiting high anxiety-related behaviour (HAB), it was shown that levels of both GAD65 and GAD67 were elevated in the amygdala, resulting in elevated GABA levels (Tasan et al. 2011). It was hypothesized that this increase in GABA synthesis may result in increased tonic inhibition as a compensatory mechanism to balance the persistent over-stimulation of limbic brain areas during anxiety. This is consistent with the anxiolytic effects of the drug, gabapentin, which, amongst other actions, is known to increase ambient GABA levels via a modulation of GAD activity (Taylor 1997). Other studies have shown changes in GAD expression during schizophrenia (Fatemi et al. 2005), bipolar disorder (Guidotti et al. 2000) and epilepsy (Esclapez and Houser 1999; Freichel et al. 2006) in areas where tonic conductances have been identified.

#### 6.4.1.2 Filling of Synaptic Vesicles

To date, only a single transporter VGAT (or VIAAT) has been identified as being responsible for the filling of vesicles at GABAergic synapses (Wojcik et al. 2006). This transporter is critical for inhibitory synaptic transmission since genetic deletion of VGAT results in almost complete abolition of transmitter release from both GABAergic and glycinergic neurons (Wojcik et al. 2006). Indeed, this deficit leads

to embryonic lethality in these mice. Currently, there is very limited information available on the regulation of VGAT (Gasnier 2004). However, it has been suggested that the antiepileptic drug vigabatrin, which has its main effect via a blockade of GABA-T (see Sect. 6.4.3.7), may cause a paradoxical proconvulsant effect via inhibition of VGAT (Gasnier 2004). This effect is seen in the early hours after drug administration, before the main anticonvulsant effect caused by increased GABA levels takes precedence.

However, another experimental tool is available to alter the extent of vesicular filling. Uptake of GABA into synaptic vesicles is driven by the proton gradient across the vesicular membrane established by the  $H^+$ -ATPase (Drose and Altendorf 1997). Therefore, blockade of the  $H^+$ -ATPase with concanamycin A prevents accumulation of neurotransmitter within vesicles and reduces synaptic transmission (Zhou et al. 2000). Concurrent with this effect, it has also been shown that concanamycin A application reduces tonic inhibition in cerebellum (Rossi et al. 2003), hippocampus (Glykys and Mody 2007b) and in auditory brainstem (Tang et al. 2011), consistent with decreased ambient GABA levels.

#### 6.4.1.3 Control of Exocytosis

The final stage in the process of synaptic release is the fusion of transmitter-containing vesicles with the plasma membrane, followed by exocytosis into the synaptic cleft. This phenomenon is promoted by the formation of a complex of vesicle and plasma membrane SNARE (soluble N-ethylmaleimide-sensitive factor attachment protein receptor) proteins, which is regulated by a  $Ca^{2+}$  sensor (Sudhof and Rizo 2011). In neurons, rapid exocytosis is catalysed when  $Ca^{2+}$  (which enters the cells through voltage-gated  $Ca^{2+}$  channels) binds to the  $Ca^{2+}$  sensor, vesicular synaptotagmin 1, causing this protein to bind to the plasma membrane to initiate fusion. Since vesicular exocytosis is highly dependent upon  $Ca^{2+}$  influx, adjustment of external  $Ca^{2+}$  concentration is often used to manipulate synaptic release. Hence, this has been used as a tool to establish the vesicular dependence of tonic GABA<sub>A</sub> conductances in thalamus (Bright et al. 2007) and auditory brainstem (Tang et al. 2011).

Synaptic release can also be effectively controlled by neuromodulators, either by G-protein-dependent modulation of presynaptic  $Ca^{2+}$  channels (Catterall and Few 2008), or by regulation of presynaptic neuronal excitability. The impact of neuromodulatory input on synaptic inhibitory transmission has been well documented but far fewer studies have examined effects on tonic inhibition. Neuromodulatory input is particularly salient for controlling the flow of sensory information through thalamic relay nuclei (Sherman 2005) and effects of neuromodulators on thalamic tonic inhibitory conductances via modulation of synaptic release have been recently described. Application of nitric oxide (NO) donors stimulates increased GABA release on to thalamic relay neurons (Yang and Cox 2007). This effect persists in the presence of TTX, suggesting that suprathreshold excitation of presynaptic neurons is not required and instead implicates an increase in release probability. We

subsequently showed that the increase in GABA release evoked by NO donors also leads to an enhanced tonic conductance in dLGN relay neurons (Bright and Brickley 2008). Tonic inhibition within the dLGN has also been shown to be modulated by metabotropic glutamate receptor (mGluR) activation (Errington et al. 2011a). Activation of group I mGluRs with the selective agonist, dihydroxyphenylglycine (DHPG) leads to increases in both IPSC frequency and tonic GABA current, whilst group II/III mGluR activation results in reduced phasic and tonic inhibition. Interestingly, the mGluR-evoked enhancement in transmission is not blocked in the presence of TTX but is sensitive to the L-type Ca<sup>2+</sup> channel blocker, nimodipine. These results suggest a selective mGluR-dependent modulation of dendrodendritic GABA release from the presynaptic F2 terminals on interneurons involved in triadic synapses (Sherman 2004).

## 6.4.2 *Physical Factors Controlling Ambient GABA Concentration*

### 6.4.2.1 **Density of Release Sites**

The density of GABA release sites may be a key determinant of extrasynaptic GABA<sub>A</sub> receptor activation since a high density of release is more likely to be capable of overwhelming the effects of uptake and diffusion. The impact of release site density on GABAergic synaptic transmission within the hippocampus has been investigated (Overstreet and Westbrook 2003). In this study, unitary IPSCs (uIPSCs) generated by axo-axonic interneuron input onto dentate gyrus granule cells were shown to be more sensitive to transporter block than those generated by basket cell inhibitory input. This is consistent with a high level of GABA transport, acting to limit spillover between the more closely packed axo-axonic synapses. Indeed, density of inhibitory synaptic connections onto principal hippocampal neurons has been shown to be highly heterogeneous, with a relatively high density of synapses concentrated in the perisomatic region of CA1 pyramidal neurons (Megias et al. 2001).

It has been suggested that particular classes of interneurons may be specialized to generate extrasynaptic GABA<sub>A</sub> receptor activation (Klausberger 2009). Neurogliaform cells in the hippocampus, cortex and amygdala and hippocampal ivy cells both have extremely dense axonal arborisations, manifesting a large number of release sites that are probably mostly situated at non-synaptic locations (Tamas et al. 2003; Price et al. 2005, 2008; Olah et al. 2009; Manko et al. 2012). In the case of cortical neurogliaform cells, the density of release sites has been found to be about fivefold to sixfold higher than for adjacent basket cells (Olah et al. 2009). This high density of release appears to promote the generation of unusually slow GABA<sub>A</sub>-mediated currents, presumably by the asynchronous activation of receptors that are not synaptically apposed. Interestingly, cortical neurogliaform cells express extrasynaptic  $\delta$ -GABA<sub>A</sub> receptors that are capable of being activated by the cloud of GABA generated by their own firing. This suggests that control

of the input–output gain of neurogliaform cells may be achieved autonomously or potentially by neurosteroid modulation (Olah et al. 2009). For these specialized interneurons, action potentials in a single cell might be capable of generating extrasynaptic receptor activation without the synchronous or prolonged activity required in other interneuronal populations (Rossi and Hamann 1998; Wei et al. 2003; Ataka and Gu 2006).

#### 6.4.2.2 Diffusion in the Extracellular Space

Diffusion of GABA may also represent an important factor in the control of extrasynaptic GABA<sub>A</sub> receptor activation, particularly in cases where specific uptake of GABA is limited (Draguhn and Heinemann 1996). The diffusion of substances within the brain depends upon the diffusion parameters of the ECS, namely the ECS volume fraction  $\alpha$  ( $\alpha$  = ECS volume/total tissue volume) and the tortuosity  $\gamma$  ( $\gamma^2$  = free/apparent diffusion coefficient; Sykova 2004). These diffusion parameters differ in various brain regions and also show heterogeneity dependent upon both physiological and pathological states (Sykova and Vargova 2008). Changes in diffusion parameters have been noted in many different states, including aging, neuronal activity, lactation, ischaemia, brain injury, degenerative diseases and tumour growth, in which cell swelling, glial remodelling and extracellular matrix changes may be important regulators of diffusion (Sykova and Vargova 2008). For instance, during transient ischaemia, the ECS volume fraction  $\alpha$  is reversibly decreased from a control value of 0.20–0.07 (Zoremba et al. 2008). Such large changes would be expected to have a significant impact upon the diffusion of neuroactive substances, including GABA.

In certain areas of the brain, diffusion of neurotransmitters may be particularly constrained by glial cell ensheathment of synapses. One of the most extensively studied of these so-called glomerular synapses is the Golgi cell to granule cell synapse in the cerebellar cortex (Jakab and Hamori 1988; Jakab 1989). In this case, the glomerulus (glial sheath) is centred on the large, axonal terminal of a glutamatergic mossy fibre afferent, which is surrounded by dendrites from 50 to 60 distinct granule cells. Also encapsulated within the glomerulus are numerous Golgi cell terminals that form GABAergic synapses onto the granule cells dendrites. It has been suggested that GABA entrapment within this structure might lead to enhanced activation of the high-affinity  $\alpha\delta$ -GABA<sub>A</sub>Rs expressed on granule cells. This has been thought to manifest itself in two ways, firstly as slow currents generated by spillover of GABA between adjacent synapses and secondly, as a tonic current generated by the ambient GABA constrained within the glomerulus (Brickley et al. 1996; Rossi and Hamann 1998). Indeed, early *in situ* hybridisation studies led to the suggestion that high-affinity  $\delta$ -GABA<sub>A</sub> receptors might be predominantly expressed by neurons possessing glomerular synapses, in particular, periglomerular cells in the olfactory bulb, thalamocortical relay neurons and cerebellar granule cells (Shivers et al. 1989). Hence, it has been widely assumed that  $\delta$ -GABA<sub>A</sub> receptors within

glomeruli mediate both spillover and tonic currents (Farrant and Nusser 2005; Glykys and Mody 2007a). We have recently challenged this assumption by showing that  $\delta$ -GABA<sub>A</sub> receptors can be desensitized by low ambient GABA concentrations and are therefore insensitive to brief GABA transients (Bright et al. 2011). This would indicate that, whilst tonic currents are mediated by  $\delta$ -GABA<sub>A</sub> receptor activation, spillover currents are more likely to result from activation of  $\gamma$ -containing receptors within glomeruli.

#### 6.4.2.3 Spatial Distribution of Release Sites, Transporters and Receptors

The relative locations of release sites, transporters and receptors are obviously an important determinant of how much GABA is available to activate extrasynaptic GABA<sub>A</sub> receptors. If release sites and receptors were in close proximity, then we would obviously expect greater receptor activation. However, if transporters are also closely intermingled, then the local GABA concentration will be significantly controlled by their action and receptor activation will be constrained. Since it has been suggested that GATs act to clamp the local GABA concentration at a level determined by the transporter reversal potential (Wu et al. 2007; Sect. 6.3.2.1), in areas where extrasynaptic receptors are in close apposition with a high density of transporters, their activation would be largely determined by the transporter equilibrium. Thus, receptors located at a greater distance from transporters might be more independent and capable of greater modulation by changes in ambient GABA. Differences in relative spatial location may be another factor that explains the variable effects of transporter block on tonic currents (see Sect. 6.4.3.3).

At this moment, there is limited information available to quantify the relative spatial distribution of these key components. However, efforts have been made to define the location of individual components in isolation. As discussed briefly in Sect. 6.4.2.1, various studies have attempted to define the distribution of GABAergic synaptic terminals, particularly for interneurons in the hippocampus and cortex (Markram et al. 2004; Klausberger 2009). The localisation of extrasynaptic GABA<sub>A</sub> receptors has been studied in various brain areas (Soltesz et al. 1990; Nusser et al. 1998; Wei et al. 2003), as has the distribution of GATs (Borden 1996; Chiu et al. 2002). A major challenge is to draw this information together so that we can begin to address how the relative spatial distribution of systems responsible for GABA release, uptake and detection can influence local GABA concentration.

Computational approaches have been used to produce biologically constrained models of GABA diffusion, uptake and detection for both GABA<sub>A</sub> and GABA<sub>B</sub> receptors (Destexhe and Sejnowski 1995; Overstreet et al. 2002; Beenhakker and Huguenard 2010). These simulations can provide insight into how factors that affect GABA diffusion and uptake might influence extracellular GABA concentrations and thus modulate GABAergic transmission. For instance, in the study by Overstreet et al. (2002), it was noted that receptors at a distance from release sites are more likely to be desensitized than open, since active uptake tends to produce a low

and slowly rising wavefront of GABA. This correlates with our recent observations that extrasynaptic receptors are likely to be desensitized by low ambient GABA concentrations (Bright et al. 2011). Simulation of GABA<sub>B</sub> transmission within the thalamus highlights the importance of the localisation of GATs in controlling the spatiotemporal profile of extracellular GABA (Beenhakker and Huguenard 2010). Specifically, the expression of GAT-3 in distal regions relative to release sites appears to strongly constrain diffusion of GABA into extrasynaptic regions, consistent with the demonstration that GAT-3 blockade has a large impact on tonic GABA<sub>A</sub> currents (Cope et al. 2009).

#### 6.4.2.4 Receptor Occupancy

The hypnotic drug 4,5,6,7-tetrahydroisoxazolo[5,4-c]pyridin-3-ol (THIP) exerts some of its physiological actions through  $\delta$ -GABA<sub>A</sub> receptors (Winsky-Sommerer et al. 2007). THIP is an agonist at these receptors with a lower affinity for the receptor than GABA. We have shown that raising ambient GABA leads to attenuation of the enhancement of tonic inhibition by THIP (Houston et al. 2012). In order to observe an enhancement of tonic inhibition on THIP application to the slice, there must be a low number of GABA<sub>A</sub> receptors bound with GABA and the availability of spare receptors. We also observed a lack of correlation between surface area of granule cells calculated from 3D reconstructions and the magnitude of tonic conductance, which is predicted if there is a small number of GABA molecules in the extracellular space compared to a large number of extrasynaptic receptors.

### 6.4.3 Regulation of Uptake and Degradation

#### 6.4.3.1 GABA Transporter Localisation

GATs belong to a larger family of Na<sup>+</sup> and Cl<sup>-</sup>-dependent transporters that utilise transmembrane ion gradients to drive neurotransmitter transport. Molecular cloning has revealed at least four distinct GATs (GAT-1, GAT-2, GAT-3 and BGT-1; Guastella et al. 1990; Borden et al. 1992, 1995) which have distinct localisation and expression profiles in the brain (Radian et al. 1990; Minelli et al. 1995, 1996; Borden 1996; Conti et al. 1998b; Chiu et al. 2002). GATs are localised on the GABAergic pre-synaptic terminal and on surrounding glial processes. GAT-1 and 3 are the most heavily expressed throughout the brain. In general, GAT-1 is thought to be more strongly expressed in pre-synaptic terminals (Minelli et al. 1995; Conti et al. 1998b) and GAT-3 in astrocytic processes (Minelli et al. 1996; Jin et al. 2011). However, this is not exclusive since GAT-1 expression has also been reported in non-GABAergic neurons and glial cells (Minelli et al. 1995). In addition, GAT-1 density varies at different synapses (Chiu et al. 2002).



### 6.4.3.2 GABA Transporter Localisation: Shaping IPSCs

The localisation of GATs on the pre-synaptic terminal and the membranes of glia surrounding synapses is consistent with their role in the removal of GABA after synaptic release. Blockade of transporters is known to alter the profile of IPSCs although the effect can be variable (Isaacson et al. 1993; Overstreet et al. 2000; Nusser and Mody 2002; Overstreet and Westbrook 2003; Jensen et al. 2003; Jin et al. 2011). Larger evoked synaptic responses are prolonged on GAT blockade whereas with smaller evoked events and minimal stimulation, blockade has less effect, leading to the proposition that transporters play a greater role in the regulation of synaptic transmission when activity and release levels are high (Rossi and Hamann 1998). The effect on IPSCs of transporter block in hippocampal dentate gyrus granule cells was found to be variable depending on the density of active release sites and repetitive activation. This has led to the view that transporters at the synapse primarily act to prevent spillover to neighbouring synapses and increase specificity of synaptic transmission (Overstreet and Westbrook 2003). Increasing levels of ambient GABA can influence synaptic transmission if levels are high enough to induce desensitization of post-synaptic receptors (Overstreet et al. 2000; Shigetomi et al. 2012). As well as a role in the regulation of synaptic transmission, GATs are also localised to regions at some distance from the synapse. Such transporters would be predicted to play a role in regulating the GABA concentration in regions outside of the synapse and therefore influence the magnitude of tonic inhibition.

### 6.4.3.3 GABA Transporter Localisation: Pharmacological Evidence

Selective blockade of GATs with specific inhibitors (e.g. GAT-1 with the inhibitor NO711 and GAT-2/3 inhibition with SNAP-5114) has been used to show relative contributions of the different subtypes to the regulation of ambient GABA levels and tonic inhibition in different regions. In the rat neocortex, application of both NO711 and SNAP-5114 was required to alter tonic inhibition whilst individually neither drug had an effect, suggesting that GAT-1 and GAT-3 act synergistically to control ambient GABA levels (Keros and Hablitz 2005). In the rat globus pallidus and in VB thalamic neurons, both GAT-1 and GAT-3 blockade together induced a tonic current larger than either alone (Cope et al. 2009; Jin et al. 2011). In hypoglossal motoneurons blockade of both had no effect but the addition of GABA to the slice was required to activate  $\delta$ -containing GABA<sub>A</sub> receptors and reveal a tonic current (Numata et al. 2012). Similarly, in vagal motoneurons blockade of GAT-1 and 3 was effective only in the presence of added GABA, suggesting that the ambient GABA level in this preparation is low and transporters are only involved when the GABA level is increased (Gao and Smith 2010). Blocking GAT-1 function in the hippocampus reveals tonic inhibition in pyramidal neurons, although in nearby interneurons a tonic conductance is observed without the need to block transporter function (Semyanov et al. 2003). It appears therefore that in different regions of the

brain, the effect of GAT inhibition can be variable. This is likely to reflect differences in the subtype, expression level and localisation of transporters, in addition to perhaps different levels of GABA in distinct slice preparations.

#### **6.4.3.4 GABA Transporters: Dynamic Trafficking and Recycling**

The ability of transporters to reduce external GABA to the equilibrium level is dependent on the numbers of transporters available in the plasma membrane. As transporter expression is heterogeneous, local variations in different transporter subtypes and expression level may alter the ambient GABA concentration spatially (Radian et al. 1990; Chiu et al. 2002; Jin et al. 2011). The expression of transporters at the plasma membrane is capable of being dynamically regulated as they are shuttled in and out of the membrane. GAT-1 can be internalised and reinserted into the plasma membrane within vesicles in the order of minutes in parallel with transmitter-containing vesicles. Recycling is calcium dependent and can be modulated by second messengers and interacting proteins such as protein kinase C and syntaxin 1A (Deken et al. 2000, 2003; Wang and Quick 2005). GAT-3 trafficking in hippocampal astrocytes is regulated by astrocytic  $\text{Ca}^{2+}$  signalling through transient receptor potential A1 (TRPA1) channels. A reduction in astrocytic  $\text{Ca}^{2+}$  alters GAT-3 expression and leads to reduced GABA transport, an elevated tonic current and reduced mIPSC amplitude in interneurons, consistent with elevated ambient GABA (Shigetomi et al. 2012). Interaction with other G-protein-coupled receptors such as adenosine receptors has been shown to influence GAT activity in astrocytes (Cristovao-Ferreira et al. 2011). GAT trafficking and expression at the plasma membrane is capable of rapid modulation. In addition, other receptors and signalling pathways within astrocytes can potentially modulate transporter function.

#### **6.4.3.5 GABA Transporters in Pathophysiology**

In certain pathophysiological situations, GAT function may be compromised. There is some evidence for compromised transporter function in temporal lobe epilepsy (Patrylo et al. 2001) although some reports suggest transporter function remains unaltered (Scimemi et al. 2005). Recent examination of mouse models of absence epilepsy has revealed impairment in GAT-1 function in the thalamus as a common feature. In several mouse models of this form of epilepsy, an increased tonic GABAergic inhibition was observed in the VB thalamus (Cope et al. 2009). Application of GAT inhibitors selective for GAT-1 or GAT-3 revealed that both transporters regulate ambient GABA in this region as both increased the tonic current recorded. In mouse models of epilepsy, the GAT-1 selective blocker had no effect suggesting reduced uptake of GABA by GAT-1 underlies this observed increase in tonic inhibition. Furthermore, it was proposed that the elevated extrasynaptic GABA<sub>A</sub> receptor activation resulting from this dysfunctional GABA transport is sufficient to promote seizure generation in absence epilepsy (Cope et al. 2009).

In hippocampal slices, GABA was shown to be released from astrocytes through GAT-2/3 in an *in vitro* model of epilepsy. Glutamate transporter activity in astrocytes, subsequent to increased activity and elevated glutamate release, triggered reversal of the GAT by a proposed change in internal Na<sup>2+</sup> concentration (Heja et al. 2012). Given potential changes in intracellular GABA (Esclapez and Houser 1999) as well as alterations to membrane potential and internal Na<sup>+</sup> during seizures, transporter reversal is possible (Wu et al. 2001; Sperk et al. 2003). However, there is no direct evidence of this and the role this potentially plays in epilepsy is unclear (Vivar and Gutierrez 2005; Pavlov and Walker 2012).

The region surrounding stroke-damaged areas of the brain (peri-infarct zone) is crucial for neuroplasticity and recovery from stroke. Tonic inhibition is increased in layer 2/3 pyramidal cells in this region. Application of the GAT-1 and GAT-2/3 (3/4 in the rat) selective blockers (NO-711 and SNAP-5114) suggested impairment to GAT-2/3 function as blockade had no effect in post-stroke neurons. A decreased GAT2/3 protein level was also observed post stroke. Reduction of tonic inhibition with GABA<sub>A</sub> receptor selective inhibitors led to better motor recovery after stroke suggesting that increased tonic inhibition in this region may reduce the plasticity required for recovery (Clarkson et al. 2010).

#### 6.4.3.6 GAT Knockouts

The GAT-1 knockout mouse exhibits motor disorders and mild anxiety and there is an observed increase in tonic inhibition in cerebellar granule cells and hippocampal pyramidal cells (Jensen et al. 2003; Chiu et al. 2005). Many of these behavioural features are similar to the clinical side effects of tiagabine (a clinically used GAT-1 inhibitor) suggesting these effects are due to GAT-1 inhibition across the brain (Chiu et al. 2005). Increasing ambient GABA through targeting GATs is of some interest as a potential therapeutic strategy in the treatment of epilepsy (Sills 2003) and is also used in the treatment of generalised anxiety disorders (Schwartz and Nihalani 2006).

#### 6.4.3.7 Regulation of Degradation

GABA that has been taken up into neurons and glial cells is degraded by the actions of GABA-T, an enzyme that is expressed in mitochondria across the brain (Nagai et al. 1983). Blockade of GABA-T using the anticonvulsant drug vigabatrin has been shown to result in an increase in intracellular GABA levels, consistent with impaired breakdown (Jung et al. 1977). Concurrently, there is an increase in basal extracellular GABA levels and an increase in stimulated GABA release (Abdul-Ghani et al. 1981; Neal and Shah 1989; Qume et al. 1995; Qume and Fowler 1997). The anticonvulsant properties of vigabatrin in animal models of temporal lobe epilepsy and human partial epilepsy are thought to arise from the elevation in extracellular GABA levels (Sarup et al. 2003). It has also been shown that the elevated

cytosolic GABA arising from GABA-T blockade can affect the equilibrium potential of GATs and therefore lead to altered/reversed GABA transport which can impact upon tonic inhibition (Wu et al. 2001, 2003).

Another enzyme that is important for control of GABA levels is succinic semialdehyde dehydrogenase (SSADH). Degradation of GABA requires GABA-T to convert GABA to succinic semialdehyde (SSA) and SSA is subsequently oxidized by SSADH to succinate, a constituent of the TCA cycle. Animals deficient in SSADH (SSADH<sup>-/-</sup>) show elevated total GABA levels in the brain (Hogema et al. 2001) as expected from an impairment in the GABA breakdown process. More recently, studies have demonstrated that these animals also exhibit enhanced tonic GABA currents in both cortical pyramidal neurons and VB thalamic relay neurons (Drasbek et al. 2008; Errington et al. 2011b).

## 6.5 Measurement of Extracellular GABA Concentrations

As discussed in the previous sections, GABA sequestered in both neurons and glial cells can be released by vesicular and non-vesicular mechanisms into the ECS. The local concentration of this extracellular GABA will then be regulated by diffusion and uptake. Many studies have attempted to measure the ambient GABA levels in brain tissue that result from this complex interplay of release, diffusion and uptake. Here, we will discuss measurements of GABA both *in vivo* and *in vitro* and how behavioural state, pathophysiology and pharmacological manipulation can impact upon GABA concentrations within the brain.

### 6.5.1 *In Vitro* GABA Levels

Most experimental studies of tonic GABAergic inhibition have been carried out using acute brain slice preparations as this currently represents the best experimental preparation for obtaining information about neuronal function with high spatial and temporal resolution. Tonic currents have been recorded in many different laboratories under many different conditions (Glykys and Mody 2007a). This diversity of recording conditions is likely to impact upon many of the factors responsible for controlling ambient GABA and makes comparisons between different studies difficult (Glykys and Mody 2007a). In most studies, immature animals are used, since slices from younger animals seem to harbour a higher proportion of healthy cells than in adults and the lack of fully developed connective tissue makes it easier to visualise cells within the preparation. However, the use of juvenile animals presents problems, since many of the systems associated with neurotransmitter release, detection and uptake may not be fully developed. Another important experimental variable is likely to be the way in which slices are kept for recording, either in a submerged or an interface chamber. Submerged chambers are generally used for patch-clamp

recordings since the slice is more accessible for recording and fast perfusion of drugs than in interface chambers. However, the disadvantage of submerged slices is that oxygen supply to the tissue appears to be impaired compared to interface chambers and in the intact brain (Hajos and Mody 2009), and neuronal activity that requires a high oxygen consumption, such as high-frequency synchronous oscillation, can only be observed under conditions of enhanced perfusion (Hajos et al. 2009). Hypoxic conditions could impact upon ambient GABA concentrations by causing shrinkage of the ECS (Nicholson and Sykova 1998). Furthermore, hypoxia may cause functional impairments in other molecular components important for ambient GABA control, such as transporters (see below).

It has been observed that GABA can be released from glia in response to swelling and mechanical stress (Kozlov et al. 2006). Cell swelling and changes in cell volume (as could potentially occur in preparation of brain slices) can induce neurotransmitter release (Haskew-Layton et al. 2008). The Best-1 channel is volume sensitive so GABA release may occur through these channels if slices are osmotically challenged or if swelling occurs (Hartzell et al. 2008). Oxygen-glucose deprivation, trauma, axotomy and epileptogenic injury can shift internal Cl<sup>-</sup> concentrations which may in turn alter the equilibrium of the GAT (van den Pol et al. 1996; Nabekura et al. 2002; Dzhalala et al. 2010). Overall, it is important to consider that in an *in vitro* preparation there are many factors, which might alter GAT function or lead to the release of neurotransmitter from other non-vesicular sources. In addition, due to a loss of sensory input, overall activity levels and levels of transmitter release are likely to be different in a slice from that observed *in vivo* (Chadderton et al. 2004; Loewenstein et al. 2005). The temperature of experiments *in vitro* should also be considered as this will not only affect release probability but also transporter kinetics (Gonzales et al. 2007). As such, ambient GABA levels in the slice may vary considerably from that observed *in vivo* and from one laboratory to another.

It is worth noting that many investigators add extra GABA or GABA uptake blockers to boost the tonic current amplitude. Although this may represent a way of standardizing conditions to allow comparison between recordings (Glykys and Mody 2007a), it is not clear what the ambient GABA level “should be” (see Sect. 6.5.2 below). Also, using such manipulations to enhance GABA may cause problems since increased GABA levels may recruit additional populations of receptors (Scimemi et al. 2005) as well as desensitizing high-affinity  $\delta$ -GABA<sub>A</sub> receptors (Bright et al. 2011).

### 6.5.2 *In Vivo* GABA Levels

The extracellular ambient GABA concentration *in vivo* has been estimated at 30–300 nM by microdialysis (Bianchi et al. 2003; Xi et al. 2003; de Groote and Linthorst 2007) and can be altered according to physiological states in a brain region-specific manner. GABA levels in the pontine reticular formation and the thalamus, for example, are dependent on wakefulness, rapid eye movement (REM) and non-REM

sleep (Kekesi et al. 1997; Vanini et al. 2011). In the ventral hippocampus, GABA levels rise to around 800 nM during active exploration (de Groote and Linthorst 2007). It is noteworthy that the predicted transporter equilibrium concentration is in a range from 10 to 400 nM and that measured ambient GABA concentrations are in the range capable of activating high-affinity  $\delta$ -GABA<sub>A</sub> receptors (de Groote and Linthorst 2007; Bright et al. 2011).

In addition to being modulated by behavioural state, brain GABA levels measured by microdialysis can be also be modulated by various drug treatments (reviewed in Del Arco et al. 2003). Drugs that have been tested include amphetamines, clozapine, haloperidol, lithium and modafinil. GABA levels are modulated in a region-specific manner. For instance, the dopaminergic antagonist, haloperidol, causes an increase in extracellular GABA in the globus pallidus (Osborne et al. 1990) but decreases GABA levels in the prefrontal cortex (Bourdelaïs and Deutch 1994). As discussed below, investigators often try to ascertain the vesicular dependence of changes in ambient GABA by using classical release criteria such as Ca<sup>2+</sup> and TTX dependence. In this respect, it has been found that some drug-evoked changes in GABA levels are clearly dependent or independent of vesicular release, whilst others show mixed modes of release (Del Arco et al. 1998).

Microdialysis has been widely used to measure concentrations of various neurotransmitters, including GABA, in the living brain. However, there is some debate as to the origin of the GABA (and glutamate) that is detectable (Timmerman and Westerink 1997; Del Arco et al. 2003; van der Zeyden et al. 2008). Investigators use various criteria based upon normal neuronal function to try to determine the vesicular dependence of dialysate GABA. Thus, vesicular release from neurons is expected to be sensitive to depolarisation by potassium, sodium channel blockade by TTX, removal of extracellular calcium and depletion of presynaptic vesicles by local administration of the selective neurotoxin  $\alpha$ -latrotoxin. When these criteria are applied, it has been found that dialysate GABA levels show only a partial dependence on exocytotic release and that changes in GABA occur very slowly (more than 0.5–2.5 h; Timmerman and Westerink 1997; Del Arco et al. 2003; van der Zeyden et al. 2008). This is in surprising contrast to the supposedly more slow-acting monoamine transmitters, such as dopamine, which appear to be tightly coupled to vesicular release (van der Zeyden et al. 2008). For instance, application of TTX causes the disappearance of dopamine from dialysate samples within about 5 min (Feenstra and Botterblom 1996).

Given the questions surrounding the origin of the GABA, the conditions used for measuring dialysate GABA have recently been critically re-examined (van der Zeyden et al. 2008). It was shown that the most widely used chromatographic method for assay of GABA is extremely sensitive to small changes in analytical conditions, particularly pH, and that unless conditions are optimized, measured GABA levels may be artifactually elevated. Using optimized conditions, these investigators report basal GABA levels of 2–4 nM in various brain regions that are significantly lower than in other studies. It was also noted that under these conditions, dialysate GABA appeared to be more sensitive to infusion of TTX, showing that this optimized analytical approach may be a better way of establishing the vesicular



dependence of GABA levels. Since microdialysis probes are also known to create a disrupted zone of tissue that may well influence local neurotransmitter levels, it was suggested that the development of microsensors to assay GABA might be necessary to fully define extracellular GABA concentrations within the brain.

### 6.5.2.1 GABA Levels in Pathophysiology

Numerous studies have shown that changes in brain extracellular GABA levels are associated with various pathophysiological conditions, including anxiety, schizophrenia, Parkinson's disease (PD), Alzheimer's disease, epilepsy, Huntington's chorea, as well as in senility (reviewed in Timmerman and Westerink (1997); Del Arco et al. (2003); van der Zeyden et al. (2008)). Much attention has been focused on changes in GABA levels associated with schizophrenia. It has been reported that GAT and GAD expression may be decreased in a subset of interneurons (parvalbumin expressing) in the prefrontal cortex in schizophrenic patients (Woo et al. 1998; Volk et al. 2001; Hashimoto et al. 2003). These neurons are thought to play a critical role in working memory and dysfunction in these neurons is thought to underlie some of the cognitive deficits associated with schizophrenia (Uhlhaas and Singer 2010; Lewis et al. 2012). Magnetic resonance spectroscopy has allowed non-invasive measurement of GABA levels in the sensorimotor cortex of patients during memory tasks (Puts et al. 2011). Patients with schizophrenia had reduced visual cortex GABA levels (~10%) and this reduction in GABA correlated with reduced performance in a specific task thought to rely on GABAergic transmission in the cortex (orientation-specific surround suppression), which is diminished in schizophrenic patients (Yoon et al. 2010). Interestingly, another study reported an increase in GABA levels in the anterior cingulate and parietal occipital cortex in schizophrenia (Ongur et al. 2010), suggesting a region-specific dysregulation within the cortex. Furthermore, expression of a previously identified risk factor for this condition, receptor tyrosine kinase ErbB4, which controls inhibitory circuit development in the cortex, was also found to correlate with GABA levels in the cortex (Marenco et al. 2011). A specific role for tonic inhibition in the pathology of schizophrenia has yet to be established but cortical pyramidal neurons exhibit a tonic inhibitory conductance (Salin and Prince 1996) and express  $\delta$ -containing GABA<sub>A</sub> receptors. These changes, combined with the observed reduction of  $\alpha 4$  and  $\delta$  expression in schizophrenic patients and primate animal models (Maldonado-Aviles et al. 2009), strongly implicate alterations in ambient GABA levels and tonic inhibition in the aetiology of this condition, thus providing a potential therapeutic target.

There is some evidence GABA levels may be altered in PD. Tonic inhibition has been reported in MSNs of the striatum (Sect. 6.3.1.6) and loss of dopaminergic modulation of the excitability of these neurons is thought to underlie some of the motor and cognitive symptoms of PD (Chase and Oh 2000). It has been reported that in patients with mild to moderate PD, GABA levels in the pons and putamen are elevated (Emir et al. 2012). In mouse models of PD, dopaminergic neuron loss is associated with increased GABA in the striatum, an increase that was reduced

to control level by levodopa administration (Chassain et al. 2008, 2010). This is consistent with an early report of increased striatal GABA levels correlated with dopaminergic cell loss in postmortem PD patients (Kish et al. 1986) and a reported increase in GAD65/67 expression in a subset of neurons in the putamen in a PD model in monkeys (Soghomonian and Laprade 1997). The recent reports of tonic inhibition in this region (Ade et al. 2008; Janssen et al. 2009; Santhakumar et al. 2010) and the known expression of  $\delta$ -containing GABA<sub>A</sub> receptors (Wisden et al. 1992), combined with changes in observed GABA levels in PD patients, suggests MSN excitability may be altered through enhanced tonic GABA<sub>A</sub> receptor activity in PD. However, the precise role that changes in GABA levels and tonic inhibition play in the progression of PD is as yet unknown.

### 6.5.2.2 GABA Levels and Pharmacology

Tonic inhibition has emerged as a potential therapeutic target in a number of pathophysiological conditions in recent years (Brickley and Mody 2012). Along with the development of pharmacological agents that selectively act at extrasynaptic GABA<sub>A</sub> receptor subtypes there is also a need to consider how the ambient GABA concentration influences binding and modulation of these receptors (Houston et al. 2012). We have reported that drugs such as the anaesthetic propofol and the hypnotic THIP enhance tonic inhibition mediated by  $\delta$ -GABA<sub>A</sub> only when ambient GABA levels are low (below 100–250 nM). In conditions of enhanced vesicular GABA release in the slice preparation, the action of these drugs is attenuated. However, neurosteroids enhance tonic inhibition regardless of the GABA level and as such, neurosteroid modulation of tonic inhibition may be a more effective strategy for modulation of tonic inhibition *in vivo*.

## Concluding Remarks

GABA is stored in significant quantities in neurons and glial cells throughout the CNS. This GABA can be released into the ECS by vesicular release from neurons (and possibly astrocytes) and by non-vesicular mechanisms from both neurons and glia. The ambient GABA levels generated by these release processes can then activate high-affinity extrasynaptic GABA<sub>A</sub> receptors to produce tonic currents in various areas of the brain. As reviewed in Sect. 6.3.1, there is a large body of evidence showing that tonic currents recorded in brain slice preparations exhibit a significant dependence upon GABA derived from vesicular release. Although in some cases it appears likely that there are additional non-vesicular sources of GABA, definitive evidence to pinpoint these is lacking (see Sect. 6.3.2.2 for discussion of the source of GABA in the cerebellum).

Ambient GABA levels within the ECS will be determined by the interplay of a plethora of different factors involved in controlling the release, diffusion, uptake and degradation of this ubiquitous inhibitory neurotransmitter (Sect. 6.4). A key player in the control of extracellular GABA is the family of GATs that utilise transmembrane ion gradients to drive GABA in and out of neurons and glia (Sect. 6.4.3.1). Many studies have investigated the role of GATs in setting the ambient GABA concentration (Sects. 6.3.2 and 6.4.3) and subsequently, in determining the level of tonic GABA<sub>A</sub> receptor activity. The function of GATs is dynamically regulated under both normal and pathophysiological conditions supporting their critical role in controlling both phasic and tonic inhibition.

The source and control of extracellular GABA will be crucial for determining the functional efficacy of tonic GABA<sub>A</sub> receptor-mediated inhibition within the brain. If GABA derived from vesicular release dominates the local ambient levels detected by extrasynaptic receptors, then tonic inhibition will exhibit a tight coupling with network activity, since spillover from synapses will be driven by excitatory input onto interneurons. We have shown that this is likely to be the case in the thalamus where tonic inhibition is dependent upon action potential-driven release from large populations of interneurons (Bright et al. 2007), but is insensitive to local changes in release (Bright and Brickley 2008). Hence, in areas of the brain which exhibit synchronous activation of arrays of interneurons, such as the thalamus, hippocampus and cortex, a vesicular-dependent tonic inhibition is likely to influence the nature of oscillatory activity (Cope et al. 2005; Maguire et al. 2005; Vida et al. 2006). It is worth noting that in cases where GABA responsible for tonic inhibition is derived from non-vesicular release, there is also likely to be a more indirect coupling with excitatory activity. This is due to the dynamic nature of the equilibrium potential for GATs, which is set by transmembrane gradients for Na<sup>+</sup> and Cl<sup>-</sup> ions, as well being dependent upon GABA homeostasis and membrane potential (Sect. 6.3.2.1). Thus, control of extracellular GABA by transport equilibrium is likely to reflect changes in local excitatory activity (Wu et al. 2001, 2003, 2007; Heja et al. 2012).

Extracellular GABA levels have been assayed in many studies and exhibit considerable heterogeneity across different brain regions, behavioural states, pharmacological interventions and pathophysiological conditions (Sect. 6.5). High-affinity extrasynaptic GABA<sub>A</sub> receptors are best specialized to respond to these low concentrations of ambient transmitter, and the highly dynamic nature of extracellular GABA concentrations under these various conditions indicates that tonic inhibition is likely to be critical in determining normal brain function. However, more investigation is necessary to elucidate the complex regulation of extrasynaptic GABA<sub>A</sub> receptor-mediated transmission, especially in the light of our recent observations that receptor occupancy and desensitization at relatively low concentrations of GABA will be key in determining both basal tonic activity and modulation by drugs (Bright et al. 2011; Houston et al. 2012). This is particularly important if we are to understand the function of tonic inhibition in both normal and pathophysiological conditions and to maximise the therapeutic potential of targeting extrasynaptic GABA<sub>A</sub> receptors (Brickley and Mody 2012).

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# Chapter 7

## GPCR Modulation of Extrasynaptic GABA<sub>A</sub> Receptors

William M. Connelly, Adam C. Errington, Josue G. Yagüe, Anna Cavaccini, Vincenzo Crunelli and Giuseppe Di Giovanni

**Abstract**  $\gamma$ -Aminobutyric acid type A (GABA<sub>A</sub>) receptors (GABA<sub>A</sub>Rs), the main inhibitory neurotransmitter-gated ion channels in the central nervous system, are finely tuned by other neurotransmitters and endogenous ligands. The regulation of synaptic GABA<sub>A</sub>Rs (sGABA<sub>A</sub>Rs) by G protein-coupled receptors (GPCRs) has been well characterized and is known to occur either through the conventional activation of second-messenger signalling cascades by G proteins or directly by protein–protein coupling. In contrast, research on the modulation of extrasynaptic GABA<sub>A</sub>R (eGABA<sub>A</sub>Rs) is still in its infancy and it remains to be determined whether both of the above mechanisms are capable of controlling eGABA<sub>A</sub>R function. In this chapter, we summarize the available literature on eGABA<sub>A</sub>R modulation by GPCRs, including GABA<sub>B</sub>, serotonin (5-HT), dopamine (DA), noradrenaline (NA) and metabotropic glutamate (mGlu) receptors. Although at present these GPCRs–eGABA<sub>A</sub>Rs cross-talks have been investigated in a limited number of brain areas (i.e., thalamus, cerebellum, hippocampus, striatum), it is already evident that eGABA<sub>A</sub>Rs show a nucleus- and neuronal type-selective regulation by GPCRs that differs from that of sGABA<sub>A</sub>Rs. This distinct regulation of eGABA<sub>A</sub>Rs versus sGABA<sub>A</sub>Rs by GPCRs provides mechanisms for receptor adaptation in response

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V. Crunelli (✉) · W. M. Connelly · J. G. Yagüe · A. Cavaccini · G. Di Giovanni  
Neuroscience Division, Cardiff School of Biosciences, Cardiff University, The Sir Martin Evans  
Building Museum Avenue, Cardiff CF10 3AX, UK  
e-mail: crunelli@cardiff.ac.uk

G. Di Giovanni  
Department of Physiology and Biochemistry, Faculty of Medicine,  
Malta University, Msida, Malta  
e-mail: giuseppe.digiovanni@um.edu.mt

J. G. Yagüe  
Strathclyde Institute of Pharmacy and Biomedical Sciences,  
University of Strathclyde, Glasgow, UK

A. Cavaccini  
Department of Neuroscience and Brain Technologies,  
Istituto Italiano di Tecnologia, Genoa, Italy

A. C. Errington  
Neuroscience and Mental Health Research Institute, Institute of Psychological Medicine  
and Clinical Neuroscience, School of Medicine, Cardiff University,  
Cardiff, UK

to a variety of physiological stimuli and under different pathophysiological conditions. Further research will advance our understanding of eGABA<sub>A</sub>R and GPCR signalling and offer novel targets for the treatment of many neurological and neuropsychiatric disorders where abnormalities in eGABA<sub>A</sub>R have been suggested to exist.

**Keywords** Monoamines · Tonic GABA<sub>A</sub> inhibition · Metabotropic receptors · Parkinson's disease · Epilepsy · Receptor Phosphorylation

### Abbreviations

|                       |   |
|-----------------------|---|
| 5-HT                  | Serotonin                                     |
| CT                    | Carboxyl terminus                             |
| DA                    | Dopamine                                      |
| dLGN                  | Dorsal lateral geniculate nucleus             |
| DR                    | Dorsal raphe                                  |
| eGABA <sub>A</sub> Rs | Extrasynaptic GABA <sub>A</sub> R ( )         |
| GABA                  | γ-Aminobutyric acid                           |
| GABA <sub>A</sub> Rs  | GABA <sub>A</sub> receptors                   |
| GAERS                 | Genetic absence epilepsy rats from strasbourg |
| GP                    | Globus pallidus                               |
| GPCRs                 | Protein-coupled receptors                     |
| IPSCs                 | Inhibitory postsynaptic currents              |
| IPSP                  | Inhibitory postsynaptic potential             |
| MAP                   | Mitogen-activated protein                     |
| MD                    | Mediodorsal                                   |
| mGLU                  | Metabotropic glutamate                        |
| mIPSCs                | Miniature IPSCs                               |
| MR                    | Median raphe                                  |
| MSNs                  | Medium spiny neurons                          |
| NA                    | Noradrenaline                                 |
| NRT                   | Nucleus reticularis thalami                   |
| PD                    | Parkinson's Disease                           |
| PKA                   | Protein kinases A                             |
| PKC                   | Protein kinases C                             |
| PLC                   | Phospholipase C                               |
| PTK                   | Protein tyrosine kinase                       |
| sGABA <sub>A</sub> Rs | Synaptic GABA <sub>A</sub> Rs                 |
| sIPSCs                | Spontaneous IPSCs                             |
| SNC                   | Substantia nigra pars compacta                |
| TC                    | Thalamocortical                               |
| TRP                   | Transient receptor potential                  |
| TRPC4                 | Transient receptor potential channel 4        |
| VTA                   | Ventral tegmental area                        |

## 7.1 Introduction

$\gamma$ -Aminobutyric acid (GABA) type A receptors (GABA<sub>A</sub>Rs) are ubiquitously expressed throughout the central nervous system (CNS) and represent the principal inhibitory neurotransmitter receptors in the adult mammalian brain (Schwartz 1988). Two main GABA<sub>A</sub>R populations exist that mediate two distinct forms of inhibition: the so-called phasic inhibition generated by synaptic GABA<sub>A</sub>Rs (sGABA<sub>A</sub>Rs) and ‘tonic’ inhibition mediated by extrasynaptic GABA<sub>A</sub>Rs (eGABA<sub>A</sub>Rs) (Farrant and Nusser 2005; Belelli et al. 2009).

The different properties of sGABA<sub>A</sub>Rs and eGABA<sub>A</sub>Rs originate from their different subunit composition, particularly the inclusion of the  $\delta$  subunit in the dentate gyrus and cerebellar granule cells, thalamocortical (TC) and some cortical neurons (Nusser et al. 1998; Pirker et al. 2000; Nusser and Mody 2002; Belelli et al. 2005; Cope et al. 2005; Jia et al. 2005), and the  $\alpha 5$  subunit in CA1 and CA3 hippocampal pyramidal cells (Caraiscos et al. 2004; Hortnagl et al. 2013). The  $\delta$  subunit containing eGABA<sub>A</sub>Rs co-assemble with two  $\alpha$  ( $\alpha 4$  or  $\alpha 6$ ) and two  $\beta$  subunits. The  $\alpha 5$  subunit containing eGABA<sub>A</sub>R usually co-assemble with  $\alpha$ ,  $\beta$  and  $\gamma 2$  subunit.  $\alpha 1$  and  $\alpha 2$  subunits as well as  $\beta 3$  subunits are also found at extrasynaptic locations on the soma of hippocampus CA1 pyramidal neurons, suggesting that these subunits may also contribute to eGABA<sub>A</sub>R signalling and their specific pharmacological properties (Kasugai et al. 2010).

GABA released in the synaptic cleft brings about brief changes of membrane conductance due to the activation of sGABA<sub>A</sub>R which gives rise to phasic inhibition. On the other hand, the very low GABA concentration that is present in the extracellular space can activate eGABA<sub>A</sub>R-mediated tonic inhibition that occurs in a much more spatially and temporally diffuse manner (Farrant and Nusser 2005). This form of inhibition has been identified in the cerebellum (Brickley et al. 1996), hippocampus (Stell and Mody 2002), striatum (Ade et al. 2008) and thalamus (Cope et al. 2005). Importantly, increasing evidence has uncovered not only some of the physiological roles of eGABA<sub>A</sub>Rs but also their involvement in diverse neurological and neuropsychiatric disorders (Belelli et al. 2009; Hines et al. 2012), including stroke (Clarkson et al. 2011), epilepsy (Cope et al. 2009; Di Giovanni et al. 2011a), anxiety (Lydiard 2003), depression (Maguire et al. 2005; Luscher et al. 2011), schizophrenia (Guidotti et al. 2005) and autism (Pizzarelli and Cherubini 2011).

GPCRs are single-polypeptide proteins containing seven hydrophobic transmembrane domains that transduce extracellular neurotransmitter signals into the cell interior by interacting with heterotrimeric G proteins (Dohlman et al. 1991; Neer 1995). These, in turn, modulate a diverse array of cellular effectors to produce changes in cellular second-messenger systems and/or ionic conductance and ultimately physiological responses. GPCRs engage many signalling pathways that involve protein kinases A and C (PKA and PKC), protein tyrosine kinase (PTK), through PKC interaction with  $\beta$ -arrestin, Src kinase, and hence the mitogen-activated protein (MAP) kinase cascades (Luttrell and Luttrell 2004).

GPCR modulation of sGABA<sub>A</sub>Rs via classical phosphorylation has been extensively investigated, and for dopamine Rs (DARs) and GABA<sub>B</sub>Rs it is also well established that a direct protein–protein interaction exists between each of these GPCRs and sGABA<sub>A</sub>Rs. Instead, the regulation of eGABA<sub>A</sub>R by GPCRs is a relatively new area of research, and in this chapter, we review the evidence in support of a modulation of eGABA<sub>A</sub>Rs by the metabotropic GABA<sub>B</sub>, serotonin (5-HT), DA, noradrenaline (NA) and metabotropic glutamate (mGlu) receptors in different brain areas.

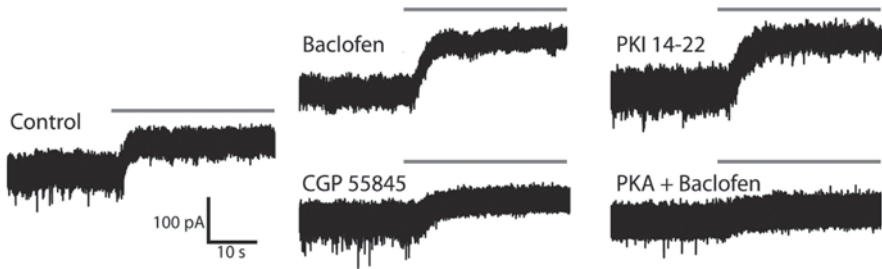
## 7.2 GABA<sub>B</sub>Rs—eGABA<sub>A</sub>Rs Interaction

GABA<sub>B</sub>Rs are heteromeric complexes composed of a GABA<sub>B1</sub> and a GABA<sub>B2</sub> subunit (Kaupmann et al. 1998). Their heterogeneity results from the GABA<sub>B</sub> subunit isoforms (GABA<sub>B1a-j</sub>), most prominently GABA<sub>B1a</sub> and GABA<sub>B1b</sub>, which combine with GABA<sub>B2</sub> to form functional receptors (Belley et al. 1999; Ulrich et al. 2007). GABA<sub>B</sub>Rs are found both pre- and postsynaptically: Presynaptic GABA<sub>B</sub>Rs regulate the release of GABA (autoreceptors) and other neurotransmitters (heteroreceptors), whereas postsynaptically they elicit a slow inhibitory postsynaptic potential (IPSP) (Bettler et al. 2004). These actions are mediated by stimulation of intracellular G-protein signalling cascades that activate inwardly rectifying K<sup>+</sup> channels, inhibit voltage-gated Ca<sup>2+</sup> channels, and regulate cyclic adenosine monophosphate (cAMP) and PKA (Padgett and Slesinger 2010).

A direct physical interaction between discrete regions of GABA<sub>B1</sub>R and the GABA<sub>A</sub>R  $\gamma$ 2S subunit has been described. This association has significant consequences for GABA<sub>B</sub>R trafficking and endocytosis, both promoting GABA<sub>B1</sub> surface expression in the absence of GABA<sub>B2</sub>, as well as enhancing GABA<sub>B1</sub> endocytosis in the presence of GABA<sub>B2</sub> (Balasubramanian et al. 2004). Moreover, the physical association between GABA<sub>A</sub>Rs and GABA<sub>B</sub>Rs increases the potency of GABA acting at GABA<sub>A</sub>Rs expressed in oocytes probably due to a conformational change in the GABA<sub>A</sub>R complex that enhances its affinity for GABA (Balasubramanian et al. 2004). The precise physiological significance of this association, however, remains to be elucidated as no *in situ* data were provided by this study. Similarly, future *in vivo* studies should investigate whether this direct physical interaction occurs for both sGABA<sub>A</sub>Rs and eGABA<sub>A</sub>Rs, though  $\gamma$ 2S-containing GABA<sub>A</sub>RS are almost exclusively synaptic in location.

Following the original observation of an increase in tonic GABA<sub>A</sub> current by  $\gamma$ -hydroxybutyric acid (GHB), a weak GABA<sub>B</sub> agonist (Cope et al. 2009), two recent studies using GABA and the exogenous, selective GABA<sub>B</sub> agonists, baclofen, have now conclusively demonstrated a GPCR-mediated interaction between GABA<sub>B</sub>Rs and eGABA<sub>A</sub>Rs. This interaction appears to be present in TC neurons, cerebellar and dentate gyrus granule cells (Fig. 7.1), but not in hippocampal CA1 or cortical layer 2/3 pyramidal neurons (Tao et al. 2013). It does not result from changes in the release or uptake of GABA, since it is antagonized by direct intracellular infusion of





**Fig. 7.1** GABA<sub>B</sub>Rs regulation of eGABA<sub>A</sub> receptors. Whole cell voltage clamp recordings from VB TC neurons showing GABA<sub>B</sub>R modulation of the tonic GABA<sub>A</sub> current. The magnitude of the tonic current was revealed by application of gabazine (> 100 μM) as shown by the grey bars. The GABA<sub>B</sub>R agonist R-baclofen (5 μM) increased the size of the tonic current relative to control, while the GABA<sub>B</sub>R antagonist CGP 55848 (1 μM) reduced it. The effect of baclofen could be mimicked by infusing the PKA inhibitor PKI 12–22 (50 ng/mL) or blocked by infusing the active catalytic subunit of PKA (10 IU/mL)

G-protein antagonists into the postsynaptic neuron (Fig. 7.1) (Connelly et al. 2013; Tao et al. 2013). The exact mechanism of this GABA<sub>B</sub>R-mediated enhancement of eGABA<sub>A</sub>R activity is unclear, though it seems to be independent on the synthesis of new channels since a maximal tonic GABA<sub>A</sub> current augmentation can be achieved within 5–10 min from the application of baclofen. Indeed, by diffusing drugs intracellularly, it could be demonstrated that the signalling pathway is dependent on PKA (Connelly et al. 2013) (Fig. 7.1), indicating direct control of eGABA<sub>A</sub>Rs via phosphorylation, as has been demonstrated in expression systems (Tang et al. 2010). Interestingly, both studies (Connelly et al. 2013; Tao et al. 2013) reported that a GABA<sub>B</sub> antagonist reduced the tonic GABA<sub>A</sub> current even in the absence of activation by a GABA<sub>B</sub> agonist (Fig. 7.1), indicating that at least in brain slices ambient GABA levels in thalamus, cerebellum and dentate gyrus are sufficient to activate this GABA<sub>B</sub>R—eGABA<sub>A</sub> interaction.

The fact that GABA<sub>B</sub>Rs appear to regulate the tonic GABA<sub>A</sub> current in a number of neuronal types gives us the possibility of speculating on the molecular make up of eGABA<sub>A</sub>Rs. Phosphorylation by PKA leads to an enhancement in GABA<sub>A</sub>Rs containing β3 subunits, a decrease in function in those containing β1, and no effect in those with a β2 subunit (McDonald et al. 1998). Hence, the effect of GABA<sub>B</sub>R activation (direct PKA infusion in the postsynaptic neuron) on eGABA<sub>A</sub>Rs could imply the presence of a significant proportion of β1-containing GABA<sub>A</sub> receptors in TC neurons, dentate gyrus and cerebellar granule cells. Anatomical studies have indicated an abundance of β1 subunits in cerebellar and dentate gyrus granule cells (though also large amounts of β3), whereas the thalamus has been reported to contain largely β2 subunits (Wisden et al. 1992; Pirker et al. 2000). Thus, we are left with the possibility that either PKA-mediated phosphorylation of β subunits can produce different responses depending on the neuronal type, or more likely that there are indeed significant complements of β1-containing receptors in the thalamus, dentate gyrus and cerebellum, which may be restricted to extrasynaptic sites.

Interpreting the circuit-level response to the GABA<sub>B</sub>R-mediated increase of the tonic GABA<sub>A</sub> current requires careful considerations, as it is unlikely that endogenously released GABA could activate GABA<sub>B</sub>Rs without activating eGABA<sub>A</sub>Rs and vice versa. On the one hand, we have the situation where an increasing titre of GABA will activate more eGABA<sub>A</sub>Rs and lead to an enhancement of their function via the concomitant recruitment of GABA<sub>B</sub>Rs. That is, during a period of enhanced GABA release, the current mediated by eGABA<sub>A</sub>Rs will be increased via activation of both GABA<sub>B</sub>Rs and eGABA<sub>A</sub> receptors. On the other hand, GABA<sub>B</sub>Rs are known to decrease the probability of vesicular GABA release. Thus, the sum effect of delivering a GABA<sub>B</sub> agonist *in vivo* is hard to predict, since it may decrease the release of GABA, and in turn the activity of eGABA<sub>A</sub>Rs, to a greater extent than the GABA<sub>B</sub>R-mediated enhancement of eGABA<sub>A</sub>R activity, leading to a total reduction in the tonic GABA<sub>A</sub> current.

### 7.3 DARs—eGABA<sub>A</sub>Rs Interaction

DARs are members of the GPCR super-gene family (Kebabian and Calne 1979), and dysfunction of central DA systems underlies the pathophysiology of many neurological and neuropsychiatric disorders, including depression, schizophrenia, attention deficit hyperactivity disorders (ADHD), drug abuse, Gilles de la Tourette's syndrome, Alzheimer's disease, Parkinson's disease (PD) and epilepsy (Di Giovanni 2008, 2010). DARs are divided into two subclasses, namely D1-like (D1 and D5) and D2-like (D2, D3 and D4) (Missale et al. 1998). In general, D1-like Rs are positively coupled to AC whereas D2-like Rs usually inhibit this enzyme. D1Rs and D2Rs regulate PKA phosphorylation via differing second-messenger cascade systems: D1Rs agonists activate and D2R agonists inactivate PKA (Chen et al. 2006) through Gs/Golf and Gi/o proteins, respectively (Stoof and Kebabian 1984).

Increasing evidence indicates that the interaction between the DA and GABA systems in the brain can be mostly attributed to the functional interactions between their Rs (Liu et al. 2000; Lee et al. 2005). These are not only mediated by classical second-messenger systems (which are reviewed below) but a direct protein–protein interaction between these two Rs has also been reported which is mediated by the carboxyl terminus (CT) of the D5R and the second intracellular loop of the GABA<sub>A</sub>R  $\gamma 2$  subunit (Liu et al. 2000). This D5R–GABA<sub>A</sub>R coupling mutually inhibits the activity of both Rs. Thus, GABA<sub>A</sub>R stimulation inhibits the ability of D5Rs to activate AC, whereas D5R activation decreases synaptic GABA<sub>A</sub>R-mediated inhibition (Liu et al. 2000; Lee et al. 2005). Whether similar or different protein–protein interactions exist between DARs and eGABA<sub>A</sub>Rs remains to be investigated.

#### 7.3.1 *Striatum*

The striatum is the main input of the basal ganglia circuitry, involved in controlling motor behaviours and important cognitive functions (Di Giovanni 2007). It

not only receives large dopaminergic innervations from the mesencephalic nuclei mainly from the substantia nigra pars compacta (SNc) but also from the ventral tegmental area (VTA). DA released in the striatum binds to D1-like Rs and D2-like Rs on striatal neurons, modulating their intrinsic excitability and synaptic plasticity. The medium spiny neurons (MSNs) are the GABAergic principal projecting striatal neurons and selectively express D1Rs on those of the direct pathway (to the spiny neuron (SN)) and D2Rs on those of the indirect pathway (to the external part of pallidum) (Gerfen et al. 1990; Di Giovanni et al. 2009).

The subunit composition of GABA<sub>A</sub>Rs expressed in the striatum have been the subject of intense research, sometimes with contrasting results (Liste et al. 1997; Flores-Hernandez et al. 2000; Schwarzer et al. 2001; Ade et al. 2008; Santhakumar et al. 2010). The striatum stains positively for  $\alpha$ 1– $\alpha$ 5 subunits (though weakly for  $\alpha$ 3 and  $\alpha$ 5), all  $\beta$  subunits, as well as  $\gamma$ 2 and  $\delta$  subunits (Pirker et al. 2000). On the other hand, it has been reported that MSNs do not express  $\alpha$ 3 and  $\alpha$ 6 subunits (Liste et al. 1997; Rodriguez-Pallares et al. 2000; Schwarzer et al. 2001), while they do express  $\alpha$ 2 and  $\beta$ 2/ $\beta$ 3 subunits (Liste et al. 1997). Moreover, single-cell PCR suggests that  $\beta$ 1 and  $\beta$ 3 subunits are expressed by MSNs (Flores-Hernandez et al. 2000), while  $\beta$ 2 subunits appear to be solely expressed on striatal interneurons (Schwarzer et al. 2001).

Vicini's (Ade et al. 2008; Janssen et al. 2009; Janssen et al. 2011; Luo et al. 2013) and other groups (Kirmse et al. 2008; Janssen et al. 2009; Santhakumar et al. 2010) have provided solid evidence for the presence and the developmental profile of a tonic GABA<sub>A</sub> current in MSNs. (Note, however, that one study did not find any evidence for a tonic GABA<sub>A</sub> current in D2<sup>+</sup> or D1<sup>+</sup> MSNs; Gertler et al. 2008.) D2<sup>+</sup> MSNs have greater tonic GABA<sub>A</sub> current than D1<sup>+</sup> MSNs (Ade et al. 2008). Moreover, D2<sup>+</sup> MSNs are more sensitive to low doses of GABA than D1<sup>+</sup> MSNs. In young mice (P 16–25), application of the GABA<sub>A</sub>R antagonist, bicuculline, in addition to blocking spontaneous inhibitory postsynaptic currents (IPSCs), consistently induces a reduction in holding current in D2<sup>+</sup> MSNs, suggestive of an endogenous tonic GABA<sub>A</sub> current. This effect can also be observed in D1<sup>+</sup> MSNs, although its magnitude is significantly smaller, or in some neurons can be absent altogether (Ade et al. 2008). The strong Tetrodotoxin (TTX)-sensitivity of tonic GABA<sub>A</sub> current in MSN reveals that synaptic spillover is the primary source for the ambient GABA that in striatum is responsible for eliciting the tonic current (Ade et al. 2008), as it is the case in other brain regions (Bright et al. 2007).

The larger tonic current in D2<sup>+</sup> cells of young mice is likely to be mediated by  $\alpha$ 5 $\beta$ 3 $\gamma$ 2 receptors. This is based on the evidence of (i) a differential expression  $\alpha$ 5- and  $\beta$ 3-containing receptors in D2<sup>+</sup> neurons compared to D1<sup>+</sup> neurons, (ii) the similar expression and effect of  $\delta$ -subunit-containing GABA<sub>A</sub> between the two MSN populations, with a minimal contribution to tonic GABA currents and (iii) the lack of effect of  $\alpha$ 1-containing GABA<sub>A</sub>R receptors activation on both D2<sup>+</sup> and D1<sup>+</sup> MSNs (Ade et al. 2008; Janssen et al. 2009; Santhakumar et al. 2010; Janssen et al. 2011).

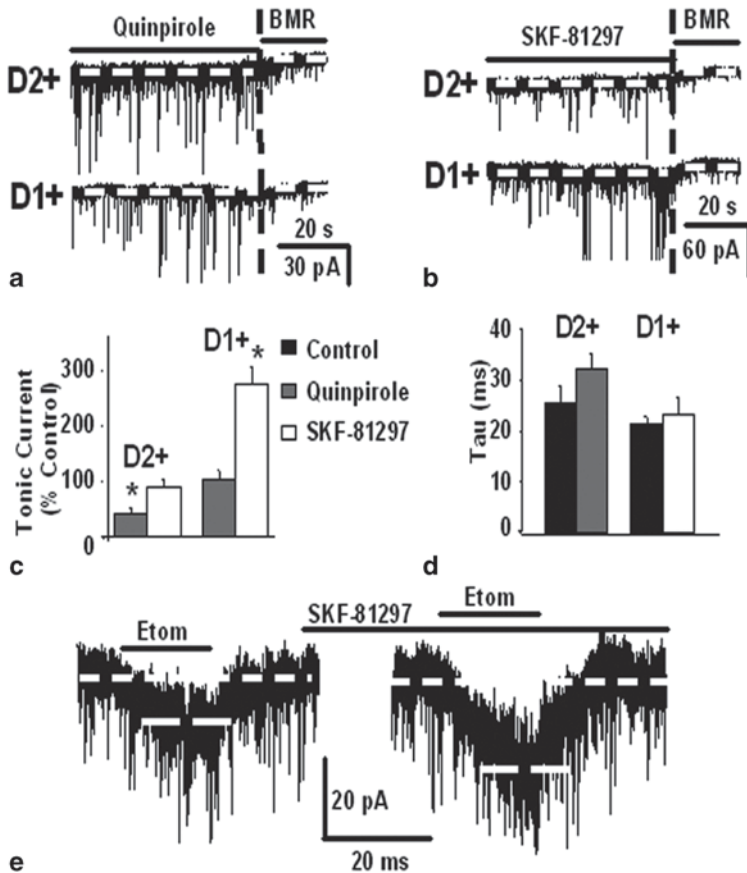
GABA<sub>A</sub>R subunits, however, are developmentally regulated, with a progressive decline in  $\alpha$ 5 subunits and an increase in  $\alpha$ 4 and  $\delta$  subunits with age (Laurie et al. 1992). Therefore, it is not surprising that there is a developmental reversal in the

tonic GABA<sub>A</sub> current profile of adult striatal MSNs (>P30) mice (magnitude and GABA<sub>A</sub>R subunit contribution) i.e., larger tonic current in D1+ MSNs, due to an increase of  $\delta$ -containing GABA<sub>A</sub>Rs, and a smaller current in D2+ MSNs, due to a decreased expression of the  $\alpha 5$  subunit (Santhakumar et al. 2010). This developmental switch in the tonic inhibitory control of the striatal output neurons from those of the indirect pathway to those of the direct pathway is likely to alter the input–output curve of the striatal circuit.

Importantly, the tonic GABA<sub>A</sub> current in MSNs is modulated by DA1Rs and DA2Rs in both young and adult mice (Janssen et al. 2009). Although DA is present in such low concentrations that it does not activate D1Rs and D2Rs in striatal slices, D2R stimulation with quinpirole decreases the tonic currents in D2+ MSNs, whereas D1R activation with SKF-81297 induces a tonic GABA<sub>A</sub> current in D1+ MSNs (Fig. 7.2) (Janssen et al. 2009). This dopaminergic modulation of the tonic current is likely due to changes in the phosphorylation state of eGABA<sub>A</sub>Rs in both young and adult mice, and  $\beta 1$ - and  $\beta 3$ -subunits are substrates for PKA-mediated phosphorylation (Moss et al. 1992; Poisbeau et al. 1999; Flores-Hernandez et al. 2000; Vithlani and Moss 2009; Kang et al. 2011). Despite this, it has been shown in other brain areas that sGABA<sub>A</sub> response to phosphorylation is subunit-specific, with  $\beta 1$ -subunit phosphorylation reducing and  $\beta 3$ -subunit phosphorylation enhancing synaptic GABAergic currents (McDonald et al. 1998; Nusser et al. 1999; Flores-Hernandez et al. 2000) DA agonists and intracellular PKA application fail to significantly alter sGABA<sub>A</sub> currents in the striatum (Janssen et al. 2009). In conclusion, DA modulates exclusively tonic GABA<sub>A</sub> currents and not IPSCs in this nucleus.

### 7.3.2 *Thalamus*

The rodent thalamus receives a sparse dopaminergic innervation from the mesencephalic nuclei (Groenewegen 1988; Papadopoulos and Parnavelas 1990; Garcia-Cabezas et al. 2007, 2009) and expresses moderate levels of DA receptors (Wamsley et al. 1989; Weiner et al. 1991; Khan et al. 1998). The exact cellular localization of DARs within the thalamus is largely unknown. However, electrophysiological and immunohistochemical findings have shown that the nucleus reticularis thalami (NRT) is rich in D4Rs (Khan et al. 1998) expressed presynaptically on globus pallidus (GP) terminals, and their activation by DA release reduces this inhibitory input to the NRT neurons (Floran et al. 2004; Gasca-Martinez et al. 2010). Compelling in vitro electrophysiological evidence shows that DA is capable of modifying the excitability of thalamic neurons, an effect to which both D1Rs and D2Rs are suggested to contribute with cellular and nucleus specificity. For example, D2Rs but not D1Rs are involved in DA-mediated excitation of mediodorsal (MD) thalamic neurons (Lavin and Grace 1998), while DA acting via D1Rs leads to a membrane depolarization in dorsal lateral geniculate nucleus (dLGN) TC neurons (Govindaiah and Cox 2005). On the other hand, DA may indirectly inhibit these neurons via D2R excitation of local GABAergic interneurons, producing an increase of phasic



**Fig. 7.2** Modulation of the eGABA<sub>A</sub> tonic current in the striatum. **a** Representative current traces from individual D2+ and D1+ MSN illustrating that the D2 agonist, quinpirole (10  $\mu$ M), reduces tonic current in the D2+ MSN, while it does not affect tonic currents in the D1+ MSN. **b** Representative traces of a simultaneous dual recording between a D2+ and D1+ MSN illustrating that the D1 agonist, SKF-81297 (10  $\mu$ M), induces a tonic current in the D1+ MSN, but also reduces it in the D2+ MSN. **c** Summary graph showing effects on tonic current with quinpirole and SKF-81297 application on D2+ ( $n=5$  and 3) and D1+ ( $n=6$  and 4). **d** Summary graph of phasic currents of both D2+ and D1+ in response to their respective agonists ( $n=6$  and 5 for D2+,  $n=8$  and 5 for D1+). **e** Representative current trace from a D1+ neuron where etomidate (3  $\mu$ M) was given prior to and during SKF-81297 (10  $\mu$ M) application. SKF-81297 was given for over 5 min before co-application with etomidate to allow full drug action. (Reproduced with permission from Janssen et al. 2009)

GABA<sub>A</sub> inhibition (Munsch et al. 2005). In agreement with this inhibitory role of DA in the dLGN, an increase of the tonic GABA<sub>A</sub> current during DA application has also been reported in rat TC neurons of this thalamic nucleus (Di Giovanni et al. 2008).

DA also modulates the activity of ventrobasal (VB) TC neurons via activation of both DAR subtypes (Govindaiah et al. 2010). In particular, DA, acting

postsynaptically at D2Rs, increases action-potential discharges, and via D1R activation, it induces membrane depolarization. As far as inhibition is concerned, DA has no effect on miniature IPSCs (mIPSCs) (Yague et al. 2013), but strongly depresses the amplitude of eGABA<sub>A</sub>R-mediated tonic inhibition in VB TC neurons of Wistar rats (Yague et al. 2013). Quinpirole and PD-168,077 (D2R and D4R agonists respectively) also reduced the tonic current without altering phasic inhibition (Fig. 7.4). These effects are not due to a decreased vesicular GABA release, since GABA<sub>A</sub> sIPSC frequency, a measure of action-potential-dependent vesicular GABA release, is unaffected by DA and the two agonists. Based on the following evidence: (i) quinpirole binds with higher affinity at D3/4Rs than at D2Rs (Sokoloff et al. 1990) and mimics the DA effects, (ii) D3Rs are not considerably expressed in the thalamus (Gurevich and Joyce 1999) and (iii) PD-168,077 is a selective and potent D4 agonist (Glase et al. 1997), DA effects might be mediated by D4Rs.

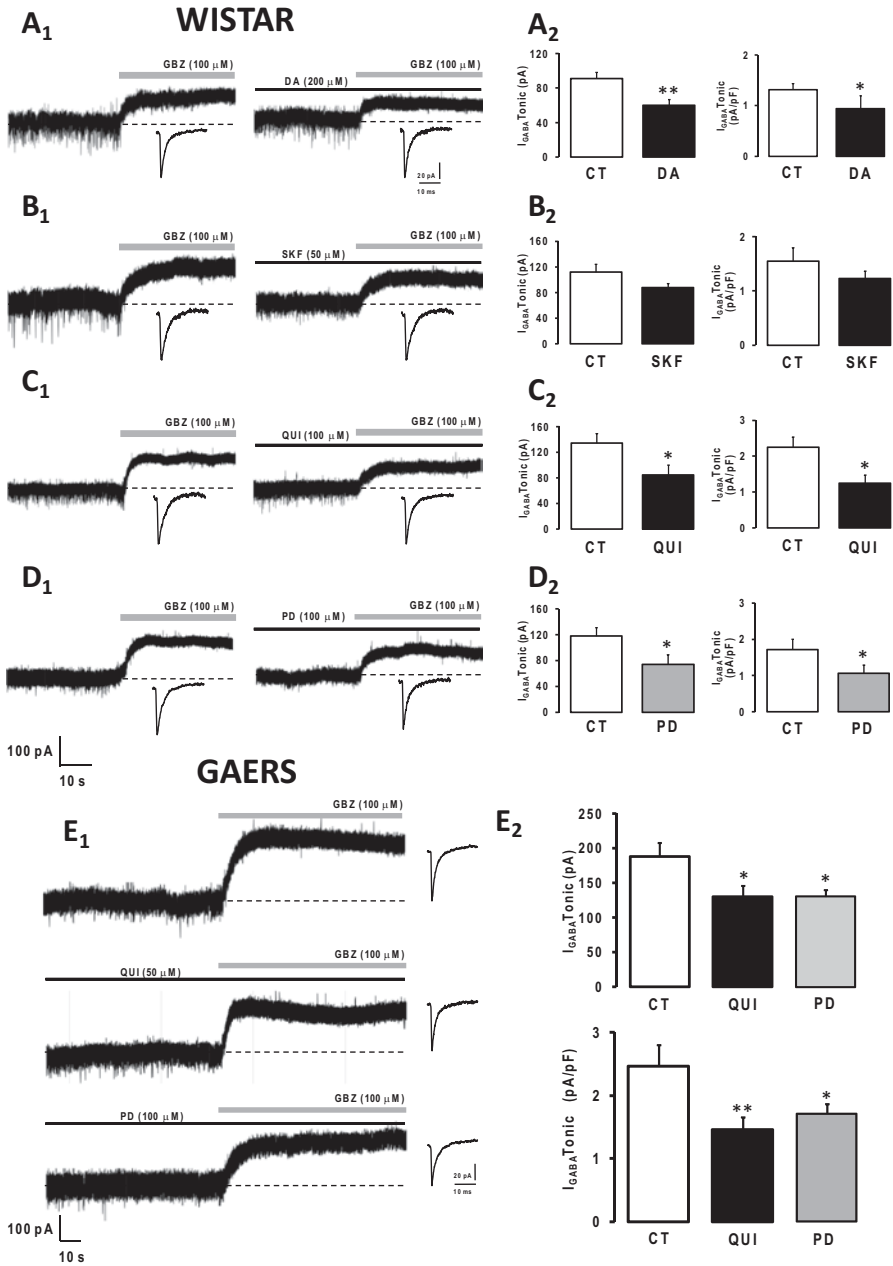
It is difficult to speculate on the localization of the DARs that mediate the above effects on the tonic current using available electrophysiological data. DA might decrease eGABAR activity by reducing glial GABA release and its ambient concentration, since (i) evidence exists for astrocytic expression of DARs in some brain areas (Khan et al. 2001; Miyazaki et al. 2004), and (ii) astrocyte-neuron GABA signalling in the VB specifically targets eGABA<sub>A</sub>Rs (Jimenez-Gonzalez et al. 2011). The only clear evidence regarding DAR localization in the thalamus is the high expression of D4Rs in the NRT (Ariano et al. 1997), which are located presynaptically on GP terminals and negatively control their inhibitory input to the NRT (Gasca-Martinez et al. 2010). D4R activation consequently decreases intra-NRT GABA release (Floran et al. 2004), leading, in turn, to an increased firing of GABAergic NRT neurons (Gasca-Martinez et al. 2010). However, selective D4R activation does not affect sGABA<sub>A</sub>R activity, indicating no change of NRT input to the VB. Thus, the effect of D4R activation on eGABA<sub>A</sub>R current (Yague et al. 2013) might be due to D4Rs express in VB TC neurons, in agreement with other recent electrophysiological evidence (Govindaiah et al. 2010).

Finally, in view of the increased eGABA<sub>A</sub>R function that is present in different experimental models of absence epilepsy (Cope et al. 2009), it is interesting to note that in the polygenic absence model called genetic absence epilepsy rats (GAERS) from Strasbourg, D4R activation decreases the tonic but not the phasic GABA<sub>A</sub> current (Fig. 7.3) (Yague et al. 2013). Since a selective reduction of the tonic current in the VB has been shown to drastically reduced absence seizures (Cope et al. 2009), it is possible that the known anti-absence effects of some dopaminergic drugs (Marescaux et al. 1992) may occur in part by their ability to decrease thalamic eGABA<sub>A</sub>R function.

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and averaged IPSCs (*bottom*) from different TC neurons of the VB thalamus of Wistar rats under control conditions (*left*) and in the continuing presence of SKF39383 (50 μM), quinpirole (50 μM) and PD-168,077 (100 μM; *right*). (B<sub>2</sub>, C<sub>2</sub>, D<sub>2</sub>) Summary of the effects of SKF39383, quinpirole and PD-168,077 on GABA<sub>A</sub> tonic current (*left*) and normalised GABA<sub>A</sub> tonic current (*right*). (E<sub>1</sub>) Representative current traces (*right*) and averaged IPSCs (*left*) from different TC neurons in VB slices from GAERS under control conditions (*top*) and in the continuing presence of quinpirole (50 μM; *middle*) and PD-168,077 (100 μM; *bottom*). (E<sub>2</sub>) Summary of the effects of quinpirole and PD-168,077 on GABA<sub>A</sub> tonic current (*top*) and normalised GABA<sub>A</sub> tonic current (*bottom*)





**Fig. 7.3** Dopaminergic modulation of the tonic and phasic GABA<sub>A</sub> current of VB TC neurons of Wistar rats and Genetic Absence Epilepsy Rats from Strasbourg (GAERS). (A<sub>1</sub>) Representative current traces (top) and averaged IPSCs (bottom) from different TC neurons in VB slices from Wistar rats, under control conditions (100 μM ascorbic added to aCSF) and in the continuing presence of DA (200 μM, right). Focal application of gabazine (GBZ, 100 μM, grey bar) reveals different magnitude of tonic GABA<sub>A</sub> tonic current. (A<sub>2</sub>) Summary of the effects of DA on the tonic current (right) and normalised  $I_{GABA}^{Tonic}$ . (B<sub>1</sub>, C<sub>1</sub>, D<sub>1</sub>) Representative current traces (top)

In summary, DA can excite VB neurons through different actions, one of which involves a reduction in the tonic GABA<sub>A</sub> current. This effect likely involves PKA-dependent phosphorylation similarly to DA modulation of the excitability of MSNs (Janssen et al. 2009).

## 7.4 5-HTRs—eGABA<sub>A</sub>Rs Interaction

Virtually all brain regions receive innervation from serotonergic fibres arising from cell bodies of the two main subdivisions of the midbrain serotonergic nuclei, the dorsal (DR) and the median raphe (MR) (Dahlstrom and Fuxe 1964; Hillegaart 1991; Abrams et al. 2004; Di Giovanni et al. 2010; Hale and Lowry 2010). The diverse physiological effects of 5-HT in the brain are mediated by a variety of distinct receptors. These receptors are presently divided into seven classes (5-HT<sub>1</sub>–5-HT<sub>7</sub>), which are then subdivided into subclasses with a total of at least 14 different receptors (Barnes and Sharp 1999; Di Giovanni et al. 2011b), based upon their pharmacological profiles, cDNA-deduced primary sequences and signal transduction mechanisms (Hoyer et al. 2002). With the exception of the ionotropic 5-HT<sub>3</sub>R, all other 5-HTRs are GPCRs which act through intracellular signalling pathways to have a myriad of effects on their host cells (Di Giovanni et al. 2011b).

5-HT-containing cell bodies of the raphe nuclei send projections to GABAergic cells in different brain areas and receive a reciprocal GABAergic innervation from raphe interneurons and projecting neurons from many other areas (Bagdy et al. 2000). Much attention has been devoted to the role of 5-HTRs in the control of GABA inhibition, because of their implication in the pathophysiology of many diseases that affect central GABAergic systems, including schizophrenia, depression, drug abuse, sleep disorders and epilepsy (Di Giovanni et al. 2001; Bankson and Yamamoto 2004; Invernizzi et al. 2007; Nikolaus et al. 2010). The precise nature of the interaction between 5-HT and GABA, however, has been difficult to elucidate, in that both inhibitory and excitatory roles for 5-HT have been demonstrated. These discrepancies may be attributable to the differential distribution, and/or the diverse functional roles of 5-HTR subtypes within different GABAergic systems in various brain regions (Jacobs and Azmitia 1992; Barnes and Sharp 1999; Hoyer et al. 2002).

5-HT increases the frequency of GABA<sub>A</sub> mIPSCs in a subpopulation of VTA and SNc dopaminergic neurons (Pessia et al. 1994; Theile et al. 2009), nucleus raphe magnus serotonergic neurons (Inyushkin et al. 2010), spinal dorsal horn neurons (Inyushkin et al. 2010) and suprachiasmatic nucleus neurons (Bramley et al. 2005), but depresses evoked IPSCs in neurons of the rat dorsolateral septal nucleus (Matsuoka et al. 2004). Since the amplitude of mIPSCs is not affected by 5-HT or its ligands, it is highly likely that 5-HT augments GABAergic synaptic transmission via presynaptic mechanisms. Indeed, an increase in Ca<sup>2+</sup> release from intracellular stores via 5-HT<sub>2C</sub>R activation has been shown to be involved in the ethanol-induced enhancement of GABA release onto DA-containing VTA neurons (Theile et al. 2009).

The cross-communication between 5-HTRs and GABA<sub>A</sub>Rs might also be postsynaptic. 5-HT<sub>2C</sub>R activation produces long-lasting inhibition of GABA<sub>A</sub> current in *Xenopus* oocytes co-expressing both types of receptors, an effect that required elevation of intracellular Ca<sup>2+</sup> levels (Huidobro-Toro et al. 1996). Interestingly, experiments in *Xenopus* oocytes using protein kinase and phosphatase inhibitors suggest that the 5-HT<sub>2C</sub>R modulatory process does not involve changes in the phosphorylation state of GABA<sub>A</sub>Rs with different subunit compositions (Huidobro-Toro et al. 1996). On the other hand, some evidence shows that PKA and PKC are involved in mediating the effects of 5-HT on GABA<sub>A</sub>R function. Thus, activation of postsynaptic 5-HT<sub>2</sub>Rs in prefrontal cortex pyramidal neurons has been shown to inhibit GABA<sub>A</sub> current via a PKC-induced phosphorylation of GABA<sub>A</sub> γ2 subunit, which is dependent on activation of the RACK1-anchored PKC (Feng et al. 2001). Moreover, 5-HT<sub>4</sub>R activation modulates GABA<sub>A</sub>R currents bi-directionally, depending on the basal PKA activation levels. Thus, elevated levels of PKA due to increased neuronal activity have been shown to reverse the enhancing effect of 5-HT<sub>4</sub>R activation into depression of neuronal excitability (Cai et al. 2002).

### 7.4.1 *Thalamus*

The role of 5-HT in the thalamus is complex and not yet fully understood, most likely due to the plethora of effects that can be elicited by the activation of its 14 different receptor subtypes. Thalamic 5-HT projections mainly originate from the small-to-medium sized 5-HT neurons located in the DR and MR nuclei (Dahlstrom and Fuxe 1964; Vertes et al. 1999). Several studies have described a dense and heterogeneous distribution of 5-HT fibers within the thalamus; serotonergic fibers are heavily concentrated in midline, intralaminar and association thalamic nuclei, and with the exception of the dLGN, they are also weakly distributed in principal thalamic nuclei (Vertes et al. 2010; Rodriguez et al. 2011).

Among thalamic 5-HTRs (Mengod et al. 2010), 5-HT<sub>1A</sub>Rs and 5-HT<sub>2A</sub>Rs, which are coupled to Gαq/G11-proteins and activate phospholipase C (PLC) β (Di Giovanni et al. 2006), are relatively highly expressed in the GABAergic neurons of the NRT (Li et al. 2004; Bonnin et al. 2006; Rodriguez et al. 2011). 5-HT<sub>1A</sub>Rs are mainly present on the soma and proximal dendrites of these neurons, whereas 5-HT<sub>2A</sub>R are less abundant and moderately expressed on cell bodies and more abundant on fine and medium-sized dendrite (Rodriguez et al. 2011). 5-HT<sub>2A</sub>Rs and 5-HT<sub>2C</sub>Rs are also present in TC neurons of the rodent dLGN (Li et al. 2004; Coulon et al. 2010). A recent study has shown a preferential immunohistochemical staining for 5-HT<sub>2C</sub>Rs versus 5-HT<sub>2A</sub>Rs in mice dLGN TC neurons, although these receptors were not somatically expressed (Coulon et al. 2010). Indeed, 5-HT<sub>2</sub>R mRNA has been detected in GABAergic interneurons of the dLGN, with similar pattern of expression for the 2A and 2C subtypes (Munsch et al. 2003).

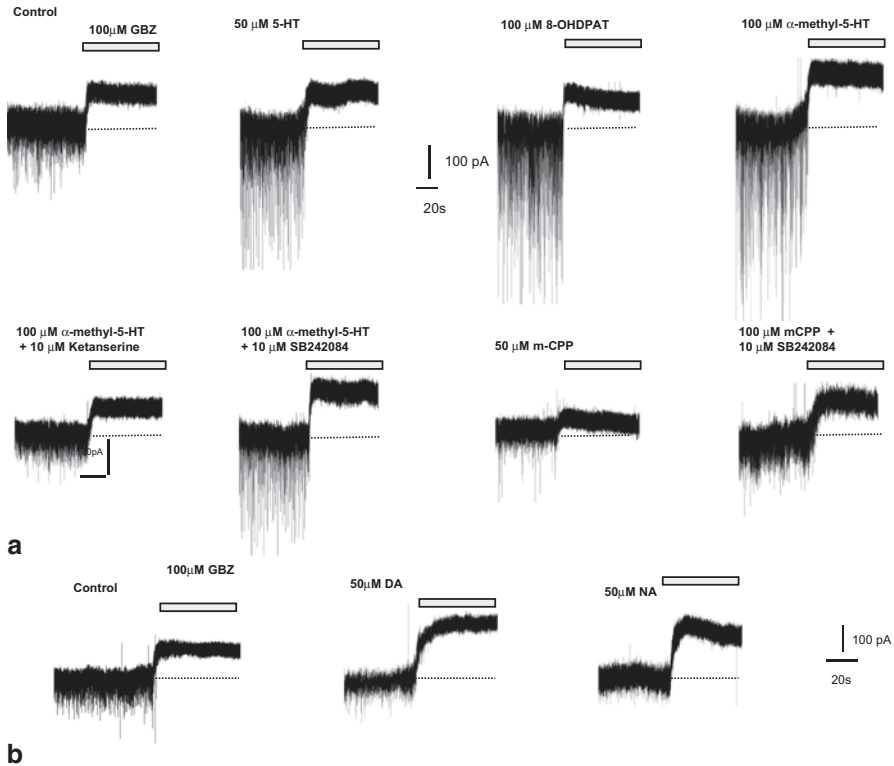
Another receptor by which 5-HT can produce its function in the thalamus is the 5-HT<sub>7</sub>R. Indeed, the highest expression of this 5-HTR in the rat brain does occur

in the intralaminar and midline thalamic nuclei, where it strongly modulates neuronal excitability by inhibiting the calcium-activated potassium conductance that is responsible for the slow afterhyperpolarization (Goaillard and Vincent 2002). In contrast, 5-HT<sub>7</sub>Rs depolarize neurons of the anterodorsal thalamic nucleus primarily by increasing I<sub>h</sub> through a cAMP-dependent and PKA-independent mechanism (Chapin and Andrade 2001).

### 7.4.2 Dorsal Lateral Geniculate Nucleus of the Thalamus

A common action of brainstem neurotransmitters is to depolarize the membrane potential of TC neurons, causing a shift from rhythmic bursting to tonic-firing activity (McCormick 1992b). Membrane depolarization by 5-HT is in large part caused by inhibition of a leak in K<sup>+</sup> conductance (Meuth et al. 2006) and by modulation of the hyperpolarization-activated, non-selective cation current I<sub>h</sub> (Pape and McCormick 1989; Chapin and Andrade 2001). 5-HT and 5-HT<sub>2C</sub>R activation produce comparable membrane depolarizations which depend on Gq-coupled intracellular signalling cascades (Coulon et al. 2010). The intracellular pathways that couple the 5-HT<sub>2</sub>Rs to the Ca<sup>2+</sup>-influx mechanism seems to depend on the PLC system: This does not involve Ca<sup>2+</sup> release nor voltage-gated Ca<sup>2+</sup> channels in the plasma membrane, but is critically dependent on the transient receptor potential (TRP) protein, transient receptor potential channel 4 (TRPC4) (Munsch et al. 2003).

Our experiments and observations show that 5-HTR modulation has complex effects on phasic and tonic GABA<sub>A</sub> currents. Interestingly, application of 5-HT itself does not result in a change in the tonic GABA<sub>A</sub> current in dLGN of TC neurons, but results in an increased frequency of sIPSCs (Fig. 7.4) (Di Giovanni et al. 2008). Similarly, application of the 5-HT<sub>1A/7</sub>R agonist, 8-OH-DPAT, does not change the tonic current, but increases the weighted decay time constant and the frequency of mIPSCs. Application of the 5-HT<sub>2A/2C</sub>R agonist,  $\alpha$ -methyl-5-hydroxytryptamine ( $\alpha$ -M-5-HT), leads to a massive increase in the tonic current and in the peak amplitude and frequency of mIPSCs. These effects are mediated by 5-HT<sub>2A</sub>Rs since they were blocked by ketanserin, an antagonist with higher selectivity for 5-HT<sub>2A</sub>Rs than 5-HT<sub>2C</sub>Rs, but not by SB 242084, a selective 5-HT<sub>2C</sub>R antagonist (Fig. 7.4). Moreover, concomitant application of 5-HT and ketanserin results in a decreased tonic GABA<sub>A</sub> current and an increase in the weighted decay time constant and charge transfer of mIPSCs. Finally, application of the unselective 5-HT<sub>2C</sub>R agonist m-chlorophenylpiperazine (mCPP) markedly decreases the tonic current, whereas most mIPSC properties are unchanged with the exception of a decrease in peak amplitude. These effects of mCPP are likely mediated by 5-HT<sub>2C</sub>Rs since they are blocked by co-application of SB 242084 (Fig. 7.4) (Di Giovanni et al. 2008).



**Fig. 7.4** Serotonergic modulation of tonic GABA<sub>A</sub> current in the dLGN of Wistar rats. **a** Focal application of gabazine (GBZ, 100 μM, *grey bar*) reveals different magnitude of tonic current. Representative current traces from different TC neurons of the dLGN thalamus of Wistar rats under control conditions (*top left*) and in the continuing presence of 5-HT (50 μM), 8-OHDPAT (100 μM), and α-methyl-5-HT (100 μM; *top traces*), and α-methyl-5-HT (100 μM)+Ketanserin (50 μM), α-methyl-5-HT (100 μM)+SB242084 (10 μM), and meta-chlorophenylpiperazine (mCPP) (50 μM) and mCPP (100 μM)+SB242084 (10 μM; *bottom traces*). **b** Representative current traces from different TC neurons in dLGN slices from Wistar rats under control conditions (*left*) and in the continuing presence of dopamine (DA) (50 μM; *middle*) and noradrenaline (NA) (100 μM; *right*)

### 7.4.3 Ventrobasal Nucleus of the Thalamus

5-HT is able to modulate the activity of VB TCs directly (McCormick 1992b), although early evidence indicated that it plays more of a modulatory role by facilitating the response of these neurons to excitatory amino acids (Eaton and Salt 1989) or by inhibiting acetylcholine-induced excitation (Andersen and Curtis 1964). Exogenous application of 5-HT in VB slices was reported to have no effect on sIPSC (Munsch et al. 2003). We recently confirmed this finding: 5-HT<sub>2A</sub>R and 5-HT<sub>2C</sub>R ligands lack any effect on phasic GABA<sub>A</sub> inhibition in VB TC neurons of Wistar rats (Cavaccini et al. 2012). Similarly to the dLGN, the 5-HT<sub>2A</sub> selective agonist TCB-2

enhances the tonic GABA<sub>A</sub> current, an effect that is blocked by co-application of the 5-HT<sub>2A</sub> antagonist MDL11,939. We further confirmed that TCB-2 was exerting its effects through eGABA<sub>A</sub> receptors by establishing that TCB-2 does not enhance the tonic current in TC cells of  $\delta$ -knockout mice, though it does so in wild-type littermates. Conversely, RO 60–0175, a selective 5-HT<sub>2C</sub> agonist, decreases the tonic current, an effect that is most likely mediated by 5-HT<sub>2C</sub>Rs, since it is blocked by SB 242084. Moreover, MDL11,939 and SB242084 do not alter tonic inhibition when applied alone, indicating that in our experimental conditions endogenous 5-HT levels are insufficient to activate these receptors.

The opposite effects on the tonic GABA<sub>A</sub> current elicited by selective 5-HT<sub>2A</sub>R and 5-HT<sub>2C</sub>R agonists might depend on the activation of alternative signal transduction pathways. Alternatively, it may result from a different distribution of these receptors, i.e. a preferential postsynaptic expression of the 5-HT<sub>2C</sub>Rs on VB TC neurons whilst 5-HT<sub>2A</sub>Rs might instead be mostly located presynaptically on GABAergic NRT neurons and/or on their terminals. Since in our slices the NRT nucleus and its axons are preserved, both possibilities are realistic.

Finally, we investigated whether the 5-HT<sub>2A/2C</sub> ligands are capable of reducing the aberrant eGABA inhibition of TC neurons in the VB of the epileptic GAERS rats (Cope et al. 2009). Bath application of RO 60-0175 halved the tonic GABA<sub>A</sub> current in GAERS and non-epileptic control (NEC) rats. Moreover, MDL11,939 alone did not modify the tonic current in NECs, but it decreased it in GAERS (Cavaccini et al. 2012). This suggests that in absence epilepsy there might be an increased serotonergic tone, and indeed 5-HT depletion has been shown in Long Evans rats, another strain which expresses spontaneous absence seizures (Bercovici et al. 2006). Alternatively, more 5-HTRs may be present in these epileptic animals or their efficacy may be increased compared to the NEC rats.

## 7.5 NARs—eGABA<sub>A</sub>Rs Interaction

Locus coeruleus innervates almost all brain areas in a highly diffused manner. NA action is slow, as it acts through GPCRs, but its wide release in the brain makes NA a crucial regulator for various fundamental brain functions such as arousal, attention and memory processes (Sara 2009). The majority of studies on the NA effects on synaptic transmission has focused on excitatory glutamatergic transmission. However, NA also acts on GABAergic transmission. NA excites GABAergic interneurons (McCormick 1992a; Kawaguchi and Shindou 1998) and indirectly inhibits principal neuron activity in different CNS areas (Segal et al. 1991). On the other hand, NA can increase GABA<sub>A</sub> IPSCs of interneurons such as, cerebellar stellate cells (Kondo and Marty 1997), frontal cortex (Kawaguchi and Shindou 1998), cerebellum and have opposite effects in GABAergic neurons of different layers of sensory cortices depending on the type of NAR activated (Salgado et al. 2011).

As far as the thalamus is concerned, application of NA to dLGN relay neurons can result in a large slow depolarization through a decrease in a K<sup>+</sup> conductance



(McCormick and Prince 1988). Moreover, stimulation of beta-adrenergic receptors by NA elicits a marked enhancement of  $I_h$  (McCormick and Pape 1990). In this manner, NA may contribute to the switch from rhythmic burst firing to the transfer mode of action potential generation in the thalamus during increases in arousal and upon awakening from sleep. Surprisingly, the effect of NA on GABAergic transmission in the thalamus has not been investigated. Our preliminary data show that NA is capable of increasing both frequency of sIPSC and the tonic GABA<sub>A</sub> current in rat dLGN TC neurons (Fig. 7.4) (Di Giovanni et al. 2008).

## 7.6 Indirect mGluRs Modulation of eGABA<sub>A</sub>Rs

According to sequence homology and response to agonists, the eight subtypes of mGluRs that have so far been identified are subdivided into three groups: Group I (mGluR1 and 5), II (mGluR2 and 3) and III (mGluR4, 6, 7 and 8) (Conn and Pin 1997). Group I mGluRs stimulate inositol phosphate metabolism and mobilization of intracellular  $Ca^{2+}$ , whereas Group II and Group III couple to adenylyl cyclase (AC). Note, however, that a fourth (as yet unassigned) group of mGluRs which is coupled to phospholipase D has been reported recently (Ngomba et al. 2011).

Having reviewed the available evidence that support the presence of a direct modulation of eGABA<sub>A</sub>Rs by GABA-, DA-, 5-HT- and NA-activated GPCRs, here we describe an interesting example of how another member of the GPCR family, the mGluR I, is capable of strongly regulating eGABA<sub>A</sub>Rs in the thalamic dLGN by controlling dendritic GABA release from the local interneurons (Fig. 7.5).

mGluR1 are highly expressed in the dendrites, but not the soma of TC neurons in the dLGN (Coulon et al. 2010), where they are not located in the main body of asymmetric synapses, but are concentrated in the perisynaptic areas (Ngomba et al. 2011). In addition, mGluR1 mRNA is not detected in NRT neurons, which together with the local GABAergic interneurons, provide a strong inhibitory control to TC neurons in the dLGN (Shigemoto et al. 1992). These GABAergic interneurons innervation of dLGN TC neuron is peculiar, in that they form conventional axodendritic synapses, the so-called F1 terminals, and dendrodendritic synapses, or F2 terminals, that participate in specialized synaptic 'triads' where the interneuron dendrite is postsynaptic to retinogeniculate terminals and presynaptic to the TC neuron dendrite (Ohara et al. 1983; Hamos et al. 1985) (Fig. 7.5). GABA release from these two interneuron terminals differs in its action potential dependence, with F1 and F2 terminals being action potential-dependent and -independent, respectively (Cox and Sherman 2000; Govindaiah and Cox 2006b). Glutamate release from retinogeniculate terminals can therefore monosynaptically excite TC neuron dendrites and disynaptically inhibit them via glutamate receptor-dependent GABA release from F2 terminals (Cox and Sherman 2000; Govindaiah and Cox 2004; Blitz and Regehr 2005). Importantly, mGluRs are only present on F2 terminals (Godwin et al. 1996; Cox and Sherman 2000).



Application of the Group I-specific mGluR agonist (S)-3,5-Dihydroxyphenylglycine (DHPG) to thalamic slices of the dLGN causes a robust increase in synaptic GABA release from thalamic interneurons, leading to a marked increase in mIPSCs frequency and amplitude (Govindaiah and Cox 2006a) and a large increase in the tonic GABA<sub>A</sub> current of TC neurons (Fig. 7.5a) (Errington et al. 2011b). The latter effect does not simply result from the summation of IPSCs since DHPG fails to enhance the tonic current in  $\delta$ -knockout mice (Errington et al. 2011b). Importantly, physiological recruitment of mGluRs via electrical stimulation of the retinogeniculate terminals is able to mimic DHPG action as it elicits a transient enhancement of the tonic GABA<sub>A</sub> current in dLGN TC neurons. Indeed, the evidence might suggest that activation of group I mGluRs (i.e. mGluR1a and mGluR5) on F2 terminals can initiate local dendro-dendritic GABA release, and this is sufficient to enhance the tonic GABA<sub>A</sub> current (Fig. 7.5).

Activation of Group II and III mGluRs has been shown to reduce phasic GABA<sub>A</sub> inhibition in TC neurons (Govindaiah and Cox 2006a), but a Group II agonist does not significantly reduce the tonic GABA<sub>A</sub> current (Errington et al. 2011b). Instead, activation of Group III mGluRs not only significantly reduces IPSC frequency but also decreases tonic current amplitude (Errington et al. 2011b). Unlike the activation of Group I mGluRs, when the amplitude of the tonic eGABA<sub>A</sub> current is plotted against IPSC frequency in the presence of Group II/III mGluR agonists, no significant correlation is observed. Thus, activation of mGluRs I and II can modulate vesicular GABA release and control tonic inhibition (Errington et al. 2011b).

In summary, we functionally demonstrated for the first time that eGABA<sub>A</sub>Rs are located at putative postsynaptic locations on TC neuron dendrites that participate in the triadic arrangements characteristic of the dLGN, and that these receptors can be dynamically activated by robust dendro-dendritic GABA release (Fig. 7.5).

In contrast to the results in the dLGN, activation of Group I mGluRs does not increase tonic GABA<sub>A</sub> inhibition (or mIPSC frequency) in TC neurons of the VB complex of the thalamus. Unlike the dLGN, the rodent VB contains no interneurons (Barbarese et al. 1986; Harris and Hendrickson 1987), and GABAergic innervation to VB TC neurons is provided solely by NRT neurons. The lack of effect of DHPG upon phasic and tonic GABA<sub>A</sub> inhibition in the VB, therefore, suggests that Group I mGluRs do not modulate output from NRT neurons. Note, also that Bright and Brickley (Bright and Brickley 2008) reported that postsynaptic depolarization of VB TC neurons induces a robust increase in the rate of spontaneous GABA<sub>A</sub> IPSCs, which, however, is not accompanied by an enhancement of the tonic GABA<sub>A</sub> current.

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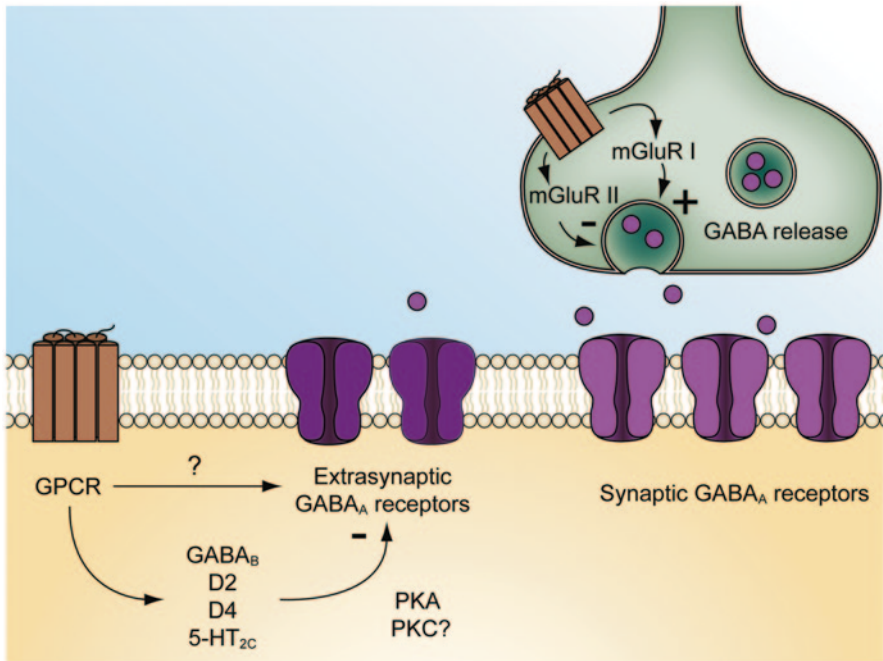
upon activation of both mGluR1 and mGluR5 subtypes being partially blocked by the mGluR1 antagonist LY367385 (*blue circles*) and mGluR5 antagonist MTEP (*green circles*) when applied individually, but completely reversed when both drugs are applied together (*grey circles*). **e** Unlike group I mGluRs, activation of group II and III mGluRs produces a marked reduction in interneuron GABA release and a corresponding decrease in both IPSC frequency and the amplitude of tonic GABA<sub>A</sub> currents in dLGN TC neurons. The reduction is likely to involve mGluR2 and 3 and mGluR 4 and 8 receptor subtypes. (Modified from Errington et al. 2011b with permission)

## Conclusions

The amplitude of the eGABA<sub>A</sub>R-mediated tonic current does not remain constant over time, but fluctuates in relation to the ambient GABA concentration (Pavlov et al. 2009). Moreover, eGABA<sub>A</sub>Rs are dynamic entities showing plasticity in response to changes in sGABA<sub>A</sub>Rs activity (Nani et al. 2013) and modulation by exogenous agents including neurosteroids, alcohol and anesthetics (see Chap. 5; (Belelli et al. 2009)). As reviewed here, eGABA<sub>A</sub>Rs are also subject to modulatory actions by a variety of GPCRs which can act presynaptically, modulating GABA release or postsynaptically, directly altering eGABA<sub>A</sub>R activity (Fig. 7.6). Since these GPCR-mediated modulations of eGABA<sub>A</sub>R are both nucleus- and neuronal type-selective, the functional interactions of GABA with other neurotransmitters are more complex than previously envisioned. A representative example is the striatum where DARs activate tonic and no phasic inhibition (Ade et al. 2008). Moreover, increasing evidence is showing that a similar scenario is present in other brain areas. For instance, it seems that the activation of GABA<sub>B</sub>, D2 and 5-HT<sub>2A/2C</sub>Rs preferentially modulates eGABA<sub>A</sub>R over sGABA<sub>A</sub>R-mediated conductance in the VB complex of the thalamus (Di Giovanni et al. 2008; Cavaccini et al. 2012; Connelly et al. 2013; Yague et al. 2013), while mGlu, D2 and different 5-HTRs do affect both phasic and tonic inhibition in the dLGN (Munsch et al. 2005; Di Giovanni et al. 2008). This could be due to the different GPCRs synaptic localization and anatomical organization of dLGN and VB. From inference from our evidence on GABA<sub>B</sub> modulation in VB, cerebellum, hippocampus (Connelly et al. 2013) and other brain regions (Tao et al. 2013) and DA effects in the striatum (Janssen et al. 2009), it is possible that eGABA<sub>A</sub>Rs might be under a reversible and dynamic regulation by different GPCRs and modulators through PKA/PKC-dependent phosphorylation (Fig. 7.6). Notwithstanding these data, a direct protein–protein interaction cannot be ruled out (Fig. 7.6).

These diverse modulations of eGABA<sub>A</sub>Rs by GPCRs provide a vast array of mechanisms for the fine-tuning of single neuron and network excitability in response not only to a variety of physiological stimuli but also in neurological diseases. Since PD symptoms result from an imbalance in the two striatal pathways (Mallet et al. 2006; Esposito et al. 2007; Obeso et al. 2008) and Huntington's disease from a selective loss of D2+ -MSNs (Estrada Sanchez et al. 2008), the differential expression of the tonic GABA<sub>A</sub> currents in D1+ and D2+MSNs may offer novel potential therapeutic targets for these diseases.

The ability of some monoamine sensing GPCRs to selectively modulate only one type of GABA<sub>A</sub>R-mediated inhibition may also have important therapeutic relevance in pathologies such as absence epilepsy, where there is an aberrant increase in eGABA<sub>A</sub>R function but an unchanged phasic inhibition (Cope et al. 2009). Since this enhanced thalamic tonic GABA<sub>A</sub> current is a necessary and sufficient condition for the expression of typical absence epilepsy (Cope et al. 2005; Di Giovanni et al. 2011a; Errington et al. 2011c) (see Chap. 12), it is conceivable that the anti-absence



**Fig. 7.6** Schematic of hypothetical GPCRs action on GABAergic synapses in the central nervous system. Pre-synaptic element: mGLURs might modulate the release of GABA (purple) from GABAergic neuron/interneuron, either increasing it via (1) mGLUR I or (2) decreasing it via mGLUR II (dLGN). Post-synaptic element: a postsynapse expressing synaptic and extrasynaptic GABA<sub>A</sub>Rs. Different GPCRs may modulate eGABA<sub>A</sub> current via either GPCR/second messenger/kinases (PKA/PKC) or G-protein-independent signalling. An increase of the eGABA<sub>A</sub> phosphorylation state of different subunits might lead to a decrease/increase of the GABA<sub>A</sub> inhibition. A direct GPCR–eGABA<sub>A</sub>R might also occur

action of systemically injected 5-HT and DA ligands (Danober et al. 1998; Isaac 2005; Bagdy et al. 2007) occur in part via a modulation of the thalamic tonic GABA<sub>A</sub> inhibition. Strikingly, since no specific antagonist or inverse agonists exists for  $\delta$ -subunit-containing eGABA<sub>A</sub>Rs, the possibility of modulating the tonic GABA<sub>A</sub> current with GPCR ligands provides an interesting novel therapeutic target for this type of generalised epilepsy (Errington et al. 2011a) and other disorders for which an impairment of eGABA<sub>A</sub>Rs has been reported. As a matter of fact, the cross-talk between GPCRs and eGABA<sub>A</sub>Rs might be already targeted in the pharmacological actions of some of the drugs that act on GPCRs and are currently marketed for different neurological diseases.

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# Chapter 8

## Extrasynaptic GABA<sub>A</sub> Receptors and Tonic Inhibition in Spinal Cord

Emanuel Loeza-Alcocer, Carmen Andrés, Justo Aguilar, Ricardo Felix and Rodolfo Delgado-Lezama

**Abstract**  $\gamma$ -aminobutyric acid (GABA), the main inhibitory neurotransmitter in the adult central nervous system (CNS), exerts its physiological effects by acting on ligand-gated chloride-permeable channels termed GABA<sub>A</sub> receptors (GABA<sub>A</sub>R). The activation of these receptors produces two different types of inhibition: fast and tonic, mediated by synaptic and extrasynaptic GABA<sub>A</sub>Rs, respectively. The molecular conformation of the extrasynaptic GABA<sub>A</sub> receptors and the tonic inhibitory current they generate have been characterized in different brain structures, and their relevance in controlling neuronal excitability has been also demonstrated. Likewise, a role for these receptors has been suggested in a variety of neurological disorders such as schizophrenia, epilepsy, and Parkinson disease. In the spinal cord, the characterization of these receptors has initiated with the study of their relationship with motor control, chronic pain and anesthesia. This chapter highlights past and present developments in the field of extrasynaptic GABA<sub>A</sub> receptors and emphasizes their subunit composition, distribution, and physiological role in the spinal cord.

**Keywords** Spinal cord · Extrasynaptic GABA<sub>A</sub> receptors · GABA · Tonic inhibition · Neuron excitability

### 8.1 Introduction

The spinal cord is the region of the nervous system that receives information from the supraspinal nuclei, proprioceptors, mechanoreceptors, thermoreceptors, chemoreceptors and nociceptors. This information is processed by second order interneurons distributed on the dorsal horn in the substantia gelatinosa and laminae II and III along the spinal cord. These interneurons interact with complex circuits involved in motor control and generation of locomotor activity or other stereotyped motor

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R. Delgado-Lezama (✉) · E. Loeza-Alcocer · C. Andrés · J. Aguilar  
Department of Physiology, Biophysics and Neuroscience, Center for Research and Advanced Studies of the National Polytechnic Institute (Cinvestav-IPN),  
Avenida IPN 2508, Col. Zacatenco, Mexico City 07300, Mexico  
e-mail: rdelgado@fisio.cinvestav.mx

R. Felix  
Department of Cell Biology, Cinvestav-IPN,  
Avenida IPN 2508, Col. Zacatenco, Mexico City 07300, Mexico

functions (e.g. micturition, ejaculation, scratching, respiration, pain behavior). Motoneurons located in laminae IX named by Sherrington as the final pathway of the nervous system, perform the crucial function of translating brain activity into different kinds of motor behavior. Therefore, the properties of motoneurons must be fine-tuned to produce precisely coordinated muscle activity in response to both external and internal stimuli. The stability and function of the spinal cord circuitries depend on the balance between the excitation and inhibition, the latter being mediated by glycinergic and GABAergic neurons. As we shall see, the GABAergic system plays fundamental roles in the development and function of the spinal cord.

### **8.1.1 GABA in the Spinal Cord**

Investigation on the actions of  $\gamma$ -aminobutyric acid (GABA) in the spinal cord began in the decade of the fifties. Curtis et al. (1959) found that GABA depressed the excitatory (EPSP) and inhibitory postsynaptic potentials (IPSP) and reduced the excitability of motoneurons (Curtis et al. 1959). Working with the cat preparation, Eccles et al. (1963) characterized the presynaptic inhibition at primary afferents, and suggested that it was mediated by the activation of GABA<sub>A</sub>Rs by GABA released from the interneuron GABAergic terminals synapsing primary afferent terminals (Eccles et al. 1963; Schmidt 1971; Rudomin and Schmidt 1999). These studies were the beginning of a series of investigations focused on the physiological role of GABA in the spinal cord (Curtis et al. 1959; Curtis 1969). Eccles and his colleagues also found that the presynaptic inhibition of the monosynaptic reflex was correlated with primary afferent depolarization (PAD), and reported that picrotoxin reduced both presynaptic inhibition and PAD (Eccles et al. 1963). Therefore, nowadays, it is well accepted that presynaptic inhibition of primary afferents is mediated by activation of synaptic GABA<sub>A</sub>Rs.

### **8.1.2 Properties of Extrasynaptic GABA<sub>A</sub> Receptors**

The biophysical and pharmacological properties of the extrasynaptic GABA<sub>A</sub>Rs in general are reviewed and discussed in depth in another section of this book; therefore, our chapter will be focused on the distribution and function of extrasynaptic GABA<sub>A</sub>Rs in the spinal cord.

The GABA<sub>A</sub> receptor is a hetero-oligomeric protein consisting of five proteins or subunits ( $\alpha_{1-6}$ ,  $\beta_{1-3}$ ,  $\gamma_{1-3}$ ,  $\delta$ ,  $\epsilon$ ,  $\theta$ ,  $\pi$ ,  $\rho_{1-3}$ ) (Olsen and Sieghart 2008; Olsen and Sieghart 2009). Theoretically, hundreds of GABA<sub>A</sub>Rs can be produced; however, only a few dozens of GABA<sub>A</sub>Rs has been found in the central nervous system (CNS). The stoichiometric composition of these receptors is  $2\alpha$ ,  $2\beta$  and  $\gamma$  subunits, where the latter can be replaced by one of the remaining subunits. Interestingly, with the aid of immunohistochemical and immunoprecipitation (Fritschy et al. 1998), immunoelectron microscopy (Somogyi et al. 1996), ligand binding, (Nusser et al.

1999) and quantitative immunogold techniques, (Nusser et al. 1995; Nusser et al. 1996; Nusser et al. 1997; Nusser et al. 1998) the expression of the GABA<sub>A</sub>Rs subunits has been estimated in supraspinal neurons being  $\alpha_1\beta_2\gamma_2$  and  $\alpha_2\beta_3\gamma_2$  the most-favored combinations (Möhler et al. 2002). The majority of GABA<sub>A</sub>Rs are located at the synapse, although a subpopulation is present in somatic, dendritic, and axonal membranes not in opposition to presynaptic terminals (Somogyi et al. 1989; Farrant and Nusser 2005; Kullmann et al. 2005). As mentioned earlier, these extrasynaptic receptors mediate an alternative (tonic) form of GABAergic inhibition.

Using functional assays, it has been shown that the application of bicuculline methiodide (BMI) and gabazine in addition to blocking the spontaneous phasic currents, also changes the holding current necessary to keep the cells at a predetermined holding membrane potential (Farrant and Nusser 2005; Kullmann et al. 2005; Brickley et al. 1996), unveiling the presence of a GABAergic tonic inhibition in different neuronal types from the hippocampus, thalamus, somatosensory cortex, and cerebellum (Farrant and Nusser 2005; Kullmann et al. 2005; Brickley et al. 1996). This is due to the activation of extrasynaptic GABA<sub>A</sub>Rs by ambient GABA that produces a persistent increase in conductance or tonic shunt that modulates the excitability of the neurons (Farrant and Nusser 2005; Chadderton et al. 2004; Walker and Semyanov 2008).

Extrasynaptic GABA<sub>A</sub>Rs predominantly contain  $\alpha_4$ ,  $\alpha_5$ , and  $\alpha_6$  subunits in combination with  $\delta$  and  $\gamma_2$  (Farrant and Nusser 2005; Walker and Semyanov 2008; Semyanov et al. 2004). However, with the exception of receptors containing the  $\delta$  subunit, the other GABA<sub>A</sub>Rs have been found indistinctly in both synaptic and extrasynaptic locations (Nusser et al. 1995; Farrant and Nusser 2005; Walker and Semyanov 2008).

Based on its affinity for the endogenous GABA, it has been reported that GABA<sub>A</sub>Rs containing  $\alpha_6\beta_3\delta$  or  $\alpha_4\beta_3\delta$  subunit combinations have the lowest EC<sub>50</sub> values (~0.3–0.7  $\mu$ M), whereas in GABA<sub>A</sub>Rs of the  $\alpha_1\beta_3\gamma_2$  or  $\alpha_2\beta_3\gamma_2$  subtypes, the EC<sub>50</sub> values are one order of magnitude higher (~6–14  $\mu$ M). Interestingly, the first mentioned receptors are most commonly found in extrasynaptic locations while the latter are mainly contained in membranes at the synaptic connection (Farrant and Nusser 2005). In addition, GABA affinity is correlated with the sensitivity of GABA<sub>A</sub>Rs to competitive and noncompetitive antagonists which are used mainly for investigating the presence of tonic inhibition. Hence, low concentrations (<10  $\mu$ M) of gabazine (SR-95531) selectively block phasic GABAergic currents, while high concentrations of picrotoxin, SR-95531 or BMI are required to block tonic currents (Farrant and Nusser 2005; Walker and Semyanov 2008).

Interestingly, there are also GABA<sub>A</sub>R antagonists and inverse agonists that display subunit selectivity. For instance, the diuretic furosemide, used in the treatment of congestive heart failure and edema, has ~100-fold selectivity for  $\alpha_6$  over  $\alpha_1$  subunit-containing receptors (Korpi et al. 1995), and therefore, it has been used to determine the presence and the functional role of extrasynaptic GABA<sub>A</sub>Rs containing the  $\alpha_6$  subunit (Korpi et al. 1995; Sinkkonen et al. 2004). In addition, L-655708 an inverse agonist of  $\alpha_5$ -containing GABA<sub>A</sub>Rs has also been used to block tonic currents in hippocampal neurons (Zarnowska et al. 2009). Likewise, modulation

of tonic inhibition has been observed in the presence of endogenous neuroactive steroids, intravenous and volatile anesthetics, as well as alcohol. In particular,  $3\alpha, 21$ -dihydroxy- $5\alpha$ -pregnan- $20$ -one (allotetrahydrodeoxycorticosterone or THDOC) enhances tonic GABAergic currents mediated by  $\delta$  containing receptors (Stell et al. 2003). Drugs targeting GABA<sub>A</sub>R subunits with much higher affinity and more clinical efficacy have now been developed (Rudolph and Knoflach 2011; Zeilhofer et al. 2012).

## 8.2 Expression of GABA<sub>A</sub>R Subunits in the Spinal Cord

The expression of GABA<sub>A</sub> receptor subunits in the spinal cord has been studied with different techniques including reverse transcriptase-polymerase chain reaction (RT-PCR), in situ hybridization and immunohistochemistry.

### 8.2.1 Expression of Transcripts for GABA<sub>A</sub>Rs Subunits

The presence of mRNA encoding different subunits of GABA<sub>A</sub>Rs has been evidenced in spinal cord using in situ hybridization and the RT-PCR technique.

Contrary to the high expression in the brain, the mRNA coding for the  $\alpha_1$  subunit is present only in very few scattered cells throughout the spinal cord mainly in layers VII and VIII (Ruano et al. 2000), and no expression is detectable over motoneuron areas (Wisden et al. 1991; Persohn et al. 1991). Likewise, the expression of the  $\alpha_2$  gene is confined to areas VIII and IX. The  $\alpha_2$  mRNA is abundantly expressed in motoneurons and smaller 'satellite' cells. These smaller cells are likely to be Renshaw cells (Wisden et al. 1991; Persohn et al. 1991; Petri et al. 2005; Ruano et al. 2000). In contrast, the  $\alpha_3$  mRNA is present in many neurons in all layers of the spinal cord. It is highly expressed in layers II–VII and X (Persohn et al. 1991; Ma et al. 1993; Petri et al. 2005; Ruano et al. 2000) but weakly expressed in some motoneurons (Wisden et al. 1991; Ruano et al. 2000). The  $\alpha_5$  probe in most cases present very weak labeling of motoneurons (Wisden et al. 1991), and layers VII and VIII are also moderately labeled. Medium-sized multipolar cells in layers IV–VI and cells in layers II and III contained a low but detectable signal for this subunit (Persohn et al. 1991; Ma et al. 1993). Interestingly,  $\alpha_5$  has been detected since E20 in developmental studies (Serafini et al. 1998). Last, in embryonic, postnatal, and adult rat spinal cord  $\alpha_4$  mRNA is barely expressed, while  $\alpha_6$  mRNA expression has not been detected (Ma et al. 1993; Petri et al. 2005).

The only  $\beta$  subunit transcript found in the adult lumbar spinal cord is  $\beta_3$  which is highly expressed in the dorsal horn and is also present in ventral horn cells such as motoneurons (Wisden et al. 1991; Petri et al. 2005; Ma et al. 1993). Likewise,  $\beta_2$  mRNA doubles over E17–20 during development (Serafini et al. 1998) and in the adult rat spinal cord its transcript can be detected in layers VII and VIII as well as in

layers IV–VI (Persohn et al. 1991). The  $\gamma_2$  subunit mRNA is also found in many layers of spinal cord, with a similar pattern of distribution and intensity to  $\alpha_3$  mRNA. However,  $\gamma_2$  mRNA is present at much higher levels than  $\alpha_3$  mRNA in motoneurons (Wisden et al. 1991; Ma et al. 1993; Petri et al. 2005).

During development, no signal has been detected with the  $\delta$  subunit mRNA specific probe at any stage in the rat spinal cord (Persohn et al. 1991; Wisden et al. 1991; Ma et al. 1993). However, the presence of  $\alpha_3$ ,  $\theta$ , and  $\epsilon$  mRNAs expression has been reported during the E14–E19 period. As development progresses from E14–E10 to P0–P12,  $\epsilon$  subunit expression expands into laminae X and IX and enters lamina VII (Pape et al. 2009).

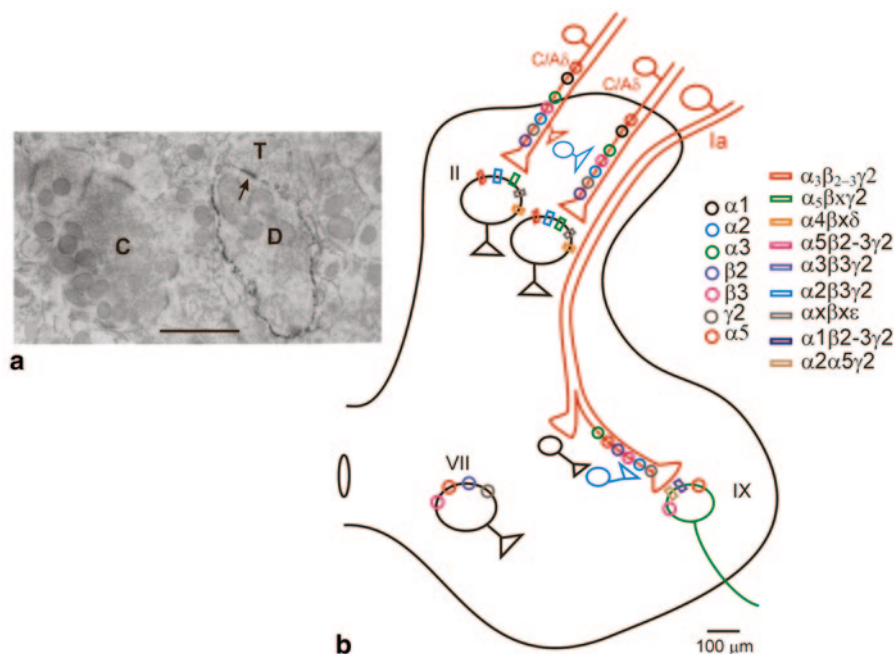
Based on mRNA expression levels, it has been suggested that GABA<sub>A</sub>Rs in motoneurons contain mainly the  $\alpha_2\alpha_3\beta_3\gamma_2$  subunit composition, whereas complexes of the  $\alpha_3\beta_3\gamma_2$  composition may predominate in the cells of the dorsal horn (Wisden et al. 1991). It is also possible to find GABA<sub>A</sub>Rs with different molecular composition expressed in a single cell and that different cell types may express different GABA<sub>A</sub> receptors as it occurs in the brain (Mody and Pearce 2004; Ruano et al. 2000; Farrant and Nusser 2005).

## 8.2.2 Immunolocalization of GABA<sub>A</sub>Rs in the Spinal Cord

Using radioligands Bowery et al. (1987) showed that GABA<sub>A</sub>Rs are highly concentrated in laminae II and III, moderately expressed in laminae V, VI, VIII and IX, and presented at a low density in laminae I, IV, VII and X (Bowery et al. 1987). Immunolocalization using monoclonal antibodies against  $\alpha$  and  $\beta$  subunits has evidenced the expression of GABA<sub>A</sub> receptors in the laminae II–IV, VI–VIII and X of rat (Richards et al. 1987) and human spinal cord (Waldvogel et al. 1990). At subcellular level, GABA immunoreactive axon terminals making axodendritic and axoaxonic synaptic contacts have been found in lamina II. Interestingly, Waldvogel et al. reported that GABA<sub>A</sub>R immunoreactivity at these synaptic complexes was associated with presynaptic and postsynaptic membranes as well as with nonsynaptic membranes (Waldvogel et al. 1990). This is one of the first evidences for the presence of extrasynaptic GABA<sub>A</sub>Rs in the spinal cord.

Likewise, immunocytochemical studies in the brain have documented the presence of GABA<sub>A</sub>Rs containing  $\alpha_{4/6}\beta\delta$ ,  $\alpha_3\beta\gamma_2$ , and  $\alpha_1\beta\delta$  subunits at extrasynaptic locations (Farrant and Nusser 2005; Fritschy et al. 1992; Brickley and Mody 2012). Some of these subunits have been identified also in the spinal cord. For example,  $\beta_{2-3}$  has been found in synaptic and extrasynaptic membranes of dendrites and somas of neurons in laminae II–VII (Fig. 8.1a) (Alvarez et al. 1996). In addition,  $\gamma_2$  has been immunolocalized in postsynaptic and presynaptic membranes opposed to presynaptic active zones and at extrasynaptic sites in membranes within boutons (Sur et al. 1995). More recently, the  $\alpha_1$  subunit has been found extrasynaptically in dendrites crossing the Renshaw cell area (Geiman et al. 2002). On the other hand, GABA<sub>A</sub>Rs containing the  $\beta_3$  subunit seems to be restricted primarily to a synaptic location (Todd et al. 1996).





**Fig. 8.1** Schematic representation of a transverse section of the spinal cord. **a** Subcellular localization of the GABA<sub>A</sub>  $\beta_{2/3}$  subunits in lamina II of the rat spinal cord. The image shows a dendrite (D) with synaptic and extrasynaptic plasma membrane  $\beta_{2/3}$  subunits immunolabeling. The presynaptic terminal (T) contains flattened synaptic vesicles. Both, the pre- and postsynaptic membranes show  $\beta_{2/3}$  immunoreactivity. An unlabeled central glomerular terminal (C) is also shown. Scale bar 1  $\mu$ m. **b** Distribution of putative GABA<sub>A</sub>Rs subtypes based on the localization of the distinct subunits. Panel A, modified with permission from Alvarez et al. (1996)

The expression of  $\alpha_3$ ,  $\beta_{2-3}$ ,  $\gamma_2$  subunits has been immunolocalized in cells from the dorsal and ventral horn in rats (Alvarez et al. 1996; Bohlhalter et al. 1996) and humans (Waldvogel et al. 2010). The  $\alpha_2$  subunit seems to be present also in all laminae although its expression is weak. In the dorsal horn, the expression pattern of the  $\alpha_1$  and  $\alpha_5$  subunit seems to be restricted to laminae III (Bohlhalter et al. 1996), while  $\alpha_6$  subunit expression has been found in laminae II (Gutiérrez et al. 1996).

Based on the co-localization of subunits within individual neurons, Bohlhalter et al. (1996) suggested distinct subunit combinations expected to be present in the spinal cord neurons, being  $\alpha_3\beta_{2-3}\gamma_2$  the most likely to occur. In addition, GABA<sub>A</sub>Rs with the  $\alpha_1\beta_{2-3}\gamma_2$ ,  $\alpha_5\beta_{2-3}\gamma_2$ , and  $\alpha_1\alpha_5\beta_{2-3}\gamma_2$  combinations are candidates to be present in laminae III–VIII and X (Fig. 8.1b). Motoneurons may express the atypical  $\alpha_2\gamma_2$  and  $\alpha_2\alpha_5\gamma_2$  combinations, and Renshaw cells may preferentially express  $\alpha_3$ ,  $\alpha_5$ ,  $\beta_{2-3}$ , and  $\gamma_2$  GABA<sub>A</sub>R subunits (Geiman et al. 2002). The expression of the  $\epsilon$  subunit in cells from laminae VII, X, and IX was reported recently. It has been also found in a specific population of cells of the thoracic spinal cord located in the intermediolateral column region (CML) in lamina VII (Pape et al. 2009).

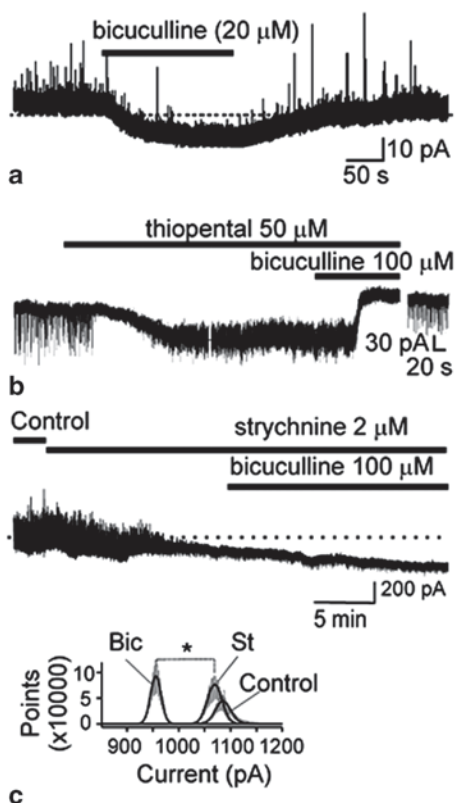
### 8.3 GABAergic Tonic Current in the Spinal Cord

The presence of a GABAergic tonic current in supraspinal neurons was first observed when the application of an antagonist of the GABA<sub>A</sub>Rs produced a substantial change in the holding current to clamp the membrane at a constant voltage (Farrant and Nusser 2005; Walker and Semyanov 2008; Mody and Pearce 2004). In the spinal cord, the first demonstration of a GABAergic tonic inhibitory current was obtained in chick embryo neurons, where it produced a slow depolarization. Based on an estimated single-channel conductance of 26 pS and an open probability of 0.33 (Yang and Zorumski 1989), it was estimated that approximately 30 GABA<sub>A</sub>Rs were responsible for the tonic GABAergic current in these cells. In addition, the depolarization induced by this current was about 8 mV, which was very similar to the voltage change observed in the presence of BMI (Chub and O'Donovan 2001).

The GABAergic tonic currents have been recorded in neurons of the substantia gelatinosa in the spinal cord of mammals (Fig. 8.2a) (Ataka and Gu 2006; Takahashi et al. 2006; Mitchell et al. 2007; Maeda et al. 2010), and based on their pharmacological profile and RT-PCR data, it has been suggested that GABA<sub>A</sub>Rs mediating these currents may contain  $\alpha_5\beta_x\gamma_2$ ,  $\alpha_x\beta_x\epsilon$ , and  $\alpha_4\beta_x\delta$  subunits (Takahashi et al. 2006). A GABAergic tonic current can be activated by the anesthetic thiopental in mouse interneurons of the ventral horn which is abolished by 100  $\mu$ M BMI (Fig. 8.2b). However, this tonic current apparently may not be activated by ambient GABA (Grasshoff et al. 2008).

Likewise, it has been reported that spontaneous synaptic activity in premotor interneurons of the adult turtle spinal cord can be blocked by strychnine but not by BMI (20  $\mu$ M) or gabazine (100  $\mu$ M). Interestingly, the holding current is not affected by these drugs, suggesting that spontaneous synaptic activity may not be mediating tonic inhibition. In contrast, application of BMI (100  $\mu$ M) unmasks a GABAergic tonic current, which is not sensitive to furosemide but can be blocked by L-655708. Taken together, these data suggest the presence of  $\alpha_5$  subunit-containing GABA<sub>A</sub>Rs tonically active by ambient GABA (Castro et al. 2011a). In line with this, a GABAergic tonic current mediated by  $\alpha_5\gamma_2$ GABA<sub>A</sub>Rs has also been reported in preganglionic sympathetic neurons of the rat spinal cord (Wang et al. 2008).

The GABAergic tonic current may have a profound effect on neuronal excitability and may be involved in diverse physiological events at the level of both individual cells and local neuronal networks (Walker and Semyanov 2008; Semyanov et al. 2003; Walker 2008). For instance, in neurons of the *substantia gelatinosa* which are crucial elements for transmission and modification of noxious stimuli (review by Zeilhofer et al. 2012), the charge transfer carried by tonic inhibitory currents could be up to six times the total charge transferred by both GABAergic and glycinergic inhibitory postsynaptic currents (IPSCs) (Ataka and Gu 2006; Han and Youn 2008). This prominent action suggests a significant role of tonic inhibition in sensory processing as it is capable to modulate both cell and network behavior in supra spinal nuclei (Farrant and Nusser 2005; Nusser and Mody 2002). Additionally, evidence was obtained that the tonic current could be modulating the GABAergic spontaneous sIPSCs in these neurons of the *substantia gelatinosa* (Ataka and Gu 2006; Gao and Smith 2010).



**Fig. 8.2** Tonic current mediated by extrasynaptic GABA<sub>A</sub>Rs in the spinal cord. **a** Shift of the baseline holding current following the application of 20 μM bicuculline from an adult mouse spinal cord neuron in laminae II recorded in whole cell patch clamp. **b** Time course of GABAergic tonic current recorded in whole cell mode in a mouse spinal interneuron activated by thiopental and its blockade by bicuculline (BMI). The inward current and the current fluctuation induced by thiopental were suppressed by BMI. The gap in the middle of the trace corresponds to a brief interruption of the recording for measurement of the electrode's access resistance. **c** GABAergic tonic current recorded in a turtle motoneuron held at 0 mV. Strychnine blocks the spontaneous IPSCs without affecting the holding current. In contrast, bicuculline (100 μM) application significantly modifies holding current. The lower panel shows Gaussian curves fitted to all-points histograms of values obtained from the holding current recorded in control Ringer and in the presence of strychnine and bicuculline. **a** Modified with permission from Ataka and Gu (2006). **b** Modified with permission from Grasshoff et al. (2008). **c** Modified with permission from Castro et al. (2011a)

## 8.4 Role of Extrasynaptic GABA<sub>A</sub> Receptors in Pain

Pain information originated in the periphery is transmitted to the CNS by specific neural pathways known as nociceptors. Nociceptive primary afferents project into the spinal cord through the dorsal root to synapse second order interneurons in the *substantia gelatinosa* which project to the supra spinal nuclei and activate

the spinal complex circuitries related with pain behaviors (Réthelyi and Capowski 1977; Yoshimura and Jessell 1990). At this level is where GABAergic inhibition plays an important role in suppressing or allowing the pain transmission to the brain (Melzack and Wall 1965).

The importance of the inhibition mediated by GABA in pain development has been evidenced by the observation that the blockade of GABA<sub>A</sub>Rs induces hypersensitivity to light mechanical stimuli as well as allodynia and hyperalgesia (Roberts et al. 1986; Sivilotti and Woolf 1994; Torsney and MacDermott 2006; Baba et al. 2003). Although, in these experiments, the contribution of synaptic and extrasynaptic GABA<sub>A</sub>Rs in the development of pain was not evaluated, subsequent investigations have shown that a benzodiazepine agonist, midazolam, can generate analgesia (Kohno et al. 2006), which has been attributed to the induction of a tonic GABAergic current in neurons from the *substantia gelatinosa* (Ataka and Gu 2006; Mitchell et al. 2007; Gao and Smith 2010; Maeda et al. 2010). Therefore, induction or restoration of this type of inhibition might be a useful tool for treatment of chronic pain.

#### **8.4.1 Extrasynaptic GABA<sub>A</sub> Receptors in Nociceptive Primary Afferents**

Nociceptive primary afferents are the pathway conveying pain information to the spinal cord (Yoshimura and Jessell 1990), and consequently they might be the first target to modulate pain. This modulation could be produced by activating GABA<sub>A</sub> receptors in primary afferents located in opposition to presynaptic terminals mediating PAD, and also in extrasynaptic sites such as the axons and somas in the dorsal root ganglion (DRG) cells (Deschenes et al. 1976; Morris et al. 1983; Désarmenien et al. 1984; Rudomin and Schmidt 1999; Carr et al. 2010). In addition, different subunits containing GABA<sub>A</sub> receptors ( $\alpha_1$ ,  $\alpha_2$ ,  $\alpha_3$ ,  $\alpha_5$ ,  $\beta_2$ ,  $\beta_3$ , and  $\gamma_2$ ) have been described in the central and peripheral terminals as well in the soma in the dorsal root ganglia by ligand binding assays (Singer and Placheta 1980), immunohistochemistry (Sur et al. 1995; Alvarez et al. 1996; Bohlhalter et al. 1996; Todd et al. 1996; Carlton et al. 1999; Witschi et al. 2011) and *in situ* hybridization studies (Persohn et al. 1991; Furuyama et al. 1992; Ma et al. 1993; Paul et al. 2012). In particular, activation of  $\alpha_1$ GABA<sub>A</sub> receptors placed in the peripheral nociceptive terminals by the intraplantar application of its agonist muscimol produced a dual effect in the cat formalin-pain model (Carlton et al. 1999). The pain behavior was attenuated at low concentration (2  $\mu$ M); while at high concentration (1 mM), it was significantly enhanced. The authors suggested that the peripheral PAD induced by the low concentration of muscimol produces inhibition in the release of substance P (SP) and the calcitonin gene related peptide (CGRP) from nociceptive peripheral terminals as occurs with PAD at the central level. Nevertheless, when the PAD is facilitated by a high concentration of muscimol, peripheral terminal action potentials are generated and therefore, the nociceptive activity is potentiated (Carlton et al. 1999).

Another manner to decrease nociceptive information flow is inhibiting presynaptic excitatory transmitter release, which is associated with PAD, by activation of synaptic GABA<sub>A</sub> receptors (Eccles et al. 1963; Rudomin and Schmidt 1999; Willis 1999, Lin et al. 2000). In  $\alpha_2$  subunit null mice, diazepam is no longer capable to induce spinal antihyperalgesic action *in vivo* and its potentiating effect on PAD and presynaptic inhibition *in vitro* (Witschi et al. 2011). These results show that at least part of the antihyperalgesic action of spinally applied diazepam occurs through facilitated activation of  $\alpha_2$ GABA<sub>A</sub>Rs on central terminal of primary nociceptors. Although PAD may inhibit neurotransmitter release, which is strong enough, it can reach the threshold for action potential firing (dorsal root reflex; DRR) which in turn may propagate retrogradely to the peripheral terminal evoking the release of inflammatory neuropeptides such as SP and CGRP (Rees et al. 1995; Willis 1999). Therefore, DRR recorded from A $\delta$  and C nociceptors (Toennies 1938; Lisney 1979; Fitzgerald and Woolf 1981; Lin et al. 2000) may help to explain why denervation of the knee joint, capsaicin desensitization, and the administration of an antagonist of SP receptor can reduce carrageenan-induced arthritis (Lam and Ferrell 1989a, b). Cervero and Laird (1996) proposed a mechanism to explain hyperalgesia in which the DRR induced by inflammation might hypersensitize GABAergic interneurons evoking DRR in C fibers resulting in pain development (Cervero and Laird 1996). Hence, PAD might produce a dual action, (1) presynaptic inhibition and (2) hyperalgesia and allodynia due to the central and peripheral effects of DRR. Therefore, the alleviation of pain may implicate decreased excitability or shunting of primary afferents with subsequent increased threshold of DRR and lack of propagation, respectively. In line with this, it has been found that the activation of GABA<sub>A</sub> receptors in DRG neuronal cell bodies by muscimol or gaboxadol reduces pain behavior in a model of sciatic nerve crush injury (Naik et al. 2008). Additionally, glial cells transfected with glutamic acid decarboxylase (GAD) in the trigeminal ganglion diminish pain behavior by activating extrasynaptic GABA<sub>A</sub>Rs in nociceptive primary afferents (Vit et al. 2009).

More recently, by using an inverse agonist of the  $\alpha_5$  (L-655708) it has been shown that the dorsal root potential (DRP) and the DRR are significantly depressed evidencing the contribution of GABA<sub>A</sub>Rs containing this subunit to the tonic modulation of the excitability in primary afferents (Loeza-Alcocer et al. 2010). It is worth noting here, that L-655708 also blocks the tonic inhibitory current in hippocampal neurons (Glykys et al. 2008), and does not affect the phasic increase in excitability of primary afferents induced by the conditioning stimulation of an adjacent dorsal root, suggesting that the  $\alpha_5$ GABA<sub>A</sub>Rs may be located at peri- or extrasynaptic axonal membranes. This has been confirmed by immunolocalization of the  $\alpha_5$  subunit in dorsal roots, DRG neuronal cell bodies, and peripheral processes (Loeza-Alcocer et al. 2010).

### **8.4.2 *Extrasynaptic GABA<sub>A</sub> Receptors as Novel Targets for Chronic Pain Treatment***

Depressed inhibition in the dorsal horn generates the most important symptoms of chronic pain. Thus, the pharmacological restoration of the spinal cord GABAergic inhibitory pathway through the activation of extrasynaptic GABA<sub>A</sub> receptors might be a viable therapeutic strategy for treating chronic pain (Sivilotti and Woolf 1994; Loomis et al. 2001; Malan et al. 2002; Moore et al. 2002; Baba et al. 2003; Torsney and MacDermott 2006). As mentioned earlier, the extrasynaptic GABA<sub>A</sub> receptor subunits identified in the spinal cord include  $\alpha_{4/6}$ ,  $\beta_{2/3}$ ,  $\delta$ ,  $\alpha_5$ ,  $\beta_{2/3}$ ,  $\gamma_2$ , and  $\alpha_1$ ,  $\beta$ ,  $\delta$ , (Alvarez et al. 1996; Sur et al. 1995; Geiman et al. 2002; Todd et al. 1996; Bohlhalter et al. 1996; Waldvogel et al. 2010; Gutiérrez et al. 1996; Pape et al. 2009) which also mediate the tonic GABAergic inhibition in the brain (Fritschy et al. 1992; Farrant and Nusser 2005; Brickley and Mody 2012). Support for this hypothesis is derived from the reports indicating that the activation of spinal  $\delta$ GABA<sub>A</sub>Rs by the muscimol analogue 4,5,6,7-tetrahydroisoxazolo(5, 4-c)pyridin-3-ol (THIP) reduces the excitability of spinal mouse neurons, consequently inhibiting acute nociception, whereas the lack of  $\delta$ GABA<sub>A</sub>Rs activity is associated with an increase in the second phase responses in the formalin test (Bonin et al. 2011).

Electrophysiological studies have evidenced the importance of the GABAergic tonic current in controlling neuronal excitability. For example, it has been reported that charge transfer is substantially higher through GABAergic tonic current activation than the phasic current in dorsal horn interneurons of laminae II (Ataka and Gu 2006; Takahashi et al. 2006). The large charge transfer carried by tonic GABAergic inhibitory current suggests a persistent increase in the input conductance in interneurons that decrease the size and duration of the excitatory postsynaptic potentials (EPSPs) affecting the ability of the cells to generate action potentials. This suggests that the activation of the GABAergic tonic inhibitory current may be an important mechanism to prevent central hyper-sensitization (Ataka and Gu 2006).

There are studies showing that the enhancement of GABAergic neuronal inhibition by GABA<sub>A</sub>R agonists or allosteric modulators of the benzodiazepine site in these receptors decrease certain types of pain (Grognet et al. 1983; Hammond and Drower 1984; Pelley and Vaught 1987; Kaneko and Hammond 1997; Eaton et al. 1999; Malan et al. 2002; Rode et al. 2005; Hugel et al. 2003; Kontinen and Dickenson 2000; Knabl et al. 2008; McKernan et al. 2000; Knabl et al. 2009; Griebel et al. 2001, 2003; Evans and Lowry 2007; Street et al. 2004; Munro et al. 2011). Though these drugs might affect tonic GABAergic inhibitory currents, it is not known to what extent the extrasynaptic receptors are participating in this process.



## 8.5 GABA and Motor Control

Motoneurons control the contraction or relaxation of muscles, which in most cases result in movement. By activating skeletal muscles, we are able to talk, walk, run, speak, breath, show our emotions, and execute motor activities with great accuracy. Consequently, motoneurons receive information from many neuronal centers located in supraspinal nuclei, muscle receptors, and propriospinal and spinal interneurons which relay information from skin, viscera, joints, and muscle receptors. This information is transmitted through synaptic boutons which are estimated to be ~50,000–140,000 in cat motoneurons (Ornung et al. 1998). GABA/glycine-immunoreactivity prevails in the stem dendrites between these boutons covering ~70% of the membrane, while glutamate-like immunoreactive terminals covers ~18% (4:1 ratio). However, the ratio of GABA/glycine-to glutamate falls to 1.5 at more distal dendrites (Ornung et al. 1998).

In order to respond to external demands with high precision, motoneurons should be able to discriminate the useless from relevant information. This means that motoneuron excitability should be under sophisticated control. As many neurons, motoneurons are provided with a vast arsenal of ionotropic receptors such as amino methyl isoxazole propionic acid (AMPA), N-methyl-D-aspartate (NMDA), glycine, GABA<sub>A</sub>, and GABA<sub>C</sub> as well as diverse metabotropic receptors in which endogenous ligands play important roles as neuromodulators (Rekling et al. 2000). In addition, the expression of K<sup>+</sup>, Ca<sup>2+</sup>, and Na<sup>+</sup> channels which determine the sub-threshold membrane behavior, action potential shape, and firing properties contributes to control neuronal excitability. These proteins are also important targets for neuromodulators affecting excitability and present distinctive distribution patterns that in most cases are related to their main functions (Rekling et al. 2000).

The action of neurotransmitters and neuromodulators on these receptors and ionic channels should be integrated by the motoneuron to produce an action potential that will propagate along the efferent motor axon to activate muscle fibers. Among all receptors expressed by mature motoneurons, there are two that mediate inhibition: the ionotropic GABA<sub>A</sub> and the glycinergic receptors that play significant roles in controlling excitability. Immunohistochemical studies have demonstrated that GABA/glycine synaptic boutons are highly expressed in the soma and proximal dendrites in comparison to glutamatergic boutons, but show a uniform distribution in distal compartments (Ornung et al. 1998). As mentioned earlier, the presence of GABA<sub>A</sub> receptors with different subunit composition have been found in motoneurons, however, its significance in controlling excitability is not well understood.

One of the first studies concerning the action of GABA in the nervous system was performed by Curtis and coworkers (1959). These authors showed that GABA depressed the field potentials from dorsal horn interneurons and motoneurons evoked by stimulation of primary afferents (Curtis et al. 1959). They also reported that GABA reduced the magnitude of antidromic potentials, abolished orthodromic potentials, and depressed EPSPs and IPSPs by decreasing motoneuron's electrical excitability (Curtis et al. 1959). Despite similar GABA actions were recorded in  $\gamma$

motoneurons and Renshaw cells (Curtis et al. 1959), it took many years to decipher that these findings were produced by activation of postsynaptic GABA<sub>A</sub>Rs.

Subsequent work in the frog's (Peng and Frank 1989) and turtle (Delgado-Lezama et al. 2004) spinal cord showed that the EPSPs evoked by a primary afferent volley and dorso lateral funiculus (DLF) stimulation, respectively, were depressed by muscimol, and antagonized by BMI. The change in the quantum release (but not in the quantal size of the EPSPs), the reduction in the amplitude and the time constant of EPSP's falling phase as well as the increase of conductance in the motoneuron, led to the conclusion that muscimol was acting at the postsynaptic level (Peng and Frank 1989; Delgado-Lezama et al. 2004).

Interestingly, the depression of the EPSP amplitude and input resistance in turtle motoneurons is not reverted by 20  $\mu$ M BMI and only occurs when the antagonist concentration is raised to 100  $\mu$ M. Likewise, in supraspinal neurons, it is well known that the blockade of extrasynaptic GABA<sub>A</sub> receptors needs high concentration of antagonists (Farrant and Nusser 2005; Walker and Semyanov 2008). In line with this, it has been reported that the EPSPs evoked by DLF stimulation are facilitated and that the membrane resistance is increased in the presence of BMI (Delgado et al. 2004). Given that the GABA<sub>A</sub>Rs are not expressed in DLF terminals (Rudomin et al. 1991; Curtis and Malik 1984; Curtis et al. 1984), these data suggested that BMI was acting on GABA<sub>A</sub>Rs tonically active in motoneurons by ambient GABA. Similar actions have been observed in cerebellar and hippocampal granule cells, where activation of extrasynaptic GABA<sub>A</sub>Rs produces a tonic inhibitory current which is evidenced when the holding current needed to clamp neurons at a pre-determined voltage changes in the presence of GABA<sub>A</sub>R antagonists (Farrant and Nusser 2005; Brickley et al. 1996; Walker and Semyanov 2008; Glykys et al. 2008).

A change in the holding current has also been recorded in motoneurons from the adult turtle in the presence of 100  $\mu$ M BMI (Fig. 8.2c) (Castro et al. 2011a). It is worth mentioning that the participation of Ca<sup>2+</sup>-dependent K<sup>+</sup> channels in this effect was ruled out since BMI did not affect the action potential afterhyperpolarization mediated by these channels. In addition, all IPSCs in adult turtle motoneurons were abolished by strychnine without affecting the holding current, confirming the role of glycine receptors as principal inhibitory mediators in these adult cells (Gao et al. 2001). These results also corroborated that spontaneous synaptic activity did not produce tonic inhibition.

On a molecular level, it is possible that extrasynaptic GABA<sub>A</sub>Rs in turtle motoneurons are composed of  $\alpha_{4/6}$  and  $\alpha_5$  subunits, since blockade of both type receptors with specific antagonists furosemide and L-655708, respectively, shifts the excitability curve to the left and increases the input resistance (unpublished data) as observed in cerebellar granule cells (Chaderton et al. 2004). Consistent with this, both receptors have been immunolocalized in turtle spinal cord motoneurons (unpublished data). Likewise, these findings confirm previous results showing the presence of  $\alpha_5$  subunit-containing GABA<sub>A</sub>Rs in rat motoneurons (Ruano et al. 2000; Bohlhalter et al. 1996), and show that they are tonically active by ambient GABA. However, direct demonstration that  $\alpha_{4/6}$  and  $\alpha_5$  subunit-containing GABA<sub>A</sub>Rs mediating tonic inhibitory currents in motoneurons has not been documented.

From a functional point of view, GABA<sub>A</sub>Rs in the spinal cord have shown to play an important role in stereotyped patterns of locomotor activity. For instance, in the adult lamprey spinal cord *in vitro*, the GABA system is active during normal locomotor activity and GABA<sub>A</sub> receptor activation affects burst frequency (Tegner et al. 1993). Indeed, fictive locomotor activity induced by NMDA shows decreased burst frequency when a blocker of GABA uptake is added. In addition, when a GABA<sub>A</sub>R antagonist (BMI) is applied during fictive locomotion, an increase in burst rate is observed (Tegner et al. 1993). Similarly, the application of GABA or muscimol in the neonatal rat spinal cord suppresses fictive locomotor activity induced by NMDA in a dose-dependent manner, whereas the use of GABA<sub>A</sub>R antagonists induces fictive locomotion or increases burst frequency during NMDA-evoked activity (Cazalets et al. 1994). Similar effects are observed in neonatal rat spinal cord displaying fictive locomotion induced by various compounds (serotonin, acetylcholine, NMDA) suggesting that these effects are specifically associated with the NMDA pathway (Cowley and Schmidt 1995). Kremer and Lev-Tov (1997) who reported that GABA<sub>A</sub>R antagonist combined with low (subthreshold) doses of NMDA and serotonin induced rhythmic motor discharges in the ventral roots that were synchronous rather than alternating bilaterally. This suggested that left–right alternation is mediated mainly by strychnine-sensitive glycine receptors with a possible contribution of strychnine-resistant glycine receptors and/or GABA<sub>A</sub>Rs. Other experiments using intracellular recording have shown postsynaptically GABA-mediated actions on motoneurons (Bertrand and Cazalets 1998). These results provide evidence that the GABAergic system plays a significant role in modulating the locomotor network (e.g., rhythm generator and left–right alternation), the synaptic motoneuronal inputs presynaptically via GABA<sub>B</sub> receptors (and perhaps GABA<sub>A</sub> receptors, see section below), and the motoneurons themselves via GABA<sub>A</sub> receptors in adult and neonatal species (Tegner et al. 1993; Cazalets et al. 1994; Cowley and Schmidt 1995; Kremer and Lev-tov 1997; Bertrand and Cazalets 1998; Schmitt et al. 2004). The question now arises whether the synaptic and extrasynaptic GABA<sub>A</sub> receptors are playing the same role in determining locomotor activity in the spinal cord as they do in supraspinal nuclei (Farrant and Nusser 2005; Semyanov et al. 2004).

### 8.5.1 GABA<sub>A</sub>R-mediated Reflex Modulation

Monosynaptic reflex (MSR) activity mediated by glutamate release from Ia primary afferents synapsing motoneurons is a widely used paradigm to investigate motoneuron excitability modulation. Using a combined approach of electrophysiology and pharmacological tools, Eccles et al. initially reported that the long lasting EPSP depression produced by a conditioning antagonist afferent volley, reported by Frank and Fuortes (1957), resulted from inhibition of transmitter release from primary afferents which were depolarized (PAD). This response called PAD, was proposed to be mediated by GABA and is a key factor in producing presynaptic inhibition (Eccles et al. 1963; Eccles 1964).

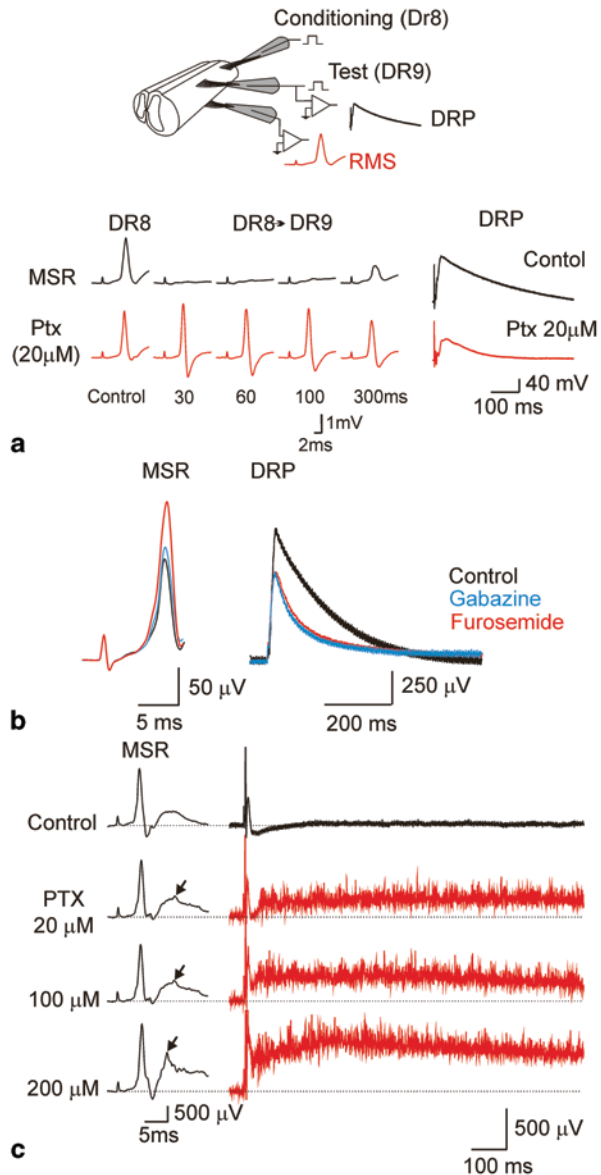
Iontophoretic application of GABA in combination with immunohistochemical and morphology studies have demonstrated that GABA<sub>A</sub>Rs activated by GABA release from terminals synapsing primary afferents are mediating presynaptic inhibition (Rudomin and Schmidt 1999; Willis 1999; Kullmann et al. 2005; Schmidt 1971). These findings constituted the first demonstration of the physiological role of GABA in the spinal cord. It is also worth noting that in the pharmacology approach used by Eccles and his group found that intravenous application of picrotoxin not only reversed the MSR depression induced by the conditioning stimulation but also significantly increased the reflex. In addition, picrotoxin also increased flexor reflexes evoked by cutaneous afferent volleys and produced convulsions. All these actions are attributed to the depression of presynaptic inhibition (Eccles et al. 1963).

Although Curtis et al. (1959) had shown that GABA depressed the EPSPs and IPSPs and changed the electrical membrane properties in motoneurons, Eccles and co-workers concluded that this action was due to a presynaptic inhibition of neurotransmitter release (Eccles et al. 1963). Morphological evidence (Rudomin and Schmidt 1999; Alvarez 1998) showing the presence of axoaxonic synapses between primary afferents and GABAergic terminals together with the depolarizing action of GABA on primary afferent terminals and DRG cells, which increase membrane conductance, led to the conclusion that GABA<sub>A</sub>Rs are present in primary afferents fibers (Curtis et al. 1977; Curtis et al. 1995; Levy 1975; Rudomin et al. 1981; Willis 1999; Rudomin and Schmidt 1999).

By using high affinity GABA<sub>A</sub>R antagonist such as gabazine, which at low concentration (1  $\mu$ M) blocks only synaptic receptors without affecting the holding current (Farrant and Nusser 2005; Walker and Semyanov 2008), the effects of presynaptic inhibition on the MSR have been investigated in the turtle spinal cord (Bautista et al. 2010). Interestingly, the presynaptic inhibition of the MSR was abolished by gabazine (1  $\mu$ M), picrotoxin (20  $\mu$ M) or BMI (20  $\mu$ M) without affecting the MSR (Fig. 8.3a, b). These antagonists also depressed the DRP, which is the electrotonic propagation of the PAD that mediates presynaptic inhibition (Fig. 8.3a, b) (Bautista et al. 2010). Furthermore, the increase in picrotoxin and BMI concentration to 100  $\mu$ M significantly facilitates the MSR and depresses the DRP (Eccles et al. 1963; Bautista et al. 2010). Since BMI (100  $\mu$ M) blocks the tonic current in motoneurons (Fig. 8.2c; Castro et al. 2011a) in a similar way as in neurons from supraspinal nuclei (Farrant and Nusser 2005; Walker and Semyanov 2008), it was concluded that the MSR facilitation may be induced by blockade of extrasynaptic GABA<sub>A</sub>RS receptors in motoneurons. The additional depression observed in the DRP may be attributed to the removal of some tonic presynaptic inhibition that also contributes to the MSR facilitation.

Likewise, immunohistochemical studies have identified  $\alpha_1$  and  $\alpha_2$ , but not  $\alpha_{4/6}$  subunits in primary afferents. It is well known that GABA<sub>A</sub>Rs containing  $\alpha_{4/6}$  subunits are selectively blocked by furosemide at concentrations that did not affect the GABA transporters (Alvarez-Leefmans et al. 1988, 1998; Hamann et al. 2002). Interestingly, the actions of furosemide (200  $\mu$ M) on the MSR have been investigated after blocking presynaptic inhibition with gabazine (1  $\mu$ M). The result of this analysis shows that the reflex is facilitated without affecting the DRP (Fig. 8.3b).

**Fig. 8.3** Modulation of the monosynaptic reflex by synaptic and high affinity GABA<sub>A</sub> receptors. **a** Scheme showing two spinal cord segments and the experimental setup for evoking presynaptic inhibition of the monosynaptic reflex (MSR), and the recording of the dorsal root potential (DRP). Top traces in the lower panel represent the test MSR and conditioning MSR recorded at increasing interstimulus intervals as indicated. Bottom traces denote the test MSR and conditioning MSR at increasing interstimulus intervals recorded in the presence of picrotoxin. To the right, DRP recorded in Ringer control (top trace) and in the presence of picrotoxin (bottom trace). **b** MSR and DRP evoked by one volley of primary afferents recorded in Ringer control (black), and in the presence of gabazine (blue) alone or in combination with furosemide (red). **c** MSR and long lasting recordings evoked by one volley of primary afferents in Ringer control (top trace) and in the presence of picrotoxin at increasing concentrations. The MSR is shown at faster time scale. Arrows indicate the polysynaptic reflexes. **a**, **b** and **c** modified with permission from Bautista et al. (2010)



These data together with the action of BMI on the holding current observed in motoneurons suggested that MSR facilitation may not occur, as previously suggested, by depression of presynaptic inhibition mediated by presynaptic GABA<sub>A</sub>Rs (Eccles et al. 1963), but may result from the blockade of extrasynaptic GABA<sub>A</sub>Rs located in motoneurons.

Last, the convulsant action of picrotoxin may be explained by an increase in motoneuron excitability. In support of this interpretation, it has been found that in the presence of picrotoxin, BMI, or furosemide the MSR is not the only response to a primary afferents volley, but it is followed by an asynchronous long-lasting firing of motoneuron action potentials (Fig. 8.3c). During the post-discharge, it is not possible to activate the MSR. These initial studies reveal the presence of extrasynaptic GABA<sub>A</sub>Rs in the turtle spinal cord motoneurons, and show that they might play important roles in controlling the overall excitability of the spinal network determining the motor output.

## Concluding Remarks

Extrasynaptic GABA<sub>A</sub> receptors containing  $\alpha_4$ ,  $\alpha_6$ , and  $\alpha_5$  subunits represent < 15% of the total GABA<sub>A</sub>R population in the CNS. However, they seem to play an important role in controlling neuronal excitability, as well as in motor control, and locomotor function.

In contrast to the extensive research conducted to characterize the expression and function of extrasynaptic GABA<sub>A</sub>Rs in supraspinal neurons, much less research attention has been paid to the spinal cord. For example, though most of the extrasynaptic GABA<sub>A</sub>R subunits have been identified in the spinal cord, little is known concerning their function in pre and postsynaptic membranes. To our knowledge, there is only one report demonstrating the presence of a GABAergic tonic current in spinal cord motoneurons (Castro et al. 2011a), and also, just a few characterizing the GABAergic tonic current in other cell types including ventral horn interneurons (Grasshoff et al. 2008; Castro et al. 2011b) dorsal horn interneurons (Takahashi et al. 2006; Mitchell et al. 2007; Han and Youn 2008; Bonin et al. 2011) and chick embryo spinal cord neurons (Yang and Zorumski 1989; Chub and O'Donovan 2001). Therefore, the physiological role of the GABAergic tonic current is far from being elucidated.

Recent studies have shown that spinal motoneuron excitability is modulated by high affinity GABA<sub>A</sub> receptors tonically active by ambient GABA. Although it is known that shunting its membrane allow neurons to filter out irrelevant inputs responding with an action potential only to pertinent information (Bautista et al. 2010), additional research is needed to understand which GABA<sub>A</sub>Rs mediate the tonic inhibitory current in motoneurons and how they perform such an important task. Likewise, identifying the source of GABA is a relevant topic for future studies.

Interestingly, investigation into the field of pain has been performed to identify the GABA<sub>A</sub>R isoforms responsible for spinal antihyperalgesia. Using a molecular approach, it has been possible to determine the benzodiazepine-sensitive  $\alpha$  subunit involved in spinal in this process. Knabl et al. (2008) found strong spinal antihyperalgesia attenuation in mice harboring a point-mutation in the  $\alpha_2$  subunit and less attenuation in mice with a point-mutation in the  $\alpha_3$ - $\alpha_5$ -subunits. In line with this, studies carried out in rodent pain models have shown that by modifying the activity



of pre- and postsynaptic GABA<sub>A</sub>Rs with allosteric modulators, it is possible to induce antihyperalgesia. However, more research is necessary to confirm the possible participation of extrasynaptic GABA<sub>A</sub>R activity in neurons and primary afferents involved in nociception (Zeilhofer et al. 2012). Of particular interest is the modulation of the DRR in primary afferents by extrasynaptic GABA<sub>A</sub> receptors because they can be blocked without producing the undesirable side effects of classical benzodiazepines such as sedation. Likewise, based on their modulatory effects on spinal reflexes and stereotyped locomotor activity in the spinal cord of different species (adults and neonates), it is reasonable to suggest that in addition to the potential therapeutic roles in anesthesia and nociception, novel GABA<sub>A</sub>R ligands would provide novel therapeutic tools to improve motor and locomotor activity after spinal cord injury or related pathophysiological conditions (e.g., multiple sclerosis).

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# Chapter 9

## The Role of Peri-synaptic GABA Receptors After Stroke

Andrew N. Clarkson and Mary Chebib

**Abstract** An attempt to find pharmacological therapies to treat stroke patients and minimize the extent of cell death has seen the failure of dozens of clinical trials. As a result, stroke/cerebral ischemia remains the second leading cause of death and is the leading cause of lasting adult disability worldwide. Stroke-induced cell death occurs due to an excess release of glutamate. As a consequence to this, a compensatory increased release of  $\gamma$ -aminobutyric acid (GABA) occurs that results in the subsequent internalization of synaptic GABA<sub>A</sub> receptors and spillover onto peri-synaptic/extrasynaptic GABA<sub>A</sub> receptors, resulting in an increase in tonic inhibition. Recent studies show that the brain can engage in a limited process of neural repair after stroke. Changes in cortical sensory and motor maps and alterations in axonal structure are dependent on patterned neuronal activity. The central cellular process in these events is alteration in neuronal response to incoming inputs—manipulations that increase neuronal firing to a given input are likely to induce changes in neuronal structure and alterations in cortical maps. It has been assumed that changes in neuronal excitability underlie processes of neural repair and remapping of cortical sensory and motor representations. Indeed, recent evidence suggests that local inhibitory and excitatory currents are altered after stroke and modulation of these networks to enhance excitability during the repair phase can facilitate functional recovery after stroke. More specifically, dampening tonic GABA inhibition from 3 days poststroke can afford an early and robust improvement in functional recovery after stroke. Further, recent data also suggest that boosting tonic GABA inhibition early after a stroke can afford significant protection and minimize the extent of neuronal cell loss.

**Keywords** Cortical excitability · Disinhibition · Neuroprotection · Neurorepair · Plasticity

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A. N. Clarkson (✉)  
Departments of Anatomy and Psychology, University of Otago,  
PO Box 913, Dunedin 9013, New Zealand  
e-mail: andrew.clarkson@otago.ac.nz

M. Chebib  
Department of Pharmacy A15, University of Sydney, Sydney, NSW, Australia

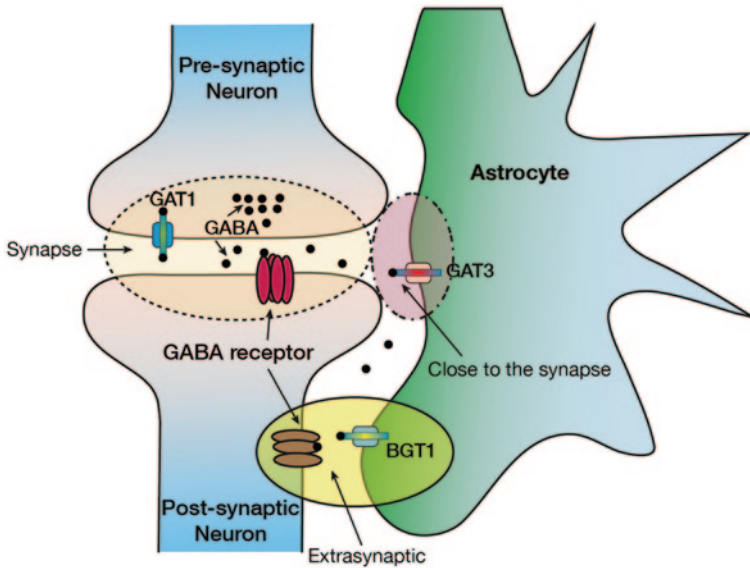
**Table 9.1** GABA signaling and the effects after stroke. (Source: Modified from Carmichael 2012)

| Physiological process    | Anatomical location | Neuronal function                               | Response to stroke during the acute phase | Response to stroke during the late phase               | Role in functional recovery   |
|--------------------------|---------------------|---|---|--|---|
| Synaptic GABA inhibition | Synaptic            | Fast inhibition between neuronal networks       | Neuroprotection                           | Current impaired, role during late phase not yet known | Increasing synaptic current may promote mild recovery                               |
| Tonic GABA inhibition    | Extrasynaptic       | Slow inhibition, controls neuronal excitability | Neuroprotection                           | Increased current activation impairs recovery          | Dampening tonic GABA currents facilitates improved functional recovery after stroke |

## 9.1 $\gamma$ -Aminobutyric Acid

$\gamma$ -aminobutyric acid (GABA) is the principle inhibitory neurotransmitter within the mammalian central nervous system. Of all synapses, 20–50% within the CNS use GABA as a neurotransmitter, mediating both fast and slow inhibitory synaptic transmission (Sieghart 1995). GABA is an endogenous ligand for the GABA<sub>A</sub>, GABA<sub>B</sub>, and GABA<sub>C</sub> receptors (Chebib and Johnston 1999) and these receptor subtypes have been classified according to differences in both structure and pharmacology. GABA<sub>A</sub>Rs are ligand-gated chloride channels (Chebib and Johnston 1999; D’Hulst et al. 2009) formed from five subunits arranged around a central ion pore. At least 19 mammalian genes encoding for the various GABA<sub>A</sub>R subunits exist:  $\alpha_{1-6}$ ,  $\beta_{1-3}$ ,  $\gamma_{1-3}$ ,  $\delta$ ,  $\epsilon$ ,  $\phi$ ,  $\pi$ , and  $\rho_{1-3}$ , with splice variants also contributing to variations in receptor functions (Macdonald and Olsen 1994; Olsen and Sieghart 2008, 2009; Barrera et al. 2008; Whiting 2003a, b). The most common subunit combinations are believed to be composed of 2 $\alpha$ , 2 $\beta$ , and  $\gamma$ , with the  $\gamma$ -subunit being able to be substituted for either an  $\epsilon$ - or a  $\delta$ -subunit (Barrera et al. 2008; Whiting 2003a, b).

GABA signaling within the brain occurs through two main systems (Table 9.1). Depolarization of inhibitory interneurons produces a phasic release of GABA and inhibition of postsynaptic neurons. Extrasynaptic GABA<sub>A</sub>Rs respond to ambient levels of GABA present in the extracellular space to regulate baseline pyramidal neuron excitability and show reduced desensitization remaining active for long periods of time (Glykys and Mody 2007a). Tonic GABA<sub>A</sub>Rs in the hippocampus and cortex contain either  $\alpha 5$  or  $\delta$ -subunits (Olsen and Sieghart 2009; Glykys and Mody 2007a). Reduced activity of  $\alpha 5$  or  $\delta$ -subunits enhances pyramidal neuron firing to afferent inputs (Glykys and Mody 2006, 2007a; Drasbek and Jensen 2006), enhances neuronal network excitability (Walker and Semyanov 2008), and facilitates long-term potentiation (LTP) and cognitive performance (Atack et al. 2006; Collinson et al. 2002; Dawson et al. 2006; Crestani et al. 2002). GABA transporters modulate



**Fig. 9.1** The primary subcellular localization of *GATs* in relation to  $GABA_A$ Rs. *GAT-1* is primarily located *presynaptically*, *GAT-3* is primarily located on distal *astrocytic* processes in close proximity to the *synapse* (peri-synaptically) and *BGT-1* is located *extrasynaptically*. (Modified from Madsen et al. 2009)

the level of tonic  $GABA_A$ R activity (Keros and Hablitz 2005) with the uptake of GABA into neurons and astrocytes for recycling (see Fig. 9.1). Low GABA concentrations activate extrasynaptic  $GABA_A$ Rs, leading to persistent or tonic inhibition (Belelli et al. 2009; Mody 2001). Synaptic and extrasynaptic  $GABA_A$ Rs exhibit distinct pharmacological and biophysical properties that differentially influence brain physiology and behavior (Belelli et al. 2009).

Synaptic  $GABA_A$ Rs are composed of  $\alpha_{1-3}$ ,  $\beta_{1-3}$ , and  $\gamma_{1-3}$  subunits, and are the site of action for a variety of clinically important drugs, such as benzodiazepines, neurosteroids, and anesthetics, whereas extrasynaptic  $GABA_A$ Rs are composed of subunit combinations containing  $\alpha_{4-6}$ ,  $\beta_{1-3}$ , and  $\gamma_2$ - or  $\delta$ -subunits. Of these receptors, the  $\delta$ -containing  $GABA_A$ Rs co-assembled as  $\alpha_4\beta\delta$ —located in the cortex, hippocampus and thalamus—or  $\alpha_6\beta\delta$ —located in the cerebellum—that are emerging as unique and fundamental players in GABAergic neurotransmission (Belelli et al. 2009). In addition to  $\delta$ -containing  $GABA_A$ Rs having a functional role in the cortex, the  $\alpha_5$ -containing  $GABA_A$ Rs co-assembled primarily as  $\alpha_5\beta\gamma_2$  have also been implicated in poststroke repair (Clarkson et al. 2010). Even though the expression of the  $\alpha_5$ -subunit is low in the cortex compared to the  $\delta$ -subunit, greater functional improvements in motor recovery are seen following modulation of the  $\alpha_5$ -subunit (Clarkson et al. 2010). The pharmacology of these extrasynaptic receptors is inconsistent between research groups (Borghese and Harris 2007) and has been hampered by the lack of selective agents to probe function in recombinant, native, and whole animal systems (Wafford et al. 2009). Conflicting data are also present with respect

to the ability of these receptors to desensitize (Belelli et al. 2009; Bright et al. 2011). Determining the composition and pharmacology of this receptor will enable the development of much needed therapies for use in stroke.

## 9.2 Disability in Stroke

Stroke is the leading cause of death and long-term disability in adults worldwide. Stroke-induced sensory and motor loss of limb function in particular prevents patients from returning to work and accounts for the statistic that almost one-third of stroke survivors become institutionalized after having a stroke (Ng et al. 2007; Lai et al. 2002; Dobkin 2004, 2008). Recent studies have shown that the brain has a limited capacity to repair after stroke. In both humans and animals, neural repair after stroke has been shown to involve remapping of cognitive functions and sprouting of new connections in tissue adjacent to the stroke site, the peri-infarct cortex (Carmichael 2006; Nudo 2006). However, mechanisms associated with poststroke neural repair and recovery have not been well characterized and it has been assumed that changes in cortical representational maps underlying the recovery involve changes in neuronal excitability. Consistent with this, animal studies suggest that therapies associated with rehabilitation can promote plasticity changes in tissue that survives the stroke (Maldonado et al. 2008).

Functional recovery within the peri-infarct cortex involves changes in neuronal excitability. Clinical studies using direct current stimulation of the peri-infarct cortex, with protocols that boost local neuronal excitability, have been shown to improve use of the affected limb in stroke patients (Alonso-Alonso et al. 2007; Hummel and Cohen 2006). Further, forced use or task-specific repetition of the affected limb has also been shown to activate the peri-infarct cortex and improve functional recovery (Wittenberg and Schaechter 2009). Studies suggest that decreases in GABA activity within the motor cortex could facilitate structural changes (Hess et al. 1996) and promote recovery of motor function (Cicinelli et al. 2003). Alterations in neuronal excitability underlie fundamental changes in information transfer in neuronal circuits (Citri and Malenka 2008) such as LTP and long-term depression (LTD) as well as the unmasking of quiescent synaptic connections and remodeling of cortical maps (Jacobs and Donoghue 1991). Further, changes in LTP and cortical map formation occur within the peri-infarct cortex adjacent to the stroke (Carmichael 2006). These data suggest a critical role for modulating cortical excitability as a means for promoting functional recovery after stroke.

### 9.2.1 *Brain Excitability in Learning, Memory, and Repair*

The processes of neurorehabilitation involve physical, occupational, and cognitive therapies (Dobkin 2004, 2008). Further, changes in poststroke cortical plasticity

play a critical role in mediating repair mechanisms. While these modalities clearly promote functional recovery, no drug treatments exist that promote poststroke brain repair and recovery. Recent evidence suggests that suppression of either cortical tonic GABA inhibition or stimulation of  $\alpha$ -amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid (AMPA) receptor currents can promote poststroke function gain (Clarkson et al. 2010, 2011). This ability to regain function relies heavily on the ability to learn or relearn after stroke and likely follows classical activity-dependent processes associated with motor learning and memory (Conner et al. 2005; Krakauer 2006). In addition to these behavioral links, stroke recovery and classical learning and memory pathways share similar molecular and cellular links. For instance, genes that are important for learning and memory are also elevated during periods of poststroke repair and include membrane-associated phosphoproteins GAP43 and MARCKS, the transcription factor c-jun, and the cell adhesion molecule L1 (Carmichael et al. 2005).

Modulation of learning and memory pathways have previously been shown to promote functional recovery and poststroke axonal sprouting following administration of pharmacological agents such as amphetamines and phosphodiesterase type-4 inhibitors that boost cAMP/CREB signaling and learning and memory function (Stroemer et al. 1998; MacDonald et al. 2007). These data indicate that manipulating learning and memory pathways can offer a novel means for promoting recovery. As with stroke recovery, the processes of learning and memory can be enhanced by manipulations that increase neuronal excitability, which has also been shown to promote function recovery (Clarkson et al. 2010). Significant data are accumulating indicating an imbalance in inhibitory and excitatory pathways after stroke and modulation of these pathways by either enhancing glutamate-mediated transmission or dampening the tonic form of GABA can facilitate functional recovery (Clarkson et al. 2010, 2011; Clarkson and Carmichael 2009; Schmidt et al. 2010, 2011; Jaenisch et al. 2010).  $\alpha$ 5-GABA<sub>A</sub>R-negative allosteric modulators are part of a broad class of drugs that boost learning and memory function by influencing key elements in neuronal memory storage, such as LTP (Atack et al. 2006; Dawson et al. 2006).  $\alpha$ 5-GABA<sub>A</sub>R-negative allosteric modulators, and indeed any mechanism that dampens tonic GABA signaling, could significantly improve poststroke recovery (Clarkson et al. 2010). This suggests that the similarities between neuronal mechanisms of learning and memory, and those of functional recovery after stroke extend to common treatment strategies for both.

Most strategies that promote functional recovery after stroke, such as axonal sprouting, neurogenesis, or angiogenesis, focus or rely on inducing structural changes in the brain as a means to promote functional recovery after stroke (Carmichael 2008, 2010; Ohab et al. 2006; Zhang and Chopp 2009; Liauw et al. 2008). In order to promote structural change in the brain however, these treatments take time to develop a functional effect. Blocking tonic GABA inhibition induces a rapid improvement in behavioral recovery in the absence of any change in axonal sprouting within the peri-infarct cortex (Clarkson et al. 2010). These data suggest that treatments that focus on inducing molecular memory systems after stroke may have the advantage of promoting synaptic plasticity in peri-infarct cortex rapidly and without



altering the tissue reorganization that normally occurs after stroke. These therapies are highly translatable into the clinic due to their timing of drug administration, 3–7 days after stroke in rodents, and with the early effects seen with functional recovery, will aid in the huge social and economical burdens seen after stroke.

### ***9.2.2 Attenuating GABA<sub>A</sub> Receptor Function in Neural Repair After Stroke***

As with stroke recovery, the processes of learning and memory can be enhanced by manipulations that increase neuronal excitability. However, unlike the stroke recovery field, basic science studies in learning and memory have defined specific cellular pathways that lead to enhanced neuronal excitability and improved function.

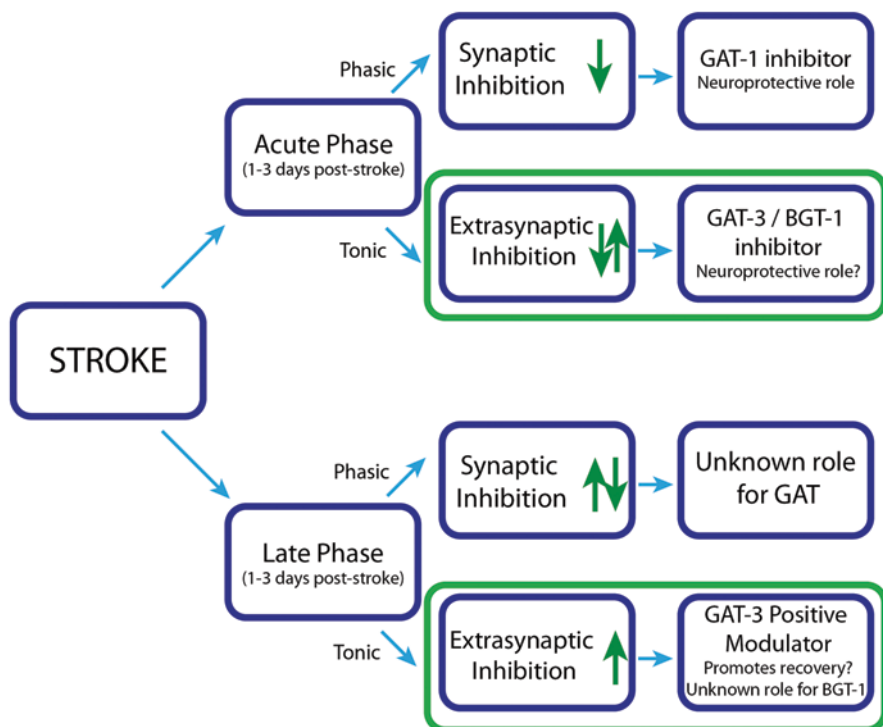
Recent work has shown that enhanced neuronal excitability occurs following the dampening of the baseline level of inhibition in neurons. This baseline inhibition is in part set by a tonic, always present, degree of inhibitory signaling from the major inhibitory neurotransmitter, GABA. Unlike the phasic nature of synaptically released GABA, the action of GABA via extrasynaptic receptors is to tonically suppress neuronal excitability and to help regulate neuronal action potential firing. These extrasynaptic GABA receptors consist of  $\alpha 5$  and  $\delta$ -subunit-containing GABA<sub>A</sub>Rs. Recent evidence using  $\alpha 5$ -GABA<sub>A</sub>R “knockout” and point-mutated mice have clearly shown that the  $\alpha 5$ -subunit plays a key role in cognitive processing (Collinson et al. 2002; Crestani et al. 2002). In addition, *in vitro* and *in vivo* work has shown that  $\alpha 5$ -GABA<sub>A</sub>R-negative allosteric modulators can enhance cognition within the Morris water maze, enhance hippocampal LTP, and do not have any pro-convulsant effects (Atack et al. 2006; Dawson et al. 2006). Using pharmacological and genetic manipulations of extrasynaptic GABA<sub>A</sub>R's, we have shown marked improvements in functional recovery when starting treatments from 3 days after the stroke (Clarkson et al. 2010). These data are consistent for offering a potential role for extrasynaptic GABA<sub>A</sub>Rs in processes involving synaptic plasticity and learning and memory and more recently post-stroke recovery.

Neuronal inhibition and network function is disturbed in peri-infarct tissue during periods of cortical plasticity, remapping, and recovery. The increase in tonic inhibition in cortical pyramidal neurons reported by Clarkson and colleagues (Clarkson et al. 2010) occurs at precisely the same time as cortical map plasticity and recovery (Brown et al. 2009). Behavioral recovery in stroke is closely correlated with functional plasticity in peri-infarct and connected cortical regions. In human stroke patients, an expansion in motor representation maps is seen in tissue adjacent to or connected to stroke (Carmichael 2006; Calautti and Baron 2003). In animal models, when stroke damages primary motor or somatosensory areas, motor and sensory representations remap in peri-infarct cortex (Brown et al. 2009; Dijkhuizen et al. 2003). These processes of recovery identify plasticity in the cortical circuits in peri-infarct cortex as key elements in functional recovery.

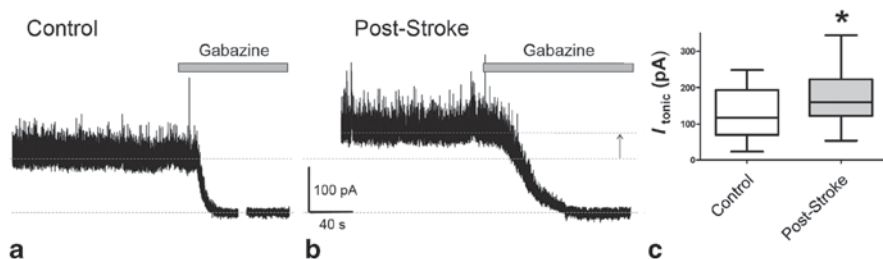
### 9.3 GABA and Cerebral Ischemia

A large body of work has been devoted to developing and exploring neuroprotectants that act to block glutamate-mediated neurotransmission in animal models of cerebral ischemia (Lipton 1999; Nicotera and Lipton 1999). Increased inhibitory neurotransmission associated with GABA has been shown to normalize the balance of glutamate-mediated excitation. Therefore, pharmacological enhancement of GABA<sub>A</sub>R neurotransmission provides an alternative means for neuroprotection. Indeed, over recent years, changes in GABA function following cerebral ischemia and possible protective benefits of GABAergic drugs have been extensively assessed (Schwartz et al. 1995; Green et al. 2000; Schwartz-Bloom and Sah 2001; Schwartz-Bloom et al. 2000; Alicke and Schwartz-Bloom 1995; Clarkson et al. 2005, 2007). Even though it has been proposed that enhancing GABA transmission may elicit protection against cerebral ischemia (Green et al. 2000; Schwartz-Bloom and Sah 2001; Schwartz-Bloom et al. 2000; Clarkson et al. 2005), the exact mechanisms that are associated with these neuroprotectants have, as yet, not been fully elucidated (see Fig. 9.2) and increasing GABA function may be protective during cerebral ischemia for different reasons (Schwartz et al. 1995; Green et al. 2000; Schwartz-Bloom and Sah 2001; Schwartz-Bloom et al. 2000; Alicke and Schwartz-Bloom 1995; Clarkson et al. 2005, 2007). Even though GABA agonists have shown great promise in animal models, these compounds have failed to translate into the clinic (Ginsberg 2008; Lyden et al. 2002). The failure of these compounds highlights the need to firstly establish better preclinical rodent models of stroke that better mimic what occurs in humans. Secondly, the use of subunit-specific GABA compounds is more likely to show an effect, due to them having less side effects, such as drug-induced hypothermia and sedation. However, even with recent developments in this area, studies are lacking. The need to assess subunit-specific GABA compounds to help understand what is happening after stroke in terms of GABA function is highlighted with clinical reports showing that zolpidem an  $\alpha 1$  subunit GABA<sub>A</sub>R modulator can result in a transient improvement in aphasia in chronic stroke survivors (Cohen et al. 2004).

During situations of cerebral ischemia, it has been shown that the extracellular concentrations of GABA increase (approximately 50-fold compared to basal levels) to the micromolar range (Schwartz et al. 1995; Inglefield et al. 1995) and remain elevated for at least 30 min during periods of reperfusion. Prolonged exposure of the GABA<sub>A</sub>Rs to high concentrations of GABA agonists *in vitro* has routinely shown desensitization and/or downregulation of the receptors (Cash and Subbarao 1987; Huguenard and Alger 1986; Tehrani and Barnes 1991). Similarly, the GABA<sub>A</sub>R is also downregulated in the gerbil hippocampus following transient cerebral ischemia (Alicke and Schwartz-Bloom 1995). In this model, receptor downregulation was shown to be via internalization, as there was a rapid decrease in binding of the hydrophilic ligand [3H]-SR-95531, but not the hydrophobic ligand [3H]-flunitrazepam (Alicke and Schwartz-Bloom 1995). This increase in extracellular GABA is likely to result in the spillover onto peri-synaptic GABA<sub>A</sub>Rs resulting in an increase in tonic inhibition (see Fig. 9.3). Indeed, recent evidence showing an



**Fig. 9.2** GABA signaling and the role of *GAT* modulation after stroke. The *green boxes* highlight the *biphasic* nature of *extrasynaptic* GABA signaling. Early tonic GABA signaling limits the extent of neuronal cell death, whereas *tonic* GABA signaling during the *late phase* impairs stroke *recovery*. Here, we propose that early inhibition of *GAT* (*GAT-1*, *GAT-3*, and *BGT-1*) signaling can limit the extent of neuronal cell death, whereas, *positive modulation* of at least *GAT-3* and *BGT-1* during the *late phase* can aid in the *recovery* of lost functions after stroke. ↑—increased GABA currents, ↓—decreased GABA currents, ↑↓—no change in GABA currents



**Fig. 9.3** Elevated tonic GABA inhibition within peri-infarct cortical regions. **a** and **b** Representative traces showing tonic inhibitory currents in *control* and *stroke* peri-infarct neurons, respectively. **c** Box plot (*boxes*: 25–75%, *whiskers*: 10–90%, *lines*: median) showing significantly elevated tonic inhibition in peri-infarct cortex ( $*P < 0.05$ ). Tonic currents were revealed by the shift in holding currents after blocking all  $GABA_A$ Rs with *gabazine* ( $>100 \mu\text{M}$ ). Cells were voltage-clamped at  $+10 \text{ mV}$

increase in tonic inhibition after stroke supports this notion (Clarkson et al. 2010). This increase in tonic inhibition is most likely a safety mechanism imposed by the brain as a means to minimize neuronal damage. However, as this increase in tonic inhibition persists for at least 2 weeks after the stroke, this safety mechanism is likely to have either the wrong or no feedback mechanism formed to compensate for such a change in tonic GABA.

## 9.4 Poststroke Tonic Inhibition

Changes in neuronal excitability, loss of GABAergic inhibition, enhanced glutamatergic transmission, and synaptic plasticity all contribute to neuronal reorganization after stroke. Studies that promote an increase in local brain excitability result in improved function (Clarkson et al. 2010, 2011; Wittenberg and Schaechter 2009; Clarkson and Carmichael 2009) and suggest that decreasing GABA activity within the brain could facilitate structural changes that promote functional recovery (Fig. 9.2; Clarkson et al. 2010; Wittenberg and Schaechter 2009; Clarkson and Carmichael 2009). In particular, this enhancement of neuronal excitability involves dampening baseline levels of inhibition.

Tonic or continuous signaling from GABA sets baseline inhibition. GABA acts via extrasynaptic GABA<sub>A</sub>Rs to tonically suppress neuronal excitability and regulate neuronal action potential firing. Therefore, in order to facilitate functional recovery, an increase in brain excitability is required to overcome this hypofunctionalism (Wittenberg and Schaechter 2009). Recently, Clarkson and colleagues have demonstrated marked improvements in poststroke functional recovery using pharmacological manipulations of extrasynaptic GABA<sub>A</sub>Rs, implicating  $\alpha 5$  or  $\delta$ -containing GABA<sub>A</sub>Rs as novel targets for developing agents to help stroke sufferers.

GABA has been shown to mediate both fast and slow inhibitory synaptic transmission (Sieghart 1995). During development however, the GABA<sub>A</sub>Rs have been shown to mediate excitation as well as play an important role in neural migration and synaptogenesis (Ben-Ari et al. 1997; McCarthy et al. 2002). During situations of cerebral ischemia, extracellular concentrations of GABA are significantly elevated (Schwartz et al. 1995; Inglefield et al. 1995), resulting in GABA<sub>A</sub> receptor desensitization and/or downregulation (Alicke and Schwartz-Bloom 1995; Huguenard and Alger 1986). This is supported by immunohistochemical and autoradiographic data showing decreased expression of  $\alpha 1$ ,  $\alpha 2$ ,  $\alpha 3$ ,  $\alpha 5$ , and  $\gamma 2$  subunits following photothrombotic stroke and freeze-lesion-induced cortical injury (Redecker et al. 2000, 2002; Que et al. 1999).

Recent work has shown that epileptogenesis results in the suppression of functionally active  $\alpha 5$ -GABA<sub>A</sub>Rs and results in an increase/substitution of other GABA<sub>A</sub>Rs with a subsequent increase in rather than suppression of tonic inhibitory currents (Scimemi et al. 2005). A similar compensatory increase in  $\alpha 4\delta$ -mediated tonic currents has been seen in the  $\alpha 5$  knockout mice within region CA1 of the hippocampus (Glykys and Mody 2006). Extracellular GABA concentrations and thus

tonic inhibition have been shown to be elevated as a consequence of the increase in excitatory drive, resulting in the modulation of neuronal excitability and prevention of neuronal saturation (Mitchell and Silver 2003). Consistent with these findings, Clarkson and colleagues reported an increase in GABA tonic inhibitory currents from 3 to 14 days poststroke in layer II cortical pyramidal neurons (Fig. 9.3; Clarkson et al. 2010). This poststroke increase in tonic inhibition may act as a compensatory mechanism to prevent further neuronal injury. However, this prolonged increase in tonic inhibition during the repair phase is acting as a hindrance by preventing cortical expansion and improvements in functional recovery. This is supported by findings by Clarkson and colleagues who show that both pharmacological and genetic modulation of tonic inhibition, dampening either  $\alpha 5$  or  $\delta$ -mediated increase in tonic GABA currents, results in early and marked improvements in functional recovery (Clarkson et al. 2010).

Understanding the profile for how cortical plasticity occurs and is altered after a stroke is critical for fully determining when to start treatments and with what therapeutic compound to use. Based on our findings, we have clearly shown that dampening of tonic GABA currently from 3 days results in robust functional improvements of motor recovery (Clarkson et al. 2010). These improvements however, may not be the same if treatments are started weeks after stroke onset as previously shown in humans using zolpidem, which was shown to transiently improve aphasia in chronic stroke survivors (Cohen et al. 2004). The  $\alpha 1$  and  $\beta 2$  GABA<sub>A</sub>R subunits are densely localized within the cortex and co-assembly with the  $\gamma 2$ -subunit accounts for about 40% of all GABA<sub>A</sub>Rs within the cortex (McKernan and Whiting 1996). Assembly of GABA<sub>A</sub>Rs containing  $\alpha 1\beta 2\gamma 2$  has been shown to be enriched at synaptic sites throughout the cortex (Farrant and Nusser 2005) and involved in changes in synaptic plasticity. However, studies have also shown that the  $\delta$  subunit can co-assemble with  $\alpha 1$  subunits to form functional recombinant receptors (Saxena and Macdonald 1994; Bianchi and Macdonald 2003). Further, immunoprecipitation studies have shown that  $\delta$  subunits can associate with  $\alpha 1$  subunits (Mertens et al. 1993) and these  $\alpha 1$ -containing GABA<sub>A</sub>Rs have been found extrasynaptically (Baude et al. 2007; Sun et al. 2004), consistent with the typical localization of  $\delta$ -containing GABA<sub>A</sub>Rs (Farrant and Nusser 2005). These data could suggest an alternative method for why zolpidem was having an effect in chronic stroke patients to alleviate the burden of aphasia. However, further studies are needed, as one previous study would suggest that the  $\gamma 2$ -subunit is required in order for zolpidem to have an effect (Cope et al. 2004).

#### ***9.4.1 Dampening Cortical Inhibition Alters Cortical Responsiveness***

Disinhibition of cortical connections within the peri-infarct or regions associated with the peri-infarct cortex have been argued as either occurring as a direct consequence of the stroke or as a potential compensatory mechanism related to the recov-

ery (Liepert 2006). This argument has come about based on a number of observations such as: local blockage of GABAergic inhibition unmasks preexisting horizontal connections within the rat motor cortex (Jacobs and Donoghue 1991); LTP of adult rat motor cortex horizontal connections is dependent on GABA disinhibition during theta burst stimulation, unlike other regions such as the hippocampus or somatosensory cortex (Hess et al. 1996); and finally, modulation of GABA has been shown to be involved in learning in healthy humans as shown using imaging studies showing a correlation between a decrease in GABA concentration in motor cortex and motor skill learning (Floyer-Lea et al. 2006). Consistent with the notion that cortical disinhibition is occurring as a compensatory mechanism, Clarkson and colleagues have shown a robust and persistent increase in tonic inhibition in the peri-infarct cortex after stroke and blockade of this tonic inhibition at the time of stroke with the extrasynaptic GABA<sub>A</sub>-negative allosteric modulator, L655–708, exacerbated the lesion (Clarkson et al. 2010). Further to this, Clarkson and colleagues showed for the first time that delayed treatment L655–708, which has previously been shown to induce LTP (Atack et al. 2006), provides an early and robust reversal in behavioral deficits (Clarkson et al. 2010). Given the early behavioral effects seen and the lack of effect on sprouting of new connections, cortical disinhibition following L655–708 treatment seems a logical argument. To support the notion that dampening GABA activity is having a beneficial effect, no improvement in motor function was observed after stroke following administration of the GABA agonist, muscimol (Clarkson et al. 2010). This is backed by clinical studies illustrating the re-immersion of stroke symptoms following administration of the GABA agonist midazolam in chronic stroke patients that have shown significant improvements in function (Lazar et al. 2002). The peri-infarct cortex exhibits neuronal metabolic dysfunction over a 1-month period (van der Zijden et al. 2008), which would indicate a therapeutic time window for blockade of tonic GABA signaling of at least 1 month after stroke. Consistent with this is the fact when L655–708 treatment is discontinued after a 2-week period of administration after stroke, a slight rebound effect/reversal in functional recovery is observed compared to animals that received treatment for the 6-week period (Clarkson et al. 2010).

#### ***9.4.2 Role of Tonic GABA in Poststroke Protection***

Attempts to develop pharmacological therapies to treat stroke patients and minimize the extent of neuronal cell death have resulted in the failure of dozens of clinical trials. Over the past two decades, changes in GABA function following cerebral ischemia and the possible protective benefits of GABAergic compounds have been extensively assessed (Clarkson et al. 2005, 2010; Clarkson and Carmichael 2009; Schwartz-Bloom and Sah 2001; Clarkson 2012b). The enhancement of GABA transmission elicits protection against cerebral ischemia (Schwartz-Bloom and Sah 2001); in several animal models, however, the mechanisms by which GABAergic compounds achieve neuroprotection have not been fully elucidated (Clarkson et al.

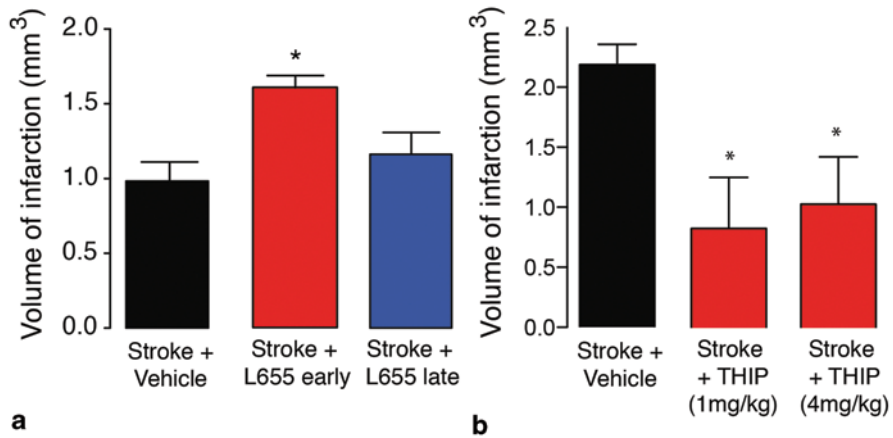


2005, 2010; Clarkson and Carmichael 2009; Schwartz-Bloom and Sah 2001; Clarkson 2012b). Moreover, despite GABA agonists showing great promise in animal models of stroke, they have failed to translate into positive clinical outcomes (Ginsberg 2008; Lyden et al. 2002).

One strategy to understand the mechanisms of action of GABA in neuroprotection and to improve the performance of GABAergic compounds is to target GABA compounds to specific GABA<sub>A</sub>R subunits. Subunit-specific GABA<sub>A</sub>R compounds are more likely to show an effect and have fewer side effects, such as drug-induced hypothermia and sedation. The need to assess subunit-specific GABA compounds to help understand what is happening after stroke in terms of GABA function is highlighted with clinical reports showing that Zolpidem, an  $\alpha 1$ -subunit-specific GABA<sub>A</sub>R modulator, can result in a transient improvement in aphasia in stroke survivors (Cohen et al. 2004). In addition, the  $\delta$ -GABA<sub>A</sub>R agonist, THIP, has been shown to protect against NMDA-induced cell death *in vitro* (Kristensen et al. 2003).

As discussed previously, the elevation in tonic inhibition after stroke could be an endogenous protective mechanism put in place to minimize the extent of cell death. However, the elevation in tonic inhibition likely comes on at such a delay to not be of any benefit. Therefore, by elevating tonic GABA inhibition early (hours after a stroke), significant neuroprotection may be achieved. Consistent with this, previous studies have shown that application of 100–1000  $\mu\text{M}$  of the GABA<sub>A</sub> receptor agonist THIP to hippocampal slice cultures can protect against NMDA-induced cell death (Kristensen et al. 2003). Application of concentrations higher than 100  $\mu\text{M}$  however, provided a tendency for less protection, most likely due to rapid desensitization of the GABA receptors at the higher concentrations. *In vivo*, intraperitoneal (i.p.) injections of THIP ( $5 \times 15$  mg/kg) offered no significant neuroprotection of CA1 in the rat hippocampus after global cerebral ischemia when given alone, but when administered together with diazepam, it significantly decreased the extent of CA1 pyramidal cell loss (Johansen and Diemer 1991). THIP is the prototypical  $\delta$ -GABA<sub>A</sub>R agonist, which binds to the GABA binding site. Similar to GABA (Karim et al. 2012), THIP activates the  $\alpha 4\beta 3\delta$  GABA<sub>A</sub>Rs with two distinct potencies, most likely the result of activating two different receptor stoichiometries (Meera et al. 2011). Pharmacokinetic studies have shown that a 2.5–10 mg/kg injection correlates to 0.5–3  $\mu\text{M}$  THIP in the brain (Cremers and Ebert 2007). At these concentrations, THIP has about 5–10% receptor occupancy at the low-affinity stoichiometric binding site of the  $\alpha 4\beta 3\delta$  GABA<sub>A</sub>Rs, but does not occupy  $\alpha 4\beta 2\delta$  GABA<sub>A</sub>Rs (Meera et al. 2011; Sundstrom-Poromaa et al. 2002). In contrast, at these concentrations THIP has saturated the high-affinity stoichiometric binding site of the  $\alpha 4\beta 3\delta$  GABA<sub>A</sub>Rs (Meera et al. 2011). Binding of THIP at these two different binding sites is likely to have differing functional properties; therefore, studies need to be carried out to test both low and high concentrations of THIP and the effects that this may have on protecting against neuronal cell death.

We have recently shown that low doses (1 mg/kg i.p.) of THIP given 1 h post photothrombotic stroke can afford significant protection (see Fig. 9.4; Clarkson et al., unpublished data). These data confirm the hypothesis that elevating tonic inhibition early after stroke can afford significant protection. However, further work is



**Fig. 9.4** Inflection point in tonic GABA modulation and effect on infarct size. **a** Quantification of the stroke volume for  $n=4-5$  animals from *stroke + vehicle*-treatment, *stroke + L655,708*-treatment starting at the time of stroke, and *stroke + L655,708*-treatment starting from 3 days post insult. Dampening tonic GABA currents early results in an exacerbation in infarct size compared to vehicle-treated controls. Delaying starting treatment by 3 days had no effect on infarct volume. **b** Quantification of infarct volume for  $n=5$  animals from *stroke + vehicle*-treatment and *stroke + THIP*-treatment starting 1 h post stroke. Increasing the level of tonic GABA early after stroke affords significant protection ( $*P<0.05$ )

still required to fully understand the dosing required to achieve these effects given the controversies that exist.

## 9.5 Role of Astrocytes in Regulating Tonic GABA

Glial cells and in particular astrocytes have for a long time only been considered to play a supporting role within the central nervous system. However, substantial evidence accumulated over the past two decades has started to shed light on the various physiological functions that they perform, which has led to the current view that they play an active role within the tripartite synapse (Perea et al. 2009), a site consisting of both presynaptic and postsynaptic neurons and an astrocyte. Several studies have demonstrated that astrocytes can sense, respond, and in turn regulate the function of neurons; and possess the necessary transporters and receptors to be able to detect both GABA and glutamate.

Astrocytes express both GABA (Schousboe et al. 2011) and glutamate (Danbolt 2001) transporters, as well as ionotropic and metabotropic GABA (Velez-Fort et al. 2012; Domingues et al. 2010; Madsen et al. 2011) and glutamate receptors (Biber et al. 1999). The activation of these transporters or receptors can trigger the initiation of various intracellular signaling pathways such as altered Ca<sup>2+</sup> signaling (Doengi et al. 2009; Haydon and Carmignoto 2006), and ultimately leads to their

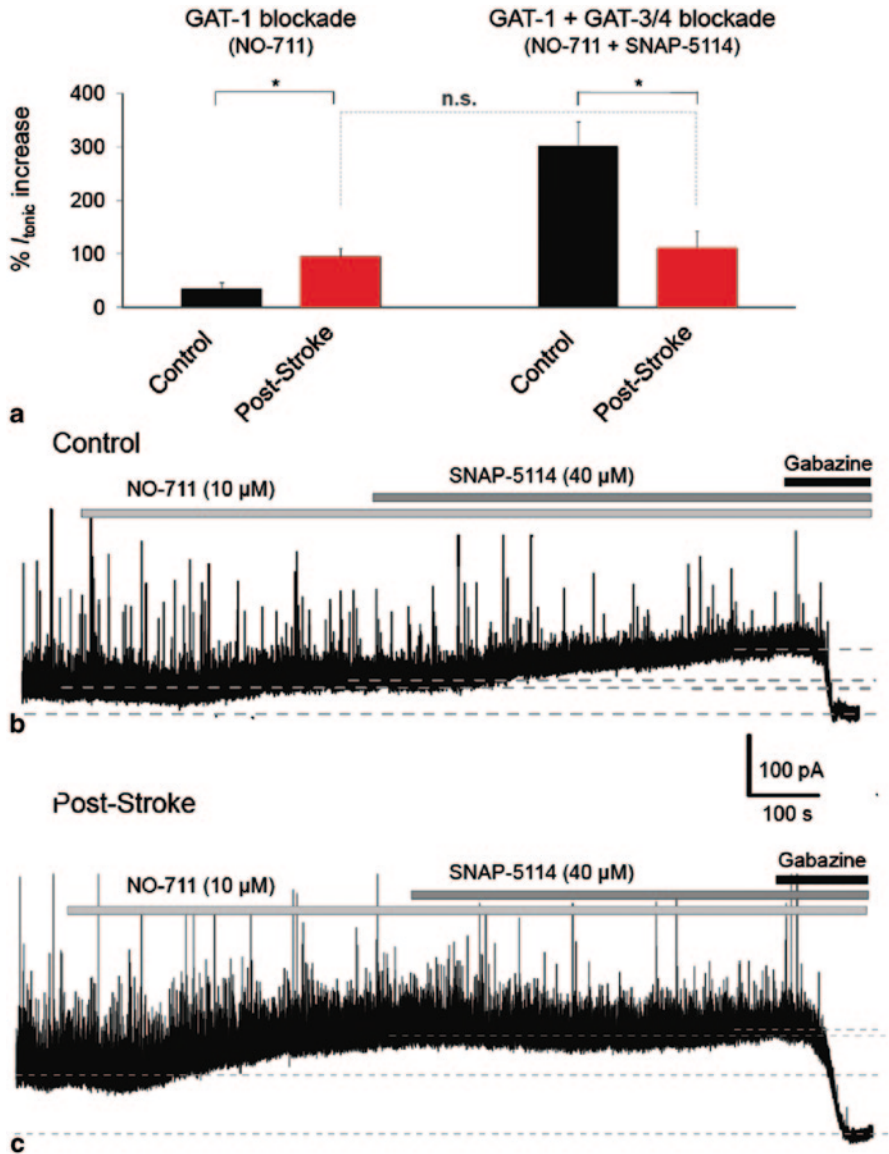
lease of GABA or glutamate in either a vesicular (Hamilton and Attwell 2010) or nonvesicular (Allen et al. 2004) manner.

Among the various mechanisms by which astrocytes control neuronal functions, regulation of tonic inhibition may play a major role. Modulation of tonic inhibition has recently been shown to play a vital role in the treatment of various pathophysiological conditions, such as epilepsy (Cope et al. 2009) and stroke (Clarkson et al. 2010). Despite the significant role that tonic GABA is playing in such pathologies of stroke and epilepsy, the source of the GABA that is contributing to the elevation in tonic GABA currents still remains a matter to be debated and remains largely unknown. Some groups claim that ambient GABA concentration is set almost exclusively by vesicular GABA being released from the synapse (Glykys and Mody 2007b), while others argue that release from astrocytes constitutes a significant source for extrasynaptic GABA (Wu et al. 2006; Lee et al. 2010) and increase in tonic inhibition. The release of GABA from astrocytes in the cortex has not yet been confirmed; however, in regions such as the hippocampus, the release of GABA from astrocytes occurs in response to astrocytic uptake of glutamate and significantly contributes to the increase in tonic inhibition of neurons during intense excitation (Heja et al. 2012). The physiological importance in the exchange/regulation of GABA and glutamate in astrocytes needs to be investigated further, especially with respect to stroke recovery given that the expression of the GABA transporter, (GAT)-3, is impaired after stroke (see Fig. 9.5; Clarkson et al. 2010).

### 9.5.1 GABA Transporters and Tonic GABA

GATs are membrane proteins critically involved in the regulation of mammalian inhibitory GABAergic neurotransmission. Four different GAT subtypes have been cloned (termed GAT-1, BGT-1, GAT-2, and GAT-3 in humans). The transporters belong to the 12 transmembrane family (SLC) of Na<sup>+</sup>/Cl<sup>-</sup>-dependent transporters, which also comprises transporters for other neurotransmitters (Kristensen et al. 2011). The bacterial SLC6 transporter LeuT crystal structure (Yamashita et al. 2005) is now successfully being used to model the structure and function of the GATs (Forrest et al. 2008; Shi et al. 2008). The transport of GABA is electrogenic and primarily driven by co-transport of sodium ions across the cell plasma membrane (Kristensen et al. 2011). This property is utilized when measuring the functional pharmacology of GATs *in vitro*. The fact that the different GAT subtypes have unique subcellular distributions (see Fig. 9.1) argues for distinct functional roles (Madsen et al. 2009).

In a recent study by Clarkson and colleagues, it was reported that GAT-3 plays a direct role during this delayed phase, being impaired and downregulated, whereas protein levels and function of GAT-1 are preserved (Fig. 9.3). GAT-3 transporters are expressed mostly in astrocytes (Heja et al. 2009). Furthermore, ultrastructural (Minelli et al. 1996) and functional (Kinney and Spain 2002) data have shown that GAT-3 is expressed on glial processes facing the extrasynaptic space (Minelli et al. 1996; Kinney and Spain 2002) where the GABA<sub>A</sub>Rs responsible for mediating



**Fig. 9.5** Poststroke impairment in GABA transport. **a** Blocking *GAT-1* (*NO-711*) produced a higher % increase in  $I_{\text{tonic}}$  after stroke; combined blockade of *GAT-1* and *GAT-3/4* (*NO-711* + *SNAP-5114*) produced a substantial  $I_{\text{tonic}}$  increase in controls but only an increase equivalent to blocking *GAT-1* alone after stroke. **b** and **c**  $I_{\text{tonic}}$  in sequential drug applications in control and stroke peri-infarct neurons, respectively. Note the lack of response to *SNAP-5114* application in the poststroke slice

tonic inhibition reside (Farrant and Nusser 2005). Thus, extrasynaptically expressed GATs may be interesting and clinically relevant targets for future anti-stroke pharmacological intervention. GAT-3 has already been proposed as a key player in stroke pathogenesis (Clarkson et al. 2010); however, the role of BGT-1 in stroke mechanism is unknown although it is proposed to be an extrasynaptic protecting mechanism following excitotoxic brain injury (Zhu and Ong 2004a, b).

## 9.6 The Role of GABA<sub>C</sub> Receptors and Poststroke Recovery

Like GABA<sub>A</sub> receptors, GABA<sub>C</sub> receptors are Cl<sup>-</sup> channels that mediate fast synaptic inhibition. These transmitter-gated ion channels are believed to be structurally very similar, composed of five subunits, which arrange to form a homomeric ion channel composed of the rho ( $\rho$ ) subunit. Five different subtypes of the  $\rho$ -subunit have been cloned from different species, which include human ( $\rho_{1-2}$ ), mouse ( $\rho_{1-2}$ ), rat ( $\rho_{1-3}$ ), chicken ( $\rho_{1-2}$ ), and white perch ( $\rho_{1A-B}$ ,  $\rho_{2A-B}$ ,  $\rho_3$ ; Enz 2001) sharing >90% amino acid similarity between the different species (Zhang et al. 2001; Wang et al. 1994; Qian et al. 1998).

Receptors composed of  $\rho$ -subunits are biochemically, pharmacologically, and physiologically different from GABA<sub>A</sub> receptors (Chebib and Johnston 1999, 2000; Bormann 2000). GABA is an order of magnitude less potent at GABA<sub>A</sub> than at GABA<sub>C</sub> receptors. GABA<sub>A</sub> receptors are selectively blocked by the alkaloid, bicuculline, and modulated by benzodiazepines, steroids, and barbiturates (Chebib and Johnston 1999, 2000; Bormann 2000). GABA<sub>C</sub> receptors are not blocked by bicuculline, nor are they modulated by benzodiazepines, steroids, and barbiturates (Chebib and Johnston 1999, 2000). Instead, GABA<sub>C</sub> receptors are activated by Z-4-aminobut-2-enoic acid (*cis*-aminocrotonic acid, CACA; Chebib and Johnston 1999, 2000) and (1*S*,2*R*)-(+)-2-(aminomethyl)-cyclopropane-1-carboxylic acid ((1*S*,2*R*)-(+)-CAMP; Duke et al. 2000), and selectively blocked by (1,2,5,6-tetrahydropyridin-4-yl)methylphosphinic acid (TPMPA; Murata et al. 1996; Ragozzino et al. 1996). For a comprehensive review on the pharmacology of GABA<sub>C</sub> receptors, see Ng et al. (2011).

GABA<sub>A</sub> receptors are linked via the  $\gamma_2$  subunit to the cytoskeleton by GABA<sub>A</sub> receptor-associated proteins (GABARAP; Wang et al. 1994) while GABA<sub>C</sub> receptors are linked via the  $\rho_1$  subunit to the cytoskeleton by microtubule-associated protein 1B (MAP-1B; Hanley et al. 1999). The fact that two different proteins associate with the GABA<sub>A</sub> and GABA<sub>C</sub> receptors allows these receptors to exist and function separately. Although some studies have reported the possible co-assembly of the  $\rho$  subunits with other GABA<sub>A</sub> subunits, for example, the  $\alpha_1$  and  $\gamma_2$  subunits, this remains controversial and it is still unknown if these heteromeric receptors only exist in vitro (Enz and Cutting 1998; Hackam et al. 1998; Qian and Ripps 1999; Ekema et al. 2002; Qian and Pan 2002; Milligan et al. 2004).

Immunohistochemical and electrophysiological studies have shown that, in most species,  $\rho_1$  subunits are predominately expressed in bipolar cells (Fletcher et al.

2001; Lukasiewicz and Wong 1996; Eggers and Lukasiewicz 2006; Lukasiewicz 2005; Lukasiewicz et al. 2004; Lukasiewicz and Shields 1998) and horizontal cells in the retina; while the rat  $\rho_2$  subunits are found not only in the retina but also in the spinal cord (Rozzo et al. 2002) and in several brain regions, such as the hippocampus, cortex, pituitary, cerebellum, and thalamus (Enz 2001; Enz and Cutting 1999). Recently, the  $\rho_2$  subunit has been found on cerebellar astrocytes indicating that these receptor subtypes are not restricted to neurons (Martinez-Delgado et al. 2011).

A number of roles for the  $\rho_1$  receptor have been identified. Both  $\rho_1$  and  $\rho_2$  GABA<sub>C</sub> receptors are found in the hippocampus where there is evidence for a functional role as extrasynaptic receptors activated via GABA spillover (Alakuijala et al. 2006) and in paired-pulse depression of inhibitory postsynaptic currents (Xu et al. 2009). In addition, GABA<sub>C</sub> antagonists including TPMPA have been shown to inhibit the development of myopia and improve learning and memory (Stone et al. 2003; Gibbs and Johnston 2005; Chebib et al. 2009b). Both TPMPA and P4MPA have been used to study the role of GABA<sub>C</sub> receptors in short-term memory formation in young chicks using a single trial passive and discriminated avoidance task. Further, SGS742, (3-aminopropyl)-*n*-butylphosphinic acid (also known as CGP36742) has been shown to have therapeutic potential for the treatment of cognitive deficits, petit mal epilepsy, and depression (Froestl et al. 2004), reaching Phase II trials for the treatment of cognitive impairment due to Alzheimer's disease.

These studies lead to the development of cyclopentane, such as ( $\pm$ )-*cis*-3-ACP-BuPA, ( $\pm$ )-*cis*-(3-aminocyclopentane)butylphosphinic acid, which has been shown to be a selective GABA<sub>C</sub> antagonist that enhances learning and memory following i.p. injection in rats and inhibits the development of myopia following intravitreal injection in chicks (Chebib et al. 2009a). ( $\pm$ )-*cis*-3-ACPBuPA and related cyclopentane (Gavande et al. 2010) and cyclopentene analogs (Kumar et al. 2008) have been patented for use in enhancing cognitive activity (Chebib et al. 2003).

It has been suggested that homomeric GABA<sub>C</sub> receptors composed of  $\rho_2$  rather than  $\rho_1$  are located extrasynaptically (Schlicker et al. 2009). Given the importance of extrasynaptic GABA receptors consisting of  $\alpha 5$ - or  $\delta$ -containing GABA<sub>A</sub>Rs in motor recovery after stroke, assessment of motor functions following administration of the GABA<sub>C</sub> antagonists (S)- or (R)-ACPBPA have recently been evaluated, given also their importance in modulating learning and memory pathways. It was found that the  $\rho_2$ -preferring (R)-ACPBPA had a greater effect compared with the  $\rho_1$ -preferring (S)-ACPBPA in mice following delivery via osmotic minipumps implanted from day 3 poststroke (Clarkson 2012a). These functional improvements were almost as comparable to the levels seen following treatment with the  $\alpha 5$ -GABA<sub>A</sub>R inverse agonist L-655,708, suggesting that these compounds may be of benefit in treating stroke recovery. We have further recently shown that this recovery maybe mediated in part by the modulation of the glial scar and subsequent increase in GAT3 expression (Clarkson et al., unpublished findings 2012); however, further work is required to confirm these findings.

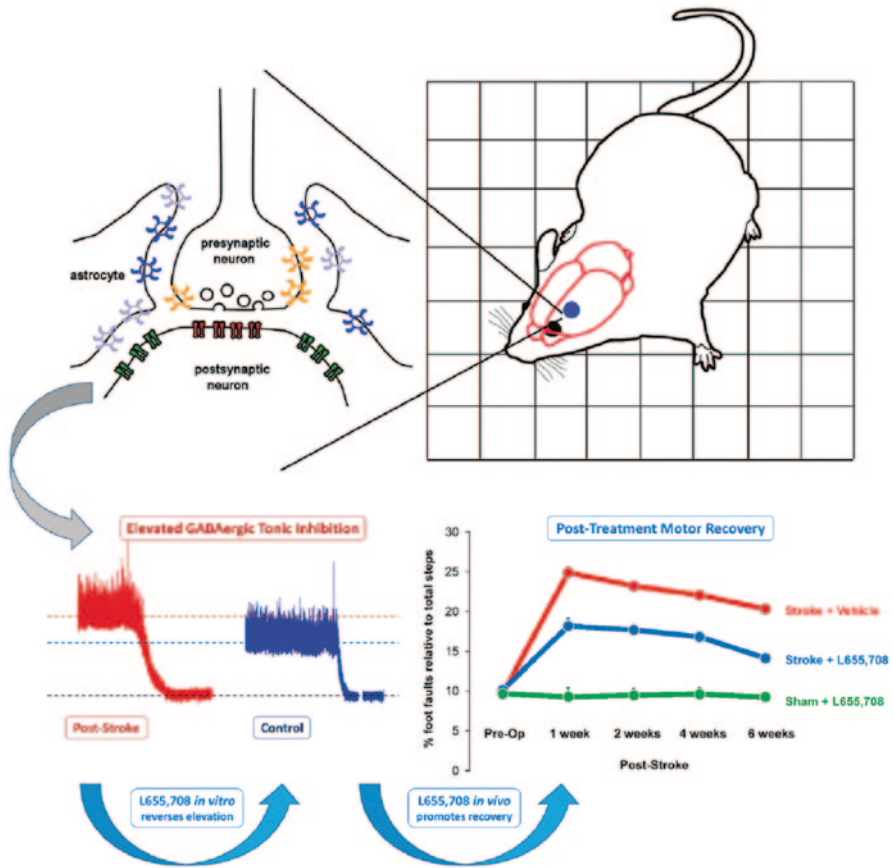
Thus, given the localization of the various  $\rho$  GABA<sub>C</sub> receptors both on synaptic and extrasynaptic sites along with expression on astrocytes, knockout and pharma-



cological studies indicate critical roles for the GABA<sub>C</sub> receptor in a wide range of pathophysiological and neurological disorders. Thus, the development of selective GABA<sub>C</sub> receptor ligands will become important agents for a wide range of therapies and to help delineate the role these receptors play in the central and peripheral nervous systems.

## Conclusions

Therapies that promote functional recovery after stroke are limited to physical rehabilitation measures. While specific measures, such as constraint-induced therapies, promote recovery of motor function, no pharmacological therapies are available that aid in recovery. Functional recovery after stroke follows psychological learning rules (Krakauer 2006) that indicate learning and memory principles may underlie behavioral recovery. The idea that certain aspects of learning and memory rules and changes in neuronal excitability can alter the profile of recovery after a stroke has led to ad hoc attempts to treat patients with any available drug known to stimulate learning and memory, such as amphetamine, dopamine agonists, and methylphenidate, to name just a few. As these compounds work through multiple receptor systems in the brain and were designed to treat neurological conditions other than being a neurorehabilitative aid, they have failed to translate into the clinic (Berends et al. 2009). At the cellular level, learning and memory principles are mediated by specific excitatory neuronal responses, such as LTP, and are potentiated by drugs that facilitate aspects of excitatory neuronal signaling (Walker and Semyanov 2008), such as tonic GABA<sub>A</sub>R antagonists (Glykys and Mody 2007a). Recent data show that stroke alters the balance of excitatory and inhibitory inputs to neurons in the peri-infarct cortex, by increasing inhibitory tone. This altered excitatory balance occurs through a decrease in the normal cellular uptake of GABA. Dampening GABA-mediated tonic inhibition restores the excitatory/inhibitory balance in peri-infarct motor cortex *ex vivo*, and promotes recovery of motor function *in vivo* (see Fig. 9.6). These effects occur through blockade of  $\alpha 5$ - or  $\delta$ -containing GABA<sub>A</sub>Rs. These data indicate a novel role for tonic GABA<sub>A</sub>R function in promoting poststroke recovery most likely via cortical disinhibition (Jacobs and Donoghue 1991; Stinear et al. 2009; Stinear and Byblow 2002) and suggest a new avenue for pharmacological treatment of neurorehabilitation in stroke. This early effect on stroke recovery opens the possibility for treatments that block tonic GABA signaling and may be used in conjunction with later-acting stroke repair therapies in a combinatorial manner. More generally, tonic GABA signaling has a biphasic role in stroke. Early tonic GABA signaling limits stroke size, later tonic GABA signaling limits stroke recovery. These data identify a promising molecular system for future stroke recovery therapies and implicate molecular memory systems as likely key players in recovery from stroke.



**Fig. 9.6** Schematic summary of key changes in tonic GABA and stroke recovery. Stroke increases peri-infarct GABA by reducing the level of the GABA transporter, GAT-3/4, indicated by lighter shading in a subset of GAT-3/4 (*blue pinwheels*). The function and the level of GAT-1 are unaltered (*orange pinwheels*). Due to different subunit-associated properties, extrasynaptic GABA<sub>A</sub>Rs (*green*) mediate a tonic form of inhibition that is distinct from the phasic form mediated by synaptic GABA<sub>A</sub>Rs (*orange*). Tonic inhibitory currents in peri-infarct pyramidal neurons (*red trace*) are increased compared to control neurons (*blue trace*). Reducing tonic inhibition with a selective  $\alpha 5$ -GABA<sub>A</sub>R inverse agonist (*L655,708*) reverses the increase in tonic inhibition and improves behavioral recovery in forelimb motor control after stroke

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# Chapter 10

## The Role of Extrasynaptic GABA<sub>A</sub> Receptors in Focal Epilepsy

Matthew C. Walker and Ivan Pavlov

**Abstract** Focal epilepsy can result from both genetic and environmental factors. Acquired focal epilepsy occurs following a specific brain insult such as stroke, head injury or prolonged seizures (status epilepticus). The time from the insult to the development of seizures is termed the epileptogenic period during which there are changes in connectivity, neurotransmission and neuronal excitability.

Epileptogenesis has conventionally been viewed as being associated with increased excitation and a loss of inhibition. This view has been reappraised in recent years due to a better understanding of the multifaceted roles of GABAergic signaling. There is growing evidence that loss of synaptic GABA<sub>A</sub> receptor-mediated inhibition observed in animal models of temporal lobe epilepsy is accompanied by compensatory upregulation of tonic currents mediated by extrasynaptic GABA<sub>A</sub> receptors.

Here, we provide evidence for such a change in GABA<sub>A</sub> receptor-mediated inhibition during epileptogenesis and speculate on the possible functional impact that such a shift in inhibition will have. In particular, we argue that shifts from phasic to tonic inhibition in the hippocampus will lead to a maintenance of “inhibition” of the network but will alter network gain, decreasing network stability. Furthermore, changes in the subunit composition of extrasynaptic GABA<sub>A</sub> receptors during epileptogenesis have implications for targeted pharmacotherapy of epilepsy.

**Keywords** Focal epilepsy · Tonic inhibition · Extrasynaptic GABA<sub>A</sub> receptors · Hippocampus · Hippocampal sclerosis

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M. C. Walker (✉) · I. Pavlov (✉)  
Department of Clinical and Experimental Epilepsy,  
UCL Institute of Neurology, London, UK  
e-mail: m.walker@ucl.ac.uk

I. Pavlov  
e-mail: i.pavlov@ucl.ac.uk

## 10.1 Introduction

Focal epilepsy can arise as the result of: gene mutations leading to increased neuronal/network excitability (such as mutations in nicotinic acetylcholine receptor genes that result in autosomal dominant nocturnal frontal lobe epilepsy, and mutations in leucine-rich, glioma inactivated 1 resulting in autosomal dominant temporal lobe epilepsy with auditory hallucinations); malformations of cortical development (both genetically and environmentally determined); brain tumours; and acquired lesions following a specific brain insult such as prolonged seizures (status epilepticus), head injury and stroke. The role of extrasynaptic GABA<sub>A</sub> receptors has predominantly been determined in the acquired (rather than genetic) focal epilepsies and it is these epilepsies that we concentrate on in this chapter.

The observations that GABA<sub>A</sub> receptor antagonists induce seizures, and that drugs that directly potentiate GABA<sub>A</sub> receptors (such as benzodiazepines and barbiturates) or that decrease the uptake or breakdown of GABA (tiagabine and vigabatrin, respectively) prevent seizures, indicate the importance of the GABAergic system in seizure generation. Indeed, focal epilepsy has often been viewed as a disruption of the balance between glutamatergic excitation and GABAergic inhibition. The recognition that GABAergic inhibition can take varying forms over different timescales with different effects on neuronal excitability (Mody and Pearce 2004; Farrant and Nusser 2005; Farrant and Kaila 2007) has led to a reappraisal of this simplistic view. A critical observation is that even people or animals with severe epilepsy spend the majority of their time free of seizures. This suggests that the process leading to the development of epilepsy more likely creates networks of neurons that are intrinsically more unstable and in which significant changes in excitability are mostly compensated. However, this compensation either is insufficient or may itself lead to less stable network behaviour.

Most studies in animal models of focal epilepsy have determined changes in fast, synaptic inhibition mediated by the synaptic release of GABA onto postsynaptic GABA<sub>A</sub> receptors, and only more recently have changes in tonic currents, mediated by extrasynaptic GABA<sub>A</sub> receptors, been investigated. A role for tonic currents in human epilepsy has been suggested by the observation that polymorphisms and mutations in genes encoding extrasynaptic GABA<sub>A</sub> receptors, which reduce the magnitude of tonic currents, are associated with several human epilepsies (Dibbens et al. 2004; Feng et al. 2006; Eugène et al. 2007). These, however, are exclusively generalised epilepsies, but emphasise the importance of tonic currents in regulating network excitability. In this chapter, we will argue that, in focal epilepsies, tonic currents are usually increased, perhaps as a compensatory mechanism. This results in a shift from phasic to tonic inhibition, changing network behaviour. Increases in tonic inhibition compensate not just for loss of phasic GABA<sub>A</sub> receptor-mediated inhibition but also for loss of other membrane conductances such as the HCN-mediated conductance which is involved in the regulation of cell excitability (Chen et al. 2010), and the loss of which occurs in the development of focal epilepsy.



We also restrict ourselves to considering temporal lobe epilepsy, the most common focal epilepsy syndrome. This has been predominantly studied in an experimental paradigm in which animals are subjected a specific insult (e.g. prolonged seizure induced by a convulsant or traumatic brain injury), after which the animal develops epilepsy over a period of days or months (termed epileptogenesis). It is also worth noting that although we focus on extrasynaptic GABA<sub>A</sub> receptors and tonic inhibition, these must be viewed in the context of the panoply of changes in network connectivity, neuronal excitability and synaptic transmission that accompany the development of focal epilepsy.

## 10.2 Inhibition in Focal Epilepsy

### 10.2.1 Phasic Inhibition

Early evidence indicated that loss of GABA<sub>A</sub> receptor inhibition alone would permit the dominance of excitation and the generation of epileptiform activity (Schwartzkroin and Prince 1977; Gutnick et al. 1982; Connors 1984). Later studies of in vitro models of epileptic activity in acute rodent brain slices have highlighted the importance of a breakdown in feed-forward inhibition for the propagation of seizure-like activity (Trevelyan et al. 2006, 2007). There have been corresponding findings in brain slices from humans, who have previously undergone brain resection to cure their epilepsy, in which there is a loss of synaptic GABA<sub>A</sub> receptor-mediated inhibition prior to the occurrence of seizure-like activity (Huberfeld et al. 2011). It was, therefore, expected that epileptogenesis is associated with a loss of interneurons and/or a reduction in the number of or activity of inhibitory synapses on surviving principal neurons (Cossart et al. 2001; Wittner 2001; Buckmaster et al. 2002; Kobayashi and Buckmaster 2003; Shao and Dudek 2005; Hunt et al. 2009; Wyeth et al. 2010). These morphological and functional changes of inhibition occur quite rapidly following the epileptogenic insult, but may continue for a prolonged period of time extending to several months or beyond (Sloviter 1991; Friedman et al. 1994; Leroy et al. 2004; Pavlov et al. 2011). Some studies have suggested that the loss of dendritic-targeting interneurons may be partially compensated by surviving interneurons that project to the soma (Cossart et al. 2001), but the general consensus is that the net outcome of these changes is the loss of phasic (synaptic) inhibition.

### 10.2.2 Tonic Inhibition

A decrease in synaptic release would be expected to reduce the concentration of GABA present in the extracellular space and so be associated with a reduction in tonic currents mediated by extrasynaptic GABA<sub>A</sub> receptors. A correlation between synaptic release and tonic currents has been observed in CA1 pyramidal cells when

GABA uptake is reduced by inhibition of the GABA transporter GAT1 (Glykys and Mody 2007). Surprisingly, experimental evidence indicates that in post-status epilepticus animals, tonic GABA<sub>A</sub> receptor-mediated currents are maintained or even increased in many hippocampal neurons including CA1 pyramidal cells, *stratum radiatum* interneurons and dentate granule cells (Scimemi et al. 2005; Naylor et al. 2005; Zhang et al. 2007; Goodkin et al. 2008; Zhan and Nadler 2009; Rajasekaran et al. 2010). Studies in models of post-traumatic epilepsy indicate involvement of the hippocampus in the epileptogenic process and have found similar hippocampal pathology to that observed in post-status epilepticus animals (D'Ambrosio et al. 2005; Kharatishvili et al. 2006; Swartz et al. 2006). These hippocampal changes are also accompanied by maintenance of tonic currents, which have been reported to be preserved in dentate granule cells following lateral fluid-percussion brain injury (Pavlov et al. 2011), or to be enhanced after controlled cortical impact (Mtchedlishvili et al. 2010). Although there is no control comparator, significant tonic GABA<sub>A</sub> receptor-mediated currents are also present in neocortical pyramidal cells and dentate granule cells in resected tissue from humans with temporal lobe epilepsy (Scimemi et al. 2006). There are a number of explanations for the above. Recent data indicate that tonic currents in dentate granule cells are largely mediated by spontaneously opening GABA<sub>A</sub> receptors, and that extracellular GABA in the hippocampus under baseline conditions is kept at concentrations that are insufficient to activate extrasynaptic GABA<sub>A</sub> receptors (Wlodarczyk et al. 2013). Increases in tonic currents may be due to increases or changes in extrasynaptic GABA<sub>A</sub> receptors, changes of the sensitivity of extrasynaptic receptors for GABA or an increase in the GABA concentration surrounding neurons.

### 10.3 Extrasynaptic GABA<sub>A</sub> Receptor Plasticity in Focal Epilepsy

Epileptogenesis is associated with changes in the expression of GABA<sub>A</sub> receptor subunits in animal models (e.g. Brooks-Kayal et al. (1998) and in humans Loup et al. (2000)). The nature of these changes is partly dependent upon the model of focal epilepsy. Indeed, the heterogeneity of such changes indicates that the down- or upregulation of specific subunits is unlikely to be necessary for the development of epilepsy (Pavlov et al. 2011). In the hippocampus,  $\alpha 5\beta 2/3\gamma 2$  and  $\alpha 4\beta 2/3\delta$  receptors generate most of the tonic current. While  $\delta$ -containing GABA<sub>A</sub> receptors are exclusively extrasynaptic or perisynaptic (Wei et al. 2003),  $\alpha 5$ -containing receptors can also be found at postsynaptic sites (Serwanski et al. 2006). Double knockout mice lacking both  $\delta$  and  $\alpha 5$  subunits have almost no tonic GABA<sub>A</sub> receptor-mediated currents in pyramidal cells, dentate granule cells or molecular layer interneurons (Glykys et al. 2008). The relative contribution of different GABA<sub>A</sub> receptor subtypes to the generation of tonic currents in the hippocampus varies depending on the cell type. In pyramidal cells,  $\alpha 5$ -containing receptors contribute to ~50% of the tonic conductance, whilst in dentate granule cells, the majority of the tonic current

(~70%) is mediated by  $\delta$ -containing receptors (Glykys et al. 2008). In addition, a small proportion (~10%) of extrasynaptic receptors on hippocampal pyramidal neurons lack both  $\gamma$  and  $\delta$  subunits. These Zn<sup>2+</sup>-sensitive  $\alpha\beta$  receptors may also contribute to tonic conductances in hippocampal neurons (Mortensen and Smart 2006).

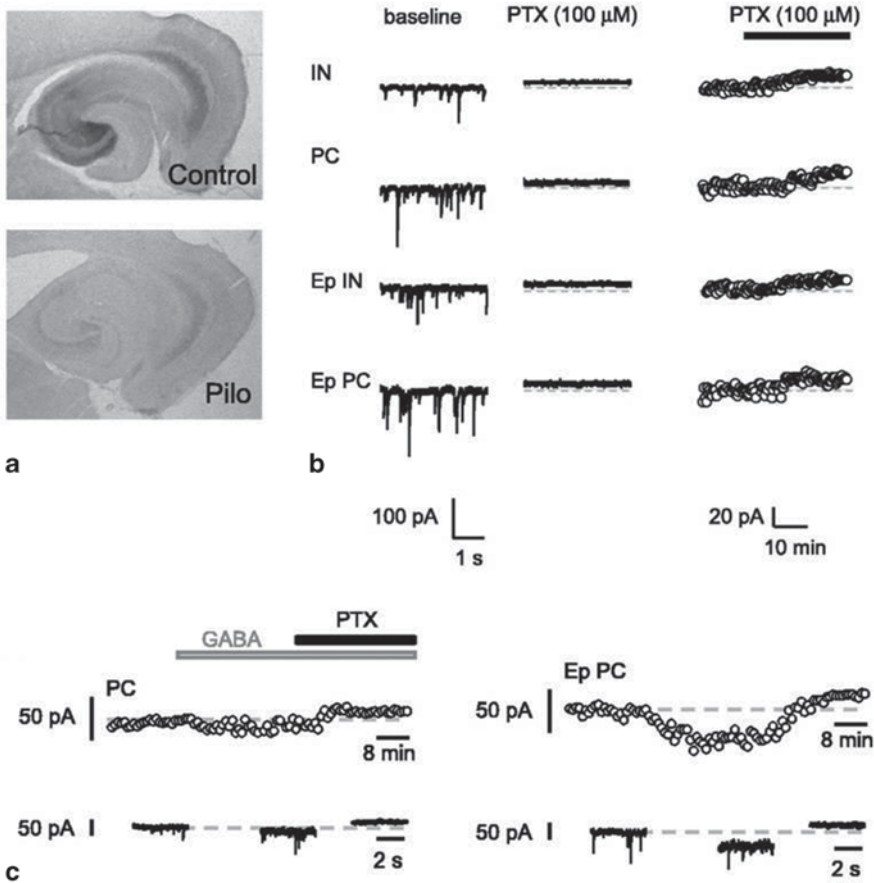
### ***10.3.1 Changes in $\alpha 5$ and $\delta$ Subunit Expression in the Hippocampus***

Preservation of tonic GABA<sub>A</sub> receptor-mediated currents in epilepsy may be accompanied by their altered pharmacology. For example, despite tonic currents being preserved in CA1 pyramidal cells under baseline conditions and increased upon application of GABA in post-status epilepticus animals, there is a marked reduction in the sensitivity of these currents to an  $\alpha 5$ -specific inverse agonist L-655,708 (Scimemi et al. 2005). This is consistent with the decrease in  $\alpha 5$  subunit expression in these animals (Fritschy et al. 1999; Houser and Esclapez 2003), thus suggesting that there is a substitution of the  $\alpha 5$ -containing receptors in epileptic tissue by extrasynaptic receptors that are either more numerous or have a greater sensitivity to GABA (Fig. 10.1). The subunit composition of these receptors has yet to be determined.

Changes in the  $\delta$  subunit expression in dentate granule cells are less clear-cut. It has mostly been found to be reduced following status epilepticus in animal models (Schwarzer et al. 1997; Tsunashima et al. 1997; Peng et al. 2004; Rajasekaran et al. 2010), but see (Brooks-Kayal et al. 1998; Goodkin et al. 2008). Also, studies in post-traumatic epilepsy (Pavlov et al. 2011) and recordings from human epileptic tissue (Scimemi et al. 2006) do not find such a loss.

When the  $\delta$ -containing GABA<sub>A</sub> receptors are lost in dentate granule cells, this is accompanied by an upregulation of  $\alpha 4$  subunit expression, leading to increased perisynaptic expression of  $\alpha 4\beta 2/3\gamma 2$  receptors (Zhang et al. 2007). However,  $\alpha 4\gamma 2$ -containing receptors have a fivefold greater EC<sub>50</sub> for GABA than  $\alpha 4\delta$ -containing receptors (Brown et al. 2002). The observation that tonic currents are preserved can be explained by spontaneous GABA<sub>A</sub> receptor openings, greater number of receptors or higher concentrations of extracellular GABA. This latter explanation is supported by the observation of a larger SR95531-sensitive tonic current observed in dentate granule cells (Zhan and Nadler 2009). SR95531 acts as a pure antagonist and has minimal effect on the tonic current in dentate granule cells in control rats (Zhan and Nadler 2009; Włodarczyk et al. 2013), which is mainly mediated by spontaneously opening receptors. Alternatively, although less likely, a large SR95531-sensitive tonic current in dentate granule cells from epileptic rats may be explained by the increased sensitivity of the receptors to GABA.

It has also been suggested that the contribution of  $\alpha 5$ -containing GABA<sub>A</sub> receptors to tonic currents in dentate granule cells is increased following status epilepticus (Zhan and Nadler 2009). Indeed, a slight increase of  $\alpha 5$  mRNA level has been reported in these neurons (Fritschy et al. 1999; Houser and Esclapez 2003). Nonetheless, it is unlikely that such a change can fully compensate for the loss of



**Fig. 10.1** Tonic currents are maintained/increased in CA1 pyramidal cells from epileptic animals. **a** Immunohistochemistry for the  $\alpha 5$  subunit, showing decreased expression of this subunit in the hippocampus proper and entorhinal cortex of epileptic rats compared with that of control rats. Pilo, Pilocarpine. **b** Representative traces obtained from one interneuron and one pyramidal cell from a control and an epileptic rat. The tonic current revealed by application of GABA<sub>A</sub> receptor antagonist picrotoxin is no different between epileptic and control neurons. **c** Application of GABA results in larger tonic current in epileptic than in control neurons. (After Scimemi et al. 2005)

the  $\delta$  subunits and would be sufficient to augment tonic inhibition as reported in electrophysiological studies.

Changes in the subunit composition of extrasynaptic GABA<sub>A</sub> receptors during epilepsy have implications for the pharmacological treatment of epilepsy, as more specific drugs are being developed. It should also be noted that changes in the GABA<sub>A</sub> receptor subunits may be cell type specific. For example, one study has demonstrated that the reduction of  $\delta$  subunit expression in dentate granule cells was accompanied by an increase in its expression in dentate interneurons (Peng et al. 2004). This further complicates the prediction of the effect of drugs targeting only specific GABA<sub>A</sub> receptors.

## 10.4 Extracellular GABA in Epilepsy

As detailed above, there is indirect evidence that epileptogenesis results in an increase in extracellular GABA. Such an increase could be due to increased release or decreased uptake. Since most studies show an overall decrease in synaptic inhibition, it is unlikely that increased vesicular release is contributing to increased tonic currents. GABA is also released non-synaptically but the contribution of this pool to extracellular GABA is unclear and the effects of epilepsy on non-synaptic GABA release have not been investigated. An alternative explanation is that there is a change in the number and/or function of GABA transporters (GATs). In addition, GATs are electrogenic such that during periods of depolarisation, GATs can reverse and pump GABA into the extracellular space (Wu et al. 2003, 2007). There are two main cortical GABA transporters, GAT1 and GAT3 (labelled GAT1 and GAT4, respectively, in mice): The former is predominantly neuronal and is located at presynaptic GABAergic terminals, while the latter is expressed in glia (Borden 1996; Ribak et al. 1996; Minelli et al. 1996; Conti et al. 2004). In the rat hippocampus, GAT1 predominantly determines the GABA concentration surrounding neurons, and GAT3 comes into play when extracellular GABA rises, in particular after inhibition of GAT1 (Kersanté et al. 2013).

There is evidence that epilepsy is associated with functional deficits in GABA uptake in human and rat dentate gyrus (Patrylo et al. 2001); other studies, however, have found unaltered GAT1 function in the CA1 region in epileptic rats (Stief et al. 2005). These studies indicate that there may be complex regional-specific changes in GABA transporter function. This has been confirmed in expression studies in resected hippocampi from people with epilepsy in which regional decreases in GAT1 but upregulation of GAT3 have been observed (Mathern et al. 1999; Lee et al. 2006). Under baseline conditions in epileptic tissue, GAT1-mediated transport takes up GABA (rather than acting in reverse), as GAT1 inhibitors significantly increase tonic currents in neurons from chronically epileptic rats (Frahm et al. 2003; Scimemi et al. 2005). However, epilepsy may facilitate reversal of GABA transporters. Interneurons in chronic epilepsy express more GAD and have elevated intracellular GABA concentrations (Esclapez and Houser 1999). Enhanced expression of GATs and an increase in GABA synthesis have also been demonstrated in dentate granule cells in the kainate model of chronic seizures (Sperk et al. 2003). Intracellular accumulation of GABA along with the depolarisation that occurs with seizure-like activity could result in reversal of GABA transporters and elevation of GABA in the extracellular space. However, in the hippocampus *in vivo*, significant depolarisation induced by raising the extracellular potassium was unable to reverse GAT1 (Kersanté et al. 2013). Nonetheless, such reversal could be facilitated by chronic changes in Cl<sup>-</sup> homeostasis in epileptic tissue (Cohen et al. 2002; Palma et al. 2006) and/or gradual build-up of intracellular Cl<sup>-</sup> during excessive network activity (Glykys et al. 2009). It is also plausible that increased glutamate uptake by astrocytes in response to massive release of the neurotransmitter during seizure activity may cause intracellular Na<sup>+</sup> accumulation (as a result of cotransport), and thus trigger the reversal of co-localised glial GABA transporters (Héja et al. 2009).

Indeed, there is growing evidence that glia transporters (GAT3) may be reversed during epileptic activity, so that blocking GAT3 increases epileptiform activity (Heja et al. 2012); we have not observed that this is a ubiquitous finding and it may depend upon the *in vitro* model used (unpublished data).

## 10.5 Functional Consequences of Enhanced Tonic Inhibition in Epilepsy

There has been scant work on the effects of tonic inhibition on epileptiform activity. Increasing extracellular GABA by inhibiting GABA transporters inhibits (although not universally) seizure-like activity in hippocampal slices and seizures in models of focal epilepsy (Pfeiffer et al. 1996; Sabau et al. 1999; Dalby 2003). It is important to note that this strategy will however increase the activity of both GABA<sub>A</sub> and GABA<sub>B</sub> receptors and as yet there has been no satisfactory dissection of these separate effects. Moreover, activation of GABA<sub>B</sub> receptors may further potentiate tonic GABA<sub>A</sub> receptor-mediated conductances (Connelly et al. 2013; Tao et al. 2013). Increasing extracellular GABA may also have cell type-specific actions. Some interneurons, including certain hippocampal subtypes, have  $E_{\text{GABA(A)}}$  more positive than their resting membrane potential, and therefore GABA depolarises such cells (Martina et al. 2001; Chavas and Marty 2003; Vida et al. 2006; Song et al. 2011); this effect could become even more prominent following increased synaptic activity (Lamsa and Taira 2003). A small rise in extracellular GABA concentrations has an excitatory action on these interneurons through depolarisation, while higher concentrations produces inhibition through mainly a shunting effect (Song et al. 2011). In contrast, the firing of interneurons, in which activation of GABA<sub>A</sub> receptors does not produce depolarisation (Verheugen et al. 1999; Martina et al. 2001), will not show this biphasic action of increasing GABA but will solely be suppressed by elevated GABA. This will disinhibit excitatory neurons counteracting reduction of their excitability.

This voltage effect of tonic GABA is likely to be even more complex in principal cells. Generally, the reversal of GABA<sub>A</sub> receptors is close to the resting membrane potential such that the voltage effect of tonic inhibition will be minimal. However, in some pyramidal cells during epileptogenesis, the GABA<sub>A</sub> receptor reversal potential may become positive with respect to resting membrane potential due to loss of the chloride transporter KCC2 and upregulation of NKCC1 (Rivera et al. 2002; Jin et al. 2005; Muñoz et al. 2007; Huberfeld et al. 2007). It is feasible that tonic current should depolarise such neurons and such a depolarisation would bring the neuron closer to action potential threshold. However, such a depolarisation would also (in)activate other conductances including inactivation of sodium channels, activation of Kv7s and inactivation of HCN, all of which may act to reduce neuronal excitability. It is also worth noting that altered Cl<sup>-</sup> homeostasis in epilepsy can itself act as an intracellular signal that controls GABAergic inhibition by modulating the expression of  $\alpha$  and  $\delta$  GABA<sub>A</sub> receptor subunits (Succol et al. 2012).

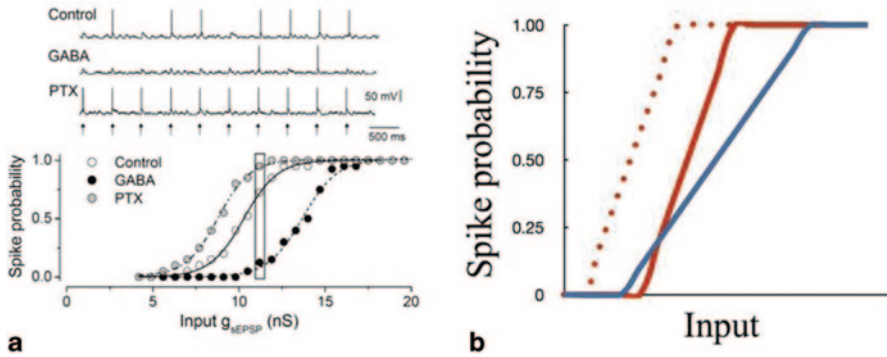


### ***10.5.1 Effects of Tonic GABA<sub>A</sub> Receptor Conductance on Neuronal Computation***

Perhaps a greater effect of tonic currents on pyramidal cells is the contribution to the input resistance. Persistent activation of GABA<sub>A</sub> receptors decreases the membrane input resistance of a neuron and therefore reduces voltage response to incoming excitation (i.e. decreases the amplitude of the excitatory postsynaptic potentials), so decreasing the probability of action potential generation. The relationship between the probability of action potential generation (or the frequency of action potentials in certain cell types) and the magnitude of the input conductance is termed the input–output (I–O) relationship of a neuron and reflects the computation performed by the cell (Silver 2010). The output of hippocampal pyramidal cells is best described by the probability of firing (rather than frequency of firing) in response to temporally correlated synaptic inputs (Azouz 2005; Carvalho and Buonamano 2009). The I–O relationship can be modified through a change in gain (slope) or in offset (threshold), which are equivalent to multiplicative/divisive and additive/subtractive operations, respectively. Since background synaptic noise can summate with the input, then previously subthreshold inputs can on occasions reach threshold, and conversely random inhibitory inputs can decrease the probability of previously suprathreshold inputs from reaching threshold. Therefore, the effect of background synaptic activity is to create voltage variations which reduce the slope of the I–O function, but increase its dynamic range (Wolfart et al. 2005). Decreasing phasic inhibition will decrease voltage fluctuations and so will increase neuronal gain; in addition, decreasing phasic inhibition will increase synaptic summation and so will increase the chance of a specific input reaching threshold, i.e. will offset the I–O function. A fundamental observation is that, partly due to outward rectification, tonic GABA<sub>A</sub> receptor-mediated conductances in hippocampal CA1 pyramidal neurons have little influence on subthreshold noise and only affect neurons at spiking threshold. This results in tonic inhibition primarily affecting the offset of the I–O relationship with minimal effect on the slope (Fig. 10.2; Pavlov et al. 2009). Thus, the effect of a shift from phasic to tonic inhibition will be maintenance of neuronal and network excitability when the input is of low magnitude but a change in the gain of the system such that as the input increases there will be a larger increase in output, leading to a potentially more unstable network (Fig. 10.2).

## **10.6 Pharmacological Implications of Changes in Extrasynaptic Receptors in Focal Epilepsy**

As detailed above, decreasing GABA uptake or increasing extracellular GABA by decreasing GABA metabolism will have an action partly through extrasynaptic GABA<sub>A</sub> receptors. The enhanced sensitivity of neurons to increases in extracellular GABA that occurs with the development of epilepsy (Scimemi et al. 2005) indicates



**Fig. 10.2** Tonic currents in the hippocampus affect neuronal offset not gain. **a** Application of GABA in the presence of synaptic activity shifts the I–O curve of a neuron to the right without affecting the slope. Subsequent application of the GABA<sub>A</sub> receptor antagonist picrotoxin shifts the curve in the opposite direction beyond the control values without a change in slope. **b** In non-epileptic neurons, the I–O relationship as the *blue line*. Loss of synaptic inhibition results in a leftward shift and an increase in slope (*red dotted line*). Increased tonic inhibition compensates for the offset but the slope of the I–O relationship remains increased (*red solid line*). (After Pavlov et al. 2009)

that approaches which increase extracellular GABA are likely to be effective in focal epilepsy (as has been observed clinically), but may have detrimental effects on absence seizures (see Chap. XX). Even within focal epilepsies, such strategies could have complex and paradoxical effects as large increases in tonic currents in interneurons may decrease synaptic inhibition and so paradoxically have a pro-epileptic effect. An alternative strategy would be to target the extrasynaptic receptors directly. However, alterations in subunit composition that occur not only with epileptogenesis but also physiologically, such as during the menstrual cycle (Maguire et al. 2005) or at puberty (Shen et al. 2007, 2010), will alter the sensitivity to such drugs, complicating receptor subtype-targeted pharmacotherapy. Furthermore, the efficacy of different drugs targeting extrasynaptic GABA<sub>A</sub> receptors is dependent on the availability and concentration of ambient GABA (Houston et al. 2012).

An important observation has been the loss of benzodiazepine-sensitive synaptic GABA<sub>A</sub> receptors during prolonged seizures that contributes to drug resistance (Kapoor and Macdonald 1997; Leroy et al. 2004; Feng et al. 2008), but the preservation of extrasynaptic receptors, indicating that therapies aimed at these receptors (either in a non-specific fashion, e.g. barbiturates, or specifically) may be more effective in the late treatment of prolonged seizures.

## Conclusion

The development of focal epilepsy seems to be accompanied by a shift from inhibition mediated by synaptic GABA<sub>A</sub> receptors to inhibition mediated by extrasynaptic GABA<sub>A</sub> receptors. This may result in an increase in the gain of the network. This

would result in only small increases in input leading to a large increase in the probability of neuronal firing, resulting in potentially more unstable networks that would have the propensity to generate seizure activity.

Alterations in the subunit composition of extrasynaptic GABA<sub>A</sub> receptors during the development of epilepsy also have significant implications for targeted pharmacotherapy. It is likely that different insults may result in differing degrees and types of subunit alterations, suggesting that more specific therapies may be most useful in epilepsies with distinct and particular aetiologies.

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# Chapter 11

## Gain-of-Function of Thalamic Extrasynaptic GABA-A Receptors in Typical Absence Seizures

Vincenzo Crunelli, Giuseppe Di Giovanni, H. Rheinallt Parri  
and Adam C. Errington

**Abstract** Epilepsy is generally viewed as resulting from an unbalanced excitatory/inhibitory drive, where either excitatory transmission is enhanced and/or inhibitory transmission is decreased. However, studies in genetic and pharmacological models of non-convulsive typical absence seizures have revealed that an increased activation of extrasynaptic  $\gamma$ -aminobutyric acid<sub>A</sub> (GABA<sub>A</sub>) receptors (eGABA<sub>A</sub>Rs), and the resulting enhanced tonic GABA<sub>A</sub> inhibition in thalamocortical (TC) neurons, is a necessary and sufficient condition for the expression of these seizures. Importantly, in genetic absence models, the mechanism underlying eGABA<sub>A</sub>R gain of function is non-neuronal in nature as it results from a malfunction in the thalamic astrocytic GABA transporter, GAT-1. These results challenge the existing view that typical absence seizures are underpinned by a widespread loss of GABAergic function in TC circuits, and are supported by the evidence that drugs that increase GABAergic signalling elicit or aggravate absence seizures in animal model and humans. Furthermore, by highlighting a vital role for astrocytes and eGABA<sub>A</sub>Rs in the pathophysiology of typical absence epilepsy, these new findings offer novel targets for the development of more effective anti-absence drugs.

**Keywords** Thalamus · Cortex · GABA<sub>B</sub> receptors · GABA transporters · THIP · Dopamine · Serotonin

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V. Crunelli (✉) · G. Di Giovanni  
Neuroscience Division, School of Biosciences, Cardiff University, Cardiff, UK  
e-mail: crunelli@cardiff.ac.uk

G. Di. Giovanni  
Department of Physiology and Biochemistry, Faculty of Medicine,  
Malta University, Msida, Malta

H. R. Parri  
School of Life and Health Sciences, Aston University, Birmingham, UK

A. C. Errington  
Neuroscience and Mental Health Research Institute,  
Institute of Psychological Medicine and Clinical Neuroscience,  
School of Medicine, Cardiff University, Cardiff, UK

## 11.1 Absence Epilepsy

A typical absence is a non-convulsive epileptic seizure that consists of a sudden, relatively brief impairment of consciousness accompanied by a generalized, synchronous, bilateral 2.5–4 Hz spike and slow wave discharges (SWDs) in the electroencephalogram (EEG) (Panyiotopoulos 1997; Avoli et al. 2001; Crunelli and Leresche 2002; Blumenfeld 2005). Typical absence seizures are an integral part of the EEG and clinical presentation of a number of idiopathic generalized epilepsies, but they are the only seizure phenotype in childhood absence epilepsy. This is a characteristic developmental neurological disease, since absence seizures start between 3 and 8 years of age and spontaneous remission occurs in about 70% of patients during late adolescence.

Absence seizures are genetically determined, with a 16–45% positive family history. Penetrance is incomplete, though a concordance of 70–85% and 33% has been reported in monozygotic twins and first-degree relatives, respectively (Crunelli and Leresche 2002). Indeed, the classical 2.5–4-Hz SWDs trait of different immunoglobulin E (IGEs) has been shown to be inherited as an autosomal dominant gene, and the current consensus is that the absence epilepsy is a familial disease with a complex genotype. Among the different genetic abnormalities that have been detected in childhood absence epilepsy sufferers, those leading to a putative T-type calcium channel gain-of-function or a GABA<sub>A</sub>R loss-of-function have received the greatest attention (Crunelli et al. 2012; Leresche et al. 2012). As discussed below, however, a critical analysis of the relevant literature indicates that a widespread decrease in GABAergic signalling in human and experimental absence seizures is not supported by solid and conclusive evidence.

## 11.2 Absence Seizures are Generated within the Thalamocortical Circuit

The expression of human typical absence seizures requires coordinated activity in reciprocally connected glutamatergic thalamocortical (TC) neurons and GABAergic thalamic reticular neurons as well as neocortical neurons (i.e., within TC circuits), as revealed by some old invasive studies and modern non-invasive imaging investigations (Williams 1953; Gotman et al. 2005; Hamandi et al. 2006; Tyvaert et al. 2009; Vaudano et al. 2009; Westmijse et al. 2009; Bai et al. 2010; Szaflarski et al. 2010). These studies have also confirmed the lack of involvement of other brain areas, including hippocampus, cerebellum and limbic regions. Importantly, the almost exclusive involvement of cortico-thalamo-cortical networks in the generation of typical absence seizures has also been widely confirmed in experimental absence models (Coenen et al. 1992; Danober et al. 1998; Crunelli and Leresche 2002; Budde et al. 2006).

Against the common belief that the EEG activity characteristic of absence seizures is generalized from their very start, one of the most important recent discoveries has been the identification of a cortical ‘initiation site’ of SWDs. Thus, standard

and high-density EEG studies together with magnetoencephalogram (MEG) and functional magnetic resonance imaging (fMRI) in absence epilepsy patients have shown the presence of SWDs (and associated changes in blood oxygenation level dependent (BOLD) signals) in discrete, mainly frontal cortical regions before they appear over other neocortical regions and the thalamus (Holmes et al. 2004; Gotman et al. 2005; Hamandi et al. 2006; Vaudano et al. 2009; Bai et al. 2010; Szaflarski 2010). Importantly, the presence of a cortical 'initiation site' for typical absence seizures has also been shown in the Genetic Absence Epilepsy Rats from Strasbourg (GAERS) and Wistar Albino Glaxo/Rijswijk rats (WAG), two well-established absence models (Coenen et al. 1992; Danober et al. 1998), where in contrast to human absences, it is located in the perioral region of the primary somatosensory cortex (Meeren et al. 2002; Manning et al. 2004; Polack et al. 2007).

### 11.3 Thalamic GABAergic Signalling and Absence Seizures

The current view that absence seizures require a widespread GABA<sub>A</sub>Rs loss-of-function in the TC circuits (McCormick and Contreras 2001; Beenhakker and Huguenard 2009) has mainly evolved from three sets of data. Firstly, the original *in vivo* results showing that the intramuscular injection of the (weak) GABA<sub>A</sub>R antagonist penicillin in cats elicits SWDs (Prince and Farrell 1969; Fisher and Prince 1977; Gloor 1978; Avoli and Gloor 1981; Kostopoulos et al. 1981a, b); secondly, the findings of electrophysiological *in vitro* studies performed in thalamic slices, where the block of thalamic GABA<sub>A</sub>Rs was shown to elicit a rhythmic firing pattern at a frequency (3 Hz) similar to that of SWDs in humans (von Krosigk et al. 1993; Bal et al. 1995); and thirdly, the loss-of-function of phasic GABA<sub>A</sub>R-mediated inhibition in different recombinant GABA<sub>A</sub>Rs containing one of the diverse mutations of these receptors (Tanaka et al. 2008; MacDonald et al. 2010) that were previously identified in human absence patients (Wallace et al. 2001; Kananura et al. 2002; Maljevic et al. 2006; Lachance-Touchette et al. 2011). In view of the available evidence, however, the idea of a decrease in GABAergic transmission in all component neurons of the TC circuit is at present untenable, as discussed in detail below.

As far as the neocortex is concerned, decreased cortical GABAergic inhibition has been suggested to occur in layer 2/3 regular spiking neurons (Luhmann et al. 1995) and in layer 5 pyramidal neurons (D'Antuono et al. 2006) of adult WAG rats (Coenen et al. 1992). Moreover, a slight reduction in GABA<sub>A</sub> inhibitory postsynaptic potentials (IPSPs)/inhibitory postsynaptic potentials and currents (IPSPCs) in layer 2/3 has been reported in mice that carry the human GABA<sub>A</sub>- $\gamma$ 2(R43Q) mutation and show absence seizures (Tan et al. 2007). However, no change is observed in mIPSCs in pyramidal cells and interneurons of cortical layers 2–3 of young, pre-seizure GAERS (Bessaïh et al. 2006), and cortical GABAergic inhibition is apparently intact in the feline generalized penicillin epilepsy model (Giaretta et al. 1985). Thus, a reduction in phasic GABA<sub>A</sub> inhibition is present in cortical neurons of some absence models, but the field will definitely gain from some systematic analysis of this type of GABAergic signalling in the neocortex.

As far as phasic GABA<sub>A</sub>R inhibition in nucleus reticularis thalami (NRT) neurons is concerned, there is either no change or an increase in intra-NRT phasic GABA<sub>A</sub> inhibition in rat and mouse models of typical absence epilepsy (e.g. GAERS rats, DBA/2J and succinic semialdehyde dehydrogenase-deficient (SSADH<sup>-/-</sup>) mice as well as mice carrying the GABA<sub>A</sub>- $\gamma$ 2(R43Q) mutation found in absence epilepsy patients) (Bessaih et al. 2006; Tan et al. 2007, 2008; Errington et al. 2011a). In contrast, in GABA<sub>A</sub>R- $\beta$ 3 subunit knock-out (KO) mice, which show absence seizures as part of a much complex phenotype, GABA<sub>A</sub> IPSCs in NRT neurons are abolished (Huntsman et al. 1999), and in  $\gamma$ 3 KO mice, which show an unexpected decrease in gamma-hydroxybutyric acid (GHB)-induced absence seizures, GABA<sub>A</sub> IPSCs in the NRT are increased (Schofield et al. 2009). Thus, it remains unclear which type of changes (if any) in intra-NRT phasic GABA<sub>A</sub> inhibition are a necessary condition for the expression of typical absence seizures.

As far as TC neurons are concerned, all findings from *in vitro* data and from the *in vivo* results in well-established absence models indicate that phasic GABA<sub>A</sub>R function is neither abolished nor decreased. Thus, the intramuscular injection of penicillin has no apparent effect on GABAergic function in TC neurons (Gloor 1968; Giaretta et al. 1985) and direct intrathalamic injection of either penicillin (Gloor 1969) or the more potent GABA<sub>A</sub>R antagonist bicuculline (Steriade and Contreras 1995) fails to elicit SWDs in the cat. Moreover, microiontophoretic application of bicuculline during SWDs drastically increases the firing of TC neurons in WAG rats *in vivo* (Staak and Pape 2001), indicating that GABA<sub>A</sub>Rs are functional during this epileptic activity in an inbred model, and mice with the GABA<sub>A</sub>- $\gamma$ 2(R43Q) mutation, express spontaneous absence seizures but no change in miniature IPSCs in TC neurons (Tan et al. 2007) as it is the case in GABA<sub>A</sub>R- $\beta$ 3 subunit KO mice. Finally, unitary conductance of GABA<sub>A</sub> IPSCs in TC neurons of an intralaminar thalamic nucleus in WAG rats is increased compared to non-epileptic rats (Brockhaus and Pape 2011); the frequency and amplitude of spontaneous IPSCs is increased in TC neurons of SSADH<sup>-/-</sup> mice (Errington et al. 2011a), and evoked IPSCs are similar in lethargic and tottering mice compared to their wildtype littermates (Caddick et al. 1999) (for a comprehensive analysis of other evidence on phasic GABA<sub>A</sub>R function in TC neurons of absence models, see Crunelli et al. 2011, 2012; Leresche et al. 2012).

## 11.4 Enhanced Tonic GABA<sub>A</sub> Inhibition in Genetic Absence Epilepsy Models Results from a Malfunction of GAT-1

In contrast to phasic GABA<sub>A</sub> inhibition, it has been demonstrated *in vitro* that the tonic GABA<sub>A</sub> current in TC neurons of the ventrobasal (VB) thalamus is enhanced in several genetic and pharmacological models of absence epilepsy compared to their respective non-epileptic control animals (Cope et al. 2009). This was first shown in the polygenic GAERS model, where up to postnatal day 16, the tonic current in VB of GAERS is similar to that of the non-epileptic control (NEC) strain. However, beyond P16 and prior to seizure onset, a significant increase in tonic current amplitude occurs in GAERS VB neurons that remains elevated in comparison

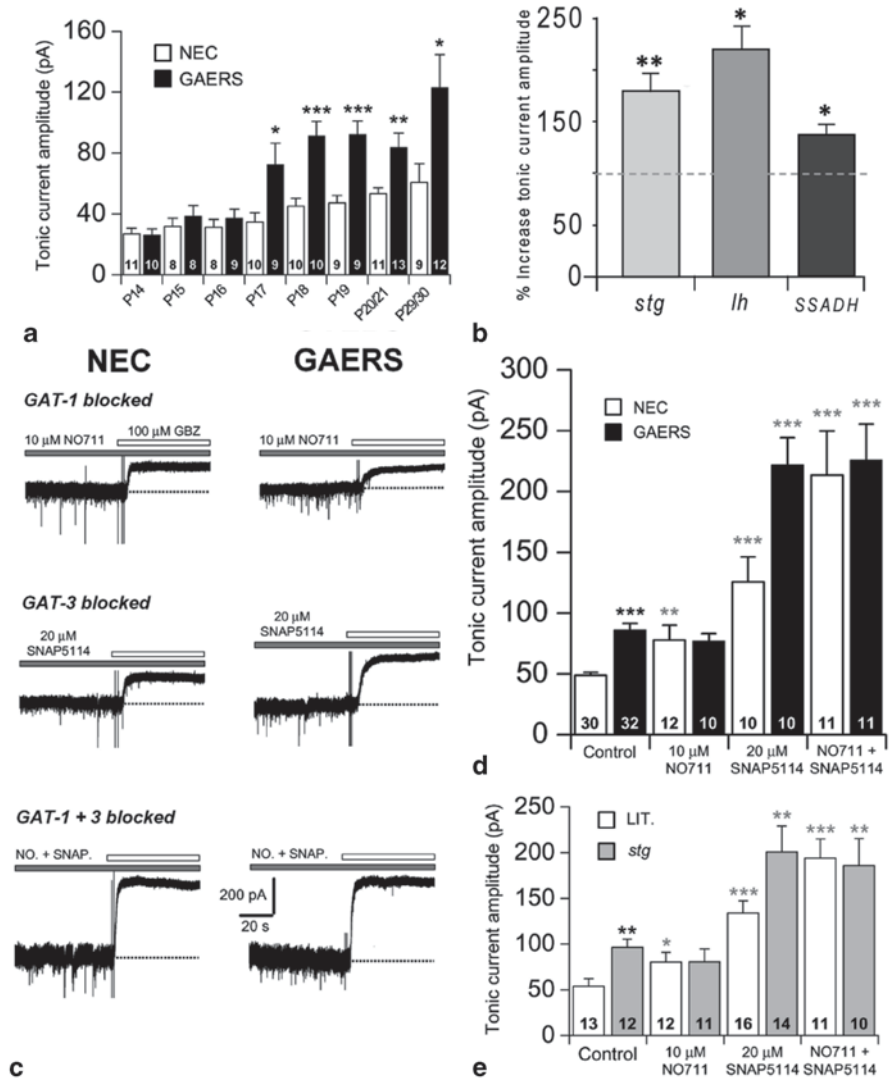
to NEC animals until well past the time of seizure onset (around postnatal day 30; Fig. 11.1a). As such, rather than being a consequence of the seizures, this indicates that the pathological enhancement of tonic GABA inhibition during development in GAERS may be pro-epileptogenic (Cope et al. 2009). An enhanced tonic GABA<sub>A</sub> current is also observed in TC neurons of monogenic absence models (i.e., stargazer and lethargic mice; Cope et al. 2009) as well as in SSADH<sup>-/-</sup> mice (Fig. 11.1b; Errington et al. 2011a) which show an absence phenotype together with other neurological deficits (Hosford and Wang 1997; Fletcher and Frankel 1999; Hogema et al. 2001). In contrast, no tonic GABA<sub>A</sub> current is present in the GABAergic NRT neurons of GAERS or NEC rats (Cope et al. 2009) as is indeed the case in normal Wistar rats (Cope et al. 2005).

The pathological augmentation of tonic GABA<sub>A</sub> currents in TC neurons of genetic absence models results from a dysfunction of GABA re-uptake by the transporter GAT-1 (Cope et al. 2009). In fact, in thalamic slices prepared from both GAERS rats and stargazer mice, the block of GAT-1 using the specific antagonist NO711 has no effect on the tonic GABA<sub>A</sub> current in VB TC neurons, whereas in the respective non-epileptic rats and mice it elicits a significant enhancement of tonic current that reached levels similar to those found in neurons from epileptic animals (Fig. 11.1c–e). Furthermore, in non-epileptic animals, blockade of GAT-3 using SNAP5114 results in an increase of the tonic GABA<sub>A</sub> current that was significantly less than that observed in GAERS or stargazer, suggesting that GAT-1's ability to compensate for the loss of GAT-3 is lost in the epileptic strains (Fig. 11.1c–e). A malfunction in GAT-1 also underlies the increased tonic GABA<sub>A</sub> current in TC neurons of lethargic mice (Cope et al. 2009), though in contrast to GAERS and stargazer mice, the action of this transporter is not inhibited in lethargic mice but appears to be reversed.

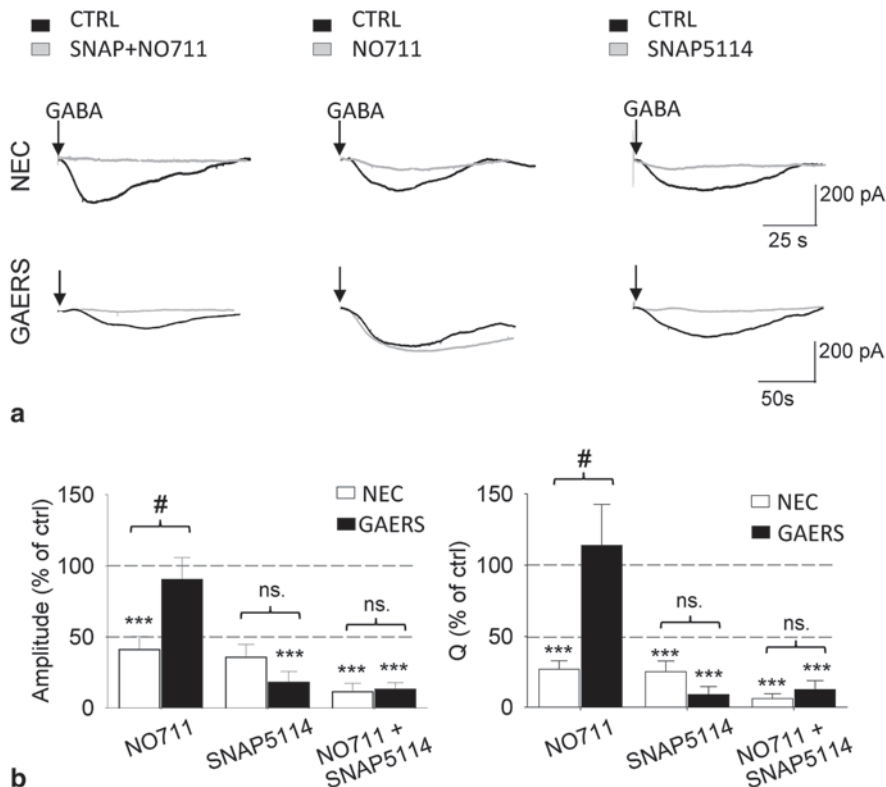
Interestingly, GAT-1 in the thalamus is expressed exclusively in astrocytes (De Biasi et al. 1998; Pow et al. 2005), indicating that one of the potential thalamic abnormalities underlying absence seizures is located in a non-neuronal cell type. Confirmation of these indirect findings has come from direct functional measurements of the GAT-1 transporter current in thalamic astrocytes of GAERS and NEC rats (Pirttimaki et al. 2013). Thus, in the presence of NO711, the amplitude of the GABA transporter current is unchanged in GAERS but significantly reduced in NEC rats (Fig. 11.2). Application of the GAT-3 blocker SNAP5114 markedly decreases the transporter current in NEC astrocytes, whereas co-application of NO711 and SNAP5114 nearly abolishes it. In contrast, SNAP5114 inhibits the astrocytic GABA transporter current in GAERS to a similar extent as the co-application of NO711 and SNAP5114 (Fig. 11.2). Together, these data provide direct confirmation of a dysfunctional GAT-1 activity in the epileptic GAERS rats (Pirttimaki et al. 2013). Finally, it is important to note that the function of GAT-1 is not compromised in brain areas that do not participate in the generation of typical absence seizures and where the distribution of this transporter is primarily neuronal (Cope et al. 2009). Thus, the tonic GABA<sub>A</sub> current of dentate gyrus granule cells is not different between GAERS and NEC, and in stargazer mice, tonic current in both dentate and cerebellar granule cells is actually reduced compared to wild-type littermates (Cope et al. 2009).

In summary, therefore, genetic models of typical absence seizures (i.e., GAERS, stargazer, and lethargic mice) show a brain region-specific gain-of-function of





**Fig. 11.1** The enhanced tonic GABA<sub>A</sub> current in TC neurons of experimental absence models results from a dysfunction in the GABA transporter GAT-1. **a** The developmental profile of enhanced thalamic tonic current observed in GAERS animals compared to NEC. At postnatal day 17 (P17) (prior to seizure onset), a significant increase in current amplitude is observed in the epileptic animal that remains elevated up to seizure onset (P30). **b** Tonic GABA<sub>A</sub> currents in VB TC neurons of stargazer (*stg*), lethargic and *SSADH*<sup>-/-</sup> mice are significantly greater than their respective non-epileptic littermates after seizure onset (values expressed as percentage of the respective wild-type littermates). **c** Block of GAT-1 using NO711 in NEC animals elevates tonic current amplitude to levels similar to those observed in GAERS animals. No further enhancement of tonic current in GAERS is observed when GAT-1 is blocked. Block of GAT-3 produces significant increases in tonic current in both NEC and GAERS animals although the increase is smaller in NEC where GAT-1 remains functional. Simultaneous block of GAT-1 and GAT-3 results in very large tonic currents in both GAERS and NEC animals, which are not significantly different



**Fig. 11.2.** Malfunction of GAT-1 but not GAT-3 transporter current in an experimental model of absence epilepsy. **a** GABA transporter currents in control condition (CTRL) and during application of GAT-1 (NO711, 30  $\mu$ M) and GAT-3 (SNAP5114, 60  $\mu$ M) blockers. Top and bottom panels show representative currents from NECs and GAERS, respectively. **b** Amplitude and charge transfer ( $Q$ ) of the GABA transporter currents in NEC ( $n=6$ ) and GAERS ( $n=7$ ) expressed as % of those under control conditions. \* indicates significance for each group against control conditions ( $*p<0.05$ ,  $**p<0.01$  or  $***p<0.005$ ); # ( $p<0.05$ ) indicates significant difference between NEC and GAERS. **a, b** reproduced with permission from Pirrtimaki et al. (2013)

eGABA<sub>A</sub>Rs, which in TC neurons is due to increased extracellular GABA levels that result from a malfunction in GABA uptake by astrocytic GAT-1. Indeed, these data expand upon previous findings that demonstrated a reduction of GABA uptake by GAT-1 (Sutch et al. 1999) and increased extracellular GABA levels (Richards et al. 1995) in the VB thalamus of GAERS compared to NEC. Since no genetic abnormalities are present in the GAT-1 gene of GAERS and stargazer, and the protein expression of this GABA transporter are similar in the VB of these absence epilepsy models compared to non-epileptic animals (Cope et al. 2009), the nature of the GAT-1 malfunction remains to be determined.

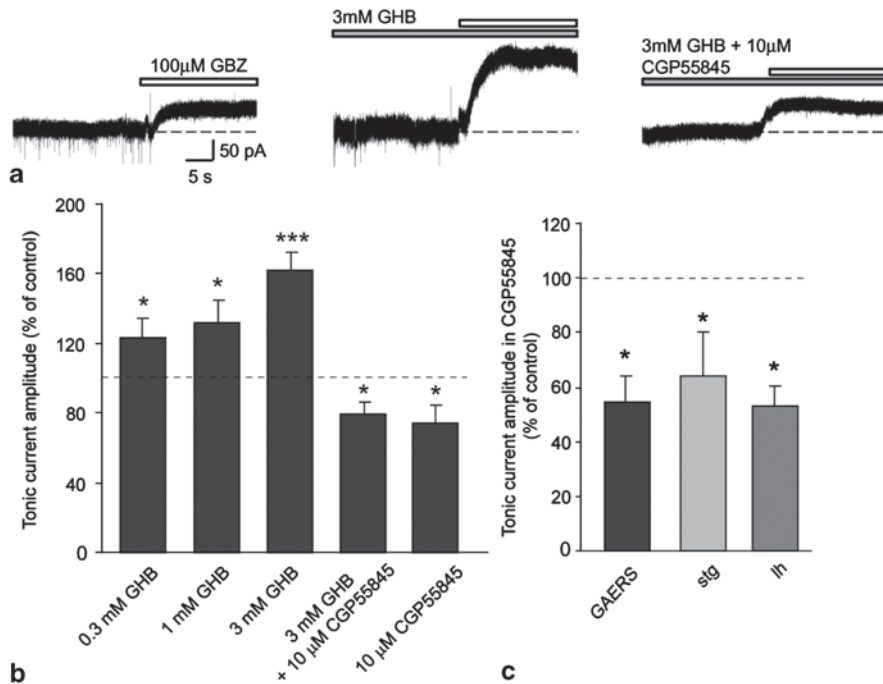
from each other. **d** Graph summarising the experiments depicted in **c**. **e** Graph depicting the same series of experiments performed in stargazer mice illustrating the similar effects in both models.  $*p<0.05$ ,  $**p<0.01$ ,  $***p<0.001$ . Number of recorded neurons for each condition is indicated in bars. **a, c, d** and **e**, reproduced with permission from Cope et al. (2009)

## 11.5 Enhanced Tonic GABA<sub>A</sub> Inhibition by Absence Seizures-Inducing Drugs and the Role of GABA<sub>B</sub>Rs

Absence seizures can be generated in genetically “normal” animals via administration of various pharmacological agents. The best-established pharmacological model of typical absence seizures is achieved by the systemic administration of  $\gamma$ -hydroxybutyric acid (GHB) (Snead 1991, 1996; Banerjee et al. 1993; Crunelli et al. 2006). However, systemic administration of 4,5,6,7-tetrahydroisoxazolo(5,4-c)pyridin-3-ol (THIP), a selective agonist at the  $\delta$  subunit-containing eGABA<sub>A</sub>Rs in thalamus (Brown et al. 2006), also elicits SWDs in normal animals (Fariello and Golden 1987). In the context of the involvement of enhanced thalamic tonic GABA<sub>A</sub> inhibition in several genetic models of absence epilepsy, the pharmacological induction of seizures by THIP becomes readily explainable. This is because, as expected, THIP can potently enhance tonic GABA<sub>A</sub> currents of TC neurons in non-epileptic rats and mice (Cope et al. 2009), thus mimicking the enhanced thalamic tonic inhibition observed in genetic models.

On the other hand, the absence-inducing action of GHB, which does not bind to GABA<sub>A</sub>Rs and elicits absence seizures by activation of GABA<sub>B</sub>Rs (Crunelli et al. 2006), are difficult to interpret in light of the apparent necessity for enhanced eGABA<sub>A</sub>R signalling during absence seizures. However, GHB does enhance the tonic GABA<sub>A</sub> current in TC neurons of normal Wistar *in vitro*, by an action that is mediated by GABA<sub>B</sub>Rs (Fig. 11.3a and b; Cope et al. 2009). Moreover, the selective GABA<sub>B</sub> antagonist CGP55845 significantly reduces the tonic GABA<sub>A</sub> current amplitude in TC neurons of normal Wistar rats to 74% of the control values, indicating that facilitation of eGABA<sub>A</sub>Rs by GABA<sub>B</sub>Rs contributes approximately one quarter of the tonic GABA<sub>A</sub> current in normal rats (Cope et al. 2009). Importantly, CGP55845 also reduces the tonic current in GAERS, stargazer, and lethargic mice to about 55, 65, and 57% of control, respectively (Fig. 11.3c; Cope et al. 2009), suggesting that facilitation of eGABA<sub>A</sub>R function by GABA<sub>B</sub>R activation contributes up to half of the pathologically enhanced tonic current in these genetic models.

In summary, therefore, a GAT-1 malfunction in thalamic astrocytes of mouse and rat genetic models leads to an increase in ambient GABA in the sensory thalamus, which in turn elicits an enhancement in tonic GABA<sub>A</sub> inhibition through direct activation of eGABA<sub>A</sub>Rs and indirect facilitation of eGABA<sub>A</sub>Rs via activation of GABA<sub>B</sub>Rs. Indeed, recent studies have shown that the selective GABA<sub>B</sub> agonist baclofen does increase the tonic GABA<sub>A</sub> current in TC neurons, an effect that is also present in cerebellar and dentate gyrus granule cells, but not in hippocampal CA1 neurons and layer 2/3 neocortical cells (Connelly et al. 2013). This modulation of the tonic GABA<sub>A</sub> current by GABA<sub>B</sub>Rs involves a direct intracellular cross-talk between postsynaptic eGABA<sub>A</sub>Rs and GABA<sub>B</sub>Rs and occurs via a pathway involving G<sub>i/o</sub> G-proteins, adenylate cyclase and protein kinase A (for more details, see Chap. 7—Connelly et al.). Thus, the well-known ability of GABA<sub>B</sub>R agonists and antagonists to aggravate/elicit and block experimental absence seizures (Lui et al. 1992; Hosford et al. 1995), respectively, does not result exclusively from the direct activation of these receptors but also from their protein kinase A-dependent modulation of eGABA<sub>A</sub>Rs (Connelly et al. 2013). In this respect, it is worth men-

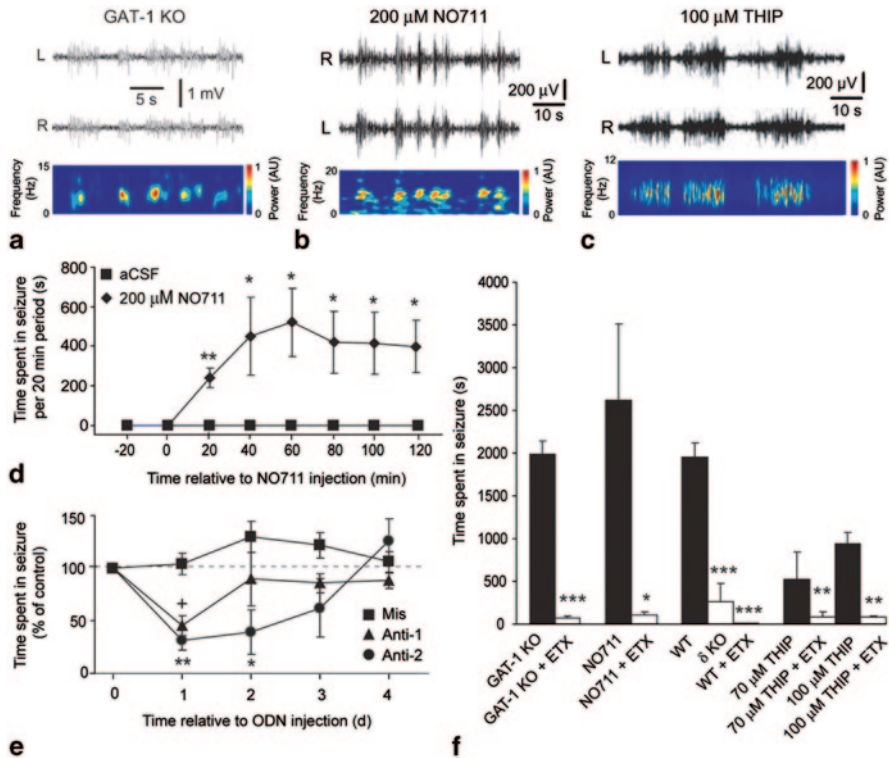


**Fig. 11.3.** GABA<sub>B</sub>R involvement in the tonic GABA<sub>A</sub> current of TC neurons in genetic and pharmacological models of typical absence seizures. **a** Current traces from TC neurons of normal Wistar rats showing the GHB-elicited increase in tonic GABA<sub>A</sub> current and its block by the GABA<sub>B</sub> antagonist CGP55845 (10 µM). **b** Comparison of the effects of different concentrations of GHB on tonic GABA<sub>A</sub> current amplitude in normal Wistar rats and its block by CGP55845 (10 µM). Note how CGP55845 alone decreases tonic current amplitude compared to control conditions. Values are normalized to the average tonic current in the absence of GHB or CGP55845. **c** Effect of bath application of 10 µM CGP55845 on tonic GABA<sub>A</sub> current in GAERS, stargazer (*stg*) and lethargic (*lh*) mice. Values are normalized to the average tonic current amplitude in the absence of CGP55845. B and C: \**p*<0.05, \*\**p*<0.01, and \*\*\**p*<0.001. **a–c**, reproduced with permission from Cope et al. (2009)

tioning here that the modulation of eGABA<sub>A</sub>Rs by GABA<sub>B</sub>Rs is not unique, since drugs that act on both 5-hydroxytryptamine (5-HT) and dopamine receptors, and are known to influence experimental absence seizures (Danober et al. 1998), are able to affect the tonic GABA<sub>A</sub>Rs current of VB TC neurons (Cavaccini et al. 2012; Yagüe et al. 2013; see Chap. 7—Connelly et al.).

### 11.6 Enhanced Tonic GABA<sub>A</sub> Inhibition and the Generation of Typical Absence Seizures

The enhanced tonic GABA<sub>A</sub> current measured in vitro in TC neurons of different pharmacological and genetic models has a significant impact on experimental absence seizures in freely moving animals. In particular, the following evidence in-



**Fig. 11.4** The tonic GABA<sub>A</sub> inhibition in TC neurons is both necessary and sufficient for typical absence seizure generation. **a** Bilateral (*L*=left, *R*=right hemispheres) EEG traces from a freely moving GAT-1 knockout (*KO*) mouse showing spontaneous SWDs (spectrogram of the *R* trace is illustrated below). **b** Bilateral EEG traces from a normal Wistar rat following intrathalamic administration by reverse microdialysis of 200  $\mu$ M of the selective GAT-1 blocker NO711 (spectrogram of the *L* trace is illustrated below). **c** Bilateral EEG traces from a normal Wistar rat following intrathalamic administration by reverse microdialysis of 100  $\mu$ M THIP (spectrogram of the *R* trace is illustrated below). **d** Time course of the induction of SWDs by intrathalamic administration of NO711. **e** Spike-and-wave discharges are substantially reduced in GAERS 1 and 2 days following a single intrathalamic injection of a small and large dose of a  $\delta$ -subunit antisense oligodeoxynucleotide (Anti-1 and Anti-2, respectively) but not of a missense oligo (*Mis*). **f** Summary histograms showing the cumulative (over 1–2 h) time spent in seizures for different transgenic and pharmacological mice and rat models and the abolition of their SWDs by systemic administration of ethosuximide (100 or 200 mg/kg/ip). \* $p$ <0.05, \*\* $p$ <0.01, and \*\*\* $p$ <0.001. **a–f**, reproduced with permission from Cope et al. (2009)

indicates that it is required for the expression of these non-convulsive seizures: (1) GAT-1 KO mice, whose TC neurons display enhanced tonic GABA<sub>A</sub> currents in vitro express ethosuximide-sensitive typical absence seizures (Fig. 11.4a and f; Cope et al. 2009); (2) the injection of the selective GAT-1 blocker NO-711 into the VB by reverse microdialysis elicits ethosuximide-sensitive typical absence seizures in non-epileptic Wistar rats (Fig. 11.4b, d, and f; Cope et al. 2009); (3) in GABA<sub>A</sub>R $\delta$  KO mice, which have no tonic GABA<sub>A</sub> current in TC neurons, systemic admin-

istration of GHB fails to induce absence seizures (Cope et al. 2009); (4) intrathalamic injection of a  $\delta$ -subunit-specific antisense oligodeoxynucleotide in GAERS strongly decreases both the tonic GABA<sub>A</sub> current and spontaneous seizures 1–2 days after injection, whereas a missense oligodeoxynucleotide does not (Fig. 11.4e; Cope et al. 2009); and (5) intrathalamic administration of THIP in non-epileptic Wistar rats elicits ethosuximide-sensitive absence seizures (Fig. 11.4c and f; Cope et al. 2009). Taken together, these data show that enhanced tonic GABA<sub>A</sub> inhibition in TC neurons is both necessary and sufficient for the generation of typical absence seizures.

## Conclusions

As mentioned earlier, a decreased inhibitory drive and/or an increased excitatory drive are generally viewed as underlying epilepsy and epileptogenesis (see Chap. 10—Walker and Pavlov). Instead, the data reviewed above on the gain-of-function of eGABA<sub>A</sub>Rs in both genetic and pharmacological models of absence seizures highlight a new perspective on the intricate mechanisms leading to the generation of absence seizures and provide powerful proof of concept for the development of novel anti-absence drugs with new neuronal and astrocytic targets (Errington et al. 2011b; Crunelli and Carmignoto 2013). Additional support for this view is provided by the too often neglected evidence that drugs that increase GABAergic function (such the GABA transaminase blocker vigabatrin and the GABA uptake blocker tiagabine) are known to elicit absence seizures in healthy humans and to aggravate them in absence epilepsy patients (Perucca et al. 1998; Ettinger et al. 1999). The development of new anti-absence drugs, and more importantly of anti-absence drugs that act on novel targets has been stressed by expert groups (Loscher and Schmidt 2011; Galanopoulou et al. 2012; Simonato et al. 2012), and it is strongly supported by recent meta-analyses which show that both the gold-standard anti-absence drug (i.e., ethosuximide) and the new generation of these medicines (i.e., valproate) leave about 60% of absence epilepsy patients unprotected (Glauser et al. 2010, 2013).

In particular, the work reviewed in this chapter suggests that a selective reduction of tonic GABA<sub>A</sub> inhibition in thalamic neurons by yet-unknown inverse agonists selective for  $\alpha 4$ - $\delta$  subunit containing eGABA<sub>A</sub>Rs presents one solid route of therapeutic intervention in absence epilepsy. Another approach, of course, would be to target other neurotransmitter receptors, the activation of which indirectly reduces eGABA<sub>A</sub>Rs function (see Chap. 7—Connelly et al., this book) or to develop drugs that *increase* the function of astrocytic GABA transporters, in particular GAT-1. Whether the pharma industry will be sensitive to this evidence and to any of these suggestions remain to be seen. Nevertheless, the findings summarized in this chapter clearly indicate the powerful control that eGABA<sub>A</sub>Rs exerts over normal brain function and the drastic neurological consequences brought about by their gain-of-function.



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# Chapter 12

## GABAergic Control of the Hypothalamic–Pituitary–Adrenal (HPA) Axis: Role of Extrasynaptic GABA<sub>A</sub> Receptors

Jamie Maguire

**Abstract** The body's physiological response to stress is mediated by the hypothalamic–pituitary–adrenal (HPA) axis, the activity of which is tightly regulated by GABAergic inhibition. Parvocellular neurosecretory neurons located in the paraventricular nucleus (PVN) of the hypothalamus which release corticotropin-releasing hormone (CRH) govern the output of the HPA axis. CRH neurons are innervated by a high density of GABAergic terminals and are regulated by robust GABAergic inhibition. Furthermore, numerous other brain regions, including the hippocampus, prefrontal cortex, bed nucleus of the stria terminalis (BNST), and amygdala, exert control over the HPA axis via indirect GABAergic connections onto CRH neurons. CRH neurons express numerous  $\gamma$ -aminobutyric-acid type-A receptor (GABA<sub>A</sub>R) subunits and are regulated by both phasic and tonic GABAergic inhibition, mediated by synaptic and extrasynaptic GABA<sub>A</sub>Rs, respectively. The GABAergic control of the HPA axis is highly plastic and is altered by both acute and chronic stress. Here, I review the role of extrasynaptic GABA<sub>A</sub>Rs in the regulation of the HPA axis and the physiological response to stress.

**Keywords** GABA · Tonic inhibition · Extrasynaptic receptors · Stress · HPA axis · Neurosteroids · Corticotropin-releasing hormone (CRH)

This chapter will review the evidence to date on the role of extrasynaptic GABA<sub>A</sub>Rs in the regulation of the hypothalamic–pituitary–adrenal (HPA) axis. There is a paucity of data on the role of these receptors in regulating corticotropin-releasing hormone (CRH) neurons which in turn govern the HPA axis. Therefore, this chapter will also consider the role of extrasynaptic GABA<sub>A</sub>Rs in other brain regions which exert control HPA axis function, with a focus on the hippocampus, prefrontal cortex, bed nucleus of the stria terminalis (BNST), and amygdala.

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J. Maguire (✉)

Department of Neuroscience, Tufts University School of Medicine,  
136 Harrison Ave., SC205, Boston, MA 02111, USA  
e-mail: Jamie.Maguire@tufts.edu

## 12.1 HPA Axis

Stress activates parvocellular neurosecretory neurons in the paraventricular nucleus (PVN), which govern the activity of the HPA axis. Stress increases the activity of these neurons resulting in the release of corticotropin-releasing hormone (CRH) into the pituitary portal system. CRH then acts in the pituitary to signal the release of adrenocorticotropic hormone (ACTH), which then triggers the production and release of glucocorticoids from the adrenal cortex: cortisol in humans and corticosterone in rodents. Peripherally secreted glucocorticoids exert actions on target tissues in the periphery as well as in the brain, which largely involve rapid actions of glucocorticoids on mineralocorticoid receptors (MRs) and longer-lasting effects mediated by glucocorticoid receptors (GRs; for review, see Herman et al. 2003; Mody and Maguire 2011; Larsen et al. 2003; Ulrich-Lai and Herman 2009). In fact, one of the major effects of stress-induced glucocorticoid production is negative feedback onto the HPA axis itself (for review, see Buckingham 1979; de Kloet et al. 1998; Dallman et al. 1987).

The negative feedback of glucocorticoids on HPA axis function occurs on both rapid and delayed time scales. The negative feedback action of glucocorticoids has been a tenet of endocrine physiology for decades signaling (for review, see Watts 2005). It is widely accepted that the delayed inhibition of HPA axis function is mediated by the effects of glucocorticoids on gene transcription, resulting in the decreased expression, production, and secretion of the neuropeptides involved in stress signaling (for review, see Watts 2005). However, the rapid regulatory actions of glucocorticoids on the regulation of the HPA axis are not as well understood. The rapid actions of glucocorticoids are thought to be independent of gene transcription and have been proposed to be mediated by membrane glucocorticoid receptors (Tasker et al. 2005). Interestingly, the rapid negative feedback onto the HPA axis involves modulation of the synaptic inputs onto CRH neurons in the PVN (for review, see Hill and Tasker 2012) and, recently, there has been a great deal of interest in the synaptic control of the HPA axis (Levy and Tasker 2012; Wamsteeker and Bains 2010). In fact, although numerous brain regions play a role in the regulation of the HPA axis by impinging on CRH neurons in the hypothalamus, the activity of CRH neurons is largely controlled by GABAergic inhibition (for review, see Herman et al. 2004; Decavel and van den Pol 1990).

## 12.2 GABAergic Control of HPA Axis

The essential role of GABAergic inhibition in the regulation of the HPA axis is evident from the fact that 50% of the synapses in the hypothalamus are GABAergic (Decavel and van den Pol 1990, 1992; Miklos and Kovacs 2002), and it has been estimated that there are  $20 \times 10^6$  GABAergic synaptic contacts per cubic millimeter in the parvocellular division of the PVN (Miklos and Kovacs 2002). Furthermore, 79% of all GABAergic boutons in the parvocellular subdivision of the



**Table 12.1** Indirect GABAergic Projections to the PVN

| Indirect connections to PVN: Role of GABAergic interneurons |                       |  |                          |
|---|-----------------------|--|--------------------------|
| Brain Region  | Primary Effect        | Interneuron Relay                      | Primary Neurotransmitter |
| Prefrontal Cortex   | Inhibitory            | peri-PVN, BNST, hypothalamic regions   | GABA                     |
| Hippocampus   | Inhibitory            | peri-PVN, BNST, hypothalamic regions   | GABA                     |
| Amygdala (CeA)  | Excitatory            | BNST                                   | GABA                     |
| Amygdala (MeA)  | Excitatory            | peri-PVN, BNST, hypothalamic regions   | GABA                     |
| Thalamus  | Excitatory/Inhibitory | prefrontal cortex, amygdala, subiculum | GABA                     |
| Hypothalamus  | Inhibitory            | peri-PVN, hypothalamic regions         | GABA                     |
| lateral septum  | Inhibitory            | peri-PVN, hypothalamic regions         | GABA                     |

The prefrontal cortex, hippocampus, amygdala, thalamus, lateral septum, and other hypothalamic regions exert control over HPA axis function via GABAergic interneurons residing in the peri-PVN region, BNST, and other hypothalamic regions.

hypothalamus terminate on CRH neurons (Miklos and Kovacs 2002). GABAergic terminals have been identified on the dendritic shafts, spines, and soma of CRH neurons in the dorsal medial parvocellular division of the hypothalamus (Miklos and Kovacs 2002). The high density of GABAergic innervation onto CRH neurons suggest, at least at a morphological level, an important role for GABA in the regulation of CRH neurons and, thus, the HPA axis.

GABAergic inputs onto CRH neurons largely originate from the anterior hypothalamic area, dorsomedial hypothalamic nucleus, the medial preoptic area, lateral hypothalamic area, from multiple nuclei within the BNST, and a local interneuron population surrounding the PVN (peri-PVN; Boudaba et al. 1996; Roland and Sawchenko 1993; Tasker and Dudek 1993; for review, see Cullinan et al. 2008; Herman et al. 2004). In addition to the direct GABAergic connections from these interneuronal populations, CRH neurons are also indirectly regulated by numerous other brain regions including the hippocampus, prefrontal cortex, amygdala, thalamus, and other hypothalamic regions which are summarized in Table 12.1 (for review, see Cullinan et al. 2008; Herman et al. 2004). However, there are minimal direct connections from these brain regions onto CRH neurons. These brain regions primarily exert their control over HPA axis activity via GABAergic interneuron connections (for review, see Cullinan et al. 2008; Table 12.1).

### 12.3 GABA<sub>A</sub> Subunit Expression and HPA Axis Regulation

As outlined in the section above, GABA<sub>A</sub>Rs play an important role in the regulation of the HPA axis. GABA<sub>A</sub>Rs regulate neurons directly involved in HPA axis function as well as in brain regions which exert indirect control over the HPA axis. Given the importance of GABA<sub>A</sub>R subunit expression in the kinetics, pharmacology, and sub-

cellular localization of these receptors, it is informative to identify which GABA<sub>A</sub>R subtypes play a role in the regulation of the HPA axis.

### 12.3.1 GABA<sub>A</sub>R Subunit Expression in CRH Neurons

Despite the clear evidence of the role for GABA in the regulation of parvocellular neurosecretory neurons controlling the HPA axis, very few studies have investigated which GABA<sub>A</sub>R subunits are expressed in this region. This lack of knowledge is largely due to the fact that the PVN is a heterogeneous nucleus and it is difficult to determine which GABA<sub>A</sub>R subunits are expressed in the different cell types in this region. However, a few careful studies have elucidated some of the GABA<sub>A</sub>R subunits participating in the regulation of the HPA axis. Diffuse labeling of the majority of GABA<sub>A</sub>R receptor subunits was found in the hypothalamus, except for the  $\alpha 6$  subunit (Pirker et al. 2000; Table 12.2). Densely labeled processes expressing the GABA<sub>A</sub>R  $\alpha 1$ ,  $\alpha 2$ ,  $\beta 1-3$ , and  $\gamma 2$  subunits were observed in the hypothalamus (Pirker et al. 2000; Table 12.2). Interestingly, cell bodies expressing the extrasynaptic GABA<sub>A</sub>R  $\alpha 5$  and  $\delta$  subunits were also observed in the majority of hypothalamic regions (Pirker et al. 2000; Table 12.2). The significance of the diffuse labeling of GABA<sub>A</sub>R subunits in the hypothalamus is difficult to interpret based solely on immunostaining. However, the expression of the extrasynaptic GABA<sub>A</sub>Rs in the cell bodies of hypothalamic neurons suggests that these receptors may play a significant role in the regulation of these neurons.

Within the PVN of the hypothalamus, transcript expression of the GABA<sub>A</sub>R  $\alpha 1$ ,  $\beta 1$ ,  $\beta 3$ , and  $\gamma 2$  subunits have been identified (Fenelon and Herbison 1995; Table 12.2). At the protein level, the expression of the majority of GABA<sub>A</sub>R subtypes were observed, except  $\alpha 4$ ,  $\alpha 6$ , and  $\gamma 1$  (Table 12.2). Table 12.2 summarizes GABA<sub>A</sub>R subunit expression in the PVN. Diffuse labeling of the  $\alpha 1$  and  $\gamma 2$  subunits was observed in the processes of neurons in the PVN (Pirker et al. 2000; Table 12.2). Cell bodies in this region express the  $\alpha 5$ ,  $\beta 1$ ,  $\beta 3$ ,  $\gamma 3$ , and  $\delta$  subunits (Cullinan 2000; Pirker et al. 2000; Sarkar et al. 2011; Table 12.2), suggesting a role for extrasynaptic GABA<sub>A</sub>Rs in this region. The expression of the GABA<sub>A</sub>R  $\delta$  subunit in the PVN was further confirmed in this region by comparing expression to GABA<sub>A</sub>R  $\delta$  subunit knockout mice (*Gabrd*<sup>-/-</sup> mice; Sarkar et al. 2011; Table 12.2). It is interesting to note that the  $\alpha 4$  subunit co-assembles with the  $\delta$  subunit in other brain regions (Sur et al. 1999; Jones et al. 1997), but given the lack of  $\alpha 4$  expression in the PVN suggests that  $\delta$  may partner with another  $\alpha$  subunit in this region.

### 12.3.2 GABA<sub>A</sub>R Subunit Expression in Brain Regions Controlling the HPA Axis

In addition to the direct role of extrasynaptic GABA<sub>A</sub>Rs in the regulation of the HPA axis at the level of CRH neurons, extrasynaptic GABA<sub>A</sub>Rs also play an important role in the regulation of neurons in brain regions known to control HPA

**Table 12.2** GABA<sub>A</sub> receptor subunit expression in the PVN

| GABA <sub>A</sub> R subunit | Expression in PVN | References                                  |
|-----------------------------|-------------------|---|
| α1                          | ** , mRNA         | Pirker, 2000; Cullinan, 2000; Fenelon, 1996 |
| α2                          | ** , mRNA         | Pirker, 2000; Cullinan, 2000; Fenelon, 1996 |
| α3                          | -                 | Pirker, 2000                                |
| α4                          | -                 | Pirker, 2000                                |
| α5                          | *                 | Pirker, 2000                                |
| α6                          |                   |   |
| β1                          | ** , mRNA         | Pirker, 2000; Cullinan, 2000                |
| β2                          | * , mRNA          | Pirker, 2000; Cullinan, 2000; Fenelon, 1996 |
| β3                          | * , mRNA          | Pirker, 2000; Cullinan, 2000                |
| γ1                          | -                 | Pirker, 2000                                |
| γ2                          | **                | Pirker, 2000; Fenelon, 1996                 |
| γ3                          | **                | Pirker, 2000                                |
| δ                           | **                | Pirker, 2000                                |

Despite the limited number of studies exploring GABA<sub>A</sub>R expression in the hypothalamus, numerous GABA<sub>A</sub>R subunits have been identified in the PVN either at the protein level and/or at the transcript level. Extrasynaptic GABA<sub>A</sub>R α5 and δ subunits have been identified in parvocellular neurosecretory neurons in the PVN (red box).

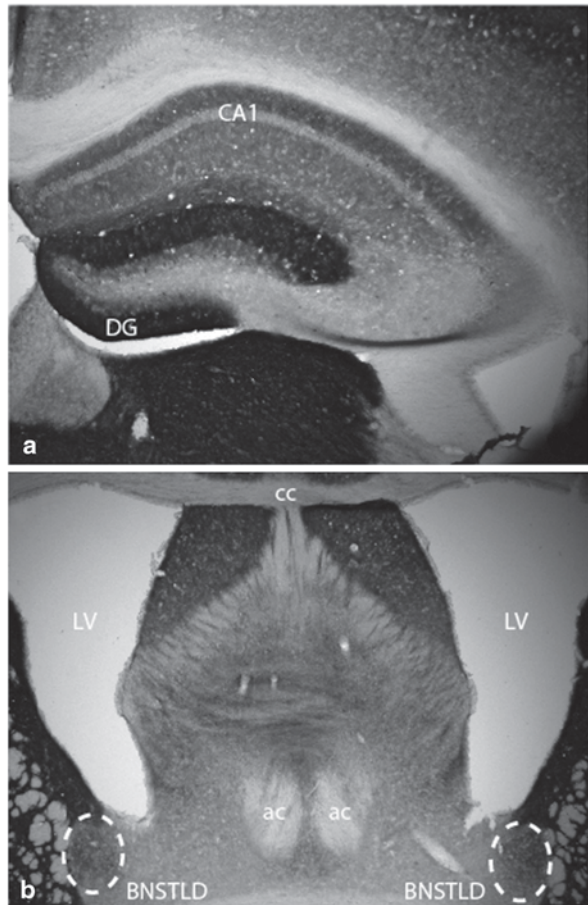
\*=low/diffuse expression, \*\*=high expression, -=no expression

axis activity, including the hippocampus, prefrontal cortex, and amygdala (for review, see Herman et al. 2005). Extrasynaptic GABA<sub>A</sub> δ subunit-containing receptors are highly expressed in these brain regions (Fig. 12.1) and likely contribute to the regulation of the HPA axis via indirect actions on parvocellular neurosecretory neurons in the PVN.

### 12.3.2.1 Hippocampus

The hippocampus plays a role in the regulation of the HPA axis largely via outflow from the ventral subiculum. Indirect connections from the ventral subiculum by way of the BNST, the medial preoptic area, the dorsomedial hypothalamus, and other hypothalamic nuclei influence HPA axis function (for review, see Jankord and Herman 2008). The hippocampus primarily exerts inhibitory effects on the activity of the HPA axis (Jacobson and Sapolsky 1991; Herman and Cullinan 1997; for review, see Herman et al. 2005). Indeed, the hippocampus expresses a high density of both MRs and GRs (Reul and de Kloet 1985, 1986; Herman et al. 1989), demonstrating the importance of this region in regulating stress reactivity (for re-

**Fig. 12.1** GABA<sub>A</sub>R  $\delta$  subunit expression in the dentate gyrus and *BNST*. Representative sections demonstrating immunoreactivity for the GABA<sub>A</sub>R  $\delta$  subunit in the hippocampus (a) and the lateral subdivision of the *BNST* (b). Note the intense expression of the GABA<sub>A</sub>R  $\delta$  subunit in the dentate gyrus molecular layer (*DG*) and moderate expression in the lateral subdivision of the *BNST* (circled, *BNSTLD*). *CA1* CA1 pyramidal cell layer; *DG* dentate gyrus; *cc* corpus callosum; *LV* lateral ventricle; *ac* anterior commissure; *BNSTLD* lateral subdivision of the bed nucleus of the stria terminalis.



view, see Herman et al. 1989; Jacobson 2005). The hippocampus also expresses a high density of extrasynaptic GABA<sub>A</sub>R receptors (Sperk et al. 1997) with the majority of GABA<sub>A</sub>R subunits abundantly expressed, with the exception of the  $\alpha 6$  and  $\gamma 1$  subunit (Pirker et al. 2000). The GABA<sub>A</sub>R  $\alpha 1$ ,  $\alpha 2$ ,  $\alpha 4$ ,  $\alpha 5$ ,  $\beta 1-3$ , and  $\gamma 2$  subunits are all detected in the hippocampus (Pirker et al. 2000). Extrasynaptic  $\alpha 5$ -containing GABA<sub>A</sub>Rs are highly expressed in the CA1 region of the hippocampus and play a critical role in regulating the activity of these neurons (Glykys et al. 2008). Extrasynaptic GABA<sub>A</sub>R  $\delta$  subunit-containing receptors are highly expressed in dentate gyrus granule cells (DGGCs; Sperk et al. 1997) and play a critical role in the regulation of these neurons (Stell et al. 2003; Fig. 12.1). Although it is clear that extrasynaptic GABA<sub>A</sub>Rs are expressed in the hippocampus, the role of these receptors in the hippocampal regulation of the HPA axis remains unclear. Interestingly, there are changes in the expression of extrasynaptic GABA<sub>A</sub>Rs in the hippocampus

following stress (Maguire and Mody 2007), which could potentially impact the regulation of the stress response.

Hippocampal neurogenesis has also been implicated in the regulation of the HPA axis (Anacker and Pariante 2012; Schloesser et al. 2009). A genetic mouse model with deficiencies in adult hippocampal neurogenesis exhibits a dysregulation of the HPA axis (Schloesser et al. 2009). Furthermore, stress and glucocorticoids inhibit adult neurogenesis (Gould et al. 1997; Tanapat et al. 1998) via actions on glucocorticoid receptors (Anacker et al. 2011a), demonstrating a link between stress and neurogenesis. Interestingly, extrasynaptic GABA<sub>A</sub>Rs containing the  $\alpha 4$ , a known partner of the GABA<sub>A</sub>R  $\delta$  subunit, have been implicated in adult hippocampal neurogenesis (Duveau et al. 2011). However, GABA<sub>A</sub>R  $\delta$  subunit-containing receptors do not appear to play a role in regulating hippocampal neurogenesis (Duveau et al. 2011). Consistent with the role of the GABAergic control of neurogenesis on HPA axis function, loss of the GABA<sub>A</sub> receptor  $\gamma 2$  subunit in the adult forebrain results in reduced hippocampal neurogenesis and hyperexcitability of the HPA axis (Earnheart et al. 2007). Therefore, these findings suggest that neurogenesis may also play a role in the negative feedback mechanism of HPA axis regulation and highlight the importance of GABAergic inhibition in the hippocampus on HPA axis regulation.

### 12.3.2.2 Prefrontal Cortex

The prefrontal cortex exerts complex regulatory control over the HPA axis via region-specific connections to the BNST, amygdala, nucleus of the solitary tract, peri-PVN, and other hypothalamic regions (Radley et al. 2009; for review, see Jankord and Herman 2008), all regions which control HPA axis function. Extrasynaptic  $\delta$  subunit-containing GABA<sub>A</sub>Rs are expressed in the prefrontal cortex (Maldonado-Aviles et al. 2009). The  $\alpha 4$  subunit, which often partners extrasynaptically with the  $\delta$  subunit, is also expressed in the prefrontal cortex (Maldonado-Aviles et al. 2009). Thus, extrasynaptic GABA<sub>A</sub>Rs likely regulate the activity of neurons in the prefrontal cortex which exerts indirect control over the HPA axis. Interestingly, neurogliaform cells in the neocortex have been demonstrated to bulk release GABA via a nonsynaptic mechanism (Olah et al. 2007, 2009; Tamas et al. 2003; see Chap. 10), which likely involves actions on extrasynaptic GABA<sub>A</sub>Rs (Olah et al. 2009). These data suggest that specialized subsets of interneurons in the cortex target extrasynaptic GABA<sub>A</sub>Rs which likely regulate the activity of these neurons. Furthermore, there is a high density of glucocorticoid receptors in the prefrontal cortex, suggesting that the prefrontal cortex may be a site of negative feedback regulation of the HPA axis (for review, see Cullinan et al. 1993; Herman et al. 2003, 2005). Clearly there is a role for extrasynaptic GABA<sub>A</sub>Rs in the regulation of neurons in the prefrontal cortex; however, the impact on HPA axis function is complicated by the numerous indirect connections from this region onto parvocellular neurosecretory neurons in the PVN.

### 12.3.2.3 BNST

Unlike the limbic and cortical regions which exert indirect regulatory control over the HPA axis, the BNST relays limbic information directly to the PVN (Choi et al. 2007). Interestingly, there appear to be subdomains within the BNST which uniquely process stressful stimuli and limbic information to impact HPA axis function (Choi et al. 2007). Furthermore, both excitatory and inhibitory information flows through the BNST to influence the HPA axis. The neurons within the BNST express an abundance of extrasynaptic GABA<sub>A</sub>R subunits, including the  $\alpha$ 4,  $\alpha$ 5, and  $\delta$  subunits (Pirker et al. 2000) (Fig. 12.1), suggesting that extrasynaptic GABA<sub>A</sub>Rs play a role in the regulation of these neurons and, thereby, indirectly influence HPA axis function. Consistent with the role of extrasynaptic GABA<sub>A</sub>Rs, neurons in the BNST have been demonstrated to be under tonic GABAergic inhibition (Egli and Winder 2003), which is likely mediated by extrasynaptic GABA<sub>A</sub>Rs although the exact subtypes have not been identified. Due to the limited number of studies investigating the role of extrasynaptic GABA<sub>A</sub>Rs in the BNST, the role of these receptors in the regulation of neurons in the BnST and the indirect impact on HPA axis function remains largely unclear.

### 12.3.2.4 Amygdala

The amygdala has limited direct projections to the PVN (for review, see Jankord and Herman 2008) and, therefore, the amygdala primarily influences HPA axis function via indirect connections via the BNST, hippocampus, preoptic area, the nucleus of the solitary tract (NTS), and other hypothalamic regions (for review, see Jankord and Herman 2008). Overall, the amygdala is primarily thought to activate the HPA axis. Neurons in the amygdala express a large number of GABA<sub>A</sub>R subunits, including the  $\alpha$ 1,  $\alpha$ 2,  $\alpha$ 3,  $\alpha$ 4,  $\alpha$ 5,  $\beta$ 1–3,  $\gamma$ 2,  $\gamma$ 3, and  $\delta$  subunits (Pirker et al. 2000). Cell bodies and dendrites in the amygdala express robust immunoreactivity for the  $\alpha$ 1,  $\beta$ 2, and  $\gamma$ 2 subunits (Pirker et al. 2000), suggesting that phasic GABAergic inhibition plays a role in the regulation of these neurons. In addition, there is expression of the extrasynaptic  $\alpha$ 5 and  $\delta$  subunits in this region suggesting that these neurons may also be regulated by tonic GABAergic inhibition. However, these extrasynaptic GABA<sub>A</sub>R subunits are not highly expressed in the amygdala (Fritschy and Mohler 1995). These neurons do, however, exhibit robust tonic GABAergic inhibition (Marowsky et al. 2012), which has been proposed to be mediated by extrasynaptic receptors containing the  $\alpha$ 3 subunit (Marowsky et al. 2012). The regulation of both basolateral (BLA) nucleus and lateral (LA) nucleus principal neurons by extrasynaptic GABA<sub>A</sub>R-mediated tonic inhibition suggests that this inhibitory control may impact the role of the amygdala on other systems, including the HPA axis. These data suggest that extrasynaptic GABA<sub>A</sub>Rs may exert control over HPA axis function via indirect connections from the amygdala. In addition, the amygdala expresses a high density of glucocorticoid receptors (Arriza et al. 1988; Aronsson et al. 1988; Ahima and Harlan 1990) as well as a lower density



of MRs (Arriza et al. 1988), implicating the amygdala in the negative feedback regulation of the HPA axis.

## 12.4 GABAergic Control of CRH Neurons

CRH neurons are regulated by GABAergic inhibition (see Sect. 12.2 GABAergic control of HPA axis) and numerous GABA<sub>A</sub>R subunits have been identified in the PVN (see Sect. 12.3.1 GABA<sub>A</sub>R subunit expression in CRH neurons); however, very few studies have investigated the synaptic GABAergic regulation of CRH neurons (for review, see Levy and Tasker 2012). The limited number of studies investigating the synaptic GABAergic regulation of CRH neurons is due, at least in part, to the difficulty in identifying this subset of neurons within the PVN (for review, see Levy and Tasker 2012). Parvocellular neurosecretory neurons have been identified by location, size, morphology, and electrophysiological properties (Luther et al. 2002; for review, see Levy and Tasker 2012). However, these approaches are insufficient to definitively identify CRH neurons from other parvocellular neurosecretory neurons in this region. For this reason, the generation of mouse models which express green fluorescent protein (GFP) specifically in CRH neurons has been extremely useful (Alon et al. 2009; Sarkar et al. 2011). Due to the limited number of studies specifically assessing the regulation of CRH neurons, this section will review the data on GABAergic control of parvocellular neurosecretory neurons as well.

Neurons in the PVN are regulated by both tonic and phasic GABAergic inhibition (Park et al. 2007; Sarkar et al. 2011). Using CRH-GFP reporter mice, it has been confirmed that CRH neurons are regulated by both tonic and phasic GABAergic inhibition (Sarkar et al. 2011). These neurons are sensitive to changes in extracellular levels of GABA (Park et al. 2009), likely due to the actions on extrasynaptic GABA<sub>A</sub>Rs. The impact of extracellular GABA levels on HPA axis function is evident in the decreased circulating corticosterone levels in mice deficient in the GABA transporter, GAT1 (*GAT1*<sup>-/-</sup> mice; Liu et al. 2007). The tonic GABAergic inhibition in CRH neurons is mediated by extrasynaptic  $\delta$  subunit-containing receptors, which is evident from the loss of tonic inhibition in CRH neurons from mice deficient in the GABA<sub>A</sub>R  $\delta$  subunit (*Gabrd*<sup>-/-</sup> mice; Sarkar et al. 2011). The role of  $\delta$  subunit-containing GABA<sub>A</sub>Rs in the regulation of parvocellular neurosecretory neurons are consistent with the sensitivity of these neurons to the GABA<sub>A</sub>R  $\delta$  subunit-preferential agonist, THIP (Park et al. 2007). In addition, CRH neurons are sensitive to modulation by neurosteroids via actions on extrasynaptic GABA<sub>A</sub>R  $\delta$  subunit-containing receptors (Sarkar et al. 2011). These data convincingly demonstrate that CRH neurons are regulated by extrasynaptic GABA<sub>A</sub>Rs. Furthermore, these data demonstrate a clear role for the GABA<sub>A</sub>R  $\delta$  subunit in the regulation of CRH neurons. Unfortunately, due to the limited number of studies investigating the synaptic GABAergic regulation of these neurons, it is unclear what other GABA<sub>A</sub>R subtypes might be involved.

The robust tonic and phasic GABAergic regulation of CRH neurons suggests that activation and restoration of HPA axis function requires tight regulation of GABAergic inhibition. Naturally, one would assume that increasing GABAergic signaling on CRH neurons would decrease HPA axis activity, whereas decreasing GABAergic signaling onto CRH neurons would relieve these neurons from inhibitory constraint. However, in reality, the GABAergic regulation of CRH neurons and, thus, the HPA axis is not that straightforward. The next section will focus on the complex regulation of GABAergic control of CRH neurons following stress.

## **12.5 Alterations in GABAergic Control of CRH Neurons Following Stress**

It is clear that GABAergic inhibition plays a role in the regulation of CRH neurons and, thus, the HPA axis (see Sect. 12.2 GABAergic control of HPA axis, Sect. 12.3 GABA<sub>A</sub>R subunit expression and HPA axis regulation, and Sect. 12.4 GABAergic control of CRH neurons). This section will review how GABAergic control of the HPA axis is altered following stress. Alterations in the GABAergic control of the HPA axis have been demonstrated following both acute and chronic stress and are thought to mediate changes in HPA axis responsiveness.

### **12.5.1 Acute Stress**

#### **12.5.1.1 Acute Stress-Induced Changes in GABAergic Inhibition in CRH Neurons**

Stress activates the GABAergic neurons controlling the HPA axis (Bowers et al. 1998; Campeau and Watson 1997), which is thought to be involved in termination of the stress response (for review, see Lopez et al. 1999). Consistent with the stress-induced activation of the GABAergic constraint onto CRH neurons, corticosterone increases the number of GABAergic synaptic contacts on parvocellular neurosecretory neurons in the PVN (Miklos and Kovacs 2002). Acute restraint stress increases the levels of GABA in the hypothalamus (Yoneda et al. 1983) and, consistent with increased GABA production, increased GAD activity has been observed following acute restraint stress (Yoneda et al. 1983). These data suggest that there may be changes in GABAergic signaling following acute stress.

Although these studies suggest alterations in GABAergic signaling in the PVN following acute stress, very few studies have focused on specific changes in GABA<sub>A</sub>R subtypes in this region. The evidence that acute stress increases benzodiazepine binding in the hypothalamus (Wilson and Biscardi 1994) suggests that there are changes in GABA<sub>A</sub>R subunit composition and/or expression following acute stress. Given the alterations in GABA<sub>A</sub>R subunit expression following acute

stress in other brain regions (see Sect. 12.5.1.2 Acute stress-induced changes in GABAergic inhibition in brain regions controlling the HPA axis), it is plausible that similar changes occur in the parvocellular neurosecretory neurons controlling the HPA axis.

Despite the limited studies investigating changes in GABA<sub>A</sub>R subunit expression in the PVN following acute stress, alterations in GABAergic inhibition of parvocellular neurosecretory neurons have been demonstrated in the PVN following stress (for review, see Mody and Maguire 2011). Acute restraint stress decreases the frequency of miniature inhibitory synaptic currents (mIPSCs) recorded in parvocellular neurosecretory neurons (Verkuyl et al. 2005). These changes in mIPSC frequency can be induced with either exogenous corticosterone treatment *in vivo* or acute treatment with corticosterone *in vitro* (Verkuyl et al. 2005), demonstrating that glucocorticoids induce alterations in GABAergic control of parvocellular neurosecretory neurons.

Together, these data depict contradictory changes in GABAergic inhibition following acute stress. For example, studies investigating markers of GABAergic inhibition demonstrate an increase in expression of enzymes required for GABA synthesis, increased number of GABAergic synaptic contacts, and increased binding to GABA<sub>A</sub>Rs whereas the electrophysiological data demonstrate decreased GABAergic signaling onto parvocellular neurosecretory neurons in the PVN. The role of GABAergic control of CRH neurons following stress is further complicated by recent studies suggesting that GABAergic inhibition may switch from inhibitory to excitatory signaling following acute stress (Hewitt et al. 2009; Sarkar et al. 2011).

Inhibitory actions of GABA require the maintenance of low intracellular chloride levels, which is accomplished by the K<sup>+</sup>/Cl<sup>-</sup> co-transporter, KCC2, in the adult brain (Rivera et al. 1999, 2005; Payne et al. 2003). Acute restraint stress results in a shift in the equilibrium potential for GABA ( $E_{\text{GABA}}$ ) in parvocellular neurosecretory neurons due to a collapse in the chloride gradient resulting in compromised GABAergic inhibition (Hewitt et al. 2009; Sarkar et al. 2011). These changes in GABAergic control of parvocellular neurosecretory neurons likely result from the dephosphorylation and downregulation of KCC2, which regulates the surface expression and function of KCC2 (Lee et al. 2007, 2011). Decreased KCC2 expression results in excitatory actions of GABA on CRH neurons following acute stress (Sarkar et al. 2011). These data suggest that following acute stress there is a switch from inhibitory to excitatory actions of GABA on CRH neurons which may play a role in HPA axis regulation (see also Sect. 12.6 The neurosteroid regulation of the HPA axis).

Clearly, GABA plays an important role in the regulation of the HPA axis at the level of CRH neurons in the PVN (for review, see Mody and Maguire 2011). Changes in GABA levels, GABA<sub>A</sub>R subunit expression, GABAergic inhibition, and a switch from inhibitory to excitatory actions of GABA have been demonstrated in the PVN following acute stress and are thought to play a role in regulating the physiological response to stress. In addition to changes in GABAergic control of the parvocellular neurosecretory neurons at the apex of HPA axis control, there are

also numerous changes in GABAergic inhibition in other brain regions controlling the HPA axis following acute stress.

### 12.5.1.2 Acute Stress-Induced Changes in GABAergic Inhibition in Brain Regions Controlling the HPA Axis

In contrast to the limited number of studies investigating changes in the GABAergic control of parvocellular neurosecretory neurons following acute stress, there have been a larger number of studies investigating acute stress-induced changes in GABAergic inhibition in other brain regions known to regulate HPA axis function. Changes in GABAergic signaling following acute stress have been observed in brain regions controlling the HPA axis, including the hippocampus, prefrontal cortex, BNST, and amygdala (for review, see Cullinan et al. 2008).

#### Hippocampus

Changes in GABAergic inhibition following acute stress are suggested by increased [<sup>3</sup>H]GABA binding in the forebrain (Akinci and Johnston 1993; Wilson and Biscardi 1994; Skerritt et al. 1981; for review, see Skilbeck et al. 2010), suggesting alterations in GABA<sub>A</sub> receptor expression. Consistent with alterations in GABAergic signaling, GAD65 and GAD67 expression is increased in the hippocampus following acute stress (Hasler et al. 2010; Bowers et al. 1998). However, decreased levels of GABA have been observed in the hippocampus following acute stress (de Groote and Linthorst 2007). Changes in specific GABA<sub>A</sub>Rs subunits have also been demonstrated in brain regions controlling the HPA axis following acute stress. For example, there is a decreased expression of the GABA<sub>A</sub>R  $\alpha 1$  subunit (Zheng et al. 2007) and the GABA<sub>A</sub>R  $\gamma 2$  subunit in the hippocampus following acute stress (Maguire and Mody 2007), suggesting stress-induced alterations in the receptors mediating phasic GABAergic inhibition. Consistent with stress-induced alterations in phasic GABAergic inhibition, GR agonists rapidly increase the frequency and amplitude of sIPSCs in CA1 pyramidal neurons (Hu et al. 2010). In addition, acute restraint stress alters the expression of extrasynaptic GABA<sub>A</sub>Rs. Following acute stress, there is an increase in the expression of extrasynaptic  $\delta$  subunit-containing GABA<sub>A</sub>Rs (Maguire and Mody 2007) and an increase in tonic GABAergic inhibition in the dentate gyrus granule cells (Maguire and Mody 2007). These data demonstrate alterations in GABAergic inhibition in the hippocampus following acute stress. Given the important role for extrasynaptic GABA<sub>A</sub>Rs in the regulation of hippocampal excitability (Coulter and Carlson 2007), it is likely that acute stress-induced changes in the regulation of the hippocampus indirectly impact HPA axis function.

### Prefrontal Cortex

Acute stress has been demonstrated to impair the function of the prefrontal cortex (for review, see Arnsten 2009), which has been proposed to result from depressed GABAergic inhibition (Rodriguez Manzanares et al. 2005). Consistent with stress-induced impairments in GABAergic inhibition, reductions in GABA levels have been observed in the prefrontal cortex following acute stress (Hasler et al. 2010). CRH has been shown to modulate GABAergic transmission in the prefrontal cortex (Tan et al. 2004). In contrast, corticosterone treatment suppresses GABA release in the prefrontal cortex, which has been suggested to play a role in the termination of the stress response (Acosta et al. 1992). In addition to changes in GABA levels, there is also evidence for alterations in GABA<sub>A</sub>Rs. Acute stress increases benzodiazepine binding in the cortex (Motohashi et al. 1993), suggesting that there are changes in the expression of synaptic GABA<sub>A</sub>Rs. There is a decrease in the expression of the GABA<sub>A</sub>R  $\alpha$ 1 subunit in the prefrontal cortex following acute stress (Zheng et al. 2007). The limited amount of data available suggests that there are alterations in GABAergic transmission in the prefrontal cortex following acute stress. Therefore, these changes may alter the control of the HPA axis mediated by the prefrontal cortex.

### BNST

GABAergic neurons in the BNST are activated following acute stress (Radley et al. 2009). However, few studies have investigated changes in GABAergic inhibition in the BNST following stress. Alterations in the expression of the enzymes responsible for GABA synthesis suggest changes in GABAergic signaling in the BNST following stress. Following acute stress, GAD65 and GAD67 expression are increased in the BNST, which indirectly regulates the HPA axis (Hasler et al. 2010). Additional studies are required to investigate changes in GABAergic inhibition in the BNST following acute stress and the implications for the regulation of the HPA axis.

### Amygdala

The amygdala plays a critical role in the processing of stressful information (for review, see Roozendaal et al. 2009). Thus, it is reasonable that stress would impact the activity of neurons in this region. Stress-induced synaptic plasticity in the amygdala has been proposed to be mediated by GABAergic inhibition (Mahan and Ressler 2012; for review, see Roozendaal et al. 2009). Depressed GABAergic inhibition was observed in neurons in the basolateral amygdala following acute stress (Rodriguez Manzanares et al. 2005). However, acute stress has been demonstrated to activate a specific subset of neurons, including parvalbumin-positive interneurons, in the basolateral amygdala (Reznikov et al. 2008), which is associated with an increase in GABA efflux (Reznikov et al. 2009). Clearly, changes in GABAergic inhibition in the amygdala have been noted following acute stress. However, the

significance of these changes on stress reactivity remains unclear. Further studies are required to make sense of the role of GABAergic inhibition on the function of the amygdala following stress.

Collectively, these data demonstrate changes in GABAergic inhibition following acute stress in brain regions relevant to control of the HPA axis. The numerous changes in GABAergic inhibition documented in multiple brain regions make it difficult to interpret the net effect of these changes on stress reactivity and HPA axis function.

## **12.5.2 Chronic Stress**

The data above highlight changes in GABAergic inhibition in brain regions controlling the HPA axis following acute stress. Similarly, chronic stress also alters the GABAergic control of parvocellular neurosecretory neurons in the PVN as well as altering GABAergic inhibition in other brain regions exerting control, either directly or indirectly, on the HPA axis, including the hippocampus, prefrontal cortex, BNST, and amygdala. This section will focus on changes in extrasynaptic GABA<sub>A</sub>Rs following prolonged stress that impacts HPA axis regulation.

### **12.5.2.1 Chronic Stress-Induced Changes in GABAergic Inhibition in CRH Neurons**

Changes in GABAergic inhibition following chronic stress are suggested by the increase in [<sup>3</sup>H]GABA binding in the forebrain (for review, see Skilbeck et al. 2010), suggesting alterations in GABA<sub>A</sub> receptor expression. In contrast to the sparse number of studies investigating changes in GABAergic inhibition onto CRH neurons following acute stress, there is ample evidence that chronic stress alters GABAergic input onto parvocellular neurosecretory neurons in the PVN. For instance, chronic stress increases GAD65 expression in the PVN, peri-PVN, and other hypothalamic regions (Bowers et al. 1998), suggesting alterations in GABAergic signaling.

Alterations in the GABAergic control of parvocellular neurosecretory neurons in the PVN are thought, at least in part, to be due to changes in GABA<sub>A</sub>R subunit expression in these neurons. Consistent with alterations in GABA<sub>A</sub>R subunit expression in the PVN, there is decreased benzodiazepine binding in the hippocampus and hypothalamus following chronic stress (Weizman et al. 1990). Removal of glucocorticoids by adrenalectomy prevents the stress-induced alterations in benzodiazepine binding, suggesting that glucocorticoids mediate this effect (Weizman et al. 1990). These binding studies suggest that there are alterations in specific GABA<sub>A</sub>R subtypes following chronic stress. In fact, decreased expression of the  $\beta 1$  and  $\beta 2$  subunits of the GABA<sub>A</sub>R was observed in the PVN following chronic stress (Cullinan 2000). In parvocellular neurons, only expression of the extrasynaptic



**Table 12.3** Chronic stress-Induced Alterations in GABA<sub>A</sub> Receptor subunit expression in the PVN following stress

| GABA <sub>A</sub> R subunit | Expression in PVN  | References                    |
|-----------------------------|--------------------|-------------------------------|
| α1                          | NC                 | Verkuyl, 2004                 |
| α2                          | ND                 |                               |
| α3                          | NC                 | Verkuyl, 2004                 |
| α4                          | increase, NC       | Verkuyl, 2004; Serra, 2006    |
| α5                          | increase           | Verkuyl, 2004                 |
| α6                          | NC                 | Verkuyl, 2004                 |
| β1                          | decrease, NC       | Cullinan, 2000; Verkuyl, 2004 |
| β2                          | decrease, NC       | Cullinan, 2000; Verkuyl, 2004 |
| β3                          | NC                 | Cullinan, 2000; Verkuyl, 2004 |
| γ1                          | NC                 | Verkuyl, 2004                 |
| γ2                          | NC                 | Verkuyl, 2004                 |
| γ3                          | NC                 | Verkuyl, 2004                 |
| δ                           | increase, decrease | Verkuyl, 2004; Serra, 2006    |

Changes in GABA<sub>A</sub> subunit expression has been demonstrated following chronic stress. Interestingly, extrasynaptic α5 and α subunit expression is increased following chronic stress (red box) NC no change, ND not determined

α5 and δ subunits was found to be altered following chronic stress (Verkuyl et al. 2004). These data implicate extrasynaptic GABA<sub>A</sub>Rs in the regulation of parvocellular neurosecretory neurons following chronic stress. However, the impact on GABAergic control of these neurons following chronic stress remains unclear since the expression of the GABA<sub>A</sub>R α5 subunit is increased while the δ subunit is decreased (Verkuyl et al. 2004).

There is also evidence of functional changes in GABAergic inhibition onto parvocellular neurosecretory neurons in the PVN following chronic stress. Chronic stress has been demonstrated to decrease mIPSC frequency in parvocellular neurons (Joels et al. 2004; Verkuyl et al. 2004), which can be reproduced by exogenous administration of elevated levels of glucocorticoids (Joels et al. 2004; Verkuyl et al. 2004). Both chronic stress and chronic exposure to elevated glucocorticoid levels suppress GABAergic inputs onto parvocellular neurosecretory neurons (Joels et al. 2004; Verkuyl et al. 2004). These data suggest that glucocorticoids mediate the changes in GABAergic control of parvocellular neurosecretory neurons following chronic stress (Table 12.3).

In contrast to the changes in GABAergic inhibition following chronic stress, which are thought to be mediated by elevated levels of glucocorticoids, chronic removal of glucocorticoids also alters GABAergic control of parvocellular

neurosecretory neurons in the PVN. For instance, chronic removal of glucocorticoids as a result of adrenalectomy (ADX) increases GABAergic constraint of the HPA axis. Adrenalectomy increases benzodiazepine (De Souza et al. 1986; Goeders et al. 1986) and muscimol (Majewska et al. 1985) binding in the hypothalamus, which is restored with glucocorticoid replacement (Goeders et al. 1986). In addition, adrenalectomy increases the number of inhibitory synaptic contacts in the PVN (Miklos and Kovacs 2002). Consistent with an increase in the number of synaptic contacts and benzodiazepine binding, the mIPSC frequency is increased in parvocellular neurosecretory neurons following adrenalectomy (Verkuyt and Joels 2003). Corticosterone replacement in adrenalectomized animals restores mIPSC frequency back to control levels (Verkuyt and Joels 2003). The increased mIPSC frequency as a result of adrenalectomy could be a result of either increased presynaptic GABA release or an increased number of GABAergic synapses (Miklos and Kovacs 2002).

Together, these data suggest that either prolonged elevations or removal of glucocorticoids can alter the inhibitory constraint of the HPA axis. These studies highlight that there are changes in the GABAergic regulation of the HPA axis in the face of altered glucocorticoid exposure, which may occur at the level of parvocellular neurosecretory neurons in the PVN. In addition to alterations in GABAergic control of parvocellular neurosecretory neurons which may mediate the effects of chronic stress on HPA axis function, there is also ample evidence of changes in GABAergic inhibition in other brain regions controlling the HPA axis following chronic stress.

### **12.5.2.2 Chronic Stress-Induced Changes in GABAergic Inhibition in Brain Regions Controlling the HPA Axis**

There is a more robust literature documenting changes in GABAergic control of brain regions known to exert control over the HPA axis, such as the hippocampus, prefrontal cortex, BNST, and amygdala. The majority of these studies have focused on changes in GABAergic inhibition in the hippocampus following chronic stress.

#### **Hippocampus**

Alterations in GABAergic inhibition in the hippocampus following chronic stress are suggested by a decrease in the number of parvalbumin-positive interneurons in the hippocampus (Czeh et al. 2005; Hu et al. 2010). In contrast, chronic stress increases GAD67 expression in the CA3 region of the hippocampus and the dentate gyrus (Bowers et al. 1998). Numerous changes in GABA<sub>A</sub>R subunit composition have been observed under conditions of altered glucocorticoid levels or following chronic stress. Chronic exposure to stress levels of corticosterone decreased GABA<sub>A</sub>R  $\alpha$ 1,  $\alpha$ 2, and  $\beta$ 1 subunit expression in the hippocampus, whereas,  $\beta$ 2,  $\beta$ 3, and  $\gamma$ 2 expression is increased (Orchinik et al. 1995). In contrast, chronic depletion of corticosterone as a result of adrenalectomy decreases transcript expression

of  $\alpha 1$ ,  $\alpha 2$ , and  $\gamma 2$  subunits in the hippocampus while increasing the transcript expression of the GABA<sub>A</sub>R  $\beta 2$  subunit (Orchinik et al. 1994). Alterations of GABA<sub>A</sub>R subunit transcript expression are restored by exogenous treatment with corticosterone (Orchinik et al. 1994). Following chronic stress, there is an increase in  $\beta 2$  expression in all hippocampal subfields (Cullinan and Wolfe 2000) and a downregulation of the GABA<sub>A</sub>R  $\beta 3$  subunit (Cullinan and Wolfe 2000). Given that the GABA<sub>A</sub>R  $\beta 3$  subunit is a likely partner with the  $\alpha 4$  and  $\delta$  subunits (Jones et al. 1997; Sur et al. 1999), these changes likely reflect changes in extrasynaptic GABA<sub>A</sub>Rs following chronic stress. However, chronic social isolation stress increases the expression of the extrasynaptic GABA<sub>A</sub>R  $\alpha 4$  and  $\delta$  subunits in the hippocampus (Serra et al. 2006). Consistent with the importance of GABAergic inhibition in brain regions controlling the HPA axis, hyperexcitability of the HPA axis has been observed in a mouse model with forebrain-specific deficits in GABA<sub>A</sub>R  $\gamma 2$  subunit expression (Earnheart et al. 2007). Changes in GABA<sub>A</sub>R subunit expression in the hippocampus following chronic stress are also associated with functional changes in GABAergic inhibition. The frequency of sIPSCs is decreased in dentate gyrus granule cells in animals subjected to chronic stress (Holm et al. 2011). In contrast, the frequency and amplitude of sIPSCs were shown to be increased in CA1 pyramidal neurons following chronic restraint stress (Hu et al. 2010). In addition, following chronic stress, there is a significant increase in the THIP-mediated tonic current (Holm et al. 2011), suggesting a chronic stress-induced upregulation of extrasynaptic GABA<sub>A</sub>Rs. Consistent with changes in extrasynaptic GABA<sub>A</sub>Rs following chronic stress, social isolation also increases tonic GABAergic inhibition in DGGCs (Serra et al. 2006). These data suggest that there are alterations in extrasynaptic GABA<sub>A</sub> receptor-mediated inhibition following chronic stress in brain regions which exert control over the HPA axis.

Further complicating the role of stress in neural circuits controlling the HPA axis, chronic stress and chronic administration of stress hormones induce damage and functional deficits in brain regions involved in HPA axis regulation, particularly limbic regions (for review, see Joels et al. 2004; McEwen 2001) including the hippocampus. Decreased hippocampal volume, reduced neurogenesis, and dendritic atrophy are consequences of long-term glucocorticoid exposure and chronic stress (for review, see Joels et al. 2004; McEwen 2001). Thus, chronic stress and/or long-term exposure to glucocorticoids may indirectly alter HPA axis function via inducing hippocampal damage.

### Prefrontal Cortex

Following chronic stress, GAD activity is increased and GABA turnover is increased in the frontal cortex (Otero Losada 1988). Interestingly, this same study observed a reduction in the levels of GABA in frontal cortex following chronic stress (Otero Losada 1988). Reduced neuronal uptake of [<sup>3</sup>H]GABA was observed in the prefrontal cortex following chronic stress (Acosta et al. 1992). In addition, alterations in GABA<sub>A</sub> receptor expression have been observed with decreased [<sup>3</sup>H]SR95531 binding in the prefrontal cortex following chronic stress (Gruen et al.

1995). Similarly, chronic stress alters the action of benzodiazepines on prefrontal cortex function (Finlay 1995). These data suggest that alterations in GABAergic inhibition may occur in the prefrontal cortex following stress. However, to our knowledge, the role of extrasynaptic GABA<sub>A</sub>Rs has not been examined.

In addition to potential changes in GABAergic inhibition in the prefrontal cortex, chronic stress also induces structural changes which alter the role of the prefrontal cortex on HPA axis regulation. These changes are similar to those that occur in the hippocampus, including dendritic shortening and decreased spine density (for review, see McEwen et al. 2012) which may also impact HPA axis regulation.

## BNST

There are alterations in the relative expression of the enzymes responsible for GABA synthesis (GAD65/GAD67) following chronic stress in the BNST, another brain region known to control HPA axis activity (Ventura-Silva et al. 2012). For example, GAD65 expression is increased in the BNST following chronic stress (Christiansen et al. 2011). In addition to the potential increased GABA synthesis, increased expression of GABA<sub>A</sub>Rs has been observed in the BNST following chronic stress (Ventura-Silva et al. 2012). These data suggest that there may be alterations in GABAergic inhibition in the BNST following chronic stress. Further studies are required to fully appreciate the scope and function of changes in GABAergic inhibition in the BNST on HPA axis regulation and stress reactivity.

## Amygdala

Chronic stress induces hyperexcitability of principal neurons in the amygdala (Rosenkranz et al. 2010) which may be due to impairments in GABAergic inhibition. Neurons in the amygdala are activated by elevated levels of stress mediators, resulting in a reduction in GABAergic inhibition (for review, see Roozendaal et al. 2009). However, the majority of these studies rely on exogenous application of stress mediators making it difficult to interpret the relationship to chronic stress. Interestingly, following chronic stress, the positive modulation of GABAergic inhibition is suppressed (Braga et al. 2003), demonstrating compromised GABAergic inhibition in the amygdala. The plasticity of GABAergic inhibition in the amygdala may play a role in the regulation of the HPA axis following chronic stress (for review, see Jankord and Herman 2008).

Taken together, these data demonstrate changes in GABAergic inhibition following chronic stress in brain regions relevant to HPA axis regulation. However, similar to the changes observed following acute stress, the numerous changes in GABAergic inhibition observed in numerous brain regions make it difficult to interpret the net effect of these changes on stress reactivity and HPA axis function. Given the importance of GABAergic inhibition on HPA axis function, GABA modulators, such as neurosteroids, also have the potential to impact HPA axis function.

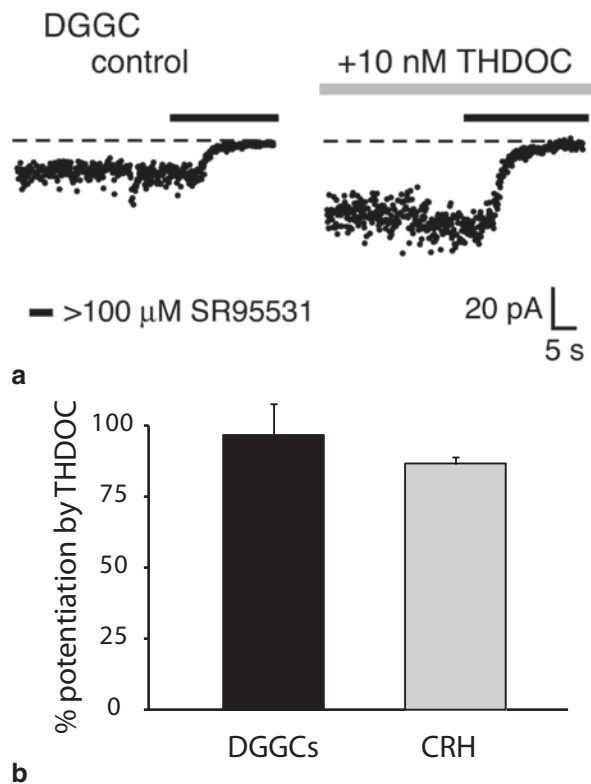
## 12.6 Neurosteroid Regulation of the HPA Axis

Under basal conditions, neurosteroids have been demonstrated to exhibit anxiolytic properties (Bitran et al. 1995; Crawley et al. 1986) suggesting that they may impact stress reactivity. Indeed, neurosteroids have been implicated in stress regulation (for review, see Gunn et al. 2011). The levels of steroid hormones and neurosteroids are elevated in response to stress (Barbaccia et al. 1996b, a; Purdy et al. 1991; Reddy and Rogawski 2002). Stress increases circulating levels of the stress-derived neurosteroid, 5 $\alpha$ -pregnane-3 $\alpha$ ,21-diol-20-one (THDOC), from 1–5 to 15–30 nM (Reddy and Rogawski 2002; for review, see Reddy 2003), reaching levels which can act directly on GABA<sub>A</sub>Rs to both potentiate the effects of GABA (Barbaccia et al. 1996b, a; Purdy et al. 1991) and alter GABA<sub>A</sub>R subunit expression (Maguire and Mody 2007, 2009). Extrasynaptic GABA<sub>A</sub>Rs are uniquely sensitive to modulation by neurosteroids. Neurosteroids act preferentially at extrasynaptic  $\delta$  subunit-containing receptors enhancing the tonic component of GABAergic inhibition (Houston et al. 2012; Stell et al. 2003; Belelli et al. 2002; Wohlfarth et al. 2002). Although neurosteroids are more efficacious at extrasynaptic  $\delta$  subunit-containing GABA<sub>A</sub>Rs, they can also potentiate the effects of GABA at receptors containing most isoforms. Interestingly, although the  $\delta$  subunit confers increased neurosteroid sensitivity, the binding site for neurosteroids has been identified on the  $\alpha/\beta$  interface of the GABA<sub>A</sub>R complex (Hosie et al. 2006, 2009). Thus, neurosteroids potentially have the ability to alter HPA axis function via actions on GABA<sub>A</sub>Rs. For example, increased neurosteroid levels following acute stress exert a negative feedback onto the HPA axis decreasing corticosterone and ACTH levels (Owens et al. 1992; Patchev et al. 1994). However, it remains unclear where neurosteroids exert their control over HPA axis function given that CRH neurons are sensitive to neurosteroid modulation (Sarkar et al. 2011) as are neurons in many brain regions indirectly controlling the HPA axis (Wilson and Biscardi 1997).

### 12.6.1 Neurosteroid Modulation of CRH Neurons

Neurosteroid regulation of CRH neurons is suggested by the evidence that neurosteroids induce CRH synthesis and release at the level of the hypothalamus (Naert et al. 2007). Under basal conditions, microinjection of THDOC into the PVN rapidly decreases circulating corticosterone levels (Sarkar et al. 2011). The enzymes responsible for neurosteroidogenesis are expressed in the PVN (Li et al. 1997; Eechaute et al. 1999; Gao et al. 2002; Saalman et al. 2007), suggesting that there may be local neurosteroid production and action in the PVN. Long-term exposure to neurosteroids has been shown to decrease CRH expression *in vitro* (Budziszewska et al. 2010) further implicating neurosteroids in the regulation of CRH neurons. However, until recently, it was unclear whether neurosteroids directly regulate CRH neurons. Recent data demonstrate a role for neurosteroid potentiation of GABA<sub>A</sub>R  $\delta$  subunit-containing receptors on CRH

**Fig. 12.2** Neurosteroid potentiation of GABAergic inhibition in *CRH* neurons and *DGGCs*. **a** Representative traces of the tonic GABAergic inhibition in dentate gyrus granule cells (*DGGCs*) in the presence of nACSF or 10 nM *THDOC*. Each dot represents the average holding current every 100 ms before and after the addition of *SR95531* (black line). The difference between the average holding current after the addition of *SR95531* (dotted line) and the average holding current in nACSF is attributed to the tonic GABAergic current. **b** The percent potentiation by 10 nM *THDOC* is similar for *DGGCs* and *CRH* neurons. (These data represented in this figure were adapted with permission from Sarkar et al. 2011; Stell et al. 2003)



neurons in the regulation of the HPA axis (Sarkar et al. 2011). *CRH* neurons in the PVN are sensitive to neurosteroid modulation (Fig. 12.2). Tonic GABAergic inhibition, which is mediated by extrasynaptic  $GABA_A$ Rs, is increased in the presence of the neurosteroid *THDOC* (10nM; Sarkar et al. 2011; Fig. 12.2). It is clear that the neurosteroid sensitivity of *CRH* neurons is mediated by  $GABA_A$ R  $\delta$  subunit-containing receptors since this modulation is absent in *CRH* neurons from *Gabrd*<sup>-/-</sup> mice (Sarkar et al. 2011). These data are consistent with previous findings demonstrating changes in  $GABA_A$ R  $\delta$  subunit expression in parvocellular neurons in the PVN following stress (Verkuyl et al. 2004) suggesting that these receptors play a role in stress reactivity. The activity of *CRH* neurons is also modulated by neurosteroids. Under basal conditions, the firing rate of *CRH* neurons is decreased in the presence of *THDOC* (Sarkar et al. 2011). The impact of neurosteroids on the activity of *CRH* neurons is mediated by the effects on  $GABA_A$ R  $\delta$  subunit-containing receptors, since the effect of neurosteroids is abolished in *Gabrd*<sup>-/-</sup> mice (Sarkar et al. 2011).

Interestingly, following stress, *CRH* neurons still exhibit modulation by neurosteroids acting on extrasynaptic  $GABA_A$ Rs but the net effect of this regulation is dramatically altered. The inhibitory actions of GABA require the maintenance of the chloride gradient which is accomplished by *KCC2* in the adult brain (Rivera et al.



1999, 2005; Payne et al. 2003). Following acute stress there is a dephosphorylation of KCC2 residue Ser940 which controls the function and surface expression of the transporter, leading to downregulation of total KCC2 levels, causing a collapse in the chloride gradient, resulting in the excitatory actions of GABA on CRH neurons (Sarkar et al. 2011). Under basal conditions, THDOC decreases the firing rate of CRH neurons; however, following acute stress, THDOC increases the firing rate of CRH neurons by potentiating the excitatory actions of GABA on these neurons (Sarkar et al. 2011). These effects are abolished in *Gabrd*<sup>-/-</sup> mice demonstrating that they are mediated by extrasynaptic GABA<sub>A</sub>  $\delta$  subunit-containing receptors (Sarkar et al. 2011). These data clearly demonstrate a role for extrasynaptic GABA<sub>A</sub>Rs in the neurosteroid regulation of CRH neurons both under basal conditions and following acute restraint stress. In addition to the effects of neurosteroids on CRH neurons in the regulation of HPA axis activity, neurons in other brain regions that regulate the HPA axis are also sensitive to neurosteroid modulation.

### **12.6.2 Neurosteroid Modulation in Brain Regions Controlling the HPA Axis**

Enzymes involved in neurosteroidogenesis have been identified in brain regions which exert indirect control over the HPA axis including the hippocampus, prefrontal cortex, BNST, and amygdala (Agis-Balboa et al. 2006). These data suggest that local neurosteroid synthesis may play a role in the regulation of neurons in these brain regions, thereby indirectly influencing the regulatory effects of these brain regions on HPA axis function.

#### **12.6.2.1 Hippocampus**

The enzymes responsible for neurosteroid synthesis, such as 5 $\alpha$ -reductase and 3 $\alpha$ -hydroxysteroid dehydrogenase (3 $\alpha$ -HSD), are detected in the multiple hippocampal subfields (Agis-Balboa et al. 2006) suggesting that local neurosteroid synthesis may play a role in regulating neuronal excitability in these areas. The expression of 5 $\alpha$ -reductase and 3 $\alpha$ -HSD is intense in the dentate gyrus, CA1 and CA2 regions of the hippocampus, whereas expression in CA3 is weak (Agis-Balboa et al. 2006). In addition to the subregion specificity in the expression of enzymes responsible for neurosteroid synthesis, there are also subregion-specific differences in neurosteroid sensitivity in the hippocampus. There is a high density of extrasynaptic GABA<sub>A</sub>  $\delta$  subunit-containing receptors, which confer neurosteroid sensitivity, in the dentate gyrus (Stell et al. 2003). Low nanomolar concentrations of neurosteroids potentiate extrasynaptic GABA<sub>A</sub>Rs, increasing the tonic GABAergic inhibition in dentate gyrus granule cells (Stell et al. 2003; Fig. 12.2). Higher concentrations of neurosteroids potentiate the phasic component of GABAergic inhibition, mediated by synaptic GABA<sub>A</sub>Rs, in dentate gyrus granule cells (Stell et al. 2003). Although the expression of these receptors is low in other hippocampal subregions, including

the CA1 and CA3 regions, neurons in these regions are still modulated by higher concentrations of neurosteroids acting on the synaptic GABA<sub>A</sub>Rs (Stell et al. 2003). These data support the notion that neurosteroid modulation of extrasynaptic GABA<sub>A</sub>Rs in the hippocampus can alter hippocampal excitability and thus influence the extent of hippocampal control of other systems including the HPA axis.

In addition to their effect on GABA<sub>A</sub>Rs, neurosteroids may also impact hippocampal function by altering adult hippocampal neurogenesis. Hippocampal neurogenesis has been demonstrated to play a role in the regulation of the HPA axis (Schloesser et al. 2009; Anacker et al. 2011b). Conversely, stress and glucocorticoids inhibit adult neurogenesis (Gould et al. 1997; Tanapat et al. 1998). These findings suggest that neurogenesis may also play a role in the negative feedback mechanism of HPA axis regulation. Extrasynaptic GABA<sub>A</sub>Rs, which are sensitive to neurosteroid modulation, have been demonstrated to play a role in hippocampal neurogenesis (Duveau et al. 2011). Neurosteroids have been identified as endogenous regulators of neurogenesis (for review, see Charalampopoulos et al. 2008), which may represent another mechanism whereby neurosteroids can impact HPA axis function.

### 12.6.2.2 Prefrontal Cortex

The enzymes required for local neurosteroidogenesis are expressed in the prefrontal cortex; however, the expression of 5 $\alpha$ -reductase and 3 $\alpha$ -HSD is restricted to principal neurons in the cortex and not expressed in cortical GABAergic interneurons or glial cells (Agis-Balboa et al. 2006). Interestingly, the expression of these enzymes is reduced following chronic stress (Dong et al. 2001; Matsumoto et al. 2003; Pinna et al. 2003; Serra et al. 2000; for review, see Graziano 2011). These data suggest that local neurosteroid synthesis may play a role in neuronal regulation and that this regulation may be altered following stress. In addition to the presence of neurosteroidogenic enzymes, extrasynaptic GABA<sub>A</sub>Rs which are sensitive to neurosteroid modulation are also expressed in the prefrontal cortex. Extrasynaptic GABA<sub>A</sub>R  $\alpha$ 4 and  $\delta$  subunits are expressed in the prefrontal cortex (Maldonado-Aviles et al. 2009), suggesting that these neurons may be regulated by neurosteroid-sensitive tonic GABAergic inhibition. The presence of GABA<sub>A</sub>R  $\delta$  subunit-containing GABA<sub>A</sub>Rs in the prefrontal cortex suggests that these neurons are regulated by low nanomolar concentrations of neurosteroids. In addition, higher concentrations of neurosteroids potentially regulate neuronal excitability of principal neurons in the prefrontal cortex via actions on synaptic GABA<sub>A</sub>Rs. Neurosteroid modulation of neurons in the prefrontal cortex may, thereby, indirectly impact HPA axis function.

### 12.6.2.3 BNST

The majority of neurosteroidogenic enzymes, including 5 $\alpha$ -reductase and 3 $\alpha$ -HSD, are absent from the BNST (Do Rego et al. 2009). However, a separate study

demonstrated high aromatase immunoreactivity in a densely packed group of neurons in the BNST (Jakab et al. 1993). Due to the fact that all the enzymes required for neurosteroidogenesis have not been identified in this region and the limited number of studies, it is difficult to evaluate the potential role of local neurosteroid synthesis in this region. Extrasynaptic GABA<sub>A</sub>R subunits have been identified in the BNST, including the  $\alpha 4$ ,  $\alpha 5$ , and  $\delta$  subunits (Pirker et al. 2000). The high expression of the GABA<sub>A</sub>R  $\delta$  subunit, which confers sensitivity to neurosteroid modulation, suggests that neurosteroids have the potential to play a role in the regulation of these neurons and, thereby, indirectly influence HPA axis function. However, more detailed studies are required to investigate the role of neurosteroids on GABA<sub>A</sub>R regulation in the BNST.

#### 12.6.2.4 Amygdala

The different nuclei in the amygdala also exhibit regional differences in the expression of the neurosteroidogenic enzymes, 5 $\alpha$ -reductase and 3 $\alpha$ -HSD (Agis-Balboa et al. 2006). The expression of these neurosteroidogenic enzymes is weak in the central and basolateral nuclei, whereas there is intense staining for these enzymes in the basolateral amygdala (BLA; Agis-Balboa et al. 2006). These data suggest that there may be regional differences in neurosteroid actions on GABA<sub>A</sub>Rs within the amygdala. However, the ability of neurosteroids to modulate GABAergic inhibition in the amygdala may be limited by the low expression of extrasynaptic GABA<sub>A</sub>R subunits, including the  $\delta$  subunit, which mediate tonic GABAergic inhibition and neurosteroid sensitivity (Fritschy and Mohler 1995). These data suggest that these neurons may not be regulated by low nanomolar concentrations of neurosteroids. However, these neurons are likely modulated by higher concentrations of neurosteroids acting on synaptically localized GABA<sub>A</sub>Rs. However, the extent of neurosteroid modulation in the amygdala and the impact on HPA axis function remains unclear.

Collectively, these findings demonstrate that brain regions known to exert control over the HPA axis (see Sect 12.3.2 GABA<sub>A</sub>R subunit expression in brain regions controlling the HPA axis) are regulated by neurosteroids. Thus, in addition to the direct neurosteroid regulation of CRH neurons, neurosteroid modulation of GABA<sub>A</sub>Rs may also indirectly affect HPA axis function by regulating neuronal excitability in brain regions known to control the HPA axis.

### 12.6.3 *Neurosteroids and HPA Axis Suppression During Pregnancy*

The activity of the HPA axis is dramatically altered during pregnancy and the postpartum period. During pregnancy, circulating levels of both CRH and cortisol rise. Placental CRH production and decreased presence of circulating CRH binding

protein is thought to drive increased cortisol levels throughout pregnancy (for review, see Kammerer et al. 2006). Interestingly, although the basal circulating levels of CRH and cortisol increase throughout pregnancy, the stress-induced cortisol secretion is blunted during pregnancy (de and Buitelaar 2005). For example, during pregnancy, women lose the cortisol response to an acute stressor (Kammerer et al. 2002) and the CRH-stimulated ACTH release is blunted in pregnant women (Schulte et al. 1990). This is significant because it suggests that the diurnal release of cortisol and the stress-induced release of cortisol are controlled by independent regulatory mechanisms which may be able to be teased apart. Recent studies suggest that the suppression of the HPA axis during pregnancy (Brunton et al. 2008; Brunton and Russell 2011) is mediated by neurosteroids (Brunton et al. 2009; Brunton and Russell 2008). Treatment with the neurosteroidogenesis inhibitor, finasteride, restores normal HPA axis responsiveness (Brunton et al. 2009). These data suggest that neurosteroids may play a role in HPA axis suppression during pregnancy. Although the role of extrasynaptic GABA<sub>A</sub>Rs has not been directly examined, it is tempting to implicate these receptors in HPA axis suppression during pregnancy given the notable role of these receptors in conferring neurosteroid sensitivity in CRH neurons and other brain regions controlling the HPA axis.

## Concluding Remarks

This review clearly demonstrates a role for extrasynaptic GABA<sub>A</sub>Rs in the regulation of the HPA axis at the level of CRH neurons as well as in other brain regions controlling HPA axis function, including the hippocampus, prefrontal cortex, BNST, and amygdala. Given the widespread anatomical distribution of extrasynaptic GABA<sub>A</sub>Rs and the differing impact of these numerous brain regions on the regulation of the HPA axis, it is difficult to interpret the net effect of these receptors on HPA axis function. Furthermore, the neurosteroid sensitivity of extrasynaptic GABA<sub>A</sub>Rs provides another level of complexity for the role of these receptors in the regulation of the stress response. Despite the complex role of extrasynaptic GABA<sub>A</sub>Rs in the regulation of the HPA axis, it is evident that these receptors influence HPA axis function. Our limited knowledge of the role of extrasynaptic GABA<sub>A</sub>Rs is largely due to the sparse number of studies investigating the synaptic regulation of the HPA axis, which is gaining considerable interest in the scientific community (Levy and Tasker 2012; Wamsteeker and Bains 2010), let alone the limited number of studies directly investigating the role of extrasynaptic receptors in the regulation of the HPA axis. Additional studies are required to fully appreciate the contribution of extrasynaptic GABA<sub>A</sub>Rs on the regulation of the HPA axis.

Stress is known to either worsen or trigger illnesses ranging from the common cold to cancer (for review, see Cohen 2007). Furthermore, hyperexcitability of the HPA axis has been implicated in the pathophysiology of numerous disorders, including depression (for review, see Lloyd and Nemeroff 2011; Pariante and Lightman 2008). Therefore, insights into the regulation of the HPA axis may identify

novel targets for therapeutic intervention, such as extrasynaptic GABA<sub>A</sub>Rs. Very few studies have investigated which GABA<sub>A</sub>R subtypes play a role in the regulation of the HPA axis. However, this book chapter has highlighted the importance of GABAergic inhibition on HPA axis function. Additional studies are required to fully appreciate the mechanisms regulating HPA axis function. However, we are optimistic that HPA axis modulation may be a feasible therapeutic target. Given the evidence that there may be independent mechanisms regulating basal glucocorticoid secretion and stress-induced glucocorticoid (Kammerer et al. 2006; Sarkar et al. 2011), we support revisiting HPA axis modulation as a therapeutic target.

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# Chapter 13

## Tonic GABA<sub>A</sub>-Receptor-Mediated Inhibition in Fragile-X Syndrome: A Cause of Dysfunction or a Pathway for a Cure?

Brandon S. Martin and Molly M. Huntsman

**Abstract** Persistent conductance through tonically active extrasynaptic GABA<sub>A</sub> receptors provides dynamic and powerful regulation of neuronal networks. The adverse effects of reduced inhibitory function of this receptor system range from mood disorders and anxiety to epilepsy. Converging lines of evidence support the hypothesis that alterations in cellular excitability are a common mechanism underlying neurodevelopmental disorders including those in the autism spectrum. Fragile X syndrome (FXS) is a leading genetic cause of intellectual disability and a leading monogenetic cause of autism. Several aspects of the behavioral phenotype in both human and mouse models point to excitatory/inhibitory imbalances in key brain regions. While the prevailing theory implicates excessive glutamatergic signaling, recent evidence suggests that cellular and behavioral excitability may also derive from dysfunction in inhibitory neurotransmission. This chapter will highlight specific examples of defective and reduced GABA<sub>A</sub>-receptor-mediated tonic inhibitory neurotransmission as a contributing factor to the hyperexcitable phenotype observed in FXS.

**Keywords** Intellectual disability · Amygdala · Homeostasis · GABA · Inhibitory tone · GABA neuron

### 13.1 Introduction

#### 13.1.1 *Fragile X Syndrome is a Single Gene Disorder*

Fragile X syndrome (FXS) is a leading genetic cause of intellectual disability affecting approximately one in 3600 individuals (Hagerman et al. 2009). In

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M. M. Huntsman (✉)

Department of Pharmaceutical Sciences, Skaggs School of Pharmacy and Pharmaceutical Sciences and Department of Pediatrics, School of Medicine, University of Colorado, Anschutz Medical Campus, C238, 12850 E. Montview Building V20, Room 3121, Aurora, CO 80045, USA  
e-mail: molly.huntsman@UCDenver.edu

B. S. Martin

Children's National Medical Center, Washington, DC, USA

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addition to intellectual disabilities, FXS is associated with numerous other emotional and behavioral disorders including hyperactivity, anxiety, autism, and epilepsy (Hagerman et al. 2009). A substantial proportion of individuals meet the Diagnostic and Statistical Manual of Mental Disorders-fourth edition (DSM-IV) criteria for either autism or autism spectrum disorder (ASD), which makes FXS one of the leading genetic causes of autism (Hagerman et al. 2009; Kaufmann et al. 2004; Belmonte and Bourgeron 2006). FXS is linked to the expansion of an unstable cytosine-guanine-guanine (CGG) tri-nucleotide repeat in the regulatory (5'UTR) region of the *Fmr1* gene located on the X-chromosome. Moderate increases in CGG repeats at this locus (~45–200 base pairs vs. the normal CGG average ~30 base pairs) lead to a “premutation” phenotype resulting in distinctive clinical features such as primary ovarian insufficiency and fragile X-associated tremor/ataxia syndrome or FXTAS (Hagerman et al. 2009; Kenneson et al. 2001). This condition occurs in a proportionally larger population of individuals than does the full syndrome (one in 130–250 females and one in 250–800 males; Hagerman et al. 2009). When the expansion reaches greater than 200 CGG repeats, silencing of the *Fmr1* gene occurs (Hagerman et al. 2009) because of hypermethylation that prevents access of transcriptional machinery. This restriction leads to extreme reduction or elimination of the protein product fragile X mental retardation protein (FMRP). Consequently, the severity of the FXS behavioral and physical manifestations is linked to the amount of this FMRP reduction (Loesch et al. 2004). The primary animal model for FXS was generated in mouse by deletion of the *Fmr1* gene via homologous recombination resulting in a total lack of FMRP protein in the animal (Consortium 1994). *Fmr1* knockout (KO) mice display many of the same behavioral alterations and neuroanatomical deficiencies found in the human condition. At the behavioral level, these phenotypes include hyperactivity, anxiety, and social abnormalities (Bakker and Oostra 2003; McNaughton et al. 2008). On the cellular level, *Fmr1* KO mice also exhibit elongated spines on the dendrites of excitatory neurons in multiple brain regions similar to that reported in postmortem human brain tissue (Bagni and Greenough 2005; Olmos-Serrano et al. 2010; McKinney et al. 2005; Irwin et al. 2001; Comery et al. 1997; Braun and Segal 2000). Primary intracellular studies from *Fmr1* KOs reveal that FMRP is a regulator of protein translation and mRNA trafficking (Bassell and Warren 2008) and therefore plays a critical role in processes associated with mRNA transport and new protein synthesis required for mechanisms of synaptic plasticity (Kelleher et al. 2004). Activity of group I metabotropic glutamate receptors (Gp I mGluRs)—a powerful pathway for activity regulated protein synthesis (Weiler and Greenough 1993)—is a major target of FMRP regulation. Therefore, the loss of FMRP results in excessive activation of mechanisms downstream of Gp I mGluRs, most notably those involved in synaptic plasticity such as long-term depression (LTD). For instance, in hippocampal circuits of the *Fmr1* KO mouse LTD is “exaggerated” because the loss of FMRP prevents control of AMPA receptor retraction in response to Gp I mGluR activation (Bassell and Warren 2008; Huber et al. 2002). These results and those of numerous other related studies form the basis of “the mGluR theory” of FXS, which centrally implicates excessive glutamatergic signaling via Gp I

mGluRs in multiple cellular, synaptic, and behavioral phenotypes of FXS in both humans and animal models. In fact, reduction of GpI mGluR activity with mGluR antagonist treatment can rescue some, but importantly not all cellular and behavioral phenotypes of the disorder (Bear et al. 2004).

### ***13.1.2 Deficiencies of the GABAergic System in FXS***

While there is strong evidence in support of excessive glutamatergic-mediated signaling via Gp I mGluRs, a number of recent studies identify deficient GABAergic inhibitory transmission as a contributor to FXS phenotypes. Complementary deficits in these two receptor systems support a prevalent causal theory for many of the symptoms of FXS including autism—hyperexcitability and excitatory/inhibitory imbalance. Several marked symptoms of FXS including anxiety, autistic behaviors, epilepsy, and cognitive impairment likely stem from imbalances in neural circuits (Berry-Kravis et al. 2010; McNaughton et al. 2008; Cordeiro et al. 2011; Grigsby et al. 2007). In fact, many of the FXS comorbid disorders such as anxiety and epilepsy can be corrected with GABAergic agonists aimed to reduce hyperexcitability and maintain excitatory/inhibitory balance (Heulens et al. 2012; Olmos-Serrano et al. 2011; D’Hulst and Kooy 2007). Therefore, the GABAergic system remains a potentially viable, underexplored complement to FXS treatments aimed at excessive mGluR signaling.

Over the past 10 years, numerous studies have reported extensive alterations in critical components of the GABAergic system in behaviorally relevant forebrain regions such as the amygdala, cortex, and hippocampus in FXS (El Idrissi et al. 2005; Centonze et al. 2008; Chang et al. 2008; Olmos-Serrano et al. 2010; D’Hulst et al. 2006, 2009). FMRP is broadly expressed in GABAergic inhibitory interneuron populations throughout development, indicating that it is involved in normal interneuron maturation and function (Olmos-Serrano et al. 2010; Feng et al. 1997; Schütt et al. 2009). The loss of FMRP function presents many problems for presynaptic GABA release including the expression of scaffolding proteins, enhanced suppression of inhibition by endocannabinoid modulation, changes in levels of glutamic acid decarboxylase (GAD65/67, the enzyme required to synthesize GABA), decreases in GABA transporter expression (GAT1), decreases in enzymes for GABA catabolism (GABA-T and SSADH), and decrease in excitatory drive of parvalbumin-positive GABAergic interneurons (Schütt et al. 2009; Zhang and Alger 2010; Gibson et al. 2008; Adusei et al. 2010; D’Hulst et al. 2009; Olmos-Serrano et al. 2010; Liao et al. 2008; Curia et al. 2009; El Idrissi et al. 2005). Studies indicate that postsynaptically there are broad decreases in GABA<sub>A</sub> receptor subunits and postsynaptic GABAergic components such as gephyrin (El Idrissi et al. 2005; Curia et al. 2009; Adusei et al. 2010; D’Hulst et al. 2009). Importantly, the severities of these various pre- and postsynaptic deficits in FXS are region specific and therefore may have diverse effects on FXS phenotypes (Gibson et al. 2008; Zhang and Alger 2010; Olmos-Serrano et al. 2010; Paluszkiwicz et al. 2011).

Broad reductions of GABA synthesis and release affect the strength of synaptic inhibitory transmission that may contribute to hyperexcitability in brain areas relevant to FXS. However, this reduction in GABA availability spills over to affect GABA concentration in the extrasynaptic space regulating a powerful GABAergic tonic conductance that can significantly affect excitability and excitatory/inhibitory balance of a neuronal network. Accordingly, several independent lines of evidence implicate defective tonic GABAergic conductance in multiple brain regions in FXS. First and most strikingly relevant to FXS, the FMRP binds to the  $\delta$  subunit of GABA<sub>A</sub> receptors, a major extrasynaptic subunit in FXS-relevant regions such as the cortex, hippocampus, and amygdala (Miyashiro et al. 2003; Dichtenberg et al. 2008). In all three of these regions  $\delta$  subunit expression (mRNA, protein, or both) is reduced (D'Hulst et al. 2006; Curia et al. 2009). The subiculum of the hippocampus shows additional reductions in mRNA and protein of another common extrasynaptic GABA<sub>A</sub> receptor participating in tonic conductance, the  $\alpha 5$ -subunit-containing receptor (Curia et al. 2009). Electrophysiological recordings also reveal reduced total tonic currents in pyramidal cells in this area. Despite this early evidence that the GABAergic system and tonic GABAergic conductance in particular may be affected in FXS, detailed electrophysiological studies examining the state of excitatory/inhibitory balance and the involvement of the GABAergic system in maintaining that balance have not been extensively conducted in key brain regions such as the cortex. However, recent studies have investigated tonic GABAergic conductance deficits in the FXS amygdala and the role of that conductance in affecting hyperexcitability.

### 13.2 Tonic Inhibition in the Amygdala and FXS

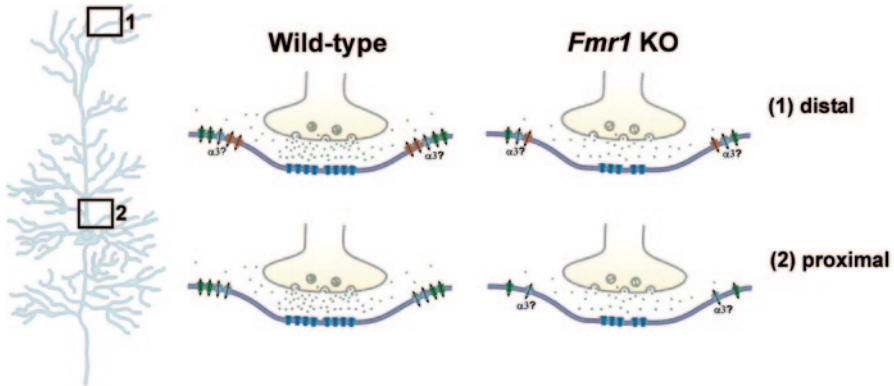
The amygdala is implicated in many of the symptoms of FXS including epilepsy, hyperactivity, autism, and social anxiety (Truitt et al. 2007, 2009; Sanders and Shekhar 1995). Moreover, the structure's involvement in the control of fear processing is well defined (Shaban et al. 2006; Likhtik et al. 2008; Sah and Westbrook 2008; Ehrlich et al. 2009; Poulos et al. 2009). Nonetheless, until recently, physiological studies on this highly integrated subcortical structure had not been performed in a model of FXS. Studies show that in the basolateral nucleus of the amygdala (BLA) of the *Fmr1* KO mouse model of FXS there are reductions in GABAergic inhibitory efficacy that include reduced GABA production and release, decreased frequency and amplitude of action-potential (AP)-dependent and independent inhibitory postsynaptic currents (IPSCs), and decreased tonic inhibitory tone. These deficits occur in association with increased excitability of principal excitatory projection neurons (PNs) as indicated by a reduced threshold to fire action potentials in *Fmr1* KO PNs compared to wild type (WT) (Olmos-Serrano et al. 2010). PNs make up approximately 70–80% of the neurons in the BLA, receive a diverse array of sensory cortical and thalamic inputs (for review, see Sah et al. 2003), and project to and thereby regulate the output of the central nucleus (CeN) of the amygdala. The CeN

subsequently projects to and regulates downstream structures such as the hypothalamus, the cranial nerve nuclei, the locus coeruleus, and the bed nucleus of the stria terminalis that are involved in producing innate and conditioned fear responses. Therefore, increased excitability of PNs in the *Fmr1* KO BLA likely has considerable implications on proper information processing, input/output of the amygdala, and regulation of subsequent behavioral/physiological responses to stimuli that underlie the observed behavioral phenotypes of FXS.

GABAergic tonic inhibition powerfully controls cellular excitability (Brickley et al. 1996; Hamann et al. 2002; Mitchell and Silver 2003; Semyanov et al. 2003; Krook-Magnuson and Huntsman 2005; Bright et al. 2007) and may therefore affect thresholds for PN activity in the BLA. As mentioned above, PNs of the *Fmr1* KO BLA have reduced GABAergic tonic inhibitory tone. Importantly, the tonic current in these cells relies exclusively on action-potential-mediated release of GABA to bind to extrasynaptic tonically active GABA<sub>A</sub> receptors since blockade of action potentials with tetrodotoxin removes virtually all the GABAergic tonic current from both WT and *Fmr1* KO PNs. Because GABA production and release is limited in the *Fmr1* KO BLA, the availability of ligand for tonic receptors is also reduced which limits overall tonic currents. However, in addition to decreased GABA availability, *Fmr1* KO PNs also show decreased capacity for tonically active GABAergic currents when levels are assessed in the presence of saturating extrasynaptic GABA concentrations. Therefore, decreased tonic GABA<sub>A</sub> receptor expression or function likely also contributes to decreased tonic inhibitory tone in the *Fmr1* KO BLA (Olmos-Serrano et al. 2010; Martin et al. 2014).

Tonic GABAergic currents are comprised of at least three distinct GABA<sub>A</sub> receptor subtypes in the BLA (Fig. 13.1). First, the ubiquitously expressed  $\delta$ -subunit-containing GABA<sub>A</sub> receptor plays a substantial role in PN tonic currents. The  $\delta$  subunit is diffusely expressed throughout the amygdala (Fritschy and Mohler 1995; Pirker et al. 2000). Moreover, PNs of the BLA display  $\delta$ -subunit-specific tonic currents as indicated by an increase in tonic current with application of the  $\delta$ -subunit preferring GABA super agonist, 4,5,6,7-tetrahydroisoxazolo(5,4-c)pyridin-3-ol (THIP;  $\sim 20$  pA increase; Olmos-Serrano et al. 2010; Martin et al. 2014). Importantly, this tonic component is significantly reduced in *Fmr1* KO PNs (Martin et al. 2014).

Recent evidence suggests the existence of a second, atypical tonic component in BLA PNs, the  $\alpha 3$ -subunit-containing GABA<sub>A</sub> receptor. Until recently (Marowsky et al. 2012),  $\alpha 3$  subunits were not typically known for extrasynaptic expression (Fritschy et al. 1992; Pirker et al. 2000). However, we now know that in PNs a substantial portion of  $\alpha 3$ -subunit-containing GABA<sub>A</sub> receptors do not coexpress with the inhibitory postsynaptic marker, gephyrin, suggesting they reside outside the synapse. Furthermore, application of the  $\alpha 3$ -specific agonist TP003 induces an increase in tonic current in these cells (Marowsky et al. 2012). This specific component of tonic current in the BLA remains uninvestigated in FXS. However, given the considerable reduction in GABAergic components globally and in the BLA of *Fmr1* KO mice described above, the  $\alpha 3$ -subunit-mediated tonic current in *Fmr1* KO mice is also likely deficient.



**Fig. 13.1** Distribution of extrasynaptic GABA<sub>A</sub> receptors in proximal and distal regions of principal projection neurons (PNs) in the WT and *Fmr1* KO basolateral amygdala. In the WT situation,  $\delta$  (green) and  $\alpha 3$ -subunit-containing receptors (light blue) are likely located ubiquitously in extrasynaptic membranes; whereas,  $\alpha 5$ -subunit-containing receptors (red) concentrate in the distal extrasynaptic compartments. Extrasynaptic GABA<sub>A</sub> receptors receive GABA from robust release of GABA from synapses that spills into the extrasynaptic space. In *Fmr1* KO PNs extrasynaptic GABA<sub>A</sub> receptors expression/function is globally reduced (the fate of  $\alpha 3$ -subunit-containing receptors is unknown). These reductions intensify when accompanied by weak production and release of GABA, thereby reducing the availability of GABA on a deficient extrasynaptic receptor population

BLA PNs express a third tonic GABAergic component common to the cortex and the hippocampus, the  $\alpha 5$ -subunit-containing receptor. This GABA<sub>A</sub> receptor subunit shows more diffuse expression in the BLA than  $\delta$ -subunit-containing receptors (Fritschy and Mohler 1995), but our own experiments find that BLA PNs do have small  $\alpha 5$ -subunit-mediated tonic currents in the presence of saturating GABA concentrations revealed by blockade of  $\alpha 5$ -subunit-containing receptors with the  $\alpha 5$ -specific inverse agonist,  $\alpha 5ia$  (Martin et al. 2014). Interestingly, based on immunohistochemical and electrophysiological data (Marowsky et al. 2012; Olmos-Serrano et al. 2010; Martin et al. 2014), recent studies indicate that unlike  $\delta$ - and  $\alpha 3$ -subunit-containing receptors which likely express ubiquitously in extrasynaptic membranes of PNs,  $\alpha 5$ -subunit-containing receptors are restricted to more distal extrasynaptic sites (Serwanski et al. 2006). In order to observe  $\alpha 5$ -subunit-dependent tonic currents, cesium must be included in the recording pipette to block outward potassium currents that normally reduce the ability of the patch-clamp electrode to maintain voltage control far from the somatic recording site. In the absence of cesium, distal synaptic events are not well detected (Isaacson et al. 1993; Stuart and Spruston 1998; Day et al. 2006). Recordings of GABAergic currents without cesium in the pipette and therefore of mostly proximal inhibitory currents show no evidence of  $\alpha 5$ -subunit-mediated tonic current with addition of the  $\alpha 5$ -specific inverse agonist. Instead, these recordings paradoxically show *increases* in phasic IPSC efficacy (mean frequency and amplitude increase). Control experiments in the absence of action potentials reveal that this increased efficacy in



the presence of  $\alpha 5$  subunit blockade results from the removal of a postsynaptic  $\alpha 5$ -subunit-dependent inhibitory shunt of distal synaptic events and not a presynaptic increase in GABA release. Thus,  $\alpha 5$ -subunit-containing GABA<sub>A</sub> receptors specifically perform tonic inhibition at distal sites on BLA PNs as opposed to the soma and proximal dendrites (Martin et al. 2014). Once again importantly, *Fmr1* KO PNs show decreased  $\alpha 5$ -subunit-dependent tonic currents and reduced increases in inhibitory synaptic efficacy compared to wild type with application of the  $\alpha 5$ -specific inverse agonist.

The distinct subcellular location and physiological roles of  $\alpha 5$ -subunit- versus  $\alpha 3$ - and  $\delta$ -subunit-containing receptors places each receptor subtype in the position to modulate distinct aspects of PN excitation. Since  $\alpha 5$ -subunit-mediated tonic inhibition remains concentrated more in distal synaptic compartments, this mode of tonic conductance is well positioned to modulate glutamatergic synaptic plasticity (i.e., LTP and LTD) that underlies amygdala coding by restricting excitation received from specific excitatory afferents as well as phasic inhibition to distinct dendritic compartments. GABAergic inhibition has been demonstrated to be crucial for input discrimination and spike timing-dependent plasticity in neuronal networks including those of the amygdala (Jang and Kwag 2012; Shin et al. 2006). A lack of tonic GABAergic control in the dendritic compartment that exists in *Fmr1* KO PNs as a result of deficient  $\alpha 5$ -subunit-mediated tonic inhibition may therefore contribute to a generalization or weakening of distinct plastic changes necessary to appropriately code incoming sensory information and maintain proper associations between BLA afferents representing for instance the conditioned stimulus and unconditioned stimulus in the typical fear-conditioning paradigm. This deficit may also compound known ineffective plasticity mechanisms at glutamatergic synapses instigated by the loss of FMRP in these compartments (Suvrathan et al. 2010). This combined phenomenon could at least partially underlie amygdala-related phenotypes in the *Fmr1* KO mouse; particularly fear conditioning and extinction deficits and anxiety. Currently, however, no studies have addressed this possibility.

Overall PN excitability control is complementary to maintenance of proper dendritic coding. To this end,  $\delta$ - and  $\alpha 3$ -subunit-containing receptors that are conspicuously positioned closer to the soma and axon initial segment compared to  $\alpha 5$ -subunit-containing receptors probably play an important role. As described above, *Fmr1* KO PNs show a hyperexcitability phenotype defined by a decreased threshold to fire action potentials. In conjunction with this phenotype, *Fmr1* KO mice demonstrate hyperactive behavior compared to their wild-type counterparts. Supplementation with THIP, the  $\delta$ -subunit-specific GABAergic super agonist improves both the in vitro cellular hyperexcitable phenotype, shifting firing threshold to wild-type levels (Olmos-Serrano et al. 2010) as well as the in vivo behavioral hyperactivity by reducing hyperactive behavior close to wild-type levels when acutely injected (Olmos-Serrano et al. 2011). These results establish the efficacy of targeting at least  $\delta$ -subunit-specific tonic inhibition to reduce the expression of FXS phenotypes. Consequently given the division of labor by tonic components in the amygdala ( $\alpha 5$  vs.  $\delta/\alpha 3$ ), distinct pharmacological targeting of these

components may improve discrete but complementary dysfunctions in amygdala coding and excitability related to various amygdala-based dysfunctions in FXS.

### 13.3 Tonic Inhibitory Transmission in FXS: A Cause or a Cure?

Multiple factors likely contribute to the hyperexcitable phenotype in FXS, so it is worth asking, “Does the presence of defective tonic inhibitory transmission directly produce the phenotype or is tonic GABAergic deficiency simply a viable therapeutic target to correct that phenotype?” As of yet, the  $\delta$  subunit is the only GABA<sub>A</sub> receptor subunit mRNA identified as a direct target of FMRP (Dichtenberg et al. 2008; Miyashiro et al. 2003). Despite the known interaction, current studies reveal little about how FMRP modulates  $\delta$  subunit mRNA translation and subsequent tonic GABA<sub>A</sub> receptor assembly. Basic alterations in GABA<sub>A</sub> receptor subunit expression may be regulated in an activity-dependent manner (Huntsman et al. 1994). If FMRP regulates  $\delta$  subunit expression, the reduction of at least the  $\delta$ -subunit-mediated tonic conductance in *Fmr1* KO mice could result from a failure of compensatory mechanisms to regulate changes in neuron and circuit excitability. Additionally, some recent evidence indicates that GABA<sub>A</sub> receptor subunit translation depends on the concurrent translation of compatible subunits. For instance, the loss of  $\beta 2$  subunit expression in mice results in decreases in expression of GABA<sub>A</sub> receptor  $\alpha$  subunits normally assembled with  $\beta 2$  subunits (Sur et al. 2001). In this way, a similar misexpression of the  $\delta$  subunit in FXS could downregulate translation of coassembled subunits (i.e.,  $\alpha 4$  or  $\beta 1,2,3$ ), which may then subsequently produce a cascade of alterations of additional subunit expression, tonic (i.e.,  $\alpha 5$ ) and/or phasic (i.e.,  $\alpha 1$ ). However, this possibility has not yet been directly explored.

Using the FXS BLA as an example, reduction in GABA<sub>A</sub> receptor expression related to the loss of FMRP, especially in combination with presynaptic GABA production and release deficits (Vislay et al. 2013; Olmos-Serrano et al. 2010; D’Hulst et al. 2006; Gantois et al. 2006) could cause a loss of tonic inhibitory tone that may contribute to PN hyperexcitability in FXS. However, some evidence does not fully support this conclusion. For instance the reduction of a persistent tonic inhibitory conductance does not correlate with changes in some passive membrane properties of *Fmr1* KO PNs compared to wild type. Properties such as input resistance and membrane decay constant do not show significant differences (Olmos-Serrano et al. 2010). Since tonic GABAergic conductance has been shown to heavily modulate gain in neurons (Semyanov et al. 2003; Mitchell and Silver 2003) one might expect a decrease in tonic GABAergic tone to be accompanied by an increase in membrane input resistance. However, this condition is not the case perhaps owing to compensatory expression of other channels such as potassium channels. Although input resistance does not seem to rely on the level of tonic conductance in *Fmr1* KO PNs, recent evidence from the hippocampus suggests that GABAergic tonic conductance can sometimes principally affect membrane offset independently of

gain, if those participating tonically active receptors outwardly rectify and therefore pass a greater amount of current at more depolarized (near action-potential threshold) membrane potentials (Pavlov et al. 2009). A close examination of the input/output curves of *Fmr1* KO versus wild-type PNs reveals that the slope of the curve and therefore neuronal gain appears unchanged while only the offset appears affected between genotypes (Olmos-Serrano et al. 2010). Therefore, while not yet directly tested, a persistent tonic conductance in BLA PNs could potentially outwardly rectify similarly to those currents in the hippocampus and perform the role of maintaining neuronal offset. Indeed all the possibilities described above remain speculative and changes in PN excitability in the *Fmr1* KO BLA likely result from a combination of mechanisms involving deficient phasic and tonic GABAergic inhibition as well as altered passive and active membrane properties that rely on changes in voltage activated sodium, calcium, and potassium channel expression yet to be investigated in FXS.

Regardless of the degree of cause that can be attributed to deficient tonic conductance in determining cell excitability in FXS, it remains clear that supplementation can improve FXS phenotypes making GABAergic tonic conductance a viable target for FXS treatment (Olmos-Serrano et al. 2010, 2011). GABAergic tonic conductance is many orders of magnitude stronger than phasic inhibitory conductance and therefore can more effectively and dynamically control neuronal gain and/or offset (Semyanov et al. 2003; Mitchell and Silver 2003). Therefore, specifically targeting tonic conductance can affect cell and network excitability more readily than targeting phasic inhibitory transmission. In addition, pharmacological targeting of extrasynaptic receptors may carry reduced potential for unwanted side effects by enabling targeting of a more specific GABA<sub>A</sub> receptor pool. For example, benzodiazepines are known to be effective GABA<sub>A</sub> receptor agonists that permit limited drug interactions and typically affect phasic receptors but also have efficacy at some tonic receptors (i.e.,  $\alpha 5$ -subunit containing) (reviewed in Mohler et al. 2004). Benzodiazepine sensitive GABA<sub>A</sub> receptor subtypes mediate different aspects of receptor activation such as anxiolytic or sedative actions based on composition (reviewed in Mohler et al. 2004). Although GABA<sub>A</sub>-receptor-subtype-specific benzodiazepines have been synthesized, a residual degree of benzodiazepine promiscuity with nontargeted GABA<sub>A</sub> receptor subtypes or unwanted effects in networks outside the region of interest contributes to often unwanted side effects related to increased somnolence, respiratory depression, and rebound symptoms such as increased anxiety when treatment is discontinued (Nemeroff 2003). Targeting extrasynaptic receptors such as the  $\delta$ -subunit-containing receptor provides a more isolated pharmacological target. For example, compounds that preferentially activate these extrasynaptic GABA<sub>A</sub> receptors such as neuroactive steroids (see Chap. 10) often have a much greater specificity for extrasynaptic receptors than they have for phasic receptors (Reddy 2010). These compounds are effective at reducing hyperexcitability in FXS as demonstrated by the reduction of audiogenic seizures in mice dosed with the neuroactive steroid ganaxolone (Heulens et al. 2012). In addition, as described above, the  $\delta$ -subunit preferring agonist THIP can rescue cellular and behavioral phenotypes in the *Fmr1* KO mouse (Olmos-Serrano

et al. 2010, 2011). Thus, deficient tonic conductance may not lie at the root of the disorder, but the strength of its ability to modulate neuronal networks makes tonically active GABA<sub>A</sub> receptors promising sites of therapeutic intervention for a myriad of FXS symptoms including autistic behaviors, epilepsy, and anxiety.

## Conclusions

An emerging theme in neurodevelopmental disorders implicates defective GABAergic system components as a major contributor to specific cellular, circuit, and behavioral phenotypes. Studies in *Fmr1* KO mice reveal disturbances of the GABAergic system and functional inhibitory neurotransmission in a number of brain regions that are highly relevant to the FXS phenotype including the amygdala. Thus, the GABAergic system presents an important pharmacological target for the treatment of a number of the neurological manifestations of FXS. The biophysical aspects and extrasynaptic localization of tonically active GABA<sub>A</sub> receptors makes these particular GABAergic components intriguing candidates to improve function of abnormally developed networks by regulating circuit excitability and output.

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