



Ethanol and NMDA Receptor Interactions: Implications for Pharmacotherapeutic Treatments

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Alcohol abuse and dependence constitutes a significant societal and global burden; however, the basic scientific knowledge underlying the development and maintenance of alcohol dependence is limited, resulting in few pharmacotherapies and high rates of relapse following abstinence. A growing body of evidence supports an interaction between ethanol (EtOH) and N-methyl-D-aspartate receptors (NMDARs) in mediating the acute and chronic effects of EtOH. The aim of this review is to synthesize the current knowledge of this interaction on the molecular, cellular and behavioral levels and highlight possible avenues for pharmacotherapeutic treatments.

Key words: ethanol, NMDA receptor, neurotransmission, alcoholism

Alcohol abuse and dependence constitutes a significant societal and global burden as a result, in part, of its actions on the central nervous system (CNS)¹. Despite this substantial impact, the basic scientific knowledge underlying the development and maintenance of alcohol dependence is limited, resulting in few pharmacotherapies and high rates of relapse following abstinence^{2,3}. A growing body of evidence, however, supports an interaction between ethanol (EtOH) and N-methyl-D-aspartate receptors (NMDARs), a subclass of receptors activated by the major excitatory neurotransmitter glutamate, in mediating the acute and chronic effects of EtOH. The aim of this review is to synthesize the current knowledge of this interaction on the molecular, cellular and behavioral levels and highlight possible avenues for pharmacotherapeutic treatments.

Acute EtOH and NMDARs

Initial evidence for an acute interaction between EtOH and NMDARs was first reported when electrophysiological

data revealed that EtOH dose-dependently inhibits NMDARs at concentrations that parallel intoxication in human subjects⁴. This finding was substantiated at the behavioral level by self-administration studies demonstrating that NMDAR antagonists substitute for EtOH in rats⁵⁻⁷ while human subjects report EtOH-like effects following NMDAR antagonist administration^{8,9}. Finally, pretreatment with an NMDAR antagonist following administration of EtOH prevents the development of acute tolerance^{10,11}.

Acute EtOH and NMDAR subunits

NMDARs are composed of two obligatory NMDA receptor 1 (NR1) subunits and at least one type of regulatory NR2A-D subunit or NR3A-B subunits¹². The strongest subunit-specific evidence of EtOH inhibition focuses on the NR2A and NR2B subunits. Recombinant studies in *Xenopus* oocytes demonstrate an increased inhibitory sensitivity to EtOH in receptors expressing the NR2A and NR2B subunits, as compared to the NR2C and NR2D subunits, with equal sensitivity of the former two subunits in HEK 293 cells¹³⁻¹⁵. A more detailed analysis revealed that EtOH interacts with the fourth membrane-associated domain of the NR2A subunit in HEK 293 cells while no such data to date has been reported for the NR2B subunit^{16,17}.

In neurons, however, a prominent role for the NR2B subunit has emerged. Several studies demonstrated that select neurons sensitive to the NR2B antagonist ifenpro-

Received: October 29, 2009; Revised: November 9, 2009; Accepted: November 11, 2009

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dil were similarly sensitive to EtOH, suggesting that the physiological consequence of EtOH inhibition is mediated by NR2B-expressing receptors in developmentally mature neurons¹⁸⁻²¹.

Behavioral studies involving pharmacologically manipulated mice targeted at the NR2B subunit support its involvement in specific acute behavioral responses to EtOH; pretreatment with a NR2B antagonist increased the sedative/hypnotic effect of acute EtOH in mice^{22,23}.

Acute EtOH and NMDAR downstream signaling pathways

NMDARs are ligand-gated ionotropic receptors that, upon glutamate binding, are permeable to calcium ions and initiate downstream signal transduction pathways¹². Expectedly, EtOH inhibition reduces calcium ion influx and calcium-dependent synthesis of cyclic GMP^{24,25}. Further research, however, has detailed specific downstream responses to EtOH.

NMDARs interact with RhoGTPase-activating proteins (RhoGAPs) to regulate dendritic spine morphology²⁶, and various RhoGAP splice variants in *Drosophila* mediate the stimulating or sedating effects of acute EtOH at low or high doses respectively²⁷. Furthermore, mice lacking Eps8, a protein that interacts with NMDARs and regulates actin dynamics, show a diminished behavioral response and corresponding resistance to actin remodeling following acute EtOH administration²⁸. Taken together, these results suggest that EtOH inhibition of NMDARs influence cytoskeletal remodeling and may contribute to the structural adaptations associated with chronic EtOH administration²⁹.

Quantitative trait locus and gene array analyses of mice selectively bred for behavioral sensitivity to acute EtOH reveal an influential role for, among other genes, NMDARs and its downstream modulators. Studies report alterations of the NR1 subunit, zinc finger protein 179, a member of the RING finger protein family induced following NMDAR activation³⁰⁻³², and peroxiredoxin, a protein with antioxidant function in response to NMDAR activation³³. Collectively, these data suggest NMDARs and various downstream molecules influence the acute behavioral response to EtOH.

EtOH has been shown to inhibit NR2A- and NR2B-expressing receptors, in part, by dephosphorylation via tyrosine phosphatases³⁴. Compensatory phosphorylation of NMDARs, which increases open channel probability by reducing the voltage-dependent magnesium ion blockage³⁵, has emerged as a common cellular mechanism, an

effect termed homeostatic phosphorylation. Following acute EtOH administration, dopamine receptor 1 (D1) activation of dopamine and cAMP-regulated phosphoprotein-32 kD (DARPP-32) phosphorylates the NR1 subunit in the nucleus accumbens of mice³⁶, while transient phosphorylation of NR1 by the cAMP-dependent protein kinase A (PKA) has been reported in the ventrolateral medulla in the rat³⁷. Interestingly, mice lacking various isoforms of adenylate cyclase, the enzyme responsible for cAMP synthesis, display abnormal PKA substrate phosphorylation, increased sedation following EtOH administration, and decreased voluntary EtOH consumption³⁸. These studies demonstrate an influential role of adenylate cyclase, cAMP, DARPP-32, and NR1 homeostatic phosphorylation in response to acute EtOH administration.

EtOH also induces regionally specific homeostatic phosphorylation of the NR2B subunit via activation of Fyn, a tyrosine kinase associated with EtOH dependence in human populations³⁹. Acute EtOH administration increases NR2B tyrosine phosphorylation in the hippocampus, an effect not seen in Fyn knock-out (KO) mice^{40,41}. The homeostatic phosphorylation by Fyn is manifested behaviorally; Fyn KO mice show an enhanced sensitivity to the sedative/hypnotic effects of ethanol⁴¹ while an opposite effect is observed following overexpression of Fyn in the forebrain⁴².

Acute EtOH administration also increases NR2B phosphorylation and Fyn activation in the dorsal striatum⁴³. Given that this region is implicated in habit-based learning and sensitive to drugs of abuse⁴⁴, injection of a Fyn inhibitor into this region reduces EtOH self-administration in rats⁴³. Interestingly, following the removal of EtOH from brain slice preparations, the electrophysiological response of NR2B-expressing receptors in the dorsal striatum is enhanced (termed 'long term facilitation'), providing a plausible mechanism for sustained cellular alterations⁴³.

Finally, acute EtOH activates the GTP-binding protein H-Ras and inhibits the tyrosine kinase Src to promote the endocytosis of NR2A-expressing receptors⁴⁵. This selective endocytosis results in an increase in the proportion of NMDARs solely expressing the NR2B subunit as compared to those expressing both the NR2A and NR2B subunits⁴⁵. This shift highlights the recruitment of cellular machinery responsible for receptor trafficking in response to EtOH and may be the initial manifestation of a more stable shift in subunit ratio observed after chronic ethanol administration.

Chronic EtOH and NMDARs

Behavioral tolerance following chronic EtOH treatment (CET) is dependent on repeated NMDAR inhibition and is blocked following pre-treatment of an NMDAR antagonist⁴⁶. CET results in an up-regulation of NMDARs as measured by an increase in NMDAR radioligand binding^{47,48} (but see^{49,50}); however, further research suggests that this up-regulation may be subunit specific.

Supporting this hypothesis, CET increases NMDA-mediated neurotoxicity in neurons found in the cortex⁵¹, the hippocampus⁵², and the granule cell layer of the cerebellum⁵³. NMDAR-mediated neurotoxicity is thought to be the result of excessive activation of NR2B-expressing receptors⁵⁴ suggesting a subunit-specific up-regulation of these receptors. Although the NR1 and NR2A subunits have been reported to be up-regulated following CET, NR2B up-regulation has been the most consistently reported and replicated. The subunit is up-regulated in the cortex⁵⁵⁻⁵⁸, the hippocampus^{55,59}, and the amygdala^{60,61}. In addition, the NR1 subunit is up-regulated in the ventral tegmental area (VTA)⁶². Importantly, glutamatergic inputs from the prefrontal cortex, hippocampus and amygdala, along with modulating dopaminergic input from the VTA, converge and are integrated in the nucleus accumbens, a region important for reinforced behavior^{63,64}. Thus, it is hypothesized that NR2B up-regulation following CET may underlie the adaptive neurocircuitry driving persistent EtOH-seeking behavior⁶⁵.

Supporting this hypothesis, CET alters the electrophysiological and morphological properties of neurons. Following CET, ifenprodil occludes the inhibitory effects of EtOH on excitatory postsynaptic currents in the central nucleus of the amygdala, an effect that was less in naïve rats, and suggests an up-regulation of functional NR2B-expressing receptors⁶⁶. Similar results were observed in the lateral/basolateral amygdala⁶¹. Structurally, CET results in an enlargement of dendritic spines as measured by increased immunoreactivity of the cytoskeletal protein F-actin and the postsynaptic scaffolding protein PSD-95, which serves to stabilize synaptic NMDARs and organize downstream signaling molecules²⁹. Taken together, CET alters the functional and structural properties of neurons possibly by up-regulation of NR2B-expressing receptors.

CET-induced up-regulation of NR2B subunits involves a variety of mechanisms. An extracellular physical interaction between tissue plasminogen activator (tPA) and the NR2B subunit is required for up-regulation following CET⁶⁷. Intracellularly, CET increases DNA binding and promoter activity of the transcription factor

activator protein 1 (AP-1) at its NR2B-specific site^{68,69}. AP-1 complexes, heterodimers consisting of members from the Fos, Jun and activating transcription factor (ATF) protein families⁷⁰, differ between cortical and cerebellar granule cells following CET but may involve these various protein family^{68,69}.

It is therefore hypothesized that repeated inhibition of NMDARs following CET results in more structural homeostatic response involving the up-regulation of NMDARs. Disruption of this inhibition or in receptor up-regulation results in abnormal EtOH-related behavior. Pre-treatment with some, but not all, NMDAR antagonists prior to EtOH administration prevents the acquisition of a conditioned place preference^{71,72}, and has been reported in mice lacking the NR2A subunit⁷³. Furthermore, mice in which the NR1 subunit was engineered for a reduced affinity for glycine, a co-agonist that potentiates NMDAR channel properties, show reduced anxiety-like behavior and motor incoordination following CET⁷⁴.

Once NMDAR up-regulation is established, it is hypothesized that elimination of EtOH results in a hyperglutamatergic state that perpetuates EtOH-seeking behavior⁷⁵. Global administration^{76,77} or specific injection into the nucleus accumbens^{78,79} of NMDAR antagonists reduces EtOH self-administration in rodents. Interestingly, administration of an NMDAR antagonist to rats exposed to stimuli associated with CET reduces EtOH-seeking behavior when re-presented with EtOH-cues⁸⁰. Together, these studies suggest that modification of excessive glutamatergic transmission may reduce EtOH-seeking behavior.

Alcohol dependence and development of pharmacotherapies

Clinical research on alcohol dependence supports the involvement of excessive glutamatergic transmission mediated by NMDARs. Recovering alcohol-dependent subjects report less subjective effects after administration the NMDAR antagonist ketamine, suggestive of a pre-disposed tolerance due to EtOH-induced NMDAR upregulation⁸¹. Non-dependent subjects with a family history of alcoholism also showed attenuated responses to ketamine compared to those with no family history and suggest that heightened glutamatergic transmission may be a pre-disposing trait to be exacerbated by chronic alcohol consumption⁸². Recovering alcohol-dependent subjects also have increased levels of glutamate, glycine and the resulting markers of oxidative stress in their cerebral spinal fluid⁸³. Finally, the NMDAR antagonist

memantine reduces cue-induced craving in recovering alcohol-dependent subjects⁸⁴.

Give the evidence for altered glutamatergic transmission, preventative and corrective modulation may serve as a potential pharmacological target in the treatment of alcohol dependence. Preventative targets include NMDARs and various downstream signaling molecules activated following NMDAR inhibition. Prevention of NMDAR up-regulation by inhibition of transcription factors, trafficking proteins, synaptic incorporation and stabilizing scaffolding proteins may prevent excessive glutamatergic transmission. Once receptor up-regulation has occurred, targets that restore proper glutamatergic tone by antagonizing or down-regulating NMDARs, possibly targeted at NR2B-expressing receptors⁸⁵, or inhibiting downstream signaling molecules may provide corrective therapy.

CONCLUSION

EtOH inhibits NMDARs within the CNS, with possible neural functioning and specific behavioral responses mediated by an interaction with the NR2B subunit. As a result, regionally specific homeostatic responses and downstream signaling molecules are engaged affecting channel function, cytoskeletal remodeling and behavior. Persistent inhibition by EtOH results in up-regulation of NMDARs, consequential alterations in the functional and morphological properties of neurons, and activation of transcription factors to create an excessive glutamatergic state. Attenuation of this enhanced state reduces EtOH-seeking behavior and may provide a pharmacological target for the treatment of alcohol dependence.

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