

# Presynaptic Modulation Controlling Neuronal Excitability and Epileptogenesis: Role of Kainate, Adenosine and Neuropeptide Y Receptors\*

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Based on the idea that seizures may arise from an overshoot of excitation over inhibition, all substances that may decrease glutamatergic function while having no effect or even increasing GABAergic neurotransmission are likely to be effective anticonvulsants. We now review the possible role of three such neuromodulators, kainate, adenosine, and neuropeptide Y receptors in controlling hyperexcitability and epileptogenesis. Particular emphasis is given on the robust neuromodulatory role of these three groups of receptors on the release of glutamate in the hippocampus, a main focus of epilepsy. Moreover, we also give special attention to the mechanisms of receptor activation and coupled signaling events that can be explored as attractive targets for the treatment of epilepsy and excitotoxicity. The present paper is a tribute to Arsélio Pato de Carvalho who has been the main driving force for the development of Neuroscience in Portugal, notably with a particular emphasis on the presynaptic mechanisms of modulation of neurotransmitter release.

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**KEY WORDS:** Kainate receptors; adenosine receptors; neuropeptide Y receptors; glutamate; epilepsy; hippocampus.

## INTRODUCTION

Epilepsy is probably a multietiological group of diseases that has a high incidence worldwide (1). However, therapy for epilepsy is mostly palliative because it is essentially aimed at alleviating the symptoms of epilepsy, that is, seizures (2). In fact, seizures are the phenotypic expression of a largely undefined cascade of events involving functional and structural changes, globally termed epileptogenesis (3), that may take years to result in clinical expression (4,5). Seizures

result from the recurrent firing of excitatory neurons resulting from an imbalance toward a hyperexcitability state (6,7). This repetitive firing leads to excessive release of glutamate, the main excitatory neurotransmitter in the central nervous system, and ultimately to neuronal cell death (8–11), as illustrated by mesial temporal sclerosis, a hallmark of one of the most common adult forms of treatment-resistant epilepsy, temporal lobe epilepsy (12,13).

The more popular antiepileptic drugs have been developed as activity-dependent inhibitors of voltage-sensitive sodium channels (14,15). These antiepileptic drugs are mostly effective to control burst firing, which is characteristic of a seizure rather than non-burst-like nerve impulses. Incidentally, these drugs are also effective in attenuating the progression of seizures into status epilepticus (16), in accordance with Gower's concept of "seizures beget seizures." However, with progression

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of disease, there is a loss of efficiency of antiepileptic drugs (2), probably because these drugs may not have a direct effect on epileptogenesis or on neuronal cell death (16). Another possible target for therapeutic intervention to manage epilepsy might be restraining the excessive release of glutamate that occurs during seizures (17). This might be a promising strategy because glutamate has a triple role in (i) mediating firing on hyperexcitability of neuronal circuits (17–19); (ii) mediating synaptic plasticity phenomena that involve both functional and structural changes in neuronal circuits (20); and (iii) mediating excitotoxicity and neuronal cell death (21).

We are particularly interested in presynaptic modulatory systems that selectively modulate the release of glutamate rather than of inhibitory neurotransmitters such as GABA and that may be upregulated either by seizures or by the epileptogenic process. In this review, we consider three neuromodulatory systems that fulfil these two criteria, namely the neuromodulatory systems operated by kainate, adenosine, and neuropeptide Y (NPY) receptors.

### Kainate Receptors

Glutamate is the principal excitatory neurotransmitter in the mammalian brain. In the hippocampus it plays a major role in synaptic transmission, but in situations of excessive glutamate release, such as epilepsy or excitotoxicity, glutamate may also be a key trigger of neuronal dysfunction (22,23). Presynaptic ionotropic and metabotropic glutamate receptors have been shown to modulate the release of important neurotransmitters in the brain (24,25). Among the identified presynaptic glutamate receptors, the role of kainate receptors has remained enigmatic for a long time. Now, an increasing number of reports have contributed to open new windows of knowledge about the functional properties of presynaptic kainate receptors, in particular in relation to hippocampal function and epilepsy. It has long been known that administration of kainate induces seizures, and indeed intraperitoneal or intracerebroventricular injection of kainate in rats has been used as an animal model of induction of temporal lobe epilepsy (26). On the other hand, it is known that kainate receptors are particularly abundant in the CA3 stratum lucidum (27,28) and that the selective lesion of the mossy fiber projections blocks kainate-induced seizures (28,29). In fact, kainate receptors are emerging as one of the key elements in hippocampal neuronal pacemaker activity and epileptogenesis (30).

Five different kainate receptor subunits were cloned (31,32). These subunits can form low-affinity kainate receptors, GluR5, GluR6, and GluR7, or high-affinity kainate receptors that includes KA1 and KA2 subunits. In addition, four GluR5 (GluR5-1, GluR5-2a, GluR5-2b, and GluR52c) and two GluR7 (GluR7a and GluR7b) alternative splice variants were also identified (31,32). Moreover, mRNA editing at the Q/R site, in the intracellular membrane loop between transmembrane domains 1 and 3, contributes to the generation of two alternative forms of GluR5, and editing at the same Q/R site and at the I/V and Y/C sites in the transmembrane domain 1 contribute to six different forms of GluR6 subunits (31,32).

Native ionotropic glutamate receptors, including kainate receptors, may be constituted by tetrameric organization of receptors subunits (33). The putative diversity of the subunit organization at native receptors can contribute to a significant variability of receptors with different pharmacological properties.

In contrast to AMPA receptors, kainate receptors are activated by lower concentrations of kainate as compared with AMPA. The general agonist potency order for kainate receptor activation is domoate > kainate > glutamate > AMPA for low-affinity kainate receptors, and kainate > domoate > glutamate >> AMPA for high-affinity kainate receptors (34). However, in contrast to the effect of kainate at AMPA receptors, the activation of kainate receptors with kainate results in a desensitizing response (35,36), and this desensitization is prevented by concanavalin A (36,37). In recent years, several agonists and antagonists selective for kainate receptor subunits have been actively produced, increasing the available tools for selective targeting of kainate receptors (38,39).

*Presynaptic and Postsynaptic Kainate Receptors in the Hippocampus.* The role of postsynaptic kainate receptors in synaptic transmission in the hippocampus was revealed as a result of the availability of efficient and selective AMPA receptor antagonists (40,41). However, the activity of these receptors is normally masked by the highly active AMPA receptors, and it is clearly difficult to find a role for kainate receptors in mediating fast neurotransmission (40–42). Similarly to what is known for ATP/P2 and nicotinic receptors signaling systems in the central nervous system, there is a paradox between robust receptor expression and inability to clearly identify a role in neurotransmission, suggesting that these receptors may behave as neuromodulatory systems (43). Interestingly, the activation of postsynaptic kainate receptors was also shown only to occur upon the stimulation at high-frequency of mossy fiber afferents

(44). This frequency-dependent activation of postsynaptic kainate receptors may suggest that kainate receptors are located at the periphery of the postsynaptic junction or also may be regarded as the result of presynaptic modulatory events initiated by glutamate-dependent retrograde mechanisms at the presynaptic terminal. Together, these observations strongly support the existence of a presynaptic target for kainate as a potential element responsible for the biological effects of kainate and domoate in the hippocampus. This putative kainate receptor located presynaptically at mossy fiber terminals is responsible for glutamate-induced glutamate release, which may be responsible for the strong epileptogenic and excitotoxic action of kainic acid at the CA3 area of the hippocampus, was visionarily hypothesized two decades ago (27).

*Mossy Fiber Presynaptic Kainate Receptors, Glutamate Release, and Epileptogenesis.* Presynaptic modulation of glutamatergic neurotransmission by kainate receptors has only recently reached relative consensus. For more than two decades the clear identification of the molecular target of the strong epileptogenic compound kainate, in the hippocampus, remained undetermined. However, in the last decade the cloning of kainate receptor subunits (31,45) and the identification of functional presynaptic kainate receptors by neurochemical (34,46–48) and by electrophysiological techniques (37,42,49–51) revealed an important molecular target for presynaptic modulation of glutamate and GABA release in the hippocampus.

The stratum lucidum of the CA3 area of the hippocampus is the brain area with the highest density of kainate receptors (30,52). Selective lesion of the mossy fiber projections and immunohistochemistry studies indicated that part of the kainate receptors in the stratum lucidum are presynaptically located at mossy fiber terminals (28,29,53). Following the selective lesion of the mossy fiber projections or following neonatal  $\gamma$ -irradiation, causing granule cell death, a significant decrease in the expression of high-affinity kainate binding sites and reduction of kainate-induced epileptiform discharges was observed (28–30). In agreement with the hippocampal expression of kainate receptor subunits (45,54) it may be expected that kainate receptors containing GluR6, KA1, and KA2 subunits may play a major role in mossy fiber synapses. Interestingly, GluR6 knockout mice are significantly less sensitive to kainate-induced epilepsy and excitotoxicity, indicating a major role for GluR6-containing receptors in the physiology of mossy fiber synapses (44).

Presynaptic kainate receptors in the CA3 area of the rat hippocampus directly modulate the intracellular free

Ca<sup>2+</sup> concentration (46,55) and induce the exocytotic release of glutamate (47,56–58), contributing to the generation of a positive feedback mechanism responsible for glutamate-induced glutamate release (27,34,58). This focus of excitability in the hippocampus may play a relevant role in LTP (56,59) and under pathological noncontrolled activation, for example, domoic acid intoxication (60), may contribute to the generation of epilepsy (30) and excitotoxicity (44) of CA3 pyramidal cells.

*Subunit Composition of Mossy Fiber Presynaptic Kainate Receptors.* In spite of the very important findings in the investigation of presynaptic kainate receptors at the mossy fiber synapses, another major issue still lacks consensus: the subunits involved in the organization of the native receptors. The identification of the subunit composition of the presynaptic and postsynaptic kainate receptors in hippocampal circuits may prove to be extremely important because the development of selective drugs differentially targeting presynaptic or postsynaptic receptors may play a key role in the future development of new antiepileptic strategies.

Studies with knockout mice for GluR6 and GluR5 indicate that GluR6 but not GluR5 subunit-containing receptors play a role in the presynaptic modulation of glutamate release from mossy fiber terminals (44,61). Supporting a role for GluR6 subunit-containing kainate receptors at CA3 nerve terminals, responsible for the modulation of intracellular Ca<sup>2+</sup> and glutamate release, our group determined the agonist potency order in increasing the intracellular free Ca<sup>2+</sup> concentration: domoate (EC<sub>50</sub> 0.16  $\mu$ M) > kainate (EC<sub>50</sub> 0.86  $\mu$ M) > AMPA (EC<sub>50</sub> 43.04  $\mu$ M) (34,46,47).

Other studies indicate a preferential role for GluR5 subunit-containing receptors in the presynaptic effects of kainate receptor agonists at mossy fiber synapses. It was shown that ATPA, a GluR5 kainate receptor agonist, depresses the mossy fiber-evoked synaptic transmission (41,62,63). On the other hand, the GluR5 antagonist LY382884 was able to inhibit the frequency-dependent facilitation of mossy fiber transmission (56,57,63). The latter studies indicate a role for GluR5 subunit-containing presynaptic autoreceptor, at the mossy fiber terminals, responsible for frequency-dependent facilitation of glutamate release. However, it is essential to keep in mind that the selectivity of kainate receptor agonists and antagonists was mainly tested in heterologous expression systems rather than in native receptors. Post-transcriptional region-specific modification of kainate receptor subunits, and the site-specific organization of kainate receptor subunits into functional native receptors, may hamper the interpretation about selectivity of the developed agonists

and antagonists. Moreover, the distribution of mRNA for the GluR5 subunit mainly in interneurons does not favor the involvement of GluR5 subunits in the assembly of presynaptic kainate receptors at mossy fiber terminals (64). However, the distribution of mRNA is not absolutely indicative of the location of the expression of the receptor proteins, especially in the case of synaptic receptors. So, one cannot exclude that the detected low levels of mRNA for GluR5 in dentate granular cells may account for the expression of GluR5 subunits at the mossy fiber nerve terminals.

Recently we found that in the CA3 area of the hippocampus GluR5, GluR6, and KA2 (but not KA1) subunits are present in significant levels in the presynaptic fraction of the synaptic junctions, and so may eventually account for the assembly of functional kainate receptors in CA3 nerve terminals (Pinheiro et al., unpublished observations). This study was based on a method of separation of presynaptic and postsynaptic proteins from the synaptic junctions (65) and identification of the receptor subunits by Western blotting. Using this strategy we recently identified surprisingly high levels of presynaptic AMPA receptor subunits in the rat hippocampus (66).

*Depression of Excitatory Synaptic Transmission by Presynaptic Kainate Receptors.* The prevalent view of kainate as a strong epileptogenic and excitotoxic compound in the hippocampus has been challenged by the finding that kainate receptor activation displays a biphasic response in CA1 Schaffer collateral synapses (42). At lower concentrations, kainate facilitates the isolated NMDA receptors-mediated EPSCs, whereas higher concentrations of kainate cause a depression of the NMDA-mediated EPSCs through the activation of presynaptic kainate receptors (42). Moreover, the same authors also showed that activation of presynaptic kainate receptors in rat hippocampal synaptosomes inhibit the KCl-evoked release of glutamate (42). Accordingly, a presynaptic kainate-receptor mediated inhibition of the fEPSPs and EPSCs in the CA1 (62,67) and CA3 areas (68,69) was reported.

The puzzling presynaptic inhibition mediated by excitatory ionotropic receptors has been critically evaluated, and the mechanisms underlying depression of glutamatergic transmission and inhibition of glutamate release are still the subject of debate, and no consensus has yet been reached. Several different possibilities have been tested, including (i) the inhibition of presynaptic voltage-sensitive  $Ca^{2+}$  channels (67,68); (ii) hyperpolarization of nerve terminals as a result of influx of chloride through GluR6 containing subunits (70); (iii) intracellular coupling of presynaptic kainate receptors to Gi/Go

proteins at glutamatergic nerve terminals (69); and (iv) decrease of the quantal release, probably because of sustained activation of presynaptic kainate receptors (61). The apparent contradictory findings may reflect cell and circuit variability in the hippocampus, as well as the likely multifactorial involvement of the identified processes in the inhibition of glutamate release.

*Presynaptic Kainate Receptors and GABA Release.* Presynaptic kainate receptors on GABAergic terminals that are able to reduce the evoked release of GABA and to depress the inhibitory synaptic transmission, in the hippocampus, have also been identified by several groups (48,50,51). However, the mechanism by which kainate receptors depress inhibitory synaptic transmission has been a matter of conflicting interpretation (30,32).

A group of reports attribute to presynaptic kainate receptors a direct presynaptic inhibition of the evoked release of GABA and depression of inhibitory transmission (32,48,50,51). The functional coupling between receptor activation and inhibition of GABA release inhibition was claimed to involve inhibitory G proteins (71–74), an interpretation based on the sensitivity to pertussis toxin of kainate receptor-induced depression of inhibitory synaptic transmission (71–73). Moreover, both protein kinase C and protein kinase A were shown to be involved in the downstream intracellular execution mechanisms leading to inhibition of GABA release (73,74). Other groups postulated that the kainate receptor-mediated depression of inhibitory synaptic transmission can be caused by a massive neuronal depolarization resulting from generation of ectopic action potential in axons (75) or, alternatively, caused by activation of GluR5 and GluR6-containing postsynaptic kainate receptors in interneurons (30,76–79), consistent with the expression of both subunits at a population of hippocampal interneurons (80). It was hypothesized that the resulting release of GABA from interneuronal terminals decreases the input membrane resistance of CA1 pyramids due to hyperactivation of GABA<sub>A</sub> receptors (30,76). Alternatively, at the presynaptic level GABA may activate presynaptic GABA<sub>B</sub> receptors (81) or the repetitive firing of interneurons may cause exhaustion of releasable synaptic vesicles containing GABA (30).

Recently, new findings challenged our knowledge about functional properties of presynaptic kainate receptors. It was shown that the direct activation of GluR6-containing (but not GluR5-containing) presynaptic kainate receptors increases the efficiency of GABAergic synapses (79,82–84). Interestingly, as shown for glutamatergic synapses, at GABAergic synapses a biphasic response of presynaptic kainate receptors was also found, with low agonist concentration potentiating and

high agonist concentration inhibiting the release of GABA (83).

A general consensus is now on the borderline of acceptance

- A. "Presynaptic kainate receptors efficiently modulate the release of glutamate and GABA and synaptic transmission in a biphasic manner".
- B. "Low concentrations of kainate receptor agonists potentiate, whereas high concentrations inhibit the release of neurotransmitters and synaptic transmission"
- C. "Potentiation of the neurotransmitter release is caused by depolarization involving the influx of cations through the receptor channel."
- D. "Inhibition of neurotransmitter release may be due to:
  1. Interneuron depolarization caused by activation of postsynaptic kainate receptors and massive GABA release, which downregulates GABAergic synapses.
  2. Activation of presynaptic kainate receptors may result in the inhibition of glutamate and GABA release by involving:
    - a) Coupling to metabotropic inhibitory pathways.
    - b) Hyperpolarization resulting from chloride influx.
    - c) Inhibition of voltage-sensitive  $\text{Ca}^{2+}$  channels.
    - d) Exhaustion of ready-to-fuse pool of synaptic vesicles.
  3. A sum of some of the above indicated mechanisms in a regional and circuit-specific fashion."
- E. Kainate is a potent excitatory neurotoxin. Although some mechanisms compatible with a kainate receptor-mediated decrease in excitability were identified, it is not clear how they are physiologically relevant. It is now clear that the prevalent effect of presynaptic kainate receptor activation in the CA3 area of the hippocampus is strongly excitatory and can be involved in synaptic plasticity and in dysfunction such as epileptogenesis and excitotoxicity. The development of new pharmacological tools that can selectively target CA3 presynaptic kainate receptors may represent an important step in the treatment of these disorders.

### Adenosine Receptors

Adenosine is a prototypical neuromodulator because it controls the efficiency of synaptic transmission but is neither released in a transmitter-like fashion

nor does it act vectorially to transmit information between neurons (85,86). The most evident effect of adenosine in the central nervous system is its ability to refrain synaptic transmission and neuronal excitability (87–89). This effect is due to the activation of inhibitory  $A_1$  receptors, the most abundant of the four ( $A_1$ ,  $A_{2A}$ ,  $A_{2B}$ , and  $A_3$ ) metabotropic adenosine receptors in the central nervous system (85,86).

*Extracellular Adenosine Metabolism.* The extracellular levels of adenosine are directly related with the degree of activity of neuronal circuits. Thus, with low frequencies of nerve stimulation (i.e., that do not trigger short- or long-term plasticity phenomena, typically below 0.1 Hz), there is a tonic on-going adenosine  $A_1$  receptor-mediated inhibition of synaptic transmission (90) and the levels of extracellular adenosine raise with single pulsed stimulation of the preparations (91). Extracellular adenosine can result from the extracellular catabolism of ATP that can be released together with neurotransmitters and from other compartments in the brain (43). This released ATP can then be converted into adenosine through the action of a series of ectonucleotidases (92,93). Adenosine can also be released as such through bidirectional and non-concentrative nucleoside transporters (85,94) in stressful situations that cause a minor decrease in intracellular ATP concentrations (3–5 mM) resulting in dramatic changes in intracellular adenosine concentrations (basal concentration of about 50 nM) (85). Note that these metabolic imbalances may be localized in discrete subcellular compartments, such as dendrites, because it is well established that the activation of excitatory amino acid receptors increases the extracellular levels of adenosine (94). However, the main role of these nucleoside transporters is to clear up extracellular adenosine, which is then intracellularly either rephosphorylated into AMP, through adenosine kinase (in neurons), or deaminated into inosine, through adenosine deaminase (mainly in astrocytes) (85,94). Thus the existence of two pathways to form extracellular adenosine is probably due to the fact that adenosine fulfills two parallel functions, as a neuromodulator in nonstressful situations (in which extracellular adenosine is probably mainly formed from released ATP) and as a homeostatic modulator (where extracellular adenosine is probably released as such) (85).

*Effects of Adenosine  $A_1$  Receptors on Neuronal Excitability.* The inhibitory effect of adenosine is particularly evident in excitatory rather than inhibitory neurons in the brain (85). In fact, in some brain areas, such as in the hippocampus, the activation of  $A_1$  receptors only directly inhibits excitatory rather than inhibitory synapses (95,96). The inhibition by adenosine of synaptic transmission essentially results from a

presynaptic effect (97,98), namely to the ability of A<sub>1</sub> receptors to inhibit the evoked release of glutamate (99). This A<sub>1</sub> receptor-mediated control of glutamate release may involve either an inhibition of calcium entry through voltage-sensitive calcium channels (100–102) or a decreased affinity of the calcium sensor responsible for triggering neurotransmitter release (103–106).

The effects of adenosine on neuronal function are not limited to its ability to control the evoked release of glutamate. In fact, A<sub>1</sub> receptors are also located postsynaptically and nonsynaptically in neurons (107). Postsynaptically, A<sub>1</sub> receptors can inhibit NMDA receptors (108,109) and voltage-sensitive calcium channels (110,111). This is probably the basis for the ability of adenosine to control dendritic integration, namely synaptic plasticity phenomena (112). Furthermore, the A<sub>1</sub> receptor-mediated control of NMDA receptor function may be a key feature of the neuroprotective effects of adenosine (113,114). Adenosine also decreases neuronal firing (88,89) acting nonsynaptically mainly through activation of potassium channels leading to neuronal hyperpolarization (115–117). Probably the latter effect plays a key role in the A<sub>1</sub> receptor-mediated control of neuronal circuits, being more evident in situations of burst firing (88).

*Anticonvulsant Properties of Adenosine A<sub>1</sub> Receptors.* A series of studies have shown that administration of adenosine and of A<sub>1</sub> receptor agonists display anticonvulsant properties in different animal models of epilepsy (118–133). Likewise, adenosine and A<sub>1</sub> receptor agonists are also anticonvulsants in in vitro slice models of epilepsy (90,134). In vitro studies have been instrumental to support the idea that the anticonvulsant effect of adenosine may result in part from an inhibition of the evoked release of glutamate, but mainly from the hyperpolarizing action of adenosine mediated by activation of potassium channels (90,124,135). Thus adenosine is particularly effective in controlling secondary after-discharges and in refraining the rate of interictal spiking in brain slice models of epilepsy (132,135,136). Likewise, in animal models of epilepsy, adenosine and A<sub>1</sub> receptor agonists are able not only to increase the threshold for seizure induction but also contribute to seizure arrest (132,133).

The relevance of the adenosine neuromodulatory system for the control of seizures is best illustrated by the proposal that adenosine might be an endogenous anticonvulsant (137). This implies that endogenous adenosine would exert a tonic anticonvulsant effect. This has received direct experimental confirmation by the proconvulsant action of adenosine receptor antagonists (119,120,122,131,138–144). However, except in

the CA3 region of the hippocampus where adenosine receptor antagonists cause a persistent paroxysmal activity (90,145–147), the blockade of adenosine receptors is by itself not sufficient to trigger seizures in naive animals or preparations (132), and adenosine receptor antagonists do not seem to alter the course of a seizure per se (144). However, adenosine receptor antagonists can prolong epileptic seizures (139,140,144) and can convert a pattern of recurrent seizures into status epilepticus (122,131).

The extracellular levels of adenosine raise abruptly with patterns of stimulation that induce seizures (148–154). This increase in extracellular adenosine starts within 10 s of stimulation and peaks at 60–180 min (144,148,150,153). Most importantly, the extracellular levels of adenosine remain elevated postictally and, in keeping with the hypothesis that adenosine is likely to be responsible for much of postictal depression, antagonists of adenosine receptors can reduce the duration of postictal depression (144,155).

Another potential benefit of adenosine and adenosine A<sub>1</sub> receptor agonists for the management of epileptic complications is their neuroprotective properties (113,156). In fact, under different stressful situations, adenosine and adenosine A<sub>1</sub> receptor agonists can attenuate the outcome of stress-induced neuronal cell death (113,156), an effect that may be of interest in view of the extensive neuronal cell death occurring as a consequence of seizure activity (8–11).

*Impact of Seizures and Epilepsy on Adenosine Neuromodulation.* The above presented evidence indicates that adenosine may exert a tonic anticonvulsant effect but also shows that exogenously added adenosine or A<sub>1</sub> receptor agonists can produce an even greater anticonvulsant effect. This suggests that the adenosine neuromodulatory system has a potential therapeutic interest to control seizures. However, because adenosine receptor agonists do not efficiently cross the blood brain barrier (157) and display evident side effects, including profound reductions in blood pressure and heart rate, hypothermia, sedation, and motor depression (121,158,159), it seems more reasonable to attempt to increase the extracellular levels of adenosine by controlling its clearance and metabolism rather than directly activating A<sub>1</sub> receptors. In fact, in spite of the large seizure-induced increase in the extracellular levels of adenosine, further increasing the levels of extracellular adenosine (160) by inhibition of adenosine transporters (134,141,161,162), adenosine kinase (162,163), or adenosine deaminase (162) increases the threshold for seizure induction. Likewise, increasing the number (164) or the affinity of A<sub>1</sub> receptors (165) also causes

the same effect. These observations also lead to the idea that repeated seizures may influence the adenosine neuromodulatory system.

In fact, the density of adenosine  $A_1$  receptors is enhanced after acute seizure induction (170–172) but is reduced after chronic seizure induction (128,166–169). This is in agreement with the requirement of higher doses of  $A_1$  receptor agonists to produce anticonvulsant effects as status epilepticus progresses (131), possibly because of the reduction in the efficacy of  $A_1$  receptor agonists observed in fully kindled rats (173). In parallel, there is a complex change in the extracellular metabolism of purines. Thus, after seizures, there is an increased release of ATP (174), which may also play a prominent role in seizure control (175), a decrease in ecto-ATPase (and/or ecto-ATP diphosphohydrolase) activity(ies) (173,176–178), and a marked increase in the activity of ecto-5'-nucleotidase (173,179), the enzyme responsible for the formation of adenosine from adenine nucleotides (92). Finally, both the density (180) and the efficiency of nucleoside transporters (173) are decreased upon seizure induction. Overall, these modifications would lead one to anticipate a greater formation and longer half-life of ATP-derived adenosine. However, it is precisely the opposite that is observed, that is, the tonic inhibition by adenosine of hippocampal synaptic transmission or synaptic plasticity has a considerably lower amplitude in fully kindled rats (173). This makes sense in light of the hypothesis that ATP-derived adenosine leads to a preferential activation of facilitatory  $A_{2A}$  rather than inhibitory  $A_1$  receptors (85,181).

*Adenosine  $A_{2A}$  Receptors: A New Target for Epilepsy?* The role of  $A_{2A}$  receptors in epilepsy is still ill-defined, mainly because the more selective adenosine  $A_{2A}$  receptor agonist CGS 21680 has a poor selectivity toward extrastriatal  $A_{2A}$  receptors (182). In fact, mixed effects of purported  $A_{2A}$  receptor agonists on seizure outcome have been reported (183–189). However, recent reports described robust anticonvulsant effects of  $A_{2A}$  receptor antagonists in the threshold of seizure induction (190,191). Likewise, adenosine  $A_{2A}$  receptor knockout mice also display a higher threshold for seizure induction in different models of epilepsy (190,191). This protective effect of  $A_{2A}$  receptor blockade or inactivation parallels the general neuroprotective effects of  $A_{2A}$  receptor blockade in different stressful situations (192–199).

The mechanism by which  $A_{2A}$  receptors control neuronal dysfunction is still poorly understood, especially because of the low density of  $A_{2A}$  receptors in extrastriatal regions of the brain (200). However, the recent observations that stressful situations lead to an

increased expression and density of  $A_{2A}$  receptors (201) may help in understanding the efficiency of  $A_{2A}$  receptor antagonists in stressful situations based on the hypothesis of stress-induced gain of function of  $A_{2A}$  receptors. Interestingly, we have recently observed that there is an increased density of  $A_{2A}$  receptors in the cerebral cortex and hippocampus of fully kindled rats (202). A particular impact of  $A_{2A}$  receptor blockade in epilepsy may also be anticipated based on the ability of  $A_{2A}$  receptor blockade to blunt the effect of brain-derived neurotrophic factor (BDNF) (203). A and conversely in the ability of  $A_{2A}$  receptor agonists to trigger TrkB receptor activation even in the absence of BDNF (204). In fact, seizures induce a robust increase in the expression of the BDNF gene (205), and a striking reduction of development of kindling was found in BDNF heterozygotes (206). Also, infusion of TrkB receptor bodies (proteins that selectively bind ligands of TrkB receptors such as BDNF) in the ventricles of mature animals limit the development of kindling (207).

Although still requiring considerable experimental confirmation, these preliminary observations open a new conceptual possibility to interfere with seizure induction, and eventually epileptogenesis, and seizure-induced neuronal degeneration based on the blockade of adenosine  $A_{2A}$  receptors. This is particularly interesting given that lower doses of  $A_{2A}$  receptor antagonists seem to be required to hit central versus peripheral  $A_{2A}$  receptors (193,197,198), that the central effects of  $A_{2A}$  receptors antagonists seem to stable over time (208–210), and that there is an increased density and functional relevance of  $A_{2A}$  receptors in the neocortex and in the limbic cortex upon aging (211,212) when epilepsy complications are prevalent.

### Neuropeptide Y and Its Receptors

Neuropeptide Y (NPY) is a member of a peptide family that also includes peptide YY (PYY) and pancreatic polypeptide (PP). This family of peptides is sometimes referred as the pancreatic polypeptide family, because PP was the first of these peptides to be discovered (213). However, NPY has remained much more conserved during evolution than PP, and this family of peptides should be more appropriately called NPY family (214,215). In mammals, NPY is mainly expressed in neuronal tissue (216), whereas PYY is primarily expressed in the gut endocrine cells (217). In contrast, PP seems to be exclusively pancreatic (217). Indeed, NPY has neurotransmitter properties (218), while PYY and PP act as hormones in an endocrine and exocrine fashion, that is, by regulating pancreatic and gastric secretion (217).

The members of the NPY family (NPY, PYY, and PP) act upon the same family of NPY receptors (219). Five distinct NPY receptors have been cloned, and sequence comparisons show that receptors  $Y_1$ ,  $Y_4$ , and  $Y_6$  are more closely related to each other than to the receptors  $Y_2$  and  $Y_5$  (220). Among the cloned receptors, the  $Y_1$ ,  $Y_2$ ,  $Y_4$ , and  $Y_5$  receptors represent fully defined subtypes, whereas no functional correlate of the cloned  $y_6$  receptor has been reported to date. Moreover, the subtypes  $Y_1$ ,  $Y_2$ , and  $Y_5$  preferentially bind NPY and PYY, and  $Y_4$  preferentially binds PP. All the receptors of the family share the characteristics of seven transmembrane domain-G-protein coupled receptors. In particular, Y receptors act via pertussis toxin-sensitive G-proteins, such as members of the  $G_i$  and  $G_o$  family, and are capable of mediating the inhibition of adenylate cyclase and, consequently, the inhibition of cAMP accumulation in tissues and cells. However, the resulting functional effects depend on the system being studied.

*NPY and Epilepsy.* Emerging evidence points to an important role for NPY in the regulation of neuronal activity both under physiological conditions and during pathological hyperactivity such as that occurring during seizures. Following acute seizures, there is an increase in NPY levels in the neurons of some cortical and limbic areas, particularly in the hippocampus, amygdala, and frontal, pyriform, and entorhinal cortices (221,222). In the hippocampus, NPY is constitutively expressed in GABA interneurons. Seizures have been repeatedly shown to enhance NPY levels both in these inhibitory interneurons and in the excitatory granule cells and mossy fibers that do not normally contain the peptide (221–224). Indeed, expression of NPY in granule cells is induced by stimulation of metabotropic and ionotropic glutamate receptors, which suggests that excitatory glutamatergic neurotransmission regulates the expression of NPY. This neuropeptide can inhibit epileptiform activity in the rat hippocampus *in vitro*, which can be due to inhibition of glutamate-mediated synaptic transmission in areas CA1 and CA3 (225), or in epileptic humans dentate gyrus (226). Moreover, Van den Pol et al. (227) have demonstrated that glutamate-dependent activity is necessary for NPY to depress the intracellular  $Ca^{2+}$  concentration and the electrical activity of neurons. In animals lacking NPY, seizures induced by excessive excitation (e.g., kainic acid) were not controlled in a “normal” manner, resulting in prolonged seizure activity and death in most NPY-deficient mice (228). Also, transgenic rats overexpressing NPY, especially in the CA1 area of the hippocampus, were less susceptible to epileptogenesis because they showed a significant

reduction in the number and duration of electroencephalographic seizure activity induced by kainate (229). Given that NPY inhibits excitatory neurotransmission in normal hippocampus (230) and that exogenous administration of NPY prominently suppresses limbic seizure activity induced by kainic acid (231), one possibility is that NPY acts as an endogenous anticonvulsant agent by dampening the excessive excitation associated with seizures.

Following seizures, the increase of  $Y_1$  receptor mRNA in the hippocampus is widespread, rapid, and very transient, whereas there is a major increase of  $Y_2$  receptor mRNA expression and a rapid and transient increase of  $Y_5$  receptor mRNA in the dentate granule cell layer (232). Indeed, the increase in  $Y_2$  receptor binding in the hilus of the dentate gyrus is associated with an enhanced NPY release after kainate injection (233). However, this upregulation is always dependent on the duration and spread of the epileptiform activity. Some studies preceding the discovery of  $Y_5$  receptors have only implicated  $Y_2$  or  $Y_1$  receptors in the modulation of anticonvulsant actions of NPY in the rat hippocampus (234,235). There is some evidence showing that the activation of  $Y_2$  or blockade of  $Y_1$  receptors, respectively, reduce kainate-induced seizures (236), but the pharmacological profile of centrally administered NPY analogues capable of inhibiting kainate-induced seizures in rats also suggests the involvement of  $Y_5$  receptors (231).

*NPY and Excitotoxicity.* NPY acting on  $Y_1$  receptors causes inhibition of  $Ca^{2+}$  influx through N-type channels into the somata and dendrites of granule cells in the hippocampus (237), whereas an excitatory component of NPY appears to be mediated by postsynaptic  $Y_1$  receptors (238). The activation of postsynaptic  $Y_1$  receptors has a depolarizing action on granule neurons when applied to their dendritic projection in the stratum moleculare (239). Moreover, NPY acting on  $Y_2$  receptors inhibits excitatory (glutamatergic) synaptic transmission (230) onto CA3 pyramidal cells (237). Recently, a presynaptic  $Y_2$  receptor was also identified as the NPY receptor responsible for the NPY-mediated inhibition of glutamate release in the CA1 subregion (240,241).

Electrophysiological and pharmacological studies have revealed that NPY acts predominantly through  $Y_2$  receptors and inhibits glutamate release (221,241,242) by inhibiting  $Ca^{2+}$  influx into presynaptic nerve terminals through several types of  $Ca^{2+}$  channels (243). Moreover, we recently showed that the inhibition of glutamate release in the hippocampus is mediated by the activation of  $Y_1$ ,  $Y_2$ , and  $Y_5$  receptors in the dentate gyrus and CA3 subregion and by the activation of  $Y_2$

receptors in the CA1 subregion (241,243). Our results also strongly suggest the involvement of L-, N-, and P/Q-type channels in the inhibition of  $[Ca^{2+}]_i$  and glutamate release mediated by NPY receptors in the hippocampus, showing that the intracellular mechanism of coupling between NPY receptor activation and inhibition of exocytosis involves the influx of  $Ca^{2+}$  through different voltage-gated calcium channels (243). Moreover, in the hippocampus the  $Y_1$  receptors seem to act both presynaptically and postsynaptically, whereas the  $Y_2$  receptors act mainly at presynaptic nerve terminals, showing however activity at dendrites (243).  $Y_5$  receptors also seem to play an important role in the control of the glutamatergic mechanism in the hippocampus. Woldbye et al. (231) showed that these receptors inhibit kainic acid seizures, but others demonstrated that  $Y_5$  receptor-deficient mice do not exhibit spontaneous seizure-like activity (244). Recently, Guo et al. (245) also showed that the  $Y_5$  receptor subtype plays a critical role in modulation of hippocampal excitatory transmission at the hilar-to-CA3 synapse in the mouse, but does not suppress epileptiform activity in the CA3 hippocampal area. Moreover, we have also presented functional evidence for the interaction between  $Y_1$  and  $Y_2$  or  $Y_2$  and  $Y_5$  receptors. The simultaneous activation of both receptors did not result in a potentiation of the inhibition of glutamate release and  $[Ca^{2+}]_i$  changes mediated by each receptor individually (243). These observations strongly suggest the formation of oligomers of  $Y_1$  and  $Y_2$  or  $Y_2$  and  $Y_5$  receptors, with a pharmacology very similar to that observed for the  $Y_2$  receptors. It was also recently shown that NPY receptors may associate in dimers (246), further supporting our proposal of direct functional and physical interaction between different NPY receptors.

The strong efficiency of  $Y_1$ ,  $Y_2$ , and  $Y_5$  receptors in modulating the exocytotic release of glutamate led us to investigate a neuroprotective role of NPY receptor activation against excitotoxic insults. Recently, we identified a robust neuroprotective effect of  $Y_1$ ,  $Y_2$ , and  $Y_5$  receptor activation against neuronal cell death caused by aggression associated with selective activation of AMPA or kainate receptors in organotypic cultures of rat hippocampal slices (247).

So, it seems that  $Y_1$ ,  $Y_2$ , and  $Y_5$  receptors play an important neuroprotective role during excitotoxic conditions and epilepsy, and the identification of which NPY receptors mediate the inhibitory or excitatory effects of NPY may be important for pharmacological targeting in several pathological conditions associated with glutamate receptor hyperactivation and dysfunction. Moreover, the putative formation of oligomers of

NPY receptors can give us additional and important information relevant to the development of new drugs for the treatment of epilepsy.

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