

Fig. 5 Ontogenic change in distribution of *dsr-2* transcript in the rat CNS. (a) Subregional distribution of *dsr-2* mRNA in the adult rat brain. The basal expression of *dsr-2*, NR2B, DAO and *nrxn3α* mRNAs was determined semiquantitatively by RT-PCR. (b) Ontogenic changes in the distribution pattern of *dsr-2* mRNA. The basal expression of *dsr-2*, NR2B, DAO and *nrxn3α* mRNAs was determined semiquantitatively by RT-PCR in the infant (PD8) and adult (PD50) rat cerebral neocortex (Cx) and cerebellum (Ce).

by HPLC (Hashimoto *et al.* 1993c) and by immunohistochemistry (Schell *et al.* 1995). Based on previous studies that involved *in situ* hybridization and immunohistochemical analyses (Monyer *et al.* 1992; Nakanishi 1992; Horiike *et al.* 1994), it was speculated that D-serine and the NR2B subunit would display a similar distribution pattern and that DAO would be distributed in a complementary manner to the two molecules. Results of analysis of the distribution of the NR2B and DAO transcripts in various brain areas using RT-PCR supported this presumption (Fig. 5a), suggesting that the *dsr-2* gene product may be involved in synaptic functions regulated by the D-serine/NMDA receptor NR2B-mediated signaling. The basal expression level of the *nrxn3α* transcript was also predominant in the forebrain. However, we detected a relatively large amount of *nrxn3α* mRNA in rat cerebellum. The reliability of the RT-PCR method was verified by the ubiquitous distribution of β-actin mRNA.

Ontogenetic changes in the distribution pattern of *dsr-2* transcript in the rat brain

During development of the rat, endogenous D-serine and the NR2B subunit were both detected transiently (from first to third week after birth) at high levels in the cerebellum

(Watanabe *et al.* 1992; Hashimoto *et al.* 1995b; Schell *et al.* 1997). In this study, therefore, the expression of *dsr-2* mRNA was examined in the cerebral neocortex and cerebellum of both infant (PD8) and adult (PD50) rats by RT-PCR. In the infant rat, the cerebellum showed much higher expression of *dsr-2* mRNA than the cerebral neocortex, whereas the adult neocortex and cerebellum showed intense and no detectable expression of the transcript respectively (Fig. 5b). This ontogenic change in the distribution pattern was again similar to that of NR2B mRNA and complementary to that of DAO mRNA. In contrast, there was no change in the distribution pattern of *nrxn3α* mRNA during postnatal development. The fact that no regional and developmental differences were seen in GAPDH mRNA expression attested to the reliability of the RT-PCR method.

Discussion

Using an RNA fingerprinting technique, we isolated a novel and D-serine up-regulated transcript designated as *dsr-2* from the rat neocortex. Systemic administration of D-serine, but not L-serine, enhances the neocortical expression of *dsr-2* mRNA. The *dsr-2* gene is located on the reverse strand within an intron of the *nrxn3α* gene mapped to rat chromosome 6q24-31 and is exclusively transcribed in the brain. The regional distribution of the basal expression of *dsr-2* and its ontogenic changes are closely correlated with those of the free D-serine content and of the NMDA receptor R2B subunit.

Detection of a single band of 7.1 kb by northern blot hybridization with a specific riboprobe for *dsr-2* (Fig. 3a), the RT-PCR results and database search (data not shown) support the view that there are no apparent splicing variants of the *dsr-2* transcript. Sequence analysis of the cloned *dsr-2* cDNA indicates that *dsr-2* mRNA has an ORF that is predicted to encode 111 amino acids. Because the deduced amino acid sequence contains no consensus motifs, the exact physiological significance of the predicted protein remains unclear.

Modification of *dsr-2* expression is likely to be related to NMDA receptor-mediated glutamate transmission because glycine site-mediated facilitation of the NMDA receptor is caused by D-serine. The possible functional link of *dsr-2* with D-serine and NMDA receptors is further supported by the brain-selective and D-serine- and NR2B subunit-like distribution of the basal expression of *dsr-2* in infant and adult rat brains. The pharmacological, neuroanatomical and developmental correlates also indicate that *dsr-2* and its protein product may play a physiological role in control of the metabolism and function of D-serine and NMDA receptors.

Genomic walking, genome library screening and a database search revealed that the entire length of the *dsr-2* gene lies within the opposite DNA strand of the 354-kb intron of the *nrxn3α* gene that encodes highly polymorphic neuron-specific cell-surface proteins involved in the regulation of synaptic neurotransmission (Missler *et al.* 2003). This unique structural

relationship between the two genes, which is conserved in the mouse and human, could reflect their functional association.

The *dsr-2* transcript might act as a natural antisense regulator of *nrxn3 α* expression. It has recently been appreciated that changes in mRNA half-life and translation can be mediated not only by RNA-binding proteins but also by sense-antisense RNA interactions (Lehner *et al.* 2002; Carmichael 2003). For instance, translation of the neural nitric oxide synthase protein from its mRNA has been shown to be inhibited by the corresponding antisense region of the pseudogene (Korneev *et al.* 1999; Korneev and O'Shera 2002). The resulting RNA duplex would prevent the sense RNA from interacting with diverse cellular components required for a normal sense expression. Alternatively, the duplex may represent substrates for double-stranded RNA-specific enzymes (Vanhée-Brossollet and Vaquero 1998). Because the DNA sequence of the *dsr-2* gene is complementary to that of a part of the *nrxn3 α* intron between its 5 and 6 exons, the *dsr-2* transcript might influence the editing and maturation of premature *nrxn3 α* mRNAs by hybridizing to the complementary sequence. However, it is unlikely that the *dsr-2* transcript would solely be a specific antisense regulator of the *nrxn3 α* gene, as expression patterns of *dsr-2* and *nrxn3 α* mRNAs are not always parallel in the brain and periphery; in adult rats, substantial expression of *nrxn3 α* , but not *dsr-2*, mRNA is detected in the cerebellum and testis, whereas the cerebellum exhibits intense expression of these genes during development.

It is also possible that the *dsr-2* RNA might be required for *trans*-splicing variants of *nrxn3 α* . *Trans*-splicing is an intermolecular reaction between a splice donor and a splice acceptor in two separate mRNAs (Pirrota 2002) and has recently been observed in editing mammalian gene transcripts including rat carnitine octanoyltransferase, rat voltage-gated sodium channel and rat Sp1 mRNAs (Caudevilla *et al.* 1998; Akopian *et al.* 1999; Takahara *et al.* 2002). The above possibility is raised by the hypothesis that, in the particular variation upon splicing, the RNAs on opposite strands are independently transcribed but the transcribed regions overlap, therefore resulting in the presence of complementary sequences in the primary transcripts to be *trans*-spliced. A lack of reports of *nrxn3 α* variants containing the nucleotide sequence of *dsr-2* and the differential expression of the two genes in the testis and cerebellum, however, argue against the occurrence of *trans*-splicing.

Because the distribution of the mRNA signals of *dsr-2*, NR2B and *nrxn3 α* are roughly similar in the brain areas examined, with the exception of the cerebellum, and because α -neurexin (including neurexin-3 α)-deficient mice exhibited a decreased NMDA receptor-dependent postsynaptic current (Kattenstroth *et al.* 2004), the sense-antisense transcription in the *dsr-2*-*nrxn3 α* locus is implicated in the regulation of *dsr-2* expression and NMDA receptor-directed D-serine signaling in the brain. Further investigation is needed to

clarify these possibilities as well as the physiological role of *dsr-2*; *dsr-2* gene-targeted mice are currently being prepared.

In conclusion, we have demonstrated that rat brain expresses a novel and apparently coding antisense transcript, *dsr-2*, that is induced by D-serine. The D-serine-responsive nature, and brain-selective, D-serine- and NR2B subunit-related distribution, of *dsr-2* mRNA are consistent with the idea that *dsr-2* may participate in the control of D-serine metabolism and function and of NMDA receptor-mediated signaling in the mammalian brain. Genomic analysis indicates that the *dsr-2* mRNA is derived from the opposite strand of an intron of the *nrxn3 α* gene, suggesting a regulatory role of sense-antisense transcription in the interactions between *dsr-2*, *nrxn3 α* , D-serine and the NMDA receptor.

Acknowledgements

We thank Ms M. Asakawa and M. Kurita for their excellent assistance. This work was partly supported by a Research Grant from the Ministry of Health, Labour and Welfare (Japan), and a Grant-in-Aid for Scientific Research from the Ministry of Education, Culture, Sports, Science and Technology (Japan).

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D-Amino Acid Biosystem

Metabolism and Functional Roles of Endogenous D-Serine in Mammalian Brains

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Received May 9, 2005

It has now been well established that D-serine, a coagonist for the *N*-methyl-D-aspartate (NMDA) glutamate receptors (NR1/NR2 type), is maintained at a high concentration in mammalian brains for life and shows a brain-selective and NMDA receptor R2B subunit-related distribution, overturning the hitherto generally accepted theory that D-amino acid is not always present in mammalian tissues. D-Serine in the brain has been shown to be contained in both the glia and neurons and to have specific processes of biosynthesis, extracellular release, uptake, and degradation. Moreover, the selective elimination of D-serine reduces the NMDA receptor-mediated intracellular signaling and long-term potentiation of synaptic connections. Together with the anti-psychotic and anti-ataxic property of D-serine and the pivotal roles of the NMDA receptor in divergent higher brain functions, these observations support the view that the D-amino acid may be involved as an endogenous modulator for the NMDA receptor in various neuropsychiatric functions and their pathological conditions.

Key words brain; neuropsychiatric disorder; *N*-methyl-D-aspartate (NMDA) glutamate receptor; D-serine

The discovery of endogenous D-serine in the mammalian brain between 1990 and 1991 by the present author with my collaborators at the National Institute of Neuroscience, NCNP, in Tokyo and other institutes, was a consequence of my research project on the pathophysiology and novel pharmacotherapy of schizophrenia using D-serine and D-alanine, which facilitate the *N*-methyl-D-aspartate (NMDA) glutamate receptor function *via* its glycine site (Fig. 1), by noting the induction of schizophrenia-like psychosis by the glutamate receptor antagonists such as phencyclidine (PCP).¹⁻⁵ According to this author's idea to overcome the low ability of these polar D-amino acids to cross through the blood brain barrier (BBB) that their apolar compounds could easily permeate the BBB and improve the schizophrenic symptoms by their systemic administration, Dr. Hibino at Nippon Oil and Fats, Co., Ltd., designed and synthesized for our experi-

ments, *N*-myristoyl-D-serine and *N*-myristoyl-D-alanine, which were shown to ameliorate an animal model of schizophrenia, PCP-induced abnormal behavior, following their intraperitoneal injection.^{3,6} During the process of the verification of the expected presence of free D-serine or D-alanine in the brain of animals treated with their fatty acid compounds by collaboration with the late Dr. Hayashi at the National Institute of Neuroscience and Dr. Fujii at Tsukuba University, we provided the first evidence that free D-serine is constantly maintained at a high concentration in the mammalian brain^{7,8} although D-amino acids were believed to be uncommon in mammalian tissues based on previous studies.⁹ Through immediate confirmations^{10,11} of our findings, subsequent studies on endogenous D-serine have been gradually extended in a variety of aspects. In this article, the present status and future problems are discussed.

1. DISTRIBUTION AND METABOLISM OF ENDOGENOUS D-SERINE IN THE MAMMALIAN BRAIN

1) Distribution In mature rats, D-serine is predominantly concentrated in the brain,⁸ and its contents in the spinal cord, each peripheral tissue, or the blood are very low⁸ (but high in the urine¹²). The D-serine distribution in the brain is also uneven, showing high concentrations in the forebrain areas including the cerebral cortex, hippocampus, striatum, and limbic forebrain, moderate to low concentrations in the diencephalon and midbrain, and trace levels in the pons-medulla and cerebellum.⁸ The forebrain-preferred distribution of D-serine is positively correlated with those of the glutamate, PCP, and glycine sites of the NMDA receptor and particularly with that of the NMDA receptor R2B subunit mRNA.^{8,13} These characteristics of the endogenous D-serine distribution have been ascertained by subsequent biochemical^{11,14,15} and immunohistochemical studies using the anti-D-serine antibody,¹⁶⁻¹⁸ and proved to be common to humans

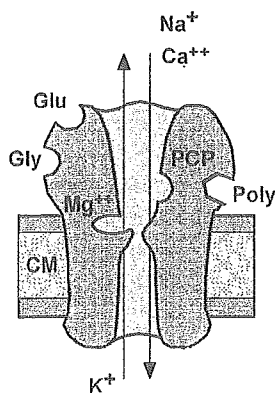


Fig. 1. Schematic Representation of the NMDA Receptor Ion Channel (NR1/NR2 Type)

The NMDA receptor complex has the multiple regulatory binding sites for glutamate (Glu), glycine and D-serine (Gly), magnesium ions (Mg^{++}), phencyclidine (PCP), and polyamine (Poly). This heteromeric receptor consists of an NR1 subunit (there are various variants) and at least one of 4 types of the NR2 subunits, A-D. Gly is considered to be present on NR1 and Glu on NR2. The more recently identified NR3 subunit could have regulatory sites that differ from those shown in this scheme.

and other mammals.^{11,14,19,20} At the cell level,¹⁶⁻¹⁸ a D-serine-like immunoreactivity has been described in astrocytes, oligodendrocytes and the cell bodies, dendrites, and axons of neurons.

The D-serine distribution in the brain significantly changes with postnatal development,^{8,14,15,21} and is almost homogeneous immediately after birth but approaches the pattern of the mature stage during the 3-week period after birth in the rat.^{8,14,21} These developmental changes are also similar to those for the distribution of the R2B subunit mRNA in the brain.^{8,13,14,21}

2) Extracellular Release D-Serine is detected in extracellular fluid by an *in vivo* dialysis technique in the medial frontal cortex, striatum and cerebellum.²² The extracellular contents of D-serine are closely correlated with its concentration in tissue (about 5×10^{-6} M in the cortex of the medial frontal cortex) and the NMDA receptor distribution.²² Unlike classical neurotransmitters, such as glutamate, glycine and dopamine, the amount of D-serine in the frontal extracellular fluid was not increased, but rather decreased, by depolarization following a veratrine or high concentration of potassium ion application.²² Furthermore, the interruption of the nerve impulse flow or removal of extracellular calcium ions failed to reduce the extracellular D-serine levels.²²

In vitro studies using cultured astrocytes from the rat cerebral cortex or C6 glioma cells^{16,23} indicate that kainite- and AMPA ((S)- α -amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid) induce the D-serine release. In contrast to the spontaneous liberation, this evoked release is shown to be dependent upon the calcium ion and SNARE (soluble N-ethylmaleimide-sensitive factor attachment protein receptor) protein as other transmitters released from the astroglial cells including glutamate and ATP.²³ The relationship between the evoked and the basal (spontaneous) release of D-serine awaits further elucidation.

3) Uptake Rat brain homogenates²⁴⁻²⁶ and C6 cells²⁷ have been demonstrated to have a sodium-dependent or -independent, saturable and temperature-sensitive uptake activity for D-serine. The pharmacological characteristics of the D-serine uptake by rat brain homogenates differ from those of the uptake of known transporters. Although a specific and physiological transporter for D-serine has not yet been identified, it is of interest to note that the sodium-independent neutral amino acid transporter Asc1 shows a high affinity not only to L-serine, L-cysteine, and L-alanine, but also to D-serine.²⁸

4) Synthesis In the rat brain, the augmented concentration of L-serine by its systemic administration results in an increase in the D-serine content, and *vice versa*.²⁹ Moreover, [³H]L-serine has been shown to be converted into [³H]D-serine.³⁰ These phenomena suggest the presence of a serine racemase that catalyzes the synthesis of D-serine from L-serine. Indeed, a pyridoxal 5'-phosphate-dependent serine racemase with D- and L-serine α, β -elimination activities has been reported in rat and human tissues.^{31,32} However, it cannot be excluded that D-serine biosynthesis might be regulated by other enzymes, such as a phosphoserine phosphatase, glycine cleavage system and serine hydroxymethyl transferase, because of 1) the formation of D-serine from L-phosphoserine in brain synaptosomes,³³ 2) a reduction in the D-serine contents in the cerebral cortex of patients with non-ketotic hy-

perglycinemia lacking the glycine cleavage system and of the rat treated with an inhibitor of this enzyme system,³⁴ and 3) an increase in the brain D-serine concentrations by application of glycine.²⁹

5) Degradation A long-known mammalian enzyme, D-amino acid oxidase (DAO), has a D-serine degradation activity.^{35,36} In the rat brain, the distribution and its postnatal development of DAO are inversely correlated with those of D-serine; the DAO activity rapidly increases in the cerebellum, pons, and medulla oblongata about 10 d after birth,^{36,37} when the D-serine concentration begins to decrease.^{14,21} In mutant mice lacking this enzyme activity, there is a marked and very slight increase in D-serine contents in the cerebellum and cerebral cortex, respectively.³⁷ These findings indicate the involvement of DAO in the formation of a D-serine concentration gradient in the brain, and, at least, in the D-serine degradation in the metencephalon. A very slight activity,³⁷ mRNA expression³⁹ and immunoreactivity^{16,37} of DAO in the forebrain tissues or astrocytes cultured from the rat cerebral cortex do not deny the possible presence of other enzymes that catalyze the physiological D-serine degradation in the forebrain areas.

6) D-Serine Responsive Novel Genes We have recently isolated two novel transcripts, *dsr-1* (D-serine-responsive transcript-1)⁴⁰ and *dsr-2*,⁴¹ of which the expressions are selectively induced by D-serine but not by L-serine. A part of *dsr-1* is homologous with the M9.2 gene that encodes the proton ATPase subunit, suggesting its possible involvement in the D-serine uptake and release.⁴⁰ Also, *dsr-2* seems to be involved in the metabolism or functions of D-serine, because the mRNAs of *dsr-2* are exclusively expressed in the brain and show a D-serine- and NMDA receptor R2B subunit-like distribution in the brain.⁴¹

2. PHYSIOLOGICAL FUNCTIONS OF D-SERINE IN THE BRAIN

1) Regulation of the NMDA Receptor i) NMDA Receptors Consisting of NR1 and NR2 Subunits (Fig. 1): Before D-serine was found to be an endogenous substance, this D-amino acid was initially known as a selective agonist for the glycine-binding site of the NMDA receptor.⁴² Like glycine and D-alanine, D-serine stimulates the glycine site of the NMDA type receptor consisting of NR1 and NR2 subunits and enhances the action of glutamate on the receptor as follows⁴²: (a) depolarization, (b) inward electric current, (c) Ca^{++} inflow, (d) cGMP production, (e) release of various neurotransmitters, and (f) neuron death. Stimulation of the glycine modulatory site alone does not induce excitatory postsynaptic potentials, but is indispensable for adequate neurotransmission by glutamate.⁴² Consequently, glycine, D-serine, and D-alanine are called "co-agonists" for the NMDA receptor.⁴² The actions of the two D-amino acids are stereoselective and much more potent than the respective L-amino acids.⁴²

Together with these characteristic actions, the NMDA receptor-like distribution of D-serine in the mammalian brains (see 1.-1)) suggests that D-serine in the brain is a physiological co-agonist for the NMDA receptor.⁸ Glycine is another intrinsic co-agonist of the NMDA receptor with a different distribution pattern and metabolic pathway in the brain from

Table 1. Comparison between D-Serine and Glycine as the Endogenous Ligands for the Glycine Modulatory Site of the NMDA Receptor (NR) in Mammalian Brains

	D-Serine	Glycine
Binding selectivity		
NR-associated glycine site	High affinity	High affinity
Inhibitory glycine receptor	Low affinity	High affinity
Effects on NR1/NR2 receptor	Facilitatory	Facilitatory
Effects on NR1/NR3 receptor	Inhibitory	Excitatory ^{a)}
Distribution: Adult period	Brain-selective	Ubiquitous in CNS & periphery
	Forebrain-dominant	Hindbrain-preferential
	NR2B-related	NR-unrelated?
Postnatal development	NR2B-related	NR-unrelated?
Immunoreactivity	Neuron < Glia	Neuron > Glia
Precursor	L-Serine and/or glycine?	L-Serine
Synthesis	Serine racemase?	Serine hydroxymethyl transferase
Extracellular release	Depolarization-induced increase (-)	Depolarization-induced increase (+)
Uptake	(+): Na-dependent & -independent	(+): Na-dependent
Transporter	? (asc1?)	GLYT1 & GLYT2
Degradation	D-Amino acid oxidase?	Glycine cleavage system
Effects of depletion on NR	NR hypofunction	?
Roles in neurotransmission	Neuromodulator	Inhibitory transmitter ^{a)} /Neuromodulator

CNS, central nervous system; NR, NMDA receptor; NR-associated glycine site, strychnine-insensitive glycine receptor (cf. inhibitory glycine receptor, strychnine-sensitive glycine receptor). *a)* Note that glycine alone has been reported to induce the excitatory responses in the NR1/NR3 type heteromeric NR receptor.

D-serine and/or the NMDA receptor⁸⁾ (Table 1). The neurobiological differences indicate the distinct physiological roles between D-serine and glycine in the control of the NMDA receptor, which are still unclear (Table 1).

The pivotal role of D-serine in the NMDA receptor activation is supported by the fact that in the hippocampal slice preparation, selective depletion of the endogenous D-serine in the hippocampal slice preparation by DAO results in a marked inhibition of the NMDA receptor-mediated spontaneous and evoked synaptic currents,⁴³⁾ nitric oxide synthase activation,⁴³⁾ cGMP production⁴³⁾ and long-time potentiation (LTP) induction⁴⁴⁾ without significant changes in the glycine contents. The 4 types of heteromeric NMDA receptors in any combination with NR2A-NR2D and NR1 that are expressed on the *Xenopus* oocytes displayed no differences in responses to D-serine and glycine.⁴⁵⁾ The enhancing effect of D-serine on the glutamate-induced inward current was several times as potent as that of glycine in each type of receptor.⁴⁵⁾

ii) NMDA Receptors Composed of NR1 and NR3 Subunits: Heteromeric NMDA receptors composed of NR1 and NR3A or NR3B respond to neither glutamate nor NMDA, but glycine induces excitatory responses (inward current).⁴⁶⁾ Interestingly, D-serine shows an action opposite to that of glycine in the NR1/NR3 NMDA receptors, having negligible effects when used alone, but markedly blocking the glycine-induced inward currents.⁴⁶⁾ Therefore, D-serine is also a candidate as an endogenous modulator for NR1/NR3 type NMDA receptors, but not a co-agonist.

2) **Glia/Neuron Interaction** The lack of increase in the levels of the extracellular D-serine following depolarization stimuli²³⁾ and a substantial D-serine-like immunoreactivity in the glia cells including astrocytes^{16,18)} suggest that D-serine may be released as a neuromodulator from these glia cells. Several studies indeed reported the presence of a serine racemase-like immunoreactivity,^{23,31)} uptake¹⁶⁾ and release^{16,23)} activity of D-serine and DAO mRNA³⁹⁾ in the astrocyte. The D-serine synthesis in the astrocytes is also indicated to depend on the co-existence of neurons in the culture system.⁴⁴⁾

These observations are consistent with the idea that D-serine may be implicated in the glia-neuron interaction that is required for the control of the NMDA receptor in the brain, although its exact cellular setups remain to be clarified.

3) **Neural Circuit Formation** In the cerebellar slices, D-serine is shown to enhance granule cell migration while the selective degradation of D-serine by DAO and pharmacologic attenuation of the serine racemase activity hamper the process.⁴⁷⁾ These phenomena suggest the involvement of brain D-serine in neural circuit formation possibly *via* the NMDA receptors in a certain growth stage or during repair of the nerve wiring.

3. D-SERINE AND NEUROPSYCHIATRIC DISORDERS

1) **Implications for the Pathophysiology** D-Serine, a putative endogenous co-agonist for the NR1/NR2 type NMDA receptor, is supposed to play a critical role in the development and control of various higher brain functions in which NMDA receptors are involved. Therefore, disturbances in the brain D-serine and the molecular system for its metabolism and function may induce a variety of neuropsychiatric symptoms. Indeed, substances including D-serine that act on the glycine site of the NMDA receptor influence schizophrenic symptoms⁴⁸⁾ and their animal models,^{1-5,49)} cerebral ataxia,^{50,51)} the action of alcohol,⁴²⁾ learning ability in dementia model animals,⁴²⁾ anxiety behavior,⁴²⁾ convulsion threshold,⁴²⁾ ischemic neuron death,^{42,52)} and long-term behavioral abnormalities due to drug dependence.⁴²⁾ A drastic reduction in the brain D-serine contents was found in patients with non-ketotic hyperglycinemia³⁴⁾ lacking the glycine cleavage system who presented various central nervous symptoms such as mental retardation, convulsive attacks, apnea, and drowsiness. Particularly, attention has recently been directed to the possible association of endogenous D-serine with the pathophysiology of schizophrenia.

NMDA receptor antagonists acting at the PCP and glutamate site induce schizophrenia-like psychosis exhibiting both

positive (e.g., hallucination and delusion) and negative (e.g., affective flattening, alogia and avolition) symptoms in proportion to the potency of the blocking action.^{1,48)} In contrast, various symptoms in patients with schizophrenia have been demonstrated to be improved by the oral administration of glycine, D-cycloserine, or D-serine which facilitate the NMDA receptor function by stimulating the glycine modulatory site of the glutamate receptor.⁴⁸⁾ Based on these observations, it is widely accepted that glutamate neurotransmission via the NMDA receptor may be decreased in schizophrenia.⁴⁸⁾

One possible cause of this decrease is the reduced activation of this receptor due to a deficit in the D-serine signals conveyed to the glycine site resulting from abnormalities in molecules crucial for the metabolism or function of the brain D-serine, although no direct evidence for this hypothesis has been so far provided. There are no reports describing significant changes in the D-serine concentrations in the post-mortem brain tissues from the patients with schizophrenia as compared to those without neuropsychiatric disorders.^{11,20)} However, in the postmortem schizophrenic brains, an increase in the NMDA glycine binding sites was observed in some cerebral cortical areas,⁵⁴⁾ which might be compensatory responses to the decreased extracellular D-serine release in the specific neural circuit. In addition, the association of single-nucleotide polymorphism markers from both the DAO gene and a new gene G72 from chromosome 13q34 with schizophrenia, together with an *in vitro* augmentation of DAO activity by a G72 protein product,⁵⁵⁾ suggest an altered D-serine metabolism in this disorder.

2) Implications for the Development of Novel Pharmacotherapy Clinical studies have been performed to apply the anti-psychotomimetic^{1,5,49,55)} and anti-ataxic^{50,51)} actions of D-serine or other agonists for the NMDA glycine site, which are proven in animal experiments, to the treatment of schizophrenia and cerebellar ataxia. As expected by the ability of NMDA antagonists to induce schizophrenia-like antipsychotic-insensitive symptoms, the glycine agonists including glycine, D-cycloserine, D-serine and a glycine transporter inhibitor, N-methylglycine, have been found to ameliorate the schizophrenic symptoms that are resistant to conventional pharmacotherapy.⁴⁸⁾ We reported that a NMDA glycine site agonist, D-cycloserine, improved some ataxic movements in patients with spinocerebellar degeneration⁵⁰⁾ for which there are few effective treatment drugs. The above clinically applicable NMDA receptor potentiators, however, have problems in the effective administration doses⁴⁸⁾ and side effects.⁵⁶⁾ Advances in the research on molecular mechanisms of the D-serine metabolism in the brain may allow a search for D-serine signal regulatory drugs targeting D-serine-associated molecules, such as D-serine-specific transporter inhibitors, and also overcome these problems.

4. CONCLUSION

Compelling evidence has been accumulated indicating that brain D-serine is a neuromodulator for, at least, the NMDA type glutamate receptor (Table 1) and is involved in a neuron-glia interaction, wiring and rearrangement of neuron circuits and behavioral expression in mammals. The NMDA co-agonist nature of D-serine suggests that the endogenous

D-amino acid should be maintained above a certain concentration in synaptic clefts for the physiological glutamate transmission via the NMDA receptor and requires a distinct molecular and cellular system from those for classical neurotransmitters that should be rapidly removed after their quantal release in the synaptic clefts. This hypothesis appears to be consistent with the data showing the unique profiles of release, uptake and disappearance of D-serine in the brain tissues which are not seen in the other known neuroactive substances. Therefore, clarifying the molecular mechanisms of the metabolism and physiological function of the brain D-serine is expected to lead to not only new physiochemical findings, but also clues to unknown information processing systems controlling the brain functions, which may markedly promote the understanding of the cause/pathology of neuropsychiatric disorders and the development of new treatment methods.

Acknowledgments The author thank all my past and current collaborators concerned with the studies of D-serine described in this review article, who are listed as the co-authors of our papers in the reference section.

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The RNA Binding Protein TLS Is Translocated to Dendritic Spines by mGluR5 Activation and Regulates Spine Morphology

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Summary

Neuronal dendrites, together with dendritic spines, exhibit enormously diverse structure [1]. Selective targeting and local translation of mRNAs in dendritic spines have been implicated in synapse remodeling or synaptic plasticity [2, 3]. The mechanism of mRNA transport to the postsynaptic site is a fundamental question in local dendritic translation [4, 5]. TLS (translocated in liposarcoma), previously identified as a component of hnRNP complexes, unexpectedly showed somatodendritic localization in mature hippocampal pyramidal neurons. In the present study, TLS was translocated to dendrites and was recruited to dendrites not only via microtubules but also via actin filaments. In mature hippocampal pyramidal neurons, TLS accumulated in the spines at excitatory postsynapses upon mGluR5 activation, which was accompanied by an increased RNA content in dendrites. Consistent with the *in vitro* studies, TLS-null hippocampal pyramidal neurons exhibited abnormal spine morphology and lower spine density. Our results indicate that TLS participates in mRNA sorting to the dendritic spines induced by mGluR5 activation and regulates spine morphology to stabilize the synaptic structure.

Results

TLS, also called FUS, was first identified as a rearranged gene at a chromosomal translocation junction invariably linked to human myxoid liposarcomas [6].

Recent structural study of TLS has identified 2-folded domains: a C4 zinc finger domain and RNA recognition motif (RRM) domain [7]. Consistent with its RNA binding properties, TLS is involved in rapid nuclear-cytoplasmic shuttling by binding mRNAs in the nucleus and exporting spliced mRNA as a ribonucleoprotein complex to the cytoplasm [8] and further in the initiation of cell spreading [9]. However, no neuronal function of TLS has been reported. Our initial observation that TLS is expressed in the mouse neocortex and hippocampus led us to investigate the neuronal functions of TLS.

TLS Localization in Mouse Neuronal Dendrites

TLS is expressed in the brain, and recent proteomic analysis revealed that TLS is included in an NMDA receptor complex [10] and an RNA-transporting granule as a binding partner of conventional kinesin (KIF5) [11]. We examined the subcellular distribution of TLS in hippocampal neurons in culture. Immunostaining with anti-TLS polyclonal antibody (TLS-C) exhibited a punctate distribution of TLS within dendrites and a clustering in the nucleus (Figure 1A, upper middle panel), whereas no specific signals were observed in the preadsorbed specimen (Figure 1A, upper right panel). Consistent with this endogenous expression of TLS, when expressed in the hippocampal neurons, TLS-fused to green fluorescent protein (TLS-GFP) exhibited a similar granular distribution within dendrites in addition to staining in the nucleus (Figure 1A, upper left panel). Furthermore, double-label immunocytochemistry with anti-TLS and anti-PSD95 antibodies revealed colocalization of TLS immunoreactivity with PSD95-positive spines (Figure 1A, arrows in lower panels) (the ratio of colocalization is 65%–73%, $n = 50$, dendritic segments from spiny neurons). This result suggests that TLS is localized in postsynapses and is consistent with further analysis described below (see Figure S1 in the Supplemental Data available with this article online). The hippocampal neurons expressing TLS-GFP were immunostained with anti-MAP2 antibody, a somatodendritic marker, to confirm that TLS was localized in the neuronal dendrites (Figure 1B, upper panels). The result clearly showed that TLS-GFP was colocalized with MAP2-immunopositive dendrites. In contrast, TLS-GFP was absent from long thin axonal projections of hippocampal pyramidal neurons marked by antibody against phosphorylated neurofilament protein (SMI31). The SMI31-positive projections were MAP2 negative, confirming their identity as axons (Figure 1B, lower panels). These results indicate that TLS is exclusively localized in the neuronal dendrites of polarized neurons.

TLS-GFP Moves toward Dendrites

TLS localization within dendrites was examined by using an adenovirus-mediated expression system to efficiently express TLS-GFP in cultured hippocampal neurons. Movement of TLS-GFP was assayed by time-lapse confocal microscopy 48 hr after infection with adenovirus expressing TLS-GFP (Figure 2 and Movies 1

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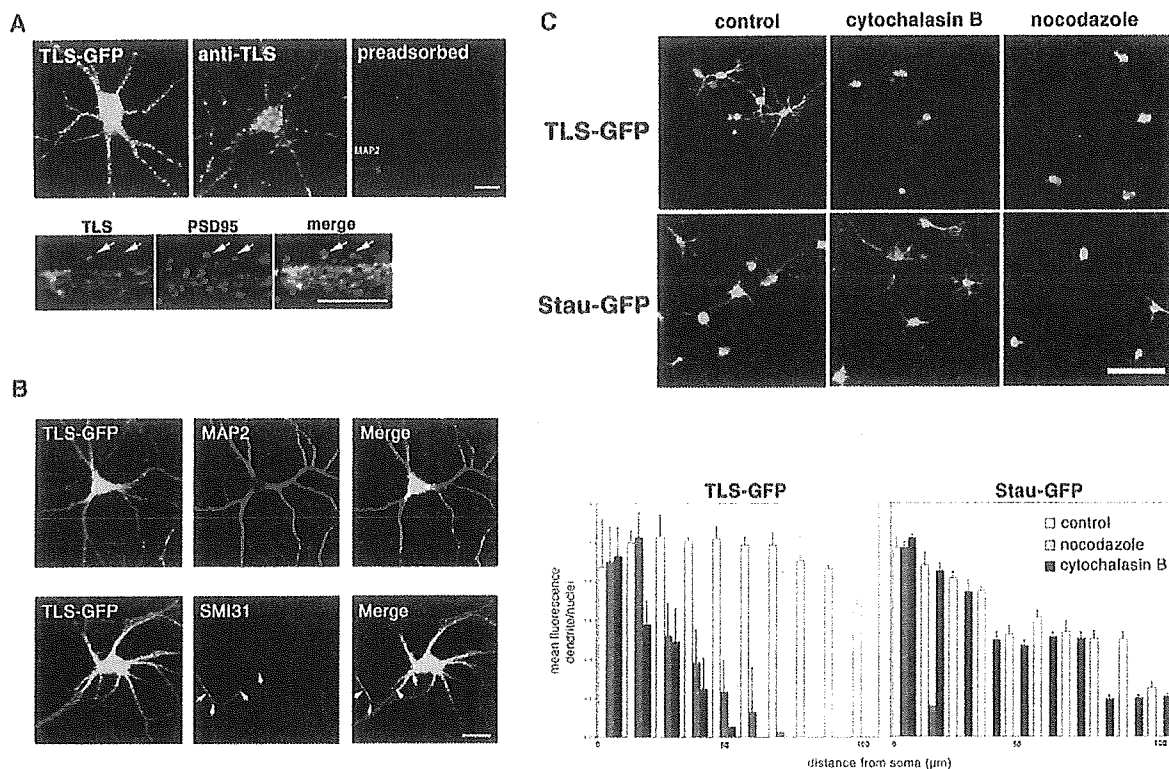


Figure 1. TLS Is Localized in Neuronal Dendrites

(A) Immunocytochemistry of mouse hippocampal-cultured neurons shows a punctate distribution of TLS within dendrites and its clustering in the nucleus (top middle). No staining with the antibody preadsorbed by excess amounts of GST-TLS fusion protein (top right, inset; costaining with anti-MAP2 antibody). Exogenously expressed TLS-GFP protein recapitulates the endogenous punctate localization of TLS within dendrites (top left). Double labeling with anti-PSD95 antibody shows that some of the TLS clusters are localized in spines (bottom arrows). Scale bars, 10 μm in upper panels and 5 μm in lower panels.

(B) TLS-GFP is localized in MAP2-positive neuronal dendrites, whereas TLS-GFP is absent in the MAP2-negative process (arrowheads). TLS-GFP is excluded from this SMI31-positive thin-axonal process (arrowheads) of a mouse hippocampal pyramidal neuron. Scale bars, 10 μm.

(C) TLS translocation to dendrites requires intact cytoskeletal polymers and is actin dependent. In control cells, TLS-GFP is distributed both in the cell bodies and dendrites (n = 27) as well as stau-GFP. Treatment with either cytochalasin B (0.2 μM) (n = 48, over 50 μm distant from the soma, p < 0.01) or nocodazole (2 μM) (n = 51, over 70 μm distant from the soma, p < 0.01) for 12 hr reduces the amount of TLS-GFP within dendrites, although the neuronal extensions are not retracted. Nocodazole treatment blocks dendritic localization of stau-GFP, however, cytochalasin B has no effect on its somatodendritic localization. Scale bar, 50 μm. Graphs showing quantitative data for pharmacological experiments with inhibitors described above are presented. Error bars indicate SEM (standard error of mean) for each experiment.

and 2). When TLS-GFP was expressed in immature dendrites with few spines (culture day 13, Figure 2A), rapid fusion (Figure 2A, 0–5 min, left arrows) and dissociation (Figure 2A, 0–5 min, right arrows) of a fraction of the TLS-GFP particles took place. Active movement of TLS-GFP particles over a short distance within dendrites was also observed (Figure 2A, 15–25 min, arrowhead). To measure the exchange rate of TLS-GFP molecules in the particles, we performed fluorescence recovery after photobleaching (FRAP) of TLS-GFP clusters present in dendrites. After photobleaching, fluorescent signals of TLS-GFP were recovered rapidly, and half recovery of fluorescence was observed within 20 s (data not shown). This rapid time course of FRAP recovery indicates a dynamic exchange of TLS molecules between particulate and soluble fractions. The movement of TLS-GFP was also revealed to be bidirectional, and some populations of TLS-GFP particles formed stationary clusters within the dendritic shaft (Figures

S1Ba–S1Bc). These clusters also repeatedly gathered and dispersed within the dendrites. By double labeling with anti-cortactin binding protein (CortBP), as an independent marker that identifies the morphology of the spines, and TLS-GFP, we further analyzed whether TLS-GFP clusters are localized in spines (Figure S2). The distribution of spines/filopodia labeled with anti-CortBP was different from that of TLS-GFP clusters, indicating that TLS is not selectively translocated into spines/filopodia at the early developmental stage. In mature dendrites at culture day 23, there was a significant shift of the localization of TLS-GFP particles from the dendritic shafts to spines (Figure 2B, arrow; see also Figure S1A and S1Ca–S1Cc), and these particles within the spines did not show the rapid movement that was evident in the immature dendrites. TLS-GFP clusters within spines were of a stationary nature. These data suggest that TLS may move dynamically within dendrites before spine maturation. However, once im-

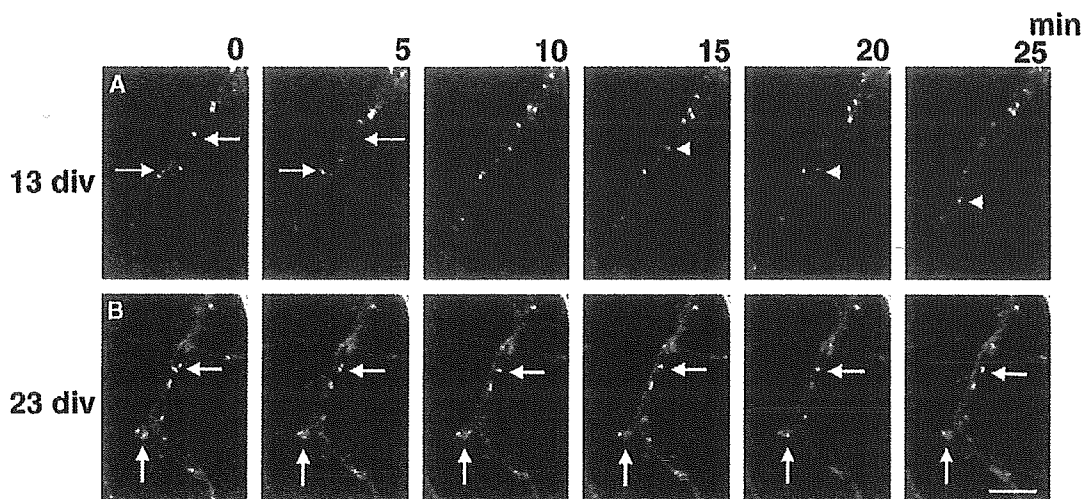


Figure 2. TLS-GFP Clusters Show Distinct Dynamics at Different Stages of Dendritic Maturation

TLS-GFP was expressed in mouse hippocampal neurons by use of the adenoviral expression system. TLS-GFP was assayed by time-lapse confocal imaging of TLS-GFP-expressing adenovirus 24–48 hr after the infection. (A) When TLS-GFP was expressed in immature dendrites with few spines (13 div: 13 days of in vitro culture), some TLS-GFP clusters fused together or dissociated during the short observation period of the time-lapse sequences (arrows in [A], 0–5 min). A fraction of TLS-GFP clusters actively moved a short distance in dendrites (arrowheads in [A], 15–25 min). (B) In mature dendrites (23 div: 23 days of in vitro culture), TLS-GFP clusters were stationary within spines and did not move as fast as they did in the immature dendrites. However, TLS-GFP clusters changed their shape actively, possibly because of the overall change of spine shape affected by actin-dependent motility (B, arrows). Scale bar, 5 μ m.

mature spines are committed to form stable synapses, TLS may become preferentially recruited to and accumulated within spines.

Requirement of Intact Actin Polymers for TLS Translocation

To examine how the cytoskeletal organization of the dendrites is involved in the movement or transport of TLS, we treated primary cultured hippocampal neurons either with cytochalasin B or nocodazole, potent inhibitors of the assembly of actin filaments or microtubules, respectively. Both reagents affected the distribution of TLS within dendrites, and the TLS-GFP disappeared from the dendrites (Figure 1C). Quantitative analysis revealed a significant decrease in the TLS-GFP signal intensity in dendrites after treatment with either cytochalasin B or nocodazole (Figure 1C). On the other hand, the distribution of Staufen, whose dendritic localization is known to be microtubule dependent [12, 13], was affected by the nocodazole treatment, but not by cytochalasin B (Figure 1C). These data indicate that the dendritic localization of TLS-GFP required both actin filaments and microtubules.

Synaptic Activity-Dependent TLS Translocation to the Dendritic Spines

Mature dendrites expressing TLS-GFP were immunostained with anti-synapsin I antibody, anti-vesicular glutamate transporter-1 (VGLUT1) antibody, and anti-CortBP antibody to reveal the precise localization of TLS in dendrites. CortBP completely overlapped TLS-GFP at the synaptic sites (Figure S1F), whereas punctate structures immunopositive for either synapsin I, a

marker of presynaptic vesicles, or VGLUT1, a marker of excitatory presynaptic structures, were closely apposed to the fluorescent clusters of TLS-GFP (Figure S1D and S1E, respectively), suggesting that TLS was specifically localized in the spines of excitatory post-synaptic sites, as described above.

Local protein synthesis subsequent to translocation of mRNA to dendrites is known to be stimulated by DHPG, a group 1 mGluR agonist [3], as well as neurotrophin, BDNF [14, 15]. Using DHPG to transiently activate mGluRs in dendrites, we tested to see if TLS-GFP accumulation in dendrites and dendritic spines depends on the state of synapse activation. When cultured hippocampal neurons expressing TLS-GFP were stimulated with DHPG (100 μ M) over a 60-min period, the amount of TLS-GFP clusters in dendrites increased (Figures 3A–3D) and the movement of the particles accelerated (data not shown). Furthermore, the TLS-GFP clusters gradually accumulated in the dendritic spines (Figures 3A–3D, inset) where retrospective immunocytochemistry with synapsin I antibody revealed the presence of a presynaptic component at the sites of TLS accumulation (Figures 3D–3F). To the contrary, other synaptic proteins such as PSD95, Homer-1c (PSD-Zip45), Shank, and GKAP were not translocated into spines by DHPG treatment (see Figure S3). These results indicate that TLS is likely to be involved in the translocation of mRNA to the dendritic spines for local translation in dendrites. In DHPG-treated mature hippocampal neurons, the relative fluorescence intensity in spines was increased significantly ($n = 26$, cluster index 35% in average) by 5-fold compared with that of control neurons ($n = 17$, cluster index 7% in average) (Figure

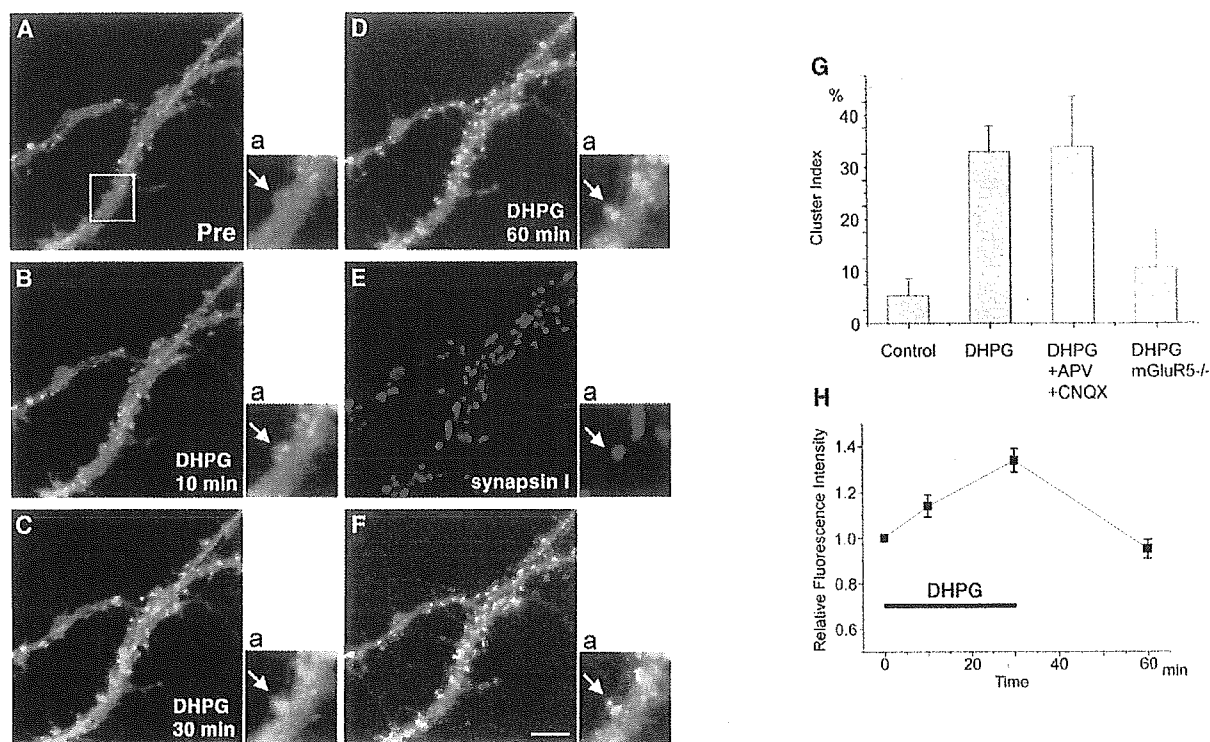


Figure 3. TLS Localization to the Postsynaptic Spines Is Dependent on mGluR Signals

(A–F) Time-lapse recording of TLS-GFP clusters after DHPG treatment (100 μ M, 60 min) reveals that TLS-GFP accumulates within spines. (Aa–Fa) High-magnification view of the same area shown as a white rectangle in (A). Accumulation of TLS-GFP clusters takes place at the sites where retrospective immunocytochemistry by anti-synapsin I reveals the presence of presynaptic structures (E and F). Photos (F) and (Fa) are merged images of (D)–(E) and (Da)–(Ea), respectively.

(G and H) The average cluster index (the increase % of relative fluorescence intensity after the stimulation divided by the relative fluorescence intensity before the stimulation) is increased in cells treated with DHPG ($n = 26$). This DHPG-dependent effect does not change even in the combined presence of APV and CNQX ($n = 7$). The DHPG-dependent spine accumulation is abolished in hippocampal neurons from mGluR5^{-/-} ($n = 10$). Control, $n = 17$ (H) DHPG (100 μ M) induces accumulation of TLS-GFP in spines. However, upon the removal of DHPG 30 min after the start of treatment, the amount of TLS-GFP in spines returns to the control level. Error bars in (G) and (H) indicate SEM ($n = 20$).

3G). DHPG treatment did not change the number of the spines protruding from the shaft under the experimental conditions used nor caused significant elongation of the spines. Moreover, upon the removal of DHPG 30 min after the treatment, the number of spines containing TLS-GFP clusters moved back to the control level after another 30-min period of incubation (Figure 3H). This result clearly indicates that the spine localization induced by DHPG is a reversible event and that the spine localization was dependent on the state of mGluR activation. Hippocampal neurons expressing TLS-GFP were exposed to DHPG in the presence of both CNQX and APV, which are antagonists for the AMPA/kainate-type glutamate receptor (GluR) and NMDA receptor (NMDAR), respectively, to identify the signals responsible for the spine localization. The combination of CNQX and APV did not affect the DHPG-induced spine localization of TLS (Figure 3G), indicating that the spine localization was solely mediated by the mGluR activation and was independent of GluR or NMDAR activation. Because we demonstrated that TLS accumulated exclusively in the spines of postsynaptic neurons (Figure S1D–S1F), mGluR5, the major group 1 mGluR, was suspected to be the most plausible receptor candidate in-

involved in TLS localization to the spines of pyramidal neurons in the CA1 area. To test this possibility, we examined the DHPG-induced TLS redistribution in hippocampal neurons derived from mGluR5 knockout mice [16]. In neurons of the mGluR5 homozygous mutants in which basal TLS distribution was not changed compared with wild-type (Figure S4), DHPG could not induce spine localization of TLS (Figure 3G). These results confirm that TLS accumulation in spines is induced upon postsynaptic activation of signaling cascades initiated by mGluR5.

Abnormal Spine Morphology in TLS-Deficient Mice

To investigate the context of TLS localization and its role in neuronal development, we prepared primary hippocampal neurons from embryos of TLS mutant mice (TLS^{-/-}) [17] and stained them with the lipophilic dye Dil (Figure 4). In the hippocampal neurons from the TLS-deficient mice, the dendrites were irregularly branched, and numerous long and thin processes like immature axons extended from the cell body (Figure 4A, arrows in upper panel of ^{-/-}), which is not observed in wild-type neurons extended with a single axon from the cell body (Figure 4A, arrows in upper panel of ^{+/+}). How-

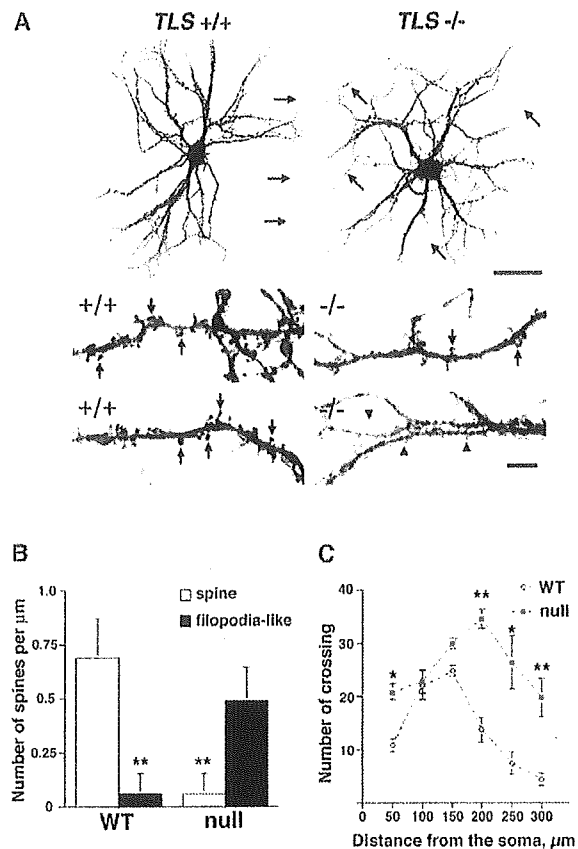


Figure 4. TLS-Deficient Mice Show Reduced Spine Number and Abnormal Spine Morphology

(A) Morphology of hippocampal neurons from TLS wild-type (*TLS*^{+/+}) and TLS null mutant (*TLS*^{-/-}) mice visualized by application of lipophilic dye Dil at 21 days in vitro. In neurons obtained from *TLS*^{-/-} mice, there were multiple axon-like processes that have elongated from the soma (arrows in *-/-* of the upper panel). With higher magnification, the spines were reduced in their number (arrows in *-/-* of the middle panel) or transformed into thin cytoplasmic protrusion similar to filopodia (arrowheads in *-/-* of the lower panel). In contrast, majority of dendritic protrusions in wild-type neurons showed the morphology of mushroom-shaped spines, containing large heads connected to the shaft via thin neck (arrows in *+/+* of the lower panels). Scale bars, 50 μm in upper panels and 5 μm in lower panels.

(B) Quantitative analysis of spine density in hippocampal neurons taken from wild-type (*+/+*) and TLS null mutant (*-/-*) mice. There was a significant decrease of spine density in the TLS null mice. On the other hand, the number of filopodia-like protrusions was significantly increased in TLS null neurons (50 representative dendrites from 10 neurons with each genotype were measured; double asterisk, $p < 0.01$). Error bars, SEM.

(C) Sholl profiles revealed a slight change in branching pattern of TLS null cultured pyramidal neurons. Number of dendritic crossings within 50 μm and over 200 μm from the soma significantly increased in TLS null neurons ($n = 30$ independent neurons). Asterisk, $p < 0.05$; double asterisk, $p < 0.01$.

ever, immunostaining for MAP2 or SMI31 revealed that TLS-null neurons possessed multiple dendrites and a single axon, indicating that the neuronal polarity was not affected by the TLS deficiency (data not shown). The spines in TLS-deficient neurons were reduced in number (Figure 4A, arrows in lower panel of *-/-*) or

transformed into thin and long cytoplasmic protrusions similar to filopodia (Figure 4A, arrowheads in lower panel of *-/-*). Their structure was distinct from that of the wild-type hippocampal neuron spines, which displayed thin necks and relatively large heads and, thus, had a mushroom-like shape (Figure 4A, arrows in lower panel of *+/+*) [1]. Quantitative analysis revealed that the density of spines in TLS-deficient neurons was significantly reduced compared with that in the wild-type ones (Figure 4B). On one hand, the number of filopodia-like spines was increased in TLS-deficient neurons. To clarify further the difference in spine morphology between the TLS-deficient and wild-type neurons, we measured dendritic complexity by a standard Sholl analysis [18], which counts the number of dendritic crossings at 50 μm concentric circles. There were more branches in the proximal and distal region in TLS-deficient neurons compared with those in wild-type (Figure 4C). In the proximal region, more dendrites were elongated directly from the soma in the TLS null neurons. It appeared that there were more tertiary dendritic branches in the distal region of the TLS null neurons. These data imply a key role for TLS in neuronal maturation including dendritic branching and also maintenance of spine stability.

Discussion

Metabotropic glutamate receptors have diverse functions in signal transduction of neurons. Group 1 mGluRs, including mGluR1 and mGluR5, are localized at the periphery of the postsynaptic junctional membrane of principal neurons in the hippocampus and the cerebellum [19, 20]. Our time-lapse recording of TLS-GFP revealed that treatment with DHPG, a selective group 1 mGluR agonist, increased the amount of TLS-GFP clusters in the spines of mature dendrites within 30 min of stimulation (Figure 3). By using hippocampal neurons from mGluR5 knockout mice, we showed that postsynaptic mGluR5-mediated signaling system was responsible for the translocation of TLS. The reversal of TLS translocation after DHPG washout, shown in Figure 3H, clearly indicates that accumulation of TLS in spines was maintained by mGluR activity and not stabilized by other molecular interactions. Activated postsynaptic mGluR5 can induce increases in both intracellular calcium concentration [Ca^{2+}]_i and PKC activation through the G protein-linked inositol phospholipids pathway [21]. On the other hand, PKC activation has been shown to control the redistribution of a wide variety of proteins localized in the postsynaptic density (PSD) [22, 23]. Because PKC is responsible for the reorganization of the actin cytoskeleton in a variety of cell types [24], activation of PKC by mGluR5 may subsequently release TLS-containing RNA granules from their actin bound state and initiate their translocation into spines. This hypothesis can be tested by experiments with multiple fluorescent reporters to simultaneously monitor translocation of TLS and reorganization of the actin cytoskeleton.

Although DHPG treatment induces accumulation of TLS, signaling via mGluR5 cannot be the sole mechanism of TLS accumulation in spines. The presence of

another signaling system is evident from phenotypic examination of cultured neurons from mGluR5 null mice, where transition of TLS from dendritic shafts to spines took place with a time course similar to that for wild-type mice (unpublished data). On the other hand, absence of TLS in hippocampal neurons affected the morphology of the dendrites and reduced the number of the spines (Figure 4). It is likely that accumulation of TLS into spines is essential for their structural maturation but is dependent on multiple signaling systems including mGluR5 activation. Abnormal spine morphology has also been reported in FMRP null mice [25, 26]. In the FMRP knockout mice, neuronal dendrites exhibited long and thin dendritic spines with increased density. This increased spine density may be attributed to the absence of an activity-dependent translational suppression by FMRP [27]. The contrasting phenotypes of these null mutants illustrate the functional diversity of RNA binding proteins in dendrites.

Considering the dual functions of TLS as the RNA-splicing factor and an RNA transporter, we may speculate that TLS may coordinately regulate the rate of RNA splicing in the nucleus and the amount of mRNA transported to local translational machinery in spines in response to synaptic activation. Understanding how postsynaptic metabotropic signals regulate TLS dynamics will be essential in order to decipher the complex cellular system that integrates synaptic activity, RNA splicing and transport, and local dendritic translation. Our present and future findings on the neuronal functions of TLS do and will provide important keys for further understanding the molecular basis of synaptic plasticity and a general insight into local translation in polarized cells.

Supplemental Data

Supplemental Data include four figures, two movies, and Supplemental Experimental Procedures and are available with this article online at <http://www.current-biology.com/cgi/content/full/15/6/587/DC1/>.

Acknowledgments

We thank M. Kuno, T. Manabe, and H. Sabe for their helpful discussions. We greatly thank D. Ron and E. Schuman for the human TLS and the rat Staufen cDNA clones, respectively. We appreciate T. Ebihara and K. Sobue for kindly providing us CortBP antibody and J. Roder for the generous contribution of mGluR5-null mice. Finally, we thank Y. Sakakida and Y. Watanabe for mouse maintenance as well as K. Hamajima, I. Kawabata, and N. Takashima for their help with preparing the primary cultures of neurons. This work was supported in part by grants from the Ministry of Education, Culture, Sports, Science and Technology, Mitsubishi Pharma Research Foundation, Senri Life Science Foundation, and Sony Corporation. G.G.H. was supported by grants from the National Cancer Institute of Canada.

Received: September 1, 2004

Revised: January 5, 2005

Accepted: January 5, 2005

Published: March 29, 2005

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Clozapine による治療が 社会機能の改善をもたらした1例

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抄録：生活全般が病的体験に支配され、種々の抗精神病薬による治療や電気けいれん療法でも改善が得られず入退院をくり返していた治療抵抗性の統合失調症者が、clozapine 単剤治療にて精神科デイケアに参加できるまでに回復した。その回復過程は「症状は消えないが、病が和らぐ」と表現できると思われた。治療初期に出現した重度の起立性低血圧に対してどのように対応したかについても言及した。 臨床精神薬理 8: 1993-1996, 2005

Key words : clozapine, treatment-resistant schizophrenia, social function, hypotension

I. 緒 言

Clozapine が、統合失調症の陰性症状に対して、従来の抗精神病薬ではもたらすことのできなかった独立した治療効果があるのか、さらには、病者の社会的機能の改善をもたらすことができるのかに関しては、議論のあるところである^{3,4)}。本症例では clozapine 投与後も幻聴や妄想などの陽性症状に明らかな改善を認めなかったにもかかわらず、単独での通院や作業所への通所が可能となり、生活・社会機能の明らかな改善が見られた。どのような病態変化により治療効果をもたらされたのかを、治療経過を見ながら考察した。

II. 症 例

【年齢】 34歳 (治療開始時)

【性別】 男

【罹病期間】 14年

【病型】 鑑別不能型統合失調症

【主な前治療薬】 (表1)

【家族歴】 叔母が統合失調症で精神科入院歴あり。

【現病歴・治療抵抗性】 小学校の頃、運動会や発表会の前日や当日に気分不良や嘔気・嘔吐などの症状がきまって出現するなど、小児期より不安耐性の低さがみられていた。

高校在学中に「いじめ」にあうようになりN大学病院精神科の外来を初診。投薬開始されるも副作用を嫌って通院は短期間で中断した。18歳で電気工事会社に就職するが、20歳頃より被注察感、幻聴が出現したため退職した。X-15年11月、精神科クリニックに通院を始めるが、まもなく担当医に関連した被害関係妄想・幻聴 (e.g. 自宅にいても担当医の声でいろいろと行動を指図される) が出現した。以後、1~2年毎に転院して数ヶ月の入院加療をくり返したが症状に改善なかった。X-9年からX-8年にかけて、数週から

A case of treatment-resistant schizophrenia improved in social function by clozapine treatment.

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表1 主な前治療薬一覧

回	薬剤名 (一般名)	1日投与量 (mg 日)	Chlorpromazine 換算量 (mg 日)	Chlorpromazine 換算量合計 (mg 日)
1	Nemonapride	30	666	1,316
	Sultopride	200	100	
	Risperidone	5	500	
	Sulpiride	100	50	
2	Risperidone	12	1,200	2,355
	Nemonapride	25	555	
	Haloperidol	10	500	
	Sultopride	200	100	
3	Haloperidol	32	1,600	2,808
	Nemonapride	15	333	
	Sultopride	450	225	
	Chlorpromazine	650	650	
4	Risperidone	18	1,800	1,800
5	Quetiapine	600	900	900

数ヵ月単位の入院加療が4回行われ、種々の抗精神病薬による治療や1クール計7回のECTが行われたが症状の改善はなかった。入院中も他患との交流は乏しく、自閉的で、些細な状況変化に反応する形で幻聴や独語が活発化する状態であったという。

X-7年12月、両親の希望で当科に初診。受診時、活発な幻覚妄想、著明な思考障害を認め、独語・空笑、感情鈍麻、自閉的生活など陰性症状も重度であった。約6年間にわたる外来治療においては一貫してコンプライアンスは良好であったが、nemonapride, risperidone, haloperidol, quetiapine, olanzapine など種々の抗精神病薬が投与されたにもかかわらず症状に明らかな改善はみられなかった。自宅では、入眠困難など些細な出来事を引き金にして「幻聴がひどくなった」と訴えて不穏状態となるなど生活全般が病的体験に支配されていた。外来治療においても、親の同伴がないと来院が困難で、さらに、待ち時間が長いと「幻聴が帰れと命令する」などと待合室で大声をあげるなどのエピソードが繰り返され、病状は著しく不安定であった。このため、X年1月、clozapine 治療目的にて当院に初回入院となる。

症例経過、BPRSの推移を図1に示す。

【主な副作用】

1) 起立性低血圧。投与開始後15日目 (clozapine 125mg day) に起床時のふらつきと嘔気の訴えが出現。起立試験では坐位→立位後5分で血圧103.83→54.44mmHg, 脈拍107→84bbs, 嘔気, 冷汗, あくびなどの臨床症状を伴う著明な起立性低血圧を認めた。心電図や心エコー上の異常所見はなく、血液生化学等からも心筋炎は否定された。Clozapine 75mg day に減量したが起立性低血圧に改善ないため、clozapine の投与を3日間中止した。その後、プロトコールの最低初期投与量である12.5mg day より投与を再開し4日後に25mg day と増量したところ、再び気分不良を伴う起立性低血圧を認めたため、カテコラミンα1受容体刺激薬 midodrine の併用 (4mg 分2) を開始した。その後は入院中に慎重に300mg day まで clozapine を漸増したが症状の再燃はなかった。X+2年, 150mg まで減量していた時点で midodrine を漸減中止としたが、起立性低血圧は再発しなかった。

2) 心嚢水貯留。X+2年2月, 心エコーにて軽度の心嚢水貯留が指摘された。心機能に異常は

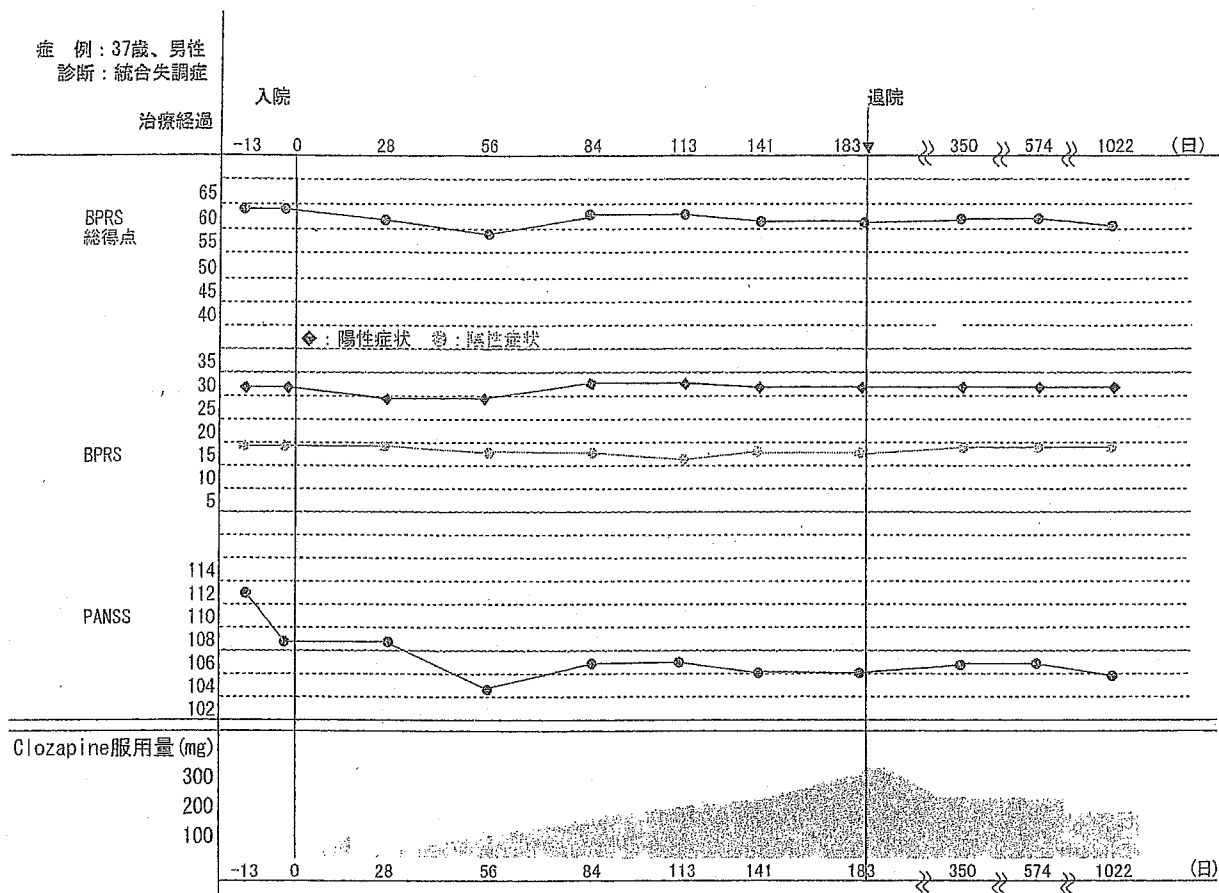


図1 経過図

なく、ECG および血液検査にて心筋炎を示唆する所見を認めなかったことから、clozapine 投与を継続した。1ヵ月後の再検で心嚢水の増加を認めず、以後、プロトコールに従ってUCG フォローアップを続けた。X+3年4月の検査では心嚢水の消失が確認された。

【治療経過】入院時の精神症状は陽性症状、陰生症状ともに多彩であった。自らの行動に言及する形の前主治医の幻声、複数の男女が語り合う形の幻声があり、これらは状況に反応する形で増悪した。「同室者の考えていることが頭に入ってくる」といった思考吹入、被注察感などの被害関係妄想、独語・空笑に加えて、連合弛緩、反響言語、場にそぐわない感情表出や浅薄な感情変化などの解体症状が認められた。

頭部MRI、脳波、脳血流SPECTに明らかな異常所見を認めなかった。神経学的には、bradykinesia、歩行時の軽度の前屈姿勢、動作緩慢、誘発時に出現する舌・口唇のdyskinesiaなどの錐

体外路症状がみられた。

BPRSによる評価で総得点は62点、下位項目では概念の統合障害、幻覚による行動、不自然な思考内容などが目立っていた。

入院前投与薬を約1週間で半減し、24時間の向精神薬中断期間においてclozapineの投与を開始し、約5ヵ月かけて300mg/dayまで増量した。しかし、精神症状の改善は不十分で、大部屋への移動、両親の面会、担当医の変更、同室者の言動などの状況に反応する形で「幻聴がうるさくて大声を上げたくなる」と訴えることが頻回にみられた。また、同室他患に対する被害関係妄想にも変化はみられなかった。一方で、錐体外路症状の軽減に伴う運動機能の改善がみられ、ときに病棟の集団レクリエーションへ自発的に参加するなど行動面での変化も認められた。本人および両親の退院希望が強かったこともあり、X年8月に自宅退院となった。退院時のBPRS総得点は59点であった。

外来治療に移行した後は一貫して夜間睡眠が良好に確保され、入眠困難をきっかけに夜中に精神運動興奮をきたすことはなくなった。しかし「幻聴」の訴えにまったく軽減を認めなかった。また、自宅で臥床がちに過ごすことが続いたため、副作用としての過鎮静を疑って clozapine を 100 mg day まで減量したが、臥床傾向は一層増悪した。このため、統合失調症の陰性症状との鑑別が困難であった。X+2 年以降は、150mg 分 1 夕食後の投与で経過を観察した。この頃より、「外出前には幻聴がうるさくなり、出かけられなくされる」という訴えに変わりがないにもかかわらず、lorazepam 1 mg を頓用したり、頓用薬を所持することにより、単独での外来通院が可能となり、長時間の診療待ちの間も不穏状態となることはなくなった。これで自信がついたのか、保健所主催の精神科デイケアに 1~2 週に 1 回参加するようになった。対人緊張が強いため他利用者との交流は乏しく、利用プログラムも「幻聴のせいで」しばしば変えてしまうが、現在まで、デイケアや作業所の利用を続けている。

Ⅲ. 考 察

1. 投与初期に出現した著明な起立性低血圧

Clozapine に関連した副作用のなかで、頻脈および低血圧はその出現頻度が高く、Miller の review によれば頻脈が 25%、低血圧は 8% の患者で出現するという。これは、過鎮静 (44%) について多い副作用である²⁾。その機序は clozapine の $\alpha 1$ アドレナリン受容体遮断作用によるとされる。低血圧の出現率とその重症度は増量する速さや量に大きく影響を受けるため、緩やかに増量することにより予防が可能で、投与初期に一過性に出現した場合でも、多くは次第に耐性を獲得するとされる。しかし、本症例では clozapine 投与初期に出現した低血圧症状に対して増量を控えることや減量では対応困難であった。このため、 $\alpha 1$ 受容体刺激薬を併用したが、これにより精神症状に対する必要量まで早期に増量してゆくことが可能であった。また、 $\alpha 1$ 受容体刺激薬をある程度

の期間使用した後に中止をしても低血圧症状が再燃しなかったことから、使用期間中にカテコラミン受容体遮断作用に対する耐性が獲得されたものと思われた。

2. 評価尺度に反映されない症状の改善について

患者の訴える「幻聴」は患者自身の願望や不安を反映する内容であることが多く、考想化声に類するが、自我境界の脆い患者にとっては他者性を帯びた幻声 = 「幻聴」と認識されているものと考えられた。このような病態に対して、clozapine は体験を消し去るような劇的な治療効果は持たず、BPRS の陽性症状得点は入院時と退院時でほとんど変化がなかった¹⁾。また、自閉を中心とした陰性症状の改善も明らかではなかった。しかし、抗不安薬との相乗作用により、「幻聴」に発展して行動を妨げるような重度の病的不安を抑えることが可能となり、これを突破口にして、退院後次第に、患者は行動範囲を拡大することができた。このことから、本症例では、clozapine による病的不安の改善と陰性症状の軽減が相まって、社会機能の改善が得られたと考えるべきであろう³⁾。また、錐体外路症状の改善に伴う運動機能の回復が好影響をもたらした可能性もあると考えられた。

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Clozapine 抵抗性の体感幻覚統合失調症の1例

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抄録：体感幻覚で発症し陰性症状が重なって難治化していた統合失調症者に対して clozapine を投与し、幻覚への効果は部分的であったが生活機能の改善が得られた。しかし、5年の経過で症状が徐々に増悪し、clozapine の増量にも反応は乏しかった。Clozapine 抵抗性の統合失調症に対する併用療法の可能性についても言及した。

臨床精神薬理 8:2108-2111, 2005

Key words : clozapine, treatment-resistant schizophrenia, cenestopathic (cenesthetic) hallucination

I. 緒 言

体感症 (cenestopathy) または体感異常型統合失調症 (cenestopathic schizophrenia) においては、ときに薬物治療抵抗性の症状が長年にわたり継続し、自覚症状の辛さから自殺企図に及ぶ症例もみられるなど、治療に難渋する例が少なくない。本症例は、「目から頭蓋内に何かが入り込み、その苦痛で何もできない」という体感幻覚にて発症した統合失調症で、各種抗精神病薬の治療に反応せずに次第に無為自閉の生活を送るようになった。Clozapine により症状の部分的な寛解が数年間続いたが、次第に症状が再燃していった治療抵抗性の1例である。

II. 症 例

【年齢】33歳 (長期投与試験移行時)

【性別】男性

【罹病期間】11年

【病型】妄想型→鑑別不能型統合失調症

【主な前治療薬】Pimozide 6 mg, thioridazine 150 mg, nemonapride 80 mg, fluphenazine 9 mg, timiperone 24mg, risperidone 6 mg (さまざまな組み合わせによる併用で使用)

【家族歴】弟が schizophrenia の診断で通院・加療中

【現病歴・治療抵抗性】生来健康で中学・高校の学業成績は中位、高校時代はいくつかアルバイトをこなし、友人も少なくなかった。X-8年、祖父の死去を契機に意欲低下、抑うつ状態が出現し、遷延した。X-6年、22歳時、「会社で作業中に左目から何かが入って頭の中にある」と訴え、T大学脳外科を受診するが精神科へ紹介され約6ヵ月間通院した。しかし「頭の中がグシャグシャになる」などの訴えは徐々に頻回となり、自宅での行動にもまとまりを欠くようになったため、X-5年にK病院へ9ヵ月間入院した。これにより自宅での生活は可能となったが、体感幻覚

A cenestopathic schizophrenia resistant to clozapine monotherapy.

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