

Endocannabinoid-mediated retrograde modulation of synaptic transmission

Takako Ohno-Shosaku¹ and Masanobu Kano²

One of the two major endocannabinoids, 2-arachidonoylglycerol (2-AG), serves as a retrograde messenger at various types of synapses throughout the brain. Upon postsynaptic activation, 2-AG is released immediately after de novo synthesis, activates presynaptic CB₁ cannabinoid receptors, and transiently suppresses neurotransmitter release. When CB₁ receptor activation is combined with some other factors such as presynaptic activity, the suppression is converted to a long-lasting form. Whereas 2-AG primarily transmits a rapid, transient, point-to-point retrograde signal, the other major endocannabinoid, anandamide, may function as a relatively slow retrograde or non-retrograde signal or as an agonist of the vanilloid receptor. The endocannabinoid system can be up- or down-regulated by a variety of physiological and environmental factors including stress, which might be clinically important.

Addresses

¹ Department of Impairment Study, Graduate School of Medical Science, Kanazawa University, Kanazawa 920-0942, Japan

² Department of Neurophysiology, Graduate School of Medicine, The University of Tokyo, 7-3-1 Hongo, Bunkyo-ku, Tokyo 113-0033, Japan

Corresponding author: Kano, Masanobu (mkano-ky@m.u-tokyo.ac.jp)

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Introduction

Endocannabinoids retrogradely modulate synaptic transmission widely throughout the central nervous system [1–5]. They are released from postsynaptic neurons, activate presynaptic CB₁ cannabinoid receptors, and suppress transmitter release either transiently (endocannabinoid-mediated short-term depression; eCB-STD) or persistently (endocannabinoid-mediated long-term depression; eCB-LTD). The eCB-STD and eCB-LTD are induced at various types of GABAergic and glutamatergic synapses throughout the brain. The ability of each synapse to express eCB-STD/LTD depends primarily on whether the presynaptic terminal expresses CB₁ receptors. In addition to their well-established functions as retrograde messengers, endocannabinoids might also function in

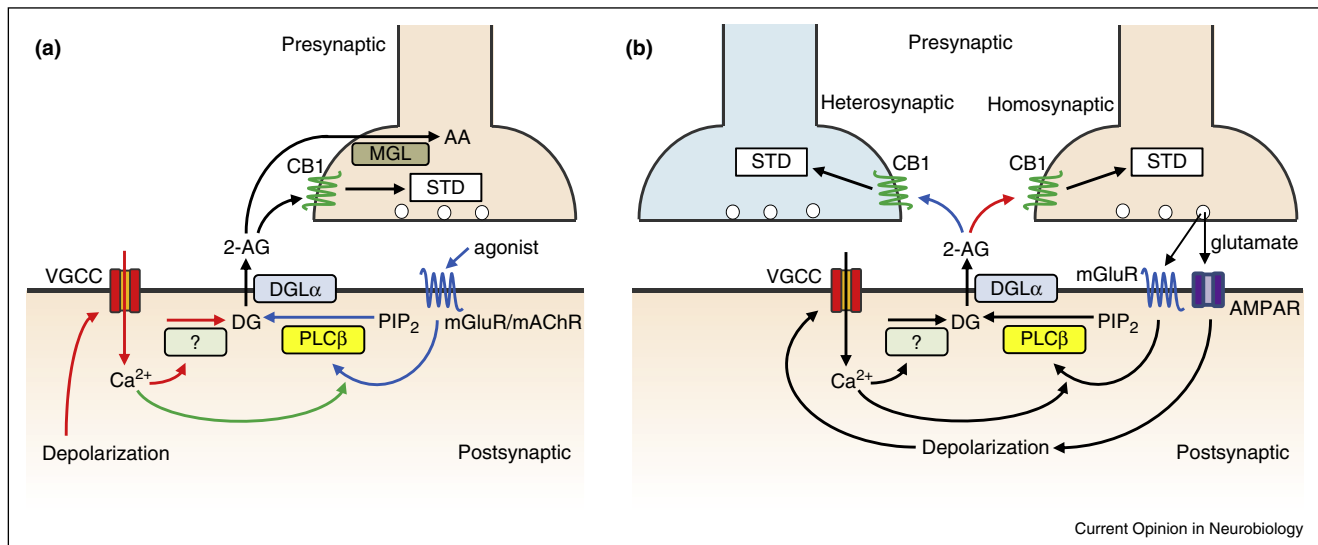
non-retrograde manners [4]. In the last few years evidence has also accumulated to suggest that the endocannabinoid signaling system itself is regulated by various factors [6^{*}]. In this article, we review recent advances in the molecular mechanisms of endocannabinoid signaling and its plastic changes induced by neuromodulators and environmental factors.

Standard 2-AG model of eCB-STD

The molecular mechanisms of endocannabinoid release involved in eCB-STD have been studied in a variety of preparations. Here we show the standard 2-AG model (Fig. 1), which can explain most, if not all, results of electrophysiological studies [1–5]. The conditions that induce the production and release of 2-AG are mechanistically classified into three types; increase in intracellular Ca²⁺ concentration ([Ca²⁺]_i) (Ca²⁺-driven endocannabinoid release, CaER), activation of G_{q/11}-coupled receptors (basal receptor-driven endocannabinoid release, basal RER), and the combination of these two (Ca²⁺-assisted RER) [1,2,6^{*}]. After released from postsynaptic neurons, 2-AG activates presynaptic CB₁ receptors and suppresses transmitter release. Termination of the retrograde signal depends on degradation of 2-AG by monoacylglycerol lipase (MGL). Although the expression of MGL is highly heterogeneous [7,8^{**}], 2-AG is degraded in a synapse non-specific manner by MGL concentrated in particular cell types [8^{**}].

The CaER is responsible for the eCB-STD induced by depolarizing a postsynaptic neuron, which is termed DSI (depolarization-induced suppression of inhibition) or DSE (depolarization-induced suppression of excitation) for inhibitory or excitatory synapses, respectively. When depolarization causes a large, transient increase in [Ca²⁺]_i to micromolar levels through activation of voltage-gated Ca²⁺ channels, diacylglycerol (DG) is produced through some as yet unidentified mechanism (Fig. 1(a), red arrows). DG is then converted to 2-AG by diacylglycerol lipase α (DGLα). The basal RER is responsible for the eCB-STD induced by activation of G_{q/11}-coupled receptors, such as group I metabotropic glutamate receptors (mGluRs) or M₁/M₃ muscarinic acetylcholine receptors (mAChRs), without need of postsynaptic Ca²⁺ elevation. Many other receptors have also been reported to induce RER, which include 5-HT₂-type serotonin receptors, protease-activated receptor 1 (PAR1), and the receptors for orexin, oxytocin and CCK [3]. When G_{q/11}-coupled receptors are activated, DG is produced by PLCβ, the subtype of which depends on brain areas (Fig. 1 (a), blue arrows). DG

Fig. 1



Molecular mechanisms of endocannabinoid-mediated short-term depression (eCB-STD). **(a)** The production of diacylglycerol (DG) is induced by either a large Ca^{2+} elevation, which is caused by depolarization-induced activation of voltage-gated Ca^{2+} channels (VGCC), through unidentified mechanisms (red arrows), or strong activation of $G_{q/11}$ -coupled receptors such as mGluRs and mAChRs through PLC β (blue arrows). If weak activation of $G_{q/11}$ -coupled receptors is combined with a small Ca^{2+} elevation, both of which are subthreshold for DG production when given alone, receptor-driven PLC β stimulation is enhanced by Ca^{2+} to produce DG (green arrow). DG is then converted to 2-AG by diacylglycerol lipase α (DGL α). 2-AG is released from the postsynaptic neuron, and activates presynaptic CB $_1$ receptors to suppress transmitter release (STD). 2-AG is hydrolysed mostly by presynaptic monoacylglycerol lipase (MGL) and arachidonic acid (AA) is produced. **(b)** Excitatory synaptic activity releases glutamate, which activates postsynaptic AMPA-type glutamate receptors (AMPA) and mGluRs. Activation of AMPARs causes Ca^{2+} elevation through activating VGCCs. The resulting postsynaptic Ca^{2+} elevation and/or mGluR activation causes the release of 2-AG through the mechanisms illustrated in a. 2-AG activates CB $_1$ receptors on the same presynaptic terminals releasing glutamate (red arrow, homosynaptic) or neighboring terminals (blue arrow, heterosynaptic), and suppresses transmitter release (STD).

is then converted to 2-AG by DGL α . The Ca^{2+} -assisted RER accounts for the eCB-STD induced by the combination of a small increase in $[\text{Ca}^{2+}]_i$ and weak receptor activation, both of which can be subthreshold for triggering endocannabinoid release. This synergistic effect can be explained by the Ca^{2+} dependency of receptor-driven PLC β stimulation [9–11] (Fig. 1(a), green arrow).

More physiological ways of inducing eCB-STD are via synaptic activity (synaptically driven eCB-STD) [1] (Fig. 1(b)). If glutamate is released from excitatory presynaptic terminals in a sufficient amount to induce postsynaptic Ca^{2+} elevation and/or mGluR activation, 2-AG is released through the mechanism for CaER, basal RER or Ca^{2+} -assisted RER. Excitatory synaptic activity is therefore potentially effective in inducing 2-AG release. Synaptically driven eCB-STD can be either homosynaptic (Fig. 1(b), red arrow) or heterosynaptic [1] (Fig. 1(b), blue arrow).

The standard 2-AG model described above is supported by a considerable number of studies. DSI, DSE, receptor-driven eCB-STD and synaptically driven eCB-STD are all inhibited by pharmacological blockade of DGL [12**] and genetic deletion of DGL α [13–15]. The mGluR- or mAChR-driven eCB-STD is blocked by genetic deletion of PLC β 1 for hippocampal neurons [9] or PLC β 4 for cerebellar Purkinje

cells [10]. The termination of DSI/DSE is prolonged by genetic deletion [8**,16] and pharmacological blockade of 2-AG hydrolyzing enzyme (MGL), but not anandamide (another major endocannabinoid) hydrolyzing enzyme (fatty acid amide hydrolase, FAAH) [17].

On-demand vs. pre-formed

It is generally thought that 2-AG is not stored in neurons, but synthesized on demand upon stimulation. However, this ‘on-demand synthesis model’ was challenged by an alternative model that 2-AG is pre-formed by DGL α , pooled within cells, and mobilized from this hypothetical pre-formed 2-AG pools upon stimulation without the contribution of DGL α [18,19]. This model was developed to reconcile the apparent discrepancy in the experimental results between genetic and pharmacological blockade of DGL. DGL α knockout mice were generated independently by three groups, and they all exhibit complete loss of eCB-STD [13–15]. In contrast, the reported effects of acute pharmacological blockade of DGL were highly controversial [19]. A classical DGL inhibitor, tetrahydrolipstatin (THL), inhibited eCB-STD in some studies, but not in others. Inconsistent results were also observed with a novel potent DGL inhibitor, OMDM-188. OMDM-188 failed to inhibit DSI in one study [20], whereas it inhibited DSI but not mGluR-driven STD in another study [21].

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