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Ethanol Inhibits NMDA-Activated Ion Current in Hippocampal Neurons

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The ion current induced by the glutamate receptor agonist N-methyl-D-aspartate (NMDA) in voltage-clamped hippocampal neurons was inhibited by ethanol (EtOH). Inhibition increased in a concentration-dependent manner over the range 5 to 50 mM, a range that also produces intoxication. The amplitude of the NMDA-activated current was reduced 61 percent by 50 mM EtOH; in contrast, this concentration of EtOH reduced the amplitude of current activated by the glutamate receptor agonists kainate and quisqualate by only 18 and 15 percent, respectively. The potency for inhibition of the NMDA-activated current by several alcohols is linearly related to their intoxicating potency, suggesting that alcohol-induced inhibition of responses to NMDA receptor activation may contribute to the neural and cognitive impairments associated with intoxication.

LTHOUGH THE COGNITIVE AND BEhavioral manifestations of EtOH intoxication are well known, the cellular and molecular mechanisms through which EtOH produces its actions are poorly understood. Electrophysiological experiments have shown that EtOH can alter the firing rate or excitability of several types of central nervous system (CNS) neurons (1); however, voltage-clamp experiments on mammalian neurons have not revealed a specific membrane ion current that is affected by intoxicating concentrations of EtOH.

Ethanol could produce its effects by altering neural excitation. Glutamate appears to be the major excitatory neurotransmitter in the mammalian CNS (2). Glutamate produces its excitatory action through the activation of at least three receptor subtypes distinguished on the basis of their response to the agonists kainate, quisqualate, and *N*methyl-D-aspartate (2). The NMDA receptor is thought to be involved in excitatory neural phenomena (3), neural plasticity (4), cognitive function (5), and certain forms of behavior (6). Kainate and quisqualate receptors, on the other hand, appear to mediate fast excitatory synaptic transmission (7).

We have examined the effect of EtOH on ion currents activated by glutamate receptor agonists in voltage-clamped hippocampal neurons (8). The effect of EtOH on the ion currents induced by the application of NMDA, kainate, and quisqualate in voltageclamped hippocampal neurons (9) is illustrated in Fig. 1. The amplitude of the NMDA-activated current was greatly reduced in the presence of 50 mM EtOH (Fig. 1A). Over the concentration range 5 to 100 mM, EtOH inhibited the response to NMDA. The average inhibition by 50 mMEtOH was $61 \pm 3\%$ (n = 14), and the concentration that produced 50% inhibition (IC₅₀) was \sim 30 mM (10). (Reported values are mean \pm SEM.) The average inhibition produced by 100 mM EtOH was $69 \pm 6\%$ (n = 5), which was not significantly greater than the inhibition by 50 mM EtOH (P > 0.10, unpaired *t* test). Inhibition of the NMDA-activated current was not observed with 2.5 mM EtOH; however, in some neurons this concentration increased current amplitude. The percent reduction of kainate- and quisqualate-activated current amplitude by 50 mM EtOH was considerably less than the reduction of NMDA-induced current amplitude at the same EtOH concentration (compare Fig. 1, B and C, to Fig. 1A). The average inhibition by 50 mM EtOH of the kainate-activated current was $18 \pm 2\%$

ated by diazepam's interaction with benzodiazepine receptors because pretreatment with the benzodiazepine antagonist Ro 15-1788 did not block it. In fact, lower doses of diazepam increased activity levels, an effect that was reversed by pretreatment with the benzodiazepine antagonist.

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(n = 5) and of the quisqualate-activated current was $18 \pm 2\%$ (n = 5) and of the quisqualate-activated current was $15 \pm 2\%$ (n = 5). EtOH was less potent in inhibiting kainate- and quisqualate-activated currents than in inhibiting the NMDA-induced current over a range of EtOH concentrations (Fig. 1, B and C).

Because different alcohols have different potencies for producing intoxication (11-13), we examined the effect of several alcohols on the NMDA-activated current. Methanol (200 mM) (Fig. 2A), 1-butanol (10 mM) (Fig. 2B), and isopentanol (0.5 mM) (Fig. 2C) produced an inhibition of the NMDA-activated current comparable to the inhibition by 50 mM EtOH (Fig. 1A). These data suggest that the alcohols differ in their potency for inhibiting the response to NMDA. The potency of the alcohols for inhibiting the NMDA-activated current was further evaluated by examining the effect of different concentrations of each of the three alcohols on the response to NMDA. Inhibition of the NMDA-activated current increased with increasing concentrations of each alcohol, but the threshold for inhibition and the IC_{50} differed among the alcohols (Fig. 2). Methanol (Fig. 2A) was less potent than EtOH in inhibiting the NMDA-activated current (compare to Fig. 1A). The threshold for methanol inhibition was $\sim 25 \text{ mM}$ and the IC₅₀ was $\sim 117 \text{ mM}$. Both 1-butanol and isopentanol were more potent than EtOH in their inhibition of the NMDA-activated current. The threshold for 1-butanol (Fig. 2B) inhibition was ~0.01 mM and the IC₅₀ was ~ 1.14 mM. Isopentanol (Fig. 2C) was the most potent of the four alcohols tested, inhibiting the response to NMDA with a threshold of $\sim 0.001 \text{ mM}$ and an IC₅₀ of ~ 0.32 mM.

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Because the alcohols exhibit different degrees of hydrophobicity (11, 12), our observations raised the question of whether the potency of different alcohols for inhibition of the NMDA-activated current might be related to their hydrophobicity. The IC₅₀ for inhibition of the response to NMDA decreases as the alcohol hydrophobicity increases (Fig. 3A) (12). Moreover, there is a significant linear relation between these two measures, suggesting that the potency with which alcohols inhibit the NMDA-induced current increases as a function of increasing hydrophobicity.



Fig. 1. EtOH effects on excitatory amino acid-induced ion currents in hippocampal neurons. (A) (Left) Effect of 50 mM EtOH on current elicited by application of NMDA. (Control) Inward current induced by application of 50 μ M NMDA. (EtOH) Response to 50 μ M NMDA in the presence of 50 mM EtOH. (Recovery) Current induced by 50 μ M NMDA alone (in the absence of EtOH), 2 min after termination of EtOH application. (Right) Average percent inhibition of NMDA-activated current as a function of EtOH concentration. (B) (Left) Effect of 50 mM EtOH on current elicited by application of kainate. The three records show inward current induced by application of 10 μM kainate before, during, and 2 min after the application of 50 mM EtOH. (Right) Average percent inhibition of kainateactivated current as a function of EtOH concentration. (C) (Left) Effect of 50 mM EtOH on current elicited by quisqualate application. The three records show inward current induced by application of 1 µM quisqualate before, during, and 2 min after application of 50 mM EtOH. (Right) Average percent inhibition of quisqualate-induced current as a function of EtOH concentration. The concentrations of the different agonists used produced currents of comparable amplitude in the absence of EtOH. Records in (A), (B), and (C) are taken from different neurons. Experiments examining NMDAactivated currents in hippocampal neurons were performed in extracellular medium containing no added Mg^{2+} . The records in (B) and (C) were collected in the presence of concentrations of Mg^{2+} (1 mM) and APV (50 µM) sufficient to prevent any contribution of NMDA receptor-activated currents to the currents induced by kainate and quisqualate. All records were taken at a membrane potential of -50 mV. The solid bar above each record denotes time of drug application. Time and current calibrations in (A) apply to all records. Each point in the graphs represents the mean \pm SEM percent inhibition observed in at least four neurons tested at the indicated EtOH concentration.

Different alcohols also differ in their potency for producing intoxication (11-13), and thus we determined the relation between the potency of different alcohols for producing intoxication and their potency for inhibition of the NMDA-induced ion current. The IC₅₀ values of the different alcohols for inhibition of the NMDA-induced current as a function of previously determined ED3 values (the dose of alcohol producing ataxia 2) for intoxication by the different alcohols are shown in Fig. 3B (12). The graph illustrates a significant linear relation between these two measures, suggesting that the more potent the alcohol is in inhibiting the NMDA-induced current the greater its potency for producing intoxication.

In the concentration range we examined (5 to 100 mM), EtOH is considerably more potent in inhibiting responses to NMDA than in inhibiting responses to the glutamate receptor agonists kainate and quisqualate (14). In addition, voltage-clamp studies in our laboratory indicate that EtOH does not affect voltage-activated Na⁺ or Ca²⁻ currents at concentrations between 5 and 100 mM(15). These data, together with the fact that this concentration range of EtOH has not been reported to affect membrane ion currents in voltage-clamp experiments on mammalian neurons, suggest that EtOH at 5 to 100 mM does not alter ion channel function in a nonspecific manner (16). On the basis of biochemical studies showing EtOH potentiation of ³⁶Cl⁻ flux, it has been suggested that EtOH may enhance Cl⁻ current through channels activated by y-aminobutyric acid (GABA) (17). However, electrophysiologic experiments examining EtOH effects on GABA-mediated responses have yielded conflicting results (18)

The concentration range over which EtOH inhibited the NMDA-activated current corresponds to the range over which intoxication occurs in nontolerant humans (19). For example, delayed reaction time and impairment of fine motor control can be detected at blood EtOH concentrations of 20 to 30 mg/dl (4 to 6 mM) (19). An increase in blood EtOH concentration from 20 to 30 mg/dl to 200 to 250 mg/dl (43 to 54 mM) results in increased impairment of mental ability and motor coordination that is generally recognized as increased intoxication (20). In our experiments, the threshold for inhibition of the NMDA-activated current was ~ 5 mM, and increasing concentrations of EtOH produced increasing inhibition of the NMDA-activated current up to 50 mM. The observation that intoxicating concentrations of EtOH reduce the NMDAactivated current suggests that inhibition of responses generated by NMDA receptor activation might contribute to intoxication.

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When blood EtOH increases to concentrations greater than 200 to 250 mg/dl, a second syndrome occurs that is characterized by progressive CNS depression and behavioral signs of general anesthesia such as increased sedation, stupor, and coma (20). Because the inhibition of the NMDAinduced current by 100 mM EtOH was not significantly greater than the inhibition by 50 mM EtOH, the general anesthetic effects of EtOH would not appear to result from EtOH inhibition of responses to NMDA. On the other hand, EtOH inhibition of the

currents produced by kainate and quisqualate increased substantially at EtOH concentrations greater than 50 mM. Because kainate and quisqualate receptors are thought to mediate fast synaptic transmission at glutamatergic synapses and glutamate is believed to be the major excitatory transmitter in the CNS, inhibition of kainate and quisqualate receptor-activated responses could result in general CNS depression. In sup-



Fig. 2. Inhibition of NMDA-induced ion current by different alcohols. (A) (Left) Effect of methanol on current induced by NMDA application to a voltage-clamped hippocampal neuron. (Control) Inward current evoked by the application of 50 µM NMDA before methanol application. (Methanol) Current induced by 50 μ M NMDA in the same cell during superfusion of the cell with 200 mM methanol. (Wash) Current induced by application of 50 μM NMDA 2 min after termination of methanol application. (Right) Average percent inhibition of the NMDA-induced current as a function of methanol concentration. (**B**) (Left) Effect of 1-butanol on the NMDA-induced current. (Control) Current induced by 50 $\mu \dot{M}$ NMDA before 1-butanol application. (1-Butanol) Current induced by 50 μM NMDA in the presence of 10 mM 1-butanol. (Wash) Current induced by 50 μM NMDA 2 min after termination of butanol application. (Right) Average percent inhibition of the NMDA-induced current as a function of 1-butanol concentration. (C) (Left) Effect of isopentanol on NMDA-induced current. (Control) Current induced by 50 µM NMDA before isopentanol application. (Isopentanol) Current induced by 50 μ M NMDA in the presence of 0.5 mM isopentanol. (Wash) Current induced by 50 μ M NMDA 4 min after termination of isopentanol application. (Right) Average percent inhibition of the NMDA-induced current as a function of isopentanol concentration. The concentration scales are different on the abscissa of each graph. Each point in the graphs represents the mean ± SEM percent inhibition observed in at least four neurons tested at the indicated alcohol concentration. Records in (A), (B), and (C) are from different neurons. Time and current calibrations in (A) apply to all records. Membrane potential in all neurons was voltage-clamped at -50 mV.

data are from (12). The linear relation between

IC₅₀ for inhibition of the NMDA-activated cur-

rent and the membrane-buffer partition coefficient has a slope of -1.30 ± 0.055 (P < 0.01)

(B) Log-log graph plotting ED3 for intoxication

by the different alcohols versus the IC50 values for inhibition of the NMDA-induced current by the

alcohols. ED3 for intoxication data are from (12).

The linear relation between the IC₅₀ for inhibi-

tion of the NMDA-induced current and the ED3 for intoxication has a slope of 1.579 ± 0.099

(P < 0.025). Probability level for the linear re-

gression was determined with an analysis of variance (ANOVA). IC50 values were determined by

obtaining the best-fit curve over the linear portion

of a log concentration-response plot for each of

the alcohols and calculating by interpolation the

alcohol concentration that would produce 50%

inhibition of the NMDA-activated current.

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port of this notion, anesthetic barbiturates inhibit kainate- and guisgualate-induced responses more potently than they inhibit responses produced by NMDA receptor activation (21).

The mechanism by which alcohols inhibit the NMDA-activated ion current is not clear. It has previously been proposed that alcohol intoxication results from fluidization of neuronal membranes (13). The NMDA receptor-ionophore protein complex may be especially sensitive to changes in membrane fluidity, and net current flow through NMDA receptor-linked channels may decrease when fluidity increases. On the other hand, some investigators question whether membrane fluidization can account for the intoxicating actions of alcohols (22). Alternatively, alcohols could act on a hydrophobic region or regions of the NMDA receptor-ionophore complex or on a protein that affects the function of this complex. Whatever the mechanism, the correlation between the potency of different alcohols for inhibiting the response to NMDA and their potency for producing intoxication suggests that inhibition of responses generated by NMDA receptor activation may contribute to intoxication (23).

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- 10. The NMDA concentration used in all experiments in this report was 50 μ M. Similar inhibition of the NMDA-activated current by EtOH was observed when the NMDA concentration was 10 μM (n = 3). We have observed inhibition of NMDAactivated current by EtOH over a similar concentration range in cultured mouse spinal cord neurons and acutely isolated adult rat dorsal root ganglion neurons. The effect of EtOH on the NMDA-activat-ed current might result from effects of EtOH on membrane properties other than those involved in the NMDA response. We found, however, that application of 100 mM EtOH alone did not activate a transient current or change the steady-state current at a given membrane potential. In addition, the administration of 100 mM EtOH did not alter the input resistance as measured in voltage-clamp by holding the membrane potential at -50 mV and stepping in 5-mV increments to potentials in the range -80 to -55 mV. The input resistance was calculated from the slope of the current-voltage (I-V) relationship. It thus seems unlikely that the effect of EtOH on the NMDA-induced current results from nonspecific membrane actions or from changes in the whole-cell recording conditions, such as an
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