



Brain Sites of Movement Disorder: Genetic and Environmental Agents in Neurodevelopmental Perturbations

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In assessing and assimilating the neurodevelopmental basis of the so-called movement disorders it is probably useful to establish certain concepts that will modulate both the variation and selection of affliction, mechanisms-processes and diversity of disease states. Both genetic, developmental and degenerative aberrations are to be encompassed within such an approach, as well as all deviations from the necessary components of behaviour that are generally understood to incorporate “normal” functioning. In the present treatise, both conditions of hyperactivity/hypoactivity, akinesia and bradykinesia together with a constellation of other symptoms and syndromes are considered in conjunction with the neuropharmacological and brain morphological alterations that may or may not accompany them, e.g. following neonatal denervation. As a case in point, the neuroanatomical and neurochemical points of interaction in Attention Deficit and Hyperactivity disorder (ADHD) are examined with reference to both the perinatal metallic and organic environment and genetic backgrounds. The role of apoptosis, as opposed to necrosis, in cell death during brain development necessitates careful considerations of the current explosion of evidence for brain nerve growth factors, neurotrophins and cytokines, and the processes regulating their appearance, release and fate. Some of these processes may possess putative inherited characteristics, like *α*-synuclein, others may to greater or lesser extents be endogenous or semi-endogenous (in food), like the tetrahydroisoquinolines, others exogenous until inhaled or injected through environmental accident, like heavy metals, e.g. mercury. Another central concept of neurodevelopment is cellular plasticity, thereby underlining the essential involvement of glutamate systems and *N*-methyl-D-aspartate receptor configurations. Finally, an essential assimilation of brain development in disease must delineate the relative merits of inherited as opposed to environmental risks not only for the commonly-regarded movement disorders, like Parkinson's

disease, Huntington's disease and epilepsy, but also for afflictions bearing strong elements of psychosocial tragedy, like ADHD, autism and Savantism.

Keywords: Cerebellum; Basal ganglia; Limbic; Striatum; Glutamate; Heavy metals; Iron overload; Tetrahydroisoquinolines; Apoptosis; Necrosis; Neurotoxins; Neurotrophins; Dopamine; Motor activity

INTRODUCTION

Although the neurodevelopmental background to movement disorders may be expected generally to cover environmental and genetic accidents underlying the so-called neurodegenerative disorders, such as Parkinson's disease (PD), Huntington's disease, motor neuron disease, epilepsy, etc., one may make a case too for several other disease states that make their debut during childhood years, for example autism, Asperger's syndrome, Tourette's syndrome and Lesch-Nyhan syndrome to be considered among the movement disorders, at least on the basis of diagnostic overlap (cf. Szatmari *et al.*, 1989). Thus, for example, the role of functional deficits in clinical case studies of autistic and/or savant children is described by De Long *et al.* (2003). Similarly, Attention Deficit Disorder with Hyperactivity (ADHD) may be considered too from the perspective of a movement disorder with undoubted signs and symptoms of a psychiatric cluster of functional disturbances. Typically ADHD children display a broad spectrum of clinical signs including not only the direct disorders of movement, such as hyperactivity, eye movement disorder, orienting defects and co-ordination problems but also inattention, impulsivity, learning disabilities, conduct disorders, etc., that taken together may be summarized as defects of emotional, attentional and motor co-ordination subserved by the cerebellum (Schmahmann, 1999a,b). It is interesting to note then that current models of ADHD focus not merely upon hyperactivity, attentional deficits and other

motor signs, e.g. oculomotor abnormalities (Mostofsky *et al.*, 2001) and neuromotor dysfunction (Schuerholz *et al.*, 1997; 1998), but ever more upon the role of executive functioning, working memory and behavioural inhibition (Denckla, 1993; 1996; Barkley, 1997; 1998). In this vein, the putative role of the 5-hydroxytryptamine-transporter in autistic spectrum disorders, reviewed in conjunction with the situation of the “idiot savant”, or unusual intellectual achievement syndrome, does bear consideration (DeLong *et al.*, 2003). This ‘broadened’ approach bears with it the clear implications of “neurodevelopmental” disturbances of several anatomical sites including the frontal cortex, hippocampus, basal ganglia (Aylward *et al.*, 1996), corpus callosum (Baumgardner *et al.*, 1996) and, not least, the cerebellum. Indeed, it is intriguing that the cognitive and emotional changes may be the primary clinical manifestations of cerebellar dysfunction.

ROLE OF CEREBELLUM - CEREBRUM INTERACTIONS IN HYPERACTIVITY DISORDER

A terminology has been coined that implicates the cerebellum and pertains to many of the functional deficits characteristic of ADHD, which includes “dysmetria of thought” (Schmahmann, 1991; 1998; 1999a,b) or “cognitive dysmetria” (Arndt *et al.*, 1998). There are several lines of evidence that focus upon the role of the cerebellum in the adequate functioning of the brain: Phylogenetic evidence suggests that the increase in size of the cerebellar hemispheres, during the recent million years, has paralleled the dramatic evolutionary increase in the size of the frontal lobes (Altman and Bayer, 1997; Voogd and Glickstein, 1998). Furthermore, although the cerebellar cortex occupies only 10% of the total brain volume, it contains more than half of all neurons in the brain. In boys afflicted by ADHD cerebellar volume is significantly smaller (Berquin *et al.*, 1998). This decrease in cerebellar volume has been described in two studies: Castellanos *et al.* (1996) in which 57 boys aged 11.7 [range: 5.8-17.8] were compared to controls (55 boys aged 12.0 [range: 5.5-17.8]) and Mostofsky *et al.* (1998) in which 12 boys aged 11.3 [range: 8.2-14.6] were compared to controls (23 boys aged 11.3 [range: 6.6-24.6]). Riva and Giorgi (2000) found that damage to those regions of the cerebellar vermis involved in autonomic regulation, eye movement and control/regulation of *mid-brain cell body regions* caused attentional defects and emotional imbalance in children. In the laboratory (Altman and Bayer, 1997), it was shown that X-ray exposure induced lesions from postnatal day (PD) 4 - PD 15 or

others exposed during PD 12 - PD 15 that devastated late dividing cell populations as compared to agenesis of the posterior inferior lobes VIII-IX, an example of experimentally induced accelerated apoptosis, caused severe motor defects. In the former case (PD 4 - PD 15), an hypoactivity in spontaneous wheel running as measured by revolutions per day (39% of controls) was observed whereas in the latter case (PD 12 - PD 15) an hyperactivity of wheel running behaviour was obtained (243 % of controls). A recessive mutation in mice that causes otoconia agenesis in the vestibular organs (Douglas *et al.*, 1979), which project to the posterior inferior vermis via the lateral vestibular nucleus (Xiong and Matsushita, 2000), also induces hyperkinesias.

Anatomical, electrophysiological, neurochemical and biobehavioural evidence points to the influences of the deep cerebellar nuclei upon midbrain projections to the nucleus caudatus, nucleus accumbens, amygdala complex and hypothalamus, all regions intimately involved in various aspects of motor, cognitive and emotional behaviour (cf. Snider and Maiti, 1976; Snider *et al.*, 1976; Tellerman *et al.*, 1979; Snider and Snider, 1982; Haines *et al.*, 1997). Using push-pull cannulae, Nieoullon *et al.* (1978) found that electrical stimulation of the right cerebellar dentate nucleus elicited long-lasting increases in [³H]dopamine ([³H]DA) release from the left caudate nucleus whereas a decrease was obtained in the opposite caudate nucleus. These increases/decreases in the caudate were associated with an opposite pattern of [³H]DA release from the corresponding substantia nigra. Electrical stimulation of the right fastigial nucleus caused increased release of [³H]DA from the ipsilateral caudate and decreased release of [³H] DA from the ipsilateral substantia nigra. Other cerebellar vermal-DA interactions were demonstrated in a range of studies (Nieoullon *et al.*, 1978; Dempsey *et al.*, 1984; Albert *et al.*, 1985; Klitenick *et al.*, 1995; Volkow, 1997). Regarding otoconia agenesis, mice with this disturbance (see above) display a similar hyperactivity to that shown by DA transporter (DAT) knockout mice (Giros *et al.*, 1996; Gainetdinov, 1999), with behavioural normalisation (activity reduction) by psychostimulant administration. Disturbances in the DAT, as expressed by increased density of DAT in the striatum, are quite well established in the hyperactivity disorder (Dougherty *et al.*, 1999; Krause *et al.*, 2000). The psychostimulant, methylphenidate, affects both DA systems in the basal ganglia, through DAT, as well as in the cerebellar vermis. There is lobular and laminar specific DA innervation of primate posterior inferior vermis which is rich in axons immunoreactive for DAT (Melchitzky and Lewis, 2000). Taken together, these divergent lines of evidence may allow a convergent working hypothesis: an intrinsic imbalance cerebellar and

basal ganglia effector systems in the expression of motor disorders (Stein and Aziz, 1999). Finally, the presence of both tyrosine hydroxylase- and dopamine-beta-hydroxylase-positive neurons and fibres in the developing human cerebellum (Yew *et al.*, 1995), with expected possibilities for disturbances in the catecholamine systems concerned, as demonstrated by numerous laboratory studies (Archer *et al.*, 1988; Archer and Fredriksson, 1992; Kostrzewa *et al.*, 1994; King *et al.* 2000) provides further evidence for an interactive role of the cerebellum and DA pathways in the control of locomotion.

PRESENCE OF MERCURY IN NEURODEVELOPMENT

The implications of mercury-containing compounds in biobehavioural disturbances following perinatal exposure have received some degree of documentation (Fredriksson *et al.*, 1992; 1993) although, for example, some sources indicate that abnormalities in the nervous system have been demonstrated only for prenatal, and not postnatal, exposure to low doses of methylmercury (Danielsson *et al.*, 1993). Nevertheless, the detrimental effects of methyl mercury upon the developing brain and CNS are well-documented (Chang *et al.*, 1977a,b; Shimai and Satoh, 1985; Vorhees, 1985; Stoltberg-Didinger and Markwort, 1990). The dilemma of causality (Frankish, 2001) in the eventual role of these compounds in disrupting neurodevelopment has been highlighted recently with the case of thimerosal (Pless and Risher, 2000), a mercury-containing compound used as a preservative in some vaccines, that may or may not place children at risk for neurologic developmental disorders that include autism, ADHD and movement disturbance. Thimerosal, utilised since the 1930s to prevent bacterial contamination in multidose vaccine preparations, is metabolised to ethylmercury, closely related to methylmercury. Moderate-to-high doses are known to possess some neurotoxic action and certainly to induce neurobehavioural and/or structural deficits, even at lower doses (Tagamets and Horwitz, 1999; Redwood *et al.*, 2001; Bigham *et al.*, 2002). For example, the neonatal exposure of rat pups to metallic mercury during PD 11-PD 17, 'the period of brain growth spurt' (Davison and Dobbing, 1968) led to a number of behavioural alterations in these animals when tested as adults:

There was a dose-dependent concentration of mercury in the dissected-out organs of animals sacrificed one week following exposure to Hg^o.

Rats that had been exposed to the high dose of Hg^o showed a marked increase in locomotor and total activity but a decrease in rearing behaviour when tested at 2-

months-of-age. During testing at 4-months-of-age these rats demonstrated marked hypoactivity over all three parameters. Rats that had received the low dose showed no behavioural alterations at 2-months-of-age but at 4-months the same pattern, including increased locomotion and total activity accompanied by reduced rearing, that was evidenced by the high dose group at 2-months.

Spatial learning ability assessed in the radial arm maze indicated dose-related deficits in the Hg^o-exposed offspring.

Spatial navigation measured in a circular water maze showed no evidence of any deficits due to neonatal Hg^o treatment (cf. Fredriksson *et al.*, 1992).

The purpose of describing these results, now a decade past, is to imply that the processes of cellular destruction, set in motion during the period of critical brain development, and expressed in terms of functional disturbance, tend to continue throughout the life process and, arguably, may serve to hasten the later onset of the aging process. In the light of these changes, note (a) as a result of longterm treatment the noradrenaline of the cerebellum only was affected and (b) the neurotrophin constitution (elevated hippocampal NGF, reduced septal NGF) was altered by exposure of the developing brain to methylmercury (Lärkfors *et al.*, 1991; Lindström *et al.*, 1991).

SPONTANEOUS HYPERTENSIVENESS IN HYPERACTIVE STATES

In considerations of neurodevelopment bases of hyperactivity as disorders of movement (cf. Taylor, 1998) some attention ought to be given to the particular profiles of Spontaneously Hypertensive Rats (SHR) that have been studied quite comprehensively (cf. Okamoto and Aoki, 1963). Pertinent to present purposes, SHRs display certain functional similarities to rat models (generally denversion-induced) of ADHD, most particularly an ongoing level of spontaneous hyperactivity (e.g. Knardahl and Sagvolden, 1979; Myers *et al.*, 1982; Cierpial *et al.*, 1989; Wultz *et al.*, 1990; Sagvolden *et al.*, 1992; 1993). Furthermore, as with the ADHD condition, SHRs are afflicted by DA-system abnormalities, such as irregularities in DA release (Tsuda *et al.*, 1991; Russell *et al.*, 1995) and elevations of the DAT density (Watanabe *et al.*, 1997). Thirdly, the hyperactive condition, which generally covers both locomotor and rearing behaviour, is found invariably to be ameliorated by administrations of low doses of psychostimulants, e.g., D-amphetamine or methylphenidate (Myers *et al.*, 1982; Wultz *et al.*, 1990), as in the ADHD case (Sykes *et al.*, 1971; Shatwitz *et al.*, 1976 1978; Pappas *et al.*, 1980; Luthman *et al.*, 1989;

TABLE I Spontaneous motor activity habituation quotients by (i) neonatal 6-OHDA-treated and vehicle-treated rats, (II) WKY and SHRSP strains of rats, and (III) MK-801-treated and vehicle-treated mice. (I) 6-OHDA, dissolved in 0.9% physiological saline containing 0.1% ascorbic acid (vehicle) was administered intracisternally on postnatal days 1 or 2 to groups of rat pups at a dose (free base) of 100 μ g (6-OHDA 100 μ g group) in a volume of 10 μ l, whereas the control groups [Vehicle] were administered an equal volume of the vehicle solution alone, 30 min after systemic injections of the DA re-uptake inhibitor, GBR 12909. (II) Juvenile male-SHRSP and control age-matched male-Wistar-Kyoto (WKY) rats derived at the laboratory of Ueno *et al.* (2002), [data extrapolated from their Figure 1]. (III) Male mouse pups were administered MK-801 (0.5 mg/kg), or Vehicle (0.9% physiological saline), s.c. on postnatal day 11, at 08.00, 16.00 and 24.00 h (a total of three injections).

	<i>Habituation Quotient, Q¹</i>		<i>Habituation Quotient, Q²</i>	
	Ambulation	Rearing	Ambulation	Rearing
Sal-Veh	163 \pm 18	223 \pm 15	1296 \pm 87	1858 \pm 275
Sal-6-OHDA	73 \pm 11	76 \pm 8	126 \pm 54	79 \pm 41
GBR-VEH	188 \pm 27	201 \pm 31	988 \pm 122	2012 \pm 336
GBR-6-OHDA	179 \pm 24	205 \pm 34	1047 \pm 163	1741 \pm 197
	Horizontal	Vertical	Horizontal	Vertical
WKY*	448	757	389	350
SHRSP*	188	220	184	168
	Locomotion	Rearing	Locomotion	Rearing
Vehicle	234 \pm 24	259 \pm 63	2142 \pm 257	9129 \pm 239
MK-801	49 \pm 9	41 \pm 7	106 \pm 23	269 \pm 70

* Assessed quotients from estimation of published material, Ueno *et al.*, 2002.

Archer and Fredriksson, 1992; Seeman and Madras, 1998). Nevertheless, despite the utility of the SHR model, there are several reasons to consider too a different strain, the stroke-prone SHR (SHRSP) rat strain, that was derived from certain SHR sub-strains some time ago (Okamoto *et al.*, 1974). It appears that the SHRSPs display even higher levels of motor activity and greater aggressive behaviour than the SHRs (Togashi *et al.*, 1982; Minami *et al.*, 1985). Interestingly, SHRSPs exhibit disturbances of serotonergic neurochemistry (Togashi *et al.*, 1994), which is well-documented in hyperactive DA-depleted rats (Heffner and Seiden, 1982; Snyder *et al.*, 1986; Luthman *et al.*, 1987; Jackson and Abercrombie, 1992; Radja *et al.*, 1993) and in some ADHD patients (Saul and Ashby, 1986; Spivak *et al.*, 1999), but not SHRs. Another index of similarity, albeit circumstantial, involves the disrupted brain regional blood and/or hypofrontality in ADHD patients (Rubia *et al.*, 1999; Gustafsson *et al.*, 2000) and SHRSPs (Yamori and Horie, 1977). Thus, SHRSP rats provide a useful animal model for several aspects of ADHD, not least through associations of the disorder with orbitalfrontal lobe epilepsy (Powell *et al.*, 1997).

Movements disorders initiated during early life may be expressed in behavioural indices other than direct measures of spontaneous motor behaviour. For example, rodents placed in motor activity test situations, whether

this be an open-field, holeboard or an automatically-recording, photocell equipped test chamber, will under normal conditions show a decrease in the parameters of activity over time (generally counted in minutes). Usually, this decrement is considered to indicate an habituation in response to increasing familiarity to the previously novel properties of the test situation. Habituation is a relatively simple, nonassociative form of learning in situations where repeated measures of behaviour are monitored. Disruption of habituation following both perinatal and adult animal interventions has been increasingly demonstrated (Fredriksson *et al.*, 1999; 2000; 2001; 2003; Archer and Fredriksson, 2001; Fredriksson and Archer, 2002; 2003). Within the context of ADHD considerations, habituation disturbance offers an interesting state that relates aspects of movement with attentional and/or working memory changes (Casey *et al.*, 1997; Rubia *et al.*, 1999; Schweitzer *et al.*, 2000), with particular reference to neuroanatomical sites suspected to be involved, e.g. frontal cortex, basal ganglia, hippocampus and cerebellum (Teicher *et al.*, 1996; 2000).

Surprisingly, there appears to exist a remarkable consistency between at least three different, currently relevant animal models of ADHD, each incorporating a critical movement disorder component, namely the neonatal intraventricular 6-hydroxydopamine (6-OHDA) DA-depletion model (cf. Archer *et al.*, 2003), the SHRSP

TABLE II Drug effect quotients for locomotor and rearing behaviour by (I) 6-OHDA treatment: Sal-Veh, GBR-Veh, Sal-OHDA and GBR-OHDA groups, (II) WKY and SHRSP strains of rats, derived at the laboratory of K.Ueno *et al.* (2002), [data extrapolated from their Figure 1], and (III) MK-801-treated and vehicle-treated mice. For details of treatment, see Table 1. Each adult rat was placed in the motor activity test chamber for 60 min following which it was removed, injected D-amphetamine/saline and then replaced in the same test chamber. Post-amphetamine/saline locomotion and rearing counts were used for the analysis.

	Locomotion		Rearing	
	Saline	0.25	Saline	0.25
D-amphetamine				
Sal-Veh	298 ± 42	51 ± 7.5	194 ± 32	32 ± 5.1
Sal-6-OHDA	102 ± 14 ^A	199 ± 13 ^B	221 ± 57	206 ± 1 ^B
GBR-VEH	275 ± 79	52 ± 6.7	232 ± 48	39 ± 6
GBR-6-OHDA	289 ± 49	54 ± 5.4	190 ± 52	29 ± 7
	Horizontal		Vertical	
Methylphenidate	Vehicle	0.10	Vehicle	0.10
WKY	1336		1917	
SHRSP	168	322	155	315
	Locomotion		Rearing	
D-amphetamine				
Vehicle	576 ± 257	87 ± 12	716 ± 301	90 ± 32
MK-801	102 ± 15 ^A	319 ± 72 ^{A,B}	106 ± 19 ^A	5554 ± 193 ^{A,B}

Values represent mean Drug effects quotients ± SD of $n = 8$ or 6 rats, or 8 mice; ^A $p < 0.01$, versus Sal-Veh or Vehicle, ^B $p < 0.01$, vs saline, Tukey HSD-tests.

model (Ueno *et al.*, 2000; 2002) and the postnatal N-methyl-D-aspartate (NMDA) antagonist treatment model, see below (Fredriksson *et al.*, 2003). Here, a comparison is presented between assessments of habituation in each case. In order to access the extent of habituation to the activity test chambers from the DA-depletion model (Archer *et al.*, 2003a) over each successive 20-min interval, an habituation quotient for each rat was derived by dividing the numbers during the 1st 12-min by that obtained during the 2nd 12-min period, and counts during the 2nd 12-min period by those obtained during the 3rd 20-min period. In order to access the extent of habituation to the activity test chambers from the the postnatal NMDA antagonist treatment model (Fredriksson *et al.*, 2003) over each successive 20-min interval, an habituation quotient for each rat was derived by dividing the numbers during the 1st 20-min by that obtained during the 2nd 20-min period, and counts during the 2nd 20-min period by those obtained during the 3rd 20-min period. Finally, In order to access the extent of habituation to the open-field test environment from the SHRSP model (Ueno *et al.*, 2002) over each successive 20-min interval, an habituation quotient for each rat was derived by dividing the numbers during the 1st 12-min by that obtained during the 2nd 12-min period, and counts dur-

ing the 2nd 12-min period by those obtained during the 3rd 20-min period. In each case the result of each division was multiplied by 100 to provide a quotient, i.e. Q_1 and Q_2 , representing the reduction of activity counts from the first to the second to the third period for each mouse (cf. Fredriksson *et al.*, 1992; 1996; Danielsson *et al.*, 1993). Thus, the obtained quotients were subjected to split-plot ANOVA that indicated significant Groups x Quotients interactions, as shown below (Table 1). The markedly lower habituation quotients of the 'hyperactivity' conditions, i.e. Sal-OHDA, SHRSP or dizocilpine (MK-801), are associated with different 'accidents' assumed to underly each case, i.e. postnatal neurotoxin, genetic manipulation or an antilglutamatergic intervention affecting developmental plasticity. Note that the basal hyperactivity of each condition is complicated in each case by the failure to learn about the novelty status of the situation, a failure to habituate.

In order to access the effects of drug/saline treatment over the course of the whole 60-min test period in the activity test chambers over each successive 12-min (or 30-min[SHRSP] or 20-min[MK-801]) interval, a 'Drug-effect' (DE) quotient for each rat was derived by dividing the numbers of counts (locomotion and rearing, respectively) during the 1st 12-min by that obtained during the

TABLE III Effects of neonatal administration of MK-801 upon spontaneous motor behaviour of mice tested at adult age. Mean locomotion, rearing and total activity counts over successive 30-min test periods. Newborn male mouse pups were injected either MK-801 (0.5 mg/kg, s.c.) or vehicle (0.9% saline) on postnatal day 11 at three different times (0800, 1600 and 2400 h).

	N	Locomotion		Rearing		Total Activity	
Vehicle	20	906±70	27±4	2410±108	16±8	10023±613	2712±77
MK-801	20	283±91*	639±118*	1043±133*	649±121*	4612±593*	6073±703*
(%)		(31)	(2367)	(43)	(4056)	(46)	(224)

Values represent means±SD; (%) = percent of vehicle control value; **p* < 0.01, versus vehicle, Tukey HSD-testing.

2nd 12-min (or 30-min[SHRSP] or 20-min[MK-801]) period, thereby providing a DE quotient for the 1st to 2nd 12-min test period following D-amphetamine/saline/methylphenidate injections to the neonatal treatment/hypertensive groups. In each case the result of each division was multiplied by 100 to provide a quotient representing the reduction/increase of activity counts from the 1st to the 2nd period for each rat/mouse/group of rats [SHRSP] (cf. Fredriksson *et al.*, 1992, 1999; Archer and Fredriksson, 2000).

Table II depicts the activity-reducing effects (as assessed by DE Quotients) of low doses of psychostimulant compounds, D-amphetamine at 0.25 mg/kg and methylphenidate at 0.10 mg/kg, upon hyperactive Sal-6-OHDA rats, SHRSP rats or MK-801 mice from the 1st 12-min, 30-min or 20-min period to the 2nd period. Thus, it will be noted that D-amphetamine generally increased locomotion and rearing (values less than 100) in all the control groups whereas D-amphetamine/methylphenidate reduced motor activity levels of the hyperactive Sal-6-OHDA rats, SHRSP rats and MK-801 mice.

NMDA DISTURBANCES UNDERLYING APOPTOSIS

During the development of the brain and through cell multiplication, induction, migration, proliferation and differentiation, there occurs an initially high, but tapering, period of cell death (Hamberger and Openheim, 1982), much of which may be apoptotic or naturally-occurring pre-programmed cell death (Wilkie *et al.*, 1980). As a consequence the developing brain is highly susceptible to disturbances of both neuronal survival and alignment (Sarnat, 1987). The end-product of these developmental cascades will be the topographic and morphologic integrity of specific and physiologically functional neurons in discrete circuits and neural networks (Sastry and Rao, 2000). Several different factors modulate the eventual survival of the developing neurons, including the interaction between neurotrophic com-

pounds (Levi-Montalcini, 1966) and activity at NMDA receptors (Connor and Dragunow, 1998). Several recent lines of investigation have demonstrated that NMDA antagonists potentiate apoptosis in neonatal rats (e.g. Olney *et al.*, 1991, 2000; Ikonomidou *et al.*, 1999, 2000). In order to study the apoptosis-accelerating properties of these compounds, the effects of postnatal MK-801 administration were studied, as follows: male mouse pups were injected with either MK-801 (0.5 mg/kg, s.c.) or vehicle (0.9% physiological saline) on PD 11 at three different times (0800, 1600 and 2400 hours), and then returned to their mothers until weaning at PD 25. On PD 12, a few MK-801-treated and vehicle-treated mice were sacrificed and mouse brain sections were analysed using fluoro-Jade analysis, according to the procedure outlined previously (Schmued *et al.* 1997; Schmued and Hopkins, 2000). On PD 71, MK-801 and vehicle mice were tested for spontaneous motor activity, as described previously (Archer *et al.*, 1986). Thus, each mouse was placed in an ADEA test chamber and motor activity was registered over 2 x 30 min test periods. Table III presents the spontaneous motor activity of the MK-801 and vehicle treated mice over successive 30-min test periods. Postnatal MK-801-treated mice showed a marked hypoactivity during the 1st 30-min test period: percent of control values were less 50% for locomotion, rearing and total activity, and a marked hyperactivity during the 2nd 30-min test period: percent of control values were 2367%, 4056% and 224% for each of the three activity parameters, respectively.

Further testing of the MK-801-treated mice following acute treatment with a low dose of D-amphetamine (0.25 mg/kg, s.c.) or saline indicated that the low dose of the psychostimulant, while itself inducing hyperactivity in vehicle mice, abolished the hyperactivity of the MK-801 animal (Fredriksson and Archer, 2002a). Postnatal MK-801-treated mice even demonstrated serious deficits of radial arm maze acquisition, and the acute administration of D-amphetamine (0.25 mg/kg) again abolished these deficits (manuscript in preparation). In the circular swim maze, no deficits in escape latency acquisition were evidenced until the position of the submerged platform was

TABLE IV Locomotion quotient values expressed as counts during the initial 20-min period of testing divided by total iron in the frontal cortex and basal ganglia ($\mu\text{g/g}$ wet weight) of 4-month-old NMRI mice (Fredriksson *et al.*, 1999; Fredriksson *et al.*, 2000) and 4-month-old C57 Bl/6 mice (Fredriksson *et al.*, 2001; Fredriksson and Archer, 2002) and in the substantia nigra of 6-month-old Wistar rats (Schröder *et al.*, 2001) following oral exposure to iron (Fe^{2+}) on postnatal days 10-12, at the various doses specified below. Comparison of the locomotion quotient values over these brain regions in the different iron overload studies applying comparable conditions of iron administration postnatally.

Doses Fe^{2+}	Fredriksson <i>et al.</i> (1999)		Fredriksson <i>et al.</i> (2000)		Fredriksson <i>et al.</i> (2001)		Fredriksson & Archer (2002, 2003)		Schröder <i>et al.</i> (2001)
	Front.C.	Basal G.	Front.C.	Basal G.	Front.C.	Basal G.	Front.C.	Basal G.	Subst.N.
							Experiment I		Wistar rats
Vehicle (%)	24.0 (100)	16.5 (100)	24.2 (100)	16.7 (100)	21.5 (100)	15.3 (100)	23.8 (100)	15.6 (100)	6.30* (100)
2.5 mg/kg (%)							19.1 (80)	10.2 (65)	4.02* (64)
5.0 mg/kg (%)							7.6 (32)	3.5 (22)	
7.5 mg/kg (%)							6.1 (25)	3.05 (19)	
							Experiment II		
Vehicle (%)							21.4 (100)	15.1 (100)	
7.5 mg/kg (%)							6.7 (31)	2.9 (19)	
3.7 mg/kg (%)	18.7 (78)	11.2 (67)							
7.5 mg/kg (%)			8.8 (36)	4.3 (25)	8.4 (39)	3.6 (23)			3.47* (55)
15.0 mg/kg (%)									3.28* (52)
30.0 mg/kg (%)									2.31* (37)
37.0 mg/kg (%)	6.7 (28)	3.2 (19)							

Iron content was analysed as $\mu\text{g/g}$ wet weight of tissue in each of the studies referred above. Locomotion quotient values are derived from the mean locomotion counts of each iron dose group, or vehicle group, indicated divided by the mean tissue level of total iron for that group. (%) = percent of vehicle locomotion quotient value. *Open-field crossings were registered over 15-min periods. *Note:* Front. C. = Frontal Cortex; Basal G. = Basal Ganglia; Subst. N. = Substantia Nigra.

shifted: then MK-801-treated mice showed a serious retention performance deficit. Fluoro-jade staining per mm^2 regional brain tissue of MK-801 mice pups expressed as percent of vehicle mice pups showed also that the extensiveness of staining was markedly greater in the hippocampus. Percent postnatal MK-801: vehicle:-Hippocampus = 363%; Frontal cortex = 223%; Cerebellum = 210%. Thus, postnatal injections of MK-801 induced a greater rate of degenerating cell loss (apoptosis) in the three regions examined compared to vehicle injected mice. Finally, the postnatal administration of both ketamine, the NMDA antagonist, and a high dose of ethanol each induced initial hypoactivity followed by hyperactivity in the activity test chambers (Fredriksson *et al.*, unpublished data). Olney *et al.* (1989, 1991, 2000; 2002) have suggested that the exaggerated apoptosis to the developing brain induced by MK-801, or GABA-acting drugs like ethanol, may induce dramatic disruptions of function both during a child's development (e.g. in

disorders like ADHD or FAS) but also an onset during early adulthood (e.g. in disorders like psychosis, substance abuse and major depression).

BRAIN TISSUE IRON ABNORMALITIES

Serious functional deficits constitute some of the abnormalities resulting from iron deficiency or iron-overload during early childhood (e.g. Yehuda and Youdim, 1989; Youdim *et al.*, 1989; Youdim and Yehuda, 2000). The putative role of iron in neurodegenerative processes leading to PD and changes in DA receptor pathways has received particular attention (Youdim *et al.*, 1983; 1993; 1999; Shoham and Youdim, 2000). Thus, the implication of brain iron in the disorder has been the focus of some considerable investigation (Ben-Shachar and Youdim, 1991; Ben-Shachar *et al.*, 1991; Gerlach *et al.*, 1994; Linert *et al.*, 1996; Gerlach *et al.*, 1997; Jellinger,

1999; Thompson *et al.*, 2001). Youdim *et al.* (2002) discuss the devastation of brain function, as assessed through different indices, wrought by abnormalities of iron metabolism in neurodegenerative disorders including PD, Huntington's disease, Alzheimer's disease (AD), Wilson's disease and Haller Vorden Spatz disease. Neuroimaging analyses, leakages of the blood-brain barrier, chronic neuroleptic treatments and inflammatory processes instigated by proinflammation-reactive microglia are all examined to provide an implication of the metal in the disease process. On the other hand, Gerlach *et al.* (2003) discuss the presence of neuromelanin (Double *et al.*, 1999), the granular, dark-brown pigment, as well as the deposits of iron in the degenerative processes of the pigmented DA neurons of the substantia nigra. Particularly, iron increase in basal ganglia is significant (Sofic *et al.*, 1988; Sofic *et al.*, 1991), and is detected in postmortem PD brains (Riederer *et al.*, 1989; Griffiths *et al.*, 1999) and observed *in vivo* through neuroimaging (Gorell *et al.*, 1995; Rvylin *et al.*, 1995; Berg *et al.*, 2000). Thus, a situation involving the destructive interactions of iron and neuromelanin over the course of life span is described (Hirsch, 1988; Good *et al.*, 1992; Jellinger *et al.*, 1992; Offen *et al.*, 1997; 1999; Shima *et al.*, 1997; Zecca *et al.*, 2001). In a different vein, Youdim *et al.* (2002) have investigated the role of oxidative stress in the degeneration of melanin-containing DA neurons of the substantia nigra pars compacta and the neuroprotective propensities of *R*-apomorphine and 3,3-epigallocatecine-3-gallate (EGCG). They found that the selective DA neurotoxin 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine (MPTP) affected differentially the expression of prominent genes (51 out of 1200 genes from eight major functional groups. First, it was shown that MPTP increased mRNA expression of several neurotrophic factors including GDNF (Glial cell line-derived neurotrophic factor), EGF (epidermal growth factor) and VEGF (vascular endothelial growth factor), possibly reflecting compensatory sprouting of surviving neurons, and were prevented by *R*-apomorphine pretreatment. The results add further to the involvement of neurotrophic factors in parkinsonism, outlined above (see also Hadjiconstantinou *et al.* 1991; Lin *et al.*, 1993). Second, MPTP up-regulated the expression of mRNAs associated with IL 1b, IL 6, IL 7 and IL 10 and their receptors. Thus, MPTP-induced increases in cytotoxic cytokines and cytokine receptors confirmed the concept of inflammatory processes in neurodegeneration (Mogi *et al.*, 1996; Bessler *et al.*, 1999). Again, *R*-apomorphine pretreatment attenuated the MPTP-induced gene expression increase (Grunblatt *et al.*, 2001). The differential acute effects of the DA agonists in MPTP- and neonatal 6-OHDA-induced behavioural deficits are also described (Archer *et al.*, 2002a).

Early (PD 10-12) administration of iron (Fe^{2+}) to mouse or rat pups induced marked deficits in spontaneous motor activity, habituation, and both positively and negatively reinforced instrumental learning behaviours (Archer *et al.*, 2003b; Fredriksson *et al.*, 2003). Thus, dose levels of postnatal iron administration ranging from 2.5 to 3.7 mg/kg induced deficits of spontaneous motor behaviour expressed by marked hypoactivity during the initial periods of testing (i.e. the initial 20 - 30 min) followed by a dramatic level of hyperactivity during the later stages of testing. The most critical period for administration of iron appears to be PD 10-12. Postnatal iron administration potentiates both the behavioural deficits as well as the depletions of DA and metabolites, homovanillic acid (HVA) and dihydroxyphenylacetic acid (DOPAC), induced by different dose levels of the selective DA neurotoxin, MPTP. The hypoactivity observed during the initial period of behavioural testing was reversed by co-administration of L-Dopa (L-dihydroxyphenylalanine) with the glutamate antagonist, MK-801, in a dose-related manner, as shown for other treatments depleting DA and inducing hypoactivity (Archer and Fredriksson, 2000). Postnatal iron overload induced also marked deficits in radial arm maze learning acquisition and retention at various different dose levels, and particularly at the critical period of administration, PD 10-12. These impairments were evidenced in both rats and mice at several different dose levels. Deficits in inhibitory conditioning and retention were obtained in the 7.5 and 15.0, but not the 2.5, mg/kg dose groups. Analyses of total iron distribution and accumulation indicated marked deposits in the basal ganglia and substantia nigra and to a much lesser extent in the frontal cortex (see Fredriksson *et al.*, 1999, 2000, 2001; Schröder *et al.*, 2001; Fredriksson and Archer, 2002). Table IV presents the locomotion quotient values expressing the mean locomotion counts during the initial 20-min (hypoactive) period of testing, but the 15-min open-field test in the Schröder *et al.* (2001) study, by vehicle and iron dose groups in each of the experiments. This analysis of locomotion quotient values indicates a remarkable degree of consistency between: (1) the vehicle groups (Frontal cortex: 24.0, 24.2, 21.5, 23.8 and 21.4; basal ganglia: 16.5, 16.7, 15.3, 15.6 and 15.1) in each of the four mouse experiments; and (2) the postnatal iron groups administered 7.5 mg/kg (Frontal cortex: 8.8, 8.4, 6.1, and 6.7; basal ganglia: 4.3, 3.6, 3.05, and 2.9). Locomotion quotient values demonstrated plausible iron dose – hypoactivity relationships as indicated by the Fredriksson *et al.* (1999) study [Panel 1], Fredriksson *et al.* (2000) study [Panel 4], and the Schröder *et al.* (2001) study in rats [Panel 5]. Finally, it will be noted that the locomotion quotient value analysis provides an exceptionally sensitive

estimation of the functional deficits of low postnatal iron doses that may be of particular interest in that assessment of the role of the frontal cortex or substantia nigra (rat study), e.g. locomotion quotient values for the 3.7 mg/kg, 2.5 mg/kg and 2.5 mg/kg (rats) groups were 7.8%, 80% and 64% (substantia nigra), respectively.

The analysis of enzymes involved in oxidative stress indicated that: (1) Formation of thiobarbiturate acid reactive species (TBARS) concentration was elevated in the substantia nigra by both the 7.5 and 15.0 mg Fe²⁺/kg doses whereas in the striatum there was a decrease. (2) Superoxide dismutase activity was decreased in a dose-related fashion in the substantia nigra but seemed elevated in the cerebellum. Iron-overload during the immediate postnatal period incorporating critical synaptogenesis seems detrimental for several aspects of functional and neurobiological development. The pattern of behavioural deficits observed in the course of these experiments has been discussed in the functional context of disorders such as PD or AD (Fredriksson and Archer, 1997; Schmidt and Kretschmer, 1997; Schmidt and Ferger, 2001). Iron-overload during the immediate postnatal period incorporating critical synaptogenesis seems detrimental for several aspects of functional and neurobiological development.

In association with this iron-based treatise of neurodevelopmental factors in PD, Riederer (2003) has examined whether or not there exists a subtype of developmental PD, in view of certain observations (Louis *et al.*, 2001). In this account, ontogenetic aspects of catecholamine systems, genetic aspects of juvenile PD, hypokinesia due to prenatal and birth-related problems, virus and disease affecting the CNS, and a chronological break-down of the major postnatal effects regulating essential catecholaminergic systems. Attention is placed upon the role of regional developmental cell death (apoptotic/necrotic) in the substantia nigra (Jackson-Lewis *et al.*, 2000) that presumably affect ontogenesis while, on the other hand, the recent evidence involving mutations in the Parkin gene (Lücking *et al.*, 2000). The possibility of an infectious disease and/or epidermic bacterial/viral source of Parkinsonism seems if not likely then at least a contributory factor to the disease pathogenesis (Masliah *et al.*, 1996; Mattock *et al.*, 1988; Itoh *et al.*, 2000; Kalita and Misra, 2000). There is ample evidence that high levels of early stress cause persistent elevations of several markers for heightened reactivity in the hypothalamic-pituitary-adrenal-axis (Levine *et al.*, 1997), with concomitant harmful outcomes for neuronal systems due to persistently high circulating levels of glucocorticoids (Levine, 2002). As discussed by Riederer (2003), the likely involvement of traumatic early stress in a form of potentiated apoptosis ought to be a feature of the neurodegenerative profile, as suggested above the role of iron,

neuromelanin and ferritin at different ages may well offer an essential perspective on the stress factor (Zecca *et al.*, 2001).

STRIATAL GLUTAMATERGIC DISTURBANCE

As explained by Chase *et al.* (2003), the dominating medium-sized spiny neurons in the striatum are GABAergic cells that receive glutamatergic inputs from the cortex and project to the globus pallidus, internal segment, and the substantia nigra pars reticulata (cf. Graybiel, 2000). Structural-functional derangements of the medium spiny neurons are implicated in both instances of hypokinesia (Wirshing, 2001) or hyperkinesia (Ahlskog and Muentner, 2001; Chase and Oh, 2000). Disturbances of the striatal medium spiny neurons lead to alterations in the properties of peptide co-transmitters (Parent *et al.*, 1996), receptor configurations (Meshul and Allen, 2000), signaling molecular changes (Oh *et al.*, 1997; 1998; 1999), postsynaptic receptor density (Smith *et al.*, 1994), leading to an altered synaptic efficacy that enhances the glutamatergic input from the cortex (Calabresi *et al.*, 2000; Centonze *et al.*, 2001). Thus, it is now well-established that NMDA receptor antagonists, uncompetitive or competitive, generally in co-administration with a DA agonist or the precursor, serve to restore motor behaviour (Skuzza *et al.*, 1994; Fredriksson *et al.*, 1999; 2001; Archer and Fredriksson, 2000) and/or reduce the response aberrations (Blanchet *et al.*, 1997; 1998; Metman *et al.*, 1998; Merello *et al.*, 1999; DelDotto *et al.*, 2001).

NEONATE DENERVATION-INDUCED DA RECEPTOR SUPERSENSITIVITY

Denervation of DA pathways in the neonate brain, using the selective catecholamine neurotoxin 6-OHDA, will cause life-long alterations to the neural configurations as a result of several ontogenetic processes, such as adaptation, neuronal reorganisation, pruning, permanent suppression of DA content in neostriatum, etc. (cf. Sachs and Jonsson, 1972; Kostrzewa and Harper, 1974; Luthman *et al.*, 1987; 1990; Kostrzewa, 1995; Kostrzewa *et al.*, 1998; 1999b). As described by Kostrzewa *et al.* (2003), there occurs in the ontogeny of the denervated neonate marked increases in serotonin in the neostriatum (e.g. Breese *et al.*, 1984), demonstrably reflecting a serotonergic hyperinnervation (e.g., Snyder *et al.*, 1986; Descarries *et al.*, 1992), that appears to be quite linearly related to the dose of neurotoxin applied and the extent of DA loss (Luthman *et al.*, 1989, 1991, 1997; Kostrzewa *et al.*,

1993) and of possible relevance to considerations of clinical syndromes (Allen and Davis, 1999; Archer *et al.*, 2002). Kostrzewa *et al.* (2003) have investigated the DA receptor supersensitivity (DARSS), following postnatal denervation, by analysing the overt supersensitivity of DA D₁ receptors and/or serotonergic to DA/serotonin agonists as expressed by vacuous chewing movements (VCMs) in several instances (Gong and Kostrzewa, 1992; Gong *et al.*, 1992; Kostrzewa *et al.*, 1993, 1999a).

It is interesting also to note, in the light of the previous mention of striatal glutamatergic disturbance, that chronic long-term treatment with haloperidol, which induces VCMs too in rats, has offered a well-documented model of tardive dyskinesia (Gunne *et al.*, 1986; Kakigi *et al.*, 1995; Tamminga *et al.*, 1990; Huang *et al.*, 1997). Long-lasting, chronic treatment with so-called typical antipsychotic compounds, such as haloperidol, is certainly neurodevelopmentally associated with a constellation of unwanted behaviours, the extrapyramidal side effects (EPSs), that generally included dystonia, akathisia, parkinsonism and tardive dyskinesia (cf. Lewander, 1994). Over and above the serotonergic connection in VCMs, it has been shown that alterations of GABAergic transmission in the substantia nigra pars reticulata are involved (Gunne *et al.*, 1984; 1988; Johnson *et al.*, 1994). Recent studies have focused upon the role of the entopeduncular nucleus and concomitant neurochemical changes in VCMs induced by both a typical, haloperidol, and an atypical, clozapine, neuroleptic (Yu *et al.*, 1999). It was shown that both haloperidol and clozapine, although with a markedly differential time-dependency, increased VCMs per unit time over 21 days of drug administration. Concurrently, glutamate decarboxylase-65 and glutamate decarboxylase-67 (not clozapine) mRNA expression in rostral and caudal regions of the entopeduncular nucleus were increased (Yu *et al.*, 1999).

ENDOGENOUS COMPOUNDS WITH NEUROTOXIC POTENTIAL

The tetrahydroisoquinolines, bearing structural similarity to the hydroxyridines (of which MPTP is the best studied neurotoxin), are endogenous to the human brain (Niwa *et al.*, 1991; Zarranz de Ysern and Ordonez, 1981). Salsolinol [1-methyl-6,7-dihydroxy-1,2,3,4-tetrahydroisoquinoline], which has been subjected to some degree of investigation (Sandler *et al.*, 1973; Niwa *et al.*, 1987; Moser and Kömpf, 1992), is implicated in PD (Antkiewicz-Michaluk *et al.*, 1997; Naoi *et al.*, 1998a). Exogenous tetrahydroisoquinolines, present in some dairy products, wines and fruits (e.g. Deng *et al.*, 1997) may attain brain accumulation (Nagatsu, 1997;

Naoi *et al.*, 1998b), thereby exerting some potential for necrotic or apoptotic cell death. Vetulani *et al.* (2003) review a series of studies examining the physiological influences of the tetrahydroisoquinolines, salsolinol and TIQ (1,2,3,4-tetrahydroisoquinoline) upon neurodegenerative processes underlying parkinsonism. The acute effects of each compound upon spontaneous motor activity (exclusively locomotor activity) are unclear: at the highest dose activity was reduced but not always significantly so. Nevertheless, the psychostimulant effects of apomorphine (0.25 mg/kg) were abolished by both TIQ (50 mg/kg) and salsolinol (100 mg/kg) whereas TIQ (5, 10, 25 or 50 mg/kg) and TIQ (5, 10, 20 or 40 mg/kg) reduced the activity-enhancing effects of amphetamine (3 mg/kg) and scopolamine (1 mg/kg), respectively. Lower doses of TIQ (5, 10 or 25 mg/kg) and TIQ (5 or 10 mg/kg) potentiated the activity-enhancing effects of morphine (10 mg/kg) and cocaine (15 mg/kg), respectively; higher doses (20 or 40 mg/kg) reduced the activity-enhancing effects of cocaine. Salsolinol at doses of 10 mg/kg and 5, 10, 20 or 40 mg/kg, respectively, induced similar effects, blocking amphetamine (3 mg/kg) and scopolamine (1 mg/kg) while potentiating morphine (10 mg/kg) at 10 mg/kg. Neurochemically it was shown that both TIQ and salsolinol displaced clonidine, the NA α_2 -receptor agonist, and apomorphine, a mixed DA D₁/D₂ agonist.

Several studies by this group have demonstrated that the TIQs may exert a profound influence upon catecholamine neuropharmacology, for instance by activating DA release from striatal DA terminals (Antkiewicz-Michaluk *et al.*, 2001). Administration of TIQ elevates levels of dialysable DA in cerebral tissues (Lorenc-Koci *et al.*, 2000), which may or may not be associated with the damage inflicted upon DA systems following repeated treatment, as indicated by the reduction in levels of DA metabolites and numbers of tyrosine hydroxylase-containing terminals in rat striatum (Antkiewicz-Michaluk *et al.*, 2000; Lorenc-Koci *et al.*, 2000). Thus, there have now accumulated behavioural, neurochemical and pathological indices to implicate the TIQs in the pathogenesis of laboratory models of PD: for example in mouse brain (Kotake *et al.*, 1995; Igarashi *et al.*, 1999; Abe *et al.*, 2001a,b; Ishiwata *et al.*, 2001), rat brain (Ohta *et al.*, 1990; Ayala *et al.*, 1994; McNaught *et al.*, 1996), in the inhibition to reductions in tyrosine hydroxylase in rat brain (Scholz *et al.*, 1997), in primates, monkeys and squirrel monkeys (Yoshida *et al.*, 1993; Kotake *et al.*, 1996; Yamakawa *et al.*, 1999). Several studies in the clinic have measured levels of salsolinol, 1,2-dehydrosalsolinol, norsalsolinol, as well as free DA, DA sulphate, free salsolinol and salsolinol sulphate in Parkinsonian patients and controls (Faraj *et al.*, 1990; 1991; Dostert *et al.*,

1993; Maruyama *et al.*, 1996), and also accumulation in the human nigrostriatal pathway (Maruyama *et al.*, 1997b). Nevertheless, this elevation is not universally observed (Muller *et al.*, 1998a,b). In the lymphocytes of PD patients, the activity of the enzyme, salsolinol-*N*-methyltransferase, showed a marked increase (a factor of 5.3 times higher than that of controls) at the same time as *N*-methylsalsolinol was increased significantly in untreated PD patients (Naoi *et al.*, 1998b). Additionally, *N*-methylsalsolinol induced DNA damage and toxicity in human dopaminergic neuroblastoma SH-SY5Y cells (Maruyama *et al.*, 1997a; Storch *et al.*, 2000).

The presence of TIQ and 1-methyl-TIQ in foodstuffs with high 2-phenethylamine was reported some time ago (Makino *et al.*, 1988). It is perhaps more important to note that both compounds pass through the blood-brain barrier easily and accumulate in tissues as endogenous or exogenous amines (Kikuchi *et al.*, 1991). This class of compounds is implicated in cell death through both necrosis and apoptosis (Maruyama *et al.*, 2000; Naoi *et al.*, 2000a,b), neurotoxicity through hydroxy radical generation (Maruyama *et al.*, 1995) and with a high degree of selectivity for dopaminergic cells (though less than 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridinium ion [MPP⁺] via uptake by the DA transporter) (Storch *et al.*, 2002). With regard to the iron-MPTP interactions (see below), salsolinol-induced oxidative DNA damage and neuronal cell death was exacerbated by iron [of particular importance was the radical formation enhancement by Fe(II) in comparison with the lesser extent by Fe(III)] and ameliorated by the iron chelator, deferoxamine (Surh *et al.*, 2002). The isoquinolines are widely distributed in the environment and there is strong consensus that high concentration and/or prolonged exposure can lead to neurodegeneration and PD symptoms (Gerhard *et al.*, 1998; McNaught *et al.*, 1998). Nevertheless, in consideration of a possible neuroprotective action of 1-methyl-TIQ (Yamakawa *et al.*, 1999; Vetulani *et al.*, 2003), this class of compound ought to be analysed more closely from a neurodevelopmental perspective.

NERVE GROWTH FACTORS IN NEURODEVELOPMENT

The role neurotrophic factors in modulating cell death through apoptosis and necrosis during neurodevelopment has stimulated an enormous body of research into understanding brain development and function (e.g. Levi-Montalcini and Angeletti, 1968; Levi-Montalcini, 1987; Araujo *et al.*, 1990; Kerr *et al.*, 1999; Thoenen, 1995; Alexi *et al.*, 1997). The review by De Yébenes *et al.* (2003) outlines and describes the different types of nerve

growth factors, i.e. neurotrophic factors and neurite-promoting factors (see also De Yébenes *et al.*, 1998). Of these, the neurotrophins, nerve growth factor (NGF), brain-derived neurotrophic factor (BDNF) and neurotrophin-3, -4 and -5 (NT-3, NT-4/5) and gliotrophic factors, e.g. glial cell line-derived neurotrophic factor, e.g. GDNF, have been most closely assessed with respect to functional aspects and models of brain disorders (Araujo and Hilt, 1997). Thus the influence of neurotrophins in parkinsonism has been considerable: in this regard, it was demonstrated both over a decade ago and more recently that BDNF enhanced survival of DA neurons in the substantia nigra of developing brains (Hyman *et al.*, 1991; Chun *et al.*, 2000). The role of BDNF in cellular plasticity is exemplified by the induction and maintenance of long-term potentiation (Figurov *et al.*, 1996; Korte *et al.*, 1995; Patterson *et al.*, 1996). On the other hand, GDNF modulates both the survival of midbrain DA neurons (Bowenkamp *et al.*, 1995; Gerhardt *et al.*, 1999; Chauhan *et al.*, 2001) and reduces apoptosis in foetal human dopaminergic neurons (Zawada *et al.*, 1998). Possible mechanisms of action of neurotrophins in parkinsonism (e.g. Walker *et al.*, 1998), effects upon DA neurons (Missale *et al.*, 1989), utility in primate models (Kordower *et al.*, 2000), in transgenic mice in a rodent model of Huntington's disease (Kordower *et al.*, 1997), in a PD patient (Kordower *et al.*, 1999), prevention of nigral cell loss following excitotoxic striatal-pallidal lesions (Volpe *et al.*, 1998) and neural grafting (Olson *et al.*, 1991) are described. Thus, the 'anti-degenerative' role of the neurotrophins is of much speculative interest in preserving DA neurons (Choi-Lundberg *et al.*, 1997; Levivier *et al.*, 1995). In a similar vein, Sokoloff *et al.* (2002) describe the intimate neuronal interactions between the DA D₃ receptor and BDNF in disorders influencing movement but also in behavioural sensitisation/schizophrenia. It was previously shown that the D₃ receptor was implicated in several disorders involving dopaminergic systems (Bordet *et al.*, 1997; Lammers *et al.*, 2000; Schwartz *et al.*, 2000; Sokoloff *et al.*, 2001).

Consideration of α -synuclein, a 19-kDa acidic protein at presynaptic terminals in the striatum, cerebral cortex and hippocampus (Iwai *et al.*, 1995; Hashimoto and Masliah, 1999) a major component in the Lewy bodies of PD brains, in conjunction with neurotrophic factors and cytokines, may be necessary for an understanding of the neurodevelopment of the disorder (Spillantini *et al.*, 1998; Trojanowski *et al.*, 1998; Tu *et al.*, 1998; Abeliovich *et al.*, 2000). The α -synuclein gene (PARK1) on chromosome 4q21-23 is implicated in autosomal dominant PD patients from German and Italian families (Polymeropoulos *et al.*, 1997; Krüger *et al.*, 1998; Narhi *et al.*, 1999). Furthermore, it has been found also that in

transgenic mice expressing wild-type human α -synuclein that the loss of DA terminals in the basal ganglia coincided with motor dysfunction, due to progressive accumulation of neuronal inclusions immunoreactive for α -synuclein ubiquitin (Masliah *et al.*, 2000). Recently, Satoh and Kuroda (2001) investigated the constitutive and cytokine/neurotrophin factor-regulated expression of α -synuclein in cultured human neurons [Y79 retinoblastoma, IMR-32 neuroblastoma, SK-N-SH neuroblastoma, KG-1-C glioma, HeLa cervical carcinoma, HepG2 hepatoblastoma, A549 lung carcinoma, MOLT-4 T-cell leukaemia, U-373MG astrocytoma, Ntera2 teratocarcinoma, K-562 erythroleukemia, and HL-promyelocytic leukaemia] by Northern blot and Western blot analyses. They identified the constitutive expression of α -synuclein in human neural and non-neural cell lines and that levels of α -synuclein expression were elevated markedly in Ntera2 teratocarcinoma cells following retinoic acid induced neuronal differentiation, accompanied by an increase expression of synphilin-1; α -synuclein expression levels were not affected in Ntera2-derived differentiated neurons exposed to TNF- α , IL-1 β , BDNF or GDNF. It was concluded that α -synuclein in human neurons is upregulated during differentiation but unaffected by cytokine and neurotrophic factors supposedly involved in nigral cell death and survival (Satoh and Kuroda, 2001). TNF- α , IL-1 β , BDNF and GDNF are potent neurotrophic factors for nigral dopaminergic neurons *in vivo* and *in vitro*, as well as being elevated in PD brains (Boka *et al.*, 1994; Mogi *et al.*, 1994a,b; Mogi and Nagatsu, 1999). Thus, alterations in glial communication (Kaul *et al.*, 2001) exert direct neuropathological effects by interfering with signals aimed at preventing apoptosis. Recent results by Bezzi *et al.* (2001) have identified a new pathway for glia-glia and glia-neuron communication relevant to normal brain functioning and escalation of neurodegeneration. Alternatively, since different avenues point towards the active role of α -synuclein during synaptogenesis (Clayton and George, 1999; Hsu *et al.*, 1998; Withers *et al.*, 1997), it is possible that synphilin-1, a constituent of Lewy bodies in PD brains (Wababayashi *et al.*, 2000), co-acting with it underpins the process of neuronal differentiation. Synphilin-1 may function to anchor α -synuclein to intracellular proteins involved in vesicle transport (Engelender *et al.*, 1999). Furthermore, Bennett *et al.* (1999) found that wild-type and Ala53Thr mutant isoforms of 6Xhis-tagged human α -synuclein fusion proteins were expressed in the human neuroblastoma cell line SH-SY5Y by transient transfections, which together with other evidence of α -synuclein aggregation in the A53T mutant (Conway *et al.*, 1998; Giasson *et al.*, 1999), provide a possible neurodevelopmental mechanism for the expression of PD pathology.

GENETIC VERSUS ENVIRONMENTAL INFLUENCES IN PARKINSONISM

In recent years, a number of reports have investigated the genetic defects in familial Parkinsonism (e.g. Golbe *et al.*, 1996; Ishikawa and Tsuji, 1996; Morrison *et al.*, 1996; Polymeropoulos *et al.*, 1996; 1998). Interestingly, the genetic defects have been identified in some of these multigenerational kindreds (Wszolek and Markopoulou, 1999; Wszolek and Uitti, 1999). Recently, positron emission tomography, utilizing flourodopa uptake and raclopride binding, in analyses of familial parkinsonian syndrome and idiopathic parkinsonism, it was found that in assessing the similarities and differences between the disorders, more similarities than differences were existent (Pal *et al.*, 2001). Although some form of inheritance in familial parkinsonian syndrome and idiopathic parkinsonism has been suspected or even suggested (Payami *et al.*, 1995; Wooten *et al.*, 1997), the supporting evidence remains weak (Maraganore *et al.*, 1996). It is worth noting that the conclusions of twin studies do not unreservedly confirm genetic mechanisms in PD (Ward *et al.*, 1983; Marsden, 1986; Marttila *et al.*, 1988). Rather, the influence of hereditary factors appears important for early-onset PD (Pahwa *et al.*, 1993; Tanner *et al.*, 1999). Nevertheless, the predispositional effects of environmental agents ought not to be neglected (Ho *et al.*, 1989; Herzman *et al.*, 1990; 1994; Wong *et al.*, 1991; Butterfield *et al.*, 1993; Hubble *et al.*, 1993).

Although a number of studies indicate that the presence of Parkinsonism in parents elevates the risks for the offspring, the issue regarding the relative merits of a genetic hypothesis as opposed to an environmental hypothesis remains to be resolved (Calne *et al.*, 1987; Goldman and Tanner, 1998; Sveinbjörnsdottir *et al.*, 2000). Through the application of a so-called Hazard rate of PD function (cf. de la Fuente-Fernández, 2000) it has been tabulated that the risk associated with maternal PD was not dependent upon the age-of-onset of the afflicted mother but rather upon the age of the child at that time, i.e. the emergence of PD symptoms in the mother: the younger the child at the time-of-onset of the mother's symptoms, the higher the risk for Parkinsonism in the child (de la Fuente-Fernández and Calne, 2002). However, as the authors indicate (*ibid*), there is much evidence to support the presence of a genetic predisposition. For example, idiopathic Parkinsonism evolves from the 'incidental Lewy body state' through which some individuals remain without the symptoms of the disorder despite the presence of Lewy bodies in their substantia nigra (Golbe *et al.*, 1993; de la Fuente-Fernández and Calne, 1996; de la Fuente Fernández *et al.*, 1998), with prevalence rates that reach a plateau at advanced ages

(Gibb and Lees, 1988), at which period the prevalence of 'incidental Lewy body state' reaches 15% of the general population. The high prevalence implies that a genetic background to the disorder may mean the existence of genetic polymorphism (Cavalli-Sforza and Bodmer, 1971), prompting the consideration: genetic polymorphism confers a predisposition and the state of disorder occurs first when an adverse environmental situation is superimposed. The very real incidence of genetic polymorphisms associated with Lewy body pathology (Payami *et al.*, 1995; Scott *et al.*, 2001) nevertheless appear insufficient to provide a genetic etiology. Recent evidence by Kuopio *et al.* (2001) examining a cohort of PD patients and matched controls, from a large area of southwestern Finland (with a total population of 196,864), concluded that familial PD may not necessarily be indicative of a genetic mechanism in the etiology of PD. The authors (*ibid*) suggested that shared environment with common risk factors may be more important (see also Wang *et al.*, 1993; Vieregge *et al.*, 1994; De Michele *et al.*, 1996; Liou *et al.*, 1997; Uitti *et al.*, 1997; Kuopio *et al.*, 1999). α -Synuclein is identified in the post-mortem brains of both familial PD and idiopathic PD patients (Baba *et al.*, 1998; Spillantini *et al.*, 1997). α -synuclein has a putative role in the neurodegenerative disorders, namely evoking DA neuron neurotoxicity *in vivo* and *in vitro*.

GENE INVOLVEMENT IN EPILEPSY AND ATAXIA

Gil-Nagel (2003) characterises epilepsy as a cluster disorder, encompassing different etiologies, prognoses and therapeutic implications, and accompanied by different pathogeneses ultimately leading to the expression of an increased excitability or decreased inhibition of cortical (or limbic-cortical) neurons and repetitive spontaneous firing. The review examines the avenues of epileptogenesis mechanism: ion channel abnormalities (see below), excitotoxic neuronal damage as in mesial temporal sclerosis, and malformations of cortical development. In this array, several indications of inherited characteristics are reviewed, with particular reference to the gene loci involved (Cambardella *et al.*, 2000; Phillips *et al.*, 1995; 2002).

Despite a multitude of animal models for testing the neurobiological bases for epilepsy and the involvement of mutations in brain P/Q-type voltage-gated calcium (Ca^{++}) channels, the genetic basis of the movement disorder in humans remains unidentified. Spontaneously-occurring mutant mouse models, such as leaner, lethargic, staggerer, stargazer and tottering mice (Fletcher and

Frankel, 1999), are available with mutations in the genetic coding for subunits providing the configurations for neuronal membrane P/Q-type voltage-gated Ca^{++} ion channels; these mouse models demonstrate several anomalies associated with the disease states, e.g. absence epilepsy, cerebellar degeneration and ataxia. P/Q-type Ca^{++} channels are widely expressed in the mammalian brain in a predominantly presynaptic distribution (Westenbroek *et al.*, 1995). In conjunction with action potential conductance these channels exert a major influence on modulation of neurotransmitter release (Regehr and Mintz, 1994). Ion channel gene mutations may be implied in certain paroxysmal neurologic conditions, e.g. brain K^+ and Na^+ channels may be implicated (Charlier *et al.*, 1998; Hanna *et al.*, 1998; Singh *et al.*, 1998; Wallace *et al.*, 1998). Recently, Jouvenceau *et al.* (2001) identified a boy of 11 years with a phenotype consisting of primary generalised epilepsy; and episodic epilepsy, characterised by severe and extended attacks of cerebellar ataxia and dysarthria, and progressive ataxia. Primary generalised epilepsy, includes both generalised tonic-clonic seizures without warning, and frequent absence attacks. Note that electroencephalographic abnormalities have been indicated in acetazolamide-responsive paroxysmal ataxia (van Bogaert and Szliwowski, 1996), even though epilepsy does not always accompany episodic ataxia. The features of the ataxia episodes were identical to those of patients with episodic ataxia type-2, thereby implying some alteration of genetic coding underlying the P/Q-type Ca^{++} channel. Patients suffering from episodic ataxia usually develop a progressive interictal cerebellar syndrome following on cerebellar damage (Griggs *et al.*, 1978), as for example displayed by magnetic resonance structural imaging of vermian atrophy (Vighetto *et al.*, 1988). Since several studies have pointed at mutations that lead to aberrations of the P/Q-type Ca^{++} channels (Ophoff *et al.*, 1996; Yue *et al.*, 1997; 1998; Denier *et al.*, 1999), Jouvenceau *et al.* (2001) sequenced the coding region of the CACNA1A gene (localised on chromosome 19p) in the child presenting early-onset absence epilepsy and cerebellar ataxia. They discovered a previously-undescribed heterogenous point mutation in the CACNA1A gene that resulted in complete loss of the C terminal region of the pore-forming subunit and eventually impairing Ca^{++} channel function. Thus, a modification of genetic configuration in human absence epilepsy, as expressed by one 11-year-old patient, appears to be associated with dysfunction of P/Q-type voltage-gated Ca^{++} ion channels in the brain, and the patient's phenotype resembles that of certain mouse mutation models showing distortions of synaptic/neuronal transmission (Wakamori *et al.*, 1998; Caddick *et al.*, 1999; Ayata *et al.*, 2000), for example leading to abnormalities in corti-

cothalamic network synchrony (Huntsman *et al.*, 1999).

CRITICAL SITES OF PATHOLOGY IN MULTIPLE SCLEROSIS

Bjartmar and Trapp (2003) have outlined several factors in the histopathology of multiple sclerosis (MS), including intracellular inflammation, demyelination, reactive astrogliosis and axonal degeneration. Thus, much evidence, utilising both analytical and morphological applications, has accumulated to both describe and differentiate the processes underlying axonal destruction in the disorder (e.g. Ferguson *et al.*, 1997; Narayana *et al.*, 1997, 1998; Matthews *et al.*, 1998; Trapp *et al.*, 1998, 1999; van Waesberghe *et al.*, 1999; Bjartmar and Trapp, 1999, 2001; Ganter *et al.*, 1999; Scherer, 1999; Stevenson and Miller, 1999). The propensity of the brain and CNS for compensatory actions (not least, an important aspect of neurodevelopment) is hardly more succinctly demonstrated than under conditions of progressive axonal injury and degeneration (Rudick *et al.*, 1999), whereby it has been observed that in individuals with MS lesions bearing an average axonal loss of 64% there was absence of signs of clinical impairment (Mews *et al.*, 1998), attributable to site of lesion, neuronal redundancy, moderate total axon loss and remyelination (cf. Bjartmar and Trapp, 2003). There exists a certain role for inheritance in MS since a constellation of genes, coding for myelin-related proteins, such as MAG, PLP, PMP22, P0 and connexin, whose presence make relative contributions to the long-term viability of axonal longevity (e.g. Anzini *et al.*, 1997; Griffiths *et al.*, 1998; Yin *et al.*, 1998; Sahenk *et al.*, 1999; but see also Rufer *et al.*, 1996).

PITFALLS AND WINDFALLS OF A DEVELOPING BRAIN

Although the genetic associations in idiopathic diseases remain unclear (Olanow and Tatton, 1999; Zoghbi and Orr, 2000), the existence of neuron pathology similarities as suggested by disorders involving single identified genetic mutations, e.g. Huntington's disease, or identification of familial hereditary components, e.g. PD, signify the molecular convolutions inherent to the processes of cell death (Schulz and Dichgans, 1999). In their turn the adaptive processes following cell death, particularly in the very young but often in the adult after chronic administration, are shown to produce constellations of neurochemical changes and dysfunction. A neurodevelopmental strategy in studying brain disorders emphasises the state of dynamic equilibrium in a *constantly-developing*

brain. As postulated by Armstrong and Barker (2001) a primary deficit in neural stem-cell proliferation, migration, or differentiation, or both, may contribute to the net cell loss and neuronal circuit disruption expressed in the disorders.

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