

Cellular and Molecular Neuroscience of Alcoholism

IVAN DIAMOND AND ADRIENNE S. GORDON

*Ernest Gallo Clinic and Research Center, Department of Neurology and The Neuroscience Program and
Department of Cellular and Molecular Pharmacology, University of California, San Francisco General Hospital,
San Francisco, California*

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Diamond, Ivan, and Adrienne S. Gordon. Cellular and Molecular Neuroscience of Alcoholism. *Physiol. Rev.* 77: 1–20, 1997.—Recent advances in neuroscience have made it possible to investigate the pathophysiology of alcoholism at a cellular and molecular level. Evidence indicates that ethanol affects hormone- and neurotransmitter-activated signal transduction, leading to short-term changes in regulation of cellular functions and long-term changes in gene expression. Such changes in the brain probably underlie many of the acute and chronic neurological events in alcoholism. In addition, genetic vulnerability also plays a role in alcoholism and, perhaps, in alcoholic medical disorders.

I. INTRODUCTION

Alcoholism, alcohol abuse, and the medical complications of excessive drinking are major world-wide health problems. In the United States, ~7% of adults are alcoholics, and >20% of hospitalized patients have a medical disorder related to heavy drinking (72). Recent advances in neuroscience have made it possible to investigate the pathophysiology of alcoholism at a cellular and molecular level. Evidence indicates ethanol affects hormone- and neurotransmitter-activated signal transduction, leading to short-term changes in regulation of cellular functions and long-term changes in gene expression. Such changes in the brain probably underlie many of the acute and chronic

neurological events in alcoholism (202). In addition, genetic vulnerability also plays a role in alcoholism and, perhaps, in alcoholic medical disorders.

II. ACUTE AND CHRONIC RESPONSES TO ETHANOL

There are two major central nervous system (CNS) responses to alcohol abuse: severe intoxication and adaptive changes that develop in alcoholics because of prolonged drinking. Ethanol is both water soluble and lipid soluble and is readily distributed into the cytoplasm and lipid membranes of all cells in the body. There is no blood-

brain barrier for ethanol; nuclear magnetic resonance studies in animals (265) and human volunteers (198) show that alcohol can be detected in the brain within a few minutes after drinking. Acute ethanol intercalates into cell membranes (297) and increases membrane fluidity (105), while chronic ethanol alters the lipid composition of cell membranes (323, 329). However, it is has never been clear how ethanol-induced disturbances in membrane order (104, 120, 298, 350) produce the characteristic short-term and long-term CNS effects of heavy drinking (201). These include such reversible clinical events as intoxication, memory loss during binge drinking (blackouts), tolerance to the intoxicating effects of ethanol in alcoholics, addiction (continued drinking despite adverse medical and socioeconomic complications), and a characteristic hyperexcitable alcohol withdrawal syndrome when alcohol abuse is discontinued (evidence of physical dependence).

Almost all of the important pathophysiological targets for ethanol in neural cells appear to be specific membrane proteins that mediate signal transduction (92, 201, 358). Ethanol does not appear to alter the activity of most soluble proteins. Not all membrane proteins are affected, but some signal transduction cascades are highly sensitive. Targets include certain ion channels, transporters, neurotransmitter receptors, G proteins, and enzymes that produce second messengers; interaction of ethanol with these target proteins leads to changes in activity of many enzymes, chaperones, and regulators of gene expression. In this review we consider first several membrane proteins that are specifically sensitive to ethanol, particularly because they have relevance for important clinical events in alcoholism and alcohol abuse. Then we discuss other regulatory signaling pathways that are also altered by ethanol and that may play a role in these events. It is also possible that over prolonged periods of time these ethanol-induced molecular changes contribute to the development of several alcoholic neurological disorders. Apart from the role of thiamine deficiency in Wernicke's disease, however, the pathogenesis of the neurologic disorders in alcoholism is not well understood (41, 71), but today, alcohol toxicity appears to be more important than nutritional deficiency.

III. ETHANOL AND MEMBRANE PROTEINS

Alcohols with increasing carbon chain length have increasing solubility in cell membranes. Nevertheless, there is a "cut-off" in the biologic effect when alcohols of increasing chain length are studied in the same system (90, 164). Peoples and Weight (262) have recently shown that shorter chain length alcohols were increasingly potent inhibitors of neuronal *N*-methyl-D-aspartate (NMDA) receptor activated ion currents, but longer chain alcohols had no effect, despite greater solubility in membranes.

These results suggest that there is a hydrophobic pocket in ethanol-sensitive membrane proteins. Because the cut-off response varies with different neurotransmitter receptor systems (164, 262), these hydrophobic sites are probably of different size in different membrane proteins. This is consistent with pioneering work by Franks and Lieb (92), who called attention to the molecular cut-off effects (90) and later documented highly specific hydrophobic binding sites on proteins that discriminate between optical isomers of anesthetic agents with identical lipid solubility (91). Taken together, these findings suggest the possibility of designing new drugs to compete with ethanol at selected hydrophobic sites to block or reverse specific adverse effects without affecting the function of other membrane proteins.

IV. *N*-METHYL-D-ASPARTATE RECEPTORS

The NMDA receptor is one of several major receptors for glutamate (155), the principal excitatory neurotransmitter in the brain. *N*-methyl-D-aspartate receptors in the hippocampus are involved in learning and memory (300) and are critical for long-term potentiation (LTP) and long-term depression (LTD) in models of synaptic plasticity (183). Specific NMDA receptor subunits mediate these NMDA receptor responses (89, 156, 300). *N*-methyl-D-aspartate receptor activation by glutamate promotes calcium influx through an ion channel that is part of the receptor (27). Calcium, in turn, regulates synaptic signaling (47) via activation of protein kinases, phosphatases, and proteases. Ethanol inhibits LTP (222), perhaps by suppressing its induction (103). Lovinger et al. (174) were the first among several investigators (78, 126, 165) to discover that ethanol inhibits NMDA receptor activation at intoxicating blood alcohol levels. In *Xenopus* oocyte expression systems, ethanol inhibition is modulated by glycine (26) and may (26, 45, 188) or may not (218) vary with NMDA receptor subunit composition. Ethanol also inhibits kainate (79, 187) and DL- α -amino-3-hydroxy-5-methylisoxazole-propionic acid (172, 187) responses, suggesting that non-NMDA receptors are also sensitive to ethanol (172). Indeed, ethanol modulates metabotropic glutamate receptors coupled to second messengers in cerebellar Purkinje cells (242). There is differential sensitivity to ethanol among NMDA receptor isoforms in the brain (211) or when expressed in *Xenopus* oocytes (218), and ethanol inhibition of NMDA receptor activation (188, 243, 262) appears to play a role in ethanol intoxication. For example, it is likely that ethanol inhibition of NMDA receptors accounts for alcoholic "blackouts" that occur during heavy drinking. These startling episodes are characterized by hours of amnesia for events that occurred while intoxicated; they are best explained by transient ethanol inhibition of NMDA receptors in the hippocampus. Several

agents prevent ethanol inhibition of LTP (43, 290, 322, 355, 375) and raise the possibility of new treatments for ethanol-induced memory loss in humans. Also, an agent like acamprosate, which appears to enhance NMDA receptor function (182), might also be useful. Perhaps this is related to the clinical impression that acamprosate helps to sustain abstinence in human alcoholics (253).

One of the adaptive CNS responses to chronic exposure to ethanol is an upregulation of NMDA receptors in human alcoholics (210) and in rats, particularly the hippocampus, measured by ligand binding (112, 304, 319) and NMDA receptor subunit immunoreactivity (334). Ethanol-induced upregulation could have serious neuropathological consequences (171) because overactivity of NMDA receptors appears to cause "excitotoxic" neuronal cell damage in several neurological disorders including ischemic strokes, hypoglycemia, and prolonged seizures (296). This was confirmed recently by demonstrating that antisense oligonucleotides to an NMDA receptor subunit protect specific neurons from excitotoxic cell death and reduce ischemic infarcts in the brain (344). Consistent with these findings, chronic exposure to ethanol causes increased NMDA receptor-mediated calcium flux (2, 134) and greater NMDA excitotoxicity in cultured neurons (2, 35, 125). These results suggest the possibility that memory deficits and neuronal cell loss in chronic alcoholics (118) might be due, in part, to chronic ethanol-induced upregulation of NMDA receptors. Unrestrained NMDA receptor activation is also implicated in alcohol withdrawal seizures because these receptors play a role in the pathogenesis of convulsions (150, 229). Therefore, new therapies directed against excessive glutamate release (294) and activation of NMDA receptors (289, 290) might prevent or reverse some complications of chronic alcohol abuse and withdrawal.

Paradoxically, ethanol inhibition of NMDA receptors might be of protective value for ischemic stroke in nonalcoholics where excitotoxic amino acids cause brain damage. Recent experiments show that ethanol can attenuate excitotoxic neuronal damage (36, 177, 356), presumably by blocking NMDA receptor activation and calcium influx (178, 356), leading to attenuation of stress-induced *c-fos* expression in vulnerable neurons as in the hippocampus (161, 299). However, unacceptably high concentrations of ethanol might be required for a protective effect in patients. Further research on agents, like ifenprodil (169), that mimic the acute interaction of ethanol with NMDA receptors might generate more effective anti-ischemic agents than available today.

V. γ -AMINOBUTYRIC ACID RECEPTORS

γ -Aminobutyric acid (GABA) is a major inhibitory neurotransmitter in the brain, activating GABA_A and

GABA_B receptors. The GABA_A receptor is an oligomeric protein complex containing a receptor-operated chloride channel and specific allosteric binding sites for benzodiazepines, barbiturates, and other agents (248, 318). The function of GABA_A receptors is potentiated at intoxicating concentrations of ethanol in heterogeneous neural preparations and cells stably transfected with GABA receptor subunits (122). Also, there is cross-tolerance between ethanol, benzodiazepines, and barbiturates (196, 325). Thus benzodiazepines are very helpful in treating the alcohol withdrawal syndrome (72) by substituting for alcohol. On the other hand, benzodiazepine inverse agonists such as the imidazobenzodiazepine Ro 15-4513 prevent the intoxicating effects of ethanol in rodents apparently by antagonizing ethanol potentiation of GABA_A receptors (25, 196, 254, 324). Although Ro 15-4513 is not suitable for patients because it causes seizures, it is likely that new and safe drugs will be developed to block or reverse the acute intoxicating effects of ethanol by modulating GABA_A receptor function. In addition, promising results with γ -hydroxybutyrate suggest that novel agents affecting GABA function may be useful in treating alcohol dependence (95).

The response of GABA receptors to ethanol varies in different regions of the brain (56, 272, 274, 286), but the molecular basis of this regional sensitivity is not well understood. In hippocampus, ethanol enhances GABA_A receptor function only when GABA_B receptors are blocked (347). In addition, molecular cloning has determined that the GABA_A receptor complex is a multigene family (159, 248). Genes for a variety of α -, β -, γ -, and δ -subunits have been cloned, and GABA_A receptors in brain appear to be assembled in multiple combinations of these subunits (159, 194). Moreover, the subunit composition of GABA_A receptors changes under different biological conditions, introducing an additional element of GABA_A receptor variability. Differences in subunit composition may account for developmental changes in receptor properties with maturation (159), receptor localization in cells (263), and differences in receptor pharmacology in neurons (6, 85, 122, 193). The role of specific subunits in determining ethanol sensitivity may best be studied in transfected cell lines (119, 336). It may be anticipated, therefore, that chronic ethanol-induced changes in GABA_A receptor subunits (56, 69, 124, 207-209, 223, 370) will have significant functional consequences in the brain.

Ethanol potentiation of GABA-induced responses in cerebellar neurons (162) appears to be regulated by β -adrenergic receptor activation (166), suggesting a role for adenosine 3',5'-cyclic monophosphate (cAMP)-dependent protein kinase (PKA) phosphorylation in modulating sensitivity to ethanol. Other studies with mouse GABA_A receptor subunits expressed in *Xenopus* oocytes by Wafford et al. (342) suggest that a specific γ -subunit confers sensitivity to ethanol potentiation of receptor activation, al-

though this was not observed with γ -subunits expressed in *Xenopus* oocytes (312) or human embryonic cells (186). Recent results with mouse and bovine subunits in a clonal cell line suggest that the γ -subunit may be necessary but not sufficient for ethanol sensitivity (122). The γ_2 -subunit exists as alternatively spliced short (γ_{2s}) and long (γ_{2l}) forms; the long form contains 24 additional nucleotides that encode a phosphorylation site for protein kinase C (PKC) on an intracellular loop (342). Ethanol sensitivity appears to require PKC phosphorylation of the γ_{2l} -subunit expressed in *Xenopus* oocytes (343), and perhaps, in hippocampal CA1 neurons (359). However, there is suggestive evidence that ethanol sensitivity of hippocampus GABA_A receptors may also involve PKA (347). The GABA_A receptors in mutant mice lacking the γ -isoform of PKC show reduced sensitivity to ethanol (121), but this may be related to impaired cerebellar function in PKC- γ mutants (42, 139). These results are all consistent with studies suggesting a critical role for phosphorylation in regulating the response of other membrane proteins to ethanol (see sect. IX, C-F). Further studies are needed to determine the stoichiometry of GABA_A receptor subunit expression and the substrates for phosphorylation that confer ethanol sensitivity in the brain. Progress in this area will need to identify highly specific pharmacological targets for the therapy of alcoholism.

VI. SEROTONIN RECEPTORS

The serotonin (5-HT₃) receptor (138) has increased mRNA expression in certain brain regions, particularly the hippocampus (330), and is structurally similar to the nicotinic acetylcholine and GABA_A receptors. These three receptors are ligand-activated ion channels and are sensitive to ethanol (122, 175, 367). The 5-HT₃ receptor ionophore conducts monovalent cations, and low concentrations of ethanol potentiate 5-HT₃ receptor-stimulated currents in several neural preparations (170, 173). Serotonin receptor antagonists block the ability to discriminate between drinking water or ethanol in pigeons (111) and specifically reduce ethanol drinking in conditioned and alcohol-preferring rodents (135, 148, 333). Serotonin receptors have also been implicated in the control of appetite, and 5-HT_{2c} receptor-deficient animals become overweight because of abnormal feeding behavior (331). Moreover, selected regions of the brain in alcohol-preferring rats have fewer serotonin 5-HT₂ receptors (190) and increased 5-HT_{1A} receptors (191). Furthermore, serotonergic neurons and their axons appear to degenerate in alcohol-preferring rats (116) and in chronic alcoholics (117). Although 5-HT₂ receptors have been implicated in alcohol preference in rodents (46), the effect of 5-HT₂ antagonists on animal drinking behavior has been inconsistent (195, 256). Nevertheless, preliminary studies suggest that ondansetron, a

serotonin receptor antagonist, reduces alcohol intake in normal men (137) and alcoholics with less severe drinking (311). These findings suggest that serotonin may play a role in alcohol intoxication and alcohol-seeking behavior. Because serotonin potentiates ethanol-induced excitation in the ventral tegmental area (21), pharmacological agents like ifenprodil (192), which react with specific sites on serotonin receptors, may be of value in treating craving in alcoholics.

VII. VOLTAGE-DEPENDENT CHANNELS

A. Calcium Channels

In addition to receptor-activated calcium influx, intracellular concentrations of calcium are increased in neurons following depolarization through voltage-dependent calcium channels (284). At low concentrations, calcium ions are critical second messengers, but high concentrations lead to excitotoxicity and cell death (47). Recent evidence suggests that ethanol-induced upregulation of calcium channels may account for many features of the alcohol withdrawal syndrome, including intense neuronal hyperactivity and life-threatening seizures (201).

Studies with isolated neural cells have identified molecular mechanisms that may be responsible for these events. Voltage-dependent calcium channels consist of multi-subunit complexes characterized by pharmacological and neurophysiological criteria (12, 34). Acute ethanol inhibits voltage-dependent L-type calcium channels (19, 44, 80, 114, 123, 199, 224, 225, 292, 315, 335, 353), N channels (351, 352), and T channels (335) but has no effect on P-type calcium channels (115). Ethanol may act specifically on the channel protein (353). Undifferentiated cells are most sensitive to ethanol inhibition (11, 225); this may involve the inhibitory G protein, G_i (224). Chronic exposure of neural cells to ethanol, however, leads to increased depolarization-stimulated calcium influx (110, 199, 315) associated with an apparent increase in calcium channels measured by binding studies with labeled antagonists (82). Similar increases in brain calcium channel binding sites have also been found in alcohol-dependent animals (167) and Kupffer cells from the liver (109). This increase in voltage-dependent calcium channels requires PKC activity (205) and may be related to ethanol-induced increases in two PKC isoenzymes and PKC-mediated phosphorylation (204). Ethanol-induced upregulation of calcium channels persists for ~16 h after ethanol is removed (199), coinciding with the time of greatest risk for alcohol withdrawal seizures after alcoholics stop drinking (339). Increased voltage-dependent calcium channel activity could induce withdrawal symptoms by promoting neurotransmitter release (179), and enhancing NMDA receptor activation (363). Consistent with this hypothesis, treat-

ment with calcium channel blockers reduces alcohol withdrawal tremors, seizures, and mortality in animals (17, 168) and human alcoholics (147). Moreover, treatment with some calcium channel blockers like nimodipine also reduces alcohol consumption in alcohol-preferring rats (65).

Ethanol regulation of calcium channels also appears to be under genetic control, producing selective upregulation in long-sleep mice (131). Ethanol-induced upregulation of calcium channels (18, 113) and voltage-activated calcium currents (264) is much greater in mice selectively bred for severe alcohol withdrawal seizures than in mice bred for mild signs of alcohol withdrawal. It remains to be determined whether genetic variation in ethanol regulation of calcium channels contributes to human alcohol withdrawal seizures and chronic alcoholic brain damage.

B. Potassium Channels

Ethanol appears to inhibit different kinds of potassium currents in a variety of neural preparations, but not all investigators agree (358). The expression of potassium channel subunits in the hippocampus has a spatial heterogeneity that varies with development (184), suggesting the possibility that specific potassium channels may be targets for ethanol. In recent years, investigators have turned to expression systems to study the ethanol inhibition of potassium channels (5). These results suggest that many voltage-gated potassium channels are insensitive to high concentrations of ethanol. Recently, four structurally homologous potassium channels cloned from *Drosophila* were investigated for sensitivity to ethanol, using a *Xenopus* oocyte expression system (52, 53). Only the Shaw 2 channel was blocked by clinically relevant concentrations of ethanol. Inhibition occurs at a discrete saturable site (53), thus making it possible to now determine the molecular basis of ethanol inhibition of a specific target membrane protein.

VIII. ADENOSINE TRANSPORTERS

Adenosine is transported into mammalian cells by two different classes of transporters: one class characterized by sodium-dependent uptake of adenosine and the other characterized by facilitative diffusion down a concentration gradient (270). There are at least three different subtypes in each class. Recent work from our laboratory indicates that uptake by only one transporter, a subtype of facilitative transporter, is inhibited by ethanol; the others are unaffected (152). In naive cells, ethanol inhibition of the transporter results in the accumulation of extracellular adenosine (236). After prolonged exposure to ethanol, however, the transporter becomes tolerant or insensitive to the acute inhibitory effects of ethanol; adenosine

uptake is no longer inhibited by ethanol, and consequently, there is no increase in extracellular adenosine (231, 236, 305). Tolerance of adenosine uptake to ethanol inhibition has also been produced in hepatocytes after chronic ethanol feeding (354). Our studies suggest that the ethanol sensitivity of the adenosine transporter appears to be regulated by PKA-mediated phosphorylation of the transporter or an associated regulatory component (50, 231). Therefore, the nucleoside transporter may become insensitive (tolerant) to ethanol inhibition after chronic exposure to ethanol because of decreased cAMP levels (see sect. IXA) and reduced PKA phosphorylation (50).

The same kinds of ethanol-induced changes in ethanol sensitivity of adenosine transport also occur in cells from actively drinking alcoholics. We find that adenosine uptake in lymphocytes (107) and in sealed erythrocyte membranes from alcoholics is insensitive to ethanol, whereas uptake is inhibited by ethanol in erythrocyte membranes from nonalcoholic controls (unpublished observations). These studies suggest that mechanisms identified in cultured cell lines are relevant to cellular pathophysiology in human alcoholism. Such simple systems may make it possible to develop a sensitive bioassay for heavy drinking and to determine the relationship between phosphorylation and transporter insensitivity to ethanol in cells from alcoholics.

IX. ETHANOL AND OTHER REGULATORY SIGNALING PATHWAYS

The previous sections reviewed current information on the interaction of ethanol with specific identified membrane proteins. In addition, ethanol alters the activity of multiple signal transduction systems where the specific target is unknown. Here we review these ethanol-sensitive systems, since changes in the activity of second messengers and protein kinases in these pathways would be expected to have profound short-term and long-term effects on many neuronal functions.

A. cAMP Signal Transduction

Ethanol affects receptor-mediated cAMP signal transduction in many biological preparations (108), which may vary with the expression of certain types of adenylyl cyclases (374). Because cAMP regulates the activity of PKA, which in turn regulates various cellular functions, ethanol-induced changes in cAMP could account for many of the pleiotropic effects of ethanol. Most investigators find that brief exposure to ethanol potentiates receptor-activated cAMP production. In contrast, chronic exposure to ethanol causes a decrease in receptor-stimulated cAMP production (108). This is well documented in cell culture where chronic treatment with ethanol decreases β -adren-

ergic receptor (16, 279, 280)-, adenosine receptor (40, 106, 220, 237, 278, 279, 281-283)-, and prostaglandin receptor-dependent cAMP production (288). Decreased cAMP production appears to be a cellular model for ethanol dependence, since stimulated cAMP levels are abnormally low after alcohol withdrawal but return to normal levels when ethanol is added back to NG108-15 neural cell cultures (106). We (106, 220) and others (40, 281, 288) have also found that chronic exposure to ethanol reduces cAMP signal transduction for several receptors within the same cell. In many cell types, this appears to be due to an ethanol-induced heterologous desensitization of receptors coupled to the stimulatory guanine nucleotide regulatory protein G_s . In homogeneous NG108-15 cultures of neural cells, we find that this desensitization is correlated with a decrease in mRNA for the α -subunit of G_s and a consequent reduction in $G_s\alpha$ protein and functional activity (220). Similar changes in $G_s\alpha$ mRNA or protein have been reported by others (40, 239, 281, 349), including an ethanol-induced decrease in $G_s\alpha$ mRNA in developing rat hippocampus (64). However, an increase in $G_i\alpha$ protein has also been described in some neural cells (40) and brain (348). This is consistent with neurophysiological evidence that different neurons have differential responses to ethanol. Some investigators (260, 327) have not found significant ethanol-induced changes in G proteins in brain. However, negative studies or variable results with crude brain preparations must be interpreted with caution because brain regions contain G proteins and adenylyl cyclases from diverse populations of neurons and glial cells, thereby masking specific ethanol-induced changes in certain neurons.

B. G Protein-Coupled Receptors

1. Dopamine D_2 receptors

Dopamine has been implicated in brain mechanisms of reward, reinforcement, and addiction (276, 310), and drinking alcohol is associated with increased release of dopamine in the nucleus accumbens (144, 360, 373). Also, ethanol added to brain slices *in vitro* increases the firing rate of dopaminergic neurons in the ventral tegmental area (20). In contrast, during ethanol withdrawal in rats, there is a decrease in dopamine release (295) and a reduction in dopaminergic firing in the nucleus accumbens (321), which persists beyond the clinical manifestations of alcohol withdrawal (77). However, ethanol self-administration restores withdrawal dopamine levels to normal in the nucleus accumbens, suggesting that decreased levels of dopamine may motivate ethanol-seeking behavior in dependent animals (361). However, others find that dopamine antagonists can reduce alcohol consumption in rats (255, 302). Nevertheless, in alcohol-preferring mice, low dopaminergic activity is associated with high alcohol

consumption that can be reversed by increasing dopamine levels (102). Rats bred to prefer drinking alcohol will self-administer ethanol by intracranial infusion into the ventral tegmental area (97), suggesting genetic hypersensitivity to ethanol reinforcement of drinking in these animals, perhaps related to selectively reduced dopamine D_2 receptors in their brain (189). In these alcohol-preferring rats, a dopamine D_2 agonist reduces alcohol intake, whereas a D_2 antagonist tends to increase drinking (84). The D_1 ligands also affected drinking (84), suggesting a role for both D_1 and D_2 receptors in reinforcing drinking in this line of rats (84). Consistent with these findings, ibogaine, presumably acting as a dopamine agonist, also attenuates drinking in alcohol-preferring rats (287). Serotonin (373) and opioid (364) receptors also appear to be involved in ethanol reinforcement in this brain circuit by affecting dopamine release, since activation of serotonin receptors stimulates dopamine release (14) and potentiates ethanol-induced release (29). Dopamine reuptake sites vary in violent and nonviolent alcoholics (332) so that ethanol-induced dopamine release may affect other complex behaviors as well. Dopamine release induced by ethanol is blocked by serotonin (369) and opioid antagonists (1, 10), suggesting potential avenues for therapy in human alcoholism.

2. Opioid receptors

Acute ethanol inhibits opiate binding to the δ -opioid receptor (38, 39), but prolonged exposure to ethanol causes an increase in δ -opioid receptor mRNA (37, 136), upregulation of the receptor (38, 39), and an increased response to opioid receptor ligands (39). Opioid receptors modulate ethanol-induced dopamine release in brain regions involved in craving (1), suggesting that alcohol craving may involve opioid receptors. Opioid receptor antagonists reduce alcohol consumption in experimental animals (3, 94, 96, 185, 228, 301), perhaps reversing ethanol-induced decreases in glutamatergic synaptic transmission (243) in the nucleus accumbens by interfering with dopamine release in this nucleus (10). This may involve δ_2 -opioid receptors specifically (153, 154). Indeed, recent studies in alcoholics suggest that naltrexone, an opioid receptor antagonist, helps alcoholics to stop drinking. In two independent short-term studies, naltrexone in combination with counseling significantly reduced craving for alcohol in abstinent alcoholics, with a 50% reduction in the relapse rate (250, 341). Naltrexone is not a cure for alcoholism but may be needed for long-term therapy with professional counseling to help some alcoholics remain abstinent (249).

3. Muscarinic receptors

Extensive information about the role of muscarinic receptors in mediating ethanol responses has been dis-

cussed recently (181). Ethanol inhibits muscarinic receptor activation of phosphoinositide metabolism in primary cortical cultures (149) and neural cell lines (158), as well as in several brain preparations (8, 30, 328). In contrast, long-term exposure to ethanol increases muscarinic receptor gene expression in NG108-15 cells (130) and potentiates receptor inhibition of cAMP accumulation in PC12 cells (145). Nevertheless, recent evidence suggests that clinically intoxicating concentrations of ethanol actually enhance muscarinic synaptic transmission in slices from hippocampus (181), an area that subserves learning and memory. This finding is consistent with intriguing clinical studies showing that acute alcohol consumption in naive subjects actually improved memory for events experienced before drinking (258).

4. Adenosine receptors

Adenosine plays a role in many of the acute and long-term effects of ethanol in the nervous system (73). Adenosine appears to mediate acute ethanol-induced ataxia; adenosine receptor agonists increase ethanol-induced incoordination and antagonists diminish this response (59-63). Sensitivity to adenosine agonists and antagonists correlates with acute alcohol sensitivity in mice bred selectively for differential responses to ethanol (273), and the intoxicating effects of ethanol are exacerbated by drugs that interfere with adenosine reuptake via the adenosine transporter (59). Also, there is cross-tolerance between adenosine agonists and ethanol after chronic exposure to either agent (62).

We have found that adenosine mediates many acute and chronic effects of ethanol on cAMP signal transduction in several cultured cell lines (73, 74, 108). Adding ethanol to cells leads to an immediate increase in extracellular adenosine levels (see sect. VIII) (237). This is due to ethanol inhibition of adenosine uptake (236). Extracellular adenosine then reacts with adenosine A_2 receptors to stimulate the production of cAMP (237). Acute increases in cAMP levels are followed by a heterologous desensitization of receptors coupled via G_s to stimulation of adenylyl cyclase activity (40, 106, 220, 237). This adenosine receptor-mediated desensitization is characterized by a decrease in mRNA, protein, and function for $G_{s\alpha}$ (220). Moreover, PKA appears to be necessary for ethanol-induced heterologous desensitization in S49 cells (231) and PC12 cells (281, 282). The implication of these findings is that a selective effect of ethanol on cAMP signal transduction mediated by adenosine receptors may lead to diverse adaptive changes affecting many components of cellular function in different tissues and organs.

Any metabolic event that increases extracellular adenosine levels should potentiate the acute effects of ethanol. Conversely, decreasing extracellular adenosine concentrations should attenuate the effects of ethanol.

We have shown that coincubation of cells with ethanol and adenosine deaminase prevents both the acute and chronic effects of ethanol on cAMP signal transduction (237). We also found that the potent adenosine receptor antagonist BW-1434U blocks all of the acute and chronic effects of ethanol on cAMP signal transduction in NG108-15 cells, including initial increases in cAMP, decreases in $G_{s\alpha}$ protein, ethanol-induced heterologous desensitization of cAMP production, and loss of ethanol sensitivity of adenosine transport (305). However, other factors can also regulate cAMP responses to ethanol. For example, Rabin et al. (283) find in PC12 cells that adenosine may not be required for ethanol-induced desensitization of cAMP production. Also, if NG108-15 cells are studied while actively dividing, there are some complex effects of ethanol on G proteins and mRNA that appear to be independent of adenosine (366), probably because under proliferating conditions, ethanol inhibits cell division and promotes differentiation (142). Thus ethanol-induced changes in signal transduction appear to vary considerably with development, differentiation, and functional activity. In model cell culture systems, therefore, it is important to try to use nondividing neural cells to identify ethanol-induced responses that are relevant to neurons in the mature nervous system.

Adenosine is a global inhibitory neuromodulator in the nervous system, acting through adenosine A_1 , A_2 , and other receptor subtypes in the cell membrane (83). Adenosine modulates calcium channels (338, 371) and inhibits excitatory synaptic transmission by attenuating the release of excitatory transmitters from presynaptic nerve endings (140, 176, 271, 285, 306, 372). Adenosine also acts postsynaptically to diminish the response of dopamine (86) and acetylcholine receptors (51, 269). The extracellular concentration of adenosine increases with neural activity (268, 269), and blockers of adenosine uptake potentiate cellular responses to adenosine (59, 232, 233, 236, 244, 267), suggesting that the physiological effects of adenosine are terminated, in part, by reuptake into the cell.

Neural responses mediated or modulated by adenosine vary depending on the kinds of adenosine transporters and receptors expressed in different brain regions and on different neurons. The ethanol-sensitive adenosine transporter is regionally distributed in the brain (13, 230), suggesting that adenosine will mediate responses to ethanol only in selected neuronal populations expressing an ethanol-sensitive adenosine transporter. Also, these responses are likely to depend on the kinds of adenosine receptors expressed on the target cells. Thus prolonged exposure to ethanol appears to cause heterologous desensitization of cAMP signal transduction in cells expressing adenosine A_2 receptors, but experiments in liver cells expressing A_1 receptors (133, 234, 235) suggest that hypersensitization of cAMP production will develop in neurons

expressing only adenosine A_1 receptors. Moreover, because adenosine A_1 and A_2 receptors can also be expressed in the same cells (4, 217, 227, 247, 275, 368), possibly with functional and topographic separation in the same cell (163) and on different neurons in the same brain regions (22, 58), the relative expression and functional localization of A_1 and A_2 receptors would be expected to determine whether ethanol-induced increases in extracellular adenosine leads to desensitization, hypersensitization, or no change in cAMP signal transduction.

Systemic factors also influence the role of adenosine receptors in mediating neural responses to ethanol. Studies by Israel and colleagues (31-33, 251) suggest that ethanol metabolism in the liver causes an accumulation of adenosine in blood that would be expected to exacerbate the acute effects of ethanol on adenosine receptors in the brain. They have reported significant increases in arterial acetate and adenosine levels following the presentation of ethanol to the liver from the gastrointestinal tract (252). The explanation for this observation is that acetate, produced as a consequence of ethanol metabolism in the liver, is readily converted to acetyl CoA, consuming ATP in the process. Breakdown of ATP generates adenosine that is released into the circulation. In addition, they propose that the liver also releases large amounts of acetate that can be metabolized to acetyl CoA, thereby generating adenosine in the brain. Indeed, sedating effects of acetate are blocked by an adenosine receptor antagonist (31). Although the brain does not metabolize ethanol, the studies by Israel and colleagues suggest that the CNS could directly (and indirectly via acetate) be exposed to increased concentrations of adenosine as a consequence of alcohol metabolism in the liver. Because ethanol inhibits adenosine uptake in hepatic cells (233) and in nerve endings (271), and we find ethanol inhibition of adenosine uptake in cultured S49 cells (231, 236), neural cells (231, 236, 305), human lymphocytes (107), and erythrocyte membrane vesicles (unpublished observations), ethanol inhibition of adenosine uptake at synapses in many regions of the brain (66) would be expected to activate nearby adenosine A_1 , A_{2a} and A_{2b} receptors and potentiate the acute neurological effects of adenosine (and ethanol) in the brain. Consistent with this possibility are reports that ethanol, acetate, and adenosine produce identical neurophysiological responses in hippocampal neurons that are all blocked by an adenosine receptor antagonist (57). Others do not find, however, that acetate affects adenosine receptors in the hippocampus (23) or that an adenosine antagonist blocks acetate depression in neural cells (266). Nevertheless, ethanol potentiation of adenosine responses has been confirmed in the same studies (266).

C. Ethanol Sensitivity and Protein Phosphorylation

A common theme emerging from recent studies is the possibility that phosphorylation regulates ethanol sen-

sitivity of several proteins, particularly for the ethanol-sensitive adenosine transporter (50, 231), the GABA_A receptor (343), the kainate receptor (79), and the NMDA receptor (320). Other membrane proteins selectively affected by ethanol can be regulated by protein kinases, but the relationship of phosphorylation to ethanol sensitivity has not been determined. These include the opioid receptor (39, 206), the nicotinic acetylcholine receptor (127, 367), a serotonin receptor (303), the GLUT1 glucose transporter (151), and certain calcium (199, 226) and potassium channels (52, 54). The rich cascade of adenylyl cyclases, phospholipases C, protein kinases and phosphatases, and opportunities for "cross-talk" between second messenger pathways suggests that these regulatory mechanisms have the potential to account for diverse and pleiotropic effects of ethanol in many cell systems in the body.

D. Protein Kinase A

Adenosine 3',5'-cyclic monophosphate-dependent protein kinase appears to mediate some of the acute and chronic cellular responses to ethanol. In cerebellar Purkinje cells, β -receptor stimulation, with presumed increases in PKA activity (166), or treatment with 8-bromo-cAMP (93) facilitates acute ethanol potentiation of GABA receptor responses. Also, PKA activity is required for ethanol inhibition of adenosine uptake in S49 (231) and NG108-15 cells (50) and ethanol-induced heterologous desensitization of cAMP signaling (238, 282). Chronic ethanol-induced heterologous desensitization is associated with a reduction of PKA activity in NG108-15 cells (50), and tolerance of the adenosine transporter to ethanol inhibition develops when cAMP-dependent phosphorylation is reduced (50) or absent (231). Recent evidence indicates that some of the chronic effects of ethanol may be due to ethanol-induced translocation of the PKA catalytic subunit, $C\alpha$, to the nucleus of ethanol-treated cells (81). $C\alpha$ remains sequestered in the nucleus as long as ethanol is present. This may account for reduced PKA-mediated phosphorylation of cytoplasmic and membrane proteins and may contribute to the diverse changes in cellular function and gene expression produced by ethanol.

E. Protein Kinase C

There is substantial evidence that PKC is involved in many cellular responses to ethanol. Protein kinase C has been implicated in the ethanol sensitivity of voltage-dependent calcium channels (19, 205), GABA_A receptors (121, 180, 343, 359), 5-HT_{1C} and muscarinic M_1 receptors (303), glutamate receptors (79), and tolerance of the adenosine transporter to ethanol inhibition (unpublished observations). In addition, PKC appears to be required for a transient ethanol-induced decrease in cAMP levels in

human platelets (68) and for phospholipase C activation (146). Anesthetic agents and high concentrations of ethanol inhibit PKC directly (317). The levels of two PKC isozymes, δ and ϵ , are increased in PC12 cells (292) and in NG108-15 cells (unpublished observations) after chronic exposure to ethanol. Increased activity of specific PKC isozymes may underlie some of the functional consequences of chronic ethanol exposure, as appears to be the case for ethanol's effects on neurite outgrowth.

F. Protein Kinase C-Dependent Neurite Outgrowth

Prolonged exposure to ethanol increases the growth of dendrites and axons (neurites) in several brain regions of both adult and developing animals (28, 216, 261, 340, 362). Increases in neurite length probably disturb neuronal function by delaying electrical conduction and by interfering with remodeling of synapses during development (277) and learning (7, 259). This kind of synaptic plasticity could contribute to the development of tolerance and dependence (310) as well as cognitive dysfunction in alcoholic adults with dementia and in children with the fetal alcohol syndrome. Using the neural cell line PC12 to study mechanisms by which ethanol regulates neurite growth, Messing et al. (203) found that ethanol markedly enhances neurite outgrowth stimulated by nerve growth factor or basic fibroblast growth factor, apparently via a PKC-dependent stimulation of mitogen-activated protein kinases (291). This enhancement is prevented by inhibitors of PKC or by depleting cells of PKC (293). Chronic exposure to ethanol increases PKC- δ and PKC- ϵ isoenzymes, and selective overexpression of PKC- ϵ mimics the effect of ethanol and promotes neurite outgrowth. Overexpression of PKC- δ does not (132). In addition, expression of a PKC- ϵ -derived dominant-interfering peptide prevents enhancement of neurite outgrowth by ethanol (R. O. Messing, unpublished observations). These findings suggest that enhancement of growth factor-induced neurite outgrowth is mediated by ethanol-induced increases in PKC- ϵ . It remains to be determined whether upregulation of PKC- δ contributes to other cellular responses to chronic ethanol exposure, such as chronic ethanol-induced upregulation of calcium channels (see sect. VIIA).

Current concepts suggest that specific translocation of protein kinases to anchoring proteins may determine the specificity of protein kinase-regulated events (219). Indeed, an important effect of ethanol probably involves PKA (81) and PKC translocation to specific phosphorylation sites (67, 143, 316). It is possible, therefore, that inhibitors of the interaction between specific kinases and anchoring proteins could be developed as therapeutic agents to specifically block adverse CNS responses to ethanol and attenuate some of the neurological complications of alcoholism.

G. Regulation of Gene Expression

In addition to the acute effects of ethanol on cellular signaling, changes in second messengers and protein kinase activities also could be responsible for longer term regulation of cellular function by altering gene expression. Alcoholics acquire extraordinary tolerance to the intoxicating effects of ethanol, usually associated with physical dependence and uncontrolled craving to continue drinking. In addition, late manifestations of alcoholism include several neurological disorders. Therefore, investigators have begun to search for ethanol-induced changes in gene expression in the nervous system that might underlie some of these adaptive responses to heavy drinking. A reduction in the GTP binding subunit $G_s\alpha$ (220) and/or an increase in $G_i\alpha$ (40) of the heterotrimeric GTP binding proteins appears to account for heterologous desensitization of cAMP signaling caused by chronic exposure to ethanol. Chronic ethanol exposure has also been reported to alter the expression of genes for the major histocompatibility complex antigen (257), proopiomelanocortin (58), glucose transporter (GLUT1) (314), and glial fibrillary acidic protein (88). Recently, Miles et al. (212) have identified an ethanol-responsive gene for a phospho-ducin-like protein with the potential to modulate GTP-binding protein functions and signal transduction (307). Prolonged exposure to ethanol also results in increased expression of the δ - and ϵ -isoforms of PKC (292), another major signaling mechanism. In addition, chronic ethanol-induced decreases in the α -subunit of the GABA_A receptor (24, 124, 141, 208, 221) and increases in opioid (37) and NMDA (334) receptors may contribute to tolerance and dependence. Chronic ethanol-induced increases in voltage-dependent calcium channels (199) and tyrosine hydroxylase (98), the rate-limiting enzyme in catecholamine biosynthesis, may account, in part, for CNS hyperactivity during alcohol withdrawal.

Membrane proteins are important targets for ethanol in the nervous system (92, 201, 358). Insertion of proteins into membranes requires specialized cellular mechanisms, including molecular chaperones that regulate protein trafficking. Miles and colleagues (129, 213-215, 365) have discovered that ethanol causes an increase in gene expression for several molecular chaperones, suggesting that ethanol-induced changes in protein trafficking contribute to the adaptive response of the brain to alcohol. This hypothesis is supported by the recent finding that ethanol induces an increase in signal peptidase mRNA levels in brain (313). Specific sequences in the promoter region of ethanol-responsive genes appear to be required for ethanol regulation of gene transcription (214, 346, 365), suggesting that a family of ethanol-responsive genes may be regulated by a common molecular mechanism. This will receive intense investigation as scientists use genetically manipulated animals to study ethanol's actions (357).

These findings open new avenues for potential therapy of alcoholic neurological disorders and the identification of candidate genes that may be altered in genetic alcoholism.

X. RELEVANCE OF STUDIES IN MODEL SYSTEMS TO ALCOHOLISM

Ethanol-induced changes in cell culture have pathophysiological significance in human alcoholism. Circulating lymphocytes from actively drinking alcoholics exhibit changes similar to those in NG108-15 cells chronically exposed to ethanol (106); there is a marked reduction in cAMP signal transduction in freshly isolated lymphocytes from chronic alcoholics when compared with cells from controls and patients with nonalcoholic liver disease (75). Consistent with these findings, there is decreased prostaglandin E₁ receptor-stimulated adenylyl cyclase in platelet membranes isolated from alcoholics (326) and reduced adenylyl cyclase activity in lymphocyte membranes from abstinent alcoholics (345). Also, Nakamura et al. (240) have found reduced G_sα protein in erythrocyte membranes from alcoholics, and Wand and colleagues (345) have reported increased Gα_{i-2} in lymphocyte membranes from abstinent alcoholics.

In addition to heterologous desensitization of cAMP production in circulating lymphocytes (75), we find that adenosine uptake in lymphocytes (107) and sealed erythrocyte membranes (unpublished observations) from alcoholics is insensitive to ethanol, whereas uptake is inhibited by ethanol in nonalcoholic controls. These studies suggest that mechanisms identified in cultured cell lines are relevant to cellular pathophysiology in human alcoholism. Such simple systems may make it possible to develop a sensitive bioassay for heavy drinking.

XI. GENETICS AND ALCOHOLISM

Genetic factors play a role in the development of alcoholism (9). Alcoholism tends to run in families, and studies of identical twins, alcoholic parents and children, and offspring from alcoholic parents adopted into non-drinking families suggest a genetically transmitted susceptibility for alcoholism. Adoption studies of males who begin drinking at an early age provide the strongest evidence for the heritability of alcoholism. Here, alcoholism in the biologic father is a much greater predictor for alcoholism in the son than is the environment in which the boy is raised (49). Despite compelling clinical evidence, genes responsible for genetic forms of alcoholism have not been identified. An initial report linking alcoholism with a minor allele of the dopamine D₂ receptor gene (15) has been confirmed by others (245) but remains inconclusive because the majority of investigators in the field have not replicated these results (48, 87, 100, 101, 128, 241, 337).

Indeed, there is no structural mutation in the D₂ receptor gene in alcoholism (99). Nevertheless, there is preliminary suggestive evidence that treatment with bromocriptine, a dopaminergic agonist, may benefit alcoholics carrying the minor allele (160). Studies of possible phenotypic markers for genetic alcoholism have been reviewed elsewhere (201).

Schuckit (308) has found that young men with a positive family history for alcoholism have a diminished ataxic response after drinking a test dose of alcohol. This apparent acute tolerance to alcohol appears to predict the development of alcoholism 8 years later (309), raising the possibility that genetic factors may contribute to complex adaptive responses to alcohol in human beings, as reported in many animal studies. All cellular and molecular functions in the brain are under genetic control, and new methodology is being developed to analyze the genetics of complex traits (157). For example, genetic mapping of quantitative trait loci is being used to identify chromosomal locations of genes that influence alcohol-related behavior, such as drinking (197) and tolerance and physical dependence (55). Moreover, selected regions of the brain in different lines of alcohol-preferring rats have fewer serotonin 5-HT₂ receptors (190) and increased 5-HT_{1A} receptors (191) or changes in opioid binding (70) and prodynorphin and proenkephalin levels (246). Furthermore, genetically engineered mutant mice lacking the γ-isoform of PKC show altered behavioral responses to alcohol thought to be related to diminished GABA_A receptor sensitivity (121).

Another approach is to mutate genes at random and search for subjects with altered responses to ethanol. *Drosophila* exhibit alcohol intoxication, tolerance, and withdrawal responses (U. Heberlein, unpublished observations). Regulatory genes are major targets for ethanol, and many are conserved in flies and humans. Therefore, genes identified by random mutation studies in *Drosophila* can be used to identify homologous genes in humans. Mutant flies with genetically induced changes in ethanol tolerance have been isolated, suggesting that the genes responsible for this phenotype will soon be isolated (Heberlein, unpublished observations). Such studies are another exciting advance in our quest for candidate genes that control responses to alcohol and that may also be linked to genetic alcoholism.

XII. CONCLUSION

The most recent advances in alcohol research indicate that ethanol interacts with highly specific proteins in the membrane of neural cells, affecting ion channels, neurotransmitter receptors, transporters, and signal transduction pathways. Evidence is emerging that phosphorylation of these target proteins may regulate their sensitiv-

ity to ethanol. In addition, ethanol-induced changes in gene expression have also been identified, and genes that regulate acute and chronic responses to ethanol are candidates for genetic alcoholism. Alcohol research has come of age, moving from phenomenology to molecular mechanisms of pathophysiological significance. The next few years will be highlighted by innovative new therapies directed at alcohol-induced changes in signal transduction and genetic alcoholism.

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