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Levetiracetam inhibits endocytosis and augments short-term depression

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Levetiracetam (LEV) is an anti-epileptic drug with demonstrated efficacy against generalized seizures. Recent studies have found that LEV affects the release of neurotransmitters by binding to synaptic vesicle protein 2A (SV2A). However, the details of LEV regulation of synaptic transmission remain poorly understood. Here, we used the whole-cell patch-clamp technique to further characterize the effects of LEV on synaptic transmission at a large mammalian central synapse, the calyx of Held. Our results showed that two common forms of vesicle endocytosis, including slow and rapid endocytosis, were dramatically inhibited when slices were incubated in 100 μ M LEV for 1 h, however, the action potential (AP), calcium influx and exocytosis were not affected. Furthermore, by measuring the level of steady-state depression induced by 100 Hz stimulus trains, we found that the steady state level of depression was significantly stronger after LEV treatment, indicating that LEV enhanced short-term depression (STD). Thus, these findings suggested that the mechanisms of the antiepileptic of LEV seem to be mediated, at least partly, by regulating endocytosis and STD.

1. Introduction

Epilepsy is a symptom due to abnormal excessive neuronal activity in the brain (Thurman et al. 2011) and antiepileptic drugs (AED) are the main form of symptomatic treatment for patients with epilepsy (Kwan and Brodie 2000). It is well established that most antiepileptic drugs act on voltage-gated sodium channels or GABA receptors to reduce seizures (Margeanu and Klitgaard 2003; Niespodziany et al. 2004; Zona et al. 2001).

Levetiracetam (LEV) has a unique but yet not fully understood mechanism of action (Moshe et al. 2015). Previous studies have found that LEV does not directly regulate voltage-gated sodium channels or GABA receptors, but binds to synaptic vesicle glycoprotein 2A (SV2A), ubiquitously expressed in the central nervous system, which might mediate neurotransmitter release (Lynch et al. 2004; Meehan et al. 2011). Studies have shown that the anti-seizure efficacy of LEV is reduced in SV2A^{-/-} mice (Kaminski et al. 2009). By patch-clamp recording and two-photon imaging, LEV has been determined to inhibit excitatory neurotransmitter release in hippocampal slices (Yang et al. 2007; Lee et al. 2009; Yang and Rothman 2009). However, the downstream details of LEV binding to SV2A remain poorly understood.

Exocytosis and endocytosis are important for maintaining normal brain functions, including synaptic transmission and plasticity. Vesicle exocytosis, upon entry of calcium, releases neurotransmitter mediate synaptic transmission. Efficient endocytosis plays a crucial role in recycling vesicles, and it is also helpful to inhibit swelling of the plasma membrane (Xue and Mei 2011; Gordon and Cousin 2016). Previous studies found that LEV has an effect on vesicle recycling in rat hippocampal slices, implying that LEV might impair vesicle endocytosis (Yang et al. 2015a; Bartholome et al. 2017). However, there is no direct presynaptic evidence of LEV regulation of endocytosis.

STD, which occurs at almost all central nervous system synapses during repetitive firing, is a form of short term plasticity (Regehr 2012). Electrophysiological experiments indicated that LEV causes a mild acceleration of supply rate depression, a form of short-term plasticity caused by the supply of new vesicles during initial epileptic activity, in hippocampal slices and cultured neurons from SV2A^{-/-} mice (García-Pérez et al. 2015). This modulation of

neuronal activity indicated that interaction of LEV with SV2A is likely to explain the phenomenon. Therefore, increasing the effects of depression might suppress epilepsy (García-Pérez et al. 2015; Yang et al. 2015a,b). However, the mechanism of LEV affected STD remains to be elucidated.

The present study was designed to determine the presynaptic regulations of LEV at a large mammalian central synapse, the calyx of Held (Sun et al. 2004; Wu et al. 2005; Schneggenburger and Forsythe 2006; Borst and Soria van Hoeve 2012; Yue and Xu 2014). Here, we found that LEV inhibits slow and rapid endocytosis with high time-resolved membrane capacitance measurement. Furthermore, we report that LEV leads to an augmented steady-state neurotransmission, indicating that LEV enhances STD. However, the RRP replenishment, along with other properties of synaptic transmission, remains intact after LEV treatment. Mechanisms, which indicate LEV might alter the downstream protein of SV2A, are discussed.

2. Investigations and results

2.1. LEV does not affect presynaptic action potential

Transmitter release is triggered by calcium influx through calcium channels, which are activated by AP. To clarify the presynaptic mechanisms of the reduction of synaptic transmission of LEV, in terms of AP involved, we successfully induced a train of APs (success rate: 98 \pm 2 %, n = 6; Fig. 1A) by injecting ten 3-ms pulses of 400 pA current at 100 Hz. After treatment with 100 μ M LEV, the induction of AP trains was also successful (success rate: 97 \pm 2 %, n=8, p=0.7; Fig. 1B). We further investigated the AP waveform in a single current injection. Application of LEV did not affect the half-width (control: 0.61 \pm 0.04 ms, n=6; LEV: 0.62 \pm 0.06 ms, n=8, p=0.9, Fig. 1D) and amplitude of the action potential (control: 99.5 \pm 3.3 mV, n=6; LEV: 96.2 \pm 2.7 mV, n=8, p=0.5, Fig. 1E). These results suggest that LEV does not affect presynaptic AP firing and the AP waveform.

2.2. LEV inhibits both slow and rapid endocytosis

Since LEV did not affect presynaptic AP, we further measured calcium influx, vesicle exocytosis and endocytosis at the

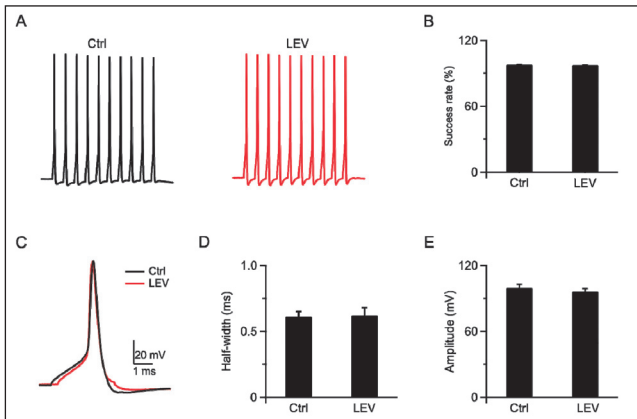


Fig. 1: LEV does not affect presynaptic action potential. (A) Sampled action potentials induced by current injection (3-ms step current of 400 pA at 100 Hz) in the control and LEV group. (B) Statistics for the action potential success rates in the control and LEV group. (C) Sampled action potential waveform induced by single current injection (3-ms step current of 400 pA) in the control and LEV group. (D) Statistics for action potential half-width in the control and LEV group. (E) Statistics for action potential amplitude in the control and LEV group.

presynaptic nerve terminals. Here we determined whether LEV modulates calcium influx and two common observed forms of endocytosis, slow and rapid endocytosis. We applied a 20 ms depolarization pulse ($\text{depol}_{20\text{ms}}$, depolarized from -80 mV to $+10$ mV), which can deplete the readily releasable pool (RRP) and induce a following clathrin-dependent, dynamin-dependent slow endocytosis (Fig. 2A). In controls, $\text{depol}_{20\text{ms}}$ evoked calcium current (ICa) of 2.1 ± 0.1 nA ($n=5$), followed by an increase in membrane capacitance (ΔCm) of 518 ± 71 fF ($n=5$), following exocytosis, endocytosis decayed at the rate ($\text{Rate}_{\text{endo}}$) of 54 ± 6 fF/s ($n=5$). After incubation of $100 \mu\text{M}$ LEV, calcium current (ICa: 1.9 ± 0.1 nA, $n=6$, $p=0.3$, Fig. 2B) and exocytosis (ΔCm : 534 ± 51 fF, $n=6$, $p=0.9$, Fig. 2C) were not affected. However, the $\text{Rate}_{\text{endo}}$ was dramatically decreased to 22 ± 3 fF/s ($n=6$, $p < 0.01$, Fig. 2D). We also measured the net capacitance increase 15 s after the stimulation ($\Delta\text{Cm}_{15\text{s}}$). Our results showed $\Delta\text{Cm}_{15\text{s}}$ increased to 317 ± 34 fF ($n=6$, $p < 0.05$, Fig. 2E) compared to controls (213 ± 17 fF, $n=5$). These effects suggested that LEV inhibits slow endocytosis.

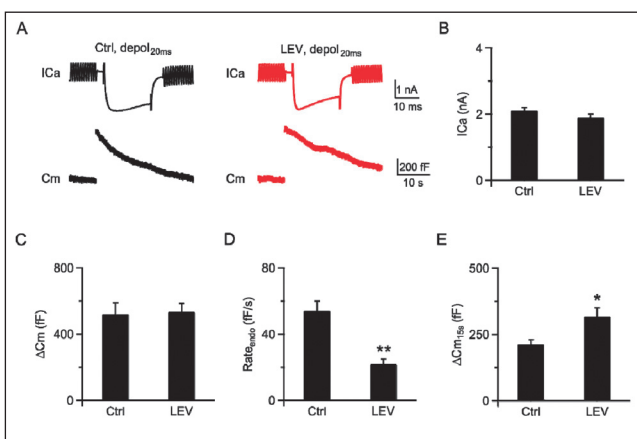


Fig. 2: LEV inhibits slow endocytosis. (A) Sampled presynaptic calcium current (ICa, upper) and membrane capacitance (Cm, lower) induced by $\text{depol}_{20\text{ms}}$ in the control and LEV group. (B-E) Statistics for ICa, ΔCm , $\text{Rate}_{\text{endo}}$, and $\Delta\text{Cm}_{15\text{s}}$ in the control and LEV group, * $p < 0.05$, ** $p < 0.01$.

Next, we investigated whether LEV also affected the rapid endocytosis, which occurs under intense stimulation. By applying 10 depolarization pulses of 20 ms at 10 Hz ($\text{depol}_{20\text{ms} \times 10}$), we induced a larger amount of exocytosis and an additional rapid form of endocytosis, which depends on dynamin but not clathrin (Fig. 3A). In

controls, $\text{depol}_{20\text{ms} \times 10}$ induced a calcium influx (QICa) of 299 ± 27 pC ($n=6$) and a total capacitance jump (ΔCm) of 1540 ± 75 fF ($n=6$). After incubation of $100 \mu\text{M}$ LEV, $\text{depol}_{20\text{ms} \times 10}$ induced a QICa of 309 ± 28 pC ($n=5$, $p=0.8$, Fig. 3B) and a ΔCm of 1417 ± 68 fF ($n=5$, $p=0.3$, Fig. 3C), which were similar to controls. However, the endocytosis rate ($\text{Rate}_{\text{endo}}$) was significantly smaller compared to controls (control: 248 ± 28 fF/s, $n=6$; LEV: 134 ± 18 fF/s, $n=5$, $p < 0.01$, Fig. 3D). Furthermore, the increase in net capacitance 30 s after stimulation in the LEV treatment group was much larger than in the control group (control: 117 ± 33 fF, $n=6$; LEV: 264 ± 58 fF, $n=5$, $p < 0.05$, Fig. 3E), which also confirmed the inhibition of rapid endocytosis after LEV incubation.

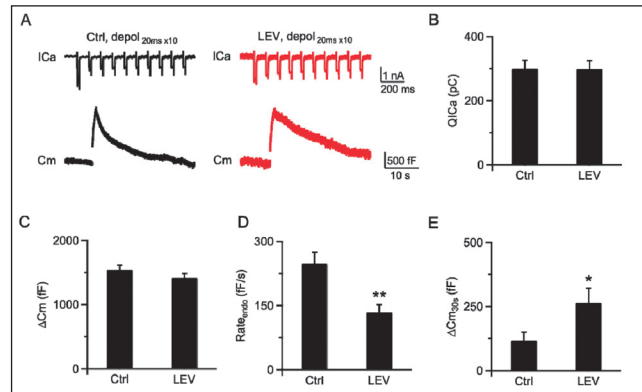


Fig. 3: LEV inhibits rapid endocytosis. (A) Sampled presynaptic calcium current (ICa, upper) and membrane capacitance (Cm, lower) induced by $\text{depol}_{20\text{ms} \times 10}$ in the control and LEV group. (B-E) Statistics for QICa, ΔCm , $\text{Rate}_{\text{endo}}$, and $\Delta\text{Cm}_{30\text{s}}$ in the control and LEV group, * $p < 0.05$, ** $p < 0.01$.

2.3. LEV enhances STD

STD, which is induced by brief bursts of activity, has been reported at the calyx of Held synapse as a form of short-term plasticity (von Gersdorff and Borst 2002; Schneggenburger and Forsythe 2006; Friauf et al. 2015; Baydyuk et al. 2017). A series of experiments indicated that LEV decreases vesicular release during high-frequency, this modulation of neuronal activity represents a form of STD (Yang et al. 2007; Yang and Rothman 2009; Meehan et al. 2011). Thus, we continued to explore the regulation of LEV on STD. At 100 Hz stimulation frequency, our results showed depression that reached a steady-state after ~ 10 stimuli (Fig. 4A). We found the steady state level of depression, average from 11th–20th stimuli, was significantly different for the two groups (Fig. 4B). In controls, steady-state depression was of 31.8 ± 6.4 % ($n=7$) of the initial EPSC magnitude, whereas LEV incubation groups depressed to 17.4 ± 1.2 % of the initial EPSC magnitude ($n=5$, $p < 0.05$, one-way ANOVA, Fig. 4C). Thus, the smaller steady-state level of transmission suggested LEV augments STD dramatically.

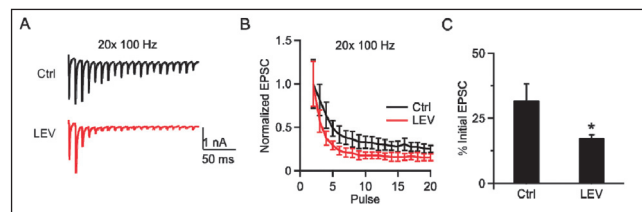


Fig. 4: LEV enhances STD. (A) Sampled EPSC in the control and LEV group. (B) Normalized EPSC in the control and LEV group. (C) Statistics for steady-state EPSC amplitude in the control and LEV group, * $p < 0.05$.

2.4. LEV does not affect RRP replenishment

To further clarify the mechanism underlying the augmented STD by LEV, we examined whether RRP replenishment influences STD.

At various times ($\Delta t = 0.05\text{--}20$ s) after a conditioning 20 ms depolarisation (-80 to $+10$ mV), which depleted the RRP, we applied a 20 ms depolarisation to measure the resulting capacitance jump (ΔC_m), which reflected the recovery of the RRP (Fig. 5A). We also used different intensities of conditioning stimuli, including a single 20 ms depolarisation, and 10 pulses of 20 ms depolarisation delivered at 10 Hz (Fig. 5C). After a 20 ms depolarisation, the RRP recovery could be fitted with a bi-exponential function. We found that the RRP replenishment was unchanged ($\tau_{\text{fast}}=0.20$ s, 56%; $\tau_{\text{slow}}=6.18$ s, 35 %, $n=5\text{--}7$, Fig. 5B) compared with control ($\tau_{\text{fast}}=0.21$ s, 60 %; $\tau_{\text{slow}}=5.83$ s, 31 %, $n=5\text{--}9$). Thus, LEV did not affect RRP replenishment after a 20 ms depolarization.

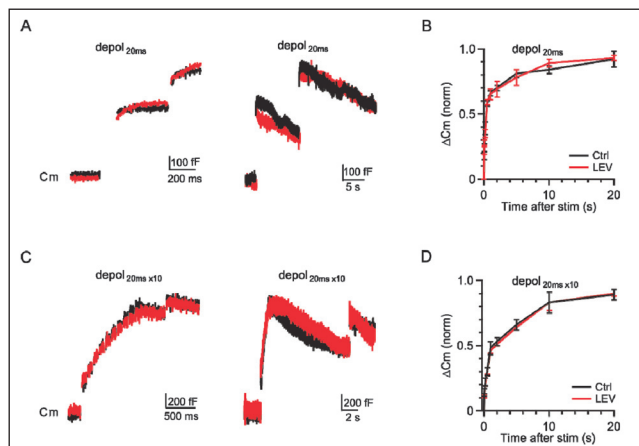


Fig. 5: LEV does not affect RRP replenishment. (A) Sampled C_m induced by a 20 ms depolarization applied at 0.5 (left) or 10s (right) after a conditioning pulse in the control and LEV group. (B) ΔC_m induced by a 20 ms depolarization applied at various intervals after a conditioning 20 ms depolarization in the control LEV group. Data were normalized to the ΔC_m and fit with a bi-exponential function. (C) Similar to A, except that the conditioning stimulus was 10 pulses of 20 ms depolarization at 10 Hz. (D) Similar to B, except that the conditioning stimulus was 10 pulses of 20 ms depolarization at 10 Hz in the control and LEV group.

After 10 pulses of 20 ms depolarisation at 10 Hz, the RRP replenishment could fit the bi-exponential function, with no significant difference between control ($\tau_{\text{fast}}=0.34$ s, 35 %; $\tau_{\text{slow}}=6.25$ s, $A_2=53\%$, $n=5\text{--}7$) and LEV group ($\tau_{\text{fast}}=0.33$ s, 34 %; $\tau_{\text{slow}}=6.89$ s, 57 %, $n=5\text{--}6$, Fig. 5D). Thus, LEV did not affect RRP replenishment after 10 pulses of 20 ms depolarisation at 10 Hz.

3. Discussion

By whole-cell patch-clamp measurements, our experiments extended prior results showing impairment of LEV on synaptic transmission at the calyx of Held, a mammalian nerve terminal. We found LEV inhibited endocytosis and enhanced STD. These findings show crucial regulatory roles of LEV in synaptic transmission and plasticity in the central nervous system. To some extent, our results may offer an explanation for its efficacy as an antiepileptic drug.

When the AP arrived at the nerve endings, it triggers the release of presynaptic glutamate. Therefore, we examined whether LEV can affect presynaptic AP. Studies found that LEV has no effects on voltage-dependent sodium channels and T-type calcium channels in hippocampal neurons (Zona et al. 2001). According to our results, LEV does not regulate AP, which is consistent with previous studies (Fig. 1). APs depolarize the presynaptic membrane by which calcium influxes to trigger neurotransmitter release (Sudhof 2004, 2012). Neurotransmitters are released *via* exocytosis, and following exocytosis, endocytosis is initiated to retrieve vesicles within seconds to minutes. Although previous studies have revealed actions of LEV on ion channels and synaptic transmission, it is still unclear, whether LEV influences endocytosis to reduce excitability (Deshpande and Delorenzo 2014; Wakita et al. 2014; Zona et al. 2001). By real-time endocytosis measurements, we provided direct evidence for the significant inhibitory effects of LEV on slow endocytosis (Fig. 2)

and rapid endocytosis (Fig. 3). Photo-affinity labeling experiments in the rat brain revealed that LEV labeled SV2A (Lynch et al. 2004). Consistent with SV2A being the unique binding site for LEV, LEV is likely to act by modulating the action of SV2A. Our work advances over this previous study. It seems that LEV somehow alters SV2A's interaction with one of its binding partners, which include synaptotagmin, multiple clathrin adapter proteins and calcium/calmodulin-dependent protein kinase II, leading to many possible downstream consequences (Yao et al. 2010). In addition, previous observation suggested mutation of a tyrosine-based endocytosis motif (Y46) in SV2A resulted in dominant effect on synaptic endocytosis (Yao et al. 2010). Besides, a series of works have found SV2A binds to and regulates synaptotagmin into vesicles and synaptotagmin has been proposed to be required for normal vesicle endocytosis (Jorgensen et al. 1995; Poskanzer et al. 2003; Nicholson-Tomishima and Ryan 2004). The results suggested LEV alters SV2A's ability to bind to proteins that influence protein trafficking or localization, for example synaptotagmin. Recent evidence suggested disruption of endocytosis in excitatory neurons suppresses seizures, which was also consistent with our study (Kroll 2015).

Increasing depression at excitatory synapses might be helpful for treating epilepsy, because if there are more inhibitory effects, it will weaken the excitatory feedback in the neural circuit, thereby converting the balance between excitatory and inhibitory synapses to the inhibit one (Galarreta and Hestrin 1998; von Gersdorff and Borst 2002; Kaplan et al. 2003; Fioravante and Regehr 2011). As discussed in the introduction, several studies have found LEV may alter short-term synaptic plasticity, but the details were still under debate. In this study, to explore the mechanism underlying LEV potentiated STD, we examined whether other factors known to regulate STD can explain the results (Schneggenburger et al. 2002; Dutta Roy et al. 2014). First, we excluded the part of the postsynaptic receptor saturation and desensitization in the calyx of Held (Taschenberger et al. 2002). Because we used 1mM KYN to reduce AMPA receptor saturation and desensitization and found similar effects in both control and LEV groups. Second, we excluded the role of the calcium influx (Xu and Wu 2005; Catterall and Few 2008; Nakamura et al. 2008). We performed direct presynaptic whole-cell recordings and found that there was no difference in calcium currents (Fig. 2B). Third, a major mechanism underlying STD during intense stimulation is RRP replenishment, which may determine the degree of STD (Regehr 2012). We measured the time constant and level of the RRP replenishment and found no significant difference between control and LEV groups (Fig. 5). In the LEV treatment group, this indicated a normal rate of vesicle recovery at the calyx of Held synapse, which has a large pool of recycling vesicles (Schneggenburger et al. 2002; de Lange et al. 2003; Qiu et al. 2015). Therefore, we excluded the involvement of the RRP replenishment. Forth, as mentioned above, LEV somehow altered SV2A's interaction with one of its binding proteins, which include synaptotagmin (Yao et al. 2010). LEV treatment of neurons overexpressing SV2A decreased the amount of both SV2 and synaptotagmin at synapses (Nowack 2011). Overexpression of synaptotagmin in developing spinal neurons led to a reduced depression (Morimoto 1998). Our results showed that LEV dramatically augmented STD (Fig. 2 and 3), which was consistent with the finding that LEV might impeded the downstream action of SV2A (García-Pérez et al. 2015; Kaempf et al. 2015; Yang et al. 2015a).

Our results, taken together with other reports, strongly support the particular mechanisms of LEV. The experiments described in this article illustrate that LEV enhances STD and inhibits endocytosis by binding to SV2A. But only a more comprehensive process of vesicle recycling can further clarify the precise molecular mechanism of this effect. Nonetheless, our study might provide an attractive target for designing new antiepileptic drugs.

4. Experimental

4.1. Slice preparation

Sprague-Dawley rats (8-10 days old) of either sex were decapitated to obtain the medial nucleus of the trapezoid body (MNTB) in a low- Ca^{2+} artificial cerebrospinal fluid (ACSF) solution. The ACSF included (in mM): 125 NaCl, 25 NaHCO_3 ,

3 myo-inositol, 2 Na-pyruvate, 2.5 KCl, 1.25 NaH₂PO₄, 0.4 ascorbic acid, 25 glucose, 3 MgCl₂, and 0.05 CaCl₂ (bubbled with 95% O₂ and 5% CO₂). Brain slices (180–200 μm thick) were sectioned using a vibratome (VT 1200s, Leica, Germany), then recovered in normal ACSF with 2 mM CaCl₂ at 37 °C for 1 h. After recovery, the slices were kept at room temperature 22–24 °C.

4.2. Electrophysiology

The presynaptic membrane capacitance measurements were made using an EPC-10 amplifier (HEKA, Lambrecht, Germany). The presynaptic pipette (3–4 MΩ) solution contained the following (in mM): 125 Cs-gluconate, 20 CsCl, 4 Mg-ATP, 10 Na₂-phosphocreatine, 0.3 GTP, 10 HEPES, and 0.05 BAPTA. pH 7.2, adjusted with CsOH, osmolarity: 315–320 mOsm. The series resistance (< 10 MΩ) was compensated by 65% (lag 10 μs).

The postsynaptic EPSC was recorded by an EPC-10 amplifier. The pipette (2–3 MΩ) solution contained the following (in mM): 125 K-gluconate, 20 KCl, 4 Mg-ATP, 10 Na₂-phosphocreatine, 0.3 GTP, 10 HEPES, and 0.5 EGTA. pH 7.2, adjusted with KOH, osmolarity: 315–320 mOsm. The series resistance (< 10 MΩ) was compensated by 95% (lag 10 μs). The EPSC was induced by a 0.1 ms, 2–20 V pulse applied via a bipolar electrode placed at the midline of the trapezoid body. 1 mM kynurenic acid (KYN) was added to the bath solution to relieve AMPA receptor saturation and desensitization.

4.3. Data analysis

The initial rate of endocytosis (Rate_{end}) was measured within 2 s after depolarization with depol_{20ms} or depol_{20msx10}. Measurements of the RRP replenishment time course were similar to previous reports (Wu and Wu 2009). Data were presented as mean±SE, and statistical analysis used a t test unless otherwise noted, and p < 0.05 indicated a significant difference. All the methods were carried out in accordance with the approved guidelines and all animal experimental protocols were approved by the Animal Care and Use Committee of Fudan University.

Conflicts of interest: None declared.

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