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Abstract

Ionic currents and the network-driven patterns they generate differ in immature and adult neurons: The developing brain is not a “small adult brain.” One of the most investigated examples is the developmentally regulated shift of actions of the transmitter GABA that inhibit adult neurons but excite immature ones because of an initially higher intracellular chloride concentration $[Cl^-]_i$, leading to depolarizing and often excitatory actions of GABA instead of hyperpolarizing and inhibitory actions. The levels of $[Cl^-]_i$ are also highly labile, being readily altered transiently or persistently by enhanced episodes of activity in relation to synaptic plasticity or a variety of pathological conditions, including seizures and brain insults. Among the plethora of channels, transporters, and other devices involved in controlling $[Cl^-]_i$, two have emerged as playing a particularly important role: the chloride importer NKCC1 and the chloride exporter KCC2. Here, the authors stress the importance of determining how $[Cl^-]_i$ is dynamically regulated and how this affects brain operation in health and disease. In a clinical perspective, agents that control $[Cl^-]_i$ and reinstate inhibitory actions of GABA open novel therapeutic perspectives in many neurological disorders, including infantile epilepsies, autism spectrum disorders, and other developmental disorders.

Keywords

GABA, excitation/inhibition, neonatal neurons, epilepsies, bumetanide, NKCC1, KCC2, phenobarbital, diazepam, GABA-acting antiepileptic drugs

The aims of this review are to provide a background on the roles of GABAergic signaling in brain maturation and in neurological disorders. GABA, the major inhibitory transmitter, plays a crucial role in controlling neuronal excitability and a wide range of behaviorally relevant oscillations in the brain. GABAergic signaling is unique in that the polarity of its actions depends in part on the intracellular concentration of chloride $[Cl^-]_i$ that is highly labile, leading to depolarizing and even excitatory actions in certain conditions. The initial thrive to these studies was the discovery that during brain maturation, $[Cl^-]_i$ levels are intrinsically higher than in adult neurons with a developmental shift of the actions of GABA. Curiously, a return to an immature state in terms of $[Cl^-]_i$ occurs after seizures, spinal cord lesions, and other pathological conditions. The mechanisms underlying chloride accumulation in immature and pathological neurons are beginning to be unravelled with a different efficacy of chloride cotransporters—notably, NKCC1 and KCC2—that respectively import and export chloride. If GABA depolarizes and excites pathological neurons, then agents that reduce $[Cl^-]_i$ may also be of therapeutic value. Here, we discuss these issues in parallel, stressing the importance of the dynamic plasticity of intracellular

chloride levels. We also review the therapeutic issues, relying on experimental and clinical evidence on actions of diuretics in infantile epilepsies but also in autism spectrum disorders (ASDs).

Developmental Sequence of GABA Actions

GABA Depolarizes and Excites Immature Neurons

Upon binding, GABA triggers conformational changes in GABA_A receptors (GABA_ARs), which function as ligand-gated chloride channels, to facilitate the passive

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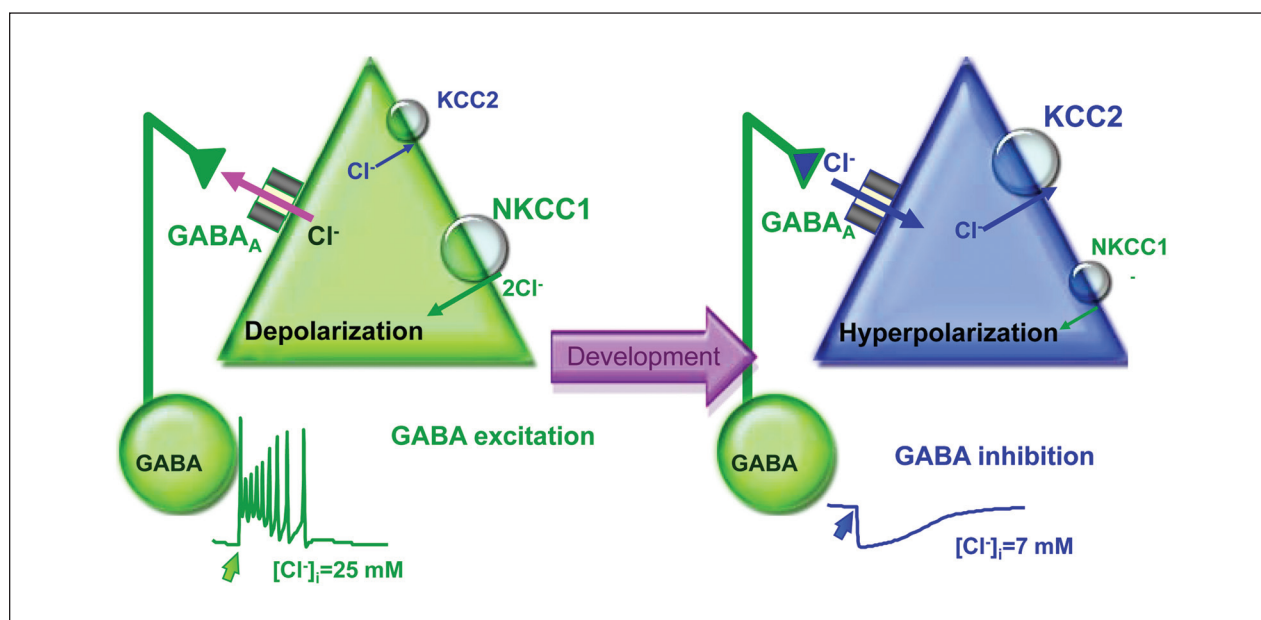


Figure 1. The GABA shift of actions is determined in part by a sequential development of two major chloride cotransporters, NKCC1 and KCC2. The former, which imports chloride, but not the latter, which exports it, is present in utero already. In more adult neurons, KCC2 fully operates, whereas NKCC1 is less active, leading to a higher accumulation of chloride in immature neurons (Ben-Ari and others 2007; also see Yamada and others 2004).

inflow or outflow of Cl^- ions depending on the neuron's equilibrium potential for chloride (E_{Cl^-}). In adult neurons, the level of intracellular chloride $[\text{Cl}^-]_i$ is relatively low, with the reversal potential for Cl^- near the resting membrane potential (V_m); thus, minor changes in $[\text{Cl}^-]_i$ can significantly affect the strength and even polarity of GABA's effects. When $[\text{Cl}^-]_i$ is high, E_{Cl^-} is positive relative to V_m ; GABA_A R activation results in net Cl^- efflux and neuronal depolarization. When $[\text{Cl}^-]_i$ is low, E_{Cl^-} is negative relative to V_m , and GABA_A R activation triggers Cl^- influx and hyperpolarization (Figure 1). The likelihood of action potential generation is increased with depolarization and decreased with hyperpolarization. Generally, low $[\text{Cl}^-]_i$ facilitates GABA-mediated *inhibition*, whereas high $[\text{Cl}^-]_i$ facilitates GABA-mediated *excitation*. However, GABA can depolarize and still inhibit targeted cells via its shunting action (Mohajerani and Cherubini 2005; Banke and McBain 2006).

GABAergic signals operate early, depolarize, and increase intracellular calcium, acting as a major source of excitatory drive. Thus, when neurons are still migrating and before synapses have been formed, GABA is released in a calcium- and *N*-ethylmaleimide-sensitive factor attachment protein receptor (SNARE)-independent way by growth cones and astrocytes and diffused away to activate in a paracrine fashion extrasynaptic receptors (Demarque and others 2002) and modulate neuronal migration (Demarque and others 2002; Komuro and

Rakic 1993; Manent and others 2006; Wang DD and others 2003; Young and others 2010). The absence of an efficient uptake system enables GABA to accumulate in the extracellular space and reach a concentration that is sufficient to exert its depolarizing and excitatory effects on distal neurons. Blocking this depolarizing action in utero heavily affects migration and circuit formation, indicating that GABA modulated these and many other functions at an early stage (Manent and others 2005; Cancedda and others 2007; Wang DD and Kriegstein 2010). In the hippocampus of rodents and primates (in utero), GABAergic signals mature and operate before glutamatergic ones, and this correlates with the level of dendritic arborization (Tyzio and others 1999; Khazipov and others 2001; Ben Ari and others 2007). Three stages of development can be identified: 1) silent neurons with no apical dendrites without functional synapses, 2) GABA-only neurons with small apical and not basal dendrites that express GABA but not glutamate postsynaptic currents (PSCs), and 3) GABA and glutamate neurons with extensive apical and basal dendrites that generate both GABA and glutamate PSCs (Figure 2). This sequence is also respected in GABAergic interneurons, albeit earlier and thus in utero, indicating that interneurons provide all the activity at an early stage (Ben Ari and others 2004; Gozlan and Ben Ari 2003). The vast majority of interneurons have already fully operative synapses at a time when most pyramidal cells are silent (Ben

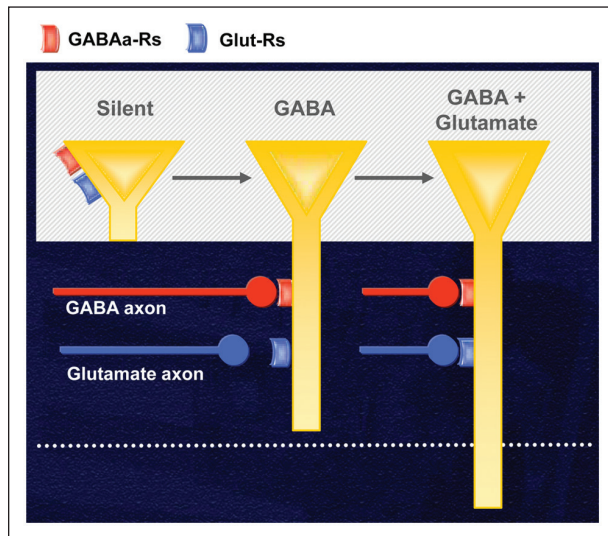


Figure 2. The GABA glutamate developmental sequence in the hippocampus pyramidal neurons were patch-clamp recorded at P0, their GABA and glutamatergic postsynaptic currents (PSCs) recorded, and the neurons subsequently reconstructed morphologically after intracellular injection of biocytine. Note that at the same age, most pyramidal neurons (80%) are silent with no GABA and glutamate PSCs and no dendritic arbor. Approximately 10% of neurons have a small apical dendrite and GABA but not glutamate PSCs, and the remaining neurons have both GABA and glutamate PSCs and large apical dendrites that reach the distal lacunosum molecular region. Clearly, GABAergic synapses are first formed as soon as neurons have an apical dendrite, with the formation of glutamatergic ones requiring apical dendrites that have reached the upper part of the molecular layer. Modified from Tyzio and others (1999); similar observations were made in both GABAergic interneurons (Hennou and others 2002) and primate hippocampal neurons in utero (R. Khazipov, unpublished data, 2001).

Ari and others 2007). Therefore, GABAergic neurons provide the early source of activity in otherwise silent networks.

How are the excitatory actions of GABA generated? In many brain structures, E_{GABA} is below the spike threshold, requiring other devices to trigger sodium spikes. GABAergic PSCs trigger the activation of voltage-gated currents that enable reaching the spike threshold (Valeeva and others 2010; Cherubini and others 2011). As the spike threshold differs in different types of immature neurons, GABA will depolarize some neurons and excite others (Rheims and others 2008; also see Banke and McBain 2006). GABA can also trigger calcium currents and remove the voltage-dependent magnesium block from *N*-methyl-D-aspartate (NMDA) receptors (Leinekugel and others 1997; Ben-Ari and others 1997), thus allowing calcium entry and activation of second messengers and a wide range of trophic actions (Leinekugel and others 1997; Garaschuk and

others 2000; Yuste and others 1995). It has been suggested that this sequence enables neurons at very different development stages to fire together because of the long-lasting duration of the currents generated by GABA and NMDA receptors in immature neurons (Ben-Ari 2001, 2002; Cherubini and others 2011).

A Unique Polarity Shift during Delivery

The dramatic and transient hyperpolarizing shift during delivery constitutes a particularly striking illustration of the biological relevance of the GABA developmental sequence (Tyzio and others 2006; see Figure 3). Using single-channel recordings to determine E_{GABA} from embryonic to postnatal periods, a dramatic reduction of $[\text{Cl}^-]_i$ has been observed shortly before and after delivery. This shift, which is mediated by oxytocin receptors that triggers labor, is abolished by a selective oxytocin receptor antagonist. Oxytocin-mediated reduction of $[\text{Cl}^-]_i$ exerts neuroprotective actions, reducing the severity of anoxic episodes (Tyzio and others 2006). It also exerts analgesic actions, increasing the threshold of pain reactions and reducing electrical signals in pain pathways (Mazzuca and others 2011). Both effects are mediated by alterations of $[\text{Cl}^-]_i$ and mimicked by diuretics that reduce $[\text{Cl}^-]_i$. Interestingly, vaginal-delivered babies are less sensitive to pain than babies delivered by cesarean section (Bergqvist and others 2009; see Figure 4). These observations have important clinical implications, considering the importance of pain and anoxic episodes in long-term sequels of delivery-related insults. They also suggest that the regulation of GABA polarity during delivery is an important biological signal.

Early Correlated Network Activity in the Immature Hippocampus

Correlated neuronal activity occurring at late embryonic, early postnatal stages of development represents a hallmark of developmental circuits, well preserved during evolution (Ben-Ari and others 2007). It can be detected in almost every brain structure, including the retina (Feller and others 1997; Galli and Maffei 1988), neocortex (Yuste and Katz 1991; Owens and others 1996; Dammerman and others 2000; Maric and others 2001), hippocampus (Ben-Ari and others 1989), hypothalamus (Chen and others 1996), cerebellum (Eilers and others 2001), spinal cord (Ritter and others 1999; Wang J and others 1994), and many other brain regions (Ben Ari and others 2007). This early synchronized activity, which may differ in its specific pattern among different brain regions, is crucial for synaptic wiring and refinement of local neuronal circuits according to the Hebbian rule that "neurons that fire together wire together."

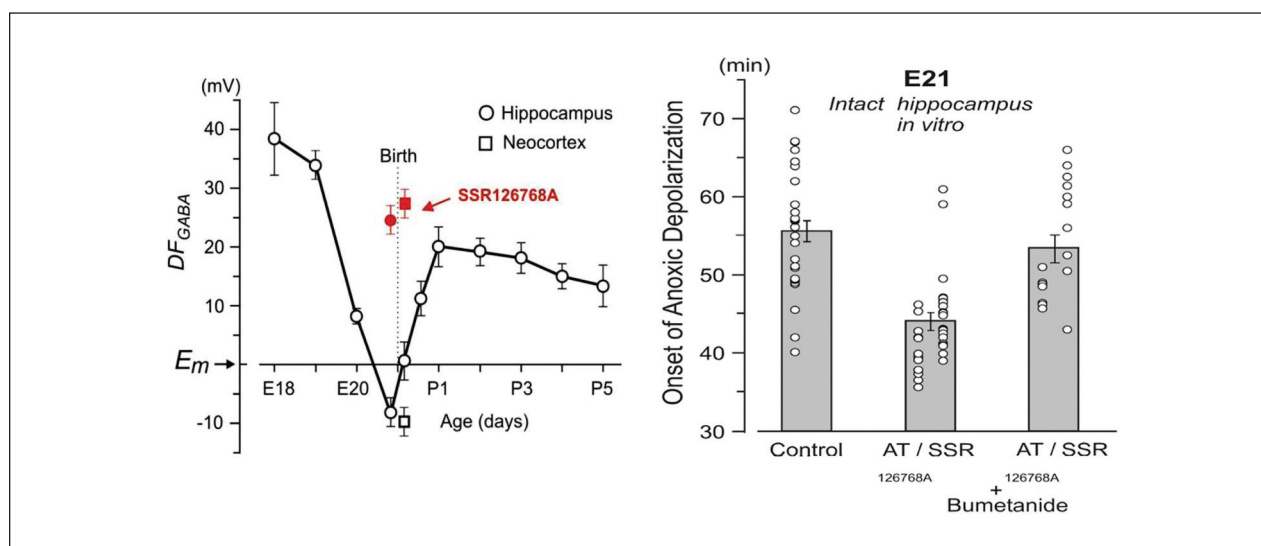


Figure 3. A dramatic transient shift of GABA actions during the delivery period. (A) The alterations of the driving force of GABA (DF_{GABA}) determined with single *N*-methyl-d-aspartate (NMDA) and GABA channel recordings are depicted on the ordinates and the age in the abscissa. Note the transient abrupt loss of intracellular chloride to very low values that are never observed afterward. Note that administration of an antagonist of oxytocin receptors alleviates this shift, indicating that this is mediated by oxytocin signals; in keeping with this, the antagonist has no effects two days later when endogenous oxytocin levels are low. (Tyzio and others 2006). (B) The onset of anoxic depolarization obtained by long-lasting anoxic episodes on intact hippocampi in vitro is faster when oxytocin receptors have been blocked. Therefore, oxytocin, by reducing ongoing activity and intracellular chloride levels, also acts as a neuroprotective agent. Adapted from Tyzio and others (2006).

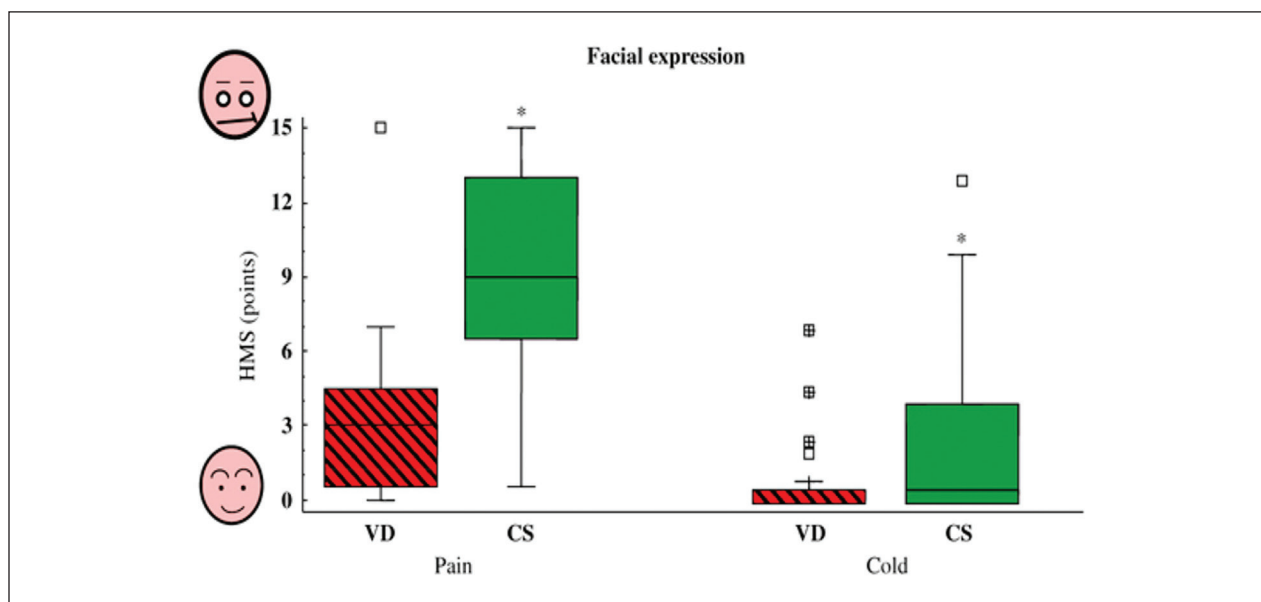


Figure 4. Facial reaction to painful cold stimuli of newborns differs in babies delivered vaginally (VD) and by cesarean section (CS). The reactions are significantly more severe in babies delivered by cesarean section than in babies delivered vaginally. Adapted from Bergqvist and others (2009). * = significant difference.

In the hippocampus, during the first week of postnatal life, the so-called giant depolarizing potentials or GDPs (Figure 5; Ben-Ari and others 1989) constitute a primordial form of synchrony between neurons, preceding more

organized forms of activity such as theta and gamma rhythms (Buzsaki and Draguhn 2004). They have been proposed to be the in vitro counterpart of “sharp waves” recorded in rat pups in vivo during immobility periods,

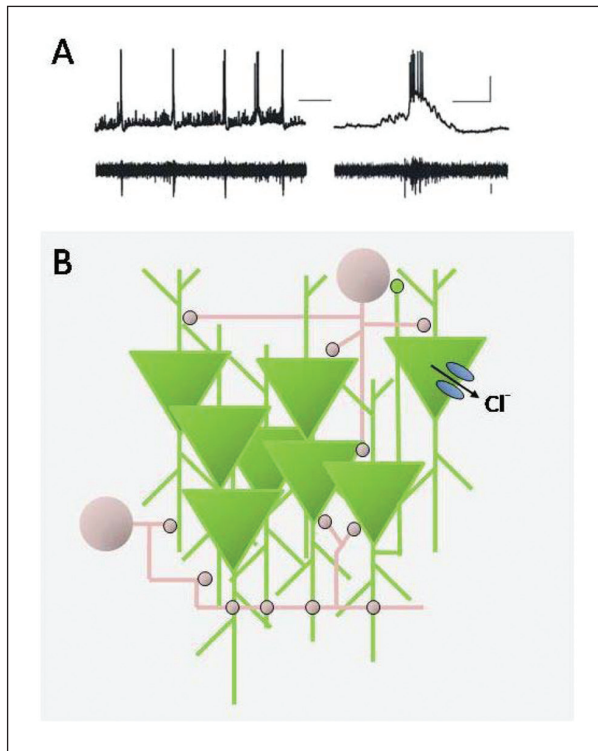


Figure 5. Giant depolarizing potentials (GDPs) are generated within a local network by the interplay between GABAergic and glutamatergic neurons. (A) Concomitant gramicidin-perforated patch clamp (upper trace) and field potentials recordings (lower trace) from a P6 CA3 pyramidal cell. On the right, a GDP is shown on an expanded time scale. (B) Schematic drawing showing interconnected pyramidal cells (green) and GABAergic interneurons (pink). GABA, released from GABAergic interneurons, binds and opens GABA_A receptors (in blue), leading to an outwardly directed flux of chloride, which depolarizes principal cells.

sleep, and feeding (Leinekugel and others 2002). GDPs are characterized by long-lasting recurrent depolarizations up to 50 mV in amplitude, giving rise to bursts of action potentials and separated by silent periods. This discontinuity pattern is highly reminiscent of the “tracé discontinu” first described by Dreyfus-Brisac in electroencephalograms of immature babies (Stockard-Pope and others 1992). A similar pattern of activity also has been detected in the hippocampus of fetal macaque during the second half of gestation (R. Khazipov, unpublished data, 2001).

The appearance of GDPs is preceded by a well-defined sequence of events. At late embryonic stages of development, uncorrelated spontaneous activity consisting of calcium action potentials occurs in cortical structures. Synchronous activity emerges at birth: This is generated first by spontaneous plateau assemblies or SPAs and later by synaptic-driven events (GDPs and early network oscillations or ENOs). SPAs are nonsynaptic membrane oscillations generated by the activation

of intrinsic membrane conductances in small groups of neurons coupled by gap junctions (Crepel and others 2007). They occur primarily during delivery and are modulated by oxytocin, in parallel with the transient shift of GABA actions (Tyzio and others 2006). As the network matures, SPAs are down-regulated possibly via CREB signaling and the activation of NMDA receptors that reduce connexins (Arumugam and others 2005). The down-regulation of SPA coincides with the appearance of GDPs. These are generated by the synergistic action of glutamate and GABA, which, as already mentioned, orchestrates neuronal ensembles via its depolarizing and excitatory action (Cherubini and others 2011; Ben-Ari 2002). GDPs disappear toward the end of the second postnatal week in concomitance with the shift of GABA from the depolarizing to the hyperpolarizing direction (Ben-Ari and others 1989). ENOs, initially thought to constitute the cortical counterpart of hippocampal GDPs, have been shown to precede and coexist during a restricted period of time with GDPs (Allene and others 2008; Allene and Cossart 2010b). ENOs are low-frequency oscillations displaying slow kinetics that gradually involve the entire network, whereas GDPs are recurrent oscillations that repetitively synchronize local neuronal assemblies. ENOs have different reversal potentials than GDPs—with a more substantial participation of NMDA receptor-driven currents (Figure 6; Allene and Cossart 2010a)—and are facilitated by anoxic conditions, raising the possibility that they may be relevant to pathological situations (Allene and Cossart 2010b). Interestingly, the maturation of NMDA signaling that controls immature patterns may recruit AMPA receptors, thereby converting postsynaptically silent connections into active ones (Voronin and Cherubini 2004). Interestingly, when both SPAs and GDPs are present at intermediary developmental stages, GDPs switch off SPAs (Crepel and others 2007).

How Are GDPs Generated?

GDPs require the synchronous activation of a relatively small number of cells. At least in the CA3 area, they can be still detected in small islands comprising hundreds of neurons, isolated from the rest of the hippocampus (Khazipov and others 1997; Garaschuk and others 1998; Bolea and others 1999). They involve the activation of both principal cells and interneurons, which, by releasing GABA and glutamate at resting membrane potential, activate GABA_A, NMDA, and AMPA receptors (Ben-Ari 2002; Bonifazi and others 2009). At the network level, however, GDPs express both components, although the magnitude of the GABAergic conductance exceeds that of the glutamatergic one (GDP reversal is close to E_{GABA_A}) (Ben-Ari and others 1989; Bolea and others 1999). The

glutamatergic component can be unveiled by blocking the GABAergic one by loading the cell with an intracellular solution containing potassium fluoride, which only poorly permeates GABA_A receptor channels. In this condition, GDPs reverse polarity at a membrane potential close to the equilibrium potential for AMPA receptor-mediated responses (E_{AMPA}) (Bolea and others 1999). The two components of GDPs can be examined by holding two neighboring pyramidal neurons at E_{GABA} (fixed at -70 mV) and E_{AMPA} (~ 0 mV), respectively. With this procedure, it becomes clear that the GABAergic component always precedes the glutamatergic one by several milliseconds, suggesting that principal cells are driven by GABAergic interneurons (Mohajerani and Cherubini 2005). Furthermore, using network dynamics imaging, online reconstruction of functional connectivity, and targeted whole-cell recordings from immature hippocampal slices, it was recently demonstrated that GABAergic interneurons with large axonal arborizations operate as functional hubs able to synchronize large ensembles of cells (Bonifazi and others 2009). These neurons appear also to have been generated earlier than other interneurons (Picardo and others 2011), suggesting that the developmental sequence includes a specific timing of leader and follower cells with subtypes of GABAergic interneurons programmed to control the generation of network activities.

In analogy with the synchronized activity generated in the disinhibited hippocampus (De la Prida and others 2006), GDPs emerge when a sufficient number of cells fire and the excitability of the network attains a certain threshold within a restricted time window. Simultaneous recordings from pairs of CA3 pyramidal neurons have shown a concurrent increment in the instantaneous firing frequency previous to GDP onset, which correlates with an increased frequency of spontaneously occurring synaptic events (De la Prida and Sanchez-Andres 1999). Although the entire hippocampal network possesses the capacity to generate GDPs, the CA3 area is particularly well equipped because of its extensive glutamatergic recurrent collaterals and spontaneous intrinsic bursts that can drive other neurons to fire (Sipila and others 2005; Safiulina and others 2008). In addition, the activation of extrasynaptic GABA_A receptors by ambient GABA generates a tonic GABA_A-mediated conductance that contributes to depolarizing the neurons (Sipila and others 2005) and enhancing cell excitability and glutamatergic drive to principal cells (Marchionni and others 2007). An additional contributing factor is the low expression of Kv7.2 and Kv7.3 channels responsible for the non-inactivating, low-threshold M current (I_{M}) that in adulthood controls spike after-depolarization and burst generation (Yue and Yaari 2004). The low density of I_{M} at birth contributes to produce intrinsic bursts that, in

comparison to adults, are more robust, last longer, and recur more regularly (Safiulina and others 2008).

In neonates, thalamocortical oscillations that occur at a faster pace than GDPs are generated by an interplay of depolarizing and hyperpolarizing conductances and notably the slow hyperpolarization-activated cation current I_{h} , carried by HCN channels (Pape 1996). I_{h} , however, is not essential for GDP generation since synchronous oscillations occur also in neurons lacking HCN channels (Bender and others 2005). GDPs typically terminate by a slow after-hyperpolarization (AHP), lasting a few seconds and mediated by calcium-activated potassium conductances (Ben-Ari and others 1989; Sipila and others 2006). In addition to AHP, other factors may contribute to the observed periodicity, including a delayed activation of GABA_B receptors by GABA (De la Prida and others 2006; McLean and others 1996; Fiorentino and others 2009).

The Cation-Chloride Cotransporters NKCC1 and KCC2 Affect GABA Signaling via Regulation of Neuronal Chloride Homeostasis

Clearly, the level of $[\text{Cl}^-]_{\text{i}}$ is crucial for proper GABAergic signaling. What regulates neuronal $[\text{Cl}^-]_{\text{i}}$? The cation-chloride cotransporters (CCCs) are intrinsic membrane proteins that transport Cl^- ions, together with Na^+ and/or K^+ ions, in an electroneutral manner due to the stoichiometric coupling and directionality of translocated ions. Therefore, members of this family are prime regulators of neuronal $[\text{Cl}^-]_{\text{i}}$.

The Na-(K)-Cl CCCs (NCC, NKCC1, and NKCC2), by using the large inward gradient for Na^+ across cell membranes, load Cl^- to raise $[\text{Cl}^-]_{\text{i}}$ above its electrochemical equilibrium. Four different K-Cl CCCs (KCC1, KCC2, KCC3, and KCC4), using the large outward gradient for K^+ across cell membranes, primarily mediate Cl^- efflux, reducing $[\text{Cl}^-]_{\text{i}}$ below its equilibrium potential. The relative activities of the Cl^- -importing versus Cl^- -exporting CCCs determine the overall level of $[\text{Cl}^-]_{\text{i}}$ in numerous cell types, thereby playing key roles in the regulation of neuronal excitability, cell volume, epithelial solute, and water transport. In neurons, the ubiquitous bumetanide-sensitive NKCC1 and the neuronal-specific KCC2 are the primary Cl^- importer and exporter, respectively (Figure 2).

In embryonic and early postnatal life, NKCC1 activity is robust in hippocampal neurons, which display minimal activity of KCC2, resulting in a positive E_{Cl^-} relative to V_{m} such that the GABAR mediates an outwardly directed Cl^- current, prompting neuronal depolarization. Neuronal

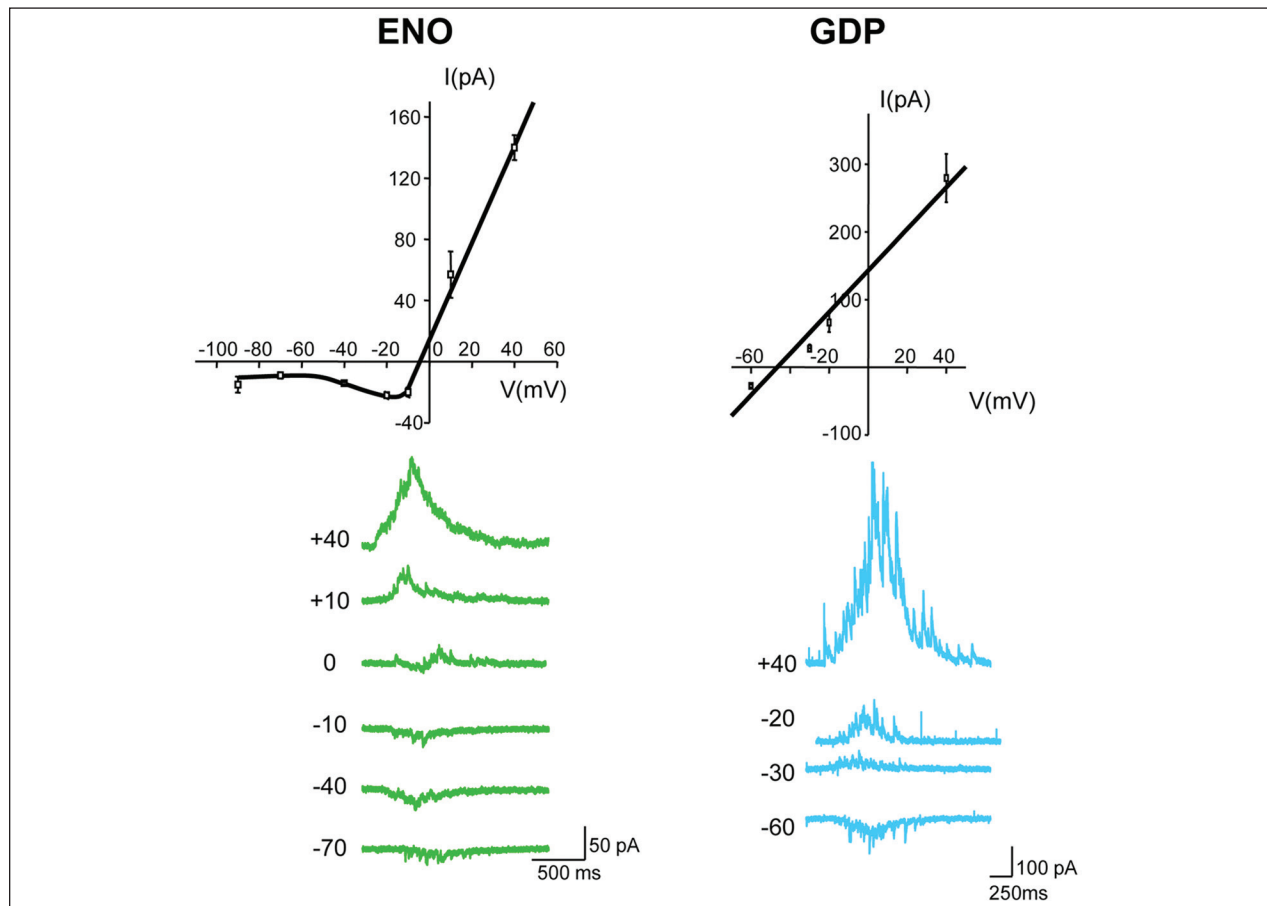


Figure 6. Major differences between the reversal potential of genuine giant depolarizing potentials (GDPs) and early network oscillations (ENOs). With patch-clamp recordings, the reversal potential was determined for GDPs and ENOs generated spontaneously by immature neocortical slices. Note that the GDPs have a linear I/V curve that reverses around 45 mV, whereas ENOs reverse at potentials that are closer to 0 mV, suggesting a higher implication of glutamatergic signaling in the latter than in the former. In keeping with this, the I/V curves are linear for GDPs and a typical plateau slope corresponding to the contribution of *N*-methyl-D-aspartate (NMDA) receptor-mediated currents for the ENOs. Adapted from Allene and others (2008) and Allene and Cossart (2010a).

Cl^- efflux is mediated largely by KCC2, which is expressed at very low levels at birth, but in the adult is active in the retina, cortex, cerebellum, and the dorsal horn of the spinal cord. A negative shift in the GABA reversal potential (E_{GABA}) is paralleled by a robust increase in KCC2 expression near the end of the second postnatal week in rat cortical neurons (Rivera and others 1999). KCC2 expression in the human neocortex begins to increase at 40 weeks after conception and, coupled with a concurrent decrease in functional NKCC1 activity, results in an E_{Cl^-} that is negative relative to the neuron's V_m , thereby rendering GABAergic signals hyperpolarizing (Dzhala and others 2005). However, further physiological experiments are required to quantify the extent of functional reduction of NKCC1 activity in adults.

The Na-K-2Cl and K-Cl cotransporters are regulated in reciprocal fashion by serine-threonine phosphorylation/

dephosphorylation. Cell swelling, high $[\text{Cl}^-]_i$, and protein phosphatases stimulate the KCCs but inhibit NKCC1 by promoting their net dephosphorylation, with an overall effect of decreasing $[\text{Cl}^-]_i$. By promoting cotransporter phosphorylation, cell shrinkage, low $[\text{Cl}^-]_i$, and protein phosphatase inhibitors activate NKCC1 and inhibit the KCCs, thereby increasing $[\text{Cl}^-]_i$. Protein phosphorylation is likely the predominant mechanism by which the *dynamic* modulation of CCC function takes place (Figure 7).

Recent studies have established the (WNK) serine-threonine kinases (members of which are mutated in two different Mendelian disorders: a syndrome of NaCl-sensitive hypertension termed pseudohypoaldosteronism type II and hereditary sensory and autonomic neuropathy type II [HSANII]) as central key Cl^- -sensitive regulatory kinases of the NKCC1 and KCC2 cotransporters (Kahle and others 2012). WNK kinases *activate* NKCC1 by

inhibition (Balena and Woodin 2008). This is mediated by a decrease in the function of the neuron-specific $\text{K}^+\text{-Cl}^-$ cotransporter KCC2, leading to an increase of $[\text{Cl}^-]_i$. This pairing-induced depolarization of E_{GABA} requires Ca^{2+} influx through both the L-type voltage-gated Ca^{2+} channels and *N*-methyl-D-aspartic acid receptors (Balena and Woodin 2008), confirming their relevance to more conventional modes of synaptic plasticity.

It is therefore important to determine the dynamic chloride regulation (DCR) in various conditions. This is by no means a simple task and raises several fundamental issues as it is age, neuronal type, and even neuronal compartment dependent (Yamada and others 2007; Foldy and others 2010). In addition, although little information is available at present, it is likely that the plethora of interneurons types with their different genetic fate and properties (Tricoire and others 2011; Butt and others 2005; Picardo and others 2011) have different dynamic chloride regulations. Discussing these fundamental issues is beyond the scope of this review, but a few remarks should be emphasized.

To determine DCR, it is necessary to load the cell with chloride and measure how fast chloride returns to control values. Usually, GABA is applied repetitively from a pipette localized close to the recorded neurons (in a perforated patch) at a holding potential corresponding to E_{Cl^-} . Then a large depolarizing pulse (from E_{Cl^-} to 0 mV) is applied, and the time for GABA responses to reach E_{Cl^-} is determined. This approach shows that immature neurons require a longer period to return to control levels than adult ones, suggesting that the chloride cotransporters are not as efficient at early stages (Nardou and others 2011). In addition, the relatively specific KCC2 antagonist (DIOA) augments this duration, suggesting a less efficient KCC2 action. Additional factors and mechanisms are likely including more efficient chloride import and/or other undetermined mechanisms. Therefore, it is safe to conclude that the dynamic regulation of chloride is variable and strongly dependent on the ongoing activity generated by neurons, thereby limiting the intrinsic values of measures of the more static parameters of GABA reversal potential. In addition, extensive reviews have been published on the tonic GABAergic component, an important parameter present in immature neurons that also provides a substantial source of GABAergic activity (Sebe and others 2010; Mody and Pearce 2004; Glykys and Mody 2007; Farrant and Nusser 2005).

Polarity of GABA Actions in Disease

High $[\text{Cl}^-]_i$ Levels and Depolarizing Actions of GABA in Epileptic Neurons

If the polarity of GABA is heavily dependent on ongoing neuronal activity, pathological episodes of enhanced activity are likely to persistently alter the actions of

GABA. Early in vivo (Ben-Ari and others 1979) and in vitro observations (Schwartzkroin and Prince 1980) suggest a high degree of fragility of GABAergic inhibition to seizures.

Using hippocampal slices from the temporal lobe of patients with epilepsy, Miles and coworkers have shown that GABA depolarizes about 30% of neurons, notably in the subiculum, where recurrent synchronized interictal-like activities are recorded in vitro and in vivo (Cohen and others 2002). Similar excitatory actions of GABA have been reported in vitro using a variety of convulsive agents and procedures (Dzhala and Staley 2003; Yamada and others 2004; Quilichini and others 2003). An important issue is the relevance of the lasting applications of drugs and conditions used to determine the “chronic” alterations of GABA polarity. Indeed, long-lasting (hours) applications on slices of high K^+ or 0 Mg^{++} do not necessarily mimic the sequels of recurrent seizures and their chronic actions. Additional concerns are the use of bath applications of GABA analogues to determine GABAergic inhibition that produce strong shunting actions, chloride imaging techniques that have important limitations (notably pH sensitivity), and possible interactions between epileptic agents and tested antiepileptic agents. To avoid these issues, a triple chamber has been developed that enables one to apply a convulsive agent to one intact hippocampus placed in one chamber and determine the effects of propagated seizures on the other intact hippocampus that has not been subjected to long-term applications (Khalilov and others 1997). In addition, single GABA and NMDA channel recordings provide unambiguous measures of DF_{GABA} and V_{rest} , respectively. In this preparation, recurrent seizures lead to the formation of an epileptogenic mirror focus (MF) that generates seizures spontaneously. In MF neurons that have never been subject to epileptic agents, GABA depolarizes and excites neurons and generates spontaneous seizures, indicating that the propagation of seizures to naive neurons is sufficient to persistently augment $[\text{Cl}^-]_i$ (Khalilov and others 2003; Khalilov and others 2005). This preparation is highly suited to determine the conditions required for seizures to beget seizures. It was found that recurrent seizures that propagate from one hippocampus to the other will trigger the formation of an MF only when high-frequency oscillations are included in the seizures. This in turn is conditioned by the presence of functional GABA and NMDA signals, indicating that GABA and NMDA receptor-driven currents converge to generate high-frequency oscillations required to induce the long-term effects of seizures (Khalilov and others 2003; Khalilov and others 2005; see Figure 8).

Dynamic phosphoregulation of KCC2 has recently been shown to be associated with pathophysiological glutamate release and seizures. For example, S940 phosphorylation regulates KCC2 functional expression under

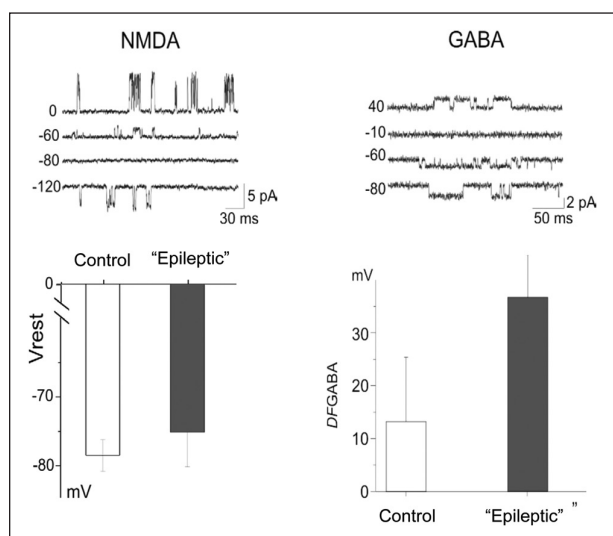


Figure 8. Single *N*-methyl-d-aspartate (NMDA) and GABA channel recordings from naive and epileptic neurons from mirror foci in the intact hippocampus. Note that NMDA channels are not different, whereas GABA channels have a significantly more depolarized DF_{GABA} , suggesting a stable depolarizing GABA in epileptic neurons with few changes in the resting membrane potential. Adapted from Khalilov and others (2003) and Khalilov and others (2005).

conditions of excessive neuronal activity (Lee and others 2011). NMDA receptor activity and Ca^{2+} influx cause the protein phosphatase 1-dependent dephosphorylation of Ser940 in rat neurons, leading to a loss of KCC2 function that coincides with a deficit in hyperpolarizing GABAergic inhibition. Blocking dephosphorylation of Ser940 reduces glutamate-induced down-regulation of KCC2 and substantially improves the maintenance of hyperpolarizing GABAergic inhibition (Lee and others 2011). In addition, tyrosine phosphorylation at residues Y1081 and Y903 within KCC2 has been shown to reduce the stability of KCC2 by promoting lysosomal degradation and induction of status epilepticus in mice. Tyrosine phosphorylation regulates the membrane trafficking of the potassium chloride cotransporter KCC2 (Lee and others 2010). Collectively, these data demonstrate that alterations in both serine-threonine and tyrosine phosphorylation of KCC2 might play key roles in the losses of KCC2 function that underlie depolarizing GABA signaling in status epilepticus and other forms of epilepsy.

Although a wide range of mechanisms could mediate changes in $[Cl^-]_i$, usually these involve the chloride importer NKCC1 and the chloride exporter KCC2. Both an increased activity of NKCC1 and a down-regulation of KCC2 have been observed in experimental and human epileptic neurons. Thus, in neurons from human epileptic tissue, the depolarizing actions of GABA are associated with a reduced KCC2 immunolabeling, suggesting a reduction of KCC2 (Huberfeld and others 2007). Also, oocytes transfected with

mRNA from the subiculum of epileptic patients exhibit an anomalous expression of both chloride cotransporters (Palma and others 2006; Eusebi and others 2009). Using various procedures to generate seizures and cotransporter blockers in slices, contradictory observations have been made, with some putting forward an up-regulation of NKCC1 and others a down-regulation of KCC2. Using long-lasting applications of 0 Mg^{++} , Dzhalal and coworkers (2010) reported that bumetanide prevented chloride accumulation with recurrent seizures and reduced subsequent seizure severity. These authors also reported positive actions of the diuretic *in vivo* after injections of kainate, but the effects of the diuretic *in vivo* were quite limited and manifested primarily by a reduction of the power spectra of electroencephalogram (EEG) seizures and not by the clinical manifestations. Other studies *in vitro* provided contradictory observations on the effects of the diuretic in different models (Zhu and others 2008; Margineanu and Klitgaard 2006; Kilb and others 2007; Dzhalal and others 2010; Dzhalal and others 2005). In the triple chamber, chloride removal after loading is slowed down, and there is a loss and internalization of KCC2 in epileptic neurons of the mirror focus (Khalilov and others 2003, 2005; Nardou and others 2011). Although a contribution of NKCC1 cannot be excluded, NKCC1 is neither necessary nor sufficient for these shifts to take place since they are observed in NKCC1 KOs (Nardou and others 2011). Parallel studies have provided a mechanistic substrate to the alterations of chloride cotransporters. Thus, enhanced activity and recurrent seizures reduce KCC2, and this is mediated by a tyrosine phosphorylation that controls protein trafficking (Lee and others 2010; Rivera and others 2004; Rivera and others 2002). Similar regulatory sites for NKCC1 have been reported (Darman and others 2001) as well as alterations of NKCC1 mRNA (Okabe and others 2002; see also Sen and others 2007). Interestingly, in contrast to recurrent seizures, single events activate KCC2 activity and augment the efficiency of chloride removal (Khurug and others 2010), suggesting that the down-regulation and intracellular trafficking of KCC2 (also see below) require recurrent, not single, seizures, thereby differentiating seizures and epilepsy. Therefore, the plasticity of GABA polarity is clearly an important factor in the long-lasting sequels of seizures and how these beget further seizures, but the mechanisms underlying these alterations of chloride cotransporter regulation deserve more investigations.

GABA Excites Neurons in Other Pathological Conditions

Chloride regulation is also perturbed in many other insults. Thus, dorsal root ganglion neurons isolated from axotomized sciatic nerves have elevated chloride levels due to an up-regulation of NKCC1 (Pieraut and others 2007). The depolarizing actions of GABA are suggested to

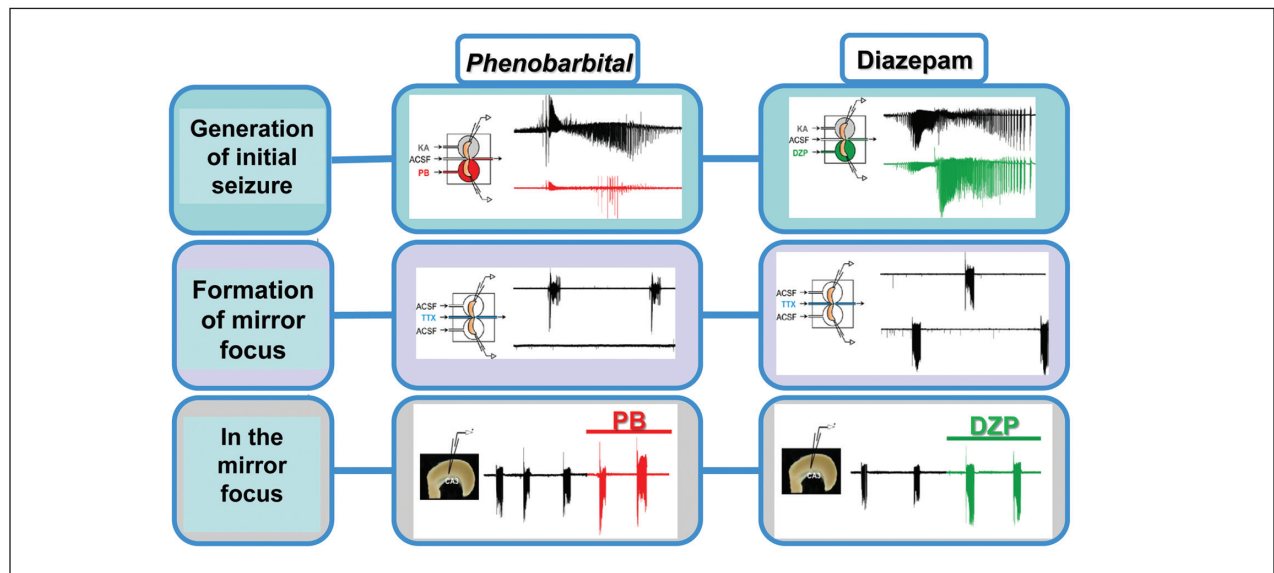


Figure 9. Comparison of diazepam (DZP) and phenobarbital (PB) on the triple chamber with the two intact hippocampi in vitro. Kainate was applied to one hippocampus and the consequences of the contralateral intact hippocampus that did not receive a convulsive agent determined. After recurrent seizures, the naive hippocampus became an epileptogenic mirror focus (MF) that generated ongoing seizures. Note that DZP aggravated initial seizures, failed to prevent the formation of an MF, and aggravated the seizures generated by the MF. In contrast, PB blocked the initial seizures and prevented at least transiently the formation of an MF but aggravated seizures in the MF. Adapted from Nardou and others (2011).

promote growth. A down-regulation of KCC2 and associated chloride shift has been reported after spinal cord lesions; these contribute to spasticity (Boulenguez and others 2010). Ischemic insults and brain trauma also lead to similar shifts (Shulga and others 2008; Papp and others 2008), suggesting that a variety of insults are associated with a similar response that possibly contributes to reactive plasticity. Furthermore, in transgenic mice chronically deprived of nerve growth factor (NGF) exhibiting a progressive neurodegenerative pathology resembling that observed in patients with Alzheimer disease (AD), GABA becomes depolarizing and excitatory. Real-time qRT-PCR and immunocytochemical experiments revealed a reduced expression of mRNA encoding for the *Kcc2* gene and of the respective protein (Lagostena and others 2010).

Therapeutic Perspectives

Antiepileptic Drugs and Epilepsy Treatment

The GABA-acting antiepileptic drug (AED) phenobarbital (PB) is the drug of first choice to treat neonatal seizures (Wheless and others 2007; Bassan and others 2008). Yet, these drugs often either fail to block seizures or even aggravate them (Boylan and others 2002; Guillet and Kwon 2007). These observations suggest that the excitatory actions of GABA mediate the paradoxical actions of GABA-acting AEDs and raise considerable interest in the possible therapeutic actions of diuretics that, by reducing $[Cl^-]_i$, facilitate the antiepileptic actions of PB and related drugs.

One study showed that PB blocked the first ictal event generated by 0 Mg^{++} but not later ones, and bumetanide augmented the efficacy of PB actions of subsequent seizures (Dzhala and others 2008). These authors suggest that a combined use of PB and diuretics may improve the loss of efficacy of the former. In the triple chamber, bumetanide failed to prevent the formation of a mirror focus by seizures but reduced the severity of seizures spontaneously generated by an MF, suggesting that recurrent seizures overcome the protective actions of bumetanide on chloride. Bumetanide, however, had protective actions when applied at an early stage, confirming the need for rapid and aggressive treatment of seizures in the developing brain to avoid a down-regulation of KCC2 and a persistent accumulation of chloride (Nardou and others 2011; see Figure 9). Therefore, the history of seizures prior to bumetanide administration will condition its efficacy.

A large clinical trial on two-day-old babies with encephalopathy is presently being performed in Europe (www.nemo-europe.com). The inclusion criteria are phenobarbital-refractory epileptic encephalopathy in two-day-old babies with an indication to inject bumetanide in addition to phenobarbital. A somewhat similar trial has been initiated in the United States. These trials are important as they will confirm or refute the clinical relevance of NKCC1 antagonists in the treatment of epilepsies. Yet, as the timing of the administration appears to be instrumental, restricting the use of bumetanide to phenobarbital-resistant epilepsies may lead to negative results.

Box 1. Challenging the GABA Developmental Sequence

The developmental sequence of GABA has been challenged on the basis of three different arguments/experiments:

1. The depolarizing action of GABA is a slice artifact being mediated by the lesion that slice preparation entrains (Dzhala and others 2010). However, recordings from embryonic to adult slices, including from surface neurons using single GABA and *N*-methyl-D-aspartate (NMDA) channel recordings, show a clear-cut developmental sequence that cannot be explained by surface lesions (Tyzio and others 2003; Tyzio and others 2006). This argument cannot be reconciled with the inhibitory/hyperpolarizing actions of GABA on adult slices that are more vulnerable to lesions than immature ones with more neuronal ramifications that are cut by the procedure. In addition, this suggestion is at odds with the developmental sequence of GABA actions observed in chronic cultures, where this factor is eliminated, with the age, sex, and neuronal-type dependence of the shift (i.e., the depolarizing actions of GABA on initial segment of the axon) (Yamada and others 2007; Ben Ari and others 2007). These differences are therefore due to either technical issues (inadequate slice preparation and preservation) and/or limitations of the chlomeleon imaging technique that is highly sensitive to pH alterations that has been used extensively by this group.
2. Poor energetic levels of immature slices: Zilberter Holmgren and colleagues (Holmgren and others 2010) have reported that when ketone bodies and/or lactate/pyruvate are supplied, lower intracellular chloride levels are observed. The authors suggest that glucose does not faithfully mimic the physiological conditions of immature neurons and the slices ought to be perfused with these energy substrates. However, these observations have been inferred in a variety of brain structures and laboratories where physiological levels of β -hydroxybutyrate (BHB), lactate, and pyruvate did not alter DF_{GABA} (Tyzio and others 2011; Kirmse and others 2010; see also Gomez-Lira and others 2011) (Figure 10). The assumptions on which this hypothesis is based are incompatible with extensive observations (Tyzio and others 2011). In addition, direct measures of mitochondrial pH have shown that the effects of lactate are due to pH, not to alterations of $[Cl^-]_i$ (Ruusuvuori and others 2010). Finally, the concentrations of pyruvate used by these authors, ~40-fold those present in the brain in physiological concentrations, are observed only in severe pathological conditions and bear no relevance to physiological ones. An extensive discussion of this issue can be found elsewhere (Tyzio and others 2011).
3. The need for in vivo recordings: It is logical to expect in vivo recordings to settle this issue. However, there are several problems to consider. First, although ethically acceptable, nonpainful chronic recordings are feasible in adults using an early implantation of a chronic support for electrodes, this is less obvious in newly born pups and, worse, in utero, necessitating the use of anaesthetic agents known to alter ongoing activity and GABA actions. The stress and pain produced in the absence of anaesthetic agents will unavoidably lead to the release of stress hormones and catecholamines that also alter GABA actions. Applications of large concentrations of GABA agonists to measure GABA actions can shunt neuronal activity, leading to inadequate conclusions as to DF_{GABA} . In addition, the effects of the blood and local inflammation produced by the pipettes are a problem to take into account, considering the actions these may have on local pH, intracellular chloride, and tonic release of GABA. Finally, as the response of GABA is age, neuronal fate, and even neuronal compartment dependent, recording from nonidentified neurons severely handicaps the conclusions. It is hoped that more appropriate chronic methods, coupled with imaging techniques, may allow better investigation of the postsynaptic effects of GABA.

Autism Spectrum Disorders

Experimental and human observations suggest alterations of GABAergic signals in autism spectrum disorders (ASDs) (Zhang and others 2010; Gibson and others 2009; Dossche 2005; Pizzarelli and Cherubini 2011). Benzodiazepines exert paradoxical actions in patients with ASD, suggesting that chloride may be elevated (Marrosu and others 1987). In a pilot study, Lemonnier

and Ben-Ari (2010) investigated the effects of long-term administrations of bumetanide (1 mg daily, three months) in infants with ASD and showed highly beneficial actions. The patients were more present, and the effects of the diuretic, which were highly significant with the Childhood Autism Rating Scale test, were associated with few side effects. Randomized double-blind studies are now being conducted. Interestingly, oxytocin has also been shown to transiently ameliorate visual

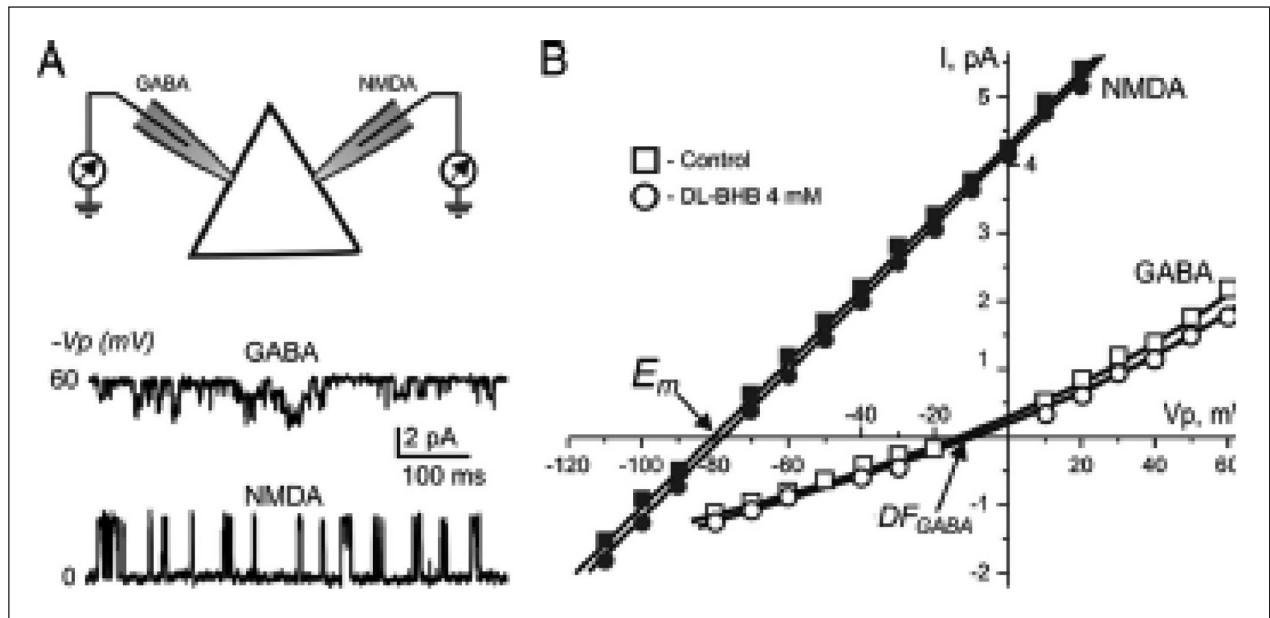


Figure 10. Lack of effects of ketone body metabolites on the polarity of GABA actions. Double single-channel recordings made from the same immature hippocampal pyramidal neuron. (A) Single *N*-methyl-d-aspartate (NMDA) and GABA channels were recorded with two independent patch-clamp electrodes to determine respectively the genuine resting membrane potential and the driving force of GABA and hence calculate E_{GABA} . (B) Note that the slopes of both currents were not altered by adding the ketone body metabolite β -hydroxybutyrate (4–5 mM). Adapted from Tyzio and others (2011).

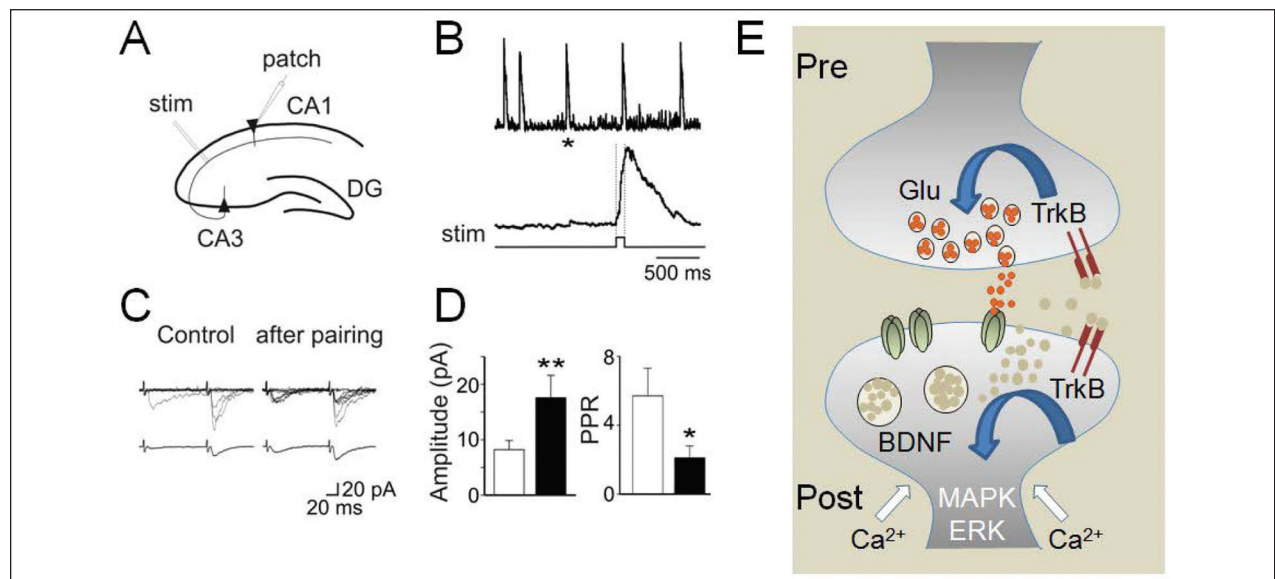


Figure 11. Pairing giant depolarizing potentials (GDPs) with Schaffer collateral stimulation persistently enhances synaptic efficacy at CA3-CA1 connections. (A) Schematic diagram of the hippocampus showing a CA1 pyramidal neuron receiving a synaptic input from a CA3 principal cell. The stimulating electrode (stim) was positioned in stratum radiatum. (B) In the upper trace, GDPs recorded from a CA1 principal cell in current-clamp mode. Below, the GDP with an asterisk is shown on an expanded time scale (spikes are blocked by QX-314 into the patch pipette). The rising phase of GDPs (between the dashed lines) was used to trigger synaptic stimulation (stim). (C) Individual responses (successes and failures) evoked by Schaffer collateral stimulation in control and 20 minutes after pairing are superimposed (upper traces). Average responses are below. (D) Each column represents the mean peak amplitude of synaptic responses (including failures) obtained before (white) and 20 minutes after pairing (black). PPR, paired pulse ratio. $*P < .05$. $**P < .01$. (E) Calcium flux through the voltage-dependent calcium channel (white arrows) opened by GDPs induces the release of brain-derived neurotrophic factor (BDNF) from the postsynaptic neuron. BDNF binds to tropomyosin-related kinase receptor B (TrkB) receptors localized on pre- and postsynaptic membranes. Activation of postsynaptic TrkB receptors causes the enhancement of glutamate release on the postsynaptic site, causing the activation of the MAPK/ERK signaling pathway. Modified from Mohajerani and others (2007).

Box 2. Giant Depolarizing Potentials (GDPs) Are Instrumental for Enhancing Synaptic Efficacy at Emerging GABAergic and Glutamatergic Synapses

According to the quantal theory, the synaptic efficacy E can be defined as: $E = mQ$, where m is the mean quantal content or mean number of quanta released per presynaptic action potential, and Q is the quantal size or the mean amplitude of unitary EPSCs or IPSCs produced by a single quantum. Q depends on both pre- and postsynaptic mechanisms, but m is closely related to presynaptic factors—namely, to N , the number of release sites, and to P , the probability of releasing a single quantum. Thus, changes in any of these parameters lead to modifications in synaptic efficacy. Persistent modifications in E such as those occurring during long-term potentiation (LTP) or long-term depression (LTD) are critical for information storage and for establishing new synaptic contacts during development. The immature brain is characterized by an elevated number of “silent” connections (Durand and others 1996; Gasparini and others 2000). These are synapses that do not conduct at rest either because the neurotransmitter is not released when the presynaptic terminal is invaded by an action potential (presynaptically silent) or because they are unable to detect the release of the neurotransmitter due to the lack of the respective receptors on the subsynaptic membrane (postsynaptically silent). Conversion of silent synapses into active ones represents the most common mechanism for LTP induction (Voronin and Cherubini 2004). It has been assumed that early calcium signals associated with GDPs may act as coincident detectors for enhancing E at emerging synapses and for establishing new appropriate connections. To verify this hypothesis, a “pairing” protocol has been developed consisting of stimulating for a short period (five minutes) either the mossy fibers that in the immediate postnatal period release GABA (Safiulina and others 2006) or the Schaffer collateral with the rising phase of spontaneously occurring GDPs (Kasyanov and others 2004; Mohajerani and Cherubini 2006; Mohajerani and others 2007) (Figure 11). In such a way, GDP-associated calcium transients occur simultaneously with afferent inputs. This procedure led to a strong and persistent increase in synaptic strength and, in the case of presynaptically silent neurons (with P close to 0), to synapse un-silencing (Kasyanov and others 2004; Mohajerani and Cherubini 2006; Mohajerani and others 2007). By introducing a delay between GDPs and afferent stimulation, synaptic responses progressively declined and regained the control level in about three seconds. In the absence of pairing, no significant changes in synaptic efficacy occurred. Pairing-induced synaptic potentiation could be prevented by loading the cell with the calcium chelator BAPTA or by adding nifedipine (but not D-APV) to the extracellular solution, indicating that calcium rise via voltage-dependent calcium channels, opened by the depolarizing action of GABA and glutamate during GDPs, is a common trigger for activity-dependent changes in synaptic efficacy. Interestingly, in previous reports (Caillard and others 1999; Gubellini and others 2001; Gubellini and others 2005), it was clearly shown that repeated bursts of action potentials, applied at low frequency to CA3 principal cells, are able to potentiate GABA_A-mediated synaptic currents in an NMDA-independent and brain-derived neurotrophic factor (BDNF)-dependent way. However, in these studies, the origin of GABAergic inputs was not identified.

Although the induction of LTP at both GABAergic and glutamatergic synapses is postsynaptic, its expression is presynaptic, as suggested by a pairing-induced decrease in failure rate, in paired pulse facilitation, and an increase in the inversed square of the coefficient of variation, all traditional indices of presynaptic changes in release probability. This implies a cross-talk between the post- and presynaptic sites of the synapse. It is likely that, at Schaffer collateral-CA1 synapses, BDNF, possibly secreted from the postsynaptic neuron during GDPs, is the retrograde signal. By binding to tropomyosin-related kinase receptor B (TrkB) localized on presynaptic neurons (Mohajerani and others 2007), BDNF increases the probability of glutamate release. In addition, BDNF can act also on postsynaptic TrkB receptors to activate the MAPK/ERK signaling pathway (Figure 11E). This would lead to transcriptional regulation and new protein synthesis required for the enduring forms of synaptic plasticity. Whether GDP-induced persistent changes in synaptic efficacy are associated with structural modifications necessary to rewire local neuronal circuits remain to be demonstrated.

communication in adults with ASD (Andari and others 2010). Oxytocin has also been found to rescue Prader Willi mice during the delivery period when these do not feed and many die within a few hours (Schaller and others

2010). Collectively, these observations point to the important actions of the GABA shift during delivery and to its possible implications in many early neurological and psychiatric disorders.

Conclusions

Mounting evidence suggest that the levels of $[Cl^-]_i$ and associated polarity of GABA action are important parameters that reflect the level of excitability of neurons and networks and represent a signature of neuronal development. The plasticity of the polarity of GABA that is unique to this transmitter enables neurons to keep track of recent and less recent physiological and pathological events. As such, this provides a unique form of hysteresis and memory of recent ongoing activity. Long-term alterations of GABA actions are also a signature of insults and disorders that paves the way for novel therapeutic perspectives for diuretics and other drugs that, by reducing the levels of $[Cl^-]_i$, reinstate the hyperpolarizing action of GABA and behaviorally relevant oscillations that are strongly dependent on GABAergic networks.

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The authors declared no potential conflicts of interest with respect to the authorship and/or publication of this article.

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