

Natriuretic peptides block synaptic transmission by activating phosphodiesterase 2A and reducing presynaptic PKA activity

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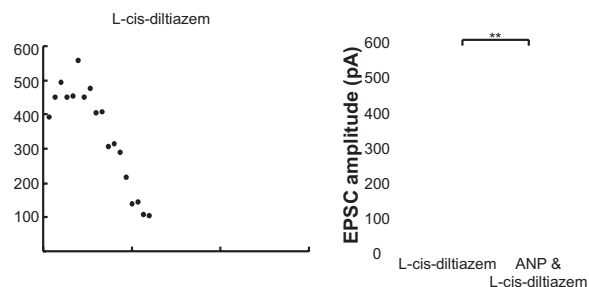
Natriuretic peptides (NPs) are known to regulate blood pressure and heart function. Here, we show that NPs block synaptic transmission in the mammalian brain. NP treatment reduces the amplitude of evoked EPSCs in a dose-dependent manner. This effect is mediated by the activation of phosphodiesterase 2A (PDE2A) and the subsequent reduction of presynaptic PKA activity. NP treatment also reduces the amplitude of spontaneous EPSCs, suggesting that NPs may also regulate synaptic transmission in the absence of exogenous neurotransmitters. Our findings provide a novel mechanism for NP action in the brain and suggest that NPs may be used as a novel class of drugs for the treatment of neurological disorders.

Keywords: natriuretic peptides; synaptic transmission; phosphodiesterase 2A; PKA activity

As cGMPs can also be generated by soluble GCs (sGCs) following the stimulation of nitric oxide (NO), we applied the nitric oxide synthase blocker N ω -Nitro-L-arginine methyl ester hydrochloride (L-NAME) to exclude the potential effects of NO/sGC signaling. The GABA_A-receptor blocker picrotoxin was also added to the bath solution to eliminate GABAergic currents. Consistent with the glutamatergic nature of the fast EPSCs (19), brief light stimulation evoked EPSCs that were resistant to the application of a mixture of two nAChR antagonists (hexamethonium and mecamylamine) (Fig. 1D). Strikingly, bath perfusion of ANP (100 nM) resulted in an immediate reduction in the fast EPSCs, leading to an almost complete abolishment of EPSCs in all cells tested after 10 min of ANP treatment (reduction ratio = 95%; Fig. 1

postsynaptic potentials (EPSCs), whereas tetanic stimulation generates slow cholinergic responses (19).

We chose to analyze the effects of ANP application only on fast glutamatergic EPSCs with peak amplitudes over 100 pA for their stability. Because of the difficulty in obtaining stable cholinergic EPSCs with repetitive episodes of tetanic stimulation, the effect of ANP on acetylcholine release was not examined in this study. Axonal terminals were stimulated by 5-ms blue light pulses using an optical fiber with its tip directly above the IPN.



In addition to PKG and CNG channels, some PDEs are stimulated by cGMP signals. For example, PDE2A is stimulated by cGMP to hydrolyze both cGMPs and cAMPs (23). Efforts in studying PDE2A functions have been facilitated by the development of several selective PDE2A inhibitors, including 2-(3,4-dimethoxybenzyl)-7-((1R)-1-[(1R)-1-hydroxyethyl]-4-phenylbutyl)-5-methylimidazo[5,1-f][1,2,4]triazin-4(3H)-one (labeled as BAY 60-7550 for simplicity) and erythro-9-(2-hydroxy-3-nonyl)adenine (EHNA) (24). The fast EPSCs evoked by light stimulation were potentiated by nearly threefold from basal levels after bath application of BAY 60-7550 (1 μ M) (Fig. 3A–C). Moreover, preincubation in BAY 60-7550 largely eliminated the effect of ANP on reducing fast EPSCs. The potentiated currents were eliminated by the AMPA-type glutamate receptor antagonist CNQX (10 μ M), demonstrating that they are glutamatergic in nature (Fig. 3B). Even in the presence of ANP, BAY 60-7550 enabled rapid reversal of EPSCs following the blockade by CNQX (Fig. 3B), further suggesting an antagonism of the ANP effect by BAY 60-7550. Similarly, light-evoked EPSCs were

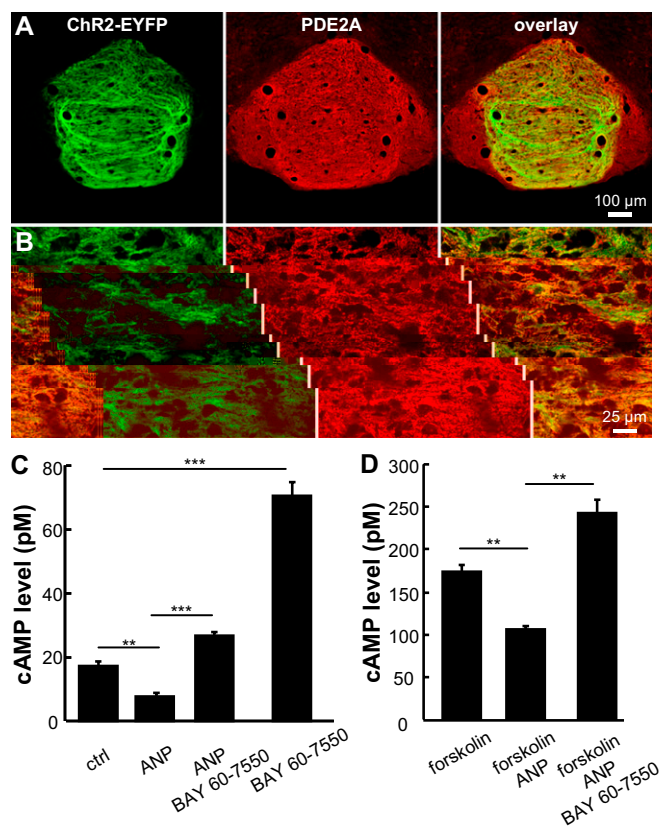
potentiated and their blockade by ANP was largely prevented by EHNA (Fig. S4A and B), another commonly used PDE2A inhibitor (24). The efficacy of both PDE2A inhibitors on blocking ANP effects strongly suggests that PDE2A serves as the downstream transducer of cGMP signals produced by GC-A activation.

We asked whether ANP influences behaviors and whether PDE2A inhibitors can block the behavioral effects of ANP. Because the MHB is implicated in regulating behaviors related to pain and stress (25), we infused ANP into the IPN to examine its effects on nociceptive responses in behaving mice (Fig. S4C). In hot-plate tests, ANP infusion alone did not change the latency of behavioral response to heat (Fig. 3D). Challenging mice with forced swimming, which could induce stress-induced analgesia (SIA), indeed increased the response latency. In this stress-related pain behavioral paradigm, the hot-plate latency was further lengthened following ANP injection into the IPN. In addition, this lengthening of the response latency was blocked by infusion of BAY 60-7550 into the IPN before testing (Fig. 3D). These results thus suggest that ANP potentiates SIA by modulating the

physiological properties of the MHb–IPN pathway. In addition, the behavioral effect of ANP requires the activity of PDE2A.

An earlier study reports PDE2A expression in the MHb and IPN (26), but it was unclear whether PDE2A is specifically expressed in the axonal terminals of MHb neurons. We observed PDE2A immunoreactivity in the somata of MHb neurons (Fig. S5 *A* and *B*). In the IPN, PDE2A was expressed only in the synaptic terminals (Fig. 4 *A* and *B* and Fig. S5 *C*). PDE2A expression was restricted to Chr2-EYFP⁺ axonal terminals in the dorsal and central IPN subnuclei (Fig. 4 *B* and Fig. S5 *C*), which are targeted by the axonal projection from MHb cholinergic neurons (18, 19).

Because both cGMPs and cAMPs are the substrates of PDE2A (23), we asked whether ANP application could reduce presynaptic cAMP levels via PDE2A activity. ELISA measurements revealed that ANP significantly reduced the cAMP concentrations in the IPN to less than half of basal levels, and this reduction was prevented by blocking PDE2A activity with BAY 60–7550 pretreatment (Fig. 4 *C*). BAY 60–7750 alone increased cAMP levels by over fourfold, supporting the role of PDE2A in suppressing constitutive cAMP accumulation and thus transmitter release (Fig. 3). Moreover, ANP substantially reduced cAMP levels following the stimulation of adenylyl cyclase by forskolin, and this reduction was blocked by BAY 60–7550 pretreatment (Fig. 4 *D*).



4. PDE2A is richly expressed in the axonal terminals of MHb neurons and negatively regulates cAMP levels in the IPN. (A) Confocal image of a coronal section from a ChAT-ChR2-EYFP mouse showing the expression of PDE2A (red) in Chr2-EYFP⁺ terminals (green) in the IPN. (B) High-magnification views show that essentially all Chr2-EYFP-labeled axonal terminals (green) are immunopositive for PDE2A (red) in the IPN. (C and D) ANP substantially reduces basal (C) and forskolin (25 μ M)-evoked (D) cAMP levels in the IPN, and this reduction is reversed by blocking PDE2A with BAY 60–7750 (10 μ M). Application of the PDE2A blocker alone increases cAMP levels (** $P < 0.01$; *** $P < 0.001$; within-group *t* tests; $n = 4$ separate readings for each group). (C and D) Error bars indicate SEM.

These biochemical measurements thus demonstrate that ANP can activate PDE2A to efficiently reduce cAMP levels in the IPN.

Effect of ANP on PKA activity. We investigated how PDE2A shapes downstream signals to block glutamate transmission. Both the cAMP-sensitive protein kinase A (PKA) and the exchange protein activated by cAMP (Epac) have been implicated in modulating neurotransmitter release in various brain areas (27). By applying the membrane-permeable PKA activator 6-BNZ-cAMP, we tested whether direct PKA activation could rescue fast EPSCs following their blockade by ANP. For all cells tested ($n = 6$ cells), EPSCs were blocked by ANP and then fully recovered after bath application of 6-BNZ-cAMP (Fig. 5 *A–C*). In current-clamp mode, 6-BNZ-cAMP reversed the ANP blockade and enabled IPN neurons to be depolarized and fire action potentials in response to light stimulation (Fig. S6 *A*). In contrast to the effectiveness of the PKA activator 6-BNZ-cAMP, application of the selective Epac activator 8-CPT-2Me-cAMP failed to reverse the ANP blockade (Fig. S6 *B* and *C*).

We used PKA inhibitors to further examine the role of basal PKA activity in regulating glutamate release. EPSCs were reduced by $\sim 70\%$ after bath perfusion of a mixture of PKA inhibitors (H89 and Rp-8-Br-cAMP; Fig. 5 *D* and *E*). The residual current may be explained by an insufficient ability of PKA inhibitors to fully block intracellular PKA activity after permeating the cell membrane. Additional analyses show that PKA inhibitors did not affect the frequency or amplitude of spontaneous EPSCs in IPN neurons (Fig. S6 *D–G*), indicating that the substantial suppression of EPSCs by PKA inhibitors results from changes in presynaptic terminals but not in postsynaptic neurons.

Discussion. Since their original discovery in 1980s (7–9, 13), natriuretic peptides and their receptors have been found to be richly expressed in several brain areas (12, 13, 17). However, their physiological functions as well as the underlying signaling mechanisms in the brain remain poorly understood. In this study, we find that ANP application in the IPN abolishes synaptic release of glutamate from habenular axonal terminals. Furthermore, we show that the ANP effects are mediated by PDE2A activity, which in turn depletes cAMP and thus eliminates basal PKA activity. Our data demonstrate a strong effect of presynaptic inhibition by natriuretic peptides and delineate a signaling pathway through which cGMP signals block neurotransmitter release by negatively coupling to cAMP pathways (Fig. 5 *F*).

ANP or BNP produces an almost complete blockade of glutamate release by MHb neurons, indicating that they are very strong presynaptic inhibitors. The inhibitory effects of natriuretic peptides appear much weaker in other areas of the nervous system. In the C-fibers from the dorsal root ganglia, BNP reduces glutamatergic EPSCs by $\sim 30\%$ (28). ANP weakens EPSCs by 46% for the connection between osmoreceptor neurons in the organum vasculosum laminae terminalis and the magnocellular neurosecretory cells in the supraoptic nucleus (29). In the retina, BNP functions as a postsynaptic modulator and produces a roughly 40% suppression of GABA_A-receptor-mediated inhibitory currents in bipolar cells (30).

Our results differ from previous studies that highlight a pivotal role of PKG in mediating the effect of natriuretic peptides in the dorsal root ganglia and the retina (28, 30). For the connection between the MHb and IPN, PKG blockers do not disrupt the shut-off effect of ANP, and PKG activators do not change EPSCs. In contrast, ANP is completely antagonized by PDE2A blockers. Biochemical and imaging studies of culture cells have shown that PDE2A is capable of efficiently depleting cAMPs following cGMP stimulation (23, 31). Our biochemical assays show that ANP reduces cAMP levels in the IPN area of brain slices and that this reduction is fully blocked by applying PDE2A inhibitors. In addition, presynaptic inhibition of glutamate release by ANP is reversed by a PKA activator, and the ANP effect is largely

mimicked by PKA inhibitors. These results indicate that ANP blocks neurotransmission by depleting presynaptic cAMP concentrations. Interestingly, the signal transduction cascade in the axonal terminals of MHb neurons is reminiscent of that in nonneuronal cells in the periphery. In both adrenal glomerulosa cells and cardiac myocytes, ANP activates its receptors to produce cGMPs, which in turn stimulate PDE2A to reduce intracellular cAMP levels (32–34). Therefore, negative crosstalk between cGMP and cAMP cascades might be one of the conserved mechanisms underlying natriuretic peptide action both inside and outside the nervous system. PDE2A has been thought to serve simply as a cGMP scavenger in olfactory CO₂ neurons (35, 36). Our physiological recordings suggest that PDE2A performs the important function of regulating neurotransmitter release by negatively linking cGMP signals to the cAMP pathway.

The MHb–IPN pathway is believed to be related to anxiety and nicotine addiction (14, 15). Our behavioral tests indicate that ANP enhances stress-induced analgesia in a PDE2A-dependent manner. This finding is consistent with the facts that the MHb receives input from forebrain septal areas that are involved in stress-related behaviors and that MHb neurons express opiate receptors (18, 25). The exact sources of ANP or BNP in the IPN remain unclear. An early study indicated that ANP may be expressed by MHb neurons (11), suggesting the possibility of presynaptic inhibition by autocrine signaling of ANP. Alternatively, ANP might be transported to the IPN following their production in the heart. Although the exact behavioral context for ANP release into the IPN remains unclear, our results suggest that the ANP signaling can regulate animal behaviors by modulating neurotransmission in the habenulo-interpeduncular pathway. Furthermore, the powerful and selective PDE2A inhibitors have contributed to the elucidation of PDE2A functions but have

(200 μM ; Sigma), 8-CPT-2Me-cAMP (50 μM ; Tocris), 8-pCPT-cGMP (100 μM ; Sigma), CNQX or DNQX (10 μM ; Sigma), *l*-cis-Diltiazem (10 μM ; Biomol), EHNA (90 μM ; Sigma), H89 (30 μM ; Sigma) and Rp-8-Br-cAMP (170 μM ; Biolog), KT5823 (2 μM ; Biomol), *l*-NAME (100 μM ; Sigma), picrotoxin (50 μM ; Sigma), Rp-8-pCPT-cGMP (10 μM ; Biomol), TTX (1 μM ; Sigma), and a mixture of hexamethonium-Cl (50 μM ; Sigma) and mecamlamine (5 μM ; Sigma). The effectiveness of Rp-8-pCPT-cGMP, KT5823, 8-Br-cGMP, and *l*-cis-Diltiazem has been confirmed by recent studies in our group (6, 35). AMPA (17.5 μM ; Sigma) and acetylcholine (1 mM; Sigma) were pressure-ejected using an eight-channel drug delivery system (MPS-1, Inbio Life Science Instrument), with the tip of the drug delivery pipette located \sim 500 μm away from the recording site. Picrotoxin and *l*-NAME was added to the recording solution to block GABA_A-receptor-mediated transmission and the effects mediated by sGCs. At least 5 min of baseline was collected from each cell.

M f GMP AMP L. Brain slices (250 μm thick) containing the IPN were prepared from ChAT-ChR2-EYFP mice and recovered in oxygenated aCSF for 40 min at 34 $^{\circ}\text{C}$. The tissues were then incubated with the following drugs for 20 min: ANP (100 nM), BAY60-7550 (10 μM), forskolin (25 μM), and 3-isobutyl-1-methylxanthine (IBMX; 1 mM). The IPN area was dissected out under the visual guidance of fluorescent microscopy and lysed with 0.1 mM HCl for 5 min. Tissues were further disrupted with an ultrasound probe for 10 min and centrifuged (14,000 \times g) at 4 $^{\circ}\text{C}$ for 10 min. The concentrations of cGMP or cAMP in the supernatant were measured with ELISA kits (NewEast Biosciences Inc., catalog no. 80101 or 80202).

H C f I. Cells were filled with Neurobiotin (0.25%; Vector Laboratories) in the intrapipette recording solution. Brain slices after recordings were fixed with 4% (wt/vol) paraformaldehyde in 0.1 M PBS, and neurons were stained with Cy3-conjugated streptavidin (1:500; 2 h) in 0.1 M PBS with 0.3% Triton-X. For PDE2A immunostaining, adult mouse

brain was fixed and cryoprotected in 30% (wt/vol) sucrose. Frozen tissue was sectioned coronally at 40 μm thickness with a microtome (Leica CM 1900). After rinsing with 0.3% Triton-X in 0.1 M PBS and blocking with 2% (wt/vol) normal bovine serum for 1 h, sections were then incubated with a rabbit anti-PDE2A antibody in the blocking solutions (1:200, 12 h in 4 $^{\circ}\text{C}$; FabGennix Inc., PD2A-101AP). After rinsing, sections were then incubated with Cy3-conjugated goat anti-rabbit antibody for 2 h at room temperature (1:500; Jackson ImmunoResearch). Fluorescent images were acquired by a Carl Zeiss 510 confocal microscope.

B A. Mice were anesthetized with pentobarbital (80 mg/kg i.p.), and a guide cannula was implanted with its tip 0.5 mm above the IPN. One week later, mice were first exposed to forced swimming in a glass cylinder partially filled with 22–25 $^{\circ}\text{C}$ water for 8 min. After a 2-d recovery, drug or aCSF control (1 μL) was infused into the IPN through an internal cannula for 10 min (RWVD202 Syringe Pump, RWD Life Science). Seven minutes later, mice were placed on a hot plate (Taimeng Technology), the temperature of which was set at 54.5 \pm 0.5 $^{\circ}\text{C}$. We assessed the baseline nociception response by measuring the latency to first hindpaw licking, tapping, or four-paw jumping. To test the effect of SIA the next day, all mice were injected with aCSF or drugs into the IPN and immediately immersed in cold water (4 $^{\circ}\text{C}$) for 2 min. To measure the effect of BAY 60-7550 on ANP (10 μM)-induced SIA enhancement, we first injected 0.5 μL of BAY 60-7550 (25 μM) and then a 0.5- μL mixture of ANP (20 μM) and BAY 60-7550 (25 μM). Mice were then dried with paper towels and rested for 3 min before the hot-plate test.

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