

## Interactions between taurine and ethanol in the central nervous system

### *Review Article*

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Received November 21, 2001

Accepted January 4, 2002

Published online August 20, 2002; © Springer-Verlag 2002

**Summary.** This purpose of this review will be to summarize the interactions between the endogenous amino acid taurine and ethyl alcohol (ethanol) in the central nervous system (CNS). Taurine is one of the most abundant amino acids in the CNS and plays an integral role in physiological processes such as osmoregulation, neuroprotection and neuromodulation. Both taurine and ethanol exert positive allosteric modulatory effects on neuronal ligand-gated chloride channels (i.e., GABA<sub>A</sub> and glycine receptors) as well as inhibitory effects on other ligand- and voltage-gated cation channels (i.e., NMDA and Ca<sup>2+</sup> channels). Behavioral evidence suggests that taurine can alter the locomotor stimulatory, sedating, and motivational effects of ethanol in a strongly dose-dependent manner. Microdialysis studies have revealed that ethanol elevates extracellular levels of taurine in numerous brain regions, although the functional consequences of this phenomenon are currently unknown. Finally, taurine and several related molecules including the homotaurine derivative acamprosate (calcium acetylhomotaurinate) can reduce ethanol self-administration and relapse to drinking in both animals and humans. Taken together, these data suggest that the endogenous taurine system may be an important modulator of effects of ethanol on the nervous system, and may represent a novel therapeutic avenue for the development of medications to treat alcohol abuse and alcoholism.

**Keywords:** Taurine – Ethanol – Locomotor activity – Sedation – self-administration – Acamprosate – Central nervous system (CNS)

### **Introduction**

Taurine is a sulfonated  $\beta$ -amino acid that is highly abundant in excitable tissues, including the heart and brain. In addition to functioning as a neuroprotectant, antioxidant, osmoregulator and Ca<sup>2+</sup> modulator (reviewed elsewhere by Huxtable, 1989, 1992; Oja and Saransaari, 1996; Saransaari and Oja, 2000), taurine may function as an inhibitory neuromodulator and

neurotransmitter in the central nervous system (Kuriyama, 1980; McBride and Frederickson, 1980; Oja and Kontro, 1990; Oja and Saransaari, 1996). Synthesized from cysteine by the enzyme cysteine sulfinic acid decarboxylase (CSAD), high levels of taurine are found in the cerebral cortex, basal ganglia, hippocampus, hypothalamus and cerebellum (Palkovits et al., 1986). Taurine and CSAD can be found in both neuronal and glial structures (Madsen et al., 1985; Yoshida et al., 1986, 1987; Ida et al., 1987). In neurons, taurine immunoreactivity can be found in presynaptic terminals, consistent with its putative role as a neurotransmitter, but also in neuronal dendrites and cell bodies (Taber et al., 1986; Almarghini et al., 1991).

Similar to taurine, ethanol also exerts a wide range of physiological effects on the nervous system, including neuromodulation, inhibition of neurotransmission, and alterations in Ca<sup>2+</sup> homeostasis (for reviews see Carlen et al., 1993; Crews et al., 1996; Fadda and Rossetti, 1998; Harris, 1999; Little, 1999). This review will highlight studies demonstrating biochemical and behavioral interactions between taurine and ethanol in the central nervous system, as well as studies on the ability of taurine and related molecules to alter voluntary ethanol consumption in animals and humans.

### **Similarities in the neurochemical actions of taurine and ethanol**

Taurine is the most abundant neuroactive amino acid in the brain extracellular fluid (Jacobson and

Hamberger, 1984; Jacobson et al., 1985; Huxtable, 1989). Microdialysis studies have demonstrated extracellular taurine levels to be in the low to mid-micromolar range in various brain regions, while extracellular concentrations of gamma-aminobutyric acid (GABA) and glutamate are approximately an order of magnitude lower (Huxtable, 1989). However, because microdialysis sampling is an indirect measure of synaptic overflow, effective taurine concentrations at the synaptic cleft are likely to be in the low millimolar range. Interestingly, low millimolar concentrations of ethanol are also necessary to produce physiological effects in the nervous system (Crews et al., 1996; Little, 1999). Thus, taurine and ethanol appear to be relatively unique in requiring high effective concentrations in the nervous system as compared to other endogenous and exogenous neuroactive substances.

Taurine is structurally similar to the classical inhibitory neurotransmitter gamma-aminobutyric acid (GABA) (Fig. 1). Not surprisingly, taurine can mimic the effects of GABA in enhancing chloride ion flux across neuronal membranes from numerous brain regions. These effects can be reversed by the classical GABA<sub>A</sub> receptor antagonists bicuculline or picrotoxin, indicating an action of taurine on the GABA<sub>A</sub> receptor chloride ionophore complex (Table 1). Further evidence that taurine exerts some of its effects through GABA<sub>A</sub> receptors comes from binding studies in which taurine was shown to displace the binding of both direct and allosteric agonists of the GABA<sub>A</sub> receptor complex (Williams et al., 1980; Iwata et al., 1984; Medina and De Robertis, 1984; Malminen and Kontro, 1986, 1989; Quinn, 1990; Quinn and Miller, 1992; Quinn and Harris, 1995). Taurine has also been shown to bind to the GABA<sub>B</sub> receptor (Kontro and Oja, 1990; Kontro et al., 1990), although no functional consequences of this binding have been observed (see del Olmo et al., 2000).

Numerous studies have demonstrated that the inhibitory effects on taurine on neurons are also blocked by the glycine receptor antagonist strychnine, indicating that taurine can also potentiate glycine receptor function (Table 1). In addition, a few studies have shown that some of electrophysiological effects of taurine, but not GABA or glycine, are blocked by the putative taurine antagonist TAG (6-aminomethyl-3-methyl-4H,1,2,4-benzothiadiazine-1,1-dioxide HCl) (Yarbrough et al., 1981; Girard et al., 1982; Okamoto et al., 1983b). Thus, in addition to being a relatively

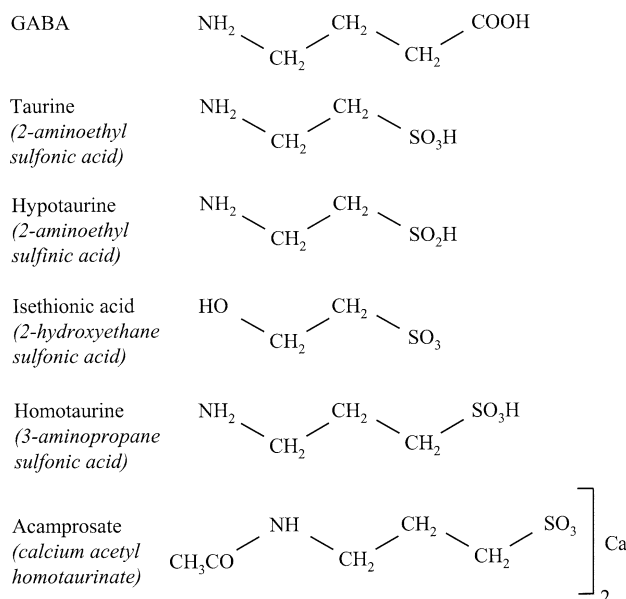
**Table 1.** Neuropharmacological actions of taurine in the CNS\*

Action	References
Potentiation of GABA <sub>A</sub> receptor function	Haas and Hösli, 1973 Okamoto and Sakai, 1980 Taber et al., 1986 Bureau and Olsen, 1991 del Olmo et al., 2000
Potentiation of glycine receptor function	Curtis et al., 1968a,b Haas and Hösli, 1973 Okamoto and Sakai, 1980 Mayer, 1981 Kurachi et al., 1983 Kurachi and Aihara, 1985 Taber et al., 1986 Lewis et al., 1991 Häusser et al., 1992
Inhibition of excitatory amino acid receptor function	Kurachi et al., 1983 Lehmann et al., 1984 Kurachi and Aihara, 1985
Inhibition of neuronal calcium channel function	Okamoto et al., 1983a,c

\* Note: studies examining taurine effects in transfected cell lines or peripheral nervous system preparations are reviewed elsewhere (Huxtable, 1989, 1992)

nonspecific agonist for inhibitory amino acid receptors, taurine may act on a separate and yet undefined taurine receptor in the nervous system (Kudo et al., 1988; Wu et al., 1990). A handful of studies have also demonstrated that taurine can inhibit neuronal calcium channel function and responses to the excitatory amino acid N-methyl-D-aspartate (NMDA) (Table 1).

Thus, taurine appears to exert its inhibitory effects on neuronal activity and neurotransmission by potentiating GABA<sub>A</sub> and glycine receptor function and inhibiting excitatory amino acid receptor and Ca<sup>2+</sup> channel function. Interestingly, the most well-characterized pharmacological effects of ethanol on the nervous system are strikingly similar to that of taurine: potentiation of ligand-gated chloride channel function and inhibition of excitatory amino acid receptor and calcium channel function (reviewed elsewhere by Crews et al., 1996; Little, 1999). On the basis of these observations, one might expect taurine and ethanol to exert markedly synergistic effects on central nervous system function. While there is some evidence of such synergism, there is also evidence that taurine and related molecules can actually antagonize certain behavioral effects of the ethanol as well as ethanol self-administration behavior.



**Fig. 1.** Chemical structures of GABA, taurine, the taurine precursor hypotaurine, the taurine metabolite isethionic acid, the GABA<sub>A</sub> agonist homotaurine and the anti-craving compound acamprosate. Note that acamprosate is an acetylated form of homotaurine and is dimerized as a calcium salt

### Modulation of extracellular taurine levels in the brain by ethanol

An early study demonstrated that chronic, but not acute, administration of ethanol to rats decreased whole brain taurine concentrations, which returned to basal level following ethanol withdrawal (Iwata et al., 1980). However, the subsequent development of the microdialysis technique has allowed researchers to examine the effects of acute and chronic ethanol administration and consumption on extracellular levels of taurine in discrete brain regions. Acute administration of ethanol (1–2 g/kg i.p.) has been shown to elicit a 50–100% increase extracellular levels of taurine in the nucleus accumbens of rats (Dahchour et al., 1994, 1996) and mice (Olive et al., 2000b). These findings have also been replicated in the nucleus accumbens after acute administration of the ethanol metabolite acetaldehyde (20–100 mg/kg i.p., Ward et al., 1997). Ethanol does not alter extracellular levels of glutamate or GABA in this region (Dahchour et al., 1996), and rats do not appear to develop tolerance to this effect after repeated treatment with 1–2 g/kg i.p. ethanol (Dahchour et al., 1996). Elevations in extracellular taurine levels by acute ethanol administration (1 and 3 g/kg i.p.) have also been observed in the amygdala

(Quertemont et al., 1998, 1999), hippocampus (Dahchour and De Witte, 2000) and frontal cortex (Dahchour and De Witte, 2000).

Recent studies have provided evidence for genetic influences in ethanol-stimulated taurine release in the CNS. For example, rats genetically bred for high alcohol sensitivity (HAS) show a transient 50% increase in extracellular taurine levels in the nucleus accumbens following acute injection of ethanol (2 g/kg i.p.), whereas low alcohol sensitive (LAS) rats do not exhibit such an increase in extracellular taurine levels until 2 hrs following the injection (Dahchour et al., 2000). Similarly, whereas Sardinian non-alcohol-preferring (sNP) rats exhibit a transient 50% increase in extracellular taurine levels in the nucleus accumbens following acute injection of ethanol (2 g/kg i.p.), Sardinian alcohol-preferring rats (sP) only demonstrate a 25% increase in extracellular taurine levels in this region. Finally, work from our laboratory had demonstrated that mice lacking the epsilon isoform of protein kinase C (PKC $\epsilon$ ), which have been characterized as behaviorally and biochemically “supersensitive” to ethanol and other positive allosteric modulators of the GABA<sub>A</sub> receptor complex (Hodge et al., 1999), display elevated basal extracellular levels of taurine in the nucleus accumbens and an absence of ethanol-stimulated increases in dialysate taurine levels (Olive et al., 2000b). Interestingly, these mice also fail to exhibit an ethanol-stimulated dopamine release in the nucleus accumbens (Olive et al., 2000b), a phenomenon thought to play a role in the rewarding and reinforcing effects of ethanol. Taken together, these data suggest that genetic contributions to ethanol sensitivity and preference may alter interactions between taurine and ethanol in the CNS.

Microdialysis experiments have also revealed a role for taurine in the neurochemical changes that occur during ethanol withdrawal. During acute withdrawal from chronic alcohol intoxication, CNS neurons become hyperexcitable and the organism becomes prone to convulsions (Saitz, 1998; Littleton, 1998; Gonzalez, 1998). This phenomenon is believed to be mediated, at least in part, by an up-regulation of NMDA receptor number and function (Grant et al., 1990; Gulya et al., 1991; Hoffman and Tabakoff, 1991; Whittington et al., 1995; Tsai and Coyle, 1998) and increased glutamate release (Rossetti and Carboni, 1995; Rossetti et al., 1999; Ward et al., 1999). In a study by Dahchour and colleagues (Dahchour and De Witte, 2000), rats were made dependent on ethanol by vapor

inhalation for 4 weeks and subsequently underwent microdialysis monitoring for 12 hrs during the acute withdrawal phase. These investigators found that taurine treatment (45 mg/kg i.p.) 5 hr into the withdrawal phase completely suppressed withdrawal induced increases in extracellular glutamate levels in the nucleus accumbens. Along these lines, data from our laboratory suggest that increasing extracellular taurine levels in the nucleus accumbens suppresses basal glutamate release as well (Olive et al., 2000a). Thus, taurine appears to have an inhibitory effect on excitatory amino acid neurotransmission, which may counteract the neuronal hyperexcitability observed during ethanol withdrawal.

The precise neurobiological significance and mechanisms underlying ethanol-induced increases in CNS extracellular taurine levels are currently unknown. Some investigators have speculated that taurine may be released in response to ethanol to compensate for osmotic changes caused by ethanol in the brain extracellular fluid (Dahchour et al., 1996; Quertemont et al., 1999). However, increases in extracellular taurine levels in the amygdala have also been reported to occur after acute saline treatment in combination with the presentation of a conditioned ethanol-associated olfactory stimulus (Quertemont et al., 1998). Thus, ethanol-induced increases in extracellular taurine may not be solely related to osmoregulatory processes, but may play a role in the environmental adaptations to ethanol exposure.

It is also possible that ethanol-induced taurine release may mediate several of the physiological effects of ethanol on the nervous system. As outlined above, both taurine and ethanol potentiate inhibitory amino acid receptor function and inhibit excitatory amino acids receptor and  $\text{Ca}^{2+}$  channel function. Thus, ethanol-induced release of taurine from intracellular stores may, in fact, potentiate the effects of ethanol itself on neuronal excitability. Since the release of taurine into the extracellular environment results in decreased intracellular taurine levels, this phenomenon may also have profound effects on cellular functioning. For example, both ethanol and taurine are known to modulate intracellular calcium homeostasis and protein phosphorylation (reviewed elsewhere by Carlen et al., 1993; Catlin et al., 1999; Crews et al., 1996; Gandhi and Ross, 1989; Huxtable, 1992; Lombardini, 1994; Pandey, 1998; Stubbs and Slater, 1999). Thus, the lowering of intracellular taurine levels by ethanol may mediate some of the effects of ethanol

on various intracellular signaling mechanisms. Finally, both ethanol and taurine are known to interact with lipid membranes (Buck and Harris, 1991; Gustavsson, 1990; Huxtable, 1992), and it is possible that ethanol-induced increases in extracellular taurine may mediate some of the effects of ethanol on neuronal membrane composition, stability and fluidity.

### **Effects of taurine on ethanol-induced locomotor activity and sedation**

Acute intraperitoneal administration of low doses of ethanol (1–2.5 g/kg) to mice results in increased locomotor activity during the first hour after injection (Frye and Breese, 1981). This effect is also observed after oral administration of ethanol, and is not due to peritoneal irritation (Frye and Breese, 1981). The locomotor effects of ethanol are mediated, at least in part, by activation of the central catecholaminergic and cholinergic systems (Mason et al., 1979; Milton et al., 1995; Strombom and Liedman, 1982; Lewis and June, 1990; Blomqvist et al., 1992). Interestingly, the locomotor effect of ethanol appears to be mostly absent in rats (Frye and Breese, 1981), indicating species-specificity of these effects.

Several studies over the past two decades have demonstrated a significant interaction between taurine and the acute behavioral actions of ethanol in rodents. Aragon and colleagues demonstrated that acute administration of taurine (30–45 mg/kg i.p.) inhibited the locomotor activity produced by a 1 g/kg dose of ethanol, whereas taurine administration (30–60 mg/kg i.p.) enhanced the locomotor stimulant effect of a higher (2 g/kg i.p.) dose of ethanol (Aragon et al., 1992). Thus, taurine appears to modulate ethanol-stimulated locomotor activity in a manner that is dependent on the dose of ethanol administered. The inhibitory effects of taurine on ethanol-stimulated locomotor activity may be a result of taurine acting on central GABAergic systems (Cott et al., 1976).

Other molecules in the metabolic pathways of taurine have also been shown to modulate ethanol-stimulated locomotor activity (see Fig. 1). Both the taurine precursor hypotaurine (Font et al., 2001) and the taurine metabolite isethionic acid (Miquel et al., 1999) have also been shown to enhance ethanol-induced locomotor activity at higher (2.4–2.5 g/kg i.p.) but not lower (1–1.6 g/kg i.p.) doses of ethanol. The effects of hypotaurine on ethanol-induced locomotor activity appeared to be centrally mediated, as they are

antagonized by  $\beta$ -alanine, a competitive inhibitor of the blood-to-brain transport mechanism of hypotaurine (Font et al., 2001). The effects of taurine and hypotaurine on ethanol-stimulated locomotor activity appear to be specific for ethanol, as neither compound demonstrated an effect on the locomotor-stimulant effects of D-amphetamine (Aragon et al., 1992), caffeine (Font et al., 2001) or cocaine (Font et al., 2001).

Higher doses of ethanol (>3 g/kg i.p.) produce sedation and loss-of-righting reflex in rodents (Frye and Breese, 1981). Since high doses of taurine are also sedating (Barbeau et al., 1975), although not potent enough alone to induce a loss-of-righting reflex (Ferko, 1987), it is not surprising that taurine prolongs ethanol-induced sedation when given intracerebro-ventricularly (Mattucci-Schiavone and Ferko, 1985; McBroom et al., 1986; Ferko, 1987; Ferko and Bobyock, 1988). However, other investigators have demonstrated that acute administration of taurine actually attenuates the sedating effects of ethanol when given peripherally (Iida and Hikichi, 1976; Boggan et al., 1978; McBroom et al., 1986). The fact that taurine prolongs ethanol-induced sedation when given directly into the brain but reduces it when administered systemically suggests that taurine may exert some of its effects on ethanol-induced sedation via peripheral mechanisms. In addition, although exogenously administered taurine is transported across the blood-brain barrier (Benrabh et al., 1995; Tamai et al., 1995), the differential effects of taurine on ethanol-induced sedation may also be due to the differential pharmacokinetic/pharmacodynamics and absorption of taurine into the CNS following intraventricular vs. peripheral administration (see McBroom et al., 1986).

### **Effects of taurine on the motivational effects of ethanol**

Ethanol is generally considered to have both rewarding and aversive motivational properties. These properties can be measured by the conditioned place preference (CPP) paradigm, in which repeated pairings of drug administration with a unique physical environment results in a preference for that environment in a drug-free state (Cunningham et al., 2000). A CPP for ethanol is, however, is strongly dose-dependent, with CPP being established only with doses between 0.8 and 2.0 g/kg i.p., whereas higher doses tend to induce an aversion for the ethanol-paired environment

(van der Kooy et al., 1983; Asin et al., 1985; Reid et al., 1985; Bozarth, 1990; Quertemont et al., 1998; Cunningham et al., 2000; Quertemont and De Witte, 2001; Cunningham and Henderson, 2000). The ethanol metabolite acetaldehyde can also produce CPP (Smith et al., 1984; Quertemont and De Witte, 2001). Ethanol CPP appears to be enhanced with repeated exposure to ethanol, indicating that tolerance to the initial aversive effects of ethanol may develop, unmasking its appetitive and rewarding effects (Cunningham, 1981; Gauvin and Holloway, 1992; Holloway et al., 1992; Cunningham et al., 2000). The development of a CPP for ethanol can be further modified by the introduction of additional sensory stimuli, such as olfactory cues. In a recent study (Quertemont et al., 1998), supplementation of rats with taurine in the drinking water (625 mg/100 ml) resulted in an ethanol CPP when an olfactory stimulus (vinegar odor) was paired ethanol at a dose of 0.3 g/kg i.p., a dose that normally does not produce ethanol CPP. Conversely, taurine-supplemented rats displayed a reduced aversion to the olfactory stimulus paired with a higher (2.0 g/kg) dose of ethanol. These data indicate that the ability of taurine to modify the rewarding/motivational and aversive properties of ethanol are highly dependent on the dose of ethanol administered.

The aversive properties of ethanol can also be measured by another paradigm known as conditioned taste aversion (CTA) (Hunt and Amit, 1987; Cunningham et al., 2000). In this procedure, ethanol injections are repeatedly paired with a novel food or taste stimulus. Unexpectedly, addictive substances, including ethanol, often produce a conditioned aversion to the novel food or taste stimulus, suggesting that certain drugs of abuse produce aversive motivational effects (Hunt and Amit, 1987). Aragon and colleagues (Aragon and Amit, 1993) demonstrated that simultaneous administration of taurine (45 mg/kg i.p.) enhanced CTA produced by 0.8 mg/kg ethanol i.p., blocked CTA produced by 1.2 g/kg ethanol i.p., and had no effect on CTA produced by 1.6 g/kg ethanol i.p. Thus, taurine can also modulate the aversive properties of ethanol in a manner strongly dependent on the dose of ethanol administered.

One might speculate that any effects of taurine of ethanol-induced locomotion, sedation or place/taste preference could be attributable to the ability of taurine to modulate ethanol metabolism and elimination rates. While several studies have shown that taurine,

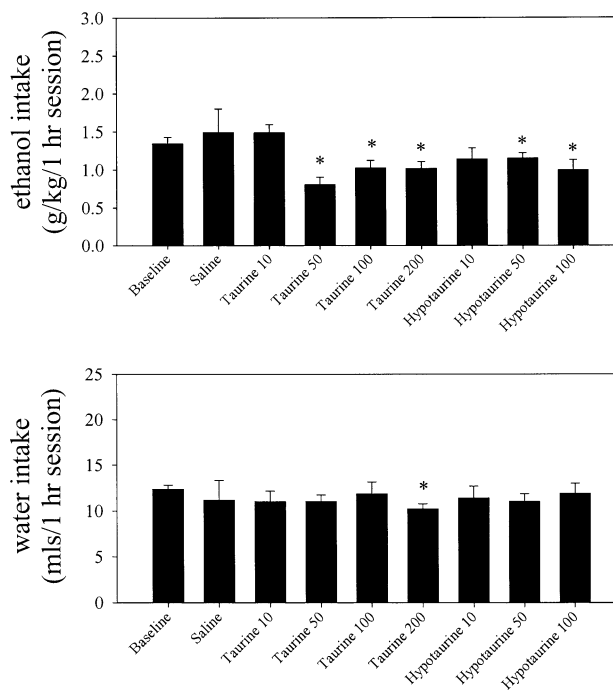
but not hypotaurine, can indeed modulate alcohol dehydrogenase activity and oxidation of acetaldehyde (Watanabe et al., 1985; Theofanopoulos and Lau-Cam, 1998; Font et al., 2001; Ward et al., 2001), these experiments utilized chronic treatments at doses of taurine that were much larger ( $>300$  mg/kg) than those used in the aforementioned behavioral experiments. Thus, it is likely that the ability of taurine and related molecules to alter ethanol-induced behaviors are mediated by pharmacological interactions in the CNS.

### Effects of taurine and related molecules on ethanol self-administration

Preclinical studies examining the neuropharmacological basis of ethanol-seeking behavior normally employ one of two methods of ethanol self-administration: operant self-administration and the two-bottle choice paradigm. In operant self-administration procedures, rodents are placed in an operant chamber and trained to press a lever (or perform some other simple motor task) which results in the presentation of a small quantity of an ethanol-containing solution (usually 8–12% v/v). In the two bottle-choice procedure, rodents are given concurrent access to two (or sometimes more) bottles on the home cage, each of which contains either water or an ethanol-containing solution. In both procedures, outbred strains of rodents normally tend to avoid ethanol-containing solution due to its aversive taste. However, this initial taste aversion can be overcome by either forced ethanol exposure (i.e., several days with access to an ethanol-containing solution as the only source of fluids), or the introduction of sucrose or saccharin into the ethanol solution, which is subsequently “faded out” over a period of several weeks (Samson, 1986). In two bottle choice experiments in which pharmacological manipulations or challenges are introduced, the length of the period of concurrent access to the two solutions is often restricted to only a few hours per day. This “limited access” paradigm has been shown to: (1) produce greater ethanol intake than continuous (i.e., 24 h) access paradigms (Holloway et al., 1984; Marcucella et al., 1984; Linseman, 1987); (2) produce patterns of ethanol consumption that can be more accurately separated from consumption related to feeding behavior seen in continuous access paradigms (Samson et al., 1991); (3) is more characteristic of “binge” pattern drinking seen in human alcoholics (Mendelson and Mello, 1966; Epstein et al., 1995); and (4) confines the drinking behavior of the animal to a

time period in which the majority of the drug administered has not be metabolized and excreted from the body.

Our laboratory recently used the two bottle choice paradigm to assess the effects of acute administration of taurine and the taurine precursor hypotaurine on ethanol consumption in rats (Olive and Hodge, 2001). These compounds were administered i.p. 15 min prior to a 1 hr fluid access session with water and 10% v/v ethanol being concurrently available. Baseline fluid consumption (determined as an average of daily intake values for 2 weeks prior to any drug administration) was  $1.35 \pm 0.08$  g/kg/l hr for ethanol and  $12.36 \pm 0.44$  mls/l hr for water. As seen in Fig. 2, taurine administration reduced acute ethanol consumption by approximately 25 to 40% at doses of 50, 100 and 200 mg/kg. However, a 17% reduction in water intake was also observed at the 200 mg/kg dose of taurine, indicating non-specific effects on fluid consumption at this dose. The taurine precursor hypotaurine reduced ethanol intake by approximately 15–25% at doses of 50 and 100 mg/kg without altering water intake (Fig. 2).



**Fig. 2.** Effects of acute administration of taurine and hypotaurine on voluntary ethanol (top panel) and water (bottom panel) consumption in rats ( $n = 13$ ) using the two bottle choice paradigm. Drugs and doses (in mg/kg) are given on the x-axis. Drugs were administered i.p. 15 min prior to a 1 hr access period to both water and 10% v/v ethanol. \*  $p < 0.05$  vs. baseline using Student's t-test

Taken together, these data indicate that acute administration of taurine and related compounds can modestly reduce voluntary ethanol consumption in rats. These effects are likely mediated by the CNS, as exogenously administered taurine is rapidly transported across the blood-brain barrier (Benrabh et al., 1995; Tamai et al., 1995). However, the neurochemical mechanisms underlying this reduction in ethanol intake by taurine are unclear. One possibility is that taurine may attenuate the acute reinforcing effects of ethanol. Alternatively, since taurine and ethanol share similar neuropharmacological mechanisms of action (i.e., potentiation of ligand-gated chloride channel function and inhibition of calcium channel and excitatory amino acid receptor function), it is possible that the combination of taurine and ethanol produces a synergistic-like effects on the CNS, thus reducing the amount of ethanol needed to achieve the desired pharmacological effect. Such synergism is likely very dose-dependent, and studies on interactions between the doses of taurine administered and the amount of ethanol consumed by the animals should further clarify this possibility.

#### **Acamprosate – a mysterious anti-craving homotaurine derivative**

In the mid-1980's, a handful of studies began to emerge demonstrating that the homotaurine derivative acamprosate (calcium acetylhomotaurinate, see Fig. 1) reduced voluntary ethanol consumption in rodents (Boismare et al., 1984; Le Magnen et al., 1987; Gewiss et al., 1991). Around the same time, several studies in human subjects demonstrated that acamprosate was efficacious in reducing the relapse to relapse to alcohol drinking following detoxification (Lhuintre et al., 1985, 1990). This discovery of acamprosate as an "anti-craving" compound (Spanagel and Zieglgansberger, 1997) represented a significant landmark in the development of novel medications to treat alcohol abuse and alcoholism. While the present review will focus mostly on basic science studies of acamprosate, the reader may find reviews on clinical studies on acamprosate elsewhere (Wilde and Wagstaff, 1997; Johnson and Ait-Daoud, 2000; Kranzler, 2000; Mason, 2001).

Acute administration of acamprosate appears to suppress ethanol intake in non-dependent animals only at higher doses (i.e., 400 mg/kg i.p.), with lower doses being ineffective (Le Magnen et al., 1987;

Gewiss et al., 1991; Heyser et al., 1998; Stromberg et al., 2001). However, repeated administration of lower doses (100–200 mg/kg) appears to more efficacious in attenuating acute ethanol consumption in both dependent and non-dependent animals (Le Magnen et al., 1987; Gewiss et al., 1991; Naassila et al., 1998; Czachowski et al., 2001). This may be due to the fact that acamprosate does not reach steady state plasma levels until after 5–7 days of treatment (Saivin et al., 1998). As with humans, acamprosate also reduces relapse to ethanol consumption during prolonged periods of abstinence in rodents (Spanagel et al., 1996; Hölter et al., 1997; Heyser et al., 1998; Spanagel and Hölter, 2000). There are also several reports that acamprosate reduces ethanol withdrawal-induced hypermotility (Gewiss et al., 1991; Dahchour and De Witte, 1999; Spanagel et al., 1996), place avoidance (Cole et al., 2000), withdrawal-induced glutamate release in the nucleus accumbens (Dahchour et al., 1998; Dahchour and De Witte, 2000) as well as withdrawal-induced c-fos expression in the hippocampus and cerebellum (Putzke et al., 1996). Thus, acamprosate not only reduces ethanol intake but several aspects of the ethanol withdrawal syndrome as well.

There is also evidence that acamprosate can interact with the behavioral effects of opiate drugs. Acamprosate has been reported to reduce sensitization to the locomotor effects of morphine (Spanagel et al., 1998) and attenuate the conditioned place aversion produced by naloxone-precipitated morphine withdrawal (Kratzer and Schmidt, 1998). However, acamprosate does not modify basal or stress-induced relapse to heroin self-administration (Spanagel et al., 1998) or morphine drug discrimination (Pascucci et al., 1999). Thus, acamprosate may be of limited use in the treatment of opiate dependence.

The mechanisms by which acamprosate exerts its anti-craving effects are largely unknown. Acamprosate does not alter blood ethanol levels (Gewiss et al., 1991; Daoust et al., 1992; Saivin et al., 1998), ethanol-induced cortical hypervascularization (Gewiss et al., 1991), or ethanol-induced hypothermia, motor impairment or taste aversion (Le Magnen et al., 1987). Acamprosate does not act as a "substitute" for ethanol in drug discrimination studies (Spanagel et al., 1996; Grant and Woolverton, 1989) and is not sedating (Littleton, 1995). Although acamprosate has poor bioavailability following peripheral administration, it reduces ethanol intake when given intracerebro-

ventricularly (Naassila et al., 2000), indicating a CNS site of action.

Since acamprosate is derived from the GABA<sub>A</sub> agonist homotaurine (Fig. 1), one might expect acamprosate to have agonist properties at GABA<sub>A</sub> receptors as well. Indeed, early studies showed that acamprosate enhanced the accumulation of GABA in brain synaptosomes (Chabenat et al., 1988; Daoust et al., 1992), and its alcohol intake-reducing effects were reversed by the GABA<sub>A</sub> antagonist bicuculline (Boismare et al., 1984; Daoust et al., 1987). A subsequent report indicated that acamprosate could possibly enhance GABAergic transmission by blockade of presynaptic inhibitory GABA<sub>B</sub> autoreceptors (Berton et al., 1998). However, several studies have failed to demonstrate that acamprosate directly enhances GABA<sub>A</sub>-mediated inhibitory postsynaptic potentials or chloride influx (Zeise et al., 1993; Berton et al., 1998). Thus, the ability of acamprosate to function as a GABA agonist remains in question.

There is more convincing evidence that acamprosate interacts with excitatory amino acid receptors, notably the NMDA receptor. Several studies have demonstrated that acamprosate binds to the polyamine site on the NMDA receptor complex (al Qatari et al., 1998; Naassila et al., 1998; Popp and Lovinger, 2000). However, the functional consequences of acamprosate binding to the NMDA receptor complex have been contradictory. For example, acamprosate has been reported to enhance NMDA-mediated glutamatergic neurotransmission in the nucleus accumbens (Berton et al., 1998) and hippocampus (Madamba et al., 1996). Yet others have reported that acamprosate weakly antagonizes NMDA receptor function in hippocampal (Rammes et al., 2001), cortical (Zeise et al., 1990, 1993) or mesencephalic neurons (Allgaier et al., 2000). Still others reported no effect of acamprosate on NMDA-mediated currents in striatal or cerebellar neurons (Popp and Lovinger, 2000). These differences may be attributable to the differential subunit composition of NMDA receptors across these brain regions. Nonetheless, repeated administration of acamprosate has been shown to up-regulate the expression of NMDA receptor subunits in various brain regions similar to that observed following non-competitive NMDA receptor antagonist administration (Rammes et al., 2001). In addition, acamprosate can reduce glutamate-induced neurotoxicity during ethanol withdrawal (al Qatari et al., 2001), and one study indicated that acamprosate can reduce glutama-

tergic neurotransmission in human subjects (Bolo et al., 1998). Thus, while there is more convincing evidence that acamprosate interacts with NMDA rather than GABAergic neurotransmission, the precise mode of action of this compound still awaits definitive clarification.

Other recent reports indicate that acamprosate inhibits Ca<sup>2+</sup> channel function in cultured mesencephalic neurons (Allgaier et al., 2000), suggesting a third possible mode of action. Lastly, De Witte and colleagues have proposed that acamprosate may act via a taurinergic mechanism (Dahchour and De Witte, 2000). For instance, acute injections of high dose of acamprosate (1 g/kg) elevate extracellular taurine levels in the rat nucleus accumbens (Dahchour et al., 1995; Dahchour and De Witte, 2000). Acamprosate can also displace the binding of radiolabelled taurine, but glutamate or GABA, to cultured neurons in vitro (Wu et al., 2001), although this study used concentrations of acamprosate (1 mM) that were found to be neurotoxic. Taurine can also inhibit the intestinal transport of acamprosate (Mas-Serrano et al., 2000). Taken together, these few studies suggest that acamprosate may indeed interact with cellular receptors or membrane transporters of taurine. Further studies on precisely how acamprosate interacts with endogenous taurine systems may help shed light on the elusive neuropharmacological actions of this anti-craving compound.

## Conclusions

This review has highlighted literature indicating that taurine and ethanol can interact at numerous levels in the CNS, from the biochemical to the behavioral. However, more research on these interactions are needed to further clarify several issues, including (1) the precise mechanisms and functional consequences of ethanol-induced increases in extracellular taurine levels, (2) the neural circuitry and neurotransmitters involved in the modulation of motivational and behavioral effects of ethanol by taurine, and (3) the neuropharmacological mechanism by which acamprosate may reduce ethanol intake and relapse to drinking during abstinence. Such studies will ultimately shed light on how acute and chronic ethanol consumption alters the neurochemistry of the brain, and how taurinergic systems in the brain might be targeted for pharmacological management of alcohol abuse and alcoholism.



## Acknowledgements

This work was supported by funds from the State of California for medical research on alcohol and substance abuse through the University of California at San Francisco. The author wishes to thank Drs. C. W. Hodge and P. H. Janak for their support and helpful discussions.

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