



# Topiramate antagonizes NMDA- and AMPA-induced seizure-like activity in planarians

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## ABSTRACT

The mechanism of anticonvulsant action of topiramate includes inhibition of glutamate-activated ion channels. The evidence is most convincing for direct inhibitory action at the ionotropic AMPA ( $\alpha$ -Amino-3-hydroxy-5-methylisoxazole-4-propionic acid) and kainate ((2S,3S,4S)-3-(Carboxymethyl)-4-prop-1-en-2-ylpyrrolidine-2-carboxylic acid) glutamate receptor subtypes. Less direct connection has been made to the NMDA (N-Methyl-D-aspartate) subtype. In the present study, we demonstrate that NMDA and AMPA produce concentration-dependent seizure-like activity in planarians, a type of flatworm which possesses mammalian-like neurotransmitters. In contrast, planarians exposed to the inhibitory amino acid, glycine, did not display pSLA. For combination experiments, topiramate significantly reduced planarian seizure-like activity (pSLA) produced by NMDA or AMPA. Additionally, NMDA-induced pSLA was antagonized by either an NMDA receptor antagonist (MK-801) or AMPA receptor antagonist (DNQX), thus suggesting that NMDA-induced pSLA was mediated by NMDA and non-NMDA receptors. The present results provide pharmacologic evidence of a functional inhibitory action of topiramate on glutamate receptor activity in invertebrates and provide a sensitive, quantifiable end-point for studying anti-seizure pharmacology.

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## 1. Introduction

Topiramate (2,3:4,5-Bis-O-(1-methylethylidene)- $\beta$ -D-fructopyranose sulfamate) is a wide-spectrum sulfamate-substituted monosaccharide anticonvulsant used as mono- or adjunctive therapy (Maryanoff et al., 1987). Originally thought to work via inhibition of carbonic anhydrase (Shank et al., 1994, 2005, 2006; Dodgson et al., 2000), it is now believed that several mechanisms contribute to its anticonvulsant activity. The four major putative mechanisms involve an action on ionotropic receptors (voltage, glutamate, and GABA-activated ion channels) (White et al., 1995, 1997, 2000; Zona et al., 1997; Taverna et al., 1999; Wu et al., 1999; DeLorenzo et al., 2000; Gordey et al., 2000; McLean et al., 2000; Zhang et al., 2000; Herrero et al., 2002; Curia et al., 2004; McNaughton et al., 2004; Russo and Constanti, 2004; Kuzmiski et al., 2005; Okada et al., 2005a,b; Leppik et al., 2006; Simeone et al., 2006; Sun et al., 2007; reviewed in Shank and Maryanoff, 2008). There is convincing evidence that topiramate has inhibitory effects on the ionotropic glutamate AMPA and kainate (GluR5) (Gibbs et al., 2000; Skradski and White, 2000; Gryder and Rogawski, 2003; Qian and Noebels, 2003; Angehagen et al., 2004, 2005; Poulsen et al., 2004) receptor subtypes. Topiramate has been reported to lack direct effect on NMDA receptors. However, NMDA receptor subtype activity is known to be influenced by AMPA receptor activity (Kim et al., 2007; Du et al., 2008). It thus seems

possible that topiramate might be able to affect an NMDA-induced behavior, particularly in a simple model. Planarians provide such a model (summarized in Raffa and Rawls, 2008). We previously demonstrated the presence of glutamate (mean =  $323 \pm 44$  pmol/mg-animal) in planarians (Rawls et al., 2006). Planarians also express the genes for at least two types of ionotropic glutamate receptors which share high sequence similarity to neural specific genes isolated from humans and mice (Cebrià et al., 2002). Thus, the present study determined if planarians exposed to NMDA or AMPA display seizure-like activity and, if so, whether or not topiramate is capable of blocking planarian seizure-like activity (pSLA) induced by these glutamatergic agents.

## 2. Methods

### 2.1. Animals and drugs

Planarians (*Dugesia dorotocephala*) were purchased from Carolina Biological Supply (Burlington, NC, USA), acclimated to room temperature (21 °C), and tested within 3 days of receipt. NMDA, glycine, (+)-MK 801 maleate (MK-801), (RS)-AMPA, and 6,7-Dinitroquinoxaline-2,3-dione disodium salt (DNQX) were purchased from Tocris Biosciences (St. Louis, MO). Topiramate was purchased from Toronto Research Chemicals (North York, Ontario). (S)-(-)-Propranolol hydrochloride was purchased from Sigma-Aldrich (St. Louis, MO). Stock solutions of each drug were prepared daily in tap water containing AmQuel® water conditioner. All treatment solutions were diluted with tap water containing AmQuel® water conditioner.

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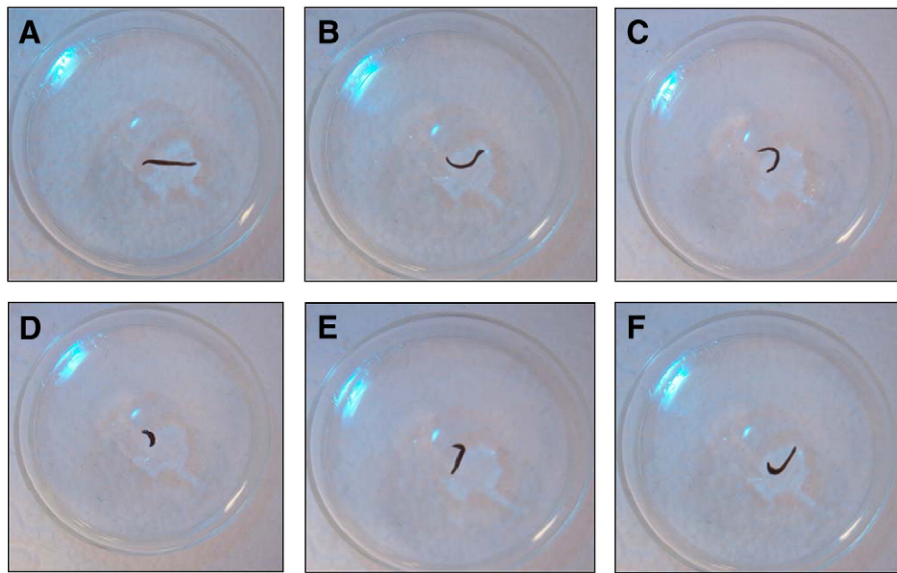


Fig. 1. A) Planarian exposed to water. B–F) pSLA during exposure to 3 mM NMDA.

## 2.2. Behavioral experiments

Planarian seizure-like activity (pSLA) was defined as asynchronous paroxysms (C-shape, twitching behaviors following pro-convulsant exposure) (Fig. 1). For each experiment, individual planarians were placed into a clear plastic petri dish (5.5 cm diameter) containing an agent or combination of agents and pSLA was then quantified as the number of behaviors displayed over a 5-min observation period. Dose combinations for each experiment are described in Table 1. Comparisons of cumulative group means ( $\pm$ S.E.M.) were evaluated by one-way ANOVA followed (if  $p < 0.05$ ) by a Dunnett's *post-hoc* analysis. Values of  $p < 0.05$  were considered to be statistically significant.

## 3. Results

### 3.1. NMDA produces pSLA

Planarians exposed to NMDA (15 mM) displayed recurrent seizure-like activity whereas glycine, another amino acid, did not produce pSLA during the 5-min observation interval Fig. 2 (inset). The onset of pSLA following NMDA exposure was rapid, occurring less than 10 s following drug application. Over the 5-min test period, the rate (i.e., number of behaviors in 1 min) of NMDA-induced pSLA was greatest during the first minute (approximately 24/min) and then became fairly constant over the last 3 min (approximately 8/min). The duration of each individual behavior was approximately 1 s. The effect of NMDA was concentration-dependent as planarians exposed to 1, 3 or 10 mM NMDA displayed significant pSLA (Fig. 2). Locomotor activity, although not quantified, was visibly reduced in planarians exposed to the higher concentrations (10 and 15 mM) of NMDA. The

Table 1  
Design for planarian seizure-like activity (pSLA) experiments.

Experiment	Drug(s)
1	NMDA (0.01, 0.1, 1, 3, 10 mM) or water
2	MK-801 (0, 0.1, 1, 3 mM) + NMDA (3 mM)
3	DNQX (0, 0.01, 0.1, 1, 3 mM) + NMDA (3 mM)
4	Topiramate (0, 0.1, 1, 3 mM) + NMDA (3 mM)
5	AMPA (0.01, 0.1, 1 mM) or water
6	Topiramate (0, 0.01, 0.1, 0.5, 1 mM) + AMPA (0.5 mM)

Each planarian was placed into a clear plastic petri dish (5.5 cm diameter) containing a drug or drug combination and then tested individually for pSLA for 5 min.

possibility that a lowering of the pH in the NMDA solutions contributed to the production of pSLA was investigated. The pH of the test water was 7.0, and the pH of a 3 mM NMDA solution was 6.6. Planarians exposed to only acetate buffer with a pH of 6.6 did not display pSLA. In fact, only when the pH of the acetate buffer was less than 5.0 did planarians display pSLA.

### 3.2. MK-801 or DNQX antagonizes NMDA-induced pSLA

The effects of progressively increasing concentrations of MK-801 (0, 1, 1 or 3 mM) on pSLA induced by a fixed concentration of NMDA (3 mM) are presented in Fig. 3. All three concentrations of MK-801

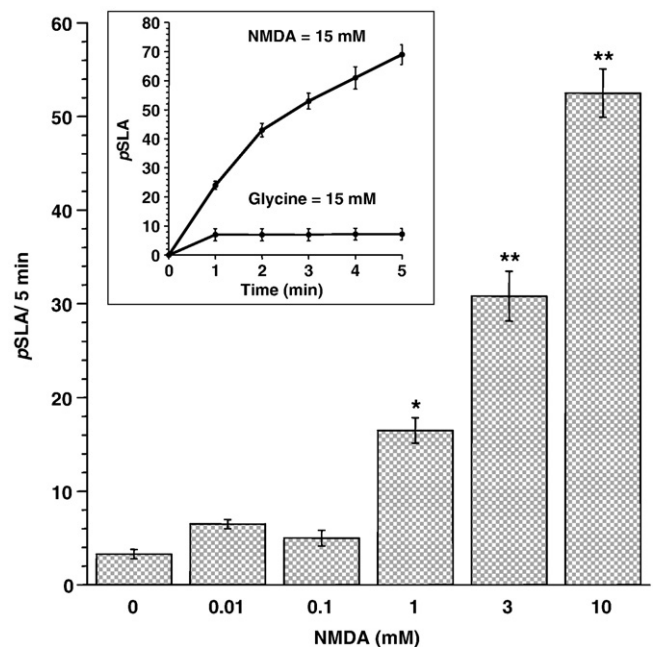
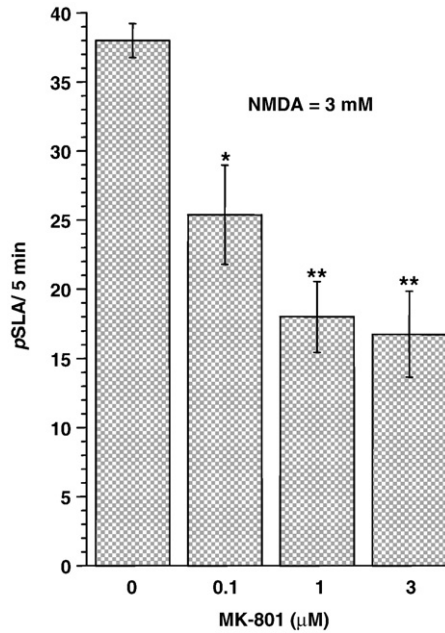


Fig. 2. NMDA (0.01–10 mM) produced concentration-related pSLA, expressed as the cumulative mean ( $\pm$ S.E.M.) over a 5-min observation period. \* $p < 0.05$  or \*\* $p < 0.01$  compared to control (0 mM NMDA).  $N = 8$ –18 planarians per group. Inset) Effects of NMDA (15 mM) and glycine (15 mM) on pSLA, expressed as the number of occurrences (mean  $\pm$  S.E.M.) each minute over a 5-min observation period.  $N = 5$ –10 planarians per group.

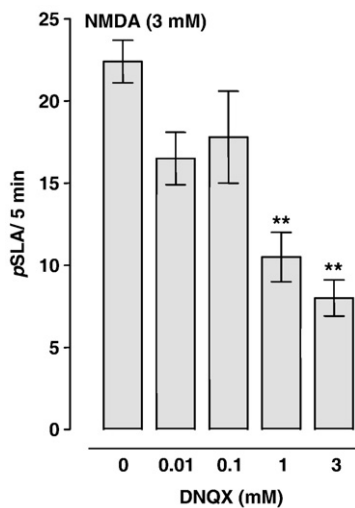


**Fig. 3.** Co-administration of MK-801 (0.1–3 μM) attenuated the pSLA produced by a fixed concentration of NMDA (3 mM). \* $p < 0.05$  or \*\* $p < 0.01$  compared to group treated with NMDA by itself.  $N = 8$ –16 planarians per group.

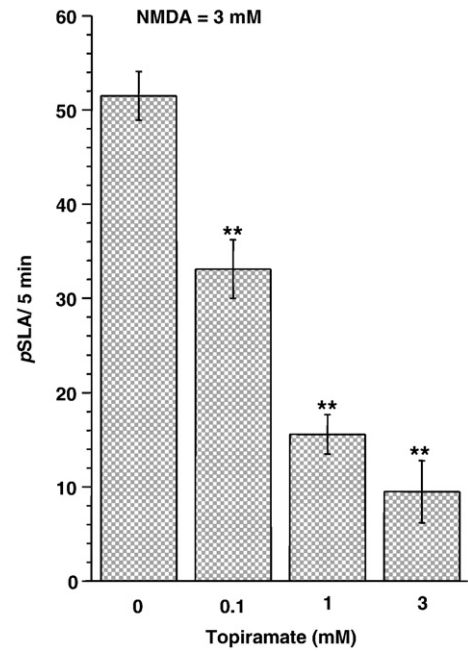
significantly reduced NMDA-induced pSLA. DNQX (0.01, 0.1, 1 or 3 mM) also produced a concentration-related inhibition of pSLA produced by 3 mM NMDA (Fig. 4). Planarians co-exposed to a solution containing NMDA (3 mM) and either 1 or 3 mM DNQX displayed significantly less pSLA than planarians exposed only to a solution containing NMDA (3 mM) ( $p < 0.01$ ). Planarians exposed only to MK-801 or DNQX did not display pSLA (data not shown).

### 3.3. Topiramate antagonizes pSLA induced by NMDA or AMPA

Effects of topiramate on pSLA induced by NMDA and AMPA are presented in Figs. 5 and 6, respectively. Planarians exposed only to topiramate did not display pSLA. For co-treatment experiments, planarians exposed to a combination of NMDA (3 mM) and topiramate (0.1, 1 or 3 mM) displayed significantly less pSLA than planarians exposed only to NMDA (3 mM) ( $p < 0.01$ ) (Fig. 5). AMPA

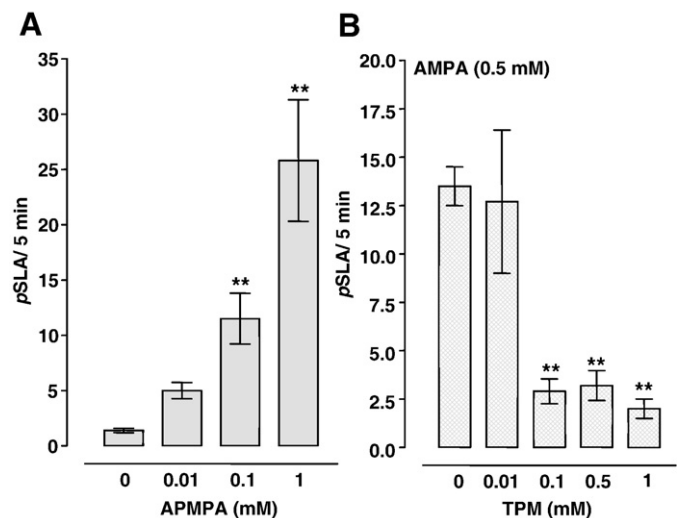


**Fig. 4.** Co-administration of DNQX (0.01–3 mM) attenuated the pSLA produced by a fixed concentration of NMDA (3 mM). \*\* $p < 0.01$  compared to group treated with NMDA by itself.  $N = 8$ –20 planarians per group.



**Fig. 5.** Co-administration of topiramate (0.1–3 mM) attenuated the pSLA produced by a fixed concentration of NMDA (3 mM). \*\* $p < 0.01$  compared to group treated with NMDA by itself.  $N = 8$ –18 planarians per group.

(0.01, 0.1 or 1 mM) produced a concentration-related increase in pSLA (Fig. 6A). On the basis of those results, a concentration of 0.5 mM AMPA was then selected for combination experiments with topiramate. A combination of AMPA (0.5 mM) and topiramate (0.1, 1 or 3 mM) produced significantly less pSLA than AMPA (0.5 mM) by itself ( $p < 0.01$ ) (Fig. 6B). Propranolol, a drug that is not known to display anti-seizure properties in mammals, was used as a negative control for our topiramate experiments. When given in combination with either NMDA (3 mM) or AMPA (0.5 mM), propranolol (10 mM) did not produce a significant reduction in pSLA compared to planarians treated only with NMDA (3 mM) or AMPA (0.5 mM) ( $p > 0.05$ ) (data not shown).



**Fig. 6.** A) AMPA (0.01–1 mM) produced concentration-related pSLA, expressed as the cumulative mean ( $\pm$  S.E.M.) over a 5-min observation period. \*\* $p < 0.01$  compared to control (0 mM AMPA).  $N = 6$ –12 planarians per group. B) Co-administration of topiramate (0.01–1 mM) attenuated the pSLA produced by a fixed concentration of NMDA (3 mM). \*\* $p < 0.01$  compared to group treated with AMPA by itself.  $N = 8$ –20 planarians per group.



#### 4. Discussion

Excitotoxicity linked to excess glutamate activity has been implicated in the etiology, initiation, maintenance, and/or pathophysiological sequelae of epilepsy. Glutamate, the excitatory amino acid most abundant in mammalian central nervous system, is released in large quantities during seizures and triggers excitotoxic ion fluxes that are mediated or modulated by glutamate receptor subtypes. Fast excitatory glutamate neurotransmission involves ionotropic glutamate receptors, including AMPA and NMDA receptors, whereas slow responses involve metabotropic G protein-coupled glutamate receptors (see Bazan et al., 2002) and kainate produces a model of human temporal lobe epilepsy in animals (see Furuta et al., 2003). In the present study, planarians exposed to NMDA or AMPA displayed seizure-like activity that was antagonized by topiramate. These results provide pharmacologic evidence in favor of an antagonistic action of topiramate on seizure-like activity induced by NMDA, as well as AMPA.

Prior studies using neurochemical, molecular and behavioral approaches reveal that planarians utilize endogenous glutamate and express glutamate-like receptors. Our laboratory used HPLC to demonstrate that planarians contain endogenous glutamate and GABA, the principal inhibitory neurotransmitter in the mammalian brain (Rawls et al., 2006). Another study from our laboratory showed that an NMDA receptor antagonist, LY 235959, significantly reduces cannabinoid withdrawal in planarians (Rawls et al., 2007). From a molecular perspective, planarians do express genes for at least two types of ionotropic glutamate receptors which share high sequence similarity to neural specific genes isolated from humans and mice (Cebrià et al., 2002). Even though these results suggest that glutamate-like receptors are important factors in planarian physiology, they are clearly not identical to mammalian glutamate receptors. These differences in receptor homology and function may result in pharmacological effects that are not entirely the same across planarians and mammals. A related finding in our study is that a saturating concentration of MK-801 failed to completely antagonize NMDA-induced seizure-like activity. These data suggest a role for both NMDA-dependent and -independent processes in the seizure-like effects of NMDA in planarians. This interpretation was confirmed by the effect of the AMPA/kainate antagonist DNQX, which, akin to MK-801, antagonized a significant proportion of NMDA-induced seizure-like activity. Hence, in planarians, NMDA appears to produce seizure-like activity through NMDA and non-NMDA receptor activation.

The present study also demonstrated that topiramate antagonizes seizure-like activity produced by both NMDA and AMPA. While the inhibitory action of topiramate on the effect of AMPA in planarians is consistent with its documented action in mammals, few studies have investigated a role for topiramate in NMDA receptor pharmacology. For example, mammalian studies have shown that topiramate exerts inhibitory effects on the AMPA and kainate receptor subtypes (e.g., Gibbs et al., 2000; Gryder and Rogawski, 2003) but has no direct effect on NMDA receptors (Qian and Noebels, 2003; Angehagen et al., 2004). However, it has been postulated (Angehagen et al., 2004, 2005) that topiramate "... binds to some vacant phosphorylation sites within one or more proteins that comprise the AMPA or kainate receptor complexes, and thereby prevents phosphorylation, and may exert allosteric modulatory effects on channel activity" (Shank and Maryanoff, 2008). By such a mechanism, topiramate could affect NMDA receptor activity through its effect on AMPA receptors. Our evidence suggests that topiramate, at least in planarians, is capable of inhibiting biological responses produced by agonists of NMDA and AMPA receptors. The effectiveness of topiramate on NMDA- and AMPA-induced effects in our model may be due to two factors, the (1) pharmacological diversity of the agent itself and (2) ability of NMDA to produce seizure-like activity through NMDA and non-NMDA receptor-dependent processes. Regarding the former point, the antiepileptic effect of topiramate is mediated by several processes, such as inhibition of

inward currents at AMPA/kainate receptors, modification of sodium ion- and/or calcium ion-dependent action potentials, and enhancement of GABA-mediated chloride ion fluxes into neurons (Pappalardo et al., 2004; Ziemann, 2003; Nakamura et al., 2000; Shank et al., 2000). Hence, it is conceivable that the ability of topiramate to disrupt at least two processes that contribute to seizure-like activity (i.e., inhibition of AMPA- and NMDA-induced seizure-like activity) accounts for its broad effectiveness in planarians (Shank and Maryanoff, 2008).

In summary, the present results demonstrated that planarians exposed to NMDA or AMPA display pSLA. The antiepileptic drug topiramate antagonized pSLA produced by both agents. In addition to the immediate results, this study provides a sensitive and quantifiable *in vivo* endpoint for the study of seizure-inducing and seizure-inhibiting compounds and, further, provides the opportunity for the study of mechanistic questions related to pro- and anticonvulsant neurotransmitters and drugs.

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