



## Review

# Metabotropic and ionotropic glutamate receptors as neurobiological targets in anxiety and stress-related disorders: Focus on pharmacology and preclinical translational models

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## ABSTRACT

Anxiety disorders are amongst the most common and disabling of psychiatric illnesses and have severe health and socio-economic implications. Despite the availability of a number of treatment options there is still a strong medical need for novel and improved pharmacological approaches in treating these disorders. New developments at the forefront of preclinical research have begun to identify the therapeutic potential of molecular entities integral to the biological response to adversity, particularly molecules and processes that may pre-determine vulnerability or resilience, and those that may act to switch off or “unlearn” a response to an aversive event. The glutamate system is an interesting target in this respect, especially given the impact anxiety disorders have on neuroplasticity, cognition and affective function. These areas of research demonstrate expanding and improved evidence-based options for treating disorders where stress in various guises plays an important etiological role. The current review will discuss how these pathways are involved in fear circuitry of the brain and compare the strength of therapeutic rationale as well as progress towards pharmacological validation of the glutamate pathway towards the treatment of anxiety disorders, with a particular focus on metabotropic and ionotropic glutamate receptors. Specific reference to their anxiolytic actions and efficacy in translational disease models of posttraumatic stress disorder, obsessive–compulsive disorder, panic disorder and phobia will be made. In addition, the availability of ligands necessary to assist clinical proof of concept studies will be discussed.

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## Contents

1.	General introduction	776
2.	Glutamate signaling in the central nervous system	777
2.1.	Ionotropic glutamate receptors	778
2.1.1.	NMDA receptors	779
2.1.2.	AMPA receptors	780
2.1.3.	Kainate receptors	781
2.2.	Metabotropic glutamate receptors (mGluRs)	781
2.2.1.	Group I metabotropic receptors	781
2.2.2.	Group II metabotropic receptors	781
2.2.3.	Group III metabotropic receptors	782
3.	Extinction and its role in anxiety disorders	782
4.	Role of glutamate receptors in anxiety and stress-related disorders	782
4.1.	Therapeutic utility of glutamate in anxiety disorders	783
5.	Ionotropic glutamate receptors in anxiety: a preclinical perspective	783
5.1.	NMDA receptor modulation	783
5.2.	AMPA receptor modulation	784

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6.	Metabotropic glutamate receptors in anxiety: a preclinical perspective. . . . .	786
7.	Animal models of anxiety and stress-related disorders . . . . .	788
7.1.	Stress and its relevance in pathophysiological models of anxiety disorders . . . . .	788
7.2.	Posttraumatic stress disorder (PTSD) . . . . .	789
7.2.1.	Ionotropic glutamate receptors in animal models of PTSD . . . . .	789
7.2.2.	Metabotropic glutamate receptors in animal models of PTSD . . . . .	791
7.3.	Obsessive–compulsive disorder (OCD) . . . . .	791
7.3.1.	Ionotropic glutamate receptors in animal models of OCD . . . . .	791
7.3.2.	Metabotropic glutamate receptors in animal models of OCD . . . . .	792
7.4.	Panic disorder . . . . .	792
7.5.	Phobias . . . . .	792
8.	Future perspective and summary . . . . .	793
9.	Concluding remarks . . . . .	793
	Conflict of interest . . . . .	794
	Acknowledgements . . . . .	794
	References . . . . .	794

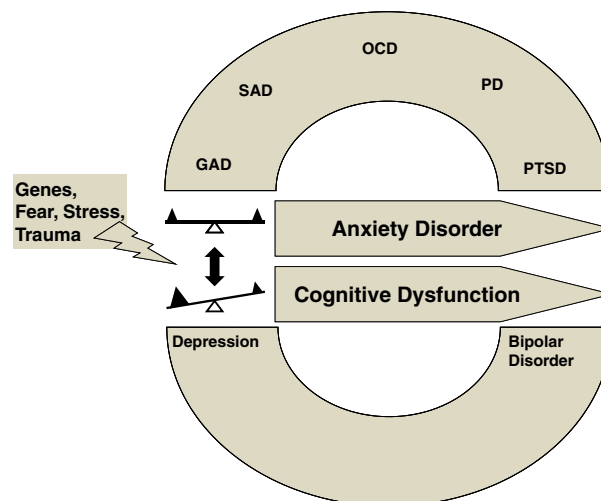
## 1. General introduction

Anxiety disorders have a 12 month prevalence of 17% and a life-time prevalence of 24.9%, and as a group are amongst the most disabling of psychiatric illnesses (Kessler et al., 1994). Despite the availability of psycho- and pharmacotherapies, underdiagnosis and undertreatment of these conditions contribute to their enormous personal and economic costs (Dupont et al., 1996). The major DSM-IV anxiety disorders, including general anxiety disorder (GAD), post-traumatic stress disorder (PTSD), social phobia, panic disorder (PD) with/without agoraphobia, specific phobia, are frequently co-morbid with mood disorders such as major depression and bipolar disorder, but also substance and alcohol abuse disorders, that often compromise effective management of the anxiety disorder (Kessler et al., 2010). There is thus an urgent need to develop broadly acting, more effective anxiolytics with a rapid onset of action, that are better tolerated and with limited abuse potential. Further, these compounds must be rationally designed to target the pathophysiological mechanisms of the illness.

The underlying molecular pathology of the different anxiety disorders remains to be elucidated. Nevertheless, it is clear that multiple risk factors including genetic (Hettema et al., 2001; Smoller et al., 2009), psychosocial and stress/trauma are important contributors towards disease etiology (Harvey et al., 2003a; Gregory et al., 2008; Fig. 1). Excessive and prolonged stress can lead to neuronal damage in vulnerable brain

structures such as the hippocampus with potential negative impact on learning and memory function (see McEwen, 2000). Whilst the range of symptoms vary considerably across GAD, social anxiety disorder (SAD), obsessive–compulsive disorder (OCD), PD, PTSD and form the basis for their DSM IV classification, cognitive dysfunction is a common element running across all these anxiety disorders as well as co-morbid indications such as major depression and bipolar disorder (Fig. 1). Indeed disruption of cognition seems to be reflected in the symptom domains for a number of anxiety disorders such as problems in concentration (GAD), uncontrollable re-experiencing of severe trauma related memories (PTSD) and obsessional thoughts (OCD) (APA, 1994). Thus, improving cognitive function in these patients either through psychological and/or pharmacological intervention will continue to form an important element in the therapeutic management of anxiety disorders.

Apart from genetic predisposition, stress-related mental illnesses are dependent on the nature and duration of the stressor, so that environmental adversity may be a means of more effectively separating stress sensitive from stress resilient populations (Connor and Zhang, 2006). However, despite dramatic technological advances in genetics and gene analysis over the past twenty years, progress towards identification of specific disorder-related genes in anxiety but also other psychiatric disorders has been modest and perhaps below expectation (Foster et al., 2010; Lohoff, 2010). Complex disease phenotypes, involvement of multiple genes of small effect as well as small sample size in genetic studies have been suggested as reasons



**Fig. 1.** Risk factors, such as genes, fear, stress and early life trauma, impact neurobiological systems governing cellular resilience, such as neurotrophic function and neuroplasticity. Coping and appropriate adaptation to stress leads to recovery (allostasis), while unresolved adversity will lead to allostatic load and psychopathology in susceptible individuals. Many of these disorders lie on a continuum, with cognitive dysfunction and anxiety closely connected.

for this difficulty (Abdolmaleky et al., 2005). Candidate genes currently considered to be associated with anxiety disorders, as summarized by Smoller et al. (2009) include: 5HT2AR (PD), COMT (PD, OCD), DRD2 and FKBP5 (PTSD). However, with the possible exception of COMT in PD which is supported by a meta-analysis, the reliability of the association with these genes remains questionable.

Fortunately, in recent years significant advances in understanding the psychobiology of anxiety and stress-related disorders and in developing effective interventions has been realized (Stein and Hollander, 2002; Krystal et al., 2010). A hypothetical sequelae of neurobiological events is presented in Fig. 2, where a concerted action by predisposing risk factors (e.g. genetic, stress) and abnormal activation of the hypothalamic-pituitary-adrenal (HPA) HPA-stress axis may compromise neuronal resilience through neurotrophin dysregulation and impaired neuroplasticity (see also Harvey et al., 2003a). Based on preclinical and clinical research these changes have been postulated to act as drivers for neurochemical/neuroendocrine imbalance leading to cognitive and emotional impairment, ultimately contributing towards the development of an anxiety disorder.

As comprehensively reviewed by Bermudo-Soriano and colleagues in this special issue of the journal, there is substantial clinical evidence that supports the involvement of glutamate in anxiety disorders. For instance brain imaging analysis in patients with generalized social phobia demonstrated increased glutamate levels in the anterior cingulate cortex compared to healthy subjects as well as a correlation between the magnitude of the glutamate signal and the severity of the phobic symptoms (Phan et al., 2005). Furthermore, the change in glutamate function could be reversed by anxiolytic treatment (Pollack et al., 2008). In addition, a number of clinical studies have demonstrated the utility of glutamate-active drugs in GAD, including memantine (Feusner et al., 2009), riluzole (Coric et al., 2005; Mathew et al., 2008), metabotropic glutamate receptor (mGlu) 2/3 agonists (Dunayevich et al., 2008) and pregabalin (Baldwin and Ajel, 2007). Similarly, glutamatergic agents have demonstrated usefulness in OCD, including memantine (Stewart et al., 2010), riluzole (Coric et al., 2005) and N-acetyl cysteine (LaFleur et al., 2006). Although PTSD is most closely associated with increased noradrenergic signaling, especially serving as a general alarm system and facilitating the encoding of emotional memories, recent evidence suggests clinical efficacy for glutamatergic agents, for example D-serine and D-cycloserine (Heresco-Levy et al., 2002, 2009). In fact, D-cycloserine shows promising anxiolytic activity in humans under different states of anxiety (Bailey et al., 2007). However, the clinical use of

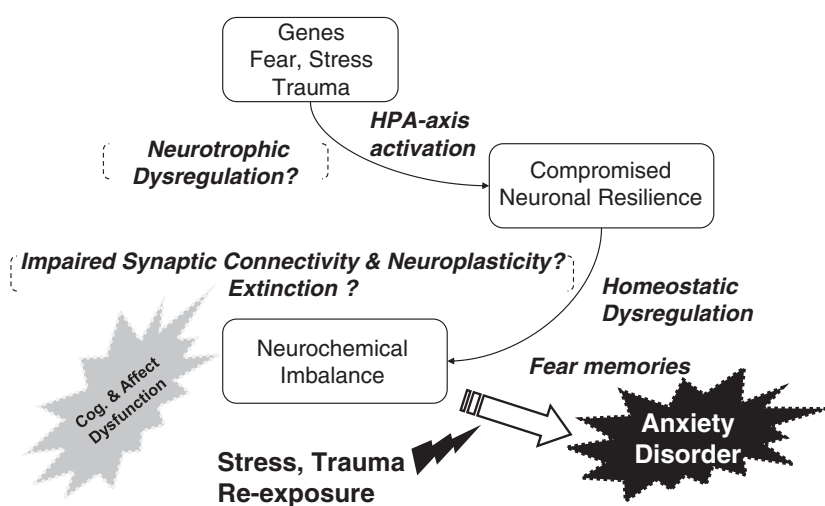
glutamatergic drugs in panic disorder has not been closely examined, although two preliminary studies using mGlu 2/3 agonists failed to demonstrate meaningful efficacy (Bergink and Westenberg, 2005; Kellner et al., 2005).

Whilst the above-mentioned clinical observations need further replication and evaluation in additional anxiety disorders, they concur with extensive preclinical data demonstrating a strong connection between glutamate and the neurobiological response to aversive stimuli. Stress, fear and trauma together with multi-genetic predisposition is recognized to contribute to the risk for development of anxiety pathology (Figs. 1 and 2). Basic research in animals has established a strong connection between stress and brain glutamate function, its association with changes in neuroplasticity (see Spedding et al., 2003) and the subsequent development of an anxiety disorder (see Cortese and Phan, 2005; Krystal et al., 2010). Thus, acute stress can stimulate glutamate release in the rat prefrontal cortex (Bagley and Moghaddam, 1997) whilst repeat exposure to stress can attenuate glutamate release as an adaptive response (Moghaddam, 2002). Glutamate is a potent modulator of events related to synaptic plasticity (Harvey et al., 2003a; Harvey, 2008; Krystal et al., 2010; Peng et al., 2011), while it also regulates hypothalamic function and the neuroendocrine response to stress (van Den Pol et al., 1990; Durand et al., 2008).

To establish the clinical utility and rationale for using glutamatergic active drugs in the various anxiety disorders, this review will consider the role of glutamate in fear and anxiety circuitry in the brain as well as how this relates to the known neuroanatomy and neurobiology of these disorders. We will then present an overview of ionotropic and metabotropic glutamate receptor ligands and whether these compounds display anxiolytic-like actions in animals. Finally we will present evidence for efficacy using translational disease models of specific anxiety disorders.

## 2. Glutamate signaling in the central nervous system

Maintenance of a physiological balance between inhibitory and excitatory neurotransmission in the central nervous system (CNS) is critical in determining normal brain function and behavior. This relies on a functional, perhaps yin–yang type, interaction between  $\gamma$ -amino butyric acid (GABA) and glutamate, the major neurotransmitters involved in mediating inhibitory and excitatory synaptic activity, respectively (Harvey, 1996). Glutamate plays an important and diverse role in the CNS. However, overstimulation of the glutamatergic system can provoke



**Fig. 2.** A hypothetical sequelae of neurobiological events where predisposing risk factors induce abnormal activation of the HPA-stress axis, neurochemical imbalance (e.g. increased glutamate and monoamine release), leading to compromised neuronal resilience. The result is a disabling of critical cortical processes necessary to correctly process extinction of trauma memory, thereby perpetuating a vicious cycle of trauma recollection and re-experiencing. In PTSD, for example, this results in hyperarousal, anxiety and cognitive dysfunction.

hyper-excitability, proconvulsant activity and neuronal damage (Meldrum, 2000). At a cellular level glutamate has a strong influence in controlling neurogenesis and neuroplasticity (Meldrum, 2000; Spedding et al., 2003), whereas in terms of behavior it modulates cognition (e.g. learning and memory) (Lynch, 2006) and affect, as well as response to stress (Moghaddam, 2002), thus making it a promising target for treating depression, anxiety and disorders of cognition. The glutamate pathway analysis presented here will be restricted to the role of ionotropic and metabotropic receptors in anxiety and stress-related disorders.

Receptors mediating the effects of glutamate form a superfamily which has been categorized into two main subfamilies depending on the mode of signal transduction (see Tables 1 and 2). Generally this is either ion mediated (fast; Table 1) or metabotropic (relatively slower; Table 2) which subsequently can modulate a variety of effector systems (e.g. phospholipase C, adenylate cyclase, receptor activated kinases, calcium) leading to intracellular transduction of extracellular stimuli. The properties of glutamate receptors and their distribution in the brain have been covered extensively in the recent literature (see Kew and Kemp, 2005; Nicoletti et al., 2011; Niswender and Conn, 2010; Traynelis et al., 2010) and will only be briefly described here.

Structurally all glutamate receptors share a long N-terminal bi-looped extracellular domain which forms the agonist binding pocket. However, ionotropic and metabotropic receptor subfamilies differ substantially in transmembrane topology with three and seven transmembrane domains, respectively. The ionotropic receptors also have a short cytoplasmic side re-entrant loop which is involved in ion-channel pore formation. Use-dependent receptor desensitization, protein kinase mediated phosphorylation and internalization form the array of cellular mechanisms for augmenting or limiting ionotropic receptor activity (see Traynelis et al., 2010). In the case of the metabotropic glutamate receptors downstream feedback receptor phosphorylation appears to be

an important regulatory mechanism for receptor desensitization and endocytosis (see Kim et al., 2008).

A number of useful pharmacological tools have helped to elucidate the function and therapeutic utility of glutamate receptors (Tables 1 and 2). These agents have assisted in driving a better understanding of receptor properties but also novel modes of pharmacological action. For example, the potential for allosteric control allows for modulation of glutamatergic function with reduced target-related side-effect liability. The list of ligands shown in Tables 1 and 2 is not intended to be comprehensive but is designed to show primarily compounds that are also amenable to in vivo analysis. However, as a lot of these compounds have been inadequately characterized, there remains a concern about selectivity versus related and broader off-target receptors, inter-species variation in binding or functional assay conditions, discrepancy between in vitro target engagement and in vivo dose and brain penetration, and the presence of active metabolites and enantiomers.

### 2.1. Ionotropic glutamate receptors

$\alpha$ -Amino-3-hydroxyl-5-methyl-4-isoxazole-propionate (AMPA), N-methyl-D-aspartate (NMDA) and kainate receptors mediate fast (millisecond scale) excitatory neuronal transmission, resulting in Na<sup>+</sup> and/or Ca<sup>2+</sup> ion conductance. In general AMPA and kainate receptors tend to gate Na<sup>+</sup> more avidly whereas NMDA receptors show preference for stimulating Ca<sup>2+</sup> entry (Kew and Kemp, 2005; Traynelis et al., 2010; Table 1).

Glutamatergic stimulation of NMDA receptors activates a number of subcellular messengers, such as calmodulin kinase II (CaMKII), mitogen-activated protein kinase/extracellular receptor kinase (MAPK/ERK), mammalian target for rapamycin (mTOR), nitric oxide

**Table 1**  
Summary of the basic and pharmacological properties of ionotropic glutamate receptors.

Receptor subtype	Agonist	Antagonist	Authors (year)
<b>AMPA receptor</b>	Orthosteric L-Glutamate, AMPA CI-HIBO, SYM2081 ACPA	Competitive NBQX, YM872, NS1209, ZK200775, LY326325, LY215490, Topiramate Non-competitive Argitoxin 636, IEM-1460, IEM1754 Non-competitive GYKI 52466 LY300164, LY303070 CP-465022, NS3763 CP-526427	Bräuner-Osborne et al., 2000; Alt et al., 2004; Kew and Kemp, 2005; Catarzi et al., 2007; Traynelis et al., 2010; Morrow et al., 2006; O'Neill et al., 2004; Jordan et al., 2005; Woolley et al., 2009; Planells-Cases et al., 2006
<b>Kainate receptor</b>	Orthosteric L-Glutamate, kainate (S)-5-iodowillardine SYM2081, ATPA LY339434	Competitive LY382884, UBP296 NS3763, NS1209 Non-competitive None identified	Bräuner-Osborne et al., 2000; Kew and Kemp, 2005; Alt et al., 2004; Planells-Cases et al., 2006; Traynelis et al., 2010
<b>NMDA receptor</b>	Orthosteric L-Glutamate, NMDA, HA 966, SYM2081 Co-agonist D-serine, D-cycloserine HA966 Allosteric Pregnenolone SO <sub>4</sub>	Competitive DAP5, DAP7 CGS 19755, CGP3789 Co-agonist L-701324, ACPC MDL105519, 7 CKA ACEA 1021, ACPC 5.7 DCKA MDL 102 288 Non-competitive Phencylidine, MK801, Ketamine, Memantine, CNS-1102 Ifenprodil, Ro25-6981 (+)CP-101606 Ro-631908 Allosteric Ro631908, Ro256981 CI1041, troxoptodil	Bräuner-Osborne et al., 2000; Kew and Kemp, 2005; Traynelis et al., 2010

Table shows a summary of some interesting representative ligands including those used as pharmacological tools in in vivo models (Tables 3 and 4). Orthosteric, co-agonist and allosteric : refer to compounds acting through the glutamate, glycine<sub>B</sub> receptor or a non-glutamate binding domain, respectively.

**Table 2**  
Summary of the basic and pharmacological properties of metabotropic glutamate receptors.

Receptor class	Agonist	Antagonists	Authors (year)
<b>Group I</b>	Orthosteric	Competitive	Nicoletti et al., 2011, Niswender and Conn, 2010; Lesage and Steckler, 2010
	Subtype: mGluR1 (a, b, c, d, e, f) Function: excitatory Signaling: G <sub>q</sub> /G <sub>11</sub> ; ↑PLC	l-Glutamate, quisqualate, DHPG	
	Allosteric	Allosteric	Niswender and Conn, 2010
	Subtype: mGluR5 (a,b) Function: excitatory Signaling: G <sub>q</sub> /G <sub>11</sub> ; ↑PLC	Ro-677476, Ro-0711401, VU71, Ro-674853, Orthosteric l-Glutamate DHPG, CHPG	
	Allosteric	Allosteric	Nicoletti et al., 2011, Niswender and Conn, 2010; Lesage and Steckler, 2010
<b>Group II</b>	Orthosteric	Competitive	Nicoletti et al., 2011, Niswender and Conn, 2010; Lesage and Steckler, 2010
	Subtype: mGluR2 Function: inhibitory Signaling: G <sub>q</sub> /G <sub>11</sub> , ↑PLC	l-Glutamate LY354740, LY379268, LY404039	
	Allosteric	Allosteric	Niswender and Conn, 2010; Hemstapat et al., 2007
	Subtype: mGluR3 Function: inhibitory Signaling: G <sub>q</sub> /G <sub>11</sub> , ↑PLC	4-MPPTS (LY487379), BINA, LY566332 Orthosteric site l-Glutamate, LY354740, LY379268 2R,4R-APDC, DCG-IV 1S,3R-ACPD, NAAG	
<b>Group III</b>	Orthosteric	Competitive	Nicoletti et al., 2011, Niswender and Conn, 2010; Lesage and Steckler, 2010
	Subtype: mGluR4 Function: inhibitory Signaling: G <sub>i</sub> /G <sub>o</sub> , ↓AC	L-SOP, L-AP4 Allosteric PHCC, VU0155041 SIB1893, MPEP	
	Orthosteric	Competitive	Nicoletti et al., 2011, Niswender and Conn, 2010; Lesage and Steckler, 2010
	Subtype: mGluR6 (a, b, c) Function: inhibitory Signaling: G <sub>i</sub> /G <sub>o</sub> , ↓AC	L-SOP, L-AP4	
	Orthosteric	Competitive	Nicoletti et al., 2011, Niswender and Conn, 2010; Lesage and Steckler, 2010
	Subtype: mGluR7 (a, b,c, d, e) Function: inhibitory Signaling: G <sub>i</sub> /G <sub>o</sub> , ↓AC	L-SOP, L-AP4, ACPT-1? Allosteric AMN082	
	Orthosteric	Competitive	Nicoletti et al., 2011, Niswender and Conn, 2010; Lesage and Steckler, 2010
	Subtype: mGluR8 (a, b, c) Function: inhibitory Signaling: G <sub>i</sub> /G <sub>o</sub> , ↓AC	L-SOP, L-AP4, DCPG, PPG	

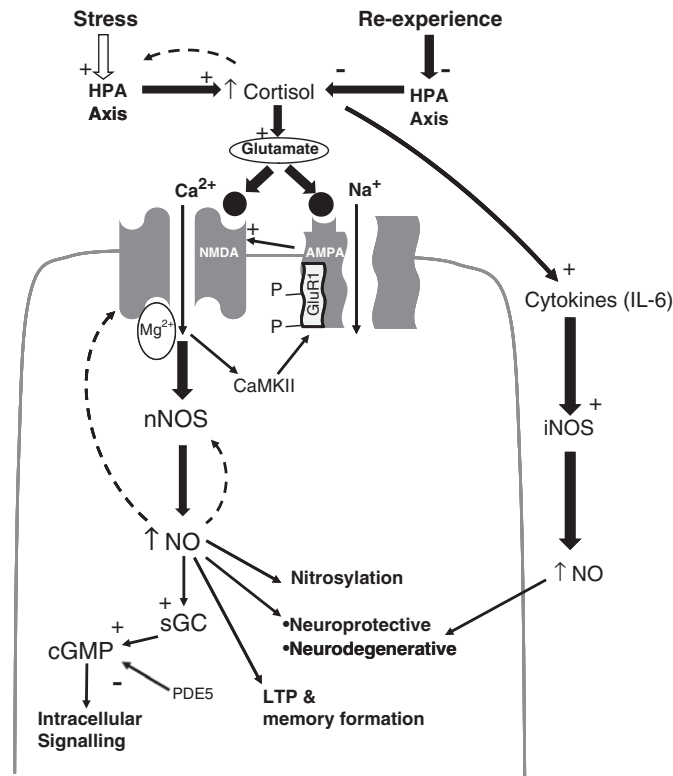
(NO) synthase (NOS) and nuclear factor- $\kappa$ B (NF- $\kappa$ B), all important regulators of synaptic plasticity (Oosthuizen et al., 2005; Kleppisch and Feil, 2009; Li et al., 2010), while the latter is also involved in the inflammatory response (Oosthuizen et al., 2005). Moreover, NMDA-mediated Ca<sup>2+</sup> influx activates NOS, cyclooxygenases, proteases, lipases and protein kinases (Oosthuizen et al., 2005) that under sustained activation lead to mitochondrial dysfunction and oxidative stress. Neuronal NOS (nNOS) and its interaction with various components of the NMDA receptor cascade, viz. postsynaptic density protein 95, a postsynaptic density scaffold protein required for the coupling of nNOS to the NMDA receptor, protein inhibitor of nNOS (PIN), a cytoskeletal transport protein that inhibits nNOS activity, and carboxy-terminal PDZ (PSD95-DlgA-zo-1) ligand of nNOS (CAPON), a cytoplasmic protein that interferes with NMDA receptor-nNOS coupling, collectively contribute to adaptive plasticity. Interestingly, this cascade of events shows increased response in stress-sensitive individuals, possibly representing a vulnerability factor to developing an anxiety disorder (Wegener et al., 2010).

NMDA-mediated Ca<sup>2+</sup> entry also activates CaMKII which, via phosphorylation of GluR1, increases AMPA receptor conductance (Fig. 3). Stargazin, a protein associated with AMPA receptors and a CaMKII substrate, promotes AMPA receptor trafficking (Tomita et al., 2005). By stimulating membrane depolarization, AMPA receptor activation can reverse Mg<sup>2+</sup>-dependent block of the NMDA receptor (Nowak et al., 1984) thus promoting Ca<sup>2+</sup> entry (Burnashev et al., 1995) with the exit of K<sup>+</sup> via the open NMDA receptor channel. This prolongs current flow through the receptor complex leading to a strengthening of NMDA activity (Tanaka et al., 2000; Tomita et al., 2005). Consequently, synaptic plasticity becomes a function that is dependent on the surface expression of AMPA receptors and under mutual cooperation with

NMDA receptors (Selvakumar et al., 2009). Importantly, NO-mediated S-nitrosylation of stargazin increases its binding to AMPA GluR1, resulting in an increase in surface expression of AMPA receptors (Selvakumar et al., 2009), thus suggesting NO to be an inter-cellular messenger mediating NMDA-AMPA receptor cross talk.

### 2.1.1. NMDA receptors

The distinct subunit and splice variant related isoforms of the NMDA receptor subfamily has been extensively reviewed (Ciabarra et al., 1995; Sasaki et al., 2002; Traynelis et al., 2010). NMDA receptors require the presence of extracellular glycine which, together with glutamate, binds to two independent sites on NR1 and NR2 subunits to initiate receptor binding. Historically, greater effort was focussed on NMDA receptor blockers with anti-neurodegenerative or anti-pain properties (Table 1), specifically competitive and non-competitive antagonists. Open channel blockers (e.g. dizocilpine or MK801; phencyclidine or PCP; ketamine) share a common risk for psychotomimetic effects (Javitt, 2004), although memantine, by virtue of its lower potency and selective open channel block of the NMDA receptor, has a more tolerable side-effect profile (see Parsons et al., 2007). Although direct orthosteric agonists, with the exception of NMDA, are not broadly evident in the literature, a number of sulfated endogenous neurosteroids (e.g. pregnenolone sulfate) have been reported to enhance or inhibit NMDA receptor activity through an allosteric mechanism (Malayev et al., 2002; Traynelis et al., 2010). Alternatively, modulation of NMDA receptor function through the co-agonist glycine site has attracted attention, e.g. glycine-B site agonists and antagonists (such as D-serine and D-cycloserine, Table 1), while elevation of synaptic glycine levels through inhibition of glycine transporter-1 (GlyT-1) activity also indirectly enhances NMDA receptor



**Fig. 3.** Effect of acute stress and later re-stress on the HPA-axis, the release of glutamate and the subsequent affects on AMPA and NMDA-NO mediated signaling. Acute stress mediated activation of NMDA- $\text{Ca}^{2+}$  ionophore phosphorylates the GluR1 subunit of the AMPA receptor via CaMKII that will bolster AMPA receptor activity, and a further amplification of NMDA directed subcellular events, such as the activation of the NO-cGMP pathway. The latter is an important neuromodulator in various subcellular events critical for regulating mood, anxiety and cognition. In an animal model of PTSD, re-experience induces increased HPA-axis negative feedback that through actions on the immune-cytokine cascade, changes NMDA-NO signaling to one that predominantly involves the inflammatory/immunological NOS (iNOS) pathway with more destructive capabilities (refer to text for detailed description; Tanaka et al., 2000; Oosthuizen et al., 2005; Tomita et al., 2005; Selvakumar et al., 2009). Broken lines indicate a negative feedback system. IL-6, interleukin-6; CaMKII, calmodulin kinase II; NO, nitric oxide; nNOS, neuronal NO synthase; iNOS, inducible/immunologic NO synthase; sGC, soluble guanylyl cyclase; PDE5, phosphodiesterase type 5; LTP, long term potentiation; HPA, hypothalamic-pituitary-adrenal.

activity. The latter rationale has led to the use of GlyT-1 inhibitors as adjunctive treatment in schizophrenia (Javitt, 2008) and, as will be discussed later, positive and negative modulators of the NMDA receptor may have importance in the treatment of anxiety disorders.

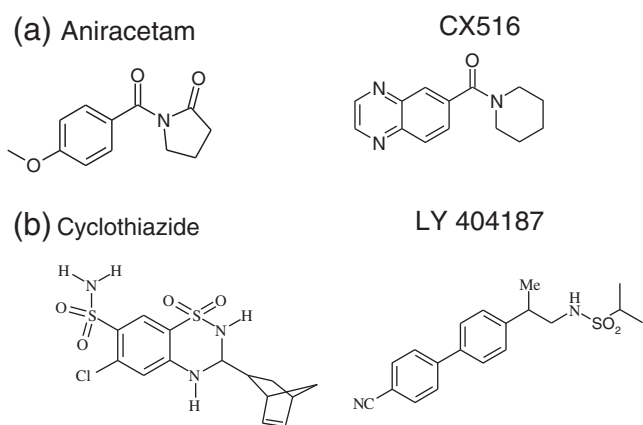
### 2.1.2. AMPA receptors

AMPA receptors regulate basal synaptic activity and, through partial plasma membrane depolarisation, facilitate the activation of other ligand-gated ion channels (LGICs) (e.g. NMDA) or voltage-gated ion channel (VGICs) (e.g.  $\text{Ca}^{2+}$  channels). As described above, AMPA receptor activation is necessary to relieve  $\text{Mg}^{2+}$ -dependent inhibition of the NMDA receptor ion channel (Traynelis et al., 2010). Distinct subunits (GluR1–4) and isoforms (flip and flop) have been identified for AMPA receptors (Table 1), and strongly influence agonist affinity, ion gating properties, activation/deactivation kinetics and receptor desensitization of the AMPA receptor (Traynelis et al., 2010). The four AMPA receptor subunits and their isoforms show a more restricted pattern of distribution in brain tissue, raising the possibility of regionally distinct AMPA receptors (Geiger et al., 1995; Isa et al., 1996; Xia and Arai, 2005). This differential distribution in neuronal cell types is consistent with data showing that AMPA receptor activation can enhance not only excitatory postsynaptic potentials (EPSPs) but also inhibitory postsynaptic potentials (IPSPs) (Xia and Arai, 2005). Although post synaptic AMPA receptors are now accepted, there is emerging data suggesting that some of these receptors may also reside on the presynaptic plasma membrane and thus play a role in modulating glutamate release (Dorostkar and Boehm, 2008).

Four different classes of ligands have been identified for the AMPA receptor: agonists, positive allosteric modulators (PAMs), and

competitive and non-competitive antagonists (Table 1). L-Quisqualic acid and the more selective AMPA are the prototypical synthetic agonists but are only suitable for in vitro investigation. The demonstration by Ito et al. (1990) that the nootropic agent aniracetam could potentiate AMPA receptor activity through an allosteric mode of action was the impetus for discovering several chemical and distinct pharmacological classes of AMPA receptor PAMs, some of which are provided in Table 1.

While direct AMPA receptor agonists carry the risk for excitotoxicity, an allosteric mechanism may have a lower liability in this respect (Arai and Kessler, 2007). Preventing use-dependent AMPA receptor desensitization is an important approach to prolonging and strengthening of AMPA-mediated signaling (see Lynch, 2002 for review). At least two different classes of AMPA PAMs block AMPA receptor deactivation and/or desensitization (Fig. 4). Aniracetam, as well as CX516, CX717, Org 24448 and Org 26576, partially block AMPA receptor desensitization (Arai and Kessler, 2007; Erdemli et al., 2007). In contrast to these 'partial' potentiators, "full" AMPA PAMs, such as cyclothiazide, CX614 and LY404187, produce a stronger receptor activation due to full block of AMPA receptor deactivation and/or desensitization (Quirk and Nisenbaum, 2002; Arai and Kessler, 2007). Augmentation of AMPA receptor activity is potentially a useful approach for improving cognitive dysfunction in psychiatric disorders (Lynch, 2006). Thus LY451395 has been tested for efficacy in Alzheimers patients (Chappell et al., 2007), while CX516 has been tested as a cognition enhancer in schizophrenia albeit with mixed results (Goff et al., 2008). There is also some evidence to support the potential use of AMPA PAMs in affective disorders (Alt et al., 2006; Machado-Vieira et al., 2009).



**Fig. 4.** Examples of some prototypical partial (a) and full (b) blockers of AMPA receptor desensitization.

Competitive and non-competitive AMPA receptor antagonists were considered an interesting mechanism for the treatment of stroke and to prevent neurodegeneration (Lau and Tymianski, 2010; Catarzi et al., 2007). Whether AMPA antagonists are useful in anxiety has only been examined to a limited degree.

### 2.1.3. Kainate receptors

Kainate receptors and their related subunit families, classified as KA1-2 and GluR5-7, have been reviewed elsewhere (Kew and Kemp, 2005; Traynelis et al., 2010). Although not as extensive as for AMPA and NMDA receptors, the kainate receptor has also undergone medicinal chemistry effort (Bunch and Krosggaard-Larsen, 2009). Both agonists and antagonists with good affinity and activity have been identified (Table 1), with antagonists presenting with possible utility in epilepsy and neurodegeneration (Jane et al., 2009). However, their use in models of anxiety has not attracted a lot of attention, possibly related to lack of truly selective ligands.

## 2.2. Metabotropic glutamate receptors (mGluRs)

mGluRs and their 8 distinct gene related protein products (mGluR1-8) (see Niswender and Conn, 2010 for review), can be subdivided according to G-protein coupling and mode of signal transduction into Group I (mGluR1 & 5), Group II (mGluR 2 & 3) and Group III (mGluR 4, 6, 7, & 8) (Table 2). Group I receptors activate  $G_q/G_{11}$ -phospholipase C mediated signaling via actions involving inositol phosphate hydrolysis and the formation of diacylglycerol, whilst Groups II and III receptors modulate cAMP signaling via the  $G_i/G_o$  intracellular pathway (Table 2). Unlike other mammalian G-protein coupled receptor (GPCR) families, the heptahelical transmembrane domains of the mGluR are not directly involved in agonist binding but is similar to the ionotropic glutamate receptors where the native ligand binding domain resides in the extracellular N-terminal portion (Kunishima et al., 2000; Malherbe et al., 2001). With the exception of mGluR6, which seems to be retina specific, the mGluRs, like the ionotropic glutamate subfamily, are widely expressed throughout the mammalian CNS with presence in both neuronal and glial cell types (Swanson et al., 2005). Some differences in cellular localisation exist with Group I mGluRs showing a predominantly postsynaptic/somatodendritic presence, whilst the Group II/III class is mainly presynaptic and involved in modulating glutamate release (Swanson et al., 2005).

Apart from their obligatory activation of phospholipase C-mediated events, group I mGluRs can activate a range of downstream effectors, most notably proteins involved in synaptic plasticity, such as MAPK/ERK and mTOR, while groups II and III also couple to MAPK and other systems that regulate synaptic plasticity (Niswender and Conn,

2010). Signal transduction cross talk also exists between metabotropic and ionotropic glutamate receptors. The most well characterized example of this is the functional interaction between the NMDA and mGluR5 receptor. Activation of the latter receptor on GABAergic interneurons can lead to a downstream enhancement of NMDA receptor evoked activity on pyramidal neurones (Doherty et al., 2000; Mannaioni et al., 2001; Marino and Conn, 2002). This effect can be blocked by the mGluR5 antagonist LY344545 (Doherty et al., 2000). The exact mode of interaction between these two receptors may rely on bi-directional positive feedback, possibly mediated by stimulation of phosphatase calcineurin following mGluR5 receptor activation (Alagarsamy et al., 2005). Importantly, new evidence suggests that mGluR5, AMPA and NMDA receptors together play a role in modulating synaptic plasticity via effects on the NO-cGMP pathway (Boix et al., 2011). These findings emphasize that both mGluRs and ionotropic receptors, together with down-stream messengers such as NO, are important mediators of synaptic plasticity and as such are involved in anxiety disorders.

As summarized in Table 2, a wide array of mGluR ligands including orthosteric binders as well as allosteric modulators have been discovered. However, the level of selectivity, particularly for compounds that target the glutamate binding pocket, still shows scope for improvement. Targetting the allosteric, non-agonist binding site may prove more fruitful in this respect. Indeed, it has been hypothesized that this approach may be useful in limiting the liability for mechanism related side-effects for agonist based approaches.

### 2.2.1. Group I metabotropic receptors

The group I mGluR selective agonist, (S)-3,5-dihydroxyphenylglycine [(S)-3,5-DHPG], has similar potencies at mGluR1 and mGluR5 and is the most selective group I mGluR agonist (Niswender and Conn, 2010). Indeed, most other group I mGluR agonists also have activity at ionotropic glutamate receptors (i.e., quisqualate) or other mGluR subtypes, e.g. [(1S,3R)-ACPD] (see Table 2). Potent and selective orthosteric antagonists of group I mGluRs include LY367385 and others (see Table 2), and are useful in differentiating mGluR1 relative to mGluR5 effects. PAMs of mGluRs do not activate the receptor directly in most systems but potentiate the response of the receptor to orthosteric agonists, while NAMs antagonize the activity of agonists in a noncompetitive fashion by binding to a site other than the agonist binding site, in this case glutamate (Niswender and Conn, 2010). CPCCOEt is a highly selective mGluR1 NAM (Annoura et al., 1996), and has recently been followed by similar compounds including Bay36-7620, JNJ16259685, FTIDC, YM 298198 (see Table 2; Niswender and Conn, 2010). SIB-1757 and SIB-1893 are highly selective mGluR5 NAMs, as are their structural analogs MPEP and MTEP (see Table 2), which provide increased potency, selectivity, and brain penetration (Lea and Faden, 2006). Despite the pending arrival of structurally distinct and highly selective partial antagonists of mGluR5 (Rodriguez et al., 2005), MTEP and MPEP are commonly used selective mGluR5 antagonists for probing the function of this receptor in the CNS. PAMs of group I mGluRs include Ro 67-7476, Ro 67-4853, and VU71 (see Table 2), while a novel range of multiple mGluR5-selective PAMs have been identified (see Conn et al., 2008).

### 2.2.2. Group II metabotropic receptors

Prototypical selective group II mGluR agonists are DCG-IV and (2R,4R)-APDC, while systemically active and highly selective group II mGluRs agonists include LY354740 and LY379268 (see Table 2). The latter are commonly used to access group II mGluR function in vivo (Schoepp et al., 1999). Although these compounds are highly selective for group II mGluRs relative to other mGluR subtypes, they cannot differentiate between mGluR2 and mGluR3 (Niswender and Conn, 2010). Multiple selective PAMs of mGluR2 have also been identified (see Table 2), while group II mGluR NAMs that block both mGluR2 and mGluR3 have been reported, such as LY341495 and MGS0039. Recently, additional novel group II mGluR2 and mGluR3 NAMs have

been reported, such as various derivatives of dihydrobenzo[1,4] diazepin-2-one (Hemstapat et al., 2007) and others (Niswender and Conn, 2010).

### 2.2.3. Group III metabotropic receptors

L-AP4 is the prototypical orthosteric group III mGluR agonist offering high selectivity over other mGluRs or ionotropic glutamate receptors (Table 2; Schoepp et al., 1999). (S)-3,4-DCPG has recently emerged as a novel agonist with 100-fold selectivity for mGluR8 over mGluR4 (Thomas et al., 2001; Zhai et al., 2002; Table 2). Orthosteric antagonists with high selectivity for group III mGluRs include CPPG and MAP4 (see Table 2). PHCCC is an mGluR4 PAM (Table 2), while SIB-1893 and MPEP are mGluR5 NAMs that possess mGluR4 PAM activity as well (Table 2). AMN082 has been reported as a selective allosteric agonist of mGluR7 suitable for in vivo use (Mitsukawa et al., 2005; Table 2), while MMPiP is a mGluR7-selective NAM (Table 2). Interestingly, AMN082 and MMPiP (Table 2) only have activity on mGluR7 in some cellular contexts. Indeed, while they permit certain mGluR7 directed signals, they may specifically block others, an idea recently coined as permissive antagonism (Kenakin, 2005).

## 3. Extinction and its role in anxiety disorders

It is increasingly evident that some psychiatric illnesses, and especially those that comprise an element of fear and/or aversive behavior, involve a learned component. Memory or associations with the aversive event/experience trigger a conditioned response that invariably involves a maladaptive response leading to an exaggerated stress response together with fearful and anxious behavior (Myers et al., 2011). Recent work has described the important contribution of glutamate in the extinction of fear memory, particularly via its actions at NMDA, AMPA and mGlu receptors.

Pavlovian conditioning is a form of associative learning where a conditioned stimulus (e.g. light coming on) becomes associated with the occurrence of an unconditioned stimulus (e.g. shock) through a process of extended training, to eventually illicit a conditioned response (e.g. avoidance behavior) to the presentation of the conditioned stimulus (light) alone (Myers et al., 2011). However, the conditioned response (avoidance behavior) can be extinguished by repeated exposure to the light without co-presentation with the unconditioned stimulus (shock). This process, called extinction, has provided clinicians with a means whereby they can reduce the impact of conditioned responses, for example in patients suffering from PTSD, thereby reducing subsequent maladaptive behavioral responses, e.g. anxiety, hyperarousal, avoidance, flashbacks etc. (Fig. 2; Myers et al., 2011).

The amygdala, medial prefrontal cortex (mPFC) and hippocampus mutually interact to mediate extinction learning and memory and its modulation by context. It is especially the baso-lateral amygdala (BLA) and the intercalated cell masses (ICM), the latter responsible for gating impulse traffic from the BLA to the central nucleus of the amygdala, that are critical in this response (Myers et al., 2011). The BLA is central for the essential neuroplastic processes that underly the consolidation and extinction of fear memory, and receives sensory information about discrete conditioned stimuli as well as contextual and spacial cues. After acquisition of fear memory, the BLA triggers a conditioned fear response via projections to the central nucleus of the amygdala, which in turn innervates the hypothalamus and other brain stem regions such as the periaqueductal gray to elicit a behavioral fear response (e.g. freezing, potentiated startle response, aversion). In the current context, it is important to note that repeated omission of the unconditioned response (shock) during extinction relays information pertaining to the conditioned stimulus to the BLA and infra limbic cortex through a process involving NMDA-directed synaptic plasticity. Following NMDA receptor activation, the NO signaling pathway regulates pre- and postsynaptic alterations in the amygdala following fear conditioning (Ota et al., 2010), and is important for both acquisition and consolidation of contextual

fear memory (Kelley et al., 2010) as well as being involved in anxiety responses (Guimarães et al., 2005; Kleppisch and Feil, 2009). Suppression of fear conditioned responses takes place via infra limbic mediated inhibition of amygdalar throughput by activating inhibitory GABA neurons in the ICM (Myers et al., 2011). Through the action of GABA interneurons, the mPFC sends projections that terminate in the BLA and on the ICM allowing the mPFC to exert inhibitory control over amygdalar throughput, culminating in extinction (Quirk and Mueller, 2008). Extinction is therefore associated with increased frequency and expression of GABA-related gene expression (Chhatwal et al., 2005; Heldt and Ressler, 2007) and GABA-A receptor membrane insertion in the BLA (Lin et al., 2009), and can be impaired by GABAergic interventions (Harris and Westbrook, 1998; Likhtik et al., 2008). The hippocampus also sends projections to the amygdala as well as to the mPFC (Myers et al., 2011). It is therefore not surprising that the hippocampus, traditionally associated with spatial and contextual memory (Kim and Fanselow, 1992), also has a role in context dependence of extinction. The hippocampus encodes contextual information during extinction training and uses that information to promote or oppose expression of extinction memory, probably via its interconnections with the amygdala and mPFC (Myers et al., 2011). Both GABAergic and glutamatergic neurotransmission thus play a central role in disorders involving fear memory consolidation and extinction.

## 4. Role of glutamate receptors in anxiety and stress-related disorders

The excitatory action of glutamate in the mammalian brain and spinal cord have been known for more than fifty years (e.g. Curtis and Watkins, 1960). Glutamate exerts a diverse array of biological responses that are responsible for its central role in neurodevelopment, synaptic plasticity and memory, as well as neurotoxicity and neurodegeneration (Meldrum, 2000). At both the metabolic and physiological level, the fate of glutamate as well as its functional activity is closely tied to that of GABA, the primary inhibitory transmitter in the brain (Leonard, 2003). GABA originates from glutamate synthesis via glutamate decarboxylase, with excessive glutamate release in turn promoting GABA synthesis (Leonard, 2003). Together with GABA, glutamate plays a major role in regulating the function and bio-behavioral response of other central neurotransmitters whereby glutamate interneurons synapse on other neuronal systems to influence the down-stream signaling of for example noradrenaline, dopamine and serotonin, acetylcholine, histamine as well as neuropeptides (Harvey, 1996).

The blockade of NMDA receptors in the prefrontal cortex increases the release of dopamine and acetylcholine in the nucleus accumbens, thereby implying that hypofunction of prefrontal NMDA receptors is associated with a dysfunction of the corticolimbic circuit (Del Arco and Mora, 2008) that can translate to various neuropsychiatric manifestations. Consequently, partial NMDA receptor agonists may be useful in treating certain of these disorders. If we now consider mGluRs, both group III and group II mGluR agonists suppress the frequency of 5-HT-induced excitatory postsynaptic currents in the prefrontal cortex (Zhang and Marek, 2007) suggesting a close coupling between mGluRs and 5-HT<sub>2A</sub> receptors that may contribute to the actions of psychotropic drugs. Similarly, 5HT and DA are both strongly regulated by GABA as well as the glutamate-NO pathway (Wheeler et al., 1995; Tao and Auerbach, 2000; Prast and Philippu, 2001), such that dysfunction in GABA/glutamate transmission may be a significant contributor to serotonin and dopamine dysfunction. The opposite also applies, with raised cerebral levels of serotonin inducing a decrease in glutamate transmission and a parallel increase in GABA transmission, particularly in the hippocampus, frontal cortex and cerebellum (Ciranna, 2006). These actions may underlie serotonergic-mediated modulation of cognitive function, analgesia, motor control, anxiety and mood (Ciranna, 2006).



The role of glutamate, GABA (Shiah and Yatham, 1998; Krystal et al., 2002) and glutamate-mediated activation of ionotropic receptor driven activation of sub-cellular calcium-dependent pathways, e.g. NO, mTOR, is thus increasingly being recognized in the neuropathology and treatment of anxiety and stress-related illnesses (Harvey, 1996; Paul and Skolnick, 2003; Millan, 2006; Li et al., 2010). Indeed, combined action on monoaminergic and nitrergic systems holds promising possibilities (Harvey et al., 2010). This knowledge has opened new avenues of investigation into the treatment of illnesses previously regarded as strictly the domain of monoamine-selective drugs, such as antidepressants, antipsychotics and anxiolytics. Based on the pre-clinical literature, the following sections will consider with what level of success we have been able to harness the glutamatergic system for use in anxiety and stress-related disorders.

#### 4.1. Therapeutic utility of glutamate in anxiety disorders

Preclinical and, to a lesser extent, clinical research has provided a significant scientific rationale for the potential therapeutic utility of glutamate modulators in the treatment of anxiety disorders (Millan, 2003; Bergink et al., 2004; Krystal et al., 2010). Stress, an important risk factor in the genesis of an anxiety disorder, is known to precipitate glutamate release in limbic regions of the rat brain which may in part act to stimulate HPA axis and contribute to glucocorticoid-induced neurotoxicity (Moghaddam, 2002; Harvey et al., 2003a; Figs. 2 and 3). The process of extinction relies heavily on the involvement of the glutamate system (Myers et al., 2011). This had led to the general notion that attenuating glutamatergic neurotransmission in a regionally specific manner would shift the balance away from excitatory towards inhibitory GABAergic neurotransmission, leading to anxiolysis. Animal tests of fear responding and anxiety indeed have provided important support for this. These tests include punishment-induced conflict (Geller–Seifter test) or ethological-induced conflict, such as the elevated plus maze (EPM), the social interaction (SI) paradigm, ultrasonic vocalization (USV), the acoustic startle (AS) paradigm, aversive tests (e.g. predator exposure) and conditioned fear models (e.g. fear-potentiated startle). In addition, a number of pathophysiological (translational) models have been validated to closely emulate the bio-behavioral characteristics of a specific human disorder, for example social isolation rearing or maternal separation (anxiety, depression and schizophrenia), single prolonged stress or time dependent sensitisation and predator exposure models (PTSD), lactate-induced panic in rats (panic disorder), predator odor (phobia) etc. Indeed, we will address these translational models in Section 6.

### 5. Ionotropic glutamate receptors in anxiety: a preclinical perspective

#### 5.1. NMDA receptor modulation

There are various approaches whereby NMDA receptor active drugs may block activation of the NMDA-ionophore complex. These include competitive inhibition of the NMDA site itself e.g. with AP5 (2-amino-5-phosphonopentanoic acid), ifenprodil, dizocilpine (MK-801), non-competitive inhibition by blocking the ion channel e.g. with memantine, modulation of the NMDA/glycine-sensitive site e.g. with D-cycloserine or spermine, blockade of the polyamine binding site (see Bermudo-Soriano and colleagues in this special issue), and modulation of NMDA subunit expression (Myers et al., 2011). Table 3 depicts pre-clinical studies that have explored these therapeutic options in various animal tests of anxiety.

Both competitive and non-competitive NMDA antagonists are effective anxiolytics over a wide range of anxiety tests in animals, although non-competitive antagonists are much less reliable in this regard (Table 3), while they also present with a greater risk of adverse

effects (Wiley, 1997). Indeed, ketamine seems to be more anxiogenic in action (Table 3). Similarly, glycine-site antagonists show noteworthy anxiolytic effects, although there are a number of studies that have failed to replicate these findings (Table 3). Interestingly, the partial glycine site agonist, D-cycloserine, has also demonstrated anxiolytic actions but at the same time has shown a penchant to enhance anxiety and fear-related behaviors as well (Table 3). Variation in endogenous glutamatergic tone may affect the action evoked by a partial agonist. Thus under conditions of low and high activity at the glycine site, D-cycloserine may act as an agonist or antagonist, respectively, which may lead to different behavioral outcomes.

Mouse pups separated from their dam/siblings emit distress-like ultrasonic vocalizations (USV), which may be reflective of an anxiety-like state. Repeated maternal separation of rats selectively alters glutamate receptor expression in the hippocampus but not in the prefrontal cortex (Pickering et al., 2006). Indeed, separation-induced USV are suppressed by various classes of NMDA antagonist, including those acting at the glutamate recognition site (D,L-amino-phosphonovaleric acid (AP5) and MDL 100,453) or at the ion channel (MK-801), or by blocking the strychnine-insensitive glycine site (5,7-dichlorokynurenic acid, 5,7-DCKA; Kehne et al., 1991). High affinity NMDA receptor antagonists such as MK 801 dose-dependently reduce USV, whereas low-affinity antagonists, such as memantine and neramexane, seem to enhance these distress calls (Takahashi et al., 2009).

The NMDA receptor is heavily implicated in learning, memory and experience-dependent forms of synaptic plasticity, such as long-term potentiation (LTP; Nicoll and Malenka, 1999), and was the first of the glutamate receptors shown to be implicated in extinction in fear conditioning experiments (Table 4). A vast array of studies have repeatedly demonstrated that NMDA receptor antagonists impair extinction within training, impair retention of extinction after training, as well as impair reappearance of a previously extinguished conditioned response (Myers et al., 2011). Furthermore, by recruiting voltage-gated NMDA receptor ion channels, AMPA receptors will also contribute to fear extinction and retention (Fig. 3). The general consensus now is that NMDA receptor-dependent synaptic plasticity within the BLA is involved in encoding fear extinction memory, while consolidation of extinction memory involves NMDA receptor-dependent synaptic plasticity within the infralimbic medial prefrontal cortex (Myers et al., 2011). Interestingly, NMDA receptor activation is required when extinction events are relatively novel but not when they are relatively familiar (Chan and McNally, 2009). Thus, its involvement shifts when a cue is extinguished a second time, i.e. fear acquisition plus extinction followed by re-acquisition and re-extinction.

Contextual fear acquisition and expression in rats is dependant on NMDA receptor mediated neuroplasticity in the BLA. Consistent with this a number of studies have shown that competitive and noncompetitive NMDA receptor blockade disrupts fear extinction (Table 4; Myers et al., 2011) whilst augmentation of receptor activity through the glycine-B co-agonist site with the partial agonist D-cycloserine promotes extinction (Table 4; Myers et al., 2011). Furthermore, genetically engineered mice with overexpression of the NR2B subunit in the forebrain exhibit more rapid fear extinction (Tang et al., 1999). Stressful conditions, especially situational stressors, decreases fear extinction and decreases NMDA receptor subunit expression in the hippocampus, which can be normalized by partial stimulation of the NMDA receptor complex, e.g. using D-cycloserine (Yamamoto et al., 2008). Indeed, stress and re-experience, a putative animal model of PTSD, reduces NMDA receptor binding in rat hippocampus (Harvey et al., 2004a). Similarly, D-cycloserine reverses disruption of fear extinction following early life stress (Matsumoto et al., 2008). Overall these preclinical data suggest that agents capable of upregulating NMDA receptor function may prove useful as adjuncts to cognitive behavioral therapy in the management of anxiety disorder. Indeed this is supported by preliminary clinical evidence showing that D-cycloserine can augment exposure therapy in patients with social

**Table 3**  
Glutamate ionotropic receptor agonists and antagonists in animal models of anxiety.

Substance	Effect on anxiety?	Author(s) (Year)
<b>Non competitive NMDA antagonists</b>		
Ketamine	↑ Anxiety (EPM, SI)	Silvestre et al., 1997
MK801	↓/No effect (CT, SI, EPM)	Xie and Commissaris, 1992; Corbett and Dunn, 1993; Koek and Colpaert, 1991; Jessa et al., 1996; Dunn et al., 1989; Fraser et al., 1996; Criswel et al., 1994; Xie et al., 1995
PCP	↓/No effect (USV CT, EPM)	Vry De et al., 1993; Kehne et al., 1991; Porter et al., 1989; Sanger and Jackson, 1989; Wiley et al., 1995
Memantine, amantadine	↓/No effect (USV, CT, EPM)	Vry De et al., 1993; Karcz-Kubicha et al., 1997
Ifenprodil	↓ Anxiety (EPM)	Fraser et al., 1996
<b>Competitive NMDA antagonists</b>		
NPC 17742	↓ Anxiety (EPM, CT)	Wiley et al., 1995
CPP and CGS19755	↓ Anxiety (CT)	Bennet and Amrick, 1986; Koek and Colpaert, 1991; Corbett and Dunn, 1991
AP5	↓ Anxiety (EPM, SI, USV, FPS)	Dunn et al., 1989; Kehne et al., 1991; Fendt et al., 1996; Campeau et al., 1992
AP7	↓ Anxiety (ASP, CT, EPM, SI)	Anthony and Nevins, 1993; Bennet and Amrick, 1986; Dunn et al., 1989; Plaznik et al., 1994
CGP 37849	↓ Anxiety (OF, CT)	Jessa et al., 1996; Plaznik et al., 1994; Przegaliński et al., 1996
<b>Glycine site ligands</b>		
ACEA 1021 (antagonist)	↓/No effect (EPM)	Wiley et al., 1995
HA 966 (partial agonist)	↓ Anxiety (EPM, SI, CT, USV, ASP)	Trullas et al., 1989; Dunn et al., 1992; Anthony and Nevins, 1993; Karcz-Kubicha et al., 1997
5,7 DCKA (antagonist)	↓ Anxiety (OF, CT, USV)	Plaznik et al., 1994; Kehne et al., 1995; Corbett, 1993
7 CKA (antagonist)	↓/No effect (ASP, CT)	Koek and Colpaert, 1991; Anthony and Nevins, 1993
MDL 102,288/MDL 100,458 (antagonist)	↓ Anxiety (USV)	Kehne et al., 1995; Baron et al., 1997
L-701, 324 (antagonist)	↓/No effect (CT, EPM)	Kotlinska and Liljequist, 1998b; Karcz-Kubicha et al., 1997
ACPC (antagonist)	↓ Anxiety (CT, EPM, ASP)	Anthony and Nevins, 1993; Przegaliński et al., 1996; Karcz-Kubicha et al., 1997
D-cycloserine (partial agonist)	↑ FPS (extinction) and ↑ anxiety (EPM) ↓ Anxiety (FPS, ASP, EPM)  ↓ Reinstatement and ↑ extinction in cue-conditioned freezing ↑ Punished drinking	Walker et al., 2002b; Ho et al., 2005  Anthony and Nevins, 1993; Karcz-Kubicha et al., 1997; Fendt, 2000 Ledgerwood et al., 2003, 2004; Parnas et al., 2005  Klodzinska and Chojnacka-Wojcik, 2000
<b>AMPA/kainate receptors</b>		
Kainic acid (agonist)	↓ FPS	Fendt, 2000
NBQX (antagonist)	↑ Anxiety (FPS, EPM)	Fendt, 2000; Karcz-Kubicha and Liljequist, 1995
LY326325 (antagonist)	↑/↓ Anxiety (CT, EPM)	Karcz-Kubicha et al., 1997; Kotlinska and Liljequist, 1998a
Topiramate (antagonist)	↓ Anxiety (APS)	Khan and Liberzon, 2004
LY215490 (antagonist)	↓ Anxiety (CT)	Benvenga et al., 1993
<b>Polyamine site</b>		
Eliprodil (antagonist)	No effect (CT)	Wiley et al., 1998

*Substances:* MK 801, dizolcipine; PCP, phencyclidine; CPP, 3-(−2-carboxy piperazine-4yl)-propyl-1-phosphonic-acid; CGS 19975, *cis*-4-phosphonomethyl-2-piperidine-carboxylkynurenate; AP5, 2 amino-5-phosphonoheptanoate; AP7, 2 amino-7-phosphonoheptanoate; HA 966, 3-amino-1-hydroxy-2-pyrrolidinone; 5,7 DCKA, 5,7-dichlorokynurenine acid; 7 CKA, 7-chlorokynurenine acid; MDL102,288, 5,7-dichloro-1,4-dihydro-((4-((methoxycarbonyl)amino)-6-chloro-1H-indole-2-carboxylic acid; MDL100,458, (3(benzoylmethylamino)-6-chloro-1H-indole-2-carboxylic acid; MDL 105,519, (*E*)-3-(2-phenyl-2-carboxyethyl)-4,6-dichloro-1H-indole-2-carboxylic acid; L-701,324, 7-chloro-4-hydroxy-3-(3-phenoxy) phenyl-2(1H)-quinolone; ACPC, 1-aminocyclopropanecarboxylic acid; Memantine, amantadine; LY326325; LY215490, 3SR, 4aRS, 6RS, 8aRS)-6-(2(1H-tetrazol-5-yl)ethyl)decahydro-isoquinoline-3-carboxylic acid; LY354740, 1S, 2S,5R,6S-2-aminobicyclo(3.1.0)hexane-2-6-dicarboxylate monohydrate; NBQX, dihydroxy-6-nitro-7-sulfamoyl-benzo(*F*)quinoxaline; MPEP, 2-methyl-6-(phenylethynyl)pyridine.

*Anxiety tests:* CT, conflict test; EPM, elevated plus maze; USV, ultrasonic vocalization; SI, social interaction; ASP, acoustic startle paradigm; FPS, fear-potentiated startle; OF, open field.

anxiety disorder (Hofmann et al., 2006; Guastella et al., 2008), PD (Otto et al., 2010) and OCD (Kushner et al., 2007; Wilhelm et al., 2008). Glycine transport inhibitors which, by raising synaptic glycine levels, can also facilitate the activation of NMDA receptors and should thus in principle mimic the effects of D-cycloserine.

### 5.2. AMPA receptor modulation

Studies carried out with non-NMDA (AMPA and kainate) receptor ligands are outlined in Table 3. The AMPA receptor appears to have a bidirectional effect on anxiety, with evidence of both anxiolytic and anxiogenic activity for AMPA receptor agonists (Table 3). Generally, agonists are anxiolytic (Fendt, 2000), while anxiogenic activity is more

associated with blockade of AMPA receptors (Kotlinska and Liljequist, 1998a; Fendt, 2000), e.g. at least two studies have found the AMPA antagonist NBQX to be anxiogenic (Table 3). However, the AMPA/kainate receptor antagonist LY326325 induces significant anxiolytic activity in the EPM (Kotlinska and Liljequist, 1998a), while topiramate similarly prevents anxiety-like behavior in an animal model of PTSD (Khan and Liberzon, 2004). Direct activation of kainate receptors with kainic acid is also anxiolytic (Fendt, 2000). Variations in anxiolytic/anxiogenic response can be related to variation in endogenous glutamatergic tone under different laboratory settings. Block of a high glutamate tone would yield anxiolysis whereas block of a low tone may precipitate the opposite effect. Loss of AMPA receptors from the plasma membrane can potentially attenuate the capacity for neuroplasticity

**Table 4**  
Ionotropic and metabotropic receptor agonists and antagonists in extinction based studies.

Class and drug	Time of admin	Effect on extinction and extinction retention	Reference
<b>NMDA</b>			
<i>Comp. antagonist</i>			
AP5	Pre-ext	↓ ER; No effect/↓ expression of CR. Time-dependent effects noted.	Lin et al., 2003; Falls et al., 1992; Lee and Kim, 1998; Szapiro et al., 2003; Cammarota et al., 2005; Bevilacqua et al., 2006.
AP5	Pre-ext or pre-re-ext	↓ ER and expression of CR.	Laurent and Westbrook, 2008
CPP	Pre- and 24 h post ext.	↓ ER. Time dependent effects noted.	Santini et al., 2001
CPP	Pre-ext Immed. post-ext	No effect on within-session extinction; ↓ ER. ↓ ER.	Burgos-Robles et al., 2007
<i>Noncomp. antagonist</i>			
MK-801	Pre-ext	↓ ER and fear acquisition. No effect/ ↓ CR expression. Drug pre- or 4 h post-extinction but not 12 h post-extinction ↓ ER Blocked reinstatement.	Langton et al., 2007; Cox and Westbrook, 1994; Kehoe et al., 1996; Lee et al., 2006; Baker and Azorlosa, 1996; Liu et al., 2009.
MK-801	Post-ext; prior to unsignalled US	Blocked reinstatement.	Johnson et al., 2000
MK-801	Pre-or post-US habituation	↓ ER if given pre- but not 4 h post-US habituation	Storsve et al., 2010
MK-801	Pre-ext	MK-801 ↓ extinction for novel but not familiar CSs.	Chan and McNally, 2009
Ifenprodil	Pre-ext	↓ Within-session extinction and ER; No effect on expression of CR.	Sotres-Bayon et al., 2007
Ifenprodil	Immed. post-ext	↓ ER.	Sotres-Bayon et al., 2009
Ifenprodil	Pre-ext	No effect	
Ifenprodil	Immed. post-ext	↓ ER.	
Ifenprodil	Pre-ext	↓ Within-session extinction and ER.	Laurent and Westbrook, 2008
Ifenprodil	Immed. post-ext	No effect	
Ifenprodil	Pre-ext Post-ext	↓ ER for 1st and 2nd extinction; No effect on within-session extinction.	
Ro 25-6981	Pre-ext	↓ Within-session extinction but not ER.	Dalton et al., 2008
<i>Partial agonists</i>			
D-cycloserine	Pre-ext	↑ ER, blocked by antagonist	Walker et al., 2002b; Myers and Carlezon, 2010
D-cycloserine	Pre-or post-ext to 2 h	Facilitated ER. Facilitated extinction retention; Impaired reinstatement.	Ledgerwood et al., 2003; 2004; 2005
D-cycloserine	Immed. post-ext	↑ Extinction, but tolerance after multiple dosing that dissipated over time. ↑ ER.	Parnas et al., 2005; Lee et al., 2006; Woods and Bouton, 2006; Weber et al., 2007; Bouton et al., 2008
D-cycloserine	Pre-ext	↑ ER; blocked by MAPK or PI3K antagonist, transcriptional inhibitor, or protein synthesis inhibitor	Yang and Lu, 2005
D-cycloserine	Pre-ext	↑ Extinction only in less anxious mice	Tomilenko and Dubrovina, 2007
D-cycloserine	Pre-ext	↑ 1st but not 2nd extinction unless 2nd extinction involved a different cue	Langton and Richardson, 2008
D-cycloserine	Pre-ext	↑ ER and extinction-induced increase in BLA AMPA/NMDA receptor ratio.	Lin et al., 2010
Spermidine	Post-ext	Drug given immediately but not 6 h post- extinction ↑ ER, blocked by NR2B antagonist.	Gomes et al., 2010
<b>AMPA</b>			
<i>AMPA antagonist</i>			
CNQX	Pre-ext	No effect	Falls et al., 1992
<i>AMPA potentiator</i>			
PEPA	Pre-ext	↑ Within-session extinction and ER, and blocked reinstatement.	Zushida et al., 2007; Yamada et al., 2009
<b>mGluR</b>			
mGluR7 KO N/A	Constitutive	↓ Extinction.	Callaerts-Vegh et al., 2006; Goddyn et al., 2008
mGluR5 KO N/A	Constitutive	↓ Extinction.	Xu et al., 2009
<i>mGluR1 antagonists</i>			
CPCCOEt	Pre-ext	↓ Within-session extinction occurring 48 h but not 2 h after acquisition; ↓ ER after 48 h extinction.	Kim et al., 2007a
<i>mGluR7ag.</i>			
AMN082	Pre-ext	↑ ER.	Fendt et al., 2008
<i>mGluR5 PAM</i>			
CDPPB	Pre-ext	↑ ER.	Gass and Olive, 2009

and may therefore be considered as a type of synaptic depotentiation or loss of LTP (Huang and Hsu, 2001) which in the BLA is believed to act as the substrate for fear memory storage (Sigurdsson et al., 2007). Limited work has investigated the polyamine site in anxiety, eg, spermidine (Table 4), with no clear evidence for anxiolytic activity (Table 3). However, see Bermudo-Soriano and colleagues in this special issue of the journal for further detail on the role of the polyamine site in anxiety and anxiolytic action.

Although AMPA receptors are involved in basal synaptic neurotransmission (Traynelis et al., 2010), they are also involved in experience-dependent forms of synaptic plasticity (Hu et al., 2007; Selvakumar et al., 2009) and there is great interest in investigating AMPA modulating drugs in models of fear extinction (Table 4). As mentioned earlier, through intimate cross-talk interactions between AMPA and NMDA receptors, and the well established role for NMDA receptors in LTP and in the consolidation and extinction of fear memory, AMPA modulators have important considerations in treating disorders of anxiety and cognition, especially since utilizing this interaction would limit the risk of excitotoxicity. BLA administration of an AMPA receptor antagonist, CNQX (6-cyano-7-nitroquinoxaline-2,3-dione), has been found to have little to no effect on subsequent retention of fear extinction (Falls et al., 1992; Lin et al., 2003), while AMPA receptor agonists facilitate contextual fear extinction (Zushida et al., 2007; Yamada et al., 2009), possibly by promoting AMPA receptor internalization. However, this appears paradoxical since high potency agonism would promote internalization of the AMPA receptor thus attenuating glutamate stimulation of both AMPA and NMDA receptors. Clearly these mechanisms need to be more fully characterized. Partial AMPA agonists act in a similar manner as partial NMDA receptor agonists, resulting in an increase in extinction and extinction retention (Table 4). Thus harnessing an action on both AMPA and NMDA receptors would promote extinction of fear memory and can be achieved either by direct partial stimulation of the NMDA receptor, by indirectly bolstering NMDA receptors via a primary action on the AMPA receptor, or by increasing NO-directed NMDA-AMPA receptor cross talk (Selvakumar et al., 2009; Boix et al., 2011). As described earlier, the NO pathway plays a prominent role in the acquisition of conditioned fear memory (Kelley et al., 2010; Ota et al., 2010). Given the importance of glutamate signaling in the BLA for fear extinction, this is an intriguing observation. Indeed conditioned fear is associated with increased cell-surface expression of GluR1 and GluR2 subunits in the BLA (Rumpel et al., 2005), with decreased expression in extinguished animals (Kim et al., 2007a).

However, evidence would suggest that AMPA receptor binding is sufficient but not necessary for AMPA receptor internalization. In fact, simultaneous glutamate binding to NMDA receptors may be required for AMPA receptor endocytosis (Beattie et al., 2000; Mangiavacchi and Wolf, 2004), possibly explaining why pre-extinction training administration of AMPA antagonists into the BLA has no apparent effect on extinction. This would suggest that AMPA receptor internalization in the BLA is mediated primarily by glutamate binding to NMDA receptors. Indeed, NMDA receptor activation has been found to cause AMPA receptor internalization in cultured hippocampal and isolated amygdala preparation (Beattie et al., 2000). Conversely, blockade of NMDA receptors may indirectly increase glutamate activity at the AMPA receptor. Some evidence for this comes from an investigation examining the molecular mechanism underlying the antidepressant activity of ketamine, indicating that it could be blocked by pretreatment with an AMPA receptor antagonist (Maeng et al., 2008). Consequently, NMDA receptor antagonist-induced disruption of fear extinction may, at least in part, be mediated by enhanced AMPA receptor stimulation. Counter intuitively the AMPA receptor potentiator PEPA facilitates contextual fear extinction (Zushida et al., 2007; Yamada et al., 2009). One possible explanation of this apparent contradictory finding is that PEPA may provoke removal of AMPA receptors from the plasma membrane by agonist induced receptor internalization.

## 6. Metabotropic glutamate receptors in anxiety: a preclinical perspective

Based on the hypothesis that stress or fear induced glutamate release in cortical and limbic structures may be of relevance to the pathology of anxiety disorders, the presynaptic mGluR2/3 autoreceptors have received the most attention from a drug discovery perspective (Table 5). Indeed considerable progress has been made in the identification of PAMs and agonists of these receptors, some of which have been tested clinically in proof of concept studies. LY354740 is the most advanced molecule which has a remarkable preclinical profile strongly predictive of anxiolytic activity (Swanson et al., 2005). Other metabotropic glutamate receptors also offer promising approaches of relevance to anxiety disorders (see Palucha and Pilc, 2007; Wierońska and Pilc, 2009).

The mGluR5 receptor increases neuronal excitability and NMDA receptor currents in brain regions thought to be involved in anxiety, such as the amygdala (Krystal et al., 2010), leading to the hypothesis that mGluR5 antagonists might dampen the hyperactivity of glutamatergic transmission believed to underlie anxiety disorders. Consistent with this, MPEP and related mGluR5 NAMs have robust efficacy in several animal models of anxiolytic activity (Table 5). Group I antagonists and modulators of Group III mGluRs also show promise with regards to utility in anxiety disorders based primarily on emerging preclinical data (Table 5). Thus mGluR5 knockout mice demonstrate reduced stress-induced hyperthermia (Brodtkin et al., 2002a), while mGluR5 antagonists show efficacy in various animal models of anxiety (Table 5). Considering the group III mGluRs, mGluR7 receptor modulators have been found to affect multiple sites involved in mood and anxiety neuronal circuitry (Table 5). Furthermore, mGluR7 knockout mice display upregulated corticosteroid receptor-dependent feedback suppression of the HPA axis, increased serotonin 5HT<sub>1A</sub> receptor transcripts as well as increased expression of hippocampal BDNF (Mitsukawa et al., 2006).

By virtue of their ability to reduce glutamate release in cortical and limbic structures that are activated during stress and/or fear, ligands of the group II mGluR family, but most notably allosteric potentiators and agonists of the mGluR2/3 receptor, display rapid anxiolytic activity with minimal abuse or tolerance potential (Swanson et al., 2005). LY354740, an mGluR2/3 agonist, reduces activation of the basolateral and central nucleus of the amygdala, the prefrontal cortex and lateral and medial perforant paths of the hippocampus, brain regions responsive to stress or fear stimuli (Schoepp et al., 2003), where it blunts disinhibition of synaptic excitatory activity (Linden et al., 2004). The compound also demonstrates significant anxiolytic activity in several rodent stress and anxiety models including fear-potentiated startle, latate induced panic, stress-induced hyperthermia and aversion in the EPM (Table 5; Linden et al., 2004; Nordquist et al., 2007), while in non-human primates it reduces yohimbine-induced anxiety and stress-related elevations in cortisol (Coplan et al., 2001). Moreover, the anxiolytic effects of LY354740 in the EPM are prevented by an mGluR antagonist, while this response is also not evident in mGluR2 or mGluR3 knockout mice (Linden et al., 2005). Interestingly, the anxiolytic activity of LY354740 requires the expression of one or both mGluR2/3 receptors (Linden et al., 2005).

When considering the contribution of mGluRs to fear extinction, the fact that some subtypes, such as mGluR5, have been implicated in learning and memory and experience-dependent forms of synaptic plasticity (Simonyi et al., 2005) provide a robust rationale for the involvement of mGluRs in the neural mechanisms governing extinction learning (Table 4). Local BLA infusion of the mGluR1 antagonist, CPCCOEt, before extinction training dose-dependently impairs extinction training and subsequent extinction retention, although only when extinction training occurs 48 h after acquisition and not 1 h afterwards (Kim et al., 2007b; Table 4). The latter implies that the mechanisms of short- and long-interval extinction may be different. CPCCOEt also

**Table 5**  
Metabotropic glutamate receptor (mGluR) agonists and antagonists in animal models of anxiety.

Substance	Effect on anxiety?	Author(s) (Year)
<b>Group I</b>		
<i>mGluR 1 antagonists</i>		
3-Ethyl-2-methyl-quinolin-6-yl-(4-methoxycyclohexyl)-methanone methanesulfonate (EMQMCM)	↓ Anxiety (EPM, CT) ↓ FPS and freezing (CFC)	Pietraszek et al., 2005
JNJ16259685	No anxiolytic effect (EPM) but ↓ anxiety (CT)	Steckler et al., 2005
LY456236	↓ Stress-induced hyperthermia ↓ anxiety (CLS) ↓ anxiety (CT)	Rorick-Kehn et al., 2005; Varty et al., 2005
4-[1-(2-Fluoropyridine-3-yl)-5-methyl-1H-1,2,3-triazol-4-yl]-N-isopropyl-N-methyl-3,6-dihydropyridine-1(2H)-carboxamide (FTIDC)	No anxiolytic effect (EPM) ↓ stress-induced hyperthermia ↓ anxiety (USV)	Satow et al., 2008
1-Aminoindan-1,5-dicarboxylic acid (AIDA)	↓ Anxiety (EPM,CT) ↓ anxiety (FP)	Kłodzińska et al., 2004a; Lima et al., 2008
<i>mGluR5 antagonists</i>		
2-Methyl-6-phenylethynylpyridine (MPEP)	↓Fear-potentiated startle ↑ Punished responding ↓ Anxiety (EPM, CT,SI, USV, ASP) ↓ stress –induced hyperthermia ↓/no effect (EPM ↓ anxiety (CT, CLP, FP) Inhibition of fear-potentiated startle Increased social contact on social exploration test	Satow et al., 2008; Brodtkin et al., 2002b; Iijima and Chaki, 2005; Rorick-Kehn et al., 2005; Nordquist et al., 2007; Spooren et al., 2000;2002; Pietraszek et al., 2005; Tatarczyńska et al., 2001a; Wierońska et al., 2004; Pérez de la Mora et al., 2006; Ballard et al., 2005; Steckler et al., 2005; Varty et al., 2005; Lima et al., 2008; Schulz et al., 2001
3-((2-Methyl-4-thiazolyl)ethynyl)pyridine(MTEP)	↓/No effect on anxiety EPM ↓ FPS and ↓ freezing (CFT) ↓ anxiety (CT, CLS, FP)	Pietraszek et al., 2005; Klodzinska et al., 2004b; Molina-Hernández et al., 2006; Busse et al., 2004; Varty et al., 2005
Fenobam	Attenuation of stress-induced hyperthermia ↓ anxiety (CT, conditioned emotional response task)	Porter et al., 2005
<b>Group II</b>		
<i>mGluR2/3 agonists</i>		
LY354740	↓ Stress-induced hyperthermia ↓Fear-potentiated startle ↓ anxiety (EPM, CT, FP) ↓Lactate-induced panic	Rorick-Kehn et al., 2005;2006; Spooren et al., 2002; Helton et al., 1998; Walker et al., 2002a; Tizzano et al., 2002; Linden et al., 2004,2005; Monn et al., 1997; Tatarczyńska et al., 2001b; Kłodzińska et al., 1999; Benvenega et al., 1999; Porter et al., 2005; Shekhar and Keim, 2000; Helton et al., 1998
Aminopyrrolidine-2,4-dicarboxylate (APDC)	↓FPS	Walker et al., 2002a
LY487379	↓FPS	Johnson et al., 2003;2005
LY544344	↓ Stress-induced hyperthermia ↓ FPS	Rorick-Kehn et al., 2006; Bueno et al., 2005
LY379268	No anxiolytic activity (EPM) ↓ stress-induced hyperthermia ↓ anxiety (USV)	Satow et al., 2008
LY314582	↓ Stress-induced hyperthermia Small anxiolytic effect (CT)	Spooren et al., 2002; Benvenega et al., 1999
(2S,2'R,3'-dicarboxycyclopropyl)glycine (DCG-IV)	↓FPS	Lin et al., 2005
<i>mGluR2 potentiators</i>		
3-pyridyl-methyl-sulfonamides	↓FPS ↓Stress-induced hyperthermia No anxiolytic activity (EPM) ↓ anxiety (CT)	Johnson et al., 2005; Steckler et al., 2005
LY566332	↓ Stress-induced hyperthermia ↓ Stress-induced hyperthermia	Rorick-Kehn et al., 2005
N-[4'-cyano-biphenyl-3-yl]-N-(3-pyridinylmethyl)-ethanesulfonamide (CBiPES)	↓ Stress-induced hyperthermia	Johnson et al., 2005
N-[4-(4-carboxyamidophenoxy)phenyl]-N-(3-pyridinylmethyl)-ethanesulfonamide (4-APPES)	↓FPS	Johnson et al., 2005
<i>mGluR2 antagonists</i>		
LY341495	↓ Stress-induced hyperthermia No anxiolytic activity (EPM) No effect on stress-induced hyperthermia Reversal of anxiolytic activity of LY354750 (EPM) No effect on FPS	Iijima et al., 2007; Bespalov et al., 2008; Linden et al., 2005; Tizzano et al., 2002
MGS0039	↓ Stress-induced hyperthermia ↓ freezing (Cond Fear) ↓ burying behavior No anxiolytic activity (EPM)	Bespalov et al., 2008; Yoshimizu et al., 2006; Shimazaki et al., 2004; Chaki et al., 2004
<b>Group III</b>		
<i>mGluR4PAM</i>		
N-phenyl-7-(hydroxylimino)cyclopropa[b]=chromen-1a-carboxamide (PHCCC)	↓ Anxiety (CT)	Stachowicz et al., 2004; 2006
<i>mGluR7 agonists</i>		
L-serine-O-phosphate (L-SOP)	↓ Anxiety (CT)	Tatarczyńska et al., 2001b
(1S,3R,4S)-1-aminocyclopentane-1,2,4-tricarboxylic acid (ACPT-1)	↓ Anxiety (CT)	Tatarczyńska et al., 2002; Pałucha et al., 2004
<i>mGluR7 antagonists</i>		
(RS)-α-cyclopropyl-4-phosphonophenylglycine (CPPG)	Blocks anxiolytic effect of ACPT-I (CT) ↓/no effect on anxiety (CT)	Pałucha et al., 2004; Stachowicz et al., 2006, 2007

(continued on next page)

Table 5 (continued)

Substance	Effect on anxiety?	Author(s) (Year)
<i>mGluR8 agonists</i>		
(S)-3,4-dicarboxyphenylglycine (DCPG)	↓ Stress-induced hyperthermia No anxiolytic activity (CT)	Rorick-Kehn et al., 2005; Stachowicz et al., 2005
(RS)-4-phosphonophenylglycine (PPG)	No anxiolytic activity (CT)	Pałucha et al., 2004

Anxiety tests: CT, conflict test; EPM, elevated plus maze; USV, ultrasonic vocalization; SI, social interaction; ASP, acoustic startle paradigm; FPS, fear-potentiated startle; OF, open field; FP, four plate test; CLS, conditioned lick suppression test.

blocks *ex vivo* induction of synaptic depotentiation in BLA slices from fear-conditioned animals (Kim et al., 2007a). Contrary to this, the group 1 mGluR agonist, DHPG, induces depotentiation in these slices (Kim et al., 2007a). The mGluR5 antagonist, 2-methyl-6-(phenylthynyl)-pyridine, blocks fear potentiated startle, thus preventing the acquisition and expression of fear (Tizzano et al., 2002), while a similar response is obtained using the Group II mGluR2/3 agonist, LY354740 (Helton et al., 1998; Grillon et al., 2003).

Similarly, mGluR2 potentiators are anxiolytic in the fear potentiated startle paradigm and other related models of anxiety (Helton et al., 1998; Table 4). Both mGluR5 (Xu et al., 2009) and mGluR7 (Callaerts-Vegh et al., 2006; Goddyn et al., 2008) knockout mice present with deficits in fear extinction. Contrary to this, the mGluR7 agonist AMN082 facilitates the extinction of amygdala driven aversive memories (Fendt et al., 2008), although it has no effect when administered in the absence of extinction training. This provides a therapeutic rationale for the use of mGluR1 and mGluR7 agonists to treat conditioned fear-based disorders. Indeed, AMN082 has been found to promote extinction of aversive memories (Fendt et al., 2008). Agonists for group II (mGluR2/3) receptors and antagonists for group I mGluR5 receptors have also shown activity in animal and/or human conditions of fear, anxiety or stress (Swanson et al., 2005). Indeed, intra-amygdala infusions of the mGluR Group II agonists, LY354740 and (2R,4R)-4-aminopyrrolidine-2,4-dicarboxylate, significantly disrupt fear-potentiated startle, and is prevented by the Group II receptor antagonist LY341495. Pretraining administration of LY354740 however blocks fear learning (Walker et al., 2002a).

## 7. Animal models of anxiety and stress-related disorders

Although the different anxiety and stress related disorders present with anxiety as a common overall symptom, each illness nevertheless presents with its own unique range of biological and behavioral manifestations that underlie its differential diagnosis. Differences in underlying neurobiology may imply a differential response to glutamate modulating agents. Moreover, these illnesses all differ with respect to the type and duration of stress that can be associated with an earlier precipitating event. These considerations are important when modeling the human illness in animals. Pathophysiological animal models provide us with a useful tool to investigate the neurobiology and treatment of a neuropsychiatric illness. They offer the possibility of simulating a condition under controlled circumstances that will enable us to study symptoms as they develop and to test prospective treatments (Yehuda and Antelman, 1993). The animal model should in essence induce behavioral alterations that resemble the symptoms of the human disorder, termed face validity, and should mimic the pathophysiological abnormalities characteristic of the disease, termed construct validity. Finally, a good animal model should demonstrate differential response to drugs used to treat the human condition while also show a lack of response to ineffective treatment modalities, termed predictive validity (Oosthuizen et al., 2005; Korff and Harvey, 2006). It is therefore important that any efficacy of glutamate-active compounds, as assessed in standard anxiety tests, be confirmed in suitably validated translational (pathophysiological) animal models.

### 7.1. Stress and its relevance in pathophysiological models of anxiety disorders

Hans Selye (Selye, 1936) first explained the importance of the stress response in health and disease that would later lead to the concepts of stress vulnerability and resilience. The stress response is geared to promote the development of coping mechanisms in order to resist a stressor and to improve later response to the same stressor. This process of allostasis (McEwen, 1998) requires behavioral, psychological and physiological adaptation that is vital for survival. However, allostasis is constantly challenged by repeated physical/psychosocial stressors that seek to overwhelm these coping mechanisms leading to maladaptive behavioral and neuro-endocrine responses, structural brain changes and the subsequent development of a mental illness, referred to as allostatic load (McEwen, 1998). Stress-related mental illnesses are therefore dependent on genetic predisposition, while stress itself underpins the basic phenomenology of a number of psychiatric illnesses. However, the stressors involved in each are markedly different, and is an important consideration in the development of pre-clinical animal models of anxiety/stressed based disorders (Uys et al., 2003).

Distinction can be made between limbic-sensitive and limbic-insensitive (physiologic) stressors (Herman and Cullinan, 1997). Limbic-sensitive stressors are most sensitive to stressors involving high-order sensory processing of the event before the stress response is initiated and thus require "processive" regulation by the prefrontal cortex, hippocampus or amygdala (Herman and Cullinan, 1997). Consequently, limbic-sensitive stressors such as restraint, forced swimming, fear conditioning or exposure to a novel environment constitute stimuli that become stressful only after comparison with prior experience. On the other hand, limbic insensitive or physiological threats that directly compromise survival, such as underwater stress, predator exposure and ether exposure, do not undergo prior interpretation by higher-order brain centers, but gain direct access to the paraventricular nucleus in the hypothalamus to rapidly initiate the stress response in an attempt to regain cardiovascular and respiratory homeostasis (Herman and Cullinan, 1997). Thus, how stressors are presented to the subject will evoke a unique bio-behavioral response that will ultimately determine the gradual progression from health to a mental/psychological disorder. Furthermore, the type of stressor will also dictate the type of biological markers being studied, for example the importance of studying appropriate brain regions following a stress response that requires top-down frontal cortical mediated control of subcortical limbic structures.

Early adverse experiences and especially vulnerability to these events may "shape" a pre-existing genetic vulnerability to stress and disease (Heim and Nemeroff, 2001; Niwa et al., 2010). Thus, young animals raised under adverse rearing conditions, such as social isolation or maternal separation, present with long-lasting behavioral and physiological changes in adulthood that resemble depression and/or schizophrenia, including increased anxiety, compromised cognitive function, poor social interaction as well as various depressive-like behaviors (Möller et al., 2011; Niwa et al., 2010). Depression is strongly correlated to genetic disposition as well as chronic life stress (Kendler et al., 2001), and is reflected in genetic models of depression such as the Flinders Sensitive Line (FSL) rat. FSL rats demonstrate a heightened sensitivity to stress, increased depressive-like behavior as

well as altered serotonergic, cholinergic and glutamatergic function (Overstreet et al., 2005; Wegener et al., 2010).

In PTSD, only 20–30% of trauma victims will go on to develop the illness (Breslau et al., 1991), while a similar response is expectant of an animal model of PTSD (Cohen et al., 2004). Similarly, compulsive behaviors vary significantly within patients with OCD so that spontaneous (naturalistic) compulsive-like or stereotypic behaviors that varies within a given population may be a useful animal model of OCD, e.g. the deer mouse model of stereotypy (Korff and Harvey, 2006). Thus, combined genetic and environmental adversity can effectively separate sensitive from resilient populations (Connor and Zhang, 2006) and will assist not only in understanding the neurobiology of a given anxiety disorder but will aid in predicting recovery and later resilience to developing a given disorder.

## 7.2. Posttraumatic stress disorder (PTSD)

Although first conceptualized as a normal reaction to an abnormal event, PTSD is directly associated with exposure to an immediate life-threatening event (APA, 1994), and is characterized by a unique psychobiological basis (Yehuda and McFarlane, 1995). In PTSD a disabling of critical cortical processes necessary to correctly process extinction of trauma memory occurs in susceptible individuals, thereby perpetuating a vicious cycle of trauma recollection and re-experiencing. Thus, while it is normal to experience a range of symptoms post-trauma, these gradually diminish over time and are not deemed to be disabling. Such symptoms, however, persist indefinitely in PTSD leading to significant comorbidity and disability (Kessler, 2002). There is also evidence for the importance of multiple re-exposures to trauma in predicting incidence and severity of the disorder (Maes et al., 2001). Increased hypothalamic-pituitary-adrenal (HPA) axis negative feedback in PTSD (Liberzon et al., 1999) and the resulting cortisol 'suppression' (Stein et al., 1997) precludes adequate shut-off of the stress response (Yehuda, 1997; Parker et al., 2003), resulting in heightened noradrenergic activity. This represents an important neurobiological construct that drives many of the symptoms of PTSD, including hyperarousal, avoidance and anxiety (Yehuda et al., 1992; Newport and Nemeroff, 2000; Ravindran and Stein, 2009). However, animal studies have emphasized that both the HPA axis response as well as the monoaminergic response to severe trauma differs immediately post trauma as opposed to post re-experiencing (Harvey et al., 2006), which will have important implications in pharmacological treatment.

Cortisol plays a critical role in the interaction between the hippocampus and amygdala during the encoding of emotional memory (Wolf, 2008), particularly through its activation of the glutamatergic system (Takahashi et al., 2002). Although the frontal cortical-amygdala noradrenergic system facilitates the encoding of emotional memories responsible for propagating posttraumatic symptoms, with noradrenergic  $\alpha_1$  and  $\alpha_2$  receptors important in expressing the intensity of the adverse experience, glutamate NMDA and AMPA receptor mediated signaling is central to the neurobiology of memory via the initiation of LTP (Myers et al., 2011). Moreover, the neurobiology of stress also involves the effects of glutamate on kindling and the permissive role of GABA, both of which occupy a central role in fear memory circuitry (Myers et al., 2011).

In order to incorporate the above-mentioned attributes, animal models of PTSD have utilized acute intense stressors, e.g. electric shock, underwater trauma, and exposure of animals to a predator, aversive challenges and situational reminders of a life-threatening event (stress-restress) to more closely model the long-term effects on behavioral, autonomic and hormonal responses seen in humans with PTSD (Uys et al., 2003; Cohen et al., 2004; Oosthuizen et al., 2005; Yamamoto et al., 2009). Here we will discuss data from the single prolonged stress (SPS) and time-dependent sensitization (TDS) models of PTSD (Table 6). SPS has proven to be a well-validated animal model, presenting with increased HPA-axis negative feedback and hypocortisolemia (Liberzon

et al., 1997, 1999), increased fear responding and anxiety as well as cognitive impairment (Kohda et al., 2007; Yamamoto et al., 2009). The TDS model, which emphasizes re-experience in its design, has demonstrated impressive face, construct and validity for PTSD, including increased HPA-axis negative feedback and hypocortisolemia (Harvey et al., 2003b; 2006), altered cortical-hippocampal 5HT<sub>1A</sub> and 5HT<sub>2A</sub> receptor binding and impaired spatial memory performance (Harvey et al., 2003b), while stress-restress related biobehavioral changes can be reversed by serotonin-active drugs (Harvey et al., 2004b; Uys et al., 2006). Importantly, stress and subsequent restress demonstrate differential changes in HPA-axis response, as well as changes in cortical and hippocampal monoamines and the subsequent genesis of maladaptive aversive behavior (Harvey et al., 2006).

### 7.2.1. Ionotropic glutamate receptors in animal models of PTSD

A number of studies have demonstrated the contributory role of ionotropic glutamatergic signaling using SPS alone or followed by re-experience (TDS; Table 6). We have demonstrated that TDS reduces NMDA receptor binding as well as GABA levels in the rat hippocampus (Harvey et al., 2004a). SPS increases acoustic startle in rats (Khan and Liberzon, 2004; Kohda et al., 2007) which can be prevented by topiramate (Khan and Liberzon, 2004), an AMPA/kainate receptor antagonist (Gibbs et al., 2000). Subsequently we have also demonstrated activation of events down-stream of the NMDA receptor, viz. NO synthase (NOS; Fig. 3), in animals exposed to TDS (Harvey et al., 2004a, 2005a). Indeed, new evidence suggests that the glutamate-NMDA-NOS cascade may be an important vulnerability factor in stress-sensitive animals (Wegener et al., 2010). Moreover, stress is a prerequisite prior event necessary to evoke these changes (Wegener et al., 2010; Figs. 2 and 3).

The GlyT-1 plays an important role in modulating extracellular glycine concentrations. Inhibition of GlyT-1 increases extracellular glycine in the CNS and enhances NMDA mediated neurotransmission (Sur and Kinney, 2007). SPS increases contextual freezing together with an increase in hippocampal levels of GlyT-1 (Takahashi et al., 2006; Iwamoto et al., 2007), possibly mediating the development of impaired extinction of fearful memory. PTSD is characterized by a loss of explicit memory function in favor of increased consolidation of fear-memory. Both SPS and TDS impair spatial memory performance in rats (Harvey et al., 2003b; Kohda et al., 2007). In line with these changes in hippocampal-based memory function, SPS induces deficits in hippocampal LTP and LTD (Kohda et al., 2007). Concerning fear memory, SPS increases contextual fear memory while TDS increases conditioned taste aversion memory (Brand et al., 2008), the latter explaining the increased avoidance and anxiety evoked by sensory-mediated recall of the trauma, i.e. visual, olfactory, touch, auditory, and taste. Contextual fear memory is also associated with blunted LTP in the amygdala following SPS (Kohda et al., 2007). Similarly, impaired extinction is a major symptom in PTSD (Bremner et al., 2000; Milad et al., 2006), while SPS has been found to impair fear extinction (Yamamoto et al., 2008), the latter being prevented by D-cycloserine, a partial agonist of the glycine site in the NMDA ion channel (Yamamoto et al., 2008). Considering the important role of altered HPA-axis functioning in PTSD, both SPS and TDS are associated with increased HPA-axis negative feedback and hypocortisolemia (Liberzon et al., 1997; 1999; Harvey et al., 2003b; 2006). Altered HPA-axis activity in fact may be driving many of the subsequent biobehavioral changes induced by SPS/TDS (Harvey et al., 2004a; 2004b; Uys et al., 2006). Finally, glutamate, glutamine, and creatine levels are decreased in the mPFC of SPS rats compared to controls, suggesting decreased excitatory tone in this brain region (Knox et al., 2010).

AMPA receptors mediate fast EPSPs in most of the brain synapses (Malenka and Nicoll, 1999) and play a critical role in the development and expression of memory-related LTP. Further, as has been noted earlier, AMPA receptors assist in the recruitment of voltage-gated NMDA receptor ion channels (Tanaka et al., 2000; Fig. 3) thus benefitting LTP (Granger et al., 1993; Staubli et al., 1994). Targeting

**Table 6**  
Role of glutamate in pathophysiological animal models of anxiety and stress-related disorders.

Anxiety disorder	Animal model	Result	Reference
<b>PTSD</b>	TDS	↑Anxiety (EPM)	Harvey et al., 2006
		↑Conditioned taste aversion learning. ↓NMDA receptor binding and ↓GABA levels in rat hippocampus.	Brand et al., 2008 Harvey et al., 2004a
	SPS	↑Hippocampal NOS activity, prevented by nNOS inhibitor (early post acute stress)	Harvey et al., 2004a; 2005a
		↑Hippocampal NOS activity reversed by iNOS inhibitor, as well as by ketokonazole (steroid synthesis inhibitor) (late post stress).	Harvey et al., 2004a
		↑Anxiety (ASR), inhibited by topiramate, an AMPA/kainate receptor antagonist.	Khan and Liberzon, 2004; Kohda et al., 2007
		↑Contextual freezing in rats with ↑hippocampal GlyT-1.	Iwamoto et al., 2007
		↑Contextual fear; prevented by chronic paroxetine (SSRI).	Takahashi et al., 2006
		↓Fear extinction, prevented by D-cycloserine (partial glycine site agonist).	Yamamoto et al., 2008
		↓Glutamate, glutamine, and creatine in mPFC of rats, suggesting ↓ excitatory tone.	Knox et al., 2010
		↓Hippocampal LTP and LTD and blunted LTP in the amygdala.	Kohda et al., 2007
<b>OCD</b>	MBT	MK-801, memantine and amantadine (non-competitive NMDA antagonists) ↓ burying behavior in mice	Egashira et al., 2008
		NBQX (AMPA R antagonist) and riluzole (glutamate release inhibitor) had no effect. Inhibition of NOS prevents excessive burying behavior in mice.	Krass et al., 2010
		↑Burying behavior in mice is related to ↑ levels of NO in brain. Burying and ↑ NO prevented by paroxetine (SSRI).	Umathe et al., 2010
		CX546, (AMPA receptor potentiator) and Ro25-6981 (NR2B subunit-containing NMDA receptor antagonist) ↓ burying behavior in mice. mGluR5 antagonist (MPEP) ↓ burying behavior.	Iijima et al., 2010 Spooren et al., 2000; Pérez de la Mora et al., 2006 Shimazaki et al., 2004
	SAM	mGluR2 antagonists, LY341495 and MGS0039, ↓ burying behavior	Albelda et al., 2010
	DMM	D-Cycloserine (partial glycine site agonist) ↓ compulsive lever pressing in rats. MK 801 (non-competitive NMDA antagonist) had no effect.	Presti et al., 2004
	DMM	Increased striatal glutamatergic activity associated with spontaneous stereotypic behavior in deer mice.	Güldenpfennig et al., 2011
		↑Oxidative stress evident in frontal cortex, but not striatum, of high stereotypic deer mice.	
<b>Panic disorder</b>	SLIP	↑Panic-like behavior and ↑firing of glutamatergic neurons prevented by LY354740 (group II mGluR agonist). Antipanic effect of LY354740 equal to alprazolam.	Molosh et al., 2010; Shekhar and Keim, 2000
<b>Phobia</b>	ELS	↑Phobic-like fear in BALB/cAnN mice later in life, associated with ↓LTD and ↑AMPA receptor GluR1 subunit expression in BLA.	Thoeringer et al., 2010
		↑Frontal cortical NMDA receptor binding in SIR rats together with ↓social interactive and ↑ self-directed behaviors, and ↑frontal cortical striatal oxidative stress.	Toua et al., 2010; Möller et al., 2011
	TMT	↑Unconditioned freezing and ↑glutamate and GABA in trimethylthiazoline model of phobia	Venton et al., 2006

Abbreviations: TDS, time-dependent sensitization; SPS, single prolonged stress; MBT, marble burying test; SAM, signal attenuation model; DMM, deer mouse model; SLIP, sodium lactate induced panic; ELS, early life stress; SIR, social isolation reared; SOD, superoxide dismutase; LTD, long-term depression; TMT, trimethylthiazoline model.

AMPA receptors therefore represents an alternative approach to bolster/maintain normal NMDA function without the risk of evoking excessive glutamatergic activity. Although AMPA potentiators have procognitive effects in animals (Staubli et al., 1994; Hamlyn et al., 2009; Damgaard et al., 2010), their therapeutic potential in PTSD, or in animal models of PTSD, are less well defined. Nevertheless, studies have found that emotion enhances learning via noradrenaline mediated phosphor-

ylation of GluR1-containing AMPA-receptors leading to an improvement in AMPA trafficking (Hu et al., 2007). Moreover, topiramate an AMPA/kainate receptor antagonist prevents increased startle response in animals subjected to SPS (Khan and Liberzon, 2004), further supportive of a role for AMPA receptors in PTSD.

NO has been suggested to mediate NMDA-AMPA receptor interactions critical for neuroplasticity (Boix et al., 2011). NO is an



important sub-cellular messenger following stress or fear induced glutamate release via the activation of NOS, while NMDA receptor-mediated release of NO plays an important role in neuroinflammation (Harvey, 2008). Altered immune-inflammatory processes are evident in patients with PTSD (Maes et al., 1999; Bauer et al., 2010), while studies using TDS have found an increase in hippocampal NOS activity 7 days after stress–restress that is inhibited by a neuronal NOS inhibitor (Harvey et al., 2005a). Interestingly, this increased activity cannot be reversed by memantine, a noncompetitive open-channel NMDA receptor antagonist, yet is sensitive to inhibition by an NF- $\kappa$ B antagonist, suggestive of a possible dual role for constitutive and inducible NOS isoforms following trauma (Harvey et al., 2005a). We have noted that the elevation in NOS activity remains sustained for 3 weeks post-trauma but now becomes insensitive to inhibition by a nNOS blocker yet retains sensitivity to a selective iNOS blocker (Harvey et al., 2004a). Importantly, late post-stress increase in NOS activity is also inhibited by ketoconazole, an inhibitor of glucocorticoid synthesis (Harvey et al., 2004a), highlighting the important role for the hypothalamic-adrenal axis in this response. Thus, inflammatory processes and the activation of the inducible isoform of NOS appears to play a more prominent role during chronic stress conditions such as PTSD, possibly mediating the damaging effects of severe chronic stress on neuronal structure and function e.g. hippocampal shrinkage (Harvey et al., 2004a; Oosthuizen et al., 2005; Fig. 3).

### 7.2.2. Metabotropic glutamate receptors in animal models of PTSD

mGluR modulators are increasingly being identified as promising new avenues to treat anxiety or its co-presenting symptoms, especially due to the ability of these receptors to modulate NMDA receptor function (Krystal et al., 2010). Indeed, mGluR1/5 receptor agonists might promote fear extinction by bolstering neuroplasticity related to long-term depression (Camodeca et al., 1999; Sung et al., 2001; Popkirov and Manahan-Vaughan, 2011). Consequently, ligands for groups I and II mGluRs may have value in the treatment of the cognitive deficits experienced in PTSD (Gravius et al., 2010). However, no work to date has been undertaken with respect to mGluRs in animal models of PTSD. Nevertheless, studies using mGluR8-deficient animals suggest that these receptors may be a potential target for disorders involving altered glutamate and GABA transmission. Thus, anxiety disorders where exaggerated contextual fear or where disturbed declarative memory are evident may be particularly relevant (Fendt et al., 2010).

### 7.3. Obsessive–compulsive disorder (OCD)

OCD is characterized by intrusive thoughts or images (obsessions) that increase anxiety, and ritualistic actions (compulsions) that decrease anxiety. The disorder also involves a dysfunctional (dopamine-directed) reward system (Harvey et al., 2005b). However, whereas most anxiety disorders are mediated by the amygdala and related circuitry and respond to a range of antidepressants and benzodiazepines, obsessive–compulsive disorders are mediated by fronto-striatal circuitry and respond selectively to serotonin reuptake inhibitors (SSRIs) (Hudson and Pope, 1990; Blum et al., 1995). There is thus a move to include OCD and related conditions as a separate diagnostic category of the up-coming DSM-V. The regulation of fronto-striatal circuitry and of motor function involves a complex interaction between serotonin, dopamine, and glutamate (Fekete et al., 1981; Hollander and Wang, 1995; Cummings, 1996; McDougle et al., 1999). Not surprisingly, up to half of OCD patients fail to respond to treatment with an SSRI (Goodman et al., 1990; 1991). In these cases, other classes of drugs, such as antipsychotics, offer distinct benefit in treatment resistance cases (Stein, 2000).

The prefrontal cortico-striatal-thalamic-cortico (CSTC) circuit is critical to our understanding of the pathophysiology and treatment of

OCD (Insel, 1992). The orbitofrontal cortex and the anterior cingulate cortex are overactive in OCD (Alptekin et al., 2001; Lacerda et al., 2003), leading to uncontrolled thoughts and behaviors and inappropriate 'error detection' signals (Rolls, 1999; Alptekin et al., 2001). The anterior cingulate cortex may be more involved in linking the cognitive and motor behavioral manifestations of OCD (Korff and Harvey, 2006). The excessive, uncontrolled and repetitive motor behaviors seen in OCD patients are thus propagated by regional cortical hyperexcitability and a failure of inhibitory mechanisms to control sensory inputs (Cummings, 1996; Alptekin et al., 2001). The expression of emotion, particularly through the recognition of cues of threat/danger, and motivation that engenders the non-specific anxiety symptoms in OCD, is likely to involve fear circuitry, in particular the amygdala (Korff and Harvey, 2006).

An imbalance between dopamine, GABA and glutamate input into the CSTC is critical in determining thalamo-cortical output which becomes overactive in OCD. With regard to glutamate, CSF levels of glutamate and glycine are significantly elevated in OCD patients, with evidence that autoantibodies against the basal ganglia and thalamus may cause OCD by modulating excitatory neurotransmission (Bhattacharyya et al., 2009). Glutamate strongly regulates the release of dopamine and serotonin within the CSTC circuit (Karreman and Moghaddam, 1996; Amargós-Bosch et al., 2007), so that as with the well-known therapeutic benefits of serotonin (e.g. SSRIs) and dopamine (e.g. antipsychotics) active drugs in treating OCD, glutamate active drugs may harbor a wealth of new and untapped potential. Due to the neurobiological complexity of OCD, a definite animal model of OCD remains a significant stumbling block in pre-clinical drug development. Nevertheless, a number of animal models are used (see Joel, 2006a and Korff and Harvey, 2006 for review), although none of these models on their own fully address the complete behavioral and biological characteristics of OCD.

For the purpose of this review, we will present data from the marble burying test (MBT), the signal attenuation model (SAM) and the deer mouse model (DMM), translational models where data pertaining to the involvement of glutamate are evident (Table 6). The MBT demonstrates some face and predictive validity for OCD. In this test, burying begins as an appropriate investigative activity, but following frustrated investigation of the non-reactive stimulus-object, the behavior begins to persist as a compulsive stereotypy (Korff and Harvey, 2006). Marble burying can also be used to model hoarding, a subtype frequently encountered in OCD patients. Importantly, SSRIs suppress the compulsive behavior in this model (Korff and Harvey, 2006). The SAM, which focuses on the phenomenological similarity between "compulsive" lever pressing behavior in the model and compulsions in OCD patients, has provided evidence for face, construct and predictive validity for OCD (see Joel, 2006b for review). The DMM is unique in that it represents a naturalistic animal model whereby compulsive-like or stereotypic behaviors develop spontaneously, and which varies within a given population, thus akin to the stereotypic behaviors observed in patients with OCD. Moreover, the model has demonstrated noteworthy face, predictive and construct validity for OCD (Korff et al., 2008; 2009; Wang et al., 2009; Gldenpfennig et al., 2011).

#### 7.3.1. Ionotropic glutamate receptors in animal models of OCD

Magnetic resonance spectroscopy studies provide evidence of elevated glutamate levels in several brain regions in patients suffering from OCD, suggesting that agents that reduce glutamate hyperactivity or its consequences in the CNS might be efficacious as novel therapeutic interventions (Pittenger et al., 2006). Using the MBT in mice, Egashira et al. (2008) observed that the noncompetitive NMDA antagonists memantine, amantadine and MK801 inhibit marble-burying behavior, although MK801 also markedly increased locomotor activity. However the AMPA receptor antagonist NBQX, and the glutamate release inhibitor riluzole showed no effect in this regard. In

the SAM of OCD, systemic administration of the partial NMDA receptor agonist, D-cycloserine, selectively decreased compulsive lever pressing in rats (Albelda et al., 2010). MK 801, however, failed in this regard although increased resistance to extinction. These data are supportive of preliminary clinical evidence describing the effectiveness of memantine as an augmenting agent in severe OCD (Stewart et al., 2010). Again using the MBT, inhibition of NO, an important down-stream messenger following NMDA receptor activation and a powerful pro-oxidant, prevents excessive marble burying behavior in mice (Krass et al., 2010). In a related study, Umathe et al. (2010) found that obsessive-compulsive behaviors in mice appears related to increased levels of NO in brain, while the anti-compulsive effects of paroxetine is related to its ability to decrease brain levels of NO. In line with this evidence, clinical studies have demonstrated significantly elevated plasma nitrate levels, a stable marker of NO, in OCD patients that were also significantly and positively correlated with Yale-Brown Obsession Compulsion Scale scores (Atmaca et al., 2005). These data would concur that OCD may be causally related to increased oxidative stress, which indeed has been described in both humans with OCD (Chakraborty et al., 2009; Ozdemir et al., 2009) as well as in the DMM (Güldenpfennig et al., 2011).

With regard to the AMPA receptor, the AMPA receptor potentiator, CX546, significantly inhibits marble-burying behavior in the MBT, while the NR2B subunit-containing NMDA receptor antagonist, Ro25-6981, also reduces marble-burying behavior. These data suggest that AMPA receptor potentiators and NR2B receptor antagonist may be useful in treating OCD (Iijima et al., 2010).

### 7.3.2. Metabotropic glutamate receptors in animal models of OCD

Stimulating group I mGluRs, including mGluR1 and mGluR5, are associated with activation of phospholipase C (PLC) leading to the hydrolysis of cell membrane based phosphoinositide phospholipids and the subsequent formation of inositol 1,4,5-trisphosphate (IP3) and diacyl glycerol (Table 2). Interestingly, the glucose isomer and second messenger precursor in PLC-mediated signaling, myo-inositol, has demonstrated efficacy in OCD (see Harvey et al., 2002 for review). Consequently, it can be expected that group 1 mGluRs that function via this signaling system may have benefit in the treatment of OCD. Recent evidence suggest this happens via an alternate neuronal circuitry to the SSRIs (Carey et al., 2004). Indeed, the mGluR5 antagonist, MPEP, has been found to decrease burying behavior in the MBT (Spooren et al., 2000; Pérez de la Mora et al., 2006). Interestingly, the mGluR2 antagonists, LY341495 and MGS0039, which function via inhibition of adenylate cyclase, have also demonstrated this response in the MBT (Shimazaki et al., 2004).

### 7.4. Panic disorder

Several brain structures that organize defensive reactions and represent the neural substrate of fear and anxiety have been implicated in the functional neuroanatomy of PD, including prefrontal regions, amygdala, hippocampus, and parahippocampal area, hypothalamus, thalamus, and the periaqueductal gray matter (PAG) (Graeff and Del-Ben, 2008). Panic disorder is a severe anxiety disorder characterized by susceptibility to induction of panic attacks by subthreshold interoceptive stimuli such as 0.5 M sodium lactate infusion. Chronic inhibition of GABA synthesis in the dorsomedial hypothalamus/perifornical region of rats induces a vulnerability to panic-like responses after sodium lactate infusion (Johnson et al., 2008), and has been useful in providing an animal model of panic disorder (Table 6). Sodium lactate induced panic (SLIP) increases 'anxiety' (decreased social interaction) behaviors, heart rate, and blood pressure responses in rats. Moreover, SLIP increases the firing rates of glutamatergic neurons, as evinced by retrograde tracing and in situ hybridization for vesicular glutamate transporter 2 (Molosh et al., 2010). LY354740, a potent group II metabotropic glutamate receptor agonist prevents the SLIP response in panic-prone rats (Shekhar and

Keim, 2000), probably by inhibiting glutamate release. The response to LY354740 treatment was equally efficacious as alprazolam.

### 7.5. Phobias

Brain imaging techniques in 'social anxiety' and 'social phobic' individuals reflects increased activity in limbic and paralimbic regions, with the predominance of the amygdala in these studies emphasizing its central role in the pathophysiology of social anxiety disorder (Freitas-Ferrari et al., 2010). Specific phobias, including animal phobias, are the most common anxiety disorders, and have a strong innate and genetic component. Phobia-related animal models have assessed the neurobiology of innate fear of predators in rodents, such as exposure to trimethylthiazoline or TMT (an odorant isolated from fox feces). TMT dose-dependently induces unconditioned freezing and other defensive responses in rodents (Table 6; Rosen et al., 2008), while one such study has demonstrated that high responding animals show a large, biphasic increase in glutamate and GABA in the nucleus accumbens (Venton et al., 2006). Since adverse environmental factors during early life may provoke genetically determined susceptibility to psychopathology (Heim and Nemeroff, 2001), it is of particular interest that adverse early life environment predicts the later development of phobic-like fear responses in BALB/cAnN mice (Thoeringer et al., 2010; Table 6). Emotion enhances learning via noradrenaline mediated phosphorylation of GluR1-containing AMPA-receptors leading to an improvement in AMPA trafficking (Hu et al., 2007). Thoeringer et al. (2010) show that greater susceptibility to developing exaggerated fear responses is accompanied by increased

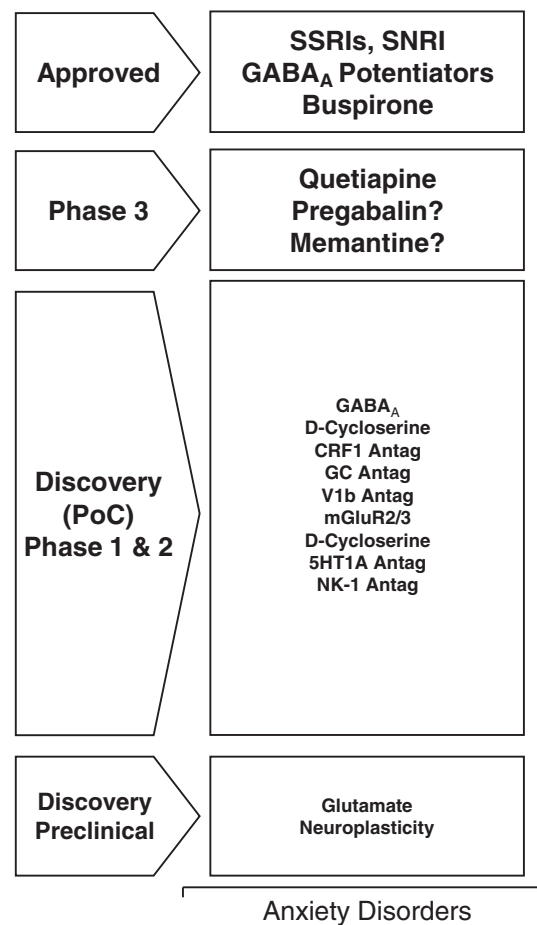


Fig. 5. Current therapies and approaches as well as new molecular entities in drug discovery and development aimed at the treatment of anxiety disorders.

surface trafficking of the AMPA receptor GluR1 subunit in the BSA complex (Thoeringer et al., 2010).

Deficits in interaction with peer groups as well as other core social behaviors (akin to social phobia) are induced by early life stress models, such as rats exposed to social isolation rearing (SIR) or maternal separation (Niwa et al., 2010). SIR in rats induces marked changes in cortical glutamate NMDA receptor binding (Toua et al., 2010), together with significantly reduced social interactive behaviors and increased self-directed behaviors (Möller et al., 2011; Table 6). Similarly, maternal separation involves a dysfunctional glutamatergic system (Takahashi et al., 2009). Since altered glutamate activity is associated with increased oxidative stress, it is of interest that SIR animals have significantly elevated frontal cortex and striatal superoxide dismutase activity, decreased oxidized:reduced glutathione ratio and increased lipid peroxidation (Möller et al., 2011).

## 8. Future perspective and summary

Current frontline pharmacological treatments and key approaches in drug discovery and development in anxiety disorders is summarized in Fig. 5. Monoamine reuptake inhibitors (e.g. SSRIs, SNRIs), GABA-A receptor potentiators (benzodiazepines) and a 5HT<sub>1A</sub> partial agonist, buspirone, form the main therapeutic options for patients suffering from an anxiety disorder. These generally work with varying success across different anxiety disorders except OCD which responds selectively to SSRIs. However, while these drugs are effective agents, they have a delayed onset of action e.g. SSRIs, and fail to provide an adequate response in a significant proportion of patients (Ballenger, 1999, 2004; van Ameringen et al., 2004). In addition they have significant side effect and safety limitations, including abuse liability (benzodiazepines), sexual dysfunction (SSRI), cardiovascular risk (SNRI) and nausea (5HT<sub>1A</sub> agonist), which raise tolerability issues and lowers patient adherence. From a clinical perspective it is clear that there is still a strong unmet need for more effective and tolerable therapeutic options.

In order to make gains in efficacy, such as speed of onset and effectiveness in non-responders, alternative novel mechanism-based approaches need to be considered (Fig. 5). HPA-axis and glutamate system related molecular targets appear to represent the main areas of interest, e.g. targeting the mTOR pathway via the NMDA receptor to improve treatment response in depression (Li et al., 2010). Although other innovative approaches (e.g. neurokinin receptors) cannot be excluded, the current analysis has provided a summary of the most promising approaches. Whilst there is a strong scientific rationale for the utility of HPA-axis related approaches such as glucocorticoid, CRF1 or vasopressin 1b receptor antagonists, the level of clinical validation has remained limited despite a considerable period of drug discovery and development effort. In contrast, glutamate system-based drug discovery initiatives, such as mGluR2/3 agonism, have yielded positive clinical data, although require further validation. It is important to be cautious before drawing conclusions from these findings, however, especially given the rather high level of attrition in CNS drug discovery of drugs that explore novel mechanisms (Kola, 2008). The reasons for failure are multivariate and have been discussed extensively in the recent literature (Wong et al., 2008) but include factors such as inadequate target validation, lack of translational biomarkers (for efficacy and target engagement), lack of predictive reliability of animal models and issues in clinical development such as strong placebo response and poor reproducibility. Industry and academia need to collaborate more effectively to resolve challenges facing psychiatric drug discovery. Some critical areas of attention include greater focus on developing better insight on molecular pathology through more effective genetic analysis, identification of translational biomarkers (efficacy and target engagement), stratification and characterisation of patient subgroups to reduce heterogeneity, as well as developing disease relevant models with high face, construct and predictive validity (Wong et al., 2010).

Considering the latter point, while many of the glutamate receptor-active ligands covered in this review have demonstrated noteworthy anxiolytic activity in various anxiety tests, few have been evaluated in comprehensively validated translational animal models, such as the select group of pathophysiological models described in Table 6.

With respect to glutamate it is clear that modulation of both metabotropic or ionotropic receptors offer promising opportunities. Given the known role of glutamate and down-stream NO on neuroplasticity, neuroprotection and degeneration (Meldrum, 2000; McLeod et al., 2001; Spedding et al., 2003), as well as their ability to rapidly modify monoaminergic responses, particularly via NO (Prast and Philippu, 2001), glutamate-based pharmacotherapy can have important therapeutic advantages that will benefit a number of troublesome areas of treatment response, including slow onset of action, lack of effective management of cognitive impairment, and lack of adequate clinical response in poor responders (Harvey, 2008). Potential limitations of NMDA receptor activators include mechanism-based excitotoxicity. In this regard, PAMS may offer a better approach if glutamatergic stimulation is required. Alternatively, exploiting novel molecular cross-talk mechanisms to harness a more physiological approach to stimulating glutamate receptors is an attractive alternative, e.g. using AMPA PAMS to bolster NMDA receptor function (see Fig. 3).

For antagonists there are concerns about NMDA receptor block to evoke psychotic manifestations, as well as to negatively impact affect and cognition. Here too PAMS and NAMs of both ionotropic (e.g. AMPA receptor potentiators) and metabotropic glutamate receptors would preferentially affect dysregulated glutamatergic synapses with a lower potential for mechanism related side-effects, e.g. the AMPA PAM CX516 (Goff et al., 2008). Another important issue that is likely to arise for glutamate based approaches is whether these agents will have sufficient efficacy to be suitable for use as monotherapy or will they need to be given in combination with existing drugs. Currently there is inadequate attention given to this issue in the preclinical profiling of emerging glutamatergic agents. It is important to bench mark, in a detailed manner across a range of disease models, the profile of new glutamatergic agents against frontline anxiolytic drugs to more clearly understand the potential benefits and risks. Furthermore, combination studies should be conducted in predictive animal models which would also help towards risk/benefit analysis as well as target validation. It is not only important to check the quality of pharmacological tools used, but also to prudently access alternative non-pharmacological approaches to build confidence in target validation. Transgenic animals or interference RNA technologies may help in this regard. For instance it is conceivable that differential effects may be observed in anxiety indications where cognitive behavioral therapy plays a positive role. Finally, considering the robust role for monoaminergic systems in anxiety, it makes sense to consider targeting combined monoaminergic-glutamatergic pathways in treating anxiety disorders, such as dual serotonergic-nitric actions (Harvey et al., 2010).

## 9. Concluding remarks

Encouraging evidence has emerged from both preclinical and clinical research to support the glutamate system as a promising pathway for discovering improved mechanistically novel therapies for the treatment of anxiety disorders, especially given the central role of glutamate as a regulator of neuroplasticity. Scientific rationale exists for modulators of both ionotropic and metabotropic receptors, although based on currently available evidence, the latter approach seems to be more attractive. In particular agonism at the mGluR2/3 seems to be associated with clinical efficacy, albeit in preliminary clinical studies. Whether ionotropic and metabotropic glutamate modulators would display differential or similar effects across

different subtypes of anxiety disorder remains an interesting area for future investigation. The availability of high quality pharmacological tools needs to be coupled with access to disease relevant animal models with strong predictive validity as well as translational measures of molecular target engagement and efficacy. In order to limit the potential for mechanism related side-effects, it is likely that positive or negative allosteric modulation may yield a better benefit/risk profile. Profiling of interaction with and differentiation from current anxiolytic drugs needs to be investigated in a thorough fashion to assist drug discovery. Finally, industry and the basic research needs to collaborate to resolve barriers limiting progress in psychiatric drug discovery, and particularly towards developing new anti-anxiety agents.

### Conflict of interest

Dr Mohammed Shahid was an employee of MSD, a part of Merck, at the time of writing this manuscript.

Dr Brian Harvey has participated as an invited speaker, has received sponsorship, pharmaceutical compound or honoraria, or is a member of an advisory board, for Bristol-Myers Squibb, Organon, Pfizer and Servier, and has received research funding from Lundbeck. Apart from receiving Org 26576 from Organon for research purposes, there are no conflicts of interest to declare of relevance for this work.

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