# INVITED REVIEW

# E. Lucas-Meunier · P. Fossier · G. Baux · M. Amar **Cholinergic modulation of the cortical neuronal network**

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Abstract Acetylcholine (ACh) is an important neurotransmitter of the CNS that binds both nicotinic and muscarinic receptors to exert its action. However, the mechanisms underlying the effects of cholinergic receptors have still not been completely elucidated. Central cholinergic neurons, mainly located in basal forebrain, send their projections to different structures including the cortex. The cortical innervation is diffuse and roughly topographic, which has prompted some authors to suspect a modulating role of ACh on the activity of the cortical network rather than a direct synaptic role. The cholinergic system is implicated in functional, behavioural and pathological states including cognitive function, nicotine addiction, Alzheimer's disease, Tourette's syndrome, epilepsies and schizophrenia. As these processes depend on the activation of glutamatergic and GABAergic systems, the cholinergic terminals must exert their effects via the modulation of excitatory and/or inhibitory neurotransmission. However, the understanding of cholinergic modulation is complex because it is the result of a mixture of positive and negative modulation, implying that there are various types, or even subtypes, of cholinergic receptors. In this review, we summarize the current knowledge on central cholinergic systems (projections and receptors) and then aim to focus on the implications for ACh in the modulation of cortical neuronal activity.

**Keywords** Acetylcholine · Cortical network · Excitation · Inhibition · Nicotinic and muscarinic receptors

1 avenue de la Terrasse, 91198 Gif-sur-Yvette cedex, France e-mail: estelle@nbcm.cnrs-gif.fr Tel.: +33-1-69823666 For: +33-1-69823666

#### Fax: +33-1-69829466

# Introduction

Acetylcholine (ACh) acts in many cognitive functions, such as excitability [198], attention [24, 188], learning [62, 131], memory [74, 167], the stress response [145], wakefulness and sleep [81, 82], and cortical modulation of sensory information [48, 130, 150, 157]. There is evidence that these actions are exerted by controlling the signal/noise ratio in sensory processing [173]. The study of ACh in the mnemonic process shows that ACh plays a role in the first stages of learning (in acquisition) and not during the recall process [131]. Elsewhere, ACh is implied in the spatial working memory [150]. The stress response induces ACh release in the forebrain. This ACh release is responsible for physiological and emotional responses, in particular through its action on the hypothalamic-pituitary system [145]. At the sensory level, in the rat auditory cortex, cortical ACh can modify cortical responses facilitating thalamo-cortical auditory synaptic transmission [128]. Indeed, in this way, ACh facilitates the detection and discrimination of tones [167]. In the rat somatosensory cortex, ACh plays a part in the organization and modification of receptive fields [85], in particular by enlarging them [42]. In the visual cortex, ACh facilitates the neuronal response to visual stimulation, and seems to increase orientation selectivity in simple cells, as well as orientation selectivity and direction selectivity in complex cells (see for review [174]). In associational areas, ACh mediates the conditioned response of the cortical cells and thus contributes to the enhanced processing of behaviourally significant stimuli [152].

Degeneration of the cholinergic system of the basal forebrain occurs in many diseases in addition to Alzheimer's disease, including Parkinson's disease [9, 50], Creutzfeldt-Jakob disease [8, 29], Down syndrome [201], Korsakoff's syndrome [9], amyotrophic lateral sclerosisparkinsonism-dementia complex [140], progressive supranuclear palsy [165, 177], olivopontocerebellar atrophy [92] and dementia pugilistica [180]. All these disorders are characterized by various degrees of cognitive impairment.

E. Lucas-Meunier  $(\boxtimes) \cdot P$ . Fossier  $\cdot G$ . Baux  $\cdot M$ . Amar Laboratoire de Neurobiologie Cellulaire et Moléculaire, INAF-CNRS,

## The cholinergic system in the brain

Cholinergic forebrain projections are classified into six main central pathways (Ch1-Ch6) linked to the origin of the nuclei where the cholinergic fibres arise [126]. Cholinergic nuclei from the septum (Ch1) and the vertical limb of the diagonal band (Ch2) project only on the hippocampus whereas pedunculopontinus nucleus (part of Ch5) and laterodorsal tegmental nucleus (Ch6) from the brainstem project on the thalamus. Cholinergic nuclei from the lateral part of the horizontal limb of the diagonal band (Ch3) project to the olfactory bulb. The pathway innervating the cortex (Ch4) mainly originates from the nucleus basalis magnocellular (NBM, named the nucleus basalis of Meynert in the human species) [84, 126] (Fig. 1). The cholinergic fibres of the NBM project to the cortex with a topographic organization according to a rostrocaudal, ventrodorsal and mediolateral gradient [15, 61, 110, 111, 124, 199]. In contrast to primates, the rat nuclei included in these cholinergic pathways are not well delimitated. In the rat (Fig. 1), Ch4 pathway groups originate from several other nuclei, in addition to the NBM, such as the substantia innominata [15, 98, 194], diagonal band nucleus [76], nucleus ansa lenticularis [15] and a part of the magnocellular preoptic nucleus [15]. In 1989, Butcher and Semba [27] accounted for confusions in the nomenclature of nuclei of the basal forebrain. Various authors used different terms for the same structure as well as the same term to describe different structures. Moreover, it seems very difficult to generalize the traditional nomenclature from one species to another. However, the NBM is generally associated with the Ch4 pathway. In addition, the labelling of choline acetyltransferase in the cortex suggested the presence of few cholinergic bipolar intracortical interneurons [53, 103]. The majority of these interneurons (88%) are co-labelled for GABA [13] and vasoactive intestinal polypeptide (VIP) [34] and are mainly concentrated in layer II/III of the cortex [147]. However, their existence in, their implications for and their contribution to the cortical neuronal network are open to discussion [26, 187].

Among the population of neurons of the NBM projecting to the cortex, 30% to 35% are GABAergic neurons [63], whose axons preferentially connect cortical GABAergic interneurons [66] to disinhibit them [83]. The remaining neurons release ACh in the cortex and this release can be regulated at two levels: either by modulating the activity of cholinergic neurons in the NBM or by modulating cholinergic terminals at the cortical level. In NBM, cholinergic neurons are under the control of GABAergic interneurons [134] and glutamatergic neurons [58]. At the cortical level, released GABA can diffuse extrasynaptically in substantial amounts and activate



**Fig. 1** Rat cholinergic central pathways. *Hatched area*: diagonal band (modified from ref [126])

GABA<sub>A</sub> receptors on cholinergic terminals and then inhibit ACh release [118]. Moreover, GABAergic innervation can also activate the release of newly synthesized ACh [16] or can suppress the inhibition of ACh release through two successive GABAergic synapses (one GABAergic neuron originating from the NBM and one cortical GABAergic interneuron) [150].

Other neurotransmitters may interfere with the regulation of cortical ACh release; such as, dopamine acting through activation of cholinergic neurons in the NBM [41]; serotonin, according to the subtype of activated serotonin receptor modulating the activity of cholinergic neurons in the NBM and the release of ACh by cholinergic terminals in the cortex [78]; norepinephrine, acting as a tonic inhibitor of ACh release in the cortex [178]; and cholecystokinin stimulating ACh cortical release [116]. Finally, the presence of autoreceptors on cortical cholinergic fibres would also permit the possible autoregulation of the cholinergic system [102].

In young rats, cholinergic denervation of the neocortex by specific immunolesion reduced the size of the cortex [160] and delayed the differentiation of pyramidal neurons in the whole cortex [79]. These observations suggest that cholinergic innervation of the cortex does not have specific cortical target area. In fact, cholinergic fibres can be found in all cortical areas and layers [125, 127], with the density of cholinergic fibres differing from one area to another, and from one layer to another [113], although the accurate topographic organization of cholinergic terminals is not clear. For instance, electrophysiological studies show than 92% of cells in the visual cortex respond to application of exogenous ACh [173].

To summarize, these data do not support the selective ACh activation of the cortical network by cholinergic fibres but are in favour of a global modulating action of ACh on cortical functions via effects independent of cortical areas and layers [61, 123]. So, the specific effects of ACh observed on cognitive functions do not seem to be due to precise innervation and might be attributed to at least the specific distribution of both nicotinic and muscarinic cholinergic receptors.

## **Central nicotinic receptors**

Nicotinic receptors are part of the ionotropic receptor family and they are found in both peripheral and central nervous system (PNS and CNS respectively). In the CNS, the various types of nicotinic receptors display a particular anatomic distribution, and have specific pharmacological and physiological profiles. While their structures and functional properties have been extensively studied, their subunit structures and their physiological roles are not totally understood.

#### Structure

Nicotinic receptors were first isolated from fish electric organs (torpedo, eel) and skeletal muscles of mammals. Muscular nicotinic receptors (250 kDa) are made up of five individual protein subunits,  $(2\alpha, 1\beta, 1\delta, 1\varepsilon \text{ or } 1\gamma)$ embryonic subunit). Each subunit contains four transmembrane domains (20 amino acids, M1-M4) and two extracellular hydrophilic segments (N- and C-terminals). The M2 domain of each subunit contributes to the pore responsible for cation (Ca<sup>2+</sup>, Na<sup>+</sup>, K<sup>+</sup>) permeability [68]. The two subunits  $\alpha$ , implied in the muscle nicotinic receptor (named  $\alpha 1$ ) can be identified by a pair of cysteine residues in the N-terminus and play a role in the agonist site [86], so two agonist molecules must bind in order to activate the ligand-gated ion channel. The subunits of neuronal nicotinic receptors, like their muscular counterparts, have extracellular C- and N-terminal domains and four hydrophobic transmembrane segments (M1–M4). The amino acid sequences of the neuronal nicotinic receptor subunits show, in the same species, only 40% to 50% homology with muscular nicotinic receptor sequences [166]. This difference between the subunits is mainly due to the variability of the size and sequence of the intracellular loop between M3 and M4 segments, which contains putative sites of phosphorylation [166]. Neuronal nicotinic receptors are assumed to have a pentameric structure composed of two subunit types. Nine  $\alpha$  subunits ( $\alpha_2$  to  $\alpha_{10}$ ) and three  $\beta$  subunits ( $\beta_2$ to  $\beta_4$ ) have been identified [19, 36, 37, 43, 44, 51, 56, 57, 144, 168, 169, 172, 189]. Classic stoichiometry of the neuronal receptor is most often  $2\alpha$  subunits for  $3\beta$ subunits, but functional homomers  $\alpha_7$  [36],  $\alpha_8$  [69] and  $\alpha_9$ [56] have been observed.  $\alpha_{10}$  is always associated with  $\alpha_9$ mainly in cochlear cells [57].  $\beta$  subunits will not, alone, form functional receptors [20]. Receptors formed by three different types of subunits, including most often  $\alpha_5$ subunits, have been also described [93]. Finally, nicotinic neuronal receptors present a variety of subtypes (see [112] for nomenclature) due to several possible combinations between subunits (up to 1728 possible receptor subtypes, according to [175]). This diversity implies different kinetics of desensitization, conductance states (5–45 pS) and open times (0.1-8 ms) [166].

The expression of the subunits of nicotinic receptors has been studied using mainly in situ hybridization approaches. These studies have shown that during the development of the CNS, some subunits of nicotinic receptors ( $\alpha_3$ ,  $\beta_2$ ,  $\alpha_4$ ,  $\beta_4$ ,  $\alpha_7$ ) can be expressed at very early stages of embryonic development (E11 in rats) before the formation of morphologically differentiated synapses [205]. In the sensory primary cortex,  $\alpha_7$  is present during development but disappears at adult age [23]. In the adult rat brain, the distribution of mRNA subunits is differential:  $\alpha_2$  mRNA is mainly detected in the interpeduncular nucleus and in the deep layer of the cortex [191], and  $\alpha_9$ mRNA is mainly express in the outer cochlear cells [57].  $\alpha_8$  mRNA (discovered in chick brain) is not present in mammals.  $\alpha_5$ ,  $\alpha_6$  and  $\beta_3$  subunits have a restricted distribution:  $\alpha_5$  mRNA has been found in the hippocampus, the substantia nigra pars compacta, the ventral tegmental area, the interpeduncular nucleus and in layer VIb of the cortex [190];  $\alpha_6$  and  $\beta_3$  mRNA are particularly abundant in the somatosensory ganglia and seem associated with catecholaminergic neurons [101].  $\alpha_3$  mRNA is mainly expressed in the thalamus, in the interpeduncular nucleus and in layers IV and V of the cortex [191].  $\beta_4$ mRNA is detected in the hippocampus, in the medial habenula, in the interpeduncular nucleus, in the olfactory area, in the cerebellum and in the locus coerulus [45]. In the cortex,  $\beta_4$  mRNA is abundant in layer IV and can also be detected in layers I–III [45].  $\alpha_4$  and  $\beta_2$  mRNA subunits are expressed in the majority of cerebral structures and in all layers of the cortex [191]. Elsewhere, the use of  $\alpha$ bungarotoxin, a specific marker, shows that  $\alpha_7$  subtype is mainly present in the hippocampus and in the hypothalamus [166]. The results of immunohistochemistry and radioligand binding experiments correlate well with the localization of mRNA transcripts for  $\alpha_4$ ,  $\beta_2$  and  $\alpha_7$ subunits by in situ hybridization but show variations in the expression of each subunit [47, 77, 105, 141].

So it seems that most nicotinic receptors contain either  $\alpha_4$  and  $\beta_2$  subunits or the  $\alpha_7$  subunit (see for reviews [39, 166]).

### Pharmacology

The diversity of nicotinic receptors implies a difference in their selectivity for and sensitivity to nicotinic agonists and antagonists [52] and a difference in the permeability of their cationic channel [32].

## Agonists

The relative agonist potencies obtained for nicotinic receptors expressed in *Xenopus* oocytes are defined elsewhere [108, 172] and are shown in Table 1:

**Table 1** The relative agonist potencies obtained for nicotinic receptors expressed in *Xenopus* oocytes. (*DMPP* 1,1-Dimethyl-4-phenylpiperazinium)

Subunits	Affinity order	
$\begin{array}{c} \alpha_2\beta_2\\ \alpha_2\beta_4\\ \alpha_3\beta_2\\ \alpha_3\beta_4\\ \alpha_4\beta_2\\ \alpha_4\beta_4\\ \alpha_7 \end{array}$	Nicotine>ACh/DMPP>cytisine Cytisine>nicotine>ACh>DMPP ACh/DMPP>nicotine>cytisine Cytisine>nicotine/ACh/DMPP ACh/nicotine>DMPP>cytosine Cytisine>nicotine>ACh>DMPP Nicotine>cytisine>DMPP>ACh	

## Antagonists

Curare, the alkaloid extracted from the plant *Chondodendron tuberculosum*, is the traditional antagonist of nicotinic receptors of the PNS. It is not efficient against central nicotinic receptors, contrary to its derivate, dtubocurarine. However, this latter antagonist is nonselective, affecting both 5-HT<sub>3</sub>, glycine and GABA<sub>A</sub> ionotropic receptors in addition to the nicotinic receptor [161].

Dihydro- $\beta$ -erythroidine (DHBE), an alkaloid isolated from the seeds of *Erythrina*, binds in a competitive manner the receptor with strong affinity for  $\alpha_3$ -,  $\alpha_4$ - and  $\beta_2$ -containing receptor [52].  $\alpha_3\beta_2$  and  $\alpha_4\beta_2$  receptors can be blocked at submicromolar concentrations (100 nM for hippocampus neurons, [3]). However, DH $\beta$ E is 10 to 50 times less active on the  $\alpha_7$  and  $\alpha_3\beta_4$  receptors [33].

N-methyllycaconitine (MLA), a diterpene alkaloid produced by seeds of *Delphinium brownii*, is a selectively competitive antagonist of neuronal  $\alpha_7$  receptors and is one of the most powerful non-peptidic antagonists known [52]. It can block this receptor at concentrations lower than 1 nM [5], but blocks  $\alpha_6\beta_2^*$  receptors with a  $K_i$  of 30 nM and other nicotinic receptors at higher concentrations [133].

 $\alpha$ -Bungarotoxin and n-bungarotoxin are toxins extracted from the venom of the snake *Bungarus multicinctus*.  $\alpha$ -Bungarotoxin blocks the agonist-binding site of the  $\alpha_7$ (and  $\alpha_8$  and  $\alpha_9$ ) homopentameric receptor with an affinity ( $K_i$ ) of 1 nM [40, 109]. n-Bungarotoxin is selective for  $\alpha_3\beta_2$  and  $\alpha_4\beta_2$  receptors at concentrations 10 nM and 1  $\mu$ M, respectively [109].

Mecamylamine is a non-selective, non-competitive channel blocker of nicotinic receptors [11]. At high concentrations (>100  $\mu$ M), it can act on *N*-methyl-D-aspartate (NMDA) receptors [146].

However, the lack of very selective antagonists prevents a precise characterization of the different subtypes of nicotinic receptors.

## Allosteric ligands

Non-competitive allosteric ligands can be activators or inhibitors of nicotinic receptors (Fig. 2). When they are activators such as serotonin [170], they increase the



**Fig. 2** Scheme of the central nicotinic receptor. (modified from [32, 148]). (*LA* Local anesthetic, *NCA* non-competitive activator, *NCB* non-competitive blocker, *P* phosphorylation site)

opening time of the channel and the ionic conductance [151]. Members of the organophosphorus class of anticholinesterases are nicotinic receptor activators [106] whereas other anticholinesterase compounds (galantamine, physotigmine and tacrine) have been observed to be inhibitors of nicotinic receptors of the rat striatum [35], or as activators of nicotinic receptors in natural murine and human neurons [115], nicotinic receptors expressed in transfected fibroblasts cell line M10 [176], or murine and human cell lines [115]. Inhibitory allosteric ligands may act on two sites, one with high affinity and the other with low affinity. These ligands block the nicotinic receptors without affecting the binding of ACh to its site [99]. Anaesthetics, ethanol and barbiturates are allosteric ligand inhibitors [148]. Other binding sites on the nicotinic receptor have been described: (1) the steroid site causes desensitization of the receptor [14] when activated by progesterone, corticosterone or dexamethasone; (2) the dihydropyridine site, activated by L-type Ca<sup>2+</sup> channel antagonists, blocks activation of the nicotinic receptor [107].

The nicotinic receptor, mainly permeable to Na<sup>+</sup> and Ca<sup>2+</sup> ions, is allosterically modulated by Ca<sup>2+</sup> ions. Ca<sup>2+</sup> binding sites are located in the extracellular N-terminal and when the site is occupied by Ca<sup>2+</sup> ions, ACh-mediated currents are potentiated in a voltage-insensitive manner [138] and there is an increase in channel opening probability [1, 6, 183]. In addition, there are two intracellular Ca<sup>2+</sup> binding sites [39, 59], which mediate a voltage-dependent reduction in conductance [148].

## Function

Nicotinic receptors are permeable to Na<sup>+</sup>, K<sup>+</sup> and Ca<sup>2+</sup> ions. However, the neuronal nicotinic receptor subtypes are highly permeable to Ca<sup>2+</sup> with a Ca<sup>2+</sup>/Na<sup>+</sup> permeabil-

ity ratio higher than 1 (10 for  $\alpha$ 7 nicotinic receptors [137, 172]) whereas the ratio is only 0.1 to 0.3 for the muscular nicotinic receptor [137, 184]. Thus, the neuronal nicotinic receptor can cause a marked increase in the intracellular Ca<sup>2+</sup> concentration, enough to influence cellular Ca<sup>2+</sup>sensitive processes [137], for example the activation of K<sup>+</sup>-dependent Ca<sup>2+</sup> currents or the transcription of early genes [166]. This important increase in the intracellular Ca<sup>2+</sup> concentration at hyperpolarized potentials is of interest when voltage-dependent Ca2+ channels are not activated. So neuronal nicotinic receptors may act in synaptic plasticity, in addition to the activation of voltagedependent Ca<sup>2+</sup> channels and NMDA receptors [121, 137, 185]. Finally, a neurotrophic role during early development in the formation of synapses [162] and neurite retraction [155] has also been attributed to  $\alpha$ 7 receptors (see for reviews [22, 179]).

The neuronal nicotinic receptors are located in a presynaptic position where they can modulate neurotransmitter release (see for reviews [39, 122, 197]). Their activation will cause the intracellular Ca<sup>2+</sup> concentration to vary, and it is known that the chemical release of neurotransmitter depends mainly on these local Ca<sup>2+</sup> variations at the site of release. Nicotinic receptors also occur at the postsynaptic level in different structures [64, 65] and were recently found in the cortex of ferret [161], rat [154, 200] and humans [4] where their activation induces a fast cationic inward current. Extrasynaptic nicotinic receptors, generally assigned as preterminal receptors, may modulate neuronal functions [104] such as the release of neurotransmitter or local excitability [39]. In fact, in interpeduncular nucleus GABAergic interneurons, the activation of these receptors induces a spike discharge leading to the enhancement of GABA release [100].

## **Central muscarinic receptors**

The clinical use of gallamine as an adjunct to anaesthetics has revealed the presence of muscarinic receptors [159]. Then, using the affinity of a muscarinic antagonist, pirenzepine, Hammer et al. [73] showed the existence of various subtypes of muscarinic receptor and distinguished two classes: "M1" receptors with a strong affinity for pirenzepine and "M2" receptors with an intermediate and a low affinity for pirenzepine.

## Structure

The muscarinic receptors are metabotropic. Five cloned genes, called m1 to m5, have been characterized [17, 95, 96] and generate five types of muscarinic receptor proteins named M1 to M5. The receptor is a single glycoprotein with seven transmembrane helices, an extracellular N-terminus containing glycosylation sites, an intracellular C-terminus and a large cytoplasmic domain between transmembrane segments 5 and 6 (see for review [80]). The site



Fig. 3 Metabolic pathways associated with the activation of muscarinic receptors (modified from [143])

of ACh binding has not been clearly identified [38, 195]. The intracellular G protein binding site implies the second and the third cytoplasmic loops [72, 195]. Each subtype of receptor is related to different G proteins, which can modulate, either directly or by a second messenger, the activation of ionic channels (Fig. 3).

The family of the M1-like receptors defined by Hammer et al. [73] comprises the M1, M3 and M5 subtypes, and the family of the M2-like receptors comprises the M2 and M4 subtypes. Generally, the M1like receptors stimulate, via a pertussis-toxin-insensitive G-protein ( $G_{q/11}$ ), the phosphoinositol pathway, which can close K<sup>+</sup> channels thus leading to cell depolarization. The M2-like receptors inhibit adenylate cyclase via a pertussis-toxin-sensitive G-protein ( $G_i$ ) leading to the inhibition of voltage-gated Ca<sup>2+</sup> channels [31, 54]. However, these specificities are not absolute, and the mechanisms of muscarinic receptor-mediated signal transduction are more complex because of cross-over between signalling pathways [31, 60, 143].

#### Localization

Localization of muscarinic receptors was studied by autoradiography of the CNS with [<sup>3</sup>H]propylbenzilylcholine. This technique revealed their presence in various structures, such as olfactory anterior nucleus, olfactory tubercle, hippocampus, hypothalamic supraoptic nucleus, nucleus accumbens and cortex [163]. The dendritic area of the hippocampus, of the striatum, of the nucleus accumbens and of the cortex [88, 97, 117] and many cranial nerves, sensory and motor nerves [192], were labelled significantly.

In situ hybridization applied to the rat brain revealed that m1 mRNA is mainly localized in the telencephalon and particularly in the cortex, the striatum and the hippocampus [21]. m2 mRNA, which is less abundant, is especially found in subcortical nuclei [25] whereas m3 mRNA is also localized in the telencephalon and in some thalamic nuclei. m4 mRNA is prevalent in the striatum, in the cortex and in the hippocampus [21]. m5 mRNA is present in the hippocampus, in the striatum, in the cortex, in the ventral tegmental area [186] and in the substantia nigra pars compacta where it co-locates with the dopamine D2 receptor [193].

The use of monoclonal M35 antibodies allows the localization of muscarinic receptors without differentiating between subtypes [181]. The brain areas most strongly labelled are the olfactory tubercle, the striatum and the interpeduncular nucleus. The cerebellum is also slightly labelled. Muscarinic receptors were also found on glial cells and blood vessels of the brain [181]. In the neocortex, a clear laminar distribution was observed with a strong labelling of layer V and sometimes of layers II/ III. However, each area could have a particular distribution, as in the parietal cortex where layers III and VIb are strongly labelled [163, 181]. Muscarinic receptors have also been found to co-localize with nicotinic receptors on pyramidal neurons of the rat neocortex [182] but not often on cortical interneurons [204].

The M35 antibody has the same affinity for all subtypes of muscarinic receptor [28] and for a long time specific antibodies against the various subtypes were usable only for immunoprecipitation [196]. Consequently, the precise localization of the various subtypes remains poorly known. A preliminary study [102] shows that the M1 subtype is present in all cortical layers whereas the subtypes M2 and M4 are less abundant. Moreover, the labelling of the M2 subtype is highly correlated with the labelling of cholinergic neurons. Finally, the M5 subtype seems to be preferentially localized in the superficial layers of the cortex [158].

#### Pharmacology

#### Agonists

To date, muscarine (an alkaloid extracted from poisonous mushroom *Amanita muscaria*) is the main pharmacological tool used to activate specifically muscarinic receptors and there is no agonist with a specific selectivity for one particular subtype [31].

## Antagonists

Atropine, a well known alkaloid extracted from the plant *Atropa belladonna*, is a non-selective muscarinic antagonist. Moreover, this antagonist has, at high concentrations, non-specific effects on other receptors. To differentiate muscarinic receptor subtypes, only a few antagonists have been introduced [55]. Pirenzepine is used at low concentrations as a specific antagonist of the M1 family [73]. Methoctramine and AFDX-116 [11–2({-[(diethy-lamino)methyl]-1-piperidinyl}-acetyl)-5,11-dihydro-6H-

pyrido(2,3-b) (1,4)-benzodiazepine-one] [132], are more selective for the M2 family [55] whereas 4-DAMP [4-diphenylacetoxy-*N*-(2-chloroethyl)-piperidine hydrochloride] seems to be more specific for the M3 subtype [12]. MT-7, a toxin purified from the venom of *Dendroaspis angusticeps*, inhibits, with high selectivity, the M1 subtype [2, 142] and it is the most specific antagonist for any subtype of muscarinic receptor [31]. The lack of selective agonists and the paucity of highly selective antagonists are major problems impeding the characterization of the different subtypes of muscarinic receptors.

#### Functions

Several studies have localized muscarinic receptors at peri-, extra-, pre- and postsynaptic levels on pyramidal neurons and non-pyramidal neurons [31, 135, 136, 164]. Postsynaptic muscarinic receptors induce a depolarization of neurons by inhibiting different K<sup>+</sup> currents: (1) the rectifying outward current  $I_{\rm m}$  (m for muscarinic), which is voltage dependent and insensitive to Ca<sup>2+</sup>, and activated at the resting potential [46, 94, 120], (2)  $Ca^{2+}$  and voltage-dependent  $I_{AHP}$  current (AHP for afterhyperpolarization) which is responsible for the slow post-hyperpolarization [120], (3) the leak current ( $I_{leak}$ ), independent of the potential and  $Ca^{2+}$  [114], (4) the voltage-dependent potassium current (Ik) [202]. However, postsynaptic receptors can also act by inhibiting Ca<sup>2+</sup> channels in the hippocampus [67]. It is generally accepted that the muscarinic receptors of M1/M3 subtype are located at the postsynaptic level [102, 136, 153]. The localization of the M2/M4 receptors is less well defined but was traditionally recognized at the presynaptic level as an autoreceptor implied in negative feedback [49, 102, 203] or as a heteroreceptor regulating synaptic transmission by acting on Ca<sup>2+</sup> channels [171, 181].

For a long time, muscarinic M5 subtype receptors were considered non-functional because little was known about their localization, their binding properties and their physiological functions. Reever et al. [158], using an exclusion labelling technique, showed that the M5 subtype was distinct from the others, with a preferential localization in the superficial layers of the cortex. These preliminary results suggested that the M5 subtype has a significant and independent role in modulating the cortical network. However, specific ligands need to be developed in order to explore the physiological function of M5 receptors.

# Cholinergic modulation of the synaptic response

To study the intimate mechanisms underlying the cognitive functions implicating ACh, many authors have worked on the modulatory role of ACh on the cortical [129, 149] networks of mammals. The cortical network is mainly composed of extracortical fibres and of pyramidal and non-pyramidal interconnected neurons. In a given cortical neuron, the synaptic response is complex, resulting from an interaction between both excitatory inputs, which are mainly glutamatergic, and inhibitory inputs, mainly GABAergic. To understand the modulatory role of ACh in the synaptic response, a pharmacological dissection has been done in order to study the excitatory and inhibitory components of the response independently. The release of glutamate seems to be essentially increased by the activation of presynaptic nicotinic receptors in rat prefrontal cortex [71, 185]. Muscarinic agonist application also increases glutamate release. Agonists activate postsynaptic muscarinic receptors, which induces a short hyperpolarization followed by a slow depolarization of cortical pyramidal neurons [30, 87, 119, 120]. The fast hyperpolarization is due to the depolarization of GABA interneurons making synapses with pyramidal neurons, whereas slow depolarization is obtained mainly by depression of the M current, which can be activated only at the depolarized potentials and by the removal of  $I_{AHP}$ current responsible for the AHP [120].

The release of GABA has been also reported to be increased by the activation of presynaptic nicotinic receptors in hippocampus [156]. Recent studies have demonstrated that nicotine could act on postsynaptic nicotinic receptors to induce an excitatory current on interneurons [4, 154, 161, 200]. Moreover, activation of postsynaptic muscarinic receptors can induce a fast excitation of GABA interneurons by changing their membrane potential [120], leading to an increase of GABA release [87].

However, application of muscarinic agonists can also remove both excitatory and inhibitory transmission [7, 90, 139] by a presynaptic [90] or a postsynaptic mechanism. In this latter case, the activation of these receptors may induce a hyperpolarization of neurons [89] as first reported to occur in the rat parabrachial nucleus [54].

All these results were obtained by application of exogenous ACh or other agonists and do not allow conclusions to be drawn about the effects of endogenous ACh. Moreover, pharmacological dissection of the synaptic response in these experiments did not reveal any information about ACh's modulatory effect on the functional integrative signal (i.e. the interaction between excitation and inhibition).

In the auditory cortex, Metherate and Ashe [129] attempt to examine how spontaneously released ACh acts on synaptic potentials, using an anticholinesterase compound. They concluded that ACh depresses synaptic potentials mediated by both glutamate and GABA. In another study using the muscarinic antagonist atropine, an endogenous muscarinic component was identified in the evoked synaptic response [10]. However, numerous questions still remain with respect to the endogenous cholinergic modulation of the interaction between excitation and inhibition.

In an attempt to contribute to a new approach to answer these questions, we proposed an analysis based on the continuous measurement of conductance variation in response to synaptic activations [18]. Taking into account

that the reversal potential of excitatory signals is 0 mV and of inhibitory signals is -80 mV, this variation of conductance is linearly decomposed into its excitatory (glutamatergic) and inhibitory (GABAergic) components assuming that no voltage-dependent current was activated in the recorded neuron. The decomposition is made with an algorithm [two equations with two unknown values, the excitatory  $(G_{exc})$  and the inhibitory  $(G_{inh})$  conductances] based on the values of the conductance  $\Delta G(t)$  and of the apparent reversal potential recorded in the soma at any time of the response. This method allows us to explain how synaptic inhibition interacts with synaptic excitation during a synaptic response, independently of the blockade of one of the components (excitation or inhibition). Then, the modulatory effects of endogenous cortical ACh, released by electrical stimulation of cholinergic afferents, on this interaction can be studied. Figure 4 illustrates the potential of this method. In order to study the muscarinic modulation of the synaptic integration by endogenous ACh, we perfused atropine  $(10 \mu M)$  following stimulation of synaptic afferents, including cholinergic ones. The synaptic response induced by the electrical stimulation of layer I was recorded in a pyramidal neuron of layer V by whole-cell patchclamp recording from cortical slices in control conditions and after atropine application. Analysis of the recording current shows that the total conductance of the response remains unchanged. However, the decomposition method revealed that the amplitude of inhibitory conductance decreased whereas the amplitude of excitatory conductance increased. One consequence of these changes was a large increase in the amplitude of the depolarization on the voltage trace. So, we can hypothesize that endogenous ACh has opposite effects on GABAergic interneurons versus glutamatergic neurons, to decrease the excitability of the recorded neuron, but this analysis does not permit us to identify the precise level of the modulation of the excitation and/or the inhibition in a polysynaptic network. However, the opposite effects of ACh could be explained by the activation of different subtypes of muscarinic receptors on GABAergic and glutamatergic neurons. A specific investigation of the involvement of nicotinic and muscarinic receptors in the modulation of the cortical network is underway, using selective pharmacological tools (unpublished results).

To date, all data concerning cholinergic modulation in the brain have revealed that it is the result of a mixture of positive and negative modulations, implying that each type of cholinergic receptor has a different location. What is the physiological significance of these modulations?

Functional explanations of these cholinergic modulations have been proposed by Kimura [89], who considers the synaptic inputs activated and implied in the synaptic response. Electrophysiological studies performed on the pyriform cortex [149] and on slices of somatosensory cortex [70], or studies carried out by optical measurements in the visual cortex [91] show that ACh removes the excitation and the inhibition induced by intracortical innervation. In contrast, excitation due to the activation of



**Fig. 4A–C** New approach for the analysis of a synaptic response. A (right) Schematic of the rat cortical network including GABAergic and glutamatergic neurons. Recordings are made from the pyramidal neuron of layer V following electrical stimulation of afferents. A (left) Current synaptic responses at five holding potentials in control conditions and after the application of 10 µM atropine. **B** Corresponding total conductance changes ( $\Delta G$ , black trace) under control conditions and after atropine application. Inhibitory ( $G_{inh}$ , blue trace) and excitatory ( $G_{exc}$ , red trace) conductances responsible for total conductance change. Atropine induced an increase in  $G_{\text{exc}}$  and a decrease in  $G_{\text{inh}}$ . C Hypothetical representation of synaptic integration under control conditions (*top*) and in the presence of atropine (bottom). Glutamatergic excitatory postsynaptic potentials are represented in red. Excitation of GABAergic afferents induces either a shunting inhibition mediated by activation of GABAA receptors (blue line), or an inhibitory postsynaptic potential mediated by activation of GABA<sub>B</sub> receptors (blue curve). Purple trace is the voltage response resulting from the synaptic integration. Atropine acting by inhibiting GABAergic neurons and activating glutamatergic neurons enhances the depolarizing phase of the synaptic response, leading to an increase in the excitability of the neuron

extracortical afferents is either insensitive to ACh [75], or even facilitated by ACh, in the case of the thalamic afferents [70]. Inhibition of the intracortical innervation seems to be specifically due to the activation of presynaptic muscarinic receptors [70] whereas nicotinic receptors activate the synaptic response in a different way, according to the location of the synaptic entries. The optical recordings show that the suppression of the excitation induced by white matter stimulation is variably significant, according to the target layer. Excitation recorded in the superficial layers (II/III) and deep layers (V, VI) is decreased by 40% to 50%, whereas it is decreased by 20% to 30% in the intermediate layers [91]. So it could be supposed that ACh shifts the network from a prevalently intracortical influence to a prevalently extracortical influence.

Hypotheses about the global action of ACh on the network have been made and numerous specific actions of ACh on its receptors have been found. However, the link between specific actions on receptors and the global action of ACh is still lacking. The diversity of both muscarinic and nicotinic receptors would certainly permit a fine modulation of the synaptic response. Few studies have been made to understand the role of the different subtypes of receptors and many questions are unresolved. If these various receptors subtypes have a differential localization on specific neurons, their activation might permit a precise modulation of neurons and a facilitation of certain pathways. Using the above-described analysis, we are attempting to identify the particular role and neuronal localization of different subtypes of both cholinergic receptors.

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