Inhibitory effect of eslicarbazepine acetate and S-licarbazepine on Na$_v$1.5 channels

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Abstract

Eslicarbazepine acetate (ESL) is a dibenzazepine anticonvulsant approved as adjunctive treatment for partial-onset epileptic seizures. Following first pass hydrolysis of ESL, S-licarbazepine (S-Lic) represents around 95 % of circulating active metabolites. S-Lic is the main enantiomer responsible for anticonvulsant activity and this is proposed to be through the blockade of voltage-gated Na$^+$ channels (VGSCs). ESL and S-Lic both have a voltage-dependent inhibitory effect on the Na$^+$ current in N1E-115 neuroblastoma cells expressing neuronal VGSC subtypes including Na$_v$1.1, Na$_v$1.2, Na$_v$1.3, Na$_v$1.6 and Na$_v$1.7. ESL has not been associated with cardiotoxicity in healthy volunteers, although a prolongation of the electrocardiographic PR interval has been observed, suggesting that ESL may also inhibit cardiac Na$_v$1.5 isoform. However, this has not previously been studied. Here, we investigated the electrophysiological effects of ESL and S-Lic on Na$_v$1.5 using whole-cell patch clamp recording. We interrogated two model systems: (1) MDA-MB-231 metastatic breast carcinoma cells, which endogenously express the 'neonatal' Na$_v$1.5 splice variant, and (2) HEK-293 cells stably over-expressing the 'adult' Na$_v$1.5 splice variant. We show that both ESL and S-Lic inhibit transient and persistent Na$^+$ current, hyperpolarise the voltage-dependence of fast inactivation, and slow the recovery from channel inactivation. These findings highlight, for the first time, the potent inhibitory effects of ESL and S-Lic on the Na$_v$1.5 isoform, suggesting a possible explanation for the prolonged PR interval observed in patients on ESL treatment. Given that numerous cancer cells have also been shown to express Na$_v$1.5, and that VGSCs potentiate invasion and metastasis, this study also paves the way for future investigations into ESL and S-Lic as potential invasion inhibitors.

1   Introduction

Eslicarbazepine acetate (ESL) is a member of the dibenzazepine anticonvulsant family of compounds which also includes oxcarbazepine and carbamazepine (1). ESL has been approved by the European Medicines Agency and the United States Federal Drug Administration as an adjunctive treatment for partial-onset epileptic seizures (2). ESL is administered orally and rapidly undergoes first pass hydrolysis to two stereoisomeric metabolites, R-licarbazepine and S-licarbazeine (S-Lic; also known as eslicarbazepine; Figure 1A, B) (3-5). S-Lic represents around 95 % of circulating active metabolites following first pass hydrolysis of ESL and is the enantiomer responsible for

anticonvulsant activity (6, 7). S-Lic also has improved blood brain barrier penetration compared to R-
licarbazepine (8). Although S-Lic has been shown to inhibit T type Ca^{2+} channels (9), its main
activity is likely through blockade of voltage-gated Na$^+$ channels (VGSCs) (10). ESL offers several
clinical advantages over other older VGSC-inhibiting antiepileptic drugs, e.g. carbamazepine,
phenytoin; it has a favourable safety profile (10, 11), reduced induction of hepatic cytochrome P450
enzymes (12), low potential for drug-drug interactions (13, 14), and takes less time to reach a steady
state plasma concentration (15).

VGSCs are composed of a pore-forming α subunit in association with one or more auxiliary β
subunits, the latter modulating channel gating and kinetics in addition to functioning as cell adhesion
molecules (16). There are nine α subunits (Na$_v$1.1-Na$_v$1.9), and four β subunits (β1-4) (17, 18). In
postnatal and adult CNS neurons, the predominant α subunits are the tetrodotoxin-sensitive Na$_v$1.1,
Na$_v$1.2 and Na$_v$1.6 isoforms (19) and it is therefore on these that the VGSC-inhibiting activity of ESL
and S-Lic has been described. In the murine neuroblastoma N1E-115 cell line, which expresses
Na$_v$1.1, Na$_v$1.2, Na$_v$1.3, Na$_v$1.6 and Na$_v$1.7, ESL and S-Lic both have a voltage-dependent inhibitory
effect on the Na$^+$ current (10, 20). In this cell model, S-Lic has no effect on the voltage-dependence
of fast inactivation, but significantly hyperpolarises the voltage-dependence of slow inactivation (10).
S-Lic also has a lower affinity for VGSCs in the resting state than carbamazepine or oxcarbazepine,
thus potentially improving its therapeutic window over first- and second-generation dibenzazepine
compounds (10). In acutely isolated murine hippocampal CA1 neurons, which express Na$_v$1.1,
Na$_v$1.2 and Na$_v$1.6 (21-23), S-Lic significantly reduces the persistent Na$^+$ current, a very slow-
inactivating component ~1 % the size of the peak transient Na$^+$ current (24, 25). Moreover, in
contrast to carbamazepine, this effect is maintained in the absence of β1 (24, 26).

In healthy volunteers, ESL has not been associated with cardiotoxicity and the QT interval remains
unchanged on treatment (27). However, a prolongation of the PR interval has been observed (27),
suggesting that caution should be exercised in patients with cardiac conduction abnormalities (13).
Prolongation of the PR interval suggests that ESL may also inhibit the cardiac Na$_v$1.5 isoform,
although this has not previously been studied. Na$_v$1.5 is not only responsible for the initial
depolarisation of the cardiac action potential (28), but is also expressed in breast and colon carcinoma
cells, where the persistent Na$^+$ current promotes invasion and metastasis (29-32). Inhibition of Na$_v$1.5
with phenytoin or ranolazine decreases tumour growth, invasion and metastasis (33-35). Thus, it is of
interest to specifically understand the effect of ESL on the Na$_v$1.5 isoform.

In the present study we investigated the electrophysiological effects of ESL and S-Lic on Na$_v$1.5 [1]
endogenously expressed in the MDA-MB-231 metastatic breast carcinoma cell line, and [2] stably
over-expressed in HEK-293 cells. We show that both ESL and S-Lic inhibit transient and persistent
Na$^+$ current, hyperpolarise the voltage-dependence of fast inactivation, and slow the recovery from
channel inactivation. These findings highlight, for the first time, the potent inhibitory effects of ESL
and S-Lic on the Na$_v$1.5 isoform.

2   **Materials and methods**

2.1   **Pharmacology**

ESL (Tokyo Chemical Industry UK Ltd) was dissolved in DMSO to make a stock concentration of
67 mM. S-Lic (Tocris) was dissolved in DMSO to make a stock concentration of 300 mM. Both
drugs were diluted to a working concentration of 300 μM in extracellular recording solution. The
concentration of DMSO in the recording solution was 0.45 % for ESL and 0.1 % for S-Lic. Equal

concentrations of DMSO were used in the control solutions. DMSO (0.45 %) had no effect on the
Na$^+$ current (Supplementary Figure 1).

2.2   Cell culture

86   MDA-MB-231 cells and HEK-293 cells stably expressing Na$_v$1.5 (a gift from L. Isom, University of
87   Michigan) were grown in Dulbecco's modified eagle medium supplemented with 5 % FBS and 4
88   mM L-glutamine (36). Molecular identity of the MDA-MB-231 cells was confirmed by short tandem
89   repeat analysis (37). Cells were confirmed as mycoplasma-free using the DAPI method (38). Cells
90   were seeded onto glass coverslips 48 h before electrophysiological recording.

2.3   Electrophysiology

Plasma membrane Na$^+$ currents were recorded using the whole-cell patch clamp technique, using
methods described previously (32, 35). Patch pipettes made of borosilicate glass were pulled using a
P-97 pipette puller (Sutter Instrument) and fire-polished to a resistance of 3-5 MΩ when filled with
intracellular recording solution. The extracellular recording solution for MDA-MB-231 cells
contained (in mM): 144 NaCl, 5.4 KCl, 1 MgCl$_2$, 2.5 CaCl$_2$, 5.6 D-glucose and 5 HEPES (adjusted to
pH 7.2 with NaOH). For the extracellular recording solution for HEK-293 cells expressing Na$_v$1.5,
the extracellular [Na$^+$] was reduced to account for the much larger Na$^+$ currents and contained (in
mM): 60 NaCl, 84 Choline Cl, 5.4 KCl, 1 MgCl$_2$, 2.5 CaCl$_2$, 5.6 D-glucose and 5 HEPES (adjusted
to pH 7.2 with NaOH). The intracellular recording solution contained (in mM): 5 NaCl, 145 CsCl, 2
MgCl$_2$, 1 CaCl$_2$, 10 HEPES, 11 EGTA, (adjusted to pH 7.4 with CsOH) (39). Voltage clamp
recordings were made at room temperature using a Multiclamp 700B amplifier (Molecular Devices)
compensating for series resistance by 40–60%. Currents were digitized using a Digidata 1440A
interface (Molecular Devices), low pass filtered at 10 kHz, sampled at 50 kHz and analysed using
pCLAMP 10.7 software (Molecular Devices). Leak current was subtracted using a P/6 protocol (40).
Extracellular recording solution ± drugs was applied to the recording bath at a rate of ~1.5 ml/min
using a ValveLink 4-channel gravity perfusion controller (AutoMate Scientific). Each new solution
was allowed to equilibrate in the bath for ~4 min following switching prior to recording at steady
state.

2.4   Voltage clamp protocols

Cells were clamped at a holding potential of -120 mV or -80 mV for ≥ 250 ms, dependent on
experiment (detailed in the Figure legends). Five main voltage clamp protocols were used, as
follows:

1. To assess the effect of drug perfusion and wash-out on peak current in real time, a simple one-
step protocol was used where cells were held at -120 mV or -80 mV for 250 ms and then
depolarised to -10 mV for 50 ms.

2. To assess the voltage-dependence of activation, cells were held at -120 mV for 250 ms and then
depolarised to test potentials in 10 mV steps between -120 mV and +30 mV for 50 ms. The
voltage of activation was taken as the most negative voltage which induced a visible transient
inward current.

3. To assess the voltage-dependence of steady-state inactivation, cells were held at -120 mV for 250
ms followed by prepulses for 250 ms in 10 mV steps between -120 mV and +30 mV and a test
pulse to -10 mV for 50 ms.

4. To assess use-dependent block, cells were held at -120 mV for 250 ms and then depolarised to 0
mV at a frequency of 50 Hz, with each depolarisation pulse lasting 5 ms.

5. To assess recovery from fast inactivation, cells were held at -120 mV for 250 ms, and then
depolarised twice to 0 mV for 25 ms, returning to -120 mV for the following intervals between
depolarisations (in ms): 1, 2, 3, 5, 7, 10, 15, 20, 30, 40, 50, 70, 100, 150, 200, 250, 350, 500. In
each case, the second current was normalised to the initial current and plotted against the interval
time.

131   2.5   Curve fitting and data analysis

To study the voltage-dependence of activation, current-voltage (I-V) relationships were converted to
conductance using the following equation:

$G = I / (V_m - V_{rev})$, where G is conductance, I is current, V_m is the membrane voltage and V_{rev}
is the reversal potential for Na^+ derived from the Nernst equation. Given the different recording
solutions used, V_{rev} for Na^+ was +85 mV for MDA-MB-231 cells and +63 mV for HEK-Na$_v$1.5 cells.

The voltage-dependence of conductance and availability were normalised and fitted to a Boltzmann
equation:

$G = G_{max} / (1 + exp ((V_{1/2} - V_m) / k))$, where G_{max} is the maximum conductance, $V_{1/2}$ is the
voltage at which the channels are half activated/inactivated, V_m is the membrane voltage and k is the
slope factor.

Recovery from inactivation data ($I_t / I_{t=0}$) were normalised, plotted against recovery time (Δt) and
fitted to a single exponential function:

$\tau = A_1 + A_2 exp (-t / t_0)$, where A_1 and A_2 are the coefficients of decay of the time constant
(τ), t is time and t_0 is a time constant describing the time dependence of τ.

The time course of inactivation was fitted to a double exponential function:

$I = A_f exp (-t / \tau_f) + A_s exp (-t / \tau_s) + C$, where A_f and A_s are maximal amplitudes of the slow
and fast components of the current, τ_f and τ_s are the fast and slow decay time constants and C is the
asymptote.

150   2.6   Statistical analysis

151   Data are presented as mean and SEM unless stated otherwise. Statistical analysis was performed on
152   the raw data using GraphPad Prism 8.4.0. Pairwise statistical significance was determined with
153   Student's paired *t*-tests. Multiple comparisons were made using ANOVA and Tukey post-hoc tests,
154   unless stated otherwise. Results were considered significant at $P < 0.05$.

155   3   Results

156   3.1   Effect of eslicarbazepine acetate and S-licarbazepine on transient and persistent Na$^+$
current

Several studies have clearly established the inhibition of neuronal VGSCs (Na$_v$1.1, Na$_v$1.2, Na$_v$1.3,
Na$_v$1.6, Na$_v$1.7 and Na$_v$1.8) by ESL and its active metabolite S-Lic (10, 20, 24, 41). Given that ESL

prolongs the PR interval (27), potentially via inhibiting the cardiac Na$_v$1.5 isoform, together with the
interest in inhibiting Na$_v$1.5 in carcinoma cells to reduce invasion and metastasis (33, 34, 42-44), it is
also relevant to evaluate the electrophysiological effects of ESL and S-Lic on this isoform. We
therefore evaluated the effect of both compounds on Na$_v$1.5 current properties using whole-cell patch
clamp recording, employing a two-pronged approach: (1) recording Na$_v$1.5 currents endogenously
expressed in the MDA-MB-231 breast cancer cell line (29, 30, 45), and (2) recording from Na$_v$1.5
stably over-expressed in HEK-293 cells (HEK-Na$_v$1.5) (46).

Initially, we evaluated the effect of both compounds on the size of the peak Na$^+$ current in MDA-
MB-231 cells. Na$^+$ currents were elicited by depolarising the membrane potential (V$_m$) to -10 mV
from a holding potential (V$_h$) of -120 mV or -80 mV. Application of the prodrug ESL (300 μM)
reversibly inhibited the transient Na$^+$ current by 49.6 ± 3.2 % when the V$_h$ was -120 mV (P < 0.001;
n = 13; ANOVA + Tukey test; Figure 2A, D). When V$_h$ was set to -80 mV, ESL reversibly inhibited
the transient Na$^+$ current by 79.5 ± 4.5 % (P < 0.001; n = 12; ANOVA + Tukey test; Figure 2C, E).
We next assessed the effect of ESL in HEK-Na$_v$1.5 cells. Application of ESL inhibited Na$_v$1.5
current by 74.7 ± 4.3 % when V$_h$ was -120 mV (P < 0.001; n = 12; Figure 2F, I) and by 90.5 ± 2.8 %
when V$_h$ was -80 mV (P < 0.001; n = 14; Figure 2H, J). However, the inhibition was only partially
reversible (P < 0.001; n = 14; Figure 2F, H-J). Together, these data suggest that ESL preferentially
inhibited Na$_v$1.5 in the open or inactivated state, since the current inhibition was greater at more
depolarised V$_h$.

We next tested the effect of the active metabolite S-Lic. S-Lic (300 μM) inhibited the transient Na$^+$
current in MDA-MB-231 cells by 44.4 ± 6.1 % when the V$_h$ was -120 mV (P < 0.001; n = 9;
ANOVA + Tukey test; Figure 3A, D). When V$_h$ was set to -80 mV, S-Lic (300 μM) inhibited the
transient Na$^+$ current by 73.6 ± 4.1 % (P < 0.001; n = 10; ANOVA + Tukey test; Figure 3C, E).
However, the inhibition caused by S-Lic was only partially reversible (P < 0.05; n = 10; ANOVA +
Tukey test; Figure 3A, C-E). In HEK-Na$_v$1.5 cells, S-Lic inhibited Na$_v$1.5 current by 46.4 ± 3.9 %
when V$_h$ was -120 mV (P < 0.001; n = 13; ANOVA + Tukey test; Figure 3F, I) and by 74.0 ± 4.2 %
when V$_h$ was -80 mV (P < 0.001; n = 12; ANOVA + Tukey test; Figure 3H, J). Furthermore, the
inhibition in HEK-Na$_v$1.5 cells was not reversible over the duration of the experiment. Together,
these data show that channel inhibition by S-Lic was also more effective at more depolarised V$_h$.
However, unlike ESL, channel blockade by S-Lic persisted after washout, suggesting higher target
binding affinity for the active metabolite.

We also assessed the effect of both compounds on the persistent Na$^+$ current measured 20-25 ms after
depolarisation to -10 mV from -120 mV. In MDA-MB-231 cells, ESL inhibited the persistent Na$^+$
current by 77 ± 34 % although the reduction was not statistically significant (P = 0.13; n = 12; paired
t test; Figure 2B, Table 1). In HEK-Na$_v$1.5 cells, ESL inhibited persistent current by 76 ± 10 % (P <
0.01; n = 12; paired t test; Figure 2G, Table 1). S-Lic inhibited the persistent Na$^+$ current in MDA-
MB-231 cells by 66 ± 16 % (P < 0.05; n = 9; paired t test; Figure 3B, Table 2). In HEK-Na$_v$1.5 cells,
S-Lic inhibited persistent current by 35 ± 16 % (P < 0.05; n = 11; Figure 3G, Table 2). In summary,
both ESL and S-Lic also inhibited the persistent Na$^+$ current.

3.2   Effect of eslicarbazepine acetate and S-licarbazepine on voltage dependence of activation
**   and inactivation**

We next investigated the effect of ESL (300 μM) and S-Lic (300 μM) on the I-V relationship in
MDA-MB-231 and HEK-Na$_v$1.5 cells. A V$_h$ of -120 mV was used for subsequent analyses to ensure
that the elicited currents were sufficiently large for analysis of kinetics and voltage dependence,

particularly for MDA-MB-231 cells, which display smaller peak Na$^+$ currents (Tables 1, 2). Neither
ESL nor S-Lic had any effect on the threshold voltage for activation (Figure 4A-D; Tables 1, 2). ESL
also had no effect on the voltage at current peak in either cell line (Figure 4A-D; Tables 1, 2).
Although S-Lic had no effect on voltage at current peak in MDA-MB-231 cells, it significantly
hyperpolarised in HEK-Na$_v$1.5 cells from -18.0 ± 4.2 mV to -30.0 ± 5.6 mV (P < 0.001; n = 9; paired
t test; Figure 4A-D; Tables 1, 2).

ESL had no significant effect on the half-activation voltage (V½) or slope factor (k) for activation in
MDA-MB-231 cells (Figure 5A; Table 1). The activation k in HEK-Na$_v$1.5 cells was also unchanged
but the activation V½ was significantly hyperpolarised by ESL from -39.4 ± 1.3 to -44.2 ± 1.8 mV (P
< 0.05; n = 10; paired t test; Figure 5B; Table 1). S-Lic also had no significant effect on the activation
V½ or k in MDA-MB-231 cells (Figure 5C; Table 2). However, the V½ of activation in HEK-Na$_v$1.5
cells was significantly hyperpolarised from -32.8 ± 3.1 mV to -40.5 ± 3.4 mV (P < 0.01; n = 9; paired
t test; Figure 5D; Table 2) and k changed from 5.9 ± 0.9 mV to 4.5 ± 1.1 mV (P < 0.05; n = 9; paired
t test; Figure 5D; Table 2).

As regards steady-state inactivation, in MDA-MB-231 cells, ESL significantly hyperpolarised the
inactivation V½ from -80.6 ± 0.7 mV to -86.7 ± 1.2 mV (P < 0.001; n = 13; paired t test) without
affecting inactivation k (Figure 5A; Table 1). ESL also hyperpolarised the inactivation V½ in HEK-
Na$_v$1.5 cells from -78.2 ± 2.5 mV to -88.3 ± 2.7 mV (P < 0.001; n = 10; paired t test), and changed
the inactivation k from -6.9 ± 0.4 mV to -9.8 ± 0.7 mV (P < 0.001; n = 10; paired t test; Figure 5B;
Table 1). S-Lic also significantly hyperpolarised the inactivation V½ in MDA-MB-231 cells from -
71.8 ± 2.5 mV to -76.8 ± 2.2 mV (P < 0.05; n = 7; paired t test) without affecting inactivation k
(Figure 5C; Table 2). However, the inactivation V½ in HEK-Na$_v$1.5 cells was not significantly
altered by S-Lic, although the inactivation k significantly changed from -6.5 ± 0.4 mV to -8.1 ± 0.5
mV (P < 0.05; n = 9; paired t test; Figure 5D; Table 2). In summary, both ESL and S-Lic affected
various aspects of the voltage dependence characteristics of Na$_v$1.5 in MDA-MB-231 and HEK-
Na$_v$1.5 cells, predominantly hyperpolarising the voltage dependence of inactivation.

3.3   Effect of eslicarbazepine acetate and S-licarbazepine on activation and inactivation
kinetics

We next studied the effect of both compounds on kinetics of activation and inactivation. In MDA-
MB-231 cells, ESL significantly accelerated the time to peak current (T$_p$) upon depolarisation from
-120 mV to -10 mV from 2.1 ± 0.2 ms to 1.9 ± 0.2 ms (P < 0.01; n = 13; paired t test; Table 1).
However, in HEK-Na$_v$1.5 cells, ESL significantly slowed T$_p$ from 1.4 ± 0.2 ms to 1.5 ± 0.2 ms (P <
0.001; n = 14; paired t test; Table 1). S-Lic had no significant effect on T$_p$ in MDA-MB-231 cells but
significantly slowed T$_p$ in HEK-Na$_v$1.5 cells from 1.8 ± 0.5 ms to 2.3 ± 0.6 ms (P < 0.01; n = 13;
paired t test; Table 2).

To study effects on inactivation kinetics, the current decay following depolarisation from -120 mV to
-10 mV was fitted to a double exponential function to derive fast and slow time constants of
inactivation (τ_f and τ_s). Neither ESL nor S-Lic had any significant effect on τ_f or τ_s in MDA-MB-231
cells (Tables 1, 2). However, in HEK-Na$_v$1.5 cells, ESL significantly slowed τ_f from 0.9 ± 0.1 ms to
1.2 ± 0.1 ms (P < 0.001; n = 12; paired t test; Table 1) and slowed τ_s from 6.6 ± 0.8 ms to 20.8 ± 8.5
ms, although this was not statistically significant. S-Lic significantly slowed τ_f from 1.0 ± 0.04 ms to
1.3 ± 0.06 ms (P < 0.001; n = 11; paired t test; Table 2) and τ_s from 6.3 ± 0.5 ms to 7.3 ± 0.5 ms (P <
0.05; n = 11; paired t test; Table 2). In summary, both ESL and S-Lic elicited various effects on
kinetics in MDA-MB-231 and HEK-Na$_v$1.5 cells, predominantly slowing activation and inactivation.

3.4   Use-dependent effect of eslicarbazepine acetate and S-licarbazepine on Na$_v$1.5

To study use-dependent block of Na$^+$ current by ESL and S-Lic, we ran a protocol where cells were
subjected to repeated depolarisations from -120 mV to 0 mV, at a frequency of 50 Hz. In MDA-MB-
231 cells, this depolarisation train caused a rapid decrease in current size, which reached a plateau of
88.8 ± 2.3 % of the initial current (Figure 6A). In the presence of ESL, the decrease in current
reached a plateau of 81.5 ± 2.3 %, suggesting use-dependent block of the channel, although this was
not statistically significant (P = 0.10; n = 9; paired t test; Figure 6A). S-Lic had a similar but less
obvious effect where the current declined to 80.5 ± 3.1 % in the presence of S-Lic, compared to 86.5
± 3.1 % without drug (P = 0.31; n = 7; paired t test; Figure 6B).

Use-dependent block was easier to study in HEK-Na$_v$1.5 cells due to the larger Na$^+$ current. In these
cells, ESL increased the reduction in current amplitude to 60.6 ± 7.9 % of the initial current,
compared to 90.0 ± 2.1 % without drug (P < 0.01; n = 9; paired t test; Figure 6C). S-Lic also
increased the reduction in current amplitude to 76.1 ± 2.1 % of the initial current, compared to 85.7 ±
2.2 % without drug (P < 0.001; n = 9; paired t test; Figure 6D). Together, these results indicate that
both ESL and S-Lic cause use-dependent block of Na$_v$1.5 at a stimulation frequency of 50 Hz.

3.5   Effect of eslicarbazepine acetate and S-licarbazepine on recovery from fast inactivation

To investigate the effect of ESL and S-Lic on channel recovery from fast inactivation, we subjected
cells to two depolarisations from V$_h$ of -120 mV to 0 mV, changing the interval between these in
which the channels were held at -120 mV to facilitate recovery. Significance was determined by
fitting a single exponential curve to the normalised current/time relationship and calculating the time
constant (τ_r). In MDA-MB-231 cells, ESL significantly slowed τ_r from 6.0 ± 0.5 ms to 8.7 ± 0.7 ms
(P < 0.05; n = 10; paired t test; Figure 7A, Table 1). Similarly, in HEK-Na$_v$1.5 cells, ESL
significantly slowed τ_r from 4.5 ± 0.4 ms to 7.1 ± 0.6 ms (P < 0.001; n = 10; paired t test; Figure 7B,
Table 1). S-Lic also significantly slowed τ_r in MDA-MB-231 cells from 6.8 ± 0.4 ms to 13.5 ± 1.0
ms (P < 0.01; n = 7; paired t test; Figure 7C, Table 2). Finally, S-Lic also significantly slowed τ_r in
HEK-Na$_v$1.5 cells from 5.7 ± 0.7 ms to 8.0 ± 1.2 ms (P < 0.01; n = 10; paired t test; Figure 7D, Table
2). In summary, both ESL and S-Lic slowed recovery from fast inactivation of Na$_v$1.5.

4   Discussion

In this study, we have shown that ESL and its active metabolite S-Lic (both at 300 μM) inhibit the
transient and persistent components of Na$^+$ current carried by Na$_v$1.5. We show broadly similar
effects in MDA-MB-231 cells, which express endogenous Na$_v$1.5 (29, 30, 45), and in HEK-293 cells
over-expressing Na$_v$1.5. Notably, both compounds were more effective when V$_h$ was set to -80 mV
than at -120 mV, suggestive of depolarised state-dependent binding. In addition, the inhibitory effect
of ESL was reversible whereas inhibition by S-Lic was not. As regards voltage-dependence, both
ESL and S-Lic shifted activation and steady-state inactivation curves, to varying extents in the two
cell lines, in the direction of more negative voltages. ESL and S-Lic had various effects on activation
and inactivation kinetics, generally slowing the rate of inactivation. Both ESL and S-Lic also caused
use-dependent block of Na$_v$1.5, although the effect was more obvious in HEK-Na$_v$1.5 cells due to the
larger Na$^+$ current. Finally, recovery from fast inactivation of Na$_v$1.5 was significantly slowed by
both ESL and S-Lic.

To our knowledge, this is the first time that the effects of ESL and S-Lic have specifically been tested
on the Na$_v$1.5 isoform. A strength of this study is that both the prodrug (ESL) and the active
metabolite (S-Lic) were tested using two independent cell lines, one endogenously expressing

Na$_v$1.5, the other stably over-expressing Na$_v$1.5. MDA-MB-231 cells also express Na$_v$1.7, although
this isoform is estimated to be responsible for only ~9 % of the total VGSC current (30, 45). MDA-
MB-231 cells also express endogenous β1, β2 and β4 subunits (47-49). MDA-MB-231 cells
predominantly express the developmentally regulated 'neonatal' Na$_v$1.5 splice variant, which differs
from the 'adult' variant over-expressed in the HEK-Na$_v$1.5 cells by seven amino acids located in the
extracellular linker between transmembrane segments 3 and 4 of domain 1 (30, 42, 45). Notably,
however, there were no consistent differences in effect of either ESL or S-Lic between the MDA-
MB-231 and HEK-Na$_v$1.5 cells, suggesting that the neonatal vs. adult splicing event, and/or
expression of endogenous β subunits, does not impact on sensitivity of Na$_v$1.5 to these compounds.
This finding contrasts another report showing different sensitivity of the neonatal and adult Na$_v$1.5
splice variants to the amide local anaesthetics lidocaine and levobupivacaine (44). Our findings
suggest that the inhibitory effect of S-Lic on Na$_v$1.5 is less reversible than that of ESL. This may be
explained by the differing chemical structures of the two molecules possibly enabling S-Lic to bind
the target with higher affinity than ESL. Most VGSC-targeting anticonvulsants, including phenytoin,
lamotrigine and carbamazepine, block the pore by binding via aromatic-aromatic interaction to a
tyrosine and phenylalanine located in the S6 helix of domain 4 (50). However, S-Lic has been
proposed to bind to a different site given that it was found to block the pore predominantly during
slow inactivation (10). Alternatively, the hydroxyl group present on S-Lic (but not ESL) may become
deprotonated, potentially trapping it in the cytoplasm.

This study used a single concentration for both compounds (300 µM) and the findings presented here
broadly agree with *in vitro* concentrations used elsewhere to study effects of ESL and S-Lic on Na$^+$
currents. For example, using a V$_h$ of -80 mV, 300 µM ESL was shown to inhibit peak Na$^+$ current by
50 % in N1E-115 neuroblastoma cells expressing Na$_v$1.1, Na$_v$1.2, Na$_v$1.3, Na$_v$1.6 and Na$_v$1.7 (20). S-
Lic (250 µM) also blocks peak Na$^+$ current by ~50 % in the same cell line (10). In addition, S-Lic
(300 µM) reduces persistent Na$^+$ current by ~25 % in acutely isolated murine hippocampal CA1
neurons expressing Na$_v$1.1, Na$_v$1.2 and Na$_v$1.6 (21-24). Similar to the present study, ESL was shown
to hyperpolarise the voltage-dependence of steady-state inactivation in N1E-115 cells (20). On the
other hand, similar to our finding in HEK-Na$_v$1.5 cells, S-Lic has no effect on steady-state
inactivation in N1E-115 cells (10). Again, in agreement with our own findings for Na$_v$1.5, S-Lic
slows recovery from inactivation and causes use-dependent inhibition in N1E-115 cells (10). It
should be noted that the frequency of stimulation used in the protocol to assess use-dependent block
(50 Hz) is much faster than the typical human heart rate (1-2 Hz), thus, Na$_v$1.5 in cardiac tissue
would not be expected to experience use-dependent block to this extent. Nonetheless, these
observations suggest that the sensitivity of Na$_v$1.5 to ESL and S-Lic is broadly similar to that
reported for neuronal VGSCs. In support of this, Na$_v$1.5 shares the same conserved residues proposed
for Na$_v$1.2 to interact with ESL (Figure 8) (51).

Notably, the concentration used in this study is high compared with concentrations achieved in
clinical use (e.g. ESL 1200 mg QD gives a peak plasma concentration of ~90 µM) (10). However, it
has been argued that the relatively high concentrations required for channel inhibition *in vitro* are
clinically relevant given that S-Lic has a high (50:1) lipid:water partition co-efficient and thus would
be expected to reside predominantly in the tissue membrane fraction *in vivo* (15). Future work
investigating the dose-dependent effects of ESL and S-Lic would be useful to resolve these
possibilities and aid clinical judgements.

The data presented here raise several implications for clinicians. The observed tonic and use-
dependent inhibition of Na$_v$1.5 is worthy of note when considering cardiac function in patients
receiving ESL (13). Although the QT interval remains unchanged for individuals on ESL treatment,

prolongation of the PR interval has been observed (27). Further work is required to establish whether
the basis for this PR prolongation is indeed via Na$_v$1.5 inhibition. In addition, it would be of interest
to investigate the efficacy of ESL and S-Lic in the context of heritable arrhythmogenic mutations in
SCN5A, as well as the possible involvement of the β subunits (24, 26, 52, 53). The findings presented
here are also relevant in the context of Na$_v$1.5 expression in carcinoma cells (54). Given that cancer
cells have a relatively depolarised V$_m$, it is likely that Na$_v$1.5 is mainly in the inactivated state with
the persistent Na$^+$ current being functionally predominant (55, 56). Increasing evidence suggests that
persistent Na$^+$ current carried by Na$_v$1.5 in cancer cells contributes to invasion and several studies
have shown that other VGSC inhibitors reduce metastasis in preclinical models (29-35, 57). Thus,
use-dependent inhibition by ESL would ensure that channels in malignant cells are particularly
targeted, raising the possibility that it could be used as an anti-metastatic agent (43). This study
therefore paves the way for future investigations into ESL and S-Lic as potential invasion inhibitors.

5   Author Contributions

TL, SC and WB contributed to the conception and design of the work. TL, LB and WB contributed
to acquisition, analysis, and interpretation of data for the work. TL, SC and WB contributed to
drafting the work and revising it critically for important intellectual content. All authors approved the
final version of the manuscript.

6   Abbreviations

ESL, eslicarbazepine acetate; HEK-Na$_v$1.5, HEK-293 cells stably expressing Na$_v$1.5; I-V, current-
voltage; k, slope factor; PSS, physiological saline solution; S-Lic, S-licarbazepine, T$_p$: time to peak
current; τ$_f$: fast time constant of inactivation; τ$_s$: slow time constant of inactivation; τ$_r$: time constant
of recovery from inactivation; VGSC, voltage-gated Na$^+$ channel; V$_m$, membrane potential; V$_h$,
holding potential; V$_{peak}$: voltage at which current was maximal; V$_{rev}$, reversal potential; V$_{thres}$:
threshold voltage for activation; V$_{1/2}$, half-activation voltage.

7   Acknowledgements

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8   Conflict of interest statement

The authors declare that the research was conducted in the absence of any commercial or financial
relationships that could be construed as a potential conflict of interest.

9   Data availability statement

The datasets used and/or analysed during the current study are available from the corresponding
author on reasonable request.

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10.1   Figure legends

Figure 1. Chemical structures of eslicarbazepine acetate and S-licarbazepine. (A) eslicarbazepine
acetate; (9S)-2-carbamoyl-2-azatricyclo[9.4.0.0^{3,8}]pentadeca-1(15),3,5,7,11,13-hexaen-9-yl acetate.
(B) S-licarbazepine; (10R)-10-hydroxy-2-azatricyclo[9.4.0.0^{3,8}]pentadeca-1(11),3,5,7,12,14-hexaene-
2-carboxamide. Structures were drawn using Chemspider software.

Figure 2. Effect of eslicarbazepine acetate on Na$_v$1.5 currents. (A) Representative Na$^+$ currents in an
MDA-MB-231 cell elicited by a depolarisation from -120 mV to -10 mV in physiological saline
solution (PSS; black), eslicarbazepine acetate (ESL; 300 μM; red) and after washout (grey). Dotted
vertical lines define the persistent Na$^+$ currents shown in (B). (B) Representative persistent Na$^+$
currents in an MDA-MB-231 cell elicited by a depolarisation from -120 mV to -10 mV. (C)
Representative Na$^+$ currents in an MDA-MB-231 cell elicited by a depolarisation from -80 mV to -10
mV. (D) Normalised Na$^+$ currents in MDA-MB-231 cells elicited by a depolarisation from -120 mV
to -10 mV. (E) Normalised Na$^+$ currents in MDA-MB-231 cells elicited by a depolarisation from -80
mV to -10 mV. (F) Representative Na$^+$ currents in a HEK-Na$_v$1.5 cell elicited by a depolarisation
from -120 mV to -10 mV in PSS (black), ESL (300 μM; red) and after washout (grey). Dotted
vertical lines define the persistent Na$^+$ currents shown in (G). (G) Representative persistent Na$^+$
currents in a HEK-Na$_v$1.5 cell elicited by a depolarisation from -120 mV to -10 mV. (H)

Representative Na$^+$ currents in a HEK-Na$_v$1.5 cell elicited by a depolarisation from -80 mV to -10
mV. (I) Normalised Na$^+$ currents in HEK-Na$_v$1.5 cells elicited by a depolarisation from -120 mV to -
10 mV. (J) Normalised Na$^+$ currents in HEK-Na$_v$1.5 cells elicited by a depolarisation from -80 mV to
-10 mV. Results are mean + SEM. **P $\leq$ 0.01; ***P $\leq$ 0.001; one-way ANOVA with Tukey tests (n
= 12-14). NS, not significant.

Figure 3. Effect of S-licarbazepine on Na$_v$1.5 currents. (A) Representative Na$^+$ currents in an MDA-
MB-231 cell elicited by a depolarisation from -120 mV to -10 mV in physiological saline solution
(PSS; black), S-licarbazepine (S-Lic; 300 µM; red) and after washout (grey). Dotted vertical lines
define the persistent Na$^+$ currents shown in (B). (B) Representative persistent Na$^+$ currents in an
MDA-MB-231 cell elicited by a depolarisation from -120 mV to -10 mV. (C) Representative Na$^+$
currents in an MDA-MB-231 cell elicited by a depolarisation from -80 mV to -10 mV. (D)
Normalised Na$^+$ currents in MDA-MB-231 cells elicited by a depolarisation from -120 mV to -10
mV. (E) Normalised Na$^+$ currents in MDA-MB-231 cells elicited by a depolarisation from -80 mV to
-10 mV. (F) Representative Na$^+$ currents in a HEK-Na$_v$1.5 cell elicited by a depolarisation from -120
mV to -10 mV in PSS (black), S-Lic (300 µM; red) and after washout (grey). Dotted vertical lines
define the persistent Na$^+$ currents shown in (G). (G) Representative persistent Na$^+$ currents in a HEK-
Na$_v$1.5 cell elicited by a depolarisation from -120 mV to -10 mV. (H) Representative Na$^+$ currents in
a HEK-Na$_v$1.5 cell elicited by a depolarisation from -80 mV to -10 mV. (I) Normalised Na$^+$ currents
in HEK-Na$_v$1.5 cells elicited by a depolarisation from -120 mV to -10 mV. (J) Normalised Na$^+$
currents in HEK-Na$_v$1.5 cells elicited by a depolarisation from -80 mV to -10 mV. Results are mean
+ SEM. *P $\leq$ 0.05; ***P $\leq$ 0.001; one-way ANOVA with Tukey tests (n = 9-13). NS, not significant.

Figure 4. Effect of eslicarbazepine acetate and S-licarbazepine on the current-voltage relationship.
(A) Current-voltage (I-V) plots of Na$^+$ currents in MDA-MB-231 cells in physiological saline
solution (PSS; black circles) and in eslicarbazepine acetate (ESL; 300 µM; red squares). (B) (I-V)
plots of Na$^+$ currents in HEK-Na$_v$1.5 cells in PSS (black circles) and ESL (300 µM; red squares). (C)
I-V plots of Na$^+$ currents in MDA-MB-231 cells in PSS (black circles) and S-licarbazepine (S-Lic;
300 µM; red squares). (D) I-V plots of Na$^+$ currents in HEK-Na$_v$1.5 cells in PSS (black circles) and
S-Lic (300 µM; red squares). Currents were elicited using 10 mV depolarising steps from -80 to +30
mV for 30 ms, from a holding potential of -120 mV. Results are mean $\pm$ SEM (n = 7-13).

Figure 5. Effect of eslicarbazepine acetate and S-licarbazepine on activation and steady-state
inactivation. (A) Activation and steady-state inactivation in MDA-MB-231 cells in physiological
saline solution (PSS; black circles) and in eslicarbazepine acetate (ESL; 300 µM; red squares). (B)
Activation and steady-state inactivation in HEK-Na$_v$1.5 cells in PSS (black circles) and ESL (300
µM; red squares). (C) Activation and steady-state inactivation in MDA-MB-231 cells in PSS (black
circles) and S-licarbazepine (S-Lic; 300 µM; red squares). (D) Activation and steady-state
inactivation in HEK-Na$_v$1.5 cells in PSS (black circles) and S-Lic (300 µM; red squares). For
activation, normalised conductance (G/G$_{max}$) was calculated from the current data and plotted as a
function of voltage. For steady-state inactivation, normalised current (I/I$_{max}$), elicited by 50 ms test
pulses at -10 mV following 250 ms conditioning voltage pulses between -120 mV and +30 mV,
applied from a holding potential of -120 mV, was plotted as a function of the prepulse voltage.
Results are mean $\pm$ SEM (n = 7-13). Activation and inactivation curves are fitted with Boltzmann
functions.

Figure 6. Use-dependent block by eslicarbazepine acetate and S-licarbazepine. (A) Rundown of Na$^+$
current in MDA-MB-231 cells in physiological saline solution (PSS; black circles) and in
eslicarbazepine acetate (ESL; 300 µM; red squares). (B) Rundown of Na$^+$ current in MDA-MB-231

cells in PSS (black circles) and S-licarbazepine (S-Lic; 300 μM; red squares). (C) Rundown of Na$^+$
current in HEK-Na$_v$1.5 cells in PSS (black circles) and ESL (300 μM; red squares). (D) Rundown of
Na$^+$ current in HEK-Na$_v$1.5 cells in PSS (black circles) and S-Lic (300 μM; red squares). Currents
were elicited by 50 Hz pulse trains to 0 mV, applied from a holding potential of -120 mV, normalised
to the current evoked by the first pulse plotted as a function of the pulse number. Data are fitted with
single exponential functions. Results are mean ± SEM (n = 7-10).

Figure 7. Effect of eslicarbazepine acetate and S-licarbazepine on recovery from inactivation. (A)
Recovery from inactivation in MDA-MB-231 cells in physiological saline solution (PSS; black
circles) and in eslicarbazepine acetate (ESL; 300 μM; red squares). (B) Recovery from inactivation in
HEK-Na$_v$1.5 cells in PSS (black circles) and ESL (300 μM; red squares). (C) Recovery from
inactivation in MDA-MB-231 cells in PSS (black circles) and S-licarbazepine (S-Lic; 300 μM; red
squares). (D) Recovery from inactivation in HEK-Na$_v$1.5 cells in PSS (black circles) and S-Lic (300
μM; red squares). The fraction recovered (I_t/I_c) was determined by a 25 ms pulse to 0 mV (I_c),
followed by a recovery pulse to -120 mV for 1-500 ms, and a subsequent 25 ms test pulse to 0 mV
(I_t), applied from a holding potential of -120 mV, and plotted as a function of the recovery interval.
Data are fitted with single exponential functions which are statistically different between control and
drug treatments in all cases. Results are mean ± SEM (n = 7-10).

Figure 8. Clustal alignment of amino acid sequences of Na$_v$1.1-Na$_v$1.9 (*SCN1A-SCN11A*). ESL was
proposed previously (51) to interact with the highlighted amino acids in Na$_v$1.2. An alignment of
Na$_v$1.2 (UniProtKB - Q99250 (SCN2A_HUMAN)) with Na$_v$1.1 (UniProtKB - P35498
(SCN1A_HUMAN)), Na$_v$1.3 (UniProtKB - Q9NY46 (SCN3A_HUMAN)), Na$_v$1.4 (UniProtKB -
P35499 (SCN4A_HUMAN)), Na$_v$1.5 (UniProtKB - Q14524 (SCN5A_HUMAN)) Na$_v$1.6
(UniProtKB - Q9UQD0 (SCN8A_HUMAN)), Na$_v$1.7 (UniProtKB - Q15858 (SCN9A_HUMAN)),
Na$_v$1.8 (UniProtKB - Q9Y5Y9 (SCN10A_HUMAN)), and Na$_v$1.9 (UniProtKB - Q9UI33
(SCN11A_HUMAN)) shows that the interacting amino acids highlighted in yellow are conserved
between Na$_v$1.2 and Na$_v$1.5, along with most other isoforms. Asterisks indicate conserved residues.
Colon indicates conservation between groups of strongly similar properties - scoring > 0.5 in the
Gonnet PAM 250 matrix. Period indicates conservation between groups of weakly similar properties
- scoring ≤ 0.5 in the Gonnet PAM 250 matrix.

Table 1. Effect of eslicarbazepine acetate on Na$^+$ current characteristics in MDA-MB-231 and HEK-
Na$_v$1.5 cells.[1]

A. MDA-MB-231 cells				
Parameter	*Control*	*ESL*	*P value*	*N*
V$_{thres}$ (mV)	-45.7 ± 1.7	-45.0 ± 1.4	0.58	13
V$_{peak}$ (mV)	3.1 ± 2.1	-3.9 ± 2.7	0.056	13
Activation V½ (mV)	-19.3 ± 1.4	-22.0 ± 1.5	0.095	12
Activation k (mV)	10.6 ± 0.7	9.3 ± 0.8	0.076	12
Inactivation V½ (mV)	-80.6 ± 0.7	-86.7 ± 1.2	<0.001	13
Inactivation k (mV)	-4.8 ± 0.4	-7.4 ± 1.7	0.139	13
Peak current density at -10 mV (pA/pF)	-14.8 ± 3.9	-8.0 ± 2.5	<0.001	13
Persistent current density at -10 mV (pA/pF)	-0.15 ± 0.05	-0.02 ± 0.07	0.13	12
T$_p$ at -10 mV (ms)	2.1 ± 0.2	1.9 ± 0.2	<0.01	13
τ$_f$ at -10 mV (ms)	1.3 ± 0.1	1.3 ± 0.2	0.954	13
τ$_s$ at -10 mV) (ms)	10.0 ± 2.3	6.9 ± 2.0	0.289	13
τ$_r$ (ms)	6.0 ± 0.5	8.7 ± 0.7	<0.05	10
B. HEK-Na$_v$1.5 cells				
Parameter	*Control*	*ESL*	*P value*	*N*
V$_{thres}$ (mV)	-55.0 ± 1.7	-54.0 ± 2.2	0.758	10
V$_{peak}$ (mV)	-26.0 ± 2.2	-24.0 ± 4.3	0.591	10
Activation V½ (mV)	-39.4 ± 1.3	-44.2 ± 1.8	<0.05	10
Activation k (mV)	5.3 ± 1.3	3.8 ± 0.7	0.361	10
Inactivation V½ (mV)	-78.2 ± 2.5	-88.3 ± 2.7	<0.001	10
Inactivation k (mV)	-6.9 ± 0.4	-9.8 ± 0.7	<0.001	10
Peak current density at -10 mV (pA/pF)	-154.4 ± 24.0	-33.1 ± 4.7	<0.001	12
Persistent current density at -10 mV (pA/pF)	-0.61 ± 0.15	-0.12 ± 0.05	<0.01	12
T$_p$ at -10 mV (ms)	1.4 ± 0.2	1.9 ± 0.2	<0.001	14
τ$_f$ at -10 mV (ms)	0.9 ± 0.1	1.2 ± 0.1	<0.001	12
τ$_s$ at -10 mV (ms)	6.6 ± 0.8	20.8 ± 8.5	0.128	12
τ$_r$ (ms)	4.5 ± 0.4	7.1 ± 0.6	<0.001	10

[1]ESL: eslicarbazepine acetate (300 µM); V$_{thres}$: threshold voltage for activation; V$_{peak}$: voltage at
which current was maximal; V½: half (in)activation voltage; k: slope factor for (in)activation; T$_p$:
time to peak current; τ$_f$: fast time constant of inactivation; τ$_s$: slow time constant of inactivation; τ$_r$:
time constant of recovery from inactivation. The holding potential was -120 mV. Results are mean ±
SEM. Statistical comparisons were made with paired t-tests.

Table 2. Effect of S-licarbazepine on Na$^+$ current characteristics in MDA-MB-231 and HEK-Na$_v$1.5
cells.[1]

A. MDA-MB-231 cells				
Parameter	*Control*	*S-Lic*	*P value*	*N*
V$_{thres}$ (mV)	-34.4 ± 2.0	-35.7 ± 2.0	0.603	7
V$_{peak}$ (mV)	11.43 ± 4.4	10.0 ± 4.9	0.818	7
Activation V½ (mV)	-12.9 ± 1.3	-13.7 ± 1.4	0.371	7
Activation k (mV)	11.0 ± 0.5	11.9 ± 0.8	0.520	7
Inactivation V½ (mV)	-71.8 ± 2.5	-76.8 ± 2.2	<0.05	7
Inactivation k (mV)	-6.8 ± 0.9	-6.0 ± 1.2	0.302	7
Peak current density at -10 mV (pA/pF)	-12.0 ± 3.1	-6.9 ± 2.5	<0.001	9
Persistent current density at -10 mV (pA/pF)	-1.3 ± 0.4	-0.6 ± 0.2	<0.05	9
T$_p$ at -10 mV (ms)	4.5 ± 0.4	5.1 ± 0.7	0.103	9
τ$_f$ at -10 mV (ms)	3.8 ± 1.1	3.2 ± 0.4	0.553	7
τ$_s$ at -10 mV (ms)	25.7 ± 7.0	27.1 ± 12.0	0.920	7
τ$_r$ (ms)	6.8 ± 0.4	13.5 ± 1.0	<0.01	7
B. HEK-Na$_v$1.5 cells				
Parameter	*Control*	*S-Lic*	*P value*	*N*
V$_{thres}$ (mV)	-50.0 ± 1.9	-51.3 ± 3.5	0.598	9
V$_{peak}$ (mV)	-18.0 ± 4.2	-30.0 ± 5.6	<0.001	9
Activation V½ (mV)	-32.8 ± 3.1	-40.5 ± 3.4	<0.01	9
Activation k (mV)	5.9 ± 0.9	4.5 ± 1.1	<0.05	9
Inactivation V½ (mV)	-75.9 ± 2.6	-79.3 ± 4.1	0.116	9
Inactivation k (mV)	-6.5 ± 0.4	-8.1 ± 0.5	<0.05	9
Peak current density at -10 mV (pA/pF)	-140.9 ± 26.8	-77.2 ± 17.0	<0.001	13
Persistent current density at -10 mV (pA/pF)	-0.9 ± 0.2	-0.5 ± 0.2	<0.05	11
T$_p$ at -10 mV (ms)	1.8 ± 0.5	2.3 ± 0.6	<0.01	13
τ$_f$ at -10 mV (ms)	1.0 ± 0.04	1.3 ± 0.06	<0.001	11
τ$_s$ at -10 mV (ms)	6.3 ± 0.5	7.3 ± 0.5	<0.05	11
τ$_r$ (ms)	5.7 ± 0.7	8.0 ± 1.2	<0.01	10

624 [1]S-Lic: S-licarbazepine (300 µM); V$_{thres}$: threshold voltage for activation; V$_{peak}$: voltage at which
625 current was maximal; V½: half (in)activation voltage; k: slope factor for (in)activation; T$_p$: time to
626 peak current; τ$_f$: fast time constant of inactivation; τ$_s$: slow time constant of inactivation; τ$_r$: time
627 constant of recovery from inactivation. The holding potential was -120 mV. Results are mean ± SEM.
628 Statistical comparisons were made with paired t-tests.

A

Eslicarbazepine acetate (ESL)

B

S-licarbazepine (S-lic)

Figure 1

Figure 2

Figure 4

Figure 5

Figure 6

Figure 7

Figure 8