L-Dopa induced dyskinesias require Cholinergic Interneuron expression of Dopamine 2

receptor.

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ABSTRACT:

Background: Striatal Cholinergic Interneurons (CIN) are drivers of L-Dopa induced

Dyskinesias (LID). However, what signaling pathways elicit aberrant CIN activity remains

unclear. CIN express D2 and D5 receptors suggesting repeated activation of these receptors in

response to L-Dopa could promote LID. While the role of D5 in this process has recently been

probed, little is known about the role of D2.

Method: Mice with CIN-specific D2 ablation (D2$_{CIN}$KO) underwent unilateral 6-OHDA lesion

and chronic L-Dopa dosing, throughout which LID severity was quantified. The effect of

D2$_{CIN}$KO on histological markers of LID severity and CIN activity were also quantified

postmortem.

Results: D2$_{CIN}$KO attenuated LID across L-Dopa doses, reduced expression of histological LID

marker p-ERK, and prevented L-Dopa-induced increases in CIN activity marker p-rpS6 in the

dorsolateral striatum.

Conclusion: The activation of D2 specifically on CIN is a key driver of LID.

Introduction

Dopamine (DA) supplementation via L-Dopa is initially effective at attenuating akinesia among Parkinson's patients but progressively diminishes in efficacy and eventually induces debilitating dyskinesias.[1] Recent work indicates that these L-Dopa Induced Dyskinesias (LIDs) are caused by maladaptive DA plasticity in the Striatum which normally facilitates motor learning.[2]

From a circuit standpoint, Dopamine 1 receptor (D1) and Dopamine 2 receptor (D2) expressing medium spiny neurons (MSN) as well as Cholinergic Interneurons (CIN), which regulate MSN, have been implicated in LID.[3–5] The regulation of MSN by CIN concurs with evidence that inhibition or ablation of CIN attenuates LID and suggests CIN are drivers of LID.[6] Normalizing CIN physiology in the Parkinsonian brain thus offers a powerful approach by which to preserve L-Dopa benefits while curtailing LID-promoting effects.

CIN integrate many GPCR pathways, several of which appear to modulate LID.[7–9] Among these, Gi-coupled D2 and Gs-coupled D5 are of particular interest given L-Dopa increases DA and these receptors represent a direct route by which L-Dopa might disrupt CIN physiology and promote LID. While the role of D5 in this process has recently been investigated,[8,10] the role of CIN D2 in LID has received little attention. This is in part due to difficulty separating manipulations of D2 on CIN from D2 on MSN. To overcome this, we combined selective Cre-Lox ablation of D2 from CIN with the unilateral 6-OHDA mouse model of LID. We find that ablation of D2 from CIN attenuates LID, prevents changes in CIN activity, and blocks activation of LID-associated marker p-ERK.

Materials and Methods

Animals: Heterozygous $D2^{L/+}$:$ChATCre^{+/-}$ animals served as controls. Homozygous $D2^{L/L-}$

:$ChATCre^{+/-}$ animals provided CIN-specific ablation of D2 ($D2_{CIN}$ KO).[11] Recombination of the

D2 allele was detected in striatal tissue but was absent in tail tissue (FIG 1. A).

6-OHDA Lesion and L-Dopa Treatment: Animals received unilateral 6-OHDA in the DL

striatum. Parkinsonian phenotype was assessed after 3 weeks via turn bias in the open field and

ipsilateral paw-use bias in the cylinder test as previously described.[9] Animals received daily L-

Dopa (5–20Mg/Kg) and benserazide in saline. Therapeutic L-Dopa effects in open field and

cylinder tests were quantified after the first dose as previously detailed.[9] Daily L-Dopa was

administered at 5Mg/Kg (Day 1-13), 10Mg/Kg (Day 14-16), 15Mg/Kg (Day 17-18), and 20Mg/Kg

(Day 19-31) with total abnormal involuntary movements (a validated measure of dyskinesia;

AIMs) regularly quantified as outlined previously.[9] Upon completion of the full 31-day dosing

schedule, half the animals underwent 1 week L-Dopa washout (saline only) while the other half

continued L-Dopa exposure at 20Mg/Kg. Thirty minutes after the final L-Dopa or saline dose,

animals were sacrificed and tissue processed for immunohistochemistry.

Immunohistochemistry: Antibodies can be found in [9]. Fluorescence from confocal images was

quantified via ImageJ. To assess DA neuron (DAN) loss in the striatum Tyrosine Hydroxylase

Mean Gray Value (MGV) was calculated for ROIs covering the DL striatum and normalized by

background MGV. Average fold-change between 6-OHDA and non-treated hemispheres was

calculated for each animal. For detection of p-ERK$^+$ CIN, we identified CIN ROIs (ChAT$^+$ cells)

and p-ERK MGV was measured in CIN of the lesioned and unlesioned hemispheres. Average and

standard deviation of CIN-specific p-ERK values was calculated for unlesioned hemispheres of

each animal. Lesioned hemisphere CIN were considered p-ERK$^+$ if their MGV was greater than

the average plus 2StdDev of the unlesioned hemisphere. Total percent of p-ERK$^+$ CIN was

reported for each lesioned striatum. The same procedure was utilized to detect p-ERK$^+$ NeuN$^+$

cells, with the exception that ROIs were formed around NeuN$^+$/ChAT$^-$ cells. For analysis of

ribosomal protein S6 phosphorylation (p-rpS6), MGV was calculated for ChAT ROIs and

normalized by background MGV.

Results

Loss of D2 Signaling on CIN Attenuates L-Dopa Induced Dyskinesias

Heterozygous controls and D2$_{CIN}$KO animals showed similar striatal DAN degeneration

following 6-OHDA (FIG 1. A, B). Both also showed equivalent ipsilateral turn-bias in the open

field (FIG.1 C) and predominant use of ipsilateral paw in the cylinder test (FIG 1. D). Subsequent

administration of L-Dopa at 5Mg/Kg reversed turn-bias in the open field and promoted equal use

of ipsilateral and contralateral paws in the cylinder test equivalently among controls and D2$_{CIN}$ KO

animals (FIG 1. C, D). These data suggest that selective ablation of D2 from CIN does not reduce

6-OHDA cyto-toxicity nor anti-akinetic L-Dopa effects.

Control animals showed sustained AIMs throughout treatment that increased in severity as

L-Dopa dose escalated on days 14, 17, and 19 (FIG 1. E). In contrast, D2$_{CIN}$KO animals showed

attenuated AIMs across L-Dopa treatment. AIM subtypes reflected this absence of total AIMs

among D2$_{CIN}$KO animals with attenuated expression across axial, limb, and orofacial AIMs (FIG

1. G). Fitting total AIM severity across each of the four L-Dopa doses tested using simple linear

regression further supported the absence of LID escalation among D2$_{CIN}$KO (FIG 1. F). The

resulting slopes for each genotype showed significant difference suggesting the positive

relationship between L-Dopa dose and AIM severity observed in controls was absent among

D2_{CIN}KO animals. Therefore, the absence of D2 on CIN not only attenuates LID, but also disrupts

the dose-dependency of LID severity.

LID Marker p-ERK Reflects Attenuation of AIMs in D2_{CIN}KO Animals

Phosphorylation of extracellular signal-regulated kinase1/2 (p-ERK) in the

hypodopaminergic striatum reflects both LID severity and time-course.[9,12] Specifically, early-

stage L-Dopa treatment promotes p-ERK expression among MSNs while chronic treatment shifts

p-ERK expression from MSNs to CIN.[12] Given the chronic nature of our L-Dopa treatment, we

examined CIN p-ERK expression in controls and D2_{CIN}KO animals to see if the attenuation of LID

observed among D2_{CIN}KO animals was reflected by changes in CIN p-ERK.

In accordance with behavioral observations (Fig. 1 E), we found ~6-fold reduction in p-

ERK$^+$ CIN of the DL striatum among D2_{CIN}KO animals compared to controls (FIG 2. A, B). The

percentage of p-ERK$^+$ CIN in the DM striatum however was similarly low in D2_{CIN}KO and control

animals when compared to the control DL striatum, a finding in accordance with the predominant

role of the DL striatum in LID. Further, p-ERK levels in non-cholinergic, NeuN$^+$ neurons of the

striatum were not affected by D2_{CIN}KO (FIG 2. C). Together, this confirms that CIN-specific

differences in LID-associated p-ERK reflect the attenuation of LID observed in D2_{CIN}KO animals

(Won, Ding et al. 2014) and suggests that D2 activation is required for CIN expression of p-ERK.

D2_{CIN}KO prevents L-Dopa Induced Increases in CIN-specific p-rpS6

To investigate whether D2 contributes to changes in CIN activity following L-Dopa we

quantified levels of p-rpS6, a marker of CIN activity.[13] Specifically, we aimed to isolate the

effect of D2_{CIN} on activity after LID has been established as opposed to the preceding long-term

changes chronic L-Dopa likely produces. We therefore compared DL CIN in 6-OHDA treated

control and D2$_{CIN}$KO animals that underwent normal L-Dopa treatment (L-Dopa ON) or a washout

period after treatment (L-Dopa OFF) prior to analysis.

Comparison of CIN p-rpS6 in unlesioned hemispheres of L-Dopa OFF control and

D2$_{CIN}$KO animals showed no difference, suggesting no baseline effect of D2$_{CIN}$KO in the intact

DL striatum (FIG 2. E). Similarly, we found D2$_{CIN}$KO did not impact CIN activity in 6-OHDA

lesioned hemispheres of L-Dopa OFF animals (FIG 2. F column 1 vs column 3). However, when

we examined the effects of D2$_{CIN}$KO on p-rpS6 levels in 6-OHDA lesioned hemispheres of L-

Dopa ON animals, L-Dopa treatment altered CIN p-rpS6 levels in control but not D2$_{CIN}$KO

animals (FIG 2. F) suggesting that D2$_{CIN}$ in the hypodopaminergic brain modifies CIN activity in

response to L-Dopa. Unexpectedly, this effect was excitatory, in apparent violation of a predicted

Gi-mediated CIN inhibition by D2. Anatomically, this change in activity was mediated by

dorsolateral-most CIN. Linear regression fitting each CIN's p-rpS6 value and distance from the

DL apex of the striatum revealed that while CIN activity was relatively equal across the striatum

of control 6-OHDA animals in the L-Dopa OFF state (FIG 2. G; Gray), the addition of L-Dopa

promoted activity in dorsolateral-most CIN (FIG 2. G; Comparison of Gray vs Green Slopes). In

contrast, L-Dopa exposure had little effect on the p-rpS6 levels of dorsolateral-most CIN in

D2$_{CIN}$KO animals (FIG 2. G; Red vs Brown). These data reveal that L-Dopa exposure after a

schedule of chronic treatment promotes CIN activity in the DL striatum. Paradoxically however,

we find that D2$_{CIN}$KO attenuates this excitation and simultaneously attenuates CIN p-ERK levels

and AIM severity.

Discussion

Here we find that repeated L-Dopa treatment after 6-OHDA lesioning does not produce

LID in mice with selective D2$_{CIN}$KO. Our results support prior observations that LID is

characterized by elevated CIN activity and that their ablation or inhibition prevents LID.[6,12,14]

However, these studies left unanswered which signaling pathway(s) on CIN induce their aberrant

and LID promoting activity. The results presented here highlight $D2_{CIN}$ as an unexpected and

critical component of LID-associated CIN hyperactivity (p-rpS6) and MAP kinase pathway

activation (p-ERK).

So called "paradoxical", i.e. facilitatory responses to $D2_{CIN}$ activation have been previously

described in the literature: Quinpirole activation of $D2_{CIN}$ in a mutant TorsinA mouse model results

in elevated CIN firing compared to controls.[15] Changes in the coupling efficiency between

D2/Gi and D2/B-arrestin have also been suggested to modify the effect of D2 activation.[15,16]

Additionally, inhibition of the integrated stress response in CIN similarly seems to switch D2 from

inhibitory to facilitatory.[17] These observations along with our own conform with the finding that

ablation of DAN decreases the excitability of CIN despite a simultaneous reduction of supposedly

inhibitory D2 activation.[14,18,19] Thus, it becomes possible that changes in the Parkinsonian

brain activate mechanisms by which the downstream action of $D2_{CIN}$ is modified, resulting in CIN

hyperexcitability and LID development. Understanding in molecular detail the processes

underlying these changes might open new avenues to counter maladaptive plasticity among CIN

in PD, LID, and beyond.

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Ethical Compliance Statement:

• All mouse experiments were approved by the IACUC committee of City College of New
York.

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Figure Legends:

FIG 1. (A) PCR validation of ChATCre-dependent D2 allele recombination. Primers produced bands spanning exon 2 of the D2 allele and flanking Lox sites. Absence of recombined band in tail samples suggests ChATCre-specific recombination in CIN of striatum. **(B)** Representative image showing reduction of TH in the DL striatum following 6-OHDA. **(C)** Comparison of quantified TH reduction in 6-OHDA hemisphere (Lesioned/Unlesioned) between controls and D2$_{CIN}$ KO animals. (n = 5-7; unpaired two-tailed Student's t test p = 0.79 Control vs. D2$_{CIN}$ KO). **(D)** Changes in turn bias (Contra/Ipsi turn ratio) produced by unilateral 6-OHDA and subsequent treatment with L-Dopa 5Mg/Kg. Turn bias is reported as fold change from baseline in the open field. (n = 5-7 per genotype; Matched Mixed-effects model; Timepoint effect: F [1.002, 9.516] = 15.07, p = 0.0033; Genotype effect: F [1, 10] = 0.93, p = 0.36. Post hoc Tukey's multiple comparisons test: **p < 0.01). **(E)** Changes in contralateral paw use among unilateral 6-OHDA animals before and after L-Dopa. Percent of total rears favoring the paw contralateral to 6-OHDA hemisphere is reported. (n = 5-7 per genotype; Two-way RM ANOVA; Timepoint effect: F [1, 10] = 20.67, p = 0.0011; Genotype effect: F [1, 10] = 0.21, p = 0.66). **(F)** Total AIM scores across the first 19 days of L-Dopa treatment. Day of treatment and L-Dopa dose are listed across the X-axis. (n = 5-7 per genotype; Two-way RM ANOVA; Day/Dose effect: F [2.462, 24.62] = 11.29, p = 0.0002; Genotype effect: F [1, 10] = 6.03, p = 0.034; Genotype X Day/Dose interaction: F [5, 50] = 4.50, p = 0.0018. Post hoc Tukey's multiple comparisons test: *p < 0.05, **p < 0.01, ***p < 0.001). **(G)** Breakdown of AIM subtypes across days of L-Dopa treatment. Average group value of AIM subtypes is reported in stacked bars. Column background indicates genotype. **(H)** AIM severity plotted across L-Dopa doses for each genotype. Statistically

significant differences in the slope of the two lines was tested (n = 5-7 per genotype; ANCOVA:

$F\,[1, 4] = 15.97$, $p = 0.0162$).

FIG 2. (A) Quantification of p-ERK$^+$ CIN reported as percent of total CIN in the DM or DL

striatum. (n = 6-8 Striata per genotype; Two-way RM ANOVA; Striatal Region effect: F [1,

$12] = 5.96$, $p = 0.0311$. Post hoc Šídák's multiple comparisons test: $**p < 0.01$). **(B)**

Representative images of p-ERK and ChAT expression in the DL striatum. **(C)** Quantification of

p-ERK$^+$ non-CIN neurons reported as percent of total non-CIN neurons in the DM or DL

striatum. (n = 6-8 Striata per genotype; Two-way RM ANOVA; Post hoc Šídák's multiple

comparisons test: n.s. indicates $p > 0.05$). **(D)** Representative images of p-rpS6 and ChAT

expression in the DL striatum of Unlesioned (no 6-OHDA hemisphere + L-Dopa washout

condition) and Lesioned + L-Dopa conditions. White rectangle indicates inset image of p-rpS6

heat map displayed for a single CIN. **(E)** Quantification of normalized CIN p-rpS6 intensity in

the DL striatum of Unlesioned hemispheres (no 6-OHDA hemisphere + L-Dopa washout

condition). **(F)** Quantification of normalized CIN p-rpS6 intensity in the DL striatum of 6-

OHDA Lesioned hemispheres with and without L-Dopa washout (n = 150+ CIN from 12-16

Striata per genotype; ANOVA; Main effect: F [5, 1517] = 7.05, p <0.00001. Post hoc Tukey's

multiple comparisons test: $**p < 0.01$). **(G)** Plot of individual CIN p-rpS6 intensities across

relative distance from DL apex of the striatum. Best-fit lines for each condition are plotted.

Tables: None

Other Files: None