

# GABA/Glutamaat bij psychose als target voor farmacotherapie



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Oranjewoud Heerenveen (voorheen Zwartsluis) 12-03-2015



UCP  
UMCG



Provinciale Programagroep  
Psychotische stoornissen

RGOc



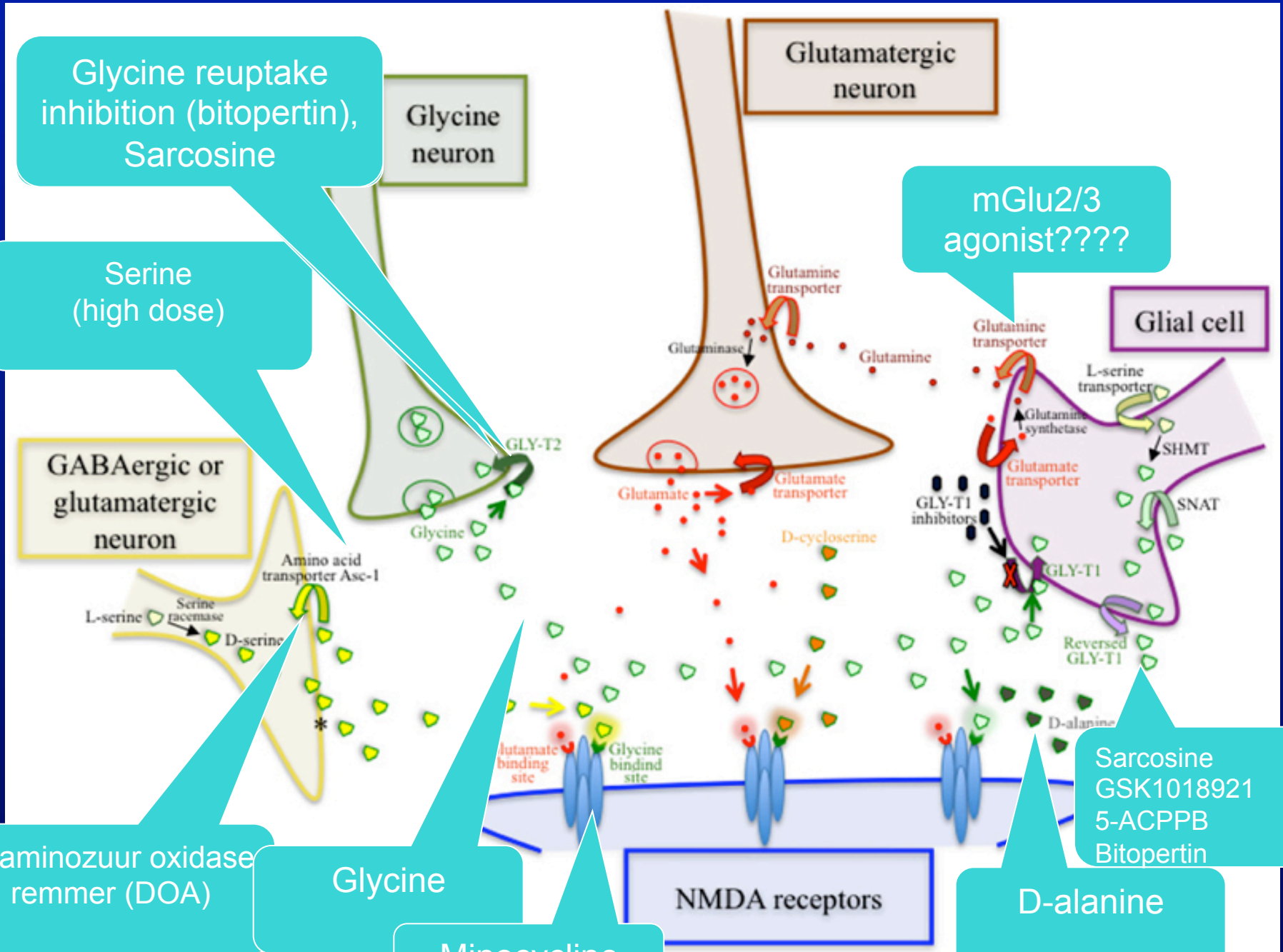
UCP  
sideeling  
PSYCHOSE



# Potentiele toepassingen glutamaat (en GABA) modulatie

- Depressie, bipolaire depressie, therapie resistente depressie en ketamine (met of zonder ECT) (1) of riluzole (2))
- Verbetering van suicidale ideaties (ketamine) (3)
- Farmacotherapie assisted psychotherapy (D-cycloserine bij PTSD (4) of (gegeneraliseerde) angst (5) behandeling)
- Verbeteren cognitief functioneren (GLYX-13)
- Verbeteren negatieve symptomen

1. Fond et al Psychopharmacology (2014) 231:3663–3676
2. Dutti et al Psychiatry Research 225 (2015) 1–13
3. Ballard et al Journal of Psychiatric Research 58 (2014) 161-166
4. Singewald et al Pharmacology and Therapeutics (2015) in press
5. Hofmann et al Curr Psychiatry Rep (2015) 17:532



Glycine reuptake inhibition (bitopertin), Sarcosine

Serine (high dose)

GABAergic or glutamatergic neuron

Glycine neuron

Glutamatergic neuron

mGlu2/3 agonist????

Glial cell

D-amino acid oxidase remmer (DOA)

Glycine

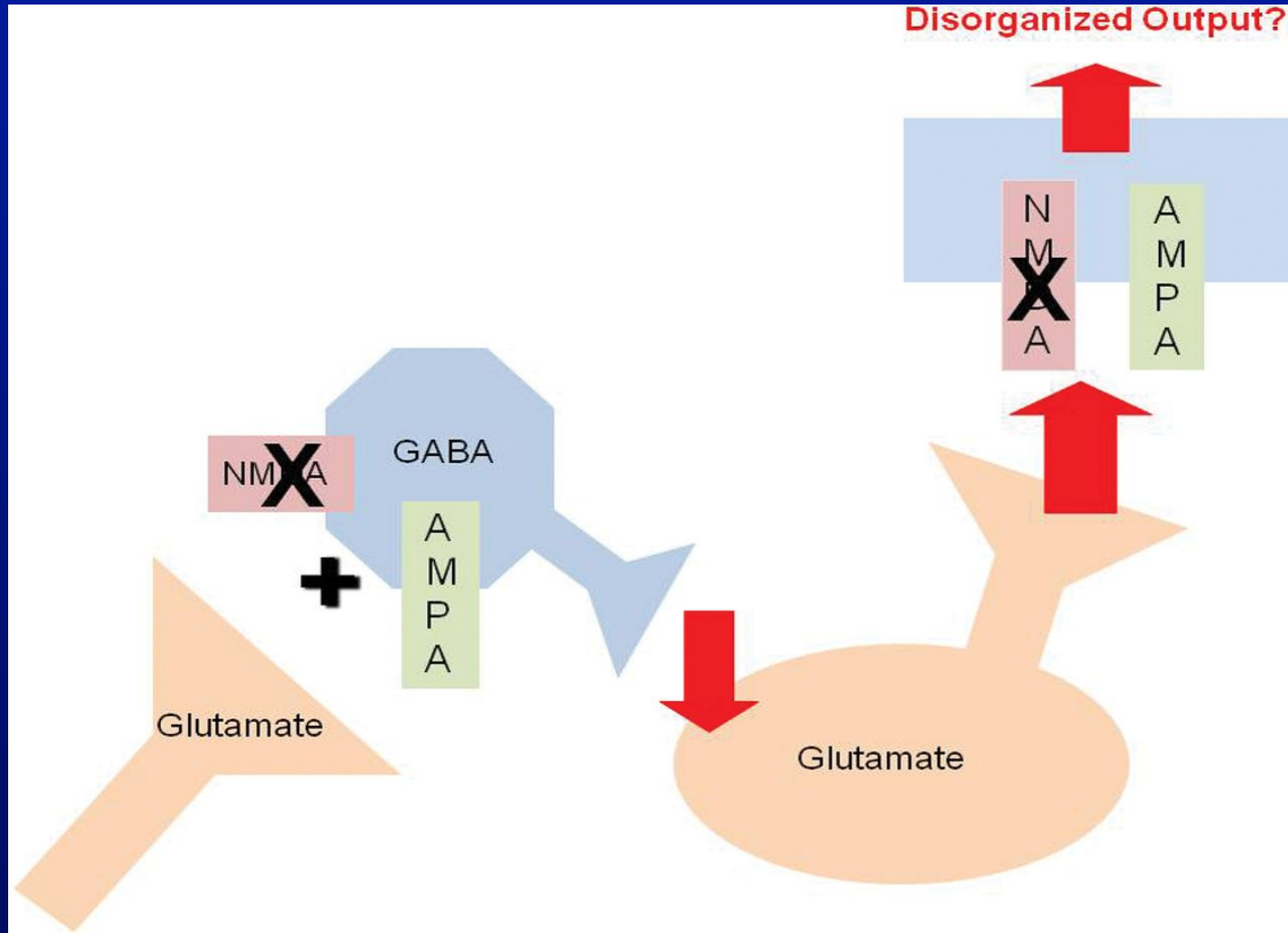
Minocycline

Sarcosine  
GSK1018921  
5-ACPPB  
Bitopertin

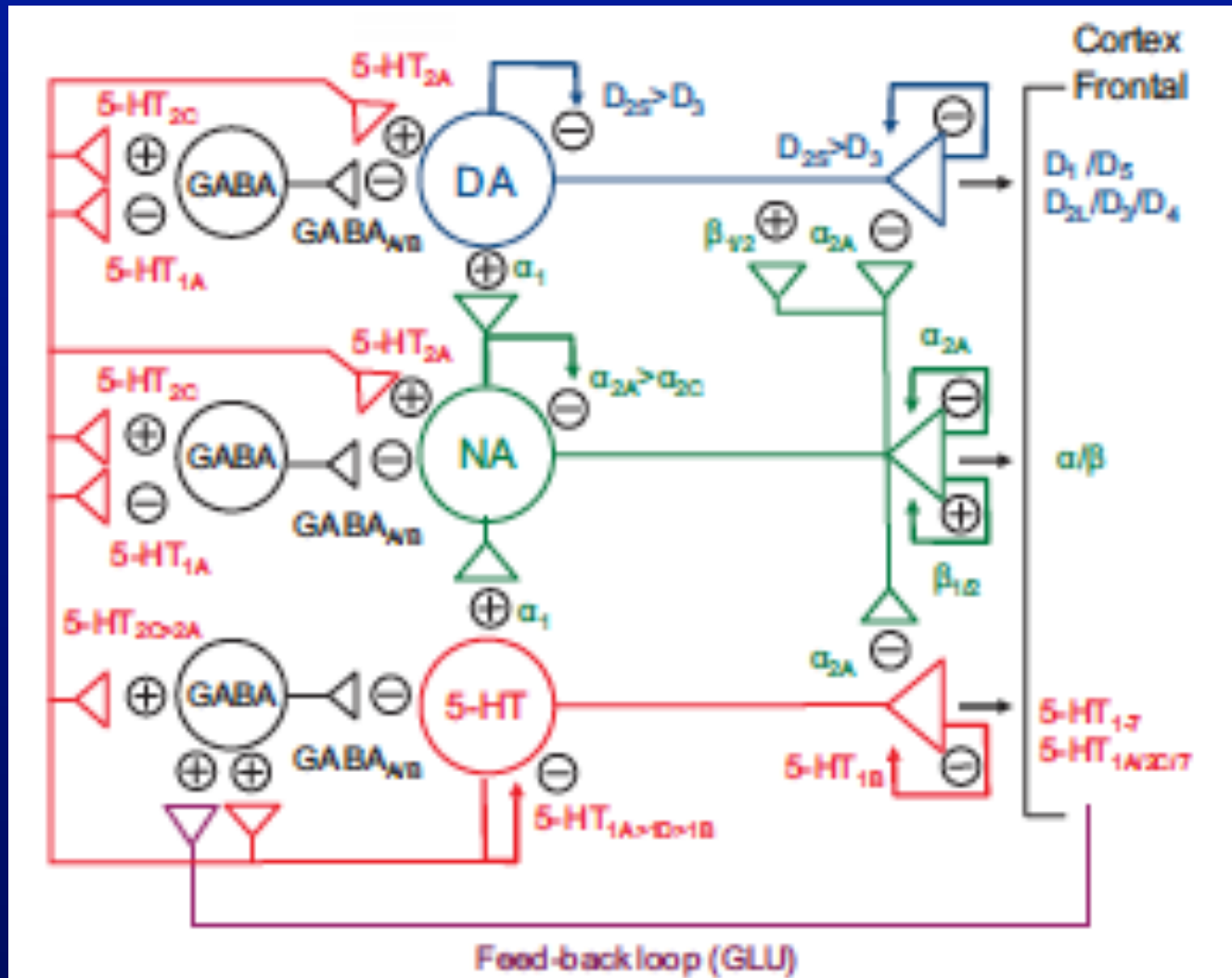
D-alanine

NMDA receptors

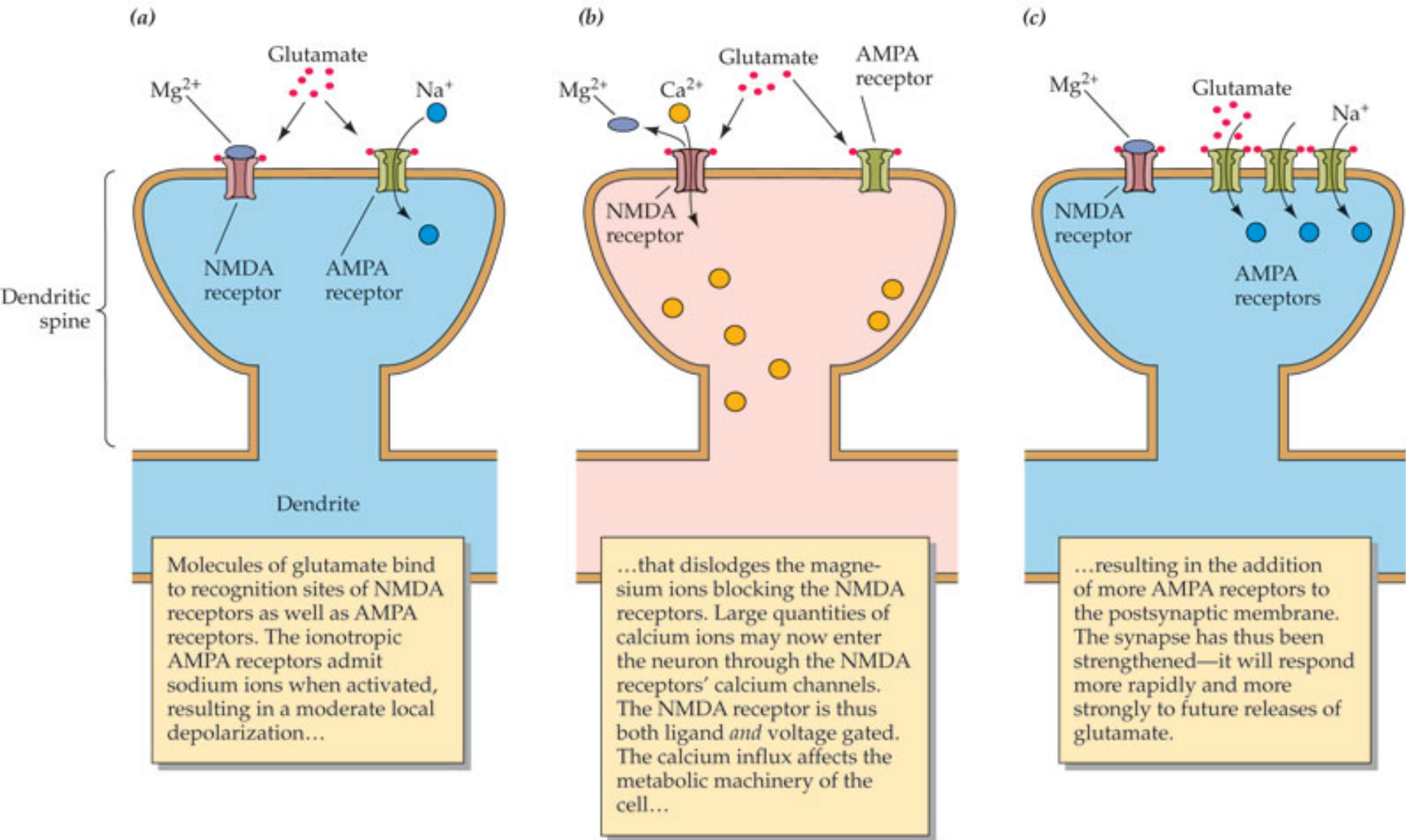
# NMDA receptor deficits on GABA interneurons disinhibit glutamate release in PFC and hippocampus promoting disorganized cortical activity.



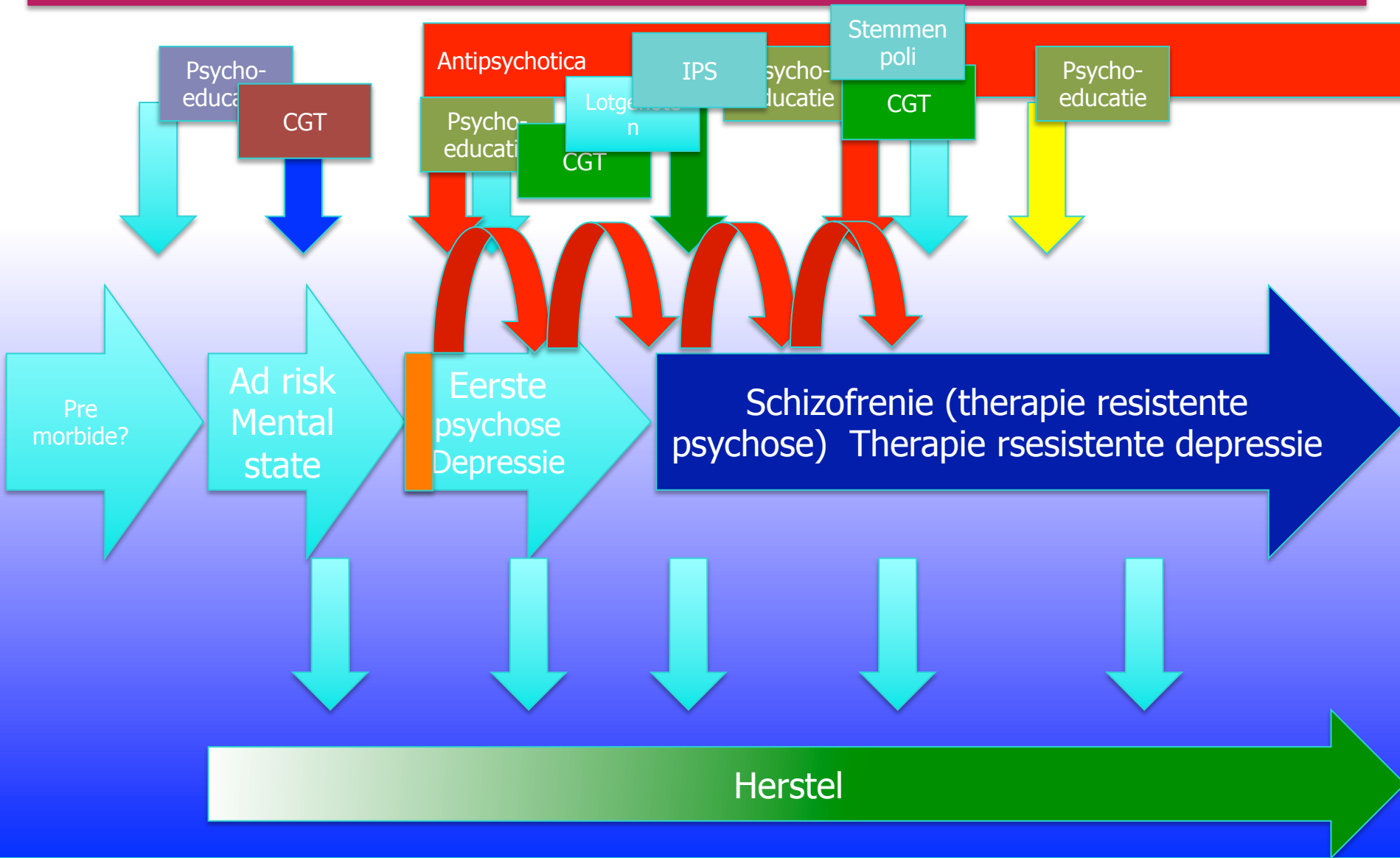
# Networks in the brain



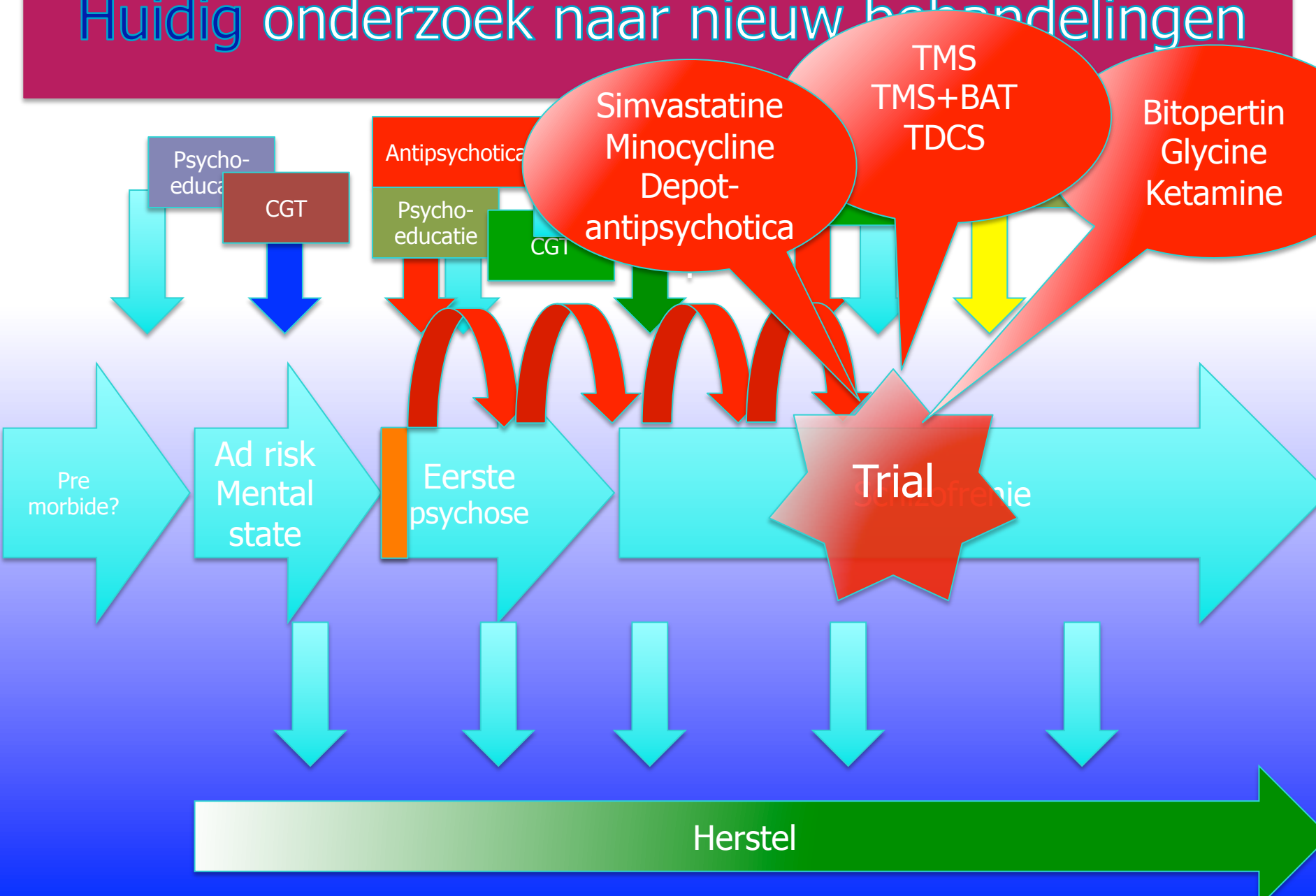
# NMDA AMPA and Learning (LTP)



# Huidig onderzoek naar nieuw behandelingen

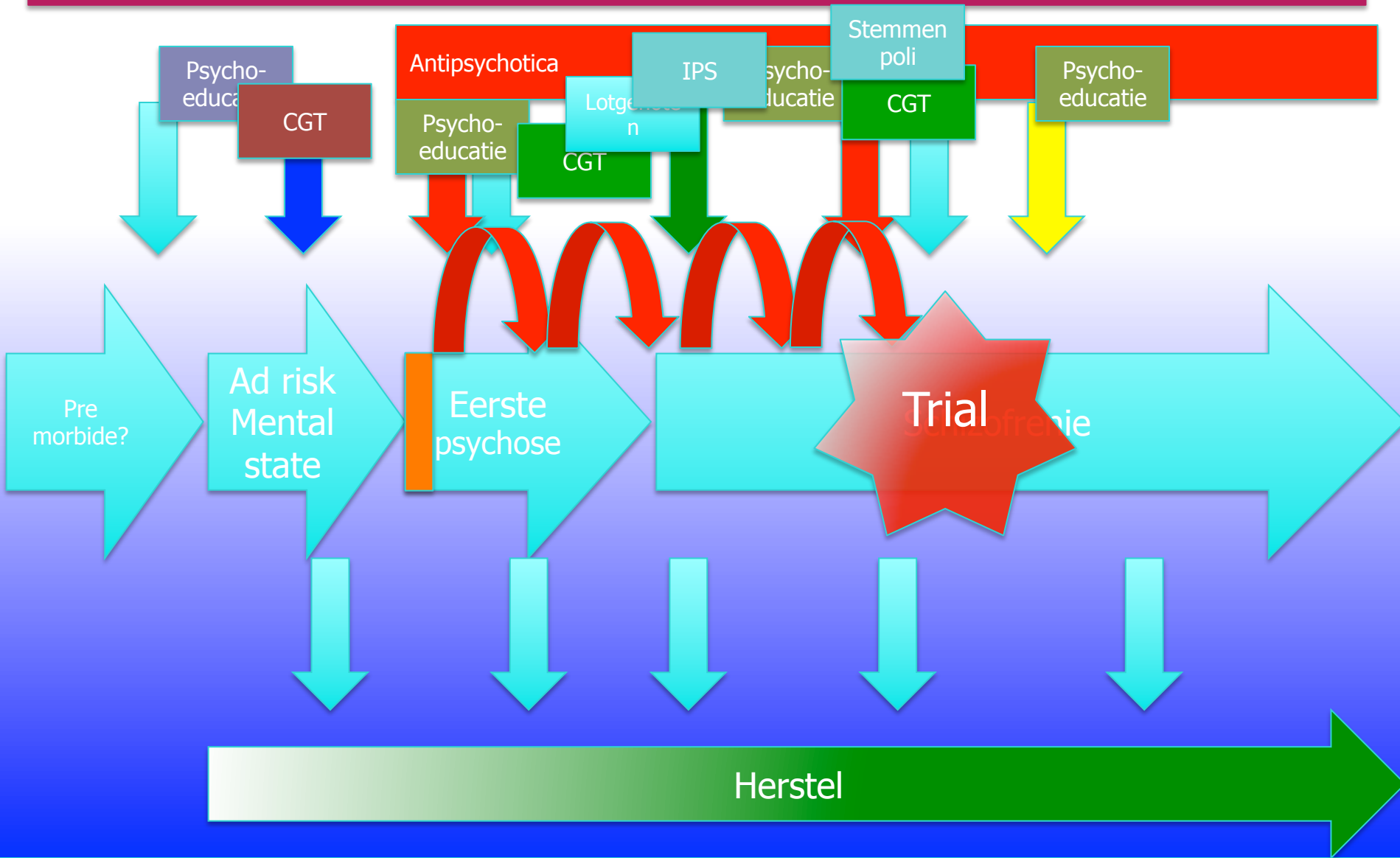


# Huidig onderzoek naar nieuw behandelingen

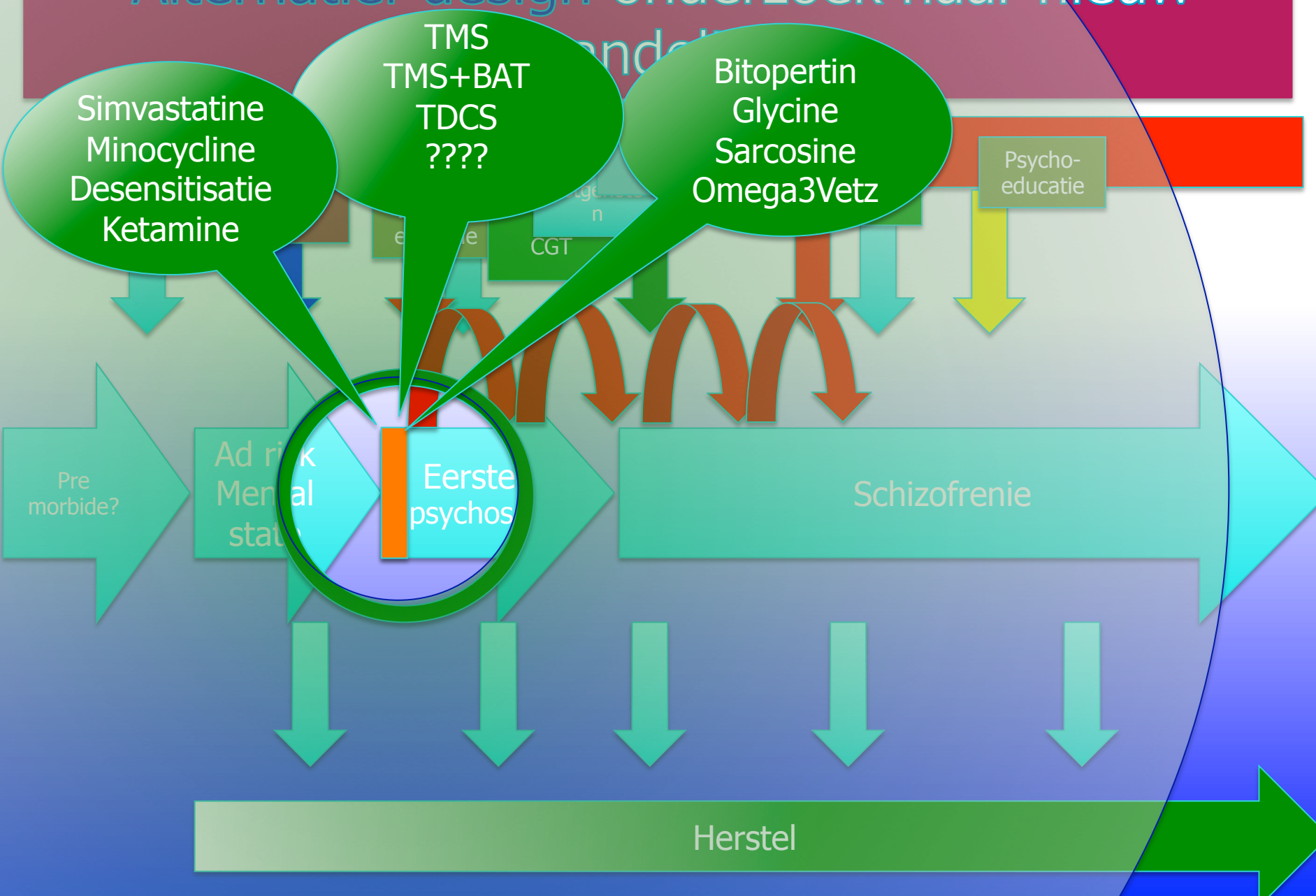




# Huidig onderzoek naar nieuw behandelingen



# Alternatief design onderzoek naar nieuw



Simvastatine  
Minocycline  
Desensitisatie  
Ketamine

TMS  
TMS+BAT  
TDCS  
????

Bitopertin  
Glycine  
Sarcosine  
Omega3Vetz

Psycho-educatie



Pre morbide?

Ad risk  
Mental  
stat

Schizofrenie

Herstel

# Glutamaat NMDA **antagonisten**

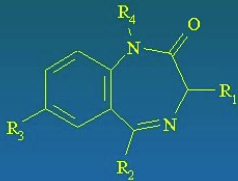
- (Es)ketamine (therapie resistente depressie, suicidaliteit?)
- Rulizone (therapie resistente depressie)
- Tiletamine
- PCP (Phencyclidine)
- Dextromethorphan, methorphan
- AP5
- MK801 (dizocilpine)
- Memantine (partieel antagonist) (Dementie)

# Glutamaat NMDA **a**gonisten

(Positieve Allosterisch Modulatie)

- Glycine (negatieve symptomen)
- D-cycloseride (angst behandeling)
- Serine (negatieve symptomen)
- Sarcosine (negatieve symptomen)
- Minocycline (antibioticum, negatieve symptomen?)
- Bitopertin (negatieve symptomen, psychose)
- MGlu2/3 agonist (negatieve symptomen?)

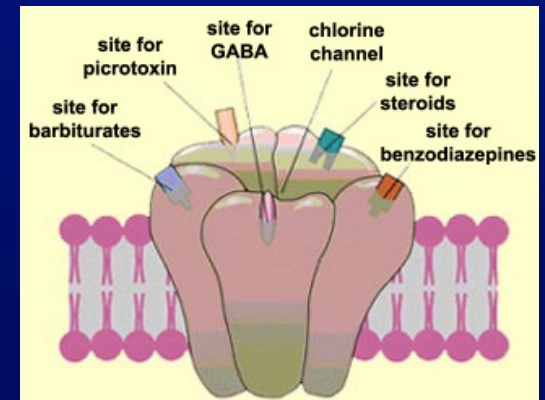
General Chemical  
Structure of  
Benzodiazepines



# GABA

(Positieve Allosterische Modulatie (PAM))

- Benzodiazepines (anxiolytica, slaap, katatonie, antiepileptica)
- Z-drugs (slaapmiddelen)
- Pregabaline (GABA agonist)  
(neuropatische pijnen, gegeneraliseerde angststoornis)



# NMDA receptor dysfunctie in schizofrenie?

- Mogelijke lagere serine en glycine spiegels bij mensen met schizofrenie
- NR2A subunit van NMDA receptoren was in 49-73% niet aantoonbaar in parvabumin bevattende cellen GABA-erge interneuronen in de prefrontale cortex
- Genetica: Associaties Dysbindin-1a, GRIN2B, GRIN1, GRIN2A-D, MAG12 polimorfismen en NMDA dysfunctie en schizofrenie

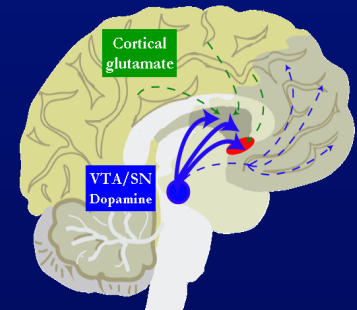
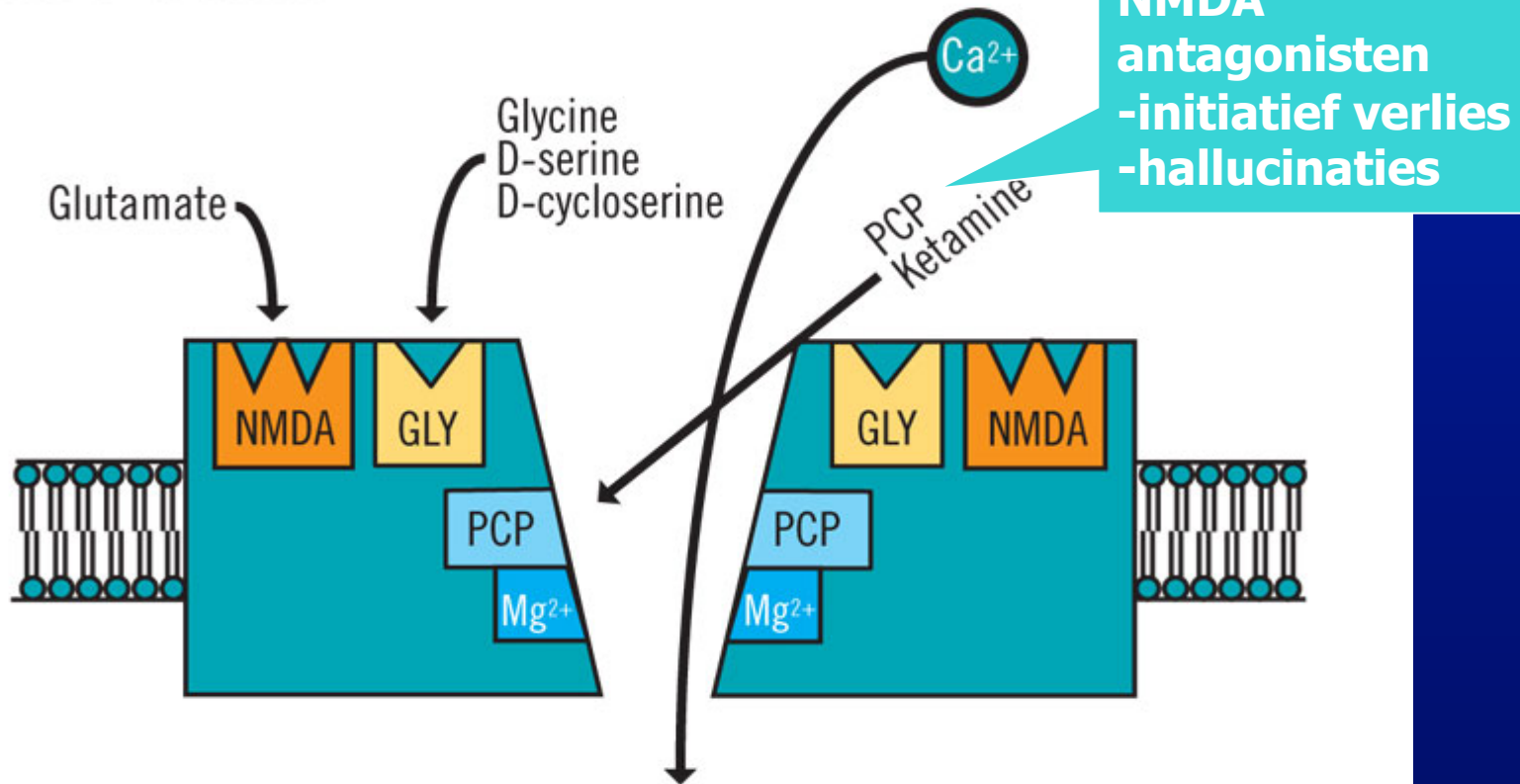


FIGURE 1

# SCHEMATIC MODEL OF THE NMDA RECEPTOR COMPLEX, SHOWING THE BINDING SITES FOR GLUTAMATE, GLYCINE, AND D-SERINE



PCP and ketamine induce their psychotomimetic effects by binding to a site within the ion channel formed by the NMDA receptor complex.

NMDA=*N*-methyl-*D*-aspartate; GLY=glycine; PCP=phencyclidine; Ca=calcium; Mg=magnesium.

# Interventies op NMDA hypo?functie

- DAAOI-1 (een D-amino acid oxidase (DAAO) inhibitor) (DAO)
- M-glu2/(3) agonist (presynaptisch)
- Glutamaat co-agonisten (postsynaptisch)
  - Glycine
  - Serine (hoge dosis)
  - D-alanine
  - D-cycloserine (wrs onwerkzaam)
- GlyT1 transporter antagonisten (presynaptisch)
  - Sarcosine
  - GSK1018921 (1e studie 2010 afgerond)
  - ACPPB
  - Bitopertin



FIGURE 2

PERCENTAGE  
FROM  
FULL  
CHOTI

50.  
40.  
30.  
20.  
10.  
% Improvement  
0.  
-10.

Werkzaamheid voor negatieve symptomen

|              |    |
|--------------|----|
| Glycine      | ++ |
| D-Serine     | ++ |
| D-Alanine    | +  |
| D-cyloserine | -? |

Jiawan e.a. 2010 Tijdschr v Psychiatrie

Veerman SRT et al. Clozapine Augmented with Glutamate ... Pharmacopsychiatry 2014; 47: 185-194 .

Yuen EY, Zhong P, Yan Z. Homeostatic regulation of glutamatergic transmission by dopamine D4 receptors. Proc Natl Acad Sci U S A. 2010 Dec 21;107(51):22308-13.

MS  
SING  
TIPSY-

Treated  
Control



NMDA=*N*-methyl-D-aspartate.

# Glycine to treat at risk mental states: risk syndrome for psychosis

# Glycine to treat at risk mental states: risk syndrome for psychosis

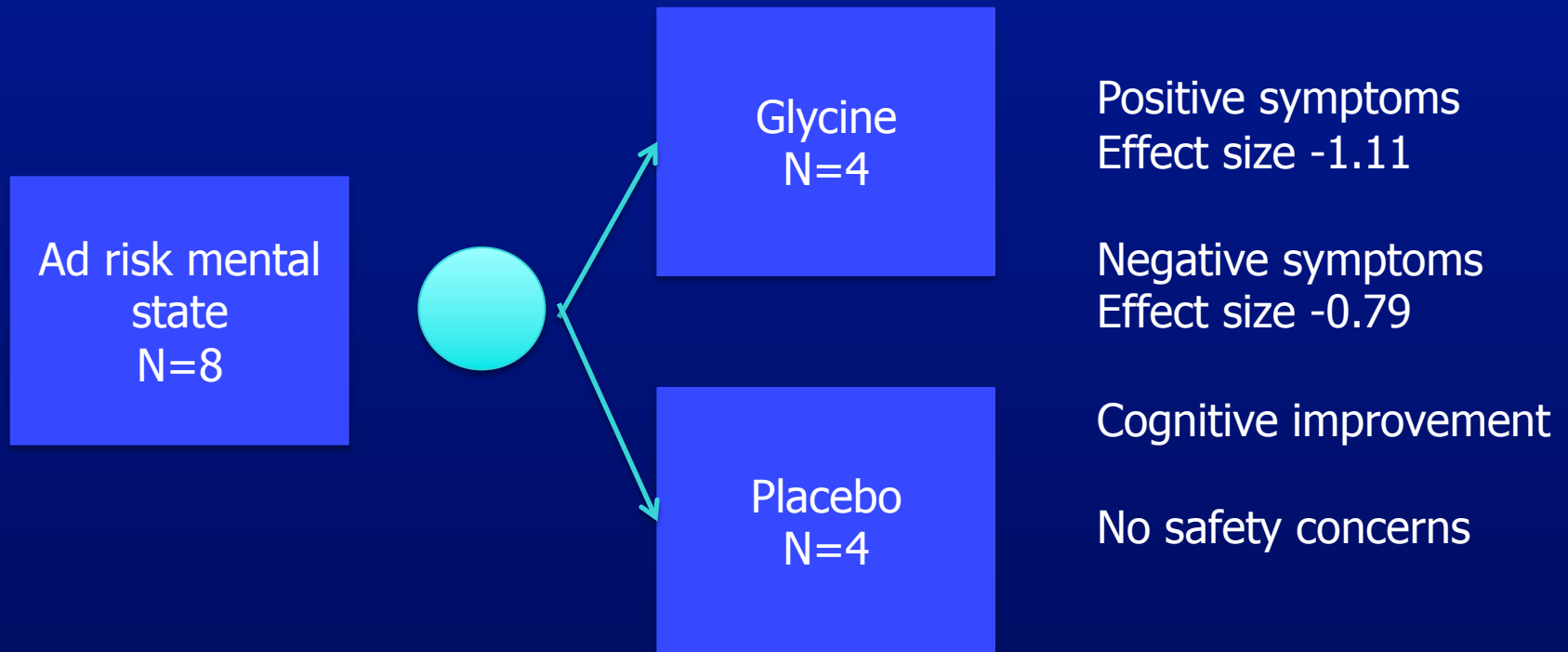
## Two small studies

1. N=10, 8 weeks open label add on to antipsychotics  
glycine dose up to 0,8gr/kg/dag and 16 weeks  
discontinuation follow-up
2. N=8, double blind randomised glycine versus placebo  
trial 12 weeks and 12 weeks open label continuation

# Glycine to treat at risk mental states: risk syndrome for psychosis

2. N=8, double blind randomised glycine versus placebo trial 12 weeks  
and 12 weeks open label continuation

POM: Scale Of Psychosis Risk Symptoms (SOPS) every two weeks



# Interventies op NMDA hypo?functie

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# Glycine transport inhibitors (GTIs)

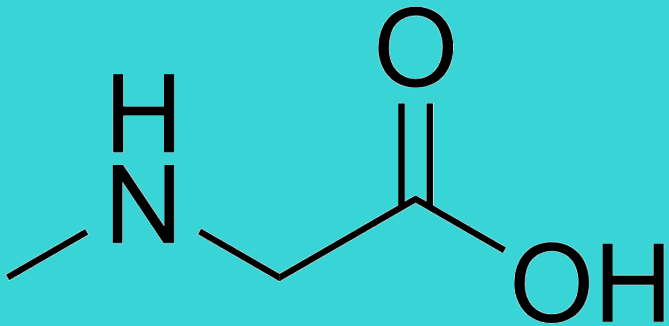
- Glycine transport inhibitors (GTIs) functioneren door het blokkeren glycine transport out synapsspleet, met als netto gevolg versterking van NMDA activatie

# GlyT 1 transporter inhibitors

- Sarcosine (*N*-methylglycine)
- ASP2535
- Bitopertin RG1678
- ORG 25935
  
- Possible applications
  - Alzheimer
  - Schizophrenia (negative symptoms, residual symptoms)
  - (alcohol) dependency
  - Anticonvulsant

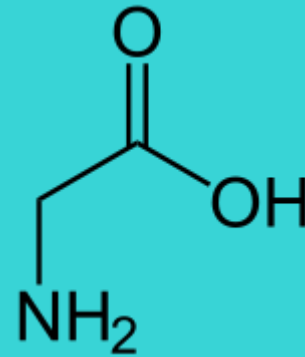
# Sarcosine

glycine-*N*-methyl transferase



Sarcosine

sarcosine dehydrogenase



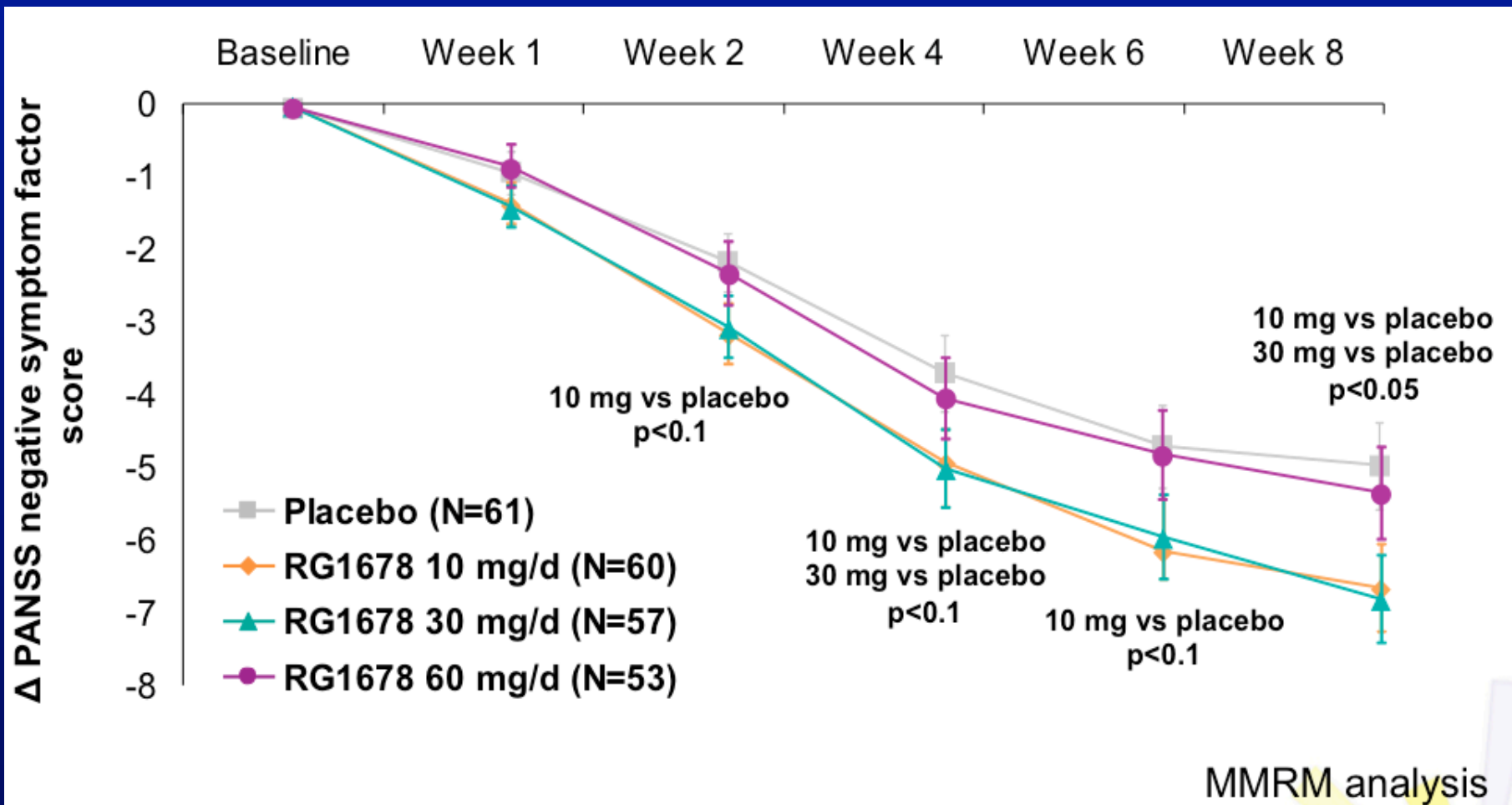
Glycine

**Sarcosine = *N*-methylglycine**



# Significante vermindering van de PANSS negatieve symptomen factor met bitopertin 10 en 30 mg

RG1678 (Bitopertin) of Placebo in combinatie met AP



ITT at 8 weeks: 10 mg/d vs. placebo:  $p = 0.07$ ; 30 mg/d vs. placebo:  $p = 0.09$

# Bitopertin 2014-2015

- Studies gestopt wegens onvoldoende effect op negatieve symptomen en therapie resistente positieve symptomen
- Maar
  - Aantal patiënten melden....
  - Wat te doen bij patiënten die een gunstig effect melden....

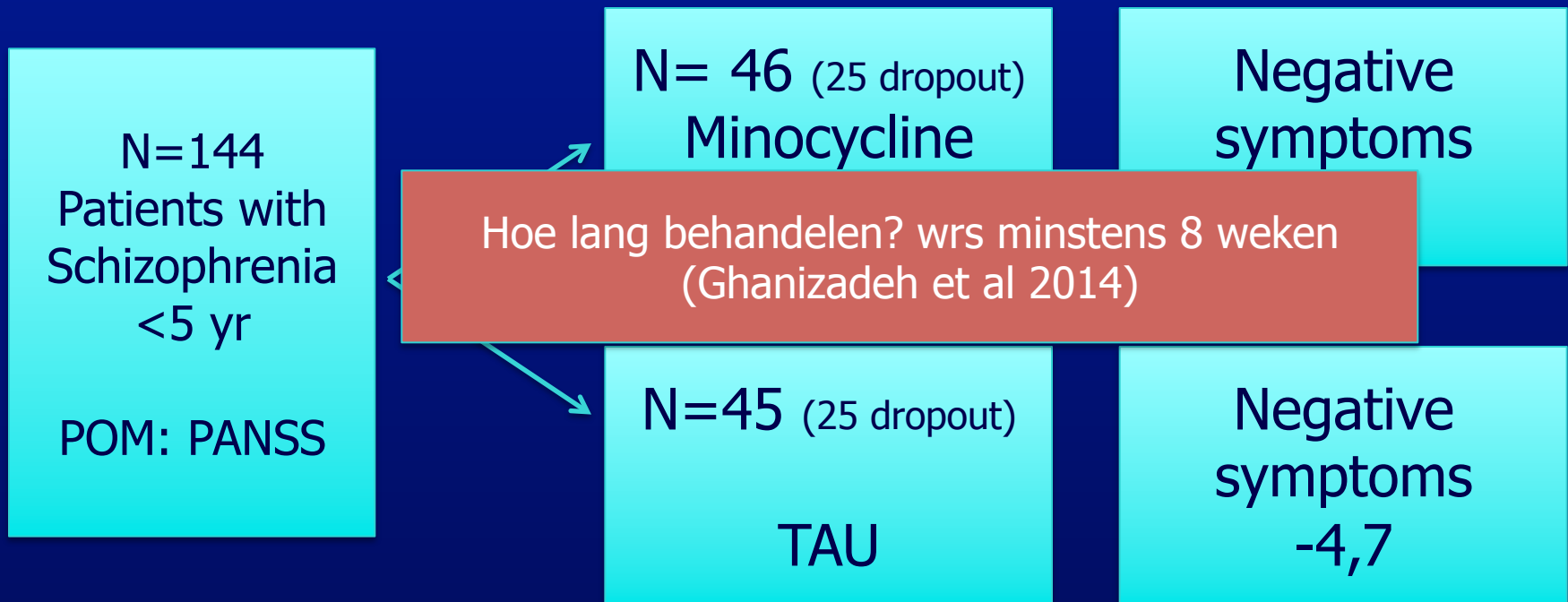
# Minocycline

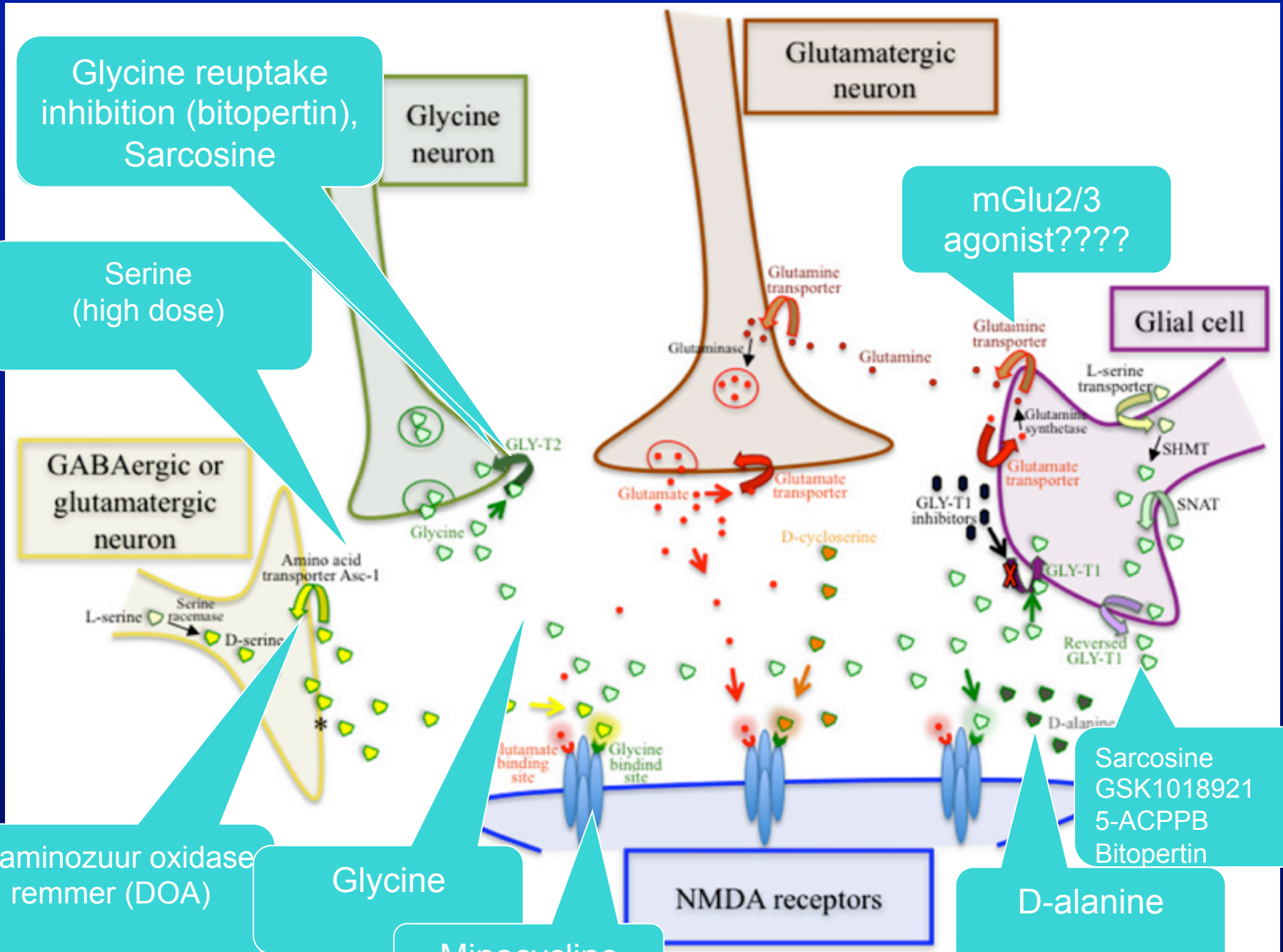
**Neuroscience** Volume 170, Issue 3, 27 October 2010, Pages 901-912

C. Chaves et al, Braz J Med Biol Res, November 2009, Volume 42(11) 1002-1014

# Minocycline in schizophrenia

- Minocycline may improve negative symptoms





Glycine reuptake inhibition (bitopertin), Sarcosine

Serine (high dose)

GABAergic or glutamatergic neuron

Glycine neuron

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mGlu2/3 agonist????

Glial cell

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Glycine

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D-alanine

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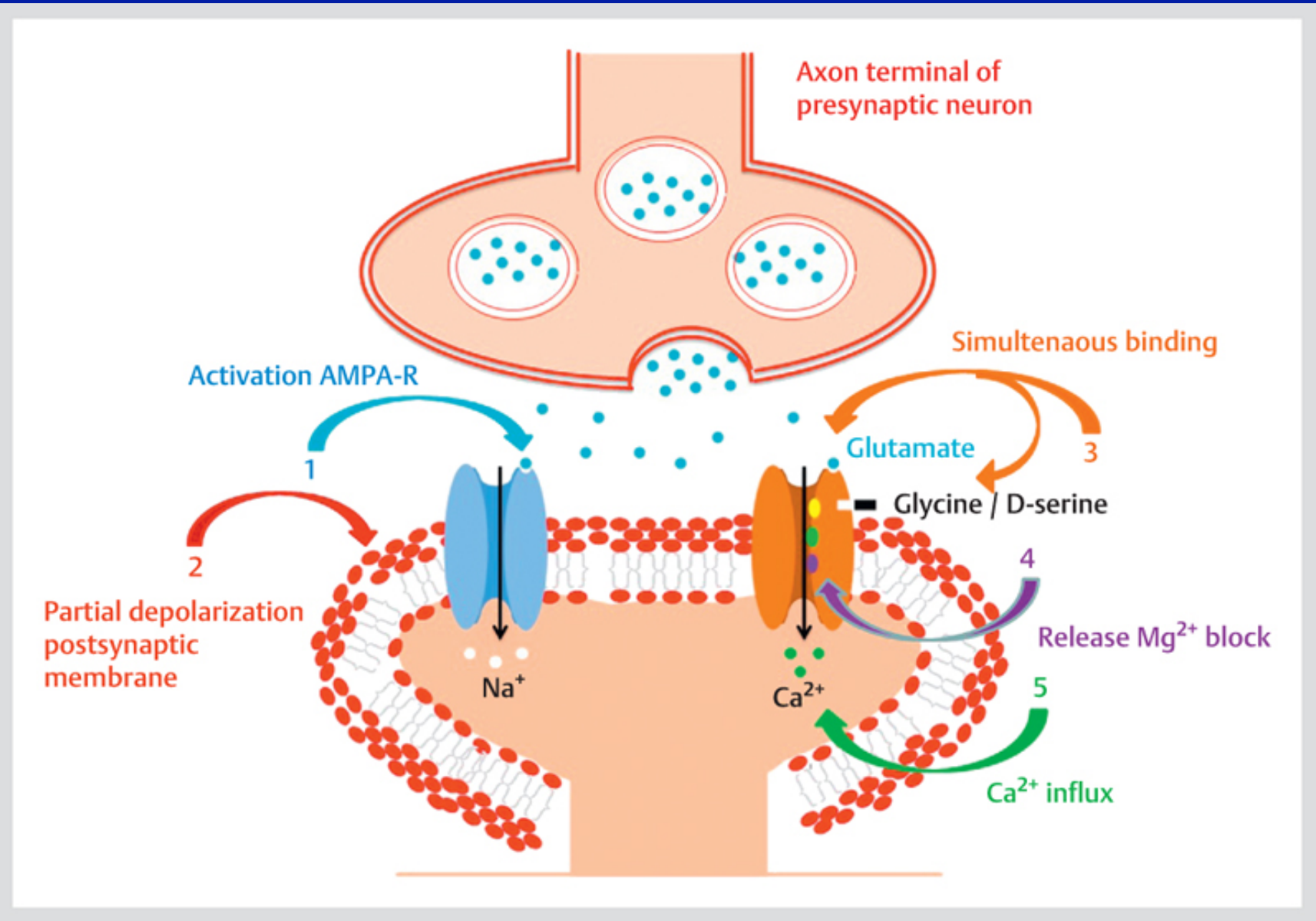
NMDA receptors

# **Dilemma's in het voorschrijven van niet geregistreerde geneesmiddelen**

# Wat als clozapine niet werkt

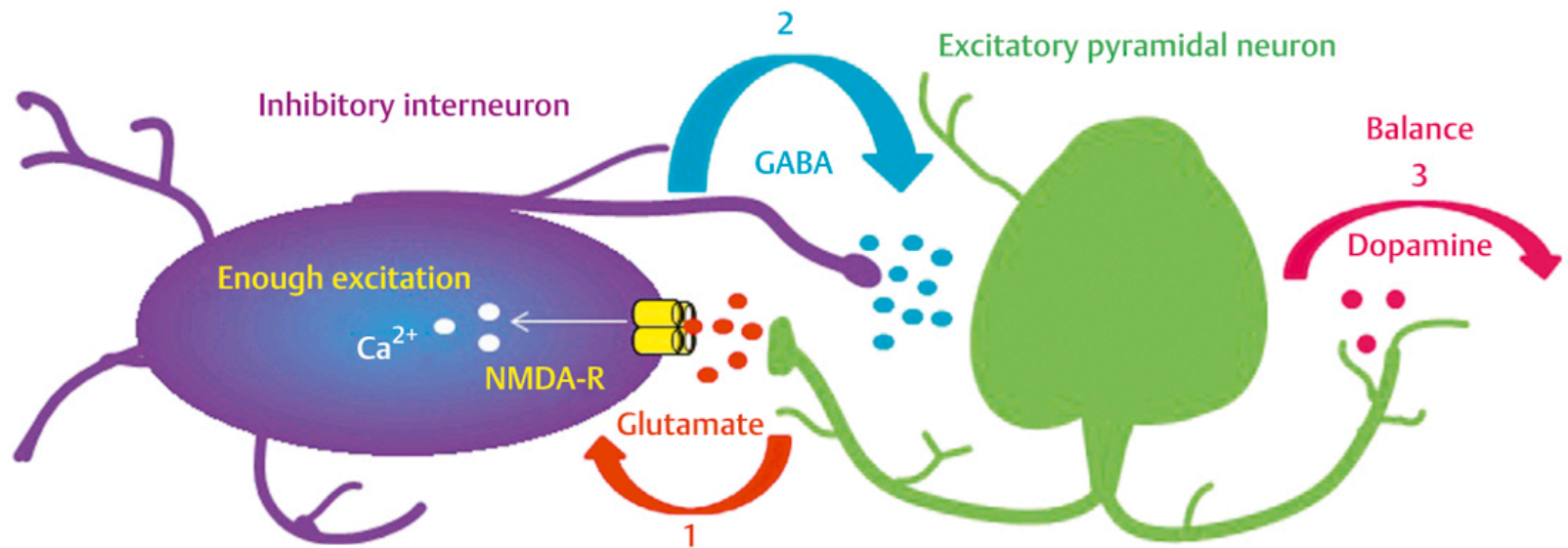
Rikus Knegtering

12-3-15

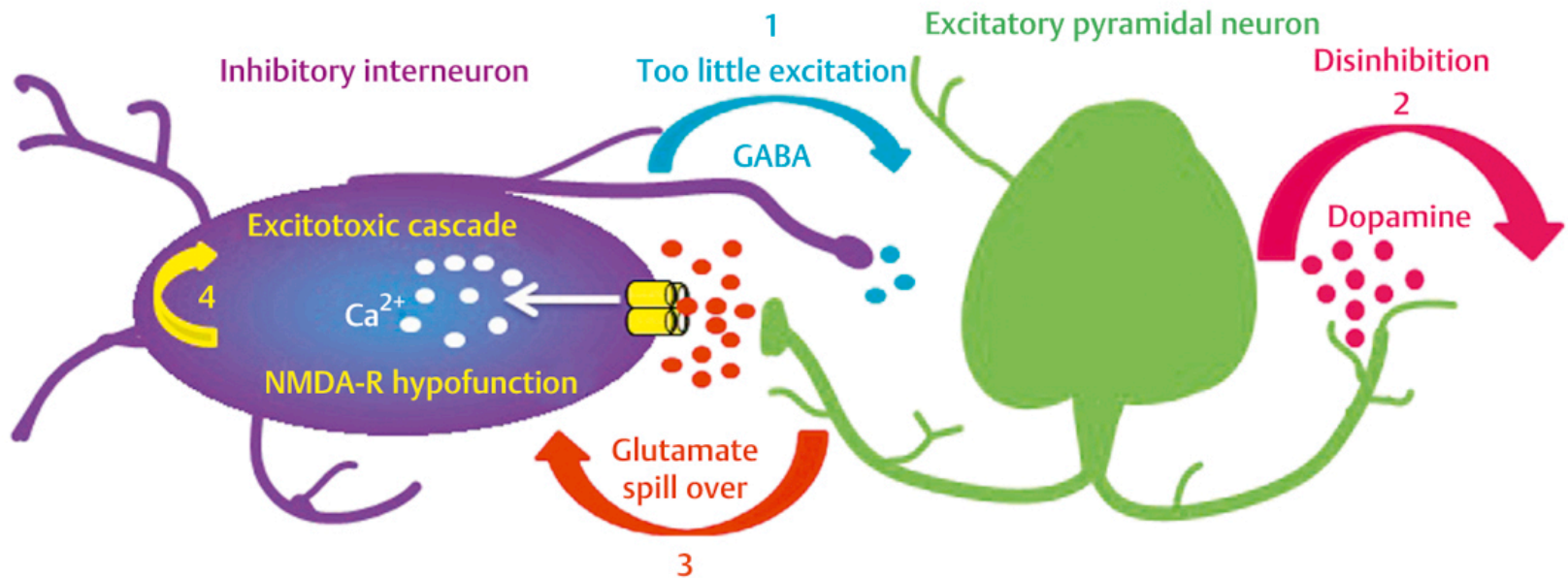




## Balance of inhibitory and excitatory neurotransmitters in a normal human brain



## Imbalance of inhibitory and excitatory neurotransmitters in schizophrenia



# Clozapine Augmented with Glutamate Modulators in Refractory Schizophrenia: A Review and Metaanalysis

Authors

S. R. T. Veerman<sup>1</sup>, P. F. J. Schulte<sup>2</sup>, M. J. H. Begemann<sup>3</sup>, F. Engelsbel<sup>4</sup>, L. de Haan<sup>5</sup>

# Effecten van clozapine op glutamaat

- Clozapine is a glutamate agonist,
  - affecting the glycine site of the NMDA receptor by inducing the release of D-serine by glial cells and activating mGlu receptors through subsequent release of glutamate by glial cells.
- Clozapine results in upregulation of NMDA receptors. Through antagonist activity at *D 4 receptors in the PFC* -clozapine *may* induce upregulation of AMPA receptors.

# Clozapine additie met een NMDA agonist (glycine, sarcosine, D-serine, D-cylcoseride)

- Treatment-resistant patients do not benefit from the combination of clozapine and a NMDA receptor-related agonist, as shown by 6 negative trials .
  - Ongoing synaptic activity results in persistent downregulation of NMDA receptors, which are hypothesized to be hypofunctional in schizophrenia.

**Table 1A** Double-blind, placebo-controlled randomized trials of clozapine augmentation with glutamate agonists in refractory schizophrenia.

| Study               | Statistical analysis | Adjunctive agent (maximum dose) | N (phase 1/2) | Trial duration (weeks)  | Outcome of measure                              | ES       | P-Value | Significance |
|---------------------|----------------------|---------------------------------|---------------|-------------------------|---|----------|---------|--------------|
| Potkin et al., 1999 |                      | Glycine (30 g)<br>Placebo       | 9<br>10       | 12                      | Positive symptoms (BPRS-P)                      | -1.052   | 0.025   | -            |
|                     |                      |                                 |               |                         | Negative symptoms (SANS)                        | -0.228 ■ | 0.605   | =            |
|                     |                      |                                 |               |                         | Overall clinical symptoms (BPRS)                | -        | 0.326   | =            |
| Evins et al., 2000  |                      | Glycine (60 g)<br>Placebo       | 14<br>13      | 8                       | Positive symptoms (PANSS-P)                     | -0.545   | 0.152   | =            |
|                     |                      |                                 |               |                         | Negative symptoms (SANS)                        | 0.186    | 0.619   | =            |
|                     |                      |                                 |               |                         | Overall symptoms of schizophrenia (Total PANSS) | -0.075   | 0.840   | =            |
| Diaz et al., 2005   |                      | Glycine (60 g)<br>Placebo       | 5/6<br>6/5    | 14 + 14<br>(cross-over) | Positive symptoms (PANSS-P)                     | -0.444   | 0.286   | =            |
|                     |                      |                                 |               |                         | Negative symptoms (PANSS-N)                     | -0.237   | 0.564   | =            |
| Completer analysis  |                      |                                 |               |                         | Cognitive functioning (*)                       | x        | x       | =            |
|                     |                      |                                 |               |                         | Overall symptoms of schizophrenia (Total PANSS) | -0.022   | 0.956   | =            |

# Clozapine additie met een NMDA agonist (glycine, sarcosine, D-serine, D-cycloseride)

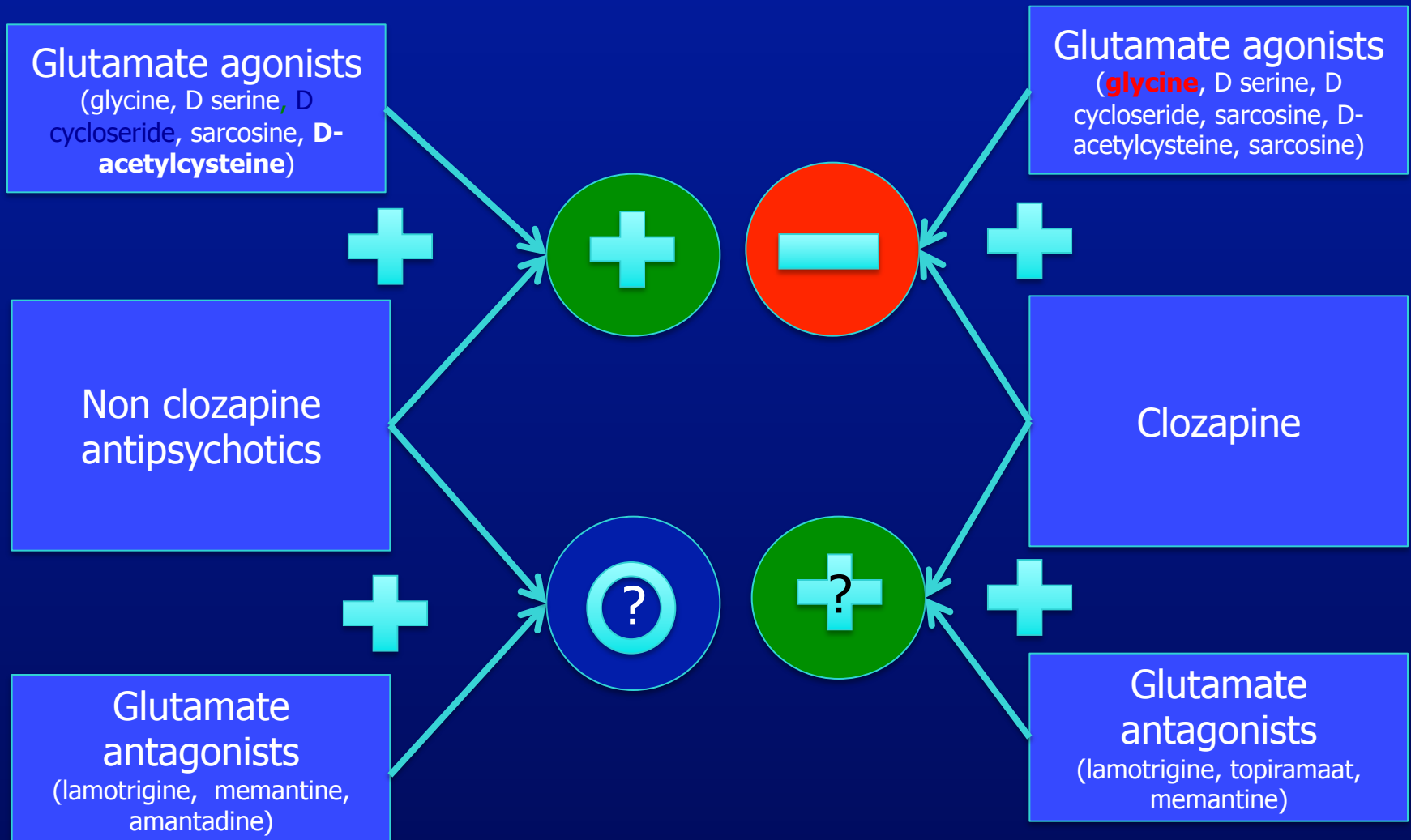
- Treatment-resistant patients do not benefit from the combination of clozapine and a NMDA receptor-related agonist, as shown by 6 negative trials .
  - Ongoing synaptic activity results in persistent downregulation of NMDA receptors, which are hypothesized to be hypofunctional in schizophrenia.
- Ampakine CX516, in one small trial, seems to be the only glutamate agonist to have significant benefits, especially on negative symptoms, as an adjunct to clozapine.

# Clozapine additie met een NMDA antagonist (memantine)

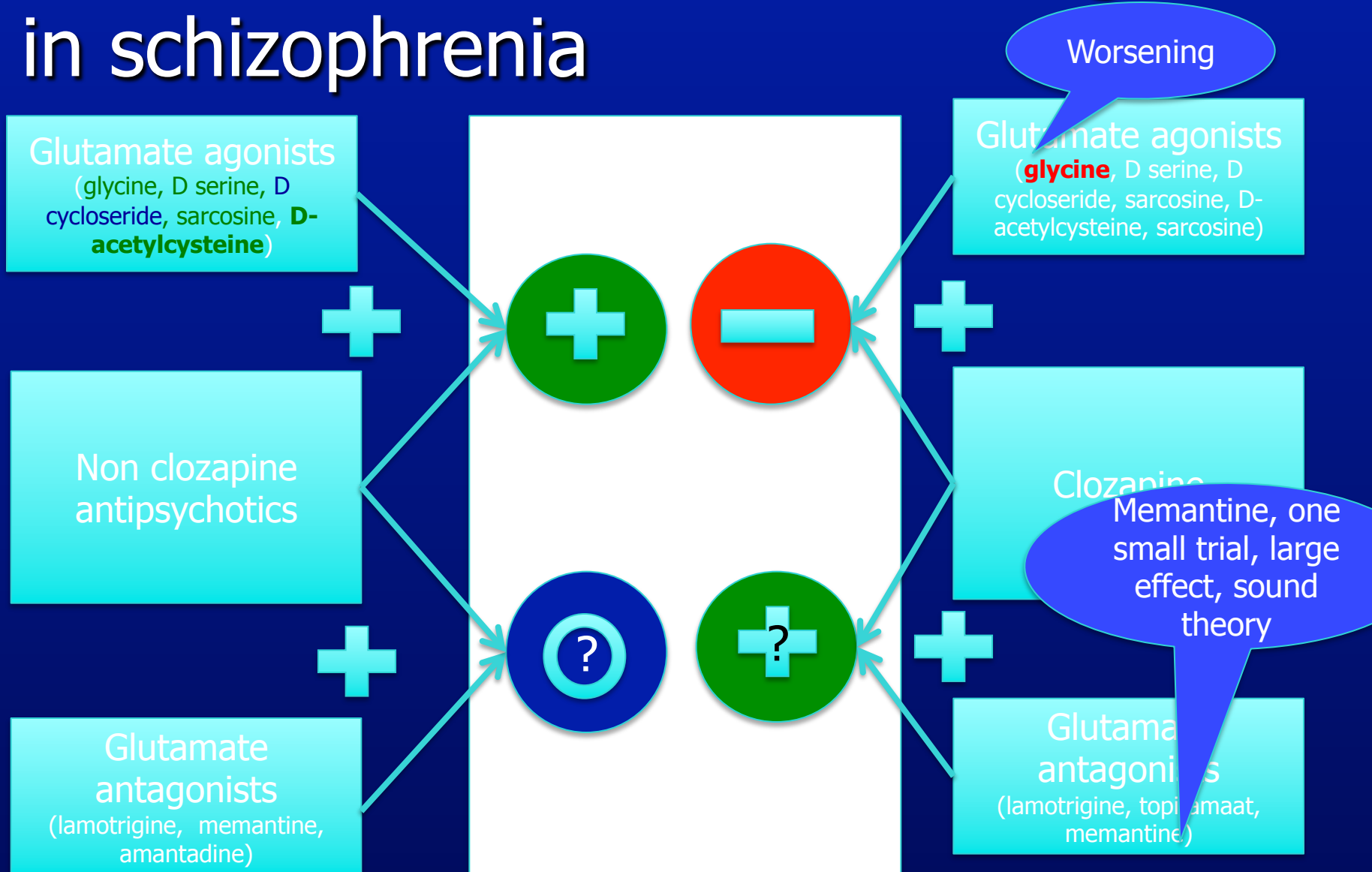
**Table 4** Double-blind, placebo-controlled randomized trials of clozapine augmentation with memantine in refractory schizophrenia.

| Study               | Statistical analysis | Adjunctive agent (maximum dose) | N  | Trial duration (weeks) | Outcome of measure               | ES    | P-Value | Significance |
|---------------------|----------------------|---------------------------------|----|------------------------|----------------------------------|-------|---------|--------------|
| Lucena et al., 2009 |                      | Memantine (20 mg)               | 10 | 12                     | Positive symptoms (BPRS-P)       | 1.325 | 0.002   | +            |
|                     |                      | Placebo                         | 11 |                        | Negative symptoms (BPRS-N)       | 3.197 | <0.001  | +            |
|                     | No drop outs         |                                 |    |                        | Overall clinical symptoms (BPRS) | 2.640 | <0.001  | +            |
|                     |                      |                                 |    |                        | Cognitive functioning (MMSE)     | 1.267 | 0.003   | +            |

# Conclusions on addition strategies in schizophrenia



# Conclusions on addition strategies in schizophrenia

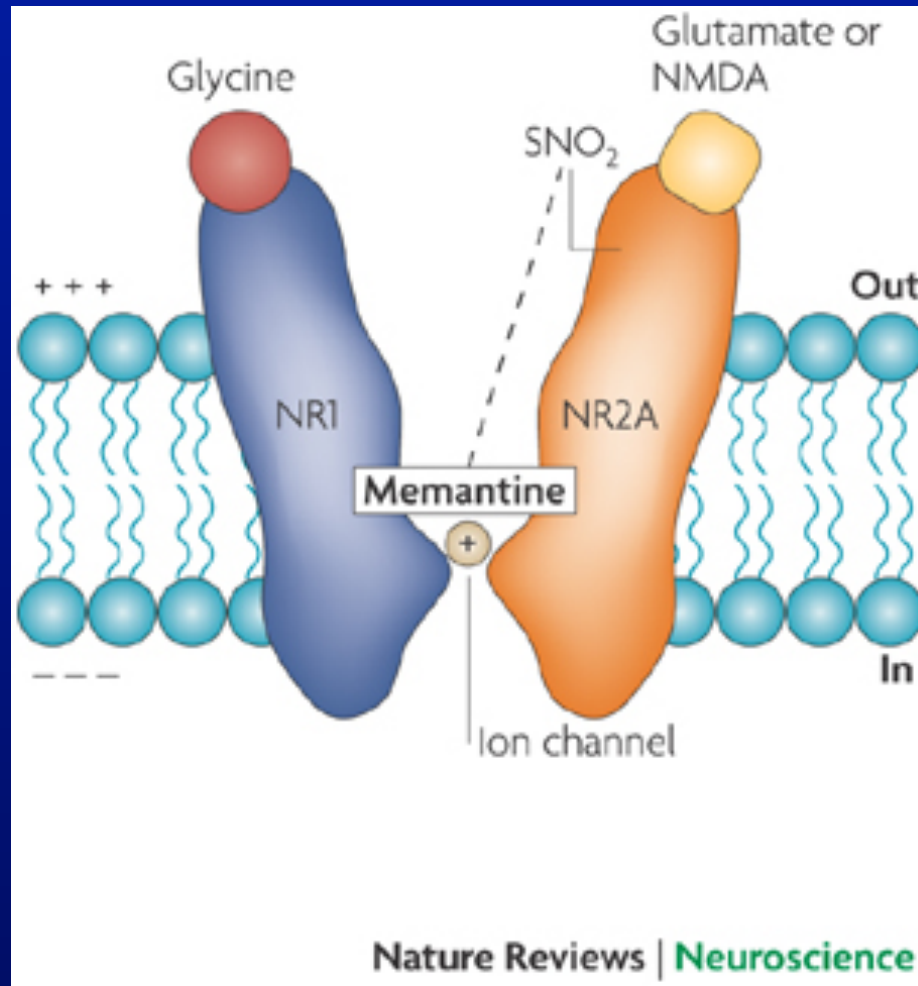




# Memantine

- Memantine acts as a low to moderate affinity type of uncompetitive, nonselective NMDA receptor antagonist
- Memantine is a voltage dependent antagonist.
- Memantine exerts its subtle effect on the NMDA receptor by binding at or near the  $Mg^{2+}$  site within the ion channel.
- Memantine binds somewhat stronger than  $Mg^{2+}$ ,
- decreasing  $Ca^{2+}$  influx.
- Through reduction of overstimulation of NMDA receptors in the presence of excessive glutamate in the synaptic cleft, a homeostatic state is restored.
- D2 agonist, 5HT3 antagonist, fast dissociating antagonist for nicotinic receptors including  $\alpha 7$  nAChR.

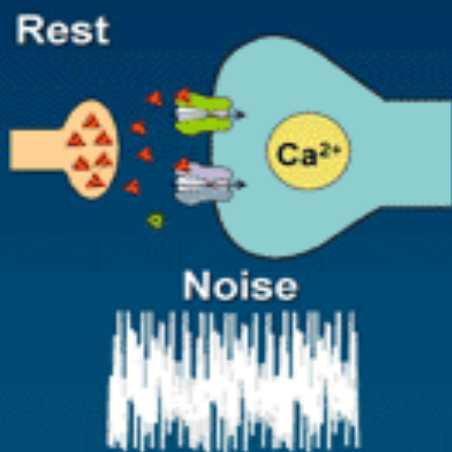
# Memantine



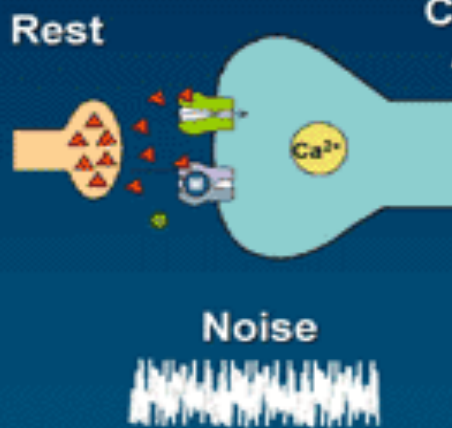
# Memantine

## Activation of NMDA Receptors

Pathological Activation  
of NMDA Receptors



Neuroprotection  
by Memantine



Memantine Does Not Impair  
Neurotransmission or  
Plastic Processes

