Neurosteroids

*endogenous analgesics?*

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NEUROSTEROIDS; ENDOGENOUS ANALGESICS?

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Abbreviations

3α-HSD  3α-Hydroxysteroid dehydrogenase
5α-R   5α-Reductase
5α-THDOC  Tetrahydrodeoxycorticosterone
Allo  Allopregnanolone
AMPA  α-amino-3-hydroxy-5-methyl-4-isoxazole-propionic acid
ANOVA  Analysis of variance
ASIC  Acid-sensing ion channel
ATP  Adenosine triphosphate
BDNF  Brain derived neurotrophic factor
BDZs  Benzodiazepines
Cl−  Chloride ion
CD  Cyclodextrin
CGRP  Calcitonin gene related peptide
CNS  Central nervous system
COX  Cyclo-oxygenase
Ctrl  Control
CYP450scc  Cytochrome P450 side-chain cleavage
DH  Dorsal horn
DHP  Dihydroxyprogesterone
DMSO  Dimethylsulfoxide
ECS  Extracellular solution
Finast  Finasteride
fMRI  Functional magnetic resonance imaging
GABA\textsubscript{A}R  Gamma aminobutyric acid type A receptor
Ganax  Ganaxolone
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tbody>
<tr>
<td>GAT</td>
<td>GABA transporter</td>
</tr>
<tr>
<td>GlyR</td>
<td>Glycine receptor</td>
</tr>
<tr>
<td>HEK293</td>
<td>Human embryonic kidney (293) cells</td>
</tr>
<tr>
<td>ICS</td>
<td>Intracellular solution</td>
</tr>
<tr>
<td>Indo</td>
<td>Indomethacin</td>
</tr>
<tr>
<td>IPSC</td>
<td>Inhibitory postsynaptic current</td>
</tr>
<tr>
<td>KCC2</td>
<td>Potassium-chloride co-transporter 2</td>
</tr>
<tr>
<td>L2/3</td>
<td>Neurones from layer 2/3 of the cerebral cortex</td>
</tr>
<tr>
<td>LGIC</td>
<td>Ligand gated ion channel</td>
</tr>
<tr>
<td>LII</td>
<td>Lamina II neurones of the spinal cord</td>
</tr>
<tr>
<td>mGluR</td>
<td>Metabotropic glutamate receptor</td>
</tr>
<tr>
<td>mIPSC</td>
<td>Miniature inhibitory postsynaptic current</td>
</tr>
<tr>
<td>NMDA</td>
<td>N-methyl-D-aspartate receptor</td>
</tr>
<tr>
<td>NSAIDs</td>
<td>Non-steroidal anti-inflammatory drugs</td>
</tr>
<tr>
<td>nRT</td>
<td>Nucleus reticularis neurones of the prethalamus</td>
</tr>
<tr>
<td>P60-75</td>
<td>Mice that have a (postnatal) age of 60-75 days</td>
</tr>
<tr>
<td>PAG</td>
<td>Periaqueductal grey</td>
</tr>
<tr>
<td>PET</td>
<td>Positron emission tomography</td>
</tr>
<tr>
<td>PB</td>
<td>Parabrachial area</td>
</tr>
<tr>
<td>SD</td>
<td>Standard deviation</td>
</tr>
<tr>
<td>SSI</td>
<td>Somatosensory cortex I</td>
</tr>
<tr>
<td>StAR</td>
<td>Steroidogenic acute regulatory protein (mitochondrial membrane)</td>
</tr>
<tr>
<td>$T_{70}$</td>
<td>Time taken for synaptic event to decay by 70%</td>
</tr>
<tr>
<td>$\tau_W$</td>
<td>Weighted tau (exponential decay time constant)</td>
</tr>
<tr>
<td>T1DM</td>
<td>Type-1 diabetes mellitus</td>
</tr>
<tr>
<td>T2DM</td>
<td>Type-2 diabetes mellitus</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
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</tr>
<tr>
<td>TLA</td>
<td>Three letter abbreviation</td>
</tr>
<tr>
<td>TM1</td>
<td>Transmembrane domain 1 (GABA&lt;sub&gt;A&lt;/sub&gt;R)</td>
</tr>
<tr>
<td>TNF-α</td>
<td>Tumour necrosis factor alpha</td>
</tr>
<tr>
<td>TRPM8</td>
<td>Transient receptor potential subfamily M8</td>
</tr>
<tr>
<td>TRPV1</td>
<td>Transient receptor potential subfamily V1 (vanilloid receptor)</td>
</tr>
<tr>
<td>TSPO</td>
<td>Translocator protein (mitochondrial membrane)</td>
</tr>
<tr>
<td>TTX</td>
<td>Tetrodotoxin</td>
</tr>
<tr>
<td>VB</td>
<td>Ventrobasal thalamus</td>
</tr>
<tr>
<td>Veh</td>
<td>Vehicle</td>
</tr>
<tr>
<td>vF</td>
<td>von Frey filament</td>
</tr>
<tr>
<td>WDR</td>
<td>Wide dynamic range</td>
</tr>
<tr>
<td>WT</td>
<td>Wild type mouse</td>
</tr>
</tbody>
</table>
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I would like to acknowledge the generous support that the Wellcome Trust has provided for me to undertake a PhD looking at the underlying mechanisms responsible for neuropathy and neuropathic pain. I have taken the responsibility of my project very seriously and worked extremely hard to attempt to create a body of work that is in some way worthy of the amount of resources made available for my personal project. Over the last three years I have seen success and failure and have learned a lot about scientific research and also about human nature through my choices and mistakes. First impressions can be deceptive and the technical parts of my project that should have been the hardest challenges were all relatively straightforward. In contrast, the non-technical issues were the biggest obstacles to overcome and were typically kafkaesque in nature.

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Candidate’s declaration

I declare that I am the author of this thesis, and that it is a true record of the work performed by me. This thesis has not been previously submitted for application for a higher degree. All references used in the preparation of this thesis have been consulted and are cited correctly. This work was carried out in the Centre for Neuroscience and the Institute of Academic Anaesthesia, University of Dundee, under the combined supervision of Prof Jeremy Lambert, Dr Delia Belelli and Prof Timothy Hales.

Stephen Humble
Supervisor’s declaration

I certify that Stephen R. Humble has completed nine terms of experimental research and he has fulfilled the conditions of Ordinance 39, University of Dundee, such that he is eligible to submit the following thesis in application for the degree of Doctor of Philosophy.

Prof Jeremy Lambert, Dr Delia Belelli and Prof Timothy Hales.
Abstract

Peripheral sensitisation and central sensitisation are implicated in the development of neuropathic pain with neuroplasticity occurring at multiple levels of the pain pathway. Hypersensitivity of the spinothalamic tract has been described in neuropathic animal models of diabetes. Spinal dorsal horn neurones of diabetic rats exhibit abnormally high spontaneous firing, suggesting an imbalance between excitatory and inhibitory signals converging within this structure. GABAergic neurones within the spinal cord and thalamus are crucial for the transmission of painful stimuli to higher centres of the brain that are involved in pain perception. GABA_A receptors (GABA_ARs) are an important target for many clinical drugs, and certain endogenous neurosteroids act as potent allosteric modulators of these receptors. A developmental change in the rate of exponential decay of GABAergic synaptic events has been observed in other types of neurones and this may be related in part to fluctuations in endogenous neurosteroid tone.

The objective of this study was to investigate changes to inhibitory neurotransmission with development in three levels of the pain pathway and to explore potential mechanisms underlying diabetic neuropathy.

The whole-cell patch-clamp technique was used on slices of neural tissue. Electrophysiological recordings were obtained from wild type mice between the ages of 6 and 80 days in lamina II of the spinal cord, the nucleus reticularis (nRT) of the thalamus and the cerebral cortex. Recordings were also obtained from mice with diabetic neuropathy (ob/ob and db/db) between the ages of 60 and 80 days. Neurosteroids and their precursors were employed along with compounds that
prevented their activity at the GABA\(_A\)R such as \(\gamma\)-cyclodextrin, which is a barrel-shaped cyclic oligosaccharide with a lipophilic interior that sequesters neurosteroids. Behavioural experiments were also performed using von Frey filaments and the tail flick test to examine mechanical and thermal nociception.

Recordings from the spinal cord, the thalamus and the cerebral cortex revealed that the decay time of miniature inhibitory postsynaptic currents are significantly reduced with development. The neurosteroids allopregnanolone and ganaxolone were significantly more effective in neurones from the older mice. In contrast, \(\gamma\)-cyclodextrin had significantly less effect in neurones from the older mice. In mature diabetic mice (\(ob/ob\) mice), the endogenous neurosteroid tone is reduced compared to control mice, but certain neurosteroid compounds have a greater effect on the GABA\(_A\)Rs of these diabetic mice. In addition, the diabetic mice exhibit mechanical allodynia and hyperalgesia, which is responsive to exogenously applied neurosteroids.

These results are consistent with the hypothesis that a dramatic reduction in endogenous neurosteroid tone occurs as development progresses and that this impacts on the exponential decay time of GABAergic mIPSCs within neurones of the pain pathway. The higher neurosteroid tone in the youngest mice may confer a degree of neural protection over the nervous system as it develops. The reduction of endogenous neurosteroid tone in diabetic mice may be associated with their hypersensitivity. It is possible that pregnane-derived neurosteroids may exert analgesic effects in pathological pain states by attempting to restore the physiological GABAergic inhibitory tone that is observed in immature animals.
Chapter 1. Introduction
Part 1. Pain

1.1.1 Physiological pain

Pain is ‘an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage’ (Merskey & Bogduk, 1994). Nociceptive (or physiological) pain refers to pain due to the stimulation of specialised peripheral nerve endings by mechanical pressure, high or low temperatures, chemical irritation or other forms of tissue damage. It has a protective role, alerting the individual to the presence of a harmful situation from which they may withdraw (Caterina et al., 2005; Costigan et al., 2009; Woolf & Salter, 2000). Everyone knows instinctively what pain is, but the underlying mechanisms for this highly complex phenomenon are not fully understood. The ‘pain pathway’ may be considered as a rational construct (based on current scientific knowledge) to explain the anatomical structures and physiological processes involved in the generation of the experience of pain.

First order neurones transmit neural impulses from the periphery to the spinal cord, where they make synaptic connections with second order neurones within the dorsal horn, which relay the signal to the thalamus via the spinothalamic tract as depicted in Figure 1 (Costigan et al., 2009; D’Mello & Dickenson, 2008). The thalamus relays the impulses onto higher centres, which constitute the so-called pain matrix e.g. pre-frontal cortex, limbic system, somatosensory cortex, insula and anterior cingulate cortex (D’Mello & Dickenson, 2008). The pain pathway is subject to descending modulation principally within lamina II (LII) of the dorsal horn of the spinal cord (Knabl et al., 2008; Munro et al., 2009; Takazawa & MacDermott, 2010). In pathological states, such as neuropathy, this descending modulation may be impaired (Knabl et al., 2008, Munro et al., 2009; Takazawa & MacDermott, 2010).
First order neurones (Aβ, Aδ and C fibres) transmit an action potential from the periphery to the dorsal horn of the spinal cord. Nociception specific neurones are principally located in laminae I and II, while wide dynamic range neurones are typically found in deeper layers such as lamina V. Second order projection neurones in the dorsal horn innervate regions such as the thalamus, the periaqueductal grey and parabrachial area. These regions relay the signals onto higher centres, which constitute the so-called pain matrix (e.g. pre frontal cortex, limbic system, somatosensory cortex, insula and anterior cingulate cortex). The pain pathway is subject to descending modulation by areas located within the brainstem over the superficial layers of the dorsal horn. GABA\textsubscript{A}Rs and GlyRs are expressed by inhibitory neurones within the dorsal horn of the spinal cord and these mediate descending inhibitory tone over spinal second order projection neurones (Adapted from D’Mello & Dickenson, 2008). (B) The reciprocal inter-relationship between the VB and nRT creates a fine balance of excitation and inhibition of nociceptive transmission to the cortex. The cortex itself is organised in parallel columns (Layers 1-6) that function in modules with vertical excitatory and inhibitory loops.
1.1.2 Nociception

Specialised sensory neurones known as primary afferent nerves have peripheral cutaneous and visceral nociceptive terminals that are activated by a range of stimuli, including mechanical, thermal and chemical insults (Caterina et al., 2005; Costigan et al., 2009; Woolf & Salter, 2000). Direct activation of ion channel proteins such as transient receptor potential (TRP) channels on the nociceptive terminal, or stimulation of neurotrophin, or G protein-coupled receptors initiates the depolarisation of the sensory nerve fibre (Caterina et al., 2005; Costigan et al., 2009; Woolf & Salter, 2000). Depolarisation results in the initiation of an action potential, which is transmitted from the periphery to the spinal cord. The principle types of sensory neurones in the mammalian nervous system are Aβ, Aδ and C fibres. The Aβ fibres typically have a larger diameter and are more highly myelinated than Aδ fibres, which enables them to conduct neural impulses at a great velocity (Caterina et al., 2005; D’Mello & Dickenson, 2008; Millan, 1999). C fibres lack myelin and are of even smaller diameter than Aδ fibres (0.4-1.2μM and 2-6μM respectively), thus making them the slowest conductors. Additionally, Aβ fibres have low activation thresholds, which means that they respond rapidly to innocuous stimuli such as light touch (Caterina et al., 2005; D’Mello & Dickenson, 2008; Millan, 1999). In contrast, Aδ and C fibres have higher activation thresholds and respond to painful, or noxious mechanical, or thermal stimuli (Caterina et al., 2005; D’Mello & Dickenson, 2008; Millan, 1999). The different properties of these first order afferent neurones facilitate the processes of sensory discrimination and the monitoring of the physical environment, which confer survival advantages for the individual. Conversely, the loss of nociception as a result of a loss of function mutation of the gene encoding for the sodium channel Na_v1.7 is associated with repeated and disabling self-injury (Costigan et al., 2009; Cregg et al., 2010).

1.1.3 Spinal cord

The mammalian spinal cord is a highly complex neurological structure that conducts, integrates and modulates neural signals between the brain and the
peripheral nervous system. A cross section through the spinal cord reveals a circumferential outer layer known as white matter, which contains sensory and motor nerve tracts (Hunt & Bester, 2005). Located within the white matter is the butterfly-shaped grey matter, which consists of nerve cell bodies. The grey matter is divided into ten layers (or Rexed's laminae I-X) according to differences in cell structure. Laminae I-VI are located within the dorsum of the spinal cord and comprise the dorsal horn. First order afferent neurones terminate within the dorsal horn, where they synapse with second order projection neurones. The superficial laminae I and II (LI & LII; also known as substantia gelatinosa) are integral to spinal nociceptive processing, while the deeper laminae V, VI and X also play a role (Chery & De Koninck 1999; D'Mello & Dickenson, 2008; Millan, 1999).

Cutaneous afferent C fibres project primarily to LII while Aδ fibres more commonly project to LI. Unmyelinated afferent fibres from muscles, joints and organs typically project to LI, LV, LVI and LX. There is a substantial degree of convergence of afferent fibres from different locations onto individual spinal neurones. For example, somatosensory afferents from the left upper arm frequently share spinal pathways with visceral afferents from the heart. This organisation means that myocardial infarction may present with 'referred' left arm pain. Wide-dynamic range (WDR) neurones in particular receive multiple convergent afferent fibres from a range of tissue (D'Mello & Dickenson, 2008; Millan, 1999). WDRs are found predominantly in LIV-LVI, but also in LI, LII and LX. Their name refers to their ability to produce a variable stimulus-dependent response over a wide range of afferent input and they also mediate the 'wind-up' phenomenon (D'Mello & Dickenson, 2008; Mendell & Wall, 1965; Millan, 1999).

LI has the highest concentration of projection neurones within the dorsal horn, these neurones project to areas such as the thalamus, hypothalamus, nucleus of the tractus solitarius, periaqueductal grey (PAG) and parabrachial (PB) areas (D'Mello & Dickenson, 2008; Millan, 1999; Todd & Ribeiro da Silva, 2005). The axons of the projection neurones typically cross the midline of the spinal cord and ascend within the anterolateral region of the white matter (Todd & Ribeiro da Silva, 2005). Animal models have been used to provide important insights into the molecular mechanisms that occur in the mammalian nervous system. In rats, LI
neurones of the spinal cord are subject to fast synaptic inhibition mediated by strychnine-sensitive glycine receptors (GlyRs), while gamma-aminobutyric acid type A receptors (GABA\textsubscript{A}Rs) mediate extra synaptic tonic inhibition (Chery & De Koninck, 1999; Lynch, 2009; Mitchell \textit{et al}., 2007).

In contrast, LII neurones receive fast synaptic inhibition mediated by GlyRs and GABA\textsubscript{A}Rs (Chery & De Koninck, 1999; Keller \textit{et al}., 2001). Pharmacological blockade of either the GABA\textsubscript{A}R or the GlyR results in hyperexcitability of dorsal horn neurones, which is associated with neuropathic pain symptoms (Charlet \textit{et al}., 2008; Yaksh, 1989). The organisation of LII is complex, however, there are considered to be four main cell-types, including: islet, vertical, radial and central cells (Yasaka \textit{et al}., 2010). Islet cells function as inhibitory interneurones, which may have projections to LI. Vertical and radial cells are usually (but not always) glutamatergic and therefore excitatory. Central cells may also be glutamatergic or GABAergic (Yasaka \textit{et al}., 2010). LII may also be subdivided into the inner and outer layers: LII\textsubscript{I} and LII\textsubscript{O} respectively. The different cell types within LII enable this layer to have a critical role in the transmission, integration and modulation of nociceptive signals within the dorsal horn (Poisbeau \textit{et al}., 2005). For these reasons, LII has been the focus of research seeking to examine the implications of the loss of inhibitory tone that may be associated with pathological hypersensitivity (Chen & Pan, 2002; Keller \textit{et al}., 2001; Millan, 1999; Poisbeau \textit{et al}., 2005; Todd & Ribeiro da Silva, 2005; Yaksh, 1989).

The majority of A\textgamma and C nerve fibres terminate centrally in the superficial layers of the dorsal horn of the spinal cord: laminae I-II, while most A\textbeta fibres terminate in the deeper layers: laminae III-VI (D'Mello & Dickenson, 2008; Todd & Ribeiro da Silva, 2005). Second order spinal neurones, which receive synaptic projections from the afferent first order neurones, may be classified into three principle categories: 1) Nociception specific neurones located superficially; 2) Proprioception specific neurones located in the deeper laminae and; 3) WDR neurones which receive synaptic projections from A\textbeta, A\textgamma and C fibres and are able to relay a graded response to higher centres \textit{via} LIII-VI (D'Mello & Dickenson, 2008, Hunt & Bester, 2005; Millan, 1999).
The principle excitatory neurotransmitter in the spinal cord and the entire central nervous system (CNS) is the amino acid glutamate (Rousseaux, 2008a). Glutamate, which is released from the presynaptic nerve terminal, activates the postsynaptic receptor and thus initiates depolarisation. The major classes of ionotropic glutamate receptors are the NMDA, AMPA, and kainate receptors, and a family of G-protein coupled receptors (metabotropic glutamate receptors mGluRs; Bleakman et al., 2006; Dickenson, 2011; D’Mello & Dickenson, 2008; Petrenko et al., 2003; Rousseaux, 2008a; Traynelis et al., 2010). Acute, or low frequency, noxious impulses to the spinal cord activate the AMPA receptors via the release of glutamate, while repetitive, or high frequency, impulses from C fibres activate the NMDA receptors. NMDA receptors do not conduct until the cell depolarises via AMPA receptor activation and the magnesium ion block is removed by prolonged depolarisation associated with substance P and other peptides (Dickenson, 2011; D’Mello & Dickenson, 2008). NMDA receptors are implicated in the induction and maintenance of central sensitisation (Bleakman et al., 2006; Petrenko et al., 2003; Rousseaux, 2008a; Traynelis et al., 2010).

The NMDA receptor (NMDAR) is comprised of four (variable) subunits that may be assembled in different configurations (GluN1, GluN2A-D, GluN3A & GluN3B) to produce the individual NMDAR isoforms (Bleakman et al., 2006; Petrenko et al., 2003; Rousseaux, 2008a; Traynelis et al., 2010). These isoforms are differentially distributed within the CNS (Millan, 1999; Rousseaux, 2008a). Each NMDA receptor isoform has individual pharmacological properties, but they all exhibit relatively slow channel kinetics, a variable degree of magnesium ion block and are permeable to calcium ions (Bleakman et al., 2006; Millan, 1999; Petrenko et al., 2003; Rousseaux, 2008a; Traynelis et al., 2010). NMDA receptors also have a recognition site for glycine (or D-serine), the occupation of which is necessary for the function of the associated ion channel (Bleakman et al., 2006; Millan, 1999; Rousseaux, 2008a; Traynelis et al., 2010). The voltage-dependent magnesium ion ‘plug’ remains within the channel and inhibits receptor activation until it is removed by prolonged depolarisation of the postsynaptic membrane, aided by co-transmitters such as substance P and CGRP (Dickenson, 2011; D’Mello &
Dickenson, 2008; Rousseaux, 2008a; Traynelis et al., 2010). Thus the NMDA receptor requires more noxious and prolonged stimuli for activation and results in a more amplified and sustained response of the second order neurones. This phenomenon is referred to as ‘wind-up.’ Indeed, the NMDA receptor is implicated in the development of hypersensitivity to pain that is observed in inflammation or neuropathy (Dickenson, 2011; D’Mello & Dickenson, 2008; Petrenko et al., 2003). Activation of the NMDA receptor results in a large influx of calcium, which depolarises the membrane and triggers a cascade of secondary messengers that activate enzymes such as protein kinase C, calcium-calmodulin dependent protein kinase II and phospholipase A and C (D’Mello & Dickenson, 2008; Rousseaux, 2008a). An excitatory post synaptic potential induces sodium ion flux via voltage-gated sodium channels, which generates an action potential. The action potential is transmitted by the second order spinal projection neurones of the dorsal horn via the ascending tracts to higher areas such as the thalamus (D’Mello & Dickenson, 2008; Rousseaux, 2008a; Traynelis et al., 2010).

The AMPA receptor (AMPAR) is comprised of four subunits and may be assembled as a homomeric, or heteromeric, configuration (GluA1-4; Bleakman et al., 2006; Rousseaux, 2008a; Traynelis et al., 2010). Calcium permeable AMPARs are located within the superficial laminae of the dorsal horn of the spinal cord and can act presynaptically to enhance the spontaneous release of GABA from GABAergic inhibitory neurones (Bleakman et al., 2006; Rousseaux, 2008a; Traynelis et al., 2010). AMPARs are also expressed ubiquitously in brain regions associated with nociception, including the brainstem, thalamus and sensory cortices (Bleakman et al., 2006; Rousseaux, 2008a; Traynelis et al., 2010). Selective AMPAR antagonists are able to suppress the firing of WDR neurones of the dorsal horn in response to both noxious and mild stimuli, suggesting that AMPARs are involved in nociceptive and sensory transmission (Bleakman et al., 2006; Rousseaux, 2008a). Indeed, AMPARs may also be involved in the phenomenon of ‘wind-up’ (Bleakman et al., 2006; Mendell & Wall, 1965; Traynelis et al., 2010).

The kainate receptor has a similar tetrameric structure to the AMPAR and may be expressed in either homomeric, or heteromeric, configurations of the various
subunits (GluK1-5; Bleakman et al., 2006; Rousseaux, 2008a; Traynelis et al., 2010). These receptors are distributed within areas of the nociceptive pathway and have a similar role to AMPARs (Bleakman et al., 2006; Rousseaux, 2008a; Traynelis et al., 2010).

The metabotropic glutamate receptors (mGluR) are a family of G-protein coupled receptors that modulate the presynaptic release of glutamate and the postsynaptic sensitivity to glutamate (Rousseaux, 2008a). Multiple mGluR receptor subtypes (mGluR1-8) are expressed on pre- and post-synaptic neurones of both the ascending and descending nociceptive tracts of the spinal cord (Bleakman et al., 2006; Rousseaux, 2008b). mGluR subtypes 1,5 and 6 stimulate inositol phosphate metabolism and calcium mobilisation, mGluR subtypes 2-4 and 6-8 are linked to adenylcyclase (Rousseaux, 2008a). Increases in mGluR activity within the spinal cord have been observed in inflammatory and neuropathic pain, coinciding with the manifestation of hypersensitivity (Bleakman et al., 2006, Rousseaux, 2008b). mGluRs expression at higher levels of the nociceptive pathway may also be increased in neuropathic pain states (Bleakman et al., 2006; Rousseaux, 2008b).

1.1.4 Descending modulation

Historically, pain pathway neurones as described above were considered to remain inert until a noxious event occurred to activate them. However, it is now understood that the nervous system is continually active in its physiological role as a monitoring system of the external environment. Graded ascending impulses are constantly being sent from the periphery, even in resting conditions and descending pathways from higher centres influence these impulses (Gebhart & Proudfit, 2005). Neurones in the ventrolateral periaqueductal grey (PAG) region of the midbrain regulate the activation of neurones in the rostroventral medulla (RVM) region and the dorsolateral pontine tegmentum (DLPT) (Gebhart & Proudfit, 2005). The RVM and DLPT both have separate descending neural pathways that project to the spinal cord. These brainstem pathways can mediate an inhibitory, or an excitatory influence over nociceptive transmission in the
dorsal horn (Gebhart & Proudfit, 2005). Thus this system can act as a regulatory mechanism for the transmission of sensory information from the peripheral nervous system to higher centres. Interestingly, electrical or pharmacological stimulation of the PAG has been shown to have an analgesic effect, while loss of physiological inhibitory tone is associated with hypersensitivity to pain (D’Mello & Dickenson, 2008; Gebhart & Proudfit, 2005). The underlying mechanisms responsible for mediating descending modulation are complex and not fully understood, but this system has been a target for analgesic or pain-relieving drugs. Opioid receptors and endogenous opioid compounds have been discovered in the brainstem and neurones descending from the RVM mediate their actions via serotonin receptors and adrenoceptors (Gebhart & Proudfit, 2005). These findings provided a rationale for the effectiveness of opioid drugs and tricyclic antidepressants for the management of pain and/or hypersensitivity respectively (D’Mello & Dickenson, 2008; Gebhart & Proudfit, 2005). In clinical practice, opioid drugs are very effective for acute nociceptive and inflammatory pain (Macintyre & Schug, 2007). However, both opioids and tricyclic antidepressants have limited effectiveness in chronic neuropathic pain and hypersensitivity (Dworkin et al., 2007; 2010; Macintyre & Schug, 2007). Despite increasing knowledge of the underlying pathophysiology of neuropathic pain there has been relatively little change in clinical management over recent years (Dworkin et al., 2007; 2010; Macintyre & Schug, 2007). Indeed, neuropathic symptoms are untreatable in many people with conditions such as diabetic neuropathy or phantom limb pain, which places a large burden on society and provides an incentive for further, detailed research of this field (Bouhassira et al., 2008).

GABA_A Rs are the major inhibitory receptors in the mammalian nervous system (Reviewed in: Belelli & Lambert, 2005; D’Hulst et al., 2009). GABA_A Rs and GlyRs are expressed by inhibitory neurones within the dorsal horn of the spinal cord (Chery & De Koninck, 1999; Keller et al., 2001; Mitchell et al., 2007). Activation of GABA_A Rs is allows a chloride ion flux which usually causes hyperpolarisation of the postsynaptic membrane, a reduction of the potential for depolarisation and also shunting of membrane resistance (see Part 2 of the Introduction for a detailed description of the GABA_A R). Hence, GABA_A Rs may mediate descending inhibitory
tone over spinal second order projection neurones and loss of GABAergic function is associated with hypersensitivity manifested as allodynia, or hyperalgesia (Munro et al., 2009; von Hehn et al., 2012; Yaksh, 1989; Zeilhofer, 2008).

1.1.5 Ascending tracts

Neurones from the dorsal horn of the spinal cord project rostrally to higher centres such as: the periaqueductal grey, the parabrachial area and the dorsal reticular nucleus within the brainstem, the thalamus, the limbic system and the cerebral cortex (Hunt & Bester, 2005). Signals travel via multiple and complex ascending nociceptive pathways that reach the supraspinal structures by direct and indirect routes (Hunt & Bester, 2005; Millan, 1999). For instance, the parabrachial nucleus is the target for several ascending pathways, however, it also sends neuronal projections up to the thalamus and back down to the spinal cord (Hunt & Bester, 2005; Millan, 1999). The parabrachial nucleus is a region of the pons involved the integration of the autonomic and motivational response to pain (Hunt & Bester, 2005; Millan, 1999). The classic three monosynaptic pathways are the spinothalamic, spinoreticular and spinomesencephalic tracts (Millan, 1999). The neurones within these tracts cross the midline to ascend on the contralateral side, while neurones belonging to polysynaptic tracts typically remain on the ipsilateral side (Hunt & Bester, 2005; Millan, 1999).

1.1.6 Thalamus

The thalamus is considered to be the key region for the relay and modulation of sensory transmission from the periphery to higher centres. It integrates discriminative information concerning the location, intensity, type and temporal pattern of the nociceptive stimulus (Clasca et al., 2012; Millan, 1999). The thalamus may be divided into multiple substructures with different structural and functional characteristics that act in concert. In rodents, the ventrobasal (VB) complex is comprised of three components: ventroposterolateral (VPL), ventroposteriomedial (VPM) and ventroposteriorinferior (Clasca et al., 2012; Millan, 1999). The VPL and VPM are important for the integration of sensory
information related to the sensory-discriminative components of pain such as intensity and location. In contrast, the VPI and the posteriolateral region of the thalamus are involved in the affective-cognitive components of pain such as emotional distress and escape/avoidance behaviour. The distinct areas of the thalamus tend to innervate separate regions of the cortex according to their specialist functions (Clasca et al., 2012; Millan, 1999). For instance, the VPL and VPM have strong connections with the somatosensory cortex I (SSI) which is involved in the sensory-discriminative component of pain. Other parts of the thalamus such as the VPI and the posteriolateral region that are concerned with the affective-cognitive components of pain primarily innervate relevant cortical areas such as the SSII and the insula, pre-frontal, parietal and cingulated cortices (Millan, 1999). Thalamic somatosensory projection neurones from areas such as the VB arborise, or branch out principally to layers III-IV of the cerebral cortex. Other layers of the cortex also receive axonal projections from those areas of the thalamus, but to a lesser degree (Clasca et al., 2012; DeFelipe & Farinas, 1992; Lubke et al., 2000; Lubke & Feldmeyer, 2007; Mountcastle, 1997; Treede et al., 1999).

1.1.7 nRT

In rodents, the nucleus reticularis (nRT) consists of a crescent of neural tissue that encircles the ventral surface of the oval-shaped thalamus. The nRT is part of the pre-thalamus and it is an important regulator of somatosensory transmission via the relay neurones of other parts of the thalamus such as the VB (Arcelli et al., 1997; Cox et al., 1997; Gentet & Ulrich, 2003; Guillery & Harting, 2003; Huh et al., 2012). The nRT is comprised of GABAergic inhibitory neurones that receive input from pyramidal neurones of the cerebral cortex, but do not project back to the cortex directly themselves (Gentet & Ulrich, 2003; Guillery & Harting, 2003). nRT neurones are the main source of GABAergic regulation of VB neurones via closed disynaptic loops, which mediate reciprocal and lateral inhibition (Arcelli et al., 1997; Cox et al., 1997; Gentet & Ulrich, 2003; Guillery & Harting, 2003; Huh et al., 2012; Figure 1). The inter-relationship between the nRT and VB creates a fine
balance of excitation and inhibition, which modulates nociceptive transmission and can therefore ultimately influence nociceptive behaviour in live animals (Guillery & Harting, 2003; Huh et al., 2012). VB neurones that project to the cerebral cortex exhibit both tonic and burst firing patterns (Cheong et al., 2008; 2011). The tonic and burst firing patterns are regulated by the phospholipase C β4-protein kinase C cellular transduction pathway, which modulates both T- and L-type calcium channel activity (Cheong et al., 2008; 2011). The nRT regulates the predominant pattern within an individual VB neurone and can therefore increase, or decrease, sensitivity to a painful stimulus such as inflammation (Cheong et al., 2008; 2011; Huh et al., 2012). Specifically, PLCβ4-deficient mice have a diminished visceral pain response, which is related to an increase in burst firing with a decrease in tonic firing of thalamocortical neurones (Cheong et al., 2008).

1.1.8 Cerebral cortex

Historically it was believed that there was a single pain centre somewhere within the brain that would be activated in response to a peripheral noxious stimulus (Wall et al., 2006). However, pain has sensory, emotional and cognitive components and therefore multiple areas within the cerebral cortex (or neocortex) are involved in generating the experience of pain (Flor & Bushnell, 2005; Treede et al., 1999; Wall et al., 2006). These areas may be considered as the 'pain matrix.' There have been numerous neuroimaging studies to attempt to identify the implicated regions however the results obtained have often been inconsistent. Despite the uncertainty, a number of key cortical areas have been identified: the somatosensory cortices I-II and the insula, pre-frontal, parietal and cingulated cortices (Flor & Bushnell, 2005; Millan, 1999; Moisset & Bouhassira, 2007; Treede et al., 1999; Treede & Apkarian, 2007; Wall et al., 2006). Other regions of the brain such as the cerebellum and the basal ganglia are also thought to play minor roles in the phenomenon of pain (Flor & Bushnell, 2005; Treede & Apkarian, 2007).

In rodents the cerebral cortex is a thin layer with a large area that overlies the rest of the brain. There are billions of cortical neurones that exist in the form of a
complex integrated network with trillions of synaptic connections to facilitate the rapid transfer of neural impulses between cells (Ben Ari & Spitzer, 2010; Mountcastle, 1997). The cerebral cortex is organised into parallel mini-columns of synaptically linked neurones that span part, or all of the six horizontal cortical layers. Multiple mini-columns may also be clustered together to constitute functional modules (Lubke et al., 2003; Lubke & Feldmeyer, 2007; Meyer et al., 2011; Mountcastle, 1997).

Within the cerebral cortex there are two types of neurones: spiny and aspiny. The spiny neurones may be further subdivided into pyramidal and non-pyramidal cells. Pyramidal neurones account for around 80 percent of cortical neurones and consist of a pyramid-shaped body with long axons that project into the white matter. They are the major output fibres and found in all layers except for layer 1 (DeFelipe & Farinas, 1992). Spiny non-pyramidal cells have short axons and function as interneurones within the cortical network. Cortical interneurones have heterogenous properties and have been described and classified according to their variable morphological, physiological and molecular characteristics (Ascoli et al., 2008). There is a degree of heterogeneity in the electrophysiological properties of cortical neurones, but there appears to be little difference between different regions of the cerebral cortex such as the sensorimotor and the cingulate cortices (Brown, 2012; Lubke & Feldmeyer, 2007; McCormick et al., 1985; Viaene et al., 2011).

All cortical regions receive communications from the thalamus and other cortical areas via corticothalamocortical and corticocortical pathways organised in parallel (Sherman & Guillery, 2011; Viaene et al., 2011). These pathways may be considered as ‘drivers’ and ‘modulators’ respectively (Sherman & Guillery, 2011; Viaene et al., 2011). Trans-thalamic pathways incorporate the thalamus as a GABAergic gating system, which can be opened, or closed (Sherman & Guillery, 2011; Viaene et al., 2011). Layer 4 neurones are the principle target for thalamocortical ‘driver’ (or afferent) inputs and they relay the neural signal to layer 2/3 via strong excitatory connections (Viaene et al., 2011; 2011b). Layer 2/3 neurones mostly receive ‘modulatory’ thalamic inputs and have a more complex
involvement in neural processing and the generation of cortical output signals (Bannister, 2005; Eto et al., 2011; Lubke et al., 2000; Lubke & Feldmeyer, 2007; Sherman & Guillery, 2011; Viaene et al., 2011; 2011b).

GABAergic inhibitory interneurones are present in all layers of the cortex but are most abundant in layers 2/3 and lower in layer 4 (Meyer et al., 2011). They project vertically down to the lower layers, exerting GABAergic inhibitory tone on pyramidal cells within the column (Helmstaedter et al., 2009; Mountcastle, 1997). These connections create, in effect, narrow vertical loops of excitation and inhibition, but there are also horizontal connections between neurones within layer 2/3 (Helmstaedter et al., 2009). Despite the large amount of work that has focused on this area, understanding of these complex processes and their functional significance remains relatively limited (Lubke & Feldmeyer, 2007; Treede & Apkarian, 2007).

1.1.9 Inflammatory pain

Tissue damage results in the release of chemical substances referred to as inflammatory mediators. There are numerous inflammatory mediators which act via different mechanisms to lower the activation thresholds of peripheral nociceptors, thereby promoting peripheral sensitisation (Caterina et al., 2005; Costigan et al., 2009). The exact mechanisms responsible for this inflammatory sensitisation process have not yet been fully elucidated, but substances such as protons, prostaglandins, ATP, serotonin, bradykinin, BDNF, TNF-α and arachidonic acid are able to directly, or indirectly, temporarily enhance the sensitivity of receptors such TRPV1, ASIC and TRPM8 (Costigan et al., 2009; Harvey & Dickenson, 2008). The consequence of sensitisation of TRPV1 is that these channels, which are normally activated by noxious, or harmful, temperatures, may be activated at body temperature and therefore result in spontaneous pain (Caterina et al., 2005; Woolf & Salter, 2000). The physiological benefit of this process is the enforced resting of the injured area of the body in order to optimise tissue healing, however chronic inflammation such as osteoarthritis, or
rheumatoid arthritis, can be disabling diseases associated with perpetual hypersensitivity (Costigan et al., 2009; Harvey & Dickenson, 2008).

1.1.10 Neuropathic pain

Neuropathic pain results from a dysfunctional, or damaged, nervous system and may be associated with pathological neuroplasticity within the peripheral, or central, nervous system (Harvey & Dickenson, 2008; Merskey & Bogduk, 1994, Woolf & Salter, 2000). The underlying pathophysiological processes are highly complex and not fully understood, but involve the interaction of the immune and nervous systems (Costigan et al., 2009; Scholz & Woolf, 2007). Neuropathic pain may be characterized by spontaneous sharp, shooting, or burning sensations associated with sensory loss and paradoxical hypersensitivity (Costigan et al., 2009; Kehlet et al., 2006). Hyperalgesia describes an exaggerated response to a painful stimulus, while allodynia describes an unpleasant, or painful, response associated with an innocuous stimulus (Merskey & Bogduk, 1994).

A number of disorders are associated with neuropathic pain, including diabetes mellitus, post-herpetic neuralgia, phantom limb pain, complex regional pain syndrome and cancer (Freynhagen & Bennett, 2009). Intractable neuropathy and neuropathic pain have a large impact on society (Bouhassira et al., 2008; Harstall & Ospina, 2003) and the treatment options available such as opioids often have very limited efficacy and significant side effects (Dworkin et al., 2007; 2010). By improving the understanding of these conditions at the molecular level it may be possible to identify novel therapeutic targets.

Both peripheral and central sensitisation are implicated in the development of painful diabetic neuropathy (Fischer & Waxman, 2010). Hypersensitivity of the spinothalamic tract has been described in neuropathic animal models of type I diabetes (Chen et al., 2001, Pertovaara et al., 2001). In particular, the spinal dorsal horn neurones of diabetic rats exhibit abnormally high rates of spontaneous action potential discharge, suggesting an imbalance between excitatory and inhibitory
signals converging within this structure (Chen & Pan 2002). These neurones are crucial to the transmission of painful stimuli to the higher centres of the brain involved in pain perception (Hunt & Bester, 2005; D’Mello & Dickenson, 2008).

1.1.11 Diabetes

Diabetes mellitus is a very common and devastating disease, which has a large socioeconomic cost (Davies et al., 2006; Edwards et al., 2008; Kaplan & Wagner, 2006). In type-1 diabetes mellitus (T1DM) there is a lack of insulin due to autoimmune destruction of the β cells of the islets of Langerhans in the pancreas (Mathis et al., 2001). Type-2 diabetes mellitus (T2DM) is more common and is characterised by a loss of sensitivity to insulin and the eventual inability of the islets of Langerhans to compensate (Buchanan, 2003; De Fronzo, 2004). These pathological processes result in the development of hyperglycaemia and current management is focused primarily on the optimisation of blood glucose levels in order to reduce the severity of neuropathy (Edwards et al., 2008). The underlying mechanisms for the development of diabetic neuropathy are not well understood but appear to involve oxidative stress and protein kinase signalling pathways in response to hyperglycaemia (Edwards et al., 2008).

Individuals with diabetes typically suffer from significant macrovascular and microvascular complications including neuropathy (Boulton, 2004; Cefalu, 2006; Davies et al., 2006). This condition can manifest itself in ischaemic heart disease and peripheral vascular disease, which often leads to chronic pain, or even lower limb amputation (Boulton, 2004; Davies et al., 2006; Edwards et al., 2008). However, these complications usually take many years to develop, which makes it challenging to assess the impact of therapeutic interventions. Therefore it is important to utilise animal models to facilitate the development of effective clinical management (Cefalu, 2006; Kaplan & Wagner, 2006; Rees & Alcolado, 2005).
1.1.12 Diabetic mouse models

In mice, diabetic neuropathy develops over weeks, which allows disease progression and the efficacy of interventions to be studied within a relatively a short timeframe (Cefalu, 2006; Kaplan & Wagner, 2006; Neubauer & Kulkarni, 2006; Rees & Alcolado, 2005). T2DM is the more common type seen in humans (90 percent of diabetics) and with the burgeoning obesity epidemic in the developed world the incidence is likely to become even greater (Buchanan 2003; Cefalu 2006; Davies et al., 2006; Edwards et al., 2008; Kaplan & Wagner 2006). Taking these factors into consideration, it was decided to focus on T2DM for the purposes of this project. A complete discussion of the complex pathophysiological mechanisms implicated in the development of diabetes mellitus and diabetic neuropathy is beyond the scope of this thesis, but the matter has been the subject of several in-depth reviews (Buchanan 2003; Cefalu 2006; Dobretsov et al., 2007; Edwards et al., 2008; Mathis et al., 2001). There are multiple established mouse and rat models of diabetes, but no single animal model fully replicates the condition in humans ergo, all models have pros and cons (Cefalu, 2006; Kaplan & Wagner, 2006; Mathis et al., 2001; Sullivan et al., 2007).

For the purposes of this study the most important issue was to identify a model which exhibited consistent features of neuropathy and neuropathic hypersensitivity. Mouse models of diabetes are useful because they have a short life cycle, with a relatively rapid development of disease symptoms and are readily available from commercial sources (Kaplan & Wagner, 2006). In addition, with specific reference to the GABA_A R, there are multiple transgenic mouse models with GABA_A R subunits either genetically deleted, or mutated, which has led to a better understanding of the physiological role of GABA_A R isoforms (Neubauer & Kulkarni, 2006; Rudolph & Mohler, 2004). Transgenic models could facilitate a greater understanding of how a given drug may exert its effect on the GABA_A R should the drug be proven to be advantageous in diabetic neuropathy.

One of the most common models of T1DM is generated by the injection of streptozotocin to destroy the β cells of the Islets of Langerhans (Agarwal, 1980;
Cefalu, 2006; Kaplan & Wagner, 2006; Ozcan et al., 2008). However, streptozotocin is not always completely effective and therefore the development of consistent neuropathy cannot be guaranteed (Sullivan et al., 2007). In contrast, the type-2 diabetic ob/ob mouse, which has an autosomal recessive nonsense mutation on chromosome 6 develops morbid obesity due to its rapacious appetite and exhibits a predictable and spontaneous neuropathic phenotype (Cefalu, 2006; Drel et al., 2006; Latham et al., 2009; Lindström 2009; Vareniuk et al., 2007). In the ob/ob mouse hyper-insulinaemia develops around 3-4 weeks of age, but diabetes develops as a result of failure to increase β cell mass in response to insulin resistance induced by profound obesity (Cefalu, 2006; Lindström, 2007). It subsequently exhibits both large motor fibre and smaller sensory fibre neuropathy (Drel et al., 2006; Latham et al., 2009). The ob/ob is particularly useful for the study of neuropathic pain because it has a less severe hyperglycaemia (19mmol/l of blood) and therefore arguably provides a more clinically relevant form of diabetes than other models (Cefalu, 2006; Drel et al., 2006; Latham et al., 2009; Lindström, 2009; Neubauer & Kulkarni, 2006; Sullivan et al., 2007). The ob/ob mouse develops mechanical hypersensitivity consistently by the age of 8 weeks in contrast to some of the other models, which exhibit a more severe (and less predictable) neuropathy associated with earlier sensory and motor deficits that is less clinically relevant (Drel et al., 2006; Latham et al., 2009; Lindström, 2009; Vareniuk et al., 2007). There are conflicting reports from two different research centres stating on the one side that the ob/ob mouse develops thermal hypersensitivity but on the other that it develops hyposensitivity (Drel et al., 2006; Latham et al., 2009). This issue will be explored further in the Discussion: section 7.11.

The ob/ob mouse was discovered in 1949 and found to have a nonsense mutation in the gene responsible for the synthesis of leptin, thereby making the mouse totally deficient of leptin (Lindström 2007; Zhang et al., 1994). Leptin is a 16kDa protein hormone that is engaged in the regulation of metabolism and appetite. Specifically, leptin is involved in the process of satiety after eating and deficiency of the hormone is associated with hyperphagia, morbid obesity and T2DM (Ahima et al., 1996; Frühbece 2006; Lindström 2009).
In contrast, the \( \text{db/db} \) mouse has an autosomal recessive mutation of the leptin receptor gene, which prevents leptin from activating its receptor (Chen \textit{et al.}, 1996; Chung \textit{et al.}, 1996). In this mouse, hyperinsulinaemia develops around 2 weeks, obesity by \( \sim 3-4 \) weeks and severe hyperglycaemia (>30mmol/l) around 4-8 weeks of age following \( \beta \)-cell failure (Bates \textit{et al.}, 2005; Cefalu, 2006; Neubauer & Kulkarni, 2006). In common with the \( \text{ob/ob} \) mouse, the \( \text{db/db} \) mouse develops neuropathy consistently by the age of 8 weeks (Sullivan \textit{et al.}, 2007). This condition is characterised by a significant loss of thermal sensation and profound reductions of motor and sensory nerve conduction velocity (Sullivan \textit{et al.}, 2007). Indeed, the \( \text{db/db} \) mouse model appears to provide a relatively more rapid and extreme form of diabetes and neuropathy that is associated with a much-reduced lifespan (Bates \textit{et al.}, 2005; Sullivan \textit{et al.}, 2007).

The \( \text{ob/ob} \) model appears to reflect more closely the paradoxical combination of sensory thresholds observed in humans with diabetic neuropathy. The degree of neuropathy can be objectively determined using electrophysiological studies and the microscopic examination of nerve fibres. Nevertheless, the actual levels of discomfort experienced cannot be quantified within an animal model and this is perhaps the greatest limitation of this type of experiment. Equally, it is worth noting that human experiments also struggle with this issue to an extent because of the potential difficulties inherent in the description of a subjective experience. A dimensionless visual analogue score (\textit{i.e.} subjective severity score of pain out of ten) is frequently used but its value is limited and questionable. More recently, clinical studies of pain have started to incorporate multidimensional tools such as the McGill Pain Questionnaire, which includes emotional descriptors (Melzack, 1987).
Part 2. The GABA\(_A\)R

1.2.1 History of GABA & the GABA\(_A\)R

Gamma-aminobutyric acid (GABA) is the principle inhibitory neurotransmitter within the mammalian central nervous system (Reviewed in: Belelli & Lambert, 2005; D’Hulst et al., 2009). However, the key role of GABA was not established until the second half of the twentieth century. The role of GABA in neurotransmission was investigated first in crustaceans in the 1950s and then in the mammalian nervous system in the 1960s (Bazemore et al., 1956; Curtis et al., 1959; Florey & McLennon, 1955; Krnjevic & Schwartz, 1967; Obata et al., 1967). Technological advances such as intracellular recording microelectrodes, stimulating electrodes and multi-barrel pyrex microiontophoretic pipettes facilitated greater understanding of the significance of GABA (Curtis et al., 1959). Subsequently, in the 1970s the role of GABA as a major inhibitory neurotransmitter was confirmed using bicuculline to selectively antagonise the inhibitory effects of GABA (Bennett & Balcar, 1999; Bowery et al., 2004; Curtis et al., 1970; Krnjevic 2004; 2010). In the same decade, intracellular recording techniques were performed on mouse spinal neurones maintained in cell culture to investigate which pharmacological agents could replicate, modulate, or antagonise, the response to GABA (MacDonald & Barker, 1977; 1978a; 1978b; See section 1.2.11 for further details about GABA pharmacology). In their landmark paper, Hamill et al., (1983), used the pioneering patch-clamp technique (Neher & Sakmann, 1976) to demonstrate the presence of chloride ion channel currents that were activated by GABA and blocked by bicuculline.

Subsequent advances in cloning techniques led to the discovery that GABA\(_A\)Rs are comprised of distinct subunits such as \(\alpha\), \(\beta\) and \(\gamma\) (Pritchett et al., 1989; Schofield et al., 1987; See section 1.2.8 for further details on subunits). During the years that followed, the number of subunits identified by cloning grew and led to the understanding that multiple heterogenous GABA\(_A\)Rs existed in the mammalian nervous system (McKernan & Whiting, 1996; Olsen & Sieghart, 2008). The expression of these individual, structurally distinct GABA\(_A\)Rs with specialised
physiological and pharmacological functions was found to vary in different regions of the brain (Olsen & Sieghart, 2008). GABA\(_A\)Rs belong to the Cys loop ligand gated ion channel (LGIC) family, which includes nicotinic acetylcholine receptors, strychnine sensitive glycine receptors (see section 1.2.13) and a subtype of serotonin receptors (5-HT\(_3\); Olsen & Sieghart, 2008).

GABA\(_A\)Rs are the target of many drugs used clinically including benzodiazepines (BDZs; see section 1.2.12), barbiturates and general anaesthetics, which all act to enhance receptor function (Belelli & Lambert, 2005; D’Hulst et al., 2009). In addition, endogenous neurosteroids such as allopregnanolone have a high affinity for GABA\(_A\)Rs and are involved in the maintenance of physiological neural inhibitory tone (Belelli & Lambert, 2005; D’Hulst et al., 2009). Pharmacological agents that antagonise the GABA\(_A\)R such as bicuculline and picrotoxin are pro-convulsant (D’Hulst et al., 2009; Hevers & Luddens, 1998; see section 1.2.11 for further details on the pharmacology of the GABA\(_A\)R).

In the early 1980s it became evident that there were two main classes of GABA receptor; those that were sensitive to bicuculline (GABA\(_A\)Rs) and those that were insensitive (GABA\(_B\)Rs; Bowery et al., 1980; Hill & Bowery 1981). Despite both receptors being activated by GABA, the two receptors have entirely different structures and functional mechanisms (Bormann 2000; Ulrich & Bettler 2007). GABA\(_A\)Rs are LGICs, GABA\(_B\)Rs are G-protein coupled receptors whose structure includes seven transmembrane spanning loops (Ulrich & Bettler, 2007). GABA\(_B\)R activation induces G-protein subunit dissociation, which in turn can mediate a chain of events such as the inhibition of adenylate cyclase, leading to a decrease in the levels of cyclic AMP and a subsequent decrease in activation of protein kinase A (Bowery & Enna, 2000; Ulrich & Bettler, 2007). In the postsynaptic neurone, GABA\(_B\)Rs mediate slow inhibitory postsynaptic potentials via the activation of potassium ion channels, which hyperpolarise the postsynaptic membrane (Ulrich & Bettler, 2007). The GABA\(_B\)R agonist baclofen is a clinically useful anti-spasmodic agent, which decreases the probability that depolarisation will activate voltage-gated calcium channels, leading to a decrease in neurotransmitter release. The
hyperpolarisation thus reduces the generation of action potentials and therefore reducing muscular contraction (Bowery & Enna, 2000).

In 1984, another type of GABA receptor was discovered and given the name ‘GABA<sub>C</sub>R’ (Drew et al., 1984). ‘GABA<sub>C</sub>Rs’ are functionally distinct from GABA<sub>A</sub>Rs but due to structural similarities are now predominantly considered to be a subclass of GABA<sub>A</sub>Rs known as GABA<sub>A</sub>-<sub>ρ</sub>Rs (Alexander et al., 2011; Bormann, 2000). GABA<sub>A</sub>-<sub>ρ</sub>Rs are composed of ρ-subunits and insensitive to both bicuculline and baclofen, but they have greater affinity for GABA and can mediate strong neural inhibition. (See section 1.2.8 for further details on subunits). The GABA<sub>A</sub>-<sub>ρ</sub>Rs are expressed much less densely than the other types of GABA<sub>A</sub> receptors and are present predominantly in the retina, cerebellum and spinal cord (Cutting et al., 1991; Park et al., 1999; Rozzo et al., 2002).

**1.2.2 GABA Synthesis**

In the nervous system, glutamate is decarboxylated to GABA by glutamic acid decarboxylase (GAD; Awapara et al., 1950; D’Hulst et al., 2009; Madsen et al., 2008; Roberts & Frankel, 1950). There are two different isoforms of GAD, with differing molecular weights: GAD 65 and GAD 67 (Conti et al., 2011; Wei & Wu, 2008). The two forms of GAD have very similar molecular structures, but mediate different physiological processes. GAD 67 is widely distributed throughout the brain with its cofactor pyridoxal phosphate, while GAD 65 is localised to axonal terminals (Kaufman et al., 1991). These distribution patterns suggest that the former may generate GABA to be involved in trophic or metabolic processes, while the latter may play a role in GABAergic neurotransmission (Kaufman et al., 1991; Owens & Kriegstein, 2002).
1.2.3 Metabolism

The enzyme GABA α-oxoglutarate transaminase metabolises GABA to succinate semialdehyde, which is subsequently converted to succinic acid in order to enter the tricarboxylic acid cycle for oxidative metabolism (Madsen et al., 2008). However, a substantial amount of GABA is repackaged into synaptic vesicles within the nerve terminal and thus recycled as a neurotransmitter (Madsen et al., 2008). The transporter protein VGAT mediates the vesicular uptake of GABA by a cotransport process linked to proton exchange (McIntire et al., 1997).

1.2.4 Release

GABA is released from presynaptic intracellular vesicles by the process of exocytosis. This is a rapid but highly complex process that is mediated by a superfamily of specialised proteins that are described as SNAREs (Gerst, 1999; Jahn & Scheller, 2006; Martens & McMahon, 2008). Exocytosis is initiated by calcium ion influx via voltage-gated calcium channels into the presynaptic nerve terminal ~1ms following an action potential. Calcium binds to synaptobrevin, which is located on the vesicular membrane and to SNAP25 and syntaxin-1, which are located on the plasma membrane (Gerst, 1999; Martens & McMahon, 2008). The binding of calcium brings the vesicle into close proximity with the plasma membrane of the presynaptic bouton, thus facilitating vesicular fusion and the neurotransmitter release (Martens & McMahon, 2008).

1.2.5 Re-uptake

Synaptic GABAergic transmission is typically rapid, but relatively short-lived. Two processes terminate these synaptic (or phasic) events: GABA diffuses away from the synaptic cleft and/or GABA transporters (GATs) mediate re-uptake. GATs differ from the other GABA transporters and consist of a 12-transmembrane spanning protein that incorporates the electrogenic process of sodium flux into its
mechanism of action. The Na⁺-K⁺-ATPase pump generates an electrochemical sodium gradient across the plasma membrane, which provides the energy for GAT to transport GABA into neurones and glia (Kanner, 2006). In mice, four different subtypes of GAT have been identified and each of these has a unique molecular structure and subsequently a different affinity for GABA (Conti et al., 2011; Liu et al., 1993). The GAT subtypes have varying distribution patterns within the brain and there may also be interspecies differences in subtype profiles. For instance, GAT1 is particularly localised to presynaptic nerve terminals where it is thought to contribute to the regulation of synaptic inhibition (Conti et al., 2011; Durkin et al., 1995). GABA transporters have an indirect but important role in neuronal inhibition and are targets for therapeutic interventions, such as anti-epileptic drugs (Madsen et al., 2010).

1.2.6 Developmental role of GABA

In addition to its major role of inhibitory neurotransmitter in the adult mammalian nervous system, GABA also has a separate complex role in neurodevelopment. During development, GABA influences neuronal proliferation, migration, differentiation, synapse maturation and signalling (Ben Ari et al., 2007; Di Cristo, 2007; Owens & Kriegstein, 2002). GABA is present in evolutionarily primitive organisms and may have a trophic role in that setting (Owens & Kriegstein, 2002). In early mammalian development, GABAₐR activation may result in depolarisation rather than the hyperpolarisation observed in mature neurones. This situation is a consequence of a relatively high intracellular chloride concentration resulting from the delayed expression of the chloride ion transporter KCC2 (Ben Ari et al., 2007; Di Cristo, 2007; Owens & Kriegstein, 2002). GABAₐR-mediated depolarisation in turn may be sufficient to activate voltage-gated calcium channels, which results in a rise in the concentration of calcium ions, which are integral for multiple developmental processes (Ben Ari et al., 2007; Di Cristo, 2007; Owens & Kriegstein, 2002). In this way, GABA may exert apparently paradoxical but vital effects in the development of neuronal networks (Ben Ari et al., 2007; Owens & Kriegstein, 2002). Indeed, in very early development GABA can mediate primary afferent
depolarisation and thus provide the earliest functional excitatory synapses prior to the establishment of glutamate synapses (Ben Ari et al., 2007). In certain pathological states such as epilepsy and neuropathic pain, GABA_AR activation may also result in depolarisation of spinal neurones and hippocampal neurones respectively (Coull et al., 2003; Huberfeld et al., 2007).

1.2.7 GABA_A receptors

The GABA_A receptor is a member of the Cys-loop superfamily of LGICs (D’Hulst et al., 2009; Miller & Smart, 2010; Olsen & Sieghart, 2008). Other members of this superfamily include the serotonin (5-HT_3), the glycine (GlyR) and the nicotinic acetylcholine receptor (D’Hulst et al., 2009; Olsen & Sieghart, 2008; Peters et al., 2005). Cys-loop LGICs are pentameric structures made up of five parallel subunits that have an extracellular domain that binds the ligand and a membrane-spanning domain that forms the ion-channel (D’Hulst et al., 2009; Olsen & Sieghart, 2008; Peters et al., 2005). The extracellular, hydrophilic N-terminal domain contains the GABA binding site, in addition to the characteristic eponymous loop formed by a disulfide bond between two cysteine residues (Miller & Smart, 2010; Olsen & Sieghart, 2008). The membranal component comprises four α-helix transmembrane domains (M1-4), with a short extracellular C-terminus (D’Hulst et al., 2009; Olsen & Sieghart, 2008; Peters et al., 2005). The lining of the ion channel is formed by M2, with a potential contribution from M1 (Olsen & Sieghart, 2008). There is a relatively large loop between M3 and M4, which contributes to the ion conductance pathway and phosphorylation of this loop may be involved in the regulation of ion-channel function (Hinkle & Macdonald, 2003; Peters et al., 2005).

When a ligand such as GABA binds to the interface between the extracellular domains of two adjacent subunits of the relevant Cys-loop receptor it initiates a conformational change in the receptor (Hansen et al., 2005; Miller & Smart 2010). The C-loop moves inwards, trapping the agonist molecule and also induces a tilting motion of the intracellular M2 and M3 domains, which causes a widening of the
pore diameter and thus opens the ion-channel (Bocquet et al., 2009; Hibbs & Gouaux, 2001; Miller & Smart, 2010).

1.2.8 Receptor subunits

Each GABA$_A$R is composed of 5 subunits, but these subunits are drawn from a selection of 19 different types (Belelli & Lambert, 2005; Olsen & Sieghart, 2008; Simon et al., 2004). Different subunit configurations permit the expression of ~20 distinct GABA$_A$R subtypes in the mammalian CNS that exhibit unique expression patterns, have diverse physiological/pharmacological properties and mediate distinct behaviours (Belelli & Lambert, 2005; D’Hulst et al., 2009). In humans and rodents, the 19 identified GABA$_A$R subunits are: $\alpha$1-6, $\beta$1-3, $\gamma$1-3, $\delta$, $\epsilon$, $\theta$, $\pi$, $\rho$1-3 (Belelli & Lambert, 2005; Möhler, 2006; Olsen & Sieghart, 2008; Simon et al., 2004). The majority of native GABA$_A$Rs are composed of one $\gamma$, two $\alpha$ and two $\beta$ subunits in a quasi-symmetrical arrangement (Belelli & Lambert, 2005; Möhler, 2006; Olsen & Sieghart, 2008; Peters et al., 2005). Approximately 60% of GABA$_A$Rs in vivo have the configuration $\alpha$1$\beta$2$\gamma$2, while the majority of the remainder are either $\alpha$2$\beta$3$\gamma$2, or $\alpha$3$\beta$$\delta$$\gamma$2 (Belelli & Lambert, 2005; Möhler, 2006). The other subunits such as the $\delta$, or the $\epsilon$ are only present in a minority of GABA$_A$Rs, but they may have greater affinity for certain endogenous ligands, thus providing specialised physiological roles in certain brain regions (Belelli & Lambert, 2005; Möhler, 2006; Olsen & Sieghart, 2008).

Immunocytochemical and in situ hybridisation studies in rodents have revealed that individual GABA$_A$R subunits have distinctive patterns of distribution within the CNS (Bohlhalter et al., 1996; D’Hulst et al., 2009; Frischy et al., 1992; Pirker et al., 2000; Rudolph et al., 2001; Wisden et al., 1992). This phenomenon enables diverse physiological and pharmacological properties of different regions of the CNS and may mediate distinct patterns of behaviour (D’Hulst et al., 2009; Siegert & Sperk, 2002). The subunits $\alpha$1, $\beta$1-3 and $\gamma$2 are the most widely distributed, but are still subject to regional variation. Other subunits such as $\alpha$2-6, $\gamma$1 and $\delta$ appear to be confined to specific brain regions, for instance, the $\alpha$2 subunit is predominantly
localised to the cerebellum and forebrain, while $\alpha 3$ is preferentially expressed in the nRT and dorsal horn neurones of the spinal cord and the $\alpha 6$ is limited to the cerebellar granule cells (Bohlhalter et al., 1996; D’Hulst et al., 2009; Knabl et al., 2008; Pirker et al., 2000; Rudolph et al., 2001; Siegert & Sperk, 2002). In comparison, the cerebral cortex and ventrobasal thalamus predominantly express $\alpha 1$, $\alpha 4$, $\beta 2$ and $\delta$ subunits (Pirker et al., 2000; Siegert & Sperk, 2002). The distribution and function of subunits has been studied using gene ‘knock-in’ and ‘knock-out’ strategies that involve the respective substitution, or ablation, of a specific GABA$_A$R subunit (Luscher et al., 2012; Rudolph et al., 2001; see section 1.3.5 for further details).

Each GABA$_A$R subunit has a molecular mass of 40-60 kDa, which means that each complete GABA$_A$R typically has a mass in the region of 240-290 kDa (Hevers & Luddens, 1998). Subunits are comprised of a large extracellular hydrophilic N-terminal domain that contains the GABA binding site, four hydrophobic transmembrane $\alpha$-helix domains (TM1-4) and a relatively small extracellular C-terminus (Carland et al., 2009; Hevers & Luddens, 1998, Olsen & Sieghert, 2008; Peters et al., 2005). Chloride ions entering the external ‘vestibule’ of the receptor are funneled through the narrow transmembrane pore lined by the TM2 domain, with a potential contribution from TM1 (Carland et al., 2009; Olsen & Sieghert, 2008). The TM2 pore extends into an intracellular ‘vestibule,’ which is perforated by five narrow openings that allow the chloride ions to pass into the cytoplasm (Carland et al., 2009; Olsen & Sieghert, 2008; Peters et al., 2005). These openings, which constitute the only pathway for ions into the cytoplasm, are lined by the long intracellular TM3-TM4 loop (Carland et al., 2009; Peters et al., 2005). The TM3-TM4 loop mediates interactions with signalling factors and trafficking such as the polysynaptic clustering of GABA$_A$Rs (Luscher et al., 2011; Vithlani et al., 2011). Phosphorylation of key residues within the intracellular loops of $\beta 1$-$3$ subunits and $\gamma 2$ subunits may also provide a diverse and ubiquitous mechanism for the regulation of receptor activity (Jacob et al., 2008; Kittler & Moss, 2003). Specifically, the TM3-TM4 loop of $\beta$ subunits contains a phosphorylation site for multiple kinases, which may have an important role in ion channel regulation (Hinkle & Macdonald, 2003).
Subunit composition is of critical importance to the deactivation kinetics of GABAergic currents (Eyre et al., 2012). For instance, the decay time constant $\tau_w$ of miniature inhibitory synaptic currents (mIPSCs) from GABA$_A$Rs containing the $\alpha_1$ subunit and $\alpha_3$ subunits is around 4-6ms and $\sim 28$ms respectively (Eyre et al., 2012). Interestingly, the subunit expression observed in mature animals may be different from that of developing animals (Bosman et al., 2002; Chudomel et al., 2009; Fritschy et al., 1994; Laurie et al., 1992; Okada et al., 2000). In the immature thalamus and cerebral cortex GABAergic synaptic events have longer decay times than those recorded in developed neurones (Bosman et al., 2002; Okada et al., 2000). These differential kinetics appear to be due to the delayed replacement of $\alpha_2/\alpha_3$ subunits by the $\alpha_1$ subunit in these neurones (Bosman et al., 2005; Fritschy et al., 1994; Okada et al., 2000; Peden et al., 2008). However, in $\alpha_1$ ‘knock-out’ mice (i.e. genetically engineered to lack the $\alpha_1$ subunit) there is also a change in decay kinetics with development (Bosman et al., 2005; Peden et al., 2008). This developmental change will be explored further in the Results Chapter 3.

1.2.9 Phasic inhibition

GABA$_A$R-mediated synaptic transmission facilitates the rapid and precise transfer of a presynaptic signal into a postsynaptic response (Farrant & Nusser, 2005, Mody et al., 1994). A presynaptic action potential triggers a local calcium influx, which facilitates the simultaneous release of thousands of GABA molecules from multiple vesicles in the presynaptic membrane. The GABA molecules bind rapidly to GABA$_A$Rs that are clustered opposite in postsynaptic groups that range in number from ten to several hundred receptors (Farrant & Nusser, 2005). This results in the near-synchronous opening of a proportion of the GABA$_A$Rs, which are usually comprised of $\alpha\beta\gamma$ subunits (Farrant & Nusser, 2005; Mody et al., 1994). Under whole-cell voltage-clamp recording conditions a miniature inhibitory postsynaptic current (mIPSC) occurs when a single vesicle releases GABA molecules, which bind to postsynaptic GABA$_A$Rs almost simultaneously. However, an action potential may also trigger the release of multiple GABA-containing vesicles simultaneously,
which may activate GABA\(_A\)Rs at adjacent postsynaptic densities or neighbouring synapses giving rise to an IPSC (Farrant & Nusser, 2005). An important feature of synaptic inhibition is its transient nature, which is due to the rapid diffusion of GABA away from the synaptic cleft (Farrant & Nusser, 2005). The efficient gating of the postsynaptic GABA\(_A\)R requires two GABA molecules (Hevers & Lüddens, 1998) and this process is relatively slow in comparison to the rate of diffusion of GABA away from the area (Farrant & Nusser, 2005). Therefore, although the peak synaptic GABA concentration may be potentially saturating, not all postsynaptic GABA\(_A\)Rs will be occupied. This means that there is scope for other factors such as allosteric modulators of the GABA\(_A\)R to have a significant impact on synaptic transmission (Barberis et al., 2011; Farrant & Nusser, 2005; Mody et al., 1994). Although synaptic GABA\(_A\)Rs open near-simultaneously (resulting in a relatively rapid rising phase), they remain open for different lengths of time, which means that a typical mIPSC has an initial rapid rising phase, followed by a relatively slow ‘decay’ phase back to the baseline. The rate of receptor deactivation (and desensitisation) may be influenced by differences in subunit composition, or even the presence of endogenous allosteric modulators of the GABA\(_A\)R, which can prolong the duration of decay time and therefore prolong the duration of phasic inhibition (Barberis et al., 2011; Farrant & Nusser, 2005; Mody et al., 1994; Peden et al., 2008).

1.2.10 Tonic inhibition

When GABA diffuses away from the synaptic cleft it may ‘spillover’ to activate neighbouring synapses, or even the synapses of adjacent neurones (Farrant & Nusser, 2005; Kullmann et al., 2005; Mody, 2001). In addition to synaptic spillover, low ambient concentrations of GABA may exert a persistent, or ‘tonic,’ effect on extrasynaptic GABA\(_A\)Rs that is distinct from phasic activation (Farrant & Nusser, 2005; Kullmann et al., 2005; Mody, 2001). Extrasynaptic GABA\(_A\)Rs often contain subunits such as the \(\alpha6\) or \(\delta\) subunits that are less commonly observed in the synaptic setting. These subunits have greater affinity for GABA, or lower rates of desensitisation (Brickley et al., 1999; Kullmann et al., 2005; Mody, 2001). While
Phasic activation has a crucial role in the transfer of inter-neuronal signals, tonic activation is less well understood, but appears to be important for preventing neuronal over-activation (Farrant & Nusser, 2005; Kullmann et al., 2005; Mody, 2001). The presence of an endogenous extrasynaptic outward tonic current may be revealed by the application of the GABA$_A$Rs antagonist bicuculline, which under conditions of equal intra- and extra-cellular chloride concentration and a negative holding potential, produces an outward current and an associated decrease in membrane noise as the tonically active GABA$_A$Rs shut (Herd et al., 2007).

### 1.2.11 Pharmacology

Therapeutic agents that target GABA$_A$R function are used in a variety of clinical settings including: anticonvulsants (lorazepam and phenobarbital); general anaesthetics (etomidate and propofol); anxiolytics and sedatives (diazepam and temazepam); and also to treat acute alcohol withdrawal syndrome (chlordiazepoxide; D'Hulst et al., 2009; Johnston, 2005; Korpi et al., 2002; Möhler, 2011). Drugs that activate the GABA$_A$R directly are termed agonists, while compounds that enhance the receptor's response to GABA, such as the benzodiazepines (BDZs) are referred to as positive allosteric modulators (D'Hulst et al., 2009; Johnston, 2005). Some of these drugs such as the general anaesthetics, barbiturates and neurosteroids act as positive allosteric modulators at low concentrations to enhance the effect of GABA, but at higher concentrations activate the GABA$_A$R directly (Belelli et al., 1996; Hales & Lambert, 1991; Johnston, 2005). In contrast, compounds that exert negative efficacy at the GABA$_A$R are termed allosteric inverse agonists, such as bicuculline (D'Hulst et al., 2009; Johnston, 2005). Compounds that bind allosterically but are without efficacy are termed allosteric antagonists, for example, flumazenil which reverses the allosteric modulation of the GABA$_A$R by BDZs (D'Hulst et al., 2009; Johnston, 2005; Möhler, 2011). Flumazenil is used clinically for the reversal of sedation associated with BDZ overdose (Veiraiah et al., 2012).
The diverse array of GABA<sub>A</sub>R modulators and the distinctive effects that different compounds exert is due to the existence of multiple binding sites on the GABA<sub>A</sub>R, which are influenced by subunit composition (Belelli & Lambert, 2005; Hevers & Lüddens, 1998; Siegert & Sperk, 2002). For example, the α-β interface is crucial for GABA binding, the α-γ interface is required for BDZ binding and the α-δ interface appears to mediate high affinity to GABA and certain neurosteroids (Brown et al., 2002; Cromer et al., 2002; D'Hulst et al., 2009). The relevance of these distinct binding sites may be illustrated using examples of drugs with specific binding properties, such as etomidate, 4,5,6,7-tetrahydroisoxazo[5,4-c]pyridine-3-ol hydrochloride (THIP) and BDZs.

The anaesthetic agent etomidate has greater efficacy for GABA<sub>A</sub>Rs containing the β2 or β3 subunits than β1 subunit (Belelli et al., 1997). Indeed, the hypnotic effects of etomidate are inhibited in ‘knock-in mice’ that have point mutations in the β2, or β3, subunits, β2N265S and β3N265M respectively (Jurd et al., 2003; Reynolds et al., 2003). THIP is a low affinity partial agonist at receptors expressing the γ subunit (i.e. most GABA<sub>A</sub>Rs), but has high affinity for GABA<sub>A</sub>Rs that express the α4β3δ subunits where it behaves as a ‘superagonist’ compared to GABA (Brown et al., 2002; Farrant & Nusser, 2005; Krogsgaard-Larsen et al., 2004). δ-GABA<sub>A</sub>Rs are predominantly located at extrasynaptic locations; therefore THIP is a useful pharmacological agent for the selective activation of tonic currents (Belelli et al., 2005; Farrant & Nusser, 2005).

1.2.12 Benzodiazepines

BDZs such as diazepam and chlordiazepoxide induce a conformational change in the GABA<sub>A</sub>R, which favours the open state of the channel, thus increasing the efficacy of GABA, but they cannot induce chloride currents themselves (D'Hulst et al., 2009; Hevers & Lüddens, 1998; Lüscher et al., 2012; Macdonald & Olsen, 1994; Study & Barker, 1981). This allosteric modulation of the GABA<sub>A</sub>R mediates their sedative, anxiolytic, anticonvulsant and muscle relaxant effects (Luscher et al.,
BDZs merit further discussion due to the important role that they have played in exploring the functional properties of the GABA\textsubscript{A}R.

Classical BDZs exhibit greater activity for GABA\textsubscript{A}Rs expressing the \( \gamma 2 \) subunit, rather than the \( \gamma 1 \), or \( \gamma 3 \) subunits (Pritchett \textit{et al.}, 1989) and they do not modulate GABA\textsubscript{A}Rs that lack the \( \gamma \)-subunit, \textit{i.e.} those that alternatively express the \( \delta \), \( \varepsilon \), \( \pi \) or \( \theta \) subunits (Rudolph & Knoflach, 2011). The \( \alpha \) but not the \( \beta \), subunit is also important for BDZ binding to the GABA\textsubscript{A}R (Korpi \textit{et al.}, 2002; Rudolph & Knoflach, 2011). For instance, GABA\textsubscript{A}Rs expressing the \( \alpha 1 \), \( \alpha 2 \), \( \alpha 3 \) or \( \alpha 5 \) subunits are highly sensitive to diazepam, while GABA\textsubscript{A}Rs expressing the \( \alpha 4 \) or \( \alpha 6 \) subunits are insensitive to diazepam (Rudolph & Knoflach, 2011). A single histidine residue of the \( \alpha 1 \) subunit (H101; Wieland \textit{et al.}, 1992) and phenylalanine and methionine residues at positions 77 and 130 respectively of the \( \gamma 2 \) subunit (Buhr & Sigel, 1997; Sigel & Lüscher, 2011) have been identified as being key to GABA\textsubscript{A}R sensitivity to BDZs. Thus, the BDZ binding site is at the interface between \( \alpha 1 \) and \( \gamma 2 \) subunits, in the large extracellular domain of the GABA\textsubscript{A}R and is homologous to the binding site for GABA at the \( \alpha - \beta \) interface (Lüscher \textit{et al.}, 2012).

The histidine residue H101 within the \( \alpha 1 \) subunit and the homologous residues \( \alpha 2\text{H}101 \), \( \alpha 3\text{H}126 \) and \( \alpha 5\text{H}105 \) are essential for GABA\textsubscript{A}R modulation by diazepam (Lüscher \textit{et al.}, 2012; Mohler, 2011). Behavioural and pharmacological investigations of ‘knock-in’ mice, where an arginine residue replaced the relevant histidine residue, enabled the study of the properties of individual \( \alpha \) subunits (Lüscher \textit{et al.}, 2012; Mohler, 2011). The \( \alpha 1 \) subunit mediates the sedative and amnesic effects of diazepam, while the \( \alpha 2 \) and \( \alpha 3 \) subunits mediate the anxiolytic effect of the drug (Lüscher \textit{et al.}, 2012). In addition, the \( \alpha 1 \), \( \alpha 2 \), \( \alpha 3 \) and \( \alpha 5 \) subunits mediate the myorelaxant effects of diazepam (Lüscher \textit{et al.}, 2012). \( \alpha 2 \) and \( \alpha 3 \) ‘knock-in’ mice have been used to demonstrate that the \( \alpha 2 \) and \( \alpha 3 \) subunits of GABA\textsubscript{A}Rs mediate the analgesic effect of BDZs (Knabl \textit{et al.}, 2008). Indeed, the ‘\( \alpha 1 \)-sparing’ BDZ-site ligand L-838,417 was highly effective against both inflammatory and neuropathic pain, without the usual BDZ side effects of sedation, ataxia and
tolerance by targeting neurones expressing the $\alpha_2$ and $\alpha_3$ subunits, but was ineffective in the ‘knock-in’ mice (Knabl et al., 2008).

1.2.13 The Glycine receptor

As mentioned above, the glycine receptor (GlyR) is also a member of the Cys-loop superfamily of ligand-gated ion-channels (LGICs; Connolly & Wafford, 2004; Lynch, 2009; Miller & Smart, 2010). The GlyR is an important mediator of neural inhibition within the spinal cord, brainstem and retina, but the receptor is also expressed at relatively low levels in other regions (Baer et al., 2009; Lynch, 2009). Functional GlyRs are comprised of five membrane-spanning subunits ($\alpha_1$-$\alpha_4$ and $\beta$) that form a central chloride ion-channel (Baer et al., 2009; Lynch, 2009). The receptor may be constructed solely from a single isoform of $\alpha$ subunits (homomeric), as is the case early in development, or it may contain $\alpha$ and $\beta$ subunits (heteromeric; Baer et al., 2009; Lynch, 2009). GlyRs may be distinguished from GABA$_A$Rs pharmacologically, because the former is sensitive to strychnine, while the latter is sensitive to bicuculline (Callister & Graham, 2010; Inquimbert et al., 2007; Keller et al., 2001; Mitchell et al., 2007). Indeed, these agents may be used to distinguish between the two receptors in electrophysiological studies of the dorsal horn neurones of the pain pathway (Inquimbert et al., 2007; Keller et al., 2001; Mitchell et al., 2007). In parallel with the GABA$_A$R, the GlyR plays an important inhibitory role in the dorsal horn of the spinal cord and potentially may be modulated by specific neuroactive steroids such as minaxolone (Mitchell et al., 2007). Indeed, the GlyR may also prove to be a therapeutic target for diseases associated with the lack of neural inhibition such as neuropathic pain syndromes (Inquimbert et al., 2007; Keller et al., 2001; Lynch, 2009).
Part 3. Neurosteroids

1.3.1 Overview

Steroid hormones are synthesised in peripheral endocrine glands such as the ovaries and the adrenal glands and regulate protein transcription at the level of the cellular nucleus (Reviewed in: Belelli & Lambert, 2005; Paul & Purdy, 1992; Picard & Yamamoto, 1987). They exert important long-term reproductive and neuroendocrine effects that may take hours, or days, to manifest (McEwen, 1991; Paul & Purdy, 1992; Sierra, 2004). However, metabolites of the steroid hormone progesterone have been shown to have rapid anaesthetic effects that are inconsistent with a genomic mechanism of action (Belelli & Lambert, 2005; McEwen, 1991; Paul & Purdy, 1992; Selye, 1941). Alphaxalone, a synthetic steroid structurally related to these progesterone metabolites was subsequently found to be an allosteric modulator of the GABA<sub>A</sub>R (Barker et al., 1987; Belelli & Lambert, 2005; Cottrell et al., 1987; Harrison & Simmonds, 1984). At low concentrations the progesterone-related neuroactive steroids typically exert their effects by increasing the sensitivity of the GABA<sub>A</sub>R to GABA, but at high concentrations may activate the GABA<sub>A</sub>R directly (Callachan et al., 1987; Peters et al., 1988; Shu et al., 2004).

Traditionally it was believed that neuroactive steroids were synthesised only in peripheral endocrine glands in response to physiological stimuli such as pregnancy, or emotional stress, and subsequently crossed the blood-brain barrier (Baulieu et al., 2001; Paul & Purdy, 1992; Purdy et al., 1991). However, it was discovered that neurones and glial cells within the CNS (including the cortex and thalamus) were able to synthesise neuroactive steroids, which were able to influence neuronal function in a paracrine, or autocrine, manner (Agis-Balboa et al., 2006; Baulieu et al., 2001; Do Rego et al., 2009; Lambert et al., 2003). Neurosteroids play a crucial role in the development and function of the CNS and they are implicated in the proliferation, differentiation, activity and survival of neurones (Belelli & Lambert, 2005; Do Rego et al., 2009; Mellon, 2007; Mellon et
In addition, changes in neurosteroid levels occur with certain forms of depression, epilepsy, schizophrenia, pregnancy, acute stress and Alzheimer's disease (Belelli et al., 2006; Gunn et al., 2011; Luchetti et al., 2011; Reddy, 2010).

1.3.2 Neurosteroid binding site

Radioligand binding and functional studies have demonstrated that neurosteroids enhance GABA_A R function by binding to a site(s) that is distinct from the BDZ and barbiturate binding sites (Callachan et al., 1987; Gee et al., 1988; Peters et al., 1988). Hosie et al., (2006) used molecular biology techniques in insects to indentify two discrete putative binding sites for neurosteroids in the transmembrane domain of the GABA_A R that mediate their potentiating effects and direct activation. Specifically, neurosteroids potentiate GABA from a cavity within the α subunit domain, while direct activation is via the α-β interface (Hosie et al., 2006). Using tight-seal cell attached electrophysiological recordings in which direct drug access to the membrane was prevented Akk et al., (2005) demonstrated that steroids can reach the GABA_A R either through plasma membrane lateral diffusion or via intracellular routes. In addition, a membrane-impermeable neuroactive steroid was only able to activate the GABA_A R when applied intracellularly (Akk et al., 2005). However, only the bath application of a membrane permeable neurosteroid potentiated the GABA_A R, suggesting that the neurosteroid either partitioned into the membrane, or diffused into the cell (Akk et al., 2005). The demonstration that intracellular neurosteroid is effective in modulating the GABA_A R is consistent with the hypothesis that neurosteroids may act in an autocrine fashion (Akk et al., 2009; Chisari et al., 2009).

1.3.3 Synthesis and metabolism

The initial rate-limiting step in the synthesis of neurosteroids is the translocation of cholesterol across the mitochondrial membrane by the 18 kDa translocator protein (TSPO; Rupprecht et al., 2010; Sierra, 2004; see Figure 2). TSPO functions
in a coordinated manner with the steroidogenic acute regulatory (StAR) protein to shuttle the hydrophobic cholesterol molecule across the aqueous intermembrane space of the mitochondrial membrane (Do Rego et al., 2009; Sierra, 2004). Cholesterol is then converted to pregnenolone by the cholesterol side-chain cleavage enzyme P450scc, which is located in the inner mitochondrial membrane (Do Rego et al., 2009; Mellon et al., 2001; Rupprecht et al., 2010; Sierra, 2004). Pregnenolone is the precursor for numerous synthesis pathways that result in the production of a wide range of neurosteroids, each with differing functions, and including: oestradiol, testosterone and progesterone (Baulieu et al., 2001; Do Rego et al., 2009; Mellon et al., 2001). Pregnenolone exits the mitochondria and undergoes a stepwise series of specific enzymatic conversions to produce allopregnanolone. The pathway is as follows: Pregnenolone is converted to progesterone by 3β-hydroxysteroid dehydrogenase (3β-HSD); Progesterone is converted to 5α-dihydroxyprogesterone (DHP) by 5α-reductase (5α-R); DHP is converted to allopregnanolone (5α3α) by 3α-hydroxysteroid dehydrogenase (3α-HSD).

In addition, the active compound allopregnanolone may be converted back to DHP, or to the inactive epiallopregnanolone (3β5α) (Belelli & Lambert, 2005; Mellon et al., 2001; Rupprecht et al., 2010; Schumacher et al., 2012; Stoffel-Wagner, 2003; see Figure 3). The neurosteroid synthesis pathways are complex, not fully understood and the expression of different subtypes of the relevant enzymes appears to be species-specific. For example, two types of 5α-R and four types of 3α-HSD have been identified and each of these isoforms has a different capacity to modulate the levels of active steroid hormones (Agis-Balboa et al., 2006, Li et al., 1997; Pelletier et al., 2004; Penning et al., 2000; Stoffel-Wagner, 2003; Tsuruo, 2005).
Figure 2 Modulation of the GABA$_A$R by endogenous neurosteroids.

Cholesterol is taken through the mitochondrial membrane by the translocator protein (TSPO) where it is converted to pregnenolone by the cytochrome P450 side chain cleavage enzyme. Pregnenolone undergoes stepwise enzymatic conversion to other neurosteroid compounds and ultimately allopregnanolone which modulates GABA$_A$R function. Neurosteroids may act via paracrine, or autocrine, mechanisms. Postsynaptic GABA$_A$Rs are activated by GABA that has been released from vesicles in the presynaptic nerve terminal. GABA induces a conformational change in the GABA$_A$R, which 'opens' its central pore, allowing the passage of chloride ions and the generation of mIPSCs. The negatively charged chloride ions typically induce hyperpolarisation of the neuronal membrane, which is associated with neuronal inhibition. Neurosteroids such as allopregnanolone enhance GABA$_A$R function and therefore facilitate neural inhibition.
Figure 3 Neurosteroid synthesis pathway

Allopregnanolone is synthesised from neurosteroid precursors by a sequence of enzymatic conversions. These neurosteroids have a characteristic steroidal structure composed of three 6-member and one 5-member carbon rings. Hydroxyl- and methyl- groups attached to specific locations are responsible for selective activity at receptors. Cholesterol is cleaved by the enzyme cytochrome P450scc within the mitochondria to form pregnenolone, which diffuses into the cytoplasm. Cytoplasmic pregnenolone is converted to progesterone by 3β-hydroxysteroid dehydrogenase (HSD), which is in turn reduced to DHP by 5α-reductase (5α-R). DHP is converted to allopregnanolone by 3α-HSD, which also catalyses the back-conversion reaction. The GABA_A-receptor modulatory compound allopregnanolone may be metabolised by 3(α→β) hydroxysteroid epimerase to the inactive compound epiallopregnanolone (Adapted from Schumacher et al., 2012).
The heterogeneous nature of enzyme expression can lead to regional (and species) variation in the levels of a given neurosteroid and may therefore affect its availability to modulate the GABA<sub>A</sub>R. For this reason, neurosteroid mediated GABAergic inhibitory tone may be relatively high in one region of the CNS, but less so in another (Belelli & Lambert, 2005; see section 1.3.4 for further details). In addition, pharmacological agents may be used to target different stages of the neurosteroid synthesis pathway to facilitate the study of neurosteroids and their precursors in the physiological setting as well as in pathological states and in neurodevelopment. The perturbation of neurosteroid levels is associated with numerous neuropathologies, therefore manipulation of their synthesis and metabolism could potentially be of therapeutic benefit (Gunn et al., 2011; Luchetti et al., 2011; Reddy, 2010; Rupprecht et al., 2010).

Numerous synthetic ligands exist for mitochondrial TSPO, including emapunil (XBD173), etifoxine, diazepam and 1-(2-chlorophenyl)-N-methyl-N-(1-methylpropyl)-3-isoquinoline carboxamide (PK-11195; Giatti et al., 2009; Papadopoulos & Lecanu, 2009; Rupprecht et al., 2010). The TSPO is considered to be a promising therapeutic target for the treatment of nerve injury and anxiety disorders via the enhancement of neurosteroidogenesis (Girard et al., 2008; Rupprecht et al., 2009, 2010). However, a TSPO ligand still requires the presence of all the key enzymes downstream in order for active neurosteroids such as allopregnanolone to be produced. The function of these enzymes has been the subject of numerous investigations: Finasteride inhibits the enzyme 5α-reductase (5α-R), which converts progesterone to DHP (which is subsequently converted to allopregnanolone; Aggarwal et al., 2010). Finasteride does not have a direct effect on synaptic GABA<sub>A</sub>Rs, but pre-treatment of the brain slice with finasteride can prevent the conversion of progesterone into the GABA-active neurosteroid metabolites in the hippocampal CA1 neurones of mature mice (Sanna et al., 2004). Interestingly, finasteride spinal slice treatment has been shown to reduce the duration of synaptic GABAergic events in the spinal LII neurones of immature rats, but had no effect on mature rats (Inquimbert et al., 2007; Keller et al., 2004). A similar phenomenon was observed in the cortical neurones of immature mice that were treated with another 5α-R inhibitor, 17β-17-[bis (1methylethyl) amino
carbonyl] androstane-3,5-diene-3-carboxylic acid (SKF 105111; Puia et al., 2003). Interestingly, when SKF 105111 was given by an in vivo intraperitoneal injection it reduced the endogenous concentration of allopregnanolone to a greater extent than when the brain slice tissue was incubated with the drug; 80 percent and 30 percent reductions respectively (Puia et al., 2003). These findings are consistent with the hypothesis that there is an endogenous neurosteroid tone in immature animals that has a significant modulatory effect on the GABA<sub>A</sub> R (Keller et al., 2004).

Medroxyprogesterone acetate (provera) and indometacin have been used as inhibitors of 3α-HSD, the enzyme that converts DHP into the active compound allopregnanolone (Askonas et al., 1991; Belelli & Herd, 2003; Belelli & Lambert, 2005; Duax et al., 1978; Hori et al., 2006; Sunde et al., 1982). 3α-HSD also inhibits the back reaction of allopregnanolone to DHP, thus inhibition of this enzyme has been shown to enhance the effect of exogenously applied allopregnanolone in dentate gyrus neurones of rats (Belelli & Herd, 2003). Interestingly, in the same dentate gyrus neurones, the synthetic neurosteroid ganaxolone had a greater effect on GABAergic synaptic events than allopregnanolone (Belelli & Herd, 2003). Ganaxolone is a metabolically stable synthetic analogue of allopregnanolone, the molecular structure of which differs only by having an extra methyl group i.e. 3β (adjacent to the hydroxyl group) that prevents oxidation to an inactive form (Carter et al., 1997; see Figure 3).

The cyclodextrins (CDs) have been used as pharmacological tools to study neurosteroids. The CDs are relatively large cyclic oligomers of glucose, which are barrel-shaped molecules with a hydrophilic exterior and a hollow lipophylic interior (Davis & Brewster, 2004; Adam et al., 2002; see Figure 4). These characteristics mean that CDs are water soluble, but are able to sequester smaller lipophilic molecules including certain neurosteroids (Shu et al., 2004, 2007). As a result of being trapped inside the CD molecule the neurosteroid agent is unable to exert an effect at the plasma membrane, such as the modulation of the GABA<sub>A</sub> R. CDs may be characterised by the size of the hydrophobic pore, which is determined by the number of glucose residues it contains.
The cyclodextrins (CDs) are relatively large cyclic oligomers of glucose, barrel-shaped molecules with a hydrophilic exterior and a hollow lipophilic interior. CDs are water soluble, but are able to sequester smaller lipophilic molecules including certain neurosteroids such as allopregnanolone. As a result of being trapped inside the CD molecule the neurosteroid compound is unable to exert an effect at the plasma membrane, such as the modulation of the GABA$_{A}$R. The three principal types of CD that have been described in the literature are the α-CD hexamer, the β-CD heptamer and the γ-CD octomer, these are characterised by the size of their hydrophobic pore, which is determined by the number of glucose residues present.
The three principal types of CD that have been described in the literature are the \( \alpha \)-CD hexamer, the \( \beta \)-CD heptamer and the \( \gamma \)-CD octomer (Cooper \textit{et al.}, 2005; Davis & Brewster, 2004). However, there are numerous possible CD configurations based on variation in ring-size and composition. \( \gamma \)-CD does not appear to modulate the \( \text{GABA}_A \text{R} \) directly (Shu \textit{et al.}, 2004, 2007). Paradoxically, in addition to removing endogenous lipophilic compounds from their potential target, the CDs may be used as complexing agents to solubilise lipophilic agents in aqueous solution (Brewster & Loftsson, 2007). Neuroactive steroids may be sequestered inside the lipophilic interior of CDs, thus allowing for injection \textit{in vivo} (Davis & Brewster, 2004). Once injected, the neurosteroids are able to leave the CD molecule due to the favourable concentration gradient, or be displaced by an endogenous lipid (Brewster & Loftsson, 2007). This property is useful because oil-based vehicles may cause localised inflammation and irritation at the injection site. CDs have various current applications, including the sequestration of the muscle relaxant agent rocuronium from the circulation in order to reverse muscle relaxation rapidly (Adam \textit{et al.}, 2002; Cooper \textit{et al.}, 2005).

1.3.4 Localisation and distribution

Immunohistochemical studies have investigated the cellular distribution patterns of the enzymes involved in the neurosteroid synthesis pathway, however, a somewhat inconsistent picture has emerged. Melcangi \textit{et al.}, (1990) found that \( 5\alpha \)-R activity was preserved in neurones, oligodendrocytes and astrocytes isolated from rat brains by density ultracentrifugation and also in neurones and glial cells grown in cultures. Subsequent immunohistochemical studies on the rat brain revealed \( 5\alpha \)-R to be expressed in glial cells, while studies on the mouse brain found that \( 5\alpha \)-R only appeared to be present in neurones (Agis-Balboa \textit{et al.}, 2006; Pelletier \textit{et al.}, 1994; Tsuruo, 2005). The reason for this discrepancy is uncertain but may be due to species-specific isoforms. A study using antibody-immunolabelling of allopregnanolone in rats found the neurosteroid had a wide distribution pattern, but that it only appeared to be present in neurones and not glial cells (Saalmann \textit{et al.}, 2007). Mass spectrometry and liquid, or gas
chromatography, have identified several free neuroactive steroids in the rat brain including allopregnanolone, along with their respective precursors (Caruso et al., 2008; Ebner et al., 2006). Separately, the GABAergic Purkinje cells of the cerebellum have been shown to synthesise progesterone de novo from cholesterol and to convert progesterone to allopregnanolone (Tsutsui, 2008). The neurosteroid-binding site appears to be within the transmembrane component of the GABA_AR and therefore accessible from within the cell or via external lateral diffusion (Akk et al., 2005). The high lipophilicity of neurosteroids is consistent with a proposed autocrine mechanism of GABA_AR activation (Akk et al., 2009; Chisari et al., 2009).

1.3.5 Modulation of the GABA_AR

Neurosteroids may modulate the GABA_AR at presynaptic, postsynaptic and extrasynaptic locations (Kullmann et al., 2005). The principle effect of neurosteroids on synaptic GABA_ARs is to increase the duration of inhibitory postsynaptic currents (IPSCs) by prolonging the channel opening time (Herd et al., 2007; Mitchell et al., 2008; Zhu & Vicini, 1997). Interestingly, the magnitude of neurosteroid effect on synaptic GABA_ARs is neurone specific (Cooper et al., 1999; Harney et al., 2003; Koksma et al., 2003; Vicini et al., 2002). Certain cerebellar and hippocampal neurones are sensitive to nanomolar concentrations of neurosteroids such as allopregnanolone, while hypothalamic magnocellular neurones may require micromolar concentrations of such steroids for modulation of GABA_ARs (Cooper et al., 1999; Harney et al., 2003; Koksma et al., 2003; Vicini et al., 2002). These differences in sensitivity may be related to the interaction of numerous factors including subunit composition, phosphorylation and metabolism (Belelli & Lambert, 2005).

Subunit composition appears to have a modest but potentially physiologically significant effect on the sensitivity of the GABA_AR to neurosteroids. The function of recombinant GABA_ARs containing the α1 or the α3 subunit were enhanced by concentrations of allopregnanolone that were more than ten times less than those
required for receptors containing the $\alpha2$ or $\alpha4$-$6$ subunits (Belelli et al., 2002). GABA$_{A}$Rs containing the $\delta$ subunit, rather than the $\gamma2$ subunit, exhibit the greatest magnitude of response to neurosteroids (Belelli et al., 2002; Brown et al., 2002; Mihalek et al., 1999; Wohlfarth et al., 2002). This may be important in the mediation of tonic inhibition where GABA$_{A}$Rs are exposed to low ambient concentrations of GABA (Belelli & Lambert, 2005; Farrant & Nusser, 2005). Indeed, $\delta$ ‘knock-out’ mice have a reduced behavioural response to the anxiolytic, hypnotic and convulsant effects of neurosteroids (Mihalek et al., 1999).

In keeping with this behavioural study, electrophysiological investigations have demonstrated that the neurosteroids allopregnanolone and tetrahydrodeoxycorticosterone (5$\alpha$-THDOC) have greater efficacy at GABA$_{A}$Rs expressing the $\delta$ subunit (Belelli et al., 2002; Brown et al., 2002; Glykys et al., 2007; Wohlfarth et al., 2002). In addition, the relatively low efficacy of GABA interacting at $\delta$ GABA$_{A}$Rs could be enhanced to high efficacy by neurosteroids modulating these receptors (Bianchi & Macdonald, 2003). Whole-cell voltage-clamp studies on cerebellar and dentate gyrus granule cells within brain slices found that 5$\alpha$-THDOC enhanced tonic, but not phasic inhibitory currents (Stell et al., 2003). In the same study, the magnitude of the tonic current in both dentate gyrus and cerebellar granule cells of $\delta$ ‘knock-out’ mice was reduced c.f. WT. Furthermore, the residual tonic current was not enhanced by 5$\alpha$-THDOC (Stell et al., 2003). These findings indicate that interaction of neurosteroids and $\delta$ GABA$_{A}$Rs is complex and other factors such as phosphorylation and local metabolism may be influential in the neurosteroid modulation of the GABA$_{A}$R (Belelli & Lambert, 2005; Brussaard et al., 2000; Harney et al., 2003; Hinkle & Macdonald, 2003; Koksma et al., 2003).

Presynaptic GABA$_{A}$R activation can increase, or decrease, the frequency of postsynaptic events depending on the nature of the chloride ion gradient across the membrane (Kullmann et al., 2005). If the intracellular chloride concentration is relatively high, GABA$_{A}$R activation could induce depolarisation of the presynaptic membrane. This change in the membrane potential could be sufficient to activate voltage-gated calcium channels and lead to an increased release of
neurotransmitter (Haage et al., 2002, 2005; Herd et al., 2007; Kullmann et al., 2005).

Phosphorylation of the GABA$_A$R can alter its sensitivity to neurosteroids in a complex and variable manner that is yet to be elucidated fully (Brussaard et al., 2000; Harney et al., 2003; Hinkle & Macdonald, 2003; Hodge et al., 1999; Koksma et al., 2003). A specific example of the transient effect that phosphorylation may have on the GABA$_A$R has been observed in rats in association with parturition. In pregnant rats, GABA$_A$Rs mIPSCs of oxytocin-secreting magnocellular neurones of the hypothalamic supraoptic nucleus are sensitive to neurosteroids (Brussaard et al., 2000; Koksma et al., 2003). However, on the day of parturition, the endogenous neurosteroid tone decreases significantly and the GABA$_A$Rs become steroid-insensitive. The net result of this process is that a physiological inhibitory brake is removed, thus allowing the release of oxytocin (Brussaard et al., 2000; Koksma et al., 2003). This change to inhibition is of physiological relevance because oxytocin plays a crucial role in parturition. The oxytocin surge is essential for the optimal timing of parturition, myometrial contractility and also lactation (Blanks & Thornton, 2003). The change in synaptic GABA$_A$R sensitivity to neurosteroids may be mimicked by the manipulation of protein kinase C (PKC) and phosphatases (Koksma et al., 2003).

1.3.6 Neurodevelopment

During early post-natal development a significant reduction in the duration of the decay time of synaptic GABA$_A$R events has been described in numerous regions of the CNS including: the spinal cord, thalamus, cerebellum, dentate gyrus, hypothalamus and cerebral cortex (Brickley et al., 1996; Draguhn & Heinemann, 1996; Dunning et al., 1999; Keller et al., 2004; Peden et al., 2008; Schlichter et al., 2006; Tia et al., 1996). The physiological impact of this process is thought to enhance the precision of motor coordination, sensory perception and cognitive
functioning (Takahashi, 2005). Changes in subunit composition with maturation, such as incorporation of the α1 subunit result in significantly faster decay kinetics of GABAergic synaptic events (Fritchy et al., 1994; Laurie et al., 1992; Okada et al., 2000; Vicini et al., 2001). However, subunit change is not the only factor to influence the exponential decay time of GABA<sub>A</sub>R-mediated mIPSCs. Indeed, dorsal horn neurones of the spinal cord exhibit shorter mIPSC decay times with development, P6-8, P13-23 and >P30 without the incorporation of the α1 subunit (Keller et al., 2004). In addition, it has been observed that neurones from mice that have been genetically modified to lack the gene responsible for the α1 subunit of the GABA<sub>A</sub>R still exhibit shorter mIPSC decay times with development (Bosman et al., 2002; Peden et al., 2008).

The reduction of GABA<sub>A</sub>R mIPSC decay times with development is paralleled by a reduction in the level of endogenous neurosteroids within the CNS (Keller et al., 2004; Grobin & Morrow, 2001; Mellon, 2001). The relative decline of neurosteroid levels is likely due to changes in the expression of 3α-HSD and 5α-R that have been observed within the CNS (Griffin et al., 2004; Kellogg & Frye, 1999; Mellon, 2001). The exact physiological significance of these changes is uncertain, but neurosteroids have numerous functions within the developing nervous system including proliferation, differentiation, activity and survival of nerve cells (Belelli & Lambert, 2005; Do Rego et al., 2009; Mellon, 2007; Mellon et al., 2001). The precise mechanisms by which allopregnanolone mediates neurodevelopmental actions is uncertain, but GABA<sub>A</sub>R-mediated depolarising currents (due to the delayed expression of the chloride ion transporter KCC2) and a consequent increase of intracellular calcium levels by activating voltage-gated calcium channels is a potential mechanism (Blaesse et al., 2009; Ben-Ari et al., 2007). Therefore, the modulation of GABA<sub>A</sub>Rs by allopregnanolone may result in the activation of signalling pathways mediated by calcium (Keller et al., 2004; Wang & Brinton, 2008).

In order to understand the role of neurosteroids in development it may be useful to consider a disease associated with a neurosteroid deficit. The neurodegenerative condition known as Niemann-Pick disease type C is
characterised by the accumulation of neuronal cholesterol, severe progressive CNS dysfunction and death in childhood (Griffin et al., 2004). In a mouse model of Niemann-Pick disease type C the ability to synthesise allopregnanolone across the developmental spectrum is reduced and the neonatal administration of allopregnanolone delayed the onset of neurological symptoms (Griffin et al., 2004).

1.3.7 Neurosteroids, pain and the GABA\textsubscript{A}R

A loss of physiological inhibitory tone is associated with hypersensitivity symptoms such as alldynia and hyperalgesia (Chen & Pan, 2002; Munro et al., 2009; Zeilhofer, 2008). The GABA\textsubscript{A}R is the major inhibitory receptor in the mammalian nervous system and as such it mediates inhibitory tone throughout the pain pathway (Munro et al., 2009, 2011; Zeilhofer, 2008). Reduced GABAergic inhibition within the dorsal horn of the spinal cord may be implicated in the development of hypersensitivity (Knabl et al., 2008; Munro et al., 2009; von Hehn et al., 2012; Zeilhofer, 2008). Therefore, pharmacological agents that enhance GABA\textsubscript{A}R function could be useful to counteract lost inhibitory tone (Knabl et al., 2008; Munro et al., 2009; Zeilhofer et al., 2009). Neurosteroids such as allopregnanolone are potent allosteric modulators of this receptor (Belelli & Lambert, 2005; Callachan et al., 1987). Indeed, an upregulation in the production of endogenous neurosteroids within the spinal cord in response to peripheral inflammation has been shown to have an analgesic effect (Poisbeau et al., 2005, Schlichter et al., 2006). The analgesic effect could be suppressed by the administration of finasteride to inhibit the enzyme 5\alpha-R, which converts progesterone to its more active metabolites (Poisbeau et al., 2005).

Neurosteroids such as progesterone have been studied for their potentially protective effects for a number of different neuropathologies including stroke, brain and spinal injuries (Mensah-Nyagan et al., 2009; Stein, 2008). Although there have been some promising preclinical studies, the mechanism of action is not fully understood and they have yet to be translated into useful clinical therapies (Leonelli et al., 2007; Mensah-Nyagan et al., 2009; Roglio et al., 2008; Stein, 2008).
In rats given chemotherapy, chronic administration of the neurosteroids progesterone, or allopregnanolone, were able to prevent the development of painful peripheral neuropathy (Meyer et al., 2010, 2011b).

The effects of progesterone-derived neurosteroids and their interaction with the GABA₆R has not yet been described in the setting of type-2 diabetes mellitus, but ostensibly would seem to be a logical area to study. Diabetic neuropathy has a large impact on society with limited management options. Mouse models that replicate the obesity, hyperglycaemia and neuropathy observed in humans have now been characterised (Drel et al., 2006; Latham et al., 2009; Lindstrom et al., 2007; Sullivan et al., 2007). Liquid chromatography and tandem mass spectrometry studies have demonstrated that the neurosteroid precursors pregnenolone and progesterone are decreased in the cerebral cortex, cerebellum and spinal cord of mice with streptozotocin-induced diabetes mellitus (Caruso et al., 2008).

The potential role of neurosteroids in painful diabetic neuropathy may be approached using a number of techniques, including: 1) Electrophysiological study of pain pathway neurones to characterise changes in GABA₆R function and neurosteroid tone at different stages of development and in animals with diabetic neuropathy. 2) Behavioural characterisation of mechanical and thermal nociceptive thresholds in WT and diabetic mice before and after neurosteroid administration.
Hypotheses

1. Synaptic GABA_A R mIPSCs change with development in pain pathway neurones.
2. The developmental change to GABA_A R mIPSCs is related, at least in part, to fluctuations in the levels of endogenous neurosteroid.
3. The neurosteroid tone may be altered in pathological states such as in mice with diabetic neuropathy.
4. Neuropathic sensitisation may be due to a reduction of physiological GABAergic inhibitory tone.
5. Replacement of endogenous neurosteroids by synthetic neuroactive steroids may be analgesic.
Chapter 2. Methods
2.1 Electrophysiology

In the twentieth century, the field of electrophysiology evolved in parallel with advances in electric circuitry. A major breakthrough came in 1976 when Neher and Sakmann developed the patch-clamp technique, for which they would later be awarded the Nobel Prize for Physiology (Hamill et al., 1981; Neher & Sakmann, 1976). The whole-cell patch-clamp method involves placing the hollow tip of a glass microelectrode directly onto the surface of a neurone under the microscope in order to make real-time electrical recordings. Gentle suction facilitates the formation of a tight (giga-Ohm) seal between the glass electrode and the cell membrane. This versatile and sensitive technique is technically challenging to perform, but can yield important insights into ion-channel function. An electrical circuit is set up that incorporates the neurone, microelectrode, current monitoring system and a specialised amplifier (Figure 5). Within the circuit, the resistance is fairly constant and the voltage may be ‘clamped’ at a specific point, thus changes to the current associated with ionic flux may be studied using Ohm’s law \( I = V/R \). When an agonist binds to a synaptic receptor it induces a conformational change, which opens the channel allowing ions to travel across the membrane according to their electrochemical gradient. This process may be manipulated pharmacologically and the effects observed using electrophysiological techniques.

This study focuses on the mIPSCs of GABA\(_A\)Rs that are induced only by the mono-vesicular release of GABA at single synapses. This is because action potential driven multi-vesicular GABA release is often not simultaneous, therefore the resultant IPSCs are summated and difficult to interpret accurately. In order to isolate the postsynaptic GABA\(_A\)R mIPSCs it is necessary to use kynurenic acid and strychnine to block glutamate and glycine receptors respectively and tetrodotoxin is used to prevent voltage activated sodium channel-mediated action potentials and hence prevent evoked IPSCs.
A glass microelectrode with a hollow tip is placed directly onto the surface of a neurone under the microscope in order to make real-time electrical recordings using the whole-cell patch-clamp method. An electrical circuit is set up that incorporates the neurone, microelectrode, current monitoring system and a specialised amplifier. Within the circuit, the resistance is fairly constant and the voltage may be 'clamped' at a specific point, thus changes to the current associated with ionic flux may be studied using Ohm's law \( I = V/R \). When an agonist binds to a synaptic receptor it induces a conformational change, which opens the channel allowing ions to travel across the membrane according to their electrochemical gradient. This process may be manipulated pharmacologically and the effects observed using electrophysiological techniques.
2.2 Breeding and housing of mice

The study was performed under the project licences of my supervisors and as such, has been subjected to rigorous ethical review. All procedures were carried out in compliance with the University of Dundee code of practice. Wild Type (WT) mice aged less than 2 months were obtained from an in-house colony. C57/ Bl6J Mice aged 2 months were purchased from Charles River, UK while OlaHSD ob/ob mice, db/db mice and their respective strain-matched WT littermates were purchased from Harlan UK and housed in the same in-house colony. Animals were kept under an alternating 12hr light/dark cycle and had ad libitum access to food and water. Prior to dissection mice were killed instantly by cervical dislocation in accordance with Schedule 1 of the Animals (Scientific Procedures) Act 1986 (UK).

2.3 Spinal cord dissection technique

Spinal cord extraction from a mouse had not been performed within the host laboratory before and therefore this technique needed to be developed. This was achieved by reviewing the literature, by drawing upon the knowledge of a laboratory colleague who had previously worked with rat spinal cord slices in the sagittal plane and also by contacting colleagues in other research groups for advice. The relatively small size of the mice (particularly early in development) presented a considerable technical challenge. The removal of a spinal cord in good condition required a significant amount of training and experience. The two main techniques for obtaining the spinal cord in rodents are hydraulic extrusion and anterior laminectomy (Chery & De Koninck, 1999; Chery et al., 2000; Keller et al., 2001). After initial success with hydraulic extrusion the anterior laminectomy technique was adopted in an effort to improve reliability. Dr Gareth Miles (Principle Investigator) and Dr Catherine Dunford (former PhD student) of the University of St Andrews use the anterior laminectomy technique and a visit was made to their laboratory to observe their approach. After observing these methods I adapted their technique for use in my host laboratory.
Hydraulic extrusion

Mice were killed using the cervical dislocation method (Schedule 1) and then decapitated. The body was then submerged immediately in the prone position into a bath of ice-cold oxygenated (95% O₂ / 5% CO₂) artificial cerebrospinal fluid (aCSF) containing: 225mM sucrose, 10mM glucose, 10mM MgSO₄, 26mM NaHCO₃, 1.25mM NaH₂PO₄, 2.5mM KCl, 0.5mM CaCl₂, 1mM ascorbic acid and 3mM pyruvic acid (total osmolarity ~330mosm/l). Scissors were used to remove a 1cm wide strip of skin to expose the fascia-covered dorsal aspect of the spinal column. Toothed forceps held the body, while fine scissors were used to extract the entire spinal column carefully from the carcass. The spines were palpated to identify the presence of any fractures of the (thoracic) vertebrae. Generally, fractures were associated with unsuccessful extrusion, but this problem could be minimised by trimming the column below the level of the fracture. A razor blade was used to cut through the spinal column perpendicularly at the mid-thoracic and sacral levels. Any blood and debris was washed off using a 10ml syringe and the caudal end of the cord was trimmed further as required using the razor blade. This approach allowed the cauda equina to be visualised within the sacral end of the spinal canal. A 21-gauge needle (connected to a 20ml syringe filled with sucrose solution) was then inserted into the spinal canal. Manual pressure was applied to the plunger, which generated hydraulic pressure within the spinal canal, forcing the spinal cord to be expelled into the ice-cold solution. The dura was then removed to prevent it impairing the process of slicing the spinal cord.

Anterior Laminectomy

Mice were killed by cervical dislocation (Schedule 1) and then decapitated. The body was immersed in ice-cold oxygenated, aCSF solution and after placing it supine, the limbs were extended and pinned to the floor of a dissection chamber, modelled on the vessel used by the Miles laboratory in St Andrews. [The base of a small oblong can (Herring in Mustard and Dill Sauce, John West Ltd) was filled with black Sylgard to a depth of 1-2 mm to enable the animal body to be pinned down
for dissection.] A gaseous mix of 95% O$_2$ / 5% CO$_2$ was bubbled into the chamber continuously and it was placed into a tray of ice to maintain the low temperature required to preserve the tissue.

Scissors (9cm, No. 14568-09, FST, Heidelberg, Germany) were used to cut away the skin to expose the thoracic cage. The ribs were then cut either side of the sternum to open the thoracic cavity. The internal organs were removed to reveal the anterior aspect of the vertebral column. Small toothed forceps grasped the most cephalad vertebral body at the cervical level and the fine scissors (No. 15006-09, FST, Heidelberg, Germany) were used to cut the vertebral arches immediately posterolateral to the vertebral bodies. By this method the vertebral bodies were detached consecutively to reveal an intact spinal cord. The cervical end of the cord was then grasped with the fine forceps and peeled out of the vertebral canal gently using fine scissors (No. 15008-08, FST, Heidelberg, Germany) to cut through the roots. The cord was pinned to the chamber and the remaining dura and nerve roots were removed to facilitate optimal slicing. Removal of the dura and nerve roots is a crucial step to facilitate the success of the preparation.

2.4 Spinal cord slice preparation

Initial technique: No supporting block

The cord was removed from the solution by grasping the caudal tip with fine forceps and then placed briefly onto moist filter paper to remove excess solution. The cord was then placed onto a 1cm cube of polystyrene/Sylgard/agar, which had previously been glued onto the metal disc. The flat thoracic end was held in place using a small amount of glue on the metal disc and by mild natural adherent properties to the cube. A Leica VT1000S vibratome (Heidelberg, Germany) was set to a forward speed of ~0.08mm/s and to the maximal side-to-side vibration speed of approx. 80Hz. Horizontal, thoracolumbar slices, (300-350μm) were cut and transferred onto a nylon mesh platform within a storage chamber containing oxygenated (95% O$_2$ / 5% CO$_2$) artificial extracellular solution (aECS) comprising: 126mM NaCl, 10mM glucose, 2mM MgCl$_2$, 26mM NaHCO$_3$, 1.25mM NaH$_2$PO$_4$,
2.95mM KCl, 2mM CaCl₂, 1mM ascorbic acid, 3mM pyruvic acid and 2mM kynurenic acid (Total osmolarity ~310mOsm/l). Slices were stored at room temperature for at least one hour before being used to obtain electrophysiological recordings.

**Definitive technique: Agar block**

This technique was first observed in the Miles Group Laboratory, University of St Andrews and modified slightly to suit requirements. Agar powder was dissolved in aCSF solution at a concentration of approximately 1% and heated for approximately 20-30 seconds in a microwave oven in a glass beaker until just before it started to boil. The agar solution was allowed to cool to ~36°C while being stirred continuously. The agar was poured into a small agar plate and the spinal cord placed into the gel itself before it set. After setting, a cuboid of agar containing the cord was then extracted from the plate. The agar cube was glued onto the vibratome platform with another cube of sylgard, or agar (10%) alongside for support. The agar provided support for the cord and typically released the small slices after slicing.

**Brain slicing technique**

Mice were killed using the cervical dislocation method (Schedule 1) and then decapitated. The head was then submerged immediately into a bath of ice-cold oxygenated (95% O₂ / 5% CO₂) aCSF. For all nRT preparations the aCSF solution was the same as that described above for spinal cord but the sucrose concentration was increased to 234mM giving a total osmolarity of ~340mOsm/l as this improved the condition of the slices. For cortical preparations in mice below 2 months of age the aCSF was the same as for the spinal cord. Neuronal viability deteriorates with increasing age and for mice above the age of 2 months, including all ob/ob and db/db, a different solution was required to optimise the condition of the slices. This consisted of 140mM potassium gluconate, 10mM HEPES, 15mM
sodium gluconate, 0.2mM EGTA, 4mM NaCl, 1mM ascorbic acid and 3mM pyruvic acid. Sodium hydroxide solution was then added to bring the pH up to 7.2. The brain was removed carefully from the skull and slices were obtained using a Vibratome series 1000 PLUS Sectioning System (Intracell, Royston, Hertfordshire, UK). Cortical slices were cut in the coronal plane and nRT slices in the horizontal plane. Slice thickness was greatest for the youngest mice and least for the oldest mice. For instance, at postnatal day 6 (P6) it was 350µM while at postnatal day 60 (P60) it was 250µM. Slices were transferred immediately to a storage chamber as previously described for the spinal cord.

Electrophysiology

Subsequently, the slices were transferred to a recording chamber under an Olympus BX51WI fixed-stage upright microscope. An infrared differential interference contrast disc and a water immersion objective (x 40) were used for visualisation of neurones within the spinal, or brain, tissue. The chamber was perfused continuously with oxygenated aECS. Slices were held in position using a small grid, fashioned using a flattened platinum wire and pieces of nylon tights. A magnification chamber (x 1.6) was also used to increase the magnification of the image further. Microscopic images were visualised on a video monitor to facilitate the experimental process.

Lamina II (LII) neurones of the dorsal horn of the spinal cord are typically oblong in shape. They were selected visually from the translucent band of neural tissue that lies between LI and LIII. The dorsal horn of the spinal cord is comprised of LI and LII and has an integral role in transmission of nociceptive impulses from the periphery to higher centres (D’Mello & Dickenson, 2008). Previous work has suggested that loss of fast synaptic inhibition mediated by the GABAAR located on LII neurones may be implicated in the development of allodynia and hyperalgesia (Keller et al., 2004, Sivilotti & Woolf, 1994). In addition, the upregulation of endogenous neurosteroids in response to peripheral inflammation may mediate an endogenous analgesic effect (Poisbeau et al., 2005).
Neurones of the nRT are also oblong in shape and form a distinct longitudinal band immediately lateral to the perpendicularly striated ventrobasal (VB) complex of the thalamus. This anatomical relationship facilitates visual identification. The VB complex relays somatosensory impulses from the spinal cord to higher centres. Neurones of the nRT mediate GABAergic inhibitory tone over VB neurones, thus providing physiological regulation of somatosensory transmission (Arcelli et al., 1997; Clascá et al., 2012; Cox et al., 1997; Gentet & Ulrich, 2003; Huh, 2012).

Pyramidal neurones located in layer 2-3 of the cerebral cortex are easy to identify due to their distinctive shape comprising pyramid-shaped body with prominent apical dendrite. There is also a pronounced natural demarcation between layers 1 and 2 of the cortex. The former contains few cell bodies while the latter contains densely packed neurones (mostly pyramidal). Cortical neurones are organised into functional units comprising vertical columns from layer 2-6. These layers receive direct synaptic connections from the thalamus and layer 2-3 pyramidal neurones also provide intercortical GABAergic inhibitory modulation (Clascá et al., 2012; DeFelipe & Farinas, 1992; Mountcastle, 1997).

Whole-cell patch-clamp recordings were obtained using an Axopatch 200B amplifier with up to 75% capacitance compensation. All recordings were made at a holding potential of -60mV and at a temperature of 35°C. The extracellular solution contained kynurenic acid (2mM), strychnine (0.5μM) and tetrodotoxin (0.5μM) to antagonise ionotropic glutamate, glycine receptors and voltage-gated sodium channels respectively. Patch electrodes were prepared from thick walled borosilicate glass capillaries (Garner Glass Co., Claremont, CA, USA). Such electrodes had an open-tip resistance of ~4MΩ when filled with intracellular solution containing: 135mM CsCl, 10mM HEPES, 10mM EGTA, 1mM CaCl₂, 1mM MgCl₂, 2mM Mg-ATP, 5mM QX-314, pH approx 7.2. The osmolarity was approximately 310mOsmol/l. Typically, the mean whole-cell capacitance was 5-15pF and only recordings where the series resistance changed by less than 20% were analysed. A 2 kHz frequency filter was used for all recordings and analysis of each cell was performed offline as described below.
2.5 Data analysis

The Strathclyde Electrophysiology Software, WinEDR and WinWCP, (Dr J Dempster, University of Strathclyde, Glasgow, UK) was used for the analysis of recordings. Only recordings that met specific quality criteria were included in the analysis. mIPSCs were detected with an amplitude threshold of at least -5pA and duration > 2ms. Each individual mIPSC was then inspected visually to ensure validity and exclude artifactual events. mIPSCs with a rise time of more than 1ms were excluded to prevent the inclusion of events originating from a distal source. At least 50 events were sought for each recording, and their peak amplitude, rise time (10-90%), charge transfer (area under the curve) and $T_{70}$ (time required to decay by 70%), were analysed. The mIPSCs were digitally averaged by alignment at the midpoint of the rising phase. The mIPSC decay was fitted by monexponential ($y(t) = Ae^{-t/\tau}$) and biexponential ($y(t) = A_{\text{fast}}e^{(-t/\tau_{\text{fast}})} + A_{\text{slow}}e^{(-t/\tau_{\text{slow}})}$) functions to determine which one was more appropriate. ($A$ is amplitude, $t$ is time and $\tau$ is the decay time constant; Figure 6).

The mIPSC exponential decay time $\tau_w$ (weighted Tau), is a mathematical constant generated by considering the fast initial component of biexponential decay $\tau_1$ and the later slower component $\tau_2$. The value of $\tau_w$ is determined for the mean mIPSC for each cell by determining the relative proportion that $\tau_1$ and $\tau_2$ contribute to the biexponential decay. The following equation was used: $\tau_w = P_1\tau_{\text{fast}} + P_2\tau_{\text{slow}}$, where $P_1$ and $P_2$ represent the proportions of the synaptic current decay curve described by each component (Figure 7).
Figure 6 Superimposed individual mIPSCs from spinal & cortical neurones.

(A) Superimposed individual mIPSCs from a single spinal neurone showing intra-cell variation in the peak amplitude. Note the 'noisy' appearance of individual mIPSCs. (B) Superimposed individual mIPSCs from a single cortical neurone. (C) An averaged cortical mIPSC composed of 172 individual events extracted from one representative (or exemplar) recording. Note the rise time, peak amplitude and the decay time constant $\tau_w$. 
mIPSCs were digitally averaged by alignment at the midpoint of the rising phase. The mIPSC decay was fitted by monexponential \( y(t) = Ae^{-t/\tau} \) and biexponential \( y(t) = A_{\text{fast}}e^{-t/\tau_{\text{fast}}} + A_{\text{slow}}e^{-t/\tau_{\text{slow}}} \) functions to determine which one was more appropriate. \( A \) is amplitude, \( t \) is time and \( \tau \) is the decay time constant. The mIPSC exponential decay time \( \tau_w \) (weighted Tau), is a mathematical constant generated by considering the fast initial component of biexponential decay \( \tau_1 \) and the later slower component \( \tau_2 \). The value of \( \tau_w \) is determined for the mean mIPSC for each cell by determining the relative proportion that \( \tau_1 \) and \( \tau_2 \) contribute to the biexponential decay. The following equation was used: \( \tau_w = \tau_{\text{fast}}P_1 + \tau_{\text{slow}}P_2 \), where \( P_1 \) and \( P_2 \) represent the proportions of the synaptic current decay curve described by each component.
The signal-to-noise ratio prevents the meaningful fitting of time constants to individual mIPSCs. To investigate the kinetics of individual mIPSCs the parameter of $T_{70}$ was determined. This parameter can be readily determined for individual mIPSCs and was chosen rather than the $T_{90}$, which is subject to imprecision due to artefact, or fluctuations, in the tail of the synaptic event.

The tonic current was analysed with the same software package Win EDR utilised for the analysis of the synaptic events (Dr J Dempster, University of Strathclyde, Glasgow, UK). The baseline current and noise were sampled every 51.2ms over a 60 second period for each section analysed. At the sampling rate of 10kHz, one data point consisted of 512 baseline points. Recordings were scrutinised in order to remove mIPSCs and artefacts. Recordings made pre- and post- drug application were compared to determine if there were significant changes to the baseline holding current. In some recordings, the baseline holding current can drift spontaneously over time. Only baseline shifts that were twice the standard deviation of the control section were considered genuine effects. This provided a systematic and reproducible way of determining if a shift in the baseline current in response to an applied drug was genuine, or not.

The frequency of mIPSCs was also analysed using the WinEDR software. An event detection protocol was initiated with 1ms dead time over for at least 40 seconds. Two separate sections of recording were analysed and the mean value of the two sections combined was used to derive the frequency for an individual neurone. Each section was inspected carefully to remove spurious ‘hits’ and to insert any missed events. If an individual event was contaminated by a second event, then both events were counted (in contrast to the analysis of mIPSC decay time, when these events were omitted).
2.6 Drug and solution preparation and administration

The numerous salts used in the preparation of aECS and aCSF solutions were purchased from VWR (West Chester, Pennsylvania, USA). Strychnine (Sigma Chemicals, St. Louis, MO, USA), tetrodotoxin (Tocris, Bristol, UK) and bicuculline (Axxora, Nottingham, UK) and THIP (generous gift from B Ebert) were prepared as concentrated stock solutions in double-filtered water to be added to the aECS. Other compounds such as progesterone, ganaxolone, allopregnanolone, dihydroxyprogesterone, provera, indometacin, finasteride, diazepam and flumazenil were (purchased from Tocris or Sigma) and prepared as concentrated stock solutions in DMSO. The cyclodextrins (Sigma) were dissolved directly into the aECS, or the intracellular solution, as outlined in the results section.

Brain and spinal cord slices were placed under the microscope into a transparent plastic chamber filled with aECS. The aECS was perfused through the chamber using a rate-adjustable gravity-based system consisting of plastic tubing that connected an oxygenated reservoir to the chamber. Simultaneously, a peristaltic pump system (Minipuls 3, Gilson, UK) drained the aECS from the opposite side of the chamber and recycled it back to the reservoir. The fluid-filled circuit also ran through a custom made heating system (G23, UCL, London, UK) controlled by a temperature monitoring system (School of Pharmacology, London, UK) that maintained the near physiological temperature of 35°C throughout the course of every experiment (physiological temperature= 36.5-37.5°C).

2.7 Behavioural experiments

Drug administration

The drug, or vehicle, was administered by intra-peritoneal injection using a fine 1ml syringe and tail flick recordings were made pre- and post- injection. Neurosteroids are lipophilic compounds that have very limited solubility in aqueous solution, but can be solubilised in 0.9% saline using 2-hydroxy propyl ß-
cyclohexatin to facilitate administration (Besheer et al., 2010; Carter et al., 1997; Reddy & Rogawski, 2010). Neurosteroids were therefore administered in 40% β-cyclohexatin solution.

**Rotarod test**

The rotarod test comprises an elevated rotating cylinder upon which a rodent is placed (Jones & Roberts, 1968; Pritchett & Mulder, 2003). In order to avoid falling off the rotarod, the mouse must maintain constant motion; hence it is a test of forced motor activity (Jones & Roberts, 1968; Pritchett & Mulder, 2003). To remain on the rotarod while it accelerates at a set rate the mouse requires balance and coordination. The rotarod may be used to test motor function after the administration of novel agents as part of the drug development process, or to characterise neurodegenerative conditions such as Huntington’s disease and Parkinson’s disease (Pallier et al., 2009; Shiotsuki et al., 2010). Mice were placed on the rotarod and the accelerating rotarod protocol was used. Specifically, the rod starts to rotate at 6 revolutions per minute (rpm) and is then increased in 4 rpm increments up to a maximum of 50 rpm. The experiment continues until the mouse falls off, or until the cut-off time of 300 seconds has elapsed.

**Thermal nociception**

The tail flick test was first described in 1941 as a simple and reproducible measure of thermal pain and has become a standard behavioural test in rodents. In the initial description, heat from a light bulb was focused directly onto the tail of a rat and the latency time until the tail was flicked away was recorded with a stopwatch (D’Armour & Smith, 1941, Mogil et al., 2009). For the purposes of the experiments described here a modified tail flick test was employed. Thermal nociceptive thresholds were assessed by the immersion of 2cm of the animal’s tail in a water bath maintained at a specified temperature such as 40-50 °C until the tail flick manoeuvre was initiated. The tail flick latency time was recorded and this parameter was used to compare the effect of neurosteroids versus injection of
control vehicle and baseline measurements. A cut off time of 15 seconds was used to minimise the likelihood of tissue damage. The results of each experiment may be expressed in seconds, or as a percentage of the maximum possible effect (MPE) \textit{i.e.} a percentage of 15 seconds.

**Mechanical nociception**

In the late nineteenth century, Max von Frey explored sensory thresholds using a variety of objects including tough horsehair. His ideas were developed by others and nylon von Frey filaments are now used routinely in human and animal research (Mogil et al., 2009, Pearce 2006). A series of calibrated von Frey filaments (Ugo Basile, It) were employed to characterise mechanical nociceptive thresholds in WT and \textit{ob/ob} mice. The mice were placed into clear plastic cubicles on top of a raised platform (Ugo Basile, Italy) with a meshed surface and allowed to acclimatise to the new environment for 30 minutes. The tip of the von Frey filament was pressed carefully onto the middle of the ventral (‘palmar’) surface of the hindpaw. Sufficient force to induce bending of the shaft of the filament was applied for up to 5 seconds and the presence of a withdrawal response noted if it occurred. The procedure was repeated until each hindpaw had received 5 presses of the filament. Only robust and immediate withdrawal responses were considered as positive. Each mouse could have a maximum score of 10 (five for each paw). Testing would commence with the thinnest filament used and then progress to thicker filaments. Pilot studies were carried out to determine the optimal four filaments to be used in the mice; 0.16g, 0.4g, 0.6g and 1g filaments. They elicited a response in approximately 20\%, 40\%, 60\% and 90\% of occasions when applied to adult WT mice. This meant that these filaments could be used to test for the presence of mechanical allodynia, hyperalgesia and nociceptive pain in the \textit{ob/ob} mouse. This method was adapted from work published in rats with neuropathic sensitisation (Meyer et al., 2011).
Cold allodynia test

The sensing of a wide range of environmental temperatures is a useful physiological process that confers survival advantages in many species. Indeed, adapting to a cold external environment can be as important as withdrawing from a burning hot stimulus. The thermal gated ion channels TRPM8 and TRPA1 appear to be important to the generation of an afferent neural impulse in response to a cold stimulus in the noxious range. Increased sensitivity to cold stimuli is a common symptom associated with neural injury and although the underlying mechanisms responsible for this phenomenon are poorly understood it may be related to increased expression of TRPM8 and TRPA1 channels (Belmonte et al., 2009; Knowlton et al., 2010). Conversely, knockout of TRPM8 in mice results in a significantly reduced response to cold stimuli such as topical acetone (Belmonte et al., 2009). When acetone is applied topically to the skin it evaporates and induces a cold sensation. When neural hypersensitivity is present acetone may induce a temporary noxious stimulus. Acetone has therefore been used to elicit cold allodynia in animals with chemotherapy-induced neuropathic hypersensitivity (Flatters & Bennett, 2004, Gauchan et al., 2009, Meyer et al., 2011).

Mice were placed into the same apparatus as described previously in the mechanical nociception section. A drop of acetone was applied to the ventral (palmar) surface of the animal’s hindpaw using a modified 1ml syringe. A standardised scoring procedure was used to record the effect of acetone application with slight modification of that described previously in the literature (Flatters & Bennett, 2004). After the application of acetone, the mouse was observed for 20 seconds and if a response was elicited, the animal was observed for an additional 20 seconds in order to ensure that pain related behaviour was evoked rather than merely a startle response. The process was performed twice on each hindpaw after an interval period. In the event that it was felt that the drop had missed the paw it was reapplied immediately.
The following scoring system was used:

0 No response

1 Quick withdrawal, flick or stamp of the paw only

2 Prolonged/repeated flicking of the paw and/or abnormal hindlimb posture/limping

3 Same as (2) but with additional licking of the ventral surface of the affected paw

2.8 Statistical analysis

All data in the results section are expressed as the arithmetic mean ± the standard deviation (SD). The following statistical tests were employed where appropriate for the electrophysiological data: Student’s t test (Excel, Microsoft Office), One-way ANOVA, One-way and Two-way RM ANOVA (Sigmastat) and the Kilmogovov Smirnoff test (SPSS software, IL, USA). The following non-parametric statistical tests were employed for the behavioural data: Mann-Whitney Rank Sum test, Kruskal Wallis one-way ANOVA on ranks and the Wilcoxon signed rank test (before & after; Sigmastat).
Chapter 3: A characterisation of GABA-ergic synaptic events with development at three levels of the pain pathway in WT mice.
Inhibitory synaptic transmission innervating neurones at three levels of the pain pathway was studied using the whole-cell patch-clamp electrophysiological technique. Neuronal recordings were made from C57/Bl6 mice in lamina II (LII) of the dorsal horn of the spinal cord, the nucleus reticularis (nRT) of the thalamus and layer 2/3 of the cerebral cortex (See Figure 8). These neurones were selected for study due to their modulatory role in nociceptive transmission, associated with the perception of pain in humans (Clascá et al., 2012; Cox et al., 1997; DeFelipe & Farinas 1992; D’Mello & Dickenson 2008; Gentet & Ulrich 2003). Previous work in the host laboratory (Brown, 2012) on mouse neurones of the cortex and thalamocortical neurones of the ventrobasal thalamus revealed that fluctuations in the endogenous neurosteroid tone during development (P7–P24) influenced the duration of miniature inhibitory postsynaptic currents (mIPSCs). Such events arise from the activation of synaptic GABA<sub>A</sub>Rs by synaptic GABA released from a single vesicle (as described in Part 2 of the Introduction). Previous studies have proposed that similar changes to the properties of spinal LII mIPSCs may occur with development in rats (Inquimbert et al., 2007; Keller et al., 2001, Keller et al., 2004; Poisbeau et al., 2005) and mice (Rajalu et al., 2009).

3.1 The decay time of GABA<sub>A</sub>R mIPSCs of LII spinal neurones decreases with development.

Whole-cell voltage-clamp recordings from LII neurones of the dorsal horn were made for C57/BL6 mice of both sexes from three post-natal age groups: 8-11 days, 17-25 days and 60-75 days. Analysis of phasic inhibition (as described in the Methods section) included the amplitude, the decay kinetics, the charge transfer, the frequency and the rise time of mIPSCs recorded from lamina II neurones of the mouse spinal cord. The mean peak amplitude of LII mIPSCs for the three age groups studied here (P8-11 = -45 ± 4 pA, n = 26 neurones; P17-25 = -43 ± 2.7 pA, n = 31 neurones; P60 = -41 ± 4.6 pA, n = 13 neurones) did not differ significantly with development (One way ANOVA, P >0.05; Table 1).
Figure 8 Representative current traces from neurones aged P17-25 exhibiting GABA<sub>A</sub>R mIPSCs from three levels of the pain pathway illustrating the regional variations.

(A) A two second section of current recording from a representative LII spinal neurone voltage clamped at -60mV and recorded in the presence of 0.5μM TTX, 0.5μM strychnine and 2mM kynurenic acid. The downward deflections are GABA<sub>A</sub>R mIPSCs. (B & C) Current recordings from representative nRT and L2/3 cortical neurones aged P17-25 under the same conditions. Note that mIPSCs from nRT and LII neurones have a similar appearance, while the cortical mIPSCs have a much shorter duration.
Table 1  The decay time of GABA\_A R mIPSCs of LII spinal neurones decreases with development

<table>
<thead>
<tr>
<th></th>
<th>P8-11 (n=26)</th>
<th>P17-25 (n=31)</th>
<th>P60-75 (n=13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amplitude (pA)</td>
<td>-45 ± 4</td>
<td>-43 ± 3</td>
<td>-41 ± 5</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.6 ± 0.1</td>
<td>0.6 ± 0.1</td>
<td>0.5 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>**-965 ± 82</td>
<td>-821 ± 89</td>
<td>-652 ± 80</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>**26.5 ± 3</td>
<td>**19.6 ± 2</td>
<td>17.6 ± 2</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>**24.8 ± 2</td>
<td>**19.4 ± 2</td>
<td>17.5 ± 2</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>1.1 ± 0.2</td>
<td>0.6 ± 0.1</td>
<td>0.7 ± 0.2</td>
</tr>
</tbody>
</table>

**P < 0.05; One-way ANOVA, statistically significant in comparison to P60-75

n = number of neurones

Previous studies of LII neurones revealed the mIPSC time course of decay may reduce with development, a perturbation that may be caused by the loss of an endogenous steroid tone (Keller et al., 2001, Keller et al., 2004, Rajalu et al., 2009). The mIPSC decay (\(\tau_W\)) decreased with development (P8-11 = 24.8 ± 2 ms; n = 26; P17-25 = 19.4 ± 1.8 ms, n = 31; P60-75 = 17.5 ± 1.8 ms, n = 13; One-way ANOVA, P <0.05 - Table 1; Figure 9). The \(\tau_W\) is approximately equivalent to the time taken for the mIPSC to decrease by 67% from the peak amplitude. The unfavourable signal-to-noise of individual mIPSCs precludes the accurate fitting of the \(\tau_W\) to individual mIPSCs. Therefore, this function is fitted to the mean mIPSC derived for each neurone i.e. a comparison of the ‘mean of the mean’. Consequently, subtle differences may be obscured when making comparisons between different age groups. The T70 (time taken for the mIPSC to decay by 70% from the peak amplitude) is readily derived for individual mIPSCs. This parameter also changed significantly with development: (P8-11 = 26.5 ± 2.7 ms; n = 26; P17-25 = 19.6 ± 1.8 ms, n =31, P60-75 = 17.6 ms ± 1.8 ms, n = 13 (One-way ANOVA, P <0.05; Table 1).
Figure 9 The decay time of GABA\textsubscript{A}R mIPSCs of neurones from three levels of the pain pathway decreases with development.

(A) Superimposed exemplar GABA\textsubscript{A}R-mediated mIPSCs recorded from representative spinal neurones from three stages of development: P8-11 (light grey), P17-25 (grey) and P60-75 (black). Note the reduction of GABA\textsubscript{A}R mIPSC decay time that occurs with development. (B) Histogram illustrating the shortening of GABA\textsubscript{A}R mIPSC decay time (\(\tau_W\)) with development (P8-11 = 24.8 ± 2 ms; P17-25 = 19.4 ± 1.8 ms; P60-75 = 17.5 ± 1.8 ms; One-way ANOVA *\(P < 0.05\); n = 13-31). (C & D) A parallel developmental change is observed in nRT neurones (P6-7 = 33.2 ± 1 ms; P9-10 = 22.5 ± 0.7 ms; P17-25 = 19.6 ± 0.7 ms; One-way ANOVA \(P < 0.05\). Post hoc Newman Keul’s test revealed significant differences between all groups, **\(P < 0.05\); n = 14-24). (E & F) A parallel developmental change is observed in L2/3 cortical neurones (P6-7 = 12.7 ± 1.2 ms; P9-10 = 10 ± 0.7 ms; P17-25 = 5.5 ± 0.4 ms, n = 8; P60-75 = 4 ± 0.1 ms; One-way ANOVA \(P < 0.05\). Post hoc Newman Keul’s test revealed significant differences between all groups, **\(P < 0.05\); n = 7-35).
Irrespective of the mechanism, these data suggest that the majority of these developmental changes to inhibitory synaptic transmission in LII neurones have occurred by the age of ~17 days. There was no significant difference in the $T_{70}$ between the immature male and female mice (spinal LII P8-11: female $= 26.1 \pm 3.8$ ms, male $= 27.1 \pm 3.7$ ms; spinal LII P17-25: female $= 18.6 \pm 1.7$ ms, male $= 21 \pm 3.5$ ms; Student’s unpaired t tests, $P > 0.05$). These findings are consistent with previous work performed on rats by a former colleague (Mitchell et al., 2007; Table 2). The parameter of mIPSC charge transfer (i.e. the mIPSC area) is influenced by changes to kinetics and amplitude and is readily determined for each mIPSC. It also changed significantly with development: (P8-11 = 965 ± 82 fC; P17-25 = 821 ± 89 fC; P60-75 = 652 ± 80 fC; One-way ANOVA, $P < 0.05$; Table 1). The frequency of mIPSCs is influenced by the probability of vesicular release, which is determined by presynaptic neuronal function and modulation and factors such as the number of inhibitory synapses per LII neurone (Farrant & Nusser, 2005). Taken as a whole, these results are consistent with previously published data (Inquimbert et al., 2007; Keller et al., 2001, Keller et al., 2004; Poisbeau et al., 2005; Rajalu et al., 2009).

### Table 2

The properties of GABA$_A$R-mediated mIPSCs in mice (P17-25) versus data recorded by a former laboratory colleague in rats (P15-21; Mitchell et al., 2007).

<table>
<thead>
<tr>
<th></th>
<th>Mice P17-25 (n=31)</th>
<th>Rats P15-21 (n=77)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amplitude (pA)</td>
<td>-43 ± 3</td>
<td>*68 ± 3</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.6 ± 0.1</td>
<td>0.5 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-821 ± 89</td>
<td>*-1258 ± 61</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>19.4 ± 2</td>
<td>N/A</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>19.6 ± 2</td>
<td>*17.2 ± 0.6</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>0.6 ± 0.1</td>
<td>*1.6 ± 0.1</td>
</tr>
</tbody>
</table>

* $P < 0.05$; unpaired Student’s t test in comparison to mice.
3.2 Glycinergic mIPSCs of lamina II neurones of the dorsal horn of the spinal cord.

The glycine receptor (GlyR) is an important mediator of neural inhibition within the spinal cord (Baer et al., 2009; Lynch, 2009). Inhibitory glycinergic synaptic transmission innervating LII neurones within the dorsal horn of the mouse spinal cord was also studied using the whole-cell patch-clamp electrophysiological technique. There is a significant heterogeneity of GABA\(_A\)R mIPSC decay kinetics within lamina II neurones of rats, but the decay kinetics of strychnine-sensitive glycine receptor mediated mIPSCs are much more homogeneous (Mitchell et al., 2007). Here, both of these findings were replicated for dorsal horn neurones of mice aged 17-25 days (Figure 10; Figure 11). I have presented my data from mouse LII neurones here alongside published data on rat LII neurones from the host laboratory for comparison (Mitchell et al., 2007). Note that rats reach maturity at a later age than mice and also that the rats studied were aged 15-21 days. The following data for GlyR mIPSCs is summarised in Table 3 alongside the rat data for comparison.

Table 3 The properties of glycine receptor mediated mIPSCs in LII spinal neurones of mice (P17-25) versus data recorded by a former laboratory colleague in rats (P15-21; Mitchell et al., 2007).

<table>
<thead>
<tr>
<th></th>
<th>Mice P17-25 (n=23)</th>
<th>Rats P15-21 (n=77)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amplitude (pA)</td>
<td>-93 ± 10</td>
<td>*-121 ± 6</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (FC)</td>
<td>-321 ± 40</td>
<td>*-474 ± 27</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>3.9 ± 0.3</td>
<td>N/A</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>3.1 ± 0.2</td>
<td>3.1 ± 0.1</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>1.1 ± 0.3</td>
<td>*2.4 ± 0.3</td>
</tr>
</tbody>
</table>

*P < 0.05; unpaired Student's t test in comparison to mice
Figure 10 Representative current traces from LII spinal neurones aged P17-25 exhibiting GABA<sub>AR</sub> & GlyR mIPSCs.

(A) Histogram of the distribution pattern of T<sub>70</sub> values of spinal GlyR mIPSCs indicating the relatively homogenous exponential decay times of synaptic glycinergic events. (B) A two second section of current recording from a representative LII spinal neurone voltage clamped at -60mV and recorded in the presence of 0.5μM TTX, 0.5μM strychnine and 30μM bicuculline. The downward deflections are GlyR mIPSCs. (C) Histogram of the distribution pattern of T<sub>70</sub> values of spinal GABA<sub>AR</sub> mIPSCs indicating the relatively heterogeneous exponential decay times of synaptic GABAergic events. (D) A two second section of current recording from a representative LII spinal neurone voltage clamped at -60mV and recorded in the presence of 0.5μM TTX and 2mM kynurenic acid. The downward deflections are GABA<sub>AR</sub> mIPSCs.
Figure 11 The distribution pattern of T\textsubscript{70} values of GABA\textsubscript{A}R mIPSCs varies in neurones from three different levels of the pain pathway.

(A) Histogram of the distribution pattern of T\textsubscript{70} values of spinal GABA\textsubscript{A}R mIPSCs indicating the relatively heterogenous exponential decay times of synaptic GABAergic events in these neurones. (B) Histogram of the distribution pattern of T\textsubscript{70} values of nRT GABA\textsubscript{A}R mIPSCs indicating the more homogenous exponential decay times of synaptic GABAergic events. (C) Histogram of the distribution pattern of T\textsubscript{70} values of L2/3 cortical GABA\textsubscript{A}R mIPSCs indicating the relatively homogenous exponential decay times of synaptic GABAergic events in these neurones. (D) Histogram of the distribution pattern of T\textsubscript{70} values of GABA\textsubscript{A}R mIPSCs from three levels of the pain pathway superimposed to illustrate the differing distribution patterns of GABA\textsubscript{A}R mIPSC decay time.
The mean peak amplitudes of glycine receptor mIPSCs (P17-25 mice = -92.6 ± 10pA, n = 23) were smaller than in rats. The mIPSC rise time of glycine receptor mIPSCs was similar for both groups (P17-25 mice = 0.4 ± 0.1 ms, n = 23). The mIPSC decay ($\tau_W$) of glycine receptor mIPSCs was also very similar for both groups (P17-25 mice = 3.1 ± 0.2 ms, n = 23). The $T_{70}$ (time taken for the mIPSC to decay to 30% of peak amplitude) for P17-25 mice was 3.9 ± 0.3ms (no value available for rats). The parameter of mIPSC charge transfer was different between the two types (P17-25 mice = -321 ± 40fC, n = 23; P15-21 rats = 474 ± 27fC, n = 77). The frequency of mIPSCs was also different for the two species (P17-25 mice = 1.1 ± 0.3 Hz, n = 20; P15-21 rats = 2.4 ± 0.3 Hz, n = 77) but this may be related to differences in the technique used to slice the spinal cord tissue. The larger rat spinal cord was sliced in a parasagittal plane, while the smaller mouse spinal cord was embedded in agar and then sliced perpendicularly, in the horizontal plane. This is relevant because the synaptic projections run longitudinally in the spinal cord and more of these may be preserved with the parasagittal technique. Therefore, the frequency of synaptic events may be higher in the rat. In summary, there were only minor differences in the synaptic GABAergic and glycinergic data obtained from mouse LII neurones in comparison to an equivalent study performed with rat LII neurones.

3.3 The decay time of synaptic GABA$_A$Rs of nucleus reticularis (nRT) neurones decreases with development.

The nRT is the main source of GABAergic input into the thalamus and there are reciprocal GABAergic loops of innervation between nRT neurones and those of the VB. The two types of neurones, nRT and VB; regulate each other’s function by this mutual inhibitory mechanism (Arcelli et al., 1997; Cox et al., 1997; Gentet & Ulrich, 2003; Guillery & Harting, 2003; Huh et al., 2012). The inter-relationship between the nRT and VB acts to modulate nociceptive transmission and can therefore ultimately influence nociceptive behaviour in live animals (Huh et al., 2012). Whole-cell voltage-clamp recordings from nRT neurones were made from C57/BL6 mice at three developmental stages: P6-7, P9-10 and P17-25.
Unfortunately, it is not practical to make such recordings from mice over the age of P25 due to the high density of axonal projections (Cox et al., 1997; Pinault & Deschenes, 1998). Analysis of phasic inhibition included the mIPSC amplitude, decay kinetics, charge transfer and frequency. The analysis revealed changes to all of these parameters with development as detailed in Table 4. However, the principle focus here is on the decay kinetics of nRT GABA mediated mIPSCs. The mIPSC decay ($\tau_W$) of nRT neurones decreased significantly with development (P6-7 = 33.2 ± 1 ms, n = 24; P9-10 = 22.5 ± 0.7 ms, n = 14; P17-25 = 18.2 ± 0.6 ms, n = 32; One-way ANOVA, $P < 0.05$; post hoc Newman Keul’s test revealed significant differences between all groups, $P < 0.05$; Table 4; Figure 9). As expected, in common with the $\tau_W$, the mIPSC $T_{70}$ was markedly different at the three stages of development (P6-7 = 35.8 ± 1 ms, n = 24; P9-10 = 25.4 ± 0.8 ms, n = 14; P17-25 = 20.1 ± 0.6 ms, n = 32; One-way ANOVA, $P < 0.05$; post hoc Newman Keul’s test revealed significant differences between all groups, $P < 0.05$; Table 4). These results demonstrate that in common with LII spinal neurones, the GABA$_A$R mIPSC decay time of nRT neurones becomes significantly shorter during development (P6–P25).

**Table 4** The decay time of GABA$_A$R mIPSCs of nRT neurones decreases with development

<table>
<thead>
<tr>
<th></th>
<th>P6-7 (n=24)</th>
<th>P9-10 (n=14)</th>
<th>P17-25 (n=32)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amplitude (pA)</td>
<td>**-56 ± 3</td>
<td>**54 ± 2</td>
<td>-46 ± 2</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>**0.7 ± 0.1</td>
<td>**0.7 ± 0.1</td>
<td>0.6 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>**-1475 ± 83</td>
<td>**-1089 ± 51</td>
<td>-750 ± 28</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>**35.8 ± 1</td>
<td>**25.4 ± 0.8</td>
<td>20.1 ± 0.6</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>**33.2 ± 1</td>
<td>**22.5 ± 0.7</td>
<td>18.2 ± 0.6</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>*2.2 ± 0.4</td>
<td>6.9 ± 0.7</td>
<td>8.4 ± 1</td>
</tr>
</tbody>
</table>

**$P < 0.05$; One-way ANOVA, in comparison to P17-25**
3.4 The decay time of synaptic GABA<sub>A</sub>Rs of cortical layer 2/3 neurones decreases with development.

GABAergic inhibitory neurones are present in all layers of the cortex but are most abundant in layers 2/3 and lower in layer 4 (Meyer et al., 2011). They project vertically down to the deeper layers, exerting GABAergic inhibitory tone on pyramidal cells within the column (Helmstaedter et al., 2009; Mountcastle, 1997). Electrophysiological recordings were made from cortical layer 2/3 neurones from C57/BL6 mice at four stages of development: P6-7, P9-10, P17-25 and P60-75. Analysis of phasic inhibition included the mIPSC amplitude, decay kinetics, charge transfer and frequency. The analysis revealed changes to all of these parameters with development as detailed in Table 5. However, here the principle focus again is on the decay kinetics of cortical GABA mediated mIPSCs. Previous studies of spinal neurones have revealed that the mIPSC decay time course decreases with development, a perturbation that may be caused by the loss of an endogenous steroid tone (Keller et al., 2001, Keller et al., 2004, Rajalu et al., 2009). Work by a former laboratory colleague in cortical layer 2/3 pyramidal neurones (P7 - P24) is also consistent with these observations (Brown, 2012).

<table>
<thead>
<tr>
<th></th>
<th>P6-7 (n=7)</th>
<th>P9-10 (n=8)</th>
<th>P17-25 (n=8)</th>
<th>P60-75 (n=35)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amplitude (pA)</td>
<td>-60 ± 7</td>
<td><strong>-36 ± 2</strong></td>
<td><strong>-37 ± 2</strong></td>
<td>-59 ± 2</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td><strong>0.6 ± 0.1</strong></td>
<td><strong>0.7 ± 0.1</strong></td>
<td><strong>0.5 ± 0.1</strong></td>
<td>0.4 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td><strong>-675 ± 62</strong></td>
<td><strong>-331 ± 21</strong></td>
<td>-181 ± 12</td>
<td>-242 ± 9</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td><strong>14.6 ± 1</strong></td>
<td><strong>10.2 ± 0.4</strong></td>
<td>5.8 ± 0.4</td>
<td>5.2 ± 0.2</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td><strong>12.7 ± 1</strong></td>
<td><strong>10 ± 0.7</strong></td>
<td><strong>5.5 ± 0.3</strong></td>
<td>4.0 ± 0.1</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td><strong>1.7 ± 0.2</strong></td>
<td><strong>3.3 ± 0.5</strong></td>
<td><strong>8.7 ± 1.5</strong></td>
<td>17 ± 2</td>
</tr>
</tbody>
</table>

**P < 0.05; One-way ANOVA, in comparison to P60-75**
The mIPSC decay ($\tau_w$) of cortical layer 2/3 neurones decreased significantly with development: (P6-7 = 12.7 ± 1.2 ms, n = 7; P9-10 = 10 ± 0.7 ms, n = 8; P17-25 = 5.5 ± 0.3 ms, n = 8; P60-75 = 4 ± 0.1 ms, n = 35; One-way ANOVA, $P < 0.05$; post hoc Newman Keul's test revealed significant differences between all groups, $P < 0.05$; Table 5; Figure 9). As expected, in common with the $\tau_w$, the mIPSC $T_{70}$ also decreased significantly with development (P6-7 = 14.6 ± 1.2 ms, n = 7; P9-10 = 10.2 ± 0.4 ms, n = 8; P17-25 = 5.8 ± 0.4 ms, n = 8; P60-75 = 5.2 ± 0.2 ms, n = 35). All the intergroup differences were statistically significantly different from each other except P17-25 vs. P60-75 (One-way ANOVA, with post hoc Newman Keul’s test $P < 0.01$; Table 5). These data are consistent with previous work from the host laboratory, but also extend the observed changes to adult mice (P60-75).

3.5 The acute application of allopregnanolone prolongs the decay time of GABA$_A$R mIPSCs more effectively in spinal LII neurones from older mice.

The neurosteroid allopregnanolone (3$\alpha$-hydroxy-5$\alpha$-pregnan-20-one) and a closely related synthetic structural analogue ganaxolone (3$\beta$-methyl-3$\alpha$-ol-5$\alpha$-pregnan-20-one) have proven efficacy in enhancing the function of synaptic GABA$_A$Rs in other regions of the central nervous system such as the dentate gyrus and the rat spinal cord (Belelli & Herd 2003; Mitchell et al., 2007). Allopregnanolone (1$\mu$M) was bath-applied following at least four minutes of stable control recording. Previous work by a former laboratory colleague has revealed an endogenous neurosteroid tone in the cortical neurones of immature mice (P8-11), sufficient to influence the time course of mIPSCs (Brown, 2012). Work at other centres has also suggested that a similar phenomenon may be observed in the LII neurones of the dorsal horn of the spinal cord (Poisbeau et al., 2005, Rajalu et al., 2009). I investigated the influence of the neurosteroid on the mIPSCs of LII neurones at two developmental stages: P8-11 and P17-25. Particular attention was given to the putative actions of the steroid to prolong the mIPSC decay time, as previous studies have revealed this to be a sensitive parameter (Mitchell et al., 2007). For P8-11 neurones the mean $\tau_w$ was increased by 22 ± 6 % (n = 7) by 1$\mu$M allopregnanolone. By contrast, for P17-25 neurones the steroid appeared more
effective, increasing $\tau_W$ by 97 ± 47% (P8-11, control = 20 ± 1.7ms, 1μM allopregnanolone = 24.5 ± 2.4ms, n = 7, Student’s paired t test, $P < 0.05$; P17-25, control = 21.5 ± 5ms, allopregnanolone = 39.8 ± 9ms, n = 6, Student’s paired t test, $P < 0.05$). When the effect of 1μM allopregnanolone was normalised for comparison, the neurosteroid had a greater impact on $\text{GABA}_A\text{R mIPSC} \tau_W$ at the later stage of development (Two-way RM ANOVA, $P < 0.05$; Table 6; Figure 12). As described above, the parameter of $T_{70}$ can readily be determined for each mIPSC and the impact of the steroid on this parameter differed for the two age groups. At P8-11 the $T_{70}$ was increased by 34 ± 8% (n = 7) by 1μM allopregnanolone, whereas again the steroid appeared more effective on P17-25 neurons, the mean $T_{70}$ increased by 68 ± 29%, n = 6 (P8-11, control = 20.2 ± 1.7ms, allopregnanolone = 26.5 ± 2.3ms, Student’s paired t test, $P < 0.05$; P17-25, control = 23.6 ± 6ms, allopregnanolone = 39 ± 10ms, Student’s paired t test, $P < 0.05$). When the effect of 1μM allopregnanolone was normalised for comparison, the neurosteroid had a greater impact on $\text{GABA}_A\text{R mIPSC} T_{70}$ at the later stage of development, Two-way RM ANOVA, $P < 0.05$; Table 6; Figure 12). Studies from the host laboratory have previously reported a similar observation for LII neurones of rats (P15 - P21; Mitchell et al., 2007). These data are consistent with the hypothesis that the neurosteroid tone of LII neurones decreases with development. However, other factors such as changes in the relative proportion of different types of subunit and altered neurosteroid-sensitivity of the synaptic $\text{GABA}_A\text{Rs}$ may also be of significance (these issues are explored in the Discussion).
Figure 12 Acute exposure (10-20mins) to allopregnanolone (1μM) has a greater effect on the function of synaptic GABA<sub>A</sub>Rs from mature spinal LII neurones compared to immature neurones.

(A & C) Superimposed exemplar GABA<sub>A</sub>R-mediated mIPSCs from LII spinal neurones, aged P8-11 and P17-25 respectively, before and after acute exposure to 1μM allopregnanolone. (B & D) Histograms illustrating the relative magnitude of effect of allopregnanolone at the two stages of development. For P8-11 neurones the mean τ<sub>W</sub> was increased by 22 ± 6 % (n = 7) by 1μM allopregnanolone. By contrast, for P17-25 neurones, the steroid appeared more effective, increasing τ<sub>W</sub> by 97 ± 47% (P8-11, control = 20 ± 1.7ms, 1μM allopregnanolone = 24.5 ± 2.4ms, n = 7; P17-25, control = 21.5 ± 5ms, allopregnanolone = 39.8 ± 9ms, n = 6; Two-way RM ANOVA P <0.05). Allo = allopregnanolone, Ctrl = control.
Table 6 The acute application of allopregnanolone (Allo) prolongs the decay time of GABA<sub>A</sub>R mIPSCs more effectively in spinal LII neurones from older mice.

<table>
<thead>
<tr>
<th></th>
<th>P8-11 Control (n=7)</th>
<th>P8-11 1μM Allo (n=7)</th>
<th>P17-25 Control (n=6)</th>
<th>P17-25 1μM Allo (n=6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amplitude (pA)</td>
<td>-39 ± 5</td>
<td>-51 ± 7</td>
<td>-39 ± 7</td>
<td>-45 ± 5</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.6 ± 0.1</td>
<td>0.6 ± 0.1</td>
<td>0.7 ± 0.1</td>
<td>0.7 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (pC)</td>
<td>-703 ± 81</td>
<td>-1154 ± 207</td>
<td>-907 ± 296</td>
<td>-1566 ± 396</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>20.2 ± 1.7</td>
<td>26.5 ± 2.3</td>
<td>23.6 ± 6</td>
<td>*39.0 ± 10</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>20 ± 1.7</td>
<td>24.5 ± 2.4</td>
<td>21.5 ± 5</td>
<td>*39.8 ± 9</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>2 ± 0.9</td>
<td>1 ± 0.3</td>
<td>0.5 ± 0.1</td>
<td>0.4 ± 0.1</td>
</tr>
</tbody>
</table>

*P < 0.05; paired Student’s t test, in comparison to control

3.6 The acute application of ganaxolone prolongs the decay time of GABA<sub>A</sub>R mIPSCs in nRT neurones (P17-25).

Ganaxolone 1μM was bath-applied after obtaining at least four minutes of stable control recording and induced a prolongation of the exponential decay time of mIPSCs (τ<sub>w</sub>: control = 15.2 ± 1.2 ms, n = 6; ganaxolone 1μM = 18.2 ± 1.8 ms, n = 6; Student’s paired t test, P <0.05; Table 7; Figure 13). Similarly, the T<sub>70</sub> was prolonged by steroid treatment: (control = 18.1 ± 1.2 ms, n = 6; ganaxolone 1μM = 21.7 ± 2 ms, n = 6; Student’s paired t test, P <0.05; Table 7). These data confirm the activity of neurosteroids in the nRT.
Figure 13 Acute exposure (10-20mins) of nRT neurones to ganaxolone (1μM) modestly enhances the function of synaptic GABA\(_A\)Rs.

(A) Superimposed exemplar GABA\(_A\)R-mediated mIPSCs from nRT neurones aged P17-25 before and after acute exposure to 1μM ganaxolone. (B) Histogram illustrating the significant effect of 1μM ganaxolone on GABA\(_A\)R mIPSCs of nRT neurones (\(\tau_w\) in ms: P17-25 control = 15.2 ± 1.2ms, n = 6; P17-25 1μM ganaxolone = 18.2 ± 1.8ms; Student’s paired t test *\(P <0.05\); n = 6). Ganax = ganaxolone, Ctrl = control.
Table 7 The acute application of ganaxolone (Ganax) prolongs the decay time of GABA<sub>A</sub>R mIPSCs in nRT neurones (P17-25).

<table>
<thead>
<tr>
<th></th>
<th>P17-25 nRT Control (n=6)</th>
<th>P17-25 nRT 1μM Ganax (n=6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amplitude (pA)</td>
<td>-49 ± 4</td>
<td>-49 ± 4</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.6 ± 0.1</td>
<td>0.6 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-721 ± 94</td>
<td>-807 ± 113</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>18.1 ± 1.2</td>
<td>*21.7 ± 2</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>15.2 ± 1.2</td>
<td>*18.2 ± 1.8</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>6 ± 2</td>
<td>6 ± 3</td>
</tr>
</tbody>
</table>

*P < 0.05; paired Student’s t test, in comparison to control

Table 8 The acute application of allopregnanolone (Allo) and its synthetic analogue ganaxolone (Ganax) prolongs the decay time of GABA<sub>A</sub>R mIPSCs of layer 2/3 cortical neurones from mature WT mice (P60-75).

<table>
<thead>
<tr>
<th></th>
<th>P60-75 Control (n=6)</th>
<th>P60-75 1μM Allo (n=6)</th>
<th>P60-75 Control (n=6)</th>
<th>P60-75 1μM Ganax (n=6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amplitude (pA)</td>
<td>-68 ± 3</td>
<td>-67 ± 3</td>
<td>-57 ± 4</td>
<td>*-66 ± 6</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.5 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-284 ± 7</td>
<td>-305 ± 14</td>
<td>-232 ± 15</td>
<td>*-309 ± 31</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>5.1 ± 0.5</td>
<td>*5.6 ± 0.5</td>
<td>5.2 ± 0.2</td>
<td>*6.0 ± 0.4</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>3.9 ± 0.3</td>
<td>*4.4 ± 0.4</td>
<td>4.0 ± 0.2</td>
<td>*4.7 ± 0.2</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>29 ± 6</td>
<td>24 ± 3</td>
<td>22 ± 5</td>
<td>21 ± 5</td>
</tr>
</tbody>
</table>

*P < 0.05; paired Student’s t test, in comparison to control
3.7 The acute application of allopregnanolone and its synthetic analogue ganaxolone prolongs the decay time of GABA\(_A\)R mIPSCs of layer 2/3 neurones in mature WT mice (P60-75).

Allopregnanolone 1µM was bath-applied following at least four minutes of stable control recording. The steroid induced a modest prolongation of exponential decay time of GABA\(_A\)R mIPSCs of mature layer 2/3 neurones (\(\tau_W\): control = 3.9 ± 0.3 ms, \(n = 6\); allopregnanolone 1µM = 4.4 ± 0.4 ms, \(n = 6\); Paired Student’s t test, \(P < 0.05\); Table 8; Figure 14). Similarly, the mIPSC T\(_{70}\) was modestly prolonged by the steroid: (control = 5.1 ± 0.5 ms, \(n = 6\); allopregnanolone 1µM = 5.6 ± 0.5 ms, \(n = 6\); Student’s paired t test, \(P < 0.05\); Table 8). Ganaxolone 1µM was introduced in a similar fashion and it also induced a modest prolongation of the mIPSC exponential decay time (\(\tau_W\): control = 4.0 ± 0.2 ms, \(n = 6\); ganaxolone 1µM = 4.7 ± 0.2 ms, \(n = 6\); Student’s paired t test, \(P < 0.05\)).

The acute application of a 3-fold greater concentration of ganaxolone (3µM) produced a similar prolongation of the mIPSC exponential decay time (20 ± 7%) to that caused by 1µM of this steroid (\(\tau_W\): control = 3.5 ± 0.2 ms, \(n = 4\); ganaxolone 3µM = 4.2 ± 0.2 ms, \(n = 4\); Student’s paired t test, \(P < 0.05\); Figure 14). The mIPSC T\(_{70}\) was similarly prolonged by 3 µM ganaxolone (control = 4.8 ± 0.3 ms, \(n = 4\); ganaxolone 3µM = 5.9 ± 0.3 ms, \(n = 4\); Student’s paired t test, \(P < 0.05\)). When the data for \(\tau_W\) and T\(_{70}\) were normalised for comparison, there was no significant difference between allopregnanolone (12 ± 3%) and ganaxolone (19 ± 4%) at P60-75 (Two-way RM ANOVA, \(P > 0.05\)).
Figure 14 The acute exposure (10-20mins) of mature cortical neurones to allopregnanolone (1 μM), or ganaxolone (1-3 μM) modestly enhances the function of synaptic GABA<sub>A</sub>Rs.

(A, C & E) Superimposed traces of exemplar GABA<sub>A</sub>R-mediated mIPSCs from L2/3 cortical neurones aged P60-75 before and after acute exposure to 1μM allopregnanolone or 1-3 μM ganaxolone respectively. To facilitate comparison of their kinetics, the amplitude of the mIPSCs are normalised to that of the control averaged mIPSC. (B, D & F) Histograms illustrating the significant effect of 1μM allopregnanolone and 1-3 μM ganaxolone on the time course of decay (τ<sub>w</sub> in ms) of GABA<sub>A</sub>R mIPSCs of L2/3 cortical neurones (Student’s paired t test *P <0.05 for each drug treatment vs. its' paired control recording; n = 7).
3.8 The effect of γ-cyclodextrin (γ-CD) applied by three different methods on nRT GABAAR mIPSCs (P6-7).

Recordings were made from P6-7 nRT neurones using three methods of application of γ-CD to confirm which method was optimal. The γ-CD was presented within the recording electrode (intracellularly), applied via the extracellular solution, or by inclusion in the pipette, in the extracellular recording solution and in the incubation chamber containing the brain slice preparation prior to recording (i.e. 2 hours of preincubation). When γ-CD (1mM) was present in the extracellular solution (ECS) for at least 5 minutes, the mIPSC decay (τ_W) was not decreased significantly (P6-7 control = 31.1 ± 2 ms, n = 6, P6-7 γ-CD (ECS) = 28.7 ± 2.8 ms, n = 6; Student’s paired t test, P < 0.05; Table 9). Similarly, γ-CD had no significant effect on the mIPSC T70 (P6-7 control = 34.6 ± 2 ms, n = 6, P6-7 γ-CD (ECS) = 30.0 ± 2 ms, n = 6; Student’s paired t test, P > 0.05; Table 9). When the γ-CD was present both intracellularly (0.5mM), extracellularly (1mM) and had previously been incubated with the brain slice preparation in the holding chamber (1mM) i.e. the “triple treatment”, the mIPSC decay (τ_W) was significantly decreased. However, this protocol was no more effective than when the γ-CD was present only intracellularly (P6-7 control = 33.2 ± 1 ms, n = 24, P6-7 γ-CD [“triple treatment”] = 23.7 ± 1 ms, n = 13; Student’s unpaired t test, P < 0.05; Table 10; Figure 15). The T70 was similarly decreased by this treatment regimen (P6-7 control = 35.8 ± 1 ms, n = 24; P6-7 γ-CD [triple treatment] = 22.3 ± 1 ms, n = 13; Student’s unpaired t test, P < 0.01). These results indicate that intracellular application of γ-CD via the recording pipette is the optimal method of application and is consistent with the hypothesis that the GABAAR-active neurosteroids are synthesised within the pain pathway neurones themselves (Akk et al., 2009; Chisari et al., 2009; Tsutsui, 2008). The effects of other types of cyclodextrin are explored in Results section 4.4.
Table 9 The effect of bath applied γ-cyclodextrin (CD) on nRT GABA\(_A\)R mIPSCs (P6-7).

<table>
<thead>
<tr>
<th></th>
<th>P6-7 Paired Control (n= 6)</th>
<th>P6-7 γ-CD in ECS only (n=6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amplitude (pA)</td>
<td>-66 ± 6</td>
<td>-65 ± 4</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.7 ± 0.1</td>
<td>0.6 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-1704 ± 208</td>
<td>-1557 ± 137</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>34.6 ± 2</td>
<td>*30.0 ± 2</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>31.1 ± 2</td>
<td>*28.7 ± 3</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>3 ± 1</td>
<td>3 ± 1</td>
</tr>
</tbody>
</table>

*P < 0.05; paired Student’s t test, in comparison to control

Table 10 The effect of γ-cyclodextrin (CD) applied by three different methods on nRT GABA\(_A\)R mIPSCs (P6-7).

<table>
<thead>
<tr>
<th></th>
<th>P6-7 Control (n= 24)</th>
<th>P6-7 γ-CD in ECS only (n=6)</th>
<th>P6-7 γ-CD in pipette only (n=8)</th>
<th>P6-7 γ-CD in pipette, ECS &amp; storage chamber (n= 13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amplitude (pA)</td>
<td>-56 ± 3</td>
<td>-65 ± 4</td>
<td>-52 ± 3</td>
<td>-44 ± 3</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.7 ± 0.1</td>
<td>0.6 ± 0.1</td>
<td>0.6 ± 0.1</td>
<td>0.7 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-1475 ± 83</td>
<td>-1557 ± 137</td>
<td>**.981 ± 81</td>
<td>**.946 ± 91</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>35.8 ± 1</td>
<td>30.0 ± 2</td>
<td>**22.0 ± 1</td>
<td>**25.3 ± 1</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>33.2 ± 1</td>
<td>28.7 ± 3</td>
<td>**21.6 ± 1</td>
<td>**23.7 ± 1</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>2 ± 0.4</td>
<td>3 ± 1</td>
<td>3 ± 0.5</td>
<td>3.8 ± 0.7</td>
</tr>
</tbody>
</table>

**P < 0.05; One-way ANOVA, in comparison to P6-7 control
Figure 15 The effect of γ-CD on P6-7 nRT neurones varies according to the method of administration.

(A) Superimposed exemplar GABA$_A$Rs mIPSCs from nRT neurones aged P6-7 before and after acute exposure to 0.5mM γ-CD applied via the extracellular solution (ECS). (B) Histogram illustrating the lack of significant effect of extracellularly-applied 0.5mM γ-CD on GABA$_A$R mIPSCs of nRT neurones (P6-7 Ctrl = 31.1 ± 2 ms, n = 6; P6-7 γ-CD (ECS) = 28.7 ± 2.8 ms; Student’s paired t test $P > 0.05$; n = 6). (C) Superimposed exemplar GABA$_A$Rs mIPSCs from nRT neurones aged P6-7 illustrating the difference between unmatched control recordings and recordings made with 0.5mM γ-CD applied via the ECS, within the pipette and within the incubating chamber prior to recording. (D) Histogram illustrating the significant effect of 0.5mM γ-CD applied via the three methods described above in comparison to unmatched control recordings (P6-7 Ctrl = 33.2 ± 1 ms, n = 24; P6-7 γ-CD ["triple treatment"] = 23.7 ± 1ms, n = 13; Student’s unpaired t test $P < 0.05$). (E) Superimposed exemplar GABA$_A$Rs mIPSCs from nRT neurones aged P6-7 illustrating the difference between unmatched control recordings and recordings made with 0.5mM γ-CD applied only intracellularly via the recording pipette. (F) Histogram illustrating the significant effect of 0.5mM γ-CD applied only intracellularly via the recording pipette on GABA$_A$R mIPSCs of nRT neurones aged P6-7 (P6-7 Ctrl = 33.2 ± 1 ms, n = 24; P6-7 γ-CD pipette = 21.6 ± 1ms, n = 8; Student’s unpaired t test $P < 0.05$ in comparison to unmatched control recordings). These results indicate that intracellular application of γ-CD via the recording pipette is the optimal method of application and is consistent with the hypothesis that the GABA$_A$R-active neurosteroids are synthesised within the pain pathway neurones themselves. CD = cyclodextrin; ECS = extracellular solution; Ctrl = control.
3.9 The effect of γ-CD 0.5mM in the recording pipette on nRT GABAA<sub>R</sub>-mediated mIPSCs at three stages of development.

γ-CD is a barrel shaped molecule that has been shown to sequester endogenous neurosteroid compounds within cortical neurones (Brown, 2012). Thus, this large hydrophilic molecule can be used as an experimental tool to reverse the modulatory action of endogenous neurosteroid (Shu <i>et al.</i>, 2007). Recordings were made at three stages of development in order to explore fluctuations in the endogenous neurosteroid tone of nRT neurones from P6–P25. γ-CD 0.5mM was present only within the recording electrode. The rationale for this method of application will be discussed subsequently.

Note in this study recordings were made and compared from a population of control and γ-CD treated (in the recording pipette) nRT neurones i.e. the recordings were not paired. The mIPSC decay (τ<sub>W</sub>) of P6-7 nRT neurones was decreased by the presence of γ-CD (P6-7 control = 33.2 ± 1 ms, n = 24, P6-7 γ-CD = 21.6 ± 1.4 ms, n = 8; Student’s unpaired t test, < 0.01 Table 11; Figure 16). The T<sub>70</sub> was similarly decreased by γ-CD (P6-7 control = 36 ± 0.4 ms, n = 24, P6-7 γ-CD = 22.2 ± 0.2 ms, n = 24; Student’s unpaired t test, < 0.01; Table 11). Consistent with these observations, the parameter of mIPSC charge transfer (i.e. the mIPSC area) was also decreased by γ-CD (Table 11).

The mIPSC decay (τ<sub>W</sub>) of P10 nRT neurones was not decreased significantly by the presence of γ-CD (P10 control = 22.5 ± 0.7 ms, n = 14, P10 γ-CD = 22.1 ± 0.6 ms, n = 13; Student’s unpaired t test, < 0.05; Table 11; Figure 16). The T<sub>70</sub> was similarly unchanged by γ-CD (P10 control 25.4 ± 0.8 ms, n = 14, P10 γ-CD = 25 ± 0.6 ms, n = 13; Student’s unpaired t test, > 0.05). The parameter of mIPSC charge transfer (i.e. the mIPSC area) was also unchanged by γ-CD (Table 11).

The mIPSC decay (τ<sub>W</sub>) of P17-25 nRT neurones was not decreased by the presence of γ-CD (P17-25 control = 18.2 ± 0.6 ms, n = 21, P17-25 γ-CD = 19 ± 1 ms, n = 15; Student’s unpaired t test, > 0.05; Table 11 Figure 16). Similarly, the T<sub>70</sub> was not significantly decreased by γ-CD (P17-25 = 20.1 ± 0.6 ms, n = 21, P17-25 γ-CD = 19.3 ± 1 ms, n = 15; Student’s unpaired t test, > 0.05). The parameter of mIPSC charge transfer (i.e. the mIPSC area) was unchanged by γ-CD (Table 11).
Table 11 The effect of γ-cyclodextrin (CD) 0.5mM in the recording pipette on nRT GABA<sub>A</sub>R-mediated mIPSCs at three stages of development.

<table>
<thead>
<tr>
<th></th>
<th>P6-7 Control (n=24)</th>
<th>P6-7 γ-CD (n=8)</th>
<th>P10 Control (n=14)</th>
<th>P10 γ-CD (n=13)</th>
<th>P17-24 Control (n=21)</th>
<th>P17-24 γ-CD (n=15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amplitude (pA)</td>
<td>-56 ± 3</td>
<td>-52 ± 3</td>
<td>-54 ± 2</td>
<td>-56 ± 3</td>
<td>-46 ± 1</td>
<td>-47 ± 3</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.7 ± 0.1</td>
<td>0.6 ± 0.1</td>
<td>0.7 ± 0.1</td>
<td>0.7 ± 1</td>
<td>0.6 ± 0.1</td>
<td>0.6 ± 1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-1475 ± 83</td>
<td>*-981 ± 81</td>
<td>-1089 ± 51</td>
<td>-1131 ± 69</td>
<td>-745 ± 28</td>
<td>-771 ± 50</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>35.8 ± 1</td>
<td>*22.0 ± 1.4</td>
<td>25.4 ± 0.8</td>
<td>25.0 ± 0.6</td>
<td>20.1 ± 0.6</td>
<td>19.3 ± 1</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>33.2 ± 1</td>
<td>*21.6 ± 1.4</td>
<td>22.5 ± 0.7</td>
<td>22.1 ± 0.6</td>
<td>18.2 ± 0.6</td>
<td>19.0 ± 1</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>2 ± 0.4</td>
<td>3 ± 0.5</td>
<td>7 ± 0.7</td>
<td>7 ± 0.8</td>
<td>8 ± 0.8</td>
<td>8 ± 1</td>
</tr>
</tbody>
</table>

*P < 0.05; unpaired Student’s t test, in comparison to age-matched control

Table 12 Pipette-applied γ-cyclodextrin (CD) reduces decay time of GABA<sub>A</sub> mIPSCs of layer 2/3 cortical neurones at two stages of development (P9-10 and P60-75).

<table>
<thead>
<tr>
<th></th>
<th>P9-10 Control (n=8)</th>
<th>P9-10 γ-CD (n=6)</th>
<th>P60-75 Control (n=35)</th>
<th>P60-75 γ-CD (n=15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amplitude (pA)</td>
<td>-36 ± 2</td>
<td>-35 ± 3</td>
<td>-59 ± 2</td>
<td>-58 ± 2</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.7 ± 0.1</td>
<td>0.7 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-333 ± 20</td>
<td>*-266 ± 22</td>
<td>-242 ± 9</td>
<td>*-185 ± 8</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>10.3 ± 0.3</td>
<td>*8.7 ± 0.6</td>
<td>5.2 ± 0.2</td>
<td>*3.7 ± 0.2</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>10.0 ± 0.6</td>
<td>*7.4 ± 0.4</td>
<td>4.0 ± 0.1</td>
<td>*2.9 ± 0.1</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>3 ± 0.5</td>
<td>*1.6 ± 0.5</td>
<td>17 ± 2</td>
<td>18 ± 2</td>
</tr>
</tbody>
</table>

*P < 0.05; unpaired Student’s t test, in comparison to age-matched control
Figure 16 Effect of γ-CD applied intracellularly on nRT neurones varies depending on stage of development.

(A) Superimposed exemplar GABA<sub>A</sub>Rs mIPSCs from nRT neurones aged P6-7 illustrating the difference between unmatched control recordings and recordings made with 0.5mM γ-CD applied only intracellularly via the recording pipette. (B & C) Superimposed exemplar GABA<sub>A</sub>Rs mIPSCs from nRT neurones aged P9-10 and P17-25 respectively illustrating the lack of effect of 0.5mM γ-CD applied only intracellularly via the recording pipette at these stages of development. (D) Histogram illustrating the significant effect of 0.5mM γ-CD applied only intracellularly via the recording pipette on GABA<sub>A</sub>R mIPSCs of nRT neurones aged P6-7 (P6-7 Ctrl = 33.2 ± 1 ms; P6-7 γ-CD pipette = 21.6 ± 1ms; P < 0.05) but not P9-10 (P9-10 Ctrl = 22.5 ± 0.7 ms; P9-10 γ-CD pipette = 22.1 ± 0.6ms; P > 0.05) or P17-25 (P17-25 Ctrl = 18.1 ± 0.6 ms; P17-25 γ-CD pipette = 19 ± 1ms; Student’s unpaired t test P > 0.05 vs unmatched control; n = 8-24). CD = cyclodextrin; Ctrl = control.
3.10 Pipette-applied γ-CD reduces decay time of GABAAR mIPSCs of layer 2/3 cortical neurones at two stages of development.

To follow on from previous work in the nRT, recordings were made from L2/3 cortical neurones at two stages of maturity (P9-10 and P60-75) with γ-CD applied intracellularly. The mIPSC decay (τW) of P9-10 cortical neurones was significantly decreased in the presence of γ-CD (P9-10 control = 10.0 ± 0.6 ms, n = 8, P9-10 γ-CD = 7.4 ± 0.4 ms, n = 6; Student’s unpaired t test, P < 0.05; Table 12; Figure 17). The T70 was similarly decreased by γ-CD treatment (P9-10 control = 10.3 ± 0.3 ms, n=8, P9-10 γ-CD = 8.7 ± 0.6 ms, n =6; Student’s unpaired t test, P<0.05; Table 12).

The mIPSC decay (τW) of P60-75 cortical neurones was significantly decreased in the presence of γ-CD (P60-75 control = 4.0 ± 0.1 ms, n = 35, P 60-75 γ-CD = 2.9 ± 0.1 ms, n = 15; Student’s unpaired t test, P<0.05; Table 12; Figure 17). The T70 was similarly decreased by γ-CD (P60-75 control = 5.2 ± 0.2 ms, n = 35, P60-75 γ-CD = 3.7 ± 0.2 ms, n = 15; Student’s unpaired t test, P<0.05; Table 12). These data are in contrast to the lack of effect of γ-CD observed in nRT neurones at P9-10 and P17-24 (Figure 16). However, the data for P9/10 L2/3 cortical neurons are consistent with data obtained by a former laboratory colleague (Brown, 2012). Different regions of the nervous system reach maturation at different ages and it is possible that this may account for the regional variations observed in these experiments. Perhaps the most interesting finding is that the endogenous neurosteroid tone that previously appeared to be lost with maturation re-emerges in the adult mouse cortex, which may have a significant physiological role.
Figure 17 γ-CD applied intracellularly shortens the duration of GABA\textsubscript{A}R mIPSCs in L2/3 cortical neurones at age P9-10 & P60-75.

(A & B) Superimposed exemplar GABA\textsubscript{A}Rs mIPSCs from L2/3 cortical neurones aged P9-10 and P60-75 respectively illustrating the significant effect of 0.5mM γ-CD applied only intracellularly via the recording pipette at these two stages of development. (C) Histogram illustrating the significant effect of 0.5mM γ-CD applied only intracellularly via the recording pipette on GABA\textsubscript{A}R mIPSCs of L2/3 cortical neurones aged P9-10 (P9-10 Ctrl = 10.0 ± 0.6 ms, n = 8, P9-10 γ-CD = 7.4 ± 0.4 ms, n = 6; \( P < 0.05 \)) and P60-75 (P60-75 Ctrl = 4.0 ± 0.1ms, n = 35, P 60-75 γ-CD = 2.9 ± 0.1ms, n = 15; Student's unpaired t test \( P < 0.05 \) vs unmatched control). These results are consistent with the idea that there is an endogenous neurosteroid tone present in early development in pain pathway neurones, which decreases during maturation, but can reappear with full maturity. CD = cyclodextrin; Ctrl = control
Chapter 4: The role of neurosteroids on mature layer 2/3 neurones from the cerebral cortex of WT mice.
Neurosteroids are effective modulators of the GABA$_A$R and have an important role in neurodevelopment and the maintenance of physiological inhibitory tone (Agis-Balboa et al., 2006; Baulieu et al., 2001; Belelli & Lambert, 2005; Belelli et al., 2006). Changes in the levels of endogenous neurosteroids occur with certain forms of depression, epilepsy, schizophrenia and Alzheimer’s disease and therefore manipulation of their levels could be of therapeutic benefit (Belelli et al., 2006; Gunn et al., 2011; Luchetti et al., 2011; Reddy, 2010). Of particular relevance to the present study, neurosteroid synthesis in dorsal horn neurones of the spinal cord is up-regulated in response to inflammatory pain to provide a form of endogenous analgesia (Poisbeau et al., 2005). As detailed in Part 3 of the Introduction, the synthesis pathway for allopregnanolone is as follows: 1) pregnenolone is converted to progesterone by 3β-hydroxysteroid dehydrogenase (3β-HSD). 2) progesterone is converted to 5α-dihydroxyprogesterone (DHP) by 5α-reductase (5α-R). 3) DHP is converted to allopregnanolone (5α3α) by 3α-hydroxysteroid dehydrogenase (3α-HSD). In addition, the active compound allopregnanolone may be converted back to DHP by 3α-HSD, or to the inactive epiallopregnanolone (3β5α) (Belelli & Lambert, 2005; Mellon et al., 2001; Rupprech et al., 2010; Schumacher et al., 2012; Stoffel-Wagner, 2003; Figure 3.)

The first results chapter described how endogenous neurosteroid tone fluctuates with development and the impact that this has on GABA$_A$R-mediated mIPSCs of neurones known to be part of a pain pathway. This chapter describes the influence of neurosteroids on cortical mIPSCs recorded from brain slice preparations made from adult (P60-75) WT mice. The steroid was administered i) acutely, ii) as a two-hour brain slice incubation treatment or iii) delivered to the intracellular compartment of the neurone via the recording pipette. Additionally, the influence of cyclodextrin on the endogenous neurosteroid tone was investigated. It is technically more challenging to obtain whole-cell voltage-clamp recordings from mice aged P60-75, than from younger animals. Typically only neurones from deeper within the slice are viable and the slice tissue is denser in older animals, which makes the visualisation of neurones more challenging. In Chapter 3, the properties of certain neurones of the pain pathway (spinal cord, thalamic and cortical neurones) were investigated at different stages of development. As the
behavioural studies were to be conducted in adult mice, it was decided to make recordings from adult layer 2/3 cortical neurones for three reasons: 1) viable recordings of nRT neurones of older animals are compromised by the high density of axonal projections (Cox et al., 1997; Pinault & Deschenes, 1998). 2) values for the mean $\tau_W$ of L2/3 cortical GABA$_A$R mIPSCs are relatively homogenous, in contrast to the mean $\tau_W$ values of GABA$_A$R mIPSCs of LII neurones which are heterogenous, which makes inter-group comparison more difficult (as detailed in the previous chapter; Figure 11). 3) Layer 2/3 cortical neurones are part of the pain pathway.

4.1 The effect of the acute application of allopregnanolone or ganaxolone on GABA$_A$R mIPSCs in mature WT mice (P60-75).

Allopregnanolone ($3\alpha$-hydroxy-$5\alpha$-pregnan-20-one) is an effective modulator of synaptic GABA$_A$R function in multiple regions of the nervous system, including the spinal cord, thalamus, cerebral cortex and the hippocampus (Belelli & Herd, 2003; Belelli & Lambert, 2005; Brown, 2012; Inquimbert et al., 2007; Keller et al., 2004; Mitchell et al., 2007). The neuroactive steroid ganaxolone, is a potent positive allosteric modulator of the GABA$_A$R (Carter et al., 1997; Belelli & Herd 2003). Ganaxolone is a metabolically stable synthetic analogue of allopregnanolone, the molecular structure of which differs only by having an extra methyl group (adjacent to the hydroxyl group at the 3 position of the A-ring) that prevents oxidation to an inactive form (Carter et al., 1997). The extra methyl group means that in vivo it may have a longer duration of action than allopregnanolone, a feature which may enhance its therapeutic potential for conditions such as epilepsy, or neuropathic pain (Carter et al., 1997). In order to enhance the flow and clarity of the thesis and to allow this Chapter to stand alone, data from section 3.7 referring to the acute application of allopregnanolone and ganaxolone is intentionally reiterated in this section (4.1).
Table 13 The acute application of allopregnanolone (Allo) or ganaxolone (Ganax) prolongs the decay time of GABA$_A$R mIPSCs of L2/3 cortical neurones (P60-75) of WT mice.

<table>
<thead>
<tr>
<th></th>
<th>WT Pre 1µM Allo (n=7)</th>
<th>WT Post 1µM Allo (n=7)</th>
<th>WT Pre 1µM Ganax (n=6)</th>
<th>WT Post 1µM Ganax (n=6)</th>
<th>WT Pre 3µM Ganax (n=4)</th>
<th>WT Post 3µM Ganax (n=4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amplitude (pA)</td>
<td>-68 ± 3</td>
<td>-67 ± 5</td>
<td>-57 ± 4</td>
<td>*-66 ± 6</td>
<td>-65 ± 2</td>
<td>-67 ± 5</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-284 ± 7</td>
<td>-305 ± 14</td>
<td>-232 ± 15</td>
<td>*-309 ± 31</td>
<td>-245 ± 21</td>
<td>-295 ± 21</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>5.2 ± 0.4</td>
<td>*5.8 ± 0.5</td>
<td>5.2 ± 0.2</td>
<td>*6.1 ± 0.4</td>
<td>4.8 ± 0.3</td>
<td>*5.9 ± 0.3</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>4.0 ± 0.3</td>
<td>*4.5 ± 0.4</td>
<td>4.0 ± 0.2</td>
<td>*4.7 ± 0.2</td>
<td>3.6 ± 0.3</td>
<td>*4.2 ± 0.2</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>26 ± 6</td>
<td>21 ± 4</td>
<td>22 ± 5</td>
<td>21 ± 5</td>
<td>28 ± 3</td>
<td>31 ± 4</td>
</tr>
</tbody>
</table>

*P < 0.05; paired Student’s t test, in comparison to age-matched control

n = number of neurones
Table 14 The effect of prolonged incubation of allopregnanolone (Allo) or ganaxolone (Ganax) on GABA<sub>A</sub> R mIPSCs of L2/3 cortical neurones (P60-75) of WT mice

<table>
<thead>
<tr>
<th></th>
<th>WT Control (n=35)</th>
<th>WT 100nM Allo (n=9)</th>
<th>WT 300nM Allo (n=9)</th>
<th>WT 30nM Ganax (n=10)</th>
<th>WT 100nM Ganax (n=10)</th>
<th>WT 300nM Ganax (n=10)</th>
<th>WT 1µM Ganax (n=10)</th>
<th>WT 3µM Ganax (n=8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amplitude (pA)</td>
<td>-59 ± 2</td>
<td>**-78 ± 2</td>
<td>**-87 ± 5</td>
<td>**-61 ± 3</td>
<td>**-66 ± 4</td>
<td>**-82 ± 6</td>
<td>**-97 ± 9</td>
<td>**-153 ± 6</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.6 ± 0.1</td>
<td>0.6 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-242 ± 9</td>
<td>**-932 ± 84</td>
<td>**-1489 ± 136</td>
<td>**-300 ± 26</td>
<td>**-440 ± 39</td>
<td>**-749 ± 88</td>
<td>**-1575 ± 195</td>
<td>**-4396 ± 268</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>5.2 ± 0.2</td>
<td>**18.6 ± 1</td>
<td>**27 ± 1</td>
<td>**6.3 ± 0.4</td>
<td>**9.6 ± 0.6</td>
<td>**13.4 ± 1</td>
<td>**24.2 ± 1</td>
<td>**44.2 ± 2</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>4.0 ± 0.1</td>
<td>**12.5 ± 1</td>
<td>**19 ± 1</td>
<td>**5.1 ± 0.3</td>
<td>**7.2 ± 0.5</td>
<td>**10.9 ± 1</td>
<td>**18.8 ± 1</td>
<td>**32.5 ± 1</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>17 ± 2</td>
<td>15 ± 3</td>
<td>**11 ± 1</td>
<td>**11 ± 1</td>
<td>15 ± 3</td>
<td>20 ± 3</td>
<td>13.5 ± 2</td>
<td>**8 ± 1</td>
</tr>
</tbody>
</table>

**P < 0.05; One-way ANOVA in comparison to age-matched control
Whole-cell voltage-clamp recordings were made in L2/3 cortical neurones before and after the bath application of allopregnanolone, or ganaxolone. The neurosteroid was bath-applied after at least four minutes of stable recording, (during which time control mIPSCs were obtained) enabling the comparison of paired recordings. Analysis of GABA<sub>A</sub>R-mediated phasic inhibition included the mIPSC amplitude, rise time, charge transfer, decay kinetics and frequency as detailed in Table 13.

After ten minutes application, allopregnanolone induced only a modest (12 ± 3%) prolongation of the exponential decay time in the GABA<sub>A</sub>R-mediated mIPSCs of WT L2/3 cortical neurones (τ<sub>W</sub>: control = 4.0 ± 0.3 ms, n = 7; allopregnanolone 1 μM = 4.5 ± 0.4 ms, n = 7; paired Student's t test, P <0.05; Table 13; Figure 18). In agreement with the effects of the steroid on the decay constant (τ<sub>W</sub>) of the averaged mIPSC, the mIPSC T<sub>70</sub> was similarly modestly prolonged by allopregnanolone (Table 13). It is conceivable that the limited effect of acute allopregnanalone is in part a consequence of local metabolism occurring within the slice to a GABA-inactive product (Mellon et al., 2001; Schumacher et al., 2012; Stoffel-Wagner, 2003). Therefore, I investigated the acute effects of ganaxolone, the metabolically stable analogue of allopregnanolone. However, in common with allopregnanolone, ganaxolone (1μM) induced only a modest (19 ± 4%) prolongation of exponential decay time of the GABA<sub>A</sub>R-mediated mIPSCs of WT layer 2/3 cortical neurones after ten minutes application (τ<sub>W</sub>: control = 4 ± 0.2 ms, n = 6; ganaxolone 1 μM = 4.7 ± 0.2 ms, n = 6; Student's paired t test, P <0.05; Table 13; Figure 18). Similarly, the mIPSC T<sub>70</sub> was modestly prolonged by ganaxolone (Table 13). Furthermore, the acute application of a 3-fold greater concentration of ganaxolone (3μM) only produced a similar (20 ± 7%) prolongation of the GABA<sub>A</sub>R mIPSC exponential decay time of WT L2/3 cortical neurones to that caused by 1μM of this steroid (τ<sub>W</sub>: control = 3.6 ± 0.3 ms, n = 4; ganaxolone 3 μM = 4.2 ± 0.2 ms, n = 4; Student's paired t test, P <0.05; Table 13; Figure 18). The mIPSC T<sub>70</sub> was similarly modestly prolonged by 3 μM ganaxolone (Table 13). These results illustrate that ganaxolone modulates synaptic GABA<sub>A</sub>R function in mature L2/3 cortical neurones of WT mice when applied acutely and further suggest that the limited effects of allopregnanolone are not a consequence of local metabolism.
Figure 18 The acute exposure (10-20mins) of mature cortical neurones to allopregnanolone (1 μM), or ganaxolone (1-3 μM) modestly enhances the function of synaptic GABA<sub>A</sub>Rs.

(A-C) Superimposed traces of exemplar GABA<sub>A</sub>R-mediated mIPSCs from L2/3 cortical neurones aged P60-75 before and after acute exposure to 1 μM allopregnanolone or 1-3 μM ganaxolone respectively. To facilitate comparison of their kinetics, the amplitude of the mIPSCs are normalised to that of the control averaged mIPSC. (D-F) Histograms illustrating the significant effect of 1 μM allopregnanolone and 1-3 μM ganaxolone on the time course of decay (τ<sub>W</sub> in ms) of GABA<sub>A</sub>R mIPSCs of L2/3 cortical neurones (Student’s paired t test *<i>P</i> < 0.05 for each drug treatment vs. its’ paired control recording; n = 7). (G) Histogram illustrating the effect of the neuroactive steroids with the data normalised relative to control recordings (i.e. expressed as a percentage of the control recording). When the data for τ<sub>W</sub> was normalised to allow comparison of the effect of the two steroids, there was no significant difference between the effect produced by allopregnanolone 1 μM (12 ± 3%) and that produced by ganaxolone 1 μM (19 ± 4%), or by 3 μM (20 ± 7%) respectively (Two-way RM ANOVA **<i>P</i> > 0.05; n = 4-7). Allo = allopregnanolone; Ganax = ganaxolone; Ctrl = control.
The relatively modest prolongation of \( \text{GABA}_A \text{R mIPSC decay time} \) (even for the higher concentration of ganaxolone) raises the question of how well the neurosteroids are penetrating the brain slice. When the data for \( \tau_W \) was normalised, there was no significant difference between allopregnanolone 1 \( \mu \text{M} \) (12 \( \pm \) 3\%), ganaxolone 1 \( \mu \text{M} \) (19 \( \pm \) 4\%) and 3\( \mu \text{M} \) (20 \( \pm \) 7\%) respectively (Two-way RM ANOVA, \( P > 0.05 \)). The next series of experiments explore the effect of incubating the preparation with the neurosteroids (allopregnanolone and ganaxolone) for at least two hours.

4.2 The effect of prolonged incubation of allopregnanolone (100 - 300 nM), or ganaxolone (30 nM - 3 \( \mu \text{M} \)), on cortical \( \text{GABA}_A \text{R-mediated mIPSCs of adult WT mice} \).

The lipophilic intravenous anaesthetics etomidate and propofol, which in common with neuroactive steroids enhance the function of \( \text{GABA}_A \text{Rs} \), require relatively prolonged incubation times to approach equilibrium in a brain slice preparation (over 1-2 hours; Benkwitz et al., 2007; Gredell et al., 2004). Therefore in case the same is true for neurosteroids, recordings were made after incubation treatment with allopregnanolone and ganaxolone.

In this set of experiments the analysis of \( \text{GABA}_A \text{R-mediated phasic inhibition} \) included the mIPSC amplitude, decay kinetics, charge transfer and frequency (Table 14). In contrast to the relatively modest prolongation of mIPSCs described above with an acute steroid application protocol, a two-hour incubation of the brain slice preparation with \( \sim 3 \) to 10 times lower concentrations of allopregnanolone (100 – 300 nM) produced a dramatic concentration-dependent increase of the WT layer 2/3 cortical \( \text{GABA}_A \text{R mIPSC exponential decay time} \) \( (\tau_W): \) control = 4.0 \( \pm \) 0.1 ms, \( n = 35 \); allopregnanolone 100 nM = 12.5 \( \pm \) 1 ms, \( n = 9 \); allopregnanolone 300 nM = 19.0 \( \pm \) 1 ms, \( n = 9 \); One-way ANOVA, \( P < 0.05 \); post hoc Newman Keul’s test revealed significant differences between all three treatments and the two concentrations of allopregnanolone increased \( \tau_W \) to 313 \( \pm \) 25\% and 480 \( \pm \) 22\% of control respectively, One-way RM ANOVA, \( P < 0.05 \); Table 14; Figure 19). Similarly, the mIPSC \( T_{70} \) was significantly prolonged by allopregnanolone (Table 14).
Figure 19 The prolonged exposure (~2 hrs) of mature cortical neurones to relatively low concentrations of allopregnanolone (100-300 nM) greatly enhances the function of synaptic GABA$_A$Rs.

(A) Superimposed traces of exemplar GABA$_A$R-mediated mIPSCs acquired from a representative control mature L2/3 cortical neurone and from equivalent neurones after ~2 hour incubation of the brain slice with 100 nM and 300 nM allopregnanolone. To facilitate comparison of their time course the averaged mean mIPSCs are normalised to the peak amplitude of the representative control mean mIPSC. (B) Histogram illustrating the dramatic concentration-dependent effect of allopregnanolone on the duration of GABA$_A$R-mediated mIPSCs (the time course of decay: $\tau_W$ in ms; One-way ANOVA *$P<0.05$; $n = 9-10$). (C) Histogram illustrating the concentration-dependent effect of allopregnanolone on the duration of GABA$_A$R-mediated mIPSC ($\tau_W$ expressed as a percentage of control). Note 100 nM and 300 nM allopregnanolone increased $\tau_W$ to $313 \pm 25\%$ and $480 \pm 22\%$ of control respectively (One-way RM ANOVA $P<0.05$. Post hoc Newman Keul’s test revealed significant differences between control and both concentrations of allopregnanolone **$P<0.05$ n = 9-10). Allo = allopregnanolone; Ctrl = control.
These results indicate that allopregnanolone is a potent modulator of synaptic GABAARs in mature WT L2/3 cortical neurones, but additionally demonstrate that the steroid effect is greatly underestimated when applied acutely. The large difference between acute bath application and the two-hour incubation is probably a consequence of the time required for the steroid to approach equilibrium within the brain slice (Benkwitz et al., 2007; Gredell et al., 2004). No such effect was observed in time matched controls. Of note, allopregnanolone may be converted back to DHP, or to the inactive epiallopregnanolone (3β5α) (Belelli & Lambert, 2005; Mellon et al., 2001; Schumacher et al., 2012; Stoffel-Wagner, 2003).

As described above, acute ganaxolone had a similar effect to allopregnanolone in causing only a modest prolongation of the GABAAR-mediated mIPSC. A two-hour incubation of the brain slice preparation with ganaxolone produced a significant concentration-dependent increase of the WT L2/3 cortical GABAAR mIPSC exponential decay time, although the magnitude of the effect was less than that induced by allopregnanolone ($\tau_W$: control = 4.0 ± 0.1 ms, n = 35; ganaxolone 30 nM = 5.1 ± 0.3 ms, n = 10; ganaxolone 100 nM = 7.2 ± 0.5 ms, n = 10; ganaxolone 300 nM = 10.9 ± 1 ms, n = 10; ganaxolone 1 µM = 18.8 ± 1 ms, n = 10; ganaxolone 3 µM = 32.5 ± 1 ms, n = 8; One-way ANOVA, $P<0.05$; post hoc Newman Keul’s test revealed significant differences between all the concentrations of ganaxolone, $\tau_W$ was increased to 126 ± 8%, 180 ± 11%, 273 ± 32%, 468 ± 32% and 811 ± 42% of control respectively, One-way RM ANOVA, $P<0.05$; Table 14; Figure 20). Similarly, the mIPSC $T_{70}$ was significantly prolonged by ganaxolone (Table 14). These results reveal that in common with allopregnanolone, the prolonged incubation of the brain tissue with ganaxolone is far more effective than the acute application protocol. However, although highly effective, ganaxolone appears less efficacious than allopregnanolone in modulating GABAAR-mediated mIPSCs in mature layer 2/3 cortical neurones of WT mice. Indeed, allopregnanolone had greater potency than ganaxolone at the same concentrations: 100 nM (313 ± 25% vs. 180 ± 11%; One-way RM ANOVA, $P<0.05$) and 300 nM (480 ± 22% vs. 273 ± 32%; One-way RM ANOVA, $P<0.05$). (Table 14, Figure 21).
Figure 20 The prolonged exposure (~2 hrs) of mature cortical neurones to ganaxolone (30 nM- 3 μM) greatly enhances the function of synaptic GABA<sub>A</sub>Rs in a concentration-dependent manner.

(A) Traces of superimposed exemplar GABA<sub>A</sub>R-mediated mIPSCs from a representative control mature L2/3 cortical neurone and from equivalent neurones after ~2 hour incubation of the brain slice with 30 nM - 3 μM ganaxolone. (B) Histogram illustrating the dramatic concentration-dependent effect of ganaxolone on the duration of GABA<sub>A</sub>R-mediated mIPSCs (the time course of decay, τ<sub>w</sub> in ms; One-way ANOVA *P <0.05; n = 8-10). (C) Histogram illustrating the concentration-dependent effect of ganaxolone on the duration of GABA<sub>A</sub>R-mediated mIPSCs (τ<sub>w</sub> expressed as a percentage of control). Note 30 nM - 3 μM ganaxolone increased τ<sub>w</sub> to 126 ± 8%, 180 ± 11%, 273 ± 32%, 468 ± 32% and 811 ± 42% of control respectively (One-way RM ANOVA P <0.05. Post hoc Newman Keul’s test revealed significant differences between all the concentrations of ganaxolone **P <0.05; n = 8-10). Ganax = ganaxolone; Ctrl = control.
Figure 21 A comparison of the effects of prolonged exposure (~2 hrs) of mature cortical neurones to allopregnanolone (100-300 nM) and ganaxolone (100-300 nM) on synaptic GABA\(_A\)R function.

(A & B) Superimposed exemplar GABA\(_A\)R-mediated mIPSCs acquired from representative control mature L2/3 cortical neurones and from equivalent neurones after an ~2 hour incubation of the brain slice with 100 nM and 300 nM allopregnanolone, or ganaxolone. (C) Histogram comparing the concentration-dependent effects of allopregnanolone and ganaxolone on the duration of GABA\(_A\)R-mediated mIPSCs (the time course of decay \(\tau_w\) expressed as a percentage of control). The histogram illustrates the significantly greater effect of allopregnanolone compared to ganaxolone when tested at the same concentrations: 100 nM (313 ± 25% vs. 180 ± 11%; *\(P<0.05\); n = 9-10) and 300 nM (480 ± 22% vs. 273 ± 32%; One-way RM ANOVA **\(P<0.05\); n = 9-10). Allo = allopregnanolone; Ganax = ganaxolone; Ctrl = control.
4.3 The effect of intracellular allopregnanolone or ganaxolone (3-10 µM) on layer 2/3 cortical GABA\(_A\) mIPSCs in mature WT mice (P60-75)

As described above, acute allopregnanolone had only a modest effect on the GABA\(_A\)R-mediated mIPSCs decay time, but was far more efficacious in this respect when brain tissue slices were incubated with steroid for > 2 hours, suggesting that the steroid is relatively slow to equilibrate within the tissue. It has been proposed that endogenous neurosteroids may be synthesised in the postsynaptic neurone and act in an autocrine manner to influence GABA-ergic transmission (Agis Balboa et al., 2006; Lambert et al., 2009). It is implicit in this model that intracellular steroid would modulate the GABA\(_A\)Rs of the postsynaptic neurone and the recording pipette can be employed to deliver drugs to the neurone interior (Evans & Marty, 1986). Whole-cell voltage-clamp recordings were made in L2/3 cortical neurones with allopregnanolone, or ganaxolone present in the recording pipette to explore whether the steroid could modulate synaptic GABA\(_A\)Rs when delivered to the intracellular compartment. These recordings were compared to separate control recordings (i.e. they were not paired). Analysis of GABA\(_A\)R-mediated phasic inhibition included the mIPSC amplitude, rise time, charge transfer, decay kinetics and frequency as detailed in Table 15.

The presence of allopregnanolone in the recording pipette significantly increased the mIPSC decay of WT L2/3 cortical neurones in a concentration-dependent manner (\(\tau_W\): control = 4.0 ± 0.1 ms, n = 35; 3 µM allopregnanolone = 5.8 ± 0.8 ms, n = 6; 10 µM allopregnanolone = 16.1 ± 1.3 ms, n = 7; One-way ANOVA, \(P < 0.05\); post hoc Newman Keul's test revealed significant differences between all three treatments, \(P < 0.05\). Table 15, Figure 22). In agreement with the effects of the steroid on the decay constant (\(\tau_W\)) of the averaged mIPSC, the mIPSC T\(_{70}\) was similarly modestly prolonged by allopregnanolone (Table 15). Here, the higher concentration of allopregnanolone (10 µM) had a comparatively large concentration-dependent effect on cortical GABA\(_A\)R mIPSCs when presented acutely within the recording electrode. This finding indicates that neurosteroids are able to exert their effect via the intracellular compartment and is in agreement with the literature (Akk et al., 2005; See Discussion section 7.4 for further details).
Table 15 The effect of intracellular allopregnanolone (Allo) or ganaxolone (Ganax) on GABA$_A$R mIPSCs of layer 2/3 cortical neurones (P60-75) of WT mice

<table>
<thead>
<tr>
<th></th>
<th>WT Control (n=35)</th>
<th>WT 3μM Allo (n=6)</th>
<th>WT 10μM Allo (n=7)</th>
<th>WT 3μM Ganax (n=6)</th>
<th>WT 10μM Ganax (n=6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amp (pA)</td>
<td>-59 ± 2</td>
<td>-64 ± 3</td>
<td>**-95 ± 4</td>
<td>-63 ± 4</td>
<td>-69 ± 6</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-242 ± 9</td>
<td>-354 ± 49</td>
<td>**-1389 ± 139</td>
<td>**-347 ± 15</td>
<td>**-420 ± 55</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>5.2 ± 0.2</td>
<td>**7.7 ± 1</td>
<td>**22.3 ± 1.4</td>
<td>**7.1 ± 0.4</td>
<td>**8.1 ± 0.6</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>4.0 ± 0.1</td>
<td>**5.8 ± 0.8</td>
<td>**16.1 ± 1.3</td>
<td>**5.5 ± 0.4</td>
<td>**6.1 ± 0.3</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>17 ± 2</td>
<td>22 ± 4</td>
<td>20 ± 3</td>
<td>18 ± 4</td>
<td>16 ± 2</td>
</tr>
</tbody>
</table>

**P < 0.05; One-way ANOVA, in comparison to age-matched control

The concentrations of pipette-applied allopregnanolone are relatively high, but the time scale from application to recording is short (< 10 minutes) and dialysis rate of the intracellular contents may be an influential limiting factor. The presence of ganaxolone in the recording pipette also significantly increased the mIPSC decay of WT L2/3 cortical neurones in a concentration-dependent manner ($\tau_W$: control = 4.0 ± 0.1 ms, n = 35; 3 μM ganaxolone = 5.5 ± 0.4 ms, n = 6; 10 μM ganaxolone = 6.1 ± 0.3 ms, n = 6; One-way ANOVA, P < 0.05; Table 15, Figure 23). In agreement with the effects of the steroid on the decay constant ($\tau_W$) of the averaged mIPSC, the mIPSC T$_{70}$ was similarly modestly prolonged by ganaxolone (Table 15). The effect of pipette-applied ganaxolone is consistent with the recordings described above with allopregnanolone, although ganaxolone had a less pronounced effect on GABA$_A$R mIPSCs. Collectively these experiments illustrate that steroid penetration of brain slice tissue is a significant limiting factor, the intracellular application is an effective method of presenting neuroactive steroids to GABA$_A$Rs (Figure 24) and that, in these neurones, allopregnanolone is a more effective modulator of the synaptic GABA$_A$R than ganaxolone (Figure 21 & Figure 25).
Intracellular allopregnanolone enhances synaptic GABA\(_{\text{A}}\)R function of mature cortical neurones.

(A) Superimposed exemplar GABA\(_{\text{A}}\)R-mediated mIPSCs from a representative control mature L2/3 cortical neurone and from equivalent neurones treated with allopregnanolone (3 - 10 \(\mu\)M) administered intracellularly via the recording patch-electrode. Note recordings of mIPSCs for both control and steroid-treated neurones did not commence for ~6 mins after establishing the whole-cell voltage-clamp to allow the steroid to equilibrate (Evans & Marty, 1986). To facilitate comparison of their kinetics, the amplitudes of the mIPSCs are normalised to that of the control averaged mIPSC. (B) Histogram illustrating the concentration-dependent effect of intracellular allopregnanolone on the duration of the GABA\(_{\text{A}}\)R-mediated mIPSCs (time course of decay \(\tau_{\text{w}}\) in ms; One-way ANOVA *\(P<0.05\); \(n = 6-7\)). C. Histogram illustrating the concentration-dependent effect of intracellular allopregnanolone on the duration of GABA\(_{\text{A}}\)R-mediated mIPSCs (\(\tau_{\text{w}}\) expressed as a percentage of control 145 ± 19% and 378 ± 28%; \(n = 6-7\); One-way RM ANOVA **\(P<0.05\) vs. control. Post hoc Newman Keul’s test revealed significant differences between the two concentrations of allopregnanolone, \(P<0.05\)). Allo = allopregnanolone; Ctrl = control.
Figure 23 Intracellular ganaxolone enhances the synaptic GABA<sub>A</sub> function of mature cortical neurones.

(A) Superimposed exemplar GABA<sub>A</sub>-mediated averaged mIPSCs from a representative control mature L2/3 cortical neurone and from equivalent neurones with 3 - 10 μM ganaxolone administered intracellularly via the recording patch-electrode. Note recordings of mIPSCs for both control and steroid-treated neurones did not commence for ~6 mins after establishing the whole-cell voltage-clamp to allow the steroid to equilibrate (Evans & Marty, 1986). To facilitate comparison of their kinetics, the amplitude of the mIPSCs are normalised to that of the control averaged mIPSC. (B) Histogram illustrating the concentration-dependent effect of intracellular ganaxolone on the duration of GABA<sub>A</sub>-mediated mIPSCs (time course of decay τ<sub>W</sub> in ms; One-way ANOVA *P <0.05; n = 6). (C) Histogram illustrating the effect of intracellular ganaxolone on the duration of GABA<sub>A</sub>-mediated mIPSCs (τ<sub>W</sub> expressed as a percentage of control 138 ± 9% and 151 ± 8% n = 6; One-way RM ANOVA **P <0.05 vs. control Post hoc Newman Keul’s test revealed no significant difference between the two concentrations of ganaxolone, P>0.05). Ganax = ganaxolone; Ctrl = control.
Figure 24 A comparison of the effects of extracellular acute, or prolonged and intracellular allopregnanolone on the function of synaptic GABA$_A$Rs of mature cortical neurones.

Histogram comparing the effectiveness of allopregnanolone administered by different methods to prolong GABA$_A$R-mediated mIPSCs ($\tau_W$ expressed as a percentage of control). In this regard allopregnanolone is clearly most effective when the brain slices are incubated with the drug for ~2 hours. Incub = ~2 hour incubation with allopregnanolone (n = 6-9). Pipette = steroid delivered intracellularly via the patch pipette. Acute = bath applied steroid with recordings commencing ~10 minutes after steroid perfusion.
Figure 25 Comparison of the effects of intracellular allopregnanolone & ganaxolone on the function of synaptic GABA\(_A\)Rs of mature cortical neurones.

(A & B) Superimposed exemplar averaged GABA\(_A\)R-mediated mIPSCs from representative control mature L2/3 cortical neurones and from equivalent neurones with 3 - 10 \(\mu\)M allopregnanolone, or ganaxolone administered intracellularly via the recording patch-electrode. (C) Histogram comparing the concentration-dependent effect of intracellularly allopregnanolone and ganaxolone on the duration of GABA\(_A\)R-mediated mIPSCs (time course of decay \(\tau_w\) expressed as a percentage of control). The histogram illustrates the significantly greater effect of allopregnanolone compared to ganaxolone at the higher (10 \(\mu\)M) concentration: 3 \(\mu\)M (145 ± 19\% vs. 138 ± 9\%; \(P > 0.05\); \(n = 6\)) and 10 \(\mu\)M (378 ± 28\% vs. 151 ± 8\%; \(n = 6-7\) One-way RM ANOVA **\(P < 0.05\)). Allo = allopregnanolone; Ganax = ganaxolone; Ctrl = control.
4.4 The effect of cyclodextrins on layer 2/3 cortical GABA<sub>A</sub> mIPSCs in mature WT mice.

As described in the Introduction, the cyclodextrins are relatively large barrel-shaped molecules that may be classified according to the number of glucose residues they contain (Brown, 2012; Shu et al., 2004, 2007). The three principle types of cyclodextrins (CD) are the α-CD hexamer, the β-CD heptamer and the γ-CD octomer (Cooper et al., 2005; Davis & Brewster, 2004; See Discussion: section 7.5 for further details). In the previous chapter, γ-CD was effective at revealing the presence of an endogenous neurosteroid tone that varied with development in nRT neurones, while in layer 2/3 cortical neurones it was discovered that the neurosteroid tone reappeared by P60-75. Whole-cell voltage-clamp recordings were made in layer 2/3 cortical pyramidal neurones with cyclodextrin present in the recording pipette (i.e. the optimal method of administration as described in the previous chapter). These recordings were compared against separate control recordings (i.e. they were not paired), where the recording pipette contained only the intracellular solution. Analysis of GABA<sub>A</sub>R-mediated phasic inhibition included the mIPSC amplitude, rise time, charge transfer, decay kinetics and frequency as detailed in Table 16.

The GABA<sub>A</sub>R mIPSC decay (τ<sub>W</sub>) of L2/3 cortical pyramidal neurones of WT mice was significantly decreased in the presence of γ-CD, but not by α-CD, or β-CD (τ<sub>W</sub> control = 4.0 ± 0.1 ms, n = 35; γ-CD = 2.9 ± 0.1 ms, n = 15; α-CD = 4.1 ± 0.5 ms, n = 7; β-CD = 4.5 ± 0.4 ms, n = 6; One-way ANOVA, P < 0.05; Table 16, Figure 26). The T<sub>70</sub> was similarly decreased in the presence of γ-CD but not by α-CD or by β-CD (Table 16). γ-CD has been reported to have no direct effect on the GABA<sub>A</sub>R (Shu et al., 2004, 2007) and the data reported has demonstrated that neither of the smaller molecules, α-CD or β-CD, had an impact on GABA<sub>A</sub>R-mediated mIPSC decay time (See Discussion: section 7.5 for further details). These data agree with previous studies (Brown, 2012; Shu et al., 2004, 2007), but the β-CD data potentially conflicts with Pytel et al., (2006) who reported that β-CD decreased the desensitisation kinetics of the GABA<sub>A</sub>R to GABA by direct modulation of the receptor itself within outside-out patches of cultured hippocampal neurones. The
mechanism for the direct modulation by β-CD was uncertain and the findings of Pytel et al., (2006) have yet to be replicated.

The results are consistent with the hypothesis that γ-CD may shorten GABA\textsubscript{A}R-mediated mIPSC decay time indirectly by the sequestration of endogenous neurosteroid compounds. A former laboratory colleague discovered that γ-CD had no effect on GABA\textsubscript{A}R mIPSCs of layer 2/3 cortical neurones ~P20, indicating that endogenous neurosteroid tone is absent at that stage of development (Brown, 2012). The developmental data from the P20 cortical neurones serves as a control for my findings at P60-75.

Table 16 The effect of intracellular α/β/γ – cyclodextrin (CD) 0.5mM on GABA\textsubscript{A}R mIPSCs of layer 2/3 cortical neurones (P60-75) of WT mice.

<table>
<thead>
<tr>
<th></th>
<th>WT Control (n=35)</th>
<th>WT α-CD (n=7)</th>
<th>WT β-CD (n=6)</th>
<th>WT γ-CD (n=15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amp (pA)</td>
<td>-59 ± 2</td>
<td>-55 ± 3</td>
<td>-56 ± 3</td>
<td>-58 ± 2</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-242 ± 9</td>
<td>-243 ± 15</td>
<td>-261 ± 16</td>
<td>**-185 ± 8</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>5.2 ± 0.2</td>
<td>5.7 ± 0.6</td>
<td>5.9 ± 0.5</td>
<td>**3.7 ± 0.2</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>4.0 ± 0.1</td>
<td>4.1 ± 0.5</td>
<td>4.5 ± 0.4</td>
<td>**2.9 ± 0.1</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>17 ± 2</td>
<td>18 ± 4</td>
<td>18 ± 5</td>
<td>18 ± 2</td>
</tr>
</tbody>
</table>

**P < 0.05; one-way ANOVA, in comparison to age-matched control
Figure 26 Intracellular γ-CD reduces the duration of GABA<sub>A</sub>R-mediated mIPSCs of mature cortical neurones: evidence for an endogenous neurosteroid tone.

(A-C) Superimposed exemplar averaged GABA<sub>A</sub>R-mediated mIPSCs from a representative control mature L2/3 cortical neurone and from equivalent neurones treated with 0.5 mM α-CD, β-CD or γ-CD administered intracellularly via the recording patch-pipette. Note recordings of mIPSCs for both control and cyclodextrin-treated neurones did not commence for ~6 mins after establishing the whole-cell voltage-clamp to allow the compound to equilibrate (Evans & Marty, 1986). To facilitate comparison of their kinetics, the amplitude of the mIPSCs are normalised to that of the control averaged mIPSC. Note only γ-CD was effective in reducing the duration of the mIPSCs. (D) Histogram illustrating that intracellular γ-CD (but not α-CD or β-CD) decreases the GABA<sub>A</sub>R mIPSC τ<sub>w</sub> (in ms) of mature L2/3 cortical neurones (One-way ANOVA *P < 0.05; n = 6-15). (E) Histogram illustrating that intracellular γ-CD (but not α-CD or β-CD) decreases the GABA<sub>A</sub>R-mediated mIPSC τ<sub>w</sub> (expressed as a percentage of control) of mature L2/3 cortical neurones (73 ± 3%, 104 ± 11%, 112 ± 11% respectively vs. unpaired representative control n = 6-15; One-way RM ANOVA *P < 0.05). Dotted line indicates the control condition. Ctrl = control; γ-CD = γ-cyclodextrin (5 mM).
4.5 Is the effect of prolonged ganaxolone incubation on cortical GABA$_A$R-mediated mIPSCs influenced by intracellular $\gamma$-CD?

I have demonstrated that in mature L2/3 cortical neurones pipette-applied $\gamma$-CD can shorten the duration of mIPSCs, a finding consistent with the depletion of an endogenous neurosteroid tone. Furthermore, I have shown that prolonged ganaxolone incubation induces a marked prolongation of the mIPSC decay time. To probe whether the cyclodextrin effect is a consequence of neurosteroid sequestration I investigated whether intracellular $\gamma$-CD could reverse the ganaxolone-mediated modulation of the GABA$_A$R. Whole-cell voltage-clamp recordings were made in mature L2/3 cortical neurones of WT mice after at least two hours of incubation with ganaxolone with $\gamma$-CD applied in the recording pipette. Analysis of GABA$_A$R-mediated phasic inhibition included the mIPSC amplitude, rise time, decay kinetics, charge transfer and frequency (Table 17).

Pipette-applied $\gamma$-CD reduced significantly the effect of long incubation with ganaxolone, but did not reverse it completely ($\tau_W$: control = 4.0 ± 0.1 ms, n = 35; $\gamma$-CD 0.5 mM = 2.9 ± 0.1 ms, n = 15; ganaxolone 300 nM = 10.9 ± 1 ms, n = 10; $\gamma$-CD 0.5 mM & ganaxolone 300 nM = 6.7 ± 0.9 ms, n = 7; One-way RM ANOVA, $P<0.05$; post hoc Newman Keul’s test revealed a significant difference between ganaxolone alone and ganaxolone with $\gamma$-CD, $P<0.05$; Table 17; Figure 27). The same effect on the mIPSC $T_{70}$ was observed (Table 17). These results confirm that $\gamma$-CD is able to sequester neuroactive steroids such as ganaxolone. It appears that in the experiment described above, $\gamma$-CD may have become saturated by the relatively high concentrations of the neurosteroids in the brain slice tissue. These results support the proposal that the $\gamma$-CD effect observed for WT cortical neurones reflects the removal of an endogenous neurosteroid tone.
4.6 Can mature layer 2/3 cortical neurones synthesise neurosteroids?

As discussed above, progesterone and its' metabolite dihydroxy-progesterone (DHP) do not modulate GABA\(_A\)Rs directly (Belelli & Herd, 2003; Brown, 2012), but require the activity of the enzymes 5\(\alpha\)-R and 3\(\alpha\)-HSD in order to synthesise allopregnanolone (Figure 3; Belelli & Lambert, 2005; Mellon \textit{et al.}, 2001; Schumacher \textit{et al.}, 2012; Stoffel-Wagner, 2003). Here the effects on mIPSCs of incubating the brain slices with the allopregnanolone precursors progesterone and DHP are investigated (Refer to neurosteroid synthesis pathway ; Figure 3).

**Table 17 The effect of ganaxolone (Ganax) incubation treatment with \(\gamma\)-CD presented intracellularly, on GABA\(_A\)R mIPSCs of layer 2/3 cortical neurones (P60-75) of WT mice.**

<table>
<thead>
<tr>
<th></th>
<th>WT Control (n=35)</th>
<th>WT 300nM Ganax (n=10)</th>
<th>WT 300nM Ganax &amp; 0.5mM (\gamma)-CD (n=7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amplitude (pA)</td>
<td>-59±2</td>
<td>-82±6</td>
<td><strong>-62±8</strong></td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.5 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-242±9</td>
<td>-749±88</td>
<td><strong>-418±87</strong></td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>5.2 ± 0.2</td>
<td>13.4 ± 1</td>
<td><strong>9.4 ± 1</strong></td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>4.0 ± 0.1</td>
<td>10.9 ± 1</td>
<td><strong>6.7 ± 0.9</strong></td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>17 ± 2</td>
<td>20 ± 3</td>
<td>14 ± 6</td>
</tr>
</tbody>
</table>

\(**p < 0.05; \text{ One-way RM ANOVA (with Post hoc Newman Keul's test), in comparison to 300nM Ganaxolone.}\)
Figure 27 Intracellular γ-CD reduces the effect of extracellular ganaxolone on GABA<sub>A</sub>R-mediated mIPSCs of mature cortical neurones.

(A) Superimposed exemplar averaged GABA<sub>A</sub>R-mediated mIPSCs acquired from a representative control mature L2/3 cortical neurone and from equivalent neurones after pre-incubating the brain slice preparation with 300 nM ganaxolone (~2 hours), with, or without, intracellular 0.5 mM γ-CD. Note recordings of mIPSCs for both control and cyclodextrin-treated neurones did not commence for ~6 mins after establishing the whole-cell voltage-clamp to allow the compound to equilibrate (Evans & Marty, 1986). To facilitate comparison of their kinetics, the amplitude of the mIPSCs are normalised to that of the control averaged mIPSC. (B) Histogram illustrating that intracellular 0.5 mM γ-CD significantly reduces the effectiveness of extracellular 300 nM ganaxolone to prolong the mIPSC decay (τ<sub>w</sub> in ms; One-way RM ANOVA *P <0.05. Post hoc Newman Keul’s test revealed a significant difference between ganaxolone alone and ganaxolone with γ-CD, P <0.05, n = 7-10. (C) Histogram illustrating that intracellular 0.5 mM γ-CD significantly reduces the effectiveness of 300 nM ganaxolone to prolong the mIPSC decay time (τ<sub>w</sub>, expressed as a percentage of control 273 ± 32% vs. 167 ± 21%; n = 7-10 ; One-way RM ANOVA **P <0.05). Ganax = ganaxolone; Ctrl = control; γ-CD = γ-cyclodextrin; incub = ~ 2 hours pre-incubation.
4.7 The effect of prolonged progesterone incubation (1-50μM) on cortical 
GABA\(_A\)R-mediated mIPSCs of mature WT mice.

Whole-cell voltage-clamp recordings were made from L2/3 cortical neurones after 
least two hours of pre-incubation of the preparation with progesterone. Analysis 
of GABA\(_A\)R-mediated phasic inhibition included the mIPSC amplitude, rise time, 
decay kinetics, charge transfer and frequency (Table 18). Progesterone produced a 
relatively modest prolongation of GABA\(_A\)R-mediated mIPSC decay time in WT 
mice. Interestingly, the highest concentration of progesterone tested was only 
slightly more effective than the lowest concentration investigated here (\(\tau_{W}\): control 
= 4.0 ± 0.1 ms, n = 35; progesterone 1 μM = 4.7 ± 0.3 ms, n = 6; progesterone 3 μM 
= 5.2 ± 0.2 ms, n = 8; progesterone 10 μM = 5.1 ± 0.3 ms, n = 9; progesterone 50 μM 
= 5.3 ± 0.2 ms, n = 9; One-way ANOVA, \(P<0.05\); Table 18; Figure 28). Similarly, the 
mIPSC \(T_{70}\) was prolonged by progesterone incubation treatment (Table 18). These 
results suggest that the enzymatic function (5\(\alpha\)-R and 3\(\alpha\)-HSD) of mature L2/3 
cortical neurones of WT mice is intact and that they are able to synthesise 
neurosteroids when their precursor (progesterone) is incubated with the brain 
slice preparation.

4.8 Does the 5\(\alpha\)-reductase inhibitor finasteride block the effect 
of progesterone on the cortical mIPSCs of WT mice?

Finasteride itself has no direct effect on GABA\(_A\)R mIPSCs, but pre-treatment with 
this enzyme inhibitor prevents the conversion of progesterone into GABA\(_A\)R-active 
neurosteroid metabolites in the hippocampal CA1 neurones of mature mice (Sanna 
et al., 2004). Finasteride reduced the duration of synaptic GABAergic events in 
spinal LII neurones of immature rats, but had no effect on mature rats (Inquimbert 
et al., 2007; Keller et al., 2004). A similar phenomenon was observed in the cortical 
n neurones of immature mice that were treated with another 5\(\alpha\)-R inhibitor, SKF 
105111 (Puia et al., 2003). These findings are consistent with the hypothesis that 
there is a substantial endogenous neurosteroid tone in immature animals that has 
a significant modulatory effect on the GABA\(_A\)R (Keller et al., 2004).
Table 18 The effect of progesterone (Prog) incubation treatment on GABA$_A$R mIPSCs of layer 2/3 cortical neurones (P60-75) of WT mice.

<table>
<thead>
<tr>
<th></th>
<th>WT Control (n=35)</th>
<th>WT 1μM Prog (n=6)</th>
<th>WT 3μM Prog (n=8)</th>
<th>WT 10μM Prog (n=9)</th>
<th>WT 50μM Prog (n=9)</th>
<th>WT 50μM Finast (n=7)</th>
<th>WT 50μM Prog &amp; 50μM Finast (n=7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amp (pA)</td>
<td>-59 ± 2</td>
<td>-65 ± 2</td>
<td>-64 ± 3</td>
<td>**-70 ± 2</td>
<td>**-91 ± 5</td>
<td>**-67 ± 3</td>
<td>-64 ± 3</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-242 ± 9</td>
<td>**-319 ± 19</td>
<td>**-339 ± 26</td>
<td>**-373 ± 20</td>
<td>**-515 ± 34</td>
<td>**-299 ± 19</td>
<td>-269 ± 10</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>5.2 ± 0.2</td>
<td>**6.5 ± 0.5</td>
<td>**6.8 ± 0.2</td>
<td>**7.3 ± 0.4</td>
<td>**7.6 ± 0.2</td>
<td>5.7 ± 0.2</td>
<td>5.7 ± 0.1</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>4.0 ± 0.1</td>
<td>**4.7 ± 0.3</td>
<td>**5.2 ± 0.2</td>
<td>**5.1 ± 0.3</td>
<td>**5.3 ± 0.2</td>
<td>4.2 ± 0.1</td>
<td>4.1 ± 0.1</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>17 ± 2</td>
<td>16 ± 2</td>
<td>17 ± 2</td>
<td>19 ± 2</td>
<td>**31 ± 3</td>
<td>**28 ± 5</td>
<td>19 ± 1.5</td>
</tr>
</tbody>
</table>

**P < 0.05; One-way ANOVA in comparison to age-matched control, (with Post hoc Newman Keul's test).
Prolonged exposure (~2 hrs) of mature cortical neurones to progesterone (1-50 μM) enhances the function of synaptic GABA$_{A}$Rs, suggesting that these neurones can synthesise allopregnanolone.

(A) Superimposed exemplar averaged GABA$_{A}$R-mediated mIPSCs acquired from a representative control mature L2/3 cortical neurone and from equivalent neurones after ~2 hour pre-incubation of the brain slice with 1 μM - 50 μM progesterone. (B) Histogram illustrating the significant, but modest effect of progesterone on duration of GABA$_{A}$R-mediated mIPSCs (decay time τ$_{w}$ in ms; One-way ANOVA *P <0.05. Post hoc Newman Keul’s test revealed no significant inter-group difference between the concentrations of progesterone, P >0.05 n = 6-9). (C) Histogram illustrating the effect of progesterone (1 - 50 μM) on the duration of GABA$_{A}$R-mediated mIPSCs (τ$_{w}$ expressed as a percentage of control). Progesterone increased τ$_{w}$ (1 μM = 118 ± 8%, 3 μM = 129 ± 5%, 10 μM = 129 ± 6% and 30 μM = 133 ± 4% of control respectively; n = 6-9; One-way RM ANOVA **P >0.05). Note the dotted line indicates the control condition. Ctrl = control; Prog = progesterone.
Figure 29 The 5α-reductase inhibitor finasteride prevents the effects of progesterone incubation on synaptic GABA<sub>A</sub>Rs of mature cortical neurones.

(A) Superimposed exemplar averaged GABA<sub>A</sub>R-mediated mIPSCs acquired from a representative control mature L2/3 cortical neurone and from equivalent neurones after ~2 hour pre-incubation of the brain slice with either 50 μM finasteride alone, or co-applied with 50 μM progesterone. (B) Histogram illustrating that finasteride prevents the effect of progesterone to prolong the GABA<sub>A</sub>R-mediated mIPSC τ<sub>W</sub> (in ms); One-way ANOVA F(3,16) = 3.3, P < 0.05. Post hoc Newman Keul’s test revealed a significant difference for progesterone alone compared to when progesterone is co-applied with finasteride (*P < 0.05; n = 7-9 X). (C) Histogram illustrating that finasteride prevents the effect of progesterone to prolong GABA<sub>A</sub>R-mediated mIPSCs (τ<sub>W</sub> expressed as a percentage of control): 106 ± 3%, 103 ± 3% and 133 ± 4% respectively, n = 7-9; One-way RM ANOVA F(2,14) = 3.2, P < 0.05. Post hoc Newman Keul’s test revealed differences for progesterone 50 μM with or without finasteride 50 μM, **P < 0.05). Ctrl. = control; Prog = progesterone; Finast = finasteride.
Whole-cell voltage-clamp recordings were made in L2/3 cortical neurones of WT mice after at least two hours of incubation with finasteride and progesterone. Analysis of GABA<sub>AR</sub>-mediated phasic inhibition included the mIPSC amplitude, decay kinetics, charge transfer and frequency (Table 18). Finasteride alone had no effect on L2/3 cortical neurone GABA<sub>AR</sub> mIPSC decay time in WT mice, but it did prevent the effect of progesterone ($\tau_W$: control = 4.0 ± 0.1 ms, n = 35; finasteride 50 μM = 4.2 ± 0.1 ms, n = 7; progesterone 50 μM = 5.3 ± 0.2 ms, n = 9; finasteride 50 μM & progesterone 50 μM = 4.1 ± 0.1 ms, n = 7; One-way ANOVA, $P<0.05$; post hoc Newman Keul’s test revealed differences for progesterone 50 μM with, or without, finasteride (50 μM, $P<0.05$; Table 18; Figure 29). Similarly, the mIPSC $T_{70}$ was unaffected by finasteride, but this enzyme inhibitor prevented the effect of progesterone (Table 18). These results indicate that progesterone requires the enzymatic activity of 5α-R for it to be converted to its’ active metabolites. Of interest, the observation that finasteride alone had no effect on GABA<sub>AR</sub> mIPSC decay time, despite the suggested presence of a modest endogenous neurosteroid tone in mature WT mice, was made. This apparent paradox may be explained by comparing how finasteride and CD act. CD will remove the endogenous neurosteroid present, whereas although finasteride should prevent new allopregnanolone synthesis, it will have little impact on that already present. Therefore, the apparent lack of an effect of finasteride may reflect the relatively slow turnover of pre-synthesised allopregnanolone.

### 4.9 The effect of acute DHP & prolonged DHP incubation on cortical GABA<sub>AR</sub> mIPSCs of mature WT mice.

Whole-cell voltage-clamp recordings were made in L2/3 cortical neurones before and after the bath application of DHP. The neurosteroid was bath-applied after at least four minutes of stable recording enabling the comparison of paired recordings. Analysis of GABA<sub>AR</sub>-mediated phasic inhibition included the mIPSC amplitude, rise time, decay kinetics, charge transfer and frequency (Table 19). After ten minutes application, DHP (3μM) had no effect on the properties of
synaptic GABA\(_{\text{A}}\)R events in WT layer 2/3 cortical neurones (\(\tau_W\): Control = 5 ± 0.3 ms, n = 4; 3 μM DHP = 4.7 ± 0.3 ms, n = 4; Student's paired t test, \(P > 0.05\)). The \(T_{70}\) was similarly little influenced by this steroid; Table 19; Figure 30). These findings are consistent with work carried out by a former laboratory colleague in ventrobasal neurones of the thalamus in the earlier stages of development (Brown, 2012). The lack of effect after the acute application of DHP contrasts to the clear, albeit modest, effects of acutely applied allopregnanolone and ganaxolone. Given the lack of effect of acute DHP, I investigated whether prolonged incubation with this allopregnanolone precursor was effective in prolonging GABA\(_{\text{A}}\)R-mediated mIPSCs.

Whole-cell voltage-clamp recordings were made in L2/3 cortical neurones after at least two hours of brain slice incubation with DHP. Analysis of GABA\(_{\text{A}}\)R-mediated phasic inhibition included the mIPSC amplitude, rise time, decay kinetics, charge transfer and frequency (Table 20). Two hours of brain slice incubation with DHP (1 – 3 μM) produced a significant, concentration-dependent prolongation of layer 2/3 cortical GABA\(_{\text{A}}\)R-mediated mIPSC decay time in WT mice (\(\tau_W\): control = 4.0 ± 0.1 ms, n = 35; DHP 1 μM = 5.9 ± 0.2ms, n = 14; DHP 3 μM = 10.2 ± 0.1 ms, n = 9; One-way ANOVA, \(P < 0.05\); post hoc Newman Keul's test revealed intergroup differences between all three treatments, \(P < 0.05\); Table 20; Figure 30). Similarly, the mIPSC \(T_{70}\) was significantly prolonged by DHP (Table 20). These results indicate that mature WT L2/3 cortical neurones have intact 3\(\alpha\)-HSD enzymatic function and are able to convert DHP into the active metabolite allopregnanolone.
Table 19 The effect of DHP applied acutely via the intracellular or extracellular routes on GABA\textsubscript{A}R mIPSCs of layer 2/3 cortical neurones (P60-75) of WT mice.

<table>
<thead>
<tr>
<th></th>
<th>WT Control (n=35)</th>
<th>WT 3μM DHP in pipette (n = 6)</th>
<th>WT 10μM DHP in pipette (n = 6)</th>
<th>WT Pre 3μM DHP in ECS (n=4)</th>
<th>WT Post 3μM DHP In ECS (n=4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amplitude (pA)</td>
<td>-59 ± 2</td>
<td>-55 ± 2</td>
<td>-67 ± 4</td>
<td>-60 ± 4</td>
<td>-61 ± 2</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.5 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-242 ± 9</td>
<td>-229 ± 14</td>
<td>**-302 ± 12</td>
<td>-302 ± 4</td>
<td>-292 ± 8</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>5.2 ± 0.2</td>
<td>5.3 ± 0.2</td>
<td>5.5 ± 0.4</td>
<td>6.6 ± 0.6</td>
<td>6.3 ± 0.6</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>4.0 ± 0.1</td>
<td>3.9 ± 0.1</td>
<td>4.3 ± 0.3</td>
<td>5.0 ± 0.3</td>
<td>4.7 ± 0.3</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>17 ± 2</td>
<td>22 ± 1</td>
<td>18 ± 2</td>
<td>19 ± 3</td>
<td>20 ± 6</td>
</tr>
</tbody>
</table>

**P < 0.05; One-way ANOVA, in comparison to age-matched control**
Table 20 The effect of DHP incubation treatment (with γ-CD presented intracellularly), on GABA<sub>δ</sub>R mIPSCs of layer 2/3 cortical neurones (P60-75) of WT mice.

<table>
<thead>
<tr>
<th></th>
<th>WT Control (n=35)</th>
<th>WT 1μM DHP (n=14)</th>
<th>WT 3μM DHP (n=9)</th>
<th>WT 3μM DHP &amp; 0.5mM γ-CD (n=5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amp (pA)</td>
<td>-59 ± 2</td>
<td>**-73 ± 4</td>
<td>**-69 ± 5</td>
<td>-73 ± 10</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.5 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-242 ± 9</td>
<td>**-433 ± 31</td>
<td>**-646 ± 33</td>
<td>-552 ± 80</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>5.2 ± 0.2</td>
<td>**8 ± 0.4</td>
<td>**13.9 ± 1</td>
<td>*9.9 ± 0.4</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>4.0 ± 0.1</td>
<td>**5.9 ± 0.2</td>
<td>**10.2 ± 1</td>
<td>*7.3 ± 0.1</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>17 ± 2</td>
<td>16 ± 2</td>
<td>19 ± 6</td>
<td>12 ± 2</td>
</tr>
</tbody>
</table>

*<i>P < 0.05; One-way RM ANOVA in comparison to 3μM DHP (with Post hoc Newman Keul’s test).</i>

**<i>P < 0.05; One-way ANOVA in comparison to control (with Post hoc Newman Keul’s test).</i>
Figure 30 Prolonged exposure (~2 hrs) of mature cortical neurones to DHP greatly enhances the function of synaptic GABA\(_A\)Rs, but acute extracellular or intracellular DHP is inert.

(A) Superimposed exemplar averaged GABA\(_A\)-mediated mIPSCs acquired from a representative control mature L2/3 cortical neurone and from equivalent neurones after an ~2 hour pre-incubation of the brain slice with 1 - 3 \(\mu\)M DHP. (B) Histogram illustrating the considerable concentration-dependent effect of DHP on the duration of GABA\(_A\)-mediated mIPSCs (\(\tau_w\) in ms; One-way ANOVA *\(P<0.05\). Post hoc analysis revealed intergroup differences between 1 \(\mu\)M and 3 \(\mu\)M \(n=9\n14\), Newman Keuls **\(P<0.05\)). (C) Superimposed exemplar averaged GABA\(_A\)-mediated mIPSCs acquired from a mature cortical neurone before and after acute exposure to 3 \(\mu\)M DHP. (D) Histogram illustrating the lack of effect of acutely applied 3 \(\mu\)M DHP on GABA\(_A\)-mediated mIPSCs (\(\tau_w\) in ms, Student’s paired t test \(P>0.05\) vs. control \(n=4\)). (E) Superimposed exemplar averaged GABA\(_A\)-mediated mIPSCs acquired from a representative control cortical neurone and from equivalent neurones treated with DHP (3 - 10 \(\mu\)M) administered intracellularly via the recording patch-electrode. Note recordings of mIPSCs for both control and steroid-treated neurones did not commence for ~6 mins after establishing the whole-cell voltage-clamp to allow the steroid to equilibrate (Evans & Marty, 1986). To facilitate comparison of their kinetics, the amplitude of the mIPSCs are normalised to that of the control averaged mIPSC. (F) A histogram illustrating the lack of effect of intracellular DHP on the duration of GABA\(_A\)-mediated mIPSCs (\(\tau_w\) in ms, \(n=6\), One-way ANOVA \(P>0.05\) vs. control). Ctrl = control; DHP = dihydroxyprogesterone, incub = incubation.
4.10 Does intracellular cyclodextrin influence the effect of pre-incubated DHP on cortical mIPSCs of WT mice?

I have previously demonstrated that pipette-applied γ-CD can reduce the duration of cortical mIPSCs (see Sections 3.10 & 4.4) an effect interpreted as occurring as a consequence of removing an endogenous neurosteroid tone. In support of this, intracellular γ-CD reduced the effect of ganaxolone on mIPSCs. DHP incubation treatment of brain slice tissue induces a marked prolongation of GABAAR mIPSC decay time, which raised the question of whether pipette-applied γ-CD could reduce the modulatory effect of DHP incubation as it had done with ganaxolone. Whole-cell voltage-clamp recordings were made in mature L2/3 cortical neurones of WT mice after at least two hours of incubation with DHP with γ-CD applied in the recording pipette. Analysis of GABAAR-mediated phasic inhibition included the mIPSC amplitude, decay kinetics, charge transfer and frequency (Table 20.).

Pipette-applied γ-CD reduced the effect of incubation with DHP (τ_W: control = 4.0 ± 0.1 ms, n = 35; γ-CD 0.5 mM = 2.9 ± 0.1 ms, n = 15; DHP 3 μM = 10.2 ± 1 ms, n = 9; γ-CD 0.5 mM & DHP 3 μM = 7.3 ± 0.1 ms, n = 5; One-way RM ANOVA, P <0.05; post hoc Newman Keul’s test revealed a significant difference between DHP alone and DHP with γ-CD, P <0.05; Table 20; Figure 31). The same effect on the mIPSC T_{70} was observed (Table 20). These results confirm that γ-CD is also able to sequester the GABA-active neurosteroid metabolite of DHP. In common with the ganaxolone experiments, γ-CD did not fully reverse the effect of DHP suggesting that γ-CD may have become saturated by the relatively high concentrations of the neurosteroids in the brain slice tissue.
Figure 31 Intracellular γ-CD reduces the effect of DHP incubation on GABA₃R mIPSCs of mature cortical neurones.

(A) Superimposed exemplar averaged GABA₃R-mediated mIPSCs from a representative control mature L2/3 cortical neurone and from equivalent neurones after 3 μM DHP (~2 hour) pre-incubation or 3 μM DHP pre-incubation with 0.5 mM γ-CD administered intracellularly via the recording patch-electrode. Note recordings of mIPSCs for both control and cyclodextrin-treated neurones did not commence for ~6 mins after establishing the whole-cell voltage-clamp to allow the steroid scavenger to equilibrate (Evans & Marty, 1986). To facilitate comparison of their kinetics, the amplitude of the mIPSCs are normalised to that of the control averaged mIPSC. (B) Histogram illustrating that intracellular 0.5 mM γ-CD significantly reduces the effect of 3 μM DHP pre-incubation to prolong the mIPSC duration (τ_w in ms; One-way ANOVA *P <0.05; n = 5–9). (C) Histogram illustrating that intracellular 0.5 mM γ-CD significantly reduces the effect of 3 μM DHP pre-incubation on the mIPSC duration (τ_w expressed as a percentage of control 256 ±25% vs. 183 ±3% n = 5–9 (one-way RM ANOVA **P <0.05). Ctrl = control; DHP = dihydroxyprogesterone, γ-CD = γ-cyclodextrin, incub = incubation.
4.11 The effect of intracellular DHP on layer 2/3 cortical $\text{GABA}_A$-mediated mIPSCs of mature WT mice.

Whole-cell voltage-clamp recordings were made in L2/3 cortical neurones with DHP present in the recording pipette. These recordings were compared to a separate set of control recordings (i.e. they were not paired). Analysis of $\text{GABA}_A$R-mediated phasic inhibition included the mIPSC amplitude, decay kinetics, charge transfer and frequency (Table 19). Pipette-applied DHP (3 μM - 10 μM) had no effect on the properties of $\text{GABA}_A$R mIPSCs of WT layer 2/3 cortical neurones ($\tau_w$ control = 4.0 ± 0.1 ms, n = 35, 3 μM DHP = 3.9 ± 0.1 ms, n = 6; 10 μM DHP = 4.3 ± 0.3 ms, n = 6; One-way ANOVA, $P > 0.05$; Table 19; Figure 30). The $T_{70}$ was similarly unaffected by the presence of DHP (Table 19). These results contrast with the effects of pipette-applied allopregnanolone and ganaxolone described above (Figure 32). The lack of effect of intracellular DHP suggests that the neurone being recorded from cannot synthesise allopregnanolone either because the neurone is not a site of synthesis, or more probably that pipette dialysis has compromised neurosteroid synthesis.

4.12 Provera, an inhibitor of 3α-HSD, prevents the effects of DHP but not ganaxolone on cortical mIPSCs of mature WT mice.

As described previously, provera inhibits 3α-HSD, consequently preventing the conversion of DHP to allopregnanolone (Belelli & Herd, 2003; Belelli & Lambert, 2005; Sunde et al., 1982). Provera is also known to modulate $\text{GABA}_A$R mIPSCs in dentate gyrus neurones, perhaps as a consequence of the differential expression of different isoforms of 3α-HSD in these neurones (Belelli & Herd, 2003). Whole-cell voltage-clamp recordings were made in mature layer 2/3 cortical neurones of wild type mice after at least two hours of incubation with provera and DHP, or provera and ganaxolone. Analysis of $\text{GABA}_A$R-mediated phasic inhibition included the mIPSC amplitude, decay kinetics, charge transfer and frequency (Table 21).
By contrast to allopregnanolone and ganaxolone, intracellular DHP has no effect on the function of synaptic GABA$_A$Rs of mature cortical neurones.

(A) Superimposed exemplar averaged GABA$_A$R-mediated mIPSCs acquired from a control cortical neurone and from equivalent neurones with 3 - 10 µM DHP administered intracellularly via the recording patch-electrode. Note recordings of mIPSCs for both control and steroid-treated neurones did not commence for ~6 mins after establishing the whole-cell voltage-clamp to allow the steroid to equilibrate (Evans & Marty, 1986). To facilitate comparison of their kinetics, the amplitude of the mIPSCs are normalised to that of the control averaged mIPSC. (B) Histogram illustrating that intracellular DHP (3 - 10 µM) has no effect on the duration of GABA$_A$R-mediated mIPSCs (τ$_W$ expressed as a percentage of control; one-way RM ANOVA P >0.05; n = 6), by contrast to allopregnanolone (3 - 10 µM) and ganaxolone (3 - 10µM). The dotted line indicates control. (C & D) Superimposed exemplar averaged GABA$_A$R-mediated mIPSC acquired from a representative control cortical neurone and from equivalent neurones internally dialysed with allopregnanolone (3 - 10 µM), or ganaxolone (3 - 10 µM). Ctrl = control; Allo = allopregnanolone; Ganax = ganaxolone; DHP = dihydroxyprogesterone
Table 21 The 3α-HSD inhibitor provera reduces the effect of DHP but not ganaxolene (Ganax) incubation treatment on GABA$_A$R mIPSCs of layer 2/3 cortical neurones (P60-75) of WT mice.

<table>
<thead>
<tr>
<th></th>
<th>WT Control (n=35)</th>
<th>WT 1uM Provera (n=6)</th>
<th>WT 3μM DHP (n=9)</th>
<th>WT Provera &amp; 3uM DHP (n=7)</th>
<th>WT 300nM Ganax (n=10)</th>
<th>WT Provera &amp; 300nM Ganax (n=7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amplitude (pA)</td>
<td>-59 ± 2</td>
<td>-66 ± 5</td>
<td>-69 ± 5</td>
<td>-61 ± 3</td>
<td>-82 ± 6</td>
<td>-75 ± 4</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.5 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-242 ± 9</td>
<td>-310 ± 23</td>
<td>-646 ± 33</td>
<td>**-327 ± 19</td>
<td>-749 ± 88</td>
<td>-778 ± 46</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>5.2 ± 0.2</td>
<td>6.3 ± 0.3</td>
<td>13.9 ± 1</td>
<td>** 6.9 ± 0.1</td>
<td>13.4 ± 1</td>
<td>15.5 ± 0.7</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>4.0 ± 0.1</td>
<td>4.6 ± 0.2</td>
<td>10.2 ± 1</td>
<td>** 5.2 ± 0.1</td>
<td>10.9 ± 1</td>
<td>10.9 ± 0.7</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>17 ± 2</td>
<td>23 ± 4</td>
<td>19 ± 6</td>
<td>16 ± 3</td>
<td>20 ± 3</td>
<td>17 ± 3</td>
</tr>
</tbody>
</table>

**P < 0.05; One-way ANOVA (with Post hoc Newman Keul’s test) in comparison to 3μM DHP
Provera alone exerted a modest effect on L2/3 cortical neurone GABA\(_A\)R mIPSC decay time but, in addition, it prevented the effect of DHP (\(\tau_w\): control = 4.0 ± 0.1 ms, n = 35; provera 1 μM = 4.6 ± 0.2 ms, n = 6; DHP 3 μM = 10.2 ± 1 ms, n = 9; provera 1 μM & DHP 3 μM = 5.2 ± 0.1 ms, n = 7; One-way ANOVA, \(P < 0.05\); post hoc Newman Keul's test revealed differences for DHP 3 μM with or without provera 1 μM, \(P < 0.05\); Table 21; Figure 33). The same effect on the mIPSC \(T_{70}\) was observed (Table 21). As anticipated, provera did not inhibit the effect of ganaxolone on GABA\(_A\)R mIPSCs in mature L2/3 cortical neurones of WT mice (\(\tau_w\): control = 4.0 ± 0.1 ms, n = 35; provera 1 μM = 4.6 ± 0.2 ms, n = 6; ganaxolone 300 nM = 10.9 ± 1 ms, n = 10; provera 1 μM & ganaxolone 300 nM = 10.9 ± 0.7 ms, n = 7; One-way ANOVA, \(P < 0.05\); post hoc Newman Keul's test revealed no differences for ganaxolone 300 nM with, or without, provera 1 μM, \(P > 0.05\); Table 21; Figure 33). The same effect on the mIPSC \(T_{70}\) was observed (Table 21). These results confirm that DHP requires enzymatic conversion by 3\(\alpha\)-HSD for it to induce a prolongation in the decay time of GABA\(_A\)R mIPSCs. In contrast, ganaxolone was unaffected by 3\(\alpha\)-HSD inhibition with provera.

4.13 The 3\(\alpha\)-HSD inhibitor indometacin prevents the effect of DHP but not allopregnanolone on cortical mIPSCs of mature WT mice.

Indometacin has an entirely different molecular structure to provera, but in common it is also an effective inhibitor of the enzyme 3\(\alpha\)-HSD (Askonas et al., 1991; Belelli & Herd, 2003; Belelli & Lambert, 2005; Duax et al., 1978; Hori et al., 2006; Sunde et al., 1982). Whole-cell voltage-clamp recordings were made in mature L2/3 cortical neurones of wild type mice after at least two hours of incubation with indometacin and DHP. Analysis of GABA\(_A\)R-mediated phasic inhibition included the mIPSC amplitude, decay kinetics, charge transfer and frequency (Table 22).
Figure 33 The 3α-HSD enzyme inhibitor provera suppresses the effects of DHP, but not ganaxolone on GABA<sub>A</sub>R-mediated mIPSCs of mature cortical neurones.

(A) Superimposed exemplar averaged GABA<sub>A</sub>R-mediated mIPSCs from a representative control cortical neurone and from equivalent neurones after an ~2 hour pre-incubation of the brain slice with provera (1 μM), DHP (3 μM), or both. To facilitate comparison of their kinetics, the amplitude of the mIPSCs are normalised to that of the control averaged mIPSC. (B) Histogram illustrating that provera prevents the effect of DHP pre-incubation to prolong GABA<sub>A</sub>R-mediated mIPSCs (τ<sub>w</sub> in ms; one-way ANOVA P <0.05. Post hoc Newman Keul’s test revealed differences for DHP (3 μM) with or without provera (1 μM), *P <0.05, n = 7-9). (C) Superimposed exemplar averaged GABA<sub>A</sub>R-mediated mIPSCs from a representative control cortical neurone and from equivalent neurones after an ~2 hour pre-incubation of the brain slice with provera (1 μM), ganaxolone (300 nM), or both. (D) Histogram illustrating that provera did not prevent the effect of ganaxolone on the duration of GABA<sub>A</sub>R-mediated mIPSCs (τ<sub>w</sub> in ms; one-way ANOVA P<0.05. Post hoc Newman Keul’s test revealed no difference for the effects of ganaxolone (300 nM) with, or without provera (1 μM), P >0.05, n = 7-10). (E) Histogram illustrating the selective effect of the 3α-HSD enzyme inhibitor provera to suppress the effect of DHP on the mIPSC τ<sub>w</sub> (expressed as a percentage of control), but not that of ganaxolone. Ctrl = control; DHP = dihydroxyprogesterone
Table 22 The 3α-HSD inhibitor indomethacin (indo) reduces the effect of DHP incubation treatment on GABA\(_A\)R mIPSCs of layer 2/3 cortical neurones (P60-75) of WT mice

<table>
<thead>
<tr>
<th></th>
<th>WT Control (n=35)</th>
<th>WT 30μM Indo (n=6)</th>
<th>WT 3μM DHP (n=9)</th>
<th>WT 3μM DHP &amp; 30μM Indo (n=6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amplitude (pA)</td>
<td>-59 ± 2</td>
<td>-53 ± 2</td>
<td>-69 ± 5</td>
<td>**-56 ± 4</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.4 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (FC)</td>
<td>-242 ± 9</td>
<td>-222 ± 6</td>
<td>-646 ± 33</td>
<td>**-263 ± 23</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>5.2 ± 0.2</td>
<td>5.1 ± 0.2</td>
<td>13.9 ± 1</td>
<td>**5.8 ± 0.3</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>4.0 ± 0.1</td>
<td>4.6 ± 0.2</td>
<td>10.2 ± 1</td>
<td>**5.0 ± 0.3</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>17 ± 2</td>
<td>14 ± 2</td>
<td>19 ± 6</td>
<td>14 ± 2</td>
</tr>
</tbody>
</table>

**P < 0.05; One-way ANOVA (with Post hoc Newman Keul’s test) in comparison to 3μM DHP
Indomethacin alone had no effect on the properties of GABA\(_A\)R mIPSCs, including decay time, but it prevented the effect of DHP (\(\tau_W\): control = 4.0 ± 0.1 ms, n = 35; indomethacin 30 μM = 4.6 ± 0.2 ms, n = 6; DHP 3 μM = 10.2 ± 1 ms, n = 9; indomethacin 30 μM & DHP 3 μM = 5 ± 0.3 ms, n = 6; One-way ANOVA, \(P<0.05\); post hoc Newman Keul’s test revealed differences for DHP 3 μM with or without indomethacin 100 μM, \(P<0.05\); Table 22; Figure 34). The same effect on the mIPSC \(T_{70}\) was observed (Table 22).

By contrast, indomethacin had no effect on the prolongation of mIPSCs by pre-incubated allopregnanolone (\(\tau_W\): control = 4.0 ± 0.1 ms, n = 35; indomethacin 100 μM = 4.2 ± 0.1 ms, n = 7; allopregnanolone 100 nM = 12.5 ± 1 ms, n = 9; indomethacin 100 μM & allopregnanolone 100 nM = 13.5 ± 0.8 ms, n = 7; One-way ANOVA, \(P<0.05\); post hoc Newman Keul’s test revealed no differences for allopregnanolone 100 nM with or without indomethacin 100 μM, \(P>0.05\); Table 23; Figure 34). The same effect on the mIPSC \(T_{70}\) was observed (Table 23). These results confirm that allopregnanolone does not require 3α-HSD in order to modulate GABA\(_A\)R mIPSCs in mature L2/3 cortical neurones. It is interesting that indomethacin did not increase the effect of allopregnanolone by potentially inhibiting its metabolism to an inactive form. These experiments with another 3α-HSD enzyme inhibitor confirm that DHP requires conversion to a more active form by 3α-HSD in order for it to induce prolongation of GABA\(_A\)R mIPSC decay time.

In contrast to the findings with allopregnanolone, indomethacin exhibited concentration-dependent inhibition of ganaxolone incubation treatment (\(\tau_W\): control = 4.0 ± 0.1 ms, n = 35; indomethacin 30 μM = 4.6 ± 0.2 ms, n = 6; indomethacin 100 μM = 4.6 ± 0.1 ms, n = 7; ganaxolone 300 nM = 10.9 ± 1 ms, n = 10; indomethacin 30 μM & ganaxolone 300 nM = 6.2 ± 0.5 ms, n = 10; indomethacin 100 μM & ganaxolone 300 nM = 5.4 ± 0.3 ms, n = 8; One-way ANOVA, \(P<0.05\); post hoc Newman Keul’s test revealed significant differences between three of the treatment groups: ganaxolone 300nM alone, ganaxolone 300nM with indomethacin 30 μM and ganaxolone 300nM with indomethacin 100 μM, \(P<0.05\); Table 23; Figure 34). The same effect on the mIPSC \(T_{70}\) was observed (Table 23).
Figure 34 The $3\alpha$-HSD enzyme inhibitor indometacin suppresses the effects of DHP and ganaxolone, but not those of allopregnanolone on $\text{GABA}_A$R-mediated mIPSCs of mature cortical neurones.

(A) Superimposed exemplar averaged $\text{GABA}_A$R-mediated mIPSCs acquired from a representative control cortical neurone and from equivalent neurones after ~2 hours pre-incubation of the brain slice with indometacin (30 μM), DHP (3 μM), or both. (B) Histogram illustrating that indometacin prevents the effect of DHP on the duration of the $\text{GABA}_A$R-mediated mIPSCs ($\tau_w$ in ms, one-way ANOVA $P < 0.05$. Post hoc Newman Keul's test revealed differences for DHP 3 μM with or without indometacin 100 μM, *$P < 0.05$, $n = 6$-9). (C) Superimposed exemplar averaged $\text{GABA}_A$R-mediated mIPSCs acquired from a representative control neurone and from equivalent neurones after an ~2 hour pre-incubation of the brain slice with indometacin (100 μM), allopregnanolone (100 nM), or both. (D) Histogram illustrating that indometacin does not prevent the effect of allopregnanolone to prolong the duration of the $\text{GABA}_A$R-mediated mIPSC ($\tau_w$ in ms, one-way ANOVA $P > 0.05$. Post hoc Newman Keul's test revealed no differences for allopregnanolone with or without indometacin, $P > 0.05$, $n = 7$-9). (E) Superimposed exemplar averaged $\text{GABA}_A$R-mediated mIPSCs acquired from a representative control neurone and from equivalent neurones after an ~2 hour incubation of the brain slice with indometacin (100 μM), ganaxolone (300 nM), or both. Note for panels A, C and D the mIPSC amplitude is normalised to that of the control averaged mIPSC to facilitate comparison of their kinetics. (F) Histogram illustrating that indometacin in a concentration-dependant manner (30 - 100 μM) prevents the effect of ganaxolone to prolong the $\text{GABA}_A$R-mediated mIPSC ($\tau_w$ in ms; one-way ANOVA $P < 0.05$. Post hoc Newman Keul's test revealed differences for ganaxolone 300 nM with or without indometacin 30 -100 μM, **$P < 0.05$, $n = 8$-10. Ctrl = control; Allo = allopregnanolone; Ganax = ganaxolone; DHP = dihydroxyprogesterone; Indo = indometacin.
Table 23 The 3α-HSD inhibitor indetacin (indo) reduces the effect of ganaxolone (Ganax) but not allopregnanolone (Allo) incubation treatment on GABA<sub>A</sub>R mIPSCs of layer 2/3 cortical neurones (P60-75) of WT mice.

<table>
<thead>
<tr>
<th></th>
<th>WT Control (n=35)</th>
<th>WT 30μM Indo (n=6)</th>
<th>WT 100μM Indo (n=7)</th>
<th>WT 100nM Allo (n=9)</th>
<th>WT 100nM Allo &amp; 100μM Indo (n=7)</th>
<th>WT 300nM Ganax (n=10)</th>
<th>WT 300nM Ganax &amp; 30μM Indo (n=8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amp (pA)</td>
<td>-59 ± 2</td>
<td>-53 ± 2</td>
<td>-53 ± 2</td>
<td>-78 ± 2</td>
<td>-77 ± 4</td>
<td>-82 ± 6</td>
<td>**-63 ± 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>**-54 ± 4</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.4 ± 0.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.5 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-242 ± 9</td>
<td>-222 ± 6</td>
<td>-235 ± 13.5</td>
<td>-932 ± 84</td>
<td>-915 ± 10</td>
<td>-749 ± 88</td>
<td>**-374 ± 39</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>**-289 ± 30</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>5.2 ± 0.2</td>
<td>5.1 ± 0.2</td>
<td>5.8 ± 0.2</td>
<td>18.6 ± 1.4</td>
<td>17.0 ± 0.5</td>
<td>13.4 ± 1</td>
<td>**8.7 ± 0.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>**6.3 ± 0.3</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>4.0 ± 0.1</td>
<td>4.6 ± 0.2</td>
<td>4.2 ± 0.1</td>
<td>12.5 ± 1</td>
<td>13.5 ± 0.8</td>
<td>10.9 ± 1</td>
<td>**6.2 ± 0.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>**5.4 ± 0.3</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>17 ± 2</td>
<td>14 ± 2</td>
<td>14 ± 2</td>
<td>15 ± 3</td>
<td>10 ± 2</td>
<td>20 ± 3</td>
<td>23 ± 2</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>#9.3 ± 1</td>
</tr>
</tbody>
</table>

**P < 0.05; One-way ANOVA (with Post hoc Newman Keul’s test) in comparison to 300nM ganaxolone
These results with ganaxolone were unexpected given the lack of impact that indomethacin had on the effectiveness of allopregnanolone. Indeed, inhibiting 3α-HSD with provera had no impact on ganaxolone, but prevented the effect of DHP on GABA<sub>A</sub>R mIPSCs in layer 2/3 cortical neurones. This raises the question as to whether ganaxolone is an allosteric modulator of the GABA<sub>A</sub>R and a precursor to a more active neurosteroid such as allopregnanolone. Alternatively, could indomethacin be a silent competitive steroid antagonist at the GABA<sub>A</sub>R and prevent the action of ganaxolone by that mechanism? (These questions are explored in the Discussion).

4.14 The effect of pipette-applied ganaxolone and indomethacin on layer 2/3 cortical GABA<sub>A</sub> mIPSCs in mature WT mice (P60-75).

In order to explore whether indomethacin could be a silent competitive antagonist at the GABA<sub>A</sub>R (and therefore prevent modulation by ganaxolone), recordings were made with indomethacin in the pipette. Whole-cell voltage-clamp recordings were made in L2/3 cortical neurones with indomethacin ± ganaxolone presented in the recording pipette. These recordings were compared against separate control recordings (i.e., they were not paired). Analysis of GABA<sub>A</sub>R-mediated phasic inhibition included the mIPSC amplitude, decay kinetics, charge transfer and frequency (Table 24).

The mIPSC decay (τ<sub>W</sub>) of L2/3 cortical neurones of WT mice was unchanged by the presence of indomethacin in the recording pipette and indomethacin had no effect on the modulatory action of ganaxolone (τ<sub>W</sub>: control = 4.0 ± 0.1 ms, n = 35, indomethacin 100 µM = 3.9 ± 0.4 ms, n = 5; ganaxolone 10 µM = 6.1 ± 0.3 ms, n = 6; ganaxolone 10 µM & indomethacin 100 µM = 7.3 ± 0.6 ms, n = 4; One-way ANOVA with Post hoc Newman Keul’s test revealed that indomethacin did not affect the baseline decay time of mIPSCs (P >0.05) and there was no difference between ganaxolone 10 µM vs. ganaxolone 10 µM with indomethacin 100 µM, P >0.05; Table 24; Figure 35). The T<sub>70</sub> was similarly unaffected by the presence of indomethacin (Table 24). The inability of indomethacin to prevent the modulation of the GABA<sub>A</sub>R
mIPSCs by ganaxolone is inconsistent with the concept that indometacin could be a silent antagonist of the GABA<sub>R</sub>. Consequently, it seems more likely that indometacin may inhibit the action of ganaxolone by preventing its conversion to a more active compound (such as allopregnanalone).

Table 24 The effect of pipette-applied ganaxolone and indometacin on layer 2/3 cortical GABA<sub>R</sub> mIPSCs in mature WT mice (P60-75).

<table>
<thead>
<tr>
<th></th>
<th>WT Control (n=35)</th>
<th>WT 100μM Indo (n=5)</th>
<th>WT 10μM Ganax (n=6)</th>
<th>WT 10μM Ganax &amp; 100μM Indo (n=4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amplitude (pA)</td>
<td>-59 ± 2</td>
<td>-75 ± 2</td>
<td>-69 ± 6</td>
<td>-72 ± 7</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-242 ± 9</td>
<td>-306 ± 28</td>
<td>-420 ± 55</td>
<td>-494 ± 68</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>5.2 ± 0.2</td>
<td>4.8 ± 0.2</td>
<td>8.1 ± 0.6</td>
<td>9.4 ± 0.5</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>4.0 ± 0.1</td>
<td>3.9 ± 0.4</td>
<td>6.1 ± 0.3</td>
<td>7.3 ± 0.6</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>17 ± 2</td>
<td>16 ± 4</td>
<td>16 ± 2</td>
<td>14 ± 2</td>
</tr>
</tbody>
</table>
Figure 35 The 3α-HSD enzyme inhibitor indometacin does not suppress the acute effects of intracellularly applied ganaxolone on GABA<sub>A</sub>R mIPSCs of mature cortical neurones (in contrast to its inhibitory effect on ganaxolone incubation treatment).

(A) Superimposed exemplar averaged GABA<sub>A</sub>R-mediated mIPSCs acquired from a representative control mature L2/3 cortical neurone and from equivalent neurones after the intracellular application of ganaxolone (10 μM), indometacin (100 μM) or both. (B) Histogram illustrating that intracellular indometacin made no impact on the effectiveness of intracellular ganaxolone (Student’s unpaired t tests \( P > 0.05 \) for ganaxolone 10 μM vs. ganaxolone 10 μM with indometacin 100 μM, \( n = 4-6 \)). (C) Histogram illustrating that intracellular indometacin made no impact on the effectiveness of intracellular ganaxolone expressed as a percentage of control (Student’s unpaired t tests \( P > 0.05 \) for ganaxolone 10 μM vs. ganaxolone 10 μM with indometacin 100 μM, \( n = 4-6 \)). Ctrl = control; Ganax = ganaxolone; Indo = indometacin
Chapter 5: The role of neurosteroids on mature layer 2/3 neurones from the cerebral cortex of \textit{ob/ob} and \textit{db/db} mice.
The previous Chapter characterised the neurosteroid modulation of the L2/3 cortical GABA$_A$Rs in mature WT mice. This late stage of development was chosen because it facilitated a comparison with the ob/ob mouse model of type-2 diabetes mellitus (T2DM). The ob/ob mouse develops super-morbid obesity and exhibits a neuropathic phenotype and consequently develops hypersensitivity to pain by the age of P60-75 (Drel et al., 2006; Latham et al., 2009). To date, there are no published reports of the electrophysiological characterisation of GABA$_A$R function for the ob/ob mouse. Whole-cell voltage-clamp recordings of synaptic GABA$_A$R mIPSCs from cortical L2/3 neurones were made from mature C57/BL6 wild type mice, ob/ob mice and also from wild type mice from the same genetic background strain as the ob/ob mouse B6.V-Lep$^+/OlaHsd$ (aged P60-75).

The ob/ob mice are deficient in the hormone leptin and it was considered that leptin itself might modulate GABA$_A$R function (Solovyova et al., 2009). In order to exclude such a direct effect of leptin as a cause of any changes observed, recordings were additionally made in a second mouse model of T2DM, the db/db mouse. As described in the Introduction section, the db/db mouse is able to synthesise leptin but lacks the leptin receptor, consequently developing super-morbid obesity and a more severe diabetic phenotype than the ob/ob mouse (Bates et al., 2005; Cefalu, 2006; Neubauer & Kulkarni, 2006). The db/db mouse also exhibits a neuropathic phenotype at P60-75, which includes significant impairments of thermal nociception and nerve conduction velocity, consistent with sensory loss (Sullivan et al., 2006).
Mice that were used for electrophysiological (or behavioural experiments) were weighed in order to confirm the presence of obesity. The ob/ob and db/db mice (P60-75) both had significantly greater body weights than the respective WT animals of the same age (C57/BL6 = 26.8 ± 0.3g, n = 32; B6.V-Lep+/OlaHsd = 24.7 ± 0.3g, n = 49; BKS.Cg-Dock7m+/Dock7m+/OlaHsd = 22.8 ± 1g, n = 5; ob/ob = 35.6 ± 0.4g, n = 50; db/db = 42.2 ± 0.8g, n = 9; One-way ANOVA, P < 0.05; post hoc Newman Keul’s test revealed significant differences between both diabetic mice and all three strains of WT mice, P < 0.05; Figure 36). These data are consistent with reports of ob/ob and db/db body mass in the literature (Latham et al., 2009; Bates et al., 2005).

5.1 A comparison of synaptic GABA\_A\_R mIPSCs of cortical layer 2/3 neurones in adult WT, ob/ob and db/db mice.

Whole-cell voltage-clamp recordings were made from L2/3 pyramidal neurones of the cerebral cortex of C57/BL6 (WT) mice, ob/ob mice and db/db mice in addition to the lean WT littermates for both models of T2DM (B6.V-Lep+/OlaHsd and BKS.Cg-Dock7m+/Dock7m+/OlaHsd respectively). Analysis of GABA\_A\_R-mediated phasic inhibition included the mIPSC amplitude, decay kinetics, charge transfer and frequency (Table 25).

There was a modest but significant reduction in the mIPSC decay (\(\tau_W\)) of cortical L2/3 pyramidal neurones between the diabetic mice and the corresponding WT littermates (Lep+/OlaHsd = 3.9 ± 0.2 ms, n = 18; ob/ob = 3.5 ± 0.1 ms, n = 25; Student’s unpaired t test, P <0.05; BKS.Cg-Dock7m+/Dock7m+/OlaHsd = 4.3 ± 0.3 ms, n = 8; db/db = 3.5 ± 0.1 ms, n = 18; Student’s unpaired t test, P <0.05; Table 25; Figure 37). The mIPSC T\(_{70}\) was also significantly different between the diabetic mice and the WT littermates (Table 25). However, there was no significant difference in the \(\tau_W\), or the T\(_{70}\), between the three WT strains, suggesting that the observed reduction of mIPSC decay time in the ob/ob and db/db mouse models was not related to inter-strain variability (see Table 25; Figure 37). These findings suggest that either the GABA\_A\_Rs of the T2DM mice may be less sensitive to endogenous neurosteroids, or the levels of endogenous neurosteroid is reduced in T2DM, or both.
Figure 36 Ob/ob & db/db mice exhibit a morbid obesity phenotype on a normal diet, consistent with reports in the literature.

Histogram illustrating that the mature ob/ob and db/db mice used experimentally had significantly greater body weights than the respective WT animals of the same age. \((C57/BL6 = 26.8 \pm 0.3\, g, n = 32, B6.\text{V}-\text{Lep}^+ = 24.7 \pm 0.3\, g, n = 49; BKS.Cg-Dock7\# = 22.8 \pm 1\, g, n = 5; ob/ob = 35.6 \pm 0.4\, g, n = 50; db/db = 42.2 \pm 0.8\, g, n = 9; \) One-way ANOVA \(P < 0.05.\) Post hoc Newman Keuls test revealed significant differences between both diabetic mice and all three strains of WT mice \(*P < 0.05\).\)
Table 25 A comparison of synaptic GABA<sub>3</sub>R mIPSCs of cortical layer 2/3 neurones in adult WT, ob/ob and db/db mice.

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<thead>
<tr>
<th></th>
<th>WT C57 BL6 Control (n=35)</th>
<th>WT B6.V-Lep&lt;sup&gt;+&lt;/sup&gt;/OlaHsd (n=18)</th>
<th>WT BKS.Cg-Dock&lt;sup&gt;7m+&lt;/sup&gt; (n=8)</th>
<th>Ob/ob (n=25)</th>
<th>Db/db (n=18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amp (pA)</td>
<td>-59 ± 2</td>
<td>-64 ± 2</td>
<td>-74 ± 5</td>
<td>-66 ± 2</td>
<td>-60 ± 2</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-242 ± 9</td>
<td>-265 ± 11</td>
<td>-333 ± 26</td>
<td>-255 ± 12</td>
<td>-223 ± 8</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>5.2 ± 0.2</td>
<td>5.3 ± 0.2</td>
<td>5.6 ± 0.4</td>
<td>*4.7 ± 0.1</td>
<td>*4.6 ± 0.1</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>4.0 ± 0.1</td>
<td>3.9 ± 0.2</td>
<td>4.3 ± 0.3</td>
<td>*3.5 ± 0.1</td>
<td>*3.5 ± 0.1</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>17 ± 2</td>
<td>24 ± 2</td>
<td>14.8 ± 2</td>
<td>21 ± 3</td>
<td>19 ± 3</td>
</tr>
</tbody>
</table>

*P < 0.05; unpaired Student's t test, in comparison to appropriate strain-matched control (P60-75)
Figure 37 Mature cortical neurones of ob/ob & db/db mice exhibit shorter GABA\(_A\)R mIPSCs compared to those from three different WT strains.

(A) Superimposed exemplar GABA\(_A\)Rs mIPSCs from a representative control mature L2/3 cortical neurone of three WT strains (black) and two diabetic phenotypes (grey). (B) Histogram illustrating the shorter cortical GABA\(_A\)R mIPSC \(\tau\_w\) of the diabetic mice and their corresponding WT strains (Lep\(^+\)/OlaHsd = 3.9 ± 0.2 ms, n = 18; ob/ob = 3.5 ± 0.1 ms, n = 25; Student’s unpaired t test *P < 0.05; BKS.Cg-Dock\(^7\)+ = 4.3 ± 0.3 ms, n = 8; db/db = 3.5 ± 0.1 ms, n = 18; Student’s unpaired t test *P < 0.05).
5.2 The effect of cyclodextrin on layer 2/3 cortical GABA<sub>A</sub> mIPSCs in mature ob/ob mice (P60-75).

As described in the Introduction section, the cyclodextrins (CDs) are relatively large barrel-shaped molecules that may be classified according to the number of glucose residues (Brown, 2012; Shu et al., 2004, 2007). The three principle types of CD are the α-CD hexamer, the β-CD heptamer and the γ-CD octomer (Cooper et al., 2005; Davis & Brewster, 2004). The largest of these cyclodextrins, γ-CD appears to be the most effective for the sequestration of neurosteroids (Brown, 2012; Shu et al., 2004, 2007). Whole-cell voltage-clamp recordings were made in layer 2/3 cortical pyramidal neurones with cyclodextrin present in the recording pipette (i.e. the optimal method of administration as described in the previous chapter). These recordings were compared to separate control recordings (i.e. they were not paired), where the recording pipette contained only the intracellular solution. Analysis of GABA<sub>A</sub>R-mediated phasic inhibition included the mIPSC amplitude, decay kinetics, charge transfer and frequency (Table 26).

The mIPSC decay (τ<sub>W</sub>) of L2/3 cortical pyramidal neurones of the ob/ob mouse was significantly decreased in the presence of γ-CD, but not by α-CD, or by β-CD (ob/ob control = 3.5 ± 0.1 ms, n = 25; ob/ob γ-CD = 3.0 ± 0.2 ms, n = 6; ob/ob α-CD = 3.7 ± 0.2 ms, n = 5; ob/ob β-CD = 3.6 ± 0.2 ms, n = 6; One-way ANOVA, P < 0.05; post hoc Newman Keul's test revealed that the γ-CD group were significantly different from all of the other groups, P < 0.05; Table 26; Figure 38). The T<sub>70</sub> was similarly decreased in the presence of γ-CD, but not by α-CD, or by β-CD; Table 26). These data are consistent with those described for the WT mouse in the previous chapter. These results suggest that there is a still a neurosteroid tone in the ob/ob mouse, but that either it is reduced in comparison to the WT, or the GABA<sub>A</sub>Rs of the ob/ob mouse are less sensitive to neurosteroids.
Table 26 The effect of intracellular $\alpha/\beta/\gamma$-cyclodextrin (CD) 0.5mM on GABA$_A$R mIPSCs of layer 2/3 cortical neurones (P60-75) of WT and ob/ob mice.

<table>
<thead>
<tr>
<th></th>
<th>WT Control (n=35)</th>
<th>WT $\alpha$-CD (n=7)</th>
<th>WT $\beta$-CD (n=6)</th>
<th>WT $\gamma$-CD (n=15)</th>
<th>Ob/ob $\alpha$-CD (n=25)</th>
<th>Ob/ob $\beta$-CD (n=5)</th>
<th>Ob/ob $\gamma$-CD (n=6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amp (pA)</td>
<td>-59 ± 2</td>
<td>-55 ± 2</td>
<td>-56 ± 3</td>
<td>-58 ± 2</td>
<td>-66 ± 2</td>
<td>-65 ± 3</td>
<td>-57 ± 3</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-242 ± 9</td>
<td>-243 ± 15</td>
<td>-261 ± 16</td>
<td>**-185 ± 8</td>
<td>-255 ± 12</td>
<td>-260 ± 16</td>
<td>-222 ± 14</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>5.2 ± 0.2</td>
<td>5.7 ± 0.6</td>
<td>5.9 ± 0.5</td>
<td>**3.7 ± 0.2</td>
<td>4.7 ± 0.1</td>
<td>4.8 ± 0.2</td>
<td>4.6 ± 0.2</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>4.0 ± 0.1</td>
<td>4.1 ± 0.5</td>
<td>4.5 ± 0.4</td>
<td>**2.9 ± 0.1</td>
<td>3.5 ± 0.1</td>
<td>3.7 ± 0.2</td>
<td>3.6 ± 0.2</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>17 ± 2</td>
<td>18 ± 4</td>
<td>18 ± 5</td>
<td>18 ± 2</td>
<td>21 ± 3</td>
<td>17 ± 3</td>
<td>20 ± 4</td>
</tr>
</tbody>
</table>

**$P < 0.05$; one-way ANOVA (with Post hoc Newman Keul’s test), in comparison to strain-matched control (P60-75)**
Intracellular γ-CD (but not α-CD or β-CD) reduces the duration of GABA\(_\text{A}\)R mIPSCs of mature cortical neurones from WT and \(\text{ob/ob}\) mice.

**Figure 38** Intracellular γ-CD (but not α-CD or β-CD) reduces the duration of GABA\(_\text{A}\)R mIPSCs of mature cortical neurones from WT and \(\text{ob/ob}\) mice.

(A-C) Superimposed exemplar GABA\(_\text{A}\)R-mediated mIPSCs from representative mature L2/3 cortical neurones of \(\text{ob/ob}\) mice and from equivalent neurones with 0.5 μM α-CD, β-CD or γ-CD administered intracellularly via the recording pipette. Note recordings of mIPSCs for both control and cyclodextrin-treated neurones did not commence for ~6 mins after establishing the whole-cell voltage-clamp to allow the compound to equilibrate (Evans & Marty, 1986). (D-F) Superimposed exemplar GABA\(_\text{A}\)Rs mIPSCs from representative mature L2/3 cortical neurones of WT mice and from equivalent neurones with 0.5 μM α-CD, β-CD or γ-CD administered intracellularly. (G) Histogram illustrating that intracellular γ-CD (but not α-CD or β-CD) decreases the GABA\(_\text{A}\)R mIPSC \(\tau_w\) of mature L2/3 cortical neurones of \(\text{ob/ob}\) mice (\(\text{ob/ob}\) Ctrl = 3.5 ± 0.1 ms, \(n = 25\); \(\text{ob/ob}\) γ-CD = 3.0 ± 0.2 ms, \(n = 6\); \(\text{ob/ob}\) β-CD = 3.7 ± 0.2 ms, \(n = 5\); \(\text{ob/ob}\) γ-CD = 3.6 ± 0.2 ms, \(n = 6\)); One-way ANOVA \(P < 0.05\). Post hoc Newman Keul’s test revealed that the γ-CD group were significantly different from all of the other groups, \(*P < 0.05\). The values for WT mice (black bars) are incorporated for comparison and to highlight that the \(\tau_w\) value is the same for WT and \(\text{ob/ob}\) mice in the presence of γ-CD. (H) Histogram illustrating that intracellular γ-CD (but not α-CD or β-CD) decreases the GABA\(_\text{A}\)R mIPSC \(\tau_w\) of mature L2/3 cortical neurones of \(\text{ob/ob}\) mice (grey bars; expressed as a percentage of control) 85 ± 4%, 105 ± 5%, 101 ± 5% respectively vs. unpaired representative \(\text{ob/ob}\) Ctrl (One-way RM ANOVA **\(P < 0.05\)). Ctrl = control. CD = cyclodextrin.
5.3 A comparison of the effects of γ-cyclodextrin on cortical mIPSCs of adult WT, ob/ob and db/db mice.

As described above, γ-CD reduced the decay time of GABAAR mIPSCs in ob/ob and WT mice. In order to determine that neither the strain, nor the lack of leptin (directly) was an important factor in the shortening of GABAAR mIPSC decay time, it was decided to make recordings from a second mouse model of T2DM and the appropriate strain-matched WT. Whole-cell voltage-clamp recordings were made from L2/3 neurones of the cerebral cortex of C57/BL6 (WT) mice, ob/ob mice and db/db mice, in addition to the lean WT littermates for both models of T2DM (B6.V-Lep+/OlaHsd and BKS.Cg-Dock7m+/Dock7m+/OlaHsd respectively), with γ-CD present in the pipette. Analysis of GABAAR-mediated phasic inhibition included the mIPSC amplitude, decay kinetics, charge transfer and frequency (Table 27).

Table 27 A comparison of the effects of 0.5mM γ-cyclodextrin (γ-CD) on cortical GABAAR mIPSCs of adult WT, ob/ob and db/db mice (P60-75).

<table>
<thead>
<tr>
<th></th>
<th>WT C57 BL6 Control γ-CD (n=15)</th>
<th>WT B6.V-Lep+/OlaHsd γ-CD (n=11)</th>
<th>WT BKS.Cg-Dock7m+/Dock7m+ γ-CD (n=5)</th>
<th>Ob/ob γ-CD (n=6)</th>
<th>Db/db γ-CD (n=9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amp (pA)</td>
<td>-58 ± 2</td>
<td>-55 ± 1</td>
<td>-58 ± 3</td>
<td>-71 ± 5</td>
<td>-54 ± 2</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-185 ± 8</td>
<td>-175 ± 7</td>
<td>-214 ± 19</td>
<td>-225 ± 18</td>
<td>-170 ± 11</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>3.7 ± 0.2</td>
<td>3.8 ± 0.2</td>
<td>4.4 ± 0.2</td>
<td>3.8 ± 0.2</td>
<td>3.9 ± 0.1</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>2.9 ± 0.1</td>
<td>3.0 ± 0.1</td>
<td>3.3 ± 0.2</td>
<td>3.0 ± 0.2</td>
<td>2.9 ± 0.1</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>18 ± 2</td>
<td>*25 ± 3</td>
<td>12 ± 1</td>
<td>19 ± 3</td>
<td>13 ± 3</td>
</tr>
</tbody>
</table>
In the presence of intracellular γ-CD, there was no significant difference in the mIPSC decay (τ_W) of cortical layer 2/3 neurones between all five types of mice (C57/BL6 γ-CD = 2.9 ± 0.1 ms, n = 15; Lep+/OlaHsd γ-CD = 3.0 ± 0.1 ms, n = 11; BKS.Cg-Dock7m+ γ-CD = 3.3 ± 0.2 ms, n = 5; ob/ob γ-CD = 3.0 ± 0.2 ms, n = 6; db/db γ-CD = 2.9 ± 0.2 ms, n = 9; One-way ANOVA, P > 0.05; Table 27; Figure 28). When the data were normalised and expressed as a percentage of their respective controls, there were no significant differences in the effect of γ-CD between all five types of mice (C57/BL6 γ-CD = 73 ± 3%, n = 15; Lep+/OlaHsd γ-CD = 76 ± 3%, n = 11; BKS.Cg-Dock7m+ γ-CD = 77 ± 4%, n = 5; ob/ob γ-CD = 85 ± 4%, n = 6; db/db γ-CD = 82 ± 5%, n = 9; One-way RM ANOVA, P > 0.05).

Similarly, there was no significant difference in the T_70 of GABA_A-mediated mIPSCs with pipette-applied γ-CD (Table 27). These findings suggest that synaptic GABA_A function is very similar across all the types of mice included in the study when the endogenous neurosteroid tone is removed by γ-CD. The results are also consistent with the hypothesis that there is a neurosteroid tone at P60-75, but that it is reduced in both mouse models of diabetic neuropathy. However, the data do not exclude the possibility that the sensitivity of L2/3 cortical GABA_ARs to neurosteroids may be reduced.

### 5.4 The effect of the acute application of allopregnanolone, or ganaxolone, on GABA_A-mediated mIPSCs of mature ob/ob mice.

In the previous chapter, the acute bath application of allopregnanolone and ganaxolone induced modest prolongations of the GABA_A mIPSC decay time in L2/3 cortical neurones of WT mice. In this section, the effect of the acute application of these neuroactive steroids is investigated in order to examine GABA_A sensitivity in the ob/ob mouse. Whole-cell voltage-clamp recordings were made in L2/3 cortical neurones from ob/ob mice before and ten minutes after the bath application of allopregnanolone, or ganaxolone. The neuroactive steroids were bath-applied after at least four minutes of stable recording enabling the comparison of paired recordings. Analysis of GABA_A-mediated phasic inhibition included the mIPSC amplitude, decay kinetics, charge transfer and frequency (Table 28).
Figure 39 Intracellular $\gamma$-CD reduces the duration of GABA$_A$R mIPSCs of mature cortical neurones from five different types of mice to a similar baseline level.

(A) Superimposed exemplar GABA$_A$R-mediated mIPSCs from a representative control mature L2/3 cortical neurone of three WT strains (black) and two diabetic phenotypes (grey) with 0.5 $\mu$M $\gamma$-CD administered intracellularly. (B) Histogram illustrating that there was no significant difference between all five strains of mice in the presence of intracellular $\gamma$-CD (C57/BL6 $\gamma$-CD = 2.9 ± 0.1 ms, n = 15; Lep$^+$/OlaHsd $\gamma$-CD = 3.0 ± 0.1 ms, n = 11; BKS.Cg-Dock7m$^+$ $\gamma$-CD = 3.3 ± 0.2 ms, n = 5; $ob/ob$ $\gamma$-CD = 3.0 ± 0.2 ms, n = 6; $db/db$ $\gamma$-CD = 2.9 ± 0.2 ms, n = 9; One-way ANOVA $P > 0.05$). The relevant controls are presented in Figure 37.
Table 28 The acute application of allopregnanolone (Allo) or ganaxolone (Ganax) prolongs the decay time of GABA<sub>A</sub> R mIPSCs of L2/3 cortical neurones (P60-75) of WT and ob/ob mice.

<table>
<thead>
<tr>
<th></th>
<th>WT Pre 1μM Allo (n=7)</th>
<th>WT Post 1μM Allo (n=7)</th>
<th>Ob/ob Pre 1μM Allo (n=7)</th>
<th>Ob/ob Post 1μM Allo (n=7)</th>
<th>WT Pre 1μM Ganax (n=6)</th>
<th>WT Post 1μM Ganax (n=6)</th>
<th>Ob/ob Pre 1μM Ganax (n=6)</th>
<th>Ob/ob Post 1μM Ganax (n=6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amp (pA)</td>
<td>-68 ± 3</td>
<td>-67 ± 5</td>
<td>-64 ± 2</td>
<td>*-71 ± 3</td>
<td>-57 ± 4</td>
<td>*-66 ± 6</td>
<td>-75 ± 5</td>
<td>-80 ± 3</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.4 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-284 ± 7</td>
<td>-305 ± 14</td>
<td>-253 ± 15</td>
<td>*-323 ± 18</td>
<td>-232 ± 15</td>
<td>*-309 ± 31</td>
<td>-325 ± 27</td>
<td>-372 ± 35</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>5.2 ± 0.4</td>
<td>*5.8 ± 0.5</td>
<td>4.9 ± 0.2</td>
<td>*5.9 ± 0.3</td>
<td>5.2 ± 0.2</td>
<td>*6.1 ± 0.4</td>
<td>5.1 ± 0.2</td>
<td>*5.6 ± 0.3</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>4.0 ± 0.3</td>
<td>*4.5 ± 0.4</td>
<td>3.7 ± 0.1</td>
<td>*4.4 ± 0.2</td>
<td>4.0 ± 0.2</td>
<td>*4.7 ± 0.2</td>
<td>3.8 ± 0.2</td>
<td>*4.4 ± 0.2</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>26 ± 6</td>
<td>21 ± 4</td>
<td>11 ± 1</td>
<td>11 ± 1</td>
<td>22 ± 5</td>
<td>21 ± 5</td>
<td>16 ± 3</td>
<td>17 ± 1</td>
</tr>
</tbody>
</table>

*P < 0.05; paired Student’s t test, in comparison to strain-matched control (P60-75)
In the *ob/ob* mouse, allopregnanolone produced a modest (18 ± 4%) prolongation of exponential decay time in the GABA\(_A\)-mediated mIPSCs of layer 2/3 cortical neurones (\(\tau_W\): control = 3.7 ± 0.1 ms, \(n = 7\); allopregnanolone 1 \(\mu\)M = 4.4 ± 0.2 ms, \(n = 7\); Paired Student’s t test, \(P < 0.05\)). When the data for \(\tau_W\) were normalised, there was no significant difference between allopregnanolone 1 \(\mu\)M in the WT (12 ± 3%) and the *ob/ob* mice (18 ± 4%) respectively (Two-way RM ANOVA, \(P > 0.05\); Figure 40). Similarly, allopregnanolone induced a modest prolongation of the mIPSC \(T_{70}\) (Table 28). In the *ob/ob* mouse, ganaxolone (1\(\mu\)M) also induced only a modest (15 ± 4%) prolongation of exponential decay time of the GABA\(_A\)-mediated mIPSCs (\(\tau_W\): control = 3.8 ± 0.2 ms, \(n = 6\); ganaxolone 1 \(\mu\)M = 4.4 ± 0.2 ms, \(n = 6\); Student’s paired t test, \(P < 0.05\)). When the data for \(\tau_W\) were normalised, there was no significant difference between ganaxolone 1 \(\mu\)M in the WT (19 ± 4%) and the *ob/ob* mice (15 ± 4%) respectively (Two-way RM ANOVA, \(P > 0.05\); Figure 40). The mIPSC \(T_{70}\) was also modestly prolonged by ganaxolone (Table 28). These data indicate that the acute application of allopregnanolone, or ganaxolone, has a similarly modest effect on the GABA\(_A\)Rs of cortical neurones from both types of mice may exhibit comparable sensitivity to neuroactive steroids (Figure 40).

5.5 The effect of prolonged incubation of allopregnanolone, on GABA\(_A\)-mediated mIPSCs of mature *ob/ob* and *db/db* mice.

As described in the previous Chapter, the pre-incubation of the brain slice preparation with allopregnanolone, or ganaxolone, produced a concentration-dependent prolongation of cortical GABA\(_A\)-mediated mIPSCs of adult WT mice. To explore the sensitivity of cortical synaptic GABA\(_A\)Rs of *ob/ob* and *db/db* mice to allopregnanolone and ganaxolone, whole-cell voltage-clamp recordings were made in layer 2/3 cortical neurones after approximately two hours incubation with these neuroactive steroids. Such recordings were compared to those of separate control recordings (*i.e.* they were not paired). Analysis of GABA\(_A\)-mediated phasic inhibition included the mIPSC amplitude, rise time, charge transfer, decay kinetics and frequency (Table 29).
Figure 40 Acute exposure (10-20mins) of WT & ob/ob mature cortical neurones to allopregnanolone (1μM) or ganaxolone (1μM) modestly enhances the function of synaptic GABA<sub>A</sub>Rs by a similar margin.

(A & B) Superimposed exemplar GABA<sub>A</sub>R-mediated mIPSCs from cortical neurones of ob/ob mice before and after acute exposure to 1μM allopregnanolone, or ganaxolone. (C & D) Superimposed exemplar GABA<sub>A</sub>Rs mIPSCs from cortical neurones of WT mice before and after acute exposure to 1μM allopregnanolone, or ganaxolone. (E & F) Histograms illustrating the significant effect of 1μM allopregnanolone, or ganaxolone on GABA<sub>A</sub>R mIPSCs of ob/ob cortical neurones (grey bars; Student’s paired t test *P <0.05 for each drug treatment vs. its paired control recording). The values for WT cortical neurones (black bars) are included for comparison. (G) Histogram illustrating the effect of the neurosteroids with the data normalised relative to control recordings (i.e. expressed as a percentage of the control recording). When the data for τ<sub>W</sub> was normalised, there was no significant difference between the WT and ob/ob mice for allopregnanolone treatment (WT = 12 ± 3%; ob/ob = 18 ± 4%; Two-way RM ANOVA P >0.05), or ganaxolone treatment (WT = 19 ± 4%; ob/ob = 15 ± 4%; Two-way RM ANOVA P >0.05). Ctrl = control; Allo = allopregnanolone; Ganax = ganaxolone.
Table 29 The effect of allopregnanolone (Allo) incubation treatment on GABA$_A$R mIPSCs of L2/3 cortical neurones (P60-75) of WT, ob/ob and db/db mice.

<table>
<thead>
<tr>
<th></th>
<th>WT Control (n=35)</th>
<th>Ob/ob (n=25)</th>
<th>Db/db (n=18)</th>
<th>WT 100nM Allo (n=9)</th>
<th>Ob/ob 100nM Allo (n=6)</th>
<th>WT 300nM Allo (n=9)</th>
<th>Ob/ob 300nM Allo (n=8)</th>
<th>Db/db 300nM Allo (n=6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amp (pA)</td>
<td>-59 ± 2</td>
<td>-66 ± 2</td>
<td>-60 ± 2</td>
<td>**-78 ± 2</td>
<td>**-81 ± 2</td>
<td>**-87 ± 5</td>
<td>**-94 ± 4</td>
<td>*-99 ± 3</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.5 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-242 ± 9</td>
<td>-255 ± 12</td>
<td>-223 ± 8</td>
<td>**-932 ± 84</td>
<td>**-987 ± 82</td>
<td>**-1489 ± 136</td>
<td>**-1540 ± 100</td>
<td>*-1604 ± 81</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>5.2 ± 0.2</td>
<td>4.7 ± 0.1</td>
<td>4.6 ± 0.1</td>
<td>**18.6 ± 1</td>
<td>**18.7 ± 1</td>
<td>**27 ± 1</td>
<td>**25.8 ± 0.9</td>
<td>**25.4 ± 0.6</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>4.0 ± 0.1</td>
<td>3.5 ± 0.1</td>
<td>3.5 ± 0.1</td>
<td>**12.5 ± 1</td>
<td>**12.8 ± 1</td>
<td>**19 ± 1</td>
<td>**18.8 ± 1</td>
<td>**18.6 ± 0.6</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>17 ± 2</td>
<td>21 ± 3</td>
<td>19 ± 3</td>
<td>15 ± 3</td>
<td>**10 ± 1</td>
<td>**11 ± 1</td>
<td>**11 ± 2</td>
<td>13 ± 2</td>
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</table>

**P < 0.05; One-way ANOVA (with Post hoc Newman Keul’s test) in comparison to strain-matched control (P60-75)
A two-hour incubation of the ob/ob brain slice preparation with allopregnanolone produced a clear concentration-dependent prolongation of the duration of cortical GABA_A receptors-mediated mIPSCs (τ_W: control = 3.5 ± 0.1 ms, n = 25; allopregnanolone 100 nM = 12.8 ± 1 ms, n = 6; allopregnanolone 300 nM = 18.8 ± 1 ms, n = 8; One-way ANOVA, P <0.05; post hoc Newman Keul’s test revealed significant differences between control and both concentrations of allopregnanolone, which increased τ_W to 362 ± 27% and 534 ± 28% of control respectively (P<0.05; Figure 41). Similarly, the mIPSC T_70 was significantly prolonged by allopregnanolone (Table 29).

A two-hour incubation of the db/db brain slice with allopregnanolone (300nM) had a similar effect to that of the ob/ob neurones on the duration of the cortical GABA_A receptors-mediated mIPSCs (τ_W: control = 3.5 ± 0.1 ms, n = 18; allopregnanolone 300 nM = 18.6 ± 0.6 ms, n = 6; Student’s t test, P >0.05; Table 29; Figure 41). Similarly, the mIPSC T_70 was significantly prolonged by allopregnanolone (Table 29). These results reveal that allopregnanolone has a similar effect on L2/3 cortical GABA_AR mIPSC decay time of WT, ob/ob and db/db mice (τ_W: C57/BL6 WT allopregnanolone 300 nM = 19.0 ± 1ms, n = 9; ob/ob allopregnanolone 300 nM = 18.8 ± 1 ms, n = 8; db/db allopregnanolone 300 nM = 18.6 ± 0.6 ms, n = 6; One-way ANOVA, P > 0.05; Table 29; Figure 41). In view of the fact that the control mIPSC decay times for the WT and diabetic mice (Table 29) are distinctly shorter, the data for τ_W were normalised, but there was no significant difference in the effect of between the three types of mice. Allopregnanolone 300 nM increased τ_W to similar percentages of the strain representative controls (C57/BL6 WT = 480 ± 22%, n = 9; ob/ob = 534 ± 28%, n = 8; db/db = 534 ± 18%, n = 6; One-way RM ANOVA, P > 0.05; Figure 41; Figure 50). These results suggest that the sensitivity of cortical GABA_ARs in diabetic mice is similar to aged-matched WT mice.
Figure 41 Prolonged exposure (~2 hrs) of WT & ob/ob mature cortical neurones to allopregnanolone (100-300 nM) greatly enhances the function of synaptic GABAₐRs by a similar margin.

(A) Superimposed exemplar GABAₐR-mediated mIPSCs from representative control cortical neurones from mature WT mice and from equivalent neurones after ~2 hour brain slice incubation with 100 nM and 300 nM allopregnanolone. (B) Superimposed exemplar GABAₐRs mIPSCs from representative control cortical neurones from mature ob/ob mice and from equivalent neurones after ~2 hour brain slice incubation with 100 nM and 300 nM allopregnanolone. (C) Histogram illustrating the concentration-dependent effect of allopregnanolone on the cortical GABAₐRs mIPSCs of ob/ob mice (grey; ob/ob control = 3.5 ± 0.1 ms, n = 25; allopregnanolone 100 nM = 12.8 ± 1 ms, n = 6; allopregnanolone 300 nM = 18.8 ± 1 ms, n = 8; One-way ANOVA P <0.05. Post hoc Newman Keuls test revealed significant differences between control and both concentrations of allopregnanolone, which increased τₜₜ to 362 ± 27% and 534 ± 28% of control respectively *P <0.05). Note that there is no significant difference in response between the two types of mice (WT 300 nM Allo = 19.0 ± 1 ms, n = 9; ob/ob 300 nM Allo =18.8 ± 1 ms, n = 8; One-way RM ANOVA P > 0.05). (D) Histogram comparing the concentration-dependent effects of allopregnanolone on the duration of GABAₐRs mIPSC τₜₜ expressed as a percentage of control for WT (black) and ob/ob (grey) mice. The histogram illustrates that there is no significant difference in the effect of 300 nM allopregnanolone on the cortical GABAₐRs mIPSCs of WT and ob/ob neurones (C57/BL6 WT = 480 ± 22%, n = 9; ob/ob = 534 ± 28%, n = 8; One-way RM ANOVA P > 0.05). Ctrl = control; Allo = allopregnanolone.
5.6 The effect of ganaxolone incubation on GABA<sub>A</sub>R mIPSCs in mature *ob/ob* and *db/db* mice.

A two-hour incubation of the *ob/ob* brain slice preparation with ganaxolone produced a clear concentration-dependent increase of the duration of cortical GABA<sub>A</sub>R mIPSCs. Interestingly, the prolongation was comparatively greater than for equivalent WT neurones (τ<sub>W</sub>: control = 3.5 ± 0.1 ms, n = 25; ganaxolone 30 nM = 7.2 ± 0.5 ms, n = 11; ganaxolone 100 nM = 8.4 ± 0.7 ms, n = 10; ganaxolone 300 nM = 15.4 ± 1 ms, n = 9; ganaxolone 1 μM = 20.6 ± 1 ms, n = 10 One-way ANOVA, *P* <0.05; Table 30; Table 31; Figure 42). When the values were expressed as a percentage of control, there were significant differences between all the concentrations of ganaxolone, τ<sub>W</sub> was increased to 204 ± 13%, 237 ± 20%, 437 ± 42% and 584 ± 29% of control respectively, One-way RM ANOVA, with post hoc Newman Keul’s test, *P* <0.05; Figure 42). Similarly, the mIPSC T<sub>70</sub> was significantly prolonged by ganaxolone (Table 30; Table 31).

In the *db/db* layer 2/3 cortical neurones, GABA<sub>A</sub>R mIPSCs were prolonged by a similar extent to that observed in the *ob/ob* mouse (τ<sub>W</sub>: control = 3.5 ± 0.1 ms, n = 18; ganaxolone 300 nM = 14.8 ± 0.4 ms, n = 4; ganaxolone 1 μM = 22.0 ± 1.6 ms, n = 8; One-way ANOVA, *P* < 0.05; post hoc Newman Keul’s test revealed significant differences between all three treatments, *P* <0.05; Table 30; Table 31). The mIPSC T<sub>70</sub> was also significantly prolonged by ganaxolone (Table 30; Table 31). These results reveal that a two-hour pre-incubation with ganaxolone caused a more pronounced prolongation of cortical mIPSCs of *ob/ob* and *db/db* c.f. WT (τ<sub>W</sub>: WT ganaxolone 300 nM = 10.9 ± 1 ms, n = 10; *ob/ob* ganaxolone 300 nM = 15.4 ± 1 ms, n = 9; *db/db* ganaxolone 300 nM = 14.8 ± 0.4 ms, n = 4; One-way ANOVA, *P* < 0.05; post hoc Newman Keul’s test revealed significant differences between all three strains, *P* < 0.05; Table 31). In view of the fact that the control mIPSC decay times for the WT and diabetic mice (Table 31) are distinct, the data for τ<sub>W</sub> were normalised, and there were significant difference in the effect of between the three types of mice.
Table 30 The effect of ganaxolone (Ganax) incubation treatment (30-100nM) on GABA\(_A\)R mIPSCs of L2/3 cortical neurones (P60-75) of WT, ob/ob and db/db mice

<table>
<thead>
<tr>
<th></th>
<th>WT Control (n=35)</th>
<th>Ob/ob (n=25)</th>
<th>Db/db (n=18)</th>
<th>WT 30nM Ganax (n=10)</th>
<th>Ob/ob 30nM Ganax (n=11)</th>
<th>WT 100nM Ganax (n=10)</th>
<th>Ob/ob 100nM Ganax (n=10)</th>
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<tbody>
<tr>
<td><strong>Peak amp (pA)</strong></td>
<td>-59 ± 2</td>
<td>-66 ± 2</td>
<td>-60 ± 2</td>
<td><strong>-61 ± 3</strong></td>
<td>-60 ± 4</td>
<td><strong>-66 ± 4</strong></td>
<td><strong>-74 ± 4</strong></td>
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<tr>
<td><strong>Rise Time (ms)</strong></td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
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<tr>
<td><strong>Charge transfer (fC)</strong></td>
<td>-242 ± 9</td>
<td>-255 ± 12</td>
<td>-223 ± 8</td>
<td><strong>-300 ± 26</strong></td>
<td>-399 ± 35</td>
<td><strong>-440 ± 39</strong></td>
<td><strong>-573 ± 66</strong></td>
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<tr>
<td><strong>T70 (ms)</strong></td>
<td>5.2 ± 0.2</td>
<td>4.7 ± 0.1</td>
<td>4.6 ± 0.1</td>
<td><strong>6.3 ± 0.4</strong></td>
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<td><strong>9.6 ± 0.6</strong></td>
<td><strong>11.6 ± 0.9</strong></td>
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<td><strong>Tau w (ms)</strong></td>
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<td>3.5 ± 0.1</td>
<td>3.5 ± 0.1</td>
<td><strong>5.1 ± 0.3</strong></td>
<td><strong>7.2 ± 0.5</strong></td>
<td><strong>7.2 ± 0.5</strong></td>
<td><strong>8.4 ± 0.7</strong></td>
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<td><strong>Frequency (Hz)</strong></td>
<td>17 ± 2</td>
<td>21 ± 3</td>
<td>19 ± 3</td>
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<td>13 ± 2</td>
<td>15 ± 3</td>
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**P < 0.05; One-way ANOVA, (with Post hoc Newman Keul’s test), in comparison to strain-matched control (P60-75)**
Table 31 The effect of ganaxolone (Ganax) incubation treatment (300nM, 1μM or 3μM) on GABA$_A$R mIPSCs of L2/3 cortical neurones (P60-75) of WT, ob/ob and db/db mice

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<tr>
<th></th>
<th>WT Control (n=35)</th>
<th>Ob/ob (n=25)</th>
<th>Db/db (n=18)</th>
<th>WT 300nM Ganax (n=10)</th>
<th>Ob/ob 300nM Ganax (n=9)</th>
<th>Db/db 300nM Ganax (n=4)</th>
<th>WT 1μM Ganax (n=10)</th>
<th>Ob/ob 1μM Ganax (n=10)</th>
<th>Db/db 1μM Ganax (n=8)</th>
<th>WT 3μM Ganax (n=8)</th>
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<td>**-1104 ± 178</td>
<td>**-1004 ± 81</td>
<td>**-1575 ± 195</td>
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<td>WT 3μM Ganax</td>
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<td>T70 (ms)</td>
<td>5.2 ± 0.2</td>
<td>4.7 ± 0.1</td>
<td>4.6 ± 0.1</td>
<td>**13.4 ± 1</td>
<td>**20.7 ± 2</td>
<td>**19.3 ± 0.7</td>
<td>**24.2 ± 1</td>
<td>**27.5 ± 1</td>
<td>**28.5 ± 1</td>
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<td>Tau w (ms)</td>
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<td>3.5 ± 0.1</td>
<td>**10.9 ± 1</td>
<td>**15.4 ± 1</td>
<td>**14.8 ± 0.4</td>
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<tr>
<td>Frequency (Hz)</td>
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<td>19 ± 3</td>
<td>20 ± 3</td>
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<td>10 ± 2</td>
<td>13.5 ± 2</td>
<td>12 ± 1</td>
<td>10 ± 2</td>
<td>**8 ± 1</td>
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</table>

**P < 0.05; One-way ANOVA (with Post hoc Newman Keul’s test) in comparison to strain-matched control (P60-75)
Figure 42 Prolonged exposure (~2 hrs) of mature cortical neurones to ganaxolone (30 nM-1 μM) greatly enhances the function of synaptic GABA\(_A\)Rs in a concentration-dependent manner and has an exaggerated effect in ob/ob mice compared to WT mice.

(A) Superimposed exemplar GABA\(_A\)-mediated mIPSCs from representative control cortical neurones from mature WT mice and from equivalent neurones after ~2 hour brain slice incubation with 30 nM - 1 μM ganaxolone. (B) Superimposed exemplar GABA\(_A\)Rs mIPSCs from representative control cortical neurones from mature ob/ob mice and from equivalent neurones after ~2 hour brain slice incubation with 30 nM - 1 μM ganaxolone. (C) Histogram illustrating the concentration-dependent effect of ganaxolone 30 nM - 1 μM on the cortical GABA\(_A\)Rs mIPSCs of ob/ob mice (grey bars; One-way ANOVA P < 0.05). Note the exaggerated effect of ganaxolone incubation treatment on the cortical GABA\(_A\)Rs mIPSCs of ob/ob mice (grey bars) in comparison to WT mice (black bars) for 30 nM and 300 nM ganaxolone (One-way RM ANOVA, *P < 0.05 respectively). (D) Histogram comparing the concentration-dependent effects of ganaxolone on the duration of GABA\(_A\)Rs mIPSC \(\tau_w\) expressed as a percentage of control for WT (black) and ob/ob (grey) mice. The histogram illustrates that ganaxolone has an exaggerated effect in ob/ob mice (WT 30 nM = 126 ± 8%, ob/ob = 204 ± 13%, **P < 0.05; WT 100 nM = 180 ± 11%, ob/ob 100 nM = 237 ± 20%, **P < 0.05; WT 300 nM = 273 ± 32%, ob/ob 300 nM = 437 ± 42%, **P < 0.05; WT 1 μM = 468 ± 32%; ob/ob 1 μM= 584 ± 29%; One-way RM ANOVA **P < 0.05). Ctrl = control; Ganax = ganaxolone.
Ganaxolone 300 nM increased $\tau_W$ to greater percentages of the strain representative controls in the diabetic mice in comparison to the WT mice (C57/BL6 WT = 273 ± 32%, n = 10; ob/ob = 437 ± 42%, n = 9; db/db = 426 ± 13%, n = 4; One-way RM ANOVA, $P < 0.05$; post hoc Newman Keul's test revealed significant differences between the diabetic mice and the WT, $P < 0.05$, but there was no significant difference between the ob/ob and db/db mice, $P > 0.05$; Figure 50). These observations contrast with that of allopregnanolone, which caused a similar effect in all genotypes, even after normalising for different baseline values. These findings suggest that there is a difference in the effect of ganaxolone incubation treatment (but not allopregnanolone) in the ob/ob and db/db mice compared to the WT mice.

5.7 The effect of intracellular allopregnanolone, or ganaxolone, on layer 2/3 cortical GABA$_A$R mIPSCs of mature ob/ob mice.

For both the WT and ob/ob mice acutely applied allopregnanolone and ganaxolone had modest effects on GABA$_A$R mIPSCs exponential decay time, but were far more effective in this respect when the cortical slices were pre-incubated with the steroid for more than two hours. Pre-incubation with ganaxolone had a comparatively greater effect on cortical GABA$_A$R-mediated mIPSCs derived from the ob/ob than from WT mice, whereas allopregnanolone had a similar effect in both types of mice. Whole-cell voltage-clamp recordings were made in ob/ob L2/3 cortical neurones with allopregnanolone, or ganaxolone, present in the recording pipette. These recordings were compared against separate control recordings (i.e., they were not paired). Analysis of GABA$_A$R-mediated phasic inhibition included the mIPSC amplitude, decay kinetics, charge transfer and frequency (Table 32).

The mIPSC decay ($\tau_W$) of L2/3 cortical neurones of ob/ob mice was increased by the presence of allopregnanolone in the recording pipette (ob/ob control = 3.5 ± 0.1 ms, n = 25, ob/ob 3 µM allopregnanolone = 5.7 ± 0.4 ms, n = 7; ob/ob 10 µM allopregnanolone = 15.5 ± 2 ms, n = 5; One-way ANOVA, $P < 0.05$; post hoc Newman Keul's test revealed significant differences between all groups, $P < 0.05$; Table 32,
Figure 43). In view of the fact that the control mIPSC decay times for the WT and diabetic mice (Table 32) are distinct, the data for $\tau_w$ were normalised for comparison. Intracellular allopregnanolone 3 - 10 $\mu$M increased $\tau_w$ to similar percentages of the strain representative controls (C57/BL6 WT 3 $\mu$M = 145 ± 19%, $n = 6$; $ob/ob$ 3 $\mu$M = 161 ± 11%, $n = 7$; Two-way RM ANOVA, $P > 0.05$; C57/BL6 WT 10 $\mu$M = 403 ± 34%, $n = 7$; $ob/ob$ 10 $\mu$M = 439 ± 60%, $n = 5$; Two-way RM ANOVA, $P > 0.05$; Figure 43). The $T_{70}$ was similarly increased in the presence of allopregnanolone (Table 32). These findings are consistent with the recordings described in the previous chapter and with the hypothesis that there is no difference in the sensitivity of the cortical GABA$_A$R to neurosteroids between the $ob/ob$ and WT mice.

The mIPSC decay ($\tau_w$) of L2/3 cortical neurones of $ob/ob$ mice was increased by the presence of ganaxolone in the recording pipette ($ob/ob$ control = 3.5 ± 0.1 ms, $n = 25$; $ob/ob$ 3 $\mu$M ganaxolone = 5.0 ± 0.3 ms, $n = 6$; $ob/ob$ 10 $\mu$M ganaxolone = 6.4 ± 0.6 ms, $n = 6$; One-way ANOVA, $P < 0.05$; post hoc Newman Keul’s test revealed no significant difference between the two concentrations of ganaxolone, $P >0.05$; Table 33, Figure 44). In view of the fact that the control mIPSC decay times for the WT and diabetic mice (Table 33) are distinct, the data for $\tau_w$ were normalised for comparison. Intracellular ganaxolone 3 - 10 $\mu$M increased $\tau_w$ to similar percentages of the strain representative controls (C57/BL6 WT 3 $\mu$M = 138 ± 9%, $n = 6$; $ob/ob$ 3 $\mu$M = 142 ± 7%, $n = 6$; One-way RM ANOVA, $P > 0.05$; C57/BL6 WT 10 $\mu$M = 151 ± 8%, $n = 6$; $ob/ob$ 10 $\mu$M = 182 ± 18%, $n = 6$; One-way RM ANOVA, $P > 0.05$; Figure 44). The $T_{70}$ was similarly increased in the presence of ganaxolone (Table 33). Here, ganaxolone did not have a concentration-dependent effect on $ob/ob$ cortical GABA$_A$R mIPSCs when acutely delivered intracellularly and the magnitude of the effect was less than that produced by equivalent pipette concentrations of allopregnanolone (Table 33; Figure 44). Note there was no difference in the GABA$_A$R-mediated mIPSC decay time between the $ob/ob$ and the WT mouse when treated with intracellular ganaxolone. This finding is consistent with the recordings described above with allopregnanolone, although intracellular ganaxolone had a less pronounced effect cf. allopregnanolone on GABA$_A$R mIPSCs.
Table 32 The effect of intracellular allopregnanolone (Allo) on GABAA\_R mIPSCs of layer 2/3 cortical neurones (P60-75) of WT or ob/ob mice.

<table>
<thead>
<tr>
<th></th>
<th>WT Control (n=35)</th>
<th>WT 3μM Allo (n=6)</th>
<th>WT 10μM Allo (n=7)</th>
<th>Ob/ob (n=25)</th>
<th>Ob/ob 3μM Allo (n=7)</th>
<th>Ob/ob 10μM Allo (n=5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amp (pA)</td>
<td>-59 ± 2</td>
<td>-64 ± 3</td>
<td>**-95 ± 4</td>
<td>-66 ± 2</td>
<td>-61 ± 2</td>
<td>**-79 ± 6</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.5 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-242 ± 9</td>
<td>-354 ± 49</td>
<td>**-1389 ± 139</td>
<td>-255 ± 12</td>
<td>-342 ± 27</td>
<td>**-1140 ± 173</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>5.2 ± 0.2</td>
<td>**7.7 ± 1</td>
<td>**22.3 ± 1.4</td>
<td>4.7 ± 0.1</td>
<td>**7.4 ± 0.5</td>
<td>**23.0 ± 2</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>4.0 ± 0.1</td>
<td>**5.8 ± 0.8</td>
<td>**16.1 ± 1.3</td>
<td>3.5 ± 0.1</td>
<td>**5.7 ± 0.4</td>
<td>**15.5 ± 2</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>17 ± 2</td>
<td>22 ± 4</td>
<td>20 ± 3</td>
<td>16 ± 3</td>
<td>20 ± 4</td>
<td>14 ± 5</td>
</tr>
</tbody>
</table>

**P < 0.05; One-way ANOVA, in comparison to strain-matched control**
Table 33 The effect of intracellular ganaxolone (Ganax) on GABA<sub>A</sub>R mIPSCs of layer 2/3 cortical neurones (P60-75) of WT or ob/ob mice.

<table>
<thead>
<tr>
<th></th>
<th>WT Control (n=35)</th>
<th>WT 3μM Ganax (n=6)</th>
<th>WT 10μM Ganax (n=6)</th>
<th>Ob/ob (n=25)</th>
<th>Ob/ob 3μM Ganax (n=6)</th>
<th>Ob/ob 10μM Ganax (n=6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amp (pA)</td>
<td>-59 ± 2</td>
<td>-63 ± 4</td>
<td>-69 ± 6</td>
<td>-66 ± 2</td>
<td>-60 ± 2</td>
<td>-66 ± 4</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-242 ± 9</td>
<td>**-347 ± 15</td>
<td>**-420 ± 55</td>
<td>-255 ± 12</td>
<td>-302 ± 21</td>
<td>**-401 ± 50</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>5.2 ± 0.2</td>
<td>**7.1 ± 0.4</td>
<td>**8.1 ± 0.6</td>
<td>4.7 ± 0.1</td>
<td>**6.9 ± 0.3</td>
<td>**8.2 ± 0.7</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>4.0 ± 0.1</td>
<td>**5.5 ± 0.4</td>
<td>**6.1 ± 0.3</td>
<td>3.5 ± 0.1</td>
<td>**5.0 ± 0.3</td>
<td>**6.4 ± 0.6</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>17 ± 2</td>
<td>18 ± 4</td>
<td>16 ± 2</td>
<td>16 ± 3</td>
<td>12 ± 3</td>
<td>12 ± 1</td>
</tr>
</tbody>
</table>

**P < 0.05; One-way ANOVA, in comparison to strain-matched control.
Figure 43 The intracellular application of allopregnanolone to mature cortical neurones enhances synaptic GABA_A function by a similar margin in WT and ob/ob mice.

(A & B) Superimposed exemplar GABA_A-mediated mIPSCs from a representative control WT and ob/ob cortical neurones and from equivalent neurones with 3 - 10 μM allopregnanolone administered intracellularly. (C) Histogram illustrating the concentration-dependent effect of the intracellular application of allopregnanolone on the duration of GABA_A mIPSC τ_w in ob/ob cortical neurones (grey bars; ob/ob control = 3.5 ± 0.1 ms, n = 25; ob/ob 3 μM allopregnanolone = 5.7 ± 0.4 ms, n = 7; ob/ob 10 μM allopregnanolone = 15.5 ± 2 ms, n = 5; One-way ANOVA *P < 0.05). (D) Histogram illustrating the concentration-dependent effect of allopregnanolone on the duration of GABA_A mIPSC τ_w of WT (black) and ob/ob cortical neurones (grey) expressed as a percentage of control. There was no significant difference in the effect of allopregnanolone on WT vs. ob/ob cortical GABA_A mIPSCs (C57/BL6 WT 3 μM = 145 ± 19%, n = 6; ob/ob 3 μM = 161 ± 11%, n = 7; P > 0.05; C57/BL6 WT 10 μM = 403 ± 34%, n = 7; ob/ob 10 μM = 439 ± 60%, n = 5; One-way RM ANOVA P > 0.05). Ctrl = control; Allo = allopregnanolone.
Figure 44 The intracellular application of ganaxolone to mature cortical neurones enhances synaptic GABA<sub>A</sub>R function by a similar margin in WT and ob/ob mice.

(A & B) Superimposed exemplar GABA<sub>A</sub>Rs mIPSCs from a representative control WT and ob/ob cortical neurones and from equivalent neurones with 3 - 10 μM ganaxolone administered intracellularly. (C) Histogram illustrating the concentration-dependent effect of the intracellular application of ganaxolone on the duration of GABA<sub>A</sub>Rs mIPSC τ<sub>w</sub> in ob/ob cortical neurones (grey bars; ob/ob control = 3.5 ± 0.1 ms, n = 25; ob/ob 3 μM ganaxolone = 5.0 ± 0.3 ms, n = 6; ob/ob 10 μM ganaxolone = 6.4 ± 0.6 ms, n = 6; One-way ANOVA *P < 0.05). (D) Histogram illustrating the concentration-dependent effect of ganaxolone on the duration of GABA<sub>A</sub>Rs mIPSC τ<sub>w</sub> of WT (black) and ob/ob cortical neurones (grey) expressed as a percentage of control. There was no significant difference in the effect of ganaxolone on WT vs. ob/ob cortical GABA<sub>A</sub>Rs mIPSCs (C57/BL6 WT 3 μM = 138 ± 9%, n = 6; ob/ob 3 μM = 142 ± 7%, n = 6; P > 0.05; C57/BL6 WT 10 μM = 151 ± 8%, n = 6; ob/ob 10 μM = 182 ± 18%, n = 6; One-way RM ANOVA P > 0.05). Ctrl = control; Ganax = ganaxolone.
5.8 The effect of pipette-applied ganaxolone and indometacin on layer 2/3 cortical GABA$_A$ mIPSCs in mature ob/ob and WT mice (P60-75).

In the previous chapter, pipette-applied indometacin had no impact on cortical GABA$_A$R mIPSCs in WT mice and did not alter the modulatory effect of pipette-applied ganaxolone. In order to explore whether indometacin may have a different effect on the cortical GABA$_A$R mIPSCs of diabetic mice the experiments were repeated for the ob/ob mice. Whole-cell voltage-clamp recordings were made in ob/ob L2/3 cortical neurones with indometacin ± ganaxolone presented in the recording pipette. These recordings were compared against separate control recordings (i.e. they were not paired). Analysis of GABA$_A$R-mediated phasic inhibition included the mIPSC amplitude, decay kinetics, charge transfer and frequency (Table 34).

The mIPSC decay ($\tau_W$) of L2/3 cortical neurones of ob/ob mice was unaffected by the presence of indometacin in the recording pipette and indometacin had no effect on the modulatory action of ganaxolone (ob/ob control = 3.5 ± 0.1 ms, n = 25; ob/ob 100 µM indometacin = 3.7 ± 0.3 ms, n = 5; ob/ob 10 µM ganaxolone = 6.4 ± 0.6 ms, n = 6; ob/ob 10 µM ganaxolone & 100 µM indometacin = 6.9 ± 0.4 ms, n = 4; One-way ANOVA. Post hoc Newman Keul’s test revealed that indometacin did not affect the baseline decay time of mIPSCs ($P >0.05$) and there was no difference between ganaxolone 10 µM vs. ganaxolone 10 µM with indometacin 100 µM, $P >0.05$; Table 34; Figure 45). The $T_{70}$ was similarly unchanged in the presence of indometacin (Table 34). The inability of indometacin to prevent the modulation of the GABA$_A$R mIPSCs by ganaxolone is inconsistent with the concept that indometacin could be a silent antagonist of the GABA$_A$R in ob/ob cortical neurones.
Table 34 The effect of pipette-applied ganaxolone and indometacin on GABA<sub>R</sub> mIPSCs of layer 2/3 cortical neurones (P60-75) of WT or ob/ob mice.

<table>
<thead>
<tr>
<th></th>
<th>WT Control (n=35)</th>
<th>WT 100μM Indo (n=5)</th>
<th>WT 10μM Ganax (n=6)</th>
<th>WT 10μM Ganax &amp;100μM Indo (n=4)</th>
<th>Ob/ob 100μM Indo (n=25)</th>
<th>Ob/ob 10μM Ganax (n=5)</th>
<th>Ob/ob 10μM Ganax &amp;100μM Indo (n=4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amp (pA)</td>
<td>-59 ± 2</td>
<td>-75 ± 2</td>
<td>-69 ± 6</td>
<td>-72 ± 7</td>
<td>-66 ± 2</td>
<td>-75 ± 2</td>
<td>-66 ± 4</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-242 ± 9</td>
<td>-306 ± 28</td>
<td>-420 ± 55</td>
<td>-494 ± 68</td>
<td>-255 ± 12</td>
<td>-228 ± 22</td>
<td>-401 ± 50</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>5.2 ± 0.2</td>
<td>4.8 ± 0.2</td>
<td>8.1 ± 0.6</td>
<td>9.4 ± 0.5</td>
<td>4.7 ± 0.1</td>
<td>4.9 ± 0.3</td>
<td>8.2 ± 0.7</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>4.0 ± 0.1</td>
<td>3.9 ± 0.4</td>
<td>6.1 ± 0.3</td>
<td>7.3 ± 0.6</td>
<td>3.5 ± 0.1</td>
<td>3.7 ± 0.3</td>
<td>6.4 ± 0.6</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>17 ± 2</td>
<td>16 ± 4</td>
<td>16 ± 2</td>
<td>14 ± 2</td>
<td>16 ± 3</td>
<td>19 ± 5</td>
<td>12 ± 1</td>
</tr>
</tbody>
</table>
Table 35 The effect of progesterone (Prog) incubation treatment on GABA$_A$R mIPSCs of layer 2/3 cortical neurones (P60-75) of WT, ob/ob or db/db mice.

<table>
<thead>
<tr>
<th></th>
<th>WT Control</th>
<th>WT 1µM Prog (n=6)</th>
<th>WT 3µM Prog (n=8)</th>
<th>WT 10µM Prog (n=9)</th>
<th>WT 50µM Prog (n=9)</th>
<th>Ob/ob 1µM Prog (n=25)</th>
<th>Ob/ob 3µM Prog (n=5)</th>
<th>Ob/ob 10µM Prog (n=10)</th>
<th>Ob/ob 50µM Prog (n=7)</th>
<th>Ob/ob 50µM Prog (n=12)</th>
<th>db/db 50µM Prog (n=6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amp (pA)</td>
<td>-59±2</td>
<td>-65±2</td>
<td>-64±3</td>
<td>**-70±2</td>
<td>**-91±5</td>
<td>-66±2</td>
<td>-68±5</td>
<td>-78±3</td>
<td>-79±3</td>
<td>**-84±4</td>
<td>-79±4</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.4±0.1</td>
<td>0.5±0.1</td>
<td>0.5±0.1</td>
<td>0.5±0.1</td>
<td>0.4±0.1</td>
<td>0.4±0.1</td>
<td>0.5±0.1</td>
<td>0.4±0.1</td>
<td>0.5±0.1</td>
<td>0.5±0.1</td>
<td>0.5±0.1</td>
</tr>
<tr>
<td>Charge transfer</td>
<td>-242±9</td>
<td>**-319±19</td>
<td>**-339±26</td>
<td>**-373±20</td>
<td>**-515±34</td>
<td>**-255±12</td>
<td>**-352±34</td>
<td>**-409±24</td>
<td>**-474±31</td>
<td>**-499±24</td>
<td>-446±24</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>5.2±0.2</td>
<td>**6.5±0.5</td>
<td>**6.8±0.2</td>
<td>**7.3±0.4</td>
<td>**7.6±0.2</td>
<td>**4.7±0.1</td>
<td>**6.8±0.7</td>
<td>**6.9±0.2</td>
<td>**8.4±0.6</td>
<td>**8.1±0.4</td>
<td>7.8±0.3</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>4.0±0.1</td>
<td>**4.7±0.3</td>
<td>**5.2±0.2</td>
<td>**5.1±0.3</td>
<td>**5.3±0.2</td>
<td>3.5±0.1</td>
<td>**5.1±0.3</td>
<td>**5.1±0.1</td>
<td>**6.1±0.4</td>
<td>**5.9±0.3</td>
<td>5.5±0.2</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>17±2</td>
<td>16±2</td>
<td>17±2</td>
<td>19±2</td>
<td>**31±3</td>
<td>21±3</td>
<td>1±2</td>
<td>**27±3</td>
<td>17±4</td>
<td>**29±3</td>
<td>25±4</td>
</tr>
</tbody>
</table>

**P < 0.05; One-way ANOVA (with Post hoc Newman Keul’s test) in comparison to strain-matched control (P60-75)
Figure 45 The 3α-HSD enzyme inhibitor indometacin does not suppress the acute effects of intracellularly applied ganaxolone on GABA<sub>A</sub>R mIPSCs of mature cortical neurones of WT or <i>ob/ob</i> mice (in contrast to its inhibitory effect on ganaxolone incubation treatment).

(A) Superimposed exemplar GABA<sub>A</sub>R-mediated mIPSCs from a representative control mature WT cortical neurone and from equivalent neurones after the intracellular application of 10 μM ganaxolone, 100 μM indometacin or both. (B) Superimposed exemplar GABA<sub>A</sub>Rs mIPSCs from a representative control mature <i>ob/ob</i> cortical neurone and from equivalent neurones after the intracellular application of 10 μM ganaxolone, 100 μM indometacin or both. (C) Histogram illustrating that intracellular indometacin made no impact on the modulatory action of ganaxolone (<i>ob/ob</i> Ctrl = 3.5 ± 0.1 ms, n = 25, <i>ob/ob</i> 100 μM indometacin = 3.7 ± 0.3 ms, n = 5; <i>ob/ob</i> 10 μM ganaxolone = 6.4 ± 0.6 ms, n = 6; <i>ob/ob</i> 10 μM ganaxolone & 100 μM indometacin = 6.9 ± 0.4 ms, n = 4, one-way ANOVA with post hoc Newman Keul’s test revealed that indometacin did not affect the baseline decay time of mIPSCs (<i>P</i> >0.05) and there was no difference between ganaxolone 10 μM vs. ganaxolone 10 μM with indometacin 100 μM, <i>P</i> >0.05). (D) Histogram illustrating that intracellular indometacin made no impact on the effectiveness of intracellular ganaxolone expressed as a percentage of control (One-way RM ANOVA, <i>P</i> >0.05 for ganaxolone 10 μM vs. ganaxolone 10 μM with indometacin 100 μM). Ctrl = control; Ganax = ganaxolone; Indo = indometacin.
5.9 The effect of prolonged pre-incubation with indometacin on GABA\textsubscript{A}R mIPSCs of mature \textit{ob/ob} mice.

In addition to the experiments with indometacin in the recording pipette (above) two hour incubation with indometacin had no effect on GABA\textsubscript{A}R mIPSC decay time in layer 2/3 cortical neurones of \textit{ob/ob} mice ($\tau_W$: control = 3.5 ± 0.1 ms, n = 25; indometacin 100 $\mu$M = 3.8 ± 0.1 ms, n = 8; unpaired Student’s t test, $P < 0.05$). There was also no effect on the mIPSC $T_{70}$ following two hours of incubation with indometacin. The lack of effect of indometacin in the \textit{ob/ob} is consistent with data obtained in the WT and the idea that indometacin does not modulate the GABA\textsubscript{A}R.

5.10 Can mature layer 2/3 cortical neurones from diabetic mice synthesise neurosteroids?

In the previous chapter I established that the enzymatic function ($5\alpha$-R and $3\alpha$-HSD) of mature cortex of WT mice is intact and that they are able to synthesise neurosteroids when their precursors (progesterone, or DHP) are incubated with the brain slice preparation. The modulatory effects of both progesterone and DHP on GABA\textsubscript{A}R mIPSCs could be prevented by enzymatic inhibition, consistent with these neurosteroids being precursors for allopregnanolone (Belelli & Herd, 2003; Belelli & Lambert, 2005; Brown, 2012; Mellon \textit{et al.}, 2001; Schumacher \textit{et al.}, 2012; Stoffel-Wagner, 2003; Figure 3). In this chapter I have established that cortical GABA\textsubscript{A}Rs of \textit{ob/ob} mice are sensitive to neurosteroids and in this section I will explore the neurosteroid synthesis pathway in these diabetic mice. Whole-cell voltage-clamp recordings were made in L2/3 cortical neurones of diabetic mice after at least two hours of pre-incubation with the neurosteroid precursors. Analysis of GABA\textsubscript{A}R-mediated phasic inhibition included the mIPSC amplitude, decay kinetics, charge transfer and frequency (Table 35).
5.11 The effect of progesterone pre-incubation on cortical mIPSCs of mature ob/ob mice.

Two hours of brain slice incubation with progesterone produced a relatively modest prolongation of GABA<sub>A</sub>R-mediated mIPSC decay time in the ob/ob mouse (τ<sub>W</sub>: control = 3.5 ± 0.1 ms, n = 25; progesterone 1 μM = 5.1 ± 0.3 ms, n = 5; progesterone 3 μM = 5.1 ± 0.1 ms, n = 10; progesterone 10 μM = 6.1 ± 0.4 ms, n = 7; progesterone 50 μM = 5.9 ± 0.3 ms, n = 12; One-way ANOVA, P <0.05; Table 35; Figure 46). Similarly, the mIPSC T<sub>70</sub> was modestly prolonged by the steroid (Table 35). In db/db L2/3 cortical neurones, two hours of pre-incubation with progesterone (50 μM) produced a similar effect to that observed in the ob/ob and the WT (τ<sub>W</sub>: WT progesterone 50μM = 5.3 ± 0.2ms, n = 9; ob/ob progesterone 50μM = 5.9 ± 0.3ms, n = 12; db/db progesterone 50μM = 5.5 ± 0.2ms, n = 6; One-way ANOVA, P > 0.05; Table 35; Figure 46). In view of the fact that the control mIPSC decay times for the WT and diabetic mice (Table 35) are distinct, the data for τ<sub>W</sub> were normalised. When the effects of 10 μM and 50 μM progesterone were expressed as a percentage of the representative control, the steroid had a greater impact on the diabetic mice (C57/BL6 WT = 134 ± 4%, n = 9; ob/ob = 166 ± 7%, n = 12; db/db = 159 ± 6%, n = 6; One-way RM ANOVA, P < 0.05; post hoc Newman Keul's test revealed significant differences between the WT and both types of diabetic mice, P < 0.05, but there was no intergroup difference between the ob/ob and db/db mice, P > 0.05; Figure 46; Figure 50).

These results suggest that mature L2/3 cortical neurones of ob/ob and db/db mice are able to synthesise GABA<sub>A</sub>R-modulatory neurosteroids when their precursor (progesterone) is pre-incubated with the brain slice preparation. Despite the shorter control decay time of GABA<sub>A</sub>R mIPSCs in the ob/ob and db/db cortical neurones c.f. WT, progesterone treatment prolonged the duration of the mIPSCs to an absolute value similar to that produced by the steroid in equivalent WT neurones. This observation suggests that not only is enzymatic function (5α-R and 3α-HSD) intact in ob/ob and db/db mice, but that it may in fact be up-regulated.
Figure 46 Prolonged exposure (~2 hrs) of mature cortical neurones to progesterone (1-50 μM) enhances the function of synaptic GABA\(_A\)Rs, suggesting that both WT \& ob/ob neurones can synthesise allopregnanolone.

(A) Superimposed exemplar GABA\(_A\)-mediated mIPSCs from a representative control mature WT cortical neurone and from equivalent neurones after ~2 hour brain slice incubation with 1 μM - 50 μM progesterone. (B) Superimposed exemplar GABA\(_A\)Rs mIPSCs from a representative control mature ob/ob cortical neurone and from equivalent neurones after ~2 hour brain slice incubation with 1 μM - 50 μM progesterone. (C) Histogram illustrating the significant but modest effect of progesterone incubation treatment on ob/ob cortical GABA\(_A\)Rs mIPSCs (grey) that was not concentration-dependent (One-way ANOVA *P < 0.05). (D) Histogram illustrating the concentration-independent effect of progesterone on the duration of ob/ob GABA\(_A\)Rs mIPSC \(\tau_w\) expressed as a percentage of control. Note that when the effect of progesterone 50 μM was expressed as a percentage of the representative control, the steroid had a greater impact on the ob/ob mice (C57/BL6 WT 10 μM = 129 ± 6%, \(n = 10\), ob/ob 10 μM = 172 ± 10%, \(n = 7\), \(P < 0.05\); C57/BL6 WT 50 μM = 134 ± 4%, \(n = 9\), ob/ob 50 μM = 166 ± 7%, \(n = 12\), One-way RM ANOVA **P < 0.05). Ctrl = control; Prog = progesterone.
5.12 The influence of finasteride on the effects of progesterone on cortical mIPSCs of mature ob/ob mice.

In the previous Chapter I demonstrated that finasteride inhibited the effect of progesterone on the duration of cortical mIPSCs of WT mice. Whole-cell voltage-clamp recordings were made from L2/3 cortical neurones of ob/ob mice pre-incubated for two hours with both finasteride and progesterone. Analysis of GABA<sub>A</sub>R-mediated phasic inhibition included the mIPSC amplitude, decay kinetics, charge transfer and frequency (Table 36). Finasteride alone had no effect on cortical mIPSC decay time of ob/ob mice, but it did prevent the effect of progesterone (τ<sub>W</sub>: control = 3.5 ± 0.1 ms, n = 25; finasteride 50 μM = 3.7 ± 0.2 ms, n = 6; progesterone 50 μM = 5.9 ± 0.3 ms, n = 12; finasteride 50 μM & progesterone 50 μM = 3.4 ± 0.2 ms, n = 6; One-way ANOVA, P < 0.05; post hoc Newman Keul’s test revealed that progesterone 50 μM treatment was different from all the other groups, P < 0.05, but that there were no other intergroup differences, P > 0.05; Table 36; Figure 47). Similarly, the mIPSC T<sub>70</sub> was unaffected by finasteride, but finasteride prevented the effect of progesterone (Table 36). These results confirm that in mature L2/3 cortical neurones of ob/ob (and WT mice), progesterone requires to be metabolised by 5α-R in order for it to induce prolongation of GABA<sub>A</sub>R mIPSCs.

5.13 The effect of DHP on GABA<sub>A</sub>R mIPSCs of mature ob/ob and db/db mice.

As discussed above, the progesterone metabolite DHP is the precursor of allopregnanolone, (Figure 3), but this steroid does not modulate the GABA<sub>A</sub>R directly (Belelli & Herd, 2003; Brown, 2012). Therefore, in order to modulate GABA<sub>A</sub>R mIPSCs, it requires the activity of the enzyme 3α-HSD (Belelli & Lambert, 2005; Mellon et al., 2001; Schumacher et al., 2012; Stoffel-Wagner, 2003). In the previous chapter I demonstrated that 3α-HSD activity is preserved in mature WT cortical neurones. Whole-cell voltage-clamp recordings were made in L2/3 cortical neurones of ob/ob mice after two hours of incubation with DHP to investigate 3α-HSD function in these diabetic mice. Analysis of GABA<sub>A</sub>R-mediated phasic inhibition included the mIPSC amplitude, decay kinetics, charge transfer and frequency (Table 37).
Figure 47 The 5α-reductase enzyme inhibitor finasteride prevents the effects of progesterone incubation treatment on synaptic GABA_{A}Rs of mature cortical neurones of WT & ob/ob mice.

(A) Superimposed exemplar GABA_{A}R-mediated mIPSCs from a representative control mature WT cortical neurone and from equivalent neurones after ~2 hour brain slice incubation with 50 μM finasteride, 50 μM progesterone, or both. (B) Superimposed exemplar GABA_{A}Rs mIPSCs from a representative control mature ob/ob cortical neurone and from equivalent neurones after ~2 hour brain slice incubation with 50 μM finasteride, 50 μM progesterone, or both. (C) Histogram illustrating the ability of finasteride to prevent the effect of progesterone incubation treatment on ob/ob cortical GABA_{A}Rs mIPSC τ_{w} (grey bars; One-way ANOVA P <0.05. Post hoc Newman Keul’s test revealed that progesterone 50 μM treatment was different from all the other groups, *P < 0.05, but that there were no other intergroup differences, P > 0.05). (D) Histogram illustrating the ability of finasteride to prevent the effect of progesterone incubation treatment on ob/ob cortical GABA_{A}Rs mIPSC τ_{w} (grey bars) expressed as a percentage of control (finasteride = 105 ± 4%, n = 6; finasteride & progesterone = 97 ± 4%, n = 6; progesterone = 166 ± 7%, n = 12; One-way RM ANOVA **P <0.05). Ctrl = control; Prog = progesterone; Finast = finasteride.
Table 36 Finasteride (Finast) prevents the effect of progesterone (Prog) incubation treatment on GABA<sub>A</sub>R mIPSCs of layer 2/3 cortical neurones (P60-75) of WT, ob/ob or db/db mice.

<table>
<thead>
<tr>
<th></th>
<th>WT Control</th>
<th>WT 50μM Finast</th>
<th>WT 50μM Prog</th>
<th>WT 50μM Prog &amp; 50μM Finast</th>
<th>Ob/ob 50μM Prog</th>
<th>Ob/ob 50μM Finast</th>
<th>Ob/ob 50μM Prog &amp; 50μM Finast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amp (pA)</td>
<td>-59 ± 2</td>
<td><strong>-67 ± 3</strong></td>
<td><strong>-91 ± 5</strong></td>
<td>-64 ± 3</td>
<td><strong>-84 ± 4</strong></td>
<td>-58 ± 3</td>
<td>-65 ± 3</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-242 ± 9</td>
<td><strong>-299 ± 19</strong></td>
<td><strong>-515 ± 34</strong></td>
<td>-269 ± 10</td>
<td><strong>-499 ± 24</strong></td>
<td>-233 ± 18</td>
<td>-232 ± 16</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>5.2 ± 0.2</td>
<td>5.7 ± 0.2</td>
<td><strong>7.6 ± 0.2</strong></td>
<td>5.7 ± 0.1</td>
<td><strong>8.1 ± 0.4</strong></td>
<td>5.0 ± 0.2</td>
<td>4.9 ± 0.2</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>4.0 ± 0.1</td>
<td>4.2 ± 0.1</td>
<td><strong>5.3 ± 0.2</strong></td>
<td>4.1 ± 0.1</td>
<td><strong>5.9 ± 0.3</strong></td>
<td>3.7 ± 0.2</td>
<td>3.4 ± 0.2</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>17 ± 2</td>
<td><strong>23 ± 2</strong></td>
<td><strong>31 ± 3</strong></td>
<td>19 ± 1.5</td>
<td>*29 ± 3</td>
<td>13 ± 3</td>
<td>12 ± 2</td>
</tr>
</tbody>
</table>

**P < 0.05; One-way ANOVA (with Post hoc Newman Keul’s test), in comparison to strain-matched control**
Table 37 The effect of DHP incubation treatment on GABA<sub>A</sub>R mIPSCs of layer 2/3 cortical neurones (P60-75) of WT, ob/ob and db/db mice.

<table>
<thead>
<tr>
<th></th>
<th>WT Control (n=35)</th>
<th>WT 1μM DHP (n=14)</th>
<th>WT 3μM DHP (n=9)</th>
<th>Ob/ob 1μM DHP (n=25)</th>
<th>Ob/ob 3μM DHP (n=18)</th>
<th>Ob/ob 1μM DHP (n=18)</th>
<th>Ob/ob 3μM DHP (n=10)</th>
<th>Db/db 3μM DHP (n=8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak amp (pA)</td>
<td>-59 ± 2</td>
<td>**-73 ± 4</td>
<td>**-69 ± 5</td>
<td>-66 ± 2</td>
<td>**-75 ± 3</td>
<td>-70 ± 3</td>
<td>-60 ± 2</td>
<td>*-83 ± 3</td>
</tr>
<tr>
<td>Rise Time (ms)</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.4 ± 0.1</td>
<td>0.5 ± 0.1</td>
<td>0.5 ± 0.1</td>
</tr>
<tr>
<td>Charge transfer (fC)</td>
<td>-242 ± 9</td>
<td>**-433 ± 31</td>
<td>**-646 ± 33</td>
<td>-255 ± 12</td>
<td>**-792 ± 63</td>
<td>**-825 ± 62</td>
<td>-223 ± 8</td>
<td>*-1034 ± 57</td>
</tr>
<tr>
<td>T70 (ms)</td>
<td>5.2 ± 0.2</td>
<td>**8 ± 0.4</td>
<td>**13.9 ± 1</td>
<td>4.7 ± 0.1</td>
<td>**15.6 ± 1</td>
<td>**17.6 ± 0.8</td>
<td>4.6 ± 0.1</td>
<td>*19.1 ± 0.6</td>
</tr>
<tr>
<td>Tau w (ms)</td>
<td>4.0 ± 0.1</td>
<td>**5.9 ± 0.2</td>
<td>**10.2 ± 1</td>
<td>3.5 ± 0.1</td>
<td>**10.9 ± 0.6</td>
<td>**12.3 ± 0.7</td>
<td>3.5 ± 0.1</td>
<td>*13.4 ± 0.6</td>
</tr>
<tr>
<td>Frequency (Hz)</td>
<td>17 ± 2</td>
<td>16 ± 2</td>
<td>19 ± 6</td>
<td>21 ± 3</td>
<td>13 ± 1</td>
<td>14 ± 0.6</td>
<td>19 ± 3</td>
<td>16 ± 2</td>
</tr>
</tbody>
</table>

**P < 0.05; One-way ANOVA (with Post hoc Newman Keul’s test) in comparison to strain-matched control (P60-75)
Two hours of brain slice pre-incubation with DHP (1–3 µM) produced a significant, concentration-dependent prolongation of layer 2/3 cortical GABA\(_{\text{A}}\)R-mediated mIPSC decay time in \(\text{ob/ob}\) mice (\(\tau_{\text{W}}\): control = 3.5 ± 0.1 ms, \(n = 25\); DHP 1 µM = 10.9 ± 0.6 ms, \(n = 18\); DHP 3 µM = 12.3 ± 0.7 ms, \(n = 10\); One-way ANOVA, \(P < 0.05\); Table 37; Figure 48). Similarly, the mIPSC \(T_{70}\) was significantly prolonged by DHP (Table 37). Two hours pre-incubation with 3µM DHP produced a similarly pronounced effect in L2/3 cortical neurones of the \(\text{db/db}\) mouse compared to the WT (\(\tau_{\text{W}}\): WT DHP 3 µM = 10.2 ± 0.1 ms, \(n = 9\); \(\text{ob/ob}\) DHP 3 µM = 12.3 ± 0.7 ms, \(n = 10\); \(\text{db/db}\) DHP 3 µM = 13.4 ± 0.6 ms, \(n = 8\); One-way ANOVA, \(P < 0.05\); post hoc Newman Keul’s analysis revealed intergroup differences between the WT and the diabetic mice, \(P < 0.05\); Table 37). In view of the fact that the control mIPSC decay times for the WT and diabetic mice (Table 37) are distinct, the data for \(\tau_{\text{W}}\) were normalised. When the effect of DHP 3 µM was expressed as a percentage of the representative control, the steroid had a greater impact on the diabetic mice (C57/BL6 WT = 256 ± 25%, \(n = 9\); \(\text{ob/ob}\) = 348 ± 20%, \(n = 10\); \(\text{db/db}\) = 384 ± 17%, \(n = 8\); One-way RM ANOVA, \(P < 0.05\); post hoc Newman Keul’s test revealed significant differences between the WT and both types of diabetic mice, \(P < 0.05\), but there was no intergroup difference between the \(\text{ob/ob}\) and \(\text{db/db}\) mice, \(P > 0.05\); Figure 48; Figure 50). These results indicate that not only is 3\(\alpha\)-HSD enzymatic function preserved in mature mice with type-2 diabetic neuropathy, but it may actually be up-regulated. The observation that a similarly large effect of DHP is observed in both \(\text{ob/ob}\) and \(\text{db/db}\) cortical neurones also suggests that the effect is unrelated to the absence of a theoretical direct modulatory effect of leptin on the GABA\(_{\text{A}}\)Rs. Indeed, while the endogenous neurosteroid levels of both the \(\text{ob/ob}\) and \(\text{db/db}\) mice appears to be reduced compared to the WT, the activity of the enzyme 3\(\alpha\)-HSD exhibits compensatory up-regulation.

In order to confirm by another method that DHP does not influence cortical GABA\(_{\text{A}}\)Rs directly, whole-cell voltage-clamp recordings were made in \(\text{ob/ob}\) L2/3 cortical neurones with DHP present in the recording pipette. These recordings were compared against separate control recordings (i.e. they were not paired). Analysis of GABA\(_{\text{A}}\)R-mediated phasic inhibition included the mIPSC amplitude, decay kinetics, charge transfer and frequency.
Figure 48 Prolonged exposure (~2 hrs) of mature cortical neurones to DHP (1-3 μM) greatly enhances the function of synaptic GABA<sub>A</sub>Rs and has an exaggerated effect on the cortical neurones of <i>ob/ob</i> mice in comparison to WT mice.

(A) Superimposed exemplar GABA<sub>A</sub>R-mediated mIPSCs from a representative control mature WT cortical neurone and from equivalent neurones after ~2 hour brain slice incubation with 1 - 3 μM DHP. (B) Superimposed exemplar GABA<sub>A</sub>Rs mIPSCs from a representative control mature <i>ob/ob</i> cortical neurone and from equivalent neurones after ~2 hour brain slice incubation with 1 - 3 μM DHP. (C) Histogram illustrating the significant concentration-dependent effect of DHP on the duration of <i>ob/ob</i> cortical GABA<sub>A</sub>Rs mIPSCs (grey bars; <i>ob/ob</i> control = 3.5 ± 0.1 ms, n = 25; DHP 1 μM = 10.9 ± 0.6 ms, n = 18; DHP 3 μM = 12.3 ± 0.7 ms, n = 10; One-way ANOVA *<i>P</i> < 0.05). Note the exaggerated response of the <i>ob/ob</i> vs. the WT cortical neurones for 1 μM DHP (C57/BL6 WT 1 μM = 5.9 ± 0.2 ms, n = 14, <i>ob/ob</i> 1 μM = 10.9 ± 0.6 ms, n = 18, *<i>P</i> < 0.05) and for 3 μM DHP (C57/BL6 WT 3 μM = 10.2 ± 0.1 ms, n = 9, <i>ob/ob</i> 3 μM = 12.3 ± 0.7 ms, n = 10, one-way ANOVA *<i>P</i> < 0.05). (D) Histogram illustrating that 1 - 3 μM DHP has an exaggerated effect in <i>ob/ob</i> (grey) vs. WT (black) mice when the effect is expressed as a percentage of the respective control value (C57/BL6 WT 1 μM = 147 ± 6%, <i>ob/ob</i> 1 μM = 308 ± 18%, **<i>P</i> < 0.05; C57/BL6 WT 3 μM = 256 ± 25%, <i>ob/ob</i> 3 μM = 348 ± 20%, One-way RM ANOVA **<i>P</i> < 0.05). Ctrl = control; DHP = dihydroxyprogesterone.
The mIPSC decay ($\tau_W$) of L2/3 cortical neurones of ob/ob mice was unaffected by the presence of DHP in the recording pipette (ob/ob control = 3.5 ± 0.1 ms, n = 25, ob/ob 3 $\mu$M DHP = 3.6 ± 0.1 ms, n = 6; ob/ob 10 $\mu$M DHP = 3.7 ± 0.2 ms, n = 4; One-way ANOVA, $P > 0.05$; Figure 49). In view of the fact that the control mIPSC decay times for the WT and diabetic mice are distinct, the data for $\tau_W$ were normalised for comparison. Intracellular DHP 3 - 10 $\mu$M made no impact on $\tau_W$ expressed as a percentage of its strain representative control (C57/BL6 WT 3 $\mu$M = 98 ± 3%, n = 6; ob/ob 3 $\mu$M = 101 ± 3, n = 6; Two-way RM ANOVA, $P > 0.05$; C57/BL6 WT 10 $\mu$M = 108 ± 7%, n = 6; ob/ob 10 $\mu$M = 104 ± 6%, n = 4; Two-way RM ANOVA, $P > 0.05$; Figure 49). The $T_{70}$ was similarly unaffected in the presence of intracellular DHP. These findings contrast with the significant effects of intracellular allopregnanolone and ganaxolone and are consistent with the idea that DHP is a precursor compound (Figure 49). Considering all the results in this chapter it is difficult to make the case for the alternative hypothesis that GABA$\alpha$R sensitivity is increased in ob/ob and db/db mice.
Intracellular DHP has no effect on the function of synaptic GABA\(_A\)Rs of mature cortical neurones of WT or ob/ob mice (in contrast to allopregnanolone & ganaxolone).

(A) Superimposed exemplar GABA\(_A\)R-mediated mIPSCs from a representative control mature WT cortical neurone and from equivalent neurones with 3 - 10 \(\mu\)M DHP administered intracellularly. (B) Superimposed exemplar GABA\(_A\)Rs mIPSCs from a representative control mature ob/ob cortical neurone and from equivalent neurones with 3 - 10 \(\mu\)M DHP administered intracellularly. (C) Histogram illustrating the lack of effect of the intracellular application of 3 - 10 \(\mu\)M DHP (white bars) on the duration of ob/ob cortical GABA\(_A\)Rs mIPSC \(\tau_w\) (One-way ANOVA \(P > 0.05\)) in contrast to the effectiveness of allopregnanolone and ganaxolone. (D) Histogram illustrating the lack of effect of the intracellular application of 3 - 10 \(\mu\)M DHP on the duration of ob/ob cortical GABA\(_A\)Rs mIPSC \(\tau_w\) expressed as a percentage of the representative control value (One-way RM ANOVA \(P > 0.05\)) in contrast to the effectiveness of allopregnanolone and ganaxolone. Ctrl = control; Allo = allopregnanolone; Ganax = ganaxolone; DHP = dihydroxyprogesterone.
Histogram summarising the relative differences in the potencies of certain neurosteroidal compounds (allopregnanolone, ganaxolone, DHP and progesterone) in three strains of mice (WT, ob/ob and db/db) after ~2 hours brain-slice exposure. In view of the fact that the control mIPSC decay times for the WT and “diabetic” mice are distinct, the data for τ_w were normalised for comparison (data included in previous figures and tables). Note that the compounds allopregnanolone and ganaxolone, which modulate the GABA_A R directly, have the greatest potency, while the neurosteroid precursors DHP and progesterone have the least potency. It is also interesting to observe that there is no significant difference in the effect of allopregnanolone on the three strains of mice (C57/BL6 WT = 480 ± 22%, n = 9; ob/ob = 534 ± 28%, n = 8; db/db = 534 ± 18%, n = 6; One-way RM ANOVA P > 0.05). In contrast, the precursor DHP had a greater impact on the diabetic mice (C57/BL6 WT = 256 ± 25%, n = 9; ob/ob = 348 ± 20%, n = 10; db/db = 384 ± 17%, n = 8; One-way RM ANOVA *P < 0.05. Post hoc Newman Keul's test revealed significant differences between the WT and both types of diabetic mice, *P < 0.05, but there was no intergroup difference between the ob/ob and db/db mice, P > 0.05). The precursor progesterone, also had a greater impact on the diabetic mice C57/BL6 WT = 134 ± 6%, n = 6; One-way RM ANOVA P < 0.05. Post hoc Newman Keul's test revealed significant differences between the WT and both types of diabetic mice, P < 0.05, but there was no intergroup difference between the ob/ob and db/db mice, P > 0.05). These data are consistent with the hypothesis that the sensitivity of the cortical GABA_A Rs is unchanged in diabetic neuropathy, but that the neurosteroid synthesising enzymes may be upregulated. A surprise finding was that ganaxolone 300 nM (and 1 μM – data not shown) had a greater effect in both strains of diabetic mice compared to WT controls (C57/BL6 WT = 273 ± 32%, n = 10; ob/ob = 437 ± 42%, n = 9; db/db = 426 ± 13%, n = 4; One-way RM ANOVA P < 0.05. Post hoc Newman Keul’s test revealed significant differences between the diabetic mice and the WT, *P < 0.05, but there was no significant difference between the ob/ob and db/db mice, P > 0.05). This data is consistent with the idea that ganaxolone may modulate the GABA_A R directly, but that it is also a precursor for allopregnanolone, which can be blocked by indometacin incubation treatment, but indometacin has no effect when both drugs are applied acutely via the recording pipette.
Chapter 6: Behavioural work
Neuropathic pain places a huge burden on society and the current treatment options available are limited (Bouhassira et al., 2008; Dworkin et al., 2007; Harstall & Ospina, 2003). Type 2 diabetes mellitus (T2DM) is a major cause of painful peripheral neuropathy and symptoms in humans may include spontaneous sharp, shooting, or burning sensations associated with sensory loss and paradoxical hypersensitivity (Costigan et al., 2009; Kehlet et al., 2006). Hyperalgesia describes an exaggerated response to a painful stimulus, while allodynia describes an unpleasant or painful response associated with an innocuous stimulus (Merskey & Bogduk, 1994). Both peripheral and central sensitisation are implicated in the development of painful diabetic neuropathy (Fischer & Waxman, 2010). Hypersensitivity of the spinothalamic tract has been described in animal models of type I diabetes (Chen & Pan, 2002, Pertovaara et al., 2001). GABA<sub>AR</sub>s are the major inhibitory receptors in the mammalian nervous system and a reduction of their function is associated with hypersensitivity manifested as allodynia, or hyperalgesia (Munro et al., 2009; von Hehn et al., 2012; Yaksh, 1989; Zeilhofer, 2008). Conversely, endogenous neurosteroid production may increase in response to peripheral inflammatory pain, thus exerting a putative compensatory analgesic effect (Poisbeau et al., 2005). In addition, GABA<sub>AR</sub> ligands that target the α2 and α3 subunits of the receptor specifically are effective against inflammatory and neuropathic pain without side effects such as sedation, tolerance and ataxia (Knabl et al., 2008).

The *ob/ob* mouse develops a predictable neuropathic phenotype by 8 weeks of age comparable to that observed in humans with T2DM, thus making it a useful model (Drel et al., 2006; Latham et al., 2009; Lindstrom, 2009; Vareniuk et al., 2007). Drel et al., reported that *ob/ob* mice develop mechanical hypersensitivity and thermal hyposensitivity, while Latham et al., reported both mechanical and thermal hypersensitivity (Drel et al., 2006; Latham et al., 2009). The authors of these papers used paw withdrawal latency to a radiant heat source and paw withdrawal threshold to von Frey (vF) filaments (Drel et al., 2006; Latham et al., 2009).
In the previous results chapters (3-5), I have described the impact of the endogenous neurosteroid tone on synaptic GABA$_A$R function in pain pathway neurones of WT and diabetic mice. In particular, I discovered that the endogenous neurosteroid tone is reduced in layer 2/3 cortical neurones of mature $ob/ob$ mice (aged P60-75 or ~9-11 weeks). In addition, mIPSCs mediated by layer 2/3 cortical GABA$_A$Rs of $ob/ob$ mice also exhibited an increased response to ganaxolone and DHP when compared to mIPSCs recorded from WT cortical neurones. These findings suggest that a decreased neurosteroid tone may be implicated in neuropathic hypersensitivity exhibited by these mice. Therefore, it is reasonable to consider that the administration of exogenous neurosteroids could potentially be analgesic in $ob/ob$ mice. Indeed, allopregnanolone, DHP and progesterone have had promising effects in the prevention of chemotherapy-induced neuropathic pain (Meyer et al., 2010; 2011).

In my experiments, the tail flick test and vF filaments were used to determine thermal and mechanical nociceptive thresholds respectively in WT and $ob/ob$ mice aged ~9-11 weeks (P60-75; D'Armour & Smith, 1941, Mogil et al., 2009). In addition, acetone was applied topically in order to induce a rapid cooling effect, which may be uncomfortable in hypersensitive states (Flatters & Bennett, 2004, Gauchan et al., 2009, Meyer et al., 2011). I also used the rotarod test to assess sensorimotor coordination in both strains of mice.

6.1 $ob/ob$ mice have impaired sensorimotor coordination in comparison to WT mice.

$ob/ob$ mice have reduced motor and sensory nerve conduction velocities in comparison to WT mice (associated with reduced nerve fibre density), which impairs balance and coordination (Drel et al., 2006; Vareniuk et al., 2007). The rotarod test comprises an elevated rotating cylinder upon which a rodent is placed. In order to avoid falling off the rotarod, the mouse must keep moving; hence it is a test of forced motor activity (Jones & Roberts, 1968; Pritchett & Mulder, 2003). To remain on the rotarod while it accelerates at a set rate the mouse requires balance
and coordination. The rotarod may therefore be used to test motor function after the administration of novel agents as part of the drug development process or to characterise neurodegenerative conditions (Pallier et al., 2009; Shiotsuki et al., 2010). WT or ob/ob mice were placed on the rotarod and the amount of time that they remained on the accelerating rod was recorded, the maximum of which was 300 seconds. The ob/ob mice were able to remain on the rotarod for a significantly shorter time than were WT mice (WT = 216 ± 14 s, n = 15; ob/ob = 21 ± 5 s, n = 15; Mann-Whitney Rank Sum test, \( P < 0.001 \); Figure 51 A). The impaired rotarod performance of the ob/ob mouse is consistent with a previous report (Mayers et al., 2009).

### 6.2 ob/ob mice exhibit prolonged tail withdrawal from noxious heat in comparison to WT mice.

The tail flick test was first described using a light bulb to apply a heat stimulus to the mouse's tail and is now one of the standard tests of thermal nociceptive pain (D'Amour & Smith, 1941; Morgan et al., 2006). Here, the mouse’s tail was placed into a bath filled with hot water and the time taken for tail withdrawal was recorded. A maximum withdrawal latency of 15 seconds was enforced to minimise the possibility of tissue damage. This approach was used to characterise the response of the WT and the ob/ob mouse to three distinct temperatures: 46 °C, 48 °C and 50 °C. At 48 °C and 50 °C ob/ob mice exhibited significantly longer tail withdrawal latencies compared to wild type mice (WT 48 °C = 5.4 ± 0.8s; ob/ob 48 °C = 7.5 ± 0.9s, \( P < 0.05 \); WT 50 °C = 2.5 ± 0.2s; ob/ob 50 °C = 5.0 ± 1s, \( P < 0.05 \); Figure 51). By contrast, there was no significant difference with a water temperature of 46 °C (WT = 12.1 ± 1s; ob/ob = 14.1 ± 0.6s, n = 20 per group, Mann-Whitney Rank Sum test, \( P > 0.05 \); Figure 51). These findings are consistent with the phenomenon of thermal hypoalgesia in ob/ob mice reported by Drel et al., (2006), but conflict with the thermal hyperalgesia reported by Latham et al., (2009).
Figure 51 *Ob/ob* mice have impaired sensorimotor coordination and exhibit prolonged tail withdrawal from noxious heat in comparison to WT mice.

(A) Histogram illustrating the dramatic impairment of sensorimotor function exhibited by mature *ob/ob* mice. The *ob/ob* mice were able to remain on the accelerating rotarod for a significantly shorter time than were WT mice (WT = 216 ± 14 s, n = 15; *ob/ob* = 21 ± 5 s, n = 15; Mann-Whitney Rank Sum test *P* < 0.001). (B) Histogram illustrating that mature *ob/ob* mice have a delayed response to thermal noxious stimuli in comparison to age-matched WT mice. (WT 48 °C = 5.4 ± 0.8s; *ob/ob* 48 °C = 7.5 ± 0.9s, *P* < 0.05; WT 50 °C = 2.5 ± 0.2s; *ob/ob* 50 °C = 5.0 ± 1s, *P* < 0.05). There was no significant difference at the less noxious temperature of 46 °C (WT = 12.1 ± 1s; *ob/ob* = 14.1 ± 0.6s, n = 20 per group, Mann-Whitney Rank Sum test *P* > 0.05). A maximum withdrawal latency of 15 seconds was enforced to minimise the possibility of tissue damage.
The discrepancy is considered further in the Discussion: Section 7.11 and means that the tail flick test is not suitable for investigating potential analgesic, or antihyperalgesic effects of drugs such as neurosteroids in ob/ob mice. However, these data indicate that 50 °C is an appropriate temperature to test for noxious heat and to determine the analgesic potential of specific drugs in WT mice.

6.3 Ganaxolone increases tail withdrawal latency in WT mice.

The spinal (intrathecal) administration of ganaxolone has recently been shown to reduce thermal nociception using the tail flick test, but systemic (intraperitoneal) administration has not been investigated (Asiedu et al., 2012). Other structurally related GABA-active steroids also exhibit analgesic effects (Poisbeau et al., 2005, Charlet et al., 2008, Meyer et al., 2008; 2010; 2011). The tail flick test is a useful tool for assessing thermal nociception, therefore the analgesic effect of ganaxolone was assessed at three different doses. Ganaxolone required to be solubilised with hydroxypropyl β-cyclodextrin (β-CD) prior to intraperitoneal injection (Besheer et al., 2010; Carter et al., 1997; Reddy et al., 2010). The cyclodextrins are effective solubilising agents and do not cause a localised inflammatory response at the injection site, which is a relatively common side effect of some alternative solvents such as DMSO (Loftsson & Brewster, 1996; Willson et al., 1965).

There were no significant differences in the baseline withdrawal latencies in response to a noxious thermal stimulus (50 °C) between the four groups of mice used to examine the effects of ganaxolone (β-CD = 1.9 ± 0.3 s, ganax 3 mg/kg = 1.1 ± 0.1 s, 10 mg/kg = 1.5 ± 0.1 s, 30 mg/kg = 2.8 ± 0.7 s, P > 0.05) and the solubilising vehicle β-CD also had no effect (β-CD 30 mins = 2.0 ± 0.1 s, β-CD 60 mins = 2.5 ± 0.2 s, β-CD 120 mins = 2.7 ± 0.3 s, P > 0.05). Ganaxolone induced a dose-dependent prolongation of tail withdrawal latency in WT mice after 30 minutes (ganax 3 mg/kg 30 mins = 1.5 ± 0.2 s, 10 mg/kg 30 mins = 6.1 ± 1.8 s, 30 mg/kg 30 mins = 6.0 ± 2 s, P < 0.05) and this effect lasted more than 90 minutes (ganax 3 mg/kg 60 mins = 2.1 ± 0.3 s, 10 mg/kg 60 mins = 5.2 ± 1.7 s, 30 mg/kg 60 mins = 8.8 ± 2 s, P < 0.05; ganax 3 mg/kg 120 mins = 3.8 ± 1.3 s, 10 mg/kg 120 mins = 7.3 ± 2.1 s, 30 mg/kg 120 mins = 11.5 ± 1.8 s, n = 10 per group, Kruskall Wallis One-way ANOVA,
on ranks $P < 0.05$; Figure 52). These data suggest that ganaxolone exhibits a dose-dependent analgesic effect in a test of thermal nociception in WT mice. This finding is consistent with the intrathecal administration of ganaxolone (Asiedu et al., 2012) and also other reports of the analgesic effects of similar neurosteroids in rats in the setting of post-chemotherapy neuropathy (Meyer et al., 2010; 2011). However, during the experiments it was noted that the mice appeared sedated with ganaxolone 30 mg/kg (but not the lower doses). Therefore rotarod experiments were carried out with ganaxolone to determine if the apparent analgesic effect may in fact be due to sedation, or sensorimotor impairment.

6.4 High doses of ganaxolone impair rotarod performance of WT mice.

The accelerating rotarod test was used to assess forced motor activity before and after the intraperitoneal administration of ganaxolone at three doses. Only the highest dose of ganaxolone significantly impaired the performance of WT mice on the rotarod. There was no significant difference in the baseline rotarod performance of the four groups in the study ($\beta$-CD baseline = 215 ± 28 s, ganax 5 mg/kg baseline = 155 ± 16 s, 10 mg/kg baseline = 216 ± 24 s, 30 mg/kg baseline = 211 ± 40 s, $P > 0.05$) and the solubilising vehicle $\beta$-CD had no effect on rotarod performance ($\beta$-CD 15 mins = 208 ± 28s, $\beta$-CD 30mins = 243 ± 27s, $\beta$-CD 60mins = 182 ± 35s, $\beta$-CD 120mins = 208 ± 45s, $P > 0.05$; Figure 53). However, at 15, 30 and 60 minutes post-injection the highest dose of ganaxolone (30 mg/kg) significantly impaired performance of WT mice on the rotarod (ganax 5 mg/kg 15 mins = 165 ± 33 s, 10 mg/kg 15 mins = 136 ± 20 s, 30 mg/kg 15 mins = 42 ± 33 s, $P < 0.05$; ganax 5 mg/kg 30 mins = 211 ± 28 s, 10 mg/kg 30 mins = 161 ± 30 s, 30 mg/kg 30 mins = 54 ± 41 s, $P < 0.05$; ganax 5 mg/kg 60 mins = 172 ± 32 s, 10 mg/kg 60 mins = 196 ± 21 s, 30 mg/kg 60 mins = 36 ± 26 s, $P < 0.05$). The effect of ganaxolone (30 mg/kg) was no longer apparent at 120 minutes post-injection (ganax 5 mg/kg 120 mins = 220 ± 17 s, 10 mg/kg 120 mins = 221 ± 12 s, 30 mg/kg 120 mins = 155 ± 65 s, n = 5 per group, Kruskall Wallis One-way ANOVA, on ranks $P > 0.05$; Figure 53).
Figure 52 Ganaxolone increases the latency for tail withdrawal from noxious heat in WT mice.

Histogram illustrating that ganaxolone induced a dose-dependent prolongation of tail withdrawal latency in WT mice after 30 minutes (ganax 3 mg/kg 30 mins = 1.5 ± 0.2 s, 10 mg/kg 30 mins = 6.1 ± 1.8 s, 30 mg/kg 30 mins = 6.0 ± 2 s, $P < 0.05$) and this effect lasted more than 90 minutes (ganax 3 mg/kg 60 mins = 2.1 ± 0.3 s, 10 mg/kg 60 mins = 5.2 ± 1.7 s, 30 mg/kg 60 mins = 8.8 ± 2 s, $P < 0.05$; ganax 3 mg/kg 120 mins = 3.8 ± 1.3 s, 10 mg/kg 120 mins = 7.3 ± 2.1 s, 30 mg/kg 120 mins = 11.5 ± 1.8 s, n = 10 per group, $P < 0.05$). The solubilising vehicle β-CD had no effect (β-CD 30 mins = 2.0 ± 0.1 s, β-CD 60 mins = 2.5 ± 0.2 s, β-CD 120 mins = 2.7 ± 0.3 s; Kruskall Wallis One-Way ANOVA on ranks $P > 0.05$).
Figure 53 The highest dose of ganaxolone impairs the rotarod performance of WT mice.

Histogram showing that at 15, 30 and 60 minutes post-injection the highest dose of ganaxolone (30 mg/kg) significantly impaired performance of WT mice on the rotarod (ganax 5 mg/kg 15 mins = 165 ± 33 s, 10 mg/kg 15 mins = 136 ± 20 s, 30 mg/kg 15 mins = 42 ± 33 s, P < 0.05; ganax 5 mg/kg 30 mins = 211 ± 28 s, 10 mg/kg 30 mins = 161 ± 30 s, 30 mg/kg 30 mins = 54 ± 41 s, P < 0.05; ganax 5 mg/kg 60 mins = 172 ± 32 s, 10 mg/kg 60 mins = 196 ± 21 s, 30 mg/kg 60 mins = 36 ± 26 s, P < 0.05). The effect of ganaxolone (30 mg/kg) was no longer apparent at 120 minutes post-injection (ganax 5 mg/kg 120 mins = 220 ± 17 s, 10 mg/kg 120 mins = 221 ± 12 s, 30 mg/kg 120 mins = 155 ± 65 s, n = 5 per group, P > 0.05). The solubilising vehicle β-CD had no effect on rotarod performance (β-CD 15 mins = 208 ± 28s, β-CD 30mins = 243 ± 27s, β-CD 60mins = 182 ± 35s, β-CD 120mins = 208 ± 45s, Kruskall Wallis One-Way ANOVA on ranks P > 0.05).
Taken in conjunction with the tail flick data, these data suggest that ganaxolone exhibits an analgesic effect at a dose of 10 mg/kg but only impairs rotarod performance in WT mice at higher doses such as 30 mg/kg. In addition, the dose-dependent effect on rotarod performance is consistent with the literature (Carter et al., 1997).

6.5 

**ob/ob** mice exhibit cold allodynia in comparison to WT mice.

Increased sensitivity to cold stimuli is a common symptom associated with neural injury. The cooling sensation associated with the evaporation of topically applied acetone may induce a temporary noxious stimulus. Acetone has therefore been used to elicit cold allodynia in animals with chemotherapy-induced neuropathic hypersensitivity (Flatters & Bennett, 2004, Gauchan et al., 2009, Meyer et al., 2011).

In my study, mice were placed onto an elevated grid-platform, a drop of acetone was applied to the ventral (plantar) surface of the animal’s hindpaw and the mouse was observed for 20 seconds. The following scoring system was used: (0 = No response; 1 = Quick withdrawal, flick or stamp of the paw only; 2 = Prolonged/repeated flicking of the paw and/or abnormal hind limb posture/limping; 3 = The same as above but also licking of the ventral surface of the affected paw) (Flatters & Bennett, 2004). The **ob/ob** mouse exhibited a significantly greater response to the application of topical acetone (WT acetone = 0.96 ± 0.1, n = 20; **ob/ob** acetone = 2.2 ± 0.1, n = 20; Mann-Whitney Rank Sum test, \( P < 0.05 \); Figure 54). This result is consistent with the presence of cold allodynia in **ob/ob** mice. However, this test proved to be problematic for further study because in subsequent pilot experiments repeated exposure of **ob/ob** mice to acetone (required to evaluate the subsequent effects of neurosteroids) led to a loss of the allodynia response (pre-vehicle = 2.2 ± 0.2, post-vehicle = 1.7 ± 0.2, n = 5; Mann-Whitney Rank Sum test \( P < 0.05 \)).
Figure 54 Ob/ob mice exhibit cold allodynia in comparison to WT mice.

Histogram illustrating that ob/ob mice exhibit cold allodynia in comparison to WT mice. The mice were placed onto an elevated grid-platform, a drop of acetone was applied to the ventral (plantar) surface of the animal's hindpaw and the mouse was observed for 20 seconds. The following scoring system was used: (0 = No response; 1 = Quick withdrawal, flick or stamp of the paw only; 2 = Prolonged/repeated flicking of the paw and/or abnormal hind limb posture/limping; 3 = The same as for score 2 but with the addition of licking of the ventral surface of the affected paw). The ob/ob mouse exhibited a significantly greater response to the application of topical acetone (WT acetone = 0.96 ± 0.1, n = 20 mice; ob/ob acetone = 2.2 ± 0.1, n = 20 mice, Mann-Whitney Rank Sum test P < 0.05).
6.6 *ob/ob* mice exhibit mechanical hypersensitivity in comparison to WT mice.

The calibrated series of von Frey (vF) filaments are standard equipment for assessing mechanical nociceptive thresholds in animal models and also in humans (Mogil et al., 2009; Pearce, 2006). vF filaments have previously been employed via the up-down method to demonstrate that the *ob/ob* mouse exhibits mechanical hypersensitivity by the age of P60 (Drel et al., 2006; Latham et al., 2009). I carried out pilot studies to determine the optimal four filaments to be used in WT mice; these were the 0.16 g, 0.4 g, 0.6 g and 1 g filaments. Mice were placed onto an elevated grid-platform and each vF filament was applied to the plantar surfaces of the left and right hind paws five times. The number of withdrawals out of a maximum of ten was recorded for a particular filament in each mouse.

The 0.16 g and 0.4 g vF filaments elicit withdrawal responses on 25% and 40% of occasions respectively in WT mice and were therefore considered to be mild stimuli. If the *ob/ob* mouse has an exaggerated response to these filaments this would be consistent with allodynia. The 0.6 g vF filament elicited a response on over 60% of occasions in the WT mouse, therefore it is considered painful and if the *ob/ob* mouse had an exaggerated response to this filament it would be consistent with hyperalgesia (Merskey & Bogduk, 1994). The 1 g vF filament elicited a withdrawal response on approximately 90% of occasions, therefore it is considered to be a clear test of mechanical nociceptive pain in the WT mouse. This method was adapted from work published in rats with neuropathic sensitisation (Meyer et al., 2011).

The *ob/ob* mice responded significantly more frequently than the WT mice to the 0.16 g, 0.4 g and 0.6 g filaments (WT 0.16 g = 30.9 ± 3.2%, n = 33; *ob/ob* 0.16 g = 41.8 ± 3.9%, *P* < 0.05; WT 0.4 g = 56.4 ± 3.7%; *ob/ob* 0.4 g = 68.8 ± 3.8%, *P* < 0.05; WT 0.6 g = 69.1 ± 3.5%; *ob/ob* 0.6 g = 85.2 ± 2.5%, *P* < 0.05; Figure 55). By contrast, there was no significant difference in the frequency of responses to the 1 g vF filament (WT = 84.8 ± 2.9%, n = 33; *ob/ob* = 92.7 ± 1.7%, n = 33 per group; Mann-Whitney Rank Sum test, *P* > 0.05). These results confirm the presence of
mechanical hypersensitivity in the *ob/ob* mouse, which is consistent with reports in the literature (Drel *et al.*, 2006; Latham *et al.*, 2009).

Figure 55 *Ob/ob* mice exhibit mechanical hypersensitivity in comparison to WT mice. Histogram illustrating that *ob/ob* mice exhibit mechanical hypersensitivity in comparison to WT mice. The mice were placed onto an elevated grid-platform and each vF filament (0.16 g – 1 g) was applied to the plantar surfaces of the left and right hind paws five times. The number of withdrawals out of a maximum of ten was recorded for a particular filament in each mouse. The *ob/ob* mice responded significantly more frequently than the WT mice to the 0.16 g, 0.4 g and 0.6 g filaments (WT 0.16 g = 30.9 ± 3.2%, *n* = 33; *ob/ob* 0.16 g = 41.8 ± 3.9%, *P* < 0.05; WT 0.4 g = 56.4 ± 3.7%; *ob/ob* 0.4 g = 68.8 ± 3.8%, *P* < 0.05; WT 0.6 g = 69.1 ± 3.5%; *ob/ob* 0.6 g = 85.2 ± 2.5%, *P* < 0.05). By contrast, there was no significant difference in the frequency of responses to the 1 g vF filament (WT = 84.8 ± 2.9%, *n* = 33; *ob/ob* = 92.7 ± 1.7%, *n* = 33 per group; Mann-Whitney Rank Sum test *P* > 0.05). These results confirm the presence of mechanical hypersensitivity in the *ob/ob* mouse.
6.7 Ganaxolone reduces mechanical hypersensitivity in ob/ob mice and reduces mechanical nociceptive pain in both WT and ob/ob mice.

β-CD vehicle alone or β-CD plus ganaxolone was administered via the intraperitoneal route. The same series of vF filaments were used as described for the comparison of mechanical sensitivity of WT and ob/ob mice (0.16 g, 0.4 g, 0.6 g and 1 g). After control recordings were obtained, the drug was injected and the assay was repeated one hour later.

The β-CD vehicle had no impact on the response to any of the vF filaments in WT mice (0.16 g pre β-CD = 36 ± 6%, 0.16 g post β-CD = 46 ± 5%, P > 0.05; 0.4 g pre = 70 ± 6%, 0.4 g post = 68 ± 7%, P > 0.05; 0.6 g pre = 77 ± 6%, 0.6 g post = 74 ± 6%, P > 0.05; 1 g pre = 90 ± 5%, 1 g post = 88 ± 6%, P > 0.05) or ob/ob mice (0.16 g pre β-CD = 43 ± 6%, 0.16 g post β-CD = 39 ± 5%, P > 0.05; 0.4 g pre = 63 ± 7%, 0.4 g post = 53 ± 5%, P > 0.05; 0.6 g pre = 83 ± 5%, 0.6 g post = 74 ± 5%, P > 0.05; 1 g pre = 89 ± 5%, 1 g post = 84 ± 4%, P > 0.05; Figure 56).

Ganaxolone (10 mg/kg) had no impact on the response to the 0.16 g, 0.4 g or 0.6 g vF filaments in the WT mouse (0.16 g pre ganax = 31 ± 6%, 0.16 g post ganax = 42 ± 6%, 0.4 g pre = 61 ± 6%, 0.4 g post = 57 ± 7%, 0.6 g pre = 79 ± 4%, 0.6 g post = 65 ± 6%, P > 0.05) but ganaxolone did reduce the response of WT mice to the 1.0 g vF filament (pre ganax = 94 ± 3%, post ganax = 82 ± 5%, n = 10 per group, Wilcoxon signed rank test (before & after), P < 0.05; Figure 57). These data suggest that ganaxolone is analgesic for mechanical nociceptive pain in WT mice. By definition, WT mice do not exhibit allodynia or hyperalgesia under normal conditions; therefore it is perhaps unsurprising that these drugs did not impact on the response to the smaller vF filaments.

Ganaxolone had no impact on the response rate to the 0.16 g vF filament in ob/ob mice (pre ganax = 42 ± 7%, post ganax = 38 ± 8%, P > 0.05). In contrast, ganaxolone reduced the response rate of ob/ob mice to the 0.4 g, 0.6 g and 1 g vF filaments (0.4 g pre ganax = 66 ± 7%, 0.4 g post ganax = 49 ± 6%, P < 0.05; 0.6 g pre = 82 ± 5%, 0.6 g post = 59 ± 7%, P < 0.05; 1 g pre = 92 ± 4%, 1 g post = 74 ± 8%, n = 10 per group, Wilcoxon signed rank test (before & after), P < 0.05; Figure 57).
Figure 56 Vehicle has no significant effect in ob/ob mice or WT mice.

(A & B) Histograms illustrating (for control purposes) that the β-CD vehicle had no impact on the response to any of the vF filaments in WT mice (0.16 g pre β-CD = 36 ± 6%, 0.16 g post β-CD = 46 ± 5%, P > 0.05; 0.4 g pre = 70 ± 6%, 0.4 g post = 68 ± 7%, P > 0.05; 0.6 g pre = 77 ± 6%, 0.6 g post = 74 ± 6%, P > 0.05; 1 g pre = 90 ± 5%, 1 g post = 88 ± 6%, P > 0.05) or ob/ob mice (0.16 g pre β-CD = 43 ± 6%, 0.16 g post β-CD = 39 ± 5%, P > 0.05; 0.4 g pre = 63 ± 7%, 0.4 g post = 53 ± 5%, P > 0.05; 0.6 g pre = 83 ± 5%, 0.6 g post = 74 ± 5%, P > 0.05; 1 g pre = 89 ± 5%, 1 g post = 84 ± 4%, P > 0.05).
Figure 57 Ganaxolone reduces mechanical hypersensitivity in ob/ob mice and reduces mechanical nociceptive pain in both WT and ob/ob mice.

(A) Histogram illustrating that ganaxolone had no impact on the response to the 0.16 g, 0.4 g or 0.6 g vF filaments in WT mice (0.16 g pre ganax = 31 ± 6%, 0.16 g post ganax = 42 ± 6%, 0.4 g pre = 61 ± 6%, 0.4 g post = 57 ± 7%, 0.6 g pre = 79 ± 4%, 0.6 g post = 65 ± 6%, P > 0.05) but ganaxolone did reduce the response of WT mice to the 1.0 g vF filament (pre ganax = 94 ± 3%, post ganax = 82 ± 5%, n = 10 per group, Wilcoxon signed rank test (before & after) P < 0.05). (B) Histogram illustrating that ganaxolone had no impact on the response to the 0.16 g vF filament the ob/ob mouse (pre-ganax = 42 ± 7%, post-ganax = 38 ± 8%, P > 0.05). In contrast, ganaxolone reduced the response of the ob/ob mouse to the 0.4 g, 0.6 g and 1 g vF filaments (0.4 g pre-ganax = 66 ± 7%, 0.4 g post-ganax = 49 ± 6%, P < 0.05; 0.6 g pre = 82 ± 5%, 0.6 g post = 59 ± 7%, P < 0.05; 1 g pre = 92 ± 4%, 1 g post = 74 ± 8%, n = 10 per group, Wilcoxon signed rank test (before & after) P < 0.05).
As described earlier, *ob/ob* mice have exaggerated baseline response rates to the 0.16 g, 0.4 g and 0.6 g vF filaments in comparison to WT mice (Figure 55). Therefore, *ob/ob* mice could be considered to have mechanical allodynia and mechanical hyperalgesia. Ganaxolone reduced the response rates of *ob/ob* mice to the 0.4 g vF filament, which is consistent with the idea that these neurosteroids may reduce mechanical allodynia. Ganaxolone also reduced the response rates of *ob/ob* mice to the 0.6 g vF filament, which is consistent with the idea that it reduces mechanical hyperalgesia. As described earlier, the 1.0 g vF filament induces a withdrawal response on ~85% of occasions in WT mice and ~93% in *ob/ob* mice (Figure 55) and may therefore be considered as an unambiguous test of mechanical nociceptive pain. Taken as a whole, these results show that ganaxolone was effective for mechanical nociceptive pain in both strains of mice.

As described in Chapters 4 and 5, DHP (the precursor for allopregnanolone) induced a dramatic prolongation of GABA<sub>A</sub>R mIPSC decay time in layer 2/3 cortical neurones of WT mice. Interestingly, DHP (in common with ganaxolone) had an exaggerated effect on cortical GABA<sub>A</sub>R mIPSCs of *ob/ob* mice compared to WT mice. Loss of GABA<sub>A</sub>R-mediated inhibition is associated with hypersensitivity (Munro *et al*., 2009; von Hehn *et al*., 2012; Yaksh, 1989; Zeilhofer, 2008), therefore DHP (which prolongs GABA<sub>A</sub>R mIPSCs) was also used to investigate mechanical nociception. DHP had no impact on the rates of response to any of the vF filaments in WT mice (0.16 g pre DHP = 37 ± 5%, 0.16 g post DHP = 44 ± 8%, *P* > 0.05; 0.4 g pre = 64 ± 6%, 0.4 g post = 55 ± 9%, *P* > 0.05; 0.6 g pre = 73 ± 6%, 0.6 g post = 67 ± 7%, *P* > 0.05; 1 g pre = 87 ± 4%, 1 g post = 69 ± 7%, *P* > 0.05; Figure 58). DHP had no impact on the response rate to the 0.16 g, 0.6 g and 1 g vF filaments in *ob/ob* mice (0.16 g pre DHP = 35 ± 7%, 0.16 g post DHP = 36 ± 7%, *P* > 0.05; 0.6 g pre = 76 ± 6%, 0.6 g post = 63 ± 7%, 1 g pre = 87 ± 4%, 1 g post = 78 ± 7%, *P* > 0.05), but DHP did reduce the response rates of *ob/ob* mice to the 0.4 g filament (pre DHP = 66 ± 8%, post DHP = 44 ± 8%, *P* < 0.05; Figure 58). This is consistent with DHP reducing mechanical allodynia, but having no effect on mechanical nociceptive pain.
Figure 58 DHP reduces mechanical alldonyia in ob/ob mice but has no significant effect in WT mice.

(A) Histogram illustrating that DHP (the precursor for allopregnanolone) had no impact on the response to any of the vF filaments in the WT mouse (0.16 g pre DHP = 37 ± 5%, 0.16 g post DHP = 44 ± 8%, P > 0.05; 0.4 g pre = 64 ± 6%, 0.4 g post = 55 ± 9%, P > 0.05; 0.6 g pre = 73 ± 6%, 0.6 g post = 67 ± 7%, P > 0.05; 1 g pre = 87 ± 4%, 1 g post = 69 ± 7%, P > 0.05). (B) Histogram illustrating that DHP had no impact on the response to the 0.16 g, 0.6 g and 1 g vF filaments in the ob/ob mouse (0.16 g pre DHP = 35 ± 7%, 0.16 g post DHP = 36 ± 7%, P > 0.05; 0.6 g pre = 76 ± 6%, 0.6 g post = 63 ± 7%, 1 g pre = 87 ± 4%, 1 g post = 78 ± 7%, P > 0.05), but DHP did reduce the response of the the ob/ob mouse to the 0.4 g filament (pre DHP = 66 ± 8%, post DHP = 44 ± 8%, P < 0.05). This is consistent with DHP reducing mechanical allodynia, but having no effect on mechanical nociceptive pain.
In summary, *ob/ob* mice exhibit thermal hypoalgesia, cold allodynia, mechanical allodynia, mechanical hyperalgesia and impaired balance and coordination. In WT mice, the neuroactive steroid ganaxolone is analgesic for thermal and mechanical nociceptive pain at 10 mg/kg but impairs rotarod performance at 30 mg/kg. In *ob/ob* mice, ganaxolone (10 mg/kg) is analgesic for mechanical nociceptive pain but, more interestingly, is also effective in reducing mechanical allodynia and mechanical hyperalgesia. In addition, DHP may also be effective for mechanical allodynia. These findings are consistent with the electrophysiological results described in previous chapters, which demonstrate that there is a reduced endogenous neurosteroid tone in mature *ob/ob* mice. Specifically, GABA<sub>A</sub>R mIPSCs from layer 2/3 cortical neurones of *ob/ob* mice have a greater response to neuroactive steroids such as ganaxolone than is observed in WT mice.
Chapter 7: Discussion
As discussed in sections 1.2.6 and 1.3.6 of the Introduction, GABA and the \( \text{GABA}_A \text{R} \) have important roles in neurodevelopment. GABA influences neuronal proliferation, migration, differentiation, synapse maturation and signalling during the maturation process (Ben Ari et al., 2007; Di Cristo, 2007; Owens & Kriegstein, 2002). The whole-cell voltage-clamp technique was used to study the changes to \( \text{GABA}_A \text{R} \)-mediated mIPSCs that occur during development in neurones from LII of the spinal cord, the nRT and Layer 2/3 of the cerebral cortex. These mIPSCs were mediated by \( \text{GABA}_A \text{Rs} \) and as such they were inhibited by the \( \text{GABA}_A \text{R} \) antagonist bicuculline.

### 7.1 The decay time of \( \text{GABA}_A \text{R} \) mIPSCs decreases with development at three levels of the pain pathway.

During development (P6-P60) there was a reduction of the mIPSC decay time in all three levels of the pain pathway, which was shown to be particularly dramatic within the first three weeks of life (see Figure 10). It is possible that the rate of development may be staggered with different regions reaching maturity at different ages as has been reported in the spinal cord (Inquimbert et al., 2008), but the data amassed was not extensive enough to make firm conclusions on this issue. In neurones from the nRT and layer 2/3 of the cerebral cortex the peak amplitude, rise time, charge transfer and frequency of \( \text{GABA}_A \text{R} \) mIPSCs were all shown to change with development as well.

In LII neurones of the spinal cord, the peak amplitude, rise time and frequency of \( \text{GABA}_A \text{R} \) mIPSCs did not alter significantly, but the charge transfer \( i.e. \) the area of the mIPSC, decreased with development. This parameter is influenced by peak amplitude and decay time, it is therefore unsurprising that it changed in parallel with changes in decay time. Subsequent electrophysiological work focused on the mature WT L2/3 cortical neurones to facilitate comparison with neurones from mice with neuropathy caused by type-2 diabetes mellitus (T2DM). Results from these experiments informed the behavioural studies that followed. The
behavioural work translated the electrophysiological findings into measurable anti-nociceptive effects in live mice. The mechanical hypersensitivity of ob/ob mice and the increased response to ganaxolone reflected my earlier electrophysiological findings.

The electrophysiological data were obtained specifically from neurones of the pain pathway and made under standardised conditions i.e. -60 mV and 35°C (see Figure 10; Brown, 2012; Mitchell et al., 2008; Peden et al., 2008). It is worth noting that the recordings were made at the near physiological temperature of 35°C, while recordings made by other authors are typically made at room temperature (~20 °C) and mIPSC decay time is highly sensitive to temperature (Collingridge et al., 1984). Interestingly, although recordings made at non-physiological room temperature by other authors may have different individual values for GABA<sub>A</sub> mIPSC decay time, they have also observed a relative reduction of decay time with development in multiple regions of the CNS (Brickley et al., 1996; Draguhn & Heinemann, 1996; Dunning et al., 1999; Keller et al., 2001; 2004; Rajalu et al., 2009; Schlichter et al., 2006; Tia et al., 1996). The reduced decay time may reflect the complex maturation process of neural networks and the greater precision of synaptic transmission and is thought to confer an enhancement of sensory perception, motor coordination and cognitive function (Ben Ari et al., 2007; Cohen et al., 2000; Takahashi, 2005). Changes in the subunit composition of GABA<sub>A</sub>Rs with development such as α1 subunit expression also account for a significant part of the shorter decay time of GABA<sub>A</sub>R-mediated synaptic events (Fritchy et al., 1994; Laurie et al., 1992; Okada et al., 2000; Vicini et al., 2001).

Indeed, the subunit composition of GABA<sub>A</sub>Rs influences their functional properties i.e. they may have a higher affinity for GABA and remain in the open configuration for a relatively longer duration, resulting in longer mIPSC decay times (Verdoorn, 1994). In dorsal horn neurones of the spinal cord, GABA<sub>A</sub>Rs with the α2 and α3 subunits are expressed most frequently, resulting in the characteristically long decay times of GABA<sub>A</sub>R mIPSCs (Bohlhalter et al., 1996; Knabl et al., 2008). Neurones of the nRT also express GABA<sub>A</sub>Rs containing α3 subunits primarily and subsequently these exhibit relatively long GABA<sub>A</sub>R mIPSC decay times (Bohlhalter et al., 1996; D'Hulst et al., 2009; Knabl et al., 2008; Peden et al., 2008; Sieghart &
Sperk, 2002). In contrast to the other two regions discussed above, the GABA\(_A\)Rs of layer 2/3 cortical neurones express the \(\alpha2\) and \(\alpha3\) subunits principally in early life, but during the maturation process the \(\alpha1\) subunit becomes predominant (Bosman et al., 2002; Fritschy et al., 1994). This is relevant because pharmacological agents that target the \(\alpha2\) and \(\alpha3\) subunits preferentially may be useful for treating pathological pain conditions related to a lack of physiological GABAergic inhibition (Knabl et al., 2008). Such pharmacological agents could avoid the undesirable anaesthetic and sedative effects of GABA\(_A\)R modulation by ‘sparing’ GABA\(_A\)Rs within the brain that express the \(\alpha1\) subunit that is involved in the mediation of these effects (Knabl et al., 2008; Sieghart & Sperk, 2002). Layer 2/3 cortical neurones that have GABA\(_A\)Rs containing the \(\alpha1\) subunit exhibit significantly shorter mIPSC decay times and the difference is clearly apparent in my recordings. Indeed, the decay time of P60-75 GABA\(_A\)R mIPSCs is approximately one third of that observed in P6-7 mIPSCs. However, it seems likely that the developmental changes observed at all three levels of the pain pathway may be influenced by multiple factors i.e. not just subunit composition (Keller et al., 2004; Peden et al., 2008). In regions of the CNS where the \(\alpha1\) subunit is not expressed, such as the dorsal horn of the spinal cord, a reduction in the decay time of GABA\(_A\)R mIPSCs is also observed (Keller et al., 2004). Moreover, mice that have been genetically modified to lack the gene responsible for the \(\alpha1\) subunit of the GABA\(_A\)R exhibit shorter mIPSC decay times with development (Bosman et al., 2002; Peden et al., 2008). A shorter decay time of GABA\(_A\)R mIPSCs with maturation is associated with a parallel decrease in the endogenous neurosteroid tone in the CNS (Keller et al., 2004; Grobin & Morrow, 2001; Mellon, 2001). In addition, neurosteroids are implicated in the proliferation, differentiation, survival and activation of neurones within the developing nervous system (Belelli & Lambert, 2005; Do Rego et al., 2009; Mellon, 2007; Mellon et al., 2001). Fluctuations in the endogenous neurosteroid tone of pain pathway neurones may therefore play a significant role in the observed reduction of GABA\(_A\)R mIPSC decay time (Keller et al., 2004).
7.2 Region specific properties of pain pathway neurones.

Neurosteroids were the focus of the thesis because they are known to modulate the GABA\(_A\)R and therefore potentially enhance neural inhibitory tone, which may be altered in pathological states such as type-1 diabetes mellitus (T1DM; Chen & Pan, 2002). Reduced inhibitory tone is associated with hypersensitivity to pain and neurosteroids may have analgesic effects in inflammatory pain (Chen & Pan, 2002; Poisbeau et al., 2005). Pharmacological blockade of either the GABA\(_A\)R, or the GlyR, results in hyper-excitability of dorsal horn neurones, which is associated with neuropathic pain symptoms (Charlet et al., 2008; Yaksh, 1989). The LII neurones of the dorsal horn of the spinal cord receive fast synaptic inhibition mediated by GlyRs and GABA\(_A\)Rs (Chery & De Koninck, 1999; Keller et al., 2001). The organisation of LII is complex, but there are thought to be four main cell-types, including: islet, vertical, radial and central cells (Yasaka et al., 2010). The four different cell types within LII enable this layer to have a critical role in the transmission, integration and modulation of nociceptive signals within the dorsal horn (Poisbeau et al., 2005). However, the heterogeneity of cell types and therefore also the synaptic connections was reflected in the decay time of GABA\(_A\)R mIPSCs of LII neurones. This meant that while there was a clear reduction of the decay time of GABA\(_A\)R mIPSCs of LII neurones with development, there could also be considerable difference in mIPSC decay time between two neurones from the same slice of spinal tissue and also within an individual neurone. The relatively wide variation in decay time of LII GABA\(_A\)R mIPSCs was consistent with the literature (Mitchell et al., 2007) but made it very challenging to assess the effects of pharmacological agents on decay time. In contrast, nRT neurones are more uniform and exhibit relatively homogenous GABA\(_A\)R mIPSCs with higher frequency than LII neurones. These properties facilitate the use of pharmacological manipulation in order to assess GABA\(_A\)R function with greater precision. For this reason, the initial recordings with \(\gamma\)-CD to investigate the neurosteroid tone were performed in nRT neurones in order to establish the optimum method of administration and to characterise its effects at different stages of development. However, it is not practical to make recordings from the nRT neurones of mice.
over the age of P25 due to the high density of axonal projections that obscures visualisation of individual neurones (Cox et al., 1997; Pinault & Deschenes, 1998). Therefore, the nRT was an unsuitable region to study the impact of T2DM in the ob/ob mouse, which manifests diabetic neuropathy by the age of ~P60 (Drel et al., 2006; Latham et al., 2009). Layer 2/3 neurones of the cerebral cortex are involved in the pain pathway, exhibit relatively homogenous GABA\(_A\)R mlIPSCs at high frequency and do not have dense axonal projections. Therefore, cortical neurones provided an opportunity to study GABA\(_A\)R mlIPSCs of mature WT and diabetic mice and also facilitated the effect of neurosteroid compounds to be studied. However, while cortical neurones were used for the later electrophysiological experiments, the effects of neurosteroids were studied at all three levels of the pain pathway.

7.3 GABA\(_A\)Rs from pain pathway neurones are sensitive to modulation by neurosteroids.

The neurosteroid allopregnanolone and the closely related synthetic analogue ganaxolone have proven efficacy in enhancing the function of synaptic GABA\(_A\)Rs in the murine dentate gyrus, ventrobasal thalamus, cerebral cortex and the rat spinal cord (Belelli & Herd 2003; Brown, 2012; Hosie et al., 2006; Mitchell et al., 2007). Importantly, in LII spinal neurones, acutely applied allopregnanolone exerted a significantly greater prolongation of GABA\(_A\)R mlIPSC decay time at P17-25 than at P8-11. This is consistent with the hypothesis that the neurosteroid tone of LII neurones decreases with development, although an altered neurosteroid-sensitivity of the synaptic GABA\(_A\)Rs cannot be excluded. P17-25 neurones of the nRT were sensitive to the modulatory effect of ganaxolone, which induced an increase in GABA\(_A\)R mlIPSC decay time. However, the effect was significantly less than allopregnanolone had in LII spinal neurones of the same developmental age. Both allopregnanolone and ganaxolone were applied acutely to adult layer 2/3 neurones of the cerebral cortex to confirm that the GABA\(_A\)R mlIPSCs of these neurones were sensitive to these neurosteroid agents. At a concentration of 1 μM both compounds increased the decay time of cortical GABA\(_A\)R mlIPSCs by a
similarly modest amount, as did ganaxolone (3 μM). This raised the question of whether the synaptic GABA\textsubscript{A}Rs were in conditions of saturation, or (more likely) whether slice tissue penetration was a major rate-limiting factor. Nevertheless, neurones from all three levels of the pain pathway express GABA\textsubscript{A}Rs that are sensitive to the effect of neurosteroids.

In order to explore the role that an endogenous neurosteroid tone may have in modulating the GABA\textsubscript{A}Rs of pain pathway neurones, experiments were performed with γ-CD (a barrel-shaped cyclic oligomer of glucose). γ-CD does not modulate the GABA\textsubscript{A}R directly, but is able to scavenge lipophilic agents such as neurosteroids and thus prevent them from exerting their effects on the membrane-bound GABA\textsubscript{A}Rs (Shu et al., 2004, 2007). Keller et al., (2004) proposed that there is a relatively high neurosteroid tone early in development that is significantly diminished with maturation. This hypothesis has been confirmed in VB neurones of the thalamus where γ-CD reduced the decay time of GABA\textsubscript{A}R mIPSCs at P7-8, but not at P10 or P20-24 (Brown, 2012). In order to confirm the optimal method of administration of γ-CD, I made recordings from P6-7 nRT neurones using three methods of application. 1) γ-CD was presented intracellularly within the recording electrode, 2) γ-CD was applied via the extracellular solution, or 3) γ-CD was included in the pipette, in the extracellular recording solution and in the incubation chamber containing the brain slice preparation prior to recording (i.e. 2 hours of preincubation). The intracellular application of γ-CD significantly decreased exponential decay time of synaptic GABAergic events in P6-7 nRT neurones. However, when γ-CD was only present in the extracellular solution for at least 5 minutes, the mIPSC decay (\(\tau_W\)) was not decreased significantly. Furthermore, when γ-CD was present intracellularly, extracellularly and within the pre-incubation chamber it exerted no more effect than when it was only present intracellularly. This finding was consistent with what has been observed in neurones of the ventrobasal thalamus, which have a reciprocal synaptic arrangement with nRT neurones (see Introduction: section 1.1.7; Brown, 2012).

Subsequent to the experiments at P6-7, recordings were made from nRT neurones aged P9-10 and P17-25. In contrast to the significant effect of pipette-applied γ-CD nRT GABA\textsubscript{A}R mIPSCs on at P6-7, γ-CD had no effect at P9-10 and P17-25. This
finding is also consistent with data for neurones of the ventrobasal thalamus at similar stages of development (Brown, 2012). Taking this into consideration, the findings in the nRT neurones are consistent with the hypothesis that there is a relatively high neurosteroid tone early in development that is significantly diminished with maturation (Keller et al., 2004).

In parallel with the γ-CD experiments in the nRT and ventrobasal thalamus, the effect of γ-CD has also been investigated in layer 2/3 neurones of the cerebral cortex (Brown, 2012). Previous investigations have revealed that there is also an endogenous neurosteroid tone early in development (P7-P15) that is lost by ~P20 (Brown, 2012). I made recordings with γ-CD at P9-10 and P60-75 to confirm these results. Interestingly, I obtained very similar results at P9-10, but at the much later stage of P60-75 I discovered that a modest endogenous neurosteroid tone appeared to have re-emerged as revealed by the impact of γ-CD at this stage. The change at P60-75 was unexpected and indicates that the loss of neurosteroid tone at P20 may only be a temporary developmental phenomenon. This finding raises the possibility that an endogenous neurosteroid tone may play an active role in the maintenance of GABAergic physiological neural inhibition in adult animals as γ-CD does not influence the GABA\_AR directly (Shu et al., 2004, 2007) and will be discussed further below.

7.4 The role of neurosteroids on mature layer 2/3 neurones from the cerebral cortex of WT mice.

My data confirming that there is a neurosteroid tone present in pain pathway neurones is important because the loss of GABAergic spinal descending inhibitory tone is associated with neuropathic hypersensitivity (Munro et al., 2009; von Hehn et al., 2012; Yaksh, 1989; Zeilhofer, 2008). Consequently, progesterone-derived neurosteroid compounds have been investigated as possible analgesic agents for inflammatory, nociceptive and neuropathic pain (Asiedu et al., 2012; Meyer et al., 2010; 2011; Poisbeau et al., 2005). Although there are numerous causes of
neuropathic pain, T2DM is one of the most common worldwide and therefore of specific societal relevance (Davies et al., 2006; Edwards et al., 2008; Kaplan, 2006). Mouse models for T2DM such as the ob/ob and db/db mice have been characterised and established as being reliable and spontaneous exhibitors of neuropathy by the age of P60-75, which facilitated their use in my project (Drel et al., 2006, Latham et al., 2009; Sullivan et al., 2006). However, before performing experiments on mice with T2DM, it was necessary to explore the effects of neurosteroids on inhibitory synapses of L2/3 cortical neurones of WT control mice, (refer to Figure 3 for details of the neurosteroid synthesis pathway). Subsequently my work focused solely on L2/3 neurones of the cerebral cortex in order to explore whether these neurones are sensitive to neurosteroids and whether they have the enzymes necessary for endogenous synthesis.

Allopregnanolone and its synthetic analogue ganaxolone exerted a similarly modest prolongation of the decay time of GABA$_A$R mIPSCs in mature WT L2/3 cortical neurones when applied acutely via the extracellular bath. In addition, a three-fold increase in the concentration of acutely applied ganaxolone made no difference to the magnitude of this effect. These results may suggest that such steroids have a limited efficacy at these inhibitory synapses of mature cortical neurons, or alternatively the results are consistent with the concept that drug penetration of the brain slice tissue may be a significant effect-limiting factor (Benkwitz et al., 2007; Gredell et al., 2004). In contrast to the relatively modest prolongation of GABA$_A$R mIPSCs by acute allopregnanolone described above, a two-hour pre-incubation of the brain slice with allopregnanolone produced a large increase in the decay time of cortical GABA$_A$R mIPSCs in a concentration-dependant manner.

Acute ganaxolone also had a similar modulatory effect on GABA$_A$R mIPSCs as allopregnanolone. In common with allopregnanolone, pre-incubation greatly increased the effect of ganaxolone on mIPSC duration, although it was still not as potent in this respect as allopregnanolone. The lower potency of ganaxolone is broadly consistent with previous work in rat brain cortical membranes, which indicated that allopregnanolone was 1.6-fold more potent than ganaxolone in that setting (Carter et al., 1997). Ganaxolone is a synthetic neuroactive steroid with a
very similar structure to allopregnanolone except for the addition of a methyl group at the 3 position of the steroid A-ring. The methyl group, protects the critical 3α-hydroxyl group from metabolism to DHP (Carter et al., 1997). The apparent metabolic stability makes it more effective than allopregnanolone in dentate gyrus neurones, which express the enzyme 3α-HSD (Belelli & Herd, 2003) and enhances its therapeutic potential as it has a long half-life (~20 hours; Luszczki, 2009; Monaghan et al., 1997; Nohria & Giller, 2007). In humans, ganaxolone is metabolised by the hepatic cytochrome enzyme CYP3A4 to 16-OH-GNX and undergoes renal and alimentary elimination (Luszczki, 2009; Nohria & Giller, 2007).

The large difference in the effect of acute application and two-hour incubation of allopregnanolone and ganaxolone is consistent with the slow brain slice penetration time observed with the lipophilic anaesthetics etomidate and propofol (Benkwitz et al., 2007; Gredell et al., 2004). However, the difference in the efficacy between allopregnanolone and ganaxolone incubation treatments raises the question of why the apparently more metabolically stable compound is less effective. The next section considers the effect of the intracellular application of these drugs via the recording pipette, which overcomes the issue of brain slice penetration, while minimising the potential for metabolism to occur. This method also explores the potential for autocrine modulation of the GABA<sub>A</sub>R by neurosteroid compounds.

Pipette-applied allopregnanolone has previously been investigated in hippocampal neurones without evidence of efficacy. However, the authors had only used nanomolar concentrations of the steroid (Park et al., 2011). In contrast, Akk et al., (2005) were able to confirm that the pipette is a viable method of drug application using the synthetic neuroactive steroid (3α5α,17β)-3-hydroxyandrostane-17-carbonitrile in HEK293 cells. This steroid is membrane-impermeable and was able to modulate the GABA<sub>A</sub>R when administered intracellularly. In keeping with the results from Akk et al., (2005), pipette-applied allopregnanolone and ganaxolone induced significant increases in the GABA<sub>A</sub>R-mediated mIPSC decay time of L2/3 cortical neurones. Interestingly, intracellular allopregnanolone induced a greater prolongation of GABA<sub>A</sub>R mIPSC decay time than ganaxolone. Collectively, these
results are consistent with the proposal that allopregnanolone has a greater potency for cortical GABA$_A$Rs than ganaxolone and/or that ganaxolone is converted to allopregnanolone. The effectiveness of intracellular neuroactive steroid administration is also consistent with the reduction of GABA$_A$R mIPSC decay time observed in the presence of intracellular γ-CD. Hence, GABA$_A$Rs may be subject to physiological autocrine modulation by endogenous neurosteroids (Akk et al., 2005; Chisari et al., 2009).

7.5 Intracellularly applied γ-CD reduces the decay time of GABA$_A$R mIPSCs of layer 2/3 cortical neurones in mature WT mice.

In the first Results section, γ-CD was used to reveal the presence of endogenous neurosteroids at different stages of development and at different levels of the pain pathway. The results were consistent with the presence of a relatively high neurosteroid tone in early life that diminishes during development, but reappears in mature cortical neurons, suggesting a physiological role. For example, in inflammatory pain neurosteroid levels may be up-regulated in spinal cord neurones in order to mediate an endogenous analgesic effect (Poisbeau et al., 2005). The CDs were used to investigate the apparent neurosteroid tone in mature L2/3 cortical neurones based on previous experience with these compounds. In order to address the issue that γ-CD itself may be affecting GABA$_A$R function directly, recordings with α-CD and β-CD were made in L2/3 cortical neurones of mature WT mice. The three principle types of CD are the α-CD hexamer, the β-CD heptamer and the γ-CD octomer and they have internal diameters of 5.2 nm, 6.4 nm and 8.3 nm respectively (Cooper et al., 2005; Davis & Brewster, 2004; Ohtani et al., 1989; see section 1.3.3 of the Introduction for more details). My recordings confirmed that the smaller α-CD and β-CD had no impact on GABA$_A$R mIPSCs. This suggests that the size and structure of the CD ring may be critical to its ability to sequester lipophilic compounds such as neurosteroids efficiently and also that γ-CD may not exert a significant direct effect on cortical GABA$_A$Rs or the lipid membrane itself, which is consistent with the findings of Shu et al., (2007).
The apparent removal of neurosteroid tone observed with γ-CD is consistent with the literature (Brown, 2012; Shu et al., 2004; 2007) as was the lack of effect of α-CD (Brown, 2012; Shu et al., 2004). The lack of effect of β-CD on the GABA_AR is consistent with data published by Shu et al. (2004). However, it conflicts with conclusions reached by Pytel et al. (2006), that β-CD decreased the desensitisation kinetics of the GABA_AR to GABA by direct modulation of the receptor itself within outside-out patches of cultured hippocampal neurones. The mechanism for this direct modulation was uncertain and the findings of Pytel et al. (2006) have yet to be replicated. Separately, incubation with ADVASEP-7 (a different isomer of β-CD) was shown to be able to prevent allopregnanolone from augmenting the effect of ethanol incubation in hippocampal neurones within brain slices (Murayama et al., 2006).

The three types of CD discussed above may be relatively non-specific scavengers of lipophilic compounds, which raises the possibility that they could remove other endogenous GABA_AR-modulatory compounds. For instance, γ-CD is able to sequester Δ9-tetrahydrocannabinol, but is less effective than both α-CD and β-CD, which are used as vehicles to sequester cannabinoids and deliver them in patients with eye disorders such as glaucoma (Hippalgaonkar et al., 2011; Kearse & Green, 2000; Loftsson & Brewster, 2011; Mannila et al., 2005). In my experiments, pipette-applied α-CD and β-CD had no effect on cortical GABA_AR mIPSC decay time, while γ-CD induced a significant effect. Unpublished data by a former laboratory colleague found that in HEK cells, γ-CD was unable to sequester cannabinoids effectively (Holmgren, Unpublished). Thus the possibility that the γ-CD effect in my experiments is related to the sequestration of endocannabinoids is unlikely. In addition, while γ-CD is able to sequester allopregnanolone, it is not able to sequester the benzodiazepine lorazepam (Shu et al., 2004), making the involvement of any theoretical endogenous benodiazepines also unlikely.

If γ-CD is able to sequester endogenous neurosteroids, then it should also be able to do likewise for exogenously applied neurosteroids. Following brain slice incubation with ganaxolone, or DHP, pipette-applied γ-CD reduced but did not eliminate the effects of the neuroactive steroid, or the neurosteroid precursor. These findings are consistent with the idea that γ-CD is indeed able to sequester
neuroactive steroids in this setting, but that γ-CD may become saturated (Loftsson & Brewster, 1996) and therefore surplus neurosteroid would be able to modulate the GABA_ARs (Shu et al., 2004). These findings are also consistent with reports in the literature of γ-CD being able to reverse the effect of allopregnanolone on GABA_ARs of Xenopus laevis oocytes (Shu et al., 2004; 2007). In addition, using cultured hippocampal neurones, Shu et al., (2007) found that the intracellular accumulation of the fluorescently-tagged analogue of allopregnanolone, C11-NBD-3α5α could be reduced by the application of γ-CD. The effect of γ-CD was thought to be due to the sequestration of C11-NBD-3α5α from the neuronal membrane. Shu et al., (2007) also reported that γ-CD sequestered other neuroactive steroids such as alphaxolone, pregnane sulphate and 3α5β-THDOC in cultured hippocampal neurones.

7.6 Can mature layer 2/3 cortical neurones synthesise neurosteroids?

My previous experiments have demonstrated that L2/3 cortical GABA_ARs are sensitive to neurosteroids and that there appears to be an endogenous neurosteroid tone. The next part of my study explored the neurosteroid synthesis pathway (Figure 3) in order to test whether L2/3 cortical neurones are able to manufacture progesterone-derived neurosteroids. Two hours of incubation with the neurosteroid precursor progesterone produced a modest prolongation of cortical GABA_AR mIPSC decay time in WT mice that was not concentration-dependent from 1 μM - 50 μM. These data indicate that L2/3 cortical neurones are able to synthesise GABA_AR-modulatory neurosteroids when their precursor is administered by brain slice incubation, suggesting that enzymatic function (5α-R and 3α-HSD) is intact. This is consistent with a previous report in spinal dorsal horn neurones from rats (Inquimbert et al., 2008), in which the authors found that incubation of spinal cord slice tissue with progesterone prolonged the decay time of GABA_AR mIPSCs. Interestingly, the authors also demonstrated that co-incubation with the 5α-R inhibitor finasteride prevented the effect of progesterone on GABA_AR mIPSCs but had no impact when administered alone (Inquimbert et al.,
Finasteride pre-treatment is also known to be able to prevent the conversion of progesterone into its active neurosteroid metabolites in the hippocampal CA1 neurones of mature mice (Sanna et al., 2004). Inhibition of 5\(\alpha\)-R activity also reduces the duration of synaptic GABAergic events in immature neurones of LII of the spinal cord, the ventrobasal thalamus and of the cerebral cortex (Brown, 2012; Inquimbert et al., 2007; Keller et al., 2004; Puia et al., 2003). However, finasteride was ineffective in LII neurones of rats aged > P30 (Keller et al., 2004) and separately in LII neurones aged > P21 (Inquimbert et al., 2008). These reports are consistent with the hypothesis that there is a high endogenous neurosteroid tone in immature animals that has a significant modulatory effect on the GABA\(_A\)R (Inquimbert et al., 2008; Keller et al., 2004). Consistent with these reports, in my experiments, finasteride had no effect on GABA\(_A\)R mIPSCs, but was able to block the effect of progesterone. However, the lack of effect of finasteride on GABA\(_A\)R mIPSCs contrasts to the significant effect of \(\gamma\)-CD described earlier. This difference may be accounted for as follows: \(\gamma\)-CD was pipette-applied directly into the intracellular compartment of the neurone and could thus exert an immediate scavenging effect. Finasteride is able to prevent the conversion of progesterone to more active metabolites, but it would not be able to remove the active neurosteroids that were already present. Further experiments with much longer finasteride incubations could attempt to investigate this matter but it would be challenging to keep the brain tissue from mature animals viable for such a long duration (i.e. 6-12 hours). Poisbeau et al., (2005) reported that spinal cord slice incubation with finasteride for more than six hours had no impact on the decay time of GABA\(_A\)R mIPSCs in LII neurones of rats aged >P30. However, they also found that it took at least five hours of incubation with finasteride to inhibit the prolongation of GABA\(_A\)R mIPSCs associated with carrageenan (seaweed) - induced peripheral inflammation (Poisbeau et al., 2005). Alternatively, finasteride could be injected systemically into live mice at specific times before performing electrophysiological work on their brain tissue to confirm the presence of the endogenous neurosteroid tone by another method. Indeed, Puia et al., (2003) found that a single in vivo intraperitoneal injection of the 5\(\alpha\)-R inhibitor SKF105111 caused a rapid decrease in the duration of synaptic GABAergic events that lasted more than five hours in the cortical neurones of mice. Intraperitoneal
application of SKF105111 was significantly more effective and occurred sooner than was observed with brain slice incubation treatment (Puia et al., 2003).

The progesterone metabolite DHP is the direct precursor of allopregnanolone, but does not modulate the GABA$_A$R directly (Belelli & Herd, 2003; Brown, 2012). In keeping with this fact, I found that when DHP was applied acutely either via the extracellular bath or via the pipette it had no effect on cortical GABA$_A$R mIPSCs. In contrast, two-hours of incubation with DHP produced a significant, concentration-dependent prolongation of L2/3 cortical GABA$_A$R-mediated mIPSC decay time in WT mice suggesting that 3α-HSD function is both required and also preserved in this setting (Belelli & Lambert, 2005; Mellon et al., 2001; Schumacher et al., 2012; Stoffel-Wagner, 2003). A former laboratory colleague discovered previously that DHP reached its peak effect after two hours, at which time there was a plateau in the modulation of GABA$_A$R mIPSCs in neurones of the ventrobasal thalamus (Brown, 2012). In addition, the effect of DHP incubation treatment could be reduced by pipette-applied γ-CD in a similar fashion to that of ganaxolone incubation treatment, consistent with the idea that DHP is metabolised to GABA$_A$R modulatory neurosteroid metabolites.

To further investigate the concept of DHP as a precursor, I investigated the effect of inhibitors of 3-αHSD, including provera and indometacin. Provera inhibits 3α-HSD and therefore prevents the conversion of DHP to allopregnanolone (Belelli & Lambert, 2005; Sunde et al., 1982). As described in section 1.3.3 of the Introduction, 3α-HSD can also catalyse the reverse reaction of allopregnanolone to DHP, thus inhibition of this enzyme enhances the effect of exogenously applied allopregnanolone in dentate gyrus neurones of rats (Belelli & Herd, 2003). Interestingly, in such dentate gyrus neurones, the synthetic neurosteroid ganaxolone had a greater effect on GABAergic synaptic events than allopregnanolone, which could be inactivated by 3α-HSD (Belelli & Herd, 2003). In my studies, provera inhibited the effect of DHP but not ganaxolone, which was consistent with reports in the literature and also the idea that inhibition of 3α-HSD has no direct effect on the GABA$_A$R in itself (Belelli & Herd, 2003).
Indometacin has an entirely different molecular structure to provera, but it is also an effective inhibitor of the enzyme 3α-HSD (Askonas et al., 1991; Belelli & Herd, 2003; Belelli & Lambert, 2005; Duax et al., 1978; Hori et al., 2006; Inquimbert et al., 2008; Sunde et al., 1982). Indometacin prevented the effect of DHP on GABA_A Rs mIPSCs, which was consistent with the effect of provera. However, indometacin also inhibited the effect of ganaxolone incubation treatment on GABA_A Rs mIPSC duration. These results were unexpected, given that ganaxolone is a closely related synthetic structural analogue of allopregnanolone and interacts directly with the GABA_A Rs to enhance function (Belelli & Herd, 2003; Belelli & Lambert, 2005; Carter et al., 1997). One possible explanation for these findings would be that indometacin, although having no effect on GABA_A R function per se competes for the GABA_A R binding site with ganaxolone, but not allopregnanolone, although given their structural similarity this appears unlikely. Another possible explanation is that ganaxolone could be a precursor for allopregnanolone and indometacin is preventing the enzymatic demethylation of ganaxolone.

In order to investigate if indometacin had a direct modulatory effect on the cortical GABA_A Rs, recordings were made in WT mice after at least two hours of incubation with the drug. Indometacin had no effect on the GABA_A R mIPSC decay time of cortical neurones from either WT or diabetic mice. This contrasts to the modest modulatory effect of provera in WT cortical neurones (see Section 4.12) and also to the previous report of the ability of indometacin (and provera) to prolong the GABA_A R mIPSC decay time of dentate gyrus neurones by inhibiting the inactivation of allopregnanolone (Belelli & Herd, 2003). However in other experiments by the same authors, neither indometacin nor provera prolonged the decay time of GABA_A R mIPSCs of hippocampal CA1 pyramidal neurones (Belelli & Herd, 2003). Indeed, the differential impact of neurosteroids may be related to neurone-specific differences in local steroid metabolism (Belelli & Herd, 2003). My studies also included recordings where indometacin was applied intracellularly via the recording pipette. Indometacin had no effect on cortical GABA_A R mIPSCs of L2/3 cortical neurones and when it was co-applied with ganaxolone in the pipette it did not alter the impact of ganaxolone. These findings are inconsistent with the idea
that indometacin could be preventing the effect of ganaxolone incubation treatment by competing for the GABA\(_A\)R with ganaxolone.

Interestingly, in humans, indometacin itself is metabolised by hepatic demethylation to inactive metabolites principally by the enzyme CYP2C9, a subtype of the cytochrome P450 family of enzymes (Nakajima et al., 1998). The expression of the CYP2C subfamily of enzymes is variable between mammalian species, but it is expressed in several regions including the CNS of humans and rodents and notably, the cerebral cortex (Gervasini et al., 2001; McFadyen et al., 1998; Miksys & Tyndale, 2002; Oyama et al., 2004). The CYP2C subfamily of enzymes is known to metabolise neurosteroids (McFadyen et al., 1998; Miksys & Tyndale, 2002) and cholesterol is metabolised to pregnenolone by the enzyme CYP450scc (Miksys & Tyndale, 2002; Schumacher et al., 2012). Therefore, it is theoretically possible that indometacin could compete with ganaxolone for the demethylating effects of the CYP2C9 enzyme. This would explain why ganaxolone incubation treatment is less effective than allopregnanolone and inhibited by indometacin but not provera (in contrast to DHP which is inhibited by both drugs). It would also explain why pipette-applied ganaxolone is less effective than allopregnanolone and is not inhibited by indometacin in the pipette. The putative demethylation of ganaxolone within the cortical neurones could be investigated in future experiments using inhibitors and inducers of the CYP2C9 enzyme such as valproic acid and rifampicin respectively (Chen et al., 2004; Chen & Goldstein, 2009; Wen et al., 2001).

My experiments using neurosteroid precursors and enzyme inhibitors indicate that enzymatic function (5α-R and 3α-HSD) and therefore neurosteroidogensis is preserved in mature L2/3 cortical neurones. The effect of neurosteroids on GABA\(_A\)R mIPSCs after two-hour incubation is as follows: allopregnanolone > ganaxolone > DHP > progesterone. The differences in effect on GABA\(_A\)R mIPSCs decay times is considerable and is consistent with the concept of sequential rate-limiting enzymatic steps between progesterone and allopregnanolone (Mellon et al., 2001; Rupprecht et al., 2010; Schumacher et al., 2012; Stoffel-Wagner, 2003). It could be of physiological benefit for neurones to possess a reservoir of inactive precursors that could be converted to modulate the GABA\(_A\)R only when required.
In this way, GABA$_\alpha$R function could be fine-tuned up or down, rapidly and reversibly in an autocrine manner.

Indeed, $\gamma$-CD (but not $\alpha$-CD or $\beta$-CD) is able to sequester neurosteroids when applied intracellularly and is in fact most effective when applied *via* this route (rather than extracellular bath application). In addition, the neuroactive steroids allopregnanolone and ganaxolone (but not DHP) are able to modulate GABA$_\alpha$R function when applied intracellularly. These findings do not prove that neurosteroids may act in an autocrine manner in cortical neurones, but that is the most likely explanation and is consistent with data published previously by Akk *et al.*, (2005) using a membrane-impermeable steroid. Experiments with isolated neurones in culture could also explore this issue further in order to determine conclusively whether autocrine modulation is occurring. These could involve making electrophysiological recordings before the application of the lowest concentration of $\gamma$-CD required to remove the endogenous neurosteroid tone, then continuing to record for prolonged periods of time to allow for *de novo* neurosteroidogenesis. Additionally, precursors and inhibitors could also be employed in these isolated neurones in a similar fashion to my experiments in brain slice tissue.

### 7.7 The role of neurosteroids on mature layer 2/3 neurones from the cerebral cortex of *ob/ob* and *db/db* mice.

As yet, there are no published reports of the electrophysiological characterisation of synaptic GABA$_\alpha$R function for T2DM. It was therefore unknown whether neurosteroid tone would be altered in mice with diabetic neuropathy. In inflammatory pain, neurosteroidogenesis is up-regulated to mediate a form of endogenous analgesia by enhancing GABAergic neural inhibition (Poisbeau *et al.*, 2005). The *ob/ob* model of T2DM is particularly useful for the study of neuropathic pain because it develops a more clinically relevant form of diabetes than other models (Cefalu, 2006; Drel *et al.*, 2006; Latham *et al.*, 2009; Lindstrom, 2009;
Neubauer and Kulkarni, 2006; Sullivan et al., 2007). However, it should be noted that no animal model of diabetes fully replicates the human phenotype. *ob/ob* mice are deficient of the hormone leptin and it was considered that leptin itself may modulate GABA<sub>A</sub>R function (Solovyova et al., 2009). Therefore, in order to exclude leptin as a potential cause of any changes observed, recordings were made in a second mouse model of T2DM, the *db/db* mouse. As described in the introduction section, the *db/db* mouse is able to synthesise leptin but lacks the leptin receptor. As a result, the *db/db* mouse develops super-morbid obesity, but has a more dramatic diabetic phenotype than the *ob/ob* and also manifests a more severe form of neuropathy at the same age (Bates et al., 2005; Cefalu, 06; Neubauer & Kulkarni, 2006).

I discovered that the GABA<sub>A</sub>R mIPSCs from both *ob/ob* and *db/db* mice had significantly shorter decay times than the three WT strains. There are numerous possible reasons for this finding including changes to the sensitivity of the GABA<sub>A</sub>R itself or changes in the levels of endogenous modulators such as neurosteroids. In view of the fact that the same changes were present in both models of T2DM it appears that leptin is unlikely to be involved. The *ob/ob* and *db/db* mice have entirely different mutations, which suggest it is also unlikely that there is a unifying intrinsic genetic modification of the GABA<sub>A</sub>R itself such as an alteration in subunit composition (Chen et al., 1996; Chung et al., 1996; Zhang et al., 1994). A decrease in the sensitivity of the GABA<sub>A</sub>R to allosteric modulators such as neurosteroids is a possible explanation for the shorter GABA<sub>A</sub>R mIPSC decay times. However, reduced GABA<sub>A</sub>R sensitivity is inconsistent with the exaggerated effect of ganaxolone and DHP in *ob/ob* cortical neurones and the similar effect of allopregnanolone in both WT and diabetic cortical neurones. A possible explanation may be that in *ob/ob* and *db/db* mice there is a reduction in the endogenous neurosteroid tone, which is caused by a common pathological insult associated with T2DM. A reduced neurosteroid tone could result in diminished GABAergic inhibition and subsequently a hypersensitive phenotype as explored in the behavioural experiments. It is possible that other endogenous compounds that modulate the GABA<sub>A</sub>R such as cannabinoids or the theoretical endozepines may be
affected by a common mechanism in T2DM; however the selective effects of γ-CD (in comparison to the lack of effect with α-CD and β-CD) make this less likely.

There are also reports in the literature that relatively minor genetic differences between mouse colonies could have significant functional impacts in neurodegenerative conditions (Chandra et al., 2005; LaCroix-Fralish et al., 2009; Wijnvoord et al., 2010). The initial control recordings were carried out in WT mice (Charles River UK Ltd), however, the ob/ob and db/db mice are only available in the UK from a single source (Harlan Laboratories, UK) and the background strains are different for each type of mouse. The three strains are: C57/BL6, B6.V-Lep+/OlaHsd and BKS.Cg-Dock7m+/Dock7m+/OlaHsd respectively. To control for potential differences in strains, recordings were made from the lean WT littermates of both models of T2DM, and there were no differences between the three WT strains.

My experiments with γ-CD indicate the presence of a relatively high neurosteroid tone in early life that diminishes during development, but reappears in mature L2/3 cortical neurones. Recordings were made with γ-CD in ob/ob and the db/db mice and in the three representative WT strains to explore the putative endogenous neurosteroid tone. Interestingly, γ-CD (but not α-CD and β-CD) reduced the GABA\(_A\)R mIPSC decay time to similar baseline values for all five lines of mice. These findings are consistent with the hypothesis that mature WT mice possess an endogenous neurosteroid tone that is reduced in ob/ob and the db/db mice, but that underlying GABA\(_A\)R function and sensitivity are otherwise unchanged in cortical neurones from diabetic mice. Thus, in neuropathic pain associated with diabetes neurosteroid levels may be reduced, which contrasts to inflammatory pain, where neurosteroid levels may be up-regulated in order to mediate an endogenous analgesic effect (Poisbeau et al., 2005). This is important because ob/ob mice exhibit hypersensitivity to mechanical stimuli and loss of neuronal inhibition may also be associated with hypersensitivity (Eto et al., 2011).
7.8 The effect of neurosteroids on the decay time of GABA\textsubscript{A}R mIPSCs from mature layer 2/3 cortical neurones of ob/ob mice.

Interestingly, despite the shorter baseline decay time of GABA\textsubscript{A}R mIPSCs from layer 2/3 cortical neurones of ob/ob mice, the acute application of allopregnanolone or ganaxolone exerted the same modest effects as they had in the WT mice. In addition, two-hour brain slice incubation with allopregnanolone produced the same dramatic concentration-dependent increase in GABA\textsubscript{A}R mIPSC decay time in diabetic mice that it had done in WT mice. In keeping with these findings, pipette-applied allopregnanolone induced the same concentration-dependent increase in GABA\textsubscript{A}R mIPSC decay time, in ob/ob mice as it had done in WT mice. These results are consistent with the idea that GABA\textsubscript{A}R sensitivity to allopregnanolone may be very similar in both WT and diabetic mice because allopregnanolone does not require enzymatic conversion to exert its effects on the GABA\textsubscript{A}R. They are also consistent with the idea that the shorter decay time of GABA\textsubscript{A}R mIPSCs of L2/3 cortical neurones of ob/ob mice is due to a reduction in endogenous neurosteroid tone that can be rescued by allopregnanolone. The alternative explanation, i.e. that the GABA\textsubscript{A}Rs of ob/ob mice are less sensitive to endogenous allopregnanolone is unlikely because exogenously applied allopregnanolone has the same effect in both WT and ob/ob mice.

When ganaxolone was applied acutely via the extracellular bath or intracellularly via the recording electrode, the drug had the same effect in both ob/ob and WT mice, which supports the argument that there is no difference in the sensitivity of the GABA\textsubscript{A}R to this neuroactive steroid in diabetic mice. However, these results contrast with the greater impact of ganaxolone incubation treatment observed in ob/ob mice compared with WT mice and permits the possibility that ganaxolone may potentially be demethylated to allopregnanolone in order to exert maximal effect on cortical GABA\textsubscript{A}Rs. The idea of ganaxolone as both an agonist and precursor to allopregnanolone would also be consistent with the relatively larger effect of ganaxolone incubation in ob/ob mice, which may exhibit an upregulation of key enzymes such as CYP2C and 3\(\alpha\)-HSD as indicated by the increased effect of
DHP (the endogenous precursor of allopregnanolone) on ob/ob cortical neurones. The inhibitory effect of indometacin on ganaxolone incubation treatment is also consistent with the notion of ganaxolone as an active precursor of allopregnanolone as discussed in the previous chapter. In keeping with the data obtained from WT L2/3 cortical neurones, indometacin had no impact on ob/ob cortical neurones when present in the pipette or after two hours of incubation treatment. In addition, when indometacin and ganaxolone were co-applied within the pipette, indometacin had no impact on the ability of ganaxolone to prolong cortical GABA\(_A\)R mIPSCs.

### 7.9 Can mature layer 2/3 cortical neurones from diabetic mice synthesise neurosteroids?

An alternative explanation for the shorter decay time of cortical GABA\(_A\)R mIPSCs from diabetic mice relative to the three WT strains is that there is a reduction in neurosteroid synthesis. Indeed, the consistent impact of allopregnanolone in both WT and ob/ob mice and the exaggerated impact of ganaxolone incubation treatment in the latter suggest that reduced sensitivity to neurosteroids is an unlikely explanation for the shorter GABA\(_A\)R mIPSCs. Therefore it may be due to reduced neurosteroid synthesis in mice with diabetic neuropathy. To test whether ob/ob mice are able to synthesise endogenous neurosteroids effectively, recordings were made with the precursors progesterone and DHP (see Figure 3).

At least two hours of incubation with progesterone produced a modest prolongation of cortical GABA\(_A\)R mIPSC decay time in ob/ob mice that was similar to WT controls and was not concentration-dependent from 1 μM - 50 μM. Additional recordings made at the highest progesterone concentration in db/db mice were no different to those of the WT or ob/ob. These data are consistent with the idea that L2/3 cortical neurones of T2DM mice are able to synthesise GABA\(_A\)R-modulatory neurosteroids when their precursor (progesterone) is administered by brain slice incubation. Progesterone induced a similar final prolongation of GABAergic exponential decay time in neurones from the diabetic mice. This
suggests that enzymatic function responsible for the endogenous synthesis of allopregnanolone (5\(\alpha\)-R and 3\(\alpha\)-HSD; Figure 3) is intact in mature layer 2/3 cortical neurones of the ob/ob and db/db mice. Indeed, due to the shorter baseline decay time of L2/3 cortical GABA\(_A\)R mIPSCs of ob/ob and db/db mice, progesterone actually had a proportionately greater effect in the diabetic mice than it had done in the WT controls. In keeping with what had been observed in the WT mice, incubation treatment with finasteride (a 5\(\alpha\)-R inhibitor) also had no effect on ob/ob cortical GABA\(_A\)R mIPSCs directly, but was able to block the effect of progesterone in ob/ob mice.

Two-hour incubation with DHP (the progesterone metabolite) produced a significant, concentration-dependent prolongation of L2/3 cortical GABA\(_A\)R-mediated mIPSC decay time in diabetic mice. Interestingly, DHP (the allopregnanolone precursor) produced a greater effect in diabetic mice compared to WT controls despite the shorter baseline GABA\(_A\)R decay time in the T2DM cortical GABA\(_A\)R mIPSCs. This finding suggests that not only is 3\(\alpha\)-HSD enzymatic function preserved in mature mice with T2DM, but it may actually be upregulated. Specifically, an increase in 3\(\alpha\)-HSD activity may be a partial compensation for a reduced baseline endogenous neurosteroid tone in diabetic mice. In keeping with what had been observed in WT mice, pipette-applied DHP also had no effect on the cortical GABA\(_A\)R mIPSCs of ob/ob mice. The lack of effect of DHP is consistent with the DHP’s role as a metabolic precursor to the active compound allopregnanolone (Figure 3), i.e. there is not enough time for DHP to be metabolised and/or the enzyme 3\(\alpha\)-HSD is removed by pipette dialysis.

The underlying mechanism responsible for the reduced neurosteroid tone in the diabetic mice is uncertain, but may be due to mitochondrial dysfunction (Bordet et al., 2008; Chowdhury et al., 2012; Edwards et al., 2008; Fernyhough et al., 2010; Vincent et al., 2010). It has been postulated that hyperglycaemia (high blood glucose concentration) has several detrimental effects including the excessive donation of electrons to the mitochondrial electron transport chain, which induces an increased production of reactive oxygen species (Chowdhury et al., 2012; Fernyhough et al., 2010; Vincent et al., 2010). The increased availability of electrons may lead to the partial reduction of oxygen to neurotoxic superoxide...
radicals (Chowdhury et al., 2012; Fernyhough et al., 2010). Mitochondrial
dysfunction could also account for both mechanical hypersensitivity associated
with a reduction in mitochondrial-derived neurosteroids and also for thermal
hyposensitivity associated with axonal degeneration (Chowdhury et al., 2012; Drel
et al., 2006; Latham et al., 2009; Vincent et al., 2010). Further detailed
information regarding the mechanisms of mitochondrial dysfunction in diabetic
neuropathy has been covered by other authors (Chowdhury et al., 2012;
Fernyhough et al., 2010; Vincent et al., 2010). The results from my behavioural
experiments characterising the diabetic neuropathy phenotype and the response
to the neuroactive steroid ganaxolone are considered below in further detail in the
final section of this discussion.

7.10 Overview of electrophysiological data.

Analysis of the kinetics of GABA<sub>A</sub>R mIPSCs from mouse neurones in slices of tissue
from the spinal cord, nRT and the cerebral cortex reveal that the decay time is
reduced with development (from day 6 to 60 postpartum). Neurones from these
three levels of the pain pathway are also sensitive to modulation by neurosteroids.
The use of γ-CD to sequester endogenous neurosteroids is known to cause faster
mIPSC deactivation in cortical neurons during early stages of development implying the presence of a tone of positive allosteric modulation, a phenomenon
that declined to negligible levels by age P20 (Brown, 2012). However, I discovered
that the endogenous neurosteroid tone reappears by the age of 60 days, suggesting
that it may have a physiological role at this age. The effect of γ-CD on the kinetics of
mIPSCs recorded from cortical neurons of ob/ob mice of a similar age was
significantly smaller, implying a deficit in endogenous neurosteroid in these
animals. Furthermore, the mIPSCs of ob/ob mice were more responsive to the
neurosteroid precursors DHP and progesterone. The increased response to the
precursors may be due to an upregulation of enzyme activity to compensate for a
lower basal neurosteroid tone. However there was no change in the dose-
response relationship for allopregnanolone between WT and ob/ob mice implying
that the sensitivity of GABA$_A$Rs to neurosteroids remains unchanged even though the $ob/ob$ mice start from a lower baseline. Ganaxolone is less effective at cortical GABA$_A$Rs than allopregnanolone, and despite having been developed as a metabolically stable analogue of allopregnanolone, its activity was inhibited by indometacin (but not provera). In fact, ganaxolone behaves more like the allopregnanolone precursor DHP in that it has greater efficacy in $ob/ob$ mice than WT mice. It is possible that the demethylation of ganaxolone to allopregnanolone is prevented by indometacin as discussed earlier.

The electrophysiological data suggest that there are deficiencies in GABAergic inhibition associated with a reduced neurosteroid tone in $ob/ob$ mice. Therefore I examined whether these deficits contributed to aberrant nociception in $ob/ob$ mice, such as allodynia and hyperalgesia. The next section will discuss the results of behavioural experiments in WT and $ob/ob$ mice, with a focus on ganaxolone, which is considered to have greater bioavailability than allopregnanolone (Carter et al., 1997; Gee et al., 1995) using tests of thermal and mechanical nociception.

### 7.11 The impact of neuropathy on behavioural measures of hypersensitivity and the response to neuroactive steroids.

Diabetes is one of the principle causes of neuropathic pain in the human population and, at present, the available therapies are often ineffective (Bouhassira et al., 2008; Dworkin et al., 2007; Harstall & Ospina, 2003). Nociceptive (or physiological) pain has a protective role, alerting the individual to the presence of a harmful situation from which they should withdraw (Caterina et al., 2005; Costigan et al., 2009; Woolf & Salter, 2000). In contrast, neuropathic pain results from a dysfunctional or damaged nervous system and may be associated with pathological hypersensitivity of the peripheral or central nervous system (Fischer & Waxman, 2010; Harvey & Dickenson, 2008; Merskey & Bogduk, 1994, Woolf & Salter, 2000). Hyperalgesia describes an exaggerated response to a painful stimulus, while allodynia describes an unpleasant or painful response associated with an innocuous stimulus (Merskey & Bogduk, 1994). Of specific relevance,
hypersensitivity of the spinothalamic tract has been reported in animal models of T1DM (Chen et al., 2001, Pertovaara et al., 2001).

GABA\textsubscript{A}Rs are the major inhibitory receptors in the mammalian nervous system and a reduction of their function is associated with allodynia and hyperalgesia (Munro et al., 2009; von Hehn et al., 2012; Yaksh, 1989; Zeilhofer, 2008). Ligands that specifically target the benzodiazepine binding site on GABA\textsubscript{A}Rs containing either \( \alpha2 \) or \( \alpha3 \) subunits are effective against inflammatory and neuropathic pain without side effects such as sedation, tolerance and ataxia that are associated with anxiolytic benzodiazepines (Knabl et al., 2008). In addition, Poisbeau et al., (2005) discovered an increase in neurosteroid production by spinal neurones associated with peripheral inflammatory pain, providing compensatory analgesia. My electrophysiological experiments revealed that diabetic mice had a reduced endogenous neurosteroid tone, but that the neuroactive steroid ganaxolone had an exaggerated effect on cortical GABA\textsubscript{A}R mIPSCs. A previous report using the tail flick test found that ganaxolone administered via the spinal (or intrathecal) route reduced thermal nociception (Asiedu et al., 2012). In addition, systemic allopregnanolone, DHP and progesterone have had promising effects in rodents for the prevention of chemotherapy-induced neuropathic pain (Meyer et al., 2010; 2011).

Animal models are essential for the effective study of neuropathic diseases before clinical studies can be justified (Mogil et al., 2010). However, this is particularly true for diabetic neuropathy because the efficacy of interventions may be studied over weeks or months rather than decades as is the case in human studies (Cefalu, 2006; Kaplan & Wagner, 2006; Neubauer and Kulkarni, 2006; Rees & Alcolado, 2005). Specifically, if it takes twenty years for significant diabetic neuropathy to develop after diagnosis, then it could take a relatively similar length to determine (with a reasonable degree of confidence) if a novel drug is effective at preventing or reducing neuropathy. This contrasts with mouse models in which it can take two months for diabetic neuropathy to develop.

No single animal model fully replicates diabetes in humans and all models have advantages and disadvantages (Cefalu, 2006; Kaplan and Wagner, 2006; Mathis et
The ob/ob mouse was chosen for study because it develops a predictable neuropathic phenotype by 8 weeks of age, which is comparable to that observed in humans with T2DM (Drel et al., 2006; Latham et al., 2009; Lindstrom, 2009; Vareniuk et al., 2007). Indeed, peripheral neuropathy and associated hypersensitivity have previously been characterized in ob/ob mice (Drel et al., 2006; Latham et al., 2009). The first behavioural experiments that I carried out on ob/ob mice were to confirm the reported phenotype; these tests included the rotarod, the von Frey (vF) filaments and the tail flick test. In a manner consistent with the literature, the ob/ob mice exhibited super-morbid obesity and a dramatically impaired performance on the rotarod test, which assesses sensorimotor coordination (Mayers et al., 2009). This is consistent with the reduced motor and sensory nerve conduction velocities of ob/ob mice, which impairs their balance and coordination (Drel et al., 2006; Vareniuk et al., 2007).

The ob/ob mice also exhibited significantly longer tail flick withdrawal latencies at 48 °C and 50 °C than WT controls. These findings are consistent with the phenomenon of thermal hypoalgesia measured by paw withdrawal latency in ob/ob mice reported by Drel et al., (2006), but conflict with the thermal hyperalgesia reported by Latham et al., (2009). Latham et al., (2009) raise numerous potential reasons for the discrepancy in findings, which include: methodological differences in testing, internal biological variability and different environmental, nutritional and housing conditions. In addition, Latham et al., (2009) focused on female ob/ob mice while the sex of the mice in the paper by Drel et al., (2006) is unreported. All the ob/ob mice in my behavioural and electrophysiological studies were male, but it would be presumptive to infer gender as the explanation for the difference. Of note, the neuroprotection of allopregnanolone in a mouse model of global cerebral ischaemia was greater in female mice than in male mice (Kelley et al., 2011). However, certain strains of WT mice that are available commercially have α-synuclein deficiency, which can affect the expression of neurodegenerative conditions and raises the possibility that there may be additional genetic differences, which could contribute to distinct pain phenotypes (Chandra et al., 2005; Specht & Schoepfer, 2001). While it is important to be aware of this issue, detailed analysis is beyond the scope of this
discussion and this is an issue for the scientific community as a whole, rather than one of specific relevance to my electrophysiological and behavioural data.

The results of my study demonstrate that the tail flick test was not suitable for investigating potential analgesic or anti-hyperalgesic effects of drugs such as neurosteroids in *ob/ob* mice. However, my data indicated that 50 °C was an appropriate temperature to test for noxious heat and to determine the analgesic potential of specific drugs in WT mice. It is arguable that the impaired performance of *ob/ob* mice on the rotarod and the prolonged tail flick latency time could potentially be due to a sensorimotor deficit rather than thermal hypoalgesia *per se*. However, the exaggerated response of the *ob/ob* mice to topical acetone and von Frey filaments (discussed below) suggests that a mixed picture of altered sensitivity to peripheral noxious stimuli is present.

**7.12 Ganaxolone impairs thermal nociception in WT mice.**

Neurosteroids such as allopregnanolone, DHP and progesterone have analgesic effects in various experimental models (Poisbeau *et al.*, 2005, Charlet *et al.*, 2008, Meyer *et al.*, 2008; 2010; 2011). In addition, the spinal (intrathecal) administration of ganaxolone induces analgesia assessed using the tail flick test (52°C; Asiedu *et al.*, 2012). Also using the tail flick assay (50 °C), I discovered that the systemic (intraperitoneal) administration of ganaxolone induced a dose-dependent analgesic effect in WT mice. The route of administration is important because in clinical practice, spinal injections are performed within an operating theatre by a trained medical practitioner and carry a small risk of permanent paralysis (Aromaa *et al.*, 1997). As a result, spinal drug delivery is reserved for specific indications such as invasive surgical procedures in humans. In addition, drugs administered directly into the spinal fluid such as opioids may be more than 100 times more efficacious than the same drug delivered systemically (Rathmell *et al.*, 2005). Therefore promising findings with intrathecal administration may not translate to clinically useful therapies due to systemic side effects. During the tail flick experiments the highest dose of ganaxolone appeared to sedate the mice,
which raised the question of whether increased withdrawal latency was related to sensorimotor impairment. Subsequently, the rotarod test was used to explore this potentially confounding issue further. The highest dose of ganaxolone caused a significant impairment of rotarod performance, but the lower doses had no effect. These data suggest that ganaxolone exhibits an analgesic effect at a dose of 10 mg/kg but only impairs rotarod performance in WT mice at higher doses such as 30 mg/kg. The dose-dependent effect on rotarod performance is consistent with the literature (Carter et al., 1997) and indicates that ganaxolone (10 mg/kg) may be effective for thermal nociceptive pain, rather than merely impairing sensorimotor function.

7.13 ob/ob mice exhibit cold alldynia.

The sensing of a wide range of environmental temperatures is a useful physiological process that confers survival advantages in many species. Indeed, adapting to a cold external environment can be as important as withdrawing from a burning hot stimulus. The thermal gated ion channels TRPM8 and TRPA1 are important in the generation of an afferent neural impulse in response to a noxious cold stimulus. Increased sensitivity to cold stimuli is a common symptom associated with neural injury, and although the underlying mechanisms responsible for this phenomenon are poorly understood, it may be related to increased expression of TRPM8 and TRPA1 channels (Belmonte et al., 2009; Knowlton et al., 2010). Conversely, knockout of TRPM8 in mice with a peripheral neuropathic injury results in a significantly reduced response to cold stimuli such as topical acetone (Belmonte et al., 2009). When neural hypersensitivity is present, the cold sensation associated with topical acetone may induce a temporary noxious response. Acetone has therefore also been used to elicit cold alldynia in animals with chemotherapy-induced neuropathic hypersensitivity (Flatters & Bennett, 2004, Gauchan et al., 2009, Meyer et al., 2011). In my study, topical acetone elicited a greater response in ob/ob mice than it did in WT mice, which was consistent with cold alldynia in the former. However, it became
apparent that after the initial baseline response to acetone, \textit{ob/ob} mice appeared to acclimate to the stimulus. The partial loss of response with repeated measures meant that the test was not an appropriate way of investigating potential analgesic or anti-allodynic effects of drugs such as neurosteroids. Previous studies in which acetone was used to assess cold allodynia differed from my study in that they utilised WT mice with acute chemotherapy-induced neuropathic pain and were conducted over several weeks (Flatters & Bennett, 2004, Gauchan \textit{et al.}, 2009, Meyer \textit{et al.}, 2011). This is relevant because differences in the mechanism responsible for inducing neuropathic pain may result in a significantly different neuropathic phenotype, \textit{i.e.} the balance between loss of sensation and hypersensitivity may be altered. Indeed, the motor and sensory nerve conduction velocities of the \textit{ob/ob} mouse are significantly impaired (Drel \textit{et al.}, 2006). While the prolonged tail withdrawal could be explained by a slower nerve conduction velocity, cold allodynia (and mechanical hypersensitivity) infers that there is a change in nociception rather than merely an impairment of conduction.

\textbf{7.14 \textit{ob/ob} mice exhibit mechanical hypersensitivity in comparison to WT mice.}

Meyer \textit{et al.}, (2011) described a protocol for the use of vF filaments to investigate allodynia, hyperalgesia and nociceptive pain in relation to specific mechanical stimuli in rats. I developed a modified version of their approach to investigate mechanical hypersensitivity and nociception in WT and \textit{ob/ob} mice. This involved choosing four vF filaments that would induce a response on a predictable number of occasions. The 0.16 g and 0.4 g vF filaments elicit withdrawal responses on 25\% and 40\% of occasions respectively in the WT mouse and are considered to be mild stimuli. If the \textit{ob/ob} mouse has an exaggerated response to these filaments this would be consistent with allodynia (Merskey & Bogduk, 1994). The 0.6 g vF filament elicits a response on over 60\% of occasions in the WT mouse, therefore it is considered a painful response and if the \textit{ob/ob} mouse had an exaggerated response to this filament it would be consistent with hyperalgesia (Merskey &
Bogduk, 1994). The 1 g vF filament elicits a withdrawal response on approximately 90% of occasions, therefore it is considered to be a clear test of mechanical nociceptive pain in the WT mouse.

The ob/ob mice exhibited an exaggerated (but reproducible) response to the 0.16 g, 0.4 g and 0.6 g vF filaments which was consistent with the presence of mechanical allodynia (0.16 g and 0.4 g) and mechanical hyperalgesia (0.6 g). Previous reports in the literature have used different methods or equipment for the characterisation of mechanical hypersensitivity, but the results of my study are consistent with their findings (Drel et al., 2006; Latham et al., 2009). These data suggest that the vF filaments are a useful method of investigating the potential analgesic or anti-hyperalgesic effects of drugs such as neurosteroids in ob/ob mice.

7.15 Ganaxolone reduces mechanical hypersensitivity in ob/ob mice and reduces mechanical nociceptive pain in both WT and ob/ob mice.

In electrophysiological experiments using cortical slices from WT mice, ganaxolone and DHP both induced a marked prolongation of GABAAR mIPSC decay time, although the response to ganaxolone was approximately seven-fold greater than that of DHP. Using the vF filaments, the systemic administration of ganaxolone (at 10 mg/Kg, a dose that did not alter rotarod performance) proved to be analgesic for mechanical nociceptive pain in both ob/ob and WT mice. In contrast, DHP (the precursor to allopregnanolone) was ineffective for mechanical nociceptive pain at the same dose. It is not possible to translate electrophysiological findings directly into behavioural effects, but, taken as a whole, the data are consistent with the idea that ganaxolone incubation treatment ultimately has a more potent effect than that of DHP and for this reason potentially has greater anti-nociceptive effects in behavioural tests.

However, the most interesting finding of the behavioural work was that ganaxolone significantly reduced the mechanical allodynia and hyperalgesia manifested by the ob/ob mice (DHP was also partially effective for mechanical
allodynia, but not hyperalgesia). These findings are important because, in the clinical setting, effective treatments for various forms of nociceptive pain already exist, such as paracetamol, non-steroidal anti-inflammatory drugs (NSAIDs), opioids and regional anaesthesia for surgical procedures. In contrast, the current therapeutic options for neuropathic pain are very limited, therefore patients with diabetic neuropathy may suffer from intractable pain (Bouhassira et al., 2008; Dworkin et al., 2007). The effectiveness of a single dose of the neuroactive steroid ganaxolone for diabetic neuropathic pain in ob/ob mice is a novel discovery, but it is also consistent with the literature. Chronic administration of progesterone, DHP or allopregnanolone has been shown to prevent the development of neuropathic pain in animals associated with chemotherapeutic drugs (Meyer et al., 2010; 2011). Chemotherapy is usually a short-lived insult to the nervous system, while diabetes mellitus is a relentless lifelong condition for which there is currently no cure. Therefore, the potential impact of a new therapeutic agent could be far greater for painful diabetic neuropathy than for many other neuropathic conditions. My results indicate that ganaxolone should receive further consideration as a potential treatment for allodynia and hyperalgesia in humans with diabetes. While it was not possible to establish whether or not ganaxolone induced sensorimotor impairment in ob/ob mice due to their existing sensorimotor deficits, WT mice exhibited analgesia to thermal and mechanical nociceptive pain at a dose that did not impair rotarod function. The apparent ‘therapeutic window’ suggests that sedation or sensorimotor impairment is an unlikely reason for the observed effects of ganaxolone at the dose of 10 mg/kg. ob/ob mice exhibited the same analgesic effect of ganaxolone to mechanical nociceptive pain but, more importantly, the drug also reduced mechanical allodynia and hyperalgesia. To support the idea that ganaxolone is effective at reducing hypersensitivity in ob/ob mice, the drug did not affect the response of WT mice to non-painful stimuli.

Humans with painful neuropathy commonly exhibit a mixed picture of sensory loss and hypersensitivity such as allodynia and hyperalgesia that may occur simultaneously in the same anatomical location (Costigan et al., 2009; Kehlet et al., 2006; Merskey & Bogduk, 1994, Woolf & Salter, 2000). The behavioural results for
the ob/ob mice are consistent with what may be observed in humans and therefore are clinically relevant. However, there are significant limitations to these studies, which must be considered. Humans complain of pain that may be related to a specific stimulus or, as is often the case with neuropathic pain, pain may occur spontaneously in the absence of an identifiable cause (Costigan et al., 2009; Kehlet et al., 2006; Merskey & Bogduk, 1994). Mice are not able to communicate the presence or severity of pain directly and therefore studies have to rely on behavioural observations as a proxy measure of pain. This is important because in humans with chronic neuropathic pain there may be no outward manifestation of the pain experience and the degree of pain-related behaviour may not correlate well with the perceived intensity of the pain (Wall et al., 2006). Furthermore, it is common practice in clinical trials of analgesic compounds to use a verbal or written rating scale to record the severity of the pain experienced (Wall et al., 2006). For example, the subject is asked to assign their pain a severity score out of ten, with zero being no pain and ten being the worst pain imaginable (Macintyre & Schug, 2007). Clearly this is an unavoidably different end-point from my study, but in future, it is likely to become common practice for more objective measures of nociception to be employed clinically, such as mechanical and thermal thresholds (Salengros et al., 2010).

In addition, it must be understood that the experience of pain in humans is a highly subjective one that is hard to define. It is not merely the reflex withdrawal of the hand from the fire, it may be considered as an emotional state analogous to happiness, anxiety or depression that is highly context specific (Wall et al., 2006). For instance, on the battlefield or sports field, participants may continue to play after sustaining an injury that would normally be associated with severe pain (Beecher, 1946; Wall et al., 2006). In contrast, the same people may later become patients attending the chronic pain clinic and complain of disabling symptoms that occur in the absence of tissue damage or in some cases any identifiable stimuli whatsoever. Attendees may often have significant emotional and psychological components to their symptomatology (Tunks et al., 2008; Wall et al., 2006). For this reason, chronic pain management is typically carried out by a multidisciplinary team, which includes psychologists as well as doctors, nurses and
physiotherapists in order to address the multidimensional needs of an individual patient (Kehlet et al., 2006; Wall et al., 2006). In order to identify and quantify these issues, standardised multidimensional tools such as the McGill pain questionnaire are used to facilitate the implementation of targeted therapeutic interventions (Melzack, 1987). Modified versions of questionnaires such as this are also used increasingly within clinical trials, but unfortunately this type of analysis is not applicable to animal models.

Another significant issue worthy of discussion is the nature of the mechanical and thermal stimuli employed within my studies. For ethical reasons, the types of stimuli chosen were considered to induce discomfort, but not to cause harm to the animal. This creates a somewhat artificial situation, i.e. in clinical trials of postoperative pain, human subjects have typically experienced a surgical incision that would be considered to be of much greater severity than the mice were subjected to in my studies. This means that my study has tested the efficacy of ganaxolone on nociception and hypersensitivity rather than on ‘pain’ as a human may experience it. While this is a significant issue, it is a problem for science as a whole to address via translational collaborations rather than something that is unique to my study (Mogil, 2009). Given that humans are considered to be the most intellectually developed animals on earth and therefore also the most self-aware, perhaps a pain experience that is truly reflective may never be replicated in animal models. My study used standardised techniques that are in common scientific practice and therefore considered to be useful and quantifiable proxies for nociception. These techniques may be considered as a pragmatic compromise given time, resources and technologies available currently. Putting aside financial considerations, another complementary modality to examine activity of neurones located within the pain pathway and so-called pain matrix such as functional magnetic resonance imaging (fMRI) or positron emission tomography (PET) could also have been employed (Tracey, 2008; Wartolowska & Tracey, 2009). Activation of structures including the thalamus, somatosensory cortex and cingulate cortex has been observed in both rodent and humans studies using PET and fMRI techniques (Knabl et al., 2008; Thompson & Bushnell, 2012; Tracey, 2008; Wartolowska & Tracey, 2009). Imaging in animal models facilitates the
performance of experiments that would not be possible in humans for ethical and practical reasons (Thompson & Bushnell, 2012; Wartolowska & Tracey, 2009). Specifically, the central actions of potential novel analgesic agents can be investigated to examine whether they may be suitable to put forward for clinical trials in patients with neuropathic pain (Knabl et al., 2008; Thompson & Bushnell, 2012; Wartolowska & Tracey, 2009).

Some of the major causes of severe neuropathic pain in humans include amputation, mastectomy, postherpetic neuralgia, thoracic surgery, trigeminal neuralgia and diabetes mellitus. The accurate replication of these conditions in animals in order to facilitate the development of effective clinical treatments poses significant practical and ethical challenges. It is hoped that a compound that was effective for painful diabetic neuropathy may also be effective for other types of neuropathic pain, but this is by no means certain (Dworkin et al., 2007). This issue could be addressed in part by attempting to replicate the behavioural (and electrophysiological) results in other models of neuropathy. It could also be studied in other species and perhaps through the parallel use of techniques such as fMRI and also mass spectroscopy of neural tissue. Other animal models of neuropathy that have been used elsewhere include streptozotocin-induced T1DM, spared nerve injury, sciatic nerve ligation, chemotherapy-induced neuropathy and postherpetic neuralgia (Mogil, 2009). Clearly, replication of the data before attempting to translate the findings into clinical trials would require a considerable amount of work, which is beyond the scope of this thesis. However, fMRI has already been used to characterise the changes in central processing associated with chronic cyclical dysmenorrhoea in women who were also more sensitive to thermal stimuli than healthy controls (Vincent et al., 2011). Dysmenorrhoea is associated with fluctuations in the circulating levels of steroid hormones including oestradiol, testosterone, progesterone and other neurosteroids (Maguire & Mody, 2009; Vincent et al., 2011). Changes in steroid hormone levels during the menstrual cycle are associated with changes in neuronal excitability, which is thought to be mediated via their impact on GABA_ARs (Lovick, 2008; Maguire & Mody, 2009).
The results of my studies suggest that a single dose of ganaxolone is effective at reducing mechanical hypersensitivity and nociceptive pain via the modulation of GABA$_{A}$Rs. However, this finding is only the first step in characterising the efficacy of the drug for the treatment of neuropathic pain. Diabetes mellitus is currently an incurable and life-long condition in humans that is associated with progressive multiosystem degeneration, including the nervous system (Davies et al., 2006). Careful optimisation of glycaemic control slows the progression of the disease, but is not able to prevent it entirely (Edwards et al., 2008). Patients with diabetes may experience chronic neuropathic hypersensitivity and therefore any potential therapy would need to be administered chronically. Analgesic drugs such as paracetamol and NSAIDs maintain their (limited) efficacy for prolonged periods of time, while opioid drugs are associated with the development of tolerance as well as other serious side effects (Ballantyne & Mao, 2003; Raghavan et al., 2011). A single dose of ganaxolone is promising for neuropathic hypersensitivity, but it is uncertain if this compound would continue to be effective if administered indefinitely or whether tolerance would develop. In order to explore this further, ganaxolone could be administered regularly to ob/ob mice over a period of weeks or months, with serial measurements of nociception. Such a protocol could be the first step to test whether ganaxolone was able to prevent the development of hypersensitivity and if tolerance to its effect developed over time. My electrophysiological data suggest that ganaxolone (and allopregnanolone) may have significantly greater potency at the GABA$_{A}$R than the neurosteroid precursors progesterone and DHP. In view of the fact that these compounds may potentially be active at other targets (especially in high concentrations) it seems rational to focus on the compounds with the greatest potency. Indeed, side effects are often the rate-limiting factor in the clinical efficacy of commonly used analgesics (Dworkin et al., 2007; Wall et al., 2006). In addition, in my behavioural work, I found that the neurosteroid precursor DHP was significantly less effective than ganaxolone for the reduction of mechanical nociception and hypersensitivity.

The electrophysiological work that I carried out confirmed the concentration-dependent effect of neuroactive steroids on GABA$_{A}$R function by reductionist methodology, while the behavioural work attempted to determine whether these
findings could be translated into a relevant effect in live animals. In the former technique the GABA_4R was isolated using antagonists to block other receptors, while in the latter technique, no such antagonists were used. (Antagonists for glycine and sodium channels (strychnine and TTX respectively) are lethal toxins in vivo). Ganaxolone was designed specifically to be a high-affinity GABA_4R modulator and radioligand binding techniques have demonstrated that it has negligible affinity for a large number of non-target receptors, including: excitatory amino acid, inhibitory amino acid, peptide, monoamine and cytosolic steroid receptors (Carter et al., 1997). This suggests that the effect of ganaxolone on nociception and hypersensitivity may be associated with its modulation of GABA_4R function. It was not possible to correlate the in vitro and in vivo brain tissue concentrations of ganaxolone directly to determine if they were analogous, but in the former the drug had a concentration-dependent effect, while in the latter it had a dose-dependent effect. Therefore my data identify ganaxolone and possibly other neurosteroidal compounds as potential therapeutic agents which could reduce painful hypersensitivity by the selective targeting of the GABA_4R. The results of my behavioural experiments are promising, but must be considered in the context of all the issues discussed above. The inherent simplifications and limitations of my studies make it difficult to extrapolate with any certainty that ganaxolone could be a useful clinical agent for allodynia or hyperalgesia. However, my studies are a pragmatic and promising first look at the potential effectiveness of neuroactive steroids for painful diabetic neuropathy.
Chapter 8: Conclusions
This study used a combination of electrophysiological and behavioural techniques in order to investigate the potential for neurosteroids to exert an analgesic effect via modulation of the GABA\(_A\)R. The approach consisted of the characterisation of pain pathway neurones from both WT and diabetic mice followed by the *in vitro* and *in vivo* application of neurosteroidal compounds. The study confirmed that the decay time of GABA\(_A\)R mIPSCs of neurones from three levels of the pain pathway decreases with development; lamina II of the spinal cord, the nRT of the prethalamus and layer 2/3 of the cerebral cortex. The neurodevelopmental process occurs in parallel but may take place earlier in the more primitive regions of the CNS. In addition, GABA\(_A\)Rs of neurones from all three levels of the pain pathway are sensitive to neurosteroids. The acute application of allopregnanolone prolonged the decay time of GABA\(_A\)R mIPSCs more effectively in spinal LII neurones from older mice consistent with the idea that immature mice already have a high endogenous neurosteroid tone. \(\gamma\)-CD within the recording pipette significantly reduced the decay time of GABA\(_A\)R mIPSCs of nRT neurones of mice aged P6, but not P9-10 or P17-25. This finding was also consistent with the hypothesis that immature mice have a high endogenous neurosteroid tone, which decreases with development. Surprisingly, \(\gamma\)-CD reduced the decay time of cortical GABA\(_A\)R mIPSCs at P60-75, suggesting that the endogenous neurosteroid tone, which disappears around P20, re-emerges in adult mice.

Neurosteroid tone appears to be reduced in diabetic mice. As such, the GABA\(_A\)R mIPSCs of cortical layer 2/3 neurones of two mouse models of T2DM (*ob/ob* and *db/db*) have shorter decay times than three strains of WT mice. \(\gamma\)-CD reduced the decay time of cortical GABA\(_A\)R mIPSCs to the same baseline value in T2DM and WT mice irrespective of strain. In contrast, \(\alpha\)-CD and \(\beta\)-CD had no effect. Cortical GABA\(_A\)Rs of WT and *ob/ob* mice were modestly sensitive to the neurosteroids allopregnanolone and ganaxolone, but not the precursor DHP. Incubation treatment with neurosteroids and their precursors produced more dramatic effects on GABA\(_A\)R mIPSCs than acute treatment had done. This may have been partly related to long penetration times of these lipophilic agents in brain slice tissue. Neurosteroids from sequential stages of the synthesis pathway induced
significantly different degrees of modulation of GABA<sub>A</sub>R mIPSCs; allopregnanolone > DHP > progesterone. In addition, ganaxolone and DHP (but not allopregnanolone) had an exaggerated effect on cortical GABA<sub>A</sub>Rs of mice with T2DM in comparison to WT controls. Of relevance, the neurosteroid synthesis pathway relies on the function of key enzymes including 5α-R and 3α-HSD. Inhibition of these enzymes prevented the effect of the precursors, progesterone and DHP respectively. The 3α-HSD inhibitor indometacin had no impact on allopregnanolone incubation treatment itself, but was able to inhibit the neuroactive steroid ganaxolone and the precursor DHP. Incubation with the 3α-HSD inhibitor provera itself induced a modest increase in GABA<sub>A</sub>R mIPSC decay time, while indometacin and the 5α-R inhibitor finasteride had no effect. These drugs may inhibit the endogenous production of more neurosteroids, but they are unable to remove neurosteroids that are already in situ. In contrast, the neurosteroid scavenger γ-CD removed the endogenous neurosteroid tone and was also able to reduce the effect of ganaxolone and DHP incubation treatments.

Pipette-applied neurosteroids allopregnanolone and ganaxolone (but not DHP) were also able to prolong the decay time of cortical GABA<sub>A</sub>R mIPSCs in a differential manner. Allopregnanolone induced a greater effect than ganaxolone on GABA<sub>A</sub>R mIPSC decay time, but there was no difference in the response to the respective drugs between the WT and ob/ob mice. These findings suggest that neurosteroids are able to modulate the GABA<sub>A</sub>R from the intracellular compartment and that the sensitivity of the GABA<sub>A</sub>R is the same for WT and ob/ob mice. In addition, when indometacin was co-applied in the pipette with ganaxolone it had no impact on the efficacy of ganaxolone. This observation is inconsistent with the notion that indometacin competes with ganaxolone for its binding of the GABA<sub>A</sub>R.
Ob/ob mice developed obesity and T2DM on a normal diet, which led to painful neuropathy by the age of P60-75. At this age they exhibited sensorimotor impairment, thermal hypoalgesia, cold allodynia, mechanical allodynia and mechanical hyperalgesia. In WT mice the neuroactive steroid ganaxolone impaired sensorimotor function at 30 mg/kg, but the lower dose of 10 mg/kg did not, and was analgesic for thermal and mechanical nociceptive pain. The effect of ganaxolone on thermal nociception and sensorimotor impairment could not be tested on ob/ob mice due to their pre-existing deficits. However, ganaxolone significantly reduced mechanical allodynia and mechanical hyperalgesia in ob/ob mice. These findings translate the electrophysiological results into behavioural effects in vivo and suggest that GABA<sub>A</sub>R-modulatory neurosteroidal drugs have analgesic properties for nociceptive and neuropathic pain.
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