

# THE CONCISE GUIDE TO PHARMACOLOGY 2013/14: LIGAND-GATED ION CHANNELS

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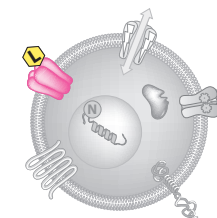
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## Abstract

The Concise Guide to PHARMACOLOGY 2013/14 provides concise overviews of the key properties of over 2000 human drug targets with their pharmacology, plus links to an open access knowledgebase of drug targets and their ligands ([www.guidetopharmacology.org](http://www.guidetopharmacology.org)), which provides more detailed views of target and ligand properties. The full contents can be found at <http://onlinelibrary.wiley.com/doi/10.1111/bph.12444/full>.

Ligand-gated ion channels are one of the seven major pharmacological targets into which the Guide is divided, with the others being G protein-coupled receptors, ion channels, catalytic receptors, nuclear hormone receptors, transporters and enzymes. These are presented with nomenclature guidance and summary information on the best available pharmacological tools, alongside key references and suggestions for further reading. A new landscape format has easy to use tables comparing related targets.

It is a condensed version of material contemporary to late 2013, which is presented in greater detail and constantly updated on the website [www.guidetopharmacology.org](http://www.guidetopharmacology.org), superseding data presented in previous Guides to Receptors and Channels. It is produced in conjunction with NC-IUPHAR and provides the official IUPHAR classification and nomenclature for human drug targets, where appropriate. It consolidates information previously curated and displayed separately in IUPHAR-DB and the Guide to Receptors and Channels, providing a permanent, citable, point-in-time record that will survive database updates.

## An Introduction to Ligand-gated Ion Channels

Ligand-gated ion channels (LGICs) are integral membrane proteins that contain a pore which allows the regulated flow of selected ions across the plasma membrane. Ion flux is passive and driven by the electrochemical gradient for the permeant ions. The channels are opened, or gated, by the binding of a neurotransmitter to an orthosteric site(s) that triggers a conformational change that results in the conducting state. Modulation of gating can occur by the binding of endogenous, or exogenous, modulators to allosteric sites. LGICs mediate fast synaptic transmission, on a millisecond time scale, in the nervous system and at the somatic neuromuscular junction. Such transmission involves the release of a neurotransmitter from a pre-synaptic neurone and the subsequent activation of post-synaptically

located receptors that mediate a rapid, phasic, electrical signal (the excitatory, or inhibitory, post-synaptic potential). However, in addition to their traditional role in phasic neurotransmission, it is now established that some LGICs mediate a tonic form of neuronal regulation that results from the activation of extra-synaptic receptors by ambient levels of neurotransmitter. The expression of some LGICs by non-excitatory cells is suggestive of additional functions.

By convention, the LGICs comprise the excitatory, cation-selective, nicotinic acetylcholine (Millar and Gotti, 2009; Changeux, 2010), 5-HT<sub>3</sub> (Barnes *et al.*, 2009; Walstab *et al.*, 2010), ionotropic glutamate (Lodge, 2009; Traynelis *et al.*, 2010) and

P2X receptors (Jarvis and Khakh, 2009; Surprenant and North, 2009) and the inhibitory, anion-selective, GABA<sub>A</sub> (Olsen and Sieghart, 2008; Belelli *et al.*, 2009) and glycine receptors (Lynch, 2009; Yevenes and Zeihofer, 2011). The nicotinic acetylcholine, 5-HT<sub>3</sub>, GABA<sub>A</sub> and glycine receptors (and an additional zinc-activated channel) are pentameric structures and are frequently referred to as the Cys-loop receptors due to the presence of a defining loop of residues formed by a disulphide bond in the extracellular domain of their constituent subunits (Miller and Smart, 2010; Thompson *et al.*, 2010). However, the prokaryotic ancestors of these receptors contain no such loop and the term pentameric ligand-gated ion channel (pLGIC) is gaining acceptance in the literature (Hilf and Dutzler, 2009). The ionotropic

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glutamate and P2X receptors are tetrameric and trimeric structures, respectively. Multiple genes encode the subunits of LGICs and the majority of these receptors are heteromultimers. Such combinational diversity results, within each class of LGIC, in a

wide range of receptors with differing pharmacological and biophysical properties and varying patterns of expression within the nervous system and other tissues. The LGICs thus present attractive targets for new therapeutic agents with improved discrimi-

nation between receptor isoforms and a reduced propensity for off-target effects. The development of novel, faster screening techniques for compounds acting on LGICs (Dunlop *et al.*, 2008) will greatly aid in the development of such agents.

#### Acknowledgements

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#### Conflict of interest

The authors state that there is no conflict of interest to disclose.

#### Further reading

- Barnes NM, Hales TG, Lummis SCR, Peters JA. (2009) The 5-HT<sub>3</sub> receptor – the relationship between structure and function. *Neuropharmacology* **56**: 273–284.
- Belelli D, Harrison NL, Maguire J, Macdonald RL, Walker MC, Cope DW. (2009) Extrasynaptic GABA<sub>A</sub> receptors: form, pharmacology, and function. *J Neurosci* **29**: 12757–12763.
- Changeux J-P. (2010) Allosteric receptors: from electric organ to cognition. *Annu Rev Pharmacol Toxicol* **50**: 1–38.
- Dunlop J, Bowlby M, Peri R, Vasilyev D, Arias R. (2008) High-throughput electrophysiology: an emerging paradigm for ion channel screening and physiology. *Nat Rev Drug Discov* **7**: 358–368.
- Hilf RJ, Dutzler R. (2009) A prokaryotic perspective on pentameric ligand-gated ion channel structure. *Curr Opin Struct Biol* **19**: 418–424.
- Jarvis MF, Khakh BS. (2009) ATP-gated P2X cation-channels. *Neuropharmacology* **56**: 230–236.
- Lodge D. (2009) The history of the pharmacology and cloning of ionotropic glutamate receptors and the development of idiosyncratic nomenclature. *Neuropharmacology* **56**: 6–21.
- Lynch JW. (2009) Native glycine receptors and their physiological roles. *Neuropharmacology* **56**: 303–309.
- Millar NS, Gotti C. (2009) Diversity of vertebrate nicotinic acetylcholine receptors. *Neuropharmacology* **56**: 237–246.
- Miller PS, Smart TG. (2010) Binding, activation and modulation of Cys-loop receptors. *Trends Pharmacol Sci* **31**: 161–74.
- Olsen RW, Sieghart W. (2009) International Union of Pharmacology. LXX. Subtypes of  $\gamma$ -aminobutyric acid<sub>A</sub> receptors: classification on the basis of subunit composition, pharmacology, and function. Update. *Pharmacol Rev* **60**: 243–260.
- Surprenant A, North RA. (2009) Signaling at purinergic P2X receptors. *Annu Rev Physiol* **71**: 333–359.
- Thompson AJ, Lester HA, Lummis SCR. (2010) The structural basis of function in Cys-loop receptors. *Q Rev Biophys* **43**: 449–499.
- Traynelis SF, Wollmuth LP, McBain CJ, Menniti FS, Vance KM, Ogden KK *et al.* (2010) Glutamate receptor ion channels: structure, regulation, and function. *Pharmacol Rev* **62**: 405–496.
- Walstab J, Rappold G, Niesler B. (2010) 5-HT<sub>3</sub> receptors: role in disease and target of drugs. *Pharmacol Ther* **128**: 146–169.
- Yevnes GE, Zeihofer HU. (2011) Allosteric modulation of glycine receptors. *Br J Pharmacol* **164**: 224–236. PM:21557733

#### List of records presented

- 1584 5-HT<sub>3</sub> receptors
- 1586 GABA<sub>A</sub> receptors
- 1590 Glycine receptors
- 1592 Ionotropic glutamate receptors
- 1597 Nicotinic acetylcholine receptors
- 1601 P2X receptors
- 1603 ZAC



## 5-HT<sub>3</sub> receptors

**Overview:** The 5-HT<sub>3</sub> receptor [nomenclature as agreed by the NC-IUPHAR Subcommittee on 5-hydroxytryptamine (serotonin) receptors [16]] is a ligand-gated ion channel of the Cys-loop family that includes the zinc-activated channels, nicotinic acetylcholine, GABA<sub>A</sub> and strychnine-sensitive glycine receptors. The receptor exists as a pentamer of 4TM subunits that form an intrinsic cation selective channel [2]. Five human 5-HT<sub>3</sub> receptor subunits have been cloned and homo-oligomeric assemblies of 5-HT<sub>3</sub>A and hetero-oligomeric assemblies of 5-HT<sub>3</sub>A and 5-HT<sub>3</sub>B subunits have been characterised in detail. The 5-HT<sub>3</sub>C (*HTR3C*, Q8WXA8), 5-HT<sub>3</sub>D (*HTR3D*, Q70Z44) and 5-HT<sub>3</sub>E (*HTR3E*, A5X5Y0) subunits [22,32], like the 5-HT<sub>3</sub>B subunit, do not form functional homomers, but are reported to assemble with the 5-HT<sub>3</sub>A subunit to influence its functional expression rather than

pharmacological profile [13,34,49]. 5-HT<sub>3</sub>A, -C, -D, and -E subunits also interact with the chaperone RIC-3 which predominantly enhances the surface expression of homomeric 5-HT<sub>3</sub>A receptor [49]. The co-expression of 5-HT<sub>3</sub>A and 5-HT<sub>3</sub>C-E subunits has been demonstrated in human colon [21]. A recombinant hetero-oligomeric 5-HT<sub>3</sub>AB receptor has been reported to contain two copies of the 5-HT<sub>3</sub>A subunit and three copies of the 5-HT<sub>3</sub>B subunit in the order B-B-A-B-A [3], but this is inconsistent with recent reports which show at least one A-A interface [25,47]. The 5-HT<sub>3</sub>B subunit imparts distinctive biophysical properties upon hetero-oligomeric 5-HT<sub>3</sub>AB versus homo-oligomeric 5-HT<sub>3</sub>A recombinant receptors [8,10–11,19,23,37,40], influences the potency of channel blockers, but generally has only a modest effect upon the apparent affinity of agonists, or the affinity of

antagonists ([5], but see [7,9–10]) which may be explained by the orthosteric binding site residing at an interface formed between 5-HT<sub>3</sub>A subunits [25,47]. However, 5-HT<sub>3</sub>A and 5-HT<sub>3</sub>AB receptors differ in their allosteric regulation by some general anaesthetic agents, small alcohols and indoles [17,38–39]. The potential diversity of 5-HT<sub>3</sub> receptors is increased by alternative splicing of the genes *HTR3A* and *E* [6,14,31,33–34]. In addition, the use of tissue-specific promoters driving expression from different transcriptional start sites has been reported for the *HTR3A*, *HTR3B*, *HTR3D* and *HTR3E* genes, which could result in 5-HT<sub>3</sub> subunits harbouring different N-termini [19,31,48]. To date, inclusion of the 5-HT<sub>3</sub>A subunit appears imperative for 5-HT<sub>3</sub> receptor function.

### Channels

	5-HT <sub>3</sub> A	5-HT <sub>3</sub> AB
Nomenclature	5-HT <sub>3</sub> A	5-HT <sub>3</sub> AB
Subunits	5-HT <sub>3</sub> A ( <i>HTR3A</i> , P46098)	5-HT <sub>3</sub> A, 5-HT <sub>3</sub> B ( <i>HTR3B</i> , O95264)
Selective agonists (EC <sub>50</sub> )	SR57227A (~4x10 <sup>-7</sup> M), meta-chlorophenylbiguanide (1.6x10 <sup>-6</sup> – 4x10 <sup>-6</sup> M) [4,8,24,28–29], 2-methyl-5-HT (2.5x10 <sup>-6</sup> – 3.1x10 <sup>-6</sup> M) [4,8,24,28], 1-phenylbiguanide (8x10 <sup>-5</sup> M) [4]	–
Selective antagonists (IC <sub>50</sub> )	(S)-zacopride (Ki 1x10 <sup>-9</sup> M) [5], granisetron (Ki ~1.5x10 <sup>-9</sup> – 2.5x10 <sup>-9</sup> M) [15,28], tropisetron (Ki 1.5x10 <sup>-9</sup> – 3x10 <sup>-9</sup> M) [24,28], ondansetron (Ki ~5x10 <sup>-9</sup> – 1.5x10 <sup>-8</sup> M) [5,15,28]	–
Channel Blockers (IC <sub>50</sub> )	picROTOXIN (1.1x10 <sup>-5</sup> M) [42], TMB-8 (1.176x10 <sup>-5</sup> M) [41], diltiazem (2.1x10 <sup>-5</sup> M) [42], bilobalide (4.7x10 <sup>-4</sup> M) [42], ginkgolide B (7.3x10 <sup>-4</sup> M) [42]	picROTOXIN (6.3x10 <sup>-5</sup> M) [43], bilobalide (3.1x10 <sup>-3</sup> M) [43], ginkgolide B (3.9x10 <sup>-3</sup> M) [43]
Radioligands (K <sub>d</sub> )	[ <sup>3</sup> H]ramosetron (Antagonist) (1.5x10 <sup>-10</sup> M) [28], [ <sup>3</sup> H]GR65630 (Antagonist) (2.56x10 <sup>-9</sup> – 4.8x10 <sup>-10</sup> M) [12,24], [ <sup>3</sup> H]granisetron (Antagonist) (1.2x10 <sup>-9</sup> M) [5,15], [ <sup>3</sup> H](S)-zacopride (Antagonist) (2x10 <sup>-9</sup> M) [35], [ <sup>3</sup> H]LY278584 (Antagonist) (3.08x10 <sup>-9</sup> M) [1]	–
Functional characteristics	γ = 0.4–0.8 pS [+ 5-HT <sub>3</sub> B, γ = 16 pS]; inwardly rectifying current [+ 5-HT <sub>3</sub> B, rectification reduced]; nH 2–3 [+ 5-HT <sub>3</sub> B 1–2]; relative permeability to divalent cations reduced by co-expression of the 5-HT <sub>3</sub> B subunit	γ = 0.4–0.8 pS [+ 5-HT <sub>3</sub> B, γ = 16 pS]; inwardly rectifying current [+ 5-HT <sub>3</sub> B, rectification reduced]; nH 2–3 [+ 5-HT <sub>3</sub> B 1–2]; relative permeability to divalent cations reduced by co-expression of the 5-HT <sub>3</sub> B subunit

**Comments:** Although not a selective antagonist, methadone displays multimodal and subunit-dependent antagonism of 5-HT<sub>3</sub> receptors [9]. Similarly, TMB-8, diltiazem, picROTOXIN, bilobalide and ginkgolide B are not selective for 5-HT<sub>3</sub> receptors (*e.g.* [43]). The anti-malarial drugs mefloquine and quinine exert a modestly more potent block of 5-HT<sub>3</sub>A versus 5-HT<sub>3</sub>AB receptor-mediated responses [46]. Known better as a partial agonist of

nicotinic acetylcholine α4β2 receptors, varenicline is also an agonist of the 5-HT<sub>3</sub>A receptor [26]. Human [4,28], rat [18], mouse [27], guinea-pig [24] ferret [30] and canine [20] orthologues of the 5-HT<sub>3</sub>A receptor subunit have been cloned that exhibit intraspecies variations in receptor pharmacology. Notably, most ligands display significantly reduced affinities at the guinea-pig 5-HT<sub>3</sub> receptor in comparison with other species.

In addition to the agents listed in the table, native and recombinant 5-HT<sub>3</sub> receptors are subject to allosteric modulation by extracellular divalent cations, alcohols, several general anaesthetics and 5-hydroxy- and halide-substituted indoles (see reviews [36,44–45,50]).



### Further reading

- Barnes NM, Hales TG, Lummis SC, Peters JA. (2009) The 5-HT<sub>3</sub> receptor—the relationship between structure and function. *Neuropharmacology* **56**: 273–284. [PMID:18761359]
- Hoyer D, Clarke DE, Fozard JR, Hartig PR, Martin GR, Mylecharane EJ, Saxena PR, Humphrey PP. (1994) International Union of Pharmacology classification of receptors for 5-hydroxytryptamine (Serotonin). *Pharmacol Rev* **46**: 157–203. [PMID:7938165]
- Lummis SC. (2012) 5-HT<sub>3</sub> receptors. *J Biol Chem* **287**: 40239–40245. [PMID:23038271]
- Machu TK. (2011) Therapeutics of 5-HT<sub>3</sub> receptor antagonists: current uses and future directions. *Pharmacol Ther* **130**: 338–347. [PMID:21356241]
- Modica MN, Pittalà V, Romeo G, Salerno L, Siracusa MA. (2010) Serotonin 5-HT<sub>3</sub> and 5-HT<sub>4</sub> ligands: an update of medicinal chemistry research in the last few years. *Curr Med Chem* **17**: 334–362. [PMID:20015043]
- Niesler B. (2011) 5-HT<sub>3</sub> receptors: potential of individual isoforms for personalised therapy. *Curr Opin Pharmacol* **11**: 81–86. [PMID:21345729]
- Rojas C, Slusher BS. (2012) Pharmacological mechanisms of 5-HT<sub>3</sub> and tachykinin NK<sub>1</sub> receptor antagonism to prevent chemotherapy-induced nausea and vomiting. *Eur J Pharmacol* **684**: 1–7. [PMID:22425650]
- Thompson AJ. (2013) Recent developments in 5-HT<sub>3</sub> receptor pharmacology. *Trends Pharmacol Sci* **34**: 100–109. [PMID:23380247]



# GABA<sub>A</sub> receptors

**Overview:** The GABA<sub>A</sub> receptor is a ligand-gated ion channel of the Cys-loop family that includes the nicotinic acetylcholine, 5-HT<sub>3</sub> and strychnine-sensitive glycine receptors. GABA<sub>A</sub> receptor-mediated inhibition within the CNS occurs by fast synaptic transmission, sustained tonic inhibition and temporally intermediate events that have been termed ‘GABA<sub>A</sub>, slow’ [9]. GABA<sub>A</sub> receptors exist as pentamers of 4TM subunits that form an intrinsic anion selective channel. Sequences of six  $\alpha$ , three  $\beta$ , three  $\gamma$ , one  $\delta$ , three  $\rho$ , one  $\epsilon$ , one  $\pi$  and one  $\theta$  GABA<sub>A</sub> receptor subunits (gene family ID ENSF0000000053) have been reported in mammals [36–37,42,44]. The  $\pi$ -subunit is restricted to reproductive tissue. Alternatively spliced versions of many subunits exist (e.g.  $\alpha$ 4- and  $\alpha$ 6- (both not functional)  $\alpha$ 5-,  $\beta$ 2-,  $\beta$ 3- and  $\gamma$ 2), along with RNA editing of the  $\alpha$ 3 subunit [12]. The three  $\rho$ -subunits, ( $\rho$ 1-3) function as either homo- or hetero-oligomeric assemblies [10,55]. Receptors formed from  $\rho$ -subunits, because of their distinctive pharmacology that includes insensitivity to bicuculline, benzodiazepines and barbiturates, have sometimes been termed GABA<sub>C</sub> receptors [55], but they are classified as GABA<sub>A</sub> receptors by NC-IUPHAR on the basis of structural and functional criteria [3,36–37].

Many GABA<sub>A</sub> receptor subtypes contain  $\alpha$ -,  $\beta$ - and  $\gamma$ -subunits with the likely stoichiometry 2 $\alpha$ .2 $\beta$ .1 $\gamma$  [26,36]. It is thought that

the majority of GABA<sub>A</sub> receptors harbour a single type of  $\alpha$ - and  $\beta$ -subunit variant. The  $\alpha$ 1 $\beta$ 2 $\gamma$ 2 hetero-oligomer constitutes the largest population of GABA<sub>A</sub> receptors in the CNS, followed by the  $\alpha$ 2 $\beta$ 3 $\gamma$ 2 and  $\alpha$ 3 $\beta$ 3 $\gamma$ 2 isoforms. Receptors that incorporate the  $\alpha$ 4-  $\alpha$ 5- or  $\alpha$ 6-subunit, or the  $\beta$ 1-,  $\gamma$ 1-,  $\gamma$ 3-,  $\delta$ -,  $\epsilon$ - and  $\theta$ -subunits, are less numerous, but they may nonetheless serve important functions. For example, extrasynaptically located receptors that contain  $\alpha$ 6- and  $\delta$ -subunits in cerebellar granule cells, or an  $\alpha$ 4- and  $\delta$ -subunit in dentate gyrus granule cells and thalamic neurones, mediate a tonic current that is important for neuronal excitability in response to ambient concentrations of GABA [4,13,32,40,45]. GABA binding occurs at the  $\beta$ +/ $\alpha$ - subunit interface and the homologous  $\gamma$ +/ $\alpha$ - subunits interface creates the benzodiazepine site. A second site for benzodiazepine binding has recently been postulated to occur at the  $\alpha$ +/ $\beta$ - interface ([38]; reviewed by [43]). The particular  $\alpha$ - and  $\gamma$ -subunit isoforms exhibit marked effects on recognition and/or efficacy at the benzodiazepine site. Thus, receptors incorporating either  $\alpha$ 4- or  $\alpha$ 6-subunits are not recognised by ‘classical’ benzodiazepines, such as flunitrazepam (but see [104]). The trafficking, cell surface expression, internalisation and function of GABA<sub>A</sub> receptors and their subunits are discussed in detail in several recent reviews [61,70,81,101] but one point worthy of note is that receptors incorporating the  $\gamma$ 2 subunit (except when associated with  $\alpha$ 5)

cluster at the postsynaptic membrane (but may distribute dynamically between synaptic and extrasynaptic locations), whereas as those incorporating the  $\delta$  subunit appear to be exclusively extrasynaptic.

NC-IUPHAR [53,86] class GABA<sub>A</sub> receptors according to their subunit structure, pharmacology and receptor function. Currently, eleven native GABA<sub>A</sub> receptors are classed as conclusively identified (*i.e.*,  $\alpha$ 1 $\beta$ 2 $\gamma$ 2,  $\alpha$ 1 $\beta$  $\gamma$ 2,  $\alpha$ 3 $\beta$  $\gamma$ 2,  $\alpha$ 4 $\beta$  $\gamma$ 2,  $\alpha$ 4 $\beta$ 2 $\delta$ ,  $\alpha$ 4 $\beta$ 3 $\delta$ ,  $\alpha$ 5 $\beta$  $\gamma$ 2,  $\alpha$ 6 $\beta$  $\gamma$ 2,  $\alpha$ 6 $\beta$ 2 $\delta$ ,  $\alpha$ 6 $\beta$ 3 $\delta$  and  $\rho$ ) with further receptor isoforms occurring with high probability, or only tentatively [86–87]. It is beyond the scope of this Guide to discuss the pharmacology of individual GABA<sub>A</sub> receptor isoforms in detail; such information can be gleaned in the reviews [53,66,71,76,78,83,86–87,92] and [51–52]. Agents that discriminate between  $\alpha$ -subunit isoforms are noted in the table and additional agents that demonstrate selectivity between receptor isoforms, for example via  $\beta$ -subunit selectivity, are indicated in the text below. The distinctive agonist and antagonist pharmacology of  $\rho$  receptors is summarised in the table and additional aspects are reviewed in [60,72,84,105].

## Subunits

Nomenclature	$\alpha$ 1	$\alpha$ 2	$\alpha$ 3	$\alpha$ 4	$\alpha$ 5	$\alpha$ 6
HGNC, UniProt	GABRA1, P14867	GABRA2, P47869	GABRA3, P34903	GABRA4, P48169	GABRA5, P31644	GABRA6, Q16445
Agonists	isoguvacine [GABA site] (Full agonist), isonipecotic acid [GABA site], muscimol [GABA site] (Full agonist), piperidine-4-sulphonic acid [GABA site] (Full agonist), THIP [GABA site]					
Selective antagonists	bicuculline [GABA site], gabazine [GABA site]					
Channel Blockers	picrotoxin, TBPS					
Endogenous allosteric regulators	5 $\alpha$ -pregnan-3 $\alpha$ -ol-20-one (Potentiation), tetrahydrodeoxycorticosterone (Potentiation), Zn <sup>2+</sup> (Inhibition)					



Nomenclature	$\alpha 1$	$\alpha 2$	$\alpha 3$	$\alpha 4$	$\alpha 5$	$\alpha 6$
Allosteric Regulators [benzodiazepine site]	$\alpha 3$ IA (Inverse agonist), $\alpha 5$ IA (Inverse agonist), bretazenil (Full agonist), diazepam (Full agonist), DMCM (Inverse agonist), flumazenil (Antagonist), flunitrazepam (Full agonist), MRK016 (Inverse agonist), Ro154513 (Inverse agonist), Ro194603 (Inverse agonist), Ro4938581 (Inverse agonist), TP003 (Antagonist), TPA023 (Antagonist)	$\alpha 3$ IA (Inverse agonist), $\alpha 5$ IA (Inverse agonist), bretazenil (Full agonist), diazepam (Full agonist), DMCM (Inverse agonist), flumazenil (Antagonist), flunitrazepam (Full agonist), MRK016 (Inverse agonist), ocinaplon (Partial agonist), Ro154513 (Inverse agonist), Ro194603 (Inverse agonist), Ro4938581 (Inverse agonist), TP003 (Antagonist), ZK93426 (Antagonist)	$\alpha 5$ IA (Inverse agonist), bretazenil (Full agonist), diazepam (Full agonist), DMCM (Inverse agonist), flumazenil (Antagonist), flunitrazepam (Full agonist), MRK016 (Inverse agonist), ocinaplon (Partial agonist), Ro154513 (Inverse agonist), Ro4938581 (Inverse agonist), ZK93426 (Antagonist)	flumazenil (Partial agonist, low affinity)	$\alpha 3$ IA (Inverse agonist), bretazenil (Full agonist), diazepam (Full agonist), DMCM (Inverse agonist), flumazenil (Antagonist), flunitrazepam (Full agonist), ocinaplon (Partial agonist), Ro154513 (Inverse agonist), Ro194603 (Inverse agonist), TP003 (Antagonist), TPA023 (Antagonist), ZK93426 (Antagonist)	bretazenil (Full agonist), flumazenil (Partial agonist, low affinity)
Selective allosteric regulators [benzodiazepine site]	indiplon (Full agonist, high affinity), L838417 (Antagonist), ocinaplon (Full agonist), zaleplon (Full agonist, high affinity), ZK93426 (Antagonist), zolpidem (Full agonist, high affinity)	L838417 (Partial agonist), TPA023 (Partial agonist, low efficacy)	$\alpha 3$ IA (higher affinity), L838417 (Partial agonist), Ro194603 (Inverse agonist, higher affinity), TP003 (Partial agonist, high efficacy), TPA023 (Partial agonist, low efficacy)	bretazenil (Full agonist), Ro154513 (Full agonist)	$\alpha 5$ IA (Inverse agonist), L655708 (Inverse agonist, high affinity), L838417 (Partial agonist), MRK016 (Inverse agonist), Ro4938581 (Inverse agonist, higher affinity), RY024 (Inverse agonist, high affinity)	Ro154513 (Full agonist)
Radioligands ( $K_d$ )	[ $^{11}\text{C}$ ]flumazenil [benzodiazepine site], [ $^{18}\text{F}$ ]fluoroethylflumazenil [benzodiazepine site], [ $^{35}\text{S}$ ]TBPS [anion channel], [ $^3\text{H}$ ]CGS8216 [benzodiazepine site], [ $^3\text{H}$ ]flunitrazepam [benzodiazepine site], [ $^3\text{H}$ ]gabazine [GABA site], [ $^3\text{H}$ ]muscimol [GABA site], [ $^3\text{H}$ ]zolpidem [benzodiazepine site]					
Comment	$\text{Zn}^{2+}$ is an endogenous allosteric regulator and causes potent inhibition of receptors formed from binary combinations of $\alpha$ and $\beta$ subunits, incorporation of a $\delta$ or $\gamma$ subunit causes a modest, or pronounced, reduction in inhibitory potency, respectively [77]					

**Comments:** isonipectoic acid is a relatively high efficacy agonist at the GABA binding site of  $\alpha 4$  and  $\alpha 6$  subunits. Diazepam and flunitrazepam are not active at  $\alpha 4$ - or  $\alpha 6$ -subunits. [ $^{11}\text{C}$ ]flumazenil is a low affinity ligand at the benzodiazepine site of  $\alpha 4$  and  $\alpha 6$  subunits. [ $^3\text{H}$ ]Ro154513 selectively labels  $\alpha 4$ - and  $\alpha 6$ -subunit containing receptors in the presence of a saturating concentration of a 'classical' benzodiazepine (e.g. diazepam).

Nomenclature	$\beta 1$	$\beta 2$	$\beta 3$	$\gamma 1$	$\gamma 2$	$\gamma 3$
HGNC, UniProt	<i>GABRB1</i> , P18505	<i>GABRB2</i> , P47870	<i>GABRB3</i> , P28472	<i>GABRG1</i> , Q8NIC3	<i>GABRG2</i> , P18507	<i>GABRG3</i> , Q99928
Channel Blockers	picrotoxin, TBPS					
Comment	$\text{Zn}^{2+}$ is an endogenous allosteric regulator and causes potent inhibition of receptors formed from binary combinations of $\alpha$ and $\beta$ subunits, incorporation of a $\delta$ or $\gamma$ subunit causes a modest, or pronounced, reduction in inhibitory potency, respectively [77]					





## Further reading

- Atack JR. (2010) GABAA receptor alpha2/alpha3 subtype-selective modulators as potential non-sedating anxiolytics. *Curr Top Behav Neurosci* 2: 331–360. [PMID:21309116]
- Bali A, Jaggi AS. (2013) Multifunctional aspects of allopregnanolone in stress and related disorders. *Prog Neuropsychopharmacol Biol Psychiatry* [Epub ahead of print]. [PMID:24044974]
- Barnard EA, Skolnick P, Olsen RW, Mohler H, Sieghart W, Biggio G, Braestrup C, Bateson AN, Langer SZ. (1998) International Union of Pharmacology. XV. Subtypes of gamma-aminobutyric acidA receptors: classification on the basis of subunit structure and receptor function. *Pharmacol Rev* 50: 291–313. [PMID:9647870]
- Belelli D, Harrison NL, Maguire J, Macdonald RL, Walker MC, Cope DW. (2009) Extrasynaptic GABAA receptors: form, pharmacology, and function. *J Neurosci* 29: 12757–12763. [PMID:19828786]
- Bonin RP, Orser BA. (2008) GABA(A) receptor subtypes underlying general anesthesia. *Pharmacol Biochem Behav* 90: 105–112. [PMID:18201756]
- Bowery NG, Smart TG. (2006) GABA and glycine as neurotransmitters: a brief history. *Br J Pharmacol* 147: S109–S119. [PMID:16402094]
- Capogna M, Pearce RA. (2011) GABA A,slow: causes and consequences. *Trends Neurosci* 34: 101–112. [PMID:21145601]
- Galanopoulou AS. (2010) Mutations affecting GABAergic signaling in seizures and epilepsy. *Pflugers Arch* 460: 505–523. [PMID:20352446]
- Herd MB, Belelli D, Lambert JJ. (2007) Neurosteroid modulation of synaptic and extrasynaptic GABA(A) receptors. *Pharmacol Ther* 116: 20–34. [PMID:17531325]
- Hosie AM, Wilkins ME, Smart TG. (2007) Neurosteroid binding sites on GABA(A) receptors. *Pharmacol Ther* 116: 7–19. [PMID:17560657]
- Jacob TC, Moss SJ, Jurd R. (2008) GABA(A) receptor trafficking and its role in the dynamic modulation of neuronal inhibition. *Nat Rev Neurosci* 9: 331–343. [PMID:18382465]
- Johnston GA, Chebib M, Hanrahan JR, Mewett KN. (2010) Neurochemicals for the investigation of GABA(C) receptors. *Neurochem Res* 35: 1970–1977. [PMID:20963487]
- Luscher B, Fuchs T, Kilpatrick CL. (2011) GABAA receptor trafficking-mediated plasticity of inhibitory synapses. *Neuron* 70: 385–409. [PMID:21555068]
- Munro G, Ahring PK, Mirza NR. (2009) Developing analgesics by enhancing spinal inhibition after injury: GABAA receptor subtypes as novel targets. *Trends Pharmacol Sci* 30: 453–459. [PMID:19729210]
- Möhler H. (2007) Molecular regulation of cognitive functions and developmental plasticity: impact of GABAA receptors. *J Neurochem* 102: 1–12. [PMID:17394533]
- Ng CK, Kim HL, Gavande N, Yamamoto I, Kumar RJ, Mewett KN, Johnston GA, Hanrahan JR, Chebib M. (2011) Medicinal chemistry of  $\rho$  GABAC receptors. *Future Med Chem* 3: 197–209. [PMID:21428815]
- Nutt DJ, Stahl SM. (2010) Searching for perfect sleep: the continuing evolution of GABAA receptor modulators as hypnotics. *J Psychopharmacol (Oxford)* 24: 1601–1612. [PMID:19942638]
- Olsen RW, Li GD. (2011) GABA(A) receptors as molecular targets of general anesthetics: identification of binding sites provides clues to allosteric modulation. *Can J Anaesth* 58: 206–215. [PMID:21194017]
- Olsen RW, Sieghart W. (2008) International Union of Pharmacology. LXX. Subtypes of gamma-aminobutyric acid(A) receptors: classification on the basis of subunit composition, pharmacology, and function. Update. *Pharmacol Rev* 60: 243–260. [PMID:18790874]
- Olsen RW, Sieghart W. (2009) GABA A receptors: subtypes provide diversity of function and pharmacology. *Neuropharmacology* 56: 141–148. [PMID:18760291]
- Rudolph U, Möhler H. (2006) GABA-based therapeutic approaches: GABAA receptor subtype functions. *Curr Opin Pharmacol* 6: 18–23. [PMID:16376150]
- Sigel E, Lüscher BP. (2011) A closer look at the high affinity benzodiazepine binding site on GABAA receptors. *Curr Top Med Chem* 11: 241–246. [PMID:21189125]
- Tan KR, Rudolph U, Lüscher C. (2011) Hooked on benzodiazepines: GABAA receptor subtypes and addiction. *Trends Neurosci* 34: 188–197. [PMID:21353710]
- Veleiro AS, Burton G. (2009) Structure-activity relationships of neuroactive steroids acting on the GABAA receptor. *Curr Med Chem* 16: 455–472. [PMID:19199916]
- Vithlani M, Terunuma M, Moss SJ. (2011) The dynamic modulation of GABA(A) receptor trafficking and its role in regulating the plasticity of inhibitory synapses. *Physiol Rev* 91: 1009–1022. [PMID:21742794]





# Glycine receptors

**Overview:** The inhibitory glycine receptor [nomenclature as agreed by the [NC-IUPHAR](#) sub-committee on glycine receptors] is a member of the Cys-loop superfamily of transmitter-gated ion channels that includes the zinc activated channels, GABA<sub>A</sub>, nicotinic acetylcholine and 5-HT<sub>3</sub> receptors [121]. The receptor is expressed either as a homo-pentamer of  $\alpha$  subunits, or a complex now thought to harbour 2 $\alpha$  and 3 $\beta$  subunits [107,111], that contain an intrinsic anion channel. Four differentially expressed isoforms of the  $\alpha$ -subunit ( $\alpha 1$ – $\alpha 4$ ) and one variant of the  $\beta$ -subunit ( $\beta 1$ , *GLRB*, P48167) have been identified by genomic and cDNA cloning. Further diversity originates from alternative splicing of the primary gene transcripts for  $\alpha 1$  ( $\alpha 1^{NS}$  and  $\alpha 1^{del}$ ),  $\alpha 2$  ( $\alpha 2A$  and  $\alpha 2B$ ),  $\alpha 3$  ( $\alpha 3S$  and  $\alpha 3L$ ) and  $\beta$  ( $\beta \Delta 7$ ) subunits and by

mRNA editing of the  $\alpha 2$  and  $\alpha 3$  subunit [109,124,128]. Both  $\alpha 2$  splicing and  $\alpha 3$  mRNA editing can produce subunits (*i.e.*,  $\alpha 2B$  and  $\alpha 3P185L$ ) with enhanced agonist sensitivity. Predominantly, the mature form of the receptor contains  $\alpha 1$  (or  $\alpha 3$ ) and  $\beta$  subunits while the immature form is mostly composed of only  $\alpha 2$  subunits. RNA transcripts encoding the  $\alpha 4$ -subunit have not been detected in adult humans. The N-terminal domain of the  $\alpha$ -subunit contains both the agonist and strychnine binding sites that consist of several discontinuous regions of amino acids. Inclusion of the  $\beta$ -subunit in the pentameric glycine receptor contributes to agonist binding, reduces single channel conductance and alters pharmacology. The  $\beta$ -subunit also anchors the receptor, via an amphipathic sequence within the large intracel-

lular loop region, to gephyrin. The latter is a cytoskeletal attachment protein that binds to a number of subsynaptic proteins involved in cytoskeletal structure and thus clusters and anchors hetero-oligomeric receptors to the synapse [116–117,126]. G-protein  $\beta\gamma$  subunits enhance the open state probability of native and recombinant glycine receptors by association with domains within the large intracellular loop [135–136]. Intracellular chloride concentration modulates the kinetics of native and recombinant glycine receptors [129]. Intracellular Ca<sup>2+</sup> appears to increase native and recombinant glycine receptor affinity, prolonging channel open events, by a mechanism that does not involve phosphorylation [110].

## Subunits

Nomenclature	$\alpha 1$	$\alpha 2$	$\alpha 3$
HGNC, UniProt	<i>GLRA1</i> , P23415	<i>GLRA2</i> , P23416	<i>GLRA3</i> , O75311
Selective agonists (potency order)	glycine > $\beta$ -alanine > taurine	glycine > $\beta$ -alanine > taurine	glycine > $\beta$ -alanine > taurine
Selective antagonists (IC <sub>50</sub> )	HU-308 (weak inhibition), PMBA, strychnine, pregnenolone sulphate ( <i>K</i> <sub>i</sub> 1.9x10 <sup>-6</sup> M), tropisetron ( <i>K</i> <sub>i</sub> 8.4x10 <sup>-5</sup> M), ginkgolide X (7.6x10 <sup>-7</sup> M), nifedipine (3.3x10 <sup>-6</sup> M), bilobalide (2x10 <sup>-5</sup> M), colchicine (3.24x10 <sup>-4</sup> M)	PMBA, strychnine, pregnenolone sulphate ( <i>K</i> <sub>i</sub> 5.5x10 <sup>-6</sup> M), tropisetron ( <i>K</i> <sub>i</sub> 1.3x10 <sup>-5</sup> M), HU-210 (9x10 <sup>-8</sup> M), WIN55212-2 (2.2x10 <sup>-7</sup> M), HU-308 (1.1x10 <sup>-6</sup> M), ginkgolide X (2.8x10 <sup>-6</sup> M), bilobalide (8x10 <sup>-6</sup> M), colchicine (6.4x10 <sup>-5</sup> M), 5,7-dichlorokynurenic acid (1.88x10 <sup>-4</sup> M)	strychnine, HU-210 (5x10 <sup>-8</sup> M), HU-308 (9.7x10 <sup>-8</sup> M), WIN55212-2 (9.7x10 <sup>-8</sup> M), (12E,20Z,18S)-8-hydroxyvariabilin (7x10 <sup>-6</sup> M), nifedipine (2.92x10 <sup>-5</sup> M)
Channel Blockers (IC <sub>50</sub> )	cyanotriphenylborate (1.3x10 <sup>-6</sup> M), ginkgolide B (6x10 <sup>-7</sup> – 8x10 <sup>-6</sup> M), picrotin (5.2x10 <sup>-6</sup> M), picrotoxinin (5.1x10 <sup>-6</sup> M), picrotoxin (6.3x10 <sup>-6</sup> M)	picrotoxinin (4.1x10 <sup>-7</sup> M), picrotoxin (2.3x10 <sup>-6</sup> M), ginkgolide B (3.7x10 <sup>-6</sup> – 1.14x10 <sup>-5</sup> M), picrotin (1.31x10 <sup>-5</sup> M), cyanotriphenylborate (>2x10 <sup>-5</sup> M)	picrotoxin (block is weaker when $\beta$ subunit is co-expressed), picrotoxinin (4.3x10 <sup>-7</sup> M), ginkgolide B (1.8x10 <sup>-6</sup> M), picrotin (6x10 <sup>-6</sup> M)
Endogenous allosteric regulators	Extracellular H <sup>+</sup> (Inhibition, endogenous), Zn <sup>2+</sup> (Potentiation, endogenous; not affected by $\beta$ subunit co-expression) (EC <sub>50</sub> 3.7x10 <sup>-8</sup> M), Cu <sup>2+</sup> (Inhibition, endogenous; not affected by $\beta$ subunit co-expression) (IC <sub>50</sub> 4x10 <sup>-6</sup> – 1.5x10 <sup>-5</sup> M), Zn <sup>2+</sup> (Inhibition, endogenous) (IC <sub>50</sub> 1.5x10 <sup>-5</sup> M)	Zn <sup>2+</sup> (Potentiation, endogenous; not affected by $\beta$ subunit co-expression) (EC <sub>50</sub> 5.4x10 <sup>-7</sup> M), Cu <sup>2+</sup> (Inhibition, endogenous) (IC <sub>50</sub> 1.7x10 <sup>-5</sup> M), Zn <sup>2+</sup> (Inhibition, endogenous) (IC <sub>50</sub> 3.6x10 <sup>-4</sup> M)	Cu <sup>2+</sup> (Inhibition, endogenous) (IC <sub>50</sub> 9x10 <sup>-6</sup> M), Zn <sup>2+</sup> (Inhibition, endogenous) (IC <sub>50</sub> 1.5x10 <sup>-4</sup> M)
Selective allosteric regulators	anandamide (Potentiation) (EC <sub>50</sub> 3.8x10 <sup>-8</sup> M), HU-210 (Potentiation) (EC <sub>50</sub> 2.7x10 <sup>-7</sup> M), $\Delta^9$ -tetrahydrocannabinol (Potentiation, ~1500% potentiation) (EC <sub>50</sub> ~3x10 <sup>-6</sup> M)	$\Delta^9$ -tetrahydrocannabinol (Potentiation, ~230% potentiation) (EC <sub>50</sub> ~1x10 <sup>-6</sup> M)	$\Delta^9$ -tetrahydrocannabinol (Potentiation, ~1500% potentiation) (EC <sub>50</sub> ~5x10 <sup>-6</sup> M)
Radioligands ( <i>K</i> <sub>d</sub> )	[ <sup>3</sup> H]strychnine	[ <sup>3</sup> H]strychnine	[ <sup>3</sup> H]strychnine
Functional characteristics	$\gamma$ = 86 pS (main state); (+ $\beta$ = 44 pS)	$\gamma$ = 111 pS (main state); (+ $\beta$ = 54 pS)	$\gamma$ = 105 pS (main state); (+ $\beta$ = 48)



**Comments:** Data in the table refer to homo-oligomeric assemblies of the  $\alpha$ -subunit, significant changes introduced by co-expression of the  $\beta$ 1 subunit are indicated in parenthesis. Not all glycine receptor ligands are listed within the table, but some that may be useful in distinguishing between glycine receptor isoforms are indicated (see detailed view pages for each subunit:  $\alpha$ 1,  $\alpha$ 2,  $\alpha$ 3,  $\alpha$ 4,  $\beta$ ). pregnenolone sulphate, tropisetron and colchicine, for example, although not selective antagonists of glycine receptors, are included for this purpose. strychnine is a potent and selective competitive glycine receptor antagonist with affinities in the range 5–15 nM. RU5135 demonstrates comparable potency, but additionally blocks GABA<sub>A</sub> receptors. There are conflicting reports concerning the ability of cannabinoids to inhibit [119], or potentiate and at high concentrations activate [106,108,112,131–132] glycine receptors. Nonetheless, cannabinoid analogues may hold promise in distinguishing between glycine receptor subtypes [132]. In addition, potentiation of glycine receptor activity by cannabinoids has been claimed to contribute to cannabis-induced analgesia relying on Ser296/307 ( $\alpha$ 1/ $\alpha$ 3) in M3 [131]. Several analogues of muscimol and piperidine act as agonists and antagonists of both glycine and GABA<sub>A</sub> receptors. picrotoxin acts as an allosteric inhibitor that appears

to bind within the pore, and shows strong selectivity towards homomeric receptors. While its components, picrotoxinin and picrotin, have equal potencies at  $\alpha$ 1 receptors, their potencies at  $\alpha$ 2 and  $\alpha$ 3 receptors differ modestly and may allow some distinction between different receptor types [133]. Binding of picrotoxin within the pore has been demonstrated in the crystal structure of the related *C. elegans* GluCl Cys-loop receptor [113]. In addition to the compounds listed in the table, numerous agents act as allosteric regulators of glycine receptors (comprehensively reviewed in [118,120,130,137]). Zn<sup>2+</sup> acts through distinct binding sites of high- and low-affinity to allosterically enhance channel function at low (<10  $\mu$ M) concentrations and inhibits responses at higher concentrations in a subunit selective manner [125]. The effect of Zn<sup>2+</sup> is somewhat mimicked by Ni<sup>2+</sup>. Endogenous Zn<sup>2+</sup> is essential for normal glycinergic neurotransmission mediated by  $\alpha$ 1 subunit-containing receptors [114]. Elevation of intracellular Ca<sup>2+</sup> produces fast potentiation of glycine receptor-mediated responses. Dideoxyforskolin (4  $\mu$ M) and tamoxifen (0.2–5  $\mu$ M) both potentiate responses to low glycine concentrations (15  $\mu$ M), but act as inhibitors at higher glycine concentrations (100  $\mu$ M). Additional modulatory agents that enhance glycine receptor function include inhalational, and

several intravenous general anaesthetics (*e.g.* minaxolone, propofol and pentobarbitone) and certain neurosteroids. ethanol and higher order n-alcohols also enhance glycine receptor function although whether this occurs by a direct allosteric action at the receptor [123], or through G protein  $\beta$  subunits [134] is debated. Recent crystal structures of the bacterial homologue, GLIC, have identified transmembrane binding pockets for both anaesthetics [127] and alcohols [115]. Solvents inhaled as drugs of abuse (*e.g.* toluene, 1-1-1-trichloroethane) may act at sites that overlap with those recognising alcohols and volatile anaesthetics to produce potentiation of glycine receptor function. The function of glycine receptors formed as homomeric complexes of  $\alpha$ 1 or  $\alpha$ 2 subunits, or hetero-oligomers of  $\alpha$ 1/ $\beta$  or  $\alpha$ 2/ $\beta$  subunits, is differentially affected by the 5-HT<sub>3</sub> receptor antagonist tropisetron (ICS 205-930) which may evoke potentiation (which may occur within the femtomolar range at the homomeric glycine  $\alpha$ 1 receptor), or inhibition, depending upon the subunit composition of the receptor and the concentrations of the modulator and glycine employed. Potentiation and inhibition by tropeines involves different binding modes [122]. Additional tropeines, including atropine, modulate glycine receptor activity.

#### Further reading

- Callister RJ, Graham BA. (2010) Early history of glycine receptor biology in Mammalian spinal cord circuits. *Front Mol Neurosci* 3: 13. [PMID:20577630]
- Nys M, Kesters D, Ulens C. (2013) Structural insights into Cys-loop receptor function and ligand recognition. *Biochem Pharmacol* [Epub ahead of print]. [PMID:23850718]
- Schaefer N, Langlhofer G, Kluck CJ, Villmann C. (2013) Glycine receptor mouse mutants - model systems for human hyperekplexia. *Br J Pharmacol* [Epub ahead of print]. [PMID:23941355]
- Sivilotti LG. (2010) What single-channel analysis tells us of the activation mechanism of ligand-gated channels: the case of the glycine receptor. *J Physiol (Lond)* 588: 45–58. [PMID:19770192]
- Tsetlin V, Kuzmin D, Kasheverov I. (2011) Assembly of nicotinic and other Cys-loop receptors. *J Neurochem* 116: 734–741. [PMID:21214570]
- Xu TL, Gong N. (2010) Glycine and glycine receptor signaling in hippocampal neurons: diversity, function and regulation. *Prog Neurobiol* 91: 349–361. [PMID:20438799]
- Yevenes GE, Zeilhofer HU. (2011) Allosteric modulation of glycine receptors. *Br J Pharmacol* 164: 224–236. [PMID:21557733]



# Ionotropic glutamate receptors

**Overview:** The ionotropic glutamate receptors comprise members of the NMDA (N-methyl-D-aspartate), AMPA ( $\alpha$ -amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid) and kainate receptor classes, named originally according to their preferred, synthetic, agonist [149,174,197]. Receptor heterogeneity within each class arises from the homo-oligomeric, or hetero-oligomeric, assembly of distinct subunits into cation-selective tetramers. Each subunit of the tetrameric complex comprises an extracellular amino terminal domain (ATD), an extracellular ligand binding domain (LBD), three transmembrane domains composed of three

*AMPA and Kainate receptors* AMPA receptors assemble as homomers, or heteromers, that may be drawn from GluA1, GluA2, GluA3 and GluA4 subunits. Transmembrane AMPA receptor regulatory proteins (TARPs) of class I (i.e.  $\gamma$ 2,  $\gamma$ 3,  $\gamma$ 4 and  $\gamma$ 8) act, with variable stoichiometry, as auxiliary subunits to AMPA receptors and influence their trafficking, single channel conductance gating and pharmacology (reviewed in [154,163,179,195]). Functional kainate receptors can be expressed as homomers of GluK1, GluK2 or GluK3 subunits. GluK1-3 subunits are also capable of assembling into heterotetramers (e.g. GluK1/K2; [171,188–189]). Two additional kainate receptor subunits, GluK4 and GluK5, when expressed individually, form high affinity binding sites for kainate, but lack function, but can form heteromers when expressed with GluK1-3 subunits (e.g. GluK2/K5; reviewed in [165,188–189]). Kainate

membrane spans (M1, M3 and M4), a channel lining re-entrant 'p-loop' (M2) located between M1 and M3 and an intracellular carboxy-terminal domain (CTD) [166,169,177,181,197]. The X-ray structure of a homomeric ionotropic glutamate receptor (GluA2 – see below) has recently been solved at 3.6Å resolution [194] and although providing the most complete structural information current available may not representative of the subunit arrangement of, for example, the heteromeric NMDA receptors [167]. It is beyond the scope of this supplement to discuss the pharmacology of individual ionotropic glutamate receptor

receptors may also exhibit 'metabotropic' functions [171,191]. As found for AMPA receptors, kainate receptors are modulated by auxiliary subunits (Neto proteins, [172,188]). An important function difference between AMPA and kainate receptors is that the latter require extracellular Na<sup>+</sup> and Cl<sup>-</sup> for their activation [141,190]. RNA encoding the GluA2 subunit undergoes extensive RNA editing in which the codon encoding a p-loop glutamine residue (Q) is converted to one encoding arginine (R). This Q/R site strongly influences the biophysical properties of the receptor. Recombinant AMPA receptors lacking RNA edited GluA2 subunits are: (1) permeable to Ca<sup>2+</sup>; (2) blocked by intracellular polyamines at depolarized potentials causing inward rectification (the latter being reduced by TARPs); (3) blocked by extracellular argitoxin and Joro spider toxins and (4) demonstrate higher channel conductances than receptors containing

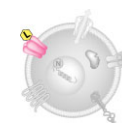
isoforms in detail; such information can be gleaned from [144,148–149,153,164–165,168,184–186,197–198]. Agents that discriminate between subunit isoforms are, where appropriate, noted in the tables and additional compounds that distinguish between receptor isoforms are indicated in the text below.

The classification of glutamate receptor subunits has been recently been re-addressed by [NC-IUPHAR](#) [146]. The scheme developed recommends a revised nomenclature for ionotropic glutamate receptor subunits that is adopted here.

the edited form of GluA2 [162,192]. GluK1 and GluK2, but not other kainate receptor subunits, are similarly edited and broadly similar functional characteristics apply to kainate receptors lacking either an RNA edited GluK1, or GluK2, subunit [171,188]. Native AMPA and kainate receptors displaying differential channel conductances, Ca<sup>2+</sup> permeabilities and sensitivity to block by intracellular polyamines have been identified [147,162,173]. GluA1-4 can exist as two variants generated by alternative splicing (termed 'flip' and 'flop') that differ in their desensitization kinetics and their desensitization in the presence of cyclothiazide which stabilises the non-desensitized state. TARPs also stabilise the non-desensitized conformation of AMPA receptors and facilitate the action of cyclothiazide [179]. Splice variants of GluK1-3 also exist which affects their trafficking [171,188].

## Subunits

Nomenclature	GluA1	GluA2	GluA3	GluA4
HGNC, UniProt	<i>GRIA1</i> , P42261	<i>GRIA2</i> , P42262	<i>GRIA3</i> , P42263	<i>GRIA4</i> , P48058
Agonists	AMPA (Full agonist), (S)-5-fluorowillardiine (Full agonist)			
Selective antagonists	ATPO, GYKI53655, GYKI53784 (active isomer, non-competitive), LY293558, NBQX			
Channel Blockers	extracellular argitoxin, extracellular joro toxin	extracellular argitoxin	extracellular argitoxin, extracellular joro toxin	extracellular argitoxin, extracellular joro toxin
Allosteric Regulators	aniracetam (Positive), CX516 (Positive), CX546 (Positive), cyclothiazide (Positive), IDRA-21 (Positive), LY392098 (Positive), LY404187 (Positive), LY503430 (Positive), piracetam (Positive), S18986 (Positive)			
Radioligands (K <sub>a</sub> )	[ <sup>3</sup> H]AMPA, [ <sup>3</sup> H]CNQX			
Comment	piracetam and aniracetam are examples of pyrrolidiones. cyclothiazide, S18986, and IDRA-21 are examples of benzothiadiazides. CX516 and CX546 are examples of benzylpiperidines. LY392098, LY404187 and LY503430 are examples of biarylpropylsulfonamides. Also blocked by intracellular polyamines			



Nomenclature	GluK1	GluK2	GluK3	GluK4	GluK5
HGNC, UniProt	<i>GRIK1</i> , P39086	<i>GRIK2</i> , Q13002	<i>GRIK3</i> , Q13003	<i>GRIK4</i> , Q16099	<i>GRIK5</i> , Q16478
Agonists (EC <sub>50</sub> )	8-deoxy-neodysiherbaine (Full agonist), ATPA (Full agonist), domoic acid (Full agonist), dysiherbaine (Full agonist), (S)-4-AHCP (Full agonist), (S)-5-iodowillardiine, kainate (Full agonist), LY339434 (Full agonist), SYM2081 (Full agonist)	domoic acid (Full agonist), dysiherbaine (Full agonist), kainate (Full agonist), SYM2081 (Full agonist)	dysiherbaine (Full agonist), kainate (Full agonist, low potency), SYM2081 (Full agonist)	domoic acid (Full agonist), dysiherbaine (Full agonist), kainate (Full agonist), SYM2081 (Full agonist)	domoic acid (Full agonist), dysiherbaine (Full agonist), kainate (Full agonist), SYM2081 (Full agonist)
Selective antagonists (IC <sub>50</sub> )	2,4-epi-neodysiherbaine, ACET, LY382884, LY466195, MSVIII-19, NS3763 (non-competitive), UBP302, UBP310	2,4-epi-neodysiherbaine	–	–	–
Allosteric Regulators	concanavalin A (Positive)	concanavalin A (Positive)	–	–	–
Radioligands (K <sub>d</sub> )	[ <sup>3</sup> H](2S,4R)-4-methylglutamate, [ <sup>3</sup> H]kainate, [ <sup>3</sup> H]UBP310 (2.1×10 <sup>-8</sup> M) [138]	[ <sup>3</sup> H](2S,4R)-4-methylglutamate, [ <sup>3</sup> H]kainate	[ <sup>3</sup> H](2S,4R)-4-methylglutamate, [ <sup>3</sup> H]kainate, [ <sup>3</sup> H]UBP310 (5.6×10 <sup>-7</sup> M) [138]	[ <sup>3</sup> H](2S,4R)-4-methylglutamate, [ <sup>3</sup> H]kainate	[ <sup>3</sup> H](2S,4R)-4-methylglutamate, [ <sup>3</sup> H]kainate
Comment	–	Intracellular polyamines are subtype selective channel blockers (GluK3 >> GluK2)	domoic acid and concanavalin A are inactive at the GluK3 subunit. Intracellular polyamines are subtype selective channel blockers (GluK3 >> GluK2)	–	–

**Comments:** *AMPA and Kainate receptors* All AMPA receptors are additionally activated by kainate (and domoic acid) with relatively low potency, (EC<sub>50</sub> ~ 100 μM). Inclusion of TARPs within the receptor complex increases the potency and maximal effect of kainate [163,179]. AMPA is weak partial agonist at GluK1 and at heteromeric assemblies of GluK1/GluK2, GluK1/GluK5 and GluK2/GluK5 [165]. Quinoxalinediones such as CNQX and NBQX show limited selectivity between AMPA and kainate receptors. LY293558 also has kainate (GluK1) receptor activity as has GYKI53655 (GluK3 and GluK2/GluK3) [165]. ATPO is a potent competitive antagonist of AMPA receptors, has a weaker antagonist action at kainate receptors comprising

GluK1 subunits, but is devoid of activity at kainate receptors formed from GluK2 or GluK2/GluK5 subunits. The pharmacological activity of ATPO resides with the (S)-enantiomer. ACET and UBP310 may block GluK3, in addition to GluK1 [138,187]. (2S,4R)-4-methylglutamate (SYM2081) is equipotent in activating (and desensitising) GluK1 and GluK2 receptor isoforms and, via the induction of desensitisation at low concentrations, has been used as a functional antagonist of kainate receptors. Both (2S,4R)-4-methylglutamate and LY339434 have agonist activity at NMDA receptors. (2S,4R)-4-methylglutamate is also an inhibitor of the glutamate transporters EAAT1 and EAAT2.

*Delta subunits* GluD1 (*GRID1*, Q9ULK0) and GluD2 (*GRID2*, O43424) comprise, on the basis of sequence homology, an 'orphan' class of ionotropic glutamate receptor subunit. They do not form a functional receptor when expressed solely, or in combination with other ionotropic glutamate receptor subunits, in transfected cells [199]. However, GluD2 subunits bind D-serine and glycine and GluD2 subunits carrying the mutation A654T form a spontaneously open channel that is closed by D-serine [182].



**NMDA receptors** NMDA receptors assemble as obligate heteromers that may be drawn from GluN1, GluN2A, GluN2B, GluN2C, GluN2D, GluN3A and GluN3B subunits. Alternative splicing can generate eight isoforms of GluN1 with differing pharmacological properties. Various splice variants of GluN2B, 2C, 2D and GluN3A have also been reported. Activation of NMDA receptors containing GluN1 and GluN2 subunits requires the binding of

two agonists, glutamate to the S1 and S2 regions of the GluN2 subunit and glycine to S1 and S2 regions of the GluN1 subunit [145,152]. The minimal requirement for efficient functional expression of NMDA receptors *in vitro* is a di-heteromeric assembly of GluN1 and at least one GluN2 subunit variant, as a dimer of heterodimers arrangement in the extracellular domain [157,167,177]. However, more complex tri-heteromeric assem-

blies, incorporating multiple subtypes of GluN2 subunit, or GluN3 subunits, can be generated *in vitro* and occur *in vivo*. The NMDA receptor channel commonly has a high relative permeability to Ca<sup>2+</sup> and is blocked, in a voltage-dependent manner, by Mg<sup>2+</sup> such that at resting potentials the response is substantially inhibited.

Nomenclature	GluN1	GluN2A	GluN2B	GluN2C
HGNC, UniProt	<i>GRIN1</i> , Q05586	<i>GRIN2A</i> , Q12879	<i>GRIN2B</i> , Q13224	<i>GRIN2C</i> , Q01098
Endogenous agonists	D-aspartate [glutamate site], D-serine [glycine site], glycine [glycine site], L-aspartate [glutamate site]	D-aspartate [glutamate site] (low potency), D-serine [glycine site] (low potency), glycine [glycine site] (low potency), L-aspartate [glutamate site] (low potency)	D-aspartate [glutamate site] (intermediate potency), D-serine [glycine site] (intermediate potency), glycine [glycine site] (intermediate potency), L-aspartate [glutamate site] (intermediate potency)	D-aspartate [glutamate site] (intermediate potency), D-serine [glycine site] (intermediate potency), glycine [glycine site] (intermediate potency), L-aspartate [glutamate site] (intermediate potency)
Agonists	(+)-HA966 [glycine site] (Partial agonist), homoquinolinic acid [glutamate site] (Partial agonist), (RS)-(tetrazol-5-yl)glycine [glutamate site] (Full agonist), NMDA [glutamate site] (Full agonist)	(+)-HA966 [glycine site] (Partial agonist, low potency), homoquinolinic acid [glutamate site] (partial agonist), (RS)-(tetrazol-5-yl)glycine [glutamate site] (Full agonist, low potency), NMDA [glutamate site] (Full agonist, low potency)	(+)-HA966 [glycine site] (Partial agonist), homoquinolinic acid [glutamate site] (Full agonist, high potency), (RS)-(tetrazol-5-yl)glycine [glutamate site] (Full agonist, intermediate potency), NMDA [glutamate site] (Full agonist, intermediate potency)	homoquinolinic acid [glutamate site] (partial agonist), (RS)-(tetrazol-5-yl)glycine [glutamate site] (Full agonist, intermediate potency), NMDA [glutamate site] (Full agonist, intermediate potency)
Selective antagonists	5,7-dichlorokynurenic acid [glycine site], GV196771A [glycine site], L689560 [glycine site], L701324 [glycine site]	5,7-dichlorokynurenic acid [glycine site], CGP37849 [glutamate site], CGS19755 [glutamate site], conantokin-G [glutamate site] (low potency), d-AP5 [glutamate site], d-CCPene [glutamate site] (high potency), GV196771A [glycine site], L689560 [glycine site], L701324 [glycine site], LY233053 [glutamate site], NVP-AAM077 [glutamate site] (high potency (human), but weakly selective for rat GluN2A versus GluN2B) [139,155-156,183], UBP141 [glutamate site] (low potency) [180]	5,7-dichlorokynurenic acid [glycine site], CGP37849 [glutamate site], CGS19755 [glutamate site], conantokin-G [glutamate site] (high potency), d-AP5 [glutamate site], d-CCPene [glutamate site] (high potency), GV196771A [glycine site], L689560 [glycine site], L701324 [glycine site], LY233053 [glutamate site], NVP-AAM077 [glutamate site] (low potency (human), but weakly selective for rat GluN2A versus GluN2B) [139,155-156,183], UBP141 [glutamate site] (low potency) [180]	5,7-dichlorokynurenic acid [glycine site], CGP37849 [glutamate site], CGS19755 [glutamate site], conantokin-G [glutamate site] (intermediate potency), d-AP5 [glutamate site], d-CCPene [glutamate site] (intermediate potency), GV196771A [glycine site], L689560 [glycine site], L701324 [glycine site], LY233053 [glutamate site], UBP141 [glutamate site] (intermediate potency) [180]
Channel Blockers	–	amantidine (GluN2C = GluN2D ≥ GluN2B ≥ GluN2A), ketamine, memantine (GluN2C ≥ GluN2D ≥ GluN2B > GluN2A), Mg <sup>2+</sup> (GluN2A = GluN2B > GluN2C = GluN2D), MK-801, N <sup>1</sup> -dansyl-spermine (GluN2A = GluN2B >> GluN2C = GluN2D), phencyclidine		
Radioligands (K <sub>d</sub> )	[ <sup>3</sup> H]CGP39653 [glutamate site], [ <sup>3</sup> H]CGP61594 [glycine site] ([ <sup>3</sup> H]CGP61594 is a photoaffinity ligand), [ <sup>3</sup> H]CGS19755 [glutamate site], [ <sup>3</sup> H]CPP [glutamate site], [ <sup>3</sup> H]glycine [glycine site], [ <sup>3</sup> H]L689560 [glycine site], [ <sup>3</sup> H]MDL105519 [glycine site], [ <sup>3</sup> H]MK-801 [cation channel]			



Nomenclature	GluN2D
HGNC, UniProt	<i>GRIN2D</i> , O15399
Endogenous agonists	D-aspartate [glutamate site] (GluN2D > GluN2C = GluN2B > GluN2A), D-serine [glycine site] (GluN2D > GluN2C > GluN2B > GluN2A), glycine [glycine site] (GluN2D > GluN2C > GluN2B > GluN2A), L-aspartate [glutamate site] (GluN2D = GluN2B > GluN2C = GluN2A)
Agonists	homoquinolinic acid [glutamate site] (Full agonist, GluN2B ≥ GluN2A ≥ GluN2D > GluN2C; partial agonist at GluN2A and GluN2C), (R)-5-(tetrazol-5-yl)glycine [glutamate site] (Full agonist, GluN2D > GluN2C = GluN2B > GluN2A), NMDA [glutamate site] (Full agonist, GluN2D > GluN2C > GluN2B > GluN2A)
Selective antagonists	5,7-dichlorokynurenic acid [glycine site], CGP37849 [glutamate site], CGS19755 [glutamate site], conantokin-G [glutamate site] (GluN2B > GluN2D = GluN2C = GluN2A), d-AP5 [glutamate site], d-CCPene [glutamate site] (GluN2A = GluN2B > GluN2C = GluN2D), GV196771A [glycine site], L689560 [glycine site], L701324 [glycine site], LY233053 [glutamate site], UBP141 [glutamate site] (GluN2D ≥ GluN2C > GluN2A ≥ GluN2B) [180]
Channel Blockers	amantadine (GluN2C = GluN2D ≥ GluN2B ≥ GluN2A), ketamine, memantine (GluN2C ≥ GluN2D ≥ GluN2B > GluN2A), Mg <sup>2+</sup> (GluN2A = GluN2B > GluN2C = GluN2D), MK-801, N <sup>1</sup> -dansyl-spermine (GluN2A = GluN2B >> GluN2C = GluN2D), phencyclidine
Radioligands	[ <sup>3</sup> H]CGP39653 [glutamate site], [ <sup>3</sup> H]CGP61594 [glycine site] ([ <sup>3</sup> H]CGP61594 is a photoaffinity ligand), [ <sup>3</sup> H]CGS19755 [glutamate site], [ <sup>3</sup> H]CPP [glutamate site], [ <sup>3</sup> H]glycine [glycine site], [ <sup>3</sup> H]L689560 [glycine site], [ <sup>3</sup> H]MDL105519 [glycine site], [ <sup>3</sup> H]MK-801 [cation channel]

**Comments:** Potency orders unreferenced in the table are from [144,150,153,170,186,197]. In addition to the glutamate and glycine binding sites documented in the table, physiologically important inhibitory modulatory sites exist for Mg<sup>2+</sup>, Zn<sup>2+</sup>, and protons [148–149,197]. Voltage-independent inhibition by Zn<sup>2+</sup> binding with high affinity within the ATD is highly subunit selective (GluN2A >> GluN2B > GluN2C ≥ GluN2D; [186,197]). The receptor is also allosterically modulated, in both positive and negative directions, by endogenous neuroactive steroids in a subunit dependent manner [161,176]. Tonic proton blockade of NMDA receptor function is alleviated by polyamines and the inclusion of exon 5 within GluN1 subunit splice variants, whereas the non-competitive antagonists ifenprodil and CP101606 (traxoprodil) increase the fraction of receptors blocked by protons at ambient concentration. Inclusion of exon 5 also abolishes potentiation by polyamines and inhibition by Zn<sup>2+</sup> that occurs through binding in the ATD [196]. Ifenprodil, CP101606, haloperidol, felbamate and Ro8-4304 discriminate between

recombinant NMDA receptors assembled from GluN1 and either GluN2A, or GluN2B, subunits by acting as selective, non-competitive, antagonists of heterooligomers incorporating GluN2B through a binding site at the ATD GluN1/GluN2B subunit interface [167]. LY233536 is a competitive antagonist that also displays selectivity for GluN2B over GluN2A subunit-containing receptors. Similarly, CGP61594 is a photoaffinity label that interacts selectively with receptors incorporating GluN2B versus GluN2A, GluN2D and, to a lesser extent, GluN2C subunits. TCN 201 and TCN 213 have recently been shown to block GluN2A NMDA receptors selectively by a mechanism that involves allosteric inhibition of glycine binding to the GluN1 site [140,151,159,178]. In addition to influencing the pharmacological profile of the NMDA receptor, the identity of the GluN2 subunit co-assembled with GluN1 is an important determinant of biophysical properties that include sensitivity to block by Mg<sup>2+</sup>, single-channel conductance and maximal open probability and channel deactivation time [148,152,158]. Incorporation of

the GluN3A subunit into tri-heteromers containing GluN1 and GluN2 subunits is associated with decreased single-channel conductance, reduced permeability to Ca<sup>2+</sup> and decreased susceptibility to block by Mg<sup>2+</sup> [142,160]. Reduced permeability to Ca<sup>2+</sup> has also been observed following the inclusion of GluN3B in tri-heteromers. The expression of GluN3A (*GRIN3A*, Q8TCUS), or GluN3B (*GRIN3B*, O60391), with GluN1 alone forms, in *Xenopus laevis* oocytes, a cation channel with unique properties that include activation by glycine (but not NMDA), lack of permeation by Ca<sup>2+</sup> and resistance to blockade by Mg<sup>2+</sup> and NMDA receptor antagonists [143]. The function of heteromers composed of GluN1 and GluN3A is enhanced by Zn<sup>2+</sup>, or glycine site antagonists, binding to the GluN1 subunit [175]. Zn<sup>2+</sup> also directly activates such complexes. The co-expression of GluN1, GluN3A and GluN3B appears to be required to form glycine-activated receptors in mammalian cell hosts [193].

#### Further reading

Collingridge GL, Olsen RW, Peters J, Spedding M. (2009) A nomenclature for ligand-gated ion channels. *Neuropharmacology* 56: 2–5. [PMID:18655795]  
 Contractor A, Mulle C, Swanson GT. (2011) Kainate receptors coming of age: milestones of two decades of research. *Trends Neurosci* 34: 154–163. [PMID:21256604]  
 Hansen KB, Yuan H, Traynelis SF. (2007) Structural aspects of AMPA receptor activation, desensitization and deactivation. *Curr Opin Neurobiol* 17: 281–288. [PMID:17419047]  
 Henson MA, Roberts AC, Pérez-Otaño I, Philpot BD. (2010) Influence of the NR3A subunit on NMDA receptor functions. *Prog Neurobiol* 91: 23–37. [PMID:20097255]

Jackson AC, Nicoll RA. (2011) The expanding social network of ionotropic glutamate receptors: TARPs and other transmembrane auxiliary subunits. *Neuron* 70: 178–199. [PMID:21521608]  
 Jane DE, Tse H-W, Skifter DA, Christie JM, Monaghan DT. (2000) Glutamate receptor ion channels: activators and inhibitors. In *Handbook of Experimental Pharmacology, Pharmacology of Ionic Channel Function: Activators and Inhibitors*. Edited by Endo M, Kurachi Y, Mishina M Springer. 415–478.  
 Jane DE, Lodge D, Collingridge GL. (2009) Kainate receptors: pharmacology, function and therapeutic potential. *Neuropharmacology* 56: 90–113. [PMID:18793656]



- Kaczor AA, Matosiuk D. (2010) Molecular structure of ionotropic glutamate receptors. *Curr Med Chem* **17**: 2608–2635. [PMID:20491632]
- Kessels HW, Malinow R. (2009) Synaptic AMPA receptor plasticity and behavior. *Neuron* **61**: 340–350. [PMID:19217372]
- Kew JN, Kemp JA. (2005) Ionotropic and metabotropic glutamate receptor structure and pharmacology. *Psychopharmacology (Berl)*, **179**: 4–29. [PMID:15731895]
- Kloda A, Martinac B, Adams DJ. (2007) Polymodal regulation of NMDA receptor channels. *Channels (Austin)* **1**: 334–343. [PMID:18690040]
- Kumar J, Mayer ML. (2013) Functional insights from glutamate receptor ion channel structures. *Annu Rev Physiol* **75**: 313–337. [PMID:22974439]
- Lerma J. (2006) Kainate receptor physiology. *Curr Opin Pharmacol* **6**: 89–97. [PMID:16361114]
- Lerma J. (2011) Net(o) excitement for kainate receptors. *Nat Neurosci* **14**: 808–810. [PMID:21709676]
- Liu SJ, Zukin RS. (2007) Ca<sup>2+</sup>-permeable AMPA receptors in synaptic plasticity and neuronal death. *Trends Neurosci* **30**: 126–134. [PMID:17275103]
- Lodge D. (2009) The history of the pharmacology and cloning of ionotropic glutamate receptors and the development of idiosyncratic nomenclature. *Neuropharmacology* **56**: 6–21. [PMID:18765242]
- Low CM, Wee KS. (2010) New insights into the not-so-new NR3 subunits of N-methyl-D-aspartate receptor: localization, structure, and function. *Mol Pharmacol* **78**: 1–11. [PMID:20363861]
- Mayer ML. (2006) Glutamate receptors at atomic resolution. *Nature* **440**: 456–462. [PMID:16554805]
- Popescu GK. (2012) Modes of glutamate receptor gating. *J Physiol (Lond)*, **590** (Pt 1): 73–91. [PMID:22106181]
- Siegler Retchless B, Gao W, Johnson JW. (2012) A single GluN2 subunit residue controls NMDA receptor channel properties via intersubunit interaction. *Nat Neurosci* **15**: 406–413, S1–S2. [PMID:22246434]
- Traynelis SF, Wollmuth LP, McBain CJ, Menniti FS, Vance KM, Ogden KK, Hansen KB, Yuan H, Myers SJ, Dingledine R. (2010) Glutamate receptor ion channels: structure, regulation, and function. *Pharmacol Rev* **62**: 405–496. [PMID:20716669]
- Wyllie DJ, Livesey MR, Hardingham GE. (2013) Influence of GluN2 subunit identity on NMDA receptor function. *Neuropharmacology* **74**: 4–17. [PMID:23376022]



# Nicotinic acetylcholine receptors

**Overview:** Nicotinic acetylcholine receptors are members of the Cys-loop family of transmitter-gated ion channels that includes the GABA<sub>A</sub>, strychnine-sensitive glycine and 5-HT<sub>3</sub> receptors [201,229,235–236,241]. All nicotinic receptors are pentamers in which each of the five subunits contains four  $\alpha$ -helical transmembrane domains. Genes (Ensembl family ID ENSF00000000049) encoding a total of 17 subunits ( $\alpha$ 1–10,  $\beta$ 1–4,  $\gamma$ ,  $\delta$  and  $\epsilon$ ) have been identified [224]. All subunits with the exception of  $\alpha$ 8 (present in avian species) have been identified in mammals. All  $\alpha$  subunits possess two tandem cysteine residues near to the site involved in acetylcholine binding, and subunits not named  $\alpha$  lack these residues [229]. The orthosteric ligand binding site is formed by residues within at least three peptide domains on the  $\alpha$  subunit (principal component), and three on the adjacent subunit (complementary component). nAChRs contain several allosteric modulatory sites. One such site, for positive allosteric modulators (PAMs) and allosteric agonists, has been proposed to reside within an intrasubunit cavity between the four transmembrane domains [215,243; see also [220]). The high resolution crystal structure of the molluscan acetylcholine binding protein, a structural homologue of the extracellular binding domain of a nicotinic receptor pentamer, in complex with several nicotinic receptor ligands (*e.g.* [208]) and the crystal structure of the extracellular domain of the  $\alpha$ 1 subunit bound to

$\alpha$ -bungarotoxin at 1.94 Å resolution [213], has revealed the orthosteric binding site in detail (reviewed in [209,224,234–235]). Nicotinic receptors at the somatic neuromuscular junction of adult animals have the stoichiometry ( $\alpha$ 1)<sub>2</sub> $\beta$ 1 $\delta\epsilon$ , whereas an extrajunctional ( $\alpha$ 1)<sub>2</sub> $\beta$ 1 $\gamma\delta$  receptor predominates in embryonic and denervated skeletal muscle and other pathological states. Other nicotinic receptors are assembled as combinations of  $\alpha$ (2–6) and  $\beta$ (2–4) subunits. For  $\alpha$ 2,  $\alpha$ 3,  $\alpha$ 4 and  $\beta$ 2 and  $\beta$ 4 subunits, pairwise combinations of  $\alpha$  and  $\beta$  (*e.g.*  $\alpha$ 3 $\beta$ 4 and  $\alpha$ 4 $\beta$ 2) are sufficient to form a functional receptor *in vitro*, but far more complex isoforms may exist *in vivo* (reviewed in [217–218,229]). There is strong evidence that the pairwise assembly of some  $\alpha$  and  $\beta$  subunits can occur with variable stoichiometry [*e.g.* ( $\alpha$ 4)<sub>2</sub>( $\beta$ 2)<sub>2</sub> or ( $\alpha$ 4)<sub>3</sub>( $\beta$ 2)<sub>2</sub>] which influences the biophysical and pharmacological properties of the receptor [229].  $\alpha$ 5 and  $\beta$ 3 subunits lack function when expressed alone, or pairwise, but participate in the formation of functional hetero-oligomeric receptors when expressed as a third subunit with another  $\alpha$  and  $\beta$  pair [*e.g.*  $\alpha$ 4 $\alpha$ 5 $\alpha$  $\beta$ 2,  $\alpha$ 4 $\alpha$  $\beta$ 2 $\beta$ 3,  $\alpha$ 5 $\alpha$  $\beta$ 2, see [229] for further examples]. The  $\alpha$ 6 subunit can form a functional receptor when co-expressed with  $\beta$ 4 *in vitro*, but more efficient expression ensues from incorporation of a third partner, such as  $\beta$ 3 [242]. The  $\alpha$ 7,  $\alpha$ 8, and  $\alpha$ 9 subunits form functional homo-oligomers, but can also combine with a second subunit to constitute a hetero-oligomeric assembly

(*e.g.*  $\alpha$ 7 $\beta$ 2 and  $\alpha$ 9 $\alpha$ 10). For functional expression of the  $\alpha$ 10 subunit, co-assembly with  $\alpha$ 9 is necessary. The latter, along with the  $\alpha$ 10 subunit, appears to be largely confined to cochlear and vestibular hair cells. Comprehensive listings of nicotinic receptor subunit combinations identified from recombinant expression systems, or *in vivo*, are given in [229]. In addition, numerous proteins interact with nicotinic ACh receptors modifying their assembly, trafficking to and from the cell surface, and activation by ACh (reviewed by [203,223,228]).

The nicotinic receptor subcommittee of NC-IUPHAR has recommended a nomenclature and classification scheme for nicotinic acetylcholine (nACh) receptors based on the subunit composition of known, naturally- and/or heterologously-expressed nACh receptor subtypes [226]. Headings for this table reflect abbreviations designating nACh receptor subtypes based on the predominant  $\alpha$  subunit contained in that receptor subtype. An asterisk following the indicated  $\alpha$  subunit denotes that other subunits are known to, or may, assemble with the indicated  $\alpha$  subunit to form the designated nACh receptor subtype(s). Where subunit stoichiometries within a specific nACh receptor subtype are known, numbers of a particular subunit larger than 1 are indicated by a subscript following the subunit (enclosed in parentheses – see also [212]).

## Subunits

	$\alpha$ 1*	$\alpha$ 2*	$\alpha$ 3*
Nomenclature	$\alpha$ 1*	$\alpha$ 2*	$\alpha$ 3*
HGNC, UniProt	CHRNA1, P02708	CHRNA2, Q15822	CHRNA3, P32297
Commonly used antagonists	( $\alpha$ 1) <sub>2</sub> $\beta$ 1 $\gamma\delta$ and ( $\alpha$ 1) <sub>2</sub> $\beta$ 1 $\delta\epsilon$ : $\alpha$ -bungarotoxin > pancuronium > vecuronium > rocuronium > (+)-tubocurarine (IC <sub>50</sub> = 43 - 82 nM)	$\alpha$ 2 $\beta$ 2: DH $\beta$ E (K <sub>B</sub> = 0.9 $\mu$ M), (+)-tubocurarine (K <sub>B</sub> = 1.4 $\mu$ M); $\alpha$ 2 $\beta$ 4: DH $\beta$ E (K <sub>B</sub> = 3.6 $\mu$ M), (+)-tubocurarine (K <sub>B</sub> = 4.2 $\mu$ M)	$\alpha$ 3 $\beta$ 2: DH $\beta$ E (K <sub>B</sub> = 1.6 $\mu$ M, IC <sub>50</sub> = 2.0 $\mu$ M), (+)-tubocurarine (K <sub>B</sub> = 2.4 $\mu$ M); $\alpha$ 3 $\beta$ 4: DH $\beta$ E (K <sub>B</sub> = 19 $\mu$ M, IC <sub>50</sub> = 26 $\mu$ M), (+)-tubocurarine (K <sub>B</sub> = 2.2 $\mu$ M)
Selective agonists	succinylcholine (Full agonist, selective for ( $\alpha$ 1) <sub>2</sub> $\beta$ 1 $\gamma\delta$ )	–	–
Selective antagonists	$\alpha$ -bungarotoxin, $\alpha$ -conotoxin GI, $\alpha$ -conotoxin MI, pancuronium, waglerin-1 (selective for ( $\alpha$ 1) <sub>2</sub> $\beta$ 1 $\delta\epsilon$ )	–	$\alpha$ -conotoxin AulB ( $\alpha$ 3 $\beta$ 4), $\alpha$ -conotoxin-GIC ( $\alpha$ 3 $\beta$ 2), $\alpha$ -conotoxin MIII ( $\alpha$ 3 $\beta$ 2), $\alpha$ -conotoxin PnIA ( $\alpha$ 3 $\beta$ 2), $\alpha$ -conotoxin TxIA ( $\alpha$ 3 $\beta$ 2)
Selective channel blockers (IC <sub>50</sub> )	gallamine (( $\alpha$ 1) <sub>2</sub> $\beta$ 1 $\gamma\delta$ and ( $\alpha$ 1) <sub>2</sub> $\beta$ 1 $\delta\epsilon$ ) (~1×10 <sup>-6</sup> M), mecamylamine (( $\alpha$ 1) <sub>2</sub> $\beta$ 1 $\delta\epsilon$ ) (~1.5×10 <sup>-6</sup> M)	hexamethonium, mecamylamine	A-867744 ( $\alpha$ 3 $\beta$ 4) [227], hexamethonium ( $\alpha$ 3 $\beta$ 2), hexamethonium ( $\alpha$ 3 $\beta$ 4), NS1738 ( $\alpha$ 3 $\beta$ 4) [237], mecamylamine ( $\alpha$ 3 $\beta$ 4) (3.9×10 <sup>-7</sup> M), mecamylamine ( $\alpha$ 3 $\beta$ 2) (7.6×10 <sup>-6</sup> M)
Selective allosteric regulators	–	LY2087101 (Positive) [206]	–





Nomenclature	$\alpha 1^*$	$\alpha 2^*$	$\alpha 3^*$
Radioligands ( $K_d$ )	$[^{125}\text{I}]\alpha$ -bungarotoxin, $[^3\text{H}]\alpha$ -bungarotoxin	$[^3\text{H}]$ cytisine, $[^{125}\text{I}]$ epibatidine ( $\alpha 2\beta 2$ ) ( $1 \times 10^{-11}$ – $2.1 \times 10^{-11}$ M - Rat), $[^3\text{H}]$ epibatidine ( $\alpha 2\beta 2$ ) ( $1 \times 10^{-11}$ – $2.1 \times 10^{-11}$ M - Rat), $[^{125}\text{I}]$ epibatidine ( $\alpha 2\beta 4$ ) ( $4.2 \times 10^{-11}$ M), $[^3\text{H}]$ epibatidine ( $\alpha 2\beta 4$ ) ( $4.2 \times 10^{-11}$ M), $[^{125}\text{I}]$ epibatidine ( $\alpha 2\beta 4$ ) ( $8.4 \times 10^{-11}$ – $8.7 \times 10^{-11}$ M - Rat), $[^3\text{H}]$ epibatidine ( $\alpha 2\beta 4$ ) ( $8.4 \times 10^{-11}$ – $8.7 \times 10^{-11}$ M - Rat)	$[^3\text{H}]$ cytisine, $[^{125}\text{I}]$ epibatidine ( $\alpha 3\beta 2$ ) ( $7 \times 10^{-12}$ M), $[^3\text{H}]$ epibatidine ( $\alpha 3\beta 2$ ) ( $7 \times 10^{-12}$ M), $[^{125}\text{I}]$ epibatidine ( $\alpha 3\beta 2$ ) ( $1.4 \times 10^{-11}$ – $3.4 \times 10^{-11}$ M - Rat), $[^3\text{H}]$ epibatidine ( $\alpha 3\beta 2$ ) ( $1.4 \times 10^{-11}$ – $3.4 \times 10^{-11}$ M - Rat), $[^{125}\text{I}]$ epibatidine ( $\alpha 3\beta 4$ ) ( $2.3 \times 10^{-10}$ M), $[^3\text{H}]$ epibatidine ( $\alpha 3\beta 4$ ) ( $2.3 \times 10^{-10}$ M), $[^{125}\text{I}]$ epibatidine ( $\alpha 3\beta 4$ ) ( $2.9 \times 10^{-10}$ – $3.04 \times 10^{-10}$ M - Rat), $[^3\text{H}]$ epibatidine ( $\alpha 3\beta 4$ ) ( $2.9 \times 10^{-10}$ – $3.04 \times 10^{-10}$ M - Rat)
Functional characteristics	$(\alpha 1)_2\beta\gamma\delta$ : $P_{\text{Ca}}/P_{\text{Na}} = 0.16 - 0.2$ , $P_{\text{I}} = 2.1 - 2.9\%$ ; $(\alpha 1)_2\beta\delta\epsilon$ : $P_{\text{Ca}}/P_{\text{Na}} = 0.65 - 1.38$ , $P_{\text{I}} = 4.1 - 7.2\%$	$\alpha 2\beta 2$ : $P_{\text{Ca}}/P_{\text{Na}} \sim 1.5$	$\alpha 3\beta 2$ : $P_{\text{Ca}}/P_{\text{Na}} = 1.5$ ; $\alpha 3\beta 4$ : $P_{\text{Ca}}/P_{\text{Na}} = 0.78 - 1.1$ , $P_{\text{I}} = 2.7 - 4.6\%$

Nomenclature	$\alpha 4^*$	$\alpha 6^*$	$\alpha 7^*$
HGNC, UniProt	<i>CHRNA4</i> , P43681	<i>CHRNA6</i> , Q15825	<i>CHRNA7</i> , P36544
Commonly used antagonists	$\alpha 4\beta 2$ : DH $\beta$ E ( $K_{\text{B}} = 0.1$ $\mu\text{M}$ ; $\text{IC}_{50} = 0.08 - 0.9$ $\mu\text{M}$ ), (+)-tubocurarine ( $K_{\text{B}} = 3.2$ $\mu\text{M}$ , $\text{IC}_{50} = 34$ $\mu\text{M}$ ); $\alpha 4\beta 4$ : DH $\beta$ E ( $K_{\text{B}} = 0.01$ $\mu\text{M}$ , $\text{IC}_{50} = 0.19 - 1.2$ $\mu\text{M}$ ), (+)-tubocurarine ( $K_{\text{B}} = 0.2$ $\mu\text{M}$ , $\text{IC}_{50} = 50$ $\mu\text{M}$ )	$\alpha 6/\alpha 3\beta 2\beta 3$ chimera: DH $\beta$ E ( $\text{IC}_{50} = 1.1$ $\mu\text{M}$ )	$(\alpha 7)_s$ : DH $\beta$ E ( $\text{IC}_{50} = 8 - 20$ $\mu\text{M}$ ); $(\alpha 7)_s$ : (+)-tubocurarine ( $\text{IC}_{50} = 3.1$ $\mu\text{M}$ )
Selective agonists	TC-2403 (Full agonist, $\alpha 4\beta 2$ ) [232], TC-2559 (Full agonist, $\alpha 4\beta 2$ ) [211]	–	4BP-TQS (Full agonist, 4BP-TQS is an allosteric agonist) [215], A-582941 (Full agonist, $(\alpha 7)_s$ ) [204], PHA-543613 (Full agonist, $(\alpha 7)_s$ ) [239], PHA-709829 (Full agonist, $(\alpha 7)_s$ ) [200], PNU-282987 (Full agonist, $(\alpha 7)_s$ ) [205], TC-5619 (Full agonist, $(\alpha 7)_s$ ) [219]
Selective antagonists	–	$\alpha$ -conotoxin MII ( $\alpha 6\beta 2^*$ ), $\alpha$ -conotoxin MII [H9A, L15A] ( $\alpha 6\beta 2\beta 3$ ), $\alpha$ -conotoxin PIA ( $\alpha 6/\alpha 3\beta 2\beta 3$ chimera)	$\alpha$ -bungarotoxin ( $(\alpha 7)_s$ ), $\alpha$ -conotoxin ARLB ( $(\alpha 7)_s$ ), $\alpha$ -conotoxin Iml ( $(\alpha 7)_s$ ), methyllycaconitine ( $(\alpha 7)_s$ )
Selective channel blockers ( $\text{IC}_{50}$ )	A-867744 ( $\alpha 4\beta 2$ ) [227], NS1738 ( $\alpha 4\beta 2$ ) [237], mecamylamine ( $\alpha 4\beta 4$ ) ( $3.3 \times 10^{-7} - 4.9 \times 10^{-6}$ M), mecamylamine ( $\alpha 4\beta 2$ ) ( $3.6 \times 10^{-6} - 4.1 \times 10^{-6}$ M), hexamethonium ( $\alpha 4\beta 2$ ) ( $6.8 \times 10^{-6} - 2.9 \times 10^{-5}$ M), hexamethonium ( $\alpha 4\beta 4$ ) ( $9.1 \times 10^{-5}$ M)	mecamylamine ( $\alpha 6/\alpha 3\beta 2\beta 3$ chimera) ( $1.1 \times 10^{-5}$ M), hexamethonium ( $\alpha 6/\alpha 3\beta 2\beta 3$ chimera) ( $9.1 \times 10^{-5}$ M)	mecamylamine ( $(\alpha 7)_s$ ) ( $1.56 \times 10^{-5}$ M)
Selective allosteric regulators	LY2087101 (Positive, potentiates $\alpha 4\beta 2$ and $\alpha 4\beta 4$ ) [206], NS9283 (Positive, $\alpha 4\beta 2$ and $\alpha 4\beta 4$ ) [225]	–	A-867744 (Positive, $(\alpha 7)_s$ :Type 2; also blocks $\alpha 3\beta 4$ and $\alpha 4\beta 2$ ) [227], JNJ1930942 (Positive, $(\alpha 7)_s$ :Type 1/2) [214], LY2087101 (Positive, $(\alpha 7)_s$ :Type 1) [206], NS1738 (Positive, $(\alpha 7)_s$ :Type 1; also blocks $\alpha 3\beta 4$ and $\alpha 4\beta 2$ ) [237], PNU-120596 (Positive, $(\alpha 7)_s$ :Type 2) [221]



Nomenclature	$\alpha 4^*$	$\alpha 6^*$	$\alpha 7^*$
Radioligands ( $K_d$ )	[ $^{125}$ I]epibatidine ( $\alpha 4\beta 2$ ) ( $1 \times 10^{-11}$ – $3.3 \times 10^{-11}$ M), [ $^3$ H]epibatidine ( $\alpha 4\beta 2$ ) ( $1 \times 10^{-11}$ – $3.3 \times 10^{-11}$ M), [ $^3$ H]cytisine ( $\alpha 4\beta 2$ ) ( $1 \times 10^{-10}$ M - Rat), [ $^3$ H]cytisine ( $\alpha 4\beta 4$ ) ( $1 \times 10^{-10}$ M), [ $^{125}$ I]epibatidine ( $\alpha 4\beta 4$ ) ( $1.87 \times 10^{-10}$ M), [ $^3$ H]epibatidine ( $\alpha 4\beta 4$ ) ( $1.87 \times 10^{-10}$ M), [ $^{125}$ I]epibatidine ( $\alpha 4\beta 2$ ) ( $3 \times 10^{-10}$ – $4.6 \times 10^{-10}$ M - Rat), [ $^3$ H]epibatidine ( $\alpha 4\beta 2$ ) ( $3 \times 10^{-10}$ – $4.6 \times 10^{-10}$ M - Rat), [ $^3$ H]nicotine ( $\alpha 4\beta 2$ ) ( $4 \times 10^{-10}$ M - Rat), [ $^3$ H]cytisine ( $\alpha 4\beta 2$ ) ( $4.3 \times 10^{-10}$ – $6.3 \times 10^{-10}$ M), [ $^{125}$ I]epibatidine ( $\alpha 4\beta 4$ ) ( $8.5 \times 10^{-10}$ – $9.4 \times 10^{-10}$ M - Rat), [ $^3$ H]epibatidine ( $\alpha 4\beta 4$ ) ( $8.5 \times 10^{-10}$ – $9.4 \times 10^{-10}$ M - Rat)	[ $^{125}$ I] $\alpha$ -conotoxin MII, [ $^3$ H]epibatidine (native $\alpha 6\beta 4^*$ ) ( $3.5 \times 10^{-11}$ M - Chicken)	[ $^3$ H]epibatidine ( $(\alpha 7)_5$ ) ( $6 \times 10^{-13}$ M), [ $^3$ H]A-585539 (native $\alpha 7$ ) ( $7 \times 10^{-11}$ M) [202], [ $^3$ H]AZ11637326 ( $(\alpha 7)_5$ ) ( $2.3 \times 10^{-10}$ M) [216], [ $^{125}$ I] $\alpha$ -bungarotoxin ( $(\alpha 7)_5$ ) ( $7 \times 10^{-10}$ – $5 \times 10^{-9}$ M), [ $^3$ H] $\alpha$ -bungarotoxin ( $(\alpha 7)_5$ ) ( $7 \times 10^{-10}$ – $5 \times 10^{-9}$ M), [ $^3$ H]methyllycaconitine (native $\alpha 7^*$ ) ( $1.9 \times 10^{-9}$ M - Rat)
Functional characteristics	$\alpha 4\beta 2$ : $P_{Ca}/P_{Na} = 1.65$ , $P_i = 2.6$ – $2.9\%$ ; $\alpha 4\beta 4$ : $P_i = 1.5$ – $3.0\%$	–	$P_{Ca}/P_{Na} = 6.6$ – $20$ , $P_i = 8.8$ – $11.4\%$
Nomenclature	$\alpha 8$ (avian)*	$\alpha 9^*$	
HGNC, UniProt	–	<i>CHRNA9</i> , <i>Q9UGM1</i>	
Commonly used antagonists	$(\alpha 8)_5$ : $\alpha$ -bungarotoxin > atropine $\geq$ (+)-tubocurarine $\geq$ strychnine	$(\alpha 9)_5$ : $\alpha$ -bungarotoxin > methyllycaconitine > strychnine ~ tropisetron > (+)-tubocurarine; $\alpha 9\alpha 10$ : $\alpha$ -bungarotoxin > tropisetron = strychnine > (+)-tubocurarine	
Selective antagonists ( $IC_{50}$ )	–	$\alpha$ -bungarotoxin ( $\alpha 9\alpha 10$ ), $\alpha$ -bungarotoxin ( $(\alpha 9)_5$ ), $\alpha$ -conotoxin RglA ( $\alpha 9\alpha 10$ ), muscarine ( $\alpha 9\alpha 10$ ), muscarine ( $(\alpha 9)_5$ ), nicotine ( $\alpha 9\alpha 10$ ), nicotine ( $(\alpha 9)_5$ ), strychnine ( $\alpha 9\alpha 10$ ), strychnine ( $(\alpha 9)_5$ )	
Radioligands ( $K_d$ )	[ $^3$ H]epibatidine ( $(\alpha 8)_5$ ) ( $2 \times 10^{-10}$ M), [ $^{125}$ I] $\alpha$ -bungarotoxin (native $\alpha 8^*$ ) ( $5.5 \times 10^{-9}$ M), [ $^3$ H] $\alpha$ -bungarotoxin (native $\alpha 8^*$ ) ( $5.5 \times 10^{-9}$ M)	[ $^{125}$ I] $\alpha$ -bungarotoxin, [ $^3$ H] $\alpha$ -bungarotoxin, [ $^3$ H]methyllycaconitine ( $\alpha 9\alpha 10$ ) ( $7.5 \times 10^{-9}$ M)	
Functional characteristics	–	$(\alpha 9)_5$ : $P_{Ca}/P_{Na} = 9$ ; $\alpha 9\alpha 10$ : $P_{Ca}/P_{Na} = 9$ , $P_i = 22\%$	

**Comments:** Commonly used agonists of nACh receptors that display limited discrimination in functional assays between receptor subtypes include A-85380, cytisine, DMPP, epibatidine, nicotine and the natural transmitter, acetylcholine (ACh). A summary of their profile across differing receptors is provided in

[218] and quantitative data across numerous assay systems are summarized in [222]. Quantitative data presented in the table for commonly used antagonists and channel blockers for human receptors studied under voltage-clamp are from [207,210,230–231,233,240]. Type I PAMs increase peak agonist-evoked

responses but have little, or no, effect on the rate of desensitization of  $\alpha 7$  nicotinic ACh receptors whereas type II PAMs also cause a large reduction in desensitization (reviewed in [238]).

#### Further reading

Albuquerque EX, Pereira EF, Alkondon M, Rogers SW. (2009) Mammalian nicotinic acetylcholine receptors: from structure to function. *Physiol Rev* **89**: 73–120. [PMID:19126755]  
Araud T, Wonnacott S, Bertrand D. (2010) Associated proteins: The universal toolbox controlling ligand gated ion channel function. *Biochem Pharmacol* **80**: 160–169. [PMID:20346921]  
Arias HR. (2010) Positive and negative modulation of nicotinic receptors. *Adv Protein Chem Struct Biol* **80**: 153–203. [PMID:21109220]

Arneric SP, Holladay M, Williams M. (2007) Neuronal nicotinic receptors: a perspective on two decades of drug discovery research. *Biochem Pharmacol* **74**: 1092–1101. [PMID:17662959]  
Benowitz NL. (2009) Pharmacology of nicotine: addiction, smoking-induced disease, and therapeutics. *Annu Rev Pharmacol Toxicol* **49**: 57–71. [PMID:18834313]  
Changeux JP, Taly A. (2008) Nicotinic receptors, allosteric proteins and medicine. *Trends Mol Med* **14**: 93–102. [PMID:18262468]



- Collingridge GL, Olsen RW, Peters J, Spedding M. (2009) A nomenclature for ligand-gated ion channels. *Neuropharmacology* **56**: 2–5. [PMID:18655795]
- Faghhih R, Gopalakrishnan M, Briggs CA (2008) Allosteric modulators of the  $\alpha 7$  nicotinic acetylcholine receptor. *J Med Chem* **51**: 701–712. [PMID:18198823]
- Fucile S. (2004)  $\text{Ca}^{2+}$  permeability of nicotinic acetylcholine receptors. *Cell Calcium* **35**: 1–8. [PMID:14670366]
- Gotti C, Clementi F, Fornari A, Gaimarri A, Guiducci S, Manfredi I, Moretti M, Pedrazzi P, Pucci L, Zoli M. (2009) Structural and functional diversity of native brain neuronal nicotinic receptors. *Biochem Pharmacol* **78**: 703–711. [PMID:19481063]
- Jones AK, Buckingham SD, Sattelle DB. (2010) Proteins interacting with nicotinic acetylcholine receptors: expanding functional and therapeutic horizons. *Trends Pharmacol Sci* **31**: 455–462. [PMID:20674046]
- Kalamida D, Poulas K, Avramopoulou V, Fostieri E, Lagoumintzis G, Lazaridis K, Sideri A, Zouridakis M, Tzartos SJ. (2007) Muscle and neuronal nicotinic acetylcholine receptors. Structure, function and pathogenicity. *FEBS J* **274**: 3799–3845. [PMID:17651090]
- Letchworth SR, Whiteaker P. (2011) Progress and challenges in the study of  $\alpha 6$ -containing nicotinic acetylcholine receptors. *Biochem Pharmacol* **82**: 862–872. [PMID:21736871]
- Lukas RJ, Changeux JP, Le Novère N, Albuquerque EX, Balfour DJ, Berg DK, Bertrand D, Chiappinelli VA, Clarke PB, Collins AC *et al.* (1999) International Union of Pharmacology. XX. Current status of the nomenclature for nicotinic acetylcholine receptors and their subunits. *Pharmacol Rev* **51**: 397–401. [PMID:10353988]
- Millar NS, Gotti C. (2009) Diversity of vertebrate nicotinic acetylcholine receptors. *Neuropharmacology* **56**: 237–246. [PMID:18723036]
- Miwa JM, Freedman R, Lester HA. (2011) Neural systems governed by nicotinic acetylcholine receptors: emerging hypotheses. *Neuron* **70**: 20–33. [PMID:21482353]
- Pandya A, Yakel JL. (2011) Allosteric modulators of the  $\alpha 4\beta 2$  subtype of neuronal nicotinic acetylcholine receptors. *Biochem Pharmacol* **82**: 952–958. [PMID:21596025]
- Taly A, Corringer PJ, Guedin D, Lestage P, Changeux JP. (2009) Nicotinic receptors: allosteric transitions and therapeutic targets in the nervous system. *Nat Rev Drug Discov* **8**: 733–750. [PMID:19721446]
- Tsetlin V, Hucho F. (2009) Nicotinic acetylcholine receptors at atomic resolution. *Curr Opin Pharmacol* **9**: 306–310. [PMID:19428299]
- Tsetlin V, Kuzmin D, Kasheverov I. (2011) Assembly of nicotinic and other Cys-loop receptors. *J Neurochem* **116**: 734–741. [PMID:21214570]
- Tsetlin V, Utkin Y, Kasheverov I. (2009) Polypeptide and peptide toxins, magnifying lenses for binding sites in nicotinic acetylcholine receptors. *Biochem Pharmacol* **78**: 720–731. [PMID:19501053]
- Wu J, Lukas RJ. (2011) Naturally-expressed nicotinic acetylcholine receptor subtypes. *Biochem Pharmacol* **82**: 800–807. [PMID:21787755]
- Yang KC, Jin GZ, Wu J. (2009) Mysterious  $\alpha 6$ -containing nAChRs: function, pharmacology, and pathophysiology. *Acta Pharmacol Sin* **30**: 740–751. [PMID:19498417]



# P2X receptors

**Overview:** P2X receptors (nomenclature as agreed by NC-IUPHAR Subcommittee on P2X Receptors, [246,261]) have a trimeric topology [257,260,270] with two putative TM domains, gating primarily Na<sup>+</sup>, K<sup>+</sup> and Ca<sup>2+</sup>, exceptionally Cl<sup>-</sup>. The Nomenclature Subcommittee has recommended that for P2X receptors, structural criteria should be the initial criteria for nomenclature

where possible. Functional P2X receptors exist as polymeric transmitter-gated channels; the native receptors may occur as either homopolymers (e.g. P2X1 in smooth muscle) or heteropolymers (e.g. P2X2:P2X3 in the nodose ganglion and P2X1:P2X5 in mouse cortical astrocytes, [265]). P2X2, P2X4 and P2X7 receptors have been shown to form functional

homopolymers which, in turn, activate pores permeable to low molecular weight solutes [276]. The hemi-channel pannexin-1 has been implicated in the pore formation induced by P2X7 [272], but not P2X2 [245], receptor activation.

## Subunits

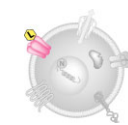
Nomenclature	P2X1	P2X2	P2X3	P2X4	P2X5	P2X6	P2X7
HGNC, UniProt	<i>P2RX1</i> , P51575	<i>P2RX2</i> , Q9UBL9	<i>P2RX3</i> , P56373	<i>P2RX4</i> , Q99571	<i>P2RX5</i> , Q93086	<i>P2RX6</i> , O15547	<i>P2RX7</i> , Q99572
Agonists	αβ-meATP (Full agonist), BzATP (Full agonist), L-βγ-meATP (Full agonist)	–	αβ-meATP (Full agonist), BzATP (Full agonist)	–	–	–	–
Antagonists (IC <sub>50</sub> )	TNP-ATP (~1.3×10 <sup>-9</sup> M) [277], Ip <sub>5</sub> I (~3.2×10 <sup>-9</sup> M), NF023 (~2×10 <sup>-7</sup> M), NF449 (~5×10 <sup>-7</sup> M) [259]	–	TNP-ATP (~1.3×10 <sup>-9</sup> M) [277], AF353 (~1×10 <sup>-8</sup> M) [253], A317491 (~3.1×10 <sup>-8</sup> M) [256], RO3 (~3.1×10 <sup>-8</sup> M) [251]	–	–	–	decavanadate (pA <sub>2</sub> = 7.4) [269], A804598 (~1×10 <sup>-8</sup> M), brilliant blue G (~1×10 <sup>-8</sup> M) [258], A839977 (~2×10 <sup>-8</sup> M) [248,250,254], A740003 (~4×10 <sup>-8</sup> M), A438079 (~1.25×10 <sup>-7</sup> M) [248]
Selective allosteric regulators	MRS 2219 (Positive) [255]	–	–	ivermectin (Positive) (Rat) [262]	–	–	AZ11645373 (Negative) [267,275], chelerythrine (Negative) [273], ivermectin (Positive) [271], KN62 (Negative) [252,273]
Comment	–	–	–	–	–	–	Effects of the allosteric modulators at P2X7 receptors are species-dependent

**Comments:** A317491 and RO3 also block the P2X2:P2X3 heteromultimer [251,256]. NF449, A317491 and RO3 are more than 10-fold selective for P2X1 and P2X3 receptors, respectively.

Agonists listed show selectivity within recombinant P2X receptors of *ca.* one order of magnitude. A804598, A839977, A740003 and A438079 are at least 10-fold selective for P2X7 receptors and show similar affinity across human and rodent receptors [248,250,254].

Several P2X receptors (particularly P2X1 and P2X3) may be inhibited by desensitisation using stable agonists (e.g. αβ-meATP); suramin and PPADS are non-selective antagonists at r & hpP2X1–3,5 and hpP2X4, but not rP2X4,6,7 [244], and can also inhibit ATPase activity [247]. Ip<sub>5</sub>I is inactive at rP2X2, an antagonist at rP2X3 (pIC<sub>50</sub> 5.6) and enhances agonist responses at rP2X4 [263]. Antagonist potency of NF023 at recombinant P2X2, P2X3 and P2X5 is two orders of magnitude lower than that at P2X1 receptors [274]. The P2X7 receptor may be inhibited in a non-competitive manner by the protein kinase inhibitors KN62 and

chelerythrine [273], while the p38 MAP kinase inhibitor GTPγS and the cyclic imide AZ11645373 show a species-dependent non-competitive action [249,267–268,275]. The pH-sensitive dye used in culture media, phenol red, is also reported to inhibit P2X1 and P2X3 containing channels [264]. Some recombinant P2X receptors expressed to high density bind [<sup>35</sup>S]ATPγS and [<sup>3</sup>H]αβ-meATP, although the latter can also bind to 5'-nucleotidase [266]. [<sup>3</sup>H]A317491 and [<sup>3</sup>H]A804598 have been used as high affinity antagonist radioligands for P2X3 (and P2X2/3) and P2X7 receptors, respectively [250].



### Further reading

- Browne LE, Cao L, Broomhead HE, Bragg L, Wilkinson WJ, North RA. (2011) P2X receptor channels show threefold symmetry in ionic charge selectivity and unitary conductance. *Nat Neurosci* **14**: 17–18. [PMID:21170052]
- Coddou C, Yan Z, Obsil T, Huidobro-Toro JP, Stojilkovic SS. (2011) Activation and regulation of purinergic P2X receptor channels. *Pharmacol Rev* **63**: 641–683. [PMID:21737531]
- Collingridge GL, Olsen RW, Peters J, Spedding M. (2009) A nomenclature for ligand-gated ion channels. *Neuropharmacology* **56**: 2–5. [PMID:18655795]
- Kaczmarek-Hájek K, Lörinczi E, Hausmann R, Nicke A. (2012) Molecular and functional properties of P2X receptors—recent progress and persisting challenges. *Purinergic Signal* **8**: 375–417. [PMID:22547202]
- Khakh BS, Burnstock G, Kennedy C, King BF, North RA, Séguéla P, Voigt M, Humphrey PP. (2001) International union of pharmacology. XXIV. Current status of the nomenclature and properties of P2X receptors and their subunits. *Pharmacol Rev* **53**: 107–118. [PMID:11171941]
- Khakh BS, North RA. (2012) Neuromodulation by extracellular ATP and P2X receptors in the CNS. *Neuron* **76**: 51–69. [PMID:23040806]
- North RA, Jarvis MF. (2013) P2X receptors as drug targets. *Mol Pharmacol* **83**: 759–769. [PMID:23253448]



# ZAC

**Overview:** The zinc-activated channel [ZAC, nomenclature as agreed by the [NC-IUPHAR](#) Subcommittee for the zinc activated channel] is a member of the Cys-loop family that includes the nicotinic acetylcholine, 5-HT<sub>3</sub>, GABA<sub>A</sub> and strychnine-sensitive glycine receptors [278–279]. The channel is likely to exist as a homopentamer of 4TM subunits that form an intrinsic cation selective channel displaying constitutive activity that can be blocked by (+)-tubocurarine. ZAC is present in the human, chimpanzee, dog, cow and opossum genomes, but is functionally absent from mouse, or rat, genomes [278–279].

## Subunits

Nomenclature	HGNC, UniProt	Endogenous agonists (EC <sub>50</sub> )	Selective antagonists (IC <sub>50</sub> )	Functional characteristics	Comment
ZAC	ZACN, Q401N2	Zn <sup>2+</sup> (Selective) (5×10 <sup>-4</sup> M) [278]	(+)-tubocurarine (6.3×10 <sup>-6</sup> M) [278]	Outwardly rectifying current (both constitutive and evoked by Zn <sup>2+</sup> )	Although tabulated as an antagonist, it is possible that (+)-tubocurarine acts as a channel blocker



## References

1. Abi-Dargham A *et al.* (1993) *J Neurochem* **60**: 730–737. [PMID:8419547]
2. Barnes NM *et al.* (2009) *Neuropharmacology* **56**: 273–284. [PMID:18761359]
3. Barrera NP *et al.* (2005) *Proc Natl Acad Sci USA* **102**: 12595–12600. [PMID:16116092]
4. Belelli D *et al.* (1995) *Mol Pharmacol* **48**: 1054–1062. [PMID:8848005]
5. Brady CA *et al.* (2001) *Neuropharmacology* **41**: 282–284. [PMID:11489465]
6. Brüss M *et al.* (2000) *Naunyn Schmiedebergs Arch Pharmacol* **362**: 392–401. [PMID:11111833]
7. Das P, Dillon GH. (2003) *Brain Res Mol Brain Res* **119**: 207–212. [PMID:14625088]
8. Davies PA *et al.* (1999) *Nature* **397**: 359–363. [PMID:9950429]
9. Deeb TZ *et al.* (2009) *Mol Pharmacol* **75**: 908–917. [PMID:19131665]
10. Dubin AE *et al.* (1999) *J Biol Chem* **274**: 30799–30810. [PMID:10521471]
11. Hanna MC *et al.* (2000) *J Neurochem* **75**: 240–247. [PMID:10854267]
12. Hirata T *et al.* (2007) *J Pharmacol Sci* **104**: 263–273. [PMID:17652911]
13. Holbrook JD *et al.* (2009) *J Neurochem* **108**: 384–396. [PMID:19192073]
14. Hope AG *et al.* (1993) *Eur J Pharmacol* **245**: 187–192. [PMID:7683998]
15. Hope AG *et al.* (1996) *Br J Pharmacol* **118**: 1237–1245. [PMID:8818349]
16. Hoyer D *et al.* (1994) *Pharmacol Rev* **46**: 157–203. [PMID:7938165]
17. Hu XQ, Peoples RW. (2008) *J Biol Chem* **283**: 6826–6831. [PMID:18187416]
18. Isenberg KE *et al.* (1993) *Neuroreport* **5**: 121–124. [PMID:7509203]
19. Jensen AA *et al.* (2008) *Trends Pharmacol Sci* **29**: 437–444. [PMID:18597859]
20. Jensen TN *et al.* (2006) *Eur J Pharmacol* **538**: 23–31. [PMID:16647053]
21. Kapeller J *et al.* (2011) *J Comp Neurol* **519**: 420–432. [PMID:21192076]
22. Karnovsky AM *et al.* (2003) *Gene* **319**: 137–148. [PMID:14597179]
23. Kelley SP *et al.* (2003) *Nature* **424**: 321–324. [PMID:12867984]
24. Lankiewicz S *et al.* (1998) *Mol Pharmacol* **53**: 202–212. [PMID:9463477]
25. Lohner M, Lummis SC. (2010) *Biophys J* **98**: 1494–1502. [PMID:20409468]
26. Lummis SC *et al.* (2011) *J Pharmacol Exp Ther* **339**: 125–131. [PMID:21775477]
27. Maricq AV *et al.* (1991) *Science* **254**: 432–437. [PMID:1718042]
28. Miyake A *et al.* (1995) *Mol Pharmacol* **48**: 407–416. [PMID:7565620]
29. Mochizuki S *et al.* (1999) *Eur J Pharmacol* **369**: 125–132. [PMID:10204690]
30. Mochizuki S *et al.* (2000) *Eur J Pharmacol* **399**: 97–106. [PMID:10884508]
31. Niesler B. (2011) *Curr Opin Pharmacol* **11**: 81–86. [PMID:21345729]
32. Niesler B *et al.* (2003) *Gene* **310**: 101–111. [PMID:12801637]
33. Niesler B *et al.* (2008) *Pharmacogenomics* **9**: 501–504. [PMID:18466097]
34. Niesler B *et al.* (2007) *Mol Pharmacol* **72**: 8–17. [PMID:17392525]
35. Parker RM *et al.* (1996) *J Neurol Sci* **144**: 119–127. [PMID:8994113]
36. Parker RM *et al.* (1996) *Trends Pharmacol Sci* **17**: 95–99. [PMID:8936343]
37. Peters JA *et al.* (2005) *Trends Pharmacol Sci* **26**: 587–594. [PMID:16194573]
38. Rüschi D *et al.* (2007) *J Pharmacol Exp Ther* **321**: 1069–1074. [PMID:17360702]
39. Solt K *et al.* (2005) *J Pharmacol Exp Ther* **315**: 771–776. [PMID:16081679]
40. Stewart A *et al.* (2003) *Neuropharmacology* **44**: 214–223. [PMID:12623220]
41. Sun H *et al.* (1999) *J Pharmacol Exp Ther* **290**: 129–135. [PMID:10381768]
42. Thompson AJ *et al.* (2011) *Mol Pharmacol* **80**: 183–190. [PMID:21505038]
43. Thompson AJ *et al.* (2011) *Neuropharmacology* **60**: 488–495. [PMID:21059362]
44. Thompson AJ, Lummis SC. (2006) *Curr Pharm Des* **12**: 3615–3630. [PMID:17073663]
45. Thompson AJ, Lummis SC. (2007) *Expert Opin Ther Targets* **11**: 527–540. [PMID:17373882]
46. Thompson AJ, Lummis SC. (2008) *Br J Pharmacol* **153**: 1686–1696. [PMID:18311193]
47. Thompson AJ *et al.* (2011) *J Physiol (Lond)* **589**: 4243–4257. [PMID:21708905]
48. Tzvetkov MV *et al.* (2007) *Gene* **386**: 52–62. [PMID:17010535]
49. Walstab J *et al.* (2010) *J Biol Chem* **285**: 26956–26965. [PMID:20522555]
50. Walstab J *et al.* (2010) *Pharmacol Ther* **128**: 146–169. [PMID:20621123]
51. Atack JR. (2008) *CNS Neurosci Ther* **14**: 25–35. [PMID:18482097]
52. Atack JR. (2010) *Curr Top Behav Neurosci* **2**: 331–360. [PMID:21309116]
53. Barnard EA *et al.* (1998) *Pharmacol Rev* **50**: 291–313. [PMID:9647870]
54. Belelli D *et al.* (2009) *J Neurosci* **29**: 12757–12763. [PMID:19828786]
55. Belelli D, Lambert JJ. (2005) *Nat Rev Neurosci* **6**: 565–575. [PMID:15959466]
56. Bianchi MT, Macdonald RL. (2003) *J Neurosci* **23**: 10934–10943. [PMID:14645489]
57. Bonin RP, Orser BA. (2008) *Pharmacol Biochem Behav* **90**: 105–112. [PMID:18201756]
58. Brown N *et al.* (2002) *Br J Pharmacol* **136**: 965–974. [PMID:12145096]
59. Capogna M, Pearce RA. (2011) *Trends Neurosci* **34**: 101–112. [PMID:21145601]
60. Chebib M. (2002) *Clin Exp Pharmacol Physiol* **31**: 800–804. [PMID:15566397]
61. Chen ZW, Olsen RW. (2007) *J Neurochem* **100**: 279–294. [PMID:17083446]
62. Daniel C, Ohman M. (2009) *Biochem Soc Trans* **37**: 1399–1403. [PMID:19909284]
63. Farrant M, Nusser Z. (2005) *Nat Rev Neurosci* **6**: 215–229. [PMID:15738957]
64. Fisher JL. (2002) *Mol Pharmacol* **61**: 1322–1328. [PMID:12021393]
65. Fisher JL. (2009) *Neuropharmacology* **56**: 190–197. [PMID:18585399]
66. Frølund B *et al.* (2002) *Curr Top Med Chem* **2**: 817–832. [PMID:12171573]
67. Hemmings HC *et al.* (2005) *Trends Pharmacol Sci* **26**: 503–510. [PMID:16126282]
68. Herd MB *et al.* (2007) *Pharmacol Ther* **116**: 20–34. [PMID:17531325]
69. Hosie AM *et al.* (2007) *Pharmacol Ther* **116**: 7–19. [PMID:17560657]
70. Jacob TC *et al.* (2008) *Nat Rev Neurosci* **9**: 331–343. [PMID:18382465]
71. Johnston GA. (2005) *Curr Pharm Des* **11**: 1867–1885. [PMID:15974965]
72. Johnston GA *et al.* (2010) *Neurochem Res* **35**: 1970–1977. [PMID:20963487]
73. Karim N *et al.* (2013) *Amino Acids* **44**: 1139–1149. [PMID:23385381]
74. Khom S *et al.* (2010) *Br J Pharmacol* **161**: 65–78. [PMID:20718740]
75. Korpi ER *et al.* (2007) *Alcohol* **41**: 163–176. [PMID:17591542]
76. Korpi ER *et al.* (2002) *Prog Neurobiol* **67**: 113–159. [PMID:12126658]
77. Krishek BJ *et al.* (1998) *J Physiol (Lond)* **507**: 639–652. [PMID:9508826]
78. Krosggaard-Larsen P *et al.* (2002) *Chem Rec* **2**: 419–430. [PMID:12469353]
79. Li GD *et al.* (2009) *J Biol Chem* **284**: 11771–11775. [PMID:19282280]
80. Li GD *et al.* (2006) *J Neurosci* **26**: 11599–11605. [PMID:17093081]
81. Luscher B *et al.* (2011) *Neuron* **70**: 385–409. [PMID:21555068]
82. Mody I, Pearce RA. (2004) *Trends Neurosci* **27**: 569–575. [PMID:15331240]
83. Möhler H. (2007) *J Neurochem* **102**: 1–12. [PMID:17394533]
84. Ng CK *et al.* (2011) *Future Med Chem* **3**: 197–209. [PMID:21428815]
85. Olsen RW, Li GD. (2011) *Can J Anaesth* **58**: 206–215. [PMID:21194017]
86. Olsen RW, Sieghart W. (2008) *Pharmacol Rev* **60**: 243–260. [PMID:18790874]
87. Olsen RW, Sieghart W. (2009) *Neuropharmacology* **56**: 141–148. [PMID:18760291]
88. Ramerstorfer J *et al.* (2011) *J Neurosci* **31**: 870–877. [PMID:21248110]
89. Saxena NC *et al.* (1997) *Mol Pharmacol* **51**: 328–335. [PMID:9203639]
90. Semyanov A *et al.* (2004) *Trends Neurosci* **27**: 262–269. [PMID:15111008]
91. Sergeeva OA *et al.* (2010) *J Biol Chem* **285**: 23985–23993. [PMID:20511229]
92. Sieghart W. (2006) *Adv Pharmacol* **54**: 231–263. [PMID:17175817]
93. Sigel E, Lüscher BP. (2011) *Curr Top Med Chem* **11**: 241–241. [PMID:21189125]
94. Sigel E, Steinmann ME. (2012) *J Biol Chem* **287**: 40224–40231. [PMID:23038269]



95. Smith SS. (2013) *Front Neural Circuits* 7: 135. [PMID:24027497]
96. Stórustovu SI, Ebert B. (2006) *J Pharmacol Exp Ther* 316: 1351–1359. [PMID:16272218]
97. Thompson SA et al. (2002) *Neuropharmacology* 43: 662–668. [PMID:12367611]
98. Thompson SA et al. (1999) *Br J Pharmacol* 127: 1349–1358. [PMID:10455284]
99. Thompson SA et al. (2004) *Br J Pharmacol* 142: 97–106. [PMID:15100159]
100. Veleiro AS, Burton G. (2009) *Curr Med Chem* 16: 455–472. [PMID:19199916]
101. Vithlani M et al. (2011) *Physiol Rev* 91: 1009–1022. [PMID:21742794]
102. Wafford KA et al. (2009) *Neuropharmacology* 56: 182–189. [PMID:18762200]
103. Wallner M et al. (2006) *Pharmacol Ther* 112: 513–528. [PMID:16814864]
104. You H et al. (2010) *Neuropharmacology* 59: 527–533. [PMID:20638393]
105. Zhang D et al. (2001) *Trends Pharmacol Sci* 22: 121–132. [PMID:11239575]
106. Ahrens J et al. (2009) *Pharmacology* 83: 217–222. [PMID:19204413]
107. Betz H, Laube B. (2006) *J Neurochem* 97: 1600–1610. [PMID:16805771]
108. Demir R et al. (2009) *Pharmacology* 83: 270–274. [PMID:19307742]
109. Eichler SA et al. (2008) *J Cell Mol Med* 12: 2848–2866. [PMID:19210758]
110. Fucile S et al. (2000) *Neuron* 28: 571–583. [PMID:11144365]
111. Grudzinska J et al. (2005) *Neuron* 45: 727–739. [PMID:15748848]
112. Hejazi N et al. (2006) *Mol Pharmacol* 69: 991–997. [PMID:16332990]
113. Hibbs RE, Gouaux E. (2011) *Nature* 474: 54–60. [PMID:21572436]
114. Hirzel K et al. (2006) *Neuron* 52: 679–690. [PMID:17114051]
115. Howard RJ et al. (2011) *Proc Natl Acad Sci USA* 108: 12149–12154. [PMID:21730162]
116. Kirsch J. (2006) *Cell Tissue Res* 326: 535–540. [PMID:16807723]
117. Kneussel M, Loeblich S. (2007) *Biol Cell* 99: 297–309. [PMID:17504238]
118. Laube B et al. (2002) *Trends Pharmacol Sci* 23: 519–527. [PMID:12413807]
119. Lozovaya N et al. (2005) *J Neurosci* 25: 7499–7506. [PMID:16107637]
120. Lynch JW. (2004) *Physiol Rev* 84: 1051–1095. [PMID:15383648]
121. Lynch JW. (2009) *Neuropharmacology* 56: 303–309. [PMID:18721822]
122. Maksay G et al. (2009) *J Neurochem* 109: 1725–1732. [PMID:19383091]
123. Mascia MP et al. (2000) *Proc Natl Acad Sci USA* 97: 9305–9310. [PMID:10908659]
124. Meier JC et al. (2005) *Nat Neurosci* 8: 736–744. [PMID:15895087]
125. Miller PS et al. (2005) *J Physiol (Lond)*, 566: 657–670. [PMID:15905212]
126. Moss SJ, Smart TG. (2001) *Nat Rev Neurosci* 2: 240–250. [PMID:11283747]
127. Nury H et al. (2011) *Nature* 469: 428–431. [PMID:21248852]
128. Oertel J et al. (2007) *J Biol Chem* 282: 2798–2807. [PMID:17145751]
129. Pitt SJ et al. (2008) *J Neurosci* 28: 11454–11467. [PMID:18987182]
130. Webb TI, Lynch JW. (2007) *Curr Pharm Des* 13: 2350–2367. [PMID:17692006]
131. Xiong W et al. (2011) *Nat Chem Biol* 7: 296–303. [PMID:21460829]
132. Yang Z et al. (2008) *Biochem Pharmacol* 76: 1014–1023. [PMID:18755158]
133. Yang Z et al. (2007) *J Neurochem* 103: 580–589. [PMID:17714449]
134. Yevenes GE et al. (2010) *J Biol Chem* 285: 30203–30213. [PMID:20647311]
135. Yevenes GE et al. (2006) *J Biol Chem* 281: 39300–39307. [PMID:17040914]
136. Yevenes GE et al. (2003) *Nat Neurosci* 6: 819–824. [PMID:12858180]
137. Yevenes GE, Zeilhofer HU. (2011) *Br J Pharmacol* 164: 224–236. [PMID:21557733]
138. Atlason PT et al. (2010) *Mol Pharmacol* 78: 1036–1045. [PMID:20837679]
139. Auberson YP et al. (2002) *Bioorg Med Chem Lett* 12: 1099–1102. [PMID:11909726]
140. Bettini E et al. (2010) *J Pharmacol Exp Ther* 335: 636–644. [PMID:20810618]
141. Bowie D. (2010) *J Physiol (Lond)* 588 (Pt 1): 67–81. [PMID:19822544]
142. Cavara NA, Hollmann M. (2008) *Mol Neurobiol* 38: 16–26. [PMID:18654865]
143. Chatterton JE et al. (2002) *Nature* 415: 793–798. [PMID:11823786]
144. Chen PE et al. (2008) *J Physiol (Lond)* 586: 227–245. [PMID:17962328]
145. Chen PE, Wyllie DJ. (2006) *Br J Pharmacol* 147: 839–853. [PMID:16474411]
146. Collingridge GL et al. (2009) *Neuropharmacology* 56: 2–5. [PMID:18655795]
147. Cull-Candy S et al. (2006) *Curr Opin Neurobiol* 16: 288–297. [PMID:16713244]
148. Cull-Candy SG, Leszkiewicz DN. (2004) *Sci STKE* 2004: re16. [PMID:15494561]
149. Dingleline R et al. (1999) *Pharmacol Rev* 51: 7–61. [PMID:10049997]
150. Dravid SM et al. (2007) *J Physiol (Lond)* 581: 107–128. [PMID:17303642]
151. Edman S et al. (2012) *Neuropharmacology* 63: 441–449. [PMID:22579927]
152. Erreger K et al. (2004) *Crit Rev Neurobiol* 16: 187–224. [PMID:15701057]
153. Erreger K et al. (2007) *Mol Pharmacol* 72: 907–920. [PMID:17622578]
154. Esteban JA. (2008) *Br J Pharmacol* 153: S35–S43. [PMID:18026130]
155. Feng B et al. (2004) *Br J Pharmacol* 141: 508–516. [PMID:14718249]
156. Frizelle PA et al. (2006) *Mol Pharmacol* 70: 1022–1032. [PMID:16778008]
157. Furukawa H et al. (2005) *Nature* 438: 185–192. [PMID:16281028]
158. Gielen M et al. (2009) *Nature* 459: 703–707. [PMID:19404260]
159. Hansen KB et al. (2012) *J Neurosci* 32: 6197–6208. [PMID:22553026]
160. Henson MA et al. (2010) *Prog Neurobiol* 91: 23–37. [PMID:20097255]
161. Horak M et al. (2006) *Neuroscience* 137: 93–102. [PMID:16257494]
162. Isaac JT et al. (2007) *Neuron* 54: 859–871. [PMID:17582328]
163. Jackson AC, Nicoll RA. (2011) *Neuron* 70: 178–199. [PMID:21521608]
164. Jane DE et al. (2000) Glutamate receptor ion channels: activators and inhibitors. *In Handbook of Experimental Pharmacology, Pharmacology of Ionic Channel Function: Activators and Inhibitors*. Edited by Endo M, Kurachi Y, Mishina M Springer. 415–478.
165. Jane DE et al. (2009) *Neuropharmacology* 56: 90–113. [PMID:18793656]
166. Kaczor AA, Matosiuk D. (2010) *Curr Med Chem* 17: 2608–2635. [PMID:20491632]
167. Karakas E et al. (2011) *Nature* 475: 249–253. [PMID:21677647]
168. Kew JN, Kemp JA. (2005) *Psychopharmacology (Berl)* 179: 4–29. [PMID:15731895]
169. Kumar J, Mayer ML. (2013) *Annu Rev Physiol* 75: 313–337. [PMID:22974439]
170. Kuner T, Schoepfer R. (1996) *J Neurosci* 16: 3549–3558. [PMID:8642401]
171. Lerma J. (2006) *Curr Opin Pharmacol* 6: 89–97. [PMID:16361114]
172. Lerma J. (2011) *Nat Neurosci* 14: 808–810. [PMID:21709676]
173. Liu SJ, Zukin RS. (2007) *Trends Neurosci* 30: 126–134. [PMID:17275103]
174. Lodge D. (2009) *Neuropharmacology* 56: 6–21. [PMID:18765242]
175. Madry C et al. (2008) *Proc Natl Acad Sci USA* 105: 12563–12568. [PMID:18711142]
176. Malavey A et al. (2002) *Br J Pharmacol* 135: 901–909. [PMID:11861317]
177. Mayer ML. (2006) *Nature* 440: 456–462. [PMID:16554805]
178. McKay S et al. (2012) *Br J Pharmacol* 166: 924–937. [PMID:22022974]
179. Milstein AD, Nicoll RA. (2008) *Trends Pharmacol Sci* 29: 333–339. [PMID:18514334]
180. Morley RM et al. (2005) *J Med Chem* 48: 2627–2637. [PMID:15801853]
181. Nakagawa T. (2010) *Mol Neurobiol* 42: 161–184. [PMID:21080238]
182. Naur P et al. (2007) *Proc Natl Acad Sci USA* 104: 14116–14121. [PMID:17715062]
183. Neyton J, Paoletti P. (2006) *J Neurosci* 26: 1331–1333. [PMID:16452656]
184. Paoletti P. (2011) *Eur J Neurosci* 33: 1351–1365. [PMID:21395862]
185. Paoletti P et al. (2013) *Nat Rev Neurosci* 14: 383–400. [PMID:23686171]
186. Paoletti P, Neyton J. (2007) *Curr Opin Pharmacol* 7: 39–47. [PMID:17088105]
187. Perrais D et al. (2009) *Neuropharmacology* 56: 131–140. [PMID:18761361]
188. Perrais D et al. (2010) *Trends Pharmacol Sci* 31: 516–522. [PMID:20850188]
189. Pinheiro P, Mülle C. (2006) *Cell Tissue Res* 326: 457–482. [PMID:16847640]
190. Plested AJ. (2011) *Adv Exp Med Biol* 717: 93–113. [PMID:21713670]





191. Rodríguez-Moreno A, Sihra TS. (2007) *Trends Neurosci* **30**: 630–637. [PMID:17981346]
192. Seeburg PH, Hartner J. (2003) *Curr Opin Neurobiol* **13**: 279–283. [PMID:12850211]
193. Smothers CT, Woodward JJ. (2007) *J Pharmacol Exp Ther* **322**: 739–748. [PMID:17502428]
194. Sobolevsky AI et al. (2009) *Nature* **462**: 745–756. [PMID:19946266]
195. Tomita S. (2010) *Physiology (Bethesda)* **25**: 41–49. [PMID:20134027]
196. Traynelis SF et al. (1998) *J Neurosci* **18**: 6163–6175. [PMID:9698310]
197. Traynelis SF et al. (2010) *Pharmacol Rev* **62**: 405–496. [PMID:20716669]
198. Wyllie DJ et al. (2013) *Neuropharmacology* **74**: 4–17. [PMID:23376022]
199. Yuzaki M. (2003) *Neurosci Res* **46**: 11–22. [PMID:12725908]
200. Acker BA et al. (2008) *Bioorg Med Chem Lett* **18**: 3611–3615. [PMID:18490160]
201. Albuquerque EX et al. (2009) *Physiol Rev* **89**: 73–120. [PMID:19126755]
202. Anderson DJ et al. (2008) *J Pharmacol Exp Ther* **324**: 179–187. [PMID:17959745]
203. Araud T et al. (2010) *Biochem Pharmacol* **80**: 160–169. [PMID:20346921]
204. Bitner RS et al. (2007) *J Neurosci* **27**: 10578–10587. [PMID:17898229]
205. Bodnar AL et al. (2005) *J Med Chem* **48**: 905–908. [PMID:15715459]
206. Broad LM et al. (2006) *J Pharmacol Exp Ther* **318**: 1108–1117. [PMID:16738207]
207. Buisson B et al. (1996) *J Neurosci* **16**: 7880–7891. [PMID:8987816]
208. Celie PH et al. (2004) *Neuron* **41**: 907–914. [PMID:15046723]
209. Changeux JP, Taly A. (2008) *Trends Mol Med* **14**: 93–102. [PMID:18262468]
210. Chavez-Noriega LE et al. (1997) *J Pharmacol Exp Ther* **280**: 346–356. [PMID:8996215]
211. Chen Y et al. (2003) *Neuropharmacology* **45**: 334–344. [PMID:12871651]
212. Collingridge GL et al. (2009) *Neuropharmacology* **56**: 2–5. [PMID:18655795]
213. Dellisanti CD et al. (2007) *Nat Neurosci* **10**: 953–962. [PMID:17643119]
214. Dinklo T et al. (2011) *J Pharmacol Exp Ther* **336**: 560–574. [PMID:21084390]
215. Gill JK et al. (2011) *Proc Natl Acad Sci USA* **108**: 5867–5872. [PMID:21436053]
216. Gordon JC et al. (2010) *Eur J Pharmacol* **645**: 63–69. [PMID:20674564]
217. Gotti C et al. (2009) *Biochem Pharmacol* **78**: 703–711. [PMID:19481063]
218. Gotti C et al. (2006) *Trends Pharmacol Sci* **27**: 482–491. [PMID:16876883]
219. Hauser TA et al. (2009) *Biochem Pharmacol* **78**: 803–812. [PMID:19482012]
220. Hibbs RE, Gouaux E. (2011) *Nature* **474**: 54–60. [PMID:21572436]
221. Hurst RS et al. (2005) *J Neurosci* **25**: 4396–4405. [PMID:15858066]
222. Jensen AA et al. (2005) *J Med Chem* **48**: 4705–4745. [PMID:16033252]
223. Jones AK et al. (2010) *Trends Pharmacol Sci* **31**: 455–462. [PMID:20674046]
224. Kalamida D et al. (2007) *FEBS J* **274**: 3799–3845. [PMID:17651090]
225. Lee CH et al. (2011) *Biochem Pharmacol* **82**: 959–966. [PMID:21763685]
226. Lukas RJ et al. (1999) *Pharmacol Rev* **51**: 397–401. [PMID:10353988]
227. Malysz J et al. (2009) *J Pharmacol Exp Ther* **330**: 257–267. [PMID:19389923]
228. Millar NS. (2008) *Br J Pharmacol* **153**: S177–S183. [PMID:18246096]
229. Millar NS, Gotti C. (2009) *Neuropharmacology* **56**: 237–246. [PMID:18723036]
230. Papke RL et al. (2008) *Neuropharmacology* **54**: 1189–1200. [PMID:18448138]
231. Papke RL et al. (2001) *J Pharmacol Exp Ther* **297**: 646–656. [PMID:11303054]
232. Papke RL et al. (2000) *J Neurochem* **75**: 204–216. [PMID:10854263]
233. Paul M et al. (2002) *Anesth Analg* **94**: 597–603; table of contents. [PMID:11867382]
234. Rucktooa P et al. (2009) *Biochem Pharmacol* **78**: 777–787. [PMID:19576182]
235. Sine SM, Engel AG. (2006) *Nature* **440**: 448–455. [PMID:16554804]
236. Taly A et al. (2009) *Nat Rev Drug Discov* **8**: 733–750. [PMID:19721446]
237. Timmermann DB et al. (2007) *J Pharmacol Exp Ther* **323**: 294–307. [PMID:17625074]
238. Williams DK et al. (2011) *Biochem Pharmacol* **82**: 915–930. [PMID:21575610]
239. Wishka DG et al. (2006) *J Med Chem* **49**: 4425–4436. [PMID:16821801]
240. Wu J et al. (2006) *J Physiol (Lond)* **576**: 103–118. [PMID:16825297]
241. Wu J, Lukas RJ. (2011) *Biochem Pharmacol* **82**: 800–807. [PMID:21787755]
242. Yang KC et al. (2009) *Acta Pharmacol Sin* **30**: 740–751. [PMID:19498417]
243. Young GT et al. (2008) *Proc Natl Acad Sci USA* **105**: 14686–14691. [PMID:18791069]
244. Buell G et al. (1996) *EMBO J* **15**: 55–62. [PMID:8598206]
245. Chaumont S, Khakh BS. (2008) *Proc Natl Acad Sci USA* **105**: 12063–12068. [PMID:18689682]
246. Collingridge GL et al. (2009) *Neuropharmacology* **56**: 2–5. [PMID:18655795]
247. Crack BE et al. (1994) *Br J Pharmacol* **113**: 1432–1438. [PMID:7889301]
248. Donnelly-Roberts DL, Jarvis MF. (2007) *Br J Pharmacol* **151**: 571–579. [PMID:17471177]
249. Donnelly-Roberts DL et al. (2004) *J Pharmacol Exp Ther* **308**: 1053–1061. [PMID:14634045]
250. Donnelly-Roberts DL et al. (2009) *Br J Pharmacol* **157**: 1203–1214. [PMID:19558545]
251. Ford AP et al. (2006) *Br J Pharmacol* **147**: S132–S143. [PMID:16465177]
252. Gargett CE, Wiley JS. (1997) *Br J Pharmacol* **120**: 1483–1490. [PMID:9113369]
253. Gever JR et al. (2010) *Br J Pharmacol* **160**: 1387–1398. [PMID:20590629]
254. Honore P et al. (2009) *Behav Brain Res* **204**: 77–81. [PMID:19464323]
255. Jacobson KA et al. (1998) *J Med Chem* **41**: 2201–2206. [PMID:9632352]
256. Jarvis MF et al. (2002) *Proc Natl Acad Sci USA* **99**: 17179–17184. [PMID:12482951]
257. Jiang LH et al. (2003) *J Neurosci* **23**: 8903–8910. [PMID:14523092]
258. Jiang LH et al. (2000) *Mol Pharmacol* **58**: 82–88. [PMID:10860929]
259. Kassack MU et al. (2004) *Eur J Med Chem* **39**: 345–357. [PMID:15072843]
260. Kawate T et al. (2009) *Nature* **460**: 592–598. [PMID:19641588]
261. Khakh BS et al. (2001) *Pharmacol Rev* **53**: 107–118. [PMID:11171941]
262. Khakh BS et al. (1999) *J Neurosci* **19**: 7289–7299. [PMID:10460235]
263. King BF et al. (1999) *Br J Pharmacol* **128**: 981–988. [PMID:10556935]
264. King BF et al. (2005) *Br J Pharmacol* **145**: 313–322. [PMID:15778739]
265. Lalo U et al. (2008) *J Neurosci* **28**: 5473–5480. [PMID:18495881]
266. Michel AD et al. (1995) *Br J Pharmacol* **115**: 767–774. [PMID:8548175]
267. Michel AD et al. (2009) *Br J Pharmacol* **156**: 1312–1325. [PMID:19309360]
268. Michel AD et al. (2006) *Br J Pharmacol* **149**: 948–957. [PMID:17031382]
269. Michel AD et al. (2006) *Eur J Pharmacol* **534**: 19–29. [PMID:16487507]
270. Nicke A et al. (1998) *EMBO J* **17**: 3016–3028. [PMID:9606184]
271. Nörenberg W et al. (2012) *Br J Pharmacol* **167**: 48–66. [PMID:22506590]
272. Pelegriin P, Surprenant A. (2009) *Purinergic Signal* **5**: 129–137. [PMID:19212823]
273. Shemon AN et al. (2004) *Br J Pharmacol* **142**: 1015–1019. [PMID:15210579]
274. Soto F et al. (1999) *Neuropharmacology* **38**: 141–149. [PMID:10193905]
275. Stokes L et al. (2006) *Br J Pharmacol* **149**: 880–887. [PMID:17031385]
276. Surprenant A, North RA. (2009) *Annu Rev Physiol* **71**: 333–359. [PMID:18851707]
277. Virginio C et al. (1998) *Mol Pharmacol* **53**: 969–973. [PMID:9614197]
278. Davies PA et al. (2003) *J Biol Chem* **278**: 712–717. [PMID:12381728]
279. Houtani T et al. (2005) *Biochem Biophys Res Commun* **335**: 277–285. [PMID:16083862]

