Metabotropic Glutamate Receptor Subtype 5 Antagonists MPEP and MTEP

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ABSTRACT

Glutamate regulates the function of central nervous system (CNS), in part, through the cAMP and/or IP3/DAG second messenger-associated metabotropic glutamate receptors (mGluRs). The mGluR5 antagonist 2-methyl-6-(phenylethynyl)-pyridine (MPEP) has been extensively used to elucidate potential physiological and pathophysiological functions of mGluR5. Unfortunately, recent evidence indicates significant non-specific actions of MPEP, including inhibition of NMDA receptors. In contrast, *in vivo* and *in vitro* characterization of the newer mGluR5 antagonist 3-[(2-methyl-1,3-thiazol-4-yl)ethynyl]pyridine (MTEP) indicates that it is more highly selective for mGluR5 over mGluR1, has no effect on other mGluR subtypes, and has fewer off-target effects than MPEP. This article reviews literature on both of these mGluR5 antagonists, which suggests their possible utility in neurodegeneration, addiction, anxiety and pain management.

INTRODUCTION

It is well established that the excitatory neurotransmitter glutamate acts through two classes of receptors — fast ligand-gated ionotropic receptors and slower G-protein coupled receptors (51,58). Because this prevalent amino acid helps maintain homeostasis in the adult brain, pathological alterations in its release, receptors or signaling cascade can mediate temporary and/or permanent effects that disrupt normal function (48,62,72,102, 103,132,150,193,215).

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The ionotropic glutamate receptor class (iGluRs) consists of α -amino-3-hydroxy-5-methyl-4-isoxazoleproprionic acid (AMPA), kainate (KA) and *N*-methyl-D-aspartate (NMDA) receptors. These ion channels are permeable to both potassium and sodium, and in the case of NMDA receptors and some AMPA receptors, calcium ions. In contrast, the metabotropic glutamate receptor class (mGluRs) consists of three groups classified according to their structure, signal transduction mechanisms and pharmacological sensitivities (51,163). Group I mGluRs (mGluR1 and 5) are positively associated with phospholipase C via G_q proteins and initiate an inositol triphosphate/diacylglycerol (IP3/DAG) second messenger cascade, whereas group II (mGluR2 and 3) and III mGluRs (mGluR4, 6, 7, and 8) are negatively coupled to adenylylcyclase via G_{i/o} proteins (51).

Through the mGluRs, glutamate can modulate excitatory (AMPA and NMDA receptors) and inhibitory (GABA) signaling pathways, in addition to various ion channels, including many specific for potassium and calcium (9,21,46,52,86,100,101,175,179,186, 213). Because these systems are inherently involved in the function and pathophysiology of CNS, drugs that modulate mGluRs can have multiple modulatory/therapeutic effects throughout the CNS.

PHARMACOLOGY

MGluRs and Neuroprotection

Many studies support a role for group I mGluR modulation in both *in vivo* and *in vitro* models of CNS injury (163). In general, non subtype-specific inhibition of group I mGluRs tends to be neuroprotective. In animal models of head injury, NMDA toxicity and global ischemia, as well as *in vitro* models of trauma and ischemia the activation of group I mGluR is neurotoxic (1,6,36,37,63,110,123,188).

Differential effects for the mGluR1 and mGluR5 subtypes have been observed. These may reflect differences in desensitization factors (3,66,136); regulation of intracellular calcium signaling (93); interactions with iGluRs and ion channels via homer; PSD-95 complexes and Shank (30,92,168,199,200); signaling through various heterotrimeric G-protein subunits (45,67); regulation of mGluR mediated responses by regulators of G-protein signaling proteins (161); or expression pattern differences attributable to anatomical location (131,132,169,196), ontogeny (11,23,41,71,155,172,174), injury (64,76,88,117, 119), or disease (4,12,27,43,132,156,175).

Endogenous activation of group I mGluRs induces multifactorial processes underlying neurotoxicity (1,6,36,37,63,110,123,188) including:

1) amplification of neuronal degeneration through iGluR-induced zinc flux and concomitant production of reactive oxygen species (40,42,44,56,72,73,166,168,170,171,191);

2) reduction of the Mg²⁺ block of NMDA receptors (102,103,215);

3) enhancement of glutamate release by decreasing endogenous inhibition (19,35);

4) the release of Ca^{2+} from intracellular stores via IP3 dependent mechanisms (208); and

5) induction of the production of arachidonic acid (61), as well as other mechanisms.

Because of the direct association between positive modulation of group I mGluRs and the potentiating effects on iGluRs, care must be taken in interpreting results obtained with non-specific group I mGluR modulators, especially compounds that can directly regulate iGluR activity (135). Moreover, it is important to differentiate the specific contributions of mGluR1 and mGluR5. In relation to cell death phenotype and the pathophysiologicallyinduced position within the apoptosis/necrosis continuum, this separation is especially important (104). Multiple models of CNS injury, including stroke, brain trauma and spinal cord injury (36,63,110,114,119), suggest that activation of mGluR1 (124) can exacerbate necrosis (1,36,37,63,122,123,135,188). In contrast, the mGluR5 subtype (122) appears to attenuate apoptosis (5,6,52).

2-Methyl-6-(phenylethynyl)pyridine (MPEP)

One of the first mGluR5 subtype specific antagonists used to help separate the effects of mGluR5 from mGluR1 induced by non-specific group I mGluR agonists/antagonists is 2,6-disubstituted pyridine 2-methyl-6-(phenylethynyl)pyridine (MPEP) (68,69,163). MPEP non-competitively inhibits mGluR5 through a novel allosteric site (68,69,141) reducing the efficacy of glutamate-stimulated phosphoinositide (PI) hydrolysis without affecting the Hill coefficient or EC_{50} of glutamate (68,163). MPEP completely inhibits quisqualate-stimulated PI hydrolysis ($IC_{50} = 36 \text{ nM}$) (69) and is without effect on human mGluR6 ($\leq 10 \mu$ M), mGluR1b ($\leq 30 \mu$ M), or mGlu2, -3, -4a, -7b, or -8a ($\leq 100 \mu$ M) (69). Similarly, in the rat hippocampus, MPEP (10 mg/kg i.p.) blocks dose-dependent (RS)-2-chloro-5-hydroxyphenylglycine (CHPG)-induced increases in PI hydrolysis (8). It has been proposed that such inhibition results from MPEP stabilizing the inactive conformation of mGluR5 by preventing the association of the transmembrane-6 and -3 helices (111).

In vivo receptor occupancy studies of MPEP (10 mg/kg i.p.) demonstrate significant species variability. For example, in rat brain, MPEP can maintain >75% receptor occupancy for up to 2 h, whereas, in mouse brain >75% receptor occupancy only lasts up to 15 min (7). Binding studies have demonstrated that the mGluR5 antagonist [³H]methoxy-methyl-MTEP, which has high affinity ($K_d = 20 \pm 2.7$ nM), is displaced by MPEP with an IC₅₀ value of 15 nM (8). In rats, systemic administration of unlabeled MPEP reduced the binding of [³H]methoxymethyl-MTEP with an ID₅₀ value of 2 mg/kg i.p. (8).

Over the past several years, MPEP has been used to study the potential role of the mGluR5 subtype in neuroprotection (16,18-20,26,35,38,75,105,114,119,154,158), Parkinson's disease (10,20,31,32,50,60,65,74,91,137,140,158,181,201,205,207,210), Huntington's disease (65,164), epilepsy (2,17,65,106,109,112,113,115,116,120,124,178,187,198), Fragile X syndrome (13,211), addiction (107,145,195,214), anxiety (15,29,33,34,39,49,54,55,81,90,97,98,142,149,151,153,159,165,180,182-185,192,203,209), nociception (22,78,99,108,125,143,144,190,206,216), learning and memory (173), lateral geniculate nucleus relay cell communication (57), thalamic sensory processing (160), signal discrimination in the semicircular canals (82), and others (177).

Unfortunately, in addition to acting as an mGluR5 specific antagonist. MPEP has been reported to have electrophysiological effects on human NMDA1A/2B (10 μ M), NMDA1A/2A (100 μ M) and kainate Glu6-(IYQ) (100 μ M) receptor subtypes. In addition, effects on rat AMPA Glu3-(flop) (100 μ M) expressed in *Xenopus laevis* oocytes (69) and on rat NMDA receptors in rat primary cortical neurons (20 μ M) have been observed (135). See Table 1 for actions and selectivity of MPEP and MTEP.

Name	Mechanism(s) of action	Off-site effects
MPEP, 2-methyl-6-(phenyl- ethynyl)pyridine	 Non-competitive mGluR5 antagonist 	1) mGluR1d, $IC_{50} > 10 \ \mu M$
	2) Allosteric modulator	2) NR2B IC ₅₀ = 18 μ M
	3) Inhibits PLC/IP3/DAG	3) MAOA, $IC_{50} = 8 \mu M$
MTEP, 3-[(2-methyl-1,3-thi- azol-4-yl)ethynyl]pyridine	 Non-competitive mGluR5 antagonist 	1) mGluR1d, $IC_{50} > 10 \ \mu M$
	2) Inhibits PLC/IP3/DAG	2) NR2B IC ₅₀ > 300 μ M
		3) MAOA, $IC_{50} = 30 \ \mu M$

TABLE 1. MPEP and MTEP: Meachanism(s) of action and selectivity

MPEP and MTEP are mGluR5 specific antagonists that inhibit the PLC/Gq/IP3/DAG second messenger cascade (7,8,53,54,68,69,163). Although both compounds have off-site effects (54), MTEP is better suited for paradigms in which NMDA receptors play a significant role.

3-[(2-Methyl-1,3-thiazol-4-yl)ethynyl]pyridine (MTEP)

The recently developed MTEP was expected to have less non-specific effects than MPEP. Initial characterization of MTEP in an *in vitro* Ca²⁺ flux assay provided an IC₅₀ of 5 nM and a K_i of 16 nM (54). Furthermore, MTEP has a log *D* value of 2.1 compared with 3.5 for MPEP (54) indicating better solubility and CNS penetrability. *In vivo* and *in vitro* characterization of MTEP (7,8,53) indicates that it is highly selective for mGluR5 and has no significant effect on other mGluR subtypes. Moreover, MTEP has fewer off-target effects than MPEP, such as minimal inhibition of NMDA/glycine-evoked increases in recombinant human NR1A/2B receptor-mediated intracellular calcium (MTEP: 19% at 300 μ M; MPEP: IC₅₀ = 18 μ M) (53,54). Taken together, these results suggest that MTEP has greater selectivity at mGluR5 than other known antagonists (53).

In vivo and in vitro studies indicate that the cytochrome P450 (CYP) isoforms CYP1A1/2, CYP2C6 and CYP2C11 are primarily responsible for the metabolism of MTEP (77). The major oxidative metabolites of MTEP are a hydroxymethyl metabolite, two oxides, a thiazole-ring opened metabolite and CO₂ (212). Metabolism of MTEP (1 μ M) in dog, monkey and human hepatic microsomes was similar (approximately 65%) (77). Metabolic stability studies accurately predicted the *in vivo* clearance for MTEP (2 mg/kg, i.v. and 10 mg/kg p.o.) in rats; (Clp = 28.5 ± 2.3 mL/min/kg; VDss = 8.4 ± ± 1.4 L/kg; terminal $t_{1/2}$ = 8.3 ± 0.9 h; 16% bioavailability) (77). Administration of MTEP (1 mg/kg, i.v.) to rhesus monkeys resulted in a Clp of ~42 mL/min/kg (77).

Similar to MPEP, *in vivo* receptor occupancy studies of MTEP (3 mg/kg i.p.) demonstrate significant species variability. In rat brain, MTEP also maintains >75% receptor occupancy for 2 h, whereas, in mouse brain >75% occupancy lasts for only 30 and 15 min (7).

The Role of mGluR5 in Neurodegeneration

As mentioned above *in vivo* and *in vitro* studies suggest that activation of the mGluR5 subtype is neuroprotective through its ability to attenuate apoptosis (5,6,52,121), and does not appear to modulate necrosis. This concept is supported by multiple studies. For ex-

ample, use of antisense oligonucleotides against group I mGluR revealed that inhibition of mGluR1, but not mGluR5 is neuroprotective (123) in an *in vitro* necrotic injury model. In a model of global ischemia, 10 pmol MPEP ($2 \times i.c.v.$) or 10 mg/kg MPEP ($2 \times i.p.$) had no effect on CA1 pyramidal cell death (114). Similarly, *in vitro*, MPEP ($0.1-1 \mu$ M) had no effect on oxygen and glucose deprivation-induced neuronal damage (114). Further support was provided by studies in which the group I mGluR agonist (S)-3,5-dihydroxyphenyl-glycine (DHPG) or the mGluR5 selective agonist, (RS)-2-chloro-5-hydroxyphenylglycine (CHPG) decreased apoptotic cell death induced by either the non-specific protein kinase C (PKC) inhibitor staurosporine or the topoisomerase II inhibitor etoposide (6). The DHPG effects were blocked by MPEP but not by a mGluR1 antagonist (6).

Nevertheless, it has been reported that MPEP is neuroprotective (16,19,20,38,154). For example, in a model of parkinsonism, MPEP ($4 \times 5 \text{ mg/kg}$, i.p. injections, 30 min before each MPTP injection) was protective against 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine (MPTP; 80 mg/kg) toxicity (20). In another study, pretreatment with MPEP improved cognitive and motor functions and reduced lesion volume following lateral fluid percussion injury (FPI) (122). In a rat intraluminal filament model of temporary middle cerebral artery occlusion, a model for focal cerebral ischemia, MPEP also appears to be neuroprotective (16). Combined, these studies suggest that perhaps in certain in vivo models, mGluR5 activation exacerbates injury. However, in the latter study above, activation of mGluR5 with CHPG after focal cerebral ischemia, also reduced 24 h infarct volume in a dose-dependent manner (16). Hence, in the temporary middle cerebral artery occlusion model, both CHPG and MPEP were neuroprotective. It is important to note that even though early (15 min) post-injury treatment with optimal dose MPEP provided neuroprotection, delayed (135 min post-injury) treatment was not effective (16). These conflicting data can be explained by experiments which show the ability of MPEP to inhibit NMDA receptor activity, in addition to acting as an mGluR5 antagonist (16,123). Moreover, the ability of CHPG to provide neuroprotection can potentially be explained by its anti-apoptotic activity (6).

To address the important question as to whether mGluR5 antagonists provide neuroprotection, in part, through their ability to directly modulate NMDA receptor activity, the effects of MTEP or MPEP were tested in cultured cortical neurons derived from rat and either wild-type (WT) or mGluR5(–/–) mice exposed to NMDA- or glutamate-induced toxicity (105). These two well-established *in vitro* models of neuronal injury produce significant cell death within 24 h (122,135). The mGluR5 knockout mouse cortical cultures were used to address whether MPEP-mediated neuroprotection against NMDA-induced neurotoxicity occurs independent of mGluR5. Pretreatment with MPEP (20 μ M and higher) showed significant neuroprotection as revealed by either LDH release or calcein AM assays. In contrast, pretreatment with MTEP (2 to 100 μ M) had no effect (105). Both MPEP and MTEP at 200 μ M decreased NMDA-induced cell death in cortical cultures from mGluR5-knockouts. Thus, blockade of neuronal mGluR5 is not protective against glutamate receptor mediated cell death, and the use of mGluR5 antagonists at high concentrations can lead to neuroprotection through mechanisms not associated with mGluR5 modulation.

In summary, multiple lines of evidence indicate the necessity to distinguish between the group I mGluR subtypes 1 and 5. With regard to neuroprotection, mGluR1 activation appears to exacerbate necrosis, whereas mGluR5 activation protects against apoptosis. Although the mGluR5 specific antagonist MPEP has been used extensively to determine the role of mGluR5 in CNS function and pathology, its non-specific effects, such as inhibition of NMDA receptors, may make it difficult to assign specific physiological roles for mGluR5 using this compound. Unlike MPEP, the newer mGluR5 antagonist MTEP does not provide neuroprotection at doses that are both optimal for mGluR5 blockade, in part, because it does not have direct effects upon NMDA receptor activity.

A Role for mGluR5 in Addiction and Pain

Addiction

In addition to its role in neurodegeneration, mGluR5 studies using MPEP and/or MTEP suggest that mGluR5 contributes to the processes underlying addiction. Drug cues can recruit responses in the amygdala, anterior cingulate, orbital prefrontal and dorsolateral prefrontal cortex, and nucleus accumbens (89). Moreover, the ventral tegmental areanucleus accumbens pathway appears to be the central regulator of reward signals induced by drugs of abuse (126). It has been proposed that addiction, in part, involves certain molecular mechanisms that underlie learning and memory (89,126). Because many of these addiction-associated regions participate in learning and memory, and because both iGluRs and mGluRs are intimately involved in such processes, it is not surprising that glutamate receptors appear, in part, to underlie mechanisms associated with addiction.

Both iGluRs and mGluRs are implicated in the behavioral effects of psychostimulants (96,191,205). For example, acute cocaine treatment significantly reduces the mRNA level for GluR3, GluR4, and NMDAR1 subunits in the nucleus accumbens, and NMDAR1 mRNA levels in dorsolateral striatum and the ventral tegmental area (70). Moreover, repeated cocaine administration significantly increases levels of GluR2 mRNA in prefrontal cortex and mGluR5 mRNA levels in the nucleus accumbens and dorsolateral striatum (70). Additional studies using mGlu5 (-/-) mice also support a role for mGluR5 in cocaine self-administration and cocaine-induced locomotor sensitization (47).

Studies using MPEP or MTEP have also implicated mGluR5 in effects caused by psychostimulants (83,84,94,107,145,148), nicotine (80,94,146,147,195,214), or ethanol (14, 55,85,135,164). MPEP dose-dependently (1–9 mg/kg) decreases nicotine (rats: 0.01 or 0.03 mg/kg/infusion; mice: 0.048 mg/infusion) or cocaine (0.25 mg/infusion) self-administration, but does not appear to alter acute nicotine (0.25 mg) or cocaine (10 mg/kg)-induced facilitation of brain reward function in rats (94). MPEP (50 mg/kg) also blocks expression of context-conditioned morphine (10 mg/kg) or amphetamine but not cocaine (10 mg/kg) or 3,4-methylenedioxymethamphetamine (MDMA) reward in the rat (83,84). In addition, MPEP (5 mg/kg i.p.) significantly enhances the locomotor activity increased by PCP (phencyclidine; 2.5 mg/kg s.c.) (148), but inhibits amphetamine (1 mg/kg s.c.)induced hyperactivity (148).

In squirrel monkeys, MPEP attenuated cocaine self-administration, cocaine-induced reinstatement of drug seeking and the discriminative stimulus effects of cocaine at doses that did not markedly impair motor function or operant behavior in the context of drug discrimination (107). Although MPEP exhibits some selectivity for mGluR5 receptors *in vitro* and *in vivo* (69,197), it also has the ability to directly reduce NMDA receptor activity (134) and to interact functionally with NMDA receptors in rats (87,152). Thus, the ability of MPEP to elicit cocaine-attenuating effects may reflect, at least in part, modulation of NMDA receptor activity. Moreover, although these findings suggest that mGluR5 antagonists may be a valuable tool against addiction, chronic use of MPEP is potentially problematic due to its effects on the NMDA receptor.

To date, relatively few studies have used MTEP to examine the role of mGluR5 in addiction. In a naloxone-precipitated morphine withdrawal model, MTEP (1–10 mg/kg) dose-dependently inhibited naloxone-induced symptoms of morphine withdrawal, without effects on locomotor activity (145). In another study, MTEP was effective in models of ethanol addiction (85). Together, the experimental studies with MPEP or MTEP suggest that blocking mGlu5 receptors may provide a novel and effective pharmacotherapeutic approach for the treatment of certain types of drug dependence and addiction.

Nociception

A role for group I mGluRs, including mGluR5, in nociception has been well established by functional studies (95,127,129,157,202). Nociceptive responses of thalamic neurons are mediated in part by mGlu5 receptors (25). In a model of cannabinoid-induced anti-nociception in the periaqueductal grey (PAG) matter of rats, MPEP prevented the ability of the cannabinoid receptor agonist (R)-(+)-[2,3-dihydro-5-methyl-3-(4-morpholinylmethyl)pyrrolo[1,2,3-de]-1,4-benzoxazin-6-yl]-1-naphthalenylmethanone mesylate (WIN 55,212-2) to increase nociceptive reaction latency in the plantar test. Moreover, studies indicate that mGlu5 receptors may modulate nociception in the periaqueductal grey (PAG) matter of rats (144) and that antihyperalgesic effects of WIN 55,212-2 are mediated through interactions with spinal metabotropic glutamate-5 receptors (79). MPEP (50 nmol) also blocked increases in nociceptive reaction induced by intra-periaqueductal grey matter microinjections of capsaicin (1–3–6 nmol/rat) (143).

A role for mGluR5 in nociception is further supported by studies showing that in response to noxious stimuli, there are changes in mGluR5 expression (59,88,118). Such changes can lead to altered gene expression (24) and synaptic plasticity (128) within the sensory elements of the nociceptive pathways. For example, nerve injury-induced increases in mGluR5 in lumbar DRG A-fiber somata correlated with the ability of MPEP to dose-dependently reverse thermal hyperalgesia following L5 spinal nerve ligation. Such results led these authors to suggest that after L5 spinal nerve injury, mGluR5 expression on A-fibers may be essential for the development of thermal hyperalgesia (88).

It is also suggested that mGluR5 can modulate pain due to inflammation and neuropathy (95). For example, in multiple rodent models (218), MPEP (3–30 mg/kg, i.p.) produced a dose-dependent reversal of thermal and mechanical hyperalgesia following complete Freund's adjuvant (CFA)-induced inflammatory hypersensitivity. In addition, MPEP decreased thermal hyperalgesia observed in carrageenan-induced inflammatory hypersensitivity without affecting paw edema. Moreover, MPEP abolished acetic acid-induced writhing activity in mice, and was shown to reduce mechanical allodynia and thermal hyperalgesia observed in a model of post-operative hypersensitivity and formalin-induced spontaneous pain. At 30 mg/kg, i.p., MPEP also significantly attenuated mechanical allodynia observed in three neuropathic pain models: spinal nerve ligation, sciatic nerve constriction and vincristine-induced neuropathic pain. Similar to MPEP, MTEP (3–30 mg/kg, i.p.) also reduced complete CFA-induced thermal hyperalgesia. At 100 mg/kg, i.p., however, both MPEP and MTEP showed CNS side effects as measured by rotarod performance and exploratory locomotor activity (218). Both MPEP and MTEP were also tested in the mouse formalin and rat spinal nerve ligation (SNL) pain models, as well as in anxiety models including the Vogel conflict and conditioned lick suppression (CLS) tests for anxiety (203). Systemic administration of MPEP and MTEP reduced hyperalgesia induced by formalin and mechanical allodynia following SNL and showed anxiolytic effects (203).

Additional studies in rats showed that MPEP, in a dose-dependent and reversible manner, blocked pressure-induced responses to contralateral hindpaw nociceptive neurons within the ventroposterolateral thalamus (28). In a spinal cord *in vitro* model, MPEP (30μ M, $60 \min$) attenuated ventral root potentials following single shock electrical stimulation of the dorsal root and inhibited responses evoked by repetitive stimulation (28).

Finally, it has also been suggested that both peripheral and central mGluR5 receptors may play a role in nociceptive transmission observed during post-operative pain in rats (217). In this model, MPEP ($ED_{50} = 15 \text{ mg/kg}$, i.p.) showed dose-dependent effects. Overall, experimental pain studies using both MPEP and MTEP support a role for mGluR5 in nociceptive processes and suggest that selective modulation of mGlu5 receptors may provide a new pharmacotherapeutic approach for certain types of pain.

SUMMARY

Multiple studies using the mGluR5 antagonists MPEP and MTEP suggest that the mGluR5 receptor may be involved in physiological or pathophysiological responses associated with neurodegeneration, addiction, pain and anxiety. However, given non-specific effects of MPEP, studies in which this compound alone was used to infer a role for mGluR5 actions should be re-assessed with more selective compounds such as MTEP or by using receptor knockout animals.

Conflict of Interest Statement. Dr. Lea is employed by New Health Sciences, Inc (NHSi). NHSi is not developing MPEP or MTEP for clinical use.

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