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Potential Roles of Redox Dysregulation in the Development of Schizophrenia

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Abstract

Converging evidence implicates redox dysregulation as a pathological mechanism driving the emergence of psychosis. Increased oxidative damage and decreased capacity of intracellular redox modulatory systems are consistent findings in persons with schizophrenia as well as in persons at clinical high-risk who subsequently developed frank psychosis. Levels of glutathione, a key regulator of cellular redox status, are reduced in the medial prefrontal cortex, striatum and thalamus in schizophrenia. In humans with schizophrenia and in rodent models recapitulating various features of schizophrenia, redox dysregulation is linked to reductions of parvalbumin containing GABA interneurons and volumes of their perineuronal nets, white matter abnormalities and microglia activation. Importantly, the activity of transcription factors, kinases, and phosphatases regulating diverse aspects of neurodevelopment and synaptic plasticity vary according to cellular redox state. Molecules regulating interneuron function under redox control include N-methyl-D-aspartate receptor (NMDAR) subunits GluN1 and GluN2A as well as KEAP1 (regulator of transcription factor NRF2). In a rodent schizophrenia model characterized by impaired glutathione synthesis, the *Gclm* KO mouse, oxidative stress activated matrix metalloprotease 9 (MMP9) via its redox-responsive regulatory sites, causing a cascade of molecular events leading to microglia activation, perineuronal net degradation, and impaired NMDAR function. Molecular pathways under redox control are implicated in the etiopathology of schizophrenia and are attractive drug targets for individualized drug therapy trials in the contexts of prevention and treatment of psychosis.

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Keywords

schizophrenia; psychosis; clinical high-risk; high-risk; oxidative stress; redox; glutathione; glutathione peroxidase; glutathione reductase; MMP9; perineuronal nets; PNN; parvalbumin; PVI; GABA interneurons; GSH; *Gclm* KO; *Grin2A* KO

Introduction

In excess, reactive oxygen (ROS) and nitrogen (RNS) species are deleterious by-products of aerobic respiration, causing oxidative damage to lipids, proteins, and nucleic acids. Importantly, the activity of many regulatory proteins is determined by whether thiol groups are reduced or oxidized (“redox state”). Broadly, homeostatic levels of ROS and RNS are required to control the activity of numerous transcription factors, kinases, phosphatases, and other molecules involved in neurodevelopment, synaptic plasticity, and many other functions [reviewed in (1)].

Oxidative stress is a pathological condition defined by a shift in redox balance from physiologic to pro-oxidant, indicating failure of compensatory molecular pathways to modulate cellular redox state resulting in oxidative damage. Increased oxidative damage and decreased capacity of intracellular redox modulatory systems are consistent findings in persons with schizophrenia, including persons who have never received antipsychotic medications [reviewed in (2)] and persons meeting clinical psychosis high-risk criteria who subsequently developed frank psychosis (3, 4). Furthermore, a common feature of diverse rodent models recapitulating various brain and behavioral abnormalities relevant to schizophrenia is redox dysregulation (5, 6). In this review we provide selected background information regarding physiologic redox regulation, summarize key aspects of schizophrenia neuropathology together with the evidence linking these findings to redox dysregulation, and discuss implications for the development of preventative interventions.

Background: Reactive Oxygen Species (ROS) and Reactive Nitrogen Species (RNS)

Figure 1 illustrates three critical functions of glutathione in maintenance of cellular homeostasis. One role is to prevent irreversible oxidative damage to lipids, proteins, and nucleic acids. Another is participation in the reduction and removal of oxidatively damaged molecules in reactions catalyzed by glutathione-S-transferase; a process that may deplete glutathione reserves. A third is to modulate functions of regulatory proteins and transmembrane ionic signaling [reviewed in (7)]. Glutathione and enzymatically generated ROS [O_2^- , H_2O_2 , nitric oxide (*NO)] act on redox-sensing “thiol switches” in reversible reactions producing disulfide bonds, S-glutathionylation, sulfenic acid, nitric oxide derivatives, or other molecular changes. Such redox-mediated changes affect the conformational structure and thus the bioactivities of these molecules. Importantly, subcellular compartmentalization of ROS and antioxidant enzymes enables their local regulation of redox-sensitive proteins.

Cellular, Anatomical, and Circuit Alterations in Schizophrenia

Schizophrenia involves dysregulation of dopaminergic and glutamatergic brain circuitry [reviewed in (8)]. The dopamine hypothesis emerged from observations that dopamine antagonists lessen psychotic symptoms in patients with schizophrenia. Brain imaging studies converge on increased dorsal striatal dopaminergic activity as a core feature of schizophrenia [reviewed in (8)]. Furthermore, dopaminergic abnormalities precede the onset of schizophrenia as striatal dopamine activity was increased in persons at clinical high risk for psychosis and elevations predicted conversion to psychosis (9–13). Dopamine dysregulation is hypothesized to be a consequence of reduced activity of NMDA receptors (NMDAR) on inhibitory GABA interneurons. The NMDAR hypofunction hypothesis arose from studies in healthy humans demonstrating that NMDAR antagonists such as ketamine or phencyclidine transiently induced features characteristic of schizophrenia, including psychosis, negative symptoms, cognitive impairments, and altered evoked response potential (ERP) amplitudes including reduced mismatch negativity and P300 responses [reviewed in (14)]. Furthermore, both mismatch negativity and P300 impairments were apparent in clinical high-risk subjects and deficits predicted transition from high-risk to psychosis, implying NMDAR hypofunction preceded psychosis onset (15–19).

Subtypes of GABA interneurons with different roles in regulating excitatory/inhibitory balance and neuronal circuit synchrony have been identified [reviewed in (20)]. Post-mortem schizophrenia studies revealed widespread reductions of subtypes expressing somatostatin and parvalbumin in dorsolateral prefrontal, anterior cingulate, primary motor, and primary visual cortices, the hippocampus and thalamic reticular nucleus (21–27). One group reported reductions in somatostatin but not parvalbumin interneurons in the amygdala (28, 29). Thus, both somatostatin and parvalbumin interneurons are implicated in schizophrenia.

Neuronal circuit synchrony detected by EEG as electrical oscillations occurs at different frequencies. Somatostatin interneurons generate theta band oscillations. Mismatch negativity and P300 responses are detected within the theta band [reviewed in (30)]. P300 responses are also detected within delta band oscillations (31). In contrast parvalbumin-expressing interneurons generate high-frequency gamma oscillations (32). As reviewed by Reilly and colleagues (33), impairments on various gamma-band EEG paradigms were reported by most clinical high-risk, first episode and chronic schizophrenia studies, however longitudinal clinical high-risk studies reported mixed results (34–36).

Schizophrenia is characterized by widespread reductions in cortical and subcortical gray matter volumes (37–39), alterations in white matter integrity (40, 41), and functional dysconnectivity (42). Emergence of psychosis in clinical high-risk subjects was associated with accelerated loss of gray matter volumes involving prefrontal, parietal, superior temporal, and hippocampal regions (43–47) and cerebello-thalamo-cortical dysconnectivity (48–50). These brain regions overlap with regions involved in mismatch negativity generation (auditory cortex and less consistently inferior frontal cortical regions) (51, 52), P300 (widespread parietal and frontal cortical regions) (53, 54), and auditory evoked gamma band response (auditory cortex and medial cortical regions especially the anterior cingulate cortex) (55). Interestingly, one study reported clinical high risk subjects had deficits in

auditory gamma band response evoked by a demanding cognitive task that on simultaneous fMRI involved bilateral auditory, anterior cingulate, and dorsolateral prefrontal cortices and the thalamus (56).

Schizophrenia post-mortem studies found gray matter changes involved reductions in neuropil (57–59) and perineuronal nets (26, 29, 60, 61). Perineuronal nets are dynamic extracellular matrix structures, regulating neuronal synchronization, protecting parvalbumin interneurons from oxidative stress and inhibiting excessive plasticity [reviewed in (62)]. Importantly, as maturational critical periods close, neural networks involving parvalbumin interneurons become stabilized by perineuronal nets (61). Perineuronal nets play critical roles in protecting synaptic spines from pruning [reviewed in (63)], thus perineuronal net reductions may also be implicated in neuropil loss. In schizophrenia, evidence of mitochondrial dysfunction includes alteration of network morphology and activity of mitochondrial complex I (64). Postmortem studies also reported increased microglia density and indicators of microglia activation [metanalysis in (65)]. Microglia are brain-specific macrophages with diverse functions including regulation of synaptic plasticity by pruning synapses in an activity-dependent manner [reviewed in (66)].

Vulnerability of Parvalbumin Interneurons, Perineuronal Nets, and Oligodendrocytes to Oxidative Stress

Parvalbumin interneurons form networks of inhibitory GABAergic synapses contributing to excitatory-inhibitory balance and correlating signals among brain regions (67). To support high-frequency neuronal synchronization, fast-spiking parvalbumin interneurons are energy-demanding and thus as a corollary subject to high ROS production (68). Consequently, parvalbumin interneurons need well-regulated antioxidant systems to neutralize ROS and are vulnerable to redox dysregulation, whether induced by a compromised antioxidant system or ROS accumulation. Perineuronal nets protect parvalbumin interneurons from ROS, but excessive oxidative stress results in their loss (69). Microglia activated by oxidants, cytokines, or extracellular glutamate increase their phagocytic activity including synaptic pruning and release of ROS and other molecules that contribute to perineuronal net degradation (70). Oligodendrocytes are also vulnerable to oxidative stress, especially as their precursor cells mature and generate myelin [reviewed in (71)]. In particular, during neurodevelopment, the proliferation and differentiation of oligodendrocyte precursor cells as well as myelin maturation are dependent on redox status [reviewed in (72–74)].

The glutathione system plays a pivotal role in controlling parvalbumin interneuron redox status [reviewed in (75)]. Glutathione is a tripeptide made up of cysteine, glutamate, and glycine and is synthesized in two major steps (see Figure 1.4). The first step, combining cysteine and glutamate, is rate-limiting; homeostatic levels of glutathione are maintained by availability of cysteine as well as transcriptional control of the enzyme catalyzing this reaction, glutamate-cysteine ligase. Parvalbumin interneurons' supply of cysteine is linked to their activity and is regulated by astrocytes, thus, glutathione supply must match parvalbumin interneuron demand in order to maintain physiologic redox status (76).

A major regulator of cytoprotective responses to stresses caused by ROS and electrophiles is the KEAP1/NRF2 pathway. Under normal conditions the transcription factor NRF2 is repressed by KEAP1. Under oxidative stress NRF2 becomes derepressed, translocates to the nucleus, binds to antioxidant response elements (ARE) in DNA promoter regions, activating transcription of numerous genes including glutamate-cysteine ligase [reviewed in (77)]. Interestingly, KEAP1 has several thiol switches that may play a functional role by altering the conformation of KEAP1, impacting KEAP1 repression of NRF2 (Figure 2). Furthermore, NMDAR function itself is under direct redox regulation; extracellular domains on NMDAR subunits GluN1 and GluN2A contain thiol groups, that when oxidized reduce the likelihood and duration of NMDAR channel opening (78). Intracellular redox state also impacts NMDAR function, with shifts towards oxidation resulting in hypofunction (79) (Figure 2).

Indeed, there is a tight interaction between NMDAR function and redox status. Synaptic NMDAR activation boosts NRF2/ARE gene transcription including the transcription of glutamate-cysteine ligase, thus increasing glutathione synthesis (80). NMDAR blockade by ketamine in mice disrupts excitatory/inhibitory (E/I) balance in cortical circuits, affecting parvalbumin interneurons through enzymatically-induced NADPH oxidase (NOX-2) ROS generation (81). Reduced NMDAR activity thus lowers antioxidant defenses. In addition, serine racemase activity is inhibited by oxidation of its redox-sensitive thiols (82), reducing availability of the NMDAR co-agonist d-serine. Notably, NMDAR hypofunction (83), parvalbumin interneuron impairments (84, 85), and reduced gamma oscillations (84, 85) were all observed in a glutathione-deficit mouse model (*Gclm* KO).

Evidence of Redox Dysregulation in Schizophrenia

The symptoms and neuropathology of schizophrenia emerge and progress in a trajectory that can be roughly divided into three phases: *prodromal*, transitioning with a first episode to *early* (a 1–5 year period), and then to *chronic*. Regarding the prodrome, research criteria based mainly on the presence of attenuated psychosis-like symptoms define a clinical high-risk syndrome; adolescents and young adults with the syndrome have an approximate 20% risk of developing a full-blown psychotic disorder within 2 years, and up to 30–35% with longer follow-up periods (86, 87).

Schizophrenia is characterized by decreased levels of redox substrates, especially glutathione. Schizophrenia proton MRS studies reported glutathione reductions in brain regions implicated in schizophrenia, including the anterior cingulate cortex, medial prefrontal cortex, striatum and thalamus (88–92). However, glutathione reductions were not found in other brain regions implicated in schizophrenia, including prefrontal regions (dorsolateral medial prefrontal cortex, orbital frontal cortex), the insula and visual cortex (90, 92). Schizophrenia studies using high-strength (7T) magnets reported reductions of glutamate, glutamine, and GABA in medial prefrontal regions including the anterior cingulate (90, 92) that were correlated with glutathione levels (92), suggesting a link between redox dysregulation and interneuron dysfunction. Glutathione may be a reservoir for glutamate, thus the reductions in glutamate could also be due to reduced glutathione cycling (93). In contrast, one group reported glutathione elevations in the medial temporal

lobe in subjects with early phase schizophrenia, however whether brain glutathione levels could be specifically quantified with the described method is unclear [reviewed in (94)]. Postmortem studies found glutathione reductions in prefrontal cortex and striatum (95, 96). Using ^{31}P -MRS, investigators found lower ratios of NAD⁺/NADH in medial prefrontal cortices of schizophrenia relative to comparison subjects, further indicating redox dysregulation towards a pro-oxidant state (97). Erythrocyte ratio of glutathione peroxidase to reductase as well as glutathione peroxidase activities were negatively correlated with medial prefrontal cortical glutathione in male early phase schizophrenia patients, in contrast to controls where the correlation was positive (98). This finding suggests failure of shifting the glutathione system towards production of reduced glutathione in schizophrenia. Furthermore, erythrocyte glutathione levels were lower in psychosis converters versus nonconverters, with an area under the receiver operating curve of 0.82 (4). Studies of redox substrates and enzymes from body fluids have yielded mixed results, possibly related to *ex-vivo* alterations that often occur unless preventative measures are taken during biospecimen collection, processing, and storage (see Supplement for details).

Experimental medicine studies targeting brain glutathione levels lend support for a causal relationship between redox dysregulation and schizophrenia etiopathology. Supplementation with N-acetyl-cysteine (NAC), a bioavailable form of the rate-limiting amino acid for glutathione synthesis, led to increased brain cysteine and glutathione levels in conditions associated with oxidative stress; NAC supplementation in the absence of oxidative stress had little effect (99–102). Moreover, findings from various human conditions and rodent models suggest that brain glutathione levels drop with oxidative stress only when the glutathione system is overwhelmed and cysteine pools are depleted. Under those conditions brain glutathione levels normalize when cysteine is provided. However, under physiologic conditions redox control mechanisms function to maintain glutathione levels appropriate for cellular demands, thus reducing effects of supplemental NAC.

Nonetheless, a placebo-controlled trial found oral NAC supplementation increased medial prefrontal glutathione levels in early phase schizophrenia (103). Other placebo-controlled trials found that NAC improved scores for positive symptoms, negative symptoms, and cognition (103–109). In early phase schizophrenia NAC improved functional connectivity between the anterior cingulate cortex and isthmus (110), as well as integrity of white matter in the fornix, in correlation with brain glutathione level increases (111). This correlation links glutathione redox dysregulation to white matter impairments in schizophrenia. Furthermore, in two NAC trials ERP biomarkers of NMDAR function (N50/100 and mismatch negativity) improved with NAC (104, 112), linking redox dysregulation to the NMDAR hypofunction hypothesis, albeit to somatostatin rather than parvalbumin interneuron dysfunction.

Oxidative damage is evident in peripheral blood of persons with schizophrenia. Levels of oxidatively damaged proteins and oxidatively-damaged lipids have been reported in both first episode and chronic schizophrenia (73). Furthermore, in a cohort of 71 clinical high-risk and 35 unaffected subjects, baseline levels of oxidatively damaged lipids (MDA-LDL) were significantly higher in subjects that converted to psychosis compared to nonconverters and unaffected subjects (3). In 113 clinical high-risk subjects enrolled in an omega-3 clinical

trial, 92% of the high-risk subjects had baseline levels of oxidatively damaged lipids above the range of expected levels in healthy individuals (113).

A genetic polymorphism reducing the efficiency of glutamate-cysteine ligase (the enzyme for the rate-limiting step in glutathione synthesis) (114) was associated with lower blood glutathione levels in both early schizophrenia and control subjects (114, 115). Furthermore, medial prefrontal cortical glutamate levels were lower in schizophrenia relative to unaffected subjects ($p=0.01$), glutathione levels positively correlated with glutamate levels only in subjects with the low-risk genotype (98). Subjects with the high-risk genotype had lower medial prefrontal cortical glutathione levels, independent of disease status. In addition, white matter integrity along the cingulum bundle was significantly correlated with medial prefrontal glutathione in both patients and comparison subjects (72). These findings suggest that in humans reduced capacity to synthesize glutathione increases schizophrenia vulnerability, however emergence of schizophrenia may require additional risk factors especially during critical developmental windows [reviewed in (75)].

Rodent Models Link Redox Dysregulation to Human Neuropathological Findings

Human studies may suggest pathological mechanisms but are limited in their capacity to verify mechanisms at the molecular level. Various rodent models involving genetic and/or environmental manipulations linked to psychosis risk in humans partly bridge this gap. Examples include: inducing NMDAR hypofunction using ketamine/PCP/MK801 administration; targeting genes identified from large schizophrenia genome-wide association studies (116) such as *Grin2a* (coding for the non-obligatory GluN2A NMDAR subunit involved in adolescent brain maturation) knock-out (KO) or serine racemase (critical to synthesis of d-serine, a NMDAR co-agonist) KO; inflicting neurodevelopmental insults/lesions (e.g. MIA, MAM, NVHL); and interrogating genetic syndromes with elevated psychosis risk such as 22.q.11 deletion [reviewed in (6)]. Shared features of these models include behavioral, cognitive, electrophysiological, and cellular disturbances, with degrees of homology to schizophrenia.

Common molecular features of numerous rodent models involving schizophrenia risk factors include reduced numbers of parvalbumin interneurons and perineuronal net alterations linked to disruption of redox homeostasis (5, 6). For example, the serine racemase KO mouse was characterized by a 26% reduction of parvalbumin interneuron numbers, a 35% reduction of numbers of parvalbumin interneuron with perineuronal nets, and a 410% increase in DNA oxidative damage (6). Furthermore, parvalbumin interneuron/perineuronal net reductions were correlated with DNA oxidative damage. The *Grin2a* KO mouse had delayed maturation of parvalbumin interneurons and their perineuronal nets in the anterior cingulate cortex (117). In addition, the expression of genes involved in glutathione and related thioredoxin/peroxiredoxin systems were lower, suggesting a vulnerability to redox dysregulation and oxidative stress. When subjected to a “second-hit” known to increase oxidative stress [administration of a dopamine reuptake inhibitor as ROS are a by-products of dopamine metabolism and autooxidation (118, 119)] during early adolescence *Grin2a* KO

mice developed multiple abnormalities by adulthood. These included DNA oxidative damage, microglia activation, reductions in numbers of parvalbumin interneurons and parvalbumin interneurons with perineuronal nets and reduced high frequency (gamma) oscillatory power (117). Interestingly, a conditional *Grin2a* KO mouse model demonstrated that GluN2A NMDAR subunits on parvalbumin interneurons are required for ketamine-induced increase in gamma oscillatory power (120). The administration of NAC ameliorated *Grin2a* KO mouse model pathology (117, 121, 122), consistent with the effects of NAC in other models: ketamine (123); MK-801 (121, 124); neonatal ventral hippocampal lesion (NVHL) (122, 125), perinatal infection/peripubertal unpredictable stress (126) and maternal immune activation (MIA) (127).

Consistent with involvement of redox dysregulation in the etiopathology of schizophrenia, drug and genetic manipulations producing redox imbalance in rodents induced homologies of behavior, cognition, and cellular disturbances characteristic of schizophrenia [reviewed in (6)]. Reductions in glutathione alone caused increased excitability of CA1 pyramidal neurons in the hippocampus and NMDAR hypofunction (reduced excitatory postsynaptic receptor response related to increased oxidation at the NMDAR redox site) (83). In addition, glutathione reduction impaired NMDAR-dependent long-term potentiation (83, 128). Rodents subjected to glutathione reduction paired with administration of a dopamine reuptake inhibitor (a “second-hit” elevating ROS) exhibited reduced numbers of parvalbumin interneurons in the anterior cingulate but not somatosensory cortices (129).

A transgenic mouse model of redox dysregulation, the glutamate-cysteine-ligase modulatory subunit knock-out (*Gclm* KO), has a 70% reduction in brain glutathione levels (130) and behavioral homologies to schizophrenia (131, 132). In *Gclm* KO mice, parvalbumin interneurons and perineuronal net deficits emerged in a spatio-temporal sequence that paralleled regional brain maturation, appearing first in thalamic reticular nuclei, followed by the amygdala and lateral globus pallidus, then the ventral hippocampus, and lastly anterior cingulate cortex (133). Parvalbumin interneuron/perineuronal net deficits were highly correlated with oxidative DNA damage in these brain regions throughout development. The dorsal hippocampus was unaffected, despite reductions in glutathione similar to those of the ventral hippocampus (85). A possible explanation for this regional vulnerability to oxidative stress relates to the richer dopaminergic innervation of the ventral compared to the dorsal hippocampus (134, 135) and thus higher ROS load (118, 119). Interestingly, Grace and collaborators (136) demonstrated in the MAM model that elevated dopamine neurotransmission in the mesolimbic system resulted from parvalbumin interneuron impairments in the ventral hippocampus, as increased ventral hippocampal activity caused the nucleus accumbens to strongly inhibit the ventral pallidum, that in turn increased the number of spontaneously active ventral tegmental area dopamine neurons (137).

This could be at the basis of elevated presynaptic dopamine release in the striatum of clinical high-risk subjects who converted to psychosis (12, 13). Similar to findings in the *Gclm* KO mice, a post-mortem schizophrenia study found reductions of parvalbumin interneurons/perineuronal nets in thalamic reticular nuclei (138). Thalamocortical circuits involving thalamic reticular nuclei have been implicated in the generation of mismatch negativity (51),

suggesting a link between redox dysregulation impacting thalamic reticular parvalbumin interneurons and impaired generation of mismatch negativity in schizophrenia.

As with the *Grin2A* KO mouse (84), in the *Gclm* KO developmental reductions in parvalbumin interneurons/perineuronal nets in the cingulate cortex normalized in adulthood, indicating maturational delay (117, 135). However a “second-hit” involving experimentally-induced increases in ROS (via elevated dopamine) during adolescence resulted in reductions of parvalbumin interneurons/perineuronal nets by adulthood, effects that were rescued by NAC (135). In addition, proliferation and maturation of oligodendrocyte precursors were impaired in the anterior cingulate cortex of *Gclm* KO mice, an effect that was reversed with the administration of NAC (74).

A mechanism connecting parvalbumin interneuron redox dysregulation to microglia activation and perineuronal net reductions was identified in the *Gclm* KO mouse (135) (Figure 2). This mechanism involved activation of the protease MMP9 by oxidation of its redox modulatory site (139), an effect that peaked around puberty and declined by adulthood. Receptor for advanced glycosylation end-product (RAGE) has an intracellular and an extracellular domain. Activated MMP9 induced shedding of the extracellular and translocation of intracellular RAGE to the nucleus. Activation of the transcription factor NF κ B occurred, possibly driven by intracellular RAGE nuclear translocation, leading to synthesis and secretion of cytokines including IL1 β , IL6, TNF α to the extracellular compartment. These cytokines then induced microglia activation and microglial ROS production, perpetuating the oxidative stress process. Indeed, activated microglia release ROS and MMP9 (135, 140) that both degrade perineuronal nets. The observed perineuronal net deficits were associated with both increases in extracellular MMP9 and microglia activation (135). Blocking MMP9 activity at early developmental stages prevented the oxidative-stress induced parvalbumin interneuron/perineuronal net deficits and microglia activation in adulthood, indicating that redox-mediated activation of MMP9 was causal to the feedforward potentiation loop between oxidative stress and neuroinflammation (135). While not examined in that study, microglia activation increases microglial pruning of synaptic spines (139) and perineuronal nets protect synaptic spines from degradation (37). Finally, in a reverse-translational application, early course schizophrenia subjects with high-risk glutamate-cysteine ligase genotypes had negative correlation of blood levels of RAGE with medial prefrontal cortical GABA and GABA/glutamate ratio; no such correlations were found in low-risk genotype and unaffected subjects (135). This suggests that RAGE elevation in blood might indicate early psychosis subjects with redox dysregulation impacting parvalbumin interneurons and/or excitatory/inhibitory imbalance.

Summary and Future Directions

Numerous rodent models involving genetic or environmental manipulations linked to psychosis risk in humans converge on redox dysregulation as a pathological mechanism affecting the anterior cingulate cortex, thalamus, ventral hippocampus, and amygdala; these regions have ample dossiers in human schizophrenia. Neuropathological consequences of redox dysregulation are not evident until adolescence and young adulthood, consistent with the timing of emergent pathology in human schizophrenia studies. Loss of parvalbumin

interneurons, perineuronal nets, neuropil, microglial activation and white matter deficits resulting from redox dysregulation are consistent with many of the neuropathological and psychopathology features found in schizophrenia. Supporting a causal role, oxidative stress is present during the prodromal stage and predicts subsequent psychosis. During the initial and chronic stages of schizophrenia antipsychotics may improve psychosis but have little impact on negative or cognitive symptoms that drive functional impairments. In contrast, NAC modestly improved negative symptoms and cognitive impairments in several schizophrenia clinical trials, suggesting ongoing redox dysregulation may contribute to these symptoms. In various rodent models early intervention with NAC prevented the emergence of neuropathological consequences of redox dysregulation, implying that interventions targeting redox dysregulation may not only ameliorate symptoms once schizophrenia has developed, but actually prevent the emergence of schizophrenia.

In addition to schizophrenia, oxidative stress is a characteristic of aging, neurodegenerative disorders such as Alzheimer's dementia [reviewed in (141)], and neurodevelopmental disorders such as autism, anxiety, depression and bipolar disorders [reviewed in (142)]. The molecular mechanisms linking redox dysregulation to Alzheimer's neuropathology appears tied to amyloid plaque and neurofibrillary tangles accumulation [reviewed in (143)], distinguishing the role of redox dysregulation in Alzheimer's disease from that of schizophrenia. Mood disorders frequently co-occurred in the clinical high-risk syndrome, affecting about three-quarters of subjects [reviewed in (144)]. Thus, it will be important to determine how biomarkers of oxidative stress and redox dysregulation relate to the varied clinical outcomes of the clinical high-risk syndrome.

While human and rodent studies offer compelling evidence implicating redox dysregulation in the etiopathology of schizophrenia, schizophrenia is highly heterogeneous thus other mechanistic pathways are likely involved. For example, redox dysregulation primarily impacts parvalbumin interneurons but does not directly explain alterations in somatostatin interneuron expression and impairments in mismatch negativity observed in schizophrenia, although it is conceivable that somatostatin interneuron alterations are secondary to parvalbumin interneuron dysregulation (51). It remains to be determined whether biomarkers of redox dysregulation such as lipid peroxidation products, RAGE levels, ERP paradigms such as the gamma-evoked steady state response or brain glutathione levels identify a "redox dysregulation" subtype of schizophrenia. As demonstrated by rodent models, experimental medicine paradigms targeting redox systems are powerful tools to identify causal mechanisms that should be exploited in human studies. In addition to NAC, several compounds such as sulforaphane (naturally occurring in the seeds and sprouts of cruciferous plants) are known to activate NRF2/ARE pathways and may prove valuable in experimental medicine studies (145).

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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References

1. Valko M, Leibfritz D, Moncol J, Cronin MT, Mazur M, Telser J (2007): Free radicals and antioxidants in normal physiological functions and human disease. *The international journal of biochemistry & cell biology*. 39:44–84. [PubMed: 16978905]
2. Koga M, Serritella AV, Sawa A, Sedlak TW (2016): Implications for reactive oxygen species in schizophrenia pathogenesis. *Schizophr Res*. 176:52–71. [PubMed: 26589391]
3. Perkins DO, Jeffries CD, Addington J, Bearden CE, Cadenhead KS, Cannon TD, et al. (2015): Towards a psychosis risk blood diagnostic for persons experiencing high-risk symptoms: preliminary results from the NAPLS project. *Schizophr Bull*. 41:419–428. [PubMed: 25103207]
4. Lavoie S, Berger M, Schlogelhofer M, Schafer MR, Rice S, Kim SW, et al. (2017): Erythrocyte glutathione levels as long-term predictor of transition to psychosis. *Transl Psychiatry*. 7:e1064. [PubMed: 28323286]
5. Powell SB, Sejnowski TJ, Behrens MM (2012): Behavioral and neurochemical consequences of cortical oxidative stress on parvalbumin-interneuron maturation in rodent models of schizophrenia. *Neuropharmacology*. 62:1322–1331. [PubMed: 21315745]
6. Steullet P, Cabungcal JH, Coyle J, Didriksen M, Gill K, Grace AA, et al. (2017): Oxidative stress-driven parvalbumin interneuron impairment as a common mechanism in models of schizophrenia. *Mol Psychiatry*. 22:936–943. [PubMed: 28322275]
7. Moldogazieva NT, Mokhosoev IM, Feldman NB, Lutsenko SV (2018): ROS and RNS signalling: adaptive redox switches through oxidative/nitrosative protein modifications. *Free Radic Res*. 52:507–543. [PubMed: 29589770]
8. McCutcheon RA, Krystal JH, Howes OD (2020): Dopamine and glutamate in schizophrenia: biology, symptoms and treatment. *World Psychiatry*. 19:15–33. [PubMed: 31922684]
9. Egerton A, Chaddock CA, Winton-Brown TT, Bloomfield MA, Bhattacharyya S, Allen P, et al. (2013): Presynaptic striatal dopamine dysfunction in people at ultra-high risk for psychosis: findings in a second cohort. *Biol Psychiatry*. 74:106–112. [PubMed: 23312565]
10. Fusar-Poli P, Howes OD, Allen P, Broome M, Valli I, Asselin MC, et al. (2010): Abnormal frontostriatal interactions in people with prodromal signs of psychosis: a multimodal imaging study. *Arch Gen Psychiatry*. 67:683–691. [PubMed: 20603449]
11. Fusar-Poli P, Howes OD, Allen P, Broome M, Valli I, Asselin MC, et al. (2011): Abnormal prefrontal activation directly related to pre-synaptic striatal dopamine dysfunction in people at clinical high risk for psychosis. *Mol Psychiatry*. 16:67–75. [PubMed: 19949389]
12. Howes O, Bose S, Turkheimer F, Valli I, Egerton A, Stahl D, et al. (2011): Progressive increase in striatal dopamine synthesis capacity as patients develop psychosis: a PET study. *Mol Psychiatry*. 16:885–886. [PubMed: 21358709]
13. Howes OD, Bose SK, Turkheimer F, Valli I, Egerton A, Valmaggia LR, et al. (2011): Dopamine synthesis capacity before onset of psychosis: a prospective [18F]-DOPA PET imaging study. *Am J Psychiatry*. 168:1311–1317. [PubMed: 21768612]
14. Avissar M, Javitt D (2018): Mismatch negativity: A simple and useful biomarker of N-methyl-d-aspartate receptor (NMDAR)-type glutamate dysfunction in schizophrenia. *Schizophr Res*. 191:1–4. [PubMed: 29132813]
15. Perez VB, Woods SW, Roach BJ, Ford JM, McGlashan TH, Srihari VH, et al. (2014): Automatic auditory processing deficits in schizophrenia and clinical high-risk patients: forecasting psychosis risk with mismatch negativity. *Biol Psychiatry*. 75:459–469. [PubMed: 24050720]
16. Hamilton HK, Roach BJ, Bachman PM, Belger A, Carrion RE, Duncan E, et al. (2019): Association Between P300 Responses to Auditory Oddball Stimuli and Clinical Outcomes in the Psychosis Risk Syndrome. *JAMA Psychiatry*.

17. Lavoie S, Jack BN, Griffiths O, Ando A, Amminger P, Couroupis A, et al. (2018): Impaired mismatch negativity to frequency deviants in individuals at ultra-high risk for psychosis, and preliminary evidence for further impairment with transition to psychosis. *Schizophr Res.* 191:95–100. [PubMed: 29132815]
18. van Tricht MJ, Ruhrmann S, Arns M, Muller R, Bodatsch M, Velthorst E, et al. (2014): Can quantitative EEG measures predict clinical outcome in subjects at Clinical High Risk for psychosis? A prospective multicenter study. *Schizophr Res.* 153:42–47. [PubMed: 24508483]
19. Kim M, Lee TH, Yoon YB, Lee TY, Kwon JS (2018): Predicting Remission in Subjects at Clinical High Risk for Psychosis Using Mismatch Negativity. *Schizophr Bull.* 44:575–583. [PubMed: 29036493]
20. Dienel SJ, Lewis DA (2018): Alterations in cortical interneurons and cognitive function in schizophrenia. *Neurobiol Dis.*
21. Hoftman GD, Volk DW, Bazmi HH, Li S, Sampson AR, Lewis DA (2015): Altered cortical expression of GABA-related genes in schizophrenia: illness progression vs developmental disturbance. *Schizophr Bull.* 41:180–191. [PubMed: 24361861]
22. Tsubomoto M, Kawabata R, Zhu X, Minabe Y, Chen K, Lewis DA, et al. (2018): Expression of Transcripts Selective for GABA Neuron Subpopulations across the Cortical Visuospatial Working Memory Network in the Healthy State and Schizophrenia. *Cerebral cortex (New York, NY : 1991).*
23. Hashimoto T, Bazmi HH, Mirnics K, Wu Q, Sampson AR, Lewis DA (2008): Conserved regional patterns of GABA-related transcript expression in the neocortex of subjects with schizophrenia. *Am J Psychiatry.* 165:479–489. [PubMed: 18281411]
24. Konradi C, Yang CK, Zimmerman EI, Lohmann KM, Gresch P, Pantazopoulos H, et al. (2011): Hippocampal interneurons are abnormal in schizophrenia. *Schizophr Res.* 131:165–173. [PubMed: 21745723]
25. Toker L, Mancarci BO, Tripathy S, Pavlidis P (2018): Transcriptomic Evidence for Alterations in Astrocytes and Parvalbumin Interneurons in Subjects With Bipolar Disorder and Schizophrenia. *Biol Psychiatry.* 84:787–796. [PubMed: 30177255]
26. Enwright JF, Sanapala S, Foglio A, Berry R, Fish KN, Lewis DA (2016): Reduced Labeling of Parvalbumin Neurons and Perineuronal Nets in the Dorsolateral Prefrontal Cortex of Subjects with Schizophrenia. *Neuropsychopharmacology.*
27. Steullet P, Cabungcal JH, Bukhari SA, Ardelt MI, Pantazopoulos H, Hamati F, et al. (2018): The thalamic reticular nucleus in schizophrenia and bipolar disorder: role of parvalbumin-expressing neuron networks and oxidative stress. *Mol Psychiatry.* 23:2057–2065. [PubMed: 29180672]
28. Pantazopoulos H, Wiseman JT, Markota M, Ehrenfeld L, Berretta S (2017): Decreased Numbers of Somatostatin-Expressing Neurons in the Amygdala of Subjects With Bipolar Disorder or Schizophrenia: Relationship to Circadian Rhythms. *Biol Psychiatry.* 81:536–547. [PubMed: 27259817]
29. Pantazopoulos H, Woo TU, Lim MP, Lange N, Berretta S (2010): Extracellular matrix-glia abnormalities in the amygdala and entorhinal cortex of subjects diagnosed with schizophrenia. *Arch Gen Psychiatry.* 67:155–166. [PubMed: 20124115]
30. Javitt DC, Lee M, Kantrowitz JT, Martinez A (2018): Mismatch negativity as a biomarker of theta band oscillatory dysfunction in schizophrenia. *Schizophr Res.* 191:51–60. [PubMed: 28666633]
31. Basar-Eroglu C, Basar E, Demiralp T, Schurmann M (1992): P300-response: possible psychophysiological correlates in delta and theta frequency channels. A review. *Int J Psychophysiol.* 13:161–179. [PubMed: 1399755]
32. Cardin JA, Carlen M, Meletis K, Knoblich U, Zhang F, Deisseroth K, et al. (2009): Driving fast-spiking cells induces gamma rhythm and controls sensory responses. *Nature.* 459:663–667. [PubMed: 19396156]
33. Reilly TJ, Nottage JF, Studerus E, Rutigliano G, Micheli AI, Fusar-Poli P, et al. (2018): Gamma band oscillations in the early phase of psychosis: A systematic review. *Neurosci Biobehav Rev.* 90:381–399. [PubMed: 29656029]
34. Ramyeed A, Studerus E, Kometer M, Uttinger M, Gschwandtner U, Fuhr P, et al. (2016): Prediction of psychosis using neural oscillations and machine learning in neuroleptic-naive at-risk patients. *World J Biol Psychiatry.* 17:285–295. [PubMed: 26453061]

35. Koshiyama D, Kirihara K, Tada M, Nagai T, Fujioka M, Ichikawa E, et al. (2018): Electrophysiological evidence for abnormal glutamate-GABA association following psychosis onset. *Transl Psychiatry*. 8:211. [PubMed: 30297786]
36. Oribe N, Hirano Y, Del Re E, Seidman LJ, Mesholam-Gately RI, Woodberry KA, et al. (2019): Progressive reduction of auditory evoked gamma in first episode schizophrenia but not clinical high risk individuals. *Schizophr Res*. 208:145–152. [PubMed: 31005464]
37. van Erp TGM, Walton E, Hibar DP, Schmaal L, Jiang W, Glahn DC, et al. (2018): Cortical Brain Abnormalities in 4474 Individuals With Schizophrenia and 5098 Control Subjects via the Enhancing Neuro Imaging Genetics Through Meta Analysis (ENIGMA) Consortium. *Biol Psychiatry*. 84:644–654. [PubMed: 29960671]
38. van Erp TG, Hibar DP, Rasmussen JM, Glahn DC, Pearlson GD, Andreassen OA, et al. (2016): Subcortical brain volume abnormalities in 2028 individuals with schizophrenia and 2540 healthy controls via the ENIGMA consortium. *Mol Psychiatry*. 21:547–553. [PubMed: 26033243]
39. Haijma SV, Van Haren N, Cahn W, Koolschijn PC, Hulshoff Pol HE, Kahn RS (2013): Brain volumes in schizophrenia: a meta-analysis in over 18 000 subjects. *Schizophr Bull*. 39:1129–1138. [PubMed: 23042112]
40. Kelly S, Jahanshad N, Zalesky A, Kochunov P, Agartz I, Alloza C, et al. (2018): Widespread white matter microstructural differences in schizophrenia across 4322 individuals: results from the ENIGMA Schizophrenia DTI Working Group. *Mol Psychiatry*. 23:1261–1269. [PubMed: 29038599]
41. Klauer P, Baker ST, Croypley VL, Bousman C, Fornito A, Cocchi L, et al. (2017): White Matter Disruptions in Schizophrenia Are Spatially Widespread and Topologically Converge on Brain Network Hubs. *Schizophr Bull*. 43:425–435. [PubMed: 27535082]
42. Li T, Wang Q, Zhang J, Rolls ET, Yang W, Palaniyappan L, et al. (2016): Brain-Wide Analysis of Functional Connectivity in First-Episode and Chronic Stages of Schizophrenia. *Schizophr Bull*.
43. Cannon TD, Chung Y, He G, Sun D, Jacobson A, van Erp TG, et al. (2015): Progressive reduction in cortical thickness as psychosis develops: a multisite longitudinal neuroimaging study of youth at elevated clinical risk. *Biol Psychiatry*. 77:147–157. [PubMed: 25034946]
44. Chung Y, Haut KM, He G, van Erp TG, McEwen S, Addington J, et al. (2017): Ventricular enlargement and progressive reduction of cortical gray matter are linked in prodromal youth who develop psychosis. *Schizophr Res*.
45. Borgwardt SJ, McGuire PK, Aston J, Gschwandtner U, Pfluger MO, Stieglitz RD, et al. (2008): Reductions in frontal, temporal and parietal volume associated with the onset of psychosis. *Schizophr Res*. 106:108–114. [PubMed: 18789654]
46. Sun D, Phillips L, Velakoulis D, Yung A, McGorry PD, Wood SJ, et al. (2009): Progressive brain structural changes mapped as psychosis develops in ‘at risk’ individuals. *Schizophr Res*. 108:85–92. [PubMed: 19138834]
47. Provenzano FA, Guo J, Wall MM, Feng X, Sigmon HC, Brucato G, et al. (2020): Hippocampal Pathology in Clinical High-Risk Patients and the Onset of Schizophrenia. *Biol Psychiatry*. 87:234–242. [PubMed: 31771861]
48. Cao H, Chen OY, Chung Y, Forsyth JK, McEwen SC, Gee DG, et al. (2018): Cerebello-thalamo-cortical hyperconnectivity as a state-independent functional neural signature for psychosis prediction and characterization. *Nat Commun*. 9:3836. [PubMed: 30242220]
49. Bernard JA, Orr JM, Mittal VA (2017): Cerebello-thalamo-cortical networks predict positive symptom progression in individuals at ultra-high risk for psychosis. *Neuroimage Clin*. 14:622–628. [PubMed: 28348953]
50. Anticevic A, Haut K, Murray JD, Repovs G, Yang GJ, Diehl C, et al. (2015): Association of Thalamic Dysconnectivity and Conversion to Psychosis in Youth and Young Adults at Elevated Clinical Risk. *JAMA Psychiatry*. 72:882–891. [PubMed: 26267151]
51. Lakatos P, O’Connell MN, Barczak A, McGinnis T, Neymotin S, Schroeder CE, et al. (2019): The Thalamocortical Circuit of Auditory Mismatch Negativity. *Biol Psychiatry*.
52. Javitt DC, Steinschneider M, Schroeder CE, Arezzo JC (1996): Role of cortical N-methyl-D-aspartate receptors in auditory sensory memory and mismatch negativity generation: implications for schizophrenia. *Proc Natl Acad Sci U S A*. 93:11962–11967. [PubMed: 8876245]

53. Sabeti M, Katebi SD, Rastgar K, Azimifar Z (2016): A multi-resolution approach to localize neural sources of P300 event-related brain potential. *Comput Methods Programs Biomed.* 133:155–168. [PubMed: 27393807]
54. Justen C, Herbert C (2018): The spatio-temporal dynamics of deviance and target detection in the passive and active auditory oddball paradigm: a sLORETA study. *BMC Neurosci.* 19:25. [PubMed: 29673322]
55. Sohal VS, Zhang F, Yizhar O, Deisseroth K (2009): Parvalbumin neurons and gamma rhythms enhance cortical circuit performance. *Nature.* 459:698–702. [PubMed: 19396159]
56. Leicht G, Vauth S, Polomac N, Andreou C, Rauh J, Mussmann M, et al. (2016): EEG-Informed fMRI Reveals a Disturbed Gamma-Band-Specific Network in Subjects at High Risk for Psychosis. *Schizophr Bull.* 42:239–249. [PubMed: 26163477]
57. Glantz LA, Lewis DA (2000): Decreased dendritic spine density on prefrontal cortical pyramidal neurons in schizophrenia. *Arch Gen Psychiatry.* 57:65–73. [PubMed: 10632234]
58. Garey LJ, Ong WY, Patel TS, Kanani M, Davis A, Mortimer AM, et al. (1998): Reduced dendritic spine density on cerebral cortical pyramidal neurons in schizophrenia. *J Neurol Neurosurg Psychiatry.* 65:446–453. [PubMed: 9771764]
59. Sweet RA, Henteloff RA, Zhang W, Sampson AR, Lewis DA (2009): Reduced dendritic spine density in auditory cortex of subjects with schizophrenia. *Neuropsychopharmacology.* 34:374–389. [PubMed: 18463626]
60. Alcaide J, Guirado R, Crespo C, Blasco-Ibanez JM, Varea E, Sanjuan J, et al. (2019): Alterations of perineuronal nets in the dorsolateral prefrontal cortex of neuropsychiatric patients. *Int J Bipolar Disord.* 7:24. [PubMed: 31728775]
61. Mauney SA, Athanas KM, Pantazopoulos H, Shaskan N, Passeri E, Berretta S, et al. (2013): Developmental pattern of perineuronal nets in the human prefrontal cortex and their deficit in schizophrenia. *Biol Psychiatry.* 74:427–435. [PubMed: 23790226]
62. Berretta S (2012): Extracellular matrix abnormalities in schizophrenia. *Neuropharmacology.* 62:1584–1597. [PubMed: 21856318]
63. Chelini G, Pantazopoulos H, Durning P, Berretta S (2018): The tetrapartite synapse: a key concept in the pathophysiology of schizophrenia. *Eur Psychiatry.* 50:60–69. [PubMed: 29503098]
64. Rosenfeld M, Brenner-Lavie H, Ari SG, Kavushansky A, Ben-Shachar D (2011): Perturbation in mitochondrial network dynamics and in complex I dependent cellular respiration in schizophrenia. *Biol Psychiatry.* 69:980–988. [PubMed: 21397211]
65. van Kesteren CF, Gremmels H, de Witte LD, Hol EM, Van Gool AR, Falkai PG, et al. (2017): Immune involvement in the pathogenesis of schizophrenia: a meta-analysis on postmortem brain studies. *Transl Psychiatry.* 7:e1075. [PubMed: 28350400]
66. Wilton DK, Dissing-Olesen L, Stevens B (2019): Neuron-Glia Signaling in Synapse Elimination. *Annu Rev Neurosci.* 42:107–127. [PubMed: 31283900]
67. Hu H, Gan J, Jonas P (2014): Interneurons. Fast-spiking, parvalbumin(+) GABAergic interneurons: from cellular design to microcircuit function. *Science.* 345:1255263. [PubMed: 25082707]
68. Kann O, Papageorgiou IE, Draguhn A (2014): Highly energized inhibitory interneurons are a central element for information processing in cortical networks. *J Cereb Blood Flow Metab.* 34:1270–1282. [PubMed: 24896567]
69. Cabungcal JH, Steullet P, Morishita H, Kraftsik R, Cuenod M, Hensch TK, et al. (2013): Perineuronal nets protect fast-spiking interneurons against oxidative stress. *Proc Natl Acad Sci U S A.* 110:9130–9135. [PubMed: 23671099]
70. Haslund-Vinding J, McBean G, Jaquet V, Vilhardt F (2017): NADPH oxidases in oxidant production by microglia: activating receptors, pharmacology and association with disease. *Br J Pharmacol.* 174:1733–1749. [PubMed: 26750203]
71. Roth AD, Nunez MT (2016): Oligodendrocytes: Functioning in a Delicate Balance Between High Metabolic Requirements and Oxidative Damage. *Adv Exp Med Biol.* 949:167–181. [PubMed: 27714689]
72. Monin A, Baumann PS, Griffa A, Xin L, Mekle R, Fournier M, et al. (2015): Glutathione deficit impairs myelin maturation: relevance for white matter integrity in schizophrenia patients. *Mol Psychiatry.* 20:827–838. [PubMed: 25155877]

73. Steullet P, Cabungcal JH, Monin A, Dwir D, O'Donnell P, Cuenod M, et al. (2016): Redox dysregulation, neuroinflammation, and NMDA receptor hypofunction: A “central hub” in schizophrenia pathophysiology? *Schizophr Res.* 176:41–51. [PubMed: 25000913]
74. Monin A, Fournier M, Baumann PS, Cuenod M, Do KQ (2015): Role of redox dysregulation in white matter anomalies associated with schizophrenia Modeling the Psychopathological Dimensions of Schizophrenia – From Molecules to Behavior. London, U.K.: Academic Press, pp 481–500.
75. Do KQ, Cabungcal JH, Frank A, Steullet P, Cuenod M (2009): Redox dysregulation, neurodevelopment, and schizophrenia. *Curr Opin Neurobiol.* 19:220–230. [PubMed: 19481443]
76. Baxter PS, Hardingham GE (2016): Adaptive regulation of the brain's antioxidant defences by neurons and astrocytes. *Free Radic Biol Med.* 100:147–152. [PubMed: 27365123]
77. Tonelli C, Chio IIC, Tuveson DA (2018): Transcriptional Regulation by Nrf2. *Antioxid Redox Signal.* 29:1727–1745. [PubMed: 28899199]
78. Lipton SA, Choi YB, Takahashi H, Zhang D, Li W, Godzik A, et al. (2002): Cysteine regulation of protein function--as exemplified by NMDA-receptor modulation. *Trends Neurosci.* 25:474–480. [PubMed: 12183209]
79. Bodhinathan K, Kumar A, Foster TC (2010): Intracellular redox state alters NMDA receptor response during aging through Ca²⁺/calmodulin-dependent protein kinase II. *J Neurosci.* 30:1914–1924. [PubMed: 20130200]
80. Baxter PS, Bell KF, Hasel P, Kaindl AM, Fricker M, Thomson D, et al. (2015): Synaptic NMDA receptor activity is coupled to the transcriptional control of the glutathione system. *Nat Commun.* 6:6761. [PubMed: 25854456]
81. Behrens MM, Ali SS, Dao DN, Lucero J, Shekhtman G, Quick KL, et al. (2007): Ketamine-induced loss of phenotype of fast-spiking interneurons is mediated by NADPH-oxidase. *Science.* 318:1645–1647. [PubMed: 18063801]
82. Wang W, Barger SW (2012): Cross-linking of serine racemase dimer by reactive oxygen species and reactive nitrogen species. *J Neurosci Res.* 90:1218–1229. [PubMed: 22354542]
83. Steullet P, Neijt HC, Cuenod M, Do KQ (2006): Synaptic plasticity impairment and hypofunction of NMDA receptors induced by glutathione deficit: relevance to schizophrenia. *Neuroscience.* 137:807–819. [PubMed: 16330153]
84. Cabungcal JH, Steullet P, Kraftsik R, Cuenod M, Do KQ (2013): Early-life insults impair parvalbumin interneurons via oxidative stress: reversal by N-acetylcysteine. *Biol Psychiatry.* 73:574–582. [PubMed: 23140664]
85. Steullet P, Cabungcal JH, Kulak A, Kraftsik R, Chen Y, Dalton TP, et al. (2010): Redox dysregulation affects the ventral but not dorsal hippocampus: impairment of parvalbumin neurons, gamma oscillations, and related behaviors. *J Neurosci.* 30:2547–2558. [PubMed: 20164340]
86. Fusar-Poli P, Bonoldi I, Yung AR, Borgwardt S, Kempton MJ, Valmaggia L, et al. (2012): Predicting psychosis: meta-analysis of transition outcomes in individuals at high clinical risk. *Arch Gen Psychiatry.* 69:220–229. [PubMed: 22393215]
87. Perkins DO, Jeffries CD, Cornblatt BA, Woods SW, Addington J, Bearden CE, et al. (2015): Severity of thought disorder predicts psychosis in persons at clinical high-risk. *Schizophr Res.* 169:169–177. [PubMed: 26441004]
88. Reyes-Madrigal F, Leon-Ortiz P, Mao X, Mora-Duran R, Shungu DC, de la Fuente-Sandoval C (2019): Striatal Glutathione in First-episode Psychosis Patients Measured In Vivo with Proton Magnetic Resonance Spectroscopy. *Arch Med Res.* 50:207–213. [PubMed: 31499481]
89. Das TK, Javadzadeh A, Dey A, Sabesan P, Theberge J, Radua J, et al. (2019): Antioxidant defense in schizophrenia and bipolar disorder: A meta-analysis of MRS studies of anterior cingulate glutathione. *Prog Neuropsychopharmacol Biol Psychiatry.* 91:94–102. [PubMed: 30125624]
90. Wang AM, Pradhan S, Coughlin JM, Trivedi A, DuBois SL, Crawford JL, et al. (2019): Assessing Brain Metabolism With 7-T Proton Magnetic Resonance Spectroscopy in Patients With First-Episode Psychosis. *JAMA Psychiatry.* 76:314–323. [PubMed: 30624573]
91. Do KQ, Trabesinger AH, Kirsten-Kruger M, Lauer CJ, Dydak U, Hell D, et al. (2000): Schizophrenia: glutathione deficit in cerebrospinal fluid and prefrontal cortex in vivo. *Eur J Neurosci.* 12:3721–3728. [PubMed: 11029642]

92. Kumar J, Liddle EB, Fernandes CC, Palaniyappan L, Hall EL, Robson SE, et al. (2018): Glutathione and glutamate in schizophrenia: a 7T MRS study. *Mol Psychiatry*.
93. Sedlak TW, Paul BD, Parker GM, Hester LD, Snowman AM, Taniguchi Y, et al. (2019): The glutathione cycle shapes synaptic glutamate activity. *Proc Natl Acad Sci U S A*. 116:2701–2706. [PubMed: 30692251]
94. Rae CD, Williams SR (2017): Glutathione in the human brain: Review of its roles and measurement by magnetic resonance spectroscopy. *Anal Biochem*. 529:127–143. [PubMed: 28034792]
95. Gawryluk JW, Wang JF, Andrezza AC, Shao L, Young LT (2011): Decreased levels of glutathione, the major brain antioxidant, in post-mortem prefrontal cortex from patients with psychiatric disorders. *Int J Neuropsychopharmacol*. 14:123–130. [PubMed: 20633320]
96. Yao JK, Leonard S, Reddy R (2006): Altered glutathione redox state in schizophrenia. *Dis Markers*. 22:83–93. [PubMed: 16410648]
97. Kim SY, Cohen BM, Chen X, Lukas SE, Shinn AK, Yuksel AC, et al. (2017): Redox Dysregulation in Schizophrenia Revealed by in vivo NAD⁺/NADH Measurement. *Schizophr Bull*. 43:197–204. [PubMed: 27665001]
98. Xin L, Mekle R, Fournier M, Baumann PS, Ferrari C, Alameda L, et al. (2016): Genetic Polymorphism Associated Prefrontal Glutathione and Its Coupling With Brain Glutamate and Peripheral Redox Status in Early Psychosis. *Schizophr Bull*. 42:1185–1196. [PubMed: 27069063]
99. Coles LD, Tuite PJ, Oz G, Mishra UR, Kartha RV, Sullivan KM, et al. (2018): Repeated-Dose Oral N-Acetylcysteine in Parkinson's Disease: Pharmacokinetics and Effect on Brain Glutathione and Oxidative Stress. *J Clin Pharmacol*. 58:158–167. [PubMed: 28940353]
100. Clark RSB, Empey PE, Bayir H, Rosario BL, Poloyac SM, Kochanek PM, et al. (2017): Phase I randomized clinical trial of N-acetylcysteine in combination with an adjuvant probenecid for treatment of severe traumatic brain injury in children. *PLoS One*. 12:e0180280. [PubMed: 28686657]
101. Reyes RC, Cittolin-Santos GF, Kim JE, Won SJ, Brennan-Minnella AM, Katz M, et al. (2016): Neuronal Glutathione Content and Antioxidant Capacity can be Normalized In Situ by N-acetyl Cysteine Concentrations Attained in Human Cerebrospinal Fluid. *Neurotherapeutics*. 13:217–225. [PubMed: 26572666]
102. Moss HG, Brown TR, Wiest DB, Jenkins DD (2018): N-Acetylcysteine rapidly replenishes central nervous system glutathione measured via magnetic resonance spectroscopy in human neonates with hypoxicischemic encephalopathy. *J Cereb Blood Flow Metab*. 38:950–958. [PubMed: 29561203]
103. Conus P, Seidman LJ, Fournier M, Xin L, Cleusix M, Baumann PS, et al. (2018): N-acetylcysteine in a Double-Blind Randomized Placebo-Controlled Trial: Toward Biomarker-Guided Treatment in Early Psychosis. *Schizophr Bull*. 44:317–327. [PubMed: 29462456]
104. Retsa C, Knebel JF, Geiser E, Ferrari C, Jenni R, Fournier M, et al. (2018): Treatment in early psychosis with N-acetyl-cysteine for 6months improves low-level auditory processing: Pilot study. *Schizophr Res*. 191:80–86. [PubMed: 28711476]
105. Breier A, Liffick E, Hummer TA, Vohs JL, Yang Z, Mehdiyoun NF, et al. (2018): Effects of 12-month, double-blind N-acetyl cysteine on symptoms, cognition and brain morphology in early phase schizophrenia spectrum disorders. *Schizophr Res*. 199:395–402. [PubMed: 29588126]
106. Berk M, Copolov D, Dean O, Lu K, Jeavons S, Schapkaitz I, et al. (2008): N-acetyl cysteine as a glutathione precursor for schizophrenia--a double-blind, randomized, placebo-controlled trial. *Biol Psychiatry*. 64:361–368. [PubMed: 18436195]
107. Sepehrmanesh Z, Heidary M, Akasheh N, Akbari H, Heidary M (2017): Therapeutic effect of adjunctive N-acetyl cysteine (NAC) on symptoms of chronic schizophrenia: A double-blind, randomized clinical trial. *Prog Neuropsychopharmacol Biol Psychiatry*.
108. Rapado-Castro M, Dodd S, Bush AI, Malhi GS, Skvarc DR, On ZX, et al. (2017): Cognitive effects of adjunctive N-acetyl cysteine in psychosis. *Psychol Med*. 47:866–876. [PubMed: 27894373]
109. Farokhnia M, Azarkolah A, Adinehfar F, Khodaie-Ardakani MR, Hosseini SM, Yekhtaz H, et al. (2013): N-acetylcysteine as an adjunct to risperidone for treatment of negative symptoms in

- patients with chronic schizophrenia: a randomized, double-blind, placebo-controlled study. *Clin Neuropharmacol.* 36:185–192. [PubMed: 24201233]
110. Mullier E, Roine T, Griffa A, Xin L, Baumann PS, Klauser P, et al. (2019): N-Acetyl-Cysteine Supplementation Improves Functional Connectivity Within the Cingulate Cortex in Early Psychosis: A Pilot Study. *Int J Neuropsychopharmacol.* 22:478–487. [PubMed: 31283822]
 111. Klauser P, Xin L, Fournier M, Griffa A, Cleusix M, Jenni R, et al. (2018): N-acetylcysteine add-on treatment leads to an improvement of fornix white matter integrity in early psychosis: a double-blind randomized placebo-controlled trial. *Transl Psychiatry.* 8:220. [PubMed: 30315150]
 112. Lavoie S, Murray MM, Deppen P, Knyazeva MG, Berk M, Boulat O, et al. (2008): Glutathione precursor, N-acetyl-cysteine, improves mismatch negativity in schizophrenia patients. *Neuropsychopharmacology.* 33:2187–2199. [PubMed: 18004285]
 113. Cadenhead KS, Minichino A, Kelsven S, Addington J, Bearden C, Cannon TD, et al. (2019): Metabolic abnormalities and low dietary Omega 3 are associated with symptom severity and worse functioning prior to the onset of psychosis: Findings from the North American Prodrome Longitudinal Studies Consortium. *Schizophr Res.* 204:96–103. [PubMed: 30249470]
 114. Gysin R, Kraftsik R, Sandell J, Bovet P, Chappuis C, Conus P, et al. (2007): Impaired glutathione synthesis in schizophrenia: convergent genetic and functional evidence. *Proc Natl Acad Sci U S A.* 104:16621–16626. [PubMed: 17921251]
 115. Gysin R, Kraftsik R, Boulat O, Bovet P, Conus P, Comte-Krieger E, et al. (2011): Genetic dysregulation of glutathione synthesis predicts alteration of plasma thiol redox status in schizophrenia. *Antioxid Redox Signal.* 15:2003–2010. [PubMed: 20673128]
 116. Schizophrenia Working Group of the Psychiatric Genomics Consortium (2014): Biological insights from 108 schizophrenia-associated genetic loci. *Nature.* 511:421–427. [PubMed: 25056061]
 117. Cardis R, Cabungcal JH, Dwir D, Do KQ, Steullet P (2018): A lack of GluN2A-containing NMDA receptors confers a vulnerability to redox dysregulation: Consequences on parvalbumin interneurons, and their perineuronal nets. *Neurobiol Dis.* 109:64–75. [PubMed: 29024713]
 118. Grima G, Benz B, Parpura V, Cuenod M, Do KQ (2003): Dopamine-induced oxidative stress in neurons with glutathione deficit: implication for schizophrenia. *Schizophr Res.* 62:213–224. [PubMed: 12837517]
 119. Wakamatsu K, Nakao K, Tanaka H, Kitahori Y, Tanaka Y, Ojika M, et al. (2019): The Oxidative Pathway to Dopamine-Protein Conjugates and Their Pro-Oxidant Activities: Implications for the Neurodegeneration of Parkinson's Disease. *Int J Mol Sci.* 20.
 120. Picard N, Takesian AE, Fagiolini M, Hensch TK (2019): NMDA 2A receptors in parvalbumin cells mediate sex-specific rapid ketamine response on cortical activity. *Mol Psychiatry.* 24:828–838. [PubMed: 30696941]
 121. Kosten L, Verhaeghe J, Verkerk R, Thomae D, De Picker L, Wyffels L, et al. (2016): Multiprobe molecular imaging of an NMDA receptor hypofunction rat model for glutamatergic dysfunction. *Psychiatry research Neuroimaging.* 248:1–11. [PubMed: 26803479]
 122. Cabungcal JH, Counotte DS, Lewis E, Tejada HA, Piantadosi P, Pollock C, et al. (2014): Juvenile antioxidant treatment prevents adult deficits in a developmental model of schizophrenia. *Neuron.* 83:1073–1084. [PubMed: 25132466]
 123. Phensy A, Duzdabanian HE, Brewer S, Panjabi A, Driskill C, Berz A, et al. (2017): Antioxidant Treatment with N-acetyl Cysteine Prevents the Development of Cognitive and Social Behavioral Deficits that Result from Perinatal Ketamine Treatment. *Front Behav Neurosci.* 11:106. [PubMed: 28634445]
 124. Phensy A, Driskill C, Lindquist K, Guo L, Jeevakumar V, Fowler B, et al. (2017): Antioxidant Treatment in Male Mice Prevents Mitochondrial and Synaptic Changes in an NMDA Receptor Dysfunction Model of Schizophrenia. *eNeuro.* 4.
 125. Rao KN, Sentir AM, Engleman EA, Bell RL, Hulvershorn LA, Breier A, et al. (2016): Toward early estimation and treatment of addiction vulnerability: radial arm maze and N-acetyl cysteine before cocaine sensitization or nicotine self-administration in neonatal ventral hippocampal lesion rats. *Psychopharmacology (Berl).* 233:3933–3945. [PubMed: 27640177]

126. Monte AS, Mello BSF, Borella VCM, da Silva Araujo T, da Silva FER, Sousa FCF, et al. (2017): Two-hit model of schizophrenia induced by neonatal immune activation and peripubertal stress in rats: Study of sex differences and brain oxidative alterations. *Behav Brain Res.* 331:30–37. [PubMed: 28527693]
127. Swanepoel T, Moller M, Harvey BH (2018): N-acetyl cysteine reverses bio-behavioural changes induced by prenatal inflammation, adolescent methamphetamine exposure and combined challenges. *Psychopharmacology (Berl).* 235:351–368. [PubMed: 29116368]
128. Almaguer-Melian W, Cruz-Aguado R, Bergado JA (2000): Synaptic plasticity is impaired in rats with a low glutathione content. *Synapse.* 38:369–374. [PubMed: 11044883]
129. Cabungcal JH, Nicolas D, Kraftsik R, Cuenod M, Do KQ, Hornung JP (2006): Glutathione deficit during development induces anomalies in the rat anterior cingulate GABAergic neurons: Relevance to schizophrenia. *Neurobiol Dis.* 22:624–637. [PubMed: 16481179]
130. das Neves Duarte JM, Kulak A, Gholam-Razae MM, Cuenod M, Gruetter R, Do KQ (2012): N-acetylcysteine normalizes neurochemical changes in the glutathione-deficient schizophrenia mouse model during development. *Biol Psychiatry.* 71:1006–1014. [PubMed: 21945305]
131. Kulak A, Cuenod M, Do KQ (2012): Behavioral phenotyping of glutathione-deficient mice: relevance to schizophrenia and bipolar disorder. *Behav Brain Res.* 226:563–570. [PubMed: 22033334]
132. Steullet P, Cabungcal J, Kulak A, Cuenod M, Schenk F, Do K (2011): Glutathione deficit in animal models of schizophrenia In: O'Donnell P, editor. *Animal Models Of Schizophrenia and Related Disorders.* New York: Humana Press, pp 149–188.
133. Cabungcal JH, Steullet P, Kraftsik R, Cuenod M, Do KQ (2019): A developmental redox dysregulation leads to spatio-temporal deficit of parvalbumin neuron circuitry in a schizophrenia mouse model. *Schizophr Res.*
134. Gasbarri A, Sulli A, Packard MG (1997): The dopaminergic mesencephalic projections to the hippocampal formation in the rat. *Prog Neuropsychopharmacol Biol Psychiatry.* 21:1–22. [PubMed: 9075256]
135. Dwir D, Giangreco B, Xin L, Tenenbaum L, Cabungcal JH, Steullet P, et al. (2019): MMP9/RAGE pathway overactivation mediates redox dysregulation and neuroinflammation, leading to inhibitory/excitatory imbalance: a reverse translation study in schizophrenia patients. *Mol Psychiatry.*
136. Lodge DJ, Grace AA (2011): Hippocampal dysregulation of dopamine system function and the pathophysiology of schizophrenia. *Trends Pharmacol Sci.* 32:507–513. [PubMed: 21700346]
137. Grace AA (2017): Dopamine System Dysregulation and the Pathophysiology of Schizophrenia: Insights From the Methylazoxymethanol Acetate Model. *Biol Psychiatry.* 81:5–8. [PubMed: 26705848]
138. Steullet P, Cabungcal JH, Bukhari SA, Ardelt MI, Pantazopoulos H, Hamati F, et al. (2017): The thalamic reticular nucleus in schizophrenia and bipolar disorder: role of parvalbumin-expressing neuron networks and oxidative stress. *Mol Psychiatry.*
139. Van Wart HE, Birkedal-Hansen H (1990): The cysteine switch: a principle of regulation of metalloproteinase activity with potential applicability to the entire matrix metalloproteinase gene family. *Proc Natl Acad Sci U S A.* 87:5578–5582. [PubMed: 2164689]
140. Khandaker GM, Cousins L, Deakin J, Lennox BR, Yolken R, Jones PB (2015): Inflammation and immunity in schizophrenia: implications for pathophysiology and treatment. *Lancet Psychiatry.* 2:258–270. [PubMed: 26359903]
141. Elfawy HA, Das B (2019): Crosstalk between mitochondrial dysfunction, oxidative stress, and age related neurodegenerative disease: Etiologies and therapeutic strategies. *Life Sci.* 218:165–184. [PubMed: 30578866]
142. Kim Y, Vadodaria KC, Lenkei Z, Kato T, Gage FH, Marchetto MC, et al. (2019): Mitochondria, Metabolism, and Redox Mechanisms in Psychiatric Disorders. *Antioxid Redox Signal.* 31:275–317. [PubMed: 30585734]
143. Cioffi F, Adam RHI, Broersen K (2019): Molecular Mechanisms and Genetics of Oxidative Stress in Alzheimer's Disease. *J Alzheimers Dis.* 72:981–1017. [PubMed: 31744008]

144. Beck K, Andreou C, Studerus E, Heitz U, Ittig S, Leanza L, et al. (2019): Clinical and functional long-term outcome of patients at clinical high risk (CHR) for psychosis without transition to psychosis: A systematic review. *Schizophr Res.* 210:39–47. [PubMed: 30651204]
145. Sedlak TW, Nucifora LG, Koga M, Shaffer LS, Higgs C, Tanaka T, et al. (2018): Sulforaphane Augments Glutathione and Influences Brain Metabolites in Human Subjects: A Clinical Pilot Study. *Molecular neuropsychiatry.* 3:214–222. [PubMed: 29888232]
146. Taguchi K, Motohashi H, Yamamoto M (2011): Molecular mechanisms of the Keap1-Nrf2 pathway in stress response and cancer evolution. *Genes Cells.* 16:123–140. [PubMed: 21251164]
147. Talukder I, Kazi R, Wollmuth LP (2011): GluN1-specific redox effects on the kinetic mechanism of NMDA receptor activation. *Biophys J.* 101:2389–2398. [PubMed: 22098737]
148. Kazi R, Dai J, Sweeney C, Zhou HX, Wollmuth LP (2014): Mechanical coupling maintains the fidelity of NMDA receptor-mediated currents. *Nat Neurosci.* 17:914–922. [PubMed: 24859202]
149. Belforte JE, Zsiros V, Sklar ER, Jiang Z, Yu G, Li Y, et al. (2010): Postnatal NMDA receptor ablation in corticolimbic interneurons confers schizophrenia-like phenotypes. *Nat Neurosci.* 13:76–83. [PubMed: 19915563]
150. Drose S, Brandt U, Wittig I (2014): Mitochondrial respiratory chain complexes as sources and targets of thiol-based redox-regulation. *Biochim Biophys Acta.* 1844:1344–1354. [PubMed: 24561273]

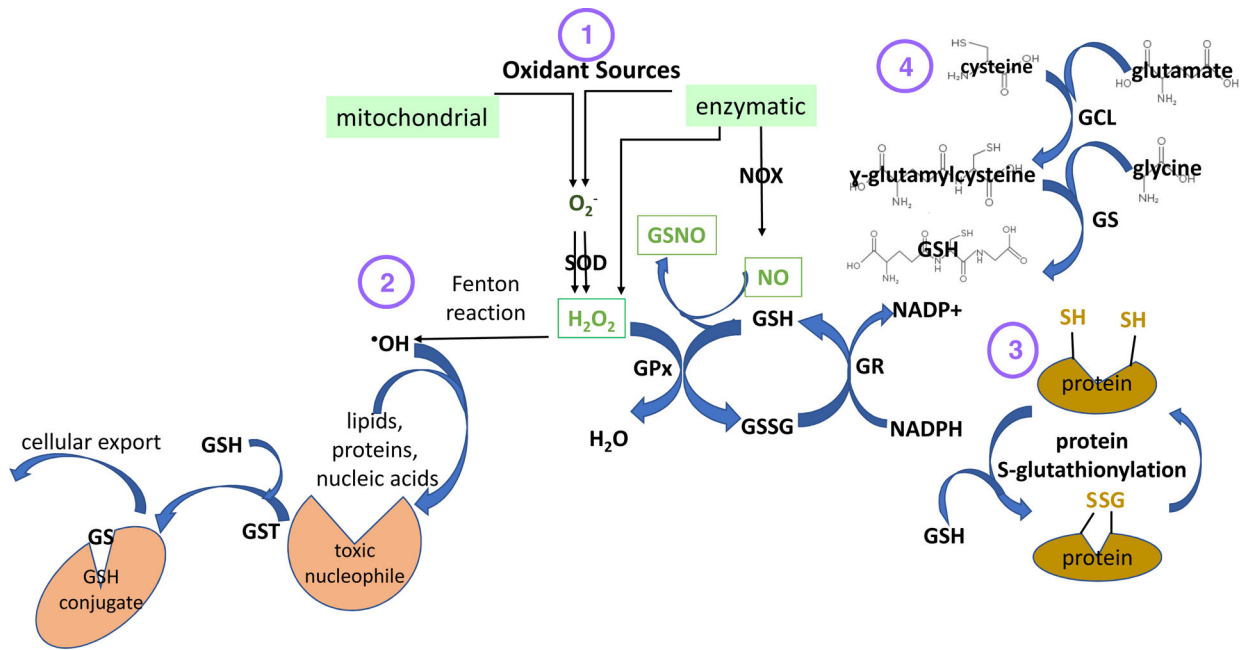


Figure 1. Central role of the glutathione system in regulating cellular redox state, protein activation, and oxidative damage.

(1) In animals, reactive oxygen species (ROS) are produced mostly by mitochondria but to a limited extent enzymatically. Superoxide is a reactive oxygen species generated by the mitochondrial electron transfer chain in the conversion of glucose and oxygen to ATP (the major energy currency in animals). Necessarily, cells are equipped with enzymatic antioxidant systems that efficiently neutralize ROS through controlled redox reactions. Reduction of mitochondrial-produced ROS begins with the conversion of superoxide to another oxidant, hydrogen peroxide, by superoxide dismutase enzymes with the highly reactive hydroxyl radical an intermediate. Three molecules with critical roles in cell signaling are generated enzymatically: hydrogen peroxide, nitric oxide, and S-nitrosoglutathione. Nitric oxide is produced by nitric oxide synthase. Nitric oxide combines with glutathione to produce S-nitrosoglutathione. Hydrogen peroxide is reduced by glutathione in a *reversible* reaction catalyzed by glutathione peroxidase, producing glutathione disulfide. Glutathione disulfide is reduced back to glutathione in a *reversible* reaction catalyzed by glutathione reductase, with NADPH serving as the electron donor. (2) Hydrogen peroxide may react with metals (the Fenton reaction) to form the highly reactive peroxide radical. The peroxide radical *irreversibly* oxidizes lipids, proteins, and nucleic acids, producing toxic nucleophiles. A second role of glutathione is to reduce toxic nucleophiles in a reaction catalyzed by glutathione transferase; the resulting glutathione:nucleophile conjugate is then exported from the cell, potentially depleting glutathione/cysteine stores. (3) A major focus of this paper is the critical role glutathione plays in controlling redox-mediated cell signaling (7). Thiol groups on proteins readily participate in *reversible* redox reactions that change the structure of the protein and hence its reactivity. Reversible redox reactions involving thiol groups is a ubiquitous strategy controlling numerous transcription factors, kinases, and phosphatases. One such reaction, protein S-glutathionylation, is shown here; others include the formation of disulfide bonds,

sulfenic acid, and S-nitrosoglutathione. (4) The rate-limiting step in glutathione synthesis is the combination of the amino acids cysteine and glutamate forming gamma-glutamylcysteine in a reaction catalyzed by glutamate-cysteine ligase. The availability of cysteine and glutamate-cysteine ligase is rate-limiting in the synthesis of glutathione. The amino acid glycine is then added in a reaction catalyzed by glutathione synthase, to produce glutathione. Abbreviations: reactive oxygen species (ROS); superoxide (O_2^-); hydrogen peroxide (H_2O_2); peroxide radical ($\cdot OH$); nitric oxide (NO); nitric oxide molecular oxygen (O_2); S-nitrosoglutathione (GSNO); thiol (SH); Superoxide dismutase (SOD); glutathione (GSH); glutathione disulfide (GSSG); glutathione peroxidase (GPx); glutathione reductase (GR); glutathione-S-transferase (GST); glutamate-cysteine ligase (GCL); glutathione synthase (GS)

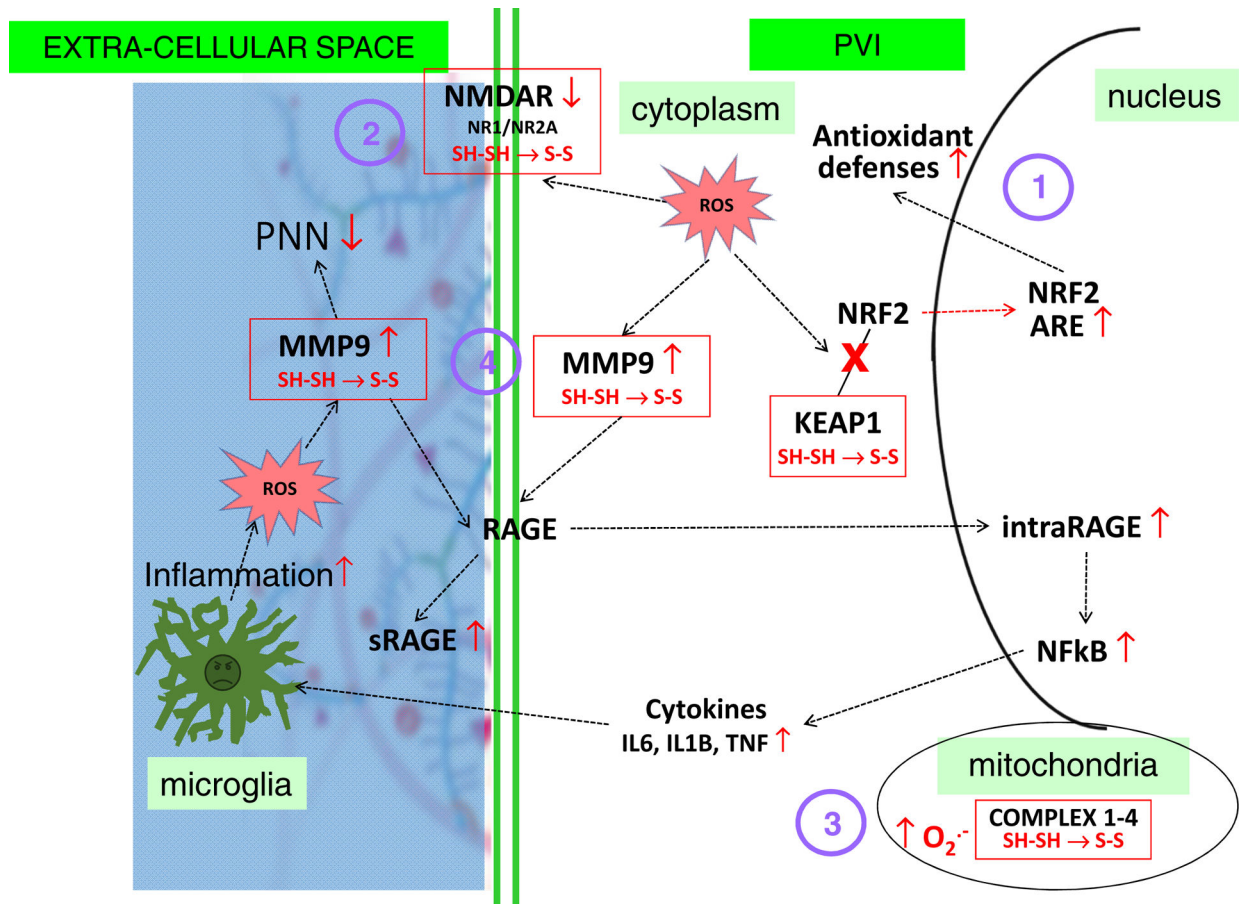


Figure 2. Redox regulation via oxidative stress sensitive targets in various cellular compartments:

Various redox sensitive targets are presented: the consequences of a redox imbalance leading to oxidation of the “redox-sensing” thiols, conformational and functional changes of target proteins are depicted in red. (1) The **Keap1-Nrf2** pathway is the major regulator of cytoprotective responses to endogenous and exogenous stresses caused by ROS and electrophiles (77). Through Nrf2 activation of ARE located at its promoter site, the transcription of glutamate-cysteine ligase is under the control of the Keap1-Nrf2 pathway. Under normal conditions Nrf2 is repressed by Keap1. Under oxidative stress, Nrf2 is derepressed and translocates to the nucleus where it binds to ARE and activates transcription of ARE-responsive genes, leading to enhanced glutathione synthesis through increased expression of glutathione-cysteine ligase (77). Interestingly, Keap1 is a very cysteine-rich protein and the thiol switches at C151, C273, and C288 (146) may play a functional role by altering its conformation. (2) There is a tight interaction between **NMDAR** (subunits NR1, NR2A) hypofunction and redox dysregulation: a) Activation of synaptic NMDAR boosts intrinsic antioxidant defenses, through direct transcriptional control of the glutathione system, promoting its synthesis, recycling, and utilization (80); NMDAR hypoactivity during development thus leads to deleterious loss of antioxidant control and increased oxidative stress; NMDAR blockade by ketamine in adults disrupts excitatory/inhibitory balance in cortical circuits, affecting parvalbumin interneurons through NADPH oxidase-

induced ROS generation (81). b) Vice-versa, NMDAR is a target of redox regulation through the NR1 and NR2A subunits which possess extracellular redox-sensitive sites (78) within the M3-S2 and S2-M4 linkers (C726 and C780 of the ligand binding domain) (147, 148).

Deletion of NR1 subunit of NMDARs in parvalbumin interneurons leads to parvalbumin and another marker of parvalbumin interneurons, GAD67, expression deficits (149). (3)

Mitochondria: Redox reactions are involved in regulating mitochondrial function via redox modification of specific redox sensing thiols in subunits of mitochondrial respiratory chain complexes. Oxidative thiol-modifications of specific cysteine thiols located in the 51 kDa- and 75 kDa-subunits of complex I result in a reduction of its catalytic activity (150).

Emerging evidence points to the involvement of mitochondrial dysfunction with alteration of network morphology and activity of complex I in schizophrenia (64). (4) There is

feedforward potentiation loop between oxidative stress and neuroinflammation involving the following steps: activation of MMP9 through its redox thiol switch by oxidative stress,

leading to shedding of the extracellular domain of RAGE, sRAGE and the translocation of the intracellular domain of RAGE to the nucleus, followed by activation of the transcription factor Nfkb, secretion of pro-inflammatory cytokines, microglia activation, and further ROS production and oxidative stress during juvenile postnatal development. Blocking MMP9

activation prevented this sequence of alterations and rescued the normal maturation of parvalbumin interneurons/perineuronal nets, even if performed after an additional insult that

exacerbated the long-term interneurons/perineuronal net impairments. MMP9 inhibition at early developmental stages prevented the interneurons/perineuronal nets deficit in adulthood

(135). Abbreviations: Kelch-like ECH-associated protein (KEAP1); nuclear factor, erythroid 2 like 2 (NRF2); antioxidant response elements (ARE); reactive oxygen species (ROS);

glutathione (GSH); glutamate-cysteine ligase (GCL); n-methyl-d-aspartate receptor (NMDAR); NMDA receptor subunit 1 isoform (NR1); NMDA receptor subunit 2a isoform

(NR2A); (parvalbumin interneurons (PVI); oxidized thiols (S-S); reduced thiols (SH-SH); matrix metalloproteinase 9 (MMP9); receptor for advanced glycosylation end product

(RAGE); extracellular soluble domain of RAGE (sRAGE); intracellular domain of RAGE (intraRAGE); nuclear factor NF-kappa-B (Nfkb); interleukin 6 (IL6); interleukin 1b (IL1b);

tumor necrosis factor alpha (TNF); perineuronal nets (PNN)