

Effects of Ethanol on Calcium Homeostasis in the Nervous System

Implications for Astrocytes

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Abstract

Ethanol is a major health concern, with neurotoxicity occurring after both *in utero* exposure and adult alcohol abuse. Despite a large amount of research, the mechanism(s) underlying the neurotoxicity of ethanol remain unknown. One of the cellular aspects that has been investigated in relationship to the neuroteratogenicity and neurotoxicity of ethanol is the maintenance of calcium homeostasis. Studies in neuronal cells and other cells have shown that ethanol can alter intracellular calcium levels and affect voltage and receptor-operated calcium channels, as well as G protein-mediated calcium responses. Despite increasing evidence of the important roles of glial cells in the nervous systems, few studies exist on the potential effects of ethanol on calcium homeostasis in these cells. This brief review discusses a number of reported effects of alcohol on calcium responses that may be relevant to astrocytes' functions.

Index Entries: Ethanol; calcium; astrocytes; nervous system; calcium channels; G proteins; fetal alcohol syndrome; alcohol tolerance.

Introduction

Ethanol is the second most widely abused drug in the world (1), with some reports stating that approx 7% of adults in the United States are alcoholics and >20% of hospitalized patients have a medical problem related to drinking (2). A recent editorial in *Science* fur-

ther highlights the societal implications of drinking, citing a 1994 Robert Wood Johnson Foundation report indicating that alcohol abuse costs society nearly \$100 billion annually (3). Clinically, ethanol exposure can cause neurotoxicity following both acute and chronic intake, and *in utero* exposure can cause permanent damage in the offspring. The acute effects

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of ethanol in humans, as well as the blood alcohol concentrations at which the various effects are seen, have been previously discussed (4,5). Briefly, ethanol causes an initial euphoria, presumably through a loss of inhibitory control centers, followed by central nervous system (CNS) depression. As the dose of ethanol increases, impaired cognition, ataxia, memory loss, sedation, coma, and death caused by respiratory arrest can occur. A greater societal problem with respect to alcohol is the development of alcohol dependence or alcoholism. The neurotoxicological effects of chronic alcoholism consist of Wernicke's encephalopathy, which can progress to Korsakoff's syndrome, and include unsteady gait, cerebellar degeneration, and memory impairment (5). *In utero* exposure to ethanol can result in the fetal alcohol syndrome (FAS), first described more than 25 yr ago (6), whose principal features include growth retardation, specific facial characteristics, and CNS dysfunctions (7). The CNS effects are the most devastating feature of FAS, as they are irreversible and persist through adolescence and into adulthood (8–10). Among the neuroteratogenic effects of alcohol are microencephaly and mental retardation (7), with FAS now considered a leading cause of mental retardation in North America (11).

Despite extensive research investigating the CNS effects of ethanol, the mechanisms underlying these effects remain unknown, although many have been proposed. In some instances, ethanol neurotoxicity may be secondary to malnutrition; however, whereas some effects of alcoholism, such as Wernicke syndrome, can be reversed by dietary intervention, others, such as the Korsakoff syndrome, cannot be reversed in this manner (5). A great deal of research in animals and in *in vitro* systems has, however, clearly demonstrated that ethanol can exert direct effects on cells of the nervous system. The cellular effects of ethanol were long thought to be mediated by nonspecific actions at the level of the lipid membrane. In recent years, however, evidence has emerged indicating that the effects of ethanol are more specific than previously thought (12,13).

Ethanol has been shown to affect various neurotransmitter receptors, including those of glutamate, acetylcholine, serotonin, and γ -aminobutyric acid (GABA), and to alter specific second messenger systems linked to these receptors (2,4,14,15). Certain ion channels, particularly calcium channels, have also been shown to display great sensitivity to the effects of ethanol. Many of these specific effects of ethanol can disrupt the normal cellular calcium homeostasis and calcium responses.

The effects of ethanol on cell calcium have received considerable attention because of the importance of calcium in a variety of cell functions (16). Under normal circumstances, intracellular calcium levels are tightly regulated, with cytosolic concentrations maintained around 100 nM in the cytosol, with a 10,000-fold calcium gradient across the plasma membrane, and high concentrations of calcium found in the intracellular stores, such as the endoplasmic reticulum and mitochondria (16). In response to specific signals, the concentration of calcium in the cytosol can increase many fold to initiate a variety of effects. In neurons, an increase in cell calcium is essential for the release of neurotransmitters, playing a key role in synaptic transmission. Calcium also regulates the function of many enzymes, including some protein phosphatases, protein kinases, and phospholipases (17). Calcium has also been shown to regulate its own release from intracellular calcium stores (18), and its influx from the extracellular space through calcium channels (19). In addition, calcium increases the expression of immediate early genes, such as *c-fos*, *c-myc*, and *c-jun* (20), with evidence suggesting that this regulation occurs both posttranslationally (21,22) and through the regulation of transcription factors (22). There is also evidence that intracellular calcium levels are involved in cellular proliferation (23,24) and in both necrotic and apoptotic cell death (25).

With the central role that maintenance of calcium homeostasis and calcium responses play in cellular physiology, alterations in calcium may represent an important mechanism for the

neurotoxicity of ethanol. Much of the research on the effects of ethanol on cellular calcium has been done in neuronal, hepatic, or cardiac cells. In recent years, glial cells, once thought of as mere structural supports for neurons, have been established as active players in the development and activity of the CNS. With the discovery of integral roles of glia in the CNS comes the possibility that the function of these cells could be a target for neurotoxicants such as ethanol. The scope of this minireview is to discuss the effects of ethanol on calcium homeostasis, with an emphasis on astrocytes. Because of the limited number of studies carried out in glial cells, relevant data from other systems, especially neuronal preparations, are reviewed and aspects relevant to astrocytes indicated.

Relevance of Ethanol Concentrations

When considering research on the mechanisms underlying the neurotoxicity and neuroteratogenicity of ethanol it is important that the concentrations of ethanol utilized be relevant to the clinical situation. Pharmacokinetic studies have shown that ethanol is distributed rapidly throughout the entire body, with ethanol concentrations in tissues being well approximated by the blood ethanol levels (26). Research in pregnant animals has further demonstrated that ethanol concentrations are the same in the maternal blood, fetal blood, and fetal brain after maternal ingestion of ethanol in the guinea pig (27,28). It can be assumed that the blood ethanol concentrations (BECs) seen in clinical and animal studies are representative of the levels in the target tissues and are rational concentrations for use in vitro studies.

Legally, many states consider an individual inebriated at a BEC of 100 mg% (21.7 mM), and most people will be asleep at 350–400 mg% (76.0–86.8 mM) (29). Such an evaluation, however, has problems because of the variability of the effects of ethanol between individuals, especially when dealing with chronic alcoholics who

have alterations in the metabolism of ethanol caused by enzyme induction and liver damage, and who have developed a tolerance to ethanol. There have been instances where individuals have survived what would normally be considered an exceptionally high or lethal level of ethanol. Survival has been seen in an adolescent with a BEC of 757 mg% (164 mM) (30) and one case as high as 1.5 g% (325.5 mM) (31), and ranges of BECs in alcoholics have been reported as 238–489 mg% (51.6–106.1 mM) (32), and 290–421 mg% (62.93–91.36 mM) (33). These instances emphasize the high levels of BEC sometimes obtained in the population of concern. Work in animals has also been carried out to determine appropriate levels of ethanol for study, especially for the teratogenic effects of ethanol. Work in guinea pigs demonstrated behavioral impairment and histological effects without gross maternal or fetal toxicity when maternal BECs averaged 54 mM (34,35). In rats, similar effects were seen at 82.4 mM (36) and 65.1 mM (37). Therefore, cellular effects of ethanol at concentrations within the 50- to 100-mM range are relevant to concentrations seen in clinical populations. However, because of the high levels that have been seen clinically, cellular effects at concentrations above these levels should not be totally discounted.

Effects of Ethanol on Basal Calcium Levels

As previously mentioned, the cytosolic calcium levels in cells are tightly regulated to maintain a very low basal calcium concentration (38). Alterations of basal calcium levels, even if transient, may have detrimental effects on CNS development or functions, or both. A number of studies have investigated the effects of ethanol (alone) on intracellular calcium levels. Different cellular preparations have been used, as well as different exposure protocols. Furthermore, both in vitro and in vivo experiments have been carried out. For the sake of clarity, these studies are discussed based on the duration of ethanol exposure (acute vs short

term vs chronic). The relevance of in vitro findings to in vivo situations is pointed out. Furthermore, potential relevance of these results to glial cells, in particular astrocytes, is discussed.

The data on the ability of acute ethanol exposure to induce an immediate calcium response are inconsistent. In a study using isolated hepatocytes, a response was seen after exposure to moderate levels of ethanol (100–300 mM) (39), which was dependent on the activation of phospholipase C (PLC). This response in hepatocytes was transient in nature and has been consistently seen in these cells, in studies using both populations of cells as well as individual cells (40). Similarly, in PC12 cells, ethanol (400 mM) induced a calcium response, although a lower concentration of ethanol (100 mM) had no effect (41). A lack of effect was also seen in cerebellar granule cells and dissociated brain cells after exposure to a low concentration (50 mM) of ethanol (42,43). By contrast, ethanol (30–600 mM) caused an increase in cytosolic free calcium in rat brain synaptosomes (44,45). Furthermore, in contrast to the earlier work in PC12 cells, which showed effects only at high concentrations of ethanol (41), more recent work in these same cells demonstrated an ethanol-induced biphasic calcium response, with an increase in calcium levels following exposures of ≤ 80 mM ethanol, and a diminished response at concentrations of > 120 mM (46). This response to ethanol was inhibited by chelation of extracellular calcium or by blockers of voltage-operated calcium channels, indicating that it is mediated by the influx of extracellular calcium. Webb et al. (47) have investigated the effect of ethanol on calcium levels in rat medial septal neurons and septohippocampal neurons using imaging techniques. In medial septal neurons from embryonic 21 rats, low concentrations of ethanol (21.7 mM) increased basal calcium in the presence, but not in the absence, of nerve growth factor (NGF) (47); however, in postnatal d 0 preparations, this concentration of ethanol had no effect on individual cell basal calcium levels (48). In septohippocampal neurons, an increase in intracellular calcium in

individual cells was seen following exposure to ethanol under certain conditions, however, as was the case with the medial septal neurons, the responses to ethanol were variable, with no clear concentration–response relationship evident (49). Mironov and Hermann (50) also demonstrated an effect of ethanol on individual intracellular calcium levels; ethanol, at a concentration as low as 17 mM, induced a calcium response in rat hippocampal cells. This response was not dependent on extracellular calcium, but was due to release from nonmitochondrial calcium pools, and involved both inositol 1,4,5-trisphosphate (IP_3) and caffeine-sensitive stores. These researchers also demonstrated that ethanol activates protein kinase C (PKC) and that this activation was necessary for calcium release (50).

Short-term (10–30 min) in vitro exposure to ethanol has also been shown to have effects on intracellular calcium levels. Studies by Davidson et al. (51) in synaptosomes from rat forebrain, showed that a 10-min preincubation with ethanol (50–500 mM) increases calcium levels in a concentration-dependent manner, irrespective of the depolarized state of the cells. In lymphocytes, Fano et al. (52) also demonstrated that a 10-min incubation with ethanol (20–200 mM) increased basal calcium levels, but they found a bell-shaped concentration–response curve, with a maximum response at 60 mM ethanol after a 24-h incubation. By contrast, a short incubation (10–30 min) of skeletal muscle cells with ethanol (20–200 mM) resulted in a decrease, rather than an increase, in basal calcium concentration (53), and in mixed rat cortical cultures, which were approx 70% glial cells, a 10-min preincubation with ethanol (50–500 mM) had no effect on basal calcium concentration, as measured using calcium imaging techniques (54). Data from our laboratory using confocal microscopy in both primary rat cortical astrocytes and the human astrocytoma 132 1N1 cell line also indicate that a short incubation (30 min) with ethanol, at concentrations of ≤ 250 mM, has no effect on basal calcium levels (53a).

Chronic exposure (4 d) of PC12 cells to 200 mM ethanol caused a PKC-dependent increase

in the uptake of radiolabeled calcium as compared to untreated control cells (55). Although the relevance of calcium uptake studies as a marker for increases in intracellular calcium levels has been questioned (51), similar results were seen in fetal rat cerebellar preparations, containing predominantly Purkinje neurons, after chronic ethanol treatment (75 mM, 48 or 96 h) by directly measuring intracellular calcium levels in single cells (56), as well as measurements of currents in PC12 cells after a 6-d exposure to 200 mM ethanol (57). However, in other imaging studies, ethanol did not affect basal calcium levels in cultured cortical rat neurons after 4 d (100 mM) (58), or human 132 1N1 astrocytoma cells after 24 h (10–250 mM) (53a), and decreased basal calcium levels in PC12 cells after a 3-d exposure (46). One study carried out in rat astroglial cells (a mixture of astrocytes and oligodendrocytes) found that a 1 week exposure to 50 or 100 mM ethanol caused a 50 and 100% increase in intracellular calcium, respectively (59).

A few studies have looked at the changes in resting calcium levels after chronic *in vivo* ethanol treatment. In adult rats, chronic (7 d or 8 wk) *in vivo* exposure to ethanol did not result in any effect on resting calcium levels (60,61). Although few studies have investigated the effects of *in utero* exposure to ethanol on basal calcium levels, one such study, in which blood ethanol concentrations reached 146.3 mg% (30 mM) on gestational d 15, showed no effect on basal calcium levels in dissociated whole brain preparations from <1-d-old neonatal rats (62).

As can be seen from the results of these studies, which are summarized in Table 1, there is no consistent effect of ethanol on basal cell calcium. Acute ethanol exposure was found to either induce an increase in intracellular calcium levels or to have no effect. The particular response appears to depend on the type of cell studied, and the differentiation and developmental stage of the cells, as well as the concentration of ethanol. In addition, even within the same cell type, contrasting results have been reported, possibly because

of differences in culture conditions and experimental techniques. Similarly, short-term and chronic *in vitro* ethanol treatments have shown great variability in the calcium responses, with increases, decreases, and no effects having been reported. Exposure to ethanol has not been shown to effect calcium levels after either *in utero* or *in vivo* adult exposure, however, such exposures have not been well studied, and further work needs to be carried out to confirm these results. The variable results which have been reported highlight the importance of carefully studying the effects of ethanol in the cell type of interest, and of being aware of the physiology of the cell type under different culture conditions, and on the mode of exposure to ethanol. Different cell types express different subtypes of voltage-operated calcium channels, as well as different receptors, channels, and pumps in the intracellular stores. Furthermore, even the same cell type will express these components differently depending upon its developmental stage, differentiation state, culturing conditions, with the presence or absence of serum being a major factor. For example, astrocytes express different subtypes of voltage-operated calcium channels under different culturing conditions, and there is a great deal of heterogeneity in these cells even within a given region, let alone from different brain regions and different types of astrocytes (63). It should also be noted that after short exposures to high concentrations, or longer exposures to lower concentrations, ethanol could deplete intracellular calcium stores, even though the cytosolic calcium level is constant. This effect could not be detected in the studies discussed, as no studies have looked at specific subcellular locations. This mechanism could be involved in ethanol-inhibited release of calcium from intracellular stores, which remains to be investigated.

Although inconsistent overall, the data indicate that ethanol can affect basal calcium levels in some cell types, either through alterations in calcium influx through voltage-operated calcium channels or through messenger systems

Table 1
Summary of Effects of Ethanol on Basal Calcium Parameters

Exposure type	Effect of ethanol on $[Ca^{2+}]_i^a$	Exposure duration	Concentration of ethanol	Preparation type	References
Acute	↑	<1 min	17–170 mM	Rat hippocampal cells	(50)
	↑	<1 min	100–300 mM	Hepatocytes	(39,40)
	↑	<1 min	30–600 mM	Rat brain synaptosomes	(44,45)
	↑	<1 min	50 mM	Cerebellar granule cells	(42)
	↔			Dissociated brain cells	(43)
	↔ (uptake)	<1 min	45–720 mM	Rat brain synaptosomes	(60)
	↑	<1 min	≤ 80 mM	PC12 cells	(41,46)
	↑	<1 min	22–174 mM	Untreated rat medial septal neurons	(47)
	↓	<1 min	22–174 mM	NGF-treated rat medial septal neurons	(47)
	↔	<1 min	22–174 mM	Untreated rat septohippocampal neurons	(49)
Short term	↑	<1 min	22–174 mM	NGF-treated rat septohippocampal neurons	(49)
	↑	10 min	50–500 mM	Rat forebrain synaptosomes	(51)
	↑	10 min	20–200 mM	Lymphocytes	(52)
	↔	10 min	50–500 mM	Mixed cortical cultures	(54)
	↔	30 min	10–250 mM	Cortical astrocytes	(53a)
	↔	1–40 min	100 mM	PC12 cells	(41)
	↓	10–30 min	20–200 mM	Skeletal muscle cells	(53)
	↑ (currents)	4–6 d	200 mM	PC12 cells	(55,57)
	↑ (uptake)	4–6 d	200 mM	PC12 cells	(55,57)
	↑	48–96 h	75 mM	Fetal rat cerebellar macroneurons	(56)
Chronic in vitro	↑	24 h	20–200 mM, max at 60 mM	Lymphocytes	(52)
	↑	7 d	50–100 mM	Rat astroglial cells	(59)
	↔	4 d	100 mM	Rat cortical neurons	(58)
	↔	24 h	10–250 mM	Human 132 1N1 astrocytoma cells	(53a)
	↔	2 wk	40 mM	Skeletal muscle cells	(53)
	↓	3 d	100 mM	PC12 cells	(46)
	↔	15 d	29–32 mM (BEC)	Neonatal rats	(62)
	↔ (uptake)	7 d	7% v/v	Adult rats	(60)
	↔ (uptake)	8 wk	32 mM(BEC)	Adult rats	(61)
	↔				

^a Increase levels of intracellular Ca^{2+} , except when indicated.

releasing calcium from intracellular stores. Astrocytes possess voltage-operated calcium channels under certain conditions (64,65), as well as IP_3 -sensitive calcium stores (18). There is also evidence that astrocytes possess ryanodine-sensitive stores, as they respond to stimulation by ryanodine (66), and also appear to have caffeine-sensitive responses (67). Limited data are available on the effect of ethanol on basal cell calcium in astrocytes, with initial results indicating that at least short incubations with ethanol have no effect on resting calcium levels. Clearly, further studies are needed in these cells to elucidate any action of ethanol on basal calcium levels upon different exposure conditions.

Ethanol and Voltage-Operated Calcium Channels

In addition to maintaining constant calcium levels in the resting state, cells also respond to an array of stimuli with a rise in intracellular calcium levels. A major mechanism by which intracellular calcium concentrations can be increased is by an influx of calcium from the extracellular milieu through voltage-operated calcium channels (VOCCs). Many different subtypes of calcium channels have been identified and the characteristics and distribution of these channels reviewed (19). Experimentally, five classes of VOCCs have been distinguished based on biophysical gating characteristics and distinct pharmacology: the T-, L-, N-, P(Q), and R-type VOCCs. Although these channels were once thought to be expressed only in excitable cells, there is now evidence that VOCCs are also found in what were classically considered nonexcitable cells, owing to their lack of ability to respond to electrical stimulation with an action potential (63), including astrocytes (64,68,69). Because of the role played by VOCCs in calcium responses in both excitable and nonexcitable cells, these channels have been investigated as possible targets of ethanol-induced neurotoxicity.

A large number of studies have been carried out in synaptosomal preparations, brain slices or homogenates, primary neuronal cells, and various cell lines, to investigate the effects of ethanol on VOCCs, using a variety of techniques and tools, including specific channels blockers, binding proteins, and electrophysiology (70). This research has focused on alterations of VOCC function after short-term ethanol exposure as a mechanism of the acute neurotoxicity of ethanol and on changes in the density and functions of these channels after chronic ethanol exposure, as a mechanism involved in the pathologies associated with alcoholism and alcohol withdrawal.

Acute ethanol exposure causes an inhibition of calcium influx after activation of VOCCs through depolarization. Earlier studies showed, in both mouse (60) and rat (61) synaptosomes, that ethanol (25–720 mM) inhibited depolarization-induced calcium uptake. Studies by Lynch and Littleton (71) showed that in vitro ethanol exposure (50 mM) inhibits K^+ -stimulated neurotransmitter release by inhibiting calcium influx. In PC12 cells, short-term incubations with ethanol (25 min, at ≥ 50 mM concentrations) decreased radiolabeled calcium uptake following depolarization (72); electrophysiological studies in these cells, which contain mainly noninactivating L-type calcium channels, showed an inhibition of calcium currents after 5-min exposure to concentrations as low as 5 mM ethanol (73). This inhibition did not appear to be attributable to a primary effect on intracellular calcium and its subsequent regulation of channel function, nor to a direct interaction with the high affinity calcium binding site of the channel protein (73). Furthermore, undifferentiated PC12 cells were more sensitive to the effects of ethanol than NGF-differentiated cells, which express different levels of the subtypes of calcium channels (74). Other electrophysiological studies in dissociated dorsal root ganglions neurons demonstrated that calcium currents are more sensitive to acute inhibition by ethanol than sodium currents, with reversible effects seen after exposure to low doses of ethanol (11–108 mM) (75).

This sensitivity of calcium channels to low concentrations of ethanol has also been shown in *Aplysia* neurons (76), and in two neuroblastoma cell lines, N1E-115 and NG108-15 (77). Camacho-Nasi and Treistman (78) further demonstrated that these effects in *Aplysia* neurons are not caused by direct blockage of the channel, but possibly by an action on the channel protein. By contrast, one study looking at the effects of acute in vivo exposure to ethanol reported an increase in the number of binding sites for VOCCs in cerebral cortical, hippocampal and striatal synaptosomes, suggesting that acute ethanol causes an increase in VOCC activity (79). This difference could indicate effects specific to in vivo vs in vitro exposure. With the exception of this study, most data indicate that acute ethanol exposure inhibits the influx of calcium through VOCCs, with different selectivity for different subtypes of channels, and that this effect does not appear to be caused by a direct block of the permeation pore itself.

Research on the mechanism(s) by which ethanol may affect channel function points towards GTP-binding proteins (G proteins) as a probable target. Huang and McArdle (80) demonstrated that 43.2 mM ethanol inhibits calcium currents within 0.5 min and that this effect is inhibited by antibodies that impair the function of the G_{α} subunit. Other investigators showed that G_i , a pertussis toxin (PTX)-sensitive G-protein subunit, is involved in the inhibition of L-type, dihydropyridine-sensitive, calcium channels in undifferentiated PC12 cells (81). Some VOCCs can also be activated by the addition of MgATP and Ca^{2+} -calmodulin, and inhibition by ethanol of this calmodulin-dependent activation of VOCCs has also been reported (82).

In contrast to studies on the actions of acute ethanol exposure, which show an inhibition of channel function, studies on the effects of chronic exposure to ethanol show, for the most part, a tolerance to inhibition by acute ethanol, and an enhancement in channel function or an increase in channel density. Synaptosomes isolated from mice chronically exposed to ethanol

were tolerant to inhibition of calcium uptake caused by acute alcohol exposure (60). Similar results were seen in synaptosomes from chronically ethanol-treated rats (61). In PC12 cells exposed for 6 d to 200 mM ethanol, K^{+} -stimulated calcium uptake was increased (57,83), and this increase was inhibited by calcium channel blockers (83).

Electrophysiological studies have also shown that in vitro exposure to ethanol alters calcium currents in cerebellar Purkinje neurons from fetal rats. Chronic exposure (8–10 d) to 33 mM ethanol enhances high threshold currents; however, low threshold currents are depressed (84). In fetal cerebellar macroneurons, however, chronic in vitro ethanol (75 mM, 96 h) inhibits the KC1-induced increase in intracellular calcium levels (56). These differences could reflect different currents studied or different durations of exposure.

Evidence suggests that the increase in channel function after chronic exposure is attributable to an increase in the number of VOCCs, to compensate for the inhibition seen after acute exposures. In PC12 cells, chronic (2–10 d) ethanol exposure increases both calcium uptake and the number of calcium channels in a reversible manner (72,85), possibly through a PKC-dependent mechanism (55). Another study also showed that in PC12 cells the increase in calcium uptake is due to increase in L-type channels expression (86). In addition, ethanol-dependent rats display an increased number of binding sites for dihydropyridine-sensitive receptors, compared with control rats (87–89).

NG 108–15 cells express both L- and N-type calcium channels, and the number of N-type channels increases following differentiation by dibutyryl cyclic adenosine monophosphate (cAMP). In undifferentiated NG 108–15 cells, ethanol (200 mM, 72 h) increases the number of L-type channel binding sites but has no effect on the N type; in differentiated cells, however, ethanol does not alter L-type channel numbers, whereas it decreases the number of N-type binding sites in a reversible manner. The effects on the N-type channel are seen only

after 18 h of treatment, are maximal after 72 h, and are reversed 24 h after ethanol withdrawal. With the differences in expression of channels and responses of differentiated and undifferentiated cells, it is important to consider how the cells compare with the *in vivo* setting, when trying to extrapolate effects (90).

Evidence also suggests that the increase in calcium channels plays a role in ethanol withdrawal. In animals, administration of L-type channel blockers, such as nitrendipine and verapamil, prevents the seizures seen after ethanol withdrawal (91), and coadministration of calcium channel blockers with ethanol prevents the neuronal adaptations and withdrawal symptoms seen after ethanol exposure and withdrawal in rats (87), and mice (92). In addition, work in PC12 cells indicates that ethanol may affect the number of calcium channels at a posttranslational level; this effect of ethanol is blocked by PKC inhibitors, implicating this enzyme in the action of ethanol and suggesting a blockage of the normal phosphorylation of the channel as the mechanism by which ethanol is acting (55).

In utero exposure to 36% ethanol was shown to affect K^{+} -stimulated calcium changes, although no selectivity between N-, P-, or L-type channels was seen in whole-brain-dissociated neurons from 1-d-old rats (62). This lack of selectivity may indicate a difference in the effect of ethanol between prenatal and adult exposure, perhaps because of the channels that are present in the adult neurons being more sensitive to the effects of ethanol (62).

In summary (Table 2), most studies demonstrate that acute ethanol exposure inhibits the depolarization-induced influx of calcium, whereas chronic ethanol exposure increases this influx by increasing the number of VOCCs; this increase in channel number may also play a role in alcohol withdrawal symptoms. The increase following long-term exposure could be an adaptive response to the inhibition seen following short term exposure. As mentioned, some differences in the effects of ethanol are seen, however, depending on the expression of different subtypes of calcium channels, and the

developmental stage of the system studied, and therefore it will be very important to determine the normal channel expression in astrocytes *in vivo* to interpret results correctly from *in vitro* studies. Although astrocytes have been shown to express VOCCs under certain conditions (69), limited research has been carried out investigating the physiological role of these calcium channels in these cells, or on the ability of ethanol to inhibit their function. Because of the dramatic effects of ethanol on these channels in neuronal cell types, and the role these channels may play in modulating calcium levels in astrocytes, it would be important to investigate the effects of ethanol on these channels in these glial cells.

Ethanol and Receptor-Operated Calcium Channels

In addition to voltage operated calcium channels, other types of calcium channels are expressed in the CNS, including receptor-operated calcium channels (ROCCs). Glutamate, the major excitatory neurotransmitter in the CNS, binds to receptors linked to ROCCs. One subtype of glutamate receptors, the N-methyl-D-aspartate (NMDA) receptor, has received much attention as a target of ethanol's neurotoxicity, and there is a great deal of evidence that ethanol can disrupt these receptor-linked channels (*see reviews 15,93,94*). However, most evidence suggests that astrocytes do not express the NMDA subtype of glutamate receptors (95), and therefore, the data on the effects of ethanol on the NMDA receptor are not discussed in this review.

Astrocytes have, however, been shown to express glutamate receptors other than NMDA receptors, including the calcium channel-linked kainate/AMPA receptors (96), and these could be a target of ethanol in these cells. A limited amount of work has been done investigating the effects of ethanol on the quisqualate-induced calcium responses, that are mediated by these receptors, and is summarized in Table 3. The effects of acute ethanol on individual cultured Purkinje neurons

Table 2
Summary of Effects of Ethanol on Voltage-Operated Calcium Channels

Type of exposure	Effect of ethanol	Exposure duration	Concentration of ethanol	Preparation type	References
Acute in vitro	↓ Ca ²⁺ uptake	30 s–10 min	45–720 mM	Mouse synaptosomes	(60)
	↓ Ca ²⁺ uptake	14 min	25–150 mM	Rat synaptosomes	(61)
	↓ Ca ²⁺ -induced dopamine release	—	50 mM	Rat striatal slices	(71)
	↓ K ⁺ -induced uptake	25 min	50 mM	PC12 cells	(72)
	↓ L-type Ca ²⁺ channel current	5 min	5 or 50 mM	PC12 cells	(73)
	↓ L-type Ca ²⁺ channel current	5 min	25 mM	PC12 cells	(74,81)
	↓ Ca ²⁺ channel current	—	11–108 mM	Dorsal root ganglion neurons	(75)
	↓ Ca ²⁺ channel current	15 min	300 mM	<i>Aplysia</i> neurons	(78)
	↓ Ca ²⁺ channel current	15 min	50–500 mM	<i>Aplysia</i> neurons	(76)
	↓ T-type Ca ²⁺ channel current	5 min	30–300 mM	N1E-115, NG108–15 cells	(77)
	↓ L-type Ca ²⁺ channel current	5 min	100–300 mM	N1E-115, NG108–15 cells	(77)
	↑ Ca ²⁺ channel current	0.5 min, 10 min	5.4 mM	Murine dorsal root ganglion neurons	(80)
	↑ Ca ²⁺ channel current	0.5 min	43.2 mM	Murine dorsal root ganglion neurons	(80)
	↓ Ca ²⁺ channel current	10 min	43.2 mM	Murine dorsal root ganglion neurons	(80)
	↓ DHP-sensitive binding sites	10 min	100 mM	Rat brain synaptosomes	(82)

Chronic in vitro	↑ Ca ²⁺ uptake	2–10 d	200 mM	PC12 cells	(55)
	↑ Ca ²⁺ DHP-sensitive binding sites				
	↑ Ca ²⁺ uptake	6 d	200 mM	PC12 cells	(57)
	↑ Ca ²⁺ channel current				
	↑ Ca ²⁺ uptake	6 d	200 mM	PC12 cells	(72)
	↑ DHP-sensitive binding sites				
	↑ Ca ²⁺ uptake via L-type channels	6 d	200 mM	PC12 cells	(83)
	↑ Ca ²⁺ uptake	6 d	200 mM	PC12 cells	(85)
	↑ DHP-sensitive binding sites				
	↑ Ca ²⁺ uptake	10–12 min	100–800 mM	PC12 cells	(86)
Chronic in vivo	↑ High threshold currents, ↓ low threshold currents				
	↓ Current	8–10 d	33 mM	Fetal rat cerebellar Purkinje cells	(84)
	↑ Number of L-type	96 h	75 mM	Fetal rat cerebellar macroneurons	(56)
	↔ Number of N-type	72 h	200 mM	Undifferentiated NG108–15 cells	(90)
	↔ Number of L-type				
	↓ Number of N-type	72 h	200 mM	Differentiated NG108–15 cells	(90)
	Tolerance	7 d	7% v/v	Synaptosomes	(60)
	Tolerance	3 wk	75 mM (BEC)	Rat brain synaptosomes	(82)
	Tolerance	8 wk	31.7 mM (BEC)	Synaptosomes	(61)
	↑ DHP-sensitive binding sites	10 d	27–29 mM (BEC)	Cerebral cortex from ethanol-dependent rats	(87)
	↑ DHP-sensitive binding sites	6–10 d	Inhalation of 10–22 mg/L	Cortex, heart, vas deferens, and skeletal muscle from ethanol dependent rats	(88)
	↑ DHP-sensitive binding sites	4–10 d	Inhalation of 10–15 mg/L	Cortex, heart, and vas deferens from ethanol-dependent rats	(89)
	↓ K ⁺ -stimulated Ca ²⁺ uptake	15 d	29–32 mM	Whole brain-dissociated neurons	(62)
In utero					

appear to be developmentally regulated, with alcohol enhancing the quisqualate-mediated response at early developmental stages, and inhibiting the response in mature neurons (97). After chronic (8 d) ethanol treatment, these responses are inhibited in developing cerebellar neurons, as measured by calcium imaging techniques (98). These data suggest that ethanol can affect glutamate responses through receptors other than the NMDA receptor and that the response depends on either the duration of ethanol exposure or the specific type of neuron studied. Although no work has been done on astrocytes with respect to these receptors, they should be considered as a possible target for ethanol in these cells. Furthermore, the developmental sensitivity to the effects of ethanol of these responses may be relevant to the teratogenicity associated with ethanol.

In addition to VOCCs and ROCCs, a novel plasma membrane calcium channel was recently described in *Drosophila melanogaster* (99) and in some mammalian cell types (100,101). These channel proteins, named *trp* or *trp*-like proteins, appear to be involved in the influx of calcium, secondary to second messenger-induced calcium release from intracellular stores (102,103). To date, there is no information on either the expression of these channels by astrocytes or the effects of ethanol.

Effects of Ethanol on G-Protein-Mediated Ca^{2+} Changes

In addition to increases in cell calcium caused by calcium influx, activation of G proteins containing the $\text{G}\alpha_{q/11}$ subunit by a variety of receptors can lead to elevated cytosolic calcium levels. After G-protein activation, the $\text{G}\alpha_{q/11}$ subunit is released and activates PLC, which catalyzes the hydrolysis of phosphatidylinositol (4,5)-biphosphate (PIP_2) to IP_3 and diacylglycerol (DAG). DAG activates some isoforms of PKC, whereas IP_3 binds to specific receptors in nonmitochondrial calcium stores and causes the release of calcium into the cytosol (104). Any interaction with the phos-

phoinositide metabolism pathway would result in alterations in calcium homeostasis. A large number of studies exist on the effect of ethanol on the formation of IP_3 . In nerve tissue, ethanol does not appear to have any stimulatory effect on phosphoinositide metabolism when present alone (105). However, agonist-induced IP_3 formation is mostly inhibited by ethanol (Table 3). For example, muscarinic receptor-stimulated phosphoinositide metabolism was inhibited in cerebral cortical slices (50–500 mM) (105,106), cortical membranes (250 mM) (107), mixed rat cortical cultures (approx 70% glia and 30% neurons) (250–500 mM) (54), and SH-SY5Y neuroblastoma cells (100 mM) (108). Interestingly, this inhibitory effect appeared to be selective for carbachol-stimulated PI hydrolysis, and to be age dependent, with neonatal rats more sensitive to the action of ethanol than adults (105,109,110). Bradykinin-induced PI metabolism was also inhibited by ethanol (100 mM) in NG 108–15 neuroblastoma–glioma cells (111). Limited studies in astrocytes have shown that acute exposure to ethanol has no effect on norepinephrine (50–200 mM) (112) or glutamate (100 mM) (113)-stimulated PI hydrolysis, while it inhibits the muscarinic receptor response (50–250 mM) (L. G. Costa, unpublished results). Glutamate-induced PI metabolism was, however, inhibited after a longer exposure to ethanol (100 mM for 4 d) (113). The varying sensitivity of the neurotransmitter responses to ethanol may be attributable to different second messenger systems downstream from the receptor or to differential sensitivity of the receptor molecule itself.

A few studies have investigated the effects of ethanol on G-protein-mediated intracellular calcium release, all of which indicate that ethanol inhibits the release of calcium from intracellular stores (Table 3). In PC12 cells, a short term incubation with a high concentration (400 mM) of ethanol inhibited muscarine-induced increase in intracellular calcium (41). Similarly, acute exposure to a low concentration (25 mM) of ethanol inhibited carbachol-stimulated calcium uptake in the same cells (114). Ethanol also inhibited the carbachol-

Table 3
Summary of Effects of Ethanol on G-Protein-Mediated Receptor Functions

Exposure type	Effect of ethanol	Exposure duration	Concentration of ethanol	Preparation type	References
Acute in vitro	↓ Muscarinic-induced IP ₃ response	30 s–90 min	50–500 mM	Cerebral cortical slices Cortical membranes	(105,106) (107)
	↓ Muscarinic-stimulated Ca ²⁺ uptake			Mixed cortical cultures	(54)
	↓ Number of cells with muscarinic-induced Ca ²⁺ response	0–10 min 2 min	25–100 mM 100 mM	SH-SY54 neuroblastoma cells PC12 cells SH-SY5Y cells	(108) (114) (115)
	↓ size of muscarinic-induced Ca ²⁺ response	10 min	250–500 mM	Mixed cortical cultures	(54)
	↓ Vasopressin-, phenylephrine-, epidermal growth factor-, and angiotensin II-induced Ca ²⁺ response	2–3 min	6–300 mM	Hepatocytes	(116,117)
	↓ Hepatocyte growth factor-induced Ca ²⁺ response	2 min	50–300 mM	Hepatocytes	(116,117)
	↓ Muscarinic-induced Ca ²⁺ response	30 min	250 mM	132 1N1 astrocytoma cells	(53a)
	↑ Metabotropic glutamate receptor-induced response	5 min	33 mM	Early developmental stage Purkinje neurons	(97)
	↓ Metabotropic glutamate receptor-induced response	5 min	33 mM	Mature Purkinje neurons	(97)
	↓ Bradykinin-induced IP ₃ response	4 d	100 mM	NG108–15 neuroblastoma–glioma	(118)
Chronic in vitro	↓ Metabotropic glutamate and NE receptor-induced IP ₃ response	4 d	100 mM	Primary astrocytes	(113)
	↓ Metabotropic glutamate receptor-induced response	8–10 d	33 or 50 mM	Purkinje neurons	(98)
Chronic in vivo	↓ Muscarinic-induced changes	6 d	51–61 mM (BEC)	Neonatal rats	(110)

induced calcium response in individual SH-SY5Y neuroblastoma cells; ethanol reduced the number of cells that responded to carbachol with an increase in intracellular calcium, although the maximum response and the rate of the calcium response were not affected (115). An effect of short-term (10-min) ethanol exposure was also seen on muscarinic receptor-induced calcium responses in mixed cortical cultures using imaging techniques, with a significant inhibition in the size of the maximal response (54). Similarly, inhibition of receptor-mediated calcium responses was observed in hepatocytes following stimulation with vasopressin, phenylephrine, epidermal growth factor, angiotensin II (116), and hepatocyte growth factor in individual cells (117). Confocal microscopy data in human astrocytoma 132 1N1 cells have indicated that a short-term incubation (30 min) with ethanol inhibits the calcium response in these cells, but only at high concentrations (250 mM) of ethanol, however, inhibition was seen as low as 25 mM after a 24-h incubation with ethanol (53a).

These findings indicate that ethanol is capable, in certain situations, to inhibit receptor-activated PI metabolism and the subsequent release of calcium from intracellular stores. The mechanism(s) by which ethanol exerts these effects remain(s) obscure.

Ethanol does not appear to interact directly at the receptor level (110,112), suggesting one or more postreceptor targets for its action. Some studies have investigated the effects of ethanol on the activity and levels of the $G\alpha_{q/11}$ G-protein subunit. Results in NG 108-15 cells indicate that chronic ethanol may act at the level of, or distal to, the G protein, possibly at the level of the GDP/GTP exchange on G proteins (107,118), and that ethanol decreases $G\alpha_{q/11}$ protein levels (119). In addition, a reversible decrease in $G\alpha_{q/11}$ levels was also seen in rat brain after chronic (15-d) *in vivo* exposure (120). In astrocytes, however, functional data indicated an action upstream from G protein (121), and chronic ethanol had no effect on the expression of the $G\alpha_{q/11}$ subunit (122). These authors suggested that the modu-

lation of $G\alpha_{q/11}$ subunit seen by others (118,119) may be specific for neurons.

Downstream from the G-protein, ethanol could act on PLC or at the IP_3 receptor level, to alter the calcium response induced by activation of the PI pathway. Studies in rat brain showed that acute ethanol exposure did not affect PLC levels, but chronic treatment decreased the levels of PLC- β (120); by contrast, in primary astrocytes, chronic ethanol increased the levels of PLC- $\delta 1$ (122). Possible direct effects of ethanol on the IP_3 receptors have also been investigated. Ethanol initially potentiated and then inhibited, both the currents and the calcium changes evoked by caged IP_3 in oocytes (123), and, in microsomes, ethanol decreased the amplitude of the calcium released by IP_3 , possibly because of selective effects on a particular subtype of IP_3 receptor (124). Chronic *in vivo* exposure to ethanol decreased the number of IP_3 receptors, but not the binding affinity of IP_3 for its receptor in rat cortex (125) and mouse Purkinje cells (126). These findings suggest that ethanol may also act at the level of the IP_3 receptor to disrupt calcium responses, although this possibility has not been investigated in astrocytes.

Altogether, these data indicate that there are many sites in the inositol phosphate second messenger system where ethanol may act, any one of which would disrupt G-protein-mediated alterations in intracellular calcium. The limited data, however, suggest that the target(s) of ethanol may differ between neurons and astrocytes, highlighting the need to study the effects of this alcohol in different cell types.

Implications for Astrocytes and Alcohol Neurotoxicity

Glial cells comprise much of the volume of the brain, and astrocytes represent an important subtype of glial cell. Although these cells were long thought to be only supporting cells, or "glue", for neurons, several important functions of glial cells are now apparent (127). The ability to grow pure (>98%) cultures of astro-

cytes (128) has facilitated research on these cells, allowing the complexity of these cells to be realized. It has been demonstrated that astrocytes contain neurotransmitter receptors (96), intracellular signaling systems (129), and VOCCs (65) both in vitro and in vivo.

Glial cells, and specifically astrocytes, are important for the development of the CNS. Astrocytes have been shown to secrete growth factors (130), to proliferate in response to some neurotransmitters (131,132), to promote dendritic extensions in neurons in vitro (133), to be involved in neuronal process elongation (134), and to be important in the formation of functioning synapses (135). Furthermore, research in *Drosophila melanogaster* has also demonstrated the importance of glial cells during development. Mutation of either the *glial cell missing* (*gcm*) gene or the *reversed polarity* (*repo*) gene resulted in a loss of expression of the glial cell phenotype. These mutated flies did not form appropriate axonal pathways, proper neuronal differentiation did not occur, and there was decreased neuronal survival in late-stage mutant embryos (136,137), as well as increased neuronal apoptosis (138). A gene homologous to the *gcm* gene, which is a DNA-binding protein, has been found in both the human and mouse, confirming the relevance of this gene in mammalian systems (139,140). In the adult CNS, the presence of functional receptors, and the formation of an astrocyte syncytium provide a mechanism by which astrocytes can signal distant cells. The presence of such a signaling system is supported by electrophysiological data in astrocyte cultures (141), and by observations of calcium signaling in pure astrocyte cultures (142), mixed neuronal-astrocyte cultures (143,144), and hippocampal slices (145). Astrocyte-neuronal interactions have proved essential for synaptic transmission in hippocampal slices (146). Astrocytes have also been shown to receive signals from neurons, as assessed by electrophysiological measures (147), and respond to various stimuli with intercellular calcium waves (142,145,148–150). This signaling pathway in astrocytes is evidence of the importance

of properly functioning astrocytes in the adult CNS.

Although there has been limited research investigating the functional significance of calcium responses in astrocytes, it has been shown that increases in intracellular calcium can have a wide range of effects within cells in general. The role of calcium in the regulation of protein function has long been known, with the activity of phosphatases, kinases, endonucleases, and many other enzymes being calcium dependent. These effects are seen in the role played by calcium in cell death, demonstrating evidence for calcium involvement in both necrosis and apoptosis (25). Calcium is also involved in the regulation of protein synthesis through its protein regulatory actions in a variety of cells (151). Changes in intracellular calcium levels can have long-term effects on cells through the regulation of immediate-early genes (IEGs), including *c-fos*, *c-myc*, and *c-jun* which act as transcription factors. This calcium regulation of the expression of the IEGs can occur at the level of transcription initiation, elongation of mRNA, the stability of mRNA and at the translational level (152). There is evidence that the increased expression of the IEGs seen in many cells after increases in cytosolic calcium can involve both posttranslational effects (21,22), and effects at the transcriptional level (152). For example, the transcription of *c-fos*, an immediate early gene (IEG) is regulated by the actions of calcium on regulatory proteins that bind to the calcium response element and the serum response element in the upstream region of this gene (152). The increase in cell proliferation after cell stimulation by a mitogen is dependent on the induction of IEGs (23,153), suggesting that calcium may regulate cellular proliferation through its actions on the IEGs. Calcium has been shown, indeed, to be involved in proliferation in a variety of cell types: it is necessary for proliferation of rat hepatocytes (154), the SK-N-MC human neuroblastoma and U-373 MG astrocytoma cell lines (24), and rat astrocytes and 132 1N1 human astrocytoma cells (53a), and for the entry into the S phase of the

cell cycle in human fibroblasts (155), and DDT₁MF-2 smooth muscle cells (156).

There is increasing evidence that calcium responses are important in glial cells, as recently reviewed by Verkhratsky et al. (63). Astrocytes express VOCCs (65) and a wide variety of receptors for neurotransmitters and neuropeptides (157), including receptors linked to calcium channels and calcium signaling systems (132,157–159). Activation of these receptors in astrocytic cells has been shown to alter calcium levels, and initiate both intracellular and intercellular calcium waves (142,160,161). The intracellular calcium response to carbachol in primary astrocytes consists of an initial calcium spike, resulting from the release of calcium from IP₃-sensitive intracellular stores, followed by calcium oscillations and a sustained calcium elevation (162). The calcium oscillations and sustained elevation are dependent on the presence of extracellular calcium; similar responses to carbachol are also seen in the human astrocytoma cell line 132 1N1 (53a). Although the exact functions of these intracellular calcium responses and intercellular calcium waves are unknown, calcium may act as a signal between neurons and astrocytes, making astrocytes equal partners with neurons in information processing in the brain (69,163). The phosphorylation of cAMP response element binding (CREB) protein, and the activation of mitogen-activated protein kinase have been shown to be calcium-dependent in oligodendrocyte progenitor cells (164). In addition, it has been recently shown, using an immobilized enzyme preparation, that the frequency of calcium oscillations is crucial in the regulation of calcium- and calmodulin-dependent protein kinase II, demonstrating the sensitivity of cellular enzyme function to calcium levels (165). Induction of IEGs has been shown in human astrocytoma cells (166) and primary rat astrocytes (167) after stimulation with carbachol and in oligodendrocytic cells upon stimulation with glutamate (168). The release of interleukin 1 (169), and excitatory amino acids (170,171) from astrocytes has also been shown to be calcium dependent, as have

changes in astrocyte morphology induced by various compounds (172–174). The importance of calcium in astrocytes is further underscored by the fact that this ion is thought to act as an intercellular messenger, encoding and transmitting information similar to action potentials in neural networks (63,69,143,163).

There is considerable research indicating the widespread importance of calcium in cellular functions. With the increasing evidence of the importance of astrocytes in the development and functioning of the CNS, and the potential role of calcium and calcium signaling in these actions, it is important to consider the control of calcium in astrocytes as a potential target for neurotoxicants, including ethanol. For example, one of the main neuroteratogenic effects of ethanol is microencephaly (7); astrocytes comprise a large portion of the volume of the brain and disruption of their proliferation may lead to microencephaly. Ethanol has indeed been shown to inhibit neurotransmitter-induced glial cell proliferation (175–177), although the mechanism underlying this inhibition is unknown. Because calcium is thought to participate in cell proliferation (23,61) disruption by ethanol may be involved in this inhibitory effect. In addition, ethanol can affect VOCCs, which are present in astrocytes under certain conditions (65). The effects of ethanol on these channels in neurons appear to be involved in ethanol's chronic effects in the adult, especially in development of tolerance and withdrawal symptoms (2), yet the possible effects of ethanol on these channels have not been studied in astrocytes.

Conclusions

A large number of studies indicate that ethanol can disrupt calcium homeostasis in the nervous system. Significant effects on calcium channels and G-protein-mediated calcium responses have been reported. It is clear, from a review of the available data, that many variables influence the ultimate effect of ethanol, including the developmental stage of the brain, the duration of exposure, the cellular

preparation, and the agonist coupled to a calcium response, to name only a few. Surprisingly, the potential effects of ethanol on calcium homeostasis in astrocytes has not been fully investigated. Yet, it is plausible that, with the important functions of calcium responses in astrocytes, interference by ethanol may mediate some of the neuroteratogenic and neurotoxic effects of this compound.

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