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Redox dysregulation, neurodevelopment, and schizophrenia

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In schizophrenia, a developmental redox dysregulation constitutes one 'hub' on which converge genetic impairments of glutathione synthesis and environmental vulnerability factors generating oxidative stress. Their timing at critical periods of neurodevelopment could play a decisive role in inducing impairment of neural connectivity and synchronization as observed in schizophrenia. In experimental models, such redox dysregulation induces anomalies strikingly similar to those observed in patients. This is mediated by hypoactive NMDA receptors, impairment of fast-spiking parvalbumin GABA interneurons and deficit in myelination. A treatment restoring the redox balance without side effects yields improvements of negative symptoms in chronic patients. Novel interventions based on these mechanisms if applied in early phases of the disease hold great therapeutic promise.

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Introduction

Schizophrenia is a chronic, devastating, and costly mental illness affecting about 1% of the world population. It develops progressively, often undetected during childhood and adolescence in a premorbid phase, leading to the onset of psychosis at early adulthood. While present antipsychotic treatments are effective against positive symptoms (delusions, hallucinations, and thought disorder), they have significant side effects and are almost ineffectual for negative (deficits in social abilities and speech, affective flattening) and cognitive symptoms (attention, memory, and executive functions) and perceptual instability (basic symptoms).

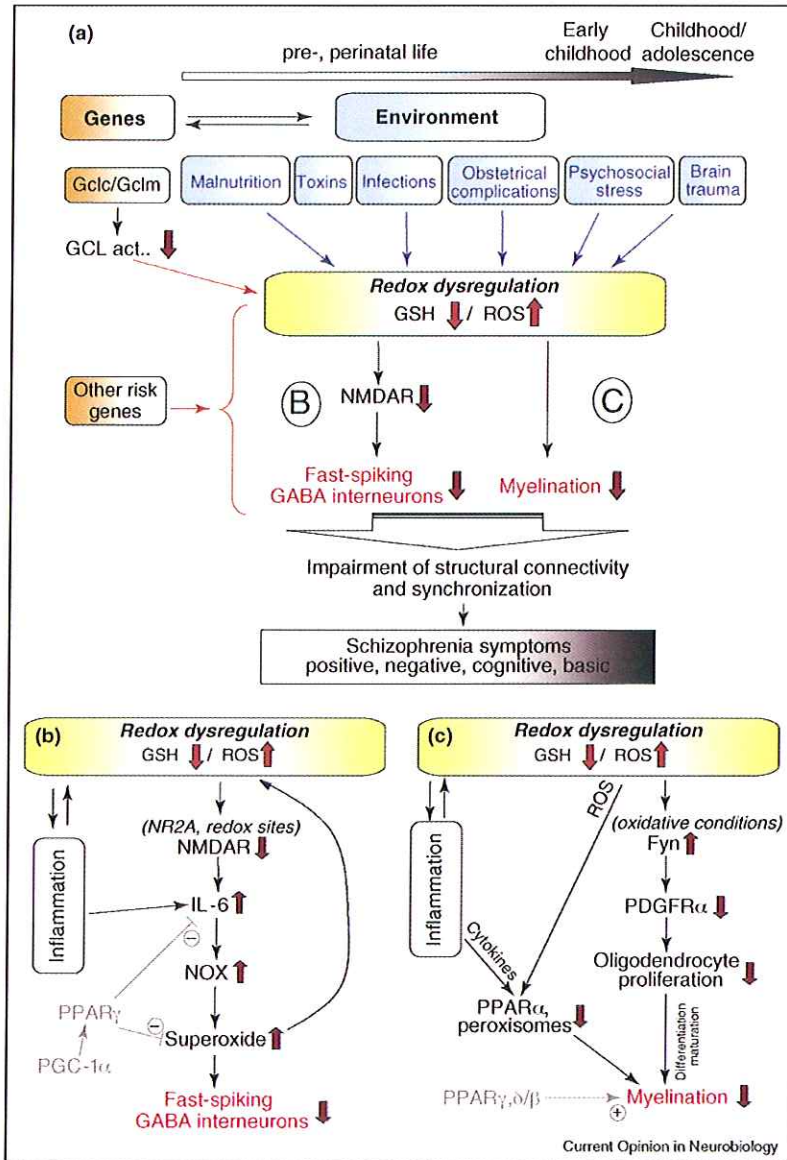
Converging evidence suggests that schizophrenia is a developmental syndrome involving faulty connectivity deriving from multiple genetic and environmental factors [1,2*] that set off a cascade of events extending into adulthood [3,4]. Anatomical findings point to a highly distributed underlying neuropathology. It is necessary to identify 'hubs' or 'final common pathways' leading to various phenotypes [2*]. The present review focus on glutathione (GSH) deficit/redox dysregulation/oxidative stress being such 'hub' candidate, not excluding other potential hubs.

Oxidative and nitrosative stress result from an imbalance between overproduction of reactive oxygen species (ROS), and reactive nitrogen species (RNS) on one side and deficiency of enzymatic and nonenzymatic antioxidants on the other side. This leads to deleterious (per)oxidations of lipids, proteins, and DNAs [5*]. ROS include superoxide ($O_2^{\bullet-}$), hydrogen peroxide (H_2O_2), hydroxyl radical ($^{\bullet}OH$), and peroxy radical (ROO^{\bullet}), while RNS include nitric oxide (NO^{\bullet}) and the highly toxic peroxynitrite ($ONOO^-$). The defense systems against oxidative and nitrosative stress consist of enzymes such as superoxide dismutase, glutathione peroxidases, catalase and of nonenzymatic antioxidants which include GSH, ascorbic acid (vitamin C), α -tocopherol (vitamin E), carotenoids, and flavonoids. The brain is particularly vulnerable to oxidative damage because of its high oxygen utilization, its high content of oxidizable polyunsaturated fatty acids and the presence of redox-active metals (Cu and Fe).

The tripeptide GSH (γ -glutamyl-cysteine-glycine), abundant in the cytosol (1–11 mM), nuclei (3–15 mM), and mitochondria (5–11 mM), is the major thiol antioxidant and redox buffer of the cell. GSH maintains the redox state of critical protein sulfhydryls that are necessary for redox-sensitive processes [6**] such as cell cycle regulation and cell differentiation [7], receptor activation (e.g. NMDA receptor [8]), signal transduction, and transcription factor (e.g. Nrf-2 and NF- κ B). The main protective roles of GSH against oxidative stress are: firstly, GSH is a cofactor of several detoxifying enzymes against oxidative stress, for example glutathione peroxidase, glutathione transferase, and others [9*]; secondly, GSH scavenges hydroxyl radical and singlet oxygen directly, detoxifying hydrogen peroxide and lipid peroxides by the catalytic action of glutathione peroxidase; thirdly, GSH is able to regenerate the most important antioxidants, vitamins C and E, back to their active forms. This capacity is

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Figure 1



Convergence of genetic and environmental factors on redox system in schizophrenia pathophysiology. (a) Environmental risk factors for schizophrenia can cause transient or even long-term redox dysregulation in the brain and peripheral tissues (see Supplementary table 1A). Such environmentally induced redox dysregulation when combined with a genetic susceptibility (e.g. 'high-risk' polymorphism of GCLC, the gene coding for the catalytic subunit of glutamate cysteine ligase (GCL)) could lead to the disruption of normal brain development and maturation. For instance, redox dysregulation can impair the development of parvalbumin-immunoreactive (PV-IR) interneurons and oligodendrocytes. The resulting decrease in number of functional fast-spiking interneurons and myelination would affect the structural and functional connectivity in the brain and contribute to the development of schizophrenia-related symptoms. (b) Redox dysregulation affects fast-spiking interneurons. A decrease in GSH levels and/or increase in ROS lead(s) to NMDAR hypofunction [39]. The NR2A subunit is particularly sensitive to the thiol redox status [38] and plays a pivotal role in the maintenance of the function of PV interneurons [48]. In addition, NMDAR hypofunction has been recently shown to increase levels of interleukin-6 (IL-6), followed by an increase in NADPH oxidase (NOX) activity and superoxide production that ultimately affects normal expression of PV [49**,50]. The production of superoxide might further enhance the oxidative stress, particularly in subjects with a genetic susceptibility associated with antioxidant systems. The high expression of PGC-1 α , a coactivator of peroxisome proliferator activated receptors γ (PPAR γ), in GABAergic interneurons during postnatal development and adulthood [51] suggests that PPAR γ could help counteract this mechanism via inhibition of IL-6 and superoxide scavenging by upregulation of superoxide dismutase. (c) Redox dysregulation affects myelination. Oxidative conditions have been shown to increase Fyn activity leading to a decrease in platelet-derived growth factor receptor- α (PDGFR- α)-mediated signaling and a decrease in proliferation of oligodendrocyte precursors [31**]. In addition, ROS and cytokines inhibit PPAR α -dependent peroxisome function known to be essential for oligodendrocyte maturation and myelination [27]. PPAR $\gamma, \beta/\delta$ -dependent pathways that are implicated in the oligodendrocyte differentiation and myelination could also protect against excessive oxidative stress via

linked with the redox state of the glutathione disulfide–glutathione couple (GSSG/2GSH). Thus GSH deficiency induces oxidative stress, leading to deleterious (per)oxidations of lipids, proteins, and DNAs, altering lipid metabolism and affecting mitochondrial function.

In schizophrenia, we propose that developmental dysregulation of GSH synthesis of genetic origin, when combined with environmental risk factors generating oxidative stress, can play a critical role in inducing deficits in neural connectivity and synchronization observed in the disease (Figure 1a). This would be mediated by hypoactive NMDA receptors (NMDA-Rs), developmental impairment of fast-spiking parvalbumin (PV) GABA interneurons (Figure 1b), and anomalies in myelination (Figure 1c).

Causes of redox dysregulation and oxidative stress

Genetic impairment of GSH synthesis

In schizophrenia, impaired antioxidant defense systems and increased lipid peroxidation have been reported in peripheral tissues and postmortem brain of schizophrenia patients [10–13]. However the variability in these results highlights the contribution of diverse genotypes and tissues studied [14*]. It remains unclear whether this oxidative stress is due to excess of ROS or to deficit in antioxidant mechanisms or a combination of both. We propose here that a primary genetic defect of GSH synthesis is at the origin of the failure of antioxidant defenses in schizophrenia. This implies the involvement of a critical neurodevelopmental component in schizophrenia when compared with neurodegenerative disorders. Indeed there is also increasing evidence for the involvement of oxidative stress induced cellular damage in the pathogenesis of various neurodegenerative diseases such as Parkinson's (PD), Alzheimer's (ALZ), and Huntington's (HD) diseases. However in these cases, ROS/RNS increase and GSH depletion appear to be downstream consequences of other primary causes (such as i.e. mitochondrial complex I dysfunction in PD, amyloid- β peptide toxicity in ALZ, and huntingtin-related mitochondrial dysfunction in HD) [5*].

A genetic origin for redox dysregulation was first demonstrated through the association of schizophrenia with various polymorphisms in the key genes for GSH synthesis, namely the rate limiting enzyme glutamate cysteine ligase (GCL) composed of two subunits: catalytic (GCLC, 73 kDa) and modulatory (GCLM, 30 kDa). Two single nucleotide polymorphisms (SNPs) of GCLM [15] and a GAG-trinucleotide repeat (GAG-TNR) of

GCLC genes [16*], were associated with schizophrenia (Figure 2b,c). In two case–control studies, totalizing now 570 patients and 797 controls, the GCLC genotypes 7/7 and 7/9 TNR are more frequent in controls ('low-risk' genotypes), while 8/7, 8/8, 8/9, and 9/9 are more frequent in patients (high-risk). The 'high-risk' genotypes are present in 35–40% of patients. In skin fibroblast cultures under oxidative stress conditions, 'high-risk' compared to 'low-risk' subjects have lower GCLC gene and protein expression, GCL activity, and GSH levels, demonstrating that GAG-TNR variants are associated with dysfunctional regulatory mechanisms [16*] (Figure 2d). This is consistent with the decreased GSH levels in CSF and in medial prefrontal cortex (PFC) *in vivo* [17] (see also [18*], Figure 2a), as well as in postmortem striatum [11]. Furthermore, 'high-risk' genotype patients have lower plasma GSH levels and higher oxidized cysteine levels than 'low-risk' ones (unpublished data), pointing to generalized oxidative systemic conditions [13].

Furthermore, other susceptibility genes also induce an oxidative state: a positive association with schizophrenia has been found for SNPs in *PRODH* which increases the proline oxidase activity [19], promoting ROS generation [20].

Finally, we propose that redox dysregulation could also affect *epigenetic* processes [21] through dysregulation of *DNA methylation* via methionine and the *trans*-methylation pathway. Indeed, under oxidative stress conditions, methionine synthase is inactivated, allowing homocysteine to be shunted into the *trans*-sulfuration pathway favoring GSH synthesis [22]. However, in case of impaired GSH synthesis in 'high-risk' genotypes, both *trans*-methylation and *trans*-sulfuration pathways could be depressed [14*], leading to perturbations of the DNA methylation process and increase in homocysteine levels as often observed in schizophrenia [23].

Taken together, these results provide evidence that polymorphisms in the key GSH synthesizing genes associated with schizophrenia lead to redox dysregulation favoring deleterious consequences of oxidative and nitrosative stress.

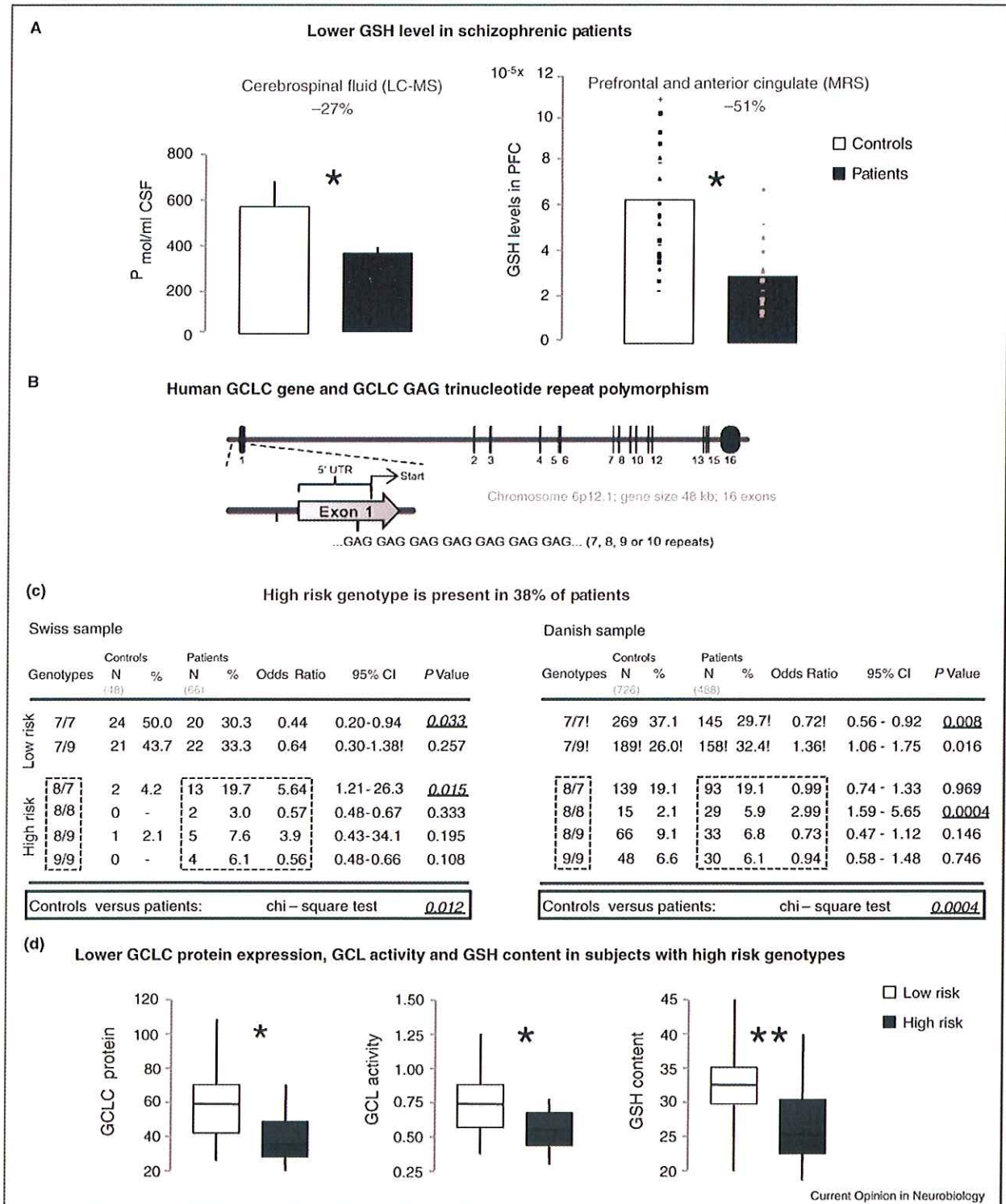
Environmental factors generating oxidative stress

Various established environmental risk factors [2*] are known to induce oxidative stress (Supplementary Table 1). These would be particularly damaging when combined with a genetically deficient regulation of redox system. Impacts during early development may become apparent only in adulthood.

(Figure 1 Legend Continued) upregulation of superoxide dismutase [66*]. The proposed mechanisms for the redox dysregulation-induced decrease in functional fast-spiking interneurons and in myelination involve inflammation-related signaling. In addition, many environmental risk factors (infections, obstetrical complications such as hypoxia, psychological stress, and brain trauma) induce redox dysregulation and inflammatory processes, suggesting that both processes are tightly linked and together can impair normal brain development.

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Figure 2



Clinical studies indicate involvement of glutathione (GSH) dysregulation in schizophrenia. (a) GSH levels are lower in schizophrenia patients (filled bars) than in controls (open bars), measured in cerebrospinal fluid by liquid chromatography-mass spectrometry (LC-MS) (left panel) and in medial prefrontal cortex by magnetic resonance spectrometry (MRS) (right panel) (adapted from [17]). Left panel: mean ± se; right panel: mean and individual data (symbols).

Early insults include malnutrition, exposure to toxins, maternal infection, obstetrical complications (pre-eclampsia and hypoxia), and maternal or early-life stress [24,25]. Globally, in both human and animal models, they lead to increase in ROS generation, lipid, protein, and DNA (per)oxidation, and decrease in GSH and antioxidant defense system (Supplementary Table 1A). They also lead to increased inflammation [26,27*], emphasizing the tight link between inflammation and oxidative stress. Emerging evidence suggests that the precise timing of prenatal infection may influence the specificity of its structural and functional delayed consequences: infection occurring in early/middle pregnancy leads to reduced prefrontal D1 receptors, deficit in spatial exploration, sensorimotor gating, and selective associative learning, while immune challenge at late gestation leads to reduced hippocampal NMDA-R subunits and impairment in reversal learning and spatial working memory [28,29]. Interestingly, the antioxidant *N*-acetyl cysteine (NAC) prevents the deleterious delayed consequences of a prenatal inflammation [27*,30]. Environmental toxins such as methyl mercury, lead, and paraquat (herbicides) increase oxidative status and disrupt mitogenic signaling of oligodendrocyte precursors [31**].

Late environmental factors that dysregulate the redox system include malnutrition, brain trauma, and stress during childhood, adolescence, and adulthood. Although evidence in humans is still sparse, psycho-social stresses lead to GSH deficiency and lipid, protein, and mitochondria damage as demonstrated in restraint stress rodents [32]. Redox dysregulation induced by numerous environmental factors or manipulation of redox systems also lead to diverse behavioral alterations at adulthood, including cognitive, social, and emotional impairments (Supplementary Table 1B).

Any of those environmental insults could worsen a fragile redox equilibrium and, depending on the phase of brain development when they occur, could prevent normal maturation processes, resulting in defective connectivity between various brain regions, including the midbrain, nucleus accumbens, thalamus, temporo-limbic, and PFCs, all involved in schizophrenia [33]. GSH deficiency thus appears to be a key element in the 'redox dysregulation hub' on which various genetic and environmental risk factors converge to perturb brain maturation with delayed functional consequences in early adulthood.

Consequences of redox dysregulation and oxidative stress

Exposure to oxidative stress at various developmental stages affects at least two essential cerebral processes that are dysfunctional in schizophrenia (Figures 1 and 3): firstly, NMDA-R hypofunction, mediating impairment of PV fast-spiking GABAergic interneurons (FSGIs), crucial for synchronization activity and secondly, deficient myelination. The interaction with dopaminergic systems is discussed in Figure 3d [34*].

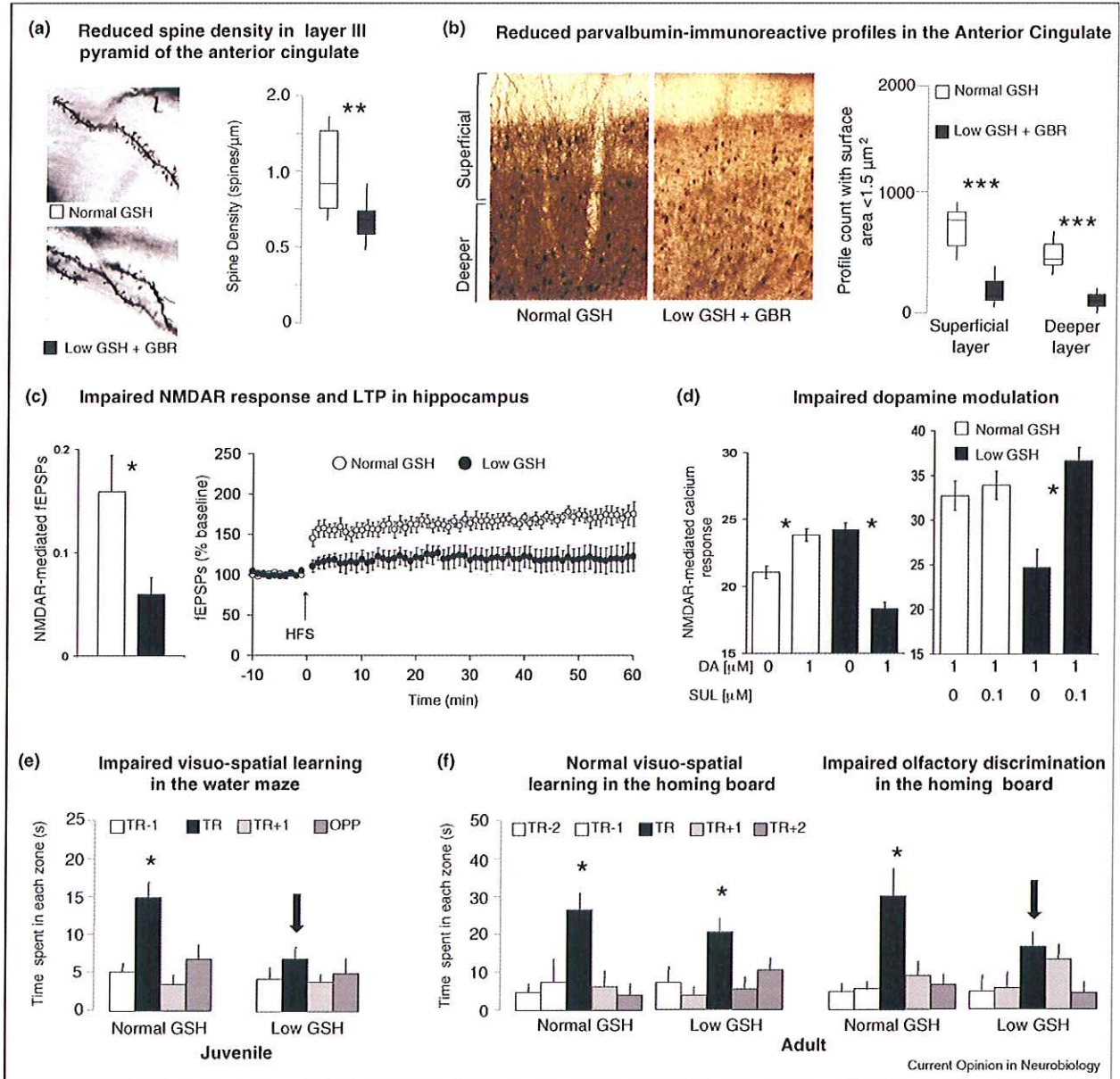
Converging evidence points to *NMDA-R hypofunction* in schizophrenia [35–37]. NMDA-Rs, through redox-sensitive active sites, are depressed under oxidizing conditions [8,38]. GSH deficit leads to decreased NMDA-R response and LTP [39] (Figure 3c). In addition, the intrasynaptic activation of NMDA-R upregulates various antioxidant systems, including thioredoxin–peroxiredoxin systems [40**] suggesting that NMDA-R hypofunction might further contribute to cellular oxidative stress. Indeed NMDA-R antagonists induce a rapid increase in ROS [41].

In patients postmortem tissues, PV immunoreactivity (PV-IR) of FSGI is decreased in layers III–IV of PFC, anterior cingulate cortex, and hippocampus [42,43]. Immunoreactivity of GABA, its synthesizing enzyme GAD67 and its transporter GAT are also decreased, leading to excitatory–inhibitory imbalance [44]. Similar alterations were observed following application of NMDA-R antagonists [45,46]. We observed decreased PV-IR in anterior cingulate but not somatosensory cortex of rodents with transitory GSH deficit from postnatal day 5 to 16 [47*] (Figure 3b). It thus appears that redox dysregulation induces impairment in FSGI, particularly during brain development. The NMDA-R hypofunction-induced FSGI defect is mediated by IL6, which in turn activates NADPH oxidase (NOX) (Figure 1b) [48*,49**,50*]. The latter produces ROS, which should be particularly toxic when combined with a GSH deficit of genetic origin. PGC-1 α , a coactivator of peroxisome proliferator activated receptors γ (PPAR γ), is also involved via its influence on GABAergic signaling and survival, and antioxidant defense mechanisms [51], (EK Lucas, abstract in *Soc Neurosci Abstr 2008*, 747.7). Indeed, the high expression of PGC-1 α in GABAergic interneurons during postnatal development and adulthood [51] suggests that PPAR γ could help counteract this mechanism via inhibition of IL-6 and superoxide scavenging.

(Figure 2 Legend Continued) * $P < 0.05$. (b) Schematic representation of the GCLC gene. Vertical black bars represent the exons. Position of the 5'-UTR GAG-TNR polymorphism is upstream of the start codon (bowed arrow). (c) GCLC GAG-TNR polymorphism in both Swiss (left panel) and Danish (right panel) samples shows a significant difference between the genotype distribution of controls and patients [χ^2 -test with a 2 \times 6 contingency table (controls and patients \times genotypes 7/7, 7/9, 8/7, 8/8, 8/9, and 9/9)]. 'High-risk' genotypes (8/7, 8/8, 8/9, and 9/9; gray dotted box) are present in about 38% of patients. For each genotype, number of individuals (*N*), % and statistical comparison between controls and patients [with odd ratio (OR), 95% confidence interval (CI), and *P*-values] are given (adapted from updated [16*]). (d) Functional relevance of the GCLC GAG-TNR polymorphism in the Swiss sample. In fibroblasts, GCLC protein expression (left panel), GCL activity (middle panel), and GSH content (right panel) are lower in 'high-risk' (8/7, 8/8, 8/9, and 9/9; dark box) than 'low-risk' genotypes (7/7 and 7/9; light box). Each box plot depicts 25%, 75%, and median values. The error bars show values in the 1.5 box lengths range. * $P < 0.05$ and ** $P < 0.01$ (adapted from [16*]).

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Figure 3



In experimental models, low GSH induces structural, physiological, and behavioral anomalies. (a) The density of spines on the apical dendrites of layer III pyramids in the anterior cingulate (AC) is reduced in low GSH + GBR rats (treated with BSO, a GSH synthesis inhibitor, and GBR, a DA reuptake inhibitor which increases local DA levels, mimicking the impact of environmental stress) compared to normal GSH rats (PBS 'control' treated). Rats were treated between postnatal days P5 and P24 and spines quantified at P24. In the box plot, filled bars represent low GSH rats, open bars represent normal GSH rats. Each bar depicts 25 and 75% values; the horizontal line shows the median. $**P < 0.01$. Photomicrographs illustrate Golgi stained layer III dendrite of a pyramid in the AC of normal GSH (upper panel) and low GSH rats (lower panel) (F Gheorghita, *in preparation*). (b) The number of parvalbumin-immunoreactive (PV-IR) profiles in AC is reduced in low GSH rats (treated with BSO and GBR) compared to normal GSH rats (PBS 'control' treated). Rats are treated between postnatal days P5 and P16 and PV-IR quantified at P16. In the box plot, filled bars represent low GSH rats, open bars represent normal GSH rats. $***P < 0.001$. Photomicrographs illustrate PV-IR profiles in the AC from rats with normal GSH (left panel) and low GSH (right panel) (adapted from [47]). (c) Low GSH levels cause NMDAR hypofunction (left panel) and a concomitant impairment of high frequency stimulation-induced long-term potentiation in hippocampus (right panel) (adapted from [39]). (d) Low intracellular GSH levels alter dopamine (DA) modulation of NMDA-mediated calcium response in cortical neurons. DA decreases NMDA response in low GSH, while the same DA concentration (1 μM) enhances NMDA response in neurons with normal GSH (left panel). Blocking D2-type receptors with sulpiride (SUL) prevents DA-induced decrease of NMDA in low GSH neurons (right panel). This suggests that antipsychotics, as D2 antagonists, might prevent such negative modulation of the NMDA responses. The effect of a GSH deficit on DA modulation of calcium response was due to an alteration of DA modulation of L-type-calcium

ging by upregulation of superoxide dismutase. Thus converging findings point to a key role of redox dysregulation in anomalies of FSGI, particularly in anterior cortical areas. We also observed spine density decreases in the latter's layer III pyramidal cells (Figure 3a), possibly related to the rich innervation by DA whose metabolism generates ROS, thus further contributing to oxidative damage [52].

There is increasing evidence that schizophrenia is associated with abnormalities in local-range and long-range synchronization activity in the beta (13–30 Hz) and gamma (30–80 Hz) frequency ranges [53,54]. This induces functional disconnectivity in cortical networks during perceptual and cognitive processes [55,56]. FSGI exert powerful, long-lasting, and locally spreading inhibition and thus are critically involved in the functional cortical circuitry responsible for gamma band synchronization and EEG oscillations during sensory integration and cognitive tasks [44,57,58**]. Interestingly, we observed reduced number of PV-IR interneurons and decreased kainate-induced γ -oscillations in the hippocampus of *gclm*^{-/-} mice that have a 70% decrease in brain GSH (P Steullet *et al.*, abstract in *Soc Neurosci Abstr 2008*, 657.4). These mice also display hyperactivity, stronger response to acute stress, alterations in social behavior, and deficiency in object memory (A Frank *et al.*, abstract in *Soc Neurosci Abstr 2008*, 657.7; see also [59,60,61]). Overall, FSGI impairments induced by redox dysregulation may play an important role in the decreased γ -oscillations power leading to various schizophrenia phenotypes, depending on the specific neural circuitries impaired.

Recent evidence from gene expression profiling, neurocytochemical, and neuroimaging studies points to the impairment of oligodendroglia-mediated myelination in schizophrenia [62,63]. This process is particularly affected by redox regulation [64]. Oligodendrocytes and their progenitor cells are also highly sensitive to oxidative stress [65]. Oxidative conditions decrease cell proliferation through the disruption of mitogenic signaling involving Fyn1 and PDGFR α , leading to oligodendrocyte deficits and myelination anomalies [31**]. PPARs-mediated pathways might be protective through their antioxidative actions and their role in oligodendro-

cyte maturation [27*,66*] (Figure 1c). A deficit in myelination would influence axonal conduction velocity and thus disrupt precise synchronization. It would also impact on pathways essential for intermodal sensory integration and 'binding' processes, underlying the cognitive and negative symptoms [56]. As cortical myelination continues through late adolescence for the temporal and prefrontal regions, its deficit could be related to the delayed onset of the disease to early adulthood. Interestingly, the myelin marker MBP (myelin basic protein) is also decreased in *gclm*^{-/-} mice (JH Cabungcal *et al.*, abstract in *Soc Neurosci Abstr 2008*, 657.14).

In view of the role played by FSGI and myelination impairments in schizophrenia, it is tempting to speculate in analogy to the visual system that similar critical period in cortical areas of the anterior forebrain and their corresponding functions might be perturbed by redox dysregulation. Indeed, in the monocular deprivation model of the visual system, the critical period for plasticity relies on both PV FSGI maturation for its initiation and on myelin-derived Nogo receptor signaling for its termination [67,68**,69], (H Morishita *et al.*, abstract in *Soc Neurosci Abstr 2008*, 28.5). Interestingly, the antidepressant fluoxetine, efficient in the functional recovery of acuity [70], has been shown to upregulate the antioxidant system [71]. Also efficient is the treatment with chondroitinase ABC [72] which degrades the extracellular matrix structures called perineuronal nets (PNNs). The latter enwrap PV cells, the maturation of which triggers the endogenous critical period. We observed in *gclm*^{-/-} mice that GSH deficit led to a delayed appearance of both PV and PNN immunoreactivity in PFC (JH Cabungcal *et al.*, abstract in *Soc Neurosci Abstr 2008*, 657.14). In this context, in analogy to amblyopia pathophysiology, schizophrenia could be related to a delay/deficiency in initiation and closure of specific critical period. Moreover, as the subtype specification of cortical interneurons depends on both the spatial and temporal origin of their precursors in the developing telencephalic eminences [73], the timing of various environmental insults during development (early, middle, end of pregnancy, or postnatal) may lead to distinct impact on different interneuron subtypes. Investigation on experimental models with genetic redox

(Figure 3 Legend Continued) channels [34*]. Because calcium signaling via NMDAR [44] and L-type calcium channels [79] and dopamine signaling mostly via D2R [80] promote PV maturation, it is tempting to speculate that a deficit in GSH might also affect PV maturation via alteration of DA modulation of calcium signaling. In addition, the postpubertal emergence of DA-induced excitability of PFC interneurons via D2R [81] might be also compromised by a redox dysregulation affecting DA-modulation of L-type calcium channels. Finally, an enhanced discharge of hippocampal pyramidal neurons, because of FSGI impairments, could overstimulate ventral tegmental DA neurons, inducing an increased cortical DA liberation [44]. Data are presented as the mean \pm SE, * $P < 0.05$ (adapted from [34*]). (e) A transitory GSH deficit during early brain development (postnatal days P5–P16) impairs visuo-spatial learning of juvenile rats in the water maze. Mean (\pm SE) time spent swimming in four equivalent zones (training zone: Tr; other zones: Tr - 1, Tr + 1, Opp) during three 60-s probe trials of place and cue condition in normal GSH (PBS-treated, left panel) and low GSH rats (BSO-treated, right panel). The arrow indicates the nonsignificant difference time spent in the training zone versus the other zones. * $P < 0.05$ (adapted from [59]). (f) A transitory GSH deficit during early brain development does not affect visuo-spatial learning in the homing board in adult rats (left panels), but significantly impairs olfactory discrimination (right panels) when the homing table is baited with five olfactory cues placed in five different zones. Mean (\pm SE) time spent in five equivalent zones (Tr: trained zone; other zones: Tr + 1, Tr + 2, Tr - 2, Tr - 1) during the 120-s probe trial. The arrow indicates the nonsignificant difference time spent in the training zone versus the other zones. * $P < 0.05$ (adapted from [59]).

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dysregulation combined with environmental stressors applied at various development stages should contribute to test this hypothesis.

Therapeutic perspectives

A proof-of-concept has been provided by a clinical trial with the GSH precursor NAC [74]. NAC, given as add-on treatment to antipsychotics in a double-blind placebo-controlled study, increased GSH plasma levels, improved negative symptoms, and reduced side effects (akathisia) in chronic patients [75]. NAC was also effective in improving mismatch negativity (MMN) [76], an auditory-related, NMDA-dependent evoked potential typically impaired in schizophrenia [77]. This is encouraging since present antipsychotic treatments are rather ineffective against cognitive and negative symptoms and have no effect on MMN, a preattentive component that is proposed to gate some cognitive and functional modules [78].

Conclusion

Redox dysregulation may constitute a 'hub' where genetic and environmental vulnerability factors converge and their timing during neurodevelopment could play a decisive role on some schizophrenia phenotypes. In experimental models, such redox dysregulation induces anomalies strikingly similar to those observed in patients. A treatment restoring redox balance, deprived of side effects, yields improvements in chronic patients. Its application during early psychosis and prodromal phase, intended to halt pathological developmental processes is promising. The proposed mechanisms should provide biomarkers for an early detection, paving the way for prevention perspectives.

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Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at doi:10.1016/j.conb.2009.05.001.

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- of special interest
 - of outstanding interest
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This is an excellent review on reactive oxygen species (ROS) and reactive nitrogen species (RNS, e.g. nitric oxide, NO[•]) and their dual role as both deleterious and beneficial species. ROS and RNS are normally generated by tightly regulated enzymes, such as NO synthase (NOS) and NAD(P)H oxidase isoforms, respectively. Overproduction of ROS results in oxidative stress, a deleterious process and important mediator of damage to cell structures, including lipids and membranes, proteins, and DNA. At low/moderate concentrations, beneficial effects of ROS/RNS involve physiological roles in cellular responses to noxia, as for example in defense against infectious agents, in the function of a number of cellular signaling pathways, and the induction of a mitogenic response. Various ROS-mediated actions in fact protect cells against ROS-induced oxidative stress and re-establish or maintain 'redox balance' termed also 'redox homeostasis'.
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Supplementary material

Table 1

A	Insult	Time of insult	Tissue	GSH and AOX	Oxidative stress	Recovery	References
Fetal and early postnatal life	Inflammation LPS	E10.5	BR <i>4 months</i>	GSH ↓ AOX altered	ROS ↑		[1]
		E18-19	BR, LI <i>E19-20</i>	GSH ↓ (normal at PD2)	ROS ↑ Peroxisome ↓	N-acetyl cysteine	[2-4]
	Hypoxia	PD7	BR <i>PD8,14</i>	GSH ↓ Protein thiol ↓	ROS ↑	GPX ↑ Edaravone	[5-8]
		Pregnancy 26-41 wks	BL, CF	GSH ↓ AOX altered	ROS ↑		[9, 10]
	Preeclampsia	Pregnancy 38 wks-birth	BL, PLAC	GSH → AOX altered, selenium ↓	ROS ↑		[11-13]
	Maternal diabetes STZ-induced	Pregnancy At day 1	BR, LI <i>PD1</i>	GSH ↑ (LI), GSH ↓ (BR) AOX altered	ROS ↑		[14]
	Malnutrition undernutrition low protein diet	Gestation and pre-weaning	BR <i>PD21,62</i>	GSH → AOX altered	ROS → at PD21 ROS ↑ at PD62		[15]
		Gestation and pre-weaning	BR <i>PD2,15</i>	GSH ↓ (normal at PD60) AOX altered	ROS ↑		[16, 17]
	Toxins mercury	Pregnancy	BR <i>PD21</i>	GSH ↓ AOX altered	ROS ↑		[18]
		Prenatal + PD1-21	BR	GSH ↓ AOX altered	ROS ↑	Epigallocatechin-gallate	[19, 20]
	lead	Infant 4-12 yrs	BL	GSH ↓ correlate with lead ↑	ROS ↑ correlate with lead ↑		[21]
	pyrethroid	Prenatal + PD1-30	BR <i>PD31</i>	GSH ↓ AOX altered	ROS ↑		[22]
		Psychosocial stress restraint	E7-13 or E14-20	BR <i>PD30</i>		ROS ↑	
	PD2-14		BL		ROS ↑		[24]
Adolescence - Adulthood	Psychosocial stress examination	Students	BL	AOX altered	ROS ↑		[25]
		Young adult	BR	GSH ↓ AOX altered	ROS ↑	N-acetyl cysteine α-tocopherol	[26]
	restraint / cold	Adult	BR, LI, KI, HE	GSH ↓ AOX altered	ROS ↑	NO inhibitors COX-2 inhibitors	[27-29]
	Brain trauma	Adult	BR <i>4 days posttrauma</i>	GSH ↓ AOX altered	ROS ↑		[30]

Table 1. (A) Effects of environmental risk factors on GSH levels, antioxidant systems and oxidative stress.

Exposure to toxins, malnutrition, obstetrical complications such as hypoxia-ischemia and preeclampsia, and psychosocial stress imposed during pregnancy, childhood and adulthood can perturb the redox systems in brain and peripheral tissues (i.e., decrease GSH levels and/or alter enzymatic antioxidant systems, and/or increase oxidative stress). Some of these alterations in the brain prevail days or even months after the end of the insult (orange cells). Light blue sections correspond to data collected in humans, while other sections relate to rodents. Tissue abbreviations: BL = blood or plasma; BR = brain; CF = cerebrospinal fluid; HE = heart; KI = kidney; LI = liver; PLAC = placenta. Measurements were done immediately after the insult unless mentioned. Embryonic day and postnatal day are abbreviated respectively, E and PD. Other abbreviations: AOX: antioxidant systems including activity of glutathione peroxidases (GPX), glutathione reductase, catalase and superoxide dismutases; ROS: oxidative stress estimated by measuring either directly ROS levels, lipid peroxidation (LPO), protein oxidation, or DNA oxidation.

Table 1

B	Factor	Manipulation	Behavior(s) changed	Recovery	References
Fetal to early postnatal life	GSH synthesis down-regulation	BSO + Vitamin C ↓ (+ DA ↑)	Working memory (-) Spatial learning / memory (-) Object recognition memory (-)		[31-33]
	Inflammation	LPS	Spatial learning / memory (-) Sensory motor gating (-)	N-acetyl cysteine	[4, 34]
		PolyI:C	Object recognition memory (-) Sensory motor gating (-) Stimulant-induced activity (+) Exploratory behavior (-) (*) Associative learning (-)	Fluoxetine	[35-38]
	Hypoxia	Hypoxia	Spatial learning / memory (-) Sensory motor gating (-) Exploratory behavior (-) (*) Social behavior (-)	Melatonin	[39-42]
	Toxins	Lead	Spatial learning / memory (-) Social behavior (-) Anxiety (+)		[43, 44]
		Pyrethroid	Emotionally driven memory (-)		[22]
Brain trauma	Brain contusion Excitotoxic lesion	Exploratory behavior (-) Object recognition memory (-) Emotionally driven memory (-)	Resveratrol Melatonin	[45, 46]	
Adulthood	GSH synthesis down-regulation	BSO (+ DA ↑) CHX	Working memory (-) Spatial learning / memory (-) Object recognition memory (-) Stimulant-induced activity (-) Exploratory behavior (-) (*) Anxiety (+)	Ferulic acid Apocinin Bay 60-7550	[47-51]
	Elevation of oxidative stress	D-galactose quinolinic acid Vitamin A	Spatial learning / memory (-) Emotionally driven memory (-) Exploratory behavior (-) Anxiety (+)	Lipoic acid Tolmetin Sulindac	[52-55]
	GSH-related	GR ↑	Anxiety (+)	Inhibition of glyoxalase 1	[56]
		PCP+ xCT manipulation	Working memory (-) Social behavior (-)	N-acetyl cysteine	[57]
	Psychosocial Stress	1-6h restrain 72h sleep deprivation	Spatial learning / memory (-) Exploratory activity (-) Anxiety (+)	N-acetyl cysteine Curcumin Quercetin COX-2 inhibitors	[26, 29, 57-59]
	Brain trauma	Brain contusion	Spatial learning / memory (-)	OPC-14117 SOD ↑	[60, 61]

Table 1. (B) Effects of environmental insults or redox dysregulation on adult rodent behavior. Redox dysregulation induced by environmental factors or manipulation of redox systems leads to diverse behavioral alterations in adulthood, including cognitive, social and emotional impairments. Note that behavioral changes listed for each factor were not necessarily observed in all studies. Symbols: (*) the behavior remained unaltered in one or more studies; (+) enhanced or increased; (-) impaired or reduced. Abbreviations: BSO (buthionine sulfoximine); CHX (2-cyclohexene-1-one); COX (cyclooxygenase); DA (dopamine); GR (glutathione reductase); LPS (lipopolysaccharide); PCP (phencyclidine); PolyI:C (polyriboinosinic-polyribocytidilic acid); SOD (superoxide dismutases); xCT (cystine-glutamate antiporter).

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