

Trophic factors as potential therapies for treatment of major mental disorders

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ABSTRACT

Notwithstanding major advances in psychotherapeutics, their efficacy and specificity remain limited. The slow onset of beneficial outcomes and numerous adverse effects of widely used medications remain of chief concern, warranting in-depth studies. The majority of frontline therapies are thought to enhance the endogenous monoaminergic drive, to initiate a cascade of molecular events leading to lasting functional and structural plasticity. They also involve alterations in trophic factor signalling, including brain-derived neurotrophic factor (BDNF), VGF (non-acronymic), vascular endothelial growth factor (VEGF), fibroblast growth factor 2 (FGF2), glial cell-derived neurotrophic factor (GDNF), and others. In several major mental disorders, emerging data suggest protective and restorative effects of trophic factors in preclinical models, when applied on their own. Antidepressant outcomes of VGF and FGF2, for instance, were shown in experimental animals, while BDNF and GDNF prove useful in the treatment of addiction, schizophrenia, and autism spectrum disorders. The main challenge with the effective translation of these and other findings in the clinic is the knowledge gap in action mechanisms with potential risks, as well as the lack of effective platforms for validation under clinical settings. Herein, we review the state-of-the-art and advances in the therapeutic use of trophic factors in several major neuropsychiatric disorders.

1. Introduction

Neuroplasticity is an umbrella term used to cover the ability of the nervous system to change and to adapt to environmental challenges, *via* structural, functional, and molecular reorganizations. Neuroplasticity is essential for both, normal and pathological activities of the brain. Accordingly, the pathobiology of multiple brain disorders, including autism [81], unipolar [20] and bipolar depression [152], post-traumatic stress disorder (PTSD) [18], and schizophrenia [73], are related to plastic changes. Neurogenesis [55], formation and pruning of dendrites and spines, synaptogenesis [108], and activity-dependent changes in synaptic strength are amongst the basic processes underlying brain plasticity [151], governed by an array of mechanisms involving trophic factors.

Brain-derived neurotrophic factor (BDNF) is one of the most

ubiquitous and extensively studied neurotrophins [86]. BDNF is a short peptide acting *via* tyrosine kinase B (TrkB) receptor. The highest density of BDNF, as well as its transcripts, is detected in the hippocampus, especially in the mossy fiber axons of dentate granule cells [19]. In the context of psychiatric diseases, the autoregulation of BDNF leading to enhancement of its expression is of particular interest (Fig. 1). BDNF expression auto-regulation is viewed in conjunction with two main mechanisms. The first involves activation of the TrkB receptor, leading to VGF (non-acronymic) expression. VGF transcripts, in turn, serve as a precursor of several peptides, with one of them, C-terminal peptide TLQP-62, stimulating rapid BDNF expression [94]. The second pathway, upon activation, relates with monoamine (serotonin or 5-HT, norepinephrine, and dopamine) signalling. Direct infusion of BDNF in the brain enhances 5-HT concentration in the hippocampus, cortex, striatum, substantia nigra, and hypothalamus, while the level of dopamine

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increases in the striatum and cortex [143]. Since TrkB receptors are enriched in 5-HT neurons of the dorsal raphe nucleus (DRN) [104], it is likely that increased serotonergic drive results from the activation of 5-HT neurons by BDNF. Enhancement of BDNF expression by monoamines, in turn, is mediated *via* activation of respective G-protein-coupled receptors (GPCRs; primarily, α_s -coupled GPCR, such as 5-HT_{4/6/7} serotonergic and D₁ dopaminergic receptors), with the production of cyclic adenosine monophosphate (cAMP), and stimulation of cAMP response element-binding proteins (CREBs) [92].

The role of TrkB induced signalling in governing neuronal plasticity response has been well described [4,28,70]. In psychiatric diseases, the action of BDNF is viewed primarily in connection with N-methyl-D-aspartate (NMDA)-receptor-mediated signalling and glutamatergic transmission [149]. NMDA-receptor response is closely linked to the calcium/calmodulin-dependent protein kinase II (CaMKII), voltage-dependent calcium channels (VDCC), and ryanodine receptor (RYR)-mediated Ca^{2+} signalling (Fig. 2), which plays a key role in functional plasticity and remodelling of glutamatergic connections [15,61], implicated in schizophrenia and other psychiatric disorders [80]. VGF/BDNF/TrkB pathway is involved in neuronal development, differentiation, and formation of synaptic contacts, with emerging data supporting facilitator effects [54,70,110]. Accordingly, murine models over-expressing BDNF show hyper-excitability [30], while the intra-hippocampal infusion of antisense BDNF oligonucleotides lowered its expression and inhibited long-term synaptic potentiation (LTP) [103]. Of note, VGF-BDNF-TrkB activation is also linked with other neurotransmitter systems, including GABAergic, cholinergic, serotonergic, noradrenergic, dopaminergic, and histaminergic, with BDNF modulating their activity and plasticity [36,77,123]. Unlike BDNF, GDNF is enriched throughout the brain in glial cells [93], with its levels highest during development. In the adult brain, GDNF is enriched in the striatum, thalamus, cortex, and hippocampus [119,129]. GDNF signalling is mediated *via* the receptor tyrosine kinase (RET) [38], with activation of RET requiring the co-receptor GDNF-Family Receptor $\alpha 1$ (GFR $\alpha 1$) [2,79].

The primary function of VEGF and FGF2 in the brain is control of microcirculation, *via* regulation of the proliferation of vascular endothelial and connective tissue cells, respectively. Of note, the expression of VEGF depends on FGF2 [141], rendering the latter a pro-angiogenic factor [31]. VEGF also boosts the expression of endothelial nitric oxide synthase (eNOS) [50]. Taken together, FGF2/VEGF/eNOS pathway emerges as an important component of neuroplasticity, with pro-neurogenic effects of FGF2 also reported [165,166]. The neurogenic

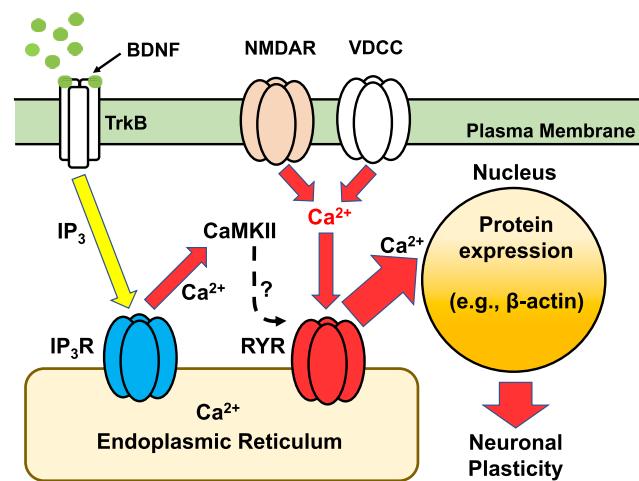


Fig. 2. Principal mechanism and putative pathways of BDNF-induced neuroplasticity: this signaling may operate in stand-alone mode as well as in conjunction with activation of N-methyl-D-aspartate-receptor(NMDAR) and voltage-dependent calcium channel (VDCC)-dependent mechanisms. BDNF, brain-derived neurotrophic factor; TrkB, tyrosine receptor kinase B; IP₃, inositol trisphosphate; IP₃R, IP₃ receptor; Ca²⁺, calcium; CaMKII, Ca²⁺/calmodulin-dependent protein kinase II; RYR, ryanodine receptor.

and neuroplasticity effects of trophic factors are known to involve eNOS [87,130], causing also enhancement of hippocampal LTP - a cellular correlate of memory [68]. Similar to BDNF and VEGF, FGF2 has been implicated in brain development [132,160], adult neurogenesis [159], and neuronal plasticity [74]. FGF2 seems to play a key role in the maintenance of midbrain dopaminergic circuits [62,132], where it is enriched in both, neurons and astrocytes [56,132]. Mechanistically, FGF2 binds to FGF receptor 1 (FGFR1), a receptor tyrosine kinase [48], stimulating PLC γ , ERK1/2, and PI3K pathway [41,132]. In the mature brain, FGF2 plays a key role in learning and memory processes [57], with its dysregulations implicated in a variety of psychiatric diseases.

With the immense versatility of trophic factors and complexity of action mechanisms, there is a pressing need for systematic appraisal of the state-of-the-art, to highlight key trends and advancements, as well as of outstanding questions. Such inquiry should not only delineate the current state of knowledge but enable further progress with clinical translation for better disease management.

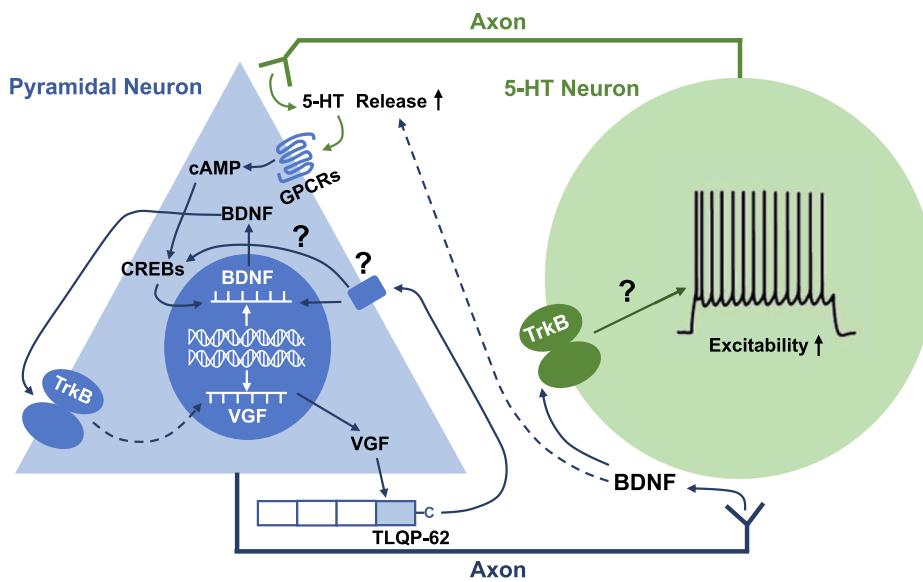


Fig. 1. Brain-derived neurotrophic factor (BDNF) upregulates the expression and release of BDNF from pyramidal neurons via monoaminergic mechanisms. BDNF, brain-derived neurotrophic factor; cAMP, cyclic adenosine monophosphate; CREB, cyclic AMP responsible element-binding protein; TrkB, tyrosine receptor kinase B; 5-HT, 5-hydroxytryptamine (serotonin); GPCRs, G-protein coupled receptors; VGF – VGF non-acronymic; TLQP-62 – C-terminal domain of VGF peptide. Question marks indicate yet unknown mediators implicated in signaling pathways.

2. Trophic factors as potential therapies for depression

It is well known that dysregulation of monoamine signalling (i.e., 5-HT, noradrenaline, dopamine, and histamine) might contribute to the biology of depression and related disorders. Almost all currently used antidepressants target the homeostatic mechanisms and receptors of 5-HTergic, noradrenergic, and/or dopaminergic systems. These effects are classified as (1) inhibition of the reuptake of monoamines (tricyclic drugs, selective 5-HT reuptake inhibitors or SSRIs, dual 5-HT and noradrenaline reuptake inhibitors or SNRIs, and triple 5-HT, noradrenaline, and dopamine reuptake inhibitors), (2) agonism and/or antagonism of receptors, such as 5-HT_{2A/2C}, 5-HT_{2A/2C}, 5-HT₃, and α₂-adrenergic, or 5-HT_{1A/1B/1D}, 5-HT₃, and 5-HT₇ receptors, or (3) inhibition of monoamine metabolism (monoamine oxidase inhibitors).

One of the principal shortfalls of current antidepressants is their protracted effects. Even though SSRIs and SNRIs rapidly elevate the levels of monoamines in the brain, symptomatic improvements are evident only after a few weeks of sustained treatment. It emerges, that the blockade or activation of monoaminergic receptors or transporters is only the first step in the cascade of events leading to therapeutic outcome [123]. The latter seems to involve a range of gradual changes resulting from the sustained effects of antidepressants, such as desensitization of specific monoaminergic receptors and remodelling of synaptic connections. Indeed, continued SSRIs treatment leads over several weeks to desensitization of presynaptic 5-HT_{1A/1B} autoreceptors [113], which in turn cause a net increase in 5-HT transmission with a rise in the level of BDNF [37], FGF2 [106], and other growth factors. BDNF, in turn, stimulates neuroplasticity in selected brain areas, such as the hippocampus and prefrontal cortex (PFC), which contribute to clinical recovery [34]. This mechanistic model agrees with effects caused by the direct infusion of BDNF or TLQP-62 into the brain of experimental rats, enabling rapid symptomatic improvements (Fig. 3) [77,78,102]. Thakker-Varia and colleagues have shown that similar to BDNF, recombinant VGF produced a potent antidepressant-like effect, as measured in the forced swim test (FST) of rats [150]. Another report showed rapid onset pro-neurogenic and antidepressant action of recombinant VGF, with behavioural improvements in VGF knock-out mice [71]. This effect of VGF could be mimicked by its C-terminal peptide TLQP-62. Interestingly, Chenli and colleagues showed that TLQP-62 alleviates lipopolysaccharide (LPS)-induced memory deficit and anxiety/depression-like behaviors in mice [89]. Whether in preclinical

models, BDNF, VGF, and/or TLQP-62 exhibit faster antidepressant action than frontline antidepressants remain to be shown. Research in rat models of depression (i.e., Flinder sensitive line or FSL rats) with a faster behavioural response to the rapidly acting antidepressants might provide important mechanistic insights with translational benefits [35].

With regards to the FGF2/VEGF/eNOS signalling pathway, Turner and colleagues [155] showed that infusion of FGF2 in rat brain induced a rapid onset antidepressant-like effect, as measured by the FST. In a more recent study in rats [147], administration of synthetic FGF2 in the brain reversed the LPS-induced depression-like behaviour and reversed the activation of microglia. This fast antidepressant-like effect of FGF2 was mediated, at least in part, by reduction of the concentration of inflammatory cytokines (interleukin-1β: IL-1β, interleukin-6: IL-6, and tumour necrosis factor-alpha: TNF-α) and reversing cytokine-induced microglia response. In the same study, selective VEGF receptor 2 (VEGFR2) inhibitor SU5402 reversed the antidepressant-like effect of FGF2 and induced depression-like behavioral phenotypes [147].

Taken together, although the antidepressant-like effects of VGF/BDNF/TrkB and FGF2/VEGF/eNOS are supported by experimental studies in animal models, it is unclear if these outcomes are related to changes in monoaminergic activity (i.e., 5-HT drive) or they are independent of monoaminergic effects. The increase in 5-HT and dopamine levels in the brain in response to BDNF and VEGF suggests possible role of monoamines in antidepressant-like effects of described trophic factors [104].

3. Trophic factors as potential therapies for schizophrenia

Similar to antidepressants, the ameliorative effects of antipsychotic drugs are largely mediated via changes in monoaminergic activity. While typical antipsychotics such as haloperidol act almost exclusively via inhibition of D₂ receptors, the effects of atypical antipsychotics involve modulation of D_{1/5}, D_{2/3/4}, 5-HT_{1A/1B}, 5-HT_{2A/2C}, and α_{1/2}-adrenoceptor mechanisms [168]. Another similarity between antidepressants and antipsychotics is that they both require sustained administration over a long time, to achieve a beneficial outcome. It is widely assumed, therefore, that the beneficial outcome of antipsychotics, similar to antidepressants, involves plasticity changes in the brain. The latter is likely to involve trophic mechanisms, mediated via VGF/BDNF/TrkB and/or FGF2/VEGF/eNOS signalling.

Einoch and colleagues [40] examined the effects of typical

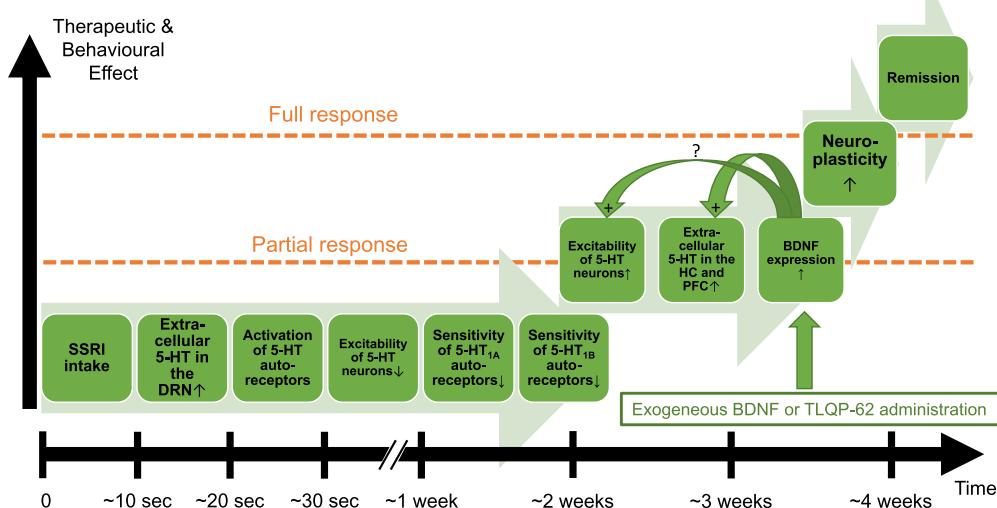


Fig. 3. Timeline and major stages of the development of therapeutic effect of classical antidepressants and putative antidepressant effects of exogenous neurotrophins. BDNF, brain-derived neurotrophic factor; DRN, dorsal raphe nucleus; HC, hippocampus; PFC, prefrontal cortex; SSRI, selective serotonin reuptake inhibitor; 5-HT, 5-hydroxytryptamine (serotonin).

(haloperidol), atypical (clozapine) antipsychotics, as well as combined effects of haloperidol with SSRI fluvoxamine on the VGF/BDNF/TrkB pathway in patients with schizophrenia. Summarizing their findings, administration of clozapine, and haloperidol, when applied together with fluvoxamine, induce stronger stimulatory effects on VGF/BDNF/TrkB pathway than antipsychotic drugs applied on their own. Interestingly, typical and atypical antipsychotics may have distinct effects on the FGF2/VEGF/eNOS pathway. Earlier work by Pillai and colleagues [128] showed that both, haloperidol and olanzapine increased hippocampal VEGF level after 14 days of treatment. Remarkably, after 45 days of sustained haloperidol treatment, the activity of VEGF returned to pre-treatment values. Interestingly, olanzapine-induced increase in the hippocampal VEGF had persisted 45 days after the last day of treatment. Another atypical antipsychotic drug quetiapine, when administered over a long time, caused an increase in FGF2 and BDNF mRNA in the rat hippocampus, but only under conditions of reduced NMDA receptor activity [51]. Potent activation of FGF2 expression was also reported under the joint administration of atypical antipsychotic olanzapine and fluvoxamine [106]. Overall, both, typical and atypical antipsychotics seem to stimulate VGF/BDNF/TrkB and FGF2/VEGF/eNOS pathways. The facilitatory effects of atypical antipsychotics on trophic factor signalling seem to be more potent than those induced by typical antipsychotics, which might explain, at least in part, the higher clinical efficacy of atypical antipsychotics, especially in ameliorating negative and cognitive symptoms of schizophrenia.

Like in humans, the pre-pulse inhibition (PPI) is considered as one of the most reliable readouts of impaired sensory-motor gating in animal models [10,146]. Accordingly, in drug-induced models of schizophrenia (e.g. apomorphine, amphetamine, and phencyclidine) PPI is altered, an effect that is antagonized by antipsychotic therapy [146]. Even though genetic deficiency of BDNF does not alter apomorphine- or MK-801-induced PPI impairments [157], it is thought that BDNF contributes to impairments of sensorimotor processing in schizophrenia. Remarkably, when BDNF deficient mice were exposed to environmental enrichment, they showed a deficit in attentional set-shifting tasks, implying impairments of executive functions characteristic to schizophrenia. In the same vein, authors report increased startle magnitude and deficit of PPI [64]. The neonatal lesion of the ventral hippocampus is another widely accepted animal model of schizophrenia-like phenotypes [95], which also demonstrates reduce BDNF mRNA in the cingulate cortex in young adults, but not prepubertal rats [8,112]. The authors show no changes in FGF2 expression. It is noteworthy that in a schizophrenia mouse model with disrupted PPI, administration of BDNF, but not GDNF, restored that PPI response [114]. These findings are in general agreement with the alleged mechanistic link between the ameliorative effects of antipsychotic drugs and the levels and activity of BDNF [5–7]. This model received support from a recent study which demonstrated that atypical antipsychotic clozapine increases BDNF expression and reverses PPI deficits induced by social isolation [90]. It also agrees with the data from human studies showing a strong link between BDNF Val66Met polymorphism with the reduced activity-dependent secretion of BDNF and schizophrenia [117]. Accordingly, an animal model of BDNF polymorphism and BDNF deficiency show a reduction in PPI [117].

Taken as a whole, the results of clinical and preclinical studies of schizophrenia suggest a potential mechanistic link between the changes in trophic signalling and ameliorative effects of both, typical and atypical antipsychotics, in schizophrenia. Further research is required to elucidate the mechanistic details of the complex crosstalk of antipsychotic therapy, trophic signalling, and clinical manifestations of schizophrenia.

4. Trophic factors as potential therapies for substance addiction

Substance use disorders are widely viewed as manifestations of maladaptive neuroplasticity [45,101] with impairments of trophic factor signalling implicated in long-lasting effects of both, drug abuse and

addiction [12,26,43,53,86,96,98,134]. The specific role of BDNF and TrkB mechanisms has been demonstrated in several drug abuse studies [53,85,98]. Activation of BDNF in the mesolimbic system, for instance, was shown to enhance drug sensitization and promote self-administration, particularly for cocaine [58,69,99] and opiates [158,161]. In contrast, elevated BDNF activity in the medial prefrontal cortex (mPFC) seems to reverse molecular adaptations underlying drug-seeking behaviour [16,17,66,137,163] and reduce alcohol intake [65]. Transgenic mice with loss of BDNF functions showed elevated alcohol intake [67,109], while targeted knockdown of BDNF in the amygdala [122] or the dorsolateral striatum [75,98] were shown to promote the intake of alcohol. Importantly, repetitive administration of BDNF into the dorsolateral striatum was shown to suppress alcohol self-administration in rats [75], an effect that is mediated via the TrkB/ERK1/2 signalling pathway [76,98]. Such effects of BDNF administered into the striatum were not observed in rats exposed to chronic intake of alcohol [33], which was likely to result from reduced activity of TrkB receptors.

A loss-of-function mutation in BDNF in humans (G196A; also known as polymorphism rs6265) due to a single amino acid substitution (Val66Met), leads to the reduction of the activity-dependent release of BDNF [27,39]. This resulted in increased susceptibility to alcohol use disorder. Specifically, carriers of the mutation display earlier onset of alcoholism [107] with a significantly higher risk of relapse [164]. A similar mutation in mice (Val68/Met polymorphism) has led to compulsive-like alcohol consumption [162]. Thus, increased BDNF activity emerges as a promising strategy for restraining the use of alcohol, but its effects on addiction to other addictive substances are less clear. The results of similar studies of the effects of GDNF on cocaine-related behaviours are rather conflicting and conditional. Infusion of GDNF into the VTA or its over-expression in rats, for instance, was reported to increase cocaine-seeking behaviour [100] while increased GDNF levels in the NAc were associated with reduced cocaine self-administration [59,60]. Of note, general loss-of-function of GDNF in knockout mice showed increased reward response to cocaine [111,116], morphine [116], methamphetamine [116], and alcohol [23] with a higher propensity for addiction. In alcohol addiction studies, GDNF also showed therapeutic-like effects. Specifically, infusion of GDNF into the rat VTA reduces alcohol self-administration [25] and binge-like alcohol intake, an effect that lasted 48 h after a single dose [11,24]. Overexpression of GDNF in the VTA or NAc of rats prevented drinking escalation, whereas its downregulation in the mesolimbic system enhanced alcohol carving [1,14]. These and other reports suggest that GDNF might reduce alcohol intake by reversing plasticity changes in the mesolimbic dopamine system associated with withdrawal from long-term alcohol use [12,13]. Interestingly, alcohol use at early stages was reported to increase the expression of GDNF, a response that attenuates with the escalation of drinking [1], and effect that seems to involve epigenetic changes (DNA methylation) [105]. Of note, the FDA-approved drug cabergoline, an ergotamine derivative that increases GDNF expression, was found to attenuate alcohol seeking and drinking of rats [22]. Together, these findings suggest that GDNF is a negative regulator of alcohol and drug consumption, and that increase in the activity of this growth factor in the mesolimbic system can suppress alcohol seeking and consuming behaviours.

Similar to GDNF, there is considerable evidence supporting the role of FGF2 and its receptor, FGFR1, in the pathophysiology of drug addiction, including cocaine, amphetamine, nicotine, and alcohol [43]. Cocaine and amphetamine were reported to increase FGF2 expression in the mesocorticolimbic and nigrostriatal regions [47,52], an effect that correlates with the extent of psychostimulant-induced psychomotor sensitization [47]. FGF2 was also shown to increase, while its deficit attenuates addiction-like behaviour in rats [43]. Indeed, a decrease in FGF2 activity in the VTA was shown to reduce amphetamine-induced sensitization [46] and fasten the extinction of cocaine self-administration [63]. Lowered FGF2 activity or FGFR1 inhibition was

also shown to reduce alcohol intake, an effect attributed to modulation of neurons in the dorsomedial striatum [42,44]. Interestingly, amphetamine treatments of neonates also increased psychomotor activity and sensitization [29], as well as the acquisition of operant cocaine self-administration [154], whereas FGF2 infusion increased alcohol intake [42,44].

Overall, these findings make a strong case for the important role of trophic factors in development of drug addiction and related behavioural changes. While BDNF and GDNF appear to reduce both, drug and alcohol craving and intake, results of FGF2 studies show opposite effects. Future research with the careful tuning of these mechanisms may therefore enable new therapeutic opportunities with potential health benefits.

5. Trophic factors in autism spectrum disorders

Autism spectrum disorder (ASD) is a developmental disability that affects communication, social interactions, and emotional bonding behaviour, with the role of neurotrophic factors implicated in many reports. Histopathological, imaging, and connectomes studies suggest significant differences in brain wiring and the length of the neuronal connections between people with autism and without, which are believed to result from neuro-developmental impairments. With essential roles played by trophic factors in brain development and synaptogenesis, there has been considerable interest in their preventive and therapeutic potentials [115,133]. A recent meta-analysis of neurotrophic factor levels changes in the blood of children with ASD and healthy controls showed significantly higher levels of BDNF, NGF, and VGF in the ASD group. The level of NT3 and NT4 in the serum, in the meantime, remained unchanged [97]. A systematic review of reports assessing peripheral BDNF levels indicated that its variation is higher in ASD, as compared with controls [167]. A Danish study showed that newborns later diagnosed with ASD had significantly lower blood levels of BDNF, with other neurodevelopmental factors also showing trends toward lower values [144]. Interestingly, the NT3 and NT4 mRNA in the blood was also lower in ASD patients compared to healthy controls [142].

In a report by Fuentealba and colleagues, a rat model autism was exposed prenatally to the anticonvulsant drug Valproate (VPA) to elucidate the role of BDNF in neurodevelopment and ASD. It was found that levels of BDNF mRNA were reduced in the dentate gyrus (DG) and CA3 areas in the VPA-treated juvenile rats. In addition, immunoreactivity of BDNF showed a significant reduction of its expression in supra-pyramidal and lucidum layers of the CA3 region [49]. Interestingly, in the VPA autism mouse model, BDNF levels were transiently increased in the foetal brains [3] but decreased in the cortex of adult animals [135]. Prenatal exposure of animal models to VPA altered dendritic morphology and spine plasticity, causing autism-like behaviour related to a reduced number of dendritic spines in the prefrontal cortex, dorsal hippocampus, and basolateral amygdala. In contrast, dendritic spine density in the nucleus accumbens and ventral hippocampus was enhanced. In the same vein, neuronal arborisation was retracted in the ventral and dorsal hippocampus but increased in the nucleus accumbens and prefrontal cortex [21]. A report by Kirsten and colleagues examined the effects of anti-diabetic drug pioglitazone in a rat model of autism induced by lipopolysaccharide (LPS) during gestation. It was found that prenatal LPS exposure led to elevated BDNF levels in plasma, whereas pioglitazone decreased the level of BDNF in plasma of juvenile rats prenatally exposed to LPS [83]. Likewise, prenatal zinc treatment decreased blood BDNF level in the LPS rat model of autism [84].

Another well-characterized rodent model of autism is Fragile X syndrome *Fmr1* knockout (KO) mouse, which lacks FMRP protein due to a disruption in its *Fmr1* gene [131]. The neurochemical analysis demonstrated significant age-dependent changes in hippocampal BDNF expression. At an early age, the level of BDNF in these mice is increased, which declines after the age of 4 months [156]. Dysregulation in BDNF/

TrkB signalling in the *Fmr1* KO mice is likely to contribute to altered dendritic arborisation in this model [82]. Interestingly, reports have shown also that Rett syndrome can be induced by loss-of-function mutations in the X-linked gene methyl-CpG-binding protein 2 (MECP2), which leads to developmental neuro-metabolic impairments, associated with a strong reduction in BDNF level and activity throughout the brain [91,131]. Of note, *mecp2* KO mice showed reduced dendritic arborisation and abnormal spine morphology [131]. Finally, due to autism-like behavioural phenotypes, the inbred mouse strain BTBR T + tf/j has been used as a model for studies of ASD and trophic changes. Several reports have found reduced BDNF and TrkB activity in the forebrain of these mice [32,139,145]. Described phenomenon has been suggested to be age-dependent, as the level of BDNF in the foetal BTBR mouse brain was elevated [72]. In this context, it is important to note that some evidence points that the administration of BDNF and insulin growth factor (IGF-1) can induce beneficial effects with the improved behavioural outcome. Reassuringly, human IGF-1 has already been tested and well-tolerated in clinical trials with either Rett syndrome, and has shown beneficial outcomes. Whether the restoration BDNF level or pharmacological manipulations of TrkB activity can provide effective therapeutic means for ASD treatment remains to be found.

6. Targeted strategies for delivery of therapeutic trophic factors to the brain

Growing evidence for the potential therapeutic significance of trophic factors in the treatment of several major mental disorders incited much interest in their delivery to the brain for treatment purposes. The large size and proteinaceous nature of trophic factors make their blood-brain barriers crossing highly inefficient, and render their use as neurotherapeutics major challenge. As discussed throughout this review, under experimental settings, both natural and recombinant VGF, BDNF, FGF2, VEGF, and/or mRNA can have some beneficial effects, presumably via modulation of plasticity mechanisms, with nootropic, antidepressant, and anxiolytic outcomes.

The mRNA-based therapeutic approaches, in addition to complexities related to poor penetration across the blood-brain barriers, are hampered further by the low inherent stability of the cargo, with rapid degradation. Importantly, due to functional versatility and high potency, the efficient delivery of trophic factors and mRNA may come with risks of adverse side effects, owing to off-target actions as well as stimulation of uncontrolled proliferation of fibroblasts of connective tissue as well as impaired homeostasis of endothelial cells. In most experimental studies in animals, therefore, trophic factors were administrated directly into the structures of interest in the brain. While providing useful insights for preclinical research, such delivery routes are incompatible for clinical applications in patients, due to their invasive character and health risks. Recent advances in nanotechnologies for targeted delivery of therapeutic cargo and vectors to central neurons, nevertheless, enabled effective routes and methods for transfer of trophic factors, for neuronal protection and restoration of impaired functions. Using the retro-nasal delivery route for mRNA transfer to the brain with polyplex nanoparticles, Baba and colleagues [9] reported the successful delivery of BDNF-coding mRNA in rats. The delivery efficiency was confirmed by the detection of enhanced BDNF expression in the olfactory bulbs after intranasal administration of mRNA-loaded nanoparticles. Importantly, with the same approach, the authors report restoration of olfactory deficit in experimental animals [9]. Given anatomical proximity of olfactory bulbs with the piriform and entorhinal cortex, as well as dense connections with the amygdala, hippocampus, and ventral tegmental area (VTA), the retro-nasal delivery could be expanded for transfer of therapeutics also to these brain areas, with implications for the management of an array of neurodevelopmental and neuropsychiatric disorders (Fig. 4). Of note, reports have demonstrated also that polyplex nanoparticles can be designed to enable effective interactions and loading onto anterograde [140,148] or retrograde [126] axonal

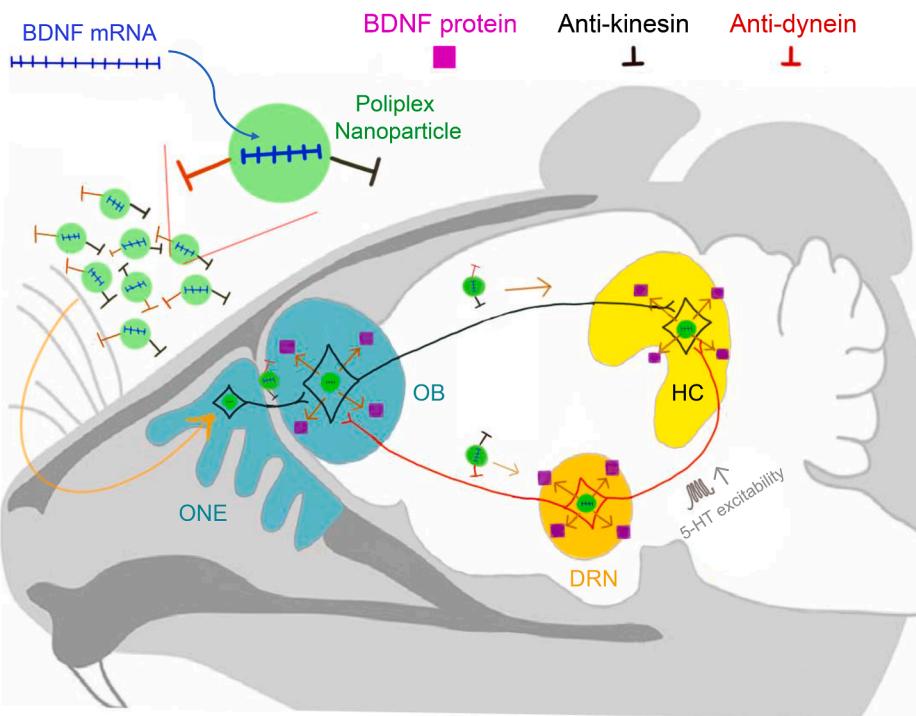


Fig. 4. Targeted retro-nasal delivery of exogenous trophic factors (e.g. BDNF mRNA) into the mammalian brain. BDNF, brain-derived neurotrophic factor; DRN, dorsal raphe nucleus; HC, hippocampus; OB, olfactory bulb; ONE, olfactory neuroepithelium; 5-HT, 5-hydroxytryptamine (serotonin). Arrows indicate the direction of the therapeutic delivery.

transport carriers, with delivery improvements. Likewise, the utility of magnetic nano-carriers for non-invasive transfer of trophic factors to central neurons has been shown [127]. Finally, the viability of the use of detoxified neurotoxins such as tetanus toxin or its atoxic fragments for retro-axonal delivery of trophic factor and other therapeutic cargo, in the bypass of blood–brain barriers, has been shown [118,120,121,153]. With this approach, delivery of insulin growth factor (IGF-1) [124,125], BDNF [136,153], and GDNF [88] with beneficial effects have been proven under preclinical settings, proving an overall promising method for effective transfer of trophic factor to the diseased brain [138].

7. Conclusion

Abnormal development and plasticity of neurons have been implicated in the pathophysiology of major mental disorders such as autism, depression, schizophrenia, addiction, and others. Since growth factors in general and neurotrophins particularly are fundamental in neuroplasticity, they contain major potential as putative therapeutic leads for medical interventions. As clear from examples and discussions throughout this study, research in both experimental animals and humans supports the therapeutic utility of trophic factors, with manipulation of their activity showing potential therapeutic benefits. FGF2 and VGF C-terminal peptide TLQP-62, for instance, when applied directly into the rodent brain, induce antidepressant-like effects, which could be reversed by the VEGF receptor inhibitor. BDNF and GDNF, on the other hand, seem to attenuate the drug-seeking and alcohol abuse behaviours, while FGF2 showing the opposite effects. In ASD models, delivery of BDNF induced lasting symptomatic improvements. Currently, there is a pressing need not only in in-depth mechanistic studies but also in elucidating the pharmacokinetic and dynamic properties of trophic factors when delivered to the brain, as well as their safety margins and potential side effects, to advance the use of these ‘wonder’ molecules from animal models onto the next, clinical level of translation. The letter requires methods for effective targeting and delivery, with better stability and blood–brain permeability. Rapid

advances of nanotechnologies might therefore assist to resolve the major limitation of current methods, and hopefully enable more effective access to brain structures of interest for better management and therapy of major mental disorders.

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