

## ABSTRACT

### PKC $\gamma$ Expression in Adolescent and Adult Rats: Evidence for a Cerebellar Mechanism Underlying Age-Dependent Motor Impairments Produced by Acute Ethanol

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Adolescents are less sensitive to ethanol-induced motor impairments compared to adults; however, a definitive mechanism underlying this difference has not been identified. Compared to wild-type littermates, PKC $\gamma$  knock-out mice exhibit reduced motor sensitivity to ethanol; it is plausible that adolescent rats also have reduced PKC $\gamma$  expression in brain regions responsible for motor function, specifically the cerebellum and cortex. Reduced PKC $\gamma$  expression in these regions may govern the age-dependent motor impairments produced by ethanol. The current study analyzed membrane-bound PKC $\gamma$  expression in adolescent and adult rats 40 minutes after an acute ethanol or saline injection. Western blot analysis indicates adolescent rats have reduced PKC $\gamma$  expression in the cerebellum and cortex compared to adults. It is concluded that PKC $\gamma$  expression may be part of a larger mechanism regulating the age-dependent motor impairments produced by acute ethanol administration.

PKC $\gamma$  Expression in Adolescent and Adult Rats: Evidence for a Cerebellar Mechanism  
Underlying Age-Dependent Motor Impairments Produced by Acute Ethanol

by

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A Thesis

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## TABLE OF CONTENTS

LIST OF FIGURES	iv
LIST OF ABBREVIATIONS	v
ACKNOWLEDGMENTS	vi
DEDICATION	vii
CHAPTERS	
1. Introduction and Background	1
<i>Introduction</i>	1
<i>Adolescence</i>	7
<i>Ethanol</i>	13
<i>GABA<sub>A</sub> Receptors and Acute Ethanol</i>	19
<i>Protein Kinase C <math>\gamma</math></i>	23
<i>Primary Investigative Goal</i>	26
2. Materials and Methods	28
<i>Animals and Tissue Collection</i>	28
<i>Tissue Preparation</i>	28
<i>Western Blot Procedure</i>	29
<i>Data Analysis</i>	29
3. Results	31
4. Discussion	33
REFERENCES	42

## LIST OF FIGURES

FIGURE 1. PKC $\gamma$ peptide expression in cerebellum	31
FIGURE 2. PKC $\gamma$ peptide expression in cortex	32
FIGURE 3. PKC $\gamma$ peptide expression in hippocampus	32

## LIST OF ABBREVIATIONS

ADHD	Attention Deficit Hyperactivity Disorder
AUD	Alcohol Use Disorder
BEC(s)	Blood Ethanol Concentration(s)
GABA <sub>A</sub>	$\gamma$ -amino butyric acid, type A
GABA <sub>A</sub> R	$\gamma$ -amino butyric acid, type A Receptor
PBS	Phosphate-Buffered Saline
PD	Postnatal Day
PFC	Prefrontal Cortex
PKC	Protein Kinase C
PKC $\gamma$	$\gamma$ isoform of Protein Kinase C
PTSD	Post-Traumatic Stress Disorder
PVDF	Polyvinylidene difluoride
SDS-PAGE	Sodium dodecyl sulfate polyacrylamide gel electrophoresis

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Lastly, I want to express my appreciation to you, the reader, for taking interest in my research.

## DEDICATION

To anyone in need of inspiration:

I can do all things through Christ who strengthens me. (Phil. 4:13 NKJV)



## CHAPTER ONE

### Introduction and Background

#### *Introduction*

Alcohol has been used to produce intoxication since times dating before Christ; and it seems as though excessive consumption has historically been cause for concern, as implied in this quote from Socrates, “Bad men live that they may eat and drink, whereas good men eat and drink that they may live.”

Adolescence represents a unique period of altered sensitivity to many of ethanol’s effects. Compared to adults, adolescents are less sensitive to motor impairments produced by alcohol, which typically serve as cues to moderate ethanol intake (Hefner & Holmes, 2007; Lisenbardt, Moore, Gross, Golfarb, Blackman, & Boehm, 2009; Little, Kuhn, Wilson, & Swartzwelder, 1996; Pian, Criado, Walker, & Ehlers, 2008; Ristuccia & Spear, 2008; Silveri & Spear, 2001; Spear & Varlinskaya, 2005 for review; Varlinskaya & Spear, 2002; White, Truesdale, Bae, Ahmad, Wilson, Best & Swartzwelder, 2002). This reduction in motor sensitivity to ethanol could contribute to the high proportion of binge and heavy alcohol consumption in adolescence and young adulthood relative to moderate drinking (Substance Abuse and Mental Health Services Administration, 2010).

Personality changes that accompany the adolescent time period might also predispose this age group to experiment with alcohol, as adolescence is characterized by increased sensation-seeking and risk-taking behaviors (Arnett, 1996; Spear, 2000; Steinberg, Albert, Cauffman, Banich, Graham, & Woolard, 2008). While these factors may serve to initiate alcohol use, the underlying reduction in sensitivity to ethanol-

induced motor impairments may contribute to the maintenance of excessive alcohol consumption. In fact, binge and heavy alcohol consumption increases throughout human adolescence and young adulthood, peaking at 21-25 years of age (Substance Abuse and Mental Health Services Administration 2010).

Adolescence is a period of continuing brain development (Giedd, 2008; Pfefferbaum, Mathalon, Sullivan, Rawles, Zipursky, & Lim, 1994; Paus, Collins, Evans, Leonard, Pike, & Zijdenbos, 2001; Yu, Wang, Fritschy, Witte, & Redecker, 2006), and since adolescents who consume ethanol are likely to do so in an excessive manner, it is especially important to illuminate the immediate and long-term consequences of heavy alcohol use during these formative years. However, adolescents with alcohol use disorders (AUDs), usually defined as meeting the Diagnostic and Statistical Manual of Mental Disorders criteria for alcohol abuse or dependence, typically engage in poly-substance use, and many present with comorbid psychiatric disorders (Clark, Pollock, Bukstein, Mezzich, Bromberger, & Donovan, 1997), making it difficult to determine the abnormalities produced specifically by alcohol use. For instance, in McQueeny, Schweinsburg, Schweinsburg, Jacobus, Bava, Frank, et al. (2009), the sample size for adolescents aged 16 to 19 that met criteria for binge alcohol consumption was only 14. This sample was limited by excluding participants with a history of psychiatric disorders and/or a history of alcohol or other drug abuse or dependence. Alternatively, De Bellis, Clark, Beers, Soloff, Boring, Hall, Kersh, et al. (2000) did not employ such exclusion criteria, but instead reported comorbid conditions like other substance dependence or abuse, and disorders of: depression, bipolar, generalized anxiety, conduct, attention deficit/hyperactivity, and oppositional defiance.

Adolescents cannot be recruited to the experimental laboratory and given alcohol, regardless of their history with alcohol or other drugs. Despite the potential scientific benefits of doing so, ethical issues deny us the opportunity because all of the experimental evidence indicates that alcohol use during adolescence is detrimental. For instance, alcohol exposure during the adolescent developmental period may produce irreversible abnormalities in neural function and brain structure (Pascual, Blanco, Cauli, Minarro, & Guerri, 2007) which can persist to alter ethanol preference and consumption in adulthood (Diaz-Granados & Graham, 2007; Pascual, Boix, Felipe, & Guerri, 2009). In addition, the legal issues regarding the provision of alcohol to minors as well as the consumption of alcohol as a minor further prohibits the conduction of such experiments. For these moral, ethical, and legal reasons, we need a reasonable approximation of adolescence in a non-human model.

To this end, many scientists have relied on rodent models to bridge this gap because they undergo rapid development, with adolescence in the rat spanning postnatal day (PD) 28 to 42. These are the days surrounding the time of sexual maturation, during which physiological and behavioral markers of adolescence are present (Spear, 2007; Spear & Brake, 1983). However, adolescence is an ill-defined period of transition, and the exact dates encompassing this developmental period in the rat are disputable, as changes have been reported to last until PD 55 in male rats (Odell, 1990).

While rats and humans are quite distinct in terms of morphology, many parallels can be drawn between the behavior and physiology of both species, especially as it relates to adolescence and alcohol use. For example, adolescent rodents exhibit more risk-taking behaviors than adult rodents (Macri, Adriani, Chiarotti, & Laviola, 2002).

Parallel ethanol consumption behaviors are also found in rodent models: adolescent rats and mice self-administer greater quantities of ethanol than adults (Doremus, Brunell, Rajendran, & Spear, 2005; Walker, Walker, & Ehlers, 2008), consuming 2-3 times more ethanol relative to body weight (Lancaster, Brown, Coker, Elliott, & Wren, 1996). Importantly, adolescent rats also demonstrate reduced sensitivity to ethanol-induced motor impairments compared to adults (Hefner & Holmes, 2007; Pian et al., 2008; Ristuccia & Spear, 2008; White et al., 2002), which is the primary focus of investigation in the present set of studies. Therefore, the rat appears to be an acceptable approximation to aid in determining potential factors that underlie the reduced motor sensitivity to ethanol during adolescence.

Our research objective in the present set of studies is to find a mechanism that underlies the age-dependent disturbances in motor coordination produced by ethanol. Protein kinase C $\gamma$  (PKC $\gamma$ ) knock-out mice exhibit reduced sensitivity to ethanol-induced motor impairments compared to their wild-type littermates (Bowers, Elliott, & Wehner, 2001; Bowers, Owen, Collins, Abeliovich, Tonegawa, & Wehner, 1999; Harris, McQuilkin, Paylor, Abeliovich, Tonegawa, & Wehner, 1995). This reduced motor sensitivity is similar to the reduced sensitivity of adolescents when compared to adults. However, the similarities between PKC $\gamma$  knockouts and adolescents extend beyond ethanol responsiveness: both exhibit increased risk-taking behavior (Crone, Bullens, van der Plas, Kijkuit, & Zelazo, 2008; Macri et al., 2002; Spear, 2000) and voluntarily consume more ethanol per unit body weight than wild-types and adults, respectively (Doremus et al., 2005; Lancaster et al., 1996; Walker et al., 2008). Therefore, reduced

PKC $\gamma$  expression may be a viable mechanism underlying the adolescent's reduced motor sensitivity to ethanol compared to their adult counterparts.

Additionally, PKC $\gamma$  is distributed only within the neurons of the central nervous system, making it a prime contender for aiding in the modulation of the neurobiological effects of alcohol use. Specific to the brain regions of interest, PKC $\gamma$  is abundantly expressed in the dendrites of cerebellar Purkinje neurons (Hashimoto et al., 1988; Saito, Kikkawa, Nishizuka, & Tanaka, 1988) that constitute the sole output of the cerebellum (Cesa & Strata, 2009). Since the mid-1960s, the cerebellum has been known to modulate activity in the motor cortex (Li & Tew, 1966) and its theorized purpose was to learn motor skills to be retrieved by a simple signal from the cortex (Brindley, 1964). The cerebellum also plays a role in timing (Arshavsky, Gelfand, & Orlovsky, 1983; Braitenberg, 1967) and synchrony (Heck, Thach, & Keating, 2007), both of which are important for motor coordination and precision. Therefore, our hypothesis is that adolescent rats, which are also less sensitive to motor impairments produced by ethanol when compared to adult rats, will also have reduced PKC $\gamma$  expression in the cerebellum, a brain region concerned with movement. It is plausible that age-dependent differences in cerebellar PKC $\gamma$  expression may account for differential motor impairments produced by ethanol, especially since PKC $\gamma$  expression is abundant in Purkinje neurons (Hashimoto et al., 1988; Saito, et al., 1988), which serve as the sole efferent projection from the cerebellum (Cesa & Strata, 2009).

Another region highly involved in motor behavior is the cortex, specifically the motor and premotor cortices, responsible for initiating movement (Brown & Sherrington, 1911; Levy, York, McCaffrey, & Tanzer, 1984; for historical reference, see Fritsch &

Hitzig, 1870). Within the motor and premotor cortices of the rhesus macaque, the majority of PKC $\gamma$  immunoreactivity occurs in the pyramidal cells of layers II, III, and VI, and within the neuropil of layers I and II (Tominaga, Saito, Tsujino, & Tanaka, 1993). The presence of PKC $\gamma$  within the motor and premotor cortices indicates that alterations in PKC $\gamma$  expression levels may facilitate the understanding of age-dependent motor impairments produced by ethanol.

Pyramidal cells of the hippocampus also have abundant PKC $\gamma$  expression (Saito, Kikkawa, Nishizuka, & Tanaka, 1988), which has been implicated in modulating long-term potentiation, a synaptic model of memory (Bliss & Collingridge, 1993). In the hippocampus, PKC $\gamma$  and its modulation of long-term potentiation aid in spatial memory. Indeed, PKC $\gamma$  knock-out mice have altered hippocampal long-term potentiation (Abeliovich, Chen, Goda, Silva, Stevens, & Tonegawa, 1993), and exhibit mild learning deficits on spatial tasks (Abeliovich, Paylor, Chen, Kim, Wehner, & Tonegawa, 1993).

Ethanol impairs spatial memory (Acheson, Ross, & Swartzwelder, 2001; Berry & Matthews, 2004; Matthews, Simson, & Best, 1995); however, the relative sensitivities of adolescents and adults to ethanol-induced spatial memory insults are currently in debate. For more than a decade, adolescents (Markwiese, Acheson, Levin, Wilson, & Swartzwelder, 1998) and young adults (Acheson, Stein, & Swartzwelder, 1998) were thought to have a heightened sensitivity to the hippocampal-dependent memory impairments produced by ethanol compared to adults. However, others have found no age-related differences in spatial memory impairment using an appetitive sand-digging task (Rajendran & Spear, 2004), and the Morris water maze (Chin, Berry, & Matthews, 2009; Chin, Diaz-Granados, & Matthews, 2010a), along with other hippocampal-

dependent learning tasks, like contextual fear conditioning (Land & Spear, 2004). Our lab is among the producers of the data supporting the latter notion (Chin et al., 2009; Chin et al., 2010a); therefore, we expect to find similar levels of PKC $\gamma$  expression in the hippocampus of adolescent and adult rats.

PKC $\gamma$  knock-out mice show reduced hypnotic sensitivity to ethanol compared to wild-type littermates (Harris, McQuilkin, Paylor, Abeliovich, Tonegawa, & Wehner, 1995), which is similar to the comparison between adolescent and adult rats, with adolescents exhibiting less sensitivity to ethanol's motor impairing effects (Hefner & Holmes, 2007; Lisenbardt et al., 2009; Little et al., 1996; Pian et al., 2008; Ristuccia & Spear, 2008; Silveri & Spear, 2001; Varlinskaya & Spear, 2002; White et al., 2002). PKC $\gamma$  phosphorylates the GABA $_A$ R (Kellenberger et al., 1992; Krishek et al., 1994; Qi et al., 2007; Song & Messing, 2005; Wafford, et al., 1991), which is one of the molecular targets that confers some effects of ethanol (Aguayo, Peoples, Yeh, & Yevenes, 2002; Weiss, 1992). In the presence of ethanol, PKC $\gamma$  phosphorylation enhances GABA $_A$ R activity (Kumar, Khisti, & Morrow, 2005). Accordingly, reduced PKC $\gamma$  expression in brain regions associated with motor control, specifically the cerebellum and cortex, may be a viable mechanism underlying adolescent's reduced sensitivity to ethanol-induced motor impairments compared to adults.

### *Adolescence*

Adolescence is a period of ongoing development, marked by physiological and neurobiological changes, as well as changes in personality and emotionality, which typically occurs between the ages of 8 to 20 in humans (Dahl, 2004). Conceptually, adolescence is a transitional period between childhood and adulthood, beginning with

sexual maturation and ending upon achievement of adult roles and responsibilities (Dahl & Spear, 2004). Adolescence is typically a tumultuous psychological transition as well. Personality changes include an increase in risk-taking (Spear, 2000), sensation-seeking (Steinberg et al., 2008), and reckless behaviors (Arnett, 1996). Furthermore, physiological maturation is driven by hormonal changes, and the negative emotional states that plague many adolescents have been shown to correlate with the levels of certain hormones (Archibald, Graber, & Brooks-Gunn, 2006). For instance, the health paradox of the adolescent manifests as exceptional physical health, with an increased rate of psychopathological disorders, like depression and conduct disorder (Dahl, 2004; Loeber & Keenan, 1994). This difficulty in controlling behavior and emotion contributes to an adolescent-specific doubling of morbidity and mortality rate, via increased rates of accidents, depression, suicide, substance abuse, and other reckless behaviors (Dahl, 2004). Despite the increased risk of disability and death, sensation-seeking and risk-taking behaviors during adolescence have been hypothesized to serve an adaptive function, permitting the adolescent to become better prepared for adulthood via increased exploration and new learning opportunities. Indeed, sensation-seeking during adolescence may be beneficial, as many species show an increase in risk-taking behavior during this period (Crone et al., 2008; Macri et al., 2002).

The most obvious change during adolescence is the increase in body size and development of secondary sex characteristics, both of which involve an increase and redistribution of muscle and adipose tissues. The process of physiological maturation begins early in the adolescent years, between 6-8 years of age, with an increase of androgen secretion from the adrenal, continuing throughout puberty. Sexual maturation



is initiated by gonadotropin-releasing hormone that stimulates the gonadotroph cells of the hypothalamus, which induces secretion of follicle-stimulating hormone and leutinizing hormone. The levels of these gonadotropins increase steadily from childhood to adulthood, to stimulate gonadal development in a gender-specific manner (Burr, Sizonenko, Kaplan, & Grumbach, 1970; Neely, Hintz, Wilson, Lee, Gautier, Argente, et al. 1995; Sizonenko, Burr, Kaplan, & Grumbach, 1970; Winter & Faiman, 1972).

Brain development, while not as obvious as the physical alterations, is pervasive during adolescence. However, brain development during this period is linear, indicating that adolescence should be considered a continued period of brain development (Durstun et al., 2001; Giedd et al., 1999). Within the cerebrum, volume peaks between ages 11 and 14 (Lenroot, Gogtay, Greenstein, Wells, Wallace, Clasen et al., 2007), although the human brain reaches 90% of its adult weight by age 6 (Casey, Galvan, & Hare, 2005). Despite the minimal increase in volume after childhood, many other neurobiological changes are continuing to occur. Specifically, the ratio of white matter to gray matter increases globally and regionally throughout childhood and adolescence (Giedd, 2008; Paus et al., 2001 for review). Global cortical white matter volume shows a linear increase from age 4 to 22 (Pfefferbaum et al., 1994). In contrast, the decrease in cortical gray matter volume resembles an inverted U-shaped curve that is region-specific (Giedd, Blumenthal, Jeffries, Castellanos, Liu, & Zijdenbos et al., 1999). These regressive maturational changes in gray matter volume during adolescence correlate with behavioral performance: in general, regions involving primary sensory and motor functions are the first to mature, followed by higher-order association areas (Casey, Getz, & Galvan, 2008;

Durston, Hulshoff Pol, Casey, Giedd, Buitelaar, & van Engeland, 2001; Gogtay, Giedd, Lusk, Hayashi, Greenstein, Vaituzis et al., 2004).

Neurobiological changes are also occurring in the hippocampus: Hippocampal volume increases linearly from ages 4 to 18 at a rate of between 0.07 and 0.10 mL per year (Giedd, Castellanos, Rajapakse, Vaituzis, & Rapoport, 1997), although there may be a reduction in hippocampal volume around age 13 (Utsunomiya, Takano, Okazaki, & Mitsudome, 1999). Myelination of white matter fasciculi associated with the hippocampus, the fimbria and alveus, reaches its maximum during late childhood and early adolescence (Utsunomiya et al., 1999). Additionally, the subicular and presubicular regions, which serve as a relay between the hippocampus and cortex, continues to myelinate through adolescence and adulthood (Benes, Turtle, Khan, & Farol, 1994).

The cerebellum, responsible for learning motor skills (Brindley, 1964), timing (Arashavsky et al., 1983; Braitenberg, 1967) and synchrony (Heck, 2007) of motor functions, and modulating the activity in the motor cortex (Li & Tew, 1966), develops during adolescence and follows an inverted U shaped pattern (Tiemeier, Lenroot, Greenstein, Tran, Pierson, & Giedd, 2010). Longitudinal MRI analysis of cerebellar volumes from ages 5 to 24 indicates peak volume is attained between approximately 12 and 15 years of age. Peak volume is reached later in the cerebellum than in the cerebrum, indicating these two brain regions have different developmental trajectories (Tiemeier, et al., 2010). Interestingly, the cerebellum may show comparatively enhanced vulnerabilities to environmental insults compared to other brain regions since Purkinje cell neurogenesis occurs postnatally (Welsh, Yuen, Placantonakis, Vu, Haiss, O'Hearn, 2002) and the cerebellum is among the last brain regions to reach peak volume (Lenroot

et al., 2005; Tiemeier, et al., 2010). For instance, premature birth before 33 weeks gestation is associated with decreased cerebellum volume, full-scale IQ, and self-reported well being (Parker, Mitchell, Kalpakidu, Walshe, Jung, Nosarti, et al., 2008).

On the cellular level, volumetric changes and alterations in white to gray matter ratios are likely due to an overproduction of axons and synapses in late childhood or early adolescence, followed by pruning of excess neurons (Sowell, Thompson, Leonard, Welcome, Kan, & Toga, 2004). These changes likely result from the reorganization and refinement of connections between neurons and glial cells (Fields & Stevens-Graham, 2002) that partially produces a decrease in gray matter volume. Neural pruning is highly dependent on experience (Sowell et al., 2004), which makes the adolescent brain exceptionally malleable, capable of adapting to a wide array of environmental demands. In contrast, myelination of axons results in increases in white matter and functions to accelerate the processing of information within the brain (Sowell, Delis, Stiles, & Jernigan, 2001).

At the level of the receptor, many changes are occurring throughout adolescence in terms of function, structure, and receptor subunit distribution. For instance, during periadolescence, receptors are overproduced for a variety of neurotransmitter systems, including dopamine, serotonin, acetylcholine, and GABA, followed by pruning and elimination (Andersen, Thompson, Krenzler, & Teicher, 2002; Lidow, Goldman-Rakic, & Rakic, 1991; Lidow & Rakic, 1992). Ethanol potentiates GABA<sub>A</sub>R-mediated chloride ion current (Aguayo, 1990; Reynolds, Prasad, & MacDonald, 1992), and is responsible for producing some of ethanol's effects (reviewed in Aguayo, Peoples, Yeh, & Yevenes, 2002; and Weiss, 1992). Animal models indicate that GABA<sub>A</sub>R subunits exhibit

different peptide and mRNA expression patterns based on age and brain region (Fritschy & Mohler, 1995; Fritschy, Paysan, Enna, & Mohler, 1994; Laurie, Wisden, & Seeburg, 1992; Wisden, Laurie, Monyer, & Seeburg, 1992). Specific to the adolescent developmental period, GABA<sub>A</sub> receptor subunit  $\alpha$ 1,  $\alpha$ 2,  $\alpha$ 3, and  $\gamma$ 2 peptide expression in rat cortex decreases from high levels at PD 30 to moderate levels at PD 60 (Yu et al., 2006), which corresponds to the adolescent developmental period in rats (Spear, 2000). In the hippocampus, GABA<sub>A</sub>  $\alpha$ 1 peptide expression increases during adolescence, reaching adult expression levels at PD 90 (Yu et al., 2006). In postmortem human brain tissue, changes in expression patterns of GABA<sub>A</sub>  $\gamma$ 2 and  $\alpha$ 1 peptides mirror the changes found in rat tissue. Specifically, between 12 and 46-75 years, GABA<sub>A</sub>  $\gamma$ 2 expression decreases in the CA4 region of the hippocampus, while GABA<sub>A</sub>  $\alpha$ 1 expression increases in the CA1 and CA4 during the same time period (Kanaumi, Takashima, Iwasaki, Mitsudome, & Hirose, 2006). Within the human cerebellum, the number of GABA<sub>A</sub> receptors increases threefold from the age of 9 months to adulthood (Brooks-Kayal & Pritchett, 1993).

It is apparent that adolescence is a unique and important developmental time period requiring specific investigation: The physiology and neurobiology of the adolescent is rife with developmental alterations that may contribute to differential motor responsiveness after acute ethanol exposure. Ethanol metabolism does not differ between adolescents and adults (Silveri & Spear, 2000), making it especially important to consider the age-dependent alterations at the sites of action of ethanol, including the GABA<sub>A</sub>R. Ethanol confers some of its effects through allosteric modulation of the GABA<sub>A</sub>R (Aguayo, Peoples, Yeh, & Yevenes, 2002; Weiss, 1992), which can be modulated by

PKC $\gamma$  phosphorylation of the receptor (Kumar et al., 2005; Song & Messing, 2005). GABA $_A$ R subunit distribution changes throughout development (Bovolin, Santi, Memo, Costa, & Grayson, 1992; Brooks-Kayal & Pritchett, 1993; Gambarana, Pittman, & Siegal, 1990; Gutierrez, Khan, Miralles, Mehta, Ruano, Araujo, Vitorica, & De Blas, 1997; Henschel, Gipson, & Bordey, 2008; Laurie et al., 1992) and PKC $\gamma$  expression is age-dependent in certain brain regions (Van Skike et al., 2010), which suggests the age-dependent effects of ethanol may be of neurobiological origin. The developmental alterations of GABA $_A$ R subunit composition and PKC $\gamma$  expression in brain regions controlling motor behavior is especially important given the specific focus on the age-dependent differences in motor responsiveness to acute ethanol exposure. Although humans rarely consume only one alcoholic unit during their lifetime, a single isolated exposure can lay the behavioral foundation for future use, especially if this exposure occurs early, as evidenced by the prevalence of alcohol use and addiction that peaks during young adulthood, ages 18-25 (Substance Abuse and Mental Health Services Administration, 2009; 2010).

### *Ethanol*

Ethanol is a widely used substance; in fact, about half of the adult population, 18 years and older, are currently regular consumers of alcohol, with an additional 14 percent engaging in infrequent consumption (Pleis, Lucas, & Ward, 2009). The prevalence and pattern of underage drinking is of immense concern: 16 percent of adolescents between the ages of 12 and 17 had their first alcoholic drink before age 13, with a lifetime use rate of 39 percent in this age group (Fryar, Merino, Hirsch, & Porter, 2009). Alcohol use begins as early as age 12, with 3.4 percent of 12- and 13- year-olds reporting past month

alcohol use. Among 14- and 15-year-olds this percentage rises to 13.1, doubles among 16- and 17-year-olds, reaching 48.7 percent with young adults aged 18 to 20, and peaks at 69.5 percent in adults 21 to 25 years of age (Substance Abuse and Mental Health Services Administration 2010). It is of pressing concern that over half of the past month alcohol consumption is accounted for by binge or heavy drinking in each of these age groups. In this report, binge drinking was defined as 5 or more drinks per one occasion during the past month; whereas heavy drinking was defined as binge drinking on 5 or more days during the past month. In fact, binge and heavy alcohol consumption accounts for over half of all alcohol use until ages 30 to 34; the 35- to 39-year-old age group was the first to report less binge and heavy alcohol use than current (non-binge and non-heavy) use (Substance Abuse and Mental Health Services Administration 2010). However, these distinctions were made irrespective of gender, which likely translates into an underrepresentation of binge drinking among females. The National Institute of Alcoholism and Alcohol Abuse suggests that binge drinking among females should be reduced to 4 or more drinks (National Institute of Alcoholism and Alcohol Abuse, 2004). Indeed, certain aspects of the pharmacokinetic properties of alcohol are gender-dependent. For instance, non-alcoholic women have an increased bioavailability of ingested alcohol due to reduced alcohol dehydrogenase activity in the gastrointestinal tract compared to men (Frezza, di Padova, Pozzato, Terpin, Baraona, & Lieber, 1990). Thus, upon first-pass metabolism in non-alcoholic women, less ethanol is metabolized, allowing more to enter the bloodstream. Additionally, women have less total body water compared to men, even after correcting for height and weight (Watson, Watson, & Batt,

1980), which allows the fully miscible ethanol to be more concentrated in the total body water of women.

With consumption patterns favoring binge and heavy alcohol use until the late 30s, there is no shortage of adults with alcoholism, alcohol use disorders, and other problematic drinking behaviors. In fact, prolonged ethanol consumption is associated with considerable neurological deficits of function and morphology. In general, adults with alcoholism have significant volumetric deficits in cortical and subcortical brain structures, including white and gray matter atrophy, which can occur independently of malnutrition (Crews & Nixon, 2009; Kubota, Nakazaki, Hirai, Saeki, Yamaura, & Kusaka, 2001; Pfefferbaum, Sullivan, Mathalon, Shear, Rosenbloom, & Lim, 1995). The frontal lobes are potentially the most insulted region by chronic ethanol consumption. Indeed, deficits of the frontal lobe, which regulates impulsivity, judgment, planning, and motivation, among many other things, may underlie the troublesome consumption patterns present in alcoholism (Crews & Boettiger, 2009).

Additionally, the hippocampus is especially sensitive to ethanol-induced insults (Chin et al., 2010b, for review), such that ethanol can be used to produce reversible functional disruptions that mimic hippocampal lesions (reviewed in Matthews & Silvers, 2004). For instance, alcohol consumption results in reduced hippocampal neurogenesis (Taffe, Kotzebue, Crean, Crawford, Edwards, & Mandyam, 2010) and volume loss (Beresford, Arciniegas, Alfors, Clapp, Martin, & Du, et al., 2006; Wilhelm, Frieling, Hillemacher, Degner, Kornhuber, & Bleich, 2008). Bilateral deficits in hippocampal volume produced by alcohol can also be found in adolescents (De Bellis, Clark, Beers, Soloff, Boring, Hall, Kersh, & Keshavan, 2000), indicating that insults to the

hippocampus can be produced with a relatively short duration of exposure. Indeed, cognitive disruptions produced by ethanol during adolescence can be long-lasting (Slawecki, Betancourt, Cole, & Ehlers, 2001), and can be observed with prenatal (Barbaccia, Scaccianoce, Del Bianco, Campolongo, Trezza, Tattoli, et al., 2007; Matthews & Simson, 1998) or early postnatal (Goodlett & Johnson, 1997) ethanol exposure.

Unlike the hippocampus, prolonged heavy alcohol use may be required to produce significant cerebellar changes, as some studies have reported cerebellar deficits only in alcohol-using patients with clinical manifestations of Wernicke's encephalopathy (Baker, Harding, Halliday, Krill, & Harper, 1999) or long-term (20-30 years) moderate daily ethanol consumption (Karhune, Erkinjuntti, & Laippala, 1994). Other cerebellar deficits produced by chronic ethanol consumption include a global reduction in Purkinje cell volume (Andersen, 2004) and region-specific volumetric deficits (Sullivan, Rohlfing, & Pfefferbaum, 2010). Within the cerebellar vermis of individuals with alcoholism, there is a rather drastic reduction of Purkinje cells, and shrinkage of the molecular and granular cell layers (Phillips, Harper, & Kril, 1987). However, disruptions in fine motor coordination that are consistent with symptoms of cerebellar dysfunction can be seen during acute intoxication on a handwriting task (Phillips, Ogeil, & Müller, 2009). This suggests that even though prolonged ethanol consumption might be required to produce noticeable cellular or volumetric deficits within the cerebellum, there are also cerebellar disruptions that occur during individual periods of acute intoxication.

The vast majority of the previously cited research was conducted in an adult population; however, physiology and neurobiology of the adolescent is different from the



adult, so alcohol produces some unique effects on the developing adolescent brain and must be considered separately. At the cellular level, adolescent and adults show similar volumetric and neuronal deficits produced by chronic ethanol exposure. For example, MRI studies of adolescents with AUDs reveal bilateral deficits in hippocampal volume compared to healthy matched controls (De Bellis et al., 2000); however, adolescent-onset AUDs are typically comorbid with other disorders, including poly-substance abuse and/or dependence, mood and conduct disorders, ADHD, and PTSD (Clark et al., 1997). Although adolescents with AUDs, free from other psychiatric comorbidities, have reduced left hippocampal volumes compared to controls (Nagel, Schweinsburg, Phan, & Tapert, 2005). Additionally, adolescents with AUDs without comorbid mood or attention disorders have gender-specific prefrontal cortex (PFC) volume reductions: Adolescent females with AUDs had significantly smaller PFC volumes than control females, while adolescent males with AUDs had significantly enlarged PFC volumes compared to same-gender controls (Medina, McQueeny, Nagel, Hanson, Schweinsburg, & Tapert, 2008). However, studies of adolescents with AUDs that are free from comorbid disorders are comparatively rare. Other legal and ethical considerations, such as supplying alcohol to minors, permitting alcohol use in an underage participant, and withholding treatment from an adolescent with an AUD, prohibit laboratory-controlled investigations during single episodes of intoxication in an adolescent population. For these reasons, animal models of alcohol use have been used as a reasonable facsimile for studying alcohol use during adolescence. Additionally, animal models allow a unique opportunity to investigate structural, cellular, and molecular alterations that are specific to alcohol use in any age group of interest.

Although the complexity of the human brain and behavior can never be fully approximated with non-human animals, there are still numerous similarities between human adolescents and adolescent rodents. Behaviorally, adolescent rats and mice show increased risk-taking behavior, coupled with low levels of harm avoidance (Crone et al., 2008; Macri et al., 2002), which approximates the human adolescent-specific increase in risk-taking (Spear, 2000; Steinberg et al., 2008). The rat brain, like that of the human, continues to develop throughout adolescence, especially in terms of GABA<sub>A</sub>R subunit distribution and composition (Yu et al., 2006). With regard to ethanol, adolescent rats are quite similar to their human counterparts. For example, compared to adult rats, adolescents are less sensitive to ethanol-induced motor impairment (Hefner & Holmes, 2007; Lisenbardt, 2009; Little et al., 1996; Pian et al., 2008; Ristuccia & Spear, 2008; Silveri & Spear, 2001; Spear & Varlinskaya, 2005 for review; Van Skike, Botta, Chin, Tokunaga, McDaniel, Venard, et al., 2010; Varlinskaya & Spear, 2002; White et al., 2002). The adolescent's reduced sensitivity to ethanol-induced motor impairments, coupled with the propensity for risk-taking, may predispose adolescent rats to more readily consume ethanol: adolescent rats will self-administer ethanol in greater quantities than adults (Doremus et al., 2005; Walker et al., 2008), consuming up to 2 to 3 times more ethanol relative to body weight (Lancaster et al., 1996).

There is universal agreement on the relative insensitivity of adolescents to the motor-impairing effects of ethanol compared to adults. However, the mechanism responsible for producing these age-dependent effects has proven to be rather elusive. For example, metabolic differences do not account for these effects; in fact, the ethanol elimination rate of adolescent and adult rats is not significantly different (Silveri & Spear,

2000). Blood ethanol concentration (BEC) levels and their resulting motor effect between the two ages are almost counterintuitive. Specifically, 20 minutes after an intraperitoneal administration of 2.0 g/kg 10% w/v ethanol, the BEC level of the adolescent rat is nearly double that of the adult; despite this, the adolescent rat performs significantly better on the aerial righting reflex task at this time point than the adult (Van Skike et al., 2010). Clearly, ethanol metabolism and differing BEC levels do not contribute to the reduced ethanol-induced motor sensitivity of the adolescent. GABA<sub>A</sub> receptors are one of the molecular targets through which ethanol produces some of its intoxicating effects (Aguayo, Peoples, Yeh, & Yevenes, 2002; Weiss, 1992), including motor impairment via tonic inhibition of cerebellar granule cells (Hanchar, Dodson, Olsen, Otis, & Wallner, 2005). Therefore, differential alteration of GABA<sub>A</sub>R-related function in the presence of ethanol is likely to produce viable insight into age-dependent motor impairments produced by ethanol.

#### *GABA<sub>A</sub> Receptors and Acute Ethanol*

GABA<sub>A</sub> receptors (GABA<sub>A</sub>Rs) are ionotropic ligand-gated chloride ion channels responsible for mediating the majority of fast synaptic inhibition in the adult central nervous system (Mehta & Ticku, 1999).  $\gamma$ -aminobutyric acid (GABA) is the endogenous ligand, which binds at the interface of the  $\alpha$  and  $\beta$  subunits to open the intrinsic anion channel (Mehta & Ticku, 1999; Zezula, Slany, & Sieghart, 1996). Human GABA<sub>A</sub>Rs are heteromeric pentamers formed from 19 subunits, including  $\alpha_1$  to  $\alpha_6$ ,  $\beta_1$  to  $\beta_3$ ,  $\gamma_1$  to  $\gamma_3$ ,  $\delta$ ,  $\epsilon$ ,  $\pi$ ,  $\theta$ , and  $\rho_1$  to  $\rho_3$  (Simon, Wakimoto, Fujita, Lalande, & Barnard, 2004). However, the number of functional subunit combinations is limited by the region-specific distribution of receptor subunits (Hedblom & Kirkness, 1997; Pirker et al., 2000; Whiting et al.,

1997); additionally, fully functional receptors are formed preferentially from variations of  $\alpha$ ,  $\beta$ , and  $\gamma$  subunits (Fritschy, Benke, Mertens, Oertel, Bachi, & Mohler, 1992), with the most abundant combination of  $\alpha_1\beta_2\gamma_2$  (Song & Messing, 2005), reported to comprise 60% of all GABA<sub>A</sub>Rs (Mohler, 2006).

GABA<sub>A</sub>R subunit distribution changes throughout development, which further highlights the need to investigate the GABAergic mechanisms of ethanol exposure during adolescence, since receptor subunit composition plays a prominent role in determining the pharmacological properties of the receptor (Helms, Rogers, & Grant, 2009; Sieghart, 1995; Thompson, Whiting, & Wafford, 1996). Levels of  $\alpha_1$ ,  $\alpha_6$ ,  $\beta_2$ ,  $\gamma_2$ , and  $\delta$  mRNA increase during development in the rat; while  $\alpha_5$ ,  $\beta_1$ ,  $\beta_3$ ,  $\gamma_1$ , and  $\gamma_3$  peak early in ontogeny followed by a decline during subsequent development (Bovolin et al., 1992; Gambarana et al., 1990; Laurie et al., 1992). Additionally, postmortem analysis of human GABA<sub>A</sub>  $\alpha_1$  mRNA levels suggests that human cortex has relatively stable  $\alpha_1$  mRNA levels from 36 weeks to 50 weeks of development and nearly doubles during development into adulthood. In the cerebellum GABA<sub>A</sub>  $\alpha_1$  mRNA levels increase relatively linearly throughout development and into adulthood (Brooks-Kayal & Pritchett, 1993). However, developmental changes in receptor subunit distribution are brain region-specific. Much research has been done in rodents, which can help to illuminate the pattern of region-specific receptor subunit distributions throughout the lifespan. For instance, GABA<sub>A</sub>  $\alpha_6$  subunits, which are only present in the cerebellum, increase with age; while cerebellar expression levels of  $\alpha_1$ ,  $\gamma_2$ ,  $\beta_2$ ,  $\beta_3$ , and  $\delta$  decrease throughout the lifespan (Gutierrez et al., 1997).

Not only does subunit distribution and receptor composition change throughout development, the number of GABA<sub>A</sub>Rs also increases. Interestingly, functional GABA<sub>A</sub>Rs are present in human embryos as early as 7 weeks after conception followed by a rapid increase between 8 and 11 weeks of prenatal development (Hebebrand et al., 1988). Furthermore, the human cerebellum shows a threefold increase in GABA<sub>A</sub>Rs from birth to adulthood (Brooks-Kayal & Pritchett, 1993). These alterations in GABA<sub>A</sub>R composition and quantity during development further emphasize the importance of investigating adolescence as a unique time period, since the adolescent brain differs from the adult in terms of GABA<sub>A</sub>R quantity, subunit composition, and subunit distribution (Henschel et al., 2008).

The GABA<sub>A</sub>R is a macromolecular complex that serves as the mechanism of action for many different substrates because it possesses five distinct binding sites for GABA, benzodiazepines, barbiturates, picrotoxin, and neurosteroids (Nestler, Hyman, & Malenka, 2009; Olsen & DeLorey, 1999). Although the GABA<sub>A</sub>R does not possess a specific binding site for ethanol, it is an accepted mechanism of action for some of ethanol's acute and chronic effects. Indeed, many behavioral effects of ethanol are enhanced by GABA<sub>A</sub>R agonists and diminished by GABA<sub>A</sub>R antagonists or inverse agonists (Harris, 1990; Liljequist & Engel, 1982; Lister & Linnoila, 1991). The mechanism underlying the potentiation of GABAergic activity in response to acute ethanol administration is rather complex: It is dependent on the dose and brain region of interest (Grobin, Matthews, Devaud, & Morrow, 1998; Kumar, Porcu, Werner, Matthews, Diaz-Granados, Helfand, et al., 2009; VanDoren, Matthews, Janis, Grobin, Devaud, & Morrow, 2000) and often involves both pre- and post- synaptic mechanisms

(Carta, Ariwodola, Weiner, & Valenzuela, 2003; Carta, Mameli, & Valenzuela, 2004; Sanna, Talani, Busonero, Pisu, Purdy, Serra, & Biggio, 2004; Van Skike et al., 2010; Weiner, Ariwodola, Bates, Bryant, Silberman, & Daunais et al., 2005).

For example, ethanol can directly facilitate presynaptic GABA release and/or increase interneuronal excitability as indicated by *in vitro* electrophysiological recordings with slices from the hippocampus (Carta et al., 2003; Sanna et al., 2004; Weiner et al., 2005) and cerebellum (Carta et al., 2004; Van Skike et al., 2010). Postsynaptic effects of ethanol include a biphasic mIPSC amplitude increase in CA1 pyramidal neurons. During the initial ethanol application mIPSC amplitude is increased and is partially reversed following 10 minutes of continuous ethanol exposure, but after 30 minutes of continuous exposure there is another increase in mIPSC amplitude and decay is prolonged (Sanna et al., 2004). However, many of ethanol's actions at the GABA<sub>A</sub>R are indirect and brain-region specific. For instance, the aforementioned biphasic effect is produced indirectly through an increase in the local biosynthesis of neuroactive steroids, specifically 3 $\alpha$ -hydroxy-5 $\alpha$ -pregnan-20-one, or allopregnanolone (Sanna et al., 2004).

Neurosteroids are not the sole mechanism responsible for the indirect actions of ethanol at the GABA<sub>A</sub>R: protein kinases can modulate the ethanol-induced potentiation of GABAergic activity (Weiner, Zhang, & Carlen, 1994) and also play a role in determining sensitivity to ethanol (Bowers et al., 2001; Bowers et al., 1999; Harris et al., 1995; Hodge, Mehmert, Kelley, McMahon, Haywood, Olive, Wang, Sanchez-Perez, & Messing, 1999; Van Skike et al., 2010). For instance, the  $\epsilon$ -isoform of protein kinase C (PKC) may be inversely associated with sensitivity to ethanol-induced motor impairments, as PKC $\epsilon$  knock-out mice show heightened sensitivity to motor impairments

following ethanol consumption (Hodge et al., 1999). Additionally, PKC $\gamma$  may be positively associated with motor sensitivity to ethanol, as PKC $\gamma$  knock-out mice show reduced sensitivity to the motor-impairing effects of ethanol (Bowers et al., 1999; Bowers et al., 2001; Harris et al., 1995). The age-dependent motor impairments produced by ethanol are widely accepted in the field; as such, differential PKC $\gamma$  expression within the cerebellum and cortex, the regions that are responsible, respectively, for coordinating and initiating movement, may underlie age-dependent motor impairments following ethanol consumption. Specifically, on the basis of the PKC $\gamma$  knock-out mice data, PKC $\gamma$  expression is likely to be reduced in adolescents, who are less sensitive to ethanol's motor impairing effects.

#### *Protein Kinase C $\gamma$*

Protein kinase C is a phospholipid-dependent kinase that transduces signals involving lipid second messengers (Nishizuka, 1995). Nine PKC isoforms transcribed from unique genes have been identified, and can be classified into three subgroups: conventional, novel, and atypical based on their sensitivities to calcium ions, phosphatidylserine and diacylglycerol (Mellor & Parker, 1998). Protein kinase C $\gamma$  (PKC $\gamma$ ), along with the  $\alpha$  and  $\beta$  isoforms of PKC, belongs to the conventional PKC family, which is activated by calcium ions and diacylglycerol in the presence of phosphatidylserine (Nishizuka, 1995; reviewed in Song & Messing, 2005).

PKC $\gamma$  has a unique distribution because it is only found within neurons of the central nervous system (Hashimoto et al., 1988). There is abundant expression of PKC $\gamma$  in Purkinje neurons of the cerebellum and pyramidal cells of the hippocampus (Hashimoto et al., 1988; Saito et al., 1988), implicating PKC $\gamma$  as a modulator of certain

forms of synaptic plasticity, such as long-term potentiation and long-term depression (Bliss & Collingridge, 1993; Ito, 1989). Compared to the other isoforms in its class, PKC $\gamma$  also has a unique intracellular localization; specifically, it is located within the cytoplasm of the soma and dendrites (Kose, Ito, Saito, & Tanaka, 1990; Kose, Saito, Ito, Kikkawa, Nishizuka, & Tanaka, 1988), and upon activation, translocates to the cell membrane (Kumar et al., 2006).

Specifically related to ethanol's effects, PKC phosphorylates the  $\beta$  and  $\gamma_2$  subunits of the GABA $_A$ R to modulate receptor sensitivity to ethanol (Kellenberger, Malherbe, & Siegel, 1992; Krishek, Xie, Blackstone, Huganir, Moss, & Smart, 1994; Qi, Song, Wallace, Wang, Newton, McMahon, et al., 2007; Song & Messing, 2005; Wafford, Burnett, Leidenheimer, Burt, Wang, Kofuji, et al., 1991), with PKC $\gamma$  enhancing the effect of ethanol on GABA $_A$ Rs (Kumar et al., 2005; Song & Messing, 2005).

Additionally, PKC $\gamma$  expression following ethanol administration is time-dependent in adult rats (Kumar, Lane, & Morrow, 2006). Specifically, 2.0 g/kg ethanol has no effect on PKC $\gamma$  expression in the P2 fraction 10 minutes after administration, but reduces PKC $\gamma$  expression in the P2 by nearly 40 percent 60 minutes after injection. We chose to analyze membrane-bound PKC $\gamma$  expression 40 minutes after a 2.0 g/kg administration of ethanol or saline. Not only does this time point provide a unique glimpse of ethanol's effect on PKC $\gamma$  expression in the P2 fraction compared to previously published work (Kumar et al., 2006) between two different ages, it is also a time when BEC levels between adolescent and adult rats are similar, but slight differences in motor impairments are still manifested (Van Skike et al., 2010). Therefore, altered PKC $\gamma$  expression levels at this time point could directly target an important mechanism



involved in producing age-dependent motor impairments when systemic ethanol concentrations are equivalent.

Indeed, some of the most enlightening work regarding the importance of PKC $\gamma$  in determining ethanol sensitivity involves the use of knock-out mice.

PKC $\gamma$  knock-out mice show reduced potentiation of GABA<sub>A</sub>R mediated ion flux in response to ethanol (Harris et al., 1995). While the behavioral effect of PKC $\gamma$  deletion is a reduction in hypnotic and anxiolytic sensitivity to ethanol compared to wild-type littermates (Bowers et al., 1999; Bowers et al., 2001; Harris et al., 1995). Furthermore, PKC $\gamma$  knock-outs have an enhanced preference for ethanol compared to wild-type littermates (Bowers & Wehner, 2001). These effects, along with the increased impulsivity of PKC $\gamma$  knock-outs (Bowers & Wehner, 2001), are strikingly similar to the behaviors of adolescent rodents: reduced ethanol-induced ataxia and hypnosis (Hefner & Holmes, 2007; Lisenbardt et al., 2009; Little et al., 1996; Pian et al., 2008; Ristuccia & Spear, 2008; Silveri & Spear, 2001; Varlinskaya & Spear, 2002; White et al., 2002), enhanced ethanol preference (Doremus et al., 2005; Lancaster et al., 1996; Walker et al., 2008), and increased impulsivity (Macri et al., 2002).

It is important to consider the impact of PKC $\gamma$  deletion in these mutant mice. Fortunately, PKC $\gamma$  is not expressed at birth but becomes detectable within a week; therefore, it is not likely to affect early neural development of the knockout mouse (Hashimoto et al., 1988). However, PKC $\gamma$  does play a role in hippocampal long-term potentiation, which is impaired in the mutant mouse, but synaptic transmission in the hippocampus remains intact (Abeliovich, Chen, Goda, Silva, Stevens, & Tonegawa, 1993a). Perhaps because of the impaired long-term potentiation in the hippocampus,

mutant mice display modest learning and memory impairments compared to wild-type littermates (Abeliovich et al., 1993b). Within the cerebellum, PKC $\gamma$  is localized to the dendrites of Purkinje neurons (Hashimoto et al., 1988), and its deletion results in slight ataxia (Abeliovich, Paylor, Chen, Kim, Wehner, & Tonegawa, 1993b).

Although there are modest alterations resulting from PKC $\gamma$  deletion, there is a striking similarity between ethanol responsiveness in adolescent rats and PKC $\gamma$  knockout mice. As such, the current work investigates if the expression of PKC $\gamma$  expression varies in accordance with the age-dependent effects of ethanol on motor behavior. It is hypothesized that compared to adults, adolescents will have reduced PKC $\gamma$  peptide expression in brain regions responsible for motor production and precision, specifically the cortex and cerebellum. Since our research question targets reduced PKC $\gamma$  expression as the mechanism underlying some of the age-dependent effects of ethanol, we hypothesize adolescents and adults will have equivalent PKC $\gamma$  expression in the hippocampus based on our data showing similar spatial memory impairments between adolescents and adults in response to an ethanol challenge (Chin et al., 2009; Chin et al., 2010a).

#### *Primary Investigative Goal*

Age-dependent motor impairments produced by ethanol have been well documented, indicating adolescents exhibit reduced sensitivity to the motor-impairing effects of ethanol (Hefner & Holmes, 2007; Lisenbardt et al., 2009; Little et al., 1996; Pian et al., 2008; Ristuccia & Spear, 2008; Silveri & Spear, 2001; Varlinskaya & Spear, 2002; White et al., 2002). Ethanol-induced motor impairments serve as cues to moderate ethanol intake (Spear & Varlinskaya, 2005), which may contribute to amplified alcohol

use during this developmental time period. Indeed, recent national survey data reveal that adolescents are consuming alcohol at alarming rates (Substance Abuse and Mental Health Services Administration, 2010); yet the neural and molecular mechanisms underlying the adolescent's comparative reduction in alcohol sensitivity that potentially underlies the high drinking rates of adolescents has yet to be determined.

Accordingly, we investigated the expression of membrane-bound PKC $\gamma$  as a potential mechanism underlying ethanol's ataxic effects since adolescent rats and PKC $\gamma$  knock-out mice are similarly affected by ethanol, namely exhibiting a reduction in motor impairments following ethanol administration (Harris et al., 1995; Bowers et al., 1999; Bowers et al., 2001). We expect adolescent rats to have reduced PKC $\gamma$  expression compared to adults in the cortex and cerebellum because these regions are responsible for motor production and precision, both of which could be involved in ethanol-induced motor impairments. Additionally, based on our data indicating adolescent and adult rats show similar spatial memory impairments after an acute ethanol challenge (Chin et al., 2009; Chin et al., 2010a), we hypothesize that adolescent and adult rats will have similar levels of PKC $\gamma$  expression in the hippocampus.

## CHAPTER TWO

### Methods and Materials

#### *Animals and Tissue Collection*

Male Sprague-Dawley rats purchased from Harlan Laboratories (Indianapolis, IN) were pair-housed in an IACUC approved animal colony with ad libidum access to food and water. Animals were allotted a 2 day acclimation period before beginning any experimental procedures. Twelve adolescent (PD 40) and twelve adult (PD 120) male Sprague-Dawley rats received a single intraperitoneal injection of 2.0 g/kg 10% (w/v) ethanol (n = 6 per age) or equivalent volume of saline (n = 6 per age). Tissue was harvested via rapid decapitation 40 minutes post-administration, a time point when BECs are equivalent but differential motor impairments between adolescent and adult animals are observed (Van Skike et al., 2010). In addition, this time point following ethanol administration provides unique information concerning ethanol's effect on PKC $\gamma$  expression compared to previously published work (Kumar, Lane, & Morrow, 2006). Whole cortex, cerebellum, and hippocampus were rapidly dissected over ice and stored at -80°C until assayed.

#### *Tissue Preparation*

P2 fractions of individual brain regions were prepared by homogenizing the tissue sample in 0.32M sucrose in phosphate-buffered saline (PBS), followed by a 10 minute centrifugation at 1000  $\times$  g. The resulting supernatant was centrifuged again at 12,000  $\times$  g for 20 minutes. This pellet, the P2 fraction, was resuspended in PBS and stored at -80°C.

### *Western Blot Procedure*

A Bradford assay was conducted to determine the protein concentration of each P2 fraction. Equivalent amounts of protein (20 µg) were loaded into Tris-Glycine gels (8 to 16%), counterbalanced across conditions. Proteins were separated by SDS-PAGE, electroblotted to polyvinylidene difluoride (PVDF) membranes (Invitrogen, Carlsbad, CA), and targeted with PKC $\gamma$  (Santa Cruz Biotechnology, Santa Cruz, CA) primary antibody that was diluted with blocking buffer (50 mL PBS, 25 µL Tween-20, 0.5 g milk powder) to a concentration of 1:2,000. A horseradish peroxidase-conjugated secondary antibody targeted against a rabbit host (Santa Cruz Biotechnology) was applied, with antibody concentration diluted to 1:2,000. Peptide labeling was detected by chemiluminescent substrates (Thermo/Scientific Pierce, Rockford, IL), and exposed to x-ray film under non-saturating conditions. Densitometric measurements of the resulting proteins bands were made with NIH Image J software. All blots were re-probed with  $\beta$ -actin (1:2,000) and an horseradish peroxidase conjugated secondary antibody targeted against a goat host (1:7,500) to verify equivalent protein loading and transfer. All data was normalized to actin expression.

### *Data Analysis*

Densitometric measurements normalized to actin expression were analyzed with a two-way repeated ANOVA [Age (adolescent, adult) X Drug (saline, ethanol)].

More specifically, a generalized randomized block design with 2 treatment levels (GRB-2) was used to assign subjects to the experimental conditions (Kirk, 1995). The organismic variable of age restricted complete randomization of subjects; however,

subjects within each age group were randomly assigned to the treatment conditions of saline or ethanol administration (Kirk, 1995).

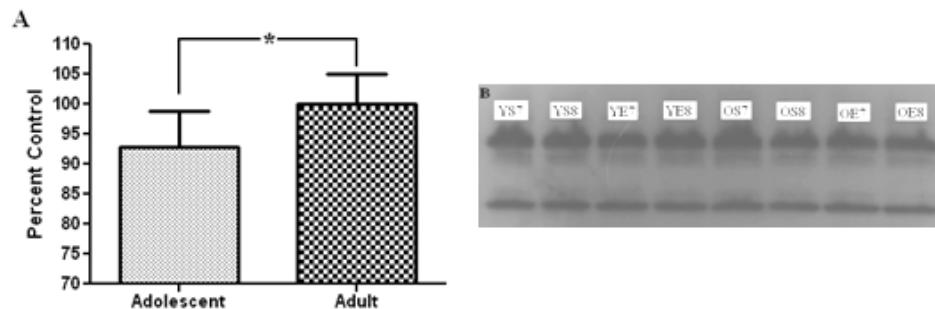
## CHAPTER THREE

### Results

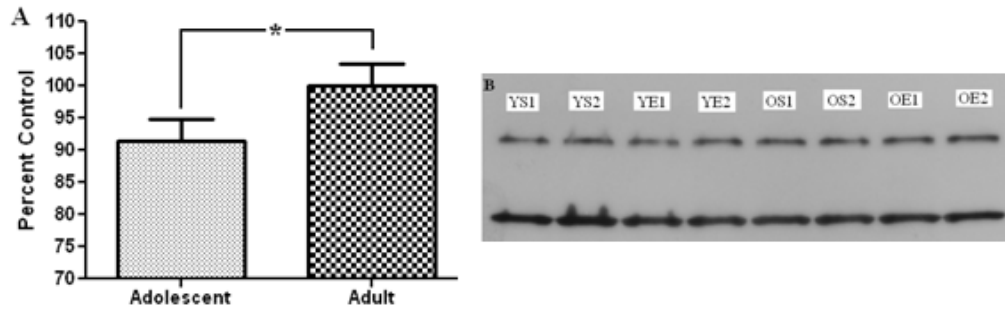
PKC $\gamma$  expression in adolescent rats is significantly reduced in cerebellum ( $F(7,14) = 5.08, p < 0.05$ , Figure 1) and cortex ( $F(7,14) = 16.91, p < 0.01$ , Figure 2) compared to adult peptide expression. However, the differences between PKC $\gamma$  expression levels are modest, with approximately 7% reduction in adolescent cerebellum and 10% reduction in adolescent cortex from adult expression levels.

PKC $\gamma$  expression in the hippocampus was not significantly affected by age ( $F(7,14) = 0.34, p = 0.90$ , Figure 3). Interestingly, acute ethanol administration did not have a significant effect on PKC $\gamma$  expression in any brain region and did not significantly interact with age to alter PKC $\gamma$  expression.

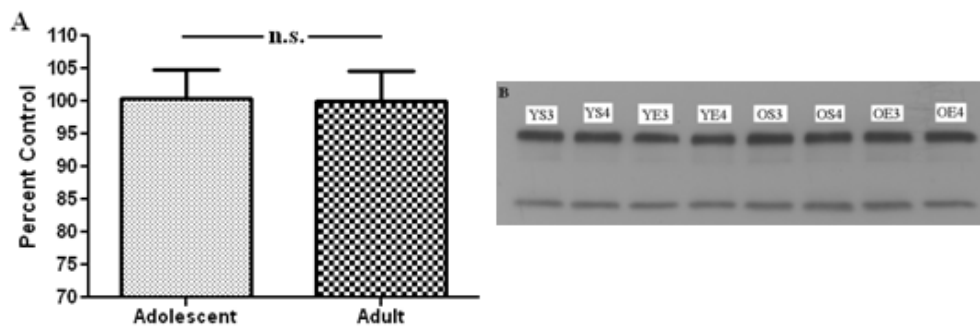
Since there was no effect of ethanol on PKC $\gamma$  expression level in any brain region, all data presented has been collapsed across treatment level, leaving only the main effect of age to be plotted on the graph.



*Figure 1.* Adolescent rats have less PKC $\gamma$  expression in the cerebellum. (A) Optical density of cerebellar PKC $\gamma$  expression normalized to  $\beta$ -actin with adult set as control condition. (B) Representative PKC $\gamma$  expression (top) and  $\beta$ -actin (bottom) in cerebellum. YS = adolescent saline, YE = adolescent ethanol, OS = adult saline, OE = adult ethanol; numeral indicates animal number. Error bars indicate S.E.M.



*Figure 2.* Adolescent rats have less PKC $\gamma$  expression in the cortex. (A) Optical density of PKC $\gamma$  expression in the cortex normalized to  $\beta$ -actin with adult set as the control condition. (B) Representative PKC $\gamma$  expression (top) and  $\beta$ -actin (bottom) in cortex. YS = adolescent saline, YE = adolescent ethanol, OS = adult saline, OE = adult ethanol; numeral indicates animal number. Error bars indicate S.E.M.



*Figure 3.* Adolescent and adult rats have equivalent PKC $\gamma$  expression levels in the hippocampus. (A) Optical density of hippocampal PKC $\gamma$  expression normalized to  $\beta$ -actin with adult set as the control condition. (B) Representative PKC $\gamma$  expression (top) and  $\beta$ -actin (bottom) in cortex. YS = adolescent saline, YE = adolescent ethanol, OS = adult saline, OE = adult ethanol; numeral indicates animal number. Error bars indicate S.E.M.



## CHAPTER FOUR

### Discussion

Adolescents are less sensitive to ethanol-induced motor impairments (Hefner & Holmes, 2007; Lisenbardt et al., 2009; Little et al., 1996; Pian et al., 2008; Ristuccia & Spear, 2008; Silveri & Spear, 2001; Varlinskaya & Spear, 2002; White et al., 2002). This reduced motor sensitivity may contribute to the excessive consumption patterns that are typical of adolescents and young adults (Substance Abuse and Mental Health Services Administration, 2010) by increasing the threshold required to produce biofeedback cues that serve to moderate intake (Spear & Varlinskaya, 2005). Nearly one-third of adolescents and young adults aged 12-17 years consume alcohol (Substance Abuse and Mental Health Services Administration, 2009; 2010); subsequently, the prevalence of alcohol use and addiction is highest slightly thereafter, between 18-25 years of age (Substance Abuse and Mental Health Services Administration, 2009; 2010). The rate of alcohol use during adolescence and young adulthood are concerning, not only because of the potential neurobiological and general health consequences, but also because the reduced motor sensitivity of the adolescent and young adult might enable excessive consumption, which could lead to tolerance and to the formation of detrimental alcohol consumption behaviors. Therefore, it is especially pertinent to identify the neurobiological mechanism that contributes to the reduced ethanol-induced motor sensitivity of the adolescent.

PKC $\gamma$  knockout mice are less sensitive to ethanol-induced motor impairments compared to their wild-type littermates (Harris et al., 1995). Additionally, PKC $\gamma$

knockouts show other behavioral traits that approximate human adolescence, like increased risk taking (Bowers & Wehner, 2001; Macri et al., 2002) and enhanced preference for ethanol compared to wild-type littermates (Bowers & Wehner, 2001), further implicating reduced PKC $\gamma$  expression in adolescent rats as a neurobiological mechanism that would underlie the age-dependent sensitivities to ethanol. Accordingly, we hypothesized that adolescent rats may have reduced PKC $\gamma$  expression in areas involved in movement precision and production, specifically the cerebellum and cortex, that could help explain the reduced sensitivity to ethanol-induced motor impairments seen in adolescent rats (Hefner & Holmes, 2007; Lisenbardt et al., 2009; Little et al., 1996; Pian et al., 2008; Ristuccia & Spear, 2008; Silveri & Spear, 2001; Varlinskaya & Spear, 2002; White et al., 2002).

Contrasting with the age-dependent motor impairments, it is currently unclear if ethanol produces age-dependent effects on hippocampal-dependent spatial memory (Chin et al., 2009; Chin et al., 2010a; Rajendran & Spear, 2004; Markweise et al., 1998). Although there is data in opposition (Markweise et al., 1998), data from our lab indicates adolescents and adults have equivalent hippocampal-dependent spatial memory impairments (Chin et al., 2009; Chin et al., 2010a). Because of these cognitive similarities between adolescent and adult rats, we expected PKC $\gamma$  expression in the hippocampus would be comparable between the two age groups.

We investigated membrane-bound PKC $\gamma$  expression 40 minutes after a 2.0 g/kg intraperitoneal dose of ethanol or saline to directly target a GABA<sub>A</sub>R-mediated mechanism that potentially contributes to age-dependent motor impairments (Kumar et al., 2005). At this time point, systemic ethanol concentrations of the adolescent and adult

rat are equivalent; however, slight differences in motor impairments are still observed (Van Skike et al., 2010). Therefore, differences in PKC $\gamma$  binding expression when BECs are equivalent are more likely to pinpoint a molecular mechanism that differentially affects the GABA $_A$ R to produce some of the age-dependent motor impairments produced by ethanol.

Consistent with our hypotheses, PKC $\gamma$  expression levels were reduced in brain regions controlling motor functioning. Within the cerebellum, adolescent PKC $\gamma$  expression was reduced approximately 7% from expression levels of the adult rat. Additionally, cortical PKC $\gamma$  expression of the adolescent was reduced approximately 10% from adult expression levels. Reduced expression in these brain regions may result in attenuated phosphorylation of the GABA $_A$ R, and therefore less enhancement of chloride ion flux in the presence of ethanol, which may translate into mitigated motor impairments in adolescent rats.

In accordance with our hypotheses, adolescents and adults had similar levels of PKC $\gamma$  expression in the hippocampus. While confirming the null hypothesis does not allow for the generation of strong conclusions, when taken with the cognitive-behavioral data (Chin et al., 2009; Chin et al., 2010a, Chin et al., 2011; Rajendran & Spear, 2004), it provides additional evidence that the adolescent hippocampus may not show enhanced vulnerabilities to ethanol-induced insults when compared with the adult hippocampus. For over a decade adolescents were thought to be more sensitive to ethanol-induced spatial memory impairments than adults (Markwiese et al., 1998); however, recent data demonstrates this may not be the case (discussed in Chin et al., 2010b and Chin et al., 2011). In brief, it has been shown that adolescents learn the MWM task more slowly

than adults, especially during initial acquisition (Chin et al., 2010a). Furthermore, more recent data refutes that initial claim, instead suggesting that adolescents and adults show similar ethanol-induced spatial memory impairments, both in an appetitive sand-digging task (Rajendran & Spear, 2004), and in the MWM (Chin et al., 2009; Chin et al., 2010a, Chin et al., 2011). Therefore, the current cognitive-behavioral (Chin et al., 2009; Chin et al., 2010a; Rajendran & Spear, 2004) and molecular data (Van Skike et al., 2010) are in support of equivalent spatial memory impairments produced by ethanol in both adolescent and adult rats.

The modest, but significant, reductions of PKC $\gamma$  expression in the cerebellum and cortex of the adolescent rat compared to the adult could be due to several different factors. For instance, within the cerebellum, PKC $\gamma$  is localized to Purkinje cells (Hashimoto et al., 1988; Metzger & Kapfhammer, 2000), which serve as the sole output of the cerebellum (Cesa & Strata, 2009). Once again, our method of harvesting whole cerebellum may have attenuated our result. This could be resolved in the future by preparing organotypic cerebellar slice cultures, followed by western blot analysis, as described in Schrenk, Kapfhammer, and Metzger (2001).

Within the cortex, it is plausible that alterations in PKC $\gamma$  expression important for producing age-dependent motor responses to ethanol may be localized to cortical areas specialized in motor production, like the motor and premotor cortex. Alterations in these areas would be especially important in the investigation of an underlying difference in motor sensitivity to ethanol; however, we harvested and analyzed whole cortex, which could have washed out potentially large changes in specific cortical regions. Our method of tissue collection was chosen as an omnibus investigation because of the novelty of our

experimental investigation. To the best of our knowledge, this is the first experiment to consider age-dependent expression of PKC $\gamma$ , especially in its relation to age-dependent motor sensitivities to ethanol administration. Future investigations could use microdissection to isolate the motor cortex and accessory areas responsible for motor production. Additionally, cortical PKC $\gamma$  expression in the P2 fraction after ethanol administration is time-dependent in young adult rats: the expression level is stable 10 minutes after ethanol administration, but is significantly reduced at 60 minutes (Kumar et al., 2006), so the entire time-course of PKC $\gamma$  expression following ethanol administration could be analyzed in the future using both membrane-bound and cytosolic PKC $\gamma$  expression.

PKC $\gamma$  is a cytosolic protein that translocates to the cell membrane upon activation (Kumar et al., 2006). Because of this and the novelty of our investigation, we focused our analysis specifically on the P2 fraction, which contains only membrane-bound proteins. If PKC $\gamma$  expression were to be a plausible mechanism underlying motor sensitivity to ethanol, it would likely manifest itself in membrane-bound protein expression. Our analysis revealed ethanol administration had no effect on PKC $\gamma$  expression in any brain region of interest. This result is not completely inconsistent with previous data indicating cortical PKC $\gamma$  expression is significantly reduced in the P2 fraction 60 minutes, but not 10 minutes, after ethanol administration in young adult rats (Kumar et al., 2006). This indicates membrane-bound PKC $\gamma$  expression is stable up to 40 minutes after ethanol administration, with decreased protein translocation occurring sometime between 40 and 60 minutes post-ethanol (Kumar et al., 2006). This effect may span across several different life stages of the rat; for instance, previously published

research investigated young adult rats (approximately PD 70-84, Kumar et al., 2006), while the current study used adolescent (PD 40) and adult (PD 120) rats. Future research should confirm this, for if decreased protein translocation occurs at the same time point following ethanol administration independently of age, our result of decreased membrane-bound PKC $\gamma$  expression in adolescent rats is likely due to a global reduction in PKC $\gamma$  availability. However, at this point, we cannot determine whether our result is due to an inherent reduction of PKC $\gamma$  within the cytosol or if adolescents have reduced PKC $\gamma$  translocation. As such, cytosolic PKC $\gamma$  expression could be an avenue for future research to help determine the nature and origin of the reduced PKC $\gamma$  expression in the P2 fraction of adolescent cerebellum and cortex.

Additionally, PKC $\gamma$  expression at other time points following ethanol administration should be considered, especially at time points where there are larger manifestations of differential motor impairments between adolescents and adults. The analysis in this study was conducted at a time point where BECs are equivalent, yet slight differences in motor impairments are still observable. In contrast, 20 minutes following ethanol administration, adolescents display less motor impairment than adults, despite having a BEC level nearly twice as great as the adult (Van Skike et al., 2010). Systemic ethanol concentrations do not account for the age-dependent motor impairments at either of these time points; for instance, in the current analysis at 40 minutes, BECs are equivalent, while adolescents at 20 minutes have twice the BEC level of the adult and exhibit less deficits in motor functioning. Analysis at the 20 minute time point, which corresponds to a greater behavioral difference, may yield a bigger effect of differential PKC $\gamma$  expression.

PKC $\gamma$  phosphorylates the GABA $\textsubscript{\text{A}}$ R (Kellenberger et al., 1992; Krishek et al., 1994; Qi et al., 2007; Song & Messing, 2005; Wafford, et al., 1991), and in the presence of ethanol, will enhance ethanol's effects at the receptor (Kumar et al., 2005; Song & Messing, 2005) by increasing ethanol-induced potentiation of GABAergic activity (Weiner et al., 1994). Intuitively, PKC $\gamma$  deletion results in diminished sensitivity to the motor-impairing effects of ethanol (Bowers et al., 1999; Bowers et al., 2001; Harris et al., 1995) and reduced potentiation of GABA $\textsubscript{\text{A}}$ R mediated ion flux in response to ethanol (Harris et al., 1995).

We have demonstrated that adolescent rats have significantly reduced PKC $\gamma$  expression compared to adults in the cortex and cerebellum, brain regions responsible for motor production and precision (Arshavsky et al., 1983; Braitenberg, 1967 Heck, Thach, & Keating, 2007 Brindley, 1964; Brown & Sherrington, 1911; Fritsch & Hitzig, 1870; Levy et al., 1984; Li & Tew, 1966). Therefore, we propose that reduced PKC $\gamma$  expression may be part of a larger GABA $\textsubscript{\text{A}}$ R-mediated mechanism that helps to explain the age-dependent motor impairments produced by ethanol, especially within the cerebellum. For instance, 1.5 g/kg ethanol decreases the *in vivo* spontaneous firing of Purkinje neurons in adult rats by about 20%, but results in a 5% excitation in adolescent rats (Van Skike et al., 2010). This electrophysiological effect correlates with the age-dependent motor impairments: adults exhibit a greater degree of ethanol-induced motor impairments and *in vivo* electrophysiological depression of spontaneous cerebellar Purkinje firing. Purkinje neurons are the sole output of the cerebellum (Cesa & Strata, 2009); therefore, ethanol-induced alterations of their firing rate may translate into deficits in motor coordination since the cerebellum plays a role in timing (Arshavsky et al., 1983;

Braitenberg, 1967) and synchrony (Heck et al., 2007). Additionally, PKC $\gamma$  is abundantly expressed in the dendrites of Purkinje neurons (Hashimoto et al., 1988; Saito et al., 1988). Adolescent rats have slightly reduced PKC $\gamma$  expression in the cerebellum compared to adults, which may attenuate the extent of ethanol-induced potentiation of GABAergic activity within cerebellar Purkinje neurons, thereby mitigating some of the motor impairments produced by ethanol in adolescent rats. Alternatively, adults have comparatively higher membrane-bound cerebellar PKC $\gamma$  expression, which would likely enhance the GABA<sub>A</sub>R-mediated activity, producing a greater motor impairment in adult rats compared to adolescent rats.

This mechanism, partially responsible for reduced motor sensitivity to ethanol in adolescents and young adults, likely plays a role in enabling excessive alcohol consumption during adolescence and young adulthood (Substance Abuse and Mental Health Services Administration, 2010). For instance, PKC $\gamma$  knockout mice voluntarily consume more ethanol than their wild-type littermates (Bowers & Wehner, 2001), perhaps because they are more resistant to motor impairments that serve as feedback cues to regulate ethanol intake (Spear & Varlinskaya, 2005). Consistent with this idea, adolescent rats, which have reduced cortical and cerebellar PKC $\gamma$  expression and are less sensitive to ethanol's motor impairments, also voluntarily consume more ethanol compared to adult rats (Doremus et al., 2005; Lancaster et al., 1996; Walker et al., 2008). Indeed, this pattern of excessive drinking in adolescents and young adults is readily found in human populations as well (Substance Abuse and Mental Health Services Administration, 2010). Because adolescents and young adults exhibit reduced motor sensitivity to ethanol, which may be partially mediated by PKC $\gamma$  and the associated



alterations of ethanol-induced potentiation of GABA<sub>A</sub>R-mediated ion flux, they must consume greater quantities of ethanol to produce the feedback cues that signal to attenuate consumption. Specifically, adolescent PKC $\gamma$  expression is reduced by approximately 10% in the cortex and around 7% in the cerebellum compared to adult PKC $\gamma$  expression levels. This reduction, especially in the cerebellum where PKC $\gamma$  is concentrated in Purkinje neurons (Hashimoto et al., 1988; Saito et al., 1988) that are the sole output of the cerebellum (Cesa & Strata, 2009), may result in attenuated potentiation of GABA<sub>A</sub>R mediated ion flux by ethanol, thereby reducing the manifestation of motor impairments in the adolescent. Additionally, the *in vivo* spontaneous firing rate of the adolescent Purkinje neuron is resilient to ethanol-induced depression, while the spontaneous firing rate of the adult Purkinje neuron is reduced approximately 20% following ethanol administration (Van Skike et al., 2010). Together, this mechanism contributes to the adolescent's reduced sensitivity to the motor impairing effects. With motor impairments serving as feedback cues to attenuate ethanol consumption (Spear & Varlinskaya, 2005), our findings demonstrate evidence toward a neurobiological mechanism that predisposes adolescents and young adults to consume alcohol in an excessive manner.

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