# **REVIEWS**

# **The Role of the Integrated Stress Response (ISR) in Neuropsychiatric Disorders**

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**Abstract**—The integrated stress response (ISR), a key mechanism of cellular response to various stress signals, is highly conserved across eukaryotes from yeast to humans. A central element of ISR is the phosphorylation of eukaryotic initiation factor 2 alpha (eIF2 $\alpha$ ). This process is regulated by several kinases (PERK, GCN2, HRI and PKR) activated by different contextual cellular stressors. The ISR system plays a critical role in maintaining cell homeostasis and survival under stress. However, its chronic activation can lead to cell dysfunction and programmed cell death. Recent studies indicate that ISR is actively involved in the pathogenesis of neurodegenerative diseases, such as Alzheimer's and Parkinson's diseases, amyotrophic lateral sclerosis, and traumatic brain injury. At the same time, the contribution of ISR to common mental pathologies, including depression, schizophrenia, bipolar disorder, post-traumatic stress disorder and addiction, remains poorly understood. Here, we address current data on the role of IRS in the pathogenesis of these disorders, and discuss the possibilities of pharmacological modulation of ISR pathways in the pathological contexts.

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*Abbreviations:* Aβ—beta-amyloid; ATF4—activating transcription factor 4; BDNF—brain-derived neu rotrophic factor; AD—Alzheimer's disease; BD—bipolar disorder; CReP—constitutive repressor of  $eIF2\alpha$  phosphorylation; CHOP—C/EBP homologous protein, also known as DNA damage-inducible transcript 3; DNA—deoxyribonucleic acid; eIF2—eukaryotic translation initiation factor 2; eIF2 $\alpha$  eukaryotic translation initiation factor 2 alpha; eIF2B—eukaryotic translation initiation factor 2B; GADD34—growth arrest and DNA damage-inducible protein, also known as protein phosphatase 1 regu latory subunit 15a; GCN2—general control nonderepressible 2 kinase; GDP—guanosine diphosphate; GTP—guanosine triphosphate; HRI—heme-regulated inhibitor kinase; ISR—integrated stress response; ISRIB—integrated stress response inhibitor; mRNA—messenger ribonucleic acid; MS—multiple scle rosis; NMDA—N-methyl-D-aspartate (glutamate receptor); PERK—PKR-like endoplasmic reticulum kinase; PKR—protein kinase R; PTSD—post-traumatic stress disorder; PP1—protein phosphatase 1; RNA—ribonucleic acid; SSRI—selective serotonin reuptake inhibitor; TrkB—tropomyosin receptor kinase B; TBI—traumatic brain injury; CPP—conditioned place preference;  $p$ -eIF2 $\alpha$ —phosphorylated eukaryotic translation initiation factor 2 alpha; VTA—ventral tegmental area



**Fig. 1.** The Integrated Stress Response (ISR) signaling pathway. PERK—PKR-like endoplasmic reticulum kinase; GCN2—general control nonderepressible 2 kinase; PKR—protein kinase R; HRI—heme-regulated inhibitor kinase; eIF2α—eukaryotic translation initiation factor 2α; ATF4—activating transcription factor 4; GADD34—growth arrest and DNA damage-inducible protein, also known as protein phosphatase 1 regulatory subunit 15a; PP1—protein phosphatase 1; CReP—constitutive repressor of eIF2α phosphorylation; GTP—guanosine triphosphate; GDP—guanosine diphosphate.

#### INTRODUCTION

#### *The Integrated Stress Response (ISR)*

The Integrated Stress Response (ISR) is a highly conserved mechanism of cellular stress response, found in all eukaryotes from yeast to humans [1]. A key event in the ISR signaling cascade is the phos phorylation of the eukaryotic translation initiation factor subunit alpha (eIF2 $\alpha$ ) (Fig. 1). Four main kinases known to catalyze this process include PKRlike endoplasmic reticulum kinase (PERK), general control nonderepressible kinase 2 (GCN2), hemeregulated inhibitor kinase (HRI), and protein kinase R (PKR) [2]. These kinases are activated in response to critical internal and external stressors, which is accompanied by the phosphorylation of appropriate sites. For example, PERK is activated in response to endoplasmic reticulum stress caused by the accumu lation of misfolded proteins or impaired calcium homeostasis [3–5], HRI can be activated by iron deficiency, heat shock, or osmotic stress [6], and

GCN2 responds to amino acid deprivation, ultravio let radiation, and several other stress signals [7, 8]. Signals for PKR activation can be viral doublestranded RNA, cytokines, heat shock proteins, and reactive oxygen species [9–11]. Thus, ISR is trig gered in response to a wide range of stress exposures, the common process for which is eIF2α phosphory lation at *Ser51* by the above kinases to form the phosphorylated eIF2 $α$  (p-eIF2 $α$ ).

The eIF2 $\alpha$  is a subunit of the eukaryotic translation initiation factor 2 (eIF2) complex that also includes β- and γ-subunits. The eIF2 forms a ternary complex with GTP and initiator methionyl (mt) tRNA, which is involved in translation initiation [12]. GTP is hydrolyzed to form GDP, after which the eIF2-GDP complex loses its connection to the 40S ribosomal subunit and diffuses into the cyto plasm. Reactivation of the complex requires yet another factor, eIF2B, which serves as a nucleotide exchanger, promoting GDP substitution for GTP to form eIF2-GTP, which is able to participate again in

translation initiation.

However, during the ISR activation, eIF2α phos phorylation at Ser51 leads to the tight and irreversible binding of eIF2 and eIF2B [13]. Under these condi tions, eIF2 loses the ability to form a ternary complex with GTP and mt-tRNA, resulting in an overall inhi bition of mRNA translation and protein synthesis in the cell. In parallel, translation of some mRNAs with short open reading frames in the 5'-noncoding region increases due to alternative mechanisms of transla tion initiation [14–16]. These mRNAs are translated into proteins that ensure the cell response to stress ors.

Among these proteins, the most studied is the activating transcription factor 4 (ATF4) that regu lates the expression of genes whose products are involved in the transport and biosynthesis of amino acids, carbohydrate metabolism, antioxidant defense, apoptosis, and other processes essential for the cellular response to homeostatic imbalance [17]. In addition, ATF4 is able to trigger the genetic expression of a number of proteins involved in the regulation of programmed cell death, the key one being the pro-apoptotic DNA damage inducible transcript 3, also known as the C/EBP homologous protein (CHOP) [18, 19]. In general, ISR is consid ered to be an adaptive reaction aimed at restoring homeostasis and ensure cell survival. However, chronic ISR activation leads to cell dysfunction and can triggerthe programmed cell death pathways [1].

Importantly, IRS activation never entails to a complete arrest of protein synthesis in the cell, due to a feedback mechanism as ATF4 induces the gene expression of the growth arrest and DNA damageinducible protein (GADD34), also known as a pro tein phosphatase 1 regulatory subunit 15a, which pro motes eIF2α dephosphorylation [19, 20]. Another feedback mechanism includes an ISR-induced increase in the protein level of CreP, a constitutive repressor of eIF2α phosphorylation [21]. Experi mental evidence also suggests some baseline level of ISR activation, because a fraction of eIF2α mole cules are always in the phosphorylated state [22–25]. Thus, stress exposures only shift the p-eIF2 $\alpha$ /eIF2 $\alpha$ balance toward the phosphorylated form. Moreover, ISR signaling can be involved in a number of physio logical processes, independent of the presence of stressors, such as cell cycle regulation [26], glucose metabolism [27], and the maintenance of antioxidant defense [23].

eIF2 $\alpha$  signaling plays a special role in nerve cells. For example, the shift in the p-eIF2 $\alpha$ /eIF2 $\alpha$  ratio serves as a mechanism for the regulation of the pro cesses of long-term potentiation, depression, and shaping synaptic plasticity [28–30]. ISR may play a role in memory formation and the implementation of cognitive functions [29–33]. For example, a het erozygous mutation in the *eIF2*α gene at the *Ser51* phosphorylation site (rendering its phosphorylation impossible) improves long-term memory consolida tion in mice [29], whereas pharmacological inhibi tion of eIF2α dephosphorylation in the mouse hippocampus reduces fear memories [29, 34]. Mice with a constitutive deletion in the eIF2 $\alpha$  kinase GCN2 gene show paradoxical memory improve ment during complex task execution, and impaired memory in a standard training paradigm [35]. Per haps, stimulus-induced eIF2α phosphorylation in the dendrites and axons of neurons leads to a local suppression of protein synthesis and ATF4-mediated activity inhibition of CREB1, a transcription factor that stimulates the expression of genes involved in synaptic plasticity [36]. However, stimulus-induced reduction in ATF4 mRNA levels in the hippocam pus of mice impairs synaptic plasticity and glutama tergic function, ultimately disrupting long-term memory formation [37]. Finally, the exposure of pri mary neuronal cultures to the brain-derived neuro trophic factor (BDNF) elevates the translation of the of protein phosphatase 1 regulatory subunit 15a (GADD34), followed by a decrease in p-eIF2 $\alpha$  levels and an increase in *de novo* protein synthesis [38]. In addition to its involvement in animal memory formation, ISR has been linked to the regulation of eating behavior [39–41]. For example, genome edit ing of eIF2α at *Ser51* (making its phosphorylation impossible) in neurons expressing agouti-related peptide leads to eating disorders and increased leptin sensitivity [40].

The importance of ISR in the CNS is further sup ported by the fact that the brain is one of the organs most susceptible to ISR dysregulation [42]. For example, mutations in the gene encoding CReP, a constitutive eIF2 $\alpha$  phosphatase, are associated with microcephaly and diabetes [43], mutations in the  $eIF2\alpha$  kinase PERK gene are associated with diabetes, skeletal dysplasia, and mental retardation [44], while mutations in the genes encoding eIF2B sub-

units cause leukoencephalopathy with vanishing white matter [45]. Mounting evidence points to the involvement of ISR in CNS pathologies associated with neural tissue degeneration, such as Alzheimer's, Parkinson's and Huntington's diseases, amyotrophic lateral and multiple sclerosis, as well as traumatic brain injury [46–50]. For example, many character istic pathological processes in these diseases, such as oxidative stress, mitochondrial dysfunction, protein misfolding, amino acid deprivation, and impaired calcium homeostasis, can trigger ISR through the activation of specific eIF2 $\alpha$  kinases [42]. In turn, ISR hyperactivation may be one of the pathological mechanisms responsible for the dysfunction and degeneration of nerve and glial cells, and eventually for the functional impairments observed in these brain diseases. Data on ISR activation in these pathologies and its modulation in animal models are summarized in Table 1.

However, while the involvement of ISR in the above pathologies has been described in detail [42, 50, 166–168], the role of the ISR system in the most common psychiatric brain disorders, including depression, anxiety, schizophrenia, bipolar disorder (BD), posttraumatic stress disorder, and drug addic tion (substance use disorder), is much less studied and hence merits further consideration. Here, a spe cial focus will also be made on experimental data supporting the prospects for pharmacological ISR modulation in the context of these pathologies.

# THE ISR CASCADE MODULATORS

The selective ISR inhibitor (ISRIB) is a relatively recently synthesized experimental small molecule (Fig. 2) that exerts an inhibitory effect on the cellular ISR pathway [169, 170] through a highly specific binding to eIF2B, thus promoting its dimerization, due to which the efficiency of eIF2B as a nucleotide exchange factor increases, while it becomes insensi tive to the eIF2 $\alpha$  phosphorylation (Fig. 2). Thus, ISRIB blocks the negative effect of eIF2α phosphor ylation on translation, which prevents ISR by directly affecting the main mechanism of its activa tion [169].

Salubrinal (Fig. 2) is another new experimental ISR-modulating drug [171, 172] whose main mech anism of action is based on inhibiting the GADD34:PP1 complex consisting of serine/threonine protein phosphatase (PP1) and the regulatory subunit (GADD34), which acts as a PP1 regulatory subunit 15A [173–176]. This, in turn, leads to the inhibition of eIF2 $\alpha$  dephosphorylation and, as a consequence, to indirect ISR activation. A similar mechanism of action has been observed in some other salubrinal-related drugs, specifically, Sal003 and Sephin1 [125, 177–180]. The third key class of drugs with a pronounced effect on ISR are PERK inhibitors, specifically, GSK2606414 and GSK2656157 (Fig. 2) [181–183]. In contrast to other drugs, PERK inhibitors have a stimulatory effect on ISR, and their use in experimental practice is mainly associated with the possibility of tumor growth suppression [184, 185].

#### ISR IN CNS PSYCHIATRIC PATHOLOGIES

*Major depressive disorder* (MDD) is a widespread and clinically heterogeneous mental illness with a complex etiology and high resistance to therapy. The main MDD symptoms include a prolonged decline in mood and motivation, impaired cognitive func tions, and autonomic symptoms, such as sleep and appetite disorders [186]. Neuroinflammation [187], oxidative stress [188], and endoplasmic reticulum stress [189] have also been implicated in the patho genesis of depression, and all, as already noted, can trigger ISR. Although clinical studies indicative of ISR activation in depression are rather scarce, ele vated ATF4 expression has been described in post mortem samples of the prefrontal cortex from depressed suicidal patients [190] and in peripheral blood samples of mononuclear cells from depressed patients [191, 192]. Furthermore, genome-wide association studies suggest a potential association of an intronic mutation in the *EIF2B* gene (which encodes the eIF2 complex regulatory subunit) [193], polymorphism of the transcription factor-binding domain in the *EIF2AK1* gene (which encodes the eIF2 $\alpha$  kinase HRI) [194], as well as polymorphism of the *ATF4* regulatory region [195], with the risk of depression.

Evidence from experimental animal models of depression also indicates a possible activation of ISR in affective pathogenesis. For example, in a mouse model of chronic social defeat, hippocampal levels of PERK and eIF2 $\alpha$  phosphorylated forms increase, and activation of the PERK-eIF2α pathway can

## THE ROLE OF THE INTEGRATED STRESS RESPONSE



# **Table 1.** Evidence for the Integrated Stress Response (ISR) activation in neurodegenerative pathologies

APP23 mouse model of AD ISRIB prevents p-eIF2α-mediated long-term memory impairment in an acute AD mouse model [51] ISRIB restores synaptic function and memory in a transgenic mouse model of AD [51] ISRIB reduces Aβ-induced markers of endoplasmic reticulum stress, neurodegeneration, and neuroin flammation in a rat model of Aβ brain injection [71] ISRIB could not restore memory impairment in APP/PS1 and APP J20 mouse models of AD [81, 82]

**Table 1.** (Contd.)







**Table 1.** (Contd.)





**Fig. 2.** Mechanisms of action of the Integrated Stress Response (ISR) modulators. PERK—PKR-like endoplasmic reticulum kinase; eIF2α—eukaryotic translation initiation factor 2α; ATF4—activating transcription factor 4; GADD34—protein phosphatase 1 regu latory subunit 15a; PP1—protein phosphatase 1.

inhibit CREB, leading to the suppression of BDNF expression [196]. Likewise, ISR activation is also found in rat models of depression based on moderate unpredictable stress, leading to increased PERK and

 $eIF2\alpha$  phosphorylation in the hippocampus, as well as increased protein levels of ATF4 and eIF2α phos phorylated form in the prefrontal cortex [192], with depression-like behavior in the sucrose preference and the forced swim tests. In male Wistar rats exposed to mild stressors (e.g., white noise, bright light, immobilization, swimming in hot and cold water) for 6 weeks [197], depression-like behavior parallels an increase in PERK and eIF2α phosphor ylated forms in hippocampal samples, while the serotonergic antidepressant fluoxetine, a selective serotonin reuptake inhibitor (SSRI), normalizes these changes. Lastly, in female Wistar rats, a 6-week chronic unpredictable stress protocol evokes an increase in *ATF4* gene expression in the prefrontal cortex, which is abolished by another SSRI, ser traline [198], suggesting that the suppression of eIF2α signaling activity may be somehow linked to mechanisms underlying the therapeutic effect of SSRI antidepressants.

In another experimental model, a depressive-like state in rats was induced by lipopolysaccharide (LPS) injections, which also led to the activation of PERK kinase in the hippocampus, but not in the prefrontal cortex [199]. In contrast, ISRIB adminis tration to rats reduced both LPS-induced neuroin flammation and depression-like behavior [199]. Finally, two mouse models of depression, LPSinduced neuroinflammation and corticosteroneinduced stress, showed elevated eIF2α phosphoryla tion in serotonergic raphe neurons, decreased BDNF levels, increased content of endoplasmic reticulum stress-related proteins, as well as anxietyand depression-like behavior [200]. Injections of tunicamycin, a compound that induces endoplasmic reticulum stress and consequent ISR activation, into the mouse dorsal raphe nuclei also increased p $eIF2\alpha$  levels in these nuclei and depression-like behavior. Local tunicamycin injections into the raphe nuclei altered the expression of genes encod ing neuroplasticity-related proteins (e.g., BDNF and its receptor TrkB, neuritin, and others), and decreased serotonin-mediated neurotransmission in other brain regions [200].

In contrast, ISRIB injections block tunicamycininduced changes in gene expression of synaptic pro teins and prevent depressive-like behavior of animals [200]. At the same time, the administration of salu brinal, an eIF2α inhibitor and ISRIB activator,

enhances tunicamycin effects on the above parame ters [200]. Interestingly, ketamine, an inhibitor of N-methyl-D-aspartate (NMDA) glutamate recep tors, considered as a fast-acting antidepressant, also normalizes tunicamycin-induced changes in p-eIF2 $\alpha$ levels and behavior, assuming that increased eIF2 $\alpha$ phosphorylation and the activation of  $p$ -eIF2 $\alpha$ mediated signaling in the dorsal raphe nuclei may be responsible for the impairments in neurotransmis sion, neuroplasticity and behavior, observed in experimental models [200]. Overall, despite the pau city of clinical data, animal model studies indicate that ISR and especially PERK-eIF2 $\alpha$  signaling may play an important role in the pathogenesis of depres sion, opening up new avenues for the use of drugs targeting the ISR system as possible antidepressants.

*Schizophrenia* is a prevalent heterogeneous disor der with an intricate etiology, resulting due to a combination of genetic predisposition and environ mental factors [201]. The symptoms of schizophre nia are categorized into the positive (delusions and hallucinations) and negative (a lack of motivation, social isolation, and cognitive impairments) [202]. Although the role of ISR in the pathogenesis of this disease remains poorly understood, evidence of ISR involvement in schizophrenia can be found in genetic studies, clinical reports, as well as in experi mental models of the disease. For example, certain single nucleotide mutations in the *ATF4* gene are associated with schizophrenia in males, but not in females, in China [203]. A genome-wide association study of >13000 cases links schizophrenia to *EIF2AK2* encoding the eIF2 $\alpha$  kinase HRI [204]. Proteomic analysis of the prefrontal cortex in schizophrenia patients shows elevated level of another eIF2 $\alpha$  kinase, GCN2 [205]. The neurospheres derived from olfactory epithelial cells of schizophrenia patients also demonstrate lower both global protein synthesis and ribosomal protein con tent. A subsequent pathway analysis of differentially expressed proteins and mRNA transcripts in neuro spheres showed the enrichment of the pathway asso ciated with eIF2 $\alpha$  signaling. Studies of blood cells from schizophrenia patients demonstrate elevated  $eIF2\alpha$  phosphorylation in lymphocytes [206] the fraction of peripheral blood mononuclear cells [207], suggesting a possible systemic activation of ISR.

Evidence of ISR activation has also been

described in mouse models of schizophrenia. For example, in a model of prenatal exposure to the viral mimetic polyriboinosinic-polyribocytidylic acid (poly I:C, an immunostimulant causing schizo phrenia-like changes in offspring), there is increased p-eIF2α/eIF2α ratio in the hippocampus and prefrontal cortex [206]. In another model, mice with a conditional knockout of the *CACNA1C* gene (which encodes the L-type Cav1.2 calcium channel associated with schizophrenia and BD) in the excit atory glutamatergic neurons of the prefrontal cortex [208] exhibit increased anxiety and social behavior disorder, as well as decreased protein synthesis and increased p-eIF2 $\alpha$  level in the prefrontal cortex, whereas ISRIB restores protein synthesis and nor malizes behavioral impairment in this model [208]. Using a culture of cortical neurons with a mutant *DISC1* (disrupted in schizophrenia 1) gene associ ated with schizophrenia, there were observed ATF4 accumulation in the cell nuclei and ATF4-induced changes in the expression of a number of genes lead ing to synaptic dysfunction [209]. A structural analy sis showed that mutations in the *DISC1* gene prevent DISC1-ATF4 complex formation, resulting in the impaired DISC1-mediated suppression of ATF4 activity [209]. Genetic suppression of ATF4 expres sion (by a heterozygous *ATF4* mutation) normalizes synaptic function, restoring the density of synaptic contacts, as well as increasing the average frequency of spontaneous discharges and the number of active neuronal gap junctions. In contrast, the enhancement of ATF4 expression in a culture of non-mutant neu rons leads to transcriptomic changes and decreased synaptic excitability, similar to those observed in *DISC1*-mutant cells. This suggests a key role of ATF4 in the pathogenesis of *DISC1*-mediated schizophre nia, and raises the question of the role of ISR-medi ated ATF4 activation in other forms of this disease (e.g., an analysis of brain cortex samples from patients with schizophrenia shows a decrease in the pivotal ISR components, PERK and ATF4 [210]).

Moreover, mice with a conditional *PERK* knock out in the cerebral cortex exhibit several schizophre nia-like behavioral abnormalities related to information processing and behavioral flexibility, as well lower p-eIF2 $\alpha$  and ATF4 levels in the prefrontal cortex [210]. The content of p-eIF2α and ATF4 in the prefrontal cortex of older adults with schizophre nia is indistinguishable from controls [211]. In general, the inconsistency of these data may be due to the great clinical heterogeneity of schizophrenia, as well as the differences in animal models employed. Therefore, despite the growing body of evidence of ISR involvement in schizophrenia, the specific role of this pathway in its pathogenesis remains obscure and warrants further investigation.

*Bipolar disorder* (BD)is characterized by recurrent swings of mood and various specific cognitive, phys iological and behavioral symptoms [212]. To date, there is only indirect evidence for a possible role of ISR in the pathogenesis of BD. For example, in a human lymphocyte culture model, tunicamycin (as an endoplasmic reticulum stress activator) stimulates eIF2α phosphorylation in controls, but not in lym phocytes of BD patients [213]. The lack of a normal response to tunicamycin is accompanied by increased cell mortality, and this effect is only observed for lymphocytes from patients at the late stage of the disease. These data suggest the role of ISR dysfunctions in BD.

Peripheral blood cells from BD patients show ele vated endoplasmic reticulum stress markers [213– 216], although it remains unclear whether these changes are associated with eIF2 $\alpha$  phosphorylation and ISR activation per se. Lastly, a recent genetic analysis of public genomic databases of BD patients using Mendelian randomization to link the genes encoding ISR pathway components to BD [217] revealed significant BD associations with the *EIF2B5* gene encoding the eIF2B factor subunit (a molecular target of ISRIB), as well as with *EIF2AK4* encoding GCN2, an eIF2α kinase.

*Post-traumatic stress disorder* (*PTSD*) results from a severe traumatic event and is accompanied by long-term psychiatric, neuroendocrine, and neuro physiological disturbances [218]. Data on the involvement of ISR in the pathogenesis of PTSD are currently limited to animal models using single pro longed stress in rats, which elevates p-eIF2α and p-PERK levels and the content of several endoplasmic reticulum stress markers in the prefrontal cortex [219, 220], as well as evokes the accumulation of ATF4 and CHOP proteins in the nuclei of prefrontal cortical neurons, paralleled by increased apoptosis and behavioral disorders related to the rat learning abilities and memory [219]. Interestingly, the PERK inhibitor GSK2606414 restores both changes in pro tein levels and behavioral abnormalities, observed in

this model of PTSD [219]. Overall, these data sug gest a PERK-dependent ISR hyperactivation in this model, yet calling for further studies using alterna tive models, as well as more extensive and systematic clinical data, to draw a definite conclusion on the role of ISR in PTSD.

*Drug addiction*. The dependence on the use of diverse psychoactive substances (substance use dis order) is also based on long-term molecular and cel lular alterations in neurons of the mesolimbic and dopaminergic systems [221], in which ISR has recently been implicated. For example, in rat condi tioned place preference (CPP), as well as cocaine and morphine self-stimulation studies, exposure to a drug-associated stimulus evokes a decrease in p $eIF2\alpha$  and ATF4 levels in the basolateral amygdala [222], whereas injections of Sal003 (an eIF2 $\alpha$  phosphatase inhibitor) into this brain region suppresses drug-directed behavior, while decreased *ATF4* expression via RNA interference blocks the effect of Sal003. Injection of the latter into the rat nucleus accumbens suppresses drug-seeking behavior in the rodent model of cocaine withdrawal [223]. In mice, cocaine [224, 225], nicotine [226], alcohol and methamphetamine [224] reduce eIF2α phosphory lation level in the ventral tegmental area (VTA), a key brain region involved in the formation of drug addiction [227]. Interestingly, young adolescent mice with reduced p-eIF2 $\alpha$ /eIF2 $\alpha$  ratio in the VTA show a greater predisposition to cocaine and nico tine addiction [224, 226]. Moreover, in young mice, cocaine and nicotine are able to induce long-term potentiation in VTA neurons (one of the mecha nisms behind the formation of addiction) at lower doses compared to adults [224, 226].

Genetic suppression of eIF2α phosphorylation in the VTA (Ser51 substitution for alanine in one of the *EFf2s1* gene alleles) lowers the threshold of nicotineand cocaine-induced long-term potentiation in the VTA neurons of adult mice to a level comparable to that observed in adolescents [224, 226]. At the same time, the administration of the ISR activator Sal003 into the VTA inhibits the effect of cocaine on longterm potentiation, and additionally, reduces the indi ces of addictive behavior in adolescent mice [224].

In contrast, ISRIB enhances the effects of cocaine and nicotine on long-term potentiation and, addi tionally, contributed to the formation of addictive behavior [225]. The administration of the cannabi-

noid receptor agonist WIN 55,212-2 to rats also decreases eIF2 $\alpha$  phosphorylation in the nucleus accumbens of adolescent, but not adult, individuals [228], whereas WIN 55,212-2 and cocaine enhance each other's behavioral effects (cross-sensitization) in adolescent rats [228]. The involvement of eIF2 $\alpha$ signaling in the pathogenesis of drug addiction is fur ther supported by the fact that in humans, the genetic predisposition to smoking is associated with a polymorphism of *EFf2s1* that encodes eIF2α [226]. Thus, ISR inhibition in the neurons of the mesolim bic system plays an important role in the formation of addiction to a wide variety of drugs, while the sup pression of p-eIF2α signaling may be a key factor determining a greater predisposition of young indi viduals to drugs.

Chronic morphine exposures increases  $p$ -eIF2 $\alpha$ content in the rat cerebral cortex, which is accompa nied by apoptotic changes in cell morphology [229], while systemic morphine injections elevate p-eIF2α levels in the rat spinal cord and increase the expression of endoplasmic reticulum stress and apoptosis markers [230]. Repeated amphetamine administration increases p-eIF2α phosphorylation and decreases total protein synthesis in the mouse striatum [231], while a single exposure to a high dose of methamphetamine and amphetamine increases  $p$ -eIF2 $\alpha$  levels in the mouse hippocampus [232] and rat striatum [233]. Taken together, these observations indicate that patho logical changes in the brain caused by drugs of abise (including opiates and amphetamine), are associated with the activation of the ISR system.

#### GENERAL DISCUSSION

ISR is an important protective mechanism aimed at maintaining cellular homeostasis under stress con ditions. At the same time, altered eIF2 $\alpha$  signaling can have both adaptive and pathogenic effects, depending on the context and the degree of ISR acti vation. In the short term, this mechanism promotes cell survival by reducing the total level of protein synthesis and redistributing homeostasis restorative resources. However, a chronic activation of the ISR pathway can induce programmed cell death via mediators, such as ATF4 and CHOP, which may lead to neuronal dysfunction and cell death, as described in Alzheimer's and Parkinson's diseases, as well as in other neurodegenerative disorders.

However, the functional significance of ISR sig naling cascades for mental diseases remains unclear. On the one hand, the above data attest to the involvement of ISR components in the pathogenesis of depression, schizophrenia, BD, addiction, and PTSD. Furthermore, ISR modulators, such as ISRIB and salubrinal, show therapeutic efficacy in some models of these diseases. On the other hand, the possibility for the changes in eIF2 $\alpha$  signaling to be not causative but consequential for general cellu lar dysregulation in pathology cannot be ruled out.

Notably, most of the data discussed here are obtained using animal models, and this introduces certain limitations into their interpretation. Firstly, such models do not always fully capture the com plexity and multicomponent nature of mental illness in humans. Secondly, the pathogenesis of depression or schizophrenia in humans often involves a wide range of factors, such as genetic, social, and bio chemical components that are difficult to reproduce in animal experiments. Thirdly, the significance of ISR in rodent models of neurodegeneration and mental disorders may vary depending on the meth ods used and experimental conditions. For example, ISR activation in the rat hippocampus in a model of chronic unpredictable stress may represent a response to chronic stress, but not necessarily mean that this cascade is the first cause of the disease.

Furthermore, the issue of the advisability of artifi cial modulation of eIF2 $\alpha$  signaling activity under conditions of pathology remains open. On the one hand, such drugs as ISRIB and salubrinal show a potential to improve behavioral and neurophysiolog ical parameters in some models of the above pathol ogies. On the other hand, artificial inhibition or stimulation of eIF2α signaling may have unpredict able consequences toward general cellular homeo stasis, especially in the context of complex multicomponent CNS pathologies. Finally, biologi cal effects of ISR modulators (e.g., ISRIB) with vs. without CNS pathology merit further scrutiny. Overall, despite the potential importance of ISR in the pathogenesis of mental disorders, current data remain fragmentary, and it remains unclear whether ISR is a pivotal mechanism or a collateral link in a broader network of pathophysiological systemic changes in the brain. Future research should focus on integrating the knowledge of the role of ISR and other signaling cascades and on developing therapeutic strategies aimed at precise and controlled intervention in this pathway.

#### CONCLUSION

ISR in the brain is an important mechanism of cellular adaptation to biological stress, affects neuro nal activity and is involved in the pathogenesis of multiple CNS diseases. Both ISR activation (e.g., in depression and PTSD) and inhibition (e.g., in some models of BD, schizophrenia, and addiction) can correlate with the development of mental disorders. Thus, pharmacological agents (e.g., ISRIB and salu brinal) that target diverse components of the ISR system represent promising therapeutic tools to min imize negative effects of ISR activation or inhibition in the brain by modulating the symptoms of mental illness. In general, future studies can further eluci date the specific roles of the ISR pathways in mental disorders and develop targeted therapies mitigating their deleterious effects and preventing the develop ment of undesirable side effects associated with ISR deregulation. The deeper insight into the complex interplay between cellular stress responses and the pathogenesis of mental disorders will advance treat ment strategies for these conditions.

### AUTHORS' CONTRIBUTION

Conceptualization (A.V.K., N.P.I.), article draft ing (N.P.I., V.S.N., A.V.K.), writing and editing the final version (N.P.I., V.S.N., A.V.K.)

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# ETHICS APPROVAL

This work does not contain experimental animal or human studies.

### CONFLICT OF INTEREST

The authors of this work declare that they have no conflict of interest.

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