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 α). 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: $A\beta$ —beta-amyloid; ATF4—activating transcription factor 4; BDNF—brain-derived neurotrophic factor; AD–Alzheimer's disease; BD–bipolar disorder; CReP–constitutive repressor of eIF2 α phosphorylation; CHOP-C/EBP homologous protein, also known as DNA damage-inducible transcript 3; DNA—deoxyribonucleic acid; eIF2—eukaryotic translation initiation factor 2; eIF2 α 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 regulatory 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 sclerosis; 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 α -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; $eIF2\alpha$ –eukaryotic translation initiation factor 2 α ; 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 $eIF2\alpha$ 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 phosphorylation of the eukaryotic translation initiation factor subunit alpha (eIF2 α) (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 accumulation 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, ultraviolet 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 triggered in response to a wide range of stress exposures, the common process for which is eIF2 α phosphorylation at *Ser51* by the above kinases to form the phosphorylated eIF2 α (p-eIF2 α).

The eIF2 α 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 cytoplasm. 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, eIF2 α phosphorylation at Ser51 leads to the tight and irreversible binding of eIF2 and eIF2B [13]. Under these conditions, eIF2 loses the ability to form a ternary complex with GTP and mt-tRNA, resulting in an overall inhibition 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 translation initiation [14–16]. These mRNAs are translated into proteins that ensure the cell response to stressors.

Among these proteins, the most studied is the activating transcription factor 4 (ATF4) that regulates 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 considered to be an adaptive reaction aimed at restoring homeostasis and ensure cell survival. However, chronic ISR activation leads to cell dysfunction and can trigger the 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 protein phosphatase 1 regulatory subunit 15a, which promotes eIF2 α dephosphorylation [19, 20]. Another feedback mechanism includes an ISR-induced increase in the protein level of CreP, a constitutive repressor of eIF2 α phosphorylation [21]. Experimental evidence also suggests some baseline level of ISR activation, because a fraction of $eIF2\alpha$ molecules are always in the phosphorylated state [22–25]. Thus, stress exposures only shift the p-eIF2 α /eIF2 α balance toward the phosphorylated form. Moreover, ISR signaling can be involved in a number of physiological 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 α /eIF2 α ratio serves as a mechanism for the regulation of the processes 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 heterozygous mutation in the eIF2 α gene at the Ser51 phosphorylation site (rendering its phosphorylation impossible) improves long-term memory consolidation in mice [29], whereas pharmacological inhibition of eIF2 α dephosphorylation in the mouse hippocampus reduces fear memories [29, 34]. Mice with a constitutive deletion in the eIF2 α kinase GCN2 gene show paradoxical memory improvement during complex task execution, and impaired memory in a standard training paradigm [35]. Perhaps, stimulus-induced eIF2 α 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 hippocampus of mice impairs synaptic plasticity and glutamatergic function, ultimately disrupting long-term memory formation [37]. Finally, the exposure of primary neuronal cultures to the brain-derived neurotrophic factor (BDNF) elevates the translation of the of protein phosphatase 1 regulatory subunit 15a (GADD34), followed by a decrease in p-eIF2 α 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 editing of eIF2 α 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 supported 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 α phosphatase, are associated with microcephaly and diabetes [43], mutations in the eIF2 α 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 characteristic 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 α 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 addiction (substance use disorder), is much less studied and hence merits further consideration. Here, a special 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 insensitive to the eIF2 α phosphorylation (Fig. 2). Thus, ISRIB blocks the negative effect of eIF2 α phosphorylation on translation, which prevents ISR by directly affecting the main mechanism of its activation [169].

Salubrinal (Fig. 2) is another new experimental ISR-modulating drug [171, 172] whose main mechanism 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 α 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 functions, 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 pathogenesis of depression, and all, as already noted, can trigger ISR. Although clinical studies indicative of ISR activation in depression are rather scarce, elevated ATF4 expression has been described in postmortem 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 α 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 α phosphorylated forms increase, and activation of the PERK-eIF2 α pathway can

THE ROLE OF THE INTEGRATED STRESS RESPONSE

Table 1. Evidence for the Integrated Stress Response (ISR) activation	in neurodegenerative pathologies
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Findings	References
Alzheimer's Disease (AD)	
↑ p-eIF2α in various brain regions of AD patients	[51-58]
↑ p-PKR in the brains of AD patients	[53]
↑ p-PERK in the olfactory bulbs of AD patients	[56]
\downarrow eIF2B in the brains of AD patients	[51]
\downarrow p-eIF2 α in the brains of AD patients at late stages of the disease	[59]
Distribution of p-PERK correlates with abnormally phosphorylated tau protein in the brains of AD patients	[60]
\uparrow p-eIF2 α , p-PERK, ATF4, and other UPR markers in mouse and rat models of AD	[51,53–55, 61–72]
\downarrow p-eIF2 α in the brain of rats after injection of A β oligomers into the brain ventricles	[73]
\downarrow p-eIF2 α at early stages of the disease in Tg2576 transgenic mouse model	[74]
A β peptide causes PKR-mediated increase in p-eIF2 α in primary mouse neurons and in the brains of monkeys	[34]
PERK-independent \uparrow p-eIF2 α , \downarrow GADD34, and reduced protein synthesis in astrocytes of 3xTg-AD mice	[75]
↑ p-eIF2α in cells overexpressing mutant Aβ precursor protein	[55]
↑ p-eIF2α in human neuroblastoma cells exposed to Aβ oligomers	[76, 77]
↑ p-eIF2α in a cell line overexpressing mutant Aβ precursor protein	[55]
Deletion of PERK gene improves synaptic plasticity and spatial memory in mouse models of AD	[61]
Deletion of $eIF2\alpha$ phosphorylation site in 5xFAD transgenic mice did not lead to improved behavioral performance	[78]
PERK haploinsufficiency reduced UPR activation and cognitive impairment in 5XFAD transgenic mice	[62]
Conditional PERK knockout in the forebrain reduces $p-eIF2\alpha$ and restores long-term potentiation in the APP/PS1 mouse model of AD	[79]
GCN2 gene deletion leads to hyperactivation of the PERK-eIF2 α pathway and increased amyloidosis in the brain of 5XFAD transgenic mice	[80]
Salubrinal increases beta-secretase levels and A β synthesis in primary neurons	[54]
Salubrinal reduced oxidative stress and apoptosis markers caused by $A\beta$ injections into the brain ventricles of rats	[73]
Salubrinal reduced AD-like symptoms at early stages of pathology in Tg2576 transgenic mouse model	[74]
$GSK2606414$ reduces p-eIF2 α and restores long-term potentiation in the APP/PS1 mouse model of AD	[79]
PKR inhibitor SAR439883 showed neuroprotective effect in several mouse models of AD	[72]
GADD34 injections into the hippocampus reduced \uparrow p-eIF2 α and improved cognitive performance in APP23 mouse model of AD	[64]
ISRIB prevents p-eIF2\alpha-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 A β -induced markers of endoplasmic reticulum stress, neurodegeneration, and neuroin- flammation in a rat model of A β brain injection	[71]
ISRIB could not restore memory impairment in APP/PS1 and APP J20 mouse models of AD	[81, 82]

Table 1. (Contd.)

Findings	References
Parkinson's Disease (PD)	
\uparrow p-eIF2 α and p-PERK in the brains of people with PD	[83-85]
\uparrow p-eIF2 α in mononuclear blood cells of patients with familial and sporadic forms of PD	[86]
\uparrow p-eIF2 α , p-PERK, and ATF4 in genetic and pharmacological rodent models of PD	[83, 87-89]
\uparrow p-eIF2 α in pink1- and parkin-mutant Drosophila	[90]
\uparrow p-eIF2 α and \uparrow p-PERK in rat astrocyte culture overexpressing α -synuclein	[91]
↑ p-eIF2α and ↑ CHOP in a cell model of PD overexpressing α-synuclein	[92]
Guanabenz (inhibits eIF2 α phosphatase) promotes neuronal survival in various PD models	[93]
GSK2606414 showed neuroprotective effect in several mouse models of PD	[83]
Neuroprotective effect of salubrinal in a rotenone-induced rat model of PD	[88]
PKR inhibitor C-16 reduces ATF4 activation and dopaminergic neuron death in mouse models of PD	[89]
Huntington's Disease (HD)	
\uparrow p-eIF2 α in the striatum in the N171-82Q transgenic mouse model	[94]
\uparrow p-eIF2 α in a cell model of HD	[95, 96]
\uparrow ATF4 mRNA and protein levels in a cell model of HD	[97]
ISRIB reduces cell death in striatal cell cultures of STHdhQ111 transgenic mice	[98]
GSK2606414 restores spatial memory and recognition memory and restores dendritic spine density in CA1 pyramidal neurons in R6/1 mouse model	[99]
PERK activator MK-28 restores motor and executive functions and extends lifespan in R6/2 mouse model	[100]
$eIF2\alpha$ phosphatase inhibitor salubrinal shows neuroprotection in a cell model of HD	[96]
Amyotrophic Lateral Sclerosis (ALS)	
\uparrow p-eIF2 α in spinal cord samples from people with ALS	[101]
\uparrow p-eIF2 α and p-PKR in cortex samples from patients with C9ORF72-associated ALS	[102]
\uparrow ATF4 in the spinal cord of patients with sporadic and familial ALS	[103]
UPR pathway contributes to the translation of intron repeats involved in ALS pathogenesis	[104]
\uparrow ATF4 mRNA in the spinal cord in the SOD1-mutant mouse model	[105]
PERK activation in motor neurons of SOD1-mutant mice	[106]
\uparrow p-eIF2 α and p-PERK in SOD1-mutant neuroblastoma cells	[107]
GSK2606414 reduced cell death in an ALS neuron culture model	[108]
Heterozygous PERK gene knockout worsens disease progression in the mtSOD1 transgenic mouse model	[109]
ATF4 gene knockout increases lifespan in SOD1-mutant mice	[110]
Sephin1 (eIF2 α phosphatase inhibitor) mitigated behavioral, morphological, and molecular changes in SOD1-mutant mice	[111]
Guanabenz showed neuroprotection in the mtSOD1 transgenic mouse model via $eIF2\alpha$ phosphatase inhibition	[112]
Salubrinal improved disease progression in SOD1-mutant mice	[113]
ISRIB improved survival of SOD1-G93A transgenic neurons	[114]
ISRIB-like compounds 2BAct and PRXS571 worsen disease progression in SOD1-G93A transgenic mice	[115]

Table 1. (Contd.)

Findings	References
Multiple Sclerosis (MS)	
\uparrow p-eIF2 α in affected brain regions of people with MS	[116]
\uparrow ATF4, CHOP, and markers of endoplasmic reticulum stress in the brains of people with MS	[117–119]
\uparrow p-eIF2 α , ATF4, and CHOP in human oligodendrocyte culture under MS-relevant stress conditions	[120]
PERK-eIF2α-CHOP pathway activation in neurons of optic nerves in a mouse model of autoimmune encephalomyelitis	[121]
\uparrow p-eIF2 α , p-PERK, and markers in mouse dorsal root ganglia in a model of autoimmune encephalopathy	[122]
\uparrow p-eIF2 α in oligodendrocytes in a mouse model of CNS-specific interferon- γ overexpression	[123]
\uparrow GADD34 in oligodendrocytes in a mouse model of CNS-specific interferon- γ overexpression	[124]
\uparrow p-eIF2 α in oligodendrocyte culture under inflammatory stress conditions	[125]
Interferon- γ induces p-eIF2 α phosphorylation and increases apoptosis markers in oligodendrocyte culture	[123]
Neuroprotective effect of interferon- γ -mediated increases in p-PERK and p-eIF2 α in oligodendrocytes in a mouse model of autoimmune encephalopathy	[126, 127]
Neuroprotective effect of GADD34 gene inactivation in a model of interferon- γ -mediated demyelination	[124]
Deletion of the $eIF2\alpha$ phosphatase gene GADD34 alleviates pathology in a mouse model of autoimmune encephalopathy	[125]
PERK gene inactivation in oligodendrocytes reduces $p-eIF2\alpha$, oligodendrocyte loss, demyelination, and axon degradation in a mouse model of autoimmune encephalopathy	[128]
Induced PERK hyperactivation in oligodendrocytes promotes neuroprotection and remyelination in cell cultures and mouse models of MS	[129]
Heterozygous PERK gene knockout worsens pathology in a model of CNS-specific interferon- γ overex-pression	[123, 130]
ISRIB restores process growth and reduces oligodendrocyte cell death under MS-relevant stress conditions	[120]
Sephin1 inhibited oligodendrocyte process formation under stress conditions	[120]
Sephin1 increased $p-eIF2\alpha$ in oligodendrocyte culture under inflammatory stress conditions and showed neuroprotective effect in a mouse model of autoimmune encephalopathy	[125]
Salubrinal increased p-eIF2 α , reduced hypomyelination, and oligodendrocyte loss in hippocampal slices exposed to interferon- γ	[124]
Guanabenz increases p-eIF2 α , reduces interferon- γ -induced oligodendrocyte loss and demyelination in cell culture and mouse models of MS	[131]
Traumatic Brain Injury (TBI)	
\uparrow p-eIF2 α , p-PERK, ATF4, and other UPR markers in various brain regions in mouse and rat models of TBI	[46, 132— 158]
\downarrow p-eIF2 α and ATF4 in a mild TBI model in mice	[159]
Conditional PERK gene knockout in oligodendrocytes leads to UPR hyperactivation and greater white matter damage following spinal cord injury	[160]
Salubrinal reduced neuronal apoptosis in a fluid percussion injury model in rats	[134]
Salubrinal improved behavioral outcomes in a contusion-induced TBI model in rats	[138]
Salubrinal reduced markers of endoplasmic reticulum stress, autophagy, and apoptosis in a cortical impact model in mice	[142]

Table 1. (Contd.)

Findings	References
Salubrinal improved cognitive performance and reduced neuronal death in a mild TBI model in mice	[159]
Salubrinal reduced apoptosis markers and normalized impulsive behavior in a blast-induced TBI model	[152]
Guanabenz increased p-eIF2 α and improved behavioral parameters in a controlled cortical impact model	[135]
GSK2606414 reduced neuron loss and improved contextual discrimination in a controlled cortical impact model in mice	[140]
GSK2606414 reduced expression of UPR markers and neuronal apoptosis in a surgical brain injury model in rats	[145]
GSK2656157 prevents dendritic spine loss and normalizes memory impairment in a controlled cortical impact model in mice	[161]
ISRIB restored long-term memory function and normalized long-term potentiation impairment in a focal contusion model in mice	[46]
ISRIB reduced neuronal apoptosis and contributed to the normalization of locomotor function in a spinal cord injury model in mice	[151]
ISRIB reduced neuroinflammation and normalized behavioral impairments in a spinal cord injury model	[162]
ISRIB reduced ferroptosis and white matter damage in a controlled cortical impact model in rats	[163]
ISRIB normalized impulsive behavior and synaptic function in a multiple TBI model in mice	[164]
ISRIB normalized motor and cognitive impairments in the stab-wound injury model in zebrafish (<i>Danio rerio</i>)	[165]



Fig. 2. Mechanisms of action of the Integrated Stress Response (ISR) modulators. PERK–PKR-like endoplasmic reticulum kinase; $eIF2\alpha$ –eukaryotic translation initiation factor 2α ; ATF4–activating transcription factor 4; GADD34–protein phosphatase 1 regulatory 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 α phosphorylation in the hippocampus, as well as increased protein levels of ATF4 and eIF2 α phosphorylated 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 eIF2a phosphorvlated 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, sertraline [198], suggesting that the suppression of eIF2 α 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 administration to rats reduced both LPS-induced neuroinflammation and depression-like behavior [199]. Finally, two mouse models of depression, LPSinduced neuroinflammation and corticosteroneinduced stress, showed elevated eIF2a phosphorylation 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 peIF2 α levels in these nuclei and depression-like behavior. Local tunicamycin injections into the raphe nuclei altered the expression of genes encoding 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 proteins and prevent depressive-like behavior of animals [200]. At the same time, the administration of salubrinal, an eIF2 α inhibitor and ISRIB activator, enhances tunicamycin effects on the above parameters [200]. Interestingly, ketamine, an inhibitor of N-methyl-D-aspartate (NMDA) glutamate receptors, considered as a fast-acting antidepressant, also normalizes tunicamycin-induced changes in p-eIF2 α levels and behavior, assuming that increased $eIF2\alpha$ phosphorylation and the activation of p-eIF2 α mediated signaling in the dorsal raphe nuclei may be responsible for the impairments in neurotransmission, neuroplasticity and behavior, observed in experimental models [200]. Overall, despite the paucity of clinical data, animal model studies indicate that ISR and especially PERK-eIF2 α signaling may play an important role in the pathogenesis of depression, opening up new avenues for the use of drugs targeting the ISR system as possible antidepressants.

Schizophrenia is a prevalent heterogeneous disorder with an intricate etiology, resulting due to a combination of genetic predisposition and environmental factors [201]. The symptoms of schizophrenia 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 experimental 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 α kinase HRI [204]. Proteomic analysis of the prefrontal cortex in schizophrenia patients shows elevated level of another eIF2a kinase, GCN2 [205]. The neurospheres derived from olfactory epithelial cells of schizophrenia patients also demonstrate lower both global protein synthesis and ribosomal protein content. A subsequent pathway analysis of differentially expressed proteins and mRNA transcripts in neurospheres showed the enrichment of the pathway associated with eIF2 α signaling. Studies of blood cells from schizophrenia patients demonstrate elevated eIF2 α 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 schizophrenia-like changes in offspring), there is increased p-eIF2 α /eIF2 α 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 excitatory glutamatergic neurons of the prefrontal cortex [208] exhibit increased anxiety and social behavior disorder, as well as decreased protein synthesis and increased p-eIF2 α level in the prefrontal cortex, whereas ISRIB restores protein synthesis and normalizes behavioral impairment in this model [208]. Using a culture of cortical neurons with a mutant DISC1 (disrupted in schizophrenia 1) gene associated with schizophrenia, there were observed ATF4 accumulation in the cell nuclei and ATF4-induced changes in the expression of a number of genes leading to synaptic dysfunction [209]. A structural analysis 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 expression (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 neurons 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 schizophrenia, and raises the question of the role of ISR-mediated 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* knockout in the cerebral cortex exhibit several schizophrenia-like behavioral abnormalities related to information processing and behavioral flexibility, as well lower p-eIF2 α and ATF4 levels in the prefrontal cortex [210]. The content of p-eIF2 α and ATF4 in the prefrontal cortex of older adults with schizophrenia 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, physiological 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 eIF2 α phosphorylation in controls, but not in lymphocytes 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 elevated endoplasmic reticulum stress markers [213– 216], although it remains unclear whether these changes are associated with eIF2 α 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 eIF2 α kinase.

Post-traumatic stress disorder (PTSD) results from a severe traumatic event and is accompanied by long-term psychiatric, neuroendocrine, and neurophysiological disturbances [218]. Data on the involvement of ISR in the pathogenesis of PTSD are currently limited to animal models using single prolonged stress in rats, which elevates p-eIF2 α 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 protein levels and behavioral abnormalities, observed in

this model of PTSD [219]. Overall, these data suggest a PERK-dependent ISR hyperactivation in this model, yet calling for further studies using alternative 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 disorder) is also based on long-term molecular and cellular alterations in neurons of the mesolimbic and dopaminergic systems [221], in which ISR has recently been implicated. For example, in rat conditioned place preference (CPP), as well as cocaine and morphine self-stimulation studies, exposure to a drug-associated stimulus evokes a decrease in peIF2 α and ATF4 levels in the basolateral amygdala [222], whereas injections of Sal003 (an eIF2 α 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 eIF2 α phosphorylation 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 α /eIF2 α ratio in the VTA show a greater predisposition to cocaine and nicotine addiction [224, 226]. Moreover, in young mice, cocaine and nicotine are able to induce long-term potentiation in VTA neurons (one of the mechanisms behind the formation of addiction) at lower doses compared to adults [224, 226].

Genetic suppression of eIF2 α 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 indices of addictive behavior in adolescent mice [224].

In contrast, ISRIB enhances the effects of cocaine and nicotine on long-term potentiation and, additionally, 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 α 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 further supported by the fact that in humans, the genetic predisposition to smoking is associated with a polymorphism of *EFf2s1* that encodes eIF2 α [226]. Thus, ISR inhibition in the neurons of the mesolimbic system plays an important role in the formation of addiction to a wide variety of drugs, while the suppression of p-eIF2 α signaling may be a key factor determining a greater predisposition of young individuals to drugs.

Chronic morphine exposures increases p-eIF2 α content in the rat cerebral cortex, which is accompanied by apoptotic changes in cell morphology [229], while systemic morphine injections elevate p-eIF2 α levels in the rat spinal cord and increase the expression of endoplasmic reticulum stress and apoptosis markers [230]. Repeated amphetamine administration increases p-eIF2 α 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 α levels in the mouse hippocampus [232] and rat striatum [233]. Taken together, these observations indicate that pathological 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 conditions. At the same time, altered eIF2 α signaling can have both adaptive and pathogenic effects, depending on the context and the degree of ISR activation. 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 signaling 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 α signaling to be not causative but consequential for general cellular 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 complexity 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 biochemical 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 methods 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 artificial modulation of eIF2 α 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 neurophysiological parameters in some models of the above pathologies. On the other hand, artificial inhibition or stimulation of eIF2a signaling may have unpredictable consequences toward general cellular homeostasis, especially in the context of complex multicomponent CNS pathologies. Finally, biological 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 neuronal 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 salubrinal) that target diverse components of the ISR system represent promising therapeutic tools to minimize negative effects of ISR activation or inhibition in the brain by modulating the symptoms of mental illness. In general, future studies can further elucidate the specific roles of the ISR pathways in mental disorders and develop targeted therapies mitigating their deleterious effects and preventing the development 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 treatment strategies for these conditions.

AUTHORS' CONTRIBUTION

Conceptualization (A.V.K., N.P.I.), article drafting (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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