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β2-Adrenergic receptor agonist ameliorates phenotypes and corrects microRNA-mediated IGF1 deficits in a mouse model of Rett syndrome

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Edited* by Michael Merzenich, Brain Plasticity Institute, San Francisco, CA, and approved May 28, 2014 (received for review June 20, 2013)

Rett syndrome is a severe childhood onset neurodevelopmental disorder caused by mutations in methyl-CpG-binding protein 2 (MECP2), with known disturbances in catecholamine synthesis. Here, we show that treatment with the β2-adrenergic receptor agonist clenbuterol increases survival, rescues abnormalities in respiratory function and social recognition, and improves motor coordination in young male Mecp2-null (Mecp2−/−) mice. Importantly, we demonstrate that short-term treatment with clenbuterol in older symptomatic female heterozygous (Mecp2+/−) mice rescues respiratory, cognitive, and motor coordination deficits, and induces an anxiolytic effect. In addition, we reveal abnormalities in a microRNA-mediated pathway, downstream of brain-derived neurotrophic factor that affects insulin-like growth factor 1 (IGF1) expression in Mecp2−/− mice, and show that treatment with clenbuterol restores the observed molecular alterations. Finally, cotreatment with clenbuterol and recombinant human IGF1 results in additional increases in survival in male null mice. Collectively, our data support a role for IGF1 and other growth factor deficits as an underlying mechanism of Rett syndrome and introduce β2-adrenergic receptor agonists as potential therapeutic agents for the treatment of the disorder.

Significance

Rett syndrome is a devastating neurodevelopmental disorder with diverse symptoms and no available treatment. Previous work from our laboratory has identified deficits in insulin-like growth factor 1 (IGF1) levels in Mecp2 mutant mice, and demonstrated correction of symptoms and molecular-signaling alterations with IGF1 treatment. Here, we show that treatment with the adrenergic receptor agonist clenbuterol rescues a microRNA pathway that underlies IGF1 expression, improves survival, and ameliorates diverse phenotypes in Mecp2 mutant mice. Life span measurements suggest that cotreatment with clenbuterol and IGF1 may further enhance their therapeutic effects in the mouse model of the disease. We would like to strongly caution, however, against any use of clenbuterol before clinical trials establish its safety and efficacy in Rett syndrome.

Author contributions: N.M., S.J.H., and M.S. designed research; N.M. and M.S. conceived the hypothesis; S.J.H. supervised research; N.M., J.W., R.I.G., B.C., J.S., and S.D.S. performed research; N.M., J.W., R.I.G., B.C., J.S., and S.D.S. contributed new reagents/analytic tools; N.M., J.W., R.I.G., B.C., J.S., and S.D.S. analyzed data; and N.M. and M.S. wrote the paper. The authors declare no conflict of interest.

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treatment. Finally, we show that coadministration of clenbuterol and recombinant human IGF1 (rhIGF1) results in a robust boost in the survival of Mecp2 KO mice.

**Results**

**Clenbuterol Increases Survival, Rescues Respiratory Deficiency, and Improves Motor Coordination in Male Mecp2-Null Mice.** Given the known abnormalities in adrenergic synthesis in RTT (10–14), we decided to test the effect on survival and behavior of chronic treatment with clenbuterol, a specific β2-adrenergic receptor agonist. In addition to its ability to effectively cross the blood–brain barrier, clenbuterol can increase BDNF levels in the brain (28) and has been reported to improve cognition, mediate neuroprotection, and reduce neuroinflammation (29–31). We therefore postulated that clenbuterol could exert therapeutic effects in Mecp2 mouse models of RTT. Toward that end, we injected intraperitoneally (i.p.) clenbuterol (KOt), or vehicle (KOV) in male postnatal day 14 (P14) Mecp2−/− littermates, an age that is old enough to allow i.p. injections, and continued treatment until 8–9 wk or as long as the mice survived (Fig. 1 A (Materials and Methods)). We initially chose a dose of 5 mg/kg, known to be effective in the brain (31).

Notably, KOt mice displayed a significant increase in survival in comparison with their littermate KOv mice (Fig. 1B). Of note, treatment with 50 times lower concentration of clenbuterol, which has also been shown to affect the brain (32), still resulted in a significant increase in survival, thus expanding the range of the effective clenbuterol dose (Fig. S1 A and B).

Mecp2 KO mice are known to exhibit aberrant motor coordination, a deficit related to cerebellar BDNF levels (33). As expected, 7-wk-old KO mice showed significantly reduced performance in the rotarod assay on both the first and second experimental days (Fig. 1C and Fig. S2A). Clenbuterol significantly improved the phenotype during the second but not first day of testing (Fig. 1C and Fig. S2A), implying a modest effect on motor coordination in Mecp2-null mice. However, clenbuterol did not improve global locomotion in 4-wk male KO mice (Fig. S2B), suggesting that not all motor disturbances were ameliorated.

Previous studies have observed deficiencies in adrenergic signaling in central respiratory centers (13, 34), which are related to alterations in cyclic adenosine monophosphate (cAMP), protein kinase A (PKA), and cAMP response element-binding protein (CREB) phosphorylation (35) that are downstream of β2-adrenergic receptor signaling (29, 36). Consistent with relatively normal early development, no significant changes in respiratory frequency were observed at 4 wk (Fig. S3A). However, a significant deficit was found at 8 wk in KOv mice, which was rescued in clenbuterol-treated animals (Fig. 1D). Heart rate in KOv mice similarly showed no changes at 4 wk compared with KOv controls, but did show a significant reduction at 8 wk (Fig. S3 B and C). However, heart rate in KOt mice was similar to that of KOv mice (Fig. S3 B and C).

We then assayed sociability and social memory in Mecp2−/− mice with the three-chamber test. Our results revealed that, although the percentage of time spent in the stimulus mouse compartment during the social approach was the same in both 7-wk-old KOv and WTv mice, KOv mice had diminished ability to recognize this previous social interaction (Fig. 1E). Notably, clenbuterol treatment rescued this deficit (Fig. 1E). Together, our data demonstrate that clenbuterol is able to enhance survival and improve multiple phenotypes in male null mice.

**Short-Term Clenbuterol Treatment in Symptomatic Female Mecp2−/− Mice Rescues Multiple Behavioral Deficits.** Experiments in female mice are necessary to preliminarily evaluate the effectiveness of potential therapies related to patients with RTT who are predominantly female (9). We, therefore, examined the effect of clenbuterol treatment (5 mg/kg, i.p.) in older (6–12 mo) symptomatic Mecp2−/− mice. Given the known variability in disease severity in female heterozygous mice, we measured the performance of each mouse in five behavioral assays before and after 3 or 4 wk of clenbuterol treatment, and at the same time assayed the performance of female WT mice on the same tests to discover whether any clear deficits exist in certain behaviors (Fig. 2A).

We first used whole-body plethysmography to measure respiratory function, including the existence of episodes of apnea. Indeed, female Mecp2−/− mice before treatment had significantly more apneas than female WT mice of similar age (Fig. 2B), which was rescued by clenbuterol treatment (Fig. 2B). Previous work has identified that the increased appearance of apneas is accompanied by enhanced postinspiratory activity in Mecp2-null mice (37). Indeed, significant increases in expiratory and decreases in inspiratory times were observed in pretreatment Mecp2−/− mice relative to WT female controls, which were notably reversed following clenbuterol treatment (Fig. 2 C and D). These results suggest that even short duration of clenbuterol treatment is sufficient to significantly improve respiratory function in symptomatic females.

Previous detailed analysis of the cognitive symptomatology of female Mecp2 heterozygous mice uncovered a significant deficit in object discrimination (8). Given that clenbuterol has been shown to improve memory performance (29, 30), we repeated a
A recent study had suggested that BDNF can regulate the protein levels of miRNA-processing factor Lin-28 homolog A (LIN28A) (43), a protein known to affect the maturation of the let-7 family of miRNAs (44). We found a greater than twofold reduction in LIN28A protein in the cerebellum of MeCP2 KO mice, suggesting that miRNA processing might be perturbed (Fig. 3D). LIN28A specifically inhibits the let-7 miRNAs (44), and we found that multiple members of the let-7 family were increased, with let-7i showing the most robust increase (Fig. 3E and Fig. S5A). Intriguingly, clenbuterol treatment completely rescued LIN28A protein (Fig. 3D) and let-7i mature miRNA levels (Fig. 3E). The effect of LIN28A on let-7i is not expected to influence the processing of initial nuclear primary precursor miRNA (pri-miRNA) (44); consistently, we found no changes in the expression of the two pri-miRNAs that produce identical, mature let-7i molecules (Fig. S5B).

It has been previously shown that let-7i can inhibit IGF1 expression in rat microglia (45). Because IGF1 protein is highly expressed in the serum and can easily cross the blood–brain barrier in an activity-dependent manner (46), we measured cerebellar IGF1 mRNA expression. Our data revealed a significant reduction in local IGF1 mRNA levels in KO mice (Fig. 3F), suggesting that brain-specific IGF1 synthesis may be perturbed in RTT. Importantly, treatment with clenbuterol led to significant increase in cerebellar IGF1 mRNA levels as well (Fig. 3F).

In addition to its impact on BDNF expression, clenbuterol has been reported by multiple studies to increase the levels of nerve growth factor (NGF) (28, 32), a protein known to be reduced in the striatum of MeCP2 KO mice (47). Our results showed that, although NGF is not reduced in KO vehicle mice, both mRNA and protein levels were significantly increased following clenbuterol treatment (Fig. S6 A and B).
Given that brain measurements were not possible in female heterozygous mice because the same mice were used for before-and-after-treatment comparison, and because serum IGF1 protein levels are reduced in male MeCP2-null mice (20), we examined IGF1 protein levels in the serum of female MeCP2+/- mice before and after treatment with clenbuterol. Indeed, serum IGF1 protein expression was reduced relative to WT female mice in the MeCP2+/- mice before treatment (Fig. 3G) and was restored following 4 wk of clenbuterol treatment (Fig. 3G).

The sequence of let-7f is predicted to be complementary to an evolutionarily conserved region in the 3'-untranslated region (3'-UTR) of IGF1 mRNA (Fig. 3H). To validate a direct interaction, we added a large fragment of mouse IGF1 3'-UTR containing the let-7f predicted target site downstream of the luciferase gene and compared relative luminescence after overexpressing let-7f in HEK293 cells. Our results showed that transfection with synthetic let-7f precursors increased mature let-7f levels relative to miRNA precursor negative control (P = 0.0043, Mann–Whitney test) and significantly reduced luciferase activity (Fig. 3H). To further test the effects of LIN28A and let-7f on IGF1 expression, we transfected a human hepatocyte carcinoma cell line (Hep G2) with shRNAs against LIN28A and miRNA inhibitors against let-7f together with scrambled negative miRNA and shRNA controls. Our results showed that Hep G2 cells express let-7f and LIN28A, both of which are inhibited following miRNA inhibition and shRNA-mediated knockdown, respectively (Fig. S7). Intriguingly, levels of human IGF1 mRNA significantly increased following inhibition of let-7f (Fig. 3I). However, knockdown of LIN28A, which is known to inhibit let-7 miRNAs, resulted in a robust reduction in IGF1 mRNA (Fig. 3I), suggesting that altered expression of LIN28A and let-7f can differentially influence IGF1 levels.

To examine whether the differential expression of the multiple components of the molecular pathway downstream of BDNF were associated with each other, we compared mRNA/miRNA and protein expression in the same male WT and KOt mice. This revealed a significant positive correlation between BDNF mRNA and LIN28A protein (Fig. 4A), and significant negative correlations between LIN28A/let-7f and let-7f/IGF1 (Fig. 4B and C). Taken together, these data suggest that a complex and interlocking molecular pathway downstream of MeCP2 can be linked to reduced BDNF and IGF1 expression in brain and serum of MeCP2 mutant mice, which can be restored in vivo following treatment with clenbuterol (Fig. 4D).

Combinatorial Treatment with Clenbuterol and rhIGF1 Increases Survival and Further Improves the Phenotype of MeCP2 KO Mice. Because clenbuterol resulted in a partial rescue of IGF1 expression, the restoration of BDNF, and an increase in NGF levels, we reasoned that combining clenbuterol treatment with IGF1 supplementation might result in an additive therapeutic
effect. We thus cotreated animals with clenbuterol and rhIGF1, a drug that is in clinical trials for its therapeutic effects on RTT patients (25–28).

Notably, rhIGF1-plus-clenbuterol–treated Mecp2 KO mice (double-treated mice) displayed a robust increase in survival in comparison with KOv, which was significantly greater than clenbuterol monotherapy (Fig. 4E). As rhIGF1 administration alone in Mecp2 KO mice results in a small but significant increase in survival (20), the larger improvement in survival observed in double-treated mice is most likely explained by a synergistic effect between the two treatments. In addition, double-treated KO mice exhibited a modest but significant increase in total body weight compared with clenbuterol monotherapy, although body weight was still much lower than in WT mice (Fig. S8A). Last, double-treated mice further increased their breath and cardiac rates at 4 wk relative to clenbuterol alone, but not at 8 wk where the deficit relative to WT mice is apparent (Fig. S8 B and C), suggesting that the synergistic effect on survival is less likely to be attributed to changes in respiratory and cardiac frequency. We conclude that coadministration of clenbuterol and rhIGF1 contributes to additional improvements in the survival of Mecp2 KO mice.

Discussion

Although RTT is a primarily monogenic disorder, MeCP2 modulates a plethora of molecular pathways, making it challenging to uncover an effective mechanism-based treatment (15, 48). The partial success of rhIGF1 in restoring numerous behavioral and organismal functions disrupted in Mecp2 KO mice (20), the safety and efficacy of rhIGF1 in clinical trials (25–28), as well as the ability of rhIGF1 to rescue neuronal phenotypes in patient-derived neurons (22, 23) and astrocytes (24), prompted us to investigate whether Mecp2 knockdown can affect IGF1 expression, and look into additional drugs with potential to mechanistically rescue deficiencies in brain growth factor expression. Here, we show that, in addition to the known deficits in BDNF expression, IGF1 synthesis is reduced in the cerebellum of male Mecp2 KO mice, which is associated with a decreased level of miRNA-processing gene LIN28A and an up-regulation of LIN28A-regulated let-7f miRNA. Notably, we show that knockdown of LIN28A, which is known to be downstream of BDNF (43), inhibits let-7f expression, whereas inhibition of let-7f reduces IGF1 expression in a human cell line. Treatment with the β2-adrenergic receptor agonist clenbuterol can restore BDNF mRNA, LIN28A, and mature let-7f levels, and can significantly augment IGF1 mRNA expression in the cerebellum of Mecp2 KO mice. Importantly, we demonstrate that clenbuterol is able to increase survival, rescue respiratory and social abnormalities, and improve motor coordination in male Mecp2-null mice. In addition, treatment of older female heterozygous mice with clenbuterol for a short duration of time results in notable improvements in respiratory function and motor coordination and restores cognitive function while reducing anxiety. Furthermore, combination treatment of clenbuterol with rhIGF1 results in a more robust amelioration of survival in Mecp2 KO mice.

Previous studies have revealed a disruption in monoamine synthesis and secretion in RTT; this causes respiratory abnormalities and reduced survival (13). Furthermore, it has been proposed that respiratory brainstem networks have a disruption in cAMP/PKA/CREB signaling (35). Because β2-adrenergic receptor activation engages the same molecular pathway (29, 36), it could be related to clenbuterol’s positive effect on respiratory function. In addition, treatment with desipramine, which inhibits the reuptake of adrenaline and serotonin, has proven effective in restoring respiratory function (49). It is unclear, however, whether improvements in respiratory function following clenbuterol treatment are a result of its effects on BDNF signaling, whose pharmacological activation leads to significant amelioration of respiratory dysfunction in the animal model of RTT (50). It should be noted, also, that despite the clear deficiency in breathing frequency in Mecp2 KO mice known to be part of a general respiratory depression phenotype (51) and the frequent apneas and deficits in respiratory rhythm detected in female heterozygous mice through whole-body plethysmography, respiratory dysfunction in RTT patients is complex and is often complicated by frequent apneas and gastroesophageal reflex.

Despite the fact that BDNF–LIN28A, LIN28A–let-7, and let-7f–IGF1 interactions have independently been verified in different systems (43–45), our study provides additional in vivo correlative and in vitro mechanistic evidence of a linear pathway downstream of BDNF that involves all four molecular components (Fig. 4D). However, we cannot exclude any parallel nonlinear interactions between any of these four genes affected by Mecp2 knockdown and responding to clenbuterol treatment, especially given the known interplay between BDNF and IGF1 signaling (52). Future studies using BDNF, Lin28a, and Let7f knockout or transgenic mice are needed to further elucidate this mechanistic model in vivo, which could be of importance for understanding RTT therapeutics.

In addition to the beneficial effects on survival and behavior, clenbuterol has a potent anticonvulsant effect (31). Although not examined in our study, this could be significant given the high prevalence of epilepsy in RTT patients (53). Additionally, clenbuterol has been shown to block sodium channels (31), whose overactivity is hypothesized to result in the lethal cardiac arrhythmias present in RTT (54). Clenbuterol is approved as a bronchodilator in some countries but is only designated for veterinary treatment of asthma in the United States. Our data suggest a previously unidentified potential role for β2-adrenergic receptor agonists such as clenbuterol for the treatment of RTT, either alone or in combination with rhIGF1. It has to be noted, however, that despite the fact that clenbuterol was well tolerated in the mice tested in this study, it has serious side effects especially at high dosages in humans (55). Moreover, it should be emphasized that the dosage used in our study is prohibited for clinical applications, which in conjunction with the fact that clenbuterol is not approved in all countries for human use due to its side effects and misuse as a performance enhancing drug, should encourage further research on finding new β2-adrenergic receptor agonists that can cross the blood–brain barrier yet are characterized by a better therapeutic index in comparison with clenbuterol.

Last, information on the pharmacokinetics, safety, and efficacy of a drug in the general population may not predict how individuals with serious illness such as RTT will respond even in low presumed-safe doses. Thus, careful controlled studies will be required before these findings can be applied to humans; hence we strongly caution against any use of clenbuterol outside clinically approved applications.

Materials and Methods

Male Mecp2−/− and female Mecp2−/− mice and WT littermates used in our study were obtained by breeding heterozygous females of C57BL/6 background (5) with WT C57BL/6 male mice. Both vehicle (saline)-, clenbuterol-, and clenbuterol-plus-rhIGF1–treated male animals were i.p. injected daily for 4 wk, followed by a 2-d off period, repeated weekly, with 5 or 0.1 mg/kg of clenbuterol hydrochloride (Sigma-Aldrich) or vehicle starting on P14 until the animal’s death or euthanasia. Intraperitoneal injection of a mix of 0.25 mg/kg full-length rhIGF1 (Peprotech)—a dose that is equivalent of the Food and Drug Administration-approved dose—and 5 mg/kg clenbuterol was also used for cotreatment experiments. Adult (6–12-mo-old) heterozygous females of the same C57BL/6 background and parents (5) were also treated with 5 mg/kg clenbuterol daily for 4 wk. All animal experimental protocols adhered to the National Institutes of Health’s Guide for the Care and Use of Laboratory Animals (56) and were approved by the Animal Care and Use Committee at Massachusetts Institute of Technology.

Additional methods are provided in SI Materials and Methods.
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