

# Polyamines: The possible missing link between mental disorders and epilepsy (Review)

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**Abstract.** Polyamines are small positively charged alkylamines that are essential in a number of crucial eukaryotic processes, like normal cell growth and development. In normal physiological conditions, intracellular polyamine content is tightly regulated through a fine regulated network of biosynthetic and catabolic enzymes and a transport system. The dysregulation of this network is frequently associated to different tumors, where high levels of polyamines has been detected. Polyamines also modulate ion channels and ionotropic glutamate receptors and altered levels of polyamines have been observed in different brain diseases, including mental disorders and epilepsy. The goal of this article is to review the role of polyamines in mental disorders and epilepsy within a frame of the possible link between these two brain pathologies. The high comorbidity between these two neurological illnesses is strongly suggestive that they share a common background in the central nervous system. This review proposes an additional association between the noradrenalin/serotonin and glutamatergic neuronal circuits with polyamines. Polyamines can be considered supplementary defensive shielding molecules, important to protect the brain from the development of epilepsy and mental illnesses that are caused by different types of neurons. In this contest, the modulation of polyamine metabolism may be a novel important target for the prevention and therapeutic treatment of these diseases that have a high impact on the costs of public health and considerably affect quality of life.

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## 1. Polyamine metabolism

*Cellular polyamines.* Polyamines (PAs) are ubiquitous, short, positively charged aliphatic amines essential for normal cell growth, proliferation and differentiation. Although PAs occur in prokaryotic and eukaryotic cells, from plants and animals (1,2), the typical PAs synthesized by mammals are spermidine (Spd), and spermine (Spm), from the diamine putrescine (Put), (3). Some studies have demonstrated an alternative pathway of PA synthesis, where agmatine (Agm) can slightly contribute as a potential source of Put (4-6). Agmatine, Put, Spd, Spm and the acetylated derivatives N1-acetylspermidine (AcSpd) and N1-acetylspermine (AcSpm; Fig. 1) have fundamental roles in cellular homeostasis and their optimal cellular content is maintained via complex regulatory mechanisms (7). Among the various functional roles of the natural PAs, the regulation of gene transcription and post-transcriptional modifications, as well as the modulation of synaptic activity are noticeable. For this reason, these molecules are continually under active investigation in wide-ranging research areas, from neuroscience, cancer, cell differentiation and development (8-10).

*Polyamine interconversion pathway.* Two step-limiting enzymes tightly regulate PA biosynthesis: ornithine decarboxylase (ODC), which produces Put by decarboxylation of ornithine and S-adenosylmethionine decarboxylase, which synthesizes S-adenosyl-methioninamine from S-adenosyl-L-methionine. Two specific aminopropyl transferases, Spd synthase and Spm synthase are also involved in the biosynthesis of PAs, adding the aminopropyl group to Put and Spd, respectively (11-13). Conversely, PA catabolism is finely regulated by the three enzymes: Spd and Spm N1-acetyltransferase

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(SSAT), N1-acetylpolyamine oxidase (PAOX) and spermine oxidase (SMOX) (Fig. 2). The enzyme SSAT transfers acetyl groups from acetyl-coenzyme A to the N1 position of both Spd and Spm to produce AcSpd and AcSpm, respectively. These substrates are oxidized by the flavoprotein PAOX to produce Spd and Put, respectively, and 3-aceto-aminopropanal (3-AP) and hydrogen peroxide ( $H_2O_2$ ) (14,15). Another enzyme involved in the PA catabolism is SMOX that specifically oxidases Spm producing Spd, 3-aminopropanal and  $H_2O_2$  (15,16). Polyamines can be biosynthesized and imported into cells by ubiquitous PA transporters (PTSs). As a result of the multiple enzymes involved in the PA metabolism and taking also into account the cellular uptake and export of PAs, the individual content of each PA is constantly well buffered within the mammalian cells. The typical PTS is saturable, strongly energy dependent and has a high affinity for its substrates (generally ranging from  $10^{-7}$  to  $10^{-5}$  M, depending on the PA species and cell type) (17). Polyamines content can be regulated by internalization through plasma membrane PA permeases (17,18). Notwithstanding the strong cellular PA homeostasis, this metabolism can be altered by physiological stimuli, as well as in many pathological conditions like cancer, inflammation, neurodegeneration and others (9). Mammalian cell PA metabolism is summarized in Fig. 2.

## 2. Polyamines and modulation of ion channels

*Polyamines and the brain.* The concentration of PAs varies greatly in different tissues. In vertebrates, the brain behaves as an autonomous and closed system with regard to the PA metabolism. There is a high variation in PA levels between the different brain regions and in general, the levels of Spd and Spm are much higher than those of Put (19). Different studies have shown a neuroprotective role of PAs, nevertheless in pathological conditions they can cause neurotoxicity due to their oxidation and conversion into aldehydes and reactive oxygen species (20-23). In recent years, the key role of PAs in different brain syndromes and diseases has been increasingly recognized. This role seems to be mainly due to their ability to modulate and regulate different ion channels (24).

*Ion channel modulation by polyamines.* Endogenous PAs, in particular Spm, are able to interact and modulate different ion channels and receptors involved in the maintenance of homeostasis of calcium, sodium and potassium. Intracellular Spm, at  $\mu$ M concentrations, acts as an important blocker of inwardly rectifying potassium channels, by specifically plugging the ion channel pore. In fact, an increase of its content is responsible for an increase of the channel gating and rectification, which leads to a rise in cellular excitability (25). Polyamines can also modulate the activities of ion channels responsible for the flux of cations through the cellular membrane. Additionally, PAs, by different intra/extra cellular interaction sites, can modulate voltage activated calcium channels. A specific interaction exists between PAs and the  $\alpha_1$  subunit of L-type calcium channel. Only Put induces an increase in the flux of current via the protein kinase C pathway, while Spd and Spd are unable to produce this effect (26). These channels are involved in synaptic transmission and plasticity and respond to ligands such as glutamate. Ionotropic glutamate receptors are divided

into three groups: N-methyl-D-aspartate receptor (NMDAR);  $\alpha$ -amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid receptor (AMPA) and kainate receptor (KAR). Intracellular PAs can block the pore of the AMPAR and KAR, altering sodium and calcium flux, causing channels rectification, in particular affecting AMPAR lacking a GluR2 subunit and KAR lacking a GluR6 subunit (27). The AMPAR rectification by Spm is dependent on the voltage and can regulate the calcium flux and the excitability threshold of synapses (28). Polyamines can regulate another glutamate receptor, the NMDAR, a channel gate calcium and sodium containing two copies of NR1 and NR2 subunits. Polyamines, Spm in particular, are able either to stimulate or inhibit the NMDAR, according to the concentrations of glutamate, glycine and magnesium. Spermine can increase the frequency of the channel opening causing a strengthening of the NMDAR current in presence of saturating concentration of glycine. Only in the absence of magnesium extracellular Spm can block NMDAR in a voltage dependent manner. The inhibitory effect may take place because the extracellular Spm interacts with the negatively charged residues of the NMDAR, creating a steric obstruction for the passage of ions leading to a reduction of current through the channel. At physiological magnesium concentrations, only Spm-driven NMDAR stimulation can occur (29).

## 3. Polyamines and mental disorders

*Polyamines and neurological disorders.* According to the World Health Organization one in four people will be affected by mental or neurological disorders at some point in their lives; in the USA nearly 50% of the adult population have experienced depression or anxiety disorder, which are the most common and debilitating forms of mental illnesses associated with a substantially decreased of quality life (30). Currently ~450 million people suffer from such conditions, for this reason mental illnesses are a type of worldwide disabilities (31). In fact, this type of disability is widely recognized as a major illness responsible for indirect costs because of its high economic impact on society (32). According to the Bureau of Economic Analysis's Health Care Satellite Account, in 2013 in the USA ~\$89 billion has been spent on the treatment of mental illnesses (33). In the past years, many studies have focused on understanding the mechanisms underlying mental illness (34-39); much of the literature has analyzed the role of the monoaminergic system, in particular, the serotonin and catecholamine involvement in the etiology of these pathologies (40-42). The impairment of the monoaminergic system alone cannot explain all the aspects related to these diseases, since over the years it has become increasingly clear the contribution of other players such as PAs (43). One of the early hints of the neurobiological role of PAs was the serendipitous discovery that antimalarial drugs, with psychosis side effects, contained a Spd moiety in their structure (44). As described above, PAs can affect neuronal excitability since they interact with different transmembrane channels (27), in the light of this important role in central nervous system (CNS), over the last three decades extensive research has pointed out their implications in different psychiatric conditions. In fact, an alteration of the PA content and their metabolic enzymes have been

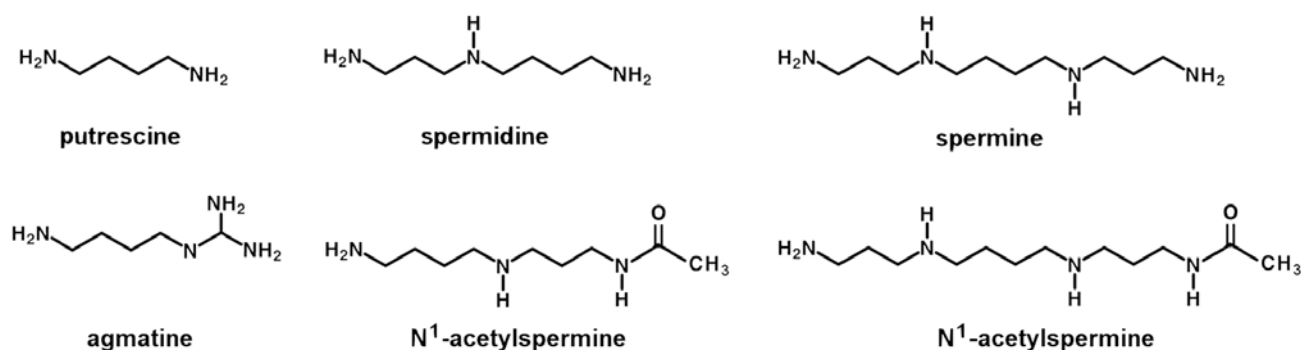
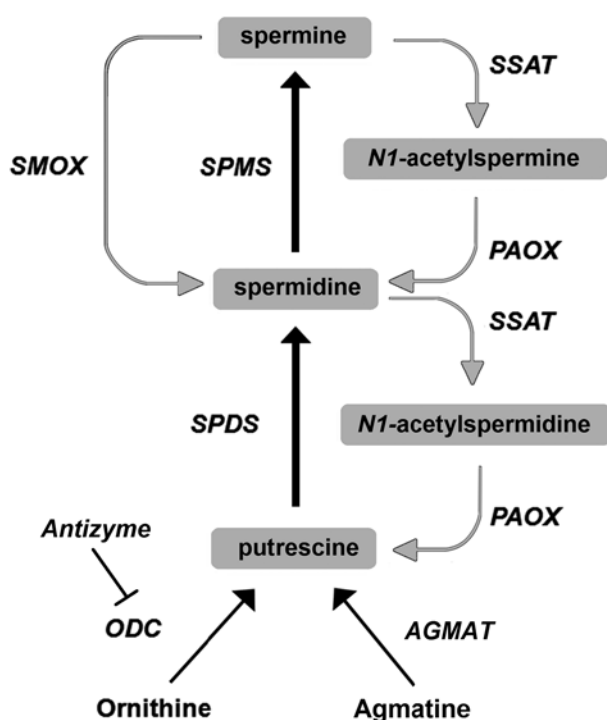


Figure 1. Chemical structures of mammalian polyamines.

Figure 2. Mammalian PA metabolism. Schematic representation of PA metabolism showing enzyme network and substrate interconversion pathways. Anabolic and catabolic pathways are indicated by black and grey arrows, respectively. AGMT, agmatinase; ODC, ornithine decarboxylase; PAOX, N<sup>1</sup>-acetylputrescine oxidase; SAMDC, S-adenosyl-methionine decarboxylase; SMOX, spermine oxidase; SPMS, spermine synthase; SPDS, spermidine synthase; SSAT, Spd and Spm N<sup>1</sup>-acetyltransferase; PA, polyamine.

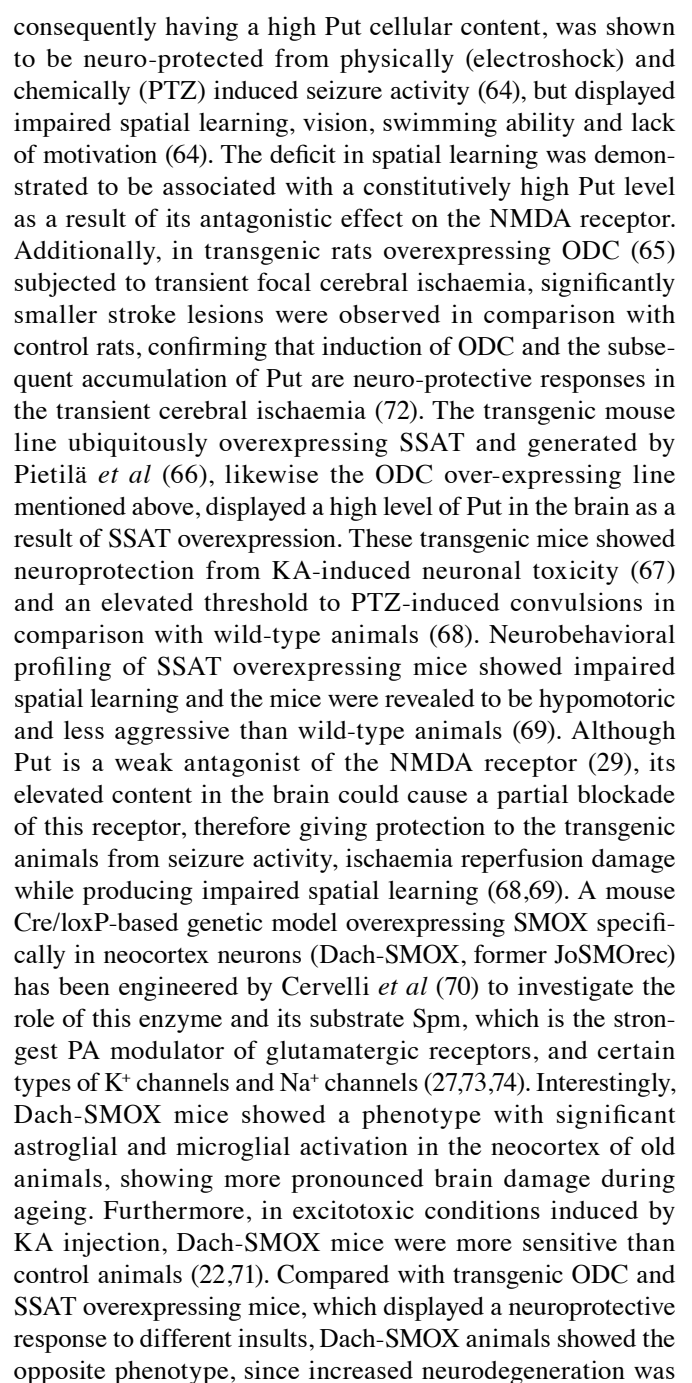
found in different mental illness, such as schizophrenia, mood and anxiety disorders (45).

**Polyamines and schizophrenia.** Schizophrenia animal models and human patients have shown dysregulation of the PA metabolism (46). In patients, the blood's PA content alteration seems to be due to the pharmacological treatment response to neuroleptics drugs since these changes have not been observed in untreated patients and in neuroleptic-resistant schizophrenia patients (45). Early studies have pointed out the involvement of PAOX in schizophrenia, where an increased level of this enzyme has been found in schizophrenic patient serums (47-49). The contribution of ODC is still poorly understood, since no differences regarding

its levels were found in patients while an increase of ODC activity was observed in cortical neurons from a rat model of schizophrenia (50). Nonetheless, several works confirm the importance of ornithine metabolism in the genesis of schizophrenic disease because ornithine aminotransferase, antizyme inhibitor and ornithine cyclodeaminase were found to be decreased in the prefrontal cortex of patients (51-53). One of the hypotheses proposed to validate the role of brain PAs in the aetiology of schizophrenia was that they can modulate dopamine pathway; the latter shares with the higher PA Spd and Spm, the S-adenosyl-methioninamine common precursor in the biosynthetic pathway. Furthermore, NMDAR modulation by Spd and Spm, as described above, could explain the hypofunctional NMDAR signalling in schizophrenia.

**Polyamines and depression.** Alteration in PA systems have also been found in animal models of depression. In rats affected by depression a hippocampal decrease of Put, Spd and Spm has been observed, while only a decrease of Put levels was observed in the nucleus accumbens (54). Putrescine was shown to possess antidepressant properties, since its administration by injection can reduce immobility time in forced swimming and tail suspension tests. Analysis of plasma from humans suffering from depression showed a high level of Agm that is restored to normal levels after antidepressant treatments, highlighting the critical role of this molecule in depression (45). Previously, the role of neurotransmitter has been proposed for Agm in the CNS. This was confirmed by its accumulation in synaptic vesicles and by the ability of Agm to be secreted following depolarization (55). Moreover, it has been proved that Agm is a selective antagonist of the NMDA polyamine-binding site (56). All these data confirm the involvement of the PA system in depression. In a similar way to what was observed in schizophrenic patients, high levels of PAs were also found in the plasma of patients suffering from depression (49). Evidence showed that the transcript and protein levels of different elements of the PA system are altered in several brain regions of suicide completers; in particular post-mortem studies have highlighted changes in the SSAT enzyme which shows a lower level of expression compared with healthy people (43,57). It has been proposed that in the brains of depressed people, the lowering of the expression of SSAT could be a compensatory mechanism to cope with the excessive presence of PA (57).

*Mouse models of epilepsy.* The epilepsy animal models used provide seizure induction by chemoconvulsants, traumatic brain injury and electrical or sound stimuli. Among the most used chemoconvulsants are included Pentylentetrazole (PTZ) and kainic acid (KA). Epileptic seizures induced by PTZ and KA have also been used in transgenic mouse models characterized by a deregulation of the PA system caused by the overexpression of PA metabolic enzymes. The transgenic mouse line K2 (63) overexpressing ODC in the brain and



observed during ageing and following KA injection (70,72). The production of  $H_2O_2$  and 3-AP, derived from Spm oxidation, together with direct effects of Spm on AMPA and KA receptors, are synergistically involved in ROS increase and in the end, to neuronal degeneration and death. In conclusion, all these engineered transgenic rodent lines may represent useful *in vivo* genetic models for studying PA metabolism dysregulation in brain pathological conditions due to various physically and chemically induced excitotoxic insults that induce epilepsy (70,75).

## 5. Mood disorders and epilepsy

The coexistence of two or more pathologies in the same person is defined as comorbidity. The link between these altered conditions can be associated with genetic and environmental factors as well as with common pathogenic mechanisms. The comorbidity between epilepsy and psychiatric diseases has not been considered for a long time. Over the last few years, several epidemiological studies have shown a strong correlation between epilepsy and different mental illnesses. Several studies demonstrated that among the many mental illnesses, those prevalent in epileptic patients are mood and anxiety disorders (76-82). In particular, anxiety appears to have a greater incidence (83). Of the people suffering from epilepsy, ~6% of them present psychiatric comorbidity; this percentage increases in patients with TLE and/or refractory epilepsy reaching peaks of 60-80% (82). It is very interesting that the amygdala, a region of the brain often involved in some types of epilepsy, is also implicated in the neurobiology of anxiety. The amygdala plays a key role in the manifestation of emotional and behavioural responses and by different hypothalamic pathways can activate neuroendocrine and autonomic responses (81). These responses take place during stressful circumstances. One of the most reliable hypotheses is that activation of these neuronal circuits together with an excessive excitability of the related neurons may be responsible of the manifestation of anxiety (79,84). Notably, the amygdala plays a key role also in the most common form of epilepsy, TLE, which is also the most resistant to pharmacological treatments (85). Moreover, a proof of the relationship between anxiety and epilepsy is that the pharmacological treatment of anxiety is often carried out using specific anti-epileptic drugs such as benzodiazepines (86). It has been demonstrated that psychiatric factors could be predictive of response to treatments of seizure disorders. It has been demonstrated that epileptic patients with psychiatric comorbidity show a reduced response to pharmacological treatments. In fact, a study conducted by Hitiris *et al* (87) on 780 patients with new-onset epilepsy showed that if they had a previous diagnosis of psychiatric illness they were twice as likely to develop drug resistance to anti-epileptic treatments. Furthermore, the study by Kanner (88) proved that mental diseases could cause worse responses to surgical procedures for epilepsy.

## 6. Conclusion

For a long time, the link between epilepsy and mental disorders has been attributed exclusively to the serotonergic system. Several studies, in fact, have shown how an epilepsy animal model displayed alterations in serotonergic system

both in terms of release of serotonin and of deficit in pre/post synaptic transmission of serotonergic neurons (89-91). The connection between noradrenaline and serotonin deficiencies and epilepsy have been found also in humans. The noradrenaline/serotonin theory proposed by Jobe and Browning (92) pointed out that mood disorder and epilepsy share a common background. In particular, the two pathologies display different neuronal circuits, defined intrinsic fabricators that start and maintain dysfunctional events. Nevertheless, they have the same exterior defensive shields in which noradrenaline and serotonin play a crucial role in the protection of the system against a malfunction of the intrinsic fabricators. Depending on which neuronal circuits are unbalanced, the development of epileptic or mental illnesses can be generated. As described previously, the monoaminergic system fails to explain all the events or all the pathways that lead to the development of mental illnesses, just as it is not possible to confirm that epilepsy is caused only by changes in monoamines. In this review, the authors wanted to focus on the role that PAs play in the CNS, proposing an evolution of the Jobe and Browning's theory in which, in addition to the noradrenergic/serotonin system, PAs could also be considered exterior defensive shields important to protect the brain from the development of epilepsy and mental illnesses (Fig. 3). In this context, the modulation of PA metabolism may be a new important target for the development of anti-epileptic, anxiolytic and anti-depressive drugs for the treatment of these diseases that affect health and quality of life and are important driver of health care costs.

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## Authors' contributions

GB, JRS, EA, PM and MC conceived the present review, performed the literature search and wrote the manuscript. All authors have read and approved the final manuscript.

## Ethics approval and consent to participate

Not applicable.

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## Competing interests

The authors declare that they have no competing interests.

## References

1. Thomas T and Thomas TJ: Polyamines in cell growth and cell death: Molecular mechanisms and therapeutic applications. *Cell Mol Life Sci* 58: 244-258, 2001.
2. Rea G, Bocedi A and Cervelli M: Question: What is the biological function of the polyamines? *IUBMB Life* 56: 167-169, 2004.
3. Wallace HM, Fraser AV and Hughes A: A perspective of polyamine metabolism. *Biochem J* 376: 1-14, 2003.
4. Li G, Regunathan S and Reis DJ: Agmatine is synthesized by a mitochondrial arginine decarboxylase in rat brain. *Ann N Y Acad Sci* 763: 325-329, 1995.
5. Sastre M, Regunathan S, Galea E and Reis DJ: Agmatinase activity in rat brain: A metabolic pathway for the degradation of agmatine. *J Neurochem* 67: 1761-1765, 1996.
6. Moretti M, Matheus FC, de Oliveira PA, Neis VB, Ben J, Walz R, Rodrigues AL and Prediger RD: Role of agmatine in neurodegenerative diseases and epilepsy. *Front Biosci (Elite Ed)* 6: 341-359, 2014.
7. Cervelli M, Angelucci E, Stano P, Leboffe L, Federico R, Antonini G, Mariottini P and Polticelli F: The Glu<sup>216</sup>/Ser<sup>218</sup> pocket is a major determinant of spermine oxidase substrate specificity. *Biochem J* 461: 453-459, 2014.
8. Cervelli M, Bellavia G, Fratini E, Amendola R, Polticelli F, Barba M, Federico R, Signore F, Gucciardo G, Grillo R, *et al*: Spermine oxidase (SMO) activity in breast tumor tissues and biochemical analysis of the anticancer spermine analogues BENSpM and CPENSpM. *BMC Cancer* 10: 555, 2010.
9. Cervelli M, Angelucci E, Germani F, Amendola R and Mariottini P: Inflammation, carcinogenesis and neurodegeneration studies in transgenic animal models for polyamine research. *Amino Acids* 46: 521-530, 2014.
10. Casero RA Jr, Murray Stewart T and Pegg AE: Polyamine metabolism and cancer: Treatments, challenges and opportunities. *Nat Rev Cancer* 18: 681-695, 2018.
11. Amendola R, Cervelli M, Fratini E, Polticelli F, Sallustio DE and Mariottini P: Spermine metabolism and anticancer therapy. *Curr Cancer Drug Targets* 9: 118-130, 2009.
12. Polticelli F, Salvi D, Mariottini P, Amendola R and Cervelli M: Molecular evolution of the polyamine oxidase gene family in Metazoa. *BMC Evol Biol* 12: 90, 2012.
13. Cervelli M, Salvi D, Polticelli F, Amendola R and Mariottini P: Structure-function relationships in the evolutionary framework of spermine oxidase. *J Mol Evol* 76: 365-370, 2013.
14. Tavladoraki P, Cervelli M, Antonangeli F, Minervini G, Stano P, Federico R, Mariottini P and Polticelli F: Probing mammalian spermine oxidase enzyme-substrate complex through molecular modeling, site-directed mutagenesis and biochemical characterization. *Amino Acids* 40: 1115-1126, 2011.
15. Cervelli M, Polticelli F, Federico R and Mariottini P: Heterologous expression and characterization of mouse spermine oxidase. *J Biol Chem* 278: 5271-5276, 2003.
16. Cervelli M, Amendola R, Polticelli F and Mariottini P: Spermine oxidase: Ten years after. *Amino Acids* 42: 441-450, 2012.
17. Poulin R, Casero RA and Soulet D: Recent advances in the molecular biology of metazoan polyamine transport. *Amino Acids* 42: 711-723, 2012.
18. Abdulhussein AA and Wallace HM: Polyamines and membrane transporters. *Amino Acids* 46: 655-660, 2014.
19. Seiler N and Atanassov CL: The natural polyamines and the immune system. *Prog Drug Res* 43: 87-141, 1994.
20. Mastrantonio R, Cervelli M, Pietropaoli S, Mariottini P, Colasanti M and Persichini T: HIV-Tat induces the Nrf2/ARE pathway through NMDA receptor-elicited spermine oxidase activation in human neuroblastoma cells. *PLoS One* 11: e0149802, 2016.
21. Igarashi K, Uemura T and Kashiwagi K: Acrolein: An effective biomarker for tissue damage produced from polyamines. *Methods Mol Biol* 1694: 459-468, 2018.
22. Pietropaoli S, Leonetti A, Cervetto C, Venturini A, Mastrantonio R, Baroli G, Persichini T, Colasanti M, Maura G, Marcoli M, *et al*: Glutamate excitotoxicity linked to spermine oxidase overexpression. *Mol Neurobiol* 55: 7259-7270, 2018.
23. Leonetti A, Baroli G, Fratini E, Pietropaoli S, Marcoli M, Mariottini P and Cervelli M: Epileptic seizures and oxidative stress in a mouse model over-expressing spermine oxidase. *Amino Acids*: Jun 13, 2019 (Epub ahead of print).
24. Skatchkova SN, Antonovb SM and Eatona MJ: Glia and glial polyamines. Role in brain function in health and disease. *Biochemistry (Moscow) Suppl Ser A Membr Cell Biol* 10: 73-98, 2016.
25. Oliver D, Baukrowitz T and Fakler B: Polyamines as gating molecules of inward-rectifier K<sup>+</sup> channels. *Eur J Biochem* 267: 5824-5829, 2000.
26. Li J, Doyle KM and Tatlisumak T: Polyamines in the brain: Distribution, biological interactions, and their potential therapeutic role in brain ischaemia. *Curr Med Chem* 14: 1807-1813, 2007.
27. Williams K: Interactions of polyamines with ion channels. *Biochem J* 325: 289-297, 1997.
28. Pegg AE: Functions of polyamines in mammals. *J Biol Chem* 291: 14904-14912, 2016.
29. Williams K, Dawson VL, Romano C, Dichter MA and Molinoff PB: Characterization of polyamines having agonist, antagonist, and inverse agonist effects at the polyamine recognition site of the NMDA receptor. *Neuron* 5: 199-208, 1990.
30. Elsayed M and Magistretti PJ: A new outlook on mental illnesses: Glial involvement beyond the glue. *Front Cell Neurosci* 9: 468, 2015.
31. Sayers J: The world health report 2001-Mental health: New understanding, new hope. *Bull World Health Organ* 79: 1085, 2001.
32. Merikangas KR, Nakamura EF and Kessler RC: Epidemiology of mental disorders in children and adolescents. *Dialogues Clin Neurosci* 11: 7-20, 2009.
33. Kamal R, Cox C and Rousseau D: Kaiser Family Foundation: Costs and outcomes of mental health and substance use disorders in the US. *JAMA* 318: 415, 2017.
34. Mkrtchian A, Aylward J, Dayan P, Roiser JP and Robinson OJ: Modeling avoidance in mood and anxiety disorders using reinforcement learning. *Biol Psychiatry* 82: 532-539, 2017.
35. Benarous X, Consoli A, Cohen D, Renaud J, Lahaye H and Guilé JM: Suicidal behaviors and irritability in children and adolescents: A systematic review of the nature and mechanisms of the association. *Eur Child Adolesc Psychiatry* 28: 667-683, 2019.
36. Ferrúa CP, Giorgi R, da Rosa LC, do Amaral CC, Ghisleni GC, Pinheiro RT and Nedel F: MicroRNAs expressed in depression and their associated pathways: A systematic review and a bioinformatics analysis. *J Chem Neuroanat* 100: 101650, 2019.
37. Furuyashiki T and Kitaoka S: Neural mechanisms underlying adaptive and maladaptive consequences of stress: Roles of dopaminergic and inflammatory responses. *Psychiatry Clin Neurosci* Jun 19: 2019 (Epub ahead of print).
38. Jin Y, Sun LH, Yang W, Cui RJ and Xu SB: The role of BDNF in the neuroimmune axis regulation of mood disorders. *Front Neurol* 10: 515, 2019.
39. Peirce JM and Alviña K: The role of inflammation and the gut microbiome in depression and anxiety. *J Neurosci Res*: May 29, 2019 (Epub ahead of print).
40. Schildkraut JS: The catecholamine hypothesis of affective disorders: A review of supporting evidence. *Am J Psychiatry* 122: 509-522, 1965.
41. Whitaker-Azmitia PM: Serotonin and brain development: Role in human developmental diseases. *Brain Res Bull* 56: 479-485, 2001.
42. Liu Y, Zhao J, Fan X and Guo W: Dysfunction in serotonergic and noradrenergic systems and somatic symptoms in psychiatric disorders. *Front Psychiatry* 10: 286, 2019.
43. Fiori LM, Wanner B, Jomphe V, Croteau J, Vitaro F, Tremblay RE, Bureau A and Turecki G: Association of polyaminergic loci with anxiety, mood disorders, and attempted suicide. *PLoS One* 5: e15146, 2010.
44. Andrews RC: The side effects of antimalarial drugs indicates a polyamine involvement in both schizophrenia and depression. *Med Hypotheses* 18: 11-18, 1985.
45. Fiori LM and Turecki G: Implication of the polyamine system in mental disorders. *J Psychiatry Neurosci* 33: 102-110, 2008.
46. Das I, de Belleruche J, Essali MA, Richardson-Andrews RC and Hirsch SR: Blood polyamine in schizophrenia. *Schizophr Res* 2: 146, 1989.
47. Meltzer HY, Arora RC, Jackman H, Pscheidt G and Smith MD: Platelet monoamine oxidase and plasma amine oxidase in psychiatric patients. *Schizophr Bull* 6: 213-219, 1980.



48. Baron M, Asnis L, Gruen R and Levitt M: Plasma amine oxidase and genetic vulnerability to schizophrenia. *Arch Gen Psychiatry* 40: 275-279, 1983.
49. Dahel KA, Al-Saffar NM and Flayeh KA: Polyamine oxidase activity in sera of depressed and schizophrenic patients after ECT treatment. *Neurochem Res* 26: 415-418, 2001.
50. Bernstein HG, Grecksch G, Becker A, Höllt V and Bogerts B: Cellular changes in rat brain areas associated with neonatal hippocampal damage. *Neuroreport* 10: 2307-2311, 1999.
51. Middleton FA, Mirnics K, Pierri JN, Lewis DA and Levitt P: Gene expression profiling reveals alterations of specific metabolic pathways in schizophrenia. *J Neurosci* 22: 2718-2729, 2002.
52. He Y, Yu Z, Giegling I, Xie L, Hartmann AM, Prehn C, Adamski J, Kahn R, Li Y, Illig T, *et al*: Schizophrenia shows a unique metabolomics signature in plasma. *Trans Psychiatry* 2: e149, 2012.
53. Liu P, Jing Y, Collie ND, Dean B, Bilkey DK and Zhang H: Altered brain arginine metabolism in schizophrenia. *Trans Psychiatry* 6: e871, 2016.
54. Genedani S, Saltini S, Benelli A, Filaferro M and Bertolini A: Influence of SAME on the modifications of brain polyamine levels in an animal model of depression. *Neuroreport* 12: 3939-3942, 2001.
55. Reis DJ and Regunathan S: Is agmatine a novel neurotransmitter in brain? *Trends Pharmacol Sci* 21: 187-193, 2000.
56. Askalany AR, Yamakura T, Petrenko AB, Kohno T, Sakimura K and Baba H: Effect of agmatine on heteromeric N-methyl-D-aspartate receptor channels. *Neurosci Res* 52: 387-392, 2005.
57. Gross JA and Turecki G: Suicide and the polyamine system. *CNS Neurol Disord Drug Targets* 12: 980-988, 2013.
58. Turecki G: Polyamines and suicide risk. *Mol Psychiatry* 18: 1242-1243, 2013.
59. Naseer MI, Ullah I, Al-Qahtani MH, Karim S, Ullah N, Ansari SA, Kim MO and Bibi F: Decreased GABABR expression and increased neuronal cell death in developing rat brain after PTZ-induced seizure. *Neuro Sci* 34: 497-503, 2013.
60. Hauser WA and Kurland RT: The epidemiology of epilepsy in Rochester, Minnesota, 1935 through 1967. *Epilepsia* 16: 1-66, 1975.
61. Genton P and Bureau M: Epilepsy with myoclonic absences. *CNS Drugs* 20: 911-916, 2006.
62. Téllez-Zenteno JF and Hernández-Ronquillo L: A review of the epidemiology of temporal lobe epilepsy. *Epilepsy Res Treat* 2012: 630853, 2012.
63. Halmekytö M, Alhonen L, Wahlfors J, Sinervirta R, Eloranta T and Jänne J: Characterization of a transgenic mouse line over-expressing the human ornithine decarboxylase gene. *Biochem J* 278: 895-898, 1991.
64. Halonen T, Sivenius J, Miettinen R, Halmekytö M, Kauppinen R, Sinervirta R, Alakuijala L, Alhonen L, MacDonald E and Jänne J: Elevated seizure threshold and impaired spatial learning in transgenic mice with putrescine overproduction in the brain. *Eur J Neurosci* 5: 1233-1239, 1993.
65. Lukkarinen JA, Kauppinen RA, Gröhn OH, Oja JM, Sinervirta R, Järvinen A, Alhonen LI and Jänne J: Neuroprotective role of ornithine decarboxylase activation in transient focal cerebral ischaemia: A study using ornithine decarboxylase-overexpressing transgenic rats. *Eur J Neurosci* 10: 2046-2055, 1998.
66. Pietilä M, Alhonen L, Halmekytö M, Kanter P, Jänne J and Porter CW: Activation of polyamine catabolism profoundly alters tissue polyamine pools and affects hair growth and female fertility in transgenic mice overexpressing spermidine/spermine N1-acetyltransferase. *J Biol Chem* 272: 18746-18751, 1997.
67. Kaasinen K, Koistinaho J, Alhonen L and Jänne J: Overexpression of spermidine/spermine N-acetyltransferase in transgenic mice protects the animals from kainate-induced toxicity. *Eur J Neurosci* 12: 540-548, 2000.
68. Kaasinen SK, Gröhn OH, Keinänen TA, Alhonen L and Jänne J: Overexpression of spermidine/spermine N1-acetyltransferase elevates the threshold to pentylenetetrazol-induced seizure activity in transgenic mice. *Exp Neurol* 183: 645-652, 2003.
69. Kaasinen SK, Oksman M, Alhonen L, Tanila H and Jänne J: Spermidine/spermine N1-acetyltransferase overexpression in mice induces hypoactivity and spatial learning impairment. *Pharmacol Biochem Behav* 78: 35-45, 2004.
70. Cervelli M, Bellavia G, D'Amelio M, Cavallucci V, Moreno S, Berger J, Nardacci R, Marcoli M, Maura G, Piacentini M, *et al*: A new transgenic mouse model for studying the neurotoxicity of spermine oxidase dosage in the response to excitotoxic injury. *PLoS One* 8: e64810, 2013.
71. Cervetto C, Vergani L, Passalacqua M, Ragazzoni M, Venturini A, Cecconi F, Berretta N, Mercuri N, D'Amelio M, Maura G, *et al*: Astrocyte-dependent vulnerability to excitotoxicity in spermine oxidase-overexpressing mouse. *Neuromolecular Med* 18: 50-68, 2016.
72. Alhonen L, Uimari A, Pietilä M, Hyvönen MT, Pirinen E and Keinänen TA: Transgenic animals modelling polyamine metabolism-related diseases. *Essays Biochem* 46: 125-144, 2009.
73. Fleidervish IA, Libman L, Katz E and Gutnick MJ: Endogenous polyamines regulate cortical neuronal excitability by blocking voltage-gated Na<sup>+</sup> channels. *Proc Natl Acad Sci USA* 105: 18994-18999, 2008.
74. Traynelis SF, Wollmuth LP, McBain CJ, Menniti FS, Vance KM, Ogden KK, Hansen KB, Yuan H, Myers SJ and Dingledine R: Glutamate receptor ion channels: Structure, regulation, and function. *Pharmacol Rev* 62: 405-496, 2010.
75. Jänne J, Alhonen L, Pietilä M and Keinänen TA: Genetic approaches to the cellular functions of polyamines in mammals. *Eur J Biochem* 271: 877-894, 2004.
76. Chapouthier G and Venault P: A pharmacological link between epilepsy and anxiety? *Trends Pharmacol Sci* 22: 491-493, 2001.
77. Harden CL and Goldstein MA: Mood disorders in patients with epilepsy: Epidemiology and management. *CNS Drugs* 16: 291-302, 2002.
78. Kanner AM: Epilepsy and mood disorders. *Epilepsia* 48: 20-22, 2007.
79. Stahl SM: Brainstorms: Symptoms and circuits, part 2: Anxiety disorders. *J Clin Psychiatry* 64: 1408-1409, 2003.
80. Jackson MJ and Turkington D: Depression and anxiety in epilepsy. *J Neurol Neurosurg Psychiatry* 76 (Suppl 1): i45-i47, 2005.
81. Aroniadou-Anderjaska V, Qashu F and Braga MF: Mechanisms regulating GABAergic inhibitory transmission in the basolateral amygdala: Implications for epilepsy and anxiety disorders. *Amino Acids* 32: 305-315, 2007.
82. Hamid H, Ettinger AB and Mula M: Anxiety symptoms in epilepsy: Salient issues for future research. *Epilepsy Behav* 22: 63-68, 2011.
83. Gaitatzis A, Carroll K, Majeed A and W Sander J: The epidemiology of the comorbidity of epilepsy in the general population. *Epilepsia* 45: 1613-1622, 2004.
84. Rogawski MA and Löscher W: The neurobiology of antiepileptic drugs for the treatment of nonepileptic conditions. *Nat Med* 10: 685-692, 2004.
85. Pitkänen A and Sutula TP: Is epilepsy a progressive disorder? Prospects for new therapeutic approaches in temporal-lobe epilepsy. *Lancet Neurol* 1: 173-181, 2002.
86. Mula M, Pini S and Cassano GB: The role of anticonvulsant drugs in anxiety disorders: A critical review of the evidence. *J Clin Psychopharmacol* 27: 263-272, 2007.
87. Hitiris N, Mohanraj R, Norrie J, Sills GJ and Brodie MJ: Predictors of pharmacoresistant epilepsy. *Epilepsy Res* 75: 192-196, 2007.
88. Kanner AM: Psychiatric issues in epilepsy: The complex relation of mood, anxiety disorders, and epilepsy. *Epilepsy Behav* 15: 83-87, 2009.
89. Theodore WH: Does serotonin play a role in epilepsy? *Epilepsy Curr* 3: 173-177, 2003.
90. Richerson GB: Serotonin: The anti-sudden death amine? *Epilepsy Curr* 13: 241-244, 2013.
91. Maia GH, Soares JI, Almeida SG, Leite JM, Baptista HX, Lukyanova AN, Brazete CS and Lukyanov NV: Altered serotonin innervation in the rat epileptic brain. *Brain Res Bull* 152: 95-106, 2019.
92. Jobe PC and Browning RA: The serotonergic and noradrenergic effects of antidepressant drugs are anticonvulsant, not proconvulsant. *Epilepsy Behav* 7: 602-619, 2005.