

# Biological mechanisms underlying susceptibility to traumatic stress

Citation for published version (APA):

Ning, A. (2024). *Biological mechanisms underlying susceptibility to traumatic stress: evidence from rodent models*. [Doctoral Thesis, Maastricht University]. Maastricht University.  
<https://doi.org/10.26481/dis.20240116an>

## Document status and date:

Published: 01/01/2024

## DOI:

[10.26481/dis.20240116an](https://doi.org/10.26481/dis.20240116an)

## Document Version:

Publisher's PDF, also known as Version of record

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# Biological mechanisms underlying susceptibility to traumatic stress: evidence from rodent models

An Ning

2023

# Biological mechanisms underlying susceptibility to traumatic stress: evidence from rodent models

Dissertation

To obtain the degree of Doctor at Maastricht University.

On the authority of the Rector Magnificus, Prof. dr. P. Habibović

in accordance with the decision of the Board of Deans,

to be defended in public on

Tuesday on January 16<sup>th</sup> 2024 at 10.00 hours.

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# Dedication

To Rusli

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# Chapter 1

General introduction

The current thesis revolves around determinants and biological mechanisms underlying differential susceptibility to the impact of stress on mental health.

The first question addressed in this thesis is “what is stress”? Based on the critical findings from Walter B. Cannon and Hans Selye, the modern concept of stress came into being as *a consciously or unconsciously sensed threat to homeostasis*. Homeostasis, coined by Cannon, refers to the organism’s steady internal environment. Threats to homeostasis evoke a “fight” or “flight” reaction, which is the initial stage of “alarm reaction” for the stress process proposed by Selye, followed by a stage of “adaptation,” and eventually (in some cases) by a stage of “exhaustion” (reviewed in [1]).

The type of stress people may experience after exposure to a traumatic event, which imposes actual or threatens death, serious physical injury, or threat to physical well-being, is termed ‘traumatic stress.’ Exposure to several forms of stress, including traumatic stress, may be followed by failure to adapt and eventual exhaustion, resulting in physical or mental illness (reviewed in [2]).

Although many individuals experience stressful and potentially traumatizing events during life, only a (relatively) small part of the exposed population develops stress-related pathologies, including mental disorders such as post-traumatic stress disorder (PTSD), depression, and anxiety disorders. Thus, there are striking inter-individual differences in susceptibility to the effects of stress, including traumatic stress. However, the biological mechanisms of this differential susceptibility are mainly unknown. This knowledge would provide a basis for understanding stress mechanisms and facilitate therapeutic or preventive strategies for mental health-related disorders.

This thesis aimed to elucidate (some of) the biological mechanisms underlying susceptibility to traumatic stress. This chapter will:

- Introduce the concepts of differential susceptibility and resilience.
- Provide a summary of the current knowledge on the relevant physiological and biological processes involved in susceptibility to traumatic stress.
- Provide background information on the animal models used in this thesis to study traumatic stress and
- Introduce the main research questions and specific aims of the different chapters.

## 1.1 Concept of differential susceptibility and resilience to the effects of traumatic stress

Susceptibility refers to individuals displaying dysfunctional behavioural and physiological characteristics in response to traumatic event exposure or a specific process [3, 4]. Susceptibility could also be factors that could be detectable and manipulated before trauma, and manipulation of these factors alters the likelihood of developing PTSD [5]. This thesis mainly focuses on the first definition.

While resilience refers to avoiding negative social, psychological, and biological consequences of extreme stress that would otherwise compromise their psychological or physical well-being [6]. Resilience could also be an adaptive response or swift recovery from those effects, and psychological growth after experiencing trauma [7, 8, 9]. This thesis conceptualizes “resilience” as an active and dynamic process through which a person adaptively overcomes a stressful event [10].

## 1.2 Biological processes are involved in the stress response and susceptibility to traumatic stress

The response to traumatic stress involves the “fight-flight or freeze” reactions [11], which refer to the behavioral responses of animals exposed to a nearby threat. Exposure activates the autonomic nervous system and the hypothalamic-pituitary-adrenal (HPA) axis. The autonomic nervous system and the sympathetic and parasympathetic nervous systems have been linked with other biological components such as hormones, cytokines, neuropeptides, and neurotransmitters [12, 13].

### 1.2.1 HPA axis

Activation of the HPA axis and its hormones are the most studied subjects of the stress response mechanism. The hormone corticotropin-releasing hormones (CRH) and arginine vasopressin (AVP) are released from the paraventricular nucleus (PVN) of the hypothalamus upon stress. The hormones stimulate the anterior pituitary gland to release adrenocorticotrophic hormone (ACTH) into the blood circulation. In the adrenal glands, ACTH induces the synthesis of glucocorticoids, such as cortisol, in humans and corticosterone in rodents (Figure 1).

Glucocorticoids are essential hormones that impact protein, fat, and sugar metabolism, which support the nutrient requirements of the central nervous system during stress. Glucocorticoids can enhance muscle protein breakdown, adipose tissue lipolysis, and hepatic gluconeogenesis, and they can reduce glucose utilization to elevate circulating glucose concentrations. Excessive glucocorticoids have been linked with insulin resistance, obesity, and cardiovascular diseases [14].

Circulating glucocorticoids can bind to two types of receptors: glucocorticoid receptors (GRs) and mineralocorticoid receptors (MRs). They are ligand-gated transcription factors mediating the expression of a group of genes. The MR has a higher glucocorticoid binding affinity than GR. Thus, MRs are nearly saturated with low basal glucocorticoid concentrations, while high glucocorticoid concentrations during stress occupy MRs and GRs (Figure 1) [15].

During a high-stress level, the binding of a glucocorticoid to GR terminates the stress response and maintains predetermined hormone levels, including cortisol in humans or corticosterone in rodents, and homeostasis via a negative feedback loop [16].

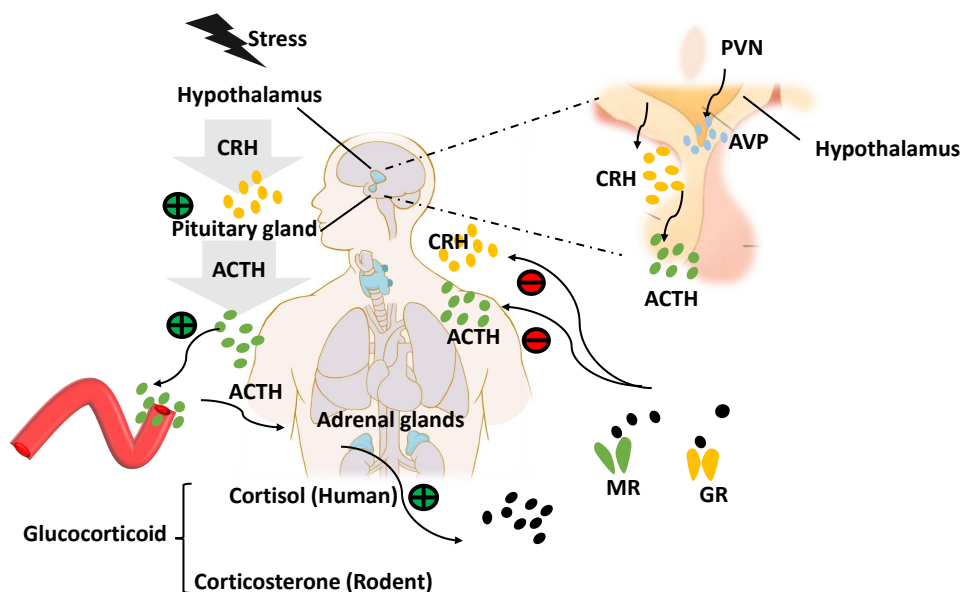


Figure 1: Schematic representation of the HPA axis. Stress induces AVP release from PVN, stimulating CRH release from the hypothalamus and activating ACTH release in the pituitary gland. ACTH binds to receptors in adrenal glands to induce glucocorticoid release in the circulation to modulate physiological response to stress through binding to both MR and GR receptors, which may provide negative feedback to the HPA axis.

Disruption of the HPA axis has been linked with many psychiatric disorders, such as PTSD, depression, bipolar disorder, and schizophrenia [17, 18, 19, 20, 21].

It has been observed that PTSD patients displayed a less robust ACTH response compared to controls in response to the cold pressor task [22] and exhibited lower basal cortisol levels compared to healthy controls [23] or trauma-exposed healthy controls [24]. In addition, PTSD veterans who were Met allele carriers of BDNF Val66Met polymorphism exhibited significantly stronger cortisol suppression and higher skin conductance response magnitudes in the startling sounds condition and an annoying (but not painful) 2.5 mA shock conditions than controls with no threat conditions in the sample [25]. Furthermore, PTSD veterans who carry T alleles of the *fk506-binding protein 51* (*fkbp51*) gene displayed significantly lower cortisol levels at baseline. FKBP5 protein is involved in the regulation of GR sensitivity and the translocation of glucocorticoids [26].

Studies on HPA-axis reactivity have identified candidate endophenotypes with two clinically and biologically distinct HPA-axis reactivity. One subgroup, “non-responders,” showed a blunted HPA-axis response, distinct clinical and biological characteristics, and abnormal expression kinetics of the genes encoding the MRs and FKBP5 [27].

### 1.2.2 Olfactory system and stress

The olfactory and emotional systems are highly intervened, and stress can impact the olfactory systems. One study on healthy humans showed that cortisol is associated with better odor identification performance [28]. On the other hand, the stimulation of the olfactory system can influence stress levels. Numerous studies demonstrated aroma's stress-suppressing effects, while predator odor's effects induce stress in experimental animals [29].

### 1.2.3 Neurotransmitter

Neurotransmitters interacted with the HPA axis in stress-related brain regions, including limbic brain areas like the prefrontal cortex (PFC), amygdala, hippocampus, and nucleus accumbens [30]. Besides, the HPA axis heavily interacts with the neurotransmitter system, including serotonin [31], dopamine [32], glutamate, GABA, and norepinephrine [33]. The primary HPA axis hormone, corticosterone, is essential in modulating the release of different neurotransmitters in limbic areas to mediate coping behavior [30].

For example, one study on urines indicated that trauma-exposed mothers with PTSD symptoms had higher urinary dopamine levels than trauma-exposed mothers without PTSD symptoms or controls [34]. Besides dopamine disturbance, dopamine receptors are correlated with PTSD symptoms. Another study added evidence for the involvement of the dopaminergic system in PTSD, as the study reported that PTSD patients with at least one copy of the dopamine receptor type 4 long allele had more intense PTSD symptoms than patients who did not have these alleles in genotype [35]. Besides dopamine, other studies have indicated the involvement of epinephrine, norepinephrine, and serotonin in PTSD-related symptoms, including hypervigilance, exaggerated startle, irritability, impulsivity, aggression, intrusive memories, depressed mood, and suicidality [36].

### 1.2.4 Epigenetic mechanisms

Epigenetics mechanisms are reversible chemical modifications to the chromatin structure that alter gene transcription without altering the DNA sequence, including DNA methylation, DNA hydroxymethylation, histone modifications (i.e., methylation, acetylation, and phosphorylation), and microRNAs which act as translational repressors [37]. This thesis focuses on the DNA methylation of epigenetic mechanisms in stress response.

DNA methylation is an epigenetic process in which a methyl group is added to nucleotides of DNA without any alterations to the DNA sequence, which modulates gene expression by regulating the accessibility of transcription factors to their binding sites and influencing chromatin structure. DNA methylation has been implicated in many psychiatric disorders, including depression, bipolar disorder, schizophrenia [38], and PTSD [39].

Accumulating evidence suggests that epigenetic processes play an essential role in the onset of PTSD [39]. One recent study found that military personnel with elevated PTSD symptoms showed that 119 genes exhibited reduced DNA methylation levels in peripheral blood, and 8 genes exhibited increased DNA methylation [40]. A recent study



coordinated by our group showed that increased PTSD symptom scores in combat-trauma-exposed military soldiers deployed to Afghanistan were associated with hypomethylation of loci in the dual specific phosphatase 22 (*dusp22*), myelin basic protein (*mbp*), and myelin transcription factor 1 like (*myt1l*) genes measured in whole blood samples [41]. These three genes formed a basis for this thesis.

The *dusp 22* gene-encoded enzyme DUSP22 belongs to a family of atypical small molecular mass dual-specificity phosphatases (DSPs) that dephosphorylate both tyrosine and serine/threonine residues. Few studies show the association between DUSP22 and mental health; little is known about these associations. Therefore, this thesis provides an overview of DUSP22 and its DUSP family members concerning mental health and diseases.

MBP is an oligodendrocyte-specific protein essential for oligodendrocyte morphogenesis [42], contributing to the balanced production of myelin proteins and lipids [43]. Evidence from human brain imaging studies and large-scale mRNA profiling analyses indicate that defects in myelin and abnormal expression of myelin genes, like *mbp* and their regulators, are common in many psychiatric disorders [44]. Among schizophrenia patients, the *mbp* mRNA in the primary visual cortex was reduced compared to healthy controls in the post-mortem brain tissue [45]. Among women with PTSD, the *mbp* mRNA was downregulated with several oligodendrocyte-related genes in the ventromedial PFC compared to healthy controls [46]. In animal stress models, *mbp* mRNA was reduced in medial prefrontal cortex (mPFC) and hippocampus of mice one month after exposure to 24-hour restraint stress compared to controls [47]. MBP protein expression was reduced in the mPFC of mice exposed to social defeat [48]. The MBP immunoreactivity was low in the pre-limbic and orbitofrontal cortex of rats exposed to chronic, unpredictable stress [49]. However, the MBP protein and mRNA were markedly increased in the cerebrospinal fluid, the hypothalamus, and the hippocampus of trauma-exposed dogs [50].

Variations in *myt1l*, a gene encoding a transcription factor expressed in the brain, have been associated with autism, intellectual disability, and schizophrenia [51]. These neurodevelopmental disorders show loss of function mutations in *myt1l*, including deletions, frameshift, and single nucleotide variations. These mutations are predicted to cause decreases in mRNA production or aberrant protein functions [52].

### 1.3 Research methodology for studying differential susceptibility to traumatic stress in rodent models

Rodent models can be instrumental in identifying molecular and cellular factors and mechanisms involved in differential behavioral responses to the effects of traumatic stress. Research on the effects of severe stress in animal models has a long history which has been reviewed elsewhere [53, 54, 55]. The following paragraphs introduce a few relevant aspects that form a basis for these studies.

### 1.3.1 Levels of analysis

The level of the analysis includes behavior, (electro) physiology, morphology and structure, and gene expression.

Behavior tests can give direct behavior outcomes of the stress event. These behavior tests include anhedonia tests like the sucrose preference test [56], anxiety tests like the elevated zero maze test [57], social behavior tests like the social interaction test [58], and depressive behavior tests like the forced swim test [59]. Electrophysiology can record local field potentials from populations of neurons and action potentials from single neurons in acute brain slices [60], the brain of anesthetized rodents [61], and even in awake-behaving rodents [62]. The following paragraphs overview the current research methodologies in susceptibility and resiliency.

### 1.3.2 Experimental stress paradigm used in this thesis

Stress paradigms are commonly and widely used in laboratory animal studies. For example, stress induced by electric foot shock, stress induced by restraint (restraint stress; RS), stress induced by social defeat (SD), early life stress, e.g., via a range of stressors, or predator-based stress, may induce both acute and chronic responses and impact. These stress paradigms and their advantages and disadvantages have been reviewed elsewhere [63]. In this thesis, we employed the SD and predator-based stress paradigm.

#### **Social defeat (SD)**

SD has been widely used to examine the impact of chronic and severe social stress on physical and behavioral conditions. Moreover, SD models show symptoms similar to psychiatric disorders in humans, including depression- and anxiety-like behavior [64]. The current paradigm of SD is developed using CD-1 mice as the resident and C57BL/6J mice as the intruder [65].

Researchers modified the SD paradigm due to severe injuries during physical attacks. Some studies have reduced the duration of physical contact from 5 min to 30 s each day [63]. A later developed SD paradigm created a set-up in which the C57BL/6J mice witnessed (rather than experienced) the social defeat of another C57BL/6J mouse without physical contact, and this paradigm successfully induced a stress phenotype by isolating physical stress and psychological stress in mice [64, 66]. However, this paradigm induced a more modest phenotype [67]. Besides, housing conditions (single versus group housing) could also moderate the behavioral response of individual mice exposed to social defeat stress [68].

Repeated social defeat stress results in a spectrum of behavioral alterations. Based on the social interaction ratio score, the animals' responses have been categorized into either 'susceptible' or 'resilient' groups [65]. The 'susceptible' mice spend significantly more time in the corner than in the interaction zone. In contrast, resilient mice spend more time in the interaction zone than control mice that have never undergone a defeat procedure [65]. Numerous scholars have used this experimental paradigm and discovered substantial evidence on different levels of analysis [53].

## Predator-based stress

Rats show many ultrasonic cries and modified eating patterns in the presence of a predator cat [69]. Predator odor alone can induce fear [70]. The unconditioned fear of a predator odor paradigm employs four steps. First, researchers acclimated the mice to the testing chamber for 3 min and then presented predator odor to the mice. Lastly, researchers measure freezing behavior immediately after predator odor presentation and 24 hours later in a retention test [71]. Exposure to soiled cat litter induces PTSD-like behavior in rats [72]. Maternal exposure to predator odor induces increased anti-predator behavior and a predator-odor-induced decrease in activity in mice [73].

As evidence has accumulated that animals (also non-humans) show differential responses to stress stimuli, it may be attractive (for scientific purposes) to take this differential response into account, for example, by splitting the clearly “maladapted” and clearly “well-adapted” animals. Such cutoff behavioral criteria, similar to the splitting in social defeat [65], have provided a basis for identifying biomarkers of differential susceptibility in response to stress [74].

## 1.4 Overview of the thesis

Susceptibility is a dynamic and complex phenomenon that depends not only on a person’s personality, genotype, or brain architecture, but also on the nature of the stressor(s), the complex and time-varying constellations of intra-, inter-, and extra-individual circumstances present during and after stressor exposure.

It has become clear that the study of susceptibility should evolve from a static to a dynamic and process-oriented conceptualization, for instance, through a prospective longitudinal study on differential susceptibility and resilience [10].

A recent study provided the first biological evidence of some genetic and epigenetic mechanisms underlying stress and resilience. By conducting a longitudinal study using a differential susceptibility approach in its analysis, a recent study involving Dutch soldiers deployed to the Afghanistan war has demonstrated that increases in PTSD symptom scores were associated with hypomethylation of loci in the *dusp22*, *mbp*, and *myt1l* genes (as measured in whole blood samples). These genes thereby pinpoint candidate molecules that may mediate differential susceptibility to the effects of traumatic stress [41].

While these findings provide valuable novel insights, it is crucial to analyze the localization and function of the genes concerning the stress response. This thesis first investigates the role of the *dusp22* and the entire *dusp* family of genes in mental and neurodegenerative disorders and reviews the available evidence in **Chapter 2**. Given the limited knowledge of the localization and the function of DUSP22 in the brain, this thesis investigates in **Chapter 3** the expression pattern of DUSP22 in mice brain, with a particular focus on the brain regions with an established link to the stress response, i.e., PFC, hippocampus, and amygdala.

The *mbp* gene also showed different methylation patterns in response to another stressor, i.e., prenatal restraint stress [75], thereby underscoring the potential importance of differential susceptibility to severe stress. Therefore, this thesis aimed to investigate MBP protein expression profiles in a prime brain region involved in the stress response, i.e., the hippocampus. This thesis includes immunohistochemical analyses in mouse hippocampal subregions and tests whether exposure to social defeat stress was associated with altered MBP protein expression patterns in the mouse hippocampus. This study is in **Chapter 4**.

A third novel candidate gene from the human PTSD study was *myt1l*, a transcription factor involved in the formation of myelin and the nervous system [76]. Findings from several groups have shown links between *myt1l* and other stress-related mental disorders [77, 78], spurring us to explore links between *myt1l*, the impact of traumatic stress, and differential susceptibility to traumatic stress. **Chapter 5** describes a study aiming to understand the localization of protein MYT1L in the brain (through immunohistochemical investigation of MYT1L protein expression in the mouse brain) and investigate differences in expression profiles concerning SD exposure.

In order to increase the toolbox to perform experimental studies on the mechanisms mediating or moderating the impact of stress, this thesis includes experiments done using a Microdrive array recording the activity of neural circuitries in the presence of stressful odor presentation. The activity focuses on local field potentials and action potentials in single neuron fire in response to stress in vivo. It employs the recently developed construction of Microdrive arrays [62]. **Chapter 6** illustrates the firing pattern in the olfactory neurons of mice in response to predator odor-induced stress, which was recorded by the Microdrive array implanted in the olfaction brain regions of the mice.

The thesis includes experiments using the social defeat stress model to understand the potential role of the identified genes in regulating the short-and long-term impact of exposure to severe stress on behavior, gene expression, and morphology. While doing so, the experiments test the hypothesis that physical activity would be protective (physical activity before stress would reduce the impact of the stress exposure) against the short- and long-term impact of social defeat stress in rodents, which is described in **Chapter 7**.

**Chapter 8** summarizes the main research findings and discusses them in light of broader scientific developments.

**Chapter 9** provides an outlined summary and future perspectives in rodent models on stress susceptibility.



# Chapter 2

## A potential role for the dusp family of genes in mental and neurodegenerative disorders

An Ning, Katherine Bassil, Ghazi I. Al Jowf, Harry W.M. Steinbusch, Markus Rothermel, Laurence de Nijs,

Bart P.F. Rutten

[Progress in neurobiology, 2021, doi : 10.1016/j.pneurobio.2020.101906]

## Abstract

The dual-specificity phosphatase (DUSP) family includes a heterogeneous group of protein phosphatases that dephosphorylate both phospho-tyrosine and phospho-serine/phospho-threonine residues within a single substrate. These protein phosphatases have many substrates and modulate diverse neural functions, such as neurogenesis, differentiation, and apoptosis. *Dusp* genes have furthermore been associated with mental disorders such as depression and neurological disorders such as Alzheimer's disease.

Herein, we review the current literature on the DUSP family of genes concerning mental and neurological disorders. This review i) outlines the structure and general functions of *dusp* genes, and ii) overviews the literature on *dusp* genes concerning mental and neurological disorders, including model systems, while furthermore providing perspectives for future research.

Keywords: DUSP, Mental health, neurological diseases, phosphatase, psychiatric disorders.

## 2.1 Introduction

Mental and neurological disorders are becoming highly prevalent and, in turn, exert significant socioeconomic and personal burdens [79, 80]. For instance, mental disorders are often associated with a reduced quality of life and also reduced maximal life expectancy [81], possibly due to the early onset of these disorders, the impact on social interactions, and their frequent occurrence as a comorbidity with other physiological health issues, i.e., cardiovascular, metabolic and immune-related disorders [82].

Recent progress in the study of mental and neurological disorders has allowed for a better understanding of critical underlying determinants, as well as associated molecular and cellular mechanisms. The etiology of mental and neurological disorders is associated with an interplay between genetic predisposition and epigenetic mechanisms that are influenced by environmental exposures throughout life [83, 38]. Developments in the fields of psychiatric genetics and epigenetics have enabled the first wave of genome-wide analyses on groups of people diagnosed with specific mental and neurological disorders compared to control populations. These analyses have provided critical initial insights, suggesting the involvement of distinct genes and biological processes in the onset and course of mental and neurological disorders. Increasing evidence from various genetic and epigenetic studies has identified associations between several genes in the dual-specificity phosphatases (DUSP) family and various mental and neurological disorders [84, 85].

These phosphatases are characterized by removing a phosphorus group from phospho-tyrosine and phospho-serine/phospho-threonine residues within a single substrate, leading to conformational protein changes. This process that can be reversed by kinase phosphorylation. Additionally, these protein phosphatases have a variety of substrates and, as such, can modulate diverse cellular functions, such as neurogenesis, neuronal differentiation, and apoptosis via three main signaling pathways, including MAP kinase pathways [86], Phosphatidylinositol 3-kinase (PI3K)/AKT [87], and BDNF [88].

While a range of studies on *dusp* genes has linked these genes to cancer [89, 90, 91] and disorders of the immune system [92], accumulating evidence for links between *dusp* genes and mental disorders, such as depression, as well as neurological disorders such as Alzheimer’s disease, is increasingly documented [84].

Herein, we aim to summarize, converge, and critically review the current literature on the DUSP family of genes implicated in mental and neurological disorders.

## 2.2 Structure, expression, and function of DUSP family members

DUSPs’ primary mode of action is the dephosphorylation of tyrosine and/or serine/threonine residues and the resulting activity regulation of their substrates. The physiological outcomes of DUSPs’ functions thus hinge on their substrate specificity and phosphatase activity. However, the substrates for DUSPs are not precisely defined. The archetypical DUSP, DUSP1/MKP1, was initially discovered to regulate the activities of MAP kinases by



dephosphorylating the TXY motif in the kinase domain. However, although DUSPs were discovered more than a decade ago, only in the past few years have their various functions begun to be described. DUSPs can be categorized into typical DUSPs and atypical DUSPs based on the presence or absence of a MAP kinase-interacting domain. A subset of DUSPs contains an N-terminal region composed of two CDC25 homology 2 (CH2) domains and an intervening cluster of basic amino acids known as the MAP kinase-binding (MKB) motif. All DUSP proteins contain a common phosphatase domain consisting of conserved Asp, Cys, and Arg residues forming the catalytic site [93].

The subcategorization of DUSPs into subgroups is supported by the phylogenetic tree of DUSP sequences similarities with consideration of substrate preferences [93]. Based on this, the DUSP family members can be categorized into the following subgroups: 1) slingshot homolog (SSH) family of phosphatases, 2) phosphatases of regenerating liver (PRL) family, 3) cell division cycle 14 (CDC14) phosphatases, 4) phosphatase and tensin homologs deleted on chromosome 10 (PTEN), 5) myotubularins, 6) mitogen-activated protein kinase phosphatases (MKPs) and 7) atypical DUSPs [86]. DUSP family members and synonyms can be found in Table A.1 of the Appendix, while atypical DUSPs are presented in Table A.2 of the Appendix.

In the following paragraphs, we will review the current knowledge about the structure, tissue expression, and function of the DUSP family members. A summary of DUSP Protein or RNA expression in animal and human brains is presented in Table A.3 of the Appendix, while their expression in non-brain tissues is shown in Table A.5. The function of DUSP proteins is summarized in Table A.4. The structure of the DUSP members are illustrated in A.6 of the Appendix.

### 2.2.1 Slingshot homolog (SSH) family of phosphatases

#### - Structure and Homologues

Slingshot homolog (SSH), encoded by the *ssh* gene, was initially recognized as a cofilin phosphatase in genetic studies performed in *Drosophila* [94]. Cofilin is an actin-depolymerizing factor (ADF) abundant in human and other mammalian brains [95]. In mammals, three SSH homologs have been identified and denoted as SSH-1, SSH-2, and SSH-3 [94].

The sequence alignment of the three SSH phosphatases shows more than 80% sequence similarity [94]. For instance, SSH proteins from human, mouse, and *Drosophila* possess three highly conserved domains, A, B, and P (a phosphatase domain) in the N-terminal region [96]. Amino acid sequences of the P domain of the SSH family are distantly related to those of a family of MKPs and share a Dual Specific Phosphatase (DSP) active site (HCxxGxxR) conserved within both DSP and protein tyrosine phosphatases (PTP) [97, 98]. The short serine-rich sequence motif (S domain) is conserved only in SSH-1 and SSH-2 in mouse and human but not in SSH-3 of the mouse, human, or *Drosophila* SSH protein (Figure Appendix) [96].

#### - Expression and Function

At the cellular level, human SSH (hSSH)-1 is primarily expressed in the plasma membrane, cytosol, and nucle-

oplasm, while hSSH-2 and hSSH-3 reside in the cytoplasm [the Human Protein Atlas ([www.proteinatlas.org](http://www.proteinatlas.org))] [99]. At the tissue level, hSSH-1 proteins were expressed in the frontal cortex and cerebellum of human post-mortem brain tissue of healthy elderly persons [100, 101] as well as in human keratinocytes [102].

SSH phosphatases modulate actin separation and reunion by regulating the ADF /cofilin complex in vivo [98]. SSH phosphatases remove a phosphorus group from ADF/cofilin to activate this complex [103, 104, 105, 106]. The activated ADF/cofilin complex depolymerizes and dismantles actin filaments to drive the protraction of growth cones and neurite extensions, as observed in rat hippocampal neurons. In contrast, activated LIM domain kinase 1, a negative regulator of actin-polymerization dynamics, adds a phosphorus group to ADF/cofilin, inhibiting the formation of this complex. This inhibition then drives actin polymerization, which reduces the protraction of growth cones and neurite extensions [107]. The balance between SSH and LIM domain kinase 1 is responsible for modulating actin filament assembly at the tip of the growth cone and is essential for driving the repulsive or attractive responses of growth cones and neurite extensions, which in turn leads to modifications in neuronal morphology and sprouting [103, 108, 109, 110]. Specifically, SSH1, along with Cofilin1 modulated growth cone extension in rodents [111, 112] and chick [104]. SSH2 reverse actin-severing defects and improves actomyosin parameters in interneurons of mice [113]. Furthermore, SSH phosphatases play a pivotal role in controlling AMPA receptor trafficking and the number, size, and morphology of dendritic spines in cortical neurons by controlling the actin cytoskeleton via ADF/cofilin activation. Interestingly, AMPA receptor trafficking and the morphology of dendritic spines in cortical neurons are strongly associated with synaptic plasticity, which underlies cognitive functions such as learning and memory processes [114].

## 2.2.2 Phosphatases of regenerating liver (PRLs) family

### - Structure and Homologues

While the cellular functions of this family remain yet to be uncovered, we currently know that PRLs are oncogenes [115]. Within this subgroup, three protein subtypes, PRL-1, PRL-2, and PRL-3, have been identified based on their amino acid sequences [116], which share greater than 50% homology in humans [117].

PRLs carry the CAAX motif and are the only CAAX proteins in the DUSP family [117]. CAAX proteins involve global cellular functions, such as proliferation and differentiation. A polybasic region localizes next to the CAAX box and mediates membrane or nuclear localization of PRLs. The catalytic or protein phosphatase (PTP) domain is responsible for enzymatic activity, requiring the P-loop residues and the WPD loop (conserved in the PTP family) residues for the transfer of a phosphate group (Figure Appendix) [117].

### - Expression and Function

At the cellular level, PRLs localize in the plasma membrane and nucleus, whereas at the tissue level, human PRLs (hPRLs) subtypes differ depending on the type and severity of the tumor in question. *hprl-1* and *hprl-2* mRNA expression patterns are widespread in healthy adult human tissues. hPRL-2 is expressed at higher levels in

the brain than hPRL-1, especially in the granular layer of the cerebellum [118]. *hprl-3* mRNA is expressed in both skeletal muscle and the heart during development [119]. Similarities exist compared to other mammalian tissue, such as mouse tissue. For instance, mouse PRL (mPRL)-1 is 100% identical to hPRL-1 in the number of amino acid subunits [120]. *mprl-2* mRNA is expressed in skeletal muscle, and *mprl-3* is expressed in skeletal muscle and heart tissue [120].

PRLs promote cell proliferation, migration, invasion, tumor growth, and metastasis via multiple signaling pathways, including extracellular signal-regulated kinase (ERK) 1/2 pathways [121, 122], the mechanistic target of the rapamycin [123], and the phosphatidylinositol 3-kinase (PI3K)/AKT pathways [124]. It has been observed that PRL-1 and PRL-2 induce cell invasion and motility through the activation of ERK 1/2. Moreover, PRL-3 stimulates cell proliferation and epithelial-mesenchymal transition, a crucial developmental process, by acting upstream of PI3K. Interestingly, ERK1/2 and PI3K are common signaling pathways in cell proliferation, migration, invasion, tumor growth, and metastasis [117].

### 2.2.3 Cell division cycle 14 (CDC14) phosphatases

#### - Structure and Homologues.

CDC14 phosphatases, encoded by the *cdc14* gene, are the subgroup mainly involved in cell cycle regulation [125, 126]. CDC14 comprises three isoforms, CDC14A, CDC14B, and CDC14C [127]. The isoform CDC14B encodes four splice variants, including CDC14Bpar, CDC14B1, CDC14B2, and CDC14B3 [128]. Interestingly, the isoform CDC14C (also known as CDC14Bretro) is produced by the CDC14B splice variant CDC14Bpar by gene retroduplication, a process that occurs in hominoids [128, 129].

CDC14A contains a core domain and a nuclear export signal responsible for the translocation of CDC14A from the nucleus to the cytoplasm. The core domain contains two structurally similar domains, A and B [130]. The protein structure of human hCDC14A shares 65% compatibility with hCDC14B except for the nucleolar targeting sequence (N-terminal 44 amino acids) that is responsible for localizing CDC14B to the nucleolus throughout interphase during cell division [130]. CDC14C structure is similar to hCDC14B except for the C-terminus (Figure Appendix) [128].

#### - Expression and Function

At the cellular level, CDC14A localizes on the centrosomes of cells during interphase [131]. CDC14B1 is expressed in the nucleoli, and CDC14B2 in nuclear speckles localized within the nucleus, as demonstrated in COS7-cells. Moreover, CDC14B3 and CDC14Bpar exhibit co-localization with microtubules in COS7-cells [128]. It has also been demonstrated that CDC14C co-localizes with an endoplasmic reticulum marker in COS7 cells, human HeLa, or LN229 cell lines [128].

At the tissue level, hCDC14A and hCDC14B are found in the cerebral cortex, lymph nodes, liver, colon, kidneys, and testis ([www.proteinatlas.org](http://www.proteinatlas.org)) [99]. While *hcdc14bpar* mRNA is predominantly expressed in the adult and fetal brain, *hcdc14b1*, *hcdc14b2*, and *hcdc14b3* mRNAs are expressed in the adult brain, including the hippocampus,

prefrontal cortex, amygdala, and hypothalamus [128]. *hdc14c* mRNA is found in the adult brain and embryonic forebrain, including the dorsal telencephalon [128].

The CDC14 family is conserved within eukaryotes and plays a role in inactivating mitotic cyclin-dependent kinase via dephosphorylation. While activation of cyclin-dependent kinase drives cells into mitosis, their inactivation promotes mitotic exit and cytokinesis. Furthermore, CDC14 regulates various other cellular events, such as DNA recombination, telomere segregation, mitotic spindle dynamics, and cytokinesis [127, 132].

## 2.2.4 Phosphatase and tensin homologs deleted on chromosome 10 (PTENs) family

### - Structure and Homologues

The *pten* gene codes for the PTEN protein, a protein in which tumor suppression functions due to its phosphatase activity [133, 134]. PTEN carries two isoforms: a CUG-initiated isoform designated PTEN $\alpha$  and an AUG-initiated isoform referred to as PTEN $\beta$  with a smaller molecular weight than PTEN $\alpha$  [135]. The N-terminal domain of PTEN contains the catalytic N-terminal PIP2-binding domain and PTP domain. The C-terminal domain consists of the following subdomains: C2, C-tail, and the PDZ, with the active catalytic site being HCxxGxxR (Figure Appendix) [136, 137]. PTEN's phosphatase domain carries a similar structure to protein phosphatases but with a more significant active site, allowing it to bind other substrates such as phosphoinositide (PI). Additionally, PTEN's C2 domain has been shown to bind phospholipid membranes in vitro and thus aid in the steering and anchoring of PTEN to the cellular membrane [138]. Together, this interplay between both domains carries implications for suppressing and stimulating tumor cell growth.

### - Expression and Function

At the cellular level, PTEN $\alpha$  is expressed in the cytoplasm and the mitochondrial inner membrane, while PTEN $\beta$  is in the nucleolus [135, 139]. In neurons, PTEN is dynamically localized to specialized subcellular compartments, such as the neuronal growth cone, dendritic spines, and the nucleus [140, 141].

At the tissue level, PTEN protein and mRNA expression have been observed in the human pancreas [142] and in the human brain, including the cerebral cortex, cerebellum, and hippocampus ([www.proteinatlas.org](http://www.proteinatlas.org)) [99]. PTEN exhibits differential distribution in the rat brain, with the highest levels found in the anterior olfactory nucleus, cerebral cortex, amygdaloid nucleus, hippocampus, purkinje cells, and several nuclei in the basal ganglia, thalamus, midbrain, and pons [143].

PTEN regulates cellular proliferation, survival, energy metabolism, cell architecture, and motility [137]. PTEN modulates cell proliferation and neuronal growth during development by dephosphorylating PIP3 and antagonizing PI3K signaling. PI3K signaling mediates responses to cellular stimuli, including hormones and growth factors [144, 145, 146]. On the other hand, the inhibition of PTEN causes axonal regeneration and neural repair [147]. PTEN is fundamental in maintaining chromosomal stability through physical interactions with centromeres and controls DNA repair [148].

### 2.2.5 Myotubularins

#### - Structure and Homologues

Myotubularins can be found in almost all eukaryotes, from yeast to mammals. In humans, 14 clearly defined myotubularin paralogs have been described, with MTM1 being the first recognized myotubularin. Subsequently, 13 myotubularin-related proteins were identified, labeled MTMR1 to MTMR13 [149].

All myotubularins share the PH-GRAM (Pleckstrin Homology - Glucosyltransferase, Rab-like GTPase Activator, and Myotubularins) domain and catalytically active or inactive phosphatase domains. Additionally, myotubularins can also carry other functional domains, including the PDZ binding site, the PH (Pleckstrin homology) and FYVE (Fab1-YOTB-Vac1-EEA1) domains, and the DENN (Differentially Expressed in Normal and Neoplastic cells) domain. Except for MTMR10, all myotubularins comprise a coiled-coil domain (Figure Appendix) [149, 150].

#### - Expression and Function

Myotubularins do not show any nuclear expression at the cellular level but are primarily localized in the cytoplasm as a richly-formed network. Myotubularins have also been shown to localize to Rac1-inducible plasma membrane ruffles. This localization to Rac1-induced ruffles seems to be associated with a highly conserved myotubularin domain referred to as RID [151].

At the tissue level, *myotubularin* mRNA expression has been documented for various human organs, including the spinal cord and substantia nigra (SN) of the central nervous system, skin, lungs, and vagina [149]. At the protein level, myotubularins are expressed in the brain, including the cerebral cortex, hippocampus, and cerebellum, as well as non-brain tissues like lungs, muscles, endocrine tissue, bone marrow, immune system, liver, gallbladder, and pancreas (www.proteinatlas.org) [99].

Myotubularins are involved in several cellular processes, including autophagy, apoptosis, the actin cytoskeleton, and intermediate filaments dynamic and PI metabolism. Active myotubularin can remove phosphate on carbon number 3 of PtdIns3P or PtdIns(3,5)P2 and turn it into PtdIns or PtdIns5P, respectively [152]. Additionally, they are also involved in myelin formation in neurons. For instance, MTMR2 is present in the nucleus and cytoplasmic compartments of Schwann cells and motor neurons but not in the nucleus of sensory neurons. Moreover, MTMR2 interacts with the neurofilament light chain protein NF-L in Schwann cells and neurons [153]. Schwann cell/dorsal root ganglion neuron co-cultures from *mtmr2* knock-out mice exhibit excessive redundant myelin, also known as myelin outfolding, and MTMR2 replacement was shown to rescue this myelin outfolding phenotype [154]. Interestingly, the deletion of MTMR2 phospholipid phosphatase in humans causes childhood onset of an autosomal recessive demyelinating neuropathy, also known as Charcot-Marie-Tooth type 4B1 [155].

### 2.2.6 Mitogen-activated protein kinase phosphatases (MKPs)

#### - Structure and Homologues

The *mkp* genes encode phosphatases that dephosphorylate MAP kinase (MAPK) signaling elements in vivo

deactivating them [156]. In turn, this leads to the modulation of several physiological processes via a conformational change of their substrates.

MKPs comprise the MAPK-binding (MKB) domain in the N-terminal end and the DSP domain in the C-terminal end. The N-terminal MAPK-binding domain regulates enzymatic specificity through docking interaction with MAPK. The binding of phosphorylated MAPK to the MAPK-binding domain alters the structure of the DUSP domain. This alteration in the conformation of the protein, in addition to the interaction of the catalytic domain with MAPK, increases MKPs' catalytic activity (Figure Appendix).

#### - Expression and Function

MKPs seem highly expressed in various tissue types, including the brain, endocrine tissues, lung, digestive tract, liver, gallbladder, kidneys, male and female reproductive tissues, and adipose tissue ([www.proteinatlas.org](http://www.proteinatlas.org)) [99].

The MKP family can bind to substrates from MAPK signaling pathways, including ERK, JNK, and p38 [156, 157]. The DSP domain of MKPs inactivates MAPK by docking into phospho-MAPK [156]. MAPK signaling converts extracellular stimuli into various intracellular responses, such as proliferation, differentiation, survival, apoptosis, and migration [158, 159, 160]. MAPK signaling pathways have many predominant kinases, including JNK, ERK, and p38, which can be inactivated by different MKPs [161].

### 2.2.7 Atypical DUSPs

#### - Structure and Homologues

Atypical DUSP genes have multiple nomenclatures and remain poorly characterized [91, 93]. The HUGO (Human Genome Organization) Gene Nomenclature Committee includes 16 atypical DUSPs genes [162]. Patterson et al. identify 20 members of atypical DUSPs [86], and Huang and Tan 15 atypical DUSP members [93]. Moreover, phylogeny analysis has shown that atypical DUSPs are not derived from a common proximal ancestor [86, 93]. Atypical DUSPs encode proteins with a molecular weight of less than 27 kDa [86, 91]. All the members of atypical DUSPs are listed in the Appendix. Atypical DUSPs predominantly contain the consensus DSP catalytic domain. Some atypical DUSPs contain a CH2 domain, a carbohydrate-binding domain, and an Arginine-rich or Proline-rich region (Figure Appendix) [86].

#### - Expression and Function

Most atypical DUSPs are localized in the cytoplasm at the cellular level, with some in the nucleus, another subset in the mitochondria, and Golgi in various cell types [86]. At the tissue level, the brain expression of atypical DUSPs is presented in the Appendix, while their localization in other tissues is described in the Appendix.

Some atypical DUSPs regulate MAPK, playing a role in cell proliferation and apoptosis. In addition to MAPK protein substrates, several substrates of atypical DUSPs include nucleic acids (such as RNA) and phosphorylated carbohydrates (such as amylopectin and glycogen). Nonetheless, the physiological substrates of many atypical DUSPs remain unknown [86, 163].

## 2.3 DUSP genes and mental disorders

Accumulating evidence from the current literature on the link between DUSP genes and mental disorders such as depression, bipolar disorder, autism spectrum disorder (ASDs), schizophrenia, post-traumatic stress disorder (PTSD), and substance abuse disorders are described in the following section. The summary of the pathological implication of DUSP family members in mental disorders is presented in Table A.4 of the Appendix.

### 2.3.1 Depression

Depression is characterized by psychological and physiological symptoms, including negative thinking, anhedonia, fatigue, memory impairment, insomnia, extreme weight loss, or weight gain. The World Health Organization (WHO) reported that depression is a leading cause of disability worldwide. The neurobiological mechanisms underlying depression are complex, however, first-line antidepressants are effective in a subset of patients by reversing some of the symptoms of depression [164]. However, not all individuals benefit from current antidepressants, and genetic factors have been shown to contribute to the risk of treatment-resistant depression [165].

#### PTEN and Depression

Genetic studies have demonstrated an association between three distinct *pten* single nucleotide polymorphisms, rs701848, rs2735343, and rs112025902, and increased risk of depression in a Chinese cohort [166]. Other studies have provided evidence that PTEN protein levels are higher in postmortem lysates of the ventral prefrontal cortex (Brodmann's area 11) from suicide victims diagnosed with depression when compared to non-depressed healthy controls [167]. Besides, the enzymatic activity of the kinases PI3K and AKT1 were found to be decreased in the ventral prefrontal cortex (Brodmann's area 11) of suicide victims diagnosed with depression, while their protein levels did not differ. Conversely, PTEN protein levels in the ventral prefrontal cortex were observed to be increased in patients with a depressive disorder. This attenuation of PI3K and AKT1 activity in suicide victims with a depressive disorder may be related to elevated levels of PTEN, which in turn may result in insufficient phosphorylation of second lipid messengers PI3-phosphate, PIP2 and PIP3 [167].

PI3K and AKT are also involved in mediating depressive-like behavior in mice induced by stress [168, 169] and inhibitors of PI3K/ AKT have been shown to prevent antidepressant-like effects (characterized by decreased immobility time) induced by creatine in mice following the stress-inducing tail suspension test [170, 171]. Together, these results highlight that the phosphorylation of AKT and the downstream effects might be of interest as a potential treatment of depression. Previous work has indicated that deficits in vital cellular processes such as cell survival and neuroplasticity are observed in major depression [172]. Therefore, looking into the enzymatic activity of PTEN and PI3K and their association with abnormalities in neurotrophic signaling is pertinent [167].

## DUSP1 and Depression

DUSP1 has also been documented to play a role in the pathophysiology of depression in human subjects [173]. For instance, *dusp1* mRNA expression was shown to be increased in the hippocampus of depressed patients when compared to healthy controls [174]. As negative regulators of DUSP1, MAPK and its downstream kinases were decreased in the prefrontal cortical areas and the hippocampus of suicide subjects with depression [158, 175, 176]. Recent evidence from animal studies suggests the involvement of MKPs in depression-like behavior. For instance, in one study, DUSP1 protein levels were observed to be increased in the hippocampus of stressed rats when compared to controls in the resident-intruder paradigm. Kinase substrates of DUSP1, including phosphorylated MEK1/2 and ERK1/2, were decreased in the hippocampus of stressed rats when compared to controls [177]. In another stress model – the chronic unpredictable stress (CUS) model - the upregulated protein levels of DUSP1 in the hippocampus was rescued by the antidepressant fluoxetine, two weeks after inducing depressive-like behaviors in rodents [174]. Similarly, the upregulated protein level of DUSP1 in the ventrolateral orbital cortex of rats subjected to chronic unpredictable mild stress was attenuated by enhancing miR-101 expression, and so was the depressive-like behavior [178]. miR-101 is a functional silencing small RNA targeting *dusp1* [179, 180] and the amyloid precursor protein (APP) [181]. Moreover, overexpression of DUSP1 in the hippocampus induced anhedonia-like behavior, including a reduced preference for sucrose and increased frequency of failure-to-escape in the active avoidance test [174]. *Dusp1* knockout mice were also resistant to CUS-induced depressive-like behaviors [174].

Antidepressant treatments have an impact on the expression of DUSP1 in healthy animal subjects. For example, the administration of fluoxetine reduced *dusp1* mRNA expression in the prefrontal cortex of healthy rats [182]. Moreover, electroconvulsive therapy (ECT), a treatment for drug-resistant depression, induced upregulation of *dusp1* mRNA levels in all hippocampal subregions, and the prefrontal cortex of healthy rats [182].

These results together strengthen the association between DUSP1 and depression. Future studies looking into treatments for depression should consider targeting DUSP1 as a therapeutic strategy by, for example, making use of small RNAs, particularly miRNAs, to silence the expression of DUSP1 hence reversing signs and symptoms of depression.

## DUSP4 and Depression

Analyses of postmortem brain tissue samples indicated increased protein levels of DUSP4 (aliases MKP-2, the ERK1/2 phosphatase) in prefrontal cortical areas and the hippocampus of patients with major depressive disorder following the death by suicide compared to non-psychiatric control subjects. This increase was accompanied by decreased expression of mRNA and protein levels of ERK1 and ERK2, resulting in reduced MAPK activity [158]. Another study showed sex-dependent differential expression of *dusp4* mRNA in the ventral subiculum of patients with depression compared to healthy controls; with differences observed in male but not in female subjects [183].

DUSP4 protein expression remained unchanged in the hippocampus and the frontal cortex of rats subjected



to prenatal stress [184] and in a male rat model of depression, which was induced by neonatal treatment with clomipramine [185]. Treatments, including antidepressants and ECT, have led to changes in DUSP4 expression in healthy animals. For instance, ECT treatment in healthy male rats induced increased expression of *dusp4* mRNA in the dentate gyrus (DG) of the hippocampus and the prefrontal cortex [182].

Although these findings suggest DUSP4 changes in both human patients and animals subjected to antidepressant treatments ECS, the available studies do not show DUSP4 change in the stress paradigm in animals, like the prenatal stress and depression model of neonatal treatment with clomipramine. These unchanged results might be due to the limitations of the stress paradigm in animals. Besides, even though studies show DUSP4 level is sex-dependent in human depression studies, no studies show that the DUSP4 level is sex-dependent in animal models of depression, which creates limitations in specifying the involvement of DUSP4 in depression.

## DUSP6 and Depression

In post-mortem brain tissue, *dusp6* mRNA was shown to be differentially expressed in the ventromedial prefrontal cortex of patients with depressive disorder in a sex-specific manner [183]. Besides, the DUSP6 substrates, phospho-ERK1/2, showed elevated protein expression in the prefrontal cortex of female patients with depressive disorder [183]. Downregulation of DUSP6 mediated by virus injection in the ventromedial prefrontal cortex of chronic stressed induced depressive-like phenotype in female mice, but not male mice. The overexpression of *dusp6* mediated by a Herpes simplex virus vector rescued the depressive-like behavior in female mice [183]. This sex-differential response of the stressed mice suggests that DUSP6 exerts a sex-specific role in the stress response, possibly via an interaction with sex-specific hormones.

Moreover, viral-mediated downregulation of *dusp6* was accompanied by increased phosphorylated ERK1/2 levels in the ventromedial prefrontal cortex of stressed female mice compared to control [183]. However, the total ERK1/2 protein levels in the DUSP6-downregulated female stressed mice remain unchanged in the ventromedial prefrontal cortex compared to control. These findings resemble findings observed in post-mortem brain tissue analyses of female patients diagnosed with depression. Females diagnosed with depression showed elevated levels of phospho-ERK1/2 in the prefrontal cortex compared to healthy female controls. Elevated phospho-ERK1/2-reactive cell density mainly localized in layers II/III and layers V/VI of the prefrontal cortex of female patients with depressive disorder [183].

Additionally, ECT and administration of antidepressants are shown to have an impact on DUSP6 expression. For instance, ECT induces the upregulation of *dusp6* mRNA levels in the prefrontal cortex and DUSP6 protein levels in the hippocampus and prefrontal cortex of healthy rats [182]. The administration of fluoxetine, however, reduced the mRNA expression of *dusp6* in the prefrontal cortex of healthy rats [182]. This discrepancy in results highlights the need to further investigate the involvement of DUSP6 in mood disorders such as depression.

## DUSP2, DUSP12, DUSP19, DUSP23, DUSP24 and Depression

The subregions of the hippocampus exhibit differential RNA expression of *mkps* in post-mortem brain samples of patients diagnosed with depressive disorder. For instance, while DUSP2 and DUSP19 show higher expression in the hippocampal DG than in the CA1, mRNA levels of *dusp12* and *dusp24* are increased in the CA1 region of postmortem brain tissue of patients diagnosed with depression [174] as compared to healthy controls. Another study showed differential expression of *dusp19* mRNA in the ventral subiculum and of *dusp23* mRNA in the nucleus accumbens and the Broadman area of male patients with depressive disorder, but not in female patients [183]. These results indicate that distinct *dusp* genes may be linked with depression differently, including sex-specific effects. Despite these observations, further experimental studies are needed to better understand the involved of MKPs in depression and eventually target their expression to reverse depressive symptoms.

### 2.3.2 Bipolar disorder

Bipolar disorder is characterized by mood instability, with episodes of mania and depression. Bipolar disorder is a complex disorder with high estimated heritability. Despite the accumulating evidence of the etiology of bipolar disorder, the underlying biological mechanisms that give rise to this mood disorder remain elusive [186]. Besides underlying genetic factors, environmental risk factors have also been identified as being partly responsible for the onset of bipolar disorder [187]. Bipolar disorder is associated with multiple dysregulations including disturbed brain development, neuroplasticity, and chronobiology, specifically, neurotransmitter, neurotrophic factors, neuroinflammation, autoimmunity, cytokines, stress axis activity, oxidative stress, and mitochondrial dysfunctions [188].

#### DUSP2 and Bipolar disorder

It has been observed that patients diagnosed with bipolar disorder have increased proportions of monocytes in the blood or cerebrospinal fluid (CSF) compared to controls [189, 190]. It has also been found that the monocytes of patients with bipolar disorder and the offspring of bipolar parents show aberrant levels of *dusp2* mRNA expression. For instance, patients with bipolar disorder taking medication show elevated blood mRNA levels of *dusp2* compared to healthy controls. DUSP2 carries a strong correlation to the mRNA expression of inflammatory cytokines [191]. *Dusp2* mRNA expression has been shown to be significantly higher in monocytes of patients with mood disorder compared to healthy controls [192]. Furthermore, lithium carbonate- and antipsychotic-treated patients with bipolar disorder exhibited lower levels of expression of *dusp2* mRNA in monocytes compared to non-lithium- and non-antipsychotic-treated patients with bipolar disorder [192]. Thus, DUSP2 may be an attractive target for further analyses in patients with bipolar disorder.

## DUSP6 and Bipolar disorder

There is a positive association between the *dusp6* gene and patients with bipolar disorder [193, 194]. A genetic study, including 160 patients with a diagnosis of schizophrenia, 132 patients with bipolar disorder, and 336 healthy controls, indicated that the G allele of the T/G polymorphism of the *dusp6* gene was significantly more common in patients with bipolar disorder than controls. However, there was no difference between schizophrenia patients and controls. This contrast suggests a specific association of the *dusp6* gene with bipolar disorder, but not with schizophrenia [194]. However, this association was not observed in male patients with bipolar disorder [194], hence suggesting a sex-specific effect.

The lower expression of *dusp6* gene observed in postmortem brain samples of patients with bipolar disorder has been found to show sex-specificity, with a reduced level of mRNA transcripts expression in female but not male patients with bipolar disorder [195]. Additionally, in vitro studies demonstrated functional Leu114Val and Ser144Ala polymorphisms in *dusp6* blunted the effects of lithium on ERK1/2 activation by using SH-SY5Y human neuroblastoma cells infected with recombinant adenoviruses [193]. Other evidence has suggested that DUSP6 may be linked with bipolar disorder, possibly via the involvement of the ERK pathway and circadian rhythm dysregulation [194].

Also, DUSP6, a negative regulator of ERK1/2, has been linked to the disruption of the circadian rhythm in cell cultures of fibroblasts derived from patients with bipolar disorder. The knock-down of *dusp6* in these fibroblasts has been shown to reverse lithium-induced increases in amplitude of circadian rhythm. That being said, the inability of lithium to regulate circadian rhythms in bipolar disorder may reflect reduced ERK activity, which is partially regulated by DUSP6 [196]. Thus, DUSP6 may be playing a crucial role in regulating circadian rhythms and in the onset and course of bipolar disorder [193].

### 2.3.3 Autism spectrum disorders (ASD)

Autism spectrum disorder is a developmental disorder characterized primarily by a lack of social reciprocity accompanied by repetitive behavior such as stereotypical or repetitive motor movements. The heritability of ASD is considerably high, and common genetic variants have been shown to play a role in conferring risk to ASD [197]. Besides, indirect evidence suggests a contribution of environmental factors in interaction with genetic factors in the development of ASD [198].

## PTEN and ASD

*Pten* gene mutations have been shown to be risk factors for ASDs associated with macrocephaly [199, 200, 201]. This specific type of ASD associated with macrocephaly is termed PTEN-ASD, typically characterized by reduced levels of PTEN protein expression in conjunction with increased brain size and cognition impairment [202]. In the last decades, *pten* mutation frequencies in PTEN-ASD has been reported in ten human studies [203].

Moreover, *pten* loss in mice leads to alterations in synapses and cytoarchitecture [203]. Ablation of *pten* in neural stem cells in the subgranular zone of the hippocampus of mice leads to increased proliferation and differentiation rate of the stem cells, which later developed into hypertrophied neurons [204]. Several mouse models characterized by *pten* deficiency or dysfunction show autism-like behaviors, including social deficit and repetitive behavior [134]. One of these models, *pten(m3m4)*, exhibits the same disrupted genes as those in human ASD [205], including genes related to myelination such as myelin basic protein. Interestingly, *pten(m3m4)* animals present an enlarged corpus callosum, white matter abnormalities, and impaired learning and memory processes [202].

## DUSP15 and ASD

The analysis of peripheral blood from 255 children affected by ASD and 427 healthy controls revealed that DUSP15 could be a susceptibility biomarker for ASD [206]. Additionally, recurrent identical de novo mutations of *dusp15* were found via exome sequencing using 175 samples from ASD cases and their parents [207]. Therefore, DUSP15 seems to carry a peculiar role in ASD risk and should be further investigated as a potential biomarker for ASD in children.

### 2.3.4 Schizophrenia

Schizophrenia is a debilitating disease affecting various daily functions, including self-care, social aspects, and occupational functions [208, 209]. The symptoms of schizophrenia include hallucination, delusion, bizarre behavior, anhedonia, and concentration problems [210]. Evidence shows that the factors contributing to schizophrenia include genetic factors, early environmental influences, and social factors (e.g. poverty) [208, 209]. Schizophrenia is a complex disease affecting 1-3 % of the population. It is also considered among the top ten causes of disability worldwide [208]. Dysfunction of dopaminergic neurotransmission and synaptic function seems to contribute to psychotic symptoms and abnormalities of neuronal connectivity, respectively [211]. Current first-line treatment mainly includes the administration of antipsychotic drugs (such as chlorpromazine and haloperidol) combined with psychotherapy, social support, and rehabilitation [211].

## DUSP4 and Schizophrenia

A post-mortem brain study demonstrated decreased DUSP4 protein levels in the cerebellar vermis of the patient with schizophrenia compared to control [212]. This is particularly interesting given the increasing evidence showing the involvement of the cerebellum in psychiatric disorders, mainly schizophrenia. As substrates of DUSP4, ERK protein levels also seem to be disrupted in the postmortem brains of schizophrenia patients. For instance, ERK1 protein expression is reduced in the prefrontal cortex, while ERK2 is elevated in the thalamus [213].

## DUSP22 and Schizophrenia

The hypermethylation of the *dusp22* promoter has been reported in a recent study investigating genetic vulnerability to schizophrenia [214]. The blood and brain tissue of patients exhibited significant hypermethylation at the *dusp22* gene promoter. Furthermore, the *dusp22* gene promoter showed higher DNA methylation levels in the famine-exposed schizophrenia patients compared to non-famine exposed groups. Thus, famine seemed to be a susceptible factor in the onset of schizophrenia. In an in vitro model of famine, nutritionally deprived patient-derived fibroblasts showed hypermethylated *dusp22*. These results suggest an association between epigenetic changes on the *dusp22* gene and increased susceptibility to the impact of an environmental risk factor on mental disorders [214]. Although no correlation was found to exist between DNA methylation and gene expression of the *dusp22*, these results suggest changes in gene expression regulation of *dusp22*, in response to extreme conditions like famine, may moderate or mediate risk for schizophrenia. Additionally, the hypermethylation of *dusp22* in the blood and brain of schizophrenia patients that were not exposed to famine, also suggests that dysregulations in *dusp22* methylation are associated with underlying mechanisms in the onset and development of schizophrenia. Further research on the involvement of DUSP22 in neuronal development is required to strengthen this association and better understand the changes that are brought by aberrant *dusp22* methylation.

## MTMR2, MTMR9 and Schizophrenia

*Mtmr9* mRNA level was found to be reduced approximately two-fold in peripheral blood lymphocytes from patients with schizophrenia compared to healthy controls [215]. Furthermore, *mtmr2* mRNA was shown to be lower in the superior temporal cortex of patients diagnosed with schizophrenia as compared to controls without a schizophrenia diagnosis [216]. These results suggest that further research into MTMR9 is required to investigate whether it would eventually be qualified as a biomarker for the diagnosis of schizophrenia.

### 2.3.5 Post-traumatic stress disorder (PTSD)

PTSD symptoms include intrusions, avoidance/numbing, hyperarousal, sensitization to stressors, and negative alterations in cognitions and mood. The cause of the PTSD remains elusive, and various factors have an impact on the pathology of PTSD, including genetic factors, trauma exposure, and interaction between gene and environment [217, 218]. The global burdens of PTSD in public health are substantial because the symptoms lead to impaired functions in several aspects of one's life, including health, social, and professional life [219]. Given the complexity of the pathology of PTSD, the treatment of PTSD consists of various methods, including pharmacologic approaches [220, 221], psychotherapies [222], and mindfulness [223].

## DUSP22 and PTSD

Differential DNA methylation at the DUSP22 gene is receiving increased attention to psychiatric disorders such as schizophrenia and PTSD. A recent longitudinal study in a Dutch military cohort identified changes in DNA methylation at several differentially methylated positions, including DUSP22 [41]. Decreased DNA methylation around the DUSP22 gene was linked to increased PTSD symptoms [41]. Although this observation was not replicated in an independent replication study, a thorough understanding of the role of epigenetic changes around the DUSP22 gene in the face of extreme environmental conditions like traumatic stress and famine is required.

## 2.4 DUSP genes and neurological disorders

Accumulating evidence from the current literature on the link between DUSP genes and neurological disorders such as Alzheimer’s disease (AD), Parkinson’s disease (PD), Huntington’s disease (HD), and epilepsy, is described in the following section. The summary of the pathological implication of DUSP family members in neurological disorders is presented in Appendix TableA.4.

### 2.4.1 Alzheimer’s disease (AD)

AD is characterized by progressive memory loss, impairments in cognition, and neuropsychiatric disturbances such as mood and personality changes, anxiety, and aggression [224]. The prevalence of AD is 10–30 % in individuals over 65 years, with incidence doubling every ten years after 60 [225, 226]. The pathophysiological hallmarks of AD are the accumulation of extracellular amyloid-beta ( $A\beta$ ) plaques and intracellular neurofibrillary tangles of hyperphosphorylated-tau that lead to neuronal loss due to neurotoxic effects. So far, there is no cure for AD, and the current treatment options have been shown to only slow down its progression [227].

### DUSP1 and AD

The protein level of DUSP1 decreased in the hippocampus and temporal cortex of patients diagnosed with AD compared to aged match healthy controls [228]. Similarly, DUSP1 protein levels were decreased in the hippocampus of APP/PS1 transgenic AD model mice at the age of 9 months compared to control mice [228]. DUSP1 inhibits the amyloidogenic process through the ERK/MAPK signaling pathway, and DUSP1 reduces  $A\beta$  generation and plaque formation and alleviates synaptic and cognitive impairments in APP/PS1 mice [228]. In PC12 cell culture, DUSP 1 mitigates  $A\beta$ -induced apoptosis, oxidative stress, and neuroinflammation by inhibiting the JNK signaling pathway, thereby playing a neuroprotective role. From the animal and cell culture studies, DUSP1 alleviates amyloid beta-induced neurotoxicity [229]. The results suggest that DUSP1 impairment facilitates the pathogenesis of AD, whereas the upregulation of DUSP1 plays a neuroprotective role to reduce Alzheimer related phenotypes [228].

### DUSP26 and AD

DUSP26 protein was observed to be elevated in the hippocampal of postmortem brain tissue of patients with AD compared to controls [230]. In the APP-expressing HEK293/APP695 cell lines, overexpression of DUSP26 increased A $\beta$ 42 levels by twofold [230]. In contrast, the enzymatically inactive mutant of *dusp26* failed to induce A $\beta$  oligomers or APP processing. Thus, DUSP26 has been linked to A $\beta$  generation and APP processing in these cell lines [230], thereby suggesting the involvement of DUSP26 in the pathophysiology of AD.

### SSH1, SSH3 and AD

SSH1 protein level showed a 45 % significant reduction in the frontal cortex of patients diagnosed with AD compared to healthy controls. This reduction was accompanied by unchanged pSSH1 levels, which led to the significant decrease of the pSSH1/SSH1 ratio indicative of the inactivation of SSH1 in human AD [100]. Besides, *ssh3* mRNA was shown to be differentially expressed in the hippocampus, the temporal and frontal cortex, as well as in the whole blood of patients diagnosed with AD in comparison with healthy controls [231]. SSH phosphatase dephosphorylates cofilin, and the reduced protein expression and inactivation of SSH1 were further accompanied by an increase in cofilin1 phosphorylation/inactivation in human and animal studies [100]. Hyperphosphorylation of cofilin can result in tau pathology, which can be induced by A $\beta$  oligomers [232].

### DUSP22 and AD

Analyses of blood/brain samples indicated that methylation of the region in *dusp22* correlated linearly and powerfully with the Braak stages of neuropathology, an index of AD progression (Pearson correlation coefficient  $r = 0.95$ ,  $p < 0.05$ ) [233]. In the hippocampus of patients diagnosed with AD, hypermethylation of the *dusp22* promoter and decreased protein expression of DUSP22 as compared to age-matched controls have been reported [233]. Reductions in DUSP22 levels may lead to increased tau phosphorylation due to weaker inhibitory control of protein kinase A-mediated tau-phosphorylation, at least as suggested by findings in neuronal cell lines [233]. Besides, it has been found in SK-N-BE(2) cell culture studies that are depleting DUSP22 through small hairpin RNA's resulted in a higher survival capability than cells with control or healthy and overexpression of DUSP22 [233]. It would be interesting for future studies on AD pathophysiology to establish the regulatory role of DUSP22 in tau phosphorylation, A $\beta$  accumulation, and neuronal death in AD.

### PTEN and AD

AD is associated with excessive recruitment of PTEN into synapses, leading to aberrant synaptic depression [134]. It has furthermore been observed that layer III of the temporal cortex in patients with AD showed a 15 % loss of PTEN immunoreactive neurons compared to controls, while the majority of the layer III temporal cortex were PTEN immunoreactive in control cases [234]. PTEN protein levels decreased in the AD temporal cortex compared

with matched controls, and PTEN level has been negatively correlated with the severity of neurofibrillary pathology or senile plaques [235].

It has been observed in AD, that PTEN delocalizes from the nucleus to the cytoplasm and intracellular neurofibrillary tangles in postmortem brain tissues [236]. The nuclear PTEN immunoreactivity reduced in neurons of the CA1, subiculum, and entorhinal cortex of AD cases, while the PTEN immunoreactivity increased in apical dendrites in the CA1 and subiculum in AD cases compared with control [235]. However, in the temporal cortex, PTEN protein levels were not significantly different in either nucleus or membrane fractions in AD postmortem brains and controls [234]. Instead, the ratio of Ser380 p-PTEN / total PTEN protein reduced in temporal cortical homogenates in AD compared to control [234], which indicated reduced PTEN phosphorylation at residue Ser380 in AD. Decreased PTEN and increased tau phosphorylation were evident in frontal cortex brain slices of AD [237]. This suggests that PTEN phosphorylation is involved in AD pathology and that PTEN dynamics in AD brain might be region dependent.

PTEN contributes to AD pathology in animal and cell culture models [238]. Overexpression of PTEN induces synaptic depression, similar to A $\beta$ -induced depression in transgenic mice [239]. Additionally, the overexpression of the PTEN protein in Chinese hamster ovary cells reduces tau phosphorylation [240]. Another study demonstrated that overexpression of PTEN decreases the formation of tau aggregates in COS-7 cells.

In contrast, the phosphatase-null or inactive PTEN increases tau aggregation in rat cortical primary neurons transfected with a mutant form of *pten* [237]. The loss of PTEN causes neurodegeneration through the hyperphosphorylation of tau and neurofilaments in mouse cerebellar neurons [241]. However, induction of PTEN is accompanied by okadaic acid-induced tau phosphorylation, while the knockdown of PTEN reduced tau hyperphosphorylation in SH-SY5Y neuroblastoma cells, and increased cell proliferation and survival. Inhibition of PTEN reduces tau phosphorylation in SH-SY5Y neuroblastoma cells [242]. Furthermore, inhibition of PTEN via intracerebroventricular delivery of a PTEN inhibitor, VO-OHpic, rescued A $\beta$ 42-induced impairment in both basal synaptic transmission and LTP, as well as spatial learning tasks, in APP/PS1 transgenic mouse model of AD [239].

The PDZ-binding domain of PTEN is central to A $\beta$ -induced synaptic toxicity and cognitive dysfunction [239]. Deletion of this PDZ-binding domain results in resistance to A $\beta$  toxicity in postsynaptic neurons [239]. Overexpression of PTEN reduced tau phosphorylation in Chinese hamster ovary cells [240]. Thus, taken together, these findings indicate that PTEN may be centrally involved in moderating or mediating AD's pathophysiology.

### 2.4.2 Parkinson's disease (PD)

PD is a progressive disease with motor and non-motor symptoms, which consist of slow movements, tremors, rigidity, impaired balance during walking, various disturbances in autonomic functions with orthostatic hypotension, constipation, sleep disturbances, and a spectrum of neuropsychiatric symptoms [243]. The cause of PD is unknown but is believed to involve both genetic and environmental factors [244]. Parkinson's disease affects 1 % of the



population above 60 years old and is more frequently prevalent in men than women [245]. The main hallmarks of PD are Lewy bodies and the degeneration of dopaminergic neurons in the substantia nigra. However, recent findings suggest that PD's pathophysiology is heterogeneous. Other protein aggregates like  $\alpha$ -synuclein, DJ-1 [246], tau, and  $\beta$ -amyloid also play a role [247] in the onset and progression of the disease.

### **PTEN and PD**

Protein level of nuclear PTEN has been shown to be significantly increased by 5.6-fold in the substantia nigra of PD brain compared to the age-matched controls. PTEN downstream regulators, PI3K regulatory subunit p85, PIP3, and Akt1/2/3 protein levels decreased by two-fold in nuclear of substantia nigra region of PD brain samples compared to the age-matched controls [248].

Downregulation of PTEN inhibits elevated levels of intracellular reactive oxygen species and neuronal death in rat hippocampal and in human dopaminergic SH-SY5Y neurons caused by neurotoxin 1-methyl-4-phenylpyridinium iodide toxicity which mimic PD [249]. PTEN deletion in adult dopaminergic neurons protects these neurons from 6-hydroxydopamine (6-OHDA) neurotoxicity and restores striatal dopamine levels in mouse models of PD [250]. PTEN has been involved in response to DNA damage repair in PD [251]. Specific defects in DNA impact the dopaminergic system and are associated with PD pathology in both cell and animal models [252]. Thus, PTEN does play a role in DNA damage in PD.

### **DUSP1 and PD**

There are currently few studies on DUSP1 in patients with PD. However, one study reported decreased *dusp1* mRNA expression in the dorsolateral prefrontal cortex of idiopathic PD patients [253]. In cell culture studies using neuronal PC12 cells, Serial Analysis of Gene Expression-based study showed that acute (8 hours) exposure to 6-OHDA, a dopaminergic neurotoxin commonly used to induce PD-like symptoms in experimental studies [254, 255], induced a 35-fold increase of *dusp1* mRNA levels [256]. Moreover, *dusp1* mRNA was transiently upregulated in the SN 4 days post-6-OHDA administration in the medial forebrain bundle lesion model in rats [257]. Besides, *dusp1* mRNA expression was increased in rat striatum treated with 6-OHDA followed by injection of SKF38393, a selective dopamine receptor D1 agonist [258]. DUSP1 has been shown to promote the growth and elaboration of dopaminergic neuronal processes, protecting them from the neurotoxic effects of 6-OHDA [259]. This study indicates that DUSP1 may have a neuroprotective effect, at least in PD rodent models [259].

## **2.4.3 Huntington's disease (HD)**

HD is a devastating heritable neurological disease characterized primarily by progressive motor and cognitive impairments, as well as psychiatric symptoms, including affective disorder symptoms that often precede other symptoms [260]. HD is typically induced by a highly polymorphic CAG trinucleotide repeat expansion in exon-

1 of the gene encoding the huntingtin protein [261]. Huntingtin protein is widely expressed during development and exhibits a complex and dynamic distribution within cells [262]. Besides genetic factors, cerebral vitamin B5 deficiency is a potential cause of HD [263]. Most European populations show a relatively high prevalence (4-8 per 100,000), but HD is notably rare in Finland and in Japan [264]. The underlying neuropathology is characterized by neuronal loss, striatum microglial activation, and neuro-inflammation within the striatum [265, 266]. Many genetically modified animal models of HD recapitulate some of the pathophysiological features observed in humans, but many drug designs based on animal models of HD have failed in clinical trials [267].

### **DUSP1 and HD**

Reduced DUSP1 levels were observed in animal models of HD [268], and enhancing DUSP1 expression has been shown to significantly reduce neuronal cell death in HD animal models induced by lentiviral infection and expression of a mutated *huntingtin* gene. In a cell culture studies comprising primary striatal rat neurons exposed to a pathological construct comprising the N-terminal fragment of polyglutamine-expanded huntingtin (Htt171–82Q), overexpression of DUSP1 inhibited apoptosis [269]. This DUSP1-mediated neuroprotection has been suggested to be dependent on the activity of phosphatases and occur through direct regulation of JNKs and p38s [269]. Mutant *dusp1* selectively targeting JNK or p38, preserves significantly fewer NeuN-positive cells in primary striatal neurons exposed to Htt171–82Q fragments than in wild-type DUSP1 primary neuron HD models, indicating that dual targeting of JNK and p38 by DUSP1 may exert neuroprotective effects [269]. These findings suggest that this DUSP1 regulated pathway may represent a novel candidate as a therapeutic target in HD.

### **PTEN and HD**

Elevated PTEN expression, together with amplification of BDNF signaling, seems to result in neuroplasticity abnormalities in the indirect pathway of the spiny projection neurons from brain slice of the BACHD mouse model and Q175 knock-in mouse model of HD [270]. Furthermore, plasticity and LTP aberrations were rescued by inhibiting PTEN in indirect pathway spiny projection neurons of a transgenic HD mouse model [271].

P53 has been shown to transiently upregulate PTEN protein and mRNA levels in medium spiny neurons in the striatum of TIF-IA knock-out mice, a transgenic model of HD [272]. TIF-IA inactivation leads to nucleolar disruption, which is also a common finding in HD pathology [273]. TIF-IA deletion, together with PTEN or p53 deletion in mice, exhibited increased levels of apoptotic cells in the striatum [272]. However, TIF-IA deletion combined with PTEN and p53 deletion did not show increased apoptotic cells in the striatum. Thus, PTEN and p53 prolong neuronal survival upon nucleolar disruption [272]. The upregulation of PTEN impairs kinase mammalian/mechanistic target of rapamycin function in medium spiny neurons [272].

Future studies investigating PTEN regulation will contribute to understanding the etiology of HD and to the development of new therapeutic strategies targeting PTEN.

#### 2.4.4 Epilepsy

Epilepsy is characterized by recurrent unprovoked seizures and accounts for the highest disability-adjusted life year rates among neurological disorders [274]. Epilepsy is caused by various factors, including genetic influence, head trauma, brain disease like brain tumors or strokes, infectious diseases, prenatal injury, or developmental disorders. Epilepsy affects more than 65 million people worldwide [275]. Gliosis, imbalance of ion and water homeostasis, increased extracellular glutamate, altered neural circuits, damaged blood-brain barrier are omnipresent in epilepsy in animal models or patients [276]. Antiepileptic drugs are the first-line treatment, but alternative treatments, including surgical resection of the seizure focus, ketogenic diets, vagus nerve stimulators, and implantable brain neurostimulators are available for patients with seizures that are not controlled with medication [277].

##### Laforin and Lafora disease (LD)

LD is a progressive neurological disorder characterized by intractable myoclonic seizures, emotional disturbance, and cognitive decline. Hallmarks of this disease are primarily attributed to the accumulation of hyperphosphorylated insoluble poly-glucosan called Lafora bodies (LBs). LBs are caused by mutations in either the atypical DUSP *laforin*, *emp2A*, or *nhlrc1*. *Laforin* genes encode phosphatases that dephosphorylate glycogen. Glycogen, a potent energy storage molecule in animals, is degraded by glycogen phosphorylase and glycogen debranching enzyme. In the brain, the accumulation of glycogen in neurons can lead to neuronal loss, locomotive defects, and neurodegeneration in mice and *Drosophila*. As such, a reduction of glycogen synthesis may prevent LBs formation and subsequent neurodegeneration and seizure susceptibility, thus preventing LD progression [278, 279, 280].

##### PTEN and Epilepsy

*pten* mutations have been observed in patients with epilepsy and a variety of comorbidities, including cancer [281, 282]. PTEN sequence analysis performed on a case where the individual suffered from both epilepsy and Cowden syndrome, an inherited disorder characterized by noncancerous growths, identified a heterozygous missense mutation in *pten* [283]. Resection of high-grade glioma tissue from patients with seizures exhibited reduced PTEN expression compared to patients with glioma without seizures [284]. *Pten* mutations have also been reported and used in several animal models of cortical dysplasia, which is also a contributor to epilepsy in adults [285]. For instance, the inhibition of PTEN rescued neuronal death in a mouse model of temporal lobe epilepsy, implying an excitotoxic role for PTEN. This inhibition has also been shown to exert potent anti-inflammatory and neuroprotective effects [286]. These results confer additional support to the role of PTEN in neuronal dysfunction.

##### DUSP1 and Epilepsy

A study on kainic acid-induced limbic seizures in rats reported that DUSP1 protein expression was transiently induced in the dentate granule cells of the hippocampus, outer layers of the neocortex, and neurons of the lateral

nucleus of the bed of the stria terminalis in rat with the seizures as compared to untreated controls [287]. On a subcellular level, DUSP1 colocalizes with its substrate, MAP kinase, in neuronal nuclei, which has been linked to inhibition of the seizure response in an animal model of temporal lobe epilepsy [287, 288]. Given these results, DUSP1 induction seems to have a partial role in the inhibition of MAP kinase activity following seizures.

## 2.5 Conclusions

This review provides an extensive overview of research findings on the role of several *dusp* genes and their involvement in the onset and development of certain mental and neurological disorders. The body of literature on *dusp* genes does show the great diversity of biological processes in which *dusp* genes are involved, and it is therefore not surprising that genomic variations in *dusp* genes have been linked to several mental and somatic disorders.

It is furthermore noteworthy that the first wave of epigenetic studies has identified epigenetic changes in particularly one *dusp* gene, i.e., *dusp22*, to be linked to a range of mental as well as neurological disorders, i.e., altered methylation in the *dusp22* gene has been observed in PTSD patients, in patients diagnosed with schizophrenia and in AD patients as compared to controls.

The current state of the literature is nevertheless in a very early stage, and our review of the literature indicated a plethora of findings that are most challenging to converge into a common pathway. We did find a more comprehensive line of converging evidence from human observational studies and experimental studies using and model systems on the DUSP family genes *ssh* and *pten* suggesting intricate links to neuroplasticity, cellular proliferation, survival, and cellular architecture.

To reiterate, it is reasonable to suggest that *dusp* genes are possibly involved in biological processes underlying and/or mediating the onset and course of mental health and neurological disorders. Because candidates from epidemiological cohort studies cannot be thoroughly tested for causality in observational studies, it would be interesting to consider targeting the next phase of experimental cell and animal studies on manipulating the expression of distinct DUSP mentioned above family genes, in a cell type- and/or circuit-specific as well as temporal- specific manner (e.g., by combining genetic editing with optogenetics) in order to better understand their involvement in the etiopathogenesis of neurological and mental disorders, and as potential promising therapeutic targets.

## **2.6 Acknowledgment**

Work from An Ning was supported by the China Scholarship Council (File No.201506750020). Work from Ghazi I. Al Jowf was supported by King Faisal University, Employees Scholarship Program from the Saudi Arabian Government. Work from Dr. Markus Rothmel was supported by the DFG (RO4046/2-1 and /2-2, Emmy Noether Program; GRK2416). Work from B.P.F. Rutten was funded by a VIDI award (no. 91718336) from the Netherlands Scientific Organization.

Immunohistochemical localization of dual specificity phosphatase 22 (dusp22) in the mouse brain, preliminary results

An Ning, Laurence de Nijs, Harry W. M. Steinbusch, Bart P.F. Rutten

Protein expression of myelin basic protein (mbp)  
in the brain and associations with behavioral  
changes induced by chronic stress

Kohei Koike, An Ning, Caroline Rommels, Lisa F. Leberherz, Ehsan Pishva, Harry W.M. Steinbusch, Gunter Kenis,

Daniel van de Hove, Laurence de Nijs, Bart P.F. Rutten

# Brain localization of myelin transcription factor 1 like protein (myt1l) expression

Kohei Koike, An Ning, Laurence de Vrij, Daniel van de Hove<sup>1</sup>, Gunter Kenis, Harry W.M. Steinbusch,

Bart P.F. Rutten



Neural activity in the anterior olfactory nucleus  
(aon) in response to predator and non-predator  
odors in awake mice

An Ning, Erik Böhm, Renata Medinaceli Quintela, Jennifer Bauer, Lutz Wallhorn, Kim Le, Daniela Brunert,

Markus Rothermel

Short-term and long-term effects of social defeat stress in mice and the effects of physical activity as a potential modifier

Lisa Lebherz, Yan Ning, Carline Hammels, Laurence de Nijs, Gunter Kenis, Daniel L.A. van den Hove,

Ehsan Pishva, Bart P.F. Rutten

# Chapter 8

## Discussion

This thesis describes my studies investigating the mechanisms underlying susceptibility to traumatic stress using rodent models. To address this aim, my thesis covered studies on the following four research questions:

- 1 Are *dusp* genes and other genes related to mental and neurodegenerative disorders? How is the DUSP22 protein expressed in the rodent brain?
- 2 How is stress-related protein MYT1L expressed in the mouse brain?
- 3 Does exposure to social defeat stress correlate with altered MBP protein expression patterns in the mouse hippocampus?
- 4 How does predator odor change the neural activity in the olfactory cortex AON compared to non-predatory odor?
- 5 How does social defeat affect the subjects along with time? Can physical activity increase resilience to traumatic stress?

While I introduced the concepts and research questions in **Chapter 1**, **Chapter 2** described my extensive and critical review of evidence from the literature on the links of DUSP family genes with mental and neurodegenerative disorders. I found that studies based on patients and rodents or cell models confirmed the putative role of *dusp* genes in mental and neurodegenerative disorders, and I found that *dusp* genes regulate MAPK signaling to mediate inflammatory response [90, 428], which is proposed to be centrally involved in the onset and course of mental disorders [71] and neurodegenerative disorders [507]. Most *dusp* family genes seem to be linked with mental and neurodegenerative disorders via a regulatory role in inflammatory responses. Thus, one could speculate that the aberrant functioning of DUSP proteins may alter the response to inflammation and thereby increase the vulnerability to developing mental ill-health. The review provided insight into the relationship between inflammation and mental/neurodegenerative disorders. Most *dusp* genes and their proteins were critical players mediating inflammation via MAPK signaling pathways in mental and neurodegenerative disorders [83]. Previous findings have confirmed the link between the inflammatory process and multiple mental disorders [70] and neurodegenerative diseases [508]. However, the intermediate mediators were unclear. Chapter 2 thus confirms the neuro-inflammation theory in mental/neurodegenerative disorders. This review also provides possible intermediate mediators, DUSP phosphatase, which dephosphorylate MAP kinases [91] and MAPK signaling pathways [156]. The MAPK family members, p38, JNK, and ERK, are activated to produce cytokines and inflammatory mediators.

The DUSP family controls the inflammatory response via modulating MAPK signaling [90]. A significant limitation of the review described in **Chapter 2** is that most studies did not consistently operate on different levels like proteins, mRNA, or DNA levels in the same samples. Thus, concluding how *dusp* genes change in response to trauma was hard. Besides, the absence of research on upstream and downstream regulators of DUSP proteins in patients or rodent models makes it difficult at the present moment to know how *dusp* genes function in response to

trauma. Further research is needed to unravel the changes in protein, mRNA, or DNA levels in response to stress in patients, rodents, or cell models. DUSP proteins and their upstream and downstream regulators must be studied to present an overview of the cascade of signaling processes. Also, further studies could address causal links between DUSP-mediated inflammation and diseases.

**Chapter 3** addresses the research question, “How are DUSP22 proteins expressed in the mouse brain?”. This Chapter reports on my study on the localization of DUSP22 in the mouse brain. My results showed the prevalent expression of DUSP22 in mice’s cerebellum, hippocampus, cortex, and thalamus. Immunofluorescent double labeling of DUSP22 with the neuronal marker NeuN showed strong co-localization, indicating the neuronal expression of DUSP22, while this was not the case for GFAP-marked astrocytes in mice tissue. Thus, my study indicated that DUSP22 proteins expressed prevalently in the mouse brain. Cellularly, DUSP22 is expressed in neurons rather than in astrocytes. *Dusp22* mRNA is expressed in adult mouse brains, and its protein is expressed lightly in mouse hippocampus and cerebellum [294]. These expression profiles align with the proposal that the neuronal expression of DUSP22 may mediate the onset of mental ill-health. Some studies have confirmed this by discovering that DUSP22 protein expression is decreased in the hippocampus of AD patients [233]. Furthermore, it has been reported that the *Dusp22* gene promoter was significantly hypermethylated in the famine exposed in schizophrenia patients compared to controls [214]. My findings provide the first evidence of the neuronal expression patterns of DUSP22 protein in the mammalian brain. Even though one study showed a tissue expression profile of DUSP22 in the adult mouse via western blotting analyses [295], this does not give a direct overview of how DUSP22 is expressed in the mouse brain. Our study is a first attempt to provide more information concerning DUSP22 expression in the mouse brain, although our data are too limited to provide detailed and complete regional distribution patterns. As noticed by western blotting, our data partially confirmed a brain regional-dependent expression profile of DUSP22 in the adult mouse brain [295]. However, earlier findings in cell cultures have reported that endogenous DUSP22 was distributed throughout the cytoplasm and was partially co-localized with cortical actin and actin stress fibers but not in the nucleus of NIH3T3 cells [295]. These potentially conflicting observations might differ between NIH3T3 cells (mouse embryo fibroblast cells) and mouse neuronal cells. A drawback was a high non-specific background signal, which complicates the interpretation of the immunohistochemical data. The appropriate blocking experiments and the fixative procedures used in the mouse studies were lacking. Future studies should, therefore, consider antibody testing and drastically increase the number of mouse brain slices.

**Chapter 4** addressed my research question, “Does exposure to social defeat stress correlate with altered MBP protein expression patterns in the mouse hippocampus?”. This study investigates the protein expression of MBP in the brain and its change in the brain in response to chronic stress. Results showed that MBP protein was widely expressed in the hippocampus of the mouse brain. Compared to the control, SD mice showed increased MBP expression in the CA1 radiatum layer of the hippocampus of SD mice, where MBP expression correlated positively to sociability score and corticosterone level within SD groups. Thus, our analyses of MBP protein expression in the

SD model suggested that MBP in the CA1 region of the hippocampus may be involved in the impact of SD stress on sociability and stress response. This study partially met our hypothesis that MBP protein is prevalently expressed in the hippocampus. However, our results did not support the hypothesis of MBP reduction in the hippocampus in response to SD stress since human and animal studies had revealed that chronic stress resulted in a deficiency of MBP [344, 76]. Instead, MBP expression increased in the CA1 radiatum layer of the hippocampus of SD mice compared to controls. Thus, our study showed increased MBP expression in mice hippocampus in response to social defeat, while one other mouse study found evidence of reduced MBP-positive staining area of mPFC [344] and nucleus accumbens [509] in response to social defeat.

Similarly, another study showed a significant decrease of MBP-positive staining in mPFC immediately after the last session of intermittent social defeat stress exposure during early adolescence, which persisted until later in the early adulthood of mice [48]. These conflicting results might be due to several factors, including the regional specificity of the effects, the severity of the defeat, or the duration of follow-up. I found that the length of myelinated segments indicated by MBP immunoreactivity showed a significant positive correlation with social interaction in defeated mice but not in the unstressed control group [509]. This difference suggested that changes in myelinated segments' length represent an adaptive response to the social defeat stress [509]. Furthermore, social behavior is reduced in mice seven days after induced demyelination measured by MBP reduction via focal injection of lysolecithin into the mPFC. The social behavior is restored in mice 21 days after induced demyelination due to increased MBP [509]. This experiment demonstrates that MBP increases social behavior in non-stressful conditions and modulates social behavior under social defeat stress. One proteomic analysis of the frontal cortex showed a significant increase in MBP in the stress resilient group in response to social defeat [342]. However, one study does not support this MBP elevation in the mPFC of resilient mice in response to social defeat. The levels of MBP did not significantly differ between susceptible and resilient mice [509]. These unmatched results might be due to different sample sizes per group: while only three mice per group were used in the study by Valentina Bonnefil [509], 12 mice per group were used in the study by Viktoria Stelzhammer [342]. Our findings were supported partially by a study that MBP immunoreactivity in mPFC was positively correlated with social interaction in SD mice but not in the control group [509]. Our study discovered a positive correlation between MBP expression in the hippocampus and social interaction ratios with the SD group but not with controls. However, MBP expression in the nucleus accumbens was not significantly correlated to social behavior [509]. Thus, MBP correlation to social score was region dependent, suggesting that MBP in mPFC and hippocampus represent an adapting and coping response to social defeat stress. Our research's significant limitations are that we did not evaluate the MBP expression in response to SD in other brain areas, like the prefrontal cortex. Hence, we cannot conclude that MBP increases in response to SD trauma. Future studies should focus on the MBP expression in various limbic brain regions in response to social defeat to provide an overview of MBP expression in response to stress. Besides, splitting the SD group into susceptible and resilient subgroups and investigating MBP expression in the subgroups can unravel the involvement of MBP in

social behavior.

MBP has a close relationship with MYT1L. MYT1L overexpression in rat oligodendrocyte precursor cells resulted in an elevation of MBP. Increased MBP-positive cells bind to the upstream MBP transcription initiation site [19]. I was interested in knowing how MYT1L is expressed in the mouse brain.

MYT1L was also found to be associated with mental disorders, including depression, schizophrenia [78, 368, 369, 370, 373, 374], intellectual disability [363, 378, 379, 377], autism [380], attention-deficit/hyperactivity disorder [381], epilepsy [382], and PTSD [451] in an attempt better to understand its role in mental and neurodegenerative disorders. In **Chapter 5**, I performed a study to address the research question, “Where is MYT1L protein expressed in the mouse brain?”. My study investigated the expression patterns of MYT1L in the mouse brain. **Chapter 5** reports the findings of our immunohistochemistry analyses of MYT1L in the brains of mice. My results showed that MYT1L is widely expressed throughout the mouse brain, including the hippocampus, cortex, striatum, amygdala, and cerebellum. Thus, this expression pattern covers some limbic brain areas of mice’s brains, including the hippocampus, cortex, and amygdala, which suggests that MYT1L might be involved in central circuitries involved in cognitive functioning and/or emotion processing. Evidence from other studies has supported our findings that MYT1L is expressed widely in the brain. *Myt1l* mRNA is expressed in the human adult brain’s frontal cortex, hippocampus, basal ganglia, and hypothalamus [363]. The expression of *myt1l* mRNA was detected in the brain during rat brain development and continued to be expressed at detectable levels in the adult rat brain. By developmental stage P15, MYT1L protein expression is observed in hippocampal formation. *Myt1l* mRNA is restricted to neurons in the CNS. However, *myt1l* mRNA does not exist in the forebrain cultures of the E16 rat. This culture is enriched in astrocytes and oligodendrocytes [355]. However, one study stated that MYT1L protein was expressed in cultured oligodendrocytes from P0 rat cerebra but not in GFAP-positive astrocytes [367]. These conflicting results might be due to the difference in developmental stages of rat brain cultures. None of the studies overviewed the MYT1L protein expression in the brain. Our study filled the gap with the immunohistochemistry study in the whole mouse brain. *Myt1l* mRNA expression reached a maximum on birthdays and decreased during development [355]. These high levels observed during embryonic stages might be related to its roles in pro-neuronal function by direct repression of many different somatic lineage programs except the neuronal program [358]. This pro-neuronal function is critical for the developmental brain. One of the study’s significant limitations was the limited sample size and lack of double-labeling experiments. Besides, it is beyond the study to address how MYT1L brain expression changes in response to stress or any correlation to susceptibility because this was not studied. Future studies could focus on cell-type-specific labeling of MYT1L (i.e., performing co-labeling studies with markers of distinct neuronal populations) to see whether MYT1L expresses in various regional subtypes of neurons. Besides addressing the correlation between MYT1L and stress, future studies should investigate associations between MYT1L expression and differential behavioral phenotypes of stress-exposed animals.

Predator odor can successfully induce stress behavior. Moreover, the neural activity in the olfactory system

in the stress response remained unknown. In **Chapter 6**, I addressed the fourth research question of my thesis, “How does predator odor change the neural activity in the olfactory cortex AON compared to non-predatory odor?”. In this study, we detect the (excitatory and inhibitor) firing patterns of AON brain regions in response to odor application. Most significant single-unit signals during non-odor application were excitatory compared to baseline activity without odor application. However, predator odor 2MT alone induced more inhibitory responses than excitatory ones.

Furthermore, 2MT induced less inhibitory response than VB and Secba and more inhibitory than IAA. This indicated that non-predator odor could induce an inhibitory response similar to predator odor, but the degree of inhibition varied across different odors. The results of the firing pattern in the AON in the presence of odor can be excitatory and inhibitory, which was supported by the fact that AON harbors excitatory pyramidal neurons and inhibitory interneurons [397]. Most studies used a chemical analog to fox feces, TMT, to test neuronal activity in response to predators [423, 422, 419]. However, the product was not available due to supply reasons. We used 2MT chemically, like TMT, which has been shown to induce fear and anxiety behavior in mice [510, 419]. However, how this product 2MT induces neuronal activity is unknown.

These results prove that AON brain regions are indispensable to odor processing. Our data have contributed to a further overview of how AON responds to odor presentation, including non-predator and predator odor. The AON response to an odor can be excitatory and inhibitory irrespective of the odor’s innate meaning. Even though most non-predatory odors induce more excitatory response in AON than inhibitory response, predator odors induce more inhibitory response than the excitatory response in AON, and some non-predatory odors can induce an inhibitory response in AON similar to 2MT.

The study also had limitations. Since we did not test anxiety and depression behavior in the mice after odor presentation, we cannot conclude that the 2MT-induced AON response in our study indicated innate fear response directly, though 2MT successfully induced freezing behavior in other studies [510, 419]. In one session, the non-predator odors were only 3 (VB, Secba, and IAA) tested with predator odor 2MT. Due to the limited non-predator odor selection, we could only see the inhibitory response in both predator and non-predatory odors.

Future studies should perform a series of behavior tests after the 2MT odor presentation to confirm that the neuronal activity recorded corresponds to innate fear. Future experiments should test more non-predator odors and 2MT or other predator odors like cat urine in one session.

In **Chapter 7**, I addressed the research question, “How does social defeat affect the subjects along with time? Can physical activity increase resilience to traumatic stress?”

Using a large-scale animal study in which mice were exposed to social defeat stress, our analyses showed that SD has detrimental effects on behavior and stress physiology. Furthermore, the LT cohort showed a less pronounced SD effect than ST via different behavioral results. However, increasing physical activity before exposure to chronic social defeat did not show resilience-enhancing properties in response to SD exposure. Our findings suggest that



chronic social stress negatively impacts mice behavior and is differentially associated with behavioral outcomes in ST and LT follow-up groups. However, physical activity did not exert a stress-resistant impact on SD stress. Our study partially confirmed the hypothesis that SD negatively impacts mice's behavior and stress physiology. However, SD did not affect anxiety but increased social behavior and suppressed corticosterone concentration, which was not an appliance to our hypothesis. Besides, the LT follow-up cohort showed less SD impact than ST, which was fully confirmed in our study. Lastly, physical activity did not bring resilience to mice exposed to SD, which was out of our hypothesis.

Contrary to our study, many studies reported that social defeat would increase anxiety [511, 512]. These conflicting results might be due to the EZM test being performed for a longer time (14 days in ST) after the SD stress paradigm, which results in recovery to some degree in mice.

In our study, the SD mice in ST and LT showed more social behavior than their controls, contrary to other studies that reported that SD mice showed less social behavior than controls [441, 513, 48]. These conflicting results might be due to a compensatory mechanism in response to stress. Some studies reported overeating behavior in response to stress in humans [514] and mice [515]. One study reported that social and physical stress alone would reduce prosocial behavior. Furthermore, combining the two stressors could restore pro-sociality in healthy young participants [516]. Our SD stress paradigm in mice combined physical and social stress, like in human studies. The reason might be that social anxiety modulated trust behavior significantly, with higher social anxiety levels associated with increased trust [516].

Our study showed SD increased sucrose intake one month after the SD stress paradigm in the LT, which indicated reduced anhedonia behavior, but without a difference ten days after SD stress in the ST group between treatments. In contrast, many other studies reported that SD rodents showed reduced sucrose intake than controls immediately or two days after stress [488, 511]. One study showed that SD mice reduced sucrose intake during the SD paradigm but did not show sucrose preference seven days after stress [441]. These studies showed anhedonia behavior during SD or days after SD, while our study reported long-term follow-up compared to the earlier studies. Even the ST follow-up cohort was examined ten days after the SD stress paradigm, which was a long wait for recovery. It is reasonable to have no significant results in the Sucrose preference test in our ST cohort because the period is enough to recover from stress. Besides, our study indicated a long-term effect on SD stress in sucrose preference.

Furthermore, our study showed that physical activity did not exhibit resilience-enhancing properties in response to SD exposure. However, other studies discovered that voluntary wheel running promoted resilience to chronic social defeat stress in mice [470, 517]. This conflicting result might be because the running wheel for physical exercise was taken away from the cages during recovery time in our study, introducing stress. Another difference is that these studies monitor the wheel's speed instead of the time wheel stays in the cage. One limitation of our study was that the mice arrived at different time points, resulting in group differences.

Thus, the findings of our study suggested that social defeat increases social behavior, which might be due to a

combination of social stress and physical stress in the SD paradigm modulating social trust in mice and restoring or increasing social behavior. Besides increased social behavior in response to stress, we have reported increased sucrose intake one month after social defeat, indicating reduced anhedonia behavior after social defeat. Most studies only focus on hours, days, and weeks after social defeat. We tested sucrose intake more than one month after social defeat stress, which may reflect evidence of enhanced eating behavior or altered metabolism in response to stress in human studies [518].

Given that we did not see physical activity's effect on social defeat stress, it could be concluded that physical activity does not exert resiliency to stress. Lastly, whether social defeat increases social behavior remains controversial, and future studies should focus on the correlation between social trust and social defeat. I would recommend future studies to avoid batch differences and advise running wheels to remain in the cage throughout the experiment.

### **Concluding remarks**

My study underscored many genetic and environmental factors linked to mental and neurodegenerative disorders, including DUSP and myelin-related genes. Dusp family genes encoded phosphatase play a role in mental and neurodegenerative disorders. One of the dusp genes, *dusp22*, may be particularly important as a candidate gene. I found that DUSP22 was prevalently expressed throughout the mouse brain.

The myelin-related genes, MBP, showed increased protein expression in the CA1 region of the mouse brain's hippocampus in response to the SD stress paradigm. Also, the myelin-related gene MYT1L showed prevalent expression in the mouse brain.

Predator odor is a natural threat to rodents and can induce anxiety or fear behavior [409, 387]. Contrary to cat odor effects in the amygdala [421], our study showed that fox odor analog, 2MT inhibited firing pattern rodents AON of the olfactory brain structure.

Social stress is one of the common environmental factors contributing to mental and neurodegenerative disorders. SD paradigm had an impact on behavior in mice. Contrary to other studies, our study showed that SD increased social behavior, and physical exercise did not promote social stress resilience.

Future studies of the *dusp22* gene may focus on comparing its protein expression and its upstream or downstream regulators in the post-mortem human brains of various mental and neurodegenerative disorders. Moreover, manipulating *dusp22* in rodents could unravel the mechanism of the role DUSP22 played in stress-related behavior. For instance, the genetic knockout or knockdown of *dusp22* in rodents can observe behavioral changes in various behavior tests. Future studies of myelin-related genes should focus on how *myt1l* and *mbp* change in response to stress in all the limbic brain regions. Whether physical exercise promotes resilience to stress should have prolonged physical exercise time and running wheels throughout the various tests. Predator odor-induced stress should have behavior tests on these mice to confirm that they were stressed.

The findings reported in my thesis serve as an important step in elucidating the mechanisms underlying the response to several stressors.

# Chapter 9

## Impact and valorization

Mental health and neurodegenerative disorders pose enormous personal and socioeconomic burdens worldwide. Among the mental disorders, schizophrenia and bipolar disorder have the lowest prevalence. However, they are associated with severe impairment, while major depressive disorder has a median prevalence rate of more than 5 % of the population with an enormous impact, as measured in disability-adjusted life years. Over the past generation, the global burden of neurodegenerative disorders like Parkinson's and Alzheimer's disease has more than doubled due to the increasing number of older people. The neurodegenerative disease frequently disrupts emotional, cognitive, and social behavior. However, many patients and their families do not receive adequate care. Besides, neurodegenerative disorders are most common among older adults who usually have a pension, while stress-induced psychiatric disorders are most common among young and middle-aged people who should be the most productive power in society. Therefore, research on psychiatric disorders could potentially improve the lives of many of the most productive age groups and benefit a country's GDP.

Treating psychiatric disorders suppresses symptoms and may induce various side effects. Similarly, treating neurodegenerative diseases does not cure them but may (at best) reduce the progression. A better understanding of the mechanism underlying mental health and neurodegenerative disorders is needed to pave the way to better treatment and prevention.

The current widely accepted framework in stress-related mental disorders is the Gene-Environment interaction model. The idea of the framework results from two common findings: one is that mental disorders have environmental causes, and the other is that people respond differently to the same environmental stressors. Later, the model is better revised as poly-gene-environmental causation of mental illness. To fulfill the framework's potential, we join the forces of neuroscience. The work presented in this dissertation attempts to understand several genetic players underlying susceptibility to traumatic stress in the neurons of patients or rodent models. Besides, scientific work should always have societal implications. We discuss chapter by chapter.

In **chapter 2**, the review highlights that *dusp* family genes have a close relationship with mental and neurodegenerative diseases. The *dusp* family genes are not fully understood in the mechanism of mental disorders. Most studies are correlational, not causal. Therefore, this thesis highlights more research on the future causal relationship between *dusp* genes and mental disorders. Besides, the involvement of the *dusp* family gene in mental disorders fits the poly-gene-environmental framework. The poly-genetic causes of mental disorders could relieve a small amount of the blame game within families while treating adolescents diagnosed with mental disorders. For example, parental barriers are very common in providing health care to adolescents diagnosed with depression. More than half of the adolescents do not have access to treatment due to parental motivation and support. The major concern is that parents do not want to get blamed for their upbringing style (environmental factor) that might bring about their child's mental disorders. Although this thesis does not deny the environmental factors in the onset of mental disorders, the poly-genetic findings could partly relieve the guilty feelings of parents or the anger of the sick child.

In **chapter 3**, we focus on the protein expression pattern of these related genes and the change of their expres-

sion in response to stress in the brains of mice. One of the genes, *dusp22*, which belongs to the limbic brain regions involved in psychiatric disorders, is expressed prevalently in the mouse brain. This finding is another evidence of studying brain evolution: our brains evolved from vertebrates' simpler and smaller brains. The phylogenetic approach assumes that living mammals contain primitive traits or features maintained from a distant ancestor. Thus, traits common to clade members are considered to be most likely inherited from a common ancestor rather than independently evolved specializations. The common traits between mice and the human brain are likely to originate from the common ancestors of mammals. Stress-related gene *dusp22* and its translated protein DUSP22 are expressed prevalently in the stress-related brain regions, the prefrontal cortex. The common features of DUSP22 expression can be evidence of the common ancestor of humans and mice. In addition, this common feature legitimates studying the human brain via investigating mice brains alongside other common features. Although other primates are more closely related to humans, mice are more available and have fast reproductive rates, which is ideal for scientific research.

In **chapter 4**, MBP protein expression increased in the CA1 of the hippocampus of mice in response to social defeat. MBP is a marker of myelination, and many psychiatric disorders show alterations in myelin. Myelin ensheathment allows fast and efficient conduction of nerve impulses through the nodes of Ranvier, improving the overall function of neuronal circuits [569]. Our study demonstrates the myelin alterations in the hippocampus of mice exposed to social defeat, indicating that stress is associated with the myelin alterations in the brain. This gives insight into the impact of stress and the potential harm to the human brain in modern society. Modern humans are suffering from more chronic stress than ever before. Penn State researchers looked at data from 1,499 adults collected in 1995 and then from 782 different adults 17 years later in 2012. Both different groups were interviewed daily for eight straight days. They were asked about stressful experiences they had over the past 24 hours. Researchers found that day-to-day stress and a sense of lower overall well-being were much higher in the 2010s compared to the 1990s [519]. Reducing stress practices could be a healthy lifestyle in modern society.

In addition, our study shows brain alterations in the hippocampus, which might indicate memory deficits, and future research could focus on memory and MBP in the hippocampus for further understanding.

Besides the *mbp* genes, *myt1l* in **chapter 5** is expressed prevalently in the limbic brains of mice. Meanwhile, variations in *myt1l* have been associated with autism, intellectual disability, and schizophrenia in humans. This finding shows the common gene between humans and mice and could be a basic foundation for studying autism, intellectual disability, and schizophrenia via mouse models. Recent manipulation of *myt1l* in mice successfully mimics the human phenotype of autism-related social impairments, especially in males [520].

**Chapter 6** tested the neuronal firing pattern in awake-behaving mice exposed to fox-urine odor chemicals 2MT. This study is different from previous studies because it tests the real-time neuronal reactions of mice to stress-related odors. With the availability problem of TMT fox odor in research materials, 2MT is a substitute for widely researched TMT. However, the related research literature is scarce, and this study provides a reference for

future research on fox-odor-induced stress in mice. In addition, AON is a brain structure receiving information from the hippocampus, and this connection gives a good foundation for researching traumatic experiences recalled by the odor. For instance, the burning BBQ might remind the combat soldiers of their traumatic memories of burning flesh during wartime. As we know, a war is going on in Ukraine, and the Ukrainian soldiers are traumatized by the odor in the warzone, including burning gasoline, bodies, and gun powders. I hope this study could benefit the research aimed at combat soldiers.

Furthermore, the study found that most non-predator odors induced excitatory responses in AON. In contrast, the predator odor 2MT induced predominantly inhibitory AON responses. This result indicates that predatory odor inhibits neuronal activity in AON, and this discovery does not show direct application but indirectly gives implications for future research, like neuronal response between natural innate fear and conditioned fear in mice.

We used the social defeat paradigm as a stress model. The social defeat paradigm is one stress paradigm that successfully induces psychiatric disorders-like behavior in rodents. In **chapter 7**, we did an animal experiment using social defeat, showing surprising results contrary to other studies. For instance, socially defeated mice showed increased social behavior. Physical exercise did not promote resilience to stress inflicted by social defeat.

Further investigation is needed to confirm the results by modifying the social defeat paradigm to avoid severe injuries or animal loss. Another modification of the experiment is the homogeneous control of mice or randomization. For example, the mice's arrival should be under the same circumstances between the long-term and short-term cohorts. The third modification is the daily handling of the control and stress groups to avoid bias between stress and non-stressed control groups. Lastly, the physical exercise should be arranged along with the experiment timeline until the end.

So, upon reflection on the impact of my work on various levels, I cannot find a once-and-for-all answer to mental disorders. The progression of a tiny step requires much work, which can not help the suffering people right now, but hopefully for the people in the future.

# Chapter 10

## Curriculum vitae



An Ning was born in Gansu, China, on October 20th, 1988. She obtained her high school degree in 2007 at Shenzhen Foreign Languages High School. In 2007, she started her education at Southern Medical University in Guangzhou, where she enrolled in the Applied Psychology Bachelor's program. She obtained her Bachelor's degree in 2011 and continued a Master's program in Physiology of neuroscience. During her Master's program, she researched adult neurogenesis in the rostral migration stream of Amyloid Precursor Protein knock-out mice. In 2015, she obtained her Master's degree. She went to Maastricht University to start her Ph.D. in the mental health and neuroscience department. She was under the supervision of Prof. Dr. Bart Rutten, Prof. Dr. Harry Steinbusch, Dr. Laurence de Nijs, and Prof. Dr. Markus Rothermel. During her Ph.D., she studied the expression of various genes related to psychiatric disorders in the mice brain and post-mortem tissue. Besides, she investigated how the social defeat paradigm changes mice's behavior and whether physical exercise promotes resilience to stress. Afterward, she went to Aachen University under the supervision of Prof. Dr. Markus Rothermel. She studied the firing pattern in the olfactory system in the presence of predator odor in mice.



# Chapter 1

## List of publications

- 1 **An, N.**, Bassil, K., Al Jowf, G. I., Steinbusch, H. W., Rothermel, M., de Nijs, L., & Rutten, B. P. (2020). Dual-specificity phosphatases in mental and neurological disorders. *Progress in Neurobiology*, 101906.
- 2 Zwamborn, R. A., Snijders, C., **An, N.**, Thomson, A., Rutten, B. P., & de Nijs, L. (2018). Wnt signaling in the hippocampus in relation to neurogenesis, neuroplasticity, stress and epigenetics. *Progress in molecular biology and translational science*, 158, 129-157.
- 3 Chai, J., Xu, H., **Ning, A.**, Zhang, P., Liu, F., He, S., ... & Li, Y. The prevalence of mental health problems for Chinese children and adolescents during COVID-19 in China: A meta-analysis. *Frontiers in Pediatrics*, 872.
- 4 Li, Yanlin, Hu Deng, Huan Wang, Cody Abbey, Yi Zheng, Jingxu Chen, **Ning An** et al. "Building the mental health management system for children post COVID-19 pandemic: an urgent focus in China." *European Child & Adolescent Psychiatry* (2021): 1-4.
- 5 Al Jowf, G. I., Ahmed, Z. T., **An, N.**, Reijnders, R. A., Ambrosino, E., Rutten, B. P., ... & Eijssen, L. M. (2022). A Public Health Perspective of Post-Traumatic Stress Disorder. *International Journal of Environmental Research and Public Health*, 19(11), 6474.

# Chapter 12

Dankwoord

I want to acknowledge all the individuals and organizations that have been indispensable along the journey that culminated in this Ph.D.

First and foremost, I would like to thank my promotion team, Prof. dr. Bart Rutten, Prof. dr. Harry Steinbusch, Dr. Laurence de Nijs, and Prof. dr. Markus Rothermel made it possible for me to embark on this beautiful journey to this Ph.D.

- Prof. dr. Bart Rutten, thank you for having me and tolerating my many mistakes.
- Prof. dr. Harry Steinbusch, thank you for giving me the last 5 min to introduce myself when you stand up to leave the Ph.D. recruit meeting in Beijing.
- Dr. Laurence de Nijs, thank you for supervising me.
- Prof. dr. Markus Rothermel, thank you for so many nice discussions in science and patience in surgery preparation.

Scholarship funding source:

- The China Scholarship Council allows me to come to Maastricht University so that I can start this journey.
- The Euron Motility Grant supports my travel back and forth between Maastricht University and Aachen University.

### **The Netherlands:**

- I would not have been able to conduct the work of this thesis by myself. I am grateful for my team.
- Lisa (F) Lebherz, thank you for the discussion on the paper on social defeat.
- Katherine Bassil, thank you for your comments on my dusp review paper.
- Caroline Hammels, thank you for the experiment on the social defeat.
- Kohei Koike, thank you for the staining on MBP expression.
- Dr. Daniel van den Hove and Dr. Gunter Kenis, thank you for your advice and discussion on behavior work.
- Dr. Ehsan Pishva, thank you for your wonderful advice in the TNP meeting.
- The MHENS technicians, Hellen, Marjan, Denis, Barbie, Marcella, and the remaining Expert group members Marios and Ali. Thank you for all the hours spent helping and advising. The excellent technical support was essential to my research.
- The CPV and IVD staff Saskia, thank you for your advice and support in my article 9 exam.
- My office mate, Artemis, gave me so much advice in finding a collaboration chance. Thank you for that. Magda, thank you for coming to my home and having dinner together, we can always have a nice chat, and I enjoyed it so much. Roel, we spent much time together talking and laughing, which brought joy to my office life. Faisal, thank you for sharing the Arabic culture with me and discussing the cultural difference. Janou, even though you were not always there, your sharing of your stay in England opened my eyes, and I would love to go to England for traveling.

- Alix, thank you for your sweet smile whenever you saw me and sweet greetings.

- Ghazi, I like to hear you talk about Arabic culture and discuss our research progress.

- The mates next door, Wouter, I like your funny smile and friendly attitude towards me. Zhang Shuo, and Shenghua, I like to hear your wonderful advice and experience in research. Yao Longping, what a coincidence that we are from the same birthplace and same university in China! I like your sincere discussion about China and straightforward comments.

- Martin, I enjoyed sharing the apartment with you. You teach me how to translate my favorite Spanish songs. You are so friendly and supportive, funny at the same time.

- Melinda, you are my idol in the lab, and I got so much wonderful advice from you!

- Rachelle, Peggy, Marie-Therese, and Nicole, thank you for organizing activities and workshops, where I enjoyed myself.

- Thanks to so many people in the lab who corrected my Dutch language pronunciation, I finally passed the Dutch exam.

- Enya, thank you for being my friend. We spent happy times together, especially we played the Chinese version of hide and seek (zoek in de donker).

- Rusli, words can not express my thanks and appreciation for you. You saved my life when I was trapped on the train. The train driver and passengers left the train while I was asleep on the train the night before the Chinese new year! And we go through a lot of difficulties and obstacles. The future is bright for us.

### **Germany**

- Markus, I feel blessed to meet you and your lab. You are so supportive, friendly, scientific, even though you do not smile a lot. I always feel the science behind your serious-looking face.

- Daniela, thank you so much for the help in the lab. You are so easy-going and friendly, which makes me feel at home.

- Erik, I enjoyed helping you with the cement, and watching how you did the MTA implant was wonderful!

- Lutz, thank you for being helpful during my recording, surgery, and my German pronunciation. You are full of humor, fun, and friendliness. I also enjoy discussing Chinese culture and German culture with you.

- Kim, you are so adorable! Thank you for being helpful with my surgery preparation and for so many enjoyable times in the lab.

- Renata, I was amazed at your beautiful look when I first saw you, but later on, I found you were also beautiful inside.

- Niko, I like your long curly hair. You are always funny and full of passion, which brings energy to the lab.

- Jenny, you are so helpful in my recording setup. Thank you for being so nice when I broke your setup by accident.

- Jan, I hand over the mice to you and become relieved. I hope the mice had some good memories in your hand too.

### **China**

- Grandma, thank you for so much love and support!
- Miss Yang Xueling, thank you for your wonderful help and patience.
- Xiao Wei and Kleine sinaasappel, thank you for sharing your life moments with me, which calmed my homesickness.
- Feifei (Xie Feiyan), you helped me whenever I had trouble. Thank you for offering me a place to stay during my trip to China.
- Lihui (Li Lihui), thank you for so many supportive talks and lift my spirit whenever I feel like giving up. Thank you for the cover design, evidence of our friendship for so many years since 2007.
- Huangxi, thank you for the good times we spent together in Holland. I miss those days.

# Appendix

## A.1 DUSP genes family members

Table A.1: DUSP genes family members.

DUSP genes family members					
Family	Isoforms	Synonym	Gene ID	MIM*	Chromosome
Slingshot	SSH1	SSH1L	54434	606778	12q24.11
	SSH2	SSH2L	85464	606779	17q11.2
	SSH3	SSH3L	54961	606780	11q13.2
PRLs	PRL1	PTP4A1	7803	601585	6q12
	PRL2	PTP4A2	8073	601584	1p35.2
	PRL3	PTP4A3	11156	606449	8q24.3
CDC14s	CDC14A	hCDC14	8556	603504	1p21.2
	CDC14B	HCDC14B	8555	603505	9q22.33
	CDC14C	CDC14CP	168448	N/A	7p12.3
PTENs	PTEN $\alpha$	PTEN $\alpha$	N/A	N/A	N/A
	PTEN $\beta$	PTEN $\beta$	5728	601728	10q23.31
Myotubularin	MTM1	MTM1	4534	300415	Xq28
	MTMR1	MTMR1	8776	300171	Xq28
	MTMR2	MTMR2	8898	603557	11q21
	MTMR3	MTMR3	8897	603558	22q12.2
	MTMR4	MTMR4	9110	603559	17q22
	MTMR5	SBF1	6305	603560	22q13.33

Continuation of Table A.1					
Family	Isoforms	Synonym	Gene ID	MIM*	Chromosome
MKPs	MTMR6	MTMR6	9107	603561	13q12.13
	MTMR7	MTMR7	9108	603562	8p22
	MTMR8	MTMR8	55613	N/A	Xq11.2
	MTMR9	MTMR9	66036	606260	8p23.1
	MTMR10	MTMR10	54893	N/A	15q13.3
	MTMR11	MTMR11	10903	N/A	1q21.2
	MTMR12	MTMR12	54545	606501	5p13.3
	MTMR13	SBF2	81846	607697	11p15.4
	MKP1	DUSP1	1843	600714	5q35.1
	MKP2	DUSP4	1846	602747	8p12
	MKP3	DUSP6	1848	602748	12q21.33
	MKP4	DUSP9	1852	300134	Xq28
	MKP5	DUSP10	11221	608867	1q41
	MKP7	DUSP16	80824	607175	12p13.2
	PAC1	DUSP2	1844	603068	2q11.2
	Hvhr3	DUSP5	1847	603069	10q25.2
	MKP-X	DUSP7	1849	602749	3p21.2
	Hvh5	DUSP8	1850	602038	11p15.5
Atypical	MK-STYX	STYX-L1	51657	616695	7q11.23
	Laforin	EPM2A	7957	607566	6q24
	STYX	STYX	6815	615814	14
	DUSP3	VHR	1845	600183	17q21
	DUSP11	PIR1	8446	603092	2p13.2
	DUSP12	YVH1	11266	604835	1q23.3
	DUSP13A	TMDP	51207	613191	10q22.2
	DUSP13B	MDSP	51207	613191	10q22.2
	DUSP14	MKP-L	11072	606618	17q12
	DUSP15	VHY	128853	616776	20q11.21
	DUSP18	LMWDSP20	150290	611446	20q12.2
	DUSP19	SKRP1	142679	611437	2q32.1
	DUSP21	LMWDSP21	63904	300678	Xp11.3
	DUSP22	JSP1	56940	616778	6p25.3



Continuation of Table A.1					
Family	Isoforms	Synonym	Gene ID	MIM*	Chromosome
	DUSP23	LDP-3	54935	N/A	1q23.22
	DUSP26	LDP-4	78986	N/A	8p12
	DUSP27	DUPD1	92235	N/A	10q22.2
End of Table					

Note: N/A:Not Available. MIM: Online Mendelian Inheritance in Man®

## A.2 Atypical DUSP genes members

Table A.2: Atypical DUSP genes members

Atypical DUSP genes members		
HUGO	Patterson	Huang and Tan
DUSP3	DUSP3	DUSP3
DUSP11	DUSP11	DUSP11
DUSP12	DUSP12	DUSP12
DUSP13A	DUSP13A	DUSP13
DUSP13B	DUSP13B	
DUSP14	DUSP14	DUSP14
DUSP15	DUSP15	DUSP15
DUSP18	DUSP18	DUSP18 (DUSP20)*
DUSP19	DUSP19	DUSP19
DUSP21	DUSP21	DUSP21
DUSP22	DUSP22	DUSP22
DUSP23	DUSP23	DUSP23
DUSP26	DUSP26	DUSP26(DUSP28;DUSP24)*
DUSP27	DUSP27	DUSP27
Laforin	Laforin	
STYX	STYX	
	DUSP1	
	DUSP2	
	DUSP6	
	DUSP5	
End of Table		

Note:\* DUSP18 was renamed to DUSP20 while DUSP24 and DUSP28 were changed to DUSP26.

### A.3 DUSP protein or RNA expression in animal and human brain

Table A.3: DUSP Protein or RNA expression in animal and human brain

DUSP Protein or RNA expression in animal and human brain				
Isoforms	Expression	Protein/mRNA	Species	Ref.
SSH1	Frontal cortex	Protein	Human	[100, 101]
	Cerebellum			
	Primary cortical neurons	Protein	Mice	[100]
	Ganglion neurons	Protein	Chick	[104]
SSH2	Brain	mRNA	Mice	[521]
	Thalamus			
	Hippocampus			
SSH3	Hippocampus	mRNA	Human	[231]
	Temporal gyrus			
	Frontal gyrus	mRNA	Mice	[522]
	Prefrontal cortex			
	Hypothalamus			
PRL2	Amygdala	mRNA	Mice	[523]
	Cerebellum	mRNA	Human	[118]]
	Cerebral cortex			
CDC14A	Neuronal lineages	mRNA	Zebrafish	[524]
	Cortical slices	mRNA	Human	[525]
	Cerebral cortex	Protein	Human	*[296]
hCDC14Bpar	Adult/fetal brain	mRNA	Human	[128]
hCDC14B1	Hippocampus	mRNA	Human	[128]
	Prefrontal cortex			
	Amygdala			
	Hypothalamus			
hCDC14B2	Hippocampus	mRNA	Human	[128]
	Prefrontal cortex			
	Amygdala			
	Hypothalamus			
hCDC14B3	Hippocampus	mRNA	Human	[128]
	Prefrontal cortex			

Continuation of Table A.3				
Isoforms	Expression	Protein/mRNA	Species	Ref.
hCDC14C	Amygdala	mRNA	Human	[128]
	Hypothalamus			
	Adult brain			
	Embryonic forebrain, Dorsal telencephalon			
PTENs	Cerebral cortex	Protein	Human	*[296]
	Cerebellum			
	Hippocampus			
	Anterior olfactory nucleus			
Myotubularin	Cerebral cortex	Protein	Rat	[143]
	Amygdaloid nucleus			
	Hippocampus			
	Purkinje's cells			
	Basal ganglia	Protein	Human	[167]
	Thalamus			
	Midbrain Pons			
	Ventral prefrontal cortex			
	Layer III temporal cortex	Protein	Human	[234]
	Frontal cortex			
	Spinal cord			
	Substantia nigra			
	Cerebral cortex	Protein	Human	*[296]
	Hippocampus			
	Cerebellum			
	Hippocampus			
MKP1 (DUSP1)	Caudate	Protein/mRNA	Human/Mice	[174]
	Temporal cortex			
	Cerebral cortex			
	Cerebellum			
	Striatum	mRNA	Mice	[269]
	Striatum			
	Thalamus Cortex			

Continuation of Table A.3				
Isoforms	Expression	Protein/mRNA	Species	Ref.
MKP2 (DUSP4)	Neocortex	Protein	Rat	[287]
	BNST			
	Cerebellar vermis	Protein	Human	[212]
	Cortex	Protein	Human	[158]
	Hippocampus			
	Cerebellum			
	The medial prefrontal cortex	mRNA	Rat	[182]
	Lateral frontal cortex			
	Parietal cortex			
	Hippocampus			
MKP3 (DUSP6)	The medial prefrontal cortex	mRNA	Rat	[182]
	Lateral frontal cortex			
	Parietal cortex			
	Hippocampus			
	Ventromedial PFC	mRNA	Human/Mice	[183]
	Striatum	mRNA	Rat	[526]
	Cortex			
	Hippocampus			
PAC1 (DUSP2)	Hippocampus	Protein/mRNA	Mice	[527]
	Hippocampus	mRNA	Human	[174]
Hvhr3	Brain (not specified)	mRNA	Mice	[528]
(DUSP5)	Nucleus accumbens	mRNA	Mice	[529]
	Medial prefrontal cortex	mRNA	Rat	[530]
MKP-X (DUSP7)	Whole-brain	mRNA	Mice	[531]
Hvh5 (DUSP8)	Amygdala	mRNA	Human	[532]
	caudate nucleus			
	Corpus callosum			
	Hippocampus			
	Hypothalamus Thalamus			
	Subthalamic nucleus			
	Substantia nigra			

Continuation of Table A.3				
Isoforms	Expression	Protein/mRNA	Species	Ref.
MTMR2	Cortex Hippocampus Cerebellum	Protein/mRNA	Rat	[533]
MTMR5	Brain The sciatic nerve	Protein	Mice	[534]
Laforin (EPM2A)	Cerebellum Hippocampus Cerebral cortex Olfactory bulb	mRNA	Mice	[535]
DUSP12	Hippocampus	mRNA	Human	[174]
DUSP14	Retinal ganglion cells	mRNA	Rat	[536]
DUSP15	Schwann cell Myelinating Oligodendrocytes	mRNA mRNA	Rat Rat	[537] [538]
DUSP18	Fetal brain	mRNA	Human	[539]
DUSP19	Hippocampus Ventral subiculum	mRNA mRNA	Human Human	[174] [183]
DUSP22	Hippocampus	Protein	Human	[233]
DUSP23	Nucleus accumbens The Broadman area	mRNA	Human	[183]
DUSP26	Hippocampus	Protein/mRNA	Human	[230, 174]
End of Table				

Note:\* ([www.proteinatlas.org](http://www.proteinatlas.org))

BNST:The bed nucleus of the stria terminalis

## A.4 DUSP genes in normal and pathological brain function

Table A.4: DUSP genes in normal and pathological brain function

DUSP genes in normal and pathological brain function		
Isoforms	Function in Normal Brain	Function in Pathological Brain
SSH1	SSH1 along with Cofilin1 promoted dynamic changes in the cytoskeleton needed for axon engagement like growth cone collapse and neurite outgrowth, and myelination in Schwann cells in rat [111, 112]	SSH1 reduced and remained inactive as Cofilin1 in the frontal cortex of sporadic AD in human [100].
	SSH1 increases growth cone motility and extension, and the growth cone becomes slender and branchy in chick [104]	SSH1 reduced protein level and became inactive as Cofilin1 in the brain of APP/PS1 mice model of AD [100].
SSH3		<p>SSH3 mRNA is differentially regulated gene in hippocampus tissue, temporal gyrus tissue, frontal gyrus tissue and whole blood in patients diagnosed with AD [231].</p> <p>SSH3 mRNA has been found to be downregulated in central amygdala Drd2-expressing population following foot shock fear conditioning compared to controls in mice [523].</p> <p>SSH3 mRNA is over expressed in pre-frontal cortex, and hypothalamus in mice subjected to maternal separation for 3 h per day and lasted for 14 days [522].</p>

Continuation of Table A.4		
Isoforms	Function in Normal Brain	Function in Pathological Brain
PRL3		PRL3 promotes cell proliferation, migration, and invasion in glioblastoma cells in Human [540, 541]
CDC14A	CDC14A involved in cell cycle regulation of human brain vascular endothelial cells following injury induced by high glucose, free fatty acids, and hypoxia [542].	Upregulated in response to Amyloid-Oligomers in adult human cortical brain slices [525].
CDC14B	Regulates RNA polymerase II and represses cell cycle transcription in primary mouse embryonic fibroblasts [543].	Involved in glioblastoma growth in human [544]
PTENs	<p>PTEN single nucleotide polymorphisms associated with increased risk of depression in a Chinese cohort [166].</p> <p>PTEN protein levels are higher in post-mortem lysates of the ventral prefrontal cortex from suicide victims diagnosed with depression when compared to non-depressed healthy controls [167].</p> <p>PTEN moved to nucleus and promoted neuron survival in mice [545]</p> <p>PTEN and <math>\beta</math>-catenin signaling regulates normal brain growth trajectory by controlling cell number, and imbalance in this relationship can result in abnormal brain growth in mice [546].</p>	<p>PTEN recruitment controls synaptic and cognitive function in AD model App/Psen1 mice [239].</p> <p>PTEN mediates brain growth during development and PTEN mutation-induced Autism-like behavior in mice [546, 547, 548, 549, 550].</p>



Continuation of Table A.4		
Isoforms	Function in Normal Brain	Function in Pathological Brain
MKP1(DUSP1)	<p>MKP1 controls axon branching induced by BDNF signaling via mediating JNK deactivation in mice [553].</p> <p>MKP-1 functions in light-dependent and time-of-day-dependent manners in the mice central clock structure-the suprachiasmatic nucleus [554].</p>	<p>PTEN mutations are late events in the malignant progression of glioma, and the occurrence of PTEN mutations are significantly correlated to patients' short-term survival [551].</p> <p>PTEN mutation coexisted with autism behavior and macrocephaly in human [552].</p> <p>Depression mice model showed increased hippocampal MKP1 expression, which can be normalized by antidepressant, while mice lacking MKP1 are resilient to stress [174].</p> <p>MKP1 mRNA increased in the DG and CA1 of human diagnosed with depression [174].</p> <p>Increased MKP-1 expression levels could be the cause of the high resistance to conventional chemotherapeutics in human glioblastoma multiforme in human [555]</p> <p>DUSP1 protein levels increased in the hippocampus [177] and the ventrolateral orbital cortex [178] of stressed rats when compared to controls.</p>

Continuation of Table A.4		
Isoforms	Function in Normal Brain	Function in Pathological Brain
MKP2(DUSP4)	MKP2 promotes neuroplasticity and memory, and its deletion impairs synaptic plasticity and hippocampal-dependent memory in mice [556]	MKP2 were significantly decreased in cerebellar vermis from schizophrenic patients compared to control subjects [212].  MKP2 was increased in BAs 8, 9, 10, and hippocampus, without any change in the cerebellum of depressed suicide subjects compared with control subjects [158].
MKP3(DUSP6)	DHA-enriched fish-oil induced MKP3 that enhance GFAP in developing rat brain astrocytes [557]	DUSP6 mRNA was differentially expressed in post-mortem tissue ventro-medial PFC of patients with depressive disorder in a sex-specific manner [183].
Hvhr3(DUSP5)	Regulate the signaling of pressure-dependent myogenic cerebral arterial constriction in rat [558]	DUSP5 served as transcriptional target of tumor suppressor p53 in glioblastoma in human [559].
MKP-X(DUSP7)	The expression of DUSP7 was mediated by ERK1/2 activity both in resting and LPS-stimulated microglia in rat [560].	DUSP7 mRNA expression was reduced in the whole brain after chronic amphetamine injections in mice [531].
Hvh5(DUSP8)	Abundant in human and mice brain and inactivate mitogen-activated protein kinase [532]	Hvh5 mRNA was induced in the nucleus accumbens, caudate putamen, frontal cortex, and hippocampus by i.p. Injection of cocaine and fluoxetine in rat [561].

Continuation of Table A.4		
Isoforms	Function in Normal Brain	Function in Pathological Brain
MK-STYX (STYX-L1)	MK-STYX induced neurite extensions through the Rho signaling pathway and forms synapse in PC-12 cells. MK-STYX altered their morphology in primary hippocampal neurons in rat [562, 563]	MK-STYX missense mutation was identified in intellectual disability, accompanied by seizures and behavioral problems in human [564].  MK-STYX was differentially expressed in the blood of depression patients [565, 566] or depressive-like behavior in mice [566].
MTMR2	MTMR2 contributes to the maintenance of excitatory synapses by inhibiting excessive endosome formation and destructive endosomal traffic to lysosomes in rat [533]  MTMR2 interacted with the neurofilament light chain protein, NF-L, in both Schwann cells and neurons in rat and human [153].	Loss of MTMR2 in Schwann cells causes CMT4B1 neuropathy, which is characterized by a dysmyelinating neuropathy with myelin outfoldings in mice [567]  Mutation in the MTMR2 gene is a causative mutation in patients with Charcot-Marie-Tooth Disease Type 4B1 [568].
MTMR4		MTMR4 was differentially expressed between grade II-III gliomas and (grade IV) glioblastomas in human [569].
MTMR5(SBF1)	MTMR5 suppress neurite growth in hippocampal neurons in rat. Overexpression of MTMR5 reduce hippocampal neurite outgrowth [570].	SBF1 mutations may cause a syndromic form of autosomal recessive axonal neuropathy (AR-CMT2) in addition to CMT4B3 in Human [571].

Continuation of Table A.4		
Isoforms	Function in Normal Brain	Function in Pathological Brain
MTMR7		<p>An intronic variant was identified in the genetic locus of MTMR7 linked to variant Creutzfeldt-Jakob disease susceptibility in human [572].</p> <p>MTMR7 was differentially expressed in the substantia nigra of patients with PD in the GWAS study [573].</p>
MTMR8		<p>The copy number loss for MTMR8 was identified in 65 % of the glioblastoma multiforme patient sample [574].</p>
MTMR10		<p>MTMR10 was affected via 15q13.3 microdeletion and displayed strong phenotypes related to autism-like behavior [575, 576] and autism like behavior in mice.</p> <p>MTMR10 was affected via 15q13.3 deletion and was present in ADHD patients [577].</p>
MTMR11		<p>MTMR11 was frameshift mutated in children with epileptic encephalopathies [578]</p>
MTMR13		<p>Mtmr13<sup>-/-</sup> mice show both the initial dysmyelination and later degenerative pathology of [579, 580].</p>

Continuation of Table A.4		
Isoforms	Function in Normal Brain	Function in Pathological Brain
Laforin(EPM2A)		<p>Mutation in the MTMR13 gene associated with a classical Charcot-Marie-Tooth 4B2 phenotype in human [581, 582]</p> <p>The phosphatase activity of laforin is dispensable to rescue Epm2a <math>-/-</math> mice from Lafora disease [583].</p> <p>EPM2A gene was expressed lower to control cells in fibroblasts from Lafora disease in human [584].</p> <p>EPM2A gene has 11 kinds of mutations in the patients of Lafora disease in human [585].</p>
DUSP11		DUSP11 mRNA was downregulated in the model of nicotine-induced seizures in mice [586].
DUSP13A		DUSP13A interacts with the N-terminal domain of Apoptosis signal-regulating kinase 1 in an oxidative stress-independent manner in brain neuroblastoma. The knock-down of DUSP13A decreased the phosphorylation and activation of apoptosis signal-regulating kinase 1 [587].
DUSP14	DUSP14 is a direct negative-feedback mechanism of MDMA-induced ERK signaling in the striatum of mice [588].	DUSP14 mRNA was upregulated in the frontal cortex in response to Environmental chronic mild stress in mice [589].

Continuation of Table A.4		
Isoforms	Function in Normal Brain	Function in Pathological Brain
DUSP15	DUSP14 was a gene target limiting axon growth and regeneration downstream of Krüppel-like transcription factor 9 (KLF9)'s ability to suppress axon growth in retinal ganglion cells of rat [536].	DUSP14 was the delayed primary response genes downregulated in DG neurons of mice experienced foot shock after 24 hours in mice [590].
		DUSP14 was decreased in HD mice and can be enriched after pridopidine treatment in mice [591]
	DUSP15 is necessary for full activation of ERK1/2 phosphorylation and represses expression of several myelin genes, including myelin basic protein, in Schwann cells of rat [537]. DUSP15 influences oligodendroglial differentiation and myelin gene expression in rat [538]	The SNP (rs3746599) of DUSP15 was significantly associated with autism in human [206].
DUSP19		The mRNA levels of DUSP19 were increased in the dentate gyrus from depression postmortem tissue [174].
DUSP22		The promoter hypermethylation of the DUSP22 gene was identified in the hippocampus from controls and AD patients. DUSP22 inhibits PKA activity and thereby determines tau phosphorylation status and CREB signaling [233].

Continuation of Table A.4		
Isoforms	Function in Normal Brain	Function in Pathological Brain
DUSP23	DUSP23 affected neuronal differentiation in mice. The knock-down of DUSP23 decreased neuronal differentiation in terms of neuronal outgrowth and the expression of neuronal marker proteins [592].	<p>DUSP22 gene promoter showed higher DNA methylation levels in the famine-exposed schizophrenia patients compared to non-famine exposed groups [214].</p> <p>Increased DNA methylation within/around the DUSP22 gene was linked to increased PTSD symptoms in human [41]</p> <p>The mRNA expression of the gene DUSP23 was significantly lower in patients that have died from the disease compared with neuroblastoma patients with no evidence of disease [593].</p>
DUSP26	DUSP26 suppresses receptor tyrosine kinases and regulates neuronal development in zebrafish [594].	<p>DUSP26 was differentially expressed between grade II-III gliomas and (grade IV) glioblastomas in human [569].</p> <p>DUSP26 inhibition via NSC-87877 function in neuroblastoma, resulting in decreased tumor growth and increased p53 and p38 activity in mice [595].</p> <p>DUSP26 expression and JNK activation were enhanced in the hippocampus of AD patients [230].</p>
DUSP27		The variant rs950302 of cytosolic gene DUSP27 associate with heroin addiction vulnerability in African Americans [596].
End of Table		

AD: Alzheimer's disease; HD: Huntingdon's disease; CMT4: Charcot-Marie-Tooth Neuropathy Type 4.



## A.5 DUSP genes expression in non-brain tissues in animal and human

Table A.5: DUSP genes expression in non-brain tissues in animal and human

DUSP genes expression in non-brain tissues in animal and human				
Protein	Tissue/ Cell line	Species	Protein/ mRNA	Ref.
SSH1	PC-3 Cell	Human	Protein	[597]
	aortas	Mice	Protein	[598]
	keratinocytes	Human	Protein	[102]
SSH2	carcinoma cell lines	Human	Protein/mRNA	[599]
	vascular smooth muscle cell	Rat	mRNA	[600]
	PC12 Cell	Human	Protein	[601]
	CD4+ T cells	Human	Protein	[602]
	keratinocytes	Human	Protein	[102]
SSH3	colorectal cancer	Human	Protein/mRNA	[603]
	prostate cancer	Human	Protein	[604]
	blood	Human	mRNA	[231]
PRL1	liver, intestine	Mice	Protein/mRNA	[605]
	mid guts	Drosophila	mRNA	[524]
	testis	Mice	Protein	[606]
	prostate	Human	mRNA	[607]
	ovarian cancer	Human	Protein/mRNA	[608]
PRL2	lung cancer	Human	Protein/mRNA	[609]
	ovarian cancer	Human	Protein/mRNA	[608]
	testis	Mice	Protein	[606]
	thymocyte	Mice	mRNA	[610]
	skeletal muscle	Mice	Protein/mRNA	[611,
				120]
PRL3	colon cancer	Mice/Human	Protein/mRNA	[612,
				613]
	prostate cancer	Human	Protein/mRNA	[614]
	ocular melanoma cells	Human	Protein	[615]
	breast cancer	Human	Protein/mRNA	[616]
	skeletal muscle, heart	Human	mRNA	[119]

Continuation of Table A.5				
Protein	Tissue/ Cell line	Species	Protein/ mRNA	Ref.
CDC14A	skeletal muscle, heart	Mice	mRNA	[120]
	brain vascular endothelial cell	Human	Protein	[542]
	oocytes	Mice	Protein	[617]
	gastric tissue	Human	mRNA	[618]
	HeLa cells	Human	Protein	[131]
CDC14B	lymph nodes, liver, colon, kidneys, testis	Human	Protein	[296]
	HeLa cells	Human	Protein	[619]
	bone osteosarcoma epithelial cells (U2OS Line)	Human	Protein	[620]
	lymph nodes, liver, colon, kidneys, testis	Human	Protein	[296]
CDC14C				*
	oocytes	Mice	Protein/mRNA	[617]
	vulva precursors	C. elegans	Protein	[621]
PTENs	mononuclear cells	Human	mRNA	[622]
	endometrial cancer	Human	Protein	[623]
	pancreas	Human	Protein/mRNA	[142]
	colorectal cancer	Human	Protein	[624]
	cochlear lateral wall	Mice	Protein	[625]
	uterus	Mice	Protein	[626]
	ovary cells	Chinese hamster	Protein	[240]
Myotubularins	lung, muscles, endocrine tissue, bone marrow, immune system, liver, gallbladder, and pancreas	Mice	Protein	[296]
				*
	skin, lung, vagina	Human	mRNA	[149]
DUSP1	lung, muscles, endocrine tissue, bone marrow, immune system, liver, gallbladder, and pancreas	Human	Protein	[296]
				*
	atherosclerotic lesions	Mice	Protein/mRNA	[627]
	U937 Cells	Human	Protein	[628]
	liver	Mice	Protein/mRNA	[629]
	cardiomyocytes	Mice	Protein/mRNA	[630]
	ovarian carcinoma	Human	Protein/mRNA	[631]
	cochlea	Mice	mRNA	[632]

Continuation of Table A.5				
Protein	Tissue/ Cell line	Species	Protein/ mRNA	Ref.
DUSP4	T cells	Human	Protein/mRNA	[633]
	prostate, testis, pancreas, adrenal cortex, and stomach	Human	mRNA	[633]
	heart, spleen, lung, liver, kidney, testis, muscles	Rat	mRNA	[634]
	alveolar macrophage cell	Mice	Protein	[635]
	aortic endothelial cell	Rat	Protein	[636]
DUSP6	lung, heart, spleen,liver, kidney	Rat	mRNA	[637]
	breast cancer cell line	Human	Protein/mRNA	[638]
	Umbilical vein endothelial cell	Human	Protein/mRNA	[639]
	embryo	Mice	mRNA	[640]
DUSP9	placenta, kidney, Embryonic liver	Human	mRNA	[641]
	adipose tissue	Mice	mRNA	[642]
	placenta	Mice	Protein	[643]
	splenic dendritic cells	Mice	Protein/mRNA	[644]
DUSP10	heart, lung, liver, skeletal muscle, kidney	Mice	mRNA	[645]
	skeletal muscle, liver	Human	mRNA	[646]
	colon carcinomas	Human	mRNA	[647]
	CD4 T cells	Mice	mRNA	[648]
DUSP16	intestine	Mice	mRNA	[649]
	kidney, intestine, testis	Mice	mRNA	[650]
	CD4+ T cells	Mice	Protein	[651]
DUSP2	bone marrow-derived macrophage	Mice	Protein	[652]
	adipose tissue	Mice	mRNA	[653]
	primary colorectal cancer	Human	Protein	[654]
	monocyte	Human	mRNA	[191]
	blood	Human	mRNA	[192]
DUSP5	Cerebral arterial muscle	Rat	Protein/mRNA	[558]
	adipose tissue	Mice	Protein/mRNA	[655]
	colon-cancer cell lines	Human	Protein/mRNA	[559]
	skeletal muscle, adipose tissue	Human	mRNA	[656]
DUSP22	colorectal cancer	Human	mRNA	[657]

Continuation of Table A.5				
Protein	Tissue/ Cell line	Species	Protein/ mRNA	Ref.
DUSP8	blood	Human	mRNA	[233]
	heart, skeletal muscle	Mice	Protein	[295]
	thymus, Spleen, Prostate, Testis, Blood lymphocytes	Mice	mRNA	[658]
	T cell	Mice	Protein	[299]
	heart, skeletal muscle	Human	mRNA	[532]
	pancreatic islets	Human	Protein	[659]
	cardiac myocytes	Mice/Rat	Protein	[166]
	kidney	Mice	Protein	[660]
MK-STYX	ovarian cancer	Human	Protein	[661]
	HeLa cell	Human	Protein	[662]
	PC12 cells	Rat	Protein	[563]
MTM1	blood	Mice	Protein	[566]
	skeletal muscle, testis	Human	mRNA	[663]
	blood platelets	Human	Protein	[664]
MTMR1	blood platelets	Mice	Protein	[664]
	muscles	Human	Protein/mRNA	[665]
	muscles , heart	Mice	Protein	[666]
MTMR2	C2C12 cells	Mice	mRNA	[667]
	blood leukocytes	Human	mRNA	[568]
	liver, nerve	Mice	mRNA	[668]
MTMR3	muscle	Mice	mRNA	[567]
	superior temporal cortex	Human	mRNA	[216]
	oral cancer	Human	Protein	[669]
MTMR4	Gastric / colon carcinoma	Human	mRNA	[618]
	monocyte-derived macrophages	Human	Protein/mRNA	[670]
	breast cancer	Human	Protein	[671]
	COS1 cells	Monkey	Protein	[672]
	heart, kidney, spleen, liver, colon, testis, muscle, placenta, thyroid gland, pancreas, ovary, prostate, skin, peripheral blood, bone marrow, fetal liver	Human	mRNA	[673]
	HeLa cell	Human	Protein	[674]

Continuation of Table A.5				
Protein	Tissue/ Cell line	Species	Protein/ mRNA	Ref.
MTMR5	papillary thyroid cancer	Human	Protein	[675]
	NIH 3T3	Mice	Protein	[676]
	blood, buccal swab	Human	Protein	[677]
	testis, brain, colon	Mice	mRNA	[678]
	testis	Human	Protein/mRNA	[678]
MTMR6	ovarian cancer cells	Human	Protein	[671]
	heart, brain, spleen, lung, liver, muscle, kidney	Mice	Protein	[679]
MTMR7	brain, liver, kidney, and testis	Mice	mRNA	[680]
	brain	Mice	Protein	[680]
	myoblasts	Mice	Protein/mRNA	[681]
MTMR8	colorectal cancer	Human	Protein/mRNA	[682]
	heart, spleen, kidney, liver, leukocyte, ovary, muscle,	Human	mRNA	[683]
	testis, lung, skin, small intestines, prostate			
	Megakaryocytic MEG-01 cells	Human	mRNA	[664]
	muscle, artery	Zebra fish	mRNA	[684, 685]
MTMR9	blood	Human	mRNA	[686]
	peripheral blood leukocyte	Human	mRNA	[687]
	Megakaryocytic MEG-01 cells	Human	mRNA	[664]
	peripheral blood lymphocytes	Human	mRNA	[215]
MTMR10	peripheral blood	Human	mRNA	[688]
	lymphoblastoid cell lines	Human	mRNA	[689]
MTMR11	breast tumor	Human	mRNA	[690]
	blood	Human	Protein	[691]
	inner ear hair	Mice	mRNA	[692]
MTMR12	skeletal muscle	Zebra fish	Protein/mRNA	[693]
MTMR13	placenta, testis, fetal brain	Human	mRNA	[694]
	sciatic nerves	Mice	Protein	[579]
	spinal cord, sciatic nerve, lymph node, adrenal gland, bone marrow, stomach	Human	mRNA	[695]

Continuation of Table A.5				
Protein	Tissue/ Cell line	Species	Protein/ mRNA	Ref.
Laforin	brain, skeletal muscle, placenta, lung, kidney, pancreas, heart, liver	Human	mRNA	[696]
	spleen, thymus, prostate, testis, ovary, small intestine, colon, peripheral blood lymphocytes, heart, brain, placenta, lung, liver, skeletal, muscle, kidney, pancreas	Human	mRNA	[697]
	Heart, liver, skeletal muscle, brain	Mice	Protein	[583]
STYX	colorectal cancer	Human	Protein	[698]
	Testis	Mice	Protein	[699]
	HeLa cell	Human	mRNA	[700]
DUSP3	endothelial cells	Human	Protein	[701]
	prostate cancer	Human	Protein/mRNA	[702]
	platelets	Human	Protein	[703]
	brain, lung, heart, stomach, liver, kidney, testis, spleen, skeletal muscle, small intestine	Mice	Protein	[704]
DUSP11	platelets	Mice	Protein	[703]
	colonic mucosa	Human	mRNA	[705]
	HEK293T	Human	Protein	[706]
	WI38 fibroblasts	Human	mRNA	[707]
DUSP12	A549 cells, MCF-7 cells	Human	Protein	[708]
	liver	Mice	Protein	[709]
	adipose tissue	Mice	Protein	[710]
DUSP13A	skeletal muscle	Human	Protein/mRNA	[711]
	diaphragm, Muscle	Mice	mRNA	[711]
DUSP13B	testis	Mice/Rat	Protein/mRNA	[711, 712]
	skeletal muscle, testis, spermatocytes, round spermatids, testicular germ cells	Mice	mRNA	[713]
DUSP14	bone marrow-derived cells	Mice	Protein	[714]
	myocardial tissue	Mice/Human	Protein	[715]
	liver	Human/Mice	Protein/mRNA	[716]

Continuation of Table A.5				
Protein	Tissue/ Cell line	Species	Protein/ mRNA	Ref.
DUSP15	blood	Human	mRNA	[717]
	testis	Human	mRNA	[718]
	spinal cord	Mice	mRNA	[538]
DUSP18	brain, pancreas, kidney, liver, skeletal muscle, heart, lung, placenta, spleen, peripheral blood, testis, leuko- cyte, colon, thymus, small intestine, prostate, ovary	Human	mRNA	[539]
	breast, lung, colon, prostate, ovary human cancer cell line	Human	mRNA	[719]
DUSP19	heart, lung, liver, pancreas	Human	mRNA	[720]
	brain, placenta, lung, small intestine, heart, liver, kidney and testis	Mice	mRNA	[721]
DUSP21	cartilage	Human	mRNA	[722]
	testis	Human	mRNA	[723]
	colorectal cancer	Human	mRNA	[724]
DUSP22	blood	Human	mRNA	[214]
DUSP23	spleen, prostate, colon, adrenal gland, mammary gland, thyroid, trachea, uterus, bladder	Human	mRNA	[718]
	CD4+ T cells	Human	mRNA	[725]
DUSP26	breast cancer	Human	Protein	[726]
	heart, liver, spleen, testis	Mice	mRNA	[727]
	liver	Mice	mRNA	[728]
	kidney	Human	Protein	[729]
	normal thyroid tissue	Human	mRNA	[730]
	brain tumour, neuroblastoma, ovarian cancer cell lines	Human	mRNA	[731]
	somites	Zebra fish	mRNA	[732]
DUSP27	tonsils	Human	mRNA	[733]
	skeletal muscle, liver, kidney	Human	mRNA	[734]
	skeletal muscle, liver, and fat	Mice	Protein	[734]
End of Table				

Note:\* ([www.proteinatlas.org](http://www.proteinatlas.org))

BNST:The bed nucleus of the stria terminalis



## A.6 Schematic representations of the structure of the family members of the DUSP proteins

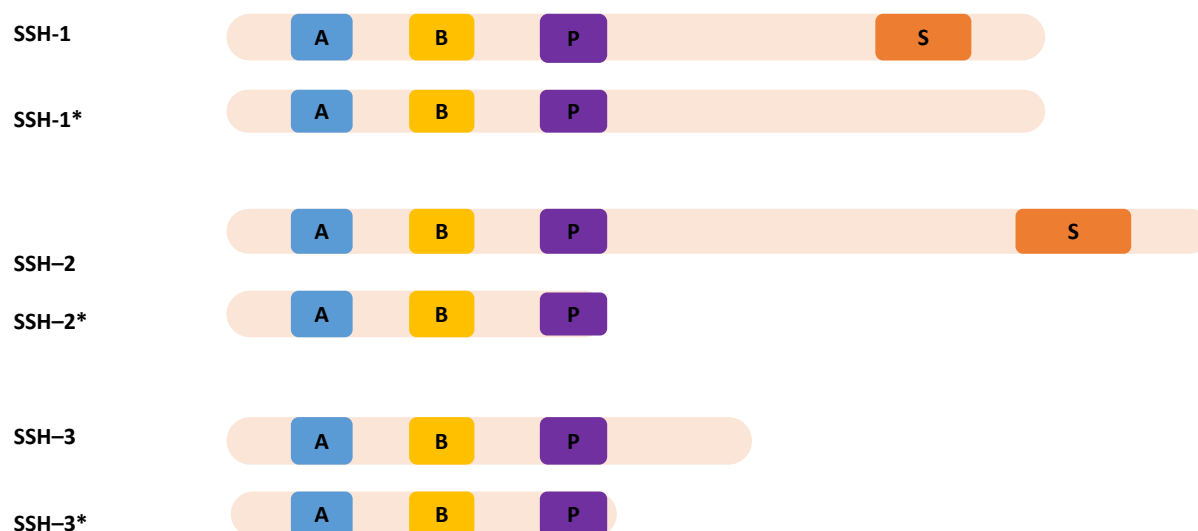


Figure 1: Structures of SSH family phosphatases. The schematic diagrams show protein structures of mouse (m), human (h), and Drosophila (D) SSHs. The highly conserved regions between SSH family proteins are indicated as A, B, P (protein phosphatase) and S (serine-rich) domains (adapted [98, 96])

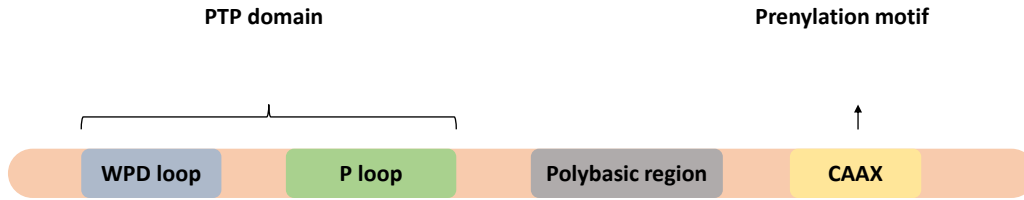


Figure 2: Simplified schematic diagram of the PRL proteins. The PTP domain is responsible for enzymatic activity, requiring the P-loop residues and the WPD loop residues for phosphate transfer. A polybasic region localizes next to the PTP domains and mediates membrane or nuclear localization of PRLs. The CAAX protein prenylation anchors the PRLs to the cellular membrane (simplified from [735])

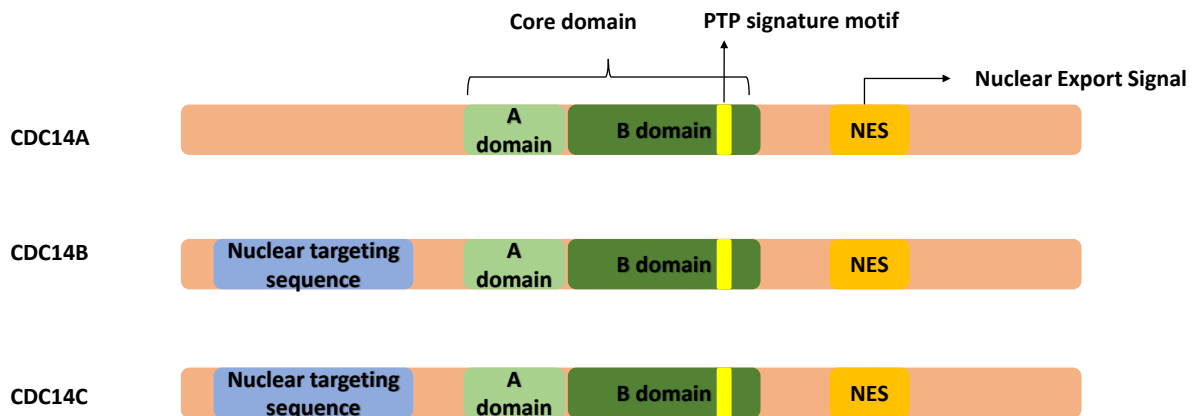


Figure 3: Schematic of the primary structure of CDC14 in humans. The conserved domain is depicted in blue (adapted from [130, 128])

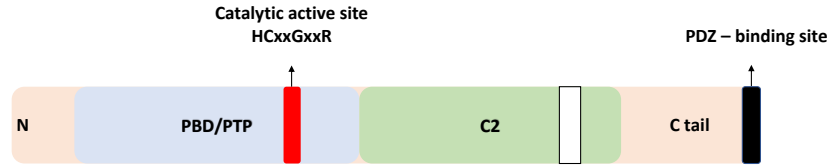


Figure 4: The domain architecture of PTEN. PTEN is composed of four domains: the PIP2-binding domain (PBD)/PTP, C2 domain, C tail domain, and a PDZ binding domain. The active catalytic site is HCxxGxxR (adapted from review [136, 137])

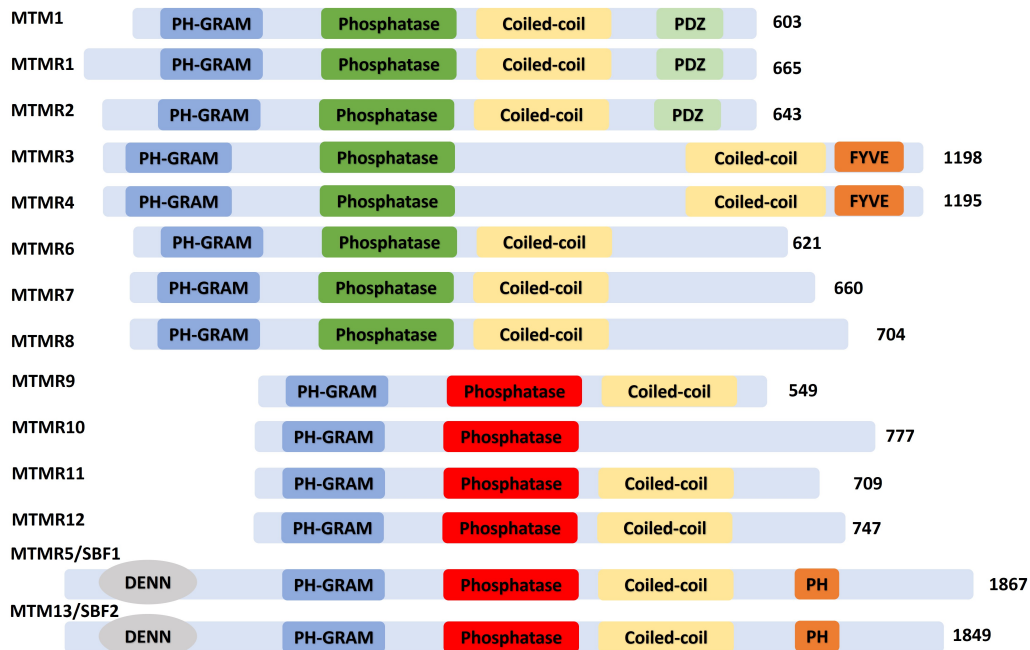


Figure 5: Scaled representation of the protein domains of human myotubularins. All myotubularins share the PH-GRAM and phosphatase (active or dead) domains. Additionally, myotubularins can also carry other functional domains, including the PDZ binding site, the PH (Pleckstrin homology) and FYVE (Fab1-YOTB-Vac1-EEA1) domains, as well as the DENN (Differentially Expressed in Normal and Neoplastic cells) domain. Except for MTMR10, all myotubularins are composed of a coiled-coil domain. For each myotubularin, the amino acid length for the most described protein isoform is indicated (adapted from review [150, 149])

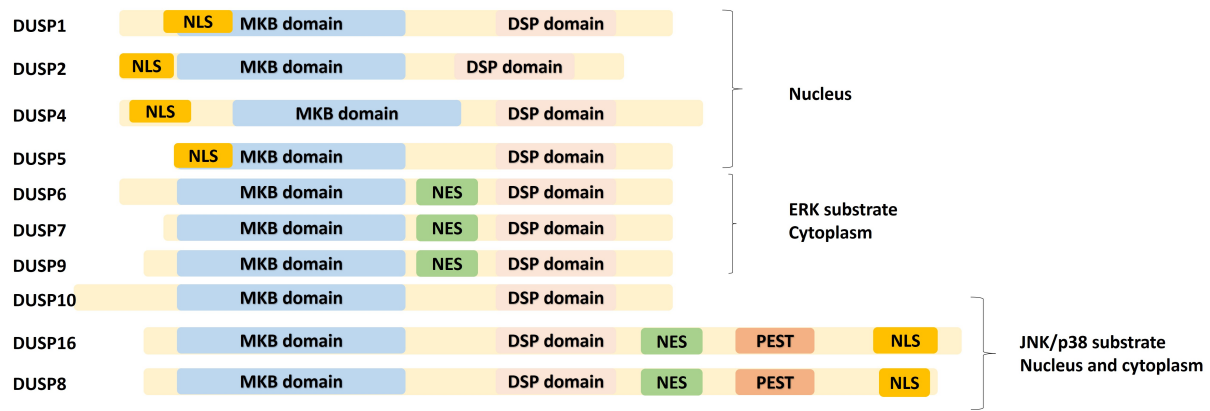


Figure 6: Classification and domain structure of the MKP family. The three subgroups are based on substrates and subcellular localization. In addition to the MAPK binding (MKB) domain and dual-specificity phosphatase (DSP) domain, the nuclear localization signal (NLS), nuclear export signal (NES), and PEST sequences are shown in the figure. (adapted from [157, 156] )

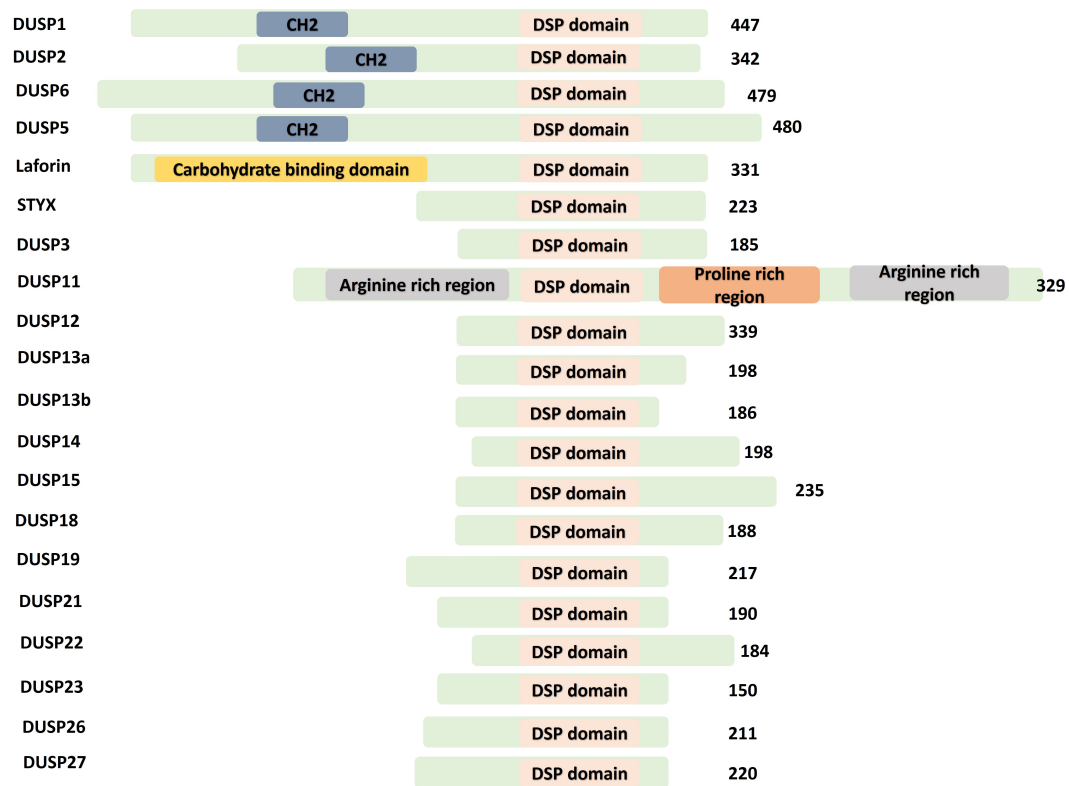


Figure 7: Atypical DUSPs predominantly contain the consensus DSP catalytic domain, whereas some atypical DUSPs contain the CH2 domain, the carbohydrate-binding domain, and is an Arginine-rich or Proline-rich region (adapted from [86])

## A.7 Weight comparison between all factors over the course of the experiment

Table A.6: Weight Comparison between all Factors over the Course of the Experiment.

	df	F - value	$p\eta^2$	P - value
Time of Measurement (ST vs LT)	1	58.240**	0.284	0
ToM $\times$ SD	1	7.025**	0.046	0.009
ToM $\times$ PhA	1	0.13	0.001	0.719
Time of Measurement $\times$ SD $\times$ PhA	1	0.347	0.002	0.557
SD	1	1.046	0.007	0.308
PhA	1	0.133	0.001	0.716
SD $\times$ PhA	1	0.569	0.002	0.452
Error	147			

Note: ToM = Time of Measurement

$p < .05 = *$ ,  $p < .01 = **$

## A.8 Baseline behavioral measurements

Table A.7: Baseline Locomotion (cm)

ST	df	F - value	$p\eta^2$	P - value		M $\pm$ StD	N
SD	1	0.027	0.000	0.870	control	1100 $\pm$ 237	24
					SD	1108 $\pm$ 193	54
PhA	1	8.291**	0.101	0.005	PhA-	1163 $\pm$ 188	39
					PhA+	1047 $\pm$ 209	39
SD $\times$ PhA	1	1.713	0.023	0.195			
Error	74						
LT	df	F - value	$p\eta^2$	P - value		M $\pm$ StD	N
SD	1	1.109	0.015	0.296	Control	1405 $\pm$ 225	23
					SD	1461 $\pm$ 223	54
PhA	1	25.147**	0.256	0.000	PhA-	1564 $\pm$ 189	38
					PhA+	1327 $\pm$ 194	39
SD $\times$ PhA	1	0.071	0.001	0.790			
Error	73						

Table A.8: Baseline SIR

ST	df	F - value	$\eta^2$	P - value		M $\pm$ StD	N
SD	1	0.194	0.003	0.661	Control	117.16 $\pm$ 38.1	24
					SD	122.07 $\pm$ 58.5	51
PhA	1	2.280	0.031	0.136	PhA-	131.74 $\pm$ 52.99	36
					PhA+	110.12 $\pm$ 50.07	39
SD $\times$ PhA	1	669.481	0.003	0.621			
Error	71						
LT	df	F - value	$\eta^2$	p - value		M $\pm$ StD	N
SD	1	0.301	0.005	0.585	Control	136.81 $\pm$ 41.13	23
					SD	131.59 $\pm$ 40.44	45
PhA	1	1.896	0.029	0.173	PhA-	140.12 $\pm$ 45.8	34
					PhA+	126.58 $\pm$ 33.6	34
SD $\times$ PhA	1	0.038	0.001	0.846			
Error	64						

Table A.9: Baseline Sociability score

ST	df	F - value	$\eta^2$	P - value		M $\pm$ StD	N
SD	1	0.643	0.009	0.425	Control	0.36 $\pm$ 0.09	24
					SD	0.38 $\pm$ 0.08	54
PhA	1	0.981	0.013	0.325	PhA-	0.38 $\pm$ 0.07	39
					PhA+	0.36 $\pm$ 0.09	39
SD $\times$ PhA	1	0	0	0.882			
Error	74						
LT	df	F - value	$\eta^2$	p - value		M $\pm$ StD	N
SD	1	0	0	0.984	Control	0.35 $\pm$ 0.07	23
					SD	0.35 $\pm$ 0.06	53
PhA	1	7.119**	0.09	0.009	PhA-	0.34 $\pm$ 0.06	37
					PhA+	0.37 $\pm$ 0.06	39
SD $\times$ PhA	1	1.682	0.023	0.199			
Error	72						

Table A.10: Baseline Sucrose (proportion)

ST	df	F - value	$\eta^2$	P - value		M $\pm$ StD	N
SD	1	3.78	0.051	0.056	Control	0.73 $\pm$ 0.06	22
					SD	0.71 $\pm$ 0.06	53
PhA	1	4.227*	0.056	0.043	PhA-	0.73 $\pm$ 0.07	36
					PhA+	0.7 $\pm$ 0.046	39
SD $\times$ PhA	1	0.002	0.01	0.407			
Error	71						
LT	df	F - value	$\eta^2$	p - value		M $\pm$ StD	N
SD	1	4.118*	0.055	0.05	Control	0.74 $\pm$ 0.04	23
					SD	0.76 $\pm$ 0.06	52
PhA	1	0.73	0.01	0.396	PhA-	0.76 $\pm$ 0.05	36
					PhA+	0.74 $\pm$ 0.05	39
SD $\times$ PhA	1	3.152	0.043	0.08			
Error	71						



## A.9 Descriptives and statistics of the behavioural measurements

Table A.11: Locomotion

ST	df	F - value	$\eta^2$	P - value		M $\pm$ StD	N
SD	1	8.009**	0.104	0.006	Control	1215.85 $\pm$ 329.98	24
					SD	1057.26 $\pm$ 201.46	49
PhA	1	20.387**	0.228	0	PhA-	1217.97 $\pm$ 270.81	36
					PhA+	1003.78 $\pm$ 200.95	37
SD $\times$ PhA	1	3.992	0.055	0.05			
Error	69						
LT	df	F - value	$\eta^2$	P - value		M $\pm$ StD	N
SD	1	0.199	0.003	0.657	Control	1171.13 $\pm$ 205.88	23
					SD	1195.73 $\pm$ 201.44	45
PhA	1	0.751	0.012	0.389	PhA-	1213.76 $\pm$ 215.85	34
					PhA+	1161.06 $\pm$ 186.06	34
SD $\times$ PhA	1	0.154	0.002	0.696			
Error	64						

Table A.12: SIR

ST	df	F - value	$\eta^2$	P - value		M $\pm$ StD	N
SD	1	0.037	0.001	0.848	Control	91.26 $\pm$ 27.22	24
					SD	92.78 $\pm$ 34.49	48
PhA	1	0.679	0.01	0.413	PhA-	90.30 $\pm$ 28.93	35
					PhA+	94.13 $\pm$ 35.06	37
SD $\times$ PhA	1	1.135	0.016	0.29			
Error	68						
LT	df	F - value	$\eta^2$	P - value		M $\pm$ StD	N
SD	1	3.468	0.051	0.067	Control	119.94 $\pm$ 38.51	23
					SD	143.85 $\pm$ 53.9	45
PhA	1	0.001	0	0.976	PhA-	135.71 $\pm$ 48.14	34
					PhA+	135.83 $\pm$ 52.99	34
SD $\times$ PhA	1	0.011	0	0.917			
Error	64						

Note:  $p < .05 = *$ ,  $p < .01 = **$

Table A.13: Sociability Score

ST	df	F - value	$p\eta^2$	P - value		M $\pm$ StD	N
SD	1	5.056*	0.068	0.028	Control	0.35 $\pm$ 0.08	24
					SD	0.39 $\pm$ 0.08	49
PhA	1	0.094	0.001	0.76	PhA-	0.38 $\pm$ 0.09	36
					PhA+	0.38 $\pm$ 0.08	37
SD $\times$ PhA	1	1.125	0.016	0.293			
Error	69						
LT	df	F - value	$p\eta^2$	P - value		M $\pm$ StD	N
SD	1	3.149	0.048	0.081	Control	0.37 $\pm$ 0.06	23
					SD	0.40 $\pm$ 0.08	44
PhA	1	1.84	0.028	0.18	PhA-	0.40 $\pm$ 0.06	34
					PhA+	0.38 $\pm$ 0.06	33
SD $\times$ PhA	1	0.441	0.007	0.509			
Error	63						

Table A.14: SuP Sucrose Ratio

ST	df	F - value	$p\eta^2$	P - value		M $\pm$ StD	N
SD	1	0.583	0.009	0.448	Control	0.79 $\pm$ 0.07	24
					SD	0.78 $\pm$ 0.066	47
PhA	1	0.461	0.007	0.5	PhA-	0.78 $\pm$ 0.06	36
					PhA+	0.78 $\pm$ 0.05	35
SD $\times$ PhA	1	3.46	0.049	0.067			
Error	67						
LT	df	F - value	$p\eta^2$	P - value		M $\pm$ StD	N
SD	1	67.133**	0.516	0	Control	0.63 $\pm$ 0.04	22
					SD	0.72 $\pm$ 0.04	45
PhA	1	0.16	0.003	0.691	PhA-	0.69 $\pm$ 0.05	33
					PhA+	0.69 $\pm$ 0.06	34
SD $\times$ PhA	1	0.037	0.001	0.848			
Error	63						

Table A.15: EZM Closed Arm (proportion)

ST	df	F - value	$p\eta^2$	P - value		M $\pm$ StD	N
SD	1	1.038	0.015	0.312	Control	0.82 $\pm$ 0.05	24
					SD	0.81 $\pm$ 0.06	48
PhA	1	3.285	0.046	0.074	PhA-	0.80 $\pm$ 0.05	36
					PhA+	0.83 $\pm$ 0.05	36
SD $\times$ PhA	1	1.381	0.02	0.244			
Error	68						
LT	df	F - value	$p\eta^2$	P - value		M $\pm$ StD	N
SD	1	1.221	0.019	0.273	Control	0.87 $\pm$ 0.04	23
					SD	0.85 $\pm$ 0.05	45
PhA	1	0.105	0.002	0.747	PhA-	0.86 $\pm$ 0.03	34
					PhA+	0.86 $\pm$ 0.05	34
SD $\times$ PhA	1	0.06	0.001	0.807			
Error	64						

Table A.16: FST Immobility (proportion)

ST	df	F - value	$\eta^2$	P - value		M $\pm$ StD	N
SD	1	31.457**	0.33	0	Control	$0.37 \pm 0.14$	23
					SD	$0.54 \pm 0.11$	45
PhA	1	2.639	0.04	0.109	PhA-	$0.46 \pm 0.16$	33
					PhA+	$0.51 \pm 0.13$	35
SD $\times$ PhA	1	0.937	0.014	0.337			
Error	64						
LT	df	F - value	$\eta^2$	P - value		M $\pm$ StD	N
SD	1	5.683*	0.087	0.02	Control	$0.47 \pm 0.14$	23
					SD	$0.39 \pm 0.11$	41
PhA	1	6.733	0.101	0.012	PhA-	$0.38 \pm 0.14$	31
					PhA+	$0.45 \pm 0.11$	33
SD $\times$ PhA	1	1.436	0.023	0.236			
Error	60						

## A.10 Descriptives of the basal, stress-induced, and recovery corticosterone concentration

Table A.17: Descriptives of the basal, stress-induced, and recovery corticosterone concentration

		ST		LT	
		Mean $\pm$ StD	N	Mean $\pm$ StD	N
Basal ( $\mu\text{g}/\text{dl}$ )	Control PhA-	51,65 $\pm$ 22,43	11	165,97 $\pm$ 78,46	11
	Control PhA+	160,87 $\pm$ 61,39	12	150,12 $\pm$ 59,76	12
	SD PhA-	92,95 $\pm$ 56,20	23	109,14 $\pm$ 39,57	22
	SD PhA+	85,54 $\pm$ 43,30	24	92,85 $\pm$ 46,63	21
Stress- induced ( $\mu\text{g}/\text{dl}$ )	Control PhA-	278,8 $\pm$ 46,57	12	239,01 $\pm$ 58,78	11
	Control PhA+	275,63 $\pm$ 37,96	12	228,47 $\pm$ 40,66	12
	SD PhA-	267,96 $\pm$ 52,85	19	236,25 $\pm$ 64,76	22
	SD PhA+	275,87 $\pm$ 66,64	23	223,32 $\pm$ 65,71	21
Recovery ( $\mu\text{g}/\text{dl}$ )	Control PhA-	71,57 $\pm$ 24,21	11	206,92 $\pm$ 91,13	11
	Control PhA+	84,46 $\pm$ 35,57	12	205,75 $\pm$ 81,8	12
	SD PhA-	54,19 $\pm$ 27,78	18	114,97 $\pm$ 60,44	22
	SD PhA+	54,59 $\pm$ 19,56	20	129,61 $\pm$ 45,07	20

Note:  $p < .05 = *$ ,  $p < .01 = **$

## A.11 Correlations resilience groups and behavioural, physiological data

Table A.18: Descriptives of the basal, stress-induced, and recovery corticosterone concentration

	ST SIR			LT SIR		
	r2	sig.	df	r2	sig.	df
Locomotion	0	0.092	48	0.028	0.848	48
Sociability	0.347*	0.014	48	0.350*	0.014	47
Sucrose Preference	0	0.243	47	0.612**	0	47
Forced Swim Immobility	0.591**	0	43	-0.23	0.12	45
Elevated Zero Maze	0	0.932	47	-0.195	0.175	48
Basal Corticosterone	-0.322*	0.027	45	-0.377**	0.008	47
Stress-induced	0	0.483	44	-0.221	0.126	47
Recovery Corticosterone	-0.436**	0.004	39	-0.548**	0	46

Note:  $p < .05 = *$ ,  $p < .01 = **$

## A.12 Pearson correlation analysis between behavioral measures and corticosterone parameters

Table A.19: Descriptives of the basal, stress-induced, and recovery corticosterone concentration

ST cohort		SIR	Soc	SuP	Immo	EZM
Baseline CORT	r	-0.07	-0.11	-0.09	0.06	0.03
	p	0.54	0.32	0.45	0.61	0.82
Stress-induced CORT	r	0.01	-0.08	-0.08	-0.18	0.05
	p	0.93	0.49	0.48	0.11	0.64
Recovery CORT	r	-0.02	-0.22	-0.05	-0.004	0.09
	p	0.84	0.05	0.66	0.97	0.45
LT cohort		SIR	Soc	SuP	Immo	EZM
Baseline CORT	r	-0.04	0.14	-0.25	-0.07	-0.01
	p	0.71	0.23	0.03*	0.54	0.96
Stress-induced CORT	r	-0.13	-0.17	-0.01	-0.01	-0.02
	p	0.25	0.15	0.94	0.90	0.84
Recovery CORT	r	-0.10	-0.28	-0.37	0.03	-0.01
	p	0.41	0.01*	0.0008**	0.80	0.93

Note:  $p < .05 = *$ ,  $p < .01 = **$

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