



# Revisiting the Cerebral Diabetes Hypothesis of Schizophrenia:

## Clinical Perspectives & Translational Potential in Contemporary Psychiatry

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Bangalore



**NIMHANS**  
**Department of Psychiatry – Then [1940s]**



# Department of Psychiatry - Now





Individualized Schizophrenia Treatment And Reintegration

## Individualized Schizophrenia Treatment And Reintegration Program (InSTAR Program)

A dedicated clinical research program for schizophrenia

### InSTAR Psychiatry Team

Prof B.N. Gangadhar MD DSc  
Prof G. Venkatasubramanian MD PhD  
Prof Shivarama Varambally MD  
Dr. Naren P Rao MD  
Dr. Vijaya Kumar MD

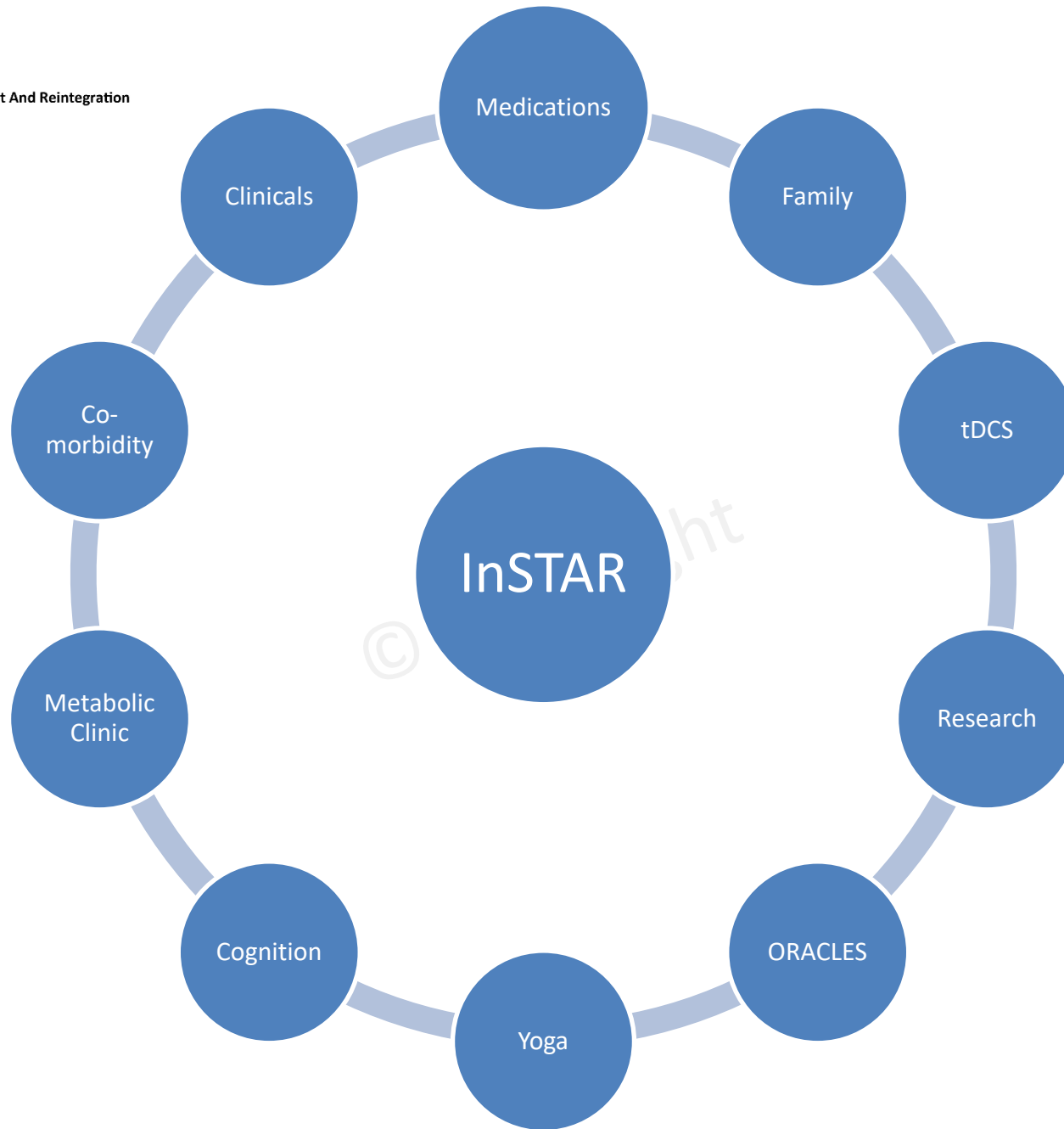
Dr. Sreeraj MD  
Dr. Dinakaran MD  
Dr. Shivakumar PhD  
Dr. Sowmya MD  
Dr. Anushree Bose PhD

[www.instar-](http://www.instar-)



[www.instar-program.org](http://www.instar-program.org)

- Schizophrenia Clinic @ NIMHANS since 2000
- Multi-disciplinary team: psychiatry, psychiatric social work & clinical psychology
- **Uniqueness**: Caters to the clinical needs of untreated early course as well as multi-episode / treatment resistant patients with schizophrenia spectrum disorders
- InSTAR Program involves an outpatient (weekly) and inpatient services
- About 600+ schizophrenia patients are being followed up in this clinic with varying follow-up period ranging from monthly to yearly visits as per their clinical needs.
- Metabolic Clinic in Psychiatry: Innovative clinical program (SZ-Metabolic Disorder)
- Inclusive Treatment: Medications, Neuromodulation, Psychosocial & Yoga Therapy





**Bench**



**Bed-Side**

## “Translational Neurobiology Research On Schizophrenia”

### InSTAR Clinical Research Program

Cutting-edge clinical and neurobiological research studies examining patients with schizophrenia spectrum as well as their unaffected first-degree relatives through brain imaging (sMRI, fMRI, MRS & DTI), eye movement, genetics, immunological / metabolic assays & transcranial Direct Current Stimulation.

The overarching focus of these studies is to evaluate the systems biology interactions in schizophrenia within a translational research paradigm to discover biomarkers for diagnosis, treatment optimization & innovations



# Schizophrenia: Electrophysiology & Psychophysics Research

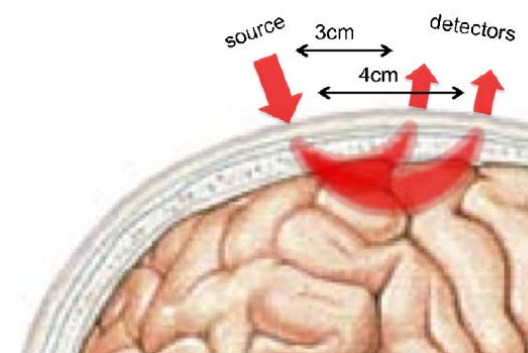
## High-Speed Eye Tracking



## EEG / ERP Studies



## fNIRS



760 / 850 nm

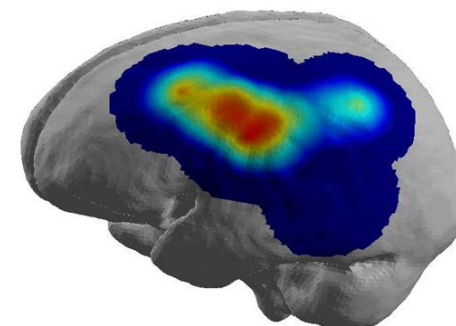
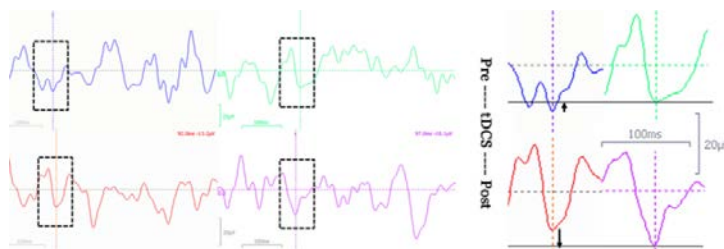
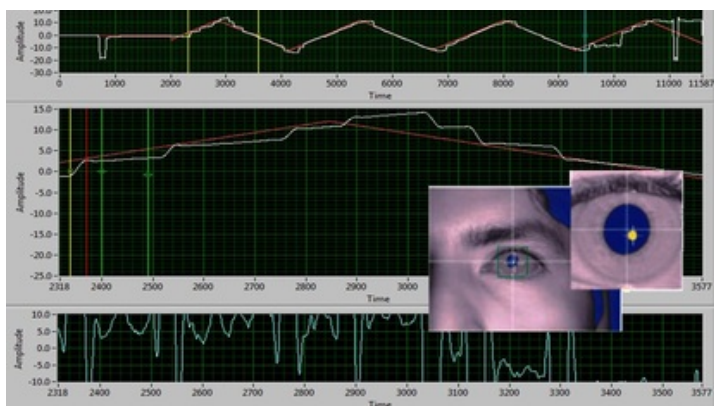


Figure 1(c)



Subramaniam et al 2017

Bose et al 2018

Chhabra et al 2018



# InSTAR Research Program – Brain Imaging Studies in Schizophrenia

Contents lists available at [ScienceDirect](http://ScienceDirect)

**Progress in Neuro-Psychopharmacology & Biological Psychiatry**

ELSEVIER

journal homepage: [www.elsevier.com/locate/pnp](http://www.elsevier.com/locate/pnp)



Schneiderian first rank symptoms and inferior parietal lobule cortical thickness in antipsychotic-naïve schizophrenia

ORIGINAL ARTICLE [www.indianjpsychiatry.org](http://www.indianjpsychiatry.org)

**A functional Magnetic Resonance Imaging study of neurohemodynamic abnormalities during emotion processing in subjects at high risk for schizophrenia**

Contents lists available at [ScienceDirect](http://ScienceDirect)

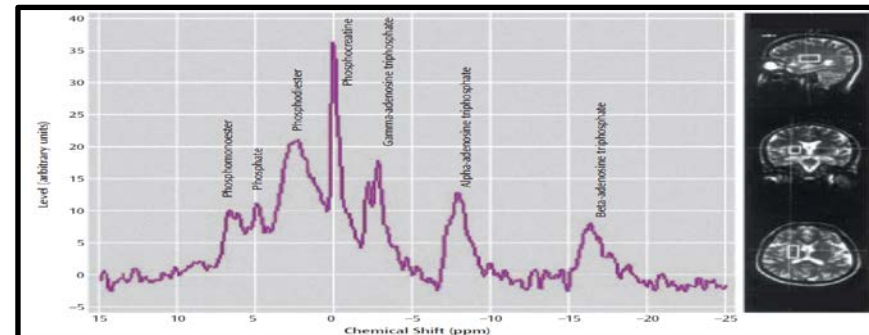
**Psychiatry Research: Neuroimaging**

ELSEVIER

journal homepage: [www.elsevier.com/locate/psychresns](http://www.elsevier.com/locate/psychresns)



Corpus callosum deficits in antipsychotic-naïve schizophrenia: Evidence for neurodevelopmental pathogenesis

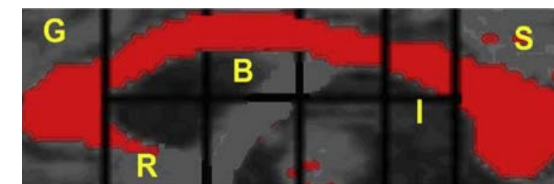
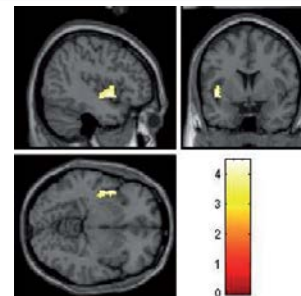
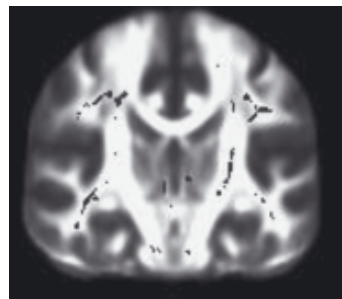
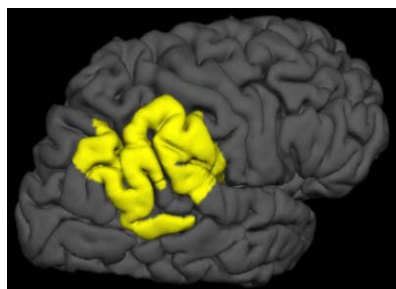


ORIGINAL ARTICLE

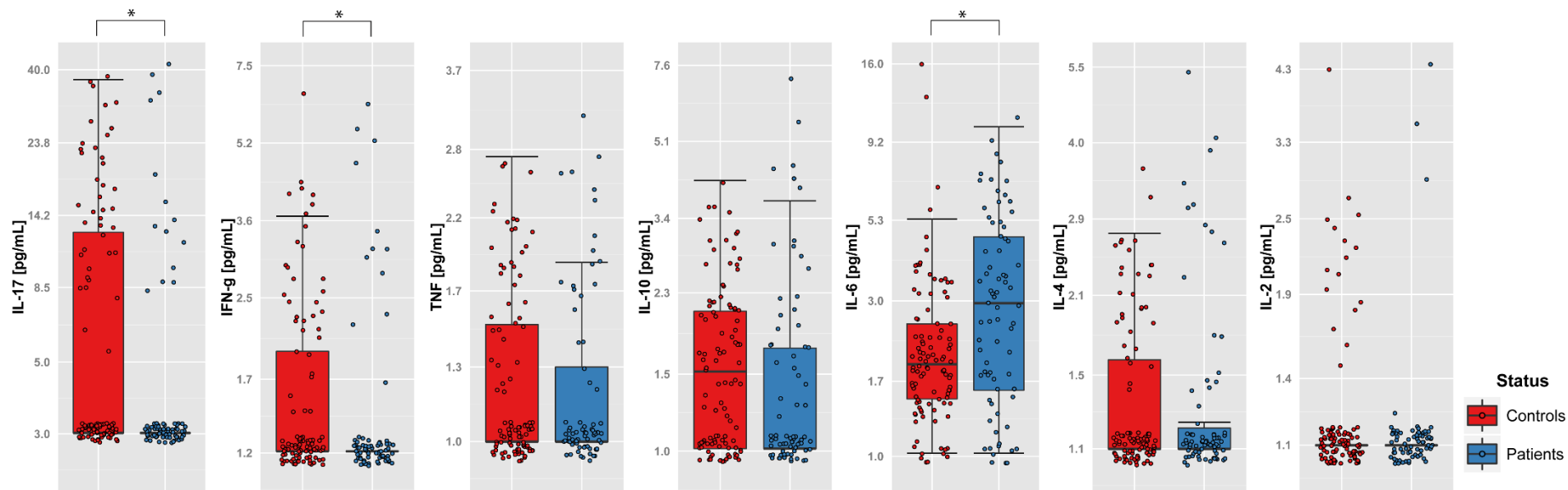
**Neuroanatomical correlates of psychopathology in antipsychotic-naïve schizophrenia**

Original Article [www.ijpm.info](http://www.ijpm.info)

**Orbitofrontal Lobe Volume Deficits in Antipsychotic-Naïve Schizophrenia: A 3-Tesla MRI Study**



# InSTAR Research: Cytokine Abnormalities in Schizophrenia



Antipsychotic-naïve/free schizophrenia patients (N=75) compared with healthy controls (N=102)

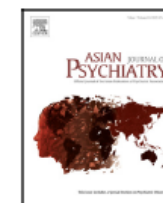
Patients had significantly greater plasma levels of IL-6 & lower levels of IL-17a as well as IFN-g in comparison to healthy controls

# InSTAR Research Program – Immunogenetic Studies in Schizophrenia

The impact of HLA-G 3' UTR variants and sHLA-G on risk and clinical correlates of schizophrenia



The impact of IL10 polymorphisms and sHLA-G levels on the risk of schizophrenia



**Soluble human leukocyte antigen (sHLA)-G levels may predict early onset of schizophrenia in male patients**



Influence of correlation between HLA-G polymorphism and Interleukin-6 (IL6) gene expression on the risk of schizophrenia



Impact of antipsychotic treatment on methylation status of Interleukin-6 [IL-6] gene in Schizophrenia



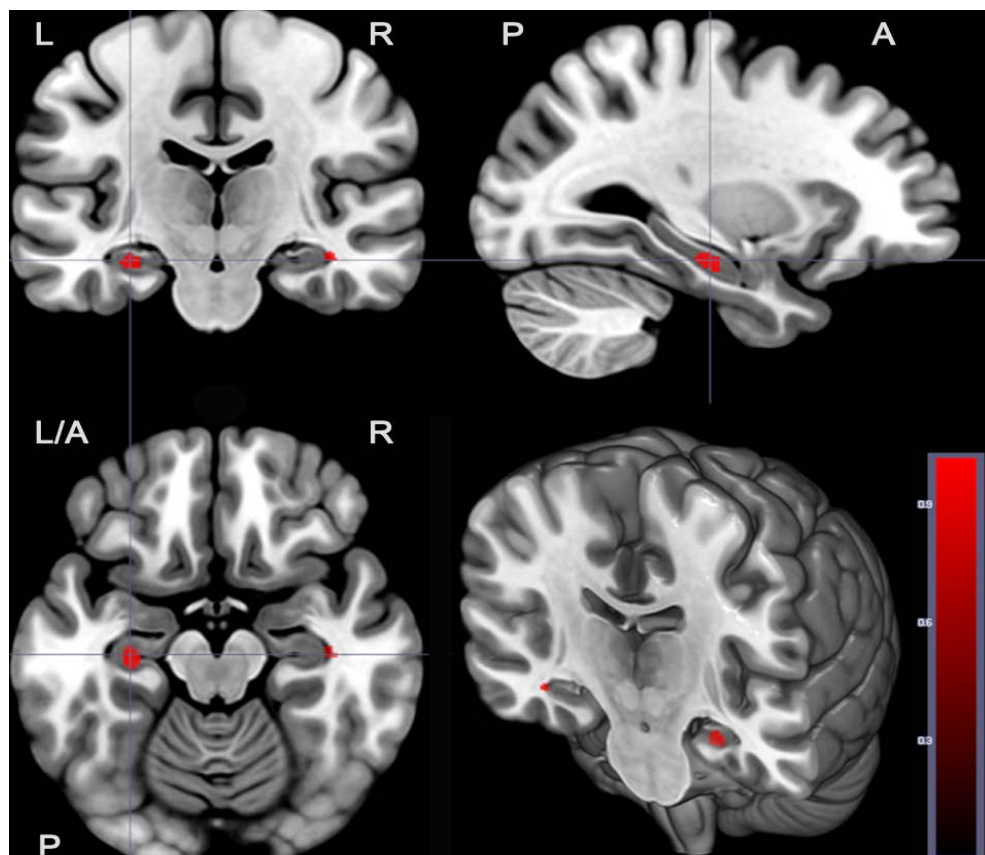
# InSTAR Research Program – Imaging Genetics in Schizophrenia

OPEN ACCESS Freely available online

PLOS ONE

## Relationship between Interleukin-6 Gene Polymorphism and Hippocampal Volume in Antipsychotic-Naïve Schizophrenia: Evidence for Differential Susceptibility?

Sunil Vasu Kalmady<sup>1,2</sup>, Ganesan Venkatasubramanian<sup>1,2\*</sup>, Venkataram Shivakumar<sup>1,2</sup>, S. Gautham<sup>2</sup>, Aditi Subramaniam<sup>1,2</sup>, Dania Alphonse Jose<sup>1,2</sup>, Arindam Maitra<sup>3</sup>, Vasanthapuram Ravi<sup>4</sup>, Bangalore N. Gangadhar<sup>1</sup>



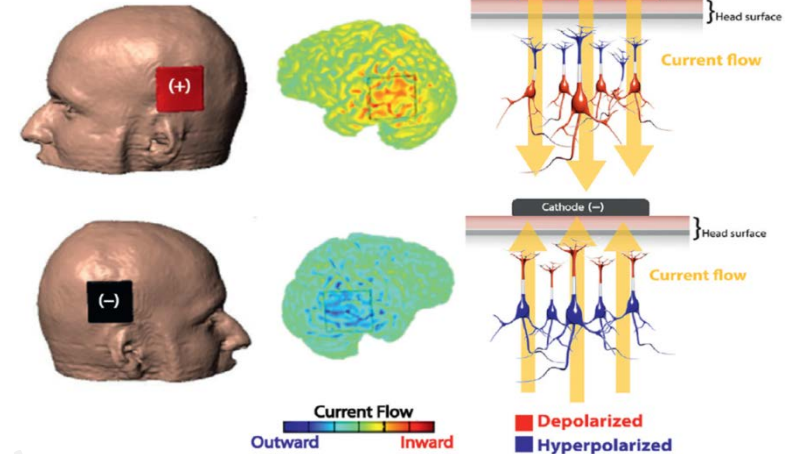
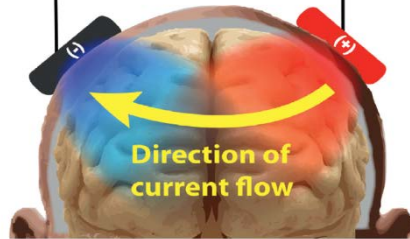
Various lines of evidence involving epidemiological, genetic and foetal pathogenetic models suggest a compelling role for Interleukin-6 (IL-6) in the pathogenesis of schizophrenia.

IL-6 mediated inflammatory response triggered by maternal infection or stress

This can lead to disrupted prenatal hippocampal development which might contribute towards psychopathology during adulthood.

A recent NIMHANS study examined antipsychotic-naïve schizophrenia patients for hippocampal volume, plasma IL-6 & IL-6 gene promoter polymorphism; findings suggest differential susceptibility effects of IL-6 promoter polymorphism on hippocampal volume in schizophrenia patients.

# WISER Neuromodulation Program for Schizophrenia



“Weak Intensity Stimulation for Enhancement and Re-integration”  
“WISER” Neuromodulation Program

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“Modulation of Neuroplasticity using several neuromodulation techniques that apply weak intensity electric current to understand & treat schizophrenia / other psychiatric disorders through enhancement of deficient brain functions as well as amelioration of resistant symptoms facilitating re-integration”

Transcranial Direct Current Stimulation (tDCS) & its variants

# InSTAR Research Program – Clinical Neurobiology of Schizophrenia

## Gene X Environment Interactions

**Persistent Activation of Glial Cells / Aberrant Neurodevelopment**

**Aberrant  
Inflammation**

**Deficient Neurotrophic  
Factors  
(Insulin System /  
BDNF)**

**\*Aberrations in Neuroplasticity (Glutamate, GABA & Dopaminergic Pathways)  
Prefrontal-Temporo-Parietal-Thalamo-Hippocampal Network Abnormalities  
[Endophenotype Measures: Imaging, eye movement, fNIRS, EEG/ ERP]**

**Perturbations in Consciousness**

**Self-Monitoring Aberrations**

## Clinical Symptoms of Schizophrenia

Neurobiological correlates of treatment (antipsychotics neuromodulation - tDCS)

# **Revisiting the Cerebral Diabetes Hypothesis of Schizophrenia:**

**Clinical Perspectives & Translational Potential in  
Contemporary Psychiatry**

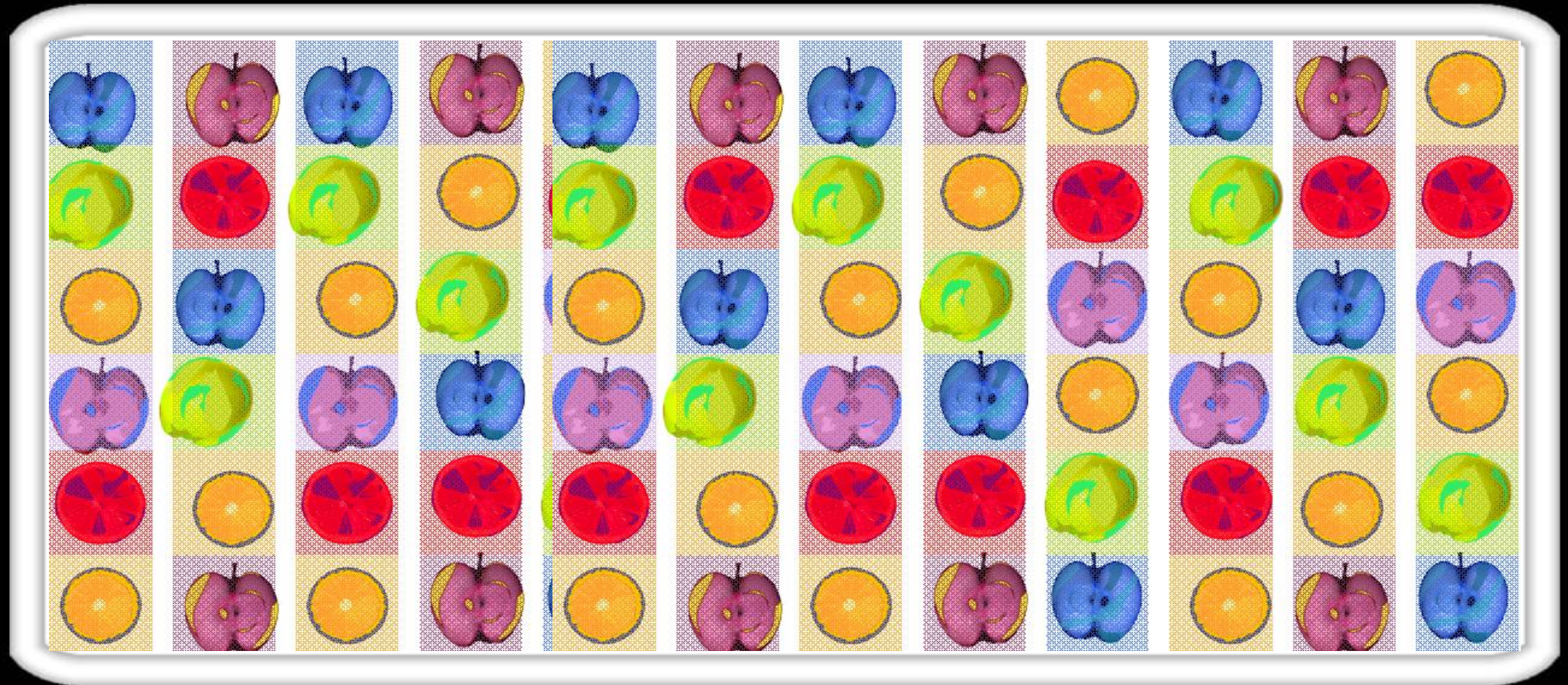
## SCHIZOPHRENIA – THE ELUSIVE ENIGMA

*Understanding the molecular pathogenesis of  
schizophrenia has proved elusive,  
although  
there is no shortage of interesting hypotheses*

Lovestone et al 2007



*“Desperate Times Call for Desperate Measures”*



*Many, many hypotheses...*

## SCHIZOPHRENIA – THE “UNIQUE” DISORDER

Schizophrenia – an epigenetic puzzle

[Gottesman and Shields, 1985]

Schizophrenia is the illness that made us humans

[Horrobin 1998]

Is Schizophrenia the price that Homo Sapiens pay for language?

[Crow, 1998]

There is, in short, no such thing as schizophrenia

[Szasz, 1988]

# Schizophrenia and Systems Biology

## Intriguing Interactions

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### Schizophrenia: The Red Queen Effect

*'Schizophrenia might be associated with decreased risk for Certain types of Cancer'*





## **Genetic correlates of medical comorbidity associated with schizophrenia and treatment with antipsychotics**

- Based on clinical genetic studies in schizophrenia, comorbid impaired glucose tolerance/type 2 diabetes mellitus, most autoimmune disorders and cardiac autonomic dysregulation have the strongest evidence for familial predisposition.
- Similarly, of antipsychotic-induced adverse drug reactions, tardive dyskinesia, neuroleptic malignant syndrome, and antipsychotic-induced weight gain have some evidence for familial clustering.
- On the molecular genetic level, schizophrenia seems to share specific genes with type 2 diabetes mellitus and with autoimmune disorders.
- Various genes have been proposed to account for the reduced incidence of rheumatoid arthritis and cancer in schizophrenic patients and their relatives.

# Schizophrenia and Systems Biology

## Arm Chair Theorist versus Astute Clinician

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### Exciting Hypotheses versus Effective Interventions

The Bottom-line is that one cannot deny  
the intricate and possibly intrinsic link  
between

Schizophrenia & Other Medical Diseases

# Schizophrenia and Systems Biology

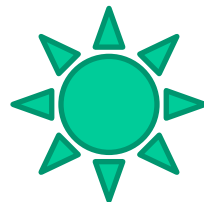
## Restating the 'problem' of Schizophrenia

Schizophrenia is a neuropsychiatric disorder  
with complex systems biology interactions  
that are relevant at  
pathogenetic as well as therapeutic  
dimensions

# Schizophrenia and Systems Biology

## What does it offer clinically?

**If Schizophrenia has intricate links with other medical diseases, interventions that are likely to alter the pathways of schizophrenia pathogenesis are equally likely to have an impact on the risk for other medical diseases as well**



# "SCHIZOPHRENIA AS A METABOLIC BRAIN DISORDER"

*An Attempt to Understand the 'Enigma'*

*A Disorder of Mind / Brain ?*

*A Disorder of Metabolism ?*

*Is it a Metabolic Brain Disorder??*



# Schizophrenia and Systems Biology

## Intriguing Interactions

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### Schizophrenia & Diabetes Mellitus

*'Diabetes is a disease which often shows itself  
in families  
in which insanity prevails'*



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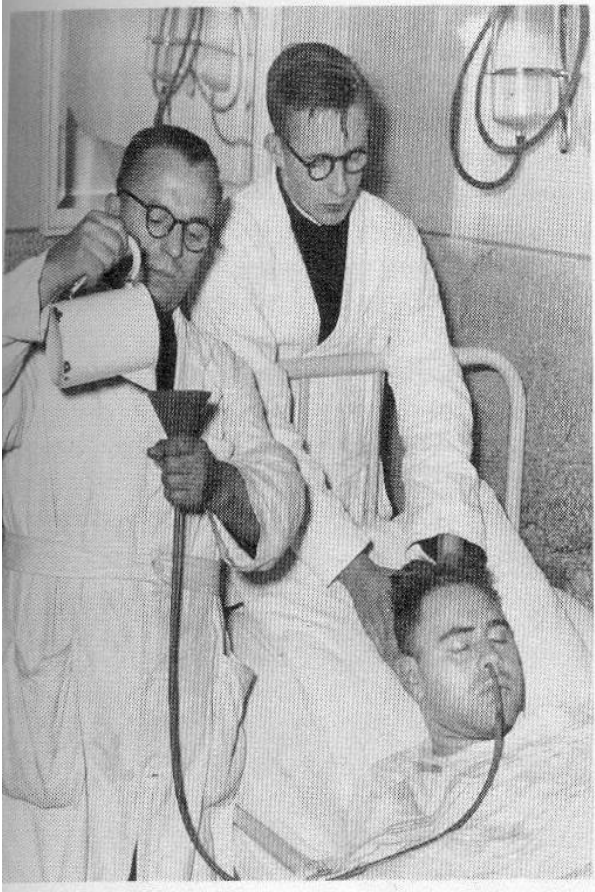
Maudsley, 1897

## HYPERGLYCEMIA IN MENTAL DISORDERS

F.H. KOOY

*“the daily account and mental state of  
10 patients with hebephrenic schizophrenia,  
the conclusion was that  
their constant hyperglycaemic curve meant that  
they had both dementia praecox and hyperglycaemia”*

# Insulin Coma Therapy



*"an intensification of the tonus of the parasympathetic end of the autonomic nervous system, by blockading the nerve cell, and by strengthening the anabolic force which induces the restoration of the normal function of the nerve cell and the recovery of the patient."  
(Sakel, 1956)*

# Medical Hypotheses

*Medical Hypotheses* (1994) 43, 420-435  
©Longman Group Ltd 1994

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## Schizophrenia is a Diabetic Brain State: An Elucidation of Impaired Neurometabolism

R.J. HOLDEN\* and P.A. MOONEY\*

## SCHIZOPHRENIA & DIABETES MELLITUS – PRE-NEUROLEPTIC ERA

*“Case studies and thoughtful naturalistic publications prior to the availability of phenothiazines, albeit poor in design, still help the modern clinician to ask valid questions and gain an insight into possible pathological conditions associated with schizophrenia.”*

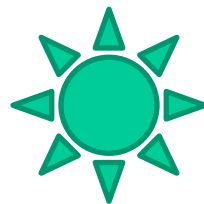
*“They raise the intriguing possibility that diabetes and disturbed carbohydrate metabolism could be an integral part of the schizophrenia disease process.”*

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*Kohen, 2004*

# The Brain Connection of Diabetes

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REVIEW

nature

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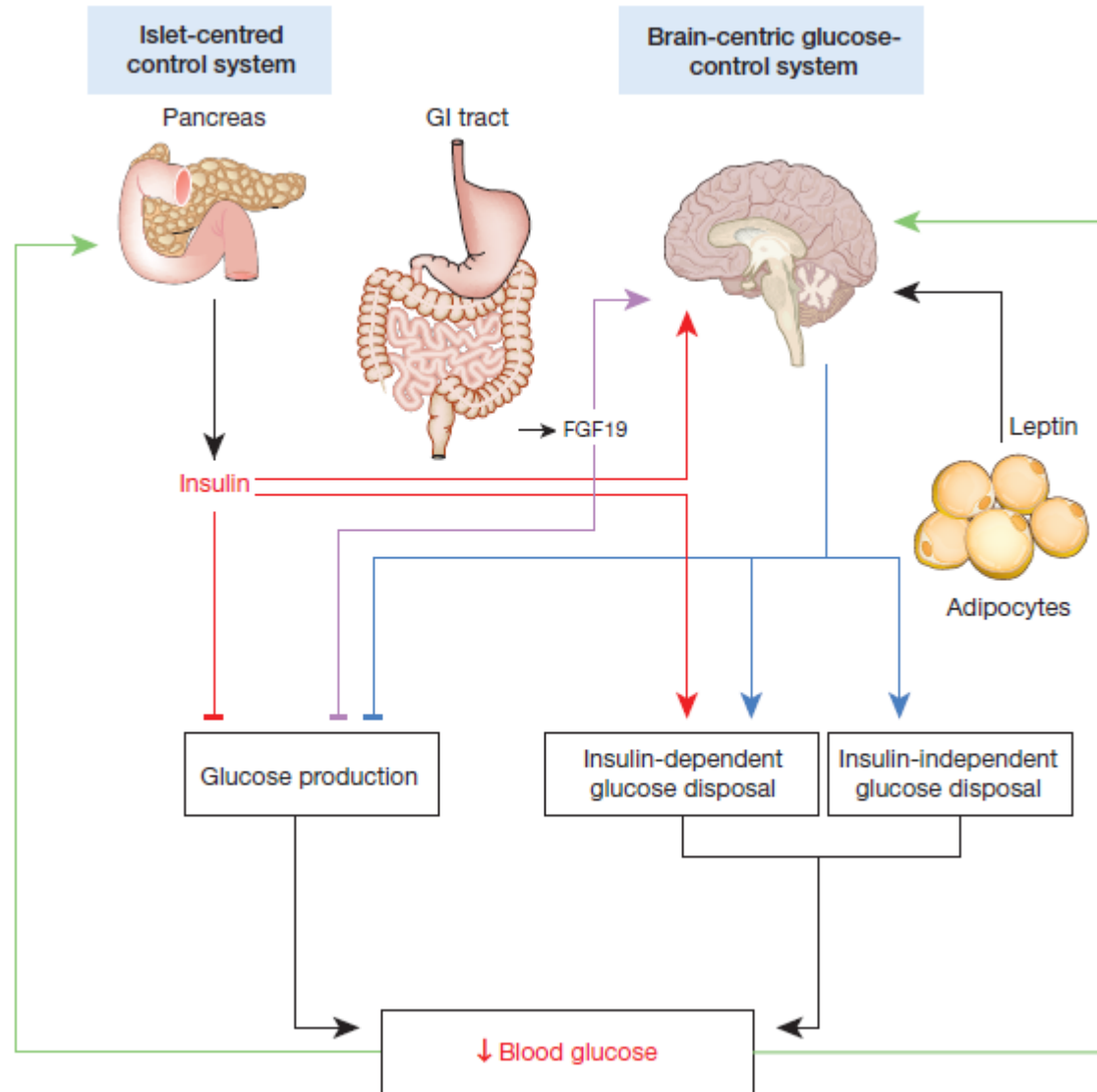
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# Cooperation between brain and islet in glucose homeostasis and diabetes

Michael W. Schwartz<sup>1</sup>, Randy J. Seeley<sup>2</sup>, Matthias H. Tschöp<sup>3</sup>, Stephen C. Woods<sup>4</sup>, Gregory J. Morton<sup>1</sup>, Martin G. Myers<sup>5</sup>  
& David D'Alessio<sup>2</sup>

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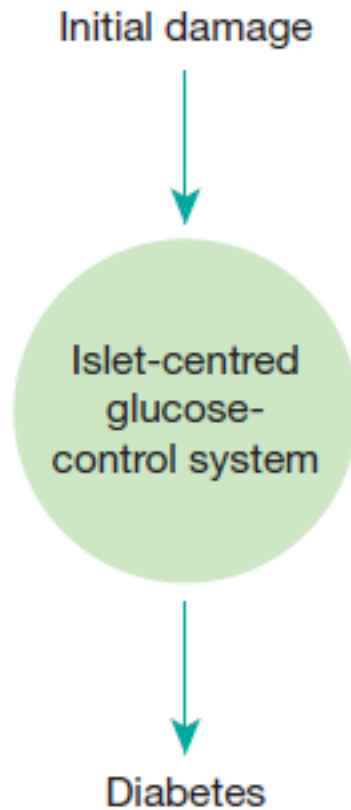




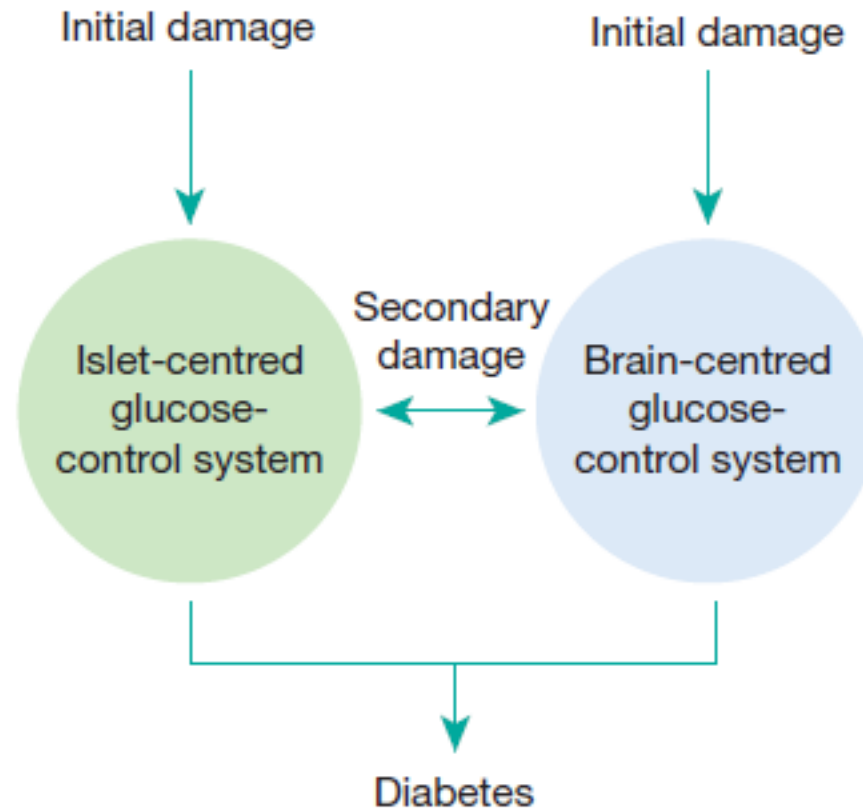
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## Traditional model



## Proposed new model



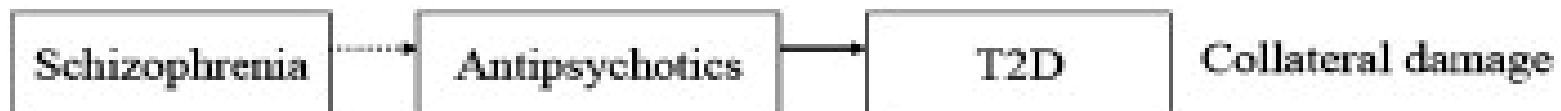
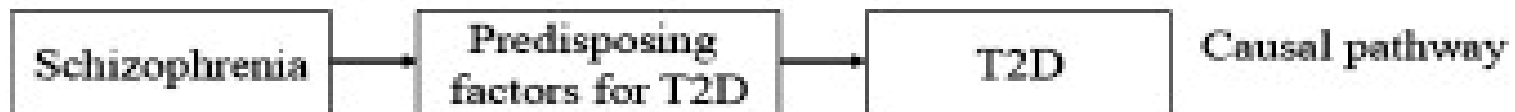
## Effect of the antipsychotic agent amisulpride on glucose lowering and insulin secretion

**“Amisulpride has anti-diabetic actions in diet-induced obese mice resulting from increased insulin secretion.**

**This provides some explanation for why amisulpride, unlike other atypical antipsychotics, is not diabetogenic in man.**

# SCHIZOPHRENIA & INCREASED RISK FOR DIABETES MELLITUS

- Two family studies have found that the relatives of people with schizophrenia (Mukherjee et al. 1989; Spelman et al. 2007) as well as non-affective psychoses (Fernandez-Egea et al. 2008) have an increased risk of Type 2 diabetes.



# Insulin Abnormalities in Schizophrenia

## Insulin and Insulin-Like Growth Factor-1 Abnormalities in Antipsychotic-Naive Schizophrenia

THE AMERICAN JOURNAL OF  
**PSYCHIATRY**

Ganesan Venkatasubramanian,  
M.D.

Seetharamaiah Chittiprol, Ph.D.

Narendran Neelakantachar,  
M.B.B.S.

Magadi N. Naveen, M.D.

Jagadisha Thirthall, M.D.

Bangalore N. Gangadhar, M.D.

K. Taranath Shetty, Ph.D.

**Objective:** The purpose of this study was to examine the evidence for the insulin-like growth factor-1 (IGF-1) deficiency hypothesis in the pathogenesis of schizophrenia.

**Method:** The authors examined the fasting plasma levels of glucose, insulin, IGF-1, and cortisol in antipsychotic-naive schizophrenia patients (N=44) relative to age- and sex-matched healthy comparison subjects (N=44). Patients and comparison subjects were also matched for anthropometric measures and physical activity.

**Results:** Schizophrenia patients had a significantly higher mean plasma insulin level as well as a significantly higher

mean insulin resistance score relative to healthy comparison subjects. The mean plasma IGF-1 level was significantly lower in patients. IGF-1 levels had a significant negative correlation with plasma insulin levels. The total positive symptoms score as well as the hallucinations subscore had a significant inverse relationship with IGF-1 levels.

**Conclusions:** Deficient IGF-1 might underlie insulin resistance in schizophrenia. The IGF-1 deficit in antipsychotic-naive schizophrenia patients and its significant correlation with psychopathology scores suggest that IGF-1 might be potentially involved in the pathogenesis of schizophrenia.

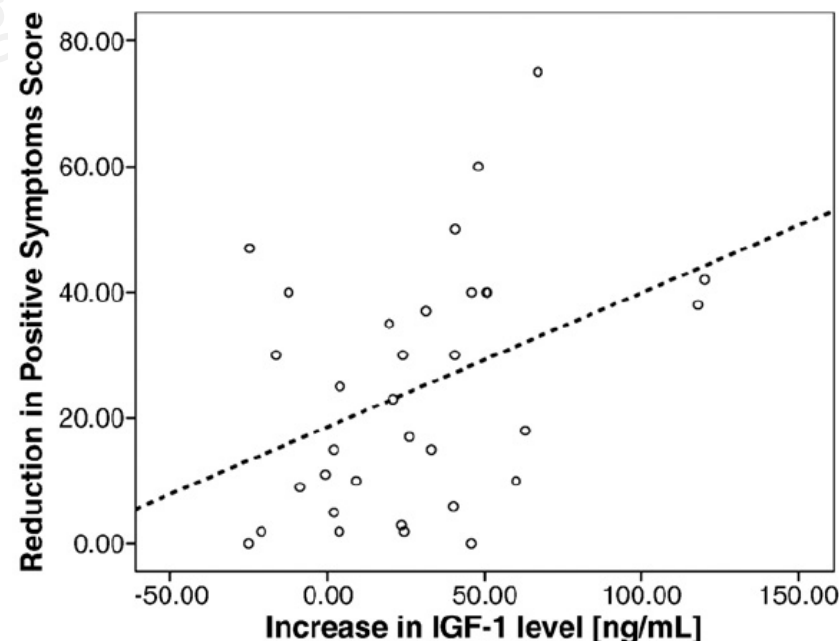
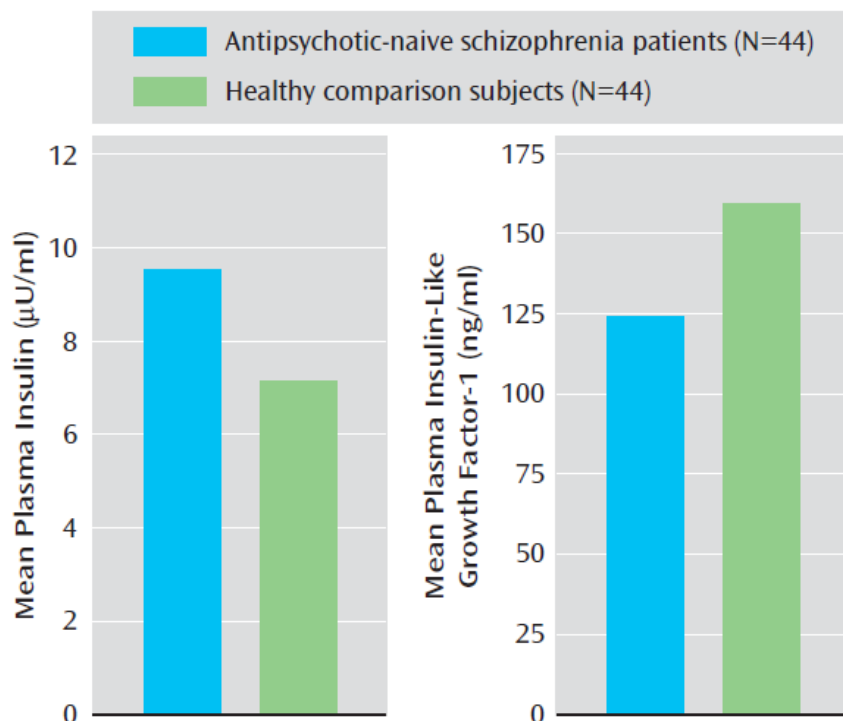
*(Am J Psychiatry 2007; 164:1557-1560)*

# Schizophrenia-Diabetes Interface: Insulin System Abnormalities

## Insulin and Insulin-Like Growth Factor-1 Abnormalities in Antipsychotic-Naive Schizophrenia



## Effect of antipsychotic treatment on Insulin-like Growth Factor-1 and cortisol in schizophrenia: A longitudinal study



## INSULIN, INSULIN-LIKE GROWTH FACTOR-1 & THE INSULIN SIGNALING PATHWAY

- Insulin & Insulin-like Growth Factor-1 (IGF-1) receptors share similar structures and signaling pathways (Bondy et al 2002)
- IGF-1 has neuroprotective, anti-apoptotic properties that are crucial for optimal neurodevelopment – especially prefrontal & hippocampal cortices (Dore et al 1997)
- Prefrontal (Goldman-Rakic and Selemon, 1997) & Hippocampal (Harrison, 2004) cortices are critically implicated in the pathogenesis of schizophrenia
- It is possible that low IGF-1 might render the brain more vulnerable to neurodevelopmental insults potentially culminating in schizophrenia.

## Insulin & IGF-1 Abnormalities in Antipsychotic-naïve Schizophrenia

IGF-1 levels had a significant negative correlation with plasma insulin levels.

The total positive symptoms score as well as the hallucinations score had a significant inverse relationship with IGF-1 levels.

Venkatasubramanian et al 2007

# Fasting insulin serum levels and psychopathology profiles in male schizophrenic inpatients treated with olanzapine or risperidone

Olanzapine-related changes in endogenous fasting insulin levels were correlated with clinical improvement in acutely ill non-diabetic schizophrenia patients



**The activation of the Akt/PKB signalling pathway in the brains of clozapine-exposed rats is linked to hyperinsulinemia and not a direct drug effect**

Defects in Akt/PKB and GSK3 signalling can contribute to development of psychiatric diseases.

Clozapine is known to activate Akt/PKB in the brain, and some studies have indicated that this is due to a direct effect of the drug on the neurons.

Elevated insulin levels induced by clozapine are in fact the real cause of the drug's effects on Akt/PKB and GSK3 in the brain.

This suggests that the elevated levels of insulin induced by clozapine may contribute to this drug's therapeutic efficacy

## Effectiveness & Metabolic Side-Effects

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*Clinical and  
biochemical measures*

---

*Comparisons between SGAs*

---

Effectiveness  
Degree of metabolic  
disturbances

Clz > Olz  $\geq$  Risp  $\leq$  Quet  $\leq$  Zip  $\leq$  Ari  
Clz  $\geq$  Olz > Risp  $\leq$  Quet  $\geq$  Zip  $\leq$  Ari

Girgis et al 2008

# Basal Ganglia High-Energy Phosphate Metabolism in Neuroleptic-Naive Patients With Schizophrenia: A $^{31}$ P-Magnetic Resonance Spectroscopic Study

Gangadhar et al 2004

Psychiatry Research: Neuroimaging 181 (2010) 237–240



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Psychiatry Research: Neuroimaging

journal homepage: [www.elsevier.com/locate/psychresns](http://www.elsevier.com/locate/psychresns)



Brief report

High energy phosphate abnormalities normalize after antipsychotic treatment in schizophrenia: A longitudinal  $^{31}$ P MRS study of basal ganglia

Peruvumba N. Jayakumar<sup>a</sup>, Bangalore N. Gangadhar<sup>b,\*</sup>, Ganesan Venkatasubramanian<sup>b</sup>, Sunali Desai<sup>a</sup>, Latha Velayudhan<sup>b</sup>, Dattathreya Subbakrishna<sup>c</sup>, Matcheri S. Keshavan<sup>d,e</sup>

# SUMMARY POINTS

1. Schizophrenia – hyperinsulinemia even in untreated state
2. Therapeutic correlates of insulin levels as well as energy metabolism aberrations in schizophrenia argues for “metabolic” component to underlie the pathogenesis

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**SCHIZOPHRENIA AS A METABOLIC BRAIN DISORDER:**  
**A CLINICIAN'S PERSPECTIVE**

A SHIFT IN APPROACH TOWARDS UNDERSTANDING SCHIZOPHRENIA  
BRAIN / MIND DISORDER



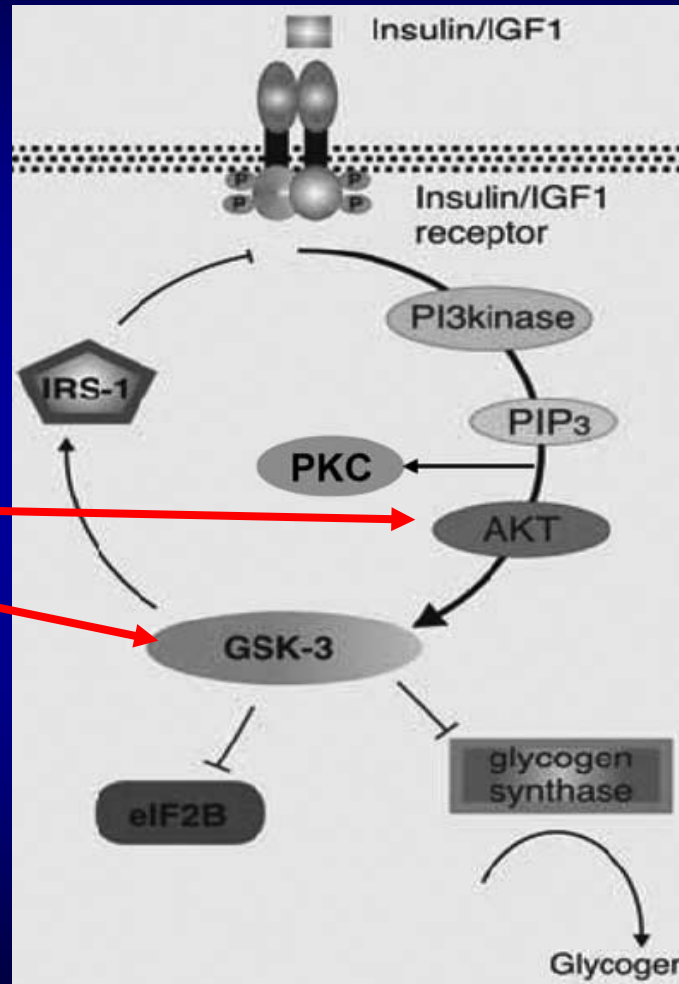
METABOLICALLY DISORDERED BRAIN / MIND

**CRITICAL QUERY: IS THERE A LINK BETWEEN INSULIN & DOPAMINE?**

## At-Risk Variant in *TCF7L2* for Type II Diabetes Increases Risk of Schizophrenia

- Recently, a single nucleotide polymorphism of the gene *TCF7L2* (Transcription factor 7-like 2) [rs7903146] was found to be associated with schizophrenia [Hansen et al 2011]
- Importantly, this gene has been most consistently replicated in the risk towards type-2 diabetes mellitus [Ioannidis et al 2007]
- Interestingly, this gene modulate important signaling pathways that underlie schizophrenia pathogenesis – Wnt & GSK-3 $\beta$  [Cauchi & Froguel, 2008]
- Critically, these signaling pathways are also linked to various genes that are robustly implicated in the pathogenesis of schizophrenia like *DISC1*, dopamine signaling and several others [Lin & Shuldiner, 2010]

# GSK-3 & THE INSULIN SIGNALING PATHWAY



Chlorpromazine  
Haloperidol  
Fluphenazine  
Risperidone  
Olanzapine  
Clozapine

Antipsychotics



# Hippocampus

**Akt1 Deficiency in Schizophrenia and Impairment of Hippocampal Plasticity and Function**



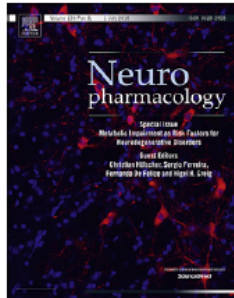


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# Neuropharmacology

journal homepage: [www.elsevier.com/locate/neuropharm](http://www.elsevier.com/locate/neuropharm)



Insulin-mediated synaptic plasticity in the CNS: Anatomical, functional and temporal contexts

# Neuroplasticity

Neural plasticity is the neurophysiological process through which the brain adapts to changing environment by altering its molecular and structural features



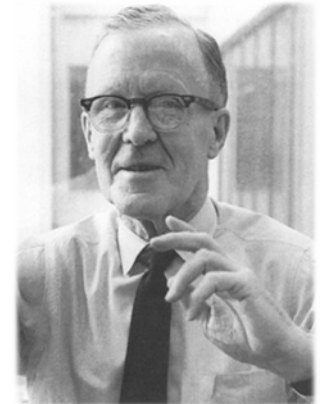
## ERNESTO LUGARO

The first to coin the term plasticity to synaptic modification  
(1898)



## JERZY KORNOSKI

Morphological Changes in the Neuronal Synaptic Connections are the substrate of Learning  
(1948)



## DONALD HEBB

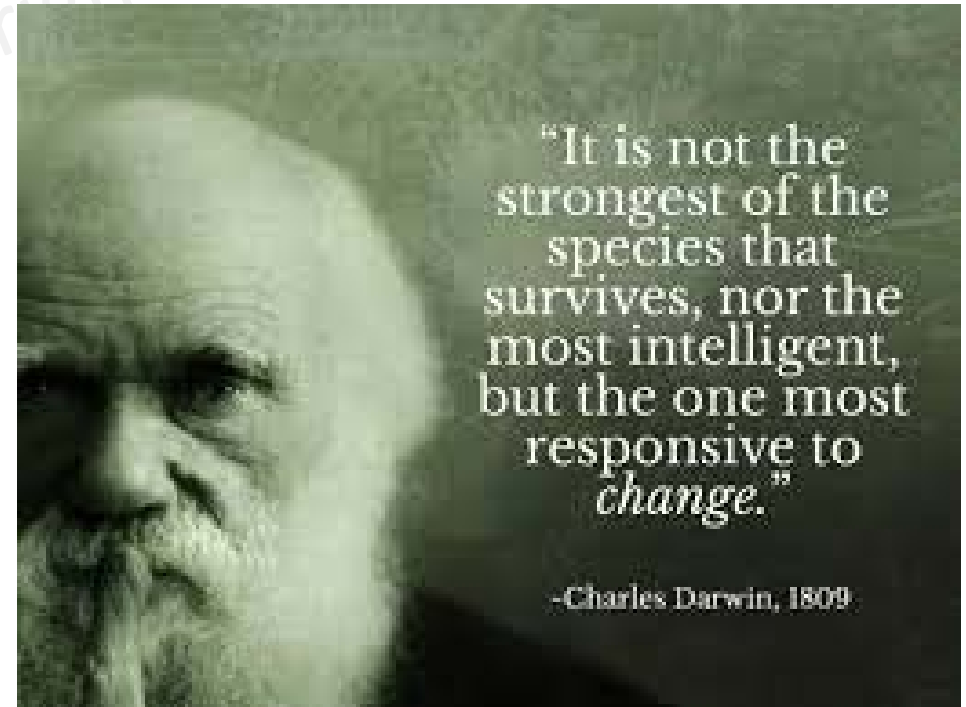
Cells that fire together wire together  
(1949)

# THE MUTABLE BRAIN

SCIENTIFIC  
AMERICAN™

**“Neuroplasticity changed  
the view of  
brain as a hard-wired black box”**

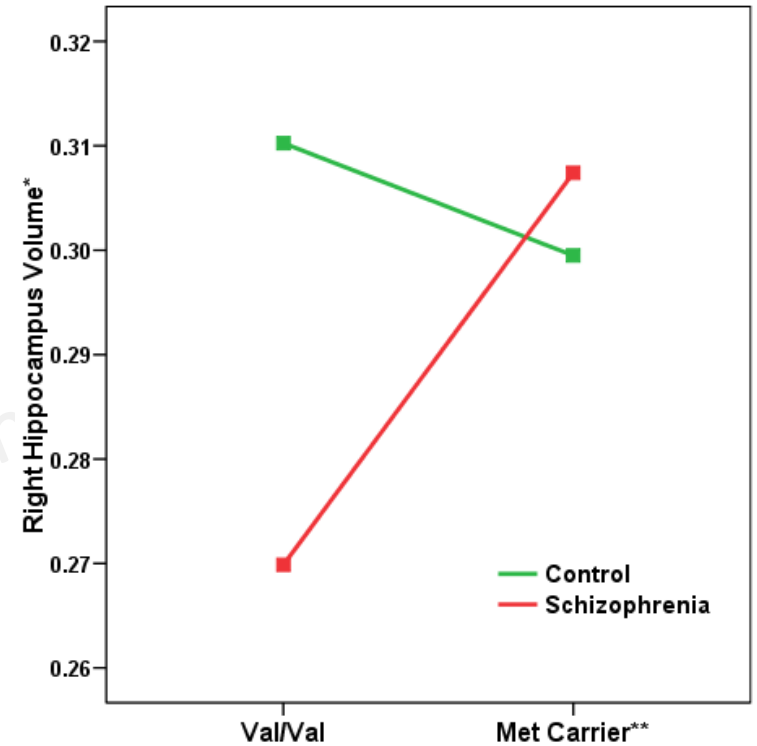
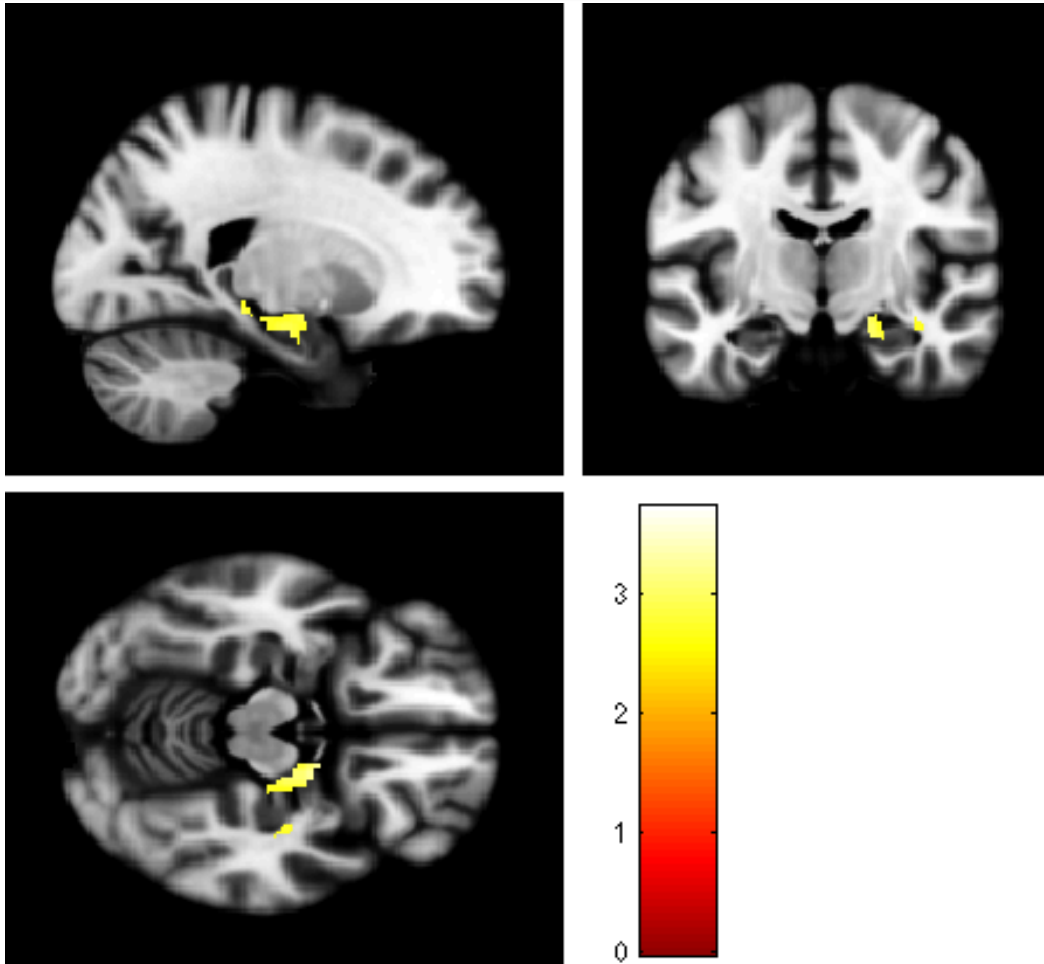
**“The Brain was  
constructed to change”**



**“It is not the  
strongest of the  
species that  
survives, nor the  
most intelligent,  
but the one most  
responsive to  
*change.*”**

-Charles Darwin, 1809

# BDNF GENE POLYMORPHISM & HIPPOCAMPUS VOLUME IN SCHIZOPHRENIA PATIENTS VS HEALTHY CONTROLS



ROI based VBM analyses of hippocampal grey matter volume showed a significant BDNF genotype-by-diagnosis interaction ( $F = 12.8$ ;  $p = 0.0004$ ). Val-homozygous patients ( $N=48$ ) significantly smaller right hippocampus volume than Val-homozygous healthy controls ( $N=96$ ) as well as Met-carrier patients ( $N=38$ )



## Relationship between brain-derived neurotrophic factor and Schneiderian first rank symptoms in antipsychotic-naïve schizophrenia

Sunil Vasu Kalmady<sup>1,2</sup>, Ganesan Venkatasubramanian<sup>1,2\*</sup>, Venkataram Shivakumar<sup>1,2</sup>, Dania Jose<sup>1,2</sup>, Vasanthapuram Ravi<sup>2</sup> and Bangalore N. Gangadhar<sup>1</sup>

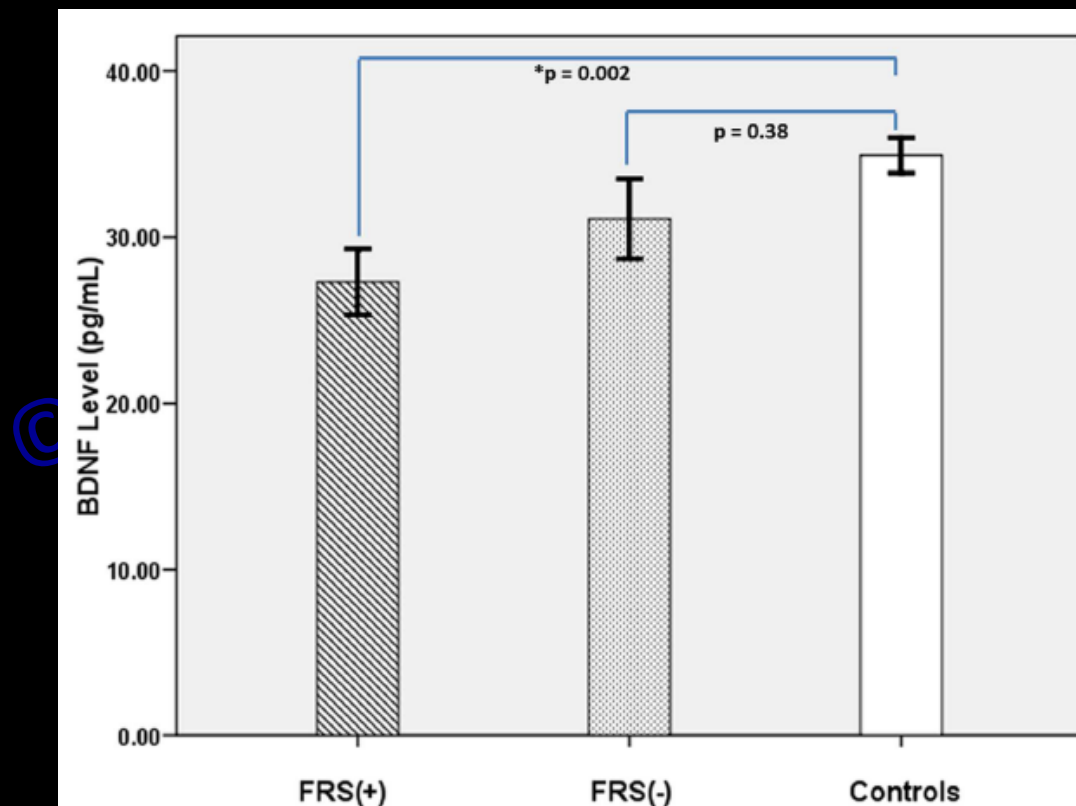


FIGURE 1 | It shows comparative profile of serum BDNF levels in FRS(+) patients ( $N = 36$ ), FRS(-) ( $N = 23$ ), and healthy controls ( $N = 60$ ).

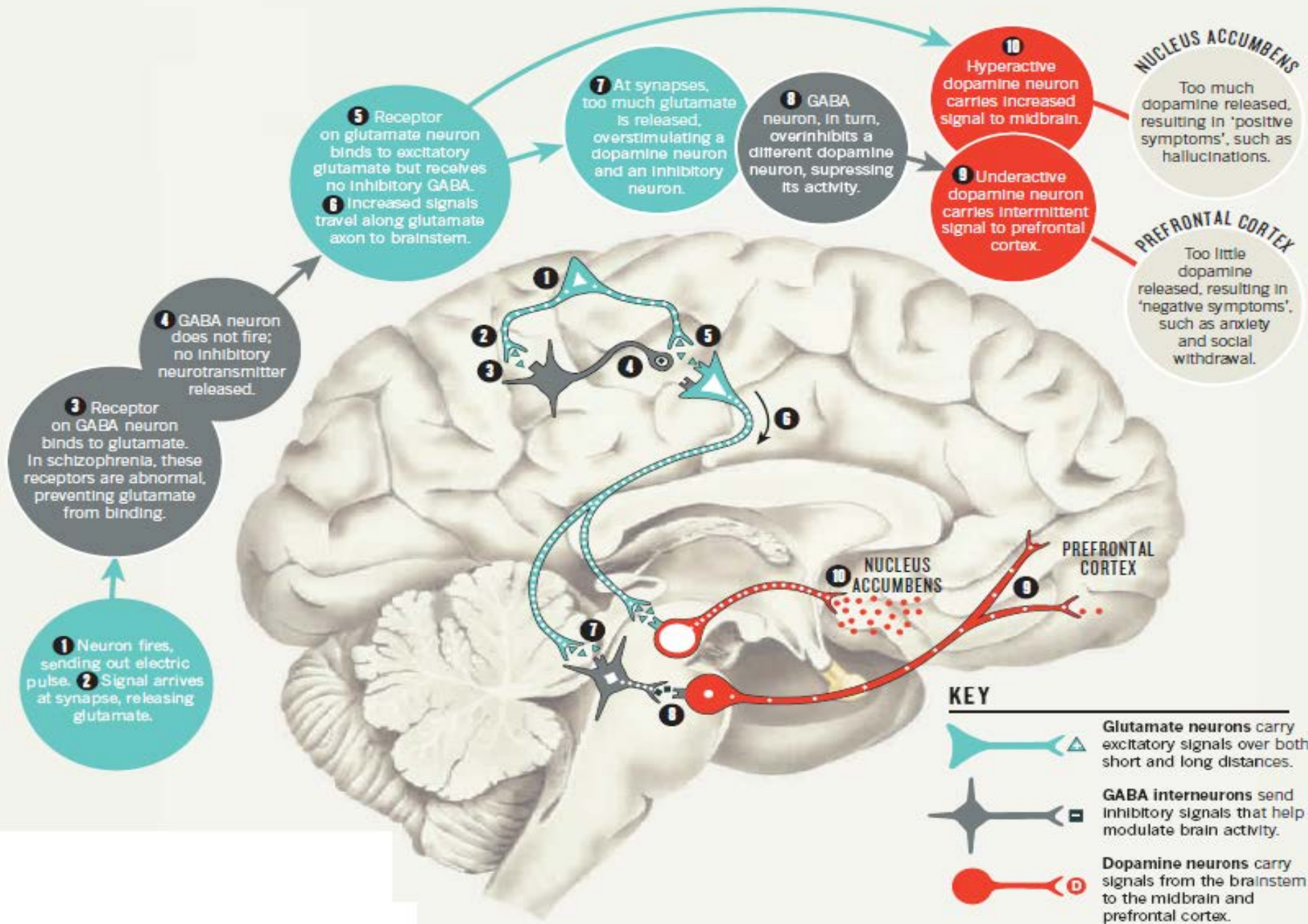
# SUMMARY POINTS

1. Schizophrenia – hyperinsulinemia even in untreated state
2. Therapeutic correlates of insulin levels as well as energy metabolism aberrations in schizophrenia argues for “metabolic” component to underlie the pathogenesis
3. The underlying signalling pathways are critically linked with neuroplasticity

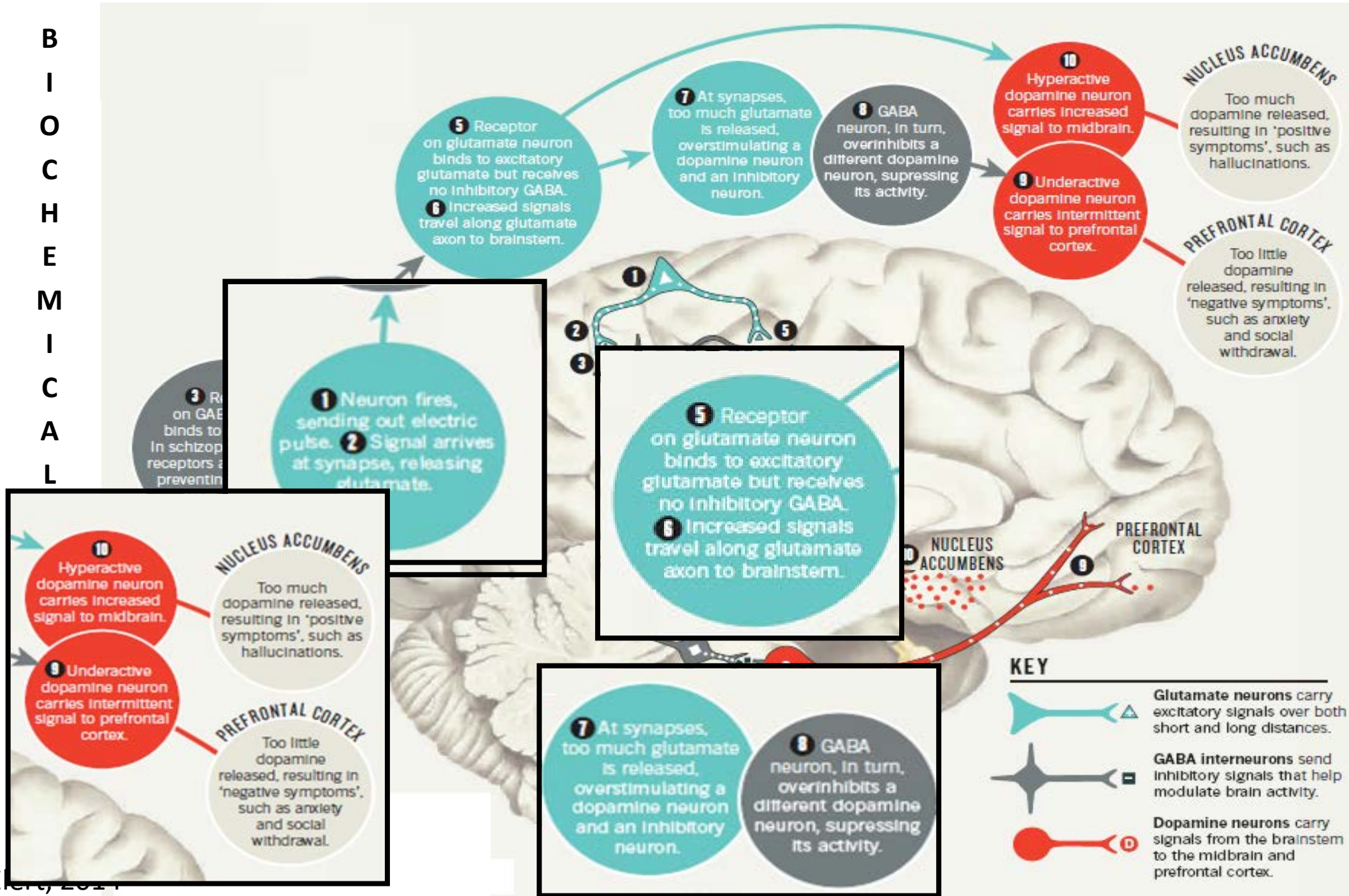
## INSULIN & DOPAMINE LINKED


- Recently, a cyclic AMP-independent mechanism of dopaminergic behaviours and signalling at the D<sub>2</sub> receptor also involve the Akt/GSK pathway
- Critically, this pathway has been shown to underlie the behavioral abnormalities secondary to dopaminergic aberrations

Beaulieu et al 2004









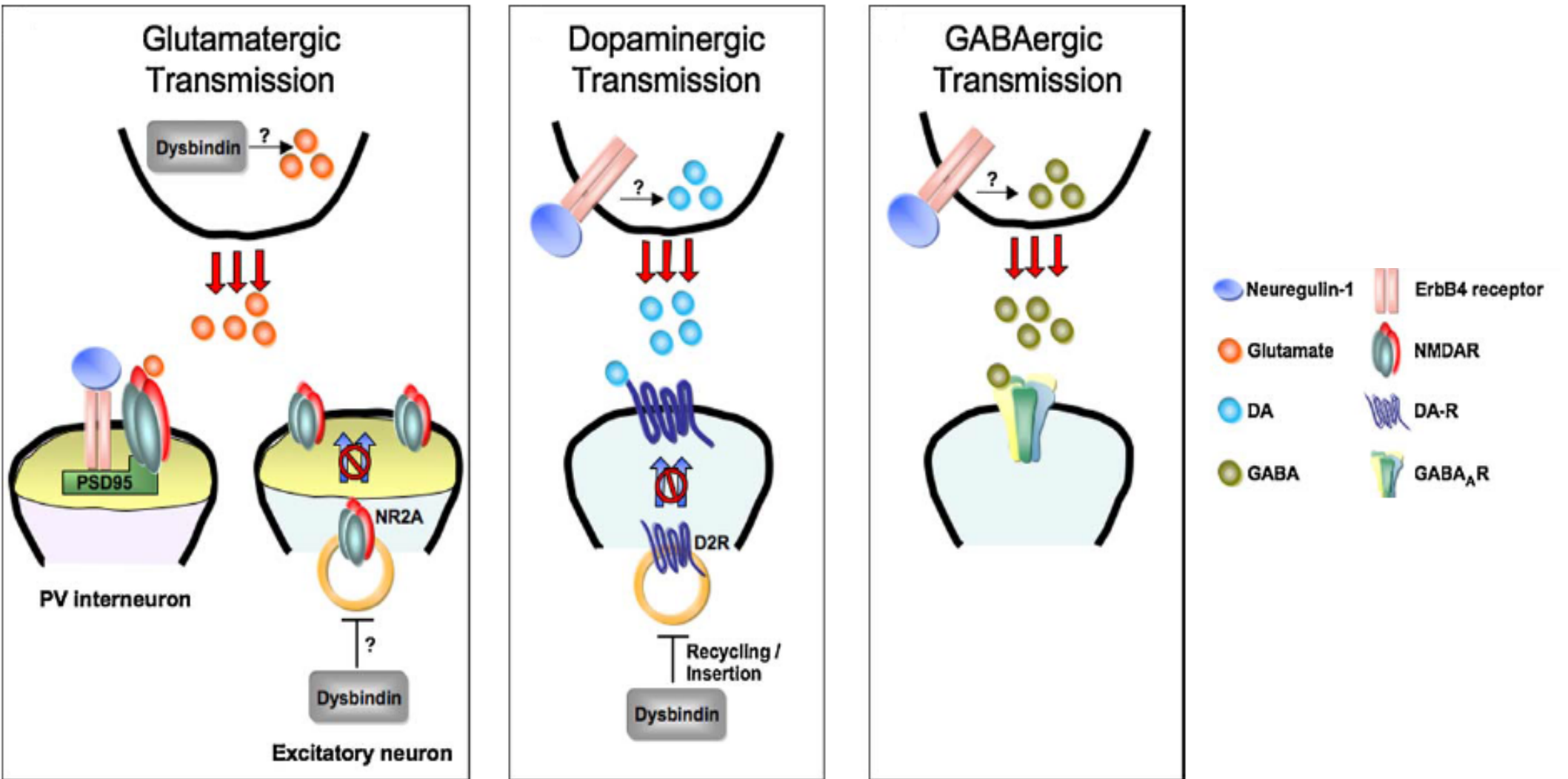
# Multiple risk pathways for schizophrenia converge in serine racemase knockout mice, a mouse model of NMDA receptor hypofunction

NMDAR hypofunction alters numerous pathways, including  
BDNF/TrkB,  
Akt/mTOR/GS3K, and  
miR-132

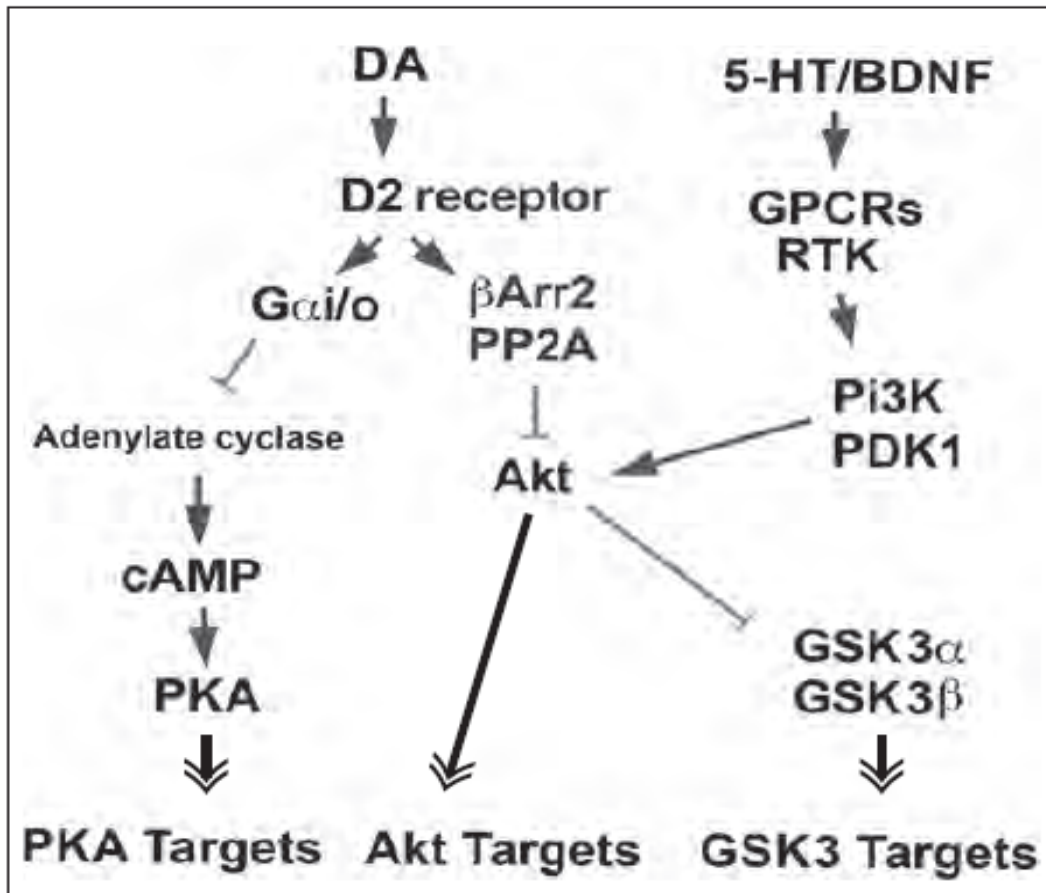
that not are not only potent regulators of plasticity and spine dynamics, but have been found to be genetically associated with or perturbed in schizophrenia

# The Dynamic Brain: Neuroplasticity and Mental Health

## Plasticity Signaling Pathways Play Key Role – Hippocampus Network



# A role for Akt and glycogen synthase kinase-3 as integrators of dopamine and serotonin neurotransmission in mental health



D<sub>2</sub> as well as 5-HT<sub>2</sub> antagonism result in similar downstream effects on insulin signalling pathway – i.e. – GSK3β inhibition

GSK3β inhibition has been associated with potential antipsychotic effects

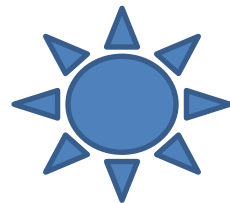
Future drug target

# SUMMARY POINTS

1. Schizophrenia – hyperinsulinemia even in untreated state
2. Therapeutic correlates of insulin levels as well as energy metabolism aberrations in schizophrenia argues for “metabolic” component to underlie the pathogenesis
3. The underlying signalling pathways are critically linked with neuroplasticity
4. Schizophrenia: Key neurotransmitters modulate neuroplasticity

# **“Weak Direct Current can modulate neuroplasticity”**

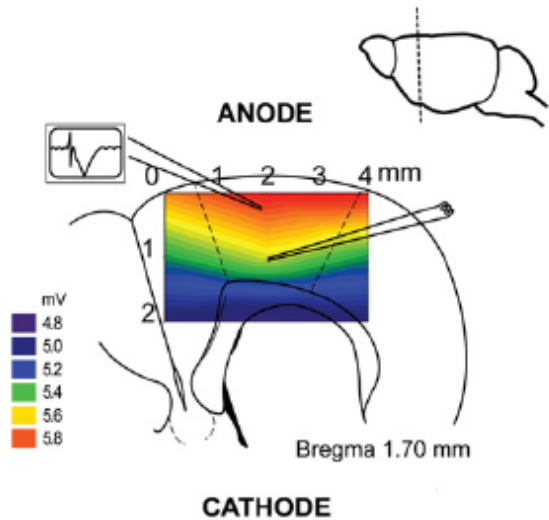
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# Weak Intensity Stimulation: Effects on Neurons

- Several lines of research evidence strongly support the sensitivity of neuronal networks to weak electric field applications.
- These studies have applied methodologically rigorous techniques to establish that weak electric fields modulated neuronal activity by accurately characterizing the dosimetry of applied current strength, mapping subtle changes in the neuronal membrane voltage without several potential confounding factors (Frohlich, 2014).
- Evidence accumulated from a series of neuroimaging studies further adds to the support for neural effects of tDCS in human subjects as well (Baeken et al., 2016; Downar et al., 2016).

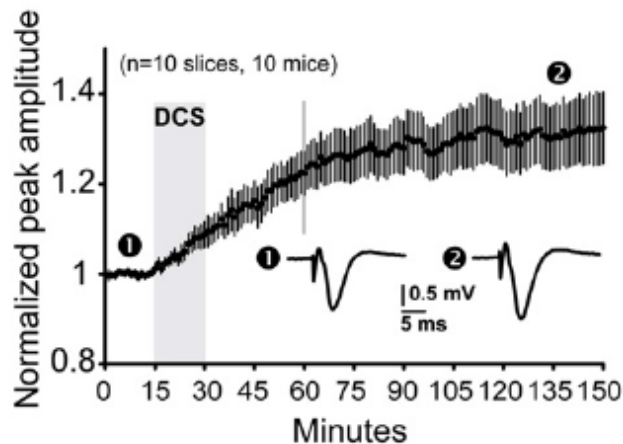
# Direct Current Stimulation Promotes BDNF-Dependent Synaptic Plasticity: Potential Implications for Motor Learning



Direct Current Stimulation results in long-lasting synaptic potentiation

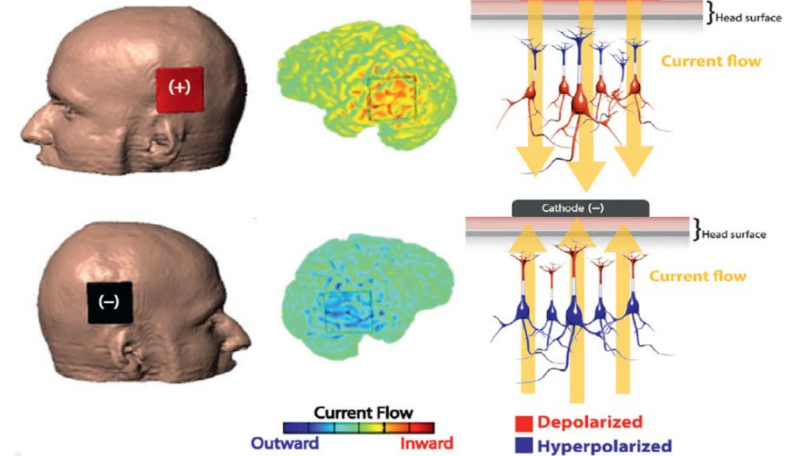
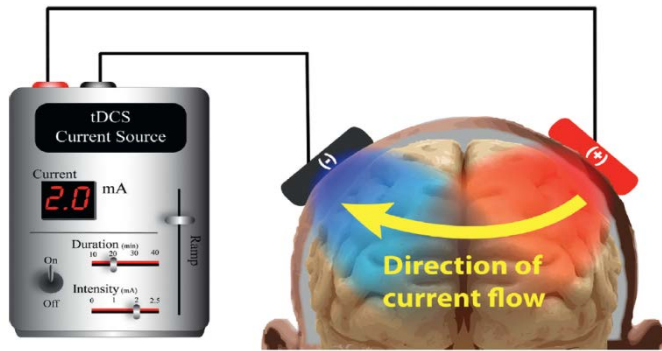
This is dependent on BDNF secretion

Val/Val Genotype show significantly greater synaptic potentiation than Met/Met Genotype





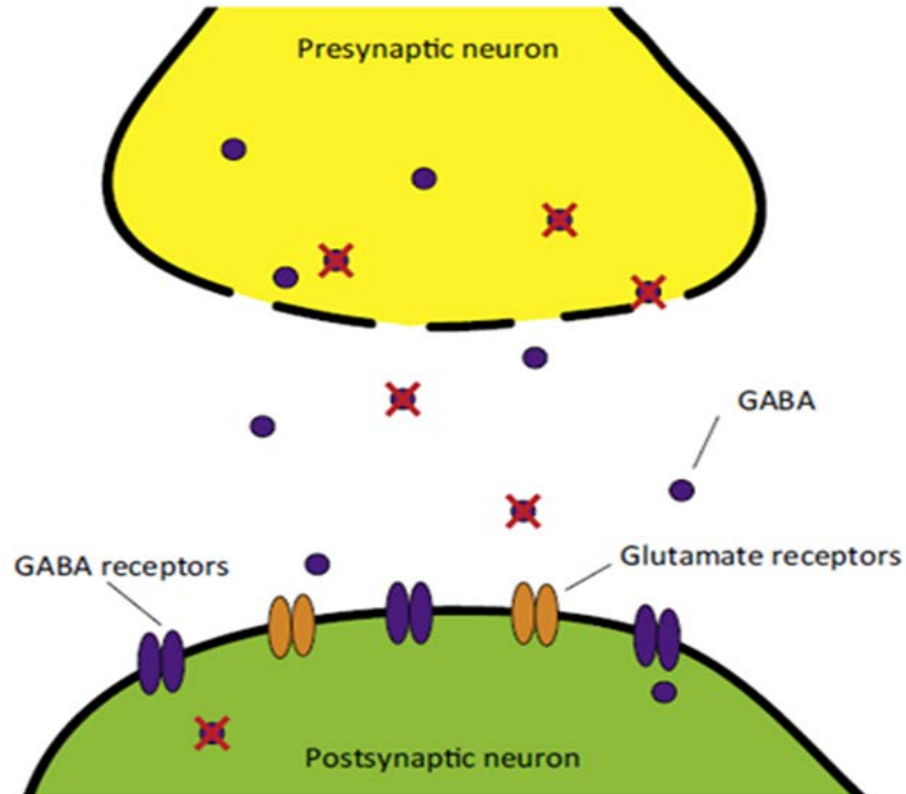
# Transcranial Direct Current Stimulation (tDCS)



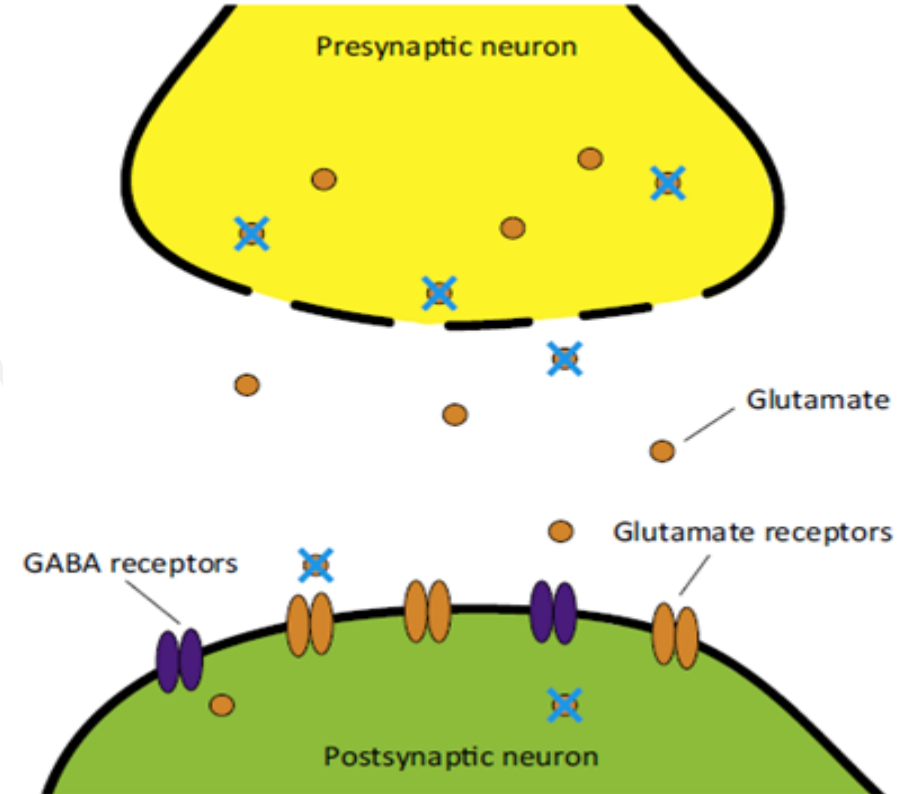
tDCS is a non-invasive, safe technique that involves application of low intensity, direct current (1-2 mA) using electrodes placed on the scalp resulting in polarity specific neuromodulation & adaptive neuroplasticity changes .  
(Nitsche & Paulus, 2000)

# tDCS: Neurobiological Effects

**Anodal tDCS inhibits  
GABAergic transmission**

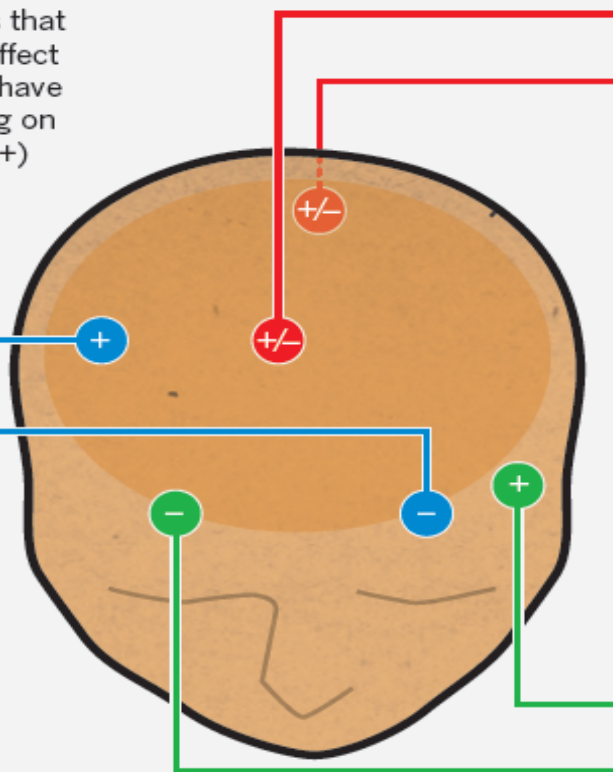


**Cathodal tDCS inhibits  
Glutamatergic transmission**



## WIRED UP

In transcranial direct-current stimulation, electrodes placed on the scalp deliver low currents that can penetrate the skull and affect brain tissue. Differing effects have been documented, depending on the placement of the anode (+) and cathode (-).



### MOTOR CONTROL

Anodal stimulation over the motor cortex on the side of the brain affected by stroke has been shown to improve movement for arms and hands.

- Up to 4 milliamps for as long as 20 minutes.

### VISUAL PERCEPTION

Alterations in visual perception have been noted under both cathodal and anodal stimulation of the occipital lobes.

- Up to 2 milliamps for as long as 15 minutes.

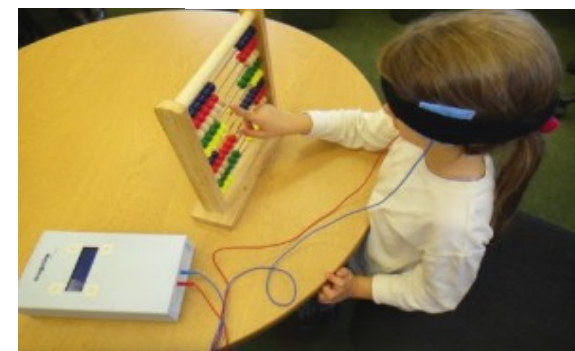
### WORKING MEMORY

Anodal stimulation of the dorsolateral prefrontal cortex has been associated with improved working memory and verbal fluency.

- Up to 2 milliamps for as long as 20 minutes.

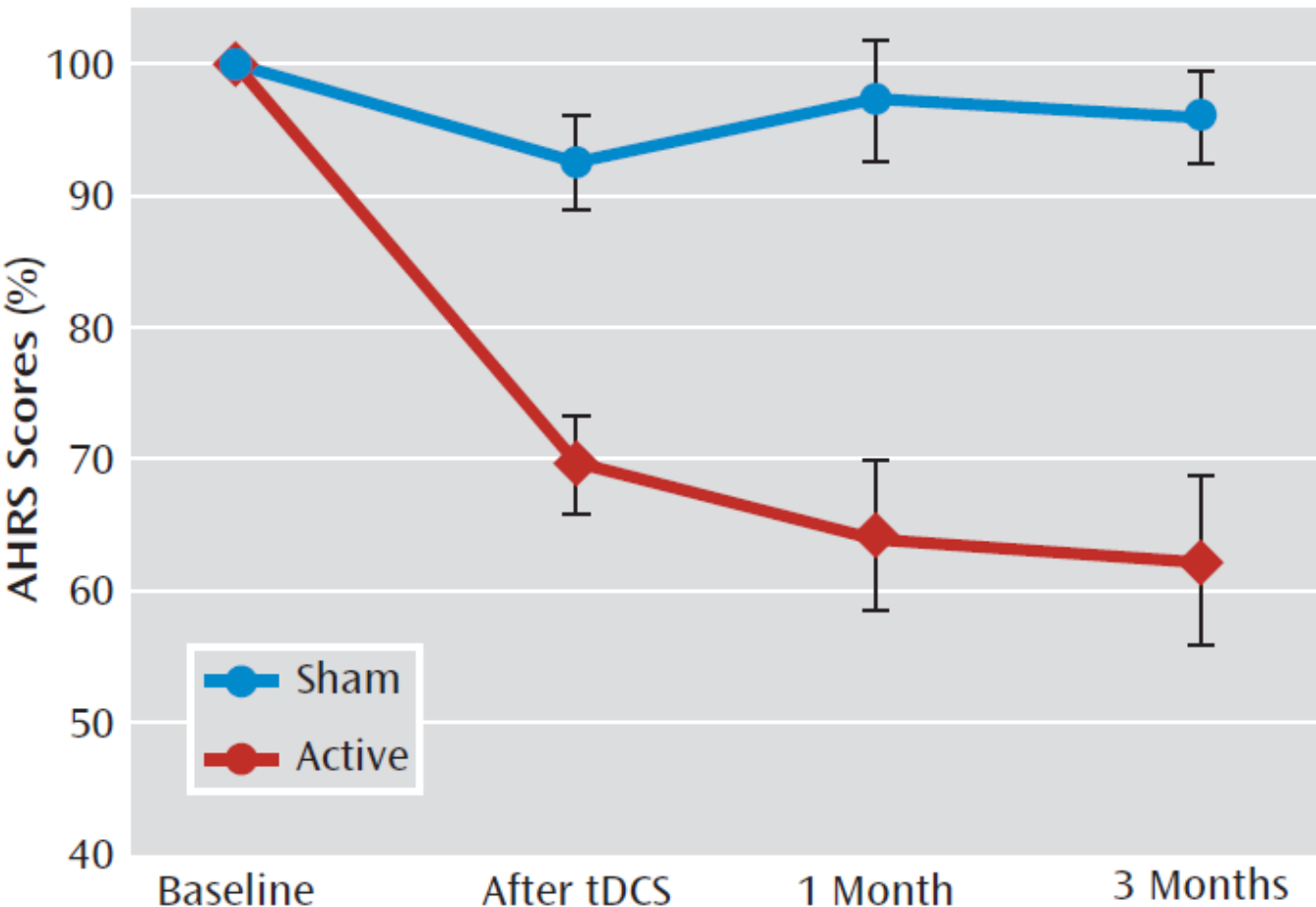


## SCIENTIFIC AMERICAN™



## Examining Transcranial Direct-Current Stimulation (tDCS) as a Treatment for Hallucinations in Schizophrenia

THE AMERICAN JOURNAL OF  
PSYCHIATRY



- Auditory verbal hallucinations were robustly reduced by tDCS relative to sham stimulation, with a mean diminution of 31%.
- The beneficial effect on hallucinations lasted for up to 3 months.
- Significant improvement in negative and positive dimensions of PANSS was observed

# tDCS for Schizophrenia: Distinctive Neural Correlates of Treatment Resistant Symptoms

## Negative Symptoms

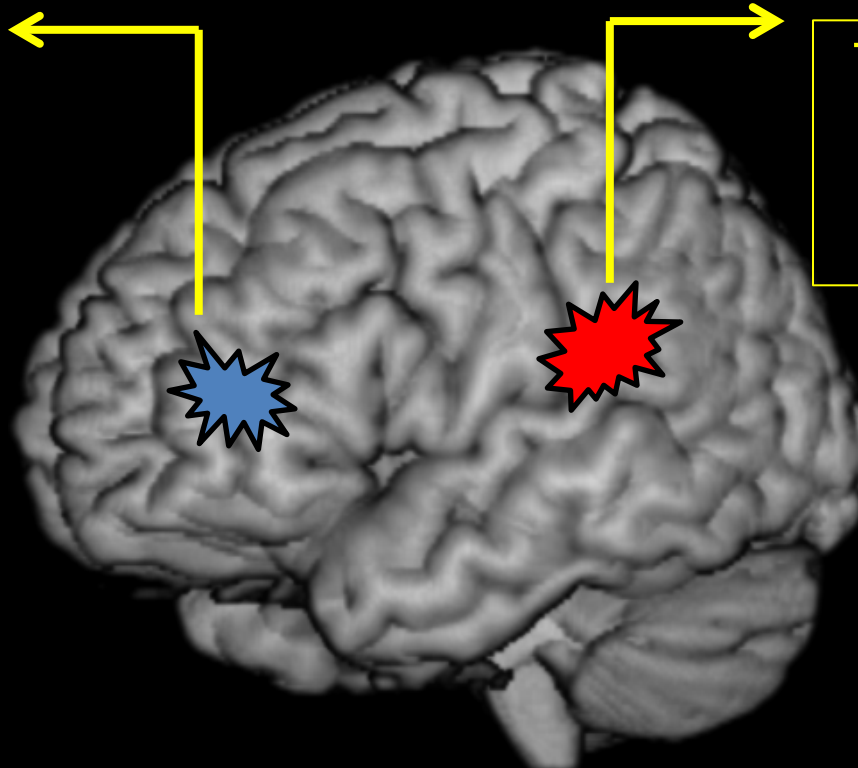
(Amotivation, Avolition, Alogia)

## Positive Symptoms

(Delusions, Hallucinations)

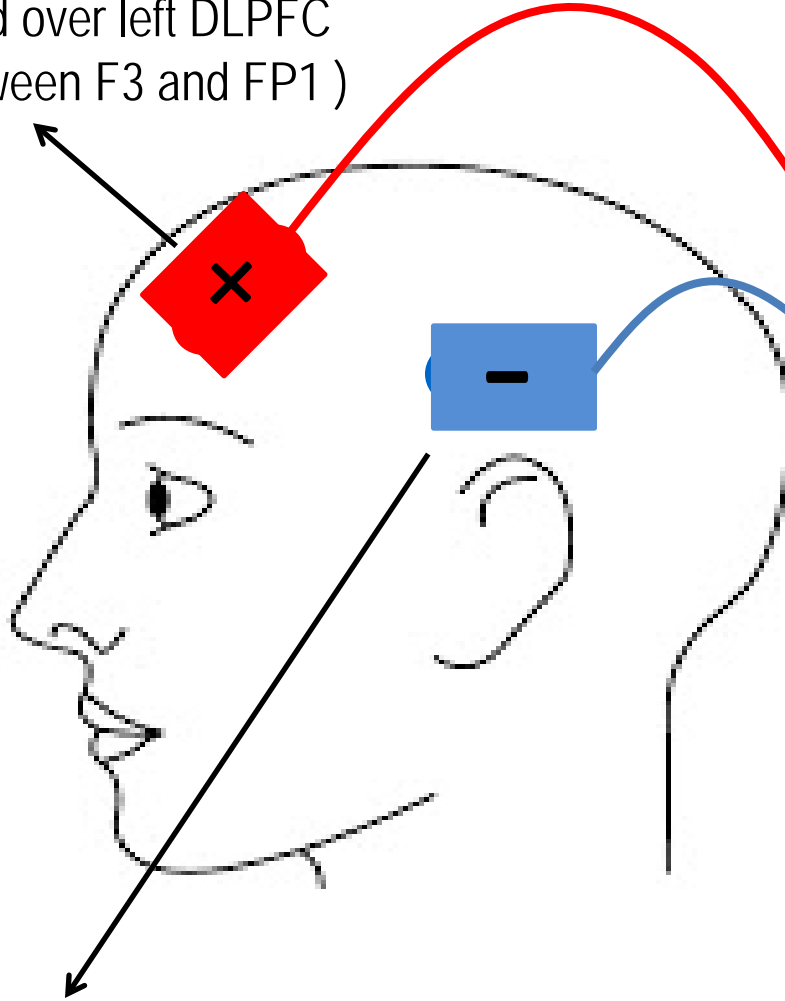
Deficient Activation of  
Prefrontal Cortex with  
Decreased  
N-Acetyl Aspartate level

Temporo-Parietal Junction  
Hyperactivity with  
significantly increased  
Glutamate level



# tDCS in Schizophrenia: Application Schema

Anode placed over left DLPFC  
(midway between F3 and FP1)



Cathode placed over left TPJ  
(midway between T3 and P3)

35 cm<sup>2</sup> electrodes  
Stimulation Intensity: 2 mA  
Duration: 20 minutes  
Course: 2 sessions daily for 5 days

(Brunelin et al 2012, Agarwal et al 2014)

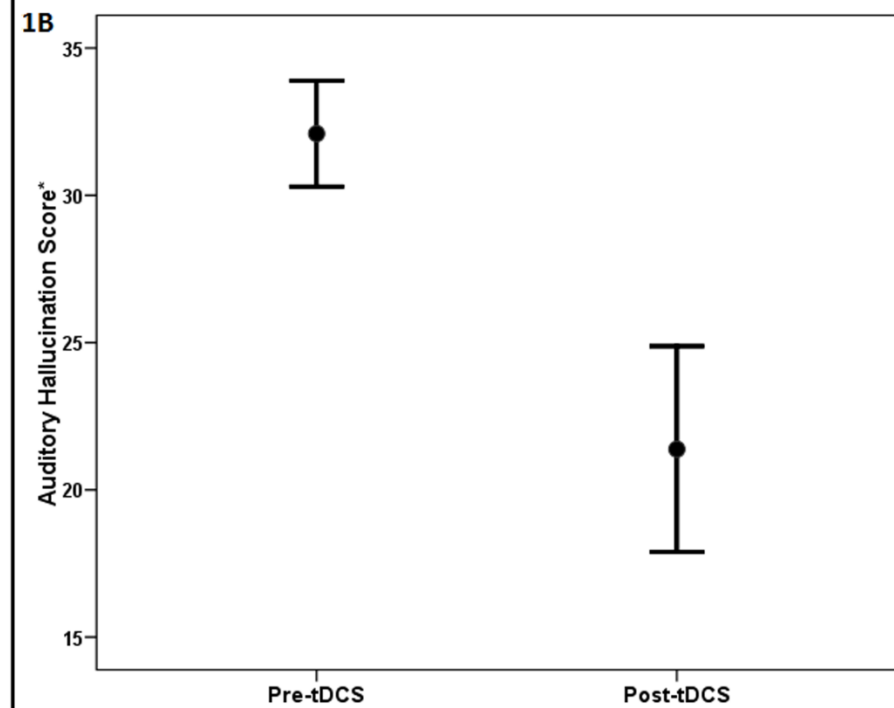
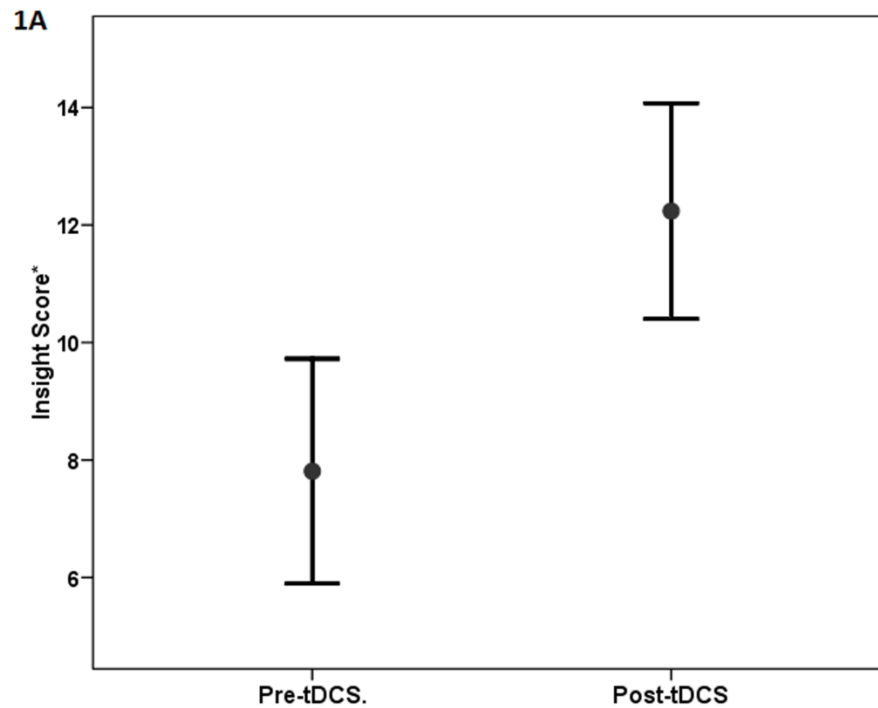


Anushree



Shiv

Insight facilitation with add-on tDCS in schizophrenia

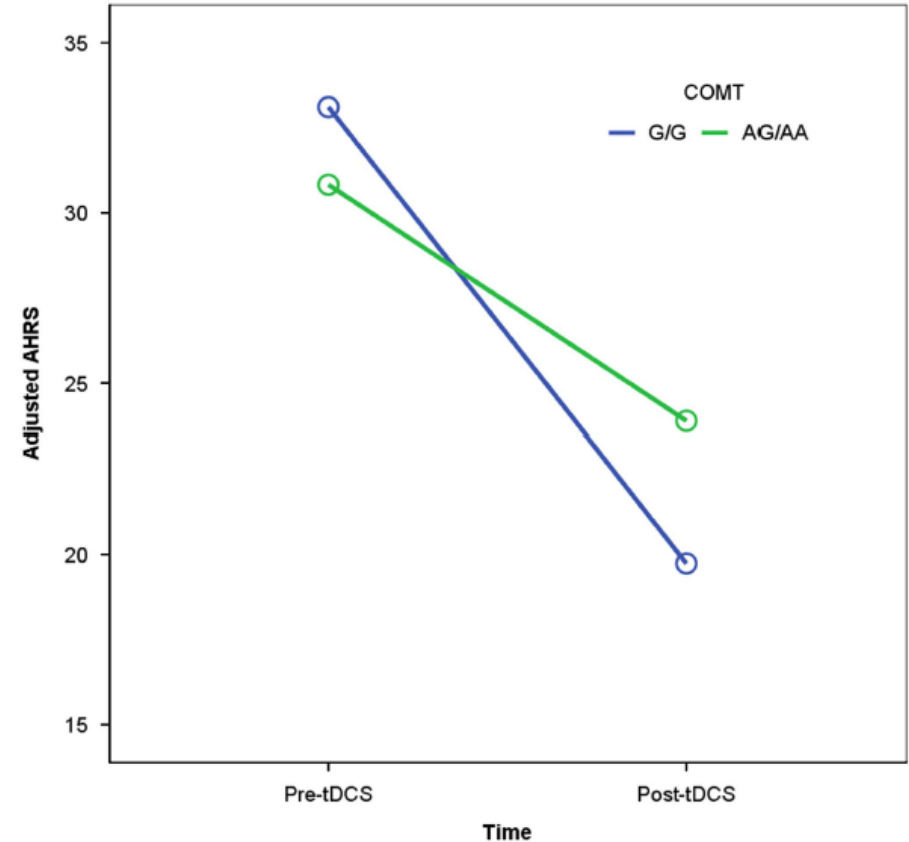
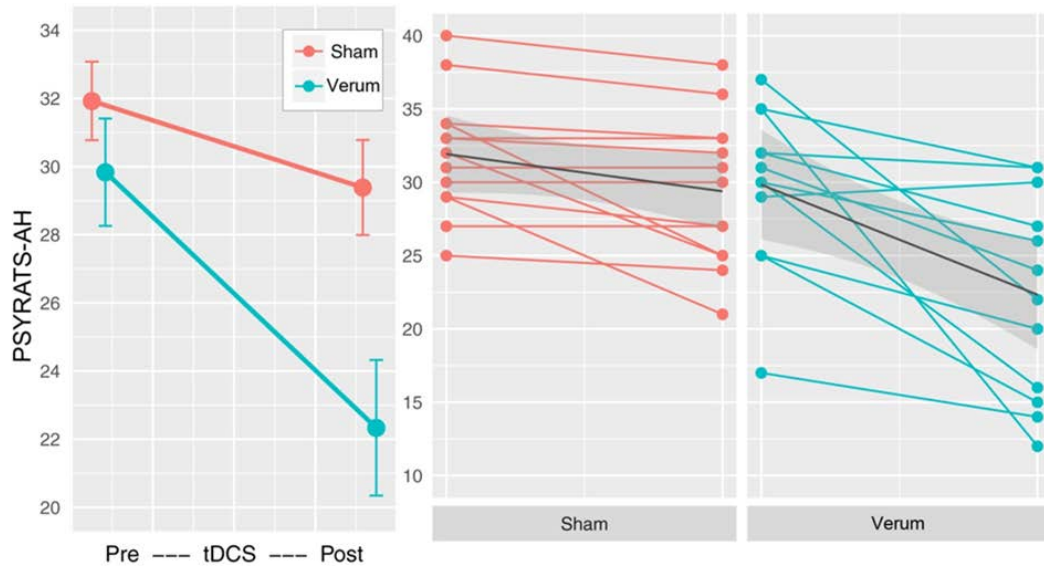


Improvement in insight had a significant positive correlation with reduction in auditory hallucinations ( $r = 0.65$ ;  $p = 0.002$ )

# WISER Neuromodulation in Schizophrenia: Neuroplasticity

Efficacy of fronto-temporal transcranial direct current stimulation for refractory auditory verbal hallucinations in schizophrenia: A randomized, double-blind, sham-controlled study

Gene polymorphisms and response to transcranial direct current stimulation for auditory verbal hallucinations in schizophrenia *Acta Neuropsychiatrica*



Bose et al 2018

Chhabra et al 2018




# SCHIZOPHRENIA: OTHER AVENUES TO MODULATE NEUROPLASTICITY

1. Other Brain Stimulation Techniques: ECT & TMS
2. Yoga Therapy
3. Aerobic Physical Exercises
4. Systematic Cognitive Re-training
5. Diet and Nutraceuticals

? Specific components that are differentially implicated in schizophrenia pathogenesis and ameliorative effects need to be elucidated.

# Insulin-growth-factor-1 (IGF-1): just a few steps behind the evidence in treating schizophrenia and/or autism

*Rami Bou Khalil*  \*

# Schizophrenia: Contemporary Relevance of “Cerebral Diabetes” Hypothesis

## Gene X Environment Interactions

Persistent Activation of Glial Cells / Aberrant Neurodevelopment

Aberrant  
Inflammation

Deficient Neurotrophic  
Factors  
(Insulin System /  
BDNF)

\*Aberrations in Neuroplasticity (Glutamate, GABA & Dopaminergic Pathways)  
Prefrontal-Temporo-Parietal-Thalamo-Hippocampal Network Abnormalities  
[Endophenotype Measures: Imaging, eye movement, fNIRS, EEG/ ERP]

Perturbations in Consciousness

Self-Monitoring Aberrations

## Clinical Symptoms of Schizophrenia

Neurobiological correlates of treatment (antipsychotics neuromodulation - tDCS)

# SUMMARY POINTS

1. Schizophrenia – hyperinsulinemia even in untreated state
2. Therapeutic correlates of insulin levels as well as energy metabolism aberrations in schizophrenia argues for “metabolic” component to underlie the pathogenesis – i.e. metabolic brain disorder
3. The underlying signalling pathways are critically linked with neuroplasticity
4. Schizophrenia: Key neurotransmitters modulate neuroplasticity
5. Clinical Implications: Psychopharmacology, brain stimulation, complementary / alternative techniques

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# Thank You

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