# Effects of ketamine on GABAergic and glutamatergic activity in the mPFC: biphasic recruitment of GABA function in antidepressant-like responses

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Running title: Biphasic recruitment of GABA activity in ketamine's actions

#### 2 Abstract

Major depressive disorder (MDD) is associated with disruptions in glutamatergic and 3 GABAergic activity in the medial prefrontal cortex (mPFC), leading to altered synaptic 4 formation and function. Low doses of ketamine rapidly rescue these deficits, inducing fast and 5 sustained antidepressant effects. While it is suggested that ketamine produces a rapid 6 7 glutamatergic enhancement in the mPFC, the temporal dynamics and the involvement of GABA interneurons in its sustained effects remain unclear. Using simultaneous photometry recordings 8 9 of calcium activity in mPFC pyramidal and GABA neurons, as well as chemogenetic approaches 10 in *Gad1-Cre* mice, we explored the hypothesis that initial effects of ketamine on glutamate signaling trigger subsequent enhancement of GABAergic responses, contributing to its sustained 11 12 antidepressant responses. Calcium recordings revealed a biphasic effect of ketamine on activity of mPFC GABA neurons, characterized by an initial transient decrease (phase 1, <30 min) 13 14 followed by an increase (phase 2, >60 min), in parallel with a transient increase in 15 excitation/inhibition levels (10 min) and lasting enhancement of glutamatergic activity (30-120 min). Previous administration of ketamine enhanced GABA neuron activity during the sucrose 16 splash test (SUST) and novelty suppressed feeding test (NSFT), 24 h and 72 h post-treatment, 17 respectively. Chemogenetic inhibition of GABA interneurons during the surge of GABAergic 18 19 activity (phase 2), or immediately before the SUST or NSFT, occluded ketamine's behavioral 20 actions. These results indicate that time-dependent modulation of GABAergic activity is required 21 for the sustained antidepressant-like responses induced by ketamine, suggesting that approaches 22 to enhance GABAergic plasticity and function are promising therapeutic targets for 23 antidepressant development.

Keywords: glutamate, GABA, mPFC, ketamine, depression, antidepressants, stress, plasticity
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### 27 Introduction

28 Major depressive disorder (MDD) is a recurring neuropsychiatric illness that has a lifetime prevalence of ~17% in the U.S., and is a leading cause of disability worldwide (1). 29 30 Despite the significant economic and human impact, the effectiveness of treatments remains suboptimal, underscoring MDD's inherent heterogeneity and our limited comprehension of the 31 32 molecular and functional mechanisms that underlie its etiology (2). Traditional antidepressants take weeks to months to induce a therapeutic response, and up to 33% of patients prescribed 33 these medications are considered treatment resistant (3). Conversely, low doses of ketamine, an 34 35 NMDA receptor (NMDA-R) blocker, can induce rapid (2 h) and sustained (up to 7 days) 36 antidepressant effects in patients diagnosed with MDD, even in patients that are refractory to current antidepressant medications (4). 37

Human and rodent studies indicate that depression and chronic stress are linked to 38 structural alterations in limbic brain areas, including the medial prefrontal cortex (mPFC), 39 40 characterized by reduced volume, neuronal atrophy, and impaired excitatory synapse density and function (5-9). Conversely, accumulating evidence suggests that ketamine can reverse these 41 deficits and produce rapid antidepressant effects through an initial, transient blockade of NMDA 42 receptors (NMDA-R) in GABA interneurons, leading fast disinhibition of excitatory pyramidal 43 neurons and triggering neuronal plasticity in the mPFC (10-12). An alternative hypothesis is that 44 45 ketamine acts directly on pyramidal neurons to block NMDA-R activity driven by spontaneous 46 glutamate release (13).

Furthermore, in addition to disruption in excitatory synapses, MDD subjects and animals exposed to chronic stress have reductions in cortical and plasma GABA levels, as well as several GABA markers in the PFC (10, 14-20). Since inhibitory inputs control network excitability,

50 integration, and synchrony, deficits in GABA function compromise the signal-to-noise properties 51 of glutamatergic neurons and the integrity of circuit-level information transmission from the mPFC to projection areas (5). Consistent with this idea, prefrontal cortical GABA abnormalities 52 53 are associated with hippocampal structural deficits in MDD subjects (9) and normalization of 54 GABA function is associated with remission of depressive symptoms (18, 21-27). Indeed, following the initial enhancement of glutamate function, ketamine and other rapid 55 56 antidepressants also increase GABA signaling in the mPFC, potentially contributing to reestablishing the integrity of excitatory and inhibitory signal efficiency and precision in 57 58 corticolimbic circuits (14-16, 19, 20, 28).

In this study, we hypothesized that ketamine might induce long-lasting changes in the activity of GABA interneurons that could contribute to sustained antidepressant effects. To test this, we imaged activity of mPFC pyramidal and GABA neurons simultaneously following ketamine administration and during behavioral tests relevant to antidepressant efficacy. We then employed chemogenetic approaches to investigate whether activity of GABA interneurons is necessary and/or required for the behavioral actions of ketamine.

### 66 Materials and Methods

### 67 Animals

Male glutamic acid decarboxylase 1 (Gad1)-Cre transgenic mice and WT littermates (8-12-68 69 week-old) on the C57BL/6 background were bred in-house as in previous studies (29, 30). Male mice were initially chosen to allow for comparison of the outcomes observed following 70 ketamine administration with previous literature, predominantly described in male mice. All 71 72 animals were group-housed with a 12/12h light-dark cycle and food and water ad libitum. 73 Following surgery for viral infusion and/or optical fiber placement, animals were single housed for 4 weeks and remained isolated until the end of the experiments. All procedures were 74 conducted in compliance with the National Institute of Health (NIH) guidelines for the care and 75 use of laboratory animals and were approved by the Yale Institutional Animal Care and Use 76 77 Committee.

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### 79 *Viral constructs and surgery*

80 Adeno-associated viruses AAV.CamKII.GCaMP6s.WPRE.SV40, pAAV.Syn.Flex.NES- $\geq$  1 x 10<sup>13</sup> vg/ml, and AAV2-hSyn-DIO-hM4D(Gi)-mCherry jRCaMP1b.WPRE.SV40, 81 (hM4DGi),  $\geq 7 \times 10^{12}$  vg/ml, were obtained from Addgene (USA). To image activity of 82 pyramidal neurons and GABA interneurons simultaneously, anesthetized Gad1-Cre mice 83 (ketamine, 100 mg/kg; and xylazine, 10 mg/kg) received unilateral intra-mPFC infusion of a 84 cocktail (1:1; 0.6 µl, 0.1µl/min) containing two calcium sensors with non-overlapping spectra: 85 CaMKII-driven GCaMP6s (GCaMP6s) and Cre-driven jRCaMP1b (RCaMP) viruses 86 (coordinates from bregma: anterior-posterior:  $\pm 1.9$  mm; medial-lateral:  $\pm 0.4$  mm; dorsal-ventral 87 88 -2.7 mm), along with implantation of a fiber (stainless steel ferrule, 400 µm core, 0.50 NA, 2.5

89 mm length, ThorLabs, Newton, New Jersey, USA) in the same region. The fiber was implanted 90 0.2 mm above the injection site and maintained in place with adhesive dental cement (C&B-91 Metabond, Parkell, NY, USA). Animals received i.p. injections of carprofen (5 mg/kg) 92 immediately after the surgery and daily for the next 2 days. Following surgery, all animals 93 remained single-housed throughout the duration of the protocols. In this study, single housing 94 was used to prevent detachment of the optical fiber from the skull and to serve as a chronic mild 95 stressor to study inhibitory and excitatory neuronal activity. To preserve the integrity of the 96 cannula, including a control group not subjected to isolation, which would enable comparing 97 stress effects, was not feasible for practical reasons. For chemogenetic experiments, animals 98 received bilateral infusion of inhibitory hM4DGi (0.5 µl/side; 0.1µl/min) into the mPFC and underwent the same post-surgery protocol as described, including single housing. Fiber 99 placement and viral efficiency were analyzed using a confocal microscope to obtain Z-stack 100 101 image sequences (Leica TSE-SPE) (30).

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### 103 Drug administration

Ketamine (Sigma-Aldrich, 10 mg/kg, i.p.) was dissolved in saline. Clozapine-N-oxide (CNO, 0.5 or 1 mg/kg i.p., Enzo Life Sciences, Farmingdale, NY, USA) was administered at different time points, as indicated, based on our previous studies indicating lack of behavioral and locomotor effects at these low doses (30); however, to control for any off target effects that have been reported at higher doses (5-10 mg/kg) (31, 32), both WT and *Gad1-Cre* groups received CNO.

110 Behavioral studies

Animals were habituated to testing rooms 30 min before each experiment. All behavioral tests were video recorded and conducted between 10 a.m. and 4 p.m. Experiments were scored by an experimenter blind to treatments.

114 Sucrose Splash Test (SUST): A 10% sucrose solution was squirted onto the dorsal coat of the

115 mouse, as has been described (33). Grooming time was measured for 5 min.

116 *Novelty-Suppressed Feeding Test (NSFT):* Mice were food deprived for 16 h and placed in a 117 dimly lit box ( $40 \times 40 \times 25$ ) with a pellet of food in the center; the latency to feed was measured 118 with a time limit of 10 min, as described (30). Immediately after the test, home cage food intake

119 was measured over a 10 min period as a feeding control.

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### 121 Immunofluorescence

Gad-Cre mice received a Cre-dependent hM4DGi viral infusion into the mPFC, as described, 122 123 and SST or PV co-localization with Gad-hM4DGi+ cells was assessed using primary antibodies 124 (mouse anti-SST #sc-74556, 1:200, Santa Cruz; rabbit anti-PV #ab181086, 1:1000, Abcam) and appropriate secondary antibodies (AlexaFluor® 488 goat anti-rabbit or AlexaFluor® 647 goat 125 126 anti-mouse, 1:1000), as described (20, 30). For quantification, sections containing the mPFC 127 were analyzed using a Keyence BZ-X800 microscope equipped with an optical sectioning module (20X magnification). The total number of Gad-hM4DGi<sup>+</sup>, PV or SST neurons, as well as 128 129 Gad-hM4DGi<sup>+</sup> co-localized with  $PV^+$  or  $SST^+$  cells, were obtained within each section (3) 130 sections/animal). The results were then averaged across animals (n = 3 mice) and expressed as a percentage of co-localized cells (number of co-localized Gad-hM4DGi<sup>+</sup> and SST or PV 131 cells/total Gad-hM4DGi<sup>+</sup>, PV or SST cells  $\times$  100). 132

### 134 *Fiber photometry*

135 Multichannel fluorescent signals were recorded with a Tucker RZ5P processor (Tucker-Davis 136 Technologies, Alachua, FL, USA) controlled by the Synapse software suite to display excitation 137 (465 nm for GCaMP, green, and 560 nm for RCaMP, red) and reference (405 nm, isobestic control) signals, modulated at 531, 330 and 211 Hz, respectively. The LEDs (Doric, Quebec, 138 Canada) were adjusted to the photodetector (Newport 2151, Irvine, CA, USA) with excitation 139 140 light intensity of ~20 µW. Light was passed through a minicube (FMC6AE, Doric) that contained excitation and emission filter sets. Animals were tethered to the system via fiber optic 141 142 patch cord (400 µM core, 0.50 NA, ThorLabs) connected to a head mounted fiber optic cannula 143 via a ceramic sleeve.

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### 145 *Data processing and analysis*

146 Signals were low pass filtered with a frequency cutoff of 5 Hz using MATLAB. The excitation 147 signal for each channel was analyzed using an adaptive iteratively reweighted Penalized Least 148 Squares (airPLS) algorithm to correct bleaching and motion artifacts, and regressed against the reference control signal, using the protocol developed by Martianova et al., 2019 (34) (available 149 at https://github.com/katemartian/Photometry\_data\_processing). The change in fluorescence 150 151 (dF/F) was calculated as dF/F (465 nm or 560 nm signal-fitted 405-nm signal)/fitted 405-nm 152 signal. To standardize signals across animals prior to analysis, results were normalized by z-153 scoring and expressed as average z-scored dF/F. As it is currently not possible to use an isobestic 154 point for red-shifted sensors (RCaMP), the 405 nm signal was used as a reference for correcting movement artifacts, as described (34). However, due to the nature of photobleaching associated 155 with long-term recordings shown in Figure 1 (~150 min), RCaMP fluorescence intensity 156

157 displayed a gradually decreasing trend evident in the vehicle-treated group (Supplementary 158 Figure 1). Therefore, bleaching in this experiment was additionally corrected applying the Matlab linear function detrend (y = detrend(x, n), where n = 1; x - y = linear trend) to the 159 160 vehicle-treated group, and the resultant curve was subtracted from saline and ketamine signals, as described (35). The *detrend* algorithm computes the least-squares fit of a straight line (or 161 162 composite line for piecewise linear trends) to the data and subtracts the resulting function from 163 the data. For this correction, we assumed that saline had no significant effects on calcium fluorescence over time. Detrending was not required for the shorter recordings described in 164 165 Figures 2 and 3 (up to 60 min). To evaluate excitation/inhibition levels, baseline or 10-min binned data were transformed into positive values by adding a constant, and the ratio of GCaMP 166 to RCaMP transients (dF/F) was calculated within each animal. 167

In the behavioral studies, z-scores of each epochs of interest (*e.g.*, time blocks following ketamine treatment and during behavioral tests, and the bite event) were averaged across groups and presented in bar graphs. In the NSFT, to account for variability in the time it takes for different animals to bite the food (e.g., to remove a chunk of food from the pellet), the bite event was defined as a 5-second period encompassing the food interaction and bite.

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### 174 Statistical analysis

Results were subjected to repeated measures ANOVA (treatment *x* time) with Sidak's correction for multiple analyses. Additionally, Student's two-tailed t-test or Two-way ANOVA (treatment *x* genotype) followed by Duncan test were employed as appropriate. All distributions were tested for homogeneity of variance using Levene's test and for normality using the Kolmogorov-Smirnov test. Non-normal distributions were analyzed by Mann-Whitney U test (two-tailed) or

Friedman's two-way analysis of variances by ranks test. Sphericity was assessed by Mauchly's 180 181 test. In cases where the assumption of sphericity was violated, the data were analyzed using the 182 Greenhouse-Geisser correction. Across all analyses, differences were considered significant at p 183  $\leq 0.05$ . Sample sizes were chosen based on previous experience with the tests employed and power analyses (Cohen's d power analysis, > 0.8 effect size) conducted following a pilot study. 184 For all analyses, we used the SPSS Software (v 29.0) or GraphPrism (v 9.5.1). The specific test 185 186 used for each experiment is described in the figure legend. Each experiment was replicated a minimum of 2 times. 187

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### 189 **Results**

Photometry recordings immediately after treatment: ketamine enhances activity of excitatory
mPFC neurons and elicits a biphasic response in GABAergic neurons

The rapid antidepressant actions of ketamine are thought to involve initial inhibition of GABA 192 193 interneurons, leading to a subsequent glutamate burst and enhancement of glutamatergic activity 194 in the mPFC (12, 30). Additionally, ketamine administration increases GABA-related synaptic 195 proteins in the mPFC 24 h post-administration (20). However, the temporal dynamics of 196 excitatory and inhibitory neuronal activity in the mPFC following ketamine administration has not been measured. To address this, we infused CaMKII-driven GCaMP6s (green) and Cre-197 198 driven jRCaMP1b (RCaMP, red) viruses into the mPFC of Gad1-Cre mice to record calcium 199 activity from both glutamatergic (CaMKII<sup>+</sup>) and GABAergic (Gad<sup>+</sup>) neurons simultaneously 200 (Figure 1A). Although previous studies indicate that the CaMKII promoter can lead to unspecific 201 expression in inhibitory neurons (36, 37), our analysis suggest no significant overlap (Figure

202 1B). Using this dual-channel strategy, we observed that ketamine administration increases the 203 activity of CaMKII<sup>+</sup> neurons beginning approximately 30 min after administration, and this response persists until the end of the recording period (120 min, Figure 1C, F). In contrast, 204 205 ketamine decreases the activity of GABA neurons for the first 30 min after administration compared to the vehicle-treated group. It is noteworthy that, since the injection procedure 206 initially produced some level of GABA activity evident in the vehicle-treated group during the 207 208 first 10 min post-injection (Supplementary Figure 2B), the reduction in calcium transients 209 produced by ketamine becomes apparent only when compared with the vehicle group but not 210 with the baseline (Figure 1D). This response is inverted after 60 min, such that there is a delayed increase in GABA activity compared to baseline (60 min) and to the baseline and vehicle-treated 211 groups (90-120 min) (Figure 1D, G). Finally, because GABAergic and glutamatergic activity 212 213 shift in opposite directions immediately after ketamine treatment (Supplementary Figure 2), we 214 conducted further analysis to investigate the initial dynamics of ketamine's actions on E/I levels 215 within each animal. Given that ketamine reaches peak plasma and brain levels within 10 min of 216 intraperitoneal administration in mice (38), we assessed E/I activity during baseline and within 10 or 20 min post-treatment. Interestingly, our results revealed a rapid and transient increase in 217 E/I transients following ketamine administration (10 min) in comparison to its baseline and the 218 219 vehicle-treated group, which returned to baseline levels shortly thereafter (Figure 1E). These data 220 show that ketamine triggers a biphasic response in GABA interneurons, characterized by a 221 transient decrease followed by an increase of activity.

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Ketamine enhances activity of mPFC pyramidal and GABAergic neurons 24 h post-treatment
 during the sucrose splash test

225 Next, we investigated whether ketamine-induced rapid changes in glutamatergic and GABAergic 226 activity are long-lasting and engaged during stress-relevant behavioral tests. An independent 227 cohort of *Gad1-Cre* mice underwent surgery for virus infusion, along with implantation of an 228 optical fiber, as outlined. Twenty-four hours after vehicle or ketamine treatment, animals underwent recording in the home cage to evaluate sustained effects of ketamine in the absence of 229 behavioral challenge (50 min, Supplementary Figure 3) and then during the SUST (5 min) 230 231 (Figure 2A). Ketamine administration did not alter baseline activity of GABAergic or 232 glutamatergic neurons 24 h after administration (50-min recording, Supplementary Figure 3A-233 B). For visualization and statistical analyses, baseline traces in Figure 2 represent the last 300 sec of baseline recordings. Ketamine increased grooming time during the SUST (300 sec) (Figure 234 235 2B), and increased calcium transients in both glutamatergic (Figure 2C, E-F) and GABAergic 236 cells (Figure 2D, E, G) in comparison to respective baselines and vehicle-treated groups.

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238 *Ketamine enhances activity of GABAergic neurons 72 h post-treatment during the novelty*239 *suppressed feeding test*

240 Animals then underwent recordings 72 h following ketamine treatment to evaluate 241 calcium transients in the home cage (50 min) and during the NSFT (10 min) (Figure 3A). As 242 expected, ketamine decreased the latency to feed in the NSFT 72 h following treatment compared to the vehicle-treated group (Figure 3B). No change was observed in the home cage 243 244 food consumption (Supplementary Figure 4). The results indicate that ketamine did not alter 245 baseline activity of GABAergic or glutamatergic neurons 72 h after administration (0-50 min) (Supplementary Figure 4A-B). For visualization and statistical analyses, baseline traces in Figure 246 247 3 represent the last 300 sec of baseline recordings. During the NSFT, ketamine administration

led to a strong trend towards increased calcium activity in glutamatergic cells compared to the 248 249 baseline condition, although it did not reach statistical significance (p = 0.06, Figure 3C). 250 Conversely, there was an increase in calcium transients in GABAergic neurons during the NSFT 251 in both vehicle- and ketamine-treated groups compared to the respective baseline groups (Figure 3F). However, ketamine produced a more robust increase in GABAergic activity during the first 252 253 150 s of test duration compared to the vehicle-treated group (Figure 3F). We also measured the 254 average z-scored dF/F paired specifically to the bite event (Figure 3D and G). Interestingly, these 255 results show that ketamine treatment results in activation of GABA interneurons but not 256 pyramidal neurons during the bite event, suggesting that ketamine-induced plasticity in GABAergic neurons is long-lasting and manifest during an avoidance-related behavioral task. 257

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259 Chemogenetic inhibition of mPFC GABA neurons following ketamine treatment or during
260 behavioral tests at 24 h or 72 h occludes ketamine's behavioral actions

261 Based on the biphasic GABAergic activity observed after ketamine treatment (Figure 1), 262 characterized by an initial decrease (phase 1) followed by an increase (phase 2) in calcium transients, we sought to investigate whether this delayed enhancement of GABA function is 263 264 required for the sustained behavioral responses induced by ketamine. To address this, Gad1-Cre and WT littermate controls were infused bilaterally with a Cre-dependent hM4DGi virus (Figure 265 4A-B) to selectively inhibit the activity of GABA interneurons in the mPFC during phase 2. To 266 267 investigate whether the hM4DGi virus expression is restricted to specific subpopulations of 268 interneurons or encompasses overall GABAergic cells in Gad-Cre mice, we conducted 269 immunostaining to co-label Gad- hM4DGi<sup>+</sup> cells with PV or SST. Our results indicate that 30.7% of the Gad- hM4DGi<sup>+</sup> cells express SST, while 27.1% express PV, revealing 270

heterogeneity within the *Gad-Cre* line (Figure 4C; Supplementary Figure 5). Although PV is
shown to be more expressed than SST in the neocortex (40% *vs* 30%, respectively) (39), most of
our injections are confined to layers II/III and, to a lesser extent, V of the mPFC, where PV and
SST cells are shown to be similarly expressed (39). Conversely, 18.1% and 25.6% of total
labeled PV or SST cells, respectively, were Gad-hM4DGi<sup>+</sup>.

In this experimental setup, animals received either vehicle or ketamine (10 mg/kg), 276 277 followed by CNO (1 mg/kg) 40 min later (Figure 4A). This schedule of administration allows the 278 initial ketamine-induced blockade of GABA interneurons to occur (<30 min, phase 1), while 279 occluding the subsequent enhancement of GABA activity (phase 2). CNO has a short half-life in 280 mice  $(\sim 1 h)$  (31), so an additional low dose of CNO (0.5 mg/kg) was administered after 2 h to extend the effect. It is noteworthy that these low doses of CNO do not elicit behavioral or 281 282 locomotor responses 24 h or 72 h later when injected in hM4DGi-infused Gad1-Cre mice (30). Ketamine increased grooming time in the SUST (24 h) and decreased the latency to feed in 283 284 NSFT (72 h) in WT mice, as expected, and these effects were blocked by chemogenetic 285 inhibition of GABA interneurons during phase 2 in *Gad1-Cre* mice (Figure 4D-E). No changes 286 were observed in home cage food consumption (Figure 4D). This suggests that activity at GABAergic synapses is required for the sustained antidepressant-like effects of ketamine. In a 287 288 separate control experiment, we adopted an inverse approach where hM4DGi-infused Gad1-Cre mice received CNO (1 mg/kg) 40 min *before* vehicle or ketamine, and then were tested in the 289 290 SUST or NSFT, 24 or 72 h post-treatment, respectively (Supplementary Figure 6). This protocol 291 allows us to evaluate CNO pre-treatment on ketamine's actions without affecting the delayed 292 GABAergic surge, as CNO would be largely eliminated by this time. As expected, prior CNO 293 treatment did not impact ketamine's behavioral effects in both the SUST (Supplementary Figure

6C) and NSFT (Supplementary Figure 6D), supporting our hypothesis that ketamine-induced
GABAergic activity is time-dependent and engaged at a later timepoint.

296 Based on the observation that GABAergic transients are increased *during* the SUST and 297 NSFT tests 24 and 72 h following ketamine treatment, respectively (Figure 2 and 3), we determined whether activation of GABA interneurons during these tests is required for the 298 behavioral outcomes induced by ketamine. WT and Gad1-Cre mice were administered either 299 300 vehicle or ketamine, followed by CNO (1 mg/kg) 24 and 72 h later, injected 30 min before each 301 behavioral test (Figure 4F). Importantly, CNO does not produce any behavioral or locomotor 302 effects when administered 30 min before behavioral tests in hM4DGi-infused Gad1-Cre mice (30). Previous ketamine administration increased grooming time in the SUST (24 h after 303 administration) and decreased the latency to feed in NSFT (72 h after administration) in WT 304 305 mice, and these effects were occluded by chemogenetic inhibition of GABA interneurons 30 min 306 before each test (Figure 4G-H). No differences were observed in home cage food consumption 307 among groups (Figure 4H). This suggests that ketamine-induced activity of GABAergic neurons 308 is long-lasting and engaged during stress-related behavioral tasks.

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### 310 **Discussion**

In this study we provide direct evidence that ketamine exerts sustained antidepressant-like actions through facilitation of GABA function. The results support the hypothesis that ketamine modulates the activity of mPFC GABA interneurons in a biphasic manner, with an initial decrease in activity (phase 1), accompanied by activation of pyramidal neurons, followed by an increase in GABA function (phase 2) (Figure 5). Notably, chemogenetic data indicate that this delayed enhancement of mPFC GABA activity is both required and necessary for the sustained

behavioral actions of ketamine. The increase in GABA signaling after ketamine administration is
also long-lasting and engaged during behavioral tests relevant to stress responses, suggesting it
may be involved in fine-tuning cortical circuits during stress-related behaviors.

320 A major hypothesis for the initial cellular trigger for ketamine's action it that it first blocks NMDA-R expressed by cortical interneurons, notably, somatostatin (SST) and 321 parvalbumin (PV) GABA neuron subtypes (5, 12). Because these inhibitory neurons exhibit 322 323 tonic firing, they are thought to be more sensitive to NMDA-R blockade, as tonic activity removes the Mg<sup>2+</sup> block of the receptor, enabling ketamine to enter the channel pore and block 324  $Ca^{2+}$  entry (12, 40). Inhibition of GABAergic interneuron firing decreases GABA activity, 325 326 resulting in disinhibition of excitatory pyramidal neurons, and leading to a glutamate burst that drives activity-dependent BDNF release, activation of protein synthesis (via the mTORC1 327 328 pathway), new spine formation, and synaptogenesis (2). Supporting this hypothesis, NMDA-R 329 blockade leads to a reduction in the spontaneous firing of putative GABA interneurons in the mPFC, coupled with an enhanced activity of pyramidal neurons at a delayed rate (40). 330 331 Furthermore, a low concentration of ketamine  $(1 \mu M)$ , which approximates brain levels after *in* vivo administration, rapidly decreases inhibitory- and increases excitatory postsynaptic currents 332 (IPSCs and EPSCs, respectively) onto pyramidal neurons in mPFC slices (12). 333

In this study we measured the dynamics in cellular responses to ketamine using simultaneous dual photometry recordings of GABA neurons and glutamatergic cells in the mPFC. Our findings indicate that ketamine initially produces a decrease in GABAergic neuron activity compared to the vehicle group, and a transient increase in E/I levels (10 min), followed by a long-lasting increase in pyramidal neuron activity (2 h). However, it remains unknown whether the initial decrease in GABAergic transients directly lead to enhanced glutamatergic

340 activity, and more studies addressing cross-correlational dynamics and causality are needed. In a 341 previous study, increased GCaMP6f fluorescence in mPFC pyramidal neurons was observed 30 342 min after administering a lower dose of ketamine (3 mg/kg), and this study reported more 343 pronounced effects at 30 mg/kg, leading to an immediate increase in pyramidal activity lasting up to 20 min post-injection (41). However, it is noteworthy that the interpretation of that study is 344 limited due to the absence of a vehicle control group. Selective knockdown of a key NMDA-R 345 346 subunit, GluN2B, in GABA interneurons, but not pyramidal (CaMKII<sup>+</sup>) cells, occluded the 347 behavioral actions of ketamine (12). Optogenetic stimulation of GABA interneurons concurrent 348 with ketamine administration also occluded its behavioral effects (20). Similar cellular 349 mechanisms are observed with other rapid antidepressant candidates, including the muscarinic acetylcholine receptor antagonist scopolamine (14, 29, 30). Stimulating GABA interneuron 350 351 activity before scopolamine administration blocks its rapid and sustained behavioral effects (30). 352 Likewise, selective knockdown or knockout of muscarinic type 1 (M1) receptors in SST 353 interneurons occludes scopolamine-induced behavioral responses and molecular plasticity at 354 GABAergic and glutamatergic synapses (14, 29). In the same direction, our previous studies have shown that chemogenetic inhibition of either all GAD-positive neurons in the mPFC, or 355 356 only SST or PV interneuron subtypes, using a higher dose of CNO (2.5 mg/kg, 3x), resulted in 357 fast antidepressant-like responses and molecular changes, mimicking the effects of fast 358 antidepressants (30). Conversely, lower doses of CNO used in the present study (0.5 and 1 359 mg/kg) are not sufficient to produce behavioral effects on their own, suggesting that a more 360 robust silencing of GAD-positive neurons is required to recapitulate rapid antidepressant actions. Interestingly, after the initial decrease in GABA activity, we observed a delayed 361

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enhancement of GABA function starting 60 min post-ketamine administration, which was further

engaged during behavioral tests 24 h and 72 h later, suggesting that additional mechanisms 363 364 beyond glutamate-mediated plasticity might contribute to ketamine's actions (Figure 5). Indeed, 365 our chemogenetic experiments provided evidence supporting the involvement of GABAergic 366 interneurons in mediating the effects of ketamine. Notably, while the glutamatergic hypothesis provides a conceptual model for the rapid changes produced by ketamine, it does not account for 367 368 the reductions in GABA levels and markers observed in cortical areas of human subjects with 369 MDD and chronically stressed animals, which can be restored by rapid antidepressant treatment 370 (10, 15-20, 28, 42-47). Several studies have reported decreases in the expression of SST and 371 proteins related to GABA signaling, such as GAD1-the primary enzyme responsible for 372 synthesizing GABA from glutamate—and multiple subunits of GABA<sub>A</sub> receptors in cortical tissues obtained from both MDD subjects and stressed animals (48-51). Mice lacking SST (SST-373 374 KO) exhibit increased stress-related behaviors, and reduced GAD1 gene expression (52). 375 Importantly, normalization of cortical and plasma GABA levels, as well as GAD1 expression, 376 following antidepressant treatment, is associated with remission of depressive symptoms (21-27). 377 Consistent with these findings, the antidepressant effects of ketamine are accompanied by robust increase in GABA levels in the mPFC of patients diagnosed with MDD or obsessive-378 379 compulsive disorder (19, 53). Ketamine can also restore impaired GABA release in the 380 hippocampus of stressed rats (54). Our previous findings suggest that ketamine and other fast-

in the mPFC 24 h after administration, such as GAD1, the vesicular GABA transporter (VGAT)
and/or gephyrin, along with serotonin-induced IPSCs in pyramidal neurons (20). Ketamine can
also modulate GABA<sub>A</sub>-R binding in human PFC and increase the activity of extrasynaptic
GABA<sub>A</sub>-R in mouse cortex and hippocampus (55, 56). Combined administration of sub-effective

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acting drugs, including scopolamine, increase pre- and postsynaptic markers of GABA signaling

386 doses of muscimol, a selective agonist of GABA<sub>A</sub> receptors, and ketamine, produces 387 antidepressant-like effects in mice (57). Global deletion or mutation of  $\gamma$ 2-GABA-R produces stress-induced phenotypes, which are reversed by a single dose of ketamine or chronic 388 389 imipramine treatment (58). Ketamine also reverses GABAergic deficits in these animals, increasing inhibitory postsynaptic currents (IPSCs) and gephyrin levels (58). Additionally, 390 disinhibition of somatostatin interneurons by deletion of  $\gamma$ 2-GABA-R selectively from these cells 391 392 results in anxiolytic- and antidepressant-like effects, and confers resilience to stress in male mice, mimicking the effects of ketamine (59, 60). It is worth noting that the experiments in the 393 394 present study were conducted in single-housed animals that underwent surgeries for cannula 395 placement and/or viral infusion. Social isolation in rodents has been shown to disrupt corticolimbic structures and immune system function, contributing to stress-related behavioral 396 397 outcomes (61-63). Thus, the single housing may have contributed to baseline stress in these mice 398 that allowed robust changes in response to ketamine administration. However, further 399 experiments using well-validated animal models of stress, such as the CUS, are necessary to 400 evaluate the actions of ketamine compared to a control group (non-stressed).

While the precise mechanism by which ketamine enhances GABA activity remains 401 unclear, one hypothesis is that, following the glutamatergic burst, there is homeostatic self-402 403 tuning adaptations to reestablish E/I balance in the mPFC (10). This local reorganization could 404 restore the integrity of signal transfer to target regions by re-establishing correct firing patterns, 405 and thereby promoting antidepressant effects (64) (Figure 5). Glutamate is the primary precursor 406 of GABA as a substrate for GAD, so strengthened inhibition may be a self-limiting mechanism to prevent excitotoxicity in response to excessive excitation. Notably, activation of postsynaptic 407 408 NMDA-R or stimulation of glutamatergic neurons (CaMKII<sup>+</sup>) engages a positive feedback

mechanism culminating in long-term potentiation of dendritic inhibition mediated by SST
interneurons in the mPFC (65). Concomitantly, disrupting the glutamate-glutamine cycle
depletes GABA neurotransmitter pools (66, 67), restoring balance through decreased inhibition.
Another possibility is that ketamine exerts direct effects on the GABAergic system, potentially
through its metabolites such as (2R, 6R)-HNK, which has shown ketamine-like antidepressant
effects without prompting psychotomimetic responses (38, 68).

415 Our findings also reveal enhancement of glutamate neuron activity 24 h post-ketamine 416 during the SUST; however, although there was a strong trend towards increased overall glutamatergic activity 72 h later during the NSFT, no effect was found around the bite event, 417 raising the question of whether activity of mPFC CaMKII+ neurons is necessary for the 418 sustained effects of ketamine during specific avoidance-related tasks. In line with our hypothesis, 419 it is possible that activation of glutamatergic neurons is required for the initial cascade of cellular 420 421 events that culminate in a long-lasting enhancement of dendritic spine number and function (2, 422 69), while the activity of GABAergic neurons may be involved in fine-tuning these newly 423 formed microcircuits.

Consistent with the involvement of GABA mechanisms in antidepressant responses, new classes of rapid-acting drugs targeting the GABA<sub>A</sub>R as positive or negative allosteric modulators (PAMs and NAMs, respectively) have emerged in recent years. Brexanolone, a positive  $\delta$ -GABA<sub>A</sub>R modulator and an analogue of the neurosteroid allopregnanolone, has recently been approved for the treatment of postpartum depression (70), marking a significant paradigm shift in the field towards identifying innovative GABAergic compounds for depression therapy. Furthermore, preclinical studies indicate that both PAMs and NAMs of the  $\alpha$ 5-containing

431 GABA<sub>A</sub>R demonstrate rapid antidepressant-like effects or prevent the behavioral responses 432 induced by chronic stress, comparable to the effects of ketamine (71-74).

433 Therefore, enhancement of both GABA and glutamate function is likely necessary to 434 restore signal integrity in the mPFC and other limbic regions, culminating in antidepressant states (Figure 5). Our current GABAergic evidence builds upon the findings and conceptual 435 frameworks for antidepressant action described by Duman et al., 2019 (5) and Lusher et al., 2020 436 437 (16), providing support for a sequential glutamatergic-GABAergic hypothesis for the actions of 438 ketamine (Figure 5). While the current study provides novel insights into the GABAergic effects 439 of ketamine, we did not evaluate causality between these mechanisms and the enhancement of 440 glutamatergic function. Cross-correlational analyses of GABA and glutamatergic activity, as well as recordings following chemogenetic manipulation of CaMKII<sup>+</sup> neurons and ketamine 441 442 treatment, would be valuable additions to investigate the temporal dynamics that could result in 443 disinhibition. Also, further investigations are warranted to pinpoint the recruitment of specific subpopulations of GABA interneurons (e.g., SST, PV) in this biphasic response, as well as 444 445 potential sex-dependent differences. In conclusion, the current findings suggest that modulating 446 GABAergic function holds promise for developing novel antidepressant medications.

447

#### 449

### 450 Author contributions

451 M.V.F. designed the study, performed the experiments, analyzed the data and wrote the 452 manuscript. F.D. performed experiments and provided technical support. M.R.P. provided 453 scientific input, was involved in data interpretation and analyses, edited and revised the 454 manuscript.

455

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466

#### 467 **Disclosures**

468 The authors declare that they have no conflicts of interest to report.

469

### 470 Data Availability

471 Individual subject data are shown in the figures, and any unidentified raw data will be provided
472 upon request. MATLAB code is available at

- 473 https://github.com/katemartian/Photometry\_data\_processing (34). Any additional information
- 474 will be provided upon request.

### 476 **References**

477 1. Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. Prevalence, severity, and
478 comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen
479 Psychiatry. 2005;62(6):617-27.

480 2. Duman RS, Aghajanian GK, Sanacora G, Krystal JH. Synaptic plasticity and depression: new 481 insights from stress and rapid-acting antidepressants. Nat Med. 2016;22(3):238-49.

482 3. Trivedi MH, Rush AJ, Wisniewski SR, Nierenberg AA, Warden D, Ritz L, et al. Evaluation of 483 outcomes with citalopram for depression using measurement-based care in STAR\*D: implications for 484 clinical practice. Am J Psychiatry. 2006;163(1):28-40.

485 4. Berman RM, Cappiello A, Anand A, Oren DA, Heninger GR, Charney DS, et al. Antidepressant 486 effects of ketamine in depressed patients. Biol Psychiatry. 2000;47(4):351-4.

487 5. Duman RS, Sanacora G, Krystal JH. Altered Connectivity in Depression: GABA and Glutamate 488 Neurotransmitter Deficits and Reversal by Novel Treatments. Neuron. 2019;102(1):75-90.

489 6. Choudary PV, Molnar M, Evans SJ, Tomita H, Li JZ, Vawter MP, et al. Altered cortical 490 glutamatergic and GABAergic signal transmission with glial involvement in depression. Proc Natl Acad Sci 491 U S A. 2005;102(43):15653-8.

492 7. MacQueen GM, Yucel K, Taylor VH, Macdonald K, Joffe R. Posterior hippocampal volumes are
493 associated with remission rates in patients with major depressive disorder. Biol Psychiatry.
494 2008;64(10):880-3.

4958.Csabai D, Wiborg O, Czeh B. Reduced Synapse and Axon Numbers in the Prefrontal Cortex of496Rats Subjected to a Chronic Stress Model for Depression. Front Cell Neurosci. 2018;12:24.

497 9. Abdallah CG, Jackowski A, Sato JR, Mao X, Kang G, Cheema R, et al. Prefrontal cortical GABA
498 abnormalities are associated with reduced hippocampal volume in major depressive disorder. Eur
499 Neuropsychopharmacol. 2015;25(8):1082-90.

50010.Fogaca MV, Duman RS. Cortical GABAergic Dysfunction in Stress and Depression: New Insights501for Therapeutic Interventions. Front Cell Neurosci. 2019;13:87.

502 11. Duman RS, Shinohara R, Fogaca MV, Hare B. Neurobiology of rapid-acting antidepressants: 503 convergent effects on GluA1-synaptic function. Mol Psychiatry. 2019.

504 12. Gerhard DM, Pothula S, Liu RJ, Wu M, Li XY, Girgenti MJ, et al. GABA interneurons are the 505 cellular trigger for ketamine's rapid antidepressant actions. J Clin Invest. 2020;130(3):1336-49.

50613.Autry AE, Adachi M, Nosyreva E, Na ES, Los MF, Cheng PF, et al. NMDA receptor blockade at rest507triggers rapid behavioural antidepressant responses. Nature. 2011;475(7354):91-5.

508 14. Fogaca MV, Wu M, Li C, Li XY, Duman RS, Picciotto MR. M1 acetylcholine receptors in 509 somatostatin interneurons contribute to GABAergic and glutamatergic plasticity in the mPFC and 510 antidepressant-like responses. Neuropsychopharmacology. 2023;48(9):1277-87.

511 15. Singh B, Port JD, Voort JLV, Coombes BJ, Geske JR, Lanza IR, et al. A preliminary study of the 512 association of increased anterior cingulate gamma-aminobutyric acid with remission of depression after 513 ketamine administration. Psychiatry Res. 2021;301:113953.

16. Luscher B, Feng M, Jefferson SJ. Antidepressant mechanisms of ketamine: Focus on GABAergic
inhibition. Adv Pharmacol. 2020;89:43-78.

516 17. Czeh B, Vardya I, Varga Z, Febbraro F, Csabai D, Martis LS, et al. Long-Term Stress Disrupts the 517 Structural and Functional Integrity of GABAergic Neuronal Networks in the Medial Prefrontal Cortex of

518 Rats. Front Cell Neurosci. 2018;12:148.

519 18. Godfrey KEM, Gardner AC, Kwon S, Chea W, Muthukumaraswamy SD. Differences in excitatory

520 and inhibitory neurotransmitter levels between depressed patients and healthy controls: A systematic 521 review and meta-analysis. J Psychiatr Res. 2018;105:33-44.

Milak MS, Proper CJ, Mulhern ST, Parter AL, Kegeles LS, Ogden RT, et al. A pilot in vivo proton
magnetic resonance spectroscopy study of amino acid neurotransmitter response to ketamine
treatment of major depressive disorder. Mol Psychiatry. 2016;21(3):320-7.

525 20. Ghosal S, Duman CH, Liu RJ, Wu M, Terwilliger R, Girgenti MJ, et al. Ketamine rapidly reverses 526 stress-induced impairments in GABAergic transmission in the prefrontal cortex in male rodents. 527 Neurobiol Dis. 2019:104669.

528 21. Sanacora G, Mason GF, Rothman DL, Behar KL, Hyder F, Petroff OA, et al. Reduced cortical 529 gamma-aminobutyric acid levels in depressed patients determined by proton magnetic resonance 530 spectroscopy. Arch Gen Psychiatry. 1999;56(11):1043-7.

531 22. Sanacora G, Gueorguieva R, Epperson CN, Wu YT, Appel M, Rothman DL, et al. Subtype-specific 532 alterations of gamma-aminobutyric acid and glutamate in patients with major depression. Arch Gen 533 Psychiatry. 2004;61(7):705-13.

534 23. Bhagwagar Z, Wylezinska M, Taylor M, Jezzard P, Matthews PM, Cowen PJ. Increased brain
535 GABA concentrations following acute administration of a selective serotonin reuptake inhibitor. Am J
536 Psychiatry. 2004;161(2):368-70.

537 24. Goren MZ, Kucukibrahimoglu E, Berkman K, Terzioglu B. Fluoxetine partly exerts its actions 538 through GABA: a neurochemical evidence. Neurochem Res. 2007;32(9):1559-65.

539 25. Kucukibrahimoglu E, Saygin MZ, Caliskan M, Kaplan OK, Unsal C, Goren MZ. The change in 540 plasma GABA, glutamine and glutamate levels in fluoxetine- or S-citalopram-treated female patients 541 with major depression. Eur J Clin Pharmacol. 2009;65(6):571-7.

542 26. Karolewicz B, Maciag D, O'Dwyer G, Stockmeier CA, Feyissa AM, Rajkowska G. Reduced level of 543 glutamic acid decarboxylase-67 kDa in the prefrontal cortex in major depression. Int J 544 Neuropsychopharmacol. 2010;13(4):411-20.

545 27. Dubin MJ, Mao X, Banerjee S, Goodman Z, Lapidus KA, Kang G, et al. Elevated prefrontal cortex 546 GABA in patients with major depressive disorder after TMS treatment measured with proton magnetic 547 resonance spectroscopy. J Psychiatry Neurosci. 2016;41(3):E37-45.

54828.Singh B, Port JD, Pazdernik V, Coombes BJ, Vande Voort JL, Frye MA. Racemic ketamine549treatment attenuates anterior cingulate cortex GABA deficits among remitters in treatment-resistant550depression: A pilot study. Psychiatry Res Neuroimaging. 2022;320:111432.

55129.Wohleb ES, Wu M, Gerhard DM, Taylor SR, Picciotto MR, Alreja M, et al. GABA interneurons552mediate the rapid antidepressant-like effects of scopolamine. J Clin Invest. 2016;126(7):2482-94.

55330.Fogaca MV, Wu M, Li C, Li XY, Picciotto MR, Duman RS. Inhibition of GABA interneurons in the554mPFC is sufficient and necessary for rapid antidepressant responses. Mol Psychiatry. 2021;26(7):3277-55591.

556 31. Jendryka M, Palchaudhuri M, Ursu D, van der Veen B, Liss B, Katzel D, et al. Pharmacokinetic and 557 pharmacodynamic actions of clozapine-N-oxide, clozapine, and compound 21 in DREADD-based 558 chemogenetics in mice. Sci Rep. 2019;9(1):4522.

559 32. Manvich DF, Webster KA, Foster SL, Farrell MS, Ritchie JC, Porter JH, et al. The DREADD agonist 560 clozapine N-oxide (CNO) is reverse-metabolized to clozapine and produces clozapine-like interoceptive 561 stimulus effects in rats and mice. Sci Rep. 2018;8(1):3840.

56233.Pothula S, Kato T, Liu RJ, Wu M, Gerhard D, Shinohara R, et al. Cell-type specific modulation of563NMDA receptors triggers antidepressant actions. Mol Psychiatry. 2020.

56434.Martianova E, Aronson S, Proulx CD. Multi-Fiber Photometry to Record Neural Activity in Freely-565Moving Animals. J Vis Exp. 2019(152).

566 35. Wei C, Han X, Weng D, Feng Q, Qi X, Li J, et al. Response dynamics of midbrain dopamine 567 neurons and serotonin neurons to heroin, nicotine, cocaine, and MDMA. Cell Discov. 2018;4:60.

36. Nathanson JL, Yanagawa Y, Obata K, Callaway EM. Preferential labeling of inhibitory and
excitatory cortical neurons by endogenous tropism of adeno-associated virus and lentivirus vectors.
Neuroscience. 2009;161(2):441-50.

571 37. Watakabe A, Ohtsuka M, Kinoshita M, Takaji M, Isa K, Mizukami H, et al. Comparative analyses 572 of adeno-associated viral vector serotypes 1, 2, 5, 8 and 9 in marmoset, mouse and macaque cerebral 573 cortex. Neurosci Res. 2015;93:144-57.

574 38. Zanos P, Moaddel R, Morris PJ, Georgiou P, Fischell J, Elmer Gl, et al. NMDAR inhibition-575 independent antidepressant actions of ketamine metabolites. Nature. 2016;533(7604):481-6.

576 39. Tremblay R, Lee S, Rudy B. GABAergic Interneurons in the Neocortex: From Cellular Properties to 577 Circuits. Neuron. 2016;91(2):260-92.

578 40. Homayoun H, Moghaddam B. NMDA receptor hypofunction produces opposite effects on 579 prefrontal cortex interneurons and pyramidal neurons. J Neurosci. 2007;27(43):11496-500.

580 41. Hare BD, Pothula S, DiLeone RJ, Duman RS. Ketamine increases vmPFC activity: Effects of (R)-581 and (S)-stereoisomers and (2R,6R)-hydroxynorketamine metabolite. Neuropharmacology. 582 2020;166:107947.

42. Prescot A, Sheth C, Legarreta M, Renshaw PF, McGlade E, Yurgelun-Todd D. Altered Cortical
GABA in Female Veterans with Suicidal Behavior: Sex Differences and Clinical Correlates. Chronic Stress
(Thousand Oaks). 2018;2.

586 43. Kanes SJ, Colquhoun H, Doherty J, Raines S, Hoffmann E, Rubinow DR, et al. Open-label, proof-587 of-concept study of brexanolone in the treatment of severe postpartum depression. Hum 588 Psychopharmacol. 2017;32(2).

589 44. Chowdhury GM, Zhang J, Thomas M, Banasr M, Ma X, Pittman B, et al. Transiently increased
590 glutamate cycling in rat PFC is associated with rapid onset of antidepressant-like effects. Mol Psychiatry.
591 2017;22(1):120-6.

45. Perrine SA, Ghoddoussi F, Michaels MS, Sheikh IS, McKelvey G, Galloway MP. Ketamine reverses
stress-induced depression-like behavior and increased GABA levels in the anterior cingulate: an 11.7 T
1H-MRS study in rats. Prog Neuropsychopharmacol Biol Psychiatry. 2014;51:9-15.

595 46. Guilloux JP, Douillard-Guilloux G, Kota R, Wang X, Gardier AM, Martinowich K, et al. Molecular 596 evidence for BDNF- and GABA-related dysfunctions in the amygdala of female subjects with major 597 depression. Mol Psychiatry. 2012;17(11):1130-42.

598 47. Sibille E, Morris HM, Kota RS, Lewis DA. GABA-related transcripts in the dorsolateral prefrontal 599 cortex in mood disorders. Int J Neuropsychopharmacol. 2011;14(6):721-34.

48. Merali Z, Du L, Hrdina P, Palkovits M, Faludi G, Poulter MO, et al. Dysregulation in the suicide
brain: mRNA expression of corticotropin-releasing hormone receptors and GABA(A) receptor subunits in
frontal cortical brain region. J Neurosci. 2004;24(6):1478-85.

49. Sequeira A, Klempan T, Canetti L, ffrench-Mullen J, Benkelfat C, Rouleau GA, et al. Patterns of
gene expression in the limbic system of suicides with and without major depression. Mol Psychiatry.
2007;12(7):640-55.

50. Klempan TA, Sequeira A, Canetti L, Lalovic A, Ernst C, ffrench-Mullen J, et al. Altered expression of genes involved in ATP biosynthesis and GABAergic neurotransmission in the ventral prefrontal cortex of suicides with and without major depression. Mol Psychiatry. 2009;14(2):175-89.

60951.Luscher B, Shen Q, Sahir N. The GABAergic deficit hypothesis of major depressive disorder. Mol610Psychiatry. 2011;16(4):383-406.

611 52. Lin LC, Sibille E. Somatostatin, neuronal vulnerability and behavioral emotionality. Mol 612 Psychiatry. 2015;20(3):377-87.

53. Rodriguez Cl, Kegeles LS, Levinson A, Ogden RT, Mao X, Milak MS, et al. In vivo effects of ketamine on glutamate-glutamine and gamma-aminobutyric acid in obsessive-compulsive disorder:

615 Proof of concept. Psychiatry Res. 2015;233(2):141-7.

54. Tornese P, Sala N, Bonini D, Bonifacino T, La Via L, Milanese M, et al. Chronic mild stress induces anhedonic behavior and changes in glutamate release, BDNF trafficking and dendrite morphology only in stress vulnerable rats. The rapid restorative action of ketamine. Neurobiol Stress. 2019;10:100160.

55. Heinzel A, Steinke R, Poeppel TD, Grosser O, Bogerts B, Otto H, et al. S-ketamine and GABA-Areceptor interaction in humans: an exploratory study with I-123-iomazenil SPECT. Hum Psychopharmacol. 2008;23(7):549-54.

56. Wang DS, Penna A, Orser BA. Ketamine Increases the Function of gamma-Aminobutyric Acid Type A Receptors in Hippocampal and Cortical Neurons. Anesthesiology. 2017;126(4):666-77.

57. Rosa PB, Neis VB, Ribeiro CM, Moretti M, Rodrigues AL. Antidepressant-like effects of ascorbic acid and ketamine involve modulation of GABAA and GABAB receptors. Pharmacol Rep. 2016;68(5):996-1001.

58. Ren Z, Pribiag H, Jefferson SJ, Shorey M, Fuchs T, Stellwagen D, et al. Bidirectional Homeostatic
Regulation of a Depression-Related Brain State by Gamma-Aminobutyric Acidergic Deficits and Ketamine
Treatment. Biol Psychiatry. 2016;80(6):457-68.

59. Jefferson SJ, Feng M, Chon U, Guo Y, Kim Y, Luscher B. Disinhibition of somatostatin
interneurons confers resilience to stress in male but not female mice. Neurobiol Stress. 2020;13:100238.
60. Fuchs T, Jefferson SJ, Hooper A, Yee PH, Maguire J, Luscher B. Disinhibition of somatostatinpositive GABAergic interneurons results in an anxiolytic and antidepressant-like brain state. Mol
Psychiatry. 2017;22(6):920-30.

635 61. Du Preez A, Law T, Onorato D, Lim YM, Eiben P, Musaelyan K, et al. The type of stress matters: 636 repeated injection and permanent social isolation stress in male mice have a differential effect on 637 anxiety- and depressive-like behaviours, and associated biological alterations. Transl Psychiatry. 638 2020;10(1):325.

639 62. Takatsu-Coleman AL, Patti CL, Zanin KA, Zager A, Carvalho RC, Borcoi AR, et al. Short-term social 640 isolation induces depressive-like behaviour and reinstates the retrieval of an aversive task: mood-641 congruent memory in male mice? J Psychiatry Neurosci. 2013;38(4):259-68.

642 63. Agis-Balboa RC, Pinna G, Pibiri F, Kadriu B, Costa E, Guidotti A. Down-regulation of neurosteroid
biosynthesis in corticolimbic circuits mediates social isolation-induced behavior in mice. Proc Natl Acad
643 Sci U S A. 2007;104(47):18736-41.

645 64. Turrigiano GG, Nelson SB. Homeostatic plasticity in the developing nervous system. Nat Rev 646 Neurosci. 2004;5(2):97-107.

647 65. Chiu CQ, Martenson JS, Yamazaki M, Natsume R, Sakimura K, Tomita S, et al. Input-Specific 648 NMDAR-Dependent Potentiation of Dendritic GABAergic Inhibition. Neuron. 2018;97(2):368-77 e3.

649 66. Liang SL, Carlson GC, Coulter DA. Dynamic regulation of synaptic GABA release by the glutamate-650 glutamine cycle in hippocampal area CA1. J Neurosci. 2006;26(33):8537-48.

651 67. Rae C, Hare N, Bubb WA, McEwan SR, Broer A, McQuillan JA, et al. Inhibition of glutamine 652 transport depletes glutamate and GABA neurotransmitter pools: further evidence for metabolic 653 compartmentation. J Neurochem. 2003;85(2):503-14.

654 68. Fukumoto K, Fogaca MV, Liu RJ, Duman C, Kato T, Li XY, et al. Activity-dependent brain-derived 655 neurotrophic factor signaling is required for the antidepressant actions of (2R,6R)-hydroxynorketamine. 656 Proc Natl Acad Sci U S A. 2019;116(1):297-302.

657 69. Li N, Lee B, Liu RJ, Banasr M, Dwyer JM, Iwata M, et al. mTOR-dependent synapse formation 658 underlies the rapid antidepressant effects of NMDA antagonists. Science. 2010;329(5994):959-64.

65970.Morrow AL, Balan I, Boero G. Mechanisms Underlying Recovery From Postpartum Depression660Following Brexanolone Therapy. Biol Psychiatry. 2022;91(3):252-3.

71. Troppoli TA, Zanos P, Georgiou P, Gould TD, Rudolph U, Thompson SM. Negative Allosteric
Modulation of Gamma-Aminobutyric Acid A Receptors at alpha5 Subunit-Containing Benzodiazepine

563 Sites Reverses Stress-Induced Anhedonia and Weakened Synaptic Function in Mice. Biol Psychiatry. 564 2022;92(3):216-26.

Kiong Z, Zhang K, Ishima T, Ren Q, Chang L, Chen J, et al. Comparison of rapid and long-lasting
antidepressant effects of negative modulators of alpha5-containing GABAA receptors and (R)ketamine in
a chronic social defeat stress model. Pharmacol Biochem Behav. 2018;175:139-45.

668 73. Piantadosi SC, French BJ, Poe MM, Timic T, Markovic BD, Pabba M, et al. Sex-Dependent Anti-

669 Stress Effect of an alpha5 Subunit Containing GABAA Receptor Positive Allosteric Modulator. Front 670 Pharmacol. 2016;7:446.

671 74. Zanos P, Nelson ME, Highland JN, Krimmel SR, Georgiou P, Gould TD, et al. A Negative Allosteric

672 Modulator for alpha5 Subunit-Containing GABA Receptors Exerts a Rapid and Persistent Antidepressant-

Like Action without the Side Effects of the NMDA Receptor Antagonist Ketamine in Mice. eNeuro.2017;4(1).

### 676 Figure legends

677 Figure 1. Photometry recordings from mPFC glutamatergic and GABAergic neurons immediately after ketamine treatment. (A) Time course for surgery, treatment and recording. 678 679 (B) Representative images of the mPFC from Gad1-Cre mice showing unilateral infusion of CaMKII-driven GCaMP6s (CaMKII-GCaMP6s) and Cre-dependent jRCaMP1b (Gad-RCaMP) 680 681 virus, labeling pyramidal and GABAergic cells, respectively, along with implantation of an 682 optical fiber (magnification: 10X). (C) Ketamine increased calcium transients in glutamatergic neurons (CaMKII+) compared to both the baseline (BL, - 20 to 0 min) and vehicle-treated 683 684 animals 30 min post-treatment, persisting until the end of the recording session ( $F_{\text{treatment } 1,8}$  = 685 22.03;  $F_{interaction 4.32} = 4.99$ ,  $p \le 0.05$ ). (D) Ketamine produced a biphasic response in GABA neuron calcium activity, in which there was an initial decrease (0 to 30 min) followed by an 686 687 increase in the photometry signal (60 to 120 min) ( $F_{\text{time 4.32}} = 5.23$ ;  $F_{\text{interaction 4.32}} = 9.65$ ,  $p \le 0.05$ ). (E) Ketamine increased excitation/inhibition (E/I) levels within 10 min of administration, which 688 returned to baseline levels shortly thereafter ( $F_{\text{treatment } 1.8} = 27.43$ ;  $F_{\text{interaction } 2.16} = 6.22$ ,  $p \le 0.05$ ). 689 690 (F) Minimally processed traces representing pyramidal neurons (CaMKII+) expressing 691 GCaMP6s and (G) GABA neurons (Gad-Cre) expressing RCaMP in the mPFC from a vehicleor ketamine-treated Gad1-Cre mouse. The black arrow indicates the treatment time. Horizontal 692 dashed lines indicate z dF/F = 0. Photometry results per animal are computed as average z-scored 693 dF/F, and graphs are presented as mean  $\pm$  standard error. Repeated measures ANOVA followed 694 695 by Sidak correction for multiple analysis; \*p  $\leq 0.05$  in comparison to the vehicle-treated group;  $\#p \le 0.05$  in comparison to the baseline (before treatment), n = 10/group. F<sub>interaction</sub> represents the 696 697 interaction between time and treatment factors.

699 Figure 2. Photometry recordings from glutamatergic and GABAergic neurons 24 h after 700 ketamine treatment and during the sucrose splash test. (A) Timeline for surgery, treatment, 701 recording and behavioral testing. (B) Ketamine increased the grooming time in the sucrose 702 splash test (SUST) 24 h after administration ( $t_{16} = 3.01$ ,  $p \le 0.05$ ). (C-E) No change in baseline (BL, -300 to 0 sec) activity of pyramidal or GABA neurons was observed 24 h after ketamine 703 704 administration (p > 0.05). (C) There was an enhancement of calcium transients in both pyramidal 705 ( $F_{\text{time } 1.8} = 25.16$ ;  $F_{\text{interaction } 1.8} = 6.51$ ,  $p \le 0.05$ ) and (D) GABA neurons ( $F_{\text{time } 1.8} = 9.63$ ;  $F_{\text{interaction}}$  $_{1.8}$  = 24.86, p  $\leq$  0.05) in ketamine-treated animals during the SUST (0 to 300 sec) compared to 706 707 both the baseline and vehicle groups. (E) 60-sec binned representation of the grooming time 708 (orange), GCaMP6s (green, z dF/F) and RCaMP (red, z dF/F) during the SUST duration. (F) Representative traces of pyramidal neurons (CaMKII+) expressing GCaMP6s and (G) GABA 709 710 neurons (Gad-Cre) expressing RCaMP in the mPFC from vehicle- and ketamine-treated Gad1-711 Cre mice before and during the SUST. Photometry results per animal are computed as average z-712 scored dF/F, and graphs are presented as mean  $\pm$  standard error. Repeated measures ANOVA 713 followed by Sidak correction for multiple analysis; \*p  $\leq 0.05$  in comparison to the vehicletreated group;  $\#p \le 0.05$  in comparison to the baseline (before test), n = 9/group. F<sub>interaction</sub> 714 715 represents the interaction between time and treatment factors.

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Figure 3. Photometry recordings from glutamatergic and GABAergic neurons 72 h after ketamine treatment and during the novelty suppressed feeding test. (A) Timeline for surgery, treatment, recording and behavioral testing. (B) Ketamine decreased the latency to feed in the novelty suppressed feeding test (NSFT) 72 h after administration (U = 16, p  $\leq$  0.05). (C) Ketamine did not change baseline (BL, -300 to 0 sec) activity of pyramidal cells 72 h after 722 administration (p > 0.05) and produced a trend towards increased pyramidal activity during the NSFT (150-sec time blocks; vehicle:  $\chi^2_{(4)} = 2.22$ , p > 0.05; ketamine:  $\chi^2_{(4)} = 9.24$ , p = 0.06). (D) 723 No change was observed during the bite event ( $t_{16} = 0.19$ , p > 0.05). (E) Representative traces of 724 725 pyramidal neurons (CaMKII+) expressing GCaMP6s in the mPFC from vehicle- and ketaminetreated Gad1-Cre mice before and during the NSFT. (F) Ketamine did not change baseline 726 activity of GABA neurons 72 h after administration (-300 to 0 sec, p > 0.05). However, exposure 727 728 to the NSFT resulted in an enhancement of GABA neuron activity in both vehicle- and ketamine-treated groups (F<sub>time 4,32</sub> = 58.83; F<sub>interaction 4,32</sub> = 3.23,  $p \le 0.05$ ), with a more robust 729 activity observed in the ketamine- compared to the vehicle-group in the first 150 sec of the test 730 731 (0-150 sec,  $p \le 0.05$ ). (G). Ketamine increased calcium activity in GABA neurons during the bite event ( $t_{16} = 2.45$ ,  $p \le 0.05$ ). (H) Representative traces of GABA neurons (Gad-Cre) expressing 732 733 RCaMP in the mPFC from vehicle- and ketamine-treated Gad1-Cre mice before and during the 734 NSFT. Black arrows represent a bite event. Photometry results per animal are computed as 735 average z-scored dF/F and graphs are presented as mean  $\pm$  standard error. Repeated measures 736 ANOVA followed by Sidak correction for multiple analysis, Friedman's two way analysis of variance by ranks or Mann-Whitney U test;  $*p \le 0.05$  in comparison to the vehicle-treated group; 737  $\#p \le 0.05$  in comparison to the baseline (before test), n = 9/group. F<sub>interaction</sub> represents the 738 739 interaction between time and treatment factors.

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Figure 4. GABA neuron activity is necessary for the sustained behavioral actions of ketamine. (A) Timeline for surgery, treatments, and behavioral testing. (B) Representative images of the mPFC from *Gad1-Cre* and WT (Cre-negative littermate) mice that received bilateral infusions of hM4DGi virus (magnification: 10X; inset: 60X). (C) Co-labeling

745 percentage of PV or SST cells with hM4DGi virus in mPFC sections from Gad-Cre mice 746 (magnification: 20X; inset: 40X). (D) CNO administration 40 min (1 mg/kg) and 2 h (0.5 mg/kg) 747 post-ketamine treatment blocked its behavioral effects in the sucrose splash test (SUST, 24 h post-ketamine;  $F_{genotype 1,3} = 13.42$ ,  $F_{treatment 1,3} = 6.33$ ,  $F_{interaction 1,3} = 14.52$ ,  $p \le 0.05$ ) and (E) 748 novelty suppressed feeding test (NSFT, 72 h post-ketamine;  $F_{interaction 1.3} = 4.67$ ,  $p \le 0.05$ ). There 749 was no change in home cage food consumption ( $F_{interaction 1.3} = 0.22$ , p > 0.05). (F) Timeline for 750 751 surgery, treatments, and behavioral testing. (G) CNO administration (1 mg/kg) 30 min before the 752 behavioral test occluded the behavioral effects of ketamine in the sucrose splash test (SUST, 24 h 753 post-ketamine;  $F_{\text{treatment }1,3} = 4.34$ ,  $F_{\text{interaction }1,3} = 4.21$ ,  $p \le 0.05$ ) and (H) novelty suppressed feeding test (NSFT, 72 h post-ketamine;  $F_{interaction 1,3} = 4.66$ ,  $p \le 0.05$ ). There was no change in 754 home cage food consumption ( $F_{interaction 1.3} = 0.30$ , p > 0.05). Graphs are presented as mean  $\pm$ 755 756 standard error. Two-way ANOVA followed by Duncan; \*p < 0.05 in comparison to the WT vehicle-treated group; #p < 0.05 in comparison to the WT ketamine-treated group. F<sub>interaction</sub> 757 represents the interaction between genotype and treatment factors. 758

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Figure 5. Biphasic glutamatergic-GABAergic model for ketamine action. (A) Major 760 depressive disorder (MDD) and chronic stress impair glutamate and GABA function in the 761 mPFC, leading to altered connectivity and network dysfunction in corticolimbic brain regions, as 762 763 suggested by previous studies (5, 14, 18, 20, 60, 69). (B) Ketamine restores these deficits by acting through two phases: (1a) In phase 1 (acute), ketamine blocks the activity of GABA 764 interneurons via NMDA-R, disinhibiting pyramidal cells and generating a glutamate burst and 765 766 increasing excitation/inhibition (E/I) levels (1b). The glutamate burst triggers a cascade of 767 cellular events culminating in synaptic plasticity and fast antidepressant responses, as suggested

768	by previous studies (12, 20, 30, 69). In a second phase (sustained), there is a self-tuning
769	adjustment to reach E/I balance in the mPFC, leading to potentiation of GABAergic function
770	(2a) and restored circuit connectivity (2b). The recruitment of long-lasting increases in GABA
771	neuron activity contributes to sustained antidepressant effects. Created with BioRender.com.
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