Decrease in Reelin and Glutamic Acid Decarboxylase_{67} (GAD_{67}) Expression in Schizophrenia and Bipolar Disorder

A Postmortem Brain Study

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**Background:** Reelin (RELN) is a glycoprotein secreted preferentially by cortical γ-aminobutyric acid-ergic (GABAergic) interneurons (layers I and II) that binds to integrin receptors located on dendritic spines of pyramidal neurons or on GABAergic interneurons of layers III through V expressing the disabled-1 gene product (DAB1), a cytosolic adaptor protein that mediates RELN action. To replicate earlier findings that RELN and glutamic acid decarboxylase (GAD)_{67}, but not DAB1 expression, are down-regulated in schizophrenic brains, and to verify whether other psychiatric disorders express similar deficits, we analyzed, blind, an entirely new cohort of 60 postmortem brains, including equal numbers of patients matched for schizophrenia, unipolar depression, and bipolar disorder with nonpsychiatric subjects.

**Methods:** Reelin, GAD_{65}, GAD_{67}, DAB1, and neuron-specific–enolase messenger RNAs (mRNAs) and respective proteins were measured with quantitative reverse transcriptase–polymerase chain reaction (RT-PCR) or Western blot analyses. Reelin-positive neurons were identified by immunohistochemistry using a monoclonal antibody.

**Results:** Prefrontal cortex and cerebellar expression of RELN mRNA, GAD_{67} protein and mRNA, and prefrontal cortex RELN-positive cells was significantly decreased by 30% to 50% in patients with schizophrenia or bipolar disorder with psychosis, but not in those with unipolar depression without psychosis when compared with nonpsychiatric subjects. Group differences were absent for DAB1, GAD_{65} and neuron-specific–enolase expression implying that RELN and GAD_{67} down-regulations were unrelated to neuronal damage. Reelin and GAD_{67} were also unrelated to postmortem intervals, dose, duration, or presence of antipsychotic medication.

**Conclusions:** The selective down-regulation of RELN and GAD_{67} in prefrontal cortex of patients with schizophrenia and bipolar disorder who have psychosis is consistent with the hypothesis that these parameters are vulnerability factors in psychosis; this plus the loss of the correlation between these 2 parameters that exists in nonpsychotic subjects support the hypothesis that these changes may be liability factors underlying psychosis.

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CHZOPHRENIA is presumed to be a disorder of brain cortical function expressing a variable array of devastating psychiatric symptoms. Such florid symptoms contrast with comparatively modest anatomopathological alterations characterized by (1) dilation of cerebral ventricles; (2) reduction of cortical neuropil, resulting in an apparent increase in cell-packing density; (3) decrease in apical dendrite spine density on cortical pyramidal neurons; (4) important morphological (axon terminals of chandelier neurons) and neurochemical (decrease of glutamic acid decarboxylase_{67} [GAD_{67}]) alterations of inhibitory γ-aminobutyric acid-ergic (GABAergic) interneurons.

The origin of such changes is unknown, but a few interesting models are emerging. One such model is the heterozygous reeler mice, which express 50% the amount of reelin (RELN) found in the brain of the wild-type mice, and exhibit the following: (1) the postpubertal appearance of sensory motor gating down-regulation reminiscent of that associated with psychosis, (2) a selective decrease of cortical neuropil expression associated with an apparent increase in cortical cell packing, (3) a selective decrease of nicotinamide adenine dinucleotide phosphate–positive GABAergic neurons in superficial white matter in the overlying cortex but an increase in the deeper white matter.

Reelin is a glycoprotein (3461 amino acids) displaying structural analogies with extracellular matrix proteins. During ontogenesis, the mammalian cerebral cortex lamination is regulated by RELN secreted...
SUBJECTS AND METHODS

SUBJECTS

Superior PFC gyrus, Brodmann area 9, and cerebellar hemisphere (cerebellum) specimens from 60 subjects obtained blind from the Stanley Foundation Brain Bank Neuropathology Consortium, Bethesda, Md, consist of 4 matched groups: 15 brains with schizophrenia (10 undifferentiated and 5 paranoid), 15 brains with bipolar disorder (11 with psychosis and 4 without psychosis), 15 brains with depression without psychotic features, and 15 control brains, free of psychiatric disorders before or at the time of death, and herein defined as nonspsychiatric subjects.23 Their psychiatric diagnosis was established by 2 senior psychiatrists, based on clinical and family history, using DSM-IV criteria.24 Demographic data are summarized in Table 1. Most patients with schizophrenia and patients with bipolar disorder with psychosis were receiving antipsychotic medication at the time of death. The total life-time intake of antipsychotic medication was established in psychotic medication at the time of death. The total life-span of patients with bipolar disorder with psychosis were receiving antipsychotic medication at the time of death. The total life-span of patients with bipolar disorder with psychosis were receiving antipsychotic medication at the time of death.

Table 1. Most patients with schizophrenia and patients with bipolar disorder with psychosis were receiving antipsychotic medication at the time of death. The total life-time intake of antipsychotic medication was established in psychotic medication at the time of death. The total life-span of patients with bipolar disorder with psychosis were receiving antipsychotic medication at the time of death.

QUANTITATIVE ANALYSES OF RELN-IMMUNOPositive CELLS

Coronal sections (20 µm) of formalin-fixed PFCs were Nissl stained and/or immunostained with RELN-142 (1:500) antibody.11,12 Cells were counted in a 1000-µm-wide column that spans from the pial surface to the underlying white matter. Six columns per section and a total of 3 sections per patient were counted. Since most (>99%) of RELN-immunopositive cells were found in layer V (Figure 2), cell counting was reported for layer I only in Table 2. To prevent overestimation, only neurons with an evident nucleus were counted, and only neurons that bordered the right and the top edges of the counting field were included. Nissl-positive neurons were differentiated from glia using the criteria described by Benes et al.29

QUANTITATIVE mRNA AND PROTEIN ANALYSES

Reelin mRNA, GAD67, or GAD65 protein levels were determined in all samples. In 6 PFC samples of each cohort we also compared the abundance of GAD68 or GAD65 proteins with the expression level of the respective mRNAs. In the same samples we also measured neuron-specific–enolase (NSE) mRNA that was used as a marker to correct for nonspecific loss of mRNA owing to neuronal damage. The analyses of GAD68, GAD67, and NSE mRNAs was carried out in only 6 samples per group because, only in these samples, there was a sufficient amount of mRNA available for the assay. The content of the DAB1 protein was determined only in a small sample chosen randomly from the PFC of all patient cohorts because the supply of specific anti-DAB1 antibody was limited.

The RNA quality of each brain sample was assessed by the Stanley Foundation Consortium by measuring glyceraldehyde or actin mRNA and then grading the yield: A (excellent), B (good), C (fair), D (poor), and F (very poor); only samples graded A to C were used.27 In each extract, the yield of RNA was established by absorbance at 260/280 nm. Samples with a ratio below 1.8 were rejected. In samples with abnormally low levels of RNA, possible major mRNA degradation was assessed using denaturing agarose gel electrophoresis and evaluating the sharpness of the 2 ribosomal RNA bands (28S and 18S). If these 2 bands were smeared, the sample was discarded.7 The quantity of RELN mRNA was determined using internal standards as described.7 Primers for GAD65 mRNA were forward 1855 to 1878 base pairs (bp); reverse 2246 to 2269 bp (Gene Bank Accession No. M81883); internal standard contained a BgIII restriction endonuclease, which on digestion generated fragments of 199 and 216 bp. Primers for GAD63 mRNA were forward 8 to 103 bp, and reverse 507 to 532 bp (Gene Bank Accession No. M72422); the internal standard contained an XbaI restriction endonuclease, which on digestion generated fragments of 215 and 235 bp. To establish whether neuronal RNA contributes equally to the total RNA pool, NSE mRNA was determined using the following primers forward 328 to 379 bp and reverse to 792 to 815 bp (Gene Bank Accession No. M22349); the internal standard contained a BamHI restriction endonuclease, which on digestion generated fragments of 199 and 220 bp.

For the determination of GAD63, GAD65, and DAB1 protein, we used Western blot analyses. Two to 3 aliquots of brain extracts (10–40 µg of protein) were resolved on acrylamide gel.7 The blots were developed with GAD63/GAD67 (Chemicon International, Temecula, Calif) or with DAB1-B31 policlonal antibody (1:1000) and subsequently with β-actin (1:5000) antiserum (Sigma, St Louis, Mo). The levels of GAD63, GAD65, and DAB1 were calculated as a ratio of the optical density of the antibody of interest to the optical density of the antibody directed against β-actin.7 The reliability of duplicated blots for GAD63 and GAD65 was 0.85 and 0.95 for cortex and 0.92 and 0.95 for cerebellum, respectively (P<.001 for all comparisons).

STATISTICAL ANALYSES

Differences in the postmortem interval (in hours) between death and sample freezing, or between the right and left hemispheres, or in the clinical variables or in concomitant medications among diagnostic groups were evaluated with 1-way analysis of variance (ANOVA) or χ² analysis. Because background variables did not differ among diagnostic groups, statistical adjustment for these variables was not used. To test statistically whether there were effects of diagnosis on RELN mRNA or on GAD63, GAD65, DAB1 content, and on the density of RELN-positive cells, we used ANOVA. For GAD67 and GAD63, the values were analyzed using a randomized-block ANOVA with blots as the blocking variable. Multiple comparisons were conducted and we reported unadjusted P values. We have indicated in each table and text the Bonferroni adjusted α level and the rationale for its adjustment. Finally, Pearson correlations were determined between RELN mRNA, GAD67 protein, RELN-immunopositive neurons, and lifetime antipsychotic doses, and between RELN mRNA and GAD65. P values were 2 tailed.
from pioneer Cajal Retzius cells, located in the marginal zone. After birth in rats,11,12 or during the last months of gestation in primates,13 when the Cajal Retzius cells disappear, RELN is secreted by a select population of GABAergic interneurons including bitufted and horizontal cells of layers I and II of various cortical areas. Such secretion has been documented throughout life in rats11,12,14 and primates.15

In layers I and II of the cortex, the apical dendrites of glutamatergic pyramidal neurons, and in deeper layers (III-V), the dendrites and soma of basket, and chandelier, GABAergic interneurons may be surrounded by RELN immunoreactive halos.12,15 Some of these cells may also express RELN messenger RNA (mRNA).12 These RELN immunoreactive halos probably reflect RELN secreted into the extracellular matrix that binds to domains of integrin receptors including the α3 subunit,16 expressed on dendritic spines15 (Figure 1). The RELN–integrin-receptor interaction triggers an intracellular transduction cascade involving the cytosolic disabled-1 gene product (DAB1) that, in the phosphorylated state, functions as an adaptor protein,17,18 (Figure 1). In the phosphorylated state DAB1 can bind members of the soluble tyrosine kinase family and presumably can translocate them to various cellular compartments including the nucleus where these kinases may initiate transcription of specific genes operative in synaptic plasticity and in promoting cytoskeletal changes including synaptic spine maturation and their bifurcation associated with learning.19-22

Recent evidence places apolipoprotein E2 and very low-density-lipoprotein receptors in a common signaling pathway operative with integrin and DAB1 in the control of cell positioning during cortical embryonic development.23,24 However, since the knockout mice for either of these 2 receptors fails to show phenotypic traits proper of the reeler mice, further studies are needed before proposing that apolipoprotein E2 and very low-density lipoprotein receptors are operative in the cascade triggered by RELN in embryonic brain.

In a previous report we showed that RELN expression is down-regulated in GABAergic neurons of the prefrontal (Brodmann areas 10 and 46) temporal and parietal cortices, hippocampus, caudate nucleus, and glutamatergic cerebellar neurons of schizophrenia patients.7 In neocortex of the same patients, the expression of GAD67, the enzyme responsible for keeping cortical GABA levels at steady state,25,26 is also reduced.

Using 4 entirely new cohorts of postmortem brains comprising patients who were affected by schizophrenia, unipolar depression, or bipolar disorder, or were non-psychiatric subjects,7 we have addressed the following questions:

1. Is brain down-regulation of RELN and GAD67 expression a specific feature of schizophrenia or is it found associated with other psychiatric disorders?

2. Is GAD67 and RELN down-regulation correlated with lifetime antipsychotic dosages or with other demographic parameters?

3. Is RELN and GAD67 down-regulation associated with psychosis?

4. Are prefrontal cortex (PFC) expression levels of RELN and GAD67 correlated? Is this correlation altered in psychotic patients?

RESULTS

 PREFRONTAL CORTEX

In patients with schizophrenia and those with bipolar disorder, but not in patients with unipolar depression without psychosis, the expression of GAD67 protein and RELN mRNA was decreased by about 50% when compared with...
nonpsychiatric subjects (Table 2). In psychiatric patients, GAD65 protein expression was virtually identical to nonpsychiatric subjects (Table 2). In Table 2 and Figure 2 we also show that in layer I of PFCs, the density of RELN-immunopositive neurons in schizophrenic patients or patients with bipolar disorder is decreased by 25% to 30% when compared with nonpsychiatric subjects, and this decrease occurs in the absence of a Nissl-positive neuron loss.

The cohort of patients with bipolar disorder can be subdivided into 2 subgroups: (1) those with psychosis (11 patients) and (2) those without psychosis (4 patients) (Table 1). Two pair-wise comparisons were of interest here: (1) patients with bipolar disorder with psychosis vs nonpsychiatric subjects and (2) patients with bipolar disorder without psychosis vs nonpsychiatric subjects; therefore, a Bonferroni-adjusted α of 0.05/2 = 0.025 was used. Only the group with psychosis showed statistically significant down-regulations of PFC RELN and GAD67 expression (ANOVA: RELN mRNA, $F_{2,27}=5.4$, $P = .01$; RELN-positive neurons, $F_{2,19}=1.7$, $P = .18$; and GAD67, $F_{2,27}=6.8$, $P = .004$). Pair-wise comparisons of bipolar patients with psychosis vs nonpsychiatric subjects yielded $P$ values of .010 for RELN mRNA, <.001 for RELN-positive cells, and .001 for GAD67 protein. Comparing these $P$ values to the adjusted significance level of .025 indicates that patients with bipolar disorder with psychosis are significantly different from nonpsychiatric subjects for RELN mRNA and GAD67 protein expression levels.

In the PFC of 34 nonpsychotic subjects combined (15 nonpsychiatric subjects, 15 patients with unipolar depression, and 4 patients with bipolar disorder without psychosis), there was a significant correlation between expression levels of RELN mRNA and of GAD67 protein (Figure 3, left). These subjects also had a higher

### Table 1. Demographic Characteristics of the Study Groupsa

<table>
<thead>
<tr>
<th>Patient Cohort</th>
<th>Nonpsychiatric Subjects (n = 15)</th>
<th>Unipolar Depressed (n = 15)</th>
<th>Schizophrenia (n = 15)</th>
<th>Bipolar Disorder (n = 15)</th>
<th>Statistical Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>M/F ratio</td>
<td>9/6</td>
<td>9/6</td>
<td>9/6</td>
<td>9/6</td>
<td>$\chi^2 = 0.00$, $P = .99$</td>
</tr>
<tr>
<td>Age, y</td>
<td>48 ± 11</td>
<td>46 ± 9.3</td>
<td>44 ± 12</td>
<td>42 ± 13</td>
<td>$F_{1,15} = 0.39$, $P = .76$</td>
</tr>
<tr>
<td>Postmortem interval, h</td>
<td>24 ± 9.9</td>
<td>27 ± 4.7</td>
<td>34 ± 16</td>
<td>32 ± 15</td>
<td>$F_{1,15} = 1.7$, $P = .18$</td>
</tr>
<tr>
<td>Brain pH</td>
<td>6.3 ± 0.06</td>
<td>6.2 ± 0.09</td>
<td>6.2 ± 0.09</td>
<td>6.2 ± 0.09</td>
<td>$F_{1,15} = 0.6$, $P = .62$</td>
</tr>
<tr>
<td>Age of illness onset, y</td>
<td>NA</td>
<td>34 ± 13</td>
<td>23 ± 8.3</td>
<td>21 ± 7.9</td>
<td>$F_{2,14} = 6.6$, $P = .003$</td>
</tr>
<tr>
<td>Duration of illness, y</td>
<td>NA</td>
<td>13 ± 11</td>
<td>21 ± 11</td>
<td>23 ± 10</td>
<td>$F_{2,14} = 3.8$, $P = .03$</td>
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<tr>
<td>Cause of death</td>
<td>Suicidal: None</td>
<td>7</td>
<td>4</td>
<td>9</td>
<td>$\chi^2 = 20$, $P = .01$</td>
</tr>
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<td></td>
<td>Cardiopulmonary: 13</td>
<td>7</td>
<td>8</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accidental: 2</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
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<td></td>
<td>Other: 0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Family history of psychosis</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>7</td>
<td>$\chi^2 = 11$, $P = .01$</td>
</tr>
<tr>
<td>Severe sociofunctional deficit</td>
<td>None</td>
<td>9</td>
<td>9</td>
<td>5</td>
<td>Fisher exact test, $P &lt; .001$</td>
</tr>
<tr>
<td>Antipsychotic drug use</td>
<td>None</td>
<td>15</td>
<td>15</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Clozapine only</td>
<td>None</td>
<td>None</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Othersi</td>
<td>None</td>
<td>None</td>
<td>7</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Clozapine/other</td>
<td>None</td>
<td>None</td>
<td>3</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Mood stabilizersj</td>
<td>None</td>
<td>None</td>
<td>9</td>
<td>5</td>
<td>$\chi^2 = 13$, $P &lt; .001$</td>
</tr>
<tr>
<td>Abuse or dependencek</td>
<td>None</td>
<td>3</td>
<td>5</td>
<td>10</td>
<td>Fisher exact test, $P = .004$</td>
</tr>
<tr>
<td>Alcohol</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>Fisher exact test, $P = .49$</td>
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<td>Cocaine</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>Fisher exact test, $P = .99$</td>
</tr>
<tr>
<td>Polyalcohol</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>Fisher exact test, $P = .99$</td>
</tr>
</tbody>
</table>

- **Values are expressed as mean ± SD, unless otherwise indicated. NA indicates not applicable.**
- **This cohort includes 10 undifferentiated and 5 paranoid schizophrenic patients.**
- **This cohort includes 11 patients with psychosis and 4 patients without psychosis.**
- **One-way analysis of variance among patient cohorts.**
- **$\chi^2$ Analysis among patient cohorts.**
- **Lack of independent functioning in living, maintaining a job, or social activity.**
- **Antipsychotic drug present at the time of death.**
- **Of the 5 patients with bipolar disorder who were not receiving antipsychotic medication, there were 3 who did not have psychosis and 2 who had psychosis.**
- **Includes the following: haloperidol, chlorpromazine, risperidone, and thioridazine.**
- **Includes the following: valproate, carbamazepine, and lithium.**
- **Subjects with a history of recent alcohol or other drug abuse or dependence.**
density of RELN-positive cells and exhibited a strong extracellular matrix halo of RELN immunostaining (Figure 2). In contrast, in the pool of 26 psychotic patients (15 with schizophrenia and 11 with bipolar disorders) (Figure 3, right), the expression levels of RELN mRNAs and GAD67 protein were significantly decreased (RELN, $t_{17}=3.8$ [unequal variance], $P<.001$; GAD67, $t_{17}=4.4$, $P<.001$), but the changes in these 2 variables were not correlated (Figure 3, right).

**CEREBELLUM**

In the cerebellum of the same patients with schizophrenia or bipolar disorder, we also found a decrease of GAD67 protein expression (approximately 50%) without changes in GAD65 when compared with nonpsychiatric subjects (Table 2). Reelin mRNA was also significantly decreased by about 38% in schizophrenic patients, but in patients with bipolar disorder a similar decrease (about 35%) failed to reach significance (Table 2). In contrast in patients with depression but without psychosis, neither RELN nor GAD67 expression were down-regulated (Table 2).

**DAB1 PROTEIN, GAD65 AND GAD67 mRNAs AND PROTEINS, AND NSE mRNA EXPRESSION**

The expression of DAB1 was virtually identical in the PFC of all 4 groups (Table 2). We also compared the expression of GAD67 or GAD65 proteins with that of their respective mRNAs, in 6 PFC samples. Table 3 shows that GAD67 mRNA expression is down-regulated in schizo-

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**Table 2. RELN- and Nissl-Positive Neurons, RELN mRNA, GAD67, GAD65, and DAB1 Protein Content in Prefrontal Cortex (PFC) Brodmann Area 9 and Cerebellum of Nonpsychiatric and Psychiatric Patients**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Patient Cohort</th>
<th>Overall ANOVA</th>
<th>Schizophrenia vs Bipolar Disorder vs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 Nonpsychiatric Subjects (n = 15)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RELN-positive cell</td>
<td>72 ± 7.2 (11)</td>
<td>27</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Nissl-stained cell</td>
<td>134 ± 20 (11)</td>
<td>0.3</td>
<td>NS</td>
</tr>
<tr>
<td>RELN mRNA§</td>
<td>78 ± 34 (15)</td>
<td>7.1</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>GAD67 protein</td>
<td>1.1 ± 0.24 (15)</td>
<td>6.4</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>DAB1 protein</td>
<td>1.0 ± 0.38 (6)</td>
<td>0.8</td>
<td>NS</td>
</tr>
<tr>
<td></td>
<td>2 Unipolar Depressed (n = 15)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RELN-positive cell</td>
<td>76 ± 9.4 (10)</td>
<td>27</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Nissl-stained cell</td>
<td>134 ± 20 (10)</td>
<td>0.3</td>
<td>NS</td>
</tr>
<tr>
<td>RELN mRNA§</td>
<td>74 ± 41 (13)</td>
<td>7.1</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>GAD67 protein</td>
<td>1.1 ± 0.70 (15)</td>
<td>6.4</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>DAB1 protein</td>
<td>0.7 ± 0.47 (6)</td>
<td>0.8</td>
<td>NS</td>
</tr>
<tr>
<td></td>
<td>3 Schizophrenia (n = 15)</td>
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<tr>
<td>RELN-positive cell</td>
<td>56 ± 11 (12)</td>
<td>27</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Nissl-stained cell</td>
<td>126 ± 19 (12)</td>
<td>0.3</td>
<td>NS</td>
</tr>
<tr>
<td>RELN mRNA§</td>
<td>31 ± 20 (14)</td>
<td>7.1</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>GAD67 protein</td>
<td>0.51 ± 0.35 (15)</td>
<td>6.4</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>DAB1 protein</td>
<td>1.1 ± 0.47 (6)</td>
<td>0.8</td>
<td>NS</td>
</tr>
<tr>
<td></td>
<td>4 Bipolar Disorder (n = 15)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RELN-positive cell</td>
<td>52 ± 8.0 (11)</td>
<td>27</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Nissl-stained cell</td>
<td>128 ± 19 (11)</td>
<td>0.3</td>
<td>NS</td>
</tr>
<tr>
<td>RELN mRNA§</td>
<td>41 ± 27 (15)</td>
<td>7.1</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>GAD67 protein</td>
<td>0.63 ± 0.45 (15)</td>
<td>6.4</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>DAB1 protein</td>
<td>0.87 ± 0.39 (6)</td>
<td>0.8</td>
<td>NS</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>PFC</td>
<td></td>
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<tr>
<td>Cerebellum</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>RELN mRNA§</td>
<td>1200 ± 390 (15)</td>
<td>3.8</td>
<td>.008</td>
</tr>
<tr>
<td>GAD67 protein</td>
<td>1.2 ± 0.43 (15)</td>
<td>15</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>DAB1 protein</td>
<td>1.4 ± 0.42 (15)</td>
<td>1.2</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

*RELN indicates reelin; mRNA, messenger RNA; GAD, glutamic acid decarboxylase; DAB1, disabled-1 gene; ANOVA, analysis of variance; NS, not significant; and ellipses, not applicable. All values are expressed as mean ± SD (number of subjects per group).
†For multiple comparison, the $P$ values are compared with a Bonferroni-adjusted $\alpha = 0.0083$. Multiple comparison tests with $P < .008$ was considered statistically significant.
‡The number (measured in square millimeters) of RELN-positive and Nissl-stained neurons in the PFC are referred to layer I because this layer contains most (approximately 95%) of the RELN-positive neurons (Figure 2). Relelin- and Nissl-positive cell studies were not carried out because of cytoarchitecture was not preserved.
§Relelin mRNA equals attomoles per microgram of total RNA. Relelin mRNA determinations were not performed when RNA was degraded (See “Subjects and Methods” section).
¶GAD67, GAD65, and DAB1 protein values are expressed as the optical density ratio with $\beta$-actin.
*DA1 was determined in 6 randomly chosen patients from each group (see “Subjects and Methods” section).
the GAD65 mRNA and protein expression and that of the mRNA encoding for NSE fail to change. Table 3 also shows that the expression of GAD67 or RELN mRNAs is still down-regulated when expressed as a function of the respective NSE mRNA content to correct for nonspecific loss of mRNA owing to a putative neuronal damage.

**DEMOGRAPHIC VARIABLES AND ANTIPSYCHOTIC MEDICATION**

The average values of postmortem interval and other demographic variables (sex, age of death, cause of death, or pH of brain) were similar in all 4 subject groups (Table 1). Pearson correlations of postmortem interval to RELN, GAD67, and GAD65 in PFC and cerebellum in all 4 groups (r = 0.10, 0.06, and 0.18 for PFC and 0.06, 0.22, and 0.02 for cerebellum) or for each diagnostic group, all nonsignificant, and the correlations between the above parameters and age at death, or age at disease onset or duration, or cause of death, or brain pH were virtually 0. Moreover, there were no significant sex differences in RELN mRNA, in GAD67 or GAD65 protein levels, or in the number of RELN-positive cells in the PFC.

In view of the known anatomical and physiological differences between the 2 brain hemispheres, we also evaluated whether there were any differences in the levels of RELN mRNA and GAD65 protein between the right (8 samples in each cohort) and the left (7 samples in each cohort) hemispheres. No overall left vs right difference was observed, and the decreases in these 2 variables were similar in schizophrenic patients and in patients with bipolar disorder when compared with nonpsychiatric patients or patients with depression.

In our cohort only a few patients had a current history of alcohol or other substance abuse (Table 2).²⁷ No statistically significant interaction exists between alcohol abuse or dependence and PFC or cerebellar RELN or GAD67 expression (PFC RELN, F2,31 = 0.1, P = .84; PFC GAD67, F2,33 = 0.1, P = .91; cerebellum RELN, F2,46 = 1.8, P = .18; cerebellum GAD67, F2,33 = 0.2, P = .79).

The levels of RELN mRNA and GAD67 protein in the PFC or cerebellum were virtually identical whether subjects with a history of alcohol abuse were included (Table 2) or excluded (ie, PFC RELN mRNA, patients with unipolar depression [n = 10], 77 ± 43; schizophrenic patients [n = 12], 33 ± 20; and patients with bipolar disorder [n = 13], 0.65 ± 0.46). Only a few patients (Table 1) had a history of psychoactive drug abuse; nevertheless, their levels of GAD67 protein and RELN mRNA were close to the average levels detected in drug-free patients with unipolar or bipolar disorder or schizophrenic patients.

Brain, blood, and urine were screened for alcohol and other substance abuse (see “Subjects and Methods” section). In the patients with depression, 3 patients with a current history of alcohol abuse had detectable blood alcohol levels (0.2-0.6 g/dL), and 1 patient with a history of cocaine abuse had a high level of cocaine and a benzodiazepine. In the group with bipolar disorder, 1 patient with a history of methadone abuse and 1 patient with a history of cocaine abuse were positive for methadone and cocaine, respectively. In the schizophrenic group, 1 patient without a history of drug abuse was positive for morphine and codeine, and 1 patient also without a history of drug abuse was positive for ketamine. In all groups, the other patients were free of other substance abuse or alcohol. All nonpsychiatric subjects were free of substances of abuse, except for 1 subject with a blood alcohol level of 0.06 g/dL. Importantly, the toxicology parameters were not correlated with changes of RELN or GAD67 expression in any group.

Most schizophrenic patients or patients with bipolar disorder exhibiting severe psychotic symptoms had received antipsychotic medications (Table 1). However, in a combined group of patients, including both those with schizophrenia and those with bipolar disorder and psychosis, there was no significant or consistent correlation between total lifetime intake of antipsychotics, normalized as fluphenazine gram equivalent, and expression levels of RELN mRNA or GAD67 protein content measured in PFC (RELN, r = 0.05, P = .82; GAD67, r = 0.11, P = .59) or in cerebellum (RELN, r = 0.05, P = .81; GAD67, r = 0.02, P = .92). We also evaluated the possible effect of antipsychotic medication at time of death classifying the groups as: no medication, clozapine therapy only, other antipsychotic medication at time of death classifying the groups as: no medication, clozapine therapy only, other antipsychotic medications, or these combined (Table 1). We found no effect of medication on RELN mRNA or GAD67 protein. In patients never treated with antipsychotic drugs or who had received relatively small amounts of antipsychotic medication and were antipsychotic drug free for several years before death (Table 1), RELN mRNA and GAD67 protein expressions were virtually identical to the average levels detected in treated patients with bipolar disorder or patients with schizophrenia.

**COMMENT**

The expression of GAD67 and RELN proteins and mRNAs is down-regulated in PFC and to a lesser extent in the cerebellum of patients with schizophrenia or patients with bipolar disorder with psychosis. In contrast, in patients...
with unipolar disorder and depression, but without psychosis, the expression of these 2 variables is virtually identical to that of nonpsychiatric subjects.

Patients with bipolar disorder and psychosis share severe sociofunctional deficits with schizophrenic patients (Table 1), including the auditory-gating deficit,30 and like schizophrenic patients, they often receive antipsychotic medication. However, in a combined group of patients including both those with schizophrenia and patients with bipolar disorder and psychosis, no sign of correlation was noted between patients with bipolar disorder and psychosis and patients with schizophrenia and patients with bipolar disorder and psychosis is virtually identical to that of nonpsychiatric subjects.

Moreover, a decrease of $GAD_{67}$ and RELN, but not $GAD_{65}$ mRNA expression, can be observed also when the measurements are calculated with reference to mRNA encoding for NSE, a specific neuronal marker. In fact, if the down-regulation of $GAD_{67}$ protein and RELN expression were due to a decrease in neurons, these changes should not occur if measured against NSE mRNA.

The RELN-immunopositive neurons in PFC (layers I and II) appear small and ovoid.7 Experiments in rats11,12 and nonhuman primates13 have identified these neurons to be horizontal and bitufted GABAergic interneurons.

The density of RELN-immunopositive neurons in schizophrenic patients or patients with bipolar disorder and psychosis is lower (25%-30%) than in patients with unipolar depression or in nonpsychiatric subjects. This decrease appears to be smaller than that of RELN mRNA expression (40%-50%) (Table 2) and RELN protein.9 This apparent discrepancy may be related to the presence of extracellular RELN bound with high affinity to specific receptors (ie, integrins), which is reflected by RELN mRNA and Western blot measurements, but not by the cell count. Hence, such a discrepancy was expected because RELN immunoreactive extracellular halos were considerably reduced in histological preparations of schizophrenic patients and patients with bipolar disorder and psychosis.

Cerebellar RELN mRNA is almost exclusively expressed in glutamatergic granule neurons.7,11 If the decrease of cerebellar RELN mRNA found in schizophrenic patients II) appear small and ovoid.7 Experiments in rats11,12 and nonhuman primates13 have identified these neurons to be horizontal and bitufted GABAergic interneurons.

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tients with bipolar disorder and patients with psychosis, we hypothesize that RELN and GAD$_{67}$ down-regulations may be liability factors that play a role in psychosis vulnerability. Since such a hypothesis may cut across classic boundaries of psychiatric diagnosis, before accepting this conclusion, we need to study a substantial number of patients with unipolar depression and psychosis and a larger group of patients with bipolar disorder without psychosis, to test statistically this hypothesis. Also, in these 2 groups, we need to have a substantial group of psychotic patients who were never treated. Finally, we need to extend these findings to a greater number of cortical, hippocampal, and corpus striatum structures.

Our findings on GAD$_{67}$ expression are in keeping with the study of Akbarian et al. and Volk et al who also showed by in situ hybridization in the superior frontal gyrus (Brodmann area 9) of schizophrenic patients, a decrease of GAD$_{67}$ mRNA expression but no differences in the total number of neurons.

To interpret the nature of GAD$_{67}$ expression down-regulation and the functional link between GAD$_{67}$ and RELN, we hypothesize that the GABAergic neurons of layers I and II of the PFC, by a constitutive process, secrete RELN into the extracellular matrix, which, in turn, may bind to integrin receptors expressed by basket and chandelier cells. Most of these interneurons whose cell bodies reside in layers III through V do not express RELN, but not GAD$_{67}$ mRNA expression. When RELN is down-regulated (as in the brain of schizophrenic patients and patients with bipolar disorder and psychosis), the DAB1-dependent regulation of protein synthesis declines perhaps leading to the down-regulation of GAD$_{67}$ gene expression found in basket or chandelier cells. This hypothesis can be addressed by studying whether RELN-integrin interaction can be demonstrated with electron microscopy in chandelier or basket GABAergic neurons.

The generalized decrease of RELN mRNA and protein in several structures—PFC, temporal and limbic cortices, striatum, and cerebellum—of psychotic patients in the absence of a detectable loss of neurons found in this and in previous studies suggests that a genetic RELN mRNA down-regulation (owing to haploinsufficiency or to a dysfunction of the RELN promoter) or an epigenetic (gestational or postgestational viral, hypoxic, or excitotoxic) event may in part be responsible for the GAD$_{67}$ down-regulation and perhaps for the neuronal reduction reported by Selemion and Goldman-Rakic in PFC of schizophrenic patients.

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Welcome, Joe!

I AM delighted to welcome Joseph T. Coyle, MD, as the fourth editor of Archives of General Psychiatry. Dr Coyle is the Eben S. Draper Professor of Psychiatry and Neuroscience at Harvard Medical School. He is an internationally renowned and respected scientist, educator, and clinician who will add substantially to our team of JAMA and ARCHIVES editors. We look to Joe to carry on the great tradition of Daniel X. Freedman, MD, a mentor of Dr Coyle’s, and the other former editors of the journal.

I also wish to publicly express my gratitude to Richard M. Glass, MD, who has served as interim editor for the past 3 months. We are happy to have him back full-time as deputy editor of JAMA.

Watch for great things to happen with Archives of General Psychiatry under Joe’s leadership.

Catherine D. DeAngelis, MD, MPH
Editor-in-Chief, Scientific Publications & Multimedia Applications
Editor, JAMA

Correction

Misspelling of an Author’s Surname. In the byline of the article titled “Decrease in Reelin and Glutamic Acid Decarboxylase67 (GAD67) Expression in Schizophrenia and Bipolar Disorder,” published in the November 2000 issue of the ARCHIVES (2000;57:1061-1069), the fourth author’s full name should have read Valeria Di-Giorgetti-Gerevini, PhD. The journal regrets the error.