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Mitochondrial permeability transition following calcium overload

– Its role in neuronal cell death and potential as a pharmacological target

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Abstract

There is currently no clinically available drug with neuroprotective properties to limit the evolving cell death following e.g. stroke or traumatic brain injury. The mitochondrial permeability transition (mPT) is a potential pathologic mechanism causing cell death in the CNS. As the name implies, the mPT is defined by a sudden increase in permeability of the inner mitochondrial membrane, whose normal impermeable state is fundamental for the bioenergetic function of mitochondria. The objective of the present study was to characterize the mPT phenomenon in isolated rodent brain mitochondria. Mitochondria serve an important role in cellular calcium homeostasis and buffer transient increases in calcium, but mitochondrial calcium overload is also the prime trigger for mPT. In the present studies, we found that brain mitochondria readily undergo changes attributable to mPT induction such as swelling, loss of membrane potential, uncoupling of oxidative phosphorylation and respiratory inhibition. The mitochondrial generation of reactive oxygen species (ROS) was also increased following mPT, and mitochondria became permeable to NAD(H).

Cyclosporin A (CsA) binds to the mitochondrial protein cyclophilin D (CypD) and can thereby inhibit mPT, an effect that is unrelated to its immunosuppressive action, and mPT in brain mitochondria was found to be highly sensitive to CsA inhibition. CsA has demonstrated prominent neuroprotective properties in several different animal models of neurological disease, and recent experiments subjecting mice lacking CypD to ischemia support the conclusion that the effect of CsA at least in this model is mediated by mPT inhibition. A library of CsA analogs was evaluated for mPT-inhibiting and ROS-reducing properties, and two newly developed non-immunosuppressive CsA analogs were found to be potent inhibitors of mPT already at nanomolar concentrations.

Mitochondria take up free calcium ions but retain them as inactive calcium phosphate complexes in order to prevent mPT. We find that increasing the conductance of potassium increases the pH of the matrix and this enhances the mitochondrial buffering of calcium, probably by increasing the complexation of calcium.

Drugs that inhibit mPT or indirectly prevent mPT by enhancing the mitochondrial complexation of calcium and thereby their resistance to calcium overload may therefore prove to be successful strategies in limiting accidental cell death in the CNS.

Key words: Brain, mitochondria, calcium, cell death, permeability transition, cyclosporin A, ischemia, traumatic brain injury, amyotrophic lateral sclerosis, potassium channels, free radicals

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Mitochondrial permeability transition following calcium overload
– Its role in neuronal cell death and potential as a pharmacological target

Magnus Hansson

Doctoral Dissertation

Laboratory for Experimental Brain Research
Department of Clinical Sciences
Lund University
2007
To my family

_Doubt is not a pleasant condition, but certainty is absurd_

Voltaire
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This thesis is based on the following papers, which are referred to in the text by their respective Roman numerals (I-V).


IV. Hansson M. J., Månsson R., Morota S., Uchino H., Kallur T., Sumi T., Ishii N., Shimazu M., Keep M. F., Jegorov A. and Elmér E. Calcium-induced generation of reactive oxygen species in brain mitochondria is mediated through permeability transition. (*manuscript*)

V. Hansson M. J., Teilum M., Morota S., Uchino H. and Elmér E. Intramitochondrial pH links modulation of potassium conductance with the mitochondrial permeability transition - implications for preconditioning and tolerance in cerebral ischemia. (*manuscript*)
LIST OF ABBREVIATIONS

5-HD, 5-hydroxydecanoate
AIF, apoptosis inducing factor
ALS, amyotrophic lateral sclerosis
AMPA, α-amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid
BBB, blood-brain barrier
BSA, bovine serum albumin
CA1, cornu ammonis 1 (anatomical field)
CaM, calmodulin
CCCP, carbonyl cyanide m-chlorophenylhydrazone
CsA, cyclosporin A
CypD, cyclophilin D
dATP, deoxyadenosine triphosphate
ΔΨmit, mitochondrial membrane potential
Debio-025 = UNIL025 = MeAla3EtVal4-CsA, N-methyl-D-alanine-3-N-ethyl-valine-4-CsA
DMSO, dimethyl sulfoxide
EGTA, ethylene glycol-bis(β-aminoethylether)-N,N,N´,N´-tetraacetic acid
EM, electron microscopy
ER, endoplasmic reticulum
ETC, electron transport chain
FADH2, 1,5-dihydro-flavin adenine dinucleotide
GSH, reduced glutathione
GSSG, oxidized glutathione
H2O2, hydrogen peroxide
IB, isolation buffer
JC-1, 5,5',6,6'-tetrachloro-1,1',3,3'-tetraethylbenzimidazolylcarbocyanine iodide
KATP, ATP-sensitive potassium channels
MCAO, middle cerebral artery occlusion
MeVal4-CsA, N-methyl-valine-4-CsA
mitoKATP, mitochondrial ATP-sensitive potassium channels
MOPS, 3-(N-Morpholino)propanesulfonic acid
mPT, mitochondrial permeability transition
NAD+, nicotinamide adenine dinucleotide, oxidized form
NADH, nicotinamide adenine dinucleotide, reduced form
O2•−, superoxide
ONOO−, peroxynitrite
OH•, hydroxyl radical
Pi, phosphate
Ppif−/−, peptidylprolyl isomerase F (= CypD)
PKC, protein kinase C
ROS, reactive oxygen species
TBI, traumatic brain injury
NIM811 = MeIle4-CsA, N-methyl-isoleucine-4-CsA
NMDA, N-Methyl-D aspartate
NO•, nitric oxide
ROS, reactive oxygen species
Smac, second mitochondrial activator of caspses
SOD, superoxide dismutase
TCA, tricarboxylic acid
TOM, protein translocase of the outer mitochondrial membrane
TPP+, triphenylphosphonium cation
SUMMARY

There is currently no clinically available drug with neuroprotective properties to limit the evolving cell death following e.g. stroke or traumatic brain injury. The mitochondrial permeability transition (mPT) is a potential pathological mechanism causing cell death in the CNS. As the name implies, the mPT is defined by a sudden increase in permeability of the inner mitochondrial membrane, whose normal impermeable state is fundamental for the bioenergetic function of mitochondria. The objective of the present studies was to characterize the mPT phenomenon in isolated rodent brain mitochondria. Mitochondria serve an important role in cellular calcium homeostasis and buffer transient increases in calcium, but mitochondrial calcium overload is also the prime trigger for mPT. In the present studies, we found that brain mitochondria readily undergo changes attributable to mPT induction such as swelling, loss of membrane potential, uncoupling of oxidative phosphorylation and respiratory inhibition. The mitochondrial generation of reactive oxygen species (ROS) was also increased following mPT, and mitochondria became permeable to NAD(H).

Cyclosporin A (CsA) binds to the mitochondrial protein cyclophilin D (CypD) and can thereby inhibit mPT, an effect that is unrelated to its immunosuppressive action, and mPT in brain mitochondria was found to be highly sensitive to CsA inhibition. CsA has demonstrated prominent neuroprotective properties in several different animal models of neurological disease, and recent experiments subjecting mice lacking CypD to ischemia support the conclusion that the effect of CsA at least in this model is mediated by mPT inhibition. A library of CsA analogs was evaluated for mPT-inhibiting and ROS-reducing properties, and two newly developed non-immunosuppressive CsA analogs were found to be potent inhibitors of mPT already at nanomolar concentrations.

Mitochondria take up free calcium ions but retain them as inactive calcium phosphate complexes in order to prevent mPT. We find that increasing the conductance of potassium increases the pH of the matrix and this enhances the mitochondrial buffering of calcium, probably by increasing the complexation of calcium.

Drugs that inhibit mPT or indirectly prevent mPT by enhancing the mitochondrial complexation of calcium and thereby their resistance to calcium overload may therefore prove to be successful strategies in limiting accidental cell death in the CNS.
Figure 1. Schematic drawing of a mitochondrion. Used under the terms of the GNU Free documentation license.
**SWEDISH SUMMARY – SVENSK SAMMANFATTNING**

Hjärnan är ett energikrävande organ och förbrukar ca 20% av blodets syre trots att den bara utgör 1-2% av kroppsvikten. Mitokondrien är den del av cellen där syre och näringsämnen förbranns till koldioxid och vatten, och mitokondrien kallas ofta för cellens kraftstation. Denna process, den så kallade cellandningen, är kopplad till produktion av den energirika molekylen ATP som sedan används till energikrävande processer i cellen. Mitokondriens inre delar (dess matrix) omsluts av ett inre veckat lipidmembran. Detta omsluts i sin tur av ett yttre lipidmembran (Fig 1.). Det yttre membranet innehåller många porer som släpper igenom små molekyler, medan innermembranet är helt tätt, eller impermeabelt, för vattenlösiga molekyler.


Hjärnans celler kräver mycket ATP för att kunna fungera. En störning av mitokondriernas normala funktioner kan därför leda till att cellerna de finns i skadas eller dör. En allvarlig störning som kan leda till celldöd är mitokondriens permeabilitets-transition (mPT). Liksom namnet antyder innebär mPT en övergång, eller transition, från mitokondriens normala permeabilitet till en plötslig permeabilitet, d.v.s. flera molekyler som normalt inte kan passera över mitokondriens innermembran kan plötsligt flöda fritt, däribland protoner. Liksom en kortslutning av en elektrisk krets, innebär mPT att den protondrivande kraften och därmed ATP-bildningen helt upphör. Eftersom mitokondriens matrix innehåller väldigt mycket proteiner leder också mPT till att vatten flödar in osmotiskt och att mitokondrien svullnar.

Mitokondrien har också en viktig funktion i att buffra kalcium (Ca^{2+}). Kalciumkonzentrationen inne i cellen är normalt väldigt låg, ca 10000 gånger lägre än koncentrationen utanför cellen, och tillfälliga höjningar kan aktivera flera olika processer. Kalcium är därför en viktig signalmolekyl som kan styra olika funktioner i cellen. För höga eller långvariga kalciumökningar kan dock
vara mycket farligt för cellen, och då spelar mitokondriens förmåga att ta upp och lagra kalcium en viktig roll. I normala fall har mitokondrien stor kapacitet att lagra kalcium, men under situationer då t.ex. cellens energistatus är försvårat sjunker mitokondriens kapacitet att lagra kalcium och kalcium kan då istället orsaka att mitokondrien genomgår mPT.

Medicinen cyclosporin A (CsA) förhindrar mPT genom att binda till proteinet cyclophilin D (CypD) i mitokondrien. CypD katalyserar en omvandling i mitokondriens innermembran som leder till mPT, och genom att hämma CypD kan CsA motverka att mitokondrien genomgår mPT. CsA har flera effekter i människokroppen och används idag för ett helt annat ändamål, nämligen immunförsvarshämnning så att det t.ex. är möjligt att transplantera in främmande organ utan att de stöts bort. Om CsA kommer in i hjärnan är det kraftigt skyddande mot flera typer av hjärnskador. I djurförsök minskar t.ex. CsA den skada som orsakas efter att blodtillförseln tillfälligt stoppas till hela eller delar av hjärnan (så som sker vid stroke) eller efter de tryck och krosskador som sker vid en traumatisk hjärnskada. CsA har också visats förlänga överlevnaden i möss som har en neurodegenerativ sjukdom liksom ALS (amyotrofisk lateral skleros).

Mycket av arbetet i denna avhandling bygger på hypotesen att den skyddande effekten av CsA vid olika hjärnskador delvis eller helt beror på förhindrandet av mPT. En del tidigare arbete har dock ifrågasatt att mPT verkligen finns eller har relevans i hjärmans mitokondrier eller att CsA har någon skyddande effekt.

I de två första delarbetena undersökte vi om framrenade mitokondrier från hjärnvävnad genomgår mPT när de blir exponerade för kalcium. Vi undersökte dels mitokondrier vars celländning var avstängd och där kalcium har en relativt direkt effekt på de molekylära strukturer som ligger bakom mPT, och dels respirerande mitokondrier som gavs näringssmedan och aktivt tog upp och buffrade kalcium. Under båda situationerna svullnade mitokondrierna till följd av kalcium vilket tyder på att de genomgick mPT. Svullnaden var beroende av dosen av kalcium, men då mitokondrierna svullnade var responsen genomgående d.v.s. det tycktes inte finnas några olika undergrupper av mitokondrier som svarade fundamentalt olika på kalcium. I respirerande mitokondrier kunde svullnaden avbrytas genom att binda upp givet kalcium, och mitokondrierna återfick då till stor del sitt tidigare utseende och sin spänning över innermembranet. CsA var kraftfullt skyddande mot mPT i mitokondrier vars celländning var avstängd, och hade en liknande effekt i respirerande mitokondrier om ADP var närvarande. Om ADP inte tillsattes hade CsA en mindre effekt mot kalciuminducerad svullnad, men hade desto större effekt på att förbättra återhämtningen hos mitokondrier där kalcium bands upp. Slutsatserna från de första arbetena var att hjärnmitokondrier generellt kan genomgå mPT och att CsA utövar en skyddande verkan mot mPT.
För att bättre kunna utvärdera om effekten av CsA i djurförsök beror på förhindrandet av mPT eller inte vore det önskvärt med mer specifika mPT-hämmare. För behandling av människor mot hjärnskador kan den immunförsvarshämmande effekten av CsA anses vara en biverkan. I det tredje delarbetet utvärderade vi två cyclosporinvarianter, NIM811 och UNIL025 (eller Debio-025), med hjälp av de metoder vi använde i de två första studierna. Både NIM811 och UNIL025 saknar immunförsvarshämmande verkan men är i övrigt strukturellt lika CsA. Vi fann att båda molekylerna förhindrade mPT på liknande sätt som CsA. Båda, men framför allt UNIL025, var också mer potenta än CsA, d.v.s. de förhindrade mPT vid lägre doser än CsA. Slutssatsen från det tredje delarbetet var att dessa molekyler är lovande farmaka både experimentellt för att bättre kunna undersöka mPT i celldödsprocesser men också förhoppningsvis som mer specifika läkemedel med mindre biverkningar hos människor.

Upphörande energiproduktion från mitokondrier kan uppenbarligen skada en cell om den blir omfattande. En ytterligare orsak till att mitokondrien kan orsaka cellskada och cellldöd tros vara genom produktion av reaktiva syreprodukter (begreppet fria radikaler används ofta som synonym). Eftersom syrgasomvandlingen sker i mitokondrien kan också reaktiva syreprodukter bildas här. Mitokondrien har dock också kraftfulla avgiftningssystem, och om mitokondrien under normala förhållanden verkligen producerar en större mängd reaktiva syreprodukter som kan skada cellen är omtvistat. Det har dock föreslagits att kalcium kan orsaka ökad produktion av reaktiva syreprodukter. I det fjärde delarbetet visade vi att mitokondrien genererar mer reaktiva syreprodukter efter att den genomgått mPT. Kalcium i sig utan att mitokondrien genomgick mPT hade dock ingen ökande effekt. Eftersom den protondrivande kraften upphör när mitokondrien genomgår mPT försvinner också mycket av drivkraften för att generera reaktiva syreprodukter. Å andra sidan försvinner också en viktig del av avgiftningssystemet eftersom detta också är beroende av den protondrivande kraften. Slutresultatet blir att nettoproduktionen av reaktiva syreprodukter ökar och detta kan i sin tur leda till ytterligare skada i cellen. I arbetet testade vi också ett tjugotal cyclosporin-analoger och fann att deras förmåga att förhindra kalciuminducerad svullnad korrelerade med förmågan att förhindra kalciuminducerad produktion av reaktiva syreprodukter. Mitokondrier isolerade från mänsklig levervänd uppvisade också liknade resultat som mitokondrier från råttlever och hjärna. Slutssatsen från fjärde delarbetet var att mPT är en situation då mitokondrier kan generera patologiska nivåer av reaktiva syreprodukter.

I de tidigare arbetena gav vi kalcium som en enstaka stor dos för att se om mitokondrierna genomgick mPT. I femte delarbetet gav vi istället kalcium som en långsam infusion. Därmed kunde vi noggrannare följa hur mitokondrierna
klarade av att buffra kalcium. Genom att vid infusion av kalcium dels titta på hur mitokondrierna behåller kalcium och dels se hur de förbrukar syrgas kunde vi se att det som begränsar mitokondriens förmåga att buffra kalcium verkligen är mPT. En viktig observation var dock att det som reglerar mPT inte nödvändigvis behöver ha en motsvarande effekt i hur mycket kalcium mitokondrien klarar av att buffra. Det som aktiverar mPT är fritt kalcium inne i mitokondrien, men när mitokondriens aktivt tar upp kalcium binder den upp det mesta i komplex med fosfat och det blir därmed inaktivt. Det som ligger bakom att mitokondrien kan binda upp kalcium är dess basiska miljö (högt pH). Detta står i motsats till regleringen av mPT i sig. I studier av hur mPT aktiveras när kalciumupptag är avstängt har en sur miljö (lägt pH) visat sig vara skyddande. Det som troligtvis är viktigast i kroppen är kombinationen av dessa effekter och då finner vi att betydelsen av komplexbildningen av kalcium överväger. I det femte delarbetet finner vi nämligen att ett basiskt matrix är väsentligt för att hjärnmitokondrier ska kunna binda upp kalcium och undvika mPT.

Mitokondriens innermembran är också i normala fall impermeabelt för kalicium (K\(^+\)) som finns i hög koncentration inne i cellen. Det har dock föreslagits att en typ av kaliumkanaler (mitoK\(_{\text{ATP}}\)) finns i mitokondrien och att de kan öppnas vid kortvariga blodflödesstopp. Dessa kanaler ger ett läckage av kalicium in till mitokondriens matrix och den tros kunna skydda mitokondrierna i dessa situationer av blodflödesbrist, även om det är okänd vilken effekt de har i detta. Vi finner att om vi ökar läckage av kalicium med hjälp av en kemikalie som transporterar kalicium ökar hjärnmitokondriers förmåga att buffra kalicium (Ca\(^{2+}\)). Detta tror vi beror på att matrix blir yttre basiskt vilket minskar de skyddande effekterna för mPT. Genom att göra matrix mer basiskt hålls nivån av fritt kalicium lågt och därmed minskas också risken att mPT aktiveras.

Mitokondri har även en viktig roll i de celldödsprocesser som är nödvändiga under t.ex. utvecklingen av hjärnan eller i organ där celler byts ut. Denna typ av celldöd innebär en ordnad sorti som sker utan att orsaka störningar kring den döende cellen. Denna process brukar kallas för programerad celldöd eller apoptos. Mellan mitokondriens membran finns flera celldödsaktiverande proteiner. När de finns i mitokondrien är de antingen inaktiva eller har en annan funktion. Om de däremot läcker ut i resten av cellen, aktiverar de celldödsprogram som successivt bryter ned cellen. Vid aktivering av mPT och den svullnad som följer kan mitokondriens yttermembran spricka och dessa celldödsproteiner läcka ut. Men det finns andra mekanismer som kan orsaka att dessa proteiner läcker ut, och det har varit mycket omdömet vilken roll mPT kan ha i programerad celldöd. Eftersom denna typ av celldöd är aktiv och kräver en bevarad energiproduktion kan inte alla mitokondrier genomgå mPT. Då blir följdens istället att cellen förlorar sin intakta struktur och miljö, med följd att dess innehåll läcker ut och orsakar inflammation. Denna celldöd kallas
för nekros. I celldödsprocesser som utvecklas efter akuta hjärnskador ser celldöden varken ut som nekros eller apoptos. Man kan tänka sig att en tillfällig mPT och svullnad av mitokondrien, så som den vi visar i andra delarbetet, eller mPT begränsat till en liten del av cellens mitokondrier kan starta långsammare celldödsprocesser som har inslag av energibrist, ökad produktion av reaktiva syreprodukter men även utsläpp av dödsproteiner. Dock tycks inte den rena formen av programmerad celldöd involvera mPT.

Studier med läkemedel såsom CsA tyder på att mPT kan spela en viktig roll för hur celldöden utvecklas efter flera typer av akuta hjärnskador men även en del kroniska. Skadan kan därmed begränsas om man ger läkemedel som hämmar aktiveringen av mPT. Med hjälp av genetiskt modifierade djur som saknar CypD har man också kunnat bekräfta att mPT är ansvarig för mycket av den hjärnskada som utvecklas i en djurmodell som efterliknar stroke hos människor. Användning av CsA eller dess mer specifika analoger begränsas dock för närvarande av att de inte på ett enkelt sätt passerar in i hjärnan. Vid traumatisk hjärnskada är dock den barriär som håller CsA utanför hjärnvävnaden skadad och kliniska prövningar i människor har påbörjats för att undersöka om CsA kan hjälpa dessa patienter. Även vid den neurodegenerativa sjukdomen ALS planeras CsA att ges direkt in till centrala nervsystemet i hopp om att minska sjukdomstakten.
**BACKGROUND**

**Mitochondrial energy conversion and chemiosmotic coupling**

Large amounts of energy are required to maintain normal neuronal activity in the central nervous system. The human brain accounts for 1-2% of the total body mass but is responsible for 20% of the body's total oxygen consumption (Erecinska & Silver 1989). Plasma glucose is the main substrate for the brain and deprivation of glucose or oxygen leads to functional failure and irreversible damage if prolonged (Gibbs *et al.* 1942, Lipton 1999, Siesjö 1992). ATP is the universal "energy currency" in the cell. ATP is a phosphate donor with a "high-energy" phosphate bond. The energy released when ATP is split into ADP and phosphate is utilized to drive various energy requiring processes in the cell. In the brain, a predominant part of energy metabolism is utilized to uphold the sodium and potassium gradients over the cell membrane, required for synaptic transmission (Whittam 1962). Glycolysis produces a minor part of the required ATP but the real mainspring of energy in eukaryotic cells is respiration, the enzymatic oxidation of fuel molecules by molecular oxygen, coupled to phosphorylation of ADP to ATP. The oxidative phosphorylation takes place in mitochondria and they can therefore be seen as the powerhouse of the cell. All three major foodstuffs, carbohydrate, fatty acids, and amino acids, are predominantly oxidized by the citric acid cycle, or the Krebs tricarboxylic acid (TCA) cycle. The main entry into the TCA cycle is through Acetyl-CoA. The acetyl group is broken down to CO₂ through a cyclic oxidation mechanism that was first deduced by Hans Krebs (Krebs & Johnson 1937) (which granted him the Nobel Prize in Physiology or Medicine in 1953). Redox energy is transferred from the TCA cycle in the form of NADH and FADH₂ to the electron transport chain (ETC) of the inner mitochondrial membrane. The ETC is an assembly of multiple carriers of electrons that are grouped into four multipolypeptide complexes. NADH and FADH₂ are oxidized at the respiratory complexes I and II respectively, and electrons are ultimately carried to complex IV where oxygen is reduced to water.

The link between oxidation of metabolites and phosphorylation of ADP into ATP remained unsolved for many years until Peter Mitchell proposed the chemiosmotic theory (Mitchell 1961)(for which he was awarded the Nobel Prize in Chemistry in 1978). The chemiosmotic theory postulates an indirect coupling between the two processes of oxidation and phosphorylation that depends on the extrusion of protons over the inner mitochondrial membrane. The flow of electrons through the respiratory complexes of the inner mitochondrial membrane translocates positively charged protons from the matrix into the intermembrane or cristae space. This builds up a proton concentration difference (a ΔpH) and an electrical membrane potential (ΔΨₘ) which together results in an electrochemical proton gradient called
protonmotive force. The protonmotive force drives the synthesis of ATP as protons translocate back into the matrix through the $F_1F_0$ ATP synthase (or complex V), where the protonmotive force is converted into mechanochemical energy to drive ATP synthesis (Kagawa & Racker 1966). The protonmotive force thus couples oxidation and respiration with phosphorylation and this depends on the intactness of the inner mitochondrial membrane. In order for a protonmotive force to exist the inner mitochondrial membrane cannot be generally permeable to charged species and specific carriers and transport systems for ions and metabolites are required. As an intact inner mitochondrial membrane is the basis of efficient energy coupling, a change in permeability will have dramatic consequences.

Cell death in the brain
Cell death is commonly divided into apoptosis and necrosis, originally based on morphologic criteria (Kerr et al. 1972). Apoptosis is a regulated and energy-dependent cell death characterized by cell shrinking, chromatin condensation and fragmentation, membrane blebbing, and disintegration of the cell into membrane-enclosed apoptotic bodies. In contrast, necrosis is a passive process characterized by swelling of the cell and organelles due to the equilibration of solutes across the membranes ultimately leading to release of the cellular contents and inflammation. Apoptosis is usually the characteristic of programmed cell death, and this is a prominent feature in the immature brain as 50% of neurons are eliminated during normal brain development (Wieloch 2002).

The cell death following different pathological stresses in the central nervous system may not be confined into these strict divisions and the features of cell death may more depend on the underlying causes. Cell death following cerebral ischemia involves morphological changes that can neither be regarded as apoptotic or necrotic (Wieloch 2002). For instance, dying cells shrink but apoptotic bodies are not formed and inflammation is a prominent feature (van Lookeren Campagne & Gill 1996, Iadecola & Alexander 2001). Cell death following excitotoxicity (see below) has been defined as a separate entity in a recently reported classification of cell death (Kroemer et al. 2005).

That intact mitochondrial function is vital for the energy metabolism of the energy demanding brain is perhaps evident, but mitochondrial participation in cell death extends beyond energy metabolism. Mitochondria in excitable tissues serve an important role in cellular calcium homeostasis, and the redox centers in mitochondria are both potential generators and targets of harmful reactive oxygen species (ROS). Further, the mitochondrial intermembrane space harbors
several proteins that activate programmed cell death pathways once they are released to the cytosol.

**Calcium homeostasis**
Calcium was proposed to be the common denominator triggering brain damage in status epilepticus, ischemia and hypoglycemia (Siesjö 1981) following the findings that ischemia and status epilepticus trigger rapid translocation of calcium from extracellular to intracellular spaces in neuronal tissue (Nicholson et al. 1977) as well as accumulation of fatty acids (Rehncrona et al. 1982). Calcium ions regulate several cellular processes and are normally kept in the range 0.1 to 1 μM in the cytoplasm, i.e. 1000 to 10000 times lower than the extracellular concentration 1.2 mM. The sodium/calcium exchanger and a calcium ATPase at the plasma membrane uphold the large electrochemical calcium gradient. Calcium is also transported into the endoplasmic reticulum (ER) by a calcium ATPase and electrophoretically into mitochondria over a certain concentration threshold.

Glutamate is the primary excitatory neurotransmitter in the brain, and mediates calcium entry in the postsynaptic neuron primarily through activation of AMPA (α-amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid) and NMDA (N-Methyl-D aspartate) receptors. AMPA receptor activation increases the conductance of sodium which depolarizes the membrane. The depolarization relieves the magnesium inhibition of NMDA receptors, and glutamate binding causes opening of the channel to calcium and sodium, which enter the cell along their respective gradients. The finding that glutamate can induce neurotoxicity (Olney & Sharpe 1969) initiated the excitotoxicity hypothesis. Excitotoxicity with increased activation of glutamate receptors are implicated in many neurological diseases, spanning from acute disorders such as ischemia to chronic neurodegenerative diseases such as amyotrophic lateral sclerosis, and the neurotoxicity stem largely from the associated calcium toxicity (Meldrum & Garthwaite 1990).

Intracellular calcium can rise to severely elevated levels during excitotoxicity, in particular if energy metabolism is compromised. The calcium efflux pathways are energy-dependent and if sodium accumulates, the sodium/calcium exchanger may reverse, causing increased calcium uptake. During ischemia, the intracellular calcium levels can rise to 50-100 μM (Siesjö 1992). This will cause sustained activation of calcium-dependent enzymes including calpains which degrade the cytoskeleton and cleave several proteins involved in cell death (Yokota et al. 1995, Orrenius et al. 2003) and phospholipases that will cause an increase in fatty acids, particularly arachidonic acid (Bazan 1970). Several regulatory proteins are activated by calcium such as calmodulin (CaM)
and protein kinase C (PKC). The serine/threonine phosphatase calcineurin, which constitutes 1% of the total protein content in brain (Yakel 1997), have multiple substrates that can activate cell death pathways. Calcineurin dephosphorylates Bad (Wang et al. 1999), binds to Bcl-2 (Shibasaki et al. 1997) and activates neuronal nitric oxide synthase (nNOS), which is also activated by calcium itself (Snyder et al. 1998).

Figure 2. Mitochondrial calcium buffering. Calcium is taken up into mitochondria above a certain cytoplasmic calcium concentration. Due to the alkaline matrix environment, the concentration of deprotonated phosphate (PO$_4^{3-}$) is high and this kind of phosphate forms tricalcium phosphate complexes with calcium. Free calcium is thus kept at a low concentration and mPT is normally not activated. (ETC = electron transport chain).

Mitochondria can accumulate large amounts of calcium in presence of physiological levels of phosphate and adenine nucleotides. Mitochondrial calcium uptake serves both as a metabolic regulator of matrix dehydrogenases and as a buffer of cytoplasmic calcium transients. Calcium moves
electrophoretically into the mitochondrial matrix through the calcium uniporter above a certain cytoplasmic calcium concentration, in brain mitochondria approximately 0.5 μM. The rate of uptake is dependent on both ΔΨm and the extramitochondrial calcium concentration. Phosphate enters mitochondria along with calcium and forms an osmotically inactive tricalcium phosphate complex, Ca₃(PO₄)₂ (Fig. 2). Both the transport of H₂PO₄⁻ and the two proton dissociations to PO₄³⁻, the phosphate that complex Ca²⁺, are dependent on pH. The concentration of PO₄³⁻ will therefore vary with the cube of the proton concentration. Due to the alkaline matrix environment, free Ca²⁺ will be kept at a low micromolar level despite accumulation of large concentrations of total calcium (Nicholls 2005).

**Mitochondrial generation of reactive oxygen species (ROS)**

Reactive oxygen species (ROS) are oxygen-derived molecules with a high reactivity toward other molecules. Free radicals are molecules with a free unpaired electron, denoted by (•), and these terms are usually used almost interchangeably although not all free radicals are ROS and vice versa. Reactive oxygen species play a physiological role in intracellular signaling, and can function as second messengers (Droge 2002) but are potentially harmful as they are capable of oxidative modifications of proteins, nucleic acids, polysaccharides and lipid membranes (Turrens 2003).

Several processes in the cell can produce ROS, e.g. xanthine and NAD(P)H oxidases. Mitochondria can generate ROS by incomplete reduction of molecular oxygen, in particular at complex I and III of the ETC. In contrast to the reduction of oxygen at complex IV, where all partially reduced intermediates are retained until full reduction is achieved, the other redox centers may leak electrons to oxygen, forming superoxide (O₂⁻•). Animals lacking mitochondrial superoxide dismutase (Mn SOD or SOD2), the first line of antioxidant defense against ROS, die within ten days of life due to oxidative damage (Li et al. 1995). This finding demonstrates that mitochondrial superoxide production is potentially very harmful but also that the endogenous detoxifying antioxidant mechanisms are very potent. SOD converts superoxide to hydrogen peroxide (H₂O₂), which in turn is converted to water by glutathione peroxidase. The latter process requires an uncompromised mitochondrial function as the substrate for glutathione peroxidase, reduced glutathione (GSH), is held reduced by NADPH which in turn is held highly reduced by the protonmotive force driven energy-linked nicotinamide nucleotide transhydrogenase (Hoek & Rydstrom 1988, Nicholls & Budd 2000).

Other potent ROS compounds may also be formed. Under conditions where nitric oxide (NO') is present it may react with superoxide to form peroxynitrite
(ONOO⁻), and H₂O₂ may also form the hydroxyl radical (OH⁻) in presence of reduced transition metals, such as Fe²⁺ (Turrens 2003).

Mitochondrial generation of ROS is considered to participate in cell death cascades of both acute brain injuries and chronic neurodegenerative diseases, and the mitochondria are also themselves sensitive targets for ROS-induced pathological modifications (Beal 1996, Nicholls & Budd 2000). In models of excitotoxicity, increased ROS production in mitochondria has been demonstrated. It has been coupled to mitochondrial calcium loading but the mechanism linking calcium and ROS as well as the time course of ROS increase is not settled (Reynolds & Hastings 1995, Dugan et al. 1995, Vergun et al. 2001, Vesce et al. 2004, Nicholls 2004, Starkov et al. 2004).

**Mitochondria and programmed cell death**

Mitochondria host a number of proteins in the intermembrane space that are inactive or serve a normal physiological function in the mitochondria but participate in the death of the cell if they are released to the cytosol (Orrenius et al. 2007). The most well studied of these cell death proteins is cytochrome c which is part of the ETC in mitochondria. Once released it forms the apoptosome complex with apoptosis activation factor-1 (Apaf-1) and dATP which recruit and activate procaspase-9. Caspases are a family of proteases, which are proenzymes that require activation and subsequently orchestrate cell death. Activated caspase-9 in turn activates procaspase-3 and other effector procaspases that trigger a cascade of events leading to apoptotic cell death. Other intermembrane proteins include Smac (second mitochondrial activator of caspases), HtrA2/Omi and AIF (Apoptosis inducing factor). AIF can induce caspase-independent cell death and interestingly, AIF-linked chromatin condensation in the nucleus is facilitated by cyclophilin A (Cande et al. 2004)

The Bcl-2 family of proteins are important regulators of programmed cell death and include both survival and death factors, and the interplay between the opposing family members in response to various forms of intracellular stress will arbitrate whether a cell death cascade is initiated (Cory et al. 2003). The Bcl-2 proteins and caspases represent an evolutionary conserved pathway of programmed cell death and much of the understanding comes from studies of similar proteins in nematodes (Horvitz 1999). A majority of the Bcl-2 family proteins act on the level of mitochondria. Cleaving of Bid induces translocation, oligomerization and insertion of Bax and/or Bak into the outer mitochondrial membrane. The Bax/Bak insertion permeabilizes the outer membrane in a process that requires the protein translocase of the outer mitochondrial membrane (TOM) complex (Ott et al. 2007). This process renders the outer mitochondrial membrane permeable to cytochrome c and other proapoptotic...
intermembrane proteins. The importance of Bax and Bak is illustrated by the resistance of cells lacking both of these proteins to most types of apoptotic stimuli (Wei et al. 2001). The antiapoptotic members of this protein family, e.g. Bcl-2 and Bcl-X<sub>L</sub>, interact with Bax and Bak and prevent their oligomerization. ROS may also influence the Bax/Bak-induced cytochrome c release. Cardiolipin in the inner mitochondrial membrane anchors cytochrome c and peroxidation of cardiolipin increases the dissociation of the hemoprotein (Orrenius et al. 2007).

**Mitochondria in ischemic preconditioning and tolerance**

Ischemic preconditioning or ischemic tolerance are two terms for a phenomenon whereby a short non-injurious ischemic insult can greatly reduce the severity of a subsequent prolonged ischemia (Janoff 1964, Murry et al. 1986, Kitagawa et al. 1990). This adaptive response can be seen as a general biological phenomenon by which organisms respond with protective mechanisms to potentially recurring challenges (Dirnagl et al. 2003), or hormesis, a concept of biphasic dose-response relations that are seen in many different areas of research from toxicology to psychology (Calabrese 2007). A low dose of one type of stressful stimulus can also induce resistance to another, e.g. prior transient hyperthermia can protect against subsequent forebrain ischemia (Chopp et al. 1989).

Ischemic preconditioning mediates both a rapid adaptive response coming into effect within minutes to hours as well as an induced tolerance occurring over a longer time frame requiring gene activation and de novo protein synthesis. The former is extensively studied in cardiac ischemia and the latter in cerebral ischemia (Gidday 2006, Yellon & Downey 2003). Elucidating the mechanisms underlying these endogenous survival responses might enable a therapeutic opportunity to reduce tissue damage following ischemia by super-inducing or boosting the preconditioning pathways (Dirnagl et al. 2003, Gidday 2006, Yellon & Downey 2003). Mitochondria have been suggested to take center stage also in these pathways.

ATP-sensitive potassium channels (K<sub>ATP</sub>) exist in plasma membranes. In pancreatic beta cells they serve an important function in the regulation of insulin secretion (Hattersley & Pearson 2006). The mitochondria have been proposed to contain similar ATP-sensitive potassium channels (mitoK<sub>ATP</sub>), but pharmacologically distinct from the plasma membrane channels (Inoue et al. 1991, Garlid & Paucek 2003). The mitoK<sub>ATP</sub> have been the focus of a large body of scientific work and are believed to be important mediators of the preconditioning effect. However, the evidence comes almost exclusively from studies with pharmacological compounds, mainly diazoxide and 5-
hydroxydecanoate (5-HD) (Yellon & Downey 2003, Ardehali & O'Rourke 2005). Ischemic preconditioning can be closely mimicked by the K<sub>ATP</sub> opener diazoxide, which show a concentration-dependent selectivity for mitoK<sub>ATP</sub> over plasma membrane K<sub>ATP</sub> (Garlid et al. 1996, Liu et al. 1998). Both ischemic and diazoxide-mediated preconditioning can be blocked by 5-HD which is believed to inhibit the diazoxide-induced opening of mitoK<sub>ATP</sub> (Jaburek et al. 1998). A role of mitoK<sub>ATP</sub> is also implicated in different models of cerebral ischemia where pretreatment with diazoxide mediates neuronal protection in a 5-HD-sensitive manner (Liu et al. 2002, Domoki et al. 1999). Other mitochondrial potassium channels have also been suggested, such as a voltage-sensitive and a calcium-activated potassium channel, where ligands of the latter demonstrate a similar cardioprotective effect as ligands of mitoK<sub>ATP</sub> (Siemen et al. 1999, Szabo et al. 2005, Xu et al. 2002, Hanley & Daut 2005).

Ischemic preconditioning and mitoK<sub>ATP</sub> channel activation have been proposed to afford tissue protection by inhibiting mPT activation during reperfusion (Hausenloy et al. 2002, Hausenloy et al. 2004, Liu et al. 1998, Ardehali & O'Rourke 2005). Two suggested mechanisms linking mitoK<sub>ATP</sub> to mPT are decreased calcium uptake due to depolarization of mitochondria and activation of PKCε, which in turn modulates the mPT pore components (Costa et al. 2006, Holmuhammedov et al. 1999). Decreased mPT activation has also been demonstrated in heart mitochondria from preconditioned animals following ischemia (Halestrap et al. 2007), but the mechanism is not known.

**The mitochondrial permeability transition (mPT)**

The mitochondrial permeability transition (mPT) is, as the name implies, a sudden transition in permeability of the inner mitochondrial membrane. As discussed above, an impermeable inner mitochondrial membrane is the basis for the chemiosmotic coupling of respiration and ATP production in mitochondria. The permeability increase following mPT mediates all solutes less than 1500 Da to equilibrate over the mitochondrial membranes. Therefore, extruded protons from the ETC will rapidly fall back into the matrix and respiration will be uncoupled with cessation of ATP production. The mitochondrial matrix is dense in proteins and the equilibration of electrolytes will cause an osmotic influx of water causing the matrix to swell. This may in turn cause a rupture of the outer mitochondrial membrane with release of intermembrane proapoptotic proteins.

Mitochondrial swelling has been noted since early studies of isolated mitochondria and in order to attain functioning mitochondria, a calcium chelator had to be present during the isolation process (Lehninger 1949, Hunter & Ford 1955). Swelling was often considered an artifact until seminal studies
by Douglas Hunter and Robert Haworth in the late seventies established the mPT as a tightly regulated and reversible phenomenon, and a pore formation was suggested (Hunter & Haworth 1979a, Hunter & Haworth 1979b, Hunter et al. 1976, Haworth & Hunter 1979). A decade later, it was discovered that the immunosuppressant and undecapeptide cyclosporin A (CsA) is a specific mPT inhibitor (Crompton et al. 1988, Broekemeier et al. 1989).

**Figure 3. Regulation of the mPT pore complex.** Some important factors that stabilize the mPT pore components in a closed conformation are listed to the left whereas factors that increase the probability of an open conformation are listed to the right. Whether these factors will increase or decrease mPT activation in mitochondria actively buffering calcium will however also depend on their effects on calcium complex formation.

Mitochondrial calcium overload is the prime trigger for mPT activation (Fig. 3). Calcium ions (Ca²⁺) are believed to trigger a conformational change of the responsible protein(s). Other divalent cations, Mg²⁺, Sr²⁺, and Mn²⁺ competitively counteract the Ca²⁺ effect (Haworth & Hunter 1979, Bernardi et al. 1992). Protons (H⁺) also tend to stabilize the mPT pore complex *per se* (but
simultaneously decrease the complexation of Ca\(^{2+}\), see above). Several factors reflecting the bioenergetic status of mitochondria greatly influence the probability for mPT, most notably ADP and ATP levels. Both ADP and ATP, but most potently the former, dose-dependently reduce the sensitivity of mitochondria to undergo mPT. In contrast, phosphate increases the sensitivity. The redox status of pyridine nucleotides (NADH/ NAD\(^{+}\)) as well as glutathione (GSH/GSSG) influence the open/close state of the mPT complex. The oxidized status favor opening and this is considered to be caused by oxidation of critical dithiol groups on the mPT pore complex. Likewise, peroxides and sulfhydryl group reagents sensitize mitochondria towards mPT. An oxidative status or oxidative stress is thus considered to be the second important trigger for mPT besides calcium.

The target for CsA is the mitochondria-specific cyclophilin D (CypD). CypD has peptidylprolyl cis-trans isomerase activity and is thought to facilitate the calcium-triggered conformational change of the protein(s) forming the mPT pore (Halestrap & Davidson 1990). It therefore serves a regulatory role in mPT formation that can be overcome by increasing calcium or other inducing agents. CsA should therefore be seen as a desensitizer of mPT and not a blocker (Bernardi et al. 2006). The role of CypD is confirmed by experiments with mitochondria from \(Ppif^{-/-}\) mice lacking CypD. These mitochondria have a higher threshold for mPT induction, similar to what is seen in mitochondria from control animals with CsA present, and display no additional response to CsA (Baines et al. 2005, Nakagawa et al. 2005, Basso et al. 2005, Schinzel et al. 2005).

Which molecular structure that may underlie mPT in the inner mitochondrial membrane has been a matter of controversy. The early observations that substrates transported by the adenine nucleotide translocase (ANT), ATP and ADP, inhibits mPT activation, whereas nucleotides not transported by ANT are without effect (Hunter & Haworth 1979a, Zoratti & Szabo 1995) lead to the proposal that ANT is the protein of the inner mitochondrial membrane that can be deformed into a non-selective high conductance channel by calcium ions (Halestrap & Davidson 1990). Also, the ANT inhibitor atractylate, which traps the ATP/ADP binding site facing the cytoplasmic side, promotes mPT, while the inhibitor bonkreate, which locks ANT facing the matrix side, inhibits mPT. Purified ANT reconstituted in artificial membranes can form a calcium-sensitive pore resembling the mPT pore (Brustovetsky & Klingenberg 1996, Brustovetsky et al. 2002). Calcium has been proposed to bind to a matrix site of ANT, inducing a structural change in the protein with pore formation. Alternatively, calcium could bind to negatively charged cardiolipin which may destabilize the ANT-cardiolipin interaction essential for normal ANT function (Hoffmann et al. 1994). ANT also contains cysteine residues that can be cross-
linked by oxidative stress or sulfhydryl-group reagents (McStay et al. 2002). Further supporting a role for ANT is that CypD has been shown to directly bind to ANT in a CsA-sensitive manner (Crompton et al. 1998, Woodfield et al. 1998).

Several lines of evidence thus support a fundamental role of ANT in mPT. However, mPT can occur in the absence of ANT. Liver mitochondria lacking ANT have been shown to exhibit CsA-sensitive mPT. The mPT was no longer sensitive to ANT ligands and the calcium dose required to induce mPT was considerably higher than in controls. This suggested that ANT merely have an important regulatory role and is not the essential component of mPT (Kokoszka et al. 2004). Another interpretation is that ANT is the normal mPT component but that other less abundant members of the mitochondrial carrier family can fulfill this role in the absence of ANT (Halestrap et al. 2007). Yet another view is that unfolded membrane proteins form the mPT and that ANT usually is the most abundant of these (He & Lemasters 2002).

The mPT is considered to be formed at contact sites between the inner and outer mitochondrial membranes (Crompton et al. 2002, Brdiczka et al. 2006). The outer membrane voltage-dependent anion channel (VDAC) has been found to have mPT like properties when incorporated into artificial membranes, and that it can bind to ANT (Szabo et al. 1993, Crompton et al. 1998). In spite of this, recent gene deletion studies show that it is not essential for mPT, and even does not seem to exert any important regulatory role (Krauskopf et al. 2006, Baines et al. 2007). Several other proteins, such as the mitochondrial creatine kinase, hexokinase and the peripheral benzodiazepine receptor, have been suggested to be part of the mPT pore and to regulate its activity (Beutner et al. 1998). The most widely accepted view is that mPT is accomplished through a dynamic multiprotein complex that involves regulatory proteins of the outer membrane but that it is primarily an inner membrane event. The main structure consists of ANT, CypD, and possibly VDAC, and this complex has the ability to attract several other proteins (Crompton 1999, Halestrap et al. 2007, Wieloch et al. 2007).

**Permeability transition in isolated brain mitochondria**
The large body of characterizing work on the mPT has been performed in mitochondria isolated from liver or heart tissue. Studies on mPT in isolated brain mitochondria are more recent and some of these suggest that the mPT of the brain has unique characteristics or that the phenomenon is absent or insignificant.
The cyclophilin D inhibitor CsA was found to be neuroprotective in models of cerebral ischemia and hypoglycemia in the mid and late nineties, and this suggested that the mPT may be an important pharmacological target in the brain (Uchino et al. 1998, Uchino et al. 1995, Li et al. 1997, Friberg et al. 1998). Although CsA has several molecular targets, most noteworthy the serine/threonine phosphatase calcineurin, the relevance of mPT was supported by a beneficial effect of the non-calcineurin inhibiting (non-immunosuppressive) CsA-analog MeVal⁴-CsA (Matsumoto et al. 1999) and also by the lesser degree of protection afforded by another calcineurin inhibitor that lack mitochondrial targets (Drake et al. 1996, Uchino et al. 2002, Yoshimoto & Siesjö 1999, Friberg et al. 1998).

In a study directly comparing brain and liver mitochondria, Berman et al. found that brain mitochondria did not undergo mPT and swelling when exposed to the same levels of calcium, phosphate and oxidants as liver mitochondria. The absorbance decrease of brain mitochondria following mPT triggering was only 10-14% of that in liver mitochondria, and it was concluded that brain mitochondria are insensitive to mPT induction and swelling by calcium (Berman et al. 2000). In another series of studies, Andreyev et al. noted that isolated respiring brain mitochondria suspended in a buffer containing levels of ADP and ATP matching the total levels of adenine nucleotides found in normal tissue homogenates did not undergo mPT in response to calcium, and the authors argued that brain mitochondria are relatively resistant to mPT induction (Andreyev & Fiskum 1999, Andreyev et al. 1998). Other studies have demonstrated an mPT phenomenon in brain mitochondria with swelling and loss of ΔΨm upon calcium administration (Friberg et al. 1999, Friberg et al. 1998), but some have failed to demonstrate more than a partial inhibition by CsA and concluded that CsA is a less potent inhibitor of mPT in brain mitochondria compared to other mitochondria (Brustovetsky & Dubinsky 2000b, Kristal & Dubinsky 1997, Kristal et al. 2000). A third suggested difference of brain mitochondria compared to other mitochondria is a more heterogeneous response to calcium and CsA. Kristián et al. found an incomplete swelling response to calcium and argued that brain mitochondria are heterogeneous in their response to calcium with resistant subpopulations (Kristián et al. 2000, Kristián et al. 2002). Similarly Lifshitz et al. proposed a population model of brain mitochondria in which they are subdivided into calcium-sensitive and insensitive as well as CsA-sensitive and insensitive populations, in order to explain the heterogeneous response of mitochondria from different brain regions to traumatic brain injury (Lifshitz et al. 2003).
OBJECTIVES

The overall objective of this thesis was to characterize the mitochondrial permeability transition phenomenon in brain mitochondria and to evaluate its role as a pharmacological target. The specific aims were:

1. To study if the mitochondrial permeability transition phenomenon can be detected in brain mitochondria similar to the phenomenon found in liver mitochondria (Paper I-II).

2. To determine if and under which conditions cyclosporin A inhibits the mitochondrial permeability transition in brain mitochondria (Paper I-II).

3. To evaluate the potencies of two non-immunosuppressive cyclosporin analogs and to screen a library of cyclosporin compounds for inhibition of permeability transition in brain mitochondria (Paper III-IV).

4. To investigate the effect of calcium overload and permeability transition on the generation of reactive oxygen species in rodent and human mitochondria (Paper IV).

5. To assess how permeability transition can be reliably detected, and determine the relationship between mitochondrial calcium retention and permeability transition (Paper I-V).

6. To explore how increased inner membrane potassium conductance influences brain mitochondrial calcium retention and how calcium retention can be related to matrix pH changes (Paper V).
METHODS

Animals
Animal procedures were approved by the Malmö/Lund Ethical Committee for Animal Research (M229-00, M221-03, M44-07). Adult male Wistar rats (300-500 g) or C57BL mice (20-30 g) were allowed ad libitum access to water and food prior to use. Tissues were removed following rapid decapitation of rats or cervical dislocation of mice (Paper I-IV) or alternatively, decapitation after a brief sedation with isoflurane (Paper V).

Human tissue
Human liver tissue was obtained from 4 male patients, 56-65 years old, undergoing liver resection due to colorectal cancer metastases. The human study was approved by the Ethical Committee of Hachioji Medical Center, Tokyo Medical University, permit number 12-01, and complies with the World Medical Association Declaration of Helsinki - Ethical Principles for Medical Research Involving Human Subjects and the EU Convention for the Protection of Human Rights and Dignity of the Human Being with Regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine.

Materials
Amplex Red, Rhodamine 123, Calcium Green 5N and Fura 6F were purchased from Molecular Probes (Eugene, OR), Percoll solution, 3H-acetate, 3H-H2O and 14C-sucrose from Amersham Biosciences (Uppsala, Sweden) and Ready Safe scintillation cocktail from Beckman Coulter (Bromma, Sweden). NIM811 (MeIle4-CsA) was kindly provided by Novartis (Basel Switzerland) and Debio-025 (UNIL025, MeAla3EtVal4-CsA) was from Debiopharm S.A. (Lausanne, Switzerland). Cyclosporin-A (CsA) and other cyclosporin analogs were provided by IVAX-Pharmaceuticals (Ceske Budejovice, Czech Republic). All other chemicals were from Sigma (St. Louis, MO).

Preparation of isolated brain mitochondria
Isolation of free, i.e. non-synaptosomal brain mitochondria was achieved using a Percoll gradient according to Sims, method B (Sims 1990), with slight modification. The brain was rapidly removed to ice-cold isolation buffer (320 mM sucrose, 2 mM EGTA, 10 mM trizma base, pH 7.4). Preparation was carried out under ice-cold conditions. Underlying structures and pia mater were removed from cortical tissue using curved forceps. The tissue (10% w/v) was homogenized in 1 ml isolation buffer (IB) containing 12% (v/v) Percoll, using a 2 ml Kontes teflon homogenizer, size 19, total clearance 0.05 mm (Vineland, NJ, USA). The homogenate was added on top of a Percoll gradient, 40% and 26% respectively, and centrifuged in a Beckman Optima MAX-E
Ultracentrifuge, 100.3 rotor (Palo Alto, CA, USA) at 30700 g for 7 min, yielding a dense fraction between the two lower Percoll layers (fraction 3). The latter was collected and diluted 1:4 with isolation buffer, followed by a washing step at 16700 g for 12 min. A last washing step containing isolation buffer and BSA (0.5 mg/ml) was performed in an Eppendorf microcentrifuge (Hamburg, Germany) at 7300 g for 7 min yielding a dense mitochondrial pellet that was resuspended in isolation buffer. All brain mitochondrial experiments were run within 5 h following decapitation.

**Preparation of isolated liver mitochondria**
Isolation of liver mitochondria was either performed using the Percoll gradient protocol described above, except smaller tissue pieces were homogenized (3-5% w/v) in order to get a demarcated fraction 3, or using a differential centrifugation protocol including a Percoll density step to remove contaminating membranes (Halestrap 1987). In the latter, liver tissue (10% w/v) was homogenized in ice-cold IB with 0.5% BSA using a 10 ml Kontes Teflon Homogenizer, size 22. The homogenate was centrifuged in a Beckman Avanti Centrifuge with F1010 rotor at 311 g for 10 min at 4°C. The supernatant was decanted and centrifuged at 7800 g for 5 min. The resulting pellet was resuspended in 8 ml isolation buffer with 19% (v/v) Percoll, and centrifuged at 11220 g for 10 min. The supernatant was removed and the pellet was resuspended in 8 ml isolation buffer and again centrifuged at 7800 g for 5 min.

**Quantification of mitochondrial protein content**
Mitochondrial protein content was determined using the Bradford method (Bradford 1976). Absorbance at 595 nm was determined in a Hitachi U-2800 Spectrophotometer (Tokyo, Japan) or a Bio-Rad Model 680 microplate reader (Bio-Rad Laboratories AB, Sundbyberg, Sweden) using BSA as standard.

**Quantification of mitochondrial citrate synthase activity**
Citrate synthase activity was followed spectrophotometrically at 412 nm by measuring the rate of 5,5'-dithiobis-(2-nitrobenzoic acid) (DTNB, 0.1 mM) oxidation as acetyl-CoA (50 μM) and oxaloacetate (0.25 mM) is converted to citrate and CoA-SH in 50 mM Tris-HCl medium, pH 8.0, with 0.1% Triton-X100.

**Mitochondrial swelling**
Changes in mitochondrial volume and configuration were monitored by following changes in 90° light scattering at 520 nm in a Perkin-Elmer Luminescence Spectrometer LS-5B or LS-50B (Emeryville, CA, USA) with a temperature controlled cuvette holder and magnetic stirrer. The decrease in light scattering has been shown to closely parallel the percentage of the mitochondrial population undergoing swelling as a result of permeability
transition (Hunter & Haworth 1979a). Light scattering changes were followed in mitochondria under de-energized conditions at 28°C or under energized conditions in KCl- or sucrose-based buffers at 37°C. De-energized experiments were performed in a buffer containing 150 mM KCl, 20 mM MOPS, 10 mM trizma base, pH 7.3, the respiratory inhibitors rotenone (0.5 μM) and antimycin A (0.2 μg/ml), and the calcium ionophore A231872 (2 μM) to ensure equilibration of calcium across the inner mitochondrial membrane. For calcium concentrations up to 200 μM, 2 mM nitrilotriacetic acid (NTA) was added and free [Ca²⁺] was calculated from the NTA buffering (Connern & Halestrap 1994). Experiments with energized mitochondria were performed in buffers containing either 125 mM KCl and 20 mM trizma base or 250 mM sucrose, 20 mM MOPS and 10 mM trizma base, pH 7.1. Since the buffering of trizma base is dependent on temperature, pH was set at 37°C. Both buffers included 2 mM P₅(K), 1 mM MgCl₂ and 1 μM EGTA with 5 mM malate and 5 mM glutamate as respiratory substrates. Transient swelling experiments were performed in KCl buffer and added calcium was chelated with EGTA after 2 min. The adenine nucleotide ADP (20 μM) and the ATP synthase inhibitor oligomycin (1 μg/ml) were present when evaluating cyclosporin A effects on the induction of mitochondrial swelling. The non-specific ionophore alamethicin was employed to induce a standardized swelling response independent of mPT. The degree of light scattering decrease following calcium exposure was divided by that induced by alamethicin (7.5 - 10 μg/ml) and is expressed as % of maximal (i.e. alamethicin-induced) swelling.

**Mitochondrial membrane potential (ΔΨₘ)**

All fluorescence experiments were performed under similar conditions and the buffers used for swelling experiments in the Perkin-Elmer Luminescence Spectrometer LS-50B. Three different fluorescent probes were used to monitor qualitative changes of ΔΨₘ. In Paper II, JC-1 at 200 nM and Safranin O at 1 μM were employed. JC-1 accumulation upon exposure to the negatively charged mitochondrial inside is accompanied by a shift in emission. Membrane potential was followed as the ratio of emission at 596 nm over 536 nm with excitation at 490 nm. Safranin O was excited at 485 nm and emission at 580 nm was followed. Rhodamine 123 at 100 nM was used in Paper IV and V with excitation and emission set to 490 nm and 528 nm, respectively. Accumulation of safranin O and rhodamine 123 in mitochondria is driven by ΔΨₘ, and results in quenching and decrease in their fluorescence. Depolarization results in dequenching of the signal, and consequently an increase in fluorescence. The protonophore carbonyl cyanide m-chlorophenylhydrazone (CCCP) was used at 0.5 - 1 μM to maximally depolarize the mitochondria.
**NAD(P)H autofluorescence**
The redox status of NAD(P)H was determined qualitatively by following its autofluorescence (excitation 340 nm, emission 460 nm). Antimycin A could not be used in this assay as it interfered with the NAD(P)H signal.

**Mitochondrial production of reactive oxygen species (ROS)**
Mitochondrial release of ROS was detected by following the H$_2$O$_2$-sensitive oxidation of 1 μM Amplex Red (N-acetyl-3,7-dihydroxyphenoxazine) to the fluorescent product resorufin in presence of horseradish peroxidase (HRP, 0.5 U/ml) and superoxide dismutase (SOD, 20 U/ml). Excitation and emission wavelengths were set to 560 nm and 590 nm, respectively. Known amounts of H$_2$O$_2$ were added to establish a calibration curve (in the presence of mitochondria without substrates). All the compounds used in the ROS experiments were tested under similar conditions without mitochondria to control for unspecific interactions with the probe. Several compounds had to be excluded and the respiratory inhibitors rotenone and antimycin A had to be prepared freshly or stored frozen in dimethyl sulfoxide (DMSO) due to such interactions. NADH could only be used at low concentrations (Votyakova & Reynolds 2004).

**Mitochondrial calcium retention capacity**
Mitochondrial calcium uptake and release were monitored using extramitochondrial calcium-sensitive fluorescent probes. Experiments were performed in energized KCl buffer as described above. In order to enable calcium uptake, the samples were supplemented with 200 μM ATP and 50 μM ADP in presence of 1 μg/ml oligomycin.
The excitation ratio of Fura 6F (340/380 nm with emission at 509 nm, 250 nM) or the fluorescence of Calcium Green 5N (excitation 506 nm and emission 532 nm, 100 nM) was followed as mitochondrial suspensions were continuously infused with 200 nmol CaCl$_2$/mg/min (10 μM/min). The start of calcium uptake was defined as the point where the experimental curve deviated from a control curve run with 1 μM ruthenium red present, blocking mitochondrial calcium uptake through the uniporter. Calcium retention capacity was calculated as the amount of infused calcium from the start of mitochondrial calcium uptake until start of maximal calcium release.

**Mitochondrial respiration**
Mitochondrial oxygen consumption was measured in airtight chambers using Clark-type oxygen electrodes. In Papers I-IV, experiments were performed in equipment from Hansatech (Norfolk, UK) with 0.1 mg mitochondria suspended in 0.4 ml KCl buffer at 30°C. Mitochondrial respiratory states were measured as defined by Chance and Williams (Chance & Williams 1955) except respiratory substrates (5 mM malate and glutamate) were present from start of
experiments. Respiratory control ratios were determined by dividing state 3 respiration following ADP addition with state 4 respiration after ADP was converted to ATP. In order to evaluate respiratory changes following mPT in more detail and to follow oxygen consumption of mitochondria during calcium infusion under similar conditions as calcium retention capacity experiments, a second set of experiments were performed in an Oroboros Oxygraph-2k. These experiments were run at 37°C in 2 ml KCl buffer using DatLab 4 software allowing on-line respiration rate output with high sensitivity, low noise and concentration-dependent background correction (Oroboros Instruments, Innsbruck, Austria) (Hütter et al. 2006).

Measurement of cytochrome c release and GSH content
An ELISA kit for detection of rodent cytochrome c (Quantikine® M, R&D Systems, Abingdon, UK) was employed to measure cytochrome c release. Mitochondrial samples were collected after experiments measuring light scattering or H2O2 production. Directly at the end of experiments, 1 mM EGTA was added to prevent further calcium insult. The samples were supplemented with a protease inhibitor cocktail (Sigma P-2714), rapidly chilled on ice and centrifuged at 7000 g for 10 min. After a second centrifugation of the supernatant at 436000 g for 60 min the supernatants and pooled pellets were tested for cytochrome c content. Total GSH content was determined using a Glutathione Colorimetric Detection Kit (ApoGSH™, BioVision, Mountain View, CA, USA), generating 2-Nitro-5-thiobenzoic acid from DTNB (5,5′-Dithiobis(2-nitrobenzoic acid) and GSH. GSH content was determined by measuring absorbance at 415 nm.

Matrix pH measurements
Changes in intramitochondrial pH were measured by determining the equilibrium distribution of the weak acid acetate (Nicholls 1974). The uncharged and permeant protonated species (HAc) will equilibrate over the mitochondrial membranes, while the impermeable anion (Ac−) accumulates in an alkaline compartment such as the mitochondrial matrix due to increased dissociation. The pH difference can be determined by the relationship ΔpH = \log_{10} \frac{\text{Ac}_\text{ext}}{\text{Ac}_\text{m}} where ext and m refers to extra-matrix and matrix compartments respectively. A whole preparation of brain mitochondria (approx. 700 µg) was divided in half and incubated in ordinary KCl media supplemented with 3H-labeled acetate (0.5 µCi or 18.5 kBq/ml) and 14C-labeled sucrose (0.058 µCi or 2.1 kBq/ml). 14C-sucrose does not permeate the inner mitochondrial membrane and was used to subtract non-matrix 3H activity. Following incubation with either 3 pmol/mg valinomycin or vehicle (ethanol), the suspension was carefully layered on top of 800 µl silicone oil AR 110 and centrifuged at 20800 g for 2 min. Samples of supernatant (2 x 2 µl) were transferred to 500 µl H2O before it was discarded together with the silicone oil.
The mitochondrial pellet was resuspended in 500 µl H2O in scintillation vials (HDPE 24 ml, VWR) and 5 ml Ready Safe scintillation fluid was added. Samples were measured in a LS 6500 Scintillation counter (Beckman Coulter, Fullerton, CA). Similar experiments were performed with 3H-H2O instead of acetate for matrix volume estimates.

**Electron microscopy**
Mitochondrial samples were prepared following incubation in buffers or following exposure to calcium or alamethicin. The suspension was rapidly chilled and centrifuged in an Eppendorf microcentrifuge at 12000 g for 2 min. Samples were fixed in a solution containing 0.1 M Sörensen buffer, 1.5% Paraformaldehyde and 1.5% Glutaraldehyde over night, and then resuspended and washed in 0.1 M Sörensen buffer twice. The samples were further embedded in agarose, post-fixed in 1% osmium tetroxide, washed in 0.1 M phosphate buffer, dehydrated in graded series of acetone and embedded in Agar 100 which was polymerized for 48 h at 60°C. Sections, 50-70 nm, were cut in a LKB SuperNova Ultratome and stained with 4% uranylacetate followed by 0.5% lead citrate. Electron micrographs were obtained using a Philips CM 10 microscope (Eindhoven, The Netherlands).

**Statistical analysis**
Data is presented as mean ± SEM or SD for at least 3-4 separate experiments and analyzed with one-way ANOVA and the Bonferroni *post hoc* correction for multiple comparisons or unpaired students *t*-test using StatView 5.0 (SAS Institute Inc. Cary, NC). The level of statistical significance was set to 5%.
RESULTS AND CONCLUSIONS

Brain mitochondria exhibit a concentration-dependent sensitivity to calcium-induced permeability transition (Paper I-II)
In the first two studies, we examined if isolated brain mitochondria undergo permeability transition (mPT) in response to calcium challenges. In Paper I, brain mitochondria were studied under so called de-energized conditions where the respiratory complexes are inhibited and a calcium-ionophore is introduced so that added calcium equilibrates over the inner mitochondrial membrane. By measuring light scattering, mitochondria were found to swell upon calcium administration to an extent and rate dependent on the calcium concentration. The light scattering decrease at higher calcium concentrations was close to that induced by the non-specific pore forming drug alamethicin, and electron micrographs confirmed that the mitochondria underwent a configurational change following calcium. The response of brain and liver mitochondria was qualitatively similar, but much higher concentrations of calcium were needed in order to swell liver mitochondria under these conditions. In Paper II, mitochondria were studied under more physiologically relevant conditions with supplemented respiratory substrates. Under these conditions, mitochondria build up a protonmotive force and calcium uptake is electrophoretic and hence dependent on the membrane potential ($\Delta \Psi_m$). Brain mitochondria were found to undergo extensive light scattering decrease in both KCl- and sucrose-based buffers with concomitant loss of membrane potential. In KCl medium the swelling response was very rapid and further, the light scattering decrease, the $\Delta \Psi_m$ loss and the morphological swollen appearance in electron micrographs were reversible to a large extent and dependent on the duration and concentration of the calcium insult. By using flow cytometry analysis of the mitochondria, it could be demonstrated that the swelling response and the recovery response were due to general shifts of the entire population of mitochondria rather than shifts in subpopulations of mitochondria.

Permeability transition in brain mitochondria is highly sensitive to cyclosporin A (CsA) inhibition under de-energized conditions, during transient swelling or in presence of ADP (Paper I-II)
The second objective of Paper I-II was to study if CsA inhibits mPT in brain mitochondria. Under de-energized conditions, there was a clear dose-dependent inhibition of calcium-induced swelling with significant effect already at 10 nM and an IC$_{50}$ at 23 nM. The maximal inhibition at 1 µM was effective over a wide range of calcium concentrations. In respiring mitochondria in the absence of adenine nucleotides CsA only marginally prevented the onset of calcium-induced swelling but demonstrated a pronounced improvement of the recovery following removal of calcium. The resulting degree of swelling following a transient calcium insult was thus diminished by CsA. The dose-response curve
was very similar to that under de-energized settings and likewise, CsA had a significant effect over a wide range of calcium doses. In contrast to the effect in the absence of adenine nucleotides, CsA exhibited a prominent inhibition of the induction of swelling in presence of ADP and both light scattering and $\Delta \Psi_m$ decreases were prevented at a dose calcium that induced extensive swelling without CsA. In liver mitochondria, CsA inhibited induction of swelling in the absence of externally added ADP. The reversibility of swelling was however less prominent in liver mitochondria and the CsA effect following a transient calcium insult was less than that in brain mitochondria.

The non-immunosuppressive cyclosporin analogs NIM811 and Debio-025 (UNIL025) are potent inhibitors of permeability transition in brain mitochondria (Paper III)

In this study, we utilized the assays for permeability transition in brain mitochondria established in the first two studies and evaluated the potencies of two new non-immunosuppressive cyclosporin compounds, NIM811 (MeIle$^4$-CsA) and Debio-025 (UNIL025 or MeAla$^3$EtVal$^4$-CsA). By performing dose-response studies of the cyclosporin analogs and CsA under de-energized conditions, the non-immunosuppressive analogs were found to exhibit the same maximal inhibition but with higher potencies than CsA. They also afforded similar inhibition as CsA under respiring conditions. Flow cytometric analyses demonstrated that there were no cyclosporin-insensitive subpopulations of mitochondria.

Calcium-induced increase in mitochondrial generation of reactive oxygen species is caused by permeability transition (Paper IV)

Mitochondrial generation of reactive oxygen species (ROS) is implicated in several pathological states of the central nervous system and calcium has been linked to an increased generation even though several studies show a decreased ROS generation upon brain mitochondrial calcium loading. The objective of Paper IV was to investigate if mPT can be the cause of calcium-induced ROS generation. We demonstrate that calcium loading of rodent brain mitochondria or human liver mitochondria induces an increased $H_2O_2$ generation if the calcium loading causes mPT. If mPT is inhibited with CsA and ADP or CsA only (brain and liver, respectively), the same calcium loading either decrease or is without effect on ROS generation. A library of cyclosporin compounds was evaluated in a swelling assay and the relative potencies correlated well with inhibition of ROS increase upon calcium loading.

An increased ROS generation could also be seen in mitochondria following permeabilization with alamethicin. An obligatory role for calcium in the mechanism for ROS generation was thus not seen. Calcium did however induce a direct interference with respiration in permeabilized mitochondria and a high
dose calcium induced more ROS and inhibited respiration more than a low
dose, even though the extent of light scattering decrease was similar. In
permeabilized mitochondria, ROS generation correlated with availability of
respiratory substrates, and inhibition of the respiratory complexes induced
dramatic increases in ROS generation. An explanatory model is proposed where
the ROS-inducing effect of calcium and permeability transition depends on the
balance of ROS-reducing and ROS-inducing factors. The former include loss of
$\Delta \Psi_m$ and NADH, and the latter loss of energy-dependent antioxidant
scavenging and a disturbed electron flow through the respiratory complexes
caused by cytochrome $c$ loss and calcium-induced damage.

**An increased K$^+$ conductance of brain mitochondria is beneficial for the
ability to buffer large calcium challenges (Paper V)**

In the final study of this thesis, we demonstrate that calcium retention capacity
of isolated brain mitochondria can be enhanced by increasing the potassium
conductance of the inner mitochondrial membrane. This was achieved by
administering low doses of the potassium carrier valinomycin, selected to
induce a $\Delta \Psi_m$ decrease similar to that by ADP. The calcium retention of brain
mitochondria was determined by following the extramitochondrial calcium
concentration during a continuous calcium infusion. Mitochondria maintained a
steady-state calcium concentration until there was a rapid release of calcium.
The CypD inhibitor MeAla$^3$EtVal$^4$-CsA improved the extent of calcium
retention. By following mitochondrial oxygen consumption in a high-resolution
respirometer we demonstrated that respiratory inhibition and increased
permeability for pyridine nucleotides occurs at the time of rapid calcium
release, indicative of mPT. Increasing mitochondrial potassium conductance
assumedly influences several physiological parameters that classically are
believed to increase the sensitivity towards mPT, such as decreased $\Delta \Psi_m$ and
increased pH. Contrary to the protective direct effect of protons on the stability
of the permeability transition complex, an alkaline matrix pH was found to be
beneficial for mitochondrial calcium retention. Protonophores or the
electronneutral proton/potassium exchanger nigericin which both decrease the
pH of the matrix, reduced the calcium retention capacity of brain mitochondria.
Decreasing the pH of the buffer from 7.1 to 6.6 similarly decreased the ability
to store calcium. With nigericin present, increased calcium retention could be
obtained by increasing the pH of the medium. Increasing the potassium
conductance with valinomycin increased the accumulation of tritiated acetate,
which equilibrate over the mitochondrial membranes according to $\Delta$ph, but it
will also depend on volume changes of the matrix. We propose that the
mechanism underlying the beneficial effect of increasing potassium
conductance includes an enhanced alkalinity of the matrix, which increases the
uptake and deprotonation of phosphate and thus increases the ability of
mitochondria to form inactive calcium-phosphate complexes. Keeping free
calcium ions low due to increased complexation may be more important than the effects of pH, $\Delta\Psi_{in}$ and phosphate \textit{per se} in preventing activation of mPT.
UNPUBLISHED AND PRELIMINARY RESULTS

Figure 4. Cyclophilin D (CypD) in human brain and liver homogenates, and calcium-induced mPT in isolated human brain mitochondria. A. Western blots of CypD and β-tubulin. Blots were probed with polyclonal anti-cyclophilin D and monoclonal anti-tubulin and detected using corresponding secondary horseradish peroxidase-labeled antibodies. 12 μg/lane was used for brain and 22 μg/lane for liver. (courtesy of L. Chen and F. Shibasaki) B. Changes in light scattering of isolated human brain mitochondria, 12.5 μg/ml in 2 ml KCl buffer with 5 mM malate and glutamate at 37°C. Calcium (200 μM) was administered where indicated to mitochondria with or without 1 μM CsA and 200 μM ADP. The non-specific ionophore alamethicin was thereafter added to induce a standardized swelling response.
Figure 5. Prevention of delayed cell death by the CsA analog Debio-025 in a model of in vitro ischemia of organotypic hippocampal slices (method described in Rytter et al. 2005). Representative photographs of hippocampal slices before ischemia and after 24 and 48 hours of recovery. Cell death was evaluated with the fluorescent cell death marker propidium iodide (PI). Debio-025 (also known as UNIL025 and MeAla<sup>3</sup>EtVal<sup>4</sup>-CsA) or vehicle (DMSO) was present in the medium from 20 h before experiment, during ischemia and in the recovery period.
Figure 6. Concentrations of cyclosporin A (CsA) and Debio-025 in the central nervous system following intravenous injections in rats. Samples were collected from animals 5 hours following injections. CsA was measured using a commercial fluorescence polarization immunoassay (FPIA) detecting CsA and metabolites (Abbott, Chicago, IL), or by using liquid chromatography with tandem mass spectrometry (LC/MS/MS). Debio-025 was measured in the same FPIA system by preparing a separate standard curve or by measuring activity of \(^{14}C\) labeled Debio-025 in a scintillation counter. A and B show tissue concentrations of CsA and Debio-025 measured by FPIA. C and D illustrate the relative tissue concentrations compared to lung concentrations. The injected doses of the compounds are given on the x-axis.
DISCUSSION

Permeability transition in brain mitochondria
The results and conclusions from Paper I and II stand somewhat in contrast to some of the previous findings in isolated brain mitochondria mentioned in the background section. We find that mPT can be readily induced by calcium under various conditions and that different modes of mPT activation are CsA-sensitive, in particular if ADP is present.

The disparate conclusions are probably due to both methodological and conceptual differences. Assays of swelling commonly detect light scattering of mitochondrial suspensions at different angles, where 180° light scattering is similar to absorbance or transmission, as measured in standard laboratory spectrophotometers. It has been noted in early studies that 90° light scattering is much more sensitive to mitochondrial swelling and mPT induction than absorbance (Lehninger 1962, Hunter & Haworth 1979a). We have noted a clear difference between the relative extent of absorbance and 90° light scattering decrease following mPT in brain mitochondria, in particular when compared with the swelling induced by the non-specific ionophore alamethicin (unpublished results). The use of absorbance assays has probably contributed to the unexpected conclusion that brain mitochondria are resistant to calcium-induced mPT and swelling (Berman et al. 2000, Eliseev et al. 2007). The reported dissimilarities between mitochondria from different tissues in swelling assays may be due to physical properties such as size and density. Functional mPT assays measuring calcium retention, ΔΨm and NAD(P)H redox status generally report similar qualitative responses following calcium-induced mPT, even though the relative effects of different inducers and inhibitors of mPT may be markedly different between tissues (Panov et al. 2007, Panov et al. 2004, Kristal et al. 2000, Chalmers & Nicholls 2003). The second line of argument against mPT in brain mitochondria derives from studies were mitochondria are suspended in medium containing a physiological level of ATP, around 3 mM. Brain mitochondria have been found to be resistant to calcium-induced mPT under these conditions, and it has been concluded that mPT is likely not activated by calcium in the brain under physiological conditions (Andreyev & Fiskum 1999, Andreyev et al. 1998). This is likely a probable scenario. Considering the bioenergetic consequences of mPT, activation under physiological conditions would likely be detrimental to the cell, even if mPT is limited to a few mitochondria or transiently induced. Transient mPT-induction has however been suggested to be a mechanism of fast calcium release from mitochondria and this has been postulated to represent a normal physiological function of the mPT pore (Gunter & Pfeiffer 1990, Bernardi & Petronilli 1996, Ichas & Mazat 1998). So-called pore-flickering has been demonstrated both in isolated mitochondria and in cells (Huser et al. 1998, Petronilli et al. 1999,
Gillessen et al. 2002), but if this actually represents a physiological condition or rather a transitional state prior to full induction, indicative of cell stress, has been debated (Crompton 1999). A role for mPT under pathological conditions in the cell is more likely, and relies on more solid experimental evidence. The pathological conditions where mPT is most convincingly indicated, such as ischemia, hypoglycemia and excitotoxicity, include a severe depletion of energy metabolites or an oxidative state in combination with increased calcium and possibly oxidative stress. The finding that mPT is not readily induced under physiological conditions in vitro does not preclude a prominent role for mPT in vivo under conditions where its activation would be favored.

The enhanced CsA effect by ADP in brain mitochondria has also been demonstrated by several other researchers. Panov et al. demonstrated that the combined effect of ADP and CsA in inhibiting mPT was synergistic and much greater than the sum of ADP and CsA separately (Panov et al. 2007, Panov et al. 2004). By following calcium loading of mitochondria in presence of adenine nucleotides, several other authors have found a significant effect of CsA (Chalmers & Nicholls 2003, Brown et al. 2006, Naga et al. 2007, Damiano et al. 2006, Shalbuyeva et al. 2007).

The conclusion that brain mitochondria have the ability to undergo mPT and that mPT in brain is CsA-sensitive, in combination with pharmacological studies indicating mPT in several models of neurological disease, support a role of mPT in neurological cell death. Recent studies using genetically modified mice that lack CypD (Ppif-/-), the mitochondrial target for CsA, have provided strong support for this conclusion (Baines et al. 2005, Forte et al. 2007, Schinzel et al. 2005). The much-debated role for mPT in different cell death modes has also been clarified as will be discussed below. Despite these studies supporting a role of CypD in several pathologies of the brain, it has been suggested that CypD is downregulated in the mature rodent brain and that this explains the inability of brain mitochondria to swell (Eliseev et al. 2007). While much evidence in rodents argue against this hypothesis, it is possible that CypD downregulation occurs in the human adult brain, but this has not been studied. In a preliminary pilot experiment we have examined if CypD is present in the adult human brain and if isolated human brain mitochondria undergo mPT. Preliminary results indicate that respiring brain mitochondria contain CypD and undergo CsA-sensitive calcium-induced swelling (Figure 4).

In Paper II we also study whether the mPT phenomenon is similar within the whole brain mitochondrial population or if there are indications of subpopulations with different sensitivities to calcium and/or CsA, which has been proposed (Kristián et al. 2000, Kristián et al. 2002, Lifshitz et al. 2003). The conclusion of our studies was that activation of mPT as well as the
protection afforded by CsA and the recovery following a transient swelling were all rather homogenous responses distributed throughout the whole mitochondrial population and not selective responses of subpopulations. However, this conclusion cannot be extended to all brain mitochondria being similar in other senses, only that all mitochondria seem to possess the ability to undergo mPT and to be sensitive to CsA inhibition. Both in the de-energized assay in Paper I and in the energized assays in Paper II, the mitochondria behaved as though they individually have a certain probability to undergo mPT with a progressively larger part of the mitochondrial population undergoing swelling as the calcium challenge is increased. When comparing mitochondria from different subregions of the brain, different cell types, or even different cell compartments, several studies have noted differences in the activation of mPT. Thus even within the brain not all mitochondria are created equal.

Several studies have noted different susceptibilities of mitochondria from different brain regions to activation of mPT that have correlated with selective vulnerability in different disease models (Friberg et al. 1999, Mattiasson et al. 2003, Brustovetsky et al. 2003, Sullivan et al. 2004). Different mitochondrial contents of adenine nucleotides or CypD have been suggested to underlie these differences. Synaptic brain mitochondria have been found to be more susceptible to calcium overload and mPT than non-synaptosomal mitochondria (Brown et al. 2006, Naga et al. 2007). The authors attribute this difference to an increased content of CypD in synaptosomal mitochondria due to higher content of neuronal mitochondria, which they find have higher CypD content. The higher CypD level would accordingly sensitize mitochondria towards mPT. The latter conclusion stands somewhat in contrast to the findings of Bambrick et al. where CsA enhanced calcium loading in permeabilized cultured astrocytes but not in cultured cerebellar granule neurons (Bambrick et al. 2006). The discrepancy between the in vivo and the cell culture results may be explained by the finding that cultured neurons seem to downregulate CypD (Eliseev et al. 2007) and this could also perhaps explain some discrepancies in results with CsA in cultured neurons although this has not been evaluated. Even though the CypD content could partly explain the different abilities of synaptic and non-synaptic mitochondria to retain calcium, a preserved difference was found following maximal CsA inhibition of CypD and also in CypD knock-out mice (Naga et al. 2007). The remaining difference in calcium retention capacity was similar to that we have found between brain cortical and spinal cord mitochondria (Morota et al. 2007). In this study, spinal cord mitochondria were able to take up considerably less calcium than cortical brain mitochondria but the mPT-sensitivity to calcium in several other assays was similar. However, the set-point concentration for mitochondrial calcium uptake was different for the two populations of mitochondria. These findings indicate that several parameters of mitochondrial function that are not directly related to the
regulation of mPT may also influence the resistance of mitochondria towards calcium.

Detection of mPT in brain mitochondria
Throughout the studies of this thesis several different methods have been employed to evaluate the characteristics and consequences of mPT. A general view that has emerged is that the conclusions drawn from an experiment should follow the precision and specificity of the methods used. This is of particular importance when searching for and evaluating putative inhibitors of mPT or other pharmacological targets in mitochondria. However, several pitfalls of an assay may not be obvious.

The 90° light scattering assay has in our hands been a rapid and sensitive method for detecting morphological changes in brain mitochondria. Absorbance (or 180° light scattering) has been much less sensitive (unpublished observations). Methods evaluating functional parameters of mitochondrial integrity, such as NADH redox status and ΔΨm, are also sensitive to mPT changes and are in many cases a necessary complement to light scattering assays. An inhibition of mitochondrial swelling, readily detected in the light scattering assay, does not necessarily have to be caused by modulation of the mPT components or associated proteins. An inhibition can also be seen if mitochondrial calcium uptake is inhibited. If the inhibition of calcium uptake is due to specific interaction with the mitochondrial calcium uniporter this may be an important pharmacological target. If the inhibited calcium uptake is due to reduced electrophoretic uptake of the cation due to inhibition of respiration or extensive uncoupling of oxidative phosphorylation, the inhibition of mPT cannot be regarded to be a pharmacological target, rather a side effect of toxic dosage. The conclusion that the neuroprotective action of minocycline is caused by direct mPT inhibition is probably an example of the latter phenomenon (Teng et al. 2004, Wang et al. 2003, Zhu et al. 2002). Calcium-induced swelling of mitochondria, as detected in a light scattering assay, can be inhibited by high doses of minocycline. However, when monitoring functional parameters of mitochondria, an uncoupling and respiratory inhibition by minocycline was seen (Månsson et al. 2007). Under the same conditions in which minocycline prevented swelling, it also completely blocked calcium uptake. Further, the results of minocycline could be mimicked by using a high dose of a protonophore (CCCP), which completely uncoupled mitochondria and consequently prevented calcium uptake. Similar unspecific effects can probably be seen by several drugs if they are used at very high concentrations. We have therefore suggested that the minimal requirement for attributing mPT inhibition to a compound should include effects in several complementary assays.
including prevention of depolarization as well as increased calcium retention capacity (Wieloch et al. 2007).

An integrative approach to evaluate mitochondrial calcium handling and mPT was introduced by Chalmers and Nicholls (Chalmers & Nicholls 2003). By following the extramitochondrial calcium concentration and continuously infuse the media with calcium, mitochondrial calcium retention capacity can be determined. Mitochondria start to take up calcium above a certain threshold and maintain an almost constant extramitochondrial calcium concentration until there is a rapid release of the accumulated calcium, which is considered to represent activation of mPT. This method has several advantages compared to traditional swelling methods. Firstly, the mitochondria take up calcium at a bioenergetic steady-state and rapid changes in mitochondrial redox status or membrane potential are avoided. Secondly, the assay provides a quantitative approach to evaluate mPT. Swelling or depolarization following administration of calcium bolus loads is often an all or nothing response of the whole mitochondrial population, and the quantification of mPT is somewhat arbitrary and often limited to either positive or negative effects. Using calcium retention capacity as an outcome allows for evaluation of both positive and negative effects over a wider modulatory range. Finally, mitochondrial calcium retention is dependent on an intact respiratory function as well as the ability to form inactive calcium-phosphate complexes. A parameter that may influence the mPT complex component towards one direction may influence the calcium buffering and thus the available free calcium in another, and the actual probability for mPT will depend on their relative importance. Important examples of this dual effect are demonstrated in Paper V for pH and ΔΨm. A low pH is considered to stabilize the mPT pore complex in a closed configuration, and this is apparent in mPT assays run under de-energized conditions (Halestrap 1991, Haworth & Hunter 1979) i.e. under situations where active calcium uptake and sequestration is inhibited. This is also true for brain mitochondria under similar conditions (Kristián et al. 2001, Costa et al. 2006, Friberg et al. 1999). In contrast, in functional and respiring mitochondria, a high matrix pH is required in order to form calcium-phosphate complexes and keep free calcium ions at a regulated low concentration (Nicholls 2005). Similarly, a high ΔΨm is considered to stabilize mPT (Bernardi 1992), but if ΔΨm is elevated in exchange for ΔpH by the electroneutral proton/potassium exchanger nigericin, calcium retention is dramatically reduced (Paper V).

The calcium retention assay, although sensitive for both adverse and beneficial influences on mitochondrial stability, lacks somewhat in specificity. The improved calcium retention capacity of mitochondria in presence of CsA indicates that mPT is the limit of calcium sequestration (Chalmers & Nicholls 2003). By following light scattering or NAD(P)H autofluorescence during
calcium infusion, a decreased NAD(P)H fluorescence as well as decreased light scattering is seen at the time for calcium release (Paper V). These changes also indicate mPT, but this assumption is limited by the large artifactual NAD(P)H and light scattering signal that precedes the decrease.

The calcium sequestration of brain mitochondria with formation of calcium-phosphate complexes in the matrix causes an increase in the refractory index and the light scattering increases as more calcium is accumulated (Kristián et al. 2007). The increase in NAD(P)H fluorescence is likely also caused by the same artifactual phenomenon and not by an increased reduction state (Chalmers & Nicholls 2003). The decrease in NAD(P)H fluorescence and light scattering could therefore solely reflect calcium release and decreased amount of calcium-phosphate complexes. The release of calcium does not necessarily have to be caused by mPT, it could also reflect a reversal of the calcium uniporter (Zoccarato & Nicholls 1982).

In order to obtain a more specific correlation between the calcium release in the calcium retention capacity assays and activation of mPT, calcium infusion experiments were performed simultaneous to measurements of oxygen consumption in high-resolution respirometry equipment. At the time of calcium release, there was a concomitant inhibition of respiration and increased permeability to NAD$^+$ and NADH. Both the respiratory inhibition and the increased permeability to pyridine nucleotides are significant evidence for a permeability transition and thus confirmed that mPT can be regarded as the endpoint in the calcium retention assay.

In the pioneering characterizing studies of mPT by Hunter and Haworth, permeability changes were detected by following uncoupling of respiration (Hunter et al. 1976). A few years later, they introduced 90° light scattering as a more convenient tool to evaluate mPT (Hunter & Haworth 1979a). A few decades later, respiration remains the most powerful tool in evaluating mitochondrial integrity.

**Reactive oxygen species and brain mitochondria**

Mitochondria are often referred to as the main source of ROS in the cell, and the redox centers in the respiratory complexes are truly potential sites for tremendous ROS generation. At the same time, the antioxidant defenses in the mitochondria are very potent. Several other processes in the cell can produce ROS, e.g. oxidation of hypoxanthine or phospholipid degradation. Whether mitochondria actually are a net source of ROS or if they can function as a sink for ROS under normal conditions is not a trivial question to answer. Detection of ROS requires the use of probes that might have a higher scavenging affinity
than the endogenous antioxidants. Experiments with isolated mitochondria show that if the probes are added after mitochondria are removed from a suspension, no remaining ROS are detected (Nohl et al. 2003). Undisputedly though, there are numerous indications for ROS-mediated cell death in many diseases and it has also been suggested to be the cause of senescence (Nicholls & Budd 2000, Soane et al. 2007, Droge 2002). Certain conditions could favor the formation of very aggressive free radicals, such as formation of peroxynitrite (ONOO\(^{-}\)) in presence of superoxide and nitric oxide or formation of hydroxyl radical (OH\(^{•}\)) if hydrogen peroxide reacts with transitions metals such as free iron.

Under which conditions brain mitochondria become a source for pathological ROS production was the focus of Paper IV. Calcium accumulation of mitochondria has been linked to increased ROS generation and several mechanisms have been suggested (Nicholls & Budd 2000, Soane et al. 2007). Our results in isolated brain and liver mitochondria show that calcium induces increased ROS generation if the mitochondria undergo mPT, but not if they remain intact. As several alterations following mPT tend to decrease ROS generation, such as abolished membrane potential, we argue that the simultaneous reduction in antioxidant capacity and a hampered electron transport through the respiratory complexes underlie the net increase in ROS. The mPT thus represents one condition in which mitochondria become a main source of ROS in the cell. Consequently, ROS as a result of mPT, in a larger or smaller proportion of the mitochondria in a cell, may be a significant contribution to the cell death pathways triggered upon its activation, adding to perturbations caused by diminished ATP production and release of proapoptotic proteins.

As oxidative stress is considered to trigger mPT, ROS release following mPT could cause more mitochondria to undergo mPT, a phenomenon known as ROS-induced ROS release (Zorov et al. 2000). While oxidants have a convincingly demonstrated role in triggering mPT in heart and liver mitochondria, the role in isolated brain mitochondria is less clear. The oxidants phenylarsine oxide and tert-butyl hydroperoxide have lacked effect on mPT in some studies but sensitized mitochondria in others (Kristal & Dubinsky 1997, Friberg et al. 1999, Kristián et al. 2001, Schönfeld & Reiser 2007). In our hands, high doses of H\(_2\)O\(_2\) or tert-butyl hydroperoxide have not significantly sensitized brain mitochondria to mPT (unpublished observations).

Many of the uncertainties about the role of mitochondrial ROS generation in normal cellular function as well as in pathological states may be advanced by the recent development of mitochondrially targeted antioxidants. By conjugating an antioxidant such as ubiquinone to the triphenylphosphonium
cation (TPP\(^+\)), the antioxidant is specifically targeted to mitochondria. The lipophilic TPP\(^+\) readily pass membranes and is accumulated in mitochondria due to the \(\Delta \Psi_m\). A first generation compound, MitoQ, reduces ROS and protects against ROS-mediated damage in mitochondria in vitro, but it remains to be tested if it is an effective antioxidant in vivo (Cocheme et al. 2007).

Regulation of the permeability transition pore versus mitochondrial complexation of calcium

The primary objective of Paper V was to examine how potassium flux may influence mitochondrial calcium handling. Besides this, the results of Paper V emphasize the importance of evaluating mitochondrial responses to calcium overload from an integrated view and not solely from the regulation of the mPT pore. For example, it is firmly established that acidosis inhibits mPT activation, and mPT is thus not considered to open during ischemia when acidosis is prominent (Di Lisa & Bernardi 2006, Halestrap et al. 2007). The evidence for the acidosis mediated mPT inhibition comes almost exclusively from studies of mPT under de-energized conditions, i.e. under conditions when mitochondria do not actively sequester calcium (Bernardi et al. 1992, Halestrap 1991, Hunter & Haworth 1979a). While this setting may be a powerful experimental tool to evaluate isolated molecular interactions in mitochondria, it can not be considered to reflect the mitochondrial status in tissues. Even though mitochondria might be considered to be de-energized to some extent during ischemia, the calcium uptake leading to mPT will probably always be caused by active electrophoretic uptake. Our experiments demonstrate that less calcium is required in order to trigger mPT at low pH. Similar findings have also been obtained by Kristián et al. who founds that energized mitochondria became more sensitive to calcium-induced swelling at low pH (Kristián et al. 2001). This stands in sharp contrast to the effect of low pH on the mPT complex per se, and we have also confirmed this in our de-energized mitochondrial preparations (unpublished data). Given the importance of an alkaline matrix pH to keep free calcium ions low, the net effect of pH is probably more correlated to the effect on calcium complexation than to that on the mPT pore complex. The same line of argument can probably be used for several other factors, such as phosphate and \(\Delta \Psi_m\). The effect of phosphate is similarly considered to be that of an increased tendency to activate mPT, but it is the availability of phosphate that determines the solubility of free calcium ions. Analogous to pH, phosphate is expected to have a similar dual effect. By increasing the external phosphate concentration from 2 mM to 5 mM, Chalmers and Nicholls found that mitochondria maintained a lower matrix concentration of free calcium, but despite this were sensitized to mPT (Chalmers & Nicholls 2003). In this case, the effect of phosphate on the mPT pore was probably more important than its effect on calcium complexation. In the case of \(\Delta \Psi_m\), the mPT pore is often
defined as a voltage-dependent pore due to the sensitivity to the level of $\Delta \Psi_m$ (Bernardi et al. 2006, Zoratti & Szabo 1995). However, manipulation of $\Delta \Psi_m$ is usually achieved by using protonophores, and this will reduce the $\Delta \text{pH}$ as well, destabilizing any calcium-phosphate complexes formed, which may be equally if not more important for triggering mPT.

An integrated view on mitochondrial calcium handling is thus needed in order to predict what effect changing a parameter may have on mPT probability. Our work also demonstrates that mPT can be prevented by manipulating a physiological parameter, such as potassium conductance of mitochondria, and this strategy may be an alternative or additive strategy to prevent mPT in vivo.

**How can increased potassium conductance be beneficial?**

A partial uncoupling of mitochondria, so called mild uncoupling, has been suggested to mediate tissue protection under e.g. ischemia. A reduction of mitochondrial ROS generation as well as reduced electrophoretic uptake of calcium due to a decrease of $\Delta \Psi_m$ are two proposed mechanisms for how uncoupling could be beneficial. The first mechanism is based on the finding that mitochondrial ROS generation increases dramatically parallel to the reduction state of the redox centers in the ETC (Brand 2005, Andreyev et al. 2005). This is particularly evident when isolated mitochondria are fed exclusively with the complex II substrate succinate, mediating so called reverse electron flow through complex I, but it has been questioned if this is true for mitochondria *in situ* (Tretter & Adam-Vizi 2007). Mitochondria within their physiological context in the cell are probably less hyperpolarized, due to constant ATP production than inactive mitochondria with saturated substrate supply, and a mild uncoupling in mitochondria with a lower $\Delta \Psi_m$ may reduce the energy-dependent antioxidative capacity as much as it reduces ROS.

The second mechanism for how a mild uncoupling may be beneficial to mitochondria, *i.e.* through reduced electrophoretic calcium uptake, was studied in detail in Paper V with an integrative view on mitochondrial calcium handling in focus. Mild uncoupling accomplished by using a protonophore was, in contrast to the above hypothesis, not beneficial for the calcium retention of brain mitochondria. Instead, it dose-dependently decreased the calcium sequestration. This effect was probably due to a decrease in $\Delta \text{pH}$ by the protonophore, decreasing the ability to form calcium complexes in the matrix. In contrast, uncoupling mitochondria with a potassium carrier, and thereby increasing the potassium cycling over the inner mitochondrial membrane, was beneficial and increased calcium retention.

We propose that a partial depolarization by increased potassium conductance results in a corresponding increase in $\Delta \text{pH}$, and that this type of mild
uncoupling preserves or even enhances the alkaline environment in the matrix. Using an integrated view on mitochondrial calcium handling, we suggest that an enhanced alkalinization of the matrix improves mitochondrial calcium retention by increasing the availability of phosphate to complex-bind free calcium ions, thereby preventing mPT-activation. Consequently, opening of potassium channels in the inner mitochondrial membrane alkalinize the matrix and this in turn may increase the resistance of brain mitochondria to calcium overload in e.g. ischemia.

This suggestion is attractive but remains hypothetical as there is to date no substantial proof of specific mitochondrial potassium channels and mainly speculations of their conductance state when open. The most direct evidence for potassium channels comes from electrophysiological recordings. There are only a few studies of mitochondrial potassium channels published and they all suffer from a potential problem of contaminating membranes from other cellular sources than mitochondria. Isolated mitochondrial preparations always have contaminations, especially if they are not prepared using density gradients (Halestrap et al. 2007). None of the above mentioned studies report what means were taken to assure the purity of the preparations. The predominate proof comes from pharmacological studies, and the specificity of the pharmacological compounds used, such as diazoxide and 5-HD, have been questioned (Hanley & Daut 2005, Dröse et al. 2006, Halestrap et al. 2007). Another source of potassium flux in mitochondria have been suggested to be ANT, in particular in the absence of ADP or ATP or when it is trapped facing the cytoplasmic side (Halestrap et al. 2007). As ANT is considered to be the protein that can form the mPT pore, and mPT activation has been suggested to initially predominantly mediate electrophoretic potassium uptake via a lower conductance state than full-blown mPT (Brustovetsky & Dubinsky 2000a, Shalbuyeva et al. 2006, Halestrap et al. 2007), a short low-grade activation of mPT could possibly function as an ATP-sensitive potassium channel. In support of this is the hypothesis that transient mPT activation during preconditioning mediates the beneficial effect by reducing full-blown mPT during the actual ischemia (Hausenloy et al. 2004). An increased matrix alkalinization caused by the increased potassium flux during the short low-grade mPT could then underlie the increased resistance of the mitochondria to the calcium challenge in ischemia and reperfusion. However, experiments supporting such a course of events are needed in order to evaluate the merit of this hypothesis.
Permeability transition in cell death pathways

The role of mPT in cell death pathways has been a matter of debate. An outermost view on one side would be that it reflects a circumstantial phenomenon seen at the endpoint of cellular injury when no intervention is possible, and on the other side that it is a common denominator in cell death linking apoptosis to necrosis (Lemasters et al. 1998). The consequences of mPT with cessation of ATP production, loss of calcium homeostasis and generation of ROS implicate that it would lead to necrotic types of cell death, and a role for mPT in necrosis is fairly well established and accepted (Bernardi et al. 2006, Crompton 1999, Halestrap 2006). A prominent role for mPT in normal programmed apoptotic cell death as that seen during development seems unlikely. In particular after the findings that mice lacking CypD (Ppif −/−) develop normally and cells from them respond normally to a range of apoptotic stimuli (Baines et al. 2005, Nakagawa et al. 2005, Schinzel et al. 2005). Further, cell lines overexpressing CypD are more prone to undergo mPT-mediated necrosis, but on the contrary seem resistant to some types of apoptotic cell death (Li et al. 2004). Even though mPT is not the mechanism by which apoptosis is mediated in the normal healthy animal, this does not preclude the possibility that mPT may be involved in triggering apoptotic cell death pathways under some pathophysiological conditions (Halestrap et al. 2007).

Since the programmed cell death pathways are energy-requiring processes, an involvement of mPT has to be either limited to a partial population of the mitochondria or it has to be only transiently induced. A sustained activation of mPT in all mitochondria would not only lead to a cessation of ATP production, it would also cause a reversal of complex V to utilize ATP in a futile attempt to build up protonmotive force, and as a consequence drain the cell of ATP produced during glycolysis.

In favor of a partial mitochondrial population undergoing mPT are observations of distinct microheterogeneity in cellular calcium transients. Upon stimulation of calcium release from endoplasmatic reticulum (ER), calcium reaches far higher concentrations at localized calcium "hot spots", which is believed to be where mitochondria associate with ER (Rizzuto et al. 1993). These microdomains of high calcium would then enable fast mitochondrial calcium uptake without inducing elevated calcium levels in the rest of the cell. Similar close apposition of mitochondria to plasma membrane calcium microdomains has also been suggested (Rizzuto et al. 2000). This implies that some mitochondria will be exposed to significant higher levels of calcium than others and that the probability of triggering mPT upon a pathological stimulus may vary considerably at different locations in the cell. A localized mPT may thus trigger cell death cascades that will not necessarily cause necrosis (Honda et al. 2005).
Likewise, a transient mPT, similar to that we and others have demonstrated in vitro, may trigger pathological cell death stimuli while preserving some ATP production (Paper II and (Shalbuyeva et al. 2006)). Evidence for such pathways in vivo remains mostly circumstantial, and it is not clear if such an mPT represents a low conductance state or the high conductance state permitting free equilibration of solutes <1500 Da. For example, Hausenloy and colleagues find evidence for a transient mPT mediating preconditioning in cardiac ischemia (Hausenloy et al. 2004). On the other hand, the classical high conductance permeability of mPT, which cause entrapment of deoxyglucose, has not been detected (Halestrap et al. 2007). In cultured hippocampal neurons, excitotoxic glutamate has been shown to induce reversible mitochondrial remodeling which was inhibited by cyclosporin compounds (Shalbuyeva et al. 2006). This may be related to mitochondrial morphological changes in global cerebral ischemia. In the model of transient global ischemia, cell death has the peculiar characteristic of being delayed, but the morphology of this ischemic cell death is neither apoptotic nor necrotic (Wieloch 2002). Both CsA and, at least partially, broad-spectrum inhibitors of caspases prevent cell death if administered shortly after reperfusion (Uchino et al. 1995, Chen et al. 1998, Himi et al. 1998). Mitochondria have been demonstrated to accumulate calcium shortly after ischemia (Simon et al. 1984, Zaidan & Sims 1994), and also to undergo a transient swelling following ischemia (McGee-Russell et al. 1970, Petito & Pulsinelli 1984), but if this represents transient activation of mPT is not known. Cytochrome c has been reported to be released within 30-60 min of reperfusion following global ischemia, and this as well as cell death were prevented by CsA (but not the calcineurin inhibitor FK506) (Domanska-Janik et al. 2004, Nakatsuka et al. 1999). Other studies have however noted prominent cytochrome c release and mitochondrial swelling only after 36 h following global ischemia, thus rather representing a secondary mitochondrial failure possibly correlating to cellular demise (Ouyang et al. 1999). Similar to localized mPT, a transient mPT can be speculated to be involved in more delayed cell death pathways which probably also include apoptotic mechanisms.

The prime triggers for mPT, calcium and ROS, as well as mPT itself may influence the cell death pathways governed by the Bcl-2 family proteins, and the Bcl-2 proteins may influence the triggering of mPT. The Bcl-2 family of proteins can modulate the cellular calcium homeostasis and thereby indirectly modulate the activation of mPT. For example, both Bcl-2 overexpression and Bax/Bak deletion alter cellular calcium handling, in particular by reducing the ER store of calcium, so that less calcium is released to mitochondria upon stimulation (Pinton et al. 2000, Scorrano et al. 2003). Caspase-3 can cleave proteins necessary for the calcium extrusion from the cell such as the plasma membrane calcium-ATPase and the sodium/calcium exchanger (Orrenius et al. 1999).
2003), which would increase the calcium challenge to mitochondria. Cytochrome c can also increase calcium-induced calcium release from ER by binding to inositol 1,4,5-trisphosphate (IP$_3$) receptors (Boehning et al. 2003). On the other hand, mitochondrial ROS generation can facilitate cytochrome c release by oxidation of cardiolipin and thereby destabilize their interaction (Ott et al. 2002). It has also been suggested that mPT may be responsible for structural reorganizations to ensure more rapid release of intermembrane proteins (Forte & Bernardi 2006). The cell death triggers following a pathological insult may therefore activate both pathways to different extents depending on the type of insult.

The mitochondrial permeability transition as a pharmacological target
The most common evidence for mPT as a mediator of cell death and thus its potential as a pharmacological target derives from studies using CsA. A neuroprotective effect by CsA can however not be taken as proof for an involvement of mPT. The inhibition of mPT by CsA is specific at the molecular level but the effect of CsA in vivo is not specific. The target for CsA in mitochondria is the mitochondria-specific cyclophilin, CypD. However, several other cyclophilins are found in human tissue, namely cyclophilin (Cyp) A, B, C and Cyp-40 (Waldmeier et al. 2003). The cyclophilins function as molecular chaperones and catalyze cis-trans isomerization of peptidyl-prolyl bonds. They are considered to be involved in folding of newly synthesized proteins and are suggested to mediate several other functions in different cellular compartments as well as in intercellular communication (Waldmeier et al. 2003). CypA is abundantly present in the cytoplasm and the complex of CypA and CsA in turn binds to the calcineurin enzyme and prevents its phosphatase activity. CsA is clinically used as an immunosuppressant to prevent rejection of transplanted organs and to treat autoimmune diseases. The immunosuppressive effect is mediated by calcineurin inhibition in T-helper cells, which prevents subsequent release of lymphokines and T-cell proliferation in cell-mediated immune responses (Borel et al. 1996). As described in the background section, calcineurin is also present in neurons and suppressing its activity has also been suggested to mediate neuroprotection. The neuroprotective effect of CsA may therefore be mediated by inhibition of calcineurin and not mPT, or a combination of the two. In order to dissect the relevant target for CsA, another calcineurin inhibitor without mitochondrial targets, FK506, has been used. An alternative approach has been to use a non-immunosuppressive (i.e. non-calcineurin inhibiting) cyclosporin analog. One such analog, MeVal$_4$-CsA, was previously available, and in Paper III, we evaluated two new non-immunosuppressive analogs, MeIle$_4$-CsA and MeAla$_3$EtVal$_4$-CsA. These analogs provide significant benefits over native CsA when evaluating the relevant pharmacological target, but they too inhibit the activity of other...
cyclophilins. The difference from CsA lies in their inability to bind to calcineurin. The most specific evidence for an involvement of mPT in disease has come from recent studies using CypD knockout mice (\(Ppif^{-/-}\)), where the effect of the gene deletion in many cases has been similar to the protection afforded by CsA. Only a few animal disease models have however been tested in these genetic knock-outs so far. Another line of more direct evidence for mPT induction is the use of \(^3\)H or \(^{14}\)C labeled deoxyglucose, which is only taken up by mitochondria with increased permeability (Griffiths & Halestrap 1995).

A major obstacle in evaluating the neuroprotective effects of cyclosporin compounds is their limited penetration across the blood-brain barrier (BBB) (Tsuji et al. 1993, Lemaire et al. 1996, Tanaka et al. 2000). CsA and several other lipophilic compounds are actively extruded into the blood stream by the p-glycoprotein transporter present in the capillary endothelium. Different techniques can be used to overcome this problem. The BBB can be disrupted by physical damage to the tissue or osmotically through mannitol injection. The p-glycoprotein can also be saturated by using high systemic doses of CsA or high local doses by injecting it in the carotid artery. Alternatively, CsA can be administered directly into the cerebrospinal fluid. Only a few studies actually examine if adequate tissue doses have been reached and parallel to this is the lack of knowledge of the effective concentration range in the CNS. Consequently, a positive outcome of CsA treatment in an animal model can not be regarded as evidence of mPT involvement, and on the opposite side, a lack of effect can not be taken as evidence that mPT has not been involved, especially if CsA has not penetrated the BBB.

CsA and its analogs have however been one of the most convincing and broadly effective group of drugs displaying neuroprotective properties in several diverse models of acute and chronic neurological disease. Pharmacological studies have in particular implicated mPT in the pathogenesis of ischemia, hypoglycemia, traumatic brain injury (TBI) and amyotrophic lateral sclerosis (ALS).

Both in hypoglycemic coma and cerebral ischemia, several changes in the bioenergetic status arguably lead to conditions favoring mPT activation. In a model of global ischemia, cerebral tissue ATP levels have been demonstrated to decline to approximately 10% (from 3 mM to 300 \(\mu\)M) within 2 min (Folbergrová et al. 1990). The hydrolysis of adenine nucleotides is accompanied by a massive rise in tissue Pi (Crompton 1999) and in ischemia there is rapid cytoplasmic acidification due to the conversion from aerobic to anaerobic metabolism, whereas in hypoglycemia there is a rapid shift in intracellular redox status towards oxidation (Friberg & Wieloch 2002). Phospholipids are degraded and the free fatty acid levels increased, which
acidify the matrix, uncouple mitochondria and sensitize ANT towards mPT (Wieckowski et al. 2000, Wieckowski & Wojtczak 1998). Both hypoglycemia and ischemia involve excitotoxic-mediated damage, and in a model of excitotoxicity in vivo, NMDA injection into the striatum caused deoxyglucose entrapment in mitochondria (Zaidan et al. 2004). Cell death following hypoglycemic coma as well as mitochondrial swelling in granule cell dendrites are prevented by CsA, but not FK506 (Friberg et al. 1998, Ferrand-Drake et al. 1999, Ferrand-Drake et al. 2003).

In models of global ischemia, the CA1 neurons are selectively vulnerable, and CsA dramatically ameliorates their cell death both under normo- and hyperglycemic conditions if administered early after ischemia (Uchino et al. 1995, Uchino et al. 1998, Uchino et al. 2002, Li et al. 1997, Nakatsuka et al. 1999, Domanska-Janik et al. 2004). Some investigators have also found a neuroprotective effect of FK506 (Drake et al. 1996, Uchino et al. 2002), whereas others have not (Domanska-Janik et al. 2004). The non-immunosuppressive CsA analogs have not been thoroughly studied in global ischemia models. We have performed a pilot study with MeAla3EtVal4-CsA in rat global ischemia using two dose regimens, 10 mg/kg with disrupted BBB and 50 mg/kg with intact BBB. Neither of these treatments induced significant protection, but the study was inconclusive as there was no positive control and the brain tissue concentration was not measured (unpublished data). In a follow up study, the brain tissue concentration of CsA was compared to that of MeAla3EtVal4-CsA at 5 h following intravenous injections of the respective drugs (Figure 6). These results demonstrate that the BBB penetration of MeAla3EtVal4-CsA is significantly less than that of CsA, which in itself has a poor passage over the BBB. Thus, different routes of administration need to be tested in order to evaluate the in vivo neuroprotection of non-immunosuppressive analogs in the global ischemia model. In contrast, delayed CA1 cell death in hippocampal slices exposed to oxygen glucose deprivation is readily prevented by CsA and the non-immunosuppressive CsA analog MeIle4-CsA, while FK506 is ineffective (Rytter et al. 2005). MeAla3EtVal4-CsA has also been evaluated in this model and displays a prominent effect against cell death (Figure 5). Additional evidence in vivo is needed in order to definitely conclude that mPT is essential in the pathogenesis and that it is a viable pharmacologic target in this type of delayed ischemic cell death.

In animal models of transient or permanent focal ischemia, CsA significantly reduces cerebral infarction when administered up to 3 h following reperfusion. The most robust effect has been observed with intracarotid CsA infusion following 5 min of reperfusion after 2h of middle cerebral artery occlusion (MCAO), where CsA virtually eliminated the infarct (Yoshimoto & Siesjö 1999, Yoshimoto et al. 2001). FK506 has been less effective in some models
(Yoshimoto & Siesjö 1999), but equally effective in others (Kuroda et al. 1999, Butcher et al. 1997). On the other hand, equal efficacy of MeVal-CsA and CsA in transient MCAO has also been demonstrated (Matsumoto et al. 1999). Strongly supporting an essential role for CypD in this model of ischemia is the finding that CypD knock-out mice display a dramatic reduction of brain infarct size following MCAO compared to their littermate controls (Schinzel et al. 2005), similar to the effect in cardiac ischemia (Baines et al. 2005, Nakagawa et al. 2005).

There is extensive documentation of a neuroprotective effect by CsA in different models of TBI. The shear forces will cause an immediate but also a delayed cell structure injury and a disruption of the BBB (Buki & Povlishock 2006). There is therefore probably an extended therapeutic time window and CsA can be administered by ordinary intravenous injection. In an impact acceleration model of TBI, CsA has been demonstrated to attenuate mitochondrial damage and reduce diffuse axonal injury when administered both intrathecally and intravenously following injury (Buki et al. 1999, Okonkwo & Povlishock 1999, Okonkwo et al. 2003). Different intravenous dose regimens of CsA in a cortical impact model have afforded improved mitochondrial integrity and energetic status as well as a significant reduction of lesion volume. An early bolus followed by continuous infusion of CsA has shown the most efficacy but one study also demonstrates a therapeutic window up to 24h (Scheff & Sullivan 1999, Sullivan et al. 1999, Sullivan et al. 2000a, Sullivan et al. 2000b). CsA has also exhibited neuroprotective effects in fluid percussion models (Sullivan et al. 2000a, Riess et al. 2001). FK506 has been less studied but has displayed neuroprotective effects in the impact acceleration model, but was ineffective in the cortical impact model (Singleton et al. 2001, Scheff & Sullivan 1999). There are thus indications that inhibition of mPT mediates a large part of the beneficial effect of CsA, but studies with non-immunosuppressive compounds or CypD knock-out animals in TBI models are lacking. The promising animal data have influenced two independent groups to initiate NIH sponsored human clinical trials of CsA administration to patients with severe traumatic brain injury in the United States, and the first safety studies show that CsA is well tolerated (Mazzeo et al. 2006, Empey et al. 2006).

A common feature of many neurodegenerative diseases is damage to mitochondria that contributes to the degenerative phenotype. In the common animal model for ALS, hSOD1-G93A mice, mPT inhibition seems to mediate extended survival. Mutation in the human SOD1 gene, which accounts for 20% of familiar ALS cases, does not seem to cause a loss or gain of its superoxide dismutase activity, but rather the cytosolic protein translocates into mitochondria. How it is toxic or why spinal cord mitochondria are selectively
vulnerable is not known, but the mutated SOD1 is speculated to interfere with several elements of normal mitochondrial function, ultimately leading to increased activation of the mitochondrial cell death pathways. In relation to mPT, calcium retention capacity of transgenic ALS mice has been found to be decreased prior to onset (Damiano et al. 2006) and spinal cord mitochondria also have a generally reduced calcium retention capacity compared to brain mitochondria (Morota et al. 2007). Intracerebroventricular injections of CsA every other day to late stage ALS mice doubled their remaining life-span after late stage diagnosis (Keep et al. 2001), and weekly injections before onset delayed the hindlimb weakness, prolonged physical performance and increased neuronal survival and life-span (Karlsson et al. 2004). Systemic administration of CsA to the same ALS model, but with an additional knock-out of the p-glycoprotein to facilitate CsA delivery to brain tissue, similarly increased life-span of the animals (Kirkinezos et al. 2004). Administration of FK506 to the hSOD1-G93A mice has however failed to improve outcome (Anneser et al. 2001). A human clinical trial in ALS patients has been performed with CsA, but the dose chosen was intended for immunosuppression and consequently is not expected to reach significant tissue levels in the spinal cord. A recent study with CypD knock-out mice demonstrates that the desensitization of mPT conveys protection of spinal cord axons in experimental autoimmune encephalomyelitis, an animal model of multiple sclerosis (MS) (Forte et al. 2007). Intrathecal delivery of CsA or a non-immunosuppressive compound may thus prove to be beneficial in patients with ALS and MS.
CONCLUDING REMARKS

The studies of this thesis began with a project to evaluate newly synthesized versions of cyclosporin A (CsA), linked to a molecule that would facilitate its penetration into the brain. The rationale for this project was based on the hypothesis that inhibition of mPT mediates the neuroprotective properties of CsA seen in several animal models. The methods in Paper I were used for this purpose, screening the new derivatives for inhibition of mPT. While the initial project failed (the linker molecules interfered with the active sites of CsA, and a second generation of unstable constructs were toxic), an interest in mitochondria, and the role of mPT in particular, was born.

The conclusions in several publications that mPT in brain mitochondria does not seem to be relevant and that it is not sensitive to CsA did not appear to be in agreement with the results obtained in animal models. The results from our own succeeding studies have disputed these conclusions and hopefully our findings have helped to clarify the existence and the regulation of the mPT phenomenon in brain mitochondria. To grasp the role of mitochondria in the vast and often confusing field of free radical production and damage has been a challenge, but also a great source for learning. To look at mitochondrial calcium handling from an integrated view including both calcium sequestering and the direct regulation of mPT has been very rewarding, and it may lead to alternative approaches to increase mitochondrial calcium resistance. For the scientific field, the studies in animals lacking CypD, the mitochondrial target for CsA, have been very important and have clarified many issues concerning the importance of mPT in cell death both in vitro and in animal disease models.

Several natural and semi-synthetic CsA analogs have been tested throughout these studies with the hope to find a more specific compound with better penetration into the brain. It was a great pleasure to find that two non-immunosuppressive analogs were at least as potent as CsA in inhibiting mPT. However, as they do not seem to have an improved ability to cross the blood-brain barrier, the initial objective of improving delivery to the brain remains. For conditions where this barrier is breached, such as traumatic brain injury, or in patients where a continuous intrathecal administration may be feasible, such as patients with ALS, the present compounds may be fully adequate. It is therefore with great anticipation I look forward to future clinical trials with CsA or other drugs targeting mPT, to find out if inhibition of mPT can finally be a successful approach to limit neurological cell death.
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