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# Gamma节律:认知障碍疾病的潜在诊断靶点\*

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摘要 神经精神类疾病是威胁人类健康的重大疾病,具有高患病率的特点,且患者通常伴随有认知障碍.长期以来,临床针 对神经精神疾病的诊断主要是根据患者的临床表现,缺乏统一的客观标准,治疗手段也具有一定的难度且会产生副作用.因 此开发高效客观的诊疗方式是神经精神疾病研究和临床实践的重难点.脑电图是反映脑功能变化的一种临床检查方式,其特 征性节律的检测可作为大脑损伤的指标.Gamma节律(γ节律)作为与认知相关的一个重要神经节律,在大脑高级功能中扮 演重要角色.众多研究发现神经精神类疾病的患者和动物模型伴随有γ节律的紊乱,这预示着基于认知核心脑区γ节律的神 经检测与调控可能实现精准诊疗.本文综述了面向神经退行性疾病和精神类疾病开展的γ节律研究进展,通过梳理以往研究 中γ节律在调节认知、学习记忆时的特征规律和相关分子基础,提出γ节律可能成为未来临床检测神经精神疾病无创高效的 客观靶标,并在此基础上对未来的研究进行了展望.

关键词 认知障碍,γ节律,阿尔兹海默病,抑郁症,精神分裂症 中图分类号 O42

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神经精神疾病是一类危及人类健康的重大疾 病,主要包括神经退行性疾病(如阿尔茨海默病和 血管性痴呆)与精神类疾病(如精神分裂症和抑郁 症等).患有此类疾病的患者通常伴随出现不同程 度的认知功能障碍,不仅严重危害患者的健康和生 活质量,还给患者家庭和社会带来非常沉重的负 担.目前临床上针对神经精神疾病的诊断评估主要 以经典量表评估、神经影像和神经标志物(如重要 神经递质等)检测为主.然而,临床量表评估主观 低效,神经影像检测成本高且难于分析,而神经标 志物需通过提取脑脊液进行检测,为有创操作且代 价较大.因此,探索客观、高效、无创且低成本的 新型诊断技术和精准靶标具有极重要的科学意义、 临床应用价值和社会效益.

近年来, 脑电(EEG)作为一种神经电生理检 测技术,已被应用于某些神经精神疾病的临床诊断 中.研究表明,神经精神疾病患者的大脑在接受、 处理、整合与加工信息,以及执行任务时均可能出 现异常的脑电信号特征.脑电信号包含多种不同频 率的神经节律,如 delta 节律( $\delta$ 节律, 0.5~ 3.5 Hz)、theta 节律( $\theta$ 节律, 4~12 Hz)、alpha节 律 (α节律, 8~13 Hz)、beta节律 (β节律, 14~ 35 Hz)和gamma节律(y节律, 30~100 Hz)等, 这些节律各自支配着特殊的生理功能 [1]. 在基于人 类和哺乳类动物的大量研究表明,γ节律参与了认 知、注意力和记忆等大脑的高级功能<sup>[2]</sup>.因此,γ 节律被认为是执行认知和记忆功能的金节律,未来 可能作为神经精神疾病诊断的特征靶标.

本文综述了基于神经电生理技术开展的神经节 律研究,通过梳理以往研究中各类疾病模型下的神 经活动规律,尤其关注阿尔茨海默病、血管性痴 呆、抑郁症和精神分裂症临床患者与相应啮齿类疾 病模型动物脑内γ节律的损伤特征, 探讨了γ损伤 的潜在神经机制,提出了γ节律可能为未来神经精 神疾病的诊疗提供一个更加方便快捷的切入点,并 对未来神经精神疾病的研究进行展望, 以期为神经

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精神疾病的精确诊疗提供客观且高效的依据.

#### 1 γ神经节律与认知功能

γ节律是由抑制性中间神经元之间的亚网络产 生的,其中能够表达小清蛋白的抑制性中间神经元 是产生γ节律的关键<sup>[3-7]</sup>.此外中间神经元和锥体细 胞之间的相互作用也可以产生γ节律,这依赖于兴 奋性与抑制性神经活动的平衡<sup>[8-10]</sup>.γ节律是体现 认知能力的重要神经节律,对于大脑高级功能,如 物体识别、注意力和记忆尤其重要<sup>[11]</sup>,与外界信 息输入的感知<sup>[12-15]</sup>、推断和预测<sup>[16]</sup>有关,同时还 参与空间位置的学习<sup>[17]</sup>、工作记忆的编码与解 码<sup>[18-21]</sup>,其强度大小会影响皮质区域的信息处理 过程<sup>[9, 15, 22]</sup>.

Colgin 等研究团队<sup>[23-25]</sup> 通过在体电生理采集 技术发现海马 CA1 区的慢 gamma (慢γ, 25~ 50 Hz)和快 gamma (快γ, 80~145 Hz)两种不同









图1 海马CA1区的慢 $\gamma$ 和快 $\gamma$ 波形示意图及其来源

在脑电中高频和低频节律可能同时产生并且相 互作用,它们之间的交叉耦合也能够反映认知功 能.γ节律通常与θ节律同时发生,θ节律的相位与 γ节律振幅耦合<sup>[44]</sup>,使得γ节律在θ周期的特定相 位上有较大振幅<sup>[45]</sup>,θ节律与γ节律在工作记忆期 间耦合增加<sup>[46]</sup>.尤其在学习的过程中,慢γ频段受 到θ节律的强烈调节,θ-慢γ的耦合可以组织集成 信息并在目标导向中灵活控制注意力<sup>[47]</sup>,耦合的 强度与学习的准确性直接相关<sup>[48]</sup>,这种神经活动 的复杂时间控制对于大脑的认知和记忆等功能具有 十分重要的作用.

此外,γ节律还可以反映情绪变化<sup>[32, 37, 49]</sup>,其 与面部情绪感知<sup>[50]</sup>、恐惧记忆的检索<sup>[51]</sup>、抑郁情 绪的缓解<sup>[52]</sup>都存在一定的关系,有研究指出γ节 律可以作为重度抑郁的生物学标志物用于临床 诊断<sup>[53]</sup>.

无论是在执行信息的处理编码、学习、记忆, 还是在外界刺激下进行注意力集中、信息预测等高 级功能时,在大脑的一些特定脑区总会出现有特定 规律的γ节律,但是由于神经系统疾病对大脑高级 功能的破坏,导致能够对这些功能进行表征的γ节 律出现了异常.

#### 2 神经退行性疾病中γ节律损伤

#### 2.1 阿尔茨海默病

阿尔茨海默病 (Alzheimer's disease, AD) 是 一种早老性退行神经疾病<sup>[54]</sup>,临床主要表现为患 者过早存在记忆力损伤、认知障碍和行为能力下 降.众多临床研究发现具有工作记忆和认知障碍的 AD 患者大脑中出现了γ节律的异常变化(表1): 20世纪初 Stam等<sup>[55-56]</sup>通过研究 AD 患者的脑磁图 (MEG)和脑电图(EEG)发现,AD 患者的脑磁图 (MEG)和脑电图(EEG)发现,AD 患者在静息 状态下中央沟、左枕叶、右颞叶的γ节律同步性下 降,丘脑和皮质区域γ能量降低<sup>[57]</sup>.而脑电同步被 认为是脑功能区域整合的表现,因此该结果暗示 AD患者处理信息的能力下降.然而,其他一些研 究发现γ节律在AD病理状态下出现了异常增强. 一项针对轻度认知障碍患者的研究表明,患者额叶 和顶叶的γ节律耦合性越强,他们在未来患有AD 的可能性越高<sup>[58]</sup>.此外,AD患者在闭眼静息态时 顶叶和额中央区域的γ节律能量增加<sup>[59-60]</sup>.除了静 息状态外,在执行认知任务和感官刺激条件下AD 患者γ节律也发生变化:研究发现,具有轻度认知 障碍的AD患者在执行视觉范式相关的认知任务 时,额叶和顶叶的y节律(30~48 Hz)耦合程度要 比对照组高<sup>[61]</sup>;而在音乐和故事的听觉刺激下, 除了额叶和顶叶,患者的枕叶区域γ节律(30~ 70 Hz)能量也出现了增加<sup>[62]</sup>.这些临床研究结果 显示, AD患者大脑中的y节律出现异常表征, 其 不同程度的增强或减弱依赖于患者的病程、认知状 态及相关功能脑区.

Table 1	The summary of the $\gamma$ rhythm in clinical research
	表1 临床下v节律的研究总结

疾病	范式/疾病程度	脑区	结论	文献
阿尔茨海默病	闭眼静息	中央沟、颞叶、枕叶	γ节律同步性下降	[55-56]
		丘脑	γ节律能量降低	[57]
		皮质	γ节律能量降低	[57]
		顶叶	γ节律能量增加	[59-60]
		额中央	γ节律能量增加	[59-60]
	视觉刺激	额叶和顶叶	γ节律(30~48 Hz)耦合性高	[61]
	听觉刺激	顶叶、枕叶	γ节律(30~70 Hz)能量增加	[62]
精神分裂症	工作记忆	前额叶	28~84 Hz的γ节律能量降低,	[63-65]
			随工作负荷的增加,γ节律(~60 Hz)能量减少	
		背外侧前额叶	θ与慢γ的相位振幅耦合受损	[66]
	视觉刺激	枕叶和顶叶	30~55 Hz的慢γ相位同步降低	[67]
	听觉刺激	中央中线	慢γ节律能量较小	[68]
		前额叶	快γ能量较小,相锁减弱	[69-71]
	静息闭眼	左下额叶, 颞叶	γ节律同步性增强	[72]
	听觉刺激	听觉皮层	γ节律能量增加	[73]
		枕叶	γ节律能量增加	[74]
	首发精分患者	前额叶皮层	慢γ能量降低	[75]
		枕叶	慢γ能量增加	
	慢性精分患者	额叶、颞叶和感觉运动区	快、慢γ能量的降低	[75]
	临床高风险的精分患者	颞叶和枕叶	64~90 Hz的γ能量增加	[75]
抑郁症	工作记忆	左侧额叶	θ-慢γ的交叉频率耦合程度下降	[76]
	带有情绪的图片刺激	顶叶皮层	慢γ能量增强	[77]
		额叶	γ节律能量较高	[78]
	听觉刺激	左右额叶皮层	40 Hz的听觉刺激下产生的慢γ能量明显高于对照组	[79]
	自杀倾向高	额叶、顶叶及双侧颞叶	γ节律(40~50 Hz)能量较高	[80]
	带有情绪的图片刺激	前额叶和顶叶	γ节律能量较低	[81]

在大量的啮齿类动物研究中也发现了AD模型 鼠的γ节律受到损伤(表2).目前常见的啮齿类动 物AD模型主要有转基因模型和非转基因模型:转 基因模型中突变基因主要有 APP、PS1、PS2、 APOE基因以及tau蛋白、P301L基因等;非转基因 模型是向脑内注射Aβ片段诱导Aβ沉积或注射蛋白 磷酸酶抑制剂等诱导tau蛋白过度磷酸化.研究发 现,在运动态下3×Tg(PS1、APP、tauP301L)小 鼠和P301L小鼠海马CA1区慢γ节律和快γ能量都 较正常组降低<sup>[82-83]</sup>.此外在 APP-KO、P301L、 APP-23等模型小鼠中发现θ与快γ和慢γ节律之间 的相位振幅耦合程度均减弱<sup>[82-86]</sup>,其中以快γ的减 弱程度尤为显著[83-86].在这些研究中发现海马脑区 位置细胞的放电与慢γ节律之间的相位锁定较正常 组弱<sup>[82]</sup>,这可能导致了位置细胞放电与位置信息 之间的相关性显著降低<sup>[82-83]</sup>.此外皮层区的y节律 被认为可以增强神经环路中信息的传递<sup>[7]</sup>,而不 同神经节律的交叉耦合参与大脑的学习、记忆功 能.在AD的hAPPJ20模型小鼠中发现顶叶皮层的γ 节律(30~80 Hz)能量下降<sup>[87]</sup>,前额叶皮层 PFC 区的 $\theta$ 与CA1区快 $\gamma$ 的交叉频率耦合异常<sup>[86]</sup>, APP-PS1小鼠的运动皮层M1区<sup>[88]</sup>和APP转基因 小鼠的海马区<sup>[85]</sup> 慢γ节律能量升高. 在静息态下 APOE4-KI小鼠和 5×FAD小鼠海马 CA1 的慢γ节 律<sup>[89-90]</sup>、5×FAD小鼠的快γ节律<sup>[91]</sup>能量均降低; θ 与慢γ节律<sup>[91]</sup>、快γ节律<sup>[86]</sup>之间的交叉频率耦合 程度减弱.静息态下海马CA3区也发现慢y节律的 能量降低<sup>[90]</sup>,齿状回慢γ节律能量降低<sup>[90]</sup>,快γ能 量增加且θ-慢γ交叉频率耦合异常<sup>[91]</sup>. APP-KI小鼠 内嗅皮层的θ与快γ节律交叉频率耦合受损<sup>[92]</sup>, TgF344大鼠前额叶皮层处的慢γ能量降低而θ与快 γ节律的交叉频率耦合受损[93].这些研究表明, AD模型鼠的神经节律损伤特征主要表现为海马脑 区及相关皮层区快γ和慢γ的能量下降以及他们与θ 节律的交叉耦合程度减弱.

以上临床和实验动物的电生理研究均表明AD 能够导致中枢γ节律的异常表征,其可能的损伤机 制有以下几个方面:

a. AD 中某些神经递质的传递和受体的表达发 生改变.γ-氨基丁酸(GABA)是脊椎动物大脑中 主要的抑制性神经递质,该神经递质与γ节律相 关,在维持神经环路的兴奋-抑制平衡中发挥重要 作用. Govindpani等<sup>[94]</sup>在综述中总结了AD患者海 马、扣带皮层、杏仁核、伏隔核等众多脑区中 GABA 总体水平具有下降趋势,同时AD模型鼠 GABA 能中隔 - 海马通路 (septohippocampal pathway)神经元轴突末端数量减少<sup>[95-97]</sup>、GABA<sub>A</sub> 受体数量减少<sup>[96]</sup>.有研究使用GABA。受体激动 剂<sup>[98]</sup>和胚胎细胞移植<sup>[99]</sup>来增强GABA能信号, 并改善 AD 模型鼠的认知功能,由于 GABA 递质与 受体的含量与γ节律的产生密切相关,因此推测该 过程中GABA及其受体数量的改变调控了γ节律, 进而改善AD模型鼠的认知能力.此外能够调节突 触可塑性的谷氨酸能神经递质与认知功能密切相 关,其NMDA受体在神经细胞的发育过程中影响 细胞增殖分化, AD的谷氨酸能神经元受损, NMDA受体功能缺陷. Ittner等<sup>[85]</sup>使用NMDA受体 拮抗剂 MK-801 注入 APP23 的 AD 模型鼠中,降低 了海马区p38丝裂原活化蛋白激酶MAPK的活化, 增加了小鼠的放电活性和海马处的θ-γ耦合.除此 之外, AD 的胆碱能神经环路存在损伤. Zhang 等<sup>[100]</sup> 发现烟酰型乙酰胆碱受体诱导激活了γ振 荡,使用胆碱酯酶抑制剂可以有效地增加AD 鼠的 θ和γ节律<sup>[101]</sup>,并有研究发现5-羟色胺(5-HT)受 体拮抗剂对乙酰胆碱酯酶抑制剂的效果有增强作 用<sup>[101-102]</sup>,同时5-HT对前额叶皮层的γ节律也有强 大的控制作用<sup>[103]</sup>.

b. APP 酶解后产生的β淀粉样蛋白过度积累会导致神经节律改变.β淀粉样蛋白沉积造成神经元突触丧失<sup>[104]</sup>、皮层和海马出现间歇性异常的兴奋性神经元活动和神经元丢失现象<sup>[105-108]</sup>,锥体神经元动作电位不同步,海马网络兴奋/抑制平衡改变,同时 AD模型鼠中的小胶质细胞、星形胶质细胞等免疫细胞对斑块的清除能力下降,最终导致海马 CA3 脑片的γ能量下降<sup>[109]</sup>、在静息态下 TgF344转基因鼠的慢γ功率下降<sup>[93]</sup>、SWRs 期间 5×FAD 小鼠的能量减少<sup>[89]</sup>、执行记忆任务时的γ节律同步化也出现了异常<sup>[110]</sup>.有研究运用物理刺激手段恢复模型鼠海马脑区40 Hz 的慢γ节律后发现,海马的淀粉样斑块沉积减少,同时 AD模型鼠的认知功能得到改善<sup>[89,111]</sup>.

c. 小清蛋白 PV 神经元功能异常. 由上文所述, 表达小清蛋白的 PV 神经元与γ节律的产生密切相 关.在 AD模型鼠的海马区小清蛋白 PV 神经数量呈 现区域性下降<sup>[112]</sup>,磷酸化 tau 蛋白聚集的 PV 阳性 中间神经元功能障碍导致海马神经网络活动异常以 及 AD 的认知缺陷<sup>[97]</sup>. 有研究发现 AD 模型鼠小清 蛋白 PV 神经元功能受损与该神经元上的电压门控 离子通道亚单位 Nav1.1数目有关,恢复 Nav1.1水 平可以增加抑制性突触活动和γ节律<sup>[87,113]</sup>. 2020; 47 (6)

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表2 阿尔次海默病下γ节律的研究总结						
模型	鼠种	脑区	结论	文献		
3×Tg	小鼠	海马CA1	环形轨道运动时慢γ能量减少、θ-慢γ相位振幅耦合较弱、位置细胞的局部场电位与 θ和慢γ相位锁定的较弱	[82]		
P301L基因突变	小鼠	海马CA1	直型轨道运动时慢γ和快γ能量降低; θ-γ(60~70 Hz)的相位振幅耦合较弱; 锥体神 经元放电与位置信息之间的相关性显著降低; Dark cycle的清醒状态下θ-快γ相位振幅耦合程度明显下降	[83-84]		
APP基因突变	小鼠	海马CA1	静息时θ-快γ交叉频率耦合下降; 活跃清醒时慢γ能量高, θ-快γ交叉频率耦合下降	[85-86]		
	小鼠	前额叶皮层	活跃清醒时θ和快γ交叉频率耦合变弱	[86]		
	小鼠	顶叶皮层	活跃清醒和REM时θ-快γ交叉频率耦合下降 自由活动时30~80 Hz的γ能量下降	[86] [87]		
APP、PS1基因 突变	小鼠	运动皮层	Light cycle的清醒状态下50~70 Hz的γ能量升高	[88]		
5×FAD	小鼠	海马CA1	清醒静息时慢γ能量降低	[89]		
apoE4-KI	小鼠	海马CA1 海马CA3 海马齿状回	工作记忆的清醒静息状态下慢γ能量降低	[90]		
5×FAD	小鼠	海马CA1 海马齿状回	深度麻醉后快γ能量下降; θ与慢γ的相位振幅耦合异常 深度麻醉后快γ能量增加; θ-慢γ的相位振幅耦合异常	[91]		
APP基因突变	小鼠	内嗅皮层	轻度麻醉时θ-快γ交叉频率耦合受损	[92]		
APP、PS1基因	大鼠	海马	轻度麻醉状态下慢γ能量下降、θ-快γ的相位振幅耦合受损	[93]		
突变		前额叶皮层				

 Table 2
 The summary of the γ rhythm in Alzheimer's disease

  $\pm 2$   $\square Q = \Delta$ 
 $\pm 3$   $\square Q = \Delta$ 

#### 2.2 血管性痴呆

脑血管疾病也被认为是导致认知功能障碍和老 年 痴 呆 的 常 见 原 因 , 血 管 性 痴 呆 (vascular dementia, VD)是以缺血缺氧性或出血性脑损伤 造成的病理组织学损伤为特征的疾病,VD的神经 病理分类包括缺血性和出血性脑损害所致的痴呆以 及低血氧-低灌流性痴呆.临床的主要特征为执行功 能障碍、情感淡漠、记忆力减退,并且有研究发现 在相关的啮齿类动物模型中存在兴奋性和抑制性神 经元动作电位的异常<sup>[114]</sup>及γ节律的紊乱.

由于VD对大脑认知影响严重,在啮齿类VD 模型中针对γ节律的研究集中在海马脑区,目前针 对VD神经节律的研究主要用到的VD模型是血管 阻断VD模型.研究发现,静息态下单侧脑缺血模 型大鼠的海马CA1区快γ和慢γ节律能量均减 少<sup>[115]</sup>,双侧颈总动脉永久性结扎模型中海马CA3 区的慢γ能量减少,CA3和CA1区的γ节律(30~ 80 Hz)相位锁定值减少,CA1区的快γ、慢γ与 CA3的θ节律相位振幅耦合异常,表明VD导致神 经信号异常表征<sup>[116-118]</sup>.

针对已有的研究发现, 血管性痴呆动物模型神 经节律异常(表3)可能是受到以下几个因素的影 响: a. 神经递质及其相关受体的改变. 胆碱类神经 递质是一种兴奋性神经递质,胆碱能神经系统与 VD 的记忆障碍相关,研究发现 VD 的胆碱能神经 元存在损伤,神经元合成乙酰胆碱的能力下降,突 触后受体数目减少,相应的受体信号通路功能低 下<sup>[119]</sup>. NMDA 受体在中枢神经系统的兴奋性传递 和突触可塑性调解中发挥重要作用,在VD模型中 发现 NMDA 受体减少导致相应模型的γ节律紊 乱<sup>[117]</sup>.b.突触可塑性的损伤.突触可塑性是学习与 记忆活动的生物学基础,VD的突触可塑性下降干 扰了海马脑区 θ-γ 的交叉频率耦合<sup>[116, 118]</sup>. c. 血管异 常的收缩和舒张.研究发现,血管的收缩与舒张作 为神经元信号和血氧水平依赖(blood oxygen level dependent, BOLD) 信号增加的媒介<sup>[120]</sup>, 间接展 示了γ节律与血氧信号的关系<sup>[121-122]</sup>,而VD组的血 管节律性活动等与正常对照组之间存在差异[123], 因此异常的血管性活动可能造成γ节律之间存在 差异.

Table 3 The summary of the γ rhythm in vascular dementia = 3. m管性痴呆下χ节律的研究总结

模型	鼠种	脑区	结论	文献
单侧血管阻断	小鼠	海马CA1	麻醉状态下快y、慢y能量减少	[115]
双侧血管闭塞	大鼠	海马CA1与CA3	麻醉状态下CA3的θ相位与CA1的快γ、慢γ的相位振幅耦合异常	[116-118]
		海马CA1	麻醉状态下θ-快γ交叉频率耦合下降	[117]
		海马CA3	麻醉状态下慢γ能量减少, θ-γ节律的相位锁定值减少	[117-118]

## 3 精神类疾病中γ节律损伤

## 3.1 精神分裂症

精神分裂症(schizophrenia)是一种复杂的精 神类疾病,以幻听、感知障碍、社会情感障碍和认 知缺陷为特征,出现基本个性的改变以及思维、情 感、行为的分裂.临床上表现在思维联想障碍、情 感障碍、矛盾心理障碍、意志行为障碍、自闭症孤 立障碍等.近几年有研究者发现γ节律可以反映精 神分裂症患者的认知缺陷[124],评估神经网络的完 整性和相关药物的疗效<sup>[125]</sup>.如Minzenberg等<sup>[63]</sup>在 精神分裂患者临床研究中发现,工作记忆状态下患 者前额叶皮质28~84 Hz的γ节律能量降低,随着工 作负荷的增加, γ节律(~60 Hz)能量减少<sup>[64-65]</sup>, θ 与慢γ节律(30~50 Hz)的相位振幅耦合受损<sup>[66]</sup>. 除了工作记忆时患者的y节律出现紊乱,在接受感 官刺激时,精神分裂患者的γ节律也会出现异常. 如在执行视觉识别任务过程中,精神分裂患者枕叶 和顶叶30~55 Hz的慢γ相位同步较低<sup>[67]</sup>.在听觉刺 激下诱发出能量较低的快γ(~80 Hz)和慢γ (~40 Hz)节律<sup>[68-69]</sup>,该现象在左脑前额叶表现得 更明显<sup>[70]</sup>且相位锁定减弱<sup>[71]</sup>.尽管之前的研究多 表现为患者不同状态下各个脑区γ节律的减弱,但 是也有研究发现,患者在静息闭眼时左下额叶、颞 叶的γ节律同步性增强<sup>[72]</sup>,听觉刺激下左脑听觉皮 层<sup>[73]</sup>、枕叶<sup>[74]</sup>的γ节律能量增加.除此之外, 2018年Grent-'T-Jong等<sup>[75]</sup>还研究了处于3个不同 病理阶段时(临床高风险、首发型和慢性精分患 者)患者脑磁图中的γ节律,结果发现这3种病理 阶段下的γ节律特征各异,但又有一些共同点:首 先具有临床高风险的精神分裂患者(64~90 Hz)和 首发型精神分裂患者(30~46 Hz)在枕叶区域的γ 节律能量增加,其中前者主要为快γ,后者为慢γ; 前额叶皮层处的γ节律能量在慢性精神分裂患者 (γ频率30~90 Hz)和首发型精神分裂患者(γ频率 30~46 Hz) 中降低; 临床高风险的精神分裂患者颞

叶的γ节律(64~90 Hz)能量异常增高,而此频段 γ节律的能量在慢性精神分裂患者颞叶中呈现异常 降低.因此,这些临床研究表明精神分裂症患者在 不同的实验范式、不同的病理阶段以及不同的大脑 区域都出现了γ节律的紊乱(表1).

常见的精神分裂症啮齿类动物模型有脑损伤动 物模型(海马和前额叶区)、基因工程动物模型 (NMDA受体DR-1基因、成纤维细胞生长因子Fgf 基因和磷脂酶C-β1基因等)、药物诱导动物模型 (多巴胺受体激动剂、NMDA受体拮抗剂等).在 听觉诱发和视觉诱发实验中发现在刺激前 NMDAR1 基因突变小鼠海马CA3区的γ节律以及 药物诱导的精神分裂症模型小鼠视觉皮层快γ和慢  $\gamma$ 能量较高,而在刺激结束以后其相应脑区的 $\gamma$ 节 律能量均下降 [126-127]. γ节律强度与皮层处的信息处 理密切相关<sup>[22]</sup>.研究发现,在清醒静息状态下 Dlx5/6<sup>+/-</sup>小鼠的前额叶皮层处快γ、慢γ能量较 高<sup>[128]</sup>,而在执行工作记忆任务时Prodh<sup>--</sup>小鼠在该 脑区γ节律能量下降<sup>[129]</sup>,尤其体现在快γ节 律<sup>[128]</sup>. 在运动状态下 PLC-β1<sup>+</sup>小鼠左侧额叶皮层 30~80 Hz的γ节律能量下降<sup>[130]</sup>,NVHL模型鼠颞 叶皮层的慢γ能量降低[131].除了大脑皮层,在自 由运动的Fgf14<sup>--</sup>转基因鼠海马CA1区也发现快γ和 慢γ节律能量的下降[132].虽然有众多研究发现静 息态下前额叶皮层处的γ节律能量增加,但是也有 研究发现麻醉状态下药物诱导的精神分裂症模型小 鼠前额叶皮层的快γ<sup>[133]</sup>以及LPA1<sup>--</sup>小鼠内嗅皮层 脑片的快γ和慢γ<sup>[134]</sup>能量均低于对照组.因此,精 神分裂模型鼠的γ节律损伤(表4)主要体现为静 息时γ节律能量的升高以及在任务态或者外界刺激 下诱发的γ节律能量减少.

精神分裂症模型鼠γ节律异常的原因主要有以 下几点: a. 多种神经递质及相关通路异常. 主要有 GABA 能信号通路、谷氨酸能信号通路. 首先, GABA 是与γ节律极其相关的一种抑制性神经递 质,在精神分裂症的患者和动物模型中发现GABA 能信号通路<sup>[135]</sup>的异常主要涉及到神经递质GABA 含量的异常、GABA受体活性的改变<sup>[64, 129, 136]</sup>、 GABA能的中间神经元和锥体神经元之间的兴奋性 的紊乱<sup>[126, 137]</sup>;其次,作为与突触可塑性功能相关 的谷氨酸能信号通路,在已有研究中发现γ节律异 常并与其相关的原因主要涉及海马、前额叶等多脑 区中神经元的NMDA受体数目和功能异 常<sup>[75, 126, 138-140]</sup>,可以通过使用NMDA受体拮抗剂 调控γ节律<sup>[141]</sup>.b.PV神经元的数目及活动模式异 常.成纤维细胞生长因子Fgf14基因异常造成的海 马CA1区PV神经元丢失影响了海马的γ节律<sup>[132]</sup>, 相关模型中快尖峰放电(fast-spiking,FS)的PV 阳性中间神经元数量减少<sup>[128,142]</sup>,能够表达 NMDA受体的PV神经元异常<sup>[134]</sup>.c.大脑边缘系 统的损伤.研究发现与精神分裂症患者的焦虑情绪 相关的脑区是杏仁核<sup>[143]</sup>,在精分模型中杏仁核-海 马通路的过度激活改变了各部分节律的正常 平衡<sup>[144]</sup>.

Table 4	The summary of the $\gamma$ rhythm in schizophren				
	表4	精神分裂症下γ节律的研究总结			

模型	鼠种	脑区	结论	文献
NMDAR基因突变	小鼠	海马CA3	清醒活跃时听觉刺激下30~80 Hz的γ能量下降	[126]
			清醒静息无听觉刺激时γ能量比对照组低	
注射氯胺酮	小鼠	视觉皮层V1	在浮球上运动时快γ能量增加,	[127]
			视觉刺激诱发视觉皮层的慢γ能量减少	
Dlx基因突变	小鼠	前额叶皮层	工作记忆任务时快γ能量减少,	[128]
			清醒静息时快γ、慢γ能量升高	
Prodh基因敲除	小鼠	前额叶皮层	直型轨道运动时30~80 Hzγ能量下降	[129]
磷脂酶C-β基因敲除	小鼠	左侧额叶皮层	清醒活跃时听觉诱发30~80 Hz的γ能量下降,γ的耦合程度也降低	[130]
腹侧海马损伤	大鼠	颞叶皮层	旷场运动时慢γ能量降低	[131]
Fgfl4基因突变	小鼠	海马CA1	自由运动时快、慢y能量降低	[132]
注射氯胺酮	小鼠	前额叶皮层	麻醉状态下快γ能量降低	[133]
LAP基因突变且注射氯胺酮	小鼠	内嗅皮层	离体脑片中快γ、慢γ能量均下降	[134]

#### 3.2 抑郁症

抑郁症(depressive disorder)是以显著而持久 心境低落为主要临床症状的一种精神心理障碍疾 病,抑郁症的产生与情绪因素密切相关,是所有精 神疾病中最普遍,也是最常见的情绪障碍之一,与 大脑的神经网络功能的异常有密切的关系.临床症 状有情绪低落、认知功能损伤、记忆力减退、社交 能力缺陷和注意力不集中.有临床研究发现,重度 抑郁症患者的注意力集中程度与慢γ节律的功率呈 正相关<sup>[145]</sup>,在执行N-Back工作记忆任务时,患者 左侧额叶的θ-慢γ交叉频率耦合程度下降<sup>[76]</sup>.抑郁 症患者在情绪相关的任务中也出现了异常的神经节 律表征,在进行负面情绪的词汇或图片识别时记录 患者的实时脑电,结果显示在刚出现负面词汇或图 片的几秒内抑郁患者的顶叶<sup>[77]</sup>和额叶<sup>[78]</sup>产生慢γ 节律(35~45 Hz)的能量较高.此外,抑郁症患者 在40 Hz的听觉刺激下产生慢γ能量明显高于对照 组<sup>[79]</sup>. 心境低落常常导致患者产生过多的情绪, 给患者带来很多负面影响,例如产生自杀意图. Arikan 等<sup>[80]</sup> 发现具有自杀观念的抑郁患者额叶、 顶叶以及双侧颞叶的γ节律(40~50 Hz)能量较高.此外,一项针对轻度抑郁症患者的研究发现, 使用包含面部表情的图片刺激患者,其右半脑前额 叶和顶叶区域γ节律耦合性出现异常的降低<sup>[81]</sup>.总 的来说,这些研究表明抑郁症患者的γ节律紊乱 (表1)大多体现在大脑的额叶区域,主要表现为 工作任务状态时的能量降低和负面情绪刺激下的能 量增加.

在抑郁症的啮齿类动物模型中,γ神经节律的 异常主要体现在不同脑区的慢γ节律上.目前常用 的抑郁模型为应激模型(包括习得性无助、行为绝 望、社会心理应激及慢性不可预知应激等)、药物 诱导模型以及遗传模型(flinders sensitive rat line (FSL)、糖皮质受体、时钟基因等).研究发现运 动状态下Disc1小鼠前边缘皮层(prelimbic cortex, PrLC)的慢γ能量降低<sup>[146]</sup>,Clock-Δ19小鼠在该 脑区和伏隔核的慢γ与δ节律交叉频率耦合出现异 常<sup>[147]</sup>.静息态下在慢性不可预见性应激的大鼠抑 郁模型中发现丘脑与内侧前额叶PrL区的慢γ相位 同步异常<sup>[148]</sup>,θ与慢γ的相位锁定也出现异常<sup>[149]</sup>, 同时静态下该模型海马CA1区的慢γ节律能量上升 并且θ节律与快γ节律的交叉频率耦合出现异 常<sup>[150]</sup>, Clock-Δ19小鼠伏隔核的慢γ与δ节律交叉 频率耦合出现异常<sup>[147]</sup>.此外在FSL大鼠抑郁模型 的离体电生理实验中发现伏隔核和腹内侧前额叶皮 层的慢γ能量下降, 丘脑底核处的慢γ能量上 升<sup>[151]</sup>.抑郁模型鼠的γ节律(表5)主要表现为各 个脑区中的慢γ节律能量降低, 慢γ分别与δ和θ节 律的交叉频率耦合异常.

抑郁模型与正常模型的神经节律相比具有明显 差异,但是节律损伤的原因目前尚不明确,总结近 几年的研究发现可能的原因有以下几点: a. 神经递 质或者受体的异常可能导致γ节律异常.首先,5-羟色胺(5-HT)神经递质参与了认知、情绪的调 节,主要分布于松果体和下丘脑.有研究发现,5-羟色胺(5-HT)参与调节前额叶的神经活动<sup>[103]</sup>, 而抑郁症患者大脑中的5-羟色胺含量减少<sup>[152]</sup>,因 此5-HT的异常含量或其受体的功能障碍均可能导 致抑郁症患者及动物模型的γ紊乱.5-HT能和谷氨 酸能系统能够相互作用,抑郁症患者中存在 NMDA受体介导的谷氨酸传递功能障碍<sup>[153-154]</sup>,有 研究将 NMDA受体拮抗剂注入猴子体内后在运动 皮层诱导出了持续2 h的慢γ节律<sup>[155]</sup>.其次,抑郁 症患者中多巴胺能信号通路异常<sup>[156]</sup>,有研究运用

多巴胺受体拮抗剂扰乱了抑郁模型鼠海马处的γ节 律<sup>[157]</sup>.此外,GABA系统参与调节焦虑、抑郁等 情绪的神经疾病,如雌性个体在妊娠期间伴随着情 绪上改变,有研究发现妊娠期小鼠海马CA3区锥 体细胞层中间神经元的GABA<sub>A</sub>受体结构改变,并 且该脑区的γ节律能量上升<sup>[158]</sup>.针对啮齿类动物 的 GABA 能中间神经元受体的变构调节可以产生 抗抑郁作用并缓解相关的应激行为[159-160],这可能 是通过改善γ节律而发挥作用.b. 抑郁导致的神经 环路损伤影响了γ节律.海马、杏仁核、尾状核、 额叶皮层被认为是与抑郁症相关的重要神经环 路<sup>[161]</sup>,海马参与下丘脑-垂体-肾上腺(HPA)轴 的反馈回路,可导致神经内分泌紊乱.慢性应激可 引起海马亚区萎缩,抑郁时海马体积减小.杏仁核 在接受心理刺激和恐惧记忆[162-163]时会发挥重要作 用.前额叶皮层(PFC)的损伤可能会导致各种症 状,如抑郁情绪、工作记忆障碍、运动发育迟缓, 因为PFC神经连接到海马体、基底节、丘脑、腹侧 被盖区、中缝背核等多个脑区,并且这些脑区与抑 郁症的病理生理学密切相关.c. PV神经元功能异常 也可能造成γ节律异常.如Sauer等<sup>[146]</sup>发现小清蛋 白PV神经元弱兴奋输入和抑制性的输出引起抑郁 动物模型γ节律的异常.

 Table 5
 The summary of the γ rhythm in depression

 表5
 抑郁症下γ节律的研究总结

模型	鼠种	脑区	结论	文献
Disc1基因敲除	小鼠	前额叶皮层	麻醉状态下θ和慢γ能量减少	[146]
Clock-Δ19 时钟基因敲除	小鼠	前额叶皮层	在旷场运动时慢γ与δ交叉频率相位耦合受损	[147]
		伏隔核	在旷场中运动和静止时慢γ与δ交叉频率相位耦合受损	
CUMS	大鼠	前额叶皮层	两个脑区的慢γ相位同步异常	[148]
		丘脑	麻醉状态下θ-γ相位锁定异常	[149]
		海马CA1	麻醉状态下慢γ能量较对照组高、θ-快γ交叉频率耦合降低	[150]
FSL	大鼠	伏隔核	离体电生理测得慢γ能量下降	[151]
		丘脑底核		
		腹内侧前额叶皮层		

## 4 总结与展望

本文总结了多种神经退行性疾病和精神类疾病 临床患者和病理模型动物大脑内γ节律的损伤研 究,并分析了相应的损伤机制:γ节律作为与认 知、记忆、情绪相关的重要神经节律,在众多神经 精神疾病中都有其各自的特征,主要体现在快γ和 慢γ的能量差异以及其与θ节律的交叉耦合、相位 振幅耦合程度,这些特征是评价神经生理变化、认 知能力以及心理状态的有效工具,可能成为潜在的 神经精神疾病诊断的特征靶标.

将γ节律模式特征作为神经标志物,不仅可以 应用于神经精神类疾病的客观高效诊断,还能为特 定疾病的精准靶向治疗开辟新的途径.目前已有大 量研究应用物理调控改善神经精神疾病患者和相应 模型动物的γ节律,如借助电刺激器<sup>[76,164]</sup>和磁刺 激器<sup>[91,165-166]</sup>进行的脑刺激、借助光遗传学手段进 行特定脑区的光刺激<sup>[89,128,167]</sup>、依靠实验对象本身 的听觉和视觉完成的声音和光照刺激<sup>[89,111]</sup>.除了 物理刺激以外,药物治疗<sup>[100,128,133,168-169]</sup>和基因操 作<sup>[87]</sup>也调控并恢复了疾病模型动物的γ节律,并 且这些疾病背后的一些分子病理特征也得到了改 善<sup>[89,91,111]</sup>,最重要的是这些手段在提升认知能 力<sup>[91,111,128,168]</sup>和情绪改善<sup>[76,164]</sup>方面也都取得了 一定的治疗效果.这说明深入挖掘神经系统疾病中 的γ节律特征不仅能为未来人类的精神类疾病诊断 提供可靠依据,还可以为后期的药物治疗或神经调 控的研究和应用提供参考.

随着神经科学及相关技术的发展,针对目前神 经精神类疾病的诊疗手段,未来的诊断方式和诊断 指标会更加趋向于安全性、精确性、靶向性.但是 目前针对γ节律这种生物学标志物的研究还存在一 些问题:例如临床上脑电γ节律的精准无创采集与 提取、患者脑电信息的系统规范评价等.因此,提 升相关技术手段,制定相关诊断标准是γ节律临床 应用前需要解决的关键问题.

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# Gamma Rhythms: A Potential Diagnostic Target for Cognitive Disorders<sup>\*</sup>

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Abstract Neuropsychiatric diseases are major diseases with high prevalence in recent years. These diseases usually cause cognitive impairments of neuropsychiatric patients and threat to their health and life. However, we still lack of objective standard for clinically diagnosis so far, and cannot fully rely on traditional treatments of medicine because of their side effects. Thus, it becomes essential to develop effective and objective methods for diagnosis and treatment. EEG can reflect our brain's real-time state, that could be used as an indicator of brain impairment by detecting the characteristic rhythms. Gamma rhythms (~25-100 Hz) play an important role in the higher-level functions of brain, especially associated with cognition and memory. Importantly, disrupted gamma rhythms have been found in neuropsychiatric diseases of both clinical patients and animal models, which suggests novel diagnostics based on gamma rhythms measurements in core brain regions of cognition. In this paper, we reviewed the recent studies on impaired gamma rhythms in neuropsychiatric diseases, including some major neurodegenerative and psychiatric diseases. We focused on the characteristics of gamma rhythms in regulating cognition, learning and memory in human and rodents, and analyzed the underlying neural mechanisms in cellular and molecular levels. Therefore, these findings may shed light to highly effective diagnosis of neuropsychiatric diseases in future by targeting gamma rhythms detection in EEG signals.

**Key words** cognitiveimpairment, gamma rhythms, Alzheimer's disease, depression, schizophrenia **DOI:** 10.16476/j.pibb.2020.0002

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