

Impaired Tuning of Neural Ensembles and the Pathophysiology of Schizophrenia: A Translational and Computational Neuroscience Perspective

John H. Krystal, Alan Anticevic, Genevieve J. Yang, George Dragoi, Naomi R. Driesen, Xiao-Jing Wang, and John D. Murray

ABSTRACT

The functional optimization of neural ensembles is central to human higher cognitive functions. When the functions through which neural activity is tuned fail to develop or break down, symptoms and cognitive impairments arise. This review considers ways in which disturbances in the balance of excitation and inhibition might develop and be expressed in cortical networks in association with schizophrenia. This presentation is framed within a developmental perspective that begins with disturbances in glutamate synaptic development in utero. It considers developmental correlates and consequences, including compensatory mechanisms that increase intrinsic excitability or reduce inhibitory tone. It also considers the possibility that these homeostatic increases in excitability have potential negative functional and structural consequences. These negative functional consequences of disinhibition may include reduced working memory-related cortical activity associated with the downslope of the “inverted-U” input–output curve, impaired spatial tuning of neural activity and impaired sparse coding of information, and deficits in the temporal tuning of neural activity and its implication for neural codes. The review concludes by considering the functional significance of noisy activity for neural network function. The presentation draws on computational neuroscience and pharmacologic and genetic studies in animals and humans, particularly those involving *N*-methyl-D-aspartate glutamate receptor antagonists, to illustrate principles of network regulation that give rise to features of neural dysfunction associated with schizophrenia. While this presentation focuses on schizophrenia, the general principles outlined in the review may have broad implications for considering disturbances in the regulation of neural ensembles in psychiatric disorders.

Keywords: Cognition, Computational psychiatry, Glutamate, Neural ensembles, Neurodevelopment, Schizophrenia
<http://dx.doi.org/10.1016/j.biopsych.2017.01.004>

Most cortical pathologies can be understood as a disturbance in the balance of glutamatergic excitation and gamma-aminobutyric acidergic (GABAergic) inhibition (E/I balance). Glutamate and GABA neurons account for most cortical synapses, and they are the main targets of other cortical modulators (1). As a result, changes in cortical network activity are expressed as a form of E/I imbalance, however transient.

This review considers three forms of E/I imbalance that may be relevant to psychiatry: disinhibition, reduction in the spatial and temporal tuning of neural activity, and noise. This presentation draws on studies of schizophrenia, the effects of pharmacologic agents in animals and healthy humans, and computational models of cortical microcircuits (2). While this discussion focuses on schizophrenia, the general principles reviewed may apply to other psychiatric disorders (3–5).

EXCITATORY SYNAPTIC DEFICITS

Schizophrenia, at its developmental core, is a disorder of E/I imbalance arising from deficient excitatory connectivity. The

symptoms of schizophrenia, particularly the prominent cognitive and negative symptoms, are associated with reductions in cortical gray matter (6) and white matter (7) and with reduced task-related prefrontal cortical activation, although not universally so (8).

Deficits in glutamate synaptic structure and function are a component of the neurobiology of schizophrenia (9). For example, genes that code for the development, function, and elimination of glutamate synapses figure prominently among both the rare (10–14) and common (15,16) gene variants that contribute to the heritable risk for schizophrenia. In the frontal cortex, these genes are expressed prominently in utero or shortly after birth (17,18). Thus, it is likely that glutamatergic signaling deficits are among the earliest forms of pathology expressed in schizophrenia. Furthermore, primary deficits in *N*-methyl-D-aspartate receptor (NMDAR) glutamate synaptic signaling, particularly in layer 3 pyramidal neurons in prefrontal cortex (19), are thought to underlie impaired executive cognitive functions, including working memory deficits (20). These deficits are thought to undermine recurrent

excitation and the maintenance of information in working memory (21).

Deficits in synaptic connectivity also may directly contribute to the development of delusions and hallucinations. For example, Hoffman (22) and Hoffman and McGlashan (23) suggested that synaptic deficits associated with schizophrenia create a propensity for cortical networks to settle into aberrant representations of thought or sensory experience. In the parlance of chaos theory, these aberrant states may constitute abnormal chaotic attractors; or in topological theory, parasitic foci.

IMPAIRED TUNING OF THE MAGNITUDE OF EXCITATION, ALLOSTATIC ADAPTATIONS, AND THE INVERTED U

There is also evidence of increased excitability or cortical disinhibition in schizophrenia, particularly early in the course of illness. For example, cortical levels of glutamate, glutamine, and GABA as measured by ^1H magnetic resonance spectroscopy are elevated in healthy individuals at high genetic risk or in patients early in their course of illness, with declining levels with advancing age to a point below that of healthy subjects (24–30). In addition, studies of covarying regional brain activity assessed with functional magnetic resonance imaging (fMRI) at rest (i.e., resting cortical functional connectivity) reveal increases in high risk and unmedicated first episode patients and reductions in this trait over time during long-term treatment (31,32). Similarly, working memory-related fronto-parietal connectivity also appears to decline with illness progression (33). In addition, electrophysiological studies point to relative increases in excitability as reflected in functional connectivity and increased amplitude of the M100 and M170 evoked responses early in the course of schizophrenia that decline with illness progression (34,35).

The downregulation of cortical connectivity with age or duration of illness in schizophrenia may be exacerbated by increased cortical excitation and functional connectivity. For example, individuals at high risk for developing schizophrenia show increased energy metabolism rates in the CA1 and subiculum regions of the hippocampus. When followed through their transition to psychosis, the areas that had earlier shown hyperactivity now showed atrophy, as measured by volume loss on MRI (36). In this study, ketamine, an NMDAR antagonist that acutely disinhibits some cortical networks (37), was shown in mice to activate hippocampal subregions acutely but to produce atrophy in these activated regions with long-term administration. Similarly, when followed over time, the degree of cortical functional hyperactivity in unmedicated schizophrenia patients in their first episode was correlated with the decline in functional connectivity over time (32). Together, these studies suggest that hyperactivation triggers functional and perhaps structural synaptic downregulation.

As outlined in Figure 1 (38), it is possible that the increased rate of decline in cortical structural and functional indices in schizophrenia compared with healthy comparison subjects is a consequence of homeostatic processes intended to adapt to increased cortical excitation (2). The mechanisms of synaptic homeostasis enable neurons to have stable functional characteristics despite growth-related alterations and changing strength of neural inputs (39). In the presence of the

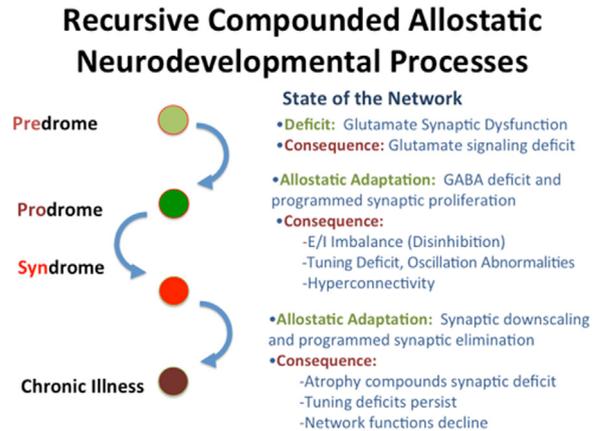


Figure 1. Phases in the development of schizophrenia may be expressed, in part, through the accumulation of successive homeostatic neuroadaptations that serve to reduce glutamatergic excitation and gamma-aminobutyric acidergic (GABAergic) inhibition (E/I) imbalances but come at a cost with regard to network integrity and function. In this way, the adaptations are viewed as allostatic rather than homeostatic. [Reproduced from (38).]

persistence of increased excitation, both pre- and postsynaptic mechanisms are engaged in homeostatic downscaling of functional and structural connectivity (40–42). In this way, homeostatic plasticity contrasts with Hebbian plasticity, which in the presence of increased excitation would be predicted to increase both functional and structural connectivity (42).

How might disinhibition emerge? First, as suggested in Figure 1, the preponderance of genetic information so far points toward primary deficits in glutamate synaptic connectivity. However, there may also be mutations associated with schizophrenia that might directly increase cortical excitability. For example, alterations in several genes implicated in schizophrenia risk, including reductions in transcription factor 4 (43), 15q13.3 microdeletion (44), and increases in *hERG* (45) or *CACNA1c* (46), might contribute to schizophrenia risk by increasing cortical excitability. Second, pyramidal neurons may compensate for deficits in glutamatergic input by upregulating their excitability. For example, when the GluN1 subunit of NMDAR is selectively eliminated from cortical pyramidal neurons in mice, perhaps mimicking deficits in NMDAR signaling that might be associated with schizophrenia, pyramidal neurons adapt by increasing their excitability via reductions in G protein-regulated inward rectifier potassium channel 2 (47,48).

However, increased excitation also might emerge as a consequence of allostatic deficits in GABA signaling, that is, a homeostatic reduction of basal E/I imbalance that compromises functions attributable to interneurons (2). Abnormalities have been described in several GABA neuronal populations in schizophrenia (49). The best-characterized deficits are in the parvalbumin (PV)-containing GABA cells, including chandelier cells, which synapse on the initial axonal segment of pyramidal neurons and gate output (50), and the basket cells, which synapse on the soma and proximal dendrites and which shape the timing of neuronal activity at high frequencies (γ oscillations) (19). In addition, deficits are reported in cholecystikinin (CCK)-containing basket cells, which express cannabinoid (CB₁) receptors and temporally tune

pyramidal neurons in a manner distinct from PV basket cells (including θ oscillations) (51), and somatostatin (SST)-containing interneurons, which gate the excitability of distal dendrites in an input-specific manner and which are vulnerable to stress (52). Recent data suggest that deficits in GABA neuronal function associated with schizophrenia arise as a consequence of deficient excitatory input (53) or responsivity to this input (54) and serve to reduce inhibition in cortical microcircuits in ways that compensate for reduced excitatory connectivity (55). The notion that a reduced excitatory drive to interneurons would disinhibit cortical microcircuits would be consistent with evidence that NMDAR antagonists reduce GABA neuronal activity (56), disinhibit activity in deep cortical layers in primates (20), increase extracellular glutamate in animals (57), raise voxel glutamate levels in humans (58), and increase high-frequency activity in animals (59) and humans (60). In addition, genetic ablation of the GluN1 subunit on parvalbumin neurons increases network excitability, increases resting gamma oscillations, and produces cognitive impairments in animals (48,61).

Disinhibition in cortical networks may contribute to cortical network dysfunction and impairments in cognition and behavior. The impairment in neural function with increased activation is sometimes referred to as the inverted-U phenomenon because increasing input [arousal (62), working memory load (63), dopaminergic activation (64), thalamic activity (65), etc.] increases cortical output up to a particular level of output, beyond which further increases in input produce declining benefit and, if increased further, decreases in output.

Grossberg (66,67) hypothesized that in networks characterized by gated opponent processes (i.e., networks in which neurons mutually excite and indirectly [via interneurons] inhibit each other), increasing input supports network output up to the point of optimal network activation. High levels of inhibitory tone within the network may suppress the impact of subsequent input, contributing to the downslope of the inverted-U curve. This hypothesis is consistent with evidence from schizophrenia (32,34,68) and ketamine effects in healthy subjects (69,70) that resting hyperactivity and reduced task-related cortical activation are related. The integrity of the inverted U in schizophrenia suggests that despite deficits, sufficient residual GABA tone remains to grossly balance E/I. This situation contrasts with autism, in which some of the same genetic mechanisms are implicated but in which nearly a third of patients exhibit seizures (71). This observation suggests that autism may be associated with more profound disruptions of E/I balance than schizophrenia. However, it is evident that the inverted-U pattern is only one of several potential relationships between input and output in working memory networks. There appear to be specific properties (whether recurrent inhibition dominates recurrent excitation, whether excitation is dominated by alpha-amino-3-hydroxy-5-methyl-4-isoxazole propionic acid receptor or NMDAR, etc.) that influence the relationship between basal and task-related activation within working memory networks (72).

Another inverted-U curve describes the relationship between dopamine signaling and working memory-related neural activity (see Figure 2). Under optimal conditions, dopamine D₁ receptor (D₁R) stimulation promotes persistent neural activity that supports working memory (73) and enables working memory networks to effectively sculpt through

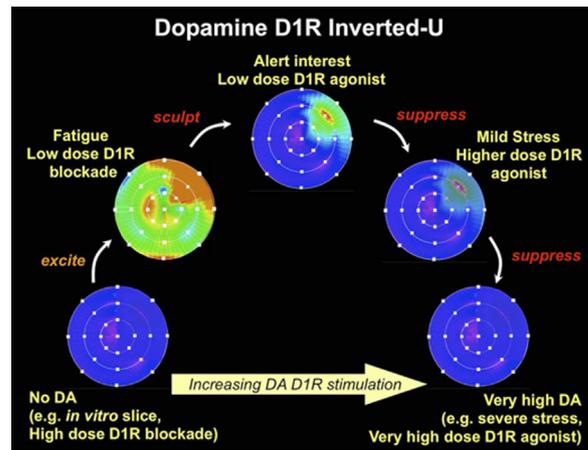


Figure 2. Schematic illustration of the dopamine D₁ receptor (D₁R) inverted-U influence on the memory fields of dorsolateral prefrontal cortex delay cells. Under optimal arousal conditions, delay cells generate persistent representations of visual space, displaying high rates of firing (orange-red) to the memory of one spatial location and low rates of firing (blue) to the memory of all other spatial locations. Low levels of D₁R stimulation appear to be excitatory, for example, phosphorylating *N*-methyl-D-aspartate receptors to increase their trafficking into the synapse. This can produce noisy firing for all directions, as represented by the generalized green-orange coloring of the memory field. With optimal levels of D₁R stimulation, there are additional sculpting actions, gating out “noise.” This may involve opening of hyperpolarization-activated cyclic nucleotide-gated channels on dendritic spines of layer 3 pyramidal neurons, enhancement of lateral inhibition by recruitment of interneurons, and selective reductions in glutamate release. At still higher levels of D₁R stimulation as occurs during stress, neuronal firing is generally suppressed, and the neuron is unable to generate persistent representations of visual space. DA, dopamine. [Modified from (74).]

inhibition the pattern of neural activity to precisely represent spatial information in memory (74). However, if D₁R stimulation is too low, as may be the case in schizophrenia (75), network activity becomes disinhibited and spatial information cannot be effectively encoded. In this context, D₁ agonists might be prescribed to promote inhibitory tuning of cortical activity. In contrast, if D₁R stimulation is too great, activity in these networks is suppressed and mnemonic function is impaired (76). The inverted-U relationships describing the relationships between glutamatergic and dopaminergic function appear to be interrelated, suggesting that they interact at an intracellular or network level. For example, within individual human subjects, the same dose of amphetamine that impairs working memory reduces working memory deficits produced by ketamine (77).

There may be treatment implications of cortical disinhibition in schizophrenia. First, if cognitive deficits are a response to basal cortical activation, reductions in cortical excitation might reduce symptoms and improve cognitive function. This approach is consistent with the symptomatic efficacy of drugs that reduce glutamate release such as lamotrigine (78,79) and the metabotropic glutamate receptor 2 agonist prodrug pomaglumetad methionil (80). It also may be consistent with the efficacy of low-frequency repetitive transcranial magnetic stimulation for suppressing medication-resistant auditory hallucinations (81). However, neither lamotrigine (82) nor pomaglumetad (83–85) showed widespread efficacy for schizophrenia. This limited

efficacy in heterogeneous patient populations may be because, as noted, hyperactivity appears to be a feature most prominent early in the course of schizophrenia (2). Consistent with this hypothesis, pomaglmetad was efficacious for schizophrenia patients early in their illness, but in patients with long-standing illness it either had no efficacy or made them worse (86). Thus, inhibitory treatments might be the first illness phase-specific treatments for this disorder.

DEFICITS IN SPATIAL TUNING OF CORTICAL ACTIVITY AND IMPAIRMENTS IN SPARSE CODING

The representation of information by the cortex requires fine-grained tuning of the spatial dispersion of excitation within a localized area. Within the primate prefrontal cortex, the representation of particular spatial locations within spatial working memory depends on the selective activation of particular layer 3 neurons and their associated microcolumns as well as the interneuron-mediated inhibition of neighboring neurons and microcolumns representing competing locations (87,88). The restriction of activity to a small minority of potential neurons is called sparse coding (89), and its integrity depends on inhibition (90). The interneurons mediating the spatial dispersion of pyramidal neuron activation are specific to cell type and layer. Computational models suggest that several interneuron subtypes cooperate in spatial tuning, including PV, calretinin (predominantly vasoactive intestinal polypeptide-containing), and SST-containing interneurons (91,92). Among layer 5 pyramidal neurons, the activation of subcortically projecting pyramidal neurons seems to be gated prominently by PV neurons, whereas callosally projecting pyramidal neurons are inhibited by SST-containing neurons (93). In the hippocampus, SST neurons regulate the spatial extent of neural activation associated with mnemonic encoding (94).

In the case of working memory, sparse coding conveys several important functions: 1) the ability to simultaneously maintain multiple mnemonic cell assemblies (i.e., larger working memory buffer size), 2) better perceptual and mnemonic precision, and 3) protection of memories from distortion by distractors (89,95–98). A bump attractor computational model, which implements working memory through self-sustained persistent neural activity, sheds light on how reduced lateral inhibition compromises memory (see Figure 3). Reductions in lateral inhibition produce dispersion of the neural representation of spatial information within memory, contamination of spatial representations by nearby distractors, and increases in signal variance (noise) (95). Disruption of sparse coding also may contribute to the formation of memories that are distorted by distracting stimuli, contributing to the formation of false memories, as has been shown in flies (96). In humans, NMDAR antagonists produce many stigmata of impaired spatial tuning of memory networks, including smaller working memory buffer size, decreased precision of mnemonic encoding, and the production of “false alarms” in working memory (95,99). Extreme hyperconnectivity also has been predicted (22) to contribute to hallucinations, delusions, loose associations, and other forms of thought disorder. Furthermore, impairments in top-down control of cortical representations may increase dependence on bottom-up sensory processes that are also

distorted, further undermining the environmental fidelity of cortical mnemonic representations (100,101).

Schizophrenia patients show signs of reduced spatial tuning of cortical activation that may be related to features of the disorder. Resting-state functional MRI studies in patients show evidence of functional hyperconnectivity, as noted earlier (31,102). Schizophrenia appears to be associated with an inverted-U working memory load-dependent pattern of prefrontal activation, with increased magnitude and spatial extent of activation under conditions of low demand and activation deficits with higher working memory load (8,103–105). Schizophrenia patients also show reduced working memory span (buffer size) and precision (104,106,107), but perhaps not universally (108). The reduction in working memory precision is, in itself, one form of distortion in the mnemonic representation of information. Furthermore, the reduction in mnemonic precision would be predicted to render memories more vulnerable to distortion or contamination (104), that is, the generation of false memories, distorted beliefs, or delusions (109–111). As a result, pharmacotherapies that reduce glutamate release, such as metabotropic glutamate receptor 2 agonists, might improve working memory function (95,112) and treat psychosis (80). However, some hyperactivity might be recruited as compensation for connectivity deficiencies (105). In these cases, glutamate release-inhibiting medications might worsen symptoms by exacerbating connectivity deficits rather than providing relief.

DEFICITS IN TEMPORAL TUNING OF CORTICAL ACTIVITY: ENSEMBLES, OSCILLATIONS, AND CODES

The neural representation of information is a property of the coordinated activity of assemblies (97,113). Exactly how the brain accomplishes this task is somewhat of a mystery. A focus on individual cortical neurons has provided critical insights into working memory and other cognitive functions (114). However, it is likely that functional connectivity within ensembles is reflected in higher order properties of neural networks, such as oscillations in network activity, because the activities of individual ensemble elements are linked by feedforward and feedback excitation and inhibition, essentially waves of activity (97). From studies of spatial memory, it appears that the timing of the activation of particular hippocampal cells and their contributions to neural oscillations have higher order functional properties such as their organization into sequences that serve as a code for spatial information in the environment (97).

Schizophrenia is associated with disturbances in cortical oscillations. There has been particular interest in high-frequency cortical oscillations because they are generated by fast-spiking PV neurons (115) that appear to be compromised in postmortem studies (19). In schizophrenia, there is a small increase in resting γ oscillations (116) and reductions in γ oscillations induced by cognitive tasks or evoked by 40-Hz click trains (117,118). Surprisingly, the increases in spontaneous γ oscillations in schizophrenia contrast with the impact of optogenetic inactivation of PV neurons, where spontaneous γ oscillations are reduced (115). However, they are similar to the effects of ketamine, which increases resting γ oscillations

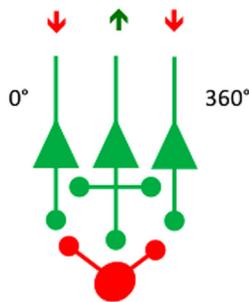
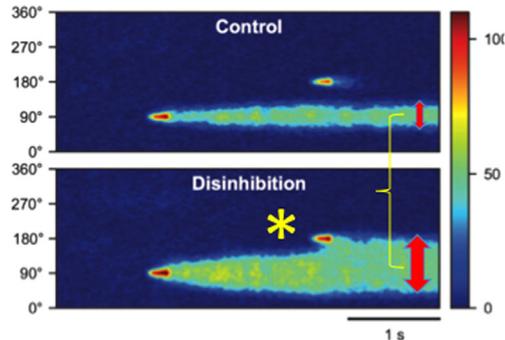
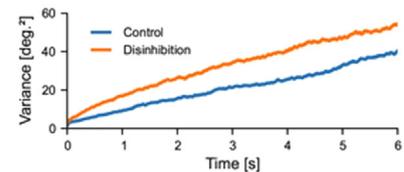
A. Bump attractor model**B. Reduced E-to-I reduces precision and increases risk for memory distortion by distractors****C. Reduced E-to-I increases signal variance**

Figure 3. (A) The bump attractor model provides for lateral inhibition of pyramidal neurons in a local circuit that maintains working memory through persistent neural firing, yielding the capacity to spatially focus activity. In this case, it allows for a center neuron to be activated (green arrow) but for surrounding neurons to be inhibited (red arrows) by local interneurons (red neuron). The properties of computational models elaborating on this simple circuit are presented in panel (B). When recurrent inhibition is intact (top image), the mnemonic representation of a stimulus is precise (small bidirectional red arrow) and there is no interference by neighboring stimuli (yellow arrow). However, when recurrent inhibition is reduced (bottom image), the spatial extent of the memory becomes less precise (larger bidirectional arrow) and the same distracting stimulus now contaminates the mnemonic representation. (C) Reductions in recurrent inhibition in this model also increase signal variance (noise). E-to-I, glutamatergic excitation to gamma-aminobutyric acidergic inhibition. *denotes the incorporation of the spatial location of the distracting stimulus within the mnemonic representation of the target location, i.e., the creation of a “false memory.” (From Murray JD, Anticevic A, Gancsos M, Ichinose M, Corlett PR, Krystal JH, *et al.* (2014): Linking microcircuit dysfunction to cognitive impairment: Effects of disinhibition associated with schizophrenia in a cortical working memory model. *Cereb Cortex* 24:859–872, by permission of Oxford University Press.)

in animals and humans despite inhibiting some subpopulations of GABA neurons (56,60,119).

Some confusion related to interneuron dysfunction might be explained by concurrent impairments in SST and PV neurons (91,92) in the context of residual fast-spiking neuronal function (Figure 4). SST neurons may be more sensitive than PV to deficits in NMDAR signaling. Fast-spiking neurons have higher alpha-amino-3-hydroxy-5-methyl-4-isoxazole propionic acid/NMDA ratios and reduced sensitivity to the effects of NMDAR antagonists than pyramidal neurons (120) or regular-spiking or low threshold-spiking interneurons (121,122), that is, firing patterns characteristic of SST interneurons (123). In visual cortex, layer 4 SST neurons inhibit PV neurons, whereas PV neurons do not prominently inhibit other interneuron populations (124,125). As a result, SST inhibition by NMDAR antagonists would increase PV activity and thereby increase γ oscillations. SST neurons also target distal dendrites of pyramidal neurons (126,127), so their inhibition would increase pyramidal neuron excitability. Lastly, SST neurons provide input-specific inhibitory filtering (126,127), so reduced SST activity might produce hyperconnectivity, as seen with schizophrenia (31) and ketamine effects in healthy individuals (69). Thus, impairments in SST neurons might help to explain three consequences of NMDAR signaling deficits for schizophrenia patients early in their course of illness (Figure 4): 1) increased resting excitation, 2) increased functional connectivity, and 3) increased resting γ oscillations.

Studies of cross-frequency coupling of oscillation amplitude may provide clues as to codes used by the brain for aspects of the neural representation of information (97,128). In cross-frequency coupling, the phase of the lower frequency oscillation is related to the amplitude of the higher frequency oscillation. The synchrony of θ and γ oscillations is related to the efficacy of network functions such as memory encoding (129,130). In the hippocampus, the firing of particular place cells in the γ frequency

range occurs at a particular phase of the θ cycle when the animal is at a particular location (97,128). As an animal explores its environment, the phase of θ where that place cell fires advances or precesses (131). The orderly sequence of the firing of individual place cells activated as the animal explores its space (e.g., as it walks down a track) constitutes a neural code that represents the spatial properties of its environment. There is growing evidence that synaptic signaling mechanisms implicated in schizophrenia may profoundly alter the integrity of the neural codes so generated. For example, θ and γ power in the electroencephalographic signal in area CA1 are less sensitive to the effects of an NMDAR antagonist than the precession of γ on θ (132). However, this type of drug disrupts the experience-dependent modifications in hippocampal CA1 place fields and so disrupts the capacity to flexibly encode the evolving environmental cues during exploration. Consistent with this observation, selective blockade of NMDAR activity in the intrinsic circuitry of the rodent hippocampus (i.e., upstream area CA3) results in reduced feedforward activation of interneurons along with a somewhat inflexible internally driven neural representation of the external space in CA1 (133). While there are tantalizing early studies of cross-frequency coupling in schizophrenia (134–136), these studies have not yet produced clear implications for pathophysiology, symptoms and functional impairment, or treatment.

Ultimately, we want to understand the neural codes that the brain uses to generate complex behavior and how disturbances in these codes account for symptoms and functional impairment. This level of detail may be required to correct the pathology in neural signaling associated with schizophrenia. The integrity of the adaptability of the interplay between fast-spiking and non-fast-spiking interneurons may be important for these neural codes. Cannabinoids stimulate CB₁ receptors, which in the hippocampus are most densely localized to the terminals of CCK interneurons (137), where they inhibit GABA

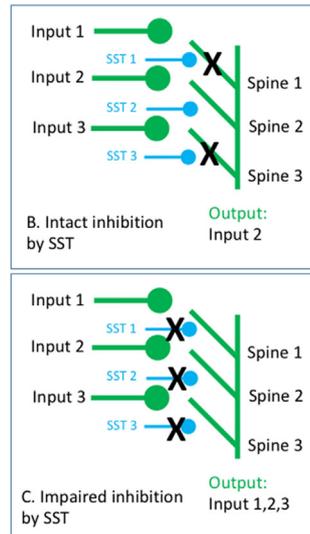
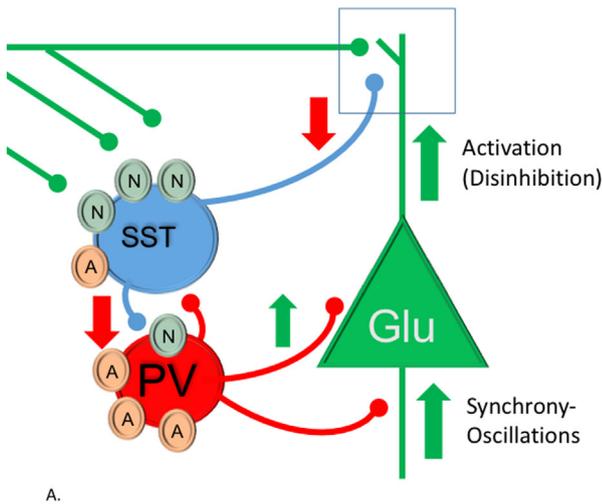


Figure 4. Possible contributions of deficits in somatostatin (SST) interneurons to microcircuit dysfunction in schizophrenia. **(A)** SST neurons appear to have relatively greater dependence on *N*-methyl-D-aspartate receptor (N) neurons than on parvalbumin (PV) neurons, which show relatively greater dependence on alpha-amino-3-hydroxy-5-methyl-4-isoxazole propionic acid receptor (A) stimulation (see text for citations). Reductions in SST inhibition of pyramidal neurons renders them hyperexcitable. Reductions in SST inhibition of PV neurons disinhibits them, increasing γ oscillations. Panel **(B)** enlarges the interplay of excitatory and SST inputs onto dendritic spines. Normally, SST neurons filter inputs, yielding selective functional connectivity. Panel **(C)** highlights the potential for deficits in SST neuronal function to reduce input selectivity, giving rise to pathological (noisy) functional hyperconnectivity. Citations are presented in the text. Glu, glutamate.

release by these neurons. Thus, cannabinoid effects in the hippocampus shed light on the role of CCK basket cells in shaping hippocampal spatial codes. For example, the effects of Δ -9 tetrahydrocannabinol on the population firing rates of pyramidal neurons and interneurons in the hippocampus are subtle, and the location-dependent firing of CA1 place cells remains largely intact (138,139). However, CB₁ agonists reduce neural oscillations across several frequencies, decrease the theta phase precession of place cell activity, make neural representations unstable, and profoundly disrupt the temporal coordination of cell assemblies (138–140). In essence, compromised CCK cell function impairs memory by disrupting hippocampal neural codes even though firing is largely intact (see Figure 5) (141).

It would be interesting to know whether the disarray in these neural codes is related to schizophrenia symptoms such as delusions and formal thought disorder.

TUNING DEFICITS, SIGNALS, AND NOISE

Tuning deficits associated with schizophrenia reduce the ability of neural assemblies to represent information, that is, to generate signals. This review has considered the impact of deficiencies in several forms of the tuning of neural activity among cortical network functions, that is, activation level, spatial extent of activation, and timing of activation. Each of these deficits contributed to reductions in signal integrity. Consistent with the inverted-U input–output relationship (Figure 2), increases in resting activation would be predicted to reduce the task-related signal by recruiting inhibition (66), consistent with findings with ketamine effects in healthy humans and studies of schizophrenia patients (31,104,105,142,143). Furthermore, the hyperactivity of networks may recruit homeostatic adaptations that downregulate synaptic functional connectivity (Figure 1), further impairing the capacity of networks to generate signals. The impairment in the spatial tuning of neural activity may reduce the capacity to efficiently encode information; that is, it would reduce signals in

memory and decrease memory precision (Figure 3). The impairment in spatial tuning also may contribute to hyperconnectivity and the homeostatic downregulation of functional connectivity. Lastly, the impairments in temporal tuning may give rise to deficits in the recruitment of neural ensembles when performing cognitive operations, aberrant cross-frequency coupling, and disarray of higher order neural codes (Figure 5), contributing to cognitive and behavioral impairments.

However, it is possible that tuning deficits also produce dysfunction through the failure to suppress noise. Noise could be understood as a type of neural activity that degrades signal, that is, reduces the signal-to-noise ratio. It also could be a source of aberrant signal. This point is illustrated by reductions in the tuning of the spatial extent of cortical activity. The bump attractor model (see Figure 3) predicts that reductions in spatial tuning could generate two types of noise. The first is the random background noise that would be expected to degrade signal through reduced storage capacity or reduced precision of representations. The second type of noise might itself constitute aberrant signals. The bump attractor model suggests that the presence of nearby distractors actually distorts the spatial representation of the target stimulus encoded initially, creating one form of false memory. The loss of precision in the representation of the memory for the target location can lead to false attributions, that is, the identification of the off-target probe as existing within the target location. Similarly, the disruption of cross-frequency coupling and disrupted neural codes could also generate aberrant signals.

There is evidence of increased levels of both forms of noise in schizophrenia. With regard to background noise, functional MRI studies have identified elevated cortical global functional connectivity (31,102), the failure to suppress default mode activity during the activation of the executive control network (143), reductions in hierarchical organization of activity giving rise to increased connectivity at lower levels of organization (spoke-to-spoke rather than spoke–hub) (144,145), and increased cortical signal variance (146) among other potential

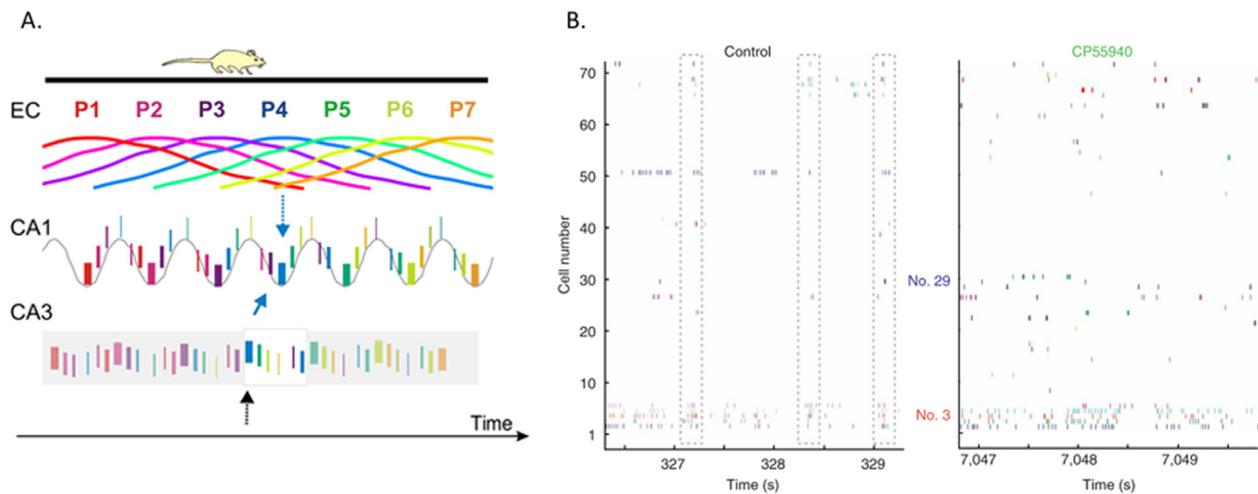


Figure 5. Illustration of the relationship between sequences of hippocampal place cell neural firing and theta oscillation in the hippocampal encoding of spatial and temporal context (**A**) and the disruption of this hippocampal coding by administration of a CB₁ agonist (**B**). (**A**) Illustration of a hippocampal CA1 place cell sequence and simultaneous theta sequences of activity during exploration of a linear environment. Each spatial position on a track (shown as Gaussian-shaped CA1 place cells, P1–P7) is defined by the most active cell assembly firing at the trough of the theta cycle (i.e., place cell P4–blue assembly). The width of the bars indicates assembly firing rates, whereas the temporal offset in firing curves between assemblies reflects the difference in their spatial representation (i.e., distance). Because each assembly contributes to multiple spatial representations, multiple assemblies are activated in each theta cycle. As a result, any particular assembly will be activated within a temporal context of prior and subsequent representations. The CA3 and CA1 representations correspond to the predicted (blue solid arrow) and updated (blue dotted arrow) by the entorhinal cortex (EC, activity not shown), respectively. One position is indicated in the boxed area. The black dotted arrow indicates the hypothesized initiation of sequence recall. Note reduced theta modulation as well as earlier activation of CA3 cell assemblies compared with CA1. Panel (**B**) presents evidence that stimulation of CB₁ receptors undermines the integrity of the functional organization of hippocampal cell assemblies, that is, scrambles the mnemonic codes. It presents representative raster plots of 71 simultaneously recorded CA1 cells in a control condition (left graph) and after the administration of the CB₁ agonist CP55940 0.3 mg/kg (right graph). The number of spikes is not altered by the CB₁ agonists (271 vs. 270 spikes). Framed areas show synchronous discharges that are very clear in the control condition (left graph) but disorganized after the CB₁ agonist (right graph). [Panel **A** from Dragoi G, Buzsáki G (2006): Temporal encoding of place sequences by hippocampal cell assemblies. *Neuron* 50:145–157, by permission of Cell Press. Panel **B** reprinted by permission of Macmillan Publishers Ltd: *Nature Neuroscience* (139), copyright 2006.]

forms of noisy neural activity. With regard to the electroencephalographic signal, the increase in γ oscillations at rest (118) or during sustained auditory stimulation (147) may be forms of a more general increase in high-frequency background electroencephalographic noise associated with schizophrenia (148). There are other ways in which schizophrenia might be associated with the accumulation of aberrant signals through the failure to suppress noise. A form of long-range tuning, corollary discharge, appears to be deficient in schizophrenia (149). Deficits in this form of corticocortical inhibition have been implicated in the failure of psychotic individuals to recognize their own thoughts, speech, and perhaps other actions as internally generated. Sleep spindles are also reduced in schizophrenia (150,151). Sleep spindles may serve to enhance memory consolidation and to depotentiate synaptic connectivity in the service of eliminating “mnemonic background noise” (152,153). From this perspective, deficient sleep spindles in schizophrenia may impede learning (154) but also clutter mnemonic stores. Unfortunately, studies of cross-frequency coupling are limited, and there are not yet intracranial recording studies that would inform questions of sequences in schizophrenia.

CONCLUSIONS

Disturbances in the signal representation and information processing properties of the cerebral cortex appear to be a proximal cause of symptoms and functional impairments

associated with schizophrenia and perhaps other forms of psychopathology. This review highlighted ways in which impairments in the tuning properties of cortical networks related to E/I imbalances could arise from signaling abnormalities within cortical microcircuits and then contribute to disturbances in the functional outputs of these circuits. This perspective may lead us to maintain a focus on the output properties of networks when attempting to fix disturbances in specific synapses within these networks while developing novel therapies. For example, it may be important for us to appreciate that inhibitory treatments that reduce disinhibition within cortical microcircuits may also exacerbate long-range functional connectivity deficits associated with schizophrenia. This broader perspective may help the field to move beyond the current problems in medication development for this disorder.

ACKNOWLEDGMENTS AND DISCLOSURES

This paper was supported primarily by the National Center for Advancing Translational Science (Grant No. 1UH2TR000960-01). Yale Center for Clinical Investigation supports work from JHK, AA, and NRD. Additional support came from the National Institute on Alcohol Abuse and Alcoholism (Grant No. P50AA12870 to JHK), the Yale Center for Clinical Investigation (Grant No. UL1 RR024139), and the Department of Veterans Affairs through its support for the Veterans Affairs National Center for PTSD (to JHK). Additional support came from the National Institutes of Health (NIH, Grant No. DP50D012109-02 to AA), the National Alliance for Research on Schizophrenia and Depression Independent Investigator Award (to AA), the National Institute of Mental Health (NIMH, Grant No. R01-MH062349 to X-JW and JDM), and NIMH F30 MH107149 and NIH T32GM 007205 (to GJY).

Impaired Tuning of Cortical Activity in Schizophrenia

JHK is a coinventor for the following approved or pending patents: 1) Seibyl JP, Krystal JH, Charney DS: Dopamine and noradrenergic reuptake inhibitors in treatment of schizophrenia, U.S. Patent No. 5,447,948, September 5, 1995; 2) Coric V, Krystal JH, Sanacora G: Glutamate modulating agents in the treatment of mental disorders, U.S. Patent No. 8,778,979, B2 patent issue date July 15, 2014; 3) Charney D, Krystal JH, Manji H, Matthew S, Zarate C: Intranasal administration of ketamine to treat depression, U.S. Application No. 14/197,767 filed on March 5, 2014, U.S. Application or PCT International Application No. 14/306,382 filed on June 17, 2014; 4) Arias A, Petrakis I, Krystal JH: Composition and methods to treat addiction, Provisional Use Patent Application No. 61/973/961, April 2, 2014, filed by Yale University Office of Cooperative Research; and 5) Chekroud A, Gueorguieva R, Krystal, JH: Treatment selection for major depressive disorder, U.S. Patent and Trademark Office Docket No. Y0087.70116US00, filed on June 3, 2016, provisional patent submitted by Yale University. Over the past year, he has received more than \$5000 in compensation related to consulting or licensed patents from Janssen Pharmaceuticals. He serves in a paid capacity as editor of *Biological Psychiatry* and has fiduciary responsibilities as president of the International College of Neuropsychopharmacology. AA provides paid consultation and serves as a member of the Scientific Advisory Board for BlackThorn Therapeutics. All other authors report no biomedical financial interests or potential conflicts of interest.

ARTICLE INFORMATION

From the Department of Psychiatry (JHK, AA, GJY, GD, NRD, JDM) and Department of Neuroscience (JHK, GJY, GD), Yale University School of Medicine; Behavioral Health Services (JHK), Yale–New Haven Hospital; and Department of Psychology (AA), Yale University, New Haven; Clinical Neurosciences Division (JHK, NRD), Veterans Affairs National Center for PTSD, Veterans Affairs Connecticut Healthcare System, West Haven, Connecticut; and Center for Neural Science (X-JW), New York University, New York, New York.

Address correspondence to John H. Krystal, M.D., Yale University School of Medicine, 300 George Street, #901, New Haven, CT 06510; E-mail: john.krystal@yale.edu.

Received Sep 13, 2016; revised Dec 14, 2016; accepted Jan 4, 2017.

REFERENCES

- Somogyi P, Tamas G, Lujan R, Buhl EH (1998): Salient features of synaptic organisation in the cerebral cortex. *Brain Res Rev* 26: 113–135.
- Krystal JH, Anticevic A, Murray JD, Glahn DC, Driesen N, Yang G, *et al.* (2016): Clinical heterogeneity arising from categorical and dimensional features of the neurobiology of psychiatric diagnoses: Insights from neuroimaging and computational neuroscience. In: Redish AD, Gordon JA, editors. *Computational Psychiatry: New Perspectives on Mental Illness*. Cambridge, MA: MIT Press, 295–317.
- Staley K (2015): Molecular mechanisms of epilepsy. *Nat Neurosci* 18:367–372.
- Uzunova G, Pallanti S, Hollander E (2016): Excitatory/inhibitory imbalance in autism spectrum disorders: Implications for interventions and therapeutics. *World J Biol Psychiatry* 17:174–186.
- Krystal JH, Sanacora G, Duman RS (2013): Rapid-acting glutamatergic antidepressants: The path to ketamine and beyond. *Biol Psychiatry* 73:1133–1141.
- Vita A, De Peri L, Deste G, Sacchetti E (2012): Progressive loss of cortical gray matter in schizophrenia: A meta-analysis and meta-regression of longitudinal MRI studies. *Transl Psychiatry* 2:e190.
- Kochunov P, Hong LE (2014): Neurodevelopmental and neurodegenerative models of schizophrenia: White matter at the center stage. *Schizophr Bull* 40:721–728.
- Glahn DC, Ragland JD, Abramoff A, Barrett J, Laird AR, Bearden CE, *et al.* (2005): Beyond hypofrontality: A quantitative meta-analysis of functional neuroimaging studies of working memory in schizophrenia. *Hum Brain Mapp* 25:60–69.
- Catts VS, Fung SJ, Long LE, Joshi D, Vercammen A, Allen KM, *et al.* (2013): Rethinking schizophrenia in the context of normal neurodevelopment. *Front Cell Neurosci* 7:60.
- Need AC, McEvoy JP, Gennarelli M, Heinzen EL, Ge D, Maia JM, *et al.* (2012): Exome sequencing followed by large-scale genotyping suggests a limited role for moderately rare risk factors of strong effect in schizophrenia. *Am J Hum Genet* 91:303–312.
- Timms AE, Dorschner MO, Wechsler J, Choi KY, Kirkwood R, Girirajan S, *et al.* (2013): Support for the *N*-methyl-D-aspartate receptor hypofunction hypothesis of schizophrenia from exome sequencing in multiplex families. *JAMA Psychiatry* 70:582–590.
- Li Z, Chen J, Xu Y, Yi Q, Ji W, Wang P, *et al.* (2016): Genome-wide analysis of the role of copy number variation in schizophrenia risk in Chinese. *Biol Psychiatry* 80:331–337.
- Pocklington AJ, Rees E, Walters JT, Han J, Kavanagh DH, Chambert KD, *et al.* (2015): Novel findings from CNVs implicate inhibitory and excitatory signaling complexes in schizophrenia. *Neuron* 86: 1203–1214.
- Sekar A, Bialas AR, de Rivera H, Davis A, Hammond TR, Kamitaki N, *et al.* (2016): Schizophrenia risk from complex variation of complement component 4. *Nature* 530:177–183.
- (2014): Biological insights from 108 schizophrenia-associated genetic loci. *Nature* 511:421–427.
- Pers TH, Timshel P, Ripke S, Lent S, Sullivan PF, O'Donovan MC, *et al.* (2016): Comprehensive analysis of schizophrenia-associated loci highlights ion channel pathways and biologically plausible candidate causal genes. *Hum Mol Genet* 25:1247–1254.
- Gulsuner S, Walsh T, Watts AC, Lee MK, Thornton AM, Casadei S, *et al.* (2013): Spatial and temporal mapping of de novo mutations in schizophrenia to a fetal prefrontal cortical network. *Cell* 154: 518–529.
- Birnbaum R, Jaffe AE, Chen Q, Hyde TM, Kleinman JE, Weinberger DR (2015): Investigation of the prenatal expression patterns of 108 schizophrenia-associated genetic loci. *Biol Psychiatry* 77:e43–e51.
- Hoftman GD, Datta D, Lewis DA (2016): Layer 3 excitatory and inhibitory circuitry in the prefrontal cortex: Developmental trajectories and alterations in schizophrenia [published online ahead of print Jun 4]. *Biol Psychiatry*.
- Wang M, Yang Y, Wang CJ, Gamo NJ, Jin LE, Mazer JA, *et al.* (2013): NMDA receptors subserve persistent neuronal firing during working memory in dorsolateral prefrontal cortex. *Neuron* 77: 736–749.
- Wang XJ (1999): Synaptic basis of cortical persistent activity: The importance of NMDA receptors to working memory. *J Neurosci* 19: 9587–9603.
- Hoffman RE (1987): Computer simulations of neural information processing and the schizophrenia–mania dichotomy. *Arch Gen Psychiatry* 44:178–188.
- Hoffman RE, McGlashan TH (1993): Parallel distributed processing and the emergence of schizophrenic symptoms. *Schizophr Bull* 19: 119–140.
- Marsman A, van den Heuvel MP, Klomp DW, Kahn RS, Luijten PR, Hulshoff Pol HE (2013): Glutamate in schizophrenia: A focused review and meta-analysis of ¹H-MRS studies. *Schizophr Bull* 39:120–129.
- de la Fuente-Sandoval C, Reyes-Madrigo F, Mao X, Leon-Ortiz P, Rodriguez-Mayoral O, Solis-Vivanco R, *et al.* (2016): Cortico-striatal GABAergic and glutamatergic dysregulations in subjects at ultra-high risk for psychosis investigated with proton magnetic resonance spectroscopy. *Int J Neuropsychopharmacol* 19:pyv105.
- Yang Z, Zhu Y, Song Z, Mei L, Zhang J, Chen T, *et al.* (2015): Comparison of the density of gamma-aminobutyric acid in the ventromedial prefrontal cortex of patients with first-episode psychosis and healthy controls. *Shanghai Arch Psychiatry* 27:341–347.
- Yoon JH, Maddock RJ, Rokem A, Silver MA, Minzenberg MJ, Ragland JD, *et al.* (2010): GABA concentration is reduced in visual cortex in schizophrenia and correlates with orientation-specific surround suppression. *J Neurosci* 30:3777–3781.

28. Marsman A, Mandl RC, Klomp DW, Bohlken MM, Boer VO, Andreychenko A, *et al.* (2014): GABA and glutamate in schizophrenia: A 7 T ¹H-MRS study. *Neuroimage Clin* 6:398–407.
29. Brandt AS, Unschuld PG, Pradhan S, Lim IA, Churchill G, Harris AD, *et al.* (2016): Age-related changes in anterior cingulate cortex glutamate in schizophrenia: A ¹H MRS study at 7 Tesla. *Schizophr Res* 172:101–105.
30. Rowland LM, Krause BW, Wijtenburg SA, McMahon RP, Chiappelli J, Nugent KL, *et al.* (2016): Medial frontal GABA is lower in older schizophrenia: A MEGA-PRESS with macromolecule suppression study. *Mol Psychiatry* 21:198–204.
31. Anticevic A, Corlett PR, Cole MW, Savic A, Gancsos M, Tang Y, *et al.* (2015): *N*-Methyl-D-aspartate receptor antagonist effects on prefrontal cortical connectivity better model early than chronic schizophrenia. *Biol Psychiatry* 77:569–580.
32. Anticevic A, Hu X, Xiao Y, Hu J, Li F, Bi F, *et al.* (2015): Early-course unmedicated schizophrenia patients exhibit elevated prefrontal connectivity associated with longitudinal change. *J Neurosci* 35:267–286.
33. Schmidt A, Smieskova R, Aston J, Simon A, Allen P, Fusar-Poli P, *et al.* (2013): Brain connectivity abnormalities predating the onset of psychosis: Correlation with the effect of medication. *JAMA Psychiatry* 70:903–912.
34. Uhlhaas PJ, Singer W (2015): Oscillations and neuronal dynamics in schizophrenia: The search for basic symptoms and translational opportunities. *Biol Psychiatry* 77:1001–1009.
35. Rivolta D, Castellanos NP, Stawowsky C, Helbling S, Wibrall M, Grutzner C, *et al.* (2014): Source-reconstruction of event-related fields reveals hyperfunction and hypofunction of cortical circuits in antipsychotic-naïve, first-episode schizophrenia patients during Mooney face processing. *J Neurosci* 34:5909–5917.
36. Schobel SA, Chaudhury NH, Khan UA, Paniagua B, Styner MA, Asllani I, *et al.* (2013): Imaging patients with psychosis and a mouse model establishes a spreading pattern of hippocampal dysfunction and implicates glutamate as a driver. *Neuron* 78:81–93.
37. Moghaddam B, Adams B, Verma A, Daly D (1997): Activation of glutamatergic neurotransmission by ketamine: A novel step in the pathway from NMDA receptor blockade to dopaminergic and cognitive disruptions associated with the prefrontal cortex. *J Neurosci* 17:2921–2927.
38. Krystal JH, Anticevic A (2015): Toward illness phase-specific pharmacotherapy for schizophrenia. *Biol Psychiatry* 78:738–740.
39. Turrigiano G, Abbott LF, Marder E (1994): Activity-dependent changes in the intrinsic properties of cultured neurons. *Science* 264:974–977.
40. Tatavarty V, Sun Q, Turrigiano GG (2013): How to scale down postsynaptic strength. *J Neurosci* 33:13179–13189.
41. Davis GW (2006): Homeostatic control of neural activity: From phenomenology to molecular design. *Annu Rev Neurosci* 29:307–323.
42. Fauth M, Tetzlaff C (2016): Opposing effects of neuronal activity on structural plasticity. *Front Neuroanat* 10:75.
43. Rannals MD, Hamersky GR, Page SC, Campbell MN, Briley A, Gallo RA, *et al.* (2016): Psychiatric risk gene transcription factor 4 regulates intrinsic excitability of prefrontal neurons via repression of SCN10a and KCNQ1. *Neuron* 90:43–55.
44. Forsingdal A, Fejgin K, Nielsen V, Werge T, Nielsen J (2016): 15q13.3 homozygous knockout mouse model display epilepsy-, autism- and schizophrenia-related phenotypes. *Transl Psychiatry* 6:e860.
45. Carr GV, Chen J, Yang F, Ren M, Yuan P, Tian Q, *et al.* (2016): KCNH2-3.1 expression impairs cognition and alters neuronal function in a model of molecular pathology associated with schizophrenia. *Mol Psychiatry* 21:1517–1526.
46. Bigos KL, Mattay VS, Callicott JH, Straub RE, Vakkalanka R, Kolachana B, *et al.* (2010): Genetic variation in CACNA1C affects brain circuitries related to mental illness. *Arch Gen Psychiatry* 67:939–945.
47. Tatar-Leitman VM, Jutzeler CR, Suh J, Saunders JA, Billingslea EN, Morita S, *et al.* (2015): Pyramidal cell selective ablation of *N*-methyl-D-aspartate receptor 1 causes increase in cellular and network excitability. *Biol Psychiatry* 77:556–568.
48. Carlen M, Meletis K, Siegle JH, Cardin JA, Futai K, Vierling-Claassen D, *et al.* (2012): A critical role for NMDA receptors in parvalbumin interneurons for gamma rhythm induction and behavior. *Mol Psychiatry* 17:537–548.
49. Lewis DA, Gonzalez-Burgos G (2008): Neuroplasticity of neocortical circuits in schizophrenia. *Neuropsychopharmacology* 33:141–165.
50. Inan M, Anderson SA (2014): The chandelier cell, form and function. *Curr Opin Neurobiol* 26:142–148.
51. Klausberger T, Marton LF, O'Neill J, Huck JH, Dalezios Y, Fuentelba P, *et al.* (2005): Complementary roles of cholecystokinin- and parvalbumin-expressing GABAergic neurons in hippocampal network oscillations. *J Neurosci* 25:9782–9793.
52. Lin LC, Sibille E (2015): Somatostatin, neuronal vulnerability and behavioral emotionality. *Mol Psychiatry* 20:377–387.
53. Chung DW, Fish KN, Lewis DA (2016): Pathological basis for deficient excitatory drive to cortical parvalbumin interneurons in schizophrenia. *Am J Psychiatry* 173:1131–1139.
54. Georgiev D, Arion D, Enwright JF, Kikuchi M, Minabe Y, Corradi JP, *et al.* (2014): Lower gene expression for KCNS3 potassium channel subunit in parvalbumin-containing neurons in the prefrontal cortex in schizophrenia. *Am J Psychiatry* 171:62–71.
55. Hoftman GD, Volk DW, Bazmi HH, Li S, Sampson AR, Lewis DA (2015): Altered cortical expression of GABA-related genes in schizophrenia: Illness progression vs. developmental disturbance. *Schizophr Bull* 41:180–191.
56. Homayoun H, Moghaddam B (2007): NMDA receptor hypofunction produces opposite effects on prefrontal cortex interneurons and pyramidal neurons. *J Neurosci* 27:11496–11500.
57. Moghaddam B, Adams B, Verma A, Daly D (1997): Activation of glutamatergic neurotransmission by ketamine: A novel step in the pathway from NMDA receptor blockade to dopaminergic and cognitive disruptions associated with the prefrontal cortex. *J Neurosci* 17:2921–2927.
58. Stone JM, Dietrich C, Edden R, Mehta MA, De Simoni S, Reed LJ, *et al.* (2012): Ketamine effects on brain GABA and glutamate levels with ¹H-MRS: Relationship to ketamine-induced psychopathology. *Mol Psychiatry* 17:664–665.
59. Pinault D (2008): *N*-Methyl D-aspartate receptor antagonists ketamine and MK-801 induce wake-related aberrant gamma oscillations in the rat neocortex. *Biol Psychiatry* 63:730–735.
60. Hong LE, Summerfelt A, Buchanan RW, O'Donnell P, Thaker GK, Weiler MA, *et al.* (2010): Gamma and delta neural oscillations and association with clinical symptoms under subanesthetic ketamine. *Neuropsychopharmacology* 35:632–640.
61. Billingslea EN, Tatar-Leitman VM, Anguiano J, Jutzeler CR, Suh J, Saunders JA, *et al.* (2014): Parvalbumin cell ablation of NMDA-R1 causes increased resting network excitability with associated social and self-care deficits. *Neuropsychopharmacology* 39:1603–1613.
62. McGinley MJ, David SV, McCormick DA (2015): Cortical membrane potential signature of optimal states for sensory signal detection. *Neuron* 87:179–192.
63. Van Snellenberg JX, Girgis RR, Horga G, van de Giessen E, Slifstein M, Ojeil N, *et al.* (2016): Mechanisms of working memory impairment in schizophrenia. *Biol Psychiatry* 80:617–626.
64. Amsten AF, Wang M, Paspalas CD (2015): Dopamine's actions in primate prefrontal cortex: Challenges for treating cognitive disorders. *Pharmacol Rev* 67:681–696.
65. Mair RG, Hembrook JR (2008): Memory enhancement with event-related stimulation of the rostral intralaminar thalamic nuclei. *J Neurosci* 28:14293–14300.
66. Grossberg S (1984): Some normal and abnormal behavioral syndromes due to transmitter gating of opponent processes. *Biol Psychiatry* 19:1075–1118.
67. Grossberg S (2000): The imbalanced brain: From normal behavior to schizophrenia. *Biol Psychiatry* 48:81–98.
68. Driesen NR, Leung HC, Calhoun VD, Constable RT, Gueorguieva R, Hoffman R, *et al.* (2008): Impairment of working memory

- maintenance and response in schizophrenia: Functional magnetic resonance imaging evidence. *Biol Psychiatry* 64:1026–1034.
69. Driesen NR, McCarthy G, Bhagwagar Z, Bloch M, Calhoun V, D'Souza DC, *et al.* (2013): Relationship of resting brain hyperconnectivity and schizophrenia-like symptoms produced by the NMDA receptor antagonist ketamine in humans. *Mol Psychiatry* 18: 1199–1204.
 70. Driesen NR, McCarthy G, Bhagwagar Z, Bloch MH, Calhoun VD, D'Souza DC, *et al.* (2013): The impact of NMDA receptor blockade on human working memory-related prefrontal function and connectivity. *Neuropsychopharmacology* 38:2613–2622.
 71. Francis A, Msall M, Obringer E, Kelley K (2013): Children with autism spectrum disorder and epilepsy. *Pediatr Ann* 42:255–260.
 72. Brunel N, Wang XJ (2001): Effects of neuromodulation in a cortical network model of object working memory dominated by recurrent inhibition. *J Comput Neurosci* 11:63–85.
 73. Durstewitz D, Seamans JK, Sejnowski TJ (2000): Dopamine-mediated stabilization of delay-period activity in a network model of prefrontal cortex. *J Neurophysiol* 83:1733–1750.
 74. Arnsten AF, Girgis RR, Gray DL, Mailman RB (2017): Novel dopamine therapeutics for cognitive deficits in schizophrenia. *Biol Psychiatry* 81:67–77.
 75. Slifstein M, van de Giessen E, Van Snellenberg J, Thompson JL, Narendran R, Gil R, *et al.* (2015): Deficits in prefrontal cortical and extrastriatal dopamine release in schizophrenia: A positron emission tomographic functional magnetic resonance imaging study. *JAMA Psychiatry* 72:316–324.
 76. Arnsten AF, Jin LE (2014): Molecular influences on working memory circuits in dorsolateral prefrontal cortex. *Prog Mol Biol Transl Sci* 122:211–231.
 77. Krystal JH, Perry EB Jr., Gueorguieva R, Belger A, Madonick SH, Abi-Dargham A, *et al.* (2005): Comparative and interactive human psychopharmacologic effects of ketamine and amphetamine: Implications for glutamatergic and dopaminergic model psychoses and cognitive function. *Arch Gen Psychiatry* 62:985–994.
 78. Dursun SM, Deakin JF (2001): Augmenting antipsychotic treatment with lamotrigine or topiramate in patients with treatment-resistant schizophrenia: A naturalistic case-series outcome study. *J Psychopharmacol* 15:297–301.
 79. Tiihonen J, Hallikainen T, Ryyänänen O-P, Repo-Tiihonen E, Kotilainen I, Eronen M, *et al.* (2003): Lamotrigine in treatment-resistant schizophrenia: A randomized placebo-controlled crossover trial. *Biol Psychiatry* 54:1–6.
 80. Patil ST, Zhang L, Martenyi F, Lowe SL, Jackson KA, Andreev BV, *et al.* (2007): Activation of mGlu_{2/3} receptors as a new approach to treat schizophrenia: A randomized Phase 2 clinical trial. *Nat Med* 13: 1102–1107.
 81. Hoffman RE, Hampson M, Wu K, Anderson AW, Gore JC, Buchanan RJ, *et al.* (2007): Probing the pathophysiology of auditory/verbal hallucinations by combining functional magnetic resonance imaging and transcranial magnetic stimulation. *Cereb Cortex* 17:2733–2743.
 82. Goff DC, Keefe R, Citrome L, Davy K, Krystal JH, Large C, *et al.* (2007): Lamotrigine as add-on therapy in schizophrenia: Results of 2 placebo-controlled trials. *J Clin Psychopharmacol* 27:582–589.
 83. Stauffer VL, Millen BA, Andersen S, Kinon BJ, Lagrandeur L, Lindenmayer JP, *et al.* (2013): Pomaglumetad methionil: No significant difference as an adjunctive treatment for patients with prominent negative symptoms of schizophrenia compared to placebo. *Schizophr Res* 150:434–441.
 84. Adams DH, Zhang L, Millen BA, Kinon BJ, Gomez JC (2014): Pomaglumetad methionil (LY2140023 monohydrate) and aripiprazole in patients with schizophrenia: A phase 3, multicenter, double-blind comparison. *Schizophr Res Treat* 2014:758212.
 85. Downing AM, Kinon BJ, Millen BA, Zhang L, Liu L, Morozova MA, *et al.* (2014): A double-blind, placebo-controlled comparator study of LY2140023 monohydrate in patients with schizophrenia. *BMC Psychiatry* 14:351.
 86. Kinon BJ, Millen BA, Zhang L, McKinzie DL (2015): Exploratory analysis for a targeted patient population responsive to the metabotropic glutamate 2/3 receptor agonist pomaglumetad methionil in schizophrenia. *Biol Psychiatry* 78:754–762.
 87. Rao SG, Williams GV, Goldman-Rakic PS (1999): Isodirectional tuning of adjacent interneurons and pyramidal cells during working memory: Evidence for microcolumnar organization in PFC. *J Neurophysiol* 81:1903–1916.
 88. Rao SG, Williams GV, Goldman-Rakic PS (2000): Destruction and creation of spatial tuning by disinhibition: GABA-A blockade of prefrontal cortical neurons engaged by working memory. *J Neurosci* 20:485–494.
 89. Spanne A, Jorntell H (2015): Questioning the role of sparse coding in the brain. *Trends Neurosci* 38:417–427.
 90. Buzsaki G, Watson BO (2012): Brain rhythms and neural syntax: Implications for efficient coding of cognitive content and neuropsychiatric disease. *Dialogues Clin Neurosci* 14: 345–367.
 91. Wang XJ, Tegner J, Constantinidis C, Goldman-Rakic PS (2004): Division of labor among distinct subtypes of inhibitory neurons in a cortical microcircuit of working memory. *Proc Natl Acad Sci U S A* 101:1368–1373.
 92. Yang GR, Murray JD, Wang XJ (2016): A dendritic disinhibitory circuit mechanism for pathway-specific gating. *Nat Commun* 7: 12815.
 93. Lee AT, Gee SM, Vogt D, Patel T, Rubenstein JL, Sohal VS (2014): Pyramidal neurons in prefrontal cortex receive subtype-specific forms of excitation and inhibition. *Neuron* 81:61–68.
 94. Stefanelli T, Bertolini C, Luscher C, Muller D, Mendez P (2016): Hippocampal somatostatin interneurons control the size of neuronal memory ensembles. *Neuron* 89:1074–1085.
 95. Murray JD, Anticevic A, Gancsos M, Ichinose M, Corlett PR, Krystal JH, *et al.* (2014): Linking microcircuit dysfunction to cognitive impairment: Effects of disinhibition associated with schizophrenia in a cortical working memory model. *Cereb Cortex* 24:859–872.
 96. Lin AC, Bygrave AM, de Calignon A, Lee T, Miesenbock G (2014): Sparse, decorrelated odor coding in the mushroom body enhances learned odor discrimination. *Nat Neurosci* 17:559–568.
 97. Buzsaki G (2010): Neural syntax: Cell assemblies, synapse ensembles, and readers. *Neuron* 68:362–385.
 98. Sturgill JF, Isaacson JS (2015): Somatostatin cells regulate sensory response fidelity via subtractive inhibition in olfactory cortex. *Nat Neurosci* 18:531–535.
 99. Anand A, Charney DS, Oren DA, Berman RM, Hu XS, Cappiello A, *et al.* (2000): Attenuation of the neuropsychiatric effects of ketamine with lamotrigine: Support for hyperglutamatergic effects of N-methyl-D-aspartate receptor antagonists. *Arch Gen Psychiatry* 57: 270–276.
 100. Schmack K, Gomez-Carrillo de Castro A, Rothkirch M, Sekutowicz M, Rossler H, Haynes JD, *et al.* (2013): Delusions and the role of beliefs in perceptual inference. *J Neurosci* 33:13701–13712.
 101. Adams RA, Stephan KE, Brown HR, Frith CD, Friston KJ (2013): The computational anatomy of psychosis. *Front Psychiatry* 4:47.
 102. Yang GJ, Murray JD, Wang XJ, Glahn DC, Pearson GD, Repovs G, *et al.* (2016): Functional hierarchy underlies preferential connectivity disturbances in schizophrenia. *Proc Natl Acad Sci U S A* 113: E219–E228.
 103. Callicott JH, Bertolino A, Mattay VS, Langheim FJ, Duyn J, Coppola R, *et al.* (2000): Physiological dysfunction of the dorsolateral prefrontal cortex in schizophrenia revisited. *Cereb Cortex* 10: 1078–1092.
 104. Starc M, Murray JD, Santamauro N, Savic A, Diehl C, Cho YT, *et al.* (2017): Schizophrenia is associated with a pattern of spatial working memory deficits consistent with cortical disinhibition. *Schizophr Res* 181:107–116.
 105. Deserno L, Sterzer P, Wustenberg T, Heinz A, Schlagenhaut F (2012): Reduced prefrontal-parietal effective connectivity and working memory deficits in schizophrenia. *J Neurosci* 32:12–20.
 106. Javitt DC, Strous RD, Grochowski S, Ritter W, Cowan N (1997): Impaired precision, but normal retention, of auditory sensory (“echoic”) memory information in schizophrenia. *J Abnorm Psychol* 106:315–324.

107. March L, Cienfuegos A, Goldbloom L, Ritter W, Cowan N, Javitt DC (1999): Normal time course of auditory recognition in schizophrenia, despite impaired precision of the auditory sensory ("echoic") memory code. *J Abnorm Psychol* 108:69–75.
108. Gold JM, Hahn B, Zhang WW, Robinson BM, Kappenman ES, Beck VM, *et al.* (2010): Reduced capacity but spared precision and maintenance of working memory representations in schizophrenia. *Arch Gen Psychiatry* 67:570–577.
109. Corlett PR, Taylor JR, Wang XJ, Fletcher PC, Krystal JH (2010): Toward a neurobiology of delusions. *Prog Neurobiol* 92:345–369.
110. Corlett PR, Simons JS, Pigott JS, Gardner JM, Murray GK, Krystal JH, *et al.* (2009): Illusions and delusions: Relating experimentally-induced false memories to anomalous experiences and ideas. *Front Behav Neurosci* 3:53.
111. Javitt DC, Freedman R (2015): Sensory processing dysfunction in the personal experience and neuronal machinery of schizophrenia. *Am J Psychiatry* 172:17–31.
112. Krystal JH, Abi-Saab W, Perry E, D'Souza DC, Liu N, Gueorguieva R, *et al.* (2005): Preliminary evidence of attenuation of the disruptive effects of the NMDA glutamate receptor antagonist, ketamine, on working memory by pretreatment with the group II metabotropic glutamate receptor agonist, LY354740, in healthy human subjects. *Psychopharmacology (Berl)* 179:303–309.
113. Hebb DO (1949): *The Organization of Behavior*. New York: John Wiley.
114. Funahashi S, Chafee MV, Goldman-Rakic PS (1993): Prefrontal neuronal activity in rhesus monkeys performing a delayed anti-saccade task. *Nature* 365:753–756.
115. Sohal VS, Zhang F, Yizhar O, Deisseroth K (2009): Parvalbumin neurons and gamma rhythms enhance cortical circuit performance. *Nature* 459:698–702.
116. Spencer KM, Nestor PG, Niznikiewicz MA, Salisbury DF, Shenton ME, McCarley RW (2003): Abnormal neural synchrony in schizophrenia. *J Neurosci* 23:7407–7411.
117. Pratt J, Dawson N, Morris BJ, Grent-'t-Jong T, Roux F, Uhlhaas PJ (2017): Thalamo-cortical communication, glutamatergic neurotransmission and neural oscillations: A unique window into the origins of ScZ? *Schizophr Res* 180:4–12.
118. Hirano Y, Oribe N, Kanba S, Onitsuka T, Nestor PG, Spencer KM (2015): Spontaneous gamma activity in schizophrenia. *JAMA Psychiatry* 72:813–821.
119. Rivolta D, Heidegger T, Scheller B, Sauer A, Schaum M, Birkner K, *et al.* (2015): Ketamine dysregulates the amplitude and connectivity of high-frequency oscillations in cortical-subcortical networks in humans: Evidence from resting-state magnetoencephalography-recordings. *Schizophr Bull* 41:1105–1114.
120. Rotaru DC, Yoshino H, Lewis DA, Ermentrout GB, Gonzalez-Burgos G (2011): Glutamate receptor subtypes mediating synaptic activation of prefrontal cortex neurons: Relevance for schizophrenia. *J Neurosci* 31:142–156.
121. Wang HX, Gao WJ (2009): Cell type-specific development of NMDA receptors in the interneurons of rat prefrontal cortex. *Neuropsychopharmacology* 34:2028–2040.
122. Lu JT, Li CY, Zhao JP, Poo MM, Zhang XH (2007): Spike-timing-dependent plasticity of neocortical excitatory synapses on inhibitory interneurons depends on target cell type. *J Neurosci* 27:9711–9720.
123. Urban-Ciecko J, Barth AL (2016): Somatostatin-expressing neurons in cortical networks. *Nat Rev Neurosci* 17:401–409.
124. Pfeiffer CK, Xue M, He M, Huang ZJ, Scanziani M (2013): Inhibition of inhibition in visual cortex: The logic of connections between molecularly distinct interneurons. *Nat Neurosci* 16:1068–1076.
125. Scheyltjens I, Arckens L (2016): The current status of somatostatin-interneurons in inhibitory control of brain function and plasticity. *Neural Plast* 2016:8723623.
126. Chiu CQ, Lur G, Morse TM, Carnevale NT, Ellis-Davies GC, Higley MJ (2013): Compartmentalization of GABAergic inhibition by dendritic spines. *Science* 340:759–762.
127. Stokes CC, Teeter CM, Isaacson JS (2014): Single dendrite-targeting interneurons generate branch-specific inhibition. *Front Neural Circuits* 8:139.
128. Lisman JE, Jensen O (2013): The theta-gamma neural code. *Neuron* 77:1002–1016.
129. Alekseichuk I, Turi Z, Amador de Lara G, Antal A, Paulus W (2016): Spatial working memory in humans depends on theta and high gamma synchronization in the prefrontal cortex. *Curr Biol* 26:1513–1521.
130. Lega B, Burke J, Jacobs J, Kahana MJ (2016): Slow-theta-to-gamma phase-amplitude coupling in human hippocampus supports the formation of new episodic memories. *Cereb Cortex* 26:268–278.
131. O'Keefe J, Recce ML (1993): Phase relationship between hippocampal place units and the EEG theta rhythm. *Hippocampus* 3:317–330.
132. Ekstrom AD, Meltzer J, McNaughton BL, Barnes CA (2001): NMDA receptor antagonism blocks experience-dependent expansion of hippocampal "place fields". *Neuron* 31:631–638.
133. Dragoi G, Tonegawa S (2013): Development of schemas revealed by prior experience and NMDA receptor knock-out. *eLife* 2:e01326.
134. Sun L, Castellanos N, Grutzner C, Koethe D, Rivolta D, Wibrall M, *et al.* (2013): Evidence for dysregulated high-frequency oscillations during sensory processing in medication-naive, first episode schizophrenia. *Schizophr Res* 150:519–525.
135. Kihara K, Rissling AJ, Swerdlow NR, Braff DL, Light GA (2012): Hierarchical organization of gamma and theta oscillatory dynamics in schizophrenia. *Biol Psychiatry* 71:873–880.
136. Koutsoukos E, Angelopoulos E, Maillis A, Papadimitriou GN, Stefanis C (2013): Indication of increased phase coupling between theta and gamma EEG rhythms associated with the experience of auditory verbal hallucinations. *Neurosci Lett* 534:242–245.
137. Katona I, Sperlagh B, Magloczky Z, Santha E, Kofalvi A, Czirkak S, *et al.* (2000): GABAergic interneurons are the targets of cannabinoid actions in the human hippocampus. *Neuroscience* 100:797–804.
138. Robbe D, Buzsáki G (2009): Alteration of theta timescale dynamics of hippocampal place cells by a cannabinoid is associated with memory impairment. *J Neurosci* 29:12597–12605.
139. Robbe D, Montgomery SM, Thome A, Rueda-Orozco PE, McNaughton BL, Buzsáki G (2006): Cannabinoids reveal importance of spike timing coordination in hippocampal function. *Nat Neurosci* 9:1526–1533.
140. Carter E, Wang XJ (2007): Cannabinoid-mediated disinhibition and working memory: Dynamical interplay of multiple feedback mechanisms in a continuous attractor model of prefrontal cortex. *Cereb Cortex* 17(Suppl 1):i16–i26.
141. Dragoi G, Buzsáki G (2006): Temporal encoding of place sequences by hippocampal cell assemblies. *Neuron* 50:145–157.
142. Anticevic A, Gancsos M, Murray JD, Repovs G, Driesen NR, Ennis DJ, *et al.* (2012): NMDA receptor function in large-scale anticorrelated neural systems with implications for cognition and schizophrenia. *Proc Natl Acad Sci U S A* 109:16720–16725.
143. Whitfield-Gabrieli S, Thermenos HW, Milanovic S, Tsuang MT, Faraone SV, McCarley RW, *et al.* (2009): Hyperactivity and hyperconnectivity of the default network in schizophrenia and in first-degree relatives of persons with schizophrenia. *Proc Natl Acad Sci U S A* 106:1279–1284.
144. Lynall ME, Bassett DS, Kerwin R, McKenna PJ, Kitzbichler M, Muller U, *et al.* (2010): Functional connectivity and brain networks in schizophrenia. *J Neurosci* 30:9477–9487.
145. Lo CY, Su TW, Huang CC, Hung CC, Chen WL, Lan TH, *et al.* (2015): Randomization and resilience of brain functional networks as systems-level endophenotypes of schizophrenia. *Proc Natl Acad Sci U S A* 112:9123–9128.
146. Yang GJ, Murray JD, Repovs G, Cole MW, Savic A, Glasser MF, *et al.* (2014): Altered global brain signal in schizophrenia. *Proc Natl Acad Sci U S A* 111:7438–7443.
147. Hamm JP, Gilmore CS, Clementz BA (2012): Augmented gamma band auditory steady-state responses: Support for NMDA hypo-function in schizophrenia. *Schizophr Res* 138:1–7.
148. Molina V, Bachiller A, Suazo V, Lubeiro A, Poza J, Hornero R (2016): Noise power associated with decreased task-induced variability of

Impaired Tuning of Cortical Activity in Schizophrenia

- brain electrical activity in schizophrenia. *Eur Arch Psychiatry Clin Neurosci* 266:55–61.
149. Feinberg I, Guazzelli M (1999): Schizophrenia—a disorder of the corollary discharge systems that integrate the motor systems of thought with the sensory systems of consciousness. *Br J Psychiatry* 174:196–204.
 150. Hiatt JF, Floyd TC, Katz PH, Feinberg I (1985): Further evidence of abnormal non-rapid-eye-movement sleep in schizophrenia. *Arch Gen Psychiatry* 42:797–802.
 151. Ferrarelli F, Huber R, Peterson MJ, Massimini M, Murphy M, Riedner BA, *et al.* (2007): Reduced sleep spindle activity in schizophrenia patients. *Am J Psychiatry* 164:483–492.
 152. Olcese U, Esser SK, Tononi G (2010): Sleep and synaptic renormalization: A computational study. *J Neurophysiol* 104: 3476–3493.
 153. Vyazovskiy VV, Cirelli C, Pfister-Genskow M, Faraguna U, Tononi G (2008): Molecular and electrophysiological evidence for net synaptic potentiation in wake and depression in sleep. *Nat Neurosci* 11: 200–208.
 154. Manoach DS, Cain MS, Vangel MG, Khurana A, Goff DC, Stickgold R (2004): A failure of sleep-dependent procedural learning in chronic, medicated schizophrenia. *Biol Psychiatry* 56: 951–956.