

Effects of anticholinergic drugs selective for muscarinic receptor subtypes on prepulse inhibition in mice

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Abstract

The effects of anticholinergic drugs selective for muscarinic receptor subtypes on prepulse inhibition of acoustic startle response were determined in mice. The prepulse inhibition is associated with sensorimotor information processing in the brain. The anticholinergic agent scopolamine (0.3 mg/kg, s.c.) significantly attenuated prepulse inhibition, while the drug (1–10 mg/kg, s.c.) had no effects on startle amplitude as an indicator of startle response. The muscarinic M₁ receptor antagonist pirenzepine (0.1–10 µg/mouse, i.c.v.) and the muscarinic M₂ receptor antagonist AF-DX116 (11-[[2-[(diethylamino)methyl]-1-piperidinyl]acetyl]-5,11-dihydro-6H-pyrido[2,3-b][1,4]benzodiazepin-6-one) (0.1–10 µg/mouse, i.c.v.) had no effects on prepulse inhibition or startle amplitude. The muscarinic M₃ receptor antagonist 4-DAMP (1,1-dimethyl-4-diphenylacetoxy-piperidinium iodide) (30 µg/mouse, i.c.v.) and the muscarinic M₄ receptor antagonist tropicamide (0.1 µg/mouse, i.c.v.) significantly attenuated prepulse inhibition, while tropicamide (0.01 µg/mouse, i.c.v.) but not 4-DAMP (10 and 30 µg/mouse, i.c.v.) produced a significant increase in startle amplitude. These results suggest that the blockade of muscarinic M₃ and M₄ receptors leads to the disruption of prepulse inhibition.

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1. Introduction

The startle response induced by acoustic stimulation has been demonstrated to be inhibited by prior acoustic stimulation with relatively small sound. This phenomenon is named prepulse inhibition, which is associated with sensorimotor information processing in the brain (Varty et al., 2001).

The prepulse inhibition has been reported to be impaired in schizophrenic patients (Braff et al., 1992). In particular, the nonselective dopamine receptor agonist apomorphine and the *N*-methyl-D-aspartate (NMDA) receptor antagonist dizocilpine have been shown to impair prepulse inhibition in rodents (Mansbach et al., 1988; Mansbach and Geyer, 1989), while antipsychotic drugs improve the impairment of prepulse inhibition (Swerdlow and Geyer, 1993). The dysregulation of dopamine and glutamate is generally considered to be central to the symptom of schizophrenia and the disturbance of prepulse inhibition. In contrast, there are multiple lines of

evidence suggesting the possible involvement of muscarinic cholinergic systems in the mechanisms of prepulse inhibition with acoustic startle response. Although the original findings with carbachol have been reported by Caine et al. (1992), carbachol dose-dependently enhances prepulse inhibition and attenuates startle amplitude. Scopolamine dose-dependently reduces prepulse inhibition and enhances startle amplitude (Jones and Shannon, 2000a; Geyer et al., 2001). Furthermore, trihexyphenidyl and benztropine have been demonstrated to significantly decrease prepulse inhibition, although muscarinic receptor agonists, such as pilocarpine, oxotremorine, and arecholine, as well as the cholinesterase inhibitors physostigmine and tacrine, have no effects on prepulse inhibition (Jones and Shannon, 2000b). Recently, the muscarinic receptor agonist xanomeline dose-dependently reverses the apomorphine-induced disruption of prepulse inhibition (Stanhope et al., 2001). At present, however, the contribution of muscarinic receptor subtypes to prepulse inhibition is inconclusive in rodents, particularly in rats.

In an attempt to further clarify the involvement of acetylcholine receptor subtypes in prepulse inhibition in mice, the

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effects of the muscarinic M_1 receptor-preferring antagonist pirenzepine (Ukai et al., 1995, 1997; Eglen et al., 1996), the muscarinic M_2 receptor-preferring antagonist AF-DX116 (11-[[2-diethylamino-*O*-methyl]-1-piperidinyl]acetyl)-5,11-dihydro-6*H*-pyrido[2,3-*b*][1,4]benzodiazepine-6-one) (Baratti et al., 1993; Billard et al., 1995), the muscarinic M_3 receptor-preferring antagonist 4-DAMP (1,1-dimethyl-4-diphenylacetoxy-piperidinium iodide) (Michel et al., 1989), and the muscarinic M_4 receptor-preferring antagonist tropicamide (Lazareno et al., 1990), in addition to the anticholinergic agent scopolamine, on prepulse inhibition and startle amplitude, which is an indicator of startle response, were determined in mice, although it is possible that the pharmacology of prepulse inhibition in mice is very different from rats in many ways.

2. Materials and methods

2.1. Animals

Male mice of ddY strain aged 6–8 weeks (Japan SLC, Hamamatsu, Shizuoka, Japan) were used in the study. Animals were at least kept for 4 days before starting the experiment. The temperature ($24 \pm 1\%$), humidity ($55 \pm 5\%$), and 12-h light/dark cycle (light period: 0730–1930 h) were set. Water and food were freely available. In addition, all efforts were made to minimize animal suffering, and to reduce the number of animals used according to the guiding principles for the care and use of laboratory animals approved by Faculty of Pharmacy, Meijo University and by the Japanese Pharmacological Society.

2.2. Drugs

Scopolamine hydrobromide (Sigma, St. Louis, USA), pirenzepine dihydrochloride, AF-DX116, 4-DAMP, and tropicamide (Tocris Cookson, Bristol, UK) were used. Drugs such as pirenzepine, AF-DX116, 4-DAMP, and tropicamide were dissolved in 0.9% isotonic saline solution (Otsuka Pharmaceutical, Tokyo, Japan) and injected 5 μ l/mouse at a rate of 1 μ l/10 s into the cerebral ventricle under ether (Wako, Osaka, Japan) anesthesia. The intracerebroventricular (i.c.v.) injection was made with a 4-mm-long needle (30 gauge) attached to a 50- μ l Hamilton microsyringe according to the method of Haley and McCormick (1957). Scopolamine was subcutaneously administered 0.1 ml/10 g body weight. Scopolamine and pirenzepine were administered 30 min before putting mice into the holder, while AF-DX116, 4-DAMP, and tropicamide were administered 15 min before putting into the holder. The doses of cholinergic antagonists used in this study were lifted from previous reports (Ukai et al., 1995; Jones and Shannon, 2000b). In contrast, there is no context for the dose selection in the case of tropicamide because the reports on tropicamide result from *in vitro* assays (Rinken, 1995).

2.3. Apparatus

Startle chambers (SR-LAB; San Diego Instruments, San Diego, CA, USA) consisted of nonrestrictive Plexiglas cylinders, 3.8 cm in diameter and 13 cm long, resting on a Plexiglas platform in a ventilated and well-lit chamber connecting with a measurement cage containing a signal amplification sensor (Ukai and Okuda, 2003). A high-frequency speaker mounted 33 cm above the cylinder produced all acoustic stimuli. A piezoelectric accelerometer was mounted under each cylinder and detected transduced animal movements. A computer and interface assembly digitized and stored the data. A dynamic calibration system (SR-LAB; San Diego Instruments) was used to ensure comparable sensitivities across chambers. Sound levels were measured in decibels. The background white noise was 70 dB in the soundproof box of the loudspeaker from the upper part of the measurement cage.

2.4. Test session

Six different trial types were presented in the test session: 40-ms broadband 87-dB (prepulse-alone trial) and 118-dB (pulse-alone trial) bursts; three different prepulse (pp) + pulse (p) trials in which 40-ms-long 10-dB (pp10p118), 13-dB (pp13p118), or 17-dB (pp17p118) stimuli above a 70-dB background white noise preceded the 118-dB pulse by 100 ms (onset to onset); and a no-stimulus trial, in which only the background white noise was presented (Ukai and Okuda, 2003). Thus, the six trial types presented were: pulse alone; prepulse alone; pp10p118; pp13p118; pp17p118; and no stimulus. Each of the six different trial types was presented in a random order eight times. An intertrial interval was 30 s. The test session consisted of 48 trials. The session began with a 5-min acclimation period followed by test session. The vibration was examined 100 ms after auditory stimulation (pulse) as startle amplitude. The prepulse inhibition was obtained as follows: $\text{prepulse inhibition} = \{[\text{pulse-alone response} - (\text{prepulse} + \text{pulse response})]/(\text{pulse-alone response})\} \times 100$. In addition, the effects of drugs on startle amplitude were obtained after stimulation of pulse alone.

2.5. Statistical analysis

All of the results were expressed as mean \pm S.E.M., and analyzed by Kruskal–Wallis analysis of variance by ranks. If there were significant *H* values, *post-hoc* comparisons were made using nonparametric Bonferroni/Dunn's multiple comparison test (two-tailed).

3. Results

3.1. Effects of scopolamine

Scopolamine (0.3 mg/kg, s.c.) significantly decreased prepulse inhibition [$H = 12.633$, $P < 0.05$], but the drug

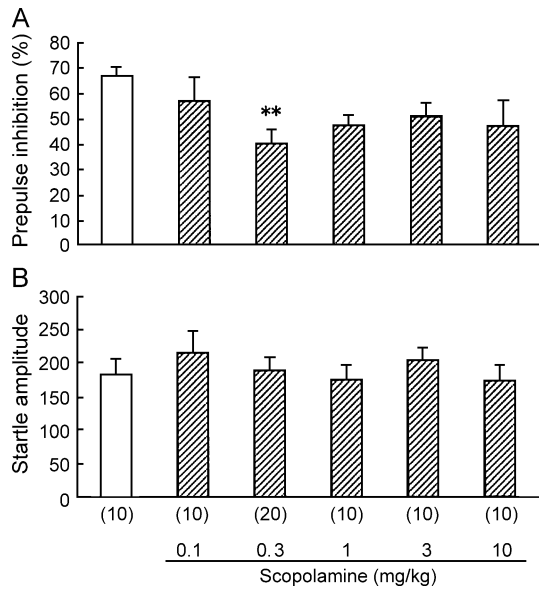


Fig. 1. Effects of scopolamine on prepulse inhibition (A) and startle amplitude (B) in mice. Each value represents the mean \pm S.E. Scopolamine (s.c.) was given to mice 30 min before measurements. The number of mice used is shown in parentheses. ** $P < 0.01$ vs. control.

(0.1–10 mg/kg, s.c.) failed to affect startle amplitude [$H = 2.091$, $P > 0.05$] (Fig. 1). Although all groups except the case of 0.3 mg/kg scopolamine consisted of 10 mice, a 0.3-mg/kg dose of scopolamine was administered to 20, but not 10, mice in an attempt to obtain conclusive results.

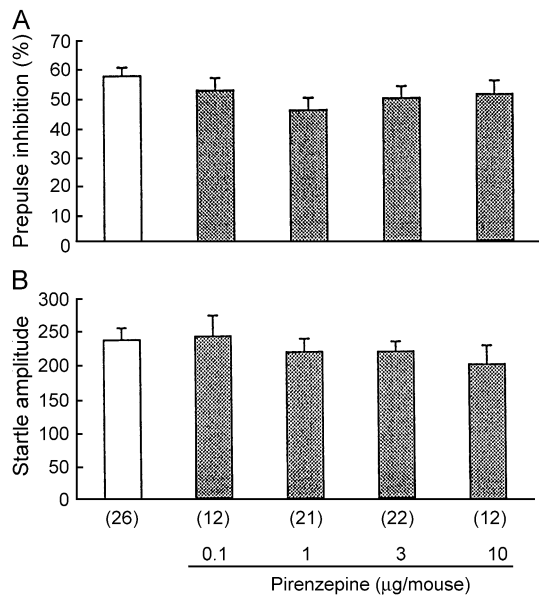


Fig. 2. Effects of pirenzepine on prepulse inhibition (A) and startle amplitude (B) in mice. Each value represents the mean \pm S.E. Pirenzepine (i.c.v.) was given to mice 30 min before measurements. The number of mice used is shown in parentheses.

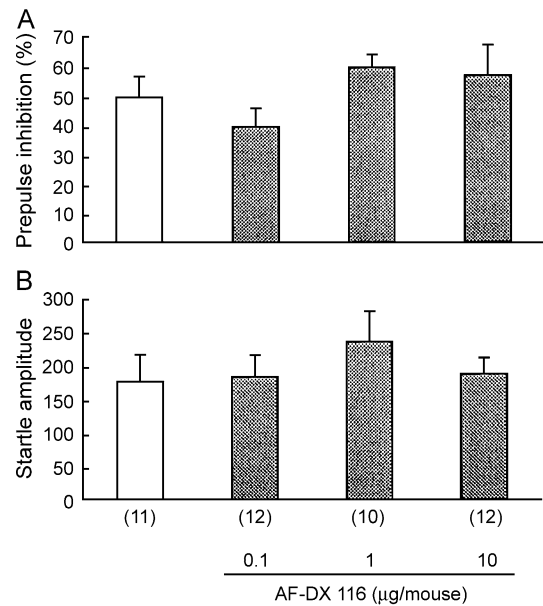


Fig. 3. Effects of AF-DX116 on prepulse inhibition (A) and startle amplitude (B) in mice. Each value represents the mean \pm S.E. AF-DX116 (i.c.v.) was given to mice 15 min before measurements. The number of mice used is shown in parentheses.

3.2. Effects of selective antagonists for cholinergic receptor subtypes

Pirenzepine (0.1–10 µg/mouse, i.c.v.) failed to affect prepulse inhibition [$H = 1.238$, $P > 0.05$] or startle amplitude [$H = 0.053$, $P > 0.05$] (Fig. 2). AF-DX116 (0.1–10 µg/mouse, i.c.v.) hardly influenced prepulse inhibition [$H = 6.225$,

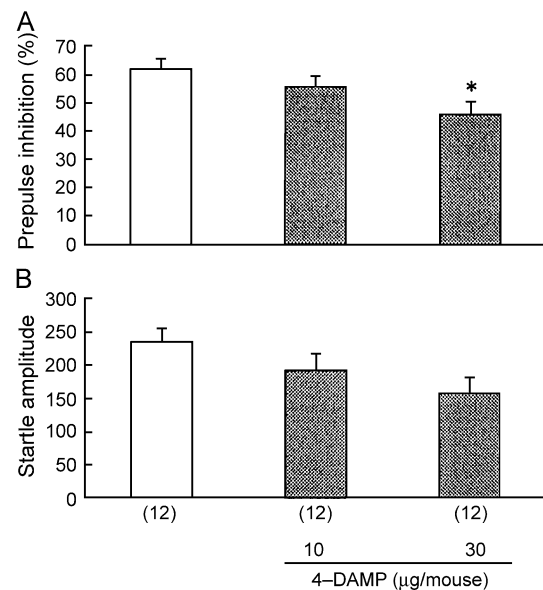


Fig. 4. Effects of 4-DAMP on prepulse inhibition (A) and startle amplitude (B) in mice. Each value represents the mean \pm S.E. 4-DAMP (i.c.v.) was given to mice 15 min before measurements. The number of mice used is shown in parentheses. * $P < 0.05$ vs. control.

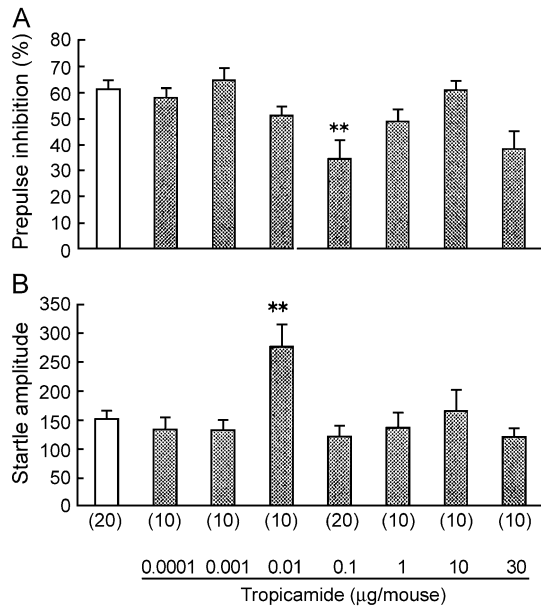


Fig. 5. Effects of tropicamide on prepulse inhibition (A) and startle amplitude (B) in mice. Each value represents the mean \pm S.E. Tropicamide (i.c.v.) was given to mice 15 min before measurements. The number of mice used is shown in parentheses. ** $P < 0.01$ vs. control.

$P > 0.05$] or startle amplitude [$H = 1.376$, $P > 0.05$] (Fig. 3). 4-DAMP (30 $\mu\text{g}/\text{mouse}$, i.c.v.) significantly decreased prepulse inhibition [$H = 6.343$, $P < 0.05$] but not startle amplitude [$H = 5.416$, $P > 0.05$] (Fig. 4). Tropicamide (0.1 $\mu\text{g}/\text{mouse}$, i.c.v.) significantly decreased prepulse inhibition [$H = 22.032$, $P < 0.01$], while it (0.01 $\mu\text{g}/\text{mouse}$, i.c.v.) significantly increased startle amplitude [$H = 14.304$, $P < 0.01$] (Fig. 5).

4. Discussion

Prepulse inhibition is one of the models of sensorimotor information processing (Swerdlow et al., 1992). Although prepulse inhibition is relevant to various nervous systems in the brain (Furuya et al., 1999; Klammer et al., 2001), there are multiple lines of evidence suggesting the possible involvement of muscarinic cholinergic systems in the mechanisms of prepulse inhibition of acoustic startle response (Fendt and Koch, 1999; Jones and Shannon, 2000a,b; Stanhope et al., 2001). In this study, the result that the anticholinergic agent scopolamine (0.3 mg/kg, s.c.) impaired prepulse inhibition is in accord with previous reports in rats (Jones and Shannon, 2000a, b). Although the effects of scopolamine on prepulse inhibition were not dose-dependent, the finding is consistent with a previous report (Fendt and Koch, 1999). This nonlinear dose–response curve for scopolamine demands cautious interpretation of our data. We have no exact explanation for the observation that scopolamine at higher doses does not influence prepulse inhibition. Although scopolamine has been shown to have a slightly

higher affinity for the M_3 receptor subtype with a twofold to threefold lower affinity for other muscarinic receptor subtypes (Bolden et al., 1992), higher doses of scopolamine might affect different types of muscarinic receptors, resulting in nonsignificant effects of scopolamine.

Since the muscarinic M_1 receptor subtype has previously been postulated to be important in cognition (Ukai et al., 1995, 1997), it might be expected that muscarinic M_1 receptor-preferring antagonists would be most effective in disrupting prepulse inhibition. However, the muscarinic M_1 receptor-preferring antagonist pirenzepine (0.1–10 $\mu\text{g}/\text{mouse}$) and the muscarinic M_2 receptor-preferring antagonist AF-DX116 (0.1–10 $\mu\text{g}/\text{mouse}$) did not influence prepulse inhibition or startle amplitude, suggesting that muscarinic M_1 and M_2 receptors are not closely involved in prepulse inhibition. The doses of pirenzepine used were identical with those used in a previous study (Ukai et al., 1995, 1997). The higher doses of pirenzepine and AF-DX116 were not examined because it is likely that the specific effects reduce. In particular, the doses of anticholinergic agents used in the present study were almost equivalent to, or far beyond, those used in previous studies (Taira, 1998; Ukai et al., 1995, 1997).

In contrast, the muscarinic M_3 receptor-preferring antagonist 4-DAMP (30 $\mu\text{g}/\text{mouse}$) and the muscarinic M_4 receptor-preferring antagonist tropicamide (0.1 $\mu\text{g}/\text{mouse}$) significantly impaired prepulse inhibition. The stimulation of muscarinic M_3 receptors has been reported to inhibit the release of glutamate in the striatum (Niittykoski et al., 1999), implying the possibility that the blockade of muscarinic M_3 receptors with 4-DAMP facilitates the release of glutamate, leading to the enhancement of glutamatergic neurotransmission in the brain. However, there seems to be a discrepancy because the nonselective NMDA receptor antagonist dizocilpine inhibits prepulse inhibition, suggesting that NMDA does not play a major role in the effects of 4-DAMP. It is, moreover, likely that 4-DAMP affects muscarinic M_1 besides M_3 receptors (Michel et al., 1989). Since the present result demonstrates that pirenzepine failed to affect prepulse inhibition, it is unlikely that muscarinic M_1 receptors contribute to the effects of 4-DAMP.

Tropicamide is considered to be a muscarinic M_4 receptor-specific ligand with relatively high affinity for M_1 (Rinken, 1995). Since the results show that pirenzepine (0.1–10 μg), a muscarinic M_1 receptor-preferring antagonist, had no significant effects on prepulse inhibition, the effects of tropicamide are associated with muscarinic M_4 receptor. It is very likely that the nonlinear dose effects reflect not only different types of receptors, but different locations within the regulatory circuitry of prepulse inhibition. For example, muscarinic receptors in the hippocampus, striatum, septum, and pedunculopontine nucleus probably all impact prepulse inhibition in different ways. When the drugs are given systemically, all sites are affected.

The startle amplitude is an indicator of startle response, which is elicited by sudden intense acoustic stimulation and

is composed of a twitch of facial, neck, and limb muscles (Fendt and Koch, 1999). Although scopolamine, pirenzepine, AF-DX116, and 4-DAMP were without any effects on startle amplitude, tropicamide exclusively at a dose of 0.01 µg/mouse increased startle amplitude. Scopolamine has been reported to produce nonsignificant effects on startle amplitude (Jones and Shannon, 2000b), whereas, to date, there are no reports regarding the effects of tropicamide on it. The lack of dose-dependent effects of tropicamide on startle amplitude remains to be determined.

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