

## Effects of Intra-accumbens Administration of Dopamine Agonists on Stress-induced Behavioural Deficit

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**Abstract**—The effect of post-footshock injections of (+)-amphetamine, the selective D<sub>2</sub>-receptor agonist quinpirole (LY 171555), and the D<sub>2</sub>-receptor antagonist metoclopramide, into the nucleus accumbens, on the formation of the open field deficit, has been studied 24 h later. Microinjections of (+)-amphetamine (10 µg) stimulated rat locomotor activity tested 5 min later, while quinpirole (10 µg) significantly inhibited animal motility in the test. The open field behaviour was not changed 24 h after injection of either drug. Amphetamine applied immediately after inescapable footshock did not modify stress-induced locomotor depression, when the rats' behaviour was examined 24 h later. On the other hand, post-shock injections of quinpirole significantly attenuated the long-term effects of the stressor, in the open field. Metoclopramide (10 µg) inhibited rat locomotor activity 5 min, but not 24 h, after local injection. Administration of a solution containing both quinpirole (10 µg) and metoclopramide (1 µg) decreased motor activity of unstressed rats to a smaller degree than did quinpirole (10 µg) alone. Post-footshock injection of metoclopramide did not affect stress-induced hypomotility. It is concluded that the present data support the hypothesis that local depletion of brain dopaminergic stores causes some behavioural effects of stressors.

Brain dopaminergic systems have been thought to be involved in the vegetative, hormonal and behavioural effects of various stressors (Anisman & Zacharko 1982; Pare & Glavin 1986; Robinson et al 1987; Płażnik et al 1988; Ray et al 1988). It is believed that dopaminergic innervation of the telencephalic limbic structures including the nucleus accumbens septi (NAS), amygdala and medial prefrontal cortex, plays a pivotal role in the central processes evoked by stress (Bannon & Roth 1983; Deutsch et al 1985; Kamata et al 1986; Bowers et al 1987; Robinson et al 1987; Ray et al 1988). For example, it has been shown that inescapable footshock stimulates dopamine turnover rate in the nucleus accumbens (Robinson et al 1987), and that it suppresses the rate of response for intracranial self-stimulation from this brain area (Bowers et al 1987). Moreover, intra-accumbens injections of a D<sub>2</sub>-receptor antagonist attenuated the disinhibitory effect of desipramine in the forced swim test (Cervo & Samanin 1987). The effects comparable to that of inescapable shock (a deficit of escape performance) were produced by  $\alpha$ -methyl-p-tyrasine ( $\alpha$ MPT), reserpine and haloperidol, while (-)-dopa antagonized the escape deficit after dopamine and noradrenaline depletion (Anisman et al 1979).

From these and other data it has been hypothesized that 'when amine utilization is appreciably increased by stressors and exceeds synthesis, it may result in a net reduction of amine stores, thus promoting an appearance of central nervous dysfunctions' (Anisman & Zacharko 1982). On the other hand chronic stress was found to stimulate some adaptatory processes in the brain catecholaminergic systems, e.g. an enhancement of tyrosine hydroxylase activity (Stone & McCarty 1983). It is also noteworthy that though depletion of whole brain dopamine is not evident after an inescapable stressor, dopamine decrease can be found in

some more discrete brain areas (Kvetnansky et al 1976; Blanc et al 1980). (+)-Amphetamine, a dopamine releaser, administered both before and after the footshock session, significantly attenuated depression of rat motor activity, while the effect of the stressor was strongest in the chlorpromazine-pretreated group (Płażnik et al 1988). All these data point to a role of local dopamine depletion in the development of stress-induced behavioural deficits.

In the present experiment we have studied the contribution of accumbens dopaminergic innervation to the footshock-induced locomotor deficit in the open field test, examined 24 h after a single exposure of animals to stress. Such a treatment is known to decrease rat activity in the open field and forced swim tests, studied 24 h after a shock session (Weiss et al 1981; Prince & Anisman 1984; Płażnik et al 1988). To test the hypothesis advanced by Anisman & Zacharko (1982), we have injected locally (nucleus accumbens septi) (+)-amphetamine as well as a selective D<sub>2</sub>-receptor agonist, quinpirole, and a D<sub>2</sub>-receptor antagonist, metoclopramide, immediately after exposure of animals to the stressor, i.e. in the period of time believed to be important for formation of behavioural deficits (Kamata et al 1986; Płażnik et al 1988).

### Materials and Methods

Male Wistar rats, 200 ± 20 g, were bought from a licensed breeder. After implantation the animals were kept in wire-mesh cages (30 × 30 × 20 cm) to avoid damage to the socket, with free access to food and water.

The rats were operated upon under light ethyl ether anaesthesia. The socket with two guide cannulae (0.7 mm ext. dia.) was placed stereotaxically according to the atlas of rat brain (Pellegrino et al 1967) (A 9.5 mm; L 1.5 mm; V 5.5 mm; incisor bar 5.5 mm above the i.a.l.) 1 mm above the nucleus accumbens septi (NAS), and fixed to the skull with

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metal screws and dental acrylic cement. Seven days later the rats were subjected to behavioural testing.

Microinjections were given bilaterally to the NAS with two Hamilton microsyringes connected via polyethylene tubing to two metal injection needles (0.3 mm ext. dia.) inserted 1.0 mm below the tip of the guide cannula, i.e. at the level of the commissura anterior (Fig. 1). (+)-Amphetamine sulphate (Astra), quinpirole hydrochloride (LY 171555, Eli Lilly), and metoclopramide hydrochloride (Polfa) were dissolved in distilled water immediately before their administration and were given bilaterally (10 µg in 0.5 µL per side) over 30 s. The control rats received injections of distilled water. The injection needles remained in place for an additional 30 s before they were removed and the stylets replaced. Behavioural tests were started 5 min or 24 h after intracerebral drug injection, and/or 24 h after the inescapable shock session. Each rat was injected twice, at the most. Injections (first distilled water, second drug solution, or vice versa) were separated by an interval of 7 days.

Electric footshock stressor was administered in Plexiglas cages (20 × 25 × 25 cm) with a stainless steel grid floor connected to the programmable electric stimulator (COTM, Białystok). Rats were placed separately in cages and shocks were delivered for 60 min, every 10–50 s (30 s on average) (2.0 mA, 10 s long trains of impulses). Special attention was paid to avoid short circuits, due to cage dirtiness or animals' adaptive posture (clinging to the walls), terminating the shock delivery. Control rats were subjected to a similar procedure, except that no electric footshock was given. In this part of the experiment microinjections were given immediately after footshock session, and behavioural testing was started 24 h later. Each animal was tested only once.

The open field test was performed 24 h after inescapable shock treatment in the same room where the rats were previously subjected to the stressor. The open field performance was examined in a rectangular box (80 × 80 × 20 cm) with the floor divided into 16 smaller squares. The number of

squares crossed during 5 min was taken as a measure of locomotor activity. Animal testing was performed in a sound proof chamber under dim light and white noise conditions, by a person who did not know the schedule of drug- and treatment-administration.

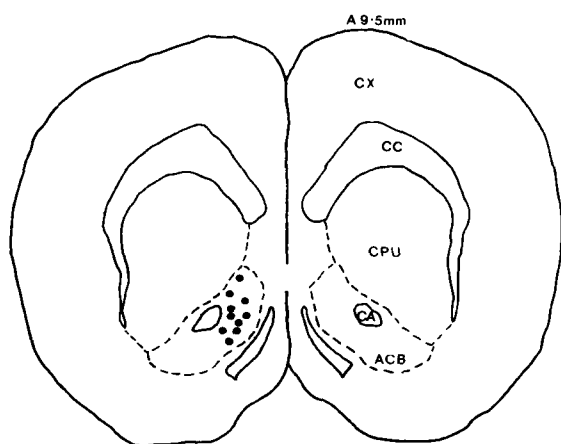


FIG. 1. A schematic drawing showing the typical and accepted dispersion of the sites of microinjections in the NAS. These data refer to both accumbens nuclei. The data have been taken from 10, not preselected, successive rats (closed circles) from the part of the experiments using (+)-amphetamine. CX—cortex; CA—commissura anterior; ACB—nucleus accumbens; CPU—nucleus caudatus, CC—corpus callosum.

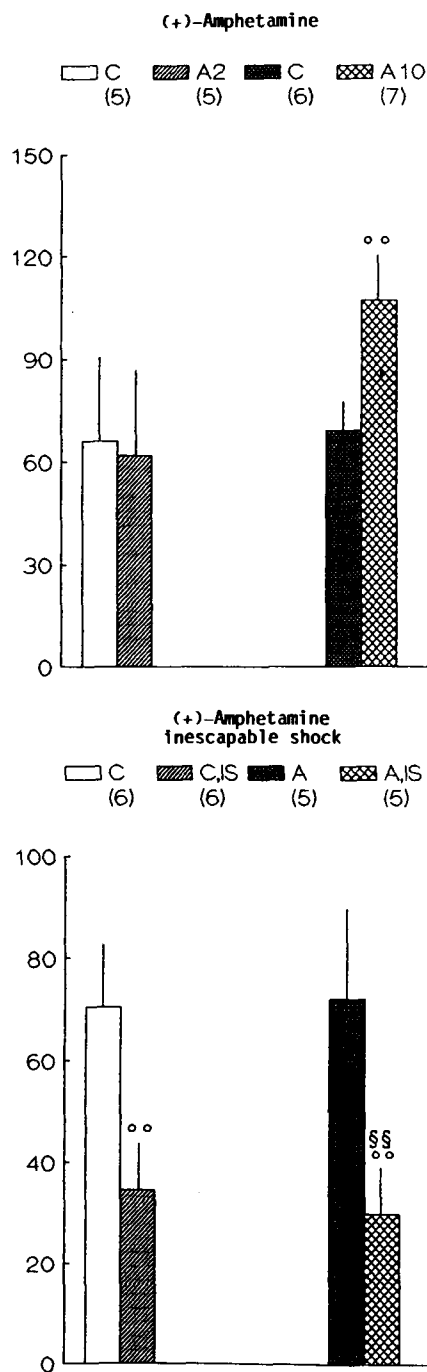


FIG. 2. The effect of intra-accumbens injections of (+)-amphetamine upon rat motility in the open field test. Top part of the figure—behavioural testing 5 min after drug microinjection; bottom part of the figure—behavioural testing 24 h after footshock and microinjections; ordinate—number of squares crossed; C—control; A2—(+)-amphetamine is 2 µg otherwise 10 µg; IS—inescapable footshock; number of rats is shown in parenthesis; o—differs from control group; §—differs from amphetamine group. oo, §§ =  $P < 0.01$ .

At the end of the experiment, the animals were killed, their forebrains stored in 5% formalin and then dissected into 40  $\mu\text{m}$  slices and inspected with the aid of Meoflex (40x) to establish the site of injection. The apparatus comprised a magnifying glass and a slide projector.

All data are expressed as mean  $\pm$  s.e. The statistical analysis of the results was performed with one-way ANOVA

followed by Duncan's Multiple Range Test for independent measurements, or Student's *t*-test (two-tailed).

### Results

Histological analysis showed that the sites of injection were in the central region of NAS, confirming our previous

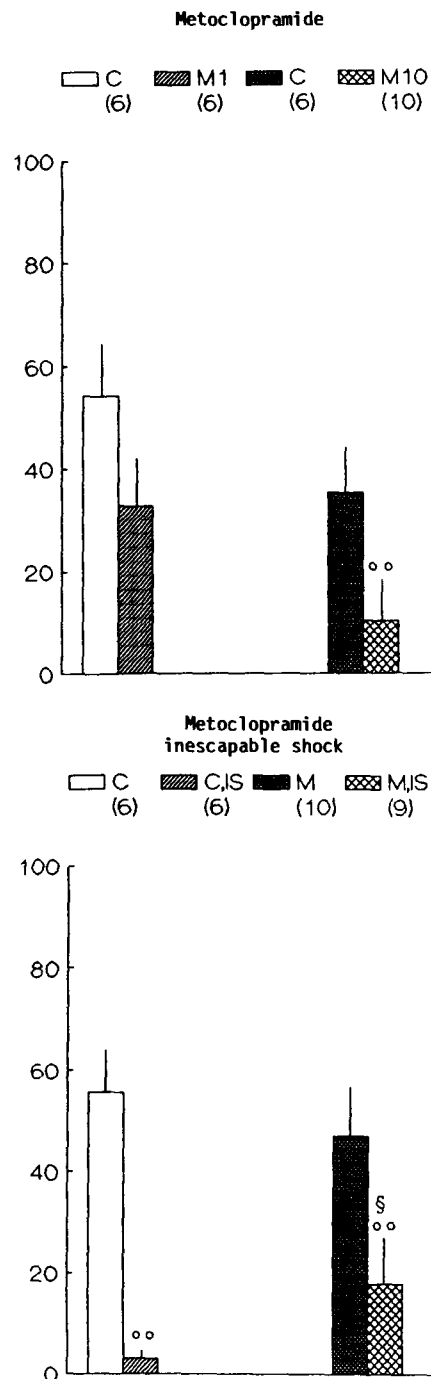
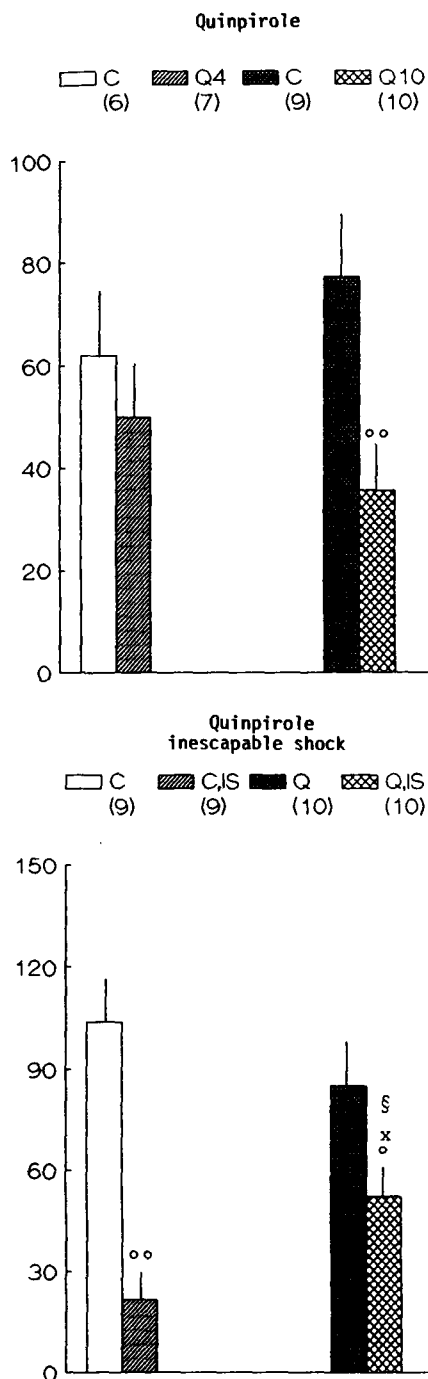


FIG. 3. The effect of intra-accumbens injections of quinpirole upon rat motility in the open field test. Q—quinpirole Q4 is 4  $\mu\text{g}$ , otherwise 10  $\mu\text{g}$ ; §—differs from inescapable shock-treated group; x—differs from quinpirole treated group. o, x, § =  $P < 0.05$ ; oo =  $P < 0.01$ . All other explanations as in Fig. 2.

FIG. 4. The effect of intra-accumbens injections of metoclopramide upon rat motility in the open field test. M—metoclopramide M1 is 1  $\mu\text{g}$  otherwise 10  $\mu\text{g}$ ; o—differs from control; §—differs from metoclopramide treated group. § =  $P < 0.05$ ; oo =  $P < 0.01$ . All other explanations as in Fig. 2.

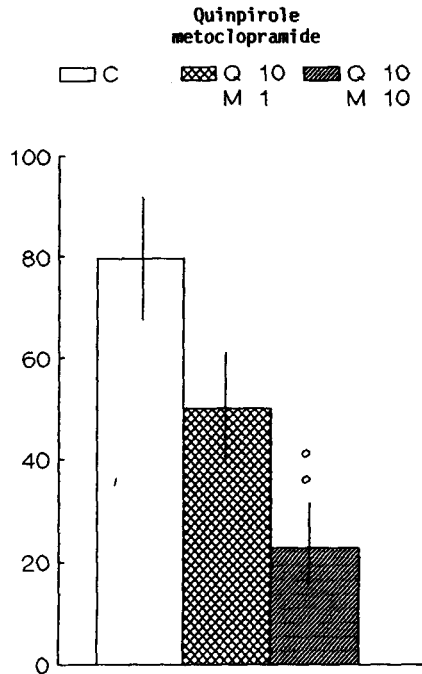


FIG. 5. The effect of intra-accumbens injections of both quinpirole and metoclopramide upon rat motility in the open field test. Q 10, M 1—solution containing 10  $\mu\text{g}$  of quinpirole and 1  $\mu\text{g}$  of metoclopramide. Number of rats: C—8; Q 10+M 1—8; Q 10+M 10—9.

findings (Płażnik et al 1985). About 10% of rats were rejected due to incorrect placement of injections. Fig. 1 presents schematically the typical and maximal accepted dispersion of the sites of microinjections in the nucleus accumbens region.

Intra-accumbens injections of (+)-amphetamine dose-dependently stimulated rat locomotor behaviour in the open field, tested 5 min later (Fig. 2). The local injection of the drug (10  $\mu\text{g}$ ) did not affect the behaviour of naive animals, examined 24 h later. Moreover, post-shock administration of (+)-amphetamine did not interfere with the depressive influence of footshock on rat locomotion in the open field (Fig. 2). Microinjections of quinpirole inhibited rat motility examined 5 min, but not 24 h, after drug administration (Fig. 3). In the stressed rats quinpirole applied immediately after footshock partially, but significantly, attenuated the depressive influence of the stress procedure on rat activity (Fig. 3). Metoclopramide inhibited rats' locomotor activity 5 min, but not 24 h, after local injection (Fig. 4). Post-footshock administration of metoclopramide did not affect stress-induced hypomotility (Fig. 4). Intra-accumbens injections of a solution containing both quinpirole (10  $\mu\text{g}$ ) and a subactive dose of metoclopramide (1  $\mu\text{g}$ ) produced less potent motor effects in naive rats than did quinpirole alone (Fig. 5).

### Discussion

All drugs produced clear-cut behavioural effects when they were administered in an appropriate dose range to the NAS of naive rats. Amphetamine-induced stimulation of rat locomotion in the open field test can be explained by drug-induced enhancement of local dopamine release. Such an

effect has been repeatedly shown after intra-accumbens microinjections of higher doses of the monoamine or (+)-amphetamine (Pijnenburg et al 1976; Płażnik et al 1985; Carr & White 1987).

The depressant results obtained with quinpirole are much more difficult to interpret. Similar inhibition of locomotor activity has been observed after intracerebral injections of quinpirole to the habenula nuclei of the rat (Thornton et al 1987), and after peripheral administration of the drug to mice (Vasse et al 1988). The mechanism of this phenomenon may involve an enhancement by this direct agonist of  $D_2$ -receptors of control feedback mechanisms, regulating, in an inhibitory way, dopamine release (Zetterström et al 1986; Boyar & Altar 1987). Indeed, a strong correlation has been found between the potency of  $D_2$ -receptor stimulation, and the extent of dopamine release inhibition in-vivo (Boyar & Altar 1987). Consequently, it may be hypothesized that the inhibitory effect of  $D_2$ -receptor agonists on behaviour is due to the decreased stimulation of  $D_2$ -receptors by endogenous dopamine. It is now well recognized that the activation of both receptor types is necessary for full expression of postsynaptic effects of dopaminergic agonists (Arnt et al 1987; Carlson et al 1987; Jackson & Hashizume 1987; Vasse et al 1988). Theoretically, one could expect that in the studied model the effect of the  $D_2$ -receptor agonist quinpirole should be blocked or attenuated by the  $D_2$ -receptor antagonist metoclopramide, even though both drugs were found to similarly affect rat behaviour (although most probably due to different mechanisms). However, we failed to observe in the open field a strong interaction between quinpirole (10  $\mu\text{g}$ ) and metoclopramide (10 and 1  $\mu\text{g}$ ), examined 5 min after injection. Nevertheless, the effect of a solution containing 10  $\mu\text{g}$  of quinpirole and 1  $\mu\text{g}$  of metoclopramide appeared to be less potent behaviourally (in proportion to control rats' motility,  $t = 1.96$ ,  $df = 14$ ,  $P < 0.068$ ) and in comparison with the strong influence of quinpirole administered alone. These findings do not necessarily negate the specificity of quinpirole's effect in control and stressed rats. Practically, it is difficult to find an appropriate dose-range for both compounds (quinpirole and metoclopramide), when one takes into account their different  $D_2$ -receptor affinities, solubility in lipids, and the balance of pre- versus post-synaptic activity. The above reasoning seems a logical, but unproven, interpretation of some of the phenomena described by us and others. It should be stressed that other selective  $D_2$ -receptor agonists such as bromocriptine and pergolide, were also reported to decrease rat locomotor activity, at least at the outset of their action (Arnt 1985; Jackson & Hashizume 1987). This is of special interest in the case of microinjection studies, when only short-term effects of drugs and treatments may be considered as structure specific.

Post-shock microinjections of (+)-amphetamine did not affect stress-induced locomotor suppression, examined 24 h later. This may be due to depletion after stressor of neurochemical substrate for this drug (presynaptic monoamine stores), in a critical period of formation of behavioural deficits. It is noteworthy, that contrary to the present data, peripherally injected (+)-amphetamine, applied immediately after footshock, was recently shown to significantly attenuate the effect of a stressor on rat motor activity (Płażnik et al 1988). However, the behavioural recovery,

though significant, was only partial. Moreover, it is now well known that accumbens dopamine constitutes only a part of neuronal systems affected by stress. Thus, it is possible that peripherally applied (+)-amphetamine produced more general effects on differently located dopaminergic neurons contributing to the central changes evoked by inescapable footshock. Additionally, amphetamine's effect might also involve the releasing influence on noradrenaline stores. For instance, 6-OHDA-induced lesion of the noradrenergic ventral bundle or locus coeruleus neurons was shown to depress the hyperlocomotor response to peripheral amphetamine (Mohammed et al 1986). Interestingly enough, peripherally administered (+)-amphetamine profoundly suppresses the bioelectrical activity of the locus coeruleus (Bunney et al 1975), whereas stimulation of the structure results in the inhibition of activity in the NAS (Unemoto et al 1985). It appears that local microinjection of (+)-amphetamine into the NAS might produce different results from its peripheral administration where the inhibitory effect on the locus coeruleus (and A<sub>9</sub> and A<sub>10</sub> dopaminergic cells) activity plays a role, and acute stress-mediated depletion of central dopamine and noradrenaline stores is equally likely.

Microinjections of quinpirole partially, but significantly attenuated behavioural deficit produced by the stressor. This may be tentatively explained as resulting from the direct stimulation by the drug of post-synaptic D<sub>2</sub>-receptor-related processes, in a situation when the hypothetical inhibitory presynaptic mechanisms are absent or otherwise disturbed by stress (see above). The intrinsic mechanism of this phenomenon may involve several elements. Firstly, dopaminomimetics are known to antagonize the behavioural effects of stressors (see introduction). Secondly, the temporary hypofunction of mesolimbic dopaminergic neurons after stress can be considered as a functional lesion of the system under study. Accordingly, it is now well recognized that in rats with chemical or functional lesion of dopaminergic neurons (after 6-OHDA) or after chronic treatment with reserpine or  $\alpha$ -MPT, the behavioural effects of direct D<sub>2</sub>-agonists are enhanced (Arnt & Hyttel 1985; Jackson & Hashizume 1987). It is noteworthy, that even a single central intervention affecting the brain dopaminergic system (e.g. (+)-amphetamine injection or a stress session) may produce long-lasting changes in local dopamine utilization and in behavioural effects of dopaminomimetics (Anisman & Zacharko 1982; Nishikawa et al 1983; Robinson et al 1987). Both acute stress and single (+)-amphetamine injection produce an enhancement of local dopamine utilization and sensitization to subsequent stressors or (+)-amphetamine (cf. Anisman & Zacharko 1982). There are also some indications that the modification of behavioural effects of dopaminergic agents might not directly depend on changes in dopaminergic receptors (Bevan 1983; Ellison & Eison 1983; Marona-Lewicka & Vetulani 1988). On the whole, it may be concluded that some of the mechanisms discussed might contribute to the quinpirole-induced attenuation of stress-related behavioural suppression. However, the problem of the mechanisms of the quinpirole effect apparently needs more research.

The lack of effect of metoclopramide in stressed animals can be explained by a strong depression of rat locomotion after footshock, masking the eventual inhibitory influence of

the D<sub>2</sub>-antagonist. The mechanism of this phenomenon may involve the local depletion of endogenous dopamine after stress, thus mimicking the effect of D<sub>2</sub>-receptor blockers, observed in naive animals.

To summarize, the present data can be viewed as supporting the aforementioned concept of Anisman & Zacharko (1982) on the role of stress-induced changes in the functioning of the brain mesolimbic dopaminergic system. However, since the effect of the D<sub>2</sub>-agonist was only partial, the role of changes in other neurotransmitter mechanisms (e.g. noradrenergic) are also very likely.

#### Acknowledgements

The authors wish to acknowledge the gifts of (+)-amphetamine (Astra Alab), quinpirole (Eli Lilly Co.) and metoclopramide (Polfa). The authors are also indebted to Mrs E. Zawadzka for her technical assistance. The research was supported by a grant from Ministry of Health RPBR MZ. V.

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