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Nicotine Abstinence Syndrome Precipitated by an Analog of Neuropeptide FF

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MALIN, D. H., J. R. LAKE, P. E. SHORT, J. B. BLOSSMAN, B. A. LAWLESS, C. K. SCHOPEN, E. E. SAILER, K. BURGESS AND O. B. WILSON. *Nicotine abstinence syndrome precipitated by an analog of neuropeptide FF*. PHARMACOL BIOCHEM BEHAV 54(3) 581-585, 1996.—In a recently introduced rodent model of nicotine abstinence syndrome the observed behavioral signs closely resembled those typical of rat opiate abstinence syndrome. Nicotine-induced release of endogenous opioids may contribute to nicotine dependence; morphine potently reverses nicotine abstinence signs, while naloxone precipitates abstinence signs and prevents nicotine from alleviating them. Considerable evidence suggests that neuropeptide FF, an endogenous antiopiate peptide, contributes to opiate dependence. Third ventricle injection of neuropeptide FF precipitates abstinence syndrome in morphine-dependent rats, as does SC injection of its lipophilic analogs, dansyl-PQRFamide and dansyl-RFamide. Might NPFF also play a role in nicotine dependence? In the present study, SC injection of 15 or 25 mg/kg dansyl-RFamide or vehicle alone dose dependently precipitated an abstinence syndrome in nicotine-dependent rats. There was a significant, $p < 0.01$, positive linear trend of abstinence signs as a function of dose. Categories of abstinence signs had the same rank ordering by frequency as observed in spontaneous nicotine abstinence. Injection of 25 mg/kg dansyl-RFamide SC had no significant effect in nondependent rats.

Neuropeptide FF F8Famide Antiopiate peptides Nicotine Nicotine dependence Nicotine abstinence
Nicotine withdrawal Endogenous opioid peptides Dansyl compounds

A RODENT model of nicotine abstinence syndrome has been developed based on continuous subcutaneous (SC) infusion of nicotine tartrate; spontaneous behavioral signs were observed in rats following either termination of nicotine infusion (38) or injection of the nicotinic antagonist mecamylamine (34). The model met a number of validity criteria, including reversibility by injection of a low dose of nicotine and comparative lack of behavioral signs in saline-infused controls (38).

Nicotine abstinence signs resembled those observed in mild morphine abstinence when dependence was induced by continuous SC drug infusion via Alzet osmotic minipump (30,33,38-40). There is ample evidence (5,13,20,23,45-47) that nicotinic receptor stimulation induces release of endogenous opioid peptides (EOPs). It has been hypothesized (33) that nicotine-induced EOP release overstimulates opiate receptors, resulting in an opiate dependence-like state. Cessation of either nicotinic

or opiate receptor stimulation would then result in an opiate abstinence-like state. Consistent with this hypothesis, morphine potently reversed nicotine abstinence syndrome (33). Conversely, the opiate antagonist naloxone precipitated an immediate abstinence syndrome in nicotine-dependent rats (33). Furthermore, pretreatment with naloxone prevented nicotine from relieving nicotine abstinence syndrome (39), suggesting that nicotine may alleviate nicotine abstinence, in part, through stimulating EOP release.

To the extent that nicotine dependence, like opiate dependence, results from overstimulation of opiate receptors, some of the same neurochemical mechanisms might be involved in both phenomena. One candidate for a common mechanism might be activation of the endogenous antiopiate peptide, neuropeptide FF (NPFF). NPFF, isolated from bovine brain by Yang et al. (54), has a sequence of FLFQPQRFamide. It has

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also been referred to as F8Famide (26), FMRFamide-like mammalian peptide (35), and morphine modulating peptide (42).

NPFF has been shown to counteract various actions of opiate drugs and EOPs (7,12,25,30,51,54). These antiopiate actions are mediated through specific NPFF receptors rather than through opiate receptors (2). A number of reports suggest that NPFF might play a role in opiate tolerance, dependence, and subsequent abstinence syndrome (28,29,35-37,48). Third ventricular injection of NPFF precipitated morphine abstinence syndrome more potently than naloxone itself (35). While there have been no reports of behavioral actions of NPFF via peripheral administration, SC injection of the lipophilic NPFF analogs dansyl-RFamide and dansyl-PQRFamide precipitated an abstinence syndrome in morphine-dependent rats (19,32). The present study determined whether SC injection of dansyl-RFamide would likewise precipitate an abstinence syndrome in nicotine-dependent rats. An additional experiment determined whether a similar dose of dansyl-RFamide would induce an abstinence-like syndrome in nondependent rats. These experiments provide an initial test of the hypothesis that NPFF is one common mechanism in opiate and nicotine dependence.

METHOD

Synthesis of Dansyl-RFamide

FMOC-Phe, FMOC-Arg, BOP, HOBt, and Rink's amide resin were purchased from Advanced ChemTech (Louisville, KY); dansyl (5-dimethylaminonaphthalene-1-sulfonyl) chloride and *N*-methylmorpholine were obtained from Aldrich Chemical Co. (Milwaukee, WI). Dansyl-Arg-Phe-amide (dansyl-RFamide) was produced by conventional solid-phase synthesis (50) using FMOC *N*-protecting groups (3), Rink's amide resin, and BOP/HOBt/*N*-methylmorpholine in DMF for the coupling steps (8). The dansyl residue was added to the resin bound peptide using dansyl chloride (3 equivalents), *N*-methylmorpholine (4.5 equivalents) and catalytic DMAP in DMF. The peptide was cleaved using a mixture of crystalline phenol (0.75 g), 1,2-ethanedithiol (0.25 ml), thioanisole (0.5 ml), deionized water (0.5 ml), and TFA (10 ml). The peptide was purified via preparative HPLC using a C18 column. Satisfactory amino acid analysis and FABMS [glycerol, *m/e* 554.3 (*M* + 1)] were obtained.

Animals

Thirty male Sprague-Dawley rats weighing 134-190 g were maintained on ad lib food and water and a 12 L : 12 D cycle. Rats of this size were used to conserve the limited available amount of dansyl-RFamide.

Animal Treatments

All animals were implanted subcutaneously under halothane anesthesia with one Alzet 2 ML1 osmotic minipump. In the first experiment, 18 rats were rendered dependent by seven days continuous infusion of 9 mg/kg/day nicotine tartrate [-] isomer in saline. In a second experiment, 12 rats were infused with saline alone.

On day 7 of infusion (164 h after pump implantation), each subject was challenged by a SC injection; minipumps were not removed prior to the SC challenge. In the first experiment, nicotine-dependent rats received either 25 mg/kg dansyl-RFamide dissolved in a vehicle of 20% ethanol : distilled water (*n* = 6), 15 mg/kg dansyl-RFamide in vehicle (*n* = 6), or ve-

hicle alone (*n* = 6). In the second experiment, saline-infused rats received either 25 mg/kg dansyl-RFamide (*n* = 6) or vehicle alone (*n* = 6).

Behavioral Observations

Each subject was observed in a clear, rectangular chamber for 25 min immediately following the SC injection. All observations were performed under blind conditions. Observers counted the frequency of behavioral signs based on a checklist of nicotine abstinence signs developed and validated by Malin et al. (38). Categories included gasps/writhes, teeth chatter/chews, shakes/tremors, and miscellaneous less frequent signs (scratches, ptosis, yawns, dyspnea, seminal ejaculation/genital lick, foot lick, and chromodacryorrhea). Ptosis was counted no more than once per minute, dyspnea was scored as separate episodes of wheezing, and chromodacryorrhea was counted only once per subject.

RESULTS

Figure 1 shows the number of overall abstinence signs (cumulated across all categories) precipitated in nicotine-dependent rats by 15 and 25 mg/kg dansyl-RFamide SC and by vehicle alone. Linear trend analysis revealed a significant positive trend of abstinence signs as a function of dansyl-RFamide dose, $F(1, 15) = 9.84$, $p < 0.01$. Post hoc analysis (Dunn's/Bonferroni Procedure) revealed that the high dose group exhibited significantly more nicotine abstinence signs than the low dose group, $p < 0.05$, and the low dose group exhibited significantly more signs than the vehicle group, $p < 0.05$.

Figure 2 shows numbers of abstinence signs grouped by individual categories. Linear trend analysis revealed significant positive trends as a function of dose for gasps/writhes, $F(1, 15) = 10.79$, $p < 0.01$, and teeth chatter/chews, $F(1, 15) = 7.51$, $p < 0.05$. The positive trend in miscellaneous signs approached significance, $F(1, 15) = 3.78$, $0.05 < p < 0.10$. The positive trend in shakes/tremors was not significant, $F(1, 15) = 1.78$, NS. There were no significant deviations from linearity for overall signs or any category of signs.

In nicotine-naive, saline-infused rats, 25 mg/kg dansyl-

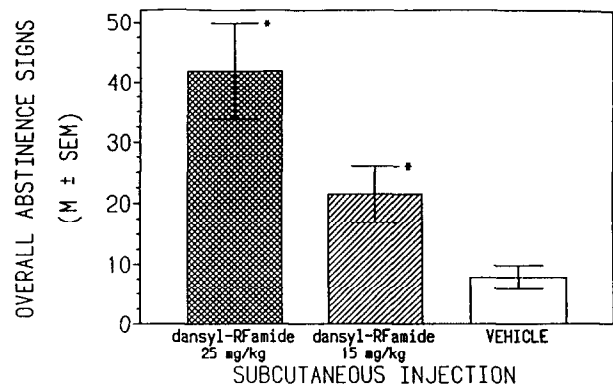


FIG. 1. Overall nicotine abstinence signs (means \pm SEM) over 25 min precipitated by SC injection of 25 mg/kg dansyl-RFamide, 15 mg/kg dansyl-RFamide, or ethanol : distilled water vehicle alone. All rats were chronically infused for 7 days with 9 mg/kg/day nicotine tartrate. * $p < 0.05$, 25 mg/kg vs. 15 mg/kg and 15 mg/kg vs. vehicle (Dunn's procedure).

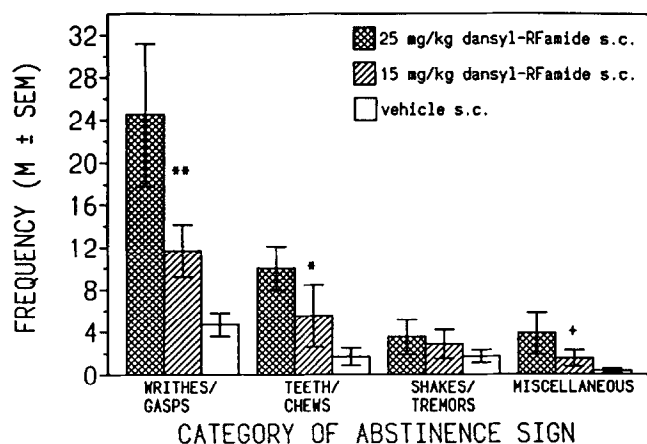


FIG. 2. Occurrences of various categories of nicotine abstinence signs (means \pm SEM) over 25 min precipitated by SC injection of 25 mg/kg dansyl-RFamide, 15 mg/kg dansyl-RFamide, or ethanol: distilled water vehicle alone. All rats were chronically infused for 7 days with 9 mg/kg/day nicotine tartrate. ** $p < 0.01$, * $p < 0.05$, + $0.05 < p < 0.10$ positive linear trend for a given category of sign as a function of dansyl-RFamide dose.

RFamide precipitated only 16.0 ± 5.6 (means \pm SEM) overall abstinence-like signs, while vehicle alone precipitated 11.2 ± 2.5 signs. There was no significant difference between these groups, $t(10) = 0.79$, NS.

GENERAL DISCUSSION

Subcutaneous injection of the NPFF analog dansyl-RFamide dose dependently precipitated an abstinence syndrome in nicotine-dependent rats, while it had no significant effect in nicotine-naïve rats. It remains possible that dansyl-RFamide might induce a significant withdrawal-like syndrome in nicotine-naïve rats at a higher dose. However, dansyl-RFamide clearly precipitates abstinence signs more readily in nicotine-dependent than in nicotine-naïve rats.

The frequency profile of dansyl-RFamide-precipitated nicotine abstinence signs generally resembled those observed in spontaneous (38), mecamylamine-precipitated (34) and naloxone-precipitated (33) nicotine abstinence. In each case, the rank ordering was gasps/writhes $>$ teeth chatter/chews $>$ miscellaneous signs (including ptosis) $>$ shakes/tremors. This profile also resembled the frequency profile of abstinence signs precipitated by dansyl-RFamide (19) or dansyl-PQRFamide (32) in morphine-dependent rats (gradually infused with morphine SC for 7 days via Alzet osmotic minipump). The rank order of morphine abstinence signs was the same as that of nicotine abstinence signs, except that shakes/tremors outnumbered miscellaneous signs (19,32). Every type of miscellaneous sign precipitated by dansyl-RFamide (19) or dansyl-PQRFamide (32) in morphine-dependent rats (scratches, ptosis, seminal ejaculation/genital lick and foot lick) was also observed in nicotine-dependent rats injected with dansyl-RFamide. In turn, the profile of morphine abstinence signs precipitated by the NPFF-analogs resembled that precipitated by 0.125 mg/kg naloxone SC (36) or 10 μ g naloxone ICV (37) in similarly morphine-infused rats. It remains possible, however, that different methods of dependence induction (concentrated morphine pellets or injection series with escalating doses) would result in a different degree of mor-

phine or nicotine dependence and a different profile of abstinence signs.

The similar effects of NPFF analogs in nicotine-dependent and morphine-dependent rats are consistent with the hypothesis of an endogenous opioid component in nicotine dependence. Nicotine increased plasma beta-endorphin-like immunoreactivity in the rat (5,23) and in smokers (13). Conversely, termination of chronic nicotine exposure in mice resulted in decreased hypothalamic beta-endorphin-like immunoreactivity (47). Similarly, nicotine induced increased plasma levels of enkephalins in the guinea pig (20) and in smokers (45,46). Nicotine also increased the release of enkephalins in the rat brain (6,44). In addition, a number of respiratory (52), neuroendocrine (10,11,21,49), and behaviorally reinforcing (17,24) actions of nicotine appear to be mediated by EOP release, since they are reversible by opiate antagonists.

It is plausible that chronic nicotine-induced EOP release induces an opiate dependence-like state; cessation of nicotine-induced EOP release would then result in an opiate abstinence-like state. Consistent with this hypothesis, nicotine abstinence signs in the rat generally resemble morphine abstinence signs (38), are morphine reversible (33), and are precipitated by naloxone (33); nicotine alleviation of nicotine abstinence signs is naloxone reversible (39). Houdi et al. (22) found that nicotine altered enkephalin release in many of the same brain regions (including the nucleus accumbens, periaqueductal grey, amygdala, locus coeruleus and raphe nuclei) involved in opiate dependence and abstinence syndrome (27). Opiate addicts and heavy cigarette smokers display parallel emotional profiles during abstinence from their respective habits (18). Clonidine, a drug that potently reduces central noradrenergic activity and narcotic abstinence symptoms (1,9,16,53), has also been reported to alleviate discomfort during smoking cessation (14,15,41).

A variety of evidence suggests that NPFF plays a role in opiate dependence and abstinence. NPFF levels in CSF are increased in opiate-tolerant/dependent rats (36). A low dose (2 μ g) of NPFF precipitated an opiate abstinence syndrome when injected into the third ventricle of morphine-dependent rats, while a higher dose (15 μ g) induced a morphine-reversible quasi-morphine abstinence syndrome in opiate-naïve rats (35). Intraventricular injection of IgG from NPFF antiserum reversed morphine dependence, as indicated by prevention of subsequent naloxone-precipitated abstinence syndrome (36, 48); it also reversed morphine tolerance (28). Intraventricular injection of daY8RFamide, a putative NPFF antagonist, produced a similar reversal of morphine dependence (37) and tolerance (29).

The role of NPFF can most conveniently be studied by analogs that cross the blood-brain barrier. Brussaard et al. (4) used the addition of dansyl to increase the lipophilicity of Arg-Phe-amide (the C-terminal dipeptide fragment essential to the bioactivity of NPFF and the related invertebrate neuropeptide FMRFamide). Subcutaneous injection of dansyl-RFamide antagonized morphine analgesia (4). Dansyl-RFamide binds specifically to NPFF receptors; it displaced specific binding of the labelled NPFF ligand [125 I]-Y8RFamide to rat spinal cord membranes in a dose-dependent manner with a K_i of 73 nM (43).

The ability of a dansylated NPFF analog to precipitate nicotine abstinence syndrome as well as morphine abstinence syndrome (19,32) raises the possibility that activation of NPFF could be one mechanism common to opiate and nicotine dependence. Inactivation of NPFF by the related systemically active NPFF antagonist dansyl-PQRFamide attenuates

opiate dependence (30). It will be of interest to determine whether inactivation of NPFF will likewise attenuate nicotine dependence.

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