

## Chronic imipramine enhances 5-HT<sub>1A</sub> and 5-HT<sub>2</sub> receptors-mediated inhibition of panic-like behavior in the rat dorsal periaqueductal gray

Cláudia A. Jacob<sup>a</sup>, Alfredo H.C.L. Cabral<sup>a</sup>, Leandro P. Almeida<sup>a</sup>, Valeska Magierek<sup>b</sup>,  
Patrício L. Ramos<sup>a</sup>, Janaína M. Zanolini<sup>c</sup>, Jesus Landeira-Fernandez<sup>a,d</sup>,  
Hélio Zangrossi<sup>c</sup>, Regina L. Nogueira<sup>a,e,\*</sup>

<sup>a</sup>Laboratório de Psicologia Comparada, Universidade Estácio de Sá (UNESA), Rio de Janeiro, RJ, CEP 20260-060, Brazil

<sup>b</sup>Laboratório de Farmacologia Comparada, Departamento de Psicologia, Universidade Federal Paulista, São Paulo, SP, CEP 04023-062, Brazil

<sup>c</sup>Departamento de Farmacologia, Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo, São Paulo, SP, 14040-901, Brazil

<sup>d</sup>Departamento de Psicologia, PUC, Rio de Janeiro, RJ, CEP 22451-041, Brazil

<sup>e</sup>Curso de Psicologia, Universidade de Ribeirão Preto (UNAERP), Ribeirão Preto, SP, CEP 14096-380, Brazil

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### Abstract

Electrical stimulation of the dorsal periaqueductal gray (DPAG) has been used to induce panic-like behavior in rats. In the present study, we investigated the effect of chronic imipramine treatment on the sensitivity of different 5-HT receptor subtypes in inhibiting aversion induced by electrical stimulation of this brain area. For that, the effects of intra-DPAG administration of the endogenous agonist 5-HT (20 nmol), the 5-HT<sub>1A</sub> receptor agonist 8-OH-DPAT (8 nmol) and the 5-HT<sub>2A/2C</sub> receptor agonist DOI (16 nmol) were measured in female Wistar rats given either chronic injection of imipramine (15 mg/kg, 3 weeks, ip) or saline. The results showed that the three receptor agonists raised the threshold of aversive electrical stimulation in both groups of animals, but this antiaversive effect was significantly higher in rats treated with imipramine. Treatment with imipramine did not change the basal threshold of aversive electrical stimulation measured before intra-DPAG injection of the 5-HT agonists. The results suggest that sensitization of both 5-HT<sub>1A</sub> and 5-HT<sub>2</sub> receptors within the DPAG may be involved in the beneficial effect of imipramine in panic disorder (PD). © 2002 Elsevier Science Inc. All rights reserved.

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### 1. Introduction

The dorsal periaqueductal gray matter (DPAG) integrates behavioral and autonomic expression of defensive reactions (for reviews, see Bandler and Shipley, 1994; Graeff, 1990, 1994). The electrical or chemical stimulation of this structure causes neurovegetative and behavioral changes suggestive that the experimental animal (Olds and Olds, 1962) or human patient (Nashold et al., 1974) is undergoing a markedly aversive experience. Given the striking similarities between the autonomic and behavioral effects of the

DPAG stimulation and the symptoms of panic attacks, it has been suggested that the DPAG is involved in the genesis of panic disorder (PD) in human and that the DPAG stimulation can model panic attacks (Graeff, 1990; Jenck et al., 1995; Lovick, 2000).

There is abundant experimental evidence indicating that serotonin (5-HT) inhibits aversion generated in the DPAG. Early results have shown that lever-pressing behavior maintained by either reduction or termination of DPAG electrical stimulation in rat is facilitated by *para*-chlorophenylalanine, a 5-HT synthesis inhibitor (Kiser and Lebovitz, 1975), or by the 5-HT receptor blockers methysergide and cyproheptadine (Schenberg and Graeff, 1978) and inhibited by the precursor of 5-HT synthesis 5-hydroxytryptophan (5-HTP), or by the presynaptic 5-HT uptake inhibitor clomipramine (Kiser et al., 1978).

\* Corresponding author. Laboratório de Psicologia Comparada, Curso de Psicologia, Universidade Estácio de Sá, Rua do Bispo, 83, Rio de Janeiro, RJ, 20260-060, Brazil. Tel.: +55-21-25037136; fax: +55-21-25037090.

E-mail address: rlnogueira@hotmail.com (R.L. Nogueira).

In a series of experiments, rats with a cannula-electrode (chemitrode) chronically implanted into the DPAG were placed inside a shuttle-box and electrically stimulated with increasing current intensities until an escape response occurred. It was shown that intra-DPAG injection of drugs that mimic or facilitate 5-HT activity caused an antiaversive effect (Schütz et al., 1985; Audi et al., 1988; Nogueira and Graeff, 1991). Using this method, Nogueira and Graeff (1995) additionally showed that 5-HT<sub>1A</sub> and 5-HT<sub>2</sub> receptors in the DPAG might mediate the antiaversive action of 5-HT. Thus, the 5-HT<sub>1A</sub> receptor agonists 8-OH-DPAT and BAY-R-1530 raised the threshold of DPAG electrical stimulation for inducing escape response. The effect of 8-OH-DPAT was antagonized by the 5-HT<sub>1A</sub> receptor blocker NAN-190. Similarly, microinjection of the 5-HT<sub>2A/2C</sub> agonist DOI causes an antiaversive effect that was antagonized by the 5-HT<sub>2A</sub> receptor blocker spiperone. Moreover, it was shown that whereas spiperone also counteracted the effect of 8-OH-DPAT, NAN-190 antagonized the effect of DOI, raising the possibility that both receptors have to be functional for the expression of each one's activation to occur.

On the basis of clinical and preclinical evidences, such as the ones mentioned above, it has been suggested that 5-HT mechanisms regulating aversion in the DPAG are involved in PD and in the mode of action of antipanic drugs (Deakin and Graeff, 1991; Graeff, 1991, 1993; Graeff et al., 1993). Moreover, the results indicating that both 5-HT<sub>1A</sub> and 5-HT<sub>2A</sub> receptors inhibit aversion in the DPAG (Schütz et al., 1985; Audi et al., 1988; Nogueira and Graeff, 1995) suggest the participation of these receptors in the therapeutic effect of antipanic drugs.

Concerning the role of DPAG 5-HT<sub>1A</sub> receptors on the effects of antipanic drugs, Mongeau and Marsden (1997) have shown that long-term treatment with the classical antipanic agent imipramine increased the inhibitory effect of intra-DPAG administration of 8-OH-DPAT on escape and subsequent freezing behavior induced by D,L-homocysteic acid (DLH). Therefore, imipramine seems to cause a sensitization of 5-HT<sub>1A</sub> receptors in the DPAG. Interestingly, long-term treatment with tricyclic antidepressants also results in sensitization of the rat hippocampal and forebrain neurons to 5-HT or 8-OH-DPAT (de Montigny and Aghajanian, 1978; Blier et al., 1987; Bijak and Tokarski, 1994; Bijak et al., 1996; Chaput et al., 1991).

Although evidence described to date implicates 5-HT<sub>1A</sub> receptors of the DPAG in the antipanic effect of imipramine, other studies indirectly suggest that 5-HT<sub>2</sub> receptors in the DPAG may also contribute to this effect. In this study, we further explore the role of the DPAG 5-HT<sub>1A</sub> and investigate the participation of 5-HT<sub>2</sub> receptors in the antipanic effect of the imipramine. For that, we investigated the effects of intra-DPAG injection of 5-HT, 8-OH-DPAT and DOI on the DPAG threshold of electrical stimulation-inducing escape behavior in rats treated chronically with imipramine.

## 2. Materials and method

### 2.1. Animals

Female albino Wistar rats, weighing 199–237 g, were housed in groups of six, with free access to food and water, under a 12L:12D cycle (lights on at 06:45 h). Room temperature was maintained at 23±1 °C. The experiments were performed in compliance with the recommendations of SBNeC (Brazilian Society of Neuroscience and Behavior), which are based on the US National Institutes of Health Guide for Care and Use of Laboratory Animals.

### 2.2. Apparatus

The behavioral responses induced by DPAG electrical stimulation were evaluated in a 25 × 20 × 20-cm box placed inside an insulating chest provided with fan and indirect illumination by means of a 25-W red lamp. The grid floor consisted of stainless steel rods spaced 1.2 cm apart. Brain stimuli were generated by a sine-wave stimulator (Marseillan, 1977). The stimulation current (peak to peak) was monitored on the screen of an oscilloscope (Minipa, Brazil). The brain electrode was connected to the stimulator by means of an electromechanical swivel and a flexible cable, allowing ample movement of the animal inside the box.

### 2.3. Drugs

The following drugs were used: imipramine hydrochloride (Sigma, USA), 5-hydroxytryptamine creatinine sulfate (5-HT; Sigma), (±)-8-hydroxy-2-(di-*n*-propylamino)tetralin hydrobromide (8-OH-DPAT; Sigma) and (±)-1-(2,5-dimethoxy-4-iodophenyl)piperazine dihydrochloride (DOI; RBI, USA). All drugs were dissolved in sterile saline.

### 2.4. Surgery

Sixteen days after the beginning of daily treatment with imipramine, rats were anaesthetized with tribromoethanol (250 mg/kg, ip) and operated in a stereotaxic instrument (David Kopf, USA) for the implant of a chemitrode in the DPAG. The chemitrode was made of stainless steel guide cannula (outside diameter 0.6 mm, 12.5 mm long) glued to a brain electrode made of stainless steel wire (diameter 250 µm), enamel insulated except at the cross-section of the tip, reaching 1 mm below the lower end of the cannula. The electrode wire was connected to a male pin, parallel to the outer end of the cannula, that could be plugged into an amphenol socket at the end of a flexible electrical cable and used for brain stimulation. Holding the incisor bar 2.4 mm below the interaural line, the chemitrode was introduced 1.9 mm lateral to lambda, at an angle of 22° with the sagittal plane, until the electrode tip was 5.2 mm below the

surface of the skull. The chemitrode was attached to the skull by means of acrylic resin and two stainless steel screws. A stylet with the same length of the guide cannula was introduced inside it to prevent obstruction.

## 2.5. Procedure

### 2.5.1. Imipramine treatment

Rats were injected daily with imipramine (15 mg/kg, ip) during the 24 days of the experiment. Control animals were injected with saline.

### 2.5.2. Intracerebral injection

For drug injection into the DPAG, a needle (outside diameter 0.3 mm) was introduced through the guide cannula until its tip was 1 mm below the cannula end. A volume of 0.25  $\mu$ l was injected for 60 s using a 10- $\mu$ l microsyringe (Hamilton, USA), its embolus being pushed by a micrometer. The displacement of an air bubble inside the polyethylene catheter connecting the syringe needle to the intracerebral needle was used to monitor the microinjection. The intracerebral needle was introduced 60 s before the beginning of the injection and was removed 60 s after the injection was finished. Each animal received four microinjections in counterbalanced order, according to previous randomization. An interval of 24 h was followed between injections. Saline, 5-HT (20 nmol), 8-OH-DPAT (8 nmol) or DOI (16 nmol) were administered 3 h after the last imipramine injection (21–24 days). These doses were selected on the basis of previous results showing their inhibitory effects on DPAG-induced escape responses (Schütz et al., 1985; Nogueira and Graeff, 1995).

### 2.5.3. Aversive thresholds determination

Five days after the surgery, the animals were placed in the box and the aversive threshold was determined through an electrical stimuli (AC, 60 Hz, 15 s) presented through the implanted chemitrode. The interstimulus interval was 15 s. The current intensity started at the level of 20  $\mu$ A and was increased by steps of 8  $\mu$ A until the rat presented running or jumping reactions, characterizing the escape behavior. The basal aversive threshold was defined as the lowest current intensity that produced these behaviors in three successive trials of electrical stimulation. Through this method, the determination of the aversive thresholds took nearly 5 min. Animals with basal thresholds above 200  $\mu$ A were discarded. Following basal threshold determination, rats received the intracerebral injection, and the aversive threshold was redetermined either 10 (5-HT and 8-OH-DPAT) or 20 (DOI) min after the injection. Previous study has shown that on using a similar test protocol, there is no difference between animals tested 10 and 20 min after intra-DPAG injection of saline (Nogueira and Graeff, 1995). Therefore, all control animals were tested 10 min after intra-DPAG injection of saline.

## 2.6. Histology

After the experiment, animals were sacrificed under deep anesthesia with urethane. The brain was perfused through the heart with saline solution (0.9%) followed by 10% formalin solution, before being removed and fixed in 10% formalin. Frozen sections of 55  $\mu$ m were cut using a microtome in order to localize the positions of the electrode tips according to the atlas of Paxinos and Watson (1986). Only the data from rats having electrode tips inside the DPAG were included in the statistical analysis.

## 2.7. Statistical analysis

The effect of long-term imipramine treatment on basal aversive threshold determined in four consecutive days (predrug evaluations) was analysed by a  $2 \times 4$  analysis of variance. One of the factors was related to the intraperitoneal imipramine treatment and was analysed as a between-subject group with two levels (saline or imipramine). The other factor was related to the four predrug evaluation trials and was analysed as a within-subject group with four levels. The effects of intra-DPAG injection of drugs were also analysed by a  $2 \times 4$  analysis of variance. Again, one of the factors was related to the intraperitoneal imipramine treatment. The other factor was related to the intra-DPAG treatment (saline, 5-HT, 8-OH-DPAT or DOI) and was analysed as a within-subject group with four levels. When appropriated, post hoc comparisons were performed by the Newman–Keuls test.

## 3. Results

### 3.1. Behavioral effects of the DPAG electrical stimulation

Electrical stimulation of the DPAG caused the following sequence of behavioral changes as the intensity of electrical

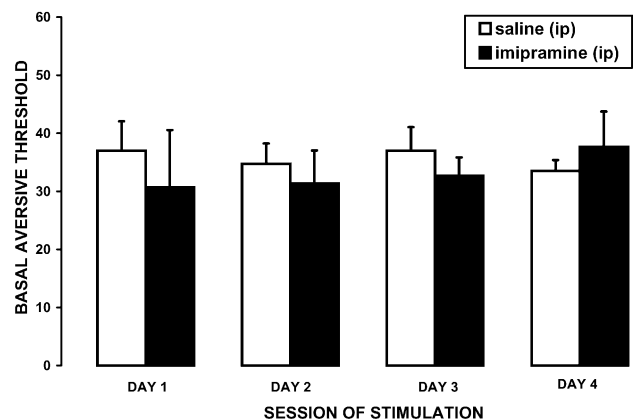


Fig. 1. Lack of imipramine (15 mg/kg, 21–24 days) effect on the basal aversive threshold inducing escape behavior after DPAG electrical stimulation. The aversive thresholds were determined in four consecutive days. Columns represent the mean and bars represent the S.E.M. of six to eight rats.

current increased: first alert, sometimes freezing, and finally running, which stopped as soon as the brain stimulation was switched off. The mean basal aversive threshold along the 4 days of experiment was  $34.76 \pm 1.69 \mu\text{A}$  (peak to peak).

### 3.2. Effects of long-term imipramine treatment on the basal aversive threshold

As shown in Fig. 1, long-term treatment with imipramine did not change the basal aversive threshold along the 4 days of experiment. Analysis of variance revealed a nonsignificant effect of treatment [ $F(1,12)=0.20$ ,  $P=.67$ ], trial [ $F(3,36)=0.18$ ,  $P=.91$ ] or Treatment  $\times$  Trial interaction [ $F(3,36)=0.76$ ,  $P=.52$ ].

### 3.3. Effects of long-term imipramine treatment on the aversive threshold measured after intra-DPAG injection of the serotonergic agonists

As illustrated in Fig. 2, microinjection of 5-HT, 8-OH-DPAT or DOI into the DPAG raised the aversive threshold in rats chronically treated with both saline or imipramine [effect intraperitoneal treatment— $F(1,10)=15.36$ ,  $P=.003$ ]. Repeated comparisons with saline intra-DPAG by means of Newman–Keuls test evidenced significant effects for each of the three 5-HT agonists used in both saline (5-HT,  $P=.013$ ; 8-OH-DPAT,  $P=.049$ ; DOI,  $P=.009$ ) and imipramine (5-HT,  $P=.0017$ ; 8-OH-DPAT,  $P=.0014$ ; DOI,  $P=.0027$ ) groups.

Analysis of variance also revealed a significant effect of intra-DPAG drug treatment [ $F(3,30)=20.81$ ,  $P<.001$ ] and an interaction between the two factors analysed [ $F(3,30)=4.08$ ,  $P=.015$ ]. Post hoc comparison indicated that the effect of the intra-DPAG injection of the 5-HT agonists, but not of

saline, was higher in the group chronically treated with imipramine (saline,  $P=.7$ ; 5-HT,  $P=.006$ ; 8-OH-DPAT,  $P=.0003$ ; DOI,  $P=.012$ ).

## 4. Discussion

The present results show that the intra-DPAG injection of 5-HT, the 5-HT<sub>1A</sub> receptor agonist 8-OH-DPAT and 5-HT<sub>2A/2C</sub> receptor agonist DOI enhanced the threshold of electrical stimulation necessary to induce escape behavior from the DPAG. This antiaversive effect was more pronounced in rats chronically treated with imipramine.

These results confirm previously reported observations that in drug-naïve animals, direct application of compounds that mimic or facilitate 5-HT activity in DPAG decreases the aversive effects of the stimulation of this brain area. More specifically, it has been shown that intra-DPAG administration of the three agonists used in the present study inhibits the expression of escape responses induced by the electrical stimulation of the DPAG (Schütz et al., 1985; Nogueira and Graeff, 1995). Furthermore, 8-OH-DPAT also decreases aversion generated by the chemical stimulation of the DPAG by the amino acid DLH (Beckett et al., 1992; Mongeau and Marsden, 1997).

It is noteworthy that, as in our study, Mongeau and Marsden (1997) did not detect any significant effect of chronic imipramine treatment on the baseline level of escape generated by DPAG stimulation. In our conditions, lack of imipramine effect was observed along four successive trials (21–24 days of chronic drug injection). Contrasting with these results, it has been recently shown that 21-day administration of the clinically effective antipanic drugs, clomipramine and fluoxetine, attenuated aversion induced by the electrical stimulation of the DPAG (Vargas and Schenberg, 2001). In the latter study, a reliable drug effect was revealed when flight behavior was split into single responses as galloping, trotting and jumping. Under this condition of analysis, the former behavior was shown to be particularly sensitive to both drugs. Therefore, it remains to be explored whether in the present study the use of an ethogram-based analysis of DPAG-induced escape behavior would have favored the observation of imipramine antiaversive effect.

With regard to the effects of imipramine, our results are the first demonstration that 5-HT<sub>2</sub> receptor subtypes within the DPAG, allied with 5-HT<sub>1A</sub> receptors, are sensitized after chronic treatment with this panicolytic drug.

The observed potentiation of the 8-OH-DPAT antiaversive effect by imipramine is in full agreement with the results obtained by Mongeau and Marsden (1997) in male rats with the chemical, instead of the electrical, stimulation of the DPAG. These results are also supported by electrophysiological evidences showing that in different brain areas, such as the hippocampus (de Montigny and Aghajanian, 1978; Blier et al., 1987; Bijak and Tokarski, 1994; Bijak et al., 1996; Chaput et al., 1991), the amygdala (Wang

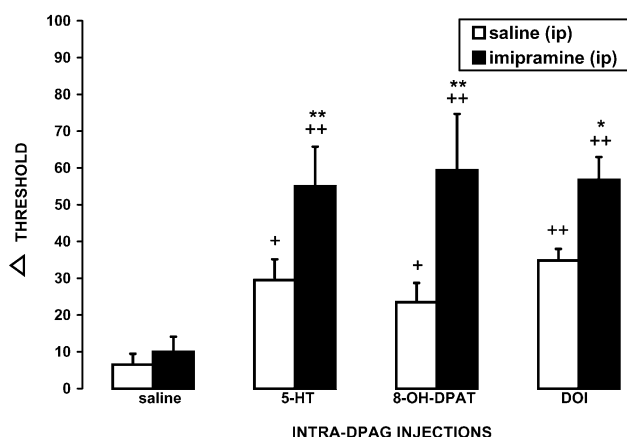


Fig. 2. Effect of imipramine treatment (15 mg/kg, 21–24 days) on the antiaversive effect caused by intra-DPAG microinjection of 5-HT (20 nmol), 8-OH-DPAT (8 nmol) and DOI (16 nmol). The change in threshold ( $\Delta$ ) was the difference between threshold values obtained post- and pre-DPAG injection of the drugs in the same animal. Columns represent the mean and bars the S.E.M. ( $N=6-8$ ). \* $P<.05$  and \*\* $P<.01$ , compared with animals injected intraperitoneally with saline. + $P<.05$  and + $P<.01$ , compared with the respective saline intra-DPAG injected group.

and Aghajanian, 1980), the suprachiasmatic nucleus (Mason and Meyer, 1982) and the somatosensory cerebral cortex (Jones, 1980), chronic tricyclic antidepressant treatment increases neuronal responsiveness to 5-HT and 5-HT<sub>1A</sub> receptor agonists.

The present results also indicated that chronic treatment with imipramine increased the antiaversive effect of 5-HT<sub>2A/2C</sub> receptor agonist DOI when microinjected into the DPAG. Conversely, it has been reported that long-term treatment with imipramine decreased the sensitivity of forebrain 5-HT<sub>2</sub> receptors (Willner, 1985) and reduced head-shake response induced by the 5-HT<sub>2</sub> agonists quipazine and DOB (Eison et al., 1989; Wieland et al., 1993). A possible explanation for these divergent results might be related to different mechanisms of antidepressant action on the PAG in relation to forebrain structures. In fact, Graeff (1991, 1993) suggested that such down-regulation of forebrain 5-HT<sub>2</sub> receptors would result in the protracted anxiolytic action of antidepressants. However, this mechanism is unlikely to explain the antipanic activity of antidepressants, since 5-HT has an antiaversive effect in the DPAG probably through 5-HT<sub>2</sub> receptors (Schütz et al., 1985; Nogueira and Graeff, 1995). Moreover, there are clinical reports indicating that the 5-HT<sub>2</sub> antagonist ritanserin is ineffective or aggravates PD (Deakin et al., 1990; Den Boer and Westenberg, 1990). Therefore, Graeff (1991, 1993) has hypothesized that the effect of antidepressants on PD is mediated by the 5-HT projection of the dorsal raphe to the PAG, where 5-HT decreases aversion through stimulation of 5-HT<sub>2</sub> receptors. Shutting down the firing rate of 5-HT raphe neurons, antidepressants would first decrease 5-HT<sub>2</sub> receptor stimulation, leading to the initial aggravation of PD. With prolonged administration, as subsensitization of somatodendritic autoreceptors develops and the efficacy of 5-HT neurotransmission in the PAG increases, inhibition of the PAG neurones commanding aversive behavior occurs, resulting in the antipanic effect. Thus, contrary to the down-regulation of forebrain 5-HT<sub>2</sub> receptors caused by chronically administered antidepressants in the forebrain, but in accordance with Graeff's hypotheses, 5-HT<sub>2</sub> receptors in the PAG would be expected to be up-regulated or at least remain unaffected. The present results are consistent with this prediction.

In terms of the enhanced response to DOI, indirect evidences suggest the 5-HT<sub>2A</sub> receptor population in the DPAG is mainly affected by imipramine administration. Thus, in a previous study, we have shown that the effect of DOI in inhibiting DPAG-induced escape response was blocked by the preferential 5-HT<sub>2A</sub> receptor antagonist spiperone (Nogueira and Graeff, 1995). Additionally, it has been reported that the intra-DPAG administration of the preferential 5-HT<sub>2C</sub> receptor agonist mCPP either enhanced (Beckett et al., 1992) or did not alter (Nogueira and Graeff 1995) the defense response induced by DPAG stimulation.

Altogether, the experimental evidences reported to date and the results of the present study strongly indicate that the activation of both 5-HT<sub>1A</sub> and 5-HT<sub>2A</sub> receptors mediates

the antiaversive effect of 5-HT in DPAG. Besides, the present study supports the involvement of these two subtypes of 5-HT receptors within the DPAG in the antipanic effect exerted by imipramine. Further studies are necessary in order to verify if the present observations can be extended to other panicolytic drugs currently in use as the selective serotonin reuptake inhibitors and MAO inhibitors.

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