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Psychopharmacological study of agmatine in behavioral tests of schizophrenia in rodents

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ABSTRACT

The effect of agmatine in preclinical behavioral tests of schizophrenia has been examined in rodents. Agmatine at the doses of 40 and 80 mg/kg blocked conditioned avoidance responding, attenuated apomorphine induced climbing, diminished amphetamine and ketamine hyperlocomotor activity and augmented plasma prolactin levels. Pretreatment of animals with 20 mg/kg of agmatine potentiated the inhibitory effect of haloperidol (0.1 mg/kg, ip) and olanzepine (0.5 mg/kg, ip) in conditioned avoidance response test and apomorphine induced climbing. Agmatine alone at the doses tested here did not induce any cataleptic behavior in mice. However significant catalepsy was exhibited when agmatine (80 mg/kg, ip) was injected to mice pretreated with 5-HT1A receptor antagonist, WAY100, 635. These results indicate that agmatine via regulation of brain dopamine may contribute to the genesis of psychosis and development of drugs that enhance endogenous agmatine content may be better therapeutic approach to treat schizophrenia with low incidences of extra pyramidal side effects.

1. Introduction

Schizophrenia is a neurodevelopmental brain disorder with complicated pathophysiology involving many biochemical abnormalities in brain. Although dysregulation of dopamine (DA) in mesocorticolimbic system has been predominant in schizophrenia, other neurotransmitter systems including glutamate, serotonin, GABA, noradrenaline and acetyl choline have also been investigated extensively (Alsene et al., 2010; Dencker et al., 2011; Meltzer and Massey, 2011; Rotaru et al., 2011). However precise understanding of schizophrenia pathogenesis has remained elusive. Recent preclinical data suggested that agmatine, an endogenous neurotransmitter could be promising mechanism implicated in its pathogenesis (Uzbay, 2009; Uzbay et al., 2010a).

Agmatine is an endogenous amine derived from decarboxylation of L-arginine by arginine decarboxylase. It is considered as a neurotransmitter and/or neuromodulator in mammalian central nervous system being synthesized, stored in synaptic vesicles, accumulated by uptake, released by depolarization and inactivated by agmatinase (Halaris and Plietz, 2007; Reis and Regunathan, 2000). Agmatine activates both I_1/I_2 imidazoline and α_2 -adrenergic receptors, blocks N-methyl-D-aspartic acid (NMDA) receptors (Halaris and Plietz, 2007; Reis and Regunathan, 2000; Yang and Reis, 1999) and inhibits all isoforms of enzyme, nitric oxide synthase (NOS) (Auguet et al., 1995). In animal studies injected agmatine possesses neuroprotective (Olmos et al., 1999), antistress (Zhu et al., 2008), antidepressant (Aricioglu and Altunbas, 2003; Zomkowski et al., 2002), antinociceptive (Onal et al., 2004), anxiolytic (Lavinsky et al., 2003), anticonvulsant (Bence et al., 2003) properties and modulates drug addiction processes (Aricioglu-Kartal and Uzbay, 1997; Kotagale et al., 2010; Uzbay et al., 2000).

Agmatine has received considerable attention as possible target for development of new antipsychotics (Palsson et al., 2008; Uzbay et al., 2010a). However, overall these studies have given mixed results in animal models relevant to schizophrenia. For example, although agmatine per se did not alter prepulse inhibition (PPI) response, its pretreatment attenuated the disruptive effect of noncompetitive NMDA antagonist, phencyclidine (PCP) on PPI in mice (Palsson et al., 2008). In contrast, recent study clearly showed disruption of prepulse inhibition of acoustic startle reflex by agmatine in rats (Uzbay et al., 2010a). Stimulation of DA activity is critical for reduction in PPI induced by amphetamine, other dopamine agonists and NMDA antagonists (Swerdlow et al., 1993, 1995). Converging evidence has proposed a link between DA dysfunction and nitric oxide (NO) in psychiatric disorders like schizophrenia (Bernstein et al., 2005). Genetic linkage studies revealed that polymorphisms in the neuronal NOS gene confer increased susceptibility to schizophrenia (Reif et al., 2006). There is also evidence for increased NO in plasma of schizophrenic patients (Yilmaz et al., 2007) and beneficial effect of NOS inhibitors in schizophrenia animal models including PPI (Issy et al., 2011). Owing to ability of agmatine to inhibit all isoforms of NOS (Auguet et al., 1995) it may represent a new approach in pharmacotherapy of schizophrenia. However the issue is

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complicated by experimental (Black et al., 1999) and clinical (Bernstein et al., 2005) data indicating ineffective or adverse effect of NOS inhibitors in schizophrenia. Thus, the implication of agmatine in pathogenesis and/or control of schizophrenia warrants further investigations.

Hence the central purpose of this study was to assess the behavioral profile agmatine in tests like apomorphine induced climbing in mice, conditioned avoidance response in rats, and hyperlocomotion produced of D-amphetamine and ketamine that are widely used - as animal models of schizophrenia. Lastly, agmatine was evaluated in animal model predictive of unwanted side effect such as the catalepsy test in mice which is the homolog of extra pyramidal symptoms (EPS) in humans. Present study may offer more insight into the involvement of agmatine in pathogenesis of schizophrenia relative to new treatment targets.

2. Materials and methods

2.1. Animals

All experimental protocols were approved by Institutional Animal Ethical Committee and carried out under strict compliance with ethical principles and guidelines of Committee for Purpose of Control and Supervision of Experimental Animals, Ministry of Environment and Forests; Government of India; New Delhi. Young healthy male, Sprague–Dawley rats (220–250 g) or Swiss albino male mice (20–25 g) were group housed in separate cages (five per cage) under 12:12 h light/dark cycle (lights on 0700 h) in a temperature controlled (24 ± 1 °C) environment with ad libitum access to food (Hindustan Liver, India) and water.

2.2. Drugs

Agmatine sulfate, apomorphine hydrochloride, amphetamine sulfate, ketamine hydrochloride, WAY100, 635 (Sigma Chemicals, St. Louise, USA), haloperidol, and olanzepine (Sun Pharma, India) were dissolved in saline and administered by intraperitoneal (ip) or subcutaneous (sc) route.

2.3. Conditioned avoidance response (CAR) in rats

Rats were trained individually for one week in a two compartment shuttle box (Techno, India) to move from one compartment to another upon presentation of the buzzer tone (80 dB) for 10 s (conditioned stimulus; CS). If the rat failed to respond to CS, the tone was continued and electric current (0.5 mA) (unconditioned stimulus, UCS) was simultaneously delivered to the grid floor of the chamber for a period of 15 s for foot shock. Each animal was subjected to a daily session of 10 trials separated by a 20 s intertrial interval. The trial terminated once the rat has moved into the other compartment during CS or UCS period. Crossings made by the rat during the CS were recorded as avoid-ance responses and those made during UCS period were recorded as escape responding (>90%) were used for further experiments. The results are expressed as avoidance/10 trials (Ugale et al., 2004; Khisti et al., 2002).

Trained rats were randomly divided into different treatment groups (n = 6). They were injected ip with range of doses of agmatine (20–80 mg/kg, ip) alone or at subeffective doses with haloperidol (0.1 mg/kg) or olanzepine (0.5 mg/kg) or saline 30 min before subjected to CAR test. Numbers of avoidance responses during 10 trials were recorded and expressed as % inhibition of CAR.

2.4. Apomorphine-induced climbing behavior in mice

Administration of apomorphine to mice results in a peculiar climbing behavior characterized initially by rearing and then full climbing activity (Costall et al., 1978). Mice were initially placed individually in cylindrical wire mesh cages (height 13 cm, diameter 14 cm, mesh size 3 mm) for 60 min to acclimatize to the new environment. They were randomly assigned to each drug regimen (n = 6) and received agmatine (20–80 mg/kg, ip) alone or in combination with haloperidol (0.1 mg/kg, ip) or olanzepine (0.5 mg/kg, ip) or vehicle (ip) 30 min before apomorphine (1 mg/kg, sc) injections. Each mouse was placed in wire mesh cages 10 min after apomorphine administration and climbing behavior of individual mouse was scored at 5-min intervals for a period of 20 min. The scoring system used was as: 0 = four paws on the floor, 1 = one paw on the wall of cage, 2 = two paws on the wall of cage, 3 = three paws on the wall of cage, and 4 = four paws on the wall of cage. Climbing scores across each time interval were then summed and expressed as climbing index, thus providing a maximum possible climbing index of 20.

2.5. Amphetamine or ketamine induced motor hyper activity in mice

Mice were transferred from their housing facility to the testing room in their home cages 15 min before any experiment. Animals were placed in actophotometer ($20 \text{ cm} \times 20 \text{ cm} \times 10 \text{ cm}$) (Techno, India) equipped with six infrared photo sensors, 2.5 cm apart from each other for 30 min habituation before any testing. After initial habituation each mouse was brought back to home cage where they received drug treatment or saline. Baseline locomotor activity of each mouse was recorded for 20 min as a total count of ambulatory, horizontal and vertical activity (Depoortere et al., 2007; Khisti et al., 2002). Animals were randomly assigned to different treatment regimen (n=6). Agmatine (20-80 mg/kg, ip) or saline was injected 15 min prior to amphetamine (2 mg/kg, ip) or ketamine (40 mg/kg, ip) or saline administration. The activity count of each mouse was recorded individually at 30 min after amphetamine, ketamine or saline treatment for period of 20 min.

2.6. Catalepsy induction in mice

The severity of catalepsy in individual mice (n = 6) was determined by placing the forepaws of the animal over a wooden bar 0.4 cm in diameter, fixed to a height of 3.5 cm above the tabletop. The time in seconds until mice brought both forepaws down to the tabletop was recorded, with a maximum cut-off time of 300 s (Khisti et al., 2002). Measurement of catalepsy was carried out at 30 min after the administration of saline, agmatine (20–80 mg/kg, ip) or haloperidol (1 mg/kg, ip).

Many atypical antipsychotic drugs in addition to blocking DA D2 receptors also stimulate 5HT1A receptors and thereby offer protection from EPS (Bardin et al., 2006; Depoortere et al., 2007; Kleven and Barret-Grevoz, 2005). In order to investigate whether agmatine effects are associated with 5HT1A receptor component, catalepsy was measured by pretreatment with selective antagonist WAY100, 635 (0.63 mg/kg, sc) or saline 15 min before agmatine (20–80 mg/kg, ip) and 30 min thereafter subjected to bar test.

2.7. Effects of agmatine on plasma prolactin levels in rats

All present antipsychotics are known to elevate plasma prolactin levels due to blockade of DA D2 receptors located on pituitary gland (Ben-jonathan, 1985). Therefore, plasma prolactin levels were measured. Briefly, rats (n=3) were treated with agmatine (20–80 mg/kg, ip) or saline and 60 min thereafter blood samples (1 ml) were withdrawn from rat tail vein. Prolactin levels were assessed by fluorescence-based enzyme-linked immunosorbent assay as described previously with a commercially available fluorescence linked enzyme assay kit (Cosi et al., 2006).

2.8. Data analysis

Data from the experiments of CAR, apomorphine induced climbing, amphetamine or ketamine induced hyper locomotor activity, plasma prolactin levels and catalepsy was analyzed by one way analysis of variance (ANOVA) with post hoc Newman–Keuls test. $P \le 0.05$ was considered to be statistically significant.

3. Results

3.1. CAR inhibition by agmatine and antipsychotics in rats

The results presented in Fig. 1, show that agmatine given by ip route caused significant suppression of CAR behavior in rats [F(3, 23) = 28.99;P<0.001] as indicated by a main effect of drug treatment. Post hoc comparison revealed that agmatine at a dose of 40 mg/kg produced approximately 27% inhibition of avoidance responding (P < 0.01), whereas at 80 mg/kg abolished CAR by 51% (P<0.001). Administration of low dose of agmatine (20 mg/kg) did not change CAR response as compared with saline control group. However, agmatine (20 mg/kg) administration together with haloperidol or olanzepine caused significant inhibition of CAR [F(5, 35) = 11. 22; P<0.001]. Injection of 20 mg/kg, ip agmatine that exerted minimal or no effect potentiated the response to low dose of haloperidol (0.1 mg/kg) [F(3, 23) = 16.01; P<0.001] and olanzepine (0.5 mg/kg) [F(3, 23) = 8.81; P<0.001] by 56% (P<0.001) and 48% (P<0.05) respectively when compared with their respective control. None of the above drug treatment alone or in combination at any dose level used here produced any effect on escape performance.

3.2. Suppression of apomorphine induced climbing in mice

As depicted in Fig. 2, agmatine (40 and 80 mg/kg, ip) exhibited dose dependent antagonism to apomorphine induced climbing behavior in mice, with higher doses producing greater inhibition [F(3, 23) = 18.87; P<0.001]. No apparent inhibition of climbing behavior was observed at lower dose of agmatine (20 mg/kg, ip). Similarly very low doses of haloperidol (0.1 mg/kg, ip) or olanzepine (0.5 mg/kg, ip) by



Fig. 1. Effect of agmatine on conditioned avoidance response in rats. Rats were placed individually in the shuttle box for determination of avoidance responses 30 min after agmatine injections (Agm, 20, 40 or 80 mg/kg, ip) or saline (Sal, 1 ml/kg, ip). In separate group, rats were pretreated with agmatine (Agm, 20 mg/kg, ip) or saline 15 min before haloperidol (Hal, 0.1 mg/kg, ip) or olanzepine (Olz, 0.5 mg/kg, ip) or saline (Sal, 1 ml/kg, ip) and placed individually in the shuttle box for the standard ten-trial session. Each column represents the percentage inhibition of conditioned avoidance response \pm SEM for a group (n = 6) of rats. *P<0.01, **P<0.001 compared with vehicle-treatment. ^{\$}P<0.01 compared with agmatine treated group (one way ANOVA post hoc Dunnett/Newman-Keuls mean comparisons).



Fig. 2. Effect of agmatine on apomorphine induced climbing behavior in mice. Separate group of mice received agmatine (Agm, 20–80 mg/kg, ip) or saline (Sal, 1 ml/kg, ip) alone or in combination with haloperidol (Hal, 0.1 mg/kg, ip) or olanzepine (Olz, 0.5 mg/kg, ip) or vehicle (ip) 30 min before apomorphine (1 mg/kg, sc) injections and placed individually in the center of wire-mesh cage. Each column represents mean \pm SEM (n=6); total climbing score was assessed at 5 min intervals for 20 min, starting 10 min after apomorphine administration. *P<0.01, **P<0.001 compared with vehicle-treatment. ⁵P<0.01 compared with agmatine treated group (one way ANOVA post hoc Dunnett/Newman-Keuls mean comparisons).

itself did not significantly affect apomorphine induced climbing. However, in agmatine (20 mg/kg, ip) pretreated animals these doses of haloperidol [F(3, 23)=9.16; P<0.001] or olanzepine [F(3, 23)=8.67; P<0.001] exhibited significant suppression of climbing behavior.

3.3. Attenuation of amphetamine or ketamine induced hyperlocomotor activity in mice

Fig. 3 shows that animals injected with 2 mg/kg, ip D-amphetamine (1114 ± 64.67) or 40 mg/kg, ip ketamine (884 ± 30.13) produced large increase in the number of locomotor counts as compared to saline control (356.8 ± 24.05) . However this drug induced hyperlocomotor activity [F (4, 29)=23.43; P<0.001] was significantly inhibited in groups pretreated with agmatine (40–80 mg/kg, ip). Lower dose of agmatine (20 mg/kg, ip) did not influence D-amphetamine or ketamine induced locomotor response. Agmatine at any dose level used here (20–80 mg/kg, ip) did not change spontaneous or basal locomotor activity of animals.

3.4. Catalepsy measurement in mice

Agmatine at any dose (20-80 mg/kg, ip) tested here did not cause any significant change in descent latency of mice as compared to that of vehicle treated groups [F(3, 23) = 1.38; P>0.05]. However, its 80 mg/kg, ip (but not 20–40 mg/kg, ip) administration to animals pretreated with 5-HT1A receptor antagonist WAY100, 635 (0.63 mg/kg, sc) resulted in an increased amount of time spent by animals in a cataleptic position [F(7, 47) = 31.99; P<0.001]. Further, we have employed haloperidol (1 mg/kg, ip) as a standard cataleptic agent which exhibited catalepsy in mice as compared to control group (P<0.001) (Fig. 4).

3.5. Effects on plasma prolactin levels in rats

Agmatine (40 and 80 mg/kg, ip) injections produced a significant increase with mean of 0.47 ± 0.023 (P<0.05) and 0.67 ± 0.038 ng/ml (P<0.001) in plasma prolactin levels respectively as compared to saline (0.32 ± 0.035 ng/ml) treated animals (F(3, 11) = 26.82, P<0.001, one way ANOVA post hoc Dunnett mean comparisons). However plasma



Fig. 3. Effect of agmatine treatment on (a) p-amphetamine- or (b) ketamine-induced hyperlocomotor activity in mice. Animals were injected with agmatine (20–80 mg/kg, ip) or saline, 20 min before p-amphetamine (2 mg/kg, ip) or ketamine (40 mg/kg, ip) or saline. Each bar represents the mean locomotor counts \pm SEM recorded for 20 min. [@]P<0.001 compared with the control animals. ^{S*}P<0.01, ^{**}P<0.001 compared with amphetamine or ketamine treated group (one-way ANOVA post hoc Newman-Keuls mean comparison).

prolactin levels in the animals treated with 20 mg/kg remained unaltered.

4. Discussion

We demonstrated in the present study that acute ip injections of agmatine blocked conditioned avoidance response; attenuated apomorphine induced climbing and diminished amphetamine and ketamine hyperlocomotor activity. There has been considerable investigation of suppression of these behaviors by both typical and atypical



Fig. 4. Effect of saline (1 ml/kg, ip), agmatine (20, 40 or 80 mg/kg, ip) or haloperidol (1 mg/kg, ip) in bar test. In separate group, mice were pretreated with 5HT1A antagonist, WAY100, 635 (0.63 mg/kg, ip) 15 min before agmatine (20, 40 or 80 mg/kg, ip) and 30 min thereafter animals were tested for descent latency in bar test. Each bar represents mean descent latency (Sec.) \pm SEM (n = 6). *P<0.001 compared with control group, ⁵P<0.001 compared with agmatine treated group and [#]P<0.001 compared with wAY100, 635 treated group (one way ANOVA post hoc Newman–Keuls mean comparison).

antipsychotics (Reynolds and Czudek, 1995; Seeman, 1992; Ugale et al., 2004; Wadenberg et al., 1993). Numerous studies have proposed hyperdopaminergia in the mesolimbic DA system and hypodopaminergia in mesocortical system of schizophrenic patients. Although the direct interaction of agmatine and D2 receptors is yet to be reported, it diminished dopamine levels in ventral tegmental area evoked by morphine withdrawal (Wei et al., 2007), aggravated the symptoms of MPTP (1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine) induced neurotoxicity (Gilad et al., 2005) and modulated drug addictive processes (Kotagale et al., 2010; Taksande et al., 2010). The data of present study therefore suggest that regulation of brain dopaminergic signaling possibly through DA D2 receptors by agmatine is critical for attenuation of behavioral profile relevant to schizophrenia. This hypothesis further supported by the fact that agmatine augmented plasma prolactin levels, a classical effect resulting from blockade at DA D2 receptors located on pituitary gland (prolactin release is tonically inhibited by dopamine acting on D2 receptors: Ben-jonathan, 1985). Interestingly most effective antipsychotics exhibit this effect (Cosi et al., 2006). It must be noted that acute amphetamine induced locomotor stimulation is said to be related to euphoric and abusing effect of drug rather its psychosis inducing action. In order to evaluate antipsychotic profile further studies are needed using chronic administration of amphetamine or amphetamine induced locomotor sensitization model. It is important to note that agmatine possesses multireceptorial affinity. It activates α_2 -adrenergic and imidazoline receptors (Halaris and Plietz, 2007; Reis and Regunathan, 2000) and antagonizes N-methyl-D-aspartic acid (NMDA) receptors (Yang and Reis, 1999). In addition, agmatine has an important role in regulating metabolic pathways of L-arginine. It inhibits all isoforms of enzyme, NOS which synthesize NO from L-arginine (Auguet et al., 1995). Recent evidence suggests a link between NO and dopamine in psychiatric disorders like schizophrenia (Klamer et al., 2004a). Genetic studies examining a large population of schizophrenic patients revealed that polymorphisms in the neuronal NOS gene may confer increased susceptibility to schizophrenia (Reif et al., 2006). NO is increased in plasma of schizophrenic patients (Yilmaz et al., 2007) and NOS inhibitors like L-NAME or L-NNA could block several symptoms in animal models of schizophrenia like apomorphine induced climbing, PPI and amphetamine, ketamine or phencyclidine induced hyperlocomotion (Issy et al., 2011; Klamer et al., 2004b) etc., comparable to that of conventional antipsychotics like haloperidol and clozapine (Issy et al., 2009). Moreover, potent antipsychotics are reported to decrease NO synthesis in brain (Hu et al., 1994). Subsequent studies have shown an inverse relation between NO levels and release of prolactin (Andric et al., 2003; Duvilanski et al., 1995). In fact NOS inhibitors increase the prolactin secretion in rodents (Duvilanski et al., 1995). This consideration indicates that NOS inhibition by agmatine may be the basis for ability to antagonize ketamine induced hyperlocomotor activity as well as dopamine mediated behaviors relevant to schizophrenia. Alternately besides NMDA receptors, contribution of other receptor system like imidazoline, α_2 -adrenergic in agmatine induced behavior can not be completely ruled out.

In the CAR test, agmatine suppressed conditioned avoidance responding without causing escape failure suggesting reduced propensity to produce EPS (Arnt, 1982). In fact newer antipsychotic compared to classical first generation is more potent in blocking DA agonist induced hyperactivity or CAR than in causing catalepsy (Moore et al., 1993). The induction of catalepsy in rodent is considered to be predictive of EPS liability of antipsychotic drugs (Hoffman and Donovan, 1995). Neuroleptic induced catalepsy is linked to disruption of nigrostriatal DA transmission (Calderon et al., 1988; Sanberg, 1980) or blockade of DA D2 receptors (Baik et al., 1995; Farde et al., 1992; Kapur et al., 1995, 2000). In the present study, despite DA D2 receptor blockade like behavioral profile, agmatine did not produce notable cataleptic effect in mice. On the other hand, in other behavioral tests combination of low dose of agmatine augmented the effect of antipsychotic drugs haloperidol (D2 antagonist) and olanzepine (D2/5HT2 antagonist). Thus it could be

expected that if agmatine has D2 antagonistic profile it should had induced catalepsy. However our findings are not conclusive as we have not assessed the effect of prolong agmatine administration or acute injections of much higher doses. However, agmatine has affinity for 5-HT1A receptors (Zomkowski et al., 2004), and its agonist, 8-OH DPAT potentiated antidepressant like effects of agmatine (Zomkowski et al., 2004). Moreover 5-HT1A receptor activation by agonist reduces the cataleptic effect of DA D2 receptor antagonist (Broekkamp et al., 1988; Invernizzi et al., 1988). Interestingly, co-administration of agmatine and 5-HT1A receptor antagonist WAY100, 635 induced catalepsy in mice. This is in agreement with previous interaction studies of dopamine D2/5-HT1A antipsychotics and WAY100, 635 (Bardin et al., 2006; Kleven and Barret-Grevoz, 2005). Thus lack of catalepsy may be due to its affinity for 5-HT1A receptor. Notably, clozapine, a 5HT_{1A} agonist/dopamine D2 antagonist possesses potent antipsychotic activity with very low EPS in human and catalepsy in rodents (Auclair et al., 2009; Iqbal et al., 2003; Leucht et al., 2003). Thus, blockade of dopamine D2 receptors and activation 5-HT1A receptors by agmatine might be attributed to its favorable profile and low side effect liability in rodent models of schizophrenia. Further, although agmatine inhibits the hyperlocomotor activity of amphetamine or ketamine, it did not influence the spontaneous locomotor activity even at much higher doses than required for suppression of CAR, apomorphine induced climbing and amphetamine and ketamine hyperlocomotor activity. This is very fascinating aspect of agmatine as most of the antipsychotic, both typical and atypical themselves causes reduction in locomotor activity at moderate to higher doses (Costall and Naylor, 1974). In fact, earlier studies from our laboratory and results of other clearly demonstrated an inhibitory effect of agmatine on hyperlocomotor activity induced by substances of abuse like alcohol, caffeine, morphine and nicotine without altering spontaneous locomotor activity (Kotagale et al., 2010; Ozden et al., 2011; Uzbay et al., 2010b). There is no correlation between the ability of antipsychotics to antagonize ketamine induced hyperlocomotion and their affinity at dopamine D2 receptors (Bardin et al., 2007; Depoortere et al., 2007), suggesting involvement of other biological targets of agmatine. The neurochemical mechanism for this specific selectivity although remains to be elucidated, targeting endogenous agmatine may provide additional benefit to the patients of schizophrenia. Furthermore, exogenous agmatine administrations have shown several intriguing neurally relevant functions of potential therapeutic implication in schizophrenia. Agmatine possesses antidepressant, anxiolytic, neuroprotective properties and also facilitates memory processing (Lavinsky et al., 2003; Lu et al., 2010; Olmos et al., 1999; Zomkowski et al., 2002). These biological properties of agmatine further extend its therapeutic importance in amelioration of deleterious negative symptoms of schizophrenia.

The amplitude of acoustic startle response is decreased if the startle stimulus is preceded by nonstartle eliciting stimulus. This sensorimotor gating phenomenon known as PPI is diminished or impaired in schizophrenic individuals. The dopamine agonists disrupt PPI and classical antipsychotics reverse this disruption. However, recent studies have demonstrated an interesting profile of agmatine. Pretreatment with low dose (20 mg/kg, ip) of agmatine attenuated disruptive effect of phencyclidine on PPI in mice (Palsson et al., 2008). On the other hand its very high dose (160 mg/kg, ip) not only disrupted PPI of acoustic startle reflex in rats but also increased the disruptive effect of apomorphine (Uzbay et al., 2010a). The agmatine induced disruption of PPI was resistant to classical as well as atypical antipsychotics including haloperidol, clozapine and quetiapine which mainly act through DA D2 or 5-HT receptors (Uzbay et al., 2010a). Together these finding suggest that agmatine may disrupt PPI by other than dopaminergic mechanisms like NMDA antagonism (Uzbay et al., 2010a) or accumulation of agmatine metabolites spermine and spermidine due to very high doses of agmatine (Andrews, 1985; Gilad et al., 1995; Ramchand et al., 1994; Richardson-Andrews, 1983). It is noteworthy that PPI deficits are not unique to schizophrenia spectrum disorders but also observed in patients with other psychiatric conditions (Ludewig et al., 2002;

Swerdlow et al., 1993, 1995; Tam et al., 1998) and even some atypical antipsychotics with marked agonist activity at 5-HT1A receptors (Auclair et al., 2009) like sarizotan, SSR181507, bifeprunox were found to have robust PPI-disrupting effects of their own. Since schizo-phrenic patients usually show disrupted basal PPI levels (Swerdlow et al., 1993) such an effect induced by any antipsychotic can be problematic. Therefore further studies should be performed to characterize the effect of agmatine in PPI disruption.

In conclusion, our results show interesting pharmacological profile of agmatine in modulation of dopaminergic responses in animal models of schizophrenia. These preclinical observations suggest a crucial role of agmatine in pathogenesis of schizophrenia. Although further investigations are needed to surmount agmatine based therapeutic strategies, development of drugs that increases its endogenous content may represent a highly promising approach to treat schizophrenia with low incidences of extra pyramidal side effects.

Abbreviations

DA	Dopamine
5-HT	5-hydroxy tryptamine
NOS	Nitric oxide synthase
PPI	Prepulse inhibition
NMDA	N-methyl-D-aspartate
EPS	Extra pyramidal side effects
NO	Nitric oxide
CAR	Conditioned avoidance response
MPTP	1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine
GABA	Gamma amino butyric acid
PCP	Phencyclidine

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