

elicited in human subjects by stimulation of the larger arteries at the ventral surface of the brain¹⁹. Terminals of trigeminal origin are known to innervate the internal carotid artery within the cavernous sinus in monkeys²¹ but quantitative data are lacking and it remains to be seen whether or not their density profile reflects that of the full innervation sleeve. If it does, it raises the possibility that the sleeve represents a locus of low nociceptive threshold.

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The N-methyl-D-aspartate antagonist MK-801 protects against serotonin depletions induced by methamphetamine, 3,4-methylenedioxymethamphetamine and p-chloroamphetamine

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The non-competitive N-methyl-D-aspartate (NMDA) receptor antagonist MK-801 blocks the ability of D-methamphetamine (MA) to deplete striatal dopamine (DA). We now report that MK-801 attenuates decreases in serotonin (5-HT) concentration induced by MA and two other amphetamine analogues, 3,4-methylenedioxymethamphetamine (MDMA) and p-chloroamphetamine (PCA). Rats were injected with saline (1.0 ml/kg) or MK-801 (0.5, 1.0 or 2.5 mg/kg) followed by either saline (1.0 ml/kg), MA (4, 2 or 1 injection(s); 10.0, 20.0 or 40.0 mg/kg), MDMA (20.0 or 40.0 mg/kg) or PCA (5.0 or 10.0 mg/kg). In some experiments, two injections of MK-801 or saline were used. Seventy-two hours after the last injection rats were sacrificed and concentrations of 5-HT, 5-hydroxyindoleacetic acid (5-HIAA) and DA were determined in the hippocampus and striatum. MA caused a depletion of 5-HT to 33% of control in hippocampus and to 50% of control in striatum after 4x10.0 mg/kg dose regimen. When MK-801 (2.5 mg/kg) was co-administered with MA, concentrations of 5-HT did not differ from control levels in either brain region. MDMA depleted 5-HT to approximately 58% of control in hippocampus and 66% of control in striatum at the 40 mg/kg dose. Co-administration of 0.5, 1.0 or 2.5 mg/kg MK-801 with MDMA caused a dose-related attenuation of the 5-HT depletions. PCA caused dose-dependent depletions of 5-HT (33% of control levels in both hippocampus and striatum at the highest dose). Co-administration of one or two injections of MK-801 (2.5 mg/kg) caused small attenuations of 5-HT depletions in all groups, although statistical significance was reached only when experiments were pooled to increase the sample size. Changes in 5-HIAA concentration were similar to changes in 5-HT concentration in all experiments. Striatal DA was depleted by MA but not by MDMA or PCA, and co-administration of MK-801 attenuated the MA-induced DA depletion. These results are discussed in terms of possible mechanisms of serotonergic neurotoxicity.

INTRODUCTION

Administration of D-methamphetamine (MA) to rats in a variety of dose regimens has been shown to be toxic to serotonin (5-HT) neurons, as evidenced by long-lasting changes in several neuronal markers. MA causes a long-lasting decrease in concentration of 5-HT^{23,24,45}, a decrease in tryptophan hydroxylase (TPH) activity^{2,11}, and a decrease in the number of 5-HT transporters^{19,24,45}. 3,4-Methylenedioxymethamphetamine (MDMA) and p-chloroamphetamine (PCA) have also been shown to engender changes in 5-HT neurons similar to those of MA. Both MDMA and PCA cause a long-lasting decrease in the concentration of 5-HT and its metabolite 5-hydroxyindoleacetic acid (5-HIAA)^{6,7,26,33,40}, a decrease in TPH activity^{26,31}, a de-

crease in the number of 5-HT transporters^{3,4,27,35,42}, and terminal degeneration as determined by histological markers^{4,21,22}.

Several studies have provided evidence that dopamine (DA) release is necessary to induce serotonergic toxicity by substituted amphetamines. Inhibition of tyrosine hydroxylase (TH) by α -methyl-p-tyrosine prior to administration of MA^{10,30}, MDMA^{28,39} or PCA¹ attenuates the depletion of 5-HT and/or the decrease in TPH activity. Lesioning the substantia nigra with 6-hydroxydopamine attenuates MDMA-induced 5-HT depletions in hippocampus and cortex²⁸. Blocking DA receptors with haloperidol or the D1 antagonist SCH 23390 has also been shown to partially block the serotonergic toxicity of MA³⁶. Also, the S-(+)- stereoisomer of MDMA, which releases striatal DA *in vivo*⁹, induces

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post-hoc comparisons¹⁷ using SuperANOVA software (Abacus Concepts, Berkeley, CA) for Apple Macintosh computers. $P \leq 0.05$ was considered to be statistically significant. All results are reported as mean $\pm$ S.E.M. in ng/mg wet weight tissue.

Group	5-HT (ng/mg tissue)
40.0 MA + 1 inj MK	~0.05
20.0 MA + 2 inj MK	~0.08
10.0 MA + 4 inj MK	~0.12
40.0 MA + 1 inj MK	~0.25

creasing in

statistically significant for only one dose combination, MK-801 (0.25 mg/kg $\times$ 1 inj)/PCA (10.0 mg/kg). In this case the data were pooled from two separate experiments,

Figure 1 consists of two bar graphs. The top graph is for the Striatum and the bottom graph is for the Hippocampus. Both graphs show the release of [3H]GABA (white bars) and [3H]glutamate (hatched bars) under four conditions: Control, Diazepam, KCl, and Diazepam + KCl. The y-axis represents the release in % of control, with a scale break between 0.2 and 0.3. In the Striatum, Diazepam increases GABA release (marked with *) and Glutamate release (marked with *). KCl increases both (marked with *). Diazepam + KCl increases both (marked with *). In the Hippocampus, Diazepam increases GABA release (marked with +) and Glutamate release (marked with +). KCl increases both (marked with +). Diazepam + KCl increases both (marked with +).

Brain Region	Neurotransmitter	Control	Diazepam	KCl	Diazepam + KCl
Striatum	[3H]GABA	0.10	0.18*	0.22*	0.20*
	[3H]Glutamate	0.10	0.18*	0.22*	0.20*
Hippocampus	[3H]GABA	0.10	0.15+	0.22+	0.20+
	[3H]Glutamate	0.10	0.15+	0.22+	0.20+

different from SAL/SAL ($P \leq 0.05$). [†] Indicates significantly different from SAL/MDMA ($P \leq 0.05$). HPLC column numbers (n = 7) for the 400 MDMA/0.5 MK experiment which resulted in higher mean values for all groups in this experiment.

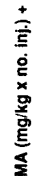


Fig. 1. Effects of MA and MK on 5-HTT in hippocampus and striatum. Rats were administered one of the following regimens: (a) MK (2.5 mg/kg), SAL (1.0 ml/kg); (b) MA (400 mg/kg) or SAL (1.0 ml/kg) 15 min later by a single injection of MA (400 mg/kg) or SAL (1.0 ml/kg) followed by two injections of MA (200 mg/kg) or SAL (1.0 ml/kg) beginning 15 min later; (c) concurrent with the last MA or SAL injection, rats received a second injection of MA (400 mg/kg) or SAL (1.0 ml/kg). Values represent mean $\pm$ SEM expressed in ng/mg wet weight tissue. Solid bars represent SAL/MK-treated groups ($n = 7-13$); striped bars represent MK/MA-treated groups ($n = 8-14$). Gray bars represent SAL/MA-treated groups ($n = 9-18$), and white bars represent MK/SAL-treated groups ($n = 8-14$). * indicates significantly different from SAL/SAL ($P \leq 0.05$).

increasing the sample size. (Sample n 's were 12, 14, 22 and 20 for SAL/SAL, MK/SAL, SAL/PCA and MK/PCA, respectively. There was no significant difference between the values obtained in the first experiment and the replication.) In striatum, PCA (10.0



Fig. 2. Effects of MDMA and MK on 5-HT in hippocampus and striatum. Rats were administered MK (0.5, 1.0 or 2.5 mg/kg) or SAL (1.0 mg/kg) followed 15 min later by one injection of MDMA (20/0 or 40/0 mg/kg) or SAL (1.0 mg/kg). Values represent mean $\pm$ S.E.M. expressed in mg/kg dry brain weight. Solid bars represent SAL/MDMA-treated groups ($n = 6-8$); striped bars represent MK/SAL-treated groups ($n = 7-8$); open bars represent MK/MDMA-treated groups ($n = 9-12$), and open bars represent SAL/MDMA-treated groups ($n = 9-12$). * Indicates significantly different from SAL/MDMA ($P \leq 0.05$). [†] Indicates significantly different from SAL/MDMA ($P \leq 0.05$). [‡] Indicates significantly different from SAL/MDMA ($P \leq 0.05$). HPLC values were changed for the 40/0 MDMA/0.5 MK experiment which resulted in higher mean values for all groups in this experiment.

for the 40/0 MDMA/0.5 MK experiment which resulted in higher mean values for all groups in this experiment.

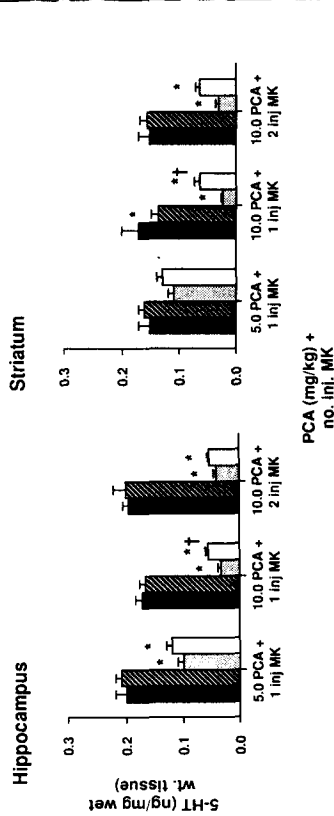


Fig. 3. Effects of PCA and MK on 5-HT in hippocampus and striatum. Rats were administered MK (2.5 mg/kg) or SAL (1.0 ml/kg) followed 15 min later by one injection of PCA (5.0 or 10.0 mg/kg) or SAL (1.0 ml/kg). Some rats received a second injection of MK or SAL 30 min after the PCA or SAL injection. Values represent mean $\pm$ S.E.M. expressed in ng/mg wet weight tissue. Solid bars represent SAL/PCA-treated groups ($n = 8-14$); striped bars represent MK/SAL-treated groups ($n = 8-22$); and open bars represent MK/PCA-treated groups ($n = 8-20$). * Indicates significantly different from SAL/PCA ($P \leq 0.05$).

mg/kg) caused significant depletions of 5-HT to 14% ($F = 28.90$, $P \leq 0.0001$) and 21% ($F = 27.43$, $P \leq 0.0001$) of control values, and co-administration of MK-801 (2.5 mg/kg, one or two injections) attenuated both depletions but reached statistical significance only in the MK-801 (2.5 mg/kg $\times$ 1 inj)/PCA (10.0 mg/kg) experiment.

The effects of SAL/MA on 5-HT were similar to the effects on 5-HT: SAL/MA (10.0 mg/kg $\times$ 4 inj) caused depletion of 5-HT in hippocampus (0.10 ± 0.01 vs. 0.21 ± 0.02 ; mean $\pm$ S.E.M. in ng/mg tissue; $F = 8.38$, $P \leq 0.001$) while co-administration of MK-801 (2.5 mg/kg $\times$ 2 inj) attenuated the depletion (0.10 ± 0.01 for SAL/MA vs. 0.16 ± 0.02 for MK/MA). SAL/MA (10.0 mg/kg $\times$ 4 inj) did not deplete 5-HT in striatum (0.23 ± 0.04 for SAL/MA vs. 0.25 ± 0.01 for SAL/SAL), although it should be noted there was a large amount of variability in the MA-treated animals (values ranged from $0.07-0.39$ ng/mg tissue). There were no depletions of 5-HT by SAL/MA in either region at the 40.0 mg/kg ($\times$ 1 inj) dose, although the 20.0 mg/kg ($\times$ 2 inj) dose engendered a small (0.14 ± 0.01 vs. 0.16 ± 0.01) but significant ($F = 4.01$, $P \leq 0.05$) depletion in hippocampus.

SAL/MDMA (20.0 mg/kg) depleted 5-HT in hippocampus compared to SAL/SAL (0.12 ± 0.01 vs. 0.15 ± 0.01 , $F = 5.31$, $P \leq 0.05$) as did the 40.0 mg/kg dose (0.07 ± 0.01 vs. 0.14 ± 0.00 , $F = 17.11$, $P \leq 0.0001$). Similar results were obtained with the 40.0 mg/kg dose in 2 additional experiments. When MK-801 (1.0 or 2.5 mg/kg) was co-administered with MDMA

agreement with the previously published study³⁷. Neither MDMA nor PCA significantly affected DA concentration at any dose used.

MK/SAL (2.5 mg/kg $\times$ 1 or 2 inj, or 1.0 mg/kg $\times$ 1 inj) had no significant effect on 5-HT, 5-HIAA or DA concentration in hippocampus or striatum.

DISCUSSION

The results of the present study show that MA, MDMA and PCA cause depletions of 5-HT in rat hippocampus and striatum which can be attenuated by co-administration of the non-competitive NMDA receptor antagonist MK-801. 5-HT depletions caused by all three of these amphetamines have been correlated with toxicity of serotonergic nerve terminals^{30,34,44}. The results of this study suggest that co-administration of MK-801 protects against serotonergic toxicity engendered by MA, MDMA and PCA.

Co-administration of MK-801 with MA (10.0 mg/kg $\times$ 4 injections) completely protected against decreases in hippocampal and striatal 5-HT in this study, and these results agree with what has been seen in another lab (P. Sonsalla, personal communication). The dose of MA used here also causes long-lasting decreases in DA concentration and TH activity^{38,44}, and MK-801 (2.5 mg/kg) has been shown to attenuate these effects^{37,38} as well. Since the mechanism of MA-induced neuronal toxicity is not well-understood, it is difficult to understand the role of MK-801 in neuroprotection. Nevertheless, these data suggest that MK-801 may work through a common mechanism to protect against serotonergic and dopaminergic toxicity.

MDMA caused depletions of 5-HT in hippocampus at both doses tested. Depletions in striatum were inconsistent, although a significant long-lasting depletion in striatal 5-HT has been shown previously⁶ with the 40.0 mg/kg dose. The protective effect of MK-801 was dose-related in terms of the difference in 5-HT concentration between the SAL/MDMA- and MK/MDMA-treated groups. However, the degree of protection (as defined by whether or not the mean 5-HT concentration of the MK/MDMA group was significantly lower than the SAL/SAL group) appears to have been determined by the extent of the MDMA-induced depletion rather than the dose of MK-801.

MDMA engendered larger depletions of 5-HT in the experiments using the higher dose of MK-801 (the left-hand histograms in Fig. 2), and thus the higher dose of MK-801 appeared to provide only partial protection while the lower dose appeared to afford complete protection. To assess whether additional doses of MK-801 would give better protection against 5-HT

depletion, two injections of MK-801 (2.5 mg/kg) were administered at -15 and 90 min with MDMA (40.0 mg/kg). In hippocampus, 5-HT concentration was 37% of control in the SAL/MDMA group and 66% of control in the MK/MDMA group (data not shown), as compared to 40% and 64% with a single injection of MK-801. A second injection of MK-801 does not appear to increase the protective effect, although additional time points and doses should be examined.

Protection by MK-801 against MDMA-induced 5-HT depletions seen in this study was surprising in light of the report by Johnson and coworkers³² in which MK-801 protected against decreases in TPH activity induced by MA but not MDMA 20 h after the last injection. If both TPH activity and tissue 5-HT concentration are accurate predictors of serotonergic toxicity, the critical difference between these two studies may be the time point at which TPH activity (18-20 h) and 5-HT concentration (72 h) were measured. Time course studies measuring both TPH activity and 5-HT concentration would help clarify this discrepancy.

Single injections of PCA caused dose-related depletions of 5-HT in hippocampus, while only the high dose (10.0 mg/kg) depleted 5-HT in striatum. Co-administration of MK-801 (2.5 mg/kg $\times$ one or two injections) appeared to provide an attenuation of the 5-HT depletion at each dose and region tested, and a lower dose of MK-801 (1.0 mg/kg) provided similar effects (data not shown). However, this attenuation was statistically significant for only one dose combination, MK (2.5 mg/kg $\times$ 1 inj)/PCA (10.0 mg/kg). In this case the data were pooled from two separate experiments which increased the sample size. (Sample n 's were 12, 14, 22 and 20 for SAL/SAL, MK/SAL, SAL/PCA and MK/PCA, respectively. Sample sizes in other experiments ranged from 7-10/group. There was no significant difference between the values obtained in the first experiment and the replication.) These data suggest that MK-801 does provide protection against PCA-induced 5-HT depletions, since the effect is replicable and statistically significant with a large sample.

The effects of MA, MDMA, PCA and MK-801 on 5-HT were similar to the effects on 5-HT in all experiments. The 5-HIAA data are consistent with the hypothesis that MA, MDMA and PCA engender degradation of serotonergic nerve terminals and co-administration of MK-801 protects against this terminal degeneration. MA-induced depletion of striatal DA and protection by co-administration of MK-801 are consistent with reports published previously in mice^{33,34}, and this study extends those findings to another species. The different dosing regimens used in this study and the different toxic potencies make it difficult to com-

pare the effects across drugs, but the data suggest that the ability of MK-801 to protect against 5-HT depletion varies across drugs. The dosing regimens used in this study were chosen based on reports of neurotoxic regimens in the literature^{13,17}, and we selected doses which gave maximal 5-HT depletions with minimal mortality rates. Two injections of MK-801 (2.5 mg/kg) completely attenuated the effects of MA on 5-HT, while one or two injections of MK-801 only partially protected against MDMA-induced 5-HT depletions. Furthermore, co-administration of MK-801 (one or two injections) with MDMA increased hippocampal 5-HT approximately 62–78% over MDMA-induced depletion, while co-administration of MK-801 (one or two injections) with PCA increased 5-HT 25–66% over PCA-induced depletions. Sabol et al. have recently reported that MK-801 does not protect against 5-HT depletions engendered by another halogen-substituted amphetamine, *o*-fenfluramine, and in fact appears to enhance the depletions.²⁵ We cannot draw firm conclusions from this study about the relative efficacy of MK-801 in protecting against 5-HT depletions from different substituted amphetamines, but our results suggest that this efficacy varies with the ring- and side-chain substitutions. Systematic dose-response and time-course studies are warranted to further characterize these effects.

The mechanism by which MK-801 protects against neurotoxicity engendered by substituted amphetamines is still in question, although it appears that MK-801 must be administered early in the injection regimen to have an effect. Sonsalla et al.³⁸ showed that a single injection of MK-801 given to mice at time 0 or 1 h concomitant with four MA injections spaced 2 h apart partially protects against dopaminergic toxicity, while MK-801 given at hour 3, 5, or 7 does not protect against neurotoxicity. Since the elimination half-life of MK-801 from brain and plasma is approximately 2 h⁴¹, MK-801 given at time 0 or 1 h was virtually eliminated by the time of the last injection. MK-801 given at hour 3, 5, or 7 is in higher concentration at the time of the last injection but is not present for the first two injections, indicating that it is necessary to administer MK-801 within 1 h of the first MA injection for protection against dopaminergic toxicity due to MA, and presumably, serotonergic toxicity as well.

Evidence indicates that release of synaptic DA is necessary to engender serotonergic toxicity^{10,11,14,32,39}, and both DA and 5-HT are released after administration of MA, MDMA and PCA.^{30,31,34} Since MK-801 must be administered within 1 h of MA injection for neuroprotection, it has been suggested^{15,43} that MK-801 might attenuate or block release of DA, thereby

protecting against dopaminergic (and serotonergic) toxicity. Unfortunately, the data which support this hypothesis are conflicting. Marshall and coworkers⁴³ have shown that while MK-801 alone has no effect on striatal DA release, MK-801 significantly attenuates MA-induced DA release. Kashiwara et al., however, have demonstrated that MK-801 alone significantly attenuates striatal DA release in a dose-dependent manner¹⁵ while having no effect on MA-induced DA release.¹⁶ Bowyer et al. have also shown that MK-801 does not attenuate DA release due to MA, but instead show that MK-801 attenuates DA release due to glutamate stimulation⁵ and suggest this effect may underlie neuroprotection by MK-801. Clearly, further work needs to be done to clarify the effect of MK-801 on DA release, and its relationship to the mediation of dopaminergic and serotonergic toxicity.

In summary, administration of MK-801 with MA, MDMA or PCA protects against depletion of 5-HT in hippocampus and striatum. The protection against serotonergic toxicity may be a phenomenon which is linked to the effect of MK-801 on DA release, and more data is needed to elucidate the mechanism of this effect of MK-801.

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