

5-Hydroxyindoleacetic acid in cerebrospinal fluid reflects serotonergic damage induced by 3,4-methylenedioxymethamphetamine in CNS of non-human primates

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This study examined whether 5-hydroxyindoleacetic acid (5-HIAA) in cerebrospinal fluid (CSF) could be used to detect serotonergic damage induced by (±)-3,4-methylenedioxymethamphetamine (MDMA) in the central nervous system (CNS) of non-human primates. Monkeys were administered toxic doses of MDMA; two weeks later, the animals were lightly anesthetized with ether and CSF was obtained by means of cervical puncture. Later that same day, the animals were killed for direct determination of CNS serotonin and 5-HIAA concentrations. Monkeys with 73–94% depletions of serotonin and 5-HIAA in brain and 42–45% depletions of serotonin and 5-HIAA in the spinal cord had a $60 \pm 7\%$ reduction of 5-HIAA in CSF, without any change in homovanillic acid (HVA) or 3-methoxy-4-hydroxyphenethyleneglycol (MHPG). These findings indicate that CSF 5-HIAA can be employed to detect central serotonergic damage produced by MDMA in non-human primates, and suggest that CSF 5-HIAA may be useful for detecting MDMA-induced neuronal damage in humans.

There is now substantial evidence that (±)-3,4-methylenedioxymethamphetamine (MDMA), a popular recreational drug¹, damages central serotonergic nerve fibers in a variety of experimental animals including rats^{3,7,17,19,21,26,30}, guinea pigs⁷, mice³¹ and monkeys^{22,23,32}. Animals given MDMA show long-term reductions in the concentration of brain serotonin^{3,7,23,26,30}, the number of serotonin uptake sites^{3,7}, the activity of tryptophan hydroxylase³⁰, and the level of 5-hydroxyindoleacetic acid^{7,17,26,30}. Anatomical studies indicate that MDMA produces these neurochemical deficits by damaging serotonergic nerve fibers^{7,19,23,32}. Whether humans who use MDMA sustain serotonergic damage is not yet known. However, since the toxic dose of MDMA in the monkey (5 mg/kg) is only 2–3 times higher than that typically taken by humans (1.7–2.7 mg/kg)^{24,27},

this possibility needs to be carefully explored. Unfortunately, there is currently no direct way of evaluating living humans for central serotonergic damage. For this reason, the present study was undertaken to determine if 5-HIAA in CSF might be used to detect serotonergic damage induced by MDMA in the central nervous system (CNS) of non-human primates.

Six 3-year-old female squirrel monkeys (*Saimiri sciureus*) weighing 500–700 g were used. Animals were housed individually in standard primate steel cages (1 m³) with free access to food (Purina monkey chow) and water. MDMA, dissolved in saline as the hydrochloride salt, was administered subcutaneously at a dose of 5 mg/kg twice a day (09.00 and 17.00 h) for 4 consecutive days. Three monkeys received MDMA; 3 were given saline. The aforementioned regimen of MDMA was employed because it is known

to damage a large (80–90%) fraction of serotonergic nerve fibers in the monkey brain^{23,24,32}. Two weeks after drug treatment, CSF was collected from each monkey between 11.00 and 12.00 h by means of cervical puncture as follows. Monkeys were lightly anesthetized with ether, the nape of the neck was shaved and cleansed with betadine. The animal was then held suspended by the shoulders, with the neck in full flexion. While holding the animal in this position, a 25-gauge needle 5/8" in length attached to a 1 ml syringe was slowly inserted along the midline into the subarachnoid space between the first and second cervical vertebrae, and 300 μ l of CSF were slowly aspirated. CSF was then transferred to a 1 ml screw-cap polypropylene tube and immediately stored frozen in liquid nitrogen until assay. Shortly after CSF had been collected, monkeys were killed, brains were removed and concentrations of monoamines and their metabolites were measured by means of high-performance liquid chromatography coupled with electrochemical detection (HPLC-EC) according to the method of Kilpatrick and colleagues¹³.

5-HIAA concentration in cervical CSF of monkeys given MDMA two weeks previously was reduced by 60% (Table IA). Serotonin in the caudate nucleus of these same animals was decreased by 90% (Table IB). Concentrations of HVA and MHPG in CSF of

MDMA-treated monkeys were normal. Normal HVA and MHPG concentrations in CSF were associated with normal levels of dopamine and norepinephrine in the caudate nucleus and hippocampus, respectively (Table IB). MDMA-treated monkeys also showed a marked depletion of serotonin in the hippocampus (–73%), hypothalamus (–82%) and thalamus (–86%) (Table II). The most severely affected brain region was the somatosensory cortex where serotonin was reduced by 94%. MDMA also reduced the concentration of serotonin in the cervical spinal cord, but to a lesser extent (–44%) (Table II). Measurements of 5-HIAA showed that this serotonergic marker was also lowered by MDMA. Regional 5-HIAA depletions paralleled those of serotonin in all CNS regions (Table II).

These results demonstrate that prolonged depletions of serotonin and 5-HIAA induced by MDMA in the CNS of the squirrel monkey are associated with a substantial decrement of 5-HIAA in the CSF of this experimental animal. Since long-term depletions of serotonin and 5-HIAA are good indicators of serotonergic damage^{7,19,23}, the present findings suggest that CSF 5-HIAA can be used to detect serotonergic damage in living primates. The significance of this observation is twofold. First, it provides a way for probing for serotonergic damage in monkeys while they are alive, something that will be of particular value when expensive non-human primates need to be studied repeatedly over time. Second, and perhaps more importantly, the present findings provide a basis for evaluating MDMA-exposed humans for possible serotonergic damage. It should be emphasized, however, that in the monkey CSF was sampled from the cervical subarachnoid space, whereas in humans, CSF is generally obtained from the lumbar region. Hence, the question arises as to whether lumbar CSF 5-HIAA also reflects serotonergic damage induced by MDMA. To address this question, attempts were made to collect CSF from the lumbar subarachnoid space of the squirrel monkey. However, in keeping with the experience of others (Coe, personal communication) these efforts were unsuccessful. For such purposes, a larger primate species may be more suitable.

Since CSF 5-HIAA has been reported to be influenced by a variety of factors including age⁶, diet^{8,9}, volume of CSF withdrawn^{4,11,12}, body height^{28,33}, mo-

TABLE II

Regional brain concentrations of
S.E.M. (expressed in μ g/ml)

Serotonin
Control
MDMA
5-HIAA
Control
MDMA

* $P < 0.05$, two-tailed t -test.

tor activity^{8,20} and autonomic syndrome. Any of these factors could likely have influenced the results and experiments were fed the same diet. CSF removed and measured in the same animal. The findings by others exploring their effects on CSF puncture. Both present context and high cervical region minimizing the risk of triculo-spinal injury. However, all monkeys were of similar size. Given the difficulty to conclude the results found in the CSF not related to the findings instead reflect MDMA administration.

The relative concentrations of 5-HIAA in the CSF are a considerable controversy. Some light on the effects of 5-HIAA in cervical CSF is provided by data from bo- surmised from the effects of 5-HIAA in cervical CSF. A 42% depletion of 5-HIAA but an 80% depletion of serotonin by averaging 1 ml of brain regions. The concentration of CSF were

TABLE I

Relationship between 5-HIAA in CSF and serotonin in brain of control and MDMA-treated monkeys

A. Selective reduction in 5-HIAA in the CSF of monkeys administered MDMA 2 weeks previously. Values represent the mean $\pm$ S.E.M. (expressed in μ g/ml of CSF). * $P < 0.05$, two-tailed Student's t -test.

Treatment	n	5-HIAA	HVA	MHPG
Saline	3	101 $\pm$ 7	255 $\pm$ 44	30 $\pm$ 4
MDMA	3	41 $\pm$ 7*	264 $\pm$ 20	40 $\pm$ 11

B. Selective reduction in serotonin in the caudate nucleus of monkeys administered MDMA 2 weeks previously (same animals as in Table IA). Values represent the mean $\pm$ S.E.M. (expressed in μ g/ml of CSF). * $P < 0.05$, two-tailed Student's t -test.

Treatment	n	Serotonin	Dopamine	Norepinephrine
Saline	3	0.218 $\pm$ 0.023	11.6 $\pm$ 0.9	2.59 $\pm$ 0.18
MDMA	3	0.021 $\pm$ 0.005*	9.7 $\pm$ 0.2	2.84 $\pm$ 0.91

were normal. Normal
ions in CSF were asso-
dopamine and norepi-
leus and hippocampus,
DMA-treated monkeys
tion of serotonin in the
thalamus (-82%) and
. The most severely af-
s: somatosensory cortex
l by 94%. MDMA also
serotonin in the cervical
tent (-44%) (Table II).
lowed that this seroton-
d by MDMA. Regional
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that prolonged deple-
A induced by MDMA in
ey are associated with a
IAA in the CSF of this
long-term depletions of
good indicators of sero-
resent findings suggest
d to detect serotonergic
The significance of this
, it provides a way for
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at will be of particular
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time. Second, and per-
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A-exposed humans for
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monkey CSF was sampled
d space, whereas in hu-
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rises as to whether lum-
ts serotonergic damage
dress this question, at-
t CSF from the lumbar
quirrel monkey. Howev-
erience of others (Coe.
ese efforts were unsuc-
a larger primate species

en reported to be influ-
s including age⁶, diet^{8,9},
¹², body height^{28,33}, mo-

TABLE II
Regional brain concentrations of serotonin and 5-HIAA in monkeys given MDMA 2 weeks previously. Values represent the mean
S.E.M. (expressed in µg/g of tissue)

	Hippocampus	Hypothalamus	Cortex	Caudate	Thalamus	Cervical cord
<i>Serotonin</i>						
Control	0.11 ± 0.01	0.77 ± 0.07	0.081 ± 0.013	0.22 ± 0.02	0.61 ± 0.17	0.30 ± 0.02
MDMA	0.03 ± 0.01*	0.14 ± 0.05*	0.005 ± 0.001*	0.02 ± 0.01*	0.09 ± 0.02*	0.17 ± 0.03*
<i>5-HIAA</i>						
Control	0.31 ± 0.02	0.80 ± 0.04	0.130 ± 0.020	0.42 ± 0.03	1.41 ± 0.05	0.24 ± 0.01
MDMA	0.08 ± 0.01*	0.20 ± 0.02*	0.014 ± 0.005*	0.07 ± 0.02*	0.35 ± 0.07*	0.14 ± 0.02*

*P < 0.05, two-tailed Student's *t*-test.

tor activity^{8,20}, and, in humans, certain neuropsychi-
atric syndromes^{2,5,14,15}, it is important to consider if
any of these factors influenced the results of this
study. Age, diet or amount of CSF withdrawn are un-
likely to have altered the present results since control
and experimental monkeys were of the same age,
were fed the same diet and had an identical volume of
CSF removed. Motor activity, while not formally
measured in this study, is unlikely to have influenced
the findings because all monkeys were active and ex-
ploring their cages for several hours prior to cervical
puncture. Body height is not a critical variable in the
present context because CSF was collected from the
high cervical rather than the low lumbar region, thus
minimizing the influence of body height on the ven-
triculo-spinal gradient of 5-HIAA in CSF^{4,11}. More-
over, all monkeys were comparable in weight and
size. Given these considerations, it seems reasonable
to conclude that the lower concentration of 5-HIAA
found in the CSF of the MDMA-lesioned monkey is
not related to any of the aforementioned factors, but
instead reflects serotonergic damage resulting from
MDMA administration^{7,23,32}.

The relative contribution of brain and spinal cord
to 5-HIAA in spinal CSF has been a matter of consid-
erable controversy¹⁰. The results of this study throw
some light on this question for they suggest that 5-
HIAA in cervical CSF of the squirrel monkey origi-
nates from both brain and spinal cord. This can be
surmised from the fact that a 60% reduction of 5-
HIAA in cervical CSF was associated with only a
42% depletion of 5-HIAA in the cervical spinal cord,
but an 80% depletion of 5-HIAA in brain (computed
by averaging the depletion of 5-HIAA in the various
brain regions shown in Table II). If 5-HIAA in cervi-
cal CSF were originating only from the spinal cord,

the depletion of 5-HIAA in cervical CSF would n
be expected to exceed that in the cord. This is t
cause 5-HIAA concentrations in CSF generally p
allel those in adjacent CNS areas^{16,25,28}. The mag-
tude of 5-HIAA depletion in cervical CSF of t
monkey is noteworthy in one other respect. Wh
the depletion seems to overestimate the extent
serotonergic damage (as indexed by serotonin and
HIAA depletion) in the cervical cord, it substantia
underestimates serotonergic damage in regions
the brain such as the somatosensory cortex whe
serotonin is depleted by 94% (Table II). This tende-
cy of CSF 5-HIAA to substantially underestima
serotonergic damage in brain will be important
bear in mind when attempts are made to detect ser-
tonergic neurotoxicity in MDMA-exposed huma
by means of CSF 5-HIAA analysis.

To the best of our knowledge, the depletion
serotonergic markers produced by MDMA in t
cervical spinal cord of the monkey provides one
the first indications that MDMA is toxic to seroto-
nergic fibers not arising from nerve cells in the dors
raphe nucleus. Until now, evidence has suggest
that the toxic effect of MDMA may be restricted
this serotonergic cell group^{19,23}. The present findi
that serotonergic fibers in the spinal cord are dai-
aged by MDMA argues against this notion since ser-
tonergic projections to the spinal cord do not origi-
nate from the dorsal raphe nucleus²⁹. A toxic effe-
on serotonergic fibers in the spinal cord has also bee
recently noted by Nencini et al.¹⁸ working wi
MDMA in the rat.

In summary, the present results demonstrate th
5-HIAA in CSF can be used to detect serotonerg
damage induced by MDMA in the CNS of non-h
man primates. Whether 5-HIAA in lumbar CSF

humans can be used for similar purposes is as yet unclear. However, given the large number of individuals who continue to self-administer MDMA for recreational purposes, this needs to be investigated. Such studies could be of value in defining the long-term effects of MDMA on serotonergic neurons in the human CNS.

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