

Characteristics of Cholinergic Receptors in Nigrostriatal Neurons

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ABSTRACT

Brain dopaminergic system has various important functions such as attention, locomotion, and sensory-motor integration. Although nicotine has a medical problem like addiction, it can activate brain dopaminergic system. The present study was conducted to determine the characteristics of nigrostriatal dopaminergic neurons by focusing on the relative contribution of nicotinic and muscarinic receptors and on sensitivity to alpha-bungarotoxin in nicotinic receptors. Under urethane anesthesia, the responses of nigrostriatal neurons of the male Sprague-Dawley rats to iontophoretically applied cholinergic chemicals were recorded. Nigrostriatal neurons showed high basal firing frequency. These neurons were more activated following the ejection of nicotine than muscarine. The distribution of receptors sensitive to alpha-bungarotoxin was relatively high compared to receptors insensitive to alpha-bungarotoxin. These results suggest that midbrain SNpc neurons reveal the distinct characteristics in terms of nicotinic receptors.

Key words: nigrostriatal neurons, nicotine, alpha-bungarotoxin, cholinergic receptors

INTRODUCTION

Dopamine-containing neurons in the rat substantia nigra pars compacta (SNpc) and ventral tegmental area (VTA) receive moderate to dense inner-

ventions from mesopontine cholinergic cells (Bolam et al., 1991). The substantia nigra (SN) is located lateral to the A10 dopaminergic cell groups and contains A9 dopaminergic neurons. Dopaminergic cell bodies are located along dorsal part of the SNpc.

Acetylcholine (ACh) (Jacobowitz and Goldberg, 1977) and acetylcholine esterase (AChE) activities (Kobayashi et al., 1975) are high in both the VTA

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and SNpc. Localization of acetylcholine in the SNpc suggests cholinergic innervation to dopaminergic cell bodies.

Nicotinic receptors (nAChR), which are pentameric ligand-gated ion channels, have been shown to be present in the striatum or SN (Zhou et al., 2002; Dajas-Bailador and Wonnacott, 2004; Quik, 2004; Wonnacott et al., 2005). These nicotinic receptors can be activated by striatal dopamine, suggesting a close interaction between the nicotinic and dopaminergic systems (Salminen et al., 2004; McCallum et al., 2005). The cholinergic projection to the SN is originated in the pedunculopontine and lateral dorsal tegmental nuclei (Grace and Bunney, 1983; Clarke et al., 1987; Beninato and Spencer, 1988; Lee et al., 1988; Mitchell et al., 1989). Nicotinic cholinoreceptors are located on dopaminergic cells of the SNpc. Binding site of M1 and M2 muscarinic receptor subtypes are present in the SN. The muscarinic (M1, M2) and nicotinic receptors exist in both the VTA and SN (Clarke and Pert, 1985; London et al., 1985; Cortès et al., 1986; Boksa and Ouirion, 1987; Nastuk and Graybiel, 1991).

In electrophysiological studies, iontophoretically ejected ACh increases the firing frequency at dopaminergic and non-dopaminergic cells in the VTA and SNpc (Lichtensteiger et al., 1976; Lichtensteiger et al., 1982; Waszczak, 1990; Greenfield, 1991). Systemically and locally injected nicotine increases the neuronal firing frequency (Lichtensteiger et al., 1982; Clarke et al., 1985; Grenhoff et al., 1986; Carlson and Foote, 1992). However, the specific responsiveness of the SNpc neurons to cholinergic agents are still unclear. Therefore, the present study was conducted to determine the characteristics of nigrostriatal dopaminergic neurons by focusing on the relative contribution of nicotine and muscarinic receptors and on sensitivity to alpha-bungarotoxin in nicotinic receptors.

MATERIALS AND METHODS

Subjects

Fifty adult male Sprague-Dawley rats weighing 300 ± 50 g were subjected to the microiontophoretic study. Anesthesia was induced by intraperitoneal administration of urethane (1.25 g/kg) and mounted on a stereotaxic apparatus. Rectal temperature was

monitored by a thermistor and maintained between 36.5 and 37.5°C by means of an electrically heated blanket.

Electrophysiological recording from the SNpc

Microelectrophoretic applications of chemicals with calibrated currents were performed using seven-barreled glass capillary pipettes (120F, WPI, Sarasota, Florida, USA) pulled in two stages with a glass micro electrode puller (PE-2, Narishige, Setagaya-ku, Tokyo, Japan). Extracellular single unit recordings were made with 7-barrel microiontophoretic pipettes with a central recording barrel (Lee et al., 1991). The tips of the recording electrodes were broken back under microscope control to a 8~10 μ m diameter. The recording barrel was filled with a 2 M NaCl solution. Six surrounding barrels were used for drug ejections and a current balance for current neutralization. Action potentials were screened via a differential amplifier (AM502, Tektronix, Carrollton, TX, USA) and window discriminator (121, WPI, Sarasota, FL, USA), which generated square pulses. These pulses were fed to AD/DA converter (1401 plus, CED, Cambridge, UK) and a personal computer which generated firing rate histograms with a software for electrophysiology (Spike II, Cambridge Electronic Design, Cambridge, U.K.). The side barrels used for drug ejection were filled with the following solutions: 0.5 M nicotine, in 120 mM NaCl, pH 3.5; 5 mM muscarin, in 200 mM NaCl, pH 4; 1 mM dihydro-beta-erythroidine, in 165 mM NaCl, pH 4.5; 5 nM methyllycaconitine, in 165 mM NaCl, pH 4.5. To distinguish the nicotinic acetylcholine receptor subtype, we used dihydro-beta-erythroidine, a nicotinic ACh receptor antagonist (competitive antagonist) and methyllycaconitine (noncompetitive antagonist). Thus, to determine whether the neurons activated by nicotine is sensitive or insensitive to alpha-bungarotoxin, dihydro-beta-erythroidine (insensitive: Bachem, Torrance, CA, USA) and methyllycaconitine (sensitive: Bachem, Torrance, CA, USA) were used.

Presumed dopaminergic neurones within the SNpc are well established electrophysiological criteria (Grace and Bunney, 1983) including; 1) spontaneous firing rate between 5 and 90 spikes 10 s⁻¹ (occurring sometimes in bursts); 2) triphasic

or biphasic waveforms, with an initial positive deflection followed with a prominent negative phase; 3) long action potential (duration 2~4 ms); and, 4) low pitch sound when monitored by an audio-amplifier.

The caudate-putamen (2.2 mm anterior and 1.6 mm lateral to the bregma, 5.4 mm below the cortical surface) was electrically stimulated and the evoked potentials were recorded by the electrode position area in the SNpc (-4.8~-6.2 posterior and 1.6~2.0 mm lateral to the bregma, 7.6~8.2 mm below the cortical surface).

Statistics

Conduction velocity was expressed as the mean \pm SD. The number of SNpc neurons responsive to chemicals was counted and analyzed by χ^2 -test. Probability values smaller than 0.05 were considered significant.

RESULTS

Identification of nigrostriatal neurons

To observe the response of SNpc neurons to iontophoretically ejected drugs, it is important to determine that each neuron projects or not to the caudate-putamen. In order to classify the SNpc

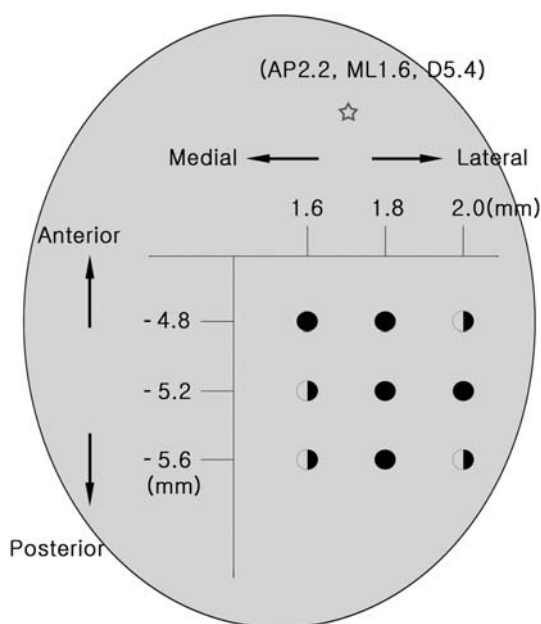


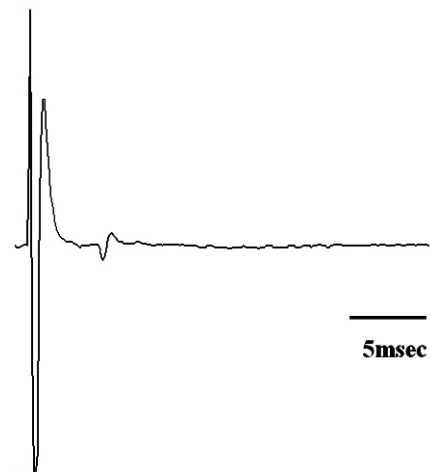
Fig. 1. The location of nigrostriatal neurons in horizon plane. (☆: stimulation site, ○: no response, ●: response, ◐: unclear).

neurons, we stimulate the caudate-putamen while recording the responses of SNpc neurons to electrical stimulation. Fig. 1 shows the location of SNpc neurons recorded. A total of 50 cells were found as nigrostriatal neurons. The nigrostriatal SNpc neurons were concentrated in 4.8~5.6 mm posterior to bregma and 1.6~2.0 mm lateral to the midline. Spontaneous firing rate of SNpc neurons was 41.53 ± 4.85 impulse/sec.

Conduction velocity of nigrostriatal neurons

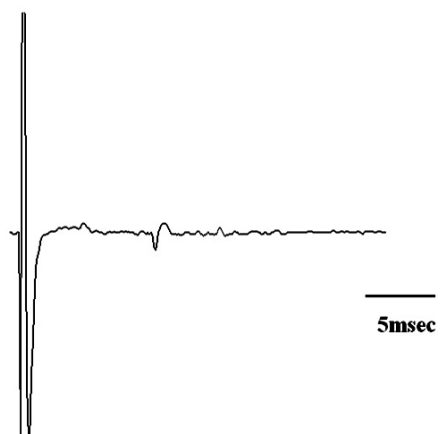
In order to determine the conduction velocity of

A. Fast Conduction



↑ Electrical Stimulation

B. Slow Conduction



↑ Electrical Stimulation

Fig. 2. Comparison of two SNpc neurons in terms of different conduction velocities.

nigrostriatal neurons, the latency of responses at SNpc to electrical stimulation of the caudate-putamen was measured and divided by the distance between stimulating and recording electrodes. The conduction velocity of nigrostriatal neurons which projects from the SNpc to the caudate-putamen could be readily classified into two categories showing fast and slow velocities (Fig. 2). Of 50 cells recorded in the SNpc, the fast conduction velocity was 3.30 ± 0.17 m/sec and the slow neuronal conduction velocity was 1.10 ± 0.08 m/sec.

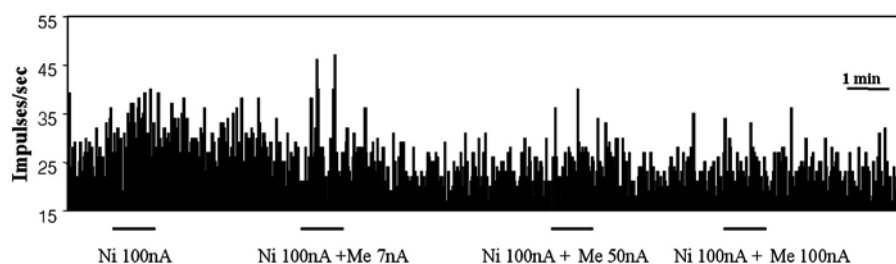
Responses of SNpc neurons to iontophoretically ejected drugs

After the classification of identified nigrostriatal neurons, the effect of iontophoretically injected drugs was observed. Fig. 3 shows the responses of

SNpc neurons to microiontophoretically ejected chemicals. SNpc neurons which projects to the striatum responded to iontophoretically ejected nicotine (Fig. 3A). Nicotine was increased the responses of SNpc neurons. The responses of SNpc neurons to iontophoretically ejected nicotine were current-dependent. The increased responses of SNpc neurons to nicotine were current-dependently inhibited by methyllycaconitine. Fig. 3B shows the neuronal responses to the iontophoretically ejected nicotine and dihydro-beta-erythroidine. Dihydro-beta-erythroidine also reduced the neuronal responses to nicotine current-dependently.

Table 1 summarizes the responsiveness of SNpc neurons to iontophoretically administered chemicals. The identified nigrostriatal neurons were responded to iontophoretically ejected nicotine with increased responses. The neurones were more activated by

A. Nicotine and Methyllycaconitine



B. Nicotine and Dihydro-beta-erythroidine

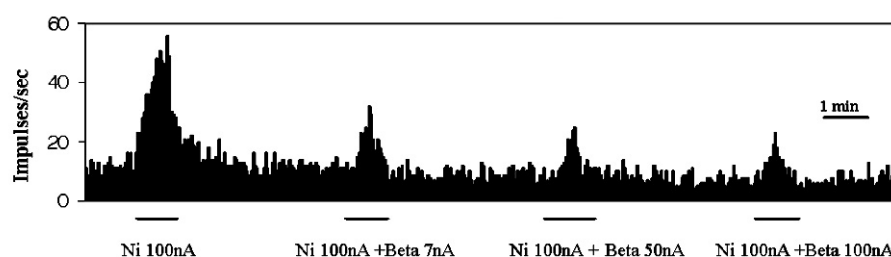


Fig. 3. The responses of SNpc neurons to iontophoretically ejected chemicals. Ni: Nicotine, Me: Methyllycaconitine, Beta: Dihydro-beta-erythroidine.

Table 1. Responses of SNpc neurons to iontophoretically administered chemicals

Chemicals	Excitatory	Inhibitory	Biphasic	No effect	Total
Nicotine (NI)	25	3	2	20	50
Muscarine	4	2	2	7	15
Dihydro-beta-erythroidine (DI)	0	1	0	9	10
Methyllycarconitine (MC)	0	1	9	0	10
NI+DI	7	11	0	6	24
NI+MC	8	17	0	6	31

nicotine than muscarine. Thus nigrostriatal neurons were much more sensitive to nicotine than muscarine.

To determine whether the neurons activated by nicotine is sensitive or insensitive to alpha-bungarotoxin, we observed the neuronal response to iontophoretically ejected methyllycaconitine and dihydro-beta-erythroidine. The results suggest that the neurons showed biphasic effects to methyllycaconitine alone but no effects to dihydro-beta-erythroidine alone ($\chi^2=18$, $p<.001$). When nicotine and its antagonist were concurrently ejected, the excitatory effect of nicotine was inhibited. In 11 of 24 nigrostriatal neurons (46%), the nicotinic excitatory effect was reduced by concurrently ejected dihydro-beta-erythroidine. In 17 of 31 neurons (55%), methyllycaconitine inhibited the excitatory effect of nicotine. However, the difference between inhibitory effects of both dihydro-beta-erythroidine and methyllycaconitine was not statistically different ($\chi^2=0.469$, $p>.05$).

DISCUSSION

There have been many studies on the effect of nicotine on midbrain dopaminergic neurons in rats. When the nicotine is locally injected in the VTA or SNpc, the efflux of dopamine is increased in the dopaminergic projection areas such as the nucleus accumbens and striatum (Blaha and Winn, 1993; Nisell et al., 1994). Our research observed the relative involvement of the nicotinic and muscarinic receptors in mesoaccumbens dopaminergic and nigrostriatal dopaminergic system neurons. Nicotine produces more excitatory responses than muscarine. Therefore, nigrostriatal neurons more sensitively respond to nicotine than muscarine. It has been shown that the dopaminergic neurons in the SNpc have muscarinic receptor mRNA (Vilaro et al., 1990) but the concentration of the muscarinic receptors is very low (Reisine et al., 1979; Cross and Waddington, 1980; Mash and Potter, 1986). The SNpc neurons show high firing frequency, and also excitatory responses to nicotine. Therefore, SNpc neurons are composed of the relatively high frequency and nicotine-sensitive neurons. Our results showed the current-dependent response to iontophoretically ejected nicotine. Similarly, the excitatory response to

i.v. injected nicotine was dose-dependent (Armitage et al., 1968; Engberg and Svensson, 1980; Svensson and Engberg, 1980).

To investigate whether the nicotinic receptors of SNpc neurons are sensitive or insensitive to alpha-bungarotoxin, the neuronal response was observed during iontophoretic ejection of the methyllycaconitine or dihydro-beta-erythroidine. There was no particular response to iontophoretic ejection of dihydro-beta-erythroidine and methyllycaconitine alone in the SNpc. However the nicotine induced excitatory response in nigrostriatal neurons was reduced by iontophoretically ejected nicotinic antagonist, dihydro-beta-erythroidine and methyllycaconitine.

The results of the sensitivity to alpha-bungarotoxin in midbrain dopaminergic neurons show that the distribution of receptors sensitive to alpha-bungarotoxin was relatively high compared to receptors insensitive to alpha-bungarotoxin. Alpha-bungarotoxin inhibits the nicotine activity in cerebellar inhibitory interneurons, but not showed specific selective inhibitory effect to nicotine in Purkinje neurons (Graza et al., 1987). Also alpha-bungarotoxin could not inhibit nicotinic and acetylcholinergic activity to various ganglionic preparation (Brown and Fumagalli, 1977; Bursztajn and Gershon, 1977). These results imply that the nicotinic receptor subtypes are different at different areas of the brain. Therefore, the nicotinic receptors of dopaminergic neurons in the midbrain may have different characteristics compared as the nicotinic receptors of the other brain area neurons.

Smoking is associated with a decreased incidence in some neurological diseases (Checkoway and Nelson 1999; Gorell et al., 1999; Allam et al., 2004; Quik, 2004). Accumulating studies suggest that nicotine may be a candidate that mediates this apparent neuroprotection (O'Neill et al., 2002; Quik, 2004). Particularly, smokers have lower parkinson's disease rate than nonsmokers because of the protective effect of nicotine (Baumann et al., 1980; Baron, 1986; Morens et al., 1995). Parkinsonian patients at early stage showed reduced symptoms to tremor, rigidity, bradykinesia and gait disturbances during about 10 to 30 minute of smoking. therefore, the nicotine may have an positive effect for treatment of parkinson's disease (Ishikawa and Miyatake, 1993), schizophrenia (Alder et al., 1992,

1993) and attention deficit hyperactivity disorder (ADHD: Barkley et al., 1990; Pomerleau et al., 1996).

Therefore, nicotine and nicotinic agents may have a useful effect for various diseases such as Alzheimer's disease, Parkinson's disease, schizophrenia, ADHD. These effects may be mediated by brain dopaminergic system. Thus, the further systematic research is needed for the investigation of the effects at nicotine on brain dopaminergic system. The development of nicotine delivery system such as local injection or skin patch may reduce the misuse of nicotine and the risk of health problem and also could suggest more effective treatment with reduction of the side effect of nicotine by systemic injection.

ACKNOWLEDGEMENTS

This work was supported by the SRC/ERC program of MOST/KOSEF (R11-2005-014).

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