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Serotonergic and noradrenergic systems are implicated in the antidepressant-like effect of ursolic acid in mice

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ABSTRACT

Ursolic acid (UA) is a natural pentacyclic triterpenoid carboxylic acid that exerts antidepressant-like effects in the tail 17 suspension test (TST) and in the forced swimming test, and this effect was reported to be mediated by the dopami- 18 nergic system. Many studies show that currently available antidepressant agents have effects on multiple 19 neurotransmitter systems which account for their efficacy. Therefore, this study was aimed at investigating the pos- 20 sible involvement of the serotonergic, noradrenergic, glutamatergic and opioid systems in the antidepressant-like 21 effect of UA. To this end, several pharmacological agents were administered to verify their ability to influence the 22 antidepressant-like responses elicited by UA in the TST in mice. The open-field test was used to assess the locomotor 23 activity. The results show that the pre-treatment of mice with ρ -chlorophenylalanine (100 mg/kg, i.p., 4 days) or α - 24 methyl-p-tyrosine (100 mg/kg, i.p.) but not with N-methyl-p-aspartate (0.1 pmol/mouse, i.c.v.) or 25 naloxone (1 mg/kg, i.p.), was able to prevent the antidepressant-like effect of UA (0.1 mg/kg, p.o.). 26 Sub-effective doses of fluoxetine (5 mg/kg, p.o.) or reboxetine (2 mg/kg, p.o.), but not ketamine (0.1 mg/kg, i.p.) 27 or MK-801 (0.001 mg/kg, p.o.), was capable of potentiating the effect of a sub-effective dose of UA (0.001 mg/kg, 28 p.o.) in the TST. None of the treatments affected locomotor activity. Altogether, the results show an in- 29 volvement of the serotonergic and noradrenergic systems, but not the glutamatergic or opioid systems, 30 in the antidepressant-like effect of UA. 31

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37 1. Introduction

Major depression is one of the most commonly diagnosed neuropsychiatric disorders, with a worldwide lifetime prevalence of approximately 17% (Greenberg et al., 2003). By the year 2030, it is estimated that depression will account for the second greatest increase in morbidity. Therefore, it is a chronic, recurring and potentially life threatening disorder that represents a significant socioeconomic burden (Branchi et al., 2013; Mathers and Loncar, 2006).

45Many studies reveal important roles for monoaminergic systems in the pathophysiology and treatment of depression. Particularly mono-46 aminergic neurotransmitters, serotonin, norepinephrine and dopamine, 47 48 exert major influence on brain circuits implicated in the regulation of mood (Dell'Osso et al., 2011; Elhwuegi, 2004; Hamon and Blier, 2013; 49Schildkraut, 1965). Indeed, the antidepressant pharmacotherapy is 5051still based almost exclusively on the drugs that enhance monoamine 52transmitter function as selective serotonin reuptake inhibitors, selective

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http://dx.doi.org/10.1016/j.pbb.2014.05.015 0091-3057/© 2014 Published by Elsevier Inc. noradrenaline reuptake inhibitors, tricyclics and monoamine oxidase 53 inhibitors (Hamon and Blier, 2013; Nemeroff and Owens, 2002). 54

Besides the monoaminergic system, the glutamatergic and opioid 55 systems have been proposed to be implicated in the etiology of depres-56 sive disorder and efforts have been done for searching novel antidepres-57 sant agents that modulate these systems (Jutkiewicz and Roques, 2012; 58 Lang and Borgwardt, 2013). In line with this, studies have reported the 59 antidepressant-like effect of different pharmacological agents that act as 60 N-methyl-D-aspartate (NMDA) receptor antagonists (Machado-Vieira 61 et al., 2012; Salvadore and Singh, 2013). Interestingly, ketamine, a 62 non-competitive NMDA receptor antagonist, has been reported to ex- 63 hibit a rapid antidepressant action in preclinical and clinical studies 64 (Salvadore and Singh, 2013; Zarate et al., 2013). Furthermore, evidence 65 also supports the notion that the activation of the opioid system is im-66 plicated in the mechanisms underlying the effect of antidepressant 67 compounds (Brocardo et al., 2009; Schreiber et al., 2002). 68

Similar to antidepressants, a natural pentacyclic triterpenoid car-69 boxylic acid, ursolic acid (UA), elicits an antidepressant-like effect in 70 the tail suspension test (TST) and forced swimming test, two 71 different behavioral tests usually performed to screen antidepres-72 sant effects of compounds. This effect was reported to be mediated, 73 at least in part, by the dopaminergic system through the activation 74 of dopamine D₁ and D₂ receptors (Machado et al., 2012b). Moreover, 75

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Abbreviations: UA, ursolic acid; TST, tail suspension test; PCPA, ρ -chlorophenylalanine; NMDA, N-methyl-p-aspartate; AMPT, α -methyl- ρ -tyrosine.

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UA produces antinociceptive effect involving serotonergic system
(Verano et al., 2013) as well as anti-inflammatory and antitumor
activities (Liu, 1995; Lu et al., 2010; Zang et al., 2014). However,
the exact mechanism and neurotransmitter systems involved in the
antidepressant-like effect of UA have not been investigated.

Taking into account that many studies have shown that currently available antidepressant agents have effects on multiple neurotransmitter systems that account for their antidepressant efficacy (Hamon and Blier, 2013), the aim of this study was to explore the putative involvement of the serotonergic, noradrenergic, glutamatergic and opioid systems in the antidepressant-like effect of UA in the TST in mice.

87 2. Methods

88 2.1. Animals

Swiss mice (35–45 g, 55–60 days old) of either sex (homogeneously 89 distributed among groups) obtained from the Central Biothery of 90 Universidade Federal de Santa Catarina (UFSC) were used. They were 91 92housed in groups of fourteen animals per plastic cage under controlled conditions of light (lights on at 07:00 h) and temperature (20–22 °C) 93 with free access to water and food. Mice were allowed to acclimatize 94 to the holding room for 24 h before the behavioral procedure. All ma-95 nipulations were conducted in the light phase (n = 8 animals per 96 97 group). All procedures were performed in accordance with the National Institutes of Health Guide for the Care and Use of Laboratory Animals 98 and approved by the Ethics Committee of the Institution. 99

100 2.2. Drugs

The following drugs were used: ursolic acid, DL-p-101 102 chlorophenylalanine ethyl ester (PCPA), fluoxetine, α -methyl- ρ tyrosine (AMPT), N-methyl-D-aspartate (NMDA), ketamine hydro-103chloride, naloxone hydrochloride (Sigma Chemical Co, St. Louis, 104 MO, USA), MK-801 hydrogen maleate (RBI, Natick, MA, USA) and 105reboxetine mesylate (Pfizer, SP, Brazil). UA was dissolved in dis-106 tilled water with 10% of Tween 80. Fluoxetine, reboxetine and 107 MK-801 were dissolved in distilled water, AMPT was dissolved in 108 saline with 10% Tween 80, whereas all the other drugs were dis-109 solved in isotonic saline solution (NaCl 0.9%). 110

111 2.3. Tail suspension test (TST)

Mice were suspended 50 cm above the floor by adhesive tape placed 112 approximately 1 cm from the tip of the tail. The total duration of immo-113 bility was recorded during a 6 min period and a decreased immobility 114 time is considered an antidepressant-like effect according to the 115116 method previously described (Steru et al., 1985). Mice were considered immobile only when they hang passively or stay completely motionless. 117 The immobility time was recorded in real time by an investigator pres-118 119ent in the behavioral room that was blind to the experimental groups.

120 2.4. Open-field test

In order to rule out the possibility that the alteration in the immo-121 bility time in the TST was due to interference of the locomotor 122activity, mice were individually submitted to the open-field test par-123 adigm, a wooden box $(40 \times 60 \times 50 \text{ cm})$ with the floor divided into 12412 equal squares. The number of crossings in the squares with the 125four paws was registered during a period of 6 min. The floor of the 126open-field test apparatus was cleaned with 10% ethanol between 127tests (Rodrigues et al., 2002). The number of crossings was recorded 128in real time by an investigator present in the behavioral room that 129130 was blind to the experimental groups.

2.5. Pharmacological treatments

To assess if the antidepressant-like effect of UA in the TST 132 involves the serotonergic system, mice were administered with 133 PCPA (100 mg/kg, intraperitoneal injection, i.p., inhibitor of 134 tryptophan hydroxylase, involved in the serotonin synthesis) or 135 vehicle once daily for 4 consecutive days. Thirty minutes after the 136 last PCPA administration, mice received vehicle or UA (0.1 mg/kg, 137 oral administration, p.o.) and, after 60 min, were submitted to the 138 TST or open-field test. In another set of experiments, the effect of 139 the administration of a sub-effective dose of UA (0.001 mg/kg, 140 p.o.), followed by the immediate administration of a sub-effective 141 dose of fluoxetine (5 mg/kg, p.o., a selective serotonin reuptake 142 inhibitor), was investigated 60 min later in the TST or open-field 143 test. The sub-effective dose of fluoxetine was selected based on a 144 dose-response curve in which mice were administered with fluox- 145 etine (5 and 10 mg/kg, p.o.) and, after 60 min, submitted to the TST 146 or open-field test. 147

In the experiments designed to study a possible role of the noradren-148 ergic system in the antidepressant-like effect of UA, mice were 149 pretreated with AMPT (100 mg/kg, i.p., an inhibitor of tyrosine hydrox-150 ylase, a critical enzyme for the synthesis of noradrenaline and dopamine), or vehicle 4 h before UA administration (0.1 mg/kg, p.o.). After 60 min, the behavioral tests were carried out. In another set of experiments, the effect of the administration of a sub-effective dose of UA (0.001 mg/kg, p.o.), followed by the administration of a sub-effective 155 dose of reboxetine (2 mg/kg, p.o., a selective noradrenaline reuptake inhibitor), was investigated after 60 min in the behavioral tests. The 157 sub-effective dose of reboxetine was selected based on a dose-response 158 curve in which mice were administered with reboxetine (2 and 159 20 mg/kg, p.o.) and, after 60 min, submitted to the TST or openfield test.

To evaluate whether an inhibition of NMDA receptors is implicat- 162 ed in the antidepressant-like effect of UA in the TST, mice were treat- 163 ed with UA (0.1 mg/kg, p.o.) or vehicle and after 45 min, NMDA 164 (0.1 pmol/mouse, i.c.v., a selective agonist of NMDA receptors) or 165 vehicle was administered. Fifteen minutes later, the behavioral 166 tests were carried out. In another set of experiments the effect of 167 the combined administration of UA with ketamine was investigated. 168 Mice were treated with a sub-effective dose of UA (0.001 mg/kg, 169 p.o.) 30 min before the treatment with a sub-effective dose of keta- 170 mine (0.1 mg/kg, i.p., a non-competitive NMDA receptor antagonist) 171 and the behavioral tests were performed after 30 min. We also inves- 172 tigated the effect of the combined administration of a sub-effective 173 dose of UA (0.001 mg/kg, p.o.) with a sub-effective dose of MK-801 174 (0.001 mg/kg, p.o., a non-competitive NMDA receptor antagonist). 175 In this protocol, MK-801 or vehicle was administered immediately 176 after UA or vehicle and 60 min later the behavioral tests were carried 177 out. 178

To investigate a possible involvement of the opioid system in the 179 antidepressant-like effect of UA, mice were pretreated with naloxone 180 (1 mg/kg, i.p., a nonselective opioid receptor antagonist), or vehicle, 181 15 min before the administration of UA (0.1 mg/kg, p.o.). Sixty minutes 182 later the behavioral tests were performed. 183

All drugs were administered in a constant volume of 10 ml/kg 184 body weight and the control animals received appropriate vehicle, 185 except NMDA which was administered by i.c.v. route (5 μ l/mouse). 186 The dose of NMDA was chosen based on a dose–response curve 187 carried out by our group in which NMDA caused neither overt 188 signs of toxicity nor alteration in the locomotor activity. The ad– 189 ministration schedule and the doses of the drugs used, including 190 the sub-effective and effective dose of UA, were chosen based on 191 experiments previously performed in our laboratory and literature 192 data confirm the efficacy of the abovementioned protocols 193 (Berrocoso et al., 2013; Bettio et al., 2012; Cunha et al., 2013a,b; 194 Machado et al., 2008, 2012b).

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