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Regulation of Dopamine Release in the Forebrain by
Alpha2 Adrenoceptors and NMDA
Glutamate Receptors
A Microdialysis Study

Doctoral dissertation

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ABSTRACT

The dopaminergic system is involved in many behavioural and biological functions in the brain. The treatments for medical conditions such as schizophrenia, Parkinson's disease, attention deficit hyperactivity disorder, restless legs syndrome and addiction are, at least, partly based on the drugs affecting the dopaminergic system. However, many neurochemical mechanisms that modulate the dopaminergic system are still unclear. The purpose of this study was to investigate the function of the brain dopaminergic system and its interaction with adrenergic and glutamatergic systems.

In vivo brain microdialysis was used to study the extracellular concentrations of dopamine (DA) and noradrenaline (NA). First, the effects of stressful stimuli, such as mild handling, novel environment and needle injection, on the modulation of DA and NA release were compared in neocortex, hippocampus, nucleus accumbens (NAc) and striatum in mice and rats. Second, the role of alpha2-adrenoceptor (α_2 -AR) subtypes in the regulation of DA and NA release in the medial prefrontal cortex (mPFC) and NAc was investigated by using α_{2A} -AR knockout (KO) and wild type (WT) mice and α_2 -AR specific pharmacological tools. Third, the effects of a specific α_2 -AR agonist and antagonist were studied on the locomotor activity in α_2 -AR KO and WT mice. Fourth, the effect of the non-competitive NMDA-antagonist, ketamine, was investigated on DA release in the retrosplenial cortex in rats.

Our results indicate that *in vivo* extracellular concentrations of DA in mouse brain reflect neuronal release and are sensitive to activation by unconditioned stimuli such as handling, novel environment and injection stress. The dopaminergic system showed regional differences in the response to the stressful stimuli in that mPFC, hippocampus and retrosplenial cortex were sensitive to mildly stressful stimuli, whereas striatum and NAc were unresponsive. However, a robust increase in the extracellular levels of NA was seen also in the striatum and NAc after exposure to stressful stimuli. Furthermore, the α_{2A} -AR subtype appears to be the main regulator of both DA and NA release in the mPFC in response to stressful stimulation. However, both α_{2A} - and α_{2C} -ARs regulate DA release in the mPFC during rest. In contrast, α_{2A} -ARs regulate NA release, but not DA release, at the terminal level in NAc, although they influence DA release indirectly via ventral tegmental area DA neurons. Additionally, modulation of locomotor activity by the α_2 -AR agonist or the antagonist seems to be mediated via α_{2A} -ARs. Finally, the NMDA-antagonist, ketamine, markedly increased the extracellular DA concentration in the retrosplenial cortex in rats.

In conclusion, adrenergic α_{2A} -ARs and NMDA glutamate-receptors appear to be important regulators of DA neurotransmission in the mouse and rat brain

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Medical Subject Headings: brain/drug effects; brain/metabolism; dopamine; mice, knockout; microdialysis; noradrenaline; receptors, adrenergic, alpha-2; receptors, N-Methyl-D-Aspartate/antagonists and inhibitors; stress, psychological

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Kuopio, November 2005

Jouni Ihalainen

ABBREVIATIONS

AMPA	alpha-amino-3-hydroxy-5-methyl-4-isoxazole propionic acid
AR	adrenoceptor
ATZ	atipamezole
cAMP	cyclic adenosine monophosphate
CNS	central nervous system
COMT	catechol-O-methyltransferase
DA	dopamine
DAT	dopamine transporter
DMT	dexmedetomidine
DOPAC	3,4-dihydroxyphenylacetic acid
5-HT	5-hydroxytryptamine, serotonin
GABA	gamma-aminobutyric acid
GPCR	G-protein coupled receptor
HVA	homovanillic acid
KO	knockout
LC	locus coeruleus
L-DOPA	dihydroxyphenylalanine
MANOVA	multivariate analysis of variance
MAO	monoamine oxidase
mPFC	medial prefrontal cortex
NA	noradrenaline
NAc	nucleus accumbens
NET	noradrenaline transporter
NMDA	N-methyl D-aspartate
OE	overexpressing
PET	positron emission tomography
PFC	prefrontal cortex
SPECT	single-photon emission computed tomography
VTA	ventral tegmental area
WT	wild type

LIST OF ORIGINAL PUBLICATIONS

This thesis is based on the following original publications that are referred to in the text by the Roman numerals I-IV.

I. Ihalainen J.A., Riekkinen P. Jr., Feenstra M.G.: Comparison of dopamine and noradrenaline release in mouse prefrontal cortex, striatum and hippocampus using microdialysis. *Neurosci. Lett.* 277(2), 71-74 (1999).

II. Ihalainen J.A., Tanila H.: *In vivo* regulation of dopamine and noradrenaline release by alpha2A-adrenoceptors in the mouse prefrontal cortex. *Eur. J. Neurosci.* 15(11), 1789-1794 (2002).

III. Ihalainen J.A., Tanila H.: *In vivo* regulation of dopamine and noradrenaline release by alpha2A-adrenoceptors in the mouse nucleus accumbens. *J. Neurochem.* 91(1), 49-56 (2004).

IV. Aalto S., Ihalainen J.A., Hirvonen J., Kajander J., Scheinin H., Tanila H., Någren K., Vilkmann H., Gustafsson L.L., Syvälahti E., Hietala J.: Ketamine-induced psychotic symptoms in man – role of cortical glutamate-dopamine interaction. *Psychopharmacology (Berl)* 7, 1-9 (2005).

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1. INTRODUCTION

The dopaminergic system is one of the most widely investigated neurotransmitter systems in the central nervous system (CNS) in both humans and experimental animals. The main interest in studies of dopamine (DA) neurotransmission has focused on the basal ganglia and prefrontal cortex (PFC), brain areas in which DA has a crucial role in both physiology and pathology. Several lines of evidence indicate that the dopaminergic system interacts with other neurotransmitter systems in the CNS, such as the adrenergic and glutamatergic systems. Indeed, the interaction sites of the dopaminergic and adrenergic systems comprise the overlap of their neuronal projections in the PFC and NAc (Taghzouti et al. 1988, Tassin 1992), heterosynaptic regulation of neurotransmitter release (Gobert et al. 1998, Trendelenburg et al. 1994), heterologous re-uptake sites via the same transporter (Carboni et al. 1990, Pozzi et al. 1994, Tanda et al. 1997) and even the release of two different neurotransmitters (e.g. DA and noradrenaline) from the same synapse (Devoto et al. 2001, Devoto et al. 2003, Devoto et al. 2004).

In vivo microdialysis has been routinely performed in rodents since mid the 1980's. The majority of microdialysis studies have been done in rats. However, the availability of genetically modified mouse strains has greatly increased the number of *in vivo* microdialysis studies in mice. For example, in many cases the lack of subtype selective agonists and antagonists has restricted the possibility to study the function of neurotransmitter receptors in the CNS. Thus, the mouse models with targeted inactivation or overexpression of certain receptor protein have provided valuable information about how receptors function. In addition, the microdialysis technique has offered the possibility to administer drugs through the microdialysis cannula, so called reverse dialysis, to a discrete brain area, and to study the function of neurotransmitter systems locally in the brain in awake animals.

The present series of experiments combined the *in vivo* microdialysis method with pharmacological interventions in mice deficient for the alpha_{2A}-adrenoceptor (α_{2A} -AR) subtype to investigate the dopaminergic and noradrenergic neurotransmission in the medial prefrontal cortex (mPFC) and NAc in awake mice. The lack of subtype selective

α_2 -agonists or -antagonists has made it difficult to study the role of different α_2 -AR subtypes in the CNS. Thus the mouse model with targeted inactivation of the α_2 -AR gene and the corresponding lack of functional α_2 -AR protein could provide valuable information on the role of different α_2 -AR subtypes in the regulation of DA and noradrenaline (NA) release in the CNS.

The interaction between the glutamatergic and dopaminergic systems is currently under active investigation in the context of the neurobiology of psychosis. Experimental studies indicate that NMDA-receptor antagonists induce a reversible neurotoxic reaction in the retrosplenial cortex (Olney et al. 1989) and that a dopaminergic mechanism might also be involved (Farber et al. 1993). Previous research has been mainly restricted to the basal ganglia in man and to the PFC in animals, despite the evidence for a more widespread DA innervation in the cortex (Descarries et al. 1987, Gaspar et al. 1989). Therefore the effect of the non-competitive glutamate NMDA-receptor antagonist, ketamine, was studied on DA release in the retrosplenial cortex in rats. Furthermore, alterations in DA and NA neurotransmission in response to arousal stimuli were studied in the mPFC, retrosplenial cortex, hippocampus, NAc and striatum.

2. REVIEW OF THE LITERATURE

2.1. THE BRAIN DOPAMINERGIC SYSTEM

2.1.1. Dopamine as a neurotransmitter

Dopamine (3,4-dihydroxyphenylethylamine) was found to be a neurotransmitter in 1958 (Benes 2001, Carlsson and Waldeck 1958, Carlsson 2001). Before this finding, DA was assumed to be simply a precursor of noradrenaline. During the following decades, knowledge of the role of DA in neurotransmission increased enormously and it was linked to many biological functions and neurological disorders in the central nervous system. DA in the brain has an important role in many behavioural and biological functions, such as motivation and reward (Bassareo et al. 2002, Berridge and Robinson 1998, Olds and Milner 1954, Robbins and Everitt 1996, Salamone et al. 2005, Wise and Rompre 1989); learning (Ljungberg et al. 1992, Schultz et al. 1993); memory (Arnsten 1997, Setlow and McGaugh 1998); feeding (Bassareo and Di Chiara 1999a, Hernandez and Hoebel 1988a, Hernandez and Hoebel 1988b); vision (Djamgoz and Wagner 1992, Ehinger 1983, Nguyen-Legros 1988); lactation (Ben-Jonathan and Hnasko 2001, Thorner 1977); nausea and vomiting (Yoshida et al. 1995, Yoshikawa et al. 1996); stress (Abercrombie et al. 1989, Imperato et al. 1993); sexual behaviour (Giuliano and Allard 2001, Melis and Argiolas 1995, Pfaus and Phillips 1991); and control of locomotor activity (Damsma et al. 1992, Fink and Smith 1980). The crucial role of DA in different biological functions has made it an interesting target for drug development. Indeed, there are treatments for medical conditions that are, at least, partly caused by a failure in dopaminergic system such as schizophrenia, Parkinson's disease, attention deficit hyperactivity disorder, restless legs syndrome and addiction (Bloom and Lazerson 1988, Nieoullon 2002, Nutt 1996, Self and Nestler 1995, Trencwelder et al. 2005).

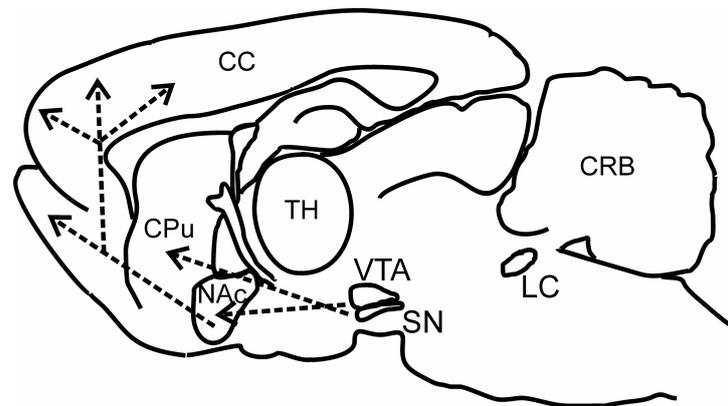
2.1.2. Dopaminergic innervation of forebrain structures

The cell bodies of the neurons forming the major ascending dopaminergic pathways to forebrain arise from the ventral tegmental area (VTA, A10 region) and substantia nigra pars compacta (A9 region) (Albanese and Minciacchi 1983, Björklund and Lindvall

1984, Fuxe et al. 1985). The nigrostriatal (or mesostriatal) DA system originates from substantia nigra pars compacta and innervates mainly the caudate and putamen. A minor proportion of substantia nigra pars compacta DA neurons innervate the NAc. The dopaminergic fibers from the VTA to NAc, olfactory tubercle and other limbic regions such as the amygdala, hippocampus and septum comprise the mesolimbic DA system and VTA fibers to cortical regions, such as the prefrontal cortex (densest dopaminergic innervation in infralimbic and prelimbic regions), entorhinal cortex and cingulate cortex comprise the mesocortical DA system (Thierry et al 1973; Berger et al 1974). The third major dopaminergic pathway is the tuberoinfundibular pathway that projects from the median eminence (A12 region) to the pituitary gland and is involved in the control of the secretion of prolactin levels. The dopaminergic cell bodies are also found in the retina and olfactory bulb.

In primates, motor, premotor and supplementary motor areas are densely innervated with DA fibers, whereas parietal, temporal and posterior cingulate cortices have a less extensive dopaminergic input. The prefrontal, anterior cingulate, insular, piriform, perirhinal and entorhinal cortices are densely innervated, while visual areas are only sparsely innervated in both rodents and primates (Berger et al. 1985a, Berger et al. 1988, Lewis et al. 1987, Parnavelas and Papadopoulos 1989). In rodents, dopaminergic neurons projecting to the cerebral cortex are differentiated into two main classes. The first group of dopaminergic fibers originates from medial VTA and is distributed mainly to the deep cortical layers, V-VI or VI (Berger et al. 1991, Emson and Koob 1978, Lindvall et al. 1984). The second class of dopaminergic neurons originates from lateral VTA and medial substantia nigra and distributes to the superficial cortical layers, I-III, especially to the cingulate cortex (Berger et al. 1985a, Berger et al. 1985b, Descarries et al. 1987). Both classes of dopaminergic neurons exhibit a clear rostro-caudal gradient with a higher density in the PFC and a lower density in the posterior cortex. This contrasts with cortical noradrenergic innervation, which is evenly distributed throughout the cortex (fig. 1) (Lindvall et al. 1978, Seguela et al. 1990). On the other hand, the laminar distribution of cortical dopaminergic projections is more evenly distributed in primates compared to rodents, with the densest distribution being in layers I, III and V (Goldman-Rakic et al. 1990, Goldman-Rakic et al. 1992).

A.



B.

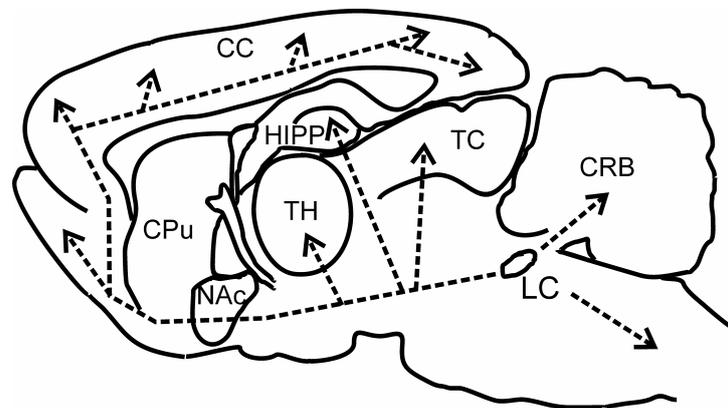


Fig 1. The dopaminergic (A) and noradrenergic (B) innervation in the rat brain. Abbreviations: CC = cerebral cortex; CPu = caudate-putamen; CRB = cerebellum; HIPP = hippocampus; LC = locus coeruleus; NAc = nucleus accumbens; SN = substantia nigra; TC = tectum; TH = thalamus; VTA = ventral tegmental area.

2.1.3. Metabolism of dopamine

2.1.3.1. Synthesis

DA is synthesised from its amino acid precursor tyrosine, which is abundant in dietary proteins. Tyrosine penetrates through blood-brain-barrier via the low-affinity amino acid transporter system and from brain extracellular fluid into the dopaminergic cells by high and low affinity amino acid transporters. In the nerve cells, tyrosine is first

hydroxylated by tyrosine hydroxylase to dihydroxyphenylalanine (L-DOPA). This enzymatic reaction is normally the rate-limiting step in DA synthesis (Feldman et al. 1997). Tyrosine hydroxylase requires tetrahydrobiopterin as a cofactor for the biosynthesis of L-DOPA. Aromatic amino acid decarboxylase (AADC or DOPA decarboxylase) is the enzyme that converts L-DOPA to DA in the cytosol. In the noradrenergic cells, DA is further converted by dopamine β -hydroxylase to NA inside the synaptic vesicles.

2.1.3.2. Storage and release

In the dopaminergic cells, the end product, DA, is transported into the storage vesicles and is concentrated approximately 10-1000 times compared to the DA levels in the cytosol (Johnson 1988, Kanner and Schuldiner 1987, Njus et al. 1986). Accumulation of DA in the storage vesicles depends on the proton electrochemical gradient generated by the vesicular hydrogen-ATPase and involves the vesicular monoamine transporter mediated exchange of two luminal protons with one cytoplasmic amine. In addition to storage in axon terminals, DA can be released also from dendrites (Björklund and Lindvall 1975, Kalivas et al. 1989, Nieoullon et al. 1977b, Santiago and Westerink 1991). There DA is stored both in vesicles but also in the smooth endoplasmic reticulum (Hattori et al. 1979, Mercer et al. 1979). The arrival of the axon potential to the nerve terminal evokes the passage of calcium ions into the cell and this is the key element for the fusion of storage vesicles with the cell membrane. The synaptic vesicles release their soluble content into the synaptic cleft by exocytosis (Hanson et al. 1997, Matsuda et al. 1994). DA release is dependent on the nerve stimulus rate and pattern. Indeed, an increase in DA cell activity is typically accompanied by a shift from an irregular single-spiking pattern to one of burst firing (Tong et al. 1996; Carr et al. 1999). Stimulation studies have shown that activation of the DA neuron axon in patterns resembling burst discharge will release two to three times more DA than is released by an equivalent number of evenly spaced stimuli (Bonci et al. 1997).

2.1.3.3. Uptake

The presynaptic dopaminergic terminals contain a transporter (DAT) that is responsible for the homeostasis and which terminates the action of the neurotransmitter. These high-affinity membrane carriers work in both directions depending on the concentration gradient. Under normal conditions, the concentration of DA is lower in the cytosol than in the synaptic cleft, and DA is recycled back to the storage vesicles. Some drugs such as tricyclic antidepressants and cocaine can inhibit the action of DAT and in that way increase the extracellular levels of DA (Giros and Caron 1993, Kuhar et al. 1991, Randrup and Braestrup 1977, Ritz et al. 1987). On the other hand, amphetamine reverses the function of DAT, transporting DA to the synaptic cleft from the cytosol (Fischer and Cho 1979, Heikkilä et al. 1975, Jones et al. 1998, Raiteri et al. 1979, Schmitz et al. 2001, Sulzer et al. 1995). It has also been assumed that other neurons and glial cells can participate in the removal of DA from the extracellular fluid. Indeed, in the PFC NA transporter (NET) has a prominent role in the uptake of DA from the extracellular space (Gresch et al. 1995, Mazei et al. 2002, Valentini et al. 2004, Yamamoto and Novotney 1998), whereas in the striatum DAT is mainly responsible for the clearance of DA from the extracellular space (Gresch et al. 1995, Mazei et al. 2002).

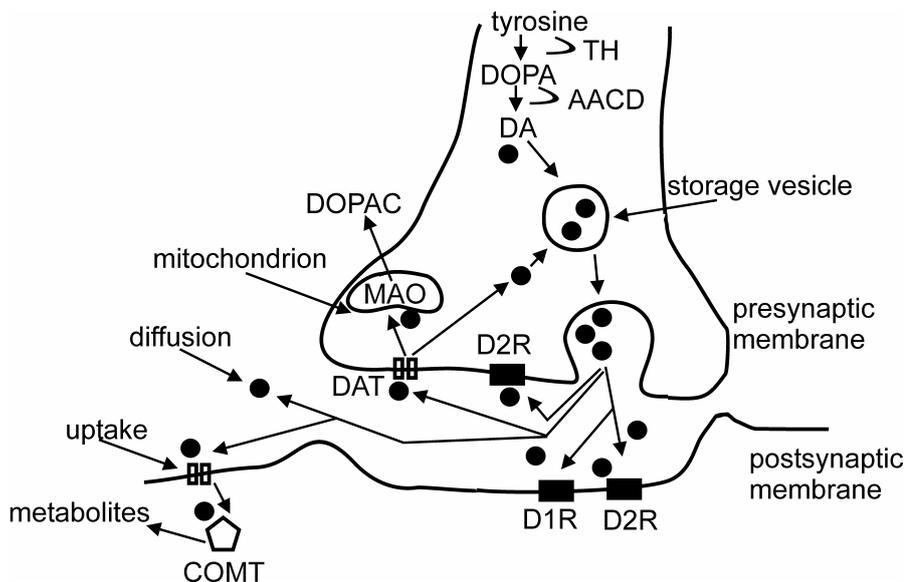


Fig. 2. The dopaminergic synapse. Abbreviations: AADC = aromatic amino acid decarboxylase; COMT = catechol-O-methyltransferase; D1R/D2R = dopamine D1/D2

receptor; DAT = dopamine transporter; DOPAC = dihydroxyphenylacetic acid; MAO = monoamine oxidase; DA = dopamine; TH = tyrosine hydroxylase.

2.1.3.4. Degradation

The two main enzymes that take care of DA clearance are monoamine oxidase (MAO) and catechol-O-methyltransferase (COMT). MAO is located in the nerve cells and also in the glial cells, whereas COMT is found mainly extraneuronally (Kopin 1994). MAO is located on the outer membrane of the mitochondrion. It metabolises DA by oxidative deamination to aldehyde 3,4-dihydroxyphenylacetic acid that is further metabolised to alcohols and acids. There are two isoenzymes of MAO: MAO A and MAO B. MAO A preferentially metabolizes serotonin and NA while MAO B has a higher affinity for phenylethylamine (Fowler and Tipton 1982, Fowler and Benedetti 1983). Both isoforms can metabolize DA. In the mouse, DA is largely metabolized by MAO A under normal physiological conditions, though at higher concentrations the contribution of MAO B also becomes significant (Fornai et al. 1999). In contrast, in humans, DA is mainly oxidized by MAO B (Glover et al. 1977). Both lesion (Kaakkola et al. 1987, Rivett et al. 1983) and immunohistochemical studies (Karhunen et al. 1995, Lundstrom et al. 1995) have demonstrated that there is no significant COMT activity in presynaptic dopaminergic neurons, but some activity is present in postsynaptic neurons and substantial activity is located in glial cells. COMT inactivates DA by methylation of hydroxyls on the catechol ring. COMT is able to methylate DA itself or metabolites that have been first produced by MAO. The two main metabolites of DA are homovanillic acid (HVA) and 3,4-dihydroxyphenylacetic acid (DOPAC). HVA is a methylated compound that is produced by both MAO and COMT. DOPAC is an un-methylated metabolite and it is produced only by MAO (fig. 3).

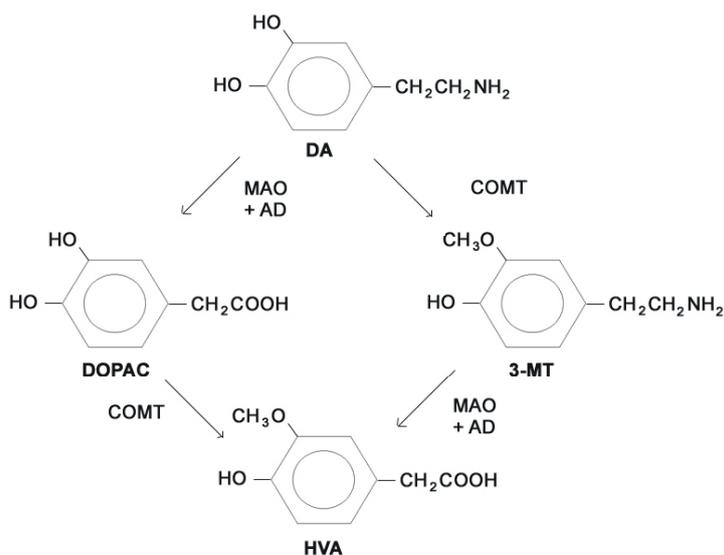


Fig. 3. Metabolism of dopamine. Abbreviations: DOPA = 3,4-dihydroxyphenylalanine; DA = dopamine; DOPAC = 3,4-dihydroxyphenylacetic acid; HVA = homovanillic acid; 3-MT = 3-methoxytyramine; MAO = monoamine oxidase; COMT = catechol-O-methyltransferase; AD = aldehydedehydrogenase.

2.1.4. Dopamine receptors

All DA receptors belong to the G-protein coupled receptor (GPCR) superfamily. The dopaminergic receptors can be divided into D1- and D2-like receptors. D1-like receptors consist of D1 and D5 receptors, and D2-like receptors of D2, D3 and D4 receptors (Jackson and Westlind-Danielsson 1994). This classification is based on the mechanisms that link these GPCRs to the second messenger system. Thus D1-like receptors stimulate the adenylate cyclase activity via G_s subunit leading to an increased cAMP (cyclic adenosine monophosphate) concentration (Kebabian and Calne 1979, Missale et al. 1998). On the other hand, D2-like receptors are negatively coupled via the G_i subunit to the adenylate cyclase, which leads to a decline in the cAMP concentration (Vallar et al. 1988). Structurally all GPCRs consist of seven transmembrane domains that are connected with three extra- and three intracellular loops (Bockaert et al. 2002).

The D1 receptor is the most widespread DA receptor and is expressed at a higher level than the other DA receptor subtypes (Dearry et al. 1990, Freneau et al. 1991, Lidow et

al. 1990, Weiner et al. 1991). The D5 receptor is expressed at a much lower level than the D1 receptor, with a distribution restricted mainly to the hippocampus and the parafascicular nucleus of the thalamus (Meador-Woodruff et al. 1992, Tiberi et al. 1991). The D2 receptor is also widely distributed in the brain, with the highest densities in the striatum, NAc and olfactory tubercle. The D2 receptor gene encodes two molecularly distinct isoforms, named long (D2L) and short (D2S) (Picetti et al. 1997). The D2L mainly acts at postsynaptic sites and the D2S serves presynaptic autoreceptor functions (Usiello et al. 2000). The D3 receptor is specifically distributed in limbic areas such as the shell of the NAc, olfactory tubercle and islands of Calleja, but has a low expression in the striatum (Bouthenet et al. 1991, Sokoloff et al. 1990). The D4 receptor is highly expressed in the frontal cortex, amygdala, hippocampus, hypothalamus and mesencephalon (O'Malley et al. 1992, Van Tol et al. 1991). The relative abundance of the DA receptors in the rat central nervous system has been claimed to be D1>D2>D3>D5>D4 (Jaber et al. 1996).

Table 1. Distribution of DA receptors in the brain (Jaber et al. 1996, Missale et al. 1998). Abbreviations: OT = olfactory tubercle; MN = mamillary nucleus; CC = cerebral cortex; SR = septal region; SN = substantia nigra; VTA = ventral tegmental area; NAc = nucleus accumbens; FC = frontal cortex.

DA receptor subtype	Function	Brain region (high expression)
D1	stimulate adenylate cyclase via Gs	striatum, NAc, OT, hypothalamus, thalamus, limbic system
D5	stimulate adenylate cyclase via Gs	hippocampus, thalamus, MN, CC, striatum, hippocampus, SN
D2	negative coupling via Gi to adenylyl cyclase	striatum, NAc, OT, CC, SR, amygdala, hippocampus hypothalamus, SN, VTA
D3	negative coupling via Gi to adenylyl cyclase	limbic region (NAc, OT), SN, VTA, hippocampus
D4	negative coupling via Gi to adenylyl cyclase	FC, amygdala, hippocampus hypothalamus, mesencephalon, SN, thalamus

The unavailability of subtype selective DA receptor ligands has hampered the study of DA receptor functions in the CNS. There are both agonists and antagonists that can discriminate between D1-like and D2-like receptors but relatively few agents are selective for DA receptor subtypes within the subfamilies. The D1 ligands have no more than 10-fold greater selectivity for D1- vs. D5 receptors (Bourne 2001, Neumeyer et al. 2003, Shiosaki et al. 1996, Tice et al. 1994). However, there are D2 ligands that can differentiate more selectively between D2-like receptor subtypes. Indeed, there exist antagonists for the D4 receptor subtype having up to 1000-fold greater sensitivity for D4 vs. D2 or D3 receptors (Kula et al. 1997, Kulagowski et al. 1996, Patel et al. 1996). Moreover, there are still no D2 receptor selective agonists and antagonists available. In recent years, mouse lines have been generated that have a targeted inactivation of the receptor protein for all five DA receptor subtypes. These animals have helped to unravel the function of the individual DA receptors in the CNS.

Studies in D1 receptor KO (knockout) mice have shown that the D1 receptor is essential for locomotor activating effects of psychostimulants (Drago et al. 1998, Xu et al. 1994). However, the D1 receptors do not affect the rewarding and reinforcing effects of cocaine (Miner et al. 1995). Also, the D1 receptor was found to play a role in the motivation to work for food reward but not in reward perception. (El-Ghundi et al. 2003). Cortical D1 receptors have also been implicated in the control of working memory (Sawaguchi and Goldman-Rakic 1991) and have an important role in modulating the extinction of fear memory (El-Ghundi et al. 2001).

Rouge-Pont et al. (2002) found that the lack of the D2 receptor produced higher extracellular DA levels in response to morphine and cocaine administration, indicating a key role of D2 receptor in the modulation of DA release in drug abuse. In the same study, the neurochemical effects of morphine and cocaine were unchanged in mice with selective deletion of the long isoform of D2L receptor, in support of role of the D2S isoform in mediating the presynaptic autoreceptor function. Interestingly, the D2L receptor seems to mediate parkinsonian-like syndromes induced by typical antipsychotic drugs in D2L KO mice (Xu et al. 2002). On the other hand, the amphetamine-induced disruption of sensorimotor gating phenomenon, known as

prepulse inhibition of startle reflex induced by loud sound, is mediated via the D2 receptors (Ralph et al. 1999). In addition, Xu et al. (2002) reported that amphetamine and the antipsychotic drug clozapine mediate their effect on prepulse inhibition via the D2S isoform. The D3 receptor has been found to play an inhibitory role in the control of locomotor activity and rearing behaviour (Accili et al. 1996). Like the D1 receptor, the D4 receptor has been implicated in drug abuse, since in mice lacking the D4 receptor exhibited supersensitivity to the locomotor stimulating effects of methamphetamine and cocaine (Rubinstein et al. 1997). Studies in D5 receptor KO mice have revealed a modulatory role for the D5 receptor in acetylcholine release in the hippocampus (Laplante et al. 2004) and the regulation of sexual behaviour both in males and females (Kudwa et al. 2005).

2.1.5. Presynaptic regulation of dopaminergic neurotransmission

There are several mechanisms by which DA transmission is regulated presynaptically in the CNS. These include DA reuptake by DAT, inhibition of DA synthesis and release by presynaptic D2-like autoreceptors, degradation of released DA by metabolizing enzymes and heterosynaptic regulation of DA release by other neurotransmitter systems.

2.1.5.1. Dopamine transporter

Dopaminergic neurons exhibit both single spike and burst firing modes of activity, the latter yielding much higher extracellular DA levels. The elevated DA levels in the extracellular space after burst stimulation are more likely to be a result of saturated DA reuptake sites rather than facilitated DA release from the presynaptic terminal (Chergui et al. 1994). Namely, during tonic activity, DA released by single spikes is cleared from the synaptic cleft before the next pulse, but during burst stimulation DA accumulates in the synaptic cleft. This accumulation is more pronounced in brain areas other than dorsal striatum, which is dense with DAT (Chergui et al. 1994, Suaud-Chagny et al. 1995). Extracellular accumulation of DA by burst activity is also needed to activate D2 autoreceptors (Benoit-Marand et al. 2001) and postsynaptic D1 receptors (Chergui et al. 1996, Chergui et al. 1997, Gonon 1997). Thus, tonic and bursting activities result in

different extracellular DA levels due to DA reuptake mechanism. On the other hand, studies in DAT KO mice point to a key role of DAT in the refilling of intracellular DA stores after prolonged DA release (Gainetdinov et al. 1998).

2.1.5.2. D2-autoreceptors

Several studies in D2 KO mice have indicated that the D2 receptor is the only functional autoreceptor (Benoit-Marand et al. 2001, Mercuri et al. 1997, Schmitz et al. 2002). However, some studies suggest that also D3 receptors might have an autoreceptor function (Kuzhikandathil and Oxford 1999, Kuzhikandathil and Oxford 2000, O'Hara et al. 1996, Tang et al. 1994). The D2 autoreceptor activation inhibits axon terminal (Cragg and Greenfield 1997, Dwoskin and Zahniser 1986, Mayer et al. 1988, Palij et al. 1990, Starke et al. 1978) and somatodendritic (Cragg and Greenfield 1997) DA release. There is also evidence that D2 receptors modulate DA synthesis by decreasing tyrosine hydroxylase activity (Kehr et al. 1972, Roth et al. 1975, Strait and Kuczenski 1986, Wolf et al. 1986). This action is probably mediated via inhibition of adenylyl cyclase and a cAMP-dependent change in phosphorylation of tyrosine hydroxylase (Lindgren et al. 2001, Onali and Olanas 1989). Studies in pheochromocytoma 12 cell cultures indicate that D2 autoreceptors regulate DA release on two different time scales (Pothos et al. 1998), through a fast mechanism that lasts for a few seconds and modulates ion channels and through a slow one that lasts for minutes to hours and involves regulation of DA synthesis. On the other hand, the D2 receptors on the soma and dendrites of the neuron inhibit impulse flow by activating G protein coupled inwardly rectifying potassium channels. This effect hyperpolarises the cell membrane (Lacey 1993, White 1996). D2 autoreceptors may also participate in the regulation of intracellular vesicular transporter and modulate DA reuptake from the extracellular space (Meiergerd et al. 1993, Parsons et al. 1993, Schmitz et al. 2002, Wu et al. 2002). Indeed, D2 receptor agonists can increase vesicular DA uptake and D2 receptor antagonists block increase of vesicular DA uptake induced by cocaine (Brown et al. 2001). These studies indicate that DAT activity is increased by the D2 receptor agonist quinpirole and decreased by the D2 receptor antagonists pimozide, sulpiride and raclopride. Interestingly, the lack of the D2 receptor in the mutant mouse line altered striatal DAT activity but did not affect DA release (Brown et al. 2001). On the other hand, chronic treatment with D2 receptor

agonists is reported to increase DAT expression in the NAc and decrease DAT expression in the striatum (Kimmel et al. 2001). Also, altered DAT levels have been observed in schizophrenic patients and this may be attributable to the antipsychotic drug treatment (Laakso et al. 2001). However, the exact mechanisms and conditions how D2 autoreceptors regulate the functions of DAT are still unclear.

2.1.5.3. Degradation

In the striatum, DA clearance from the synaptic cleft is thought to be largely dependent on the function of DAT. However, the DAT expression is much lower in the cortex compared to the striatum and the rate of DA uptake by DAT is slow (Garris et al. 1993, Lewis et al. 2001, Sesack et al. 1998, Wayment et al. 2001). Thus, some other mechanism, such as enzymatic degradation by COMT and MAO, and DA uptake by NET, may participate in the DA clearance from the synaptic cleft. Indeed, studies in COMT KO mice have revealed that DA levels are increased in the PFC but not in the striatum, pointing to a role of COMT in DA clearance in the cortical areas but not in the striatum (Gogos et al. 1998). Also, Matsumoto et al. (2003) have noted that the COMT mRNA expression is higher in the PFC than in the striatum in both humans and rats. On the other hand, it has been assumed that MAO inhibitors attenuate the velocity of DA clearance by 30-50 % in the mPFC (Wayment et al. 2001). Taken together, these results indicate that enzymatic degradation of DA might regulate synaptic DA concentration in the brain areas where DAT activity is low. The heterosynaptic regulation of DA release in the CNS is discussed more detailed in the next chapters.

2.1.6. Dopamine and other neurotransmitter systems

Several neurotransmitter systems modulate the release of DA in the CNS. The most well-studied neurotransmitter systems mediate their effect via NA, 5-hydroxytryptamine (5-HT), glutamate and GABA. The receptors of these neurotransmitter systems and their effect on DA cell firing in the VTA are listed in table 2. In this study, the main interest was the α_2 -AR- and to a lesser extent - NMDA receptor mediated modulation of DA release in the CNS. Therefore, the next chapters will focus on these two neurotransmitter systems.

Table 2. Neurotransmitter systems modulating DA cell firing in the VTA.

* Only after blockade of somatodendritic D2 autoreceptors

** NC = no change

Transmitter	Receptor	Effect on DA cell firing in VTA	References
Noradrenaline:	α_1	DA cell firing \uparrow *	(Grenhoff et al. 1995)
	α_2	DA cell firing \downarrow	(Gobbi et al. 2001, Millan et al. 2000b)
	β	not studied	
Glutamate:	Ionotropic:		
	- NMDA	DA cell firing \uparrow	(Suaud-Chagny et al. 1992, Wang et al. 1993)
	- AMPA/Kainate	DA cell firing \uparrow	(Suaud-Chagny et al. 1992, Wang et al. 1993)
	Metabotropic:		
	- Group 1	DA cell firing \uparrow	(Zheng et al. 2002)
	- Group 2	not studied	
- Group 3	not studied		
5-HT:	5HT _{1A}	DA cell firing NC**/ \uparrow	(Arborelius et al. 1993, Prisco et al. 1994)
	5HT _{2A}	DA cell firing \uparrow	(Pessia et al. 1994)
	5HT _{2C}	DA cell firing \downarrow	(Di Giovanni et al. 2000, Prisco et al. 1994)
	5HT ₃	DA cell firing \uparrow	(Campbell et al. 1996)
	5HT ₅	not studied	
	5HT ₆	not studied	
	5HT ₇	not studied	
GABA:	GABA _A	DA cell firing \downarrow	(Lacey 1993, White 1996)
	GABA _B	DA cell firing \downarrow	(Lacey 1993)

2.1.7. Adrenergic regulation of the dopaminergic system

The main source of NA in the CNS is the LC, a bilateral adrenergic nucleus in the dorsolateral tegmentum near the fourth ventricle. The axons of LC branch extensively throughout the neuraxis innervating most regions in the CNS (Foote et al. 1983). The ascending projections of the LC comprise the dorsal noradrenergic bundle and the dorsal periventricular pathways. Other sources of NA innervation consist of the lateral tegmental (A1, A5, A7) and dorsal medullary (A2) noradrenergic cell groups that give rise to the ventral noradrenergic bundle, which innervates mainly the thalamus, hypothalamus, preoptic area, propriobulbar networks in the brainstem and send descending fibers to the spinal cord (Björklund and Lindvall 1986) (Fig. 1).

2.1.7.1. Interaction sites and mechanisms

Dopaminergic and noradrenergic systems interact at many levels in the CNS. First, adrenergic neurons from the LC project into the VTA (Jones et al. 1977, Phillipson 1979, Simon et al. 1979) and VTA efferent axons descend into the LC (Beckstead et al. 1979, Ornstein et al. 1987), which enables direct crosstalk between these systems. Several studies have indicated that the adrenergic regulation of dopaminergic VTA neurons is mediated by α_1 -ARs postsynaptic to fibres originating from LC (Grenhoff et al. 1993, Grenhoff et al. 1995). On the other hand, α_2 -ARs can also participate in the regulation of DA neurons by acting as autoreceptors on noradrenergic afferent terminals and thus indirectly inhibit DA release in the VTA (Grenhoff et al. 1993). In addition, cells expressing D1 and D2 receptor mRNA are present in the LC (Meador-Woodruff et al. 1991).

Second, dopaminergic and noradrenergic projections overlap in their terminal regions such as mPFC, NAc and striatum, and there is a body of growing evidence for an interaction between these two neurotransmitter systems at the terminal level (Carboni et al. 1990, Devoto et al. 2001, Devoto et al. 2002, Di Chiara et al. 1992, Feenstra 2000, Feenstra et al. 2000, Gresch et al. 1995, Kawahara et al. 2001, Moron et al. 2002, Tassin 1992, Tassin et al. 1992). Interestingly, DA may have even higher affinity for NET than NA (Horn 1973, Raiteri et al. 1977), and NET mainly contributes to the removal of DA

from the extracellular space in the mPFC, and to a lesser extent in the NAc (Carboni et al. 1990, Cass and Gerhardt 1995, Pozzi et al. 1994, Tanda et al. 1997, Yamamoto and Novotney 1998). On the other hand, a recent study by Valentini et al. (2004) suggests that in the parietal and occipital cortex, NET is not involved in the clearance of DA from the extracellular fluid in rat. In contrast, in the DA rich striatum DAT is believed to be solely responsible for the DA removal from the extracellular fluid (Carboni et al. 1990, Di Chiara et al. 1992, Gresch et al. 1995, Moron et al. 2002, Pozzi et al. 1994).

Third, the adrenergic system can indirectly regulate DA release in the VTA via other neurotransmitter systems, such as glutamate- and GABAergic systems. The VTA receives an intense glutamatergic projection from the frontal cortex (Rossetti et al. 1998) that enhances DA release via NMDA-receptor mediated mechanism (Kretschmer 1999). These glutamatergic neurons are under adrenergic regulation, so that α_1 -AR stimulation enhances their firing (Marek and Aghajanian 1999) whereas α_2 -AR stimulation mainly inhibits their firing (Kovacs and Hernadi 2003). In addition, pyramidal neurons in the VTA can be indirectly inhibited via α -ARs on GABAergic interneurons (Kawaguchi and Shindou 1998).

Fourth, Devoto et al. have proposed a co-release theory for NA and DA, which claims that DA is released from NA terminals in posterior cortical areas (Devoto et al. 2001, Devoto et al. 2002, Devoto et al. 2003, Devoto et al. 2004). This hypothesis is based on findings that in some studies the extracellular DA levels in the parietal and occipital cortices are only modestly lower than in the mPFC where DA innervation is known to be much denser and that drug treatments that modify mainly noradrenergic activity modulate also extracellular DA levels in these cortical areas. However, several other mechanisms, such as adrenergic heteroreceptors and competition of DA and NA for the same transporter, might underlie these findings, leaving the origin of released DA in posterior cortical regions an open question.

2.1.7.2. Alpha2-adrenoceptors

Adrenoceptors are divided into three main families, α_1 -, α_2 - and β -ARs, which all are further divided into three subfamilies: α_{1A} -, α_{1B} - and α_{1C} -ARs; α_{2A} -, α_{2B} - and α_{2C} -ARs; and β_1 -, β_2 - and β_3 -ARs, respectively (Bylund 1988). All adrenoceptors belong to the GPCR family. The α_2 -ARs are negatively coupled to GPCR via the Gi/o signaling system, which inhibits the adenylyl cyclase activity and the opening of the voltage-gated calcium and potassium channels (Limbird 1988, Surprenant et al. 1992). α_{2A} -ARs are located mainly in the cortex, LC, hippocampus and brainstem; α_{2C} -ARs are found in the cortex, hippocampus, LC and striatum; in contrast α_{2B} -ARs in the brain are located almost exclusively in the thalamic nuclei (Aoki et al. 1994, Holmberg et al. 2003, Lee et al. 1998, MacDonald and Scheinin 1995, Nicholas et al. 1993, Scheinin et al. 1994). α_2 -ARs are present in the CNS both as prejunctional autoreceptors, inhibiting further NA release (Docherty 1998, Starke 1977, Starke 1987), and as postjunctional receptors either on the bodies and dendrites of target cells (Docherty 1998, MacMillan et al. 1996) or as heteroceptors, inhibiting the release of other modulatory neurotransmitters, such as DA (Gobert et al. 1998, Trendelenburg et al. 1994).

The α_{2A} -AR has been considered the predominant α_2 -AR subtype in the brain and the main regulator of presynaptic autoinhibition of NA release in the CNS (Altman et al. 1999, Hein et al. 1999, Trendelenburg et al. 1999, Trendelenburg et al. 2001a, Trendelenburg et al. 2001b). *In vitro* superfusion studies in α_{2A} -AR wild type (WT) and KO mice have revealed that the α_2 -AR agonist UK 14304 inhibited NA release maximally by 96 % in the occipito-parietal cortex in α_{2A} -AR WT and also in a similar manner in α_{2B} - and α_{2C} -AR KO mouse preparations but UK 14304 only evoked a 24 % reduction in NA release in α_{2A} -AR KO mouse preparations (Bucheler et al. 2002). I.e. reduced by nonetheless, some inhibition by UK 14304 remained in α_{2A} -AR KO mouse brain tissue. Studies in the double mutant α_{2AC} -AR KO mouse line indicated that the remaining autoinhibition was mediated by α_{2C} -ARs (Bucheler et al. 2002, Hein et al. 1999, Trendelenburg et al. 2001a). Taken together, these results suggest that α_{2A} -autoreceptors predominate in the CNS while the role of α_{2C} -autoreceptors becomes more pronounced when the α_{2A} -AR is absent. A recent report by Trendelenburg et al.

(2003) has proposed that also the third α_2 -AR subtype, α_{2B} -AR, may serve as an autoreceptor in the postganglionic sympathetic neurons.

α_{2A} -ARs are likely to mediate most of the heteroreceptor function in the CNS (Gobert et al. 1998, Scheibner et al. 2001, Trendelenburg et al. 1994). Scheibner et al. (2001), using *in vitro* superfusion technique for 5-HT analysis, found that α_2 -heteroreceptors in the hippocampus were a mixture of predominantly α_{2A} -ARs and to a lesser extent α_{2C} -ARs, based on the finding that 5-HT release-inhibiting effect of the α_2 -agonist medetomidine was reduced in α_{2A} -AR KO and α_{2C} -AR KO mice in hippocampal tissue and disappeared completely in α_{2AC} -AR KO mice. On the other hand, an *in vivo* microdialysis study in the rat frontal cortex found markedly decreased extracellular DA levels after a local infusion of α_2 -agonists, DMT and guanabenz, and increased levels after local infusion of α_2 -antagonists, RX 821002 and BRL 44408 (Gobert et al. 1998). In the same study, the α_1/α_2 -antagonist prazosin, which is preferentially an antagonist for α_{2C} - and α_{2B} -ARs but not for α_{2A} -AR, did not affect DA release, indicating a predominant role of α_{2A} -AR subtype also in the regulation of DA release in the CNS. However, so far the lack of subtype-specific α_2 -AR drugs has precluded a direct comparison between the α_2 -AR subtypes on the regulation of neurotransmitter release. Therefore, mutant mouse lines that either lack or overexpress a particular α_2 -AR subtype offer the best tool to investigate the role of α_2 -AR subtypes in the regulation of transmitter release. However, most of the *in vivo* studies that have investigated the modulatory role of different α_2 -AR subtypes in the regulation DA metabolism have been done only in post mortem brain material (Lähdesmäki et al. 2003, Sallinen et al. 1997).

Sallinen et al. (1997) using mice that either overexpress or lack α_{2C} -ARs, found that the α_2 -agonist, DMT, inhibited NA and DA turnover in whole brain homogenates in a similar manner in OE (overexpressing) and KO mice and their wild-type controls. Interestingly, drug-naïve KO mice had lower HVA concentrations in the striatum and OE mice higher HVA concentrations in the frontal cortex indicating the involvement of α_{2C} -ARs in the dopaminergic regulation, not only in the striatum, but also in the cortex.

On the other hand, Lähdesmäki et al. (2003) found that DMT inhibited DA turnover (HVA/DA ratio) in the striatum and thalamus-hypothalamus of α_{2A} -AR WT mice, whereas in α_{2A} -AR KO mice DMT was without any significant effect. However, DMT and α_2 -antagonist, ATZ, failed to induce any major changes in DA turnover in mice lacking the α_{2A} -AR subtype (Lähdesmäki et al. 2003).

2.1.8 NMDA-receptor regulation of dopaminergic system

Glutamate is the major excitatory neurotransmitter in the mammalian CNS. It acts through ligand-gated ion channels (ionotropic receptors) and G-protein coupled (metabotropic) receptors. The ionotropic glutamate receptors have four to five subunits, and are further subdivided into three groups, AMPA, NMDA and kainate receptors. This classification is based on both receptor pharmacology and structural similarities. Activation of glutamate receptors is responsible for basal excitatory synaptic transmission and many forms of synaptic plasticity such as long-term potentiation and depression, which is thought to underlie learning and memory (Abbott and Nelson 2000, Sourdet and Debanne 1999).

The glutamatergic innervation from the mPFC is the major excitatory input to VTA (Hurley et al. 1991, Sesack et al. 1989). The mPFC glutamatergic neurons innervate dopaminergic and also non-dopaminergic cells in the VTA (Sesack and Pickel 1992). The mPFC glutamatergic input has been shown to synapse on dopaminergic cells that project back to the mPFC and onto the GABAergic cells that project to the NAc (Carr and Sesack 2000). Thus glutamate can control dopaminergic activity in the VTA through glutamate receptors located in the VTA and via other neurotransmitter receptors located in the pyramidal neurons of the mPFC, which determine the output activity of glutamatergic projections, thereby modulating the release of glutamate in the VTA.

Systemic administration of non-competitive NMDA receptor antagonists appears to facilitate burst firing of mesolimbic VTA neurons (Freeman and Bunney 1984, French and Ceci 1990, French et al. 1993, Murase et al. 1993b) and thereby increase DA release in the NAc (Gonon and Buda 1985). In contrast, competitive NMDA receptor

antagonists have no effect on these parameters when given systemically (French and Ceci 1990, French et al. 1993). Biochemical studies have also demonstrated increased DA turnover or release in ventral striatum after intra-VTA application of glutamate or the NMDA receptor agonist (Kalivas et al. 1989, Suaud-Chagny et al. 1992, Wang et al. 1994). On the other hand, stimulation of the PFC increases levels of extracellular DA within the NAc (Karreman and Moghaddam 1996, Murase et al. 1993a, Taber et al. 1995a, Taber and Fibiger 1995b), an effect that is blocked by infusion of glutamate antagonists into the VTA but not into the NAc (Karreman and Moghaddam 1996, Taber et al. 1995a, Taber and Fibiger 1995b). Inactivation of the PFC produces the opposite response (Murase et al. 1993a), pointing to a role of the PFC in the regulation of tonic levels of DA in the NAc.

2.1.9. Dopamine and schizophrenia

Schizophrenia is a complex psychiatric disorder with heterogenous symptoms. It is characterized by the presence of positive and negative symptoms. Positive symptoms include behaviour such as delusions, hallucinations, extreme emotions, excited motor activity and incoherent thoughts and speech. In contrast, negative symptoms are described as behavioural deficits such as blunting of emotions, language deficits, and lack of energy. Even though no single organic cause for schizophrenia has been found, there is evidence for anatomical changes in brain of schizophrenic patients, such as an increase in brain ventricular volume and decreased volume of temporal lobe (Johnstone et al. 1976, Weinberger et al. 1979a, Weinberger et al. 1979b); the presence of a genetic component (Kety 1975, Kety 1987, Kety et al. 1994); imbalance in DA receptor density in the striatum and PFC (Hess et al. 1987, Seeman 1985) and involvement of several neurotransmitter systems, such as DA, glutamate, serotonin and NA in this disease.

In the 1950s, the first antipsychotic drug, chlorpromazine, was discovered accidentally as the original idea was to develop an effective antihistamine drug. Carlsson and Lindqvist (1963) found that typical antipsychotic drugs such as haloperidol and chlorpromazine increased the turnover of monoamines as reflected by increased levels of their metabolites, leading to the concept that antipsychotic drugs may block monoamine receptors. This hypothesis received from findings that amphetamine

induced stereotypic behaviour in animals that resembles the positive symptoms of schizophrenia. High doses of amphetamine evokes excessive gnawing, licking, chewing, sniffing and scanning in rats and chronic amphetamine administration in non-human primates elicits behaviours such as hypervigilance, abnormal tracking, grasping and manipulation of thin air (Ellinwood et al. 1973, Ellison et al. 1981, Ellison and Eison 1983, Ridley et al. 1982). On the other hand, the observation that antipsychotic drugs potently blocked the psychostimulant actions of amphetamine in animals and humans (Angrist et al. 1980, Kelly and Miller 1975, Randrup and Munkvad 1965, Snyder 1973) suggested that dopaminergic signal transduction did play a role in the development of schizophrenia. These findings were further linked to the DA hypothesis of schizophrenia (Carlsson 1977, Matthysse 1973) as antipsychotic drugs were found to block D2-receptors (Creese et al. 1976). However, this D2-receptor blocking is able to alleviate only positive symptoms of schizophrenia, leaving negative symptoms unchanged. A more recent modification of the DA hypothesis of schizophrenia is that a mesolimbic dopaminergic hyperfunction coexists with hypofunction of dopaminergic terminals in the PFC, and it is the latter that accounts for the negative symptoms (Davis et al. 1991, Svensson et al. 1995, Svensson 2000, Weinberger 1988).

The non-competitive NMDA-receptor antagonists, such as phencyclidine and ketamine, induce both negative and positive symptoms of schizophrenia in normal individuals (Javitt and Zukin 1991, Snyder 1980) and also profoundly exacerbate both negative and positive symptoms in schizophrenic patients (Itil et al. 1967, Lahti et al. 2001). These findings provided evidence for the role of glutamate in schizophrenia, suggesting that the disease is accompanied by a hypoglutamatergic state in the brain (Olney and Farber 1995). Another finding speaking indirectly in favour of the glutamate hypothesis of schizophrenia was the development of atypical neuroleptics, such as clozapine. These drugs relieved also the negative symptoms of schizophrenia and caused fewer side effects compared to typical antipsychotic drugs (Meltzer 1995, Remington et al. 1996, Stephens 1990). Notably, clozapine has lower affinity for the D2 receptor than the typical neuroleptics (Farde et al. 1997, Nordström et al. 1995) and binds even more effectively to D4 than D2 receptors (Tarazi et al. 1997, Van Tol et al. 1991). Clozapine has also high affinity to many other receptors such as adrenergic α_1 - (Cohen and

Lipinsky 1986, Peroutka and Snyder 1980); serotonergic 5-HT_{1C}- and 5-HT₂- (Canton et al. 1990, Hoenicke et al. 1992, Schmidt et al. 1995); glutamatergic NMDA- (Banerjee et al. 1995, Lidsky et al. 1997) and GABA_A- (Michel and Trudeau 2000, Squires and Saederup 2000) receptors.

The DA and glutamate hypotheses of schizophrenia are not necessarily mutually exclusive. Namely, as a general rule, DA receptors inhibit glutamate release and therefore, mesolimbic DA overactivity can result in the continued and excessive suppression of glutamate release. This in turn could cause NMDA receptor hypofunction, which could disrupt DA firing pattern in the VTA. Interestingly, Olney et al. (1989) showed that phencyclidine and several other non-competitive NMDA receptor antagonists, such as MK-801, ketamine and tiletamine, induced acute neurodegenerative changes in the adult rat brain. These neurodegenerative changes consisted of vacuolar changes involving endoplasmic reticulum and mitochondria and were confined especially to the posterior cingulate and retrosplenial cortices. However, certain typical antipsychotic agents such as haloperidol and thioridazine, and more potently atypical antipsychotics such as clozapine, could prevent NMDA antagonist induced neurotoxicity in the posterior cingulate and retrosplenial cortices (Farber et al. 1993, Farber et al. 1996).

The brain imaging techniques, positron emission tomography (PET) and single-photon emission computed tomography (SPECT), have made it possible to study psychosis and schizophrenia in humans. The first brain imaging studies were performed in the 1980s and focused on measurements of striatal D2 receptors to obtain further support for DA hypothesis of schizophrenia (Farde et al. 1986, Wong et al. 1986). Studies in drug-free schizophrenic subjects suggest that psychotic symptoms might be related to augmented release of DA in brain, especially an abnormal hyperresponsiveness of the mesolimbic DA projection (Breier et al. 1997, Laruelle et al. 1996). So far, the majority of the brain imaging studies has focused on the neostriatum where D2 receptor density is higher than in cortical and limbic regions of the brain. Also *in vivo* microdialysis studies in rats have demonstrated that non-competitive NMDA-receptor antagonists, such as MK-801, evoke a long-lasting increase in DA output within the terminal regions of the

mesocorticolimbic and the nigrostriatal DA systems (Mathe et al. 1999, Wedzony et al. 1993). However, the development of the more specific tracers for D2 receptors has allowed brain imaging studies also in the brain areas with high interest in schizophrenia but low density of DA receptors. For instance, there is evidence for a more widespread DA innervation in other cortical regions, including the posterior cingulate/retrosplenial cortex (Descarries et al. 1987, Gaspar et al. 1989, Hall et al. 1996, Lewis et al. 2001) where the most severe symptoms of glutamate neurotoxicity have been found (Olney et al. 1989). However, only a few animal or human studies on these areas have been conducted so far.

2.2. *IN VIVO* MICRODIALYSIS

2.2.1. History

The last decades have witnessed the introduction of many methods to study the extracellular compartment of intact brain. The early approaches to investigate the brain extracellular environment were ventricular perfusion, cortical cup perfusion and push-pull cannulae (Gaddum 1961, Nieoullon et al. 1977a). In 1973 the *in vivo* voltammetry method was developed where carbon paste electrodes were used for the detection of oxidizable molecules, such as DA, in the extracellular fluid (Kissinger et al. 1973).

The first steps towards the *in vivo* microdialysis technique were taken by Bito et al. (1966) who implanted a dialysis membrane, containing saline solution, into the parenchyma of the cerebral hemispheres of dogs. These saline containing membrane sacs were removed ten weeks later from the tissue and the amino acids were analysed. The next improvement to the microdialysis method came by Delgado et al. (1972) who developed a dialytrode, which resembles the microdialysis cannulae used nowadays. The modern microdialysis method was discovered by Swedish workers in 1980's who had the idea that the microdialysis cannula would mimic the function of capillary blood vessels. The use of small diameter hollow dialysis fibres together with very sensitive analytical techniques strongly stimulated the development of the modern microdialysis method (Jacobson et al. 1985, Ungerstedt 1984).

2.2.2. Principle

In vivo microdialysis is a sampling method that measures the chemical composition of the interstitial tissue fluid that surrounds cells and other organs in the body. *In vivo* microdialysis can be performed in almost every organ of the body such as blood, muscles, adipose tissue and brain tissue. In the brain, the microdialysis technique is based on the assumption that the extracellular neurotransmitter levels equilibrate with the solution flowing through the dialysis cannula implanted in a discrete brain area. The microdialysis cannula consists of small diameter hollow microdialysis inlet and outlet tubings that are covered with a porous dialysis membrane. The dialysis membrane allows the entry of small molecules such as neurotransmitters and their metabolites inside the microdialysis cannula but prevents the removal of large molecules and proteins from the extracellular fluid (fig. 4). The dialysis fluid that resembles the extracellular fluid in the tissue by its chemical composition is perfused at a constant flow (normally 0.5-3 $\mu\text{l}/\text{min}$) through the microdialysis cannula. The exchange of substances through the membrane takes place by diffusion in both directions while the small volume dialysis samples (usually 10-50 μl) are collected. Since the *in vivo* microdialysis method is only a sampling method, it needs to be accompanied by a sensitive analysing system for the detection of neurotransmitters. The most frequently used analysing method is high performance liquid chromatography (HPLC) coupled either with electrical or fluorescence detections.

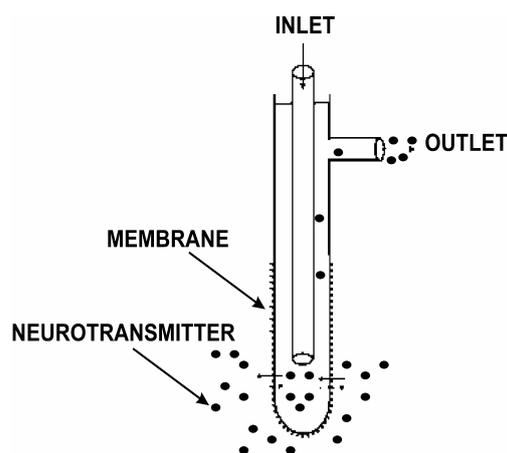


Fig. 4. The principle of *in vivo* microdialysis technique.

2.2.3. Specific features

The crucial question with the *in vivo* microdialysis method is whether the collected samples represent the synaptic release or is it mixed with release from non-synaptic sources, such as glial cells. Many monoamine neurotransmitters, such as DA, NA and serotonin do fulfil the criteria for synaptic release, whereas glutamate and GABA are more complex in this respect (Timmerman and Westerink 1997). Usually the neuronal release is indicated in microdialysis studies by infusing with the dialysis fluid a selective sodium channel blocker, e.g. tetrodotoxin, or omitting calcium ions from the dialysis fluid. Another important aspect in the *in vivo* microdialysis is whether the dialysis samples represent the "true" extracellular concentration in the studied brain area. The microdialysis cannula is in the extracellular space but not in the immediate vicinity of the nerve endings. In the brain tissue, the clearance of neurotransmitters from the synaptic cleft is a rapid process - what is being measured is the neurotransmitter content of the transmitter that has left the synaptic cleft and reached the microdialysis membrane. For this reason, it may not be reasonable to concentrate on the measure of absolute concentration of a neurotransmitter in the sample but rather the relative change in the neurotransmitter concentration from its baseline. However, there are some dialysis methods that can give a relatively good estimation of measured neurotransmitter concentration in the tissue. The most commonly used method is *in vitro* recovery calibration of the microdialysis cannula. *In vitro* recovery refers to the ratio of the concentration of a substance in the dialysate and the concentration of the same substance in the medium in which the cannula is positioned. However, due to difference in diffusion coefficients between water and tissue extracellular fluid, *in vitro* recovery calibration does not give a reliable estimate of the substance concentration in the tissue. The more reliable method for the estimation of extracellular neurotransmitter concentration in the tissue is the no-net-flux method, where the tissue is perfused with varying concentrations of the studied substance, and then the equilibrium constant for the substance is calculated (Hooks et al. 1992, Justice 1993, Lonroth et al. 1987). Alternatively the perfusion flow is varied during the experiment and the change of substance emerging from the cannula is measured and extrapolated to zero flow (Jacobson et al. 1985). Both of these methods require that the extracellular levels of neurotransmitter remain constant during the experiment.

The *in vivo* microdialysis method has some limitations that need to be taken into account when planning the experiments. First, most of the microdialysis studies are nowadays done in rodents. Due to small brain volume of rodents, the microdialysis cannula (diameter normally 250-350 μm) causes a relatively large lesion in the brain and the collection of microdialysis samples is mainly localised to the scared tissue area around the cannula. Furthermore, after the insertion of the cannula into the tissue, several disturbing processes, such as bleeding and reduced oxygen levels, might affect the condition of the cells and surrounding tissue (Benveniste et al. 1987, Bungay et al. 2003, Georgieva et al. 1993). Second, clogging of the cannula membrane by extracellular substances or the growth of glial cells around the membrane limits the time scale of a single dialysis experiment usually to 3-4 days (Georgieva et al. 1993, Imperato and Di Chiara 1985, Jacobson and Hamberger 1984, Pei et al. 1989, Sandberg and Lindstrom 1983, Westerink and Tuinte 1986). Third, the microdialysis method does not allow for the measurement of neurotransmitter release from a single neuron or even a small population neurons but more likely from tens of thousands of neurons. Thus, *in vivo* microdialysis is applicable to relatively large areas and nuclei in the brain whereas smaller structures are more difficult to reach. Fourth, the continuous removal of neurotransmitters from the brain may have disturbing effect on the biological balance of the studied brain structure. Fifth, the sample collection interval in the *in vivo* microdialysis method is normally 5-30 minutes, which is a relatively long period for the detection of rapid biological processes in the brain. This feature limits the use of *in vivo* microdialysis in behavioural studies, where rapid processes are of interest. However, the development of more sensitive analysing methods has made it possible to decrease the time needed to collect dialysis samples (Feenstra and Botterblom 1996, Sauvinet et al. 2003, Shou et al. 2004).

Despite the above mentioned limiting factors, the *in vivo* microdialysis method has several advantages for studies of neurochemistry in the CNS. First, *in vivo* microdialysis can be performed in conscious animals, which allows experiments in their natural environment and without the disturbing effects of anaesthetics. Also the possibility to combine *in vivo* microdialysis and behavioural tasks broaden the use of microdialysis to studies on the relationship between neurochemical effects and behaviour, such as

classical conditioning (Cheng et al. 2003, Feenstra et al. 2001, Mingote et al. 2004), circadian rhythm (Kametani and Kawamura 1991, Paulson and Robinson 1994), feeding (Bassareo and Di Chiara 1999a, Bassareo and Di Chiara 1999b), stress (Abercrombie et al. 1989, Cenci et al. 1992, Enrico et al. 1998, Kawahara et al. 1999), sexual behaviour (Becker et al. 2001, Fiorino and Phillips 1999), reward (Di Chiara et al. 2004, Hernandez and Hoebel 1988b, Ventura et al. 2003). Second, the dialysis membrane is a barrier between the cannula and surrounding tissue that prevents the removal of large molecules and proteins from the tissue, minimizing the perturbation to the neural environment. Third, as *in vivo* microdialysis is a sample collection method, the collected samples represent all substances that pass through the dialysis membrane. This makes them accessible to the very sensitive analytical techniques, which include the majority of known neurotransmitters and their metabolites. Fourth, a very important aspect in the *in vivo* microdialysis method is the possibility to infuse drugs locally through the cannula to target tissue, so called reverse microdialysis. The local application of drugs into the specific part of the brain helps to study local effects of treatments without the drug affecting the entire brain.

3. AIMS OF THE STUDY

The purpose of this study was to investigate the brain dopaminergic system and its interaction with adrenergic α_2 -receptors and NMDA glutamate-receptors. *In vivo* brain microdialysis was used in the present series of experiments to study the extracellular concentrations of DA and NA in mouse and rat brain. The specific aim of this study was to address the following questions:

- How different stressors such as handling, novel environment and needle injection modulate DA and NA release in different brain areas in mice and rats (I, II, III, IV)?
- What is the specific role of α_{2A} -AR and α_{2C} -AR subtypes in the regulation of DA and NA release in the mPFC and NAc (II, III)?
- Do α_{2A} -AR and α_{2C} -AR subtypes regulate DA and NA release differently during rest or under stressful stimulation in the mPFC (II)?
- Do α_2 -ARs regulate DA and NA release at the terminal level in the NAc or indirectly e.g. from the VTA (III)?
- How the α_2 -AR agonist or antagonist mediated pharmacological effect on DA release correlates with the locomotor activity (III)?
- Does the non-competitive NMDA-antagonist, ketamine, increase DA release also in the posterior region of the rat brain as it does in medial frontal cortex or striatum (IV)?

4. MATERIALS AND METHODS

4.1. ANIMALS

The species, strain, gender and age of the animals in these experiments were the following:

Study I: male C57BL/6J OLA-Hsd mice (n=30, mean weight 25 g, Harlan/CPB, The Netherlands), age 4-5 months.

Study II: female α_2A -adrenoceptor knockout (n=6, mean weight 27 g, Turku, Finland), female wild type C57BL/6J (n=6, mean weight 25 g, Kuopio, Finland) and male C57BL/6J (n=8, mean weight 29 g, Kuopio, Finland) mice, age 10-13 months.

Study III: female α_2A -adrenoceptor knockout (n=13, mean weight 27, Turku, Finland) and wild type C57BL/6J (n=18, mean weight 31, Kuopio, Finland) mice, age 5-13 months.

Study IV: male Wistar rats (n=8, mean weight 500-700 g, Kuopio, Finland) age 12-13 months.

The mutant mouse line, α_2A -AR KO, was generated in the laboratory of Dr. Brian Kobilka at the Stanford University by Dr. John Altman (Altman et al. 1999). The behavioural phenotype of α_2A -AR KO mouse line has been described by Lähdesmäki et al. (2002) and Schramm et al. (2001). Heterozygous α_2A -AR KO mice were backcrossed for five generations to C57BL/6J mice to create a congenic line. The α_2A -AR KO mice were bred in the Central Animal laboratory of the University of Turku and transported to the National Laboratory Animal Centre at the University of Kuopio at the age of 4 months. The environmental conditions were controlled and constant (21±1 °C, humidity at 50±10 %, lights on 0700 – 1900 hours) with water and food freely available. All animal experiments were conducted according to the guidelines of Council of Europe (Directive 86/609), and were approved by the State Provincial Office of Eastern Finland (II, III, IV) and the Animal Experimentation Committee of the Royal Netherlands Academy of Arts and Sciences (I).

4.2. DRUGS

4.2.1. Dexmedetomidine hydrochloride (II, III)

Dexmedetomidine (Orion Corporation, Orion Pharma, Turku, Finland) is a specific but subtype non-selective α_2 -AR agonist (Millan et al. 2000a, Scheinin et al. 1989, Virtanen et al. 1988, Virtanen 1989). DMT has a very low affinity for 5-HT (Newman-Tancredi et al. 1998), imidazoline (Millan et al. 2000a) and α_1 -adrenergic receptors (Millan et al. 2000a). In Study II, the effect of dexmedetomidine (DMT) was investigated on DA and NA release in the mPFC with local infusion (right hemisphere: 10^{-9} – 10^{-8} M). In Study III, DMT was administered both locally (right hemisphere: 10^{-9} – 10^{-7} M) in the NAc and with systemic injections (10 or 25 $\mu\text{g}/\text{kg}$). DMT was dissolved in deionized water and kept frozen (-40 °C) in small volumes. These stock solutions were diluted with fresh Ringer or physiological saline solution on the day of the experiment. Drug or vehicle was injected subcutaneously in a volume of 5 ml/kg. The drug concentrations were selected on the basis of literature and pilot studies.

4.2.2. Atipamezole hydrochloride (III)

Atipamezole (Orion Corporation, Orion Pharma, Turku, Finland) is a specific but subtype non-selective α_2 -AR antagonist (Millan et al. 2000a, Newman-Tancredi et al. 1998, Virtanen et al. 1989). Like DMT, it has a very low affinity for 5-HT (Newman-Tancredi et al. 1998), imidazoline (Millan et al. 2000a) and α_1 -adrenergic receptors (Millan et al. 2000a). In Study III, the effect of atipamezole (ATZ) was investigated on DA and NA release in the NAc both with local infusions (right hemisphere: 10^{-8} – 10^{-6} M) and systemic injections (300 $\mu\text{g}/\text{kg}$). ATZ was dissolved in deionized water and kept frozen (-40 °C) in small volumes. These stock solutions were diluted with fresh Ringer or saline solution on the day of the experiment. Drug or vehicle was injected subcutaneously in a volume of 5 ml/kg. The drug concentrations were selected on the basis of literature and pilot studies.

4.2.3. Ketamine hydrochloride (IV)

Ketamine (Ketalar, Parke-Davis Scandinavia, Sweden) is non-competitive glutamate N-methyl-D-aspartate antagonist (Brockmeyer and Kendig 1995, Harrison and Simmons 1985). In Study IV, the effect of subanaesthetic doses of ketamine (10 or 30 mg/kg, i.p.) was investigated on the DA release in the retrosplenial cortex. Ketamine was ready for use solution (50 mg/ml). The drug doses were selected on the basis of earlier studies (Moghaddam et al. 1997).

4.3. EXPERIMENTS

4.3.1. *In vivo* microdialysis (I, II, III, IV)

On the day of surgery the animals were removed to individual perspex cages (25 x 25 x 32 cm, free access to food and water), where also the microdialysis procedure was performed. Animals were anaesthetised with a mixture of pentobarbital and chloralhydrate (each 10 mg/ml, 3.5 ml/kg i.p.), except in Study I where chloralhydrate was used as an anaesthetic (3.5 % solution, 350 mg/kg). In addition, the local anaesthetic, lidocaine (10 mg/ml; Medipolar, Orion Corporation, Oulu, Finland), was applied on the skull. The mice were mounted in a Kopf stereotactic frame equipped with a DKI 921 mouse adapter (David Kopf Instr., Tujunga, CA, USA) and rats with a DKI 920 rat adapter (David Kopf Instr., Tujunga, CA, USA). Flat horizontal positioning of the skull was assumed when ventral coordinates of bregma and lambda, and two positions ± 1.0 mm lateral to bregma were within 0.1 mm limits of bregma.

The microdialysis cannulae were placed in the targeted brain regions according to the mouse (Franklin and Paxinos 1997) and rat (Paxinos and Watson 1986) brain atlas and secured with dental cement (Selectaplast, Densply Limited, Surrey, England) and two cranial screws (stainless steel screws 0.5 mm diameter). The detailed implantation coordinates can be found in fig. 5. The microdialysis cannula was mainly implanted into the dorsal striatum in Study I but the tip of the cannula was found to be in the shell of the NAc (which is part of the ventral striatum). For this reason this area is simply called striatum in the text as was done in the original publication. In Study III, the

microdialysis cannula was accurately implanted into the NAc and this nomenclature is used in the text and in the original publication. The microdialysis cannulae were handmade with inlet and outlet fused silica glass capillary protected by metal tubing. The dialysis membrane (i.d. 0.24 mm, o.d. 0.32 mm, Hospal 16.AN69 HF Filtral; Hospal Industrie, Meyzieu, France) was connected to cannula with two component epoxy glue. Saline (1 ml, s.c.) was injected after the operation and animals were provided with a warm water bottle in their individual perspex cages. Acetylsalicylic acid (Aspirin^R) (Study II: Alka-Seltzer, Bayer, Leverkusen, Germany; 1.5 mg/ml dissolved in drinking water) and carbiprofen (Rimadyl^R) (Studies III and IV: 5.0 mg/kg s.c.; Vericore Ltd., Dundee, UK) were used for post-operative pain relief.

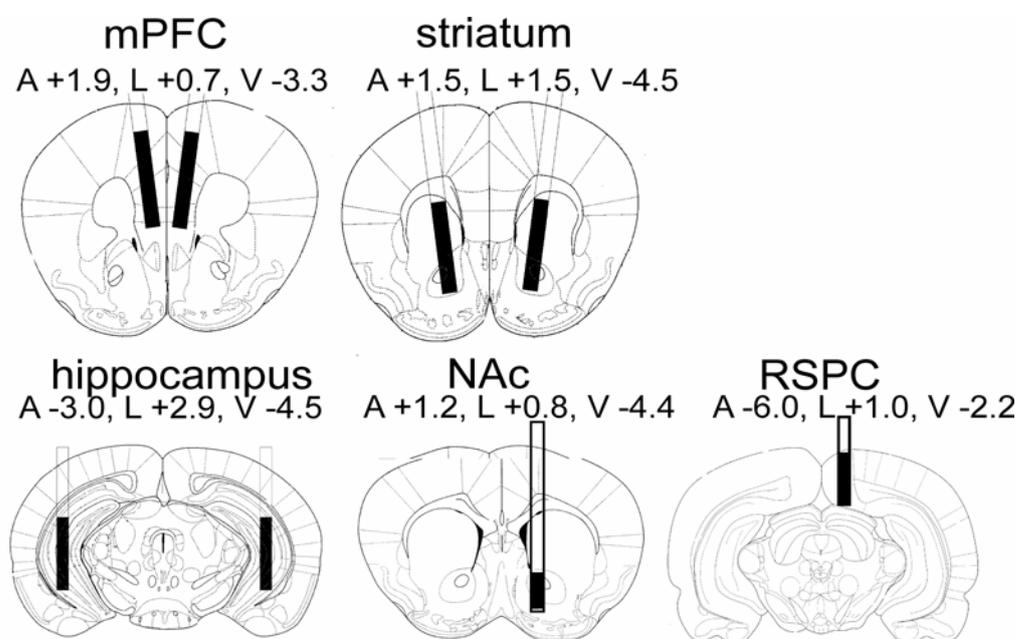


Fig. 5. The location of the microdialysis cannulae in the mouse (medial prefrontal cortex, striatum, hippocampus and nucleus accumbens) and in rat brain (retrosplenial/posterior cingulate cortex, RSPC). In Study I, two microdialysis cannulae were implanted bilaterally in the mPFC but in Study II one microdialysis cannula was inserted in the right side of the mPFC.

Microdialysis experiments were started either three days after surgery (II, III, IV) or one day after surgery (I). Microdialysis cannula was connected using flexible PEEK tubing

(o.d. 0.51 mm; i.d. 0.13 mm; Upchurch, Oak Harbour, WA, USA) to rotating head-piece (375/D/22QM, Instech Laboratories Inc, PA, USA) without further tethering. Ringer solution (Ringer: 145 mM NaCl, 2.7 mM KCl, 2.4 mM CaCl₂, 1.0 mM MgCl₂; except 1.2 mM CaCl₂ in Study I) was perfused at a rate of 2.8 µl/min (CMA/100 Microinjection Pump, Solna, Sweden). The dialysate was on-line introduced into the HPLC injection loop and automatically injected every 15.5 min.

4.3.2. High performance liquid chromatography (I, II, III, IV)

Extracellular concentrations of DA and NA were measured using the high performance liquid chromatography system consisted of a Shimadzu LC-9AD solvent delivery system (Shimadzu Corporation, Kyoto, Japan) and an ANTEC Decade electrochemical detector (Antec Leyden, Leyden, The Netherlands). The column oven of the Decade (33 °C) contained a high efficiency pulse dampener, an electrically actuated injector (Valco EHN6W; Antec Leyden, The Netherlands) with 50 µl loop, Supelcosil LC-18-DB column (5 µm particles; 250 x 4.6 mm) with Supelguard LC-18-DB guard column (20 x 4.6 mm) (Supelco, Bellefonte, PA, USA). A Coulochem 5011 detector cell (electrode 1 operated on + 250 mV, electrode 2 on - 300 mV) (ESA Inc., Chelmsford, MA, USA) was controlled by the Decade using the TWIN option. The mobile phase consisted of mQ water with 10.4 mM citric acid (2 g/l), 6.1 mM sodium acetate (5 g/l), 1.85 mM heptanesulphonic acid (375 mg/l), 0.3 mM EDTA and 12.5% methanol. Data acquisition and analysis was carried out with the Shimadzu Class-VP software (Shimadzu, Duisburg, Germany). The detection limit for DA and NA was 0.1 pg.

4.3.3. Stress (I, II, III, IV)

The first way to induce mild stress was to take the mouse out of its home cage and place it on a towel on the experimenter's forearm. This is referred to as handling. During handling, the mouse usually sat quietly for the first few minutes and thereafter explored its surroundings on the towel. The mouse was restrained only if it tried to jump off the towel. The novel environment was a clean cage with sawdust, but no food or water. After sitting quietly for the first few minutes, the mouse usually chewed on and tunnelled into the sawdust and explored the cage. After handling or exposure to a novel

environment, the mouse was returned to its home cage. The duration of handling and exposure to a novel environment was 15 min, which was the time needed to collect one dialysate sample. The dialysate sample collection was continued during and after handling or exposure to the novel environment.

The injection stress consisted of a saline injection (needle size 25 G) in a volume of 5 ml/kg either subcutaneously (Study III) or intraperitoneally (Study IV). The animal was taken out of its home cage and immediately injected with saline. After injection, the animal was returned to the home cage. The dialysate sample collection was continued during and after the saline injection.

4.3.4. Locomotor activity (III)

Locomotor activity was tested in intact animals before *in vivo* microdialysis experiments in an automated activity monitor based on infrared detection (TruScan®, Coulbourn Instruments, Allentown, PA, USA). The system had four 26×26×39 cm perspex cages with two photobeam sensor rings that were connected to a computer for recording and data analysis. The mice were gently placed at the centre of the arenas and the recording was started individually in all cages. After 30 minutes, the recording was paused and the mice were injected either with saline or drug and the recording was continued for 1.5 h. Movement parameters were recorded in 15- min epochs and the total measurement time was set to 2 hours.

4.4. HISTOLOGY

After completion of the microdialysis studies, the animals were decapitated and the brains were quickly removed and immersed in 4 % formalin. Coronal sections (50 µm) were stained with cresyl violet to verify the accurate placement of the microdialysis cannulae.

4.5. STATISTICAL ANALYSIS

The statistical analyses were made by using SPSS 10.0 for Windows computer program. Multivariate analyses (MANOVA), Scheffe's t-test, contrast analysis (simple) and t-test were used to analyse line differences and the group and treatment interactions on different variables. Values of $P < 0.05$ were considered statistically significant. Methods for statistical analyses are described in detail in publications I-IV.

5. RESULTS

5.1. GENERAL

5.1.1. Basal levels of dopamine and noradrenaline (I, II, III)

The basal levels of DA and NA are presented in table 3. The basal levels are not directly comparable with each other due to some differences in the measurements. Namely, two microdialysis cannulae were used bilaterally in Study I, but Studies II and III used only one microdialysis cannula. Also, in Studies II and III, the Ca^{2+} -concentration (2.4 mM) was higher than in Study I (1.2 mM).

Table 3. The basal levels of DA and NA in the mouse brain. The values are presented as concentrations of DA or NA per 50 μl ($\pm\text{SEM}$) per 1 mm active membrane length. Abbreviations: KOf = α_{2A} -AR knockout female mouse; WTf = wild-type C57Bl/6J female mouse; WT = wild type C57Bl/6J male mouse.

Brain area	Mouse line	pgDA/50 μl per mm	pgNA/50 μl per mm
Study I:			
mPFC (n=16)	WT	0.34 \pm 0.05	0.52 \pm 0.06
striatum (n=7)	WT	4.47 \pm 0.73	0.32 \pm 0.04
hippocampus (n=7)	WT	0.14 \pm 0.03	0.42 \pm 0.04
Study II:			
mPFC (n=6)	KOf	0.28 \pm 0.04	0.97 \pm 0.11
mPFC (n=6)	WTf	0.33 \pm 0.03	1.10 \pm 0.10
Study III:			
NAc (n=15)	KOf	7.87 \pm 1.27	2.13 \pm 0.31
NAc (n=20)	WTf	5.31 \pm 0.79	1.74 \pm 0.24

5.1.2. Stressful stimuli (I, II, III, IV)

Handling, exposure to a novel environment and saline injection induced a marked increase in DA and NA levels in the mPFC, retrosplenial cortex and hippocampus in mice and rats, whereas in the striatum/accumbens an increase was seen only in the NA levels.

In Study I, the comparison of maximal increases after handling and novelty showed significant differences in DA efflux between the striatum (+22% and +15%) vs. the mPFC (+117 % and +78 %) and hippocampus (+190 and +95%) in male C57BL/6J mice (fig. 6A,B,E). NA levels responded in a similar manner as DA to stress in the mPFC and hippocampus, but in the striatum, the maximal increase in NA levels after handling was as high as 334 % and after novelty 137 % (fig. 6C,D). In Study II, the maximal increases in DA levels after handling were about 200 % in both female α_{2A} -AR KO and WT mice in the mPFC (fig. 6A). In Study III, the saline injection did not increase DA levels in female α_{2A} -AR KO and WT mice in the NAc, but increased NA levels by about 100 % (fig. 6B,D). In Study IV, the saline injection increased DA levels by 70 % in the retrosplenial cortex in male Wistar rats (fig. 6F).

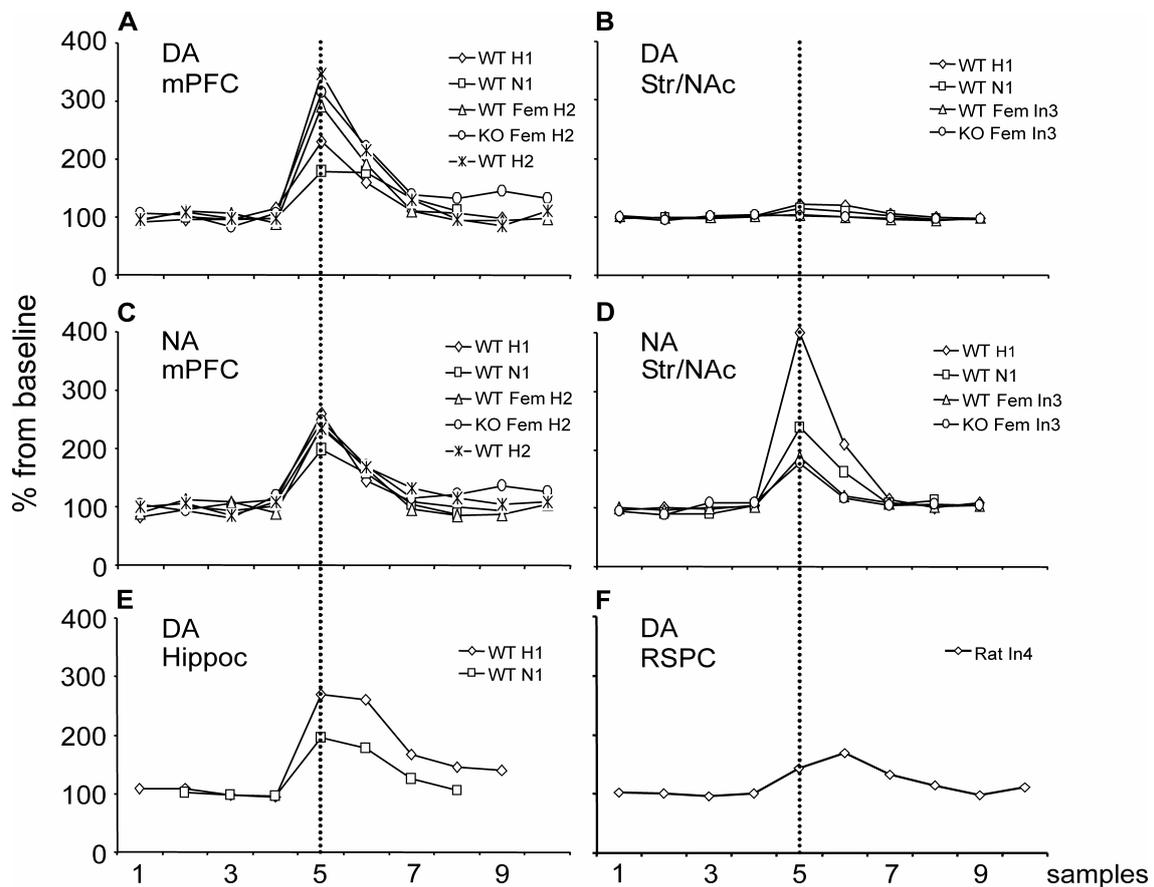


Fig. 6. The effect of stressful stimuli on the extracellular concentrations of DA and NA in the mPFC, striatum/NAc, and hippocampus in mice and retrosplenial cortex in rats. Values are given as percentage changes from the baseline. The vertical dotted line

indicates the dialysate that was obtained during the handling, novelty or injection stress. Abbreviations: WT H1(2) = wild-type male mouse handling Study I(II); WT N1 = wild-type male mouse novelty Study I; WT Fem H2 = wild-type female mouse handling Study II; KO Fem H2 = α_{2A} -AR knockout female mouse handling Study II; WT Fem In3 = wild-type female mouse injection Study III; KO Fem In3 = α_{2A} -AR knockout female mouse injection Study III; Rat In4 = rat injection Study IV; Hippoc = hippocampus; Str = striatum; RSPC = retrosplenial cortex.

5.1.3. Repeated stressful stimulus (II)

The handling-induced stress was repeated twice in the same day in male C57Bl/6 mice to assess possible habituation to the DA and the NA increase after the first stimulus. Our results show that there was no habituation to the handling-induced stress as DA and NA increases were equally high between two stressful stimuli in male C57Bl/6J mice (fig. 7).

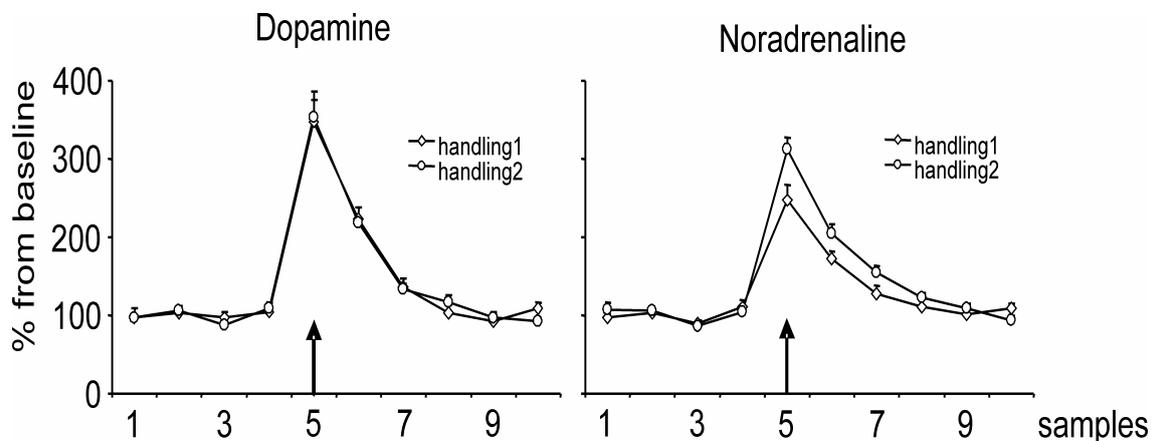


Fig. 7. The effect of repeated handling stimulus on the extracellular concentrations DA and NA in the mPFC in male C57Bl/6 mice. The arrow indicates the dialysate that was obtained during the handling. Values represent percentage changes from the baseline (\pm SEM).

5.1.4. Effect of calcium concentration on dopamine release

In Studies II, III and IV, the Ca^{2+} -concentration was twice as high as the "physiological" Ca^{2+} -concentration (1.2 mM) in Study I. The higher Ca^{2+} -concentration was used because the α_2 -agonist, DMT, induced a decrease in DA and NA levels compared to baseline and the detection of DMT-induced decreases on DA and NA levels would have been impossible since they would have been below the HPLC-system detection limits for DA in mPFC and NA in mPFC and NAc. However, our unpublished observations in rats indicate that the amphetamine-induced increase in DA levels were similar in the mPFC and retrosplenial cortices with either high Ca^{2+} -concentration (2.4 mM) or physiological Ca^{2+} -concentration (1.2 mM) (fig. 8). The baseline DA concentrations were lower in rats that received 1.2 mM Ca^{2+} -concentration in the dialysis fluid but the relative increase in DA levels after amphetamine treatment was equally high as that obtained in the rats that received 2.4 mM Ca^{2+} -concentration in the dialysis fluid.

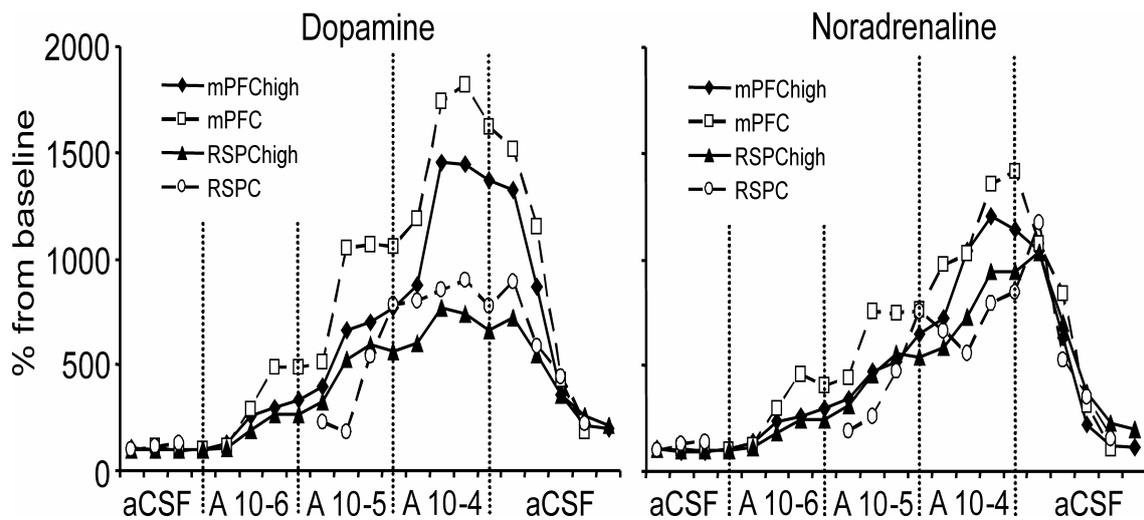


Fig. 8. The effect of dialysate calcium concentration on the extracellular concentrations of DA and NA in the mPFC and retrosplenial cortex in rats. Amphetamine was infused locally (10^{-6} - 10^{-4} M) into the mPFC and retrosplenial cortex. Values represent percentage changes from the baseline. The vertical dotted lines indicate the changes in the dialysate amphetamine concentration. Abbreviations: aCSF = artificial cerebrospinal fluid; A 10^{-6} (A 10^{-5} and A 10^{-4}) = amphetamine 10^{-6} M (amphetamine 10^{-5} M and amphetamine 10^{-4} M); mPFC_{high} = 2.4 mM calcium concentration in the dialysate in the medial prefrontal cortex; mPFC = 1.2 mM calcium concentration in the dialysate in

the medial prefrontal cortex; RSPChigh = 2.4 Mm calcium concentration in the dialysate in the retrosplenial cortex; RSPC = 1.2 Mm calcium concentration in the dialysate in the retrosplenial cortex.

5.1.5. Diffusion of dexmedetomidine into the brain

The diffusion of DMT into the brain was studied before local infusion of DMT in the mPFC in Study II, to verify that the DMT effect was indeed restricted to the studied brain area. Our unpublished results revealed that simultaneous, local infusion of DMT (10^{-10} – 10^{-8} M) through microdialysis cannula in the ipsilateral mPFC did not affect DA and NA levels in the contralateral side of mPFC, which supports the belief that DMT exerted only local effects when administered via the microdialysis cannula (fig. 9).

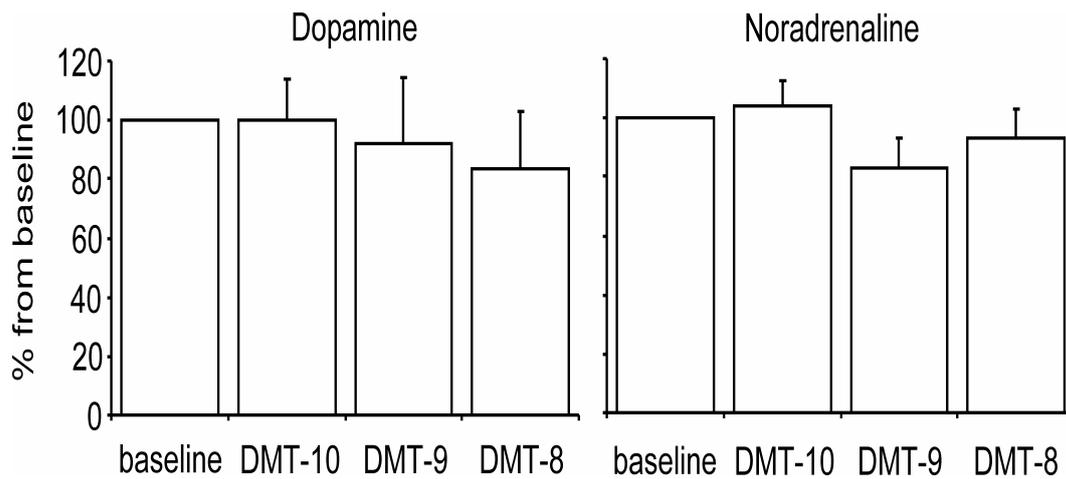


Fig 9. The effect of ipsilaterally infused α_2 -agonist, DMT, on the extracellular concentrations of DA and NA release in the contralateral side of the mPFC in male C57Bl/6 mice. DMT was locally infused into the mPFC (each concentration 60 min). Values represent percentage changes from the baseline (\pm SEM). Abbreviations: DMT-10 (DMT-9 and DMT-8) = dexmedetomidine 10^{-10} M (dexmedetomidine 10^{-9} M and dexmedetomidine 10^{-8} M).

5.2. ALPHA2-ADRENERGIC DRUGS

5.2.1. Locally infused alpha2-adrenoceptor agonist, dexmedetomidine, (II, III) and antagonist, atipamezole (III)

DMT (10^{-9} – 10^{-8} M) decreased, in a concentration-dependent manner, extracellular DA levels in α_{2A} -AR KO and WT mice in the mPFC, but the decrease was more pronounced in WT mice than in α_{2A} -AR KO mice (fig. 10A). Also, NA levels decreased much more strongly in WT than in α_{2A} -AR KO mice (fig. 10B).

In the NAc, DMT (10^{-9} – 10^{-7} M) failed to decrease extracellular DA levels in both genotypes. However, NA levels decreased, in a concentration-dependent manner, in WT mice but not in α_{2A} -AR KO mice (fig. 10C,E). ATZ (10^{-8} – 10^{-6} M) had no effect on DA and NA release in either genotype in the NAc (fig. 10D,F).

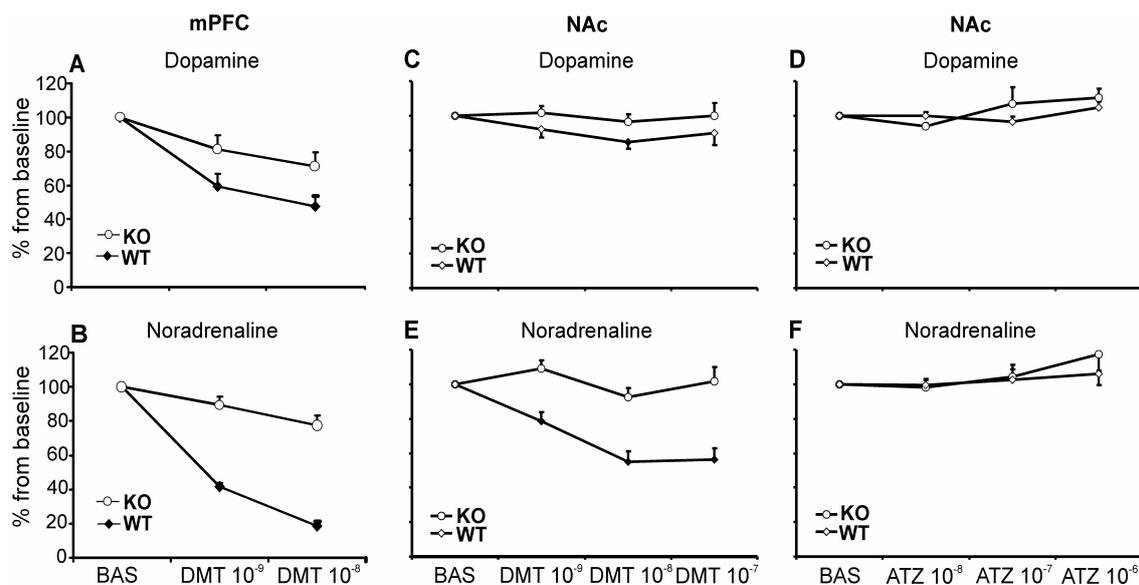


Fig. 10. The effect of locally infused DMT on DA and NA release in the mPFC (A,B) and the NAc (C,E), and ATI in the NAc (D,F). Values are given as percentage changes from the baseline (\pm SEM). Abbreviations: ATZ = atipamezole; BAS = baseline; DMT = dexmedetomidine; KO = α_{2A} -AR KO mouse; WT = wild-type mouse.

Locally infused DMT (10^{-8} M) combined with handling-induced stress decreased peak DA and NA release in WT mice but was without effect in α_{2A} -AR KO mice when

compared with the first handling episode without drug infusion in the mPFC (fig. 11A,B).

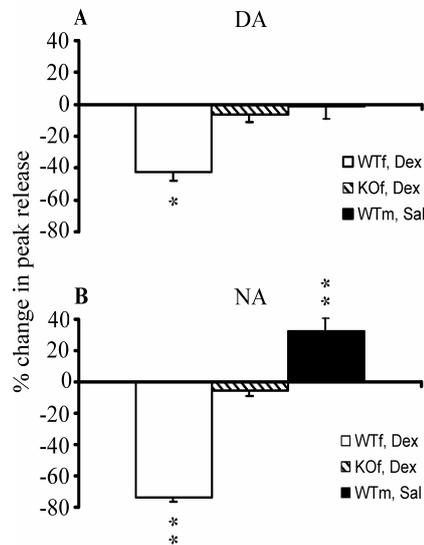


Fig 11. The relative difference in peak prefrontal DA and NA release between first (saline) and second (DMT 10^{-8} M) handling episodes in WT vs. α_{2A} -AR KO mice. Values are given as percentage changes (the ratio of peak release of DA and NA between the first and second handling episodes) \pm SEM. Peak I x peak II, ** $P < 0.01$; * $P < 0.05$. Abbreviations: Dex = dexmedetomidine; KOf = or α_{2A} -AR KO female mouse; WTf = wild-type female mouse; WTm = wild-type male mouse.

5.2.2. Systemically administrated alpha2-adrenoceptor agonist, dexmedetomidine, (III) and antagonist, atipamezole (III)

DMT (10 and 25 $\mu\text{g}/\text{kg}$) decreased significantly *in vivo* DA release in the NAc in WT mice, whereas in α_{2A} -AR KO mice DMT failed to have any effect on DA overflow. A similar, but even more robust, effect was seen in NA levels (fig. 12A,C). ATZ (300 $\mu\text{g}/\text{kg}$) had no effect on DA release either in WT or α_{2A} -AR KO mice. However, NA levels remained elevated in WT mice after ATZ injection, whilst in α_{2A} -AR KO mice NA levels returned soon back to the baseline level (fig. 12B,D).

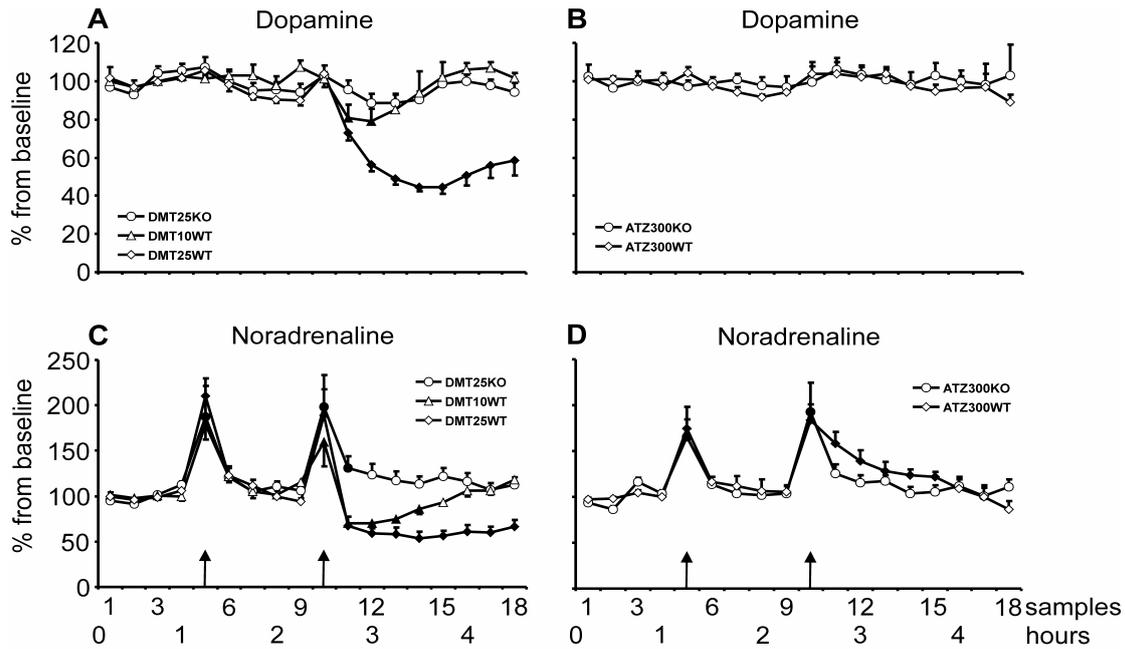


Fig 12. Effect of systemically injected saline (sample 5), DMT (10 or 25 $\mu\text{g}/\text{kg}$; s.c.) (A,C) and ATZ (300 $\mu\text{g}/\text{kg}$, s.c.) (B,D) (sample 10) on DA and NA release in NAc in α_{2A} -AR KO and WT mice. The number of animals used were as follows: DMT25, KO n=7, DMT10, WT n=5, DMT25, WT n= 8 and ATZ300, KO n=4, ATZ300, WT n=5. Values are given as percentage changes from the baseline (\pm SEM). Arrows indicate the first affected sample after saline and drug injections and filled symbols significant differences from the baseline ($p < 0.05$).

5.2.3. Locomotor activity (III)

DMT (10 and 25 $\mu\text{g}/\text{kg}$) significantly decreased locomotor activity in WT mice, whereas in α_{2A} -AR KO mice locomotor activity did not differ between saline and DMT treated animals (fig. 13A,C). ATZ (300 $\mu\text{g}/\text{kg}$) treated WT mice maintained a higher locomotor activity for a longer time period than saline treated WT mice. On the other hand, ATZ and saline treated α_{2A} -AR KO mice did not differ from each other (fig. 13B,D).

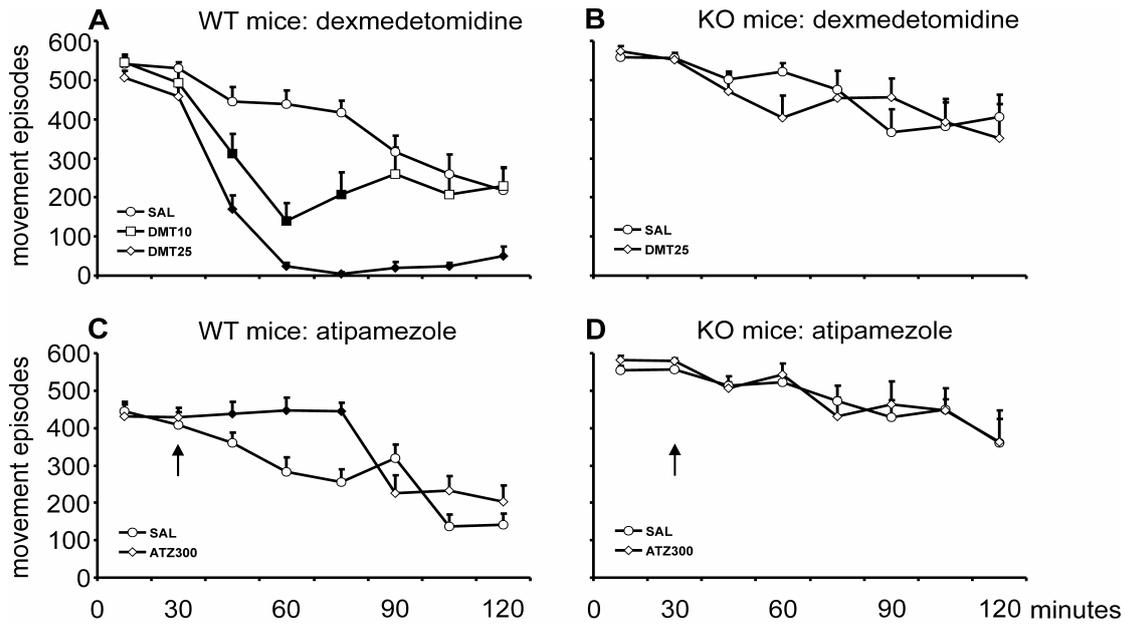


Fig. 13. Spontaneous locomotor activity expressed as the total number of movement episodes recorded in α_{2A} -AR KO and wild WT mice. Saline (Sal) and DMT (10 or 25 $\mu\text{g}/\text{kg}$, s.c.) (A, B) or ATZ 300 $\mu\text{g}/\text{kg}$ (C, D) were injected 30 min after the onset of recording. Total duration of the recording was set to 2 hours. The number of animals used were as follows: DMT, KO n=7, WT, n=9 and ATZ, KO n=6, WT, n=10. Filled symbols indicate significant differences from the saline group and arrows the injection time.

5.3. NMDA ANTAGONIST KETAMINE (IV)

Ketamine (10 and 30 mg/kg i.p.) injection increased *in vivo* release of extracellular DA in the retrosplenial cortex up to 200 % in male Wistar rats. The handling stress related to the saline injection also increased DA release in the retrosplenial cortex up to 70 % from the baseline but the ketamine-induced increase of DA levels was significantly higher (fig. 14).

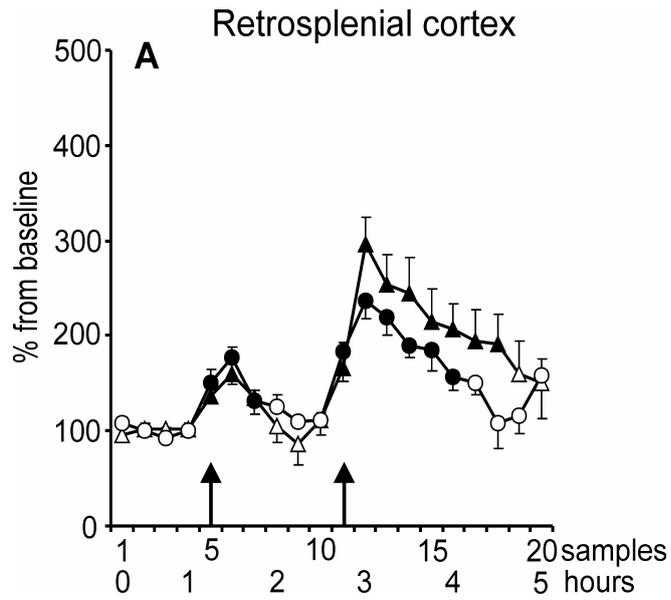


Fig 14. Effect of saline injection (sample 5, i.p.) and ketamine injection (sample 11, i.p.) on DA release in the retrosplenial cortex in male Wistar rats. The circles denote the ketamine dose of 10 mg/kg and the triangles represent the ketamine dose of 30 mg/kg. Values are given as percentage changes from the baseline (\pm SEM). Significant increases from the baseline are shown as filled symbols.

6. DISCUSSION

6.1. METHODOLOGICAL ASPECTS

6.1.1. Mice

The present series of experiments combined the *in vivo* microdialysis method with pharmacological interventions in mice deficient for a α_{2A} -AR subtype to investigate the dopaminergic and noradrenergic neurotransmission in conscious mice (except for rats used in Study IV). These results give important new information about the role α_2 -AR subtypes in the regulation of DA and NA release in the mPFC and NAc. In Study IV, the effect of the non-competitive NMDA-antagonist, ketamine, was studied on DA release in the retrosplenial cortex. Furthermore, modulation of DA and NA neurotransmission in response to stressful stimuli was studied in the mPFC, hippocampus and striatum.

One practical limitation of the study was that the collaborator was able to offer only female α_{2A} -AR KO mice and no littermates to the α_{2A} -AR KO mouse line. Thus female α_{2A} -AR KO and WT mice were used in the experiments of Studies II and III. In these studies, the period of the oestrous cycle was not controlled. The oestrous cycle of female rodents has been reported to modulate dopaminergic neurotransmission in striatum and NAc (Becker 1999, Castner et al. 1993, Morissette and Di Paolo 1993, Xiao and Becker 1994). Oestradiol has also been shown to affect the number of α_2 -ARs in the PFC (Karkanas et al. 1997). These findings raise the question of whether the different phase of oestrous cycle in female mice would have had a disturbing effect on the results. However, it should be noted that generalization of the results is limited to 50 % of the population if either female or male mice are used. Even though in this study the phase of the oestrous cycle was not monitored, the low level of variation in the basal and stimulated DA release suggests that the phase of oestrous cycle was unlikely to have any effect on the results. Indeed, the individual variation in monoamine release after stressful stimulus was no greater than in our previous studies in males (Ihalainen and Tanila 2002).

It should be noted that the WT mice did not represent the F1 hybrid population of the α_{2A} -AR KO mouse line as is recommended (Silva et al. 1997). The origin of C57BL/6J mouse line that was used for backcrossing of α_{2A} -AR KO mice was derived from Jackson Laboratories (Altman et al. 1999), whereas the α_{2A} -AR WT mouse line was the locally bred C57BL/6J of the National Laboratory Animal Centre in Kuopio. Thus, the possibility cannot be ruled out that some differences in the background genome in addition to α_{2A} -AR gene modification might have accounted for the observed differences between the α_{2A} -AR KO and WT mice. However, the risk of such non-specific background gene effects would be much higher in a direct comparison of KO and WT lines than in our approach of comparing the pharmacological effects on specific α_2 -AR drugs.

The DA and NA levels were measured in two time periods in Study III. Thus the age variability was quite high (5-13 months) between the animals. However, the α_{2A} -AR KO and WT mice were divided equally in both groups and there were no differences in the results between the mice that were measured in the first vs. second phase of the study.

6.1.2. *In vivo* microdialysis method

The *in vivo* microdialysis method has been used since the 1980's to determine the neurotransmitter contents in rats. However, the microdialysis has been routinely performed in mice only for 5-7 years when the availability of genetically modified mouse strains started to increase. Study I was one of the first *in vivo* microdialysis studies where the DA neurotransmission was investigated outside the striatum in conscious mice. Technically, the *in vivo* microdialysis method applied for mice differs little from the method used in rats, as specific microdialysis equipment such as small diameter and size microdialysis cannulae, low torque liquid swivels etc. have been developed, which are suitable for the mice studies. However, the relatively small brain volume in mice restricts the studies to larger brain structures as in rats. Also, shorter active dialysis membrane lengths are needed in mice due to the smaller brain size. This leads to a lower concentrations of collected neurotransmitters in the samples and highly

sensitive analysing methods are needed, especially in brain areas where the concentrations of studied substances are low.

The chemical composition of dialysis perfusates varies between research groups. Different modifications of basic Ringer's solutions are common. The concentrations of basic ions such as sodium, potassium and chloride are in most cases in accordance with estimated physiological concentrations in the extracellular space of the brain (Jones and Keep 1987, Jones and Keep 1988). However, the composition of other ions in the perfusion fluid varies extensively. Indeed, magnesium is added to the perfusate in most cases, and some more complete artificial cerebrospinal fluids consist also of amino acids, glucose and sodium bicarbonate. There are also variations in dialysate calcium concentrations. It has been estimated that the physiological calcium concentration in the extracellular fluid is 1.2 mM (Jones and Keep 1988). Previous studies suggest that the high calcium concentration (2.4 and 3.4 mM) in the dialysis fluid changes the stimulus-induced DA release in the nigrostriatal dopaminergic system compared to the physiological calcium concentration (Moghaddam and Bunney 1989, Tepper et al. 1991). Nowadays most microdialysis studies are performed with a calcium concentration near 1.2 mM but in some cases higher calcium concentrations are needed. Indeed, in studies where the neurotransmitter concentrations are near the detection limit of the analysing system, calcium concentrations are increased in the dialysate. In this study, the 2.4 mM calcium concentration was used in the dialysate to aid in detecting the decrease of DA and NA levels induced by the α_2 -agonist. Importantly, the responses of DA and NA levels to handling-induced stressful stimulus in the mPFC and amphetamine-induced increase in the mPFC and retrosplenial cortex indicate that the results are basically similar with physiological and double (2.4 mM) calcium concentrations (fig. 6A,C and fig. 8).

6.1.3. Stressful stimuli

The dopaminergic system has been shown to be sensitive to stressful stimuli. Several microdialysis studies have reported most pronounced stress-related increase in DA release in the PFC, whereas in the striatum/accumbens the increase has been smaller (Abercrombie et al. 1989, Cenci et al. 1992, Enrico et al. 1998, Feenstra et al. 1998,

Imperato et al. 1991, Kawahara et al. 1999). These results support the idea that the dopaminergic system is globally activated by stress in the CNS but regional differences exist in the regulation of DA release in the brain. Indeed, our results reveal that different kinds of stressors such as mild handling, exposure to a novel environment and needle injection cause a significant increase in DA release in the cortex (mPFC and retrosplenial cortex) and hippocampus but failed to increase DA levels in the striatum/NAc (Fig. 4A,B,E,F). Several studies have shown a small increase in the DA levels after stressful stimuli in the NAc (Cenci et al. 1992, Feenstra et al. 1998, Inglis and Moghaddam 1999). In this study, only mild stressors were used, which might partly explain the lack of increase of DA levels in the NAc and also the fact that mice were used in this study whilst the former studies used rats.

However, accumbal NA release was markedly increased after saline injection in WT mice. It is possible that NA projections to the NAc are more readily activated by the mild and short-lived stressors than the DA projections. In addition, the mildly stressful stimuli such as handling and novelty elicited an even higher response of NA release in the striatum/NAc than in the mPFC and hippocampus in mice in Study I. One possible explanation for the high sensitivity of accumbal NA to mildly stressful stimuli is the fact that NAc shell receives its noradrenergic projections mainly from the nucleus tractus solitarius (A2 group), a region that is intimately involved in pain and autonomic control (Delfs et al. 1998). Other possibly explanations for the different responsiveness of DA and NA systems to the stressful stimuli, such as DA reuptake by NET, are discussed in the next chapters.

6.2. ALPHA2-ADRENOCEPTOR SUBTYPES AND DOPAMINE NEUROTRANSMISSION

6.2.1. Alpha2-adrenoceptor subtypes and the regulation of dopamine release in the medial prefrontal cortex (II)

The PFC possesses both α_{2A} - and α_{2C} -ARs (Holmberg et al. 2003, Lee et al. 1998, Nicholas et al. 1993, Scheinin et al. 1994). Previous *in vitro* slice preparation studies indicate that α_{2A} -ARs function as the predominant subtype in the brain and are the main

regulator of presynaptic autoinhibition of NA release in the CNS (Trendelenburg et al. 1999, Trendelenburg et al. 2001a, Trendelenburg et al. 2001b). On the other hand, α_{2A} -ARs mediate also most of the heteroreceptor function in the CNS (Gobert et al. 1998, Scheibner et al. 2001, Trendelenburg et al. 1994). However, the importance of α_{2C} -ARs has also been highlighted in the regulation of NA and DA release in the PFC (Hein et al. 1999, Scheibner et al. 2001). So far, the *in vivo* studies have been restricted to animals with an unaltered genetic background and drugs that lack real subtype selectivity for α_2 -ARs. In this study we investigated the role of the α_{2A} -AR subtype on the regulation of DA and NA release in the mPFC in a mouse line lacking a functional α_{2A} -AR subtype.

Interestingly, the basal extracellular levels of DA and NA did not differ between α_{2A} -AR KO and WT mice in the mPFC. The failure to express the α_{2A} -AR subtype, the main presynaptic regulator of NA release, would have been expected to increase NA and also DA levels in the mPFC. On the other hand, the loss of α_{2A} -AR subtype resulted in increased levels of MHPG, the main metabolite of NA, in the cortex measured from brain homogenates (Lähdesmäki et al. 2002). Also, in the same study, the NA turnover was increased in the cortex, whereas no significant differences were found in the DA turnover. Even though our results do not support the theory that lack of α_{2A} -AR has an effect on baseline release of NA or DA in the mPFC in the resting condition, the findings should be interpreted with care. The use of *in vivo* microdialysis technique with the special zero flow or no-net-flux method would be needed to give a more reliable estimate for the baseline levels of NA and DA in the mPFC in α_{2A} -AR KO and WT mice.

The highly specific α_2 -AR agonist, DMT, concentration-dependently decreased both NA and DA release in the mPFC in the WT mice, which is consistent with the previous studies where other α_2 -AR agonists were used in rats (Dalley and Stanford 1995, Gobert et al. 1997, Gobert et al. 1998, Gresch et al. 1995, van Veldhuizen et al. 1993). The concentration-response curve of DMT indicates that NA release is almost entirely regulated by α_{2A} -ARs in the mPFC, whereas the role of α_{2C} -ARs is minor in this regard. On the other hand, α_{2C} -ARs seem to have a more prominent role in the regulation of DA

release in the mPFC. Indeed, our results reveal that both α_{2A} -ARs and α_{2C} -ARs regulate DA release at the terminal level in the mPFC. The maximum reduction of DA release was 50 % of the baseline level, and 40 % of this DMT-induced (10^{-8} M) effect was accounted for by α_{2A} -ARs and 60 % by α_{2C} -ARs. On the other hand, the maximum reduction of NA release was 80 % of baseline level and 75 % of this effect was mediated by α_{2A} -ARs and only 25 % by α_{2C} -ARs.

These results are in line with the electrophysiological findings that both α_{2A} - and α_{2C} -ARs mediate auto- and heteroreceptor function in the cortex (Gobert et al. 1998, Scheibner et al. 2001, Trendelenburg et al. 1994, Trendelenburg et al. 1999, Trendelenburg et al. 2001a). However, this interpretation is complicated by the findings that DA in cortex may be regulated by NA uptake sites and even be directly released from NA terminals. Indeed, specific NET blockers elevate extracellular DA levels effectively in the PFC but not in the caudate nucleus, which provides evidence that the NET is involved in clearing DA in the PFC in rat (Carboni et al. 1990, Gresch et al. 1995, Mazei et al. 2002, Moron et al. 2002, Pozzi et al. 1994, Yamamoto and Novotney 1998). On the other hand, it has been hypothesized that DA and NA are co-released from NA neurons since the extracellular DA levels in the parietal and occipital cortices are only modestly lower than in the mPFC, where DA innervation is known to be much denser, and that drug treatments that modify mainly noradrenergic activity modulate also extracellular DA levels in these cortical areas. (Devoto et al. 2001, Devoto et al. 2002, Devoto et al. 2003, Devoto et al. 2004). This hypothesis is mainly based on the evidence that α_2 -agonists reduce both DA and NA levels and α_2 -antagonists increase both DA and NA levels in cortical areas. However, it is possible that DA has a greater possibility to be taken up by NET when the α_2 -agonist reduces the release of NA. Likewise, the α_2 -antagonist-induced increase of NA levels might cause a parallel increase in the DA concentration due to competition of the same transporter (Carboni and Silvagni 2004). Nevertheless, our finding that the maximum effect of DMT (10^{-8} M) was a 80 % reduction of NA release and only a 50 % reduction of DA release suggests that the regulation of DA can be independent of NA release in the mPFC.

Interestingly, the peak DA release was almost entirely controlled by α_{2A} -ARs when the local infusion of α_2 -agonist, DMT, was repeated during handling-induced stress. In fact, the peak release of DA during the second handling episode under the influence of DMT was markedly lower than during the first, predrug, handling episode in the WT mice, whilst no such reduction was observed in the α_{2A} -AR KO mice. One possible explanation for the more pronounced role of α_{2A} -AR in the stressful situation compared to the resting condition could be the difference between the abilities of α_{2A} - and α_{2C} -ARs to regulate DA release under conditions where extracellular levels of DA are either low or high. Indeed, electrophysiological stimulation of occipito-parietal cortex and heart slices has demonstrated that α_{2C} -AR mediates autoinhibition by low frequency stimulation, whilst α_{2A} -AR operates to inhibit NA release after high frequency stimulation (Hein et al. 1999, Scheibner et al. 2001).

6.2.2. Alpha2-adrenoceptor subtypes and the regulation of dopamine release in the nucleus accumbens (III)

Several studies indicate that NA projections can regulate dopaminergic activity in the NAc via α_2 -ARs (de Villiers et al. 1995, Murai et al. 1998, Russell et al. 1993, Whittington et al. 2001, Yavich et al. 1997). The *in vitro* slice preparation studies suggest that α_2 -ARs are able to regulate DA release at the terminal level of the NAc as evidenced by the decrease of DA release by locally applied α_2 -agonists (de Villiers et al. 1995, Russell et al. 1993). However, in our study where *in vivo* microdialysis were used in conscious mice, no effect on the DA release could be seen after a local infusion of the α_2 -agonist, DMT, whereas there was a clear decrease in NA levels in the NAc. These discrepant results may derive from the use of rats in the earlier *in vitro* studies and mice in this study. However, studies using systemic administration of α_2 -agonists have yielded consistent results in rats and mice (Murai et al. 1998, Whittington et al. 2001, Yavich et al. 1997). Therefore, it is more likely that *in vitro* and *in vivo* models measure different aspects of monoamine release. Indeed, one notable difference is that *in vitro* slice studies have measured stimulated release of DA whereas our experiment with reverse microdialysis measured baseline release. Also, the released

neurotransmitter is diluted into the perfusate in *in vitro* models whereas in *in vivo* methods the neurotransmitter is recycled back to the cell from the extracellular space.

Interestingly, all effects of α_2 -agonist, DMT, on accumbal DA and NA release, whether local or systemic, were absent in α_{2A} -AR KO mice. Indeed, the local administration of the α_2 -agonist, DMT, markedly inhibited the release of DA in the mPFC but was without effect in the NAc. Furthermore, an almost 50 % decline in the DA levels occurred in the α_{2A} -AR KO mice, evidence in favour of α_{2C} -ARs in the mPFC. In comparison to these findings, the absence of α_{2C} -ARs mediated regulation of monoamine release in the NAc is surprising, especially as NAc is among the brain areas with the densest distribution of α_{2C} -AR subtype in the mouse CNS (Dossin et al. 2000, Holmberg et al. 2003). It is worth noting, however, that lack of α_{2C} -ARs has been reported to augment and an overexpression of these receptors to decrease the locomotor response to amphetamine (Sallinen et al. 1998). Therefore, it is possible that α_{2C} -ARs play a role in the control of excessive accumbal DA release under strong stimulation conditions. There are several mechanisms by which systemic but not local administration of α_2 -agonist may inhibit DA release in the NAc. These possible interaction sites have already been discussed in the review of the literature. On the other hand, the locally infused DMT concentration-dependently decreased NA levels in the NAc in WT mice but was without effect in α_{2A} -AR KO mice emphasizing the almost exclusive role of α_{2A} -AR subtype in the regulation of NA release in the terminal level of NAc.

The locally administered α_2 -antagonist, ATZ, had no effect on DA and NA release in the NAc. This observation is consistent with an earlier *in vivo* microdialysis study (Hertel et al. 1999) that reported enhanced DA release in the PFC in rats after locally administered α_2 -antagonist, idazoxan, but found no effect on the DA release in the NAc. Also a recent *in vivo* voltammetry study in rats (Yavich et al. 2003) reported that ATZ treatment has no effect on its own on DA release in the NAc in response to stimulation of the medial forebrain bundle, but it enhanced the effect of L-DOPA. Interestingly, NA levels remained elevated for 1 hour in WT mice after systemic injection of ATZ while

in α_{2A} -AR KO mice NA levels returned soon back to baseline. Collectively, these findings support the notion that α_2 -AR autoreceptor mediated control of NA release plays a minor role during baseline release of the neurotransmitter. It is possible that only when the capacity of reuptake and metabolizing enzymes is exceeded, is there enough neurotransmitter in the synapse to activate the α_2 -AR autoreceptors. Under such conditions of stimulated release, blockade of α_2 -AR autoreceptors could prolong the action of NA.

6.2.3. Differences in the regulation of dopamine release in the medial prefrontal cortex and the nucleus accumbens by alpha2-adrenoceptors

Taken together, our results indicate that DA release is differently regulated in the mPFC and NAc by α_2 -ARs. In the mPFC, both α_{2A} -ARs and α_{2C} -ARs regulate DA release in the condition when the animal is at rest. However, during stimulated DA release such as occurred during handling of the animal, α_{2A} -ARs seems to be the main regulator of DA release in the mPFC. On the other hand, our results suggest that α_2 -ARs do not regulate DA release locally at the terminals in NAc. However, α_{2A} -ARs regulate DA release in the NAc indirectly by their effect on DA neurons in VTA via some yet unknown mechanism.

6.2.4. Alpha2-adrenoceptors and the modulation of locomotor activity (III)

The effects of systemic injections of DMT on monoamine release in the NAc and on exploratory activity were parallel to each other as the time courses of the drug actions were markedly similar. There is a well-documented connection between the extent of DA release in the NAc and spontaneous or psychostimulant-induced locomotion (Fink and Smith 1980, Sharp et al. 1987, Steinpreis and Salamone 1993). On the other hand, forced locomotion in a running wheel does not increase accumbal DA when measured using *in vitro* microdialysis, although it leads to an increase in DOPAC levels (Damsma et al. 1992). Therefore, it is unlikely that reduced locomotion by some mechanisms independent of the NAc resulted in dose-dependent decrease of accumbal DA release after DMT administration, especially as during the microdialysis experiment, mice were

immobile for most of the time. Therefore, it is more likely that DMT inhibited the release of accumbal DA, which leads to decreased spontaneous locomotion. Thus, DMT may act on the α_2 -AR autoreceptors on noradrenergic terminals impinging upon the VTA and/or PFC. An interaction at the level of the PFC is supported by a recent finding that locomotor hyperactivity by systemic administration of amphetamine is prevented by blockade of α_1 -ARs (probably α_{1B} -ARs) in the PFC by local microinfusion of prazosin (Auclair et al. 2002, Darracq et al. 1998). In this study, the effects of DMT on both accumbal DA release and spontaneous locomotor activity were totally absent in α_{2A} -AR KO mice, highlighting the predominant role of α_{2A} -AR auto- and heteroreceptors in this regulation. Thus it is possible that α_{2A} - and α_{1B} -AR at least partially regulate the same synaptic contacts, such that α_{2A} -ARs are presynaptic and α_{1B} -ARs postsynaptic.

The systemic administration of ATZ also had parallel effects on accumbal monoamine release and spontaneous locomotion. Locomotor activity gradually decreased during the locomotor activity task as the environment became familiar to the mice. However, mice treated with ATZ maintained a high level of locomotion for a longer time than vehicle treated mice. Interestingly, the effect of ATZ was seen only on NA release but not on DA release in the NAc. One likely explanation for this apparent discrepancy is the fact that the situation in the microdialysis experiment was different than that in the exploratory task. The injection stress selectively increased accumbal NA release, which was prolonged by the treatment of ATZ. On the other hand, exposure to a new environment was likely to result in increased activity of both monoamine systems, and prolonged NA release by the α_{2A} -AR autoreceptor blockade by ATZ resulted in sustained accumbal DA release and concomitant locomotor activity.

6.3. NMDA-RECEPTOR ANTAGONIST MEDIATED REGULATION OF DOPAMINE NEUROTRANSMISSION IN THE RETROSPLLENIAL CORTEX (IV)

Previous research on the glutamate-dopamine interaction has focused on the prefrontal cortex and basal ganglia, although the DA system is more widespread in the brain (Descarries et al. 1987, Gaspar et al. 1989). Notwithstanding some controversial findings, the NMDA receptor antagonists, phencyclidine and ketamine, do not induce

notable DA release in the striatum in animals (Adams et al. 2002, Verma and Moghaddam 1996) or in humans (Aalto et al. 2002, Kegeles et al. 2000, Kegeles et al. 2002). The glutamate-dopamine interaction is likely to be different in the cortical regions, as NMDA antagonists have been reported convincingly to induce DA release in the rat frontal cortex (Adams and Moghaddam 1998, Lindefors et al. 1997, Lorrain et al. 2003, Verma and Moghaddam 1996). The results of this study indicate that ketamine does increase extracellular DA concentrations also in the retrosplenial cortex in rats.

The functions of the posterior cingulate/retrosplenial cortex are poorly known at present, but animal studies indicate that it is an important location for spatial learning (Cooper et al. 2001, Vann and Aggleton 2002) and also the most sensitive brain region for the NMDA receptor antagonist-induced neurotoxicity in rats (Olney and Farber 1995). In humans, lesions in the right cingulate/retrosplenial cortex have been related to topographical disorientation (Katayama et al. 1999), and imaging studies have reported bilateral activation of the retrosplenial cortex to be associated with navigation (Maguire 2001) and spatial attention (Mesulam et al. 2001).

The microdialysis findings in rats indicate that ketamine increases extracellular DA levels in the retrosplenial cortex. Although there are known species differences in cortical DA innervation patterns, this microdialysis observation supports the role of an increased synaptic DA concentration underlying the PET findings. At subanesthetic doses (below 0.5 mg/kg), ketamine is known to be relatively selective for the NMDA receptor (Javitt and Zukin 1991). Ketamine has some affinity for the DAT *in vitro* but only at micromolar concentrations (Nishimura and Sato 1999). Moreover, a direct effect on D2 receptors (Kapur and Seeman 2001) is unlikely, as such an effect should have been evident in the three recent PET/SPECT experiments using ketamine intervention (Aalto et al. 2002, Kegeles et al. 2000, Kegeles et al. 2002). Thus, the ketamine-induced increase in DA concentration is the most probable explanation for the decreased D2/D3 receptor ligand [¹¹C]FLB 457 binding in the limbic posterior cingulate cortex, although other indirect mechanisms, such as agonist-mediated D2 receptor internalization cannot fully be excluded (Laruelle 2000). Cortical glutamatergic afferents project to the VTA and synapse directly onto VTA dopaminergic neurons that reciprocally connect with

glutamatergic pyramidal neurons, at least in the PFC (Sesack et al. 2003). Thus, disruption of the glutamatergic corticofugal control over DA release is the most plausible neuroanatomical hypothesis for these findings (Carlsson et al. 1999, Moore et al. 1999, Sesack et al. 2003).

7. CONCLUSIONS

These data demonstrate that *in vivo* extracellular concentrations of DA in the mouse brain reflect neuronal release and are sensitive to activation by unconditioned stimuli such as handling, novel environment and injection stress. The dopaminergic system exhibited regional differences in the response to the stressful stimuli, as mPFC, hippocampus and retrosplenial cortex were sensitive to mildly stressful stimuli, whereas striatum and NAc were unresponsive. However, a robust increase in the extracellular levels of NA was seen also in the striatum and NAc after stressful stimuli.

In general, α_{2A} -AR seems to be the main regulator of both DA and NA release in the mPFC and NAc, especially during stress. Nevertheless, α_{2C} -ARs have an important role in the regulation of DA release in the mPFC in rest. In NAc, α_{2A} -ARs regulate NA but not DA release at the terminal level, but do regulate DA release indirectly through their effect on DA neurons in the VTA.

The α_2 -AR agonist, DMT, and the antagonist, ATZ, mediate their effect on locomotor activity via α_{2A} -ARs.

The non-competitive NMDA-antagonist, ketamine, markedly increased DA release in the retrosplenial cortex in rats. This finding indicates that a functional dopaminergic system also exists in the posterior region of the rat brain, and supports the idea that the altered DA binding in posterior cortical areas in response to ketamine in human volunteers in the parallel PET study indeed reflects increased dopamine release.

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APPENDIX: ORIGINAL PUBLICATIONS (I-IV)

I

Comparison of dopamine and noradrenaline release in mouse prefrontal cortex, striatum and hippocampus using microdialysis

Ihalainen J.A., Riekkinen P. Jr., Feenstra M.G.

Neuroscience Letters 1999, 277(2): 71-74.

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II

***In vivo* regulation of dopamine and noradrenaline release by alpha2A-adrenoceptors in the mouse prefrontal cortex**

Ihalainen J.A., Tanila H.

European Journal of Neuroscience 2002, 15(11): 1789-1794.

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III

***In vivo* regulation of dopamine and noradrenaline release by alpha2A-
adrenoceptors in the mouse nucleus accumbens**

Ihalainen J.A., Tanila H.

Journal of Neurochemistry 2004, 91(1): 49-56.

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IV

Ketamine-induced psychotic symptoms in man – role of cortical glutamate-dopamine interaction

Aalto S., Ihalainen J.A., Hirvonen J., Kajander J., Scheinin H., Tanila H., Någren K.,
Vilkman H., Gustafsson L.L., Syvälahti E., Hietala J.

Psychopharmacology (Berl) 2005, 7: 1-9.

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PUBLICATIONS

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