Maintained Cocaine Self-Administration Is Determined by Quantal Responses: Implications for the Measurement of Antagonist Potency

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ABSTRACT

The change in frequency of cocaine self-administration as a function of the unit dose is widely assumed to represent a graded pharmacodynamic response. Alternatively, a pharmacological theory states that during maintained self-administration, a quantal response occurs at a maintained cocaine concentration (satiation threshold), which is self-administered cocaine at unit doses spanning an 8-log range from 0.75 to 6 µmol/kg. Despite an approximately 7-fold difference in the interinjection intervals, there were no differences in the plasma cocaine concentration at the time of lever press across this range of unit doses, consistent with the satiety threshold representing an equiactive cocaine concentration. Because self-administration always occurs when cocaine concentrations decline back to the satiety threshold, this behavior represents a process of automatic back titration of equiactive agonist concentrations. Therefore, the lower frequency of self-administration at higher unit doses is caused by an increase in the duration of cocaine-induced satiety response and the graded dose-frequency relationship due to pharmacokinetics. After the interinjection intervals at a particular unit dose were stable rates were injected with the competitive D1-like dopamine receptor antagonist R(+)-7-chloro-8-hydroxy-3-methyl-1-phenyl-2,3,4,5-tetrahydro-1H-3-benzazepine (SCH23390; 15 nmol intravenously) and the session continued. At all cocaine unit doses, SCH23390 accelerated self-administration without a concomitant increase in the calculated satiety threshold, and these equiactive cocaine concentration ratios were independent of the cocaine unit dose. Therefore, the measurement of antagonist potency requires only a single unit dose of cocaine, selected on the basis of convenience, and using multiple cocaine unit doses is redundant.

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ABBREVIATIONS: ANOVA, analysis of variance; SCH23390, R(+)-7-chloro-8-hydroxy-3-methyl-1-phenyl-2,3,4,5-tetrahydro-1H-3-benzazepine.
directly proportional to the antagonist concentration (Schild, 1957). Although cocaine is an indirect agonist of dopamine receptors, the cocaine satiety threshold represents an equi-effective cocaine concentration that is increased in the presence of dopamine receptor antagonists (Norman et al., 2011a) and the magnitude of the cocaine concentration ratio is directly proportional to the antagonist dose over a certain range of doses (Norman et al., 2011b). However, all of these studies used only a single unit dose of cocaine. Importantly, if the response is quantal and occurs at a particular agonist concentration that is independent of the cocaine unit dose, then the magnitude of the antagonist-induced increase in the satiety threshold should also be independent of the cocaine unit dose. This second hypothesis was also tested in the present studies and we report herein that despite the differences in the interinjection intervals across an 8-fold range of cocaine unit doses, the magnitude of the maximal effect of a dose of the competitive D1 dopamine receptor antagonist, R(+)-7-chloro-8-hydroxy-3-methyl-1-phenyl-2,3,4,5-tetrahydro-1H-3-benzazepine (SCH23390), on the calculated cocaine satiety threshold is the same.

Materials and Methods

Cocaine Self-Administration Training. Male Sprague-Dawley rats (Harlan Laboratories, Indianapolis, IN; 400–550 g) were housed individually on a 12-hour light/dark cycle (lights on 0600 h, lights off 1800 h) and water was available ad libitum. All studies were conducted in accordance with the National Institutes of Health Guide for the Care and Use of Laboratory Animals and were approved by the Institutional Animal Care and Use Committee at the University of Cincinnati. Surgical implantation and maintenance of invasive catheters and self-administration training procedures were completed as previously described (Tsibulsky and Norman, 2005), using a cocaine unit dose of 1.5 mg/kg (a standard 1 mg/ml solution of cocaine HCl). After self-administration was stably acquired, sessions conducted 5 days per week, the dose was changed to each session over a range of 0.3–12 mg/kg (which corresponds to 0.3–12 mg/kg cocaine HCl). During each session, the lever press resulted in cocaine self-administration (as determined by a programmed schedule). The duration of access to cocaine during each session was approximately 120–150 minutes followed by a 60- to 90-minute extinction phase after termination of access to cocaine.

Collection of Blood Samples during Cocaine Self-Administration. To test the hypothesis that the satiety threshold was independent of the cocaine unit dose during the maintenance phase of self-administration sessions, we determined the cocaine concentration at the time of lever presses was measured during sessions in which rats self-administered one of a range of unit doses. The procedure was similar to that used in a previous study (Tsuchiya and Norman, 2011). In brief, rats that reliably self-administered cocaine via a jugular catheter were implanted with a second catheter in the left femoral vein for blood sampling. During sessions in which blood samples were collected at the time of lever press, rats self-administered cocaine at a unit dose of 1.5, 3, or 6 mg/kg. After 60–90 minutes, when the interinjection intervals were stable, rats were observed and the lever was disconnected after a self-injection of cocaine was complete. The rats were then observed until they pressed the lever, at which time they were quickly removed from the chamber and a blood sample (approximately 100–400 μl) was rapidly collected. The first 50 μl of the sample was discarded to avoid dilution of the blood with the heparinized saline within the catheter. The catheter was flushed with heparinized saline (50 μl), the rats were returned to the chamber, the lever was reconnected, and self-administration resumed. These samples contained the minimum plasma cocaine concentrations during the maintenance phase of the session and were assumed to correspond to the cocaine satiety threshold.

Analysis of Plasma Cocaine Concentrations. The procedures used to collect blood, separate plasma, and store it, and then to chemically extract cocaine and measure cocaine concentrations using gas chromatography/mass spectrometry were the same as previously described (Norman et al., 2007, 2011a). The Effect of SCH23390 on Self-administration of Different Cocaine Unit Doses. Sessions in which the magnitude of effect of SCH23390 was measured were conducted Monday, Wednesday, and Friday. Sessions were not repeated on Tuesday and Thursdays. At the start of each session, the four lowest unit doses were 1.5 mg/kg. Once the loading dose was complete, and stable self-administration was established, the unit dose was changed to one of either 1.5, 3, or 6 mg/kg. After approximately 90–120 minutes of stable maintained self-administration, SCH23390 (10 μmol/kg i.v. or 30 mg/kg i.p. SCH23390 [HCl]) was rapidly administered and session continued. SCH23390 was expected to increase the rate of cocaine self-administration, the 12 mg/kg unit dose was excluded from this phase of the study over concerns that the resulting peak cocaine concentration may be lethal. At a lower dose (1.5 mg/kg), injections of SCH23390 caused a reduction of cocaine self-administration in a high proportion of sessions. The rate of self-administration was presented graphically as a cumulative event record.

Real-Time Calculation of Cocaine Levels in the Body. The cocaine level in the body was calculated by multiplying the amount that was administered and using predetermined pharmacokineti- nic values to estimate the resulting levels in individual animals every second during each session. The volume of distribution of cocaine, approximately 1.3–2.7 l/kg (Norman et al., 2011a), was assumed to be constant for each rat and the cocaine level in the body was calculated according to a simplified linear equation for the zero-order input, first-order elimination kinetics for a two-compartment model, as previously described in detail (Tsibulsky and Norman, 2007).

Agonist Satiation Thresholds. On the basis of receptor occupancy theory, the magnitude of competitive antagonist-induced increases in the effective agonist concentration (concentration ratio) should be directly proportional to the antagonist concentration (Schild, 1947, 1957; Colquhoun, 2007). The mean of the values for calculated level of cocaine at the time of each lever press during the maintenance phase, prior to the injection of antagonist, represented the baseline satiety threshold. As described previously (Norman et al., 2011b), the level of cocaine at the time of each lever press after the injection of antagonist was divided by the baseline value for that session and the resulting value represented the cocaine concentration ratio. The maximal magnitude of SCH23390-induced increase in the cocaine concentration ratio was calculated by the mean of the four to six maximal values for the 0.75, 1.5, and 3 unit doses and the two to four maximal values at the 6 μmol/kg unit dose.

Materials. Cocaine HCl was obtained from Research Triangle Institute (Research Triangle Park, NC) under the National Institute on Drug Abuse drug supply program. Cocaine HCl (40 μmol/ml) was dissolved in normal saline solution containing one unit per milliliter of heparin and then passed through a sterile 0.2-μm acetate filter immediately prior to use in the self-administration studies. Heparin sodium was obtained from American Pharmaceutical Partners, Inc. (Schaumburg, IL). Streptokinase and RI+SCH23390 HCl were purchased from Sigma-Aldrich (St. Louis, MO). SCH23390 was prepared daily in sterile normal saline from stock solutions (each 10 μmol/ml in absolute ethanol and stored at −20°C). Methoxetinal sodium (Brevital) was manufactured by King Pharmaceuticals (Bristol, TN). Cocaine and benzylocgonine used as an external standard (1 mg/ml) and internal standard (cocaine-D3 and benzoylbenzocgonine-D$_2$ each 0.1 mg/ml in methanol or acetone) were purchased from Radian International LLC (Austin, TX). Rat plasma with heparin was purchased from Harlan Bioproducts for Science.
Indianapolis, IN). All other chemicals were purchased from Sigma-Aldrich or Pierce Chemicals (Rockford, IL) at the highest available purity and were used without any further purification.

Results

The Cocaine Satiety Threshold Is Independent of the Cocaine Unit Dose. As shown in Fig. 1, the plasma cocaine concentration at the time of a lever press (satiety threshold) during the maintenance phase of a session was not significantly different \( P = 0.89 \), one-way analysis of variance (ANOVA) with repeated measures at cocaine unit doses of 1.5, 3, and 6 \( \mu \)mol/kg. This was also indicated by the linear regression line with a slope not significantly different from zero. The mean plasma cocaine concentration corresponding to the satiety threshold was approximately 3.6 \( \mu \)M (1.1 mg/l) across this range of unit doses.

The Unit Dose-Dependent Rate of Cocaine Self-Administration. As shown in the representative sessions in Fig. 2A, the interinjection intervals were stable at cocaine unit doses of 0.75 and 6 \( \mu \)mol/kg prior to the injection of SCH23390 and were proportional to the unit dose (group mean \( \pm \) S.E.M. interinjection intervals for these doses were 1.8 \( \pm \) 0.2 minutes \( n = 6 \) rats and 12.0 \( \pm \) 0.7 minutes \( n = 7 \) rats) at unit doses of 0.75 and 6.0 \( \mu \)mol/kg, respectively. Consequently, the frequency of lever presses was approximately 6 to 7 times greater at the 0.75 \( \mu \)mol/kg unit dose compared with the 6.0 \( \mu \)mol/kg unit dose. After the injection of SCH23390, the rate of self-administration increased approximately 3-fold.
ANOVA) in the peak magnitude of the SCH23390-induced increase in the satiety threshold across the range of unit doses used (Fig. 3).

Discussion

During maintained cocaine self-administration, the plasma cocaine concentration corresponding to the satiety threshold is constant over several hours (Norman et al., 2011a). It is now demonstrated that the satiety threshold is also constant across a range of cocaine unit doses. This validates a major assumption of the satiety threshold model of maintained cocaine self-administration (Tsibulsky and Norman, 1999). Therefore, self-administration behavior represents a quantal pharmacodynamic response that occurs at the same cocaine concentration, which is independent of the agonist unit dose. This finding is consistent with previous studies in rats that self-administered amphetamine, in which the plasma concentration of amphetamine at the time of an attempt to self-administer was constant during a session and constant across a range of unit doses (Yokel and Pickens, 1974). Because the concentration of cocaine at the time of self-administration is the same across unit doses, the corresponding increase in the interinjection intervals (Pickens and Thompson, 1968) cannot represent the increase in the magnitude of the cocaine-induced pharmacodynamic response. A more plausible explanation for the increase in interinjection intervals as a function of the unit dose is that it takes longer for the interinjection intervals to decline back to the constant concentration, which is independent of the agonist unit dose. Therefore, the increase in the interinjection interval as a function of the unit dose represents an increase in the duration of the cocaine-induced satiety response (Tsibulsky and Norman, 2012).

The whole process of maintained self-administration can be viewed as the interinjection interval being the result of the automatic back titration of cocaine concentrations to the satiety threshold. The cycle starts when the cocaine concentration exceeds the satiety threshold and falls back to the satiety threshold. The cycle is initiated automatically because the feedback mechanism intrinsic to the arrangement of the experiment. Importantly, according to this explanation, the lower unit doses merely increase the frequency at which the cocaine satiety threshold is declined.

The cocaine satiety threshold represents an equiactive agonist concentration and competitive antagonists increase equiactive concentrations (Schild, 1957). Indeed, competitive dopamine receptor antagonists increase the satiety threshold during maintained cocaine self-administration in rats (Norman et al., 2011b). Therefore, in the present study, the maximal magnitude of the increase in the satiety threshold induced by a single dose of SCH23390 was dependent of the cocaine unit dose and the same magnitude of increase in the antagonist at different unit doses is consistent with the unit dose changing the frequency with which the effective concentrations of cocaine were measured. The lower the unit dose, the higher the temporal resolution of the antagonist effect is illustrated by the greater than 7-fold increase in the number of measurements of the satiety threshold at 0.75 versus 6 μmol/kg cocaine unit doses. Importantly, multiple cocaine unit doses are redundant when measuring the pharmacodynamic potency and pharmacokinetics of agonists using cocaine self-administration behavior (Norman et al., 2011b). The appropriate agonist unit dose must be selected by the investigator based entirely on practical considerations. For example, the time required to return the animal to the chamber will exceed the time between lever presses. At low unit doses, there is an increased probability that the time to inject an antagonist and return the animal to the chamber will exceed the time between lever presses. On the other hand, the frequency of measurement of the cocaine satiety threshold is lower at higher unit doses, which increases the probability of missing the time of the peak antagonist effect and thus underestimating the antagonist potency.

Because the cocaine satiety threshold concentration is calculated based on an assumed elimination rate constant of cocaine, an important caveat is that the antagonist does not change this parameter, and then the mathematical model holds. The dose of SCH23390 used in the present study has previously been shown to not change the elimination rate constant of cocaine in rats (Norman et al., 2011a). Furthermore, in the present study, the lack of effect of the unit dose of cocaine on the time course of onset and disappearance of the SCH23390-induced increase in the cocaine satiety threshold indicates that cocaine does not alter the elimination rate constant for SCH23390 in rats.

In conclusion, the pharmacodynamic response is quantal in nature and the cocaine concentration at which the quantal response occurs is constant across a wide range of unit doses. The independence of the magnitude of antagonist-induced effect as a function of cocaine unit dose is consistent with the pharmacokinetic/pharmacodynamic explanation of the cocaine self-administration paradigm. The practical implication...
is that measurements of antagonist potency are appropriately accomplished using only a single cocaine unit dose, which can be selected on the basis of the required temporal resolution, and the use of multiple cocaine unit doses is redundant.

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Authorship Contributions

Participated in research design: A.B. Norman, Tsibulsky.
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References


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