Effect of the D3 Dopamine Receptor Partial Agonist BP897 on L-Dopa-Induced Dyskinesias and Parkinsonism in Squirrel Monkeys*

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ABSTRACT

Although L-dopa is one of the most effective therapies for Parkinson's disease, continued treatment may result in excessive involuntary movements known as L-dopa-induced dyskinesias (LIDs). Because LIDs can become dose-limiting, there is great interest in finding ways to ameliorate or prevent this troubling side-effect of L-dopa therapy. It was recently reported that the D3 receptor partial agonist BP897 reduces LIDs without diminishing antiparkinsonian effects of L-dopa in macaques. In the present study, we tested the effects of BP897 on LIDs in squirrel monkeys, a nonhuman primate particularly prone to dyskinesias. Parkinsonism was induced using MPTP. Animals were then gavaged with L-dopa/carbidopa (7.5 or 15 mg/kg/dose) without and with BP897. The effects of BP897 treatment were evaluated on several components of LIDs, including time course, peak dyskinesias, and area under the curve (AUC), a measure that encompasses both peak and duration of the response. Analyses of the time course and overall dyskinetic response (AUC) showed that BP897 significantly reduced LIDs, but at the expense of the antiparkinsonian effect of L-dopa. BP897 had no significant effect on peak dyskinesias. Correlation studies showed that beneficial effects of BP897 on dyskinesias were linked to a decline in the antiparkinsonian action of L-dopa. Analyses of a subgroup of animals with mild/moderate parkinsonism yielded comparable results. Thus, in squirrel monkeys in contrast to macaques, BP897 fails to exert an antidyskinetic effect without diminishing the antiparkinsonian effects of L-dopa. These results suggest that BP897 may be less effective than originally anticipated for treating LIDs in Parkinson’s disease.
Introduction

L-Dopa therapy remains the most effective treatment for Parkinson’s disease. However, long-term administration typically leads to motor complications, including motor fluctuations and involuntary choreoathetoid movements known as L-dopa-induced dyskinesias (LIDs) (Marsden, 1994; Olanow and Tatton, 1999; Calon et al., 2000; Obeso et al., 2000; Ball, 2001; Bezard et al., 2001; Tintner and Jankovic, 2002). These motor abnormalities may occur within a few years of initiation of treatment and are generally considered to be a major limitation in Parkinson’s disease management (Blanchet et al., 1996; Ahlskog and Muenter, 2001).

While the pathophysiology of LIDs is still poorly understood, a number of investigators have proposed that an imbalance in activity of the two major striatal output pathways plays a role in their pathophysiology, possibly through activation of D1 and inhibition of D2 dopamine receptors on the direct and indirect pathway, respectively (Marsden, 1994; Olanow and Tatton, 1999; Calon et al., 2000; Obeso et al., 2000; Ball, 2001; Bezard et al., 2001; Tintner and Jankovic, 2002). Despite numerous experimental investigations, however, a clear relationship between dyskinesias and D1 or D2 receptor expression has yet to be established.

In addition to the D1 and D2 dopamine receptor subtypes, D3 receptors are present in the striatum and appear to be involved in modulating locomotor activity (Pugsley et al., 1995; Sautel et al., 1995; Levant, 1997; Missale et al., 1998; Schwartz et al., 1998). The hypothesis that D3 receptors play a role in LIDs was initially proposed based on the observation that striatal expression of this receptor is highly dependent on afferent dopamine innervation (Sokoloff et al., 1990; Levesque et al., 1995). Administration of L-dopa to 6-hydroxydopamine-lesioned rats enhanced D3 receptor expression in the motor striatum, an area where D3 receptor density is usually <1% than of the D1 and D2 receptors (Levesque et al., 1992; Bordet et al., 1997). The
observation that this ectopic induction of striatal D3 receptors parallels the development of L-dopa-induced behavioral sensitivity in rodents (a model for LIDs) has raised the possibility that D3 receptor activation might be relevant to dyskinesias in primates (Bordet et al., 1997).

D3 receptor expression is more prominent in the primate than the rodent nigrostriatal system with a relatively robust receptor expression in the caudate and putamen (Hurley et al., 1996; Morissette et al., 1998; Quik et al., 2000). As in the rat, these striatal receptors are decreased with nigrostriatal damage. Subsequent L-dopa treatment results in a partial reversal of striatal D3 receptor declines in squirrel monkeys and an overexpression in macaques (Hurley et al., 1996; Quik et al., 2000; Bezard et al., 2003). The fact that L-dopa treatment induces dyskinesias and also modulates D3 receptor expression has raised the question whether there may be a link between the D3 receptors and LIDs. Recent results showing a significant reversal of dyskinesias by the D3 receptor partial agonist BP897 in macaques support this hypothesis (Bezard et al., 2003). To further investigate this possibility, we studied the effects of BP897 in squirrel monkeys, another nonhuman primate species that develops dyskinesias after L-dopa treatment that are similar to those in Parkinson’s disease. Preliminary results of these studies have been presented in abstract form (Hsu et al., 2003).
Materials and methods

Animals. Ten female squirrel monkeys (Saimiri sciureus) were purchased from Osage Research Primates, Osage Beach, MO, USA. Females were only used because of the availability of mature to aged animals that may represent a more relevant parkinsonian animal model. Additionally, previous studies in our laboratory (Langston et al., 2000; Quik et al., 2000; Quik et al., 2002) did not yield significant differences between male and female animals with MPTP or L-dopa treatments. Monkeys were housed individually and maintained on a 13-hour/11-hour light/dark cycle in a temperature-controlled room (27 ± 1°C) with a relative humidity of ~30-40%. They were given fruits in the morning and food pellets in the afternoon, 3 hours after the afternoon drug administration to optimize gastrointestinal absorption of L-dopa. Water was provided ad libidum. All procedures conformed to 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.

Experimental Treatments. After an initial acclimatization period, all animals were injected subcutaneously with MPTP hydrochloride (Sigma, St-Louis, Missouri) dissolved in sterile saline at a dose of 1.9 mg/kg. Three weeks after MPTP injection, animals were videotaped daily for 1 week. Parkinsonism was assessed from videotapes as described below. Animals were treated with MPTP up to 5 times at 1.7-2.1 mg/kg/dose until they were stably parkinsonian for at least one month.

After assessment of baseline activity, animals were administered either 7.5 mg/kg or 15 mg/kg L-dopa together with carbidopa prepared from a crushed tablet of Sinemet® CR 25/100 (DuPont Pharma) dissolved in water. Thus the maximal daily L-dopa dose is within the upper range of that administered to Parkinson’s disease patients. Moreover, they are similar to those
administered to parkinsonian nonhuman primates in other studies (Hurley et al., 1996; Quik et al., 2002; Bezard et al., 2003). The monkeys were gavaged once or twice daily at 4-hour intervals for a 2-week period, using a 5-day-on/2-day-off schedule (Quik et al., 2002). They were subsequently gavaged with both L-dopa and a given dose of BP897 (0 mg/kg, 5 mg/kg, 10 mg/kg, and 15 mg/kg) (Bioprojet, Paris, France) for 1-week each (Monday to Friday). BP897 was dissolved in warm water and administered in combination with L-dopa. Co-administration of BP897 and L-dopa was followed by a week of L-dopa treatment alone to reduce any carry over effects of BP897. Subsequent doses of BP897 were tested following the same procedure of one week with BP897 plus L-dopa, followed by one week of L-dopa alone.

In some experiments, BP897 was gavaged together with the initial dose of L-dopa to evaluate whether the D3 receptor partial agonist could prevent the onset of dyskinesias. The results from these studies were similar to those obtained in animals that had been treated with L-dopa prior to BP897. Data from these sets of experiments were therefore pooled.

**Behavioral Assessment.** All animals were monitored by videotape recording on each treatment day, which included 1-hour of baseline activity (no drugs) from 8:00-9:00 AM, followed by two 4-hour treatment periods starting at 9:00 AM and 1:00 PM. Entry into the monitoring room was restricted during videotaping. Parkinsonism and dyskinesias were rated from videotapes, a standard procedure in our laboratory (Togasaki et al., 2001; Tan et al., 2002), for 2-minute periods at 30-minute intervals throughout the day by two independent raters blinded to treatment using the scales described below.

Parkinsonism was scored from videotapes using measures of several independent behavioral abnormalities: (i) abnormal posture of the head (0-1), trunk (0-1), limbs (0-1); (ii) bradykinesia (0-3); and (iii) action tremor (0-3). The minimum score is 0 and a maximum total score 9. This
scale was optimized for rating parkinsonism from videotapes. A comparison of this scale with our previously published scale (Langston et al., 2000) showed a significant correlation between the degrees of parkinsonism ($R = 0.54$, $p < 0.05$). Parkinsonism was classified as mild/moderate if the total score range was 1-4 and severe if 5-9.

Dyskinesias were rated on a scale of 0 (no dyskinesias) to 4 using a well-characterized global dyskinesia rating scale, which has been previously published, and tested for both validity and reliability using videotape analysis (Togasaki et al., 2001; Tan et al., 2002). Briefly, a score of 1 reflects subtle dyskinesias that are not sustained; 2, mild dyskinesias that are sustained; 3, moderate dyskinesias that impair the ability to remain stationary; 4, severe dyskinesias that are generalized and incapacitating.

**Radioreceptor assay for measurement of plasma BP897 levels.** Monkeys were gavaged with 10 mg/kg BP897 in combination with L-dopa (7.5 mg/kg) to mimic experimental conditions described above. Blood samples were then collected from each animal 60-75 minutes after BP897 administration. To evaluate baseline BP897 levels, plasma samples were collected from the same animals gavaged only with L-dopa that had not received BP897 for at least one week. Two ml of blood was drawn from each animal and centrifuged at 2100 rpm (~ 1000 x g) at 4°C for 12 minutes. Approximately 600 µl of plasma (supernatant) was collected and stored at -80°C. Plasma concentrations of BP897 were measured using a radioreceptor assay with human recombinant D3 receptors (Sokoloff et al., 1992).

**Data and Statistical Analysis.** Because our standard treatment protocol involves a 5-day-on/2-day-off (Saturday and Sunday) schedule, animals were allowed to acclimatize to the drug treatment on Monday and Tuesday and data from these two days were not used; rather behavioral responses to drug treatment for each monkey were determined by averaging the
animal's response from Wednesday through Friday of each week. All values are expressed as the mean ± S.E.M. of the indicated number of animals. Results were compared using one-way analysis of variance (ANOVA) with repeated measures, followed by Bonferroni multiple comparison test. For the BP897 radioreceptor assay, values were interpolated by non-linear regression analysis using a one-site competition model. All statistical analyses were done using Prism® program (GraphPad Software, Inc.) at a significance level of 0.05.
Results

A time course of the effect of BP897 on L-dopa-induced dyskinesias is shown in Fig. 1 (A and C). Monkeys were gavaged with 7.5 mg/kg or 15 mg/kg L-dopa together with 10 mg/kg BP897. Dyskinesias and parkinsonism were rated every 30 minutes over a 5-hour time period (1-hour baseline and 4-hour morning treatment period). In the absence of BP897, dyskinesias developed by 30 minutes after L-dopa administration with both doses, were maximal by 30-120 minutes (at the 7.5 mg/kg dose) and 30-180 minutes (at the 15 mg/kg dose) after dosing and declined thereafter. In animals administered BP897 (10 mg/kg) together with L-dopa (7.5 mg/kg), there was a statistically significant reduction in dyskinesias as compared to animals receiving only L-dopa. Repeated measures ANOVA yielded overall significant main effects of BP897 on treatment \[ F (1, 165) = 42.56, p < 0.001 \] indicating the drug reduced dyskinesias, and time \[ F (10, 165) = 32.70, p < 0.001 \] demonstrating the effect of BP897 was dependent on time after its administration. There was also a significant BP897 treatment x time interaction \[ F (10, 165) = 7.54, p < 0.001 \] that is, BP897 modified the time course of dyskinesias as compared to control. Bonferroni post hoc tests showed that the dyskinesia scores at \( t = 60, 90, 120 \) minutes were significantly reduced with BP897 + 7.5 mg/kg L-dopa treatment compared to L-dopa alone \( (p < 0.001) \). Animals treated with BP897 at the higher dose of L-dopa (15 mg/kg) also showed a statistically significant reduction in dyskinesias. Repeated measures ANOVA yielded overall significant main effects of BP897 on treatment \[ F (1, 176) = 12.26, p < 0.001 \] and time \[ F (10, 176) = 25.60, p < 0.001 \], with a significant BP897 treatment x time interaction \[ F (10, 176) = 1.916, p < 0.05 \]. Bonferroni post hoc tests showed that the dyskinesia scores at \( t = 180 \) minutes were significantly reduced with BP897 treatment \( (p < 0.001) \).

The results depicted in Fig. 1 (B and D) demonstrate the effect of L-dopa (7.5 mg/kg and 15
mg/kg) without and with BP897 treatment on parkinsonism. The response of the animals to L-
dopa exhibited a similar time course as L-dopa’s dyskinetic effects, with a maximal
improvement 30-120 minutes at 7.5 mg/kg L-dopa and 30-180 minutes at 15 mg/kg after dosing,
with re-emergence of parkinsonism as the effect wore off. When BP897 was gavaged together
with L-dopa the antiparkinsonian effects of L-dopa were diminished. There were significant
main effects of BP897 and L-dopa (7.5 mg/kg) on parkinsonism [F (1,165) = 7.049, p < 0.01]
and time [F (10, 165) = 19.47, p < 0.001], with no significant interaction between BP897
treatment x time [F (10, 165) = 1.63, p = 0.10]. Bonferroni post hoc tests showed that the
parkinsonian scores at t = 120 minutes were significantly worse with BP897 treatment (p < 0.05).
However, no significant main effects were observed with BP897 and the higher dose of L-dopa
(15 mg/kg) on parkinsonism [F (1,176) = 3.387, p = 0.0674], though significant effects were
seen with time [F (10, 176) = 34.87, p < 0.0001] and between BP897 treatment x time [F (10,
176) = 1.982, p < 0.05]. Bonferroni post hoc tests showed that the parkinsonian scores at t = 180
minutes were significantly worse with BP897 treatment (p < 0.05). These results indicate that
there is a reciprocal change in dyskinesias and parkinsonism with BP897 treatment, that is, an
improvement in dyskinesias is associated with a worsening of parkinsonism.

The effect of BP897 on L-dopa-induced dyskinesias was then examined on the total
dyskinetic response defined as AUC (area under curve), which encompasses both magnitude and
duration of the response (Fig. 2). When analyzed in this manner, BP897 induced a significant
reduction (p < 0.05) in AUC dyskinesias, but only in animals treated with 7.5 mg/kg and not the
15 mg/kg L-dopa dose. However, at both doses of L-dopa, BP897 induced a significant reduction
in the antiparkinsonian effects of L-dopa (p < 0.05) (Fig. 2B).

We next determined the effect of BP897 treatment on peak dyskinesias to evaluate whether
there might be preferential effects of the D3 receptor partial agonist on specific characteristics of L-dopa-induced dyskinesias (Fig. 3). Although there was a small decline in peak dyskinesias at the 7.5 mg/kg dose of L-dopa after BP treatment, this was not significant. Nor was there a significant change in peak dyskinetic movements or parkinsonism with BP897 at 15 mg/kg L-dopa.

Correlation analyses were done comparing the effect of BP897 treatment on LIDs and on L-dopa’s antiparkinsonian action (Fig. 4). There was a significant correlation between the development of L-dopa-induced dyskinesias and improvement in parkinsonism in animals treated only with L-dopa (7.5 mg/kg) (Fig. 4 top panel). There was also a correlation between these two measures in animals treated with BP897 (10 mg/kg) together with L-dopa (Fig. 4 lower panel). No difference was observed in the slopes of the regression lines in animals treated only with L-dopa as compared to those treated with L-dopa in combination with BP897. These data indicate that BP897-induced declines in dyskinesias are associated with a diminution of the antiparkinsonian effects of L-dopa.

We also considered the possibility that BP897 may be more effective in animals with a mild to moderate parkinsonian syndrome. This condition is generally associated with less severe nigrostriatal damage and possibly a reduced tendency to develop dyskinesias (Di Monte et al., 2000). Correlation analyses (Fig. 5) showed that the slopes of the regression lines were not different in mild/moderate parkinsonian animals treated with 7.5 mg/kg L-dopa alone or together with BP897. Thus, there appear to be no differential effects of BP897 on dyskinesias and parkinsonism in animals with less severe nigrostriatal damage.

In addition to the studies with 10 mg/kg BP897 described above, we also tested 5 mg/kg and 15 mg/kg BP897 in combination with L-dopa to determine whether there may be preferential
declines in LIDs with only a minimal worsening of parkinsonism. For these experiments 7.5 mg/kg L-dopa was used since there was a decline in dyskinesias with 10 mg/kg BP897 at this dose of L-dopa, although at the expense of the antiparkinsonian effects of L-dopa. (Fig. 2). The overall dyskinetic score using the AUC score at 7.5 mg/kg L-dopa alone was 16.0 ± 0.9 (n = 3). When 5 mg/kg BP897 was given together with L-dopa, dyskinesias were reduced by 34% (AUC: 10.6 ± 2.9, n = 3), but with a corresponding worsening of parkinsonism (27%). Thus, the effect of 5 mg/kg BP897 on LIDs appeared similar to, although somewhat less pronounced than 10 mg/kg BP897. At the highest dose of BP897 tested (15 mg/kg), we observed an 83% reduction in dyskinesias (AUC: 2.8 ± 1.9, n = 3). However, this effect was associated with a complete blockade of the antiparkinsonian effects of L-dopa.

The plasma concentration of BP897 may reflect brain levels and thus provide an index of concentration of the drug in the basal ganglia (Bezard et al., 2003). For this reason, we measured BP897 levels in blood samples after administration of 10 mg/kg BP897. For the control condition, monkeys were treated only with L-dopa (7.5 mg/kg) and a blood sample taken 60-75 minutes after treatment. The next day the same animals were administered BP897 (10 mg/kg) plus L-dopa (7.5 mg/kg) to allow for an accurate assessment of BP897 plasma levels. Again, blood was collected 60-75 minutes after treatment. Samples were collected 60-75 minutes after treatment because BP897 was observed to have the greatest effect during this period. BP897 plasma levels were measured using a radioreceptor assay. Plasma concentrations averaged 910 ± 250 nM (n = 5) after BP 897 administration and 0 ± 0 nM under control condition.
Discussion

In the present experiments we investigated the ability of the D3 receptor partial agonist BP897 to attenuate LIDs, as well as its effects on the antiparkinsonian action of L-dopa, in MPTP-lesioned squirrel monkeys. To approach this, we performed several different types of analyses including evaluating time courses, peak effects and area under the curve (AUC), a measure that incorporates time course as well as peak effect. Our results show that there was a significant reduction in dyskinesias (AUC) when BP897 was administered with 7.5 mg/kg, but not 15 mg/kg L-dopa. However, this reduction in abnormal movements occurred at the expense of the antiparkinsonian action of L-dopa. These conclusions were reinforced by the results of correlation analyses showing that the regression slopes were similar without and with BP897 treatment. These data indicate that declines in dyskinesias, when they occurred, were consistently associated with a diminution in the antiparkinsonian effects of L-dopa.

These results are at odds with previous data showing that BP897 decreases dyskinesias in macaques without exacerbating the antiparkinsonian effect of L-dopa (Bezard et al., 2003). A possible explanation may relate to the ~3x greater plasma levels of BP897 in squirrel monkeys compared to those in macaques at doses at which BP897 was most effective (Bezard et al., 2003). It has been shown that BP897 is a potent D3 receptor partial agonist and a weak D2 receptor antagonist which displays a high affinity at the D3 and a 70 times lower affinity at the D2 receptor (Pilla et al., 1999). The higher plasma levels could result in increased brain levels of BP897, which might in turn lead to a greater blockade of D2 receptors and a resulting increase in parkinsonism, while alleviating dyskinesias. These observations suggest that administration of a lower dose of BP897 may be more favorable. However, treatment with 5 mg/kg BP897 was less beneficial than 10 mg/kg in suppressing LIDs.
Another possibility is that the beneficial effects of BP897 are dependent on an action at presynaptic D3 dopamine receptors. If this were the case, a larger response might be expected in animals with only mild/moderate damage, presumably because there would be more remaining presynaptic terminals (Levant, 1997). Conversely, a small or negligible response might be anticipated when the dopamine terminals are severely reduced (Alexander et al., 1992; Quik et al., 2001). In fact in the earlier study, the animals exhibited moderate parkinsonism (Bezard et al., 2003). Therefore, to investigate whether there might be more robust effects of BP897 in monkeys with mild/moderate parkinsonism, we re-analyzed the data from this subgroup of animals. However, correlation analyses showed that there were no differential antidyskinetic effects of BP897 in squirrel monkeys with a less, as compared to a more severe parkinsonian syndrome. Thus, the drug response was similar regardless of the degree of parkinsonism.

In addition to the above, numerous other variables may influence assessment of drug effects. One important difference between the two studies concerns the specific parkinsonian features used to rate movement dysfunction. Although similar, the scales to assess parkinsonism in the two studies are not identical. Discrepancies in rating may relate in part to the ability to evaluate differences in squirrel monkeys not detected in macaques, or vice versa. For instance, the antiparkinsonian effects of L-dopa diminished somewhat more rapidly in the presence of the D3 receptor partial agonist in squirrel monkeys than in macaques. This could reflect an earlier return of bradykinesia or a slight increase in detectability of abnormal posture of the head, trunk or limbs, or of action tremor, which may have been masked by the dyskinesias, thus reducing dyskinesias and aggravating the parkinsonian symptoms in squirrel monkeys. In fact, the idea that different scales highlight varying parkinsonian features is discussed in a paper by Imbert et al. (2000) comparing eight different clinical rating scales for the assessment of parkinsonism in
monkeys. Another possibility is that the rating scale for parkinsonian symptoms, although adequate for detecting antiparkinsonian effects of a single drug, may be less effective for determining whether a reduction in the degree of dyskinesias is accompanied by an increase in parkinsonian symptoms. However, similar correlations between the antiparkinsonian effect and LID severity without and with BP897 treatment suggests that we are observing a phenomenon that is independent of the application of the rating scale under different conditions. The question of gender differences also arises since we used only female monkeys. However, the previous study also only used female animals (Bezard et al., 2003). Further research using different nonhuman primates species is needed to resolve the differential efficacy of BP897 to minimize LIDs without worsening parkinsonism.

The above considerations also raise the question of which parkinsonian animal model is most relevant for drug efficacy studies. Although both macaques and squirrel monkeys represent excellent models for Parkinson’s disease, the etiology of this disorder and the molecular basis for its progressive nature are presently unknown. MPTP-induced parkinsonism most likely differs from the neurodegenerative process in Parkinson’s disease and, moreover, human locomotor behavior is not identical to that in nonhuman primates. Thus these models may not reproduce the disease, but simply model certain aspects and results in any one species must be interpreted with caution. For instance, there are differences between the present and previous study (Bezard et al., 2003) with respect to the development of LIDs. These abnormal movements took several months to develop in macaques, but occurred rapidly in squirrel monkeys. Another difference relates to changes in the relative proportion of dopamine receptor subtypes after denervation and L-dopa treatment in different nonhuman primate species. Previous work in macaques had shown that MPTP-induced denervation decreased striatal D3 receptors, but that L-dopa treatment
enhanced D3 receptor expression to levels higher than in unlesioned animals (Bezard et al., 2003). These findings contrast with those in squirrel monkeys and marmosets which showed that MPTP treatment decreased striatal D3 receptors, but treatment with L-dopa only partially reversed D3 receptor expression (Hurley et al., 1996; Quik et al., 2000). Therefore the nature and pathophysiological mechanisms of LIDs may differ in the two species, possibly accounting for the difference in efficacy of the D3 receptor partial agonist BP897.

The ultimate question relates to how useful BP897 will be in treating LIDs in Parkinson’s disease patients. At present the status of D3 dopamine receptors in human basal ganglia is still uncertain. An initial report showed that D3 receptors are decreased in the striatum of pathologically-defined Parkinson’s disease cases treated with L-dopa (Ryoo et al., 1998). In a subsequent study, cases were subdivided into those with a robust and poor response to L-dopa therapy (Joyce et al., 2002). In the responders, there was an elevated level of D3 receptors in some striatal areas, globus pallidus, and nucleus accumbens, relative to those in the non-responding group although the levels were not above the control values. These results suggest that D3 receptors might be a factor contributing to dopaminergic drug responsiveness in Parkinson’s disease, but do not shed light on their relevance to LIDs.

To conclude, in this study BP897 reduced LIDs in squirrel monkeys, but only at the expense of diminishing the antiparkinsonian effects of L-dopa. The lack of selectivity of BP897 against LIDs in squirrel monkeys as compared to macaques may relate to differences in BP897 metabolism, in D3 regulatory mechanisms after denervation and dopamine precursor treatments, in the evaluation of parkinsonism, and/or to the different nature and cause of LIDs in the two studies. Overall, the present results emphasize the need for additional studies to determine the usefulness of D3 receptor partial agonists for the treatment of LIDs in clinical practice.
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**Figure Legends**

**Fig. 1.** Time course of dyskinesia and parkinsonian ratings in MPTP-lesioned monkeys gavaged with L-dopa (7.5 mg/kg and 15 mg/kg) without or with 10 mg/kg BP897 (A-D). Treatment with L-dopa (7.5 mg/kg) in combination with BP897 reduced L-dopa-induced dyskinesias (F = 42.56, p < 0.001) but also significantly (F = 7.05, p < 0.01) reversed the antiparkinsonian effect of L-dopa (A and B). Administration of BP897 with the higher dose of L-dopa (15 mg/kg) also reduced L-dopa-induced dyskinesias (F = 12.26, p < 0.001) and no significant differences were observed on parkinsonism (F = 3.387, p = 0.0674) (C and D). Behavioral ratings were performed by videotape observation for 2-minute periods at 30-minute intervals over a 5-hour period. Data points are the monkeys’ weekly score, which represents the average ratings from Wednesday through Friday. Each symbol represents the mean ± S.E.M. of 8-10 monkeys. *, p < 0.05, compared to no BP.

**Fig. 2.** Overall dyskinetic and antiparkinsonian effect of L-dopa (7.5 or 15 mg/kg) alone or in combination with BP897 (10 mg/kg). AUC (area under curve) includes both peak and duration of response for each monkey. A decline in the overall dyskinetic response (A) was observed with 10 mg/kg BP897 treatment at the 7.5 mg/kg L-dopa, but at the expense of the antiparkinsonian action (B) of L-dopa. Values represent the average weekly scores from Wednesday through Friday. Baseline parkinsonian rating scores for each monkey were averaged from the first hour of recording (stippled lines). Each bar represents the mean ± S.E.M. of 8-10 animals. *, p < 0.05, compared to 0 mg/kg BP897, #, p < 0.05, ###, p < 0.001 compared to baseline.

**Fig. 3.** Peak dyskinetic and antiparkinsonian responses to L-dopa (7.5 or 15 mg/kg) alone or in
combination with BP897. There was no significant reduction in peak dyskinesias with BP897 (10 mg/kg) administration. Values represent minimum parkinsonian and maximum dyskinetic scores that were determined using the monkey’s average weekly scores (rating scores from Wednesday through Friday) for the morning treatment period. Baseline activity scores for each monkey were averaged from the first hour of recording (stippled lines). Each bar represents the mean ± S.E.M. of 8-10 animals. ###, $p < 0.001$ compared to baseline.

**Fig. 4.** Correlation between the percentage reduction in parkinsonism and L-dopa-induced dyskinesias in animals treated without and with 10 mg/kg BP897. Dyskinesia rating scores ($n = 8-9$) taken every 30 minutes from the 4-hour morning treatment period were plotted against the percentage reduction in parkinsonism for each treatment period of the animals. In the upper panel, animals were treated with L-dopa alone (7.5 mg/kg) and in the lower panel monkeys were treated with L-dopa plus BP897 (10 mg/kg). Each point on the scatterplot represents the indicated number of values. The slopes ($m$) of the regression lines without and with BP897 treatment were similar, indicating that the BP897-induced reduction in dyskinesias was associated with a corresponding worsening of parkinsonism.

**Fig. 5.** Correlation between the percentage reduction in parkinsonism and L-dopa-induced dyskinesias in the subset of animals with mild/moderate parkinsonism. Average dyskinesia rating scores taken every 30 minutes from the 4-hour morning treatment period were plotted against the percentage reduction in parkinsonism in monkeys ($n = 6$) with a parkinsonism rating score ranging from 1-4. In the upper panel, animals were treated with L-dopa alone (7.5 mg/kg) and in the lower panel monkeys were treated with L-dopa plus BP897 (10 mg/kg). Each point on the
scatterplot represents the indicated number of values. Similar regression slopes (m) were obtained without and with BP897 suggesting that the BP897-induced reduction in dyskinesias was associated with a corresponding worsening of parkinsonism in the subset of animals with mild/moderate parkinsonism.
Fig. 2. (A) Dyskinesia Score (AUC) and (B) Parkinson Score (AUC) following administration of L-Dopa (mg/kg) with or without 0 mg/kg or 10 mg/kg BP897. Significant differences are indicated by asterisks (*, p < 0.05; **, p < 0.01; ###, p < 0.001).
Figure A: Peak Dyskinesia Score

- 0 mg/kg BP897
- 10 mg/kg BP897

Figure B: Peak Parkinson Score

- 7.5 mg/kg L-Dopa
- 15 mg/kg L-Dopa

Significance levels are indicated by #, with higher numbers indicating greater significance.
**Figure 1.** Correlation between % reduction in dyskinesia and % reduction in Parkinsonism for L-dopa and L-dopa + BP897.

- **L-dopa**
  - Correlation coefficient: $R = 0.6878$
  - Significance level: $p < 0.0001$
  - Slope: $m = 26.19 \pm 1.658$

- **L-dopa + BP897**
  - Correlation coefficient: $R = 0.4613$
  - Significance level: $p < 0.0001$
  - Slope: $m = 24.05 \pm 3.680$