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## Study of a GABA<sub>C</sub> receptor antagonist on sleep-waking behavior in rats

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**Abstract** *Rationale:*  $\gamma$ -Aminobutyric acid (GABA) is the main inhibitory transmitter of the brain. The involvement of GABA<sub>A</sub> and GABA<sub>B</sub> receptors in sleep-waking processes is well established. *Objectives:* This research studied the influence of GABA<sub>C</sub> receptors. *Methods:* The rats were randomly infused in the fourth ventricle with vehicle and 25, 50, and 100  $\mu$ g (1,2,5,6,-tetrahydropyridine)-methylphosphinic acid (TPMPA), a specific antagonist of GABA<sub>C</sub> receptors. *Results:* Principally at 50  $\mu$ g, the molecule induced an increase of waking from 44.7% to 61.7% ( $P < 0.003$ ), which was the consequence of enhancement of both active and quiet wakefulness. Total slow wave sleep was decreased, particularly the slow-wave stage from 39% to 27.7% ( $P < 0.02$ ). Paradoxical sleep was also decreased from 14.5% to 9.1% ( $P < 0.01$ ). *Conclusions:* GABA<sub>C</sub> receptors are also involved in sleep-waking regulation. Since the sensitivity of GABA<sub>C</sub> receptors to GABA is much higher than that of GABA<sub>A</sub> and GABA<sub>B</sub> receptors, GABA<sub>C</sub> receptor modulators could be potential medications acting at low doses with fewer side effects.

**Keywords** GABA<sub>C</sub> · TPMPA · Sleep · Waking · Rat

### Introduction

Gamma aminobutyric acid (GABA) is the main inhibitory transmitter in the brain. It is estimated that at least 20% of brain neurons are GABAergic (Parades and Agmo 1992). The first receptor sub-type to be identified was the GABA<sub>A</sub> ionotropic receptor. It consists of a Cl<sup>-</sup> ionophore principally coupled to GABA, barbiturate, benzodiazepine, steroid, and picrotoxin binding sites (McDonald and Olsen 1994). The second receptor to be identified was the GABA<sub>B</sub> receptor (Hill and Bowery 1981) which is

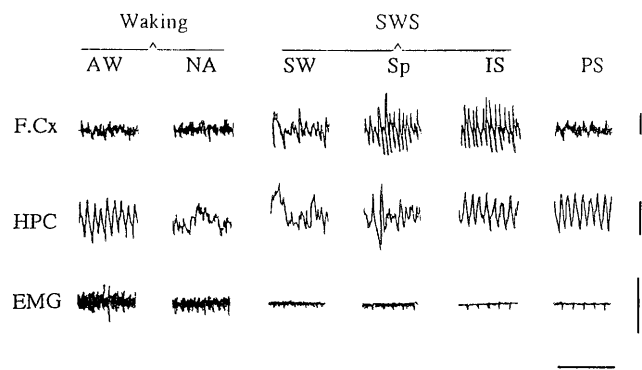
coupled to Ca<sup>2+</sup> and K<sup>+</sup> ion channels and functions through a metabotropic pathway with a second messenger. The third receptor identified was the GABA<sub>C</sub>. Indeed, as early as 1975 (Johnston et al. 1975) and again later (Parades and Agmo 1992), it appeared that this receptor was not sensitive to many compounds acting on GABA<sub>A</sub> and GABA<sub>B</sub> receptors. The GABA<sub>C</sub> receptor (Drew et al. 1984) was first observed in retinal tissue (Feigenspan et al. 1993; Quian and Dowling 1994), then in the central nervous system (Bormann and Feigenspan 1995; Boue-Grabot et al. 2000). The receptor comprises a Cl<sup>-</sup> ionophore and several subunits ( $\rho 1$ ,  $\rho 2$ ,  $\rho 3$ ) (Ogurusu et al. 1997). It is more sensitive to GABA than GABA<sub>A</sub> and GABA<sub>B</sub> receptors and desensitization is also different (Chu et al. 1990; Quian and Dowling 1994; Chebib and Johnston 1999; Bormann 2000). The first selective antagonist of GABA<sub>C</sub> receptors, (1,2,5,6,-tetrahydropyridine)-methylphosphinic acid (TPMPA), was reported in 1996 (Murata et al. 1996; Ragozzino et al. 1996). We undertook the study of its influence on sleep-waking behavior.

### Materials and methods

#### Animals and surgical procedures

Seven adult male Wistar rats (280–320 g) were implanted with chronic electrodes under intraperitoneal (i.p.) thiopental (Abbot, France) anesthesia (65 mg/kg). Four silver ball (1-mm diameter) electrodes were placed bilaterally over the frontal cortex and four on the occipital cortex. A bipolar depth electrode made up of two teflon-coated (except at the tip) stainless-steel wires (1/10 mm) twisted together was stereotaxically implanted in the hippocampal CA<sub>1</sub> area (A, 4.5 mm; L, 2.7 mm; D, 7.3 mm) following Paxinos and Watson (1986) coordinates. Two twisted stainless-steel wires (2.5/10 mm) were bilaterally inserted in the dorsal neck muscles. A ground electrode was screwed in front of the olfactory bulb in the middle plane. All electrodes were soldered to two 7-pin connectors (Connectral, France) which were cemented (dental cement Texton, UK) to the skull of the animal. For intracerebroventricular (i.c.v.) injections, a cannula was placed in the fourth ventricle (P, 2.6 mm; L, 0 mm; D, 2.2 mm). Each rat received, at the end of surgery, a subcutaneous (s.c.) injection of 0.02 ml Baytril 5% (enrofloxacin Bayer, France) for prophylactic antibiotic

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**Fig. 1** Sleep-waking stages scored in the rats. Active waking (AW) with hippocampal theta rhythm is distinguished from non-active (NA) quiet waking, without theta activity. Slow wave sleep (SWS) is divided into the slow-wave (SW) stage, the first stage of sleep, then frontal cortex spindles (Sp) which increase in number, amplitude, and duration as sleep deepens. Finally, just prior to and sometimes just after paradoxical sleep, the association of high-amplitude Sp and low-frequency theta rhythm defines the intermediate stage (IS). PS paradoxical sleep, F Cx. frontal cortex, HPC dorsal hippocampus, EMG dorsal neck electromyogram. Calibration 1 s, 100  $\mu$ V

therapy. Postoperative analgesia was performed by giving a s.c. injection (5 mg/kg) of 6-chloro- $\alpha$ -methylcarbozole-2-acetic acid (Carpofen, ICN, Costa Mesa, Calif.). The animals were allowed at least 15 days to recover from surgery but were cabled for habituation under artificial 12 h/12 h lighting (lights on for 12 h per day between 0900 hours and 2100 hours, increasing progressively for 33 min from 0900 hours and decreasing in the same manner before 2100 hours). The animals were located in a silent room, individually housed in transparent plexiglass cages with free access to commercial rat chow and water. The ambient temperature in the room was maintained constant at 23°C. Animals were cabled via a 19-channel rotating electrical connector. In this experiment, the principles of laboratory animal care (NIH publication no. 85-23, revised 1985) were followed.

#### Experimental procedure

The i.c.v. injections were performed at 0900 hours (beginning of the light period) and the recording lasted 6 h. The rats received an injection of either vehicle or TPMPA (Tocris Cookson Ltd. U.K.) at the dose of 25, 50, or 100  $\mu$ g per rat in a volume of 5  $\mu$ l. The injection lasted about 2 min, and the needle remained in the cannula for at least 2 min to avoid a flow back before spreading of solution. The doses were chosen after a pre-study on the behavioral effects of different doses carried out on nine rats. The animals were injected in randomized order of administration and recorded with a wash-out period of at least 15 days between two experimental sessions.

#### Recording

Three channels were simultaneously recorded:

1. Frontal cortex bihemispheric activity
2. Hippocampal theta activity with the depth bipolar electrode or (sometimes) with the occipital cortex electrodes
3. Electromyogram.

Six behavioral stages were distinguished (Fig. 1). Waking was subdivided into two stages: (1) psychomotor active and/or attentive waking, characterized by frontal cortex low-voltage activity, dorsal hippocampal theta activity and high muscular tone and (2)

non-active waking without theta rhythm, which corresponds to non-motivated motor activity and principally to quiet waking. During slow-wave sleep (SWS), three stages were differentiated: (1) slow waves (SW) occurring at the cortical level from sleep onset; (2) spindles (Sp) of increasing number, amplitude, and duration as SWS deepens; and (3) intermediate stage (IS) occurring prior to and sometimes just after paradoxical sleep (PS) and characterized by a short-lasting association between high-amplitude anterior spindles and low-frequency theta rhythm.

#### Scoring of recordings

With our scoring system (SWAS) (Pazzaglia et al. 1994), the analysis, in batch mode for this study, was performed second by second because of the polyphasic sleep-waking cycle which consisted of several short-lasting stages alternating rapidly. Electroencephalogram (EEG) variations were characterized by signal frequency and energy in specific frequency bands. For example, SWs and spindles were differentiated by their respective frequencies (1–6.5 cycles/s vs 7–16 cycles/s) and energy. The reliability of the scoring system is 93.1% of correspondence between researchers and computer.

The scored data were expressed as a percentage by 2-h periods (first, second and third) and 6 h, i.e., the total recording duration. A significant *F* test ( $>2.9$ ,  $P < 0.04$ ) was followed by a paired-sample student's *t*-test.

## Results

### Waking

Total waking was increased for the 6-h recording at 25  $\mu$ g because of an increase during the two first 2-h periods (Fig. 2). It was the result of a continuous increase of quiet wakefulness. At 50  $\mu$ g, the increase of total waking was present for the three 2-h periods. The same variations were observed for non-active waking, while for active-waking only the first and second 2-h period showed an increase, as did the total recording duration (Fig. 2). No variation was obtained at 100  $\mu$ g, a dose which often induced some behavioral disturbances.

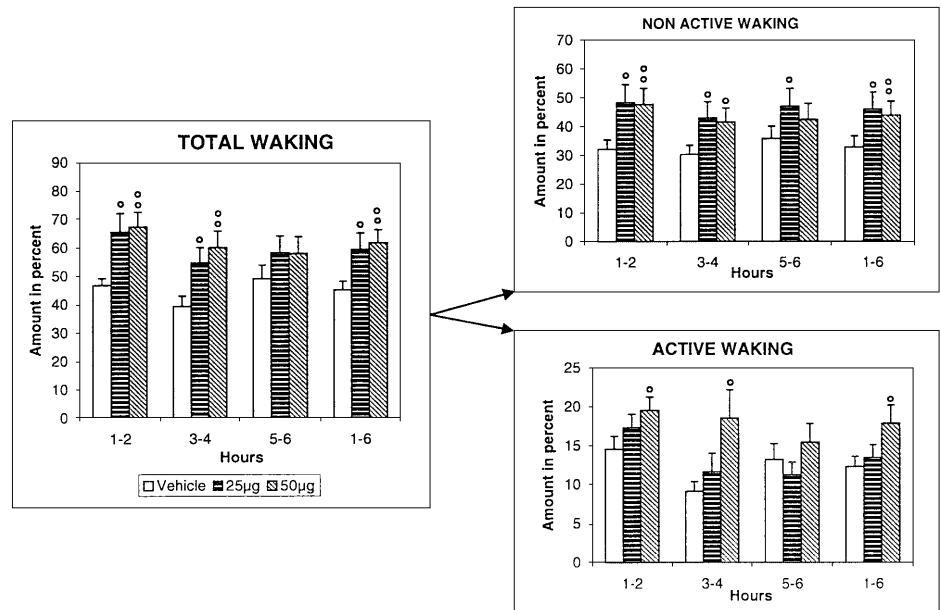
### Slow-wave sleep

With 25  $\mu$ g TPMPA, the global SWS was decreased during the first 2 h of recording (Fig. 3). This was the consequence of a decrease in the SW and IS. With 50  $\mu$ g, TPMPA decreased the global SWS only during the first 2-h, second 2-h, and 6-h periods. This was the consequence of the SW stage decrease during the same periods. The only one effect obtained at 100  $\mu$ g involved the spindles, which decreased during the first and third 2-h periods and over the total duration.

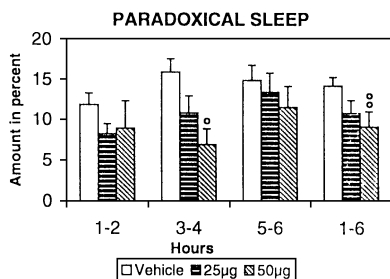
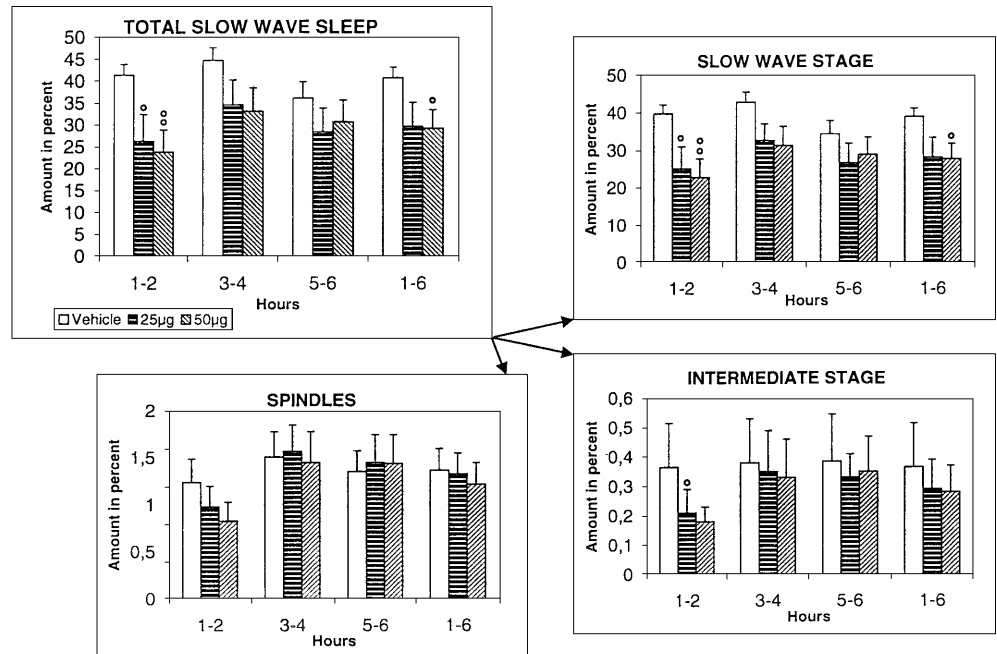
### Paradoxical sleep

After 50  $\mu$ g TPMPA, there was a decrease of PS for the second 2-h period and total recording time, while, after 100  $\mu$ g, there was a decrease during the first 2-h period (Fig. 4).

**Fig. 2** Influence of the  $\gamma$ -aminobutyric acid (GABA)<sub>C</sub> receptor antagonist TPMPA on waking. Total waking is increased at both doses. At the low dose, it is consecutive to the enhancement of non-active waking only. At the higher dose, active waking is also increased.  $\circ P < 0.05$ ;  $\circ\circ P < 0.01$



**Fig. 3** Total slow-wave sleep is decreased by the low dose during the first 2 h as a result of the decreased duration of the slow-wave stage. With 50 µg TPMPA, for the same reason, total slow-wave sleep is decreased throughout the recording period (6 h).  $\circ P < 0.05$ ;  $\circ\circ P < 0.01$



**Fig. 4** The higher dose induces a decrease of paradoxical sleep during the 6-h recording period.  $\circ P < 0.05$ ;  $\circ\circ P < 0.01$

## Discussion

The results show that TPMPA, the first specific antagonist of the GABA<sub>C</sub> receptor, increases waking and decreases SWS and PS. The increase of waking was seen with the low dose (25 µg), but the middle dose (50 µg) gave the more effective results, while the high dose gave rise to some behavioral abnormalities: it seemed to be slightly too high. The increase of waking first concerns quiet wakefulness, which was seen with the 25-µg dose. With 50 µg, active waking was also increased. It should be mentioned that although the experiment took place

during daytime, the amount of waking in the control condition seems slightly high. We have no explanation, since the animals were habituated to the cables and were in a quiet environment. The only unusual fact is that the progressive light appearance and extinction we adopted was more functional. The increase of wakefulness induced by the compound is associated with a decrease of the SW stage, which can be observed as early as during the first 2 h with the low dose. With 50 µg, this decrease was combined with a decrease of PS. All these influences are rather long-lasting since they cover the 6-h recording period.

It has been previously shown that the GABA<sub>A</sub> receptor complex modulates sleep-waking behavior. Indeed, barbiturates have long been known to induce sleep. More precisely, these modulators of GABA receptor function promote SWS and inhibit PS (Oswald 1968). In rats (Gottesmann 1964, 1996) and cats (Gottesmann et al. 1984; Gottesmann 1996), they massively increase the IS at the expense of PS. This is probably the consequence of the observed inhibition of pontine reticular activation responsible for PS characteristics (Gottesmann 1967, 1969, 1996 for review). Benzodiazepines, second-generation hypnotics, also act by favoring sleep, particularly stage II in humans, and inhibiting PS (Gaillard et al. 1973). In rats, most of them also increase the IS at the expense of PS (Gandolfo et al. 1994). Zolpidem and zopiclone, third-generation hypnotics, induce sleep (Stutzmann et al. 1993) but decrease the IS and PS during the first hours after administration (Gottesmann et al. 1994, 1998; Gauthier et al. 1997a for review). Finally, even neurosteroids (or neurosteroid analogs), which also bind to the GABA<sub>A</sub> receptor complex, favor sleep (Edgar et al. 1997) and extend the IS (Lancel et al. 1996, 1997).

In the same way, GABA<sub>B</sub> receptor modulators modify sleep-waking behavior. In rats, the receptor antagonist CGP 35348 increases SWS and PS in one study (Puigcerver et al. 1996) and increases wakefulness and PS in another (Gauthier et al. 1997b). The findings of the last study are more in accordance with expected physiological results, since these two behavioral stages are characterized by activation of the midbrain (Moruzzi and Magoun 1949; Steriade 1996) and pons (Gottesmann 1967, 1969; McCarley and Hobson 1971; Vertes 1977).

Consequently, all three kinds of GABA receptors are involved in sleep-waking regulation. The increase of sleep with agonists and of waking with antagonists by peripheral or i.c.v. administration suggests that the receptors could be situated in the brain stem (Xi et al. 1999; Maloney et al. 2000) and/or in the target structures of the ventrolateral preoptic nucleus (Gallopín et al. 2000). However, since GABA<sub>C</sub> receptors have the highest sensitivity to GABA, this recently discovered receptor could have major functional influences. Specific agonists, if identified, could be interesting compounds for clinical use as hypnotics and perhaps antiepileptics, acting at low doses, thus with fewer side effects than current medications. The idea that antagonists could be effective

on narcoleptic attacks remains hypothetical at present, although findings suggest GABAergic participation in recent medication improving this disease (Lin et al. 2000).

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