

NEUROKININ₁ RECEPTOR ANTAGONISTS AS POTENTIAL ANTIDEPRESSANTS

Steven C. Stout, Michael J. Owens and
Charles B. Nemeroff

*Laboratory of Neuropsychopharmacology, Emory University School of Medicine,
Department of Psychiatry and Behavioral Sciences, Atlanta, Georgia 30322;
e-mail: sstout@learnlink.emory.edu, mowens@emory.edu, cnemero@emory.edu*

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■ **Abstract** Selective, nonpeptide antagonists for tachykinin receptors first became available ten years ago. Of the three known tachykinin receptors, drug development has focused most intensively on the substance P-preferring receptor, neurokinin₁ (NK₁). Although originally studied as potential analgesic compounds, recent evidence suggests that NK₁ receptor antagonists may possess antidepressant and anxiolytic properties. If confirmed by further controlled clinical studies, this will represent a mechanism of action distinct from all existing antidepressant agents. As reviewed in this chapter, the existing preclinical and clinical literature is suggestive of, but not conclusive, concerning a role of substance P and NK₁ receptors in the pathophysiology of depression and/or anxiety disorders. The ongoing clinical trials with NK₁ receptor antagonists have served as an impetus for much needed, basic research in this field.

INTRODUCTION

To date, all drugs that are FDA-approved for the treatment of major depression are believed to act principally, via one or another mechanism, on monoaminergic neurotransmitter systems in the central nervous system (CNS). Though clearly effective, even the newest of these agents suffer significant drawbacks: A delay period of several weeks is typically required for the drugs to produce a significant improvement in symptoms, a variety of side effects lead to noncompliance, and there is a sizeable rate of nonresponse of approximately 30% and an even higher partial response rate (1). For these and other reasons, active investigation continues in the search for antidepressant agents with novel mechanisms of action.

Because the neurobiology of depression remains poorly understood, and because monoaminergic systems have manifold functional interactions with other neurotransmitter systems, a widely divergent group of compounds has been examined as potential antidepressant agents. Recently, it was reported that an antagonist of a receptor subtype, neurokinin₁ (NK₁) for the neuropeptide, substance

P (SP), exhibited antidepressant activity comparable to one of the selective serotonin [5-hydroxytryptamine (5-HT)] reuptake inhibitors in a placebo-controlled, double-blind trial (2). As reviewed here, the behavioral pharmacology of SP-active compounds as putative antidepressants has been an understudied field, compared for example to the extensive literature on SP involvement in nociception. The relevant preclinical and clinical research concerning the involvement of this peptide and its receptors in mood and anxiety disorders is reviewed. The prospect of NK₁ receptor antagonists as novel antidepressant agents remains promising but clearly requires further study.

PRECLINICAL STUDIES

Tachykinins and Tachykinin Receptors

In 1931, Von Euler and Gaddum discovered that an extract from horse intestine and brain caused intestinal smooth muscle contractions; they named the active compound “substance P,” for “preparation” (3). In subsequent decades, related nonmammalian peptides such as eledoisin and physalaemin were discovered, and more recently a group of SP-like mammalian peptides were found in the nervous system, including neurokinin A (previously termed substance K) and neurokinin B (previously termed neuromedin K). After a long search, the 11 amino acid sequence of SP was finally elucidated from bovine hypothalamus in 1970 by Chang and Leeman (4), who ironically were searching instead for the structure of the long-elusive corticotropin-releasing factor (CRF). SP is a member of the family of peptides sharing the carboxy-terminal sequence Phe-X-Gly-Leu-Met-amide, collectively termed “tachykinins” for their ability to produce fast smooth muscle contraction (in contrast to bradykinin).

SP can be synthesized from three alternatively spliced forms of the *prepro-tachykinin-A* (*PPT-A*) gene (5). The β and γ splice variants also contain the coding sequence for neurokinin A, and are more prevalent in rat brain than the α form. Neurokinin B is formed from a separate gene, *PPT-B* (6) (see Figure 1).

Multiple tachykinin receptor subtypes have been proposed on the basis of the varying rank-order of potencies of SP and other tachykinins, e.g. eledoisin, in bioassays using various tissues (7), and the contrasting distribution patterns of different radiolabeled tachykinins (8, 9). Distinct binding sites for neurokinin A (10) and neurokinin B (11) have also been clearly demonstrated. At the 1986 tachykinin symposium in Montreal, the following nomenclature was adapted: the SP-preferring, neurokinin A- and neurokinin B-preferring receptors were termed tachykinin NK₁, tachykinin NK₂, and tachykinin NK₃ receptors, respectively. For brevity the word tachykinin is commonly omitted. Tachykinin receptors is the preferred, general term for this group of receptors, though many authors use the term neurokinin receptors (12, 12a). The selectivity of the ligands for their respective receptors is not absolute (reviewed in 13). The three receptor subtypes have been cloned in rats (14–17) and in humans (18–20).

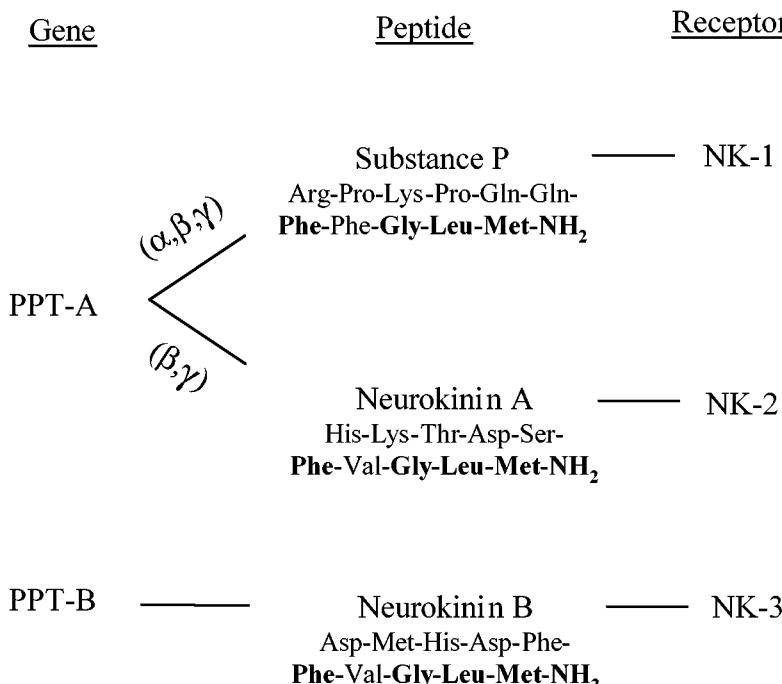


Figure 1 Tachykinin ligand and receptor family (common tachykinin amino acid sequence indicated in bold).

Neuroanatomy

Among the tachykinins, SP is by far the most concentrated in the CNS (21). The densest immunoreactivity is localized in the spinal cord and within the substantia nigra; many other brain regions contain high concentrations of SP, including the striatum, medial and central amygdaloid nuclei, hypothalamus, ventral tegmental area, parabrachial nucleus, and locus coeruleus (21, 22). Neurokinins A and B, and the genes encoding each of the tachykinins are also distributed widely in the CNS (21, 23, 24), but space constraints preclude their discussion here.

[¹²⁵I] and [³H]-labeled SP autoradiography to identify SP receptors in the rat has also revealed a widespread distribution, in many cases overlapping with the distribution of SP immunoreactivity. Particularly high receptor densities are found in the rat olfactory bulb, lateral septum, amygdalo-hippocampal area, anterior nucleus of the hypothalamus, medial habenular nucleus, superior colliculus, locus coeruleus, and nucleus of the solitary tract (25). Brain regions in which direct SP administration reliably produces behavioral or physiologic responses, such as the cerebral cortex (26), parabrachial nucleus (27), interpeduncular nucleus (28), and periaqueductal grey (29, 30) also contain substantial SP receptor density.

Although SP acts upon neurons in the substantia nigra (31) and ventral tegmental area (32), [³H]-SP binding in these brain regions is very sparse. Selective NK₁ receptor binding and NK₁ receptor mRNA distribution generally correlate well with that of SP receptor binding (33, 34). Intracerebroventricular (ICV) NK₁ agonist administration produces widespread neuronal activation in guinea pigs, as measured by quantitative determination of Fos immunoreactivity in brain regions displaying NK₁ receptors (35). NK₃ receptor binding and receptor mRNA distribution in the rat are also quite abundant, including substantial localization in the accessory olfactory bulb, cerebral cortex, medial septum, bed nucleus of the stria terminalis, basolateral nucleus of the amygdala, many hypothalamic nuclei, medial habenular nucleus, substantia nigra, ventral tegmental area, and nucleus of the solitary tract (36–38). In contrast to the NK₁ and NK₃ receptors, the NK₂ receptor is expressed in the CNS to a considerably lesser extent. Using selective radioligands, two groups have independently demonstrated the presence of NK₂ receptors in neonatal rat brain, but little or no expression within the same region(s) of adult rats (39, 40). The paucity of NK₂ receptors in the CNS remains somewhat an enigma, in view of the high neurokinin A concentrations in many brain nuclei (21).

In humans, widespread distribution of SP and SP receptor binding has also been reported (41–44). Both neurokinin A and B have been demonstrated in human cerebral cortex and striatum (45), as has PPT-B mRNA expression in basal forebrain structures including the hypothalamus, amygdala, and bed nucleus of the stria terminalis (46). Whether NK₂ and NK₃ receptors are present in human brain has been somewhat more controversial. Receptor autoradiography using radiolabeled peptides detects NK₁, but not NK₂ or NK₃ receptors (47). However, NK₃ mRNA expression and receptor immunoreactivity have been found in human brain tissue (20, 48). Considering the predominance of SP in the CNS, the relative lack or equivocal presence of NK₂ and NK₃ receptors in the human CNS, and the preclinical data reviewed below, it is not surprising that NK₁, rather than NK₂ or NK₃, receptor antagonists have been most intensively investigated as potential antidepressants.

The patterns of tachykinin and tachykinin receptor expression in the brain deserve comment. First, the patterns of expression are quite diffuse, and therefore it is difficult to predict the CNS function of SP or other tachykinins based on this neuroanatomy. Moreover, the brain circuits involved in major depression themselves are only now being elucidated, and our current database is not particularly instructive regarding the potential role of particular SP-positive projections. Certainly the potential exists for modulation by SP of emotion and arousal, based on the presence of the peptide and receptors in the hypothalamus and amygdala, other limbic system loci such as the septum and bed nucleus of the stria terminalis, and brainstem sites including the locus coeruleus and raphe nuclei. The effects of SP on these latter two monoamine-containing cell groups so often implicated in the pathophysiology of mood and anxiety disorders is considered in the following section.

Monoamine-Substance P Interactions

Although the actual therapeutic mechanism(s) of action of currently available antidepressants remain obscure, these agents acutely increase synaptic concentrations of norepinephrine and/or serotonin (5-HT), in most cases through inhibition of their respective transporter proteins (49). Therefore, it is of interest in this discussion to consider interactions between SP and these monoamine systems. Given the extensive CNS distribution of both SP and monoaminergic cell bodies and their projections, it would be surprising if these systems did not interact at various loci. Several specific types of interactions can be envisioned. First, neurons may cosynthesize and release SP and a monoamine; traditional antidepressants and NK₁ antagonists could share similar functional effects on targets of these neurons. Second, effects of SP on monoaminergic neurons, particularly those within the serotonergic raphe nuclei and the noradrenergic locus ceruleus, could potentially be responsible for antidepressant-like effects of SP receptor antagonists on monoaminergic neurotransmission. Finally, other monoamine/SP interactions such as monoaminergic innervation of SP neurons and convergence of monoaminergic and SP-ergic neurons on shared target neurons are worthy of consideration.

More than two decades ago, several investigators determined that a neuron can synthesize and secrete multiple neurotransmitters; early proof of this concept was the demonstration of 5-HT and SP colocalization in brainstem nuclei of the rat (50). Lesioning studies (51) and direct, immunocytochemical evidence (52) soon revealed that medullary raphe neurons that cosynthesize 5-HT and SP project to the spinal cord. Rostral projections to higher brain centers in rodents, however, do not appear to contain both 5-HT and SP. Selective lesioning of 5-HT neurons with the neurotoxin 5,7-dihydroxytryptamine (with desipramine coadministered to protect noradrenergic neurons) depleted forebrain 5-HT but not SP in the periaqueductal grey, hypothalamus and cingulate cortex (53). Similarly, treatment with another 5-HT neurotoxin, p-chloroamphetamine, either did not affect or increased SP concentrations in forebrain regions studied, raising the possibility of 5-HT/SP interactions other than colocalization (54). In primates, it is possible that SP and 5-HT coexist within both descending and ascending projections, based on the extensive colocalization of both neurotransmitters throughout neurons of the various dorsal raphe subdivisions (55–57), and to a lesser extent within the median raphe nucleus (57). We are unaware of any studies specifically examining colocalization of SP in CNS noradrenergic pathways.

Intracerebroventricular (ICV) administration of SP to rats (58) or guinea pigs (59) produces an increase in plasma catecholamine concentrations; the brain loci involved in mediating SP-induced sympathetic outflow have not been directly identified. One candidate region is the lateral spinal nucleus, which is SP receptor-positive (60) and which sends projections to the intermediolateral cell column (61). Brainstem nuclei including the locus coeruleus may also contribute to SP-induced sympathetic activation. The effect of SP on CNS noradrenergic projections from locus coeruleus neurons is uncertain. SP applied directly to the locus coeruleus is

excitatory (62) via an action on NK₁ receptors (63), producing increased inward cation current and decreased potassium current (64). ICV administration of the rat NK₁ receptor antagonist, RP 67580 results in attenuated responsiveness of locus coeruleus neurons to acute restraint stress as assessed by determination of the number of c-fos immunopositive cells (65), whereas systemic administration of an NK₁ receptor antagonist enhances locus coeruleus firing in response to stress (66). Consistent with the latter finding is the recent report that acute, intravenous administration of NK₁ receptor antagonists produces an attenuation of the suppressant effect of the α_2 -adrenergic agonist clonidine on locus coeruleus neuronal activity (66a). It remains to be determined what effect chronic NK₁ receptor blockade has on locus coeruleus neurons; diminished noradrenergic responsiveness to stress has been shown to occur following chronic administration of many antidepressant agents (49).

Studies are lacking regarding the electrophysiologic effect of SP on raphe nucleus neurons, or on serotonin release and turnover by these neurons following local SP administration. The raphe nucleus is innervated by SP-ergic neurons, most likely projecting from outside the brain stem (67). Microinfusion of the SP analog dimethyl-C7 into the median raphe nucleus produced increased locomotor activity (68); another group demonstrated hyperactivity after infusion of peptide agonists at NK₂ and NK₃, but not NK₁ receptors (69). Increased heart rate and blood pressure were demonstrated following SP microinfusion in the dorsal raphe nucleus (70). It is postulated, therefore, that NK₁ receptor activation in raphe neurons produces an increase in serotonergic neuron firing. Studies are lacking to determine whether all subregions of the raphe complex respond similarly to SP. Very recently, NK₁ receptor knockout mice displayed a marked reduction of anxiety and stress-related behaviors (70a). This was associated with a selective desensitization of somatodendritic 5-HT_{1A} autoreceptors. Acute pharmacological blockade of NK₁ receptors with RP 67580 increases 5-HT firing rate, presumably via desensitization of 5-HT_{1A} autoreceptors. The effects of chronic NK₁ receptor antagonist administration upon serotonergic neurotransmission are not known. It is commonly, though not universally, accepted that chronic antidepressant drug treatment results in a net increase in serotonergic neurotransmission in the CNS (49).

SP appears to play an important role in stress-activation of mesocortical dopamine (DA) neurons, as shown by increased cortical DA turnover following injection of dimethyl-C7 into the ventral tegmental area (32) and the failure of footshock to induce cortical DA turnover following injection of anti-SP antibody into the ventral tegmental area (71). In the absence of anti-SP antibody, footshock stress causes SP depletion in the ventral tegmental area (72).

Other types of SP monoaminergic interactions have not been investigated in any systematic fashion. In electrophysiologic experiments, the excitatory effect of SP on rat cingulate cortex neurons was reduced by norepinephrine application, and less consistently by 5-HT (53). Striatal PPT mRNA expression is apparently regulated positively by 5-HT; e.g. systemic p-chlorophenylalanine (a 5-HT synthesis inhibitor) administration decreased PPT mRNA, whereas 5-HT₂ agonist

administration increased PPT mRNA (73). In summary, the extant database regarding monoamine-SP interactions supports the possibility of antidepressant-like actions of NK₁ receptor antagonists.

Behavioral Activity of Centrally Administered Tachykinin Receptor Agonists

The most extensive research on SP has been in relation to its role in nociception. This peptide was shown in the late 1970s to be concentrated in primary nociceptive fibers (74), to excite spinal cord units that respond to noxious stimuli (75), and to be depleted following intrathecal capsaicin administration (which also increases the pain threshold of these rats) (76). Unfortunately, research in this area has failed to generate any novel analgesic compounds in clinical practice (76a). In this section we review the understudied topic of behavioral responses of laboratory animals after CNS administration of SP and SP-like compounds, particularly those relevant to the potential antidepressant efficacy of SP receptor blockade. Active investigation has also been conducted regarding the potential use of SP antagonists as antimigraine and antiemetic agents, comprehensively reviewed elsewhere (77, 78).

Because no well-established pattern of behaviors in laboratory animals leads to the designation of a particular compound as “depressogenic,” behavioral experiments after agonist administration provide at best indirect evidence of the involvement of SP receptor activation in depression. By contrast, several readily observed behaviors correlate well with a drug’s (e.g. benzodiazepine partial and full inverse agonists) anxiogenic potential. These behaviors include inhibition of social interaction, defensive behavior, and reduced exploration of open, unprotected spaces. Results of several studies suggest that tachykinin receptor activation in one or another brain region may produce anxiety-like states. A larger body of literature has documented behavioral effects such as repetitive foot-drumming and grooming, which are of less clear relevance to mood or anxiety disorders in humans. Studies in which tachykinins were administered peripherally are difficult to interpret owing to the possibility of side effects on pain sensation and blood pressure, as well as to limited (if any) blood-brain barrier permeability; these studies are not included in this discussion.

Several studies have demonstrated aversion and/or anxiety-like behavior following central administration of neurokinin receptor agonists. The place conditioning paradigm, in which rats are allowed to choose or avoid spending time in a compartment that has previously been paired with drug administration, has been used to demonstrate the aversive quality of central SP administration. For example, subchronic ICV administration of the dimethyl-C7 analog resulted in conditioned place aversion (79). Intracerebroventricularly administered SP, neurokinin A, and NK₁- or NK₂-selective agonists all produced an anxiogenic effect in the mouse elevated plus-maze test (80). In this behavioral test, which typically utilizes rats or mice, reduction of entries into or time spent within open, unprotected arms of the maze is interpreted as anxiety behavior. Of note, in most cases the SP agonists

produced dose-response curves with a biphasic profile in which high doses were ineffective, suggesting effects on multiple receptor subtypes, diffusion to additional brain regions, or non-specific effects of high-dose drug administration.

SP has been microinjected into a number of brain regions, in an effort to ascertain potential neuroanatomical pathways involved in the production of anxiety or specific behaviors. Microinjection into the rat periaqueductal grey causes both anxiogenesis, as assessed in the elevated plus-maze (29) and conditioned place aversion (81). High doses were less effective than intermediate doses tested, perhaps secondary to diffusion to neighboring brain regions in which SP exerts opposite effects. Conversely, microinjection of SP into the rat nucleus basalis magnocellularis, a cholinergic nucleus involved in memory and reinforcement, produced anxiolytic rather than anxiogenic effects in the elevated plus-maze and social interaction tests (82). Moreover, SP, via NK₁ receptors, induced place preference rather than aversion when injected into this region (83, 84). These studies indicate further that tachykinin receptor activation can exert multiple behavioral effects depending on the specific brain region(s) involved.

In guinea pigs, ICV administration of the peptide NK₁ agonist GR resulted in prolonged vocalizations (2). It is interesting that acute pretreatment with the tricyclic antidepressant imipramine or the selective serotonin reuptake inhibitor (SSRI) fluoxetine, but not anxiolytics, greatly attenuated the vocalizations. Not surprisingly, NK₁ receptor antagonist pretreatment also blocked the acute effect of the SP agonist. Although this behavioral assay is not generally used to screen for novel antidepressants, the results of these studies suggest that SP is "depressogenic." The interpretation of these findings is, however, complex. The antidepressant efficacy of imipramine and fluoxetine requires prolonged treatment, not acute administration as was performed in this study. Moreover, it remains to be demonstrated whether chronic NK₁ agonist administration is active in animal models of depression such as learned helplessness.

In a variety of animals, CNS administration of SP induces one or another pattern of repetitive motor activity that is not clearly related to any specific, human neuropsychiatric disorder. Like many other neuropeptides [eg., ACTH, bombesin, oxytocin, prolactin, CRF and urocortin (85-88)], SP produces grooming and scratching behavior in rats after ICV administration (89). Similarly, central SP or NK₁-selective SP analog administration (90, 91), and to a lesser degree neurokinin A analog administration (91), produces grooming and scratching in mice. The substantia nigra is likely a major anatomic site mediating this grooming behavior (31), and it is dopamine D₁ receptor-dependent (92). In contrast, ICV SP-induced grooming is blocked by the more D₂-selective antagonist, haloperidol (89). Intrathecal SP administration in mice causes a scratching response that resembles the response to a noxious, painful stimulus (93) and is distinct from the grooming behavior in ICV-injected rodents. As noted previously, clinical trials of NK₁ receptor antagonists have failed to show analgesic properties (76a).

In gerbils, ICV administration of NK₁ receptor agonists produces repetitive hind paw tapping, which is suggested to resemble a warning response in this

species, without overall locomotor activation (94). Guinea pigs respond to SP administration with locomotor hyperactivity, wet-dog shakes and face-washing behavior (59); selective NK₁, but not NK₂ or NK₃ receptor agonist administration, mimics SP- induced locomotor activation (95).

In general, most of the behavioral effects of SP described above can be attributed to NK₁ receptor activation. However, as noted earlier, NK₂ receptor activation is reportedly anxiogenic (80). The NK₃ agonist senktide was recently shown to produce anxiolysis in the mouse elevated plus-maze paradigm (96). Senktide administration also produces wet-dog shakes in guinea pigs similarly to NK₁ agonist administration (95). It is unclear whether NK₂ or NK₃ agonist administration would produce behavioral effects in humans.

Effects of Stress on Substance P Systems

Stressful life experience is now believed to play a major role in precipitating episodes of many neuropsychiatric disorders including major depression, and laboratory stressors can produce behavioral and physiological changes resembling depression or other disorders (97). For these reasons, it is of particular interest to examine the influence of experimental stressors on SP neurotransmission.

Experimental stressors of various types (acute and chronic, physical and psychological) are known to alter the synthesis and/or secretion of various neuropeptides, including CRF, vasopressin, neuropeptides, opioid peptides and somatostatin in various brain regions (98). SP neurons are also responsive to aversive stimuli. Intermittent footshock in rats reduces SP content in the ventral tegmental area (72, 99), olfactory tubercle (100), and several hypothalamic nuclei (101). Increased SP concentrations were observed in the medial septum and dentate gyrus (100). Acute decreases in peptide content are believed to result from depletion following bursts of synaptic release, diffusion, and/or peptidase activity. Explanations for acute increases in peptide concentration during a time frame too brief to be accounted for by new peptide synthesis and transport are obscure but could reflect diffusion from nerve terminals adjacent to the dissection or perhaps greater efficiency of peptide extraction from extracellular than intracellular compartments. Other reported stress-induced changes in SP concentrations include the following: (a) decreases in the septum, striatum and hippocampus following one hour of immobilization (102), (b) increases in periaqueductal grey, and (c) decreases in nucleus accumbens following saline injection (103). Isolation (one day or one week) caused a modest increase in SP content in the dorsal periaqueductal grey but not in the hippocampus or amygdala (104). SP content was decreased in the frontal cortex and increased in the nucleus accumbens and amygdala following whole-body vibration (105). Finally, chronic (14-day) adjuvant-induction of arthritis was associated with an increase in SP concentration in the median eminence/arcuate nucleus and in the paraventricular nucleus of the hypothalamus (106). It is worth noting that NK₁ receptor activation in the hypothalamus inhibits synthesis and secretion of CRF (reviewed in 107). Because patients with depression exhibit

hypersecretion of CRF and hypothalamic-pituitary-adrenal (HPA) axis hyperactivity (97), it is not initially intuitive from this standpoint that NK₁ receptor antagonists would be beneficial in depression. However, extrahypothalamic, not hypothalamic, CRF systems likely play a seminal role in the pathogenesis of depression.

The NK₁ receptor undergoes rapid endocytosis following ligand binding and activation (108). Internalization of NK₁ receptors (109), as in the case of β -adrenergic receptors (110), is necessary for dephosphorylation of desensitized receptors and recycling of receptors to the membrane surface. Decreases in SP receptor binding in the septum and amygdala/piriform cortex of immobilized rats (102) likely reflect stress-induced receptor activation and internalization, though SP concentration itself was unaltered in the amygdala/piriform cortex in this study. Using immunocytochemistry, Rupniak and colleagues have demonstrated NK₁ receptor internalization in the basolateral amygdala following maternal separation in guinea pig pups (2) and after immobilization in gerbils (111); the latter response is prevented by systemic administration of the NK₁ receptor antagonist, L-760,735.

Several stress regimens have been used as a basis for the development of animal models of depression. To our knowledge, no studies of SP peptide content or gene expression in these animal models have been published. We have conducted preliminary studies of PPT-A gene expression in adult rats subjected as neonates to repeated maternal separation, a model which has been used to model anxiety and/or depression (112, 113). No differences in PPT-A mRNA levels in the medial amygdaloid nucleus, medial habenula, or nucleus of the solitary tract were observed relative to controls (S Stout, unpublished data).

In summary, numerous alterations in SP synthesis and/or release and NK₁ receptor activation have been reported following exposure to acute or chronic stressors. In most cases, these changes are suggestive of SP neuronal activation by stress. The pattern of activation, or in some cases inhibition, is likely dependent on the timing and precise nature of the stressor. Brain regions of particular interest include the amygdala, hypothalamus and other limbic sites, cerebral cortex, ventral tegmental area, nucleus accumbens, and periaqueueductal grey. Collectively these nuclei take part in the processing of motivation, reward, and physiologic and cognitive responses to fear, and as such are of great relevance to mood and anxiety disorders.

Transgenic Animals

Transgenic mice lacking the NK₁ receptor have been reported to undergo essentially normal development and display normal withdrawal responses to acute, painful stimuli (114). However, these mice did not display a normal analgesic response to swim stress, and they displayed very little aggression when confronted with an unfamiliar, intruder mouse. There was no effect of the gene deletion on behavior in the open-field test of anxiety. Although another signaling pathway (e.g. NK₃ receptor-mediated) may have compensated by adapting a novel function in these animals compared with wild-type mice, the results appear to implicate

NK₁ receptor activation in the adaptive more than in the anxious response to threat. Ultrasound vocalizations of neonatal mice subjected to maternal separation are significantly less frequent in the NK₁ receptor knockout as compared with wild-type mice, a reduction similar to the one observed in anxiolytic- or antidepressant-treated mice (115). Transgenic mice in which the PPT-A gene encoding SP and neurokinin A is deleted have also been generated (116). These animals do display a diminished responsiveness to acute, intense pain, in contrast to the data reported in NK₁ knockout mice. To our knowledge, behavioral analysis pertinent to the neurobiology of depression or anxiety disorders has not been conducted in the PPT-A knockout mice.

Effects of Antidepressant Drugs and Electroconvulsive Stimuli on SP Systems

Contrasting findings have been reported with respect to the effect of antidepressant treatment in SP tissue concentrations. In the study with the highest internal consistency, 40-day treatment with any of five different antidepressant agents resulted in a modest reduction of SP concentration in the striatum, substantia nigra, and amygdala (117). By contrast, 14-day treatment with chlorimipramine, nortriptyline, or amitriptyline did not change SP concentrations in the amygdala, cingulate cortex, nucleus accumbens or hypothalamus (118). In another study, repeated injections with desipramine for 14 days did not alter substantia nigra SP concentrations (119). Finally, 14-day treatment with amoxapine or amitriptyline did not change SP concentration in the hypothalamus or cerebral cortex (120). Thus, these studies collectively argue that chronic antidepressant administration does not likely reduce SP concentrations in the rat CNS. Some of the differences between these studies may reflect different durations of treatment [i.e. more than 14 days may be required for some effects on SP concentration, though neurochemical effects of antidepressants in rodents generally require fewer than 14 days of treatment (121–124)]. The drugs chosen, doses, routes of administration, and antisera used in the SP assays also varied between these studies.

There is some evidence that antidepressant treatment may actually increase SP concentration in the periaqueductal grey. Two-week administration of the tricyclic antidepressant imipramine, the SSRIs zimelidine, or alaproclate increased SP and neurokinin A/B concentrations in the periaqueductal grey (125), though these effects were not reproduced in each experiment reported in this series. Mixed effects in the frontal cortex and no effect in the hypothalamus or raphe nucleus were found. A second study by this group, however, failed to demonstrate any effect of tricyclic antidepressant or alaproclate treatment on SP concentration in the periaqueductal grey (118). A third study did show increased SP and neurokinin A concentrations in the periaqueductal grey and increased extracellular SP concentration in the periaqueductal grey region as sampled by microdialysis, following acute alaproclate administration (126). Because SP administration in the periaqueductal grey is aversive and anxiogenic, it is counterintuitive that antidepressant agents would

increase the concentration of this peptide. More in accordance with prediction, acute treatment with the anxiolytic compound diazepam reduced SP concentration in the rostral hippocampus and dorsal periaqueductal grey (104). Obviously tissue peptide concentration is a relatively crude measure of peptidergic circuit activity.

A few studies have examined PPT-A gene expression following antidepressant drug treatment. Transient decreases in medullary raphe PPT-A mRNA expression following subchronic chlorgyline, a monoamine oxidase inhibitor, and zimelidine treatment have been reported (127). Neurons in this region project to the spinal cord, where decreases in SP concentration were detected following antidepressant treatment (125), though not in this study. As noted previously, ascending projections from rodent raphe neurons have not been shown to contain SP; perhaps of more relevance to the pathobiology of depression is determining if ascending pathways in nonhuman primates are affected. In a second study, treatment with zimelidine for 5 but not 14 days, or chronic chlorgyline treatment significantly increased striatal γ PPT mRNA expression (128). Finally, our group did not observe a change in PPT-A gene expression following 26-day treatment with the antidepressants fluoxetine, reboxetine, venlafaxine, or tranylcypromine in various basal forebrain structures, including the striatum (129); brainstem nuclei such as the medullary raphe were not examined in this study. In summary, conflicting evidence exists for either SP concentration or PPT-A gene expression changes in response to antidepressant drug treatment.

Electroconvulsive shock (ECS) in rats, used as a model for human electroconvulsive therapy, resulted in a 43% decrease in preprotachykinin-A mRNA in the dorsolateral caudate-putamen following daily administration for six days (130), a report opposite to the effects of subchronic zimelidine or chronic chlorgyline administration noted above. Conversely, SP concentrations were unaffected in the striatum and other brain regions following ECS (131). Other reports from this group have demonstrated positive dopaminergic regulation of striatal PPT-A mRNA expression (132); for example, chronic administration of the D₂ receptor antagonist and antipsychotic haloperidol, but not atypical antipsychotic drugs, resulted in a reduction in PPT-A mRNA expression in the dorsolateral caudate-putamen and nucleus accumbens (133). Electroconvulsive therapy is known not only for its efficacy in treatment of major depression but particularly for depression with psychotic features and the manic phase of bipolar illness (134). Therefore, it is possible that effects of ECS on striatal SP neurotransmission may be related to antimanic or antipsychotic potential, rather than an antidepressant effect per se. Differences between the aforementioned study results may also merely reflect methodologic differences such as the time courses of treatment, splice variants that were probed, and the striatal subdivisions chosen for image analysis.

Preclinical Evaluation of Neurokinin Receptor Antagonists

Selective, nonpeptide antagonists of the various tachykinin receptor subtypes were not available prior to 1991 (135). These antagonists are highly species-dependent

in terms of their relative potencies (136–138) (see Table, Figure 2). In general, antagonists that bind potently to human NK₁ receptors bind similarly to guinea pig and gerbil NK₁ receptors, and these compounds have lower affinity for rat and murine NK₁ receptors. By contrast, the antagonist RP 67,580 preferentially binds to rat and mouse NK₁ receptors rather than guinea pig receptors. For this reason, behaviors produced in guinea pigs and gerbils by tachykinin agonist administration have proved useful for the identification of potential NK₁ receptor antagonists with favorable qualities for evaluation in humans, such as oral bioavailability and brain penetrance. However, models of anxiety and depression are much better established in rodent species, and therefore many neuropharmacologic studies have been carried out in rats and mice.

Behavioral models for testing compounds with antidepressant potential include those that are strictly drug screening tests based on empirically observed properties of antidepressants in animals unrelated to depressive symptomatology and those designed to resemble one or more symptom of depression. An example of the former type is the rat forced swim test, as originally formulated by Porsolt (139), in which antidepressant agents increase struggling and decrease passive floating. Tests that model depressive symptoms include chronic

TABLE 1 Preclinical Evaluation of Nonpeptide NK₁ Receptor Antagonists

Compound	Species selectivity	Anxiolytic activity	Antidepressant activity	Reference(s)
CP-96345	h, ^a gp, ^b g ^c > r, ^d m ^e	no	f	141
RP 67,580	r, m > gp			151
WIN 51708	r > h			152
FK 888	h > r	yes		80, 153
FK 224	h ~ r			153
CGP 49823	g > r	yes		143, 154
SR 140333	r ~ h ~ gp			155
GR 203040	h, g > r			156
SZT NKT 343	h, g, gp > r			157
CP 122,721	h, gp > r			158
LY 303870	h, gp > r, m			159
L-733,060	h, g, gp > r	see text	see text	2

^ah = human

^bgp = guinea pig

^cg = gerbil

^dr = rat

^em = mouse

^fblank = not tested; ; ;

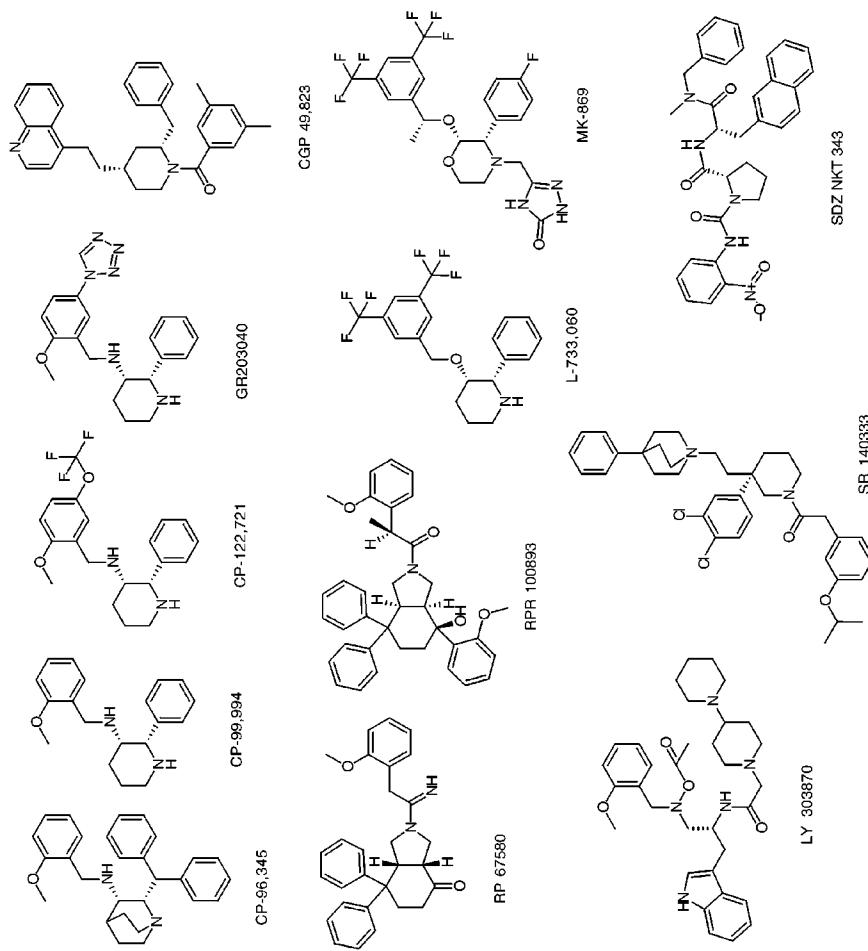


Figure 2 Chemical structures of neurokinin₁ antagonists.

mild stress-induced anhedonia, in which rats subjected to various stressors develop an increased threshold for rewarding stimuli such as intra-accumbens electrical stimulation. Unlike tests of anxiety, behavior modification in these models is generally unidirectional; i.e. “depressogenic” compounds are not commonly identified in this manner. Aside from equivocal results in the swim test (140), published studies are lacking regarding activity of tachykinin receptor antagonists in these models.

As noted previously, maternal separation of neonatal animals has been used as a model of anxiety or depression (112, 113). Relatively brief manipulation of these animals produces long-term endocrine and behavioral sequellae, which are responsive to antidepressant administration. Although the effects of NK₁ receptor antagonists on the long-term consequences of maternal deprivation have not been reported, Rupniak and colleagues did report that systemic pretreatment with L 733,060 or other NK₁ receptor antagonists reduced the vocalizations of guinea pig pups (2) or neonatal mice (115) subjected to maternal separation. Most importantly, antidepressant and anxiolytic agents reduced guinea pig vocalizations as well. Clearly, more preclinical studies are required in order to evaluate the antidepressant activity of NK₁ receptor antagonists.

Evidence in laboratory animals is equivocal regarding the anxiolytic potential of NK₁ receptor antagonists. In the mouse black-and-white box test (similar in principle to the elevated plus-maze), systemic administration of CP 96,345 produced overall motor impairment but no anxiogenic or anxiolytic effect per se (141). Newer NK₁ receptor antagonists have not been reported to produce motor impairment; in general the more recent compounds have higher selectivity for the NK₁ receptor with lower affinity for other sites such as sodium and calcium channels (142). ICV injection of the NK₁ receptor antagonist, FK 888, produced anxiolytic effects in the mouse elevated plus-maze test (statistical significance depended largely on analysis of percent time in open arms of the maze rather than on analysis of percent of entries) without altering overall locomotor activity or motor coordination (80). The antagonist compound CGP 49823 reportedly produced anxiolysis in rats placed in an unfamiliar environment (143) and in the rat social interaction test (140), but according to the latter abstract was ineffective in the elevated plus-maze test (140).

The behavioral and physiologic effects of tachykinin receptor antagonists have been further described in other experiments not directly related to antidepressant or anxiolytic potential. ICV SP administration increased heart rate and blood pressure, effects that were reversed by CP 96,345 (144); neurokinin A and NK₂ receptor antagonists produced effects similar to SP and CP 96,345, respectively. Subsequently, many brain regions have been identified that elicit pressor responses to SP microinjections, including the locus coeruleus, periaqueductal grey, parabrachial nucleus, rostral ventrolateral medulla, central nucleus of the amygdala, paraventricular nucleus, and other hypothalamic nuclei (27). In a related study, ICV NK₁, but not NK₂ receptor blockade, reduced the cardiovascular response (increase in heart rate and mean arterial pressure) of rats exposed to acute stress induced by

s.c. injection of formalin (145). The doses required to produce this effect were reportedly less than those required to produce antinociception following intrathecal administration. However, the interpretation of the NK₁ receptor antagonist effect as a disruption of a general, physiologic stress response would have been clearer if a nonpainful stressor had been chosen in this study.

Microinjection of NK₁ receptor antagonists, CP 96,345 or CP 99,994 into the caudal pontine reticular nucleus, a relay nucleus involved in processing acoustic stimuli, blocked footshock-induced sensitization of the acoustic startle response (146). One source of SP neurons projecting to this region is the laterodorsal tegmental nucleus; there are no known direct SP-ergic projections from the central nucleus of the amygdala (147), a region necessary for acoustic startle response sensitization (148).

Systemic CP 96,345 administration, or microinjection directly into the medial hypothalamus of cats results in blockade of the facilitation of hypothalamic-stimulated defensive rage behavior by medial amygdaloid electrical stimulation (149). These results, along with the demonstration of a direct medial amygdaloid-medial hypothalamus pathway, suggest that when activated, neurons in the medial amygdaloid nucleus (a region of peak PPT-A expression within the brain) release SP from nerve terminals in the hypothalamus, resulting in potentiation of certain fear- or stress-induced behaviors.

At least two studies have indicated a possible anxiolytic profile of NK₂ receptor antagonists, despite the reportedly sparse distribution of this receptor in the CNS. Acute peripheral injection of the NK₂ receptor antagonists SR 48968 and GR 159897 produced an increase in the amount of time mice or marmosets spent in exposed or potentially threatening locations, in light-dark box and human confrontation tests, respectively (150). ICV administration of SR 48968 was also anxiolytic in the mouse elevated plus-maze test (80). The antidepressant activity of NK₂ receptor antagonists in animal models has not been studied.

CLINICAL STUDIES

Cerebrospinal Fluid (CSF) and Postmortem Measurements of Substance P

In the absence of a direct method for obtaining neurochemical measurements of CNS activity in humans, neurotransmitters and metabolites are frequently measured in cerebrospinal fluid (CSF) samples obtained by lumbar puncture in psychiatric patients and controls. Although there are certainly limitations to this method, such as the lack of anatomic resolution and the preferential sampling of neurotransmitters released from brain regions in proximity to the ventricular system, the blood-brain barrier ensures that a change in neurotransmitter concentration in a particular patient population can at least be assumed to represent some sort of change in CNS activity. CSF findings in studies of depressed patients include

increased CRF (160), decreased somatostatin (161), and decreases in the serotonin metabolite 5-HIAA, particularly within impulsive and/or suicidal subgroups of patients (162).

The measurement of CSF SP concentrations in depressed patients is an under-studied area. Rimón et al (163) reported that depressed patients exhibited a fourfold mean elevation in SP-like immunoreactivity. Electrophoresis patterns also indicated an increase in SP degradation in the depressed group. A second study from the same investigators was not sufficiently powered to examine changes in depression, but it was noted that the three patients with depression had a substantially higher mean CSF SP concentration than did controls or patients with personality disorders, though the differences were not statistically significant (164). In neither study was SP concentration significantly altered in schizophrenic patients relative to controls. The findings of increased CSF SP in depression were not replicated by a second group (165), though the patient populations in the two studies differed widely. Furthermore, lower rather than higher CSF SP concentrations correlated with psychic anxiety and self-reported symptoms of sadness and inner tension in a group of nondepressed patients, most of whom suffered from chronic pain syndromes (166). Obviously, the relevance of the latter study to patients with mood disorders is unclear. In a study that unfortunately did not include healthy controls, successful treatment of depression with fluoxetine for six weeks did not significantly alter CSF concentration of (N-terminally extended) SP in these patients (167). Treatment effects on CSF SP concentrations have not been examined in any subsequent, published studies. To our knowledge, there have in fact been no studies of CSF SP in depression in the past decade. Without further data, it is impossible to draw conclusions from the extant, contradictory literature.

A second method commonly employed to examine the involvement of a neurotransmitter system in human disorders is postmortem examination of human tissue. In most of these studies, patterns of gene expression or membrane receptor density rather than neuropeptide concentration have been studied owing to a variety of technical reasons. In a study of NK₁ receptor autoradiography in cingulate cortex of controls, and patients with schizophrenia, unipolar and bipolar depression collected by the Stanley Foundation, total receptor binding was unchanged, but a decrease in superficial/deep cortical layer NK₁ receptor density ratio was noted in the unipolar depression group (168). Clearly, further work is required to characterize more fully the regional pattern of SP and NK₁ receptor expression in depression.

Clinical Trials

The preclinical studies and CSF and postmortem data reviewed above do not establish a clear link between SP neurotransmission and depression. The reported antidepressant efficacy of the NK₁ receptor antagonist, MK-869 (2) was therefore a surprise to the field. MK-869 was selected from among various NK₁ receptor

antagonists under development based on its affinity for human receptors, oral bioavailability, selectivity, brain penetrance, and favorable pharmacokinetics. Regarding selectivity, it is important to note that MK-869 has little or no affinity for serotonin, norepinephrine and dopamine transporters, or for monoamine oxidase A and B. Therefore, any efficacy of the drug may be assumed to result from its action on NK_1 receptors.

In a double-blind study of 213 patients randomly assigned to once-daily placebo, the SSRI paroxetine (20 mg) or MK-869 (300 mg), clinical improvement as measured with the 21-item Hamilton rating scale for depression (HAM-D) was virtually identical over a 6-week period in the paroxetine and MK-869 groups (Figure 3). The therapeutic delay period was also similar in the two groups. In addition, the NK_1 receptor antagonist reduced symptoms of anxiety, as measured by the Hamilton anxiety scale (HAM-A) (Figure 3). Thus far, results of NK_1 receptor antagonists in patients with anxiety disorders have not been reported.

Of note, MK-869 did not produce significantly higher rates of any side effect reported, when compared with placebo or paroxetine, and was associated with a substantially lower incidence of sexual dysfunction when compared to paroxetine (3% vs. 26%). This side effect is one of the principal liabilities of paroxetine and the other SSRIs; in fact, rates much higher than 26% have been reported (169, 170) when patients are specifically asked about this side effect. In summary, the report indicated that NK_1 receptor antagonists may possibly offer similar efficacy in certain patient populations to established antidepressant agents with a more favorable side effect profile.

Such a dramatic finding begs for confirmation and several clinical trials are currently underway to test the hypothesis that NK_1 receptor antagonists are effective antidepressants and/or anxiolytics. In a second trial, MK-869 apparently did not demonstrate higher efficacy than placebo (171). A more potent NK_1 receptor antagonist has subsequently been brought into clinical trials; no data have been published regarding this second Merck compound at the time of this writing.

CONCLUSIONS

With the exception of the report from the Merck group detailing preclinical development of NK_1 receptor antagonists and the antidepressant efficacy of the compound, MK-869, a systematic literature review failed to provide strong evidence for the antidepressant efficacy of this class of compounds. In most cases, insufficient and/or contradictory evidence exists to establish particular arguments for or against the involvement of SP in depression. Alterations in SP synthesis and secretion in animal models of depression, and the effects of NK_1 receptor antagonists in these models are essentially untested. Measurement of SP in human tissue is a neglected field: To date it is equivocal whether CSF SP is altered in depression, and studies of PPT-A gene expression in postmortem brain tissue of depressed patients are lacking.

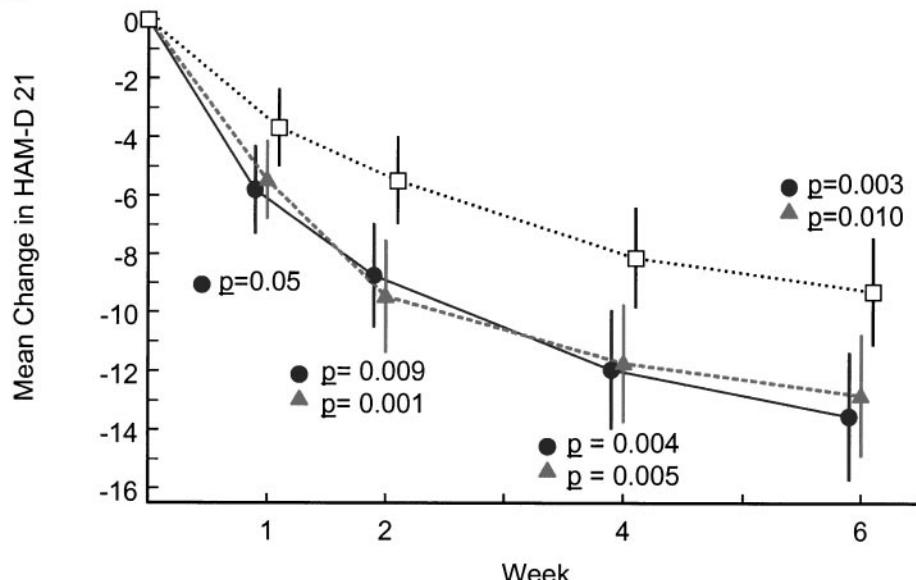
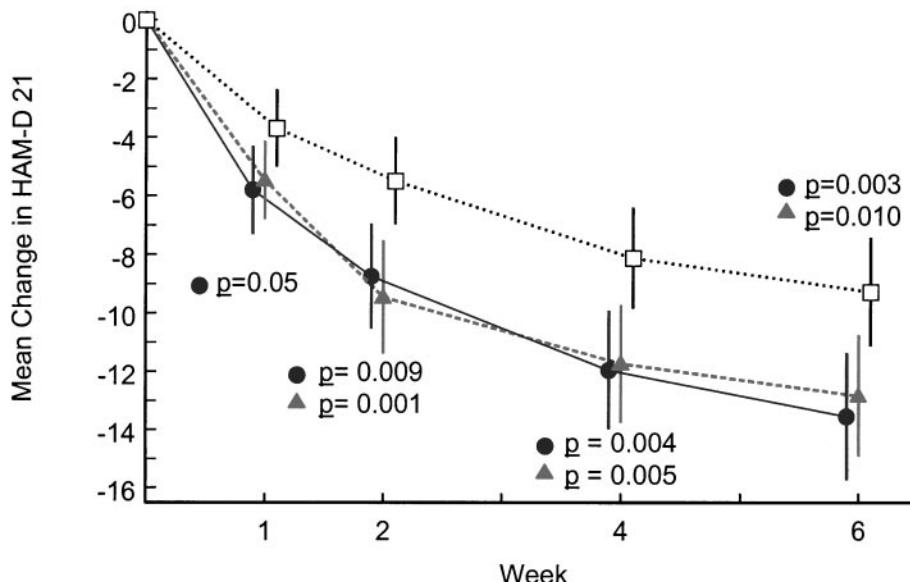
A**B**

Figure 3 Effect of treatment with MK-869 (300 mg/day) or paroxetine (20 mg/day) on mean change from baseline on the Hamilton Depression Scale (HAM-D21) (A) and the Hamilton Anxiety Scale (14 items), (B) in patients with major depressive disorder. Comparisons are of MK-869 (dark circles, $n = 66$) or paroxetine (grey triangles, $n = 68$) versus placebo (open squares, $n = 64$). Error bars show 95% confidence intervals. Reprinted with minor modifications, with permission (2). Copyright 1998, American Association for the Advancement of Science.

The rich anatomic distribution of SP and NK₁ receptor-expressing neurons in limbic and monoaminergic regions of the brain is certainly compatible with the involvement of SP-ergic neurotransmission in depression and/or antidepressant efficacy. Studies to date have identified several regions and pathways of particular interest, including the following: (a) a medial amygdala projection to the hypothalamus involved in potentiation of defensive rage behavior, (b) the locus coeruleus, in which NK₁ receptor activation may stimulate noradrenergic neuronal firing in response to stress, (c) the periaqueductal grey, which is heavily innervated by SP neurons and which has long been shown to be involved in behavioral and physiologic fear responses. These and other regions in the brain serve as plausible loci for mediating antidepressant responses to NK₁ receptor antagonist administration. Considerable, additional basic science efforts to determine the neurochemical and physiologic role of SP in these various brain regions may yield further insight into the psychopharmacologic potential of NK₁ receptor antagonists.

Based on the limited research in this field, the role of SP neuronal pathways in depression is unclear. However, the findings of the first clinical trial of an NK₁ receptor antagonist in depression are encouraging and should stimulate further preclinical and clinical evaluation of these compounds. The limitations of current antidepressant medications, including the delay for a full therapeutic response, a substantial rate of nonresponders, and bothersome side effect profiles, merit the full exploration of all plausible agents with novel antidepressant mechanisms of action.

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