

A tachykinin NK₁ receptor antagonist attenuates the 4 β -phorbol-12-myristate-13-acetate-induced nociceptive behaviour in the rat

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Abstract

Antinociceptive effect of a tachykinin NK₁ receptor antagonist ezlopitant [(2*S*,3*S*-*cis*)-2-(diphenylmethyl)-*N*-{(2-methoxy, 5-isopropylphenyl)methyl}-1-azabicyclo[2.2.2]octan-3-amine] was investigated in the 4 β -phorbol-12-myristate-13-acetate (PMA)-induced nociceptive test in the rat. Intraplantar injection of PMA-induced paw-licking and flinching behaviour lasted up to 120 min and was accompanied by inflammatory reactions, such as swelling and invasion of granulocytes. Pretreatment with resiniferatoxin [200 μ g/kg, subcutaneous (s.c.)] blocked the PMA-induced nociceptive behaviour, suggesting that vanilloid VR₁ receptor-expressing primary sensory neurons play a major role in this response. Subcutaneous pretreatment with ezlopitant (0.3–30 mg/kg) and morphine (0.3–6 mg/kg) caused a dose-dependent inhibition of the behaviour. Ezlopitant (3–30 mg/kg) given subcutaneously after PMA injection also significantly attenuated the behavioural response. When administered intrathecally, ezlopitant and a nonselective glutamate receptor antagonist MK-801 had an inhibitory effect, whereas CJ-12,191, an inactive isomer of ezlopitant, was unaffected. These results suggest that spinal tachykinin NK₁ receptors contribute to processing of ongoing pain associated with peripheral inflammation.

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1. Introduction

Substance P has been considered to act as an important neurotransmitter implicated in the transmission of nociception. Substance P is contained in small diameter primary sensory fibers and is released into the dorsal horn of the spinal cord following noxious stimulation (Duggan and Hendry, 1986; Tiseo et al., 1990; Ribeiro-da-Silva and Hökfelt, 2000). Substance P preferably binds to and activates tachykinin NK₁ receptor, which is concentrated in laminae I of the spinal dorsal horn in a variety of species including human, monkey, and rat (Ding et al., 1999; Yu et al., 1999; Nakaya et al., 1994; Todd et al., 2002).

Selective tachykinin NK₁ receptor antagonists have been shown to be active in the second phase of the formalin test, used as a model of inflammatory pain (Chapman and Dickenson, 1993; Gonzales et al., 2000; Henry et al., 1999; Rupniak et al., 1996; Traub, 1996; Yamamoto and Yaksh, 1991). In this test, intraplantar injection of formalin solution elicits nociceptive behaviour, such as paw licking and flinching, accompanied by neuronal excitation in the dorsal horn of the spinal cord. It was reported that pretreatment with PD 156982, a tachykinin NK₁ receptor antagonist that poorly penetrates into the central nervous system, had no effect on the nociceptive response (Gonzales et al., 2000). In addition to this, an intrathecal injection of a tachykinin NK₁ receptor antagonists CP-96,345 was reported to suppress the second phase response, but an injection of CP-96,344, an inactive isomer of CP-96,345, had no effect (Henry et al., 1999; Yamamoto and Yaksh, 1991). Thus, it is likely that

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the primary site of analgesic action of tachykinin NK₁ receptor antagonists is in the spinal cord.

Taniguchi et al. (1997) reported that an intraplantar injection of 4 β -phorbol-12-myristate-13-acetate (PMA), a protein kinase C (PKC) activator, induces paw licking, and flinching behaviour lasted over 45 min in rats. Souza et al. (2002) also showed that, in mice, a PKC activator phorbol-12,13-didecanoate causes long-lasting paw-licking behaviour (\sim 120 min), which is completely blocked by coinjection of a PKC inhibitor. Mechanisms for this PKC-dependent nociceptive response were discussed and found to be, at least in part, the development of peripheral inflammation. Based on these previous reports, there appears to be similarities between PMA and formalin tests. Both of them cause spontaneous nociceptive behaviour associated with peripheral inflammation. However, the duration of nociceptive response to PMA is longer than that of the second phase of the formalin test, suggesting that different mechanisms may underlie in these two tests.

Current studies were designed to characterize the PMA-induced response as a novel model of inflammatory pain and examine antinociceptive effects of a tachykinin NK₁ receptor antagonist, ezlopitant, a quinuclidine-based compound with subnanomolar affinities to the human-type tachykinin NK₁ receptors and can penetrate into the central nervous system (Tsuchiya et al., 2002).

2. Materials and methods

2.1. Animals

Male Sprague–Dawley rats (150–200 g, Charles River, Yokohama, Japan) were housed on a 12/12-h light/dark cycle with constant temperature (23 ± 1 °C) and relative humidity ($55 \pm 15\%$), given food and water ad libitum. The experiments were carried out according to a protocol approved by the Animal Care and Use Committee (ACUC) at the Nagoya Laboratories of Pfizer Global Research and Development. The ACUC found the model to result in transient and modest pain that was minimized wherever possible and reflects the most refined option available to evaluate the pain-relieving properties of the test compounds.

2.2. 4 β -Phorbol-12-myristate-13-acetate (PMA)-induced paw licking and flinching response

PMA-induced paw-licking and flinching behaviours were determined according to the method of Taniguchi et al. (1997). Briefly, the rats were habituated to the observation chamber for at least 60 min prior to the experimental sessions. PMA solution was injected into the plantar surface of the right hindpaw with a volume of 100 μ l. After injection, rats were immediately returned to the

observation chamber, and their behaviour was observed for 5 s every 30 s for up to 120 min after the injection. The behaviour was scored as '0'=no licking and flinching of the injected paw, or 1=licking or flinching of the injected paw in each 5 s. A pain score was summed in each 10-min block of time.

2.3. Formalin-induced paw-licking and flinching response

The rats were habituated to the observation chamber for at least 60 min prior to the experimental sessions. Formalin (2% v/v in saline) was injected into the plantar surface of the right hindpaw with a volume of 50 μ l. After injection, rats were immediately returned to the observation chamber, and the formalin-induced paw-licking and flinching behaviours were scored for 5 s every 30 s for 90 min.

2.4. Histological testing

Animals were killed after termination of the nociceptive response to (120 and 50 min after PMA and formalin injection, respectively, $n=2$ per group). The skin of the injected paw was removed and immediately fixed in 4% paraformaldehyde, embedded in paraffin and sectioned.

2.5. Reagents

PMA, MK-801, and resiniferatoxin were purchased from Sigma (St. Louis, MO). Morphine hydrochloride was purchased from Shionogi (Osaka, Japan). Formalin was purchased from Wako (Osaka, Japan). Ezlopitant [(2*S*,3*S*-*cis*)-2-(diphenylmethyl)-*N*-{(2-methoxy, 5-isopropylphenyl)methyl}-1-azabicyclo[2.2.2]octan-3-amine] and its (2*R*,3*R*)-isomer CJ-12,191 were synthesized in the Nagoya Laboratories, Pfizer Global Research and Development (Taketojo, Japan). PMA was dissolved in dimethylsulfoxide at 10 mM and dissolved in physiological saline. Formalin was dissolved in physiological saline at 2% (v/v). Resiniferatoxin was dissolved in ethanol and administered subcutaneously (s.c.) to the rat 7 days prior to the behavioural experiment. For s.c. injection, morphine and ezlopitant were dissolved in physiological saline and given 10 min before the PMA injection. For intrathecal (i.t.) injection, ezlopitant and CJ-12,191 were dissolved in physiological saline and given to the rats just before PMA challenge. The i.t. injection was made in a 10 μ l volume, by lumbar puncture between L5 and L6, while rats were briefly anesthetized with isoflurane. Penetrations were judged successful if there was a tail flick response.

2.6. Statistical analysis

Data were analyzed by a one-way analysis of variance (ANOVA) followed by post hoc Bonferroni test for

statistical evaluation, otherwise stated. A P value of <0.05 was accepted as significant. Group results are expressed as mean \pm S.E.M. from 6 to 12 animals.

3. Results

3.1. Characterization of response induced by intraplantar injection of PMA

An intraplantar injection of PMA (0.3–10 μ g) into the hindpaws of rats dose-dependently increased paw-licking and flinching behaviour (Fig. 1A). The response to PMA initiated at 10–20 min postinjection and lasted up to 120 min. An intraplantar injection of formalin (2% v/v) produced typical biphasic paw-licking and flinching behaviour (Fig. 1B). The second phase response was observed 10 to 30 min after formalin injection.

An injection of PMA at the concentration of higher than 3 μ g appeared to cause inflammatory reactions, such as swelling and erythema at the site of injection. Correspondingly, light microscopy of paws injected with 3 μ g of PMA showed tissue changes typical for acute inflammation, swelling, and invasion of granulocytes (Fig. 2A and B). Based on these results, the concentration of 3 μ g was chosen for PMA injections to examine the effects of treatments in all experiments described below. After an injection of 2% formalin also induced accumulation of granulocytes (Fig. 2C).

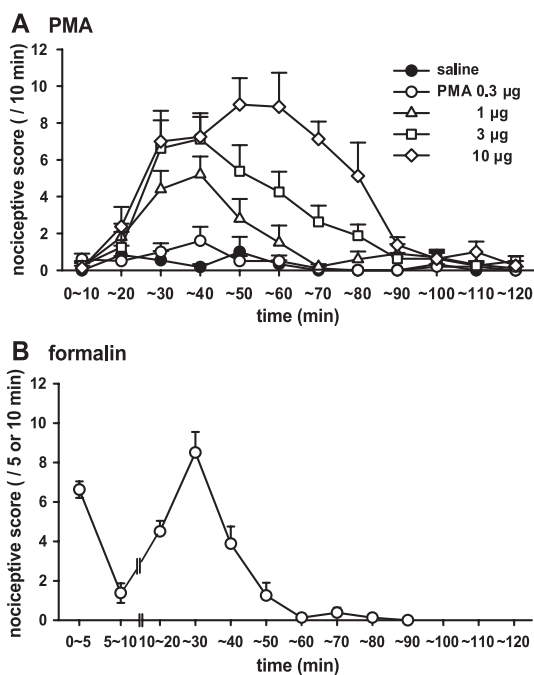


Fig. 1. Paw-licking and flinching response induced by various concentrations of PMA (A) and 2% v/v formalin (B) in rats. The data are expressed as mean \pm S.E.M. from 6 to 10 animals.

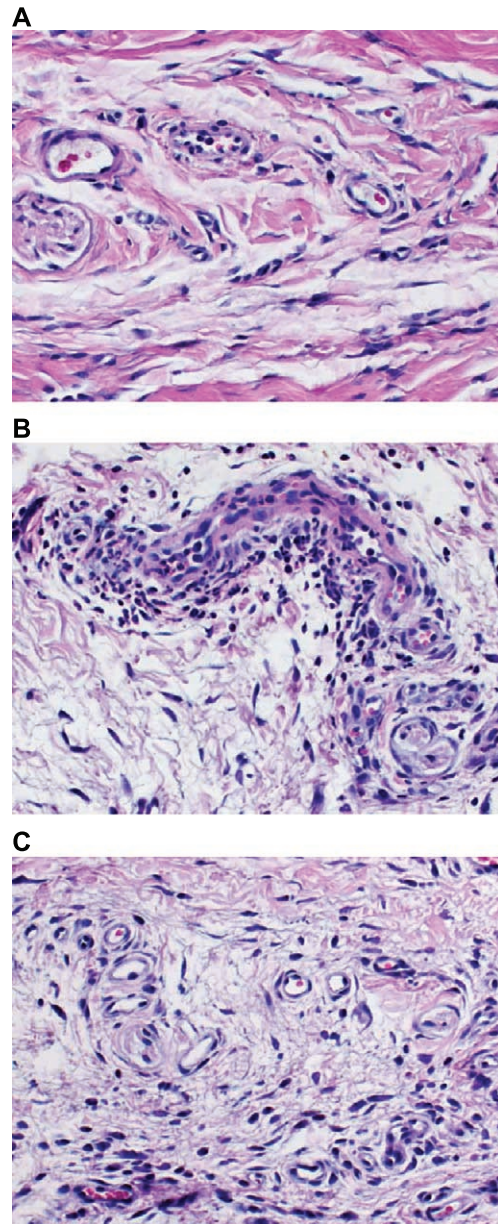


Fig. 2. Microscopic examination of rat hindpaw skin. Saline (A), PMA (3 μ g, B), or formalin (2% v/v, C) was injected s.c. into the hindpaw of rats 120 min (saline and PMA) or 50 min (formalin) prior to removal. In (A), there is no reaction, in (B) and (C), invasion of granulocytes and edema can be seen. Magnification, $\times 20$.

3.2. Effects of pretreatment of rats with resiniferatoxin on the PMA-induced nociceptive response

Resiniferatoxin is an ultrapotent capsaicin analog that binds to and activates vanilloid VR₁ receptor (Szallasi and Blumberg, 1989). Rats given a single subcutaneous dose of resiniferatoxin (200 μ g/kg) 1 week before testing had no eye-blinking reaction to capsaicin solution (10 μ M), indicating desensitization of the capsaicin-sensitive primary sensory neurons. The PMA-induced paw-licking and flinching response was remarkably attenuated by pretreatment with resiniferatoxin (Fig. 3). The cumulative nociceptive score from 0 to 120 min was 56.5 ± 3.2

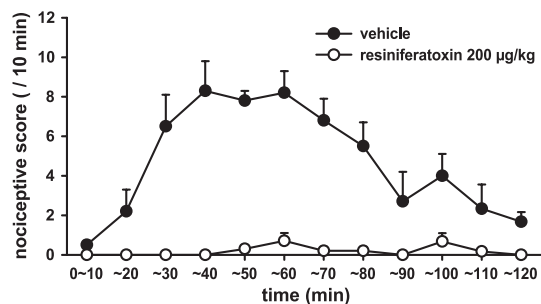


Fig. 3. Effect of pretreatment with resiniferatoxin (200 µg/kg) on PMA (3 µg)-induced paw-licking and flinching response in rats. Resiniferatoxin or vehicle (ethanol) was subcutaneously administered 1 week prior to PMA injection. The data are expressed as mean±S.E.M. from six animals.

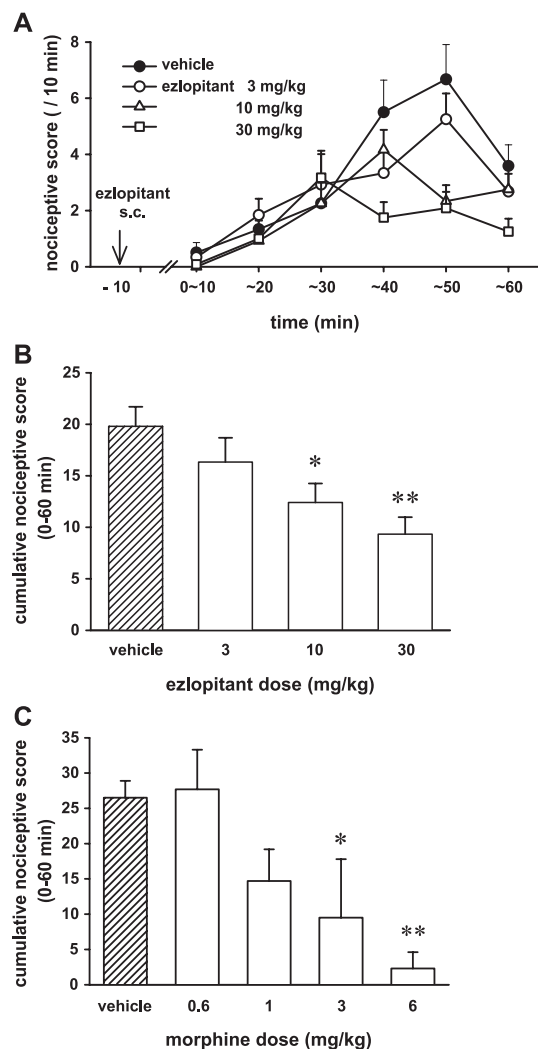


Fig. 4. Effects of ezlopiant (A) and morphine (B) on PMA (3 µg)-induced paw-licking and flinching response in rats. Ezlopiant or morphine was subcutaneously administered 10 min before PMA injection, and nociceptive behaviours were observed for 60 min after PMA injection. The data are expressed as mean±S.E.M. from 8 to 12 animals. * $P<0.05$ and ** $P<0.01$ versus vehicle-treatment group.

and 2.2 ± 0.5 for vehicle- and resiniferatoxin-treated group, respectively ($P<0.01$, $n=6$ per group).

3.3. Effects of prophylactic administration of ezlopiant and morphine on PMA-induced nociceptive response

Subcutaneous pretreatment with ezlopiant (3–30 mg/kg) dose-dependently attenuated paw-licking and flinching behaviour after induced by intraplantar injection of PMA (Fig. 4A). The highest dose of ezlopiant (30 mg/kg) inhibited the cumulative nociceptive score from 0 to 60 min after PMA injection by 46% ($P<0.01$). Subcutaneous pretreatment with morphine (0.6–6 mg/kg) dose-dependently inhibited the behavioural response to PMA (Fig. 4B).

3.4. Effects of therapeutic administration of ezlopiant on PMA-induced nociceptive response

The effect of a subcutaneous administration of ezlopiant (3–30 mg/kg) on the PMA-induced response was examined after the development of nociceptive response (30 min after PMA challenge). The injection of either vehicle or ezlopiant spontaneously reduced the PMA-induced response during a 30–40 min period (Fig. 5A). Afterward, the nociceptive behaviour was recovered in the vehicle-

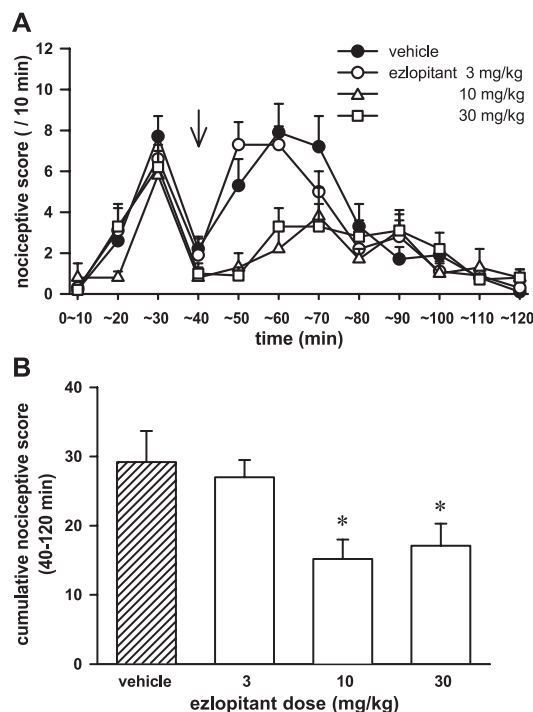


Fig. 5. Effects of therapeutic administration of ezlopiant on PMA (3 µg)-induced paw-licking and flinching response in rats. Ezlopiant was subcutaneously administered 30 min after PMA injection (indicated by an arrow), and nociceptive behaviours were observed for 90 min (120 min after PMA injection). The data are expressed as mean±S.E.M. licking and flinching scores for individual intervals (A) and cumulative scores from 40 to 120 min period (B) from nine animals. * $P<0.05$ versus vehicle-treatment group.

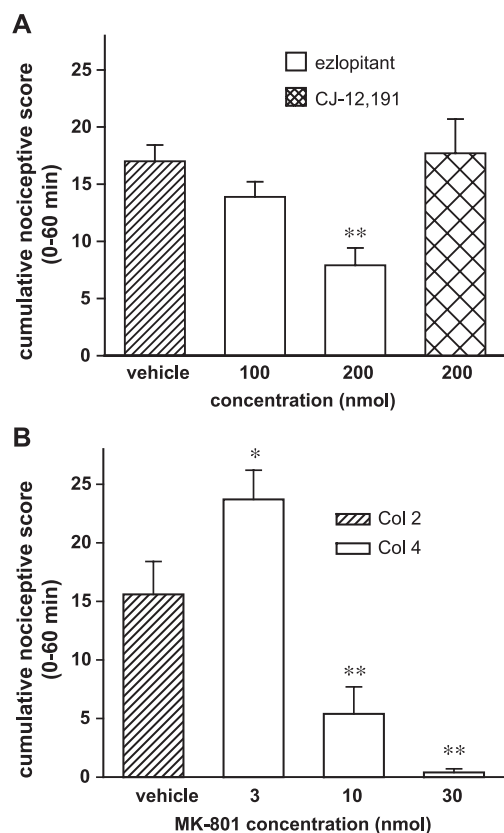


Fig. 6. Effects of intrathecal administration of ezlopitant and its inactive isomer CJ-12,191 and MK-801 on PMA-induced licking and flinching response in rats.

treated group, while the response was continuously inhibited by treatment with ezlopitant at 10 and 30 mg/kg. The cumulative nociceptive score from 40 to 120 min was reduced by 48% and 41% by treatment with ezlopitant at 10 and 30 mg/kg, respectively ($P < 0.05$; Fig. 5B).

3.5. Effects of intrathecal administration of ezlopitant and MK-801 on the PMA-induced nociceptive response

An intrathecal injection of ezlopitant at concentrations of 100 and 200 nmol attenuated the PMA-induced response observed for 60 min (Fig. 6A). In a side-by-side experiment, intrathecal administration of a 200 nmol of CJ-12,191, an inactive isomer of ezlopitant (Tsuchiya et al., 2002), had no effect. The observed state of rats after receiving ezlopitant or CJ-12,191 was indistinguishable from that of vehicle-treated animals in that there was no observable sedation or motor impairment. Intrathecal injection of MK-801 (3–30 nmol), a nonselective glutamate receptor antagonist, also reduced the nociceptive response in a concentration dependent manner (Fig. 6B).

4. Discussion

In this study, we demonstrated that intraplantar injection of PMA, a PKC activator, caused spontaneous nociceptive

behaviour that lasted over 90 min. The development of nociceptive response to PMA was associated with the formation of edema and erythema in the injected paws. The cellular inflammatory reaction at the site of the PMA injection was observed in our histological studies. Thus, the present results suggest that the nociceptive behaviour in response to PMA is consistent with noxious input due to the formation of peripheral inflammation.

It was also found that the PMA-induced response was completely blocked by pretreatment with resiniferatoxin. It is well known that treatment with sufficient doses of capsaicin or other vanilloid VR₁ receptor agonists like resiniferatoxin desensitizes capsaicin-sensitive neurons (Szallasi and Blumberg, 1989, 1999; Szallasi et al., 1989). Using the immunohistochemical technique, Tominaga et al. (1998) showed that most (~85%) of the substance P-immunoreactive cells contained for vanilloid VR₁ in lumbar dorsal root ganglion. Thus, substance P could play a pivotal role in conveying noxious input evoked by PMA injection from peripheral to the spinal cord. In contrast, the second phase of the formalin test is only partially blocked by systemic resiniferatoxin pretreatment in rats (Wismer et al., 2003). Capsaicin-sensitive fibers may not be the only set of fibers activated by formalin injection, and mechanistic differences may underlie in transmission of nociception caused by PMA and formalin injection. The duration of nociceptive behaviour induced by PMA was much longer than that of the second phase of the formalin test. It is believed that continuous noxious inputs from peripheral tissue can develop hypersensitivity in the spinal cord dorsal horn neurons, so-called “central sensitization” (Ji et al., 2003). The continuous and long-lasting noxious inputs due to peripheral inflammation elicited by PMA injection may develop central sensitization that may contribute to the maintenance of nociception. Under this condition, the tachykinin NK₁ receptor may play a key role in the nociceptive processing since subcutaneous pretreatments with ezlopitant significantly blocked the nociceptive behaviour induced by a PMA injection. In addition, therapeutic treatment with ezlopitant attenuated the subsequent nociceptive behaviour induced by a PMA injection to the same extent as the pretreatment did, supporting our idea that tachykinin NK₁ receptors are activated continuously to transmit ongoing nociceptive signaling associated with peripheral inflammation.

We demonstrated that an intrathecal injection of ezlopitant stereoselectively inhibited the PMA-induced response as effectively as subcutaneous administration. Therefore, it is likely that the tachykinin NK₁ receptor expressing in the spinal cord is the predominant site of action mediating the antinociceptive effects of ezlopitant. Interestingly, an intrathecal injection of MK-801, a nonselective antagonist of glutamate receptors completely blocked the PMA-induced nociceptive behaviour, whereas ezlopitant partially inhibited the response. Excitatory amino acids (i.e., glutamate, aspartate) and neuropeptides (i.e., substance P, calcitonin

gene-related peptide) are two major neurotransmitters in the central nervous system. Glutamate functions as a fast, short-acting neurotransmitter through ligand-gated ion channels, such as α -amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid (AMPA) and *N*-methyl-D-aspartate (NMDA), whereas substance P functions as a slow, long-lasting neurotransmitter by activating G-protein-coupled tachykinin NK₁ receptors (Gerber and Randi, 1989; Yoshimura and Jessell, 1990; Urban and Randic, 1984). Studies conducted by using the rat spinal cord preparation have revealed that substance P enhances neuronal excitation or the postsynaptic neurons induced by NMDA (Rusin et al., 1993; Urban et al., 1994). On the basis of these findings, we propose that the tachykinin NK₁ receptor may participate in the process of nociceptive signaling by modifying excitation of postsynaptic neurons in the spinal cord.

In summary, injection of PMA causes persistent spontaneous nociceptive behaviour that is associated with the development of peripheral inflammation, and a tachykinin NK₁ receptor antagonist ezlopitant has analgesic activity in this test. Present results suggest that spinal tachykinin NK₁ receptors are continuously activated by noxious input due to peripheral inflammation and contribute to processing of pain sensation.

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