

Rapid communication

Cannabinoid CB₂ receptor agonist activity in the hindpaw incision model of postoperative pain

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Abstract

The identification of peripherally expressed CB₂ receptors and reports that the selective activation of cannabinoid CB₂ receptors produces antinociception without traditional cannabinergic side effects suggests that selective cannabinoid CB₂ receptor agonists might be useful in the management of pain. In a rat hindpaw incision model, we examined the antiallodynic activity of the selective cannabinoid CB₂ receptor agonists AM1241 (3–30 mg/kg i.p.), GW405833 (3–30 mg/kg i.p.), and HU-308 (0.3–30 mg/kg i.p.). The rank order for efficacy in the hindpaw incision model following a dose of 10 mg/kg, i.p. was AM1241 > GW405833 = HU-308, and the selective cannabinoid CB₂ receptor antagonist, SR144528, reversed the antiallodynic effect of HU-308. Together, these data suggest that selective cannabinoid CB₂ receptor agonists might represent a new class of postoperative analgesics.

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Selective activation of the cannabinoid CB₂ receptor produces antinociception in rodent models of arthritis, inflammation and neuropathy that is not accompanied by traditional cannabinoid-mediated side effects such as sedation, catalepsy, or hypothermia (Hanus et al., 1999; Ibrahim et al., 2003). Although the utility of selective cannabinoid CB₂ receptor agonists for the management of postoperative pain remains unclear, it was hypothesized that the selective activation of cannabinoid CB₂ receptors might produce antiallodynic activity in a rodent model of post-incisional pain.

All rodent housing conditions and experimental procedures were performed in accordance with the ethical guidelines of the IASP and the Adolor Corporation Institutional Animal Care and Use Committee. Incisional pain was produced by an incision in the plantar surface of the left hindpaw of male Sprague–Dawley rats (120–150 g, Harlan Laboratories, Columbus, OH) as described by Brennan et al. (1996). Twenty-four hours after hindpaw incision, animals received vehicle, (2-iodo-5-nitrophenyl)-[1-(1-methyl-piperidin-2-ylmethyl)-1H-indol-3-yl]-methanone (AM1241) (3, 10 and 30 mg/kg), 1-(2,3-Dichloro-

obenzoyl)-5-methoxy-2-methyl-(2-(morpholin-4-yl)ethyl)-1H-indole (GW405833) (3, 10 and 30 mg/kg), or {4-[4-(1,1-dimethylheptyl)-2,6-dimethoxy-phenyl]-6,6-dimethyl-bicyclo [3.1.1]hept-2-en-2-yl}-methanol (HU-308) (0.3, 3, 10 and 30 mg/kg). In a separate group of animals, vehicle or the cannabinoid CB₂ receptor antagonist *N*-[(1*S*)-endo-1,3,3-trimethyl bicycle [2.2.1] heptan-2-yl]-5-(4-chloro-3-methylphenyl)-1-(4-methylbenzyl)-pyrazole-3-carboxamide (SR144528) (3 mg/kg) was given 15 min before vehicle or HU-308 (30 mg/kg, i.p.). AM1241, GW405833, and SR144528 were synthesized at Adolor Corporation, and HU-308 was purchased from Cayman Chemical (Ann Arbor, MI). All compounds were dissolved in 5% ethanol, 1% cremophor and 94% sterile water for injection, and delivered i.p. in a volume of 1 ml/kg. Sixty minutes after cannabinoid CB₂ receptor agonist treatment, animals were tested for tactile hypersensitivity using von Frey monofilaments. Measurements of tactile sensitivity for each hindpaw were obtained using the up/down method as described previously (LaBuda and Little, 2005) with a series of seven von Frey monofilaments (1, 2, 4, 8, 10, 15 and 26 g).

There was a significant main effect of group for animals that received treatment with AM1241, GW405833, and HU-308

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at 24 h after hindpaw incision or sham surgery ($F_{3,29}=14.69$, $P<0.0001$, $F_{3,20}=6.31$, $P<0.005$, and $F_{4,27}=14.23$, $P<0.0001$, respectively). As illustrated in Fig. 1, tactile allodynia resulting from hindpaw incision was significantly attenuated by the 10 and 30 mg/kg doses of AM1241, the 30 mg/kg dose of GW405833, and the 30 mg/kg dose of HU-308. The antiallodynic effect produced by a dose of 30 mg/kg of HU-308 was attenuated (99% antagonism) by the pretreatment with the selective cannabinoid CB₂ receptor antagonist SR144528 (inset Fig. 1).

There is only one study that systematically examined the analgesic activity of cannabinoids in the management of clinical postoperative pain, and in this study it was concluded that there was no analgesic activity for Δ^9 -tetrahydrocannabinol in abdominal hysterectomy patients (Buggy et al., 2003). However, the administration of GW405833 (10 mg/kg, i.p.) to rats with a hindpaw incision produced a maximum percent reversal of mechanical hyperalgesia of 64% (Valenzano et al., 2005). The antiallodynic effect of GW405833 in the present experiment extends the results obtained from Valenzano et al. (2005) in the hindpaw incision model. Although it is unclear whether the selective activation of cannabinoid CB₂ receptors would have significant clinical analgesic activity following surgery, the results of the present study and the results from Valenzano et al. (2005) provide evidence that selective cannabinoid CB₂ receptor agonists show robust antinociceptive activity in preclinical models of incisional pain.

The magnitude of the antiallodynic effect produced by the administration of the selective cannabinoid CB₂ receptor

agonists AM1241 (82-fold selective for the cannabinoid CB₂ receptor, Ibrahim et al., 2003), GW405833 (78-fold selective, Valenzano et al., 2005), and HU-308 (430-fold selective, Hanus et al., 1999) in the hindpaw incision model was similar to the analgesic effects reported in incisional or neuropathic pain models after the treatment with morphine and indomethacin (Hanus et al., 1999; Ibrahim et al., 2003; LaBuda and Little, 2005; Valenzano et al., 2005). In addition, the antiallodynic effect produced by the administration of HU-308 was blocked by pretreatment with SR144528, a selective cannabinoid CB₂ receptor antagonist (inset Fig. 1). These findings suggest that cannabinoid CB₂ receptor agonists devoid of central nervous system activity might be useful for the management of postoperative pain.

In the present experiment, the selective cannabinoid CB₂ receptor agonists, AM1241, GW405833, and HU-308 produced robust antiallodynic effects in the hindpaw incision model of postoperative pain. Although a central involvement of cannabinoid CB₂ receptor agonists cannot be excluded, it is most likely that cannabinoid CB₂ receptor agonists produce antiallodynic effects by inhibiting primary afferent fiber hyperactivity or by inhibiting the release of agents that act directly on nociceptors or primary afferent fibers (Ibrahim et al., 2003). These results provide support for the hypothesis that a cannabinoid-mediated analgesia can be achieved in the absence of psychoactive side effects and also support the development of cannabinoid CB₂ receptor agonists for the management of postoperative pain.

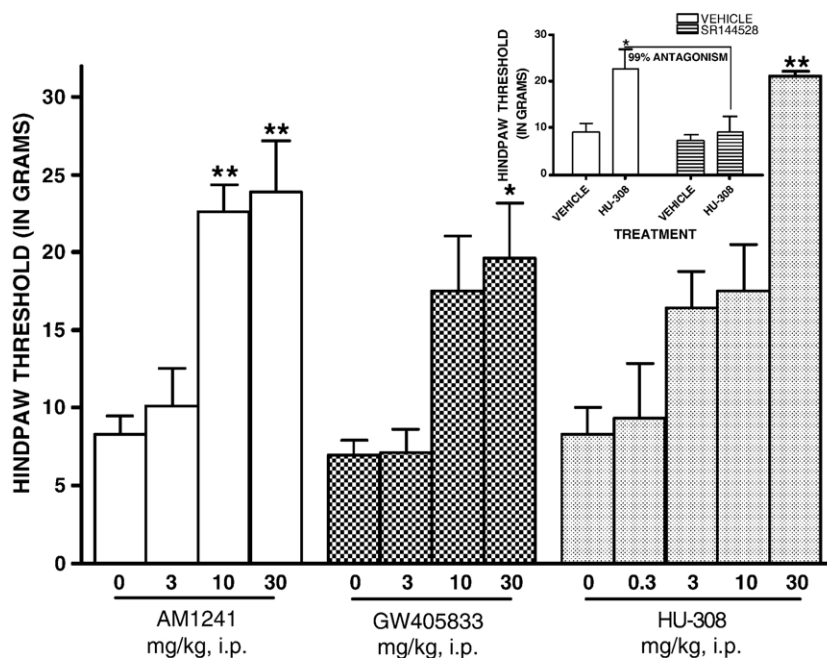


Fig. 1. Threshold to hindpaw tactile stimulation 24 h after surgical incision and following treatment with vehicle, AM1241, GW405833, or HU-308 (in mg/kg i.p.). Tactile sensitivity for the incised hindpaw after treatment with test compounds was analyzed using a one-way ANOVA for each compound followed by post hoc comparisons (Tukey test) for group differences. Statistical significance was set at $P<0.05$ for all analyses. The inset shows that the antiallodynic effect produced by a dose of 30 mg/kg of HU-308 was completely blocked (99% antagonism) by the pretreatment with the cannabinoid CB₂ receptor antagonist SR144528 (3 mg/kg i.p.). Data are plotted as the mean \pm SEM withdrawal threshold of the incised hindpaw. * $P<0.05$ compared to respective hindpaw incision, vehicle-treated animals; ** $P<0.001$ compared to respective hindpaw incision, vehicle-treated animals.

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