

Retrograde Amnesia Induced by Post-Trial Injection of Atropine Into the Caudate-Putamen. Protective Effect of the Negative Reinforcer

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GIORDANO, M AND R A PRADO-ALCALÁ *Retrograde amnesia induced by post-trial injection of atropine into the caudate-putamen. Protective effect of the negative reinforcer* PHARMACOL BIOCHEM BEHAV 24(4) 905-909, 1986 — A series of experiments was performed to test the reliability of previous reports which indicated that cholinergic blockade of the caudate-putamen produces memory deficits of passive avoidance, and to determine whether overtraining of this task protects against such deficits. In the first experiment the effects of different doses of atropine injected into the caudate-putamen of rats shortly after training were assessed, and a dose-dependent retention deficit was found. In two additional experiments it was observed that by increasing the magnitude of the negative reinforcer used in training, a protection against such retention deficit was produced. These results support the hypotheses that (a) cholinergic activity of the caudate-putamen is critically involved in memory processes that mediate passive avoidance behavior, and (b) after overtraining the control of this behavior is transferred from the striatal cholinergic system to other neurochemical systems within, or outside, the striatum.

Caudate nucleus	Caudate-putamen	Striatum	Neostriatum	Memory	Learning	Retention
Passive avoidance	Negative reinforcer	Acetylcholine	Atropine	Overtraining		

THE demonstration that lesions [4, 8, 11, 14, 24, 25, 28] and electrical stimulation [29, 30, 31] of the caudate-putamen (CPU) significantly impair the retention of passive avoidance conditioning has led to the investigation of the neurochemical events within the CPU, and related structures, that mediate this behavior. The role of striatal dopamine in passive avoidance is unclear since the neurochemical destruction of the ascending nigrostriatal dopaminergic pathway does not modify it [3] while application of this amine into the CPU produces retention deficits [7]. Furthermore, electrical stimulation of the components of the nigro-neostriatal dopaminergic projection (substantia nigra and medial forebrain bundle) can facilitate and impair the retention of the aversively-motivated task [6, 10, 13, 26, 27].

The exploration of the involvement of the cholinergic system has yielded a clearer picture: interference with cholinergic activity of the CPU, induced after training or before testing, produces significant impairments in retention

[5, 19, 23] which are both dose- and time-dependent [20,22]. On the other hand, application of the acetylcholine precursor choline into the CPU improves the performance of passive avoidance [2], and training of passive avoidance induces a significant increase in acetylcholine synthesis in this structure [1]. These results strongly suggest that cholinergic activity of the CPU is critically involved in the acquisition and the maintenance of this aversively-motivated behavior.

Related experiments have shown that application of anticholinergic drugs into the caudate of cats and rats interferes with the performance of newly learned instrumental behaviors and that after a period of overtraining there are no deficits in the performance of the same tasks [16,21]. It has also been found that while a generalized interference with the neural activity of the caudate, induced by direct injections of high concentrations of potassium chloride, induces a marked amnesic state, prolonged training also protects against this effect [18,21]. These data lend support to the hypotheses that

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(a) the striatal cholinergic system is critically involved in the acquisition and early maintenance stages of learning, but not in the performance seen after overtraining, and (b) after overtraining there is a transfer in the control of learned behaviors from the striatal cholinergic system to other neurochemical systems outside the caudate [16]

In all cases mentioned above, the overtraining-induced protection effect was investigated in experiments utilizing positively-reinforced tasks. Thus, it was important to determine whether this effect is peculiar to that type of tasks or whether it reflects a more general mode of functioning of the nervous system. The data presented in the present series of experiments confirm previous results [5, 19, 20, 22] and new findings demonstrate that the retention of an aversively motivated task can also be protected from the disruptive effects of cholinergic blockade of the CPU by manipulating variables involved in training

METHOD

Animals

Experimentally naive male Wistar rats, weighing between 250 and 350 g were used. They were individually housed and had free access to solid food and tap water in their home cages. Under Nembutal anesthesia (50 mg/kg) double-walled cannulae were bilaterally implanted in the CPU, as described elsewhere [22]. These animals were allowed 6–8 days to recover from the surgical procedures before training was initiated. A group of unimplanted animals was also studied.

Apparatus

Training and testing were carried out in a box (Lafayette Inst. Co., model 85000) with two compartments of the same size, separated by a guillotine door. The grid floor of one of the compartments could be electrified by a square-pulse stimulator connected in series with stimulus isolation and constant current units (Grass Med Inst., models S-44, SIU-5A and CCU-1A, respectively). The opposite compartment had a wire mesh floor and its walls were painted blue. Each of the compartments was equally illuminated by low intensity light bulbs.

Procedure

Training and testing. During training each animal was put inside the painted compartment of the conditioning box; ten sec later the door between compartments was opened and the latency to enter the gridded compartment with all four paws was measured. Once in the second compartment the door was closed and a footshock (60 msec pulses, 100 pulses per sec) was applied through the grid for five sec and the door was reopened, thus allowing the animal to escape to the first compartment and to remain there for 30 sec before being put back in its home cage. Footshock intensities will be specified in each of the experiments.

Twenty-four hr later a test session was programmed exactly as the training session, except that the footshock was not delivered. If a rat did not cross within 600 sec to the compartment where the footshock had been given the session was ended and a score of 600 was assigned.

Treatments

One injection of atropine sulphate (Sigma), dissolved in 3 μ l of isotonic saline solution, was made through the im-

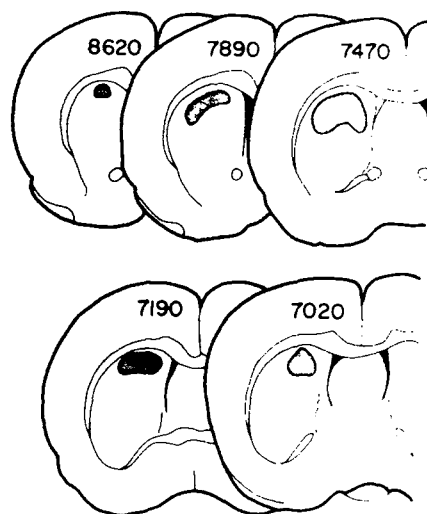


FIG 1 Diagrammatic representation of histology sections, redrawn from König and Klippel [9]. The stippled sections represent the range of cannula tip locations taken from the rats of the three experiments. Only cannula placements of the right hemisphere are represented.

planted cannulae two min after training, to rats of independent groups. The injection procedure was carried out in a room different from the room where training and testing took place. All infusions were bilateral, in a volume of 3 μ l through each cannula, delivered at a rate of 1 μ l/20 sec, after injecting the solution the injectors were left inside the cannulae for an additional min. During the procedure the rats were not restrained by the experimenter and could move freely in their home cages, thus avoiding stress reactions that could confound the results of the experiment.

Histology

At the completion of the experiment all implanted rats were deeply anesthetized and then perfused, intracardially, with isotonic saline followed by 10% Formalin, their brains were excised and kept in Formalin for at least one week before coronal sections (50 μ m thick) were made and stained with the Nissl method to determine the location of cannulae tips.

Statistics

The Barlett test was computed on latency scores for all groups during the training and the retention sessions. The results showed that there was homogeneity of variances among the groups, this outcome allowed the use of parametric statistics. The Fisher test (one-way ANOVA) was used to compare the latency scores and escape latencies among the groups and the Student's *t* test was used, when appropriate, to compare performances between each group and each of the other groups.

EXPERIMENT 1

It has been demonstrated that injections of acetylcholine receptor-blockers into the CPU produce retrograde amnesia of passive avoidance [5, 19, 22]. To our knowledge, there is only one report where the effects of different doses of an

anticholinergic drug (atropine) on the retention of passive avoidance were studied; a dose-related deficit in retention was found [20]. Therefore, it was important to determine the reliability of this result by testing the effects of other doses of atropine injected into the CPU shortly after training. This experiment was also important in that it would allow to determine the appropriate dose levels that were to be used in the two additional experiments of this series.

Treatments

One of four doses of atropine sulphate (Sigma) was injected, two min after training, to independent groups through the implanted cannulae, the doses were 30, 45, 60, and 90 $\mu\text{g}/3 \mu\text{l}$ (the doses refer to the salt). A group of unimplanted rats was also studied. Each group had 8 animals, except for the 90 μg group which had 9 animals. Footshock intensity used for training was 0.25 mA.

RESULTS AND DISCUSSION

The histological analysis revealed that the cannulae tips had been lodged in the antero-dorsal aspect of the CPU, rostral to the last trace of the anterior commissure (Fig. 1). The same result was obtained in Experiments 2 and 3.

The analysis of variance indicated that there were no significant differences among the groups with regard to both latencies to step into the gridded compartment and escape latencies during the training session. This outcome allowed us to use as a retention score for each animal a differential score, subtracting the latency score of the test session from the latency score of the training session. A high score, especially one approaching 600, reflects good retention of the task whereas low or negative scores reflect an impairment in retention. As seen in Fig. 2, highly significant differences appeared when these retention scores were compared, $F(4,36)=7.02$, $p<0.0001$. When each group was compared against each of the other groups (*t* tests) it was found that the animals treated with 30 or 45 μg of atropine and the unimplanted animals did not differ from each other, the same was true when retention scores were compared between the groups injected with 60 or 90 μg of atropine. On the other hand, the 60 μg group, as well as the 90 μg group, differed significantly from the unimplanted, the 30 μg , and the 45 μg groups (p 's < 0.05).

The present results confirm those recently published [20] where a dose-dependent retention deficit of passive avoidance was produced by atropine. The present experiment was extended to test additional doses of the anticholinergic drug. The fact that the lower doses do not interfere with retention while the higher doses do, indicate that there must be a critical number of cholinergic synapses that must be blocked in order to impair the consolidation process. Other studies where only one dose of a cholinergic blocker was tested have consistently shown that there is a marked impairment in the acquisition and early maintenance stages of instrumental behaviors such as the passive avoidance task described here [5, 19, 22], active avoidance [12, 15], lever pressing [16, 21], etc. In contrast, the injection of the acetylcholine precursor choline into the caudate produces an improvement in the performance of both negatively and positively motivated learned tasks [2, 15, 17]. Taken together, these data strongly suggest that instrumental conditioning is mediated by the caudate cholinergic system. It is important to note that the doses of anticholinergic drugs that significantly impair retention of passive avoidance when applied to

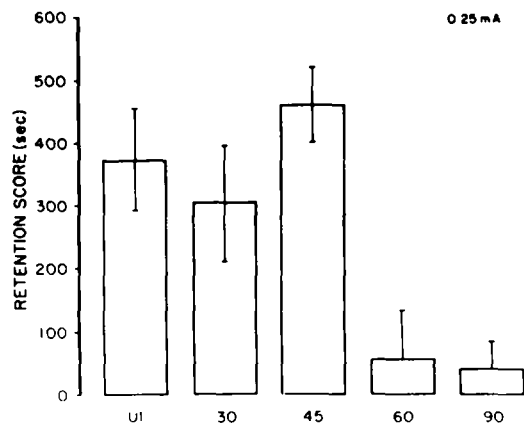


FIG. 2 Mean retention scores (\pm SEM) shown by the unimplanted rats (UI) and by the rats with cannulae implanted in the caudate-putamen and treated, 2 min post-training, with 30, 45, 60 or 90 μg of atropine.

the anterior CPU produce a smaller retention deficit, or no deficit at all, when applied to the cerebral cortex [20, 22], hippocampus [5] or posterior CPU [19]. The latter set of results indicate that retention of passive avoidance is dependent upon cholinergic activity of the anterior aspect of the CPU.

EXPERIMENT 2

The aim of this experiment was to determine if overtraining of passive avoidance could protect the animals against the disruptive effects on memory produced by cholinergic blockade of the caudate-putamen. Overtraining, as studied in the experiments referred to in the introduction, involved several factors: multiple training sessions, a high number of positive reinforcers, and a prolonged exposure to the experimental situation [16, 18, 21]. Because of the nature of the one-trial passive avoidance task used in our experiments, it is difficult to manipulate these variables. There is only one trial, application of only one reinforcer (footshock), and the duration of the trial is brief. To overcome this problem we decided to vary the magnitude of only one of these parameters—the reinforcer—by testing different intensities of footshock, keeping all other factors constant. This manipulation would be equivalent to having different amounts of positive reinforcers, as in the previous experiments.

Treatments

Three different footshock intensities were used: 0.25, 0.50, and 1.00 mA, two groups of rats were trained with each of these intensities (one group with cannulae in the CPU and one unimplanted group); each group was composed of 8 rats. All implanted rats were injected, 2 min after training, with the smallest dose of atropine that produced a significant impairment of retention in Experiment 1, i.e., 60 $\mu\text{g}/3 \mu\text{l}$.

RESULTS AND DISCUSSION

The analysis of variance indicated, as in Experiment 1, that there were no significant differences in latency scores nor in escape scores among the groups during the training session. Hence, the retention score for each animal was computed as described above. Highly significant differences

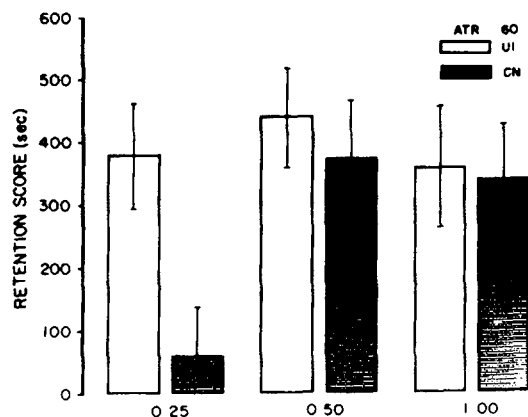


FIG 3 Mean retention scores (\pm SEM) shown by the groups that received a footshock of 0.25, 0.50 or 1.00 mA during training. Open bars represent the data yielded by intact, unimplanted animals (UI), dark bars represent the data yielded by animals injected with 60 µg of atropine into the caudate-putamen (CN) 2 min after training.

among the groups appeared when these retention scores were compared, $F(5,42)=2.59$, $p<0.05$. Pair-wise comparisons revealed that only the striatal group that was injected with the atropine and trained with 0.25 mA had a retention deficit, as compared with each of the unimplanted groups. This group also differed significantly from the striatal groups trained with 0.50 and 1.0 mA (p 's < 0.05 for all comparisons). None of the rest of the groups differed from each other; Fig 3 depicts these results.

This is the first report where systematic changes in the magnitude of a negative reinforcer induces a protection against memory impairments that are produced by central administration of an anticholinergic agent. The fact that the unimplanted groups of rats had similar retention scores, regardless of the intensity of the footshock with which they were trained, reveals that the lowest intensity (0.25 mA) was sufficient to produce learning as efficiently as the higher intensities. The fact that only the striatal animals that were trained with 0.25 mA and treated with the atropine showed a memory deficit, suggests that only in these animals the striatal cholinergic activity was critically involved in the processes that mediate the retention of the passive avoidance task. In the case of the striatal animals that were trained with 0.50 and 1.0 mA it can be postulated that cholinergic activity of the CPU is less involved in these processes, or not involved at all.

The memory deficit that was seen in the 0.25 mA group that was treated with atropine cannot be attributed to interference with sensory, motivational or motor activities since (a) the drug was given after training had taken place and testing was carried out 24 hr later, i.e., all treated animals were trained and tested in a drug-free state (this argument also holds for the results of Experiment 1), and (b) if the performance deficit had been due to an interference with non-mnemonic variables, then the same retention deficit should have been seen in the groups similarly treated but trained with the higher intensities of footshock (0.5 and 1.0 mA), such was not the case.

EXPERIMENT 3

In order to increase our confidence that cholinergic activ-

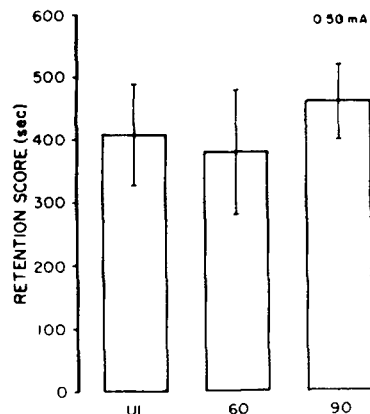


FIG 4 Mean retention scores (\pm SEM) of the groups of rats that were trained with a footshock of 0.50 mA and injected into the caudate-putamen with 60 or 90 µg of atropine. UI refers to a group of unimplanted rats.

ity of the CPU becomes less involved, or not involved at all, in the retention of passive avoidance that had been trained with a high value of a negative reinforcer, it was necessary to explore the possibility that protection against memory deficits would still be found after a greater population of cholinergic synapses had been blocked.

Treatments

All animals were trained using a 0.50 mA footshock and the implanted rats were injected with 60 ($n=8$) or 90 ($n=6$) µg of atropine. Their performance was compared to that of an unimplanted group ($n=8$).

RESULTS AND DISCUSSION

The analysis of variance on latency and escape scores of the training session showed that the groups did not differ from each other. Comparison of the retention scores among the groups also revealed that there were no significant differences (Fig 4).

The results of Experiments 2 and 3 showed that by increasing the intensity of the negative reinforcer the animals are protected against the retention deficit that is seen when atropine is given to animals that are trained with a low value of the reinforcer. It was further shown, in Experiments 3, that the protective effect is manifest even when a high dose of atropine is injected into the striatum.

To summarize, overtraining-induced protection against mnemonic deficits (of tasks where positive reinforcers were used) had been reported earlier, these deficits had been produced by cholinergic blockade and by generalized disruption of neural activity of the caudate [16, 18, 21]. The present experiments demonstrate that the protective effect can be generalized to tasks mediated by negative reinforcers. All these results support the hypotheses mentioned earlier, namely, that after overtraining (a) cholinergic activity of the caudate nucleus is not involved in the retention of instrumentally conditioned behaviors, and (b) there is a transfer of the control of instrumental behaviors from the striatal cholinergic system to other neurochemical systems within or outside the caudate nucleus.

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