

ACTIVATION OF SPINAL *N*-METHYL-D-ASPARTATE OR NEUROKININ RECEPTORS INDUCES LONG-TERM POTENTIATION OF SPINAL C-FIBRE-EVOKED POTENTIALS

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Abstract—The use-dependent increase in synaptic strength between primary afferent C-fibres and second-order neurons in superficial spinal dorsal horn may be an important cellular mechanism underlying central hyperalgesia. This long-term potentiation can be blocked by antagonists of the *N*-methyl-D-aspartate subtype of glutamate receptor, the neurokinin 1 or the neurokinin 2 receptor. We have tested here whether activation of these receptors by superfusion of the spinal cord with corresponding agonists in the absence of presynaptic activity is sufficient to induce long-term potentiation. In urethane anaesthetized rats C-fibre-evoked field potentials were elicited in superficial laminae of lumbar spinal cord by electrical stimulation of the sciatic nerve. In rats with intact spinal cord, controlled superfusion of the spinal cord at recording segments for 60 min with *N*-methyl-D-aspartate, substance P or neurokinin A never induced long-term potentiation. Spinal superfusion with a mixture of *N*-methyl-D-aspartate, substance P and neurokinin A also failed to induce long-term potentiation in four rats tested. In spinalized rats, however, long-term potentiation was induced by either *N*-methyl-D-aspartate (at 10 μ M, to $173 \pm 16\%$ of control) substance P (at 10 μ M, to $176 \pm 13\%$ of control) or by neurokinin A (at 1 μ M, to $198 \pm 20\%$ of control). The induction of long-term potentiation by *N*-methyl-D-aspartate, substance P or neurokinin A was blocked by intravenous application of the receptor antagonists dizocilpine maleate (0.5 mg/kg), RP67580 (2 mg/kg) or SR48968 (0.2 mg/kg), respectively.

Thus, activation of *N*-methyl-D-aspartate or neurokinin receptors may induce long-lasting plastic changes in synaptic transmission in afferent C-fibres and this effect may be prevented by tonic descending inhibition. © 1998 IBRO. Published by Elsevier Science Ltd.

Key words: pain, tachykinins, hyperalgesia, synaptic plasticity, descending inhibition, rat.

Persistent stimulation of nociceptors in peripheral tissues leads to hyperalgesia^{8,16} and release of glutamate^{66,68} and neuropeptides including substance P (SP)¹⁷ and neurokinin A (NKA)¹⁸ in superficial spinal dorsal horn. Binding sites for *N*-methyl-D-aspartate (NMDA)²² and SP⁷⁶ (NK1 receptor) are present at high concentrations in rat spinal cord and binding sites for NKA (NK2 receptor) are also present at low density, mainly in superficial layers of lumbar spinal cord.⁷⁶ Several independent lines of evidence suggest that intrathecal injections of NMDA,^{19,46,49} SP^{20,47} or NKA²³ may induce hyperalgesia and spinal application of NMDA,^{51,53,59} NK1^{13,24,55} or NK2⁷⁵ receptor antagonists may prevent or depress hyperalgesia.

It is well established that hyperalgesia involves both sensitization of nociceptors and sensitization

of neurons in spinal dorsal horn.^{8,16,56,61,72} Central sensitization of spinal dorsal horn neurons by nociceptive afferent input requires the activation of NMDA receptors,^{25,56,64,73} by glutamate and NK1^{15,39,69,74} and NK2 receptors⁷⁵ by released neuropeptides. However, the cellular mechanisms of the central plastic change are still unclear. Recently we have characterized long-term potentiation (LTP) of C-fibre-evoked field potentials in superficial spinal dorsal horn induced by repetitive electrical stimulation of afferent C-fibres,^{35,37} by natural noxious stimulation or by acute nerve injury.^{36,62a} Very similar to hyperalgesia, this LTP can be blocked by spinal application of NMDA receptor antagonist³⁵ and by intravenous or spinal administration of NK1 or NK2 receptor antagonists.³⁷

For induction of LTP sufficient depolarization of postsynaptic neurons is crucial^{1,57} and in hippocampus a rise in postsynaptic Ca²⁺ alone is sufficient to induce LTP⁴² (see Discussion). Activation of spinal NMDA, NK1 or NK2 receptors may induce prolonged postsynaptic depolarization⁵² and increase Ca²⁺ in postsynaptic neurons^{26,40,60,71} To further assess the role of NMDA, NK1 or NK2 receptors

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Abbreviations: DMSO, dimethylsulphoxide; LTP, long-term potentiation; MK-801, dizocilpine maleate; NK1, neurokinin 1; NK2, neurokinin 2; NKA, neurokinin A; NMDA, *N*-methyl-D-aspartate; SP, substance P.

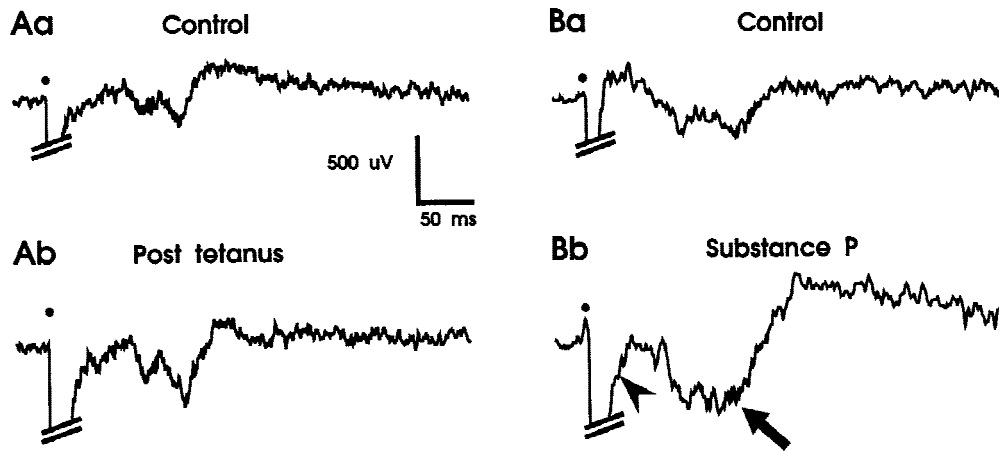


Fig. 1. Induction of LTP of C-fibre-evoked field potentials in superficial spinal dorsal horn. Traces are original recordings of field potentials in response to supramaximal stimulation of sciatic nerve (dots). Early stimulation artefacts and A-fibre-evoked potentials are truncated. Late C-fibre-evoked potentials (arrow in Bb; negativity down) were potentiated 120 min after conditioning tetanic stimulation of sciatic nerve (A) or following superfusion of spinal cord at the recording segment with SP (10 μ M for 60 min, B). Putative A δ -fibre-evoked field potentials (arrowhead in Bb) appeared to be a potentiated as well but overlapped with A β -fibre-evoked potentials and stimulation artefact and were therefore not analysed.

in plasticity of spinal C-fibre-mediated synaptic transmission, we tested whether spinal application of NMDA, SP or NKA is sufficient to induce LTP of C-fibre-evoked field potentials.

EXPERIMENTAL PROCEDURES

Preparation of animals

Experiments were performed on 48 adult male Sprague-Dawley rats (250–350 g body weight; Zentralinstitut Für Versuchstierzucht, Hannover, Germany). Urethane (1.5 g/kg, i.p.) was used to induce and maintain anaesthesia. Surgical level of anaesthesia was verified by a stable mean arterial blood pressure and a constant heart rate during noxious stimulation. The trachea was cannulated to allow mechanical ventilation with room air, if necessary. A catheter was inserted into an external jugular vein for continuous i.v. infusion of Tyrode/glucose solution (0.8–1 ml/h) and for application of drugs. One carotid artery was cannulated to continuously monitor the mean arterial blood pressure which ranged from 80 to 100 mmHg. Colorectal temperature was kept between 37–38°C by means of a feedback controlled heating blanket. Two laminectomies were performed to expose the lumbar enlargement and cervical spinal cord. In 26 rats the spinal cord was surgically transected at the third cervical segment, 2–3 min after lidocaine injection (2%, 0.1 ml) at the same site. The left sciatic nerve was dissected free for bipolar electrical stimulation with platinum hook-electrodes. In five rats, the sural nerve was exposed to record C-fibre volleys. All exposed nerve tissues were covered with warm paraffin oil, except for those spinal segments to be superfused (see below).

Administration of drugs

NMDA, SP or NKA (all from Sigma) were applied by controlled superfusion of the spinal cord at the recording segments. Receptor antagonists dizocilpine maleate (MK-801; Research Biochemicals International, U.S.A.), RP67580 (Rhône-Poulenc Rorer, France) or SR48968 (Sanofi Recherche, France) were administered intravenously but not spinally to avoid unknown effects due to

different diffusion kinetics of agonist and antagonist. For controlled superfusion of the spinal cord, a specially synthesized silicone rubber was used to form a small well on the cord dorsum at the recording segments. A single dose of agonist was applied to the cord for 60 min. This allowed secure penetration into the spinal dorsal horn as we have shown previously.⁴ Stock solutions of NMDA (10 mM), SP (1 mM) or NKA (1 mM) were prepared in distilled water and were diluted with artificial cerebrospinal fluid immediately before application. Stock solution of non-peptide NK1 receptor antagonist RP67580 was prepared at 3 mg/ml (in dimethylsulphoxide [DMSO], Sigma) and was diluted in 0.3 ml Tyrode's solution. Final DMSO concentration in the diluted working solution was 0.04%. Non-peptide NK2 receptor antagonist SR48968 was dissolved at 0.6 mg/ml in an aqueous solution of 0.01% Tween 80 (Sigma) and the stock solution was diluted as needed in 0.3 ml Tyrode.

Stimulations and recordings

Following electrical stimulation of the sciatic nerve, field potentials with negative focus were recorded at a depth of 50–350 μ m from the dorsal surface of spinal cord with tungsten microelectrodes (impedance 1–3 M Ω), which were driven by an electronically controlled microstepping motor. A band-width of 0.1–550 Hz was used for recording field potentials (Fig. 1). An A/D converter card (DT2821-F-16SE) was used to digitize and store data in a Pentium computer at a sampling rate of 10 kHz. Single pulses of 0.5 ms at an intensity of 10–20 V were applied to the sciatic nerve and were used as test stimuli. In some experiments high-frequency electrical stimulation (100 Hz, 30–40 V, 0.5 ms, 400 pulses given in four trains of 1 s duration at 10 s intervals) was used to induce LTP of C-fibre-evoked field potentials (Fig. 1A). Recording sites were marked at the end of 40 experiments by electrolytic lesions (30–40 μ A, 20–25 s). Rats were killed by an overdose of pentobarbital. Spinal cords were cut on a freezing microtome into 50 μ m-thick coronal sections which were stained with Cresyl Violet. All recording sites were histologically verified to be in lamina I or II of the spinal cord. The distance from the stimulation site at the sciatic nerve to the recording site in lumbar spinal dorsal horn was around 11 cm.

Data analysis and statistics

The amplitudes of C-fibre-evoked field potentials were determined off-line by parameter-extraction, which was implemented by Experiment's WorkBench (Version 4.0, DataWave, Colorado, U.S.A.). The amplitude of C-fibre-evoked potential was measured as the maximal distance from the baseline. In each experiments five consecutive C-fibre-evoked field potentials were averaged. Thus, amplitudes reported in this work represent the mean of five responses. ANOVA (the Kruskal-Wallis test) was used for statistical analysis and $P < 0.05$ was considered significant. Mean values are given with one S.E.M.

RESULTS*Spinal application of N-methyl-D-aspartate, substance P or neurokinin A induces long-term potentiation in spinalized rats*

In five rats with intact spinal cord stable C-fibre-evoked field potentials were recorded for at least 40 min and served as controls, followed by spinal superfusions with NMDA at increasing concentrations of 1 μ M, 10 μ M and 100 μ M for 1 h each. In all rats tested NMDA failed to affect amplitudes of C-fibre-evoked field potentials (see Fig. 2A and Table 1). However, in rats which were spinalized at C3 segments spinal superfusions with NMDA at a concentration of 10 μ M were sufficient to induce LTP (Fig. 2B). Thirty minutes after the onset of spinal superfusion, mean amplitudes of C-fibre-evoked field potentials increased to $127 \pm 9\%$ of control ($P < 0.05$) and at 1 h mean response elevated to $173 \pm 16\%$ of control ($P < 0.05$). After removal of NMDA from the spinal cord surface, LTP persisted throughout the rest of recording period (up to 6 h). The LTP induction by spinal NMDA (10 μ M) was prevented when NMDA receptor antagonist MK-801 (0.5 mg/kg) was injected intravenously 10 min prior to onset of superfusion (Fig. 2C, Table 1).

Using the same experimental procedure, the roles of SP and NKA for the induction of LTP of C-fibre-evoked field potentials were evaluated. Spinal superfusions with SP at 1 μ M, 10 μ M or 100 μ M never induced LTP as tested in five rats with intact spinal cord (Fig. 3A, Table 1). In contrast, in all five spinalized rats spinal applications of SP at a concentration of 10 μ M induced LTP (Figs 1B, 3B, Table 1). Ten minutes after the onset of superfusions, mean amplitude of C-fibre-evoked field potentials significantly increased to $137 \pm 15\%$ of control ($P < 0.05$) and at 1 h mean response was elevated to $176 \pm 13\%$ of control ($P < 0.05$). In four spinalized rats NK1 receptor antagonist RP67580 (2 mg/kg, i.v.) was administered 10 min prior to spinal application of SP (10 μ M). This receptor blockade prevented LTP induction by SP (see Fig. 3C and Table 1).

Spinal application of NKA at 1 μ M or 10 μ M did not affect amplitudes of C-fibre-evoked field potentials in rats with intact spinal cord as tested in three experiments (Fig. 4A, Table 1). In five spinalized rats tested, spinal superfusions with NKA at 1 μ M were sufficient to induce LTP. Thirty minutes after the

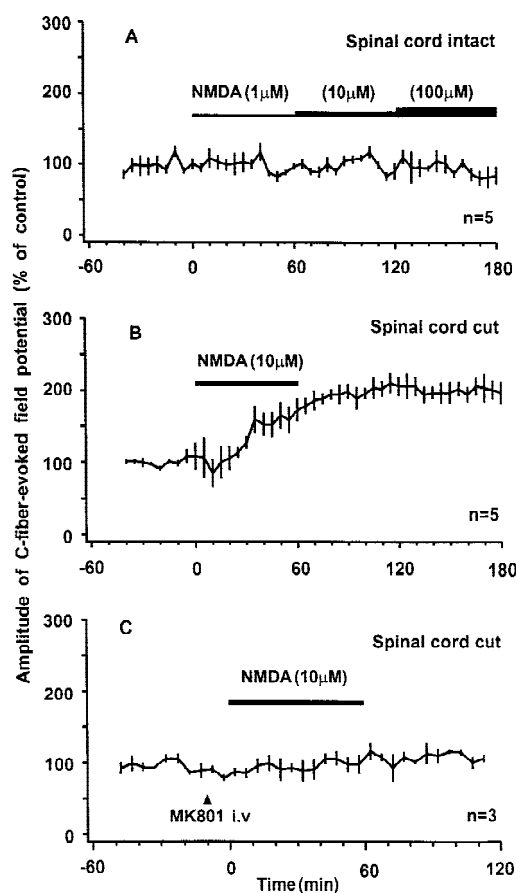


Fig. 2. Spinal superfusions with NMDA induce LTP of C-fibre-evoked field potentials in spinal rats. Mean time-courses of changes in amplitudes of C-fibre-evoked field potentials produced by spinal application of NMDA are shown. Responses prior to NMDA superfusion served as controls. Mean amplitudes (\pm S.E.M.) are expressed as percentage of controls and were plotted versus time. (A) Experiments were performed on rats with intact spinal cord. Spinal superfusions with NMDA at different concentrations for 60 min each did not affect the amplitudes of C-fibre-evoked field potentials. Horizontal bars with increasing width indicate periods of superfusion at different concentrations. (B) Data were obtained from rats which were spinalized at C3 segments. Spinal superfusions with NMDA at 10 μ M (horizontal bar) were sufficient to induce LTP in all rats tested. After removal of NMDA from the spinal cord surface, potentiation persisted throughout the rest of the recording period. (C) In three spinal rats intravenous (i.v.) application of NMDA receptor antagonist MK-801 (0.5 mg/kg, arrowhead) 10 min before spinal superfusion with NMDA (at 10 μ M for 60 min, horizontal bar) prevented induction of LTP of C-fibre-evoked field potentials.

onset of superfusions mean amplitude of C-fibre-evoked field potentials increased to $133 \pm 5\%$ of control ($P < 0.05$) and at 1 h to $187 \pm 19\%$ of control ($P < 0.05$, Fig. 4B). The LTP induction by NKA was blocked by pretreatment with NK2 receptor antagonist SR48968 (0.2 mg/kg, i.v. injected 10 min before NKA application) in all four spinalized rats tested. (Fig. 4C, Table 1).

Table 1. The effects of spinal superfusions with *N*-methyl-D-aspartate, substance P or neurokinin A on the amplitudes of C-fibre-evoked field potentials in rats with intact spinal cord or in spinalized rats

	1 μ M	10 μ M	100 μ M	Spinal cord	<i>n</i>
NMDA	97 \pm 4%	90 \pm 11%	98 \pm 12%	intact	5
SP	98 \pm 9%	103 \pm 5%	122 \pm 10%	intact	5
NKA	102 \pm 6%	103 \pm 4%	-	intact	3
NMDA	-	173 \pm 16%*	-	spinalized	5
SP	-	176 \pm 13%*	-	spinalized	5
NKA	187 \pm 19%*	-	-	spinalized	5
MK801+NMDA	-	103 \pm 10%	-	spinalized	3
RP67580+SP	-	113 \pm 9%	-	spinalized	4
SR48968+NKA	115 \pm 8%	-	-	spinalized	4

Data were obtained at 60 min after the onset of spinal superfusions and are reported as mean \pm S.E.M. All receptor antagonists (MK-801, RP67580 or SR48968) were injected intravenously 10 min before the onset of spinal superfusions with corresponding receptor agonists.

* $P < 0.05$.

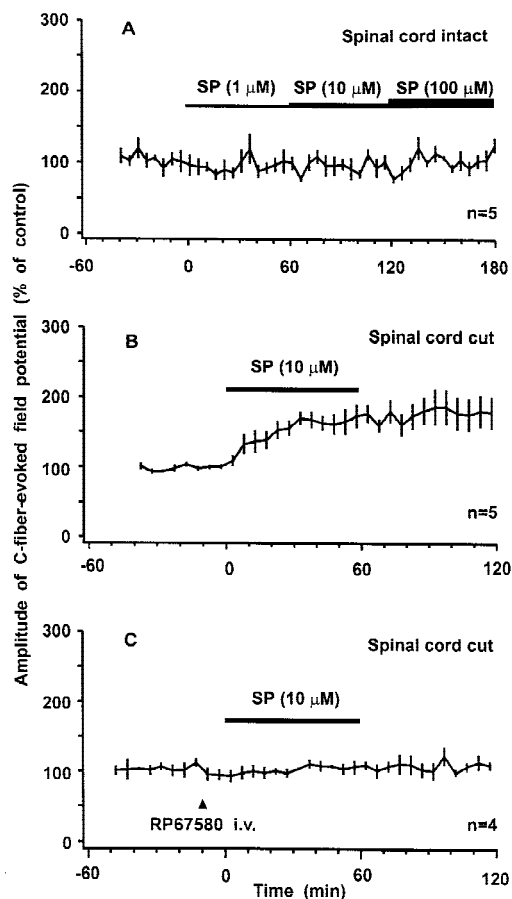


Fig. 3. Spinal superfusions with SP induce LTP in spinalized but not in intact rats. Mean time-courses of changes in amplitudes of C-fibre-evoked field potentials produced by spinal application of SP are shown. (A) In rats with intact spinal cord, spinal superfusions with SP at 1, 10 or 100 μ M (indicated by horizontal bars with increasing width) never induced LTP of C-fibre-evoked field potentials. (B) In spinalized rats superfusions with SP at 10 μ M (horizontal bar) was sufficient to induce LTP. (C) In four spinal rats intravenous (i.v.) application of NK1 receptor antagonist RP67580 (2 mg/kg, arrowhead) 10 min before spinal application of SP (at 10 μ M for 60 min, horizontal bar) prevented induction of LTP of C-fibre-evoked field potentials.

Spinal application of a mixture of N-methyl-D-aspartate, substance P and neurokinin A fail to induce long-term potentiation in rats with spinal cord intact

We have tested the possibility that in rats with intact spinal cord induction of LTP of spinal C-fibre-evoked field potentials may require co-activation of NMDA and neurokinin receptors. In four experiments spinal superfusions with a mixture of NMDA (10 μ M), SP (100 μ M) and NKA (10 μ M) were performed for 1 h. This also failed to induce LTP. 1 h after the onset of spinal applications mean amplitude of C-fibre-evoked field potentials was not significantly different from control (96 \pm 8% of control, $P > 0.05$, data not shown).

DISCUSSION

The characteristics of the field potentials in rat spinal dorsal horn have been described in detail by Schouenborg.⁶⁵ He concluded that these field potentials may be generated primarily by synapses between primary afferent C-fibres and second-order neurons. Our recent studies^{35,37} further support this conclusion. In this work the amplitudes of C-fibre-evoked field potentials recorded in lamina I or II were used as a quantitative measure of synaptic strength in primary afferent C-fibres.

Our previous work⁴ has shown that following superfusion of rat dorsal spinal cord for 30 min with a single dose of [¹²⁵I]NKA, significant radioactivity is detected up to a depth of 1.5 mm. The highest peptide concentration was observed in laminae I and II. This distribution may be similar to the extrasynaptic spread of neuropeptides induced by noxious stimulation.^{17,18} Thus, controlled superfusion of the spinal cord appears to be a suitable means to study the effects of extrasynaptic neuropeptides on the intact spinal neuronal network.

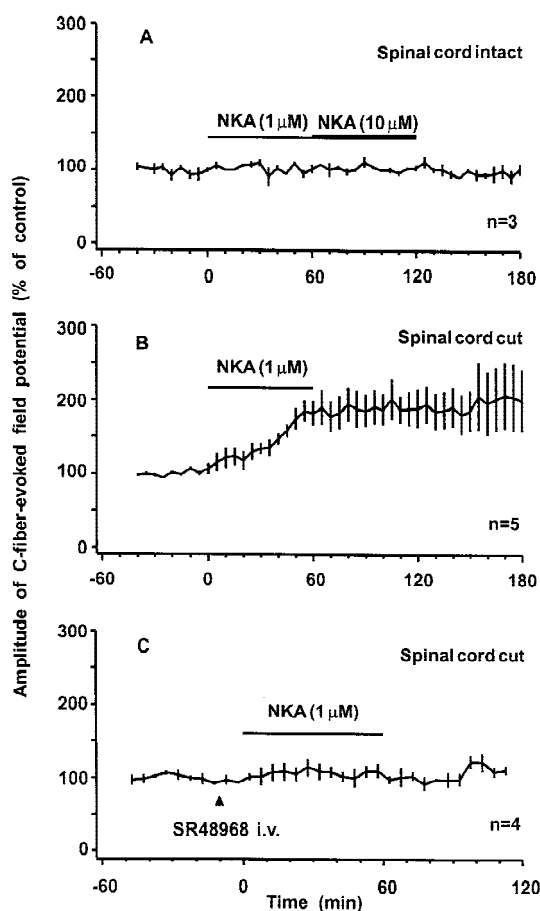


Fig. 4. Spinal superfusions with NKA induce LTP in spinalized but not intact rats. Mean time-courses of changes in amplitudes of C-fiber-evoked field potentials produced by spinal application of NKA are shown. (A) Spinal superfusions with NKA at 1 μ M or 10 μ M for 60 min each (horizontal bars) failed to induce LTP in rats with intact spinal cord. (B) In spinal rats superfusions at 1 μ M (horizontal bar) always induced LTP. (C) In four spinal rats intravenous (i.v.) application of NK2 receptor antagonist SR48968 (0.2 mg/kg, arrowhead) 10 min before spinal superfusion with NKA (at 1 μ M for 60 min, horizontal bar) blocked induction of LTP of C-fiber-evoked field potentials.

The role of N-methyl-D-aspartate, neurokinin 1 or neurokinin 2 receptors for induction of long-term potentiation of C-fiber-evoked field potentials

It has been suggested that the induction of LTP may require both the activity in presynaptic nerve terminals and depolarization of the postsynaptic neurons.⁵ The activation of NMDA receptors on postsynaptic neurons by synaptically released glutamate is essential for the induction of NMDA-dependent LTP.^{10,11} The postsynaptic depolarization relieves a voltage-dependent Mg^{2+} block of NMDA channel, resulting in increased calcium influx.^{45,48,54} A rise in intracellular Ca^{2+} in postsynaptic neurons is crucial for the induction of LTP.^{5,38} It has been recently demonstrated that the increase in intracellular Ca^{2+} in postsynaptic neurons needs to last

only 1–2 s in order to induce LTP⁴³ and that increase in the intracellular Ca^{2+} alone is sufficient for induction of LTP.⁴² Our results are in agreement with this conclusion, as spinal application of receptor agonists NMDA, SP or NKA, which increase the intracellular Ca^{2+} level in postsynaptic neurons (see below), in the absence of any presynaptic activity was shown to induce LTP. Previously, the results from *in vitro* studies have also shown that application of glutamate or NMDA is sufficient to potentiate synaptic transmission in spinal cord⁵⁷ and in hippocampus.^{12,30,41} In spinal cord neurons activation of NMDA receptors depolarizes membrane potential of postsynaptic neurons^{52,60} and increases cytoplasmic Ca^{2+} concentration.⁴⁰ Activation of NK1 receptors by SP may also increase Ca^{2+} level in the cytosol by mobilizing its release from intracellular stores⁷¹ and by increasing Ca^{2+} influx through voltage-gated Ca^{2+} channel.^{26,60} Both SP and NKA may enhance the release of glutamate in the spinal cord^{29,66,67} and potentiate NMDA-dependent increase in intracellular Ca^{2+} level.⁶⁰ Data from *in vitro* studies have shown that in the spinal cord⁵⁷ and visual cortex¹ afferent activity leads to LTP, only when postsynaptic membrane is sufficiently depolarized. It has been extensively documented that nociceptive neurons in the spinal dorsal horn are subjected to powerful tonic inhibition from supraspinal regions.^{3,62} In rats with intact spinal cord, tonic descending inhibition may prevent sufficient depolarization of spinal neurons thus stabilizing the Mg^{2+} block of NMDA receptor channels. Conversely, removal of descending inhibition may enable NMDA, SP or NKA to induce a rise in intracellular Ca^{2+} sufficient to trigger LTP. This may explain our finding that spinal application of NMDA, SP or NKA induced LTP only in spinal rats but not in rats with intact spinal cord. This study provides evidence that activation of spinal NMDA, NK1 or NK2 receptors induces plastic changes in C-fiber-mediated synaptic transmission in the spinal dorsal horn and this may be effectively blocked by tonic inhibition from descending pathways.

Hyperalgesia and long-term potentiation of C-fiber-evoked field potentials

Hyperalgesia is an increased response to noxious stimulation.^{8,16} The time-courses of hyperalgesia induced by different protocols are quite different. Hyperalgesia induced by nerve injury may last for up to eight weeks² and that induced by intrathecal injections of NMDA,^{19,32,46} SP^{20,47} or NKA²³ may last a few hours or only several minutes in awake unanaesthetized animals. Our previous work⁶³ has also shown that intrathecal injection of NMDA fails to produce long-lasting hyperalgesia in awake, intact animals, even though this treatment induces massive expression of c-Fos protein in spinal neurons. Present work shows that spinal application of NMDA, SP or

NKA induces no LTP in rats with intact spinal cord. Thus, the transient hyperalgesia in awake, intact animals may not require LTP induction in spinal cord but may rather be due to direct excitatory effects of NMDA,^{14,52} SP^{6,34,58} or NKA^{50,52,70} on spinal nociceptive neurons. Furthermore, it has been shown that in the spinal cord NMDA receptors are also expressed presynaptically on the terminals of SP-containing primary afferent C-fibres.³³ Activation of presynaptic NMDA receptors has been suggested to facilitate and prolong the transmission of nociceptive messages through the release of SP and glutamate from presynaptic terminals and this presynaptic mechanism may also contribute to short-lasting hyperalgesia induced by intrathecal injection of NMDA.³²

LTP is a long-lasting enhancement of synaptic transmission which is considered as a fundamental mechanism of learning and memory,⁵ and some forms of persistent pain have been referred to somatosensory memory.⁸ As mentioned in the introduction, both LTP of C-fibre-evoked field potentials and central sensitization of spinal neurons are blocked by NMDA, NK1 or NK2 receptor antagonist, and LTP of C-fibre-evoked field potentials can be induced not only by electrical stimulation of afferent C-fibres but also by natural noxious stimulation or by acute nerve injury. We have, therefore, proposed that LTP of C-fibre-evoked field potentials may be one of the

cellular mechanisms of central hyperalgesia.^{37,61} In support of this notion, a great body of evidence has shown that LTP of synaptic transmission and central hyperalgesia share common mechanisms. Protein kinase C has been reported to be involved in both the expression of LTP in hippocampus²⁸ and thermal and mechanical hyperalgesia.^{7,9,49,77} Nitric oxide, which is released from postsynaptic neuron by activation of NMDA receptors and reaches presynaptic terminals through the extracellular compartment,⁵ may also play an important role in both the induction of LTP⁴⁴ and thermal hyperalgesia.^{9,46,49} *De novo* protein synthesis is necessary for the late phase (from 3–5 h onward) of LTP in freely moving rats³¹ and in hippocampal slice preparation.²¹ The blockade of protein synthesis was recently shown to selectively decrease the second phase of formalin-induced behavioural hyperalgesia.²⁷ Taken together, convergent and independent evidence suggests that LTP of spinal C-fibre-evoked field potentials may be an important mechanism underlying long-lasting central hyperalgesia.

Acknowledgements—The authors thank Prof. Dr W. Jänig for critical comments during the preparation of this manuscript. This work was supported by grants (Sa 435/9-2 and Sa 435/10-2) from the Deutsche Forschungsgemeinschaft to J.S.

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(Accepted 6 February 1998)