

Exercise Is Associated With Reduction in the Anxiogenic Effect of mCPP on Acoustic Startle

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Voluntary exercise has been associated with reduced anxiety across several animal models. Manipulation of central 5-HT can alter anxiety-like behaviors and administration of the 5-HT agonist metachlorophenylpiperazine (mCPP) increases anxiety in rodents and humans. To examine whether the anxiolytic effect of exercise is associated with an alteration in 5-HT systems, we examined the anxiogenic effect of mCPP in exercising and nonexercising mice. C57BL/6J mice were given 2 weeks of free access to either a functioning or nonfunctioning running wheel. Mice were then tested for acoustic startle following systemic injection of either 0, 0.1, 0.3, or 1 mg/kg of mCPP. Consistent with its anxiogenic properties, mCPP produced a dose-dependent increase in acoustic startle in nonexercising mice. However, this anxiogenic effect was blunted in exercising mice. These findings suggest that exercise may help to reduce anxiety by altering 5-HT systems, perhaps by down-regulating postsynaptic 5HT 2B/2C receptors.

Keywords: anxiety, serotonin, meta-chlorophenylpiperazine, wheel running, 5-HT_{2C} receptor

It is well known that physical activity (i.e., exercise) benefits the cardiovascular system and thereby improves physical health. There is now a growing evidence that exercise also benefits the brain (Cotman & Berchtold, 2002; Cotman & Engesser-Cesar, 2002) and improves cognitive and emotional health (Dishman et al., 2006; Friedland et al., 2001; Hillman, Belopolsky, Snook, Kramer, & McAuley, 2004; Laurin, Verreault, Lindsay, MacPherson, & Rockwood, 2001; Manger & Motta, 2005). In humans, physical exercise is associated with a lower risk of cognitive impairment, dementia and Alzheimer's disease (Friedland et al., 2001; Laurin et al., 2001) and has been associated with improvements in attention (Hillman et al., 2004). Consistent with these effects, voluntary exercise in rodents improves learning and memory across several tasks and can mitigate cognitive decline in senescent mice (Baruch, Swain, & Helmstetter, 2004; Christie et al., 2005; Fordyce & Farrar, 1991; Fordyce, Starnes, & Farrar, 1991; Fordyce & Wehner, 1993; Radak et al., 2001; Samorajski et al., 1985; van Praag, Christie, Sejnowski, & Gage, 1999a; van Praag, Chunm, & Gage, 2005; van Praag, Kempermann, & Gage, 1999b, 2000). Although the exact mechanisms by which exercise benefits the brain are unclear (Cotman & Berchtold, 2002; Dishman et al., 2006), voluntary exercise in rodents is associated with neurogenesis, increased neuronal survival (Brown et al., 2003; Farmer et al., 2004; van Praag et al., 1999a, 2005; van Praag et al., 1999b, 2000), capillary growth and increased vascular flow (Black, Isaacs, Anderson, Alcantara, & Greenough, 1990; Isaacs, Anderson, Alcantara, Black, & Greenough, 1992; Swain et al., 2003), increased expression of neurotrophins (Gomez-Pinilla, Ying, Roy, Molteni, & Edgerton, 2002; Neeper, Gomez-Pinilla, Choi, & Cotman, 1995,

1996; Vaynman, Ying, & Gomez-Pinilla, 2004a, 2004b), changes in gene expression (Tong, Shen, Perreau, Balazs, & Cotman, 2001) and signaling molecules (Shen, Tong, Balazs, & Cotman, 2001), and changes in serotonin (Greenwood, Foley, Burhans, Maier, & Fleshner, 2005; Greenwood et al., 2003a), norepinephrine and Gamma-aminobutyric acid (GABA) (Dunn, Reigle, Youngstedt, Armstrong, & Dishman, 1996; Overton et al., 1991).

Physical exercise also affects emotional health. In humans, exercise has been associated with improvement in treatment outcomes for both depression and anxiety (Dunn, Trivedi, & O'Neal, 2001; Fox, 1999; Morgan & Goldstein, 1987; Salmon, 2001; Scully, Kremer, Meade, Graham, & Dudgeon, 1998) and may be particularly effective in managing posttraumatic stress disorder (PTSD) (Manger & Motta, 2005). Voluntary exercise in rodents has been shown to improve immunological and behavioral responses following stress (Dishman, 1997; Dunn et al., 1996; Fleshner, 2000, 2005; Kennedy, Smith, & Fleshner, 2005; Moraska & Fleshner, 2001; Soares et al., 1999) and to produce a reduction in anxiety as measured in the open field (Dishman et al., 1996), elevated plus maze and the light-dark box (Binder, Droste, Ohl, & Reul, 2004). Consistent with this, we have recently shown that voluntary exercise in C57BL/6J mice produces a robust anxiolytic effect as evidenced by a reduction in startle amplitude, increased time spent in the center of an open field, decreased stress-induced hyperthermia and increased social interaction (Detroy, Duffy, Guignon, & Falls, 2005).

Any number of adaptive changes in the brain could contribute to the anxiolytic effect of voluntary exercise (Dishman et al., 1996, 1997; Dunn et al., 1996; Soares et al., 1999). However, given the important role of serotonin (5-HT) in anxiety [see (Handley, 1995) for review] and in the etiology and treatment of anxiety disorders, it is likely that changes in central 5-HT functioning play some role in the anxiolytic effects of exercise (Greenwood et al., 2003b).

Metachlorophenylpiperazine (mCPP) is anxiogenic in humans (Feuchtl et al., 2004; Gatch, 2003; Graeff, Garcia-Leal, Del-Ben,

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& Guimaraes, 2005) and rodents (Abrams et al., 2005; Bilkei-Gorzo, Gyertyan, & Szabados, 1996; Cornelio & Nunes-de-Souza, 2007; Graeff, Guimaraes, De Andrade, & Deakin, 1996; Risbrough & Geyer, 2005) and has been associated with activation of brain areas that are known to participate in the regulation of anxiety-related behaviors (Singewald, Salchner, & Sharp, 2003; Thompson & Rosen, 2006). Because exercise in rodents is anxiolytic and has been associated with alterations in central 5-HT functioning (Greenwood et al., 2004), we tested whether exercise in mice would be associated with a decrease in the anxiogenic effect of mCPP. C57BL/6J mice were given 2 weeks of voluntary access to a running wheel. Following this, mice were injected with mCPP (0, 0.1, 0.3, and 1.0 mg/kg, ip) and tested for acoustic startle. The acoustic startle response is a sensitive measure of anxiety (Davis, Falls, Campeau, & Kim, 1993; Walker, Toufexis, & Davis, 2003): drugs and environmental conditions known to increase anxiety increase acoustic startle (Grillon, Pellowski, Merikangas, & Davis, 1997; Lee & Davis, 1997b; Walker & Davis, 1997) whereas drugs and environmental conditions known to decrease anxiety decrease acoustic startle (Davis et al., 1993; Koch, Schmid, & Schnitzler, 1996; Schweimer, Fendt, & Schnitzler, 2005). If exercise is associated with an alteration in 5-HT systems, then mice given access to a running wheel will show a blunted anxiogenic response to mCPP.

Method

Subjects

Male C57BL/6J mice ($n = 59$) were obtained from Jackson Laboratories (Bar Harbor, Maine). Mice were housed in groups of four and maintained on a 12-h light/dark cycle (lights on at 0700 hours). Food and water were available ad libitum. Cages of mice were randomly assigned to exercise or nonexercising groups. Exercise groups were given free access to a functioning running wheel while nonexercising groups had access to a locked, non-functioning running wheel. Mice were housed for 2 weeks with the running wheel before the beginning of experiments. We have previously shown (Detroy et al., 2005) that the total distance run in 24 hours per cage is 18.05 km (± 0.3 km, approximate average of 4.5 km per mouse). This is consistent with published reports indicating that C57BL/6J given free access to a running wheel will run approximately 4 to 5 km in a 24-h period (Droste et al., 2003; Harri et al., 1999). Furthermore, a detailed video analysis of night cycle running in a sample of four cages revealed that each individual mouse runs on average 25% of the total time (range 17 and 38%). There are also no differences in body weight between exercising and nonexercising mice (Droste et al., 2003; Harri et al., 1999).

Drugs

mCPP HCl (Sigma-Aldrich, St. Louis, MO) was mixed fresh in physiological saline for each injection day. Doses of 0, 0.1 mg/kg, and 0.3 mg/kg and 1.0 mg/kg were administered intraperitoneal in a volume of 10 ml/kg. Injections were given 15 minutes before the test for acoustic startle (Risbrough & Geyer, 2005).

Apparatus

Acoustic startle was measured in eight individual sound attenuating cubicles measuring 58 (W) \times 32 (D) \times 55 (H) cm. Each

cubicle was lined with black, sound absorbing foam with no internal source of light. Each cubicle contained a stabilimeter device consisting of a load cell platform onto which the behavioral chamber was mounted. The chamber was constructed of clear acrylic, cylindrical in shape, 12.5 cm in length, with an inner diameter of 5 cm (Med Associates, Georgia, VT). Startle responses were transduced by the load cell, amplified, and digitized over a range of 0 to 4,096 units. Startle stimuli were 20 ms bursts of white noise (10 each at 95, 100, and 105 dB) provided through Radio Shack Supertweeters, one located in each sound attenuating cubicles 10 cm behind each behavioral chamber.

Data collection and the control and sequencing of all stimuli were controlled by Med-Associates startle reflex hardware and software (Georgia, VT). Startle amplitude was defined as the largest peak to trough value within 100 ms after the onset of the startle stimulus.

Procedure

The experiment was carried out with a within subjects design in which each mouse within an exercising group was given each of the four doses of mCPP (0, 0.1, 0.3, and 1 mg/kg). The order of doses for each mouse was determined using a Latin Square design such that on each test day an equal number of mice received each dose.

Mice were transported to the lab from the colony in their home cage. Mice were removed from their cage, weighed, and injected with one of four doses of mCPP. Fifteen minutes later, mice were placed in the startle apparatus. After a 5-min acclimation period during which no stimuli were administered, the mice were given the first of 30 noise burst startle stimuli (10 each at 95, 100, and 105 dB) presented in a pseudorandom order with the constraint that each startle intensity occur once in each block of three stimuli. The intertrial interval was 60 seconds. This procedure was repeated three additional times until each mouse had been given each dose of mCPP. The interval between successive doses of mCPP (i.e., between successive startle tests) was 48 hours.

Statistical Analysis

Mean startle amplitude was computed for each mouse at each dose. The data were analyzed with a repeated measures analysis of variance (ANOVA) with group (exercising or nonexercising) and dose (0, 0.1, 0.3, 1.0 mg/kg) as independent factors and startle amplitude as the dependent factor. Post hoc analyses with Newman-Keuls paired t tests were used to test for differences within groups across the doses of mCPP (Hays, 1988).

Results

As we have previously reported (Detroy et al., 2005), mice given access to a running wheel (exercising group) exhibited lower acoustic startle amplitude than mice given access to a locked (i.e., nonfunctioning) running wheel (nonexercising group) (Figure 1, 0 mg/kg mCPP). mCPP dose dependently facilitated acoustic startle in nonexercising mice. However, this effect was blunted in exercising mice. In fact, only the highest dose of mCPP facilitated startle in exercising mice.

ANOVA revealed significant main effects of group (exercising vs. nonexercising, $F(1, 57) = 33, p < .05$) and mCPP dose ($F(3, 171) = 30.9, p < .05$) as well as a significant dose by group interaction, $F(3, 171) = 2.93, p < .05$. The significant interaction was followed up with lower order ANOVAs for each group. mCPP produced a dose dependent facilitation in startle in nonexercising mice $F(3, 171) = 2.93, p < .05$. Each dose of mCPP elevated startle above the 0 mg/kg dose (Student-Newman-Keuls test, $ps < .05$). In contrast, only the highest dose of mCPP significantly facilitated startle (1.0 mg/kg) in exercising mice ($p < .05$).

Discussion

Several clinical studies have suggested an anxiolytic effect of regular exercise in humans (Dunn et al., 2001; Fox, 1999; Manger & Motta, 2005; Morgan & Goldstein, 1987; Salmon, 2001; Scully et al., 1998); however, in rodents the anxiolytic effects of exercise has been somewhat more variable. In studies allowing animals voluntary access to a running wheel there are reports of anxiolytic effects (Binder et al., 2004; Dishman et al., 1996, 1997), no effects (Pietropaolo, Feldon, Alleva, Ciruli, & Yee, 2006) or increases in anxiety-like behavior following exercise (Burghardt, Fulk, Hand, & Wilson, 2004). Although these inconsistencies may be because of any number of experimental variables, including differences in species (rat or mouse), sex, housing conditions (e.g., single vs. grouped housed), duration of exercise and anxiety model, they point to the need for continued assessment of the putative anxiolytic effects of exercise in animal models. In this study, we show that 2 weeks of voluntary exercise reduced acoustic startle amplitude and blunted the startle-enhancing effect of the anxiogenic drug mCPP. Because anxiolytic treatments decrease acoustic startle (Grillon et al., 1997; Lee & Davis, 1997b; Walker & Davis, 1997), whereas anxiogenic treatments increase acoustic startle (Davis et al., 1993; Koch et al., 1996; Schweimer et al., 2005), we

interpret these data as being consistent with an anxiolytic effect of voluntary exercise. The fact that 2 weeks of exercise was sufficient to produce an anxiolytic effect is interesting in light of the fact that studies typically allow rodents to run for up to 6 weeks. Unpublished data from our lab suggests that 1 week, but not 3 days, of exercise is sufficient to reduce startle amplitude and the reduction in startle amplitude persists as long as the mice are allowed to run (up to 12 weeks). Clearly much more work is needed examining how the duration of exercise influences the reduction in anxiety (see Berchtold, Chinn, Chou, Kessler, & Cotman, 2005).

mCPP is a 5-HT agonist, and because voluntary exercise was associated with a blunted effect of mCPP, this suggests voluntary exercise exerts its anxiolytic effect in part through altering central 5-HT function (Greenwood et al., 2005, 2003a). In humans, exercise has also been shown to blunt the effect of mCPP. Individuals completing a 10-week exercise regimen and subsequently challenged with an oral dose of mCPP showed a decreased cortisol response as compared to their response in a preexercise challenge (Broocks et al., 2001). mCPP is thought to mediate its anxiogenic effects through actions at the 5-HT_{2C} receptor (Campbell & Merchant, 2003; Curzon & Kennett, 1990; Gibson, Barnfield, & Curzon, 1994; Kennett, Whitton, Shah, & Curzon, 1989; Kennett et al., 1996; Wood, 2003). With this, and because the cortisol response to mCPP is largely mediated by 5-HT_{2B/2C} receptors (Broocks et al., 2001), Broocks and colleagues hypothesize that exercise leads to a down-regulation of central 5-HT_{2B/2C} receptors. Although mCPP has high affinity for 5-HT_{2C} receptors, it also binds to several other 5-HT receptor subtypes (Hoyer et al., 1994; Porter et al., 1999). Therefore, based on the present data, and without the benefit of highly selective antagonist studies examining the principal receptor subtypes responsible for augmenting acoustic startle, it is currently unknown whether mCPP enhances startle by actions at 5-HT_{2C} receptors or another 5-HT receptor

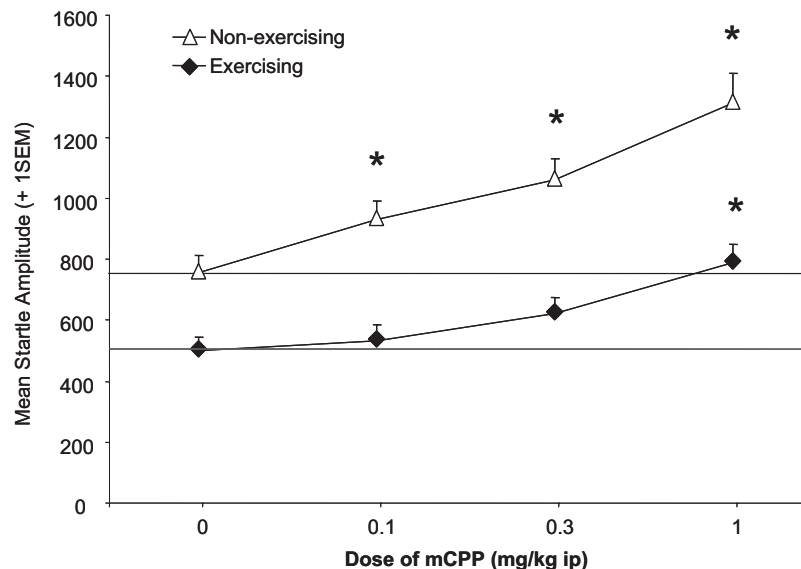


Figure 1. The 5-HT receptor agonist mCPP dose dependently increases acoustic startle amplitude in nonexercising mice. Dashed line represents startle amplitude following vehicle injection (0 mg/kg). * Newman-Keuls Pairwise Comparison versus 0 mg/kg, $p < .05$.

subtype. Therefore, we can only speculate the anxiolytic effect of exercise on acoustic startle is mediated by alterations in 5-HT_{2C} receptors.

Greenwood et al. (2003) have provided further evidence that voluntary exercise alters central 5-HT function. In their experiments, 6 weeks of voluntary exercise in rats was associated with an up-regulation of mRNA for 5-HT_{1A} somatodendritic autoreceptors in the dorsal raphe nucleus (DRN) (Greenwood et al., 2003b). If the up-regulation of mRNA for 5-HT_{1A} somatodendritic autoreceptors results in an up-regulation of receptor protein, additional 5-HT_{1A} autoreceptors would decrease DRN activity by enhancing autoinhibition of DRN cell firing. This, in turn, should decrease 5-HT release in DRN projection areas that are known to play a role in anxiety-related behaviors. Consistent with this, Dishman and colleagues (Dishman et al., 1997) have reported that voluntary exercise in rats was associated with decreased shock-induced elevation in the 5-HT metabolite 5-hydroxyindole acetic acid in the hippocampus and amygdala suggesting that exercise decreased 5-HT function in these DRN targets associated with anxiety-like behavior. It is interesting to note that treadmill (i.e., forced) exercise has been shown to increase 5-HT release in the hippocampus, frontal cortex, and spinal cord (Bequet, Gomez-Merino, Berthelot, & Guezennec, 2001, 2002; Gerin, Legrand, & Privat, 1994; Gomez-Merino, Bequet, Berthelot, Chennaoui, & Guezennec, 2001; Meeusen et al., 1996). Treadmill running appears to be qualitatively different from voluntary exercise and has been argued to be more akin to stress (Dunn et al., 1996). In this light, it is interesting that treadmill running may also produce qualitatively different effect on the 5-HT system.

In addition to the documented exercise-induced changes in presynaptic 5-HT function, it is possible that exercise additionally affects postsynaptic 5-HT function. There is substantial evidence implicating a role for the bed nucleus of the stria terminalis (BNST) in anxiety-related behavior. For example, lesions of the BNST reduce anxious responding to intracerebroventricular corticotropin-releasing factor (CRF) (Lee & Davis, 1997a), bright lights (Walker & Davis, 2002), uncontrollable shock (Hammack, Richey, Watkins, & Maier, 2004), and exposure to predator odor (Fendt, Endres, & Apfelbach, 2003). The BNST receives direct projections from the DRN and systemic injection of mCPP increases cFos expression in the BNST (Singewald et al., 2003). Moreover, direct intra-BNST infusion of the 5-HT_{1-like/7} agonist 5-carboxytryptamine (5-CT) produces an anxiolytic-like effect on acoustic startle (Levita et al., 2004). In an unpublished study we have shown that direct infusion of low doses of mCPP into the BNST increases acoustic startle in mice. Hence, we suggest that the anxiolytic effect of voluntary exercise may be due in part to a decrease in 5-HT mediated activity in the BNST.

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