

INTRODUCTION

The serotonergic hallucinogen 5-Methoxy-N,Ndimethyltriptamine (5-MeO-DMT) disrupts cortical function. Reversal by antipsychotic drugs.



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5-MeO-DMT (component of *Ayahuasca*, an Amazonian beverage) is a natural indoleamine hallucinogen with non-selective serotonin 5-HT_{1A}/5-HT_{2A} receptor agonist properties. Its ability to cause physiological and behavioural changes such as hallucinations can be used to study the neurobiological basis of psychotic symptoms in schizophrenia. We previously reported that other psychotomimetic agents (the non-competitive NMDA-R antagonist phencyclidine –PCP- and the 5-HT_{2A/2C} agonist –DOI-) markedly reduce low frequency cortical oscillations (LFCC; <4Hz) in rodent prefrontal cortex (PFC), an effect reversed by antipsychotic drugs (1,2,3). Likewise, behavioural studies showed that the effect of 5-MeO-DMT on locomotor activity depends on the activation of 5-HT_{1A} receptors (4,5). Here we examined the effect of 5-MeO-DMT on cortical activity in rodents and the potential reversal of its action by antipsychotic drugs.

AIMS

• To examine the effect of the hallucinogen 5-MeO-DMT on mPFC activity (Low frequency cortical oscillations –LFCO- and pyramidal discharge).

- •To examine the 5-HT receptors potentially involved (5-HT_{1A} and 5-HT_{2A}) in 5-MeO-DMT effects using selective antagonists and 5-HT_{2A} receptor knockout mice (KO2A). •To examine the action of 5-MeO-DMT on monoamine release (DA and 5-HT) in mPFC in WT and KO2A mice in parallel to behavior changes.
- •To examine the potential reversal of 5-MeO-DMT by marketed antipsychotic drugs (Haloperidol, non-selective D₂-R antagonist; Risperidone non-selective 5-HT_{2A} > D₂-R antagonist; Clozapine, non-selective 5-HT_{2A} antagonist) and by the mGlu2/3 receptor agonist (LY379268)
- •To examine brain areas involved using blood-oxygen level dependent (BOLD) functional magnetic resonance (fMRI).
- •To examine the effect of 5-MeO-DMT in cortical areas potentially involved in hallucinations (somatosensory, auditory and visual primary cortices; S1, Au1 and V1 respectively)





SUMMARY

Dialysate (% of basal

I FCO in KO2A mice

Subcutaneous administration of 5-MeO-DMT (1 mg/Kg) altered monoaminergic neurochemistry in mPFC via 5-HT_{1A}-R in mice.

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and medial prefrontal controls. V5-MeO-DMT also altered LFCO in somatosensory, auditive and visual primary cortices in WT mice and in visual primary cortex in KO2A mice.

REFERENCES

known action on $5-HT_{2A}$ receptors.

CONCLUSIONS

(1) Kargieman et al., 2007 Proc Natl Acad Sci USA 104:14843-14848. (2) Celada et al., 2008 Biol Psychiatry 64:392:400. (3) Kargieman and Riga et al., 2012 Neuropsychopharmacology 37(3):723-733 (4) Van den Buuse et al., 2011 Psychopharmacology 61:209-216 (5) Halberstadt et al., 2011 Psychopharmacology 25:1548-1561

has been set at the 95% confidence level (two-tailed)

SUPPORT

Behaviour: Stereotypes associated to 5-HT1A/5-HT2A receptor activation (tremor and head twich response -HTR-

respectively), recorded during microdialysis experiments involving 5-MeO-DMT administration. Drugs: Drugs were administered i.v. (Electrophysiology and fMRI in rats); s.c. (Electrophysiology and Microdialysis in

mice) or locally (intra-mPFC; Microdialysis in mice): 5-MeO-DMT (0.1 or 1 mg/Kg and 30-100-300 µM in LCR+Citalopram 1µM for 5-HT and LCR+Nomifensine 10 µM for DA); Clorgyline (CLG, MAO-A inhibitor; 0.3 mg/Kg); Haloperidol (HAL, 0.1-0.2 or 0.6 mg/Kg); Risperidone (RIS, 0.2 or 1 mg/Kg); Clozapine (1 mg/Kg) WAY100635 (50-100

µg/Kg or 0.5 mg/Kg); M100907 (0.3 mg/Kg); LY379268 (LY, 0.5-1.5 mg/Kg) Analysis: Firing rate (spikes/second) and LFCO (power spectra; values from 0.15-4Hz); fMRI (Δ of AUCs between 5-

MeO-DMT and SALINE); Microdialysis (HPLC with electrochemical detection); Stereotypes (HTR: counts5 min during

Statistical analysis: one or two-way ANOVA following Newman-Keuls multiple comparison test. Statistical significance

20 min; Tremor: intensity/5 min during 20 min, scale 0-2; 0=absent; 1=periodic; 2= continuous)

of hallucinations and in target identification during antipsychotic drug development. Moreover the present results point to the prefrontal and sensorial cortical areas as sites of action of this hallucinogen

and suggest the involvement of 5-HT1A receptors in the action of indoleamine hallucinogens, in addition to their well-

Together with previous findings (1-3), the present results indicate that reductions in LFCO are a common neurophysiological signature of hallucinogens. The reversal of these effects by antipsychotic drugs with different mechanisms of action suggests a clear association with their therapeutic activity, regardless of their initial pharmacological target. This supports the usefulness of the LFCO model in PFC to examine the neurobiological basis

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Authors declare no conflict of interest