

D₁ Receptors Modulate Glutamate Transmission in the Ventral Tegmental Area

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Perfusion of the D₁ agonist, SKF-82958, through a microdialysis probe implanted in the ventral tegmental area produced a dose-dependent increase in extracellular glutamate and GABA. The increase in extracellular glutamate occurred at approximately 30× lower dose than the elevation in GABA. The increase in extracellular glutamate by SKF-82958 was blocked by coperfusion of the D₁ antagonist, SCH-23390, and was not mimicked by perfusion of the D_{2/3} agonist, quinpirole, into the ventral tegmental area. In contrast, the elevation in extracellular GABA was insensitive to blockade by SCH-23390. Systemic administration of cocaine (15 mg/kg, i.p.) produced a rapid elevation in extracellular glutamate lasting for 20 min that was prevented by pretreating the ventral tegmental area with SCH-23390. In contrast, acute cocaine produced a reduction in extracellular GABA content in the ventral tegmental area that was not affected by SCH-23390. These data indicate that the stimulation of D₁ receptors in the ventral tegmental area increases the release of glutamate and that increasing extracellular levels of somatodendritic dopamine by systemic cocaine can mimic this effect.

[Key words: dopamine, glutamate, GABA, ventral tegmental area, microdialysis, cocaine]

Somatodendritic dopamine release from neurons in the ventral mesencephalon is calcium dependent (Robertson et al., 1991; Grace, 1991; Kalivas and Duffy, 1991) and provides regulatory feedback on dopamine cellular activity (Bunney et al., 1973; Wang, 1981; Grace, 1987). Stimulation of somatodendritic dopamine autoreceptors hyperpolarizes dopamine cells via a G protein-dependent increase in potassium efflux (Innis and Aghajanian, 1987; Lacey et al., 1987). The ensuing membrane hyperpolarization inhibits dopamine cell firing (Bunney et al., 1973; Wang, 1981; Grace, 1987), as well as further release of somatodendritic dopamine (Kalivas and Duffy, 1991). The D₂ dopamine receptor subtype is a somatodendritic autoreceptor. Not only have pharmacological studies using receptor selective agonists identified D₂ receptor involvement (Lacey et al., 1987), but D₂ receptor binding and mRNA are eliminated in the ventral mesencephalon following selective dopamine lesions (Bouthenet et al., 1987; Meador-Woodruff et al., 1991).

In addition to D₂ receptors, somatodendritically released do-

pamine can stimulate other receptor subtypes. Both D₁ and D₃ receptor subtypes are present in the ventral mesencephalon (Bouthenet et al., 1991; Mansour et al., 1992). Similar to D₂ receptors, D₃ receptors may serve an autoreceptor function. While pharmacological verification of this possibility remains to be documented, dopamine neurons have been reported to contain D₃ receptor mRNA (Bouthenet et al., 1991). In contrast to D₂ and D₃ receptors, dopamine neurons do not synthesize D₁ receptors in measurable quantities (Mansour et al., 1992). In the substantia nigra the majority of D₁ receptor binding is in the pars reticulata and is eliminated by destruction of striatonigral afferents but remains unaffected by nigral dopamine lesions (Altar and Hauser, 1987; Beckstead, 1988). It is known that striatal efferents to the ventral mesencephalon are GABAergic (Smith and Bolam, 1990; Kalivas et al., 1993), and are capable of inhibiting somatodendritic dopamine release (Klitenick et al., 1992), as well as the firing frequency of dopamine neurons by a GABA_B-dependent increase in potassium conductance (Grace and Bunney, 1985; Lacey et al., 1987; Johnson and North, 1992). Because of the localization of D₁ receptors on GABAergic afferents, it has been proposed that activation of D₁ receptors may provide inhibitory regulation of dopamine cells by presynaptic stimulation of GABA release. Accordingly, using nigral tissue slices it was shown that D₁ agonists promote the release of preloaded ³H-GABA (Starr, 1987). Furthermore, *in vivo* application of the D₁ agonist, CY-208-243, into the substantia nigra via a dialysis probe increases the extracellular content of GABA (Timmerman et al., 1991) and perfusion of ventral mesencephalic tissue slices with D₁ agonist promotes GABA_B-dependent hyperpolarizations in dopamine cells (Cameron and Williams, 1993).

In addition to GABAergic afferents, there exist excitatory amino acid (EAA) afferents to the ventral mesencephalon arising from the prefrontal cortex, amygdala, subthalamus and pedunculopontine region (see Kalivas, 1993, for review), and it is possible that D₁ receptor stimulation may also modulate EAA release. This possibility is of potential clinical significance because it could constitute a positive feedback mechanism onto dopamine cells and a number of psychopathologies have been associated with hyperactivity in mesocorticolimbic dopamine projections (Goldstein and Deutch, 1992; Sato, 1992; Koob et al., 1993).

The first experiments in the present study use microdialysis to examine the effect of *in vivo* D₁ receptor stimulation on extracellular glutamate content and GABA release in the medial dopamine cell group of the ventral mesencephalon, located in the ventral tegmental area (VTA). It was then determined if systemic administration of the psychostimulant, cocaine, alters the

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extracellular content of glutamate and GABA in the VTA, and if this effect is mediated by D₁ receptors.

Materials and Methods

Surgery and animal housing. Male Sprague–Dawley rats (Simonsen Laboratories, Gilroy, CA) were individually housed with food and water available *ad libitum*. A 12 hr/12 hr light/dark cycle was used with the lights on at 6:30 a.m. Prior to surgery, rats weighing 250–350 gm were anesthetized with Equithesin (3.0 ml/kg) and mounted in a stereotaxic apparatus. Unilateral dialysis guide cannulae (14 mm, 20 gauge stainless steel) were implanted 3 mm dorsal to the VTA (2.5 mm A/P, 0.7 mm M/L, –2.5 mm D/V; relative to the interaural line according to Pellegrino et al., 1979) and cemented in place by affixing dental acrylic to three stainless steel screws tapped into the skull.

Microdialysis and behavior. The dialysis probes were constructed as described by Robinson and Whishaw (1988), with 1.0–1.5 mm of active dialysis membrane exposed at the tip. The probes were inserted through the guide cannula into the VTA the night prior to the experiment. The next day, dialysis buffer (5 mM KCl, 120 mM NaCl, 1.4 mM CaCl₂, 1.2 mM MgCl₂, 5.0 mM D-glucose, plus 0.2 mM phosphate-buffered saline to give a pH value of 7.4 and a final sodium concentration of 120.7 mM) was advanced through the probe at a rate of 1.9 ml/min via a syringe pump (Harvard Instruments, Boston, MA) for 2 hr. Twenty min baseline samples were collected for 100 min, followed by treatments involving passing various concentrations of the D₁ agonist, SKF 82958 (Research Biochemicals, Inc., Natick, MA), the D₁ antagonist, SCH-23390 (Research Biochemicals, Inc.) or the D₂/D₃ agonist, quinpirole (Research Biochemicals Inc.) through the dialysis probe and/or systemic injection of cocaine (15 mg/kg, *i.p.*; donated by the National Institute of Drug Abuse) or saline (1 ml/kg, *i.p.*). Intracranial drugs were dissolved in the dialysis perfusion buffer and cocaine was dissolved in saline. During both baseline and drug administration, samples were taken every 20 min. When cocaine was administered, motor activity was monitored using a photocell system (Omnitech Electronics, Columbus, OH). At the end of the experiment, the dialysis probe was removed and the animal was administered an overdose of pentobarbital (>100 mg/kg, *i.p.*).

Quantification of amino acid content. The concentrations of GABA and glutamate were determined using HPLC with electrochemical detection. Samples were typically split and separate isocratic HPLC systems were employed for quantifying GABA and glutamate. The dialysis samples were collected into 10 μ l of mobile phase containing 2.0 pmol of aminovaleric acid and homoserine as the internal standards for GABA and glutamate, respectively. The mobile phases for glutamate and GABA are described by Donzanti and Yamamoto (1988) and Bourdelais and Kalivas (1992), respectively. A reversed-phase column (10 cm; ODS) was used to separate the amino acids and precolumn derivatization of amino acids with *o*-phthalaldehyde was performed using an autosampler. For GABA the electrodes were set as follows: preinjection port guard = +0.7 V, preoxidation = +0.2 V, working = +0.45 V, and for glutamate the electrodes were set at; guard = +0.7 V, prereluction = –0.35 V, working = +0.65 V. Peak heights were measured and compared to an external standard curve for quantification.

Histology and statistics. Rats were perfused intracardially with phosphate-buffered saline (60 ml) followed by 10% formalin (60 ml). The brains were removed and stored in 10% formalin for at least 1 week. The brains were then blocked and coronal sections (100 μ m thick) were taken at the level of the VTA with a vibratome. The sections were mounted on gelatin-coated slides and stained with cresyl violet. Probe placements were determined according to the atlas of Paxinos and Watson (1986) by an individual unaware of the rats' neurochemical response. The data were evaluated using a one- or two-way ANOVA with repeated measures over time. Comparisons between treatment groups or to predrug baseline were made using a least significant difference test described by Milliken and Johnson (1984) or a Dunnett's test for comparison to baseline.

Results

Effect of D₁ receptor stimulation. Figure 1 shows that perfusion of SKF-82958 through a dialysis probe in the VTA increased the extracellular content of both GABA and glutamate in the VTA. However, SKF-82958 was more potent in augmenting the levels of glutamate compared to GABA. The minimum effective

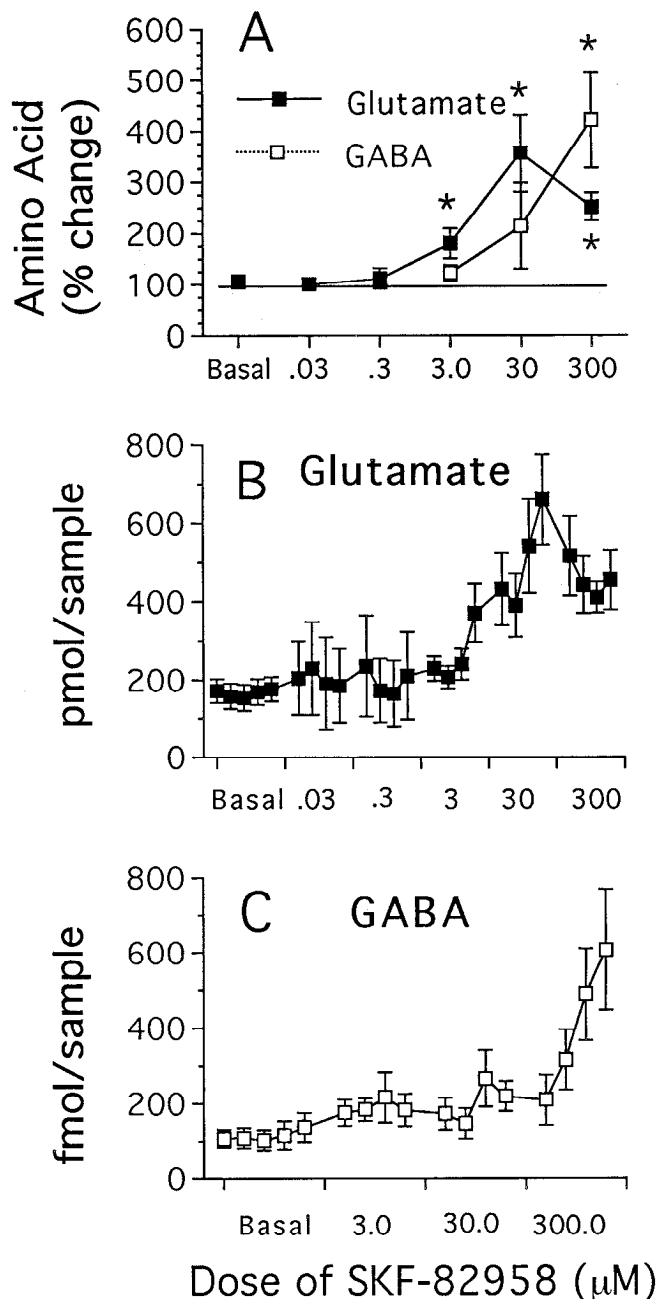


Figure 1. Effect of SKF-82958 on extracellular levels of glutamate and GABA in the VTA. Following the collection of five baseline samples (20 min each), increasing concentrations of SKF-82958 (0.03–300 μ M) were passed through the dialysis probe for 100 min each (five samples). The *top panel* shows data normalized to percent change from baseline, while the *bottom panels* show the raw data. The data are shown as mean \pm SEM. The data were evaluated using a one-way repeated measures ANOVA. For GABA, $N = 6$, $F_{(3,19)} = 7.17$, $p = 0.005$. For glutamate, $N = 10$, $F_{(3,27)} = 16.42$, $p < 0.001$. *, $p < 0.05$, compared to basal using a Dunnett's post hoc test.

dose for increasing glutamate was 3.0 μ M while 300 μ M of SKF-82958 was required to significantly elevate GABA. In contrast, at no dose of the D₂/D₃ agonist, quinpirole, were the levels of extracellular glutamate or GABA significantly altered (Fig. 2). Figure 2 also shows that blockade of D₁ receptors with SCH-23390 produced a significant increase in the extracellular concentration of glutamate at the lowest dose employed (0.3 μ M)

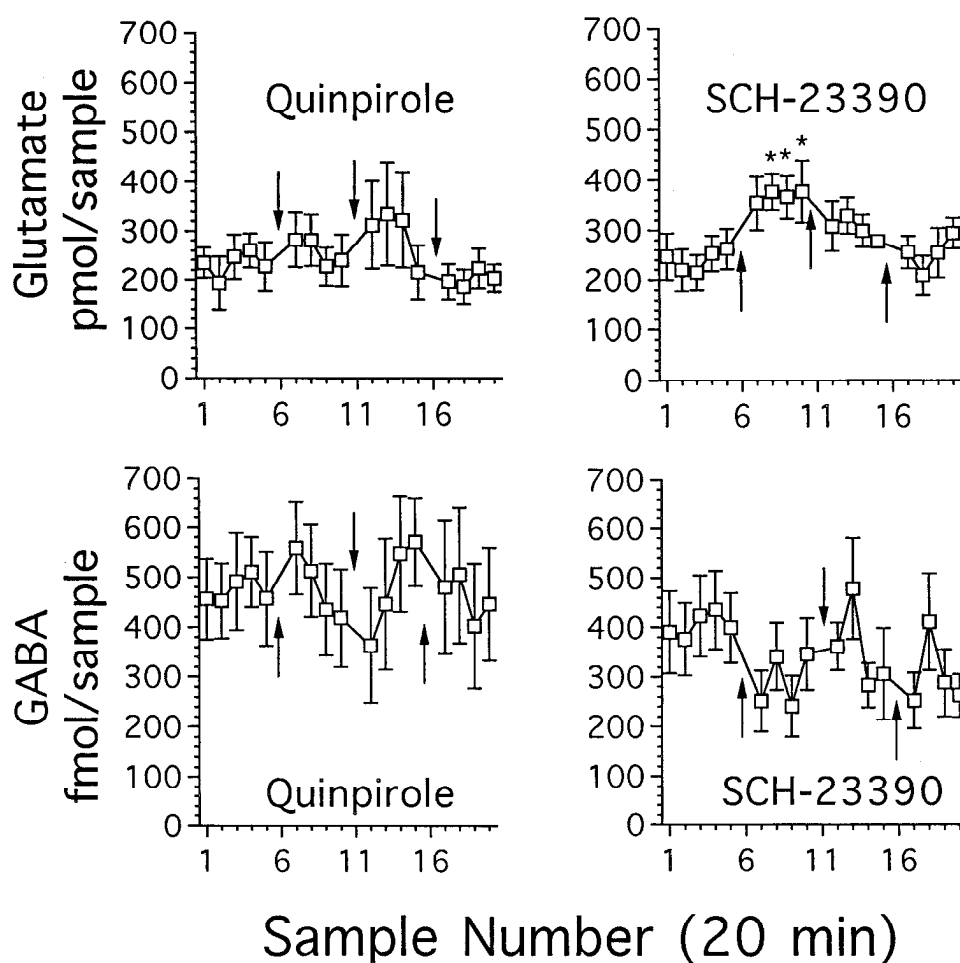


Figure 2. Effect of quinpirole (1.0, 10.0, and 100.0 μM) or SCH-23390 (0.3, 3.0, and 30.0 μM) on extracellular levels of glutamate and GABA in the VTA. Following collection of five baseline samples, arrows indicate sample where the concentration of quinpirole or SCH-23390 was changed in ascending order by dose. The data are shown as mean \pm SEM and were evaluated using a one-way repeated measures ANOVA. For glutamate/quinpirole, $N = 4$, $F_{(12,51)} = 1.97$, $p = 0.058$. For glutamate/SCH-23390, $N = 4$, $F_{(12,51)} = 2.35$, $p = 0.024$. For GABA/quinpirole, $N = 5$, $F_{(12,64)} = 1.13$, $p = 0.356$. For GABA/SCH-23390, $N = 5$, $F_{(12,64)} = 11.04$, $p = 0.429$. *, $p < 0.05$, compared to the averaged basal value using a Dunnett's post hoc test.

and returned to baseline values following 3.0 and 30.0 μM SCH-23390. In contrast, no significant effect of SCH-23390 was measured on GABA levels.

Figure 3, *A* and *B*, shows that the capacity of SKF-82958 (100 μM) to increase extracellular glutamate was prevented by coprefusion of the D_1 receptor antagonist SCH-23390 (30 μM). This dose of SKF-82958 also increased the extracellular content of GABA, but this effect was not susceptible to blockade by SCH-23390.

Effect of acute cocaine. Figure 4 shows that the systemic administration of cocaine (15 mg/kg, i.p.) produced a significant increase in the extracellular content of glutamate in the VTA which was associated with an increase in motor activity. The time course of the change in glutamate and behavior was similar, with both showing a peak response within the first 20 min after injection and a return to basal levels by 40–60 min after injection. Figure 4 also shows that the cocaine-induced increase in glutamate was abolished following the inhibition of D_1 receptors in the VTA by perfusing SCH-23390 (30 μM) through the dialysis probe. However, SCH-23390 did not significantly alter the behavioral stimulation produced by cocaine; although the peak behavioral response occurred at 40 min rather than 20 min after cocaine administration. In a control study ($N = 5$), after collecting five baseline samples rats were injected with saline (1.0 ml/kg, i.p.). Compared to basal levels, no alteration in extracellular glutamate content was measured during the 2 hr following saline injection (data not shown).

In contrast to the effect on extracellular glutamate, Figure 5

shows that an acute cocaine challenge (15 mg/kg, i.p.) produced an inconsistent, albeit statistically significant, reduction in the extracellular content of GABA in the VTA. This effect on extracellular GABA reached statistical significance at 60 and 100 min after administering cocaine. The reduction in extracellular GABA was not blocked by perfusing SCH-23390 into the VTA; although, the levels of GABA were significantly altered at different times after cocaine administration (40 and 120 min).

Histology. Figure 6 shows the location of the dialysis probes in the VTA. The probes were placed in the lateral VTA, corresponding to the nucleus parabrachialis pigmentosus and nucleus paranigralis, as well as along the midline in the nucleus interfascicularis and nucleus linearis. While the entire VTA was responsive to SKF-82958 or cocaine-induced elevation in extracellular glutamate, in the six rats (one rat from the experiment in Fig. 1, three rats from Fig. 3, and two rats from Fig. 4) having probes located in the substantia nigra the drugs were not effective. Figure 7, *A* and *B*, contains micrographs showing examples of dialysis probe placement in the VTA and substantia nigra. The effect of cocaine on extracellular glutamate corresponding to each rat is shown in Figure 7, *C* and *D*, respectively. While cocaine produced a marked elevation in glutamate in the VTA, it did not alter levels in the substantia nigra. Figure 7 also shows a micrograph of probe placement from an animal employed in the experiment shown in Figure 1. This micrograph at higher magnification verifies that the highest dose of SKF-82958 (300 μM) did not result in significant damage outside the mechanical disruption accompanying insertion of the probe.

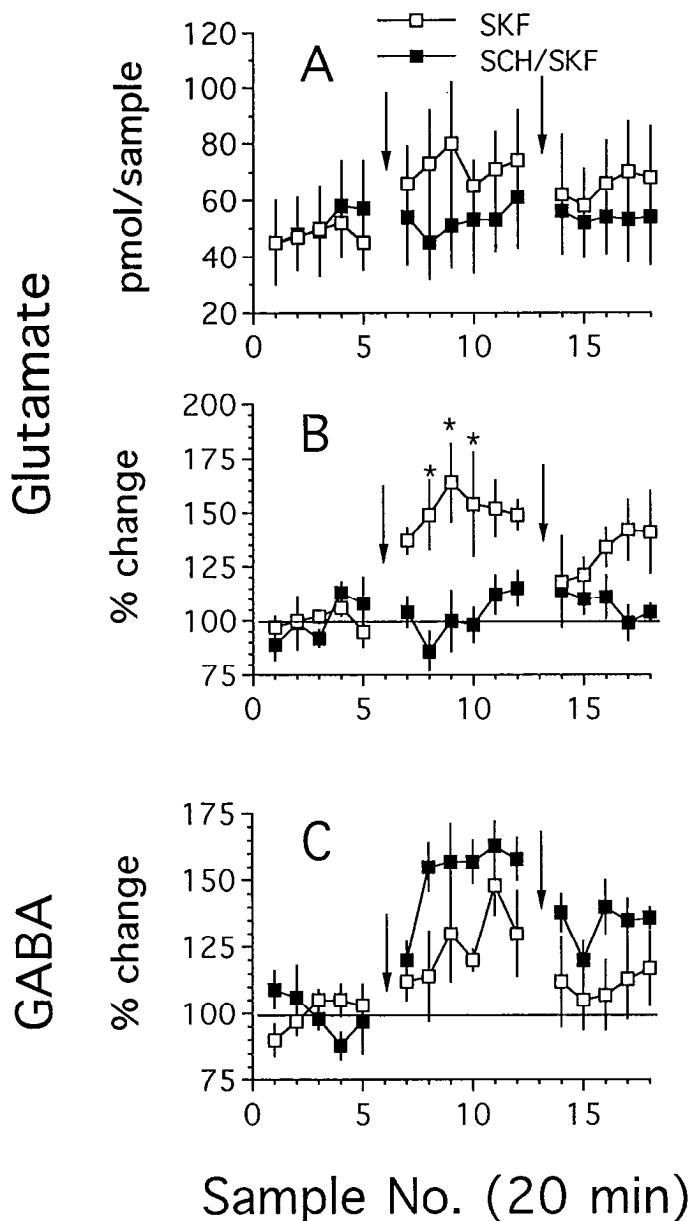


Figure 3. Capacity of SCH-23390 to block the elevation in glutamate, but not GABA, produced by SKF-82958. Following five baseline samples, either SKF-82958 (100 μ M) alone or in combination with SCH-23390 (30 μ M) was perfused through the dialysis probe for six samples, at which time control buffer was perfused until the end of the experiment. The period of drug perfusion is delineated by the arrows. *A* shows the raw glutamate levels, *B* shows the glutamate levels normalized to percent change from baseline, and *C* shows the levels of GABA normalized to percent change from baseline. The data are shown as mean \pm SEM and were evaluated using a two-way ANOVA with repeated measures over time. For glutamate: $N = 5$ and 6; treatment $F_{(1,9)} = 13.28$, $p = 0.005$; time $F_{(15,135)} = 3.24$, $p < 0.001$; interaction $F_{(15,135)} = 2.59$, $p = 0.002$. For GABA: $N = 6$ and 7; treatment $F_{(1,11)} = 2.31$, $p = 0.096$; time $F_{(15,165)} = 3.48$, $p < 0.001$; interaction $F_{(15,165)} = 1.41$, $p = 0.148$. *, $p < 0.05$; comparing SKF/SCH with SKF alone at individual times using a least significant difference post hoc comparison (Milliken and Johnson, 1984).

Discussion

These data demonstrate that stimulation of D₁ receptors in the VTA increases the extracellular content of glutamate. The involvement of D₁ receptors is indicated by the fact that the effect of SKF-82958 on glutamate was prevented by coperfusion of a

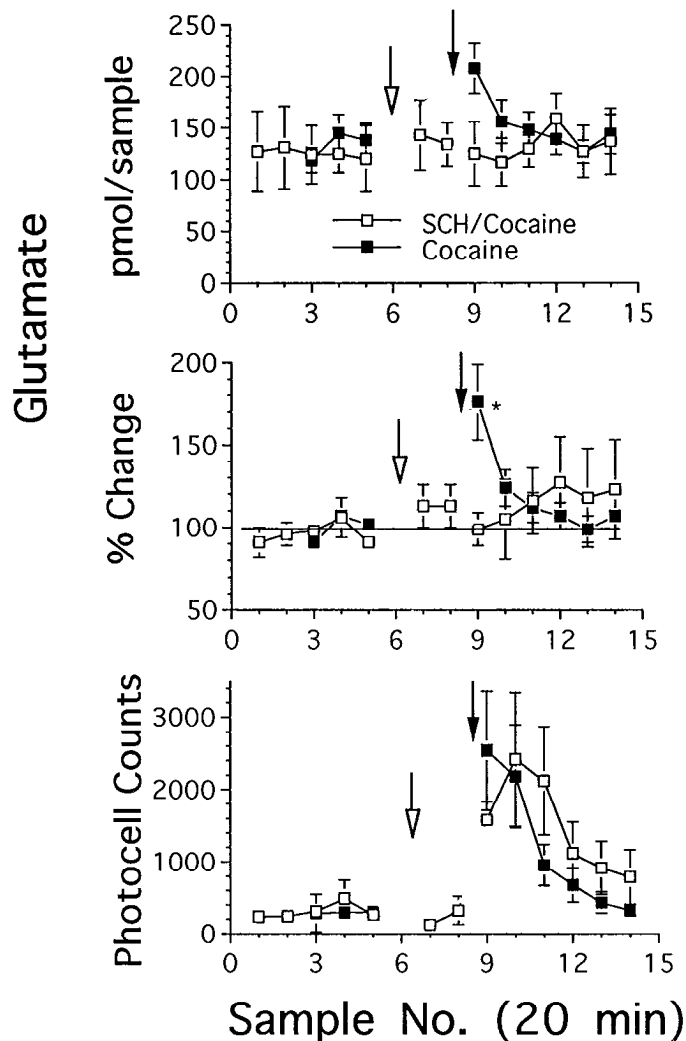


Figure 4. Effect of cocaine on extracellular glutamate and blockade by SCH-23390. The top panel shows raw data, the middle panel shows the levels of glutamate normalized to percent change from baseline, and the bottom panel shows the behavioral response. Two experiments were conducted. In the first experiment (cocaine; $N = 9$), following collection of three baseline dialysis samples (samples 3–5) rats were given a systemic injection of cocaine (15 mg/kg, i.p.) and six subsequent samples obtained (samples 9–15). In the second experiment (SCH/cocaine; $N = 5$), after five baseline samples (samples 1–5), SCH-23390 (30 μ M) was added to the dialysis buffer (samples 6–14), and 60 min later the rats were injected with cocaine (15 mg/kg, i.p.), corresponding to samples 9–15. Thus, the sample number corresponds to time for the SCH/cocaine group (experiment 2). For the cocaine group (experiment 1), sample 3 corresponds to the beginning of the experiment and samples 5 and 9 correspond to adjacent collections. The solid arrow indicates the injection of cocaine, and the open arrow indicates the time when SCH-23390 was added to the dialysis buffer of the SCH/cocaine group. Data are shown as mean \pm SEM and samples were statistically compared using a two-way ANOVA with repeated measures over time. *Middle*, treatment $F_{(1,12)} = 0.01$, $p = 0.925$; time $F_{(8,96)} = 3.27$, $p = 0.002$; interaction $F_{(8,96)} = 3.04$, $p = 0.004$. *Bottom*, treatment $F_{(1,12)} = 0.25$, $p = 0.629$; time $F_{(8,96)} = 9.04$, $p < 0.001$; interaction $F_{(8,96)} = 1.25$, $p = 0.278$. *, $p < 0.05$; comparing cocaine to cocaine/SCH-23390 at individual times using a least significant difference post hoc analysis (Milliken and Johnson, 1984).

D₁ antagonist and was not elicited by the D₂/D₃ agonist, quinpirole. Furthermore, systemic administration of cocaine, which is known to elevate extracellular somatodendritic dopamine (Bradberry et al., 1989; Kalivas and Duffy, 1993; Parsons and

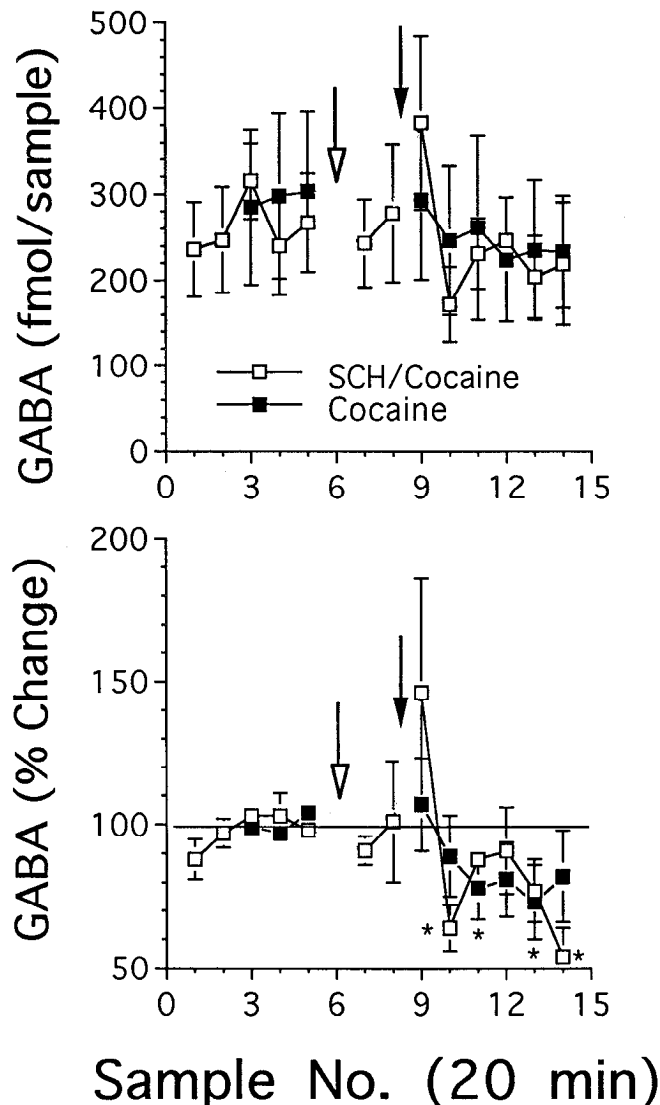


Figure 5. Effect of cocaine on extracellular GABA and lack of effect by SCH-23390. The experiments were conducted as described in the Figure 4 caption. The *top panel* shows raw data, and the *bottom panel* shows the levels of GABA normalized to percent change from baseline. The *solid arrow* indicates the injection of cocaine, and the *open arrow* indicates the time when SCH-23390 was introduced into the dialysis buffer of the SCH/cocaine group. Data are shown as mean \pm SEM and were statistically evaluated using a two-way ANOVA with repeated measures over time. *Bottom*, treatment $F_{(1,8)} = 0.14$, $p = 0.719$; time $F_{(8,80)} = 2.69$, $p = 0.010$; interaction $F_{(8,80)} = 1.55$, $p = 0.132$. *, $p < 0.05$; comparing all times to the last baseline value within each treatment group, using a least significant difference post hoc analysis. The SCH/Cocaine group revealed a significant reduction from baseline at 40 and 100 min after cocaine administration while the cocaine group demonstrated a reduction at 60 and 100 min following cocaine.

Justice, 1993), increased extracellular glutamate and this effect was blocked by local perfusion of SCH-23390. In contrast, the stimulation of extracellular GABA levels by SKF-82958 perfusion into the VTA was not blocked by SCH-23390. Moreover, systemic cocaine administration produced inconsistent reductions in extracellular GABA in the VTA, an effect also not prevented by SCH-23390 perfusion into the VTA.

Synaptic organization of the VTA. The location of D_1 receptors on afferent terminals in the ventral mesencephalon supports the presynaptic regulation of GABA and glutamate release by

D_1 receptor stimulation. This localization has been characterized in the substantia nigra, where it was shown that destruction of the GABAergic striatonigral projection eliminates the majority of D_1 receptors, and that mRNA for D_1 receptors is not present in ventral mesencephalic neurons (Beckstead, 1988; Mansour et al., 1992). By analogy, D_1 receptors in the VTA may reside primarily on GABAergic afferents arising from the nucleus accumbens and ventral pallidum (Kalivas et al., 1993). However, in addition to GABA, there exists excitatory amino acid afferents to the VTA and substantia nigra which could also express presynaptic D_1 receptors. Indeed, the relatively poor potency of SKF-82958 to increase extracellular GABA and the lack of sensitivity to blockade by SCH-23390 argues that D_1 receptors may preferentially modulate EAA release. To some extent the EAA afferents to the ventral mesencephalon are topographically organized. For example, EAA projections emanating from the prefrontal cortex and amygdala preferentially innervate the VTA, while EAA afferents from the subthalamic nucleus and pedunculopontine region project preferentially to the substantia nigra (Kita and Kitai, 1986; Scarnati et al., 1986; Christie et al., 1987). Considering the relative insensitivity of the substantia nigra to SKF-82958 or cocaine-induced elevation in glutamate, it may be that only EAA afferents projecting to the VTA express D_1 receptors. Supporting this, a portion of the cells in the prefrontal cortex that are retrogradely labeled from the VTA express mRNA for D_1 receptors (unpublished observation).

Seemingly inconsistent with the synaptic organization of the VTA outlined above, the low dose of SCH-23390 ($0.03 \mu\text{M}$) significantly elevated the concentration of extracellular glutamate. This poses the possibility that the effect of D_1 receptor stimulation on glutamate release is biphasic. At basal levels of stimulation D_1 receptors may be inhibiting the release of glutamate, while at higher levels of stimulation release is promoted. If true, the release of glutamate by D_1 receptors may occur only following pharmacological stimulation or under pathological conditions (see below).

Functional significance of D_1 receptor regulated release. Based upon both neurochemical and electrophysiological studies (Starr, 1987; Timmerman et al., 1991; Cameron and Williams, 1993), the prevailing view is that D_1 receptor-mediated stimulation of GABA release provides a form of negative feedback, which, in combination with D_2 autoreceptor stimulation, regulates dopamine cell firing frequency and somatodendritic dopamine release. However, the observation that SKF-82958 increased extracellular glutamate levels at lower, presumably more physiological levels of stimulation, indicates that D_1 receptors may provide positive feedback onto dopamine neurons. Stimulation of either NMDA or non-NMDA receptors increases the firing frequency of dopamine neurons (Grace, 1987; Mereu et al., 1991; Johnson and North, 1992), and NMDA receptor activation appears to selectively increase the occurrence of burst firing patterns (Johnson et al., 1992; Overton and Clark, 1992). Thus, enhanced glutamate release by D_1 receptor stimulation may increase the firing frequency of dopamine neurons. In apparent contrast to this conclusion, Cameron and Williams (1993) show in tissue slices that stimulation of D_1 receptors hyperpolarizes dopamine cells via increasing GABA stimulation of $GABA_B$ receptors. However, these studies were conducted in the presence of the NMDA and non-NMDA blockers, AP5 and CNQX, respectively, which would eliminate any polarization arising from enhanced glutamate release.

In addition to dopamine cells, there exist nondopaminergic

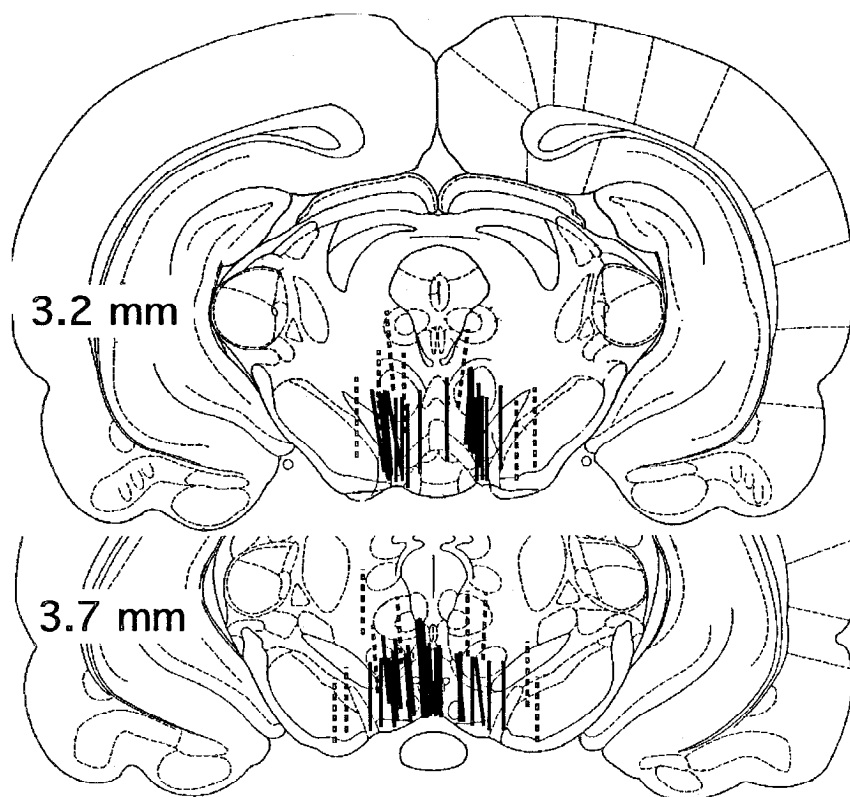


Figure 6. Illustration of the location of the dialysis probes in the VTA and adjacent nuclei. *Solid lines* indicate probe tracks within the VTA that were used for data analysis, while the *dashed line* indicates placement outside the VTA from animals that were excluded from data analysis. In addition to the probe tracks shown in the drawing, seven rats were excluded from the study with placements caudal to the diagrams. The drawings were derived from the atlas of Paxinos and Watson (1986).

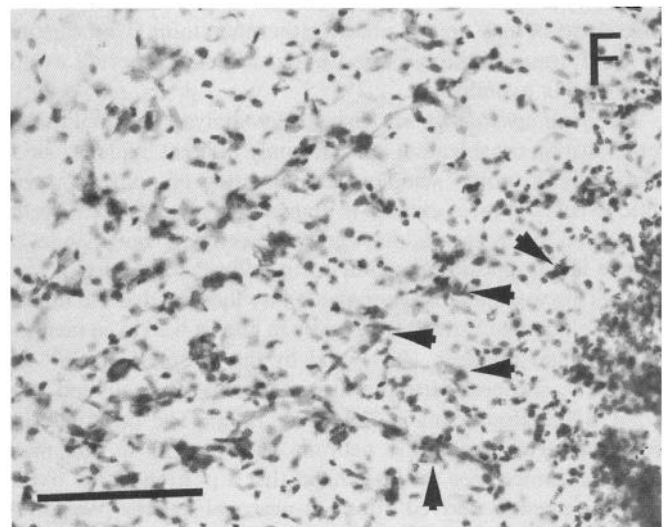
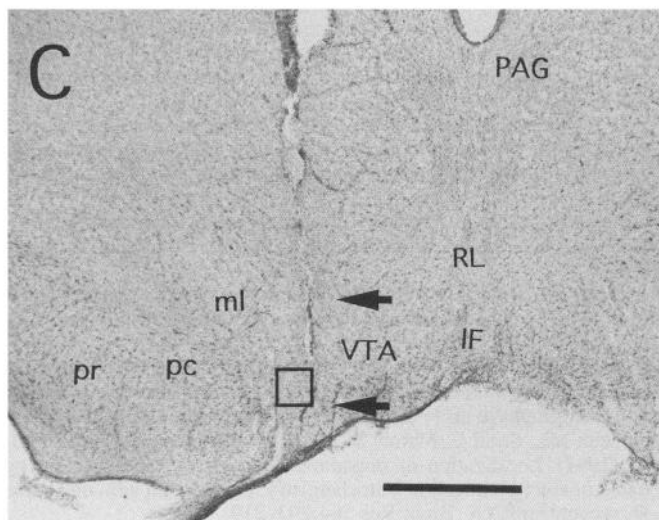
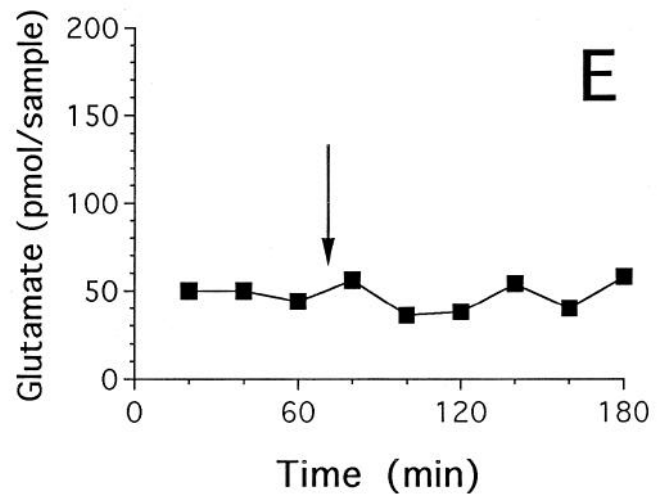
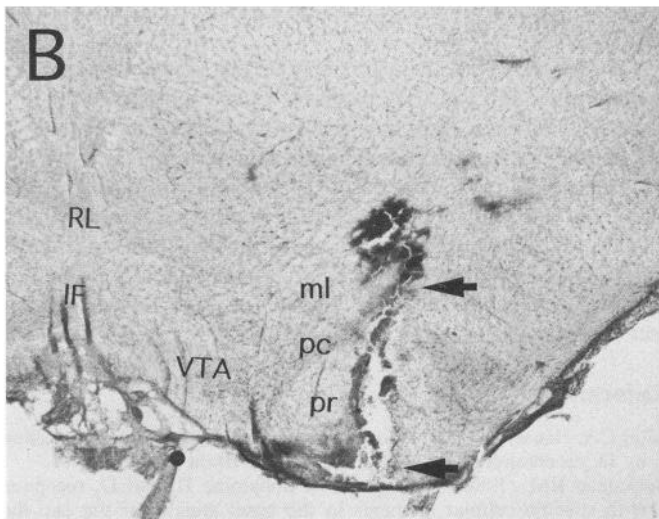
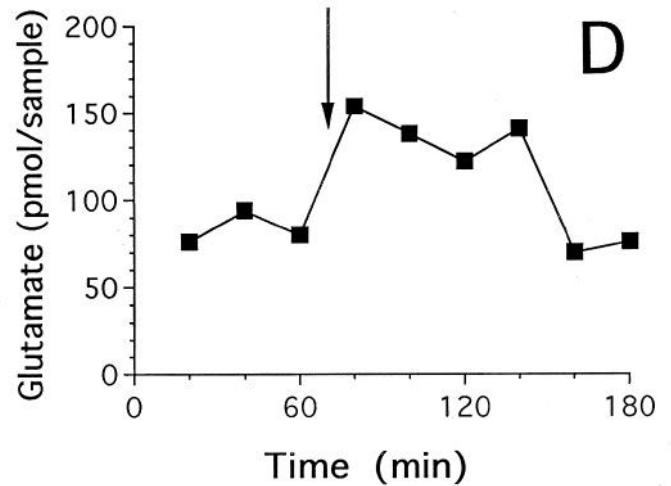
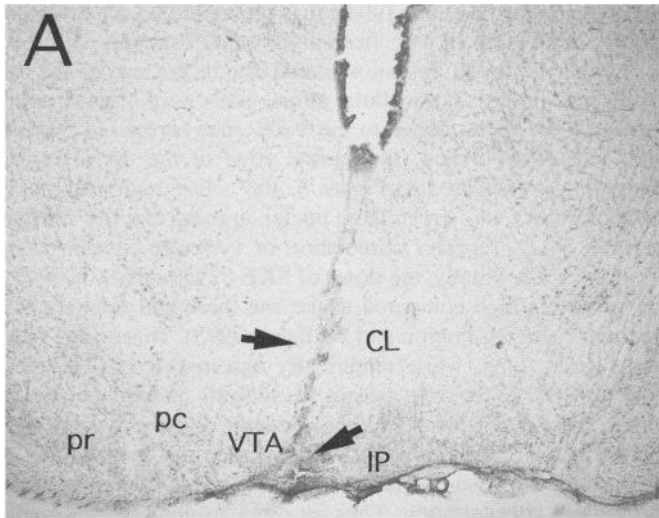
neurons in the VTA which are, at least partly, GABAergic (Oertel et al., 1982; Nagai et al., 1983; Smith and Bolam, 1990), and the firing frequency of these neurons is elevated by glutamate analogues (Mereu et al., 1991). It is possible that D₁ receptor stimulation may selectively release glutamate from terminals synapsing on GABAergic interneurons, which are known to inhibit dopamine cells (Grace and Bunney, 1979; Johnson and North, 1992). Supporting this possibility, D₁ receptor agonists stimulate the firing frequency of cells in the substantia nigra, pars reticulata, which are predominantly GABAergic (Waszczak, 1990; Martin and Waszczak, 1994). In contrast to the excitatory effect of glutamate directly on dopamine cells, increased EAA transmission at GABAergic interneurons would inhibit dopamine cell firing frequency by promoting GABA release (Grace and Bunney, 1979, 1985; Mereu et al., 1991; Johnson and North, 1992).

Effects of cocaine. Cocaine increases extracellular somatodendritic dopamine levels in the VTA (Bradberry and Roth, 1989; Kalivas and Duffy, 1993; Parsons and Justice, 1993). A number of neuropsychiatric pathologies have been associated with hyperactivity of dopamine transmission in the mesoaccumbens projection (Grace, 1991; Goldstein and Deutch, 1992; Sato, 1992). Indeed, chronic abuse of amphetamine or cocaine can elicit paranoid psychosis and panic attacks which are indistinguishable from idiopathic psychopathologies (Post and Weiss, 1988; Sato, 1992). This drug induced psychopathology is termed behavioral sensitization and its neural mechanisms have been studied in some detail using an animal model wherein repeated adminis-

tration of psychostimulants to rodents results in a progressive augmentation in motor activity (Segal and Schuckitt, 1983; Robinson and Becker, 1986; Kalivas and Stewart, 1991). The fact that systemic cocaine administration increased extracellular glutamate by indirectly stimulating D₁ receptors in the VTA indicates a potential role for this mechanism in sensitization-based psychopathologies. Moreover, behavioral sensitization to repeated psychostimulant administration in rats is prevented by pre-treating the VTA with either a D₁ (Stewart and Vezina, 1989; Bjijou et al., 1994) or NMDA receptor antagonist (Kalivas and Alesdatter, 1993). These findings indicate that D₁ receptor-mediated activation of glutamate transmission in the VTA is an important sequence of synaptic events in the development of behavioral sensitization to psychostimulants.

In contrast to glutamate, cocaine treatment reduced extracellular GABA levels in the VTA, which is the opposite of what occurs with local application of D₁ agonist into the VTA. Further, this reduction was not blocked by intra-VTA perfusion of a D₁ antagonist. This lack of D₁ receptor involvement combined with the fact that administration of the D_{2/3} agonist, quinpirole, into the VTA did not alter extracellular GABA argues that the reduction in GABA transmission in the VTA does not arise from cocaine-induced elevation of somatodendritic dopamine. In addition to the dopamine transporter, cocaine binds to the serotonin (5-HT) transporter (Ritz et al., 1990), producing an elevation in extracellular 5-HT in the VTA (Parsons and Justice, 1993). Cameron and Williams (1994) recently demonstrated that cocaine perfusion of VTA tissue slices reduces GABA mediated hyper-

Figure 7. Micrographs showing the location of probe tracks in the VTA (A and C) and in the substantia nigra (B). D and E show the level of extracellular glutamate following an injection of cocaine (15 mg/kg, i.p.) obtained from the rats in A and B, respectively. Note the lack of increase in extracellular glutamate by cocaine in the animal implanted in the substantia nigra. The micrograph in C was obtained from an animal used in



the experiment depicted in Figure 1 that received the full dose-response curve of SKF-82958 (i.e., including 300 μ M). *F*, The higher magnification micrograph (delineated by the box in *C*) shows that this treatment did not produce significant neurotoxicity beyond the mechanical damage resulting from the probe itself. The arrowheads identify fusiform shaped neurons adjacent to the glial scar produced by the probe. *CL*, Nucleus linearis caudalis; *IF*, nucleus interfascicularis; *IP*, nucleus interpeduncularis; *ml*, lemniscus medialis; *PAG*, periaqueductal gray; *pc*, substantia nigra, pars compacta; *pr*, substantia nigra, pars reticulata; *RL*, nucleus linearis rostralis; *VTA*, ventral tegmental area. Scale bars: *C*, 1 mm; *F*, 0.1 mm. Arrows delineate the approximate length of the active dialysis membrane (*A-C*) or the time of cocaine injection (*D, E*).

polarizations of dopamine neurons. Further, this effect of cocaine resulted from the stimulation of 5-HT_{1B} receptors. Thus, cocaine may indirectly elicit two presynaptic effects in the VTA by D₁ and 5-HT_{1B} presynaptic receptors, and both of these actions will increase excitatory input to VTA neurons by enhancing EAA or inhibiting GABA release, respectively. The fact cocaine reduces the extracellular content of GABA in the VTA appear to contradict the electrophysiological observations that cocaine inhibits the firing frequency of dopamine neurons. Cocaine-induced inhibition of dopamine cell firing is thought to arise via stimulation of D₂ receptors (Brodie and Dunwiddie, 1990; Lacey et al., 1990) and/or activation of descending GABAergic afferents (Einhorn et al., 1988). Two explanations for this discrepancy can be offered. (1) As discussed above, the reduction in extracellular GABA may be dominated by effects on descending GABAergic afferents to inhibitory GABAergic interneurons which would result in increase GABA release from the interneurons and inhibition of dopamine cells. However, Cameron and Williams (1994) recorded directly from dopamine neurons to demonstrate a reduction in stimulated GABA transmission. (2) The electrophysiological studies were conducted in anesthetized rats or tissue slices which alter functional status of EAA and GABAergic afferents to the VTA. In tissue slices the afferents have been lesioned and anesthesia decreases the spontaneous activity of accumbal medium spiny neurons which contribute to the descending GABAergic innervation of the VTA (Henriksen and Giachino, 1993; Kalivas et al., 1993).

Although the levels of extracellular GABA were significantly reduced by cocaine or cocaine plus SCH-23390, the effect in both groups was inconsistent over time. No clear explanation for the variable time course of GABA reduction is revealed by the present experiments. However, similar inconsistent reductions in GABA in the ventral pallidum have been observed following dopamine agonist administration (Bourdelaïs and Kalivas, 1990). It is possible that GABA transmission is under strong homeostatic regulation and presynaptic modifications of membrane potential may only bias transmitter release and not provide obligatory control. Thus, the changes in extracellular GABA concentration may appear phasic rather than tonic. Unfortunately, the 20 min sampling period utilized does not permit evaluation of this hypothesis.

Technical considerations. Using microdialysis as a tool to discern synaptic organization provides only indirect evidence since microdialysis probes sample the summation of numerous synaptic events. Thus, a change in transmitter release from a subpopulation of synapses may go undetected if no change or change in an opposite direction occurred in the majority of synapses. This weakness is compounded by the fact that the uptake of both glutamate and GABA occurs in glia as well as in neurons (McGeer and McGeer, 1989), and by the presence of Ca²⁺-independent, carrier-mediated efflux of GABA (Bernath and Zigmond, 1988; Bourdelaïs and Kalivas, 1992). The metabolic interaction between glia and neurons with regards to glutamate and GABA increases the likelihood that a portion of the extracellular content is derived from non-neuronal sources (Westerink and de Vries, 1989). In spite of difficulties in identifying the source of amino acids, the responsiveness of extracellular levels to the stimulation or inhibition of neurotransmitter receptors (e.g., D₁) indicates that the levels measured by dialysis can reflect synaptic events. However, especially for glutamate where the basal levels in the VTA are in the range of 0.5–3.0 μM

(present report; Li et al., 1994), it is probable that unstimulated levels are derived, in part, from nonsynaptic sources.

Another technical limitation is that due to the size of the microdialysis probes, extracellular amino acids were often derived, in part, from nuclei dorsal to the VTA, such as the red nucleus and, to a lesser extent, the ventral edge of the dorsal raphe. However, as indicated in Figure 6, the active region of many dialysis probes was not in these nuclei, arguing that the changes induced by D₁ receptor stimulation or systemic cocaine arose from the VTA. Finally, the doses of SKF-82958 and SCH-23390 are relatively high compared to the use these and related compounds *in vitro* (Cameron and Williams, 1993). This results from two factors. First, while empirically untested, it is likely that only 10–20% of the drug crosses the dialysis membrane into the brain (Parsons and Justice, 1994). Second, *in vitro* systems permit perfusion of the entire tissue slice. In contrast, with a dialysis probe only the tissue adjacent to the probe will be exposed to the highest concentration. Thus, in order to elicit a measurable response it may require perfusion of relatively large concentrations for pharmacologically relevant doses of drug to access the majority of the VTA.

Conclusions. These data demonstrate that somatodendritic dopamine release in the VTA increases extracellular levels of glutamate. This results from the stimulation of D₁ receptors that are presumably located on glutamatergic axon terminals in the VTA. This synaptic arrangement poses the possibility of positive feedback onto dopamine cells which may be important in dopamine related psychiatric disorders, notably psychostimulant-induced psychosis. Supporting this postulate, systemic cocaine administration elevates extracellular glutamate in the VTA and this effect is prevented by blocking D₁ receptors.

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