

Ketamine interacts with opioid receptors in the nonhuman primate amygdala and nucleus accumbens

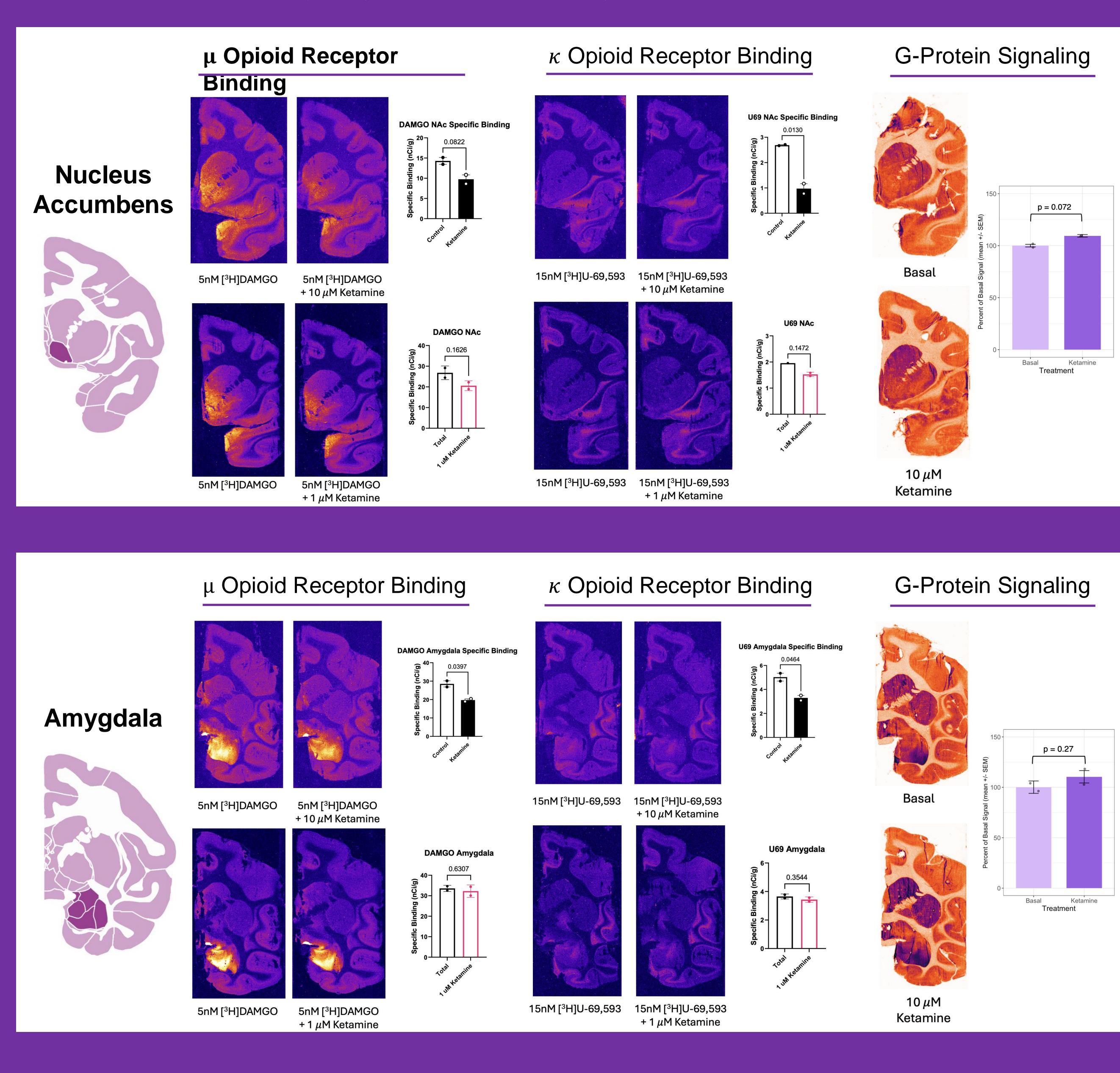
Ashton Barber¹, Marjorie Levinstein², Reece Budinich², Patrick Roseboom¹, Sascha Mueller¹, Jonathan Oler¹, Michael Michaelides², Ned Kalin¹

¹University of Wisconsin-Madison Department of Psychiatry, ²National Institute on Drug Abuse



Background

Ketamine is an NMDAR antagonist that has rapid-acting antidepressant effects^{1,2}. Despite ketamine's known action at the NMDAR, it also acts as an agonist at μ and κ opioid receptors with slightly lower binding affinity³. Previous studies in humans have demonstrated that activation of opioid receptors is necessary for ketamine's antidepressant effects⁴, and work in rodents supports these findings^{5–8}. No studies have been performed in nonhuman primates (NHPs) investigating ketamine's interactions with the opioid receptor system. NHPs are particularly well-suited for preclinical studies to investigate and develop treatments for psychiatric illnesses because NHPs have similar stress-related behaviors, social structures, and prefrontal cortical brain development to that of humans.



Methods

Using flash-frozen brain tissue slices from the amygdala, nucleus accumbens, and thalamus from one rhesus macaque, we conducted receptor and $[^{35}S]GTP\gamma S$ autoradiography to investigate ketamine's ability to bind to μ and κ opioid receptors as well as to elicit G-protein signaling. Regions of interest were determined by inspection based on the Paxinos atlas⁹. To assess ketamine binding to mu opioid receptors, tissue sections were incubated with 5 nM $[^{3}H]DAMGO$, a μ opioid receptor-selective ligand, in the presence of absence of 1 or 10 μ M ketamine or 10 μ M of the opioid antagonist naltrexone. To assess ketamine binding to κ opioid receptors, tissue sections were incubated with 15 nM [³H]U-69,593, in the presence or absence of 1 or 10 μ M ketamine or 10 μ M naltrexone. To assess ketamine's ability to induce G-protein signaling, tissue sections were incubated with GDP and $[^{35}S]GTP\gamma S$ to assess basal activity. Stimulation of G-protein signaling was assessed with 10 μ M ketamine or 10 μ M ketamine plus 10 μ M naltrexone. Some sections were incubated with 10 μ M DAMGO as a positive control. Slides were placed into a Hypercassette[™] covered by a BAS-SR2040 phosphor screen (FujiFilm; GE Healthcare). The slides were exposed to the phosphor screen for 3–5 days and imaged using a phosphor imager. ROIs were manually identified based on a digital atlas^{10,11}, and signal intensity was quantified using ImageJ. Data were analyzed using paired, one-tailed t-tests, and analyses were performed with GraphPad Prism 9 for [³H]DAMGO and [³H]U-69,593 data and Microsoft Excel for the $[^{35}S]GTP\gamma S$ data.

Results

10 μ M of racemic ketamine significantly reduced binding of both μ and κ opioid receptor agonists in the amygdala (p = 0.040; p = 0.046). 10 μ M ketamine also significantly κ opioid receptor agonist binding in the nucleus accumbens (p = 0.013), but only tended to reduce μ opioid receptor agonist binding in the nucleus accumbens (p = 0.082). In contrast to 10 uM ketamine, 1 μ M ketamine did not significantly reduce μ or κ opioid receptor agonist binding in the amygdala (p = 0.63; p = 0.34) or nucleus accumbens (p = 0.16; p = 0.15). In terms of eliciting G-protein signaling, 10 μ M ketamine did not increase [³⁵S]GTP γ S signal significantly more than baseline in the amygdala (p = 0.27), and it only tended to increase [³⁵S]GTP γ S signal in the nucleus accumbens (p = 0.072).

Conclusions

Ketamine significantly reduced both μ and κ opioid receptor agonist binding in the primate amygdala and nucleus accumbens at the higher concentration (10 μ M) but not at the lower concentration (1 μ M), demonstrating that ketamine competes with these high affinity opioid agonists at μ and κ opioid receptors in a concentration-dependent manner. Ketamine did not significantly increase G-protein signaling. These findings

References

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demonstrate in primates that ketamine is an opiate receptor

binding compound that may be less effective in activating G-

protein signaling when compared to higher affinity opioid receptor

agonists. Future work will add additional animals to confirm the

molecular findings and will also characterize the role of the opioid receptor system in ketamine's effects on NHP anxiety- and

depressive-like behavior.



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