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Sub-Theme: Dopamine, Nicotinic Receptors, and Neuromodulation: Exploring Therapeutic Strategies for Schizophrenia and Parkinson's Disease

Effect of alpha-4 beta-2 nicotinic acetylcholine receptors on L-DOPA-induced dyskinesia in 6OHDA rat model of Parkinson's Disease

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Introduction: Accumulating evidence suggests that CNS $\alpha4\beta2$ nicotinic acetylcholine receptors (nAChRs) are important targets for the development of therapeutic approaches for Parkinson's disease (PD). L-DOPA is the gold standard treatment for PD but within a few years, dyskinesia presenting as abnormal involuntary movements (AIMs) becomes a debilitating side effect of treatment. Extensive pre-clinical work using a wide variety of rodent and primate models shows that nicotine not only protects against damage to nigrostriatal and other neuronal cells, but is also antidyskinetic. This suggests that nicotine or sub-unit selective nAChR agonists may be disease modifying and antidyskinetic. Studies in several parkinsonian animal models including hemi-parkinsonian rats show that nicotine reduces L-DOPA-induced AIMs but the role of $\alpha4\beta2$ nAChRs has not been previously investigated in dyskinesia. The aim of this study therefore, is to investigate whether $\alpha4\beta2$ nAChRs possess therapeutic antidyskinetic potential.

Method: This study evaluated the role of A85380, an $\alpha 4\beta 2$ agonist and dihydro- β -erythroidine hydrobromide (DH β E), an $\alpha 4\beta 2$ competitive antagonist in a hemi-parkinsonian rat model. Rats were unilaterally lesioned with $\beta \beta$ 6-hydroxydopamine then primed with $\beta \beta kg L$ -DOPA plus 15 mg/kg benserazide given orally once daily for 33 days until stable AIMs developed. The effect of A85380 at doses 0.001- 0.01mg/kg and DH β E at doses 1-10mg/kg were examined on AIMs induced by L-DOPA/benserazide treatment by blinded observers in a latin-square design.

Approaches for statistical analysis: The AIMs scores for each experiment were analysed using a two-way ANOVA (time x concentration) and $p \le 0.05$ was considered statistically significant.

Results and conclusion: Treatment with 0.003 and 0.01mg/kg A85380 significantly reduces total ALO (axial, limb and orolingual) AIMs (n=12; *p \leq 0.05) but has no significant effect on locomotive AIMs. In addition, treatment with DH β E did not significantly affect L-DOPA induced ALO AIMs or locomotive AIMs. Therefore, the α 4 β 2 agonist, A85380 was extremely potent in reducing AIMs in the rat hemiparkinsonian model suggesting that α 4 β 2 nAChR drugs may be useful in reduction of established dyskinesia in man.