

Cocaine addiction is a global public health issue with more than 1.5 million users in the United States¹. Cocaine has a high rate of relapse and there are no FDA-approved pharmacotherapies to treat cocaine addiction⁶. Thus, it is vital to discover and develop innovative pharmacological treatments for this brain disorder.

Glucagon-like Peptide-1 (GLP-1) is an incretin hormone produced both peripherally and centrally^{5,6}. Endogenous GLP-1 stimulates insulin secretion, reduces blood glucose levels and controls normal food intake². GLP-1 receptors are expressed widely throughout the brain including the VTA and nucleus accumbens, two brain regions known to mediate the reinforcing effects of both drugs of abuse and natural rewards⁵. Importantly, GLP-1 receptor agonists are FDA-approved for treating type II diabetes and obesity³. Recent studies suggest that peripheral administration of a GLP-1 receptor agonist reduces cocaine selfadministration and cocaine-induced conditioned place preference (CPP)^{2,3,6}. However, the role of these receptors in the reinstatement of cocaine-seeking behavior, an animal model of relapse, remains unclear.

Since GLP-1 regulates addiction-like behaviors⁶, we hypothesized that peripheral administration of a GLP-1 receptor agonist would attenuate reinstatement of cocaine seeking in rats.



Systemic Administration of a Glucagon-like Peptide-1 Receptor Agonist Attenuates Cocaine Seeking in Rats Molina-Castro G.C.¹, Hernandez N.S.^{2,3} and Schmidt H.D.^{3,4}

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Figure 1: Systemic administration of a GLP-1 receptor agonist reduces cocaine seeking during reinstatement test sessions. (a) Peripheral administration of Fluoro-Exendin-4 (3.0 µg/kg, i.p.) prior a cocaine priming injection reduces active lever responses during reinstatement test sessions (n=10). (b) Peripheral administration of Fluoro-Exendin-4 reduces active lever responses dose-dependently (n=9). There was no effect on inactive lever presses. Statistical analysis was performed using a Two-way ANOVA test. * p < 0.05 compared to vehicle (Tukey's HSD)

Colocalization of Fluoro-Exendin-4 with neurons and astrocytes in the VTA and nucleus accumbens



Figure 2: Systemic administered Fluro-Exendin-4 penetrates the brain and colocalized with neurons and astrocytes in the VTA and nucleus accumbens. (a, c, d) Fluoro-Exendin-4 stained in green, GFAP stained in red, NeuN stained in magenta and DAPI stained in blue. (b) Fluoro-Exendin-4 stained in green, TH stained in red.

• Systemic administration of a GLP-1 Exendin-4, receptor agonist, is sufficient to reduce cocaineseeking behavior in rats.

 Peripherally administered Fluoro-Exendin-4 penetrated the brain and colocalized with neurons and astrocytes in the VTA and nucleus accumbens.

• Behavioral effects of Exendin-4 may be mediated by activation of GLP-1 receptors in the brain.

• FDA-approved GLP-1 receptor agonists could be re-purposed for treating cocaine addiction.

Using quantitative PCR analyses, measure changes in GLP-1 receptor levels in the VTA and accumbens during extinction after cocaine self-administration compared to saline-yoked controls.

Specifically activate GLP-1 efferents to the VTA and accumbens using Designer Receptors Exclusively Activated by Designer Drugs (DREADDS) to determine the role of central GLP-1 signaling in cocaine seeking.

• Measure extracellular dopamine levels in the accumbens using microdialysis after an intra-VTA Exendin-4 injection to determine if activating VTA GLP-1 receptor results in an attenuation of cocaineinduced dopamine release in the accumbens.







SUMMARY & CONCLUSIONS

FUTURE DIRECTIONS

REFERENCES

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