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博 士 論 文

Physiological study of the effects of cisplatin-
induced conditioned sweet taste aversion on
feeding and drinking behavior in rats

(シスプラチン誘発条件付け甘味嫌悪がラットの
摂食・飲水行動に与える影響に関する生理学的研
究)

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Abstract

We investigated the rejection behavior of a saccharin-sweet diet in rats following the acquisition of conditioned taste aversion (CTA) to 0.1% saccharin solution. Male Sprague-Dawley rats (7 weeks old) underwent 22 hours and 40 minutes of food deprivation and 21 hours and 40 minutes of water deprivation. Diet intake, fluid intake, and body weight changes were measured. To induce nausea, emetine dihydrochloride (5.54 mg/kg, 1% BW, i.p.) or cisplatin dihydrochloride (3 mg/kg, 1% BW, i.p.) was used as the unconditioned stimulus. Control group rats received saline (1% BW, i.p.) instead of emetine or cisplatin. In some cisplatin-conditioned rats, the effects of ondansetron (a 5-HT₃ receptor antagonist, 0.1 mg/kg, 0.1% BW, i.p.) were tested 30 minutes prior to the conditioned stimulus or on the day of testing. Sweet diet intake was assessed on five test days after a recovery day (tests 1–5). Pre-administration of ondansetron prevented the reduction in sweet diet intake in the cisplatin group. In contrast, sweet diet intake increased on tests 3–5 in the control group compared to the conditioning days. These findings suggest that feeding inhibition is mediated by neural circuits activated through 5-HT₃ receptors.

1. Introduction

Conditioned taste aversion (CTA) is a phenomenon that occurs when an animal tastes toxic or spoiled food and associates it with symptoms of nausea, vomiting, and illness caused by the harmful substances. CTA helps prevent the body from being re-exposed to the toxin, reducing the possibility of consuming similarly flavored foods in the future to avoid further poisoning. Unlike classical conditioning, represented by Pavlovian conditioned reflexes, CTA is a single-trial learning process and is established with only one conditioning session

When rats experience sweet solution intake and nausea induction at the same time, they develop a conditioned taste aversion and reduce their next intake of sweet solution. When rats are reared as laboratory animals, solid feed for rats is used, but this feed does not contain sweetening ingredients, and rats do not experience sweet taste throughout their lives under normal rearing. When such rats ingest sweetened solution for the first time, they initially show fear of the novel taste and ingest the sweetened solution with carefully tasting whether it is safe or not.

Since sweet taste is innately perceived as an energy source and pleasant information, sweet taste preference eventually instinctively becomes dominant, followed by a gradual increase in sweet solution intake. Since Garcia proposed the concept of CTA, many researchers have conducted animal experiments using rats and mice to elucidate the neural mechanisms of conditioned taste aversion or avoidance(1–14). When rats acquire CTA by conditioning with a pair of sweet taste and nausea induction, they avoid the next intake of saccharin, despite being thirsty due to water deprivation (15–19). Most of them compare the intake of sweetened solutions at a certain time (15–30 minutes) after forcing experimental animals deprived of water for a considerable period of time. In other words, this is tantamount to assessing how much water of an unpleasant taste the

experimental animals will consume even against thirst. Our question here is how much rats that have acquired a CTA for sweetness will consume an unpleasant sweet-tasting diet, even against hunger. Hunger sensation is a physiological motivation that triggers feeding behavior and is an important emotion essential for life maintenance. We hypothesized and tested in this study that acquisition of a conditioned aversion memory for a specific taste would lead to avoidance of ingestion of food.

Emetogenic drug-induced nausea (visceral discomfort) was used as an unconditioned stimulus to induce CTA to saccharin. In this study, emetine, which induces acute nausea, and cisplatin, an antineoplastic drug that induces acute and delayed nausea, were used. Emetine is one of the alkaloids contained in the root of Ipecac (*Carapichea ipecacuanha*), which is native to Brazil. In humans, emetine potently induces nausea and vomiting immediately after ingestion. Taking advantage of this effect, Ipecac syrup, which is used as first aid for infants who accidentally ingest cigarettes, was sold as a household remedy (20,21). However, due to recent advances in emergency medicine, Ipecac syrup was discontinued in the U.S. in November 2003, and in Japan, Tsumura's product was discontinued in 2012. CTA for emetine-induced saccharin solution was reported by our previous study(15,22).

Cisplatin-induced nausea and vomiting is one of the side effects of antineoplastic drugs, and antiemetic therapy is often given in parallel with cancer chemotherapy (23,24). Severe nausea and vomiting caused by the side effects of anticancer drugs not only reduce the quality of life, but also decrease the effectiveness of chemotherapy treatment due to reduced food intake caused by anorexia and a decrease in physical strength and natural healing power. In such cases, ondansetron or tropisetron, inhibitors of serotonin type 3 (5-HT₃) receptors, are often prescribed as antiemetic agents.

The symptoms of nausea and vomiting produced by cisplatin can be divided into acute (occurring in the first 24 h) and delayed (occurring 24–120 h post the start of chemotherapy) phases(25,26). The acute phase is very sensitive to the antagonistic effects of 5-HT₃ receptor antagonists(27). Therefore, 5-HT₃ receptor antagonists are often used as antiemetics in the clinic. Ondansetron is a 5-HT₃ receptor antagonist. As an antiemetic agent, it is effective and well tolerated in the prevention and treatment of emesis caused by cancer chemotherapy, radiation therapy and postoperative nausea and vomiting (28–32). However, the ability of 5-HT₃ receptor antagonists to reverse cisplatin-induced conditioned taste aversion is not well defined.

The present study was conducted to test the hypothesis that feeding behavior is suppressed by emetine- and cisplatin-induced conditioned taste aversion memory and that the mechanism involves neural information mediated by 5-HT₃ receptors. The ultimate goal of this study is to examine and discuss whether the central mechanism of CTA is associated with the pathogenesis of eating disorders.

2. Methods

2.1. Animals

Thirty-nine male Sprague-Dawley rats were used for the experiments. Their body weight was 180-220g at the beginning of every experiment period. Rats were individually kept in cages and the light/dark cycle was 12h. All animals were handled according to the Hokkaido University Animal Experiment Guidelines. Rats were fed by normal diet or self-made sweet diet. Sweet diet was prepared by mixing regular solid diet with an equal amount of 0.2% saccharin solution. The normal diet was also processed in the same way to match the texture.

2.2. Measuring sweet diet intake after obtaining CTA

We used modified CTA protocol as shown. Fig.1. We added the food deprivation to the protocol. The experiment was run for 12 days. Throughout of the experiment, rats were acclimated to a total of 20 h 40 min of water deprivation and 22 h 40 min of food deprivation per day.

An additional 1 h feeding, and 3 h drinking period began at 12:20 p.m. were given to rats for adequate food and water intake. The CTA conditioning with 0.1% saccharin solution was started at 10:00 a.m on experiment day 6 (the conditioning day). The unconditioned stimulus of emetine hydrochloride (5.54 mg/kg, 1% BW, i.p., n = 6) or cisplatin dihydrochloride (3mg/kg, 1% BW, i.p., n = 9) were applied at 10:20 a.m. In the control group of rats, saline (1% BW, i.p., n = 6) was used instead of emetine or cisplatin. On the day 7 for recovery, rats drank distilled water instead of saccharin solution. On the test day 1 to 5 (experiment day 8-12), the rats were fed sweet diet instead of the normal diet for 20 min from every 10:00 a.m. The amount of sweet diet intake during this period was measured. The rats' body weight, fluid intake and normal diet intake were also measured on each experimental day.

Some cisplatin-conditioned groups received ondansetron (0.1 mg/kg, 0.1% BW, i.p.), a 5-HT₃ receptor antagonist, 30 min before the conditioned stimulus (n=6) or just before the start of the test (n = 5). In addition, some cisplatin conditioned groups were also tested on normal feed during the 20 min of tests 1-5 (n = 5).

2.3. Statistical analysis

The mean consumption of sweet diet was analyzed with a one-way analysis of variance. The comparisons of each test days with conditioning day were performed with the Dunnett's multiple test. A p value less than 0.05 was considered statistically significant. Statistical analysis was performed with StatPlus (version 7.8.11).

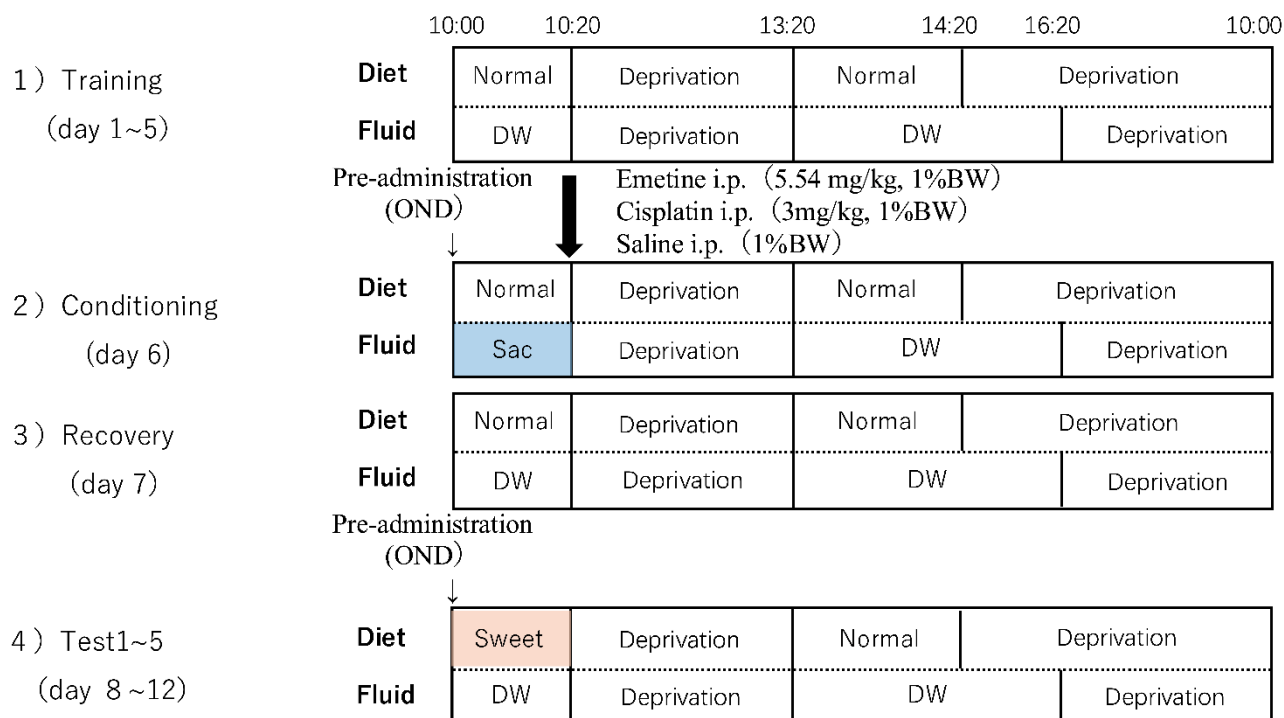


Fig.1. Modified CTA protocol with food deprivation and water deprivation schedule. 0.1% saccharin solution as conditioned stimulus; Emetine or cisplatin induced nausea as unconditioned stimulus. Saline injection as control group. Normal diet: homemade non-saccharin diet; Sweet diet: homemade diet containing 0.2% saccharin; Sac: saccharin solution; DW: distilled water. saccharin diet; Sac: saccharin solution; DW: distilled water.

3. Results

Fig.2 shows the changes of body weight between groups in conditioning day and every test day. The cisplatin-treated group showed a significant decrease compared to the saline-treated group on test 1-5 ($F(5,65) = 8.326$, $P < 0.05$) (Fig. 2B). While there was no significant weight loss in other groups.

Fig. 3 shows the amount of fluid intake per body weight (Fig. 3.1) and the fluid intake ratio (Fig. 3.2) in conditioning day and every test day. The cisplatin-treated group showed a significant decrease in fluid intake per body weight compared to the saline-treated group on test 1 and 4 ($F(5,65) = 2.654$, $P < 0.05$) (Fig. 3.1B).

Fig. 4 shows the amount of diet intake per body weight (Fig. 4.1) and the diet intake ratio (Fig. 4.2) in conditioning day and every test day. The emetine-treated group showed a significant decrease in sweet diet intake ratio on test 1-5 compared to saline-treated group ($F(5,50) = 5.159$, $P < 0.05$) (Fig. 4.2A), and showed a significant decrease in sweet diet intake ratio and sweet diet intake per body weight in the test 1-4 as compared to the conditioning day ($F(5,30) = 9.737$, $P < 0.05$ and $F(5,30) = 7.497$, $P < 0.05$) (Fig. 4.1A and Fig. 4.2A). The cisplatin-treated group showed a significant decrease in sweet diet intake ratio and sweet diet intake per body weight in the test 1 and 2 as

compared to the conditioning day ($F(5,48) = 2.55, P < 0.05$ and $F(5,48) = 4.639, P < 0.05$) (Fig. 4.1B and Fig. 4.2B). We also found that the amount of normal diet intake was not significantly reduced in test 1-5 (Fig. 4.1C and Fig. 4.2C). Pre-administration of ondansetron abolished the decrease in sweet diet intake in the cisplatin group (Fig. 4.1D and E, Fig. 4.2D and E). In the control group, sweet diet consumption was rather increased in the test 3-5 compared to conditioning days (Fig. 4.1A and Fig 4.2A).

4. Discussion

The emetine-induced CTA group showed no weight loss during the experimental period, while the cisplatin-induced CTA group showed significant weight loss compared to the conditioning day. It was found that ondansetron treatment prevented weight loss in the cisplatin-treated group. In addition, rats that acquired CTA to the sweet taste of saccharin showed suppressed feeding behavior even in the fasting state. Furthermore, it was suggested that this feeding inhibition may be mediated by 5-HT₃ receptors. These results suggest that CTA may alter feeding behavior and provide useful information for further research on the central mechanism of eating disorders.

Previous studies have demonstrated that after avoiding the conditioning of a specific flavor, the drinking of a specific flavor solution is suppressed even in a state of thirst (15–18,33,34). Emetine- and cisplatin-induced CTA to saccharin solution has been also demonstrated in our previous study in rats (22). The present study demonstrates a decrease in specific flavored diet after the development of CTA.

Ondansetron, 5-HT₃ receptor antagonist, is widely used for the prevention and treatment of nausea and emesis caused by the cancer chemotherapy, the radiation therapy and the postoperative nausea and vomiting. Previous studies have shown that ondansetron is effective in preventing vomiting in animal models (35–39). This highlights the close involvement of 5-HT₃ receptors in the mechanisms of nausea and vomiting. The antiemetic effect of these antagonists is believed to target the afferent vagal nerve, as well as regions in the brainstem of the area postrema and the nucleus tractus solitarius (40–42). Although rats are non-vomiting animals, 5-HT₃ receptors are also present in both the vagal nerve and the brainstem (43–45), making them valuable models for studying CTA. In humans, 5-HT₃ receptor antagonists effectively prevent nausea and vomiting induced by emetic substances such as ipecacuanha and cisplatin (46,47), which is similar with our findings in the present study. Therefore, we propose that the central mechanisms involved in CTA could be linked to eating disorders, such as anorexia nervosa.

Although previous papers have shown the unlikely involvement of 5-HT₃ receptors in the mechanism that induces CTA in rats (16,17), 5-HT₃ receptor antagonist injections did not reverse the reduction in saccharin solution intake in the conditioned taste aversion state induced by cisplatin (17). It has been shown that advance injection of ondansetron reduces toxicant-induced aversion (48) and antagonizes cisplatin-induced kaolin ingestion (49–51). This difference could stem from differences in the mechanisms of eating and drinking behaviors. Cannon and Washburn, for example, proposed that hunger arises from "hunger pains" caused by the friction of an empty stomach's walls rubbing against each other (52). This was demonstrated that the destruction of a

longitudinal pathway connecting the paraventricular hypothalamus and hindbrain regions was responsible for hypothalamic hyperphagia (53,54). Thirst, in contrast, is triggered by signals from the hypothalamic drinking center, which responds to elevated blood osmolality levels in animals with nervous systems, including humans.

In this study, we used saccharin solution as the conditioned stimulus, and although we obtained the desired results, there are some limitations because the conditioned stimulus is different from the measurement data for evaluating the acquisition of CTA. Moreover, the homemade sweet diet in this study is not purely sweet, so we have to take into account that the sweetened feed used in this experiment tasted of sweetness mixed with regular feed. Although there are some previous studies on the taste sensation of rats (55–61), we are not sure that the ratio of the homemade diet we used in this study was appropriate for the rats. Despite these limitations, we hope to contribute to the study of the central mechanisms of CTA and the etiology of eating disorders by further consideration based on the results of this study.

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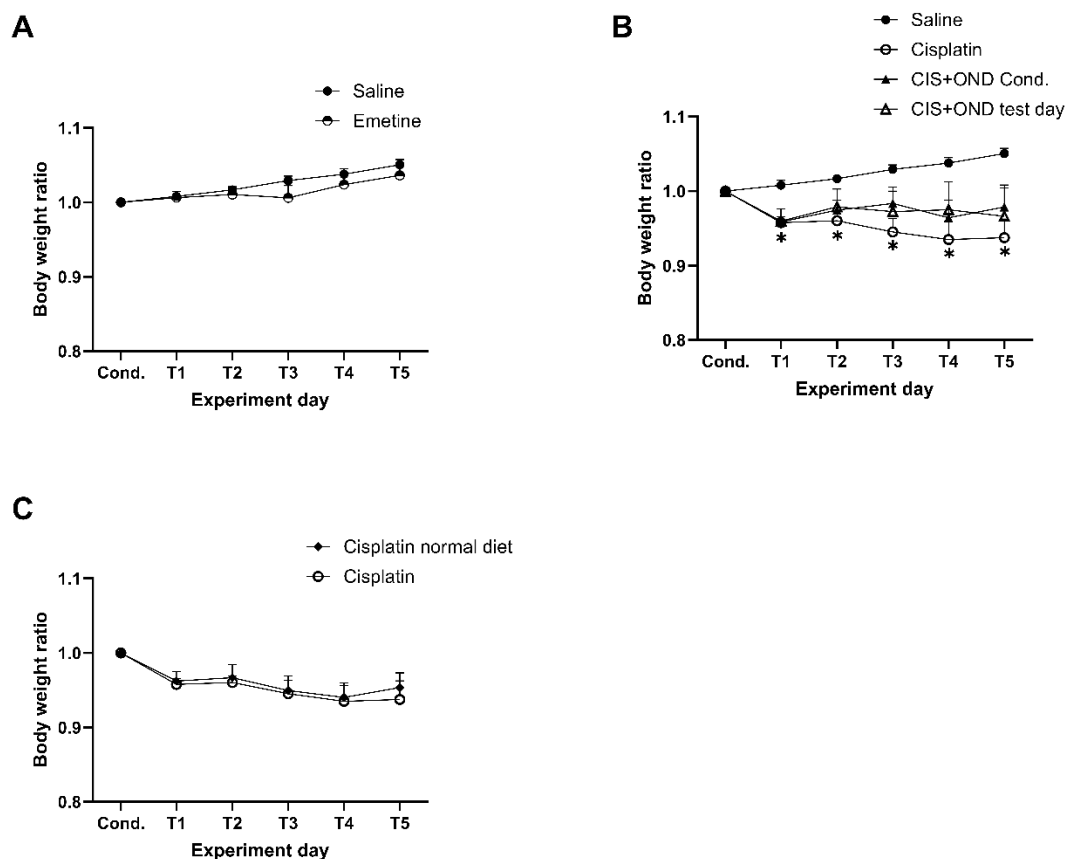


Fig. 2 Temporal change of body weight. Body weight in the group of saline injection and emetine hydrochloride on conditioning day (A), saline injection, cisplatin dihydrochloride on conditioning day and pre-administration of ondansetron on conditioning day (CIS+OND Cond.) or on test days (CIS+OND test day) in cisplatin treated group, (B), cisplatin dihydrochloride injection on conditioning day and cisplatin dihydrochloride injection on conditioning day but give normal diet on test day (C). *** $P < 0.001$, ** $P < 0.01$, * $P < 0.05$

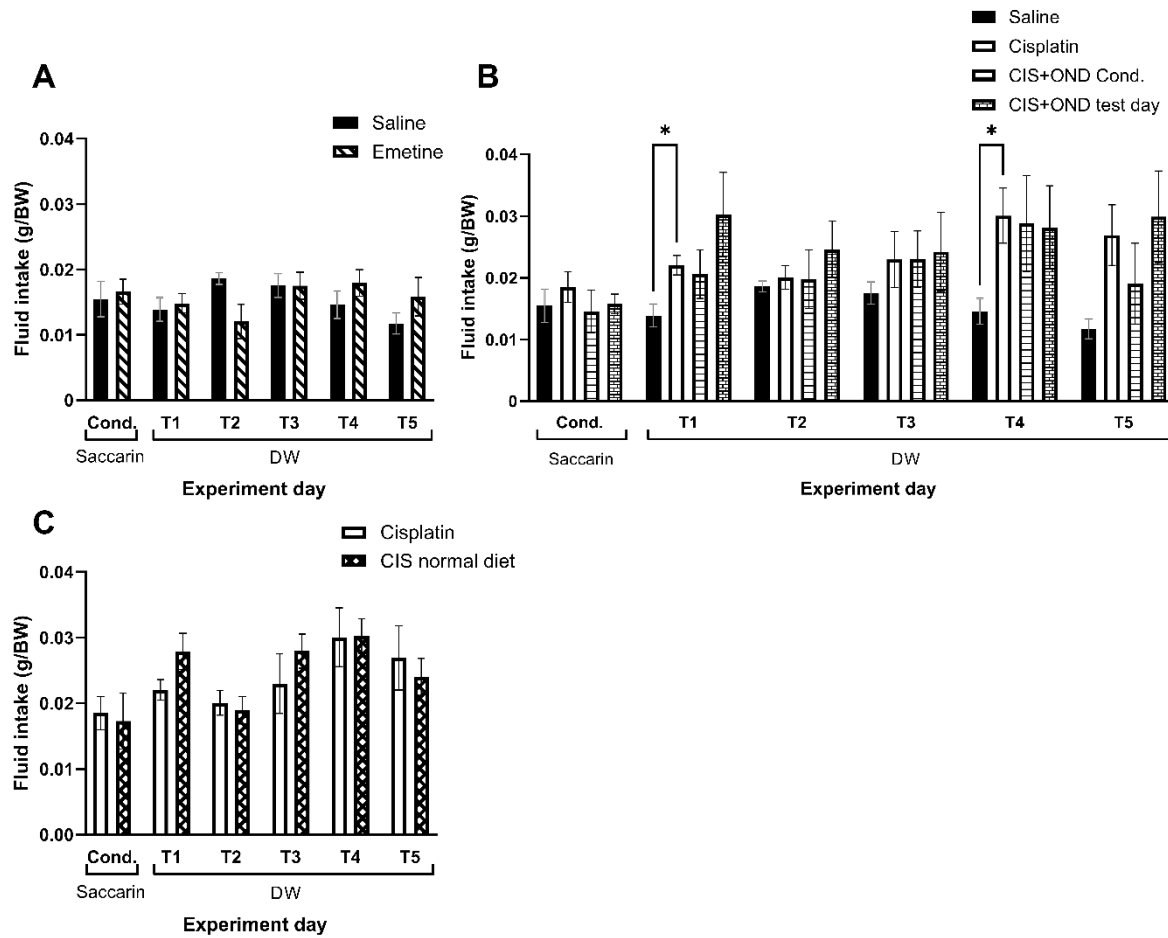


Fig. 3.1 Temporal change of fluid intake per body weight. Fluid intake in the group of saline injection and emetine hydrochloride on conditioning day (A), saline injection, cisplatin dihydrochloride on conditioning day and pre-administration of ondansetron on conditioning day (CIS+OND Cond.) or on test days (CIS+OND test day) in cisplatin treated group (B), cisplatin dihydrochloride injection on conditioning day and cisplatin dihydrochloride injection on conditioning day but give normal diet on test day (C). *** $P < 0.001$, ** $P < 0.01$, * $P < 0.05$

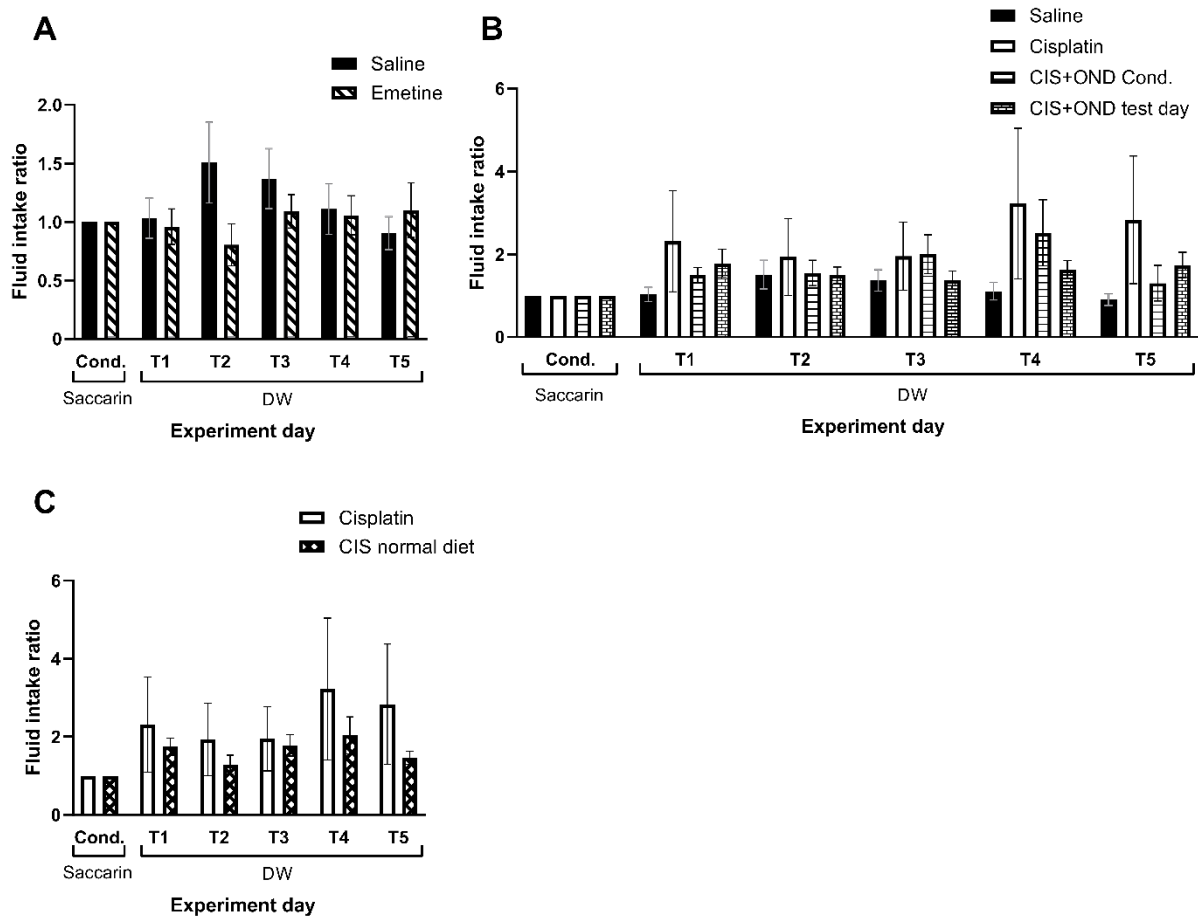


Fig. 3.2 Temporal change of fluid intake ratio. Fluid intake in the group of saline injection and emetine hydrochloride on conditioning day (A), saline injection, cisplatin dihydrochloride on conditioning day and pre-administration of ondansetron on conditioning day (CIS+OND Cond.) or on test days (CIS+OND test day) in cisplatin treated group (B), cisplatin dihydrochloride injection on conditioning day and cisplatin dihydrochloride injection on conditioning day but give normal diet on test day (C).*** $P < 0.001$, ** $P < 0.01$, * $P < 0.05$

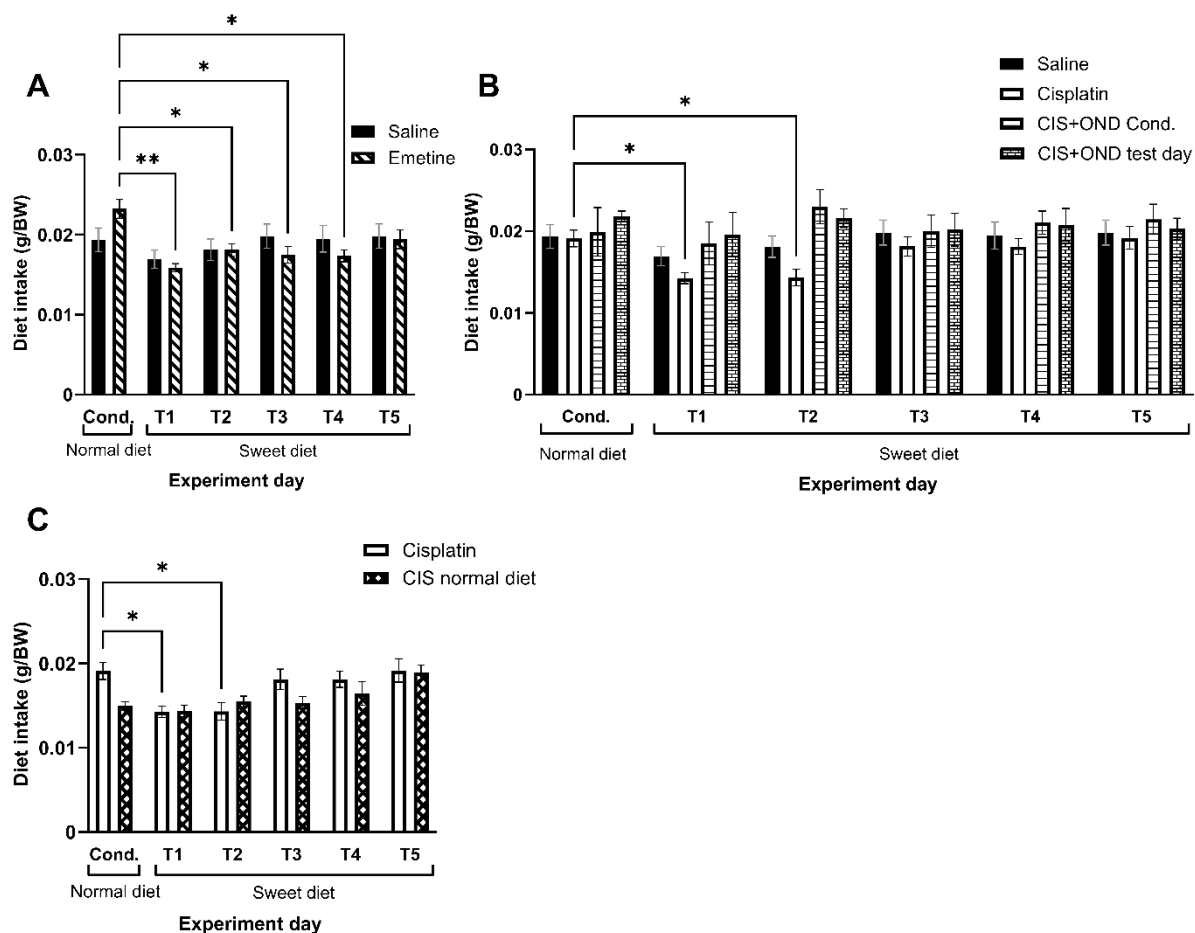


Fig. 4.1 Temporal change of diet intake per body weight Diet intake in the group of saline injection and emetine hydrochloride on conditioning day (A), saline injection, cisplatin dihydrochloride on conditioning day and pre-administration of ondansetron on conditioning day (CIS+OND Cond.) or on test days (CIS+OND test day) in cisplatin treated group (B), cisplatin dihydrochloride injection on conditioning day and cisplatin dihydrochloride injection on conditioning day but give normal diet on test day (C). *** $P < 0.001$, ** $P < 0.01$, * $P < 0.05$

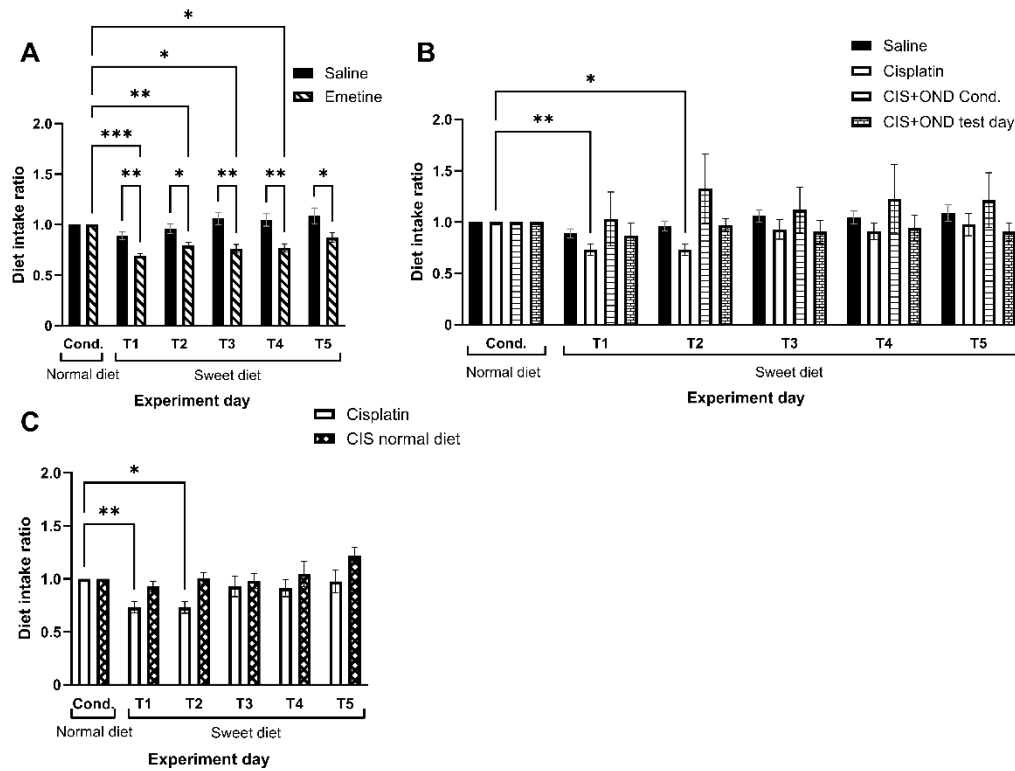


Fig. 4.2 Temporal change of diet intake ratio. Diet intake in the group of saline injection and emetine hydrochloride on conditioning day (A), saline injection, cisplatin dihydrochloride on conditioning day and pre-administration of ondansetron on conditioning day (CIS+OND Cond.) or on test days (CIS+OND test day) in cisplatin treated group (B), cisplatin dihydrochloride injection on conditioning day and cisplatin dihydrochloride injection on conditioning day but give normal diet on test day (C). *** $P < 0.001$, ** $P < 0.01$, * $P < 0.05$

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