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Suzanne M. Dwyer

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EFFECTS OF NEONATAL **CLOMIPRAMINE** TREATMENT ON **PHOTIC** AND
NON-PHOTIC **CIRCADIAN** PHASE SHIFTING IN RATS

By

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A THESIS

Submitted in Partial **Fulfillment** of the

Requirements for the Degree of

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The University of **Maine**

December, **2000**

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NON-PHOTIC CIRCADIAN PHASE SHIFTING IN RATS

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Thesis Advisor: Dr. Alan M. Rosenwasser

An Abstract of the Thesis Presented
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Neonatal exposure to monoaminergic antidepressant drugs produces a wide variety of effects on the behavior and physiology of adult rats which parallel those observed in human depression. Monoaminergic neurotransmitter systems are involved in the regulation of both affective and circadian behaviors, and alterations in circadian rhythmicity have been observed in depressed patients and in several other animal depression models. The purpose of the present study was to explore circadian phase shifting following neonatal antidepressant treatment. Neonatal rats were divided into three treatment groups; a clomipramine-treated group, a saline-treated group, and an unhandled group. Daily injections of clomipramine (**25 mg/kg sc**), a serotonin (**5-HT**) re-uptake inhibitor, or saline were given from postnatal day 8-21. The saline-treated group served as a control for the pharmacological effects of clomipramine, while the unhandled

group was included to control for any stressors associated with the injection procedure.

As adults, rats participated in one of two separate experiments designed to assess **non-**photic and photic phase shifting. In the non-photic experiment, stimuli included injections of **8-OH-DPAT (5mg/kg ip)**, a **5-HT** agonist, and six-hour dark pulses, both of which were presented during subjective day. A significant difference was found between the clomipramine and saline-treated groups in both the size and direction of **8-OH-DPAT-**induced phase shifts, as the clomipramine-treated group displayed a small phase advance while the saline-treated group showed a larger phase delay. Following dark pulses, all groups displayed mean phase advances, but no significant group differences were observed. For both **8-OH-DPAT** and dark pulses however, the pattern of responses across the three neonatal groups indicates that neonatal clomipramine and saline treatment may have opposite effects on non-photic phase shifting. In the photic experiment, rats were presented with light pulses during early and late subjective night, but no significant group differences were found in the magnitude of the resulting phase shifts. Taken together, results of this study suggest that neonatal clomipramine treatment alters non-photic, but not photic phase shifting, and comparisons of the present results with those reported previously, provide support for species differences in the role of serotonin in circadian regulation.

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CHAPTER I

INTRODUCTION

The mammalian circadian timing system is a neural system responsible for the generation, regulation and temporal organization of daily biological and behavioral rhythms (Moore-Ede, Sulzman & Fuller, 1982). A fundamental feature of endogenous circadian rhythms is the continued expression of an approximately **24-hour** period in the absence of external time cues (**Pittendrigh &** Daan, 1976a). The period of an output rhythm (e.g. locomotor activity) in the absence of external time cues is assumed to reflect the period of the underlying circadian pacemaker. Under natural conditions, the circadian pacemaker is usually entrained to environmental periodicities, particularly the light-dark (LD) cycle, although a number of non-photic cues such as the timing of social interactions, food availability and others, may also contribute to entrainment. **Without** external time cues, the circadian cycle comprises a subjective day, the phase during which diurnal activities occur, and a subjective night, the phase during which nocturnal activities occur (Meijer, 1991).

Fundamental Properties of Circadian Rhythms

Free-Running Period

Free-running period in constant darkness (DD) is considered to be a fundamental property of circadian rhythms. Mammalian species show characteristic free-running periods which tend to vary slightly from 24 hours, and stimuli found to affect free-running period are thought to have direct action on the circadian pacemaker or its input pathways (Pittendrigh, 1981). The effects of a stimulus on circadian period can be evaluated by presenting the stimulus chronically to an animal while it is maintained in constant environmental conditions, and monitoring changes in the period of a particular circadian output rhythm. Circadian rhythms in locomotor activity are commonly used in such studies, as they are relatively easy to record and have clearly defined phase markers (**Turek,** Pinto, Viitema, Penev, Zee & Takahashi, 1995). For example, in nocturnal animals,

circadian time (CT) 12 represents the onset of subjective night, and is defined by activity onset. Changes in the timing of successive activity onsets during stimulus presentation can be used as a measure of the influence of that stimulus on the period of the circadian pacemaker.

An effective stimulus may cause the free-running period to shorten or lengthen (Aschoff, 1981). A shortening of free-running period would be evidenced in an activity rhythm when the onset of activity occurs progressively earlier each day than would be predicted from the pre-stimulus period. In contrast, a lengthening of free-running period occurs when the phase of the rhythm is progressively delayed with each successive circadian cycle. As will be discussed below, the most well-studied stimulus known to affect free-running period is constant light (LL), which can lengthen or shorten free-running period relative to DD conditions (Aschoff, 1981).

Phase-Response Curves (PRCs)

The ability of an acute stimulus to alter the phase (i.e. timing) of free-running circadian rhythms is also thought to reflect direct action on the circadian pacemaker or its input pathways (Pittendrigh, 1981). The magnitude and direction of phase shifts in response to a stimulus can be described through the use of phase-response curves (PRCs), which depict the relationship between circadian time of stimulus presentation, and the resulting change in steady-state phase of the free-running rhythm. An effective stimulus may result in a phase advance, phase delay or no change in the rhythm depending on the point in the circadian cycle at which it is presented (Smith, Turek & Takahashi, 1992). For example, the photic PRC shows the portions of the circadian cycle during which light exposure is effective in producing a phase shift. This PRC is obtained by maintaining an animal in constant darkness and exposing it to a brief pulse of light (generally from several seconds to several minutes, although both longer and shorter durations have been used) at different circadian times. Phase delays occur following light exposure in the early subjective night, and would be observed in an activity rhythm when activity onset for the circadian cycles following the stimulus occurs later than would be predicted by the pre-

stimulus phase. Phase advances occur following light exposure in the late subjective night, such that activity onset for the circadian cycles following the stimulus occurs **earlier** than would be predicted by the pre-stimulus phase. Light exposure has **little** or no effect when presented during the subjective day. At a given phase of presentation, the magnitude of a light-induced phase shift is a function of stimulus intensity and duration (Nelson & Takahashi, 1991). Although the photic PRC is derived from the effects of brief light pulses, it is thought that entrainment to an LD cycle occurs through daily re-adjustments, or phase shifts, of the circadian pacemaker by light exposure during sensitive phases near dawn and/or dusk, as defined by the photic PRC (Pittendrigh & Daan, **1976a;1976b**).

Often, the magnitude of the change in phase caused by an acute stimulus can be interpreted more accurately several circadian cycles following stimulus presentation. This is due to the presence of transients, or temporary states, before the final steady-state phase shift is observed (Moore-Ede et al., 1982). Transients are commonly observed following light pulses, particularly when the pulses are presented during the advance portion of the photic PRC (Moore-Ede et al., 1982; Nelson & Takahashi, 1991). However, double-pulse experiments, in which two light pulses are presented in the same circadian cycle, before a steady-state phase shift is observed, have shown that the primary pacemaker has a rapid response to appropriately timed photic stimulation (Moore-Ede et al., 1982). For example, a light pulse presented to hamsters at CT 13 and another two hours later **results** in a final phase delay (following several cycles of transients) of greater magnitude than that normally observed at CT 13. This would not be true if the second pulse fell at CT 15, a phase at which little or no photic phase shifting is observed. Instead, these results may be accounted for by assuming that a rapid phase delay induced by the first pulse resulted in the second pulse also falling on the delay portion of the PRC close to CT 13, such that the combination of the two phase delays is responsible for the large phase shift (Hastings et al., 1996). For further detail, imagine a photic PRC in which two hour phase delays are observed at CT 13 but no phase shifts are observed at CT 15. If the pacemaker had a slow response to stimulation, then a light

pulse presented at CT 13 and another two hours later (i.e. CT **15**), would result in a total phase delay of two hours. If the pacemaker had a rapid response to stimulation, then a light pulse presented at CT 13 would immediately delay the pacemaker to CT 11. Thus, the second pulse presented two hours later would also fall at CT 13 and so the total phase shift would be four hours. Studies using this double-pulse technique find results similar to the latter scenario, supporting the idea that the pacemaker displays a rapid phase-shifting response to photic stimulation (e.g. Hastings et al., 1996).

Models of the circadian system predict that the primary pacemaker is composed of more than one component oscillator (Moore-Ede et al., 1982). For example, it has been proposed that the pacemaker of nocturnal rodents consists of two mutually coupled oscillators; an evening oscillator (E) controlling activity onset and coupled to dusk, and a morning oscillator (M) controlling activity offset and coupled to dawn (Pittendrigh & Daan, **1976c**). These oscillators maintain a stable phase relationship with each other and with secondary oscillators downstream from the primary pacemaker. The relationship between the E and M oscillator can be temporarily disrupted by a **light** pulse falling on a different phase of each oscillator. In this model, transients are thought to represent a period during which the stable phase relationships are recovered.

Higher-Order Properties of Circadian Rhythms

Entrainment

As discussed above, free-running period in DD and the shape of the photic PRC are considered to be fundamental properties of the circadian pacemaker (Pittendrigh & Daan, **1976c**). **Other** variables--such as steady-state entrainment phase under LD cycles, and the effects of exposure to LL on free-running period--can be predicted from these fundamental properties. Entrainment involves m-setting the circadian clock by external time cues, or zeitgebers. During entrainment, expressed periods come to match the period of the zeitgeber through daily phase shifts which correct for the difference between the zeitgeber period and the free-running **period**. Thus, for effective entrainment to occur, the zeitgeber must be present at a point in the circadian cycle that will result in an appropriate

phase shift. **If** the period of the zeitgeber is longer than that of the free-running rhythm, then entrainment will occur through daily phase delays, and the cue must be present at a point on the PRC resulting in phase delays. If the period of the zeitgeber is shorter than that of the free-running rhythm, then entrainment will occur through daily phase advances. Four requirements must be met in order to demonstrate entrainment by a particular zeitgeber: (1) the absence of another effective time cue; (2) period control (zeitgeber and entrained period are equal); (3) a stable phase relationship between the zeitgeber and circadian rhythm; and (4) phase control, such that following removal of the zeitgeber, **free-**running rhythms originate from the phase set by the zeitgeber (Moore-Ede et al., 1982).

The phase relationship between a zeitgeber and an entrained rhythm is dependent on the period of the zeitgeber, as well as on the underlying free-running period, and is defined in terms of the difference between zeitgeber and rhythm reference phases in each cycle (Aschoff, 1981). For example, the phase relationship between the LD cycle and the activity rhythm of nocturnal animals is reflected in the difference between dark onset and activity onset. An advanced entrainment phase occurs when activity onset precedes dark onset, while a delayed entrainment phase occurs when activity onset follows dark onset. For a given zeitgeber period, entrainment phase can be predicted from the period of the free-running rhythm; entrainment phase of a free-running rhythm with a shorter period will be relatively advanced compared to that of a free-running rhythm with a longer period.

Mammals can entrain to zeitgeber cycles up to several hours less than, or greater than 24 hours (Pittendrigh & Daan, **1976b**). The range of periods to which entrainment can occur is consistent within species, as it is limited by the amplitude of the PRC. Near the limits of the range of entrainment, relative coordination can occur when the zeitgeber modulates free-running period, but is not strong enough to result in stable entrainment (Pittendrigh, 1981). During relative coordination, phase shifts caused by the zeitgeber are not large enough to fully correct for the difference between the zeitgeber period and **free-**running period. With each successive cycle, the zeitgeber will fall at systematically shifting points on the PRC, causing the rhythms to alternately slow down and speed up in coordination with the zeitgeber.

Constant Light (LL)

As mentioned briefly above, constant light (LL) exposure systematically affects **free-running period** (**Aschoff**, 1981). During LL, length of free-running period is thought to reflect integration of the **photoc PRC**. For nocturnal animals, LL generally results in an **intensity-dependent** lengthening of free-running period relative to that seen in DD. The extent of the period-lengthening can be predicted from the relative size of the delay and advance portions of the **photoc PRC** (D/A ratio); the larger the D/A ratio, the greater the lengthening in period. Nocturnal animals also show reduced activity in LL, and a decrease in the duration of time spent active during each circadian cycle (α), as compared to DD (**Aschoff**, 1981). As the light intensity is increased, further lengthening of free-running period and reduction of α may be observed. Following termination of LL, free-running rhythms may continue to reflect the influence of LL (i.e. display a longer period than that seen prior to LL exposure) for a substantial length of time (Pittendrigh, 1981). These “aftereffects” are thought to represent residual effects of the stimulus on pacemaker period.

Splitting of activity rhythms can also occur under continuous light. In this state, the animal's activity pattern, normally occurring as one intense bout, splits into two or more separate bouts over the course of each circadian cycle (e.g. **Boulos & Rusak, 1982b**). In the hamster, these components often recouple at antiphase, thereby assuming a stable relationship **180°** out of phase. Splitting of free-running rhythms has been taken as evidence for the presence of multiple oscillators governing circadian rhythmicity. For example, in the dual-oscillator model of Pittendrigh and Daan (**1976c**), **splitting** represents the uncoupling of the **E** and **M** oscillators due to their differential response to light intensity. In this model, the free-running period of the **E oscillator** is a positive function of light intensity, while that of the **M oscillator** is a negative function of light intensity. Splitting occurs when the difference between these intrinsic periods becomes too great for coupling to be maintained, and each free-runs with its own intrinsic period. In this model, the **E** and **fvI** components can maintain a stable phase relationship only when they are in phase or antiphase.

Prolonged exposure to LL, or even less prolonged exposure to particularly intense **light**, can result further in a breakdown of circadian rhythmicity (**Aschoff**, 1981). In this situation, no coherent circadian rhythms can be observed, as activity appears to be randomly distributed over time. It is hypothesized that this arrhythmic state represents the uncoupling of multiple secondary circadian oscillators from the primary pacemaker, or that the pacemaker **itself** dissociates into a **multiplicity** of uncoupled oscillators, manifested as a loss of overt rhythmicity (Moore-Ede et al., 1982; Rosenwasser & Adler, 1986).

Phase Shifting in Response to Behavioral Stimuli

A variety of behaviorally-arousing stimuli are capable of phase-shifting the circadian pacemaker in a pattern different from, but not opposite to, that of light. These stimuli are believed to exert their effects through changes in the animal's behavior; specifically, through increases in activity levels. The behavioral PRC shows large phase advances in the mid to late subjective day, and generally smaller phase delays in the late subjective night (Smith et al., 1992). Similar patterns of phase shifting are observed in response to many behaviorally-arousing events, including social interaction, cage cleaning, exposure to novel environments, and 'pulses' of darkness presented on a background of LL (Boulos & Rusak, 1982; Mrosovsky, 1996; Mrosovsky, Reeb, Honrado & Salmon, 1989). **PRCs** of the same general shape have also been observed for drugs acting on **γ -aminobutyric acid (GABA)**, serotonin (**5-HT**) and certain **neuropeptide** systems (e.g. **neuropeptide Y**) (Albers & Ferris, 1984; **Huhman**, Marvel, Gillespie, **Mintz** & Albers, 1997; Edgar, Miller, Prosser, Dean & Dement, **1993**), as described more fully below.

In contrast to the **photic** PRC, there is much variability among these **PRCs**, particularly during the subjective night, when either phase delays, small phase advances, or no effects may be seen. In addition, the timing of the delay-to-advance transition is inconsistent across these **PRCs**, and although phase advances are always observed during the subjective day, the peak of the advance region can differ by as much as five hours (Smith et al., 1992). Although these differences provide evidence for possible subfamilies of behaviorally-derived **PRCs**, in general, these **PRCs** are defined as such by

their dissimilarity to the photic PRC. Thus, although these **PRCs** have been referred to as D-type (i.e. dark-type; Smith et al., 1992) or Y-type (i.e. neuropeptide Y-type; Morin, **1991**), this pattern of phase shifting and the stimuli that produce it are most commonly referred to simply as non-photoc. In this context, the term non-photoc refers to a particular PRC shape, and thus excludes the stimuli that mimic the phase-shifting pattern associated with light (see below).

Increased activity following a behaviorally-arousing stimulus is critical to the resulting non-photoc phase shift. For example, phase shifts in response to dark pulses can be blocked by restraining the animal during the pulse (Reebs, Lavery & Mrosovsky, 1989). Moreover, the amount of activity observed in response to a behaviorally-arousing stimulus has been correlated with the size of the resulting phase shift Janik and Mrosovsky (1993) found that significant phase advances following dark pulses or novel wheel exposure in the mid-subjective day occurred only in those hamsters whose wheel running activii exceeded 4000 wheel revolutions in the three hours of stimulus exposure. Animals displaying less activity did not display significant phase advances. In this study, the amount of activity and the resulting phase shift followed a step function, in that activity needed to exceed a certain threshold before phase shifts were observed. **Other** studies have shown similar effects with a minimum duration (i.e. 3-4 hours) rather than amount of wheel-running activity or treadmill running as the critical factor in predicting phase shifts (Gannon & Rea, 1995; **Marchant & Mistlberger**, 1996). However, significant phase shifts have also been reported following **non-photoc** stimulation accompanied by activity of lesser duration (e.g. **Wickland & Turek**, 1991) and intensity (e.g. Mistlberger, **Marchant & Sinclair**, 1996). In general, the effects of activity-inducing stimuli are thought to be mediated by increased arousal which is reflected in, but perhaps not perfectly correlated with, increased locomotor activii. It is the increase in arousal, or some as yet unidentified physiological correlate, that is believed to underlie the phase-shifting effects of many **non-photoc** stimuli (Mrosovsky, 1996).

Conflicting evidence has been presented as to whether activity must be voluntary in order to produce a phase shift. For example, some hamsters do not voluntarily display

high levels of activity in response to novel wheel exposure, and even when activity is induced in these animals via exposure to cold temperatures, phase shifts are not observed (Mrosovsky & Biello, 1994). This result suggests that motivational state may be an important factor in the phase-shifting effects of activity. However, other studies have shown that activity in response to cold temperatures is **effective** in producing phase shifts in the majority of hamsters tested (Mistlberger et al., **1996**), and that forced treadmill running produces phase shifts in mice (Marchant & Mistlberger, 1996). In addition, **non-photic** entrainment in mice has been demonstrated with both voluntary (e.g. Edgar & Dement, 1991) and involuntary (e.g. **Marchant & Mistlberger, 1996**) activity.

In addition to these phase-shifting effects, activity level also influences free-running period. For example, the total amount of activity over the course of the subjective night can be related to free-running period, as motor activity is negatively correlated with free running period in rats (**Yamada, Shimoda, Takahashi & Takahashi, 1996**). Thus, those animals displaying higher activity levels tend to have shorter periods than those displaying lower activity levels. In addition, in a study of locomotor activity of mice, Edgar, Martin and Dement (1991) found that mice with shorter periods tend to concentrate their activity in the early part of the subjective night, while those with longer periods tend to be most active in the latter part of the subjective night. This effect can be predicted from the non-photic PRC, in that early **activity** would tend to occur during the advance **portion** of the PRC resulting in shorter free-running periods, and later activity would tend to occur during the delay portion of the curve, resulting in longer free-running periods.

The fact that the circadian pacemaker is sensitive to behavioral feedback can complicate the interpretation of circadian studies in which the stimulus also has behavioral effects. For example, injections of the benzodiazepine, triazolam, result in non-photic phase shifts in hamsters, but, like those seen for dark pulses, these phase shifts can be blocked by restraining the animal following **injection** (Mrosovsky & Salmon, 1990; Van **Reeth & Turek, 1989**). Thus, in hamsters, the phase-shifting effects of triazolam appear to be mediated by induced activity. Although many stimuli that yield non-photic **PRCs** do have their effects through behavioral arousal, this is not true of all such **stimuli**. For

example, tiazolam has a sedating effect on squirrel monkeys, but, like hamsters, these animals display non-photic phase shifts in response to tiazolam (Mistlberger, Houpt & Moore-Ede, 1991). In addition, administration of the benzodiazepine chlordiazepoxide, neuropeptide Y (NPY) or certain **5-HT** agonists **results** in non-photic phase shifts without affecting observed activity levels (Biello, Janik & Mrosovsky, 1994; Biello & Mrosovsky, 1993; Bobrzynska, Godfrey & Mrosovsky, 1996). As discussed below, NPY and **5-HT** neurons may actually mediate the effects of induced activity on the pacemaker, rather than the converse. Phase shifts in response to saline injections appear to be mediated through a stress-response, and activity levels are not increased following the injections (Hastings et al., 1992). However, this stimulus may be qualitatively different from other **non-photic** stimuli, as maximal phase advances are observed at CT 10 for saline injections, but typically at around CT 4-8 for other non-photic stimuli. Finally, non-photic phase shifts have been observed in **vitro**, in pacemaker cell preparations, following various **pharmacological** treatments (e.g. **Prosser**, Bean, Edgar, **Heller** & Miller, 1993; **Huhman**, Babagbemi & **Albers**, 1995). Thus, although the circadian pacemaker must have a mechanism by which it receives behaviorally derived feedback, non-photic stimuli are not exclusively dependent on this mechanism for their effects.

Interactions Between Photic and Non-Photic Stimuli

The studies discussed above indicate clearly that both **photic** and non-photic stimuli are capable of **influencing** the circadian pacemaker. **Photic** stimuli are most effective in producing phase shifts during the subjective night, while non-photic stimuli are most effective during the subjective day. In recent years, interest has arisen in the potential interactive effects of such stimuli on circadian **rhythmicity**. For example, a study of scorpions showed the importance of behavioral responses to light pulses in determining the resulting phase shifts. The typical **photic** PRC was observed for those animals remaining inactive during the light pulse, but a non-photic PRC was **observed** for those displaying behavioral activation during the light pulse (Honmann, **Michel** & Fleissner, 1990). Thus, changes in activity can interact with **photic** stimulation in influencing the

circadian system. Combining behavioral activation and photic stimulation has also been found to influence both photic and non-photic phase shifting, as well as entrainment, in mammals.

Light exposure during the **subjective** night generally inhibits the activity of nocturnal animals in the home cage environment (Mrosovsky, 1995). However, some animals will become active during a light pulse at this phase, when the light pulse is combined with a behaviorally-arousing stimulus. For example, Ralph and Mrosovsky (1992) presented hamsters with a light pulse in the late subjective night together with a novel wheel; importantly, novel wheel exposure does not normally result in phase shifts at this phase when presented alone. The number of wheel revolutions recorded during the light pulse was used as a marker of behavioral activation. The resulting photic phase shifts were significantly smaller for those animals with high levels of activity during the light pulse compared to those **with** lower activity levels. Thus, behavioral activation, or some biochemical correlate, had an antagonistic effect on photic phase shifting (Ralph & Mrosovsky, 1992). Presentation of a novel wheel does not alter photic phase delays in hamsters in the early subjective night (**Mistlberger & Antle, 1997**), but these animals are generally more active--as measured by wheel-running or general locomotor**activity--during** the early rather than late subjective night, so the lack of effect of induced activity at this phase may reflect a ceiling effect.

Other examples of the modulation of photic effects by non-photic stimuli can be seen in re-entrainment studies in which the entraining LD cycle is advanced by a number of hours. Re-entrainment to a new LD cycle typically occurs gradually, depending on the extent of the change. For example, up to several weeks may be required for hamsters to display stable entrainment following an **8-hour** advance of the LD cycle (Mrosovsky & Salmon, 1999). However, rates of re-entrainment can be accelerated by manipulation of activity levels. Specifically, if high levels of activity are induced following the LD shift, then **re-**entrainment occurs rapidly (Mrosovsky & Salmon, 1990; Van **Reeth** & Turek, 1989). Particularly dramatic effects of this kind are seen when the induced activity is evoked by

an animal's initial exposure to a running-wheel, as this stimulus induces very **high** levels of activity in hamsters (Mrosovsky, 1996; **Wickland & Turek**, 1991).

In addition to non-photoc modulation of photic phase shifting, there is evidence for photic modulation of non-photoc phase shifting. For example, phase advances observed in response to novel wheel exposure during the mid-subjective day can be blocked by a subsequent light pulse (Ralph & Mrosovsky, 1992). Similarly, light pulses can block the phase-advancing effects of injections of NPY or **5-HT** agonists during the mid-subjective day (Biello & Mrosovsky, 1995; Penev, Zee & Turek, 1997). Light pulses have little or no phase-shifting effects when presented alone at this phase, but these results show that acute light exposure can modify the response to non-photoc stimuli during the subjective day. Exposure to LL may also modulate non-photoc phase shifting, as certain pharmacological and behavioral stimuli have been shown to produce phase shifts during the subjective day when presented on a background of LL, but not DD (Cutrera, Ouarour & Pevet, 1994). Although the effects of light pulses and LL on non-photoc phase shifting differ in direction, the results of these studies suggest an interaction between pathways communicating photic and non-photoc information to the circadian pacemaker.

Taken together, these results show that in addition to a photic input pathway, the circadian pacemaker must have a mechanism through which it receives non-photoc input, and further, that these pathways must ultimately converge. The effects of various photic, **pharmacological** and behaviorally derived stimuli on circadian period and phase have contributed to the localization of many neural components of the circadian system, and have also provided insight into the signal transduction pathways through which photic and non-photoc stimuli alter circadian **rhythmicity**.

Suprachiasmatic Nucleus (SCN)

The generation and regulation of circadian rhythms involves an elaborate multi-oscillator system, of which the suprachiasmatic nucleus (SCN) is the principal circadian pacemaker (Rosenwasser & Adler, 1966). The SCN is composed of a bilateral pair of nuclei located in the anterior hypothalamus, dorsal to the optic **chiasm** (Klein, Moore & **Reppert**, 1991).

Evidence implicating the SCN as the primary pacemaker includes the fact that destruction of the SCN results in a widespread loss of circadian rhythmicity (Rusak, 1977; **Stephan & Zucker**, 1972). In **addition**, a circadian rhythm in **neuronal** firing rate is observed in the SCN (with higher firing rates during the **subjective** day, and lower firing rates during the subjective night), and this circadian pattern of cellular activity is maintained in in vitro SCN preparations (Meijer, 1991). Finally, through fetal SCN transplants, **rhythmicity** can be restored to SCN-lesioned rats and hamsters (Lehman, Silver, Gladstone, Kahn, Gibson & **Bittman**, 1987; Ralph, 1991). Use of donor tissue from a mutant strain of hamster (**Tau**) expressing dramatically shortened free-running period has revealed that the transplanted SCN confers its period on the **lesioned** (non-mutant) host (Ralph, Foster, Davis & Menaker, 1990).

Based on its cellular organization, the SCN is divided into a dorsomedial region, referred to as the shell, and a ventrolateral region, referred to as the core (Moore, 1998). A large number of Interneurons are located in both regions and extensive projections between cells of the SCN are evident. Neurons of the shell contain arginine vasopressin (VP) and those of the core contain vasoactive intestinal polypeptide (VIP) or **gastrin**-releasing hormone (GRP). The neurotransmitter **GABA** is found in all SCN cells, **co**-localized with VP or **VIP/GRP** (Watts, 1991). **Other** SCN **peptides** include substance P, somatostatin, **peptide** histidine isoleucine (PHI), and **cholecystokinin** (Miller, **Morin**, Schwartz & Moore, 1998).

Several lines of evidence indicate that circadian **rhythmicity** may be generated by individual cellular oscillators. For example, dissociated SCN cells maintained in culture have been found to express independently phased circadian **rhythms** in electrical activity (Welsh, Logothetis, Melster & **Reppert**, 1995). In addition, fetal rat SCN cells display circadian rhythmicity in 2deoxyglucose utilization before synaptogenesis has occurred (Reppert, **1992**), and application of tetrodotoxin, a sodium channel blocker, eliminates action potentials but fails to alter underlying circadian rhythm generation (Schwartz, Gross & Morton, 1987). Thus, although the coupling mechanisms by which SCN cells coordinate

their activity to function as a pacemaker have not been adequately determined, communication may be mediated by non-synaptic interactions (Miller et al., 1996).

The SCN receives major projections from the retina, the intergeniculate leaflet of the thalamus, and the serotonergic neurons of the **midbrain raphe**. These projections provide both direct and indirect pathways by which retinal photic input reaches the pacemaker. Retina-recipient SCN neurons change their firing rate as a function--either increasing or decreasing--of retinal illuminance, and the extent of this response appears to be **phase specific** (Meijer, Watanabe, Schaap, **Albus, & Detari**, 1998). **Photic** stimulation which results in a phase shift is correlated with the expression of immediate-early genes (**IEGs**) in the SCN (Komhauser, Ginty, Greenberg, Mayo & Takahashi, 1998). The induction of **IEGs** is observed throughout the nervous system in an anatomically-specific pattern following diverse forms of stimulation, and the protein products of these genes are believed to initiate signal transduction pathways. Thus, **IEGs** provide a method for coupling stimulation to gene expression, allowing IEG expression to be used as a marker for specific types of **neuronal** activation. For example, induction of the **proto-oncogene, c-fos**, is observed in retina-recipient regions of the SCN following photic stimulation during the early and late subjective night, but not in visual-perceptual target areas of retinal afferents (**Rea**, 1989).

The product of *c-fos*, Fos protein, dimerizes with Jun proteins in the nucleus, and forms a regulatory complex which influences DNA transcription. Following a light pulse, *c-fos* **m**-RNA and Fos protein expression are localized in the **retino-recipient** region of the SCN of the hamster, mouse and rat (Colwell & Foster, 1992; Komhauser et al., 1996; Rea, 1989). The amount of *c-fos* m-RNA induced in the SCN following a light pulse has been positively correlated with the magnitude of the resulting behavioral phase shift (Komhauser, Nelson, Mayo & Takahashi, 1999). Pm-treatment with antisense oliionucleotides to *c-fos*, which **block** *c-fos* expression, has been shown to prevent **light**-induced phase delays in rats, suggesting that *c-fos* expression is required for photic responses (Wollnik et al., 1995). The photic PRC of mice with a null mutation of the *c-fos* locus shows generally reduced phase shift responses, particularly in the delay region, but

neither phase advances nor phase delays are completely abolished (Komhauser et al., 1996). Thus, although *c-fos* expression may not be required for photic responses, at least in mice, it does appear to be an essential part of the process leading to normal photic responses (Ralph et al., 1996).

C-fos expression in the SCN is thought to be specific to activation of photic transduction pathways. In support of this idea, *c-fos* expression has not been observed in the SCN of hamsters following non-photic stimuli including novel wheel exposure, triazolam injections and saline injections, presented during the subjective day (Cutrera, Kalsbeek & Pevet, 1993; Janik & Mrosovsky, 1992; Mead et al., 1992). However, *c-fos* expression has been observed in the SCN of rats following exposure to non-photic stimuli, although the number of SCN cells expressing *c-fos* was lower than that observed following photic stimulation during the subjective night (Edelstein & Amir, 1995). In addition, *ofos* expression in the rat SCN following non-photic stimuli is not **phase-specific** and has not been correlated with phase shift magnitude. Thus, although SCN **c-fos** expression is possibly involved in both photic and non-photic transduction in the rat, it appears to be specific to photic pathways in the hamster.

Retinohypothalamic Tract (RHT)

The retinohypothalamic tract (RHT) is a direct bilateral projection from retinal ganglion cells to the ventrolateral region of the SCN (Moore, 1992). This projection is believed to be the primary source by which photic information reaches the SCN, and is distinct from pathways involved in vision. For example, in rats, specialized W-type retinal ganglion cells project exclusively to components of the circadian system (Moore, Speh & Card, 1995). These cells are distributed across the retina and are characterized by their small diameter, sparsely branching dendrites and slow, sustained response to light (Meijer, 1991; Moore et al., 1995). Bilateral **enucleation** or destruction of the RHT abolishes photic entrainment, **resulting** in free-running rhythms even under LD cycles (Johnson, Moore & Morin, 1988). Destruction of other visual projections does not have this effect, further supporting the primary role of the RHT in conveying photic information (Moore, 1992).

The excitatory amino acid (EAA) glutamate, appears to be the neurotransmitter of the RHT (**Turek** et al., 1995). RHT terminals in the SCN display glutamate immunoreactivity (**DeVries**, Cardoza, Van Der Want, **DeWolf & Meijer**, 1993), and both NMDA and non-NMDA type EAA receptors have been found in the SCN (**Card & Moore**, 1989). Application of selective agonists for these receptors results in increased **neuronal** activity which can be blocked with NMDA and non-NMDA antagonists (**Meijer**, 1991). Electrical stimulation of the RHT results in release of glutamate from terminals in the SCN (**Liou, Shibata, Iwasaki**, 1986) and application of glutamate to the SCN *in vitro*, or NMDA *in vivo*, results in a PRC similar to that of light (**Ding et al.**, 1994; **Mintz & Albers**, 1997; **Shirakawa & Moore**, 1994). In addition, EAA antagonists block light-induced phase shifts and reduce light-induced **c-fos** expression in the ventral (retino-recipient) region--but not in the dorsal region--of the SCN *in vivo* (**Colwell, Foster & Menaker**, 1991; **Rea, Buckley & Lutton**, 1993; **Vindlacheruvu, Ebling, Maywood & Hastings**, 1992). Evidence indicates that the dorsal SCN receives afferents from a distinct RHT projection that innervates both the SCN and the intergeniculate leaflet of the thalamus (IGL), which in turn projects to the SCN (**Treep, Abe, Rusak & Goguen**, 1995). The putative non-EAA transmitter of this projection is as yet unidentified. Nevertheless, the results discussed above provide strong support for a primary role of glutamate in RHT transmission.

The **peptide** substance P is co-localized with glutamate in some RHT terminals at the SCN (**Takatsuji, Miguel-Hidalgo & Tohyama**, 1991). Application of substance P to *in vitro* rat SCN preparations results in light-type phase shifts in electrical activity (**Shibata, Tsuneyoshi, Hamada, Tominaga & Watanabe**, 1992a), an effect which may be glutamate-mediated, as substance P has been found to potentiate the effects of glutamate when both are applied *in vitro* (**Shirakawa & Moore**, 1994). However, no **significant** phase shifts in the wheel-running rhythm of hamsters are observed following substance P injections alone (**Piggins & Rusak**, 1997). This discrepancy may be due to **species-**differences, methodological differences between *in vitro* and *in vivo* studies, or may reflect a role for substance P as a modulatory **peptide**, rather than a neurotransmitter, in the **photic** pathway.

Another element in the transduction of **photic/EAA** input to the SCN appears to be nitric oxide (NO) synthesis. NO, a gaseous paracrine factor, is produced by nitric **oxide** synthase (NOS) in response to glutamatergic stimulation of NMDA receptors in several brain regions, including the SCN (Gillette, 1996). NO is highly diffusible, appears to play an important role in the photic transduction pathway, and may mediate non-synaptic communication among SCN neurons (Miller et al., 1996). NOS immunoreactivity is present in the SCN of rodents, and NOS inhibitors administered to hamsters *in vivo* block the phase-shifting effects of light, but not light-induced c-fos expression in the SCN (Wang & Morris, 1996; Weber, Gannon, **Michel**, Gillette & Rea, 1995). This result suggests that in the hamster, either NO and **c-fos** are activated through independent mechanisms or NO acts downstream from c-fos expression in the photic transduction pathway. In contrast, in the rat, photic phase shifting and c-fos expression are observed following *in vitro* application of a NO donor and application of a NOS inhibitor has been reported to block light-induced phase shifting and attenuate c-fos expression (Amir & Edelstein, 1997; Ding et al., 1994). These results may reflect either methodological differences between *in vi&o* and *invivo* studies or species-differences, such that NO acts upstream from c-fos expression in the rat, but not the hamster.

Intergeniculate Leaflet(IGL)/Geniculohypothalamic Tract(GHT)

The **intergeniculate** leaflet (**IGL**) is a neurochemically distinct region of the lateral **geniculate** complex of the thalamus, intercalated between the dorsal and ventral nuclei of the LGN (Moore & Card, 1994). The IGL receives photic input via collaterals of the RHT (**Pickard**, 1985). Besides the retina, other sources of input to the IGL include the anterior hypothalamus, retrochiasmatic area, contralateral IGL, **raphe** nuclei, locus coeruleus and the SCN (Moore, 1992). Neurons of the IGL have been found to contain **GABA**, NPY, enkephalin (**ENK**) and substance P. As in the SCN, **GABA** has been found in all neurons of the IGL, co-localized in separate populations with NPY and ENK (Watts, 1991). In the rat, **GABA/ENK** neurons project **exclusively** to the contralateral **IGL**, while in the hamster, a proportion of these neurons also project to the SCN. In both species however,

GABA/NPY neurons project predominately to the SCN. This projection from the IGL to the SCN forms the geniculohypothalamic tract (GHT), providing a secondary pathway for photic information to reach the SCN, as well as a pathway by which information from a range of non-retinal sources can influence the circadian system (Harrington, 1997; **Morin**, 1994).

Role of the **IGL/GHT** in **Photic** Effects

Like neurons of the SCN, IGL neurons show sustained changes in firing rate in response to changes in illuminance, and expression of *c-fos* is induced in the IGL following photic stimulation (Harrington & Rusak, 1989; Peters, Aronin & Schwartz, 1996). Therefore, the IGL is responsive to photic input, but because ablation of the **IGL/GHT** does not abolish stable entrainment to the LD cycle, this structure is not required for photic entrainment of the circadian system (Johnson, Moore & **Morin**, 1989). However, distinct changes in circadian response to photic stimulation are observed following **IGL/GHT** ablation, suggesting that the **IGL/GHT** is involved in mediating photic input to the SCN.

Following IGL lesions, the period-lengthening and arrhythmicity-inducing effects of LL are blocked, and the magnitude of light-induced phase advances is reduced while that of phase delays may be either unaffected or increased (Duncan, Johnson, Sutin & Wehr, 1998; Johnson et al., 1989; Harrington & Rusak, 1986; **Pickard**, Ralph & Menaker, 1987). **IGL/GHT** lesions also slow the rate of re-entrainment to a change in the LD cycle (Johnson et al., 1989). However, it has been suggested that this effect may not be due to changes in photic responsiveness, but rather, to the reductions in activity levels following **IGL/GHT** lesions (Janik & Mrosovsky, 1994). As discussed earlier, in intact animals, the rate of re-entrainment to a change in the LD cycle can be accelerated if locomotor activity is induced at the new onset of darkness, so the slower rate of **re-entrainment** in **lesioned** animals may reflect the reduction of normal activity levels.

Role of the **IGL/GHT** in Non-Photic Effects

NPY appears to be a major transmitter in the **IGL/GHT** pathway, and NPY release is thought to communicate the effects of behaviorally-arousing stimuli to the SCN. Electrical stimulation of the GHT, or application of NPY to the SCN results in non-photic phase shifts (Albers & Ferris, 1984; **Huhman** & Albers, 1994; Rusak, Meijer & Harrington, 1989). **C-fos** expression is observed in the IGL of rats and hamsters following exposure to behaviorally-arousing stimuli during the subjective day but not during the subjective night (Edelstein & Amir, 1995; Janik & Mrosovsky, 1992). In hamsters, the number of IGL cells expressing **c-fos** following exposure to a novel running wheel is correlated with the amount of induced activity and the magnitude of the resulting phase shift (Janik & Mrosovsky, 1992). Thus, the IGL is responsive to behaviorally-arousing stimuli.

Following **IGL/GHT** lesions, free-running period of wheel-running activity in rats is lengthened, but it is unclear whether this finding is the result of the lesion itself, or the accompanying reduction in wheel-running activity (Kuroda, Fukushima, Nakai, Katayama & Murakami, 1997). **IGL/GHT** lesions also greatly reduce or block the phase-shifting effects of dark pulses, exposure to a novel running wheel, and triazolam administration (Harrington & Rusak, 1986; Janik & Mrosovsky, 1994; Johnson, Smale, Moore & Morin, 1988; **Wickland** & Turek, 1994). **Lesioned** animals generally fail to display the increases in activity associated with these stimuli in intact animals, so, like the effects of **IGL/GHT** lesions on period, reduced activity could be responsible for the lack of phase shifts. However, it is the loss of NPY input to the SCN following **IGL/GHT** lesions that is thought to be responsible for the lack of phase shifting in response to behavioral stimuli, and this idea is supported in studies in which non-photic phase shifts and behavioral arousal have been dissociated. For example, in mice, entrainment by forced treadmill running--in which activity levels are experimentally controlled--is abolished following **IGL/GHT** lesions (Marchant, Watson & Mistlberger, 1997). Further, although **intra-SCN** injections of NPY antiserum to hamsters reduce phase shifts in response to behaviorally-arousing stimuli, activity levels are unaffected (Blello et al., 1994). In addition, administration of the benzodiazepine, **chlordiazepoxide**, results in non-photic phase shifts in hamsters without

increased activity, and these phase shifts can be blocked by **IGL/GHT** lesions (Biello & Mrosovsky, 1993; Biello, Harrington & Mason, 1991; Meyer, Harrington & Rahmani, 1993). Benzodiazepines bind to **benzodiazepine/GABA_A** receptors which do not appear to be localized at the IGL, so the site of action for chlordiazepoxide, and other benzodiazepines, may be on IGL terminals at the SCN, or afferent to the IGL, possibly in the midbrain **raphe** (Morin, 1991). **With** the contribution of these findings, evidence is converging on a primary role for NPY input to the SCN, arising in the IGL, in mediating the phase-shifting effects of activity-inducing stimuli.

More recent evidence suggests that the effects of NPY may be mediated through a GABAergic mechanism, although this issue is complicated by the fact that both the **IGL/GHT** and the SCN target cells are GABAergic. Pre-treatment with bicuculline, a **GABA_A** antagonist, blocks NPY-induced phase advances both *in vitro* and *in vivo* (Biello, Golombek, Schak & Harrington, 1997; **Huhman** et al., 1995). Further, the **GABA_A** agonist, muscimol, itself produces non-photic phase shifts similar to NPY, and application of tetrodotoxin to the SCN fails to block muscimol-induced phase advances *in vivo* (**Huhman** et al., 1997). These results suggest that a GABAergic mechanism acting directly on SCN pacemaker cells, mediates the effects of NPY. This conclusion is complicated however, by the findings that tetrodotoxin blocks NPY-induced phase advances *in vivo* (**Huhman** et al., 1997), but does not block NPY-induced phase advances *in vitro* (Biello, Golombek, Schak, et al., 1997). This discrepancy may reflect the methodological differences between *in vivo* and *in vitro* studies, or changes in the pharmacological response of *in vitro* SCN preparations following the loss of afferent input (**Huhman** et al., 1997). Although the mechanism underlying **IGL/GHT** communication to the SCN is as yet unclear, the **non-photic** effects resulting from activation of this pathway suggest that the **IGL/GHT** is a primary route by which non-photic stimuli affect the pacemaker.

Role of the IGL/GHT in the Interaction Between **Photic** and Non-Photic Effects

The evidence reviewed above indicates that the IGL is involved in mediating the effects of both photic and **non-photic** stimuli on the SCN circadian pacemaker. In addition, some evidence indicates that light-evoked RHT glutamate release, and NPY release from GHT neurons, may have opposing effects. For example, at the level of the SCN, glutamate and NPY have mutually antagonistic effects on phase shifting *in vitro*; **co-**application of glutamate and NPY blocks both glutamate-induced phase shifts in the subjective night and NPY-induced phase shifts in the subjective day (Biello, Golombek & Harrington, 1997). Antagonistic effects are also observed *in vivo*, as the magnitude of light-induced phase advances is reduced when the light pulse is followed by an injection of NPY into the SCN (Biello & Mrosovsky, 1995), and blocked when the NPY injection precedes the light pulse (Weber & Rea, 1997). In addition, injections of NPY antiserum into the SCN potentiate light-induced phase advances (Biello, 1995). However, in contrast to phase advances, photic phase delays are not **blocked** by NPY **administration in vivo** (Weber & Rea, 1997). Conflicting results for advance and delay phase shifts have also been reported for the effects of IGUGHT lesions, in that photic phase advances are reduced (Pickard et al., 1987) while photic phase delays may be unaffected (Harrington & Rusak, 1986) or increased (Pickard et al., 1987). IGUGHT lesions produce a chronic loss of NPY input to the SCN while NPY antiserum injection has an acute inhibitory effect, so results of studies using either of these methods may not be directly comparable. At this point, given the contradictory reports, the nature of the interaction between light and NPY remains unclear.

Raphe Nuclei / Serotonin (5-HT)

The third major input pathway to the SCN arises from the serotonergic neurons of the midbrain **raphe** (Moore, Halaris & Jones, 1978). These projections can influence the SCN directly, or **indirectly** through projections to the IGL, as neurons of the median **raphe** project to the SCN while those of the dorsal **raphe** project to the IGL (Meyer-Bernstein & Morin, 1996). Integrity of the serotonergic system is not required for the generation of circadian

rhythmicity (Kawai, Yokota & Yamawaki, 1994; Levine, Rosenwasser, Yanovski & Adler, 1986), but there is considerable evidence for a role of **5-HT** in mediating responsiveness to non-photic stimuli, and in modulating **photic** input.

5-HT-Induced Phase Shifting

Administration of **5-HT** and certain **5-HT** agonists during the subjective day results in phase advances characteristic of non-photic stimuli both *in vitro* and *in vivo* (Edgar et al., 1993; Medanic & Gillette, 1992; Prosser et al., 1993; Prosser, Miller & Heier, 1990; Shibata, Tsuneyoshi, Hamada, Tominaga & Watanabe, 1992b; Tominaga, Shibata, Ueki, & Watanabe, 1992). **5-HT** is thought to act directly on SCN cells, as the phase-shifting effects of the non-specific **5-HT** agonist quipazine, in SCN slices, are not blocked by tetrodotoxin and therefore do not depend on synaptic transmission (Prosser, Heffer & Miller, 1992). Initially, the **5-HT_{1A}** receptor subtype appeared to be responsible for these effects, as both the non-specific agonist quipazine, and the **5-HT_{1A}** agonist **8-OH-DPAT**, were effective in producing phase advances (Prosser et al., 1993). More recent evidence indicates that the phase-advancing effects of **5-HT** agonists may be mediated through **5-HT₇** receptors, which have been localized at the SCN (Lovenberg et al., 1993). **8-OH-DPAT** has a high affinity for both **5-HT_{1A}** and **5-HT₇** receptors, and *in vitro* **8-OH-DPAT**-induced phase advances can be blocked by a selective **5-HT₇** antagonist (Prosser et al., 1993). In addition, phase advances following *in vitro* application of cAMP analogs are similar to those of **8-OH-DPAT**, and because **5-HT₇** receptors, but not **5-HT_{1A}** receptors, are **cAMP-coupled**, the **5-HT₇** receptor subtype is believed to mediate the phase-shifting effects of **5-HT** agonists during the subjective day (Miller et al., 1996; Prosser & Gillette, 1989).

Despite consistent *in vitro* evidence for **5-HT-induced** phase advances during the subjective day, conflicting evidence has been reported for the phase-shifting effects of **5-HT** agonists during the subjective night. *In vitro* administration of **8-OH-DPAT** has no phase-shifting effects at this phase (Prosser et al., 1993; Shibata et al., 1992b) but

Prosser et al. (1993) have reported phase delays following administration of either **5-HT** or quipazine at CT 15. These effects were not blocked by the same **5-HT** antagonists which were effective in blocking **5-HT** and quipazine-induced phase advances, leading to the suggestion that serotonergic phase delays are mediated by an as yet unidentified **5-HT** receptor (Prosser et al., 1993; Miller et al., 1996). However, this issue is complicated by the fact that Medanic and Gillette (1992) did not find phase shifts in response to **5-HT application** during the subjective night, and so it remains to be seen whether the phase delays are a **replicable** result.

Administration of quipazine *in vivo* has been reported to produce phase advances during the subjective day in rats but not in hamsters, and it is unclear whether this discrepancy is due to species or methodological differences (Bobrzynska, Godfrey, et al., 1996; Edgar et al., 1993). However, in agreement with *in vitro* studies, **8-OH-DPAT** produces phase advances in both rats and hamsters when injected during the subjective day (Bobrzynska, Godfrey, et al., 1996; Edgar et al., 1993; Tominaga et al., 1992). Administration of **8-OH-DPAT** *in vivo* to rats and hamsters, or quipazine to rats, has no phase-shifting effects during the subjective night. Because endogenous **5-HT** levels are elevated during the subjective night, Edgar et al. (1993) suggest that the lack of effects of these agonists may be due to receptor competition, as endogenous **5-HT** has a greater affinity for serotonergic receptors than **5-HT** agonists. Of course, such **competition** would not be expected to be a factor in the *in vitro* studies discussed above.

5-HT and Non-Photic Phase Shifting

Increases in behavioral arousal are associated with increased **neuronal** discharge in the **raphe**, and a strong positive correlation has been found between motor activity and **5-HT** levels in the SCN (Shiori, Takahashi, **Yamada & Takahashi, 1991**). Given the similarity between the **PRCs** for serotonergic drugs and behavioral activity, these results suggest that the effects of non-photic stimuli may be mediated through serotonergic input to the SCN. Evidence supporting this idea is found in studies of non-photic phase shifting after

lesions of the **raphe-SCN** projection, monoamine depletion, or **5-HT** antagonists, as discussed below.

Complete destruction of **5-HT** afferents to the SCN with intra-SCN administration of the selective serotonergic neurotoxin, **5,7-DHT**, reduces the phase-advancing effects of triazolam--believed to be mediated by induced locomotor activity--in the mid-subjective day (Cutrera, Kalsbeek & Pevet, 1994). Systemic treatment with the non-specific monoamine depletor, reserpine, also reduces phase advances in response to triazolam (Penev, Zee & Turek, 1994). However, these results are **difficult** to interpret, as both procedures reduce triazolam-induced activity, and reserpine reduces dopamine and norepinephrine levels in addii to **5-HT**. Treatment with another serotonergic neurotoxin, pchloroamphetamine (PCA) reduces triazolam-induced phase shifts without as great a reduction in activity as that seen with **5,7-DHT** and reserpine, but activity is still somewhat reduced (Penev, Turek & Zee, 1995). **Benzodiazepine/GABA_a** receptors have been **localized** at the **raphe**, and because **IGL** lesions block phase shifts in response to benzodiazepines, it is possible that **5-HT** projections from the dorsal **raphe** to the **IGL** may constitute the route through which the effects of benzodiazepines are communicated to the SCN (Johnson, **Smale**, et al., 1988; Morin, 1991). However, at present, the arousal-inducing versus the phase-shifting effects of benzodiazepines have yet to be adequately diifferentiated, and the site of action for the non-photic **phase-shifting** effects of the benzodiazepines is still unclear.

Several studies have examined the role of **5-HT** in the phase-shifting effects of other **non-photic** stimuli. For example, pre-treatment of hamsters with **5-HT** antagonists has been shown to reduce, but not block, phase shifts in response to saline injections at CT 10, although it is not dear whether this **result** was due to reductions in arousal, or in arousal-induced phase shifting (**Sumova, Maywood, Selvage, Ebling & Hastings**, 1998). In contrast, intra-SCN **5,7-DHT** lesions have no effect on activity-induced phase advances to novel wheel exposure in hamsters (Bobrzynska, Vrang & Mrosovsky, 1998). Although these experimental paradigms may not be **directly** comparable, the results suggest that **5-HT** may not play a primary role in mediating the phase-shifting

effects of arousing stimuli in hamsters. **5-HT** may be more important to non-photoc responses of mice, as entrainment by forced treadmill running was abolished **following** intra-SCN **5,7-DHT** lesions, although **slight** modulation of free-running period by this stimulus remained evident (Marchant et al., 1997). The entraining effects of treadmill running are also blocked by **IGL/GHT** lesions, suggesting that non-photoc entrainment in this species may require integration of input to the SCN from both the **raphe** and the IGL.

5-HT and Photoc Phase Shifting

More consistent evidence has been reported supporting the role of 5-HT in the modulation of **photoc** input to the circadian system. Administration of **8-OH-DPAT** to hamsters, reduces the magnitude of light-induced phase delays at CT 14 and phase advances at CT 19, suggesting that **5-HT** may provide inhibitory modulation of photoc input (Rea, Glass & Colwell, 1994). Light-induced **c-fos** expression in the SCN is also reduced by pretreatment with either quipazine or **8-OH-DPAT** (Glass, Selim & flea, 1994; Selim, Glass, **Hauser** & Rea, 1994). Complementary to these findings, the magnitude of light-induced phase delays is increased following intraventricular administration of **5,7-DHT** (Morin & Blanchard, 1991). In addition, both reserpine treatment and the serotonergic drug, NAN-1 90 **significantly** potentiate the magnitude of light-induced phase shifts (Penev, Turek & Zee, 1998; Rea, **Barrera**, Glass & Gannon, 1995). Evidence suggests that NAN-1 90 may be a potent **5-HT** autoreceptor agonist, resulting in reduced **5-HT** transmission. Thus, reductions in available 5-HT result in potentiation of the effects of light. Similarly, the behavioral attenuation of photoc phase advances during the late subjective night can be blocked by pre-treatment with a non-selective **5-HT** antagonist, further supporting the role of **5-HT** in **inhibiting** photoc responsiveness (Mistlberger & Antle, 1997).

The mechanisms through which **5-HT** exerts these effects may involve action at **5-HT** receptors located both post-synaptically on retino-recipient SCN cells and **pre-synaptically** on RHT terminals. **Quipazine administration** lowers the **activity** of **photically-responsive** SCN **cells**, and localized application of **5-HT**, quipazine or **8-OH-DPAT** to the

SCN reduces the extracellular concentration of glutamate, **believed** to be the primary RHT neurotransmitter (Miller & Fuller, 1990; Selim, Glass, **Hauser** & Rea, 1993; **Srkialovic**, Selim, Rea & Glass, 1994) Thus, **5-HT** may act to suppress EAA transmission at the SCN. Evidence also suggests that activation of **5-HT_{1B}** receptors located on RHT terminals results in pre-synaptic inhibition of glutamate release (Pickard, Weber, Scott, Riberdy & Rea, 1996). For example, **application** of a **5-HT_{1B}** agonist reduces extracellular glutamate, although to a lesser degree than **8-OH-DPAT** (**Srkialovic** et al., 1994). Application of **5-HT_{1B}** agonists also reduces light-induced **c-fos** expression in the SCN as well as the magnitude of light-induced phase shifts (Pickard et al., 1996). These effects can be blocked by a non-selective **5-HT₁** antagonist, but not by antagonists selective for other **5-HT** receptor types. Therefore, **5-HT** acts at the SCN both pre- and post-synaptically, and taken together, this evidence suggests that **5-HT** has a tonic inhibitory effect on photic input to the SCN.

Further support for this role of **5-HT** is found in studies of 5-HT depletion on entrainment to LD cycles and free-running period in LL. Both reserpine and **intraventricular 5, 7-DHT** treatment result in advanced activity onset, delayed activity offset, and a prolonged duration of the **active** phase in hamsters under LD **14:10** (Morin & Blanchard, 1991; Penev et al., 1993). However, this prolonged activity pattern persists in DD, suggesting that the alterations in entrainment may be reflective of **alterations** in circadian regulation, rather than a decrease in visual **sensitivity**. More conclusive evidence for serotonergic **inhibition** of photic input to the SCN is found with the effects of **5,7-DHT** treatment on rhythmicity in LL. Following **5,7-DHT** treatment, the period-lengthening effects of LL are greatly enhanced, a result which could be predicted from the relatively larger delay region in the photic PRC of **5,7-DHT-treated** animals (Morin & Blanchard, 1991). As discussed previously, the larger the D/A ratio, the greater the extent of period-lengthening in LL (**Aschoff**, 1981). Following U-induced period-lengthening in **5,7-DHT** treated hamsters, coherent **rhythmicity** is rapidly lost These **results** are opposite to those found following IGL lesions, and appear to represent an exaggeration of the normal response to

LL, as though **5-HT** depletion removed a source of inhibitory input (Morin & Blanchard, 1991). These effects are likely due to **5-HT** depletion in the median **raphe**, because **local** application of 5,7-DHT to the median, but not dorsal, **raphe** produces the same effects on **photic** entrainment and **rhythmicity** in LL as intraventricular application (Meyer-Bernstein & Morin, 1999). Lesions specific to the dorsal **raphe** have no effects on these parameters. This is consistent with the fact that **5-HT** projections to the SCN arise from the median **raphe**, and taken together, these **results** suggest that a primary role of the serotonergic input to the SCN involves inhibitory modulation of **photic** input.

SCN Output

Much of the research on the anatomy, physiology and **pharmacology** of circadian rhythms has concentrated on the SCN and its input pathways. Relatively **little** is known about the mechanisms by which the **neural** circadian system regulates and coordinates the diversity of functions under circadian control (Turek et al., 1995). The SCN does not have extensive efferent projections, but it is possible that higher-order projections from a relatively small number of primary SCN output areas communicate the circadian **signal** to a wider range of secondary projection sites (Moore, 1995).

A substantial portion of the output of SCN neurons is to the other neurons of the SCN (Moore, 1996; Watts, 1991). The most substantial non-SCN target for synaptic input from SCN neurons is the subparaventricular zone (SPVZ), an area of the anterior hypothalamus lying between the SCN and paraventricular nucleus (PVN). Many of the projections from the SPVZ overlap with smaller SCN projections, suggesting that the role of these SPVZ efferents may be to amplify the circadian signal (Moore, 1996). Other areas receiving less extensive SCN innervation include the **IGL**, paraventricular thalamic nucleus (**PVT**), zona incerta, preoptic area, **retrochiasmatic** area (RCA), ventromedial and dorsomedial nucleus, paraventricular hypothalamic nucleus, and **periaqueductal** gray (Moga, **Weis & Moore**, 1996; Watts, 1991). Many of these areas also receive innervation from the **IGL** and retina, indicating that **photic** and circadian **information** may be integrated at many **levels** of the circadian system (Moore, 1996; Moga & Moore, 1997).

Examination of the output patterns of these SCN target regions has provided some insight into the mechanisms underlying circadian modulation of a diverse range of functions. For example, the PVT projects to the nucleus accumbens, an area involved in motor integration and reinforcement mechanisms, and to the hippocampus, amygdala, septum and cingulate cortex, areas involved in memory and the regulation of affective behaviors (Moga et al., 1996; Watts, 1991). Projections from the SPVZ and RCA to the hypothalamus may provide circadian regulation of the autonomic and neuroendocrine functions mediated by this region. Autonomic, behavioral and sensorimotor functions may also be influenced by efferent fibers from the RCA to areas of the basal forebrain, brainstem and spinal cord and from the IGL to thalamic nuclei (Moore, 1996). Thus, although the SCN has relatively few efferent projections, widespread projections from SCN target areas may possibly underlie the circadian regulation of many physiological and behavioral functions.

Circadian Dysfunction, Neurotransmitters and Depression

Although the direction of causation is unclear, ample evidence exists to show a relationship between circadian rhythm dysregulation and affective disorders (Rosenwasser & Wirz-Justice, 1997). Numerous methodological difficulties are encountered in studies of circadian **rhythmicity** of depressed patients, but there is considerable evidence for disturbances in both amplitude and phase of circadian rhythms in these individuals. Decreased rhythm amplitude is one of the most consistent findings in such studies and increased amplitude often accompanies remission of depressive symptoms (Duncan, 1996; Souetre et al., 1989). If reflective of a low amplitude pacemaker, this difference may possibly **underlie** alterations in other circadian parameters observed in depression (Rosenwasser & Wirz-Justice, 1997). For example, a low amplitude pacemaker may display decreased sensitivity to photic stimuli or alterations in the photic PRC.

Phase advances in core body temperature, hormone **secretion** and sleep-wake cycles have also been reported frequently in depressed patients (Duncan, 1996). The circadian

sleep rhythm in particular has been a major focus of research on the relationship between depression and circadian rhythmicity, as depressed patients commonly display sleep disturbances including early morning awakening, changes in the density and pattern of rapid eye movement (REM) sleep, and an unusually short interval between the onset of sleep and the first REM period (**i.e.** REM latency) (Goodwin & Jamison, 1990). These **results** are consistent with a phase advance hypothesis of depression in which **depression** reflects a phase advance of the circadian pacemaker either with respect to objective environment time, or with respect to the sleep-wake cycle (Rosenwasser & Wirz-Justice, 1997). According to this hypothesis, the circadian pacemaker displays a sleep-dependent depressogenic phase, such that sleep during this phase promotes the expression of depressive symptoms. Non-depressed individuals are thought to experience this sleep-sensitive phase during waking hours, but due to a **phase-**advanced pacemaker, depressed individuals experience this phase in the latter part of the night, during sleep, and thus, experience depression. Treatments designed to avoid sleep during this potentially sensitive phase can have antidepressant effects, supporting a causal role of sleep on depression. For example, total sleep deprivation, REM sleep deprivation, or shifting sleep to an earlier phase, have all been shown to induce remissions in depressive patients (Wehr & Wirz-Justice, 1982; Wu & Bunney, 1990). In addition, although antidepressant drugs have multiple effects, most of the clinically useful antidepressants also act to suppress REM sleep, which has been suggested as a mechanism of antidepressant efficacy (Vogel, Minter & Woolwine, 1988). However, although the results discussed above support a relationship between circadian rhythm dysfunction and depression, considerable inconsistencies are found in clinical studies of depressed patients, as neither phase advances nor blunted amplitude have been found in all such studies (Duncan, 1996). At present, it is unknown whether these inconsistencies reflect methodological differences across studies, low **statistical** power within particular studies, or the general variability seen in the expression of depressive symptoms.

Biological theories of depression emphasize the importance of monoaminergic and cholinergic neurotransmitter dysfunction in the etiology and maintenance of depressive disorders (Golden & Janowsky, 1990). Although the interactive nature of neurotransmitter systems makes it difficult to specify disturbances in a particular system as a causal factor, these theories generally **incorporate** either deficiencies or imbalances among monoaminergic and cholinergic systems. In general, deficiency hypotheses suggest that affective disorders are the result of reduced norepinephrine or serotonin neurotransmission (Golden & Janowsky, 1990). The strongest support for these hypotheses is found in the clinical **efficacy** of monoamine **oxidase** inhibitors and monoaminergic re-uptake inhibitors, both of which increase the synaptic availability of these transmitters (Duncan, 1996). The antidepressant effects of these monoaminergic drugs also provide support for neurochemical imbalance theories, in which alterations in neurotransmitter ratios underlie affective disorders. For example, Janowsky, El-Yousef, Davis and Sererke (1972) suggest that depression results from alterations in the ratio of cholinergic to monoaminergic activity; specifically, that up-regulation of cholinergic activity together with down-regulation of monoaminergic activity results in the manifestation of a depressed state. Increases in the severity of depressive symptoms following treatment with cholinomimetic drugs together with the important role of cholinergic mechanisms in the generation of REM sleep, provide support for this hypothesis (Golden & Janowsky, 1990; Mirmiran & Van Someren, 1993).

Depressive disorders are characterized by a constellation of symptoms involving disturbances of mood, activity, sleep, appetite, and cognition. These behaviors are closely associated with cholinergic and monoaminergic activity, and are regulated by the circadian system (Goodwin & Jamison, 1990; **Rosenwasser & Wirz-Justice**, 1997). Examination of SCN input and output pathways can provide a possible neuroanatomical basis for these relationships, the functional basis for which can be explored through pharmacological manipulation of cholinergic and monoaminergic systems.

Cholinergic Effects on Circadian Rhythmicity

The SCN receives input from cholinergic neurons of the brainstem and basal forebrain, and **acetylcholine (ACh)** concentration in the SCN is increased following **photic** stimulation (Bina, Rusak & Semba, 1993; Murakami, Takahashi & Kawashirna, 1964). Several **cholinergic** drugs are **capable** of altering circadian period and phase, **supporting** an interaction between the cholinergic and circadian systems. For example, chronic administration of the cholinergic agonist, **carbachol**, has been shown to shorten **free-running** period of rats (Furukawa, Murakami, Takahashi & Etoh, 1967). Acute **administration** of carbachol *in vivo* has been shown to mimic the phase-shifting effects of **light**; phase delays are observed in the early subjective night, and phase advances are observed in the late subjective night (Earnest & Turek, 1965; Zatz & Herkenham, 1961). Like phase shifts in response to **light** pulses, **carbachol-induced** phase shifts can be blocked by pre-treatment **with** an NMDA antagonist (Colwell, Kaufman & Menaker, 1993). Taken together, these **results** provide evidence for a possible role of **ACh** in the **transduction** of **photic** input to the SCN. However, unlike light exposure, carbachol administration does not induce **c-fos** expression in the SCN. Therefore, if carbachol does act on the photic **transduction** pathway, this action must occur downstream from **c-fos** **expression**. Also unlike **light** exposure, carbachol-induced phase advances have been observed *in vivo* during the subjective day (Bina & Rusak, 1996; Meijer, Van Der Zee & Dietz, 1988; Wee & Turek, 1969). Conflicting results have been provided for *in vitro* carbachol-induced phase shifting during the subjective night; phase advances in the late subjective night only (Trachsel, Heller & Miller, 1995), and phase delays throughout the entire subjective night (Liu & Gillette, 1996) have been reported. Thus, at present, the effects of carbachol during the subjective night remain to be clarified.

Several studies have attempted to **identify** the cholinergic receptor subtype through which the phase-shifting effects of carbachol are mediated. Cholinergic receptors are broadly classified as either muscarinic or **nicotinic**, and evidence indicates that the **muscarinic receptor may be of particular importance to the effects of carbachol**. For example, although **nicotinic** antagonists **fail** to block carbachol-induced phase shifts either

in vivo or *in vitro*, atropine, a muscarinic antagonist, has been found to block *in vivo* phase advances during the subjective day and late subjective night (Bina & Rusak, 1996; Liu & Gillette, 1996). Atropine fails to block *in vivo* carbachol-induced phase delays (Bina & Rusak, 1996), but Liu and Gillette (1996) found that atropine was effective in blocking *in vitro* phase delays during the subjective night.

Although some of the effects of carbachol may be mediated through muscarinic receptors, the selective nicotinic cholinergic agonist, nicotine, also can induce circadian phase shifts, so the involvement of the cholinergic system in circadian phase-shifting may involve both receptor types. The complex effects of the nonselective cholinergic agonist, carbachol, are mirrored in studies of the phase-shifting effects of nicotine, which also acts at nicotinic receptors. Nicotine administration mimics the phase-shifting effects of light *in vivo* (O'Hara et al., 1998) but *in vitro* studies have reported either phase advances during the late subjective night only (O'Hara et al., 1998) or phase advances throughout the entire subjective night (Trachsel et al., 1995). Thus, like carbachol, the effects of nicotine during the subjective night are as yet unclear. In further support of the idea that both cholinergic receptor types are involved in circadian phase shifting, mecamylamine, a nicotinic antagonist, blocks the phase-shifting effects of nicotine *in vitro*, and pre-treatment with mecamylamine, but not atropine, blocks light-induced phase shifts in locomotor activity of hamsters (Keefe, Earnest, Nelson, Takahashi & Turek, 1987; Pauly & Horseyman, 1985), and in electrical activity of rat SCN slices (Miller, Murakami & Fuller, 1987). Thus, although the relationships between the cholinergic and circadian systems are complex and remain to be fully understood, the results discussed above certainly support a role for cholinergic input to the circadian pacemaker.

Monoaminergic Effects on Circadian Rhythmicity

Both the SCN and IGL reciprocally innervate a number of structures which are known to receive monoaminergic input (Moore, 1996). As discussed in detail above, serotonergic cells of the raphe constitute a major source of input to the circadian system via projections to both the SCN and IGL, and extensive evidence supports a role for 5-HT in circadian

regulation. Evidence **also** suggests that another monoamine, noradrenaline, influences circadian **rhythmicity**, as both the **IGL** and SCN are known to receive input from noradrenergic **cells** of the locus coeruleus (Moore, 1996). Studies have shown that **administration** of the alpha-adrenergic agonist, clonidine, an antihypertensive drug with **potentially** depressogenic effects, can alter both circadian period and phase, as well as photic responsiveness. Like carbachol, chronic donidine **administration** has been found to shorten free-running period of rats, while acute **administration** mimics the phase-shifting effects of **light** in hamsters (Rosenwasser, 1989; 1990; 1996; Rosenwasser, Vogt & Pellowski, 1995). In contrast, chronic donidine administration appears to antagonize the effects of **light** in hamsters, as treatment with **clonidine** reduces the magnitude of **photic** phase advances, and impairs re-entrainment to an advance of the LO cycle (Dwyer & Rosenwasser, 1998a). These effects suggest that donidine acts either **directly** or indirectly on the photic input pathway, and supports a role for noradrenaline in the **regulation** of circadian rhythmicity.

Effects of Antidepressant Treatment on Circadian Rhythms: Animal Studies

The effects of monoaminergic **antidepressants** on circadian parameters are of **particular** interest in attempts to elucidate the relationship between affective behaviors and circadian **rhythmicity**. **Although** many of these drugs do **alter** rhythmicity, no consistent pattern in the direction of effects has emerged. Chronic administration of desipramine, a noradrenergic **re-**uptake inhibitor, and **moclobemide**, a monoamine oxidase inhibitor (**MAOI**), shortens **free-**running period and increases circadian amplitude of rats (**Wollnik**, 1992). The effects of **moclobemide** on period are opposite to that of another **MAOI**, **clorgyline**, which has been found to lengthen free-running period in hamsters (Duncan, Tamarkin, **Sokolove** & Wehr, 1988). **Clorgyline** treatment also results in delayed entrainment phase, reduced magnitude of photic phase shifts, and promotion of dissociation of **rhythmicity** in **LL** (Duncan et al., 1988; 1998; **Wirz-Justice** & **Campbell**, 1982). **IGL** lesions **block** the effects of **clorgyline** on free-running period and on promotion of dissociation in **LL**, suggesting that these effects of clorgyline may be mediated by the **IGL**.

Fluoxetine, a preferential serotonergic re-uptake inhibitor, shortens the free-running period of mice, but has no effect on either period or **amplitude** of rats (Posseltente, Lumia, **McEldowney & Rapp**, 1992; **Wollnik**, 1992). **Similarly, clomipramine**, another preferential 5-HT re-uptake inhibitor, does not alter free-running period of rats or hamsters (**Wollnik**, 1992; **Yannielli, Cadeiras, Cardinali & Golombek**, 1993). However, chronic **clomipramine** potentiates, and acute domipramine inhibits, the magnitude of photic phase advances in hamsters (**Yannielli, Cadeiras, et al.**, 1993). **Clomipramine** increases the synaptic availability of 5-HT, so chronic **administration** would be expected to result in **down-regulation** of post-synaptic 5-HT receptors, while the acute effects of this drug would be to increase synaptic **5-HT levels**. As such, the effects of acute and chronic **clomipramine** on light-induced phase advances are in agreement with other hamster studies showing an antagonistic interaction between 5-HT and light (e.g. **Morin & Blanchard**, 1991; **Rea et al.**, 1995). However, neither acute nor chronic **clomipramine** administration affects photic phase delays.

Animal Models of Depression

A number of putative animal models of depression have been developed to explore the **biological** basis of **this** disorder. These **models involve** genetic, surgical, pharmacological or behavioral procedures designed to produce changes in neurochemistry and behavior that may be **analogous** to those seen in endogenous depression. Theories regarding the **biological** basis of human depression emphasize monoaminergic and cholinergic neurotransmitter systems, and it is **hypothesized** that dysregulation in these systems may be the underlying cause of depression (Golden & Janowsky, 1990; Goodwin & **Jamison** 1999). Thus, methods employed to produce animal **models** of depression **typically target** these systems.

Flinders Sensitive (FSL) Rats

The **Flinders Sensitive (FSL) line** of rats has been put forth as a **model** of **hypercholinergic** depression (Overstreet, 1986). This strain was bred for hypersensitivity to a particular anticholinesterase, but also **displays** increased sensitivity to certain cholinergic agonists and a generalized hypercholinergic tone (Overstreet, 1986). These effects are thought to be related to up-regulation of muscarinic receptors in the brainstem, hippocampus and cortex (Overstreet, **Russell, Crocker & Schiller**, 1984). FSL rats display a constellation of alterations in behavior which resemble many features of **clinical** depression. For example, FSL rats display reduced activity, increased REM **sleep**, and shorter REM latency as compared to **control** rats (Overstreet, 1986; Shiromani et al., 1988). FSL rats **also** show exaggerated responses to **stressors**, further supporting the idea that this strain models a genetic **vulnerability** to depression (Overstreet, 1986). Alterations in circadian rhythmicity are also a feature of this model, as free-running period is shorter in FSL rats compared to **controls**, and FSL rats have shown advanced entrainment of the temperature rhythm (Shiromani, **Klemfuss**, Lucero & Overstreet, 1991; Shiromani & Overstreet, 1994). Alterations in rhythmicity of FSL rats is not surprising, given the evidence for cholinergic **influences** on the circadian system of **normal** rats discussed previously. Although the mechanisms **underlying** cholinergic influences on free-running period and **photic** responsiveness have yet to be elucidated, these effects support the hypothesis that alterations in **acetylcholinergic** transmission provide a neurochemical **link** between affective and circadian regulation.

Olfactory Bulbectomy

Olfactory bulbectomy of rodents has been suggested as a putative surgical model for **hyposerotonergic** depression. **Removal** of the **olfactory** bulbs of **mice**, hamsters and rats results in characteristic **neurochemical** and behavioral changes reflecting those seen in anxious or agitated depression (Jesberger & Richardson, 1988; Richardson, 1991). Olfactory bulbectomy results in a **generalized** decrease in monoaminergic, **particularly** serotonergic, transmission together with changes in behavior **including** increased activity,

aggression and emotionality, and decreased sexual activity. This **collection** of effects is referred to as 'bulbectomy syndrome' and its behavioral resemblance to depression, as **well** as the successful reversal of these effects with antidepressant treatment, has led to the use of olfactory bulbectomy as an animal model of depression (Giardina & Radek, 1991; Jesberger & Richardson, 1966; Richardson, 1991).

The SCN receives input from the **olfactory** bulbs via intermediate structures, and increases in **cAMP** content in the SCN have been observed **following** olfactory bulbectomy, which may be related to the circadian effects of this procedure (Moga & Moore, 1997; **Vagell**, McGinnis, Possidente, Narasimhan & Lumia, 1991). **Mice**, hamsters and rats display lengthening of free-running period and delayed entrainment phase following **olfactory** bulbectomy (**Pieper & Lobocki**, 1991; Lumia, **Teicher**, **Salchli**, Ayers & Possidente, 1992; Possidente et al., 1999). This procedure may have less consistent effects on the **amplitude** of circadian activity rhythms, as both increases (Lumia et al., 1992) and decreases (Giardina & Radek, 1991) have been reported. Treatment with fluoxetine, a serotonin re-uptake inhibitor has been shown to **block** the **period-lengthening** effects of olfactory bulbectomy, but not the delay in entrainment phase, suggesting that the latter effect may be mediated through a **non-serotonergic** mechanism (**Possidente**, Lumia, McGinnis, Rapp & **McEldowney**, 1996).

Chronic Stress

Although the exact role of stress in the etiology of human depression is controversial, a number of studies have shown the depressogenic effects of chronic stress on animal behavior (**Willner**, 1984; 1997). Features of this model include alterations in activity, impaired cognitive performance, anhedonia, and sleep **abnormalities**, each of which are closely associated with alterations in monoaminergic systems (**Willner**, 1964; 1997; Rosenwasser & Wirz-Justice, 1997). Many of these behavioral alterations have **also** been shown to be reversible with antidepressant treatment (Willner, 1997). Although **little information** is **available** on the circadian effects of chronic stress, lengthening of **free-**

running period has been observed in some rats following repetitive stress exposure using **inescapable** shock (Stewart, **Rosenwasser, Hauser, Volpicelli & Adler**, 1990).

Developmental Models: Prenatal Stress

Another stress-induced depression model involves the **effects** of maternal stress during pregnancy on the neurochemistry and behavior of the offspring (Levine, 1970; Weinstock, **Fride & Hertzberg**, 1988). Prenatal stress in rats produces permanent changes in **monoaminergic** transmission and increases in stress-induced **corticosterone** secretion (Henry, Kabbaj, Simon, **LeMoal & Maccari**, 1994; Peters, 1984; 1986). **Behavioral** effects include altered activity, impaired cognitive **performance**, increased emotional and exaggeration of stress-induced responses (Wakshlak & Weinstock, 1990). These effects are thought to be initiated by stress responses during a critical period of neural development. For example, Peters (1990) suggests that stress-induced increases in maternal tryptophan and **5-HT**, transmitted to the fetus as the **5-HT** system emerges, may underlie some of the **behavioral alterations** seen in the adult offspring. In addition, **critical** periods for the development of the **hypothalamo-pituitary-adrenal** (HPA) axis occur both pre and **postnatally**, and **stressors** presented during either the prenatal or postnatal (via handling) period have opposite effects on both stress-induced corticosterone secretion and behavior during adulthood (Fride, Dan, **Feldon, Halevy & Weinstock**, 1986; Ogawa et al., 1994). Indeed, several studies have shown that when both prenatal stress and postnatal handling are administered, the behavioral effects of **prenatal** stress are reversed (e.g. Fride et al., 1986; Wakshlak & Weinstock, 1990).

Few studies have explored the circadian **effects** of prenatal stress, but advanced entrainment of the circadian corticosterone rhythm has been **observed** in **prenatally stressed male** rats, and this effect can be reversed by postnatal handling (**Koehl, Barbazanges, Le Moai & Maccari**, 1997). Advanced entrainment of both corticosterone and locomotor rhythms have also recently been reported for prenatally stressed **female** rats (**Maccari et al.**, 1997). Although further study is required, advanced entrainment

implies that prenatal stress may result in shortened free-running period, or **alterations** in the **photic** PRC.

Developmental Models: Neonatal Antidepressant Treatment

Another putative animal model of depression has been developed through administration of antidepressant drugs during the **neonatal** period (Fernandez-Pardai & Hilakivi, 1939; Hilakivi & Hilakivi, 1997; Vogei, Neill, Hagler & Kors, 1990; Vogel & Vogel, 1992). Drug treatment during early postnatal life can result in permanent alterations in both neural function and behavior, similar to those observed **following** other depressogenic procedures. Like prenatal stress models, the changes observed in response to neonatal drug treatment are thought to reflect perturbation of neural systems during **critical** periods of development.

Rats have a 21 day gestation period and monoamines are first detected during the latter half of this period. The noradrenergic **cells** of the locus **coeruleus** differentiate on days 10-13 of gestation and the serotonergic cells of the **raphe nuclei** differentiate on days 11-15 of gestation (Mirmiran, 1986). At birth, rats are in an **altricial** state displaying immature neural function. **Brain** maturation **occurs postnatally** during the first two to three weeks, a period considered to be roughly equivalent to the latter **half** of gestation through the first two years of human brain development (Borella, Bindra & Whitaker-Azmitia, 1997; Mirmiran, 1996).

As monoaminergic systems mature, these transmitters are also thought to influence the **development** of other brain regions (Borella et al., 1997; Mirmiran, 1986; Peters, 1990). For example, in the developing brain, serotonin serves a regulatory role, influencing the **maturation** of both the neurons producing serotonin, and the target tissues to which these neurons project (Mazer et al., 1997). Evidence supporting this **role includes** the fact that treatment with the tryptophan **hydroxylase** inhibitor, parachlorophenylalanine (PCPA) from postnatal days 10-20 delays the timing of synaptogenesis in **5-HT** projection areas and **results** in a significant **loss** of dendrites in the **hippocampal** region of adult rats, reflected in behavioral deficits in tasks assessing learning and memory (Mazer et al., 1997).

Neonatal antidepressant models have **employed** preferential noradrenergic (e.g. desipramine) or serotonergic (e.g. domipramine, **zimeidine**) m-uptake inhibitors, and these treatments produce **remarkably** similar alterations in **adult** behavior. These alterations **include** increased immobility in the forced swim test, and decreased aggressiveness, reward-seeking, and sexual activity (Nell, Vogel, **Hagler**, Kors & Hennessey, 1996; Velazquez-Moctezuma & **Ruiz**, 1992; **Vogel**, Hartley, Neil, Hagler & Kors, **1990**; Vogel, **Neill**, Hagler & Kors, **1990**). Reduced REM latency and changes in the pattern of REM **sleep** also result from neonatal antidepressant treatment, and these effects have been shown to be reversed with **adult** antidepressant treatment, thus providing further support for neonatal antidepressant treatment as a model of depression (Vogel, **Neill**, Kors & Hagler, 1996).

Increases in voluntary **alcohol** intake are a consistent finding in studies of neonatal antidepressant treatment (Dwyer & Rosenwasser, 1998; Hiikivi, Sinclair & Hilakivi, 1984; Hiikivi, Stenberg, Sinclair & Kiianmaa, 1967; Rosenwasser & Hayes, 1994). Increased **alcohol** intake is suggestive of decreased 5-HT function (**LeMarquand, Pihl & Benkelfat**, **1994**), so this **result** provides indirect evidence of alterations in 5-HT activity in response to antidepressant treatment during the neonatal period. More direct evidence has been found in **electrophysiological studies** of neonatal domipramine treatment, which have shown decreased hypothalamic 5-HT levels and hyposensitivity to the inhibitory effects of acute 5-HT re-uptake blockade (Feenstra, Van **Galen**, Te **Riele**, Botterblom & **Mirmiran**, 1996; Maudhui, **Hamon & Adrien**, 1996). Studies of the effects of neonatal domipramine treatment on the spontaneous firing rate of neurons in the dorsal **raphe nucleus** are less conclusive, as both unaffected (Maudhui, **Hamon & Adrien**, 1995) and decreased (Yavari, Vogel & **Neill**, 1996) firing rates have been reported.

The mechanism by which neonatal antidepressant treatment produces these behavioral and **physiological** changes is as yet unclear. Monoaminergic m-uptake inhibitors elevate the synaptic availability of monoamines, which may induce a permanent down-regulation or decreased sensitivity of monoaminergic receptors when administered during a critical period for **neural** development. However, these drugs also have immediate

behavioral effects which may ultimately be responsible for the abnormalities observed during adulthood. For example, monoaminergic antidepressants act to inhibit REM sleep (Mirmiran, 1983). Norepinephrine and 5-HT inhibit cholinergic neurons in the brainstem and midbrain which are important in the generation of REM sleep, and thus, by elevating levels of norepinephrine and 5-HT, monoaminergic re-uptake inhibitors also indirectly reduce the amount of REM sleep (Frank, Page & Heller, 1997; Jones, 1991; Mirmiran, 1988). Several authors have argued that suppression of active sleep, a state which precedes the emergence of REM sleep in neonates, mediates the physiological and behavioral alterations observed in adulthood (Mirmiran, 1986; Mirmiran & Van Someren, 1993; Vogel & Vogel, 1982; Vogel et al., 1990). However, recent evidence suggests that active and REM sleep are neither homologous states, nor generated by the same mechanisms (Frank et al., 1997). In addition, behavioral effects of non-pharmacological inhibition of active sleep are not as extensive as those of neonatal antidepressant treatment (Mirmiran et al., 1983). Thus, the mechanism underlying the effects of neonatal drug treatment is unclear, but may be due to permanent changes in neurotransmitter systems, the disruption of early sleep states, or a combination thereof.

The alterations in circadian rhythmicity observed in other animal models of depression suggest that such changes may also occur in models using neonatal drug treatment. Although few studies have examined this issue, circadian rhythm disturbances have been observed in response to neonatal treatment with both domipramine and desipramine. Administration of desipramine during the neonatal period has been shown to lengthen free-running period and increase the amplitude and coherence of circadian drink rhythms of adult male rats (Rosenwasser & Hayes, 1994). In contrast, neonatal domipramine has not been found to affect free-running period (rats: Dwyer & Rosenwasser, 1998b; hamsters: Yannielli, Cutrera, Cardinaii & Golombek, 1998), but like desipramine treatment, domipramine administration results in increased rhythm coherence in both male and female rats, and increased rhythm amplitude in females (Dwyer & Rosenwasser, 1998b). Thus, the effects on rhythm amplitude and coherence are consistent for desipramine and domipramine in rats, but increased amplitude is opposite in direction to what would be

predicted from the rather consistent blunting of circadian amplitude observed in human **depression** (Souetre et al., 1989). Although circadian amplitude has not been **explored** systematically in other animal depression models, neonatal **handling typically** produces behavioral effects in adulthood opposite to those reported for neonatal antidepressant treatments, and has been shown to reduce the **amplitude** of the circadian temperature rhythm (Amir & **Schiavetto**, 1990). The increased rhythm amplitude seen **following** putative **depressogenic** treatments is consistent with this **result**, but the reasons for the lack of correspondence between these effects and those seen in **clinical** depression are as yet unclear.

Neonatal **clomipramine** treatment in hamsters appears to have inhibitory effects on circadian responses to photic stimuli. **Although** no effects were found on free-running period in DD, these hamsters did show shorter free-running **periods** in LL (Yannielli, Cutrera, et al., 1998). Delayed **re-entrainment following** an advance of the **LD cycle**, and reduced photic phase advances were **also** observed. Neonatal domipramine treatment also affected non-photoc phase shifting, as these hamsters displayed increases in the magnitude of **8-OH-DPAT-induced** phase advances during the subjective day. At present, the effects of neonatal domipramine treatment on photic and non-photoc phase shifting in rats have yet to be reported.

Present Study

The purpose of this study was to examine the effects of neonatal **clomipramine** treatment on photic and non-photoc phase shifting in **adult** rats. Rats treated **neonatally** with **clomipramine** participated in two separate experiments; one experiment assessed the phase-shifting effects of light pulses presented during the early and late subjective night, while the other experiment assessed the phase-shifting effects of dark pulses and **8-OH-DPAT** administration during the subjective day.

CHAPTER II

METHOD

Subjects and Neonatal Treatment

Forty-eight male Long-Evans rats derived from a total of 28 litters participated in this study. Due to equipment limitations, only 24 adult rats could be tested in parallel, so two age-matched squads were run consecutively. Each squad was composed of rats from 14 litters. In general, most studies of circadian phase shifting in rats employ only males. Daily activity onset is often used in such studies as a reference point for measuring phase shifts in response to a particular stimulus and was also used in this study (see below). The timing of activity onset of unperturbed male Long-Evans rats is very stable and predictable from day to day, but activity onset of female rats changes over the course of the four-day estrous cycle, making it difficult to measure stimulus-induced phase shifts. Therefore, in the present study, only the male offspring of the 28 litters received the neonatal treatments, and participated in the circadian phase-shifting experiments as adults.

For each squad, 14 pregnant Long-Evans rats were obtained from Charles River Laboratories at mid-gestation and maintained in individual plastic bottom cages under a 12:12 LO cycle. Fourteen mothers per squad were chosen for this study because 14 litters provided enough male pups to compose genetically diverse experimental groups, and to adequately address the possibility of litter effects. These effects are a significant concern in developmental studies of multi-larous species such as the rat, and refer to the fact that animals within a litter are less variable than animals from different litters. This reduced variability among littermates may be due to prenatal factors, including similar genetic inheritances and early development within the same intrauterine environment, or postnatal factors, including exposure to similar maternal behaviors (Holson & Pierce, 1992; Zorrilla, 1997). Thus, animals within a litter are not considered to be statistically independent observations. In light of this issue, it is generally recommended that, within an experiment, only one pup per litter be assigned to each treatment group (Spear & File,

1996). The present study was performed in accord with this recommendation. The male pups in this study were divided into three neonatal treatment groups (see below). As adults, four rats from each treatment group participated **simultaneously** in each of two independent experiments, thus requiring a total of 24 male rats per squad (12 per experiment), and a minimum of 12 litters per squad. Two **additional** litters were **included** in each squad in case any of the pregnancies failed or maternal care was inadequate. **With** a total of 14 litters per squad, some treated pups were not assessed as adults, but the **larger** number of treated pups was necessary in order to allow for **genetically** diverse treatment groups, in case some pups **failed** to survive to adulthood, and to maintain **uniform** litter composition (**see below**).

In order to avoid confounding **prenatal** litter effects with postnatal **maternal** effects, pups were cross-fostered within four days of birth. Cross-fostering involved removing the pups from their mothers and then distributing them among the **different** mothers such that only one **male** per original **litter** was placed with a particular mother. This procedure was done to separate the genetically similar pups, and to allow for uniform composition of foster **litters**. To maintain a uniform **litter** size, **litters** were cuffed such that each included four **males**. Although **female** pups did not participate **directly** in this study, one female pup was also included with each of the 28 foster **litters**. Several other studies involving male rats treated **neonatally** with domipramine have retained females in the litters (e.g. Hilakivi & Hilakivi, 1987) and it has been suggested that this procedure prevents behavioral and physiological alterations which can occur when pups are reared in same-sex litters (Spear & File, 1999). As in a previous study involving neonatal clomipramine treatment (**Feenstra et al., 1994**), the present study included only one female rat with each foster litter, in order to keep foster litter size **relatively** small. A small **litter** size was thought to help ensure that all pups received adequate maternal care.

The male pups were divided into three neonatal treatment groups; a **clomipramine**-treated group, a saline-treated group and an unhandled group. Using a procedure commonly employed in studies of neonatal domipramine treatment (e.g. **Mirmiran et al., 1983**; Vogel & Vogel, 1982) domipramine was administered through daily subcutaneous

injections at **25mg/kg** delivered in a volume of **.01ml** saline per gram body weight. Injections were given on postnatal days **8-21**, during the early light phase of the **LD** cycle. As discussed previously, **this period** was chosen to **coincide with** the maturation of the serotonergic system which occurs throughout the second and third postnatal weeks in rats. **Saline** injections **were** administered at the same time and in the same volume as that **of clomipramine**.

The adult behavior of the **clomipramine-treated** group was of primary interest in this study, and a saline-treated group was included in order to control for non-pharmacological **aspects of the** drug administration procedure. For example, saline treatment controlled for the stressful nature of the drug **administration** procedure, which **included** brief **maternal** separation, **handling** by the experimenter, and injection. The third group consisted of unhandled pups, included to detect any effects of the injection procedure per se, and thus represented a comparison for the saline-treated group. In order to **distribute** potential differences in **maternal** behavior across treatment groups, each foster litter was composed of two **clomipramine-treated**, one saline-treated and one unhandled male pup as **well** as one female pup. The larger number of domipramine-treated pups was in anticipation of a potentially higher **mortality** rate within this group, compared to that of the saline-treated and unhandled pups (cf. Vogel, **Hagler**, Hennessey 4 Richard, 1996). All animals were marked with indelible ink to identify group membership.

At approximately one month of age, animals were weaned and males from each foster litter were housed together. At approximately seven weeks of age, animals were placed in individual experimental cages equipped to monitor either circadian **drinking** or **wheel-**running rhythms (see below). Animals in each cage type participated in a separate series of experiments involving presentation of either non-photic or photic **stimuli** respectively. In each squad, **twelve** rats, **divided** into three groups (4 clomipramine-treated, 4 **saline-**treated, 4 undisturbed) were placed in cages equipped with running wheels for the experiment on **non-photic** phase shifting. Another twelve rats, divided into three groups (4 domipramine-treated, 4 saline-treated, 4 undisturbed) were placed in cages equipped to monitor circadian drinking rhythms for the experiment on photic phase shifting. Each of the

four rats within a treatment group was taken at random from a different foster litter, and each foster litter contributed no more than one rat to each experiment. Following completion of testing of squad 1, the same treatment protocol was repeated with a second squad of animals, and the data within each experiment (non-photic vs. photic phase shifting) were pooled across squads.

It should be noted that because it was unfeasible to track original littermates following cross-fostering, it was impossible to know for certain if rats from the same biological litter were included in the same group in either experiment. However, given the large number of pups distributed among three treatment groups and the relatively few chosen for each experiment, this possibility appears very unlikely. Indeed, the neonatal protocol outlined above was designed to keep this possibility to a minimum, while still controlling for postnatal litter effects and avoiding excessive numbers of unused pups.

Apparatus and Procedure

Experiment 1: Effects of neonatal domipramine treatment on circadian phase shifting induced by dark pulses and serotonergic stimulation

Animals were maintained in standard running wheel cages with attached home cage compartments (Lafayette Instruments). The running wheels were housed within ventilated, light- and sound-attenuating enclosures with one, two or four cages per enclosure. Each wheel revolution closed a microswitch, and all switch closures were monitored and stored in 10 min bins using Dataquest III. Food and water were freely available.

Initially, animals were maintained in 12:12 LD for approximately three weeks in order to establish entrainment to the LD cycle. Animals were then exposed to LL for 10 days at an intensity of 40 lux. This intensity was chosen so as to be intense enough to provide a sufficient level of contrast between LL and darkness such that the dark pulse would be a behaviorally-salient event, but less intense than that expected to induce arrhythmicity. After approximately 10 days of LL, animals were transferred individually along with their

cages to a separate dark pulse cabinet, for six hours beginning at CT6. The cabinet was equipped such that the number of **wheel** turns displayed during the dark pulse **could** be recorded. The phase and duration of the dark pulse were based on **dark** pulse **PRCs** of hamsters (e.g. **Boulos & Rusak, 1982a; Reeb et al., 1989**), as comparable **PRCs** have not been reported for rats. **Following** the dark pulse, animals remained in LL for a further 15 days in order to measure changes in steady-state phase.

Following 15 days of LL after the dark pulse, animals were re-entrained to a **12:12** LO cycle. **Animals** were then returned to LL at an intensity of approximately **5 lux**, selected to be the minimal intensity required to **allow** injections to be performed without the **aid** of additional light sources. After **10** days in LL, **animals** received an **intraperitoneal** (i.p.) injection of **8-hydroxy-2-[di-n-propylamino](8-OH-DPAT)** at **5mg/kg**. This dose was the same as that used in other studies of the circadian effects of **8-OH-DPAT** in both rats (e.g. Kennaway, Rowe & Ferguson, 1996) and hamsters (e.g. Cutrera, Saboureaux & Pevet, 1996). Injections were given at CT 8, the phase at which maximal phase advances have been observed in hamsters in response to **serotonergic** agonists (e.g. **Bobrzynska, Godfrey, et al., 1996; Tominaga et al., 1992**). **Although daily** activity was continuously recorded, the number of wheel-turns during the three hours following **injection** was quantified separately, in order to examine any 8-OH-DPAT-induced increases in **activity**. Following injections, animals were kept in LL for an additional 15 days to **allow** measurement of changes in steady-state phase.

Experiment 2: Effects of **neonatal domipramine** treatment on circadian phase shifting induced by **photic** stimulation

Individual wire-mesh **experimental** cages (35 x 22 x 18 cm) were housed three per **shelf** within a light and sound-shielded ventilated supply cabinet. Circadian drinking rhythms were continuously monitored throughout the experiment using contact-sensing **drinkometers** (Lafayette Instruments). All drinker tube contacts were recorded and stored in 1 **0-min** bins using the Dataquest III hardware-software system (**MiniMitter** Co.). Food (Agway **Prolab 3000**) and water were freely **available**. Drinking activity was monitored at

all times, except during light pulse presentation. For delivery of light pulses, animals were transferred individually, along with their home cages, to a separate cabinet. Light within the cabinet was supplied by a standard incandescent bulb and light intensity was controlled by attenuation of the supply voltage. Intensity measurements were made in lux with a photometer (Tektronix) held within the cage.

In this experiment, animals were initially maintained in the home cages under 12:12 LD for approximately three weeks in order to establish entrainment to the LD cycle. Next, animals were exposed to constant darkness (DD) for 10 days prior to, and for 15 days following, presentation of a light pulse. On day 10 of DD, animals received a 10min 100 lux light pulse at CT 14. Approximately 15 days after this light pulse, rats received a 10 min 50 lux light pulse at CT 14, followed by an additional 15 days of DD. This phase was chosen because previous studies have shown that the peak of the delay portion of the photic PRC of rats occurs near CT 14 (Honma, 1985; Summer, Ferraro & McCormack, 1984). As discussed previously, the magnitude of a photic phase shift is a function of both the intensity and duration of the light pulse (e.g. Nelson & Takahashi, 1991). However, within a particular species, both photic phase delays and phase advances display a characteristic maximum magnitude which will not be exceeded by any further increases in light intensity or duration. A light pulse which results in an asymptotically large phase shift is referred to as a saturating light pulse. In the present study, the 10min 100 lux light pulse appeared to be saturating, as it resulted in maximal or near-maximal phase shifts (see Results). As group differences in photic responsiveness may have been obscured by the use of a saturating light pulse, the second light pulse was of a lower intensity than that which would be expected to produce maximal phase shifts in rats (Honma, 1985; Summer et al., 1984).

Following the 15 days of DD after the 50 lux light-pulse, animals were re-entrained to the 12:12 LD cycle for 10 days and then returned to DD for 10 days. On day 10, animals received a 10 min 100 lux light pulse at CT 22, followed by an additional 15 days of DD. Animals then received a 10 min 50 lux light pulse at CT 22, followed by a final 15 days of DD. CT 22 was chosen because previous studies have shown that the peak of the

advance region of the photic PRC of rats occurs near this phase (Honma, 1985; Summer et al., 1984).

Data Analysis

Circadian drinking and **wheel-running** rhythms were plotted in **actogram format** using Dataquest III. **Following** Pittendrigh and Daan (1976a), eye-fitted lines through consecutive activity onsets were used to determine the desired phase of **stimulation**, and to calculate phase shift **magnitude**. The onset of drinking or wheel-running activity (CT 12) in each circadian cycle was used as a marker of circadian phase. On the day of **stimulus** presentation, CT 12 was determined by eye-fitted **lines** drawn through the onsets for the **10** previous days. The desired phase was then calculated relative to CT 12 for that day.

In order to **calculate** phase shift magnitude, an eye-fitted line through the onsets for the 10 days **prior** to the stimulus (**light** pulse, dark pulse, or **8-OH-DPAT** injection) was extrapolated to the day following the stimulus, and an eye-fitted **line** through the onsets for days **4-15 following** the stimulus was back-extrapolated to the day **following** the stimulus (**Pittendrigh & Daan, 1976a**). Phase shifts were defined as the difference (in minutes) between these times on the first day **following** the stimulus. Onsets for the first three days **following** a stimulus, particularly a photic **stimulus** presented during the advance portion of the photic PRC, often represent transients and were thus excluded. Each phase shift was **calculated** by two independent raters, and the mean of these values was used as a measure of phase shift magnitude.

Separate analysis of variance (**ANOVA**) were used to determine effects of neonatal treatment on phase shift magnitude for each phase-shifting stimulus (light pulses at CT14 and **CT22**, dark pulses and **8-OH-DPAT** injections). However, based on the design of the study, only two group comparisons were considered relevant; **domipramine-** vs. **saline-treated** and saline-treated **vs.** unhandled. Thus, planned comparisons were performed on these pairs for each **stimulus**.

The amount of activity induced by the dark pulses was defined as the number of wheel-turns recorded during the six hours of darkness. The Pearson product-moment

correlation coefficient (r) was used to assess the relationship between the amount of activity during the dark pulse and the magnitude of the resulting phase shift. The Pearson r was also used to assess any **relationship** between activity levels **following 8-OH-DPAT** injections and the magnitude of the resulting phase shift.

Changes in free-running **period following** each of the stimuli were also examined. **Free-**running period before and after stimulus exposure was measured with a commonly-used procedure: least-squares **cosinor** regression using software provided with Dataquest. The cosinor analysis provided estimates of free-running period by **iteratively fitting** the data with sinusoidal functions across a specified range of periods. The period of the **best-fitting** cosinor **function** is taken as an **estimate** of free-running period. For the cosinor procedures, continuous 1 **0-day** data samples (**immediately** before and after stimulus exposure, **excluding** the first three **post-stimulus** days) were examined using test periods within the **circadian** range, in 0.10 h increments. **Estimates** of free-running period were included only when significant circadian **periodicity** ($p < .05$) was detected. For each animal, **stimulus-induced** changes in **period** were quantified by **subtracting** the free-running period following stimulus exposure from the free-running **period** before stimulus exposure. **ANOVA** and **pairwise** comparisons were used to investigate group differences in the extent of period change following each stimulus. Correlations between stimulus-induced phase **shifts** and period changes were also examined.

In addition to estimates of free-running period, **cosinor** analysis also provides measures of several other aspects of **rhythmicity** including rhythm **amplitude**, **spectral** magnitude and average activity **level** (either drinking or wheel-running activity) over the course of the sample. Rhythm amplitude is defined as the **amplitude** of the best-fitting **cosinor**, but because amplitude is strongly correlated with the mean level of activity, amplitude ratios were calculated by **dividing** each amplitude by the **activity** mean. This transformation results in a measure of amplitude **uncorrelated** with the amount of activity. **Spectral magnitude** (PR) represents the **proportion** of variance accounted for by the **best-fitting** cosinor. Although not a primary interest in this study, free-running period, **amplitude** ratio, spectral magnitude, and average activity level were examined for any group differences

due to **neonatal** treatment. These measures were taken from the 1 O-day samples preceding each **stimulus**, thus providing two measures of **rhythmicity** in LL (before **8-OH-DPAT** injections and before dark pulses) and four measures of **rhythmicity** in **DD** (before each light pulse). **ANOVA** and **pairwise** comparisons were performed on each sample, and **correlations** between the **variables** in each sample were examined.

CHAPTER III

RESULTS

General Observations

Across the two squads, a total of 28 timed-pregnant mothers, 14 per squad, participated. Parturition occurred on day 21 of gestation, and litter size ranged from 8-14 pups. As planned, titters were culled and cross-fostered on postnatal day 4, leaving each mother with one female and four males (two for domipramine treatment one for **saline** treatment and one **unhandled**), and the neonatal treatment period occurred from day 8 to 21. In squad one, an unhandled pup died between day 4 and day 8, and several pups from another foster litter failed to thrive, so all pups from these two foster **litters** were excluded from the **later** experiments. In squad two, all pups survived, so between the two squads, pups from a total of 26 foster titters participated in the **photic** and non-photic experiments.

In general, the growth and development of the pups did not appear to differ between squads. **Although** group differences in mass were observed **following neonatal** treatment (see Mow), no significant differences in mass were observed between squads, and no significant squad x group interactions were found at any time. Therefore, the means reported below represent data **pooled** across the two squads.

At the start of the neonatal treatment period, the mass of the pups chosen for the domipramine- and **saline-treated** groups was very **similar** at 16.9 g and 16.2 g respectively (unhandled **animals** were not weighed). Day of eye opening, a developmental marker, was the same for pups in all three groups, occurring on day 14. Throughout the treatment period, mass of the domipramine-treated animals was **generally** less than that of the saline-treated animals, such that by the end of treatment on day 21, mean mass of the domipramine-treated pups was 86% of that of the saline-treated pups (**$p < .01$**). This difference was slightly reduced by day 28, when the animals were weaned, but mean (**\pm SEM**) mass of the domipramine-treated group (**82.3 ± 1.4 g**) was **still significantly** less than that of both saline-treated (**92.5 ± 2.0 g**) and unhandled (**$93.4 \pm$**

1.8g) groups. Of course, the values reported above include many more animals than actually participated, as rats were not **selected** for inclusion in the **photic** and **non-photic experiments** until later. Therefore, the selected animals were weighed at approximately seven weeks of age, immediately before being placed in experimental cages. Although the mean for domipramine-treated rats ($205.2 \pm 7.7\text{g}$) was **less** than the saline-treated ($224.5 \pm 5.6\text{g}$) and unhandled ($221.3 \pm 6.8\text{g}$) rats, these differences were not significant.

Experiment 1: Effects of Non-Photic Stimuli

8-OH-DPAT

Phase Shifting

Figure 1 includes representative actograms from an animal in each group, showing the phase shifts observed in response to **8-OH-DPAT** injection at CT 8. Phase shifts were generally **small** in size, particularly for animals in the domipramine-treated group. One-way **ANOVA** revealed a significant group difference [$F(2,21)=4.4, p<.05$] with the domipramine-treated group displaying a mean (\pm SEM) phase advance of 5.75 ± 12.1 minutes, while phase delays were observed for both saline-treated (-33.4 ± 5.3 mins) and unhandled (-15.1 ± 9.4 mins) groups (**Figure 2A**). Two **planned** comparisons were performed, in order to examine group differences between relevant pairs. The domipramine- and **saline-treated** groups were **significantly** different from each other ($p<.01$) but no such difference was found between saline-treated and unhandled groups ($p=.18$). It should be noted that **although** most of the domipramine-treated rats displayed relatively **little 8-OH-DPAT-induced** phase-shifting, one animal showed an 80.5 minute advance. As this value **could** be considered an **outlier**, the above statistics were repeated without this data point, but the pattern and **statistical** significance of the results were unaffected.

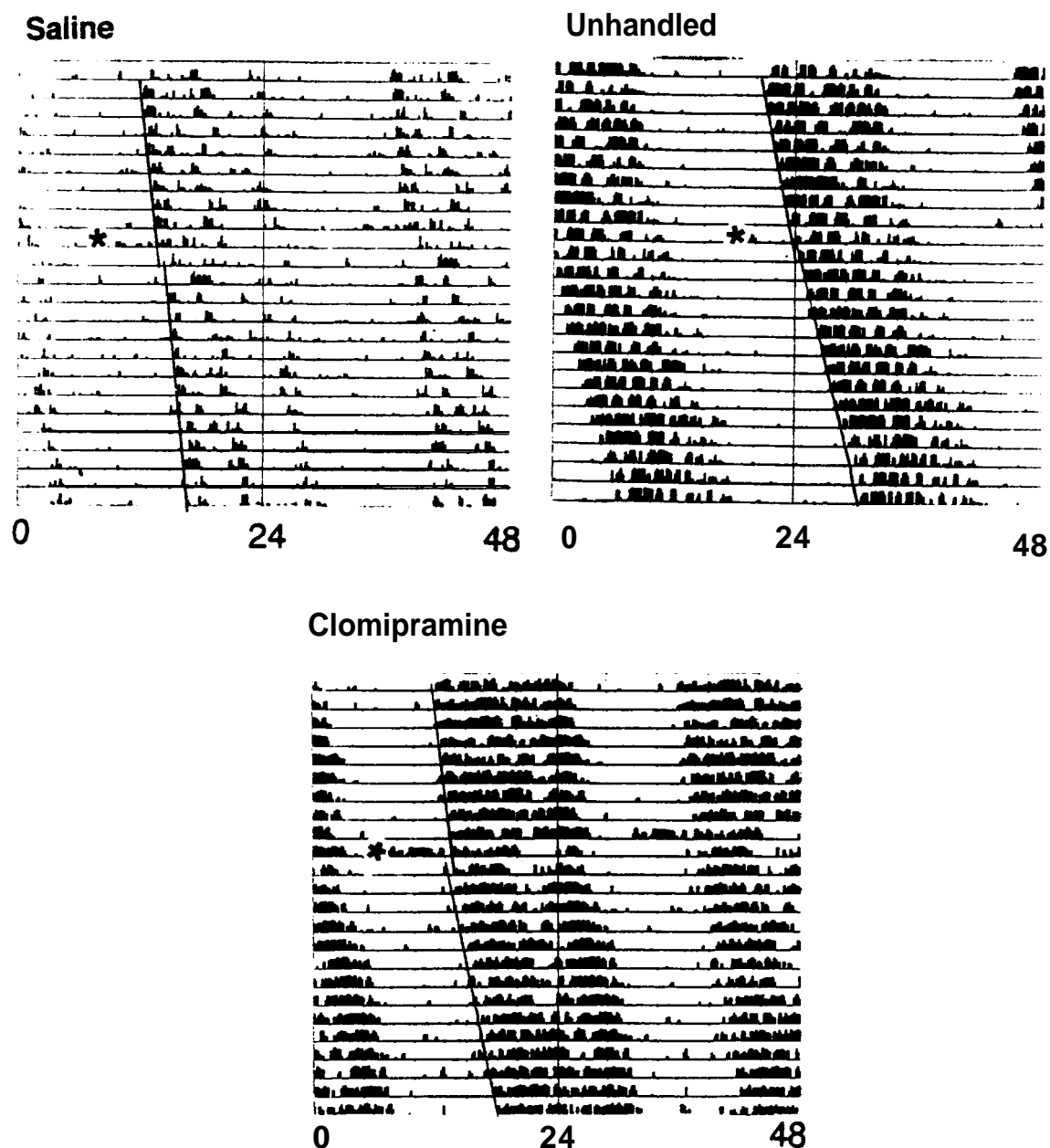


Figure 1. Representative actograms from each group showing phase shifts in circadian wheel-running activity following 8-OH-DPAT injections. Actograms are double-plotted (48 hours) with successive days plotted from top to bottom. Rats were maintained in LL and administered 8-OH-DPAT at CT 8. Asterisk indicates approximate time of injection. Lines drawn through activity onsets illustrate method of phase shift measurement.

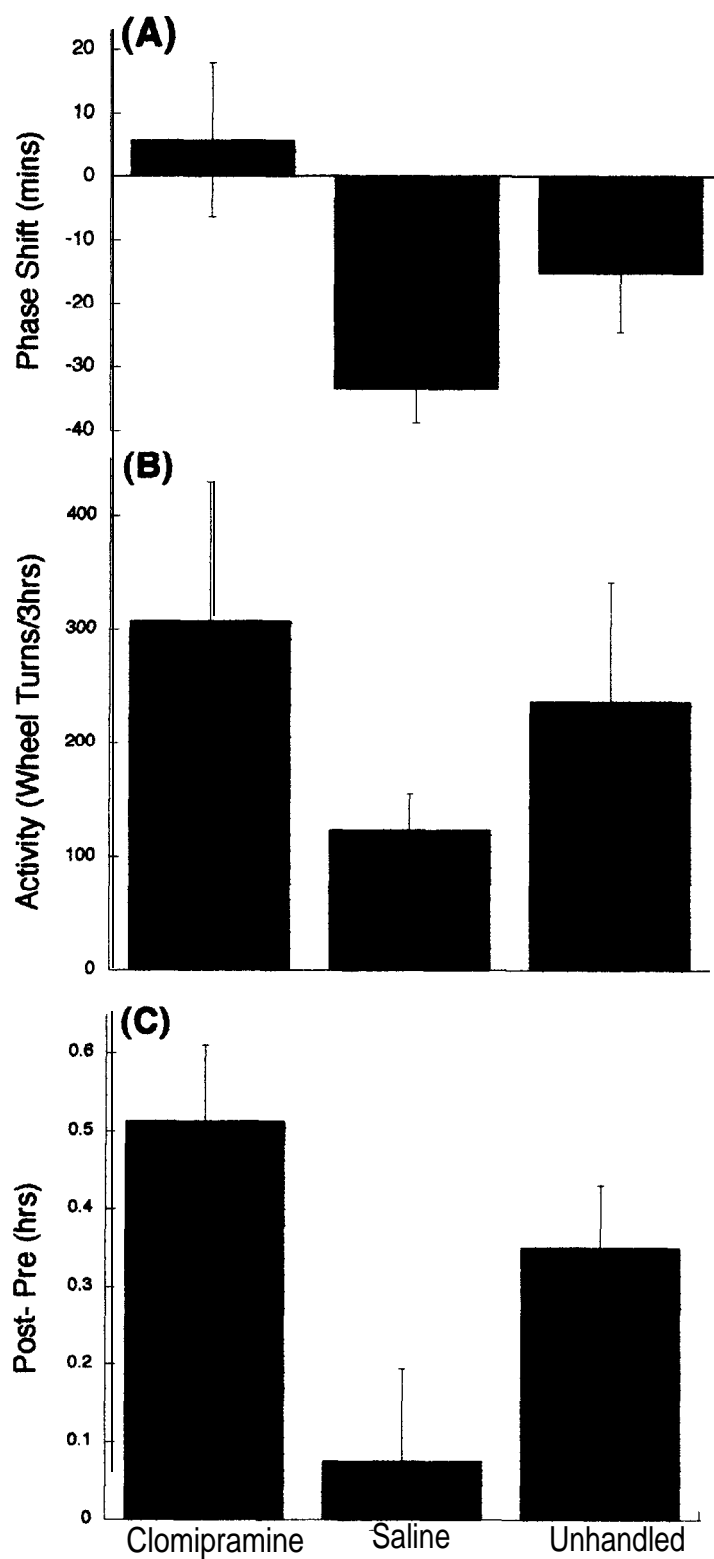


Figure 2. Effects of 8-OH-DPAT injection on phase-shifting (A), activity (B), and free-running period (C) for each group (means \pm SEM).

Activity

In the three hours **post-injection**, most rats displayed levels of wheel-running activity that would not **otherwise be** expected at this **circadian** phase. Mean (**+/-SEM**) number of wheel turns was highest for the domipramine-treated rats at 311.8 **+/-** 121.1, followed by the unhandled rats at 236.9 **+/-** 105.5, while the lowest activity level was displayed by the saline-treated rats at 119.4 **+/-** 31.6. (**Figure 2B**). According to one-way**ANOVA**, the three groups did not significantly differ [**F(2, 21)**= 0.95, **p**=.40], and although **clomipramine**- and saline-treated groups showed the largest mean difference, it was not statistically significant (**p**=.19). In an exploratory effort, data were re-examined following logarithmic transformation, but again, no significant group differences were found.

Across the three groups, there was some indication of a positive relationship between observed phase shifts and post-injection activity (**Figure 3**), as the value of the Pearson correlation coefficient approached significance (**Table 1**). **Interpretation** of this result is **complicated** by the fact that both phase advances and delays were observed following **8-OH-DPAT**. Further, when data were re-examined without the outlier mentioned above, no **significant** correlation was found. Within the clomipramine-treated group, the positive correlation between phase shifts and activity approached significance (**Table 2**) but only with **inclusion** of the outlier. Without the 80.5 minute **shift**, there was no relationship [**r**=.03, **p**>.9]. Likewise, within either the saline-treated or unhandled group, no significant correlations were found (**Tables 3 and 4**). As it may have **been** possible that **size** of the phase shift was more important than direction, correlational analyses were repeated using absolute value of the observed phase shifts, ignoring direction. Using this variable, no relationship, either across or **within** groups, was found between phase shift magnitude and post-injection activity. Finally, since some animals showed **relatively** little **8-OH-DPAT-induced activity**, a **correlational** analysis was also performed on phase shifts and activity for those animals displaying greater than the median number of **wheel** turns in the three hours post-injection. Again, no **significant** relationships were found. Thus, there was **little** evidence for a relationship between **8-OH-DPAT-induced** phase shifts and activity.

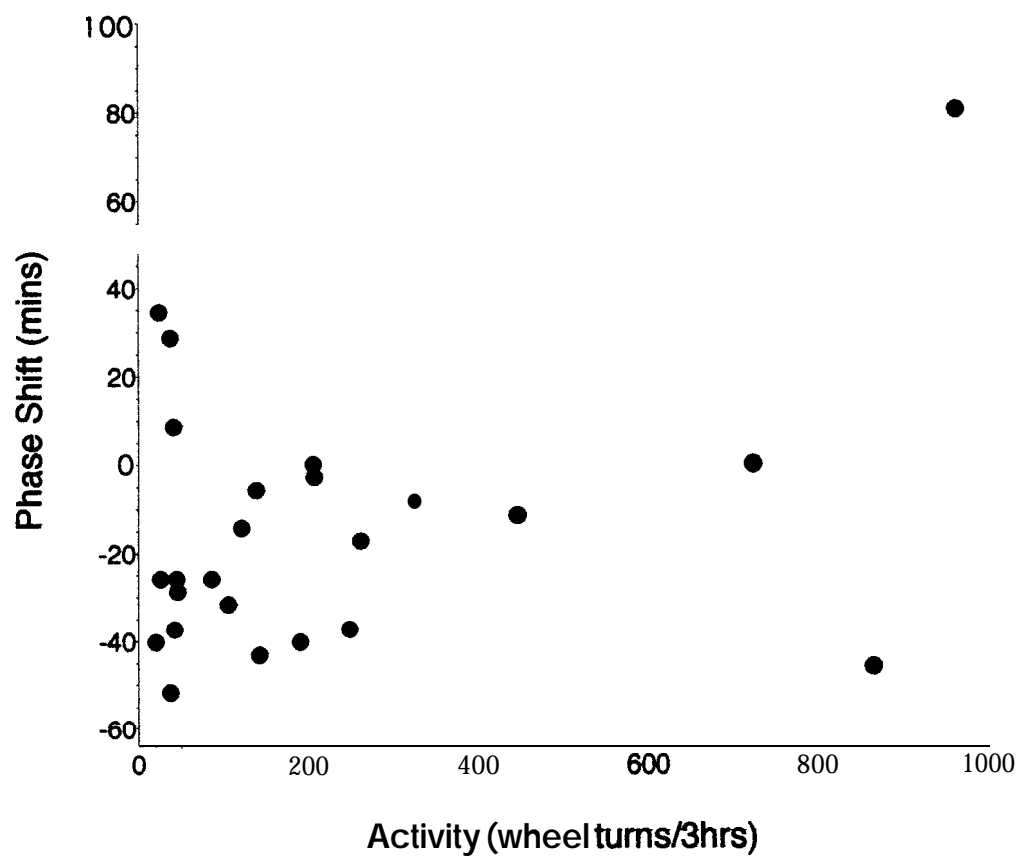


Figure 3. Scatterplot showing **8-OH-DPAT-induced** phase shifts as a function of the amount of activity (i.e. wheel turns) observed in the three hours post-injection.

Table 1.

Correlations between phase shifts, wheel-running activity and changes in free-running period induced by 8-OH-DPAT injection.

	Phase shift	Activity (post-injection)
Phaseshift		
Activity (post-injection)	.34*	
Change in Period (Post – Pre)	.10	.06

* $p < .10$

Table 2.

Clomipramine-treated group: Correlations between phase shifts, wheel-running activity and changes in free-running period induced by 8-OH-DPAT injection.

	Phase shift	Activity (post-injection)
Phase shift		
Activity (post-injection)	.68*	
Change in Period (Post – Pre)	-.07	-.42

* $p < .10$

Table 3.

Saline-treated group: Correlations between phase shifts, wheel-running activity and changes in free-running period induced by 8-OH-DPAT injection.

	Phase shift	Activity (post-injection)
Phase shift		
Activity (post-injection)	.31	
Change in Period (Post – Pre)	-.62*	.15

* $p < .10$

Table 4.

Unhandled group: Correlations between phase shifts, wheel-running activity and changes in free-running period induced by 8-OH-DPAT injection.

	Phase shift	Activity (post-injection)
Phase shift		
Activity (post-injection)	-.43	
Change in Period (Post – Pre)	-.45	.07

Free-Running Period

Cosinor analysis was used to assess free-running period immediately before and after injection, and the difference between these values was used as an estimate of the effect of 8-OH-DPAT on circadian period. As seen in Figure 2C, all three groups displayed period-lengthening following 8-OH-DPAT injection, with domipramine-treated rats showing a mean (\pm SEM) increase of $.51 \pm .10$ h, saline-treated, $.08 \pm .10$ h, and unhandled, $.35$

$\pm .08$ h. These differences were significant across the three groups [$F(2, 21)=4.88$, $p<.05$], between **clomipramine**- and saline-treated groups ($p<.01$) and approached **significance** for the **saline-treated** versus unhandled groups ($p=.07$). The extent of **period lengthening** was not significantly related to phase shift magnitude across groups, or within the **clomipramine** and unhandled groups, but a trend towards a significant negative relationship was found within the saline-treated group (Tables I-4). All saline-treated animals showed phase delays in response to **8-OH-DPAT**, so this result suggests that there was a tendency for **larger** phase delays to be **associated** with greater **period-lengthening** in this group.

As discussed previously, values for rhythm amplitude (amplitude ratio), spectral magnitude (PR) and average activity **level** were **also** extracted from the cosinor analysis for the **sample** preceding **8-OH-DPAT** injection. However, no significant relationships between these variables and phase **shift** magnitude were found (Table 5).

Table 5.

Correlations between 8-OH-DPAT-induced phase shifts and cosinor parameters for the preceding 10-day sample.

	Phase shift	Period	Amplitude Ratio	PR
Phase shift				
Period	-.18			
Amplitude Ratio	.27	.38		
PR	-.9	.26	.42	
Activity	-.9	.10	.31	.86***

*** $p<.01$

Dark Pulses

Phase Shifting

[Figure 4](#) includes representative **actograms** from one animal in each group, showing examples of the phase shifts observed in response to six hour dark pulses between CT 6 and CT 12. like the pattern of phase-shifting seen in response to **8-OH-DPAT**, minimal shifting was observed in the clomipramine-treated group, and the largest difference was between this group and the saline-treated group. In this condition, three **animals** (one in each group) showed substantial day-to-day variability in activity onset, such that phase shifts could not be measured **accurately**. Thus, phase shift **values** reported below were derived from **seven** animals per group.

All group means showed phase advances in response to dark pulses ([Figure 5A](#)), with **clomipramine-treated** at 11.1 ± 10.6 mins, saline-treated at 47.2 ± 30.4 mins, and unhandled at 17.25 ± 11.4 mins. However, mean **differences** were not significant either across the three groups $F(2, 18) = .96, p = .40$ or between relevant pairs (p 's $> .21$).

Although most animals showed phase advances, several delays were observed, so data were also examined using absolute values of the phase shifts, but again, no significant group differences were found.

Activity

During the dark pulse, most animals displayed a level of **wheel-running** activity which would not otherwise be expected at this circadian phase. The domipramine-treated group showed the lowest mean (\pm SEM) number of wheel turns (186.4 ± 39.4), and the saline-treated group showed the highest (359.6 ± 91.5), with the unhandled group (207.1 ± 28.5) between the others ([Figure 5B](#)). These differences approached significance when the three groups were examined together $[F(2, 21) = 2.5, p = .11]$, as did the **pairwise** comparison between the ciomipramine- and saline-treated groups ($p = .11$).

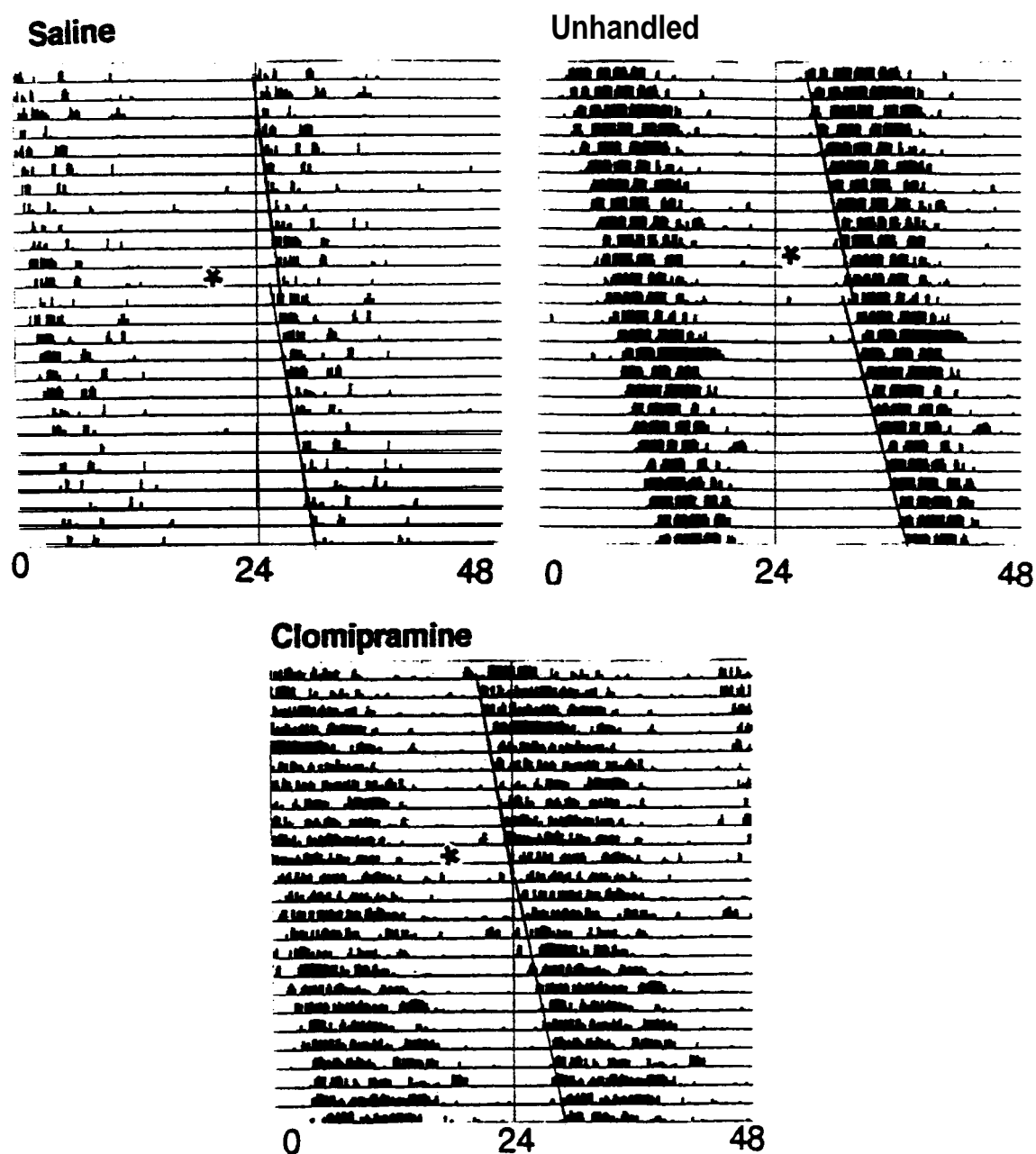


Figure 4. Representative actograms from each group showing dark pulse-induced phase shifts in circadian wheel-running activity. Rats were maintained in LL and presented with six hour dark pulses beginning at CT 6. Asterisk indicates approximate time of dark pulse.

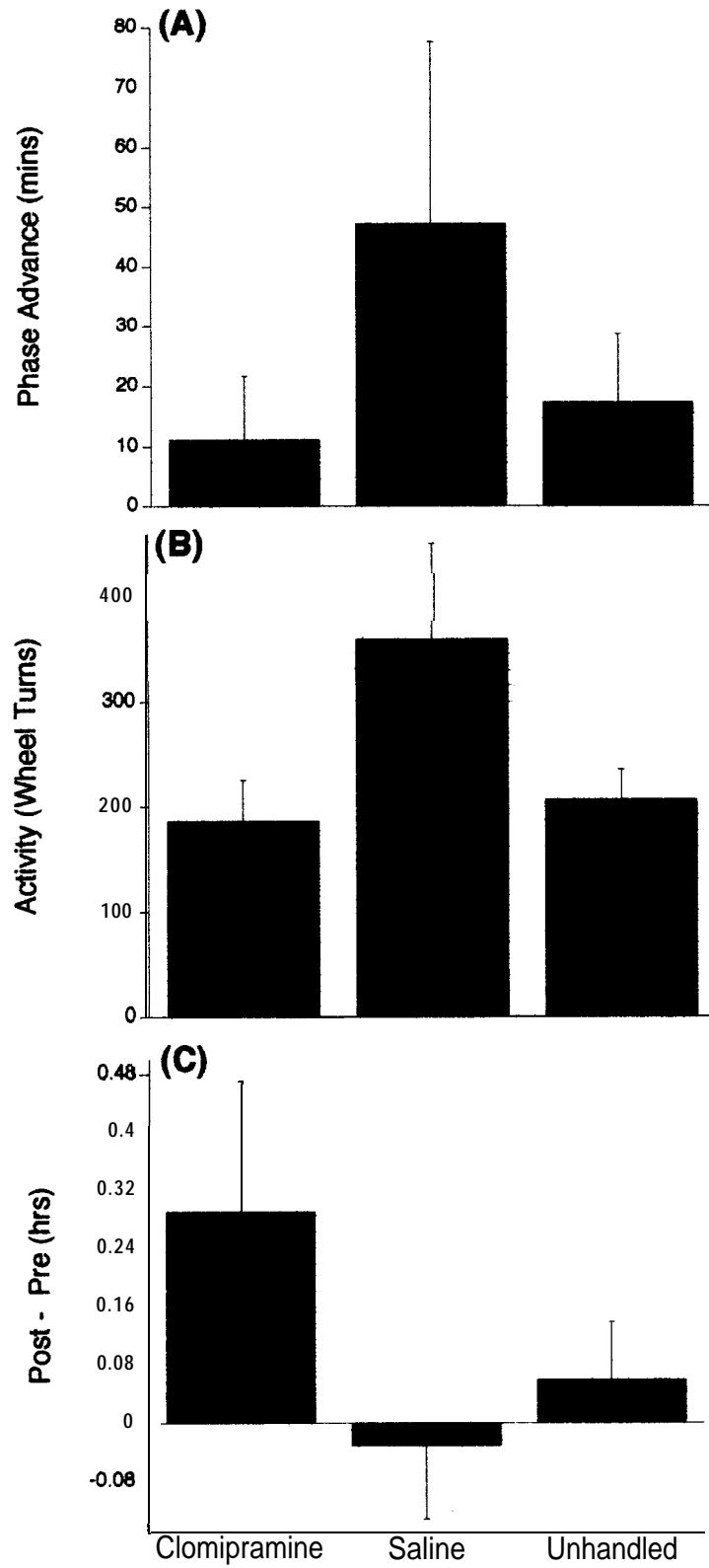


Figure 5. Effects of dark pulses on phase shifting (A), activity (B), and free-running period (C) for each group (means \pm SEM).

As can be seen in [Figure 6](#), the level of activity expressed during the dark pulse was quite similar for most animals. Although group means displayed the same rank order for dark pulse-induced phase shifts and activity, there was no evidence for a significant relationship between these **variables** across the three groups ([Table 6](#)). Using absolute values of the phase shifts, logarithmic transformation of the activity data, **or** a median-split also did not uncover significant relationships. **Within** the groups, only the **domipramine-**treated rats showed a trend towards a signifiint negative **relationship** between dark pulse-induced phase shifts and activity ([Tables 7-9](#)). This relationship is probably due to the fact that although most of the domipramine-treated animals showed phase advances, two of the more active animals displayed small phase delays.

Table 6.

Correlations between phase shifts, wheel-running activity and changes in free-running period induced by dark pulses.

	Phase shift	Activity (post-injection)
Phase shift		
Activity (post-injection)	-.14	
Change in Period (Post – Pre)	-.21	-.20

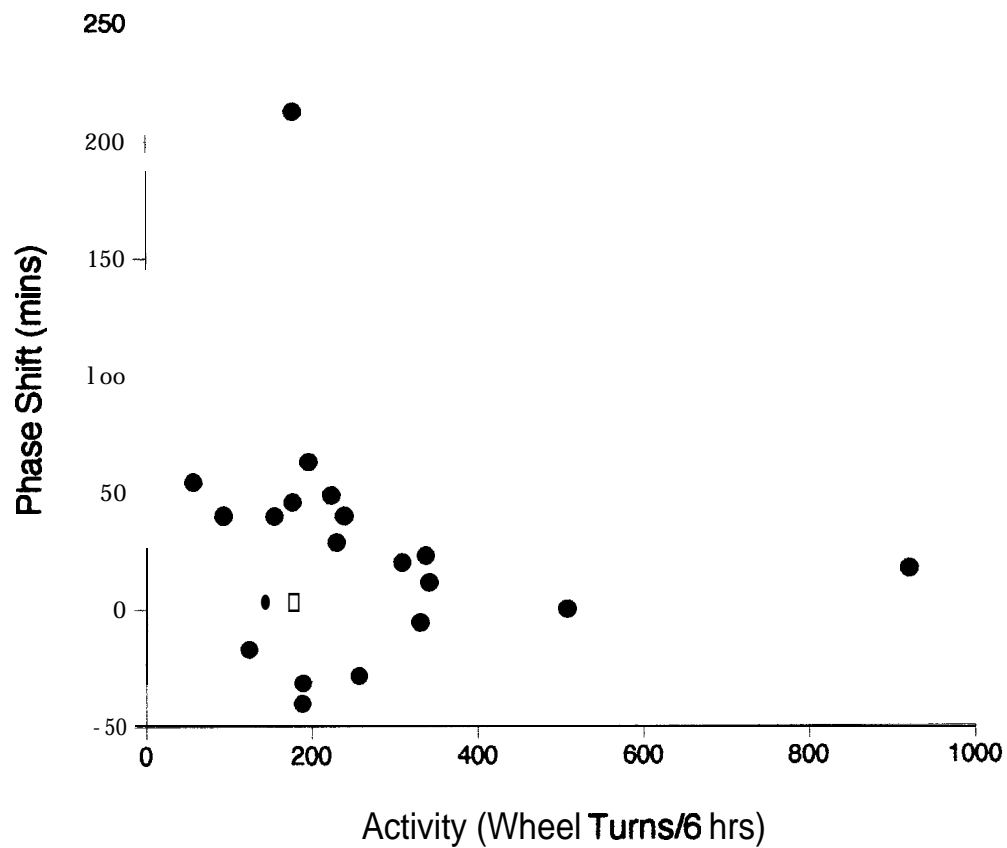


Figure 6. Scatterplot showing dark pulse-induced phase shifts as a function of the amount of activity (i.e. wheel turns) observed during the pulse.

Table 7.

Clomipramine-treated group: Correlations between phase shifts, wheel-running activity and changes in free-running period induced by dark pulses.

	Phase shift	Activity (post-injection)
Phase shift		
Activity (post-injection)	-.69*	
Change in Period (Post – Pre)	.39	-.45

*p<.10

Table 8.

Saline-treated group: Correlations between phase shifts, wheel-running activity and changes in free-running period induced by dark pulses.

	Phase shift	Activity (post-injection)
Phase shift		
Activity (post-injection)	-.30	
Change in Period (Post – Pre)	-.69*	.05

*p<.10

Table 9.

Unhandled group: Correlations between phase shifts, wheel-r and changes in free-running period induced by dark pulses.

	Phase shift	Activity (post-injection)
Phase shift		
Activity (post-injection)	.24	
Change in Period (Post – Pre)	.29	-.05

Free-Running Period

In general, small changes in free-running period were observed following the dark pulses (Figure 5C), and as with 8-OH-DPAT, the clomipramine-treated group showed the largest change in period and the saline-treated group showed the smallest change. Group means (\pm -SEM) indicate that period-lengthening was displayed by both clomipramine treated (29 ± 18 h) and unhandled ($.06 \pm .08$ h) groups, while slight period-shortening was displayed by the saline-treated group ($-.03 \pm .10$ h). These differences were not significant across the three groups [$F(2, 21)=1.6, p=.23$] and only approached significance for the comparison between clomipramine- and saline-treated groups ($p=.10$).

There was no indication of a significant relationship between dark pulse-induced phase shifting and period change across groups (Table 6) or within the clomipramine-treated or unhandled groups (Tables 7 and 9). There was a trend towards a significant negative relationship between these variables in the saline-treated group (Table 8) suggesting that animals showing larger phase advances also tended to show greater period-shortening. However, this relationship was due to the presence of one animal which showed an unusually large advance of 212.75 minutes. When this animal was excluded, the trend was abolished [$r=.49, p=.32$].

Across groups, **amplitude** ratio and phase shift magnitude showed a **significant** negative relationship (Table 10), indicating that animals with lower rhythm amplitudes displayed larger phase advances. Free-running period prior to the dark pulse also showed a trend towards a significant positive relationship with phase shift magnitude, indicating that animals with longer periods tended to show larger phase advances. Neither PR nor average activity level over the course of the sample was significantly related to phase shift magnitude.

Table 10.

Correlations between dark pulse-induced phase shifts and cosinor parameters for the preceding 10-day sample.

	Phase shift	Period	Amplitude Ratio	PR
Phase shift				
Period	.38*			
Amplitude Ratio	-.48**	-.03		
PR	-.29	.35	.50**	
Activity	-.15	.25	.35	.87***

* $p < .10$; ** $p < .05$; *** $p < .01$

Experiment 2: Effects of Photic Stimuli

Representative **actograms** from each group, showing phase shifts in response to the 100 lux light pulse at both CT 14 and CT 22 are depicted in Figure 7. A mixed, between (neonatal treatment group) and within (CT, intensity) groups **ANOVA** did not reveal any **significant** effects of the neonatal treatments on the magnitude of phase shifts in response to **photic** stimuli [$F(2, 20) = .97, p = .40$], any significant effects of intensity, nor any significant group interactions ($p's > .80$). As there was considerable within-group variability

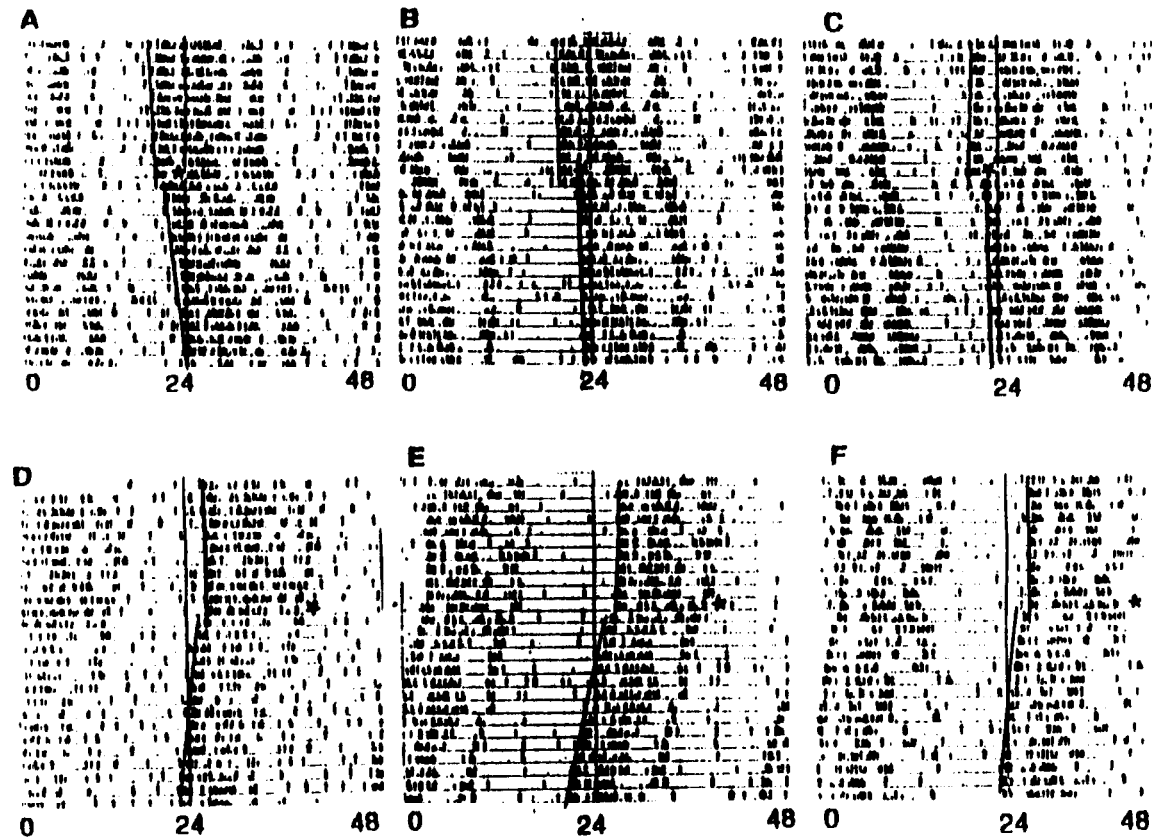


Figure 7. Representative actograms from each group (domipramine: A, **D**; saline: B, E; unhandled: C, F) showing phase delays following light pulse presentation in early subjective night (A, B, C) and phase advances following presentation in late subjective night (D, E, F). Rats were maintained in **DD**. Asterisk indicates approximate time of light pulse presentation.

in phase shift magnitude, data were analyzed following logarithmic transformation but again, no significant group differences were observed. Thus, in purely exploratory efforts, data were compared separately at each CT and at each intensity, and results are reported below.

CT 14

As expected, phase delays were observed following presentation of light pulses at CT 14 (e.g. [Figure 7](#)). Group means (\pm SEM) for phase shifts in response to the 100 lux light pulse are presented in [Figure 8](#). The unhandled group showed the largest shifts (mean \pm SEM: 137.5 \pm 12.6 mins), and slightly smaller shifts were seen in the clomipramine- (129.7 \pm 11.6 mins) and saline-treated (116.4 \pm 13.0 mins) groups. These means were not significantly different either across the three groups [$F(2,21)=.73, p=.49$] or between comparison groups ($p's > .24$). At 50 lux, group means were reduced in magnitude compared to those seen for the 100 lux pulse, but the same rank order was maintained ([Figure 8](#)), as the unhandled group showed a mean phase delay of 125.5 \pm 18.4 mins, clomipramine-treated, 113.9 \pm 19.4 mins and saline-treated, 100.6 \pm 16.0 mins. However, as with the 100 lux shifts, these differences were not significant [$F(2,21)=.48, p=.63$] across groups or between pairs ($p's > .34$). Examination of the pooled data for the 100 and 50 lux pulses and the use of non-parametric tests also did not uncover significant group differences.

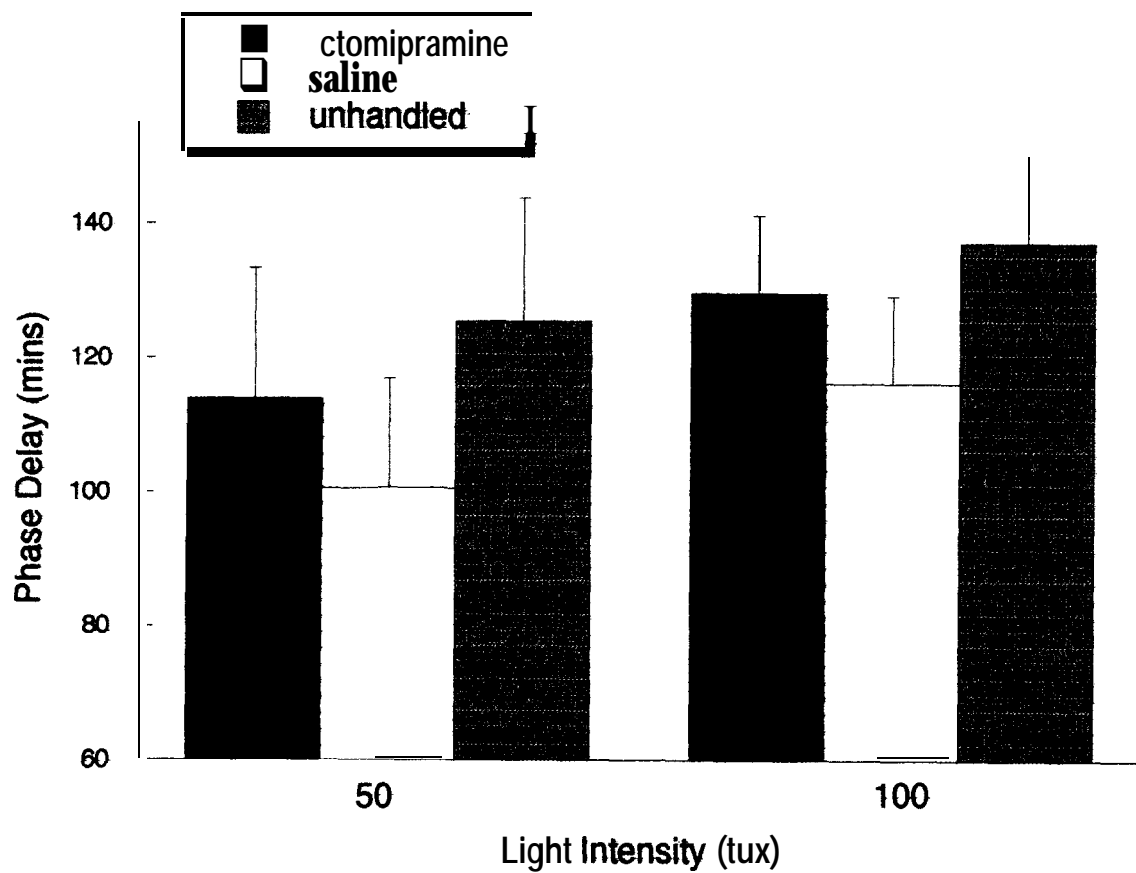


Figure 8. Mean (\pm SEM) phase delay for each of the three neonatal treatment groups following the 50 lux (left) and 100 lux (right) light pulse at CT14

As period-lengthening is often observed following **photic** phase delays, cosinor analysis was used to quantify changes in free-running period following the 100 lux and 50 lux light pulses. Only very small changes in period were found for each of the three groups following either light pulse (all means $<.10$ h; [Figure 9](#)), none of which were significantly different from each other, or significantly related to phase shift magnitude for the corresponding light pulse. Further, other cosinor parameters for the samples prior to the light pulses also did not significantly predict phase shift magnitude (Tables [11](#) and [12](#)).

Table 11

Correlations between phase shifts and cosinor parameters immediately preceding the 100 lux light pulse at CT 14.

	Phase shift	Period	Amplitude Ratio	PR
Phase shift				
Period	.17			
Amplitude Ratio	-.05	-.11		
PR	.29	0.0	.60**	
Activity	.24	-.16	.17	.43

** $p < .05$

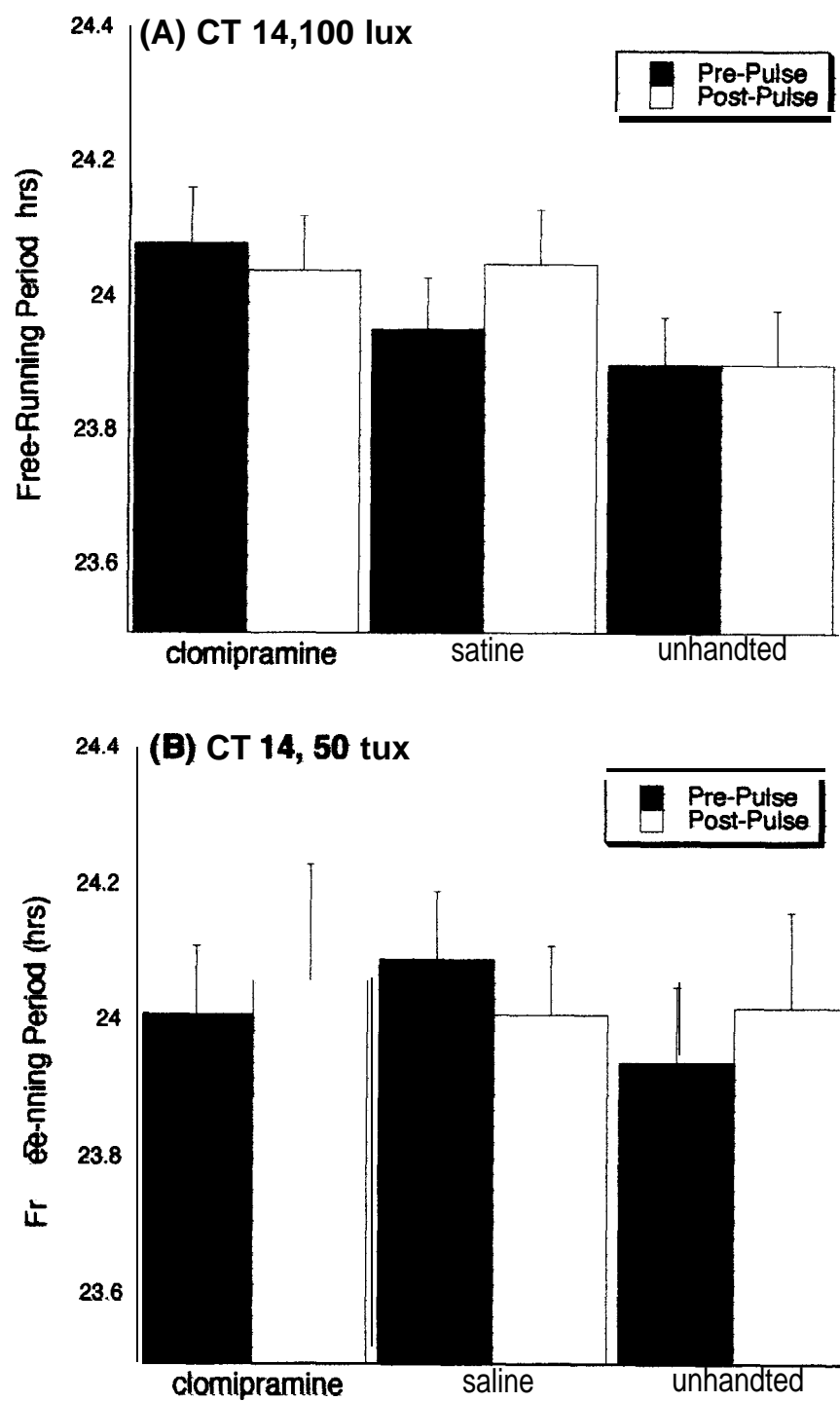


Figure 9. Group means (\pm SEM) for free-running period before and after the 100 lux pulse (A) and 50 lux pulse (B) at CT14.

Table 12

Correlations between phase shifts and cosinor parameters immediately preceding the 50 lux light pulse at CT 14.

	Phase shift	Period	Amplitude Ratio	PR
Phase shift				
Period	-.02			
Amplitude Ratio	-.09	-.33		
PR	-.2	-.2	.82**	
Activity	-.1	-.1	.25	.34

**p<.05

CT 22

As expected, phase advances were observed in response to light pulses presented at CT 22 (e.g. [Figure 7](#)). Due to variable daily activity onsets, phase shifts in response to either the 100 lux or 50 lux light pulse at CT 22 could not be measured for one unhandled animal, so the means for this group were derived from seven animals. As shown in [Figure 10](#), group means for the 100 lux light pulse were very similar [mean \pm SEM: unhandled = 84.2 \pm 12.5 mins; clomipramine-treated = 78.7 \pm 9.0 mins; saline-treated = 75.5 \pm 5.0 mins] and no significant **differences** were found across groups [$F(2, 21)=.23, p=.80$] or between pairs (p 's $>.50$). **Although** not significant, group means were actually higher for the 50 lux pulse as compared to the 100 lux pulse, with unhandled rats showing a mean of 101.5 \pm 21.1 mins, clomipramine-treated 80.1 \pm 13.5 mins, and saline-treated 83.7 \pm 11.9 mins ([Figure 10](#)). Again, these group differences were neither significant overall [$F(2, 21)=.52, p=.60$] nor between pairs (p 's $>.43$). Logarithmic transformation, pooling the data across intensities or the use of non-parametric tests also did not result in significant findings.

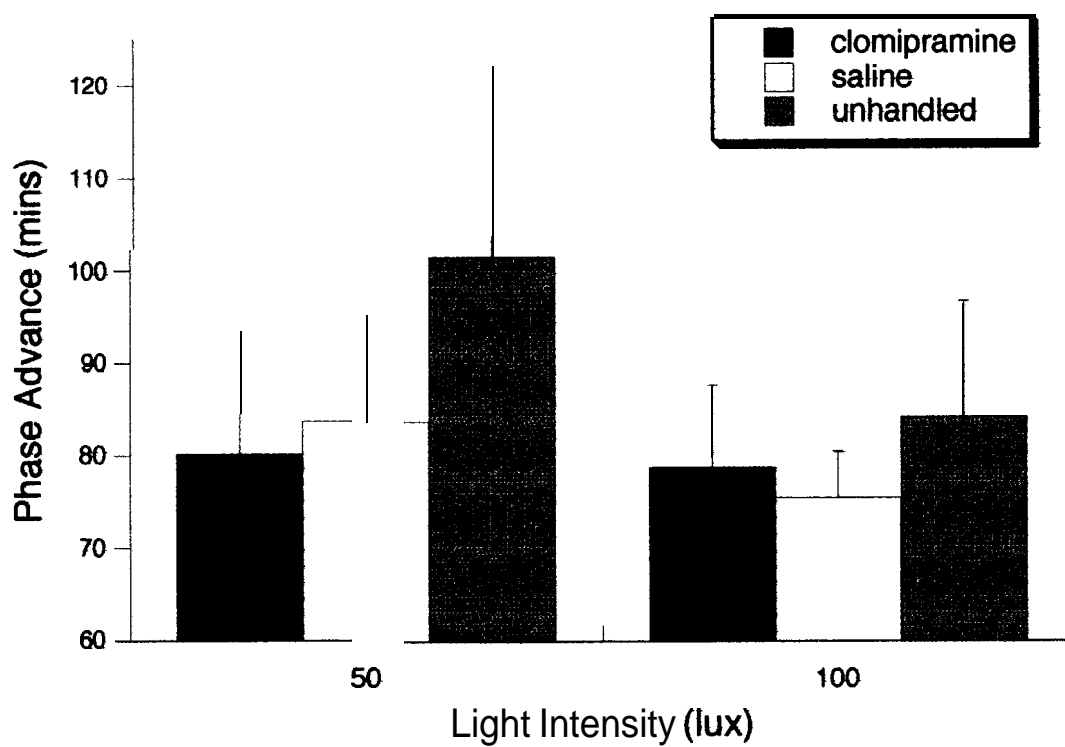


Figure 10. Mean (\pm SEM) phase advance for each of the three neonatal treatment groups following the 50 lux (left) and 100 lux (right) light pulses at CT22.

Period-shortening is often observed **following light** pulse-induced phase advances, and **after the 100 lux** pulse, period-shortening was seen in the unhandled group, [mean change = **.21h**] and to a lesser extent in **the** clomipramine-treated group [**.04 h**], but no change was seen in the saline-treated group (**Figure 11**). After the **50 lux** pulse, **almost** no change in period was found in either the **clomipramine** or saline-treated **groups**[**<.001h**] and **only slight period-lengthening** was seen in the unhandled group [**.06h**]. For either **pulse**, group **differences** in the amount of period changes were not **statistically** significant and no significant relationship was found between period change and phase shift magnitude. Other **cosinor** parameters also were not **significantly** related to phase shift magnitude (Tables **13** and **14**).

Table 13

Correlations between phase shifts and cosinor parameters immediately preceding the 100 lux light pulse at CT 22.

	Phase shift	Period	Amplitude Ratio	PR
Phase shift				
Period	.08			
Amplitude Ratio	-.26	0.0		
PR	-.2	.12	.92	
Activity	-.2	.33	.32	.35

^ap<.01

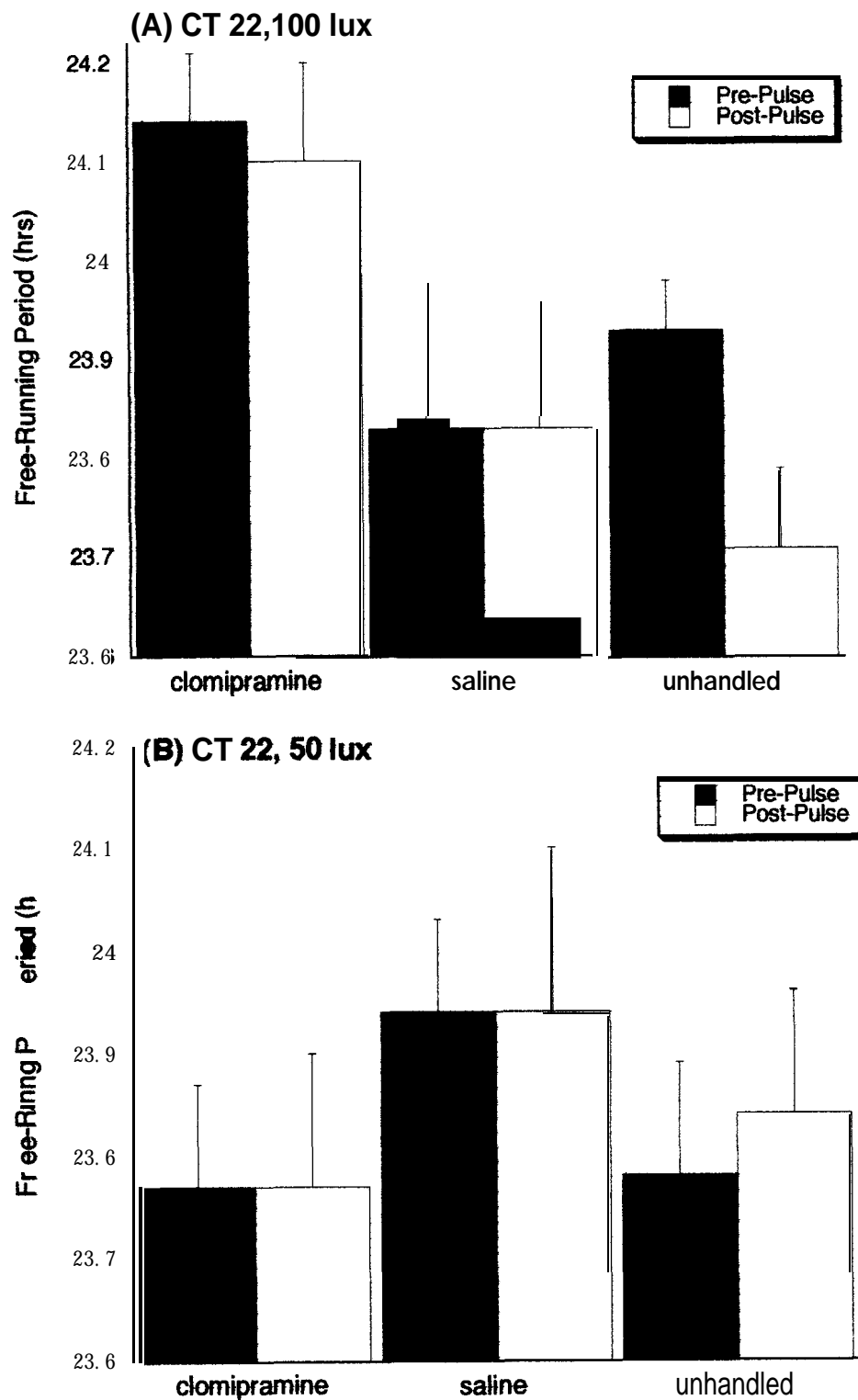


Figure 1. Group means (\pm SEM) for free-running period before and after the 100 lux pulse (A) and 50 lux pulse (B) at CT 22.

Table 14

Correlations between phase shifts and cosinor parameters immediately preceding the 50 lux light pulse at CT 22.

	Phase shift	Period	Amplitude Ratio	PR
Phase shift				
Period	.05			
Amplitude Ratio	.15	.12		
PR	.23	.21	.92***	
Activity	.39	.29	-.34	.45

*** $p < .01$

Cosinor parameters

LL

Prior to 8-OH-DPAT, when animals were maintained under LL of 5 lux, free-running period was very close to 24 hours in all groups, and no significant group differences were observed (Table 15). As expected, when animals were maintained under the higher intensity LL prior to the dark pulse (i.e. 40 lux) free-running period was longer for all groups, but again, no significant group differences were observed (Table 16). Amplitude ratio, PR, and average level of wheel-running activity also did not differ by group under either intensity, although rank order on these three variables was maintained; the **saline-**treated group consistently showed the lowest amplitude, **PR** and activity level and the unhandled group consistently showed the highest values for these variables,

Table 15.

Means (+/- SEM) by group for cosinor parameters on the 10-day sample preceding the 8-OH-DPAT injection.

Group	Period	Amplitude Ratio	PR	Activity
Clomipramine	23.93 (.11)	1.36 (.07)	26.16 (3.99)	21.96 (4.72)
Saline	24.15 (.03)	1.33 (.04)	23.31 (4.11)	14.12 (5.84)
Unhandled	24.13 (.09)	1.38 (.07)	29.39 (5.85)	28.54 (10.44)
p_{GROUP}	.15	.84	.67	.40

Table 16.

Means (+/- SEM) by group for cosinor parameters on the 10-day sample preceding the dark pulse.

Group	Period	Amplitude Ratio	PR	Activity
Clomipramine	24.34 (.09)	1.35 (.08)	26.36 (6.1 f)	14.31 (3.48)
Saline	24.33 (.10)	1.24 (.11)	22.65 (4.35)	11.43 (4.65)
Unhandled	24.36 (.07)	1.45 (.06)	28.84 (5.95)	21.86 (9.12)
p_{GROUP}	.96	.22	.73	.53

DD

Free-running period, **amplitude** ratio and PR measures did not display significant group differences for any of the four cosinor samples (Tables 17-20). However, significant group differences, or trends toward significance, were observed in the average level of drinking activity observed in DD. In each sample, rank order was maintained, and was the same as that observed for wheel-running activity in the LL conditions; the saline-treated group displayed the lowest level of activity and the unhandled group displayed the highest.

Pairwise comparisons revealed that these two groups were significantly different in each sample ($p's < .05$), while the clomipramine- and saline-treated groups **did not significantly** differ.

Table 17.

Means (+/- SEM) by group for cosinor parameters on the 10-day sample preceding the 100lux light pulse at CT14.

Group	Period	Amplitude Ratio	PR	Activity
Clomipramine	24.08 (.08)	.58 (.04)	11.65 (1.41)	31.24 (4.64)
Saline	23.95 (.07)	.68 (.03)	13.95 (1.49)	24.68 (2.62)
Unhandled	23.90 (.08)	.68 (.04)	15.21 (2.03)	39.98 (3.17)
p_{GROUP}	.23	.13	.33	.02

Table 18.

Means (+/- SEM) by group for cosinor parameters on the 10-day sample preceding the 50 lux light pulse at CT14.

Group	Period	Amplitude Ratio	PR	Activity
Clomipramine	24.01 (.10)	60 (.06)	10.93 (2.06)	29.06 (4.44)
Saline	24.09 (.10)	62 (.05)	11.64 (1.81)	21.40 (4.12)
Unhandl ed	23.94 (.11)	68 (.04)	12.81 (1.97)	35.64 (4.54)
P _{GROUP}	.61	.51	.80	.09

Table 19.

Means (+/- SEM) by group for cosinor parameters on the 10-day sample preceding the 100 lux light pulse at CT22.

Group	Period	Amplitude Ratio	PR	Activity
Clomipramine	24.06 (.06)	64 (.06)	10.80 (1.77)	22.52 (3.20)
Saline	23.84 (.13)	61 (.08)	10.10 (3.14)	15.50 (3.65)
Unhandl ed	23.93 (.05)	77 (.07)	12.23 (1.92)	26.91 (4.75)
P _{GROUP}	.20	.00036	.0080	.16

Table 20.

Means (+/- SEM) by group for cosinor parameters on the 10-day sample preceding the 50 lux light pulse at CT22.

Group	Period	Amplitude Ratio	PH	Activity
Clomipramine	23.77 (.10)	65 (.08)	9.47 (2.10)	18.76 (3.01)
Saline	23.94 (.09)	66 (.03)	10.61 (1.16)	16.53 (3.02)
Unhandled	23.78 (.11)	75 (.06)	12.29 (1.88)	28.42 (4.47)
p_{GROUP}	.40	.43	.53	.06

CHAPTER IV

DISCUSSION

Alterations in circadian regulation are associated with clinical depression and have been observed in several animal models of depression (Duncan, 1996; Rosenwasser & Wirz-Justice, 1997). Administration of monoaminergic antidepressants to rats during early postnatal life produces numerous behavioral and physiological alterations in adulthood that parallel those observed in depressed patients. Thus, neonatal antidepressant treatment has been put forth as an animal model of depression (Vogel & Vogel, 1982). As yet, few studies have examined circadian parameters following neonatal antidepressant treatment, so the purpose of the present study was to explore circadian phase shifting in rats following neonatal treatment with clomipramine, a **5-HT** re-uptake inhibitor. Evidence suggests that the behavioral alterations observed in rats following neonatal **clomipramine** treatment arise from a permanent down-regulation in serotonergic systems (e.g. Feenstra et al., 1996; Maudhuit et al., 1996). As **5-HT** pathways are important in the regulation of both circadian rhythmicity and affective behavior, it was expected that alterations in both non-photic and photic phase shifting would be uncovered in this model.

Non-photic phase-shifting stimuli included dark pulses and injections of 8-OH-DPAT, a **5-HT** agonist, administered during subjective day, while photic phase shifting was examined through the presentation of light pulses in early and late subjective night. The phase shifts displayed by clomipramine-treated rats were of primary interest, but in an effort to parse the effects of the neonatal handling procedure from the pharmacological effects of clomipramine, three groups were included in this study; clomipramine-treated, saline-treated, and unhandled groups. As discussed below, the results of this study provide support for alterations in non-photic but not photic phase shifting. Comparison of the results of this study with previous work in hamsters provides support for species differences in the role of **5-HT** on circadian parameters.

Non-Photic Experiment

8-OH-DPAT

The domipramine- and saline-treated groups showed a **significant** difference in the phase-shifting response to **8-OH-DPAT** administration. Group means differed in both size and direction, as the domipramine-treated group showed a small mean phase advance while a larger mean phase delay was displayed by the saline-treated group. These **results** are **difficult** to interpret within the context of neonatal domipramine studies as the one published study examining circadian phase shifting following this treatment employed hamsters (Yannieiii, Cutrera et al., **1998**). That study reported phase advances in response to **8-OH-DPAT** in both domipramine and saline-treated groups, with a significant increase in phase shift magnitude due to domipramine treatment. This result was thought to reflect hypersensitivity of serotonergic receptors to acute activation, and complements other studies in which altered **5-HT** function follows neonatal domipramine treatment. The present study did not replicate that result in rats, but this discrepancy may reflect species differences in the response to either neonatal antidepressant treatment or to **8-OH-DPAT**. At present, there are too few neonatal antidepressant studies examining circadian parameters to adequately address species differences in response to this treatment. However, in regard to the latter, interpretation of the present data may be facilitated through comparison of the phase-shifting responses to 8-OH-DPAT across the three neonatal groups.

in general, phase shifts tended to be small in magnitude with the largest mean difference observed between domipramine- and saline-treated groups. The unhandled group showed a mean phase delay smaller than, although not significantly different from, that of the saline-treated group. This pattern of results suggests that exposure to nonspecific **stressors** associated with neonatal saline treatment may increase the size of phase delays in response to **8-OH-DPAT**, an effect which is counter-acted by domipramine. **Although** not related to phase shift magnitude, opposing effects of the neonatal domipramine and saline treatments were also evident for both **8-OH-DPAT**-induced activity and period changes. Indeed, although statistical significance was often

lacking, clomipramine and saline treatment appeared to exert effects in opposite directions for many of the variables in this study. Possibly, this indicates a reliable differential effect of these two treatments which may have been confirmed had this study had greater statistical power (see below).

Opposite effects of neonatal antidepressants and neonatal saline-treatment (or similar non-pharmacological neonatal handling procedures) relative to unhandled rats have not been explored explicitly within previous studies. Neonatal handling is an embedded feature of all neonatal antidepressant protocols and in studies employing these protocols, the comparison group generally consists of saline-treated controls, rather than unhandled animals. However, several studies have examined the physiological and behavioral effects of neonatal handling in direct comparison to unhandled animals. This treatment has been put forth as a putative animal model of a low anxiety or stress-resistant state, as neonatally handled animals consistently show enhanced adaption to environmental stressors in adulthood (e.g. **Maccari** et al., 1997; Ogawa et al., 1994; Wakshlak & Weinstock, 1990).

Comparisons between studies in which the experimental group was exposed to either neonatal antidepressants or handling support the opposing effects of these two treatments suggested by the present results. For example, neonatally handled rats show increased exploratory behavior in an open field (Nunez et al., **1996**), decreased immobility in the forced-swim test and decreased voluntary alcohol intake (Hilakivi-Clarke et al., 1991). Neonatal handling has also been shown to decrease the amplitude of the circadian temperature rhythm (Amir & Schiavetto, 1990). As discussed previously, neonatal clomipramine treatment has the opposite effect on each of these behaviors. A common site of action for these two treatments is as yet unclear, but the effects of neonatal handling are believed to be mediated through permanent changes in responsiveness of the HPA axis, which may have widespread implications for developing neurotransmitter systems (Nunez et al., 1996; Wakshlak & Weinstock, 1990).

Although differential effects of neonatal clomipramine and saline treatment can be supported by existing behavioral literature, the direction of phase shifting in **both** the

saline-treated and unhandled groups was unexpected. In particular, as the unhandled rats were undisturbed during the neonatal period, it was expected that these rats would display **8-OH-DPAT-induced** phase shifts comparable to those reported in other studies in which neonatal treatments were not employed. As this study was planned, **8-OH-DPAT** administration had been shown to induce relatively large phase advances during subjective day in several hamster behavioral studies (e.g. Tominaga et al., 1992), in *vitro* rat studies (e.g. Prosser et al., 1993) and in a single previous in *vivo* rat study (Edgar et al., 1993). Therefore, it was expected that the unhandled rats would also display relatively large phase advances in response to **8-OH-DPAT**. In contrast, phase shifts in this group were relatively small and observed in either direction. As discussed previously, differences in SCN organization may preclude direct comparisons across species, and methodological differences may explain discrepancies between in *vitro* and *in vivo* results, but it is more difficult to account for a lack of agreement between the present data and the previous *in vivo* study. However, several more recent studies have also examined the phase-shifting effects of **5-HT** agonists in rats during subjective day, and results are also contradictory. For example, Edgar et al. (1993) reported phase advances in wheel-running activity in response to either quipazine or **8-OH-DPAT** during subjective day in rats, but Kohler, Kalkowski and Wollnik (2000) found no significant effects of quipazine at this same phase. In addition, small phase delays in the circadian rhythm of melatonin production have been found in response to quipazine, although not to **8-OH-DPAT**, during subjective day (Kennaway et al., 1996). Thus, at present, the **phase-shifting** effects of **5-HT** agonists in rats during subjective day remain to be clarified. The results of the present study indicate that although neonatal **clomipramine** and saline treatment significantly alter **8-OH-DPAT-induced** phase shifts during subjective day, the effect of this stimulus on unhandled rats is minimal.

Dark Pulses

All published studies of the effects of dark pulses on circadian phase shifting have been conducted with hamsters (e.g. **Boulos & Rusak**, 1982a; Ellis, **McKlveen & Turek**, 1982; Reeb et al., 1989). In agreement with these studies, most rats in the present study displayed phase advances in response to six hour dark pulses beginning at CT 6. Neonatal treatment did not significantly predict the magnitude of these shifts, but as with **8-OH-DPAT-induced** phase shifts, clomipramine and saline treatment appeared to exert opposite effects, in that the saline-treated group showed the largest mean phase advance compared to either of the other groups. As there was considerable within-group variability, the lack of a significant group difference may be a function of the relatively small group size, so increasing the number of animals per group may have helped to uncover potential group differences. Alternatively, it is possible that the use of dark pulses as a non-photic stimulus may have been inappropriate for this species. Dark pulses are particularly effective phase-shifting stimuli for hamsters, but the magnitude of the shifts displayed by the unhandled animals suggests that this stimulus may be less effective in rats.

Small phase shifts were observed in the unhandled group, while much larger dark pulse-induced phase advances have been reported for hamsters. Further, average level of dark pulse-induced activity was much less than that reported typically for hamsters; although many of the unhandled rats did display substantial wheel-running activity during dark pulses, levels of induced activity predicted neither presence of, nor size of, significant phase shifts. As discussed previously, stimulus-induced activity in hamsters has been taken as a marker for increased arousal, and it is the arousal, or some biochemical correlate, which is thought to be responsible for the phase shifts in response to behaviorally activating stimuli. Based on data from the unhandled group, it is unclear whether dark pulses are less arousing to rats or whether their circadian system is less sensitive to behavioral feedback. Although there are no other published studies explicitly examining dark pulse-induced phase shifting in rats, studies of other environmental stimuli generally suggest that rats may be less sensitive to arousal-induced phase shifting as

compared to hamsters. For example, episodes of social interaction during subjective day can be effective phase-shifting stimuli in hamsters (Mrosovsky, **1988**), but not rats (e.g. Meerlo & Daan, 1998). On restricted feeding schedules, rats display intense bouts of activity in anticipation of food availability, but this activity does not alter circadian phase (Stephan, 1984). Finally, scheduled daily activity is an effective entraining agent in hamsters (Reebs & Mrosovsky, 1989) but rats display only weak entrainment under severely constrained conditions of enforced activity (Mistlberger, 1991).

Although there was considerable within-group variability, the saline-treated group in this study showed the largest mean advance, and the greatest amount of **dark-pulse**-induced wheel-running, suggesting that dark pulses were a particularly salient stimulus for these rats. Perhaps the physiological changes induced by neonatal handling increase sensitivity to a behavioral stimulus like a dark pulse, or reduce behavioral inhibition in this novel situation. Clomipramine-treated rats generally displayed smaller phase advances suggesting that any effects of neonatal handling on dark pulse-induced phase shifting are negated by clomipramine administration. However, as significant differences were not found, these conclusions are speculative. The present study does provide some evidence for dark pulse-induced phase shifting during subjective day, but the relatively small phase shifts observed for the unhandled rats support the idea that compared to hamsters, the rat circadian system is not particularly sensitive to behavioral feedback.

Photic Experiment

Considerable research has been devoted to the role of serotonin in photic **phase**-shifting. Most of these studies have been conducted with hamsters and generally support the idea that serotonergic pathways to the circadian system have an inhibitory influence on photic phase-shifting. In the present study, no significant group effects were observed in response to **photic** stimuli in either early or late subjective night. Thus, either neonatal clomipramine treatment does not influence photic phase-shifting, or alterations do occur, but were not detected in the present study. As with dark pulses, within-group variability in the size of the photic phase shifts was considerable, so increased statistical power

through increases in the **number of** animals per group may have **provided** more **conclusive** results. This may **be particularly** true for photic phase **delays**. Rank order was maintained across the **100** and **50 lux** pulses at CT 14, suggesting a possible trend towards increased photic phase delays in the domipramine-treated groups. **Significant** results in this direction would have supported the idea that reduced **5-HT function** in this animal model reduces inhibitory of photic responsiveness. However, there is some evidence to indicate that neonatal domipramine treatment may **not have** consistent effects on photic phase shifting, and that, like non-photic effects, the influence of **5-HT on** photic responsiveness may differ between hamsters and rats.

The previous study of neonatal domipramine treatment in hamsters **also** examined photic **phase-shifting** in both early and late subjective night, and **like the** present study, neonatal **domipramine** treatment did not **significantly** affect the magnitude of photic phase delays. However, treated hamsters **did** show significantly reduced phase advances at CT 22 relative to controls. Given the many studies supporting an inhibitory role of **5-HT** on photic responsiveness in **hamsters**, neonatal **domipramine** treatment would have been expected to result in increased rather than decreased photic phase shifts. No further studies of this treatment in hamsters have as yet been reported, **so the implication of this** effect is unclear.

The idea that reduced **5-HT** function leads to increased photic phase shifting is largely based on work with hamsters (**Morin, 1999**). Although the **present** study did not find significant effects on photic phase shift magnitude in either direction **following** the neonatal treatments, recent evidence suggests that **5-HT** may not have the inhibitory influence on photic phase-shifting in rats that it does in hamsters. For example, although one study did not find phase shifts in rats following quipazine administration during subjective night (Edgar et al., **1993**), several more recent studies have reported that quipazine mimics the phase-shifting effects of photic stimuli during subjective night on both circadian **wheel-**running activity (Kohler et al., 2000) and melatonin production (Kennaway et al., 1996; 1997). Further, quipazine administration has been shown to induce **c-fos** expression in the SCN in a pattern similar to that observed following light exposure (Kennaway & Moyer,

1998). Thus, at this point, the available literature on the contribution of **5-HT** to photic phase shifting is contradictory, but the most recent evidence suggests that 5HT may mediate, rather than inhibit, photic input to the rat circadian system.

Finally, in addition to group size, another methodological problem evident in the **photic** experiment concerns the choice of light intensities for the light pulses. Based on published studies, the 10 min 100 lux pulses were selected so as to result in sub-maximal phase shifts. However, it can be difficult to compare dynamics of light pulse presentation across laboratories, and indeed, the 100 lux pulses did appear to be saturating. Thus, a more effective photic stimulus may have been a light pulse of a lesser intensity, or shorter duration. As mentioned in the Method section, additional pulses at 50 lux were presented in an effort to reduce phase shift magnitude, however, mean shift size was unaffected (CT 22) or only slightly reduced (CT 14). It is unclear whether the 50 lux pulse was also saturating, or whether the additional time in DD increased photic phase shift magnitude to a less than saturating stimulus. **Photic** responsiveness can be increased by increased time in DD (Shimomura & Menaker, 1994) and in the present study, rats were not **re-**entrained to an LD cycle between the 100 and 50 lux pulses at either circadian phase. Thus, although the present study suggests that neonatal **clomipramine** treatment does not alter the upper asymptote for photic phase **shift** magnitude, definitive conclusions regarding the effects of this treatment on photic phase-shifting await further study

Conclusions

The results of this study provide some support for **alterations** in non-photoc, but not **photic**, phase-shifting in the neonatal antidepressant model of depression. Neonatal clomipramine treatment **alters** the phase-shifting response of rats to a **5-HT** agonist during **subjective** day, but significant effects were not observed in response to either dark pulses during subjective day or light pulses during subjective night. In general, **evidence** in this study also provides support for opposing effects of neonatal clomipramine and **saline treatments, particularly** in regard to non-photoc phase **shifting**. Finally, comparing the present results **to those** of prior studies in hamsters supports distinctions between

species in the role of **5-HT** in circadian phase shifting.

At present, although alterations in circadian regulation are a common feature of clinical depression and have been observed in several animal depression models, no clear pattern in the direction of these alterations has emerged. Some evidence now shows that **rhythmicity** can be altered by neonatal domipramine treatment, but further work will be required to determine the extent of these alterations, and the mechanisms through which **5-HT** mediates circadian and affective behaviors.

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