NEUROINFLAMMATORY MODULATION OF NICOTINE DEPENDENCE Erin L. Anderson¹, Adewale Adeluyi¹, and Jill R. Turner¹

ABSTRACT

- \bullet Neuroinflammation via microglial activation may underlie the cognitive and affective withdrawal symptoms that lead to relapse.
- Suppression of microgliosis has been shown to significantly reduce opioid withdrawal and improve analgesia (Hutchinson et al. 2009)
- The striatum, and especially its ventral portion (nucleus) accumbens), is a region that underpins many behavioral characteristics of both substance use disorders and withdrawal symptomology (Scofield et al. 2016).
- Microglia shift activity states from a surveilling or resting mode into an alerted or reactive state by environmental changes. Activated microglia initiate an inflammatory response via a classical M1 pro-inflammatory pathway producing TNF α , IL-6 or TLR4, or through an alternative M2 pathway producing antiinflammatory cytokines such IL-10 and Trem2 (Cherry et al. 2014).
- Our preliminary data indicate that significant neuroinflammation can be detected in the striatum and most acutely in the ventral striatum (nucleus accumbens) following withdrawal from chronic nicotine in mice.
- Furthermore, we demonstrate that minocycline, a second generation tetracycline known to have anti-inflammatory effects, modulates both the M1 and M2 cytokine mRNA levels in a brainderived highly proliferative immortalized (HAPI) microglial cell line.

METHODOLOGY

Microglial Cell Culture: HAPI cells were maintained in low glucose DMEM and 5% FBS for initial microglia and minocycline characterization.

Subjects: B6129F1 male mice (Taconic, age 6 weeks, 20-25g) were randomly assigned to saline, nicotine and nicotine withdrawal treatment conditions.

Nicotine Delivery: Nicotine tartrate (reported as free base) was dissolved in a 0.9% sterile saline solution and infused through subcutaneous osmotic minipumps for 14 days. Osmotic minipumps were filled with either saline or nicotine at 18 mg/kg/day, which yields a mouse plasma dose of $\sim 0.3 \mu m$. Withdrawal was initiated by the physical removal of the minipumps with matched saline surgical controls 24 hours before sacrifice.



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RESULTS



Resting Microglia

Figure 2. Nicotine Withdrawal Induces Microglia Pro-inflammatory Activation in the Striatum



Treatment	Level
	Caudate
	Putamen
Saline	+ - ++
Withdrawal	++

Figure 3. Baseline Activation of M1 Pro-inflammatory Phenotypes



Figure 4. Baseline Activation of M2 Anti-inflammatory Phenotypes









f Microgliosis Nucleus Accumbens + - ++ ++ - +++



Figure 5. Minocycline Dose Curve in HAPI Rat Microglial Cell Line



- Burying tests.

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RESULTS

CONCLUSION

• Withdrawal from nicotine induces activation and remodeling in microglia as seen in the phenotypic characterization visualized by ionized calcium binding adapter molecule 1 (IBA1) staining.

• Within the striatum, the nucleus accumbens demonstrates the greatest inflammatory response during nicotine withdrawal.

Baseline microglial activation of both the M1 and M2 pathways occurs during nicotine treatment and withdrawal.

• Early experiments with minocycline, a known M1 activation inhibitor, result in a trending change in both M1 and M2 cytokine levels in an immortalized microglial cell line.

FUTURE DIRECTONS

 \bullet Minocycline will be tested in vivo with the chronic nicotine/ withdrawal paradigm to observe the microglial inflammatory response in both the M1 and M2 activation states.

Behavioral testing will be carried out to monitor withdrawalinduced anxiety-like behavior using Open Field and Marble

• As a part of a quad-partite synapse, microglia communicate with both astrocytes and neurons. Cell type specific sequencing will be used to interrogate the molecular changes in the transcriptome for both activated microglia and astrocytes.

