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## Effects of the Neuroactive Steroid Allopregnanolone on Intracranial Self-Stimulation in C57BL/6J Mice

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### Abstract

**Rationale**—The neuroactive steroid (3 $\alpha$ ,5 $\alpha$ )-3-hydroxy-pregnan-20-one (3 $\alpha$ ,5 $\alpha$ -THP, allopregnanolone) has effects on reward-related behaviors in mice and rats that suggest that it may activate brain reward circuits. Intracranial self-stimulation (ICSS) is an operant behavioral technique that detects changes in the sensitivity of brain reward circuitry following drug administration.

**Objective**—to examine the effects of the neuroactive steroid allopregnanolone on ICSS and to compare these effects to those of cocaine.

**Methods**—Male C57BL/6J mice implanted with stimulating electrodes implanted into the medial forebrain bundle responded for reinforcement by electrical stimulation (brain stimulation reward, BSR). Mice received cocaine (n=11, 3.0 – 30.0 mg/kg, i.p.) or the neuroactive steroid allopregnanolone (n=11, 3.0 – 17.0 mg/kg, i.p.). BSR thresholds ( $\theta_0$ ) and maximum operant response rates (MAX) after drug treatments were compared to those after vehicle injections.

**Results**—Cocaine and allopregnanolone dose dependently lowered BSR thresholds relative to vehicle injections. Cocaine was maximally effective (80 % reduction) in the second 15 minutes following the 30 mg/kg dose, while allopregnanolone was maximally effective (30% reduction) 15-45 minutes after the 17 mg/kg dose. Neither drug had significant effects on MAX response rates.

**Conclusions**—The effects of allopregnanolone on BSR thresholds are consistent with the previously reported effects of benzodiazepines and alcohol suggesting that positive modulation of GABA<sub>A</sub> receptors can facilitate reward-related behaviors in C57BL/6J mice.

## Keywords

Reward; Reinforcement; Electrical Brain Stimulation; GABA<sub>A</sub> Receptors; Dopamine; Psychostimulant

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## Introduction

Since its discovery as a potent allosteric modulator of GABA<sub>A</sub> receptors, the endogenous neuroactive steroid (3 $\alpha$ ,5 $\alpha$ )-3-hydroxy-pregnan-20-one (3 $\alpha$ ,5 $\alpha$ -THP, allopregnanolone has been shown to affect a wide array of behaviors in species as diverse as salamanders and human beings. Roles for endogenously synthesized allopregnanolone have been proposed in reproductive and aggressive behaviors, learning and memory, mood and anxiety, and drug use and withdrawal, while dysregulation of allopregnanolone has been associated with psychiatric conditions such as pre-menstrual dysphoria, depression, and schizophrenia (Brinton 2013; Marx et al. 2006; Rasmusson et al. 2006; Rupprecht et al. 2010). Though the effects of allopregnanolone likely involve potentiation or direct activation of GABA<sub>A</sub> receptors (see (Morrow 2007) for review), which are associated with GABA mediated Cl<sup>-</sup> influx and cellular inhibition, allopregnanolone alters many behaviors in ways that are similar to those of drugs that enhance the mesolimbic dopamine (DA) system.

Allopregnanolone can stimulate locomotor activity in mice (Finn et al. 1997b; Palmer et al. 2002), enhance sexual receptivity and motivation in female rats and hamsters (Frye et al. 1998; Frye and DeBold 1993), facilitate responding for different reinforcers in both mice and rats (Fish et al. 2002; Janak et al. 1998; Sinnott et al. 2002b), increase or decrease mouse aggressive behavior in particular testing conditions (Fish et al. 2001; Pinna et al. 2003), and induce conditioned place preference in mice (Finn et al. 1997a). Certain drugs of abuse, including alcohol, can elevate allopregnanolone levels in the brain as well as the bloodstream, effects that are most consistently observed in rats (Concas et al. 2000; Cook et al. 2014a; Grobin et al. 2005; Morrow et al. 1999; Quinones-Jenab et al. 2008) and allopregnanolone appears to contribute some of the behavioral effects of alcohol (VanDoren et al. 2000). Interestingly, intracerebroventricular (icv) allopregnanolone administration biphasically alters extracellular DA levels in the mesocorticolimbic circuitry (Rouge-Pont et al. 2002) and allopregnanolone is thought to be the mechanism through which progesterone sensitizes DA elevations induced by alcohol (Dazzi et al. 2002).

A common effect of drugs that directly and/or indirectly enhance dopaminergic neurotransmission is to increase operant intracranial self-stimulation (ICSS). ICSS measures the responding of an animal for reinforcement by direct electrical stimulation of brain reward circuitry. Stimulation of the medial forebrain bundle, which contains ascending dopaminergic projections from the ventral tegmental area, as well as descending glutamatergic and GABAergic projections from the cortex and nucleus accumbens (NAc), elicits robust and reproducible brain stimulation reward (BSR). Drugs of abuse with widely differing pharmacological mechanisms of action all potentiate BSR (Kornetsky and Bain 1992). An essential role for DA in BSR is supported by pharmacological studies administering indirect agonists, specific DA receptor agonists and antagonists, as well as *in vivo* measures of extracellular DA levels (Carlezon and Chartoff 2007; Wise 1996).

However, the full expression of ICSS requires not only DA, but also the integrated functions of glutamate and GABA (Cheer et al. 2005) as well as cholinergic actions in the VTA (Wise 2002). While the glutamatergic (Herberg and Rose 1990; Todtenkopf et al. 2006; You et al. 2001) and cholinergic, especially in regard to nicotine (Huston-Lyons and Kornetsky 1992; Kenny and Markou 2006; Singh et al. 1997), contribution to ICSS has been well characterized, the role of GABA in ICSS has been studied less frequently. Pharmacological studies have demonstrated a potentiation of ICSS by benzodiazepines (Caudarella et al. 1982; Reynolds et al. 2012; Straub et al. 2010) and alcohol (Fish et al. 2010; Robinson et al. 2013) consistent with abuse of these substances by humans. However, the role of GABA in reward processing is complex and other studies have shown that direct GABA agonists depress ICSS (Hayes et al. 2011; Willick and Kokkinidis 1995). Given that allopregnanolone can alter extracellular DA levels in mesocorticolimbic regions and produces behavioral and neurophysiological effects that are similar to benzodiazepines and alcohol, we hypothesized that allopregnanolone could also potentiate ICSS. The present study examined the effects of allopregnanolone on ICSS in male mice and compared these effects to those of the pharmacological reference compound cocaine.

## Methods

### Mice

The cocaine and allopregnanolone dose-response experiments were conducted in separate groups of experimentally naïve male C57BL/6J mice (Jackson Laboratories, Bar Harbor, ME; n=11 for each group). The effects of allopregnanolone were further replicated in an additional replicate of mice with a different experimental history. This replicate consisted of 11 male C57 mice with a humanized mutation of the mu opioid receptor (h/mOPRM1 118AA (n=5) or 118GG (n=6), (Ramchandani et al. 2011) that had previously been treated with the mu opioid receptor agonist fentanyl and the kappa opioid receptor agonist U69,593 (n=8) or the opioid receptor agonist morphine and cocaine (n=3) (Robinson et al. in prep). When the mice were at least 60 days old, monopolar stainless steel electrodes (0.28 mm diameter, Plastics One, Roanoke, VA) were stereotaxically implanted to the right medial forebrain bundle at the level of the lateral hypothalamus (LH) (AP: -1.2; ML -1.0; DV -5.2 from the skull,) under anesthesia with ketamine (120 mg/kg) and xylazine (9 mg/kg) (Sigma, St. Louis MO). The electrode connected to a stainless steel electrical ground screw and was mounted to the skull with dental cement. Following implantation, the mice were housed individually in polycarbonate cages (28 × 17 × 14 cm) that were lined with cob bedding that was changed weekly and covered with stainless steel wire lids. Mice had free access to food (TestDiet) and tap water and were between. The vivarium was 21±1°C, 30-40% humidity, and on 12-h dark/light cycle (lights off at 8:00 AM). All procedures were performed during the dark phase and were approved by the Institutional Animal Care and Use Committee (IACUC) of the University of North Carolina and conducted according to the Guide for the Care and Use of Laboratory Animals (NIH publication No. 85-23, revised 2011).

### Apparatus and Procedures

Testing occurred in sound attenuated operant conditioning chambers as previously described (Fish et al. 2010; Malanga et al. 2008; Robinson et al. 2011). Computers running control

software (MED-PC for Windows, version 4.1; Med Associates; St. Albans, VT) recorded wheel spin responses (1/4 turn), activated house lights, and issued stimulation to the electrodes through a swivel commutator and insulated wire (Plastics One, Roanoke, VA). Each response was reinforced by a brief (500 ms) unipolar cathodal square-wave current at a frequency of 158 Hz (pulse width = 100  $\mu$ s) accompanied by illumination of the house light (500 ms). Responses during the stimulation period were recorded but did not earn additional stimulation. Current intensity was adjusted for each individual mouse and held constant throughout the experiment to maintain at least 40 responses/min ( $-40$  to  $-150$   $\mu$ A). Rate-frequency curves were generated as the mice responded for a series of decreasing ( $0.05\log_{10}$ ) stimulation frequencies. Stimulation at each frequency was available *ad libitum* for 50 s initiated by a 10-s phase during which 5 non-contingent (“priming”) stimulations were presented. During conditioning, each series of 15 frequencies was presented four times (60-min session) and the range of frequencies (therefore, total charge delivered) was adjusted so that the mice only responded during the 3-5 highest frequencies and did not respond during the remaining 12-10 lowest frequencies. When BSR thresholds varied less than 10% on three consecutive days, the mice were habituated to injections and drug testing phases began. The mice were approximately 90 days old at the start of drug testing. Following a 45-min pre-injection baseline (i.e. three series of 15 descending frequencies), the mice were removed from the chamber, injected with either cocaine (saline, 3, 10 and 30 mg/kg, i.p.) or allopregnanolone (BCD vehicle, 3, 5.6, 10, and 17 mg/kg, i.p.) and returned immediately to the operant chambers for 60 minutes during which four series of 15 descending stimulation frequencies were presented. Each drug dose was administered in a random order and separated by at least 48 hours.

## Drugs

Cocaine hydrochloride (Sigma, St. Louis, MO) was dissolved in 0.9% saline and allopregnanolone [(3 $\alpha$ ,5 $\alpha$ )-3-hydroxy-pregnan-20-one, purchased from Robert H. Purdy] was suspended with sonication in a 20% (w/v) hydroxypropyl- $\beta$ -cyclodextrin (Acros Organics, Fairlawn, NJ) solution. For cocaine, doses were calculated as the free base. All drugs were injected intraperitoneally in a volume of 1ml/100 g body weight.

## Histology

At the end of the ICSS experiment, the mice were deeply anesthetized with sodium pentobarbital (120 mg/kg) and intracardially perfused with 0.9% saline followed by 4% paraformaldehyde in 0.1M PBS. The brains were removed and sectioned (50  $\mu$ m) on a sliding microtome and stained with cresyl violet for Nissl to determine the location of the most ventral electrode tip placements under low-powered (4-x) light microscopy (Figure 1).

## Data Analysis

Customized software analyzed each rate frequency curve to determine the maximum response rate (MAX) and to derive, from least squares regression, the EF50 (the frequency that maintained 50% of maximum responding) and the BSR threshold  $\theta_0$  (the x-intercept, or minimum frequency that maintained ICSS responding). For each mouse, data following drug or vehicle injections were then normalized to a percent of that individual's vehicle baseline.

All data were analyzed using a one-way repeated measures analysis of variance (ANOVA) with cocaine or allopregnanolone dose as the within subjects factor. Significant F-tests were further analyzed using Bonferroni corrected *post-hoc* tests to determine doses that were significantly different from the vehicle control at the  $p < 0.05$  level.

## Results

The ventral most electrode placements are shown in Figure 1 throughout the right medial forebrain bundle in the lateral hypothalamus. There was a similar distribution of electrode placements and similar pre-injection baseline responding for the mice treated with cocaine and the mice treated with allopregnanolone; BSR thresholds, EF50s and MAX response rates were  $2.3 \pm 0.2$  Coulombs  $10^{-7}$ ,  $3.2 \pm 0.25$  Coulombs  $10^{-7}$ , and  $143 \pm 8.8$  responses/50s for the cocaine treated mice and  $3.2 \pm 0.4$  Coulombs  $10^{-7}$ ,  $4.3 \pm 0.39$  Coulombs  $10^{-7}$ , and  $133 \pm 7.4$  responses/50s for the allopregnanolone treated mice.

### Cocaine

Cocaine dose dependently lowered BSR threshold in each 15-minute time period after injection (Figure 2A.  $F_{3,43} = 27.9$ ; 48.9; 33.2; and 8.2 for the first, second, third, and fourth 15 minutes; all  $p$ 's  $< 0.001$ ). Cocaine also lowered the EF50 (Table 1.  $F_{3,43} = 9.9$ , 36.3, 19.4, and 6.5 for the first, second, third, and fourth 15 minutes; all  $p$ 's  $< 0.001$ ). Post-hoc comparisons versus the saline control revealed that the 3 mg/kg dose lowered the EF50 by  $18 \pm 3.8\%$  in the first 15 minutes, that the 10 mg/kg dose significantly lowered BSR threshold by  $50 \pm 7.2\%$  and  $11 \pm 3.9\%$  in the first and second 15 minutes and lowered the EF50 by  $30 \pm 4.1\%$  and  $20 \pm 2.6\%$  in the first and second 15 minutes, and that the 30 mg/kg dose significantly lowered BSR threshold by  $75 \pm 5.3\%$ ,  $85 \pm 2.6\%$ ,  $72 \pm 6.0$ , and  $48 \pm 7.6$  in the first, second, third, and fourth 15-minute time period. The 30 mg/kg dose also lowered the EF50 by  $37 \pm 6.6\%$ ,  $50 \pm 3.8\%$ ,  $46 \pm 4.3\%$ , and  $32 \pm 6.3\%$  in the first, second, third, and fourth 15-minute time period. No dose of cocaine significantly affected MAX response rates as compared to the saline control (Figure 2B).

### Allopregnanolone

Allopregnanolone dose-dependently lowered BSR threshold and the EF50 in the second ( $F_{4,54} = 4.1$ ;  $p = 0.01$ , Figure 3A;  $F_{4,54} = 3.3$ ;  $p = 0.02$ , Table 1) and third ( $F_{4,54} = 3.0$ ;  $p = 0.03$ , Figure 3A;  $F_{4,54} = 3.9$ ;  $p = 0.01$ , Table 1) 15-minute time periods. Relative to the vehicle injection, the 17 mg/kg dose lowered BSR threshold and the EF50 by  $33 \pm 9.0\%$  and  $15 \pm 3.4\%$ , respectively, in the second 15-minute time period. In the third 15-minute time period, the 17 mg/kg dose lowered BSR threshold and the EF50 by  $23 \pm 5.6$  and  $18 \pm 5.1\%$ , respectively. There were no significant effects of allopregnanolone on BSR threshold or the EF50 in the first or fourth 15-minute time period. There were no significant effects of allopregnanolone on MAX response rates in any of the 15-minute time periods.

Similar effects of allopregnanolone were achieved when the allopregnanolone was further tested in an additional replicate of mice (Table 2). In this second replicate, the 10 mg/kg dose significantly lowered BSR threshold in the second 15-minute time period and the EF50 in the third 15-minute time period. The 17 mg/kg dose significantly lowered BSR threshold

in the third 15-minute time period. There were not significant effects of allopregnanolone on MAX response rates.

## Discussion

These experiments compared the effects of different doses of the neuroactive steroid allopregnanolone on ICSS, a behavioral measure of the sensitivity to rewarding brain stimulation. The psychomotor stimulant cocaine was also tested as a pharmacological reference. Allopregnanolone, like cocaine, dose-dependently potentiated ICSS in male C57 mice by lowering the amount of stimulation that was necessary to maintain ICSS responding, as measured by both the EF50 and the  $\theta_0$ , two indices of the self-stimulation threshold. These effects were significant for the 17 mg/kg dose between 16 and 45 minutes after allopregnanolone injection. A possible effect of allopregnanolone on operant motor behavior was not evident as there were no significant increases in maximum (MAX) response rate after any allopregnanolone dose. Overall, these results are consistent with previous findings that other GABA<sub>A</sub> receptor positive allosteric modulators, such as benzodiazepines and alcohol can potentiate BSR (Fish et al. 2010; Reynolds et al. 2012; Straub et al. 2010).

Allopregnanolone was tested in two separate replicates of mice, one which had a prior drug history and one that was experimentally naïve. Two important features of ICSS are that BSR thresholds remain stable over time (Carlezon and Chartoff 2007; Riday et al. 2012b) and the sensitivity to pharmacological manipulation does not change after prior experience with psychostimulants or opioids (Esposito and Kornetsky 1977; Frank et al. 1988; Riday et al. 2012b). The dose-dependent effects of allopregnanolone on ICSS were qualitatively similar in each of the replicates, supporting the validity of testing different pharmacological classes of drugs in the same individuals (Fish et al. 2013; Malanga et al. 2008; Riday et al. 2012a) and strengthening the conclusion that allopregnanolone potentiates BSR in C57BL/6J mice. Whether repeated allopregnanolone treatment induces tolerance and/or sensitization to its effects on BSR is a question for further study. Additionally, there are species and strain differences in response to allopregnanolone and it is not known how these results would generalize to rats or to different mouse strains (Finn et al. 1997b; Porcu et al. 2010) (see Porcu et al., this issue)

The largest effects of allopregnanolone on ICSS in C57BL/6J mice occurred after the 10 and 17 mg/kg doses, a dose range that is consistent with other behavioral effects of allopregnanolone, such as locomotor stimulation (Finn et al. 1997b; Palmer et al. 2002), escalated aggression (Fish et al. 2001), reduction of anxiety-like behaviors (Bitran et al. 1991; Brot et al. 1997; Fish et al. 2000) and alcohol consumption (Ford et al. 2005). The 17 mg/kg dose allopregnanolone significantly lowered self-stimulation thresholds by about 30%. This degree of reduction was of a similar magnitude to the effects observed immediately after 3 mg/kg cocaine and was modest compared to the maximal effects of the 30 mg/kg dose of cocaine. Moderate reductions in BSR thresholds have been reported for the benzodiazepines diazepam (Reynolds et al. 2012) and midazolam (Engin et al. 2014) as well as for alcohol (Fish et al. 2010), indicating that GABA<sub>A</sub> receptor positive modulators can potentiate BSR, although not to the same degree as psychostimulants. The time course

for allopregnanolone followed previously reported brain levels of allopregnanolone after systemic administration which peak within 10 minutes and are metabolized rapidly into forms that do not affect GABA<sub>A</sub> receptors (Mellon et al. 2008; Purdy et al. 1990). An alternative to allopregnanolone treatment is the synthetic neurosteroid ganaxolone, which has a longer half-life (Carter et al. 1997) and may be useful for the treatment of epilepsy (Reddy 2010). Future measurements of the effects of ganaxolone on ICSS may uncover influences on brain reward that could be related to its effects on alcohol intake in rodents (Besheer et al. 2010; Ramaker et al. 2012) and have implications for its clinical use.

The potentiation of BSR is consistent with the findings that lower doses of allopregnanolone and ganaxolone can facilitate some other operant behaviors, including fixed interval responding for the opportunity for aggression (Fish et al. 2002), fixed ratio responding for alcohol administration (Besheer et al. 2010; Janak et al. 1998; Ramaker et al. 2012) and the reinstatement of extinguished responding for alcohol (Finn et al. 2008). Some evidence also suggests allopregnanolone has reinforcing effects of its own as mice will orally self-administer allopregnanolone (Sinnott et al. 2002a) and develop a conditioned place preference (Finn et al. 1997a), but see Beauchamp (2000). The current results are not interpreted to reflect a direct reinforcing effect of allopregnanolone. Instead, allopregnanolone, like many drugs that are self-administered, enhances sensitivity to BSR. This enhanced sensitivity combined with the above mentioned increased responding for certain reinforcers suggests that one of the effects of allopregnanolone may be an overall increase in the salience of positive reinforcement. In contrast to this hypothesis are the findings that allopregnanolone, especially at higher doses, inhibits responding in rats reinforced by cocaine or food administration (Anker and Carroll 2010; Schmoutz et al. 2014) as well as the reinstatement of extinguished responding for cocaine (Anker et al. 2009; Schmoutz et al. 2014). Allopregnanolone can attenuate cocaine-induced seizures (Kaminski et al. 2003) and high doses of other neuroactive steroids can decrease the sensitivity to the discriminative stimulus effects of cocaine (Quinton et al. 2006) and alter cocaine-induced conditioned place preference (Romieu et al. 2003). The findings of these studies indicate that allopregnanolone influences several effects of cocaine and that allopregnanolone may differentially alter specific forms of reward and reinforcement.

An important consideration, which cannot be directly addressed in the current study, is whether allopregnanolone potentiates BSR through a dopamine dependent mechanism, as do many other drugs that potentiate BSR and stimulate locomotor behavior (Wise 2002) or if its actions are independent of dopamine, as has been suggested for the effects of benzodiazepines (Straub et al. 2010). There are numerous interactions between allopregnanolone and DA that suggest that DA could be involved in the effects of allopregnanolone on BSR. For example, in the VTA, allopregnanolone co-localizes with tyrosine hydroxylase, the rate-limiting enzyme in DA biosynthesis (Cook et al. 2014b) where it may modulate local excitability (Akk et al. 2005; Sanna et al. 2004). Ganaxolone and benzodiazepines can act on DA neurons in the VTA and enhance long-term potentiation (Tan et al. 2010; Vashchinkina et al. 2014) an effect associated with altered place conditioning. Moreover, pharmacological antagonists to dopamine receptors attenuate the promotion of lordosis behavior by ventral tegmental area (VTA) allopregnanolone in female rats (Frye et al. 2004).

While the above evidence supports the idea that dopamine might also be involved in the effects of allopregnanolone on BSR, Straub et al. (2010) hypothesized that the potentiating effects of benzodiazepines on BSR are due to direct inhibition of medium spiny neurons in the NAc, which has been proposed as important for reward processing (Carlezon and Thomas 2009). It is not known whether allopregnanolone modulates these medium spiny neurons but a GABAergic mechanism is thought to inhibit NAc core neurons following MFB stimulation (Cheer et al. 2005). Neurons expressing the GABA<sub>A</sub> receptor  $\alpha 2$  subunit are critical for the BSR potentiating effects of diazepam (Reynolds et al. 2012) and midazolam (Engin et al. 2014), and extrasynaptic  $\alpha 4$  subunit containing GABA<sub>A</sub> receptors in the NAc modulate the place conditioning effects of cocaine (Maguire et al. 2014) indicating the ability of specific GABA<sub>A</sub> receptors to influence measures of reward. Given the roles of both DA and GABA in the neural control of reward and reinforcement processing and the fact that neuroactive steroids modulate components of both of these neurotransmitters, it is tempting to speculate that allopregnanolone may be an endogenous positive modulator of mesocorticolimbic reward circuits. Continued investigations with the ICSS technique may help to resolve whether the facilitation of BSR by allopregnanolone is predominantly dopaminergic or GABAergic.

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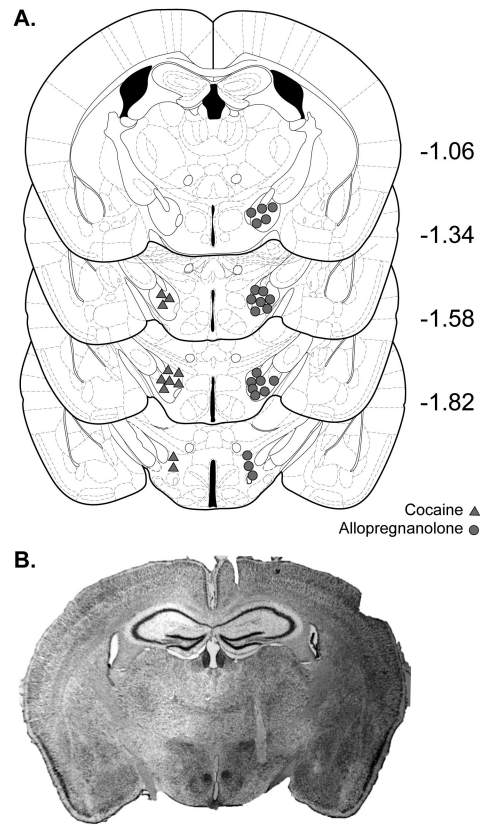


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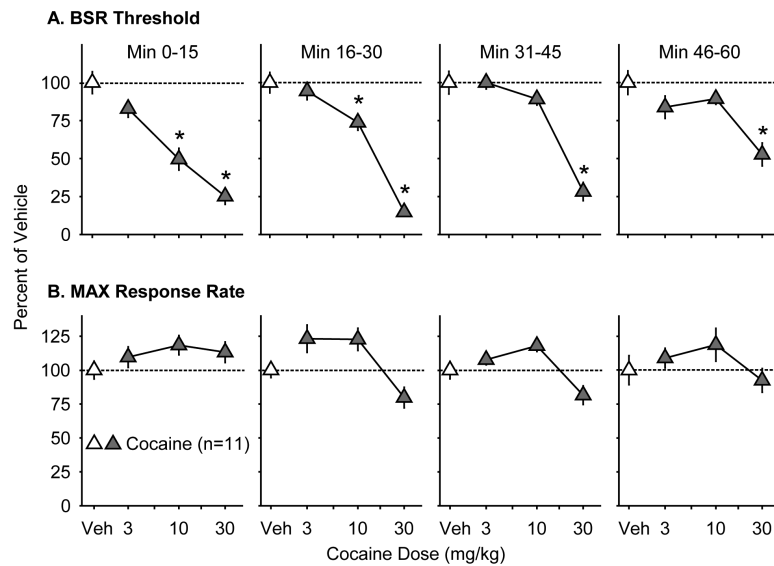
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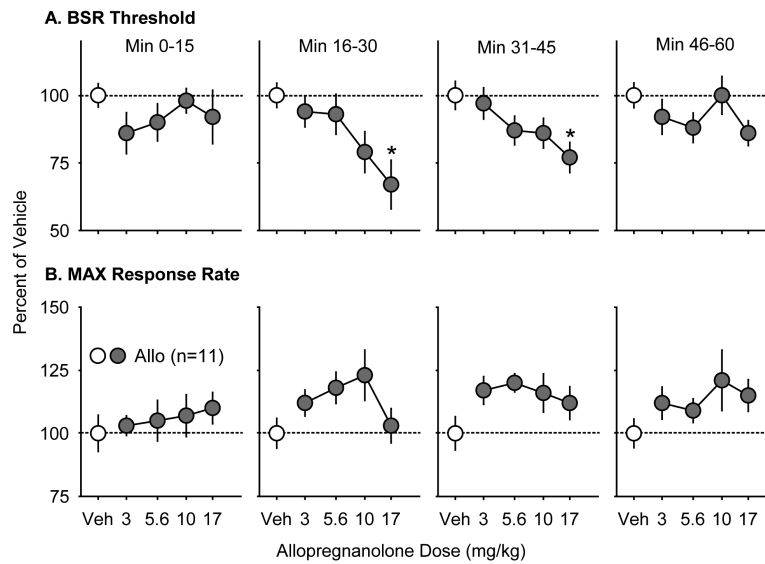
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**Figure 1.** Panel A. Schematic representation of ICSS electrode implantations aimed for the right medial forebrain bundle at the level of the lateral hypothalamus. For clarity, implantations for the cocaine experiment (n=11, *filled triangles*) are shown on the left and implantations for the allopregnanolone experiments (n=22, *filled circles*) are shown on the right. Panel B. Sample photomicrograph of medial forebrain bundle implantation site.



**Figure 2.** Time course for the effects of cocaine on ICSS in C57BL/6J mice (n=11). Panel A. (*top*) portrays the effects of cocaine (3, 10, 30 mg/kg, *filled triangles*) or saline (Veh, *open triangles*) on the mean ( $\pm$ SEM) threshold for brain stimulation reward (BSR). Panel B. (*bottom*) portrays the effects of cocaine or saline on the mean ( $\pm$ SEM) maximum response rate (MAX). All data are expressed as a percent of the values for the saline vehicle and are shown over four successive 15 minute intervals. Asterisks denote doses that are significantly different from the saline vehicle ( $p < 0.05$ ).



**Figure 3.** Time course for the effects of allopregnanolone on ICSS in C57BL/6J mice (n=11). Panel A. (*top*) portrays the effects of allopregnanolone (3, 5.6, 10, 17 mg/kg, *filled circles*) or 20% beta-cyclodextrin (Veh, *open circles*) on the mean ( $\pm$ SEM) threshold for brain stimulation reward (BSR). Panel B. (*bottom*) portrays the effects of allopregnanolone or beta-cyclodextrin on the mean ( $\pm$ SEM) maximum response rate (MAX). All data are expressed as a percent of the values for the saline vehicle and are shown over four successive 15 minute intervals. Asterisks denote doses that are significantly different from the saline vehicle ( $p < 0.05$ ).

**Table 1**Effects of Cocaine and Allopregnanolone on the EF<sub>50</sub> in C57BL/6J Mice.

| Time (min)                           | (0-15)        | (16-30)       | (31-46)       | (46-60)       |
|--------------------------------------|---------------|---------------|---------------|---------------|
| <u>Cocaine Dose (mg/kg)</u>          |               |               |               |               |
| V                                    | 100±6.7       | 100±6.2       | 100±6.6       | 100±7.3       |
| 3.0                                  | <b>82±3.8</b> | 93±1.9        | 95±2.5        | 97±3.5        |
| 10                                   | <b>70±4.1</b> | <b>80±2.6</b> | 85±2.7        | 90±3.1        |
| 30                                   | <b>63±6.6</b> | <b>50±3.8</b> | <b>54±4.3</b> | <b>68±6.3</b> |
| <u>Allopregnanolone Dose (mg/kg)</u> |               |               |               |               |
| V                                    | 100±3.4       | 100±3.1       | 100±3.5       | 100±5.2       |
| 3.0                                  | 100±3.9       | 98±2.8        | 98±2.1        | 98±3.0        |
| 5.6                                  | 97±2.5        | 99±3.2        | 94±3.8        | 94±3.7        |
| 10                                   | 99±4.3        | 98±5.5        | 93±3.8        | 100±3.4       |
| 17                                   | 98±3.5        | <b>85±3.4</b> | <b>82±5.1</b> | 90±3.6        |

All data are mean (±SEM) percent of vehicle baseline. **Emboldened** values are p<0.05 vs. vehicle control.



**Table 2**  
Effects of Allopregnanolone on ICSS Responding in a Second Replicate of C57BL/6J Mice (n=11)

| <b>BSR Threshold</b>     |            |            |            |               |               |                                  |
|--------------------------|------------|------------|------------|---------------|---------------|----------------------------------|
| <i>Allo Dose (mg/kg)</i> | <i>Veh</i> | <i>3.0</i> | <i>5.6</i> | <i>10.0</i>   | <i>17.0</i>   | <i>ANOVA</i>                     |
| Time (min)               |            |            |            |               |               |                                  |
| 0-15                     | 100±6.8    | 86±7.1     | 96±9.7     | 72±4.6        | 95±14         | F <sub>(4,54)</sub> =1.7;p=0.17  |
| 16-30                    | 100±6.0    | 99±8.2     | 88±9.2     | <b>64±9.1</b> | 76±9.7        | F <sub>(4,54)</sub> =3.6;p=0.01  |
| 31-45                    | 100±3.5    | 97±6.8     | 87±5.5     | 74±9.9        | <b>70±9.6</b> | F <sub>(4,54)</sub> =3.7;p=0.01  |
| 46-60                    | 100±5.3    | 99±6.9     | 94±7.2     | 81±9.8        | 82±7.3        | F <sub>(4,54)</sub> =1.7;p=0.16  |
| <b>EF50</b>              |            |            |            |               |               |                                  |
| <i>Allo Dose (mg/kg)</i> | <i>Veh</i> | <i>3.0</i> | <i>5.6</i> | <i>10.0</i>   | <i>17.0</i>   | <i>ANOVA</i>                     |
| Time (min)               |            |            |            |               |               |                                  |
| 0-15                     | 100±4.6    | 98±3.5     | 100±4.1    | 85±6.8        | 100±7.7       | F <sub>(4,54)</sub> =1.5;p=0.21  |
| 16-30                    | 100±4.7    | 97±6.0     | 99±6.1     | 84±7.2        | 90±6.9        | F <sub>(4,54)</sub> =1.4;p=0.24  |
| 31-45                    | 100±2.3    | 98±3.4     | 95±3.5     | <b>84±4.5</b> | 87±6.5        | F <sub>(4,54)</sub> =3.1;p=0.03  |
| 46-60                    | 100±3.7    | 96±5.0     | 94±5.5     | 86±4.0        | 89±6.5        | F <sub>(4,54)</sub> =1.5;p=0.21  |
| <b>MAX Response Rate</b> |            |            |            |               |               |                                  |
| <i>Allo Dose (mg/kg)</i> | <i>Veh</i> | <i>3.0</i> | <i>5.6</i> | <i>10.0</i>   | <i>17.0</i>   | <i>ANOVA</i>                     |
| Time (min)               |            |            |            |               |               |                                  |
| 0-15                     | 100±23     | 114±12     | 114±15     | 124±13        | 114±14        | F <sub>(4,54)</sub> =0.29;p=0.88 |
| 16-30                    | 100±20     | 121±9.1    | 127±8.9    | 157±18        | 124±12        | F <sub>(4,54)</sub> =1.9;p=0.12  |
| 31-45                    | 100±19     | 112±6.9    | 127±12     | 148±12        | 125±15        | F <sub>(4,54)</sub> =1.7;p=0.16  |
| 46-60                    | 100±19     | 103±6.2    | 116±4.8    | 145±12        | 116±8.0       | F <sub>(4,54)</sub> =2.5;p=0.06  |

All data are expressed as Mean ± SEM percent of vehicle injection. F-tests from one-way repeated measures ANOVA are indicated for each time interval. **Emboldened** values denote statistical significance from vehicle injection (p<0.05).