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# COMPARISON OF ANTINOCICEPTIVE EFFECTS OF MORPHINE BETWEEN MALE AND FEMALE RATS

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### Summary

The role of gonadal hormones on pain perception have been widely investigated. In the present study the differences of morphine - induced antinociception between male and female rats was investigated. Twenty rats were divided into two groups: 1) female 2) male. All animals were tested on the hot plate test ( $52\pm0.2$  °C; Cut-off 80 sec ) for evaluating the antinociceptive effects of morphine. The hot plate test was performed as a base record 15 min before injection of morphine (10 mg/kg; s.c.) and consequently it was repeated every15 minutes after injection of morphine. There were no significant differences in baseline latencies among two groups. Reaction time after injection of morphine in male group was higher than female group(P < 0.01). It is concluded that sex hormones such as testosterone and estrogen have a role in pain perception and analgesia.

Keywords: Male, Female , Morphine, Antinociception.

Running title: sex dependent effects of morphine analgesia

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### Introduction

Pian is an unpleasant sensation which is elicited by exposure of skin and other organs to damaging or potentially-damaging, noxious stimuli (1). Several factors such as sociocultural, psychological and biological conditions affects pain perception (2). There are now strong documents for sex differences in pain and analgesia(3,4,5,6,7). Migraine, fibromyalgia and temporomandibular joint disorder which are accompanied with chronic pain, have a higher prevalence in female in comparison with male(8,9). These differences has been attributed to modulatory effects of gonadal hormones such as estradiol and testosterone on pain or analgesia(3,10,11,12,13). The presence of estrogen receptors in areas of the brain that are related to pain, imply that sex hormones has a role in pain perception or analgesia(14).

High localization of estrogen receptors in periaqueiductal gary (PAG) confirms that estrogens influence the function of descending analgesia pathways(15,16). Progestrone receptors are also present in the ventrolateral medulla, the reticular formation and the nucleus of the solitary tract thus, progesterone probably has a role in pain processing(17). The interaction of estrogen with neurotransmitters such as gama butyric acid (GABA). serotonin and calicitonin amino gene-related peptide(CGRP)may also contribute in the sex differences in pain modulation (18,19,20). Reduction in pain sensitivity after injection of testosterone in animal models has been also reported (21). Therefore the role of androgens in sex dependent difference of pain should not be ignored. Sex differences in opioid antinociception have also been widely reported (22,23,24). Animal studies suggest greater opioid analgesia for males(7) while some of human studies indicate that opioids may exhibit more analgesia in females (25). Interaction sex hormones with other neurotransmittesrs such as GABA, acetylcholine, serotonin and dopamine has been widely documented (26,27,28,29). All of these neurotransmitters have some roles in antinociceptive properties of morphine and pain perception (30,31,32,33,34,35,36,37) .Therefore, the aim of the present study was to clarify the differences of morphine induced antinociception between male and female rats.

#### **Material and Methods**

## Animals and drugs

In the present study, 20 male and female wistar rats  $(200\pm20 \text{ gr})$  were used. All rats were housed in 4–6 per standard cages, at room temperature  $(22\pm 1 \text{ °C})$  on a 12 h light/dark cycle. Food and water was available properly.

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Animal handling and all related procedures were in accordance with approved standards of animal caring. Morphine sulfate (TEMAD Ltd, Teheran,Iran) was dissolved in saline solution.

### Nociceptive test

To assess nociceptive responses, hot plate method was used. In hot plate method, rats were placed on the hot plate with temperature setting controlled at  $52\pm0.2$  °C, Cut-off time was 80 seconds. Nociceptive response was defined as licking fore paws or moving hind paws. Time duration between placing the animals on hot plate and licking fore paws or moving hind paws was considered as reaction time. The hot plate test was performed as a base record 15 min before injection of morphine (10 mg/kg; s.c.) (38) and consequently it was repeated 5 times , every15 minutes after injection.

### **Experimental design**

Twenty rats were divided into two groups: 1) female; 2) male. The animals of All animals were tested on the hot plate test for evaluating the antinociceptive effects of morphine.

#### **Statistical analysis**

All data were presented as mean  $\pm$  S.E.M of reaction time. Statistical comparison of basal reaction time between groups was done with one-way analysis of variance (ANOVA) and post hoc tukey test. Repeated measure ANOVA followed by post hoc tukey test was used for comparison of reaction times after injection of morphine. Differences were considered statistically significant when p<0.05.

## Results

The results indicate several facts: 1-The basal reaction time in female and male was  $30.150 \pm 1.815$ ,  $26.848 \pm 2.811$  sec respectively; there were no significant differences between groups (Fig 1). 2- 30 and 45 min after injection of morphine, the reaction times in male group were  $50.778 \pm 6.751$  and  $55.333 \pm 8.184$  sec respectively, and were significantly higher than basal reaction time ( $26.848 \pm 2.811$ sec)(p < 0.05, p < 0.01; tab 1). 3- In female group, 45 and 60 min after injection of morphine, the reaction times were  $52.080 \pm 4.64$  and  $52.5 \pm 6.57$  sec respectively, and were significantly higher than basal reaction time ( $30.15 \pm 1.81 \sec$ )(p < 0.001; tab 1).

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Tab 1: Comparison of reaction times before (basal reaction time) and after injection of morphine (10mg/kg) in each group. Data are presented as mean  $\pm$  SEM (n=10 in each group). \*P < 0.05, \*\*P < 0.01 and \*\*\*P < 0.001 compared to basal reaction time in each group.

	Base	15 min	30 min	45 min	60 min	75 min
groups						
male	26.84± 9.81	48.25± 9.71	50.77±6.75 <sup>*</sup>	55.33±8.18 <sup>**</sup>	41.13±6.87	41.73±10.15
female	30.15±1.81	29.37±3.28	37.02±3.37	52.08±4.64 <sup>***</sup>	52.5±6.57 <sup>***</sup>	31.32±4.24

4- 15 and 30 min after injection of morphine the reaction times in male group was higher than female group (P < 0.01; fig 2).



Fig 1: Comparison of basal reaction time between female and male groups. Data are presented as mean  $\pm$  SEM (n=10 in each group).







Fig. 2: Comparison of reaction times after injection of morphine (10mg/kg) between male and female groups. Data are presented as mean  $\pm$  SEM (n=10 in each group). \*\**P* < 0.01 compared to female group.

#### Discussion

Animal and human studies confirm that there is a sex dependent differences in pain and analgesia (3,4,5,39). It has been hypothesized that sex differences in opioid antinociception and pain perception are a consequence of actions of female or male gonadal hormones(40,41,42). For this reason, we was investigated the differences of morphine - induced antinociception between male and female rats. Hot plate test used in the present study is a well known standard method for pain threshold evaluation after morphine or other analgesic drugs administration (43).

The results showed no significant differences in baseline hotplate latencies among male and female rats. It may be concluded that there is no difference in nociception threshold between male and female rats. This result is in agreed with the study of Negus et al (2004) who reported no difference between female and male animals in sensitivity to thermal stimuli(44). However, in another study, Negus and Mello (1999) Showed that, baseline sensitivity to thermal stimuli was similar in male and ovariectomized monkeys (45).

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Tall et al (2004) showed that paw withdrawal latency in response to mechanical stimulus is greater in female compared to male rats (46). In contrast, more sensitivity of female animals to thermal stimuli has also been reported (47). All of these findings have shown that sex hormones may have a role in pain perception however, the reports are sometimes controversial.

The results of present study also showed that morphine has significantly more effects in male rats in comparison with female rats; reaction time latencies in male rats were higher than females. Several studies have demonstrated that opioids are generally more potent in producing an antinociception in male than female animals (40,47,48,49). This effect may be due to increased sensitivity to mu and kappa antinociception by testosterone (22).

No significant sex difference in fentanyl and buprenorphine antinociceptive effects has been reported by Bartok and Craft (1997) (50). However, other findings have shown that, morphine has been approximately twofold more potent in male rhesus monkeys than in ovariectomized females (45). Therefore testosterone may not be the only determinant factor. It contrast, it has been demonstrated that pentazonic (kappa-receptor agonist) has produced significantly greater analgesia in female than male animals (51,52).

Decreased  $\beta$ -endorphin receptors in hyphothalamic, thalamic and midbrain areas by estradiol and progesterone have been reported (53). Estrogen also decreases the functional coupling of the  $\mu$ -opioid and GABA receptors and suppresses  $\mu$ -opioid and GABA –mediated hyperpolarization of hypothalamic arcuate neurons(54). High opioid receptor density in hypothalamus during proestrous phase, when estrogen levels are elevated, (55) may affects the analgesic function of opioids. The association of high levels of estrogen with increased levels of proenkephalin gene expression has also been reported(56). It has also been shown that estrogen has different regulatory effects in male vs female rats on hypothalamic pre- proenkephalin mRNA (57). All of these reports as well as the results of present study shows that analgesic effects of morphine is sex dependent. On the other hand, it has been suggested that sex differences present in many neurotransmitter systems such dopaminergic transmission (29,58). So these data confirm that there are potential levels of interaction between sex hormones and opioids and neurotransmitter systems in the regulation of antinociceptive effects of morphine.

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#### References

1- Fatehi-hassanabad Z, Jafarzadeh M, Fatehi M, Razavi M. Sex affects the feeling of pain in the mice, Possible involvement of nitric oxide. Daru (2005); 13: 116-19.

2- Wiesenfeld-Hallin Z. Sex differences in pain perception. Gend Med (2005); 2:137-145.

3 - Craft RM, Mogil JS, Aloisi AM. Sex differences in pain and analgesia :the role of gonadal hormones.Pain (2004); 8: 397-411.

4 -Loyd DR , Morgan MM , Murphy AZ. Morphine preferentially activates the periaqueductal gray-rostral ventromedial medullary pathway in the male rat: a potential mechanism for sex differences in antinociception.Neuroscience (2007); 147: 456-68.

5- Ali BH, Sharif SI, Elkadi A. Sex differences and the effect of gonadectomy on morphineinduced antinociception and dependence in rats and mice. Clin Exp Pharmacol Physiol (1995); 22: 342-4.

6- Stoffel EC, Ulibarri CM, Craft RM. Gonadal steroid hormone modulation of nociception, morphine antinociception and reproductive indices in male and female rats. Pain (2003); 103: 285–302.

7- Kepler KL, Standifer KM, Paul D, Kest B, Pasternak GW, Bodnar RJ. Gender effects and central opioid analgesia. Pain (1991); 45:87-94.

8- Unruch AM. Gender variation in clinical pain experience. Pain (1991); 65:123-67.

9- Craft RM. Modulation of pain by estrogens.Pain (2007); 132: S3–S12.

10- Ratka A , Simpkins JW. Effects of estradiol and progesterone on the sensitivity to pain and on morphine-induced antinociception in female rats. Horm Behav (1991); 25: 217-28.

11- Rao SS, Saifi AQ. Influence of testosterone on morphine analgesia in albino rats. Indian J Physiol Pharmacol (1985); 29:103-6.

12 - Forman LJ, Tingle V, Estilow S, Cater J. The response to analgesia testing is affected by gonadal steroids in the rat. Life Sci(1989); 45 :447-54.

13 - Banerjee P, Chatterjee TK, Ghosh JJ. Ovarian steroids and modulation of morphineinduced analgesia and catalepsy in female rats. Eur J Pharmacol (1983); 96: 291-4.

14- Shugrue PJ, Lane MV, Mechenthaler I. Comparative distribution of estrogen receptor-a and -b mRNA in the rat central nervous system. J Comp Neurol (1997); 388: 507–25.

15- Murphy AZ, Shupnik MA, Hoffman GE. Androgen and estrogen (alpha) receptor

distribution in the periaqueductal gray of the male Rat.Horm Behav (1999); 36: 98-108.

16- Loyd DR, Murphy AZ. Androgen and estrogen (alpha) receptor localization on periaqueductal gray neurons projecting to the rostral ventromedial medulla in the male and female rat. J Chem Neuroanat (2008); 36 : 216-26.

17- Kastrup Y, Hallbeck M, Amandusson A, Hirata S, Hermanson O, Blomqvist A. Progesterone receptor expression in the brainstem of the female rat. Neurosci Lett (1999); 275: 85-8.

18- Saleh TM, Connell BJ. Estrogen-induced autonomic effects are mediated by NMDA and GABAA receptors in the parabrachial nucleus. Brain Res (2003); 973: 161-70.

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19- Mize AL, Poisner AM, Alper RH. Estrogens act in rat hippocampus and frontal cortex to produce rapid, receptor-mediated decreases in serotonin 5-HT(1A) receptor function. Neuroendocrinology. (2001); 73:166-74.

20- Yuri K, Kawata M. Estrogen affects calcitonin gene-related peptide- and methionineenkephalin-immunoreactive neuron in the female ratpreoptic area.Neurosci Lett (1994); 169:5-8.

21- Hau M, Dominguez OA, Evrard HC. Testosterone reduces responsiveness to nociceptive stimuli in a wild bird. Horm Behav (2004); 46:165-70.

22- Stoffel EC, Ulibarri CM, Folk JE, Rice KC, Craft RM. Gonadal hormones of mu,kappa,and delta opioid antinociception in male and female rats.Pain (2005); 6: 261-274.

23- Terner JM, Lomas LM, Smith ES, Barrett AC, Picker MJ. Pharmacogenetic analysis of sex differences in opioid antinociception in rats. Pain (2003); 106:381-91.

24- South SM, Edwards SR, Smith MT. Antinociception versus serum concentration relationships following acute administration of intravenous morphine in male and female Sprague-Dawley rats: differences between the tail flick and hot plate nociceptive tests. Clin Exp Pharmacol Physiol (2009) ; 36:20-8.

25- Miaskowski C , Levine JD. Does opioid analgesia show a gender preference for female?.Pain Forum (1999); 8:34-44.

26 - Mitsushima D, Takase K, Takahashi T, Kimura F. Activational and organisational effects of gonadal steroids on sex-specific acetylcholine release in the dorsal hippocampus. J Neuroendocrinol (2009); 21:400-5.

27 - Lagrange AH, Wagner EJ, Rønnekleiv OK, Kelly MJ. Estrogen rapidly attenuates a GABAB response in hypothalamic neurons. Neuroendocrinology (1996); 64:114-23.

28 - Kugaya A, Epperson CN, Zoghbi S, van Dyck CH, Hou Y, Fujita M, Staley JK, Garg PK, Seibyl JP, Innis RB.Increase in prefrontal cortex serotonin 2A receptors following estrogen treatment in postmenopausal women. Am J Psychiatry(2003); 160:1522-4.

29- Becker JB. Direct effect of 17 beta-estradiol on striatum: sex differences in dopamine release. Synapse (1990); 5:157-64.

30- Silva E , Quiñones B , Páez X, Hernández L. Effect of a simple morphine system injection in some aminoacids in the anterior cingulate cortex during acute pain. Invest Clin (2008); 49: 511-22.

31- Vasko MR, Pang IH, Vogt M. Involvement of 5-hydroxytryptamine-containing neurons in antinociception produced by injection of morphine into nucleus raphe magnus or onto spinal cord. Brain Res (1984); 306: 341-8.

32- Zhu Z, Bowman HR, Baghdoyan HA, Lydic R. Morphine increases acetylcholine release in the trigeminal nuclear complex. Sleep (2008); 31:1629-37

33- Lin Q, Peng YB, Willis WD. Role of GABA receptor subtypes in inhibition of primate spinothalamic tract neurons: difference between spinal and periaqueductal gray inhibition.J Neurophysiol (1996); 75:109-23.

34- Yang XF, Xiao Y, Xu MY. Both endogenous and exogenous ACh plays antinociceptive role in the hippocampus CA1 of rats. J Neural Transm (2008); 115:1-6.

Hosseini et al.

35 -Fleetwood-Walker SM, Hope PJ, Mitchell R. Antinociceptive actions of<br/>dopaminergic tracts on cat and rat dorsal horn somatosensorydescending<br/>neurons.J Physiol (1988);<br/>399: 335-48.

36- Peng YB, Lin Q, Willis WD. The role of 5-HT3 receptors in periaqueductal grayinduced inhibition of nociceptive dorsal horn neurons in rats. J Pharmacol Exp Ther (1996); 276:116-24.

37- Kamei J, Saitoh A. Involvement of dopamine D2 receptor-mediated functions in the modulation of morphine-induced antinociception in diabetic mouse.Neuropharmacology (1996); 35: 273-8.

38- Ojewole JA. Analgesic, anti-inflammatory and hypoglycaemic effects of Securidaca longepedunculata (Fresen.) [Polygalaceae] root-bark aqueous extract. Inflammopharmacology (2008) ; 16:174-81.

39- Zubieta JK, Smith YR, Bueller JA, Xu Y, Kilbourn MR, Jewett DM, Meyer CR, Koeppe RA, Stohler CS. mu-opioid receptor-mediated antinociceptive responses differ in men and women. J Neurosci (2002); 22: 5100-7.

40- Kepler KL, Kest B, Kiefel JM, Cooper ML, Bodnar RJ. Roles of gender, gonadectomy and estrous phase in the analgesic effects of intracerebroventricular morphine in rats. Pharmacol Biochem Behav (1989); 34:119-27.

41- Pednekar JR, Mulgaonker VK. Role of testosterone on pain threshold in rats. Indian J Physiol Pharmacol (1995); 39:423-4.

42- Terner JM, Lomas LM, Picker MJ.Infuences of estrous cycle and gonadal hormone depletion on nociception and opioid antinociception in female rats of four strains.Pain (2005); 6:372-383.

43- Langerman L, Zakowski MI, Piskoun B, Grant GJ. Hot plate versus tail flick:evaluation of acute tolerance to continuous morphine infusion in the rat model. JPharmacol Toxicol Methods (1995); 34: 23-7.

44- Negus SS, Wurrey BA, Mello NK. Sex differences in thermal nociception and prostaglandin induced thermal hypersensitivity in rhesus monkeys.Pain (2004); 5:92-103. 45- Negus SS, Mello NK. Opioid antinociception in ovariectomized monkeys: comparison with antinociception in males and effects of estradiol replacement.J Pharmacol Exp Ther (1999); 290: 1132-40.

46- Tall JM, Crisp T. Effects of gender and gonadal hormones on nociceptive responses to intraplantar carrageenan in the rat.Neurosci Lett (2004); 354:239-41.

47- Terner JM, Barrett AC, Grossell E, Picker MJ. Influence of gonadectomy on the antinociceptive effects of opioids in male and female rats.Psychopharmacology (2002); 163:83–193.

48- Cook CD, Barrett AC, Raoch EL, Bowman JR, Picker MJ. Sex-related differences in the antinociceptive effects of opioids:importance of rat genotype,nociceptive stimulus intensity, and efficacy at the µ opioid receptor.Psychopharmacology (2000); 150:430-442.

49- Cicero TJ, Nock B, Meyer ER. Gender-related differences in the antinociceptive properties of morphine. J Pharmacol Exp Ther (1996); 279:767-73.

### Hosseini et al.

50 - Bartok RE, Craft RM. sex differences in opioid antinociception.J Pharmacol Exp Ther (1997); 282:769-778.

51- Gear RW, Gordon NC, Heller PH, Paul S, Miaskowski C, Levine JD. Gender difference in analgesic response to the kappa-opioid pentazocine. Neurosci Lett (1996); 205:207-9.

52 - Gear RW, Miaskowski C, Gordon NC, Paul SM, Heller PH, Levine JD. Kappaopioids produce significantly greater analgesia in women than in men. Nat Med (1996); 2: 248-50.

53- Wardlaw SL, Thoron L, Frantz AG. Effects of sex steroids on brain beta-endorphin. Brain Res (1982); 245: 327-31.

54- Kelly MJ, Loose MD, Ronnekleiv OK. Estrogen suppresses  $\mu$ - opioid and GABAmediated hyperpolarization of hypothalamic arcuate neurons. Neurosci (1992); 12:2745-2750. 55 - Martini L, Dondi D, Limonta P, Maggi R, Piva F. Modulation by sex steroids of brain opioid receptors: implications for the control of gonadotropins and prolactin secretion.J Steroid Biochem (1989); 33:673-81.

56- Romano GJ, Harlan RE, Shivers BD, Howells RD, Pfaff DW. Estrogen increases proenkephalin messenger ribonucleic acid levels in the ventromedial hypothalamus of the rat. Mol Endocrinol (1988); 2:1320-8.

57- Segarra AC, Acosta AM, González JL, Angulo JA, McEwen BS. Sex differences in estrogenic regulation of preproenkephalin mRNA levels in the medial preoptic area of prepubertal rats. Brain Res Mol Brain Res (1998); 60: 133-9.

58- Becker JB. Gender differences in dopaminergic function in striatum and nucleus accumbens. Pharmacol Biochem Behav(1999);64: 803-12.