



## Opiate hyperalgesia: peripheral neurons are all excited to see glutamate

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### Introduction

Repeated administration of opiates leads to a state of paradoxical pain named opiate hyperalgesia (OHI), which is unrelated to opiate tolerance or withdrawal. OHI exacerbates preexisting pain and makes post-operative pain difficult to treat. In the CNS, the activity of nociceptive neurons is enhanced and glutamate transporters are down-regulated. Little is known regarding the contribution of the peripheral nervous system to OHI.

### Methods

Rats received 7 days of morphine (10 to 40 mg/kg BID). On day 8th, the dorsal root ganglia (DRG) were removed and bathed in artificial CSF (aCSF). Small DRG neurons were visualized with a microscope equipped with infrared DIC. Whole cell patch clamp recording was obtained. Verification was made that opiate withdrawal was not involved by adding morphine (5  $\mu$ M) in the perfused aCSF.

### Results

In morphine treated rats, the small DRG neurons demonstrated significant increase in excitability, shown by a dramatic decreased in rheobase ( $203.7 \pm 13.6$  pA vs.  $267.7 \pm 29.8$  pA in controls,  $p < 0.05$ ,  $n = 30$ ) and membrane threshold ( $-20.3 \pm 1.1$  mV vs.  $-13.3 \pm 1.7$  mV in controls,  $p < 0.001$ ,  $n = 25$ ).

Increased response to glutamate was also found in small neurons, which displayed an inward current of  $781.0 \pm 197.0$  pA, compared to controls ( $229.1 \pm 49.2$  pA,  $p < 0.001$ ). Agonists for each receptor subtype were examined. No difference was discerned for AMPA, or DHPG (group I mGluR agonist) induced currents between morphine treated and controls. Interestingly, NMDA decreased inward currents in the morphine group ( $33.4 \pm 7.9$  pA vs.  $554.0 \pm 174.1$  pA in controls,  $n=12$ ,  $p < 0.01$ ).

### Conclusions

OHI involves glutamatergic transmission in both the peripheral and central nervous system. This forces us to re-evaluate the role opiate therapy in chronic pain.

### Learning Objectives

By the conclusion of this session, participants should be able to: 1) Describe the importance of opiate hyperalgesia, 2) Discuss the molecular mechanisms involved in the generation of opiate hyperalgesia.

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### References

Tompkins DA and CM Campbell. Curr Pain Headaches Rep, 15:129-136 (2011).