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A pivotal role for enhanced brainstem Orexin receptor 1 signaling in the central cannabinoid receptor 1-mediated pressor response in conscious rats

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Abstract

Orexin receptor 1 (OX₁R) signaling is implicated in cannabinoid receptor 1 (CB₁R) modulation of feeding. Further, our studies established the dependence of the central CB₁R-mediated pressor response on neuronal nitric oxide synthase (nNOS) and extracellular signal-regulated kinase1/2 (ERK1/2) phosphorylation in the RVLM. We tested the novel hypothesis that brainstem orexin-A/OX₁R signaling plays a pivotal role in the central CB₁R-mediated pressor response. Our multiple labeling immunofluorescence findings revealed co-localization of CB₁R, OX₁R and the peptide orexin-A within the C1 area of the rostral ventrolateral medulla (RVLM). Activation of central CB₁R following intracisternal (i.c.) WIN55,212-2 (15 µg/rat) in conscious rats caused significant increases in BP and orexin-A level in RVLM neuronal tissue. Additional studies established a causal role for orexin-A in the central CB₁R-mediated pressor response because (i) selective blockade of central CB₁R (AM251, 30 µg/rat; i.c.) abrogated WIN55,212-2-evoked increases in RVLM orexin-A level, (ii) the selective OX₁R antagonist SB-408124 (10 nmol/rat; i.c.) attenuated orexin-A (3 nmol/rat; i.c.) or WIN55,212-2 (15 µg/rat; i.c.)-evoked pressor response while selective CB₁R blockade (AM251) had no effect on orexin-A (3 nmol/rat; i.c.)-evoked pressor response, (iii) direct CB₁R activation in the RVLM (WIN55,212-2; 0.1 µg/rat) increased RVLM orexin-A and BP. Finally, SB-408124 attenuated WIN55,212-2-evoked increases in RVLM nNOS and ERK1/2 phosphorylation and BP. Our findings suggest that orexin-A/OX₁R dependent activation of the RVLM nNOS/ERK1/2 cascade is essential neurochemical mechanism for the central CB₁R-mediated pressor response in conscious rats.

Keywords

Blood pressure; Cannabinoid receptor 1; Orexin receptor 1; Rostral ventrolateral medulla

1. Introduction

Our recent studies implicated the activation (phosphorylation) of the neuronal nitric oxide synthase (nNOS) and extracellular signal-regulated kinase1/2 (ERK1/2) in the central

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Conflict of interest

The authors declare no conflict of interest.

cannabinoid receptor 1 (CB₁R)-evoked pressor response in conscious freely moving rats (Ibrahim and Abdel-Rahman, 2012a, 2012b). However, the exact mechanisms of such response remain unclear. In the CNS, CB₁R activation suppresses synaptic transmission of inhibitory GABAergic, and enhances excitatory glutamatergic (Drew et al., 2008; Freund et al., 2003; Piomelli, 2003) and orexinergic (Huang et al., 2007; Matias et al., 2008; Verty et al., 2009) neurotransmission in various brain areas. This premise raises the interesting possibility that alterations in excitatory/inhibitory inputs in the rostral ventrolateral medulla (RVLM), the brainstem pressor region from which bulbospinal sympathetic neurons descend to the intermediolateral cell column of the spinal cord (Chalmers and Pilowsky, 1991; Padley et al., 2003; Pilowsky and Goodchild, 2002), underlie the central CB₁R-evoked pressor response.

Notably, an interaction between CB₁R and Orexin receptor 1 (OX₁R) (Ellis et al., 2006; Hilaiet et al., 2003; Ward et al., 2011a, 2011b) contributes to feeding regulation. The CB₁R-OX₁R interaction is neurobiologically relevant because feeding evoked by orexin-A, an endogenous agonist of orexin receptors (also known as hypocretin-1), was abrogated by CB₁R blockade (Crespo et al., 2008). It is not known if a similar functionally relevant CB₁R-OX₁R interaction occurs in cardiovascular controlling areas in the brainstem. Although orexin-A expressing neurons are exclusive to the hypothalamus, orexin-A immunoreactive fibers (orexin-A-ir) exist in close proximity to catecholamine (C1) neurons in the RVLM (Ciriello et al., 2003a; Machado et al., 2002; Puskás et al., 2010; Shahid et al., 2012). Importantly, the expression of CB₁R exhibits similar patterns in the RVLM (Herkenham et al., 1991; Padley et al., 2003); however, there are no attempts made to directly investigate the potential colocalization of the two receptors in the RVLM. While most of the in vivo studies on OX₁R signaling dealt with feeding behavior and energy homeostasis, few studies showed that orexin-A elicits pressor response following its intracisternal (Chen et al., 2000; Zhang et al., 2005), intracerebroventricular (Samson et al., 1999; Shirasaka et al., 1999) or intra-RVLM (Chen et al., 2000; Ciriello et al., 2003a; Machado et al., 2002; Shahid et al., 2012) injections.

The aim of the present study was to test the hypothesis that enhanced brainstem orexin-A/OX₁R signaling is an essential molecular event for the central CB₁R-mediated pressor response. First, we determined if the CB₁R is colocalized with OX₁R and/or the peptide orexin-A in catecholamine expressing (C1) neurons of the RVLM. Second, we conducted integrative cardiovascular studies with selective CB₁R and OX₁R agonists and antagonists microinjected intracisternally or directly into the RVLM. Third, we conducted ex vivo measurements of orexin-A and nNOS and ERK1/2 phosphorylation levels in the RVLM following the pharmacological interventions used in the integrative studies. The pharmacological and neurochemical findings established a causal role for RVLM orexin-A/OX₁R signaling in the central CB₁R-mediated pressor response.

2. Results

2.1. Colocalization of orexin-A/OX₁R and CB₁R in rat RVLM

Coronal brainstem sections from naïve non-treated animals ($n=4$) were prepared for multiple co-localization of CB₁R/ orexin-A or TH/OX₁R/CB₁R within the C1 area of RVLM, as

described under methods and in our previous studies (Ibrahim and Abdel-Rahman, 2011, 2012b). Dual labeling immunofluorescence studies in the RVLM (Fig. 1A and B) revealed CB₁R-ir presynaptic punctate-structures (green) in close proximity to, or colocalized with, orexin-A-ir fibers (red) (Fig. 1C; arrows). Yet, in rare cases, we observed a CB₁R-ir somatodendritic apposition to orexin-A fibers marked by asterisk in Fig. 1C. The majority of TH-ir neurons exhibited CB₁ and OX₁ receptors immunoreactivity although CB₁R immunoreactivity was also evident outside of TH-ir neurons (Fig. 2A–D), which is consistent with the axonal and astrocytic labeling seen in other CNS sites. Fig. 2E shows the average of counted immunoreactive neurons/section (15–24 sections/ animal; *n*=4) within the VLM area –11.8 mm rostral to –12.6 mm caudal from the bregma. Notably, the majority of TH-ir neurons (1187/1389 neurons) were CB₁/OX₁-ir, and all counted OX₁R-ir neurons were also CB₁R-ir (Fig. 2E).

2.2. Central OX₁R mediates i.c. orexin-A evoked cardiovascular response

As shown in Fig. 3A and B, orexin-A (0.1, 1, 3 nmol, i.c.) elicited dose-related pressor and tachycardic responses in conscious rats (*n*=4) in comparison to vehicle treated group, which agrees with reported studies (Chen et al., 2000; Samson et al., 1999). We then identified a dose of the selective OX₁R antagonist (SB-408124) that adequately blocked the central OX₁R-mediated pressor response. In this experiment, 3 groups of conscious freely moving rats (*n*=5–8) received i.c. injection of one of the following treatment pairs (vehicle+3 nmol orexin-A), (10 nmol SB-408124+vehicle) or (10 nmol SB-408124+3 nmol orexin-A). The SB-408124 dose and the 10 min interval between the successive injections were based on a preliminary study. Baseline MAP and HR were similar and were not significantly influenced by pretreatment with SB-408124 compared to vehicle (Table 1). As shown in Fig. 3C and D, the pressor and tachycardic responses elicited by the highest orexin-A dose (3 nmol, i.c.) were abrogated by prior blockade of central OX₁R with SB-408124 (10 nmol; i.c.).

2.3. Central OX₁R blockade attenuates WIN55,212-2 evoked pressor response

In this experiment, we investigated the effect of prior central OX₁R blockade (SB-408124; 10 nmol, i.c.), 10 min earlier, on the pressor response elicited by WIN55,212-2 (15 µg, i.c.) (*n*=8) and the effect of prior central CB₁R blockade (AM251; 30 µg, i.c.), 30 min earlier, on the pressor response elicited by orexin-A (3nmol, i.c.) (*n*=7). The AM251 dose and time interval were based on our previous findings (Ibrahim and Abdel-Rahman, 2011, 2012b). Further, we directly investigated the role of RVLM OX₁R in the pressor response caused by the activation of RVLM CB₁R. In this latter experiment, two groups of conscious rats (*n* = 6) received WIN55,212-2 (0.1 µg/200 pmol) 10 min after vehicle (control) or SB-408124 (1 nmol; based on preliminary experiment); injections were made unilaterally into the right RVLM in 80 nl and vehicle microinjection in such volume had no impact on BP in our previous studies. The intra-RVLM WIN55,212-2 dose was based on our previous studies (Ibrahim and Abdel-Rahman, 2012b). As shown in Figs. 4A and 5A, central OX₁R blockade, with intracisternal (10 nmol) or direct intra-RVLM (1 nmol) SB-408124, virtually abolished (*P*<0.05) the CB₁R-mediated pressor response caused by i.c. (15 µg) or direct intra-RVLM (0.1 µg) WIN55,212-2 microinjection. On the other hand, selective central CB₁R blockade (AM251; 30 µg, i.c.) had no significant effect on the orexin-A (3 nmol, i.

c.)-evoked pressor response (Fig. 4C). The heart rate responses followed the same trend (Figs. 4 and 5).

2.4. Central CB₁R activation (WIN55,212-2) increases RVLM orexin-A

The objective of this experiment was to test the hypothesis that elevation in orexin-A level in the RVLM mediates the pressor response elicited by central CB₁R activation. A total of 17 rats, divided into 4 groups ($n=3-5$ each), were used for the measurement of RVLM orexin-A level in treatment and control groups according to the protocol followed in the first part of Section 2.3 above and in our previous studies (Ibrahim and Abdel-Rahman, 2012a, 2012b). Two groups received WIN55,212-2 (15 μg , i.c.) 30 min after the CB₁R antagonist AM251 (30 μg ; i.c.) or vehicle. The other two groups received the vehicle 30 min after AM251 (30 μg , i.c.) or vehicle. The rats were euthanized 10–15 min after WIN55,212-2 or vehicle injection, and the brains were collected. This time interval coincided with the peak of WIN55,212-2-evoked pressor response as shown in Fig. 4 and in our previous studies (Ibrahim and Abdel-Rahman, 2012a, 2012b). To gain direct evidence that the activation of RVLM CB₁R increases local orexin-A level, we measured orexin-A in microinjected and contralateral (control) RVLM tissues collected at the end of the second part of Section 2.3 above. Intracisternal WIN55,212-2 significantly ($P<0.05$) increased RVLM orexin-A level and AM251 abrogated this response (Fig. 4E); these neurochemical responses paralleled the BP responses (Fig. 4A). Similarly, intra-RVLM WIN55,212-2 (0.1 μg) significantly ($P<0.05$) increased BP (Fig. 5A) and RVLM orexin-A level (Fig. 5B) but prior RVLM OX₁R blockade (SB-408124) only abrogated the pressor response (Fig. 5A and B). There were no significant differences between orexin-A levels in the contralateral (non-injected, control) RVLM (Fig. 5B) and the RVLM of intracisternal vehicle-treated rats (Fig. 4E).

2.5. Central OX₁R blockade abrogated CB₁R enhancement of RVLM ERK1/2 and nNOS phosphorylation

In this study we tested the hypothesis that OX₁R signaling is implicated in the enhancement of RVLM ERK1/2 and nNOS phosphorylation; the latter is an important neurochemical event in the central CB₁R (WIN55,212-2)-evoked pressor response (Ibrahim and Abdel-Rahman, 2012a, 2012b). RVLM tissues collected at the conclusion of cardiovascular measurements in Section 2.3 were used for the measurement of the levels of phosphorylated ERK1/2 and nNOS (normalized to their respective total protein) in rats treated with WIN55,212-2 in the absence or presence ($n=5$ each) of SB-408124 or vehicle ($n=4$). Central CB₁R activation (WIN55,212-2) significantly ($P<0.5$) enhanced the phosphorylation of RVLM nNOS (Fig. 6A) and ERK1/2 (Fig. 6B), and prior OX₁R blockade (SB-408124) abrogated ($P<0.05$) these neurochemical responses (Fig. 6).

3. Discussion

The most important findings of the current study are (i) CB₁R and OX₁R are colocalized, along with orexin-A fibers, in tyrosine hydroxylase expressing (C1) neurons in the RVLM, (ii) central CB₁R activation by i.c. or intra-RVLM WIN55,212-2 increased BP and RVLM orexin-A level, (iii) central CB₁R blockade (AM251) abrogated WIN55,212-2 evoked increases in RVLM orexin-A level but had no effect on the central OX₁R (orexin-A)-

mediated pressor response, (iv) central OX₁R blockade (SB-408124) abrogated the increases in RVLM ERK1/2 and nNOS phosphorylation and BP, but not the increase in RVLM orexin-A level, caused by central CB₁R activation. Our recent findings implicated enhanced phosphorylation of RVLM ERK1/2 and nNOS in central CB₁R-mediated pressor response (Ibrahim and Abdel-Rahman, 2012a, 2012b). Further, reported findings implicated RVLM OX₁R signaling in central orexin-A-evoked pressor response (Chen et al., 2000; Ciriello et al., 2003a; Huang et al., 2010; Machado et al., 2002; Shahid et al., 2012) possibly via nNOS/NO signaling (Xiao et al., 2013). We tested the hypothesis that brainstem OX₁R signaling underlies the central CB₁R-mediated phosphorylation of RVLM nNOS and ERK1/2 and the subsequent pressor response.

We have recently established that i.c. WIN55,212-2 increases BP in conscious rats, at least partly, via CB₁R-mediated neurochemical mechanisms in the RVLM (Ibrahim and Abdel-Rahman, 2011, 2012a, 2012b). Similarly, reported studies implicated the RVLM in the pressor response elicited by i.c. (Chen et al., 2000; Zhang et al., 2005) or intra-RVLM orexin injection (Chen et al., 2000; Ciriello et al., 2003a; Huang et al., 2010; Shahid et al., 2012). However, these orexin studies were conducted in anesthetized rats and disagreed on which peptide (orexin-A or B) and receptor (OX₁R or OX₂R) played the major role in the response. Therefore, it was imperative that we generate new data necessary for testing our hypothesis. First, while the colocalization of CB₁R/OX₁R is evident in the feeding control area of the hypothalamus (Matias et al., 2008), we report the first evidence for similar colocalization in the RVLM (Fig. 2). Importantly, a potential functional link between the two receptors was their colocalization, along with orexin-A fibers, in the C1 area of the RVLM (Figs. 1 and 2). These findings support the reported projections of the excitatory orexinergic neurons to different brain areas including the medullary cardiovascular regulatory nuclei, the RVLM and the nucleus tractus solitarius (Machado et al., 2002; Puskás et al., 2010; Shahid et al., 2012; Zheng et al., 2005). Reported studies have shown differential orexinergic projections to various brain areas including dorsal raphe nucleus, ventral tegmental area, the vestibular complex and cerebellum, nucleus tractus solitarius, nucleus ambiguus, dorsal medulla (Ciriello et al., 2003b; Ciriello and Caverson, 2014; Del Cid-Pellitero and Garzon, 2014; Harrison et al., 1999; Lee et al., 2005). However, the authors are not aware of studies that demonstrated differential sub-hypothalamic origin of orexin projections specific to the RVLM. It is possible that orexin neurons projecting to RVLM originate from the cardiovascular pressor perifornical and medial lateral hypothalamus (Harrison et al., 1999; Zheng et al., 2005); yet this possibility requires further investigation. Interestingly, a recent study, which used anterograde tracing with viral vectors, demonstrated the projection of the RVLM C1 cell group to the entire orexin-rich region of the hypothalamus (Bochorishvili et al., 2014). Second, our integrative studies demonstrated the ability of i.c. orexin-A to elicit dose-related pressor response in our conscious rat model system (Fig. 3). We concluded that orexin-A produces the pressor response via OX₁R because the response was abrogated by prior central OX₁R blockade with SB-408124 (Fig. 3). The latter conclusion is supported by similar SB-334867 attenuation of intra-RVLM orexin-A evoked pressor response (Shahid et al., 2012). We then utilized the selected SB-408124 dose to directly test our hypothesis that brainstem OX₁R signaling plays a pivotal role in the CB₁R-mediated pressor response.

The WIN55,212-2 evoked pressor response in the present study ultimately results from sympathoexcitation caused by indirect modulation of converging excitatory and inhibitory inputs, which control the sympathetic neuronal activity in the RVLM (Ibrahim and Abdel-Rahman, 2011, 2012b; Padley et al., 2003; Pilowsky and Goodchild, 2002). Our novel hypothesis that release of the sympathoexcitatory peptide orexin-A within the RVLM underlies the central CB₁R-mediated pressor response is based on reported interaction between the CB₁R and orexin systems in vitro (Ellis et al., 2006; Hilaiet et al., 2003; Ward et al., 2011a, 2011b) and in in vivo feeding studies (Crespo et al., 2008; Verty et al., 2009). Perhaps a potential functional interaction between these two systems in a neuronal pool that controls sympathetic outflow (RVLM) has remained unexplored because the limited in vivo studies on the two systems have focused on orexin A-containing neurons in the lateral hypothalamic area (De Lecea et al., 1998; Sakurai et al., 1998).

We present the first evidence that prior blockade of central OX₁R (SB-408124) attenuated the central CB₁R (WIN55,212-2)-evoked pressor and bradycardic responses (Fig. 4A and B). This finding, which is in line with the molecular and behavioral (feeding) studies (Crespo et al., 2008; Ellis et al., 2006; Hilaiet et al., 2003; Ward et al., 2011a, 2011b), suggests the dependence of the central CB₁R-mediated pressor response on central OX₁R signaling. Realizing that other brain areas, that send projections to the brainstem, might have been involved in these observed effects following i.c. injections of administered drugs (Fig. 4), we directly injected the drugs into the RVLM in a subsequent experiment. The abolition of the intra-RVLM WIN55,212-2-evoked pressor response by prior intra-RVLM SB-408124 (Fig. 5) directly supports the involvement of RVLM OX₁R signaling in the pressor response caused by RVLM CB₁R activation. Additionally, we adopted two biochemical and molecular approaches to further substantiate the involvement of OX₁R signaling in CB₁R-mediated responses. First, we present the first evidence that i.c. WIN55,212-2 significantly elevated RVLM orexin-A level (Figs. 4E and 5B), which coincides with the CB₁R-evoked increase in plasma norepinephrine levels in our previous study (Ibrahim and Abdel-Rahman, 2011). Second, the enhanced phosphorylation of RVLM ERK1/2 and nNOS, which is implicated in the i.c. WIN55,212-2 (CB₁R)-mediated pressor response (Ibrahim and Abdel-Rahman, 2012a, 2012b), was abrogated by prior OX₁R blockade (SB-408124) (Fig. 6). It is imperative to note that: (i) nNOS/NO is implicated in orexin-A evoked sympathoexcitatory effect in the RVLM (Xiao et al., 2013), and (ii) ERK1/2 dependent phosphorylation of nNOS in the RVLM is implicated in sympathoexcitation (Martins-Pinge et al., 1999, 2007; Mayorov, 2007; Nassar and Abdel-Rahman, 2008). Collectively, the pharmacological and biochemical findings strongly suggest role for RVLM OX₁R signaling in the neurochemical mechanism that underlies the central (RVLM) CB₁R-mediated pressor response.

The crosstalk between CB₁R and OX₁R reported in vitro (Ellis et al., 2006; Hilaiet et al., 2003; Ward et al., 2011a, 2011b) may be pertinent to the in vivo interaction between the two systems. For example, orexin-A mediated feeding was abrogated by CB₁R blockade (Crespo et al., 2008) and administration of CB₁R antagonist AM251 caused reduction in food intake and orexin-A immunoreactivity in LH (Merroun et al., 2015). Furthermore, in rats conditioned place preference (CPP) studies via stimulating lateral hypothalamus (LH), concurrent administration of CB₁R antagonist (AM251) in nucleus accumbens altered the SB334867 (OX₁R selective antagonist)-mediated attenuation of LH stimulation-induced

CPP (Fatahi et al., 2015). Our findings are partly consistent with this reported reciprocal inter-dependence of the CB₁R and OX₁R signaling in vitro and in functional/feeding in vivo studies (Crespo et al., 2008; Ellis et al., 2006; Hilaiet et al., 2003; Jäntti et al., 2014; Ward et al., 2011a, 2011b). While blockade of central OX₁R (SB-408124) abrogated the central CB₁R-mediated responses (Fig. 4A), blockade of central CB₁R (AM251) had no effect on orexin-A evoked BP response (Fig. 4C). This latter observation suggests that central OX₁R (orexin-A)-mediated pressor response is not dependent on CB₁R signaling in our model system, and raises the possibility that the reported “reciprocal” CB₁R-OX₁R interaction might be organ/tissue specific. However, the exact mechanism of this interaction within the RVLM remains to be elucidated because it might involve heterodimer formation (Ellis et al., 2006; Jäntti et al., 2014) in addition to elevating orexin-A levels (this study).

As briefly discussed above, the measurement of orexin-A in the RVLM (Figs. 4E and 5B), constituted an important step for direct testing of our hypothesis. We demonstrated, for the first time, that central CB₁R activation significantly elevated RVLM orexin-A level, which coincided with the peak of the pressor response, and the rise in plasma norepinephrine levels (Ibrahim and Abdel-Rahman, 2011). The latter notion links increased sympathetic activity to CB₁R-mediated increase in RVLM orexin-A level, a finding that is supported by a sympathoexcitatory role for orexin-A in the RVLM (Huang et al., 2010; Shahid et al., 2012; van den Top et al., 2003). However, it was important to verify that the WIN55,212-2 evoked increase in RVLM-orexin-A level was CB₁R-mediated and plays a causal role in the pressor response. This objective was achieved by demonstrating that selective blockade of central CB₁R (AM251) abrogated the WIN55,212-2 evoked elevations in RVLM orexin-A (Fig. 4E), and in BP in our previous study (Ibrahim and Abdel-Rahman, 2011). Equally important, we showed that localized RVLM blockade of OX₁R attenuated WIN55,212-2-evoked pressor response (Fig. 5A) but not the associated elevation in RVLM orexin-A (Fig. 5B). Notably, while the rapid rise in RVLM-orexin-A level precludes a possible effect of CB₁R activation on the peptide synthesis, such rise likely results from local alterations in peptide turnover, degradation and/or hydrolysis of its precursor preproorexin (Gallmann et al., 2006); more studies are needed to investigate this possibility in the RVLM. Nonetheless, these findings suggest that elevation in the RVLM orexin-A is CB₁R-mediated and contributes to the central CB₁R-mediated pressor response.

In conclusion, we provide the first neurochemical and pharmacological evidence for a functional dependence of central CB₁R-mediated pressor response on RVLM orexin system. CB₁R activation caused elevation in RVLM orexin-A level at the peak of the pressor response and the latter was abrogated by prior blockade of central OX₁R. On the other hand, the orexin-A (OX₁R)-evoked pressor response was not affected by prior central CB₁R blockade. In support of these pharmacological findings, colocalization studies unraveled colocalization of orexin-A/OX₁R with CB₁R in TH-ir neurons in the RVLM. Along with our recent findings (Ibrahim and Abdel-Rahman, 2012a, 2012b), the present molecular and BP findings suggest that elevation of orexin-A level within the RVLM constitutes a primary event in a neurochemical cascade that leads to CB₁R-evoked nNOS/ERK1/2 phosphorylation, and ultimately increased BP (Fig. 7). The findings support the involvement RVLM CB₁R-OX₁R in blood pressure regulation and perhaps in pathological conditions such as hypertension. The identification of new strategies that target both CB₁/OX₁

receptors (Zhang et al., 2010a, 2010b) will advance our understanding of the pathophysiological role of their interaction as well as in developing new therapeutics for the treatment of hypertension.

4. Experimental procedures

4.1. Animals

Male Sprague-Dawley rats (300–350 g, Charles River, Raleigh, NC) were housed two per cage in a room with controlled environment at a constant temperature of $23\pm 1^{\circ}\text{C}$, humidity of $50\pm 10\%$ and a 12:12-h light/dark cycle. Food (Prolab Rodent Chow, Granville Milling, Creedmoor, NC) and water were provided ad libitum. All surgical, experimental, and animal care procedures were performed in accordance with, and approved by, the Institutional Animal Care and Use Committee and in accordance with the *Guide for the Care and Use of Laboratory Animals* (Institute of Laboratory and Animal Resources, 2010).

4.2. Intra-arterial, intracisternal and intra-RVLM cannulation

Surgeries were performed under sterile conditions and ketamine (9 mg/100 g) and xylazine (1 mg/100 g, i.p.) anesthesia as detailed in our previous study (Ibrahim and Abdel-Rahman, 2011, 2012b) where an arterial catheter for blood pressure (BP) measurement was placed into the abdominal aorta via the femoral artery and a guide cannula for intracisternal or intra-RVLM injections. Each rat received i.m. buprenorphine (30 $\mu\text{g}/\text{kg}$; Rickitt and Colman, Richmond, VA) and s.c. penicillin G benzathine and penicillin G procaine in an aqueous suspension (100,000 U/kg; Durapen; Vedco, Inc., Overland Park, KS) and was housed in a separate cage for at least five days to fully recover.

4.3. Blood pressure and heart rate measurements

On the day of the experiment, the arterial catheter was flushed with heparinized saline (100 IU/ml), connected to a Gould-Statham pressure transducer (Oxnard-CA) and the procedures detailed in our previous studies (Ibrahim and Abdel-Rahman, 2011) were utilized for BP and heart rate (HR) measurements in conscious unrestrained rats recorded by ML870 (PowerLab 8/30), and analyzed using LabChart (v.6) pro software (ADInstruments, Colorado Spring, CO). BP and HR were allowed to stabilize at baseline before drug/vehicle administration and were continuously monitored until euthanasia. Identification of the RVLM was based on obtaining a pressor response elicited by injecting 1 nmol L-glutamate at the beginning of each experiment and histological verification for both intra-RVLM and i.c. at the end of the experiment following microinjection of fast green dye. Animals that did not meet the verification procedures were excluded from data interpretation as detailed in our previous studies (Ibrahim and Abdel-Rahman, 2012b). Brain tissues were collected to conduct biochemical studies as detailed below.

4.4. Immunofluorescence

Naïve untreated rats ($n=4$) were deeply anaesthetized as described above, transcardially perfused with 4% paraformaldehyde in phosphate buffered saline (PBS), the brain was isolated and left in the same buffer overnight at 4°C . Brains were then transferred to 30% sucrose in PBS and kept in 4°C till they sank. Coronal brainstem (30 μm) sections, rostrally

from -12.6 to -11.8 mm relative to bregma (Chen et al., 2010), were processed for multiple label immunofluorescence colocalization studies as previously described (Ibrahim and Abdel-Rahman, 2011, 2012b). The brainstem sections were incubated in blocking buffer (PBS buffer containing 0.2% Tween 20 (PBST) and 5% normal donkey serum) at 4°C for 2 h, then with mixtures of mouse anti-tyrosine hydroxylase (TH) (1:500; Millipore, Temecula, CA), goat anti- CB_1R (1:200; Santa Cruz Biotech, Santa Cruz, CA) with either rabbit anti- OX_1R (1:100; Millipore, Temecula, CA) or rabbit anti-orexin-A (1:500; EMD Chemicals, San Diego, CA) for 48 h. After washing 3 times in PBST, sections were then incubated with a mixture of fluorophores-conjugated secondary antibodies containing FITC donkey anti-mouse, Cy3 donkey anti-rabbit and Cy5 donkey anti-goat (1:200; Jackson ImmunoResearch, West Grove, PA) to simultaneously visualize TH, CB_1R and OX-A or OX_1R , respectively. Finally, sections were mounted on glass slides, cover slipped with Vectashield (Vector Laboratories, Burlingame, CA) and sealed with nail polish. Incubating tissues with cocktails of the primary antibodies and their corresponding antigenic peptides resulted in abolished immunoreactivity and confirmed antibody specificities to their target proteins that were also reported in previous studies (Giuliano et al., 2009; Kalifa et al., 2011; Shahid et al., 2012).

Brainstem coronal sections (15–24/animal; $n=4$) were analyzed to determine the co-localization of TH/ $\text{OX}_1\text{R}/\text{CB}_1\text{R}$ -ir through the caudal-rostral ventrolateral medulla (-12.6 to -11.8 from bregma) using a Zeiss LSM 510 confocal microscope (Thornwood, New York). The RVLM (Fig. 1A) was defined as the area ventral to the NA, medial to the spinal trigeminal tract and lateral to the pyramidal tract or the inferior olive (Chen et al., 2010). Cell counting was confined to those optical sections that contained CB_1/OX_1 receptors labeling and TH staining (Fig. 1B). First, with the 543 nm for Cy3 and 633 nm for Cy5; respectively, used to detect CB_1R and OX_1R immunofluorescent labeling turned off, each $0.5\ \mu\text{m}$ optical section was examined for cells stained with TH via turning on the excitation channel 488 nm, which were then numbered. Cells were considered TH-ir if the entire cell body was visible in a $1\ \mu\text{m}$ thick optical section. After identifying TH-ir neurons, the channels used to detect CB_1R and OX_1R immunolabeling were turned on individually and each identified cell throughout the optical stack was analyzed for CB_1/OX_1 receptors immunoreactivity. A neuron was considered triple labeled for TH/ $\text{CB}_1\text{R}/\text{OX}_1\text{R}$ if labeling of CB_1R varicosities (circular punctate profiles) and/or OX_1R existed within the boundaries of the TH-ir neuron according to reported criteria (Wilson-Poe et al., 2012). Neurons that were immunoreactive only for CB_1 and/or OX_1 receptors were counted separately. Zeiss LSM Image Browser software was used to assign color profiles to fluorescence and adjusting images used for publication for optimal brightness and contrast.

4.5. Western blot analysis

Phosphorylated and total nNOS and ERK1/2 were measured as reported in our recent studies (Ibrahim and Abdel-Rahman, 2012a, 2012b). Brain tissues were collected 30 min after administration of WIN55,212-2 or its vehicle, at the conclusion of BP measurement following euthanasia with lethal dose of pentobarbital sodium ($>100\ \text{mg}/\text{kg}$) followed by decapitation. RVLM Tissue was collected bilaterally using a 0.75-mm punch tool, (Stoelting Co., Wood Dale, IL), approximately -12.6 to -11.8 mm relative to bregma (Chen et al., 2010).

4.6. Measurement of orexin-A

RVLM orexin-A level was quantified with a standard ELISA kit (EK-003–30; Phoenix Pharmaceutical, Burlingame, CA) in accordance with the manufacturer's procedures and as reported (Feng et al., 2007, 2012; Olszanecka-Glinianowicz et al., 2007). Briefly, four groups of animals treated as described under experimental design were euthanized 10–15 min after WIN55,212-2 or vehicle injection; brains were removed, flash frozen in 2-methylbutane (cooled on dry ice for at least 30 min), and stored at -80°C until use. RVLM Tissue was, unless otherwise specified, collected bilaterally using a 0.75-mm punch tool (Stoelting Co., Wood Dale, IL), approximately -12.6 to -11.8 mm relative to bregma (Chen et al., 2010). Samples were then acid-extracted, and protein was quantified using a standard Bio-Rad protein assay system (Bio-Rad Laboratories, Hercules, CA) and assayed in duplicates for orexin-A. Values, for each sample, were averaged and expressed as ng/mg total protein. The minimum detection concentration for this assay is typically 0.22 ng/ml, with a linear range of 0.22–2.28 ng/ml. The mean intra-assay coefficient of variance was $<4.0\%$ and the mean inter-assay coefficient of variance was $<12.0\%$.

4.7. Drugs and reagents

WIN55,212-2, SB-408124 and DMSO were purchased from Sigma-Aldrich (St. Louis, MO). AM251 was purchased from Cayman Chemical (Ann Arbor, MI). The emulsifier Alkamuls EL620 (polyethoxylated castor oil) was purchased from Rhodia (Cranbury, NJ). WIN55,212-2 and AM251 were dissolved in (1:1:18) mixture of DMSO/Alkamuls/sterile saline. Orexin-A peptide was purchased from Phoenix Pharmaceutical (Burlingame, CA) and dissolved in sterile saline. SB-408124 dissolved in 10% DMSO in sterile saline. As none of these vehicles significantly changed the basal levels of MAP and HR, we refer to all of them as vehicle as in our previous studies (Ibrahim and Abdel-Rahman, 2012a, 2012b). Drug or vehicle injections were made into the cisterna magnum or, intra-RVLM when specified, in conscious unrestrained rats as detailed in our previous studies (Ibrahim and Abdel-Rahman, 2011, 2012a, 2012b).

4.8. Statistical analysis

Mean arterial pressure (MAP) and HR are expressed as mean \pm S.E.M. change from their respective baseline values after the pretreatment and prior to WIN55,212-2, orexin-A or their respective vehicles injections. Data were then analyzed by repeated measures ANOVA using SPSS 16.0 statistical package for Windows as detailed in our previous studies (Ibrahim and Abdel-Rahman, 2012a). The values in the table represent baseline MAP or HR before administering the vehicle, while the after values in the table represent the MAP and HR prior to WIN or orexin. Responses in the graphs following WIN or orexin are relative to the "after" values included in the table. Western blot data for each protein were expressed as percent of control (vehicle alone) value, and analyzed by unpaired t-test using GraphPad Prism V5 for Windows[®]. Further, one-way ANOVA, followed by multiple comparison post-hoc, was conducted in the studies on WIN55,212-2 in the presence or absence of AM251 or SB-408124 on RVLM orexin-A level. $P<0.05$ was considered significant.

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Abbreviations

AM251	N-(piperidin-1-yl)-5-(4-iodophenyl)-1-(2,4-dichlorophenyl)-4-methyl-1H-pyrazole-3-carboxamide
BP	blood pressure
CB₁R	cannabinoid receptor 1
ERK1/2	extracellular signal-regulated kinase 1/2
p-ERK1/2	phosphorylated ERK1/2
HR	heart rate
MAP	mean arterial pressure
nNOS	neuronal nitric oxide synthase
OX₁R	Orexin receptor 1
RVLM	rostral ventrolateral medulla
SB-408124	[N-(6,8-Difluoro-2-methyl-4-quinoliny)-N'-[4-(dimethylamino) phenyl] urea
WIN55,212-2	(R)-(+)-[2,3-dihydro-5-methyl-3[(4-morpholinyl)methyl]pyrrolo[1,2,3-de]-1,4-benzoxazinyl]-(1-naphthalenyl) methanone mesylate salt

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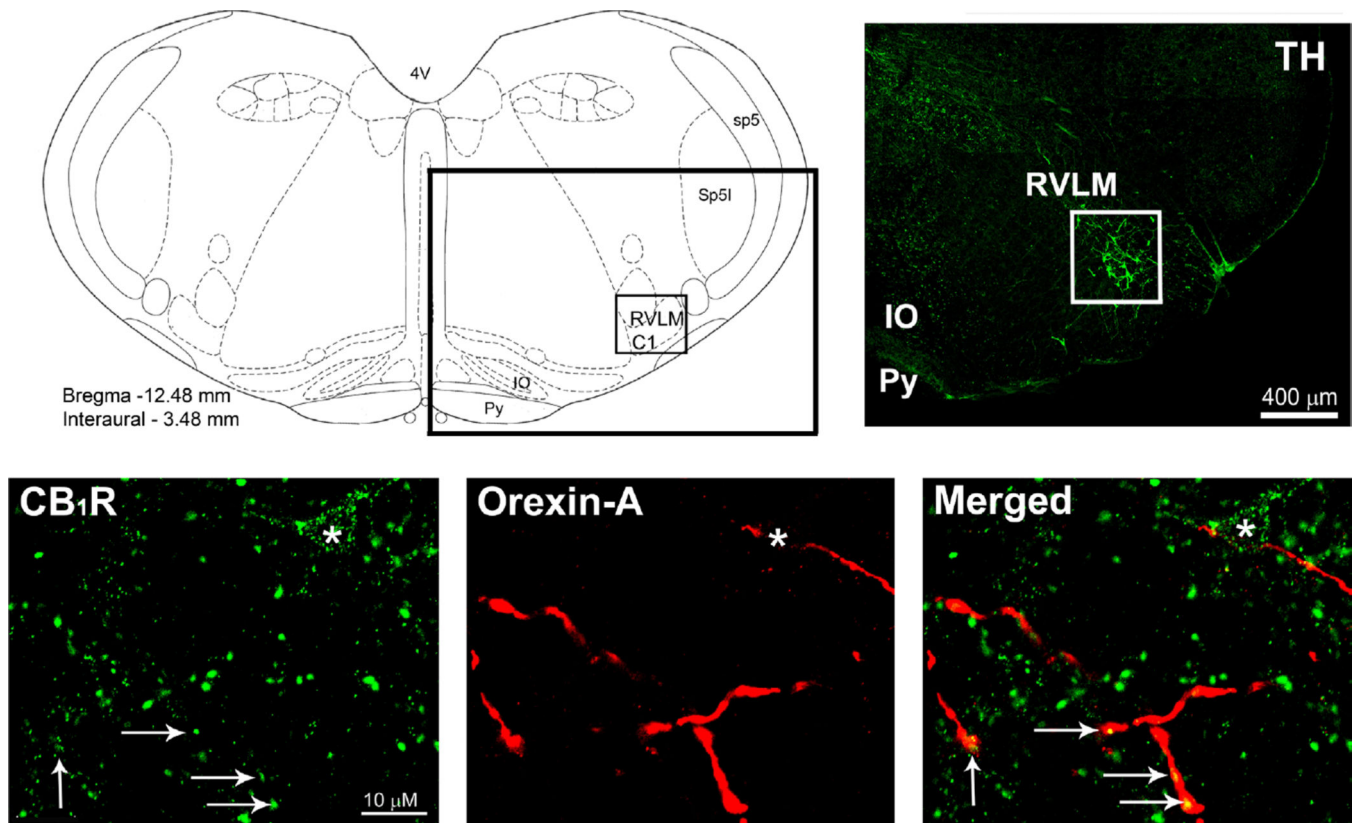


Fig. 1. (A) Schematic presentation of coronal brainstem section showing the rostral ventrolateral medulla site (RVLM; black box) and the adjacent anatomical landmarks –12.48 mm from the bregma. (B) Photomicrograph representing the black box in (A) depicting tyrosine hydroxylase (TH)-ir neurons (Greenhough et al., 2007) in the RVLM (white box). (C) Confocal images depicting labeling of CB₁R (green) and orexin-A varicose like nerve fibers (red). A merged image shows apposition (asterisks) or colocalization (arrows) of CB₁R immunoreactive varicosities and orexin-A immunoreactive fibers. 4V: fourth ventricle; IO: Inferior Olive; Py: Pyramidal tract; Sp5: spinal trigeminal nucleus, Sp5I: Sp5 interpolar part.

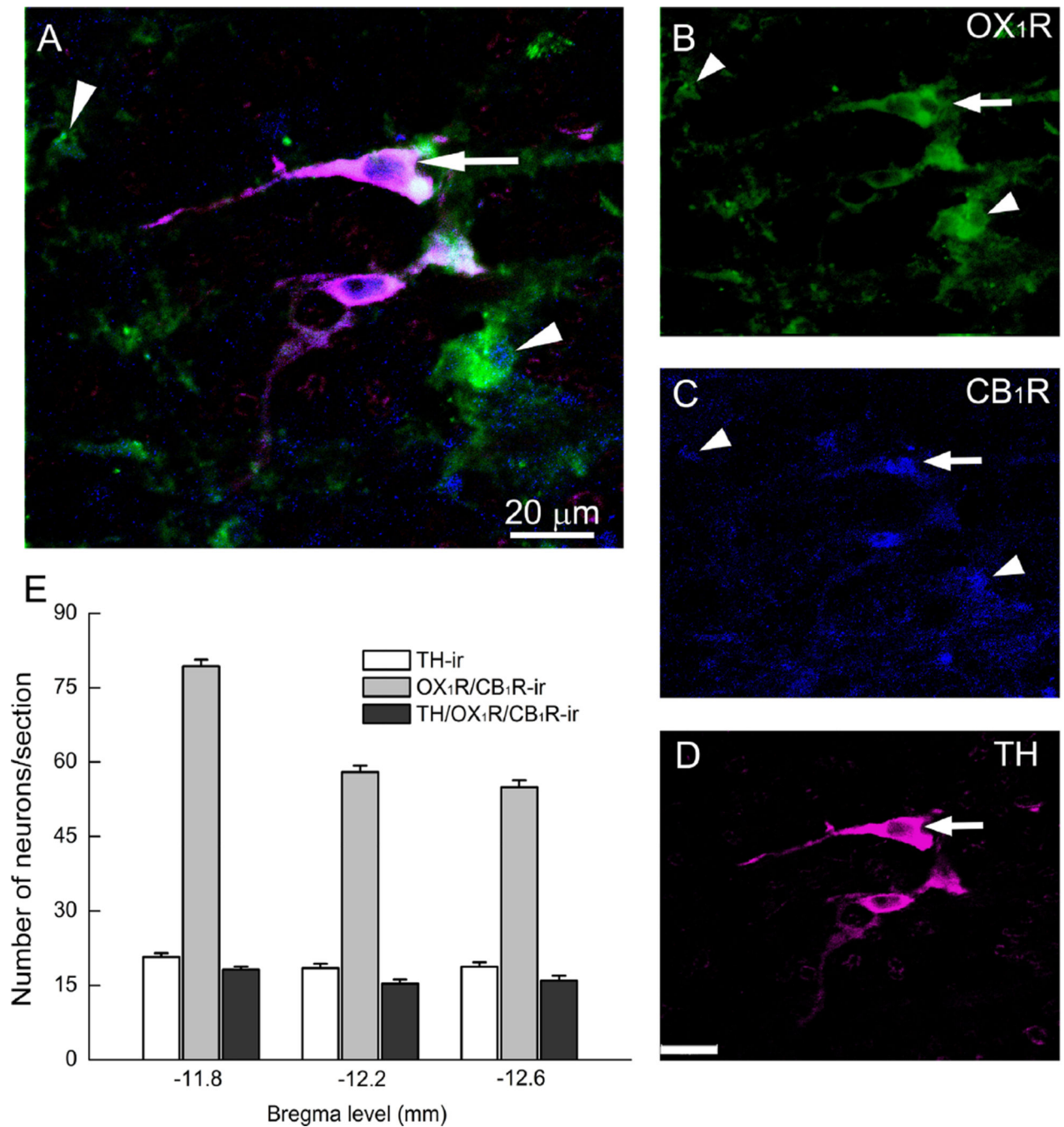


Fig. 2. Confocal images depicting co-localization (A) of OX₁R (B), CB₁R (C) and tyrosine hydroxylase (TH)-ir neurons (D) in the rostral ventrolateral medulla (RVLM). The arrows indicate colocalization of CB₁R/OX₁R in cell bodies of TH-ir neurons; the arrowheads neuronal structures immunoreactive to CB₁/OX₁ receptors that lack TH staining. (E) Quantitative presentation of rostrocaudal distribution of TH-ir neurons, OX₁R/CB₁R-ir, and TH/OX₁R/CB₁R-ir profiles in brainstem coronal sections. The bar graphs represent averages

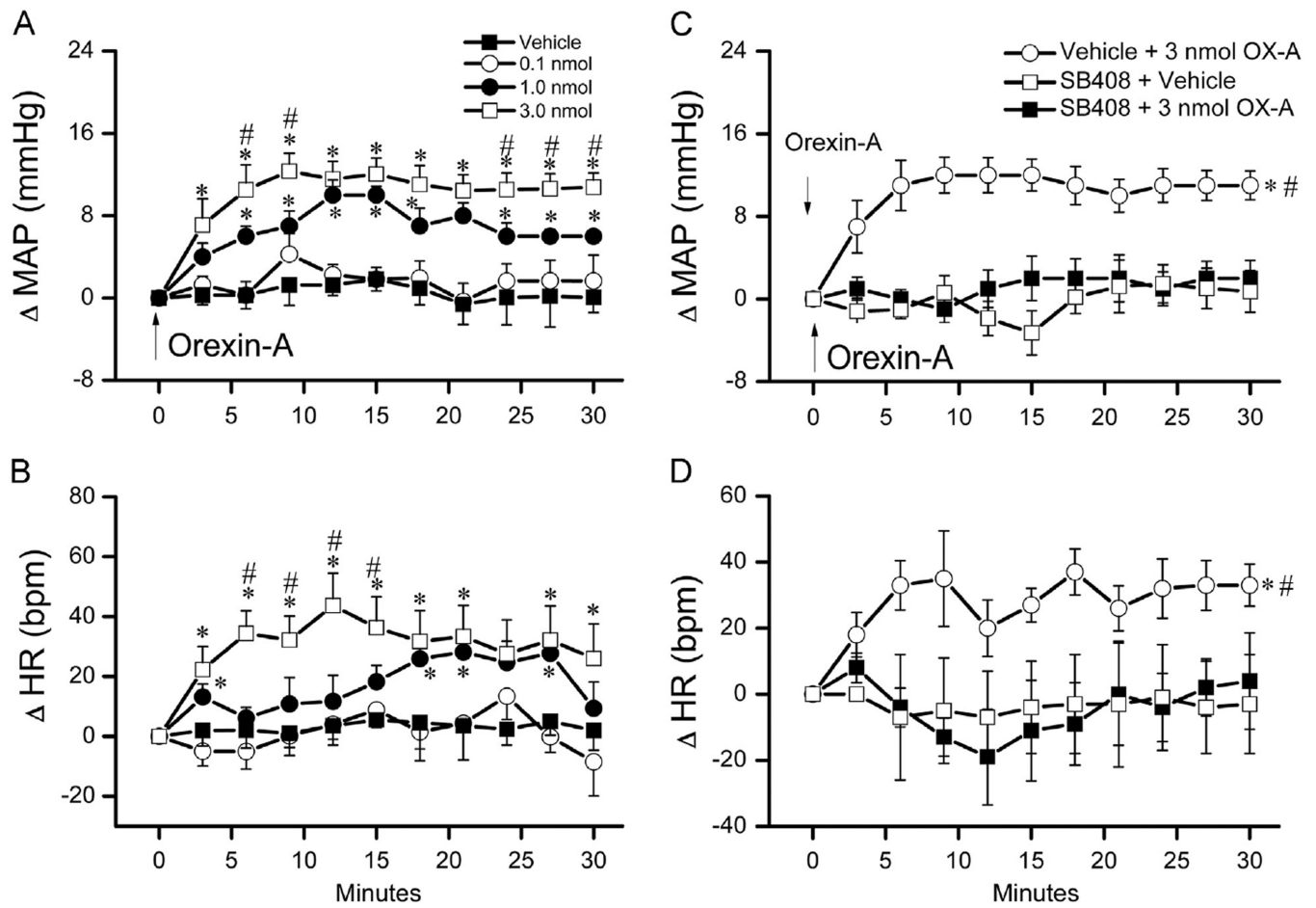
of neurons counted in 15–24 sections/animal ($n=4$) within the VLM area –11.8 mm rostral to – 12.6 mm caudal from the bregma.

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**Fig. 3.**

Dose-related changes in mean arterial pressure (MAP) (A) and heart rate (HR) (B) evoked by intracisternal orexin-A (0.1, 1 or 3 nmol) or vehicle in conscious unrestrained rats ($n=4$). Values are mean \pm S.E.M. * and # $p<0.05$ versus respective vehicle or “0.1 nmol orexin-A” values. Time course of changes in MAP (C), and HR (D) evoked by i.c. 3 nmol of orexin-A (vehicle+orexin-A) or its vehicle, indicated by the arrow (top panel), in conscious rats pretreated, 10 min earlier, with the selective OX₁R antagonist SB-408124 (10 nmol, i.c.) (SB-408124+orexin-A) or vehicle (SB-408124+Veh). Values are mean \pm S.E. M. of 5–8 observations. * and # $p<0.05$ versus respective “SB-408124+Veh” and “SB-408124+orexin-A” values.

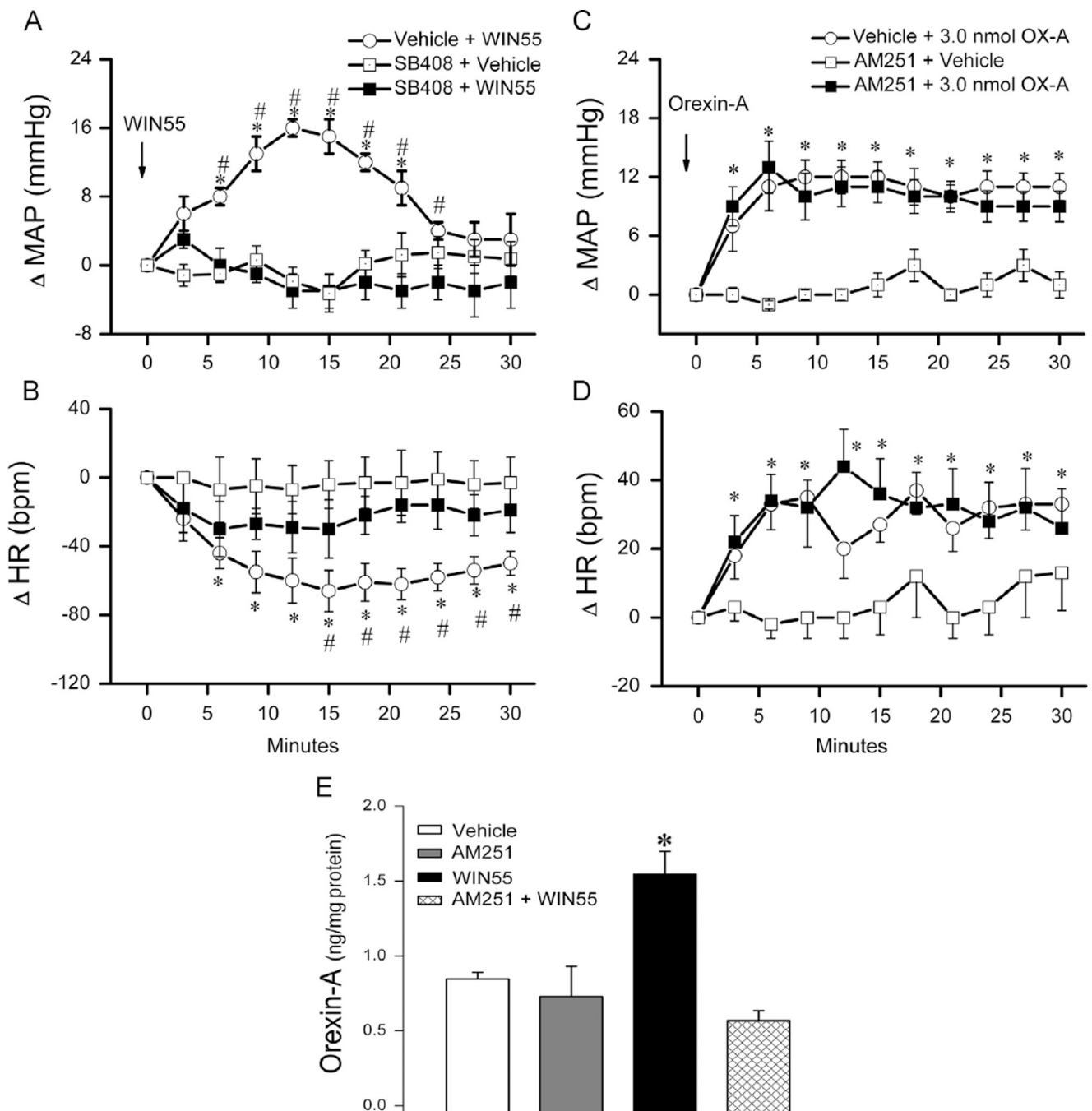


Fig. 4. Time course of changes in mean arterial pressure (MAP) (A), heart rate (HR) (B) evoked by intracisternal (i.c.) WIN55,212-2 (15 μ g) (Veh+WIN55) or its vehicle, indicated by the arrow (top panel), in conscious rats pretreated, 10 min earlier, with the selective OX₁R antagonist SB-408124 (10 nmol, i.c.) (SB-408124+WIN55) or vehicle (SB-408124+Veh). Values are mean \pm S.E.M. of 5 to 8 observations. * and # p <0.05 versus respective “SB-408124+Veh” and “SB-408124+WIN55” values. Time course of changes in MAP (C), HR (D) evoked by orexin-A (3 nmol, i.c.) (Veh+orexin-A), (reblotted from Fig. 3) or its

vehicle, indicated by the arrow (top panel), in conscious rats pretreated 30 min earlier with selective CB₁R antagonist AM251 (30 µg, i.c.) (AM251+orexin-A) or equal volume of vehicle (AM251+vehicle). Values are mean±S.E.M. of 5–8 observations. **P*<0.05 versus respective (AM251+vehicle) values. (E) Changes in RVLM orexin-A level, determined by ELISA as detailed under methods, in four additional groups of animals that received one of the following i.c. treatments: (vehicle; *n*=3), (vehicle+WIN55,212-2; *n*=5), (AM251+vehicle; *n*=4) or (AM251+WIN55,212-2; *n*=5). Animals were sacrificed at 10 min, a time that coincided with the peak of the WIN55,212-2-evoked pressor response. Bar graphs represent mean±S.E.M. Data analyzed by one-way ANOVA followed by Bonferroni comparison test. **P*<0.05 compared to “vehicle” and “AM251+WIN55,212-2” values.

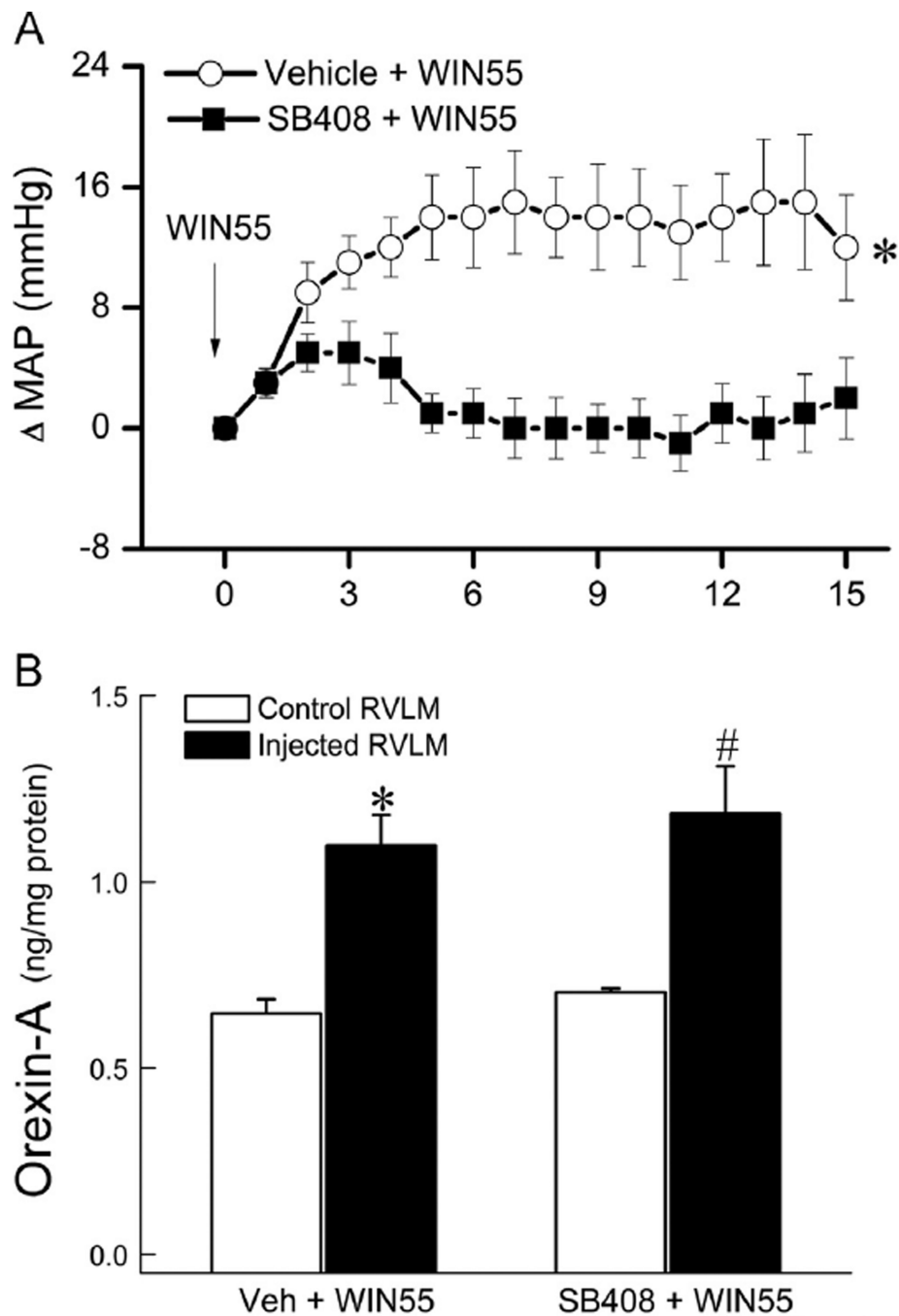


Fig. 5. Time course of changes in mean arterial pressure (MAP) (A) evoked by intra-RVLM WIN55,212-2 (0.1 μ g/ 200 pmol) (Veh+WIN55) in conscious rats pretreated, 10 min earlier, with the selective OX₁R antagonist SB-408124 (1 nmol, intra-RVLM) (SB-408+WIN55). Values are mean \pm S. E.M. of 6 observations. * p < 0.05 versus respective “SB-408124+WIN55” values. (B) Changes in orexin-A level in treated (microinjected side; black bars) or non-treated (contralateral control side; open bars) RVLM of two groups of animals that received one of the following intra-RVLM treatments: (vehicle+WIN55,212-2;

$n=6$) or (SB-408124+WIN55,212-2; $n=6$). Bar graphs represent mean \pm S. E.M. Data analyzed by unpaired Student-t test. * or # $P<0.05$ compared to the control RVLM.

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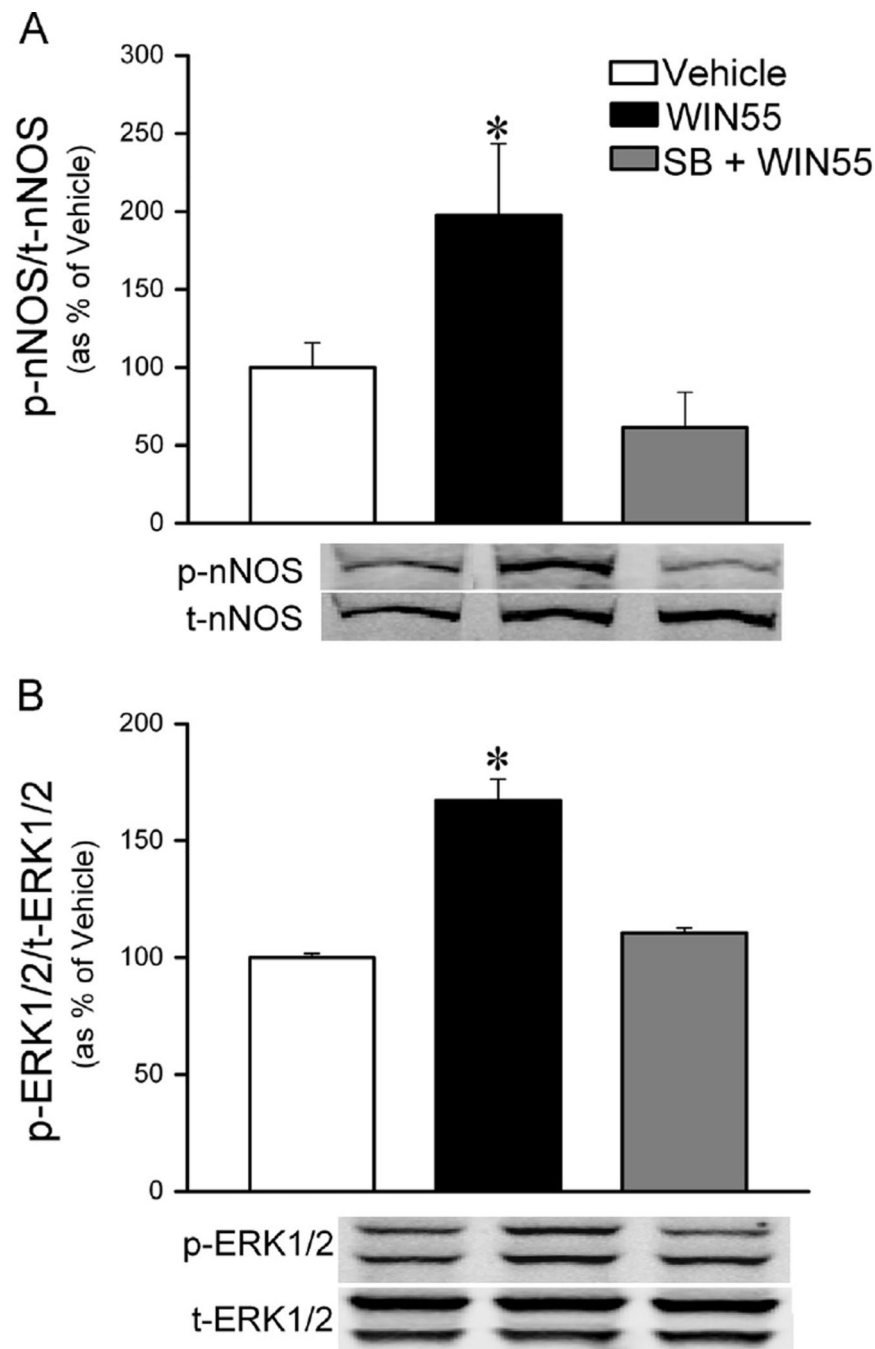


Fig. 6. Changes in rat RVLM nNOS (A) and ERK1/2 (B) phosphorylation following intracisternal (i.c.) WIN55,212-2 (15 μ g) or its vehicle in animals pretreated with sterile saline or the OX₁R antagonist SB-408124 (10 nmol, i.c.). Data are presented as integrated density ratio of phosphorylated (p-nNOS) or (p-ERK1/2) to the corresponding total (t-nNOS) or (t-ERK1/2) protein, and expressed as percent of control (vehicle) value. Values are mean \pm S.E.M. of 4–5 observations. * p < 0.05 versus vehicle values, respectively.

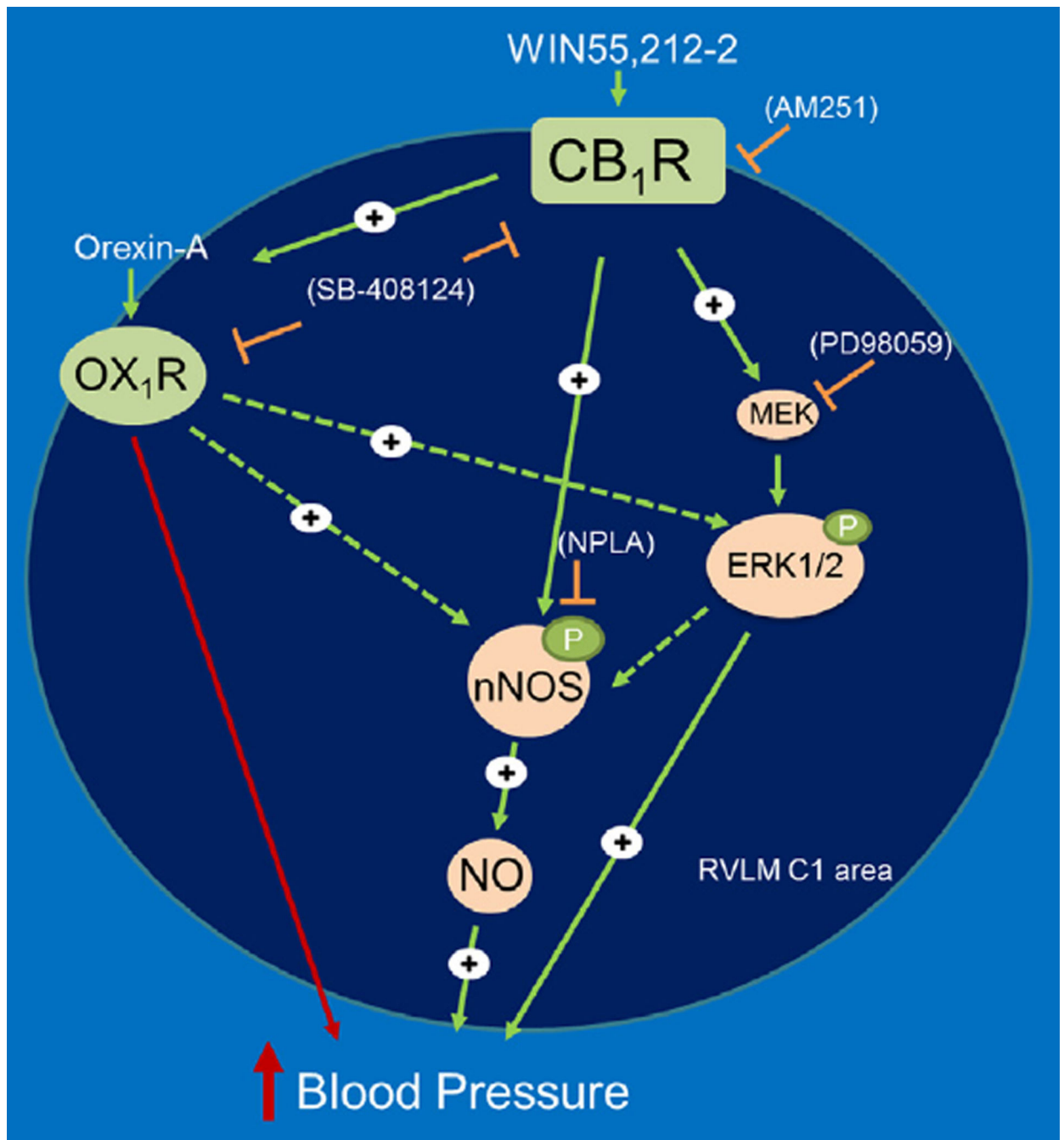


Fig. 7. Schematic presentation of the functional dependence of central CB₁R-mediated pressor response on brainstem OX₁R/orexin-A signaling. Central CB₁R (WIN55,212-2) or OX₁R (orexin-A) activation increases blood pressure in conscious freely moving rats (Figs. 3–5), and central CB₁R activation increased RVLM orexin-A level (Figs. 4 and 5) and enhances ERK1/2 and nNOS phosphorylation in the RVLM (Fig. 6). The proposed model system is further supported by our previous neurochemical and pharmacological findings following intracisternal or intra-RVLM microinjection of the CB₁R agonist WIN55,212-2 (Ibrahim

and Abdel-Rahman, 2011, 2012a, 2012b), which implicated ERK1/2 and nNOS phosphorylation and enhanced NO generation in the RVLM in WIN55,212-2 evoked pressor response. Solid arrows indicate findings based on our current and previous studies, while dashed arrows indicate proposed signaling based on reported in vitro findings, but not tested in this model (see text for details).

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Table 1

Lack of effect of CB1R (AM251) or Orexin receptor (SB-408124) antagonist on mean arterial pressure (MAP) and heart rate (HR) in conscious rats. “Before” represents baseline MAP and HR values while “After” represents MAP and HR values after intracisternal (i.c.) AM251, SB-408124 or vehicle prior to i.c. WIN55,212-2, orexin-A or vehicle. Values are means±S.E.M.

Treatment	n	MAP (mmHg)		HR (bpm)	
		Before	After	Before	After
Vehicle	3	115.0±6.0	110.0±6.0	395±12	386±11
Vehicle+15 µg WIN55,212-2	5	111.3±3.0	108.0±5.0	375±10	350±11
AM251+vehicle	4	108±6.0	114.3±3.0	360±11	390±10
AM251+15 µg WIN55,212-2	5	112.0±6.0	117.0±6.0	356±15	376±15
Vehicle+orexin-A	6	111.3±3.0	112.0±3.0	375±10	363±13
SB-408124+vehicle	5	113.0±4.0	110.0±4.0	398±16	390±20
SB-408124+orexin-A	8	117.0±6.0	115.0±4.0	400±12	410±12
SB-408124+WIN55,212-2	8	110.0±4.0	111.0±2.0	392±16	388±16
AM251+orexin-A	7	109.0±3.0	113±3.0	360±18	375±18