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## The role of adenosine receptors in the central action of caffeine

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### Abstract

The behavioral effects of caffeine appear likely to be due in large measure to antagonism of the action of endogenous adenosine at A<sub>1</sub>- and A<sub>2a</sub>-receptors in the central nervous system. Other biochemical mechanisms of action of caffeine, such as release of intracellular calcium, inhibition of phosphodiesterases and blockade of regulatory sites of GABA<sub>A</sub>-receptors, would require much higher concentrations than the micromolar concentrations of caffeine associated with behavioral stimulation. However, micromolar concentrations of caffeine also would be expected to cause only a modest blockade of adenosine receptors. Selective adenosine agonists and xanthine antagonists have provided some insights into central roles for adenosine receptor subtypes. Thus, behavioral stimulation by xanthines appears to require blockade of both A<sub>1</sub>- and A<sub>2a</sub>-receptors. Chronic blockade of adenosine receptors by caffeine would be expected to result in alterations in the central receptors and pathways that are regulated by adenosine through A<sub>1</sub>- and A<sub>2a</sub>-receptors. Indeed, chronic caffeine docs alter the density not only of adenosine receptors, but also of adrenergic, cholinergic, GABAergic and serotonergic receptors. Behavioral responses to agents acting through dopaminergic and cholinergic pathways arc altered. As yet, a coherent explanation of the acute and chronic effects of caffeine in terms of blockade of adenosine receptors has not emerged. Interactions between pathways subserved by A<sub>1</sub> - and A<sub>2a</sub>-adcnosine receptors complicate attempts to interpret caffeine pharmacology, as does the complex control by adenosine receptors of dopaminergic, cholinergic and other central pathways.

### Keywords

Adenosine receptors; Calcium storage; Phosphodiesterase; Dopamine; Cocaine; Amphetamine; Nicotine; Muscarinic antagonists

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The widespread usc of caffeine-containing beverages has focused research on the mechanisms underlying the central effects of caffeine (Nehlig et al., 1992; Daly, 1993). While the effects of moderate doses of caffeine on behavior arc complex, it appears likely that blockade of A<sub>1</sub>- and/or A<sub>2</sub>-adenosine receptors, are the primary molecular site of action

for caffeine. There are at least four types of adenosine receptors in brain (Jacobson et al., 1992; Daly & Jacobson, 1994, and ref. therein). The A<sub>1</sub>-class can be inhibitory of adenylate cyclase, stimulatory to potassium channels, inhibitory to calcium channels, and stimulatory to phosphoinositide breakdown. Selective agonists and selective xanthine and nonxanthine antagonists are available for A<sub>1</sub>-receptors. The A<sub>2a</sub>- and A<sub>2b</sub>-Subclasses are stimulatory to adenylate cyclase. The A<sub>2a</sub>- and A<sub>2b</sub>-receptors differ in affinity and in agonist selectivity. Selective agonists and antagonists for A<sub>2a</sub>-receptors are available. Selective agents for A<sub>2b</sub>-receptors are not available. Caffeine is not selective for A<sub>1</sub>- or A<sub>2</sub>-receptors. The A<sub>3</sub>-receptor also occurs in brain, is inhibitory to adenylate cyclase, and is remarkable in being insensitive to blockade by xanthines, at least in rodents.

Direct effects of caffeine on receptors, other than adenosine receptors, have not been reported. Indirect effects of caffeine on systems served by receptors other than the adenosine receptor will occur due to the blockade by caffeine of the tonic inhibitory input by adenosine through A<sub>1</sub>-receptors on release of norepinephrine, dopamine, serotonin, acetylcholine, GABA, glutamate, and perhaps even neuropeptides. Since A<sub>2</sub>-adenosine receptors can modulate responses of brain second messenger systems to norepinephrine, serotonin, histamine (Daly, 1977), both the cyclic AMP-generation and the phosphoinositide-breakdown mediated by receptors for those neurotransmitters would be expected to be altered by caffeine. Activation of A<sub>2a</sub>-adenosine receptors has been shown to reduce affinity of dopaminergic agonists for D<sub>2</sub>-receptors (Ferré et al., 1991) and caffeine, thus, could affect dopamine function through blockade of tonic adenosine input to such A<sub>2a</sub>-adenosine receptors. Thus, caffeine, through blockade of adenosine receptors, would be expected to indirectly influence the function of most neuronal pathways in the brain. There is evidence for central effects of caffeine *in vivo* and *in vitro* on noradrenergic, dopaminergic, serotonergic, cholinergic, GABAergic, and glutaminergic systems (Daly, 1993), but current research is focused on the interrelated adenosine-dopamine-acetylcholine systems of the basal ganglia, in particular the striatum (Ferré et al., 1992).

Molecular sites of action other than adenosine receptors are known for caffeine. Historically, the first site of action of caffeine to be identified was stimulation of release of calcium from intracellular storage sites. Caffeine binds to a site on a calcium-channel, which is associated with the intracellular, so-called calcium-sensitive pool of calcium, and thereby enhances calcium-dependent activation of the channel (McPherson et al., 1991). This calcium-channel is the one blocked by ryanodine. Caffeine is now a widely-used tool for studies of the role of this pool in nerve and muscle function, particularly with regard to oscillations in membrane potentials and calcium levels. Caffeine, however, has a very low affinity for such sites with thresholds for effects on release of intracellular calcium at about 250  $\mu$ M, while 5 to 20 mM concentrations are required for robust effects. This is in contrast to the higher affinities of caffeine as an antagonist for adenosine receptors, where thresholds are less than 10  $\mu$ M and K<sub>i</sub> values are 40 to 50  $\mu$ M, well within plasma and brain levels attained by humans and animals with behaviorally effective doses of caffeine. Certain xanthines that are more potent than caffeine as calcium releasing agents (Muller & Daly, 1993) may prove to be valuable in probing the role of the intracellular calcium-sensitive calcium channels in the behavioral pharmacology of caffeine.

Historically, the second site of action of caffeine to be identified was inhibition of phosphodiesterases. Other xanthines that are much more potent than caffeine as phosphodiesterase inhibitors have been developed and most have proved rather nonspecific as inhibitors of various phosphodiesterase isozymes. Caffeine itself has  $IC_{50}$  values for phosphodiesterase isozymes ranging from 500  $\mu$ M to 1 mM, again well above the range at which caffeine blocks adenosine receptors. Xanthines that are potent phosphodiesterase inhibitors, in particular towards a brain calcium-independent cyclic AMP phosphodiesterase (rolipram-sensitive type IV isozyme) are behavioral “depressants”. In contrast to the behavioral stimulant activity of caffeine and other xanthines that are weak inhibitors of that isozyme (Choi et al., 1988). The “depressant” part of the bell-shaped dose response curve of caffeine with respect to open-field locomotor activity (Fig. 1) may be due to inhibition of the calcium-independent phosphodiesterase, which would become significant only at the highest doses of caffeine.

In the late 1970's, caffeine was found to inhibit binding of benzodiazepines to sites on the GABA<sub>A</sub> receptor channel (Marangos et al., 1979). Although exciting from the standpoint of the anxiogenic properties of caffeine, the affinity of caffeine ( $K_i$  280  $\mu$ M) was several-fold higher than *in vivo* concentrations of caffeine that would be reached at non-toxic doses of caffeine. Interactions at GABA<sub>A</sub>-receptors may be relevant to the convulsant activity of caffeine. Xanthines more potent than caffeine at benzodiazepine sites have not been developed.

Thus, in spite of extensive studies on possible biochemical sites of action for caffeine *in vivo*, only adenosine receptors have the requisite 10-50  $\mu$ M affinities for caffeine. Other sites, such as intracellular calcium-sensitive calcium release channels, phosphodiesterases and GABA<sub>A</sub> receptors require > 200  $\mu$ M concentrations of caffeine. At such concentrations caffeine is a convulsant *in vivo*.

Chronic treatment of animals with caffeine, not surprisingly, results in an up-regulation of A<sub>1</sub>-adenosine receptors as first reported by Fredholm (1982) for caffeine, and by Murray (1982) for theophylline. Almost all subsequent studies on chronic caffeine or theophylline have documented an increase in cortical A<sub>1</sub>-adenosine receptors, except for one study with rats (Holtzman et al., 1991). The A<sub>2a</sub>-adenosine receptors do not appear to be up-regulated (Johansson et al., 1993; Shi et al., 1993), although there is one report of an increase in levels of A<sub>2a</sub>-adenosine receptors in striatum after chronic ingestion of caffeine by mice (Hawkins et al., 1988). The A<sub>2b</sub>-receptor-mediated stimulation of cyclic AMP in rat brain slices does not appear altered after chronic caffeine (Fredholm, 1982; Zielke & Zielke, 1987).

Most chronic studies related to levels or function of adenosine receptors have been caffeine or theophylline. In the 1980's, chronic administration of N<sup>6</sup>-R-phenylisopropyladenosine was shown to reduce the analgetic and locomotor depressant effects of caffeine (Ahljanian & Takemori, 1986). Levels of A<sub>1</sub>-adenosine receptors were unaltered. Recently, chronic injections of A<sub>1</sub>-selective agents, 8-cyclopentyl-1, 3-dipropylxanthine or N<sup>6</sup>-cyclopentyladenosine were shown to have opposite effects on NMDA-induced seizures (Von Lubitz et al., 1994). Chronic xanthine treatment greatly reduces the NMDA-effects, while

chronic treatment with the adenosine analog enhances the NMDA-elicited seizures. Levels of  $A_1$ -adenosine receptors were unaltered.

Adenosine receptors are not the only central receptors, whose levels are altered after chronic caffeine ingestion. This is not surprising, since removal of tonic adenosine inhibition of neurotransmitter release might be expected to increase neurotransmitter release and lead to a downregulation of the relevant neurotransmitter receptor. However, in most cases an up-regulation rather than a down-regulation of receptors occurs. There has been only one broad study of effects of chronic caffeine on levels of central receptors (Shi et al., 1993). Chronic caffeine ingestion in male Swiss strain mice was found to affect the density of receptors subserving noradrenergic, serotonergic, cholinergic and GABAergic pathways (Table 1). Remarkably, since a variety of evidence indicates that caffeine affects dopaminergic function (Ferré et al., 1992), the levels of dopaminergic receptors appear unaffected. The levels of cortical and striatal  $A_1$  adenosine receptors are increased by 15-20% by chronic caffeine, while the level of striatal  $A_{2a}$ -adenosine receptors is unaltered. The levels of cortical  $\beta_1$ - and cerebellar  $\beta_2$ -adrenergic receptors are reduced by about 25%, while the levels of cortical  $\alpha_1$  and  $\alpha_2$ -adrenergic receptors are not significantly altered. The levels of striatal  $D_1$ - and  $D_2$ -dopaminergic receptors are not altered. Levels of cortical muscarinic and nicotinic receptors are increased by 40-50%. The apparent up-regulation of nicotinic receptors may actually represent conversion of nicotinic receptors to a desensitized state. The level of cortical benzodiazepine-binding sites associated with  $GABA_A$ -receptors is increased by 65% and in this case the affinity for diazepam appears slightly decreased. The level of cortical MK-801 binding sites associated with NMDA-glutaminergic receptors appear unaltered. The level of cortical delta-opioid receptors is increased by 25%, while the levels of cortical  $\mu$ - and  $\kappa$ -opioid receptors are unchanged. The level of cortical sigma receptors is unchanged. The density of cortical nitrendipine-binding sites associated with L-type calcium channels is increased by 18%. Thus, there is an incredible array of alterations in levels of central receptors elicited by chronic caffeine ingestion in NIH Swiss strain mice. In addition, basal levels of striatal adenylate cyclase are decreased after chronic caffeine, while stimulations *via*  $D_2$ -dopamine receptors or  $A_{2a}$ -adenosine receptors are unaltered (Shi et al., 1994). In rats, the up-regulation of adenosine receptors (see Daly, 1993), the down-regulation of  $\beta$ -adrenergic receptors (Goldberg et al., 1982; Fredholm et al., 1984; Green & Stiles, 1986) and an up-regulation of benzodiazepine sites, associated with  $GABA_A$ -receptors (Wu & Coffin, 1984; Wu & Phillis, 1986) have been reported after chronic caffeine or theophylline. Effects on other receptors do not appear to have been examined systematically in rats. The levels of forskolin-binding sites, associated with adenylate cyclase, have been reported to be increased in rat cerebral cortex after chronic caffeine (Daval et al., 1989).

Clearly, the plethora of biochemical alterations in mice after chronic caffeine will make difficult interpretations of behavioral alterations in the chronically caffeine-treated animal. The most studied behavioral alteration has been tolerance to caffeine. An "insurmountable tolerance" has been reported in rats (Holtzman, 1983; Holtzman et al., 1988, 1991). An explanation as to how up-regulation of  $A_1$ -adenosine receptors could lead to an "insurmountable" tolerance to an agent, caffeine, that acts as an antagonist has not been forthcoming. The answer may lie in the biphasic dose-response curve to caffeine (see Fig. 1) where low doses of caffeine cause stimulation, while higher doses cause depression of

locomotor activity. Thus, after chronic caffeine the depressant effects may predominate, leading to the appearance of an “insurmountable tolerance” with respect to behavioral stimulation. The effects of chronic caffeine on open-field locomotor activity have been also evaluated thoroughly, not in Sprague-Dawley rats, but recently in NIH Swiss strain mice. Tolerance does not occur in these mice and indeed the threshold for stimulatory effects of caffeine is significantly lowered (Fig. 2, Nikodijevic et al., 1993a). Sensitization to behavioral effects of caffeine after chronic caffeine has also been reported in rats (Meliska et al., 1990). Behavioral depression by high doses of caffeine is perhaps slightly enhanced after chronic caffeine ingestion by mice (Nikodijevic et al., 1993a). The choreiform (dance-like) movements elicited in mice by high doses of caffeine are significantly reduced after chronic caffeine ingestion (Nikodijevic et al., 1993c).

More consonant with the up-regulation of  $A_1$ -receptors is the observation that the behavioral depressant effects of an  $A_1$ -selective adenosine analog,  $N^6$ -cyclohexyladenosine (CHA) are slightly enhanced after chronic caffeine ingestion in mice (Nikodijevic et al., 1993ab). However, the behavioral depressant effects of an  $A_{2a}$ -selective adenosine analog, APEC, are also slightly enhanced, as are those of a potent mixed  $A_1/A_2$ -adenosine analog, NECA. A simple interpretation of these results is complicated by the fact that there appears to be a synergism between the behavioral depressant effects of activation of  $A_1$ -receptors and  $A_{2a}$ -receptors by selective adenosine analogs in mice (Nikodijevic et al., 1991). This may explain the high potency of the mixed  $A_1/A_2$  agonist NECA as a behavioral depressant, and might explain the enhanced depressant effects of all adenosine analogs after the chronic caffeine-elicited up-regulation of  $A_1$ -adenosine receptors.

The converse to synergisms for agonists appears to apply with respect to the behavioral stimulation elicited by xanthines. Thus, 8-cyclopentyltheophylline (CPT), an  $A_1$ -selective antagonist, is a weak behavioral stimulant, 8-cyclopentyl-1, 3-dipropylxanthine (CPX), an even more  $A_1$ -selective antagonist, is not a behavioral stimulant (Nikodijevic et al., 1991, 1993b) and 8-(3-chlorostyryl) caffeine (CSC), an  $A_{2a}$ -selective antagonist, is a very weak behavioral stimulant (Jacobson et al., 1993). However, a combination of CPX and CSC results in a synergistic stimulation of open-field locomotor activity (Fig. 3). Thus, caffeine and other xanthines that are relatively non-selective as adenosine receptor agonists may owe their effectiveness as behavioral stimulants to blockade of both  $A_1$ - and  $A_{2a}$ -adenosine receptors.

Geminal studies in the early 1980's proposed a correlation of  $A_1$ -receptor affinity and behavioral stimulation for xanthines (Snyder et al., 1981; Katims et al., 1983). This no longer appears true and indeed  $A_{2a}$ -receptors have been proposed to have a more dominant role in regulation of behavioral activity (Durcan & Morgan, 1989). Recent studies suggest that stimulation of locomotor activity by caffeine and development of tolerance to caffeine are more closely related to blockade of  $A_1$ -adenosine receptors (Kaplan et al., 1992, 1993). The demonstration of synergistic interactions of  $A_1$ - and  $A_{2a}$ -adenosine receptors in control of locomotor activity (Nikodijevic et al., 1991, Jacobson et al., 1993), suggests that questions as to relative importance of blockade of  $A_1$ - versus  $A_2$ -adenosine receptors to the effects of caffeine will be difficult to answer. It is noteworthy that the effectiveness with which caffeine and other xanthines reverse the depressant effects of adenosine analogs is

usually greater than their ability to cause behavioral stimulation alone (Katims et al., 1983; Coffin et al., 1984; Holtzman et al., 1991).

One other aspect of behavioral effects of adenosine analogs and xanthines further illustrates the complexity of interactions of adenosine/xanthines. In the early 1980's it was noted that the combination of caffeine with N<sup>6</sup>-Rphcnylisopropyladenosine not only reversed the behavioral depressant effects of the adenosine analog, but actually caused a behavioral stimulation greater than that elicited by the xanthines alone (Snyder et al., 1981; Katims et al., 1983, see also Phillis et al., 1986). This occurs with caffeine and theophylline and even with a non-stimulatory xanthine, isobutylmethylxanthine (Fig. 4). An explanation was not apparent in 1980, nor has one been forthcoming. However, on examining dose-response effects on open-field locomotor activity for the adenosine analogs CHA, NECA and APEC in combination with caffeine, it appears that the synergistic stimulatory effect of xanthine-adenosine analog combinations manifests itself as a stimulatory "bump" or at least a plateau in the behavioral dose-response curve as illustrated for NECA in Fig. 5A. It is noteworthy that the stimulatory "bump" is diminished after chronic caffeine ingestion (Fig. 5A and Nikodijevic et al., 1993b) as are the synergistic depressant effects of A<sub>1</sub>- and A<sub>2a</sub>-agonists (Nikodijevic et al., 1993b). Such "bumps" or plateaus in the dose-response curves for NECA have now been observed when NECA is administered in combination with central stimulants other than caffeine (see below).

Since dopaminergic systems are strongly linked to caffeine pharmacology, it was reasonable to examine alterations in behavior subserved by dopaminergic pathways after chronic caffeine. Behaviorally, the stimulation of open-field locomotor activity by amphetamine, which releases dopamine, and cocaine which blocks reuptake of dopamine, are little affected by chronic caffeine ingestion in mice (Nikodijevic et al., 1993a). This is at least consonant with the lack of change in density of dopamine receptors. However, it should be noted that a 1 mg/kg dose of amphetamine has significantly less effect after chronic caffeine ingestion (Nikodijevic et al., 1993a, see Fig. 5B). Further studies are needed, since a large body of evidence suggests that chronic caffeine ought to affect, via blockade of striatal adenosine receptors, the function of dopaminergic receptors and/or dopaminergic sensitivity (Ferré et al., 1992 and ref. therein). Recent studies, demonstrating that antagonists for D<sub>1</sub> and D<sub>2</sub> dopamine receptors block caffeine-induced stimulation of locomotor activity in rats (Garrett & Holtzman, 1994) provide further evidence for the importance of dopamine systems to the behavioral pharmacology of caffeine. Dopamine systems do undergo homeostatic changes as a result of denervation, chronic receptor activation, or chronic receptor-blockade. Chronic treatment with adenosine analogs has been shown to result in an attenuation of both A<sub>2a</sub>-adenosine and D<sub>2</sub>-dopamine receptor-mediated stimulation of striatal adenylate cyclase (Porter et al., 1988). Dopamine denervation was reported to enhance A<sub>2a</sub>-adenosine and D<sub>2</sub>-dopamine receptor interactions in rat striatum (Ferré & Fuxe, 1992). Thus, it is clear that dopamine and A<sub>2a</sub>-adenosine systems are subject to homeostatic regulation, and the lack of major changes after chronic caffeine remains puzzling. It is of mechanistic interest that the dose-response curves for effects of NECA on open-field locomotor activity can exhibit a stimulatory "bump" not only when assessed in the presence of a stimulatory dose of caffeine (Fig. 5A), but also with a stimulatory dose of amphetamine or cocaine (Fig. 5B). The "bump" for amphetamine is diminished after chronic caffeine ingestion.

Cholinergic systems also appear intimately linked to function of striatal dopaminergic systems and to caffeine-sensitive adenosine systems. Chronic caffeine ingestion does cause alterations in levels of both muscarinic and nicotinic receptors (Shi et al., 1993). Nicotine/caffeine interactions have been extensively studied (White, 1988; Cohen et al., 1991 and ref. therein). Behaviorally, the stimulation of open-field locomotor activity by the muscarinic agonist scopolamine in mice is significantly changed after chronic caffeine ingestion (Nikodijevic et al., 1993a). Higher doses of scopolamine are required for the same degree of locomotor stimulation suggesting an increased tonic input of acetylcholine to muscarinic receptors. The depressant effects of a muscarinic agonist, oxotremorine, appear only somewhat diminished after chronic caffeine ingestion. The dose-response curves for effects of NECA on locomotor activity in the presence of a stimulatory dose of scopolamine are only marginally biphasic (Fig. 5D). Behavioral depressant effects of a nicotinic agonist, nicotine, are absent after chronic caffeine ingestion (Nikodijevic et al., 1993a, Shi et al., 1994) in spite of an apparent up-regulation of nicotine receptors. Probably, as is the case for tolerance to nicotine elicited by chronic nicotine, these "up-regulated" receptors are actually desensitized and non-functional (Marks et al., 1993). Nicotine, in combination with caffeine, has little effect in control mice, but can cause behavioral stimulation after chronic caffeine (Shi et al., 1994). It should be noted that the open-field locomotor activity of the NIH Swiss strain mice has been reduced by nearly 40% as a result of chronic ingestion of caffeine, and it was postulated that this might be due in part to enhanced cholinergic function (Nikodijevic et al., 1993a). Mecamylamine, a nicotinic antagonist causes somewhat greater depression in mice after caffeine ingestion (Shi et al., 1994).

Behavioral studies on noradrenergic, serotonergic, GABA<sub>A</sub>, and calcium channel function after chronic caffeine ingestion also are needed, since levels of receptors subserving these systems are altered after chronic treatment of male NIH Swiss strain mice (Shi et al., 1993).

In summary, a large body of evidence suggests that A<sub>1</sub>- and A<sub>2a</sub>-adenosine receptors are the most likely targets for pharmacological actions of caffeine in the central system. The A<sub>1</sub>- and A<sub>2</sub>-adenosine receptor-regulated pathways are not independent and seem to interact synergistically to cause behavioral depression, while blockade by receptor-selective xanthines interacts synergistically to cause behavioral stimulation. Thus, caffeine may owe many central-mediated behavioral effects to its non-selective ability to block A<sub>1</sub>- and A<sub>2a</sub>-adenosine receptors. Chronic ingestion of caffeine by NIH Swiss strain mice results in a wide range of biochemical alterations in the central nervous system (Table 1). A depression in basal open-field locomotor activity occurs, accompanied by changes in responsiveness to caffeine and other xanthines, to adenosine analogs, and to cholinergic agents. Changes in behavioral responsiveness to dopaminergic agents are minimal. Combinations of caffeine with an adenosine analog reveal interesting multiphasic effects of the adenosine analog on locomotor activity. Such multiphasic effects also pertain for combinations of the adenosine analog with dopaminergic (cocaine, amphetamine) agents, but not with muscarinic (scopolamine) agents. Chronic caffeine ingestion reduces the depressant effects of ethanol, but chronic ethanol ingestion has no effect on the locomotor stimulation evoked by caffeine (Daly et al., 1994).

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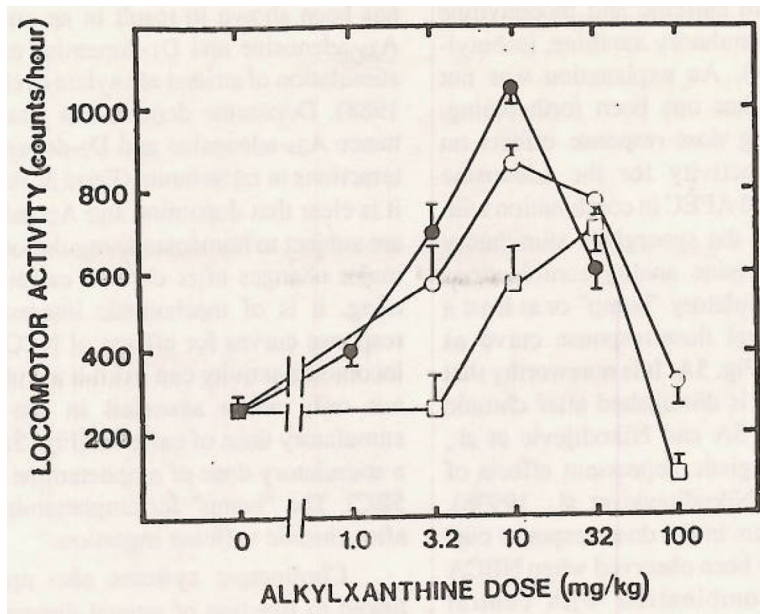
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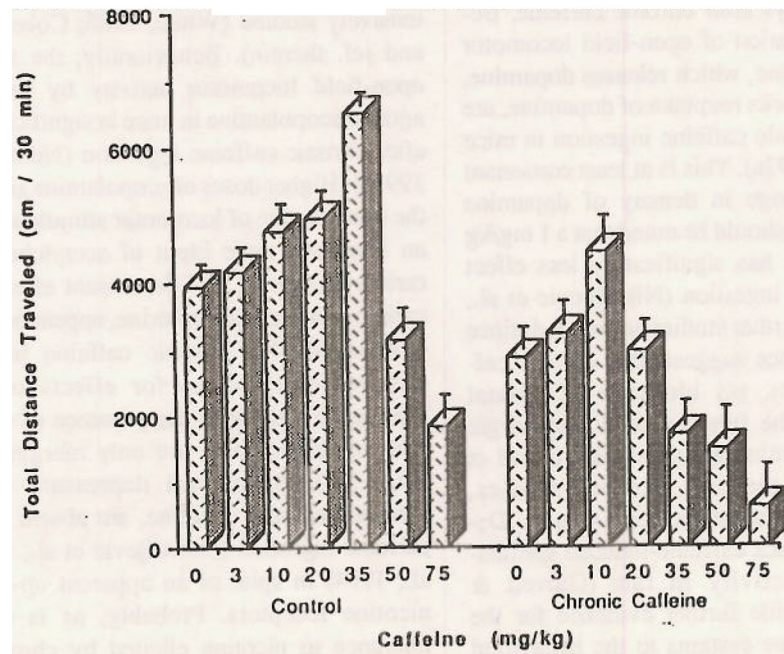


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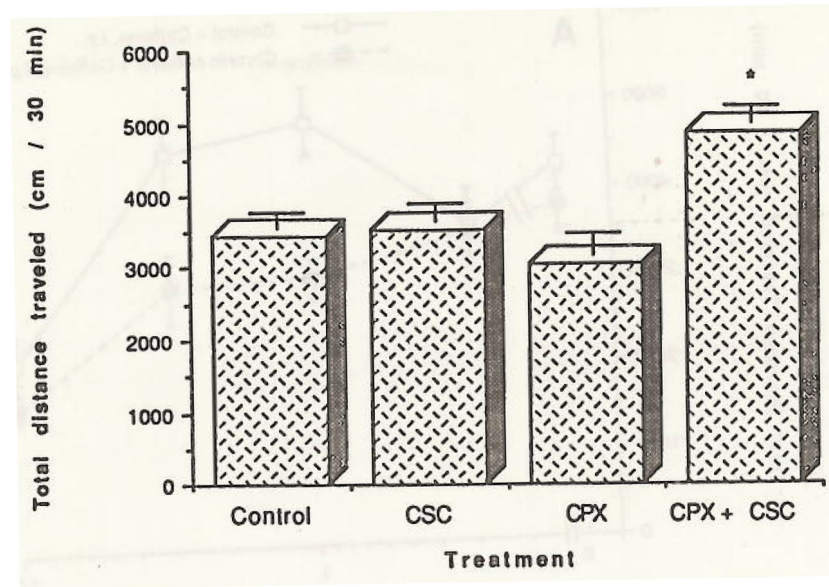
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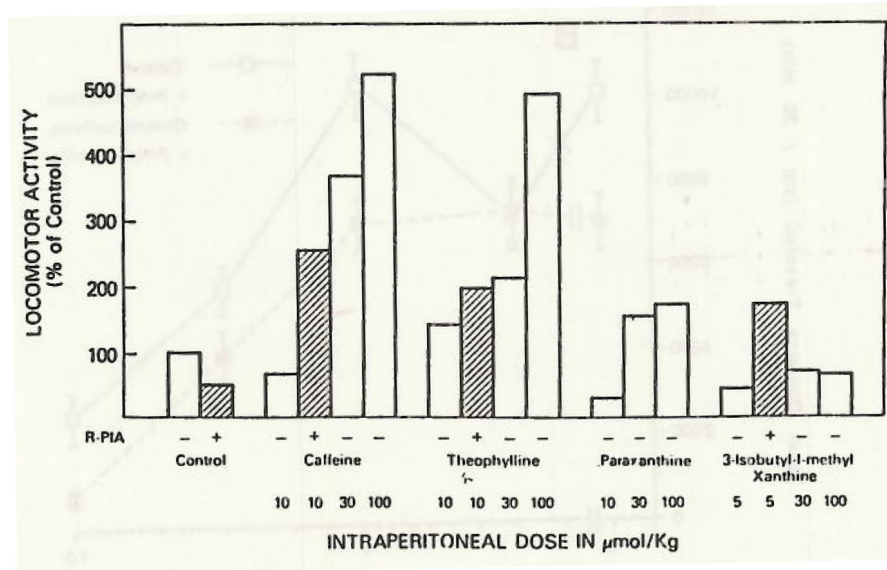
**Fig. 1.** Typical Bell-shaped Dose-Response Curves for Effects of Xanthines on Open-Field Locomotor Activity in Mice (Daly, 1993). Caffeine (●), theophylline (□), 3,7-dimethyl-1-propargylxanthine (○). Activity measured for 60 min in a circular arena after intraperitoneal injection of xanthine to male NIH Swiss strain mice.



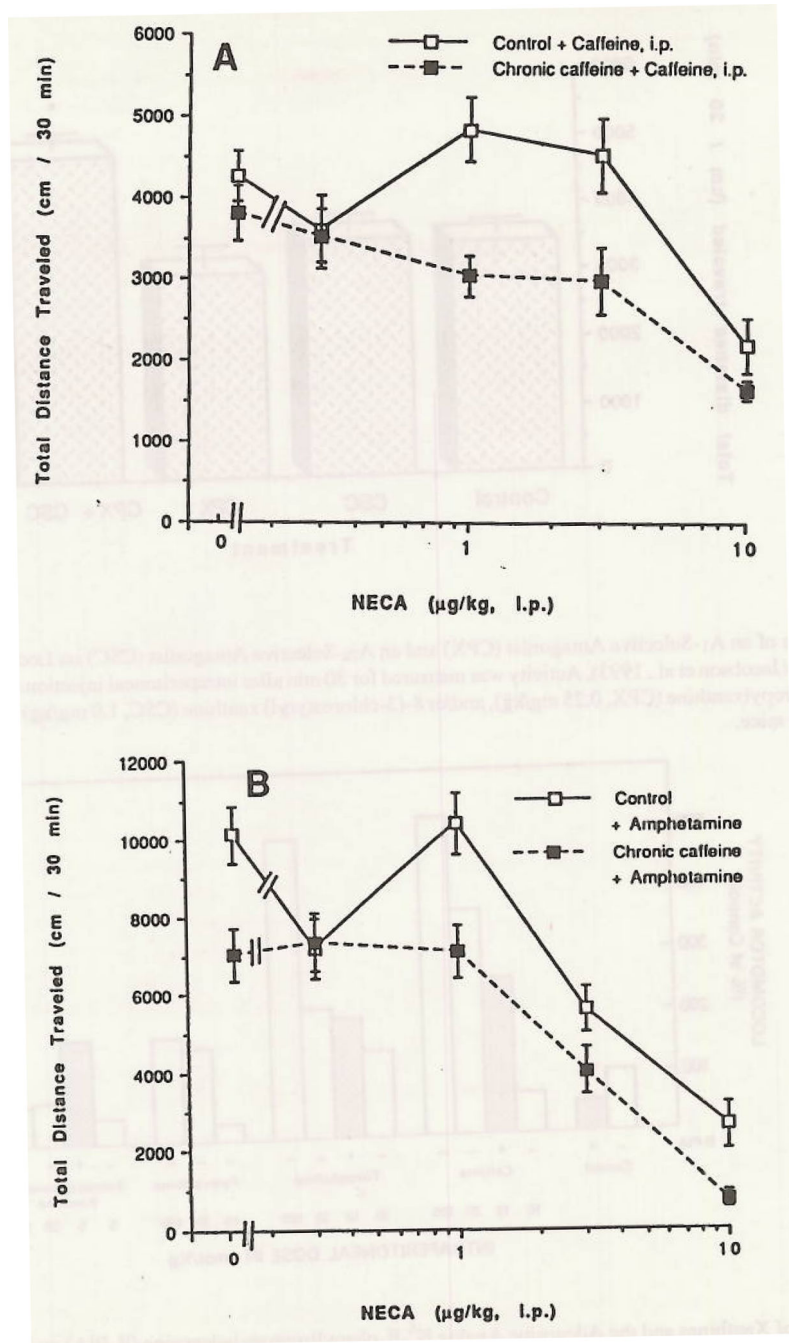
**Fig. 2.** Dose-Response Relationships for Effects of Caffeine on Locomotor Activity in Mice (Nikodijevic et al., 1993a). Activity was measured for 30 min in a circular arena after intraperitoneal injection of caffeine in control and chronic caffeine male NIH Swiss strain mice. Caffeine ingestion (100 mg/kg/day) was for 7 days, followed by 2-4 hr withdrawal for caffeine clearance.

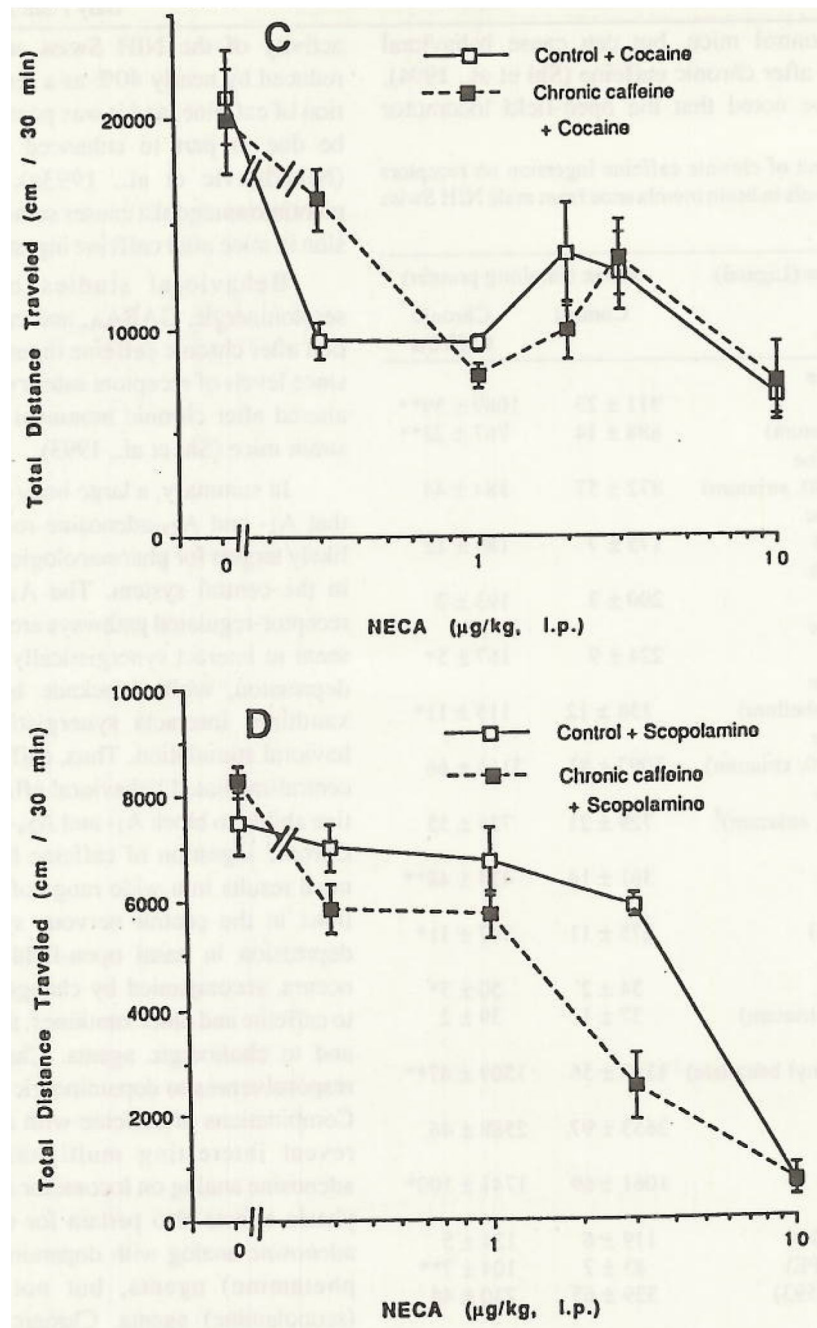


**Fig. 3.** Effects of an  $A_1$ -Selective Antagonist (CPX) and an  $A_{2a}$ -Selective Antagonist (CSC) on Locomotor Activity in Mice (Jacobson et al., 1993). Activity was measured for 30 min after intraperitoneal injection of 8-cyclopentyl-1, 3-dipropylanthine (CPX, 0.25 mg/kg), and/or 8-(3-chlorostyryl) xanthine (CSC, 1.0 mg/kg) in male NIH Swiss strain mice.



**Fig. 4.** Effects of Xanthines and the Adenosine Analog N<sup>6</sup>-R-phenylisopropyladenosine (R-PIA) on locomotor activity in mice (Daly, 1993). Open-field activity is for the second thirty minute period after intraperitoneal injections to Male ICR mice of xanthines alone or in combination with R-PIA (0.2 µmol/kg). Note the depressant effect of lowest dose of caffeine and stimulatory effect of R-PIA in combination with that dose of caffeine.





**Fig. 5.** Dose-Dependent Effects of NECA on Open-Field Locomotor Activity of Mice in the Presence of a Central Stimulant (Nikodijevic et al., 1993b; Shi et al., 1994). *A.* Caffeine (5 mg/kg). *B.* Amphetamine (1 mg/kg). *C.* Cocaine (20 mg/kg). *D.* Scopolamine (1 mg/kg). Male NIH Swiss strain mice were injected intraperitoneally with a central stimulant (caffeine, amphetamine, cocaine, scopolamine) and varying doses of the adenosine analog NECA and open-field locomotor activity was measured for a 30 minute period. Caffeine



ingestion (100 mg/kg/day) was for 4 days, followed by 2-4 hr withdrawal for caffeine clearance.

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**Table 1**

Effect of chronic caffeine ingestion on receptors and ion channels in brain membrane from male NIH Swiss Strain mice.

Receptor (Ligand)	$B_{max}$ (fmol/mg protein)	
	Control	Chronic Caffeine
A <sub>1</sub> -Adenosine		
(CHA)	911 ± 23	1089 ± 39 **
(CHA, striatum)	688 ± 14	767 ± 28 **
A <sub>2A</sub> -Adenosine		
(CGS 21680, striatum)	872 ± 57	884 ± 44
α <sub>1</sub> -Adrenergic		
(Cionidine)	175 ± 7	189 ± 12
α <sub>2</sub> -Adrenergic		
(Prazosin)	200 ± 3	193 ± 2
β <sub>1</sub> -Adrenergic		
(DHA)	224 ± 9	167 ± 5 *
β <sub>1</sub> -Adrenergic		
(DHA, cerebellum)	158 ± 12	115 ± 11 *
D <sub>1</sub> -Dopamine		
(SCH 23390, striatum)	3097 ± 81	3165 ± 66
D <sub>2</sub> -Dopamine		
(Spiperone, striatum) <sup>‡</sup>	729 ± 21	725 ± 55
5-HT <sub>1</sub>		
(Serotonin)	361 ± 14	474 ± 48 **
5-HT <sub>2</sub>		
(Ketanserin)	275 ± 11	347 ± 11 *
Nicotinic		
(Nicotine)	34 ± 2	50 ± 3 *
(Nicotine, striatum)	37 ± 1	39 ± 2
Muscarinic		
(Quinuclidinyl benzilate)	1153 ± 56	1509 ± 47 **
NMDA		
(MK-801)	2653 ± 97	2588 ± 46
GABA <sub>A</sub>		
(Diazepam)	1061 ± 69	1741 ± 100 *
Opioid		
mu (DAMGO)	119 ± 6	134 ± 5
delta (DPDPE)	83 ± 2	104 ± 7 **

Receptor (Ligand)	B <sub>max</sub> (fmol/mg protein)	
	Control	Chronic Caffeine
kappa (U69593)	339 ± 65	230 ± 48
Sigma (DTG)	2580 ± 90	2560 ± 170
Ca <sup>2+</sup> Channel (Nitredinine)	314 ± 6	369 ± 12 <sup>**</sup>

Binding of radioligands to conical membranes or as noted to cerebellar or striatal membranes from control mice and chronic caffeine mice. Values for B<sub>max</sub> are means ± S.E.M. (Shi et al., 1993, 1994).

\*  
 $p < 0.01$

\*\*  
 $p < 0.05$ .

<sup>‡</sup> no significant change when assayed with [3H] raclopride.

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