Ketamine blocks the correlation between morphine-induced conditioned place preference and anxiety-like behaviors in mice.

Authors:

Holly E. Jones[1,3,6], Greer McKendrick[2,3,6], Hannah Garrett[3], Dillon S. McDevitt[2,3], Sonakshi Sharma[3], Yuval Silberman[4], Nicholas M. Graziane[5*]

Author Affiliations:

[1]Summer Undergraduate Research Internship Program, Penn State College of Medicine

[2]Neuroscience graduate program, Penn State College of Medicine, Hershey, PA 17033, USA

[3]Department of Anesthesiology and Perioperative Medicine, Penn State College of Medicine, Hershey, PA 17033, USA

[4]Department of Neural and Behavioral Sciences, Penn State College of Medicine, Hershey, PA 17033, USA

[5]Departments of Anesthesiology and Perioperative Medicine and Pharmacology, Penn State College of Medicine, Hershey, PA 17033, USA

[6]These authors contributed equally: Holly E. Jones, Greer McKendrick.

* Correspondence:

Nicholas Graziane, Ph.D.

E-mail: ngraziane@pennstatehealth.psu.edu

Address: Department of Anesthesiology and Perioperative Medicine, Mail Code H187

Pennsylvania State College of Medicine

500 University Drive

Hershey, PA 17033

Telephone: 717-531-0003 X-329159

Fax: 717-531-6221

Running title: Ketamine effects on morphine-induced CPP

Abstract

Patients suffering from opioid use disorder often relapse during periods of abstinence, which is posited to be caused by negative reinforcement driving motivated behaviors. Here, we explored whether opioid-seeking behaviors in mice were correlated with the negative affect of anxiety. To do this, we conditioned mice to associate a specific context with morphine, an opioid with strongly addictive properties, using a three compartment chamber. 24 h following five days of morphine (10 mg/kg, i.p.) conditioning, anxiety levels were tested by measuring time in the open arms of an elevated plus maze. The next day, mice were placed in the three compartment chamber to measure morphine-induced conditioned place preference (CPP). Our results show that following morphine conditioning, mice spent significantly less time in the open arm of the elevated plus maze, which was negatively correlated with the CPP score. Furthermore, we found that an acute treatment with (R,S)-ketamine (10 mg/kg, i.p.), a medication demonstrating promise for preventing anxiety-related phenotypes, 30 min. prior to testing on post conditioning day 1, increased time spent in the open arm of the elevated plus maze in morphine conditioned mice. Lastly, we found that a second injection of ketamine 30 min. prior to CPP tests on post conditioning day 2 attenuated morphine-induced CPP, which lasted for up to 28 d. Overall, our results suggest that morphine-induced CPP may be driven by negative reinforcement, which can be prevented by acute ketamine administration.

Keywords: negative affect, morphine, conditioned place preference, anxiety, opioid use disorder, ketamine, psychedelics

Introduction

Ketamine is a potent noncompetitive antagonist at the N-methyl-D-aspartate (NMDA) receptor (Ebert et al., 1997) and is approved by the Food and Drug Administration as a general anesthetic in humans. Ketamine also is used off label for analgesia (Quibell et al., 2011), complex regional pain syndrome (Sigtermans et al., 2009), refractory status epilepticus (Gaspard et al., 2013), and most recently for treatment of resistant depression (Iadarola et al., 2015). Additionally, there is growing evidence that ketamine has significant short- and long-term anxiolytic effects (Glue et al., 2018).

The motivation to continually seek and obtain addictive substances during periods of abstinence or recovery is caused, in part, by the necessity to avoid aversive internal states. Evidence for this comes from patients with substance use disorders who self-report urges and intentions to take drugs to avoid drug-withdrawal symptoms (O'Brien, 1975;Baker et al., 2004;Wikler, 2013) or to cope with negative affect (Perkins and Grobe, 1992;Zinser et al., 1992;Wetter et al., 1994;Cooney et al., 1997;Conklin and Perkins, 2005;Fox et al., 2007). For example, abstinence from morphine, a highly addictive opioid, facilitates increases in anxiety (Gold et al., 1978;1979), which is a potential factor in continued drug use (Martins et al., 2012).

In order to better understand the mechanisms mediating drug-craving and subsequent relapse, preclinical models have been developed whereby drug-seeking behaviors are monitored in drug-exposed rodents. One such model of addiction is the conditioned place preference (CPP) paradigm; a drug is paired with a context over a period of days, followed by a test day, when the time spent in the drug-paired or the non-drug paired contexts is measured. Many reports have demonstrated that morphine elicits robust place preference for the morphine-paired context following short- or long-term abstinence at varying doses and conditioning paradigms (Tzschentke, 2007;Koo et al., 2014;Graziane et al., 2016;Hearing et al., 2016). However, evidence suggesting that this "drug context-seeking" behavior is mediated by negative affective states remains lacking. Here, we attempted to correlate the negative affect of anxiety, measured using the elevated plus maze (Pellow et al., 1985), with morphine-induced CPP and investigate whether acute (*R,S*)-ketamine administration prior to testing was sufficient to alter anxiety and/or morphine-induced CPP behaviors.

Methods

Animals

All experiments were done in accordance with procedures approved by the Pennsylvania State University College of Medicine Institutional Animal Care and Use Committee. Male C57BL/6J mice aged 5-8 weeks were purchased from Jackson Labs (stock #000664) (Bar Harbor, ME), singly-housed, and maintained on a regular 12 hour light/dark cycle (lights on 07:00, lights off 19:00) with *ad libitum* food and water. In total, 7 mice treated with morphine were removed from the study due to one of the following reasons: 1) a missed injection of morphine during conditioning evidenced by the lack of Straub tail, and a significant decrease in locomotor time compared to the previous days or 2) placed in the wrong context during drug pairing, or 3) the home cage was flooded during conditioning.

Drugs

(−)-morphine sulfate pentahydrate was provided by the National Institute on Drug Abuse Drug Supply Program. Ketamine hydrochloride (racemic mixture of 50% *R*-ketamine and *S*-ketamine) (Dechra Pharmaceuticals, Northwich, United Kingdom) was purchased from the Comparative Medicine Department at the Pennsylvania State University College of Medicine.

Conditioned Place Preference

Conditioned place preference (CPP) chambers (Med Associates) were located in the mouse housing room and consisted of three distinct compartments separated by manual guillotine-style doors. Each compartment had distinct contextual characteristics: the middle (neutral) compartment (2.85″ × 5″ × 5″) had grey walls and grey plastic floor, while the choice compartments (6.6″ × 5″ × 5″ each) had either white walls and stainless steel mesh floor or black walls and stainless steel grid floor. All compartments were illuminated with a dim light during use. Immediately following use the entire preference chamber was cleaned thoroughly with a scent-free soap solution. Mouse locations, activity counts, and time spent in each compartment were collected via automated data-collection software (Med Associates) via infrared photobeam strips lining each compartment. Morphine administration was verified with the Straub tail response and enhanced locomotor activity.

Habituation. Mice were placed in the center compartment with free access to all three compartments for 20 min once a day for two days. Time spent (seconds) in each compartment was recorded.

Conditioning. 24 h after habituation, mice received 5 d conditioning training. Morphine-paired compartments were assigned based on the least preferred side (a biased approach) (Tzschentke, 2007) calculated by averaging time spent in each compartment over the 2 habituation days. Similar to conditioning studies with alcohol (Gremel et al., 2006), we find that C57BL/6J mice will reliably develop morphine CPP using a biased approach. During conditioning, mice received an injection of saline and were placed into the most preferred compartment for 40 min. 6 h later, mice received an injection of saline (control group) or morphine (10 mg/kg, i.p.) and were placed into their least preferred compartment for 40 min. (Koo et al., 2014;Graziane et al., 2016).

Post conditioning. 48 h or 28 d after the last conditioning day, mice were placed in the 3-compartment chamber and allowed to move freely for 20 min. Our post-conditioning took place at a time point corresponding to 3 h prior to drug conditioning (e.g., morphine conditioning took place at 3 P.M., post-conditioning tests took place 2 or 28 days later at 12 P.M.). CPP scores were calculated as time spent in the drug-paired side minus the average time spent on the same side during preconditioning (Bohn et al., 2003). Activity counts are defined as any beam break within a current zone. This is inclusive of grooming, rearing, and lateral movements. Mice were treated with 0.9% saline (0.1 ml, i.p.) or with ketamine (10 mg/kg, i.p.) 30 min. prior to the first CPP test.

 Elevated Plus Maze

The elevated plus maze for mice (Stoelting, Item #60140) was raised approximately 50 cm from
the ground. The floor of the elevated portion of the maze was gray. Two opposite arms (35×5
cm each) of the maze were enclosed by a 15 cm high wall and the remaining two arms were
"open." A center space (5 cm^2) between these four arms was also not enclosed. The elevated
portion of the apparatus was cleaned thoroughly with a scent-free soap solution after each trial.
Behavioral tests were performed in the animal housing room under ambient light of the light
cycle.

24 h after the last conditioning day in the CPP apparatus, mice were placed in the center space
facing the open arm and allowed to explore the apparatus for 5 minutes prior to being placed
back into their home cage (Grisel et al., 2008). Each trial was video recorded using a GoPro
camera (Hero7 white) and analyzed by researchers blinded to treatment condition of the mice.
Time in the open arm was measured when the body of the mouse cleared the center space. Mice
were treated with 0.9% saline (0.1 ml, i.p.) or ketamine (10 mg/kg, i.p.) 30 min. prior to the
elevated plus maze test.

Statistical Analysis

Statistical significance was assessed in GraphPad Prism software using a Student's t-test, one- or
two-way ANOVA with Bonferroni's correction for multiple comparisons as specified. F values
for two-way ANOVA statistical comparisons represent interactions between variables unless
stated otherwise. Two-tailed tests were performed for all studies. For correlation analysis, the
Pearson's correlation coefficient, and subsequent linear regression, were determined. P<0.05 was
considered to indicate a statistically significant difference.

Results

Expression of morphine conditioned place preference is correlated with anxiety-like
behaviors

Repeated exposure to morphine increases levels of anxiety both in humans and in animal models
of substance use disorders (Gold et al., 1978;1979;Becker et al., 2017). Additionally, it is posited
that relapse to opioids in abstinent patients is caused by negative affective states driving negative
reinforcement (Solomon and Corbit, 1978;Koob and Le Moal, 2008;Evans and Cahill, 2016). In
an attempt to provide evidence that morphine-induced CPP, a preclinical model of addiction-like
behavior (Bardo and Bevins, 2000), is mediated, in part, by negative reinforcement, 24 h
following the last morphine conditioning session (**Fig. 1A**), we measured anxiety levels using an
elevated plus maze (Pellow et al., 1985). We found that morphine-treated animals, who showed
robust locomotor sensitization by conditioning day 5 (**Fig. 1B**), expressed a significant decrease
in the percent time spent in the open arm of the elevated plus maze compared to saline-treated
controls ($t_{(18)}$=3.59, p=0.002, Student's t-test) (**Fig. 1C**). To correlate anxiety levels with CPP
scores, mice underwent CPP tests 24 h following anxiety tests (**Fig. 1A**). We found that 5 d
morphine conditioning elicited significant increases in place preference ($t_{(18)}$=3.70, p=0.002,
Student's t-test) (**Fig. 1D**), which was negatively correlated with the percent time spent in the

open arms of the elevated plus maze (Pearson's correlation coefficient = -0.788). This correlation
was not observed in saline-treated animals (Pearson's correlation coefficient = -0.354). A simple
linear regression was carried out to investigate the relationship between anxiety levels and
morphine-induced CPP. A significant regression equation was found in morphine-treated mice
($F_{(1,5)}$=8.21, p=0.04, R^2=0.62), while saline-treated animals did not display a significant
relationship between anxiety levels and saline-induced place conditioning ($F_{(1,11)}$=1.57, p=0.24,
R^2=0.13) (**Figs. 1E and F**). Overall, these results suggest that morphine conditioning in a CPP
paradigm is sufficient to facilitate anxiety-like behaviors during 24 h abstinence and these
anxiety-like behaviors are correlated with morphine-induced CPP.

Ketamine blocks morphine-induced anxiety-like behaviors and morphine CPP

Evidence suggests that (*R,S*)-ketamine, a noncompetitive NMDA receptor antagonist (Lodge et
al., 1982;Kohrs and Durieux, 1998), is an effective treatment for anxiety and substance use
disorders (Krupitsky et al., 2002a;Ivan Ezquerra-Romano et al., 2018;Taylor et al., 2018).
Because of this, we investigated whether an acute injection of (*R,S*)-ketamine (30 min. prior to
testing) would be sufficient to block anxiety-like behaviors and/or morphine-induced CPP (**Fig.**
2A). Following conditioning with morphine, which produced robust locomotor sensitization
(**Fig. 2B**), we found that (*R,S*)-ketamine treatment significantly increased the percent time in the
open arms of the elevated plus maze ($F_{(3, 32)}$=17.36, p<0.0001, one-way ANOVA, Bonferroni
post hoc test) (**Fig. 2C**) and was sufficient to prevent morphine-induced CPP ($F_{(3, 32)}$=5.64,
p=0.003, one-way ANOVA, Bonferroni post hoc test) (**Fig. 2D**) without altering locomotor
activity on test day (during morphine abstinence) ($F_{(3,32)}$=0.602, p=0.618, two-way repeated
measures ANOVA, Bonferroni post hoc test) (**Fig. 2E**). In addition, we observed that an acute
(*R,S*)-ketamine injection blocked the negative correlation between the percent time spent in the
open arms of the elevated plus maze and morphine-induced CPP (Pearson's correlation
coefficient = 0.3036) (**Fig. 2F and G**). There was no correlation observed in saline-conditioned
mice treated with (*R,S*)-ketamine (Pearson's correlation coefficient = -0.1868). A simple linear
regression revealed no linear relationship between anxiety and CPP in morphine conditioned
mice ($F_{(1,4)}$=0.406, p=0.56, R^2=0.092) or saline-conditioned mice ($F_{(1,8)}$=0.289, p=0.605,
R^2=0.035).

Acute ketamine treatment blocks the long-term expression of morphine CPP

Lastly, we have previously shown that morphine-induced CPP, using the described paradigm, is
sufficient to elicit long-lasting CPP for up to 28 d post conditioning (Graziane et al., 2016). To
test whether ketamine was sufficient to prevent the prolonged expression of morphine-induced
CPP, animals treated with ketamine at 24 and 48 h post conditioning were re-exposed to the CPP
test 28 d post-conditioning. We found that acute injection of (*R,S*)-ketamine on post conditioning
days 1 (prior to elevated arm maze tests) and 2 (prior to CPP tests) was sufficient to prevent the
prolonged expression of morphine-induced CPP on post-conditioning day 28 ($F_{(3, 35)}$=7.39,
p=0.0006, one-way repeated measures ANOVA, Bonferroni post hoc test) (**Fig. 3**).

Discussion

Our results show that the percent time spent in the open arms of the elevated plus maze is
decreased in animals conditioned with morphine. Additionally, we show a significant correlation
between anxiety-like behaviors and morphine CPP such that decreases in the time spent in the
open arms of the elevated plus maze (increased anxiety-like behavior) is correlated with
increases in the time spent in the morphine-paired context. Lastly, we show that an acute
injection of (*R,S*)-ketamine 30 min prior to the elevated plus maze and CPP tests is sufficient to
block morphine-induced anxiety-like behaviors and morphine-induced CPP on post-conditioning
day 1 and up to 28 d post conditioning.

Anxiety-like behaviors during morphine abstinence

Morphine possesses anxiolytic-like properties during initial exposure (Koks et al., 1999;Sasaki et
al., 2002;Shin et al., 2003). However, during opioid abstinence, symptoms of anxiety (Gold et
al., 1978;1979;Li et al., 2009;Shi et al., 2009) or anxiety-like behaviors are observed (Cabral et
al., 2009;Becker et al., 2017). Here, we show that 24 h following repeated morphine injections
(once a day for 5 days), mice display anxiety-like behaviors in the elevated plus maze (**Fig. 1C**).
These results are similar to previous studies showing escalating doses of morphine over a 6 day
period induce anxiety-like behaviors in the marble burying task (Becker et al., 2017).
Additionally, our observed morphine-induced anxiety-like behavior is timed with anxiogenic
neurobiological responses that occur during acute opioid abstinence including, increases in
norepinephrine release in the extended amygdala (Fuentealba et al., 2000), norepinephrine-
induced modulation of the extended amygdala (Aston-Jones et al., 1999;Delfs et al., 2000;Smith
and Aston-Jones, 2008), activation of the amygdalar corticotrophin-releasing factor (CRF)
system (Heinrichs et al., 1995;Maj et al., 2003), and decreases in dopamine transmission (Diana
et al., 1995).

The observed correlation between anxiety-like behaviors and drug-seeking behaviors following
morphine conditioning in a three chamber apparatus (**Fig. 1F**) may suggest that animals seek the
drug-paired chamber as a consequence of negative reinforcement to alleviate aversive affective
states facilitated by opioid abstinence. Importantly, our injection regimen of morphine 10 mg/kg
once a day for 5 consecutive days does not induce signs of somatic withdrawal in mice including
jumping, wet dog shakes, teeth chattering, rearing, tremor, diarrhea, or mastication (Gallego et
al., 2010), coinciding with the lack of observed somatic withdrawal symptoms following a more
prolonged injection regimen of 5 daily morphine (10 mg/kg, i.p.) injections over 4 weeks
(Robinson and Kolb, 1999). Although, more studies are required, it is plausible that specific
opioid dosing regimens may be implemented in a preclinical setting in order to separate opioid-
induced negative affective states (e.g., anxiety) from confounds induced by somatic signs of
opioid withdrawal. This idea has been demonstrated previously with doses of naloxone (used to
precipitate opioid withdrawal) that were sub-threshold for somatic signs of opioid withdrawal
(Gracy et al., 2001).

Ketamine's effects on anxiety-like behaviors

Ketamine has recently been shown to be a potential effective treatment for anxiety disorders
(Glue et al., 2018;Shadli et al., 2018;Taylor et al., 2018). In humans, ketamine displays a
biphasic dose effect on anxiety, with low doses decreasing anxiety and higher doses increasing

anxiety (Jansen, 1989;Krystal et al., 1994). Likewise, in rodents, ketamine induces anxiolytic-
like behaviors (Engin et al., 2009;Zhang et al., 2015;Fraga et al., 2018) as well as anxiogenic-
like phenotypes likely dependent upon the dose, temporal relationship between ketamine
injection and test onset, and rodent species (Silvestre et al., 1997;da Silva et al., 2010). Here, we
demonstrate that in C57BL/6J mice, acute injection of ketamine at 10 mg/kg, i.p. 30 min prior to
testing is sufficient to block morphine-induced anxiety-like behaviors during a 24 h abstinence
time period (**Fig. 2C**). Additionally, we find that ketamine significantly increases percent time in
the open arm of the elevated plus maze in mice conditioned with saline. This significant change
observed in saline conditioned animals suggests that ketamine, at the dose and temporal
relationship of ketamine injection and test onset, is sufficient to overcome baseline anxiety-like
behaviors in animals exposed to a novel environment (i.e., elevated plus maze). Together, these
findings suggest that ketamine is sufficient to reduce anxiety-like behaviors and morphine-
seeking behaviors, further providing evidence that negative affective states drive morphine-
induced place preference in the CPP model.

Despite the evidence suggesting that the antagonistic effects of ketamine on NMDA receptors in
the bed nucleus of the stria terminalis attenuate negative affective states (Louderback et al.,
2013), the mechanisms mediating the observed anxiolytic-like effects are unknown. In addition
to acting as a non-competitive antagonist to NMDA receptors in the extended amygdala,
evidence suggests that ketamine interacts with hyperpolarization-activated cyclic nucleotide-
gated (HCN) channels as well as dopamine, serotonin, sigma, opioid, and cholinergic receptors
(Scheller et al., 1996;Cai et al., 1997;Kubota et al., 1999;Lydic and Baghdoyan, 2002;Wang et
al., 2012;Zanos et al., 2018). Additionally, ketamine metabolites are biologically active as
antagonists to NMDA receptors (Ebert et al., 1997) and α7 nicotinic acetylcholine receptors
(Moaddel et al., 2013), while also possessing agonistic activity for α-amino-3-hydroxy-5-methyl-
4-isoxazolepropionic acid (AMPA) receptors (Zanos et al., 2016;Tyler et al., 2017). Because of
the promiscuous activity of ketamine and its metabolites, it has been difficult to pinpoint how
ketamine influences anxiety states both in humans and in preclinical models.

Ketamine's effects on morphine-induced conditioned place preference

Using a paradigm known to induce robust CPP for up to 28 d post conditioning (Graziane et al.,
2016), we show that an acute injection of ketamine 30 min prior to the CPP test on abstinence
day 2 is sufficient to block morphine-induced CPP. These results are not likely caused by
changes in locomotor activity as activity counts during habituation (baseline) were not
significantly different from activity counts measured following ketamine administration (**Fig.
2E**). Our results are in line with previous publications demonstrating that ketamine blocks
morphine-induced CPP in mice (Suzuki et al., 2000). However, the effects on locomotor activity
are conflicting. Whereas, our results and those from previous publications show that ketamine
does not influence locomotor activity (Lindholm et al., 2012), others have found that locomotor
activity is increased (Filibeck and Castellano, 1980) or decreased following ketamine
administration (Akillioglu et al., 2012). These discrepancies are likely due to the temporal
relationship between ketamine treatment and test onset. Here, we performed our tests 30 min
following ketamine injection similar to previous studies (Lindholm et al., 2012), while tests
performed 5 min or 15 min following ketamine administration appear to increase or decrease
locomotor activity, respectively (Filibeck and Castellano, 1980;Akillioglu et al., 2012). Given

that the half-life of ketamine is ~13-25 min. in mice following i.p. administration (Maxwell et
al., 2006;Zanos et al., 2016;Ganguly et al., 2018), it is possible that the locomotor effects
observed are due to ketamine action prior to metabolism, while the effects on negative affect are
potentially attributed to ketamine metabolites including hydroxynorketamine (Li et al.,
2015;Zanos et al., 2016). This hypothesis will need to be tested in future experiments.

Ketamine abolishes the correlation between anxiety-like behaviors and morphine-induced CPP

Based on our findings that ketamine elicited anxiolytic-like behaviors following an acute
injection, it is possible that the acute administration of ketamine was sufficient to prevent a
negative affective state during 24 h morphine abstinence, thus facilitating the lack of motivation
to seek a context paired with a drug reward (i.e., morphine-induced CPP). It is also plausible that
the block of morphine-induced CPP by ketamine may be mediated by its effects on cognition and
memory, thus blocking the recall of morphine-context associations (Ghoneim et al.,
1985;Newcomer et al., 1999;Morgan et al., 2004) (Malhotra et al., 1996;Pfenninger et al., 2002).
However, based on previous findings (Honey et al., 2005;Zhai et al., 2008;Goulart et al., 2010),
these ketamine-induced deficits in cognitive functioning and memory are not likely to influence
already encoded morphine-context associations. This does not rule out that ketamine's effects on
morphine-induced CPP may be mediated by other mechanisms of action as ketamine has proven
effective for treating pain (Weisman, 1971;Laskowski et al., 2011;Jonkman et al., 2017),
depression (Khorramzadeh and Lotfy, 1973;Sofia and Harakal, 1975), and inflammation
(Roytblat et al., 1998;Beilin et al., 2007;Loix et al., 2011).

Ketamine as a treatment option for substance use disorders

There is growing clinical and preclinical evidence that ketamine may be a potential treatment
option for substance use disorders (Ivan Ezquerra-Romano et al., 2018;Jones et al., 2018).
Through the use of ketamine psychotherapy (Ivan Ezquerra-Romano et al., 2018), alcohol-
dependent patients (Krupitsky and Grinenko, 1997;Kolp et al., 2006), heroin-dependent patients
(Krupitsky et al., 2002b;Krupitsky et al., 2007), and cocaine-dependent patients (Dakwar et al.,
2017) showed greater rates of abstinence and reductions in drug craving. These results have been
echoed in preclinical models of substance use disorders as acute ketamine injections significantly
attenuate alcohol self-administration (Sabino et al., 2013) and prevent the reconsolidation of
morphine-induced CPP (Zhai et al., 2008). Here, we discovered a novel and unexpected loss of
long-term expression of morphine-induced CPP in animals injected with (R,S)-ketamine at time
points corresponding to 24 and 48 h post CPP conditioning. These results demonstrate the
profound effect that (R,S)-ketamine has on reward-related behaviors and opens up many avenues
including, investigating temporal effects of ketamine treatment at later time points following
conditioning, the neurocircuit mechanisms mediating this prolonged ketamine effect on
morphine-induced CPP, and the specificity for drug-context associations versus other forms of
memory. With the ever increasing use of ketamine as an antidepressant in major depressive
disorder (Berman et al., 2000;Diazgranados et al., 2010;Ibrahim et al., 2011;Zarate et al.,
2012;Murrough et al., 2013b), applying its therapeutic use to patients suffering from substance
use disorders holds potential value as an alternative treatment option.

Limitations to the use of ketamine as a treatment option for substance use disorders

Despite its therapeutic value, ketamine has undesirable side effects including drowsiness, confusion, dizziness, and dissociative psychiatric side effects (Zarate et al., 2006;Diazgranados et al., 2010;Ibrahim et al., 2011;Murrough et al., 2013a). Additionally, evidence suggests that ketamine impairs cognition and memory (Harris et al., 1975;Ghoneim et al., 1985;Malhotra et al., 1996;Newcomer et al., 1999;Pfenninger et al., 2002;Morgan et al., 2004;Honey et al., 2005;Mathew et al., 2010;Driesen et al., 2013) and may cause urological effects (Middela and Pearce, 2011). A limitation of ketamine use as a treatment option for substance use disorders is its abuse potential (Liu et al., 2016). However, controlled studies in patients addressing the abuse potential of low-dose ketamine are lacking and if the long-lasting ketamine effects shown here in mice translate to human patients, the abuse liability can be mitigated by monthly physician-administered injections.

Conclusions

Here, we found that morphine conditioning in a three-compartment apparatus was sufficient to elicit anxiety-like behaviors in mice, which were correlated with morphine-induced CPP. Additionally, we provided evidence that acute ketamine pretreatment produces anxiolytic-like behaviors and blocks morphine-induced CPP for a prolonged time period, suggesting that ketamine is a potential option for attenuating negative reinforcement implicated in substance use disorders.

Acknowledgements
We thank Dr. Diane McCloskey for edits and comments, Dr. Patrick Randall, and Dr. Zheng-Ming Ding for their comments on the project. The study was supported by the Brain & Behavioral Research NARSAD Young Investigator Award (27364NG), the Pennsylvania State Junior Faculty Scholar Award (NG), the Pennsylvania Department of Health using Tobacco CURE Funds (NG), and the Pennsylvania State Research Allocation Project Grant (NG). Morphine was provided by the Drug Supply Program of NIDA NIH.

Author Contributions Statement
H.E.J., G.M., H.G., D.S.M., S.S. Y.S., and N.M.G. designed the experiments and analyses and wrote the manuscript. H.E.J., G.M., H.G., D.S.M., and S.S performed behavioral training and testing.

Declaration of Interest
Declarations of interest: none

312
Figure 1. Morphine conditioning in a CPP paradigm elicits anxiety-like behaviors during 24 h
abstinence. (A) Time line and drug regimen of the behavioral procedure. Animals underwent two
days of habituation (H), followed by five days of saline or morphine (10 mg/kg, i.p.)
conditioning (C), before being subjected to tests measuring anxiety-like behaviors using an
elevated plus maze (EPM) 24 h post conditioning. 24 h post EPM tests, CPP tests were
performed. Animals were injected with saline 30 min. prior to EPM and CPP tests. (B) Summary
showing that morphine conditioning over 5 days produces robust locomotor sensitization ($F_{(4,}$
$_{72)}$= 9.24, p<0.0001, two-way ANOVA, Bonferroni post hoc test). (C) Summary showing that
morphine (Mor)-conditioned mice spent significantly less time in the open arms of the elevated
plus maze compared to saline (Sal)-conditioned mice 24 h following the last conditioning day
($t_{(18)}$=3.59, p=0.002, Student's t-test). (D) Summary showing that morphine produced reliable
CPP ($t_{(18)}$=3.70, p=0.002, Student's t-test). (E) Correlation of the % time in the open arm of the
elevated plus maze and CPP score in saline- or (F) morphine-conditioned animal. *p<0.05,
**p<0.01.
327

328
Figure 2. Acute (*R,S*)-ketamine injection produces anxiolytic-like behaviors in mice 24 h after
conditioning and blocks morphine-induced CPP. (A) Time line and drug regimen of the
behavioral procedure. Saline or (*R,S*)-ketamine (10 mg/kg, i.p.) was injected 30 min. prior to
elevated plus maze (EPM) test and the first conditioned place preference (CPP) test. (B)
Summary showing that morphine conditioning over 5 days (C1-C5) produces robust locomotor
sensitization ($F_{(4, 56)}$= 12.55, p<0.0001, two-way ANOVA, Bonferroni post hoc test). (C)
Summary showing that (*R,S*)-ketamine significantly increased the time spent in the open arms of
the elevated plus maze in both saline (Sal)- and morphine (Mor)-conditioned mice ($F_{(3, 32)}$=17.36,
p<0.0001, one-way ANOVA, Bonferroni post hoc test) (animals not receiving (*R,S*)-ketamine
are the same data as shown in Fig. 1C). (D) Summary showing that morphine produced reliable
CPP at post conditioning day 2, which was blocked by (*R,S*)-ketamine 30 min prior to testing
($F_{(3, 32)}$=5.64, p=0.003, one-way ANOVA, Bonferroni post hoc test) (saline and morphine groups
are the same animals as shown in Fig. 1D). (E) Summary showing the activity counts in the CPP
chamber during habituation (baseline) and during the CPP test in saline (Sal)- or morphine
(Mor)-conditioned mice treated with saline or (*R,S*)-ketamine 30 min prior to testing
($F_{(3,32)}$=0.602, p=0.618, two-way repeated measures ANOVA, Bonferroni post hoc test). (F)
Correlation of the % time in the open arm of the EPM and CPP score in saline- or (G) morphine-
conditioned animals treated with (*R,S*)-ketamine 30 min. prior to testing. *p<0.05, **p<0.01.

347
Figure 3. (*R,S*)-ketamine is sufficient to prevent the prolonged retention of morphine-induced
CPP at post conditioning day 28. (A) Time line and drug regimen of the behavioral procedure.
(*R,S*)-ketamine (10 mg/kg, i.p.) was injected 30 min. prior to the EPM test on post-conditioning
day 1 (PC1) and the first CPP test on post conditioning day 2 (PC2). The second CPP test was
run 28 d post conditioning (PC28). Saline and morphine conditioned animals, not treated with
(*R,S*)-ketamine, did not undergo an EPM test. Their first CPP test score on PC1 was published
(see (McDevitt and Graziane, 2019)). (B) Summary showing that morphine produced reliable
CPP 28 d post conditioning, which was blocked by (*R,S*)-ketamine ($F_{(3, 35)}$=7.39, p=0.0006, one-
way repeated measures ANOVA, Bonferroni post hoc test). Abbrev.: EPM=elevated plus maze;
CPP=conditioned place preference. **p<0.01.

References cited

Akillioglu, K., Melik, E.B., Melik, E., and Boga, A. (2012). Effect of ketamine on exploratory behaviour in BALB/C and C57BL/6 mice. *Pharmacology Biochemistry and Behavior* 100**,** 513-517.

Aston-Jones, G., Delfs, J.M., Druhan, J., and Zhu, Y. (1999). The bed nucleus of the stria terminalis. A target site for noradrenergic actions in opiate withdrawal. *Ann N Y Acad Sci* 877**,** 486-498.

Baker, T.B., Piper, M.E., Mccarthy, D.E., Majeskie, M.R., and Fiore, M.C. (2004). Addiction motivation reformulated: an affective processing model of negative reinforcement. *Psychol Rev* 111**,** 33-51.

Bardo, M.T., and Bevins, R.A. (2000). Conditioned place preference: what does it add to our preclinical understanding of drug reward? *Psychopharmacology (Berl)* 153**,** 31-43.

Becker, J.a.J., Kieffer, B.L., and Le Merrer, J. (2017). Differential behavioral and molecular alterations upon protracted abstinence from cocaine versus morphine, nicotine, THC and alcohol. *Addict Biol* 22**,** 1205-1217.

Beilin, B., Rusabrov, Y., Shapira, Y., Roytblat, L., Greemberg, L., Yardeni, I.Z., and Bessler, H. (2007). Low-dose ketamine affects immune responses in humans during the early postoperative period. *Br J Anaesth* 99**,** 522-527.

Berman, R.M., Cappiello, A., Anand, A., Oren, D.A., Heninger, G.R., Charney, D.S., and Krystal, J.H. (2000). Antidepressant effects of ketamine in depressed patients. *Biol Psychiatry* 47**,** 351-354.

Bohn, L.M., Gainetdinov, R.R., Sotnikova, T.D., Medvedev, I.O., Lefkowitz, R.J., Dykstra, L.A., and Caron, M.G. (2003). Enhanced rewarding properties of morphine, but not cocaine, in beta(arrestin)-2 knock-out mice. *J Neurosci* 23**,** 10265-10273.

Cabral, A., Ruggiero, R.N., Nobre, M.J., Brandao, M.L., and Castilho, V.M. (2009). GABA and opioid mechanisms of the central amygdala underlie the withdrawal-potentiated startle from acute morphine. *Prog Neuropsychopharmacol Biol Psychiatry* 33**,** 334-344.

Cai, Y.-C., Ma, L., Fan, G.-H., Zhao, J., Jiang, L.-Z., and Pei, G. (1997). Activation of *N*-Methyl-ᴅ-Aspartate Receptor Attenuates Acute Responsiveness of δ-Opioid Receptors. *Molecular Pharmacology* 51**,** 583-587.

Conklin, C.A., and Perkins, K.A. (2005). Subjective and reinforcing effects of smoking during negative mood induction. *J Abnorm Psychol* 114**,** 153-164.

Cooney, N.L., Litt, M.D., Morse, P.A., Bauer, L.O., and Gaupp, L. (1997). Alcohol cue reactivity, negative-mood reactivity, and relapse in treated alcoholic men. *J Abnorm Psychol* 106**,** 243-250.

Da Silva, F.C.C., Do Carmo De Oliveira Cito, M., Da Silva, M.I.G., Moura, B.A., De Aquino Neto, M.R., Feitosa, M.L., De Castro Chaves, R., Macedo, D.S., De Vasconcelos, S.M.M., De França Fonteles, M.M., and De Sousa, F.C.F. (2010). Behavioral alterations and pro-oxidant effect of a single ketamine administration to mice. *Brain Research Bulletin* 83**,** 9-15.

Dakwar, E., Hart, C.L., Levin, F.R., Nunes, E.V., and Foltin, R.W. (2017). Cocaine self-administration disrupted by the N-methyl-D-aspartate receptor antagonist ketamine: a randomized, crossover trial. *Molecular Psychiatry* 22**,** 76-81.

Delfs, J.M., Zhu, Y., Druhan, J.P., and Aston-Jones, G. (2000). Noradrenaline in the ventral forebrain is critical for opiate withdrawal-induced aversion. *Nature* 403**,** 430-434.

Diana, M., Pistis, M., Muntoni, A., and Gessa, G. (1995). Profound decrease of mesolimbic dopaminergic neuronal activity in morphine withdrawn rats. *J Pharmacol Exp Ther* 272**,** 781-785.

Diazgranados, N., Ibrahim, L., Brutsche, N.E., Newberg, A., Kronstein, P., Khalife, S., Kammerer, W.A., Quezado, Z., Luckenbaugh, D.A., Salvadore, G., Machado-Vieira, R., Manji, H.K., and Zarate, C.A., Jr. (2010). A randomized add-on trial of an N-methyl-D-aspartate antagonist in treatment-resistant bipolar depression. *Arch Gen Psychiatry* 67**,** 793-802.

Driesen, N.R., Mccarthy, G., Bhagwagar, Z., Bloch, M.H., Calhoun, V.D., D'souza, D.C., Gueorguieva, R., He, G., Leung, H.C., Ramani, R., Anticevic, A., Suckow, R.F., Morgan, P.T., and Krystal, J.H. (2013). The impact of NMDA receptor blockade on human working memory-related prefrontal function and connectivity. *Neuropsychopharmacology* 38**,** 2613-2622.

Ebert, B., Mikkelsen, S., Thorkildsen, C., and Borgbjerg, F.M. (1997). Norketamine, the main metabolite of ketamine, is a non-competitive NMDA receptor antagonist in the rat cortex and spinal cord. *Eur J Pharmacol* 333**,** 99-104.

Engin, E., Treit, D., and Dickson, C.T. (2009). Anxiolytic- and antidepressant-like properties of ketamine in behavioral and neurophysiological animal models. *Neuroscience* 161**,** 359-369.

Evans, C.J., and Cahill, C.M. (2016). Neurobiology of opioid dependence in creating addiction vulnerability. *F1000Res* 5.

Filibeck, U., and Castellano, C. (1980). Strain dependent effects of ketamine on locomotor activity and antinociception in mice. *Pharmacol Biochem Behav* 13**,** 443-447.

Fox, H.C., Bergquist, K.L., Hong, K.I., and Sinha, R. (2007). Stress-induced and alcohol cue-induced craving in recently abstinent alcohol-dependent individuals. *Alcohol Clin Exp Res* 31**,** 395-403.

Fraga, D.B., Olescowicz, G., Moretti, M., Siteneski, A., Tavares, M.K., Azevedo, D., Colla, A.R.S., and Rodrigues, A.L.S. (2018). Anxiolytic effects of ascorbic acid and ketamine in mice. *J Psychiatr Res* 100**,** 16-23.

Fuentealba, J.A., Forray, M.I., and Gysling, K. (2000). Chronic morphine treatment and withdrawal increase extracellular levels of norepinephrine in the rat bed nucleus of the stria terminalis. *J Neurochem* 75**,** 741-748.

Gallego, X., Murtra, P., Zamalloa, T., Canals, J.M., Pineda, J., Amador-Arjona, A., Maldonado, R., and Dierssen, M. (2010). Increased opioid dependence in a mouse model of panic disorder. *Front Behav Neurosci* 3**,** 60.

Ganguly, S., Panetta, J.C., Roberts, J.K., and Schuetz, E.G. (2018). Ketamine Pharmacokinetics and Pharmacodynamics Are Altered by P-Glycoprotein and Breast Cancer Resistance Protein Efflux Transporters in Mice. *Drug Metab Dispos* 46**,** 1014-1022.

Gaspard, N., Foreman, B., Judd, L.M., Brenton, J.N., Nathan, B.R., Mccoy, B.M., Al-Otaibi, A., Kilbride, R., Fernandez, I.S., Mendoza, L., Samuel, S., Zakaria, A., Kalamangalam, G.P., Legros, B., Szaflarski, J.P., Loddenkemper, T., Hahn, C.D., Goodkin, H.P., Claassen, J., Hirsch, L.J., and Laroche, S.M. (2013). Intravenous ketamine for the treatment of refractory status epilepticus: a retrospective multicenter study. *Epilepsia* 54**,** 1498-1503.

Ghoneim, M.M., Hinrichs, J.V., Mewaldt, S.P., and Petersen, R.C. (1985). Ketamine: behavioral effects of subanesthetic doses. *J Clin Psychopharmacol* 5**,** 70-77.

Glue, P., Neehoff, S.M., Medlicott, N.J., Gray, A., Kibby, G., and Mcnaughton, N. (2018). Safety
and efficacy of maintenance ketamine treatment in patients with treatment-refractory
generalised anxiety and social anxiety disorders. *J Psychopharmacol* 32**,** 663-667.
Gold, M.S., Redmond, D.E., Jr., and Kleber, H.D. (1978). Clonidine blocks acute opiate-
withdrawal symptoms. *Lancet* 2**,** 599-602.
Gold, M.S., Redmond, D.E., Jr., and Kleber, H.D. (1979). Noradrenergic hyperactivity in opiate
withdrawal supported by clonidine reversal of opiate withdrawal. *Am J Psychiatry* 136**,**
100-102.
Goulart, B.K., De Lima, M.N.M., De Farias, C.B., Reolon, G.K., Almeida, V.R., Quevedo, J.,
Kapczinski, F., Schröder, N., and Roesler, R. (2010). Ketamine impairs recognition
memory consolidation and prevents learning-induced increase in hippocampal brain-
derived neurotrophic factor levels. *Neuroscience* 167**,** 969-973.
Gracy, K.N., Dankiewicz, L.A., and Koob, G.F. (2001). Opiate withdrawal-induced fos
immunoreactivity in the rat extended amygdala parallels the development of conditioned
place aversion. *Neuropsychopharmacology* 24**,** 152-160.
Graziane, N.M., Sun, S., Wright, W.J., Jang, D., Liu, Z., Huang, Y.H., Nestler, E.J., Wang, Y.T.,
Schluter, O.M., and Dong, Y. (2016). Opposing mechanisms mediate morphine- and
cocaine-induced generation of silent synapses. *Nat Neurosci* 19**,** 915-925.
Gremel, C.M., Gabriel, K.I., and Cunningham, C.L. (2006). Topiramate does not affect the
acquisition or expression of ethanol conditioned place preference in DBA/2J or C57BL/6J
mice. *Alcohol Clin Exp Res* 30**,** 783-790.
Grisel, J.E., Bartels, J.L., Allen, S.A., and Turgeon, V.L. (2008). Influence of beta-Endorphin on
anxious behavior in mice: interaction with EtOH. *Psychopharmacology (Berl)* 200**,** 105-
115.
Harris, J.A., Biersner, R.J., Edwards, D., and Bailey, L.W. (1975). Attention, learning, and
personality during ketamine emergence: a pilot study. *Anesth Analg* 54**,** 169-172.
Hearing, M.C., Jedynak, J., Ebner, S.R., Ingebretson, A., Asp, A.J., Fischer, R.A., Schmidt, C.,
Larson, E.B., and Thomas, M.J. (2016). Reversal of morphine-induced cell-type-specific
synaptic plasticity in the nucleus accumbens shell blocks reinstatement. *Proc Natl Acad*
Sci U S A 113**,** 757-762.
Heinrichs, S.C., Menzaghi, F., Schulteis, G., Koob, G.F., and Stinus, L. (1995). Suppression of
corticotropin-releasing factor in the amygdala attenuates aversive consequences of
morphine withdrawal. *Behav Pharmacol* 6**,** 74-80.
Honey, G.D., Honey, R.A., Sharar, S.R., Turner, D.C., Pomarol-Clotet, E., Kumaran, D., Simons,
J.S., Hu, X., Rugg, M.D., Bullmore, E.T., and Fletcher, P.C. (2005). Impairment of specific
episodic memory processes by sub-psychotic doses of ketamine: the effects of levels of
processing at encoding and of the subsequent retrieval task. *Psychopharmacology (Berl)*
181**,** 445-457.
Iadarola, N.D., Niciu, M.J., Richards, E.M., Vande Voort, J.L., Ballard, E.D., Lundin, N.B.,
Nugent, A.C., Machado-Vieira, R., and Zarate, C.A., Jr. (2015). Ketamine and other N-
methyl-D-aspartate receptor antagonists in the treatment of depression: a perspective
review. *Ther Adv Chronic Dis* 6**,** 97-114.
Ibrahim, L., Diazgranados, N., Luckenbaugh, D.A., Machado-Vieira, R., Baumann, J., Mallinger,
A.G., and Zarate, C.A., Jr. (2011). Rapid decrease in depressive symptoms with an N-
methyl-d-aspartate antagonist in ECT-resistant major depression. *Prog*
Neuropsychopharmacol Biol Psychiatry 35**,** 1155-1159.

Ivan Ezquerra-Romano, I., Lawn, W., Krupitsky, E., and Morgan, C.J.A. (2018). Ketamine for the treatment of addiction: Evidence and potential mechanisms. *Neuropharmacology* 142**,** 72-82.

Jansen, K. (1989). Near death experience and the NMDA receptor. *BMJ (Clinical research ed.)* 298**,** 1708-1708.

Jones, J.L., Mateus, C.F., Malcolm, R.J., Brady, K.T., and Back, S.E. (2018). Efficacy of Ketamine in the Treatment of Substance Use Disorders: A Systematic Review. *Frontiers in psychiatry* 9**,** 277-277.

Jonkman, K., Dahan, A., Van De Donk, T., Aarts, L., Niesters, M., and Van Velzen, M. (2017). Ketamine for pain. *F1000Research* 6**,** F1000 Faculty Rev-1711.

Khorramzadeh, E., and Lotfy, A.O. (1973). The use of ketamine in psychiatry. *Psychosomatics* 14**,** 344-346.

Kohrs, R., and Durieux, M.E. (1998). Ketamine: teaching an old drug new tricks. *Anesth Analg* 87**,** 1186-1193.

Koks, S., Soosaar, A., Voikar, V., Bourin, M., and Vasar, E. (1999). BOC-CCK-4, CCK(B)receptor agonist, antagonizes anxiolytic-like action of morphine in elevated plus-maze. *Neuropeptides* 33**,** 63-69.

Kolp, E., Friedman, H.L., Young, M.S., and Krupitsky, E. (2006). Ketamine Enhanced Psychotherapy: Preliminary Clinical Observations on Its Effectiveness in Treating Alcoholism. *The Humanistic Psychologist* 34**,** 399-422.

Koo, J.W., Lobo, M.K., Chaudhury, D., Labonte, B., Friedman, A., Heller, E., Pena, C.J., Han, M.H., and Nestler, E.J. (2014). Loss of BDNF signaling in D1R-expressing NAc neurons enhances morphine reward by reducing GABA inhibition. *Neuropsychopharmacology* 39**,** 2646-2653.

Koob, G.F., and Le Moal, M. (2008). Review. Neurobiological mechanisms for opponent motivational processes in addiction. *Philos Trans R Soc Lond B Biol Sci* 363**,** 3113-3123.

Krupitsky, E., Burakov, A., Romanova, T., Dunaevsky, I, Strassman, R., and Grinenko, A. (2002a). Ketamine psychotherapy for heroin addiction: immediate effects and two-year follow-up. *J Subst Abuse Treat* 23**,** 273-283.

Krupitsky, E., Burakov, A., Romanova, T., Dunaevsky, I, Strassman, R., and Grinenko, A. (2002b). Ketamine psychotherapy for heroin addiction: immediate effects and two-year follow-up. *Journal of Substance Abuse Treatment* 23**,** 273-283.

Krupitsky, E.M., Burakov, A.M., Dunaevsky, I.V., Romanova, T.N., Slavina, T.Y., and Grinenko, A.Y. (2007). Single Versus Repeated Sessions of Ketamine-Assisted Psychotherapy for People with Heroin Dependence. *Journal of Psychoactive Drugs* 39**,** 13-19.

Krupitsky, E.M., and Grinenko, A.Y. (1997). Ketamine Psychedelic Therapy (KPT): A Review of the Results of Ten Years of Research. *Journal of Psychoactive Drugs* 29**,** 165-183.

Krystal, J.H., Karper, L.P., Seibyl, J.P., Freeman, G.K., Delaney, R., Bremner, J.D., Heninger, G.R., Bowers, M.B., Jr., and Charney, D.S. (1994). Subanesthetic effects of the noncompetitive NMDA antagonist, ketamine, in humans. Psychotomimetic, perceptual, cognitive, and neuroendocrine responses. *Arch Gen Psychiatry* 51**,** 199-214.

Kubota, T., Hirota, K., Yoshida, H., Takahashi, S., Anzawa, N., Ohkawa, H., Kushikata, T., and Matsuki, A. (1999). Effects of sedatives on noradrenaline release from the medial prefrontal cortex in rats. *Psychopharmacology (Berl)* 146**,** 335-338.

Laskowski, K., Stirling, A., Mckay, W.P., and Lim, H.J. (2011). A systematic review of intravenous ketamine for postoperative analgesia. *Can J Anaesth* 58**,** 911-923.

Li, S.X., Shi, J., Epstein, D.H., Wang, X., Zhang, X.L., Bao, Y.P., Zhang, D., Zhang, X.Y., Kosten, T.R., and Lu, L. (2009). Circadian alteration in neurobiology during 30 days of abstinence in heroin users. *Biol Psychiatry* 65**,** 905-912.

Li, X., Martinez-Lozano Sinues, P., Dallmann, R., Bregy, L., Hollmen, M., Proulx, S., Brown, S.A., Detmar, M., Kohler, M., and Zenobi, R. (2015). Drug Pharmacokinetics Determined by Real-Time Analysis of Mouse Breath. *Angew Chem Int Ed Engl* 54**,** 7815-7818.

Lindholm, J.S.O., Autio, H., Vesa, L., Antila, H., Lindemann, L., Hoener, M.C., Skolnick, P., Rantamäki, T., and Castrén, E. (2012). The antidepressant-like effects of glutamatergic drugs ketamine and AMPA receptor potentiator LY 451646 are preserved in bdnf+/− heterozygous null mice. *Neuropharmacology* 62**,** 391-397.

Liu, Y., Lin, D., Wu, B., and Zhou, W. (2016). Ketamine abuse potential and use disorder. *Brain Research Bulletin* 126**,** 68-73.

Lodge, D., Anis, N.A., and Burton, N.R. (1982). Effects of optical isomers of ketamine on excitation of cat and rat spinal neurones by amino acids and acetylcholine. *Neurosci Lett* 29**,** 281-286.

Loix, S., De Kock, M., and Henin, P. (2011). The anti-inflammatory effects of ketamine: state of the art. *Acta Anaesthesiol Belg* 62**,** 47-58.

Louderback, K.M., Wills, T.A., Muglia, L.J., and Winder, D.G. (2013). Knockdown of BNST GluN2B-containing NMDA receptors mimics the actions of ketamine on novelty-induced hypophagia. *Transl Psychiatry* 3**,** e331.

Lydic, R., and Baghdoyan, H.A. (2002). Ketamine and MK-801 decrease acetylcholine release in the pontine reticular formation, slow breathing, and disrupt sleep. *Sleep* 25**,** 617-622.

Maj, M., Turchan, J., Śmiałowska, M., and Przewłocka, B. (2003). Morphine and cocaine influence on CRF biosynthesis in the rat central nucleus of amygdala. *Neuropeptides* 37**,** 105-110.

Malhotra, A.K., Pinals, D.A., Weingartner, H., Sirocco, K., Missar, C.D., Pickar, D., and Breier, A. (1996). NMDA receptor function and human cognition: the effects of ketamine in healthy volunteers. *Neuropsychopharmacology* 14**,** 301-307.

Martins, S.S., Fenton, M.C., Keyes, K.M., Blanco, C., Zhu, H., and Storr, C.L. (2012). Mood and anxiety disorders and their association with non-medical prescription opioid use and prescription opioid-use disorder: longitudinal evidence from the National Epidemiologic Study on Alcohol and Related Conditions. *Psychol Med* 42**,** 1261-1272.

Mathew, S.J., Murrough, J.W., Aan Het Rot, M., Collins, K.A., Reich, D.L., and Charney, D.S. (2010). Riluzole for relapse prevention following intravenous ketamine in treatment-resistant depression: a pilot randomized, placebo-controlled continuation trial. *Int J Neuropsychopharmacol* 13**,** 71-82.

Maxwell, C.R., Ehrlichman, R.S., Liang, Y., Trief, D., Kanes, S.J., Karp, J., and Siegel, S.J. (2006). Ketamine produces lasting disruptions in encoding of sensory stimuli. *J Pharmacol Exp Ther* 316**,** 315-324.

Mcdevitt, D.S., and Graziane, N.M. (2019). Timing of morphine administration differentially alters paraventricular thalamic neuron activity. *eneuro***,** ENEURO.0377-0319.2019.

Middela, S., and Pearce, I. (2011). Ketamine-induced vesicopathy: a literature review. *Int J Clin Pract* 65**,** 27-30.

Moaddel, R., Abdrakhmanova, G., Kozak, J., Jozwiak, K., Toll, L., Jimenez, L., Rosenberg, A., Tran, T., Xiao, Y., Zarate, C.A., and Wainer, I.W. (2013). Sub-anesthetic concentrations of (R,S)-ketamine metabolites inhibit acetylcholine-evoked currents in alpha7 nicotinic acetylcholine receptors. *Eur J Pharmacol* 698**,** 228-234.

Morgan, C.J., Mofeez, A., Brandner, B., Bromley, L., and Curran, H.V. (2004). Acute effects of ketamine on memory systems and psychotic symptoms in healthy volunteers. *Neuropsychopharmacology* 29**,** 208-218.

Murrough, J.W., Iosifescu, D.V., Chang, L.C., Al Jurdi, R.K., Green, C.E., Perez, A.M., Iqbal, S., Pillemer, S., Foulkes, A., Shah, A., Charney, D.S., and Mathew, S.J. (2013a). Antidepressant efficacy of ketamine in treatment-resistant major depression: a two-site randomized controlled trial. *Am J Psychiatry* 170**,** 1134-1142.

Murrough, J.W., Perez, A.M., Pillemer, S., Stern, J., Parides, M.K., Aan Het Rot, M., Collins, K.A., Mathew, S.J., Charney, D.S., and Iosifescu, D.V. (2013b). Rapid and longer-term antidepressant effects of repeated ketamine infusions in treatment-resistant major depression. *Biol Psychiatry* 74**,** 250-256.

Newcomer, J.W., Farber, N.B., Jevtovic-Todorovic, V., Selke, G., Melson, A.K., Hershey, T., Craft, S., and Olney, J.W. (1999). Ketamine-induced NMDA receptor hypofunction as a model of memory impairment and psychosis. *Neuropsychopharmacology* 20**,** 106-118.

O'brien, C.P. (1975). Experimental analysis of conditioning factors in human narcotic addiction. *Pharmacol Rev* 27**,** 533-543.

Pellow, S., Chopin, P., File, S.E., and Briley, M. (1985). Validation of open:closed arm entries in an elevated plus-maze as a measure of anxiety in the rat. *J Neurosci Methods* 14**,** 149-167.

Perkins, K.A., and Grobe, J.E. (1992). Increased desire to smoke during acute stress. *Br J Addict* 87**,** 1037-1040.

Pfenninger, E.G., Durieux, M.E., and Himmelseher, S. (2002). Cognitive impairment after small-dose ketamine isomers in comparison to equianalgesic racemic ketamine in human volunteers. *Anesthesiology* 96**,** 357-366.

Quibell, R., Prommer, E.E., Mihalyo, M., Twycross, R., and Wilcock, A. (2011). Ketamine*. *J Pain Symptom Manage* 41**,** 640-649.

Robinson, T.E., and Kolb, B. (1999). Morphine alters the structure of neurons in the nucleus accumbens and neocortex of rats. *Synapse* 33**,** 160-162.

Roytblat, L., Talmor, D., Rachinsky, M., Greemberg, L., Pekar, A., Appelbaum, A., Gurman, G.M., Shapira, Y., and Duvdenani, A. (1998). Ketamine attenuates the interleukin-6 response after cardiopulmonary bypass. *Anesth Analg* 87**,** 266-271.

Sabino, V., Narayan, A.R., Zeric, T., Steardo, L., and Cottone, P. (2013). mTOR activation is required for the anti-alcohol effect of ketamine, but not memantine, in alcohol-preferring rats. *Behavioural brain research* 247**,** 9-16.

Sasaki, K., Fan, L.W., Tien, L.T., Ma, T., Loh, H.H., and Ho, I.K. (2002). The interaction of morphine and gamma-aminobutyric acid (GABA)ergic systems in anxiolytic behavior: using mu-opioid receptor knockout mice. *Brain Res Bull* 57**,** 689-694.

Scheller, M., Bufler, J., Hertle, I., Schneck, H.J., Franke, C., and Kochs, E. (1996). Ketamine blocks currents through mammalian nicotinic acetylcholine receptor channels by interaction with both the open and the closed state. *Anesth Analg* 83**,** 830-836.

Shadli, S.M., Kawe, T., Martin, D., Mcnaughton, N., Neehoff, S., and Glue, P. (2018). Ketamine Effects on EEG during Therapy of Treatment-Resistant Generalized Anxiety and Social Anxiety. *Int J Neuropsychopharmacol*.

Shi, J., Li, S.X., Zhang, X.L., Wang, X., Le Foll, B., Zhang, X.Y., Kosten, T.R., and Lu, L. (2009). Time-dependent neuroendocrine alterations and drug craving during the first month of abstinence in heroin addicts. *Am J Drug Alcohol Abuse* 35**,** 267-272.

Shin, I.C., Kim, H.C., Swanson, J., Hong, J.T., and Oh, K.W. (2003). Anxiolytic effects of acute morphine can be modulated by nitric oxide systems. *Pharmacology* 68**,** 183-189.

Sigtermans, M.J., Van Hilten, J.J., Bauer, M.C., Arbous, M.S., Marinus, J., Sarton, E.Y., and Dahan, A. (2009). Ketamine produces effective and long-term pain relief in patients with Complex Regional Pain Syndrome Type 1. *Pain* 145**,** 304-311.

Silvestre, J.S., Nadal, R., Pallares, M., and Ferre, N. (1997). Acute effects of ketamine in the holeboard, the elevated-plus maze, and the social interaction test in Wistar rats. *Depress Anxiety* 5**,** 29-33.

Smith, R.J., and Aston-Jones, G. (2008). Noradrenergic transmission in the extended amygdala: role in increased drug-seeking and relapse during protracted drug abstinence. *Brain Struct Funct* 213**,** 43-61.

Sofia, R.D., and Harakal, J.J. (1975). Evaluation of ketamine HCl for anti-depressant activity. *Arch Int Pharmacodyn Ther* 214**,** 68-74.

Solomon, R.L., and Corbit, J.D. (1978). An Opponent-Process Theory of Motivation. *The American Economic Review* 68**,** 12-24.

Suzuki, T., Kato, H., Aoki, T., Tsuda, M., Narita, M., and Misawa, M. (2000). Effects of the non-competitive NMDA receptor antagonist ketamine on morphine-induced place preference in mice. *Life Sci* 67**,** 383-389.

Taylor, J.H., Landeros-Weisenberger, A., Coughlin, C., Mulqueen, J., Johnson, J.A., Gabriel, D., Reed, M.O., Jakubovski, E., and Bloch, M.H. (2018). Ketamine for Social Anxiety Disorder: A Randomized, Placebo-Controlled Crossover Trial. *Neuropsychopharmacology* 43**,** 325-333.

Tyler, M.W., Yourish, H.B., Ionescu, D.F., and Haggarty, S.J. (2017). Classics in Chemical Neuroscience: Ketamine. *ACS Chemical Neuroscience* 8**,** 1122-1134.

Tzschentke, T.M. (2007). Measuring reward with the conditioned place preference (CPP) paradigm: update of the last decade. *Addict Biol* 12**,** 227-462.

Wang, M., Wong, A.H., and Liu, F. (2012). Interactions between NMDA and dopamine receptors: A potential therapeutic target. *Brain Research* 1476**,** 154-163.

Weisman, H. (1971). Anesthesia for pediatric ophthalmology. *Ann Ophthalmol* 3**,** 229-232.

Wetter, D.W., Smith, S.S., Kenford, S.L., Jorenby, D.E., Fiore, M.C., Hurt, R.D., Offord, K.P., and Baker, T.B. (1994). Smoking outcome expectancies: factor structure, predictive validity, and discriminant validity. *J Abnorm Psychol* 103**,** 801-811.

Wikler, A. (2013). *Opioid Dependence: Mechanisms and Treatment.* Springer US.

Zanos, P., Moaddel, R., Morris, P.J., Georgiou, P., Fischell, J., Elmer, G.I., Alkondon, M., Yuan, P., Pribut, H.J., Singh, N.S., Dossou, K.S.S., Fang, Y., Huang, X.-P., Mayo, C.L., Wainer, I.W., Albuquerque, E.X., Thompson, S.M., Thomas, C.J., Zarate Jr, C.A., and Gould, T.D. (2016). NMDAR inhibition-independent antidepressant actions of ketamine metabolites. *Nature* 533**,** 481.

Zanos, P., Moaddel, R., Morris, P.J., Riggs, L.M., Highland, J.N., Georgiou, P., Pereira, E.F.R., Albuquerque, E.X., Thomas, C.J., Zarate, C.A., Jr., and Gould, T.D. (2018). Ketamine and Ketamine Metabolite Pharmacology: Insights into Therapeutic Mechanisms. *Pharmacological reviews* 70**,** 621-660.

Zarate, C.A., Jr., Brutsche, N., Laje, G., Luckenbaugh, D.A., Venkata, S.L., Ramamoorthy, A.,
Moaddel, R., and Wainer, I.W. (2012). Relationship of ketamine's plasma metabolites with
response, diagnosis, and side effects in major depression. *Biol Psychiatry* 72**,** 331-338.
Zarate, C.A., Jr., Singh, J.B., Carlson, P.J., Brutsche, N.E., Ameli, R., Luckenbaugh, D.A.,
Charney, D.S., and Manji, H.K. (2006). A randomized trial of an N-methyl-D-aspartate
antagonist in treatment-resistant major depression. *Arch Gen Psychiatry* 63**,** 856-864.
Zhai, H., Wu, P., Chen, S., Li, F., Liu, Y., and Lu, L. (2008). Effects of scopolamine and ketamine
on reconsolidation of morphine conditioned place preference in rats. *Behav Pharmacol* 19**,**
211-216.
Zhang, L.-M., Zhou, W.-W., Ji, Y.-J., Li, Y., Zhao, N., Chen, H.-X., Xue, R., Mei, X.-G., Zhang,
Y.-Z., Wang, H.-L., and Li, Y.-F. (2015). Anxiolytic effects of ketamine in animal models
of posttraumatic stress disorder. *Psychopharmacology* 232**,** 663-672.
Zinser, M.C., Baker, T.B., Sherman, J.E., and Cannon, D.S. (1992). Relation between self-reported
affect and drug urges and cravings in continuing and withdrawing smokers. *J Abnorm
Psychol* 101**,** 617-629.

688