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**A meta-analysis of the sex-specific effects of psychotropic
substances on acute striatal dopamine overflow measured by in
vivo microdialysis in rats**

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For my family

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LIST OF ABBREVIATIONS

aCSF	Artificial cerebrospinal fluid
ADHD	Attention deficit hyperactivity disorder
ALICE RAP project	Addictions and Lifestyles in Contemporary Europe – Reframing Addictions Project
Ca ²⁺	Calcium
CPu	Caudate putamen
CNS	Central nervous system
DA	Dopamine
DALYs	Disability-adjusted life years
D-amphetamine	Dextroamphetamine
DSM	Diagnostic and Statistical Manual of Mental Disorders
EU	European Union
fM	Femtomole
HPLC-EC	High performance liquid chromatography with electrochemical detection
ICD	International Classification of Diseases and Health Problems
i.p.	Intraperitoneal/-ly
i.v.	Intravenous/-ly
Kg	Kilogram
L-amphetamine	Levoamphetamine
Min	Minutes

mM	Millimole
μM	Micromole
NAc	Nucleus accumbens
Peak % BL	Peak percentage baseline
pg	Picogram
PRISMA	Preferred reporting items for systematic reviews and meta-analyses
s.c.	Subcutaneous/-ly
sec	Second
SEM	Standard error of the mean
STR	Striatum
VTA	Ventral tegmental area
WHO	World Health Organization

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1 INTRODUCTION

1.1 Sex, drugs and addiction

‘Sex does matter’ – this is the main statement of the *Institute of Medicines* report on the state of research regarding sex differences, published already at the turn of the millennium (Pardue & Wizemann, 2001). Since then, there has been a blast of new results suggesting differences between female and male cells, animals, and humans and consequently underlining even more that sex is a ‘variable that should be considered when designing and analyzing studies in all areas’ (Pardue & Wizemann, 2001).

Furthermore, there is increasing scientific evidence indicating sex differences regarding drug use and dependence patterns. But, as stated in the publication on this thesis, how these differences ‘are manifested at a neurochemical level remains unclear’ (Egenrieder, Mitricheva, Spanagel, & Noori, 2020).

Thus, the present thesis aims to investigate if there are sex differences in the changes of the neurotransmitter dopamine in the nucleus accumbens (NAc) and caudate putamen (CPu) after the administration of different drugs of abuse.

In the next paragraphs, a definition of the terms used in this thesis is made. Furthermore, the prevalence of addiction and the sex gap in preclinical and clinical research, from the past until now, are discussed. Hereafter, the distinct findings of sex differences – and similarities – are presented.

1.1.1 Definitions

In this section the terms ‘addiction’, ‘drugs’/‘psychotropic substances’ and ‘sex’/‘gender’ are described and, if needed, interpreted in the historical and sociocultural context.

The understanding of mental health and mental illness is, like the society that defines them, subject to constant change. This applies to the term ‘addiction’ and consequently as well to the term ‘drug’. Therefore, there has been a constant

development through the centuries since there are indications that humans are evolutionarily predisposed to use drugs (Anderson, Gual, & Rehm, 2018; Spanagel, 2009).

The perception of the border between culturally accepted consumption and pathological abuse depends on the surrounding society and its norms and habits. The cultural definition and attribution influence who (ab)uses which drugs in which situations and influences the risk of developing an addiction (Becker, McClellan, & Reed, 2016).

To approach a modern definition of 'addiction' the Diagnostic and Statistical Manual of Mental Disorders (DSM) can serve as an important tool. In its current fifth version under the category 'addictions and related disorders' the term 'substance use disorder' is established. It replaces, compared to the previous fourth DSM version, the two terms 'substance abuse' and 'substance dependence'. These terms implicated that there is a separated and, by definition, milder disease of just abusing a substance without being dependent to it.

In the newest DSM version, the criteria of these two previously separated main disorders are now combined and the degree of severity can be specified by 'mild', 'moderate' or 'severe substance use disorder' according to the number of the criteria that are met.

This emphasizes the continuum in the development of an addiction that already begins by using a substance rather than specifying two separated diagnoses with one being less harmful than the other (Hasin et al., 2013).

The criteria that define the substance use disorder, according to the DSM-5, are the following: craving, spending a lot of time obtaining the drug, taking larger amounts and over a longer period than intended, not being able to cut down, the inability to carry out responsibilities, social impairment, drug use despite physical or psychological difficulties, risky use or signs of tolerance or withdrawal.

Another important medical classification list is the International Classification of Diseases and Health Problems (ICD-10) by the WHO. It is used worldwide for the whole spectrum of diseases, not only for mental disorders.

The term 'dependence syndrome' is characterized as a 'cluster of psychological, behavioral, and cognitive phenomena in which the use of a substance or a class of

substances takes on a much higher priority for a given individual than other behaviors that once had greater value' (World Health Organization, 2018).

In this thesis the term 'addiction' will be used with reference to the heading and the definition of the DSM-5, because it is the standard classification list for psychiatric disorders, and often serves as a reference in scientific work.

Special focus lies with the aspect of considering addiction as a continuum starting by using a substance and undergoing a series of stages that spiral and escalate: binge/intoxication, withdrawal/negative affect and preoccupation/anticipation (craving) (Koob & LeMoal, 1997).

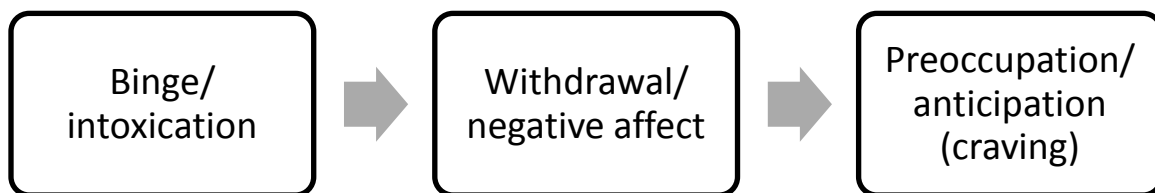


Figure 1: Stages of the development of an addiction according to Koob et al. (Koob & LeMoal, 1997)

The understanding of the term 'drug' has as well changed over the centuries and, as Jonathan Lewy states: '...the collective basket of "drugs" lacks a single definition because the idea that drugs exist as a single concept is historical' (Lewy, 2017). In addition, the line between drug and medication is not strictly drawn in English. Thus, in this work the term drug will be used meaning psychotropic substances that are thought to be habit-forming and therefore regulated by the governments of different countries (Lewy, 2017).

This definition includes the licit drugs alcohol and nicotine as well. In the present thesis morphine is the only representative of the crucial group of legally prescribed drugs, in spite of the fact that they account for a not inconsiderable part of the overall number of addicts.

This work includes only rats as subjects, and the term 'sex' will be used in the context of the biological division into females and males. In contrast, the term 'gender' refers to the socialized male and female characteristics and will only be used in regard to humans.

1.1.2 Prevalence of addiction

In this section the prevalence and some consequences of drug use and addiction are presented.

According to Anderson et al., who refer to the ALICE RAP project of the European Union (EU), there have been 10.4 million of deaths worldwide and more than one million of deaths in the EU due to alcohol, cigarettes and illicit drugs just in the year 2016. The lion's share is caused by the licit drugs alcohol and nicotine.

If morbidity is taken into account, the consequences are even greater: an estimated number of 25 million years are lost either to premature death or disability only in the EU (Anderson et al., 2018).

When it comes to sex differences the 2015 Epidemiological Survey of Substance Abuse tobacco products have been used by 28.7 % and alcohol by 72.8 % of the German respondents during the last 30 days. A clinically relevant use of alcohol could be found in 28.3 % of men and 9.6 % of women (Matos, Atzendorf, Kraus, & Piontek, 2016).

Kraus et al. compared those findings to earlier surveys: although German men drank less alcohol compared to the previous 20 years, the overall prevalence of drinking and episodic heavy drinking is still higher in men than in women. Still, the heavy drinking episodes increased as well for women.

Both sexes used less tobacco products but the smokers rate is slightly higher in Germany than in other EU countries, probably due to a relatively higher prevalence among women (Kraus, Piontek, Atzendorf, & Matos, 2016; Matos et al., 2016).

For illicit drugs Matos et al. found the highest prevalence for cannabis during the 12 months before questioning: 7.4 % of the males and 4.9 % of the females indicated consumption. One percent of the responders had consumed amphetamine. The percentages for all other illicit drugs were even under one percent each.

Generally, a cross-national survey shows the tendency that men consume more drugs than women, although females are partly closing the gap, at least for some substances and in the cohorts of younger age (Degenhardt et al., 2008).

Apart from the individual suffering, addiction generates a considerable socio-economical damage by producing direct, direct non-medical and indirect costs as

high as an estimated 65.7 million Euro in 2010 in the EU (Olesen et al., 2012). The negative balance is even worse if the millions of victims of the war on (illicit) drugs and the considerable amount of money spent by governments worldwide for incarceration would be included (Keefer, 2010; Miron & Waldock, 2010).

Summarizing the prevalence, it can be stated that substance use and addiction are frequent phenomena that occur more often in men and have a considerable impact on overall disability and mortality.

1.1.3 Sex gap in research

This section deals with the inequality in the distribution of female and male subjects in preclinical and clinical trials and the approaches that have been made to establish sex balance. The development in the US serves as an example, with special focus on the National Institutes of Health (NIH) and its recommendations as a leading institution for the setting of frameworks for research worldwide. Furthermore, the NIH's PubMed online library was used for this meta-analysis.

As Beery et al. showed, female subjects have been systemically ignored in the past for various reasons in clinical trials as well as in basic research. In part because of the assumption that the results for males do equally apply to females and partly for fear of an increased variability of the results due to the females' cycle and thus of another possible confounder (Beery & Zucker, 2011).

Moreover, in the clinical field, researchers hesitate to expose women of childbearing potential to adverse side effects (Geller, Goldstein, & Carnes, 2006).

After hints that men and women show symptoms and react to drugs differently, the approach was made to close that sex gap at least for federally supported clinical trials: the NIH Revitalization Act of 1993 required the inclusion of women in clinical trials (Freedman et al., 1995).

Since then some progress has been made regarding the inclusion of female subjects, but there is still an underrepresentation especially in studies about drugs (Geller et al., 2006; Geller, Koch, Pellettieri, & Carnes, 2011).

For basic research this development took longer. In May 2014 the director of Research on Women's Health of the NIH published a first announcement, that as well studies with animals and tissues should include both sexes (Clayton & Collins, 2014). In 2016 this was implemented into the scientific process by requiring applicants to plan the consideration of sex as a biological variable, and advising peer reviewers to focus on it (Tannenbaum, Schwarz, Clayton, de Vries, & Sullivan, 2016). Similar efforts were undertaken lately in Europe by the European commission (Klinge, 2008).

Simultaneously, there is a growing number of evidence, that females are not generally more variable than males (Becker, Prendergast, & Liang, 2016; Prendergast, Onishi, & Zucker, 2014) and thereby the pressure against the automatic exclusion of female subjects is increased.

Thus, some progress has been made but the goal of sex balance is currently still at a distance. This diminishes our understanding of the females' biology and physiopathology. More research is needed to clarify which exact differences exist between males and females regarding tissues, laboratory animals and humans.

1.1.4 Sex differences

In the following chapter, examples are given of the distinct reaction of males and females (humans as well as rats) to drugs to get a first impression of the state of research about sex differences regarding addiction. Moreover, some of the underlying mechanisms for the described differences are approached.

As the biological differences between genders/sexes are a contentious issue (Becker, McClellan, et al., 2016) it is important to emphasize that these findings should not be understood as hard-wired determinations (Becker, McClellan, & Reed, 2017). Due to the plasticity of the brain they are – regarding humans – product of an interplay between biological and sociological/behavioral influences because addiction is a phenomenon at the interface between environment and biology (Becker et al., 2017).

'Recent clinical and preclinical studies suggest sexual dimorphisms in the entire disease dynamic of drug abuse and dependence' (Egenrieder et al., 2020): although the prevalence of substance abuse is higher in men (Carvalho, Heilig, Perez, Probst, & Rehm, 2019), there is consistent evidence that female rats acquire drug self-administration faster (Carroll & Lynch, 2016; Lynch & Carroll, 1999) and consume in some settings more drugs than males (Carroll & Lynch, 2016; Davis, Clinton, Akil, & Becker, 2008; Priddy et al., 2017).

Also women, who are highly at risk to develop an addiction, escalate faster from first occasional use to compulsive drug intake (Becker et al., 2017; Bobzean, DeNobrega, & Perrotti, 2014; Davis et al., 2008). But this tendency is not reflected in the general US-American population (Becker et al., 2017; Keyes, Martins, Blanco, & Hasin, 2010).

Isolation influences rats of both sexes: socially housed animals show a lower intake of drugs than isolated ones (Raz & Berger, 2010; Westenbroek, Perry, Jagannathan, & Becker, 2017). Solely cocaine is an exception to this effect: the decreasing effect did only apply for females, not for males (Westenbroek, Perry, & Becker, 2013).

During withdrawal from nicotine female rats show more adverse effects associated with lower dopamine levels in the nucleus accumbens (Carcoba, Flores, Natividad, & O'Dell, 2017). Women also show more symptoms of withdrawal than men (Hogle & Curtin, 2006) and they are less likely to look for treatment, but when they do, they have similar outcomes as men (Greenfield et al., 2007).

Additionally, women have a higher relative risk excess for coronary heart disease, stroke (Hackshaw, Morris, Boniface, Tang, & Milenkovic, 2018), and lung cancer (Bjartveit & Tverdal, 2005), when they consume the same number of cigarettes as males. Nevertheless, the absolute risk is still higher in men (Bjartveit & Tverdal, 2005).

'Similarities in animal and human studies, for instance on how patterns of drug acquisition and relapse differ between the sexes, suggest a common biological basis of sex differences in vulnerability to drug abuse' (Egenrieder et al., 2020): the ovarian hormones, namely estrogen, appear to have an effect on the females' brain (Becker, 2016; Becker, Perry, & Westenbroek, 2012; Bobzean et al., 2014; Lacy, Strickland, Feinstein, Robinson, & Smith, 2016; Shams, Cossette, Shizgal, & Brake, 2017). It

increases dopaminergic transmission and its overflow in response to drugs in various brain regions, including the dorsal striatum (Shams, Sanio, Quinlan, & Brake, 2016), the ventral tegmental area, and the nucleus accumbens (Bobzean et al., 2014).

Furthermore, its administration aggravates addiction-like behavior (Becker, 1990; Becker & Cha, 1989; Becker & Rudick, 1999; Hu, Crombag, Robinson, & Becker, 2004).

Most of the previously described differences between the sexes are provided by studies containing only a small number of animals per trial group and meta-analyses are still missing. Therefore, ‘a large-scale between-study analysis allows us (*in this thesis*) to evaluate the robustness of conclusions made by individual studies’ (Egenrieder et al., 2020)

Summarized, it can be said, that there are sex differences as well as similarities in the different stages of addiction, although the current state of knowledge lacks big data approaches – as it will also be shown in the next chapter. Nevertheless, it is a major aim to understand the mechanisms in both sexes and to stress the importance of sex-specific approaches for optimal prevention and treatment strategies for addiction.

1.2 Meta-analysis

In the following passage, there is a short description of the strengths and weaknesses of meta-analyses in general, and their gaining importance in preclinical science over the course of the last years. Furthermore, specific factors of the present thesis are given.

In the clinical field, there is a long history of performing systematic reviews and meta-analyses and they have become a fundamental instrument for clinicians to imply scientific evidence into their daily practice (Gurevitch, Koricheva, Nakagawa, & Stewart, 2018).

In preclinical research, meta-analyses have been rather seldom conducted for decades; but the recent years have shown many areas in which they can provide crucial results especially in basic biology.

There has been an explosion of significant and groundbreaking meta-analyses such as the many publications based on the genome-wide association study (GWAS): in silico approaches led to the identification of a variety of genetic markers for Crohn's (Franke et al., 2010) or Alzheimer's (Lambert et al., 2013) disease. Furthermore, regarding the Covid-19 pandemic as a highly topical issue, recently a potential involvement of the ABO blood type system in the development of respiratory failure has been reported (Ellinghaus et al., 2020). Thereby, big data science supplies a first indication on the pressing matter of risk factors for the development of severe disease progression.

These scientific breakthroughs were made possible by the additional statistical power and had a massive impact on highly topical developments in the clinical field.

With the PRISMA guidelines (preferred reporting items for systematic reviews and meta-analyses), which were published in 2009, a new standard has been set to ensure the quality and comparability of reviews and meta-analyses. The work process is structured in four phases: 'identification', 'screening', 'eligibility' and 'inclusion' and can be evaluated by means of a 27-item checklist (Moher, Liberati, Tetzlaff, & Altman, 2010). PRISMA also served as a guideline for this present work.

Furthermore, there is increasing evidence that single preclinical studies often lack reproducibility, and are therefore not always as reliable as the scientific world used to assume (Arrowsmith, 2011; Begley & Ioannidis, 2015; Peers, Ceuppens, & Harbron, 2012; Prinz, Schlange, & Asadullah, 2011).

This problem was already addressed by Begley and Ellis in 2012 in *Nature*: they demanded a raise in the quality of basic research, by 'establishing large cancer cell-line collections with easy investigator access' (Begley & Ellis, 2012). In this way, they promoted another data basis for further meta-analyses in the preclinical field.

In general, big data provides a whole new spectrum of opportunities for modern life sciences in the online age. As pointed out in the corresponding publication on this thesis 'data derived from a meta-analysis are useful for textbook knowledge, provide better comparability of data given by the generalization of already existing data (*and*) should be seen within the framework of the 3R principle of animal experimentation' (Egenrieder et al., 2020). Since the sample size in animal studies is generally rather

small, they often allow only limited conclusions (Vesterinen et al., 2014). Performing a meta-analysis is a valuable tool in preventing unnecessary repeated testing and further suffering and therefore spares animal lives (Vesterinen et al., 2014).

Another important indication is when different experiments lead to contradictory results and a meta-analysis clarified the situation.

Furthermore, regarding sex differences, the available data are 'based on within-study statistics with relatively small numbers of animals and a global comparison of male-female findings of different studies is still missing' (Egenrieder et al., 2020). Thereby, the topic of this thesis is predisposed to be treated in the form of a meta-analysis, since there are few studies available with female subjects.

'In this study, we use an established (Noori, Fliegel, Brand, & Spanagel, 2012; Noori et al., 2018) hypothesis-free, global approach to statistically compare two large bodies of evidence' (Egenrieder et al., 2020). The method used was already applied before by the work group at the Institute of Psychopharmacology of the Central Institute of Mental Health (Medical Faculty Mannheim/Heidelberg University) (Brand, Fliegel, Spanagel, & Noori, 2013; Fliegel, Brand, Spanagel, & Noori, 2013; Fritze, Spanagel, & Noori, 2017; Hirth et al., 2016; Staudenmaier, 2017).

Owing to this fact, these previous results have a similar structure and can be gathered, pooled, or compared with new results of meta-analyses – as it was done in this study. They may also contribute to new results in a greater context in the future (Sena, Currie, McCann, Macleod, & Howells, 2014).

1.3 In vivo microdialysis

As microdialysis is used by the papers that are subject to this thesis, in the next chapters there will be an overview of the background and history, the single steps of conducting the experiment, and some advantages and disadvantages of the procedure.

In general, microdialysis is a minimal invasive method to measure changes of chemical agents in the extracellular fluid of different tissues and organs over time. It

is an *in vivo* procedure that can be conducted in awake and freely moving animals e.g. during drug administration.

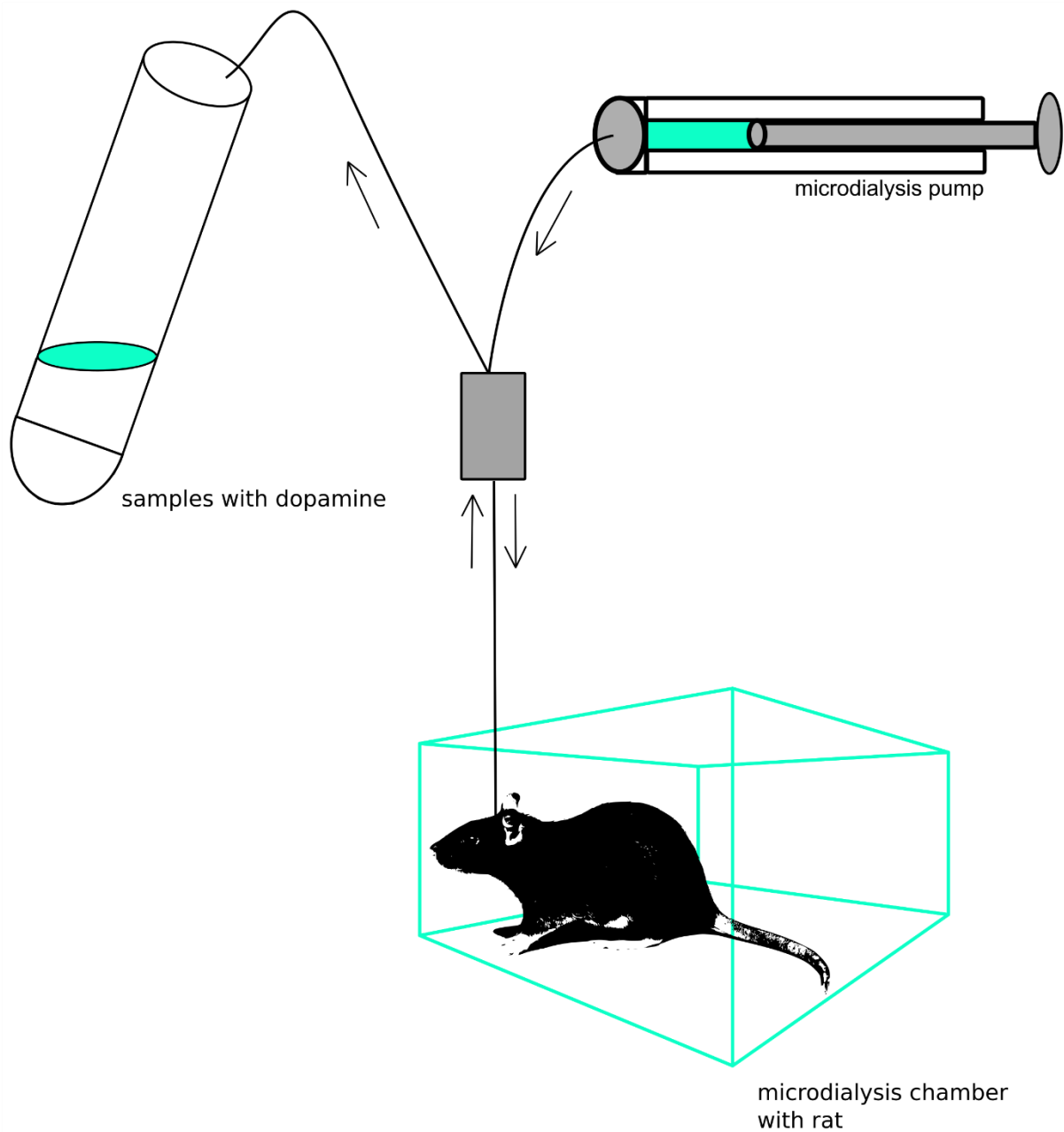


Figure 2: Experimental setup of the microdialysis procedure

In brief, a dialysis probe is placed in the rat's brain and perfused continuously with a fluid with defined contents. At its tip it has a semipermeable membrane. Due to the concentration gradient hormones, neurotransmitters, or electrolytes of the extracellular fluid can freely diffuse through this membrane into the solution of the

probe. Samples are taken at defined time intervals and analyzed for the content of interest to show its time course. For an overview of the experimental setup see Figure 2.

1.3.1 Background and history

In this paragraph, the subject is the emergence of the idea of microdialysis and its development in the last decades.

Monitoring neurochemical processes *in vivo* has been a challenge for scientists: On the one hand, the aim is an insight into the brain's tissue. But on the other hand, a maximum of integrity is needed, to imitate natural conditions for valid results.

Almost fifty years ago, Professor Urban Ungerstedt of the Karolinska Institute in Stockholm had the thought of mimicking a blood vessel: he built a dialysis catheter with a semipermeable membrane at its tip (Ungerstedt & Hallstrom, 1987; Ungerstedt & Pycocock, 1974). This was the beginning of microdialysis and enabled the monitoring of monoamines *in vivo* with a reduced damage to the brain's tissue. Thus, it was possible to observe the changes of constituents in one subject.

Since then, this technique was improved and performed in a variety of studies, tissues, and animals. The majority had rats as its subject and focused on the changes of monoamines in the brain (Chefer, Thompson, Zapata, & Shippenberg, 2009). Moreover, during the last three decades, it was even adopted in clinical practice: it is used as a monitor in neurocritical care for the treatment of patients with acute brain injury (Hutchinson et al., 2015).

1.3.2 Preparation and surgery

Before the microdialysis experiment can be conducted, the animals need to undergo surgery. This passage describes each step from the preparation until the post-operative care.

Firstly, the rat is usually anesthetized and fixed in a stereotaxic apparatus to avoid the displacement of the head. The skin is shaved and cleaned, and a borehole is

drilled into the skull – either unilateral or, for some experiments, on both sides of the rat's brain. A guide cannula is placed into the hole aiming at the brain region of interest for later insertion of the microdialysis probe. The correct location (in mm, relative to the bregma), and angle of the cannula can be achieved by means of an atlas of the stereotaxic coordinates of the rat brain e.g. from Paxinos and Watson (Paxinos & Watson, 2007). The cannula is fixed to the skull with glue and covered with a plastic guard.

Sometimes, if needed, other surgical procedures are done during surgery: e.g. ovariectomy, castration, implantation of a silastic tube containing estradiol, or cannulation for following i.v.-drug-application.

In some experiments, a further cannula is implanted into another brain region to be able to administer drugs locally or to take measurements in different regions simultaneously. The animals are allowed to recover from surgery for a certain period of time and are sometimes treated with antibiotics to prevent infection.

1.3.3 Microdialysis procedure and analysis

This section contains a detailed explanation of the microdialysis experiment with its variable properties, and a short overview of the analysis of the obtained specimen.

Firstly, the microdialysis probe is inserted into the guide cannula – usually under a short anesthesia to avoid pain and stress for the animal.

There are probes at different lengths and diameters that can be chosen. The inlet and the outlet tubing of the microdialysis probe are held by a tether that can swing over the testing chamber, allowing the animal to freely move (if the rat is not anesthetized). Normally, the animals are given some time to acclimatize to the probe insertion and the new environment. Food and water may be available.

The tip of the probe extends some millimeters beyond the guide cannula into the brain region of interest. In the probe's interior, there is a thin tubing whose inlet is connected to an infusion pump that continuously drives fluid through it. For an enlarged view of the tip of the probe see Figure 3. The flow rate and the perfusion fluid may be freely chosen, e.g. some microliters per minute and – in most of the experiments – Ringer's solution, or artificial cerebrospinal fluid (aCSF) with a defined content of constituents.

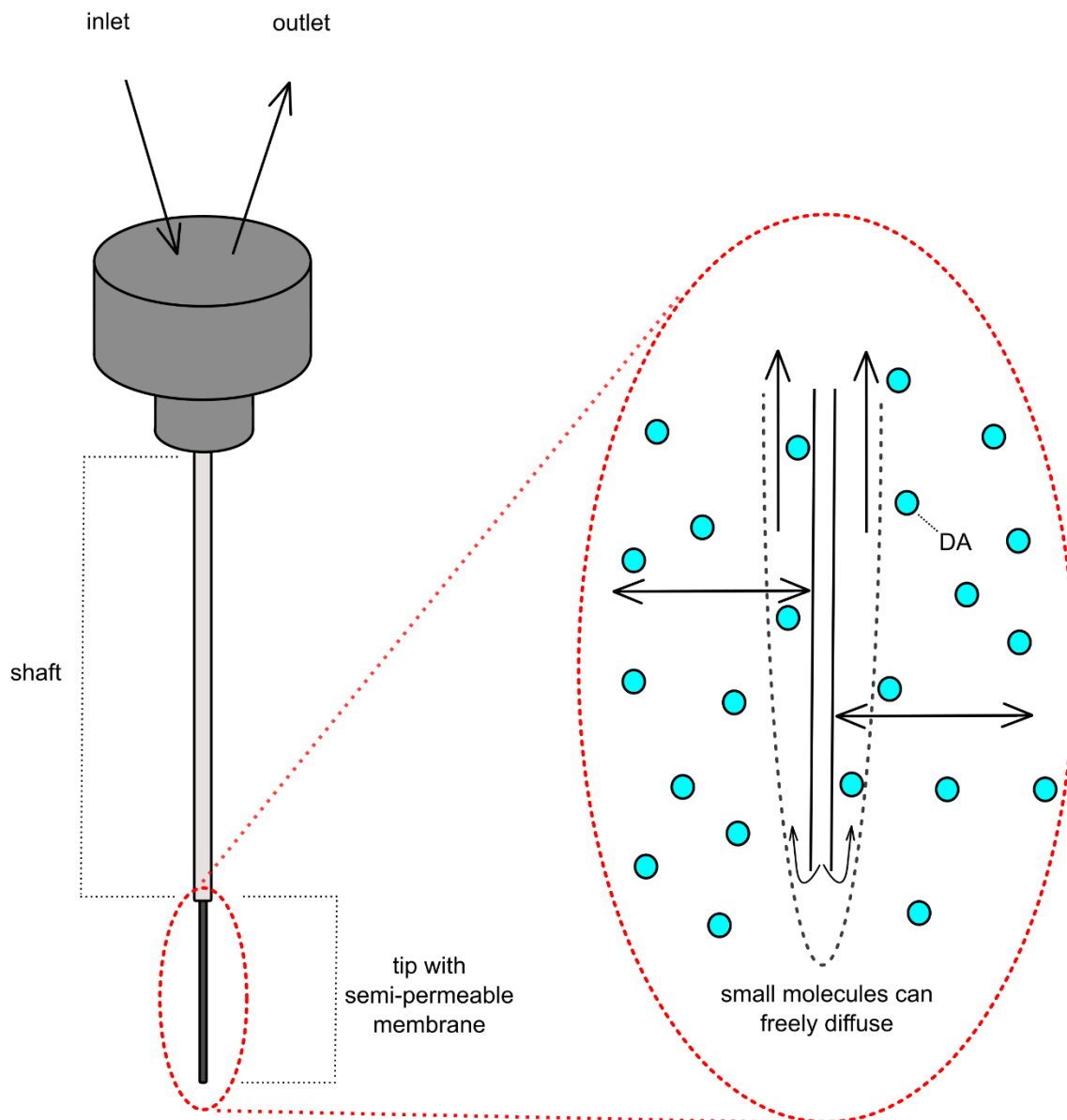


Figure 3: Schematic representation of the functioning of a microdialysis probe. DA = dopamine molecules.

At the ending of the tubing the fluid changes direction and flows back at the outer side of the probe. While passing the semipermeable membrane chemical agents can diffuse freely into the perfusate. The membrane has a specific molecular weight cut off (in Dalton) that may be chosen suitable for the analyte of interest. At the probes' outlet, samples of dialysate can be collected in specific time intervals into Eppendorf tubes. A distinct period – usually some hours – is set as a washout period allowing the concentration gradient to find an equilibrium.

At the beginning of the experiment, before the administration of the drug, some samples are taken to get an average basal value. This basal value represents 100 % and serves as a reference for the peak percentage baseline values that can be obtained after drug administration. Usually the sample time lies between five and thirty minutes. In some experiments simultaneous behavioral testing is conducted.

The obtained samples are immediately frozen – e.g. on dry ice – and analyzed afterwards. The concentration of the transmitter of interest is mostly detected via high performance liquid chromatography with electrochemical detection (HPLC-EC).

At the end of the experiment, rats are euthanized, and some microliter of dye can be injected into the probe to verify the correct placement in the brain region subjected.

There are many settings that influence the accuracy and the outcome of the microdialysis experiments: e.g. the flow rate, the perfusate, its calcium concentration, the sample time, or if the rat is anesthetized or awake.

1.3.4 Advantages and disadvantages of microdialysis

As microdialysis already exists since 1974, it is well-established and advantages as well as drawbacks of the procedure are well-known and will be shortly discussed in this section.

Compared to other techniques, microdialysis has a limited time resolution. Since it is an invasive procedure, it changes the direct environment in the tissue: the damage may cause inflammatory processes, or impair the blood-brain barrier (Plock & Kloft, 2005). Depending on the composition of the perfusion fluid, the relation of the chemical agents surrounding the probe may be altered. Anesthesia and surgery are needed, and the probe is a foreign body placed in a wound with consequences for possible group housing.

Another problem is the exact quantification of the extraction fraction i.e. the relation between the concentration reached in the fluid and the concentration in the interstitium.

Some of the advantages have been mentioned earlier: the variety of tissues, compounds and species that the microdialysis procedure can be used for, the fact

that the samples are taken directly at the region of interest, the opportunity of simultaneous measurement in different brain regions, or of directly infusing drugs.

1.4 Idea and objective of this study

Humans – like other mammals – tend to consume inebriating substances. Therefore, drug use and related disorders are worldwide phenomena with many consequences – not only for the individual, but also concerning economic and health-care issues.

The prevalence of drug-related disorders is drastically different regarding men and women: males consume drugs more often and in larger amounts than females, and notably have higher rates of drug related disorders. Nevertheless, females seem to be more prone to addiction in some phases of the development of the disease.

The biological and/or sociocultural mechanisms that are responsible for this contradiction, have still not been fully clarified. Nevertheless, some of the neurochemical reactions are known to be different in male and female laboratory animals and one of the identified underlying mechanisms appears to be the cycle – notably the altering level of estrogen – influencing the female's brain and neurotransmission.

Despite these sex differences, women and female animals were – and still are – underrepresented as subjects in research, although efforts have been made to close this sex gap. It used to originate in various reasons: partly female subjects were ignored for fear that they are more variable; partly because of the assumption that the results for males equally account for females. But none of these contradictory assumptions were well-founded.

In vivo microdialysis is a well-established method to detect neurotransmitter changes in rats during drug administration. Most of the single microdialysis experiments have small groups (e.g. about 6 animals), and therefore little generalizable informative value.

Meta-analyses are more and more conducted in basic research and have become a fundamental mean to gain groundbreaking knowledge through their additional statistical power – in particular in the field of animal studies with small trial groups.

As described in the corresponding paper on this thesis, ‘we used a well-established, hypothesis-free, global approach in order to statistically compare two large bodies of evidence, namely findings from all publications reporting on dopamine concentrations in the nucleus accumbens and the caudate putamen of male and/or female rats’ (Egenrieder et al., 2020). Therefore, systematic data mining on PubMed, the online portal of the National Library of Medicine, was performed, focusing on studies that used in vivo microdialysis and dealt with the acute administration of drugs of abuse (alcohol, amphetamine, cocaine, morphine, nicotine and tetrahydrocannabinol).

Furthermore, this thesis aims to provide an overview of the microdialysis studies that include female subjects and to investigate whether they monitor and mention the state of the estrous cycle.

The global purpose of this thesis is to set a framework for future research by providing average values for male and female rats and an analysis of the sex differences and/or similarities in the reaction to drugs of abuse.

Thereby the present work intends to diminish the unknown factors that were reason for the ignorance of female rats in both, clinical and preclinical science, and in either way – nonmatter if differences or similarities are found – raise the pressure to include humans, animals and cell lines of both sexes.

This work uses a meta-analysis approach to establish, whether microdialysis studies robustly indicate sex differences or similarities in striatal dopamine levels in rats after acute drug administration

2 METHODS

2.1 Choice of the neurotransmitter dopamine and two brain regions

The effects of drugs are mediated over various brain regions and neurotransmitters (Koob & Volkow, 2010). The role that the caudate putamen, the nucleus accumbens and dopamine play in this neuronal network is described in the following passages, in order to show why they are subject to the present thesis.

2.1.1 The neurotransmitter dopamine

The topics of this section are the effect and the occurrence of dopamine in the brain and a description of its main pathways.

Dopamine is, like noradrenalin, a catecholamine that has various effects on the body and the brain: it contributes in motivation and emotion, motor control (Bjorklund & Dunnett, 2007), and memory (Hefco et al., 2003). Furthermore, it is the key neurotransmitter for reward, and its efflux is sensitized by drugs of abuse (Berridge, 2007).

The psychostimulants cocaine and amphetamine even take their main effect in an increase of dopamine (Koob & Volkow, 2010). This mechanism is also crucial for the other three drugs of abuse of this thesis that are described in the next chapter (Di Chiara & Imperato, 1988), even though there are also other neurotransmitters involved (Koob & Volkow, 2010).

Although dopaminergic transmission can be found in a variety of brain regions (Noori, Spanagel, & Hansson, 2012), there are three main pathways that can be distinguished, anatomically and functionally: the nigrostriatal, the mesolimbic, and the mesocortical system (Bjorklund & Dunnett, 2007). In this thesis the focus lies on the caudate putamen and the nucleus accumbens because they are part of two of them: the nigrostriatal and the mesolimbic pathway. Both mediate the acutely rewarding and the habit-forming effects of drugs (Wise, 2009).

2.1.2 Striatum, caudate putamen and nucleus accumbens

In the following passage, a short overview of the striatum – that means the caudate putamen and the nucleus accumbens – is given, focusing on its function and corresponding afferents and efferences. Moreover, the anatomical nomenclature is clarified and a distinction between these brain regions is conducted in general, and for the present work in particular.

The striatum is part of the basal ganglia and plays a role in motor activity and learning processes (Kreitzer & Malenka, 2008). It is involved in the cortico-striatal-thalamic circuit which is associated with craving and obsessive-compulsive behavior (Koob & Le Moal, 2001). It can be functionally separated into a ventral and a dorsal part. In rodents the caudate putamen builds the dorsal part whereas the ventral striatum consists of the nucleus accumbens and the olfactory tubercle.

The caudate putamen, or the dorsal striatum, receives dopaminergic afferents from the substantia nigra and the ventral tegmental area and sends GABAergic and cholinergic efferences to the nucleus accumbens (Noori, Spanagel, et al., 2012). It is merely activated in the compulsive state of addiction than in the acute rewarding phase of occasional consumption (Koob & Volkow, 2010).

As it was also described in the corresponding publication (Egenrieder et al., 2020), ‘a common issue of pre-clinical studies is the inconsistent use of anatomical nomenclature. While a few studies report accurate coordinates for probe placement, the designation of the targeted brain area often differs.’

Therefore, Noori et al. developed a unified nomenclature using a cluster analysis (Noori et al., 2017; Noori, Spanagel, et al., 2012). According to the terminology established, in this thesis the following regions will be considered as caudate putamen: dorsal striatum, striatum, neostriatum. The ventral striatum and the nucleus accumbens shell and core will be grouped as nucleus accumbens.

Nevertheless, the historical inconsistent use is also reflected in this thesis: regarding the keywords for the PubMed search, the term ‘striatum’ is still present, as it used to be utilized synonymously with the caudate putamen. But, apart of that, this thesis will use ‘striatum’ for the entity of dorsal and ventral striatum (equaling caudate putamen

and nucleus accumbens) and 'caudate putamen' will be used meaning the dorsal striatum only.

According to the striatum and caudate putamen, the following passage deals with the function, subdivisions, afferents and efferences of the nucleus accumbens.

As mentioned before, the nucleus accumbens lies in the ventral striatum and can be divided into an inner core and an outer shell. It is functionally part of the mesolimbic system that is also referred to as the 'reward pathway': it originates in the ventral tegmental area that sends dopaminergic transmission to the nucleus accumbens (Koob & Le Moal, 2001; Noori, Spanagel, et al., 2012) and the olfactory tubercle.

This seems to be the correlate to the concept of incentive salience i.e. directly rewarding effects of drugs during the first state of binge and intoxication (Berridge, 2007; Koob & Volkow, 2010; Spanagel & Weiss, 1999).

Like the caudate putamen, the nucleus accumbens also receives dopaminergic afferents from the substantia nigra and the ventral tegmental area and sends GABAergic and cholinergic efferences to the caudate putamen (Noori, Spanagel, et al., 2012).

2.2 Choice of drugs of abuse

In the following, five drugs of abuse are investigated exemplarily representing the wide field of consumed and abused psychotropic substances.

Alcohol and nicotine were included because of the high prevalence of their consumption. For the same reason cannabis was included initially as a sixth drug, but no eligible microdialysis studies could be found. Therefore, it will not be further mentioned.

Morphine is the archetype opioid and, in this thesis, the only representative for the crucial group of legally prescribed drugs that is in some countries responsible for a growing number of addicts, e.g. regarding the opioid crisis in the United States. Amphetamine and cocaine were chosen as two relatively widely consumed stimulants.

In the following chapters, the definition and relevance, the origin or production process, and the effect on striatal dopamine of the five drugs will be shortly discussed, starting with those with the most harm done worldwide.

2.2.1 Nicotine

Nicotine is an alkaloid produced by many plants of the nightshades family to avert herbivores. It is the main psychotropic substance of tobacco that is thought to be motivational for the initiation and maintenance of smoking (Fiore, Smith, Jorenby, & Baker, 1994).

Tobacco is the deadliest drug worldwide (Forouzanfar, 2016), due to its negative effects including a variety of different cancers, or diseases of the respiratory and cardiovascular system. In 2016 a share of 15.1 % of deaths in the EU were attributed to tobacco – compared to 7.7 % attributed to alcohol and 1.0 % to all illicit drugs (Anderson et al., 2018). Recent findings show that even one to five cigarettes a day lead to a considerable increase of the relative risk for ischemic heart disease and dying of any other cause (Bjartveit & Tverdal, 2005).

Nicotine passes the blood brain barrier and reaches the brain within seconds after smoking (World Health Organization, 1994). It is an agonist to nicotinic acetylcholine receptors that are even named due to this fact (Koob & Le Moal, 2001).

The rewarding effect of nicotine is mediated by an increased dopamine transmission from the ventral tegmental area to the striatum (Koob & Le Moal, 2001). Moreover, there are also other neurotransmitter systems influencing the rewarding effect, and there seems to be a long-lasting increase of the sensitivity for following rewards (Kenny & Markou, 2006).

Due to the emerging phenomenon of electronic cigarettes, the question of the harmfulness of nicotine itself, without the side effects of smoking, gains more relevance.

2.2.2 Alcohol

The term alcohol usually refers to ethanol as the psychoactive ingredient in many kinds of beverages that is produced by fermentation of sugars by yeasts. In chemistry, the term describes an organic compound that carries at least one hydroxyl functional group bound to a carbon atom. It therefore includes – in its true meaning – a variety of alcohols (propanol, methanol etc.). Nevertheless, in this work, the term will be used meaning ethanol (C₂H₅OH). It is one of the oldest and most widely used drugs worldwide (World Health Organization & Unit, 2014).

Because of its toxicity and broad acceptance in many cultures, it is the drug that causes almost as much harm as nicotine: in 2012 3.3 million deaths worldwide were caused by alcohol, meaning 7.9 % of the male and 4 % of the female population died because of its adverse effects (World Health Organization & Unit, 2014). Or, regarding the burden of disease, 139 million DALYs (disability-adjusted life years) were lost due to alcohol drinking, most of them for the European region (World Health Organization & Unit, 2014).

There is a considerable amount of diseases associated with alcohol consumption that range from acute intoxication to alcohol-induced brain damage, cirrhosis or alcoholic cardiomyopathy, or the fetal alcohol syndrome after alcohol consumption during pregnancy.

Recent results show that there is no threshold for alcohol being toxic, but rather an increasing risk of harm ‘with the level of exposure’ (Anderson et al., 2018).

Alcohol interacts with various neurotransmitter systems in the brain. According to Koob et al. dopamine plays an important role for the acute effects of occasional consumption, while other neurotransmitter systems also seem involved in its reinforcing effect (Koob & Le Moal, 2001).

Acute alcohol consumption increases the dopamine concentration, preferentially in the nucleus accumbens and also in the caudate putamen (Di Chiara & Imperato, 1988).

2.2.3 Morphine

Morphine is the prototypical alkaloid of the opium poppy. Opioids were used long before in medicine as analgesics: first proofs exist from the 4th century b.c. (Köhler, 2008). Morphine is produced from the poppy seeds and was first isolated in 1804 by the German pharmacist Friedrich Wilhelm Sertürner (1783-1841) (Geschwinde, 2013).

It is an agonist to the μ -receptor, where it takes its main medical effect. Cells with this receptor are concentrated at several locations in the central nervous system (CNS) e.g. in the limbic system, the corpus striatum or the spine (Geschwinde, 2013).

Morphine is also produced in small amounts by the body itself. Therefore, it belongs, among others, to the endorphins, the group of endogen produced opioid neuropeptides. They inhibit pain in physically challenging situations, like during long runs ('runner's high') and are involved in states of pleasure during laughter or food intake (Chaudhry & Bhimji, 2018).

Both, acute and chronic morphine administration increase dopamine in the nucleus accumbens (Pothos, Rada, Mark, & Hoebel, 1991) and, to a lesser extent, in the dorsal striatum (Di Chiara & Imperato, 1988).

2.2.4 Amphetamine

The term is contracted from α -methylphenethylamine and refers to a group of indirect sympathomimetic stimulants. Amphetamine exists in its two enantiomers, the less potent levoamphetamine (l-amphetamine) and the more potent dextroamphetamine (d-amphetamine). Furthermore, there is the racemase of both (d+l-amphetamine, see Figure 4).

In most of the experiments with rats d-amphetamine is administered. Therefore, for the sake of clarity, in the following tables the term amphetamine – if not further specified – refers to the more frequently used dextro-enantiomer. For the rare cases when the rats received the racemase, 'd+l' will be added.

There were no studies included that used levoamphetamine. Substituted amphetamines as methamphetamine or related substances like methylphenidate were not included in this thesis.

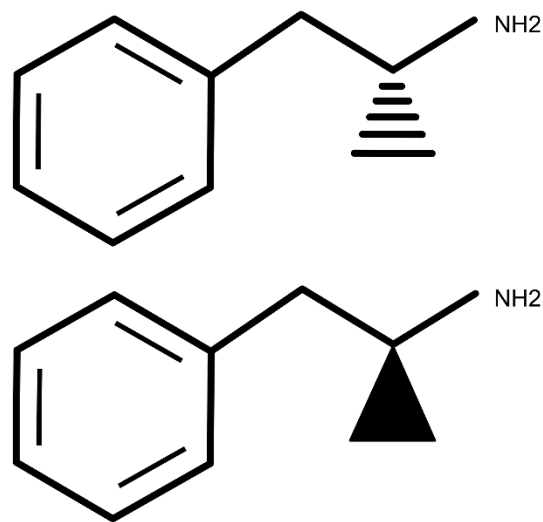


Figure 4: The two enantiomers of the amphetamine molecule: dextroamphetamine top, levoamphetamine below

The first amphetamine was synthesized in 1887 by the Romanian chemist Lazăr Edeleano (Edeleano, 1887). Today, amphetamines are in some countries prescribed for attention deficit hyperactivity disorder (ADHD) and narcolepsy (Heal, Smith, Gosden, & Nutt, 2013). They are as well misused recreationally, or to improve cognitive performance (Teter, McCabe, LaGrange, Cranford, & Boyd, 2006).

Amphetamine acts as an indirect dopamine agonist (Wise, 2009) and causes an increase of dopamine in the striatum (Di Chiara & Imperato, 1988; Sharp, Zetterstrom, Ljungberg, & Ungerstedt, 1987).

2.2.5 Cocaine

Cocaine, like amphetamine, is a potent central nervous system stimulant. It is extracted from the coca plant that is preferentially grown at the mountain ranges of South America (Geschwinde, 2013).

Seen historically, it was used in ceremonial contexts and for painful medical procedures, like trephinations, e.g. in present-day Peru (Goldstein, DesLauriers, & Burda, 2009). Until today, the leaves of the coca plant are chewed or prepared as a tea to cope with altitude or physical work.

The Austrian explorer Karl von Scherzer first brought the leaves to Europe in 1850 (Von Scherzer, 1865), and in the following decades it was established as a local anesthetic (Ruetsch, Boni, & Borgeat, 2001). Besides that, it was used to treat morphine dependence in accordance with the recommendation of Sigmund Freud (Doneith, 2008) – presumably with dubious success, from a more modern point of view. In the 1900th century it was sold without restriction for various indications and was a compound in the original receipt for Coca Cola (Goldstein et al., 2009) and therefore also used recreationally.

Acute cocaine administration dose-dependently increases dopamine in the nucleus accumbens (Frank, Krumm, & Spanagel, 2008) and the caudate putamen (Church, Justice, & Byrd, 1987; Di Chiara & Imperato, 1988). This increase is, in relation to the basal values, higher in the nucleus accumbens than in the caudate putamen (Di Chiara & Imperato, 1988).

2.3 Data-Mining

This section covers the methods applied on the online search on PubMed, the criteria for in- or exclusion, and the process of structured extraction of parameters from the selected publications. The methods used were already described in the corresponding publication on this thesis (Egenrieder et al., 2020) and may also be viewed there.

2.3.1 Search methods

In this section, the method of the literature search on PubMed and the sources of the preexisting datasets that were included are presented.

As previously reported (Brand et al., 2013; Fliegel et al., 2013; Fritze et al., 2017; Hirth et al., 2016; Noori, Fliegel, et al., 2012; Noori et al., 2018; Staudenmaier, 2017), and also described in the corresponding paper on this thesis (Egenrieder et al., 2020), a robust, standardized workflow for data-mining was developed and

established by the workgroup. 'This approach allows an accurate extraction of a maximum amount of data with a minimized chance of missing critical information and was therefore applied' (Egenrieder et al., 2020).

A systematic literature search was conducted on PubMed, the free, online archive of biomedical and life sciences journals at the U.S. National Institutes of Health's National Library of Medicine (<https://www.ncbi.nlm.nih.gov/pubmed/>). PubMed provides more than 28 million citations that were published since 1948. The search query included all articles that were released until the 31.03.2018, without any filter or preference for authors or journals.

The following combinations of keywords were applied: rat (AND) microdialysis (AND) (female (OR) sex (OR) gender) (AND (striatum (OR) nucleus accumbens) (AND) (alcohol (OR) ethanol (OR) (d,l)-amphetamine (OR) cocaine (OR) morphine (OR) nicotine (OR) tetrahydrocannabinol (OR) THC). For details see figure 5.

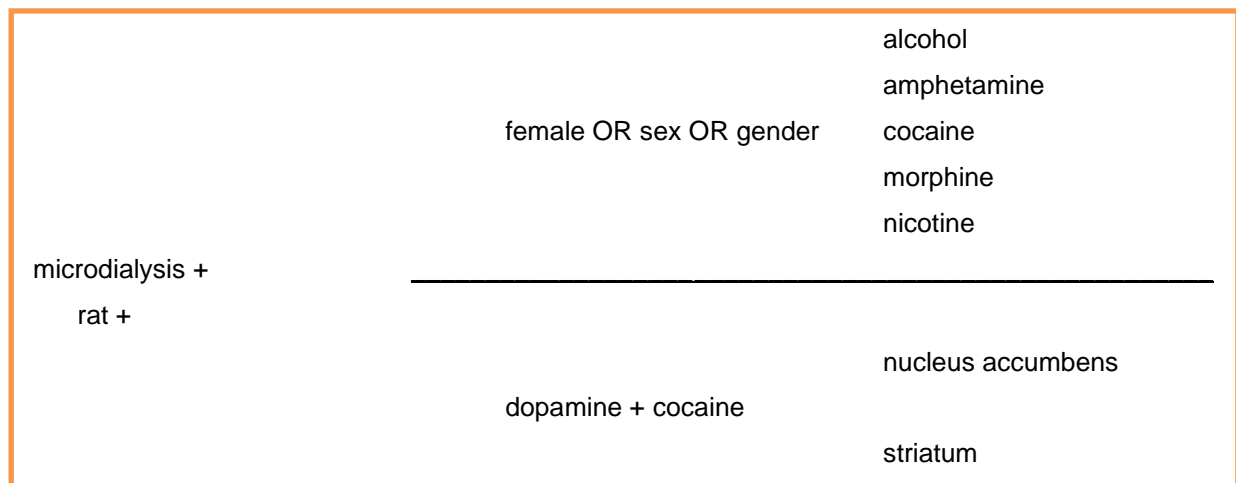


Figure 5: Keyword combinations for the conducted PubMed search

*Keyword combinations for the specific search for female animals: above the line.
Search for male rats, administered with cocaine: below the line.*

The same combination of keywords – apart from (female (OR) sex (OR) gender) and any other drug than cocaine – was applied to identify studies that investigated the administration of cocaine to male animals. Each dose that was found during this query was included in the further analysis, regardless if there was a matching female group.

The results for male animals administered with the other drugs of abuse could be received by preexisting meta-analyses. Data for amphetamine were kindly provided by Schabel et al. and for morphine by Gruhlke et al., respectively (neither published yet). Ethanol data were received from Brand et al. (Brand et al., 2013) and for nicotine from Staudenmaier et al. (Staudenmaier, 2017). The corresponding dosages of the drugs were extracted, matched and gathered into groups with those that were found in the female query.

The results on PubMed before any further selection were a total of 320 publications for female animals and 454 for male rats that were administered with cocaine. Apart of that the excerpted results of 187 studies were received from meta-analyses of the working group.

2.3.2 Selection criteria

This passage is about the criteria that were used to in- or exclude the papers/experiments found on PubMed by means of the search query described above. The method used was already described in the corresponding publication on this thesis (Egenrieder et al., 2020) and may also be viewed there.

Following the robust workflow, a well-defined list of in- and exclusion criteria was applied in order to maximize consistency of the included datasets: the focus was on microdialysis studies that contained a peak percentage baseline value of dopamine after a single acute administration of the respective drug of interest, i.e. alcohol, amphetamine, cocaine, morphine, or nicotine. Experiments with all other drugs were excluded. The measurements had to take place in the striatal complex, meaning the caudate putamen and the nucleus accumbens. Every other brain region examined was excluded.

Publications in English with rats as subjects were included. Papers in any other language or with primates, mice or other animals were not further taken into consideration.

All articles like reviews, comments, or meta-analyses without new experimental results were ignored, and only original research articles were further analyzed,

following the guidelines for meta-analyses of pre-clinical studies (Vesterinen et al., 2014).

The animals had to be drug naïve without any co- or pretreatment except for hormonal modifications like progesterone, estrogen, or testosterone. Therefore, studies that contained the concurrent administration of other drugs were excluded as well as those with animals that were trained to self-administer substances before the microdialysis experiment.

Furthermore, only *in vivo* microdialysis experiments could be taken into consideration, *in vitro* settings were not subject to this thesis.

Excessive other treatments like stress by isolation, prolonged food restriction, or changed environmental settings (e.g. altered temperature) were excluded likewise and were not considered further in the analysis. Moreover, animals that underwent surgery like intracerebral lesions, or were genetically modified, were excluded.

Because the keyword combination was aiming at female animals, all experiments that subjected only male animals were excluded – except for those receiving cocaine, (as there were no pre-existing data available for this subgroup, see also the described search methods).

2.3.3 Data collection

In this passage, the variables that were extracted from the included papers for further analysis are listed. The method used was already described in the corresponding publication on this thesis (Egenrieder et al., 2020) and may also be viewed there.

As previously reported (Brand et al., 2013; Fliegel et al., 2013; Fritze et al., 2017; Hirth et al., 2016; Noori, Fliegel, et al., 2012), the standardized workflow that was used included three categories of variables that were extracted (if available) from the included studies: variables of the experimental setup (i.e. microdialysis parameters), variables of the laboratory animals and variables of the outcome. This strictly defined process of data collection ensured the comparability of the dataset for female animals with those obtained from other meta-analyses. See table 1 for an overview of the three categories and the extracted variables.

The following values were extracted regarding the microdialysis experimental setup: the brain region that was examined (caudate putamen/nucleus accumbens); the administered drug (alcohol, amphetamine, cocaine, morphine, nicotine) and dose (mg/kg, g/kg, μ M for local administration) and the route of administration (i.p., i.v., s.c., locally, nasally); time of the sampling rate (min), i.e. for how many minutes each sample was collected and thereby representing the temporal resolution of the experiment; the perfusion rate (μ l/min); the perfusion fluid (Ringer's solution, aCSF or other fluids) and its calcium concentration (mM); and lastly the length (mm) and the outer diameter of the active microdialysis membrane.

Table 1: Categories and extracted variables

Category	Extracted variables
Experimental procedure	<ul style="list-style-type: none"> • brain region • drug name and applied dose • route of drug administration • sampling rate (min) • perfusion rate (μl/min) • perfusion fluid (e.g. Ringer solution) • calcium concentration in perfusate (mM) • length (mm), outer diameter of microdialysis membranes
Biological variables	<ul style="list-style-type: none"> • age or weight • sex • estrous cycle • ovariectomy or hormonal pre-treatment • rat strain • state of consciousness (anesthetic agent, route of administration and dosage) • housing and details of housing (size of group if group housed) • number of animals used in each experiment
Outcome	<ul style="list-style-type: none"> • peak % compared to baseline • the time at which the maximum occurred

The second category included all biological variables, namely the traits of the laboratory animals: the age (or, if not available, the rats' weight that was subsequently used to extrapolate the age); the sex (female/male); the estrous cycle (mentioned/not mentioned) and, if available, the exact state (proestrous, estrous, metestrous, and diestrous); if the rat was ovariectomized or hormonal pretreated (estrogen, progesterone, testosterone when males were included); the strain (e.g.

Sprague Dawley, Wistar etc.); the state of consciousness (awake/anesthetized and if so: agent, dose and route of administration of anesthetic); housing conditions (individually/group housed and if so: number and traits of other animals in group housing); and the number of animals used in each experiment.

The third category covered the outcome parameters of the experiments: the maximum drug dose effect, given as peak percentage value compared to its corresponding baseline before drug administration, and the time at which this maximum occurred. If the peak was not given in a numerical manner, the graphics were analyzed, and the peak percentage baseline value was calculated.

A standardized panel was used to collect as many variables as possible out of each publication. If the authors added a link to another experimental setup for further information, instead of listing all the variables, the referred publication was screened for further information.

2.4 Statistical analysis

This paragraph covers the description of the presentation of the PubMed findings and the statistical analysis of the included datasets. The statistical method used was already described in the corresponding publication on this thesis (Egenrieder et al., 2020) and can likewise be found there.

The method performed was used before by the work group and served as an example for this thesis. For details see again Brand et al. (2013), Fliegel et al. (2013) Staudenmaier et al. (2017), Fritze et al. (2017) and Noori et al. (Brand et al., 2013; Fliegel et al., 2013; Fritze et al., 2017; Noori et al., 2018; Staudenmaier, 2017).

Firstly, a global analysis of the conducted PubMed query was done by presenting the number of the included and excluded papers. Also, the animals obtained per drug were recorded and the distribution of their different properties (sex, strain, age, state of consciousness and route of administration of the drug) are presented in percent.

If possible, averages, standard error of the mean, median, minimum and maximum were calculated for the given parameters (e.g. microdialysis parameters like outer diameter and length of active membrane).

The peak percentage baseline value of dopamine was set as the primary outcome of this thesis, while the variety of other variables was defined as potential effect modifiers. This includes all the traits collected in the categories 'biological' and 'experimental' variables, like the animals' weight, sex, age, or the experimental settings like the flow rate, the perfusion fluid etc.

As previously reported (Noori et al., 2018), a weighted meta-analysis of the maximum drug effects was conducted with respect to the effect modifiers. Thereby the dataset was subdivided into groups, e.g. awake versus anesthetized (for a specific drug, brain region and dose, respectively). Subsequently, an analysis of variance (ANOVA) was conducted to detect statistically significant differences in the dopamine levels of the subgroups with different traits. The global level of significance was chosen as $\alpha = 0.05$.

If multiple testing was needed, Bonferroni correction was used to minimize the risk of a type I error. If there were significant differences in the peak percentage baseline values between subgroups, the weighted averages were calculated and presented separately with their respective standard error of the mean (SEM).

A correlation analysis was conducted to further examine the dopamine changes after the administration of the five drugs. Pearson's correlation coefficient was used to detect dose-dependent relationships.

Calculation was done with IBM SPSS Statistics 24 and the diagrams were created with Microsoft Excel® for office 365 MSO. The results are organized in tables and diagrams. The results of meta-analyses are often presented in forest plots (Gurevitch et al., 2018), a tool that was used also in this work.

Although the focus of the present work was on the parameters mentioned above, the context of the whole experiment was kept in mind: the results used were always averages of an experimental group, containing several animals, or even an average of several experimental groups. Thus, the data refer as well to the whole setting of the experiment as this was performed and described before (Brand et al., 2013; Fliegel et al.; Staudenmaier).

3 RESULTS

3.1 Global statistics

This section focuses on the origin and the properties of the included studies and animals and the distribution of the settings of the included microdialysis experiments. The drug specific effects and the comparison of the peak percentage baseline values will be described in a separate chapter for each drug respectively.

In sum, this thesis gathered 45 publications containing female rats ($n = 842$) in order to statistically compare them with data from 6402 male rats. A total amount of 459 studies with 7244 animals were included.

3.1.1 Origin of the included datasets

As described earlier, the datasets were obtained partly by a conducted PubMed search, partly by pre-existing meta-analyses about male animals. In the following passages the exact origin of the datasets is shown, and further details are given for both: the datasets received by other meta-analyses and the exact results of the PubMed search query.

For a list of the total numbers of studies and animals per source see table 2, the percentages for the included animals per source may be found in figure 6.

Table 2: Total amount of studies and animals per source

Source of data	Number of studies	Number of animals
PubMed results for female animals	45	1074
PubMed results for males/cocaine	262	3805
Preexisting data for males	187	2365
Sum of studies in analysis	459 (without duplicates)	7244

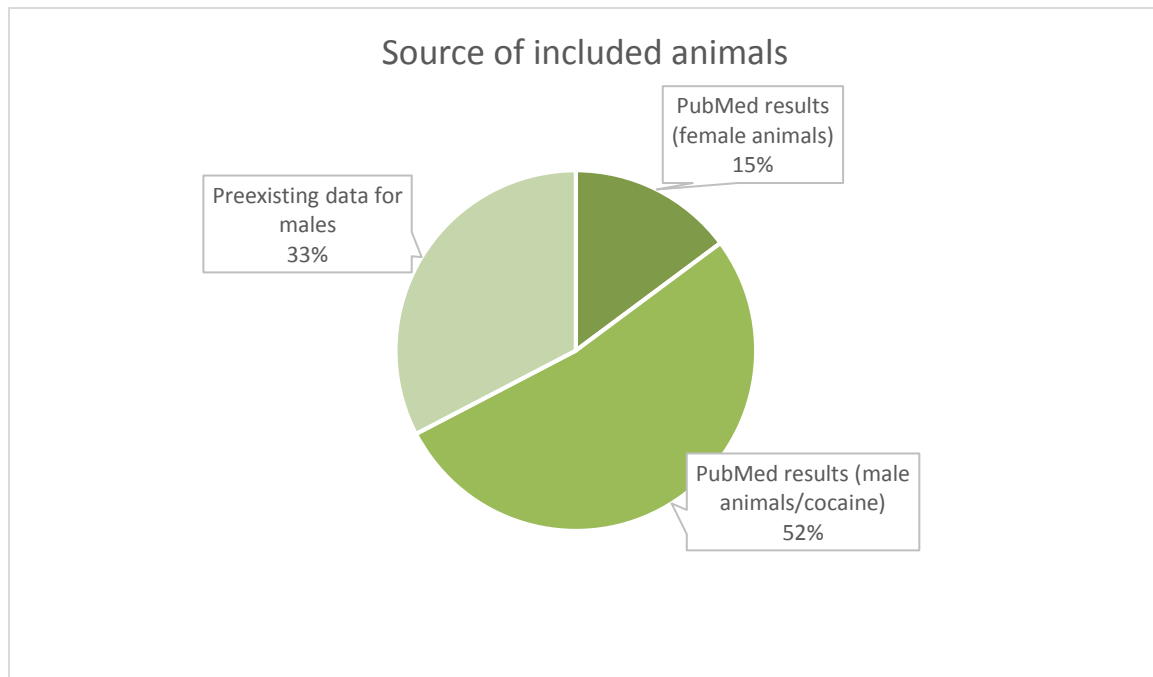


Figure 6: Included animals ($n = 7244$) in regard of the three different sources

All the included studies, no matter if they were received from PubMed or from other meta-analyses, provide a peak percentage baseline value of dopamine either in the nucleus accumbens or the caudate putamen.

Overall, 187 studies containing 2365 animals were extracted from other projects of the work group at the Institute of Psychopharmacology of the Central Institute of Mental Health (Medical Faculty Mannheim/Heidelberg University).

The main part of these preexisting results was the amphetamine group, containing 1831 animals out of 145 studies kindly provided by Schabel et al. Another 534 animals out of 42 studies were received from Gruhlke et al. for acute morphine administration, from Staudenmaier et al. for animals that received nicotine, and from Brand et al. for alcohol administration (for exact numbers see table 3).

Table 3: Number of studies and animals received from preexisting meta-analyses

Drug (Author)	Included studies	Number of animals
Amphetamine (Schabel et al.)	145	1831
Alcohol (Brand et al.)	11	184
Morphine (Gruhlke et al.)	16	208
Nicotine (Staudenmair et al.)	15	142
Sum	187	2365

The online search on PubMed led to 734 original publications for the two queries: female animals receiving the different drugs of abuse and male animals receiving cocaine (applying the keyword combinations described in the method section, respectively). These unfiltered search results were screened and selected according to the inclusion criteria that are described above. See the flow diagram in figure 7 for an overview of the workflow, orientated towards the PRISMA guidelines.

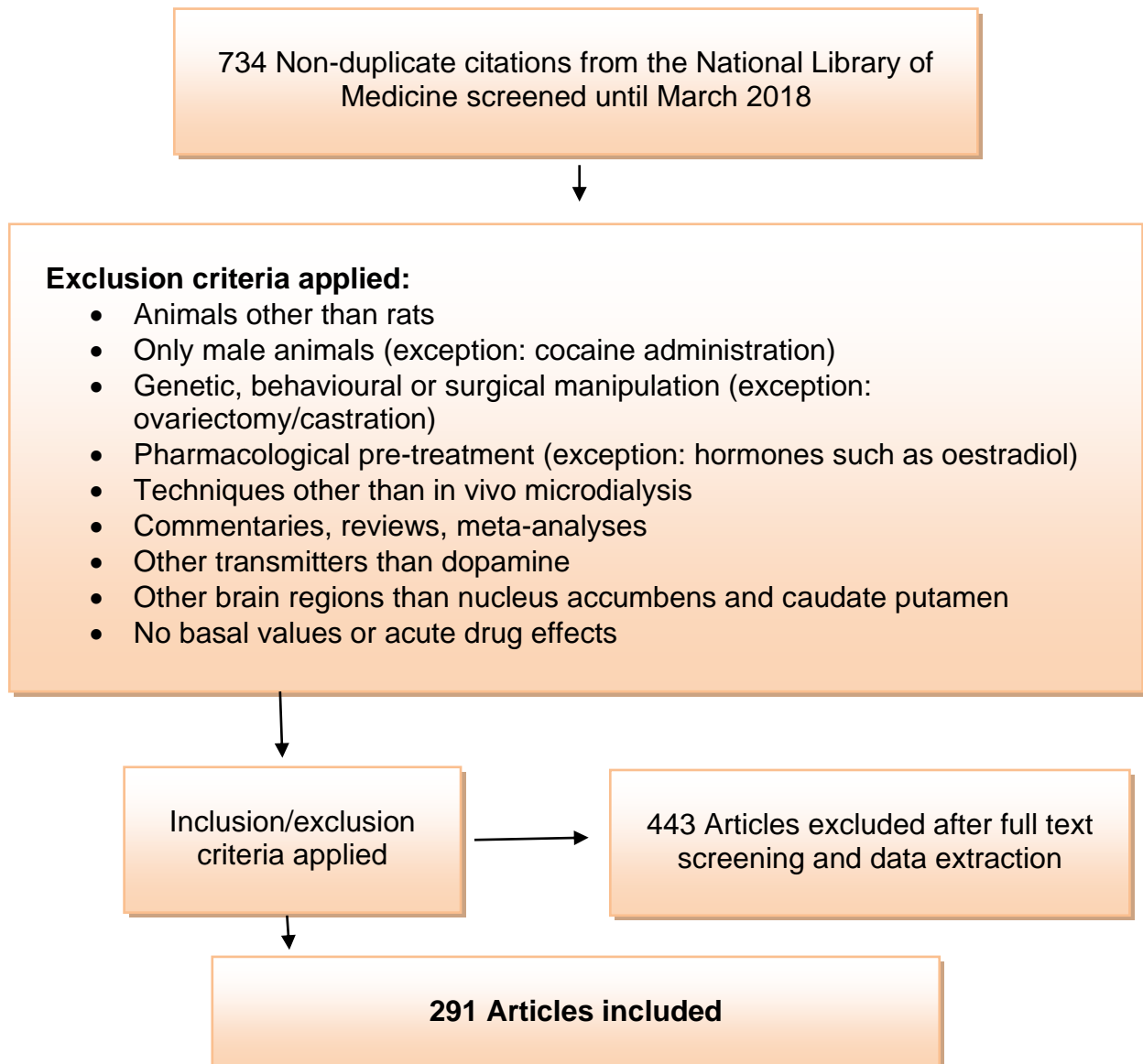


Figure 7: Flow diagram of study identification and selection process oriented towards the PRISMA guidelines

Of the 734 publications that were identified in the search query, 39.6%, equaling 291 studies, could be included for further analysis. The remaining 443 papers (60.4%) had to be excluded. Another keyword combination searching for tetrahydrocannabinol, provided only four papers of which none could be included and will therefore not be further mentioned.

The main part of the results, meaning 454 studies, were found for the search for male rats. Out of those results 257 papers (equaling 57.7%) could be included.

Much less studies were found for the specific search for female animals even though the keywords included five drugs, not only cocaine: 320 articles matched these keywords. Also, the percentage of included papers was smaller for the female query than for the male/cocaine search: 45 studies being equivalent to 14% met the inclusion criteria.

Table 4: PubMed findings per keyword and number and percentage of included and excluded studies

Keyword combination for...		Pubmed findings	Included studies	in %	Excluded studies	in %	n of studies in dataset
...females	Amphetamine	99	17	17	82	83	16
	Cocaine	48	17	35	31	65	13
	Alcohol	173	12	7	161	93	8
	Morphine	31	5	16	26	84	5
	Nicotine	24	6	25	18	75	3
Sum females (without duplicates)		320	45	14	275	86	45
....males	Cocaine	454	257	57	197	43	246
Sum females + males (without duplicates)		734	291	40	443	60	291

Viewed per drug, the query for alcohol produced most of the results. Nevertheless, relatively few papers could be included: only eight publications or 7% met the criteria. The highest percentage of included papers was reached for cocaine with 35%. For a detailed presentation of the findings for each keyword combination see the table 4.

3.1.2 Sex and estrous cycle

In the following paragraphs the distribution of the properties (sex, strain, age, consciousness, route of administration) of the overall number of animals is given and presented for each drug respectively. The impact of these effect modifiers on the dopaminergic overflow after acute administration of drugs is described later for each drug in a separate chapter.

Firstly, the sex of the rats was analyzed and presented: the online search for females provided a total amount of 45 publications containing 1074 included animals. But since sometimes the sex was not specified in these studies or both, males and females were used without explicit assignment, or the experiments contained also males, not all of those 1074 animals were actually female rats. If only those animals were taken into consideration, that were explicitly categorized as 'female' and half of the 'male/female' mixed groups, they add up to 842. Table 5 shows the distribution of the included females per drug and the corresponding percentages.

Overall, 11.6% of the animals in this thesis were females. The other 88.4% were either male animals or animals that had no labeled sex in the original publication.

Table 5: Female animals included per drug

Drug	Included animals	Percentage
Alcohol	200	24
Amphetamine	314	37
Cocaine	178	21
Morphine	102	12
Nicotine	48	6
Sum	842	100

The main part of the female animals, meaning 314, received amphetamine. This number was followed by an amount of 200 rats that were administered with alcohol and 178 with cocaine. For morphine and nicotine only 102 and 48 animals were included, respectively. In the nicotine group all measurements took place in the nucleus accumbens and there were no experiments that had the caudate putamen as brain region of interest. The results of all other drugs contained values out of both brain regions.

Secondly, an analysis of the mentioning and monitoring of the estrous cycle was conducted on the 45 studies containing female animals. The results for the keyword combination for male animals that received cocaine are not taken into consideration in this overview.

Overall, 62% of the studies did not mention the hormonal state of the animals at all. Regarding those studies that took it into account (38%) there were different levels (see figure 8): in nine of the 45 studies the females were described as ovariectomized, which amounts to a share of 20%. Another three studies (or 7%) did not measure the estrous cycle but stated that it was counterbalanced due to the experimental setup, e.g. through planning the experiments on different days for different animals.

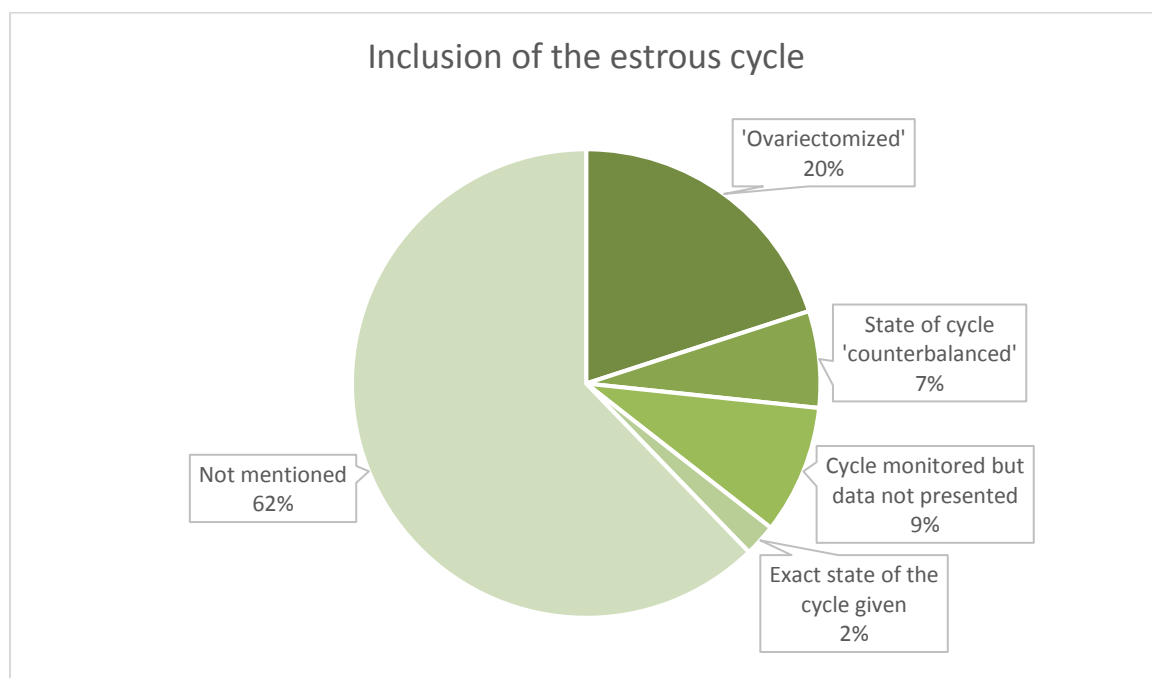


Figure 8: Percentages of the mentioning and monitoring of the estrous cycle (n = 45 studies)

In four studies (9%) the cycle was monitored but as there was no effect on the results, it was not presented. Only one study mentioned and monitored the concrete state of the estrous cycle. Therefore, a share of 2% of the included studies contained the state of the estrous cycle, which does not provide sufficient data to analyze the effect on drug-induced changes in striatal dopamine concentrations.

3.1.3 Strain

In a further step, the included studies were analyzed in regard to the other properties of the rats they used as subjects. Therefore, the total number of experimental groups ($n = 512$ datasets) was set as 100% as a basis for the calculation in the following chapters.

Most of the animals that were used by the included experiments were Sprague-Dawley rats with 64%. The second largest group consisted of Wistar rats with 18%. Another 16% were composed of other strains, mainly Long Evans (6%), and in 2% of the papers, the authors did not specify the strain. Special breeds like for example alcohol avoiding or obesity-prone rats were counted as 'other strain'. For details see figure 9.

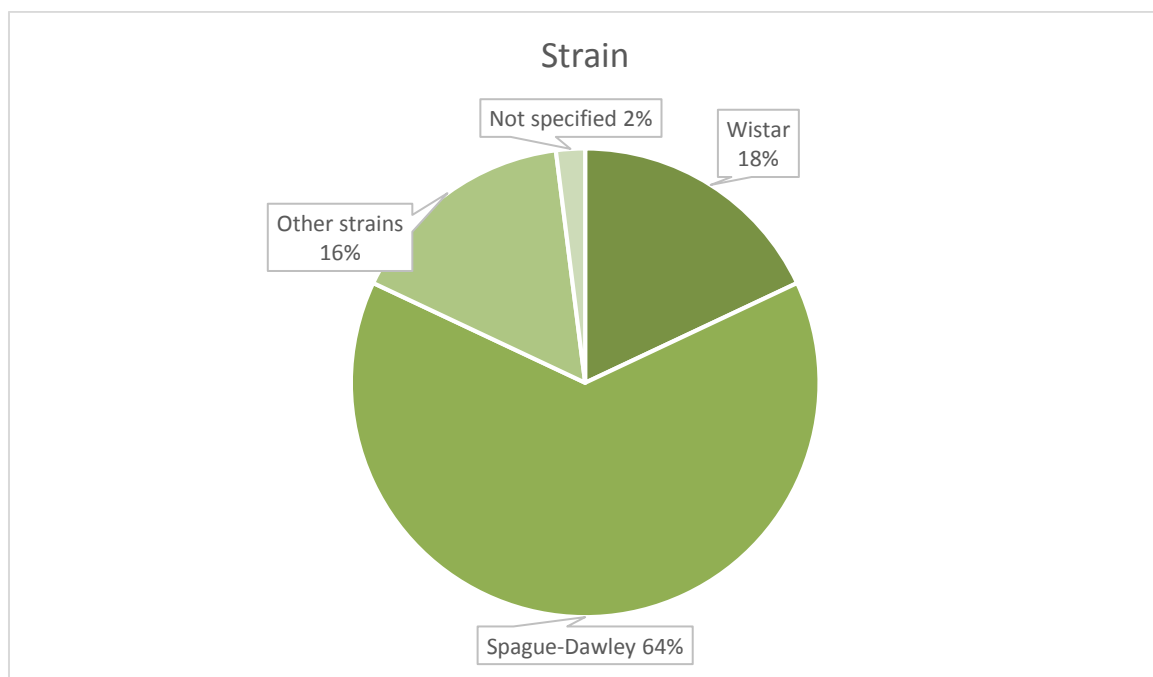


Figure 9: Percentages of the strains used by the included experiments (n of datasets = 512)

The preponderance of Sprague-Dawley and Wistar rats was found for four drugs of abuse. The only exception were studies with alcohol, probably due to the fact that in those experimental setups sometimes special breeds are used, like alcohol preferring or alcohol avoiding rats, that are contained in the section 'other strains'. For details about the distribution of strains for the different drugs see table 6.

Table 6: Distribution of strains per drug

Drug	% Sparague-Dawley	%Wistar	% Other strains	Strain not specified
Cocaine	68	15	15	2
Amphetamine	60	21	17	2
Alcohol	20	35	45	0
Morphine	68	23	9	0
Nicotine	70	10	20	0
All Drugs	64	18	16	2

Overall, the results of this thesis should be considered referring mainly to Sprague-Dawley rats.

3.1.4 Age

Every age of subjects was included: most of the experiments (86%) were carried out in adult animals. Another 7% of the studies had adolescent subjects and again 7% did not mention the rats' age. For the distribution of the animals' age see figure 10.

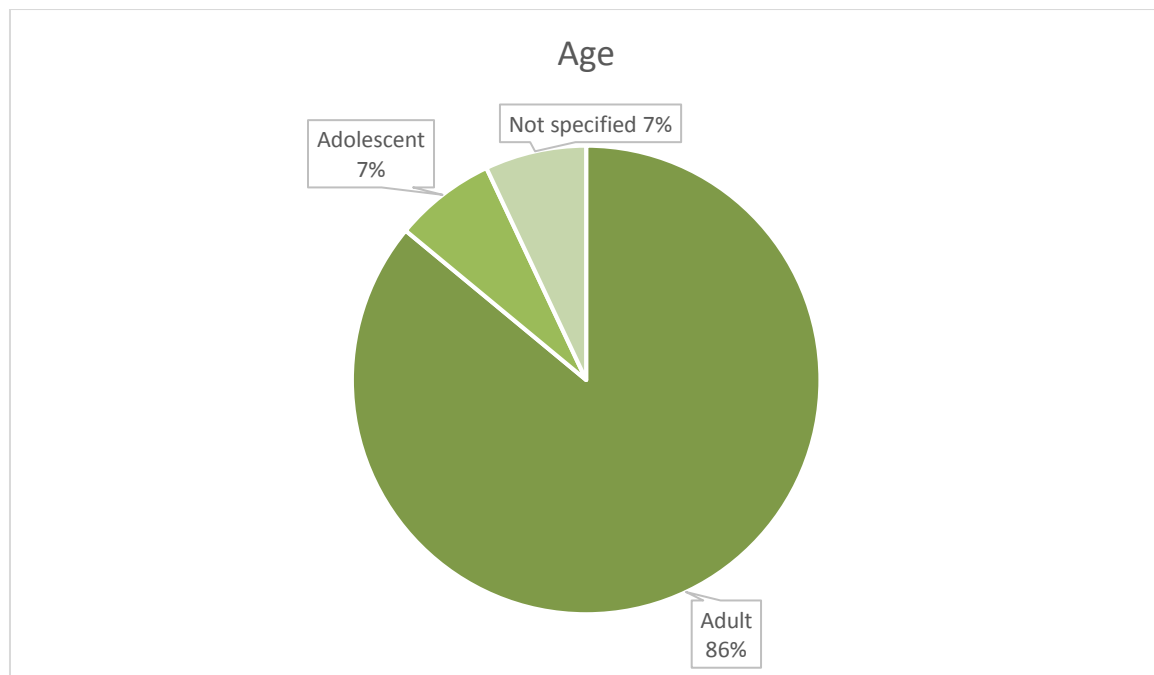


Figure 10: Percentages of the age of the animals used by the included experiments (*n* of datasets = 512)

A relatively high percentage of adolescent animals was present in the two smallest drug groups: among the animals that received morphine or nicotine 14%, or 25%, 46

respectively, were adolescent. For the three other drugs the share of adolescent animals was under 10%, or even under 5%. Therefore, the outcomes of this study relate almost exclusively to adult animals. For detailed information about the distribution of age among the included animals per drug see table 7.

Some authors did not explicitly mention the rats' age but their weight. In these cases, the age was estimated by means of standard growth curves of the respective strain.

Table 7: Distribution of age per drug

Drug	% Adult	% Adolescent	% Age not specified
Cocaine	86	7	7
Amphetamine	92	4	4
Alcohol	85	5	10
Morphine	68	14	18
Nicotine	70	25	5
All Drugs	86	7	7

3.1.5 State of consciousness

Generally, most of the microdialysis experiments are conducted on freely moving (awake) animals.

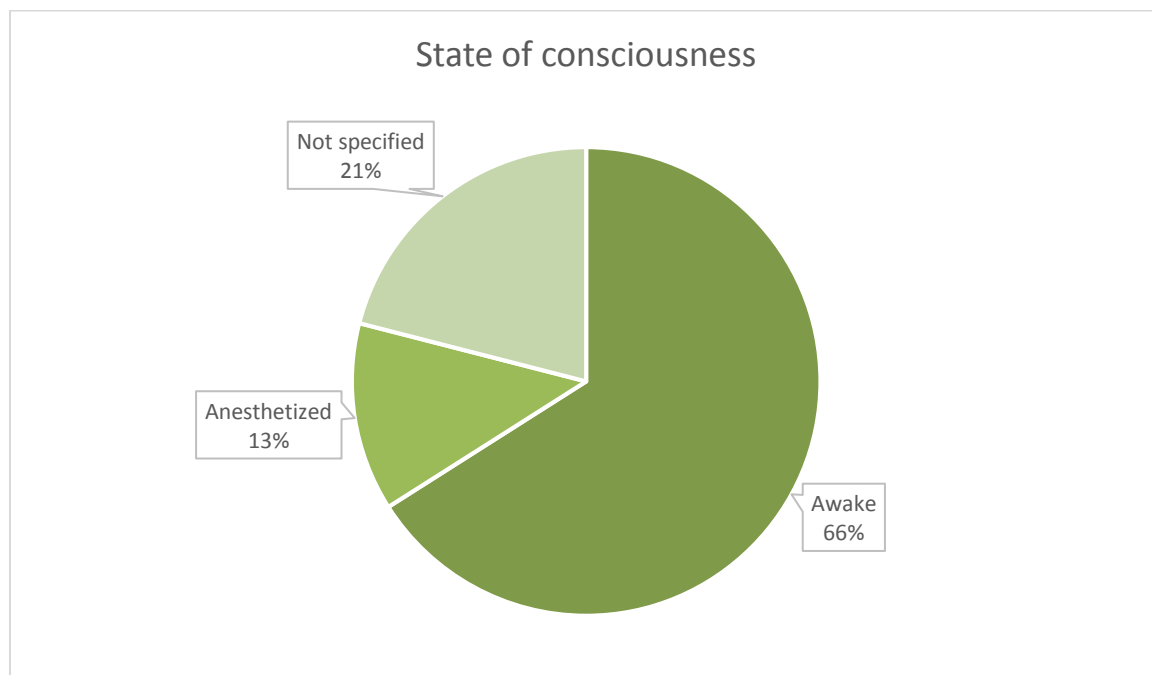


Figure 11: Percentages of the different states of consciousness of the animals used by the included experiments (n of datasets = 512)

Regarding the included studies of this meta-analysis, this tendency could also be detected: all in all, 66% of the animals were described as awake, 13% were explicitly anesthetized and in 22% of the studies the authors did not point out the state of consciousness. Most likely the animals were also awake in many of these undefined cases, as no description of any anesthetic procedure was given. When a hint on anesthesia was mentioned, the studies were counted as 'anesthetized'. The distribution can be seen in figure 11.

Viewed for each drug separately, cocaine and amphetamine were administered to both, awake and anesthetized (11% and 19% of the experiments) animals. The remaining three drugs were only administered to awake and freely moving animals. Therefore, the present work does provide data for the effect of anesthetics on cocaine and amphetamine administration. See table 8.

Table 8: Distribution of state of consciousness per drug

Drug	% Awake	% Anesthetized	% Consciousness not specified
Cocaine	67	11	22
Amphetamine	57	19	24
Alcohol	80	0	20
Morphine	91	0	9
Nicotine	95	0	5
All Drugs	66	13	21

3.1.6 Route of administration

There were five different routes of administration in the included publications: most of the drugs were administered via the peritoneum with 64%, followed by the subcutaneous route, with 18% and the intravenous administration with 10%.

In some cases, meaning 6%, the drugs were administered via reverse microdialysis directly into different brain regions (local administration). In one experiment the rats got cocaine intranasally. For the distribution of the different routes of administration see figure 12.

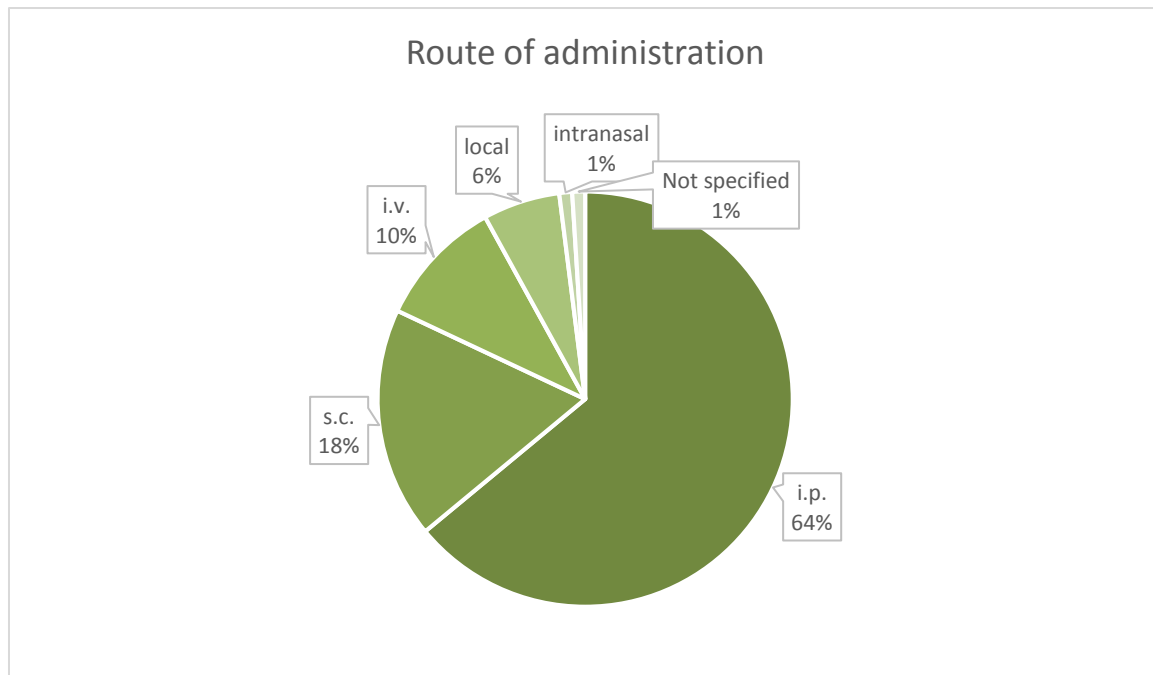


Figure 12: Distribution of the route of administration in the included experiments (n of datasets = 512)

Cocaine and alcohol were the drugs that were most frequently administered intraperitoneally and had therefore the lowest percentages of the subcutaneous route of administration (8% or 0% of the cases).

Nicotine has a relatively high share of subcutaneous administrations and therefore the lowest intraperitoneally administered cases with 5%. Local administration could be detected for alcohol, cocaine, nicotine and amphetamine.

For the distribution of the different routes of administration per drug, see table 9.

Table 9: Distribution of the route of administration

Drug	% intraperitoneal	% subcutaneous	% intravenous	% local	% intranasal	% not specified
Cocaine	75	8	14	2	1	1
Amphetamine	54	35	6	4	0	1
Alcohol	75	0	10	15	0	0
Morphine	55	41	4	0	0	0
Nicotine	5	85	0	5	0	5
All drugs	64	18	10	6	1	1

3.1.7 Microdialysis parameters

There were different solutions used as a perfusion fluid in the included publications: two thirds of the experiments used artificial cerebrospinal fluid (aCSF) or Ringer's solution. Another 16% named other fluids and 8% did not specify the selected medium. For a graphical representation see figure 13.

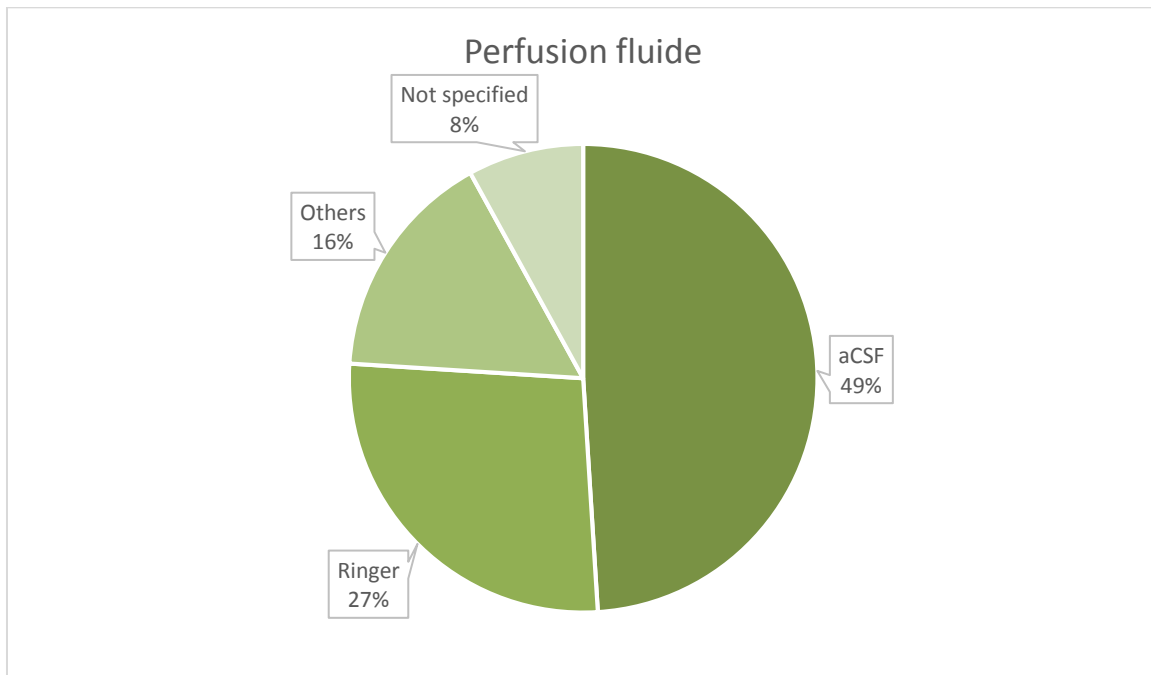


Figure 13: Percentage of the perfusion fluid used by the included experiments (n of datasets = 512)

As described above, further parameters of the microdialysis experiments were recorded: the length of the active membrane and the outer diameter of the probe, the sample time, the flowrate, and the calcium concentration of the perfusion fluid. As these parameters were the same for all experiments of one publication, the overall number of studies was set as 100% for the calculation of the following percentages.

The active membrane had an average length of 2.4 ± 0.98 mm and an outer diameter of 318 ± 110.82 μm . But not many papers mentioned the latter one: only 180 out of the total amount of 459 publications named the exact outer diameter.

The flowrate, the sample time and the calcium concentration were relatively often specified. The sample time ranged from 2 to 40 minutes and had its median at 20 minutes. The fluid was perfused at an average rate of 1.58 ± 0.75 $\mu\text{l}/\text{min}$ and

contained an average of $1.51 \pm 0.52 \mu\text{M}$ calcium. For the average, median, minimum, maximum, and the number of the papers without values see table 10.

Table 10: Average \pm SEM, median, minimum and maximum of the different microdialysis parameters

Microdialysis parameter	Average	Median	Minimum	Maximum	Not specified (number of studies)
Length of active membrane (mm)	2.4 ± 0.98	2	1	8.5	84
Outer diameter (μm)	318 ± 110.82	300	150	600	279
Sample time (min)	18.33 ± 5.69	20	2	40	35
Flow rate ($\mu\text{l}/\text{min}$)	1.58 ± 0.75	1.5	0.16	5	35
Calcium concentration (mMol)	1.51 ± 0.52	1.2	0	1.4	78

3.2 Drug specific effects

In the following sections, the results of the statistical analysis of the peak percentage baseline values are presented. A correlation analysis was conducted per drug and brain region and one-way ANOVA was done in regard of the effect modifiers for each dosage separately. Therefore, the specific results will be presented by drug/brain region.

The references for the presented single values are in the list of appendices, for reasons of clarity. A table that gives a gathered summary of all dose-dependent effects of the five different drugs is to be found in the discussion. Forest plots were created for those dosages that contained more than 250 animals. This was the case for two groups that received amphetamine (0.5 mg/kg, nucleus accumbens and 2 mg/kg, caudate putamen) and three dosages of cocaine (5, 10, and 20 mg/kg, nucleus accumbens).

3.2.1 Alcohol

Overall, twelve studies (n = 200) contained measurements of extracellular dopamine concentrations in the striatal complex (NAc and CPu) of females after the administration of alcohol. Another eleven studies were included from Brand et al., leading to 23 publications with alcohol administration: Blanchard & Glick, 1995; Blanchard, Steindorf, Wang, & Glick, 1993; Blanchard, Steindorf, Wang, LeFevre, et al., 1993; Bustamante et al., 2008; Campbell & McBride, 1995; Cummings, Jagannathan, Jackson, & Becker, 2014; Ding, Ingraham, Rodd, & McBride, 2016; Ding et al., 2012; Ding, Rodd, Engleman, & McBride, 2009; C. Heidbreder & De Witte, 1993; Howard, Schier, Wetzel, Duvauchelle, & Gonzales, 2008; Kohl, Katner, Chernet, & McBride, 1998; Maisonneuve & Glick, 1999; Mocsary & Bradberry, 1996; Philpot & Kirstein, 1999; D. L. Robinson, Howard, McConnell, Gonzales, & Wightman, 2009; Tobiansky et al., 2016; Yan, 1999; Yan, Zheng, Feng, & Yan, 2005; Yoon et al., 2004; Yoshimoto, Komura, & Kawamura, 1992; Yoshimoto, McBride, Lumeng, & Li, 1992a, 1992b.

Alcohol was administered in a range of 0.25 to 3 g/kg systemically and in concentrations varying between 50 to 300 mg% locally into the ventral tegmental area.

3.2.1.1 Nucleus accumbens

For measurement in the nucleus accumbens, ten different dosages (five systemically administered, five locally administered) of alcohol could be found including a total number of 403 animals, of which 156 were females.

The systemically administered dosages ranged from 0.25 to 3 g/kg (n = 347) and the local doses from 50 to 300 mg% (n = 56). Alcohol was perfused through the posterior ventral tegmental area in all experiments with local administration.

At 3 g/kg, only female rats were used as subjects. The five experiments with local administration of alcohol were also conducted on female animals only. In the remaining dose groups both sexes were present and therefore a comparison between the peak percentage values of the females and males could be conducted.

Table 11: Peak percentage baseline values in the nucleus accumbens after different dosages of ethanol, locally administrated dosages below the grey line

Dose (g/kg)	Peak% BL (weighted average) ± SEM	Sub group	n of rats	n of females (%)	P-value	Critical value (degrees of freedom)
0.25	178.45 ± 8.41	-	31	15.5 (50)	-	-
0.5	127.10 ± 1.76	Male	62	0 (0)	0,018	4.84 (1,11)
	171.74 ± 10.73	Female	28	28 (100)		
1	155.43 ± 1.93	-	139	29.5 (21)	-	-
2	151.53 ± 1.42	-	75	22.5 (30)	-	-
3	200 ± 25	-	4	4 (100)	-	-
50mg %	85 ± 4	-	7	7 (100)	-	-
100m g%	122.27 ± 4.32	-	11	11 (100)	-	-
150m g%	145 ± 12	-	7	7 (100)	-	-
200m g%	138.15 ± 4.60	-	27	27 (100)	-	-
300m g%	145 ± 10	-	4	4 (100)	-	-

However, while all doses consistently increased the level of dopamine (see table 11), only a moderate correlation ($r = 0.46$) between the administered dosage of ethanol and the dopaminergic overflow could be detected – at least regarding the systemic route of administration. Rats of both sexes had higher values of dopamine at the lower dosage of 0.25 g/kg systemically administered ethanol, compared to the 0.5 g/kg dose. In locally administered rats, a high linear correlation between the administered dose of alcohol and the increase of dopamine could be seen ($r = 0.79$). See figure 14a and b.

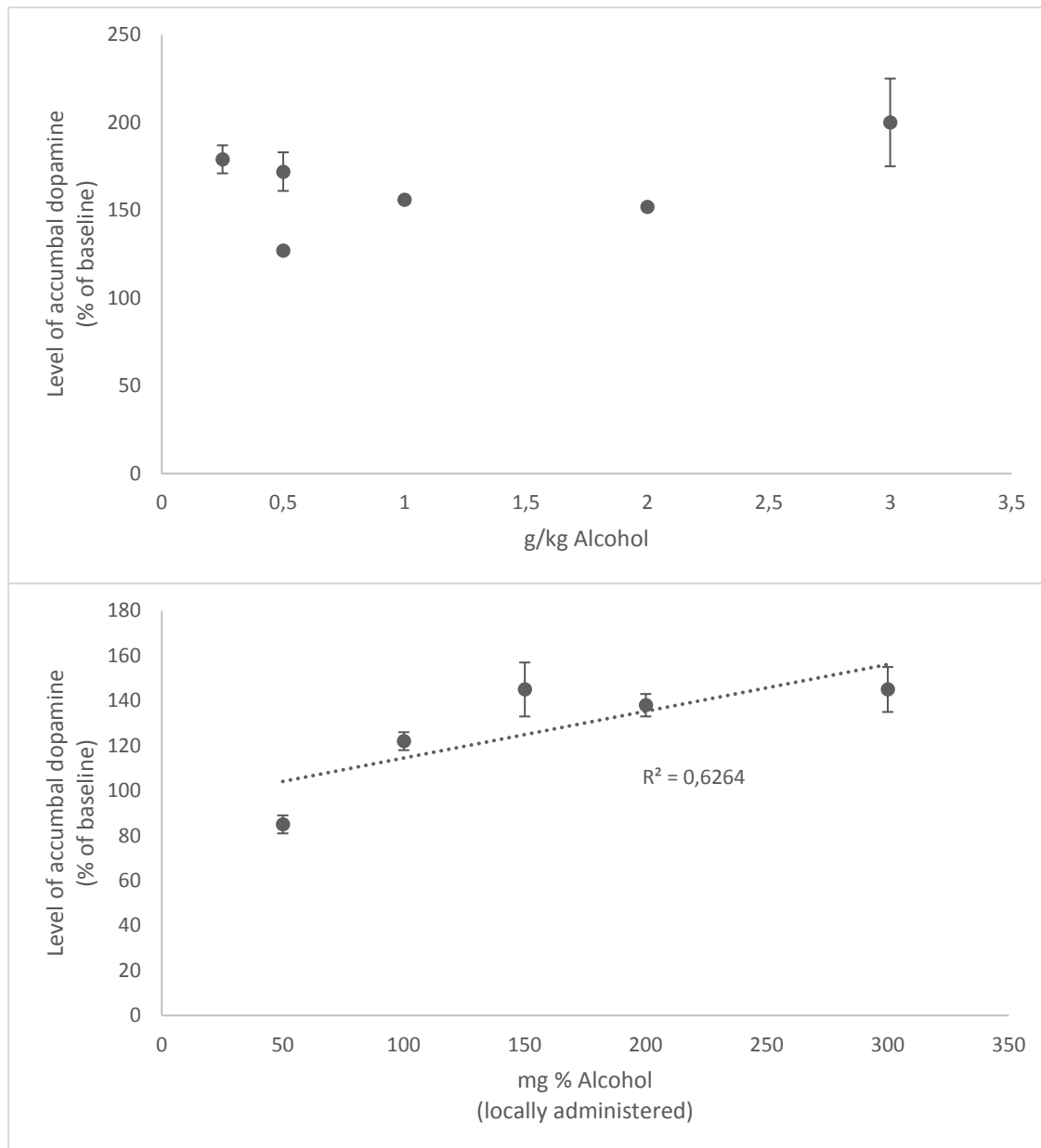


Figure 14a, b: Averages of the dose-dependent effect of ethanol on accumbal dopamine ($n = 403$ rats)

Systemic administration (above): $n = 347$ rats. $R^2 = 0.22$, the relationship may not be linear.

Local administration (below): $n = 56$ rats, perfused with different concentrations of ethanol into the posterior ventral tegmental area. $R^2 = 0.63$ and indicates a linear relationship.

For number of animals per dose, percentages of female rats and significant differences between groups see table above.

Only in one dose group a significant difference was detected through ANOVA: at 0.5 g/kg ethanol the peak percentage baseline value was higher in female rats, $F(1,11) = 4.84$, $p = 0.018$.

Table 12: Peak percentage baseline values of dopamine in female vs. male rats in the nucleus accumbens.

Sex	Peak percentage baseline value after 0.5 g/kg ethanol
Male	127.10 ± 1.76
Female	171.74 ± 10.73

Interestingly, in the other mixed-sex dose groups (that means 0.25, 1, and 2 g/kg) there were no significant findings regarding sex differences, whatsoever (see table 11). Detailed information including the references for the presented values and the respective peak times are set out in the appendix in chapter 7.2.

3.2.1.2 Caudate putamen

For the caudate putamen, four different dosages of ethanol could be found with a total amount of 168 rats (90 females). The query generated no results with local administration. In all included dose groups both sexes were present.

The conducted ANOVA did not show any differences between the subgroups; in particular, no sex differences could be identified. See table 13 for all peak percentage baseline values.

Table 13: Peak percentage baseline values in the caudate putamen after different dosages of ethanol.

Dose (g/kg)	Peak% BL (weighted average) ± SEM	Sub group	n of rats	n of females (%)	p-value	Critical value (degrees of freedom)
0.25	140.77 ± 4.45	-	31	15.5 (50)	-	-
0.5	160.01 ± 2.73	-	52	27.5 (53)	-	-
1	123.28 ± 2.04	-	49	27.5 (56)	-	-
2	95.54 ± 6.72	-	35	19 (55)	-	-

There was no positive dose-response relationship, but all dosages of ethanol increased dopamine levels in the caudate putamen. On the contrary, the analysis showed a negative correlation between the administered dose of ethanol and the dopamine level ($r = -0.90$): the peak value of dopamine was, apart from the 0.5 g/kg value compared to the 0.25 g/kg value, inversely proportional to the administered dose of ethanol. See figure 15 and the chapter 7.2 in the appendix for more details, the respective peak times and the references for each dose group.

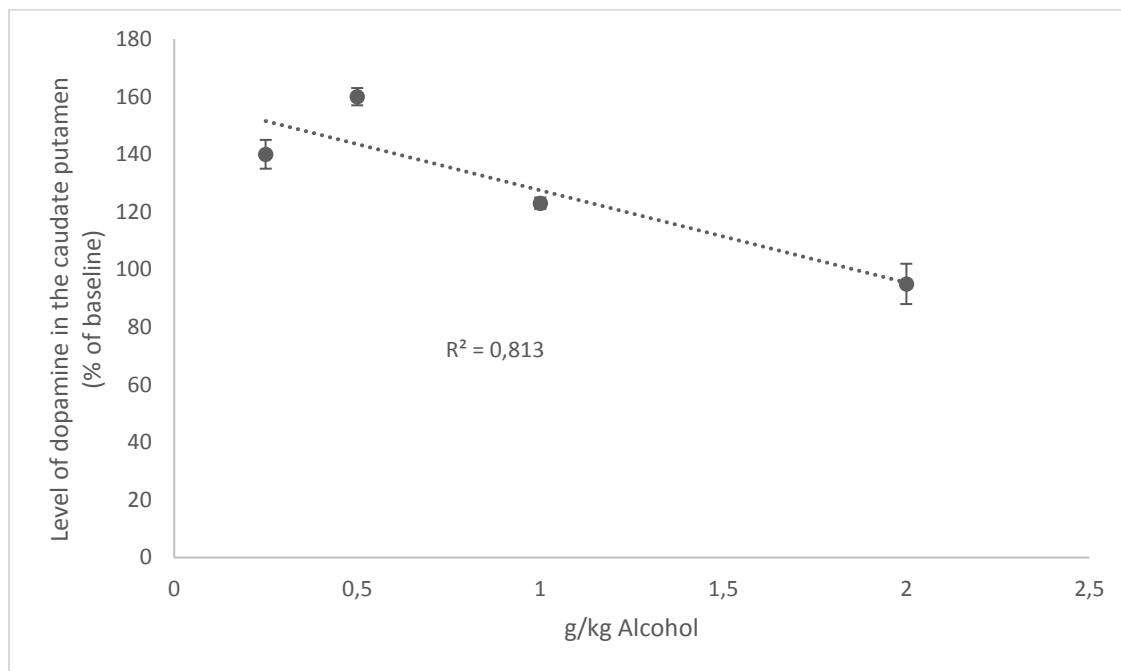


Figure 15: Averages of the dose-dependent effect of ethanol on dopamine in the caudate putamen ($n = 167$ rats)

For number of animals per dose and percentages of female rats see table above. $R^2 = 0.81$ and indicates a linear relationship.

3.2.2 Amphetamine

The conducted search led to data of 314 female rats excerpted from 18 original studies about the effect of amphetamine on the striatal complex: Becker & Cha, 1989; Becker & Rudick, 1999; Byun et al., 2014; Castaneda, Wishaw, Lerner, & Robinson, 1990; Castner, Xiao, & Becker, 1993; Ferguson, Flynn, Delclos, Newbold, & Gough, 2002; Geiger et al., 2009; Glick, Rossman, Wang, Dong, & Keller, 1993; Kehoe, Shoemaker, Arons, Triano, & Suresh, 1998; Kehoe, Shoemaker, Triano, Hoffman, & Arons, 1996; Maisonneuve, Keller, & Glick, 1992; McCallum, Cowe,

Lewis, & Glick, 2012; Nowak et al., 2008; T. E. Robinson & Camp, 1990, 1991; T. E. Robinson, Jurson, Bennett, & Bentgen, 1988; Shams et al., 2016; Shoblock, Sullivan, Maisonneuve, & Glick, 2003.

Another 144 studies were included from Schabel et al., adding up to an overall amount of 162 publications examining the striatal dopamine after amphetamine administration. The drug was systemically applied in a range of 0.5 to 7.5 mg/kg and there was one local dose that had a concentration of 1 μ M administered directly into both brain regions (NAc and CPu).

As already described in the methods, for the sake of clarity, in the following tables the term amphetamine – if not further specified – refers to the more frequently used dextro-enantiomer. For the rare cases when the rats received the racemase, 'd+l' will be added. There were no studies included that used levoamphetamine.

3.2.2.1 Nucleus accumbens

Amphetamine was administered at nine different dosages for measurement in the nucleus accumbens to a total amount of 1048 animals, including one local dose with 33 animals.

There were no experiments that contained the administration of the racemate or levoamphetamine. Male and female rats were available at all dosages with an overall share of 105 female animals.

Amphetamine at all dosages has a strongly enhancing impact on the dopaminergic transmission in the nucleus accumbens (table 14). However, no dose-response relationship could be identified: the correlation analysis showed no clear dose-dependent effect of amphetamine on the dopamine overflow in the nucleus accumbens ($r = - 0.12$).

Analogous to the other drugs studied, the dopaminergic response to amphetamine was examined with respect to the animals' sex and other properties. Again, there were no significant differences in the average dopamine levels between the subgroups, notably between males and females. For further details see table 14 and chapter 7.3 in the appendix containing the references and averaged peak times of the presented results.

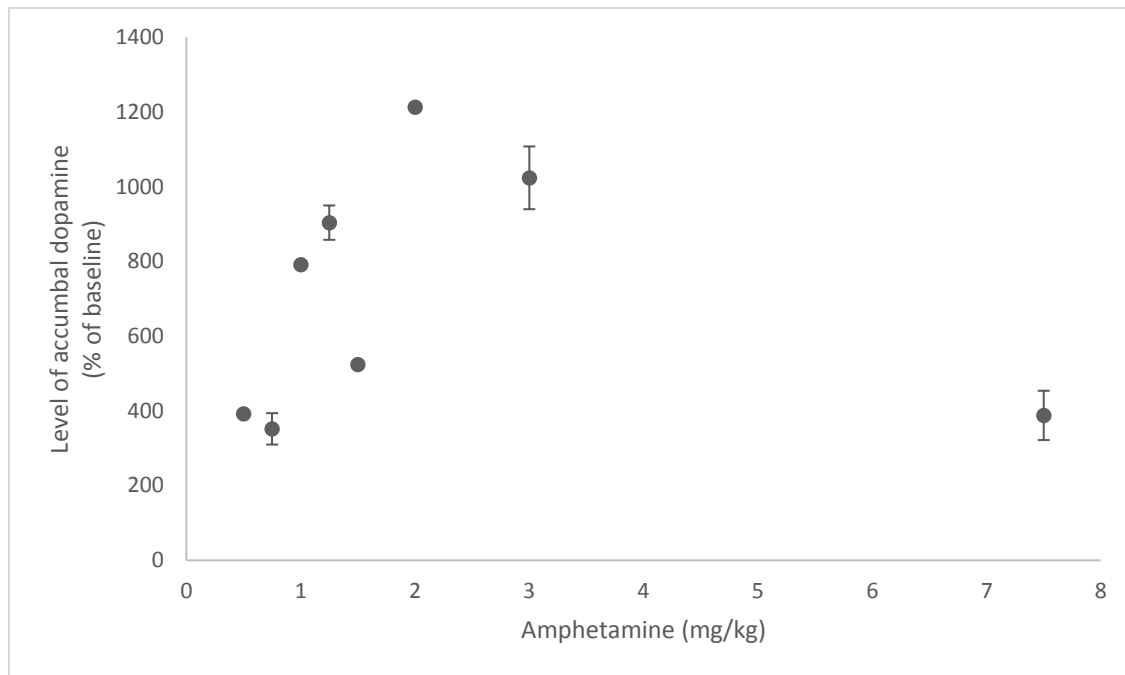


Figure 16: Averages of the dose-dependent effect of d-amphetamine on accumbal dopamine ($n = 1015$ rats)

For number of animals per dose and percentages of female rats see table below. $R^2 = 0.02$, the relationship may not be linear.

Table 14: Peak percentage baseline values in the nucleus accumbens after different dosages of d-amphetamine, locally administrated dosage below the grey line

Dose (mg/kg)	Peak% BL (weighted average) \pm SEM	Sub group	N of rats	n of females (%)	P-value	Critical value (degrees of freedom)
0.5	392.15 \pm 1.39	-	260	15.5 (6)	-	-
0.75	352.27 \pm 42.05	-	11	6 (55)	-	-
1	791.46 \pm 4.23	-	235	4 (2)	-	-
1.25	903.83 \pm 45.88	-	30	12 (40)	-	-
1.5	523.90 \pm 2.05	-	168	18 (11)	-	-
2	1213.16 \pm 9.03	-	199	13 (7)	-	-
3	1024.77 \pm 84.53	-	65	5 (8)	-	-
7.5	387.8 \pm 65.9	-	25	12.5 (50)	-	-
1 μ M	342.42 \pm 12.12	-	33	6 (18)	-	-

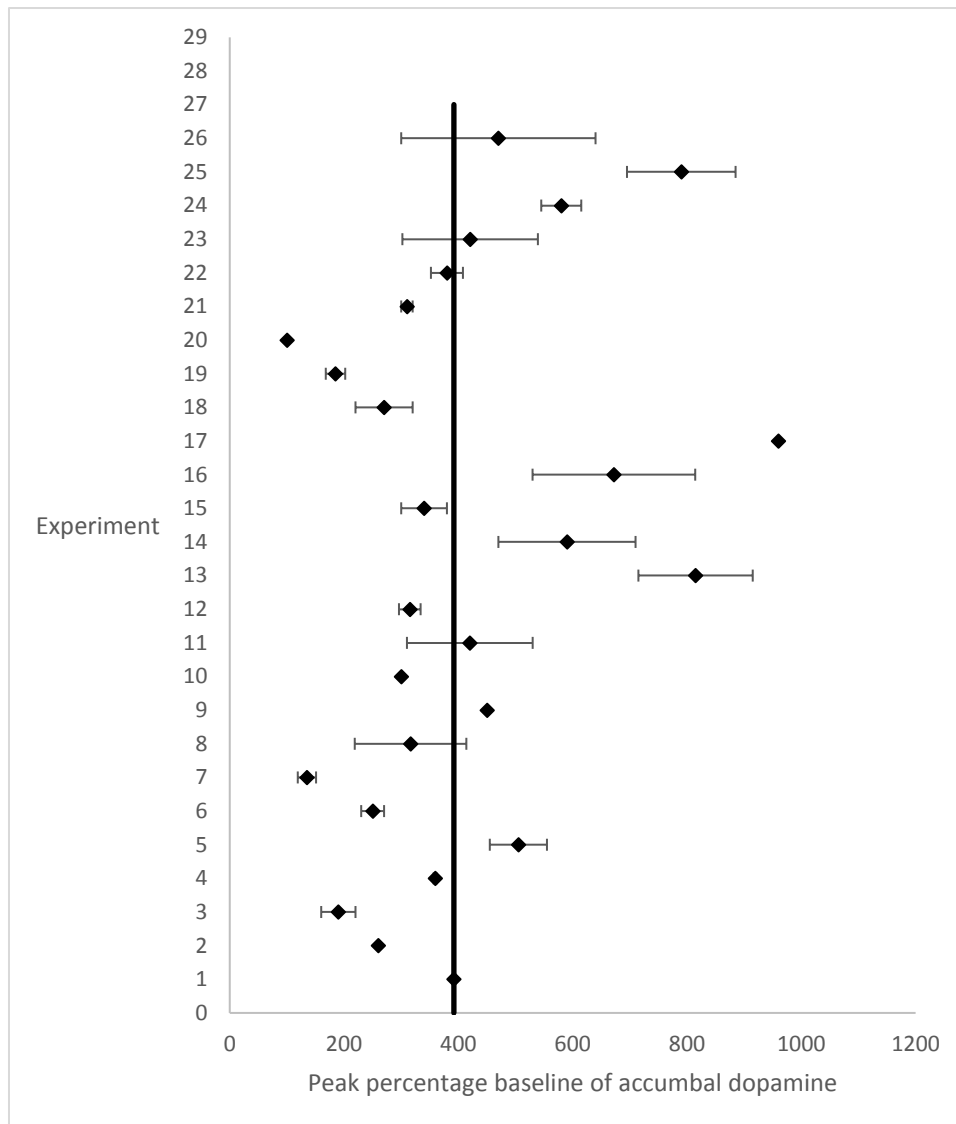


Figure 17: Averaged peak percentage baseline values of 25 publications (row 2 – 26, in chronological order) in relation to their weighted average in row 1 (0.5 mg/kg amphetamine, $n = 260$ rats).

The vertical line extends the weighted average. Horizontal lines represent the respective standard error of the mean (SEM). 2 Pani et al. 1990; 3 Steketee et al. 1992; 4 Di Chiara et al 1993; 5 Stewart et al. 1994; 6 Paulson et al. 1995; 7 Harmer et al. 1997; 8 Kehoe et al. 1998; 9 Darracq et al. 1998*; 10 Hall et al. 1998; 11 Birrell et al. 1998; 12 Cagiano et al. 1998; 13 Ichikawa et al. 1998; 14 Hall et al. 1999; 15 Rowley et al. 2000; 16 Badiani et al. 2000; 17 Porrás et al. 2002*; 18 Tronci et al. 2006; 19 Mattsson et al. 2007; 20 Pacchioni et al. 2007; 21 Rahman et al. 2008; 22 Sotty et al. 2009; 23 Sotty et al. 2009; 24 Auclair et al. 2010; 25 Fabricius et al. 2011; 26 Choi et al. 2014. *Two publications contained no SEMs.

The forest plot (figure 17) shows the position of the single peak percentage baseline value of each experimental group in relation to the calculated weighted average.

All publications that administered 0.5 mg/kg amphetamine are listed in the chronological sequence of their publication. Row 1 shows the calculated average, the

single experiments are presented from row 2 on, each value with its respective standard error of the mean (SEM).

3.2.2.2 Caudate putamen

Ten different dosages (including one local dose) of amphetamine were administered to 1185 animals, containing 207 female animals.

There was no positive dose-response relationship in the caudate putamen ($r = 0.14$) for the administration of amphetamine (see figure 18). In this figure, all dose groups are included, also those that contained only males.

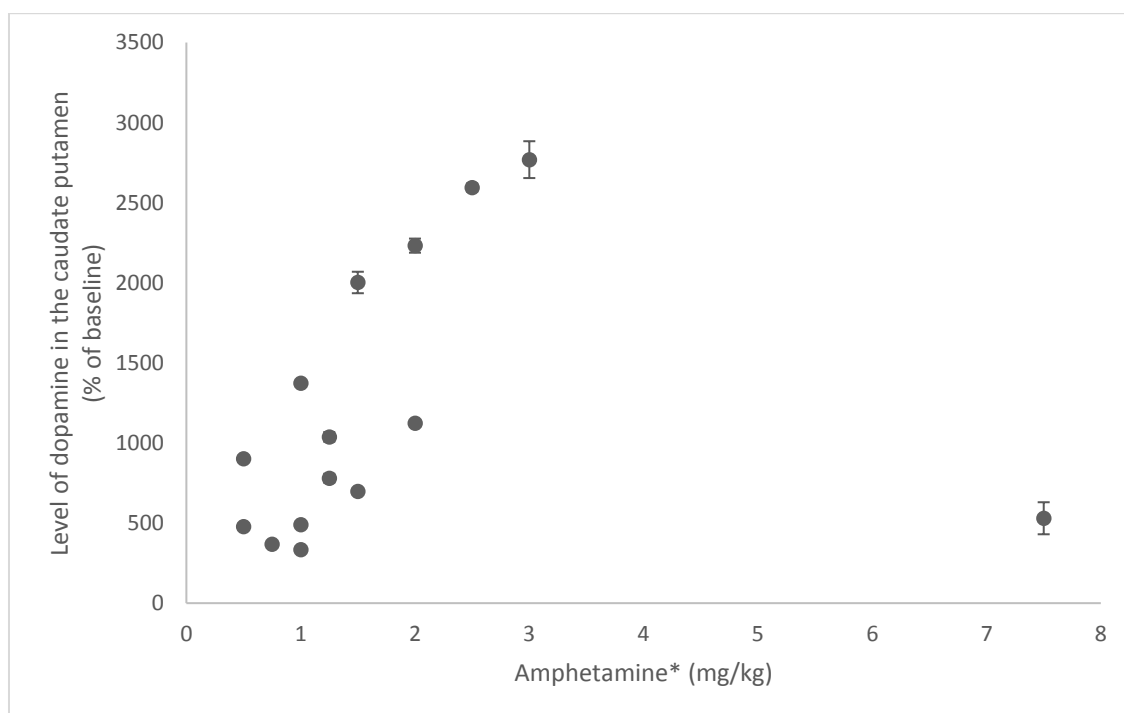


Figure 18: Averages of the dose-dependent effect of *d*-amphetamine and *d+l*-amphetamine on dopamine in the caudate putamen ($n = 1175$ rats).

For number of animals per dose, percentages of female rats and significant differences between groups see tables below and in the appendix. $R^2 = 0.02$, the relationship may not be linear.

**d+l*-amphetamine was administered at 0.5 and 2.5 mg/kg; at 1 mg/kg both *d+l*- and *d*-amphetamine were administered, *d*-amphetamine at all other dosages.

Analogous to the nucleus accumbens, all doses of amphetamine have a strongly enhancing impact on dopaminergic transmission in the caudate putamen. Interestingly, for most of the dosages, no differences between the sexes could be

identified. See table 15 (for reasons of clarity, only those dosages that contained female animals are presented).

Table 15: Peak percentage baseline values in the caudate putamen after different dosages of amphetamine (only dosages that contained female animals are presented)

Dose (mg/kg)	Peak% BL (weighted average) ± SEM	Sub group	N of rats	n of females (%)	P-value	Critical value (degrees of freedom)
0.5 d+l-amph	477.05 ± 15.24	Male	44	0 (0)	0.001	4.84 (1,11)
	901.02 ± 16.36	Female	49	49 (100)		
0.75	368.95 ± 2.98	-	19	7 (37)	-	-
1.25	780.21 ± 27.59	Male	24	0 (0)	0.039	5.50 (1,7)
	1038.25 ± 30.11	Female	24	24 (100)		
1.5	696.64 ± 4	Awake	192	8.5 (4)	0.010	4.26 (1,24)
	2001.52 ± 68.96	Anesthetized	33	0 (0)		
2	1122.92 ± 4.78	Awake	254	45 (18)	0.004	4.09 (1,40)
	2231.91 ± 44.22	Anesthetized	105	0 (0)		
2.5 d+l-amph	2595 ± 25.56	-	89	49 (55)	-	-
3	2769.21 ± 114.78	-	38	7 (18)	-	-

Two dose groups formed an exception: there were significantly higher values reached in female animals at 0.5 mg/kg ($F(1,11) = 4.84$ and $p = 0.001$) and 1.25 mg/kg ($F(1,7) = 5.5$ and $p = 0.039$), see table 16.

Table 16: Peak percentage baseline values of dopamine in female vs. male rats in the caudate putamen

Dose of administered amphetamine	Peak percentage baseline value	
0.5 mg/kg	Male	477.05 ± 15.24
	Female	901.02 ± 16.36

Dose of administered amphetamine	Peak percentage baseline value	
1.25 mg/kg	Male	780.21 ± 27.59
	Female	1038.25 ± 30.11

Further analysis of modifying factors revealed differences regarding the two enantiomers and the state of consciousness: as mentioned earlier, in most of the experiments and dosages d-amphetamine was used. The dextro-, levoamphetamine racemate was administered at 0.5 and 2.5 mg/kg.

At the dose of 1 mg/kg both, d+l-amphetamine and d-amphetamine were administered. At this concentration d-amphetamine produces, compared to the racemate, a significantly higher peak percentage baseline value of dopamine, $F(1,44) = 4.06$, $p = 0.007$. For the averages of the two types of amphetamine see table 17. Both groups contained only male animals.

Table 17: Peak percentage baseline values of dopamine in the caudate putamen of animals administered with either d-amphetamine or d+l-amphetamine (only male animals)

Administered enantiomer	Peak percentage baseline value after 1 mg/kg of amphetamine
D+l-amphetamine	489.3 ± 3.3
D-amphetamine	1060 ± 6.92

There was as well a significant difference regarding the route of administration of 1 mg/kg in the d-amphetamine subgroup. As this dose contained also only males it is not separately presented here but in the detailed list in the appendix. As already mentioned, only those seven dosages that include female animals are considered and shown from here on.

The data suggest that the dopamine level was higher in anesthetized rats. This is reflected at two dosages: in the 1.5 mg/kg group the freely moving rats had an average peak percentage baseline value of 696.64 ± 4 compared to the anesthetized animals with 2001.52 ± 68.96 ($F(1,24) = 4.26$, $p = 0.010$).

Table 18: Peak percentage baseline values of dopamine in anesthetized vs. awake rats in the caudate putamen

Dose of administered amphetamine	Peak percentage baseline value	
	1.5 mg/kg	Awake
Anesthetized		2001.52 ± 68.96
2 mg/kg	Awake	1122.92 ± 4.78
	Anesthetized	2231.91 ± 44.22

The same trend showed in the 2 mg/kg amphetamine group: the conscious animals had half of the dopamine peak compared to the average anesthetized rat. 1122.92 ± 4.78 versus 2231.91 ± 44.22 , $F(1,40) = 4.09$, $p = 0.004$.

For the other variables, no significant differences were found (as shown in table 15). A detailed list with all results, the corresponding references and the averaged peak times is available in the appendix, chapter 7.3.

The forest plot (figure 19) shows the position of the single peak percentage baseline value of each experimental group in relation to the calculated weighted average. All publications that administered 2 mg/kg amphetamine are listed in the chronological sequence of their publication. Row 1 shows the calculated average, the single experiments are presented from row 2 on, each value with its respective standard error of the mean (SEM).

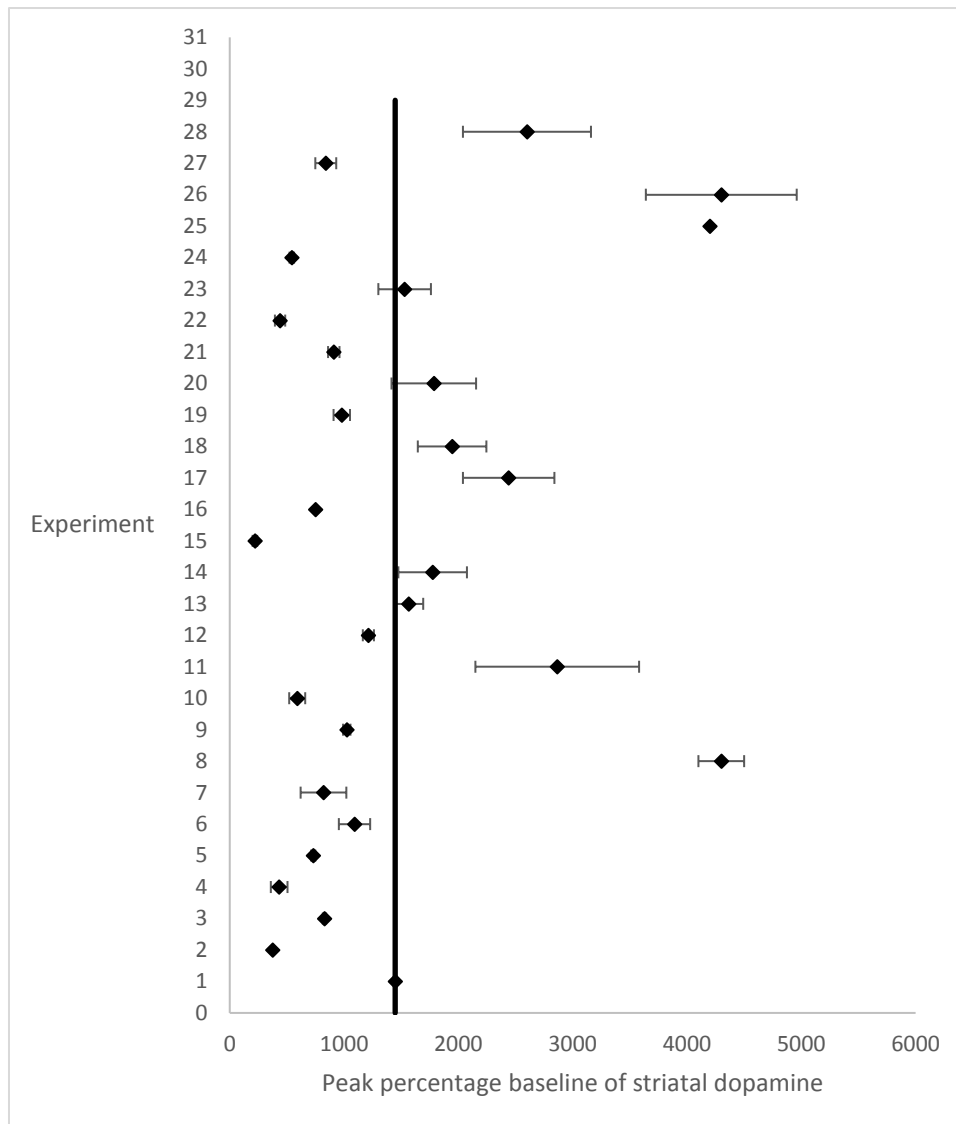


Figure 19: Averaged peak percentage baseline values of 27 publications (row 2 – 28, in chronological order) in relation to their weighted average in row 1 (2 mg/kg amphetamine, $n = 359$ rats).

The vertical line extends the weighted average. Horizontal lines represent the respective standard error of the mean (SEM). 2 Butcher et al. 1988*; 3 Becker et al. 1989; 4 Robinson et al. 1991; 5 Robertson et al. 1991; 6 Camp et al. 1992; 7 Yamamoto et al. 1992; 8 Ichikawa et al. 1992; 9 Castner et al. 1993; 10 Di Chiara et al. 1993; 11 Bjelke et al. 1994; 12 Herrera-Marschitz et al. 1994; 13 Loidl et al. 1994; 14 Dietze et al. 1994; 15 Heeringa et al. 1995; 16 Cadoni et al. 1995; 17 Kuczenski et al. 1995; 18 Miller et al. 1996; 19 Badiani et al. 1998; 20 Mc Tavish et al. 1999; 21 Miele et al. 2000; 22 Laviola et al. 2001; 23 Jaworski et al. 2001; 24 Ferguson et al. 2002; 25 Porras et al. 2002; 26 Porras et al. 2002; 27 Ferguson et al. 2003; 28 Kääriäinen et al. 2008. *Publication contained no SEM.

3.2.3 Cocaine

Overall, the search produced data of female animals ($n = 178$) out of 14 studies with dosages varying between 1 and 30 mg/kg of cocaine: Chapman, See, & Bissette, 1992; Cummings, Jagannathan, Jackson, & Becker, 2014; Grotewold, Wall, Goodell, Hayter, & Bland, 2014; Holly, Shimamoto, Debold, & Miczek, 2012; Johnson, Eodice, Winterbottom, & Mokler, 2000; Kosten, Zhang, & Kehoe, 2003; Maisonneuve, Archer, & Glick, 1994; Maisonneuve & Glick, 1992; Philpot & Kirstein, 1999; T. E. Robinson & Camp, 1991; Shimamoto, Debold, Holly, & Miczek, 2011; Shimamoto, Holly, Boyson, DeBold, & Miczek, 2015; Szumlinski, McCafferty, Maisonneuve, & Glick, 2000; Tobiansky et al., 2016.

Another 246 studies were collected for male animals, adding up to an overall amount of 260 studies that examined dopamine levels in the striatal complex after cocaine administration.

3.2.3.1 Nucleus accumbens

Cocaine was administered systemically at 33 dosages and at ten dosages locally to 3433 animals in total – including 184 female rats – for measurement in the nucleus accumbens. Some of the systemic administrations were conducted in a continuous manner and are therefore presented separately.

There were six dosages with systemically administered animals of both sexes; the remaining groups contained only males. For local administration, cocaine was administered directly into the nucleus accumbens during simultaneous dopamine detection. All animals that were locally administered were males.

In the following chapter, all dosages (also those including only males) will be analyzed for a dose-response relationship; the analysis with respect to the effect modifiers will be presented afterwards with a special focus on the groups containing female rats.

In general, all doses of cocaine increase accumbal dopamine levels. For the correlation analysis, all dosages with the same unit (mg/kg or mg/kg/h for the systemic, mole for the local administration) were gathered within a separate sheet and analyzed for dose dependency: there was a moderate dose-dependent increase

of dopamine after the systemic administration of cocaine ($r = 0.56$) but the relationship may not be linear ($R^2 = 0.31$).

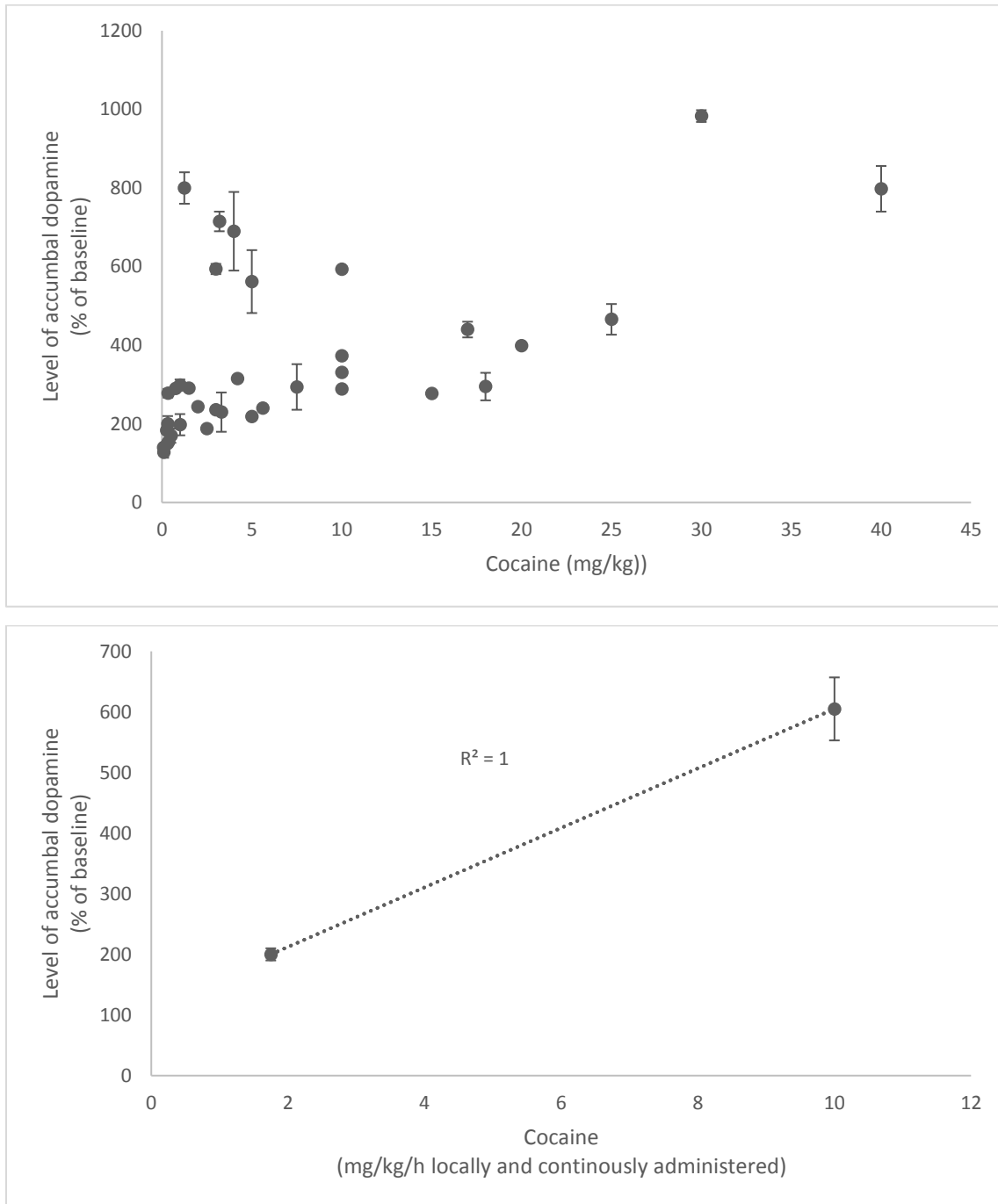


Figure 20a, b: Averages of the dose-dependent effect of systemic administration of cocaine on accumbal dopamine ($n = 2702$)

Single, acute administration (above): $n = 2690$ rats. $R^2 = 0.31$, the relationship may not be linear.

Continuous perfusion (below): $n = 12$ rats. $R^2 = 1$, the relationship is linear.

For number of animals per dose, percentages of female rats and significant differences between groups see tables below and the detailed table in the appendix.

When cocaine was continuously perfused, there was a strongly positive correlation with $r = 1$. See figure 20a, b. The correlation analysis for the locally administrated groups showed no ($r = 0.21$) linear relationship, see figure 21. Assembling the results of the correlation analyses, a dose-response relationship for continuously perfused, but not for systemically, or locally administered cocaine was found.

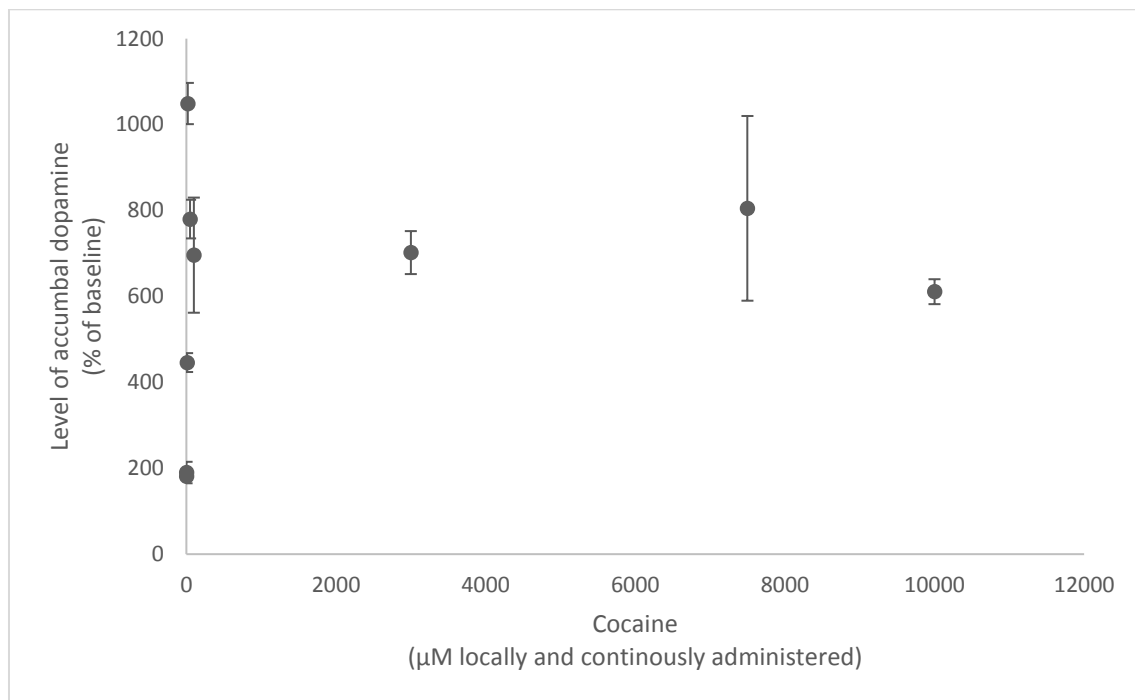


Figure 21: Averages of the dose-dependent effect of locally (nucleus accumbens) administered cocaine on accumbal dopamine ($n = 155$ rats, only male animals)

Animals perfused locally with fluid containing a defined amount of cocaine (in mole). $R^2 = 0.04$, the relationship may not be linear.

For reasons of clarity, only the six dosages that include female animals are presented from here on. For the complete results including the significant differences between male animals, the corresponding references and peak times of all results see tables in the appendix, chapter 7.4.

The animals' sex had no significant impact on the cocaine-induced dopamine alterations in the nucleus accumbens, whatsoever. Neither had the strain any effect. Differences were found regarding the animals' consciousness (at 1 and 10 mg/kg), the animals age (as well at 10mg/kg) and the route of administration (at 5 mg/kg).

The data show significant differences for the state of consciousness: at 1 mg/kg ($F(1,18) = 4.41, p = 0.003$) and 10 mg/kg ($F(12,79) = 3.95, p = 0.000$): The anesthetized animals had a higher peak percentage baseline value than those that were awake during the experiment. See table 19.

Table 19: Peak percentage baseline values of dopamine in anesthetized vs. conscious rats in the nucleus accumbens

Dose of administered cocaine	Peak percentage baseline value	
	1 mg/kg	awake
	anesthetized	299.45 ± 13.94
10 mg/kg	awake	330.72 ± 0.16
	anesthetized	593.26 ± 5.92

Table 20: Peak percentage baseline values of dopamine in adolescent vs. adult rats in the nucleus accumbens

Age	Peak percentage baseline value after 10 mg/kg of cocaine
Adolescent	289.33 ± 2.2
Adult	372.53 ± 0.21

In the same dose group (also at 10mg/kg), there was a significant difference regarding the rats' age, even though it was not as highly significant as the difference between awake and anesthetized rats: adult animals had a higher peak percentage baseline value than adolescent rats. $F(1,116) = 3.92, p = 0.027$. See table 20.

There was a significant difference regarding the route of administration at 5 mg/kg: the intraperitoneal/subcutaneous group had a lower peak than the intravenous group. $F(2,36) = 3.26$, $p = 0.005$, see table 21.

Table 21: Peak percentage baseline values of dopamine in intraperitoneally/subcutaneously vs. intravenously administered rats in the nucleus accumbens

Route of administration	Peak percentage baseline value after 5 mg/kg of cocaine
i.p./s.c.	218.69 ± 0.44
i.v.	562 ± 79.87

No other significances were found in the groups that included female animals. For further details see table 22 and the detailed list in the appendix for the groups with male subjects only.

Table 22: Peak percentage baseline values in the nucleus accumbens after different dosages of cocaine

Dose (mg/kg)	Peak% BL (weighted average) ± SEM	Sub group	N of rats	n of females (%)	P-value	Critical value (degrees of freedom)
1	198.25 ± 26.98	Awake	85	4 (5)	0.003	4.41 (1,18)
	299.45 ± 13.94	Anesthetized	29	0 (0)		
2	244.03 ± 6.02	-	36	7 (19)	-	-
2.5	187.5 ± 3.75	-	12	6 (50)	-	-
5	218.69 ± 0.44	i.p. + s.c.	252	6 (2)	0.005	3.26 (2,36)
	562 ± 79.87	i.v.	18	0 (0)		
10	330.72 ± 0.16	Awake	736	52 (7)	0.000	3.95 (12,79)
	593.26 ± 5.92	Anesthetized	90	0 (0)		
	289.33 ± 2.2	Adoles	70	6 (9)		

Dose (mg/kg)	Peak% BL (weighted average) ± SEM	Sub group	N of rats	n of females (%)	P-value	Critical value (degrees of freedom)
		cent				(1,116)
	372.53 ± 0.21	Adult	713	76 (11)		
20	399.13 ± 0.63	-	416	18 (4)	-	-

Forest plots were created for those dosages that included a total amount of 250 animals or more. This was the case regarding three different doses of cocaine.

The following figures show the position of the single peak percentage baseline value of each publication in relation to the calculated weighted average. Figure 22 contains all experiments that administered 5 mg/kg cocaine. For the publications that administered 10 or 20 mg/kg cocaine see figure 23 or figure 24 respectively.

Row 1 shows the calculated average, the single experiments are presented from row 2 on, each with its respective standard error of the mean (SEM). The publications are listed in the chronological sequence of their appearance, respectively.

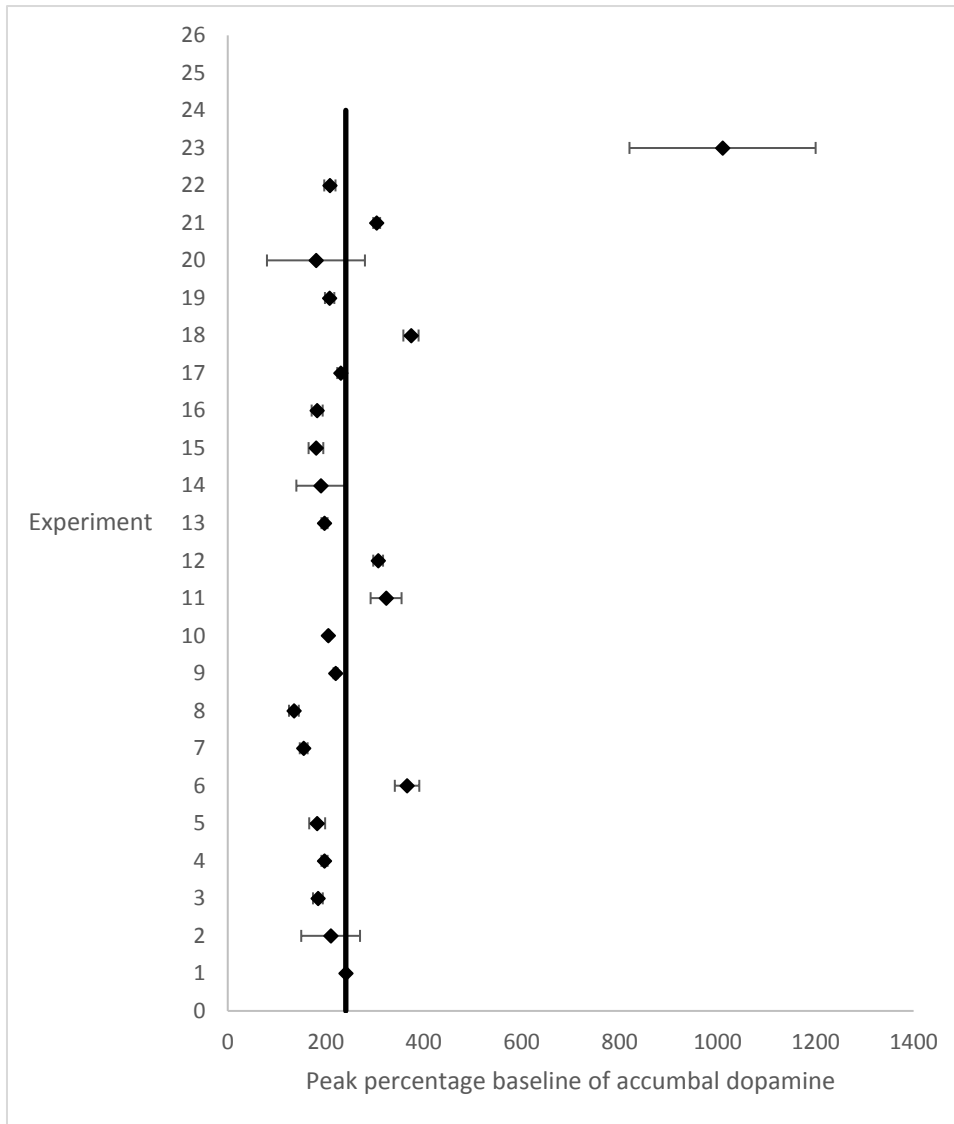


Figure 22: Averages of the peak percentage baseline values of 22 publications (row 2 – 23, in chronological order) in relation to their weighted average in row 1 (5 mg/kg cocaine, $n = 270$ rats).

The vertical line extends the weighted average. Horizontal lines represent the respective standard error of the mean (SEM). 2 Carboni et al. 1989; 3 Brown et al. 1991; 4 Camp et al. 1994; 5 Giorgi et al. 1997; 6 Koch et al. 1997; 7 Parsons et al. 1998; 8 Gambarana et al. 1999; 9 Gambarana et al. 1999; 10 Cadoni et al. 2000; 11 Mangiavacchi et al. 2001; 12 Masi et al. 2001; 13 Mikkola et al. 2001; 14 Steketee et al. 2002; 15 Cadoni et al. 2003; 16 Kosten et al. 2003; 17 Leggio et al. 2003; 18 Nanni et al. 2003; 19 Lecca et al. 2004; 20 Kosten et al. 2005; 21 Raje et al. 2005; 22 Cadoni et al. 2007; 23 Othman et al. 2007.

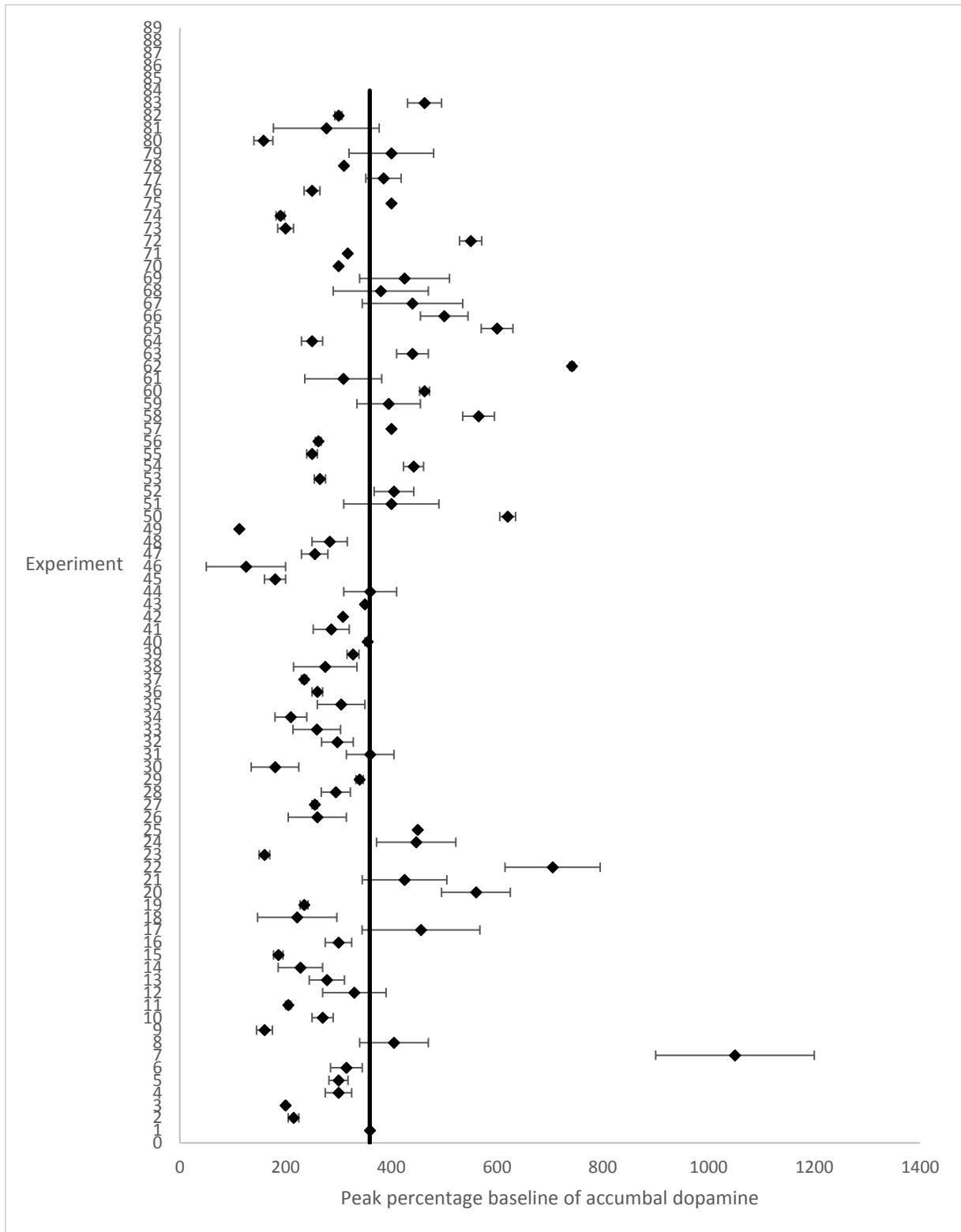


Figure 23: Averages of the peak percentage baseline values of 82 publications (row 2 – 83, in chronological order) in relation to their weighted average in row 1 (10 mg/kg cocaine, $n = 825$ rats).

The vertical line extends the weighted average. Horizontal lines represent the respective standard error of the mean (SEM). References are to find on the next page.

2 Pani et al. 1990; 3 Pani et al. 1990; 4 Hoger et al 1991; 5 Brown et al. 1992; 6 Rosetti et al. 1992; 7 Segal et al. 1992; 8 Weiss et al. 1992; 9 Fontana et al. 1993; 10 Kimura et al. 1993; 11 Parsons et al. 1993; 12 Essman et al 1994; 13 Maisonneuve et al. 1994; 14 Nation et al. 1994; 15 Camp et al. 1994; 16 Maisonneuve et al. 1995; 17 Pap et al. 1995; 18 Rouge-Pont et al. 1995; 19 Strecker et al. 1995; 20 Cervo et al 1996; 21 Clark et al. 1996; 22 Kankaanpaa et al. 1996; 23 Martin-Fardon et al. 1996; 24 Neisewander et al. 1996; 25 Shimda et al. 1996*; 26 Willins et al. 1998; 27 Parsons et al. 1998; 28 Cadoni et al. 1999; 29 Parsons et al. 1999; 30 Tolliver et al. 1999; 31 Cadoni et al. 2000; 32 Johnson et al. 2000; 33 Lutfy et al. 2001; 34 Alvarez Fischer et al. 2001; 35 Andrews et al. 2001; 36 Mikkola et al. 2001; 37 Muller et al. 2002; 38 Steketee et al. 2002; 39 Kosten et al. 2003; 40 Bubar et al. 2003; 41 Cadoni et al. 2003; 42 Mc Farland et al. 2003; 43 Navailles et al. 2004; 44 O'Dell et al. 2004; 45 De Deurwaerdere et al. 2005; 46 Kosten et al. 2005; 47 Lodge et al. 2005; 48 Tanda et al. 2005; 49 Valdomero et al. 2005; 50 Caille et al. 2006; 51 Izawa et al. 2006; 52 Jocham et al. 2006; 53 Cadoni et al. 2007; 54 Jocham et al. 2007; 55 Leri et al. 2007; 56 Tanda et al. 2007; 57 Xi et al. 2007*; 58 Navailles et al. 2008; 59 Peng et al. 2008; 60 Peng et al. 2008; 61 Nelson et al. 2009; 62 Leggio et al. 2009; 63 Espana et al. 2010; 64 Panos et al. 2010; 65 Xi et al. 2010; 66 Xi et al. 2010; 67 Espana et al. 2011; 68 Miczek et al. 2011; 69 Shimamoto et al. 2011; 70 Devoto et al. 2012; 71 Holly et al. 2012; 72 Pan et al. 2012; 73 Tanda et al. 2013; 74 Thongsaard et al. 2013; 75 Devoto et al. 2014; 76 Boyson et al. 2014; 77 Cummings et al. 2014; 78 Kohut et al. 2014; 79 Verheij et al. 2014; 80 Ogbonmwan et al. 2015; 81 Shimamoto et al. 2015; 82 Tanda et al. 2016; 83 Tobiansky et al. 2016. *Two publications contained no SEMs.

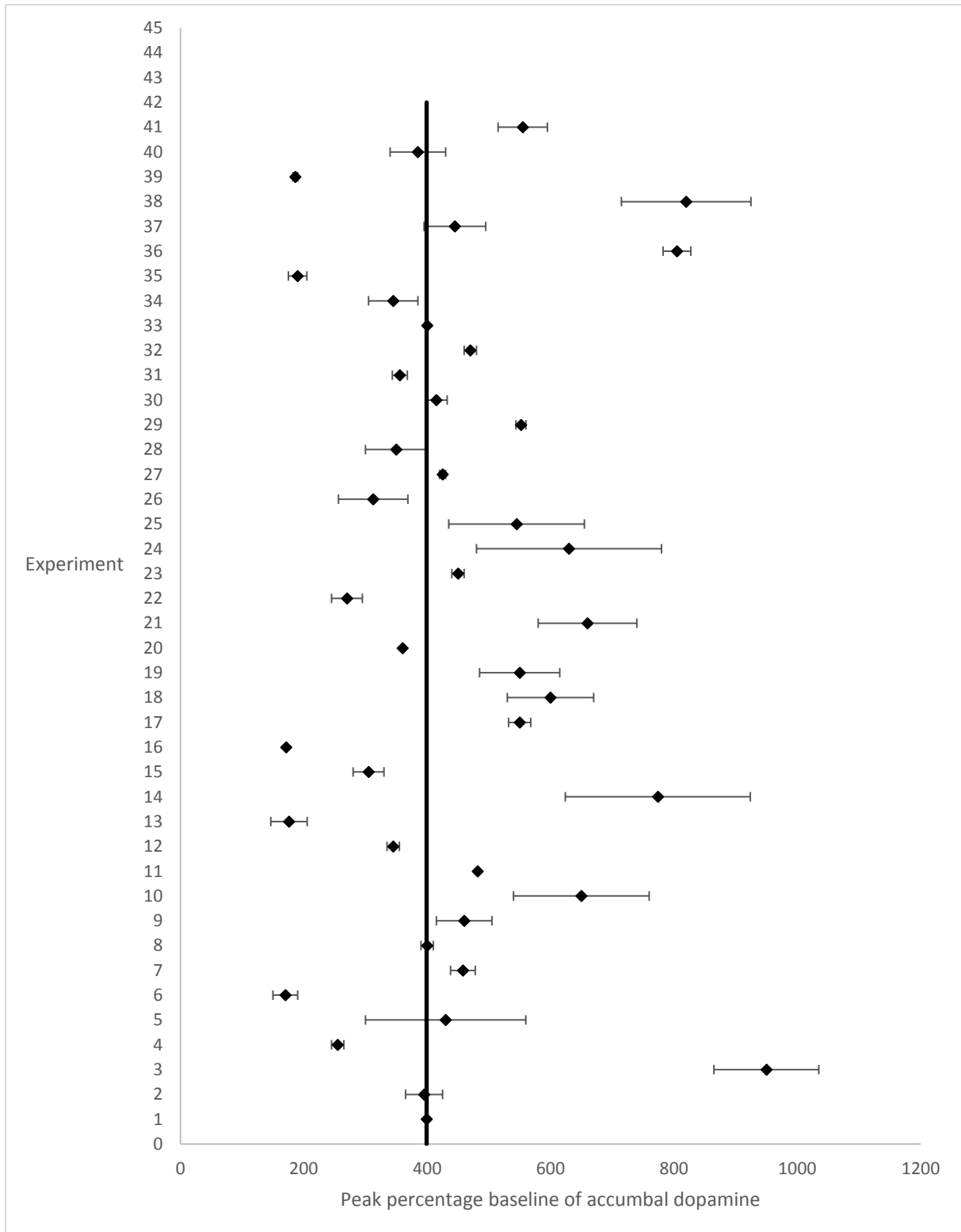


Figure 24: Averages of the peak percentage baseline values of 40 publications (row 2 – 41, in chronological order) in relation to their weighted average in row 1 (20 mg/kg cocaine, n = 416 rats).

The vertical line extends the weighted average. Horizontal lines represent the respective standard error of the mean (SEM). References are to find on the next page.

2 Maisonneuve et al. 1992; 3 Maisonneuve et al. 1994; 4 Chen et al 1996; 5 Heidbreder et al. 1996; 6 Martin-Fardon et al. 1996; 7 Morgan et al. 1997; 8 Morgan et al. 1997; 9 Reith et al. 1997; 10 Heidbreder et al.1998; 11 Morgan et al. 1998; 12 Parsons et al. 1998; 13 Hedou et al. 1999; 14 Kuczenski et al. 1999; 15 Philpot et al. 1999; 16 Ferraro et al. 2000; 17 Gerasimov et al. 2000; 18 Szumlinski et al. 2000; 19 Schiffer et al. 2000; 20 Martin-Fardon et al. 2001*; 21 Molina et al. 2001; 22 Chefer et al. 2002; 23 Gerasimov et al. 2002; 24 Kankaanpaa et al. 2002; 25 Steketee et al. 2002; 26 Chefer et al. 2003; 27 Leri et al. 2003; 28 Schiffer et al. 2003; 29 Schiffer et al. 2003; 30 De Deurwaerdere et al. 2005; 31 Cadoni et al. 2007; 32 Frantz et al. 2007; 33 Leri et al. 2007; 34 Jang et al. 2008; 35 Mc Dougall et al. 2008; 36 Kurling-Kailanto et al. 2010; 37 Panos et al. 2010; 38 Kailanto et al. 2011; 39 Puig et al. 2012; 40 Vazquez-DeRose et al. 2013; 41 Tanda et al. 2016. *Publication contained no SEM.

3.2.3.2 Caudate putamen

In total 20 different dosages of cocaine (13 systemically and 7 locally administered) were included that took measurements in the caudate putamen of 858 animals. All in all, 44 animals were female.

In the experiments with local administration, cocaine was perfused directly into the caudate putamen during concurrent dopamine detection. Only in one experimental group at the dose of 1000 μ M the drug was perfused into the substantia nigra.

Three of the 13 systemic dosages contained female subjects, the remaining groups consisted of males. All locally administered animals were also male rats. In those groups no comparison between the sexes could be conducted.

All doses of cocaine increased the level of dopamine in the caudate putamen, in analogy to the nucleus accumbens. For the correlation analyses, all animals that received corresponding dosages – meaning that they were given in the same unit – were considered: there is neither a dose-dependent effect of systemically administered cocaine ($r = 0.22$), nor for local administration ($r = 0.30$). See figure 25a, b. In summary, no dose-response relationship was identified for the dopaminergic transmission in the caudate putamen, whatsoever.

For clarity reasons, the following presentation of the significant results is focused on the mixed-sex groups. There were 17 groups that contained only male subjects that will not be further mentioned. The complete results for all dosages can be found in the appendix in chapter 7.4.

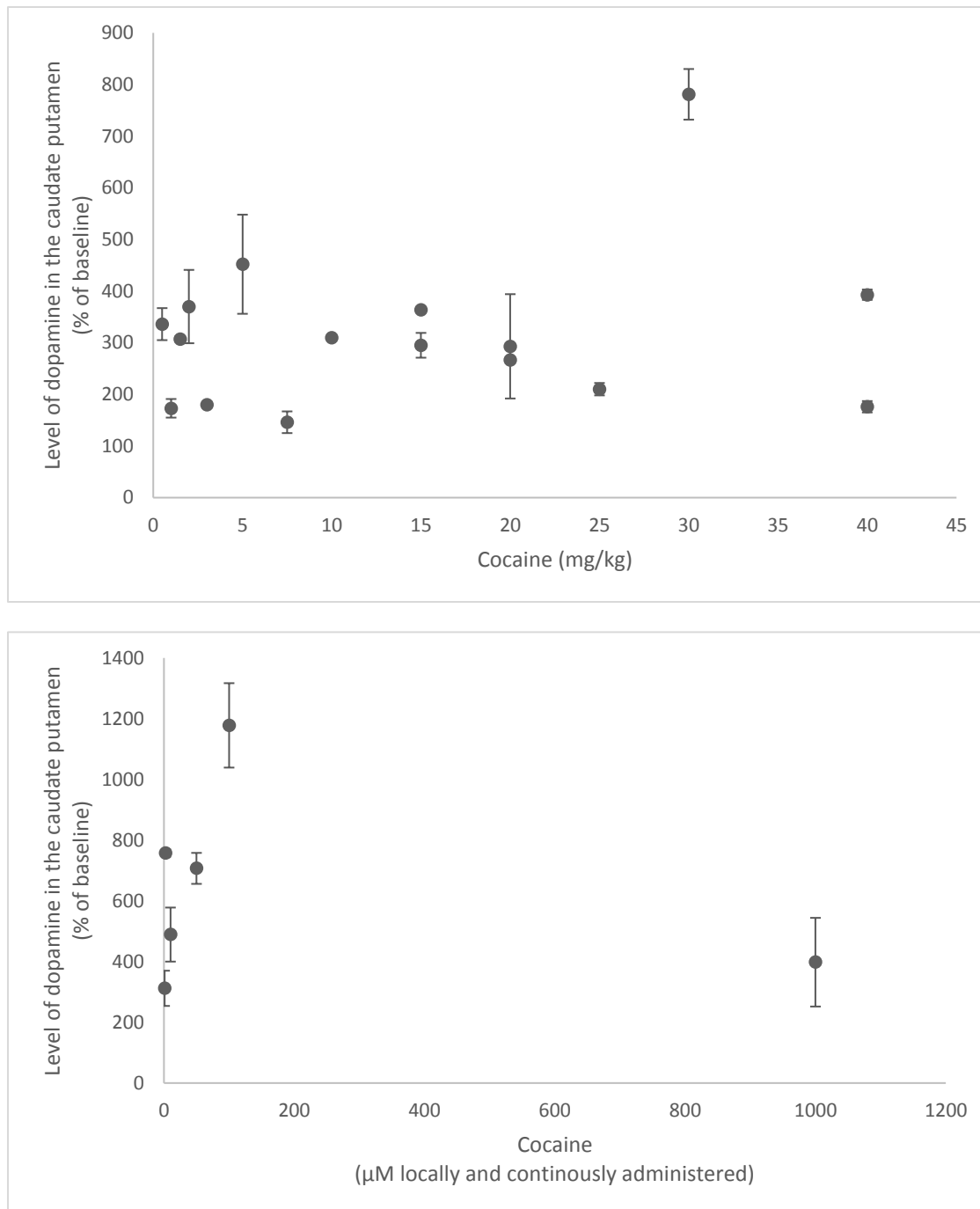


Figure 25a, b: Averages of the dose-dependent effect of cocaine on dopamine in the caudate putamen ($n = 704$ rats)

Systemic administration (above): ($n = 635$ rats). $R^2 = 0.05$, the relationship may not be linear.

Local administration (below): ($n = 69$ rats), all administered via the caudate putamen, except for one experiment at the 1000 μ M group that administered cocaine into the substantia nigra. For number of animals per dose, percentages of female rats and significant differences between groups see tables below. $R^2 = 0.09$, the relationship may not be linear.

Analogous to the other drugs studied, dopaminergic response to cocaine was examined with respect to the animals' sex. There is only a limited number of studies on cocaine-induced effects on the caudate putamen. Nevertheless, there were significant differences for one dose group only: male animals had a significantly higher dopamine value at 15 mg/kg cocaine than females (table 23). $F(1,8) = 5.32$, $p = 0.009$.

Table 23: Peak percentage baseline values of dopamine in female vs. male rats in the caudate putamen

Sex	Peak percentage baseline value after 15 mg/kg cocaine
Female	295.22 ± 24.06
Male	364.21 ± 3.03

Table 24: Peak percentage baseline values in the caudate putamen after different dosages of cocaine

Dose (mg/kg)	Peak% BL (weighted average) ± SEM	Sub group	N of rats	n of females (%)	P-value	Critical value (degrees of freedom)
10	309.89 ± 0.89	-	213	22 (10)	-	-
15	295.22 ± 24.06	Female	9	9 (100)	0.009	5.32 (1,8)
	364.21 ± 3.03	Male	57	0 (0)		
20	267.14 ± 1.56	Other strains	122	6 (5)	0.008	4.35 (3,18)
	392.5 ± 101.25	Long Evans	24	0 (0)		

Regarding the other effect modifiers, no significant differences were detected, except for the rats' strain: at 20 mg/kg ANOVA showed a higher peak percentage baseline value in Long Evans. $F(3,18) = 4.35$, $p = 0.008$. See table 25.

Table 25: Peak percentage baseline values of dopamine in female vs. male rats in the caudate putamen

*Sprague-Dawley, Wistar and spontaneously hypertensive rats

Strain	Peak percentage baseline value after 20 mg/kg cocaine
Other strains*	267.14 ± 1.56
Long Evans	392.5 ± 101.25

3.2.4 Morphine

The online search led to data of 102 female rats, provided by 5 original publications. Another 16 studies were included from Gruhlke et al., leading to an overall amount of 21 publications with measurements in the striatal complex after acute morphine administration: Borg & Taylor, 1997; Cadoni & Di Chiara, 2007; Di Giannuario, Pieretti, Catalani, & Loizzo, 1999; Fadda, Scherma, Fresu, Collu, & Fratta, 2003; Johnson & Glick, 1993, 1994; Jonsson, Adermark, Ericson, & Soderpalm, 2014; M. R. Kim et al., 2005; Maisonneuve & Glick, 1999; Maisonneuve, Keller, & Glick, 1991; Pearl, Maisonneuve, & Glick, 1996; Pothos et al., 1991; E. N. Pothos, Creese, & Hoebel, 1995; Pozzi, Trabace, Invernizzi, & Samanin, 1995; Rada, Mark, Pothos, & Hoebel, 1991; Steinmiller, Maisonneuve, & Glick, 2003; Sustkova-Fiserova, Jerabek, Havlickova, Kacer, & Krsiak, 2014; Szumlinski, Maisonneuve, & Glick, 2000; Tanda & Di Chiara, 1998; Willins & Meltzer, 1998; Yong et al., 2012.

In this passage, the results for both brain regions will be presented together.

Regarding the nucleus accumbens, three different dosages (5, 20 and 30 mg/kg) of morphine were administered, with a total amount of 229 animals, including 77 female rats. Some of the animals had concurrent measurements in both brain regions.

Concerning the caudate putamen, only two dosages (5 and 30 mg/kg), which included 62 animals (54 females), were administered.

There were no studies with local administration.

At the dosage of 30 mg/kg, only female rats were present – for both brain regions. The other two dosages contained animals of both sexes and therefore made a comparison between females and males possible.

At the dose of 5 mg/kg, dopamine levels in both brain regions were increased. Moreover, also the 20 mg/kg dose led to an enhancement in the nucleus accumbens. There were no sex differences regarding the peak percentage baseline levels of dopamine at these dosages, see table 26.

Table 26: Peak percentage baseline values of striatal dopamine after different dosages of morphine, NAc above, CPu below the grey line

Dose (mg/kg)	Peak% BL (weighted average) ± SEM	Sub group	N of rats	n of females (%)	P-value	Critical value (degrees of freedom)
5	195.09 ± 0.73	-	138	23 (17)	-	-
20	262.49 ± 17.48	-	55	18 (33)	-	-
30	92 ± 1.6	-	30	30 (100)	-	-
5	165.46 ± 2.87	-	26	18 (58)	-	-
30	92 ± 1.6	-	30	30 (100)	-	-

Surprisingly, at the highest dosage of 30 mg/kg, there was a reduction of dopamine to about 90% of the baseline concentration of both brain regions. The data for both groups came from the same three studies (Johnson & Glick, 1993, 1994; Maisonneuve, Keller, & Glick, 1991). Regarding the low number of studies in these dose groups, more data is needed for a reliable conclusion.

Consequently, the correlation analyses showed no positive dose-response relationship for neither brain region: in the nucleus accumbens, the highest dose of 30 mg/kg produced the lowest average peak percentage baseline and there was no dose-dependent effect, whatsoever ($r = -0.51$).

In the caudate putamen there was a negative dose-dependent correlation ($r = -1$). See figure 26a and b for a graphical representation and for the respective references and peak time see chapter 7.5 in the appendix.

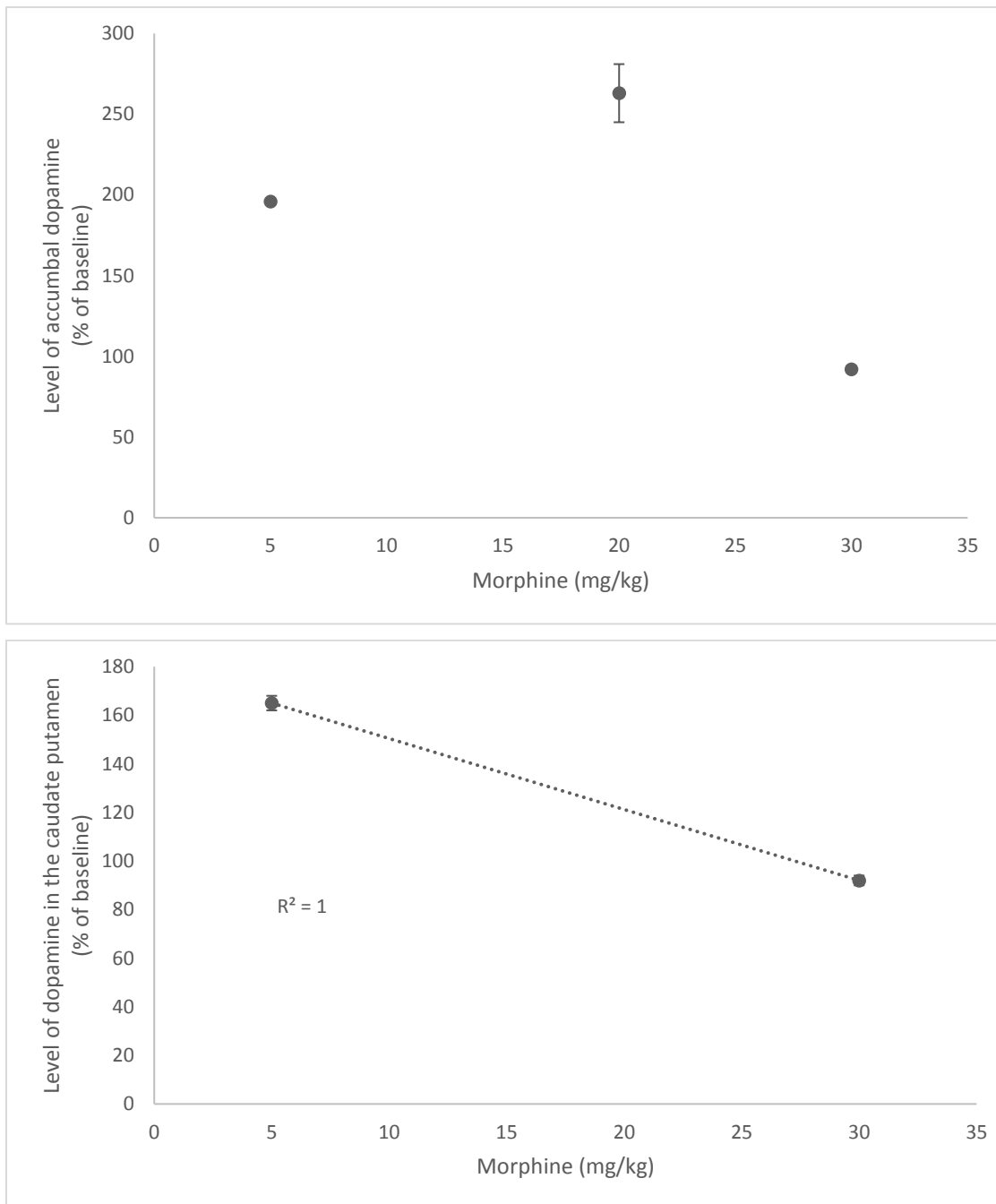


Figure 26a, b: Averages of the dose-dependent effect of morphine on striatal dopamine ($n = 291$ rats)

NAC above: $n = 229$ animals. $R^2 = 0.26$, the relationship may not be linear.

CPu below: $n = 62$ animals. There is a linear relationship, $R^2 = 1$.

For number of animals per dose and percentages of female rats see table above

3.2.5 Nicotine

There was only data for measurement in the nucleus accumbens of 48 female rats, obtained by six studies. Another 15 studies have been provided by Staudenmaier et al., adding up to 21 included studies in total: Balfour, Birrell, Moran, & Benwell, 1996; Bassareo, De Luca, & Di Chiara, 2007; Benwell, Balfour, & Birrell, 1995; Birrell & Balfour, 1998; Cadoni & Di Chiara, 2000; Cadoni, Muto, & Di Chiara, 2009; Cadoni, Solinas, Valentini, & Di Chiara, 2003; Carboni, Silvagni, Rolando, & Di Chiara, 2000; Dewey et al., 1999; Ding et al., 2012; Eggan & McCallum, 2016, 2017; Ferrari, Le Novere, Picciotto, Changeux, & Zoli, 2002; Iyaniwura, Wright, & Balfour, 2001; Jonsson, Adermark, Ericson, & Soderpalm, 2014; Maisonneuve & Glick, 1999; McCallum, Cowe, Lewis, & Glick, 2012; Mirza, Pei, Stolerman, & Zetterstrom, 1996; Shoaib & Shippenberg, 1996; Steinmiller, Maisonneuve, & Glick, 2003; Wang et al., 2015.

Nicotine was administered at 0.4 mg/kg systemically, and locally at 200 μ M to a total amount of 190 animals. For local administration nicotine was perfused directly into the posterior ventral tegmental area. There were no male rats found that were administered locally. Therefore, the data allowed no comparison in this group. In the bigger 0.4 mg/kg group, both sexes were present, and therefore a male-female comparison was possible.

Table 27: Peak percentage baseline values in the nucleus accumbens after different dosages of nicotine

Dose (mg/kg)	Peak% BL (weighted average) \pm SEM	Sub group	n of rats	n of females (%)	P-value	Critical value (degrees of freedom)
0.4	157.73 \pm 0.36	-	175	32.5 (19)	-	-
200 μ M	125 \pm 15	-	9	9 (100)	-	-

At a dose of 0.4mg/kg, systemically administered nicotine increased dopamine levels without any difference between male and female animals. In analogy to the systemic administration, locally administered nicotine also enhanced dopamine transmission in

the nucleus accumbens. See table 27 and chapter 7.6 in the appendix for the corresponding references and peak times.

As the results provided only one dose for systemic and one for local administration, the dose-dependent effect of nicotine could not be studied through a correlation analysis.

4 DISCUSSION

In this section, the results are interpreted in the order they were presented earlier and put in the context of previous findings. Moreover, some limitations of this thesis, a conclusion and a short outlook are given.

In recent years, the topic of sex differences has rightfully become a focus of scientific research (Bangasser & Valentino, 2014; Bobzean et al., 2014; Kaczurkin, Raznahan, & Satterthwaite, 2019; Rubinow & Schmidt, 2019) and current findings suggest sexual dimorphisms in the neurophysiological brain pathways that are crucial for drug intake and addictive behavior (Becker & Chartoff, 2018). ‘Yet, how potential sex differences are manifested at a neurochemical level remains unclear’ (Egenrieder et al., 2020).

Nevertheless, female subjects have been systemically ignored for decades in the field of microdialysis experiments and therefore, most of the studies using female animals provide only small numbers. Moreover, there is increasing evidence that single preclinical studies often lack reproducibility (Arrowsmith, 2011; Begley & Ioannidis, 2015; Peers et al., 2012; Prinz et al., 2011). Therefore, this thesis used a hypothesis-free meta-analysis approach that provides adequate statistical power for this subject area.

Microdialysis is a well-established method to detect neurotransmitter concentrations in rats. Although it has existed for several decades there are neither standardized procedures nor generally accepted basal values.

Therefore, the main aim of this meta-analysis was to screen the online library PubMed for microdialysis experiments with female rats, in order to analyze whether the data indicate a difference in the dopaminergic overflow in reaction to drugs of abuse in male and female rats. The search query focused on studies containing the acute administration of alcohol, amphetamine, cocaine, morphine or nicotine (and tetrahydrocannabinol), and the following detection of dopamine (DA) in the striatal complex – that is the nucleus accumbens (NAc) and the caudate putamen (CPu).

Hence, this thesis provides a wide overview of the distribution of female rats in microdialysis studies in the field of addiction research. Additionally, it presents a variety of averages of the peak percentage baseline value of striatal dopamine after the acute administration of five different drugs of abuse for both, male and female rats. It therefore offers a universal framework for preclinical experimental designs.

4.1 Global statistics: included animals and microdialysis settings

The included experiments were analyzed globally: the main part of the distribution of the rats' properties was similar to previous meta-analyses by the work group. Regarding the animals' sex, the share of female rats was relatively low, even though the specific aim of this thesis was to find datasets of females: 11.6% (n = 842) of the animals were female. But, as expected, this sex gap was smaller than in previous meta-analyses on microdialysis studies that did not put their focus on female animals (Fliegel et al., 2013; Fritze et al., 2017; Noori, Fliegel, et al., 2012).

Overall, this thesis provides the peak percentage baseline values of DA of 7244 rats out of 459 publications and 103 different administered dosages of the five drugs of abuse. Some of the dosages of administered cocaine and amphetamine did not contain females at all. Some other dosages (3 g/kg alcohol, all local dosages of alcohol, morphine at 30 mg/kg in the nucleus accumbens and the caudate putamen and nicotine, locally administered) did only contain females and therefore allowed no comparison.

Regarding the other properties of the included animals, the preponderance of Sprague-Dawley is consistent with other meta-analyses on microdialysis experiments (Fliegel et al., 2013; Frank et al., 2008; Fritze et al., 2017; Noori, Fliegel, et al., 2012). Also, the fact that most of the included animals were adult (Fritze et al., 2017), administered via the peritoneum (Fliegel et al., 2013; Frank et al., 2008; Fritze et al., 2017) and awake (Fliegel et al., 2013; Fritze et al., 2017) is concordant with other authors.

There is a variety of different settings for a microdialysis experiment. The distribution found in this study is also mostly consistent with the findings of previous analyses (Fliegel et al., 2013; Frank et al., 2008; Fritze et al., 2017; Noori, Fliegel, et al., 2012).

In conclusion, this means that even though there are no standardized procedures for microdialysis experiments yet, at least the sum of the single settings of the studies is quite similar in different meta-analyses. Therefore, comparability is given and the concept of this work to combine the obtained results with data of other meta-analyses seems to be reasonable.

4.2 Comparison of the level of dopamine

For the further analysis of the dopamine levels regarding the animals' sex, one-way ANOVA was conducted on the different dosages of the five drugs of abuse.

Overall, no sex differences were found regarding the variety of drugs and doses, except for some single dosages. Females had higher levels of DA at two dosages of amphetamine in the CPu and at one dose of ethanol in the NAc. For one dose of cocaine an opposing tendency was found in the CPu. Analyzing all other drugs and dosages, there were no significant differences in the dopamine overflow of males and females, whatsoever.

Interestingly, further calculations in the published paper on this thesis (Egenrieder et al., 2020), that included also the basal values of dopamine, showed that 'the most critical effect modifier was ovariectomy (OVX)'. Hence, as female rats are often ovariectomized and 'OVX leads to a significant reduction of basal DA levels in caudate putamen but not in nucleus accumbens' (Egenrieder et al., 2020) this may be one explanation for previous results suggesting sex differences in CPu.

Thereby, as stated in the paper 'consequently, a procedure such as OVX that leads to a significant change in basal levels in comparison to non-ovariectomized females will affect all following pharmacological manipulations. Therefore, statistical tests of drug response in OVX and male rats are objectively not optimal to address sex differences, even when a hormonal pre-treatment was applied' (Egenrieder et al., 2020).

In this thesis, 20% of the studies that included female animals described the subjects explicitly as ovariectomized. Another 62% did not mention the hormonal state of the subjects at all, indicating that some of those may as well have been OVX. Only in five experiments (equaling 18% of all included studies with females) the estrous cycle was mentioned, and the exact state was only given in one study, which equals 2% of

the included studies. Therefore, the dataset of this thesis did not provide sufficient data for a further analysis of the impact of the females' cycle on drug-dependent effects and did therefore not allow any conclusion. This clearly is both, an important outcome and a limitation of the present work.

Although no sex differences were found, the data suggest that almost all dosages of the five drugs of abuse consistently increase the extracellular level of dopamine in the CPU and the NAc. This is in accordance with the other publication on this work that put the data in a greater context by combining the results of this thesis with those of several datasets of the work group at the Institute of Psychopharmacology of the Central Institute of Mental Health (Noori et al., 2018). Thereby, Noori et al. show an interaction of about 260 neuropsychiatric drugs with the dopaminergic system and raise the question 'if dopamine possesses the necessary specificity to be considered as a reliable marker for drug effects' (Egenrieder et al., 2020).

Concerning the state of consciousness, as mentioned earlier, only cocaine and amphetamine were administered to anesthetized animals. Therefore, this work can only draw conclusions regarding these two drugs. Almost all dose groups showed no significant difference when the rats were anesthetized, consistent with earlier findings described by other authors (Fink-Jensen et al., 1994; Hamilton, Mele, & Pert, 1992). The only significances found by the present work indicated that anesthetized animals had a higher peak percentage baseline value in the CPU at two doses of amphetamine, or in the NAc at two doses of cocaine.

The route of administration affected in some cases of amphetamine or cocaine administration the dopaminergic overflow. As might be expected, it was highest when the rats received the drugs intravenously. The subcutaneous or intraperitoneal route of administration led to lower peak percentage baseline values.

The peak percentage baseline values were consistently stable for almost all drugs and dosages with respect to the animals' age and strain.

Unsurprisingly, there was a significantly higher dopamine overflow in the CPU when d-amphetamine was administered, compared to the dextro-, levoamphetamine racemate, as d-amphetamine is known to be the enantiomer with a higher potency.

4.3 Dose-dependent effects of the drugs of abuse

A correlation analysis was done for each drug and brain region to detect linear relationships. Local and systemic administration were distinguished and calculated separately. For a systematic overview of the dose-dependent effects of the drugs see table 28.

A dose-dependent increase of dopamine (\uparrow) in the nucleus accumbens was found for systemically and locally administered alcohol and systemically administered cocaine. In the caudate putamen higher levels of systemically administered alcohol or locally administered cocaine had a decreasing effect (\downarrow) on the dopamine overflow. A dose-dependent decrease was also found for morphine in both brain regions, but as mentioned earlier, regarding the low number of studies in these dose groups, more data is needed for a reliable conclusion.

Amphetamine had no dose-dependent effects (\leftrightarrow). Neither was there a correlation between the local administration of cocaine and the accumbal dopamine overflow.

For nicotine the results did not provide enough datasets for a correlation analysis.

Table 28: dose-dependent effect of the five drugs of abuse: systemic administration above, local administration below the grey line

(\uparrow = increase, \downarrow = decrease, \leftrightarrow = no dose-dependent effect on DA overflow)

Cocaine was administered either once or continuously perfused. Tendency for the latter one is given in parenthesis.

For nicotine there were only single doses with measurement in the nucleus accumbens and no measurements in the caudate putamen. Therefore, no tendency could be detected

Drug	Brain region	Effect
Alcohol	nucleus accumbens	\uparrow
	caudate putamen	$\downarrow\downarrow\downarrow$
Amphetamine	nucleus accumbens	\leftrightarrow
	caudate putamen	\leftrightarrow
Cocaine	nucleus accumbens	$\uparrow\uparrow$ ($\uparrow\uparrow\uparrow$)
	caudate putamen	\leftrightarrow

Drug	Brain region	Effect
Morphine	nucleus accumbens	↓↓
	caudate putamen	↓↓↓
Nicotine	nucleus accumbens	-
	caudate putamen	-
Alcohol	nucleus accumbens	↑↑↑
Cocaine	nucleus accumbens	↔
	caudate putamen	↓

This lack of a positive dose-dependent relation for some drugs could be explained by the fact that the focus was only on those dosages that included female rats. Therefore, some dosages contained rather small groups of animals that led to an overrepresentation of single experiments and a disrupting effect with regard to the correlation analysis.

Due to the search method, only cocaine provided each dosage without the focus on those containing female animals. The dose-dependent relationship is in accordance with previous studies (Frank et al., 2008).

4.4 Drawbacks and limitations

The focus of this thesis lied on the imitated situation of single acute drug intake. But this is, as Koob et al. showed, far from the complex evolution of an addiction and ignores the crucial long-term neuroadaptive changes that finally result in the disease (Koob & Volkow, 2010). Neither does this work pay attention to the essential environment-individual interactions that are an important part of the disease. In consequence, there is a limited transferability of the results to humans and the clinical field.

As mentioned before, big data approaches are valuable and powerful means in modern life science and notably in evidence-based medicine and have recently demonstrated their importance regarding basic research. Nevertheless, although this is the particular strength of this thesis, it implies also drawbacks: as mentioned earlier, until today, there are no standardized procedures that guarantee a comparability of the different studies. For instance, laboratory methods can differ between the work groups and over the course of time. For the included studies the years of publication range from 1986 to 2017, equaling more than three decades. 'In addition, the accuracy of the outcomes of a meta-analysis strongly depends on the quality of the experimental procedures and reporting of the studies that it integrates' (Egenrieder et al., 2020).

Moreover, the fact that a part of the data was received by other meta-analyses, could be a weakness: other authors may have slightly varying interpretation of the in- and exclusion criteria.

Another possible limitation is inherent to the specific question of this thesis: the lack of studies with female subjects leads to small numbers and therefore made it, as mentioned earlier, in some cases difficult to draw conclusions or to establish generalizations based on the dataset.

Another example for the lack of standardized procedures are the distinct experimental settings, e.g. the basal level of dopamine: each laboratory defines its own baseline, depending on the first few samples of the experiment. That can lead to differing underlying values and therefore produce calculated peaks of varying highs. Furthermore, 'there is large variability in perfusion rates, exact positioning of microdialysis probe, age of the animals and even in how the results are reported that may affect the overall findings' (Egenrieder et al., 2020).

Apart of that, during the PubMed query, no difference was made in the quality of the included papers. Therefore, as Sena et al. stated: 'Empirical evidence suggests that too many preclinical experiments lack methodological rigor, and this leads to inflated treatment effects' (Sena et al., 2014).

Another limitation is the choice of drugs that necessarily excludes other important substances and diseases. For example, all the legally prescribed drugs (apart of morphine) or the substance-independent addictions (gambling and others).

Furthermore, there could be sex differences in other neuro-circuits, brain regions and neurotransmitter systems that were not subject to this present thesis.

Keeping these limitations in mind, the present thesis aims to present a variety of averages of the peak percentage baseline value of dopamine (DA) in the nucleus accumbens (NAc) or the caudate putamen (CPu) after acute drug administration. Its purpose is to offer a universal framework for preclinical experimental designs.

4.5 Conclusion and outlook

There are two contrary paradigms that have been stated as reasons for the exclusion of females: they were thought to be either more variable or to react exactly like male subjects (and therefore have not to be further considered). These two hypotheses must be either verified or falsified before they can further serve as a basis to systemically exclude female animals.

In conclusion, this thesis found no overall differences in the drug induced overflow of male and female rats within the striatal complex. However, the few differences that were found seem to be due to small sample sizes and may as well be affected by the fact that a share of the female animals were ovariectomized. Because, as the corresponding publication on this thesis showed, 'the most critical effect modifier was ovariectomy' (Egenrieder et al., 2020). And moreover, 'an impact of ovariectomie on basal levels was found' (Egenrieder et al., 2020). Therefore, pharmaceutical interventions on ovariectomized females lead to biased results, compared to females without previous operation. For the females that were not ovariectomized, the frequency of the monitoring of the estrous cycle was analyzed: the exact state was mentioned by one author only.

Besides, all drugs under investigation enhanced the dopaminergic transmission in the striatal complex, i.e. the caudate putamen and the nucleus accumbens. The enhancement accounted for both sexes equally.

Correlation analysis showed a positive dose-response relationship for some drugs but not for all. Alcohol and cocaine had a positive correlation regarding the administered dose and the accumbal dopamine overflow. In the caudate putamen the

magnitude of the administered dose had no (amphetamine and cocaine) or even a negative (alcohol and morphine) dose-dependent effect.

The dataset showed robustness of the traits strain, age, stage of consciousness and route of administration, which is concordant with previous findings of the work group.

Overall, the neglect of female subjects in basic research, which had lasted for decades and is far from defeated, was a phenomenon well reflected in the search query and the results of this thesis: there were few studies that included female animals compared to the amount of male-focused experiments.

Therefore, as soon as both sexes will equally be used as subjects, a whole new aspect of research will emerge in general and for the reward circuit. For example, there will be new possibilities for the analysis of different housing conditions. Regarding single-sex experiments, it is already known that the fact if an animal is either group or individually housed influences the dopamine neurotransmission as well as the amount of drug self-administration (Engleman, Ingraham, O'Brien, McBride, & Murphy, 2004; Westenbroek et al., 2017). If both sexes are included, it is possible that the housing condition has an even greater effect: a more naturalistic setting could be established by studying the influence of mixed-sex pair or group housing.

Even more potential lies in the exact monitoring of the state of the estrous cycle, since this is often named as a reason for the exclusion of female subjects. Since (as shown also in this work) the cycle is seldom monitored, there are insufficient data on the subject which impact it has on dopaminergic transmission.

It can be also stated that standardized procedures for the microdialysis technique seem to be overdue but at least the sum of the single settings of the studies is quite similar in different meta-analyses and thereby, comparability is given.

The present work aims to provide a framework for both: for the standardization of microdialysis studies in general and for the inclusion of females in studies about the neurobiological mechanisms of addiction.

5 SUMMARY

In recent years, the topic of sex differences has rightfully become a focus of scientific research. Current findings suggest sexual dimorphism in the neurophysiological brain pathways that are crucial for drug-seeking and addictive behavior, but how this affects the underlying neurochemical processes, is still widely unexplored.

Nevertheless, female subjects have been systemically ignored for decades in the field of microdialysis experiments and the few existing studies using female animals provide only small numbers. Moreover, there is increasing evidence that single preclinical studies often lack reproducibility.

Therefore, a hypothesis-free meta-analysis approach was used that provides adequate statistical power for this subject area. The main question of this thesis was whether data of microdialysis experiments indicate a difference in the dopaminergic overflow in reaction to drugs of abuse in male and female rats.

Thereby, systematic data mining was performed on the PubMed online library (<https://www.ncbi.nlm.nih.gov/pubmed/>) focusing on studies measuring extracellular dopamine concentrations in the striatal complex. The focused lied on six drugs of abuse (alcohol, amphetamine, cocaine, nicotine, morphine and tetrahydrocannabinol) and two brain regions (caudate putamen and nucleus accumbens).

Data from 45 microdialysis experiments on female rats (number of animals = 842) were extracted and statistically compared with data from 6402 male rats. Overall, 291 studies were included, providing averages of the peak percentage baseline value of dopamine for 103 different dosages. All drugs under investigation notably increased the dopaminergic transmission in the striatal complex. For some drugs, a positive dose-response relationship was detected.

Regarding the entity of dose groups, no sex differences in the dopaminergic response to drugs of abuse were found, but for some small subgroups. Neither did the rats' age, strain, stage of consciousness or the route of administration have an impact on the overall peak percentage baseline values, suggesting robustness of these parameters. Attempts were also made to extract the rats' estrous cycle as a variable, but only one study monitored it.

Overall, the neglect of female subjects in basic research, which had lasted for decades and is far from defeated, was a phenomenon well reflected in the results of the search query in this thesis.

What can be therefore concluded, is that future research should intensify its efforts to include female subjects and to close the sex-gap in preclinical as well as in clinical research. This will provide more data that are crucial to get valid results about sex similarities or differences, as this thesis only shed light on a small subdivision.

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Own publications

- I. Noori, H.R., Mervin, L.H., Bokharaie, V., Durmus, O., Egenrieder, L., Fritze, S., Gruhlke, B., Reinhardt, G., Schabel, H., Staudenmaier, S., Logothetis, N.K., Bender, A., Spanagel, R. (2018). Systemic neurotransmitter responses to clinically approved and experimental neuropsychiatric drugs. *Nat Commun*, 9(1), 4699. doi: 10.1038/s41467-018-07239-1

- II. Egenrieder, L., Mitricheva, E., Spanagel, R., Noori, H.R. (2019). No basal or drug-induced sex differences in striatal dopaminergic levels: a cluster and meta-analysis of rat microdialysis studies. *J Neurochem*, 152, 482–492., <https://doi.org/10.1111/jnc.14911>

7 LIST OF APPENDICES

7.1 Global statistics

Table 29: Number of animals per drug/ keyword combination

Drug	Number of included animals
Amphetamine	402
Cocaine females (male rats)	282 (3805)
Alcohol	289
Morphine	54
Nicotine	48
SUM	4879

Table 30: Used perfusion solutions in percent

% aCSF	% Ringer	% Others	% Not specified
49	27	16	8

7.2 Alcohol

7.2.1 Nucleus accumbens

Table 31: Peak percentage baseline values of accumbal dopamine after the administration of different doses of alcohol

Dose (g/kg)	Peak% BL (weighted average)	± SEM (peak time [min])	Sub group	n of rats	% of rats female	P-value	Critical value (degrees of freedom)	References
0.25	178.45	± 8.41 (82.26)	-	31	50	-	-	(Blanchard & Glick, 1995; Blanchard, Steindorf, Wang, & Glick, 1993)
0.5	171.74	± 10.73 (100)	female	28	100	0,018	4.84 (1,11)	(Blanchard & Glick, 1995; Blanchard, Steindorf, Wang, & Glick, 1993; Blanchard, Steindorf, Wang, LeFevre, et al., 1993)
	127.10	± 1.76	male	62	0			(Blanchard & Glick, 1995; Blanchard, Steindorf, Wang, & Glick, 1993; Blanchard, Steindorf, Wang, LeFevre, et al., 1993; Howard,

Dose (g/kg)	Peak% BL (weighted average)	± SEM (peak time [min])	Sub group	n of rats	% of rats female	P-value	Critical value (degrees of freedom)	References
		(32.37)						Schier, Wetzel, Duvauchelle, & Gonzales, 2008; Mocsary & Bradberry, 1996; Yan, 1999; Yoshimoto, McBride, Lumeng, & Li, 1992a, 1992b)
1	155.43	± 1.93 (53.09)	-	139	21	-	-	(Blanchard & Glick, 1995; Blanchard, Steindorf, Wang, & Glick, 1993; Blanchard, Steindorf, Wang, LeFevre, et al., 1993; Bustamante et al., 2008; Campbell & McBride, 1995; C. Heidbreder & De Witte, 1993; Howard et al., 2008; Mocsary & Bradberry, 1996; D. L. Robinson, Howard, McConnell, Gonzales, & Wightman, 2009; Yan, 1999; Yan, Zheng, Feng, & Yan, 2005; Yoon et al., 2004; Yoshimoto, McBride, et al., 1992a, 1992b)
2	151.53	± 1.42 (51.23)	-	75	15	-	-	(Blanchard, Steindorf, Wang, & Glick, 1993; Campbell & McBride, 1995; Kohl, Katner, Chernet, & McBride, 1998; Mocsary & Bradberry, 1996; D. L. Robinson et al., 2009; Yan, 1999; Yan et al., 2005; Yoshimoto, McBride, et al., 1992a, 1992b)
3	200	± 25 (40)	-	4	100	-	-	(Kohl et al., 1998)
50mg %	85	± 4 (20)	-	7	100	-	-	(Ding, Ingraham, Rodd, & McBride, 2016)
100mg %	122.27	± 4.32 (47.27)	-	11	100	-	-	(Ding et al., 2012; Ding, Rodd, Engleman, & McBride, 2009)
150mg %	145	± 12 (20)	-	7	100	-	-	(Ding et al., 2016)
200mg %	138.15	± 4.60 (44.44)	-	27	100	-	-	(Ding et al., 2012; Ding et al., 2009)
300mg %	145	± 10 (40)	-	4	100	-	-	(Ding et al., 2009)

7.2.2 Caudate putamen

Table 32: Peak percentage baseline values of dopamine in caudate putamen after the administration of different doses of alcohol

Dose (g/kg)	Peak% BL (weighted average)	± SEM (peak time [min])	Sub group	n of rats	% of rats female	P-value	Critical value (degrees of freedom)	References
0.25	140.77	± 4.45 (93.87)	-	31	50	-	-	(Blanchard & Glick, 1995; Blanchard, Steindorf, Wang, & Glick, 1993)
0.5	160.01	± 2.73 (40)	-	52	53	-	-	(Blanchard & Glick, 1995; Blanchard, Steindorf, Wang, & Glick, 1993; Blanchard, Steindorf, Wang, LeFevre, et al., 1993)
1	123.28	± 2.04 (41.02)	-	49	22	-	-	(Blanchard & Glick, 1995; Blanchard, Steindorf, Wang, & Glick, 1993; Blanchard, Steindorf, Wang, LeFevre, et al., 1993)
2	95.54	± 6.72 (68)	-	35	55	-	-	(Blanchard, Steindorf, Wang, & Glick, 1993; Yoshimoto, Komura, & Kawamura, 1992)

7.3 Amphetamine

7.3.1 Nucleus accumbens

Table 33: Peak percentage baseline values of accumbal dopamine after the administration of different doses of amphetamine

Dose (mg/kg)	Peak% BL (weighted average)	± SEM (peak time [min])	Sub group	n of rats	% of rats female	P-value	Critical value (degrees of freedom)	References
0.5	392.15	± 1.39 (45.86)	-	260	6	-	-	(A. L. Auclair et al., 2010; Badiani et al., 2000; Birrell & Balfour, 1998; Cagiano et al., 1998; Choi, Ahn, Wang, & Phillips, 2014; Darracq, Blanc, Glowinski, & Tassin, 1998; Di Chiara, Tanda, Frau, & Carboni, 1993; Fabricius, Steiniger-Brach, Helboe, Fink-Jensen, & Wortwein, 2011; Hall et al., 1998; Hall, Wilkinson, Humby, & Robbins, 1999; Harmer, Hitchcott, Morutto, & Phillips, 1997; Ichikawa, Kuroki, & Meltzer, 1998; Kehoe, Shoemaker, Arons, Triano, & Suresh, 1998; Mattsson, Olson, Svensson,

Dose (mg/kg)	Peak% BL (weighted average)	± SEM (peak time [min])	Sub group	n of rats	% of rats female	P-value	Critical value (degrees of freedom)	References
								& Schilstrom, 2007; Pacchioni, Cadore, Bregonzio, & Cancela, 2007; Pani, Kuzmin, Diana, et al., 1990; Paulson & Robinson, 1995; Porras, Di Matteo, Fracasso, et al., 2002; Rahman et al., 2008; Rowley et al., 2000; Sotty, Damgaard, et al., 2009; Sotty, Montezinho, Steiniger-Brach, & Nielsen, 2009; Steketee & Kalivas, 1992; Stewart, Deschamps, & Amir, 1994; Tronci, Simola, Carta, De Luca, & Morelli, 2006)
0.75	352.27	± 42.05 (31.36)	-	11	55	-	-	(A. Auclair, Blanc, Glowinski, & Tassin, 2004; T. E. Robinson & Camp, 1990)
1	791.46	± 4.23 (39)	-	235	2	-	-	(Afanas'ev, Ferger, & Kuschinsky, 2000; Byun et al., 2014; Carboni, Imperato, Perezani, & Di Chiara, 1989; Choi et al., 2014; Coutureau, Lena, Dauge, & Di Scala, 2002; De Deurwaerdere, Moison, Navailles, Porras, & Spampinato, 2005; Di Chiara et al., 1993; Frantz, Hansson, Stouffer, & Parsons, 2002; Hall et al., 1998; Hamilton, Redondo, & Freeman, 2000; Ichikawa, Kuroki, Kitchen, & Meltzer, 1995; Ichikawa & Meltzer, 1992b, 1995; Kim, Austin, Tanabe, Creekmore, & Vezina, 2005; Kimura, Nomikos, & Svensson, 1993; McCallum, Cowe, Lewis, & Glick, 2012; Meyer & Bardo, 2015; Moghaddam & Bunney, 1989; Nicholson et al., 2009; Peleg-Raibstein & Feldon, 2006; T. E. Robinson & Camp, 1990; Vezina, 1993; Warburton, Mitchell, & Joseph, 1996)
1.25	903.83	± 45.88 (40)	-	30	40	-	-	(Glick, Rossman, Wang, Dong, & Keller, 1993; Lategan, Marien, & Colpaert, 1990; Maisonneuve, Keller, & Glick, 1992; Olson & Justice, 1993)
1.5	523.90	± 2.05 (40.05)	-	168	11	-	-	(Castaneda, Moss, Oddie, & Whishaw, 1991; Druhan, Rajabi, & Stewart, 1996; Fiorino & Phillips, 1999; Geiger et al., 2009; Hertel et al., 1995; Huang, Wang, Tai, Tsai, & Peng, 1995; Humby, Wilkinson, Robbins, & Geyer, 1996; Imperato et al., 1996; King, Zigmund, & Finlay, 1997; Naef et al., 2011; Nomikos, Damsma, Wenkstern, & Fibiger, 1991; Nomikos, Zis, Damsma, & Fibiger, 1991; E. N. Pothos, Creece, & Hoebel, 1995; Reid, Ho, Tolliver, Wolkowitz, & Berger, 1998; T. E. Robinson & Camp, 1990; Rowley et al., 2000; Stewart & Rajabi, 1996; Tolliver, Ho, Reid, & Berger, 1996; Wan, Giovanni, Kafka, & Corbett, 1996; Whishaw, Fiorino, Mittleman, & Castaneda, 1992; Wilkinson et al., 1993)
2	1213.16	± 9.03 (47.93)	-	199	7	-	-	(Arnold, Nelson, Neigh, Sarter, & Bruno, 2000; A. Auclair et al., 2004; Badiani et al., 1998; Darracq et al., 1998; Di Chiara et al., 1993; Flagstad et al., 2004; Hall et al., 1998; L. Hernandez, Stanley, & Hoebel, 1986; Ichikawa & Meltzer, 1992a; Kaariainen et al., 2008; McKittrick & Abercrombie, 2007; C. L. Nelson, Sarter, & Bruno, 2000; Olsson et al., 2009; Porras, Di Matteo, De Deurwaerdere, Esposito, & Spampinato, 2002; Porras, Di Matteo, Fracasso, et al., 2002; Reid, Herrera-Marschitz, & Ungerstedt, 1991; T. E. Robinson, Jurson, Bennett, & Bentgen, 1988; Shoblock, Sullivan, Maisonneuve, & Glick, 2003; Wilkinson et al., 1994)
3	1024.77	± 84.53 (29.47)	-	65	8	-	-	(Bradberry, Gruen, Berridge, & Roth, 1991; Y. C. Chen, Choi, Andersen, Rosen, & Jenkins, 2005; Nicholson et al., 2009; T. E. Robinson & Camp, 1990)
7.5	387.8	± 65.9	-	25	50	-	-	(Kehoe, Shoemaker, Triano, Hoffman, & Arons, 1996)

Dose (mg/kg)	Peak% BL (weighted average)	± SEM (peak time [min])	Sub group	n of rats	% of rats female	P-value	Critical value (degrees of freedom)	References
		(30)						
1µM	342.42	± 12.12 (53.94)	-	33	18	-	-	(Birrell & Balfour, 1998; Brown, Nomikos, Wilson, & Fibiger, 1991; Glick et al., 1993; Huang et al., 1995)

7.3.2 Caudate putamen

Table 34: peak percentage baseline values of dopamine in caudate putamen of intraperitoneally vs. intravenously and subcutaneously administered animals

Route of administration	Peak percentage baseline value after 1 mg/kg of d-amphetamine
i.p.	334.05 ± 6.46
i.v. + s.c.	1372.82 ± 12.35

Table 35: Peak percentage baseline values of dopamine in caudate putamen after the administration of different doses of amphetamine

Dosages with female animals in bold characters

Dose (mg/kg)	Peak% BL (weighted average)	± SEM (peak time [min])	Sub group	n of rats	% of rats female	P-value	Critical value (degrees of freedom)	References
0.5 d+l- amph	901.02	± 16.36 (39.18)	Female	49	100	0.001	4.84 (1,11)	(Feifel, Shilling, Kuczenski, & Segal, 2003; Florin, Kuczenski, & Segal, 1994; Kuczenski & Segal, 1989; Nowak et al., 2007; Sershen et al., 2008; Shams et al., 2016; Sharp et al., 1987; Tepper, Creese, & Schwartz, 1991)
	477.05	± 15.24 (30.73)	Male	44	0			

Dose (mg/kg)	Peak% BL (weighted average)	± SEM (peak time [min])	Sub group	n of rats	% of rats female	P-value	Critical value (degrees of freedom)	References
0.75	368.95	± 2.98 (64.21)	-	19	36	-	-	(T. E. Robinson & Camp, 1990; Zhu, Sullivan, & Brioni, 1999)
1 d+l-amph	489.3	± 3.3 (46.39)	d+l-amph	149	0	0.007	4.06 (1,44)	(al-Tajir & Starr, 1993; Balla, Koneru, Smiley, Sershen, & Javitt, 2001; L. Hernandez et al., 1994; Javitt et al., 2004; Kankaanpaa, Lillsunde, Ruotsalainen, Ahtee, & Seppala, 1996; Kihara, Ikeda, Matsubara, & Matsushita, 1993; Kuczynski & Segal, 1989; Melega, Williams, Schmitz, DiStefano, & Cho, 1995; Murzi et al., 1996; Nowak, Brus, & Kostrzewa, 2001; Nowak, Brus, Oswiecimska, Sokola, & Kostrzewa, 2002; Nowak et al., 2006; Nowak et al., 2008; Pehrson & Moghaddam, 2010; Sershen et al., 2008; Sood, Cole, Fraier, & Young, 2009)
1 d-amph	1372.82	± 12.35 (32.23)	i.v. + s.c.	103	0	0.006	3.44 (2,22)	(Balcioglu, Zhang, & Tarazi, 2003; Bredeloux, Dubuc, & Costentin, 2007; Byun et al., 2014; Carboni et al., 1989; Di Chiara et al., 1993; Fink-Jensen et al., 1994; Hamilton et al., 1992; Ichikawa et al., 1995; Ichikawa & Meltzer, 1992b, 1995; Kimmel, Justice, & Holtzman, 1998; Ren, Xu, Choi, Jenkins, & Chen, 2009; T. E. Robinson & Camp, 1990)
	334.05	± 6.46 (30.84)	i.p.	42	0			(Harsing et al., 1992; Kashiwagi et al., 2015; Mele, Fontana, & Pert, 1997; Nicholson et al., 2009; Polissidis et al., 2014)
1.25	1038.25	± 30.11 (50)	female	24	100	0.039	5.50 (1,7)	(Castner, Xiao, & Becker, 1993; Glick et al., 1993; Maisonneuve et al., 1992)
	780.21	± 27.59 (43)	Male	24	0			(Castner et al., 1993; Lategan et al., 1990; Pehek, 1999)
1.5	696.64	± 4 (40.76)	Awake	192	5	0.010	4.26 (1,24)	(Cass, Manning, & Dugan, 1998; Castaneda et al., 1991; Castaneda, Whishaw, Lerner, & Robinson, 1990; Castaneda, Whishaw, & Robinson, 1990, 1992; King & Finlay, 1995; Lienau & Kuschinsky, 1997; Nomikos, Damsma, et al., 1991; Pacchioni, Gioino, Assis, & Cancela, 2002; E. N. Pothos et al., 1995; T. E. Robinson & Camp, 1990; T. E. Robinson, Yew, Paulson, & Camp, 1990; Rowley et al., 2012; Skutella et al., 1997; Tran-Nguyen, Castaneda, & MacBeth, 1996; Whishaw et al., 1992; Zhu et al., 1999)
	2001.52	± 68.96 (38.79)	Anesthetized	33	0			(Feigenbaum & Howard, 1997; Hurd & Ungerstedt, 1989a, 1989c)
2	1122.92	± 4.78 (41.34)	Awake	254	22	0.004	4.09 (1,40)	(Badiani et al., 1998; Becker & Cha, 1989; Bjelke et al., 1994; Cadoni, Pinna, Russi, Consolo, & Di Chiara, 1995; Camp & Robinson, 1992; Castner et al., 1993; Di Chiara et al., 1993; Dietze & Kuschinsky, 1994; Ferguson, Flynn, Delclos, Newbold, & Gough, 2002; Ferguson, Gough, & Cada, 2003; Heeringa & Abercrombie, 1995; Ichikawa & Meltzer, 1992a; Jaworski, Gonzales, & Randall, 2001; Kaariainen et al., 2008; Kuczynski, Segal, Cho, & Melega, 1995; Laviola, Pascucci, & Pieretti, 2001; Miele et al., 2000; Miller & Abercrombie, 1996; G. S. Robertson, Damsma, & Fibiger, 1991; Yamamoto & Meltzer, 1992)

Dose (mg/kg)	Peak% BL (weighted average)	± SEM (peak time [min])	Sub group	n of rats	% of rats female	P-value	Critical value (degrees of freedom)	References
	2231.91	± 44.22 (40.92)	Anesthetized	105	0			(Butcher, Fairbrother, Kelly, & Arbuthnot, 1988; Herrera-Marschitz, Luthman, & Ferre, 1994; Loidl et al., 1994; McTavish, Cowen, & Sharp, 1999; Porras, Di Matteo, De Deurwaerdere, et al., 2002; Porras, Di Matteo, Fracasso, et al., 2002)
2.5 d+l-amph	2595	± 25.56 (32.08)	-	89	55	-	-	(Becker & Rudick, 1999; Kuczenski & Segal, 1989; Kuczenski & Segal, 1990, 1997; Melega et al., 1995; Segal & Kuczenski, 1999)
3	2769.21	± 114.78 (24.69)	-	38	18	-	-	(Y. C. Chen et al., 2005; Y. I. Chen et al., 2008; Feigenbaum & Howard, 1997; Fink-Jensen et al., 1994; Nicholson et al., 2009; Ren et al., 2009; T. E. Robinson & Camp, 1990)
7.5	530	± 100 (60)	-	6	0	-	-	(Bredeloux et al., 2007)
1µM	364	± 58 (48)	-	10	60	-	-	(Glick et al., 1993; Nomikos, Damsma, Wenkstern, & Fibiger, 1990)

7.4 Cocaine

7.4.1 Nucleus accumbens

Table 36: Peak percentage baseline values of dopamine in the nucleus accumbens in intraperitoneally and subcutaneously vs. intravenously administered animals, no females included

Route of administration	Peak percentage baseline value after 3 mg/kg cocaine
i.p. + s.c.	235.32 ± 2
i.v.	594.07 ± 13.36

Table 37: Peak percentage baseline values of accumbal dopamine after the administration of different doses of cocaine

Dosages with female animals in bold characters

Dose (mg/kg)	Peak% BL (weighted average)	± SEM (peak time [min])	Sub group	n of rats	% of rats female	P-value	Critical value (degrees of freedom)	References
0.083	140	± 6.5 (37.5)	-	14	0	-	-	(Howes, Dalley, Morrison, Robbins, & Everitt, 2000)
0.1	128	± 14 (10)	-	10	0	-	-	(Garces-Ramirez et al., 2011; Tanda et al., 2016)
0.25	183.63	± 9.43 (25)	-	8	0	-	-	(Pettit & Justice, 1989; Sziraki, Sershen, Benuck, Hashim, & Lajtha, 1998)
0.3	150	± 7 (20)	-	5	0	-	-	(Baumann, Char, De Costa, Rice, & Rothman, 1994)
0.32	200	± 20 (10)	-	8	0	-	-	(Garces-Ramirez et al., 2011)
0.33	278	± 11.25 (10)	-	12	0	-	-	(Crespo, Sturm, Saria, & Zernig, 2006)
0.37	155	± 2.5 (10)	-	18	0	-	-	(Frantz, O'Dell, & Parsons, 2007)
0.5	170	± 18 (10)	-	8	0	-	-	(Pontieri, Tanda, & Di Chiara, 1995)
0.75	290	± 5 (10)	-	5	0	-	-	(Pettit & Justice, 1989)
1	198.25	± 26.98 (26.98)	Awake	85	5	0.003	4.41 (1,18)	(Baumann et al., 1994; Bradberry, Lee, & Jatlow, 1999; Carboni et al., 1989; Garces-Ramirez et al., 2011; Kohut et al., 2014; Maisonneuve, Archer, & Glick, 1994; Pepper, Baumann, Ayestas, & Rothman, 2001; Pontieri et al., 1995; Roth-Deri et al., 2009; Tanda, Ebbs, Newman, & Katz, 2005; Tanda et al., 2007)
	299.45	± 13.94 (24.14)	Anesthetized	29	0			(Baptista, Weiss, & Post, 1993; Bradberry et al., 1993; Bradberry & Roth, 1989; Moghaddam & Bunney, 1989)
1.25	800	± 40 (10)	-	3	0	-	-	(Pettit & Justice, 1989)
1.5	291.09	± 6.65 (13.44)	-	32	0	-	-	(D'Souza & Duvauchelle, 2006; Espana et al., 2010; Ferris, Mateo, Roberts, & Jones, 2011; Maier, Ledesma, Seiwel, & Duvauchelle, 2008; Mateo, Lack, Morgan, Roberts, & Jones, 2005)

Dose (mg/kg)	Peak% BL (weighted average)	± SEM (peak time [min])	Sub group	n of rats	% of rats female	P-value	Critical value (degrees of freedom)	References
2	244.03	± 6.02 (25.28)	-	36	19	-	-	(Grotewold, Wall, Goodell, Hayter, & Bland, 2014; Moghaddam & Bunney, 1989; Philpot & Kirstein, 1999; Roth-Deri et al., 2009)
2.5	187.5	± 3.75 (97.5)	-	12	50	-	-	(Kosten, Zhang, & Kehoe, 2003)
3	235.32	± 2 (22.86)	i.p. + s.c.	98	0	0.005	4.38 (1,20)	(Hemby et al., 1995; Izawa, Yamanashi, Asakura, Misu, & Goshima, 2006; Justinova et al., 2011; Kohut et al., 2014; Mascia et al., 2011; Schad, Justice, & Holtzman, 1995; Strecker, Eberle, & Ashby, 1995; Tanda et al., 2005; Tanda et al., 2007; Tanda et al., 2013; Zernig, O'Laughlin, & Fibiger, 1997)
	594.07	± 13.36 (22.15)	i.v.	33	0			(Baumann et al., 1994; Ikegami & Duvauchelle, 2004; Roth-Deri et al., 2009; Rothman, Ayestas, & Baumann, 1996)
3.19	715	± 25 (15)	-	5	0	-	-	(Panin, Cathala, Piazza, & Spampinato, 2012)
3.3	230	± 50 (20)	-	6	0	-	-	(Desai, Paronis, Martin, Desai, & Bergman, 2010)
4	690	± 100 (20)	-	13	0	-	-	(Baptista et al., 1993)
4.2	315	± 2.5 (10)	-	8	0	-	-	(Duvauchelle, Ikegami, Asami, et al., 2000; Duvauchelle, Ikegami, & Castaneda, 2000)
5	218.69	± 0.44 (34.09)	i.p. + s.c.	25	2	0.005	3.26 (2,36)	(Brown, Finlay, Wong, Damsma, & Fibiger, 1991; Cadoni, Solinas, & Di Chiara, 2000; Cadoni, Solinas, Valentini, & Di Chiara, 2003; Camp, Browman, & Robinson, 1994; Carboni et al., 1989; Gambarana, Ghiglieri, et al., 1999; Gambarana, Masi, et al., 1999; Giorgi et al., 1997; Kosten et al., 2003; Lecca, Piras, Driscoll, Giorgi, & Corda, 2004; B. Leggio et al., 2003; Mangiavacchi et al., 2001; Masi et al., 2001; Mikkola, Honkanen, Piepponen, Kilianmaa, & Ahtee, 2001; Nanni et al., 2003; Parsons, Kerr, & Weiss, 1998; Steketee & Goeders, 2002)
	562	± 79.87 (38.29)	i.v.	18	0			(Koch, Piercey, Galloway, & Svensson, 1997; Othman, Newman, & Eddington, 2007; Raje et al., 2005)
5.6	240	± 4 (20)	-	6	0	-	-	(Desai et al., 2010)
7.5	294.44	± 58.33 (20)	-	9	0	-	-	(Fadda, Scherma, Fresu, Collu, & Fratta, 2003; Pap & Bradberry, 1995)(Fadda, Scherma, Fresu, Collu, & Fratta, 2003; Pap & Bradberry, 1995)
10	330.72	± 0.16 (32.37)	Awake	73	6	0.000	3.95 (12,79)	(Alvarez Fischer et al., 2001; Andrews & Lucki, 2001; Boyson et al., 2014; Brown & Fibiger, 1992; Bubar, McMahon, De Deurwaerdere, Spampinato, & Cunningham, 2003; Cadoni & Di Chiara, 1999, 2007; Cadoni et al., 2000; Cadoni et al., 2003; Caille & Parsons, 2006; Camp et

							<p>al., 1994; Cervo, Pozzi, & Samanin, 1996; Clark, Ashby, Dewey, Ramachandran, & Strecker, 1996; Cummings, Jagannathan, Jackson, & Becker, 2014; De Deurwaerdere et al., 2005; Devoto, Flore, Saba, Cadeddu, & Gessa, 2012; Espana, Melchior, Roberts, & Jones, 2011; Espana et al., 2010; Fontana, Post, & Pert, 1993; Holly, Shimamoto, Debold, & Miczek, 2012; Horger, Wellman, Morien, Davies, & Schenk, 1991; Izawa et al., 2006; Jocham, Lauber, Muller, Huston, & de Souza Silva, 2007; Jocham et al., 2006; Johnson, Eodice, Winterbottom, & Mokler, 2000; Kimura et al., 1993; Kohut et al., 2014; Kosten et al., 2003; Kosten, Zhang, & Kehoe, 2005; Leri et al., 2007; Lodge & Grace, 2005; Maisonneuve, Ho, & Kreek, 1995; Maisonneuve & Kreek, 1994; Martin-Fardon et al., 1996; McFarland, Lapish, & Kalivas, 2003; Miczek, Nikulina, Shimamoto, & Covington, 2011; Mikkola et al., 2001; Muller et al., 2002; Nation & Burkey, 1994; Neisewander, O'Dell, Tran-Nguyen, Castaneda, & Fuchs, 1996; A. M. Nelson, Larson, & Zahniser, 2009; O'Dell & Parsons, 2004; Ogbonmwan et al., 2015; Pan et al., 2012; Pani, Kuzmin, Diana, et al., 1990; Pani, Kuzmin, Stefanini, Gessa, & Rossetti, 1990; Panos & Baker, 2010; Pap & Bradberry, 1995; Parsons & Justice, 1993; Parsons et al., 1998; Parsons, Koob, & Weiss, 1999; Peng, Li, Gilbert, et al., 2008; Peng, Li, Li, et al., 2008; Rossetti, Hmaidan, & Gessa, 1992; Rouge-Pont, Marinelli, Le Moal, Simon, & Piazza, 1995; Segal & Kuczenski, 1992; Shimada, Yamaguchi, & Yanagita, 1996; Shimamoto, Debold, Holly, & Miczek, 2011; Shimamoto, Holly, Boyson, DeBold, & Miczek, 2015; Steketee & Goeders, 2002; Strecker et al., 1995; Tanda et al., 2005; Tanda et al., 2007; Tanda et al., 2013; Tanda et al., 2016; Thongsaard & Marsden, 2013; Tobiansky et al., 2016; Tolliver et al., 1999; Valdomero, Isoardi, Orsingher, & Cuadra, 2005; Verheij, Karel, Cools, & Homberg, 2014; Willins & Meltzer, 1998; Xi, Kiyatkin, et al., 2010; Xi, Li, et al., 2010; Xi et al., 2007)</p>
	593.26	± 5.92 (31.23)	Anesthetized	90	0		<p>(Essman, Singh, & Lucki, 1994; Kankaanpaa et al., 1996; G. M. Leggio et al., 2009; Lutfy, Do, & Maidment, 2001; Navailles, De Deurwaerdere, Porras, & Spampinato, 2004; Navailles, Moison, Cunningham, & Spampinato, 2008; Weiss, Paulus, Lorang, & Koob, 1992)</p>
	289.33	± 2.2 (31)	Adolescent	70	9		<p>(Boyson et al., 2014; Cervo et al., 1996; Devoto, Flore, Ibba, Fratta, & Pani, 2001; Devoto et al., 2012; Kosten et al., 2003; Lutfy et al., 2001; A. M. Nelson et al., 2009; Ogbonmwan et al., 2015; Pani, Kuzmin, Diana, et al., 1990; Pani, Kuzmin, Stefanini, et al., 1990; Willins & Meltzer, 1998)</p>
	372.53	± 0.21	Adult	71 3	11	0.027	<p>(Alvarez Fischer et al., 2001; Andrews & Lucki, 2001; Brown & Fibiger, 1992; Bubar et al., 2003; Cadoni & Di Chiara, 1999, 2007; Cadoni et al., 2000; Cadoni et al., 2003; Caille & Parsons, 2006; Clark et al., 1996; Cummings et al., 2014; De Deurwaerdere et al., 2005; Espana et al., 2011; Espana et al., 2010; Essman et al., 1994; Fontana et al., 1993; Holly et al., 2012; Horger et al., 1991; Izawa et al., 2006; Jocham et al., 2007; Jocham et al., 2006; Johnson et al., 2000; Kankaanpaa et al., 1996; Kimura et al., 1993; Kohut et al., 2014; Kosten et al., 2005; G. M. Leggio et al., 2009; Navailles, 2004 #2133; Leri et al., 2007; Lodge & Grace, 2005; Maisonneuve et al., 1995; Maisonneuve & Kreek, 1994; Martin-Fardon et al., 1996; Miczek et al., 2011; Mikkola et al., 2001; Muller et al., 2002; Nation & Burkey, 1994; Navailles et al., 2008; Neisewander et al., 1996; O'Dell & Parsons, 2004; Pan et al., 2012; Panos & Baker, 2010; Pap & Bradberry, 1995; Parsons & Justice, 1993; Parsons et al., 1998; Parsons et al., 1999; Peng, Li, Gilbert, et al., 2008; Peng, Li, Li, et al., 2008; Rossetti et al., 1992; Rouge-Pont et al., 1995; Segal & Kuczenski, 1992; Shimada et al., 1996; Shimamoto et al., 2011; Shimamoto et al., 2015; Steketee & Goeders, 2002; Strecker et al., 1995; Tanda et al., 2005; Tanda et al., 2007; Tanda et al., 2013; Tanda et al., 2016; Thongsaard & Marsden, 2013; Tobiansky et al., 2016;</p>

								Tolliver et al., 1999; Valdomero et al., 2005; Weiss et al., 1992; Xi, Kiyatkin, et al., 2010; Xi, Li, et al., 2010; Xi et al., 2007)
15	277.17	± 0.25 (35.20)	-	57 9	0	-	-	(Barr et al., 2015; Barrot, Marinelli, et al., 2000; Barrot, Rettori, et al., 2000; Benwell, Balfour, & Lucchi, 1993; Beyer & Steketee, 1999, 2000, 2002; Birrell & Balfour, 1998; Bradberry et al., 1993; Chambers, Sentir, & Engleman, 2010; De Souza Silva et al., 1997; Feifel et al., 2003; Garcia-Keller et al., 2013; Giustino, Cuomo, & Marsden, 1998; Gurkovskaya, Palamarchouk, Smagin, & Goeders, 2005; Hooks, Colvin, Juncos, & Justice, 1992; Hooks, Duffy, Striplin, & Kalivas, 1994; Hooks, Jones, Smith, Neill, & Justice, 1991; Horger, Valadez, Wellman, & Schenk, 1994; Jin et al., 2017; Jonsson, Adermark, Ericson, & Soderpalm, 2014; Kalivas & Duffy, 1993; Kalivas, Duffy, & Mackler, 1999; Lack, Jones, & Roberts, 2008; Lee et al., 2008; Lu, Liu, Huang, & Zhang, 2003; Mabrouk et al., 2017; Maisonneuve et al., 1995; Maisonneuve & Kreek, 1994; Mitrano et al., 2012; Navailles et al., 2004; Pierce, Born, Adams, & Kalivas, 1996; Pierce, Meil, & Kalivas, 1997; Placenza, Rajabi, & Stewart, 2008; Porras, Di Matteo, De Deurwaerdere, et al., 2002; Reid & Berger, 1996; Sorg & Kalivas, 1991; Steketee, 1993, 1997, 1998a, 1998b; Steketee & Kalivas, 1991; Steketee, Sorg, & Kalivas, 1992; Steketee & Walsh, 2005; Szumlinski, Frys, & Kalivas, 2004; Torres, Rivier, & Weiss, 1994; Vollbrecht, Mabrouk, Nelson, Kennedy, & Ferrario, 2016; Wolf, Xue, White, & Dahlin, 1994; Xie & Steketee, 2009; Zayara et al., 2011)
17	440	± 20 (20)	-	6	0	-	-	(Kohut et al., 2014)
18	295	± 35 (40)	-	11	0	-	-	(Andrews & Lucki, 2001)
20	399.13	± 0.63 (51.12)	-	41 6	5	-	-	(Cadoni & Di Chiara, 2007; Chefer & Shippenberg, 2002; Chefer, Zakharova, & Shippenberg, 2003; J. Chen, Marmur, Paredes, Pulles, & Gardner, 1996; De Deurwaerdere et al., 2005; Ferraro et al., 2000; Frantz et al., 2007; Gerasimov et al., 2000; Gerasimov et al., 2002; Hedou, Feldon, & Heidbreder, 1999; C. A. Heidbreder, Schenk, Partridge, & Shippenberg, 1998; C. A. Heidbreder, Thompson, & Shippenberg, 1996; Jang et al., 2008; Kailanto, Kankaanpaa, & Seppala, 2011; Kankaanpaa, Meririnne, & Seppala, 2002; Kuczenski & Segal, 1999; Kurling-Kailanto, Kankaanpaa, & Seppala, 2010; Leri, Flores, Rajabi, & Stewart, 2003; Leri et al., 2007; Maisonneuve et al., 1994; Maisonneuve & Glick, 1992; Martin-Fardon et al., 1996; Martin-Fardon, Kerr, Deleuze-Masquefa, Kamenka, & Weiss, 2001; McDougall et al., 2008; Molina, Ahmed, Gatley, Volkow, & Abumrad, 2001; Morgan & Dewey, 1998; Morgan, Horan, Dewey, & Ashby, 1997; Morgan, Porter, et al., 1997; Panos & Baker, 2010; Parsons et al., 1998; Philpot & Kirstein, 1999; Puig, Noble, & Benturquia, 2012; Reith, Li, & Yan, 1997; Schiffer, Azmoodeh, et al., 2003; Schiffer, Gerasimov, Bermel, Brodie, & Dewey, 2000; Schiffer, Marsteller, & Dewey, 2003; Steketee & Goeders, 2002; Szumlinski, McCafferty, Maisonneuve, & Glick, 2000; Tanda et al., 2016; Vazquez-DeRose et al., 2013)
25	465.79	± 39.21 (40)	-	19	0	-	-	(Andrews, Kung, & Lucki, 2005; Andrews & Lucki, 2001)
30	983.24	± 14.75 (28.83)	-	73	0	-	-	(Barrot, Rettori, et al., 2000; Kohut et al., 2014; Leri et al., 2007; Navailles et al., 2004; Pettit, Pan, Parsons, & Justice, 1990; Pierce et al., 1997; M. W. Robertson, Leslie, & Bennett, 1991; Strecker et al., 1995; Tanda et al., 2005)
40	798.19	± 57.81	-	27	0	-	-	(Kuczenski & Segal, 1999; Kuczenski, Segal, & Aizenstein, 1991; Tolliver et al.,

		(35.76)						1999)
1.25 mg/kg /min	3000	± 210 (30)	-	8	0	-	-	(Whittington, Virag, Vulliemoz, Cooper, & Morishima, 2002)
1.75 mg/kg /h	200	± 10 (240)	-	5	0	-	-	(G. Hernandez, Trujillo-Pisanty, Cossette, Conover, & Shizgal, 2012)
10 mg/kg /h	605	± 52 (260)	-	7	0	-	-	(G. Hernandez, Haines, & Shizgal, 2008)
1 µM	181.4	± 3.7 (84)	-	10	0	-	-	(Smith & Justice, 1994; Tolliver et al., 1999)
3 µM	190	± 25 (20)	-	4	0	-	-	(Tateyama, Ohta, Nagao, Hirobe, & Ono, 1993)
10 µM	446.05	± 21.71 (37.30)	-	37	0	-	-	(J. Chen et al., 1996; Tolliver et al., 1999; Yan, 2003; Yoshimoto et al., 2000)
20 µM	1049	± 47.78 (55.56)	-	18	0	-	-	(Smith & Justice, 1994; Yoshimoto et al., 2001)
50 µM	780	± 45 (20)	-	7	0	-	-	(J. Chen et al., 1996)
100 µM	696.19	± 134.29 (65.24)	-	21	0	-	-	(Andrews & Lucki, 2001; J. Chen et al., 1996; Tolliver et al., 1999)
3 mM	702.22	± 50.37 (137.78)	-	27	0	-	-	(Andrews et al., 2005; Andrews & Lucki, 2001)
7.5 mM	805	± 215 (40)	-	18	0	-	-	(L. Hernandez, Guzman, & Hoebel, 1991)
10 mM	610.77	± 28.46 (98.46)	-	13	0	-	-	(Andrews & Lucki, 2001)
20 µg	3444	± 1472 (20)	-	12	0	-	-	(L. Hernandez & Hoebel, 1988; Tateyama et al., 1993)

7.4.2 Caudate putamen

Table 38: Peak percentage baseline values of dopamine in caudate putamen after the administration of different doses of cocaine

Dosages with female animals in bold characters

Dose (mg/kg)	Peak% BL (weighted average)	± SEM (peak time [min])	Sub group	N of rats	% of rats female	P-value	Critical value (degrees of freedom)	References
0.5	335.59	± 30.72 (12.94)	-	17	0	-	-	(Y. I. Chen et al., 2010; Schwarz et al., 2004)
1	173.33	± 17.88 (30)	-	30	0	-	-	(Carboni et al., 1989; Hurd & Ungerstedt, 1989b; Tanda et al., 2005)
1.5	307.05	± 4.50 (13.92)	-	41	0	-	-	(Cao, Lotfipour, Loughlin, & Leslie, 2007; D'Souza & Duvauchelle, 2006; Hurd, Kehr, & Ungerstedt, 1988; Hurd & Ungerstedt, 1989b)
2	370.63	± 70.94 (7.75)	-	8	0	-	-	(Hurd & Ungerstedt, 1989b; Shou, Ferrario, Schultz, Robinson, & Kennedy, 2006)
3	179.48	± 3.73 (17.17)	-	23	0	-	-	(Church et al., 1987; Schad et al., 1995; Schad, Justice, & Holtzman, 2002; Tanda et al., 2005)
5	452.27	± 95.61 (51.52)	-	17	0	-	-	(Carboni et al., 1989; Martin-Fardon et al., 1996; Weikop, Egestad, & Kehr, 2004)
7.5	146	± 21 (40)	-	4	0	-	-	(Ivens, Janak, & Martinez, 1992)
10	309.89	± 0.89 (31.48)	-	21	10	-	-	(Chapman, See, & Bissette, 1992; Church et al., 1987; Coury, Blaha, Atkinson, & Phillips, 1992; Cummings et al., 2014; Ivens et al., 1992; Kankaanpaa et al., 1996; Kraft, Noailles, & Angulo, 2001; Kuczenski et al., 1991; Lienau & Kuschinsky, 1997; Loonam, Noailles, Yu, Zhu, & Angulo, 2003; Maisonneuve et al., 1995; Maisonneuve & Kreek, 1994; Martin-Fardon et al., 1996; McNeish, Svingos, Hitzemann, & Strecker, 1993; Mikkola et al., 2001; Navailles et al., 2004; A. M. Nelson et al., 2009; Noailles & Angulo, 2002; Porras, De Deurwaerdere, Moison, & Spampinato, 2003; Segal & Kuczenski, 1992; Tanda et al., 2005; Valdomero et al., 2005)
15	295.22	± 24.06 (20)	Female	9	100	0.009	5.32 (1,8)	(T. E. Robinson & Camp, 1991)
	364.21	± 3.03 (34.21)	Male	57	0			(Barrot et al., 2001; Chambers et al., 2010; Devroye et al., 2015; Maisonneuve et al., 1995; Maisonneuve & Kreek, 1994; Navailles et al., 2004; Porras et al., 2003; Wasik, Romanska, & Antkiewicz-Michaluk, 2010)
20	267.14	± 1.56	Other strains	12	2	0.008	(3,18)	(Dewey et al., 1997; Florin, Kuczenski, & Segal, 1995; Gabriele, Pacchioni, & See, 2012; Gatley et al., 1996; Gehrke, Chefer, & Shippenberg, 2008; C. A. Heidbreder et al., 1998; Inada, Polk, Jin, et al., 1992; Inada,

Dose (mg/kg)	Peak% BL (weighted average)	± SEM (peak time [min])	Sub group	N of rats	% of rats female	P-value	Critical value (degrees of freedom)	References
		(40.66)						Polk, Purser, et al., 1992; Kreuter, Mattson, Wang, You, & Hope, 2004; Kuczenski & Segal, 1999; Maisonneuve & Glick, 1992; Martin-Fardon et al., 1996; McDougall et al., 2008; Porras et al., 2003)
	392.5	± 101.25 (50)	Long Evans	24	0			(Keller, Maisonneuve, Carlson, & Glick, 1992)
25	210	± 11.67 (50.67)	-	15	27	-	-	(Cortez et al., 2010)
30	781.94	± 48.55 (31.79)	-	34	21	-	-	(Chapman et al., 1992; Church et al., 1987; Dewey et al., 1997; Di Paolo, Rouillard, Morissette, Levesque, & Bedard, 1989; Navailles et al., 2004; Tanda et al., 2005)
40	176.22	± 10.78 (30)	Anesthetized	9	0	0.010	18.51 (1,2)	(Inada, Polk, Jin, et al., 1992)
	393.12	± 10.04 (49.57)	Awake	12	0			(Kuczenski & Segal, 1999; Martin-Fardon et al., 1996)
1 µM	311.54	± 57.69 (46.15)	-	13	0	-	-	(Hurd & Ungerstedt, 1989b; Nomikos et al., 1990; Woodward, Compton, Balster, & Martin, 1995)
2.5 µM	757	± 13.3 (n.g.)	-	6	0	-	-	(Manley, Kuczenski, Segal, Young, & Groves, 1992)
10 µM	488.89	± 88.89 (17.78)	-	9	0	-	-	(Hurd & Ungerstedt, 1989b; Woodward et al., 1995)
50 µM	706.45	± 51.29 (27.74)	-	16	0	-	-	(Moghaddam & Bolinao, 1994; Shimizu, Duan, Hori, & Oomura, 1990)
100 µM	1178.28	± 139.74 (22.76)	-	15	0	-	-	(Hurd & Ungerstedt, 1989b; Rothman et al., 1991; Woodward et al., 1995)
1 mM (1000 µM)	397.5	± 146.25 (35)	-	10	0	-	-	(Hurd & Ungerstedt, 1989b; Rothman et al., 1989)
1 mg/kg	1000	± 200 (20)	-	7	0	-	-	(Thiriet et al., 2001)

Table 39: Peak percentage baseline values of dopamine in anesthetized vs. awake rats in the caudate putamen, no females included

State of consciousness	Peak percentage baseline value after 40 mg/kg cocaine
Anesthetized	176.22 ± 10.78
Awake	393.12 ± 10.04

7.5 Morphine

7.5.1 Nucleus accumbens

Table 40: Peak percentage baseline values of accumbal dopamine after the administration of different doses of morphine

Dose (mg/kg)	Peak% BL (weighted average)	± SEM (peak time [min])	Sub group	n of rats	% of rats female	P-value	Critical value (degrees of freedom)	References
5	195.09	0.73 (138)	-	138	17	-	-	(Borg & Taylor, 1997; Cadoni & Di Chiara, 2007; Di Giannuario, Pieretti, Catalani, & Loizzo, 1999; Fadda et al., 2003; Jonsson et al., 2014; M. R. Kim et al., 2005; Maisonneuve & Glick, 1999; Maisonneuve et al., 1991; Pearl, Maisonneuve, & Glick, 1996; Pozzi, Trabace, Invernizzi, & Samanin, 1995; Steinmiller, Maisonneuve, & Glick, 2003; Sustkova-Fiserova, Jerabek, Havlickova, Kacer, & Krsiak, 2014; Tanda & Di Chiara, 1998; Willins & Meltzer, 1998)
20	262.49	17.48 (88)	-	55	33	-	-	(Pothos et al., 1991; E. N. Pothos et al., 1995; Rada, Mark, Pothos, & Hoebel, 1991; Steinmiller et al., 2003; Szumlinski, Maisonneuve, & Glick, 2000; Yong et al., 2012)
30	92	1.6 (160)	-	32	100	-	-	(Johnson & Glick, 1993, 1994; Maisonneuve et al., 1991)

7.5.2 Caudate putamen

Table 41: Peak percentage baseline values of dopamine in caudate putamen after the administration of different doses of morphine

Dose (mg/kg)	Peak% BL (weighted average)	± SEM (peak time [min])	Sub group	n of rats	% of rats female	P-value	Critical value (degrees of freedom)	References
5	165.46	2.87 (74)	-	26	58	-	-	(Maisonneuve & Glick, 1999; Maisonneuve et al., 1991; Pearl et al., 1996; Pozzi et al., 1995)
30	92	1.6 (120)	-	30	100	-	-	(Johnson & Glick, 1993, 1994; Maisonneuve et al., 1991)

7.6 Nicotine

Table 42: Peak percentage baseline values of accumbal dopamine after the administration of different doses of nicotine

Dose (mg/kg)	Peak% BL (weighted average)	± SEM (peak time [min])	Sub group	n of rats	% of rats female	P-value	Critical value (degrees of freedom)	References
0.4	157.73	0.36 (50.03)	-	175	19	-	-	(Balfour, Birrell, Moran, & Benwell, 1996; Bassareo, De Luca, & Di Chiara, 2007; Benwell, Balfour, & Birrell, 1995; Birrell & Balfour, 1998; Cadoni & Di Chiara, 2000; Cadoni, Muto, & Di Chiara, 2009; Cadoni et al., 2003; Carboni, Silvagni, Rolando, & Di Chiara, 2000; Dewey et al., 1999; Eggan & McCallum, 2016, 2017; Ferrari, Le Novere, Picciotto, Changeux, & Zoli, 2002; Iyaniwura, Wright, & Balfour, 2001; Jonsson et al., 2014; Maisonneuve & Glick, 1999; McCallum et al., 2012; Mirza, Pei, Stolerman, & Zetterstrom, 1996; Shoab & Shippenberg, 1996; Steinmiller et al., 2003; Wang et al., 2015)
200 µM	125	15 (20)	-	9	100	-	-	(Ding et al., 2012)

8 CURRICULUM VITAE

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Surname and name: Egenrieder, Lisamon Mira
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EDUCATION

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