

**Psych 181: *Dr. Anagnostaras***

**Lecture 4  
Behavioral Pharmacology**

---

---

---

---

---

---

---



**Behavioral Pharmacology**

---

---

---

---

---

---

---



**Behavioral Pharmacology**

The study of the relationship between the physiological actions of drugs and their effects on behavior and psychological function

- Drugs do not create behaviors outside the normal species-typical repertoire
- They alter the probability of occurrence of behaviors

---

---

---

---

---

---

---



## Set and setting

The behavioral effects of drugs are due to complex interactions amongst the pharmacological actions of drugs, the state of the organism ("set"), and the environmental circumstances surrounding drug administration ("setting")

---

---

---

---

---

---

---



## Evaluating the behavioral effects of drugs

### Primary Evaluation

Unconditioned effects on behavior

- Motor activity
  - locomotion, catalepsy, balance, strength
- Seizures
- Eating and drinking

---

---

---

---

---

---

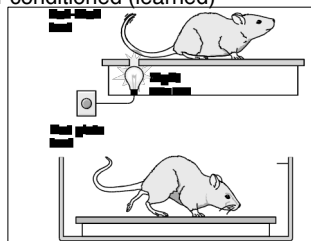
---



## Secondary evaluation

Tests of more specific functions  
(either unconditioned or conditioned (learned))

- Analgesia



---

---

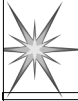
---

---

---

---

---



## Secondary evaluation

- Learning and memory
  - several different forms

---

---

---

---

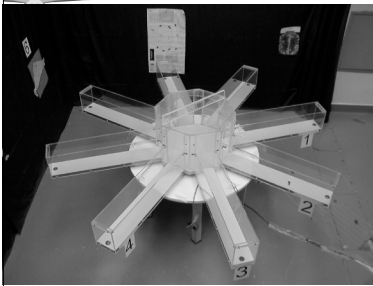
---

---

---

---

## Spatial Radial Maze Task



### "Win-Shift"

Lots of spatial (room) cues

Rats/mice use these cues to avoid revisiting arms (ecologically valid)

- All arms baited, must not revisit arms
- Different brain systems than non-spatial

---

---

---

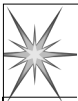
---

---

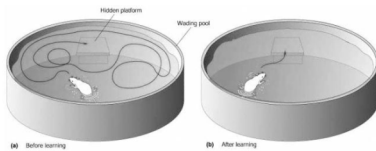
---

---

---



## Morris water maze test of hippocampal function



- Use spatial cues in room (posters, etc) to locate submerged platform (same place ea. time)
- Measure latency to mount platform & swim path (distance traveled to platform)
- Different brain systems than visible platform

---

---

---

---

---


---

---


---

**Method Used by Davis and His Colleagues to Investigate the Augmented Startle Response**


Training: light and shock paired



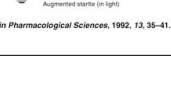
Testing: noise alone trial



Normal startle (in dark)



Testing: light + noise trial



Augmented startle (in light)

Source: Adapted from Davis, M., *Trends in Pharmacological Sciences*, 1992, 13, 35-41. Copyright © 2001 by Allyn & Bacon

---

---

---

---


---

---

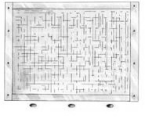
---

---


**Nonrecurring-Items Delayed Nonmatching -to- Sample Test**




**1** The monkey moves the sample object to obtain food from the well beneath it.



**2** A screen is lowered in front of the monkey during the delay period.



**3** The monkey is confronted with the sample object and an unfamiliar object.



**4** The monkey must remember the sample object and then select the unfamiliar object to obtain the food beneath it.

Source: Adapted from Mishkin & Appenzeller, *Scientific American*, 1967, 256, 80-89. Copyright © 2001 by Allyn & Bacon

---

---

---

---


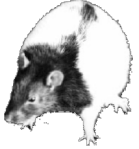
---

---

---

---

**Fear and Anxiety (Mon)**


---

---

---

---

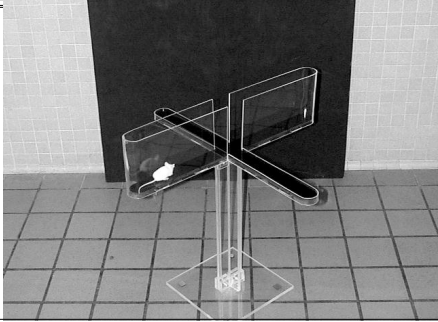
---

---

---

---

**Secondary Eval • Anxiety •  
Elevated Plus Maze**



---

---

---

---

---

---

---

---

**Secondary evaluation**

- Learning and memory
- Anxiety
- Schedule-controlled behavior

---

---

---

---

---

---

---

---

**Schedules of reinforcement**

- Positive reinforcement**  
Presentation increases the probability of the preceding behavior
- Negative reinforcement**  
Removal increases the probability of the preceding behavior
- Punishment**  
Decreases the probability of a behavior

---

---

---

---

---

---

---

---



## Ratio schedules

Reinforcement is based in the number of responses made

- Fixed vs. variable (FR vs. VR)  
Continuous reinforcement (FR1)

---

---

---

---

---

---

---

---



## Interval schedules

Reinforcement is based on the amount of time that has elapsed since the last reinforcement

- Fixed vs. variable (FI vs. VI)

### DRL schedules

(differential reinforcement of low rates)

Version of a FI; get reinforcement after fixed time, but if respond before time is up causes "time out" and resets clock

---

---

---

---

---

---

---

---



## Schedules of reinforcement

Operant procedures used for two primary reasons:

- 1) To ask questions about the stimulus properties of drugs ("what does it feel like")
- 2) To ask questions about the reinforcing and/or incentive properties of drugs ("will you work for it")

---

---

---

---

---

---

---

---



### Drugs as discriminative stimuli

$S_D$  = stimulus that signals availability of reinforcement (e.g., red vs. green light)

Animals learn to respond when appropriate  $S_D$  is present

Drugs can serve as a  $S_D$

- Animals learn to respond appropriately in presence of drug  $S_D$
- $S_D$  is related to interoceptive cues of drug

---

---

---

---

---

---

---

---



### Drugs as discriminative stimuli

Method to ask animals about the interoceptive cues associated with different drugs

Press left lever if on morphine > get food  
Right lever if given saline > get food

Give new drug - is it like morphine?

- Left lever - Yes
- Right lever - No

---

---

---

---

---

---

---

---



### Drugs as discriminative stimuli

Using drug discrimination techniques find that animals classify drugs just like humans

E.g., amphetamine and cocaine alike, but different than morphine, but morphine like heroin and other opiates

---

---

---

---

---

---

---

---

## Measurement of drug reward

Goal is to determine abuse potential of different drugs and to study mechanisms by which drugs produce rewarding effects and dependence

- Measure effects on withdrawal symptoms
- Self-administration paradigms
- Conditional place preference

---

---

---

---

---

---

---

---

## Effects on withdrawal

Steps:

- Produce physical dependence with prototypical drug (e.g., morphine)
- Withdraw and give unknown
- If block withdrawal symptoms will probably produce similar dependence syndrome (Not conclusive)

---

---

---

---

---

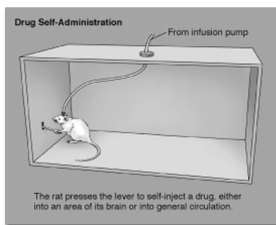
---

---

---

## Self-administration paradigms

▶ Two Behavioral Paradigms



Copyright © 2001 by Allyn & Bacon

---

---

---

---

---

---

---

---



## Self-administration paradigms

Procedures:

- Substitution procedures
- Choice procedures

Predictive validity: All drugs self-administered by animals are also self-administered by people

---

---

---

---

---

---

---

---



## Self-administration paradigms

Drugs that maintain self-administration  
amphetamines, barbiturates, cathinone, cocaine, codeine, ethanol, fentanyl, heroin, methadone, methamphetamine, MDMA, methylphenidate, morphine, nicotine, PCP, THC

Drugs that do not  
aspirin, haloperidol, imipramine, lidocaine, mescaline, LSD

---

---

---

---

---

---

---

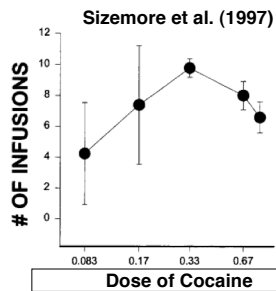
---



## Self-administration paradigms

FR Schedules

- typical measure rate or number of responses (or infusions)
- inverted U curve




---

---

---

---

---

---

---

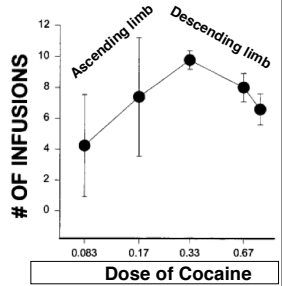
---

**Self-administration paradigms**

**FR Schedules**

Descending limb?

- incapacity
- satiety
- loss of reward




---

---

---

---

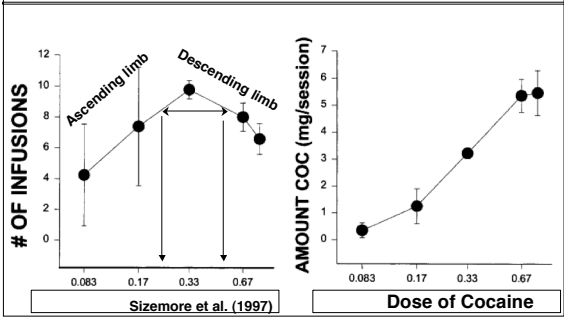
---

---

---

---

**Self-administration paradigms**




---

---

---

---

---

---

---

---

**Self-administration paradigms**

**FR Schedules**

On ascending limb typically assume:

- increase in rate = increase in reward

On descending limb, typically assume:

- decrease in rate = increase in reward
- {increase in rate = decrease in reward  
(represents a compensatory response to loss of reward)}

---

---

---

---

---

---

---

---



## Self-administration paradigms

Increase in rate = decrease in reward

Fits dopamine (DA) antagonist studies

- DA antagonists increase rate (as does decreasing dose)

---

---

---

---

---

---

---

---

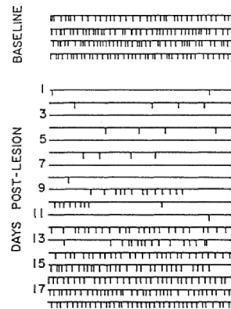


[Homepage.mac.com/sanagnos/psyc181.html](http://Homepage.mac.com/sanagnos/psyc181.html)  
Self-administration paradigms

Problem  
E.g., 6-OHDA lesion

(decreased rate  
interpreted as  
decreased reward)

Roberts et al. (1980)




---

---

---

---

---

---

---

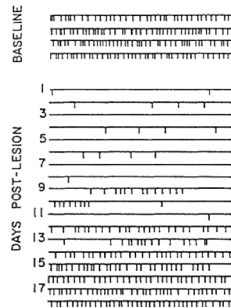
---



## Self-administration paradigms

Problem

“How can both an increase and a decrease in rate of drug intake be used to draw the same conclusion? The dilemma is unmistakable: rate is an ambiguous measure of reinforcing efficacy” (Arnold & Roberts, 1997)




---

---

---

---

---

---

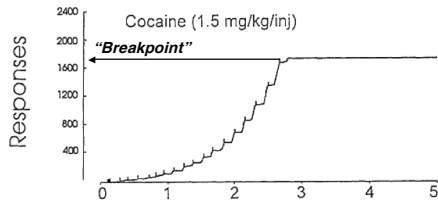
---

---



**Self-administration paradigms**

**“Breakpoint”  
(highest ratio achieved)**




---

---

---

---

---

---

---

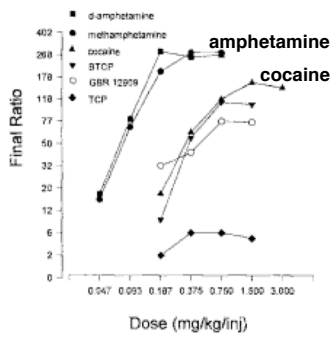
---

**Self-administration paradigms**

**“Breakpoint”**

**Comparing  
different drugs**

**DA antagonists  
vs. 6-OHDA**




---

---

---

---

---

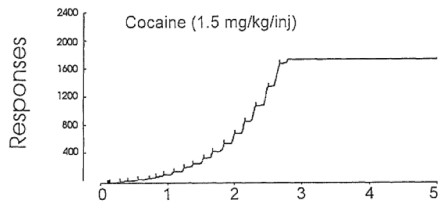
---

---

---

**Self-administration paradigms**

**Problems: One data point, cumulative  
dosing, etc.**




---

---

---

---

---

---

---

---



## Conditioned place preference

### Pavlovian context conditioning procedure

- Pair drug administration with place in environment
- Take advantage of a principle of reward
  - stimuli that are rewarding, "elicit approach responses and maintenance of contact with the stimulus"
- On test day: measure where spend time

---

---

---

---

---

---

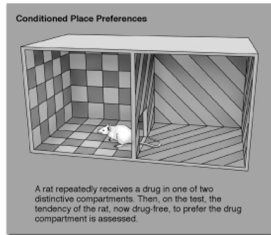
---

---



## Conditioned place preference

### ▶ Two Behavioral Paradigms (continued)



Copyright © 2001 by Allyn & Bacon

---

---

---

---

---

---

---

---



## Conditioned place preference

### Advantages

- Simple
- Limited training required
- Test in non-drug state

### Disadvantages

- Not measure drug reward but rewarding properties of secondary reinforcer

---

---

---

---

---

---

---

---



### **Sample question**

**Which schedule of reinforcement is used to calculate “breakpoint”?**

- (a) FR10
- (b) VI15
- (c) DRL schedule
- (d) Variable ratio
- (e) Progressive ratio

---

---

---

---

---

---

---