

Comparative Study of Learning and Memory Effects of Antihistamines Applied by Different Routes in Rats

¹Verginia Georgieva, ^{1,2}Roman Tashev and ^{1,3}Stiliana Belcheva

¹Department of Behavior Neurobiology, Institute of Neurobiology, Bulgarian Academy of Sciences, Acad. G. Bonchev Str., Bl. 23, 1113 Sofia, Bulgaria

²Department of Pathophysiology, Medical University of Sofia, 1 Zdrave Str., 1431 Sofia, Bulgaria

³Faculty of Pre-School and Primary School Education, SU "Sv. Kl. Ohridsky", 69A Shipchenski Prohod St., 1574 Sofia, Bulgaria

ABSTRACT

Background and Objective: H1 receptor blockers, also called antihistamines inhibit the histamine receptors and terminate the effect of the released histamine. They are divided into three generations, according to the time of their synthesis, properties and side effects for therapeutic purposes. The objective of this research was to investigate the effects of antihistamines chlorpheniramine (1st generation), Loratadine (2nd generation) and Levocetirizine (3rd generation) applied i.p. and i.c.v. on learning and memory in male Wistar rats. **Materials and Methods:** A passive avoidance task (step through) was used as a test for learning and memory. **Results:** Chlorpheniramine (1st generation) applied i.p., at doses of 10 and 20 mg kg⁻¹ impaired learning and memory processes expressed by the shortened latency time on the retention tests (3 and 24 h after training) and by the decreased percentage of rats that have reached the learning criterion while Loratadine (2nd generation) and Levocetirizine (3rd generation) at doses of 10 and 20 mg kg⁻¹ did not affect significantly the performance of rats. The i.c.v. infusion of Chlorpheniramine, Loratadine and Levocetirizine at doses of 10 and 20 µg significantly impaired learning and memory. Comparing the effects of antihistamines after i.p and i.c.v. administration on the step through active avoidance response, it was found that Chlorpheniramine (1st generation) caused a potent inhibition of the avoidance response after its i.p and i.c.v. administration while Loratadine (2nd generation) and Levocetirizine (3rd generation) impaired learning and memory only after i.c.v. application. **Conclusion:** These findings suggest that the impaired learning and memory effect of antihistamines might be connected with inhibition of brain H1 receptors.

Key words: H1-antagonists, chlorpheniramine, loratadine, levocetirizine, learning, memory

Pharmacologia 6 (6): 258-263, 2015

INTRODUCTION

Histamine [2-(4-imidazole)-ethylamine] is an endogenous short acting biogenic amine formed by decarboxylation of the amino acid L-histidine in a reaction catalysed by the enzyme histidine decarboxylase¹. It possesses a wide spectrum of activities, including its function in neurotransmission². As a neurotransmitter, histamine is involved in the regulation of sleep and wakefulness, water intake, motor activity, nociception, learning and memory and energy and endocrine homeostasis^{3,4,5}. It also modulates the

release of several neurotransmitters through presynaptic receptors located on histaminergic and non-histaminergic neurons of the central and peripheral nervous system.

Histamine exerts its effects through four distinct subtypes of G-protein-coupled receptors, designated H1, H2, H3 and H4 that are differentially expressed in various cell types. H1 and H2 receptors are widely distributed, H3 receptors are mainly presynaptic and H4 receptors are mainly haematopoietic⁶.

Histamine H1 receptor antagonists as known as antihistamines, are widely used drugs to treat allergy symptoms by blocking the peripheral histamine H1 receptor. The antihistamines (H1 receptor blockers) are divided into three generations, according to the time of their synthesis, properties and side effects for therapeutic

Corresponding Author: Roman Emilov Tashev, Department of Behavior Neurobiology, Institute of Neurobiology, Bulgarian Academy of Sciences, Acad. G. Bonchev Str., Bl. 23, 1113 Sofia, Bulgaria Tel: +35929792026

purposes⁷. The H₁-receptor antagonists or H₁ antihistamines include the older-type, sedating, multipotent blockers or the so-called first-generation H₁ antihistamines, including chlorpheniramine, dexchlorpheniramine, promethazine and cyclizine and the newer non-sedating, selective H₁-receptor blockers or the so-called second-generation H₁ antihistamines and more recent improvements, generally in the form of active metabolites, so-called third-generation antihistamines⁷.

It is well known that the first-generation antihistamines are hydrophilic molecules that can easily go across the blood brain barrier and affect the Central Nervous System (CNS)⁸. Some literatures have reported that the disturbance of central histaminergic receptors by the first-generation antihistamines may underlie their neuronal toxic effects on the neuronal system^{9,10}. The drugs belonging to the second and third generation have a very limited ability to do so or none at all. These antihistamines differ from first-generation ones because of their elevated specificity and affinity for peripheral H₁ receptors and because of their lower penetration of the CNS, having fewer sedative effects as a result⁷.

Most currently known antihistamines have been reclassified as inverse agonists and the term histamine antagonists is only reserved for those compounds that function as true antagonists. H₁-antihistamines are not receptor antagonists but are inverse agonists in that they produce the opposite effect on the receptor to histamine¹¹.

Antihistamines have been shown to impair learning and memory^{12,13}. For example, diphenhydramine, promethazine, chlorpheniramine and triprolidine have been reported to impair spatial memory in rats, with alteration of the theta rhythm¹⁴. It was found that diphenhydramine-first generation antihistamine which easily crosses the blood-brain barrier¹⁵ impaired the consolidation and expression of conditioned fear, whereas the second generation anti-histamines levocetirizine¹⁶ and olopatadine¹⁷ which have poor brain penetration^{18,19} had no effect on fear, memory consolidation and expression²⁰.

The aim of the present study was to compare the effects of antihistamines (first, second and third generation) administered intraperitoneally (i.p.) and intracerebroventricularly (i.c.v.) on learning and memory using passive avoidance test in rats.

MATERIALS AND METHODS

Animals: The experiments were carried out on male Wistar 3-months aged rats (200–220 g at the beginning of

the experiments). The animals were maintained in a constant temperature environment ($22 \pm 2^\circ\text{C}$) on a 12 h light/dark cycle. The behavior experiments were carried out between 10:00 am and 1:00 pm. The experiments were performed according to the “Rules for care and experiments on laboratory animals” of the Ethics Committee of the Institute of Neurobiology, Bulgarian Academy of Sciences.

Stereotaxic implantation and drug injection into ventriculus ventrolateralis dextra: After anaesthesia (Calypsol 50 mg kg⁻¹ i.p.), the rats were placed in a stereotaxic apparatus (Stoelting, USA) and guide cannulae were implanted into ventriculus ventrolateralis dextra ($p = 0.9$ mm; $L = 1.6$ mm; $h = -3.0$ mm) according to the coordinates of the stereotaxic atlas of Pellegrino and Cushman²¹. After surgery, the animals were allowed for seven days to recover before the behavioral test. During the recovery period, the rats were handled daily.

Following the termination of the experiments and immediately prior to sacrificing the rats were injected with 1 mL of 2% fast green dye through the injection cannula for verification and their brains were examined macroscopically after sectioning.

Drugs: The following drugs were used: Chlorpheniramine (Sigma)-CLPH (1st generation), Loratadine (Sigma)-CLAR (2nd generation) and Levocetirizine (Sigma)-KSYS (3rd generation).

One-way passive avoidance test (step through): In the passive avoidance task, the rat must learn to remain in a brightly lit compartment and not enter the preferred dark compartment to avoid a mild foot shock. One training trial and two retention tests were conducted according to the method of Buresova and Bures²². The training trial was started by placing the rat in the light compartment. Once the rat had entered the dark compartment, the guillotine door was closed and an electrical shock (0.3–0.35 mA for 3 sec) was delivered to the animal through the grid floor. Each rat underwent one trial. Retention tests (no shocks) were performed 3 and 24 h after the acquisition trial. At that time, the animals were returned to the light compartment and step-through latency was estimated by measuring the length of time (latent time) for the rat to move to the dark compartment. A maximum latency of 180 sec was used as a criterion for learning.

The step through passive avoidance task was performed on 140 rats divided in two main groups: A)

Treated i.p. 70 rats divided in 7 groups of 10 animals each. The tested drugs were applied in two doses: 10 and 20 mg i.p., in a volume 0.5 mL/100 g b.wt. Training started 60 min after i.p., administrations; B) Treated i.c.v. 70 rats divided in 7 groups of 10 animals each. The drugs were applied in two doses: 10 and 20 μ g. The drugs were dissolved *ex tempore* in saline and 1 μ L of drug solution (pH 7.4) was infused i.c.v. 30 min before the behavior test.

Statistical analysis: One-way ANOVA was used to process the data obtained for the latent time. ANOVA data were further analyzed by post hoc t-test. Analysis of the data for the learning criteria was performed using χ^2 test. GraphPad Prism statistical software was used.

RESULTS

Effects of antihistamines applied i.p. at a dose of 10 mg kg⁻¹: One way ANOVA of the effects of antihistamines applied i.p., on the latent time demonstrated a significant effect for factor “drug” on the 3rd h ($F_{1,39} = 3,680$; $p \leq 0.05$) and 24th h ($F_{1,39} = 3,773$; $p \leq 0.05$). Post-hoc comparisons showed that Chlorpheniramine (CLPH) significantly decreased the latent time at 3rd h ($t = 2.03$; $p \leq 0.03$) and at 24th h ($t = 2.40$; $p \leq 0.02$) and decreased the percentage of animals, that reached the learning criteria on the 3rd h (30%- $\chi^2 = 1,818$, $p = \text{NS}$) and 24th h (20%- $\chi^2 = 5,051$, $p \leq 0.02$) in the retention test as compared to the control group, treated with saline (60 and 70%, respectively) as shown in Fig. 1(a, b). The i.p., injections of Loratadine (CLAR) and Levocetirizine (KSYS) did not affect significantly the tested parameters in the rats as compared to the respective saline-treated controls.

Effects of antihistamines applied i.p., at a dose of 20 mg kg⁻¹: ANOVA of the effects of CLPH, CLAR and KSYS on the latent time showed a significant effect for factor “drug” on the 3rd h ($F_{1,39} = 4.802$; $p \leq 0.006$) and 24th h ($F_{1,39} = 5,946$; $p \leq 0.002$).

CLPH injected i.p., at a dose of 20 mg kg⁻¹ shorten the latent time in the retention test on the 3rd h ($t = 3.99$; $p \leq 0.001$) and on the 24th h ($t = 4.56$; $p \leq 0.001$) and decreased the percentage of the rats reaching the learning criteria on the 3rd h (10%- $\chi^2 = 5,495$, $p \leq 0.02$) and on the 24th h (0%- $\chi^2 = 10,769$, $p \leq 0.001$) as compared to the respective saline-treated rats (60 and 70%, respectively) (Fig. 1a, b). The effect of CLAR (20 mg kg⁻¹) and KSYS (20 mg kg⁻¹) did not differ significantly from the control group (Fig. 1a, b).

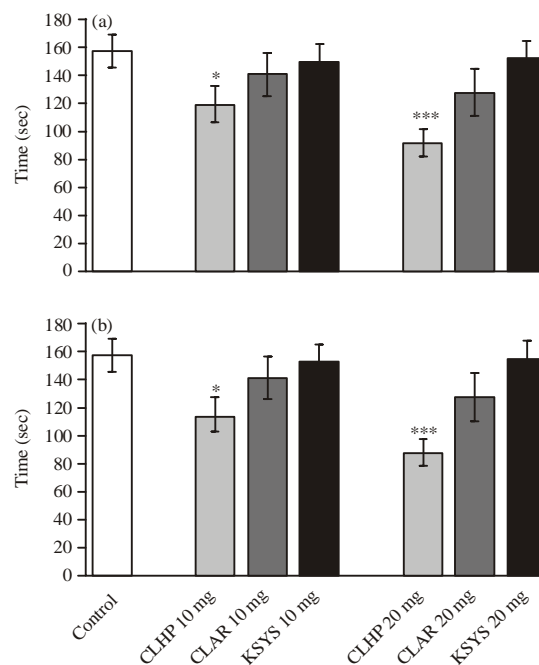


Fig. 1(a-b): Effects of Chlorpheniramine (CLPH), Loratadine (CLAR) and Levocetirizine (KSYS) injected i.p. at doses of 10 and 20 mg kg⁻¹ on the latent time on the (a) 3rd h and (b) 24th h (step through test) $n = 10$. * $p \leq 0.05$, *** $p \leq 0.001$, asterisks depict-drug vs. saline-treated controls. Means \pm SEM are presented

Effects of antihistamines applied i.c.v. at a dose of 10 μ g: ANOVA of the effects of anti-histamines infused i.c.v. on the latent time demonstrated a significant effect for factor “drug” on the 3rd h ($F_{1,39} = 4,180$; $p \leq 0.02$) and 24th h ($F_{1,39} = 6,755$; $p \leq 0.001$).

Post-hoc t-test comparisons demonstrated that CLPH, CLAR and KSYS infused i.c.v. at doses of 10 μ g significantly decreased the latent time at 3rd h ($t = 2.51$, $p \leq 0.03$; $t = 2.12$, $p \leq 0.02$; $t = 1.71$, $p \leq 0.05$, respectively) and at 24th h ($t = 3.57$, $p \leq 0.001$; $t = 4.38$, $p \leq 0.001$; $t = 2.56$, $p \leq 0.01$, respectively) thus decreasing the percentage of the rats that reached the learning criteria on the 3rd h (30%- $\chi^2 = 1,818$, $p = \text{NS}$; 30%- $\chi^2 = 1,818$, $p = \text{NS}$; 40%- $\chi^2 = 0,808$, $p = \text{NS}$, respectively) and on the 24th h (10%- $\chi^2 = 5,495$, $p \leq 0.02$; 10%- $\chi^2 = 5,495$, $p \leq 0.02$; 20%- $\chi^2 = 7,500$, $p \leq 0.01$, respectively) as compared to the controls (60 and 70%, respectively) (Fig. 2a, b).

Effects of antihistamines applied i.c.v. at a dose of 20 μ g: ANOVA of the effects of antihistamines infused

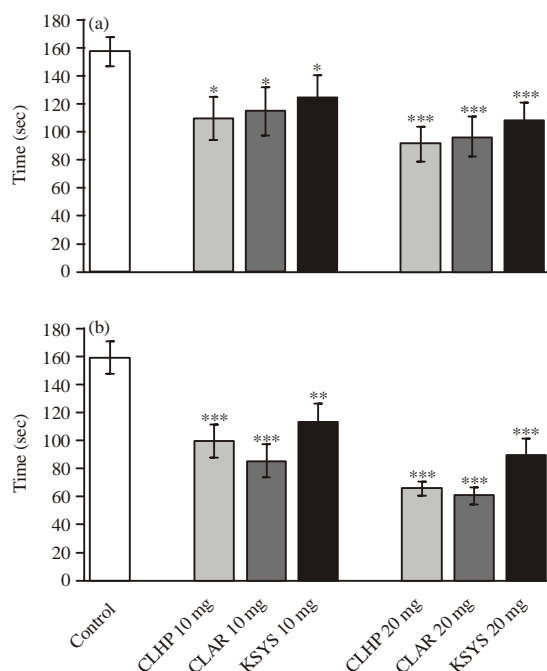


Fig. 2(a-b): Effects of Chlorpheniramine (CLPH), Loratadine (CLAR) and Levocetirizine (KSYS) injected i.c.v. at doses of 10 and 20 μ g on the latent time on the (a) 3rd h and (b) 24th h (step through test) $n = 10$. * $p \leq 0.05$, *** $p \leq 0.001$, asterisks depict-drug vs. saline-treated controls. Means \pm SEM are presented

i.c.v. on the latent time demonstrated a significant effect for factor “drug” on the 3rd h ($F_{1,39} = 5,384$; $p \leq 0.01$) and 24th h ($F_{1,39} = 24,308$; $p \leq 0.001$).

I.C.V. infusions of CLPH, CLAR and KSYS at doses of 20 μ g showed a significant decrease of the latent time in the retention tests: On 3rd h after training ($t = 3.99$, $p \leq 0.001$; $t = 3.36$, $p \leq 0.002$; $t = 2.92$, $p \leq 0.005$, respectively) and on 24th h after training ($t = 7.29$, $p \leq 0.001$; $t = 7.48$, $p \leq 0.001$; $t = 4.12$, $p \leq 0.001$, respectively) as compared to the saline-treated controls (60 and 70%, respectively). CLPH, CLAR and KSYS significantly decreased the percentage of the rats that reached the learning criteria on the 3rd h (10%- $\chi^2 = 5,495$, $p \leq 0.02$; 20%- $\chi^2 = 3,853$, $p \leq 0.05$; 20%- $\chi^2 = 3,853$, $p \leq 0.05$, respectively) and on the 24th h (0%- $\chi^2 = 8,571$, $p \leq 0.001$; 0%- $\chi^2 = 8,571$, $p \leq 0.001$; 10%- $\chi^2 = 5,495$, $p \leq 0.01$, respectively) compared to the saline-treated rats (60 and 70%, respectively) (Fig. 2a, b).

DISCUSSION

In recent years, the effects of antihistamines on cognitive function has been investigated intensively. Most studies performed in animals show that a decrease in histamine neurotransmission results in impaired performance. However, some studies have shown stimulating effects of decreased histamine neurotransmission, induced by the administration of H1-antagonists^{23,24}.

In the present study, the effects on learning and memory of three generations of antihistamines Chlorpheniramine, Loratadine and Levocetirizine applied in different way in rats have been studied. These results demonstrated that Chlorpheniramine (1st generation) applied i.p., at doses of 10 and 20 mg kg^{-1} impaired learning and memory. The effect was expressed as a decrease of the latent time on 3rd and 24th h of the retention test and a decrease of the rats that reached the learning criteria. The i.p. administration of Loratadine (2nd generation) and Levocetirizine (3rd generation) at doses of 10 and 20 mg kg^{-1} did not affect significantly the performance of rats in the step through task. No correlation between lower and higher dose of any antihistamine drugs was found.

Some results correlate with the findings of the earlier research study as reviewed herein. It has been reviewed in experimental as well as in clinical studies²⁵. The first generation antihistamines are associated with CNS side effects like sedation and the secondary effects like psychomotor impairment. Although second and third generation H1 antihistamines claim to be “non-sedating”, some agents still cause CNS side effects, though findings are conflicting with one and another²⁶. The effects of antihistamines on CNS are determined by their capability to cross blood brain barrier and capacity to bind with H1 receptor. Capability of drugs to cross blood brain barrier depends on the lipophilic nature of drug entity and its affinity towards P glycoprotein²⁷.

First generation antihistamines penetrates blood brain barrier readily due to their lipophilicity/solubility ratios, relatively low molecular weight and for some, lack of recognition by the P-glycoprotein reflux pump expressed on the luminal surfaces of endothelial cells in the cerebral vasculature²⁸.

Second and third generation drugs are highly specific for histamine receptors. They penetrate poorly into the CNS due to their lipophilic nature, relatively high molecular weight or recognition by the P glycoprotein reflux pump expressed on the luminal surfaces of endothelial cells in the cerebral vasculature²⁸.

Therefore, the administration of antihistamines in the ventricular system is a more convenient way to study their role in the CNS than peripheral administration, since some ligands might be more prone to cross the blood-brain barrier and there is less potential for peripheral side effects.

To assess the involvement of H₁ receptors in learning and memory processes, the antihistamines (1st, 2nd and 3rd generation) have been applied by i.c.v. route. The results showed that i.c.v. infusion of Chlorpheniramine, Loratadine and Levocetirizine at doses of 10 and 20 µg significantly impaired learning and memory in step through test. As compared the effects of anti-histamines after i.p. and i.c.v. administration on the step through active avoidance response, it has been found that Chlorpheniramine (1st generation) caused a potent inhibition of the avoidance response after its i.p. and i.c.v. administration while Loratadine (2nd generation) and Levocetirizine (3rd generation) impaired learning and memory only in i.c.v. application. It has been supposed that this discrepancy of the effects of antihistamines from different generations might be due to the difference in administration routes. This suggests that Chlorpheniramine (1st generation) easily cross the blood-brain barrier, while Loratadine (2nd generation) and Levocetirizine (3rd generation) did not penetrate into the CNS. From these findings, it can be assumed that the inhibitory effect of antihistamines on the avoidance response may be exerted through the H₁-receptor. Thus, this impairment learning and memory effect of the antihistamines could be associated with inhibitions of H₁ receptors. The involvement of the histaminergic system and especially role of the brain H₁ receptors in learning and memory has been generally associated with contradictory data²⁹. For example, histamine was reported to improve inhibitory and active avoidance conditioning³⁰, whereas administration of H₁-antagonists disrupted learning in an active avoidance task^{31, 32, 33, 34}.

CONCLUSION

This study provides information on cognitive effects of antihistamines from three generation (chlorpheniramine, loratadine and levocetirizine) applied in different routes in rats. These findings suggest that antihistamines-Chlorpheniramine (1st generation), Loratadine (2nd generation) and Levocetirizine (3rd generation) infused i.c.v. exert impairing learning and memory effect. The impaired learning and memory effect of antihistamines might be connected with

inhibition of brain H₁ receptors mediating these processes or interactions of H₁ blockers with brain neurotransmitters (GABA, glutamate, dopamine, acetylcholine).

REFERENCES

1. Moya-Garcia, A.A., M.A. Medina and F. Sanchez-Jimenez, 2005. Mammalian histidine decarboxylase: From structure to function. *Bioessays*, 27: 57-63.
2. Haas, H.L., O.A. Sergeeva and O. Selbach, 2008. Histamine in the nervous system. *Physiol. Rev.*, 88: 1183-1241.
3. Brown, R.E., D.R. Stevens and H.L. Hass, 2001. The physiology of brain histamine. *Prog. Neurobiol.*, 63: 637-672.
4. Haas, H. and P. Panula, 2003. The role of histamine and the tuberomammillary nucleus in the nervous system. *Nat. Rev. Neurosci.*, 4: 121-130.
5. Kohler, C.A., W.C. da Silva, F. Benetti and J.S. Bonini, 2011. Histaminergic mechanisms for modulation of memory systems. *Neural Plasticity*, Vol. 2011. 10.1155/2011/328602
6. Parsons, M.E. and C.R. Ganellin, 2006. Histamine and its receptors. *Br. J. Pharmacol.*, 147: S127-S135.
7. Unno, K., T. Ozaki, S. Mohammad, S. Tsuno, M. Ikeda-Sagara, K. Honda and M. Ikeda, 2012. First and second generation H₁ histamine receptor antagonists produce different sleep-inducing profiles in rats. *Eur. J. Pharmacol.*, 683: 179-185.
8. Katzung, B.G., 2003. Histamine, Serotonin and the Ergot Alkaloids, Basic and Clinical Pharmacology. 9th Edn., McGraw-Hill, San Francisco, pp: 263-268.
9. Yokoyama, H., M. Sato, K. Onodera and T. Watanabe, 1996. Centrally acting histamine H₁ antagonists promote the development of amygdala kindling in rats. *Neurosci. Lett.*, 217: 194-196.
10. Kamei, C., M. Ohuchi, Y. Sugimoto and C. Okuma, 2000. Mechanism responsible for epileptogenic activity by first-generation H₁-antagonists in rats. *Brain Res.*, 887: 183-186.
11. Leurs, R., M.K. Church and M. Taghialatela, 2002. H₁-antihistamines: Inverse agonism, anti-inflammatory actions and cardiac effects. *Clin. Exp. Allergy*, 32: 489-498.
12. Simons, F.E.R. and K.J. Simons, 1994. The pharmacology and use of H₁-receptor-antagonist drugs. *N. Engl. J. Med.*, 330: 1663-1670.

13. Nolen, T.M., 1997. Sedative effects of antihistamines: Safety, performance, learning and quality of life. *Clin. Therapeutics*, 19: 39-55.
14. Masuoka, T., A. Mikami, M. Yasuda, K. Shinomiya and C. Kamei, 2007. Effects of histamine H₁ receptor antagonists on hippocampal theta rhythm during spatial memory performance in rats. *Eur. J. Pharmacol.*, 576: 77-82.
15. Chen, C., E. Hanson, J.W. Watson and J.S. Lee, 2003. P-glycoprotein limits the brain penetration of non-sedating but not sedating H₁-antagonists. *Drug Metab. Disposition*, 31: 312-318.
16. Hair, P.I. and L.J. Scott, 2006. Levocetirizine: A review of its use in the management of allergic rhinitis and skin allergies. *Drugs*, 66: 973-996.
17. Kaliner, M.A., J. Oppenheimer and J.R. Farrar, 2010. Comprehensive review of olopatadine: The molecule and its clinical entities. *Allergy Asthma Proc.*, 31: 112-119.
18. Gupta, A., M. Gillard, B. Christophe, P. Chatelain, R. Massingham and M. Hammarlund-Udenaes, 2007. Peripheral and central H₁ histamine receptor occupancy by levocetirizine, a non-sedating antihistamine; a time course study in the guinea pig. *Br. J. Pharmacol.*, 151: 1129-1136.
19. Mimura, N., Y. Nagata, T. Kuwabara, N. Kubo and E. Fuse, 2007. P-glycoprotein limits the brain penetration of olopatadine hydrochloride, H₁-receptor antagonist. *Drug Metab. Pharm.*, 23: 106-114.
20. Nonaka, A., F. Masuda, H. Nomura and N. Matsuki, 2013. Impairment of fear memory consolidation and expression by antihistamines. *Brain Res.*, 1493: 19-26.
21. Pellegrino, L. and A. Cushman, 1967. *A Stereotaxic Atlas of the Rat Brain*. Appleton-Century-Crofts, New York.
22. Buresova, O. and J. Bures, 1983. *Techniques and Basic Experiments for the Study of Brain and Behavior*. 2nd Edn., Elsevier Science Publishers, New York, ISBN: 9780444805355, pp: 135-208.
23. Theunissen, E.L., A. Vermeeren, A.C.M. Van Oers, I. Van Maris and J.G. Ramaekers, 2004. A dose-ranging study of the effects of mequitazine on actual driving, memory and psychomotor performance as compared to dexchlorpheniramine, cetirizine and placebo. *Clin. Exp. Allergy*, 34: 250-258.
24. Theunissen, E.L., A. Vermeeren, E.F. Vuurman and J.G. Ramaekers, 2006. Stimulating effects of H₁-antagonists. *Curr. Pharm. Design*, 12: 2501-2509.
25. Vyas, B.M., A.J. Singh, A.S. Dhattiwala, S.M. Mansuri and V.J. Patel, 2014. Comparative CNS activities of clinically employed antihistamines (H₁ antagonist). *IJPSR*, 5: 3790-3795.
26. Hindmarch, I. and Z. Shamsi, 1999. Antihistamines: Models to assess sedative properties, assessment of sedation, safety and other side-effects. *Clin. Exp. Allergy*, 29: 133-142.
27. Simons, F.E.R., 2004. Advances in H₁-antihistamines. *N. Engl. J. Med.*, 351: 2203-2217.
28. Timmerman, H., 2000. Factors involved in the absence of sedative effects by the second-generation antihistamines. *Allergy*, 55: 5-10.
29. Onodera, K., A. Yamatodani, T. Watanabe and H. Wadas, 1994. Neuropharmacology of the histaminergic neuron system in the brain and its relationship with behavioral disorders. *Prog. Neurobiol.*, 42: 685-702.
30. Kamei, C., Y. Okumura and K. Tasaka, 1993. Influence of histamine depletion on learning and memory recollection in rats. *Psychopharmacology*, 111: 376-382.
31. Kamei, C., Y.H. Chung and K. Tasaka, 1990. Influence of certain H₁-blockers on the step-through active avoidance response in rats. *Psychopharmacology*, 102: 312-318.
32. Kamei, C. and K. Tasaka, 1991. Participation of histamine in the step-through active avoidance response and its inhibition by H₁-blockers. *Japanese J. Pharmacol.*, 57: 473-482.
33. Montoro, J., J. Sastre, J. Bartra, A. Del Cuvillo and I. Davila *et al.*, 2006. Effect of H₁ antihistamines upon the central nervous system. *J. Invest. Allergol. Clin. Immunol.*, 16: 24-28.
34. Van Ruitenbeek, P., A. Vermeeren and W.J. Riedel, 2010. Histamine H₁ receptor antagonist cetirizine impairs working memory processing speed but not episodic memory. *Br. J. Pharmacol.*, 161: 456-466.