

Enhanced Context, Tone & Trace Conditioning After Traumatic Brain Injury: Support for a Rat Model of PTSD

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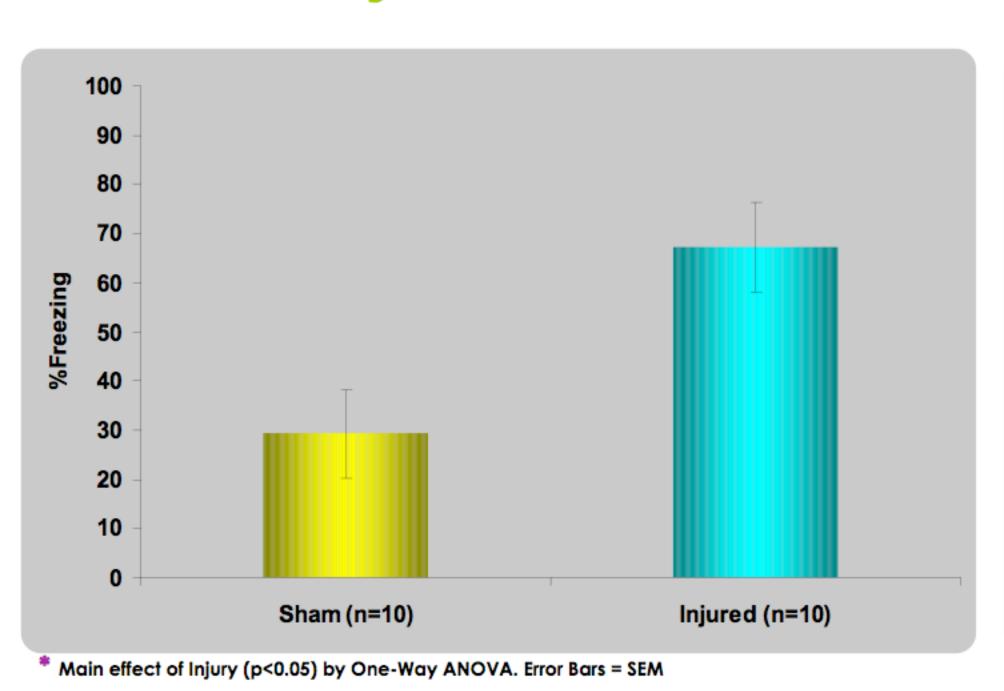
INTRODUCTION

Traumatic brain injury (TBI) is commonly known as the "silent epidemic" (Centers for Disease Control & Prevention, CDC), with mild injuries like concussion accounting for 75% of TBIs annually. The current wars only further necessitate TBI research as mild, diffuse TBI from concussion and blast injury has become the signature injury of modern combat. In humans concussion is defined as a brief change in mental status with or without loss of consciousness and is not associated with significant focal brain lesions. TBI survivors can demonstrate anxiety, affective, learning undiagnosed (CDC). Moreover, there interest in the investigation of TBI as a risk factor for the development of Post-Traumatic Stress $(PTSD)^{3,4,7}$. Fear conditioning (FC) tasks have recently been used to model PTSD symptoms in rats⁶. Therefore, we hypothesized that there would be enhanced fear conditioning following a concussive brain injury in rats. We induced concussive injury in rats utilizing the well characterized lateral fluid percussion injury model (FP) and then assessed delay & trace fear conditioning acutely after injury. In Delay FC context and tone fear depend on the amygdala, however context conditioning also engages the hippocampus. Trace FC is a more difficult task because of a temporal discontinuity between the tone and shock. This discontinuity reduces associative conditioning and thus reveals a hippocampus dependent component to responding⁸. Systematic investigation of fear learning post-TBI will help us better understand the mechanisms of PTSD associated with mild TBI. This, in turn, holds promise for future development of effective interventions for post-TBI PTSD.

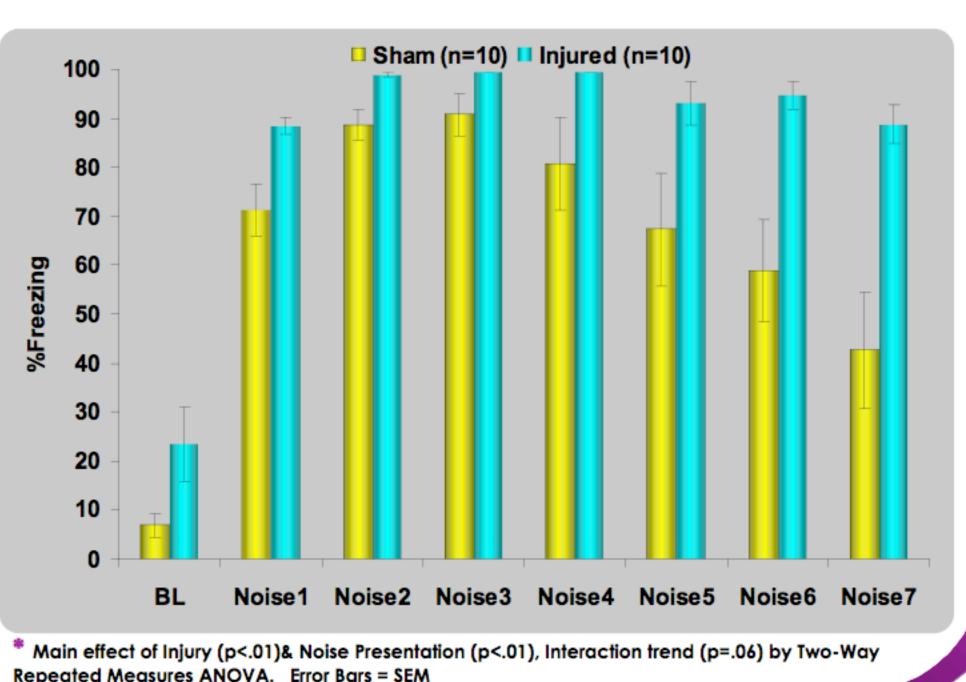
Delay fear

- There were no group differences in post-injury day 2 acquisition data. Nor were there differences in shock related activity bursts. (Data not shown)
- Injured rats showed enhanced context conditioning (Context Test)
- Injured rats showed enhanced tone conditioning that increased as shams extinguished (Ione Test).

Day3: Context Test



Day4: Tone Test



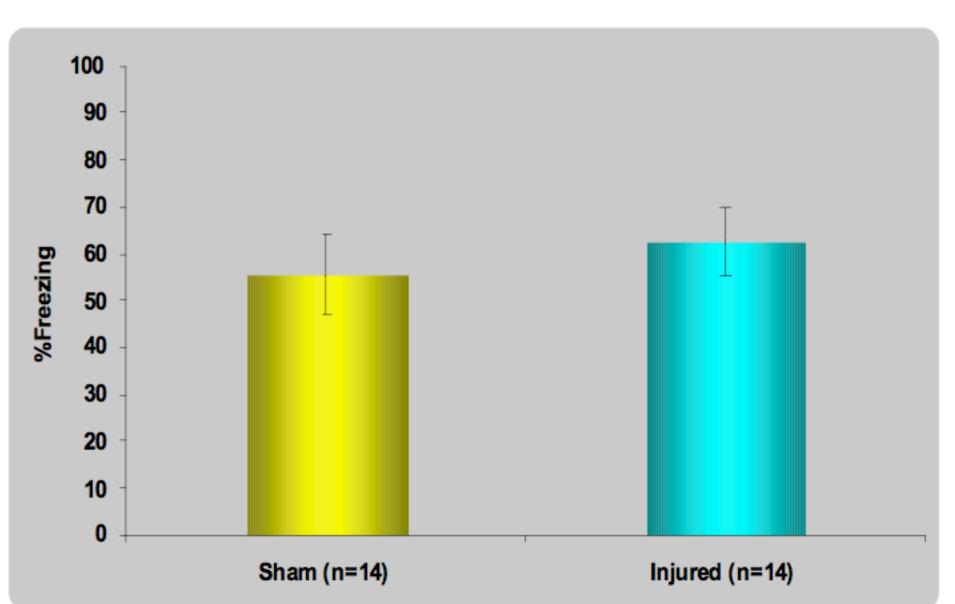
CONCLUSIONS

- 1. Acutely after concussive brain injury injured rats showed a general enhancement in both delay and trace fear conditioning despite normal acquisition data.
- 2. One symptom of PTSD is an exaggerated response to mild stressors or reminders of a traumatic event. Therefore these results support a Pavlovian rodent model of PTSD⁴.
- 3. The fact that context, trace and delay conditioning fear were all enhanced suggests the effect was mediated by the amygdala, which has a role in all three sources of fear tested here.

Trace fear

- Again, injured rats showed normal trace acquisition. (Data not shown)
- Injured rats showed normal contextual fear. (Context Test)
- Injured animals showed enhanced conditioning during tone presentations & trace (Tone Test, Day4a&b)

Day3: Context Test



Behavior. Beginning 2 days

post-injury rats received

one of two types of fear

(b) Trace, according to

Quinn et al. (2002). Both

procedures consisted of

10 Tone-Shock pairing,

with testing for fear to the

Learned fear of the stimuli

percentage of test time

spent "freezing" to the

training context and the

tone cue occurring on

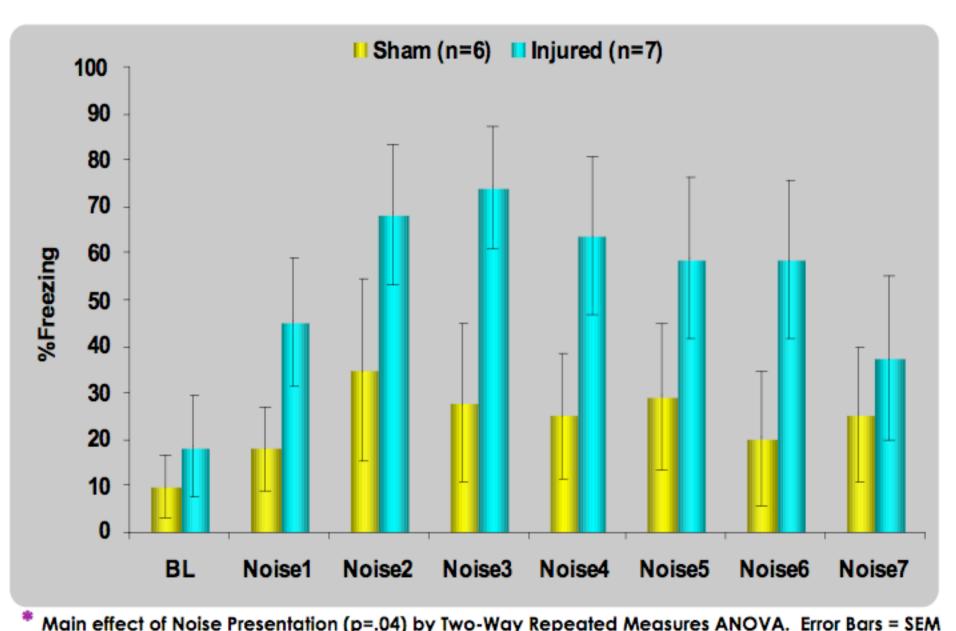
subsequent days.

context or tone.

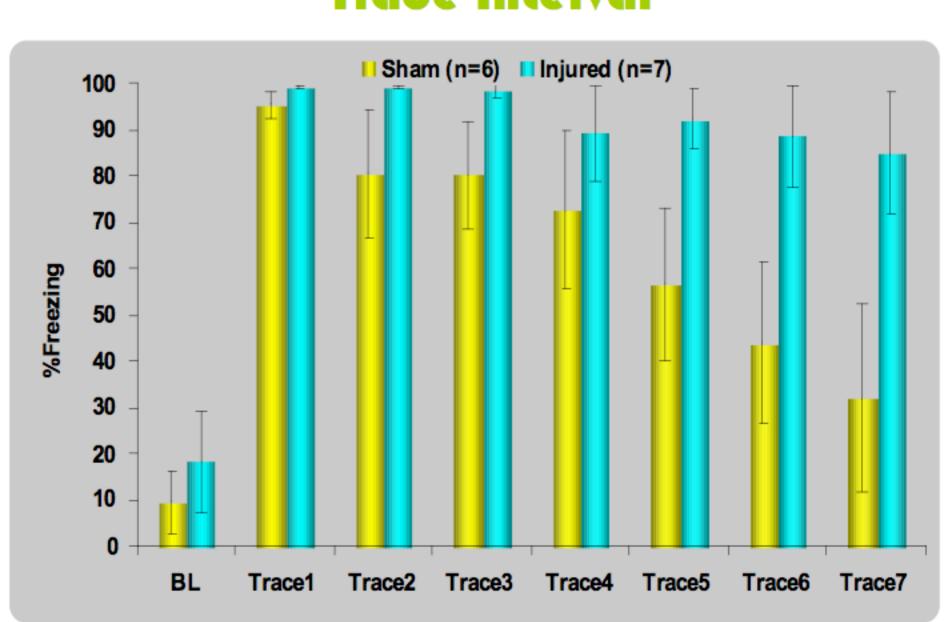
are measured as the

conditioning: (a) Delay or

Day4a: Responding During the Tone



Day4b: Responding During the Trace Interval



Main effect of Injury (p=.05) & Noise Presentation (p<.01), Interaction (p=.03) by Two-Way Repeated Measures ANOVA. Error Bars = SEM

Reference/

- of Concussion. Journal of Athletic Training, 36(3): 228-235. Graham DI, Adams JH, Nicoli HA, Maxwell WL & Gennarelli TA (1995). The nature, distribution and causes of traumatic
- brain injury. Brain Pathology, 5:397-406. Hoge CW, McGurk D, Thomas JL, Cox AL, Engel CC & Castro CA (2008). Mild traumatic brain injury in U.S. soldiers
- returning from Iraq. The New England Journal of Kennedy JE, Jaffee MS, Leskin GA, Stokes JW, Leal FO & Fitzpatrick PJ (2007). Posttraumatic stress disorder and posttraumatic stress disorder-like symptoms and mild
- traumatic brain injury. Journal of Rehabilitation Research & Osteen CL, Giza CC & Hovda DA (2004). Injury-induced alterations in N-methyl-D-aspartate receptor subunit
- accumulation following lateral fluid percussion.
- Rau V, DeCola JP & Fanselow MS (2005). Stress-induced enhancement of fear learning: an animal model of Biobehavioral Reviews, 29(8): 1207-1223.
- Trudeau DL, Anderson J, Hansen LM, Shaglov DN Schmoller H, Nugent S & Barton S (1998). Findings of mild traumatic brain injury in combat veterans with PTSD and a history of blast concussion. Journal of Neuropsychiatry,
- Quinn JJ, Santosh OS, Morrison GE & Fanselow MS (200) attenuate forward trace, backward trace, and delay fear conditioning in a temporally specific manner. Hippocampus

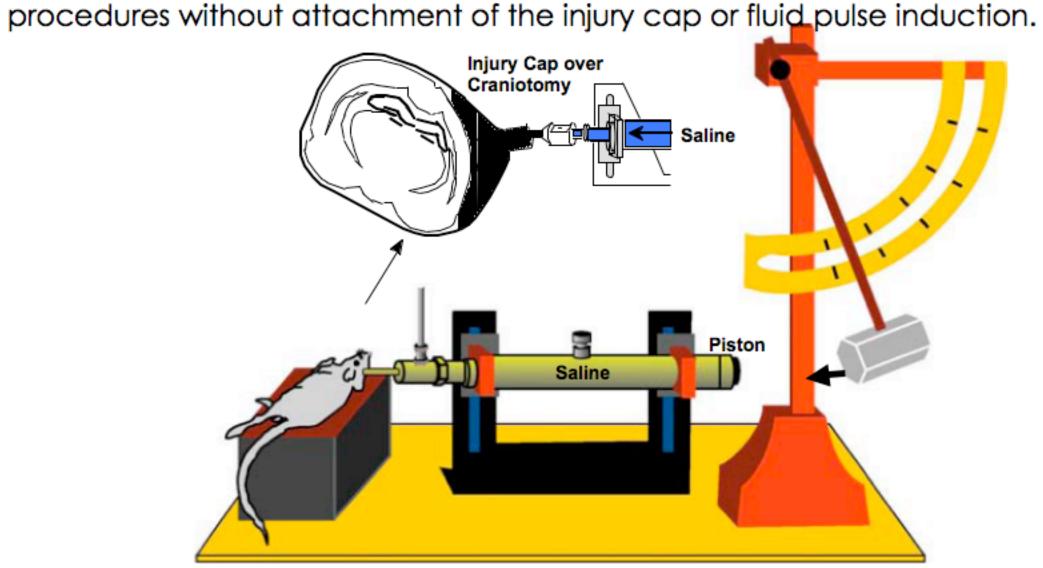
Tone `

Test B

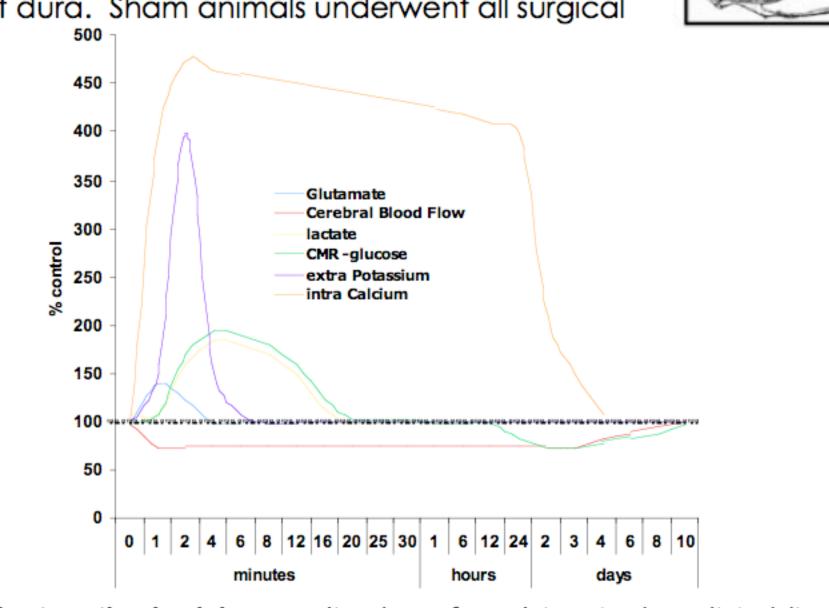
For a Review of the Injury Model see: ompson HJ, Lifshitz J, Marklund N, Grady SM, Graham DI, Hoyda DA & McIntosh TK (2005), Lateral fluid percussion brain injury: A 15-year review and evaluation. Journal of Neurotrauma, 22(1): 42-75.

lateral fluid Percussion Brain Injury

Subjects: Male Sprague-Dawley rats received either Sham surgery or a moderate-severe Lateral Fluid Percussion Injury (FP). Rats were maintained on a 12hr night/day cycle and with food & water ad libitum. All procedures were approved by the UCLA Chancellors Animal Research Committee. Surgery. FP results in a diffuse injury and was induced using our standard protocol⁵. Rats were anesthetized with a 1-2% isoflurane-O₂ mixture. Following a midline incision, a 3mm diameter craniotomy was made over the left hemisphere, centered at 3mm posterior to bregma and 6mm lateral to midline. An injury cap was cemented onto the skull, over the exposed dura. Once consciousness to toe pinch 0/20 the mallet was released striking the piston of the percussion device. The subsequent pressure wave was transduced along the saline filled column of the device, entering the skull and deflecting the brain along the intact dura. Sham animals underwent all surgical

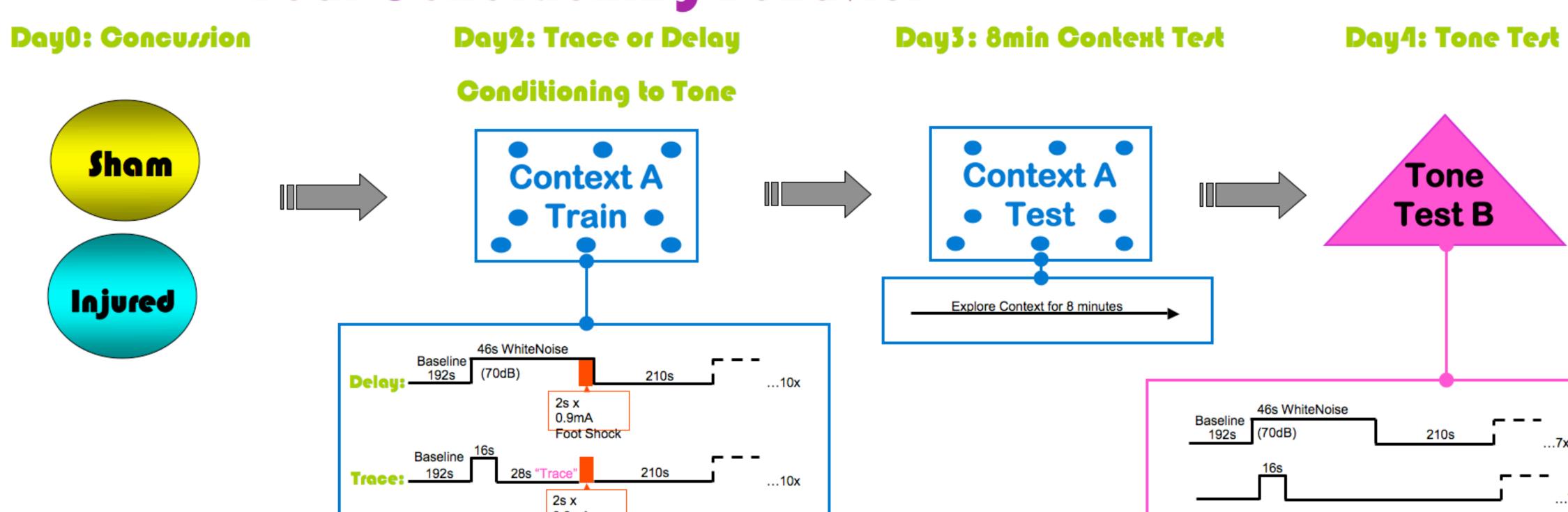


If apnea persisted >40s resuscitation was performed with O2 and gentle positive pressure until spontaneous respirations returned. Moderate-severe injury was defined as the absence of the toe pinch withdrawal reflex for >3 min. There is little to no ipsilateral cortical lesion.



Acute pathophysiology results primary from glutamatergic excitotoxicity, neurometabolic dysfunction and edema lasting 10 days post injury and has been measured in ipsi cortx & hippocampus1.

fear Conditioning Behavior



Acknowledgement