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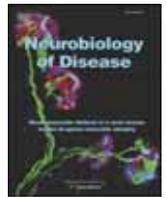
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## Neurobiology of Disease

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# Increase of GABA<sub>A</sub> receptor-mediated tonic inhibition in dentate granule cells after traumatic brain injury

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## ABSTRACT

Traumatic brain injury (TBI) can result in altered inhibitory neurotransmission, hippocampal dysfunction, and cognitive impairments. GABAergic spontaneous and miniature inhibitory postsynaptic currents (sIPSCs and mIPSCs) and tonic (extrasynaptic) whole cell currents were recorded in control rat hippocampal dentate granule cells (DGCs) and at 90 days after controlled cortical impact (CCI). At 34 °C, in CCI DGCs, sIPSC frequency and amplitude were unchanged, whereas mIPSC frequency was decreased ( $3.10 \pm 0.84$  Hz,  $n = 16$ ,  $3.3$  and  $2.44 \pm 0.67$  Hz,  $n = 7$ ,  $p < 0.05$ ). At 23 °C, 300 nM diazepam increased peak amplitude of mIPSCs in control and CCI DGCs, but the increase was 20% higher in control ( $26.81 \pm 2.2$  pA and  $42.60 \pm 1.22$  pA,  $n = 9$ ,  $35$   $p = 0.031$ ) compared to CCI DGCs ( $33.46 \pm 2.98$  pA and  $46.13 \pm 1.09$  pA,  $n = 10$ ,  $p = 0.047$ ). At 34 °C, diazepam did not prolong decay time constants ( $6.59 \pm 0.12$  ms and  $6.62 \pm 0.98$  ms,  $n = 9$ ,  $p = 0.12$ ), the latter suggesting that CCI resulted in benzodiazepine-insensitive pharmacology in synaptic GABA<sub>A</sub> receptors (GABA<sub>A</sub>Rs). In CCI DGCs, peak amplitude of mIPSCs was inhibited by 100 μM furosemide ( $51.30 \pm 0.80$  pA at baseline and  $43.50 \pm 5.30$  pA after furosemide,  $n = 5$ ,  $p < 0.001$ ), a noncompetitive antagonist of GABA<sub>A</sub>Rs with an enhanced affinity to α4 subunit-containing receptors. Potentiation of tonic current by the GABA<sub>A</sub> δ subunit-preferring competitive agonist THIP (1 and 3 μM) was increased in CCI DGCs (47% and 198% compared to control DGCs (13% and 162%), suggesting the presence of larger tonic current in CCI DGCs; THIP (1 μM) had no effect on mIPSCs. Taken together, these results demonstrate alterations in synaptic and extrasynaptic GABA<sub>A</sub>Rs in DGCs following CCI.

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## Introduction

Cognitive deficits are among the most enduring and frequently reported impairments following traumatic brain injury (TBI) (Levin et al., 1979; Hall and Bornstein, 1991), which can also result in depression, posttraumatic stress disorder, and posttraumatic epilepsy (PTE). TBI results in complex pathophysiology that involves cascades of short- and long-term changes at subcellular and cellular levels. The hippocampus is particularly vulnerable to TBI (DeRidder et al., 2006; Pulella et al., 2006; Saatman et al., 2006; Tran et al., 2006; Bonislawski et al., 2007), and can undergo long-term changes in its physiological function and contribute to alterations in neurotransmission. GABA<sub>A</sub> receptor (GABA<sub>A</sub>R)-mediated inhibition is critical for keeping local circuit excitatory activity under homeostatic control and is intimately involved in the regulation of cognitive processes, especially in learning and memory (Castellano et al., 1993; Collinson et al., 2002;

Das et al., 2004). GABA<sub>A</sub>R-mediated signaling can be either potentiated or decreased in different animal models of TBI. Enhancement of paired-pulse inhibition was described in the dentate gyrus in the fluid percussion injury (FPI) model in rat (Reeves et al., 1997) and in the controlled cortical impact (CCI) model in mouse (Hunt et al., 2009). However, efficacy of GABA was reported to be reduced in dentate granule cells (DGCs) after FPI due to functional alterations in the chloride/potassium pump (Bonislawski et al., 2007).

Little is known about long-term alterations of postsynaptic GABA<sub>A</sub>Rs in DGCs after head trauma. GABA regulates synchronous neuronal oscillations that are critical for cognitive functions such as object perception, selective attention and working memory, and spatial memory (Engel and Singer, 2001; Buzsaki and Draguhn, 2004), as well as consciousness (Llinas and Ribary, 2001). Thus, disruptions in GABAergic signaling after head trauma are very likely to have an impact on memory and cognitive capacities. Positive allosteric modulators of GABA<sub>A</sub>Rs impair memory processing (Arolfo and Brioni, 1991; Mayo et al., 1993; Kant et al., 1996; Krazem et al., 2001; Johansson et al., 2002; Silvers et al., 2003; Turkmen et al., 2006), whereas GABA<sub>A</sub>R blockers or inverse agonists often potentiate cognitive and memory performance (Brioni and McCaugh, 1988; Raffalli-Sebille et al., 1990; Mayo et al.,

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1992; Dahhaoui et al., 1994; Atack et al., 2006; Collinson et al., 2006; Dawson et al., 2006). Alterations in GABA<sub>A</sub>R-mediated transmission are also among key factors that result in hyperexcitability in the hippocampus and subsequent epileptogenesis (Otis et al., 1994; Gibbs et al., 1997; Brooks-Kayal et al., 1998; Nusser et al., 1998; Shumate et al., 1998; Pirker et al., 2003).

GABA<sub>A</sub>Rs are members of a ligand-gated ion channel superfamily assembled from subunits of seven different classes:  $\alpha(1-6)$ ,  $\beta(1-3)$ ,  $\gamma(1-3)$ ,  $\delta$ ,  $\epsilon$ ,  $\theta$ , and  $\pi$  (Sieghart and Sperk, 2002). They maintain two forms of inhibition: tonic and phasic. Tonic inhibition results from activation of extrasynaptic GABA<sub>A</sub>Rs by low concentrations of ambient GABA and is strongly represented in DGCs (Rossi and Hamann, 1998; Stell and Mody, 2002; Mody and Pearce, 2004). Conversely, phasic (synaptic) inhibition is mediated by activation of postsynaptic receptors by saturating concentrations of vesicular GABA. Tonic inhibition in DGCs is mediated by  $\alpha 4$  and  $\delta$  subunit-containing, high-affinity, slowly desensitizing, extrasynaptically located GABA<sub>A</sub>Rs (Peng et al., 2002; Wei et al., 2003), whereas phasic inhibition in DGCs is mediated by  $\alpha 1$  and  $\gamma 2$  subunit-containing, rapidly desensitizing, synaptically located receptors with low affinity for GABA (Sun et al., 2004; Mangan et al., 2005). Because TBI is often followed by degenerative changes in the hippocampus, cognitive disturbances, and epileptogenesis, we sought to study potential chronic changes in tonic and phasic GABA<sub>A</sub>R-mediated inhibition in DGCs after TBI. Rats were subjected to CCI and electrophysiological changes were studied *in vitro* using hippocampal slice preparations from control and brain-injured animals.

## Materials and methods

### CCI model of TBI and surgery

All procedures involving animals were approved by the Institutional Animal Care and Use Committee of the Allegheny-Singer Research Institute (ASRI) and were carried out according to NIH guidelines and regulations. Animals were housed individually in the ASRI vivarium, maintained in a 12 hour light/12 hour dark cycle environment with controlled temperature ( $23 \pm 2^\circ\text{C}$ ), and food and water were given *ad libitum*. The CCI procedure was performed according to Dixon et al. (1991) with some modifications. Briefly, male Sprague-Dawley rats (2–3-mo old) were anesthetized with an initial dose of 4% isoflurane mixed with oxygen and positioned in a stereotaxic frame (David Kopf Instruments, Tujunga, CA). The concentration of isoflurane was reduced to 2–3% after the animals were deeply anesthetized. Body temperature was monitored throughout the procedure using a rectal probe and maintained at  $37 \pm 2^\circ\text{C}$  with a heating pad (Harvard Apparatus). A craniectomy was performed over the right parietal cortex within the boundaries of bregma and lambda while leaving the dura intact. A 1.975-cm-diameter pneumatic impactor, attached to a double-acting, stroke-constrained, pneumatic cylinder with a 5.0 cm stroke (Pittsburgh Precision Instruments, Pittsburgh, PA) was used to deliver CCI. The cylinder was rigidly mounted in a vertical position on a crossbar, which was adjusted in the vertical axis over the animal's head. The animal's head was secured in the stereotaxic frame with ear bars, and the impactor was positioned 4–5 mm laterally to the longitudinal line. The lower rod end had an attached 5.5-mm impactor tip (i.e., that part of the shaft that comes into contact with the exposed dura mater). The upper rod end was attached to the transducer core of a linear variable differential transformer. The impactor velocity was adjusted to 4 m/s, the impact duration was 100 ms, and the depth of tissue depression was 2.8 mm. Following CCI and the cessation of cortical bleeding, the scalp was sutured, and the animal was returned to the vivarium for recovery. Animals were sacrificed 90 days after CCI for electrophysiological and histological studies.

### Video monitoring

A subset of CCI-injured animals underwent continuous video monitoring for one week prior to sacrifice to assess for possible behavioral seizure activity. Animals were housed individually in multiple monitoring chambers in satellite vivaria and maintained on the 12 hour light/12 hour dark cycle. Animal behavior was monitored by closed-circuit television cameras, with and without infrared capability, that were connected to video splitter units (Advanced Technology Video, Inc., Redmond, Washington). Digital video files (Diva, Stellate Systems) were recorded directly to high capacity hard disk drives using removable hard drive bays. The recordings were reviewed visually offline and played at 2 $\times$  speed to detect any behavioral seizure activity according to a standard classification scale (Racine, 1972).

### Electrophysiology

Brains were dissected free and immersed in cold ( $2-4^\circ\text{C}$ ) artificial cerebrospinal fluid (ACSF) saturated with 95%  $\text{O}_2$ –5%  $\text{CO}_2$ . The ACSF consisted of the following (in mM): 127.0 NaCl, 2.0 KCl, 1.5  $\text{CaCl}_2$ , 1.5  $\text{MgSO}_4$ , 25.7  $\text{NaHCO}_3$ , 1.1  $\text{KH}_2\text{PO}_4$ , and 10.0 glucose (osmolarity, 300–305 mOsm). The brains were mounted on a vibratome stage (Camden Instruments, UK) and 350- $\mu\text{m}$ -thick coronal sections were cut. Slices were maintained in continuously oxygenated ACSF at  $32^\circ\text{C}$  in a holding chamber for a minimum of 30–45 min and then at room temperature ( $23^\circ\text{C}$ ) in a recording chamber mounted on the stage of a Nikon FN1 microscope (Tokyo, Japan) equipped with a 64 $\times$  water-immersion objective, infrared differential interference contrast optics, and video. For recordings at  $34^\circ\text{C}$ , the bath temperature was maintained by an SH-27B inline solution heater and TC-324B temperature controller (Warner Instruments, Hamden, CT). Patch electrodes (final resistances of 4–6 M $\Omega$ ) were pulled from borosilicate glass (Garner Glass, Clairmont, CA) on a horizontal Blomring-Brown microelectrode puller (model P-97; Sutter Instruments, Novato, CA) using a two-stage pull protocol. Electrode tips were filled with a filtered internal recording solution consisting of the following (in mM): 153.3 CsCl, 1.0  $\text{MgCl}_2$ , 10.0 HEPES, 5.0 EGTA, 3.0 ATP  $\text{Mg}^{2+}$  salt, and 0.1 GTP  $\text{Na}^+$  salt, pH 7.2, (with CsOH; osmolarity 285–295 mOsm). The extensive injury to the hippocampus ipsilateral to the CCI-subjected hemisphere made the slices containing the ipsilateral dentate gyrus unsuitable for patch-clamp recordings. For this reason, the recordings were obtained from the lower blade of the dentate gyrus from the contralateral hemisphere. 50  $\mu\text{M}$  DL-2-amino-5-phosphonovaleric acid (AP-5) and 20  $\mu\text{M}$  6,7-dinitroquinoxaline-2,3-dione (DNQX) were included in ACSF for all recordings to block glutamatergic transmission. The membrane-impermeable  $\text{Na}^+$  channel blocker N-(2,6-dimethylphenyl)carbamoylmethyl triethylammonium bromide (QX-314) in the final concentration of 10  $\mu\text{M}$  was included in the internal solution to block  $\text{Na}^+$  channels from the inside of the clamped cells thereby preventing the cells from escaping the clamp during the recordings of spontaneous inhibitory postsynaptic currents (sIPSCs) and tonic currents. Tetrodotoxin (TTX; 1  $\mu\text{M}$ ) was included in the ACSF to block voltage-gated  $\text{Na}^+$  channels in the slice for the recordings of miniature inhibitory postsynaptic currents (mIPSCs). QX-314 was omitted from the internal solution for recordings of mIPSCs. Diazepam was dissolved in DMSO to a 5 mM concentration (first stock solution) and diluted to 50  $\mu\text{M}$  with ACSF (second stock solution) on the day of an experiment. The second stock was then diluted to a 300 nM final concentration in one of the slice perfusion reservoirs. Furosemide was dissolved to a 100 mM stock solution in methanol, and was dissolved to a final 100  $\mu\text{M}$  concentration on the day of an experiment. All salts were obtained from Sigma (St. Louis, MO). All other reagents used in this study were obtained from Tocris Bioscience (Ellisville, MO). Control and CCI DGCs were visually identified and voltage-clamped to  $-70$  mV under

isotonic chloride conditions ( $E_{Cl} = 0$  mV) with a Multiclamp 700B amplifier (Molecular Devices, Palo Alto, CA). Whole cell capacitance and series resistance were compensated by 80%. Recordings were performed when series resistance after compensation was 20 M $\Omega$  or less. Access resistance was monitored with 10 ms,  $-4$  mV test pulses, delivered once every 60 s. If at any time during the experiment the series resistance increased by 25%, the recording was terminated and the data were not used for statistical analysis. Current traces were filtered at 5 kHz, digitized at 10 kHz using a Digidata 1442 digitizer, and acquired on a computer hard drive using pClamp 10.1 software (Molecular Devices).

### Measurement of synaptic currents

sIPSCs and mIPSCs were analyzed with Mini Analysis software (Synaptosoft, Leonia, NJ). The detection threshold was set at five times of root mean square. After detection, peak amplitude, frequency, and decay time constants were analyzed. Following the point of peak amplitude, the 0 to 90% region of current decay was assessed by 100 iterations of each event by group analysis for best curve fit. Decay time constants of mIPSCs were fit as a monoexponential function, with Mini Analysis software, using a simplex-based algorithm. Approximately 500 individual events were used from each recording for analysis of peak amplitudes and frequency of sIPSCs and mIPSCs, and decay time constants of mIPSCs.

### Measurement of tonic currents

To measure tonic inhibition, the 30-s epoch immediately before application of the drug (baseline) and a 30-s epoch after 3 min of continuous perfusion with a drug were compared. The built-in Gaussian function of ClampFit (Axon Instruments) was used to determine Gaussian fits in the raw traces (entire segments with sIPSCs present). All-point frequency distribution histograms using a 2-pA bin size were derived from these 30-s epochs.

The comparisons of obtained Gaussian means of all-point histogram distributions were performed with GraphPad Prism 4 (Mountain View, CA). Gaussian means (mean baseline current) were used as measures of tonic current. In control DGCs, Gaussian fits of all-point histograms were compared to histograms derived from the same epochs with synaptic currents removed by a custom-designed algorithm in MATLAB (data not shown). No significant difference was found between the Gaussian means of all-point histograms and those derived from the epochs with synaptic events removed. Therefore, we deemed it sufficient to use all-point histograms to study tonic currents. Each DGC was treated as a nested unit for statistical considerations. One DGC was recorded per slice to avoid potential contamination of a drug used in a previous recording in the same slice.

### Statistical considerations

To validate the significance of the effects of diazepam and furosemide on peak amplitudes of mIPSCs, cumulative probability (fraction) distributions of peak amplitudes at baseline (prior to drug application) and during continuous application of the drug were compared with the Kolmogorov–Smirnov (KS) test for each DGC using the built-in KS analysis option in Mini analysis software (Synaptosoft, Leonia, NJ). All DGCs tested with the KS test demonstrated non-Gaussian distributions of mIPSC peak amplitudes. Cumulative fraction distributions of mIPSC peak amplitudes also were compared between control and CCI DGCs. Means of median amplitudes, mean frequencies, and mean decay time constants were compared with the two-tailed  $t$  test  $\pm$  standard error of the mean (SEM). Whole cell capacitance comparisons were performed with the Mann–Whitney test  $\pm$  SEM. Statistical significance was set at  $p < 0.05$ .

### Perfusion and preparation of tissue sections

At 90 days post-CCI, some animals were deeply anesthetized and transcardially perfused with phosphate buffered saline (PBS; pH 7.4), followed by 4% paraformaldehyde solution. The brains were removed, post-fixed in the same solution, and cryoprotected in 30% sucrose. Gross examination of the brains was performed to confirm the presence of TBI. Forty-micron-thick coronal and horizontal sections were cut on a cryostat, collected, and stored in cryoprotectant solution (phosphate buffer/ethylene glycol/glycerol) at  $-20$  °C. Standard histological (Nissl) techniques were used for subsequent identification of brain cytoarchitecture and morphological changes following CCI.

### Nissl staining

Sections were washed in PBS, mounted on gelatin-coated slides, and air-dried overnight at room temperature. Slides were dehydrated, stained with 0.5% cresyl violet solution, rinsed in distilled water, dehydrated again through graded alcohols and xylene, and covered with Permount and glass coverslips.

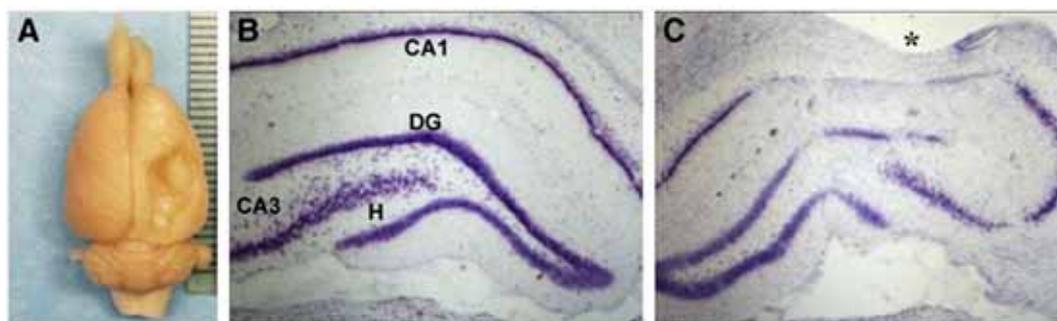
## Results

### General considerations

Twenty-three CCI-injured and 34 non-injured (control) animals were used in the experiments. CCI performed in our laboratory produces a severe brain injury associated with an  $\sim 1\%$  mortality rate during the first 24 h (unpublished data); there was no additional mortality before animal sacrifice at 90 days after CCI. Of the 23 injured animals used in the study, 11 animals were monitored continuously for a one-week period prior to sacrifice and subsequent voltage-clamp recordings; control animals were not monitored. A total of 1918 h of video recordings was obtained during these recording sessions, of which 1078 h (924 h lights on/154 h lights off) were of adequate technical quality for review. No seizure was detected in any animal, similar to historical video-EEG recordings of control Sprague–Dawley rats of similar age (Kharlamov et al., 2003). Fig. 1 shows a representative rat brain (Fig. 1A) and structural and morphological changes in the hippocampus with Nissl (Figs. 1B,C) 90 days after CCI.

### Properties of synaptic receptors in DGCs following CCI

DGCs receive powerful inhibitory input from GABAergic interneurons, which form predominantly perisomatic synapses on DGCs (Traub and Miles, 1991; Halasy and Somogyi, 1993; Buhl et al., 1994; Buckmaster and Schwartzkroin, 1995; Soltesz and Mody, 1995; Miles et al., 1996). Decreased feed-forward inhibition in the dentate gyrus has been reported within days after FPI and has been attributed to loss of hilar GABAergic interneurons (Toth et al., 1997). It is important to note that previous studies have focused on relatively short-term effects of TBI on GABAergic transmission in the hippocampus, typically assessing tissue one to a few weeks post-TBI. However, neurological consequences of head trauma, such as cognitive impairments, posttraumatic stress disorder, and PTE often manifest themselves after months or even years following the initial insult. To investigate long-term effects of TBI on GABAergic transmission, whole cell patch-clamp recordings of sIPSCs and mIPSCs were performed in rat control and CCI DGCs 90 days after lesioning. Slices were superfused with oxygenated ACSF that contained 50  $\mu$ M DL-APV and 20  $\mu$ M DNQX to block excitatory transmission. Comparison of frequency and peak amplitude of sIPSCs in control and CCI DGCs did not reveal significant changes. The frequency of sIPSCs was  $4.95 \pm 1.27$  Hz in control ( $n = 27$  DGCs, 6 animals), and  $5.58 \pm 1.96$  Hz in CCI DGCs ( $n = 16$  DGCs, 4 animals,  $p = 0.93$ , two-tailed  $t$  test). Within the same group of cells, the means



**Fig. 1.** Brain morphology 90 days following CCI. (A) A perfused brain of an adult rat demonstrates a loss of cortical tissue and a necrotic cavity at the impact site. (B,C) A representative Nissl-stained coronal section shows evidence of cell loss in the ipsilateral hippocampus (C) in CA1, CA3, and dentate gyrus compared to the contralateral side (B). An asterisk (\*) marks the necrotic cavity at the cortical impact site (C). Abbreviations: H: hilus; DG: dentate granule cell layer.

of median amplitudes were compared. The mean of median amplitude of sIPSCs was  $60.7 \pm 2.74$  pA in control, and  $58.5 \pm 5.17$  pA in CCI DGs ( $p = 0.91$ , two-tailed  $t$  test). Because apparent individual sIPSCs can be multiple summated events due to a high probability of synchronous release of transmitter, it is difficult to reliably interpret the absence of amplitude and decay time changes of sIPSCs after CCI as a lack of postsynaptic effect. To further test the possibility that properties of synaptic currents might have been altered by CCI, mIPSCs were recorded in DGs in the presence of  $1 \mu\text{M}$  TTX in slices containing the dentate gyrus from control and CCI-injured animals. TTX was used to block voltage-gated  $\text{Na}^+$  channels and thereby block action potential-evoked release of the transmitter. mIPSCs in DGs are generated by action potential-independent quantal release of transmitter from presynaptic GABAergic terminals (Edwards et al., 1990). Therefore, alterations of amplitude and decay time constants of mIPSCs can be interpreted as postsynaptic effects.

The timing and strength of synaptic transmission are profoundly dependent on temperature, which affects the rate of exocytosis (Micheva and Smith, 2005), vesicle pool depletion (Kushmerick et al., 2006), and probability of vesicle release (Hardingham and Larkman, 1998; Volgushev et al., 2004). At room, but not at physiological temperature, GABA<sub>A</sub>R affinity to GABA can increase in many types of hippocampal and cortical neurons by allosteric modulation (Perrais and Ropert, 1999; Hájos et al., 2000). To determine whether the recording temperature could alter possible effects of CCI on mIPSCs, recordings were conducted at  $23^\circ\text{C}$  and near-physiological ( $34^\circ\text{C}$ ) temperatures and are presented in Table 1.

At  $23^\circ\text{C}$ , the frequency of mIPSCs was significantly decreased in DGs of CCI animals ( $1.03 \pm 0.18$  Hz,  $n = 9$ , 4 control animals, and  $0.67 \pm 0.09$  Hz,  $n = 10$ , 4 CCI animals;  $p < 0.05$ , two-tailed  $t$  test), in agreement with a previous finding of decreased frequency of mIPSCs in the FPI model of TBI at room temperature (Toth et al., 1997). No

differences were found between means of medians of peak amplitudes ( $26.81 \pm 2.20$  pA in control,  $n = 9$ , and  $33.46 \pm 2.98$  pA in CCI DGs,  $n = 10$ ,  $p = 0.16$ , two-tailed  $t$  test), as well as in decay time constants in the same neurons ( $5.12 \pm 0.29$  ms in control,  $n = 9$ , and  $5.48 \pm 0.03$  ms in CCI DGs,  $n = 10$ ,  $p = 0.48$ , two-tailed  $t$  test).

Recordings at  $34^\circ\text{C}$  revealed a decrease of mIPSC frequency in the CCI group ( $3.10 \pm 0.84$  Hz in control DGs,  $n = 16$ , 3 animals, and  $2.44 \pm 0.67$  Hz in CCI DGs,  $n = 7$ , 2 animals,  $p < 0.05$ , two-tailed  $t$  test). Comparison of means of median amplitudes of mIPSCs within the same group of cells did not demonstrate an alteration of peak amplitude in the CCI group ( $62.10 \pm 0.73$  pA in control,  $n = 16$ , and  $53.10 \pm 0.59$  pA in CCI DGs,  $n = 7$ ,  $p = 0.09$ , two-tailed  $t$  test). An increase of peak amplitudes of mIPSCs in both groups of cells at  $34^\circ\text{C}$  compared to  $23^\circ\text{C}$  was in agreement with a previous finding that increasing temperature from room to near-physiological temperature causes an increase of chord conductance of the GABA<sub>A</sub>R and increased amplitude of mIPSCs (Perrais and Ropert, 1999). Within the same group of control and CCI DGs, we did not detect a significant change of decay time constants ( $5.97 \pm 0.07$  ms in control,  $n = 12$ , and  $6.59 \pm 0.12$  ms in CCI DGs,  $n = 9$ ,  $p = 0.19$ , two-tailed  $t$  test).

#### Loss of diazepam potentiation of synaptic current decay, and decreased amplitude potentiation after CCI

In DGs, GABA<sub>A</sub>  $\alpha 1$  and  $\gamma 2$  subunit-containing receptors are preferentially localized in synapses, whereas  $\alpha 4$  and  $\delta$  subunit-containing GABA<sub>A</sub>Rs are preferentially localized in the extrasynaptic membrane where they mediate tonic inhibition (Nusser et al., 1995; Sur et al., 1999; Stell and Mody, 2002; Wei et al., 2003; Sun et al., 2004; Mtchedlishvili and Kapur, 2006; Glykys et al., 2008). The  $\gamma 2$  subunit plays a key role in clustering of GABA<sub>A</sub>Rs (Essrich et al., 1998; Kneussel

**Table 1**  
Summary of parameters of mIPSCs and effects of diazepam in control and CCI DGs.

mIPSCs	Temperature	Control			CCI		
		Baseline	300 nM diazepam	$n$	Baseline	300 nM diazepam	$n$
Frequency (Hz)	$23^\circ\text{C}$	$1.03 \pm 0.18^a$	$0.96 \pm 0.19$	9	$0.67 \pm 0.09^a$	$1.21 \pm 0.21$	10
	$34^\circ\text{C}$	$3.10 \pm 0.84^a$	$3.59 \pm 1.22$	16	$2.44 \pm 0.67^a$	$1.42 \pm 0.27$	7
Peak amplitude (pA)	$23^\circ\text{C}$	$26.81 \pm 2.20^b$	$42.60 \pm 1.22^b$	9	$33.46 \pm 2.98^b$	$46.13 \pm 1.09^b$	10
	$34^\circ\text{C}$	$62.10 \pm 0.73$	$59.85 \pm 0.67$	16	$53.10 \pm 0.59^b$	$36.06 \pm 7.09^b$	7
Decay time (ms)	$23^\circ\text{C}$	$5.12 \pm 0.29^c$	$6.59 \pm 0.08^c$	9	$5.48 \pm 0.03$	$5.61 \pm 0.08$	10
	$34^\circ\text{C}$	$5.97 \pm 0.07^c$	$7.22 \pm 0.19^c$	12	$6.59 \pm 0.12$	$6.62 \pm 0.98$	9

The values represent mean  $\pm$  S.E.M.  $n$  indicates number of cells.  $p < 0.05$ , two-tailed  $t$  test.

<sup>a</sup> Indicates significant differences in frequency of mIPSCs at  $23^\circ\text{C}$  and  $34^\circ\text{C}$  under baseline conditions in control and CCI groups.

<sup>b</sup> Indicates significant differences in peak amplitude of mIPSCs at  $23^\circ\text{C}$  in control and CCI DGs before and after 300 nM diazepam, and at  $34^\circ\text{C}$  in CCI DGs before and after 300 nM diazepam.

<sup>c</sup> Indicates significant differences in decay time constants of mIPSCs at  $23^\circ\text{C}$  and  $34^\circ\text{C}$  in control DGs before and after 300 nM diazepam.

and Betz, 2000; Kittler and Moss, 2003; Alldred et al., 2005) and in phasic GABAergic inhibition (Nusser and Mody, 2002). However, some  $\gamma 2$  subunit expression has been documented in extrasynaptic locations (Somogyi et al., 1996; Nusser et al., 1998; Sassoè-Pognetto et al., 2000). The inhibitory network of the dentate gyrus undergoes substantial perturbations after TBI, such as loss of GABAergic interneurons and sprouting of excitatory fibers (Santhakumar et al., 2000, 2001; Golarai et al., 2001). A net result of these perturbations is increased neuronal activity in the tissue surrounding the injury site. Because increased neuronal activity in hippocampal neurons causes increased internalization of  $\gamma 2$  subunit-containing, but not  $\delta$  subunit-containing GABA<sub>A</sub>Rs (Goodkin et al., 2008; Terunuma et al., 2008; Joshi and Kapur, 2009), we tested the possibility that tonic and phasic currents might be altered differentially after CCI.  $\gamma 2$  subunit-containing receptors are sensitive to the benzodiazepine diazepam, whereas  $\alpha 4/\delta$  subunits render the receptors diazepam-insensitive.

Recordings of mIPSCs from control and CCI DGCs were performed with 300 nM diazepam. The effects of diazepam on mIPSC frequency, peak amplitude, and decay time constants at 23 °C and 34 °C are summarized in Table 1. There was no significant effect on mIPSC frequency by diazepam at 23 °C in control ( $1.03 \pm 0.18$  Hz vs.  $0.96 \pm 0.19$  Hz,  $n = 9$ , 4 animals,  $p = 0.43$ , two-tailed  $t$  test) and CCI DGCs ( $0.67 \pm 0.09$  Hz vs.  $1.21 \pm 0.21$  Hz,  $n = 10$ , 4 animals,  $p = 0.11$ , two-tailed  $t$  test), and at 34 °C in control ( $3.10 \pm 0.84$  Hz vs.  $3.59 \pm 1.22$  Hz,  $n = 16$ , 3 animals,  $p = 0.57$ , two-tailed  $t$  test) and CCI DGCs ( $2.44 \pm 0.67$  Hz vs.  $1.42 \pm 0.27$  Hz,  $n = 7$ , 2 animals,  $p = 0.17$ , two-tailed  $t$  test).

Peak amplitude and decay time constants of mIPSCs were altered differentially by diazepam in control and CCI DGCs at 23 °C and in CCI DGCs at 34 °C (Figs. 2A–H). At 23 °C, diazepam increased the mean of median peak amplitude of mIPSCs in both control and CCI groups, but the increase was 20% higher in control DGCs than in CCI DGCs. The significance of the diazepam effect on peak amplitude was validated in individual DGCs by comparing cumulative fraction distributions by the KS test, before and after diazepam. The KS test suggested a statistically significant effect of diazepam ( $p < 0.05$ ) in all control and CCI DGCs, thus rejecting the null hypothesis that the amplitude populations were equal before and after diazepam. Because mIPSC amplitudes are skewed (demonstrate a non-Gaussian distribution), means of median peak amplitudes were subsequently compared. In control DGCs, diazepam increased the amplitude ( $26.81 \pm 2.20$  pA and  $42.60 \pm 1.22$  pA,  $n = 9$ , 3 animals,  $p = 0.031$ , two-tailed  $t$  test) and in CCI DGCs ( $33.46 \pm 2.98$  pA and  $46.13 \pm 1.09$  pA,  $n = 10$ , 5 animals,  $p = 0.047$ , two-tailed  $t$  test). At 34 °C, diazepam did not increase peak amplitude in control DGCs ( $62.10 \pm 0.73$  pA vs.  $59.85 \pm 0.67$  pA,  $n = 16$ , 3 animals,  $p = 0.11$  two-tailed  $t$  test). However, diazepam decreased peak amplitude in CCI DGCs ( $53.10 \pm 0.59$  pA vs.  $36.06 \pm 7.09$  pA,  $n = 7$ , 2 animals,  $p = 0.03$ , two-tailed  $t$  test).

In control DGCs, diazepam prolonged decay time constants by 21.5% at 23 °C ( $5.12 \pm 0.29$  ms and  $6.59 \pm 0.08$  ms,  $n = 9$ , 5 animals,  $p = 0.002$ , two-tailed  $t$  test) and by 21% at 34 °C ( $5.97 \pm 0.07$  ms and  $7.22 \pm 0.19$  ms,  $n = 12$ , 6 animals,  $p = 0.001$ , two-tailed  $t$  test). In CCI DGCs, diazepam's prolongation of decay time constants was not significant: 8.9% at 23 °C ( $5.48 \pm 0.03$  ms and  $5.61 \pm 0.08$  ms,  $n = 10$ , 5 animals,  $p = 0.093$ , two-tailed  $t$  test) and by 0.4% at 34 °C ( $6.59 \pm 0.12$  ms and  $6.62 \pm 0.98$  ms,  $n = 9$ , 4 animals,  $p = 0.12$ , two-tailed  $t$  test).

#### Potentiation of inhibition of synaptic currents by furosemide after CCI

The diuretic furosemide is a noncompetitive antagonist of GABA<sub>A</sub>Rs that demonstrates an enhanced affinity to  $\alpha 4$  subunit-containing recombinant receptors (Wafford et al., 1996) and does not discriminate between  $\gamma$  and  $\delta$  subunit-containing receptors (Korpi and Luddens, 1997). Recordings were performed with furosemide at 23 °C and 34 °C and were qualitatively similar; data from recordings at 34 °C are presented. The effects of furosemide on typical recordings of mIPSCs are

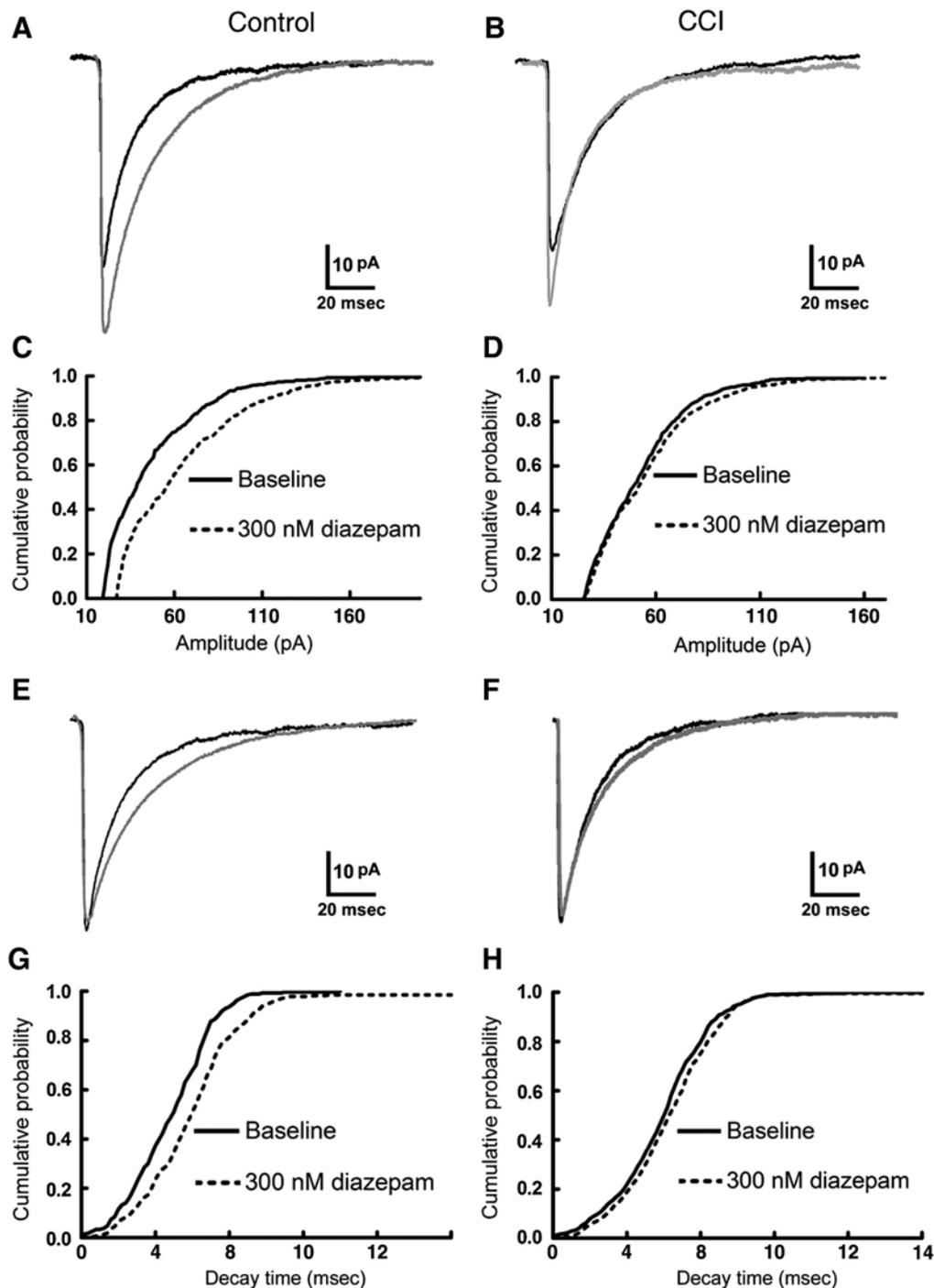
presented in Figs. 3A–D. The significance of the furosemide effect on peak amplitude was validated in individual DGCs by comparing cumulative fraction distributions by the KS test, before and after furosemide. The KS test suggested a statistically significant effect ( $p < 0.05$ ) of furosemide in all CCI, but not in control, DGCs. Furosemide (100  $\mu$ M) was bath-applied to control DGCs and did not alter the mean of median peak amplitudes ( $49.80 \pm 4.20$  pA at baseline, and  $45.20 \pm 4.40$  pA in the presence of furosemide,  $n = 6$ , 2 animals,  $p = 0.32$ , two-tailed  $t$  test), frequency ( $0.39 \pm 0.05$  Hz at baseline, and  $0.36 \pm 0.06$  Hz in the presence of furosemide,  $n = 6$ ,  $p = 0.85$ , two-tailed  $t$  test), or decay time constants ( $6.42 \pm 0.30$  ms at baseline, and  $7.13 \pm 0.44$  ms in the presence of furosemide,  $n = 6$ ,  $p = 0.13$ , two-tailed  $t$  test). In CCI DGCs, 100  $\mu$ M furosemide decreased the mean of median peak amplitudes ( $51.30 \pm 0.80$  pA at baseline, and  $43.50 \pm 5.30$  pA in the presence of furosemide,  $n = 5$ , 2 animals,  $p < 0.001$ , two-tailed  $t$  test). Furosemide did not alter the frequency ( $0.42 \pm 0.09$  Hz at baseline, and  $0.38 \pm 0.11$  Hz in the presence of furosemide,  $n = 6$ ,  $p = 0.34$ , two-tailed  $t$  test) or decay time constants ( $5.26 \pm 0.30$  ms at baseline and  $5.40 \pm 0.20$  ms in the presence of furosemide  $n = 5$ ,  $p = 0.73$ , two-tailed  $t$  test).

#### Increase of tonic inhibition in DGCs after CCI

In order to assess potential alterations in tonic currents in CCI DGCs, measurements of whole cell capacitance were obtained to ensure that potential differences in tonic current were not attributable to significant differences in cell membrane areas. Measurements of whole cell capacitance revealed similar values in control and CCI DGCs ( $46.40 \pm 6.50$  pF in control,  $n = 36$ , 9 animals, and  $36.30 \pm 8.50$  pF,  $n = 27$ , 8 animals, in CCI DGCs,  $p = 0.11$ , Mann-Whitney test), suggesting relative homogeneity in cell membrane areas in control and CCI DGC groups.

4,5,6,7-tetrahydroisoxazolo[5,4-c]pyridin-3-ol (THIP) is a low affinity agonist of GABA<sub>A</sub>Rs with preferential affinity for  $\delta$  subunits (Adkins et al., 2001; Brown et al., 2002). 1 and 3  $\mu$ M THIP were used for potentiation and 20  $\mu$ M bicuculline was used for blockade of tonic currents. The recordings were performed at 34 °C. Quantitative measurement of tonic current was performed by comparing Gaussian distributions of all-point histograms of 30-s epochs immediately before the opening of the THIP-containing reservoir (baseline) and 3 min after opening the reservoir. Both concentrations of THIP increased baseline noise and shifted holding current in both control and CCI DGCs. The data of tonic current alteration are presented in Table 2. 1  $\mu$ M THIP shifted holding current in control DGCs from  $98.7 \pm 30.4$  pA to  $114.7 \pm 20.4$  pA (13% increase,  $n = 13$ , 6 animals  $p = 0.0005$ , two-tailed  $t$  test) whereas in CCI DGCs, THIP shifted holding current from  $119.8 \pm 34.6$  pA to  $176.3 \pm 42.2$  pA (47% increase,  $n = 9$ , 4 animals,  $p = 0.0003$ , two-tailed  $t$  test). To confirm that 1  $\mu$ M THIP caused a greater potentiation of tonic current in CCI DGCs, we repeated this experiment by increasing the concentration of THIP by a half-log. 3  $\mu$ M THIP shifted holding current in control DGCs from  $88.9 \pm 20.6$  pA to  $233.7 \pm 50.4$  pA (162% increase),  $n = 11$ , 3 animals,  $p = 0.0005$ , two-tailed  $t$  test, Figs. 4A,B), whereas in CCI DGCs, holding current was shifted from  $111.6 \pm 30.8$  pA to  $334.0 \pm 69.6$  pA (198% increase,  $n = 7$ , 2 animals,  $p = 0.0001$ , two-tailed  $t$  test, Figs. 4C,D). A steeper rise time of THIP-induced current in CCI DGCs suggests that, compared to control DGCs, activation of a larger number of receptors by THIP results in a higher rate of current amplitude increase.

In order to corroborate the presence of larger tonic current in CCI DGCs, 20  $\mu$ M bicuculline was bath-applied to the same DGCs where holding current was potentiated by 1 and 3  $\mu$ M THIP. We found that substantial amounts of time were required for THIP-induced current to equilibrate to a steady level, likely due to a very slow desensitization rate. In many cases, the quality of the recording during protracted application of THIP would often deteriorate to such an extent that application of bicuculline was not feasible. Our aim was to detect the

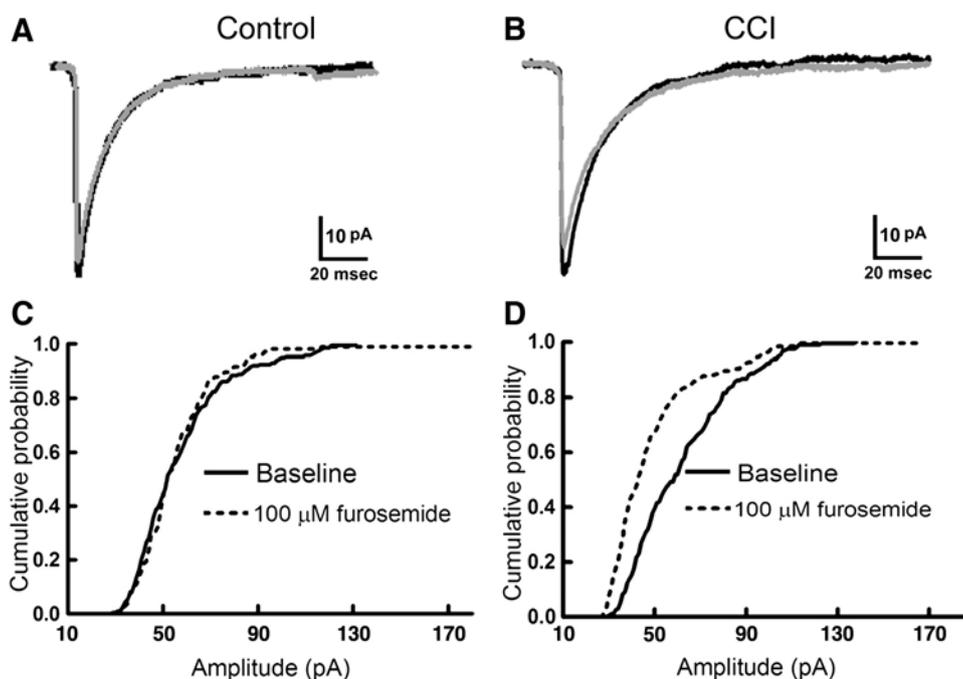


**Fig. 2.** Loss of diazepam sensitivity in DGCs after CCI. Typical examples of mIPSCs in control and CCI DGCs (averages from single neurons) and cumulative probability plots of peak amplitude and decay time constants at baseline (solid line) and in the continuous presence of 300 nM diazepam (dotted line). DGCs were voltage-clamped to  $-70$  mV and recorded at  $23$  °C in the presence of  $50$   $\mu$ M AP-5,  $20$   $\mu$ M DNQX, and  $1$   $\mu$ M TTX. (A) An averaged trace from a control DGC at baseline (black) and after application of 300 nM diazepam (grey). Each trace is obtained from  $\sim 500$  individual mIPSCs in this and subsequent traces. (B) An averaged trace from a CCI DGC at baseline (black) and after application of 300 nM diazepam (grey). Note the stronger potentiation of peak amplitude by 300 nM diazepam in the control DGC compared to the CCI DGC. (C,D) Cumulative probability plots of the peak amplitudes of mIPSCs recorded from the same neurons (A,B), respectively. Note the larger rightward shift of the curve in the presence of diazepam in the control DGC (C) compared to the CCI DGC (D). (E,F) For the same DGCs as in (A) and (B), the peak amplitudes of mIPSCs were normalized to the amplitudes of the traces recorded under continuous application of 300 nM diazepam to demonstrate the effects of diazepam on decay times in control and CCI DGCs. Note the loss of potentiation of decay time by 300 nM diazepam in mIPSCs recorded in the CCI DGC. (G,H) Cumulative probability plots of decay times of mIPSCs recorded from the same control and CCI DGCs (E,F) Note the larger rightward shift of the curve in the presence of diazepam in the control DGC (G) compared to the CCI DGC (H).

relative, rather than the absolute, difference in tonic current. For these reasons, we considered it essential that bicuculline was tested shortly after THIP-induced current reached its peak.

Slow inward current occurs in response to bicuculline application accompanied by loss of synaptic currents and reduction of baseline noise. Reduction of baseline noise occurs because the closure of

chloride channels causes an increase of membrane resistance. Several studies have used the shift of holding current by GABA<sub>A</sub> antagonists to measure tonic inhibition (Bai et al., 2001; Hamann et al., 2002; Nusser and Mody, 2002; Mody and Pearce, 2004; Mangan et al., 2005; Mtchedlishvili and Kapur, 2006). Bicuculline blocked most synaptic events, decreased baseline noise, and shifted holding current in both



**Fig. 3.** Potentiation of furosemide inhibition of mIPSCs in DGCs after CCI. Typical examples of mIPSCs in control and CCI DGCs (averages from single neurons) and cumulative probability plots of peak amplitude at baseline (solid line) and in the continuous presence of 100  $\mu$ M furosemide (dotted line). DGCs were voltage-clamped to  $-70$  mV and recorded at 23  $^{\circ}$ C in the presence of 50  $\mu$ M AP-5, 20  $\mu$ M DNQX, and 1  $\mu$ M TTX. Averaged traces from a control (A) and CCI DGC (B) before and after application of 100  $\mu$ M furosemide. Each averaged trace is obtained from  $\sim$ 500 individual mIPSCs. The averaged baseline trace is shown in black, and the averaged trace recorded in the presence of furosemide is shown in grey. Note the decrease of peak amplitude by 100  $\mu$ M furosemide in the CCI DGC. (C,D) Cumulative probability plots of the peak amplitudes of mIPSCs recorded from the same neurons. Note the larger leftward shift of the curve in the presence of furosemide in the CCI DGC.

control (Fig. 4A) and CCI DGCs (Fig. 4C). However, it caused a greater inhibition of the currents recorded in CCI DGCs than in control DGCs (Table 2). In the DGCs recorded in the presence of 1  $\mu$ M THIP, bicuculline decreased the holding current compared to the baseline in control DGCs from  $98.7 \pm 30.4$  pA to  $54.7 \pm 14.5$  pA (54% decrease,  $n = 13$ ,  $p < 0.0001$ , two-tailed  $t$  test), whereas in CCI DGCs, bicuculline decreased holding current from  $119.8 \pm 34.6$  pA to  $21.2 \pm 7.9$  pA (83% decrease,  $n = 9$ ,  $p < 0.0001$ , two-tailed  $t$  test). In the current traces acquired from the recordings with 3  $\mu$ M THIP, the decrease of holding current by bicuculline was similar to that observed in the traces obtained from 1  $\mu$ M THIP recordings. Bicuculline decreased holding current compared to baseline level in control DGCs from  $88.9 \pm 20.6$  pA to  $41.1 \pm 6.8$  pA (45% decrease,  $n = 11$ ,  $p < 0.0001$ , two-tailed  $t$  test), and in CCI DGCs from  $111.6 \pm 30.8$  pA to  $29.2 \pm 6.0$  pA (74% decrease,  $n = 7$ ,  $p = 0.0004$ , two-tailed  $t$  test).

#### Properties of synaptic receptors do not contribute to the increase of tonic inhibition

Potentiation of tonic inhibition after TBI, revealed by THIP in DGCs from animals 90 days after CCI, suggested that there was an increased number of high-affinity, and possibly  $\delta$  subunit-containing, GABA<sub>A</sub>Rs. We questioned whether the increased number of high-affinity

GABA<sub>A</sub>Rs was restricted to extrasynaptic receptors, or whether the injury might cause abnormal insertion of  $\delta$  subunit-containing receptors into synapses in DGCs after CCI.

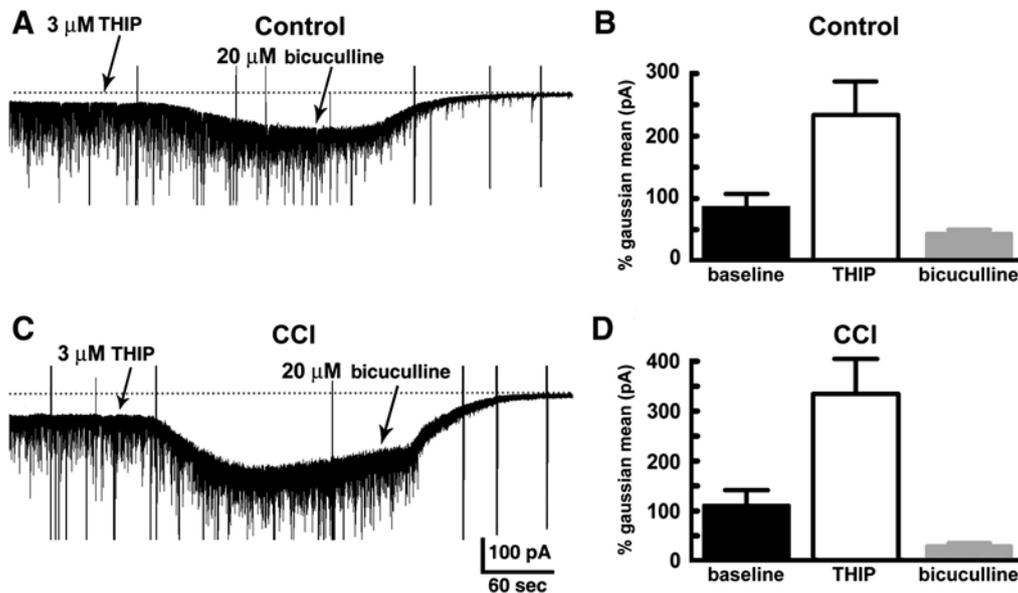
mIPSCs were recorded in control and CCI-injured DGCs voltage-clamped at  $-70$  mV. 1  $\mu$ M THIP was bath-applied to slices after stable recordings were achieved. In control DGCs, 1  $\mu$ M THIP did not alter the baseline frequency of mIPSCs ( $0.95 \pm 0.21$  Hz at baseline, and  $0.82 \pm 0.14$  Hz in the presence of THIP,  $n = 4$ , 1 animal,  $p = 0.54$ , two-tailed  $t$  test, Fig. 5A). In the same group of control DGCs, comparison of the means of median amplitudes of mIPSCs before and after application of THIP did not demonstrate a statistically significant alteration of peak amplitude by 1  $\mu$ M THIP ( $50.78 \pm 2.4$  pA at baseline, and  $53.70 \pm 1.93$  pA after application of THIP,  $n = 4$ ,  $p = 0.37$ , two-tailed  $t$  test, Fig. 5C). In addition, 1  $\mu$ M THIP did not alter the decay time constants of mIPSCs ( $5.24 \pm 0.08$  ms at baseline, and  $5.65 \pm 0.09$  ms after application of THIP,  $n = 4$ ,  $p = 0.54$ , two-tailed  $t$  test, Fig. 5E).

Next, we studied the effects of 1  $\mu$ M THIP on synaptic currents in CCI DGCs. 1  $\mu$ M THIP did not alter the frequency of mIPSCs ( $1.09 \pm 0.12$  Hz at baseline, and  $1.63 \pm 1.13$  Hz in the presence of THIP,  $n = 7$ ; 1 animal,  $p = 0.54$ , two-tailed  $t$  test, Fig. 5B). In the same group of CCI DGCs, comparison of the means of median amplitudes of mIPSCs before and after application of 1  $\mu$ M THIP did not demonstrate a

**Table 2**  
Summary of effects of 1 and 3  $\mu$ M THIP and 20  $\mu$ M bicuculline on tonic currents in control and CCI DGCs.

	Control				CCI			
	Baseline	1 $\mu$ M THIP	Bicuculline	$n$	Baseline	1 $\mu$ M THIP	Bicuculline	$n$
Tonic current (pA)	$98.7 \pm 30.4$	$114.7 \pm 20.4$	$54.7 \pm 14.5$	13	$119.8 \pm 34.6$	$176.3 \pm 42.2$	$21.2 \pm 7.9$	9
	Control				CCI			
	Baseline	3 $\mu$ M THIP	Bicuculline	$n$	Baseline	3 $\mu$ M THIP	Bicuculline	$n$
Tonic current (pA)	$88.9 \pm 20.6$	$233.7 \pm 50.4$	$41.1 \pm 6.8$	11	$111.6 \pm 30.8$	$334 \pm 69.6$	$29.2 \pm 6.0$	7

The values represent Gaussian mean  $\pm$  S.E.M.  $n$  indicates number of cells.



**Fig. 4.** Increase of tonic inhibition in DGCs after CCI. The low affinity GABA<sub>A</sub> receptor agonist 3  $\mu$ M THIP caused a larger potentiation, and the GABA<sub>A</sub>R antagonist 20  $\mu$ M bicuculline caused a larger inhibition, of the holding current in a CCI DGC compared to a control DGC. Typical recordings at 34  $^{\circ}$ C from a DGC from a control (A) and a CCI (C) animal 90 days after lesioning. DGCs were voltage-clamped to  $-70$  mV and baseline epochs were selected immediately prior to opening the reservoir containing 3  $\mu$ M THIP (arrows), and an epoch corresponding to THIP selected 3 min after the valve opening. THIP caused an outward shift of the holding current and potentiation of baseline noise in both control (A) and CCI (C) DGCs. Note the larger shift of the holding current in the DGC from a CCI animal. Bicuculline inhibited tonic current in both cells, but caused a larger shift of holding current in CCI DGCs (shown by dotted line). (B–D) Summary of the effects of 3  $\mu$ M THIP and 20  $\mu$ M bicuculline on tonic inhibition in control and CCI DGCs. (B) In control DGCs, 3  $\mu$ M THIP caused a 162% increase of holding current compared to the baseline. 20  $\mu$ M bicuculline caused a 54% decrease of holding current compared to the baseline. (D) In CCI DGCs, 3  $\mu$ M THIP caused a 198% increase of holding current compared to the baseline. 20  $\mu$ M bicuculline caused an 83% decrease of holding current compared to the baseline. The bars represent Gaussian means of 30-s epochs acquired immediately before THIP application (baseline), at the peak of THIP-evoked current (THIP), and 5 min after application of 20  $\mu$ M bicuculline (bicuculline). Error bars are mean  $\pm$  S.E.M. Augmentation of holding current by THIP and inhibition by bicuculline were significant within control ( $n = 11$ ), and CCI DGCs ( $n = 7$ ,  $p < 0.05$ , paired  $t$  test). An enhanced effect of THIP and bicuculline in CCI DGCs compared to control DGCs was significant ( $p < 0.05$ , two-tailed  $t$  test).

575 statistically significant alteration of peak amplitude by 1  $\mu$ M THIP  
 576 ( $61.9 \pm 2.2$  pA at baseline, and  $82.1 \pm 4.4$  pA in the presence of 1  $\mu$ M  
 577 THIP,  $p = 0.08$ , two-tailed  $t$  test, Fig. 5D). 1  $\mu$ M THIP did not change the  
 578 decay time constants of mIPSCs ( $7.8 \pm 1.1$  ms in control, and  $7.4 \pm$   
 579  $0.7$  ms in the CCI group,  $p = 0.63$ , two-tailed  $t$  test, Fig. 5F). These  
 580 results, corroborated by our finding that  $\delta$  subunit immunoreactivity  
 581 is not present in synaptic locations in control and CCI DGCs  
 582 (unpublished data), suggest that synaptic GABA<sub>A</sub>Rs do not contribute  
 583 to tonic current mediated by  $\delta$  subunit-expressing GABA<sub>A</sub>Rs.

## 584 Discussion

585 The principal findings in DGCs 90 days after CCI were: 1) an  
 586 increase of GABA<sub>A</sub>R-mediated tonic currents; 2) a decreased frequen-  
 587 cy of mIPSCs; and 3) a loss of diazepam potentiation and an increase of  
 588 furosemide inhibition of synaptic GABA<sub>A</sub>Rs.

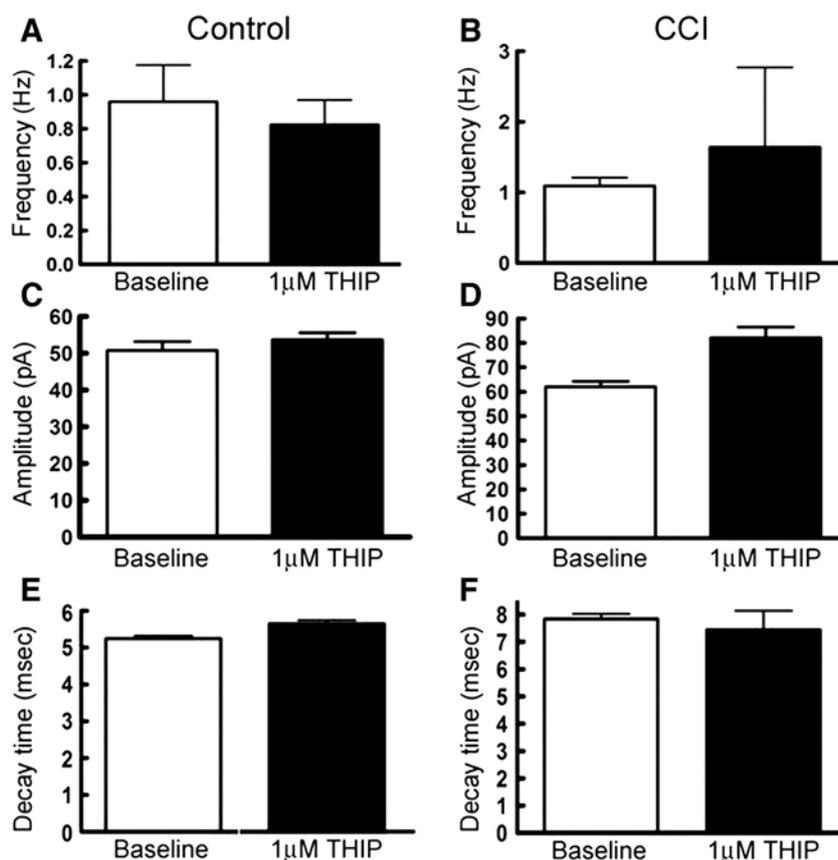
589 A number of experimental models have been developed over the  
 590 last few decades that simulate different aspects of the clinical  
 591 condition of TBI with varying degrees of accuracy. Two of the most  
 592 commonly used models are FPI and CCI. The advantage of the FPI  
 593 model is its relative simplicity and its ability to produce significant  
 594 injury in the brain, including axonal injury and intraparenchymal  
 595 hemorrhages (Povlishock et al., 1983). However, the fluid pulse of FPI  
 596 enters the calvarium and disperses diffusely within the epidural  
 597 space, as demonstrated with high speed cineradiography (Dixon  
 598 et al., 1988), making tissue displacement difficult to quantify. An  
 599 advantage of the CCI model is that it can produce a more precise and  
 600 reproducible injury as demonstrated by experiments measuring the  
 601 effect that the velocity and depth of impact have on the severity of  
 602 injury (Dixon et al., 1991). Recent reports indicate that the CCI model  
 603 can be successfully applied to induce PTE in mice (Hunt et al., 2009)  
 604 and in rats (Statler et al., 2009).

## Increased tonic inhibition in CCI DGCs

605

606 In the present study, we have shown an increase of GABA<sub>A</sub>R-  
 607 mediated tonic currents in DGCs 90 days after CCI. Several mechanisms,  
 608 both pre- and postsynaptic, can account for increased tonic conductance  
 609 in CCI DGCs. Elevation of ambient levels of GABA can increase tonic  
 610 current by increased spillover of vesicular GABA caused by increased  
 611 firing of GABAergic interneurons (Kaneda et al., 1995; Brickley et al.,  
 612 1996; Wall and Usowicz, 1997; Hamann et al., 2002; Bright et al., 2007),  
 613 release of GABA from glial sources (Liu et al., 2000; Kozlov et al., 2006),  
 614 or impairment of GABA transporters (Richerson and Wu, 2003). Larger  
 615 THIP-evoked tonic current in CCI DGCs suggests an increased density of  
 616  $\delta$  subunit-containing peri- and extrasynaptic GABA<sub>A</sub>Rs. The  $\delta$  subunit-  
 617 containing GABA<sub>A</sub>Rs possess distinct biophysical and pharmacological  
 618 properties. These receptors have high affinity to GABA (Brown et al.,  
 619 2002; Sundstrom-Poromaa et al., 2002) and a slow rate of desensitiza-  
 620 tion (Bianchi and Macdonald, 2002; Brown et al., 2002). These  
 621 properties allow  $\delta$  subunit-containing GABA<sub>A</sub>Rs to “sense” ambient levels  
 622 of GABA in a submicromolar and low micromolar range (Glykys et al.,  
 623 2008). In DGCs,  $\alpha 5\beta\gamma 2$  GABA<sub>A</sub>Rs can contribute to tonic current, which  
 624 is increased after status epilepticus (Zhan and Nadler, 2009). It is  
 625 possible that differential patterns of trafficking of receptor subunits play  
 626 a role in an increased expression of  $\delta$ -containing GABA<sub>A</sub>Rs, which  
 627 remain on the membrane surface, whereas  $\gamma 2$ -containing GABA<sub>A</sub>Rs are  
 628 internalized under conditions of increased neuronal activity (Goodkin  
 629 et al., 2008) resulting in unchanged (Goodkin et al., 2005) or increased  
 630 (Naylor et al., 2005) tonic current.

631 It has been established that TBI induces upregulation of brain-  
 632 derived neurotrophic factor (BDNF) in the tissue surrounding the injury  
 633 site (Hicks et al., 1997). BDNF plays a crucial role in neuronal maturation  
 634 by regulating intracellular  $Cl^-$  levels and altering GABAergic signaling  
 635 from depolarizing to hyperpolarizing (Hübner et al., 2001; Rivera et al.,  
 636 2002) and improving memory (Falkenberg et al., 1992). In injured



**Fig. 5.** Low-affinity GABA agonist does not affect synaptic receptors in DGCs from control animals. Recordings in control DGCs were performed at 23 °C. (A) 1 μM THIP did not alter the frequency of mIPSCs ( $0.95 \pm 0.21$  Hz at baseline, and  $0.68 \pm 0.07$  Hz in the presence of THIP,  $n = 4$ ,  $p = 0.54$ , two-tailed  $t$  test). (C) Comparison of means of median amplitudes of mIPSCs before and after application of THIP did not demonstrate a statistically significant alteration of peak amplitude by 1 μM THIP ( $50.78 \pm 2.4$  pA in the baseline, and  $53.70 \pm 1.93$  pA after application of THIP,  $n = 4$ ,  $p = 0.37$ , two-tailed  $t$  test). (E) 1 μM THIP did not alter the decay time constants of mIPSCs ( $5.24 \pm 0.08$  ms and  $5.65 \pm 0.09$  ms,  $n = 4$ ,  $p = 0.54$ , two-tailed  $t$  test). THIP did not alter synaptic currents in DGCs after CCI. (B) THIP did not alter the frequency of mIPSCs ( $1.09 \pm 0.12$  Hz in the baseline, and  $1.63 \pm 1.13$  Hz in the presence of THIP,  $n = 7$ ,  $p = 0.54$ , two-tailed  $t$  test). (D) Comparison of means of median amplitudes of mIPSCs before and after application of 1 μM THIP did not demonstrate a statistically significant alteration of peak amplitude by 1 μM THIP ( $61.9 \pm 2.2$  pA in the baseline, and  $82.1 \pm 4.4$  pA in the presence of 1 μM THIP,  $n = 7$ ,  $p = 0.08$ ; two-tailed  $t$  test). (F) 1 μM THIP did not change the decay time constants of mIPSCs ( $7.8 \pm 1.1$  ms and  $7.4 \pm 0.7$  ms;  $n = 7$ ,  $p = 0.63$ , two-tailed  $t$  test).

637 tissue, increased levels of BDNF (Yang et al., 1996) and its receptor trkB  
 638 (Binder et al., 1999) are believed to promote excitatory axonal sprouting  
 639 and therefore are considered epileptogenic after brain injury (Dinocourt  
 640 et al., 2006) and in kindling (Ernfors et al., 1991; Merlio et al., 1993;  
 641 Elmer et al., 1998). Exogenous BDNF inhibits internalization and  
 642 significantly promotes surface expression of  $\delta$  subunit-containing  
 643 GABA<sub>A</sub>Rs in organotypic hippocampal neurons (Joshi and Kapur,  
 644 2009). Elevated BDNF in the hippocampus after head trauma, in  
 645 addition to persistently increased excitatory signaling due to mossy  
 646 fiber sprouting, may cause a larger surface expression of  $\delta$  subunit-  
 647 containing GABA<sub>A</sub>Rs in DGCs, which results in larger tonic GABA<sub>A</sub>R-  
 648 mediated currents.

#### 649 Altered properties of synaptic receptors

650 Unchanged amplitudes of synaptic currents after CCI suggest that  
 651 levels of  $\gamma 2$  subunit-containing GABA<sub>A</sub>Rs are either unaltered or  
 652 decreased acutely after injury and are restored to control levels  
 653 90 days following injury. In CCI DGCs, benzodiazepine-insensitive  
 654 pharmacology of synaptic receptors is consistent with co-expression  
 655 of  $\alpha 4$  and  $\gamma$  subunits in the synapse.

656 Under normal circumstances,  $\alpha 4$  is co-expressed with  $\delta$  subunits in  
 657 extrasynaptic receptors (Nusser et al., 1998; Sun et al., 2004), but it can  
 658 be expressed synaptically in DGCs in epilepsy (Payne et al., 2006; Sun  
 659 et al., 2007). Decrease of allosteric modulation of GABA<sub>A</sub>Rs of DGCs by  
 660 diazepam, characterized by decreased prolongation of decay time  
 661 constants and potentiation of peak amplitude has been characterized

under pathological conditions, such as following acute seizures (Kapur 662  
 and Macdonald 1997; Goodkin et al., 2005; Naylor et al., 2005, Feng 663  
 et al., 2008), as well as in chronic epilepsy (Cohen et al., 2003; Peng et al., 664  
 2004). Loss of potentiation of decay time constants and reduced 665  
 potentiation of peak amplitudes of mIPSCs in CCI DGCs suggest that the 666  
 synaptic GABA<sub>A</sub>Rs undergo changes leading to benzodiazepine insen- 667  
 sitivity similar to those found in epilepsy. The possibility of the presence 668  
 of  $\alpha 4$  subunit-containing receptors in GABAergic synapses in DGCs was 669  
 further suggested by increased furosemide inhibition of GABA<sub>A</sub>R- 670  
 mediated mIPSCs in CCI DGCs. Furosemide is an  $\alpha 4$ -preferring 671  
 noncompetitive antagonist of GABA<sub>A</sub>Rs (Wafford et al., 1996) and 672  
 does not discriminate between  $\gamma$  and  $\delta$  subunit-containing 673  
 receptors (Korpi and Luddens, 1997). Furosemide selectively inhibits 674  
 the amplitude of fast, but not slow, mIPSCs in CA1 pyramidal neurons 675  
 (Banks et al., 1998), suggesting a contribution of  $\alpha 4$ -containing 676  
 GABA<sub>A</sub>Rs to these events. 677

678 Factors other than subunit variations that could affect diazepam  
 679 sensitivity might include phosphorylation state and/or mutations of  
 680 GABA<sub>A</sub>R subunits. Phosphorylation of GABA<sub>A</sub>Rs by protein kinase C has  
 681 been shown to reduce diazepam potency (Gao and Greenfield, 2005; Qi  
 682 et al., 2007), and mutations of the  $\gamma 2$  subunit can eliminate (Wallace  
 683 et al., 2001) or reduce (Bowser et al., 2002; Eugène et al., 2007)  
 684 benzodiazepine sensitivity. A recent report suggests that  $\gamma 2$  subunit  
 685 mutations at the  $\alpha 1 \gamma 2$  interface (Arg43 and Glu117), where the  
 686 benzodiazepine binding site is located, result in a loss of benzodiazepine  
 687 sensitivity (Goldschen-Ohm et al., 2010). Mutations of histidine  
 688 residues in the  $\alpha 1$  subunit have been linked to diazepam insensitivity

(Rudolph and Möhler, 2006). In addition, our finding of decreased frequency of mIPSCs, but not sIPSCs, might suggest decreased probability of release. Similar observations were reported in DGCS in the FPI model of TBI (Toth et al., 1997).

#### Potential pathophysiological consequences of increased tonic inhibition after CCI

An increase of GABAergic tonic inhibition in DGCS 90 days after CCI may suggest the existence of a novel mechanism by which TBI contributes to the impairment of cognitive and memory functions. It has been recognized that increased GABA<sub>A</sub>R-mediated tonic inhibition is negatively correlated with cognitive and memory functions (Caraiscos et al., 2004), whereas positive modulators of GABA<sub>A</sub>Rs, such as benzodiazepines, have amnesic effects and adversely affect memory (Maubach, 2003). The role of GABAergic tonic current mediated by  $\delta$  subunit-containing receptors in memory and cognition is beginning to emerge. A recent finding suggests that potentiation of tonic inhibition in area CA3 interneurons mediated by  $\delta$  subunit-containing GABA<sub>A</sub>Rs can suppress CA3 gamma-frequency oscillations, which are critical for memory encoding and retrieval (Mann and Mody, 2009). Increased levels of the GABA synthesizing enzyme GAD67 in the prefrontal cortex has been correlated with decline of working memory (Kobori et al., 2006). In the pendulum model of TBI, impaired spatial memory was improved after blockade of GABA<sub>A</sub>Rs and was attributed to disinhibition of presynaptic cholinergic transmission (O'Dell and Hamm, 1995). Taken together, these results suggest that concomitant alterations in tonic and phasic inhibition in DGCS may occur after TBI.

TBI is a major risk factor for the development of PTE. It has been suggested that the dentate gyrus functions as a “gate” in preventing the reverberation of excessive excitatory drive through the trisynaptic circuit formed by the mossy fiber to CA3 to CA1 pyramidal neuron. Breakdown of this gate could be a critical event in the development of seizure activity within the temporal lobe (Collins et al., 1983; Stringer and Lothman, 1989; Heinemann et al., 1992). Alterations of GABAergic signaling in DGCS after an epileptogenic insult have been long recognized as an important part of a wide array of molecular, cellular, and circuit level changes in the dentate gyrus. Although we did not document seizures in the 11 CCI-injured animals that underwent limited video monitoring before sacrifice and electrophysiological studies, it is possible that these animals demonstrated convulsive activity before they were monitored or had non-convulsive seizures, which would have been undetectable by video recordings without concomitant EEG. In addition, it is possible that the 12 CCI-injured animals that were not monitored might have had undetected convulsive or non-convulsive seizures at any point in time following cortical impact. If animals had become epileptic during the 90-day period following lesioning, the results of the present study would need to be interpreted in a potentially different context than that of TBI-induced changes alone.

In summary, the present findings support differential alterations of tonic and phasic GABA<sub>A</sub>R-mediated inhibition in DGCS after a single episode of CCI. The net result of these differential alterations is that the amplitude of tonic current was increased and benzodiazepine sensitivity of synaptic receptors was lost. These findings demonstrate for the first time that tonic inhibition can be altered after CCI in DGCS. Additional studies are required to elucidate the relationship between TBI, increased tonic inhibition in the dentate gyrus, cognitive performance, and the development of PTE.

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