

## You Are What You Experience: Effects of Environment on Neuroplasticity and Recovery from Brain Injury

ISNA Symposium  
Birmingham, AL  
October 2, 2010

surviving the  
technological alteration of  
the modern mind

**iBrain**  
Gary Small, M.D. and Greg Gage

**ME**  
SO YOU WANT TO RAISE A SUPERKID  
KARL ROVE: BUSBY'S MAN TO SEE  
ST. JOHNNY'S WORST BLUES

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UCLA Brain Injury Research Center  
Dept of Neurosurgery and Div of Pediatric Neurology

## What's Important

### I. Principles of Plasticity and Development

Experience-dependent plasticity is the process thru which changes in environment alter brain structure and function.

IV. Building the Evidence Base  
V. Summing Up

## Principles of Plasticity and Development

- Kennard Principle (1938)  
Similar injuries in developing and mature brains produce less functional disability in the developing brain  
  
"Younger is better."
- Hebbian Theory (1949)  
Repeated stimulation of a synapse leads to ....  
  
...structural changes which facilitate transmission at that synapse  
  
"Cells that fire together, wire together."

## "Recovery to Baseline"... is inadequate after developmental TBI

Injury in a static (mature) model      Injury in a dynamic (developing) model

Green line = no injury

## Neural repair/recovery vs experience-dependent plasticity....?

Injury in a static (mature) model

Green line = no intervention  
Yellow line = yes intervention

## Normal Plasticity Response: Controlled Glutamate Release

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- II. **Nature vs Nurture**
- III. Mechanisms of Experience-Dependent Neuroplasticity
  - A. Normal Development
  - B. Environmental Effects
  - C. Pharmacological Effects
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## Maternal care, hippocampal synaptogenesis and cognitive development in rats

Dong Liu, Josie Diorio, Jamie C. Day, Darlene D. Francis & Michael J. Meaney

The offspring of mothers that show high levels of pup licking and grooming and arched-back nursing showed increased expression of NMDA receptor subunit and brain-derived neurotrophic factor (BDNF) mRNA, increased cholinergic innervation of the hippocampus and enhanced spatial learning and memory.



August 2000 Volume 3 Number 8 pp 799 - 806

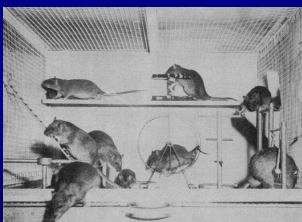
Maternal nurturing

↓  
↑ Plasticity molecules (NR2A, BDNF)  
↑ Cognition (MWM)

Liu D, et al. Nat Neurosci 2000

## Enriched Environment (EE) Paradigms

EE (or complex environments) have been shown to modify brain chemistry, structure and function since the seminal work of Rosenzweig, Bennett and Diamond in the 1960s.

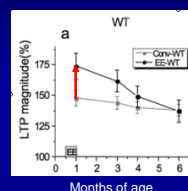


- **ECT** = environmental complexity and training (communal housing, toys, daily open field training)
- **SC** = social condition (3/cage, no toys)
- **IC** = isolated condition (1/cage, dimly lit room)

Duration of differential housing = 80 days, later 30 days

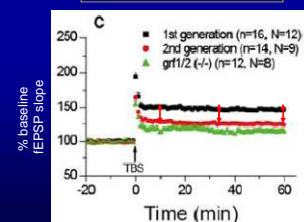
Bennett EL, et al., Science 1964

## Can environmentally acquired attributes be passed on?



EE rearing enhances long term potentiation (LTP), a physiological correlate of learning and memory.

EE rearing of mothers enhances long term potentiation (LTP) in their first generation offspring!

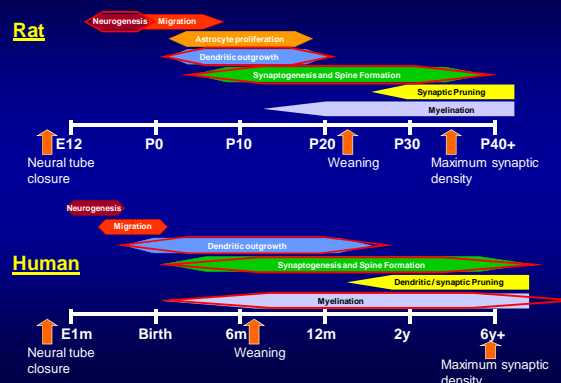


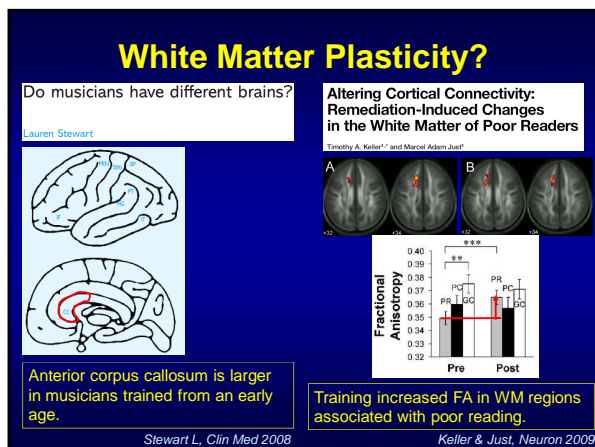
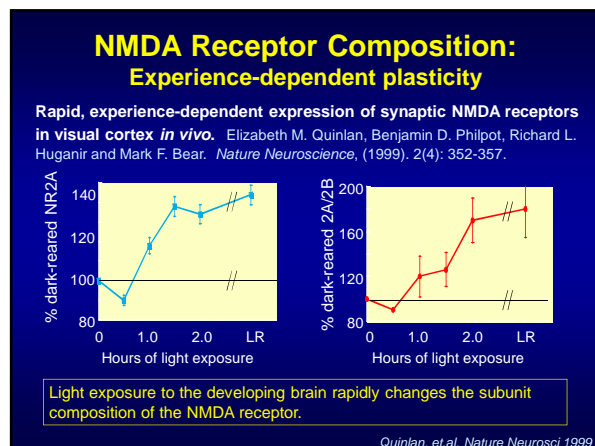
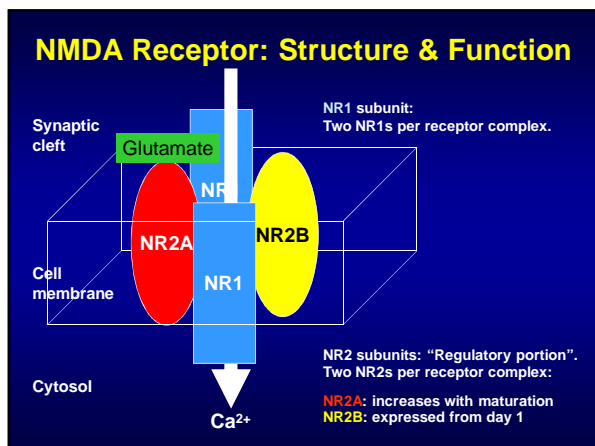
Arai, et al., J Neurosci 2009

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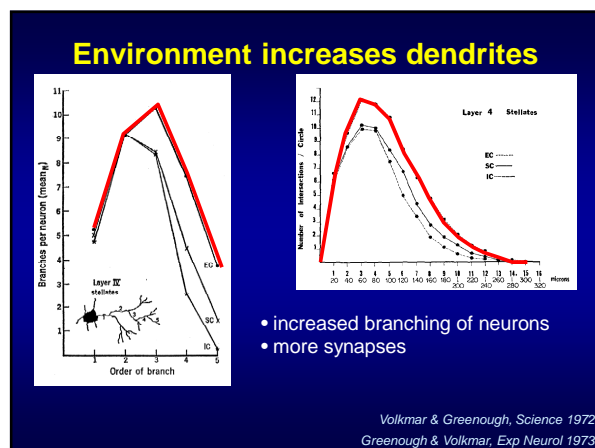
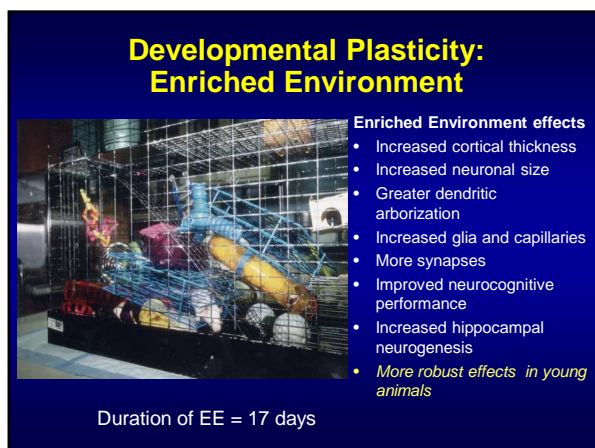
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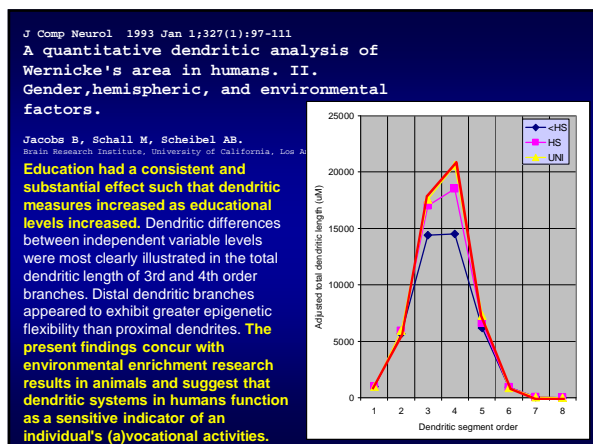
## Stages of Neural Development





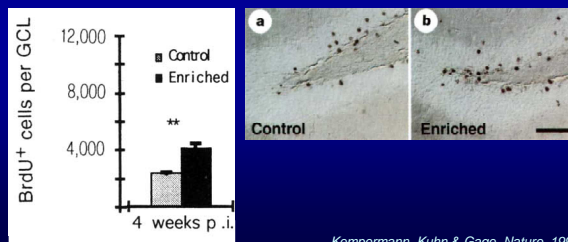
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## Environment increases brain cells

### More hippocampal neurons in adult mice living in an enriched environment



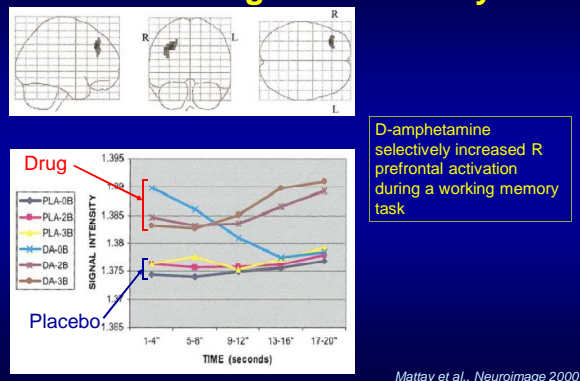
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## Do Our Treatments Independently Worsen Outcome?



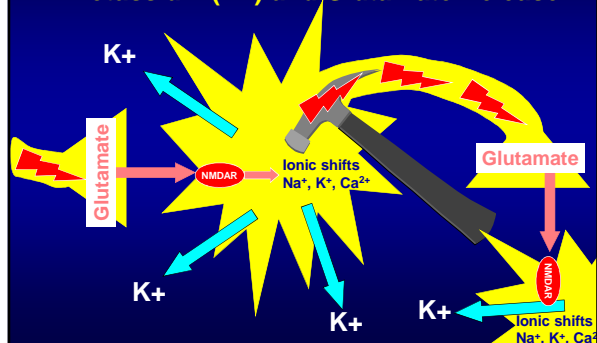
## Modulating neural activity



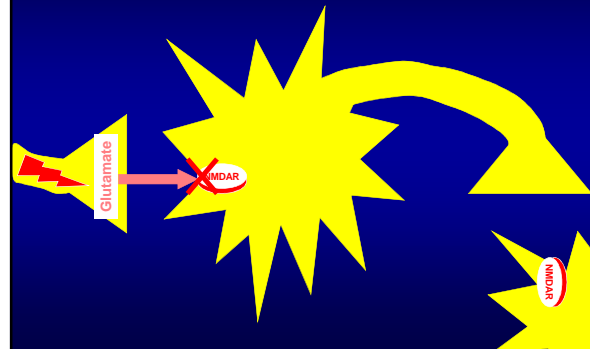
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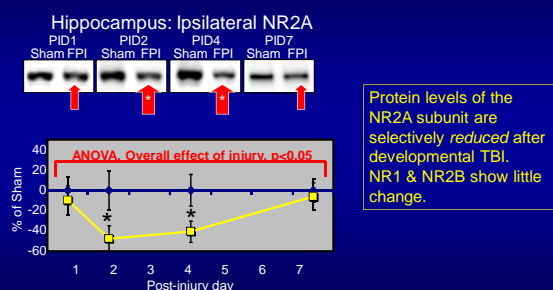
### Post-Concussive Cellular Response: Potassium (K<sup>+</sup>) and Glutamate Release



### Post-TBI Plasticity Response: Diminished Activation?

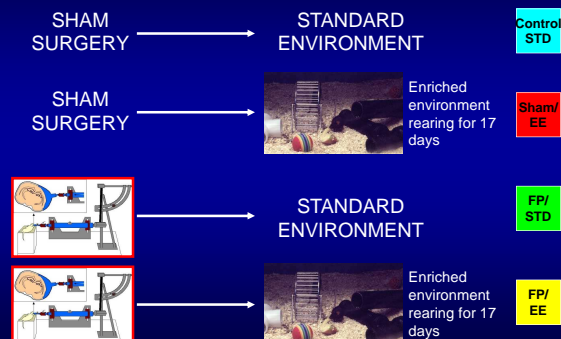


### Developmental TBI: NMDA Receptors

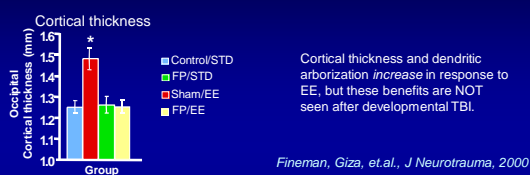


Giza, Santa Maria & Hovda, J. Neurotrauma 2006

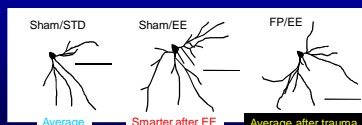
### Experimental Design:



### Developmental TBI & EE: Lack of Anatomical Enhancement

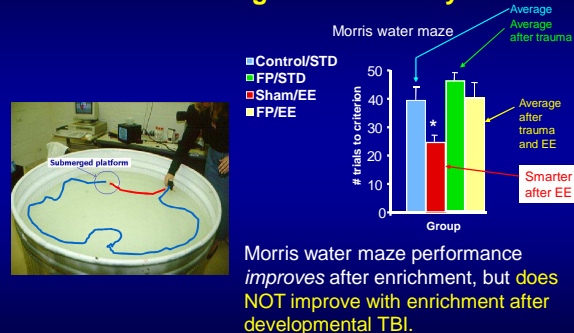


Fineman, Giza, et al., J Neurotrauma, 2000



Ip, Giza, et al., J Neurotrauma, 2002

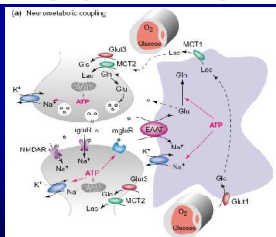
### Developmental TBI & EE: Loss of Cognitive Plasticity



Giza, Griesbach and Hovda, Behav Brain Res 2005

## Glutamate and fMRI

**Does glutamate  
image your thoughts?**

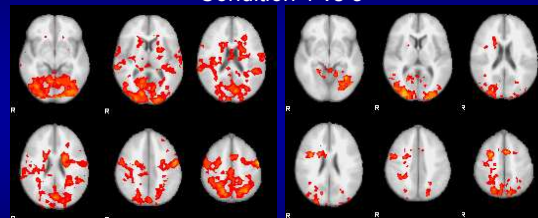


Glutamate  
neurotransmission  
may drive the  
(BOLD) signal seen  
on fMRI

Bonvento, G. et al., TINS, 2002

## Post-TBI Impaired Activation: Functional MRI

Condition 1 vs 3



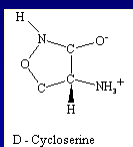
Controls

TBI

During a spatial working memory task, children post-acutely following moderate-severe TBI show much less network activation

Cazalis F, et al., Soc for Neurosci, abst. 2007; also in Anderson & Yeates, eds, Ped TBI 2010

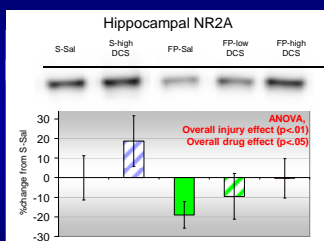
## D-Cycloserine (DCS) Treatment Reverses TBI Dysfunction



D - Cycloserine

D-cycloserine

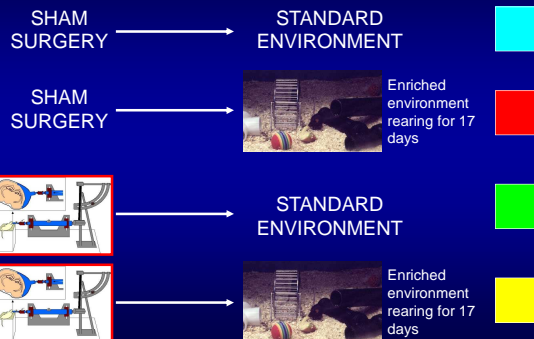
- NMDAR co-agonist
- Binds at glycine site
- FDA approved agent (for TB)
- Good bioavailability
- Penetrates BBB



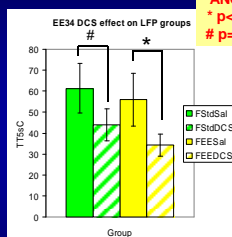
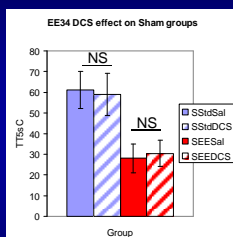
Treatment with DCS restores  
normal NR2A levels in rats

Santa Maria N.S., et al., J Neurotrauma abst 2007

## Experimental Design:



## D-Cycloserine (DCS) Treatment Restores post-TBI Plasticity

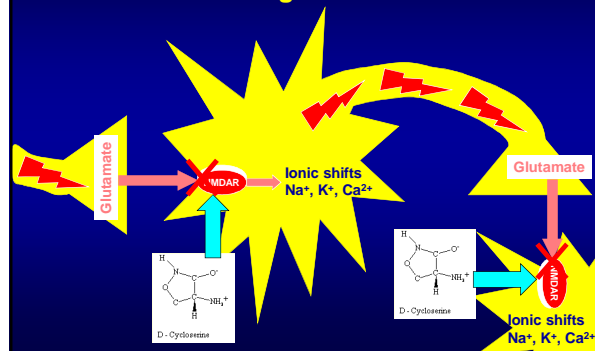


One-way  
ANOVA  
\* p<0.05  
# p=0.19

Treatment with DCS has no effect in sham rats, but given after developmental TBI, DCS improves spatial memory in adulthood preferentially in EE reared animals

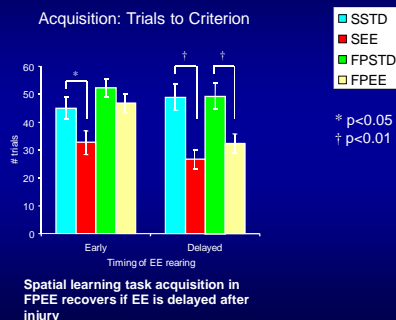
Santa Maria N.S., et al., J Neurotrauma abst 2008

## Post-TBI Plasticity Response: Pharmacological Restoration?



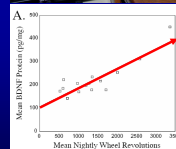
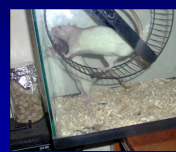


## Developmental TBI + EE: Partial Recovery of Plasticity

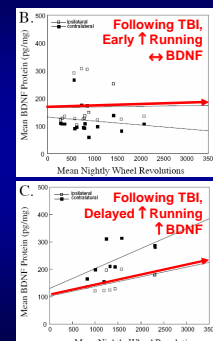


Giza, Griesbach, Hovda, Behav Brain Res 2005

## Early exercise is not always better...



In Normals,  
↑ Running, ↑ BDNF



Also...  
Worse  
cognition

Better  
cognition

Griesbach, et al. Neurosci 2004

### PAPER

#### Outcomes following childhood head injury: a population study

C A Hawley, A B Ward, A R Magnay, J Long

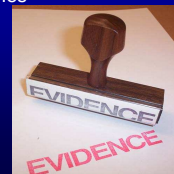
J Neural Neurosurg Psychiatry 2004;75:737-742. doi: 10.1136/jnnp.2003.006451

**Results:** Frequent behavioural, emotional, memory, and attention problems were reported by one third of the severe group, one quarter of the moderate, and 10–16% of the mild. Personality change since HI was reported for 148 children (28%; 21% mild HI, 46% moderate, 69% severe). There was a significant relationship between injury severity and KOSCHI outcomes. Following the HI, 252 (48%) had moderate disability (43% mild HI, 64% moderate, 69% severe), while 270 (51%) made a good recovery (57% mild HI, 36% moderate, 22% severe). There was a significant association between social deprivation and poor outcome ( $p = 0.002$ ). Only 30% (158) of children received hospital follow up after the HI. All children with severe disability received appropriate follow up, but 64% of children with moderate disability received none. No evidence was found to suggest a threshold of injury severity below which the risk of late sequelae could be safely discounted.

This is one of many studies that connects environment with outcome after pediatric TBI. It is critical to document and quantify relevant differences in environment, as they may influence outcomes.

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## Evidence-Based Rehabilitation

Important variables to consider:

- Age-at-injury
- Type of injury
- Timing of rehab
- Intensity/duration of treatment
- Goal of therapy

Choosing appropriate interventions may be guided by an awareness of potential underlying mechanisms for recovery.

Building rigorous evidence requires:

1. A comparison group (controls)
2. A consistently applied protocol for intervention (treatment)
3. A quantifiable goal of therapy (outcome measure)
4. An adequate number of subjects (statistical power)

## Summing Up

1. Experience-dependent plasticity is the process thru which changes in environment alter brain structure and function.
2. These changes can occur due to normal development/aging, medications and/or neurocognitive training.
3. Studying changes in environment in animals has relevance for understanding plasticity in humans.
4. By targeting specific biological mechanisms of experience-dependent plasticity more effective rehabilitative interventions can be developed.
5. Timing of interventions is often critically important.
6. Building a rigorous evidence-base of therapeutic efficacy is essential for widespread application of rehabilitative interventions.

