

# Chronic Stress- and Sex-Specific Neuromorphological and Functional Changes in Limbic Structures

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**Abstract** Chronic stress produces sex-specific neuromorphological changes in a variety of brain regions, which likely contribute to the gender differences observed in stress-related illnesses and cognitive ability. Here, we review the literature investigating the relationship between chronic stress and sex differences on brain plasticity and function, with an emphasis on morphological changes in dendritic arborization and spines in the hippocampus, prefrontal cortex, and amygdala. These brain structures are highly interconnected and sensitive to stress and gonadal hormones, and influence a variety of cognitive abilities. Although much less work has been published using female subjects than with male subjects, the findings suggest that the relationship between brain morphology and function is very different between the sexes. After reviewing the literature, we present a model showing how chronic stress influences the morphology of these brain regions and changes the dynamic of how these limbic structures interact with each other to produce altered behavioral outcomes in spatial ability, behavioral flexibility/executive function, and emotional arousal.

**Keyword** Stress · Hippocampus · Prefrontal cortex · Amygdala · Sex difference · Spatial memory · Emotional arousal · Fear conditioning · Behavioral flexibility · Depression · Post-traumatic stress disorder

## Abbreviations

AMY	Amygdala
CA	Cornu ammonis
GC	Glucocorticoid
HPA	Hypothalamic–pituitary–adrenal
MDD	Major depressive disorder
OVX	Ovariectomized
PFC	Prefrontal cortex
PTSD	Post-traumatic stress disorder

## Introduction

An extensive literature shows that chronic stress alters limbic structure and function, with important sex differences. The limbic region is critical for processing information related to emotions and memory [1–3], with the hippocampus' role in spatial learning and memory receiving much attention [4–7]. Structural damage to the hippocampus or its afferents disrupts spatial learning and memory [8–10]. Similarly, chronic stress alters hippocampal structure and impairs spatial learning and memory in males and, yet, produces different outcomes in females (for review [11–13]). The prefrontal cortex (PFC) and amygdala are two other limbic regions that have been extensively investigated for their role in behavioral flexibility/executive processing [14, 15] and emotionally salient events [16–19], respectively. The behavioral changes arising from PFC or amygdala damage

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following lesion [20–22], and the behavioral outcomes produced by chronic stress [23–27] emphasize that the structural modifications caused by chronic stress has functional significance. As found with the hippocampus, these structural and functional outcomes in the amygdala and PFC reveal sex differences, which are likely modulated by gonadal hormones [13, 28, 29]. Chronic stress and/or sex-specific alterations in this neurocircuitry influence function, with gonadal hormones modulating these outcomes.

A general overview of the neurocircuitry connecting the hippocampus, PFC, and amygdala is as follows: The core of the hippocampus is comprised of the cornu ammonis (CA) regions, CA1, CA2, and CA3, with the hippocampal formation extending to the dentate gyrus (DG), entorhinal cortex, subiculum, parasubiculum, and the presubiculum [30]. The traditional trisynaptic circuitry refers to entorhinal cortical projections via the perforant path to the DG (synapse 1), which projects via the mossy fibers to the CA3 (synapse 2), which sends axons via the Schaffer collaterals to the CA1 (synapse 3). CA1 neurons send some projections back to the entorhinal cortex. Moreover, axons of the entorhinal cortex can bypass the DG and synapse with the CA3 or CA1 regions to form additional connections within the hippocampus. For the limbic circuitry, the hippocampal formation, PFC, and amygdala have reciprocal connections among each other. Consequently, changes in structure in any one of these regions could impact the functions of the remaining structures.

The purpose of this review is to present and evaluate current research investigating chronic stress and sex differences on limbic region plasticity and function with an emphasis on neuronal dendritic restructuring. Specifically, this paper will focus on sex-specific dendritic morphological alterations within the hippocampus, PFC, and amygdala and how the interactions between sex and neuromorphological alterations contribute to learning and memory. In this review, we propose that hippocampal CA3 dendritic morphology is coupled with spatial performance in males, while hippocampal CA1 dendritic properties are a better predictor of spatial ability in females. We present a model showing how chronic stress influences the morphology of these brain regions and changes the dynamic of how these limbic structures interact with each other to produce altered behavioral outcomes in spatial ability, behavioral flexibility/executive function, and emotional arousal.

### **Clinical Relevance: Brain and Behavioral Changes in Stress-Related Disorders**

Stress influences emotional states and cognitive abilities in a variety of mental disorders and diseases. Stressful life

events are powerful triggers for post-traumatic stress disorder (PTSD) [31, 32] and major depressive disorder (MDD) [33–36]. The focus of this review is on chronic stress, but acute and severe traumatic events are also important in the etiology of PTSD and MDD [37–42]. PTSD and MDD can be influenced by the stress steroid, cortisol, a glucocorticoid (GC) released by the adrenal glands in response to stress, as prolonged and/or significantly elevated GCs are commonly associated with depressed mood and cognitive impairment found in both childhood-diagnosed PTSD [43, 44] and MDD [32, 45–50]. Moreover, chronic stress is implicated in the onset and development of Alzheimer's disease, where elevated GC levels are associated with learning and memory deficits as well as depressed mood [47, 51, 52]. Thus, chronic stress is linked to cognitive dysfunction and emotional distress found in several human conditions, with GCs as a likely mediator or facilitator of these disorders (for review, see [53]).

Chronic stress most likely influences cognitive dysfunction and emotional distress observed in clinical disorders through a variety of mechanisms, but overt neuromorphological changes may represent persistent effects from chronic stress. For example, the hippocampus is highly sensitive to stress hormones [54, 55], and changes in hippocampal volume may contribute to altered cognition and mood in individuals suffering from stress-related disorders (for reviews, see [47, 56–59]). Specifically, decreased hippocampal volume and impaired cognitive function are observed in individuals suffering from PTSD [59–62] or MDD [63–69]. However, not all studies find a relationship between hippocampal volume and/or cognitive function in PTSD or MDD [70–73]. Some interpretations for discrepancies in the literature include history of depression, amount and severity of stress and/or depressive episode, comorbidity with other disorders, and research methodology [66, 74, 75]. Regardless, the consensus that the hippocampus is a key player in PTSD and MDD remains due to the structure's high susceptibility to stress effects and the subsequent morphological changes that influence behavior.

In addition to the hippocampus, the PFC and amygdala are also critical in the stress response and are two of the most studied brain regions involved in mood and cognition. Both brain regions contain corticosteroid receptors [76–78] and help regulate GC activity [79] and show morphological changes in clinical disorders. For example, recent studies show reduced frontal cortex volume in MDD patients [68, 75, 80–82]. Moreover, chronic GC treatment is associated with decreased amygdala volume in patients with rheumatic diseases [83] and MDD [71, 73, 84]. As with studies in the hippocampus, the literature is not unanimous for volumetric changes in the PFC [85] or amygdala [64]. In fact, several studies report amygdala enlargement in MDD patients [66, 67, 86], and some

suggest that increased amygdala activation during stressful events contributes to depression relapse [87]. Taking the literature in its entirety, an alternative interpretation could be that structural alterations in either direction (reduction or enlargement) may impact function. In particular, it has been suggested that the hyper- or hypoactivity of the amygdala, when combined with the hypoactivity of the PFC and perhaps the hippocampus, influences cognition in affective disorders and/or PTSD [50, 88–90], while acknowledging that not all participants show changes in brain structure (for review, see [91]). Therefore, disrupted function can arise when one or several brain structures have been altered. Consequently, changes in neuronal circuitry likely contribute to the subtle differences observed in individuals with similar clinical diagnoses.

The role of gender is gaining recognition as an important variable underlying the etiology or acting as a mitigating factor that can influence stress-related disorders (for review, see [92]). Compared to men, women are at a greater risk to develop PTSD [93, 94] and to be diagnosed with MDD [47, 95–97]. In addition, women are diagnosed with Alzheimer's disease 1.5 times more than men, after being matched for age [98], and recent reports continue to document higher incidence of the disease in women [99]. Gonadal hormones likely contribute to the gender discrepancies observed in stress-related disorders. In women, GC levels are tightly coupled to the reproductive cycle, as increased GC release and stress sensitivity is commonly observed in women during the follicular phase of the menstrual cycle, when estrogen levels are high [100–102]. Moreover, mood is coupled to the phase of the menstrual cycle, puberty, and menopause, which are critical phases involving ovarian hormone changes [103–107]. Consequently, females have a greater incidence of stress-related disorders, with GC activity or upstream stimulators of GC potentially interacting with gonadal hormones to contribute to the gender discrepancies in developing stress-related illnesses.

### **Animal Research: The Use of Animal Models to Better Understand Chronic Stress Effects**

The use of animal models has become invaluable in understanding brain and behavioral changes related to neuropsychiatric illness and clinical conditions. Of particular interest to the current review, studies that rely upon chronic stress models using immobilization and/or restraint stress have become powerful tools for understanding the etiology of PTSD and MDD (for review, see [108]), aging, and neurodegenerative diseases, such as Alzheimer's disease (for review, see [51]), as well as other health-related

conditions (for review, see [109]). In addition, animal models allow us to further investigate the effects of gonadal hormones and stress on the brain, a complex relationship that likely contributes to the gender differences observed in the onset and severity of stress-related disorders.

In our laboratory, chronic restraint stress using rats as subjects produces many symptoms that are similar to those observed in MDD, such as attenuated body weight gain [110, 111], altered cognition [110], changed hypothalamic–pituitary–adrenal (HPA) axis activity and sensitivity [112], reduced motivation to obtain palatable food [113], and comorbidity with anxiety [114]. Moreover, chronic stress and MDD exhibit parallels in brain plasticity and show that studying chronic stress in animal models provides insight into the possible mechanisms underlying MDD. As mentioned earlier, several studies report that MDD patients typically show decreased volumes of the hippocampus [63–68] and PFC [68, 75, 80–82] and increased volume of the amygdala [66, 67, 86]. Similarly, chronic stress alters structural plasticity at many levels in the rodent, including decreased neurogenesis in the dentate gyrus [115, 116], reduced dendritic complexity of the hippocampus [23, 117–119] and PFC [120–122], and increased dendritic arborization in the amygdala [117, 123, 124]. Moreover, studies finding decreased hippocampal volume in MDD patients report restored volumes following antidepressant treatment [65, 125]. In rodents, hippocampal dendritic retraction can also be restored or prevented through the administration of antidepressants [110, 126, 127]. These findings demonstrate that changes observed in brain morphology and plasticity are highly similar between MDD patients and chronically stressed rodents. Therefore, animal models have face and predictive validity in that they share stress-related symptoms with several clinical conditions and they benefit from antidepressant treatment [128].

Animal models also provide the opportunity to explore morphological changes in the brain with behavioral outcomes in the same subjects, which can be challenging in clinical populations. Dendritic structure is coupled with spines/synaptic input and neuronal firing rates [129–132]. Increased dendritic complexity allows for additional spines and synaptic contacts, as well as enhanced cognitive function [133, 134], whereas reduced or abnormal dendritic and/or synaptic plasticity is proposed to underlie many clinical conditions, including mood and stress-related disorders [135–138]. The correspondence among dendritic structure, spines, and synaptic activity indicates that plasticity at any one of these morphological structures can impact the remaining morphological regions, as well as the corresponding functional outcomes (for review, see [139]).

Another important factor when evaluating sex differences in response to chronic stress is the ability to monitor or

manipulate the role of gonadal hormones, as a closely tied and complex relationship exists between the HPA axis and the hypothalamic–pituitary–gonadal axis (for review, see [140, 141]). Due to the increased risk for women to develop stress-related disorders, significant research has emerged investigating the role of estrogens on the female brain and behavior. For females (both human and rodent), changes in estrogens during the reproductive cycle are tightly coupled with changes in GC levels. Increased levels of estrogens and GCs during the follicular phase of the menstrual cycle (when estrogens peak in women) and proestrous phase of the estrous cycle (when estrogens peak rodents) alter stress sensitivity in women [101, 102, 142] and rodents [143–146]. Indeed, some research suggests that female rodents may be more susceptible to certain stressors compared to their male counterparts [147], further supporting the use of animal models to better understand sex differences in response to stress disorders.

### Sex-Specific Effects of Chronic Stress on Hippocampal Morphology and Spatial Memory

Seminal studies established that chronic stress and/or chronic GC administration alters male rodent hippocampal morphology and function [for reviews, see 11, 148–150], and these outcomes extend across species [for review, see 134]. While chronic stress influences several areas of the hippocampus [151, 152], hippocampal CA3 neurons in particular are highly sensitive to chronic stress effects and are one of the first areas within the hippocampus to show dendritic remodeling [119, 153–155] although other hippocampal regions will show dendritic alterations as chronic stress continues [152] or intensifies [151, 156]. Therefore, our laboratory and others have primarily focused on chronic stress-induced changes in hippocampal CA3 neuronal properties as evidence for the onset of chronic stress influence on hippocampal structure and spatial memory in a rodent model.

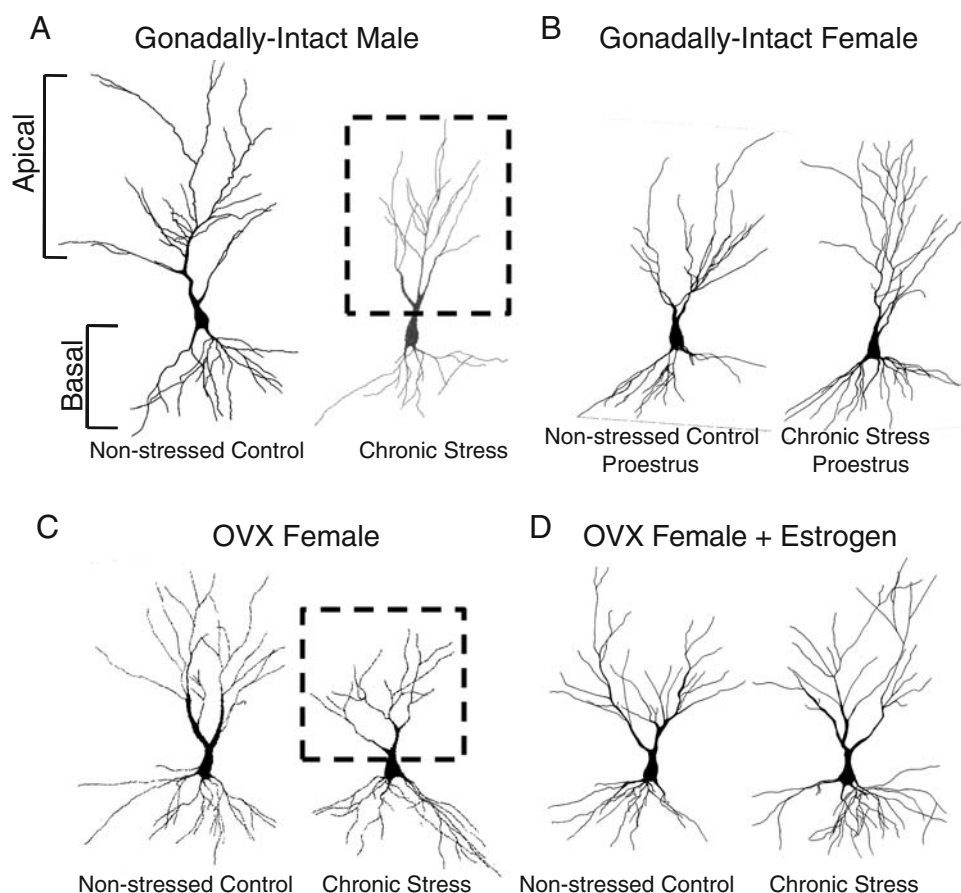
Similar to previous reports, we observe a relationship between CA3 dendritic structure and function in males. Chronic restraint stress for 6 h/day/21 days [23, 113, 118] or chronic GC administration (corticosterone in drinking water) [157] induces robust CA3 apical dendritic retraction in the male hippocampus (Fig. 1a). Moreover, chronic stress-induced CA3 apical dendritic retraction in males often coincides with hippocampal-dependent spatial memory deficits. Male rats exposed to chronic stress perform poorly on such tasks as the appetitively motivated radial arm maze [158, 159], water escape radial arm maze [160–162], Y-maze [110, 111, 114, 118], T-maze [163], holeboard task [164], and the Morris water maze [155, 165–169]. When CA3 dendritic retraction is blocked pharmacologically [126, 170],

spatial memory remains intact in chronically stressed male rats [110, 148, 159]. We have recent evidence that CA3 dendritic retraction indirectly mediates spatial memory because spatial memory can be restored in chronically stressed male rats when a corticosterone synthesis inhibitor is administered once on the day of training in a spatial task [112]. Our results demonstrate that this one-time pharmacological intervention decreases circulating GC levels, suggesting that HPA axis responsivity at the time of cognitive assessment is an important contributor to function [112]. Consequently, the presence of CA3 dendritic retraction does not necessarily predict impaired spatial memory and instead reveals a vulnerability to impaired spatial function. We previously presented a hypothesis for this outcome (see [134]), in that stress-induced CA3 dendritic retraction compromises the ability of the hippocampus to regulate the HPA axis in males, which in turn influences spatial ability (for information about the role of the hippocampus regulating hormones, see [171]). In its entirety, these data emphasize a relationship between hippocampal morphology and function in males and support the hypothesis that chronic stress-induced CA3 dendritic retraction contributes to, but is not the primary mediator of, impaired spatial ability in male rats.

In females, the relationship between CA3 structure and function has just recently begun to be explored, and thus far, research has failed to find a direct relationship between hippocampal CA3 morphology and spatial ability. To begin, the reliable finding in males that chronic stress induces CA3 dendritic retraction does not appear to apply to females. Chronic stress administered to gonadally intact, cycling females produces either mild basal CA3 dendritic retraction [172] or fails to alter CA3 dendritic complexity [173]. When female rats are ovariectomized (OVX), chronic stress produces drastic CA3 dendritic retraction [173, 174]. However, spatial learning and memory remains functional or even facilitated in chronically stressed female rats, whether or not the female rats are gonadally intact [175–178] or OVX [173, 174, 179], even when CA3 dendritic retraction is confirmed [173, 174]. Taken together, these findings suggest that females may be resilient to the potential deleterious effects of chronic stress on behavior, even under OVX conditions that allow for CA3 dendritic atrophy.

The disconnection between hippocampal CA3 dendritic arborization and spatial memory in females may be attributed to ovarian hormones, which likely influence hippocampal morphology and function via separate mechanisms than does stress. Estrogens have numerous actions within the hippocampus and are key modulators of brain activity and cognitive function [for review, see 180, 181, 266], revealing neuroprotective actions that extend beyond the hippocampus. Within the hippocampus, the CA3 region expresses receptors for estrogen [182–185]. Indeed, when a neurotoxin is directed at the hippocampal CA3 region following a history





**Fig. 1** Hippocampal CA3 neuronal dendritic arborization in males and females. Camera Lucida tracings ( $\times 360$ ) represent apical and basal CA3 hippocampal dendritic morphology. **a** In gonadally intact, young male rats, chronic stress produces dendritic retraction of the apical region (boxed), but not the basal region, of CA3 neurons. **b** In gonadally intact, young female rats, chronic stress fails to produce dendritic retraction in either the apical or basal regions of CA3 neurons. Note that the females showed regular estrous cycles and were euthanized at proestrus (high estrogen levels) or estrus (low estrogen levels). CA3 dendritic complexity was similar when assessed at proestrus or estrus and so CA3 neurons from proestrus are represented only in this illustration. **c** In ovariectomized (OVX) female rats,

chronic stress causes apical dendritic retraction (boxed) in short shaft neurons and in both the apical and basal regions of long shaft neurons (not shown). **d** In OVX rats implanted with silastic capsules filled with estrogen ( $17\beta$ -estradiol) or even cholesterol (not shown), chronic stress-induced CA3 dendritic retraction was blocked. For both **a** and **c**, the black dotted box highlights regions with significant dendritic retraction, typically characterized by decreased dendritic branch points and/or reduced dendritic length. Apical dendritic retraction is commonly observed in chronically stressed gonadally intact males and chronically stressed OVX females. Note: Chronic stress refers to 6 h/day/21 days restraint stress. These figures have been adapted from the following sources: [118, 173, 174]

of chronic stress, neuroprotection against cell loss is more robust in females than in males [186], with estrogens hypothesized to contribute to this neuroprotective outcome. Additional support comes from the finding that estrogens prevent chronic stress-induced hippocampal neuronal loss [187]. More recently, we support our hypothesis proposed earlier that estrogen may mitigate chronic stress-induced CA3 dendritic remodeling [174], by demonstrating that estrogen or cholesterol replacement protects against stress-induced CA3 dendritic remodeling (Fig. 1) [173]. We also assessed spatial learning and memory within the same females and failed to find evidence that chronic stress-induced CA3 dendritic retraction influenced spatial memory. Given these findings, we evaluated the effects of chronic stress on gonadally intact, cycling females and

euthanized the chronically stressed females when ovarian hormones were high (proestrus) or low (estrus) to determine whether rapid remodeling, such as that found in some species (for review, see [134]), could explain some of the contradictory outcomes from the current findings and previous work [172]. Even when the stage of the estrous cycle was monitored, we were unable to find chronic stress effects on CA3 dendritic retraction in females (Fig. 1b) [173]. A parsimonious interpretation is that estrogens can be neuroprotective against chronic stress-induced CA3 dendritic retraction, whether it is partial [172] or complete prevention [173]. Consistent with these findings is that estrogen protects against acute stress-induced inhibition of a form of plasticity called long term potentiation in the CA1 region [267]. Therefore, the combination of behavioral

findings suggests that while estrogens protect females against stress-induced CA3 dendritic remodeling, the changes in CA3 dendritic morphology are unlikely to be responsible for spatial ability because chronically stressed females perform similar, if not better, than their control counterparts [173, 174, 188].

Alterations in CA1 dendritic properties may be one potential mechanism driving spatial ability in females. Neurobiological studies investigating hippocampal-dependent behaviors are commonly based on the trisynaptic pathway. However, recent research has begun to emphasize the role of the direct projection from the entorhinal cortex onto the CA1 region [189–194]. In general, while hippocampal activation is crucial for spatial tasks, each subregion contributes differently [189, 193, 195–198]. Some propose that the CA3 region may be responsible for receiving multimodal cortical inputs for acquisition and spatial processing [199–201], whereas the CA1 region may unite spatial and temporal contexts [195, 201]. Indeed, CA1 neurons are theorized to mediate single trial and novelty processing [194], components tested in our spatial tasks, whereas CA3 neurons are thought to integrate multimodal sensory processing [191]. Moreover, damage to CA1 neurons are thought to be more disruptive in spatial navigation than CA3 neurons [197]. Taken together, these findings support the idea that CA3 and CA1 neuronal structure influences spatial ability, but with CA1 neurons being particularly involved in spatial recognition memory, such as the type used in our laboratory.

Gonadal hormones and stress may modulate learning and memory through activation of the CA1 region. Both androgens [202–204] and estrogens [205–207] increase CA1 apical dendritic spine density, alter spine shape and functional plasticity [267]. CA1 spine density naturally fluctuates across the female estrous cycle with CA1 spine density greatest at proestrus [173, 208], an effect that can be produced in OVX females injected with estradiol [207, 209, 210] or implanted with silastic capsules filled with estradiol [173, 211] or even cholesterol [173]. Many studies speculate that increased CA1 spine density following appropriately timed estrogen treatment underlies the improved spatial ability in female rats [207, 212–214]. Stress also influences CA1 dendritic/spine morphology, with chronic stress increasing CA1 branching [152] and post-synaptic density [215]. Moreover, sex differences in CA1 spine density emerge following an acute stressor, with males expressing increased apical and/or basal spine density compared to females (for review, see [216]), and this effect can be reproduced through the masculinization of females [217]. In addition, CA1 basal spine shape can be influenced by acute stress [218] and chronic stress [173, 174] by facilitating the maturation of spines. Our laboratory has found that, for females, chronic stress increases the

ratio of CA1 basal spine shape (heads or mature spines as a ratio of headless or immature spines), which is associated with enhanced spatial learning and memory [173, 174] and similar results have been reported for males [218]. Although there are a few studies that evaluate CA1 morphology and behavior in the same subjects, the available findings suggest that CA1 spines contribute to spatial memory [174, 216]. The relationship between gonadal hormones and stress on CA1 spine properties is important because it may provide additional mechanisms to explain the sex differences observed in hippocampal-dependent behaviors.

### Sex-Specific Chronic Stress Effects on PFC and Amygdala Morphology and Function

While the bulk of the chronic stress literature has focused on the hippocampus, recent work has begun to elucidate the effects of chronic stress on the PFC and related behaviors (for review, see [219, 220]). The PFC interacts extensively with the stress response. Exposure to stressors results in increased PFC activity [221] and influences neurotransmitter release/activity in the PFC including acetylcholine [222], dopamine [222, 223], glutamate [224], and norepinephrine [225]. The PFC also influences the stress response by regulating GC release [226]. In addition, the PFC contains a high density of corticosteroid receptors [76–78]. Given that chronic stress-induced dendritic retraction in the hippocampus is dependent on stimulation of corticosteroid receptors, as well as changes in neurotransmitter release, any of these stress-related changes in the PFC may contribute to the morphological changes seen in the PFC.

Chronic stress impacts PFC morphology in a number of ways that has implications for behavior. In males, chronic stress reduces PFC dendritic arbors [120, 122, 227–229], decreases PFC dendritic spine density [122], and blocks the development of extinction-related potentials in the hippocampus–PFC pathway [26]. Interestingly, daily injections of either GC or vehicle alter PFC dendritic spine density [230], which suggest that the PFC is perhaps hypersensitive to external factors, including the mild stress associated with injections [231] and could even show neuronal loss [232]. Consequently, these studies suggest that chronic stress-induced alterations in the PFC of males may be expressed in PFC-mediated behaviors as well.

Several studies have investigated the effects of chronic stress on PFC function and report compromised behaviors that correspond with chronic stress-mediated changes in the PFC. Impairments in PFC-dependent behaviors, such as fear extinction recall [25–27], fear extinction acquisition [229], working memory [223, 232, 233], and attention [227], are reported in male rodents following chronic stress

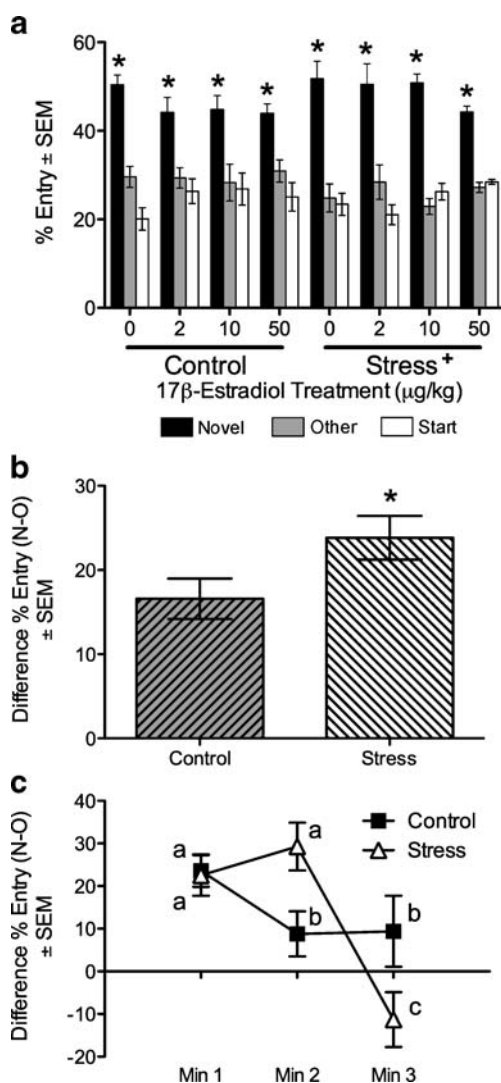
exposure. For recall of fear extinction, animals are trained to associate a neutral stimulus (i.e., tone) with an aversive event (i.e., mild footshock). The resulting behavior, freezing, exhibited during the tone is used to indicate that the rodent associates the tone with the aversive event. While male rodents with ventral–medial PFC lesions or chronic stress exposure are able to perform this aspect of fear conditioning [20, 25, 27], anomalies are observed during extinction when the tone is presented alone without footshock. During extinction to tone, rodents must learn and adapt (i.e., demonstrate flexibility) to the changed meaning of the tone, which is that the tone no longer signifies an impending footshock. While impairments of extinction have been reported in chronically stressed male mice [229], normal extinction can be detected in male rats following chronic stress or after PFC lesions under carefully considered training parameters [20, 25, 27]. Under conditions that extinction is similar for control and chronically stressed male rats, however, chronically stressed rats will not remember the extinction experience after a delay [20, 25, 27]. This deficit in impaired recall of fear extinction by chronically stressed male rodents is an indicator of impaired flexibility and consistent with performance of male rats with PFC lesions.

The maintenance of the previously learned association (tone with footshock) may appear to be a form of perseveration, and some have suggested that chronic stress increases perseverative behaviors in male mice [234, 235]. The PFC is suggested to contribute to behavioral flexibility and allows individuals to modify their behaviors as environmental information is updated. This inability of chronically stressed subjects to be “flexible” in response to changing environmental information was recently demonstrated in male mice exposed to chronic psychological stress (predator) and in male and female humans who self-reported a high stress history [236]. Both chronically stressed subject groups showed a bias for using inflexible, cued-based strategies over flexible, spatial strategies. In fact, 94% of the chronically stressed human population favored a cued strategy compared to near chance levels (52%) of the nonstressed group [236]. In the clinical study, both males and females show similar outcomes, but future studies should incorporate extensive examinations, such as the type of stress and duration because males and females respond to stressor type differently (i.e., physical vs. psychological). With regard to males, chronic stress alters PFC function, which is consistent with the changes observed in PFC morphology.

How sex differences influence chronic stress-mediated alterations in the morphology and function of the PFC is starting to be addressed in the basic science literature, and recent findings show that the process occurring in males does not necessarily apply to females. While both sexes

exhibit chronic stress-induced alterations in dendritic complexity of PFC pyramidal neurons [120, 122, 227, 228], chronic stress decreases dendritic arbors in males and increases them in females [228]. In addition, the increase in dendritic complexity seen in females is dependent on the presence of estrogens [229], but OVX does not produce the male pattern of dendritic arborization [229]. Importantly, these sex-specific morphological changes in the PFC appear to influence behavior. A recent study from our laboratory, comparing fear conditioning, extinction, and extinction recall in male and female rats, show sex-specific impairments following chronic stress [27]. Chronic stress produced the expected impairment in PFC-dependent fear extinction recall in males, while unexpectedly impairing the recall of the fear *conditioning* experience (acquisition) in females, an event that may involve the amygdala. This difference indicates that chronic stress produces sex-specific effects on the mechanisms driving recall of fear conditioning and extinction. Since chronically stressed females exhibited impaired ability to recall the fear conditioning experience itself, we were unable to determine the impact of chronic stress on the PFC-mediated extinction recall. However, data from our laboratory assessing chronically stressed females’ exploration on the Y-maze suggest that chronically stressed females show perseverative tendencies (Fig. 2). These data suggest that females may be influenced by the morphological changes in the PFC. The different patterns of dendritic retraction observed between males and females may partially underlie the sex differences displayed in fear conditioning and Y-maze exploration.

Steroid hormones may also account for sex differences in PFC-dependent behavior. As mentioned previously, endogenous GC release is higher in females than in males during both baseline and stress conditions. When GCs are chronically elevated in males via injection, dendritic retraction in the PFC is similar to chronically stressed males [237, 238]. Interestingly, dendritic retraction is also present in rats injected with vehicle [237]. This suggests that the pattern of dendritic retraction in the PFC is dependent upon the amount of GC present. In males, this pattern is associated with minor decreases in behavioral flexibility [238]. Whether a similar behavioral effect is seen in GC-treated females is unknown. Moreover, ovarian hormones also appear to modulate the chronic stress-induced dendritic remodeling in the PFC of females. The enhancement in PFC dendritic complexity following chronic stress occurs in OVX females treated with estrogens, but not in untreated OVX females [228]. Consistent with these morphological findings in the PFC of females is that estrogens impair some PFC-dependent behaviors, such as delayed spatial alternation and differential reinforcement of low rates of responding [239].



**Fig. 2** Performance of OVX females on the Y-maze. Both non-stressed controls and chronically stressed females demonstrated spatial memory, but the chronically stressed female rats showed perseverative tendencies. In this spatial paradigm, rats were placed in a symmetrical Y-maze with one of the three arms blocked. Rats will explore the remaining two arms due to their innate tendency to explore novelty. Following the exploration trial, the rats are removed, the mazes are cleaned and switched to remove the possibility of using intra-maze, nonhippocampal-based strategies, and the rats are placed back in the maze after a 4-h delay. Typically, rats will enter the arm in the location that was previously inaccessible and hence is termed the “novel” arm, with remaining arms called the start and other. Data representing the performance on this test trial reveal that all rats entered the novel arm more than the remaining arms (a) and that difference scores computed by the total entries into the other (O) arm subtracted from the total entries into the novel (N) arm show positive difference scores, which reflect preference for the novel arm (b). However, both measures show that chronic stress facilitates this novel arm preference. A timeline across minutes shows that chronically stressed rats maintain interest in the novel arm longer than nonstressed controls by entering the novel arm over min 1 and 2, while controls decrease entries into the novel arm after min 1 (c). Rats were injected with 17 $\beta$ -estradiol 2 h prior to the first trial of the Y-maze, as was done previously, and did not alter performance. The mechanism for 17 $\beta$ -estradiol action here was not likely from changes in CA1 spines as the timeline is too brief; however, these data emphasize a role for chronic stress influencing a PFC-mediated function. Data represent means  $\pm$  S.E.M. Note: \* $p$  < 0.05 for panels a and b. In panel c, means with different letters indicate values that are statistically different ( $p$  < 0.05, i.e., compare “a” vs. “b”), whereas means with similar letters represent values that are statistically similar (i.e., compare “a” vs. “a”)

These data suggest that levels of GC, as well as gonadal hormones, play a major role in the pattern of dendritic retraction following chronic stress and likely influence behavior as well.

The amygdala is another region that is highly involved in the morphological and functional effects of stress. The amygdala is critical for the processing of emotionally salient events [18, 240, 241] and mediates the effects of stress and GCs on a variety of cognitive functions [242, 243]. The basolateral amygdala (BLA), a subregion of the amygdala, modulates the function of other limbic brain regions in the presence of GCs. Specifically, inactivation of the BLA inhibits hippocampal memory consolidation and retrieval following administration of GCs [24, 244–246], and the BLA mediates GC-induced working memory impairments [247]. These studies demonstrate the interactive nature of the amygdala with stress-related changes in the function of other limbic regions.

Alterations in amygdala morphology and function may be involved in sex differences following chronic stress.

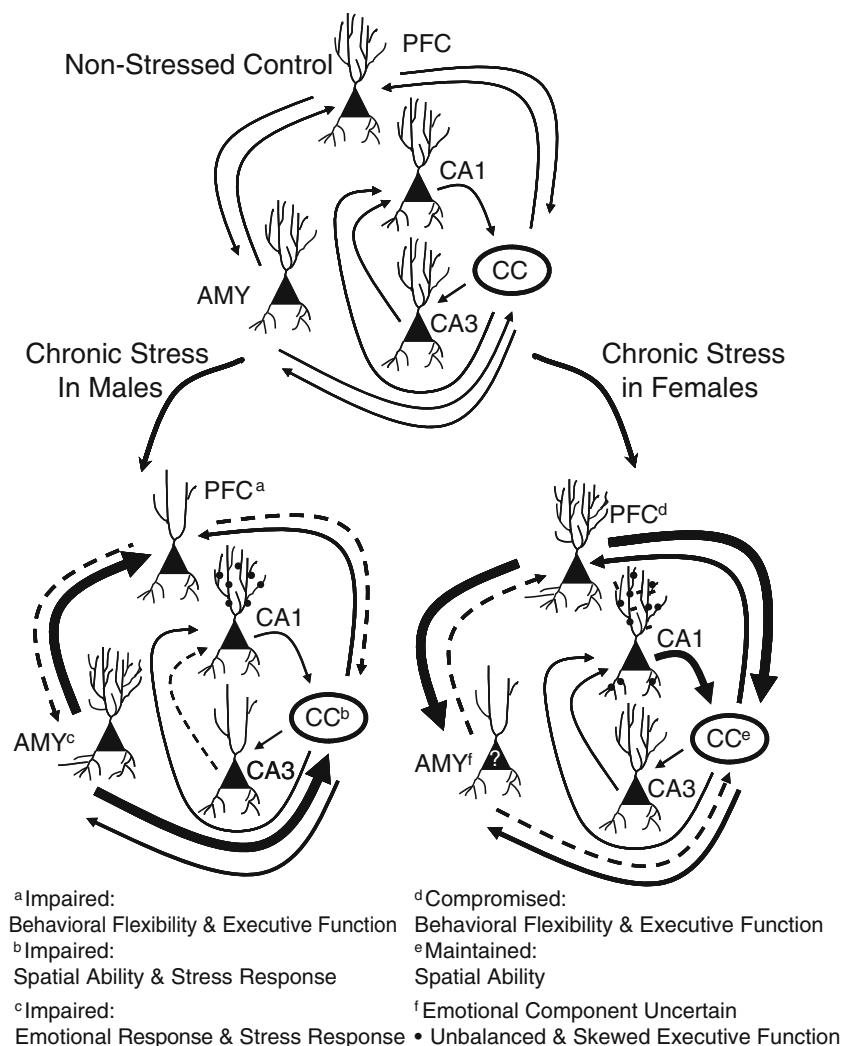
The amygdala is necessary for acquisition of fear conditioning [22, 248], which is enhanced by chronic stress in males [23, 249] or GC [24]. Similarly, chronic stress enhances dendritic arborization in the amygdala of males [117, 123, 250], a mechanism that may contribute to enhanced acquisition of fear conditioning. Moreover, stress-induced enhanced acquisition of fear conditioning extends to the human literature. Stress-induced levels of GC correlate with enhanced acquisition [251] and consolidation [252] of fear conditioning in men, while neither acquisition nor consolidation of fear conditioning correlates with GC levels in women [251, 252]. In females, chronic stress effects on amygdala morphology are unknown, but chronic stress impairs recall of the fear conditioning experience [27], which seems to contradict the outcome in males as males remember the fear conditioning experience [27]. This sex difference is also observed with acute stress, whereby acute stress impairs classical conditioning in females and facilitates conditioning in males [253–256]. Subsequent studies show that the BLA reverses these sex differences; BLA inactivation produces functional classical conditioning in acutely stressed females and impairs classical conditioning in acutely stressed males [257]. Combined, these data support the speculation that the impairments in the recall of fear conditioning expressed in chronically stressed females likely reflect chronic stress-



induced changes in the amygdala. Whether reduced dendritic arborization or another mechanism contributes to the functional outcomes observed in the chronically stressed females has yet to be empirically tested.

### Summary and Model

How chronic stress influences limbic morphology and function is complicated, as sex differences are clearly



**Fig. 3** Schematic of the general neurocircuitry connecting the hippocampus, PFC, and amygdala. Limbic structures described in this review include the hippocampal subregions (CA1, CA3), prefrontal cortex (PFC), and the amygdala (AMY). For simplicity, cortical connections (CC) into and out of the hippocampus are illustrated with a single cortical structure, referring to many cortical regions such as the entorhinal cortex, parahippocampal regions, etc. *Top figure*, In an unstressed, gonadally intact system, reciprocal connections among the PFC, AMY, and C are represented with *equally weighted arrows* (i.e., similar thickness) to show a balanced influence among the structures. Within the hippocampus, information tends to flow from the CC to the CA3 and fewer connections from the CC to the CA1, then from the CA3 region to the CA1, and from the CA1 region back to the CC. The *arrowheads* indicate the direction of information flow. Predominate connections are listed for simplicity. *Bottom left*, Schematic of the morphological changes produced in dendritic structure of the PFC, hippocampus, and AMY in males following chronic stress. Chronic stress produces substantial dendritic retraction in the CA3 region of the hippocampus and the PFC, with enhanced dendritic complexity in the AMY. Chronic stress also enhances the number of mature spines

on the CA1 apical region (indicated with *circles*). The result is altered functional output as follows: impaired spatial ability (hippocampus), impaired behavioral flexibility (PFC), enhanced emotional arousal (AMY). *Bottom right*, Schematic of the morphological changes produced in the dendritic structure of the PFC, hippocampus, and amygdala in gonadally intact females following chronic stress. Chronic stress produces negligible dendritic changes in the CA3 region of the hippocampus, but enhanced dendritic hypertrophy in the PFC, with unknown changes in the AMY, although we predict dendritic hypertrophy based upon behavioral data. However, the *question mark* on the AMY represents the uncertainty of this outcome. Chronic stress also enhances the number of mature spines on the CA1 basal region (indicated with *circles*), while gonadal hormones such as 17 $\beta$ -estradiol increase apical dendritic spine density (indicated by *hatches*). The result is altered functional output as follows: functional spatial ability (hippocampus), altered behavioral flexibility (PFC), and altered emotional arousal (AMY). For connectivity, the *arrowhead* indicates the direction of information flow. *Bold and dashed lines* represent functionality, with *bold lines* representing enhanced influence and *dashed lines* representing weakened/altered influence

impacted by gonadal hormones and vice versa. The hippocampus, PFC, and amygdala are just three brain regions discussed that are highly interconnected, express sensitivity to stress and gonadal hormones, and influence a variety of cognitive abilities. In males, chronic stress-induced morphological changes in these brain structures parallel changes in cognition. Given the substantial morphological changes in males, it is not surprising that males show robust behavioral alterations following chronic stress. In contrast, chronic stress causes relatively moderate morphological changes and subsequent behavioral outcomes in gonadally intact, cycling females. Therefore, changes in behavior may reflect the corresponding changes in limbic morphology.

The neuromorphological and functional outcomes following chronic stress in males are represented in a schematic (Fig. 3). Chronic stress in males produces substantial CA3 and PFC neuronal dendritic retraction, while the amygdala shows dendritic hypertrophy. The consequence is a disruption of balance among these structures and behavioral outcomes reflecting impaired spatial ability from the hippocampus, reduced behavioral flexibility and executive function from the PFC, and elevated emotional arousal from the amygdala. Dashed arrows illustrate weakened/altered input, while bold arrows illustrate enhanced influence. Males also experience enhanced numbers of CA1 spine heads (mature synapses) following chronic stress. Notice that although the CA3 contribution to the CA1 region is mitigated by chronic stress, other inputs are still viable, including some cortical afferents (CC). Consequently, the combination of enhanced synaptic maturation on CA1 neurons and the maintenance of some connections to the CA1 makes it not too surprising that spatial ability can be resurrected in chronically stressed males under some circumstances [112, 134].

The neuromorphological and functional outcomes following chronic stress in females are also represented (Fig. 3). Chronic stress in gonadally intact, cycling females produces negligible CA3 dendritic retraction, PFC neuronal dendritic hypertrophy, with unknown morphological alterations in the amygdala. Behavior outcomes reflect intact spatial ability from the hippocampus, altered behavioral flexibility, and executive function from the PFC, and we predict reduced emotional arousal from the amygdala based upon our recent work. Moreover, the CA1 region expresses enhanced mature spines on apical and basal dendrites in response to gonadal hormones and chronic stress, respectively. These spines are proposed to allow the hippocampus to remain somewhat functional despite the chronic stress history. Consequently, the balance among the limbic brain regions is less skewed in females than in males following chronic stress. Therefore, chronic stress in gonadally intact females may allow them to maintain some behavioral outcomes, such as spatial

ability, compared to their male counterparts. It should be noted that OVX produces substantial CA3 dendritic retraction (not illustrated), and yet OVX females show functional spatial ability. Understanding the changes in limbic brain structure beyond the hippocampus is hypothesized to yield insight into these functional outcomes.

While this review focused on changes in neuronal morphology of limbic structures, numerous other mechanisms likely contribute to sex differences observed in response to chronic stress. Such mechanisms include, but are certainly not restricted to, differences in corticosteroid receptor properties and sensitivity [176, 177, 258, 259] and alterations in neurochemistry, including changes in serotonin, dopamine, norepinephrine, and gamma-aminobutyric acid [12, 188, 260–263]. However, the structural changes described require substantial remodeling in order to restore these structures to their pre-stress condition. In some cases, these structural changes do not fully recover, even a month following the termination of the chronic stress paradigm [250]. Therefore, these structural changes are hypothesized to give rise to one's susceptibility to environmental influences, and in combination, these limbic regions can be damaged permanently (for review, see [264, 265]).

The frequency with which stress, sex, and gonadal hormones are implicated in a variety of human conditions emphasizes the importance of studying these variables, and it increases recognition of gender discrepancies in susceptibility and development of stress-related illness. As we begin to unravel the complexity of brain plasticity and function, which includes a variety of brain structures and behaviors, we increase the awareness of the neuromorphological and functional similarities among disorders such as MDD, PTSD, and Alzheimer's disease.

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