



# Cellular and Molecular Differences Between Area CA1 and the Dentate Gyrus of the Hippocampus

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## Abstract

A distinct feature of the hippocampus of the brain is its unidirectional tri-synaptic pathway originating from the entorhinal cortex and projecting to the dentate gyrus (DG) then to area CA3 and subsequently, area CA1 of the Ammon's horn. Each of these areas of the hippocampus has its own cellular structure and distinctive function. The principal neurons in these areas are granule cells in the DG and pyramidal cells in the Ammon's horn's CA1 and CA3 areas with a vast network of interneurons. This review discusses the fundamental differences between the CA1 and DG areas regarding cell morphology, synaptic plasticity, signaling molecules, ability for neurogenesis, vulnerability to various insults and pathologies, and response to pharmacological agents.

**Keywords** Calbindin · Granule cell · Pyramidal cell · Ischemia · Chronic stress · Alzheimer' disease · Hypothyroidism · Obesity · OZR · Signaling molecules · Functional plasticity · Structural plasticity

## Abbreviations

CA1	Corno Amonis
DG	dentate gyrus
I/O	input/output
LTP	long-term potentiation
E-LTP	early-phase LTP
L-LTP	late-phase LTP
LTD	long-term depression
NO	nitric oxide
NOS	nitric oxide synthase
P-CaMKII	phosphorylated calcium calmodulin kinase II
GTPase	guanidine triphosphatase
UCH-L1	ubiquitin carboxyl-terminal hydrolase-L1
fEPSP	field excitatory postsynaptic potential
GABA	gamma aminobutyric acid
TEA	tetraethylammonium
VDCC	voltage-dependent calcium channel
NMDA	N-methyl-D-aspartate
AMPA	$\alpha$ -amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid
BDNF	brain-derived neurotrophic factor

IPSP	inhibitory postsynaptic potential
ERK1/2	extracellular signal-regulated kinase
SRLM	stratum radiatum/stratum lacunosum-moleculare
IPSC	inhibitory postsynaptic current
OZR	obese Zucker rat
A-beta	Amyloid beta
Egr	early growth response protein-1
BLA	basolateral nucleus of the amygdala

## Introduction

The unidirectional tri-synaptic pathway of the hippocampus starts with axons of the perforant path neurons synapsing on the granule cells of the dentate gyrus (DG) whose axons form the mossy fibers. The mossy fibers synapse on the pyramidal neurons of area CA3 whose axons form the Schaffer collateral fibers, which synapse on the pyramidal neurons of area Cornu Ammonis 1 (CA1). The dissimilar principal cells of the CA1 and DG areas of the hippocampus are excitatory glutamatergic neurons [1]. The two areas differ strikingly in their vulnerability to various insults, including Alzheimer's disease, stress, and hypothyroidism [2–7]. They also differ in discharge performance, where the presence of a persistent inward rectifier current in the DG, but not in area CA1, may account for the different discharge patterns [8].

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Another important difference between the two areas is the DG area's ability for neurogenesis, which may be lacking in area CA1 [9, 10]. Neurogenesis in the DG takes place under both physiological and pathological conditions [11]. Recently, regulation of DG functions by adult neurogenesis at the subgranular zone (SGZ) has been shown to affect cognition with consequential implications for memory and mood [12]. Due to its capacity for neurogenesis, the DG is more heavily regulated by various environmental (e.g., exercise, learning) and neurotrophic factors, including brain-derived neurotrophic factor (BDNF) than other areas of the hippocampus, including area CA1 [13, 14].

The DG is considered the “gateway” to the hippocampus and may play a crucial role in the process of spatial memory formation. Although the DG and CA1 areas of the hippocampus are physically and functionally closely related, they show distinctly different reactions to exterior influences. While the DG is relatively impervious to many offending conditions, area CA1 is noticeably vulnerable to these conditions. Although researchers have been trying to understand the fundamental cause for the differences between the two areas, no conclusive answer to this question has, so far, been reached [5, 8, 15–22]. Most probably, the answer lies in the overall different intrinsic qualities of the dissimilar neurons in the two regions. Area CA1 is constituted of densely packed large pyramidal neurons, whereas the DG region is composed of also densely packed but much smaller granule cells and they differ at the functional, cellular, and molecular levels. Differences between CA1 and DG regions in the gross structure and the expression of certain subcellular proteins may explain their different responses to a variety of offending conditions. The following sections discuss various categories of differences between the two areas of the hippocampus.

## Gross Structure, Physiology, and the Effects of Aging

Unlike the small granule cells of the DG, which have relatively short but dense dendrites, the CA1 pyramidal cells are endowed with a more extensive but less compact dendritic tree [23–25]. The pyramidal cell dendrites of area CA1 are nearly three times longer than those of the granule cells of the DG. Therefore, attenuation of the voltage at the distal dendrites is much greater in the pyramidal cells of area CA1 than the granule cells of the DG [26]. Additionally, the entorhinal to DG projections are much more divergent [27, 28] than the Schaffer collateral to area CA1 pathway [29], which may account for the different input-output (I/O) curves of the two areas [30] (I/O graph is a measure of basal synaptic transmission constructed by plotting synaptic response to increasing stimulus strength). Furthermore, the transmitter mobilization capabilities of the Schaffer collateral nerve terminals at

the synapses of the CA1 neurons exceed those of the lateral perforant path terminals at the synapses of the DG cells. Hence, this may explain the disparities in frequency facilitation and the shape of I/O curves, which are much steeper in area CA1 than in the DG [30].

The difference in gross structure may be seen in the blood supply to these areas. For example, when brain blood flow in the gerbil is interrupted to measure capillary perfusion, the microcirculation capacity of area CA1 is found to be much lower than that of the DG [31]. However, an earlier autoradiographic measurement reports no significant circulatory deficiencies following ischemia in area CA1 [32].

In a transgenic model of Alzheimer's disease, the *tTa:APP* mice, both males and females, show atrophy of the DG only in the dorsal hippocampus. Sex-related differences are seen in the DG but not in area CA1, with females showing more established degeneration than males in this Alzheimer's disease model [33].

In a mouse model of nucleolar stress in neurons, it has been found that nucleolar stress causes progressive neurodegeneration that demonstrates different vulnerabilities in area CA1 and DG [34].

Transcriptional and epigenetic alterations in the hippocampus can contribute to the process of aging of the brain. Aging can cause functional changes, particularly, in hippocampal neurons, which culminate in diminished synaptic plasticity resulting in impaired cognition. Protein synthesis is necessary for LTP and memory consolidation and transcription of early growth response protein-1 (*Egr1*), which is necessary for these processes. Spatial behavior can cause age-related reduction in the transcription of *Egr1* in the DG, but not in area CA1 [35]. More recently, Lardenoije et al. [36] have investigated age-related alterations in epigenetic markers of DNA methylation and hydroxymethylation in the transgenic J20 mouse model of Alzheimer's disease and possible correlations with amyloid plaque load. They report an age-related decrease in DNA methylation in the DG but not in area CA1.

In a study of neural development, the number of cells incorporating BrdU after kainate-induced seizures indicates that area CA1 neural precursors have a greater proliferation capacity than the DG neural precursors [37].

## Inhibitory Mechanisms

Responses to paired-pulse stimulation showed that interneurons in the local circuits of the DG react differently to high doses of corticosterone than those of area CA1 [38]. Additionally, corticosterone treatment reduces paired-pulse inhibition and enhances paired-pulse facilitation in the DG but not in area CA1 [38].

The effects of GABA-A receptor antagonists on LTP are more pronounced in the DG than those in area CA1 [39].

When comparing the inhibitory and excitatory monosynaptic responses following LTP-inducing stimuli, it is reported that the balance of the sum total postsynaptic currents causes inhibition in the DG but not in area CA1 [39].

Two types of inhibition are reported in the brain: (a) synaptic and (b) tonic. At the synapse, released GABA acting on GABA-A receptors mediates synaptic inhibition, which is stronger in the DG than in area CA1, because the number of inhibitory neurons is higher in the DG [40]. In contrast, tonic inhibition is believed to be mediated by ambient GABA (in the interstitial fluid) continuously acting on extrasynaptic GABA-A receptors. Tonic inhibition is significantly stronger in the DG than in area CA1, which could result in stronger inhibitory modulation of LTP [39].

## Receptors

Differences between the CA1 and DG areas in the expression of certain signaling proteins may explain the different responses of the two areas to a variety of conditions. For example, major differences have been described in the density and/or distribution of T-type calcium channel and glutamate *N*-methyl-D-aspartate (NMDA) receptors [22]. Moreover, the glutamate receptor  $\alpha$ -amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid (AMPA) subunit GluA2 level in the DG is lower than its level in area CA1 [41, 42]. This relative paucity of GluA2 subunit in AMPA receptors in the DG [43, 44] may indicate that many AMPA receptors in the DG have high calcium permeability characteristic of AMPA receptor lacking GluA2 subunit [45].

The NMDA receptor GluN1 subunit expression is greater in the DG than in area CA1 [41, 42]. Furthermore, examination of transgenic mice lacking the NMDA receptor GluN2a subunit reveals severe suppression of NMDA receptor current in the granule cells of the DG, which results in significant impairment of synaptic plasticity in the DG, but not in area CA1 [46]. This finding also suggests a higher dependence of DG on NMDA receptors for synaptic plasticity than area CA1. Additionally, in area CA1, there is a greater expression of glutamate NMDA receptor subunit GluN2b than in the DG [41]. This differential expression of GluN2b subunits that may affect the function of NMDA receptor in area CA1, as NMDA receptor with GluN2b subunit has greater affinity for glutamate and glycine, is more selective for  $\text{Ca}^{2+}$  influx, and it desensitizes slower than GluN2a subunit [41, 47, 48].

The 5'-nucleotidase enzyme (5'-NT, also known as ecto-5'-nucleotidase or CD73) plays a vital role in ending the ATP signaling and the production of adenosine, which is an inhibitory neuromodulator in the nervous system [49, 50]. Histochemical studies have shown that the activity of ecto-5'-nucleotidase is greater in area CA1 than in the DG molecular layers [51, 52]. This may explain adenosine modulation

of trains of theta rhythm in area CA1 but not in the DG [30] (theta rhythm or pulse is brain waves involved in spatial navigation tasks in experimental animals). Moreover, theta pulse stimulation erases LTP in area CA1 but not in the DG, although adenosine eliminates potentiation in both areas. This suggests that theta pulse stimulation increases extracellular adenosine to a greater degree in area CA1. Furthermore, adenosine A-1 receptor antagonism has greater impact on theta responses in area CA1 than in the DG [30].

Receptor-binding studies indicate that the neuropeptide Y receptor in the DG is largely of the Y1 type, whereas in area CA1, it is the Y2 type that predominates [53–58]. Since only Y1 is involved in intracellular  $\text{Ca}^{2+}$  regulation [59], this may suggest a better calcium buffering capacity in the DG.

## Calcium Dynamics

The CA1 and DG areas have strikingly different calcium dynamics. For example, the calcium-binding protein, calbindin-D28K (calbindin), which is essential for neural function and plasticity [60], is found in various brain areas, including the DG and CA1 of the hippocampus [61, 62]. However, the pyramidal neurons of area CA1 and granule cells of the DG have strikingly different levels of calbindin. While high concentration of calbindin is present in nearly all granule cells of the DG, it exists in only about one third of the pyramidal neurons of area CA1 [62–65]. This further suggests that the calcium-buffering capacity of the neurons of the DG is superior to that of area CA1. It is well known that excessive activity induces a rise in intracellular free calcium, which may result in cell damage or death (excitotoxic effect); however, neurons that can sequester free calcium would be less vulnerable to damage [66]. For example, prolonged activation of the DG in rats causes degeneration only of neurons that lack calbindin [66]. Interestingly, it has been suggested that lack of calbindin in the DG granule cells of human epileptic subjects may cause hyperexcitability of the DG, which may then function as a driver for temporal lobe seizures [67]. Another study suggests a link between cognitive deficits in Alzheimer's disease and depletion of calbindin in the DG cells [68]. In cultured granule cells of the DG and pyramidal neurons of area CA1, a brief treatment with glutamate or its agonist NMDA induces  $\text{Ca}^{2+}$  transient currents that recover to baseline much faster in granule cells of the DG than in area CA1 pyramidal neurons, suggesting a more efficient  $\text{Ca}^{2+}$ -buffering mechanism in the granule neurons of the DG [69].

## Synaptic Plasticity

The phenomenon of synaptic plasticity and its reaction to various insults is another important aspect in which area

CA1 and the DG differ markedly. The stimulation parameters required to induce LTP in the DG are typically more vigorous than those required for inducing LTP in area CA1. For example, while a single train of stimuli (100 Hz bursts of four pulses) applied to the Schaffer-collateral quickly evokes a robust LTP in area CA1 [70, 71], the same stimulation protocol applied to the lateral perforant path fails to evoke LTP in the DG [30]. Therefore, the threshold for induction of LTP in area CA1 is much lower than that in the DG [30, 70, 71]. Another example, submaximal tetanic stimulation ( $2 \times 50$  Hz/1 s) in slices from control rats elicits LTP at the Schaffer collateral-CA1 synapses but produces no significant change in synaptic responses at the perforant path-DG synapses. Also, enhanced arousal seen in discriminatory avoidance learning paradigm selectively blocks LTP in area CA1, but enhances LTP of the DG [72].

In slices from prenatally morphine-exposed adult male rats, stimulation produces no LTP at the Schaffer collateral-CA1 synapses, whereas the same stimulation protocol elicits long-term depression (LTD) at the perforant path synapses of the DG [73]. Additional differences between area CA1 and DG with regard to LTD are reviewed in Pöschel and Stanton [74].

Certain forms of stimulation intensity and frequency in the basolateral (BLA) nucleus of the amygdala block LTP in area CA1 [75, 76], but identical patterns of stimulation increase LTP in the DG [77, 78]. The same group of investigators shows that activation of BLA nucleus by these forms of stimulation enhances corticosterone level, which positively correlates with the magnitude of LTP in the DG, but not with that of area CA1 [78].

Chronic stress in a preclinical rat model of Alzheimer's disease suppresses not only early-phase LTP (E-LTP) but also nearly abolishes late-phase LTP (L-LTP) in area CA1 [79, 80]. Chronic stress, however, does not significantly affect the magnitude of L-LTP of the DG in this Alzheimer's disease model. Similar differential responses to hypothyroidism or chronic stress are seen as we show that these conditions block E-LTP in area CA1 but not in the DG of the same rats [81, 82].

As mentioned earlier, the importance of glutamate NMDA receptors to the DG function is indicated in experiments where transgenic mice in which NMDA receptor GluN2a subunit is deleted causing severe deficit in NMDA receptor function and significantly impairing both LTP and LTD in the DG, while causing only minor impairment of these responses in area CA1 [46]. Activation of glutamate metabotropic receptors by the non-selective agonist 1-amino-1,3-dicarboxycyclopentane (ACPD) enhances synaptic transmission and LTP in area CA1 but causes only a brief potentiation followed by a long-lasting depression in the DG, probably due to activation of two different classes of these metabotropic receptors in the two areas of the hippocampus [16].

Stress and stress hormones impact LTP of hippocampal area CA1 in a markedly different way than that of the DG

[6, 81, 83–88]. For instance, predator stress increases LTP magnitude in the DG [89] but impairs that of area CA1 [85]. Additionally, stress or treatment with corticosterone blocked LTP of area CA1 [87, 90, 91] without affecting LTP in the DG [5, 86, 88]. Thus, while stress and stress hormones have consistently been reported to impair LTP in area CA1 [83–85], their effects on LTP on the DG are more diversified [81, 86, 87].

In the rat hippocampus, the LTD magnitude in area CA1 decreases with age, whereas in the DG, it increases with age [92, 93]. Additionally, LTD is facilitated in area CA1, but not in the DG, when low frequency stimulation is coupled with novel sonic or ultrasonic auditory tones [94].

## Molecular Mechanisms

Important enzymes and signaling molecules are distributed differently in these two areas, which consequently affects their functions accordingly. The role of phosphorylated calcium-dependent calmodulin kinase II (P-CaMKII) in the mechanism of generating LTP in the hippocampus is vital. Conserving adequate P-CaMKII levels explains why certain brain disorders diminish LTP in area CA1 but not in the DG of the hippocampus of the same rat. For example, in the hypothyroid or psychosocially stressed rats, P-CaMKII levels are diminished in area CA1 but remain unchanged in the DG despite notable reduction in the total CaMKII level in this region [5, 95], which may explain the preservation of LTP in the DG under these conditions.

To investigate the possible reason for the disparity in P-CaMKII levels between the two areas, we measured the levels and activity of the phosphatase calcineurin. Our work has shown a significant decrease in the basal level of calcineurin in the DG of hypothyroid or stressed rats. This indicates that a lower level of calcineurin in the DG results in curtailed dephosphorylation, thus maintaining adequate level of P-CaMKII. This compensatory mechanism is probably responsible for preservation of LTP in the DG of the hippocampus under these conditions [5, 95]. The absence of a similar compensatory mechanism in area CA1 may be responsible for the impairment of LTP of this region in hypothyroid or stressed rats. Therefore, the reduced levels of calcineurin in the DG of hypothyroid or chronically stressed rats allow adequate level of P-CaMKII to support the expression of LTP [5, 95]. Similar differentials are seen in rats with combined stress and hypothyroidism [81] in addition to other signaling molecules (Table 1). However, the exact mechanism behind the reduced levels of calcineurin in the DG under these conditions remained to be determined.

Ascorbate has important signaling functions in the brain, including functioning as enzyme co-factor and modulating energetic metabolism and glutamate- and

**Table 1** Comparison of the effects of hypothyroidism (Hypo), chronic psychosocial stress, and the combination (hypo + stress) on the basal levels of important signaling molecules in the CA1 and DG areas of the hippocampus. (↔) indicates no change, and (↓) indicates significant

reduction and (↑) significant elevation ( $p < 0.05$ ) compared with levels in control animals. Modified from Gerges et al. [5, 6], Alzoubi et al. [82, 96]

	CA1			DG		
	Hypo	Stress	Hypo + stress	Hypo	Stress	Hypo + stress
P-CaMKII	↓	↓	↓	↔	↔	↔
Total CaMKII	↓	↓	↓	↓	↓	↓
Calmodulin	↓	↓	↓	↔	↔	↔
PKC $\gamma$	↓	↓	↓	↔	↔	↔
Calcineurin	↑	↑	↑	↓	↓	↓
ERK: phospho-P44	↓			↔		
ERK: phospho-P42	↓			↔		

nitric oxide-dependent signaling processes [97, 98]. Using nanocomposite sensors to measure the basal levels of ascorbate in the CA1 and DG of the hippocampus of urethane-anesthetized rats, Ferreira and colleagues [98] report a level of ascorbate in area CA1 that is twice its level in the DG area.

An important mechanism for termination of the action of glutamate at the glutamatergic synapses is an active uptake of glutamate into astrocytes. In the astrocytes, an important enzyme, glutamine synthase, converts glutamate to the less active glutamine [99]. It is known that the expression level of glutamine synthase is higher in the DG than in area CA1 [100]. The uptake of glutamate by the astrocytes involves specific membrane transporters [101, 102]. It has been reported that the expression level of glial glutamate transporter-1 is higher in the DG than in area CA1 of the rat hippocampus [103]. Together, these findings suggest that the management of the essential, but potentially toxic, excitatory neurotransmitter glutamate is more efficient in the DG than in area CA1.

The enzyme ubiquitin carboxyl-terminal hydrolase-L1 (UCH-L1) removes ubiquitin from ubiquitinated proteins, thus controls the process of degradation of proteins and the amount of free ubiquitin [104, 105]. Another enzyme, dynamin-1, is a GTPase protein that exists in nerve terminals where it pinches off fused synaptic vesicles from the plasma membrane after exocytosis of neurotransmitters [106]. Dynamin-1 and UCH-L1 have been reported to be widely expressed in neurons, and immunoreactivities for these proteins have been detected in both CA1 and DG neurons [107, 108]. Interestingly, however, proteomic analysis shows that the expression levels of UCH-L1 and dynamin-1 are higher in area CA1 than in the DG region, which may explain the high level of protein degradation and synaptic vesicle transport in area CA1 [99].

## Responses to Endogenous Agents and Drugs

The two hippocampal regions respond quite differently to various drugs and endogenous compounds (summarized in Table 2). The possible reason for this disparity in responding to drugs is the different density and distribution of receptors in these two areas. For example, norepinephrine modulates glutamate release in the DG without significantly affecting such release in area CA1 [109]. Similarly, the  $\beta$ -adrenergic receptor agonist, isoproterenol, increases phosphorylation of synapsins, a family of proteins involved regulation of neurotransmitter release, thus enhances synaptic transmission in the DG but not in area CA1 [15].

Area CA1 and the DG react differently to dopaminergic drugs. For example, antagonism of D1/D5 dopamine receptors with the drug SCH23390 prevents LTP expression [110, 111], and activation of these receptors with agonists (e.g., dihydrexidine) enhances LTP and inhibits depotentiation in area CA1 [112, 113]. However, in the DG, the D1/D5 dopamine receptors do not seem to play a critical role in the expression of LTP and depotentiation [114].

Treatment with the muscarinic cholinergic antagonist scopolamine in rats causes a significant decrease in the enzyme nitric oxide synthase (NOS) activity and an increase in arginase activity and L-ornithine and putrescine levels in the DG, but not in area CA1 [115]. Moreover, microinjection of cholinergic agonist carbachol into area CA1 and DG shows that the drug is more potent in decreasing pre-pulse inhibition in area CA1 than in the DG [116].

Adenosine shows differential effects on responses to theta train in CA1 and DG areas, where it modulates the response in the CA1 but has no significant effect on that response in the DG. Furthermore, the adenosine A1 receptor antagonist DPCPX enhances area CA1 responses without significantly affecting responses in the DG. This may be due to disparity in these hippocampal areas in the levels of the ecto-5'-

**Table 2** Differential effects of various drugs on area CA1 and dentate gyrus (DG) of the hippocampus

Drug	CA1	DG
Norepinephrine	No effect on glutamate release	Modulation of glutamate release
Isoproterenol	No effect on synapsins	Increase phosphorylation of synapsins
Adenosine	Modulates theta responses	No effect on theta responses
Midazolam	Inhibitory effect on EPSP and pspike	Much less effect on EPSP and pspike
Muscimol	Hyperpolarize/depolarize	Depolarizes only
Tetraethylammonium	Induces LTP	Induces LTD
Alcohol	Significant loss of cells	Much less loss of cells
Dopamine antagonist	Inhibits LTP	No significant effect
Dopamine agonist	Enhances LTP	No significant effect
Lead	Significant enhancement of LTD	Much less enhancement of LTD
Sevoflurane	Much less enhancement of PPF	Significant enhancement of PPF
L-Tryptophan diet	Increases BDNF	Decreases BDNF
scopolamine	No effect on NOS and arginase	decreases NOS, increase arginase

nucleotidase that converts released ATP into adenosine, where it is greater in area CA1 than in the DG [30, 49, 50].

The benzodiazepines interact with a site on GABA<sub>A</sub> receptor, often referred to as the “benzodiazepine receptor.” Extracellular recording from rat brain slices treated with the benzodiazepine midazolam reveals the drug to be much more effective in decreasing the amplitudes of orthodromic population spikes and excitatory postsynaptic potential (fEPSP) slopes of pyramidal cells of area CA1 than those of granule cells of the DG [117]. The same group of researchers using intracellular recordings from rat brain hippocampal slices treated with midazolam has shown the drug to be more effective in decreasing the amplitudes of intracellular action potentials of pyramidal cells of area CA1 than those of granule cells of the DG [118]. The differential effects of midazolam may be due to the different types and/or density of GABA<sub>A</sub> receptors in area CA1 pyramidal cell and the DG granule cells. Furthermore, whole cell patch-clamp work on the effect of midazolam on inhibitory postsynaptic currents (IPSCs) shows that while it significantly potentiates IPSCs in area CA1, it has no significant effect on those of the DG [119]. Additionally, the GABA<sub>A</sub> receptor antagonist bicuculline readily antagonizes the depressant effects of midazolam on action potential generation in area CA1 but is ineffective in antagonizing midazolam effects in the DG [117]. In the same preparation, GABA<sub>A</sub> receptor agonist muscimol produces either hyperpolarization or depolarization of the resting membrane potential in pyramidal neurons of area CA1, whereas it consistently produces depolarization of the granule cells of the DG [118].

Recordings from rat brain slices show that the potassium channel blocker tetraethylammonium (TEA), while inducing LTP in area CA1, it produces LTD in the DG [22]. The differential effect of TEA has been clarified by using T-type voltage-dependent calcium channel (VDCC) blockers and NMDA receptor antagonists, which show that TEA induces

LTP indirectly by acting on both calcium channels and NMDA receptors in area CA1. In the DG, however, TEA induces LTD by acting only on NMDA receptors. These findings suggest that there is a major synaptic dissimilarity in the distribution of T-type VDCCs and NMDA receptors between CA1 and DG areas [22].

Experiments on rat models of fetal alcohol syndrome have shown that rats treated with ethanol during fetal development when tested in adulthood show that while there is a significant neuronal loss in area CA1, the granule cells of the DG are more resistant or better able of recovery on reaching adulthood [120, 121].

Chronic lead exposure in rats affects the magnitude of LTD differently in these two hippocampal areas. The LTD of the DG is significantly more enhanced by chronic lead exposure than that of area CA1 [92, 122].

Activity-induced external pH shifts are different in the DG and CA1 areas of the developing brain. In area CA1, repetitive stimulation elicits an early alkaline shift associated with a later slow acid shift. However, in the DG, similar stimulation elicits only acidification. This may be responsible for the different seizure susceptibility of the two areas [20].

Other agents show differential effects in the two hippocampal areas; for instance, application of the selective  $\mu$ -opioid receptor antagonist, funaltrexamine, decreases LTP in the DG of mice but has no effect on LTP of area CA1 [19]. In transverse hippocampal slices from transgenic mice with deleted  $\mu$ -opioid receptor, tetanization of the lateral perforant pathway produces LTP in the DG, whereas the absence of the  $\mu$ -opioid receptor in area CA1 does not affect its LTP [19].

Also, high L-tryptophan diet in old rats surprisingly increases BDNF immunoreactivity in area CA1 but causes a drastic decrease in that of the DG [123]. Another example, the volatile anesthetic sevoflurane significantly enhances paired pulse facilitation more profoundly in the DG than in

area CA1 [124]. Furthermore, NMDA drug perfusion-evoked LTD in the two areas also differs in their reaction to bisphenol-A, an estrogen-like synthetic compound, which has been shown to enhance LTD in area CA1 but suppress that of the DG area [125].

## Response to Pathologies and Disorders

The granule cells of the DG are more resistant to a number of damaging conditions than are the pyramidal cells of area CA1 [17, 18, 20, 81]. Findings from my lab reveal a notable exception in the differential reaction of CA1 and DG areas to the deleterious effects of sleep deprivation. Following sleep deprivation, LTP in both areas seems to be equally vulnerable to the effect of this disorder [126–130]. However, close examination of the impact of sleep deprivation on cellular structure in the mouse brain reveals a difference in the reactions of the CA1 and DG areas. While sleep loss decreases the density of all subtypes of synaptic spines (thin, stubby, mushroom, filopodia, and branched) in area CA1, the DG sleep deprivation decreases only the thin and branched subtypes [131]. However, the various methods of sleep deprivation used, different times and duration of sleep deprivation, and the diverse animal species studied can be serious confounding factors. Given these differences, additional studies are obviously needed to further elucidate the impact of sleep deprivation on the two areas of the hippocampus.

## Ischemia

Transient ischemia impairs NMDA receptor function in area CA1, but not in the DG [17]. It is also known that the granule cells of the DG are more resistant to the harmful effects of anoxia, ischemia, or stress than are the pyramidal cells of area CA1 [17, 18, 20, 81]. Electrophysiological studies have shown that hypoxic-ischemic insults have more profoundly injurious effects on pyramidal neurons of area CA1 than on the granule cells of the DG [17, 18, 20, 81]. Additionally, histological analyses in the gerbil [132] and rat [133–136] show that compared with the DG, the CA1 area is more vulnerable to the damaging effects of global ischemia.

Transient global ischemia causes death of area CA1 pyramidal neurons in the days following reperfusion, whereas the granule cells of the DG neurons remain relatively resistant [137]; (for review, see [138]). Even astrocytes within area CA1 are more sensitive to mitochondrial dysfunction caused by ischemic injury than astrocytes in the DG [137, 139]. For example, in an *in vitro* hippocampal slice model of ischemia (oxygen-glucose deprivation), whereas field potentials from area CA1 are consistently abolished by hypoxia, similar hypoxic insult has no permanent effect on field responses evoked from the DG [42, 140, 141].

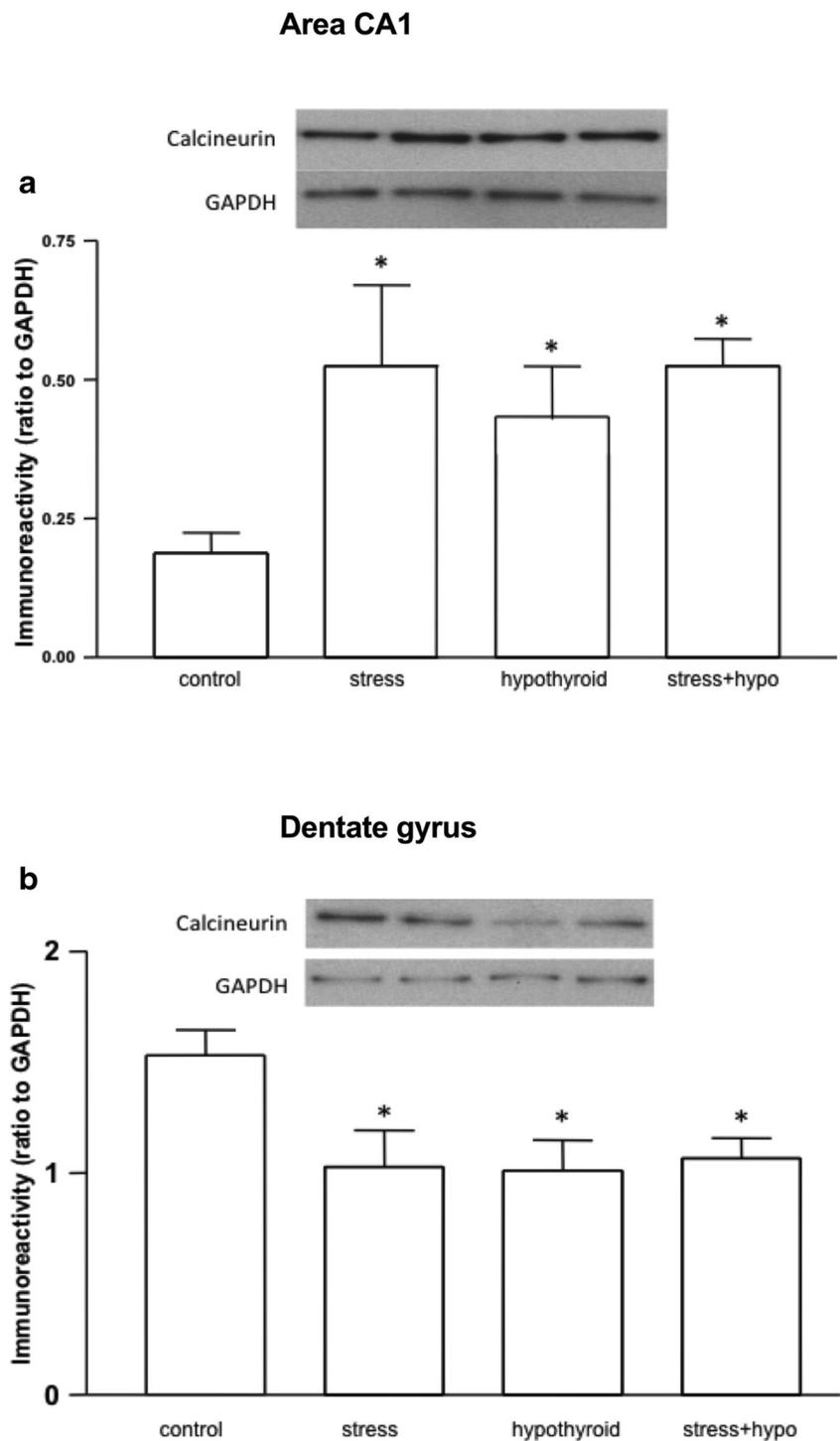
Hypoxia or ischemia produces elevation in intracellular free calcium concentrations of hippocampal neurons, which leads to neuronal damage and death [142]. It has been shown that with hypoxic-ischemic insults, calcium influx is greater in area CA1 neurons than in the DG granule cells [141, 143, 144]. This increase in intracellular free calcium combined with relative paucity of calbindin in area CA1 pyramidal cells [63, 64]; (for review see [65]) make area CA1 more vulnerable to the effect of ischemia. Therefore, the impact of the increase in calcium influx seems to be readily tempered in the granule cells of the DG due to their superior calcium buffering capacity.

## Stress and Stress Hormones

Chronic stress negatively impacts brain function, and even mild chronic unpredictable stress causes atrophy of area CA1 of rats but not of the DG of the same rats [145], which may be related to the ability of the DG to replace dysfunctional neurons through neurogenesis. Stress and stress hormones have consistently been reported to impair LTP [83–85, 88] and increase the magnitude of LTD [80] in area CA1, whereas the LTP of DG in the same animals seems to be generally more resistant to stress and stress hormones [81, 86–88]. Remarkably, stress induced by predator exposure impairs LTP of area CA1 [85] but enhances that of the DG [89]. Furthermore, increased release rate of implanted corticosterone severely impairs LTP of area CA1 [90, 91, 145], without affecting LTP of the DG [78, 138]. Moreover, corticosterone at moderate doses causes enhancement of LTP in the DG but not in area CA1. Interestingly, high corticosterone doses changed LTP to LTD in area CA1 without affecting LTP of the DG [38]. Corticosterone also inhibited theta burst stimulation-induced local circuit plasticity in the DG but not in area CA1 [38].

Electrophysiological recording from anesthetized rat brain shows that while chronic psychosocial stress prevents the expression of synaptic plasticity in area CA1, it does not affect that of the DG. For example, in area CA1 of the rat hippocampus, chronic psychosocial stress markedly reduces or abolishes E-LTP; in contrast, no significant change in E-LTP is seen in the DG area [80, 81, 88]. Even when stress is combined with thyroidectomy (hypothyroidism), which abolishes E-LTP of area CA1, the combination of the two insults produces no significant effect on E-LTP of the DG [81]. As mentioned earlier, data from my lab have shown that unlike area CA1 where stress significantly increases the phosphatase calcineurin level in the DG, chronic stress produces a significant decrease in calcineurin levels (Fig. 1, Table 1). These results suggest that in the chronically stressed rats, the DG but not area CA1 is endowed with a defense mechanism whereby calcineurin levels are reduced to curtail dephosphorylation and maintain normal P-CaMKII levels, which may be

**Fig. 1** Comparison of the effects of chronic psychosocial stress, hypothyroidism, and the combination on the levels of the phosphatase calcineurin in area CA1 (a) and the dentate gyrus (b). \* indicates significant difference from control value (one-way ANOVA, Tukey post hoc test). Values are mean  $\pm$  SEM. Insets are representative Western blots (adapted from Gerges et al. [81, 95, 146])



responsible for the normal E-LTP of the DG of chronically stressed rats [95].

### Hypothyroidism

Hypothyroidism markedly impairs E-LTP in area CA1 [6, 82] without significantly affecting that of the DG [6]. As mentioned above, the combination of hypothyroidism and chronic

stress does not affect the E-LTP of the DG, while it severely suppresses E-LTP of area CA1 [81]. Similarly, the L-LTP of area CA1 is markedly impaired by hypothyroidism [147–148], but L-LTP of the DG is not significantly impacted [146]. Additionally, hypothyroidism markedly depresses the levels of phosphorylated ERK1/2 (phospho-P44 and phospho-P42) in area CA1 without affecting these molecules in the DG of the same rats (Table 1) [146]. Another interesting

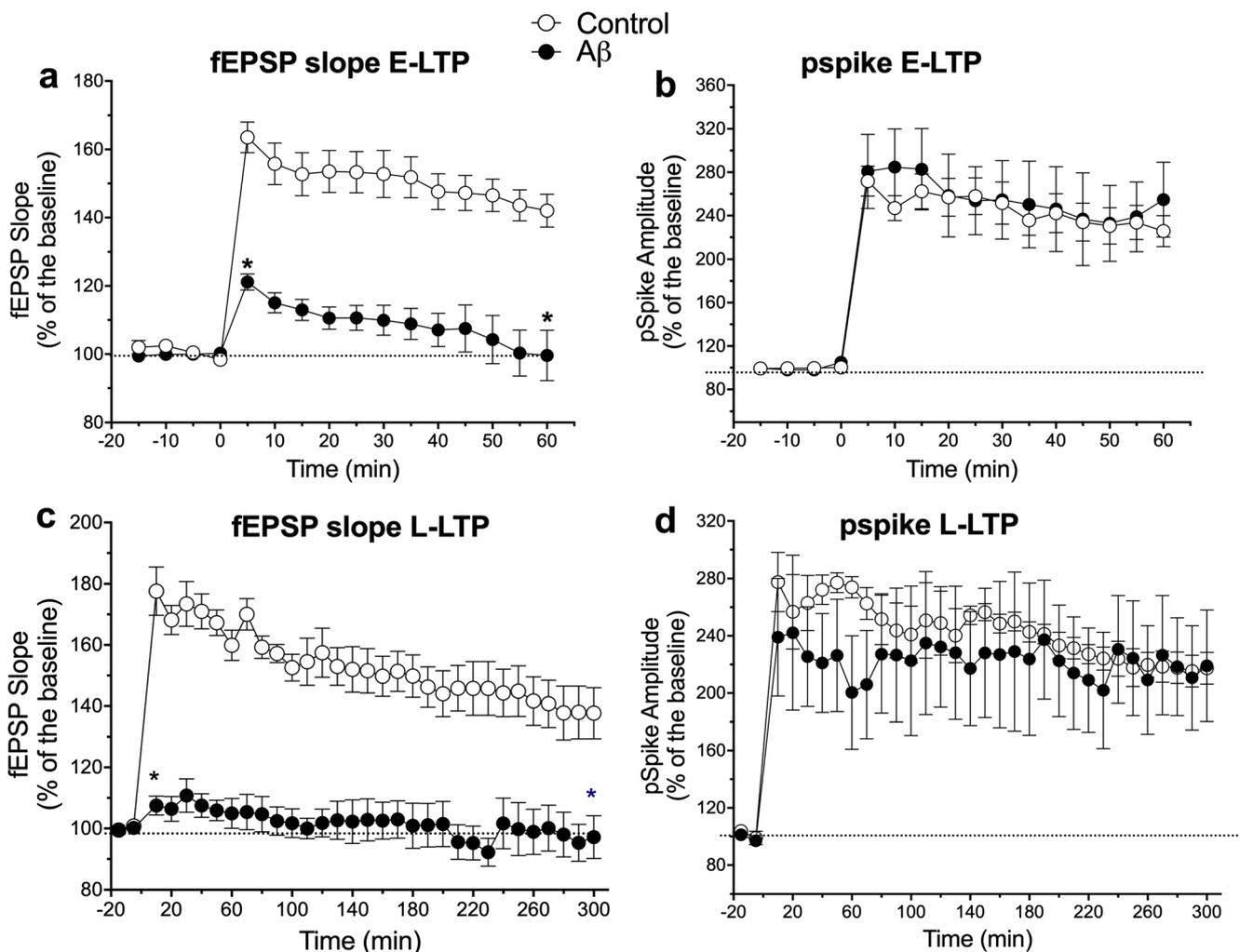
molecular finding is that while hypothyroidism markedly upregulates levels and activity of calcineurin in area CA1 (Fig. 1a), it decreases its level and activity in the DG (Fig. 1b) [6], which may be the reason for preservation of levels of PKC and phosphorylated CaMKII of the DG of hypothyroid rat. Similar effect of hypothyroidism on LTP of the DG has been reported by Sánchez-Huerta et al. [149]. Earlier reports show deficits in synaptic transmission and LTP in the DG in a similar model of adult onset hypothyroidism induced by thyroidectomy [150, 151]. However, these authors have not measured the effect on area CA1 to allow comparison.

## Alzheimer's Disease

The apical dendrites of hippocampal area CA1 pyramidal neurons in the stratum radiatum/stratum lacunosum-moleculare

(SRLM) are among the earliest targets of Alzheimer's disease. In patients with mild Alzheimer's disease, Kerchner and colleagues [152] report a strong correlation between delayed recall performance and thinning of these dendrites in area CA1 but not in the DG.

Although infusion of A $\beta$  peptides markedly suppresses both E-LTP and L-LTP of area CA1 as measured by both fEPSP slope (a measure of synaptic activity) and population spike (pspike) amplitude (a measure of neurons reaching firing threshold) in the DG of the same rats, the outcome is different. The 14-day infusion of A $\beta$ 1–42 severely curtailed the stimulation-induced expression of both E-LTP and L-LTP in area CA1 of anesthetized rat, as measured by the fEPSP or pspike amplitude [153]. However, although E-LTP and L-LTP of the DG as measured by fEPSP are also severely blocked (Fig. 2a, c) [153] when measured by pspike amplitude, these forms of synaptic plasticity are not significantly affected by



**Fig. 2** The effects of infusion of A $\beta$  peptides on E-LTP (a) and L-LTP (c) measured as fEPSP and as population spike (pspike; b and d, respectively) recorded from dentate gyrus (DG) of anesthetized rats. All points

between the two \* are significantly different from control value (one-way ANOVA), Tukey post hoc test). Values are mean  $\pm$  SEM (adapted from Dao et al. [7, 153])

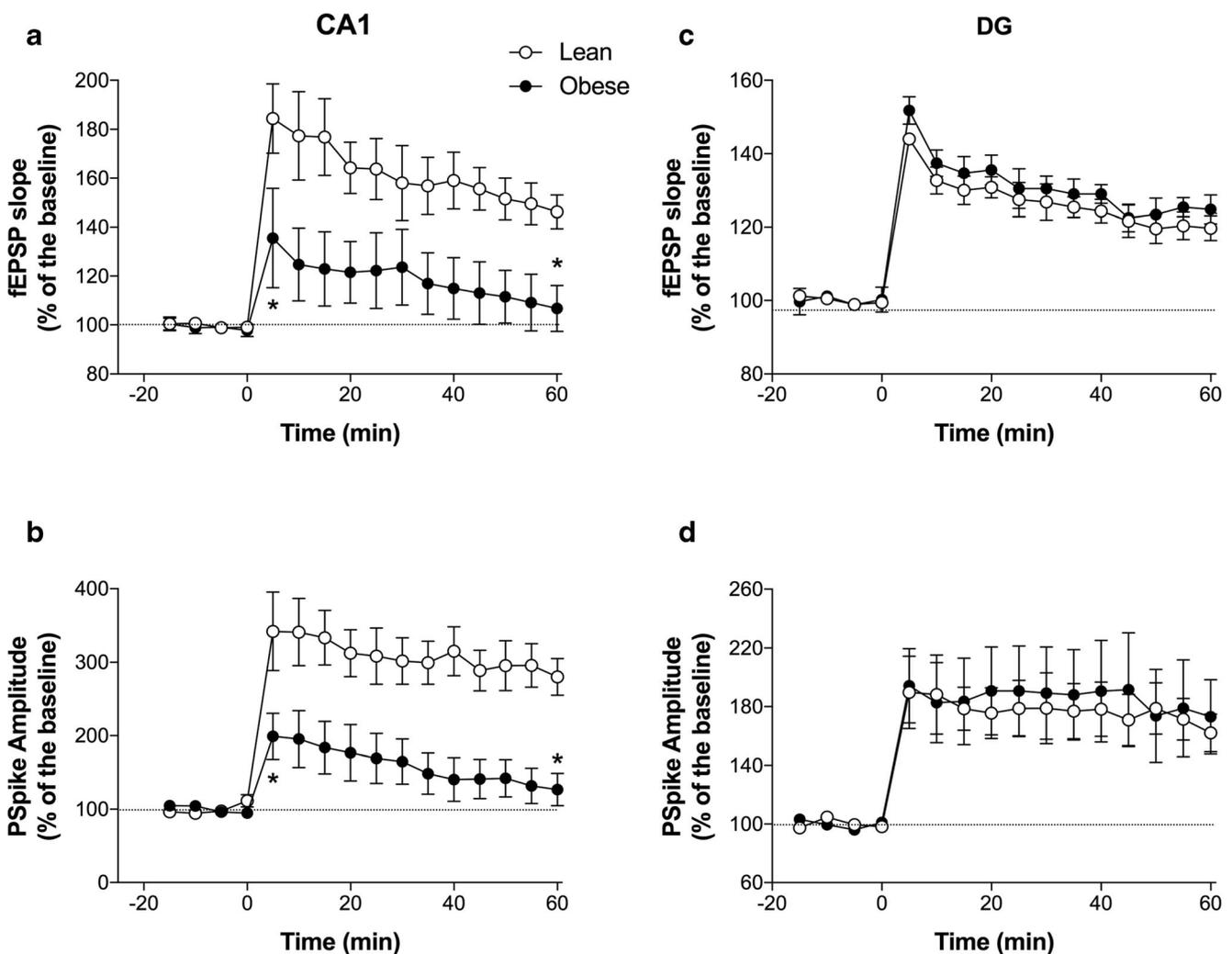
A $\beta$  infusion (Fig. 2b, d) [153]. At this point, we can only speculate about the cause of the disparity in the results of these measurements. Since the pspike amplitude is a measure of the number of neurons reaching threshold for firing, it is possible that because of its ability for neurogenesis, the DG may produce enough new functional cells to preserve the integrity of the LTP as measured by pspike.

### Other Conditions

Both genetic and dietary obesity have deleterious effects on LTP of area CA1 in rodents [82, 154–159]. Electrophysiological recording from anesthetized obese Zucker rat (OZR), a genetic model of obesity, shows E-LTP to be markedly impaired in area CA1 (Fig. 3a, b). However, recording from the DG of the same OZR reveals an intact LTP that is not significantly different

than that of the lean control rat (Fig. 3c, d) [82]. We also have investigated the molecular mechanism responsible for impairment of LTP in area CA1 but not in the DG region of this model. Analysis reveals a marked decrease in the levels of P-CaMKII and total CaMKII in the CA1 area of OZR. However, in the DG of the same OZR, reduction is observed only in the levels of total CaMKII, but not in P-CaMKII levels. These findings suggest that the DG is endowed with a compensatory mechanism whereby, despite significant decrease in total CaMKII, calcineurin levels are reduced to allow sufficient P-CaMKII levels to support a normal LTP in the DG of OZR hippocampus [82]. This compensatory mechanism is also seen in the DG of chronically stressed and hypothyroid rats [94].

The CA1 and DG regions exhibit differences regarding biological markers of aging [3, 35, 160–162]. Experiments



**Fig. 3** Comparison of E-LTP recorded from area CA1 (a fEPSP, b pspike) and dentate gyrus (DG; c fEPSP, d pspike) of anesthetized obese and lean Zucker rats. Note that obesity while impairing CA1 E-LTP, it does not impair that of the DG. All points between the two \* for obese in a

and b are significantly different from those of the lean rat ( $p < 0.05$ ; unpaired  $t$  test). Values are mean  $\pm$  SEM (adapted from Alzoubi et al. [82])

in rats show that area CA1 is more susceptible to the deleterious effects of aging, whereas the DG during aging and caloric restriction shows enhanced cell survival signaling pathways. Moreover, area CA1 appears to be more sensitive to oxidative stress and apoptosis seen with age than the DG area [163–165].

## Concluding Remarks

The literature consistently shows that the DG granule cells appear to be more resistant than area CA1 pyramidal neurons to several conditions, including stress, anoxia, transient cerebral ischemia, obesity, and hypothyroidism [5, 17, 18, 81, 82]. The intrinsic flow of information within the hippocampal formation necessitates extensive interactions between the CA1 and DG areas. The two areas share similar laminar structure of packed glutamatergic neurons, and both utilize similar NMDA-receptor dependent synaptic plasticity mechanism. However, the CA1 and DG areas markedly differ in the allocation of signaling molecules, receptors, ion channels, and reaction to insults and alteration of function by drugs.

What makes these differences arise between these two closely associated areas? The most logical explanation may be related to the important neurogenic function of the granule cells of the DG in the hippocampal formation. The DG contains the SGZ, one of the few areas in the brain that have active capability for neurogenesis in adulthood. The importance of neurogenesis in the DG for maintaining healthy brain function is obvious. Therefore, this particular region of the brain is endowed with relatively formidable lines of defense to maintain the crucial role of supplying the brain tissue with new cells to ensure integrity and proper functionality of the brain. Interestingly, although there are reports of differences in the effect of sleep deprivation on synaptic spine subtypes, our electrophysiological and molecular results indicated that the DG is just as severely impaired by sleep loss as CA1, which suggests the particularly powerful impact of sleep loss on brain function.

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## Compliance with Ethical Standards

**Financial Disclosure** The author declares no direct or indirect financial or personal relationships, interests, and affiliations relevant to the subject matter of the manuscript have occurred over the last 2 years, and none expected in the foreseeable future.

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