



Immune mechanisms of stress susceptibility and resilience: Lessons from animal models



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ABSTRACT

Stress has an impact on the brain and the body. A growing literature demonstrates that feedback between the peripheral immune system and the brain contributes to individual differences in the behavioral response to stress. Here we examine preclinical literature to demonstrate a holistic vision of risk and resilience to stress. We identify a variety of cellular, cytokine and molecular mechanisms in adult animals that act in concert to produce a stress susceptible individual response. We discuss how cross talk between immune cells in the brain and in the periphery act together to increase permeability across the blood brain barrier or block it, resulting in susceptible or stress resilient phenotype. These preclinical studies have importance for understanding how individual differences in the immune response to stress may be contributing to mood related disorders such as depression, anxiety and posttraumatic stress disorders.

The immune system has evolved as a mechanism to repair injury and defend the body against pathogens (Chaplin, 2010). In addition the immune system regulates the response to stress in both rodent models and humans (Dantzer, 2009; Hodes et al., 2014; Iwata et al., 2013; Pollak and Yirmiya, 2002). Immune cells and their signaling networks influence neural circuitry in the central nervous system (CNS) and result in sickness behaviors which include lethargy and anorexia (Dantzer, 2009). Rodent studies have revealed individual differences in the behavioral response to stress mediated by the activity of the immune system (Hodes et al., 2014; Menard et al., 2017). There are multiple interconnected immune mechanisms that contribute to whether an individual will display behavior indicative of increased negative valence and reduced positive valence following stress (stress susceptible) or behave akin to unstressed controls (stress resilient). These mechanisms include but are not limited to the levels and types of circulating cytokines, chemokines, leukocytes, and immune sensitivity to challenge (Hodes et al., 2014; Niraula et al., 2018). While much of the focus of mechanisms of resilience has been on circuitry within the CNS, there is evidence that the peripheral and central immune system also regulates the stress response (Hodes et al., 2014; Niraula et al., 2018). Here we will review how central and peripheral immune mechanisms interact to generate risk or resilience to stress and its impact on the individual.

1. Peripheral cellular mechanisms of stress susceptibility and resilience

The cells that make up the peripheral immune system primarily consist of leukocytes that originate as pluripotent hematopoietic stem cells in the bone marrow (Zhang, 2012). The process of hematopoiesis eventually gives rise to more limited progenitor cells and includes the common lymphoid and myeloid progenitors (Lai and Kondo, 2008; Zhang, 2012). The common lymphoid progenitor cells differentiate into lymphocytes, which include the B and T cells (Lai and Kondo, 2008). After becoming active plasma cells, the primary role of B cells is to secrete antibodies which recognize and opsonize foreign antigens. T cells, on the other hand, have two main types: cytotoxic and helper T cells, which are involved in viral defense and B cell activation respectively. Together, these lymphocytes make up the cells primarily involved in the adaptive immune response. Monocytes are derived from the myeloid progenitor line during adult hematopoiesis and have been strongly implicated as a mechanism contributing to stress susceptibility and resilience. Monocytes circulate in the blood and are recruited to sites of damage or infection where they become mature macrophages and are largely responsible for the phagocytosis of pathogens and cellular debris (Martin et al., 2014). Depending on their activation state they can also be involved in tissue repair and resolution of inflammation (Mills, 2012). Furthermore, long lived tissue-resident macrophages

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are derived from a primitive form of hematopoiesis in the yolk sac during embryonic development (Epelman et al., 2014; Hoeffel and Ginhoux, 2018). These cells are thought to be the source of Kupffer cells in the liver or microglia in the brain, the latter will be discussed in more detail later (Epelman et al., 2014; Hoeffel and Ginhoux, 2018).

Altered leukocyte numbers are associated with the response to stress. Mice that become stress susceptible have increased circulating leukocytes four days before being exposed to chronic social defeat stress compared to animals that become resilient (Hodes et al., 2014). These data suggest that individuals prone to developing a social withdrawal response to stress have higher baseline levels of leukocytes compared to resilient individuals and that this primed immune system is a major determining factor of differential behavioral response. Following social stress bone marrow derived hemopoietic progenitor cell production and release are increased and they engraft in the spleen where they proliferate and differentiate into monocytes, neutrophils and erythrocytes creating a persistent cache of myeloid cells (McKim et al., 2018). The spleen is a lymphoid organ split into two main compartments (red and white pulp) and is involved in regulating the defense against blood-borne microorganisms and filtration of cellular debris (Cesta, 2006; Mebius and Kraal, 2005). The white pulp contains lymphocytes, macrophages, plasma cells and dendritic cells (Cesta, 2006; Mebius and Kraal, 2005). When foreign antigens are detected, several mechanisms for defense are in place including phagocytosis by marginal-zone macrophages, migration of circulating dendritic cells into the white pulp and clonal expansion of lymphocytes (Cesta, 2006; Mebius and Kraal, 2005). Stress susceptible mice have increased cellularity in their spleens compared to control mice following chronic social defeat stress (Ambrée et al., 2018). While stress results in changes to the immune cell population in all individuals to some degree, splenic monocytes are specifically increased in stress susceptible individuals (Ambrée et al., 2018). This suggests that monocytes are a major contributing factor in the determination of individual differences in response to stress.

Dendritic cells are myeloid derived cells that specialize in displaying antigens to naïve T cells in secondary lymphoid organs via major histocompatibility complexes (MHC) I and II in order to regulate the activation of the adaptive immune response (Janeway et al., 2005). As such, dendritic cells are often referred to as a bridge between innate (fast-acting) and adaptive (long-term) immunity. Dendritic cells, like other immune cells, are sensitive to stressful stimuli and their numbers are decreased in the spleens of mice following social defeat stress (Ambrée et al., 2018). However, social stress in male mice is also associated with activated splenic dendritic cells (Ambrée et al., 2018; Powell et al., 2009). Specifically, splenic dendritic cells from stress susceptible mice have increased expression of MHC class I, MHC class II, CD80, and secrete higher levels of inflammatory cytokines upon *in vitro* stimulation compared to resilient or control mice (Ambrée et al., 2018; Powell et al., 2009). While there are fewer dendritic cells in stress susceptible individuals, the ones that are there are more responsive to an immunological insult and are more prepared to present antigens to T cells.

While most of the current research on immune-related differences in stress susceptibility and resilience has focused on the innate immune system, there is some evidence that T cells play a role in the response to stress. Naïve T helper cells can differentiate to various subtypes with distinct functions depending on the type of response needed, which can further complicate their role in stress susceptibility and resilience (Hirahara and Nakayama, 2016). The subsets are typically defined by the cytokines they secrete and include Th1, Th2, and Th17 (Hirahara and Nakayama, 2016). Th1 and Th17 cells are generally considered pro-inflammatory, whereas Th2 cells are considered anti-inflammatory due to their secretion of growth factors and role in tissue repair (Allen and Wynn, 2011). It should be noted that the Th2 response is still an inflammatory response meant to combat and kill parasitic worms and contributes to the symptoms of allergies (Allen and Wynn, 2011). Like innate immune cells, T cells also express glucocorticoid receptors and

activation of this receptor promotes apoptosis (Herold et al., 2006; Tuckermann et al., 2005). Increased signaling of the glucocorticoid receptor via a point mutation not only increases T cell susceptibility to apoptosis, but also favors a Th2 subset of T helper cells (Brandt et al., 2007). T cells can be classified as helper or cytotoxic depending on whether they are CD4⁺ or CD8⁺ respectively (Laidlaw et al., 2016). Both restraint stress and corticosterone treatment induce a decrease in T cell populations (Ashcraft et al., 2008). Chronic social defeat stress also decreases absolute count of T cells in stress susceptible but not resilient mice (Pfau et al., 2019). Mild chronic stress in mice activates the HPA axis, sympathetic nervous system, and causes a decrease in CD4⁺ T cells relative to CD8⁺ cells (Jiang et al., 2017; Silberman et al., 2004). This decrease in the CD4/CD8 ratio is an indication of a weakened or senescent immune response and implicates a mechanism of T helper cell sensitivity to stress (McBride and Striker, 2017). In contrast, blocking NE signaling by β -adrenergic receptors and splenectomy prior to stress can rescue the CD4/CD8 ratio (Jiang et al., 2017). Therefore, T lymphocytes are associated with the physiological response to stress. However, their role in behavior following stress is just beginning to be investigated.

Contributions of lymphocytes to behavioral and physiological stress susceptibility have been studied in *Rag2*^{-/-} mice, which lack mature B and T cells (Brachman et al., 2015). Adoptive transfer of CD4⁺ T cells from stressed (Brachman et al., 2015) or non-stressed donors (Clark et al., 2016) into *Rag2*^{-/-} mice reduced anxiety- and depressive-like behaviors and promoted the establishment of fear memory. In addition, lymphocytes from stressed donors resulted in increased hippocampal cell proliferation in the dentate gyrus and heightened plasma glucocorticoid levels in hosts receiving cells from a stressed donor, which may act as a compensatory mechanism (Brachman et al., 2015). While hippocampal neurogenesis could not be specifically confirmed in this study due to the time point examined, previous studies have demonstrated that increased glucocorticoids and/or stress generally decrease cell proliferation resulting in reduced neurogenesis (Kim et al., 2015). It should be noted that the donor lymphocytes were produced from animals exposed to chronic social defeat stress. Studies of mice have reported this form of stress produces a transient decrease in cell proliferation that then leads to increased survival of new neurons specifically in socially avoidant (susceptible) subjects (Lagace et al., 2010). Additionally, reductions in neurogenesis during adolescence using targeted irradiation or transgenic methods, promoted resilience by reducing social avoidance (Kirshenbaum et al., 2014; Lagace et al., 2010). Therefore, it is not clear whether the observed increase in cell proliferation in *Rag2*^{-/-} mice (Brachman et al., 2015) would actually contribute to stress resilience.

Increased glucocorticoid signaling favors a Th2 population and could indicate a role for this subset of cells and their cytokine milieu as a contributing factor to the behavioral response to stress. Taken together, it is conceivable that individuals with higher levels of glucocorticoids as a result of psychological stress and HPA axis dysregulation have an altered population of T helper cells, which affects their behavioral response in a currently unknown manner.

2. Molecular mechanisms contributing to stress susceptibility and resilience

A number of recent studies implicate that crosstalk between the hypothalamic pituitary adrenal (HPA) axis and the immune system mediates behavioral responses to stress (Iwata et al., 2013; Malek et al., 2015; Mileva et al., 2017). Immune cells respond to glucocorticoids by entering the circulation and migrating to other tissues during stress, such as the CNS (Fig. 1) (Niraula et al., 2018; Wohleb et al., 2013). Repeated social stress, in addition to causing anxiety and depression-associated behaviors in susceptible individuals, increases plasma corticosterone (CORT), interleukin-6 (IL-6), spleen weight, and circulating monocytes in male C57BL/6 mice (Niraula et al., 2018; Wohleb et al.,

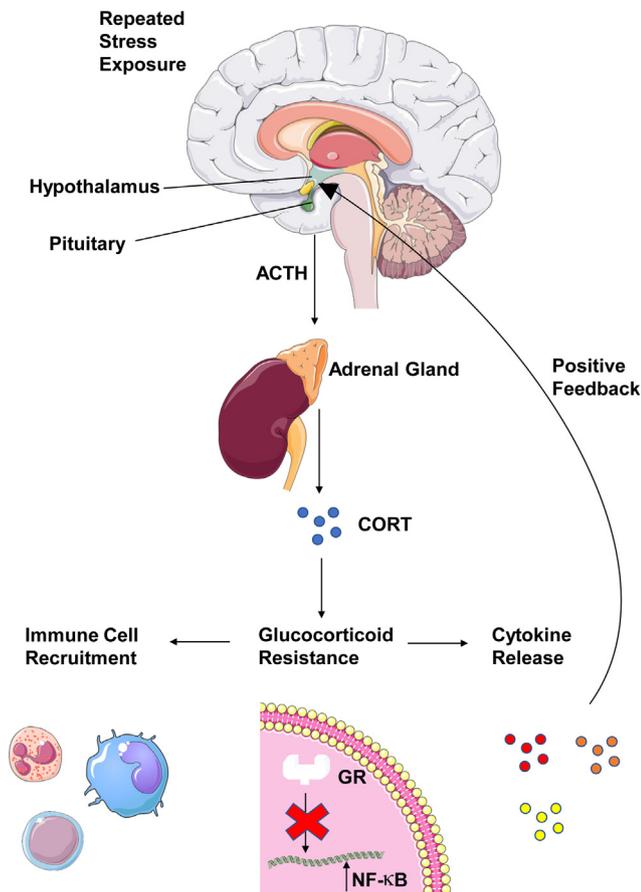


Fig. 1. Crosstalk between HPA axis and immune system. Repeated exposure to a stressor activates the HPA axis leading to increased production of CORT. Chronic release of CORT results in decreased sensitivity of immune cells to the anti-inflammatory effects of glucocorticoids. This in turn causes increased recruitment of immune cells and pro-inflammatory cytokine release. Furthermore, pro-inflammatory cytokines such as IL-6, IL-1 β and TNF can activate the HPA axis and act as a form of positive feedback on the system.

2013). Activation of these pro-inflammatory outputs is attenuated via adrenalectomy or pharmacological depletion of CORT indicating a causal role in regulating the immune response to stress (Niraula et al., 2018). These data suggest that increased levels of glucocorticoids play a role in stress-mediated immune activation, which may contribute to the primed immune response of susceptible individuals (Fig. 1). While activation of the HPA axis and increased levels of CORT can have various effects on the different components of the immune system, they are traditionally associated with attenuation of the immune system (Franchimont, 2004; Gao et al., 2017). Why then, do stressed individuals have increased pro-inflammatory mediators that are positively correlated with the presence of CORT?

CORT exerts its immune regulatory effects via glucocorticoid receptors expressed on immune cells (Miller et al., 1998). Repeated exposure to a stressor can lead to glucocorticoid resistance via changes in the glucocorticoid receptor (Fig. 1) (Francis et al., 2017; Jung et al., 2015; Li et al., 2018a, 2018b; Quan et al., 2003; Stark et al., 2001; Weber et al., 2017). Splenocytes treated with the endotoxin lipopolysaccharide (LPS) isolated from socially stressed mice are immune to the anti-proliferative effects of CORT (Quan et al., 2003; Stark et al., 2001). Additionally, macrophages of socially stressed mice stimulated with LPS and CORT have reduced nuclear translocation of the glucocorticoid receptor and lack a compensatory attenuation of nuclear factor κ B (NF- κ B) activation (Quan et al., 2003). Repeated social stress attenuates DNA methylation and expression of glucocorticoid receptor in splenic macrophages (Jung et al., 2015). These data indicate that chronic stress

can mediate immune cell responsiveness to glucocorticoids by affecting glucocorticoid receptor expression and function potentially via epigenetic mechanisms. Ultimately, allowing the immune system to become primed in stress susceptible individuals.

The HPA axis is not the only stress regulatory pathway that is involved in susceptibility and resilience. The sympathetic nervous system, along with dopaminergic pathways in the ventral tegmental area (VTA), also regulate stress-related behaviors (Isingrini et al., 2016). Specifically in the CNS, it's been suggested that norepinephrine (NE) signaling to the VTA is critical for the development of a resilient phenotype in response to chronic social defeat (Isingrini et al., 2016). The sympathetic nervous system is involved in priming the peripheral immune system as a result of chronic defeat stress, but the role of this relationship in the behavioral response to stress is just beginning to be realized (Finnell et al., 2017, 2019; Wood et al., 2015). Rats exposed to chronic social defeat stress have significantly elevated levels of NE, IL-1 β , IL-13, Tumor necrosis factor (TNF), and IL-10 in the plasma compared with controls (Finnell et al., 2017). The locus coeruleus is the primary brain nucleus responsible for NE synthesis and is disrupted via the selective neurotoxin N-(2-chloroethyl)-N-ethyl-2-bromobenzylamine (DSP-4) (Finnell et al., 2019; Ross and Stenfors, 2015). Treatment with DSP-4 reverses the stress-induced immune priming observed following chronic social defeat stress (Finnell et al., 2019). Rats who exhibit a passive coping phenotype have an increased IL-6 to IL-10 ratio in the circulation compared to animals showing an active coping response during chronic social defeat stress (Wood et al., 2015). NE signaling via β -adrenergic receptors is necessary for the increased population of immature inflammatory (Ly6c^{high}) monocytes and neutrophils in bone marrow, blood and spleen in mice that underwent repeated unstable social hierarchy exposure and showed anxiety associated behavior (Powell et al., 2013). Chronic social defeat stress in mice also results in increased populations of neutrophils and Ly6c^{high} monocytes along with a suppression of B cells in both susceptible and resilient mice immediately after the cessation of stress (Pfau et al., 2019). The effects of stress on cell populations were only long lasting in susceptible mice. Nine days after the cessation of stress Ly6c high monocytes and neutrophils were elevated and B cells were still decreased in susceptible but not resilient mice. Further studies demonstrated depletion of Ly6c^{high} monocytes to have antidepressant-like effects on social avoidance behavior (Pfau et al., 2019). Taken together, there is an increased innate pro-inflammatory environment in the periphery in association with a stress susceptible phenotype. Direct manipulation of locus coeruleus NE signaling can regulate peripheral immune system priming during stress which in turn contributes to the behavioral response of an individual.

Many cells of the innate immune system express germline-encoded receptors known as pattern-recognition receptors (PRRs) (Chen et al., 2018). The best studied of these include the membrane bound toll-like receptors (TLRs) and the cytosolic NOD-like receptors (NLRs) (Chen et al., 2018). Recognition of pathogen associated molecular patterns (PAMPs) or danger associated molecular patterns (DAMPs) via PRRs leads to the induction of intracellular signaling cascades such as the NF- κ B pathway (Chen et al., 2018). In fact, components of the NF- κ B pathway, such as I κ B kinase, have been implicated in the behavioral response to stress, primarily in the nucleus accumbens (NAc) (Christoffel et al., 2011, 2012; LaPlant et al., 2009). The result of these signaling cascades is the production of the chemical messengers of the immune response known as cytokines and chemokines (Zhang and An, 2007). Much of the differentiation, activation, and overall communication of immune cells occurs through cytokines and chemokines. In general, cytokines are primarily involved with the regulation of immune cells, however, non-immune cells such as neurons can both secrete and respond to cytokines (Zhang and An, 2007).

It has been proposed that cytokines also play a role in the activation of the HPA axis and in turn leads to increased glucocorticoid production (Fig. 1) (Malek et al., 2015; Silverman et al., 2005). Ongoing research is examining how HPA crosstalk contributes to stress susceptibility and

resilience in mouse models of depression. The role of cytokines and chemokines as mediators of the immune response is well understood at this point. However, much less is known about the role of these chemical messengers in the response to stress. Cytokine treatment or LPS challenge induces depression-associated behavior in both humans and animals (Iwata et al., 2013; O'Connor et al., 2009; Pollak and Yirmiya, 2002; Yirmiya, 1996). While the mechanism by which cytokines contribute to stress susceptibility is not yet fully understood, overall the hypothesis is that pro-inflammatory cytokines such as IL-6, IL-1 β , and tumor necrosis factor (TNF) are able to act as a positive feedback mechanism and/or trigger activation of the HPA axis (Fig. 1) (Iwata et al., 2013; Malek et al., 2015; Mileva et al., 2017). This is proposed as many of the major pro-inflammatory cytokines are upregulated in response to physiological and/or psychological stress (Fig. 1) (Golovatscka et al., 2012; Maes et al., 1998).

IL-6 is recognized as the most consistently expressed cytokine during pathological stress and major depressive disorder (MDD) (Hodes et al., 2014; Wood et al., 2015; Yang et al., 2015a,b). High serum levels of leukocyte-derived IL-6 were indicative of behavioral susceptibility during social interaction testing following chronic social defeat stress in male C57BL/6 mice (Hodes et al., 2014). The leukocytes largely responsible for elevated IL-6 appear to be monocytes, which were increased at baseline in mice that later become stress susceptible (Hodes et al., 2014). Furthermore, Let7 miRNA clusters associated with IL-6 production were upregulated in susceptible and downregulated in resilient mice following social defeat stress in Ly6c^{high} monocytes. Given the anti-inflammatory properties of the let-7 family this may be a compensatory negative feedback response in these cells (Pfau et al., 2019). Mice treated with an IL-6 antibody, IL-6 knockout (*Il6*^{-/-}) mice and IL-6^{-/-} bone marrow chimeras mice expressed a resilient phenotype following chronic social defeat stress (Hodes et al., 2014). Elevated serum levels of IL-6 were also implicated in a rat model of learned helplessness (Yang et al., 2015a,b). Like social defeat stress, only a sub-population of subjects' express helplessness behavior defined as a passive coping response to inescapable shock. Rats expressing helplessness behavior had increased levels of serum IL-6 compared to controls and animals resilient to stress. Likewise, C57BL/6 mice lacking IL-6 (*Il6*^{-/-}) were resistant to learned helplessness following repeated foot shock and showed reduced passive coping behavior in the forced swim and tail suspension tests compared to wild-type (Chourbaji et al., 2006). These studies demonstrate a relationship between circulating levels of IL-6 and stress responsiveness. Furthermore, they indicate that IL-6 is necessary for behavioral stress susceptibility.

The cytokine IL-1 β , has also been implicated in stress susceptibility in both the periphery and in the CNS (Li et al., 2018a; Mileva et al., 2017; Wood et al., 2015). In the CNS, the primary cells responsible for the secretion of IL-1 β are microglia, astrocytes and neurons (Koo and Duman, 2008), while peripherally it is released by monocytes and macrophages (Zhang and An, 2007). IL-1 β interacts with the HPA axis and thus acts as a mediator of the stress response (Koo and Duman, 2009a). Wistar Kyoto rats, which at baseline exhibit many depression associated behaviors, have lower levels of IL-1 β in the serum compared to their counterparts both at baseline and following the acute stress of a forced-swim test (Mileva et al., 2017). This is counter-intuitive to other studies in which circulating cytokine levels are higher in susceptible individuals. It is possible that the observed inter-strain differences (i.e. genetic variation) in depressive-behavior between Wistar and Wistar Kyoto rats are not related to higher levels of circulating IL-1 β . To our knowledge, IL-1 β levels have not been directly compared in the CNS of Wistar Kyoto and Wistar rats in the context of stress susceptibility. It should also be noted that in the same study there was no effect of an acute forced-swim test stress on serum IL-1 β levels. Perhaps a more prolonged stressor or more intense stressor would have a larger impact on serum IL-1 β levels. For example, male Sprague-Dawley rats exposed to a series of mild stressors over four weeks were shown to have increased plasma IL-1 β compared to controls (Grippe et al., 2005). In

mice peripheral IL-1 β levels were elevated in both susceptible and resilient mice compared to controls within 20 min of their first defeat (Hodes et al., 2014). After 10 days of chronic social defeat stress IL-1 β levels were only elevated in the blood of susceptible animals possibly representing a habituation to the stress in resilient mice (Stelzhammer et al., 2015).

It is possible that IL-1 β is lower in the periphery of Wistar Kyoto rats because it is entering the brain or that central IL-1 β and peripheral IL-1 β responses are uncoupled in this strain and thus regulate depressive behavior via different mechanisms. A more accurate description of the contribution of IL-1 β may be that its levels are dysregulated rather than strictly upregulated like other pro-inflammatory cytokines such as IL-6. This could be explained, in part, by opposing levels of IL-1 β in the CNS and the periphery in response to stress. Within the brain increased IL-1 β seems to be involved in a pro-depressant-like phenotype. Administration of IL-1 β via intracerebroventricular injection inhibits hippocampal cell proliferation, which is a common consequence of stress (Koo and Duman, 2008, 2009a). Inhibition of the IL1 receptor, either pharmacologically or genetically, attenuates the reduction of neurogenesis in the hippocampus associated with acute and chronic stress in Sprague-Dawley rats (Koo and Duman, 2008). Furthermore, IL-1 receptor deficiency in animals or central inhibition of IL-1 β attenuates anxiety- and depressive-associated behaviors following stress (Koo and Duman, 2008, 2009b, 2009a). The role of IL-1 β in the behavioral response to stress is complex and most likely occurs via different mechanisms for the periphery and CNS. Moreover, IL-1 β has been found to be elevated in the periphery following prolonged stress, but not acute stress (Mileva et al., 2017) although this may be dependent on the species, strain or intensity of stressor.

In contrast to IL-6, IL-1 β requires a cleavage event in order to become active and secreted from the cell (Lopez-Castejon and Brough, 2011). Specifically, the activation of NLR signaling induces the formation of the multi-protein complex known as the inflammasome, which ultimately causes the cleavage and subsequent activation of caspase-1 (Lopez-Castejon and Brough, 2011). Active caspase-1 is then responsible for the cleavage of pro-IL-1 β into active IL-1 β . Caspase-1 has been shown to be involved in determination of an individual's response to stress as well. Following chronic social defeat stress, circulating monocytes in susceptible C57BL/6 mice had increased gene expression of *Casp1*, while mice lacking *Casp1* were shown to have a resilient phenotype (Li et al., 2018a, 2018b). The fact that NLRs are able to detect a wide range of molecular signals, including DAMPs, presents a possible bridge between psychological stress and the inflammatory response. This response in part may be mediated by the relationship between NLR signaling and autophagy, a homeostatic mechanism involved in cellular waste removal (Zhong et al., 2016). NLRP3 inflammasome assembly is thought to be in part a result of mitochondria damage and is directly counteracted by autophagy of mitochondria (for review see Zhong et al., 2016). In humans, autophagy-associated genes were upregulated in mononuclear cells isolated from the blood of patients with depression compared to controls (Alcocer-Gómez et al., 2017a, 2017b). One possibility is that this is a compensatory mechanism, as upregulated response of autophagy genes in response to ex-vivo application of antidepressants to mononuclear cells isolated from patients with depression also predicted success of clinical treatment (Gassen et al., 2014). In mice exposed to stress or chronic corticosterone, antidepressant treatment was demonstrated to increase upregulation of autophagy genes in the brains (Gassen et al., 2014; Gulbins et al., 2018). However, the possibility also exists that in a subset of patients with depression there is an uncoupling of the autophagy correction of the NLR inflammasome activation. Hyperactivation of the NLRP3 inflammasome has been reported in the peripheral blood mononuclear cells of patients with type 2 diabetes (Lee et al., 2013) and with systemic lupus erythematosus (Yang, 2015) both of which have a high co-morbid rate of occurrence with depression particularly in women (Bachen et al., 2009; Clarke et al., 2017; Simayi and

Mohemaiti, 2019). In the blood mononuclear cells of antidepressant-responsive patients NLRP3 inflammasome activation was inhibited along with an increase in expression of autophagy related genes (Alcocer-Gómez et al., 2017a, 2017b). The same decrease in the NLRP3 inflammasome following in vitro antidepressant treatment did not occur in mouse embryonic fibroblast cells from autophagy knockout mice indicating that the autophagy process mediates the response of the NLRP3 inflammasome to antidepressants (Alcocer-Gómez et al., 2017a, 2017b). It would be interesting to test if this response is uncoupled in immune cells from patients with treatment resistant depression.

TNF is another pro-inflammatory cytokine involved in stress susceptibility and resilience. TNF can act through two main receptors known as TNFR1 and TNFR2 and sends survival or death signals depending on which receptor is being activated (Bradley, 2008). TNF levels in the plasma and spleen are positively correlated with greater social withdrawal and other anxiety like behaviors following chronic social defeat stress (Ambrée et al., 2018; Kinsey et al., 2008; Liu et al., 2015). Furthermore, splenocytes from stress susceptible mice stimulated with the TLR4 agonist LPS secreted significantly higher amounts of TNF compared to controls and resilient individuals (Ambrée et al., 2018; Kinsey et al., 2008). Susceptible mice, in this case, were observed to have low social interaction scores and spent a larger amount of time in the corners of the interaction area. Leukocytes isolated from animals four days prior to the start of stress and stimulated with LPS also released higher levels of IL-6 from mice that would later display a susceptible phenotype compared to leukocytes from control and resilient mice (Hodes et al., 2014). Furthermore, the levels of simulated IL-6 were negatively correlated with the social interaction score in these mice, indicating increased IL-6 was related to increased social withdrawal (Hodes et al., 2014). Together these studies suggest that susceptible individuals have overall a more reactive immune response at baseline compared to resilient individuals.

During a normal immune response there is a resolving of release of pro-inflammatory cytokines by anti-inflammatory cytokines, such as IL-4/IL-10 to allow for negative feedback in order to prevent pathological activation of inflammation and to promote healing. However, in stress susceptible individuals there is a dysregulation of this pro- and anti-inflammatory balance and thus, a shift to a pro-inflammatory profile (Voorhees et al., 2013; Wood et al., 2015). For example, the ratio of IL-6/IL-10 is significantly higher in the plasma of Sprague Dawley rats with a shorter latency to defeat (susceptible) during chronic social defeat stress compared to controls and rats with longer latency to defeat (resilient) (Wood et al., 2015). Prolonged restraint stress which resulted in increased passive coping during the forced swim test increased circulating IL-6 levels and decreased IL-4 and IL-10 (Voorhees et al., 2013). Injecting mice with recombinant IL-10 during the final week of the restraint stress reduced the expression of depression-associated behavior (Voorhees et al., 2013), thus, supporting a role for anti-inflammatory cytokines as a mechanism of resilience in the periphery.

3. Potential sources of individual differences in inflammation

Women have a much higher incidence of MDD than men (Albert, 2015). In addition, female animals are more susceptible to some forms of stress than males and have differences in their immune state (Hodes et al., 2015; Rainville et al., 2018). As such, estrogen has been implicated as a modulator of inflammation as well as the behavioral response to stress (Finnell et al., 2018; Sharma et al., 2018). Estrogen receptors are present on most immune cells (Keselman and Heller, 2015; Molero et al., 2002; Zierau et al., 2012) and low levels of estrogens stimulate activation of these cells, whereas high levels of estrogen suppress immune function (Rainville et al., 2018). The estrus cycle is a cell death cycle with cornification occurring during estrus and shedding of epithelial cells and leukocytes during diestrus. These cellular effects are accompanied by independently regulated changes of cytokine/chemokine concentrations in the uterus and vaginal tract

across the cycle (Hickey et al., 2012). Estrogen receptors directly influence thymus and spleen development as indicated by knockout studies (Erlandsson et al., 2001). Additionally, estrogen can exert effects through non-conical signaling such blocking the effects of LPS on IL-6 levels in monocytes through activation of the splice variant ER α -36 interacting with GPER to produce inhibition of NF κ B (Pelekanou et al., 2016). Female mice treated with LPS via i.p. injection have a more persistent increase in peripheral cytokines compared to adult males (Sharma et al., 2018). Ovariectomized rats display significantly less anxiety- and depression-associated behaviors after witnessing a conspecific undergo chronic social defeat stress compared to intact rats (Finnell et al., 2018). Estrogen replacement in ovariectomized rats restores anxiety-associated behavior, but not depression-associated behavior (Finnell et al., 2018). Additionally, intact rats with prior exposure to witnessing chronic social defeat stress show increased levels of circulating pro-inflammatory cytokines such as IL-1 β , IL-6 and TNF following re-exposure, while ovariectomized rats had the opposite result (Finnell et al., 2018). While it's clear that females experience higher susceptibility to stress compared to males, the role of estrogen in immune modulation is yet to be clearly defined. Testosterone exerts immunosuppressive effects in both sexes. In gonadectomized mice testosterone is equally effective at blocking LPS induced increases in TNF- α in both sexes whereas only females respond to estrogen replacement (Gaillard and Spinedi, 1998). Testosterone signaling produces apoptosis and contributes to the lower circulating levels of T_H cells in males (McMurray et al., 2001; Trigunaite and Dimo, 2015). We hypothesize that the immune suppression experienced by males due to their higher testosterone levels may result in stress resilience, but at the risk of their survival. The flexibility and stronger response of the female immune system, in particular adaptive immunity, may provide greater protection from pathogens but at the cost of increased autoimmune responses to stress and other danger signals. More studies are needed to test this dichotomy of behavioral and immunological responses to stress in males and females.

Another potential source for individual variation in stress susceptibility of an individual derives from the microorganisms in the digestive tract (along with their genetic material) that make up the gut microbiome. The gut microbiome have been implicated in the normal development of the host's physiology and many diseases including diabetes, obesity, and autoimmune disorders (Shreiner et al., 2015). The mammalian digestive tract is also in direct contact with the CNS via the vagus nerve and the enteric nervous system (ENS), which is often referred to as the gut-brain axis (Evrensel and Ceylan, 2015; Mittal et al., 2017). Recently, research on the gut-brain axis has revealed a possible role for the gut microbiome on depression and stress-related diseases (Evrensel and Ceylan, 2015; Jiang et al., 2015; Liang et al., 2018). Microorganisms in the gut can secrete various neuroactive factors that can affect brain function (Evrensel and Ceylan, 2015) and changes in the homeostatic gut microbiome can lead to pathological consequences. Furthermore, differences in microbiome diversity are present in MDD patients with certain genera being more represented compared to healthy controls (Jiang et al., 2015; Zheng et al., 2016a, 2016b).

The ENS is a unique division of the peripheral nervous system that controls the functions of the gastrointestinal tract independent of direction from the CNS and plays a role in both sensory and motor functions in the gut (Mittal et al., 2017; Rao and Gershon, 2016). However, there are connections between the ENS and CNS that allow the two systems to communicate and influence one another. Thus, it is likely that communication between the ENS and CNS is involved in the behavioral response to stress and the development of neurological disorders such as MDD. For example, social stress increases gene expression of neuropeptide Y receptor 1 (NPY1R) in the locus coeruleus, a receptor generally associated with immune system activation in the gut (Chandrasekharan et al., 2013; Hassani et al., 2005; Wood et al., 2015). Neuropeptide Y (NPY) is involved in NE signaling and inhibits firing in the locus coeruleus via inhibition of tyrosine hydroxylase (TH) (Finta

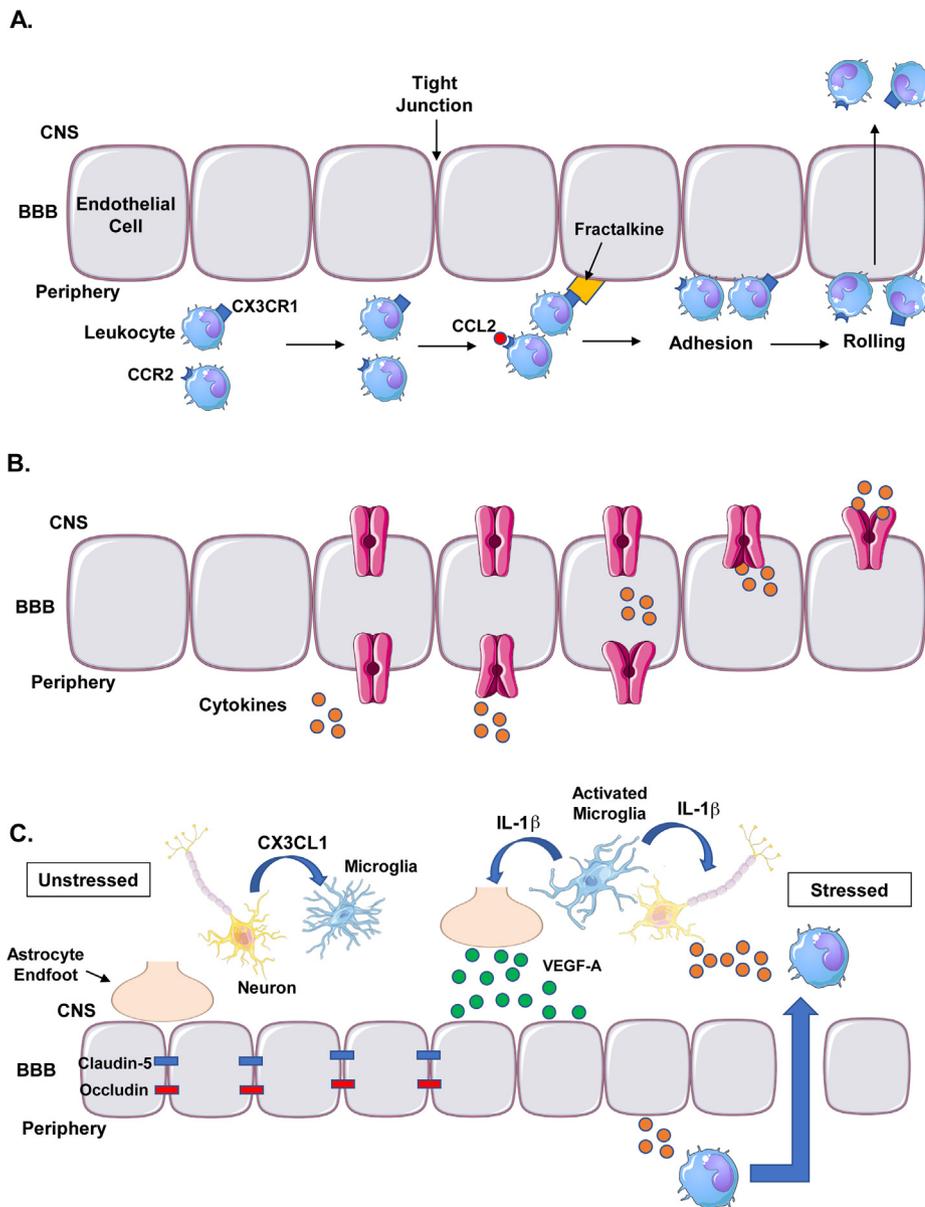


Fig. 2. Mechanisms for peripheral immune components to cross the blood-brain barrier. There are multiple ways in which immune components can cross the blood-brain barrier (BBB) and include (A) diapedesis, (B) saturable transport and (C) neuron-microglia-astrocyte crosstalk. (A) Diapedesis involves binding and activation of chemokine receptors on leukocytes such as CCR2 and CX3CR1, leading to an increase in integrin adhesiveness and binding of the leukocyte to the endothelial cells in the BBB. This slows the flow of the leukocyte and causes it to roll along the luminal wall of the vessel allowing it to move through the endothelium. (B) Alternatively, cytokines move through the BBB using the selective carrier-mediated transport known as saturable transport. These carriers are oriented in such a way to allow the flow of cytokines through the endothelial cell into the brain. (C) Finally, neurons and microglia communicate via the CX3CL1/CX3CR1 under normal healthy conditions. This communication keeps the microglia in a non-inflammatory state. During stress, microglia become activated and secrete IL-1 β , binding and activating astrocytes and neurons potentially producing eventual atrophy. Activated astrocytes then release VEGF-A leading to decreased expression of the tight junction proteins claudin-5 and occludin, resulting in breakdown of the BBB, leukocyte migration and cytokine passage from the periphery into the CNS.

et al., 1992; Mittal et al., 2017). Furthermore, NPY secreted by the ENS is implicated in the activation of immune cells such as macrophages, neutrophils and lymphocytes (Chandrasekharan et al., 2013). Taken together, this suggests a role in regulating peripheral cytokine responses driving susceptibility and resilience via changes in the activation of the sympathetic nervous system.

Psychological stress in mice results in increased expression of pro-inflammatory cytokines (iNOS, TNF, and IL-1 β) and dysregulation of the microbiome in the gut (Bailey et al., 2011, 2010; Maltz et al., 2018). Short chain fatty acids (SCFAs) are produced via fermentation of carbohydrates by the microorganisms in the gut and are affected by stress. For example, the SCFAs acetic and butyric acid are reduced while propionic acid is increased during stress compared to unstressed mice (Maltz et al., 2018). The microbiome can affect gene expression in the brain as well as circulating cytokine levels, which in turn can have effects on depression- and anxiety-associated behavior. Administration of an antibiotic cocktail prior to stress exposure can reduce the stress-mediated increases in circulating IL-6 that are typically observed (Bailey et al., 2011). Germ free mice have decreased 5HT1A gene expression in the dentate gyrus and display less anxiety- and depression-associated behaviors compared to specific pathogen free (SPF) mice

(Neufeld et al., 2011; Zheng et al., 2016a, 2016b).

Microbiota transplantation from patients with MDD into germ free mice results in increased depression-associated behaviors compared to mice transplanted with microbiota from healthy controls (Zheng et al., 2016a, 2016b). Maternal separation of rats at a young age results in depression-associated behavior, which can be reversed with chronic treatment of the probiotic *Bifidobacterium infantis* (*B. infantis*) in adult animals (Desbonnet et al., 2010). Furthermore, chronic treatment with probiotics such as *B. infantis* and *Lactobacillus rhamnosus* (*L. rhamnosus*) affect the levels of GABA and NE in the CNS, in addition to their ability to reduce anxiety- and depression-associated behaviors (Bravo et al., 2011; Desbonnet et al., 2010). However, vagotomy attenuates the anxiolytic effects of *L. rhamnosus*, indicating a possible pathway through which the gut microbiota communicates with the CNS to regulate the stress response (Bravo et al., 2011). These findings implicate a role for probiotics to affect neurotransmitter levels in the brain and opens an avenue for microbiome-based therapeutic intervention for MDD. Taken together, the gut microbiome clearly plays a role in regulating the CNS and the behavioral response to stress.

4. How do peripheral immune signals cross into the brain?

The brain was initially thought to be immune privileged as the CNS is protected by the blood brain barrier (BBB) from systemic pathogens, immune cells and other factors circulating in the blood, such as cytokines. The BBB, being both a physical and selective exchange barrier, is able to effectively control the brain microenvironment (Lampron et al., 2013). The BBB is formed by endothelial cells closely connected to each other by tight junctions and adherens junctions. These are intracellular bridges made up of multiple transmembrane protein complexes, including claudins, occludin, junctional adhesion molecules and glycoprotein cadherins (Lampron et al., 2013). There are only a few mechanisms through which substances can enter the brain, including diapedesis and saturable transport (Banks et al., 1995). Peripheral leukocytes cross the BBB through the process of diapedesis, which involves invagination of the endothelial cell and podocytosis of the peripheral leukocyte, enabling the leukocyte to tunnel through the endothelial cell (Banks et al., 1995). Leukocyte trafficking across the BBB depends on phenotype and expression of the chemokine receptor 2 (CCR2) or fractalkine receptor CX3CR (Auffray et al., 2007; Geissmann et al., 2003). Diapedesis of CCR2-expressing leukocytes is directed by selectins and integrin. Initial contact of leukocytes and rolling on the endothelium is mediated by selectins. Subsequent activation of G protein-coupled receptors by chemoattractants leads to activation of integrin adhesiveness and stable arrest of leukocytes, ultimately allowing leukocytes to move through endothelium via diapedesis (Fig. 2A) (Campbell et al., 1998; Fong et al., 1998; Springer, 1994). Diapedesis of CX3CR1-expressing leukocytes is mediated by fractalkine CX3CL1, transmembrane chemokine expressed on the activated endothelium. CX3CL1 has been shown to mediate rapid capture and firm adhesion of leukocytes both through integrin-independent and integrin-dependent mechanisms (Fong et al., 1998; Goda et al., 2000).

Cytokines usually cross the BBB via the process of saturable transport, which has the advantage of being sensitive to physiological and pathological stimuli (Fig. 2B) (Banks et al., 1995; Kastin and Pan, 2008). Saturable transport is a selective carrier-mediated transport, with the membrane carriers being oftentimes polarized for the optimal transport of the substances into the brain (Brasnjevic et al., 2009). Cytokines implicated in stress susceptibility and resilience, such as IL-1 β , IL-6, and TNF, have been shown to cross BBB by the means of distinct saturable transport systems (Banks et al., 2001a, 2001b, 1994, 1995; Pan and Kastin, 2008) and rates of saturable transport of cytokines can vary regionally. For example, the hypothalamus absorbs TNF- α much faster than the rest of the brain (Banks et al., 2001a, 2001b). Saturable transport systems are sensitive to systemic inflammation, including upregulation of influx transport carriers for TNF (Osburg et al., 2002; Varatharaj and Galea, 2017). However, this transport system has some limitations. The rate of cytokine transport through the BBB is slow and accounts for only 0.08% of systemically injected cytokines (Banks et al., 1991). Additionally, not all cytokines are able to cross the BBB via saturable transport, as in the case with IL-2 (Banks et al., 2004).

Another way by which cytokines can interact with the brain is through the circumventricular organs (CVOs). CVOs are specialized structures with permeable capillaries located around the third and fourth ventricles that allow for greater exchange between the body and peripheral blood. These structures are usually divided into sensory CVOs: subfornical organ, organum vasculosum of the lamina terminalis and area postrema and secretory CVOs: neurohypophysis, median eminence and pineal gland (Erickson and Banks, 2018). Because of their highly permeable status, CVOs allow passage of sevenfold more cytokines compared to the adjacent areas (Erickson and Banks, 2018). Apart from allowing direct entry of cytokines, CVOs are involved in the immune signaling by transducing inflammatory signals from the periphery to the brain. Furthermore, cells in these areas express cytokine receptors such as CD14 and various TLRs (Ericsson et al., 1995; Lacroix

et al., 1998; Laflamme and Rivest, 2001; Vallières and Rivest, 1997), which, once activated, result in secretion and release of pro-inflammatory cytokines, including IL-1 β , IL-6 and TNF (Goehler et al., 2006; Langgartner et al. 2019; Nadeau and Rivest, 1999). Interestingly, there are bidirectional neuronal projections between the CVOs and the major brain areas implicated in depression, such as the hippocampus, hypothalamus and amygdala (Quan, 2008). These physiological properties and location in the brain make CVOs important in the neuro-immune communication and future research is needed to shed light on the potential involvement of CVOs in stress resilience and susceptibility.

Under pathological conditions, the BBB can lose its integrity leading to the passage of peripheral cytokines into the brain. Pathological conditions in this context can include infection, inflammation and physiological/psychological stress. Even a single exposure to restraint stress was sufficient to significantly increase BBB permeability in the cerebellum and the diencephalon in male Sprague-Dawley rats (Esposito et al., 2001). Increased BBB permeability to peripheral pro-inflammatory cytokines is thought to be a mechanism involved in stress susceptibility and resilience (Esposito et al., 2001; Sántha et al., 2016).

Studies have reported infiltration of monocytes into the mouse brain following stress (Fig. 2C). Repeated social stress promotes infiltration of peripheral macrophages specifically in stress-responsive regions, including the prefrontal cortex (PFC), amygdala and hippocampus in stress susceptible mice (Wohleb et al., 2013). This migration was dependent on the presence of CX3CR1 and CCR2, as stress resilient mice were deficient in these receptors and as a result didn't exhibit monocyte infiltration into the brain (Wohleb et al., 2013). Furthermore, psychological stress was also able to induce BBB permeability. Psychological stress induced by a C57BL/6 mice witnessing a conspecific undergoing foot shock, resulted in the recruitment of bone marrow derived-monocytes into the paraventricular nucleus in stress susceptible mice (Ataka et al., 2013).

Individual differences in molecular mechanisms of BBB permeability mediate the behavioral response to chronic social defeat stress (Menard et al., 2017). Chronic social stress significantly downregulated claudin-5, an integral component of tight junctions, in the NAc of stress susceptible mice, but not resilient mice (Fig. 2 C). Moreover, social defeat stress resulted in ultrastructural abnormalities of blood vessels in the NAc in stress susceptible, but not resilient mice. Increased BBB permeability in stress susceptible mice led to passage of peripherally-injected biotin-labeled IL-6 into NAc and hippocampus, and this does not occur in stress resilient or control mice (Menard et al., 2017). To confirm IL-6 involvement in depression-associated behavior, IL-6 was directly administered into the NAc of the cannulated mice. Following subthreshold defeat stress, these mice displayed social avoidance (Menard et al., 2017). Depression-like behaviors have also been demonstrated in mice injected with IL-6 intracerebroventricularly (Sukoff Rizzo et al., 2012). Specifically, there were significant increases of IL-6 levels in the hippocampus, hypothalamus and frontal cortex in addition to increased immobility times in forced swim and tail suspension tests along with reduced social interaction with a female stimulus mouse (Sukoff Rizzo et al., 2012). Restoring BBB integrity and preventing peripheral cytokines from entering the brain blocks the effects of chronic stress (Hodes et al., 2014; Menard et al., 2017). Viral-mediated restoration of claudin-5 reversed anhedonia, one of the key symptoms of clinical depression. Thus, repairing endothelial damage in the stress-related brain regions might be a new target for therapeutics treating depression and anxiety. Further, these data indicate that individual differences in BBB permeability controlled by the molecular make up of endothelial cells directly contribute to whether an individual will be behaviorally susceptible to stress.

5. Cellular and molecular mechanisms of individual differences in the central immune response to stress

Microglia are resident immune cells of the brain and comprise about 10% of the total glial population of the central nervous system (Rosen et al., 2017). These cells are derived from the embryonic yolk sac and migrate to the brain during early development before the BBB is formed (Ginhoux et al., 2010; Nikodemova et al., 2015). Under non-pathological conditions, microglia perform a range of functions, including surveillance of the surrounding environment (Nimmerjahn et al., 2005), and synaptic pruning, which is especially crucial during neuronal development (Schafer et al., 2012; Schafer and Stevens, 2013). Using microscopy, microglial states can be identified according to morphology. In the healthy adult brain, microglia are mostly in a ramified state, characterized by small cell bodies and numerous long processes, which help to survey the environment (Hanisch and Kettenmann, 2007). Following infection or injury, microglia act as the first line of defense by moving to the site of injury and becoming activated. This activated state is characterized by morphological changes including thickening and shortening of processes along with an increased soma size and can result in increased secretion of the pro-inflammatory cytokines IL-1 β , IL-6 and TNF (Hanisch and Kettenmann, 2007; Nelson et al., 2017).

Microglia become activated not only in response to injury or infection, but also in response to stress (Bollinger et al., 2016; Hellwig et al., 2016). Specifically, microglia became activated in response to stress in brain regions implicated in depression and the stress response. Both functional and structural abnormalities in the prefrontal cortex and limbic regions, such as hippocampus, NAc, amygdala and thalamus, have been reported in patients with MDD (Pandya et al., 2013; Pizzagalli et al., 2009). Region-specific microglia activation indicates a potential for microglial involvement in stress resilience and susceptibility. In the event of injury, microglia respond by moving to the site of the insult, however following stress it is unclear whether microglia move to the brain regions involved in the stress response from other brain areas. To our knowledge, no studies have addressed this question and further work is needed to elucidate microglia region specific recruitment in response to stress.

Acute stress increases microglial activation in the hypothalamus, thalamus and hippocampus (Sugama et al., 2007). However, the activation is not associated with changes in inflammatory indicators such as IL-1 β , IL-6 or inducible nitric oxide synthase. The cytokine IL-18 was implicated in microglia activation in response to acute stress, as *Il18*^{-/-} mice displayed significant reduction of activated microglia following stress exposure (Sugama et al., 2007). In contrast, another study that reported acute foot shock resulted in microglia activation found increased levels of IL-1 β in the hypothalamus (Blandino et al., 2006a, 2006b). The microglia activation inhibitor minocycline blocked the increase of IL-1 β , suggesting that activated microglia were a possible source of stress-induced IL-1 β production in the brain (Blandino et al., 2006a, 2006b). Chronic stress studies also support region specific activation of microglia. Chronic restraint stress for 14 days resulted in increased microglia activation in the medial PFC, NAc, and CA3 region of hippocampus in stress susceptible rats (Tynan et al., 2010). Repeated social stress increased the number of activated microglia in the hippocampus, PFC, amygdala and paraventricular nucleus of the hypothalamus (Wohleb et al., 2012). Moreover, mRNA levels of IL-1 β and Tnf were elevated in microglia isolated from stress susceptible mice, confirming an earlier finding that stress primes an inflammatory state in microglia, as microglia from the hippocampus of stress susceptible Sprague-Dawley rats had elevated levels of mRNA after *ex vivo* stimulation with LPS (Frank et al., 2007). These changes in microglia activation may contribute to susceptibility and resilience of the effects of stress on cognition. Chronic restraint stress induced working memory deficits in rats. These behavioral changes were accompanied by microglia activation in the medial PFC and inhibition of microglia

activation with minocycline improved working memory (Hinwood et al., 2012).

Microglia activation following stress may be modulated by glucocorticoids. An examination of two different chronic stress paradigms, repeated restraint stress and variable stress, both lasting for 14 days, found that microglia activation in the PFC increased following repeated restraint stress, but not chronic variable stress. The authors proposed the difference was due to the non-habituating nature of chronic variable stress, which causes significant HPA axis sensitization and increased glucocorticoids which inhibit microglia activation. Conversely, repeated restraint stress, being repetitive and predictable in nature, results in HPA axis habituation and low glucocorticoid levels therefore without the anti-inflammatory effects of elevated glucocorticoids, microglia become activated (Kopp et al., 2013). Supporting this concept, adrenalectomy increased microglia activation following acute stress in the hypothalamus and hippocampus and treatment with exogenous CORT blocked the increase in activation (Sugama et al., 2013). Stressed adrenalectomized rats with activated microglia had increased OX-6 (major histocompatibility complex class II marker) immunoreactivity in the dentate gyrus which was also attenuated by glucocorticoid treatment, indicating that glucocorticoids act as anti-inflammatory signal in the brain during stress (Sugama et al., 2013).

Contrary to anti-inflammatory effects of glucocorticoids, norepinephrine is likely producing pro-inflammatory effects in most areas of the brain. Treatment with propranolol, a non-selective β -blocker, completely blocked increases in IL-1 β in the hypothalamus and hippocampus following acute stress. (Blandino et al., 2006a, 2006b; Johnson et al., 2005). At the same time, increasing synaptic norepinephrine via the norepinephrine reuptake inhibitor desipramine caused increased levels of IL-1 β in the hypothalamus following stress (Blandino et al., 2006a, 2006b; Porterfield et al., 2011). Similarly, direct activation of β -adrenergic receptors with isoproterenol, a β -adrenergic receptor agonist, produced induction of IL-1 β in the hypothalamus and hippocampus (Johnson et al., 2005). Another study using isoproterenol, demonstrated that pretreatment with isoproterenol significantly increased IL-1 β and IL-6 production by cultured microglia following LPS stimulation (Johnson et al., 2013). In the context of repeated social stress, propranolol blocked microglial activation and anxiety associated behavior when administered during stress (Wohleb et al., 2011). Microglia derived mRNA revealed increased levels of IL-1 β and reduced levels of GC responsive genes (GILZ and FKBP51), pretreatment with propranolol restored IL-1 β to baseline and prevented the down-regulation of the GC responsive genes in stress susceptible mice, demonstrating that repeated stress might be desensitizing microglia to glucocorticoid anti-inflammatory effects (Wohleb et al., 2011).

The effects of stress on microglia activation are likely sex specific. Female rats have a higher ratio of primed to ramified microglia compared to male rats at baseline in the PFC, indicating a more activated state in females (Bollinger et al., 2016). Following both acute and chronic restraint stress in females, the number of primed to ramified microglia decreased whereas no significant changes were found in males (Bollinger et al., 2016). In contrast, a different study found that males exhibited microglial activation in the same region following chronic stress (Hinwood et al., 2012). The differences may be due to the time course and duration of the stress exposure as longer exposure to stress may be required to activate microglia in males. More work is needed to determine if sex-dependent microglial activation may be contributing to higher rates of susceptibility to stress and depression in females, as they are already more primed prior to stress.

The effects of stress on microglia activation may also be age-dependent. A study of young adult and aged Mongolian gerbils exposed to chronic restraint stress only found activation of microglia in the hippocampus of adult, but not aged animals (Park et al., 2011). This effect was accompanied by a greater decrease in glucocorticoid receptor immunoreactivity in the young adult group. In contrast to the effects in

aged animals, early life exposure results in lasting priming effects on microglia (Diz-Chaves et al., 2013; Roque et al., 2016; Takatsuru et al., 2015). Prenatally stressed mice displayed a higher percentage of activated microglia and had higher levels of IL-1 β and TNF in the hippocampus at 4 months of age compared to control mice (Diz-Chaves et al., 2013). Furthermore, prenatally stressed mice had an exacerbated response to LPS, resulting in increased TNF immunoreactivity and number of immunoreactive microglia, whereas the response was not found in prenatal control subjects (Diz-Chaves et al., 2013). Early life maternal separation also led to microglia activation, accompanied by higher levels of IL-1 β in the hippocampus in 15 day old male rats (Roque et al., 2016). During adolescence, exposure to repeated social stress resulted in changes in microglia number and morphology when examined subsequently in adulthood (Rodríguez-Arias et al., 2018). Stress decreased the number of Iba1 + cells in the prelimbic cortex and at the same time increased the proportion of activated microglia in both prelimbic cortex and NAc (Rodríguez-Arias et al., 2018).

One of the potential mechanisms involved in stress susceptibility and resilience is the CX3CL1/CX3CR1 interaction. Neurons and microglia bidirectionally communicate via the CX3C axis. The chemokine receptor CX3CR1 is exclusively expressed on microglia in the CNS and its ligand CX3CL1 is secreted by neurons and can regulate microglial activation (Cardona et al., 2006). Following i.p. injections of LPS, CX3CR1 deficient mice showed increased microglial activation as well as neural damage (Cardona et al., 2006). Furthermore, CX3CR1 deficient mice had higher levels of microglial expression of IL-1 β in the hippocampus and the cortex compared to control mice after i.p. injections of LPS (Cardona et al., 2006; Corona et al., 2010). In a microglial culture, CXCL1 dose-dependently attenuated the production of IL-6, TNF, and nitric oxide by LPS-activated microglia (Mizuno et al., 2003). CX3CR1 deficiency also led to behavioral changes, such as social withdrawal and extended depression associated behavior following LPS administration (Corona et al., 2010).

CX3CR1 deficiency leads to impediment in normal microglia–neuron cross talk, preventing microglia from responding to both environmental enrichment and negative environmental challenge in the form of stress (Hellwig et al., 2016; Milior et al., 2016; Winkler et al., 2017). The effects of CX3CL1/CX3CR1 interaction is dependent on the nature and duration of the stimulus. CX3CR1 deficiency leads to increased microglial activation and depression associated behavior following acute immune activation by LPS. However, in the context of chronic stress and in the absence of acute immune activation, CX3CR1 deficiency prevents microglial response to environmental stimuli, including stress, resulting in stress resilience. Stress did not change microglial morphology in the hippocampus of CX3CR1 deficient mice compared to wild-type (Hellwig et al., 2016; Milior et al., 2016), but it reduced microglia activation in the paraventricular hypothalamic area (Winkler et al., 2017). Behaviorally, CX3CR1 deficient mice displayed a resilient phenotype. They engaged in an active escape strategy and did not express anxiety associated or depression associated behaviors following acute stress (Winkler et al., 2017). Following chronic stress, they did not develop anhedonia or express a memory decline (Milior et al., 2016; Rimmerman et al., 2017; Winkler et al., 2017). Stress resilience in CX3CR1 deficient male mice results from both basal and stress-induced changes in hippocampal transcription (Rimmerman et al., 2017). Hippocampal whole transcriptome analysis found basal differences in CX3CR1 deficient mice compared to wild-type. CX3CR1 deficient mice had lower expression of interferon regulated and MHC1 gene transcripts along with increased activation of downstream targets of the anti-inflammatory IL-10 receptor (Rimmerman et al., 2017). After chronic stress, CX3CR1 deficient mice showed activation of targets involved in 17 β -estradiol signaling, in particular *Igf2* and *Igf2bp2*, both being ESR1-regulated genes (Rimmerman et al., 2017). These reported differences in estrogen signaling might be a contributing factor in stress resilience. Estrogen in the brain produces anti-inflammatory effects in microglia (Bruce-Keller et al., 2000; Dimayuga et al., 2005), thus

playing a neuroprotective role. In particular, 17 β -estradiol in a dose dependent manner attenuates microglial phagocytic activity and release of superoxide (Bruce-Keller et al., 2000). Following LPS application, estrogen decreased microglial secretion of TNF- α and IFN- γ (Dimayuga et al., 2005). Furthermore, estradiol has been shown to reduce depression-like and anxiety-like behaviors in ovariectomized female rats (Bastos et al., 2015; Walf et al., 2009; Xu et al., 2015). In females, estrogen potentiates excitatory synaptic activation, suppresses inhibition, and increases spine density in the hippocampus (Huang and Woolley, 2012; Jain et al., 2019; Woolley et al., 1997) and has similar effects on spine density on pyramidal neurons in the prefrontal cortex (Tuscher et al., 2016) all of which are thought to be important for generating antidepressant-like behavioral effects. In the hippocampus these effects are thought to be mediated by locally synthesized neurosteroids as aromatization blocks this process in rodents and humans (Bayer et al., 2015). Research is needed in both male and female rodents to further examine the role of locally synthesized neurosteroids on cross talk between microglia and neurons in the same subjects following stress.

Microglia engage in bidirectional communication not only with neurons, but also with astrocytes. Astrocytes are another type of glial cells, but unlike microglia, they are derived from neural stem cells. They are the most abundant glial cells in the CNS and are spread throughout the brain. Astrocytes respond to inflammation or other pathological conditions through a process called astrogliosis, which includes changes in gene expression, proliferation and upregulation of the astrocyte marker glial fibrillary acidic protein (GFAP) (John et al., 2005; Sofroniew, 2015). Astrocytes interact with brain blood vessels, which is crucial in the function of BBB and the maintenance of homeostasis (Lampron et al., 2013). They also form borders that isolate neural parenchyma and non-neural cells along the blood vessels, blocking circulating leukocytes from accessing the brain, thus restricting inflammation (Sofroniew, 2015). Astrocytes also directly interact with neurons through the tripartite synapse, where astrocytic end-feet wrap around presynaptic and postsynaptic nerve terminals (Araque et al., 1999).

One of the mechanisms through which astrocytes and neurons are able to influence microglia is via the regulated release of adenosine triphosphate (ATP) shaping microglia response to injury (Rodrigues et al., 2015). ATP exerts its effect on microglia through P2X7R, a nonselective cation channel. P2X7R has also been implicated in resilience to the behavioral response to stress (Basso et al., 2009). P2X7R knock out mice expressed active coping responses to the tail suspension and forced swim tests compared to wild-type mice. Additionally, these mice demonstrated an amplified response to the administration of imipramine, a tricyclic antidepressant (Basso et al., 2009). ATP activation stimulates microglia secretion of pro-inflammatory cytokines IL-1 β and TNF (Bianco et al., 2005; Ferrari et al., 2006; Monif et al., 2009). Overexpression of P2X7R alone was sufficient to induce activation and proliferation of microglia, along with secretion of TNF in hippocampal culture, whereas treatment with oxidized ATP, a P2X7R antagonist, resulted in dampened astrogliosis (Monif et al., 2009). In hippocampal astrocyte–microglia cultures, ATP derived from astrocytes has been shown to stimulate IL-1 β release through the shedding of vesicles from the plasma membrane from neighboring microglia (Bianco et al., 2005). Microglia also react to ATP by rapidly moving their processes to the site of injury (Davalos et al., 2005). Connexin channels are highly expressed on astrocytes and are involved in the astrocytic release of ATP (Stout et al., 2002). Blocking connexin channels prevented microglial response (Davalos et al., 2005), suggesting that microglia react to ATP specifically released from astrocytes. Catalytic activation of AKT also initiates autophagy during periods of energy depletion through its effects on the mTOR pathway (for review see Kroemer et al., 2010) and also may be a mechanism involved in the response to stress particularly in response to increased glucocorticoids. In the prefrontal cortex, but not the hippocampus, autophagy contributed to the degradation of connexin 43 in

astrocytes following exposure to corticosterone which in turn impaired gap junctions (Xia et al., 2018). A type 2 diabetes treatment, Rosiglitazone, which activates AKT through insulin receptors was found to have antidepressant behavioral properties (Zhao et al., 2017). Rosiglitazone promoted astrocyte proliferation and neuronal axon plasticity in the prefrontal cortex following unpredictable chronic mild stress by increased autophagy in neurons and acting as an anti-apoptotic agent in astrocytes (Zhao et al., 2017). In the hippocampus, unpredictable chronic mild stress decreased level of mTOR and AKT in hippocampus along with autophagy related genes, effects that were attenuated with chronic antidepressant treatment (Yang Yang et al., 2017). Therefore, AKT may have a multifaceted role in stress sensitivity acting on different mechanisms in a region and cell type specific manner.

Microglia can engage in a feedback loop with astrocytes via ATP activation. IL-1 β secreted by microglia in response to astrocytic ATP binds to receptors on astrocytes, leading to astrocytic secretion of vascular endothelial growth factor A (VEGF-A), disruption of BBB and ultimately entry of leukocytes from the periphery (Fig. 2C). Astrocytic release of VEGF-A results in decreased expression of claudin-5 and occludin, leading to BBB breakdown (Fig. 2C) (Argaw et al., 2009). Therefore, microglia and astrocytes might be involved in inducing stress susceptibility not only in isolation from each other, but through working in tandem via crosstalk. During CNS injury, microglia react first to the insult and start secreting pro-inflammatory cytokines, which activate astrocytes. Reactive astrocytes, in turn, may contribute to the sustained activation of microglia (Gao et al., 2013). Further studies are needed to elucidate synergistic role of microglia and astrocytes in the response to acute and chronic stress.

Another mechanism by which astrocytes affect BBB permeability is apolipoprotein E (APOE), produced primarily by astrocytes (Kim et al., 2009; Xu et al., 2006). Specifically, the E4 isoform of this apolipoprotein leads to BBB breakdown through activation of a proinflammatory NF- κ B-matrix metalloproteinase-9 (MMP9) pathway in pericytes (Bell et al., 2012; Teng et al., 2017). Transgenic mice expressing humanized APOE4 displayed increased expression of MMP-9 and reduced levels of claudin-5 and occludin following traumatic brain injury (Main et al., 2018). Given the previously discussed role of claudin-5 in BBB stress susceptibility (Main et al., 2018), these data support the notion that both peripheral and central mechanisms are acting on both sides, contributing to increased BBB permeability.

Furthermore, astrocytes are actively involved in recruitment of peripheral leukocytes into the brain through the release of CC-chemokine ligand 2 (CCL2) and CXC-chemokine ligand 10 (CXCL10) (Sofroniew, 2015). CCL2 can activate chemokine receptor CCR2 expressed on peripheral monocytes, promoting their migration into the brain (Fig. 2A) (Ransohoff and Tani, 1998). Conditional deletion of astroglial CCL2 results in reduced trafficking of peripheral leukocytes into the CNS (Moreno et al., 2014). Moreover, deletion of CCL2 in astrocytes results not only in less recruitment of macrophages and T cells, but also in reduced microglial activation (Kim et al., 2014), again supporting the idea of cross-talk between microglia and astrocytes. Consistent with these findings, suppressing peripheral Ly6C^{hi} monocyte migration to the brain results in decreased activation of astrocytes suggesting a bidirectional relationship as the ensuing lower CCL2 release by astrocytes, in turn leading to reduced recruitment of peripheral leukocytes. This astrocyte-involved inhibition of leukocyte infiltration improved depression-like symptoms in mice following chronic social defeat stress (Zheng et al., 2016a, 2016b).

Astrocytes residing in the hippocampus may be modulating stress susceptibility in a glucocorticoid receptor-dependent manner through their involvement in fear learning and aversive memory formations. Fearful and aversive memory formation is thought to be involved in depression and post-traumatic stress disorder (Goosens, 2011). Astrocytes express glucocorticoid receptors and activation produces an increase of intracellular calcium concentrations and metabolic changes (Carter et al., 2013; Piechota et al., 2017; Simard et al., 1999; Tertilt

et al., 2018). Astrocyte specific glucocorticoid receptor knock-out mice have impaired contextual fear memory and do not form aversive memories compared to controls (Tertilt et al., 2018). Additionally, astrocytes also modulate stress-enhanced fear learning in an IL-1 β -dependent manner. Dorsal hippocampus astrocytes have been shown to be the source of stress-induced IL-1 β (Jones et al., 2018a, 2018b). Using a stress-enhanced fear learning paradigm, Jones et al. (2015) showed that foot shocks increased IL-1 β immunoreactivity in the dentate gyrus of the dorsal hippocampus. Administration of an IL-1 receptor antagonist following foot shock led to stress resilience and prevented stress-enhanced fear learning (Jones et al., 2015).

Building on their previous work, Jones et al. (2018a, 2018b) used glial-expressing designer receptors exclusively activated by designer drugs (DREADDs) to manipulate astroglial G_i and to further elucidate the role of astrocytes in stress-enhanced fear learning. They showed that activation of astroglial G_i signaling in the dorsal hippocampus attenuated stress-enhanced fear learning. The authors propose that IL-1 β signaling might be one of the potential mechanisms through which astroglial G_i prevents stress-enhanced fear learning (Jones et al., 2018a, 2018b).

In addition to increasing BBB permeability and recruitment of leukocytes from the periphery, astrocytes also contribute to stress susceptibility through direct interaction with neurons. Kir4.1, an inwardly rectifying K⁺ channel, is expressed on astrocytic end-feet wrapping synapses and is involved in buffering extra extracellular K⁺ in synapses. Upregulation of astrocytic Kir4.1 in the lateral habenula causes excessive clearance of extracellular K⁺ from synapses. Low levels of extracellular K⁺ leads to hyperpolarization and increased bursting activity of neurons. Both congenitally learned helpless Sprague-Dawley rats and Wistar rats with LPS-induced depression-like symptoms have significantly increased Kir4.1 in the lateral habenula (Cui et al., 2018). Loss of function of Kir4.1 eliminated neuronal bursting activity and rescued depression associated behavior of congenitally learned helpless rats (Cui et al., 2018). Ketamine, the N-methyl-D-aspartate receptor antagonist, rapidly relieved depression associated behavior by blocking NMDAR-dependent neuronal bursting activity in the lateral habenula (Yang et al., 2018). Ketamine also exerted its antidepressant effects through activation of astrocytes in the hippocampus (Wang et al., 2018). Recent approval of esketamine, enantiomer S-ketamine, for treatment-resistant depression is a major advancement in depression treatment. Future research should consider elucidating the antidepressant mechanisms of ketamine exerted on astrocytes as well as neurons.

6. Conclusion

Differences in the peripheral and central immune system have a profound effect on the susceptibility or resilience of an individual to stress. Various immune-related markers are changed in susceptible individuals compared to resilient. More work needs to be done to understand how these changes in the immune system function together and contribute to the risk of experiencing an adverse response to stress. The studies presented in this review describe greater activation of an inflammatory feed forward loop in which the stress acts on both the peripheral and central immune system to open up the BBB resulting in a stress susceptible individual. Additional research is needed to determine the important molecular cascades that confer protection and prevent the activated inflammatory state. Finally, much of the work on stress susceptibility to this point has been conducted on males. However, female mice have different hormonal factors that influence their immune system and show a higher incidence of MDD in humans (Albert, 2015; Hodes et al., 2015). There are studies indicating similarities and differences in the female immune response. In particular, many studies in the periphery indicate that females show an earlier or more intense activation of the immune system, although this may be countered by sex and region-specific changes in microglia or astrocytes.

Future work on this subject should include both males and females in order to fully appreciate the mechanisms involved in individual differences in response to stress.

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The authors have nothing to disclose and no conflicts of interest to report.

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