

# Acute stress increases interstitial fluid amyloid- $\beta$ via corticotropin-releasing factor and neuronal activity

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**Aggregation of the amyloid- $\beta$  ( $A\beta$ ) peptide in the extracellular space of the brain is critical in the pathogenesis of Alzheimer's disease.  $A\beta$  is produced by neurons and released into the brain interstitial fluid (ISF), a process regulated by synaptic activity. To determine whether behavioral stressors can regulate ISF  $A\beta$  levels, we assessed the effects of chronic and acute stress paradigms in amyloid precursor protein transgenic mice. Isolation stress over 3 months increased  $A\beta$  levels by 84%. Similarly, acute restraint stress increased  $A\beta$  levels over hours. Exogenous corticotropin-releasing factor (CRF) but not corticosterone mimicked the effects of acute restraint stress. Inhibition of endogenous CRF receptors or neuronal activity blocked the effects of acute stress on  $A\beta$ . Thus, behavioral stressors can rapidly increase ISF  $A\beta$  through neuronal activity in a CRF-dependent manner, and the results suggest a mechanism by which behavioral stress may affect Alzheimer's disease pathogenesis.**

Alzheimer's disease | synaptic activity | environmental stress | microdialysis | transgenic

Evidence indicates that the aggregation and accumulation of the amyloid- $\beta$  ( $A\beta$ ) peptide in the brain extracellular space is a key initiating event in the pathogenesis of Alzheimer's disease (AD) (1). A number of studies demonstrate that aggregation of  $A\beta$  is concentration-dependent (2). Increasing the amount of  $A\beta$  produced by 50% or specifically increasing the more fibrillogenic  $A\beta_{42}$  either by *APP* gene dose or mutations in amyloid precursor protein (*APP*), *PS1*, or *PS2*, accelerates the onset of  $A\beta$  deposition and AD (3). Conversely, decreasing  $A\beta$  by decreasing cleavage of *APP* or by enhancing clearance of  $A\beta$  delays the onset of  $A\beta$  deposition (4). Thus, determining factors that regulate the levels of  $A\beta$  in the brain extracellular space, where it likely changes conformation and aggregates, may provide insight into AD pathogenesis and treatment.

$A\beta$  is produced in the brain primarily by neurons after cleavage of *APP* by  $\beta$ - and  $\gamma$ -secretase (1).  $A\beta$  levels in the extracellular space are then influenced by factors regulating its release from neurons as well as postsecretory events such as transport and clearance. Recent evidence (5, 6) has shown that  $A\beta$  release from neurons is regulated by neuronal and specifically synaptic activity over minutes to hours. However, whether behavioral manipulations regulate synaptic activity and interstitial fluid (ISF)  $A\beta$  levels has not been addressed.

Evidence in both humans and animals suggests that environmental stressors may increase risk for AD or AD pathology. In humans, persons without dementia who are prone to psychological distress are more likely to develop AD (7, 8). Also, plasma levels of the stress hormone, cortisol, are correlated with the rate of dementia progression in patients with AD (9). In mouse models of AD, animals subjected to isolation stress over months had decreased learning performance and accelerated  $A\beta$  deposition (10). To explore the potential mechanisms and links between behavioral stressors and  $A\beta$ , we assessed the effects of acute restraint stress and chronic isolation stress on ISF  $A\beta$  in the brain of *APP* transgenic mice by *in vivo* microdialysis. Our results suggest that acute stress can lead to increases in hippocampal ISF

$A\beta$  over hours and that these increases require neuronal activity and are corticotropin-releasing factor (CRF)-dependent.

## Results

**Chronic Isolation Stress Increases ISF  $A\beta$  Levels.** Chronic isolation accelerates the onset of and exacerbates  $A\beta$  deposition in the hippocampus and cortex of *Tg2576* mice (10), a transgenic mouse model expressing a mutated form of human *APP* that causes an autosomal dominant form of early-onset AD in humans (11). Because the formation of  $A\beta$ -containing plaques within the extracellular space is concentration-dependent, we hypothesized that behavioral stressors may increase ISF  $A\beta$  levels early in life, thereby leading to  $A\beta$  aggregation. Using the same paradigm that accelerated  $A\beta$  deposition previously (10), we subjected *Tg2576* mice at weaning to 3 months of isolation stress. This time point was selected because we wanted to avoid assessing animals in which plaques were already present. Isolation consisted of rearing a single mouse in a small cage ( $\approx$ one-third the size of a standard mouse cage). In previous experiments with *Tg2576* mice, this treatment was associated with impairments in contextual memory, decreased neurogenesis, and greater  $A\beta$  deposition (10). In contrast, control littermate *Tg2576* mice were reared under standard rodent housing conditions (two to five mice per standard-size cage). Brain  $A\beta$  levels were assessed in all mice at 4 months of age, an age before  $A\beta$  deposition even in stressed mice.

To measure specifically soluble  $A\beta$  levels in the extracellular space, we used *in vivo* microdialysis to measure ISF  $A\beta$  every 60 min for 12 h in freely moving mice (6, 12). ISF  $A\beta_{1-x}$  levels were increased by 84% in *Tg2576* mice exposed to 3 months of isolation stress, compared with control (Fig. 1A). This increase in ISF  $A\beta$  levels was likely a precipitating factor that resulted in accelerated  $A\beta$  deposition in *Tg2576* mice subjected to 6 months of isolation stress (10).

The levels of  $A\beta$  within hippocampal brain tissue were also assessed in control and chronically isolated *Tg2576* mice. Hippocampal tissue was biochemically processed by sequential extraction in carbonate buffer then 5 M guanidine. Carbonate-soluble  $A\beta_{40}$  and  $A\beta_{42}$  levels were elevated by 38% and 59%, respectively, in 3-month isolated mice compared with controls (Fig. 1B and C). There was not a significant change in the  $A\beta_{40/42}$  ratio in the isolated vs. control mice. There were also no significant differences between groups in guanidine-soluble  $A\beta$  levels, and as expected, neither the isolated nor the control

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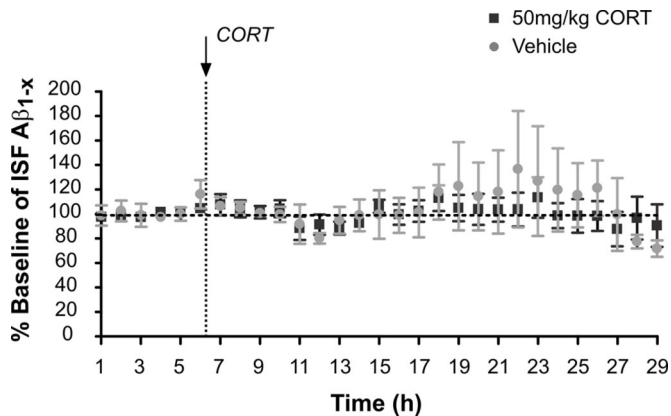
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Abbreviations:  $A\beta$ , amyloid- $\beta$ ;  $\alpha$ CRF<sub>9-41</sub>, antagonist of CRF receptors; aCSF, artificial cerebrospinal fluid; AD, Alzheimer's disease; *APP*, amyloid precursor protein; CRF, corticotropin-releasing factor; CTF, C-terminal fragment; h/r CRF, human/rat CRF; ISF, interstitial fluid; TTX, tetrodotoxin.

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**Fig. 3.** Systemic administration with corticosterone (CORT) did not acutely alter ISF A $\beta$  levels. The effect of a high dose of CORT on hippocampal ISF A $\beta$  levels in 3- to 4-month-old *Tg2576* mice is shown. After the basal ISF A $\beta$  levels were obtained for 10 h, animals received an i.p. injection of 50 mg/kg CORT. An equal volume of vehicle solution (100  $\mu$ l of 15% 2-hydroxypropyl- $\beta$ -cyclodextrin in water) was used for control. There was no difference in ISF A $\beta$  levels in CORT-treated vs. vehicle-treated mice ( $n = 8$  per group).

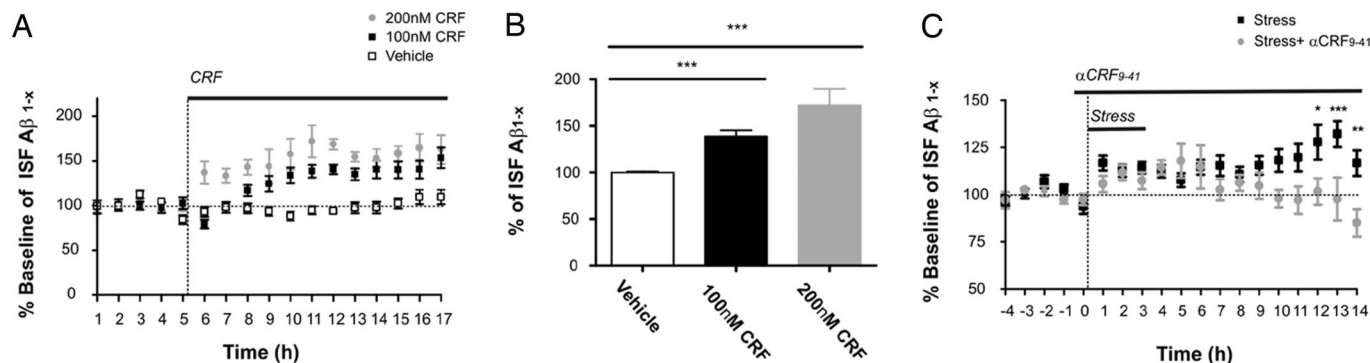
levels in mice subjected to restraint stress (Fig. 2D). Given that the decrease in  $\alpha$ -CTF is small compared with the 32% increase in ISF A $\beta$  levels, if a change in  $\alpha$ -secretase cleavage contributes to altered A $\beta$  levels, it likely represents a small contribution to the overall effect. We also examined the levels of insulin-degrading enzyme and neprilysin protein by Western blotting and apoE by ELISA in hippocampal tissue 13 h after the beginning of acute restraint stress. Similar to chronic isolation stress, the levels were not changed in stressed mice compared with controls (data not shown).

**Acute Corticosterone Does Not Mimic Stress-Induced Increase in ISF A $\beta$  Levels.** One effect of stress is to cause release of CRF from the hypothalamus into the hypophyseal portal system, where it travels to the pituitary gland to cause adrenocorticotropic hormone release, thereby inducing adrenal glucocorticoid release. Glucocorticoids act peripherally as well as within the brain in response to stressful stimuli. We asked whether systemic administration of corticosterone, the most abundantly produced endogenous glucocorticoid hormone in rodents, could mimic the effect of acute restraint stress on ISF A $\beta$  levels. Three- to

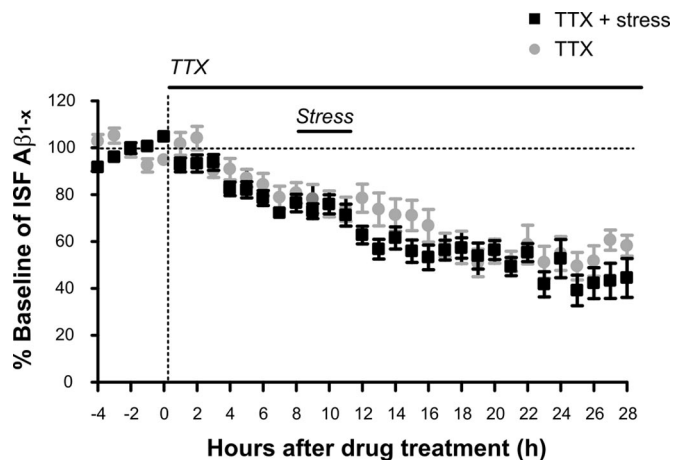
4-month-old *Tg2576* mice were treated with either vehicle or corticosterone (50 mg/kg, i.p.). Basal ISF A $\beta$  levels were measured every hour for 6 h as well as an additional 23 h after treatment. Corticosterone did not alter ISF A $\beta$  levels in *Tg2576* compared with vehicle-treated mice (Fig. 3), suggesting that corticosterone does not mediate the acute stress-induced increase in ISF A $\beta$  levels.

**CRF Mediates the Acute Stress-Induced Increase in ISF A $\beta$  Levels.** Given that corticosterone is a major hormone in the stress response, we sought to determine whether a step upstream of corticosterone release contributes to alterations in ISF A $\beta$  levels. In response to stress, CRF peptide is synthesized and released from the hypothalamus to stimulate corticosterone release from the adrenal gland (14). CRF is also produced in many brain regions where it can bind to CRF receptors and facilitates excitatory neurotransmission (15). As a response to stress, CRF is released locally and activates CRF receptors that are expressed in a majority of CA1 and CA3 pyramidal cells in the hippocampus (16). Therefore, we examined whether CRF could alter the levels of ISF A $\beta$  in the hippocampus by infusing CRF directly into the hippocampus through reverse microdialysis. CRF caused an immediate increase in ISF A $\beta$  levels in a dose-dependent manner; 100 and 200 nM CRF increased ISF A $\beta$  levels to 138.3 and 171.9% over 12 h, respectively (Fig. 4A and B). These data suggest that CRF may mediate increases in ISF A $\beta$  levels produced by behavioral stressors.

To examine further whether endogenous CRF is responsible for modulating ISF A $\beta$  in mice subjected to 3 h of acute restraint stress, 3-month-old *Tg2576* mice were pretreated with either vehicle or  $\alpha$ CRF<sub>9-41</sub>, an antagonist of CRF receptors (17), by reverse microdialysis.  $\alpha$ CRF<sub>9-41</sub> was continuously infused from 30 min before the onset of 3 h of restraint stress until the end of the experiment.  $\alpha$ CRF<sub>9-41</sub> prevented the stress-induced increase in ISF A $\beta$  levels (Fig. 4C), suggesting that endogenous CRF likely mediates the increase in ISF A $\beta$  levels caused by restraint stress. Infusion with  $\alpha$ CRF<sub>9-41</sub> in the hippocampus, in the absence of stress, had no significant effect on ISF A $\beta$  levels (data not shown). Increases in ISF A $\beta$  levels mediated by endogenous CRF could be the result of increased endogenous CRF, enhanced sensitivity of CRF receptors, or both. CRF levels were measured by ELISA in hippocampal ISF assessed by microdialysis in 3-month-old *Tg2576* mice subjected to acute restraint stress and chronic isolation stress. After obtaining microdialysis samples for 10 h, 3 h of restraint stress was given to mice, and



**Fig. 4.** Effects of CRF on ISF A $\beta$  levels. To examine the effect of CRF on hippocampal ISF A $\beta$  levels, 100 and 200 nM CRF were administered by reverse microdialysis in the hippocampus of 3- to 4-month-old *Tg2576* mice. (A) One hundred nanomolar CRF in the microdialysis fluid resulted in an increase ISF A $\beta$  levels at 3 h after drug infusion, whereas 200 nM CRF increased ISF A $\beta$  levels immediately after drug infusion ( $n = 5$  per group). (B) Both 100 and 200 nM CRF increase ISF A $\beta$  levels in a dose-dependent manner, reaching  $138.3 \pm 7.027\%$  and  $171.9 \pm 17.83\%$  of baseline by 12 h, respectively ( $P < 0.0001$  and  $P = 0.0001$ , respectively). (C) Three-hour restraint stress increased ISF A $\beta$  levels to  $132 \pm 6.896\%$  compared with baseline by 13 h after the beginning of stress initiation ( $P = 0.003$ ;  $n = 10$  for stress). Treatment with  $\alpha$ -helical CRF<sub>9-41</sub> ( $\alpha$ CRF<sub>9-41</sub>), a CRF receptor antagonist, given from 30 min before restraint stress until the end of the experiment, blocked the stress-induced increase in ISF A $\beta$  levels ( $P = 0.006$ ;  $n = 5$  for stress +  $\alpha$ CRF<sub>9-41</sub>).



**Fig. 5.** Neuronal/synaptic activity is involved in the stress-induced increase in ISF A $\beta$  levels. Infusion with 5  $\mu$ M TTX in the hippocampus by reverse microdialysis immediately decreased ISF A $\beta$  levels, reaching 58.5% of baseline by 17 h from drug treatment in 3- to 4-month-old *Tg2576* mice. Three hours of restraint stress was given to mice at 8 h after TTX treatment, which resulted in no significant change in ISF A $\beta$  levels compared with controls treated with TTX alone controls ( $n = 5$  per group).

samples were collected every 3 h up to 12 h from the end of restraint. CRF levels were significantly higher in the 3-h period immediately after 3 h of acute restraint stress compared with controls (stressed mice,  $173.0 \pm 24\%$  vs. control mice,  $100.0 \pm 15\%$ ; expressed as mean percent control  $\pm$  SEM;  $P = 0.02$ ;  $n = 5$  per each group). This stress-induced increase in CRF suggests that increases in endogenous CRF may play a role in the acute CRF-mediated increase in ISF A $\beta$  levels. We also assessed CRF levels in the mice exposed to chronic isolation vs. control conditions. There was no difference in CRF levels in the mice exposed to 3 months of isolation stress vs. controls (stressed mice,  $104.8 \pm 12\%$  vs. control mice,  $100.0 \pm 19\%$ ; expressed as mean percent control  $\pm$  SEM;  $n = 5$  per each group,  $P = 0.83$ ). The absence of a change in CRF in chronic stress suggests that the mechanisms by which acute vs. chronic stress leads to increased ISF A $\beta$  are likely to differ.

**Neuronal/Synaptic Activity Is Involved in Stress-Induced Increases in ISF A $\beta$  Levels.** Within the hippocampus, CRF potentiates excitatory neurotransmission (15). Intracellular electrophysiological recordings from rat hippocampal pyramidal neurons determined that exogenously applied CRF increases the firing of CA1 pyramidal neurons in response to excitatory input (18). Endogenous CRF during stress also enhances hippocampal synaptic plasticity (19). Our group has demonstrated previously that neuronal and synaptic activity regulates ISF A $\beta$  release from neurons (6). Taken together, these studies suggest that the effect of stress on ISF A $\beta$  levels through the actions of CRF and its receptors may result from an increase in excitatory synaptic transmission.

To address this issue, we decreased neuronal activity by infusing tetrodotoxin (TTX) directly into the hippocampus through reverse microdialysis. Consistent with our previous observations (6), TTX treatment decreased ISF A $\beta$  levels in *Tg2576* mice by  $\approx 60\%$  over 16 h compared with baseline (Fig. 5). ISF A $\beta$  levels remained low for an additional 12 h in the presence of TTX. TTX almost completely blocks neuronal activity in the hippocampus by 6 h of treatment as assessed by extracellular field potential recordings (6). Therefore, after 8 h of TTX administration, mice were subjected to 3 h of restraint stress. In the presence of TTX, restraint stress did not result in an increase in ISF A $\beta$  (Fig. 5). That TTX blocked the restraint

stress-induced increase in ISF A $\beta$  levels suggests that neuronal activity is required for the acute stress-induced increase in ISF A $\beta$  levels. These data are also consistent with findings that neuronal activity is linked to A $\beta$  release (5, 6) and suggest that modulation of ISF A $\beta$  levels through environmental and physiological alterations may result from neuronal activity mediated by specific neuromodulators such as CRF.

## Discussion

Sporadic, late-onset AD accounts for the majority of cases of AD; however, unlike the familial forms, the etiology remains largely unknown. The only genetic risk factor that influences late-onset AD that has been confirmed in multiple studies is the *APOE* genotype (3). Environmental factors such as head trauma (20) and education (21) also appear to influence disease risk. There are likely other environmental factors that determine risk for AD. Recent evidence from both humans and animal models has suggested that stress can increase the risk for developing AD (7–10). Whether stress plays a role in disease progression by direct effects on a specific molecule such as A $\beta$  or by indirect effects on other downstream targets is unknown. Our work demonstrates that two forms of stress directly increase ISF A $\beta$ . The effect on ISF A $\beta$  is greatest when mice are subjected to several months of stress; however, a significant effect of stress can be detected in as little as 1 h. Additionally, CRF and neuronal activity appear to play key mechanistic roles linking an acute behavioral stressor and ISF A $\beta$  levels. Results from many studies suggest that the concentration of A $\beta$  is linked to the onset of A $\beta$  deposition and toxicity. We hypothesize that the concentration in the brain ISF pool is directly linked to this process. ISF A $\beta$  constitutes a small overall pool of A $\beta$  in the brain, and further evidence is required to understand whether the concentration in this pool is directly linked with the onset of A $\beta$  aggregation and its effects.

CRF is a 41-aa peptide that is synthesized within the hypothalamus and stimulates the release of adrenocorticotrophic hormone from the anterior pituitary (22). In addition to the hypothalamus, CRF and its receptors are expressed in a variety of other locations in the CNS where it acts as a neuropeptide to modulate neuronal activity and signaling (23, 24). It has been shown that behavioral stressors acutely release CRF from nerve terminals in the limbic system (15), where it can propagate and integrate stress-related behaviors (25). Both exogenous and endogenous CRF can increase neuronal activity and excitability as well as influence synaptic plasticity in the hippocampus both *in vitro* and *in vivo* (15, 19). Our observation that CRF increases ISF A $\beta$  levels, coupled with the facts that CRF increases neuronal activity and neuronal activity results in A $\beta$  release from neurons, suggests that CRF modulates ISF A $\beta$  through effects on neuronal activity. This observation is supported by the finding that TTX blocked the ability of acute stress to increase ISF A $\beta$ .

CRF effects are mediated by CRF receptors 1 and 2, although CRF1 in particular, appears to modulate stress-mediated effects of CRF in the hippocampus (26, 27). CRF receptors are G protein-coupled, and their stimulation results in activation of adenylate cyclase and protein kinase A (28, 29). It is possible that these signaling pathways link acute stress to increases in neuronal activity and A $\beta$  levels. Another possibility is that CRF binding to its receptors has an effect on CRF receptor-mediated endocytosis and A $\beta$  production that is not G protein-dependent. It has recently been shown that activation of the  $\beta_2$ -adrenergic receptor can increase A $\beta$  levels, and this effect requires receptor endocytosis, as is associated with  $\gamma$ -secretase tracking to later endosomes and lysosomes (30). If stress and CRF are involved in regulating ISF A $\beta$  and contributing to whether A $\beta$  aggregates, the involvement of stress and CRF would likely be relevant to the onset of A $\beta$  deposition as well as its progression. Once AD pathology is more significant with tauopathy and cell loss, a variety of secondary changes could take place. In fact, in patients

with AD, it has been shown that CRF-like immunoreactivity is decreased and CRF receptor binding is increased (31). Whether and how CRF is responsible for the changes that result from chronic stress will need to be defined in future studies.

A recent study suggests that additional mechanisms may regulate the effects of glucocorticoids on brain A $\beta$ . We found that acute systemic treatment with the endogenous steroid corticosterone had no acute effect on ISF A $\beta$  levels; however, treatment of triple transgenic *APP/PS1/MAPT* mice with dexamethasone increased brain A $\beta$  levels as well as  $\beta$ -site APP-cleaving enzyme (BACE) and the  $\beta$ -CTF of APP as assessed 7 days after treatment (32). Dexamethasone is a potent, synthetic, and selective glucocorticoid receptor ligand, like corticosterone, that has profound effects on the HPA axis *in vivo*. However, given that dexamethasone does not readily cross the blood–brain barrier (BBB), it seems likely that its primary site of action is either within the periphery or within brain regions such as parts of the hypothalamus that lack a BBB (33). Although it was found that CRF modulates ISF A $\beta$  levels in an acute-stress paradigm, we have not addressed the mechanism of increased ISF A $\beta$  in chronic stress, which is likely to involve additional pathways. It is possible that altered physical activity in mice subjected to isolation stress in some way resulted in long-term changes in ISF A $\beta$  independent of effects of CRF. Although we found that total locomotor activity in animals subjected to 3 months of isolation stress vs. controls was not different at the end of 3 months (data not shown), the lack of change in locomotor activity does not rule out the possibility that changes in activity over several months are related to increases in ISF A $\beta$ . The finding that CRF levels are increased after acute restraint but not in mice subjected to chronic isolation suggests that acute vs. chronic stress may affect ISF A $\beta$  by different mechanisms. Although a single stressful event may affect ISF A $\beta$  levels through CRF and synaptic activity, it may be that multiple stressful events or prolonged stress sets off a cascade of events that influence A $\beta$  metabolism. It will be important in future studies to assess the detailed interplay among CRF, corticosteroids, and stress on ISF A $\beta$  levels over time to determine whether and how they influence the relationship between synaptic activity and A $\beta$ , A $\beta$  clearance, APP processing, and A $\beta$  aggregation.

Recent *in vitro* (5) and *in vivo* (6) studies demonstrate that neuronal activity, specifically synaptic activity and synaptic vesicle release, is linked with the release of A $\beta$  from neurons. This work suggests that physiologic levels of neuronal activity also rapidly modulate ISF A $\beta$  levels. In humans, the brain areas that are most vulnerable to A $\beta$  deposition are also areas with the highest metabolic activity and likely synaptic activity (34). These areas overlap with brain regions that make up what is termed the “default network” (35), regions that have the highest activity when a person is not carrying out a specific mental task. It has been estimated that the majority of the brain’s energy consumption supports synaptic activity (35). However, the additional energy burden associated with the momentary demands of a specific mental task may be as little as 0.5–1.0% of the brain’s total energy budget (35). The possibility exists that environmental manipulations, such as behavioral stressors, may affect synaptic activity in brain regions over longer periods of time (e.g., hours to days) and may have marked effects in the physiological regulation of extracellular brain A $\beta$  levels and potentially long-term risk for AD. Recent observations with APP transgenic mice exposed to different environments over time may be relevant to this issue. It has been shown that exposure of APP transgenic mice to differing environmental conditions and different levels of physical, cognitive, and social activity over months results in increased or decreased A $\beta$  deposition depending on the conditions (36–38). Determining how environmental manipulations affect synaptic activity and

ISF A $\beta$  levels may be important in understanding the vulnerability of specific brain regions to AD-like changes.

In sum, our findings demonstrate that acute and chronic behavioral stressors increase ISF A $\beta$  levels. The acute effects of restraint stress are mediated through effects of CRF and require neuronal activity. The relationship among stress, CRF, and ISF A $\beta$  levels suggests that CRF may play a role in AD pathogenesis and that CRF and CRF signaling pathways are therapeutic targets to modulate processes that affect A $\beta$  metabolism.

## Materials and Methods

**Animals.** All experimental procedures involving animals were performed in accordance with guidelines established by the Animal Studies Committee at Washington University. We bred *Tg2576*<sup>+/-</sup> hemizygous male mice (a generous gift from Dr. K. Ashe, University of Minnesota) to C57BL6/SJL female mice (Taconic Farms, Germantown, NY). The *Tg2576*<sup>+/-</sup> littermates of both sexes were used equally for the experimental groups. Animals were screened for the *Tg2576* transgene by PCR using DNA obtained from postweaning toe biopsies. Animals were raised, and all experiments were performed in 12-h dark/12-h light-controlled room. The animal had access to food and water ad libitum.

**Isolation and Restraint Stress.** To induce chronic isolation stress, *Tg2576* mice were housed individually in cages one-third the size of a standard mouse cage from weaning until 4 months of age (10, 39). The control animals were group-housed ( $n = 2$ –5 per standard-sized cage). All mice received food and water ad libitum. For restraint stress, mice at 3–4 months of age were subjected to 3 h of restraint in a 50-ml polypropylene tube (4 × 5 × 4 cm) similar to a method described previously (40). The stress was initiated at the beginning of the dark period during microdialysis. Mice subjected to restraint were raised under standard group-housing conditions until stress was given. The control animals were subjected to only microdialysis without additional stress.

**In Vivo Microdialysis.** *In vivo* microdialysis to assess brain ISF A $\beta_{1-x}$  in the hippocampus of awake, freely moving *Tg2576* mice was performed as described previously (6, 12). This technique samples soluble molecules within the extracellular fluid that are smaller than 38 kDa, the molecular mass cutoff of the microdialysis probe membrane. Basal levels of ISF A $\beta$  were defined as the mean concentration of A $\beta$  from hours 5–10 after probe insertion. In all data from microdialysis experiments, time 1 indicated 1 h after the beginning of the dark period unless specifically noted. After each experiment, animals were killed.

**A $\beta$ , ApoE, and CRF Quantification.** Microdialysis samples and hippocampal tissue lysates were analyzed for A $\beta$  by using a denaturing, sandwich ELISA specific for human A $\beta_{1-x}$ , A $\beta_{1-40}$ , or A $\beta_{1-42}$  as described previously (12). Free CRF levels from microdialysis samples were analyzed by using a sandwich ELISA kit (COSMO BIO Co., Tokyo, Japan). ApoE levels were assessed by ELISA in tissue lysates as described previously (41).

**Western Blotting.** Hippocampal tissues were harvested at the end of 3 months of isolation stress and control conditions or at 14 h after the beginning of 3 h of restraint stress initiation and control conditions. Western blotting was performed as described previously (12).

**Drug Treatment.** TTX was purchased from Sigma–Aldrich (St. Louis, MO) and dissolved in water at 3.13 mM as a stock solution. TTX was diluted in artificial cerebrospinal fluid (aCSF), prepared as described (12), to a final concentration of 5  $\mu$ M immediately before the experiments and delivered into the hippocampus by reverse microdialysis. Corticosterone was purchased from Sigma–

Aldrich and dissolved in 15% of 2-hydroxypropyl- $\beta$ -cyclodextrin (HPB) at 15 mg/ml. Fifty mg of corticosterone per kg of body weight or 15% HPB alone as a vehicle in a 100- $\mu$ l total volume was injected i.p. into mice. Human/rat CRF peptide (h/r CRF) and  $\alpha$ CRF<sub>9–41</sub> peptide were purchased from Bachem (King of Prussia, PA). For h/r CRF, 400 ng/ $\mu$ l stock solution was prepared in 10 mM acetic acid and diluted in aCSF to final concentrations of 100 and 200 nM. For  $\alpha$ CRF<sub>9–41</sub>, 3  $\mu$ g/ $\mu$ l stock solution was prepared in 10 mM acetic acid and diluted in aCSF to final concentration of 860 nM. Both h/r CRF and  $\alpha$ CRF<sub>9–41</sub> were diluted in aCSF immediately before the experiments and administered directly into the hippocampus by reverse microdialysis.

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**Statistical Analysis.** Data in the figures represent mean  $\pm$  SEM. All statistical analysis was performed by using Prism version 4.02 for Windows (GraphPad, San Diego, CA). Statistical analysis was performed by using a nonparametric Mann–Whitney *t* test and was accepted as significant if  $P \leq 0.05$ . Comparisons between two groups were performed by using two-way ANOVA with a Bonferroni post test.

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