

1 **Environmental enrichment mitigates stroke-induced change in sharp-wave associated ripple** 2 **characteristics**

3 Authors and Affiliations

4 Zachary Ip¹, Gratianna Rabiller^{2, 3}, Ji-Wei He^{2, 3}, Shivalika Chavan¹, Yasuo Nishijima^{2, 3, 4},
5 Yosuke Akamatsu^{2, 3, 5}, Jialing Liu^{2, 3}, Azadeh Yazdan-Shahmorad^{1, 6}

- 6 1. Department of Bioengineering, University of Washington, Seattle, WA, USA
- 7 2. Department of Neurosurgery, University of California San Francisco, San Francisco, CA
8 94158, USA
- 9 3. San Francisco VA medical center, San Francisco, CA 94121, USA
- 10 4. Department of Neurosurgery, Tohoku University Graduate School of Medicine³, 1-1
11 Seiryō-machi, Aoba-ku, Sendai 980-8574, Japan
- 12 5. Department of Neurosurgery, Iwate Medical University, 1-1-1 Idaidori, Yahaba, Iwate,
13 028-3694, Japan
- 14 6. Department of Electrical and Computer Engineering, University of Washington, Seattle,
15 WA, USA

16 **Keywords:** distal middle cerebral artery occlusion, local field potential, theta, gamma, phase
17 amplitude coupling, current source density

18

19 **Abstract:** Cognitive and memory impairments are common sequelae after stroke, yet it is not well
20 understood how middle cerebral artery (MCA) stroke chronically affects the neural activity of the
21 hippocampus, a brain region critical for memory function but remote from the stroke epicenter.
22 Environmental enrichment (EE) has been shown to improve cognition following stroke; however,
23 the electrophysiology that underlies this behavioral intervention is still elusive. We recorded local
24 field potentials simultaneously from sensorimotor cortex and hippocampus in rats following MCA
25 occlusion and subsequent EE treatment. We found that stroke increased duration and power of
26 sharp-wave associated ripples (SPW-Rs), altered brain state, and disrupted phase amplitude
27 coupling (PAC) within the hippocampus and between the cortex and hippocampus. EE
28 counteracted stroke-induced increase in SPW-R characteristics but did not restore hippocampal
29 brain state or PAC. Our results suggest that these brain oscillatory changes are novel biomarkers
30 underlying stroke-induced cognitive impairment and the recovery from EE.

31

32 **Introduction:** Stroke is a leading cause of adult disability, with the most common occurrence in
33 the middle cerebral artery (MCA) region in humans. Unfortunately, there are few effective
34 treatment options for disability following stroke besides physical therapy. In addition to the
35 impairment of high-level sensorimotor functions, a common outcome of stroke is cognitive and
36 memory deficit (Khedr 2009, Cumming 2009, Barker-Collo 2010). The hippocampus is highly
37 involved in the encoding and retrieval of memories, but hippocampal and parahippocampal areas
38 are rarely directly affected by MCA stroke because hippocampal blood flow is supplied by the
39 posterior circulation (Bederson 1986, Iizuka 2011, Liu and McCullough 2011). Animal models

1 represent this phenomenon well, displaying cognitive impairment following stroke in the absence
2 of hippocampal injury (Okada 1995, Wang 2011, Sun 2013). However, a thorough understanding
3 of the mechanisms underlying cognitive and memory impairment caused by MCA stroke remains
4 poorly understood.

5 Cortical dysfunction following MCA stroke has been well described using both histological and
6 electrophysiological methods (Oliveira 2014, Hazime 2020). Hippocampal functional impairment
7 following MCA stroke has been demonstrated using behavioral assessment (Wang 2011, Barth
8 2011), however how hippocampal electrophysiology changes following cortical lesioning has not
9 been studied. There are many hippocampal electrophysiological features that can be used to
10 interrogate memory function such as the ratio of theta band to delta band signal power (TD) of the
11 CA1 pyramidal layer within the hippocampus which defines brain states relevant to memory
12 function (Ognjanovski 2014, Aminov 2017). High theta/delta ratio (HTD) is correlated with
13 memory performance and memory consolidation during rapid eye movement sleep (Buzsaki 2002,
14 Battaglia et al 2011). Manipulation of hippocampal HTD alters cognition, further supporting
15 HTD's role in cognition (Williams and Tortella 2002, Aminov 2017). Meanwhile, low theta/delta
16 ratio (LTD), also known as slow wave state, has been associated with immobility, during which
17 the hippocampus experiences sharp-wave associated ripples (SPW-Rs) (Kay 2016). SPW-Rs are
18 short, high frequency oscillations within the CA1 pyramidal layer of the hippocampus that are
19 concurrent with a negative deflection in the radiatum layer that represent memory recall and
20 encoding (Carr 2011; Jadhav 2012; Buzsaki 2015).

21 Theta oscillations in the hippocampus are known to provide a temporal reference for local
22 computations by modulating high frequency gamma oscillations in what is known as theta-gamma
23 coupling (Lisman 2008; Hanslmayr 2016, Heusser 2016) which can be measured using cross
24 frequency phase amplitude coupling (PAC) (Tort 2010). Theta-gamma coupling within the
25 hippocampus has been shown to support memory processes and occurs during HTD (Tort 2009;
26 Shirvalkar 2010; Colgin 2015). It has also been observed between brain regions such as the
27 prefrontal and entorhinal cortex (Tamura 2017; Bandarabadi 2019). Manipulation of theta rhythms
28 in the hippocampus alters cognitive performance (McNaughton 2006), further supporting theta
29 oscillations causative role in cognition.

30 Chronic stroke leads to a complex cascade of effects within the brain such as the loss of functional
31 connectivity (Silas and Murphy 2014, Schmitt et al 2017) and changes in local oscillations
32 (Rabiller et al 2015, Zhang et al 2006, Moyanova and Dijkhuizen 2014, Ip et al 2019) which have
33 the potential to effect remote brain areas such as the hippocampus. EE is an effective non-invasive
34 therapy that has long been studied as a potential treatment for improving cognition (Cooper and
35 Zubek 1958; Diamond 1966; Manosevitz 1970; Nilsson 1999), by increasing exposure to novelty,
36 social contact, and physical activity. Cognitive and behavioral deficit following stroke has
37 consistently been shown to be improved by environmental enrichment (EE) (Hamm 1996;

1 Passineau 2001; Ip 2002; Komitova 2005; Matsumori 2006; Fan 2007; Wang 2011; Wang 2019).
2 However, the underlying electrophysiological mechanisms are still largely unknown.

3 Our previous work has shown that an acute reduction in cerebral blood flow caused by MCA
4 occlusion disrupts the electrophysiology of the hippocampus, which we observed through aberrant
5 increases in SPW-R frequency and theta-gamma coupling between hippocampus and cortex within
6 the first hour of ischemia (He 2019). Here we seek to understand the changes in hippocampal
7 electrophysiology during chronic phase of MCA stroke to interrogate the underlying mechanisms
8 of cognitive impairment following stroke and cognitive improvement following EE.

9 **Results:** After inducing a lesion
10 by unilateral distal middle
11 cerebral artery occlusion
12 (dMCAO), we randomly
13 assigned rats to standard and EE
14 housing groups during recovery.
15 We divided the animals into two
16 time-point stroke subgroups and
17 a non-stroke control group for
18 recording under urethane
19 anesthesia before sacrifice. All
20 groups were composed of
21 different animals: control (n = 8),
22 2 weeks post-stroke (2WS) (n =
23 7), and 1 month post-stroke
24 (1MS) (n = 10). The EE group
25 was split into EE control (EEC)
26 (n = 10), and 1-month post stroke (EES) (n = 9).

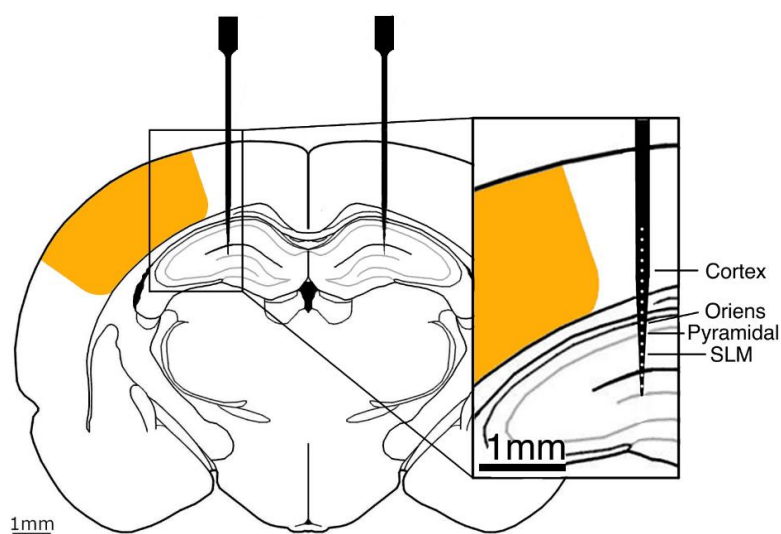


Figure 1. Schematic of infarct area and probe locations. Probes are inserted to cover sensorimotor cortex and hippocampus. Approximate infarct and peri-infarct areas from stroke indicated by orange shading.

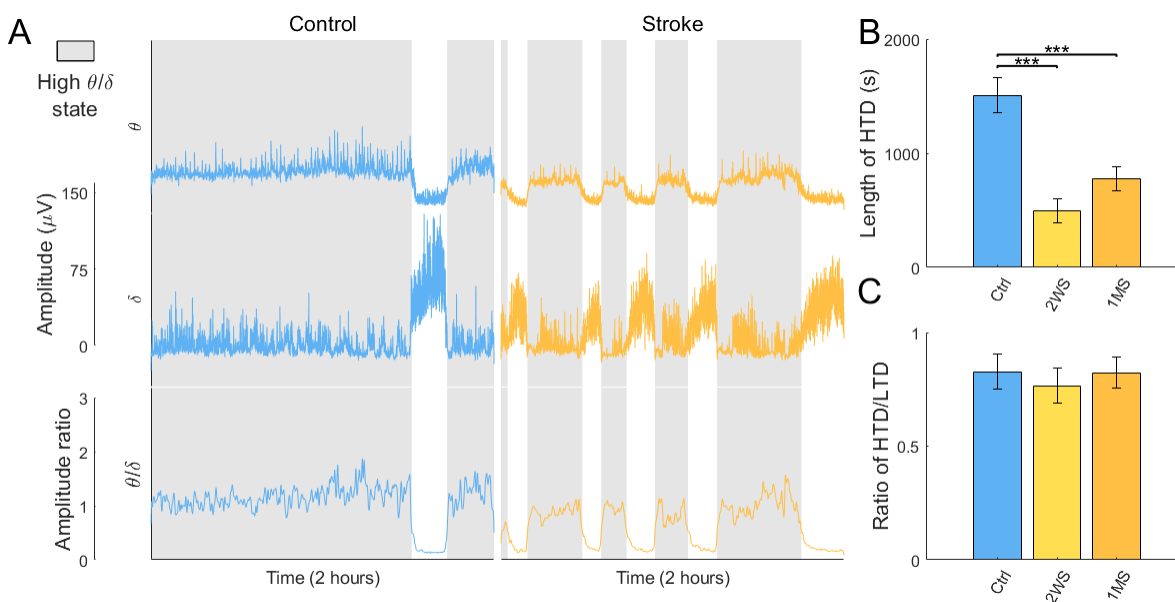
27 We analyzed both the absolute infarcted volume as well as the ratio of infarcted volume to intact
28 tissue volume to confirm there was no hippocampal lesion and determine whether lesion size was
29 affected by the chronicity of stroke or by exposure to enrichment. There was no apparent
30 morphological difference in the hippocampus as revealed by hematoxylin and eosin (H&E)
31 staining between the stroke and non-stroke groups, suggesting that distal occlusion of MCA did
32 not compromise hippocampal structural integrity. Both analyses revealed that lesion size did not
33 significantly differ between groups (ANOVA; absolute $p = 0.460$, ratio $p = 0.485$) (Supplemental
34 Figure 1). The locations of probes were verified by histology, spanning from -3mm to -3.72mm
35 AP and 2.5mm to 3mm laterally (Figure 1).

36 We analyzed normalized signal power within cortex and hippocampus as a simple metric of
37 activity levels within the tissue. Surprisingly, there were very sparse significant changes between
38 groups. Delta signal power of 2WS and 1MS tended to be lower than control in both cortex and

1 hippocampus, while interestingly theta, gamma and high gamma signal power tended to be higher
2 in both 2WS and 1MS compared to control (Supplementary Figure 2).

3 **Brain state stability is disrupted following stroke**

4 Under urethane anesthesia, the brain experiences sleep-like activity. The ratio of theta band to delta
5 band signal power in the pyramidal layer of the hippocampus during sleep defines states relevant
6 to memory. We analyzed the stability of theta/delta brain state under anesthesia by analyzing the
7 duration of HTD state (Figure 2A). Surprisingly, we found that TD state stability is disrupted
8 following stroke despite no direct lesion to the hippocampus, with a significant decrease in the
9 duration of HTD brain state bilaterally for both stroke groups compared to control (ANOVA;
10 ipsilesional; 2WS $p = 4.86e-7$, 1MS $p = 3.33e-4$, contralesional; 2WS $p = 1.41e-9$, 1MS $p = 5.13e-$
11 7) (Figure 2B, Supplementary Figure 3A). However, the disruption of state stability does not alter
12 the overall proportion of HTD to LTD as evidenced by the HTD/LTD ratio (Figure 2C,
13 Supplementary Figure 3B) (ANOVA; $p > 0.21$). This shows that stroke chronically disrupts the
14 stability of brain states defined within the hippocampus, but does not disrupt the proportion of
15 HTD to LTD.



16
17 Figure 2. Detecting HTD and LTD states. (A) The columns show examples of LFP traces for a control and stroke
18 sample. The rows are: 1- Spontaneous amplitude of theta, 2- Spontaneous amplitude of delta, 3- Ratio of theta/delta.
19 (B) Comparison of the average duration of ipsilateral HTD state. (C) Comparison of the proportion of ipsilesional
20 HTD to LTD. Significant differences ($p < 0.001$, are demarked with ***).

21 **SPW-R characteristics change following stroke**

1 SPW-Rs occur within the CA1
2 pyramidal layer of the
3 hippocampus during LTD and
4 represent memory encoding. To
5 quantify affected memory
6 performance, we analyzed
7 characteristics of SPW-Rs.
8 There was an increase in SPW-R
9 signal power of both ipsilesional
10 and contralesional hemispheres
11 in 2WS and 1MS compared to
12 control (Kruskal Wallis;
13 ipsilesional; 2WS: $p = 9.97e-4$,
14 1MS: $p < 1e-16$ contralesional
15 2WS $p = 3.00e-16$, 1MS $p < 1e-$
16 16) (Figure 3A, Supplementary
17 Figure 4A). The duration of SPW-Rs was also significantly different; SPW-Rs at 2WS were
18 significantly longer than control (ANOVA; $p = 5.41e-5$), while SPW-Rs at 1MS were significantly
19 shorter (ANOVA; $p = 5.41e-5$) (Figure 3B). These results indicate that stroke significantly affects
20 both power and duration of SPW-Rs. Both the signal power and duration of SPW-Rs at 2WS
21 significantly increased compared to 1MS in both hemispheres (Kruskal Wallis; signal power;
22 ipsilesional $p < 1e-16$, contralesional $p < 1e-16$, duration; ipsilesional $p = 4.03e-9$, contralesional
23 $p < 1e-16$). These results indicate that there is some compensatory mechanism occurring at 2WS.

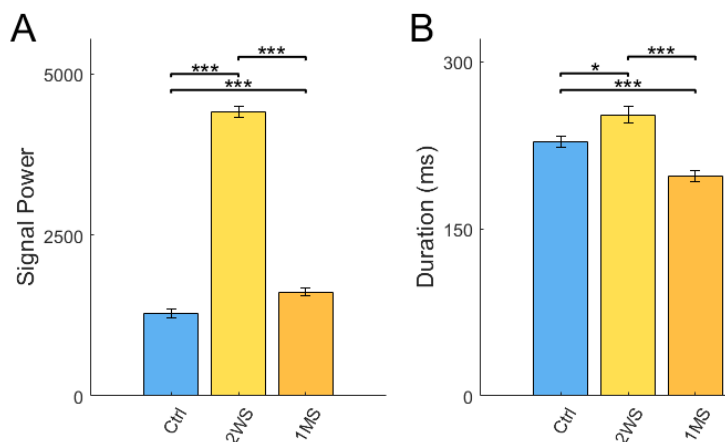


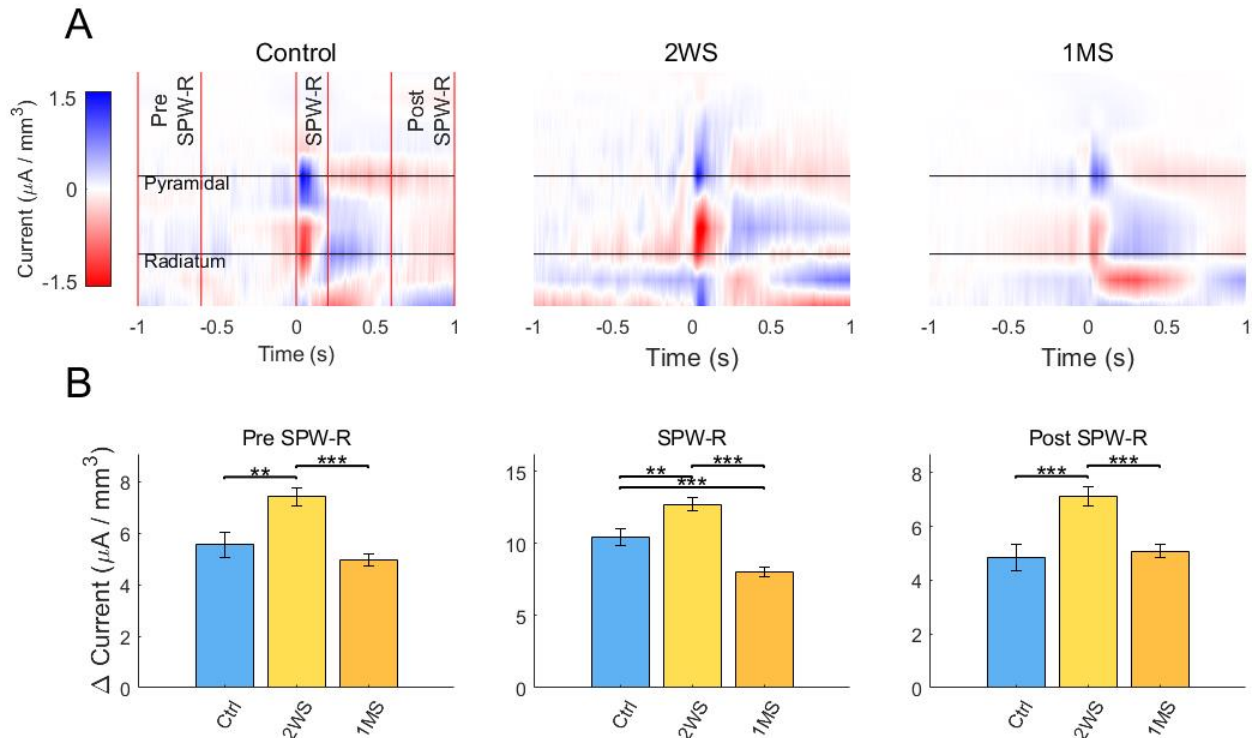
Figure 3. Comparison of ipsilesional (A) SPW-R power and (B) SPW-R duration. Significant differences ($p < 0.05$, $p < 0.01$, and $p < 0.001$ are demarked with *, **, or *** respectively).

24 **Current flow surrounding SPW-Rs is disrupted following stroke**

25 We performed laminar current source density analysis (CSD) aligned to the onset of SPW-R to
26 evaluate current flow through the hippocampus during SPW-Rs. The control group revealed pairs
27 of dipoles with the apparent source centered in the pyramidal layer with the sink centered in the
28 radiatum as expected. After SPW-R, the dipole reverses at a lower amplitude, with the sink in
29 pyramidal and the source in the radiatum (Figure 4A). This post-SPW-R phase lasts approximately
30 0.6 seconds before dissipating. To analyze changes to this current flow pattern, we defined
31 windows of interest before, during, and after SPW-R to evaluate the strength of related current
32 flow.

33 In both hemispheres, the dipole amplitude before, during, and after SPW-R was significantly
34 higher at 2WS compared to control (ANOVA; before; ipsilesional $p = 0.0074$, contralesional $p =$
35 $1.24e-4$, during; ipsilesional $p = 0.0077$, contralesional $p = 0.0011$, after; ipsilesional $p = 5.83e-4$,
36 contralesional $p = 0.0056$) (Figure 4B, Supplementary Figure 5) while the amplitude of 1MS is
37 significantly lower compared to control (ANOVA; ipsilesional $p = 6.78e-4$, contralesional $1.03e-$
38 5) (Figure 4B). Like SPW-R power and duration, the dipole amplitude at 1MS is significantly

1 lower than 2WS before, during and after SPW-R (ANOVA; before; ipsilesional $p = 1.29e-7$,
2 contralesional $p = 6.32e-13$, during; ipsilesional $p < 1e-16$, contralesional $p < 1e-16$, after;
3 ipsilesional $p = 1.11e-5$, contralesional $p = 4.72e-5$). These results show that stroke causes
4 significant change in current flow, while the decrease of dipole amplitude from 2WS to 1MS
5 support our SPW-R previous observations that there is some compensatory activity at 2WS.

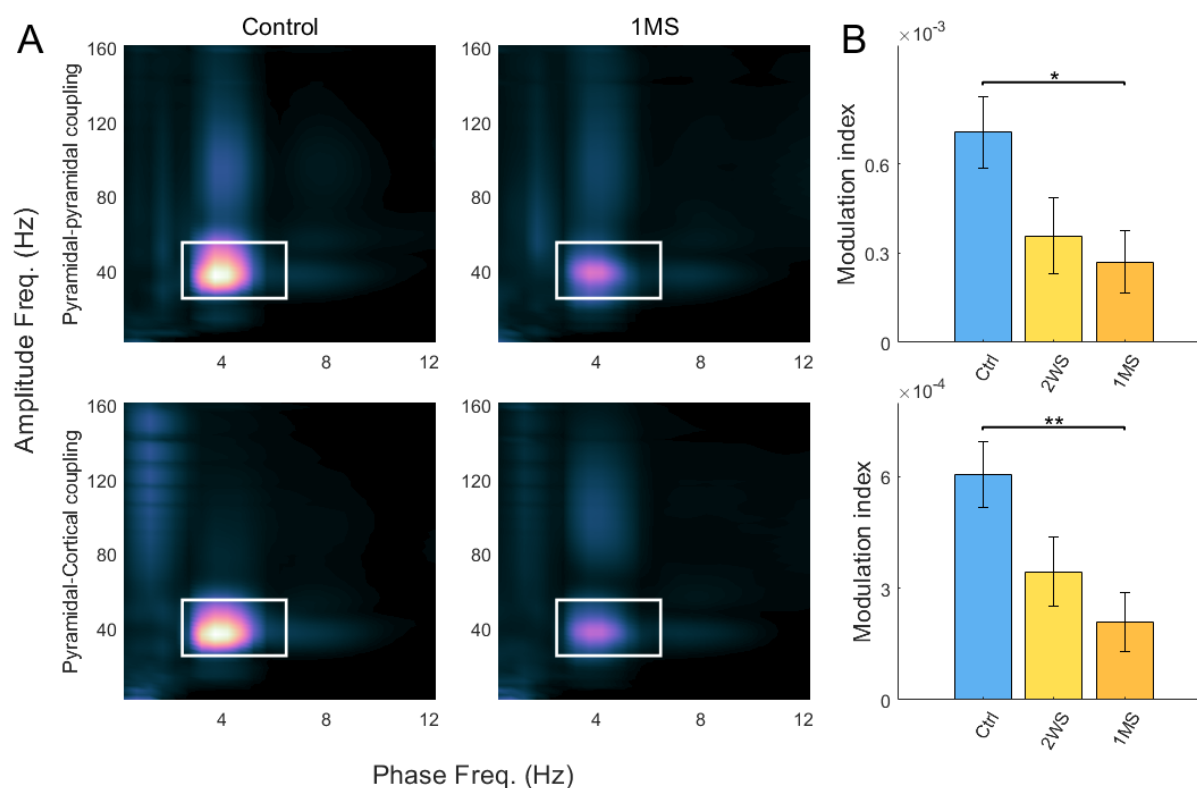


6
7 Figure 4. Comparison of ipsilesional CSD during and following SPW-R. (A) CSD plots of ipsilesional hemisphere,
8 displaying average current of all ripples for all animals within a particular group. Windows of interest are demarked
9 with red lines. (B) Change in current was measured using difference between the minimum and maximum amplitudes
10 with the demarked windows. Significant differences: $p < 0.01$ and $p < 0.001$, are demarked with **, or ***
11 respectively.

12 **Theta-gamma coupling between hippocampus and cortex is reduced following stroke**

13 Theta rhythms coordinate high frequency gamma activity within the hippocampus during HTD
14 and supports memory processes. We used PAC to detect theta-gamma coupling within the
15 hippocampus, and to determine whether coupling existed between cortex and hippocampus.
16 During HTD theta-gamma coupling and delta-high gamma coupling was present bi-directionally
17 within the hippocampus as expected, however we also detected coupling between cortex and
18 hippocampus in the control group. Coupling within the pyramidal layer and between pyramidal
19 theta and cortical gamma are shown as examples (Figure 5A). Ipsilesional coupling within the
20 pyramidal layer was significantly lower at 1MS compared to control. Interestingly, ipsilesional
21 coupling between hippocampus and cortex at 1MS was also significantly lower than control for all
22 hippocampal layers in compared to control (Figure 5B) (ANOVA; pyramidal $p = 0.0085$, SLM p

1 = 0.00107, orien's $p = 0.0356$). Coupling within the hippocampus and between cortex and
2 hippocampus is lower than control at 2WS, though not significantly. This could be due in part to
3 the compensatory mechanisms observed in SPW-Rs. During LTD, theta-gamma coupling was not
4 present within the cortex or between cortex and hippocampus as expected. Instead, only delta-high
5 gamma coupling was present during LTD, which did not change following stroke. The breakdown
6 in PAC between hippocampal theta and cortical gamma implies that MCA stroke, which does not
7 cause infarct to the hippocampus, breaks down coordination of oscillations between theta and
8 gamma within the hippocampus, and the coordination of cortical gamma by hippocampal theta.



9
10 Figure 5. Coupling between theta and gamma. (A) Phase amplitude comodulograms displaying modulation within the
11 pyramidal layer (top), and between cortex and hippocampus (bottom). Theta-gamma coupling demarked by white
12 rectangle. (B) Comparison of average modulation index between theta and gamma. Ipsilesional and contralesional
13 hemispheres are compared separately. Significant differences ($p < 0.05$ and $p < 0.01$, are demarked with * and **
14 respectively).

15 The effect of Environmental Enrichment on stroke

16 Following our analysis of stroke progression, we investigated the effect of EE on the hippocampal
17 electrophysiological biomarkers using a two-way ANOVA. EE had two main interactions with the
18 biomarkers affected by stroke. Characteristics of SPW-Rs, which were increased by stroke, were
19 mitigated by EE. However, interestingly, biomarkers that were disrupted by stroke, such as TD
20 state and PAC, were further disrupted by EE.

1 To analyze the effect of EE on hippocampal biomarkers, we first looked at characteristics of SPW-
2 Rs. We started with SPW-R power. At 1MS SPW-R power is significantly higher than control in
3 both hemispheres, (Figure 6A) (ANOVA; ipsilesional $p = 2.16e-4$, contralesional $p = 1.06e-24$),
4 while there is no significant difference between control, EES, and EEC (ANOVA; $p > 0.058$).
5 SPW-R power show that EE mitigates the effects following stroke.

6 We then analyzed the duration of SPW-Rs. At 1MS the duration of SPW-Rs is significantly shorter
7 than control ipsilesionally (ANOVA; $p = 5.65e-5$), while control, EES, and EEC are not
8 significantly different (ANOVA; $p = 1$) (Figure 6B). Contralesionally, the duration of 1MS, EEC,
9 and EES are all significantly shorter than control (Supplementary Figure 7B) (ANOVA; 1MS $p =$
10 $1.98e-25$, EEC $p = 2.84e-13$, EES $p = 2.61e-10$), though 1MS is also significantly shorter than
11 EES. Like SPW-R power, SPW-R duration results show that EE mitigates the decrease in duration
12 following stroke. These results support our findings in signal power that EE tends to reduce the
13 severity of the effects of stroke.

14 As for the effects on the CSD surrounding SPW-Rs, we see that stroke generally causes an increase
15 in dipole amplitude, while EE generally causes a decrease in dipole amplitude. Leading up to SPW-
16 R, there is a between-subjects effect in both the ipsilesional and contralesional hemisphere for
17 stroke (ANOVA; ipsilesional $p = 3.64e-8$, contralesional $p = 2.09e-6$), (ANOVA; $p = 0.032$)
18 (Supplementary Table 1). The dipole amplitude ipsilesionally at 1MS is significantly higher than
19 EEC and EES before, during, and after SPW-R (ANOVA; before; EEC $p = 4.35e-11$, EES $p =$
20 $3.22e-14$, during; EEC $p = 6.50e-15$, EES $p = 1.77e-5$, after; EEC $p = 4.67e-6$, EES $p = 4.85e-11$),
21 while there is no significant difference between control, EEC, and EES (ANOVA, $p > 0.15$)
22 (Figure 6C). These changes support our findings that EE mitigates the effects of stroke.

23 Investigating the effect of EE on TD states revealed a between-subjects effect that both stroke and
24 EE significantly decrease the length of ipsilesional HTD state (ANOVA; stroke $p = 4.82e-5$, EE p
25 $= 0.0041$), though contralesionally, only stroke significantly changed HTD state (ANOVA; $p =$
26 $3.01e-6$) (Supplementary Table 1). This was shown in our post-hoc analysis as well, where the
27 length of ipsilesional HTD in 1MS, EEC, and EES were all significantly lower than control
28 (ANOVA; 1MS $p = 6.91e-4$, EEC $p = 0.021$, EES $p = 3.70e-5$) (Figure 7A). Neither stroke nor EE
29 had any significant effect on the ratio of HTD/LTD (Figure 7B, Table 1). These results show that
30 both EE and stroke can disrupt the stability of TD states, while leaving the ratio of HTD/LTD
31 intact.

1 Contrary to its
 2 known benefit on
 3 synaptic plasticity
 4 and cognition, EE
 5 unexpectedly
 6 lowered the levels
 7 of theta-gamma
 8 coupling during
 9 HTD. The
 10 between-subjects
 11 effects show both
 12 stroke and EE
 13 significantly
 14 lower ipsilesional
 15 and contralesional
 16 theta-gamma
 17 coupling.
 18 Additionally,
 19 stroke and EE
 20 showed

21 significant interaction ipsilesionally, meaning that the change in PAC seen in EES compared to
 22 control was significantly different than could be expected from the additive effects of stroke and
 23 EE combined (ANOVA; ipsilesional; stroke $p = 1.21e-4$, EE $p = 1.14e-4$, interaction $p = 0.017$)
 24 (Figure 7C, Table 1). Our post-hoc analysis revealed that coupling in 1MS, EEC, and EES are all
 25 significantly lower than control ipsilesionally (ANOVA; 1MS $p = 2.10e-4$, EEC $p = 2.02e-4$, EES
 26 $p = 7.04e-6$), while contralesionally coupling in 1MS and EES are significantly lower than control
 27 (ANOVA; 1MS $p = 0.0022$, EES $p = 4.88e-4$) (Supplementary Figure 8C). These results
 28 additionally show a reduction of information flow between cortico-hippocampal networks for both
 29 stroke and EE groups.

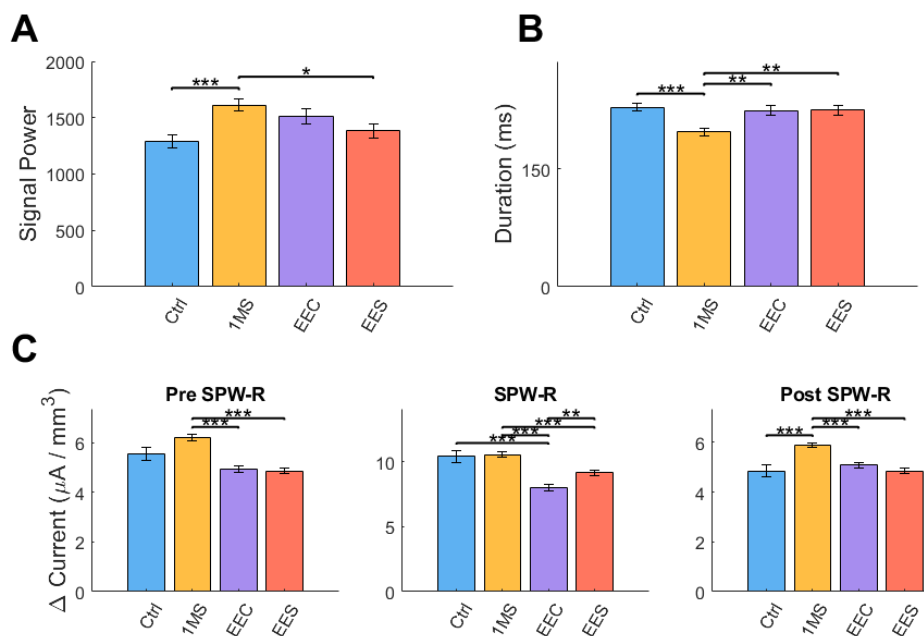
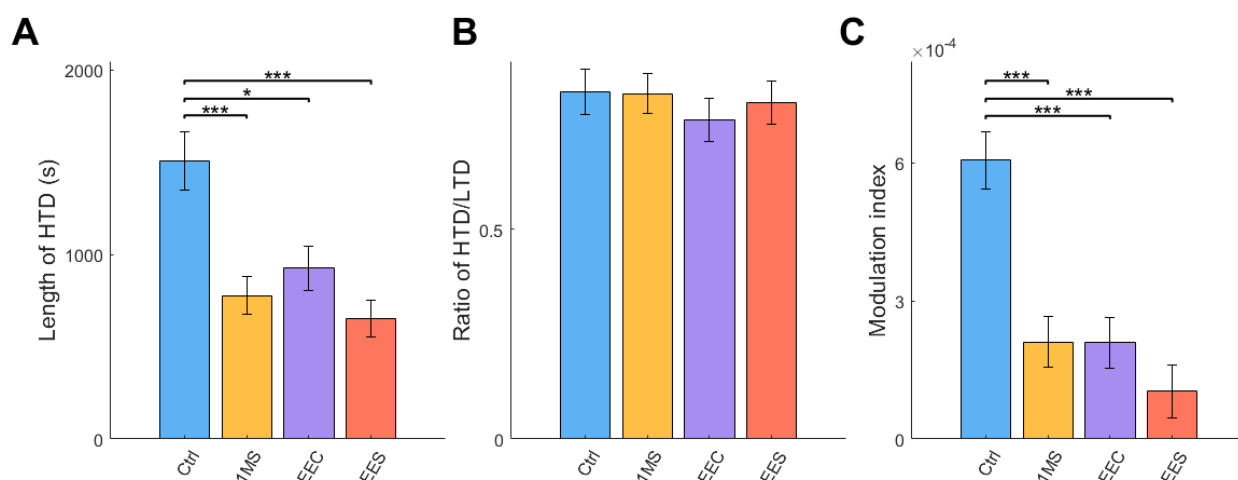


Figure 6. Summary of the effects of EE following stroke on SPW-R characteristics using 2-way ANOVA comparisons on ipsilesional hemisphere. (A) Changes in SPW-R power (B) Changes in SPW-R power. (C) Changes in CSD dipole amplitude surrounding SPW-R. Significant differences: $p < 0.05$, $p < 0.01$ and $p < 0.001$, are demarked with *, **, or *** respectively.



1
2 Figure 7. The effects of EE following stroke on HTD state and PAC using 2-way ANOVA comparisons on ipsilesional
3 hemisphere. (A) Change in average HTD state (B) Change in HTD/LTD ratio. (C) Changes in theta-gamma coupling
4 between cortex and pyramidal. Significant differences: $p < 0.05$, $p < 0.01$ and $p < 0.001$, are demarked with *, **,
5 or *** respectively.

6 **Discussion:** While impairment of memory after dMCAO is well reported, e.g. poor performance
7 in the Barnes Maze test and hippocampal hypoactivation following spatial exploration (Wang
8 2011), the electrophysiological substrates of cognitive deficit in the hippocampus have not been
9 established. The hippocampus has no direct projections between sensorimotor cortex and
10 hippocampus. However, we recently showed that cortical lesion following dMCAO stroke acutely
11 affects the electrophysiology of the hippocampus. We saw counterintuitive effects, such as an
12 increase in aberrant SPW-Rs, an increase in theta-gamma coupling, and a persistent increase in
13 LTD state (He 2019). These results showed that MCA stroke strongly affects distant regions like
14 hippocampus. With these putative biomarkers, we sought to understand the underlying changes to
15 hippocampal electrophysiology that drive the cognitive deficit observed during chronic phase of
16 stroke, and how EE interacts with these effects. We found that some SPW-R characteristics, like
17 signal power, duration, and CSD reduce the severity of the effects of stroke, while other biomarkers
18 such as TD brain state and PAC show that activity remains reduced and is further lowered when
19 stroke is paired with EE.

20 Current literature describes stroke progression as two opposing phases. The first phase lasts until
21 approximately three days after onset, and is characterized by increased activity and plasticity, as
22 well as excitotoxic cell death. Following this increase in activity, neuronal activity is chronically
23 suppressed (Carmichael 2012). Our results show that SPW-Rs within the hippocampus remain
24 upregulated for as long as two weeks before switching phases to a suppressed state, while other
25 biomarkers such as TD state and PAC are chronically disrupted.

26 The chronic changes to electrophysiology differ drastically from the acute effects of ischemia
27 occurring in the hour after infarct, detailed in (He 2019), such as SPW-Rs the frequency of SPW-

1 Rs increases in the acute setting, while in the chronic setting, signal power increases at 2WS, which
2 may indicate a larger population of recruited neurons firing in each SPW-R (Schlinghoff 2014).
3 PAC also differs between acute and chronic settings, where theta gamma coupling is in the acute
4 setting and disrupted in the chronic setting. Interestingly, these results further suggest that the
5 deviation from control in the chronic setting at 2WS become less extreme at 1MS, which further
6 suggests compensatory mechanisms.

7 Our current results, in conjunction with our previous findings (He 2019), suggest that SPW-Rs
8 respond robustly to stroke. The marked increase in SPW-R power, duration, and current flow at
9 2WS may be correlated with the increased cortical plasticity during stroke progression. This
10 suggests that the increased activity phase of stroke progression may affect electrophysiology for
11 at least two weeks but shorter than one month. The decrease in SPW-R power, duration, and
12 current flow at 1MS could then represent the suppression phase of stroke progression and may be
13 an indicator of reduced memory function. Recent work has shown that long-duration SPW-Rs are
14 correlated with increased memory function (Fernandez-Ruiz et al, 2019), which may imply that
15 shorter SPW-Rs impair memory. Our current results as well as our previous findings that dMCAO
16 impairs cognition and spatial memory (Wang 2011) support this hypothesis.

17 The other biomarkers that we analyzed, such as TD state and PAC were lower at 2WS and further
18 disrupted at 1MS compared to controls. Disrupted TD states have been shown to cause
19 neuroinflammation and have been associated with impairment of learning and memory (Williams
20 and Tortella 2002, Williams 2003, Zhu 2012, Aminov 2017, Ip 2019), which may be a contributing
21 mechanism to post-stroke cognitive impairment. PAC within the hippocampus has been shown as
22 a mechanism for memory processing during sleep, which is correlated with multiple phenomena
23 such as neocortical slow oscillations, and thalamo-cortical sleep spindles (Fell and Axmacher,
24 2011; Rasch and Born, 2013; Staresina 2015; Bergmann & Born 2018). The breakdown of
25 hippocampal theta rhythms, which are known to coordinate oscillations in many regions, such as
26 entorhinal cortex and prefrontal cortex, may be a contributing factor to cognitive impairment
27 following stroke.

28 EE has been shown to consistently improve behavioral measures of cognitive recovery following
29 stroke (Hamm 1996; Passineau 2001; Ip 2002; Matsumori 2006; Wang 2011; Wang 2019). Due to
30 this, we expected EE to counteract the changes in the biomarkers disrupted by stroke. However,
31 our results tell a mixed story. For the characteristics of SPW-Rs, EE acts as expected, reducing the
32 change that stroke caused, or causing an opposite effect in comparison to stroke. However, for TD
33 state and PAC, EE further disrupts these biomarkers following stroke. TD states, though measured
34 in the hippocampus, are an indicator for functions of many areas of the brain. Theta-gamma
35 coupling, which we observed within the hippocampus and between cortex and hippocampus, has
36 also been reported between prefrontal cortex and entorhinal cortex. Therefore, the biomarkers
37 which are further disrupted by EE are indicators of a more global effect on the brain compared to
38 SPW-Rs, that occur locally, which may explain why they react differently.

1 This study is limited in that our dataset consists of single time point recordings that were done
2 under urethane anesthesia. A single recording time point prevents assessment of neurophysiology
3 over time and limits our observations to between-group analysis of different animals. An awake
4 behaving recording setup will allow us to gain a more complete understanding of how stroke
5 effects hippocampal electrophysiology across time by recording time-course data. Additionally,
6 recording under urethane anesthesia introduces confounds, as it may have an effect on
7 electrophysiology. General anesthetics are known to reduce spike activity (Suzuki and Smith 1988),
8 however, urethane has been shown to preserve brain rhythms of interest and generate naturalistic
9 sleep, even inducing spontaneous oscillations (Kramis 1975, Hara and Harris 2002, Pagliardini
10 2013). Urethane anesthesia is widely used both in hippocampal studies (Klausberger and Somogyi
11 2008), as well as stroke studies (Rabiller 2015, Moyanova and Dijkhuizen 2014, Srejic 2013).

12 Another limitation of our recording set up is that unconscious recordings do not provide real-time
13 correlates to spatial encoding or recall, or hippocampal activity before and after novel stimuli. An
14 awake-behaving set-up would allow us to record electrophysiology during these events and pair
15 them with the downstream behavioral readouts. Further investigation in an awake-behaving set up
16 is needed to better understand the interaction between stroke and EE on cortico-hippocampal
17 networks.

18 These changes in hippocampal electrophysiological biomarkers may be cognitive impairment
19 following stroke that warrant more investigation. Stroke causes complex changes to many remote
20 regions of the brain beyond the direct infarct. Developing a greater understanding of how cognitive
21 therapies like EE affect electrophysiology following stroke and improve cognition can uncover
22 insights that may translate to many neurological disorders; for example, abnormal PAC has been
23 implicated for many disorders, such Parkinson's disorder (Devergnas et al 2019), Alzheimer's
24 Disease (Zhang 2016), and schizophrenia (Barr 2017). This understanding will open the door for
25 more targeted therapies as well. Recently we have shown that PAC can be induced through
26 optogenetic stimulation (Yazdan-Shahmorad 2018), which allows for the potential to recover PAC
27 between regions in disease models. Furthermore, optogenetic manipulation of SPW-Rs has
28 recently been shown to be effective in improving cognition (Fernández-Ruiz 2019) which, along
29 with a greater understanding of these biomarkers, creates the potential to develop targeted
30 therapies for stroke.

31

32 **Materials & Methods:**

33 A. Animals

34 We conducted all experiments in accordance with the animal care guidelines issued by the National
35 Institutes of Health and by the San Francisco VA Medical Center Institutional Animal Care and
36 Use Committee. A total of 52 adult male Sprague-Dawley rats approximately 2.5 months of age
37 weighing 250g (Charles River Laboratories, Wilmington, MA) were used and housed in
38 institutional standard cages (2 rats per cage) on a 12-hr light/12-hr dark cycle with ad libitum

1 access to food and water before the experimental procedures. The identity of the test subject was
2 blinded to investigators who performed the stroke surgery and recording.

3 B. Experimental Stroke

4 Stroke was induced unilaterally in rats by the dMCAO method in combination with supplemental
5 proximal artery occlusion of the bilateral common carotid arteries (CCAs) under isoflurane
6 (1.5%)/O₂(30%)/N₂O(68.5%) anesthesia as described previously (Sun H 2011, He 2019),
7 producing cortical infarct restricted to the somatosensory cortex (Wang 2011). In brief, a 1.5 mm
8 diameter burr hole 1 mm rostral to the anterior junction of the zygoma and temporalis bone was
9 made with a dental drill. The dura mater was carefully pierced with a 30-gauge needle. The main
10 trunk of the left MCA was ligated permanently above the rhinal fissure with a 10-0 suture, and the
11 bilateral CCAs were occluded temporarily for 60 min with 4-0 sutures. The sutures over CCAs
12 were then removed to restore blood flow, and the cervical incision was closed. Core temperature
13 was maintained at 37±0.5 °C with a heating blanket and rectal thermistor servo loop throughout
14 the procedure.

15 C. Environmental Enrichment

16 EE therapy was used to evaluate its potential to affect post-stroke electrophysiology. Immediately
17 following MCAO, we randomly assigned rats into EE or standard housing groups. One week after
18 surgery, we transferred the EE group rats to enriched environment cages (dimensions: 76 × 56 ×
19 77 cm; a 2-story cage equipped with a running wheel for spontaneous exercise, a 3-dimensional
20 labyrinth, bedding, a ladder, a house, chains, a hammock, wooden blocks, and nylon bones; 10 rats
21 per cage) for an additional 3 weeks of residence. Similarly, non-stroke control animals assigned to
22 EE treatment were placed in enriched environmental cages for 3 weeks before recording. We
23 changed the arrangement of movable objects once a week to maintain novelty (Matsumori 2006,
24 Wang 2011). Rats assigned to the standard housing groups remained in the institutional standard
25 cages.

26 D. Recording

27 We performed electrophysiological recordings using two 16-site extracellular silicon probes
28 (NeuroNexus Technologies) under urethane anesthesia for two hours (Sigma, 15 mg/kg
29 i.p.). Following craniotomy, 2 electrodes (A1x16-5mm-100-703) were slowly inserted into each
30 hemisphere after the dura mater was pierced to target the dorsal hippocampus at [AP: -3.3 mm;
31 ML: +/- 2 mm] via a stereotaxic frame (David Kopf Instruments, Tujunga, CA, USA) (Figure 1).
32 Real-time data display and an audio aid were used to facilitate the identification of proper
33 recording location while advancing electrodes until characteristic signals from stratum pyramidal
34 and stratum radiatum were detected and recorded. A 2-hr multi-channel recording from bilateral
35 sensorimotor cortex and dorsal hippocampus was collected from each rat. Data were stored at a
36 sampling rate of 32 kHz after band-pass filtering (0.1-9 kHz) with an input range of ± 3 mV (Digital

1 Lynx SX, Neuralynx, USA). All recordings were down sampled to 1250 Hz (Matlab, MathWorks,
2 USA) prior to analysis.

3 E. Tissue preparation and infarct assessment

4 After recording, rats were perfused transcardially with 4% paraformaldehyde in 0.1M phosphate
5 buffer, pH 7.4. The brains were collected, post fixed overnight in 4% PFA and placed in 30%
6 sucrose solution for 24 h. Brains were cut coronally in 40 μ m-thick sections and stored at 4°C.
7 Serial coronal sections were stained using the H&E method. Infarct volume was measured by
8 subtracting the difference between intact tissue in the ipsilesional side from the contralesional side
9 using Stereoinvestigator software (Microbrightfield, VA). We determined both the infarct
10 volume and the ratio of infarct to intact tissue volume (Sun 2013).

11 F. Data Analysis

12 We used local field potentials (LFP) from deep cortical layers and four layers from CA1 field
13 hippocampus (stratum oriens, pyramidal, radiatum and lacunosum- moleculare (SLM)) in our
14 analysis. We isolated brain waves from the LFPs by band-pass filtering the following frequency
15 ranges: delta (0.1-3 Hz), theta (4-7 Hz), alpha (7-13 Hz), beta (13-30 Hz), gamma (30-58 Hz), and
16 high-gamma (62-200 Hz). Out of the 52 rats used in this study, we excluded the data from 8 rats
17 after screening for bad channels. The groups had the following counts: control (n = 8), EEC (n =
18 10), 2WS (n = 7), IMS (n = 10), and EES (n = 9). To analyze changes to signal power we
19 normalized data by subtracting the mean and dividing by the standard deviation to account for
20 impedance differences between individual electrodes.

21 To estimate LTD and HTD brain states we calculated the ratio of spontaneous signal power
22 between theta band and delta band from the pyramidal layer. The threshold defining LTD and
23 HTD states was defined manually for each animal by visual assessment (Bodizs 2001, Buzsaki
24 2002, Karlsson and Frank, 2009).

25 SPW-Rs were identified when a pyramidal ripple and radiatum sharp wave co-occurred (Karlsson
26 and Frank, 2009, Buzsaki 2015). To detect pyramidal ripples, the LFP of the pyramidal layer was
27 bandpass filtered (150-250 Hz), then squared and Z-scored. When the signal exceeded 6 standard
28 deviations for a period longer than 20 ms, an event was registered. When the signal subsequently
29 dropped below 1 SD, the event was considered ended. To identify radiatum sharp waves, a similar
30 process was used, however the bandpass filter was from 8 to 40 Hz, and the standard deviation
31 threshold was 3.

32 We performed laminar current-source density (CSD) analysis (Kenan-Vaknin and Teyler, 1994)
33 along each electrode, temporally aligning the LFP to the onset of a SPW-R, and spatially centering
34 each recording on the pyramidal layer. The CSD consists of a one-dimensional surface Laplacian
35 along the length of the electrode to approximate the relative sources and sinks through the cortex

1 and hippocampus from one second before ripple onset to one second after. Dipole amplitude was
2 calculated by finding the maximum and minimum current along the probe from the specified time
3 window and taking the difference.

4 We analyzed PAC within the hippocampus and between the layers of the hippocampus and the
5 cortex as a metric of functional connectivity and communication. PAC was calculated as described
6 in (Tort 2010). Briefly, the LFP was bandpass-filtered between (0.1-200 Hz). The instantaneous
7 phase and amplitude were extracted using the Hilbert transform. A composite phase-amplitude
8 time series then determined the amplitude distribution across phase. The modulation index (MI) is
9 then calculated from the divergence of the amplitude distribution from a uniform distribution (Tort
10 2010).

11 G. Statistical analysis

12 We expressed data as mean \pm standard error. We performed one-way ANOVA to assess changes
13 in stroke progression, and two-way ANOVA to assess changes between the effect of stroke and
14 the effect of EE. We used post-hoc Bonferroni's to control for multiple comparisons. We
15 performed paired t-tests to assess changes between hemispheres. For non-normal distributions, we
16 performed Kruskal-Wallis with post-hoc Bonferroni's to control for multiple comparisons. We
17 considered p values less than 0.05 as significant.

18
19

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21

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28

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