Longitudinal effects of ketamine on dendritic architecture in vivo in the mouse medial frontal cortex,

Ketamine and structural plasticity

Victoria Phoumthipphavong¹, Florent Barthas¹, Samantha Hassert¹ and Alex C. Kwan¹,²

¹Department of Psychiatry, Yale University, New Haven, Connecticut
²Department of Neuroscience, Yale University, New Haven, Connecticut

Received: 6 November 2015
Revised: 13 March 2016
Accepted: 15 March 2016
Published: 23 March 2016

Author Contributions: V.P. and A.C.K. designed research; V.P. and F.B. performed research; V.P., S.H., and A.C.K. analyzed data; V.P. and A.C.K. wrote the paper.

Funding: NARSAD Young Investigator Award; Golden Rule Family Foundation;

Conflict of Interest: Authors report no conflict of interest.

Correspondence: Alex C. Kwan, Ph.D., Department of Psychiatry, Yale University, 300 George St Suite 901, New Haven, CT 06511, E-mail: alex.kwan@yale.edu.


Alerts: Sign up at eneuro.org/alerts to receive customized email alerts when the fully formatted version of this article is published.
Longitudinal effects of ketamine on dendritic architecture in vivo in the mouse medial frontal cortex
1. Manuscript Title: Longitudinal effects of ketamine on dendritic architecture in vivo in the mouse medial frontal cortex

2. Abbreviated Title: Ketamine and structural plasticity

3. Authors and Affiliations:
Victoria Phoumthipphavong, Florent Barthes, Samantha Hassett, Alex C. Kwan
Department of Psychiatry (VP, FB, SH, ACK); and the Department of Neuroscience (ACK), Yale University, New Haven, Connecticut

4. Author Contributions: VP and ACK designed research. VP and FB performed research. VP, SH, and ACK analyzed data. VP and ACK wrote the paper.

5. Correspondence should be addressed to:
Alex C. Kwan, Ph.D.
Department of Psychiatry, Yale University
300 George St Suite 901, New Haven, CT 06511
Email: alex.kwan@yale.edu.

6. Number of Figures: 6
7. Number of Tables: 1
8. Number of Multimedia: 0
9. Number of words for Abstract: 242
10. Number of words for Significance: 118
11. Number of words for Introduction: 604
12. Number of words for Discussion: 1,281

13. Acknowledgements. We thank Ronald Duman and George Aghajanian for helpful discussions, William Cafferty for providing mice for pilot experiments, and Jaime Grutzendler for mice and advice on the surgery.

14. Conflict of Interest. Authors report no conflict of interest.

15. Funding Sources. This work was supported by a NARSAD Young Investigator Award (ACK), and the Golden Rule Family Foundation (ACK).
Longitudinal effects of ketamine on dendritic architecture in vivo in the mouse medial frontal cortex

Abstract

A single subanesthetic dose of ketamine, an N-methyl-D-aspartate receptor antagonist, leads to fast-acting antidepressant effects. In rodent models, systemic ketamine is associated with higher dendritic spine density in the prefrontal cortex, reflecting structural remodeling that may underlie the behavioral changes. However, turnover of dendritic spines is a dynamic process in vivo, and longitudinal effects of ketamine on structural plasticity remain unclear. The purpose of the current study is to use subcellular-resolution optical imaging to determine the time course of dendritic alterations in vivo following systemic ketamine administration in mice. We used two-photon microscopy to visualize repeatedly the same set of dendritic branches in the mouse medial frontal cortex (MFC) before and after a single injection of ketamine or saline. Compared to controls, ketamine-injected mice had higher dendritic spine density in MFC for up to 2 weeks. This prolonged increase in spine density was driven by an elevated spine formation rate, and not changes of the spine elimination rate. A fraction of the new spines following ketamine injection was persistent, indicative of functional synapses. In a few cases, we also observed retraction of distal apical tuft branches on the day immediately after ketamine administration. These results indicate that following systemic ketamine administration, certain dendritic inputs in MFC are removed immediately while others are added gradually. These dynamic structural modifications are consistent with a model of ketamine action in which the net effect is a re-balancing of synaptic inputs received by frontal cortical neurons.
A single dose of ketamine leads to fast-acting antidepressant effects, and thus understanding its mechanism of action would facilitate the development of new treatments for mood disorders. One potential mechanism is the remodeling of synaptic connections, because ketamine administration in rodents leads to a higher density of dendritic spines in the frontal cortex. Structural remodeling, however, is a dynamic process and the longitudinal effects of ketamine are poorly understood. In this study, we used cellular-resolution optical imaging methods to repeatedly visualize dendritic spines from the same set of neurons for >2 weeks in the mouse frontal cortex. The results are consistent with a model of action for ketamine involving the re-balancing of synaptic inputs in the frontal cortex.
Introduction

Major depressive disorder is a top contributor to disease burden among mental illnesses in the United States (US Burden of Disease Collaborators, 2013). Core symptoms for depressive disorders are debilitating, yet treatment options are limited. Typical antidepressants require several weeks to months to be effective, and approximately one third of patients remain nonresponsive even after multiple trials. In contrast to the slow onset of action for the currently available antidepressants, a single dose of ketamine produces antidepressant effects within several hours (Berman et al., 2000) and can last for up to two weeks (Ibrahim et al., 2012). Studies of ketamine effects in animal models have found antidepressant-like behavioral responses in naive and stressed rodents (Li et al., 2010; Autry et al., 2011; Li et al., 2011; Donahue et al., 2014). These studies have shed light on the molecular signaling pathways recruited by systemic ketamine administration. However, still unclear are the cellular and network mechanisms responsible for the behavioral improvements (Sanacora and Schatzberg, 2015).

One striking consequence of systemic ketamine administration in naive rodents is an increase in the dendritic spine density in the distal and proximal tufts of layer 5 pyramidal neurons in the medial prefrontal cortex (Li et al., 2010; Liu et al., 2013; Ruddy et al., 2015). These observations of synaptogenesis are in stark contrast with the structural and synaptic atrophy reported for patients with major depression (Drevets et al., 1997; Kang et al., 2012) and chronic stress models (Cook and Wellman, 2004; Radley et al., 2004; Liston et al., 2006; Christoffel et al., 2011). The opposing effects of ketamine and stress on neural architecture suggest that there could be a structural basis for antidepressant actions. Namely, fast-acting antidepressants such as ketamine may restore synaptic connections that were lost in stress and mood disorders (Duman and Aghajanian, 2012). Indeed, when chronically stressed rats were injected with a single
dose of ketamine, the stress-induced reduction in dendritic spine density could be reversed (Li et al., 2011).

However, the turnover of dendritic spines is a dynamic process in vivo. An increase in dendritic spine density could be due to an increase in formation rate, a decrease in elimination rate, or a combination of both factors. Moreover, newly formed spines can be transient or persistent, either disappearing or stabilizing after several days. It is unknown whether new spines following systemic ketamine are persistent and thus associated with functional synapses (Knott et al., 2006). Characterizing these dynamics requires longitudinal methods. Two-photon microscopy is an optical imaging technique that enables visualization of dendritic architecture in vivo at subcellular resolution for up to several months (Grutzendler et al., 2002; Holtmaat et al., 2009). This approach has been used to investigate structural plasticity following sensory experience (Trachtenberg et al., 2002), learning (Fu et al., 2012; Lai et al., 2013), and exposure to substances including corticosterone (Liston and Gan, 2011) and cocaine (Muñoz-Cuevas et al., 2013).

In this study, we used two-photon imaging to characterize the effects of a single, subanesthetic dose of ketamine on the dendritic architecture in the mouse medial frontal cortex (MFC). Our results showed that systemic ketamine leads to a relative increase in dendritic spine density, a prolonged change driven by an elevated rate of spine formation. A fraction of the ketamine-induced new spines was persistent and could be observed after 4 days, indicative of functional synapses. Unexpectedly, we also observed a loss of distal apical tuft branches that occurred specifically and immediately on the day after ketamine administration. These data demonstrate distinct short- and long-term consequences of ketamine on dendritic architecture, and highlight its impact on modifying the synaptic inputs impinging on frontal cortical neurons.
Methods and Materials

Mice. All animal procedures were performed in accordance with the Yale University animal care committee’s regulations. Experiments were performed on adult (postnatal day 73 – 149) Thy1-GFP-M (n = 13; #007788, Jackson Laboratory, RRID:IMSR_JAX:007788) and Thy1-YFP-H transgenic mice (n = 3; #003782, Jackson Laboratory, RRID:IMSR_JAX:003782). Mice of both sexes were used. Mice were housed under controlled temperature on a 12/12-hr light-dark cycle with siblings (1-5 per cage) and nesting material.

Surgery. Anesthesia was induced with a 2% isoflurane and oxygen mixture, which was lowered to 1.5% for the remainder of the surgery. Mice were secured by ear bars in a stereotaxic frame. Their body temperature was regulated with a hot water circulation pad. Mice were injected with carprofen (5 mg/kg, s.c., 024751, Butler Animal Health) and dexamethasone (40 mg/kg, i.m., D4902, Sigma-Aldrich) prior to surgery. A 2 to 3-mm diameter craniotomy was made over the right medial frontal cortex with a handheld dental drill. After the skull was carefully removed, the surface of the brain was irrigated with an artificial cerebral spinal fluid (ACSF; in mM: 5 KCl, 5 HEPES, 135 NaCl, 1.8 MgCl2, 1.8 CaCl2; pH 7.3) until bleeding subsides. A drop of warmed, low melting-point agarose solution (2% in ACSF, Type II-A, High EEO, A9793, Sigma-Aldrich) was applied over the craniotomy. A two-layer glass plug was fabricated by first etching out a 2-mm diameter circle from a #0 thickness glass coverslip, then bonded with UV-activated epoxy (NT37-322, Edmund Optics) to a #1 thickness, 3-mm diameter round glass coverslip (64-0720-CS-3R, Warner Instruments). The glass plug was placed over the craniotomy and held in place until the agarose solidifies. The glass plug was then stabilized by applying light pressure and adding super glue around the edges.
stainless steel head plate was affixed to the skull using Metabond (C&B, Parkell Inc.).
Mice were given another dose of carprofen (5 mg/kg, s.c.) immediately after surgery and
for each of the following 3 days (5 mg/kg, i.p.). Mice were given a period of at least 3
weeks to recover before imaging begins.

155

Imaging. Mice were anesthetized with 1.5% isoflurane and head-fixed. Temperature
was regulated using a heating pad with rectal probe feedback. The two-photon
microscope (Movable objective microscope, Sutter) was controlled using the ScanImage
software (Pologruto et al., 2003, RRID:SCR_014307). Excitation was provided by an
ultrafast laser (Chameleon Ultra II, Coherent) and focused with a high-numerical
aperture microscope objective (XLUMPLFLN20X/1.0, Olympus). For imaging GFP- or
YFP-expressing dendrites, excitation wavelength was set at 920 nm, and emission was
collected behind a bandpass filter from 475 – 550 nm. Each mouse was injected with
either ketamine (10 mg/kg, i.p.) or saline vehicle on a non-imaging day. To investigate
short-term effects, mice were imaged on -3, -1, and 1 day relative to the day of injection.
For long-term studies, mice were imaged on -3, -1, 1, 3, 5, 10, and 15 day relative to the
day of injection. Multiple fields of view were imaged in the same mouse. The same field
of view was identified across days by finding landmark structures such as blood vessels
or an edge of the glass window. At each field of view, image stacks were acquired at
1024 x 1024 pixels, spanning a field of view 60.5 x 60.5 μm, and at 2 μm steps for a z-
range of 20 – 30 μm. Each imaging session lasted up to 2.5 hr. Although we did not
explicitly record the duration of imaging sessions, we estimated post hoc based on the
acquisition times of the first and last image files in the computer.

Image analysis. For all the figures, we are presenting the raw images with only
adjustments to the black and white levels (linear), with no modification to contrast (non-
linear) or removal of neighboring axons or any other manipulations. Initially, image stacks were processed for motion correction using the StackReg plug-in (Thévenaz et al., 1998, RRID:SCR_014308) in ImageJ (Schneider et al., 2012, RRID:SCR_003070). Then, structural parameters were analyzed from each image stack using ImageJ. The physical parameters of dendritic spines were characterized based on criteria established in a standardized protocol (Holtmaat et al., 2009). Briefly, dendritic spines were counted if the protrusions extend at least 0.4 μm away from the shaft. Dendritic spine length was the distance from the base at the shaft to the tip. Dendritic spine head diameter was the width at the widest extent of the spine. Distances were measured using the line segment tool in ImageJ. The dendritic spine formation rate was defined as the number of new spine protrusions observed in two consecutive imaging sessions divided by the total number of dendritic spines in the first imaging session. To assess longitudinal changes of spine formation rate, we calculated the difference from baseline by subtracting the formation rate of each field of view by the baseline rate of the subject. The baseline rate of each subject was estimated by averaging the spine formation rates of all fields of view imaged from the same individual prior to injection, i.e. between day -3 and -1. The dendritic elimination rate was quantified using the same procedure for spine protrusions that disappeared. Most of the sessions were imaged 2 days apart, but some sessions were imaged 5 days apart (i.e. day 5-10 and day 10-15). Presumably, with the same spine formation rate, we would observe more new spines in 5-day-apart sessions relative to 2-day-apart sessions because more time has elapsed. Therefore, when estimating the spine formation/elimination rate from new/lost spine counts, we report turnover rates for 5-day-apart sessions with a correction factor, by multiplying the measured rates by 2/5. For the apical tuft branches, dendritic segments were traced over using the freehand line tool, and then summed for total length in ImageJ. To assess longitudinal changes of the imaged dendritic segments, we calculated the fold-change.
from last session for each field of view, by dividing the measured branch length of an imaging session by that of the prior imaging session.

**Statistics.** We performed statistical tests considering fields of view as independent samples. This is a major assumption, justified in part by the fact that the fields of view were at random, non-overlapping locations and each one comprises of a very small portion (0.06%) of the window area of each mouse. The reason for making this assumption is that a different number of fields of view was taken for each mouse, so if we compare subjects only, the results will have a bias for those with fewer fields of view.

To ensure that this assumption does not affect the major conclusions of the paper, we repeated statistical tests for 3-session data considering each mouse as a sample when possible. For all longitudinal results, two-way mixed analysis of variance (ANOVA) with repeated measures was used to test the factors contributing to changes in spine density, dendritic branch length, spine formation rate, and spine elimination rate. The factors were treatment (ketamine or saline; between-subject), day (within-subject), and their interaction. The two-tailed t-test was used to compare means that did not involve multiple days. The two-sample Kolmogorov-Smirnov test was used to compare cumulative distributions. Data are reported as mean ± s.e.m. **Table 1** contains a list of the statistical tests performed, observed \( p \) values, and sample sizes. Observed \( p \) values and sample sizes are reported instead of observed power to provide more information on the samples involved and because the observed \( p \) values are directly related to the observed power.

**Results**

Longitudinal imaging of dendritic architecture in the mouse medial frontal cortex in vivo
To visualize dendritic architecture, we performed two-photon microscopy (Fig. 1A-B) using the transgenic Thy1-GFP-M and Thy1-YFP-H mice (Feng et al., 2000), in which a sparse subset of neocortical neurons expresses the enhanced green or yellow fluorescent protein (GFP and YFP). Many studies have used these mouse lines to investigate structural remodeling, but primarily in the sensory cortices (Trachtenberg et al., 2002; Knott et al., 2006). Therefore, we started by examining the distribution of fluorescent neurons in the frontal cortex. Fluorescence imaging of fixed coronal sections confirmed sparse labeling in anterior cingulate cortex and secondary motor cortex (Cg1 and M2; Fig. 1C). In these regions, fluorescence signals originated predominantly from layer 5 pyramidal neurons, as evident from the laminar position of the cell bodies. This is consistent with the knowledge that only deep-layer pyramidal neurons are labeled in these two mouse lines (Feng et al., 2000). Interestingly, although there were no fluorescent cell bodies in the superficial layers, a band of fluorescence signal could be seen in layer 2/3, particularly in the medial regions. This band may arise from axons from other brain regions, such as basolateral amygdala, that send long-range projections to frontal cortical regions (Oh et al., 2014).

In this study, we imaged layer 1 of the medial frontal cortex (MFC), which includes the anterior cingulate cortex (Cg1) and the medial portion of the secondary motor cortex (M2). The choice of MFC was due to practical reasons because two-photon microscopy has depth limitations. Nevertheless, MFC is appropriate for studies of antidepressants as numerous studies have reported stress-induced structural and functional alterations in rodents, either specifically in the cingulate region (Liston et al., 2006; Ito et al., 2010; Kassem et al., 2013) or in a greater region that includes MFC (Radley et al., 2004; 2006; Cerqueira et al., 2007). These results are consistent with a recent brain-wide mapping study, which identified both Cg1 and M2 as regions with significantly reduced activity.
levels in a learned helplessness model of depression (Kim et al., 2016). Moreover, mapping of metabolic activity after systemic ketamine showed that MFC is among the activated brain regions in rodents (Duncan et al., 1999; Miyamoto et al., 2000). To prepare for longitudinal in vivo imaging, we performed craniotomy above MFC and chronically implanted a ~2-mm-diameter glass window (Fig. 1D). After recovery, mice were anesthetized with isoflurane and affixed on head posts under a two-photon microscope. Figure 1E shows a low-magnification image of the GFP-expressing dendrites in MFC in vivo. For counting dendritic spines, we acquired high-magnification 20 – 30 μm-thick image stacks at multiple fields of view (Fig. 1F). Individual dendritic branches could be distinguished from axons by the protruding dendritic spines along the segments. Because we were imaging superficial layers, these neuronal processes represented the distal apical tuft branches of layer 5 pyramidal neurons. We note that all images presented in this paper have only linear adjustments to black and white levels, but are not otherwise altered (see Materials and Methods).

**Systemic ketamine administration is associated with higher dendritic spine density in MFC for 2 weeks**

To examine the effects of ketamine on structural plasticity in the MFC, we visualized the same fields of view on multiple imaging sessions in adult mice, while administering either a single, subanesthetic dose of ketamine (10 mg/kg, i.p.) or saline vehicle (Fig. 2A). We imaged at -3, -1, 1, 3, 5, 10, and 15 day from the injection day. We did not image on the injection day because anesthesia would interfere with neural activity, which is required for the antidepressant effects of ketamine (Fuchikami et al., 2015). We focused on the medial half of the 2-mm-diameter glass window. Image stacks were acquired from multiple, non-overlapping fields of view (60.5 x 60.5 μm), each representing a tiny portion of the window area (0.06%; Fig. 1D). In total, we tracked 1665 spines for...
ketamine (n = 8 mice; 58 fields of view, range = 4 - 21 per mouse) and 3814 spines for saline (n = 8 mice; 97 fields of view, range = 4 – 17 per mouse). All the experiments involved at least the first 3 sessions. In a subset of experiments, we tracked dendritic architecture for the full 7-session period, including 800 spines for ketamine (n = 3 mice; 28 fields of view), and 783 spines for saline (n = 2 mice; 25 fields of view). For each field of view, we counted multiple branches including dozens of dendritic spines (mean = 38 spines per field of view, s.d. = 17). In the first imaging session, we measured the baseline dendritic spine density in MFC to be 0.28 spines per μm (mean; s.d. = 0.08; n = 155 fields of view). This value for dendritic spine density is ~25% lower than a previous measurement from the mouse dorsomedial prefrontal cortex (Muñoz-Cuevas et al., 2013), a difference that may be attributed to our mice being older adults.

Comparing between pre- and post-ketamine sessions, most dendritic spines were stable (green arrowheads, Figs. 2C and 2D). However, there were also instances where new spines were found (yellow arrowhead, Fig. 2D). To summarize data for ketamine and saline conditions, we quantified the fold-change in dendritic spine density from baseline (day -3 from injection) for each field of view. Systemic ketamine was associated with higher dendritic spine density in the MFC (treatment: \( p = 6 \times 10^{-7} \), \( F_{1,276} = 26.0 \); day: \( p = 0.40 \), \( F_{5,276} = 1.03 \); interaction: \( p = 0.39 \), \( F_{5,276} = 1.05 \); two-way ANOVA; Fig. 2E) relative to the saline group. It is noteworthy that we also observed a decline in dendritic spine density across days for saline-injected subjects (black line, Fig. 2E). This reduction of spine density in "control" condition may be due to a number of factors to be discussed in a later section.

Higher dendritic spine density is driven by an elevated rate of spine formation
Next we wanted to find the changes in dendritic spine turnover dynamics responsible for the relative increase in dendritic spine density. Because the largest spine density increase was found on the day after ketamine injection, we focused the analysis on the entire data set across a period including day -3, 1, and 1 (Fig. 3A). Figure 3B shows two image montages of apical tuft branches before and after ketamine injection. To quantify spine turnover dynamics, we compared the same fields of view across consecutive imaging sessions to count the number of new and eliminated spines.

Relative to pre-injection baseline, we found an increase in spine formation rate following systemic ketamine, which was different from the saline group (treatment: $p = 0.03$, $F_{1,287} = 4.61$; day: $p = 0.001$, $F_{1,287} = 10.3$; interaction: $p = 0.03$, $F_{1,287} = 4.61$; two-way ANOVA; Fig. 3C). In contrast, although there were changes of spine elimination rates across days, there was no difference between mice that received ketamine or saline (treatment: $p = 0.9$, $F_{1,286} = 0.02$; day: $p = 0.003$, $F_{1,286} = 9.09$; interaction: $p = 0.9$, $F_{1,286} = 0.02$; two-way ANOVA; Fig. 3D). We also plotted the spine turnover rates using only the 7-session data set for the ketamine (Fig. 3E) and saline groups (Fig. 3F). Ketamine remained a significant factor contributing to a difference in spine formation rate (treatment: $p = 2 \times 10^{-4}$, $F_{1,267} = 14.5$; day: $p = 0.5$, $F_{5,267} = 0.89$; interaction: $p = 0.08$, $F_{5,267} = 1.96$; two-way ANOVA), but not for the spine elimination rate (treatment: $p = 0.1$, $F_{1,267} = 2.79$; day: $p = 0.001$, $F_{5,267} = 4.19$; interaction: $p = 0.07$, $F_{5,267} = 2.03$; two-way ANOVA). These results indicate that an elevated rate of spine formation is the driving force behind the higher spine density in the MFC following ketamine administration.

Although the mean spine formation rate was higher for mice with systemic ketamine relative to saline, there was variability across fields of view (Fig. 3G). As described previously, there was a decline in spine density across days in saline-injected subjects, and accordingly 83% of the imaged field of dendritic tuft branches had reduced spine
density compared to the first-day baseline. By contrast, about half of the fields of view had an increase in spine density following ketamine injection (40%; \( p = 0.005 \), chi-square = 7.8, chi-square test). Using fields of view allows us to examine more finely the variability in the data, however results could be correlated among fields of view from the same individual. Therefore, we verified on a per-subject basis across 7 days that there is a significant effect of treatment on dendritic spine density (treatment: \( p = 0.007 \), \( F_{1,16} = 9.39 \); day: \( p = 0.87 \), \( F_{5,16} = 0.35 \); interaction: \( p = 0.46 \), \( F_{5,16} = 0.98 \); two-way ANOVA), effect near but did not reach statistical significance for treatment on spine formation rate (treatment: \( p = 0.07 \), \( F_{1,16} = 3.87 \); day: \( p = 0.96 \), \( F_{5,16} = 0.20 \); interaction: \( p = 0.69 \), \( F_{5,16} = 0.62 \); two-way ANOVA), and no effect of treatment on spine elimination rate (treatment: \( p = 0.64 \), \( F_{1,16} = 0.23 \); day: \( p = 0.23 \), \( F_{5,16} = 1.56 \); interaction: \( p = 0.62 \), \( F_{5,16} = 0.71 \); two-way ANOVA).

A fraction of the newly formed spines associated with ketamine administration is persistent. An important question is whether the new dendritic spines associated with ketamine administration become functional synapses. A previous study correlated images from two-photon and electron microscopy to show that a fraction of the newly formed dendritic spines is transient and disappears, whereas persistent spines that are stable for more than 4 days had synapses (Knott et al., 2006). For the new spines that were observed on the day following ketamine or saline injection, we quantified the fraction that could be observed at the same location 4 days later. Across fields of view, we found no difference in the fraction of spines that became persistent for ketamine versus saline (ketamine: 39 ± 5%, saline: 32 ± 4%, mean ± s.e.m.; \( p = 0.3 \), \( t_{40} = 0.99 \), unpaired t-test; Fig. 4A). However, the persistent fraction decreased over longer periods for ketamine-injected mice (day 5 versus day 10: \( p = 0.007 \), \( t_{17} = 3.08 \); day 5 versus day 15: \( p = 0.002 \), \( t_{15} = \)
whereas it was unchanged for saline-injected mice (day 5 versus day 10: \( p = 0.1, t_{19} = 1.74 \); day 5 versus day 15: \( p = 0.9, t_{12} = -0.17 \); paired t-test, exact p-values reported without multiple comparison adjustment).

Furthermore, larger spines are known to correlate with more mature and stronger synaptic connections (Kasai et al., 2003). We measured the length and width of spine heads, comparing between newly formed spines and matched each of those with a neighboring stable spine on the same dendritic branch. Relative to existing spines, new spines that appeared immediately on the day following systemic ketamine were shorter (new: 1.25 ± 0.04 μm, \( n = 328 \); existing: 1.35 ± 0.03 μm, \( n = 328 \); mean ± s.e.m.; \( p = 0.02, t_{327} = -2.39 \), paired t-test) and narrower (new: 0.74 ± 0.01 μm; existing: 0.83 ± 0.02 μm, mean ± s.e.m.; \( p = 3 \times 10^{-5}, t_{327} = -4.19 \), paired t-test). These differences in averages were reflected as differences in the cumulative distributions as well (spine length: \( p = 9 \times 10^{-6}, D_{328,328} = 0.19 \); spine width: \( p = 4 \times 10^{-4}, D_{328,328} = 0.16 \); two-sample Kolmogorov-Smirnov test; Figs. 4B-C). However, when we compared pre- versus post-ketamine conditions, we did not find any difference in dendritic spine morphology (spine length, new spines: \( p = 0.9, D_{61,328} = 0.08 \); spine length, existing spines: \( p = 0.09, D_{61,328} = 0.17 \); spine width, new spines: \( p = 0.2, D_{61,328} = 0.15 \); spine width, existing spines: \( p = 0.5, D_{61,328} = 0.12 \); two-sample Kolmogorov-Smirnov test). The distributions of spine protrusion length and spine head width did not suggest obvious ways to segment the data, and therefore we did not attempt to identify types, i.e. stubby, mushroom, or filopodia-like. Taken together, these results indicate that newly formed protrusions following systemic ketamine have similar morphological characteristics to those that occurred pre-ketamine. The new spine heads are shorter and narrower, broadly consistent with nascent spines that precede synapse formation. Nevertheless, a fraction
of these spines that formed after systemic ketamine becomes persistent and likely reflects new synaptic connections.

Ketamine also leads to rapid retraction of distal apical tuft branches

Unexpectedly, we also observed alterations to the distal apical tuft branches following ketamine injection in a fraction (18%) of the fields of view (Fig. 5A). Figure 5B shows the same field of view across imaging sessions where a distal branch segment was visible in a pre-injection session (red arrowheads, Fig. 5B), and then disappeared on the day following systemic ketamine administration. This observation was not due to out of focus imaging, because we acquired volumetric image stacks where neuronal processes below and above the image plane were clearly visible and stable (green arrowheads, Fig. 5B). No additional alterations were observed in the subsequent days (Fig. 5C).

Analysis of the longitudinal data set revealed a mean change of -10 ± 3% in the total length of the imaged apical tuft branches on day 1 after ketamine injection (treatment: $p = 1 \times 10^{-12}$, $F_{1,236} = 56.5$; day: $p = 0.02$, $F_{5,236} = 2.77$; interaction: $p = 0.02$, $F_{5,236} = 2.77$; two-way ANOVA; Fig. 5D). We compared fields of view with and without apical tuft branch loss, and found no differences in their spine turnover rates ($p = 0.2$, formation; $p = 0.3$ elimination; unpaired t-test). We also asked whether stable and retracted dendritic branches had different widths, but did not find any difference ($p = 0.4$, $t_{131} = -0.77$, unpaired t-test; Fig. 5E). Additional statistical tests on a per-subject basis for the 3-session data confirmed a significant effect of treatment on apical tuft branch length (treatment: $p = 0.003$, $F_{1,16} = 12.08$; day: $p = 0.7$, $F_{5,16} = 0.62$; interaction: $p = 0.7$, $F_{5,16} = 0.62$; two-way ANOVA). These results show that systemic ketamine has a short-term effect of removing a small portion of the apical dendritic tuft branches in layer 1.
Potential factors contributing to the decline of dendritic spine density prior to injection

We observed a decline in dendritic spine density in saline-injected mice. To further investigate the potential contributing factors, we examined changes in spine density during the pre-injection period, between day -3 and -1. There were no significant differences between mice to be injected with saline versus ketamine ($p = 1$, Wilcoxon rank-sum test; Fig. 6A), or between male and female subjects ($p = 0.3$, Wilcoxon rank-sum test; Fig. 6B). We conjecture that stress could arise from the duration of anesthesia required for imaging, but found no systematic trend between imaging session duration and changes in spine density ($p = 0.8$, $t_{13} = 0.26$, linear regression, excluding outlier at -0.3; Fig. 6C). There was also no significant trend for age of the animal at the time of glass window implant ($p = 0.8$, $t_{13} = -0.23$, linear regression, excluding outlier at -0.3; Fig. 6D). A potential contributor is age of the animal at the time of imaging, where older adults tended to have larger decline in dendritic spine density ($p = 0.16$, $t_{13} = -1.50$, linear regression, excluding outlier at -0.3; Fig. 6E), although this effect did not reach significance. We should note that there have been a couple of other reports of structural loss in rodent prefrontal cortex in control or vehicle-injected animals (Wellman, 2001; Muñoz-Cuevas et al., 2013). These earlier studies along with our own data highlight the difficulty in achieving true “controls” in studies of frontal cortex, where the brain region is known to be sensitive to aversive life events.

Discussion

Our time-lapse results demonstrated higher dendritic spine density for up to 2 weeks after a single dose of ketamine relative to saline. This is a consequence of an elevated rate of spine formation. We also observed a loss of distal apical tuft branches that was specific to the day following ketamine injection. The short- and long-term effects on
apical tuft branches and dendritic spine density would have opposite effects on the overall number of synaptic connections. By removing certain inputs immediately and adding others gradually, we suggest that ketamine may act to reorganize the types of synaptic inputs received by pyramidal neurons in the MFC. Physiological evidence hinted at this possibility; in the frontal cortex, hypocretin-sensitive synaptic inputs originate from the thalamus, likely distinct from those that mediate serotonergic signaling. Intriguingly, although ketamine restores the magnitude of these synaptic currents in stressed rats, they appear to reach different levels relative to baseline (Li et al., 2011). Further experiments are needed to confirm the identities of the added and lost synaptic connections following systemic ketamine administration.

Our study builds on previous studies of ketamine in naive rats and chronic stress models, which found an increase in dendritic spine density in the distal and proximal tufts of layer 5 pyramidal neurons (Li et al., 2010; 2011). These studies examined structural changes in the anterior cingulate and prelimbic regions by filling cells in brain slices prepared 24 hr after treatment. Here, investigating effects in vivo, we found a relative increase in spine density in the MFC, which is more dorsally located but still part of the rodent medial prefrontal cortical network (Van De Werd et al., 2010; Vogt and Paxinos, 2012). We should emphasize that the observed relative increase is a result of dendritic spine density remaining mostly stable for ketamine, but declining for saline-injected mice. The decline of spine density in the saline group suggests that mice might have been stressed inadvertently in our experiments, potentially as a function of age at the time of imaging. Interestingly, other studies have observed an increase in dendritic spine density following a single dose of another rapid acting antidepressant, scopolamine (Voleti et al., 2013), and reversal of stress-induced atrophy by chronic administration of fluoxetine (Bessa et al., 2009). Therefore, our results and studies in the
field (Bessa et al., 2009; Li et al., 2010; 2011; Voleti et al., 2013) support a structural
basis for antidepressant actions that may generalize beyond specific frontal cortical
regions or pharmacological agents.

A novel finding is that the higher dendritic spine density after systemic ketamine is due to
an elevated spine formation rate, but not changes to the spine elimination rate. This
increase in spine formation rate was largest on the day after systemic ketamine
administration. For the later imaging sessions, spine formation rate remained above the
baseline, pre-injection levels. This time course of elevated spine formation rate may be
compared to the time course of the antidepressant effects of systemic ketamine. In rats,
depressive-like behaviors as assayed by forced swim and sucrose preference tests were
reduced 1 week after injection of ketamine (Autry et al., 2011; Li et al., 2011). In patients
with major depressive disorder, the duration of ketamine’s antidepressant effects varies
from 3 days to 2 weeks (Ibrahim et al., 2012). Therefore, the long-term effect on
dendritic spine turnover may relate to the sustained antidepressant effects observed in
rodents and humans. Furthermore, the observation of dynamics changes in spine
formation rate, but not other structural plasticity parameters, suggests that
antidepressant effects may rely on molecular pathways that promote synaptogenesis,
rather than those related to spine growth or pruning.

Several factors may influence the rates of ketamine-induced structural remodeling. Sex
is a contributing variable because estrogen is known to affect structural plasticity
(Srivastava et al., 2008). In this study, sex differences were not tested explicitly owing to
the limited sample size. Two lines of evidence suggest that pooling the data from males
and females should not affect the conclusions of this study. First, we repeated the
analysis using data from the 5 ketamine-injected males only, and found similar trends for
ketamine-induced changes, including relative increase in dendritic spine density, elevated spine formation rate, but no change in spine elimination rate. Second, two recent studies reported that although female rats are more sensitive to the antidepressant-like effects of ketamine at low dose, behavioral outcomes are similar between males and females at higher doses (Carrier and Kabbaj, 2013; Franceschelli et al., 2015). Here, we used a dose (10 mg/kg) at which these studies found comparable behavioral effects for the sexes. Another potential variable is surgical method. One report argued that open-skull craniotomy can alter dendritic spine turnover rates (Xu et al., 2007), although another study found negligible differences across surgical preparations (Holtmaat et al., 2009). The same procedures were applied to the ketamine and saline groups in our study; therefore the influence of surgical methods on the across-group differences should be minimal. Furthermore, ketamine is often used with xylazine as an anesthetic. There is evidence that an anesthetic dose of ketamine has transient effects on the dynamics of dendritic filopodia but no effect on dendritic spines in 1 month old mice (Yang et al., 2011). It is unclear how this prior result compares with the current findings, because we used a subanesthetic dose.

A surprising observation was the retraction of distal apical tuft branches, specific to the day after systemic ketamine administration. We emphasize that the imaged branch segments reside in the superficial layers of the cortex, therefore representing the distal portion and only a tiny fraction of the entire dendritic tree of a neuron. The loss of apical tuft branch tips may be due to retraction of dendritic branches or death of neurons from which these dendrites arise, possibilities that could not be distinguished from our data. Nevertheless, our result was unexpected because although some cortical cell types such as GABAergic interneurons can undergo branch tip reorganization under certain conditions (Chen et al., 2011), the dendritic branches of pyramidal neurons are thought
to be remarkably stable in the neocortex of adult mice (Grutzendler et al., 2002). Studies
have shown that structural plasticity in MFC is important for cognitive behaviors such as
consolidation of contextual memory (Vetere et al., 2011) and adaptive decision-making
(Liston et al., 2006; Dias-Ferreira et al., 2009). Therefore, loss of dendritic materials may
contribute to cognitive impairments, which are known to affect chronic ketamine users
(Morgan et al., 2009). At higher dosage, repeated ketamine use has been associated
with reduced volume of hippocampus and frontal lobe in humans (Liao et al., 2011) and
rodents (Kassem et al., 2013; Schobel et al., 2013). One correlated functional imaging
study showed that such grey matter reduction is primarily due to a loss of dendrites and
their synapses (Kassem et al., 2013). There are ongoing efforts in the field to develop
compounds with ketamine-like antidepressant actions but without the psychotomimetic
effects, and it would be interesting to test whether those drugs may promote structural
plasticity but spare dendritic material loss.

The short- and long-term effects of distal tuft branch loss and elevated spine formation
rate have opposing effects on the total number of dendritic spines in the MFC. Long-
range inputs into the superficial layers of rodent MFC come from multiple sources
including mediodorsal and midline thalamic nuclei, basolateral amygdala, and other
prefrontal cortical areas (Hoover and Vertes, 2007; Oh et al., 2014). Specific types of
prefrontal cortical inputs and outputs may be more plastic and susceptible to stress or
ketamine (Shansky et al., 2009; Liu et al., 2015). Therefore, approaches that can alter
prefrontal cortical circuitry with pathway specificity may be effective treatment options for
mood disorders and merit further study.
References


Feng G, Mellor RH, Bernstein M, Keller-Peck C, Nguyen QT, Wallace M, Nerbonne JM,


Figure 1: Longitudinal imaging of dendritic architecture in the mouse medial frontal cortex.

- **(A)** Schematic of the imaging experiment.
- **(B)** Schematic of the chronic window implant.
- **(C)** Fluorescence image of a fixed coronal brain slice from a Thy1-GFP-M mouse following longitudinal imaging. Cg1/M2, cingulate and medial secondary motor regions, i.e. the medial frontal cortex (MFC) that was imaged in this study. PrL, prelimbic cortex.
- **(D)** Bright-field image of the chronic window implant. The glass window is ~2-mm diameter wide (circle), which is much larger than the imaging field of view, ~60 x 60 μm (filled square).
(E) A low-magnification, *in vivo* two-photon image from layer 1 of the MFC in a Thy1-
GFP-M mouse. Distal apical tuft branches from GFP-expressing layer 5 pyramidal
neurons were visible.

(F) A high-magnification image of a region in (E).
Figure 2: Systemic ketamine leads to higher dendritic spine density for at least 2 weeks relative to controls

(A) Time line of the experiment. Ketamine was administered at a dose of 10 mg/kg through i.p. injection.

(B) An example imaging field of view acquired on day -3 in a Thy1-GFP-M mouse. Yellow boxes indicate the dendritic branches shown as examples in panels C and D.

(C) Images of an apical dendritic tuft branch at -1 and 10 day from ketamine administration in a Thy1-GFP-M mouse. In the bottom right, axonal processes and boutons are visible. Green arrowhead, stable spine.

(D) Another apical dendritic tuft branch from the same field of view at -3, -1, 1, 3, 10, and 15 day from ketamine administration in a Thy1-GFP-M mouse. A new spine (yellow arrowhead) appeared on day 10 next to a stable spine (green arrowhead).
(E) Change in dendritic spine density across days, expressed as fold-change from the value measured on the first imaging session. The mouse was injected with either ketamine (blue square) or saline (black circle). Mean ± s.e.m. N = 28 and 25 fields of view across 7 sessions for ketamine- and saline-injected mice.
Figure 3: Higher spine density is due to an elevated rate of spine formation

(A) Time line of the experiment. Ketamine was administered at a dose of 10 mg/kg through i.p. injection.

(B) Images of two different apical dendritic tuft branches at -3, -1, and 1 day from ketamine administration in a Thy1-GFP-M mouse. Yellow arrowhead, new spine.

(C) Change in spine formation rate, expressed as difference from the value measured between day -3 and -1, i.e. pre-injection sessions. The mouse was injected with either ketamine (blue square) or saline (black circle). Mean ± s.e.m. N = 58 and 97 fields of view across 3 sessions for ketamine- and saline-injected mice.

(D) Same as (C) for spine elimination rate.

(E) Change in spine turnover dynamics across days for mice injected with ketamine.

Solid square, spine formation rate. Open square, spine elimination rate. Mean ± s.e.m.
(F) Same as (F) for controls with saline injection. N = 28 and 25 fields of view across 7 sessions for ketamine- and saline-injected mice.

(G) A histogram of the change in dendritic spine density, expressed as fold-change from day -3 to day 1 from injection. Top, saline. Bottom, ketamine. N = 58 and 97 fields of view for ketamine- and saline-injected mice.
**Figure 4:** Newly formed protrusions following systemic ketamine are consistent with nascent spines

(A) The fraction of newly formed spines found on day 1 that could be observed again on day 5, 10, or 15, for mice injected with saline (black) or ketamine (blue). Paired t-test for comparisons across days in same condition. Unpaired t-test for the comparison across conditions. P-values are shown as is without multiple comparison correction. Mean ± s.e.m. N = 28 and 25 fields of view for ketamine- and saline-injected mice.

(B) Distribution of spine protrusion lengths, comparing between newly formed spines and existing, stable spines that were on the same dendritic branch. Measurements were taken either pre-ketamine, on day -1, or post-ketamine, on day 1, 3, 5, 10, or 15. ***, p<0.001, two-sample Kolmogorov-Smirnov test. N = 61 new spines and 61 matched, existing neighboring spines measured pre-ketamine. N = 328 new spines and 328 matched, existing neighboring spines measured post-ketamine.

(C) Same as (B) for spine head widths.
Figure 5: Systemic ketamine associated with retraction of distal apical tuft branches

(A) Time line of the experiment. Ketamine was administered at a dose of 10 mg/kg through i.p. injection.

(B) Images from multiple z-depths of a volumetric acquisition of dendritic architecture obtained in a Thy1-GFP-M mouse before and after ketamine administration. Note that although most branch segments were stable (green arrowhead), a segment in the middle of the volume has retracted (red arrowhead).

(C) Same field of view as (B) at 3, 10, and 15 day from ketamine administration.

(D) Change in distal apical tuft branch length in layer 1 across days, with fold-change calculated by dividing the length of each session by that from the prior session. The mouse was injected with either ketamine (blue square) or saline vehicle (black circles).
Mean ± s.e.m. N = 28 and 25 fields of view across 7 sessions for ketamine- and saline-

Injected mice.

(E) Distributions of dendritic branch widths measured on day -1, plotted separately for
those distal apical tuft branches that were stable (black) or retracted (red) on day 1. N =
117 stable and 16 retracted dendritic segments from ketamine-injected mice.
Figure 6: Potential factors contributing to the decline of dendritic spine density prior to injection

(A) Fold-change in dendritic spine density from day -3 to day -1 (pre-injection) for mice to be injected with saline or ketamine. Circle, male. Cross, female. Filled triangle, mean ± s.e.m.

(B) Same as (A) for female versus male mice.

(C) Fold-change in dendritic spine density from day -3 to day -1 (pre-injection) plotted as a function of the duration of the imaging session on day -3. Circle, male. Cross, female. Line, linear fit excluding the outlier at -0.3.

(D) Same as (C) for age at the time of surgery.

(E) Same as (C) for age at the time of first imaging session.
<table>
<thead>
<tr>
<th></th>
<th>Data structure</th>
<th>Test</th>
<th>Exact p value</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Spine density</td>
<td>Two-factor, btw (treatment) and win (day)</td>
<td>rANOVA</td>
<td>treatment: $p = 6 \times 10^{-7}$; day: $p = 0.40$; interaction: $p = 0.39$</td>
</tr>
<tr>
<td>b</td>
<td>Spine formation rate</td>
<td>Two-factor, btw (treatment) and win (day)</td>
<td>rANOVA</td>
<td>treatment: $p = 0.03$; day: $p = 0.001$; interaction: $p = 0.03$</td>
</tr>
<tr>
<td>c</td>
<td>Spine elimination rate</td>
<td>Two-factor, btw (treatment) and win (day)</td>
<td>rANOVA</td>
<td>treatment: $p = 0.9$; day: $p = 0.003$; interaction: $p = 0.9$</td>
</tr>
<tr>
<td>d</td>
<td>Spine formation rate</td>
<td>Two-factor, btw (treatment) and win (day)</td>
<td>rANOVA</td>
<td>treatment: $p = 2 \times 10^{-4}$; day: $p = 0.5$; interaction: $p = 0.08$</td>
</tr>
<tr>
<td>e</td>
<td>Spine elimination rate</td>
<td>Two-factor, btw (treatment) and win (day)</td>
<td>rANOVA</td>
<td>treatment: $p = 0.1$; day: $p = 0.001$; interaction: $p = 0.07$</td>
</tr>
<tr>
<td>f</td>
<td>Field of view fraction</td>
<td>Normally distributed</td>
<td>Chi-squared test</td>
<td>$p = 0.005$</td>
</tr>
<tr>
<td>g</td>
<td>Spine density</td>
<td>Two-factor, btw (treatment) and win (day)</td>
<td>rANOVA</td>
<td>treatment: $p = 0.007$; day: $p = 0.87$; interaction: $p = 0.98$</td>
</tr>
<tr>
<td>h</td>
<td>Spine formation rate</td>
<td>Two-factor, btw (treatment) and win (day)</td>
<td>rANOVA</td>
<td>treatment: $p = 0.07$; day: $p = 0.20$; interaction: $p = 0.69$</td>
</tr>
<tr>
<td>i</td>
<td>Spine elimination rate</td>
<td>Two-factor, btw (treatment) and win (day)</td>
<td>rANOVA</td>
<td>treatment: $p = 0.64$; day: $p = 0.23$; interaction: $p = 0.62$</td>
</tr>
<tr>
<td>j</td>
<td>Persistent fraction</td>
<td>Normally distributed</td>
<td>Two-tailed t-test</td>
<td>$p = 0.3$</td>
</tr>
<tr>
<td>k</td>
<td>Persistent fraction</td>
<td>Normally distributed</td>
<td>Two-tailed paired t-test</td>
<td>$p = 0.007$</td>
</tr>
<tr>
<td>m</td>
<td>Persistent fraction</td>
<td>Normally distributed</td>
<td>Two-tailed paired t-test</td>
<td>p = 0.002</td>
</tr>
<tr>
<td>---</td>
<td>---------------------</td>
<td>----------------------</td>
<td>------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>n</td>
<td>Persistent fraction</td>
<td>Normally distributed</td>
<td>Two-tailed paired t-test</td>
<td>p = 0.1</td>
</tr>
<tr>
<td>o</td>
<td>Persistent fraction</td>
<td>Normally distributed</td>
<td>Two-tailed paired t-test</td>
<td>p = 0.9</td>
</tr>
<tr>
<td>p</td>
<td>Spine head length</td>
<td>Normally distributed</td>
<td>Two-tailed paired t-test</td>
<td>p = 0.02</td>
</tr>
<tr>
<td>q</td>
<td>Spine head width</td>
<td>Normally distributed</td>
<td>Two-tailed paired t-test</td>
<td>p = 3 x 10^-5</td>
</tr>
<tr>
<td>r</td>
<td>Spine head length</td>
<td>Cumulative fractions</td>
<td>Two-sample Kolmogorov-Smirnov test</td>
<td>p = 9 x 10^-6</td>
</tr>
<tr>
<td>s</td>
<td>Spine head width</td>
<td>Cumulative fractions</td>
<td>Two-sample Kolmogorov-Smirnov test</td>
<td>p = 4 x 10^-4</td>
</tr>
<tr>
<td>t</td>
<td>Spine head length</td>
<td>Cumulative fractions</td>
<td>Two-sample Kolmogorov-Smirnov test</td>
<td>p = 0.9</td>
</tr>
<tr>
<td>u</td>
<td>Spine head length</td>
<td>Cumulative fractions</td>
<td>Two-sample Kolmogorov-Smirnov test</td>
<td>p = 0.09</td>
</tr>
<tr>
<td>v</td>
<td>Spine head width</td>
<td>Cumulative fractions</td>
<td>Two-sample Kolmogorov-Smirnov test</td>
<td>p = 0.2</td>
</tr>
<tr>
<td>w</td>
<td>Spine head width</td>
<td>Cumulative fractions</td>
<td>Two-sample Kolmogorov-Smirnov test</td>
<td>p = 0.5</td>
</tr>
<tr>
<td>x</td>
<td>Dendrite length</td>
<td>Two-factor, btw (treatment) and win (day)</td>
<td>rANOVA treatment: p = 1 x 10^-12; day: p = 0.02; interaction: p = 0.02</td>
<td>28/25 fields of view for 7 sessions for ket vs. saline</td>
</tr>
<tr>
<td>y</td>
<td>Dendrite length and formation rate</td>
<td>Two variables: binary (with or without branch loss) and continuous</td>
<td>Regression coefficient</td>
<td>p = 0.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(formation rate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>-----------------</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>z</td>
<td>Dendrite length and elimination rate</td>
<td>Two variables: binary (with or without branch loss) and continuous (elimination rate)</td>
<td>Regression coefficient</td>
<td>p = 0.3</td>
</tr>
<tr>
<td>aa</td>
<td>Branch width of imaged dendritic segments</td>
<td>Normally distributed</td>
<td>Two-tailed t-test</td>
<td>p = 0.44</td>
</tr>
<tr>
<td>ab</td>
<td>Dendrite length</td>
<td>Two-factor, btw (treatment) and win (day)</td>
<td>rANOVA treatment: p = 0.003; day: p = 0.69; interaction: p = 0.69</td>
<td>8/8 mice for ket vs. saline</td>
</tr>
<tr>
<td>ac</td>
<td>Change in dendritic spine density</td>
<td>Non-parametric</td>
<td>Wilcoxon ranked-sum</td>
<td>p = 1</td>
</tr>
<tr>
<td>ad</td>
<td>Change in dendritic spine density</td>
<td>Non-parametric</td>
<td>Wilcoxon ranked-sum</td>
<td>p = 0.3</td>
</tr>
<tr>
<td>ae</td>
<td>Change in dendritic spine density</td>
<td>Two continuous variables</td>
<td>Regression coefficient</td>
<td>p = 0.8</td>
</tr>
<tr>
<td>af</td>
<td>Change in dendritic spine density</td>
<td>Two continuous variables</td>
<td>Regression coefficient</td>
<td>p = 0.8</td>
</tr>
<tr>
<td>ag</td>
<td>Change in dendritic spine density</td>
<td>Two continuous variables</td>
<td>Regression coefficient</td>
<td>p = 0.16</td>
</tr>
</tbody>
</table>

rANOVA, repeated measures analysis of variance; Btw, between-factor of the ANOVA; win, within-factor of the ANOVA.
A
Ketamine or saline

Imaging day

B

C
Day -1
Day 10

5 µm

D
Day -3
Day 1

Day 3
Day 10

Day 15

10 µm

E

Spine density

Fold-change (%)

-40 -30 -20 -10 0 10

Days from injection

-3 -1 1 3 5 10 15

-3 -1 1 3 5 10 15

Control
Ketamine