

Alzheimer's Disease

CNS Block

Objectives



- Upon completion of this lecture, the students should be able to:
- Have an overview of neurodegenerative disorders
 - Understand the role of amyloid beta 40-42 residue peptide in Alzheimer's disease
 - Get an idea of the diagnosis and therapeutic approaches to treat these disorders

Neurodegenerative Diseases



- Diseases of gray matter characterized principally by the progressive loss of neurons
- The pattern of neuronal loss is selective affecting one or more groups of neurons leaving the others intact
- The diseases arise without any clear inciting event in patients without previous neurological deficits

Neurodegenerative Diseases



- A common theme is the development of protein aggregates that are resistant to normal cellular mechanisms of degradation
- The aggregated proteins are generally cytotoxic

Alzheimer's Disease



- A degenerative disease with the prominent involvement of the **cerebral cortex**
- Its principal clinical manifestation is **dementia**
 - Dementia is the progressive loss of cognitive function independent of the state of attention
- Patients rarely become symptomatic before 50 yr. of age but the **incidence of disease rises with age**

Alzheimer Disease



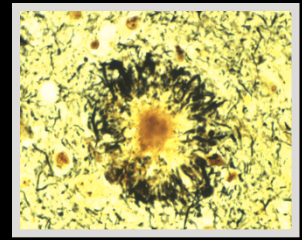
- The disease becomes apparent with:
 - Gradual impairment of higher intellectual function
 - Alterations in mood and behavior
 - Progressive disorientation
 - Memory loss
- In 5-10 yrs, the patient becomes profoundly disabled, mute and immobile
- Most cases are sporadic
- At least 5-10% are familial

Diagnosis



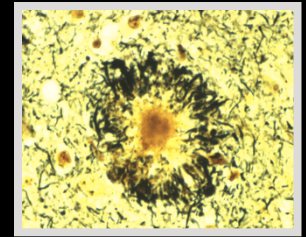
- Combination of clinical assessment and radiologic methods
- Pathologic examination of brain tissue is necessary for definitive diagnosis
- Major microscopic abnormalities include: neuritic plaques, neurofibrillary tangles and amyloid angiopathy

Neuritic Plaques

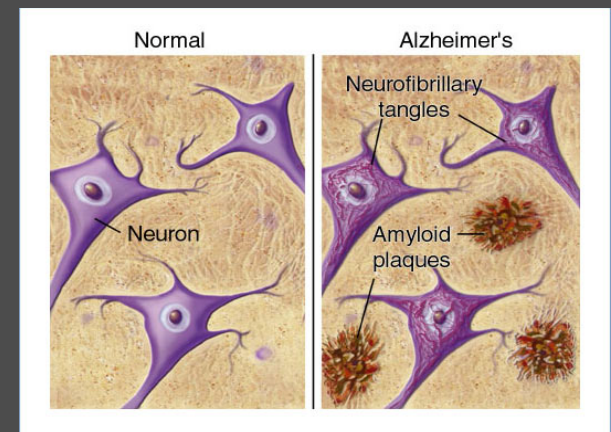


- Spherical with 20-200 μm in diameter
- Contain paired helical filaments as well as synaptic vesicles and abnormal mitochondria
- The amyloid core contains several abnormal proteins
- The dominant component of the plaque core is **A β** , a peptide derived from a larger molecule, **amyloid precursor protein (APP)**

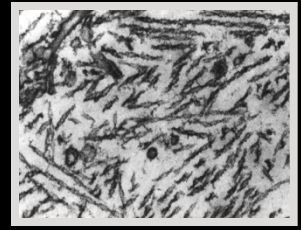
Neuritic Plaques contd..



- The two dominant species of A β , called **A β ₄₀** and **A β ₄₂** share an N-terminus and differ in length by two amino acids.
- Other less abundant proteins in the plaque:
 - Components of the compliment cascade
 - Proinflammatory cytokines
 - α_1 -Antichymotrypsin
 - Apolipoproteins



Neurofibrillary Tangles



- Bundles of filaments in the cytoplasm of neurons that displace or encircle the nucleus
- These filaments mainly contain:
 - Hyperphosphorylated forms of the **tau protein**
 - A protein that enhances microtubule assembly

Amyloid Angiopathy



- Amyloid proteins build up on the walls of the arteries in the brain
- The condition increases the risk of hemorrhagic, stroke and dementia
- An almost invariable accompaniment of Alzheimer's disease but not specific for Alzheimer's

Pathogenesis of Alzheimer's



- Still being intensively studied
- Strong correlation of number of neurofibrillar tangles with degree of dementia than neuritic plaques
- Biochemical markers correlated to degree of dementia include:
 - Loss of choline acetyl transferase
 - Synaptophysin immunoreactivity
 - Amyloid burden

Pathogenesis of Alzheimer's



- Loss of synapses best correlates with severity of dementia
- The A β peptide forms β -pleated sheets and aggregates
- Resistant to degradation
- Elicits a response from astrocytes and microglia
- Can be directly neurotoxic



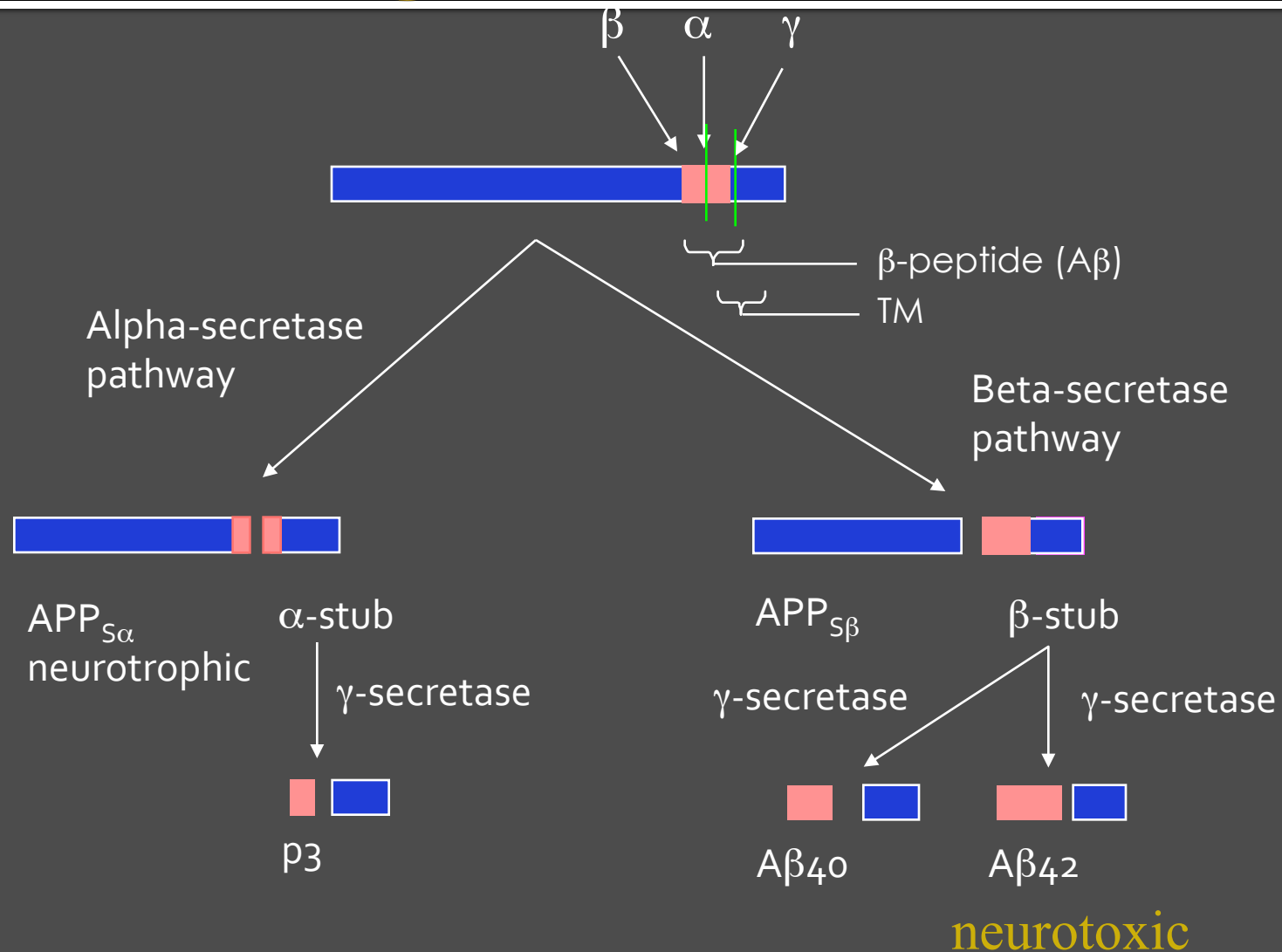
A β is a critical molecule in the pathogenesis of Alzheimer's disease

A β Peptides



- Derived from the processing of APP
- APP is a protein of uncertain cellular function
- It is synthesized with a single transmembrane domain and expressed on the cell surface

Two pathways for APP processing



Mechanism of amyloid generation

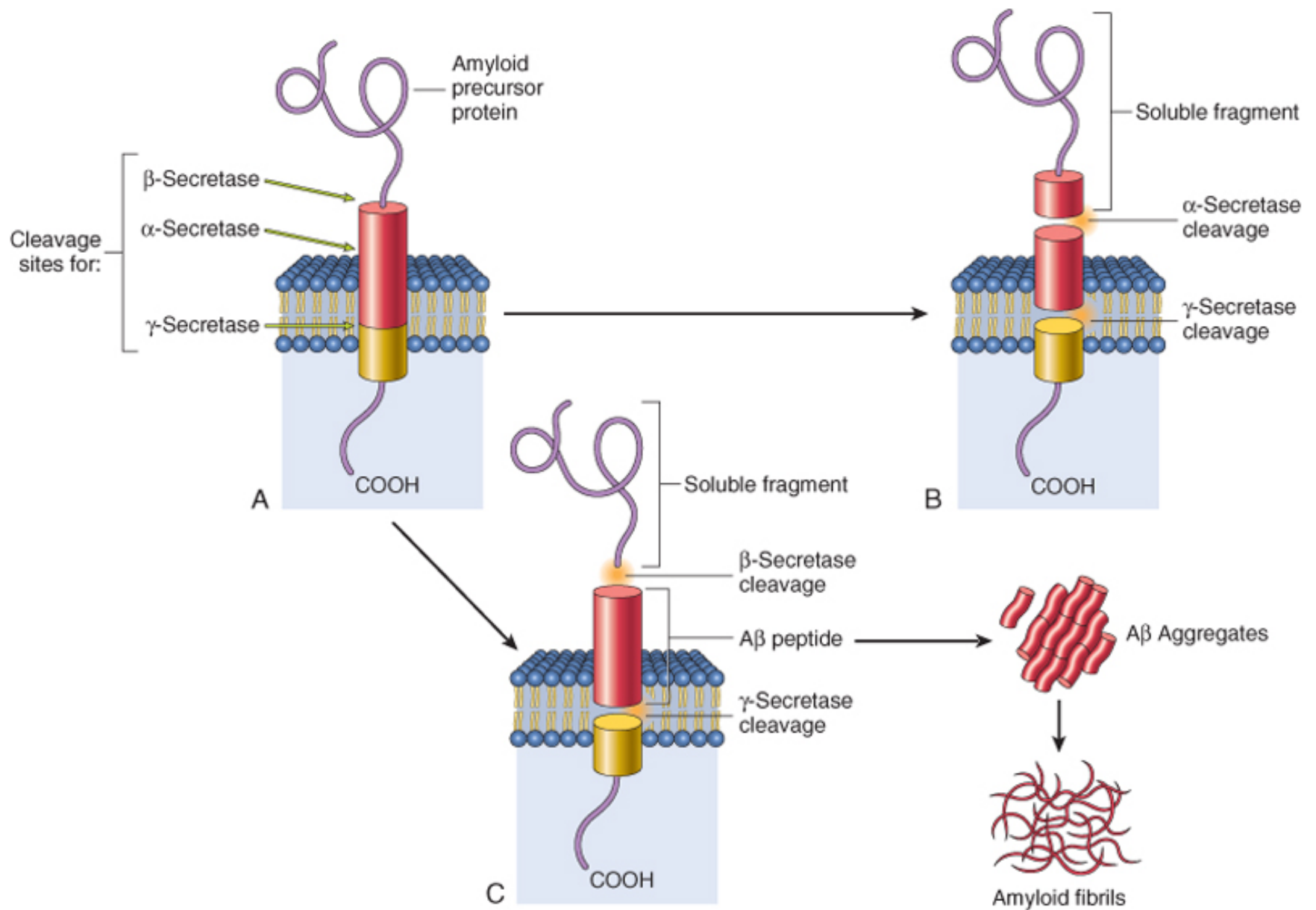


- APP has potential cleavage sites for three distinct enzymes (**α , β , and γ -secretases**)
- The $A\beta$ domain extends from the extracellular side of protein into the transmembrane domain
- When APP is cleaved by α -secretase , subsequent cleavage by γ -secretase does not yield $A\beta$

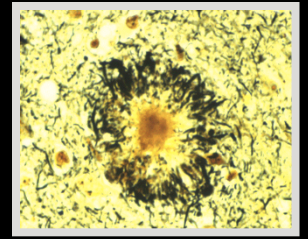
Mechanism of amyloid generation



- Cleavage by β -secretase followed by γ -secretase results in production of $A\beta$
- $A\beta$ can then aggregate and form fibrils

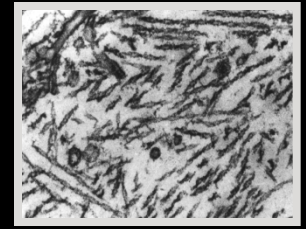


Accumulation of A β protein



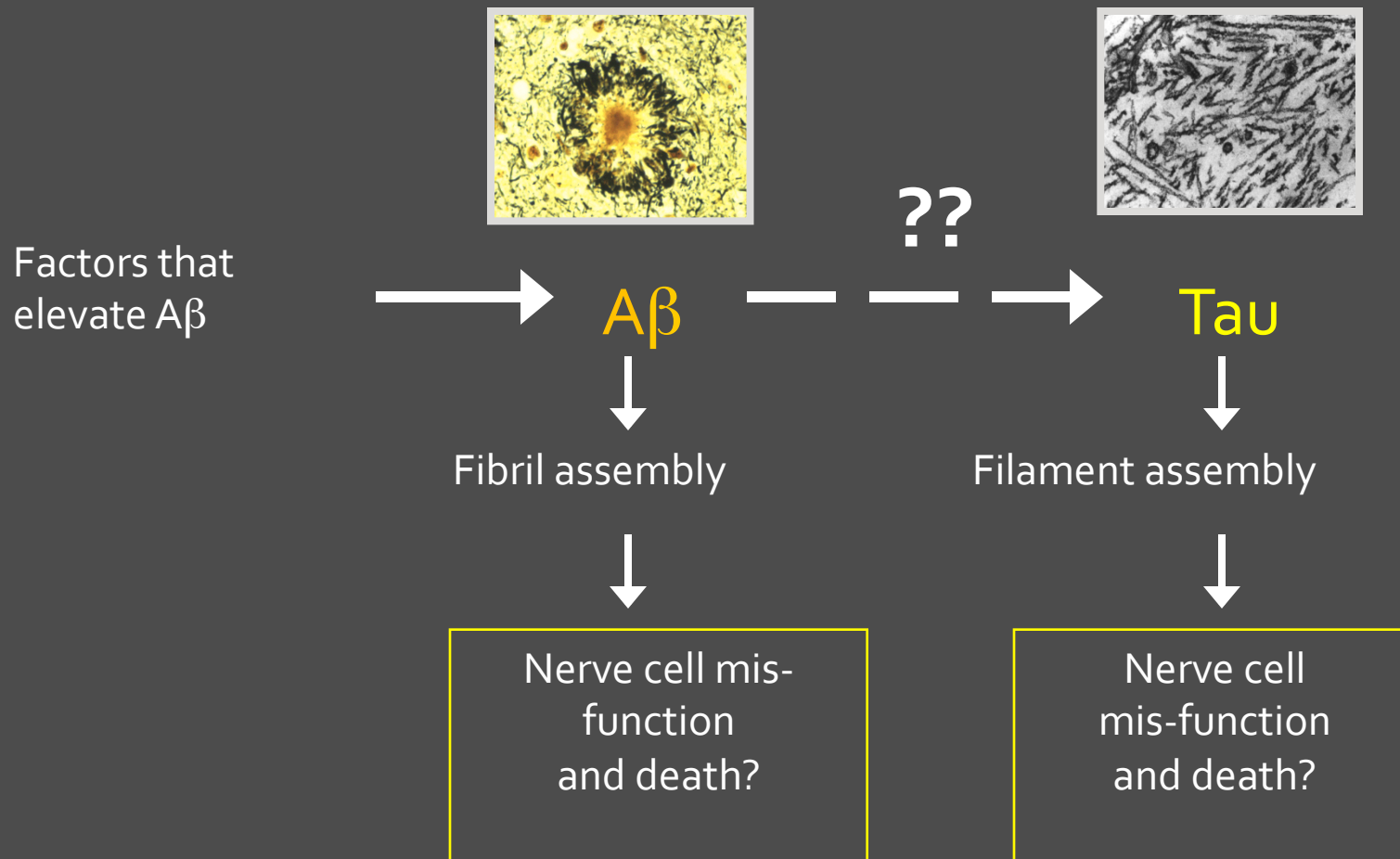
- Accumulation of A β protein affects neurons and neuronal function:
 - Small aggregates of A β alters neurotransmission
 - Aggregates can be toxic to neurons and synaptic endings
 - Larger deposits (plaques) also cause neuronal death
 - Elicit a local inflammatory response leading to further cell injury

The Tau Protein



- Presence of $A\beta$ causes hyper-phosphorylation of tau protein in neurons
- This leads to redistribution and aggregation of tau protein into tangles in neurons (from axon into dendrites and cell body)
- The process results in neuronal dysfunction and cell death

A β and Tau may both contribute to the pathogenesis of Alzheimer's Disease



Genetics of Alzheimer's



- Mutations in APP gene
- Mutations in γ -secretase (presenilin-1 or presenilin-2)
- Both lead to early onset of familial Alzheimer's disease due to high rate of $A\beta$ accumulation

- Alzheimer's occurs in most patients with Down's syndrome (trisomy 21) beyond 45 years of age
- The gene encoding APP is located in chromosome 21
- Due to APP gene dosage effects

Genetics of Alzheimer's



- Genes associated with typical, sporadic Alzheimer's disease are being identified
- This may provide new clues to pathogenesis of the disease

Genetics of Alzheimer's



Chromosome	Gene	Consequences
21	Amyloid Precursor Protein (APP)	Early onset FAD Increased A β production
14	Presenilin-1 (PS1)	Early onset FAD Increased A β production
1	Presenilin-2 (PS2)	Early onset FAD Increased A β production
19	Apolipoprotein E (ApoE)	Increased risk for development of AD Decreased age at onset of AD

Treatment of AD



- Currently, no effective treatment for AD
- regulating neurotransmitter activity e.g.,
Enhancing cholinergic function improves AD
- Epidemiological studies showed that treatment with NSAIDs decreases the risk for developing AD. Unfortunately, clinical trials of NSAIDs in AD patients have not been very fruitful.

Treatment of AD contd..



- Proinflammatory responses may be countered through polyphenols (flavonoids). Supplementation of these natural compounds may provide a new therapeutic line of approach to this brain disorder.

Treatment of AD contd..



- Cellular therapies using stem cells offer great promise for the treatment of AD
- Stem cells offer
 1. Cellular replacement and/or provide environmental enrichment to attenuate neurodegeneration.
 2. Neurotrophic support to remaining cells or prevent the production or accumulation of toxic factors that harm neurons.

Continued Research on AD



- The small aggregates of $A\beta$ and larger fibrils are directly neurotoxic
- They can elicit oxidative damage and alterations in calcium homeostasis
- How $A\beta$ is correlated to neurodegeneration in AD? How it is linked to tangles and hyperphosphorylation of tau protein?
- All remain open questions

Take home message



- Neurodegeneration is progressive loss of structure and function of neurons including neuronal death
- Amyloid protein forms insoluble fibrous aggregates in neurons leading to Alzheimer's disease
- Deposition of amyloid interferes with normal cellular function resulting in loss of function and cell death
- The dominant component of amyloid plaque that accumulates in Alzheimer's disease is amyloid β 42 (A β 42) peptide

Further reading



- Illustrated Reviews of Biochemistry by Lippincott 4th edition (pp21-22).
- Fundamentals of Biochemistry by Voett and Voett (pp 170-174)