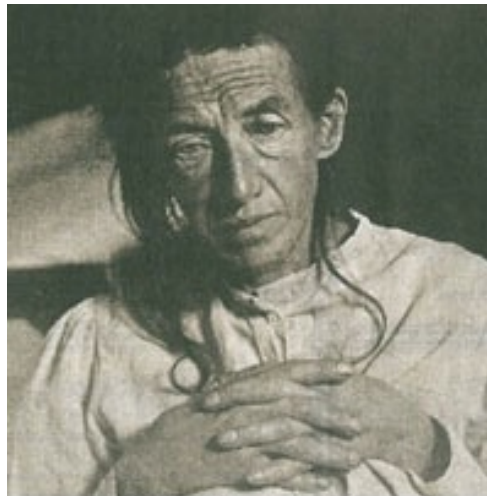


Alzheimer's Disease

- 1901 - Municipal Asylum of Frankfurt
- Auguste Deter, a 51 year old women
 - increasing short-term memory loss
 - strange behaviors:
 - could not find her way around her home
 - dragged objects to and fro
 - sometimes thought that people were out to kill her
 - did not understand when doctors tried to examine her



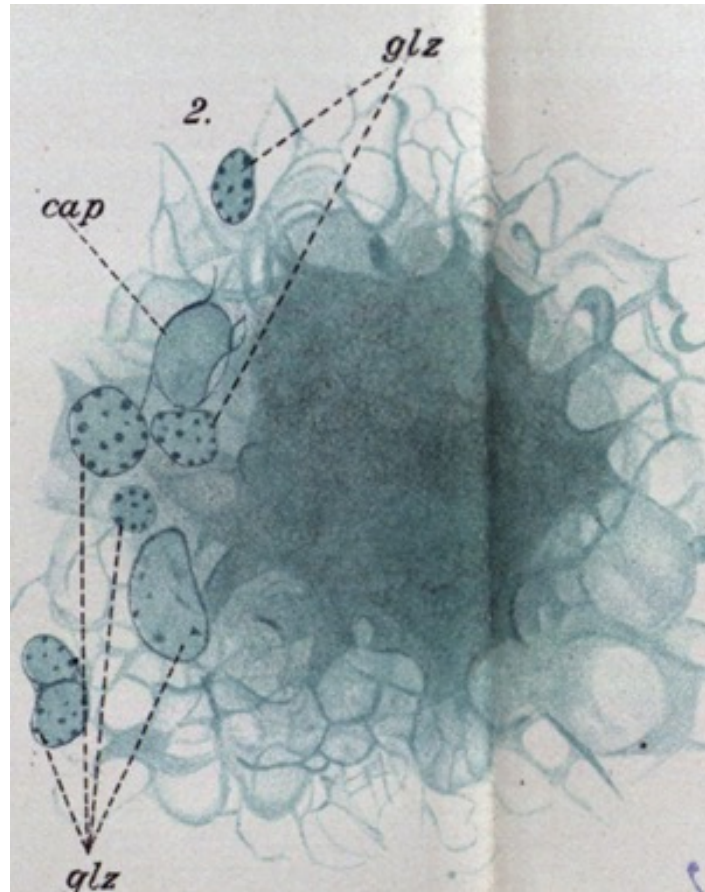
Auguste Deter - taken in 1906, shortly before her death, during her stay at Frankfurt's City Mental Institution.

Alzheimer's Disease

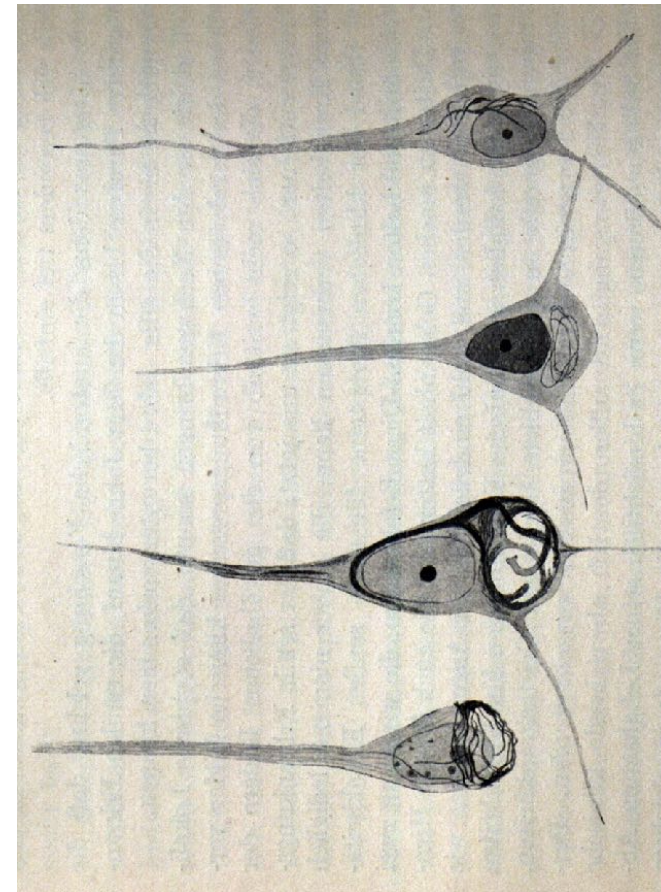
Alois Alzheimer - 'the psychiatrist with the microscope'

- believed in the "medical model" of psychiatry
- mental illnesses were diseases of the brain

Extracellular
Plaque



Intracellular
Neurofibrillary Tangle

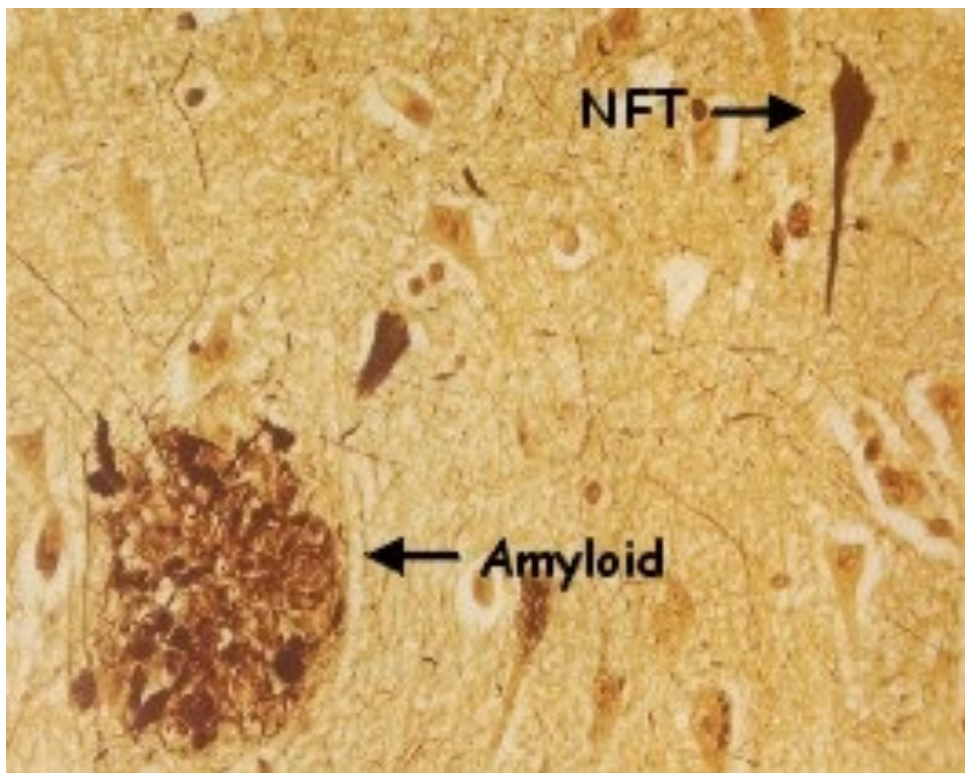


Alzheimer's Disease

- most common neurodegenerative disorder of aging
- most common cause of *dementia*
- ~1 in 10 individuals over the age of 65
 - incidence ~ doubles every 5 years
- **Symptoms:**
 - Memory loss for recent, but not distant, events
 - declarative / visuospatial / relational
 - progressive decline in cognitive and motor abilities

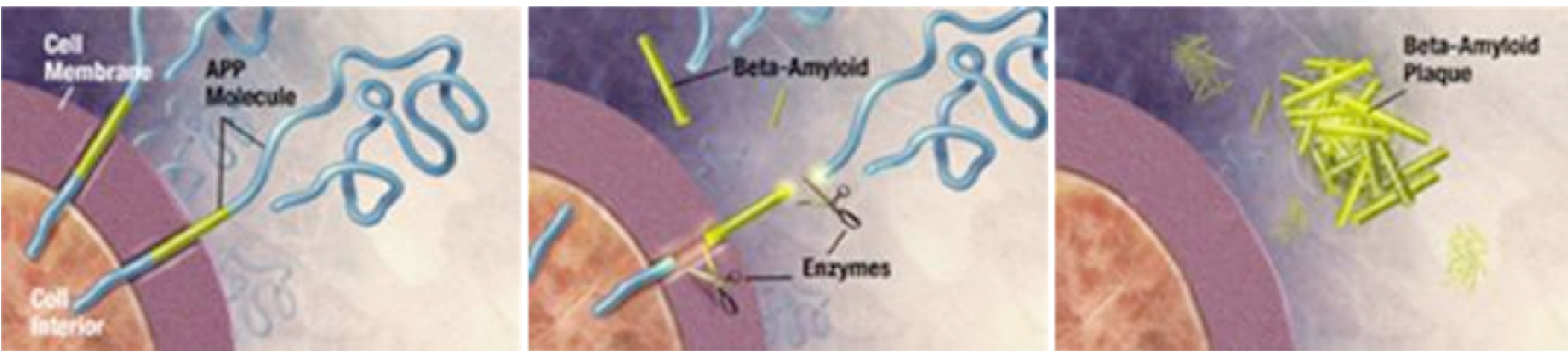
Alzheimer's Neuropathology

- Neuropathological hallmarks:
 - accumulation of protein deposits (“**plaques**”) surrounding the brain's neurons (literally like cobwebs)
 - neurofibrillary **tangles** (NFTs) inside the neurons



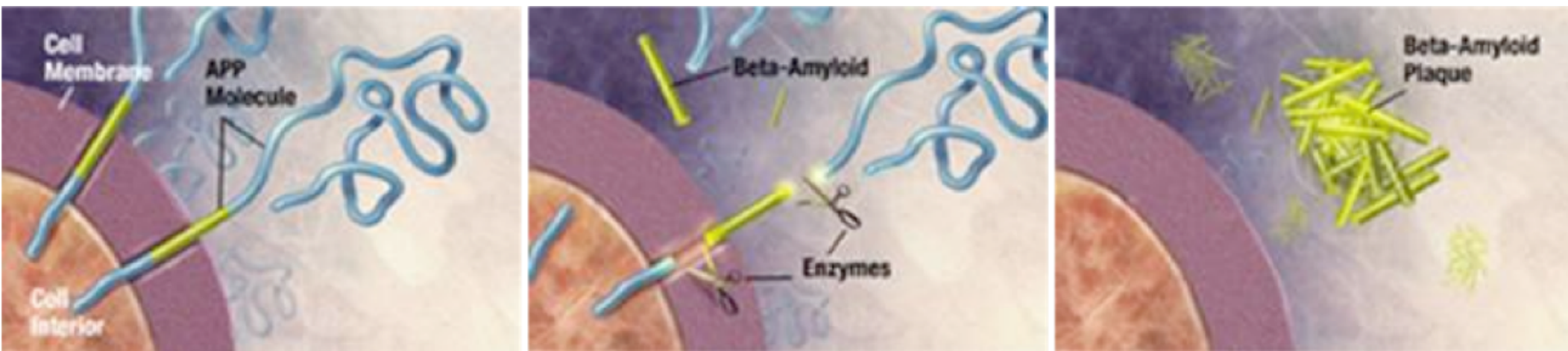
Plaque Development

- The plaques that build up in the brain are composed predominantly of the amyloid- β ($A\beta$) peptide
- 39-43 amino acid peptide enzymatically cleaved from *amyloid precursor protein* (APP)

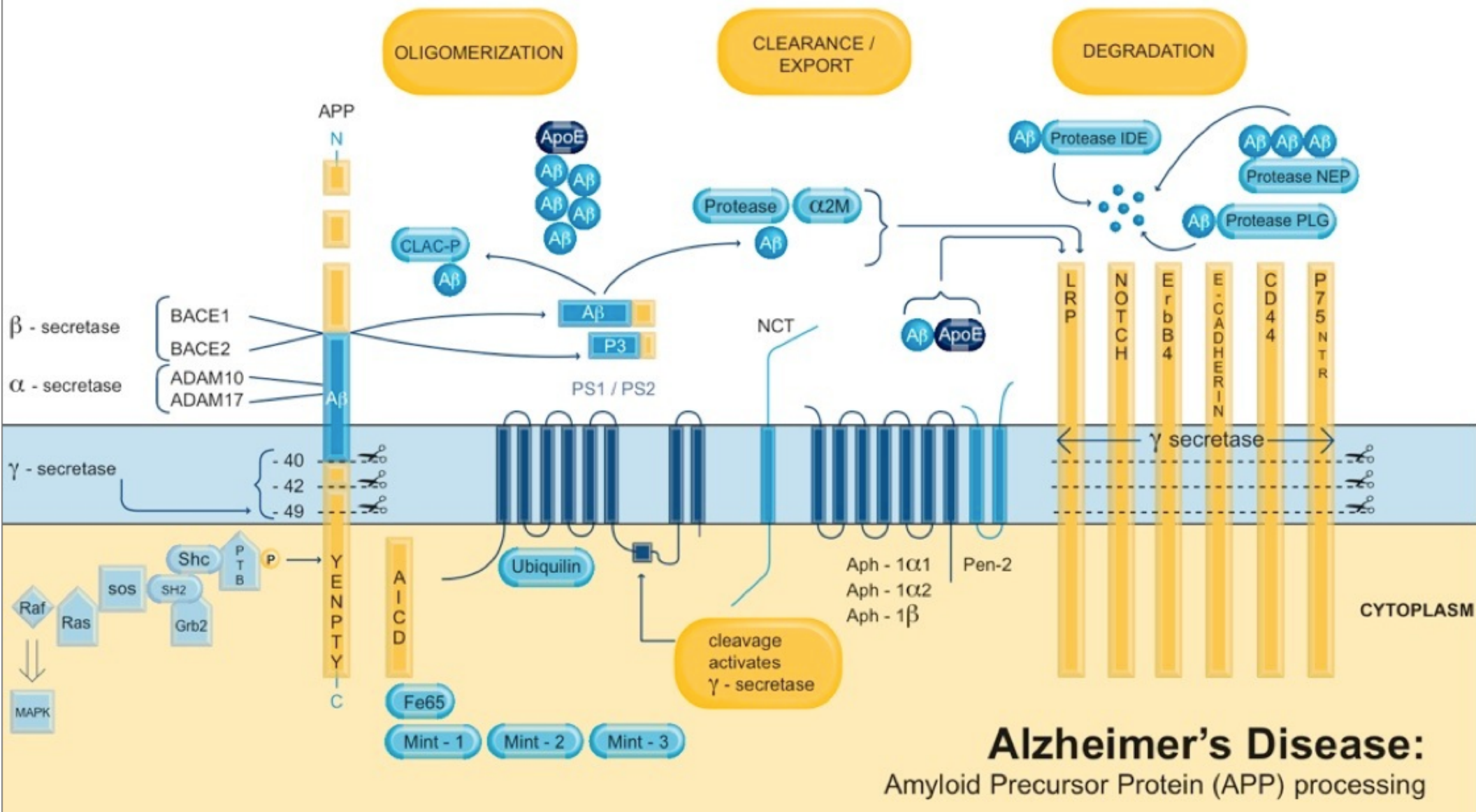


Plaque Formation

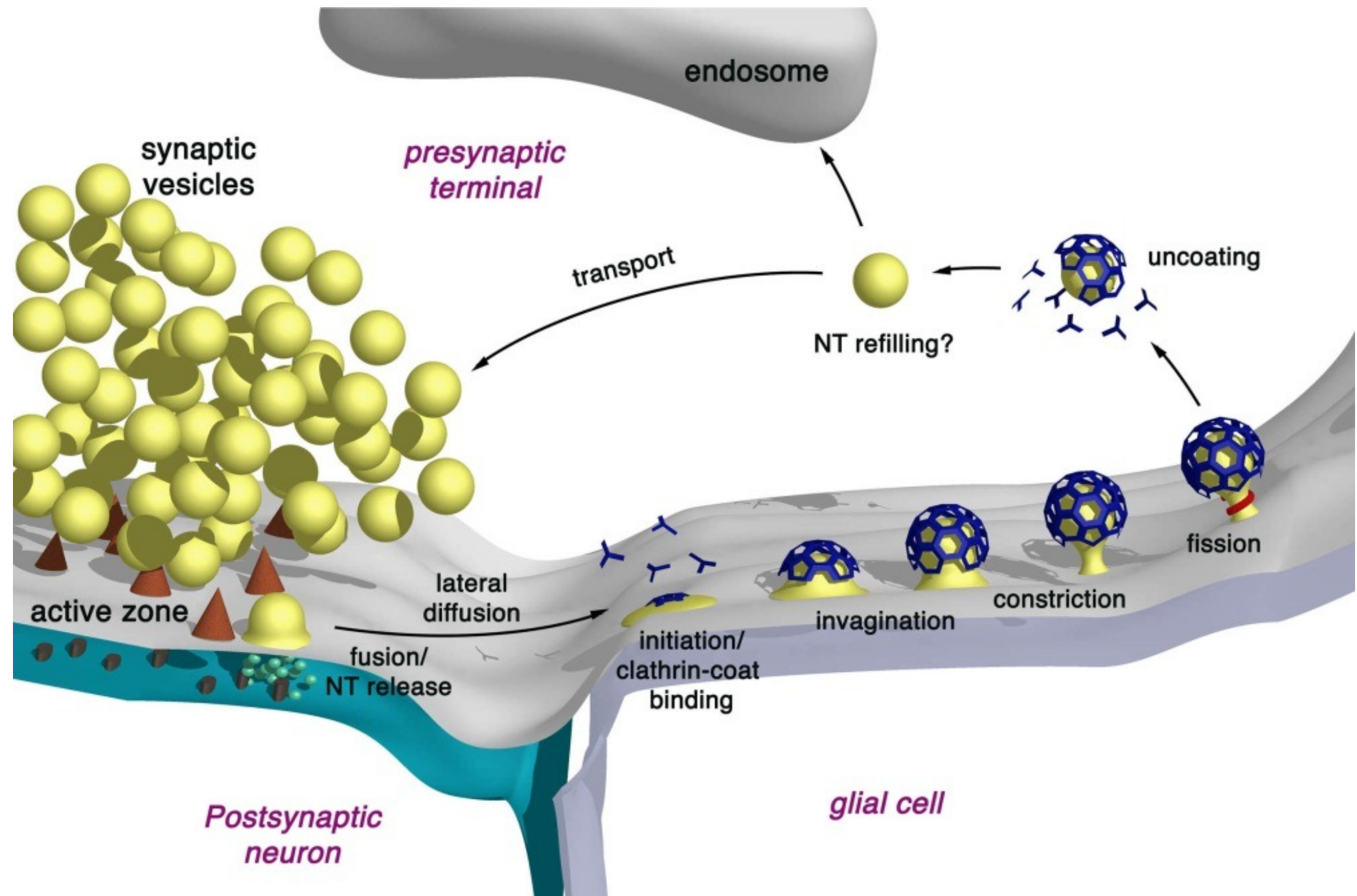
- α -, β -, and γ - secretases
 - one of two pathways
 - $A\beta$ is produced by one, prevented by the other



The “Amyloidogenic” Pathway

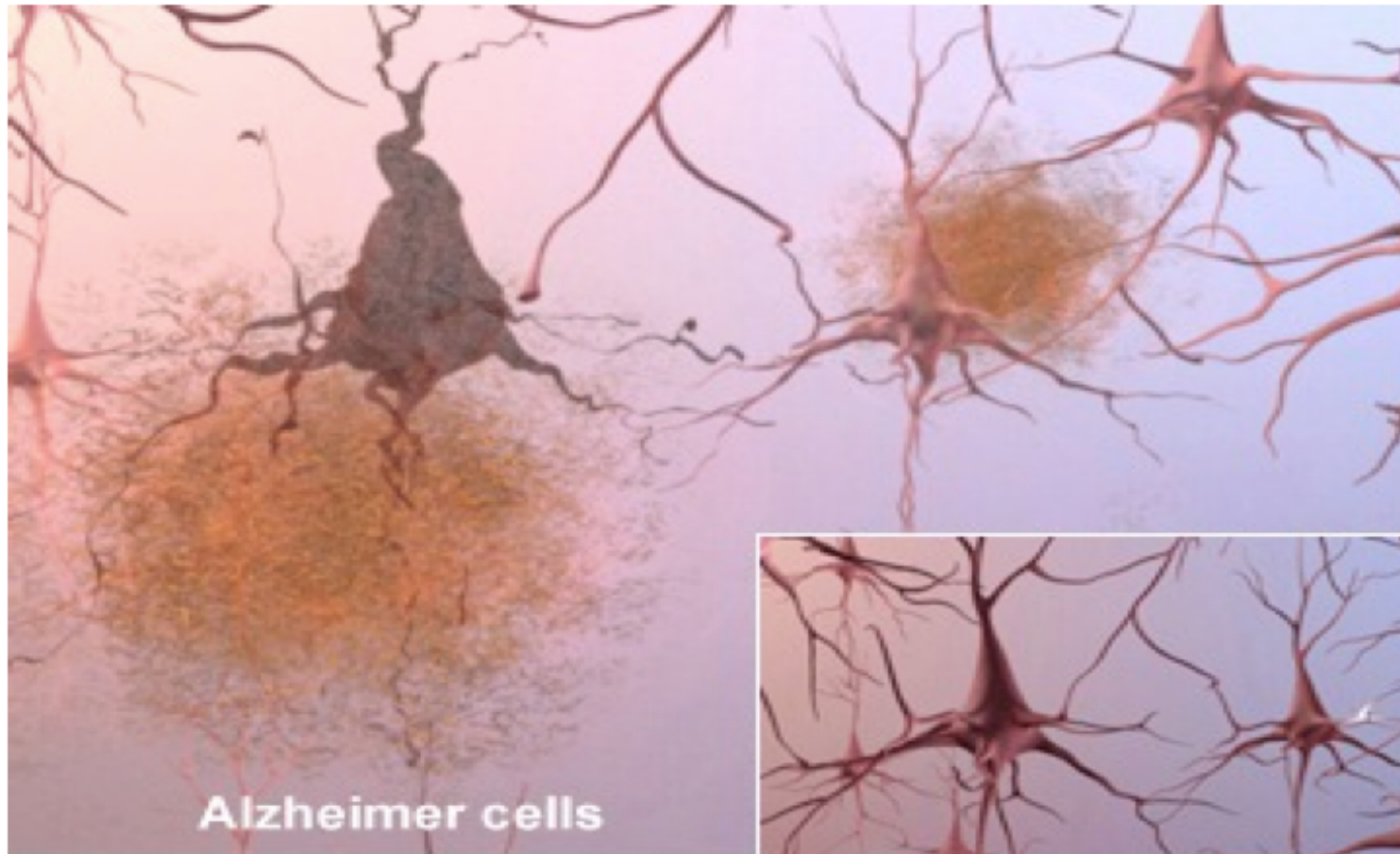


- β- and γ-secretase cuts APP to produce Aβ (39-43 amino acids long)
 - longer Aβ isoforms (Aβ₄₂₋₄₃) tend to cling together



The “Amyloidogenic” Pathway

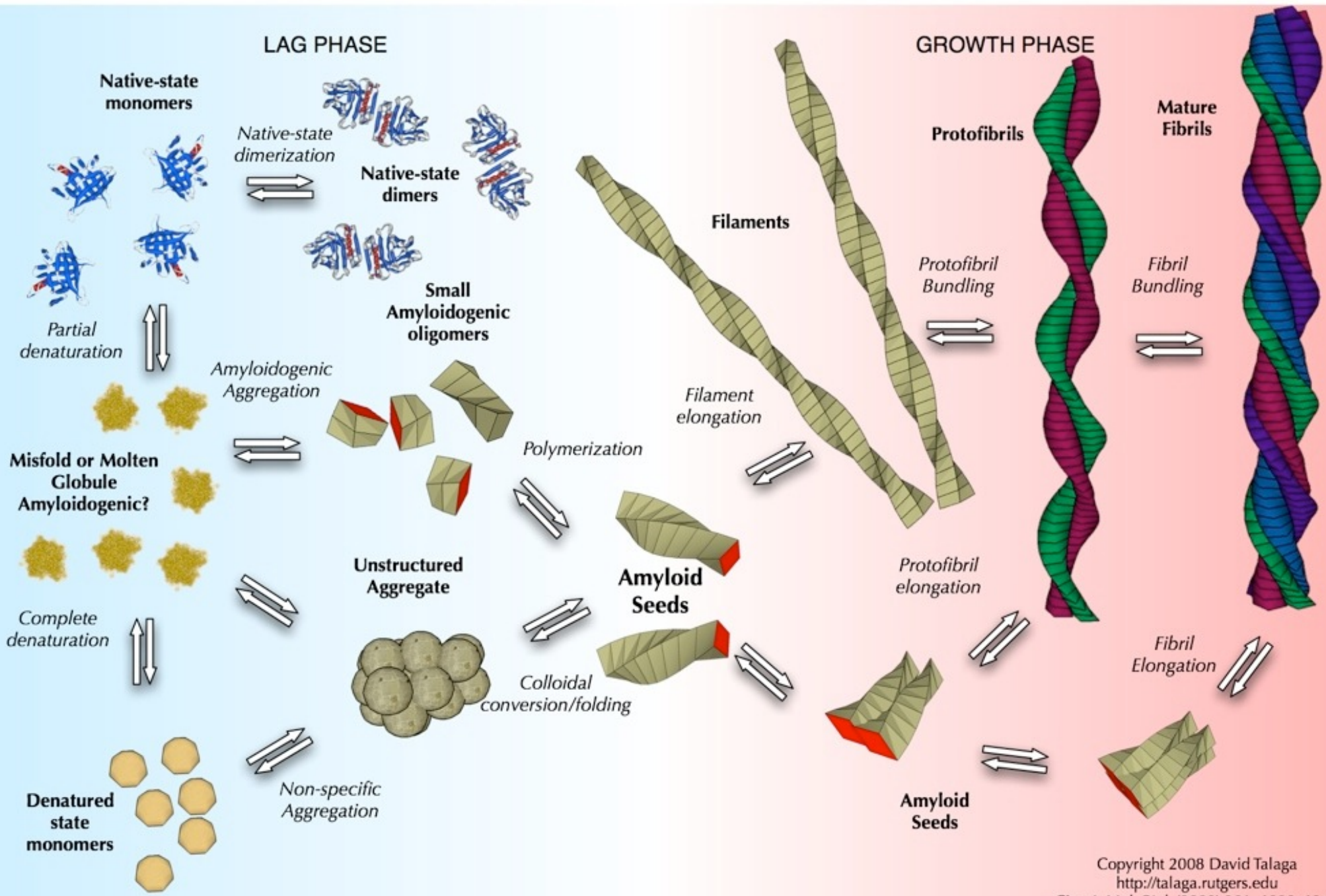
- once enough $A\beta$ has accumulated in the brain’s extracellular space, it starts to polymerize (aggregate)
- $A\beta$: soluble → oligomers → “diffuse” plaques → amyloid



Alzheimer cells



healthy cells



Amyloid beta
Peptide
Alzheimer's
disease

α -synuclein
Parkinson's
disease

HD
SCAs
Huntington's
disease

TDP-43
SOD1
Amyotrophic lateral
sclerosis

Tau
Frontotemporal lobar
degeneration

PROTEIN MISFOLDING AND AGGREGATION



native monomer

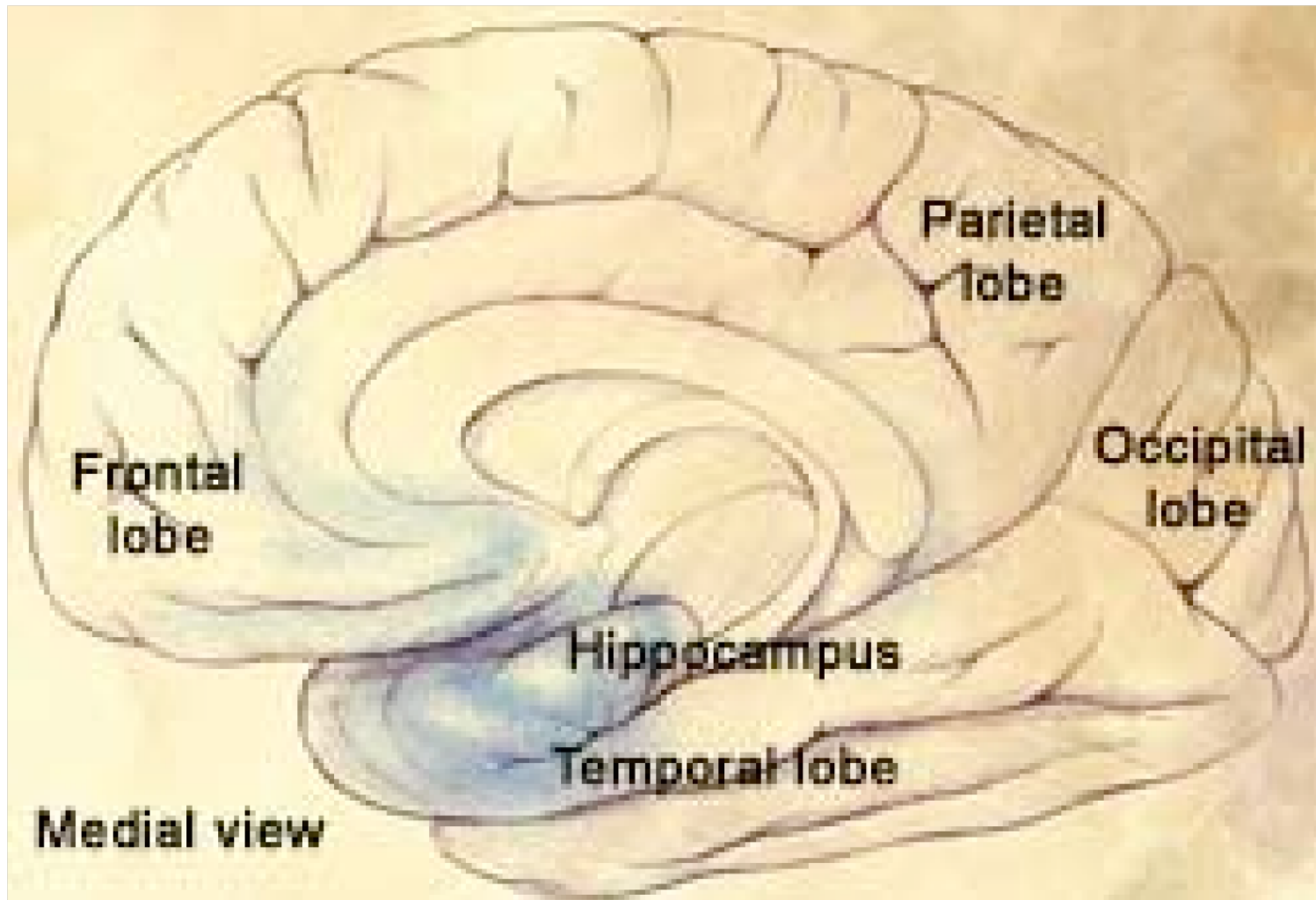
misfolding

β - sheet oligomers

amyloid fibrillar
aggregates

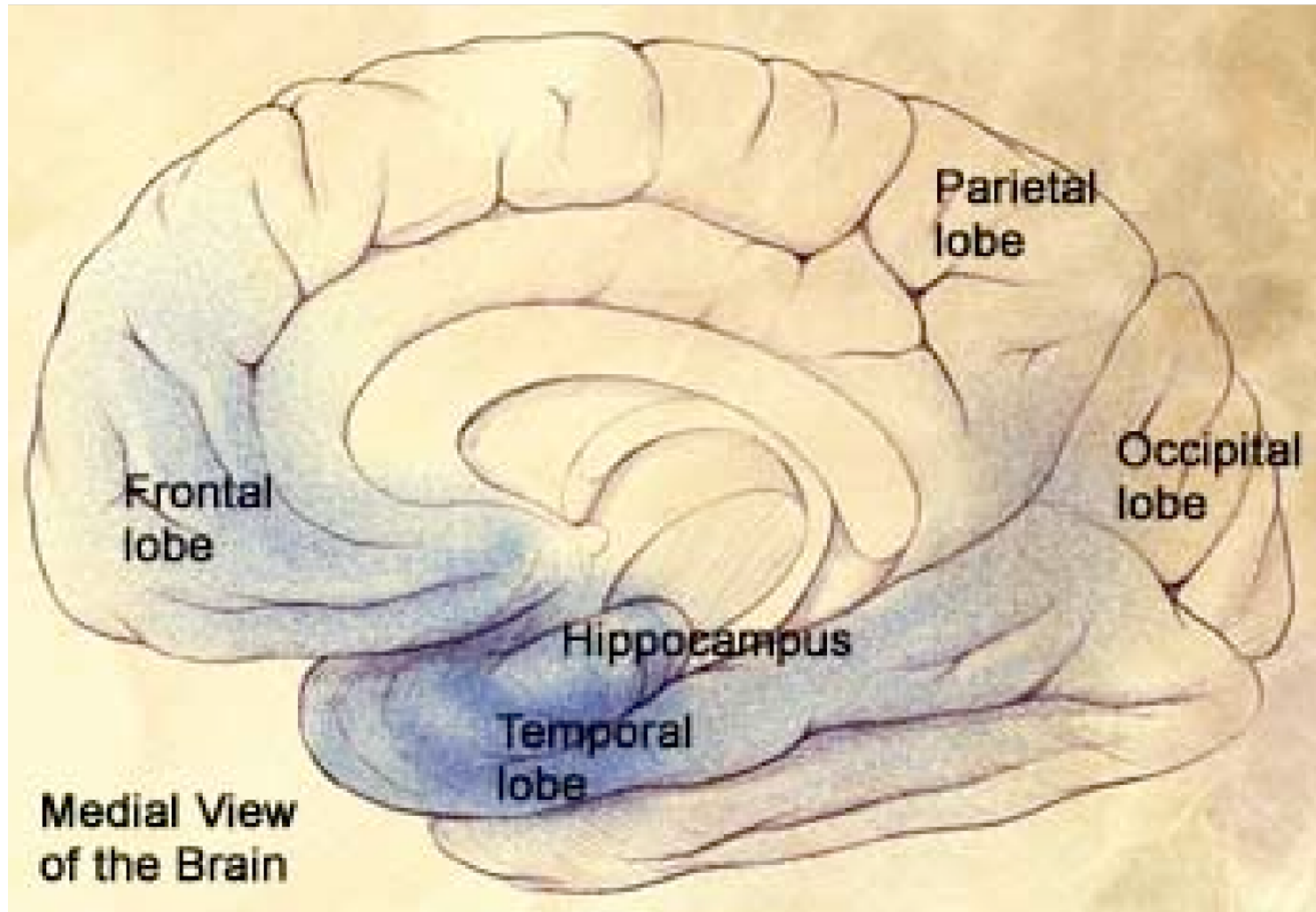
The “Amyloidogenic” Pathway

- deposition starts in hippocampus and then gradually spreads throughout the cortical and subcortical areas



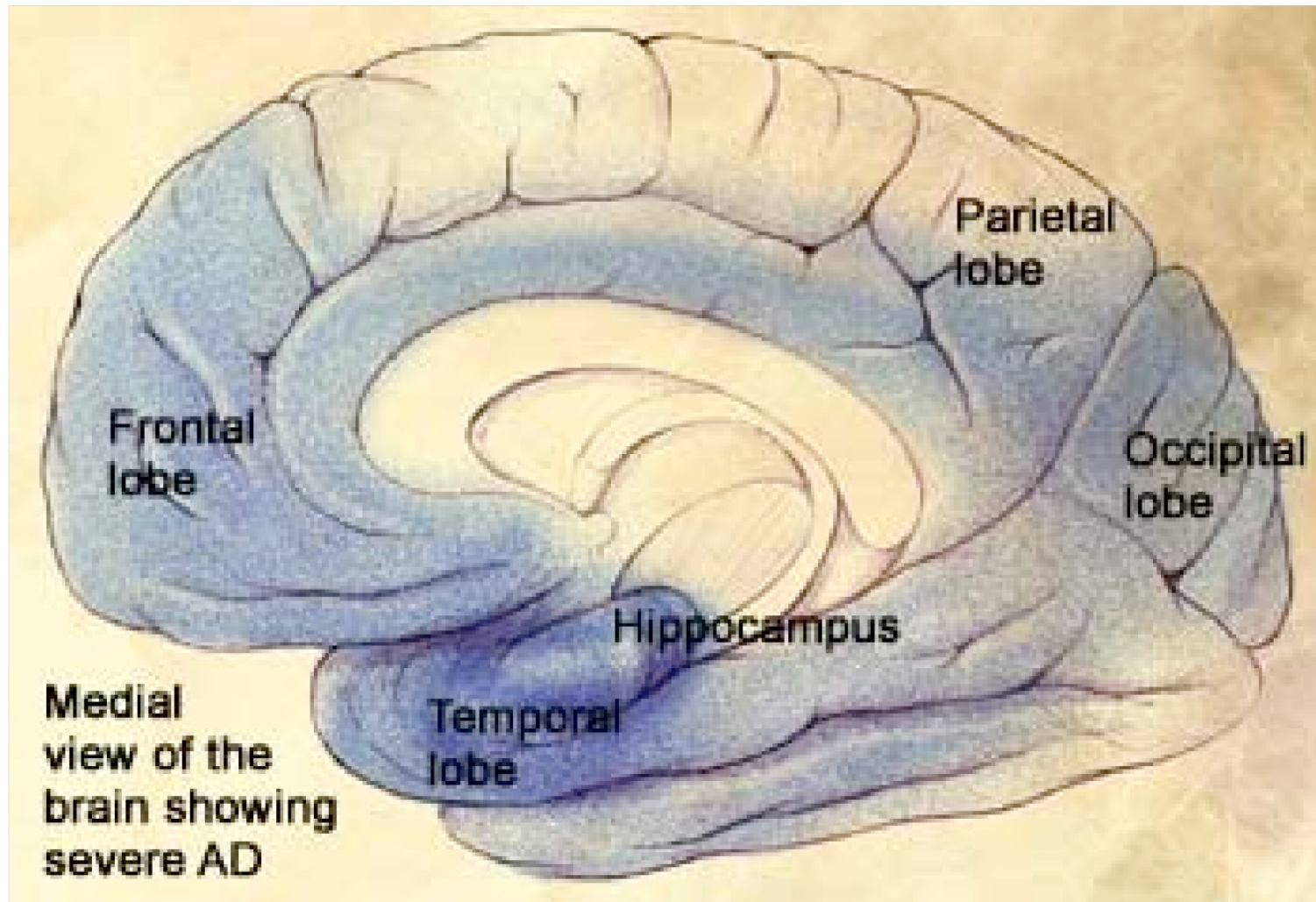
The “Amyloidogenic” Pathway

- deposition starts in hippocampus and then gradually spreads throughout the cortical and subcortical areas



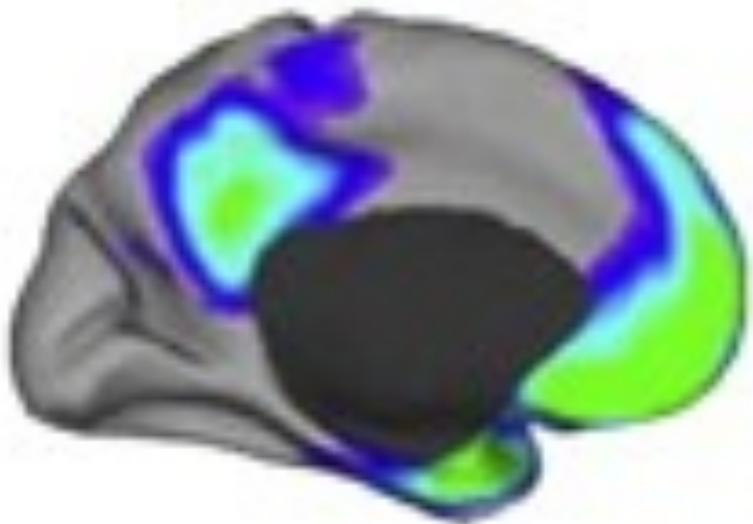
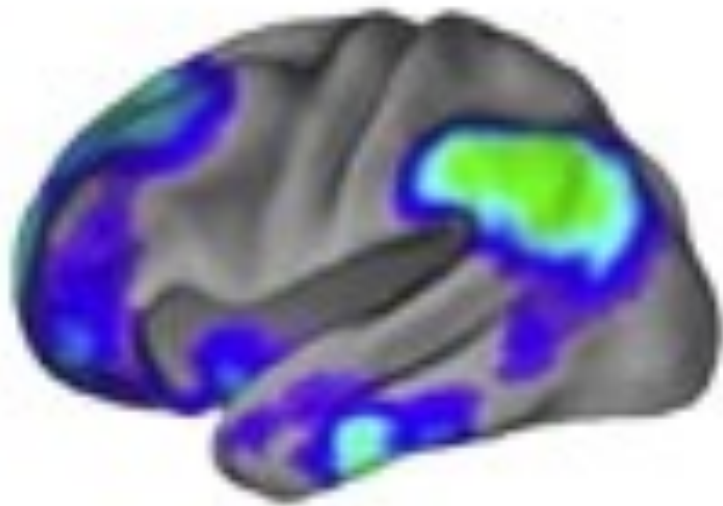
The “Amyloidogenic” Pathway

- deposition starts in hippocampus and then gradually spreads throughout the cortical and subcortical areas

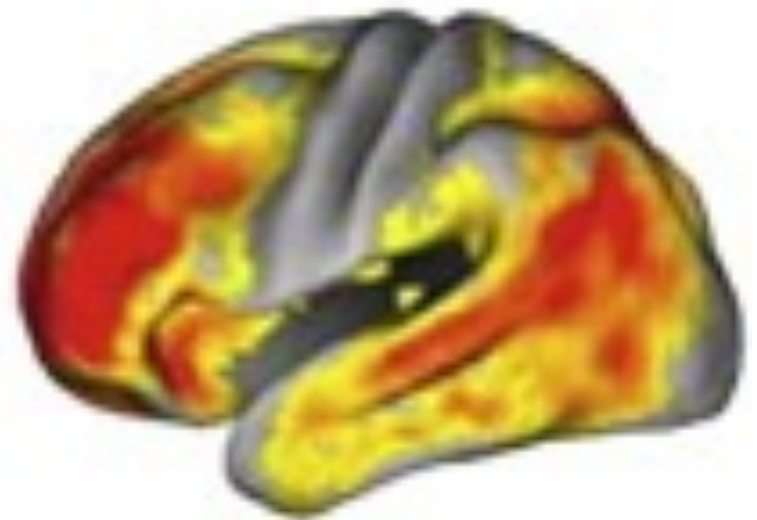


Plaque deposition is activity dependent

Default Mode Network

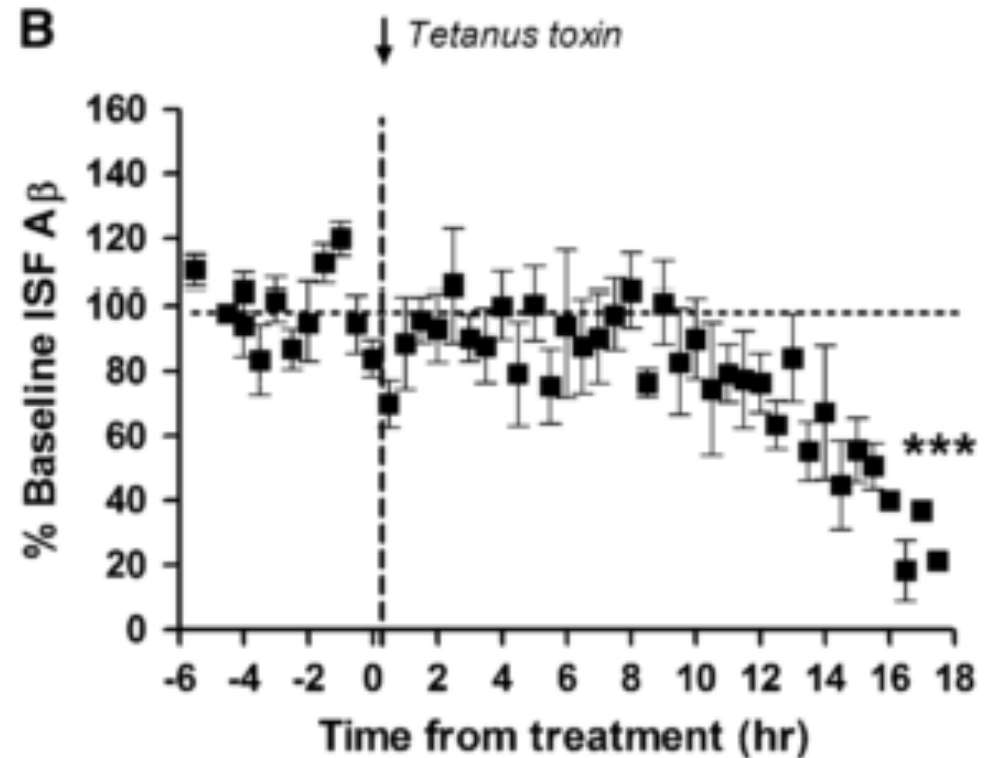
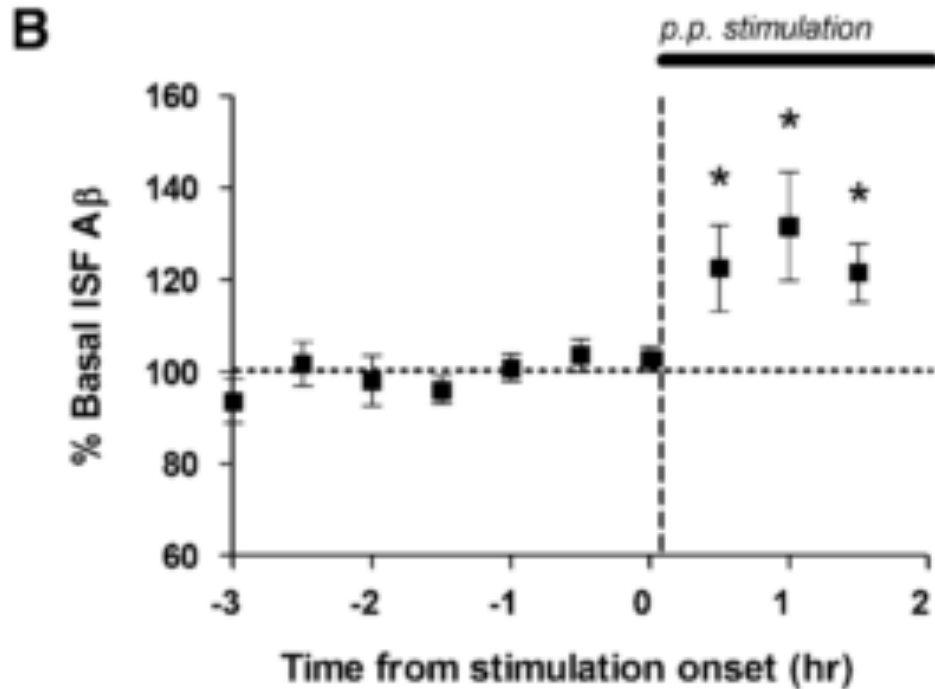


Amyloid Deposition



Increase activity >
more A β made

Decrease activity >
less A β made



A β Toxicity

- initial, “diffuse” deposits of A β are not toxic

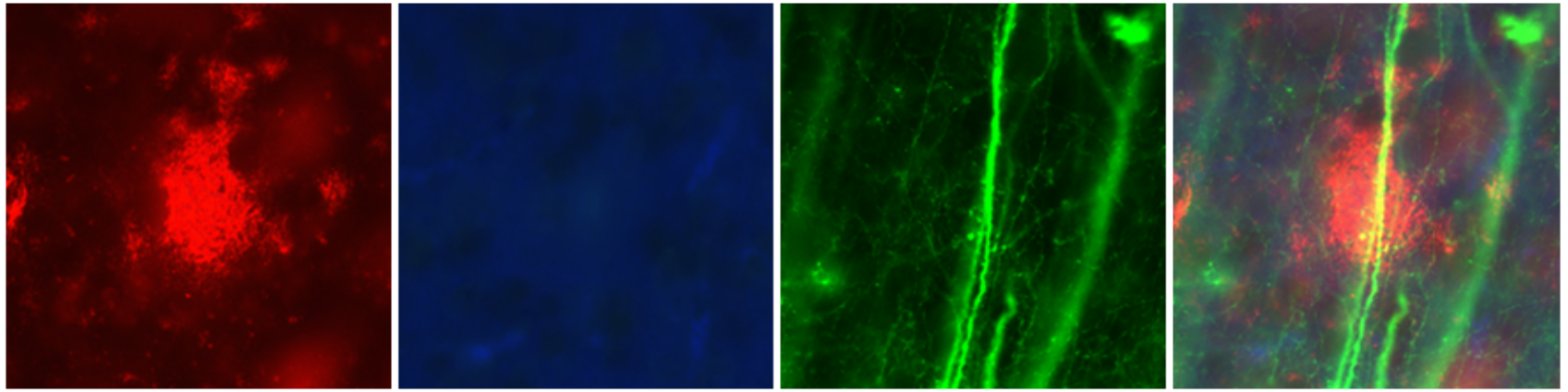
A β Immuno-
reactivity

Thioflavine-S

YFP

Merge

Diffuse
A β In
Cortex



A β Toxicity

- initial, “diffuse” deposits of A β are not toxic
 - aggregated β -sheet A β (amyloid / fibrillar) is neurotoxic

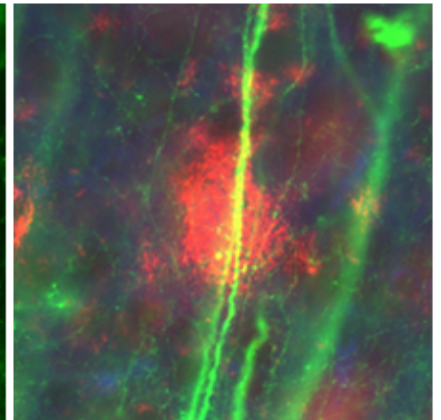
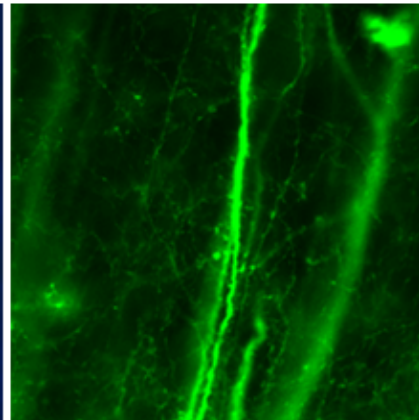
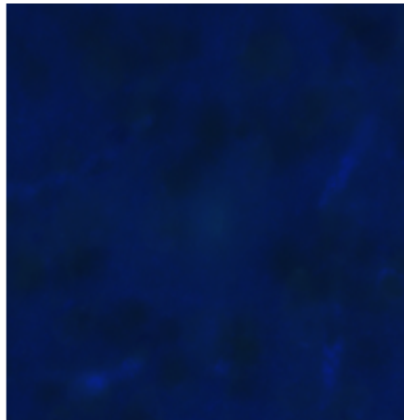
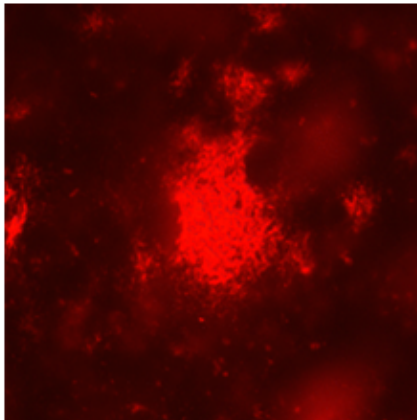
A β Immuno-
reactivity

Thioflavine-S

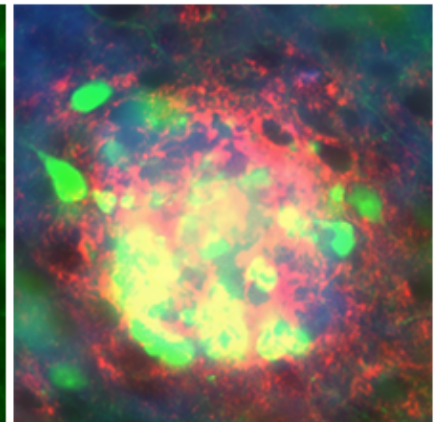
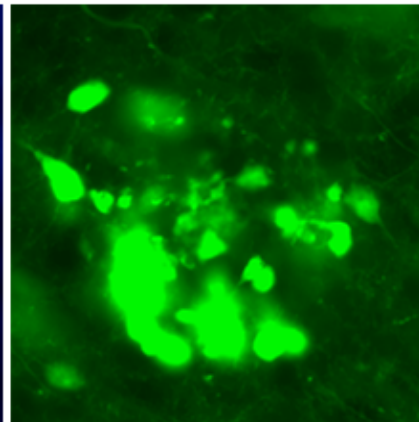
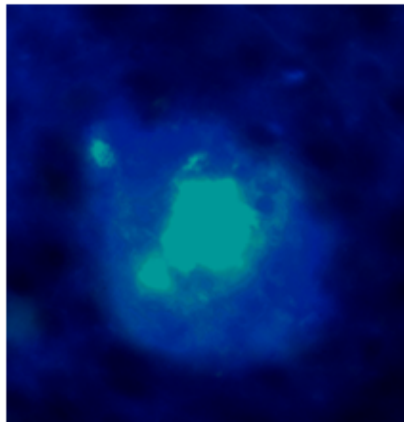
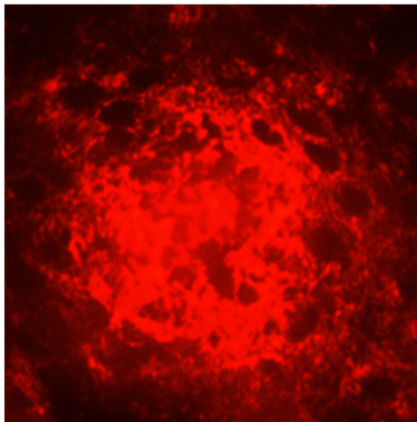
YFP

Merge

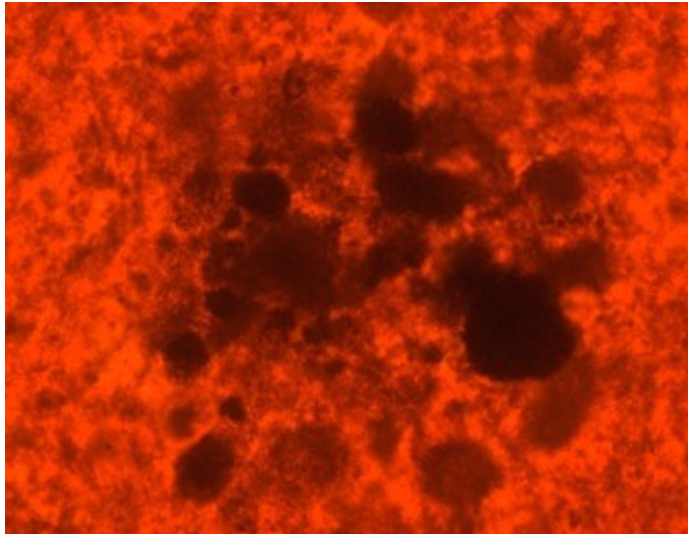
Diffuse
A β In
Cortex



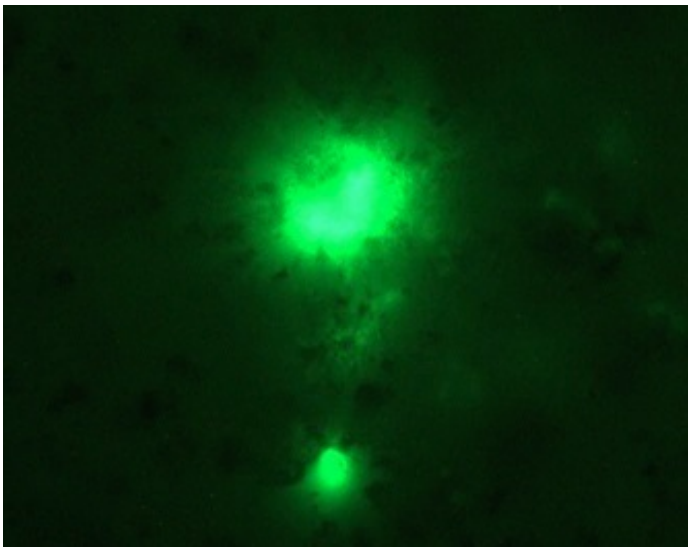
Fibrillar
A β In
Cortex



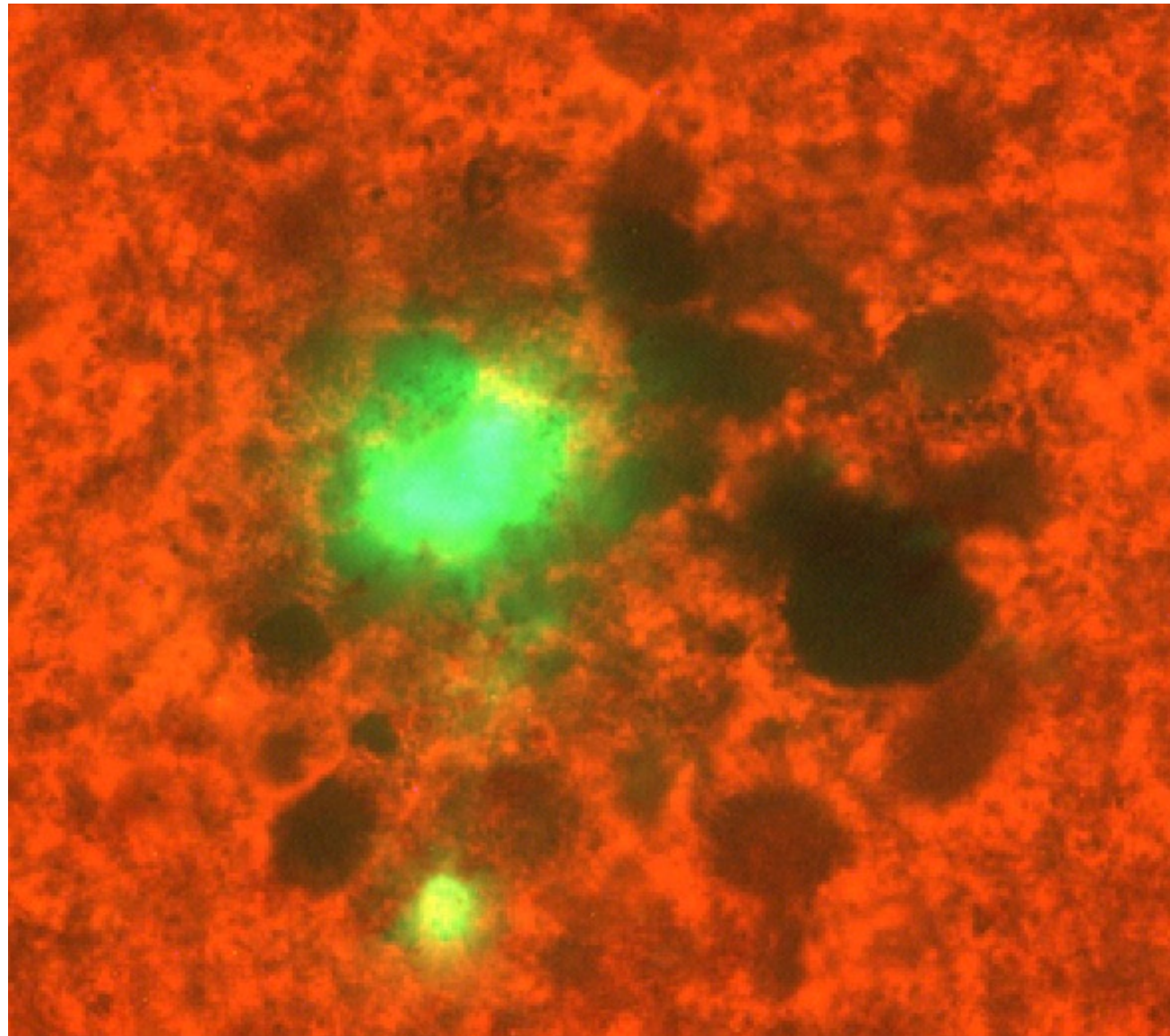
A β Toxicity



Damaged neuronal processes



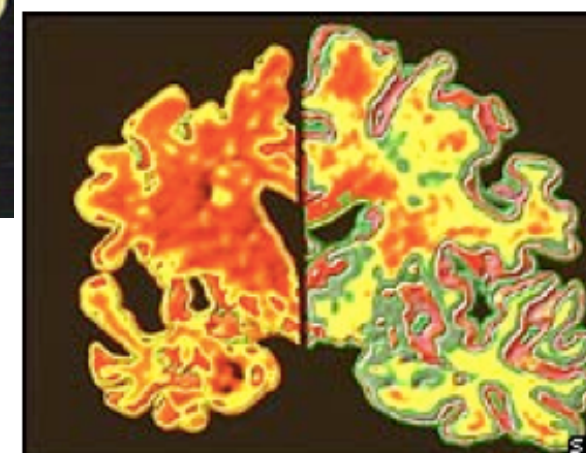
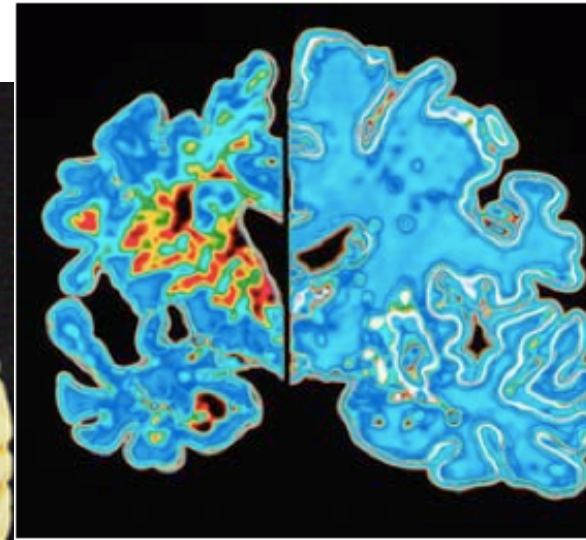
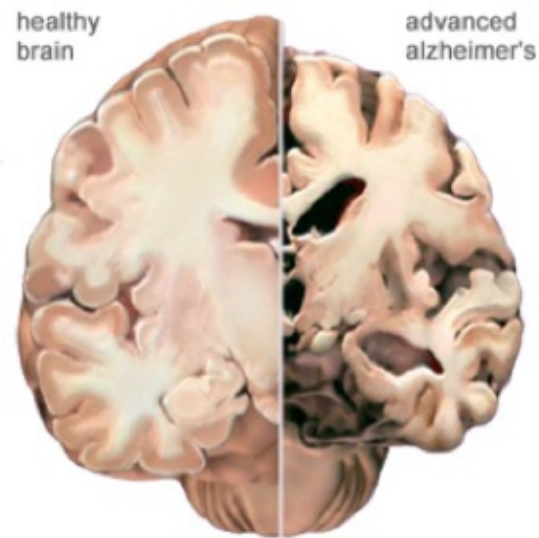
Amyloid plaque



MERGED IMAGE

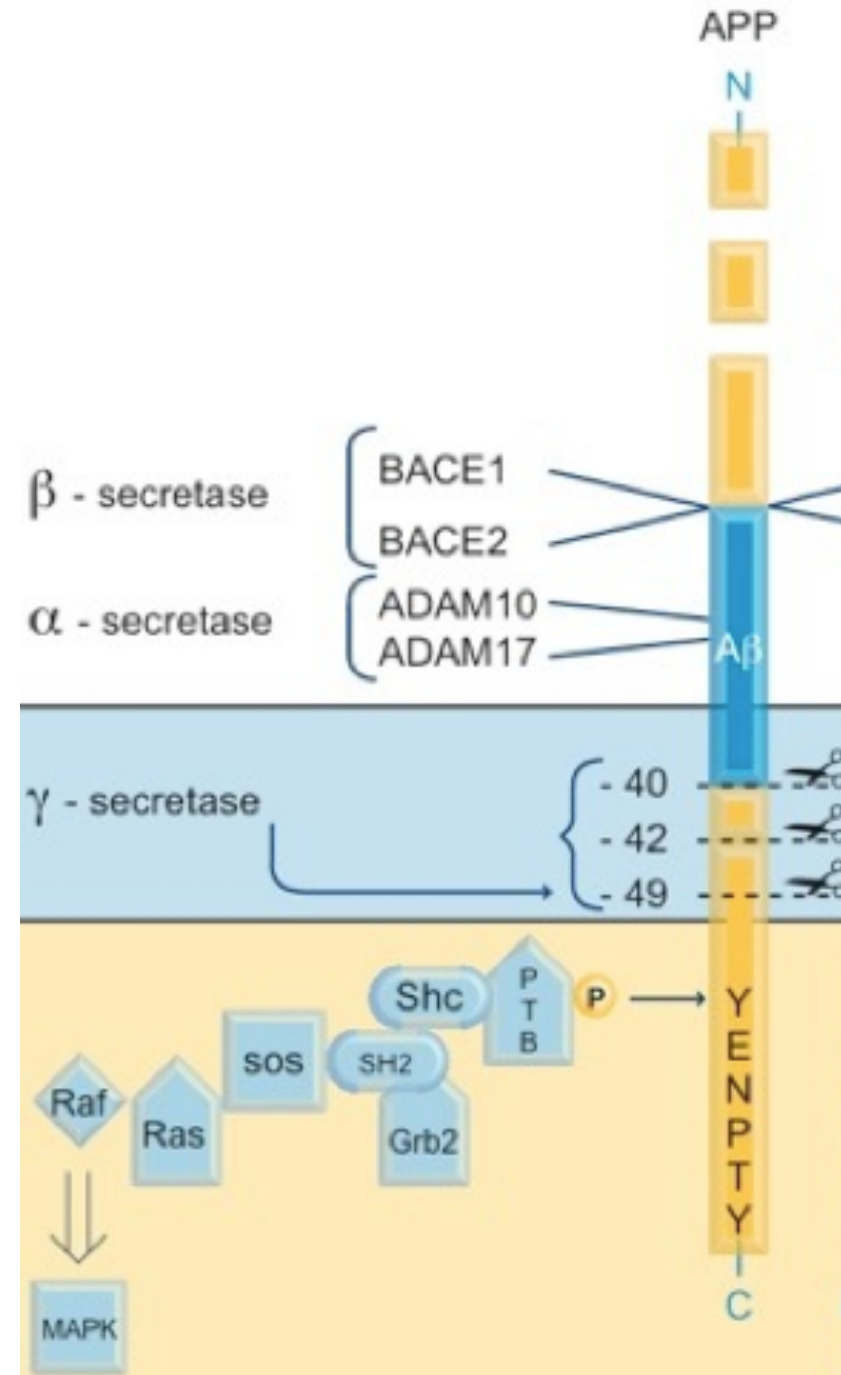
Alzheimer's Neuropathology

- like Parkinson's, symptoms are not observed until significant levels of neuropathology and neurodegeneration have accumulated



The “Non-Amyloidogenic” Pathway

- the α -secretase site lies within APP's A β domain
- α -secretase cleavage:
 - prevents production of A β
 - produces sAPP α
 - neuroprotective



Mechanism of A β Toxicity

- A β can induce damage via oxidative stress
 - intracellular A β can enter mitochondria, inducing inflammation
 - A β interacts with other molecules within plaques and damages ACh receptors
 - damage can be prevented by treatment with antioxidants
- also, physical damage during the process of aggregation?

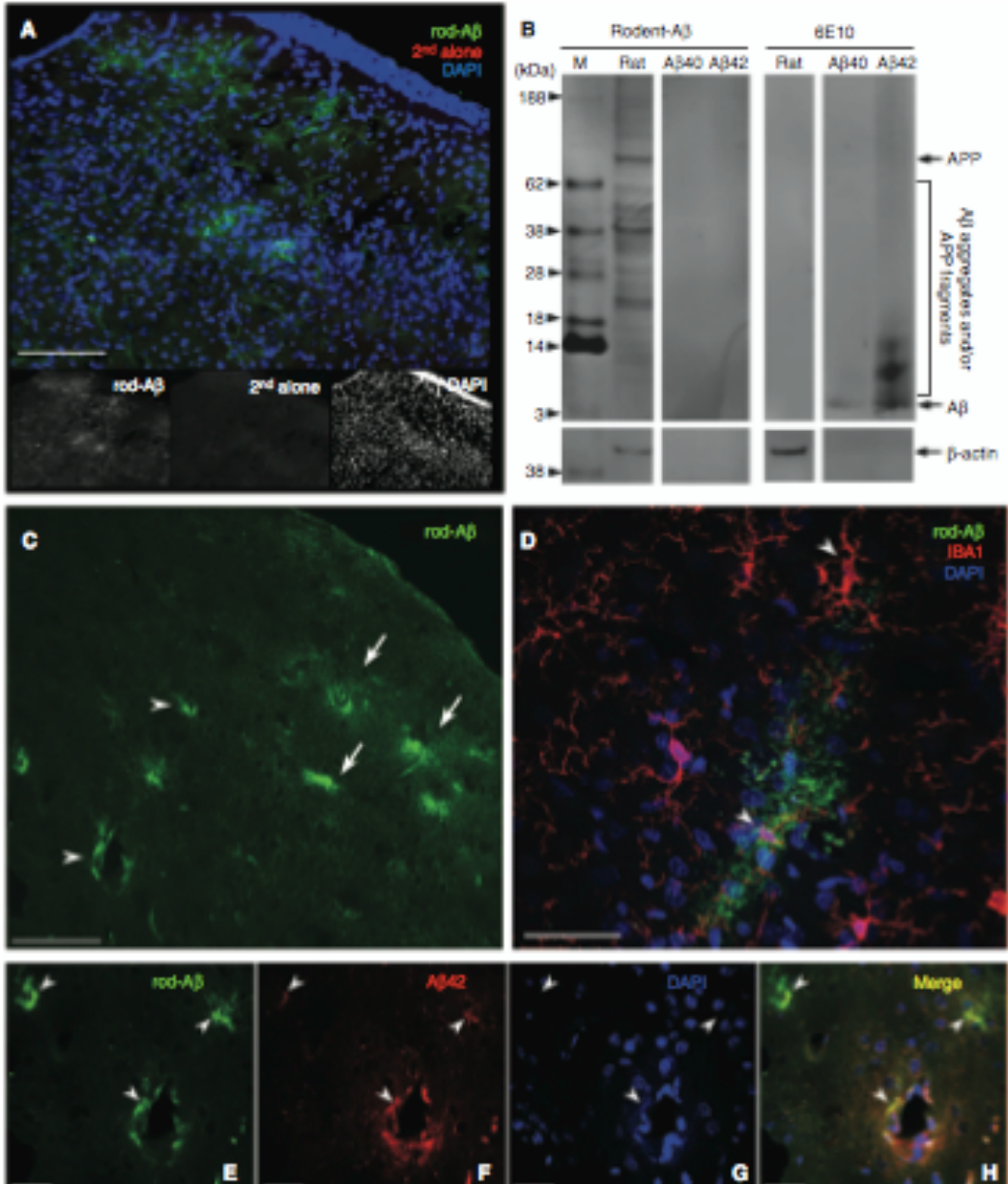
Risk Factors for AD

- most prevalent risk factor is aging
- other factors include genetics, brain injury, and diet
- mutations in *APP* and *PSEN* genes predispose individuals to develop *familial “early onset”* AD (~5-10%)
- only genetic risk factor for “sporadic” AD is *APOE*
 - 3 major alleles of the *APOE* gene: 2, 3, and 4

ORIGINAL ARTICLE

Early brain injury alters the blood–brain barrier phenotype in parallel with β -amyloid and cognitive changes in adulthood

Viorela Pop^{1,5}, Dane W Sorensen^{1,2,5}, Joel E Kamper³, David O Ajao², M Paul Murphy⁴, Elizabeth Head⁴, Richard E Hartman³ and Jérôme Badaut^{1,2}



Genetic Risk Factors for AD

- Carriers of *APOE4* are more likely to develop AD
 - earlier and more pronounced A β deposition
 - gene dose-dependent
 - high cholesterol levels
- Carrying *APOE2* confers protection from AD

Apolipoprotein E4 Influences Amyloid Deposition But Not Cell Loss after Traumatic Brain Injury in a Mouse Model of Alzheimer's Disease

Richard E. Hartman,^{1,2,3} Helmut Laurer,⁴ Luca Longhi,⁴ Kelly R. Bales,⁵ Steven M. Paul,^{5,6} Tracy K. McIntosh,⁴ and David M. Holtzman,^{1,2,3,7}

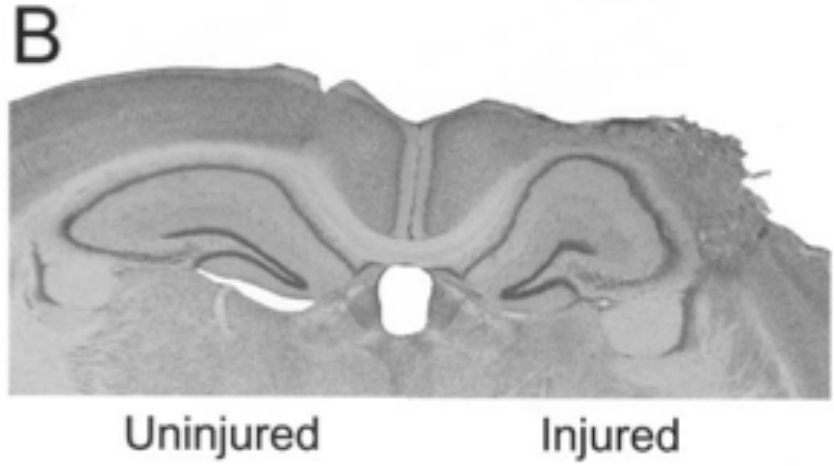
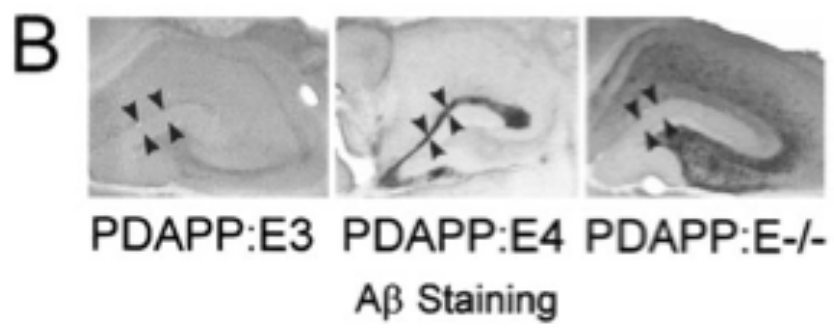
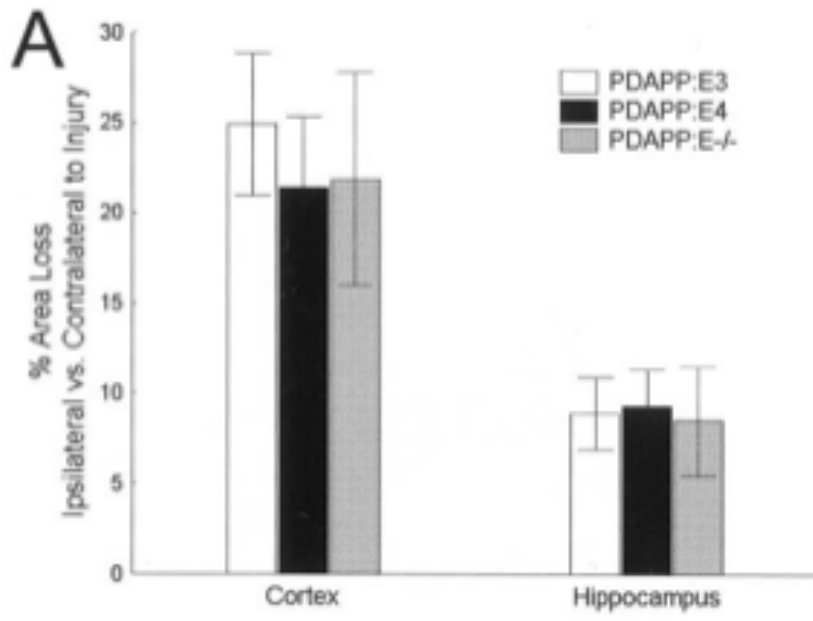
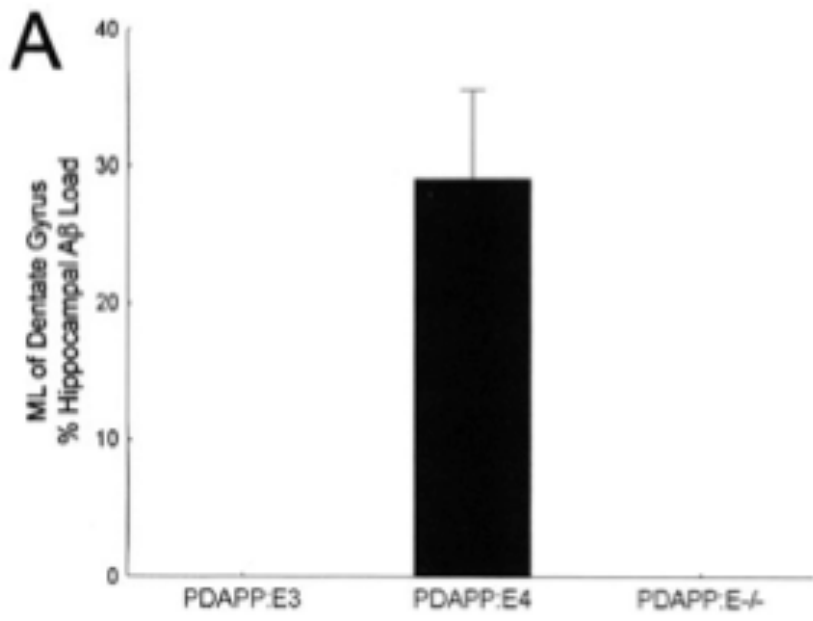


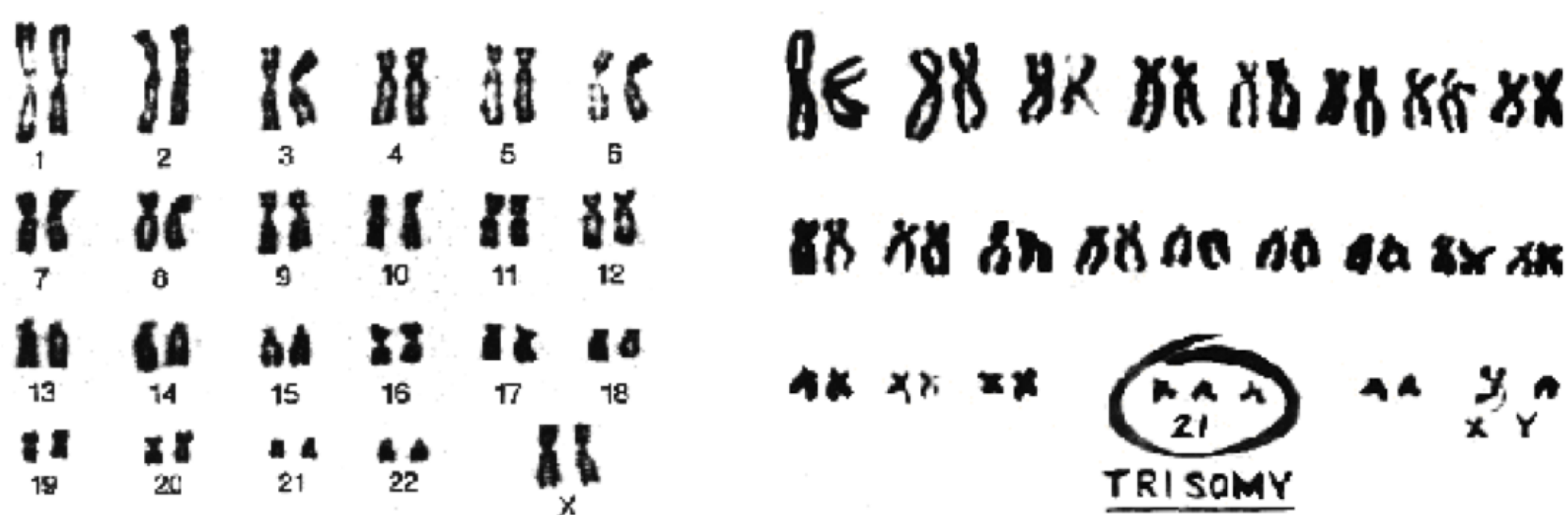
Figure 1. A, Almost one-third of the total hippocampal Aβ load was contained in the ML of the dentate gyrus in PDAPP:E4 mice. Localiza-

ACCUMULATION OF A β AS A CAUSATIVE FACTOR IN AD

- conditions that result in the accumulation of A β in the brain generally increase the risk of developing AD neuropathology
- Down syndrome (“Trisomy 21”) results from one extra copy of the 21st chromosome, which contains the *APP* gene

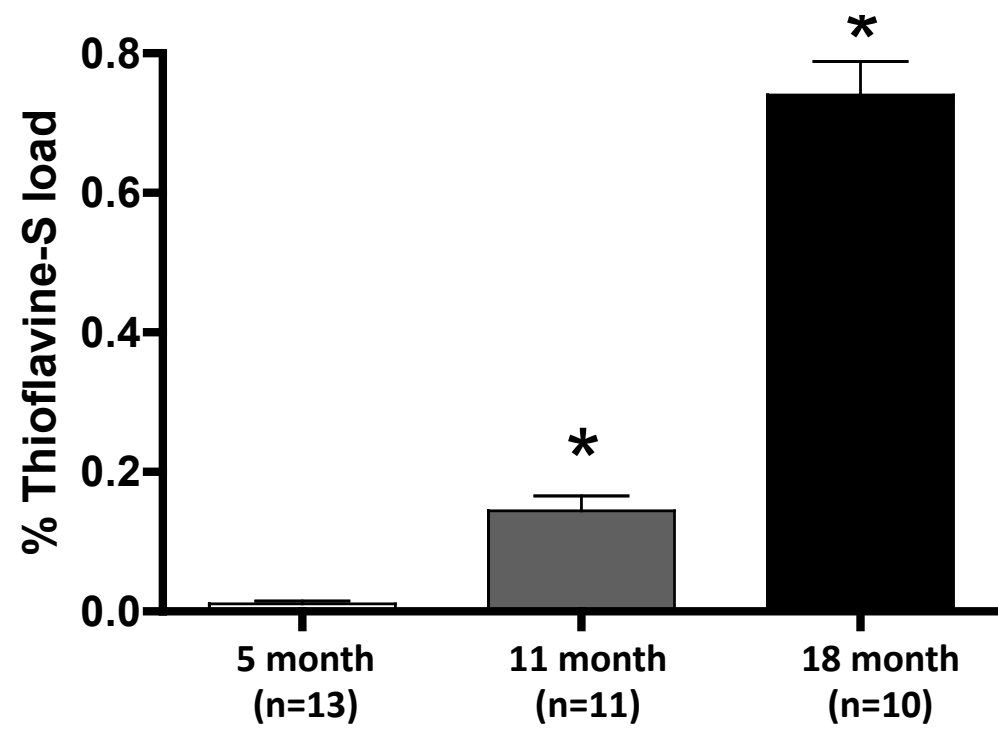
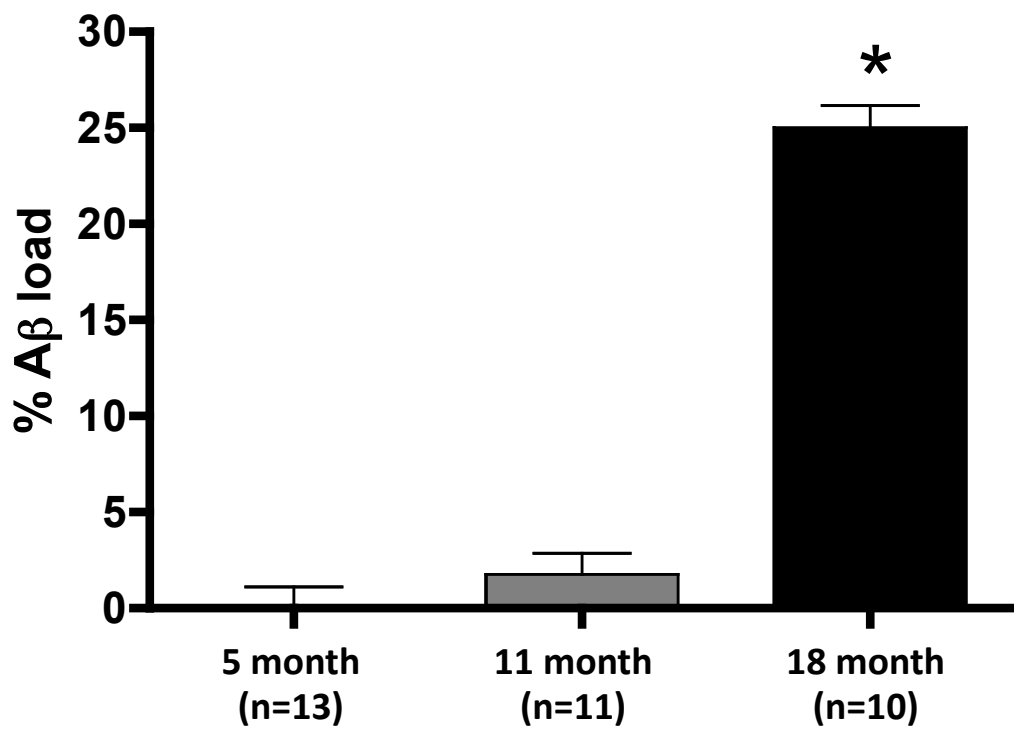
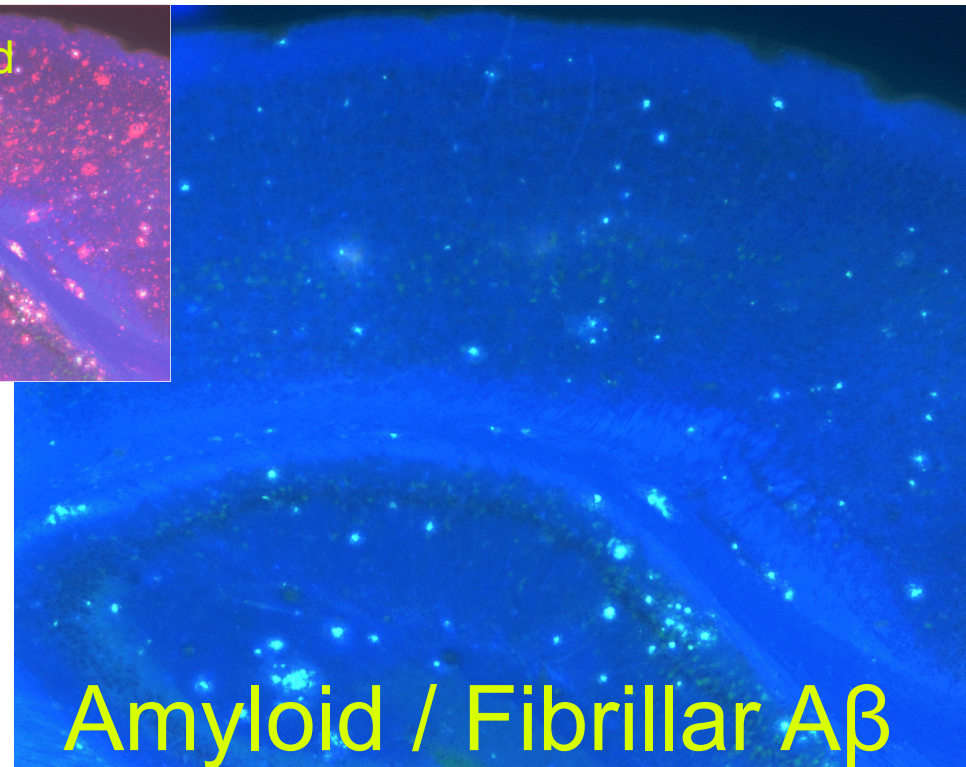
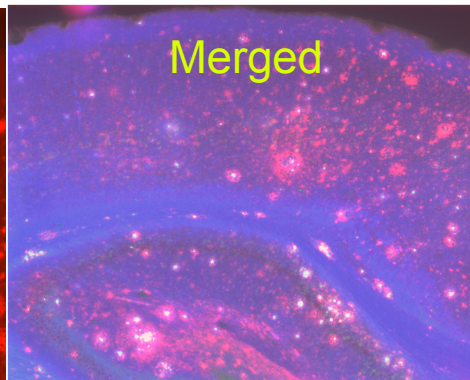
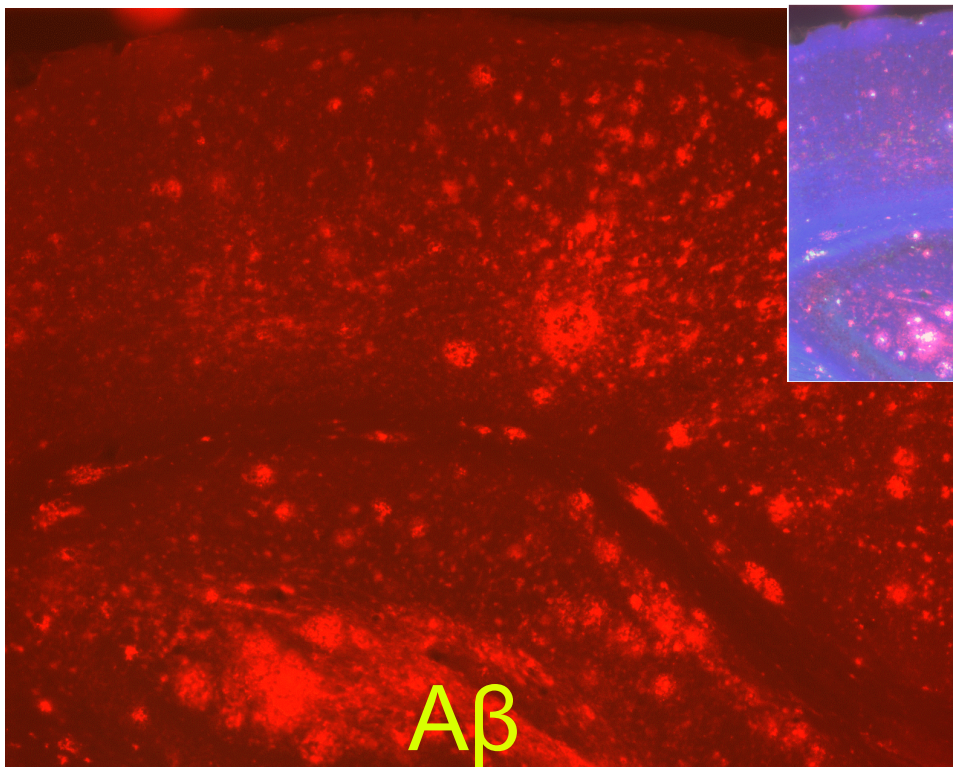
ACCUMULATION OF A β AS A CAUSATIVE FACTOR IN AD

- The condition is associated with the production of ~50% more APP than normal than normal
- leads to elevated A β production and deposition
 - “AD” dementia by around 50 years of age



Animal Models of AD

- *transgenic mice* express high brain levels of human APP
- leads to development of age-related A β and, eventually, amyloid deposits
- coincident with development of cognitive deficits



Water maze - spatial learning



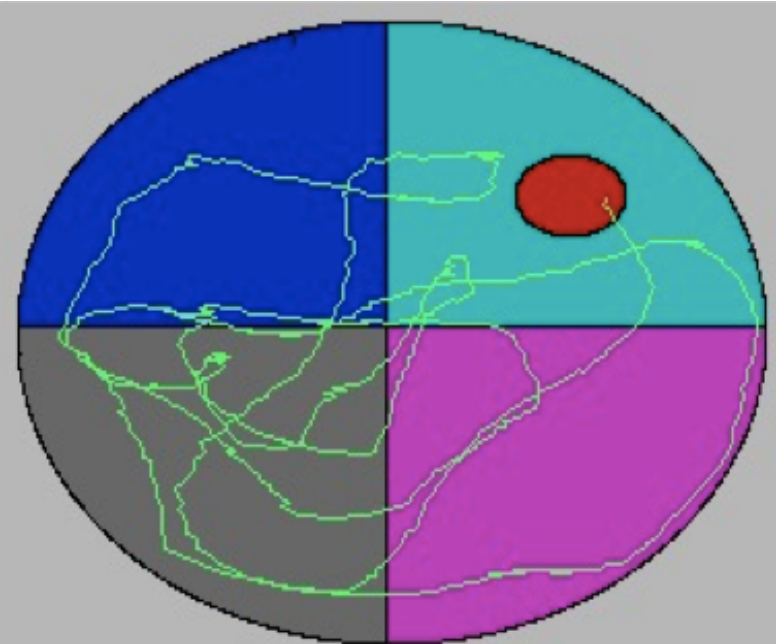
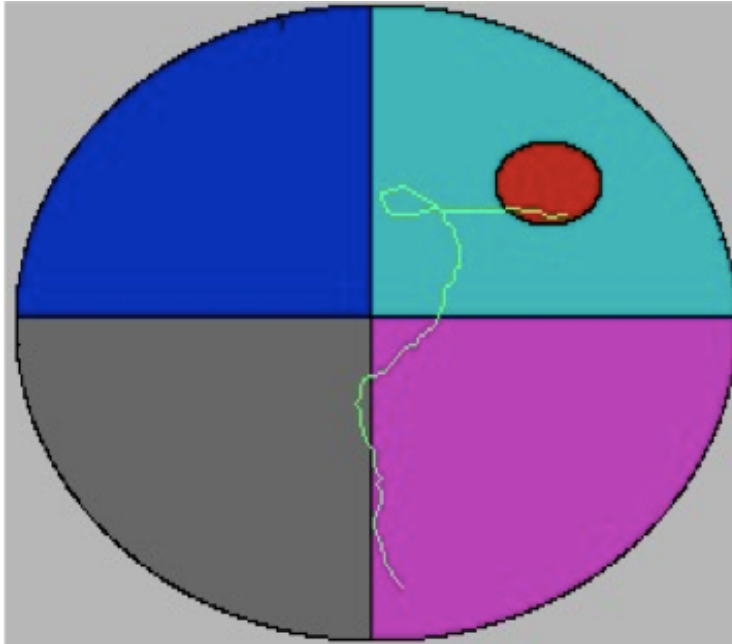
- dependent on proper hippocampal function
- spatial learning is impaired in Alzheimer's disease

Spatial Learning: Submerged Platform

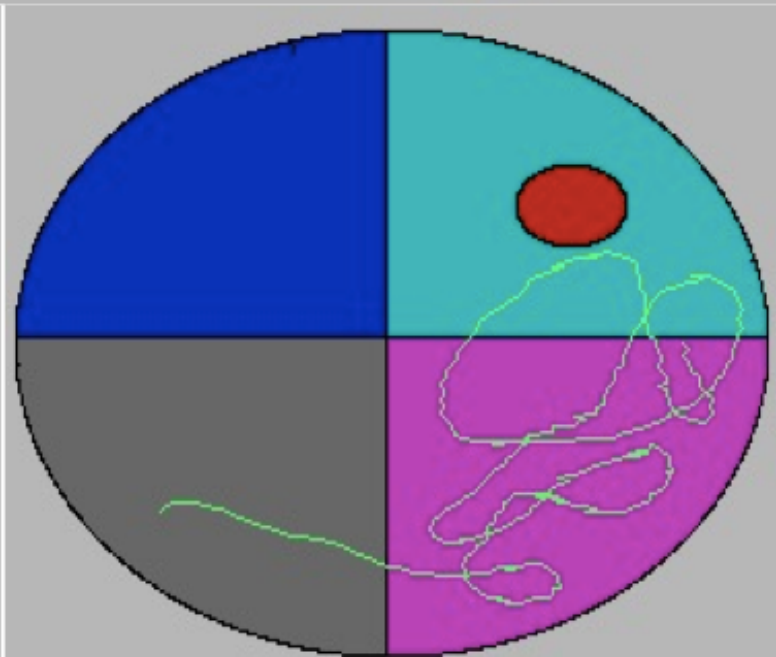
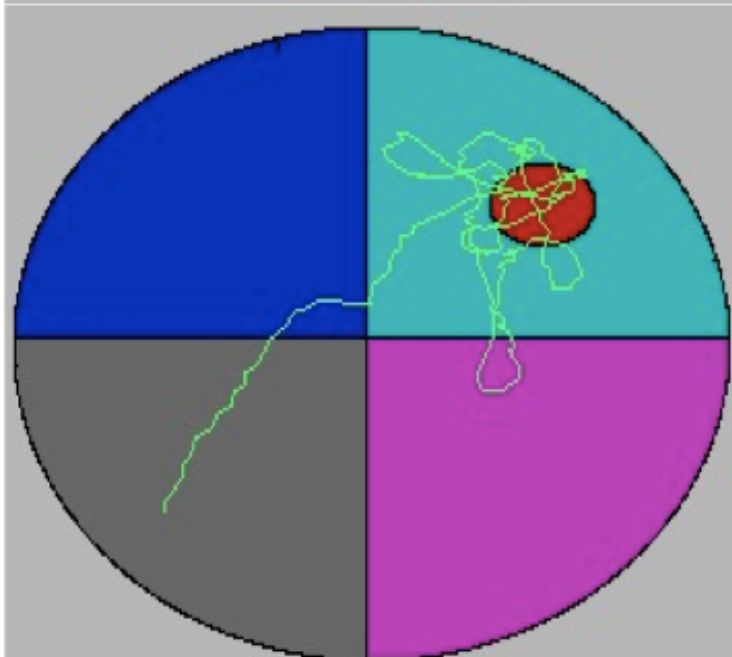
Smart

Not so smart

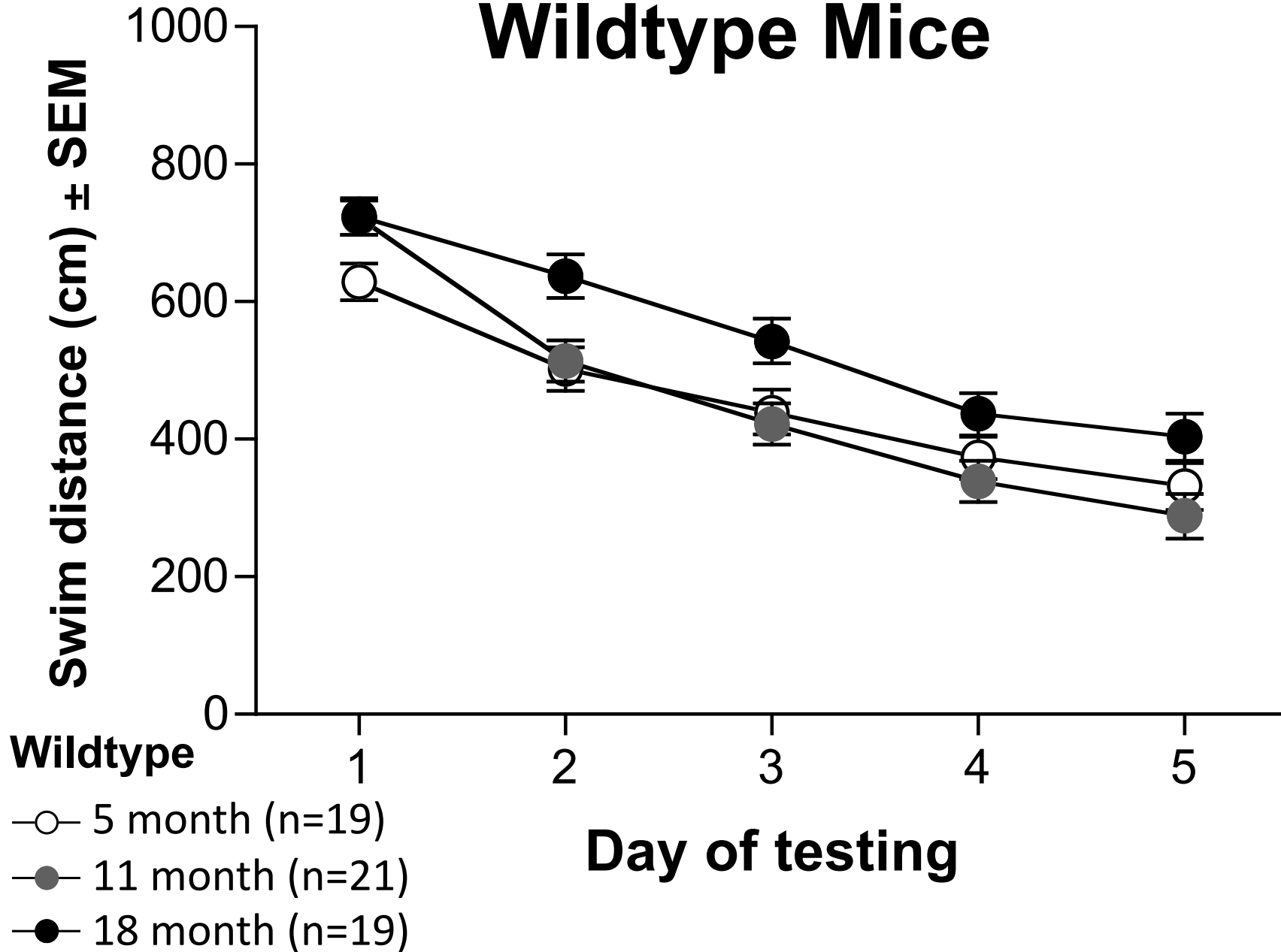
Acquisition
Trial



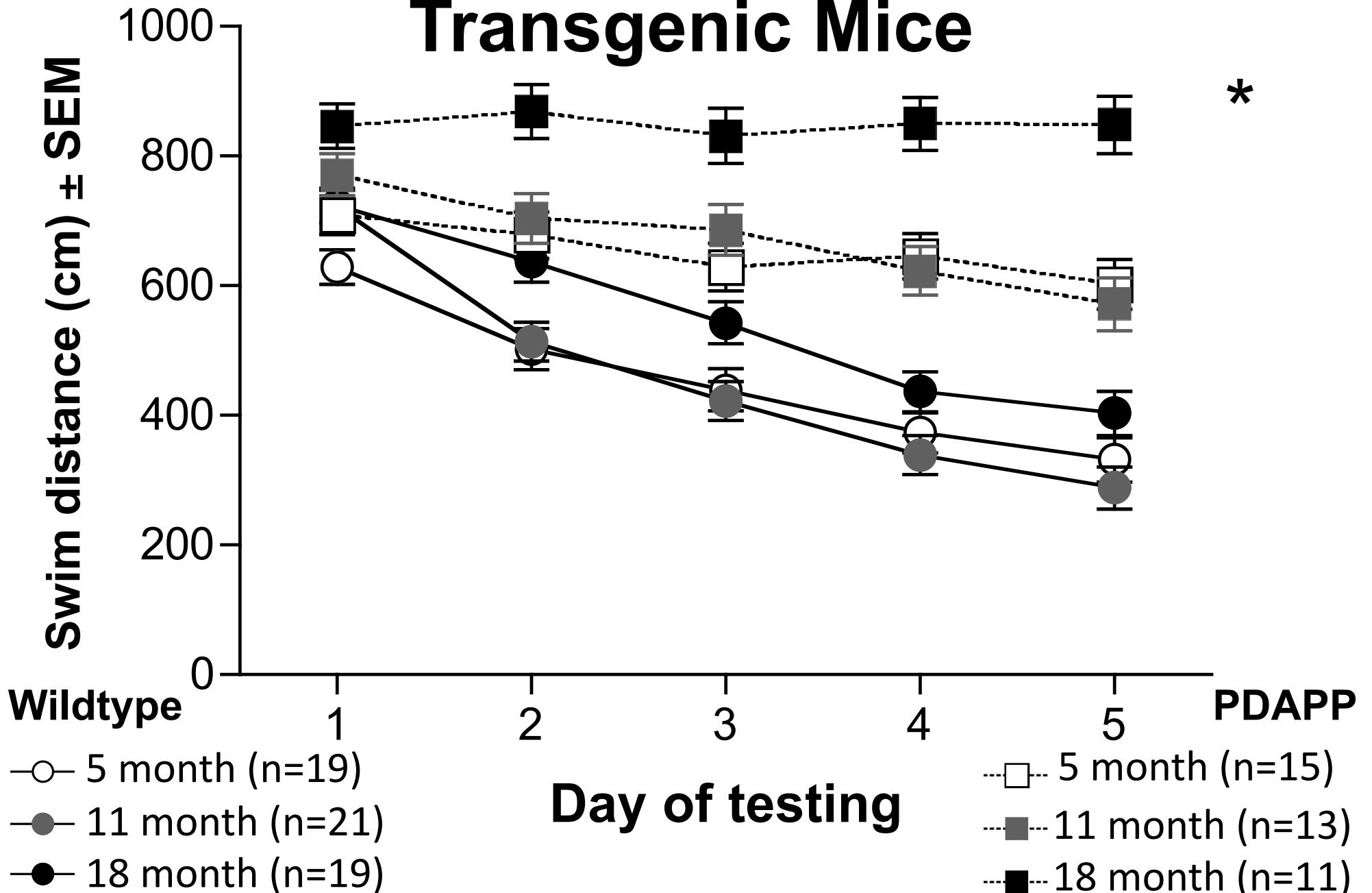
Probe Trial



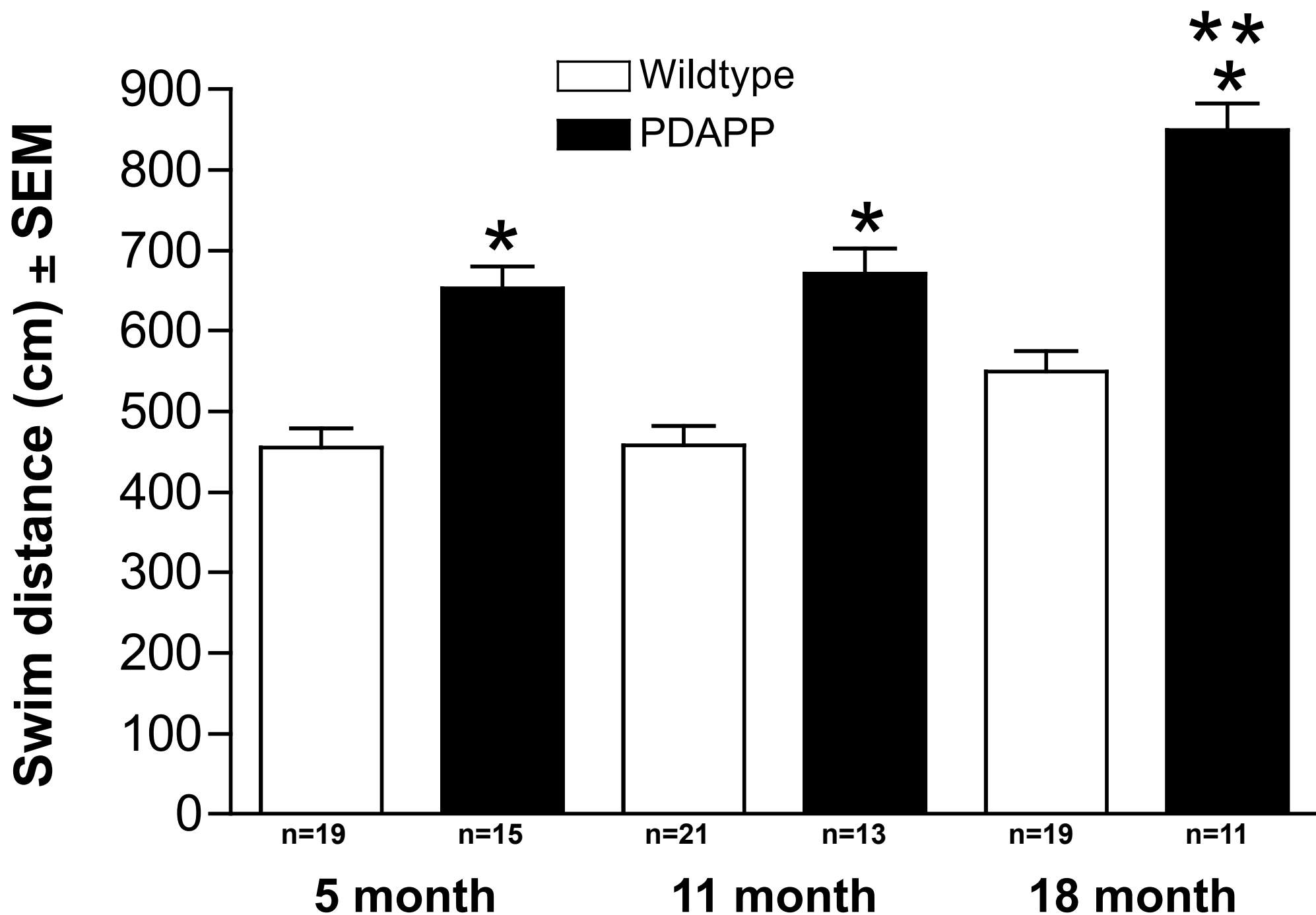
Subtle Age-Related Deficit in Wildtype Mice



Severe Age-Related Deficit in Transgenic Mice

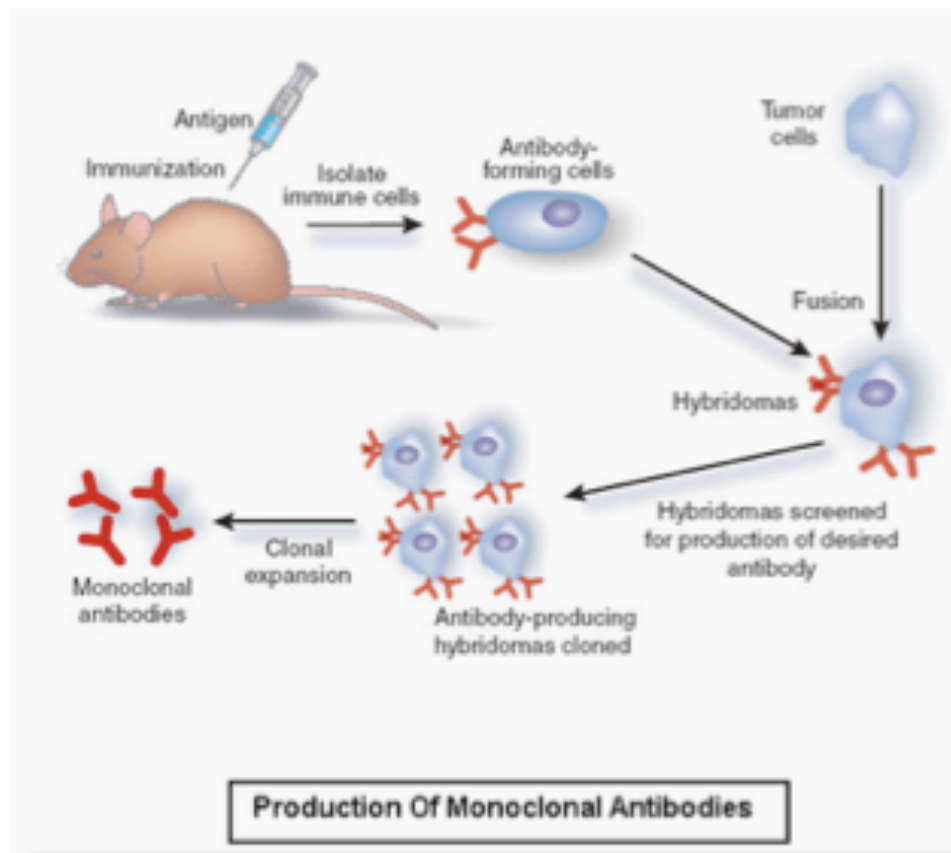


Spatial Learning: Severe Age-Related Deficit in PDAPP Mice

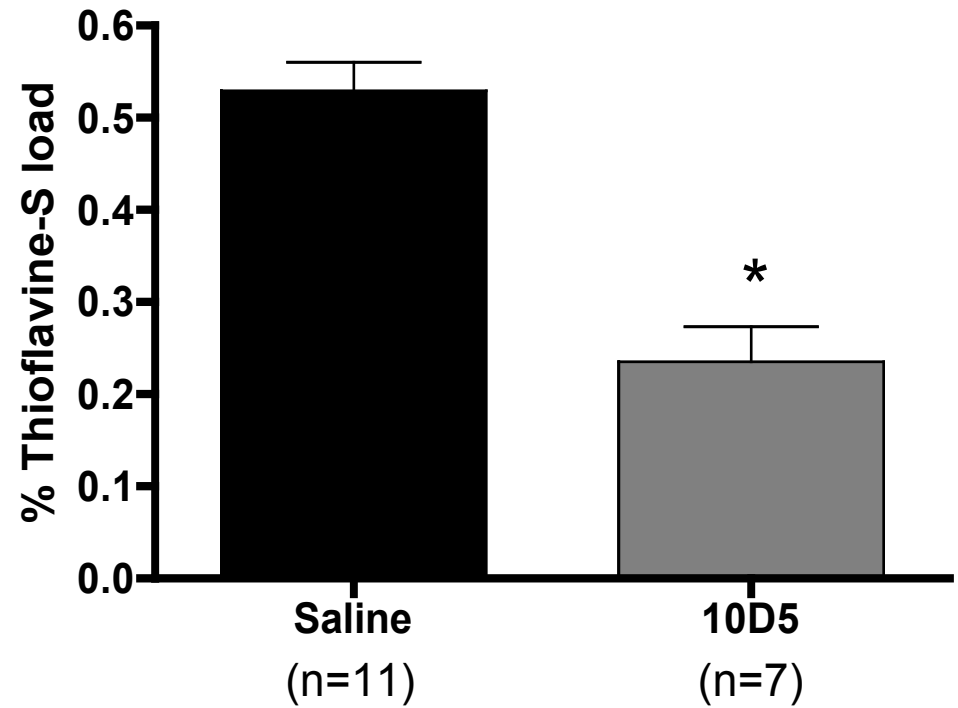
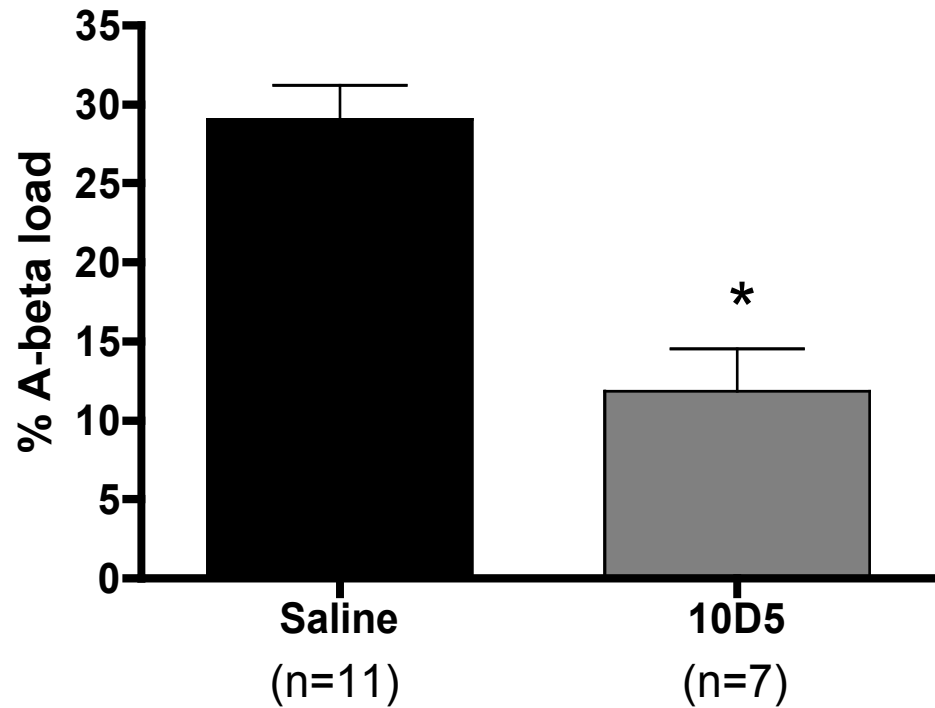
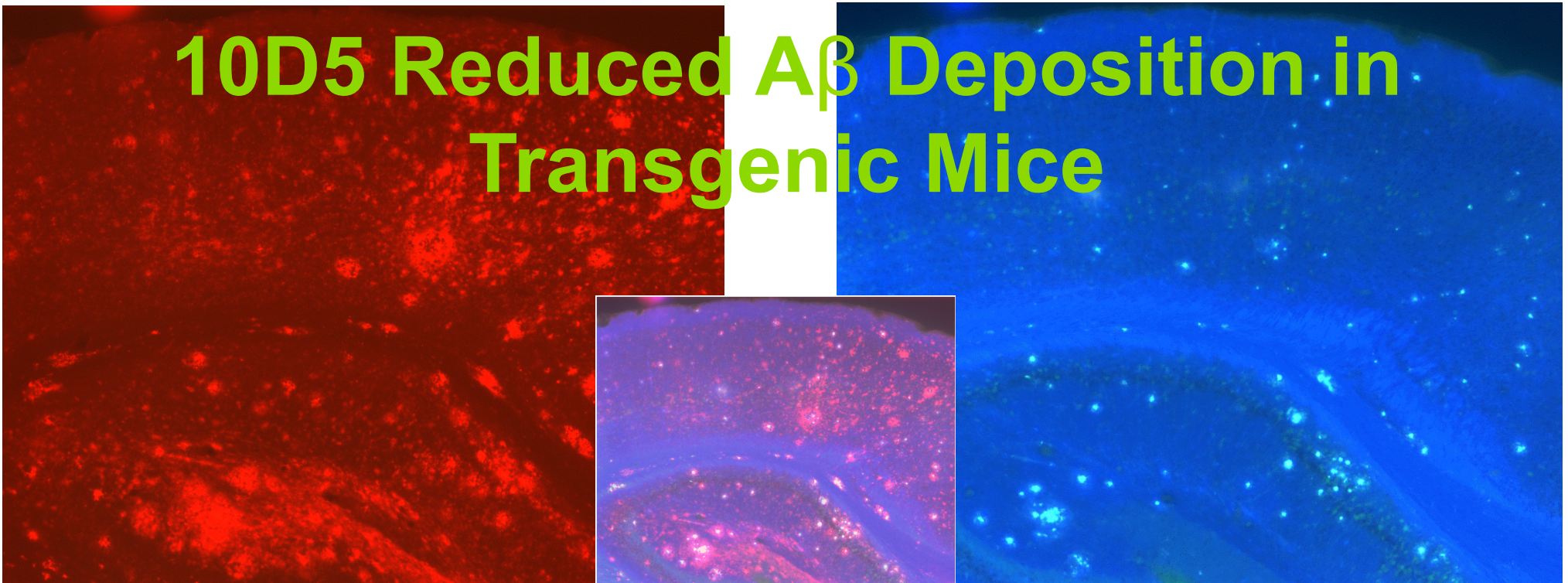


Is the Age-Related Deficit Due to A β ?

- 10D5 is a monoclonal antibody that targets A β
- Would treatment with 10D5 reduce plaque load and/or learning deficits in old transgenic mice?

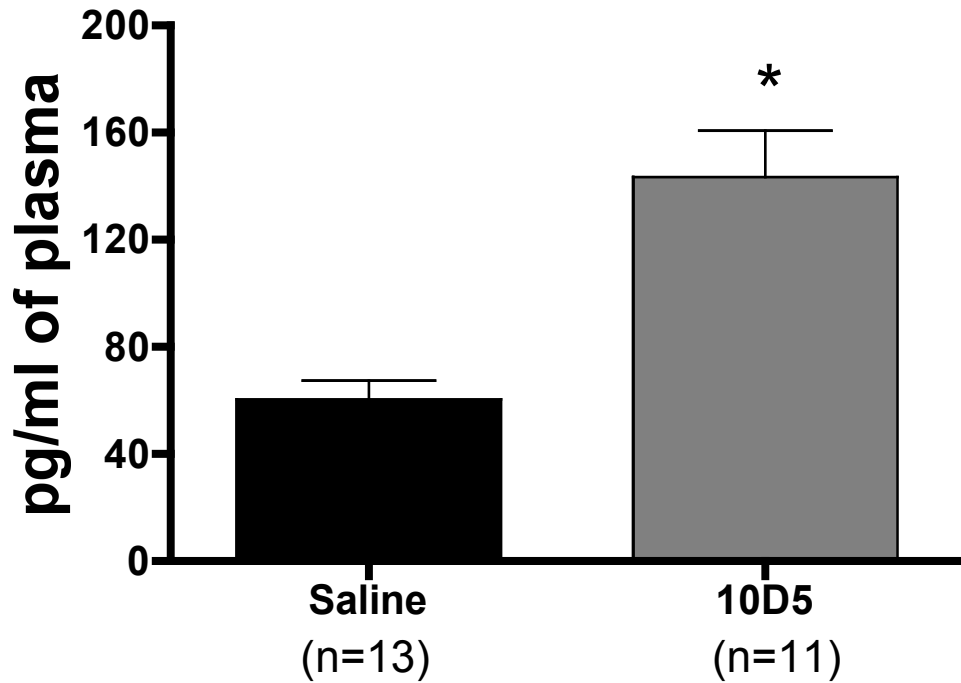


10D5 Reduced A β Deposition in Transgenic Mice

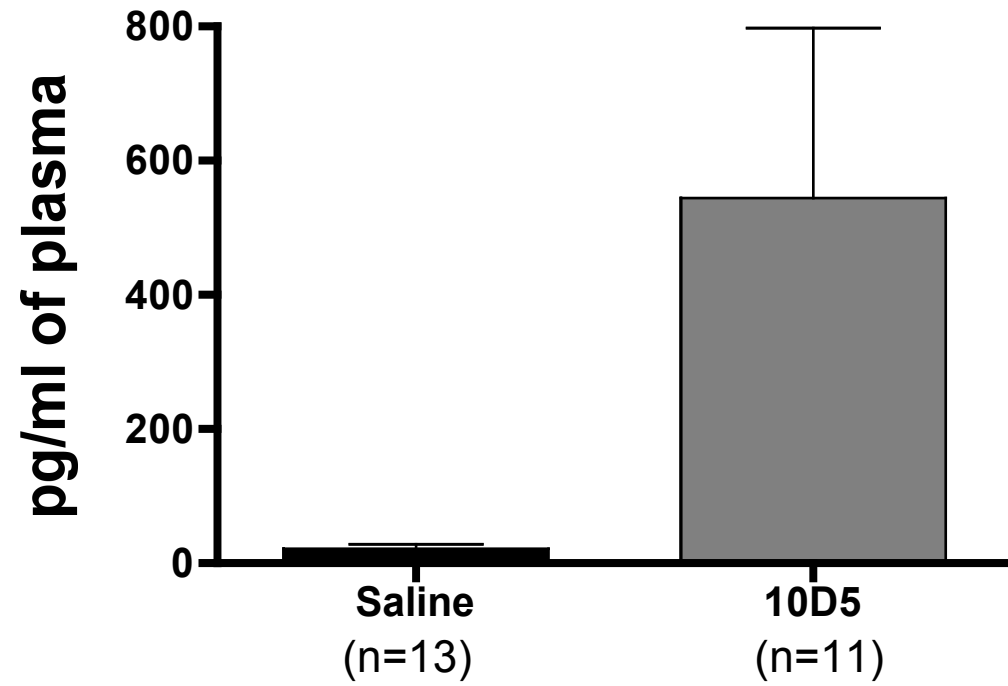


10D5 Increased Plasma A β Levels in Transgenic Mice

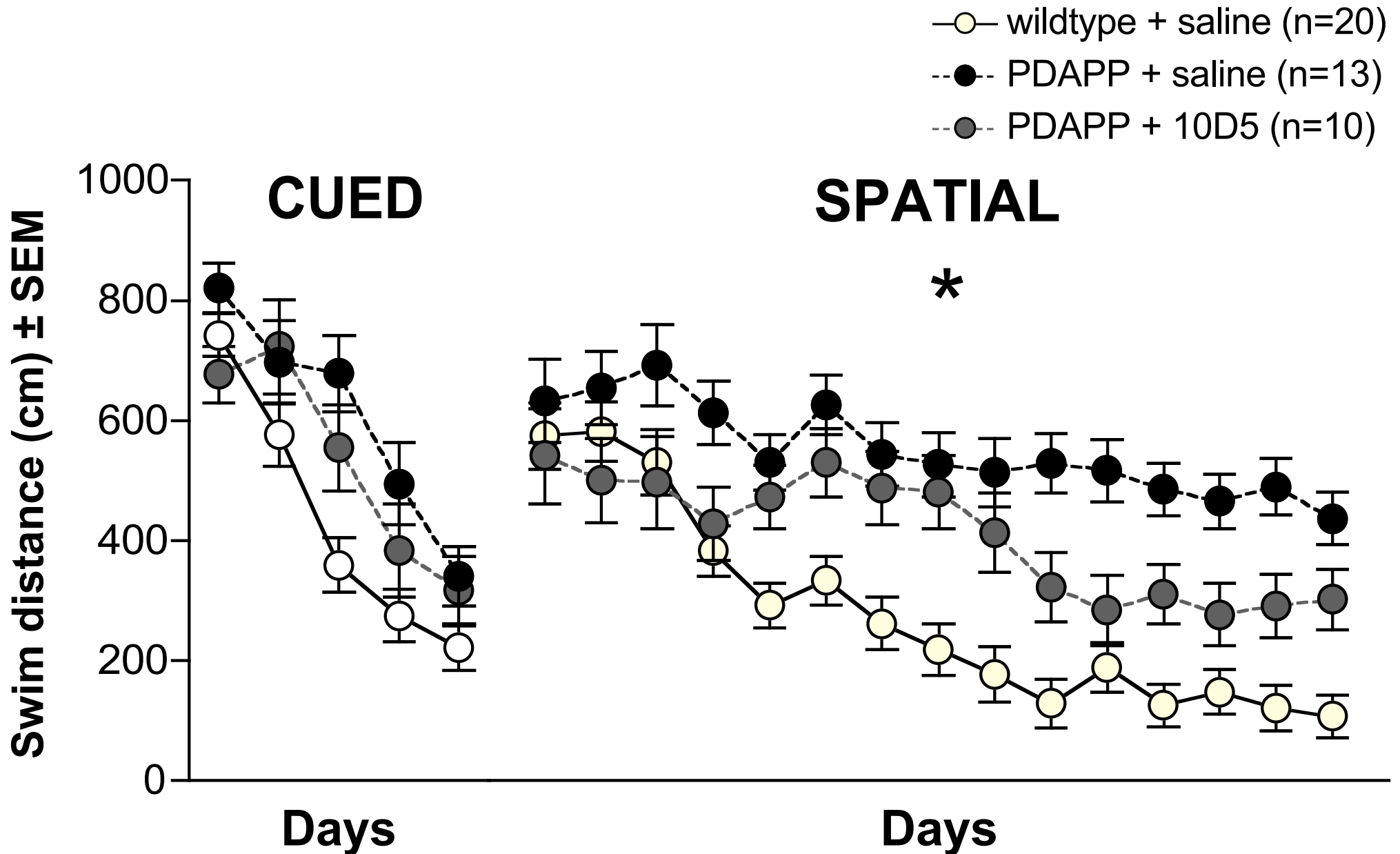
Plasma A β 40



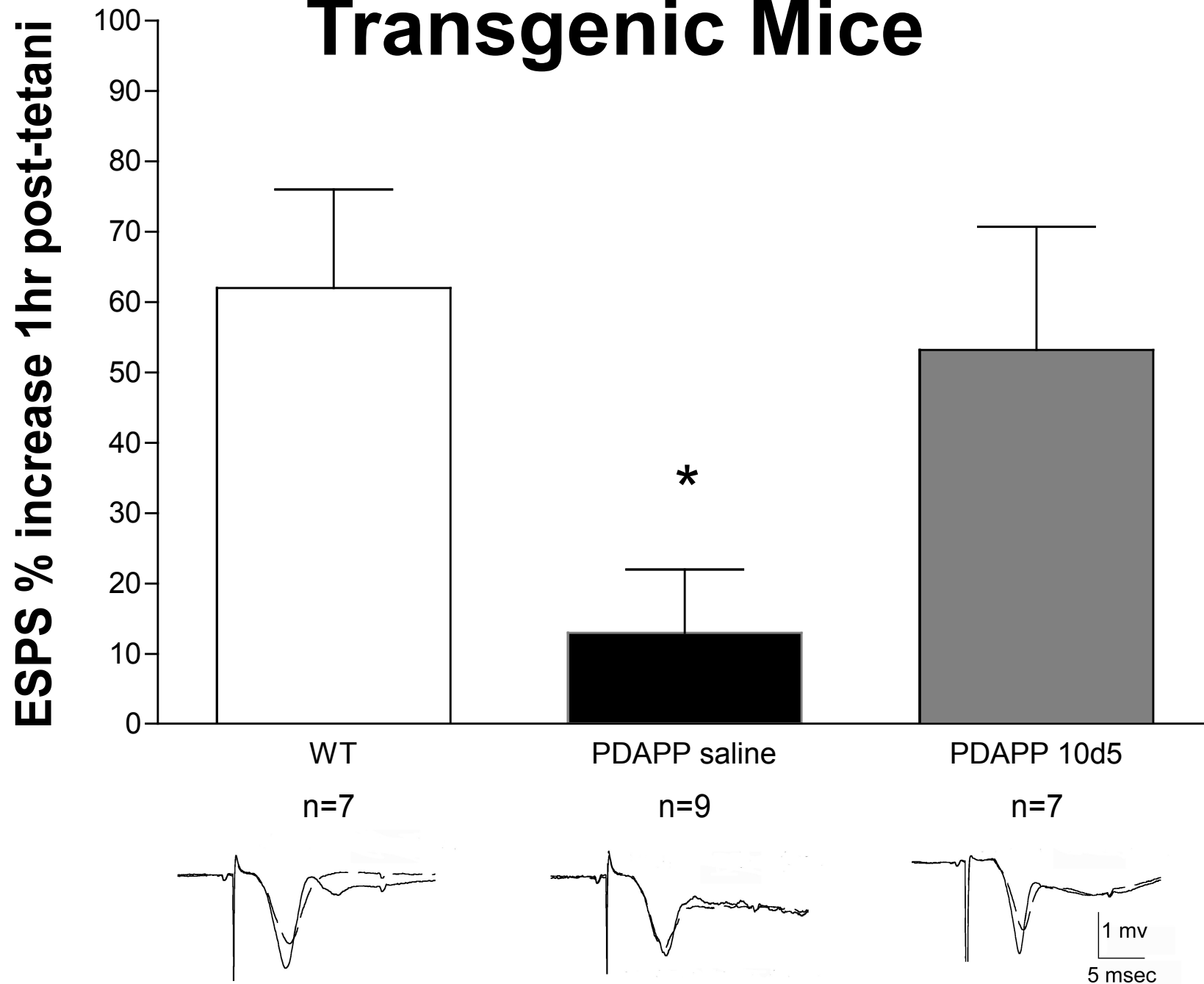
Plasma A β 42 *



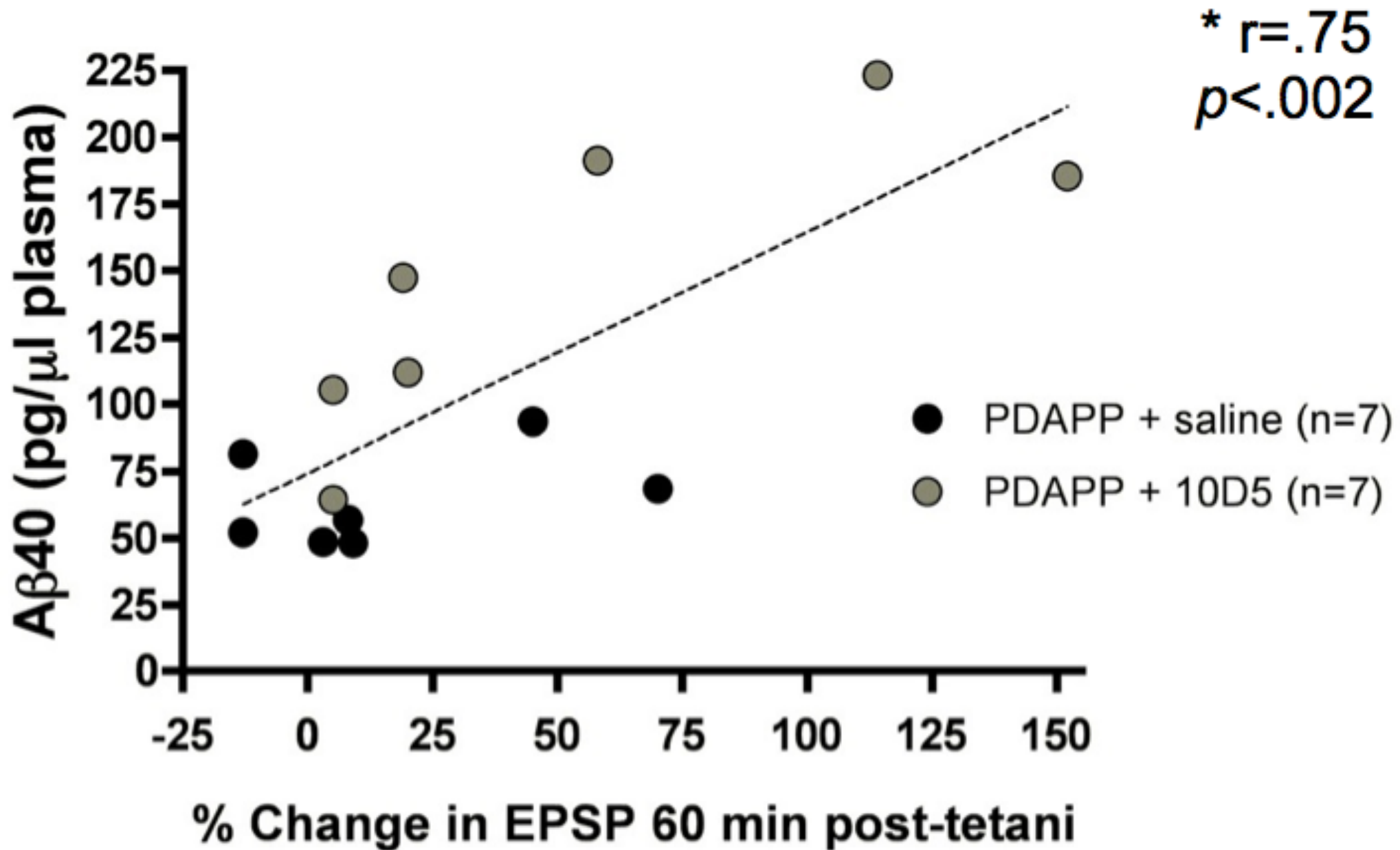
10D5 Reversed Spatial Learning Deficits in Transgenic Mice



10D5 Reversed LTP Dysfunction in Transgenic Mice



LTP Correlated with Plasma A β



Alzheimer's treatments

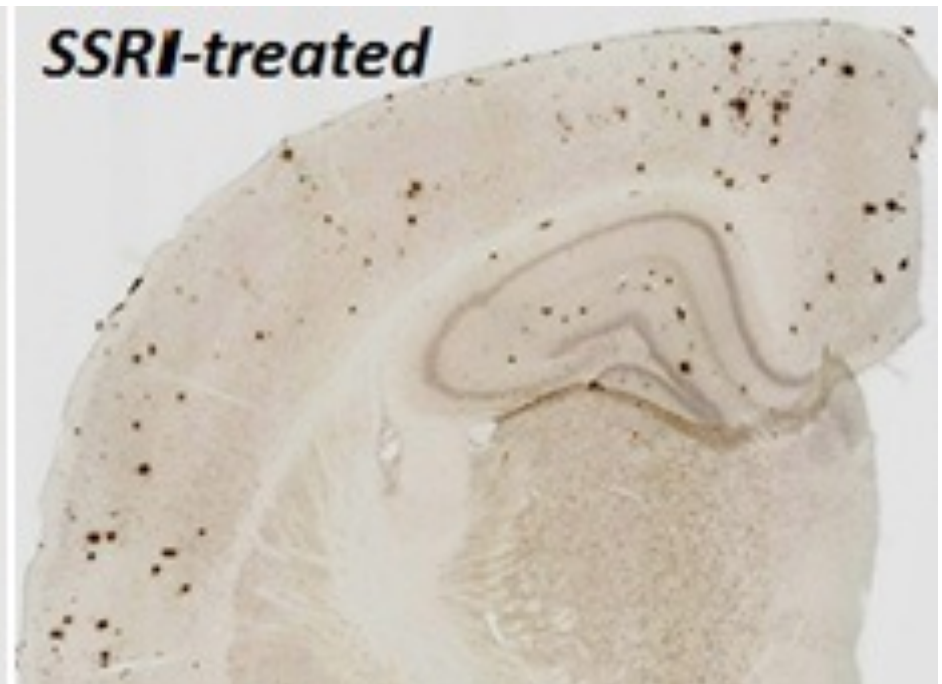
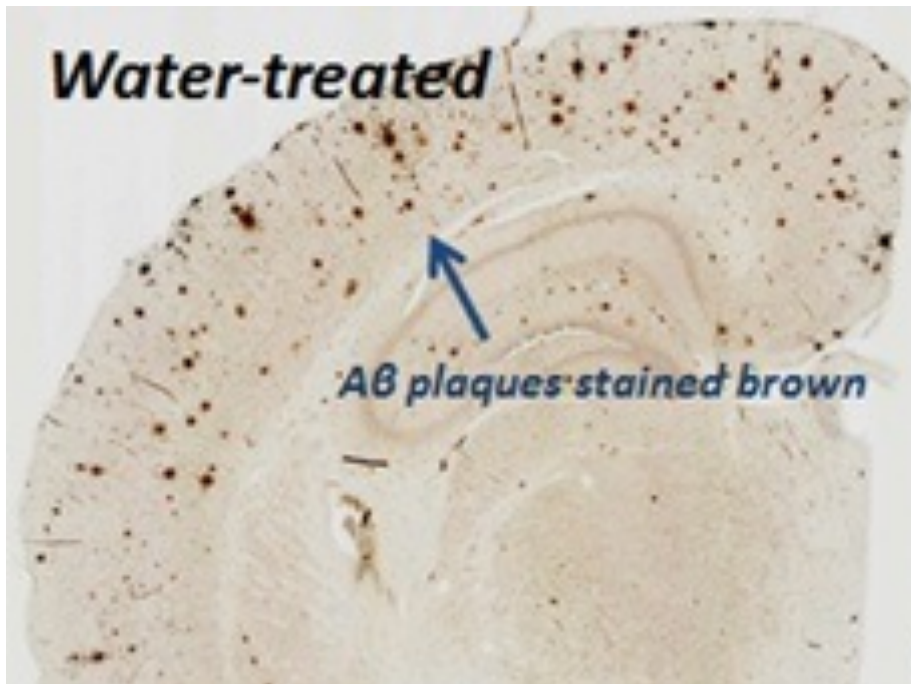
- with age, more $A\beta$ is produced, and less is cleared
 - accumulation of $A\beta$ occurs slowly over the lifetime, most predominantly in the hippocampal formation
- pharmaceutical strategies for controlling AD include:
 - increasing levels of ACh
 - AChE inhibitors
 - blocking NMDA glutamate receptor channels
 - memantine
- unfortunately, these treatments do not work very well

Antibodies such as 10D5 are in clinical trials

Also - SSRIs, nutrition

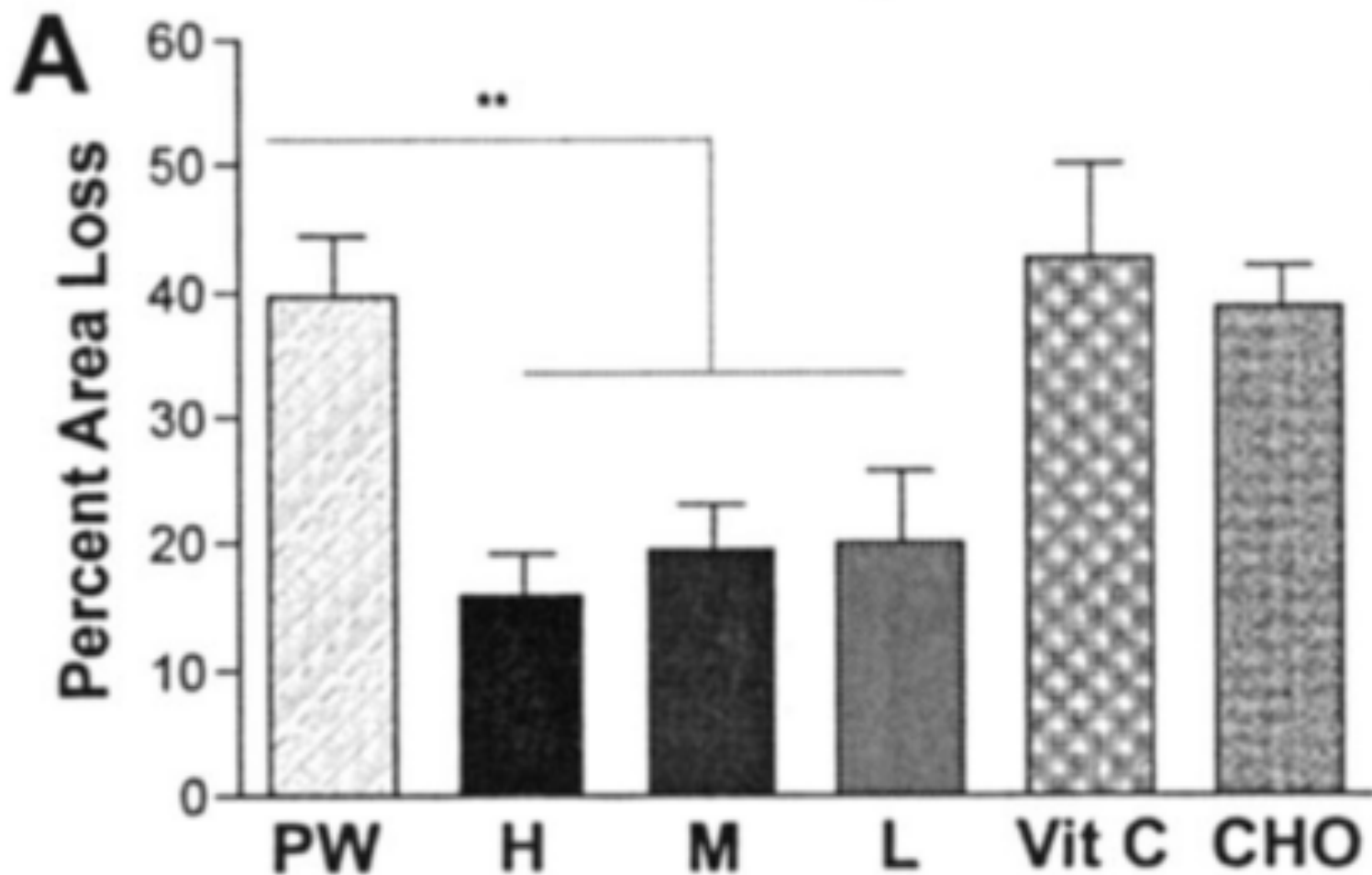
Alzheimer's treatments

- SSRIs activate 5HT receptors
 - binding of 5-HT to certain metabotropic receptors activates intracellular processes that “activate” and enzymes called extracellular-signal-regulated kinases (ERKs)
 - ERKs modulate enzymatic processing of APP
 - decrease gamma-secretase processing
 - increase alpha-secretase processing



Pomegranate and Stroke

- Loren et al. (2005) - when fed to pregnant mice, pomegranate juice protected neonatal offspring from subsequent hypoxic-ischemic brain injury



Pomegranate and Phytochemicals

Pomegranates have been used as food and medicine for centuries. They contain very high concentrations of polyphenols (e.g., ellagic acid).



Diet Can Modulate the Risk of AD

Dietary fruits and vegetables may decrease risk or slow progression of AD

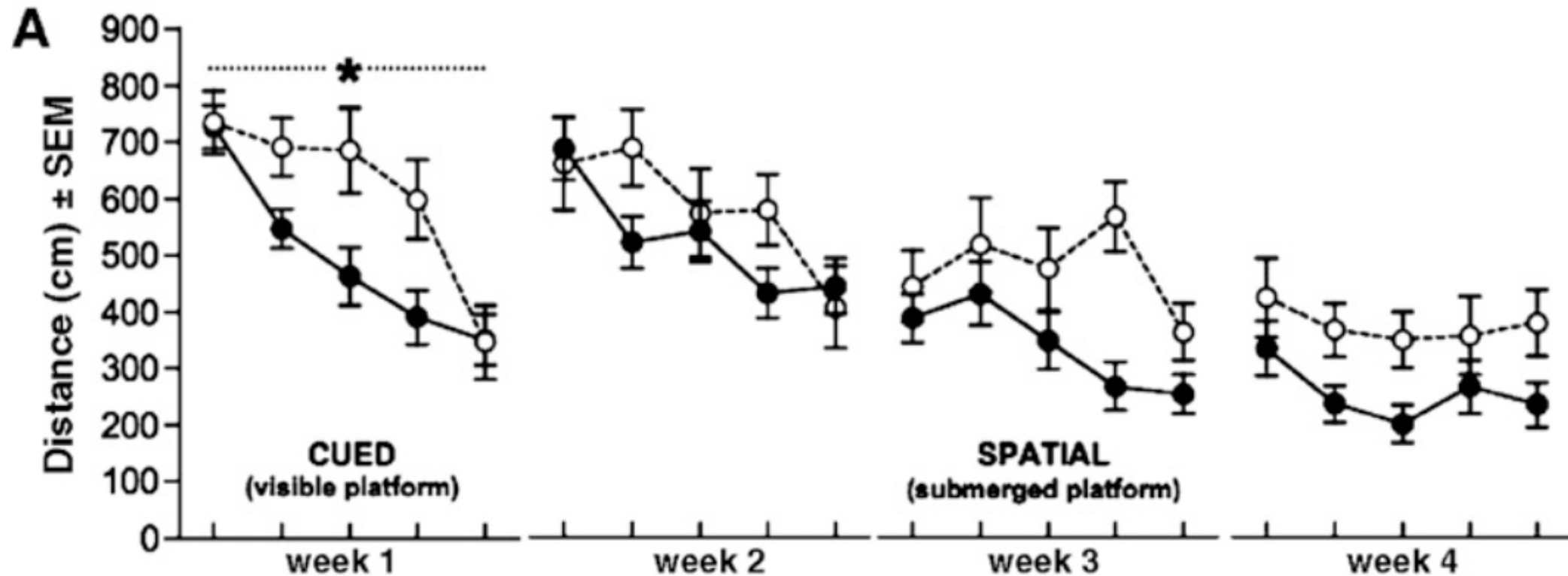


- so..... pre-plaque transgenic mice were treated for 6 months (post-plaque) with either:

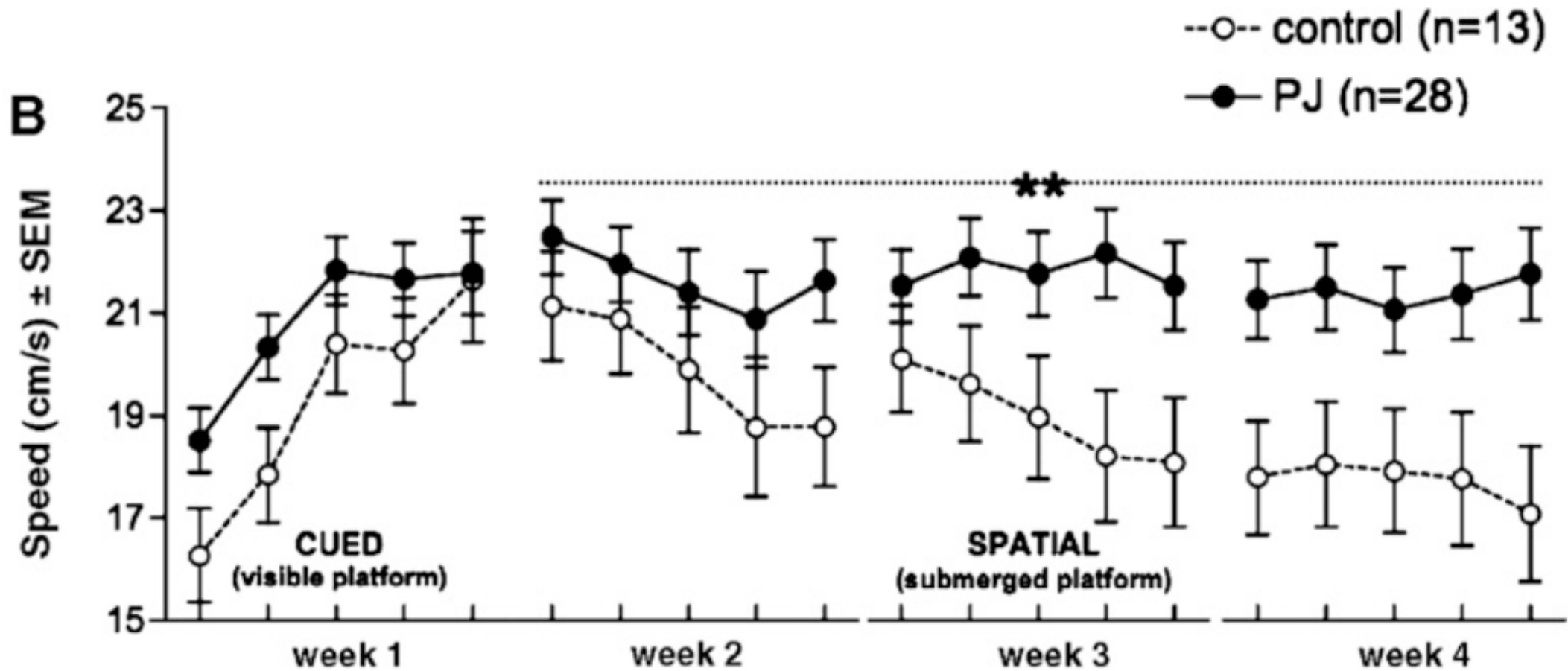
- pomegranate juice - diluted to a human dose of ~1-2 cups / day

- sugar water control

Pomegranate mice exhibited better spatial learning



Pomegranate mice were also stronger swimmers

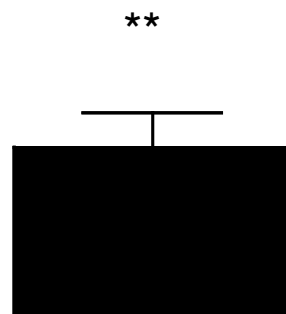
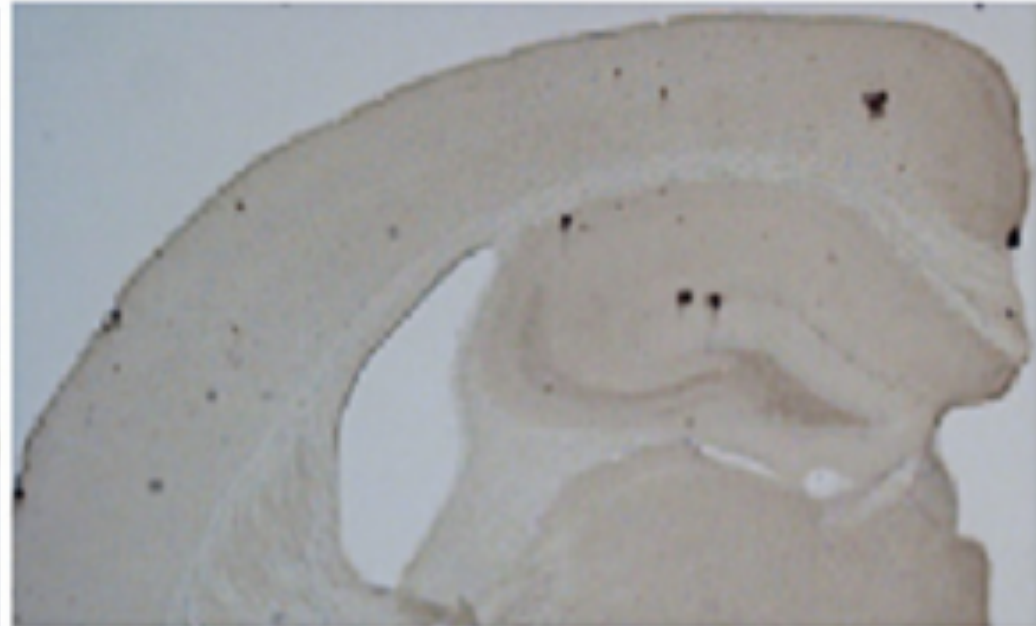
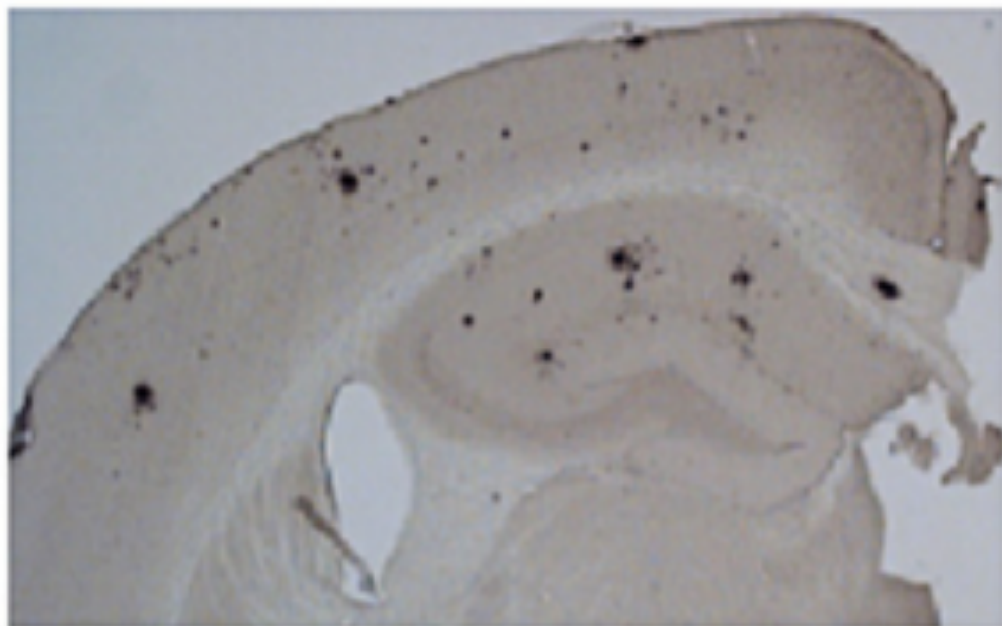


Pomegranate juice decreases amyloid load and improves behavior in a mouse model of Alzheimer's disease

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CONTROL BRAIN

PJ BRAIN

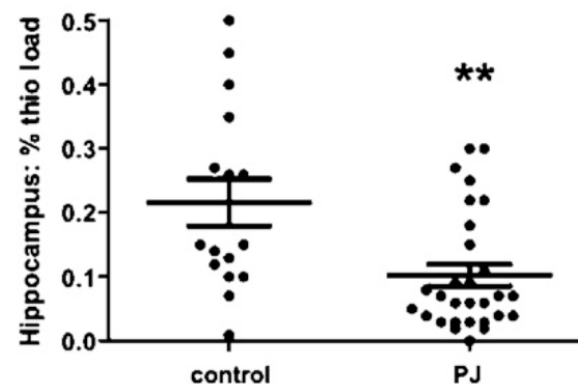
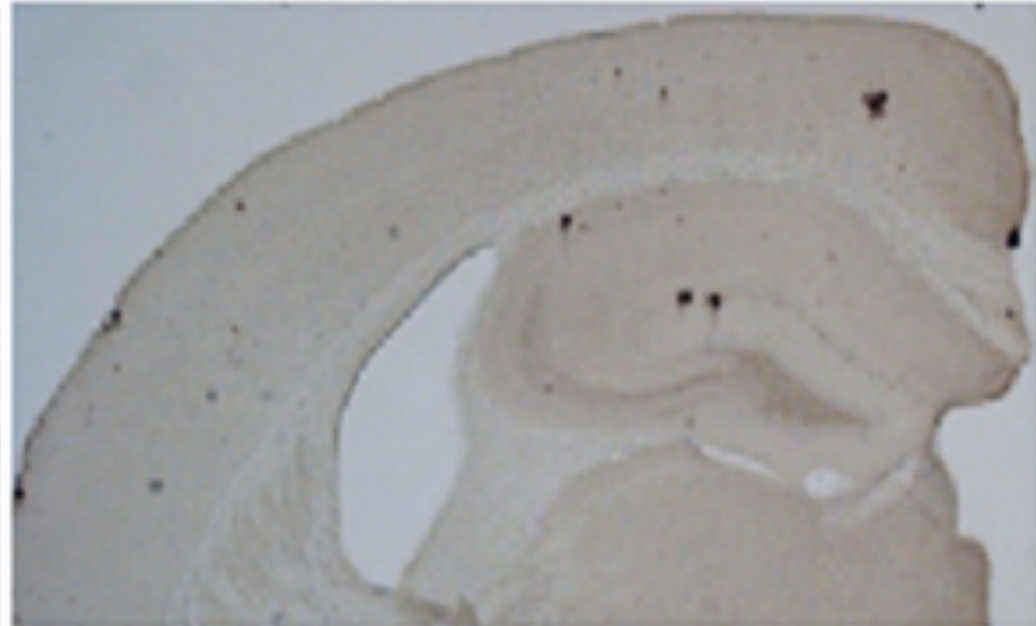
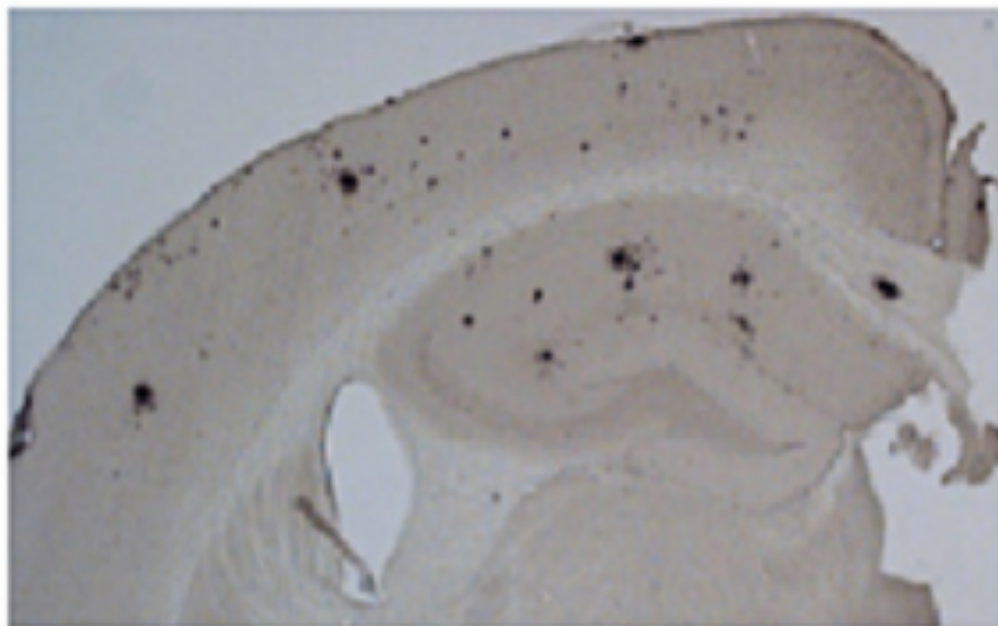


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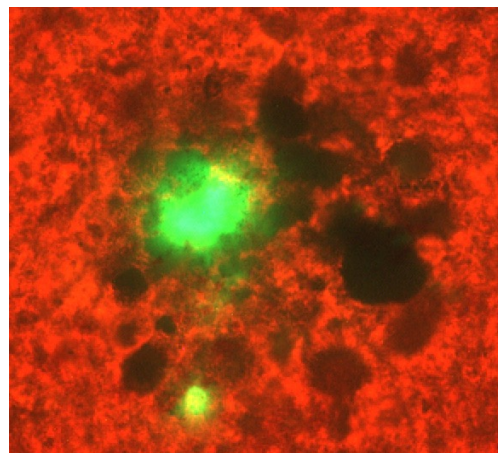
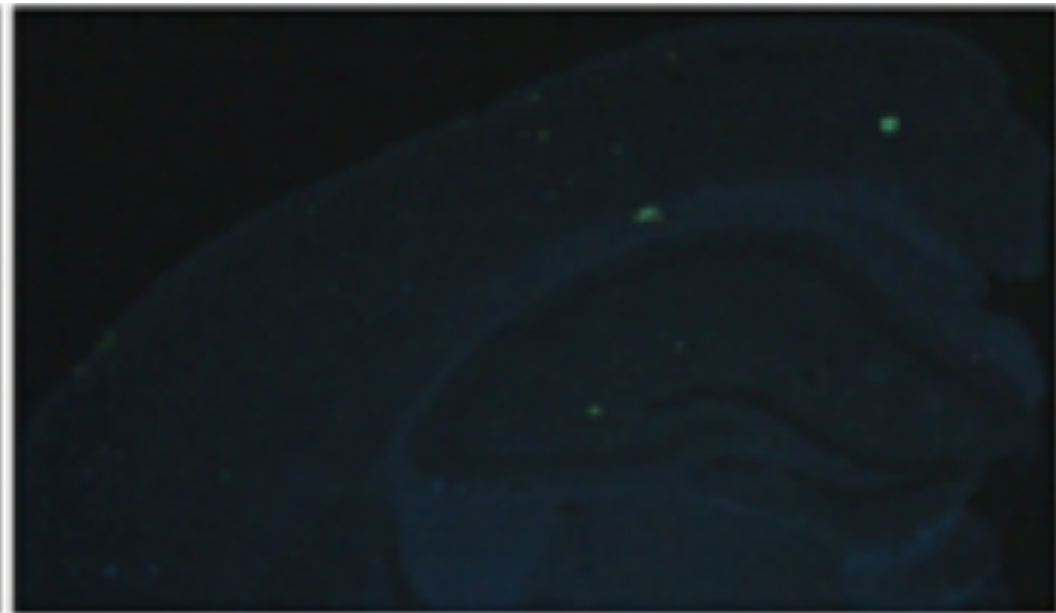
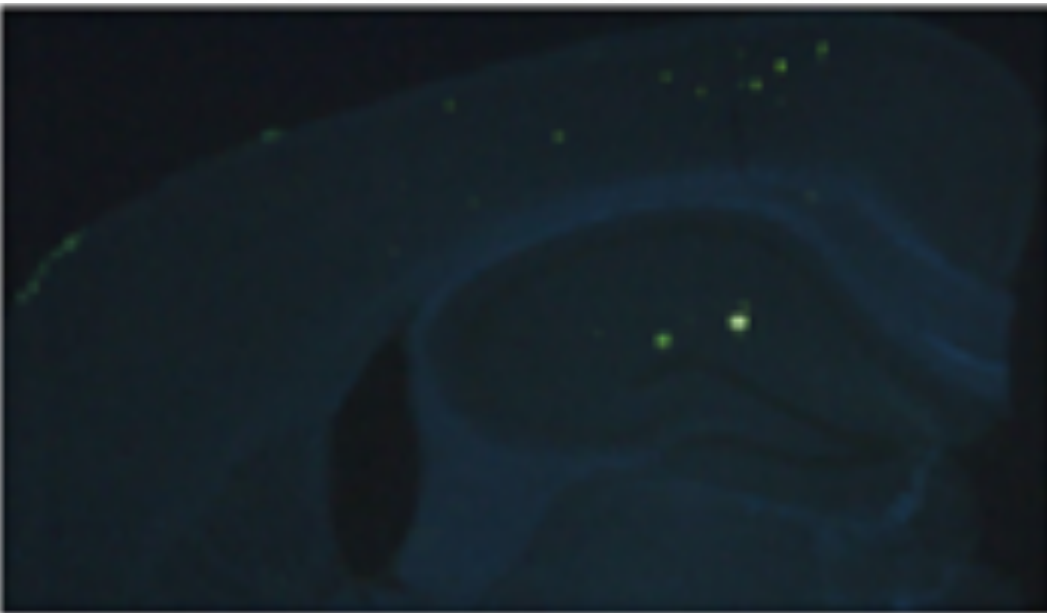


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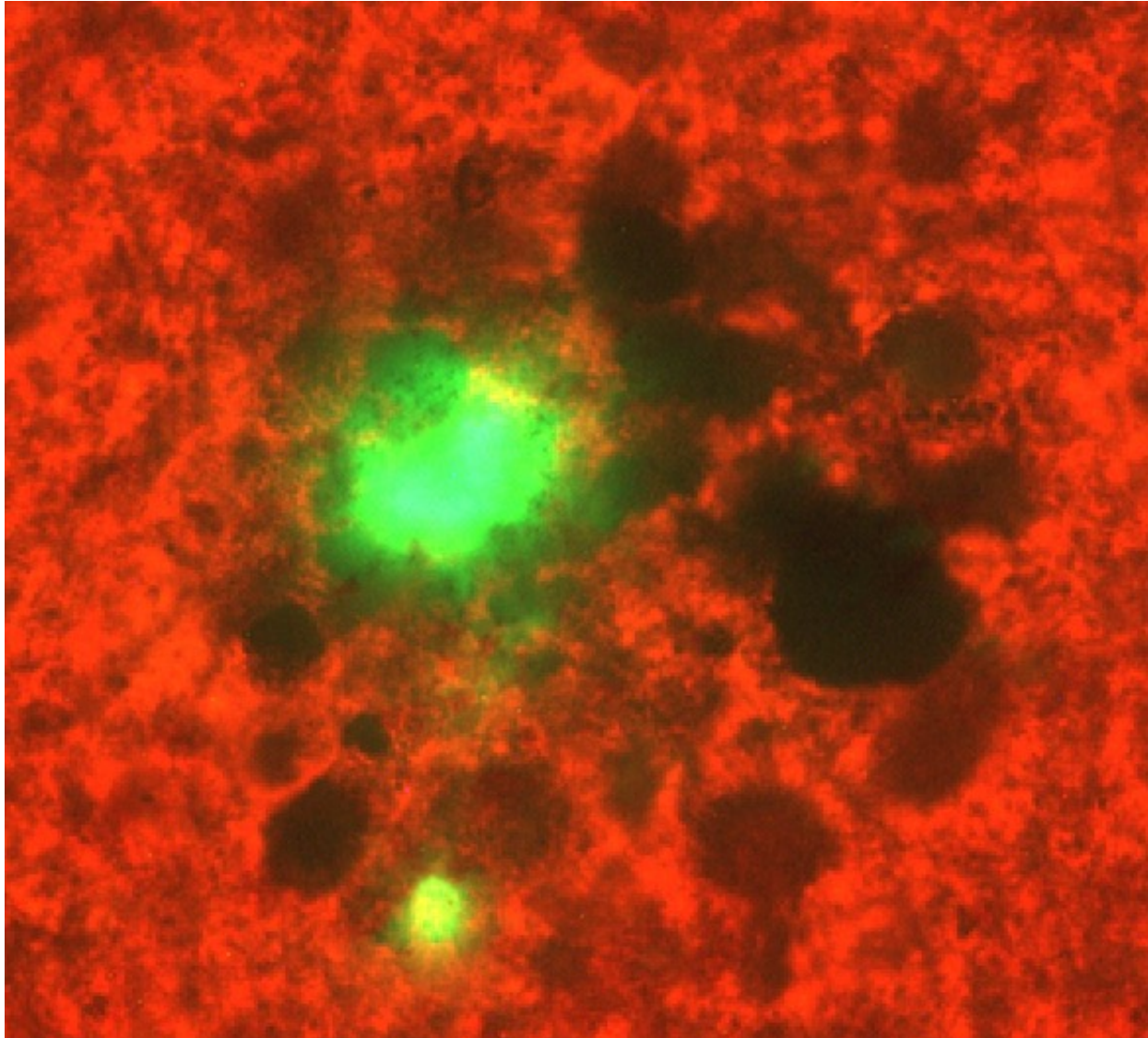
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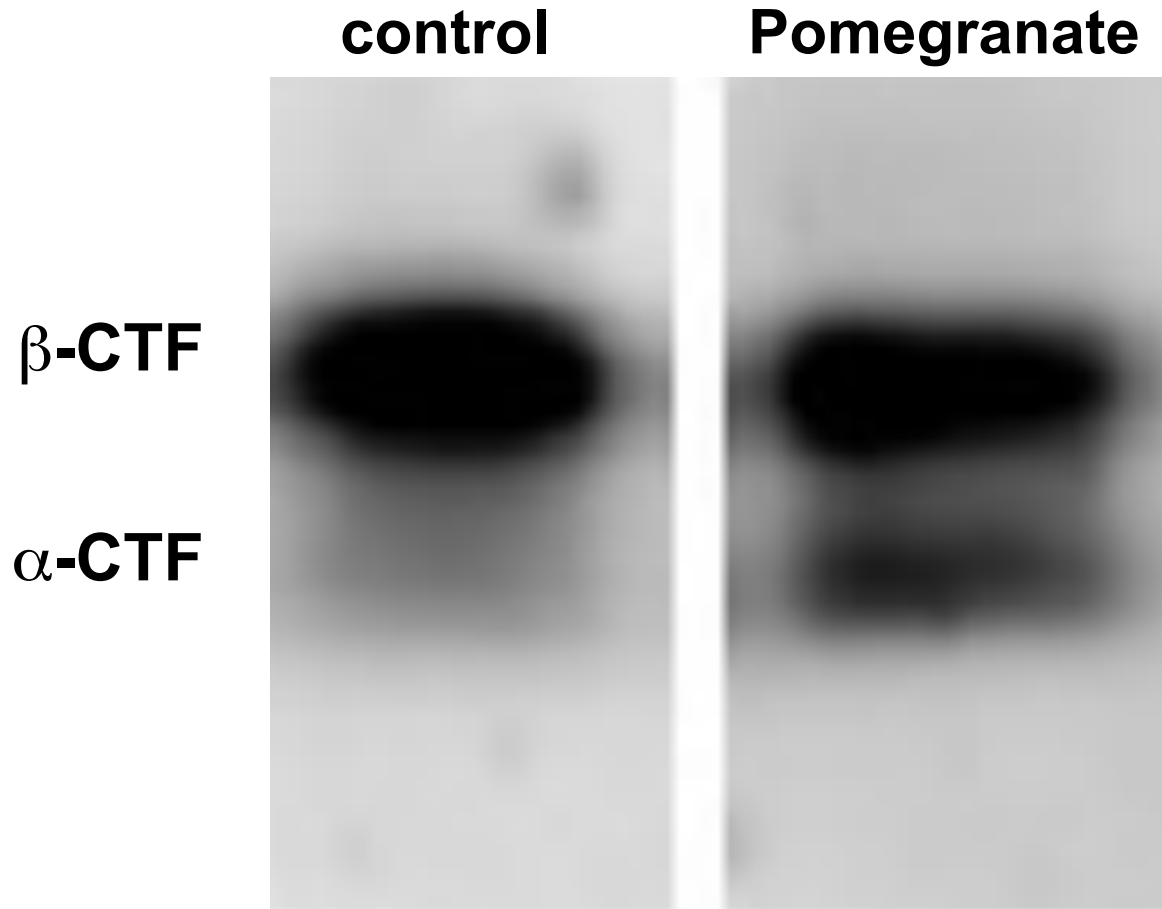
Pomegranate reduced amyloid toxicity



28% fewer swollen neuronal processes associated with each amyloid plaque

How?

Enhanced α -secretase processing of $A\beta$ (ERK?)



→ less neurotoxic $A\beta$

→ more neuroprotective sAPP- α

Other potential pomegranate mechanisms

- antioxidant, anti-inflammatory, improved lipid profile, cardiovascular function, nitric oxide production, + ?
 - Kwak et al. (2005) showed that ellagic acid inhibits β -secretase
 - less neurotoxic $A\beta$

Summary

- Several lines of evidence suggest that:
 - gradual accumulation of $A\beta$ in the brain causes downstream events leading to:
 - functional neuronal deficits
 - structural brain damage
 - behavioral impairments
 - eventually death

Summary

- So.... AD is related to abnormal buildup of brain A β
 - high levels of brain APP
 - and/or excessive amyloidogenic APP processing
 - induces neurotoxic events and even more A β accumulation
 - vicious circle of neurodegenerative decline
 - “*amyloid cascade*” hypothesis of AD

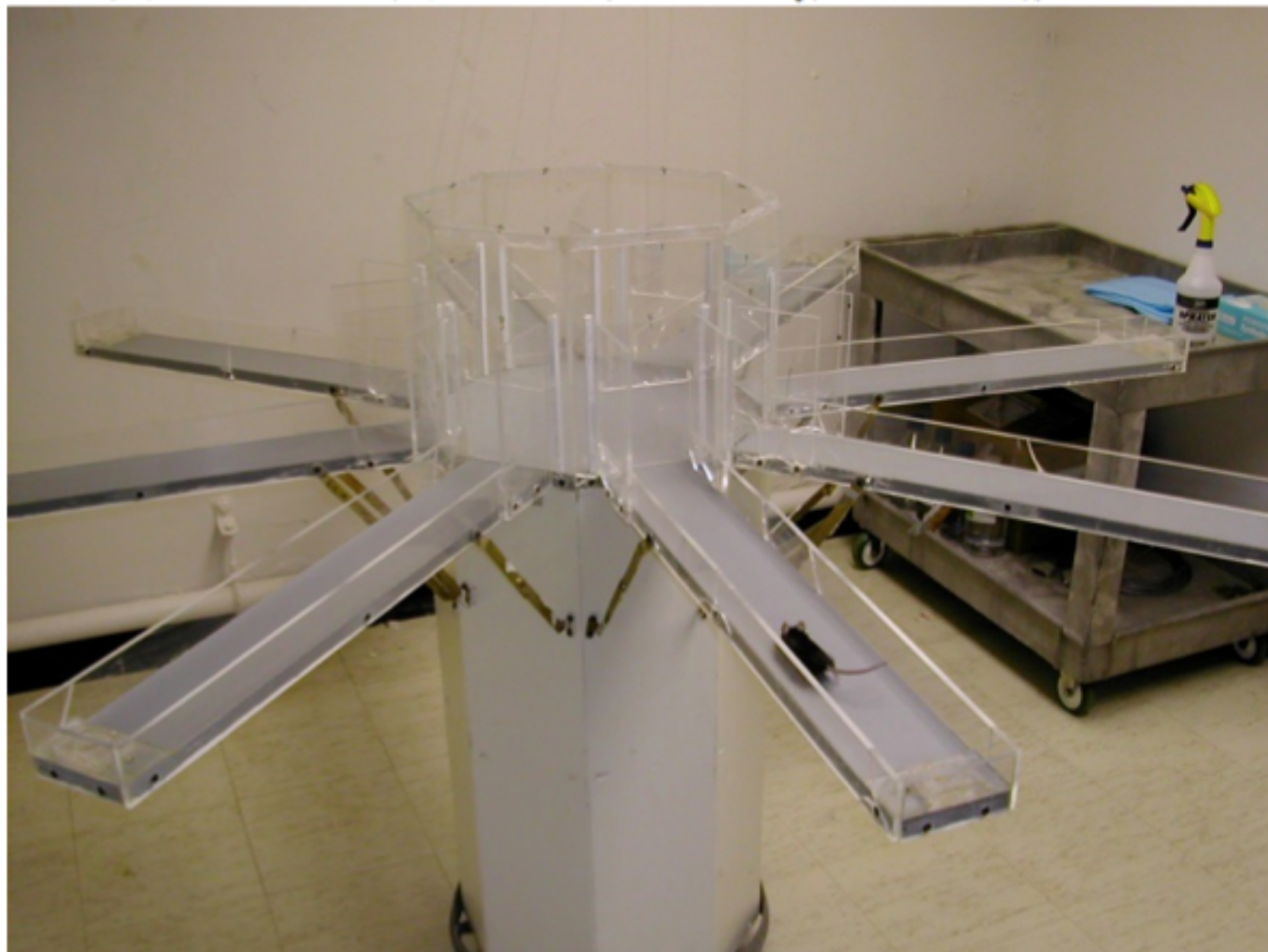
Summary

- treatments that lower levels of A β can prevent and reverse AD-like symptoms and pathology in transgenic mice
 - anti-A β antibodies decreased A β deposition and improved both cognitive performance and LTP in the hippocampus

A β accumulation is at least partially responsible for the age-related neuronal dysfunction that eventually disrupts cognitive performance

Behavioral Phenotyping of GFAP-ApoE3 and -ApoE4 Transgenic Mice: ApoE4 Mice Show Profound Working Memory Impairments in the Absence of Alzheimer's-like Neuropathology

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