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**Effect of amyloid beta-peptide on  
synaptic plasticity in the  
Hippocampus *in vitro***

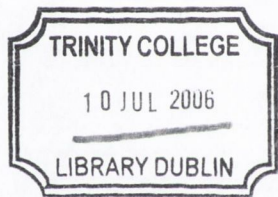
**By**

**Qinwen Wang**

A dissertation submitted for the degree of Doctor of Philosophy  
at the University of Dublin , Trinity College.

This research was carried out in the Department of Physiology.

September 2004



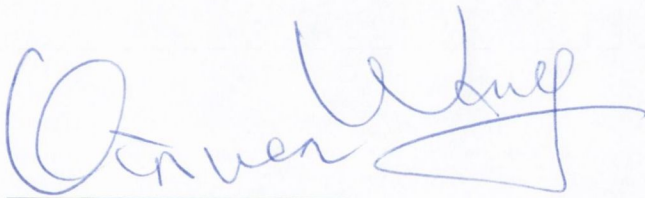
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献给我的父亲母亲

For my mother and father

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Qinwen Wang

## Acknowledgements

I would like to express my sincere gratitude to Prof. Roger Anwyl for giving me the opportunity to conduct this research in his laboratory and for his generous financial support. Without his patience, encouragement and guidance, none of this work would be possible. More importantly, I have learned from him how to think as a scientist, the correct attitude toward the science and how a scientist should dedicate to his or her career.

I am grateful to Dr Michael J. Rowan of Department of Pharmacology and Therapeutics for his hospitality, understanding and invaluable advice.

Thanks also to Prof. Chris Bell for allowing me to carry out research in his department.

Special Thanks to Dr. Jianqun Wu for his expertise with all electronic devices and computer. His knowledge in neuroscience helped me enormously. Jianqun also gave me great help that made my life in Dublin much easier.

Sincere thanks to everyone past and present in the laboratory. I had a lot to learn when I started and they taught me many things, from slice cutting, to patching of the neurons. I thank them for their friendship - Dr. Barbara Gisabella, Dr. Laurence o'dwyer, Dr. Tony Rush, Dr. Sarah Harney, Dr. Phillip Welsby.

Thanks to all the members in the department- Marina Lynch, Kieran Walsh, Ann Connick, Alice Jordan, Siobhan McBennett, David Fletcher, Darren Martin, Stuart Warmington, Quentin Comerford, Aidan Kelly, Aine Kelly, Lesley Penny, Frank Maher, Eric Downer, Barry Boland, Aileen Lynch, Jaimie O'dwyer, etc.

Thanks to all the staff of BioResorce Unit for all the corporation.

Finally , I would like express heartfelt thanks to my wife, Lan Chang for her support. She made my life here so comfortable that I can dedicate to my research without distraction. I would also like convey my thanks to my son Feiming. And apologize to them for the hardship created by the situation.

## **Publications**

### Papers

**1. Wang Q, Walsh DM, Rowan MJ, Selkoe DJ, Anwyl R.**

Block of long-term potentiation by naturally secreted and synthetic amyloid beta-peptide in hippocampal slices is mediated via activation of the kinases c-Jun N-terminal kinase, cyclin-dependent kinase 5, and p38 mitogen-activated protein kinase as well as metabotropic glutamate receptor type 5.

**J Neurosci. 2004 Mar 31;24(13):3370-8.**

**2. Wang Q, Rowan MJ, Anwyl R.** Beta-amyloid-mediated inhibition of NMDA receptor-dependent long-term potentiation induction involves activation of microglia and stimulation of inducible nitric oxide synthase and superoxide.

**J Neurosci. July 7, 2004, 24(27):6049-6056**

**3. Marcus A. Westerman, Qinwen Wang, Linda A. Kotilinek, Giselle P. Lim, Agnieszka Falinska, Agnes Simonyi, Linda H. Younkin, Steven G. Younkin, Grace Y. Sun, Michael Rowan, James Cleary, Sally A. Frautschy, Greg M.Cole, Roger Anwyl, Karen H. Ashe.** NSAIDs improve amyloid  $\beta$  protein-induced deficits in memory and synaptic plasticity .

**Neuron. Submitted**

**4. Michael J. Rowan, Igor Klyubin, Qinwen Wang and Roger Anwyl.** Mechanisms of the inhibitory effects of amyloid beta-protein on synaptic plasticity.

**Exp Gerontol. 2004 Nov-Dec;39(11-12):1661-7**



**5. Michael J. Rowan, Igor Klyubin, Qinwen Wang and Roger Anwyl.**  
Synaptic plasticity disruption by amyloid beta protein: modulation by  
potential Alzheimer's disease modifying therapies.  
**Biochem Soc Trans. 2005 Aug;33(Pt 4):563-7.**

**6. Qinwen Wang, Jinqun Wu, Michael J. Rowan and Roger Anwyl.**  
The  $\beta$ -amyloid inhibition of LTP is mediated via tumor necrosis  
factor.  
**European Journal of Neuroscience. Accepted**

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## Abbreviations

AD	Alzheimer's disease
A $\beta$	amyloid $\beta$ peptide
APP	$\beta$ -amyloid precursor protein
PF	protofibril
ADDL	A $\beta$ -derived diffusible ligand
NFT	neurofibrillary tangle
PHF	paired helical filaments
TMD	transmembrane domain
PS	presenilin
LTP	long-term potentiation
E-LTP	early-phase LTP
L-LTP	Late-phase LTP
LTD	long-term depression
fEPSP	field excitatory postsynaptic potentials
EPSC	excitatory postsynaptic current
HFS	high frequency stimulation
LFS	low frequency stimulation
BDNF	brain- derived neurotrophic factor
CREB	cAMP response element binding protein
MAPK	mitogen-activated protein kinase
ERK	extracellular signal-regulated kinase
JNK	c-jun N-terminal kinase
SAPK	stress-activated protein kinase
PTK	protein tyrosine kinase
PKC	protein kinase C
PKA	protein kinase A
Cdk	cyclin-dependent protein kinase

CaMKII	calcium/calmodulin kinase II
GABA	gamma-aminobutyric acid
NMDA	N-methyl-D-aspartic acid
AMPA	$\alpha$ -amino-3-hydroxy-5-methyl-isoxazole-4-propionic acid
KA	kainate
mAChR	muscarinic acetylcholine receptor
mGluR	metabotropic glutamate receptor
nAChR	nicotine acetylcholine receptor
AChE	achacetylcholinesterase
ROS	reactive oxygen species
COX	cyclooxygenase
NO	nitric oxide
iNOS	inducible nitric oxide synthase
SOD	superoxide dismutase
TNF- $\alpha$	tumor necrosis factor-alpha
IL	interleukin
NF- $\kappa$ B	nuclear factor $\kappa$ B;
NSAID	non-steroidal anti-inflammatory drug
AA	arachidonic acid
PG	prostaglandin
CHO	Chinese hamster ovary
CM	conditioned medium



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## Summary

Alzheimer's disease, the cause of one of the most common types of dementia, is a brain disorder affecting the elderly and is characterized by the formation of two main protein aggregates: senile plaques and neurofibrillary tangles. The pathogenesis mechanism of AD is not yet established. However, Several lines of evidence indicate that AD may be due, at least in part, the accelerated deposition of amyloid  $\beta$ -peptide ( $A\beta$ ), which constitute a principal component of senile plaques.

The mechanisms of action of human synthetic and naturally secreted cell-derived amyloid  $\beta$ -peptide<sub>1-42</sub> ( $A\beta_{1-42}$ ) on the induction of LTP were investigated in the medial perforant path to dentate granule cell synapse in rat and mouse hippocampal slices in vitro.

Synthetic and cell-derived  $A\beta$  strongly inhibited high frequency stimulation (HFS)-induced NMDAR-dependent LTP at peak and 1 hr post-HFS, although not induction of NMDAR-independent LTP or LTD. Cell-derived  $A\beta$  was much more potent than synthetic  $A\beta$  at inhibiting LTP induction, with threshold concentrations of  $\sim 1$  nM and 100-200 nM respectively.

The involvement of various kinases in  $A\beta$ -mediated inhibition of LTP induction was investigated by applying  $A\beta$  in the presence of inhibitors of these kinases. The c-Jun N-terminal kinase (JNK) inhibitor JNKI prevented the block of LTP induction by both synthetic and cell-derived  $A\beta$ . The block of LTP induced by synthetic  $A\beta$  was also prevented by the JNK inhibitor SP600125, the Cdk5 inhibitors butyrolactone and roscovitine, and the p38 MAP kinase inhibitor SB203580, but not by the p42/44 MAP kinase inhibitor UO126.

The group I/group II metabotropic glutamate receptors (mGluR) antagonist LY341495 and the mGluR5 antagonist MPEP prevented the block of LTP induction by A $\beta$ .

The  $\alpha 7$  nicotinic receptor (nAChR) antagonist MLA did not prevent the inhibition of LTP induction by A $\beta$ .

Evidence is presented in this study that the A $\beta$ -mediated inhibition of LTP induction involves activation of microglia and production of reactive oxygen and nitrogen species. The inhibition of NMDAR-dependent LTP was prevented by minocycline, an agent that prevents activation of microglia.

The involvement of inducible nitric oxide (iNOS) was shown by the inability of A $\beta$  to inhibit LTP induction in iNOS knockout mice, and also by the ability of two iNOS inhibitors, aminoguanidine and 1400W, to prevent the A $\beta$ -mediated inhibition of LTP induction.

The A $\beta$ -mediated inhibition of LTP induction was also prevented by the superoxide scavenger superoxide dismutase applied together with catalase. Evidence for involvement of superoxide in the action of A $\beta$  on LTP induction was shown by the ability of an inhibitor of NADPH oxidase to prevent the A $\beta$ -mediated inhibition of LTP induction.

The data demonstrate that A  $\beta$  causes inhibition of LTP induction by a series of events. We suggest that the A $\beta$ -mediated inhibition of LTP induction is mediated via activation of mGluR5 and the kinases JNK, Cdk5 and p38 MAP kinase. The study also provides evidence that the A $\beta$ -mediated inhibition of LTP induction involves an inflammatory-type reaction in which activation of microglia results in production of nitric oxide and superoxide and thence possibly peroxynitrite, a highly reactive oxidant.

# 1. Introduction

## 1.1 Preface

Alzheimer's disease (AD) is the most common form of degenerative dementia of human central nervous system (CNS) in the elderly ( Katman et al., 1986; Francis et al., 1999; Perry and Hodges 1999, Selkoe 2001), which affects up to 15% of people over 65 years and nearly half of people whose age is older than 85 years( Smith et al., 1998). AD can be characterized clinically by a progressive impairment in cognitive function during mid- to late-adult life with the initial symptoms typically being certain forms of memory and language losses (Selkoe et al., 1997,2004; Lawrence and Sahakian 1998, Bozeat et al., 2000; Marin et al., 2002). The major neuropathological changes in brains of AD patients were observed first by Alois Alzheimer (1907) and include neuronal cell death accompanied the presence of abnormal intra- and extraneuronal proteinaceous deposits (Katzman, et al., 1986). Intracellularly, formation of neurofibrillary tangles (NFTs) composed of paired helical filaments (PHFs), composed of hyperphosphorylated tau (Goedert M, 1993; Kosik, 1991). Extracellularly, amorphous insoluble aggregates of proteinaceous debris termed "amyloid" appear in the form of senile plaques or neuritic plaques and cerebrovascular amyloid deposits (Glenner, 1980).

There is no cure for AD, and its molecular mechanism is not yet established. However, lines of evidence suggest that the amyloid  $\beta$  peptide ( $A\beta$ ), the major component of plaques, a 4.1-4.3kD cleavage product of  $\beta$ -amyloid precursor protein (APP) plays a critical role in AD.

## **1.2 Origin and structure of $A\beta$**

### **1.2.1 Biogenesis of $A\beta$**

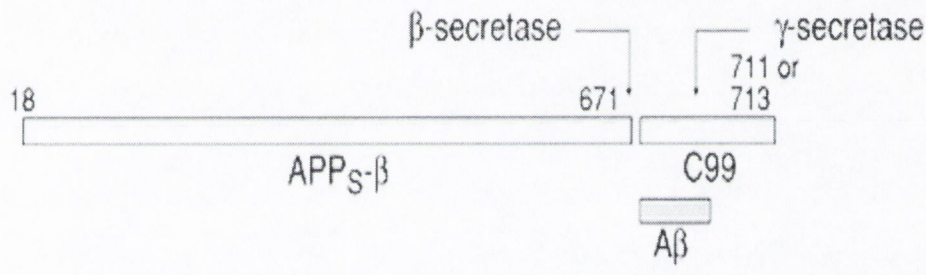
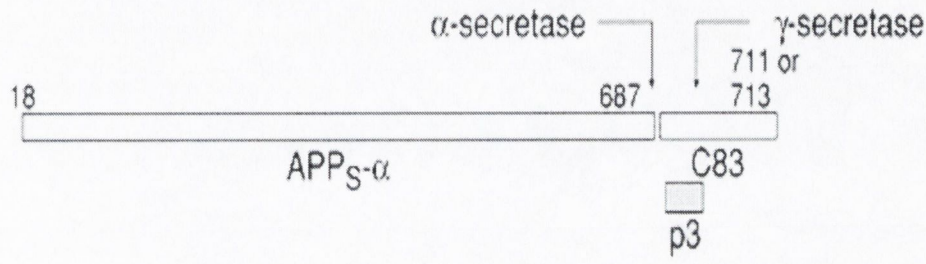
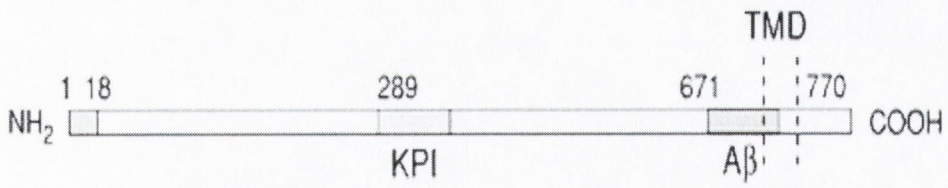
The purification and sequencing of the  $A\beta$  amyloid deposits in AD and Down's syndrome (Glennner and Wong, 1984) and the subsequent discovery that  $A\beta$  was the subunit of the plaque of amyloid (Master et al., 1985; Gorevic et al., 1986; Selkoe, et al., 1986) led to the cloning of gene encoding APP (Kang et al., 1987). Now we know  $A\beta$  is part of a larger amyloid precursor protein, it is a small hydrophobic peptide with N- and C-terminal heterogeneity that occurs in two principal lengths,  $A\beta_{40}$  and  $A\beta_{42}$ .

APP has 3 major isoforms of 695, 751 and 770 residues, these isoforms are derived from alternatively spliced transcripts encoded by a single gene on chromosome 21 at 21q21.2 (Robakis et al., 1987; Kang et al., 1987; Tanzi et al., 1987). The gene has 18 exons of which exons 16 and 17 encode in part for  $A\beta$  (Glennner and Wong, 1984). APP containing 751 and 770 residues are widely expressed in non-neuronal cells and also

occur in neurons. The isoform of 695 amino acid has a higher expression level in neurons than that in non-neurons (Haass et al., 1991).

APP is a single transmembrane polypeptide that is co-translationally translocated into the endoplasmic reticulum via its signal peptide and then post-translationally modified through the secretory pathway (Weidemann et al. 1989). APP can undergo a sequential proteolytic cleavage by  $\alpha$ -,  $\beta$ - and  $\gamma$ - secretases and then release the derivatives into vesicle lumens and extracellular space. The A $\beta$  region of APP comprises the 28 residues just outside the transmembrane domain (TMD), plus the first 12-14 residues of that buried domain (Fig.1).

Most APP molecules are cleaved by  $\alpha$ - secretase, rather than  $\beta$ -secretase. The common cut occurs between amino acids 16 and 17 of the  $\beta$ -amyloid protein region, that is, 12 residues N-terminal to the transmembrane region and is carried out by  $\alpha$ -secretase. This scission creates a large, soluble ectodomain fragment (APP  $\alpha$ ) that is released from the cell surface and leaves a C-terminal fragment of 83 amino acids (C83 or  $\alpha$ -CTF ) still embedded in the membrane. Some APP molecules that fail to proteolytic processing by  $\alpha$ -secretase can be internalized into endocytic compartments and subsequently cleaved between Met671 and Asp672 of APP by  $\beta$ -secretase (BACE) which is a membrane-anchored aspartyl protease with its active site in its ectodomain. A slightly shorter form of APP  $\beta$  is released from cell surface and a C-terminal



From Selkoe DJ Ann Intern Med. 2004



Fig1.1 Schematic diagrams of the APP and its principal metabolic derivatives. The first line depicts the largest of the known APP alternate splice forms, comprising 770 amino acids. Regions of interest are indicated at their correct relative positions. A 17-residue signal peptide occurs at the *N*-terminus (box with vertical lines). Two alternatively spliced exons of 56 and 19 amino acids are inserted at residue 289; the first contains a serine protease inhibitor domain of the Kunitz type (*KPI*). A single membrane-spanning domain (transmembrane [*TM*]) at amino acids 700 through 723 is indicated (dotted lines). A $\beta$  fragment includes 28 residues just outside the membrane plus the first 12 to 14 residues of the *TM* domain. In the second line, the sequence within APP that contains the  $\beta$ -amyloid protein and *TM* regions is expanded. The underlined residues represent the  $\beta$ -amyloid proteins 1 to 42 peptide. The letters below the wild-type sequence indicate the currently known missense mutations identified in certain families with AD or hereditary cerebral hemorrhage with amyloidosis. The 3-digit numbers are codon numbers (APP 770 isoform). In the third line, the first arrow indicates the site (after residue 687) of a cleavage by  $\beta$ -secretase that enables secretion of the large, soluble ectodomain of  $\beta$ -amyloid precursor protein (*APP<sub>s</sub>*- $\beta$ ) into the medium and retention of the 83-residue C-terminal fragment (*C83*) in the membrane. The *C83* fragment can undergo cleavage by the protease called  $\gamma$ -secretase at residue 711 or residue 713 to release the p3 peptides. The fourth line depicts the alternative proteolytic cleavage after residue 671 by  $\beta$ -secretase that causes the secretion of the slightly truncated *APP<sub>s</sub>*- $\beta$  molecule and the retention of a 99 residue C-terminal fragment (*C99*). The *C99* fragment can also undergo cleavage by  $\gamma$ -secretase to release the A $\beta$ . Cleavage of both *C83* and *C99* by  $\gamma$ -secretase releases the  $\beta$ -amyloid precursor protein intracellular domain into the cytoplasm.

fragment of 99 amino acids (C99 or  $\beta$ -CTF) that can be subsequently be cleaved by  $\gamma$ -secretase to create A  $\beta$  and  $\gamma$ -CTF. The C83 also undergo cleavage by the same  $\gamma$ -secretase to generate a small peptide called as p3.

The major of secreted A $\beta$  peptides are 40 amino acids in length (A $\beta$  40), although the smaller fraction of longer 42 amino acids species have received greater attention due to the propensity of these peptides to nucleate and drive production of amyloid fibrils (Jarrett et al., 1993)

## **1.2.2 Assemblies of A $\beta$ and A $\beta$ neurotoxicity hypothesis**

### **1.2.2.1 Structure base of A $\beta$ aggregation**

The complete sequence of A $\beta$  was described by Kang et al.(1987). Residues 28-42 of A $\beta$ , which correspond to its C terminus, are embedded in the plasma membrane, and the sequence is rich in the hydrophobic amino acids valine and isoleucine. Leucine and valine are often found in proteins with  $\beta$ -sheet structure and rarely found in helical or random coil secondary structures (Chou and Fasman, 1978). Furthermore, the presence of glycine residues can stabilize amyloidogenic structures by means of hydrogen bonds (Lansbury, et al., 1992). Studies also indicated a great hydrophobicity in the last 10 amino acids at the C terminus of A $\beta$ , as well in the sequence between residues 17 and 21. Chou-Fasman's analysis suggests the existence of  $\alpha$ -helix,  $\beta$ -turn, and  $\beta$ -strand types in the secondary structures of A $\beta$ . The probability of finding  $\beta$ -strand

conformation in A $\beta$  is high within the C-terminal region beyond residue 28; the probability is lower between residues 9 and 21. The latter region is more likely to display  $\alpha$ -helix structure. There are also two probable  $\beta$ -turns between residues 6 and 8 and between residues 23 and 27. A model for the tri-dimensional structure of A $\beta$  in its soluble form was built. The theoretical structure of A $\beta$  consists of two  $\beta$ -strands separated by a turn that form a small  $\alpha$ -helix. This structure could be the basic unit for fibril formation through hydrogen bonding between the N-terminal  $\beta$ -strand of one peptide and the C-terminal  $\beta$ -strand of the other peptide.

Using synthetic peptides, studies suggest that sequences 1-28, 12-28, and 14-28 lead to amyloid fibril formation in vitro (Gorevic et al., 1987), and that the markers of  $\beta$ -pleated conformation are present in a minimum stretch of 15 residues (14 to 28). The following hydrophobic domain proved unnecessary for fibril formation, but may help make A $\beta$  more insoluble (Gorevic et al., 1987). In fact, it has been shown that the C terminus of A $\beta$  determines the rate of amyloid fibril formation rather than the stability and structural properties of the amyloid (Jarrett et al., 1993).

The substitution of lysine 16 for an arginine in the fragment 1-28 gives rise to a morphologically different fibril that retains its  $\beta$ -sheet structure. Nevertheless, the x-ray diffraction pattern suggests that this fibril contains a larger number of  $\beta$ -pleated sheets in the same fibril diameter (Kirschner et al., 1987). The substitution of valine 18 (an amino

acid-forming  $\beta$ -sheet) for an alanine (an amino acid-forming  $\alpha$ -helix) on the A $\beta$  aggregation. The modified peptide becomes significantly less aggregated than A $\beta$  unmodified (Soto et al., 1995).

The substitution of glutamate 22 by glutamine (Levy et al., 1990), yields a peptide having an increased ability to form fibrils (Wisniewski et al., 1991). This peptide generates fibrillar structures in 1 h compared with the 24 h necessary for wild-type peptide. On the other hand, the replacement of hydrophobic for hydrophilic residues in the A $\beta$  sequence impairs the formation of fibrils (Hilbich et al., 1991). This suggests that the insolubility of A $\beta$  is mainly due to its hydrophobic residues. The same idea is supported by studies using synthetic peptides of the C-terminal side of A $\beta$ , namely, residues 26-33 and 34-42 (Halverson et al., 1990). Interesting differences emerged in their solubility and conformational properties. For example, peptide 26-33 was freely soluble in water, whereas peptide 34-42 was insoluble in aqueous media and also in the presence of denaturing agents. The peptide 26-33, when dissolved in water, existed as a random coil, whereas the water-insoluble peptide 34-42 possessed antiparallel  $\beta$ -sheet structure in the solid state. Solubilization of peptide 34-42 in organic media resulted in the disappearance of  $\beta$ -structure (Halverson et al., 1990).

Elements of the extracellular matrix have been also suggested to play a role in the aggregation of A $\beta$  (Fraser et al., 1992; Brandan and

Inestrosa, 1993). Sulphate ions have been revealed the specific influence at concentrations between 5 and 50 mM in the extensive lateral aggregation and axial growth of the synthetic peptides into 'macrofibers' (Fraser et al., 1992). This suggests that sulphate is required to promote aggregation. Highly sulfated molecules within the extracellular matrix, such as proteoglycans, may provide a high-affinity surface for the direct deposition of existing amyloid fibrils at the extracellular matrix of brain tissue (Brandan and Inestrosa, 1993).

Barrow and Zagorski (1991) have reported that local variations in pH or temperature, could induce the aggregation of A $\beta$ . They found fragment 1-28 was found as a monomeric  $\alpha$ -helical structure when solubilized in a membrane-mimicking solvent. This soluble peptide unfolds to a partly random coil structure with increasing temperature at pH 1-4 and pH greater than 7. However, at pH 4-7 it rapidly precipitates into an oligomeric  $\beta$ -sheet structure. Nevertheless, the hydrophobic segment in the C-terminal domain of A $\beta$  (residues 29-42) invariably adopts an oligomeric  $\beta$ -strand structure, independent of the pH or temperature, suggesting that this segment directs the complete protein folding (Barrow and Zagorski, 1991; Barrow et al., 1992). Thus, the first 28 residues, which are strongly dependent on factors such as the hydrophobicity and pH of the environment, enable A $\beta$  to exist in different conformations. The change in structure from an  $\alpha$ -helix to a  $\beta$ -pleated

sheet corresponding with the change from acidic to midrange pH has been modeled (Zagorski and Barrow, 1992). The model is based on the presence of ionizable groups, such as the side chains of aspartic and glutamic acids, present in the conformational neighboring residues of the  $\alpha$ -helix : amino acids 7, 11, and 22.

Overall, A $\beta$  would contain two conformational domains: the C-terminal segment (amino acids 28-42) is incorporated within the plasma membrane and always exists in solution as a  $\beta$ -strand; the N-terminal domain adopts alternative secondary structures, depending on pH, hydrophobicity, and the presence of extracellular matrix components. With these alternative structures, A $\beta$  can adopt two distinct conformations with different solubility properties, which could explain why the same amino acid sequence can exist either in dissolved or aggregated forms.

### **1.2.2.2 Assemblies and solubility of A $\beta$**

The A $\beta$  peptide is recognized for its self-aggregation into amyloid (Harper and Lansbury 1997, Masters and Simms, 1985). Amyloid comprises large fibrils and  $\beta$ -sheet secondary structure, which is characterized by Congo red or thioflavin S staining. Similar fibrils assemble in vitro from synthetic peptide (Jarrett et al., 1993). A $\beta$  can

exist in a variety of different forms, up to now, the following assembly forms have been reported: monomers; SDS-stable low-n oligomer; A $\beta$ -derived diffusible ligand (ADDL); protofibrils (PF) and fibrils.(Lue et al., 1999; McLean, et al., 1999; Wang et al., 1999; Kuo et al., 1996). They usually are divided into two groups, soluble and insoluble forms. The term soluble A $\beta$  is an operational definition, embracing all forms of A $\beta$  that remain in aqueous solution following high- speed centrifugation of physiological buffer extracts of brain.

In aqueous solution, A $\beta$  shows only a limited solubility at a lower concentration, containing essentially monomers with random coil structure. Solutions with higher concentrations exhibit a reversible, concentration-dependent equilibrium between random monomers and  $\beta$ -structure aggregates(Teri et al 1995). Under physiological pH only a part of A $\beta$  became aggregated even at long incubation times and high peptide concentration (Barrow, et al., 1992; Burdick , et al., 1992; Bush, et al., 1994), in fact, the sedimentable peptide reaches a maximum around 40% after 3 days of incubation, which remains unaltered even after 14 days.

The solubility of A $\beta$  was shown to be pH and concentration – dependent (Barrow and Zagorski, 1991; Barrow et al, 1992). An equilibrium in solution between solubilized and insoluble aggregated peptide fraction was observed (Hilbich et al. 1991). Other studies also

suggested an equilibrium between amyloid deposition and fibril dissociation( Hyman et al., 1993; Tamaoka et al., 1994).

### **1.2.2.3 Neurotoxicity of insoluble(fibrils) A $\beta$**

Early studies supported the hypothesis that fibrils of A $\beta$  derived neurodegeneration in AD (Hardy and Higgins 1992). Studies over many years had determined that A $\beta$  forms insoluble aggregates and fibrils that are the major component of the spheroid plaque structure with which degenerating neurons are often associated (Selkoe, 1993). Cell culture studies have shown that exposure of solutions containing large fibrils killed cultured neurons whereas solutions of monomer were harmless (Lorenzo and Yankner 1994; Pike et al., 1993). Studies also suggests that the development of neurotoxicity of A $\beta$  is related to the fibrillar state of the peptide (Howlett, et al 1995). Other studies linked inherited, early-onset AD to various mutations in APP and in presenilins 1 and 2 (PS1 and PS2) that increase production of highly fibrillogenic A $\beta$  (Selkoe 1997, Scheuner et al.1996). These evidence has implicated amyloid fibril induced neuron death as a primary cause of AD.

The problem of the hypothesis is the poor correlation between fibrillar amyloid load and measures of neurological dysfunction. In AD, amyloid deposits often form at a distance from sites of neuron loss,



moreover, they also develop in cognitively normal individuals who have no local neuron damage. Transgenic mice research for AD also reported that most of the neurodegeneration occurs in the absence of amyloid deposits (Mucke et al., 2000).

Recently, the profound disconnection between pathogenesis and amyloid led the amyloid cascade hypothesis modified to include additional pathogenic A $\beta$  assemblies, which are quite different in structure from amyloid fibrils( Hardy and Selkoe 2002, Klein et al 2001).Evidence suggested A $\beta$  toxicity is likely to be mediated by multiple different A $\beta$  assembly forms, soluble and fibril A $\beta$ .

#### **1.2.2.4 Neurotoxicity of soluble(non-fibril) A $\beta$**

The recent studies show the neurotoxicity can be fibril-independent. In two studies (Dodart et al., 2002, Lambert et al., 1998), memory failure in human APP (hAPP) mice was actually reversed by A $\beta$  antibodies without reduction in amyloid plaque level. Another report showed recovery was observed in plaque filled mice by a single injection of A $\beta$  antibody. They are consist with the first evidence (Oda et al., 1995) from the experiments in which ApoJ inhibited the formation of A $\beta$  fibril, but did not inhibit A $\beta$  neurotoxicity.

Solutions of monomeric A $\beta$  are at first innocuous but with time develop neurotoxicity, it still need self-aggregation (Pike, et al., 1993; Lorenzo, et al., 1994; Howlett, et al., 1995).

A $\beta$  dimers activate glial cells and can lead to nerve cell death in co-cultures containing astrocytes, but these dimers have no direct neurotoxicity (Roher, et al., 1996). Direct action on neurons is evident, however, with preparations of PFs, which rapidly induce action potentials and other electrophysiological responses, and, with longer exposure, cause cell death (Walsh, et al., 1999; Hartley et al., 1999)

One neurotoxic form of A $\beta$  is ADDL which is non-fibrillar. Unlike fibrils, their structure comprises relatively small globular oligomers ranging from trimers to 24mers. (Lambert et al., 1998). ADDLs are more stable than PFs at low levels of A $\beta$ , particularly for the AD-linked A $\beta$  species. Metabolically derived oligomers accumulate in conditioned cell culture medium without evidence of PFs or amyloid fibrils (Podlisny, 1995). Oligomer levels increase after transfection with mutated familial AD presenilins (Xia et al 1997), which elevate levels of A $\beta$ . Solutions of synthetic A $\beta$  oligomers without fibrils or PFs can be made readily (Lambert , et al., 1995), although the converse is not true. The stability of fibril-free solutions of toxic oligomers is consistent with the plaque-free pathology of transgenic mice discussed above.

Another toxic form is the A $\beta$ -derived protofibril, initially discovered as an intermediate in A $\beta$ 1-40 amyloidogenesis (Walsh et al.,1999). By atomic force microscopy, PFs can be seen to be curvilinear structures of 4-11 nm diameter and <200 nm length (Hartley et al.,1999 ). In others reports, PFs are the largest of the subfibrillar toxins, ranging to 400 nm in length and 1000 000 Da in mass (Walsh, et al., 1997 and Harper et al., 1997). PFs are large rod-shaped molecules different in structure from ADDLs. Theoretically, the smaller ADDLs, which are globular molecules, might serve as precursors to the rod-shaped PFs. Electron microscopy experiments have suggested, moreover, that a typical PF preparation might also contain ADDLs, and they appear to be intermediates on the pathway to amyloid fibril formation (Walsh, et al., 1997, Harper, et al., 1997).

Unlike ADDLs which form readily even at low nM concentrations that could be attainable in vivo, the lower limit has not been determined (Chang et al., 2001), PF formation significantly require higher levels of A $\beta$  monomer. They lack stability at low monomer concentrations but nonetheless can be isolated by molecular sieve chromatography. Isolated PFs, although free of monomers and amyloid fibrils, are bioactive. In cell culture, PFs cause oxidative stress and, eventually, neuronal death (Walsh et al.,1999). They also elicit rapid electrophysiological changes, inducing

membrane depolarization, and increased EPSPs and action potentials (Hartley et al., 1999). In spite of their thermodynamic instability, PFs apparently occur in CSF, according to a preliminary analysis of individuals with AD (Pitschke et al., 1998).

## **1.3 A $\beta$ and synaptic plasticity**

### **1.3.1 Long-term potentiation**

One form of activity-dependent synaptic plasticity that has been investigated extensively is long-term potentiation (LTP) which is believed to represent one of the cellular mechanisms for learning and memory. LTP is an artificially induced phenomenon, when excitatory synapses are electrically stimulated at high frequency for brief period, for example 100 Hz for 1 second, the strength of those synapses increases, which can persist for many weeks (for hours in hippocampal slices *in vitro* and even months *in vivo*).

LTP occurs in many pathways of the brain (Martin, et al., 2000), like amygdala and cortex, not just the hippocampus and dentate gyrus, where it was first observed in the hippocampus of rabbits *in vivo* (Bliss and Lømo in 1973, Bliss & Gardner-Medwin, 1973).

In the hippocampus, all three main pathways, perforant path, the mossy fibres and Schaffer Collateral-Commissural pathways, generate

LTP by HFS stimulation. Pharmacological experiments have identified the different aspects of LTP, referred as induction, maintenance and expression.

### **1.3.1.1 Characteristics of LTP**

LTP is characterized by the properties of input-specificity, cooperativity and associativity. Input-specificity means that only those inputs activated at the time of the tetanization will display LTP (Anderson et al., 1977 and Lynch et al., 1977). Co-operativity refers to the existence of a certain intensity threshold for the generation of LTP; weak tetanic activation of a relatively small number of afferents is filtered out. Thus, a number of afferent fibres must be active at the same time, and for a minimum period of stimulation, if a long-lasting potentiation is to be induced; stimulation of only a few fibres is not sufficient to induce LTP (Bliss and Lynch, 1988). Consequently, induction requires association between the pre- and postsynaptic events (presynaptic activation and postsynaptic depolarisation), and only synapses active inside a certain time window with respect to the postsynaptic activity are potentiated (Gustafsson, et al., 1990). Associativity means that a weakly tetanised input can express LTP when other independent afferent fibres,

converging to the same target cells, are simultaneously stimulated by a strong tetanus (Voronin et al., 1995).

### **1.3.1.2 The role of glutamate receptors in LTP**

Glutamate receptors are either ionotropic ligand gated ion channels or metabotropic. In metabotropic group, the signal is transduced to other intracellular messengers like inositol trisphosphate or cyclic AMP. The ionotropic glutamate receptors are further classified, according to their interactions with non-physiological glutamate analogs, to NMDA (N - methyl-D-aspartate), AMPA (amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid) and KA (kainate) receptors, the latter two often being denominated together as non-NMDA receptors. It is well established that the glutamate receptors play a critical role in the neuronal survival of neuronal connections during brain development, as well as in the synaptic plasticity underlying learning and memory.

### **1.3.1.3 The role of NMDA receptors in LTP induction**

NMDA receptor is composed of 7 subunits- NR1, NR2A-D and NR3A-B. Five separate genes encode for the first 5 different subunits, and recently NR3A and NR3B were identified (Chatterton et al., 2002;

Belenikin et al.; Seeburg, et al, 1993). NR1 can be divided into a large N-terminal region, a core region including four TMDs, and C-terminal extension. It is generally agreed that the N-terminal region is extracellular and C-terminal region is intracellular. NR1 seems to be essential for function and requires co-expression with at least one of other subunits to form NMDA receptors. The fundamental properties of NMDA receptor such as voltage dependent of  $Mg^{2+}$  block, the  $Ca^{2+}$  permeability, and regulation by phosphorylation and channel kinetics are modulated by NR2A, NR2B, NR2C, and NR2D subunits.

In contrast to AMPA/KA subtypes of glutamate-gated ion channels which open and desensitize rapidly in response to an agonist, and selectively permit influx of  $Na^+$ , but not  $Ca^{2+}$ , the NMDA receptors allow influx of both  $Na^+$  and  $Ca^{2+}$  from an extracellular environment, and their activation/deactivation kinetics are slow. NMDA receptors are cellular coincidence detectors and require simultaneous binding of glutamate and depolarization in order to remove the voltage-dependent  $Mg^{2+}$  block from the channel (Ascher and Nowak, 1988).

In condition of normal synaptic transmission (insufficient to elicit LTP), glutamate binds both AMPA and NMDA receptors, but since the majority of NMDA receptors are voltage blocked by the extracellular  $Mg^{2+}$ , the EPSP is mainly mediated by the AMPA receptor.

During a tetanic stimulation there is a strong and sustained depolarization of cell due to the activation of AMPA receptors. AMPA receptors activation is eventually sufficient to relieve the voltage-dependent block of Mg on NMDA receptors and release of glutamate by a strong tetanus is sufficient to fully activate NMDA receptors. Since NMDA receptors are highly permeable for  $\text{Ca}^{2+}$ , and this increase in postsynaptic  $\text{Ca}^{2+}$  appears to play a critical part in the activation of further intracellular processes which may constitute LTP.

Thus NMDA receptors are essential for triggering of LTP. Activation of NMDA receptors appears to be crucial for LTP at most synapses (Collingridge et al., 1983, Bliss and Collingridge 1993).

#### **1.3.1.4 The role of mGluRs in LTP and NMDA-independent LTP**

NMDAR is not the only glutamate receptor that participates in the induction of long-lasting plasticity. mGluRs are also involved in the induction of long-term synaptic plasticity in the hippocampus, cortex and cerebellum, but evidence for its contribution in the induction of long-lasting plasticity is more recent. In CA1 LTP may not depend on NMDA receptor activation if tetanic stimulation is stronger than the conventionally used 100 Hz (Grover and Teyler, 1990). This NMDA-independent LTP requires activation of voltage-dependent  $\text{Ca}^{2+}$



channels. The exact nature of this form of potentiation awaits further investigations.

mGluRs can be subdivided into three groups based on the homology of their amino acid sequences, group I mGluR, group II mGluR and group III mGluR (Nakanishi, 1992; Pin and Duvoisin, 1995). Group I mGluR comprises mGluR1 and mGluR5. Group I mGluRs are positively coupled to phospholipase(PLC) which in turn leads to hydrolysis of phosphoinositide (PI) and the production of IP3 and DAG. Group II mGluRs consist of mGluR2 and mGluR3 and are negatively coupled to adenylycyclase. Group III mGluRs consist of mGluR4, mGluR6, mGluR7 and mGluR8 and are also negatively coupled to adenylycyclase (Suzdak et al., 1994; Pin and Duvoisin, 1995). mGluRs are a class of G-protein coupled receptors which possess seven putative transmembrane regions. mGluRs have a cysteine-rich N-terminal extracellular domain where the agonist binding site is located (O' Hara et al., 1993; Okamoto et al., 1998; Han and Hampson, 1999; Peltekova et al., 2000). The C-terminal domain of mGluRs is variable in length.

There is considerable debate surrounding the role of mGluRs in LTP. Initially, the involvement of metabotropic receptors in LIP was demonstrated in hippocampal CA1 in slice experiments using L-AP4 as an antagonist (Reymann and Matthies, 1989) which inhibited LTP. This

observation has been confirmed by use of GAP3 (Behnisch et al., 1991; Izumi et al., 1991; Behnisch and Reymann, 1993).

Many studies have reported that MCPG, an antagonist of group I mGluRs and group II mGluRs, blocks the inhibition of LTP (Bashir et al., 1993; Breakwell et al., 1998; Fitzjohn et al., 1998; Grover et al., 1998; Wilsch et al., 1998). But some studies showed no effect of MCPG on LTP induction in CA1 and CA3 in vitro in some cases (Chine et al., 1993; Manzoni et al., 1994). ACPD, an agonist of group I and group II mGluRs, has been shown to facilitate and induce LTP in CA1 (Bortolotto and Collingridge, 1993, 1995; Breakwell et al., 1996 McGuinness et al., 1991). Bortolotto and Collingridge (1993, 1995) reported that it is NMDA receptor independent.

The role of mGluRs in LTP has been most extensively studied in CA1 synapse where mGluR5 is the most strongly expressed subtype (Shigemoto et al., 1997). Jia et al. reported (1998) a complete deficit of NMDA-receptor dependent component of LTP while AMPA-receptor mediated component of LTP was unaffected in mGluR5 knockout mice. In mGluR1 knockout mice, Aiba et al (1994) shown a deficit of LTP in CA1 and normal LTP in CA3 while in another study there was an unaffected LTP in CA1 and dentate gyrus and inhibited LTP in CA3 (Shigemoto et l., 1997).

Some groups reported that activation of group II mGluR might have an inhibitory effect on LTP by using ACPD and DCG-IV (Holscher et al 1997, Behnisch et al., 1998), and MOSSEPE, an antagonist of group II mGluR, has been found to enhance LTP (Behnisch et al., 1998). However, other studies have failed to replicate this either in vivo or vitro. In a recent study, Wu et al shown a NMDA-independent LTP which is mediate by group II mGluR since the LTP was inhibited by the group mGluR antagonist EGLU and induced by an agonist, DCG-IV in media containing D-AP5.

Antagonists at group III mGluR in CA1 have failed to block the induction of LTP (Breakwell et al., 1998; Fitzjohn et al., 1998). L-AP4, agonist on presynaptically located group III mGluRs, caused depression of synaptic transmission of baseline responses in CA1 and dentate in young animals (Manahan-Vaughan and Reymann, 1995), but not in older rats. In animals of the latter group, however, tetanus-induced potentiation was reduced in amplitude and duration in the presence of L-AP4 returning to baseline after 15 min.

Taken together, the data suggest that activation of mGluRs may facilitate or depress the capability of synaptic plasticity, depending on subtypes activated, the data also indicate a modulatory role for mGluRs in LTP, especially when titanic conditions are weak, under which mGluR

activation may amplify and prolong incoming signals, and the block of mGluRs may render conditions for LTP induction subthreshold.

### **1.3.2 Long-term depression**

LTD Long-term depression (LTD), as a counterpart to LTP, is a lasting decrease in synaptic efficacy. LTD can be induced in several brain regions, including hippocampal region CA1 (Levy et al., 1979), the dentate gyrus (Abraham et al., 1983 and Braham et al, 1987), visual cortex (Artola, et al., 1993), frontal cortex (Hirsch and Crepel, 1992) and cerebellum (Ito, 1989). LTD of can be categorized into homosynaptic and heterosynaptic LTD according to the pathway and the pattern (Braham et al, 1987; Artola, et al., 1993, Linden et al 1994). Heterosynaptic LTD can be produced by presynaptic activation of different inputs on to the same postsynaptic cell, but homosynaptic LTD can be induced by presynaptic activation of the same input on to the relevant neuron (Linden et al 1994). Several factors have been reported to trigger LTD, including the induction of LTP, depolarization of post-synaptic sites, activation of NMDA and non-NMDA receptors, activation of metabotropic glutamate receptors and moderate postsynaptic Ca<sup>2+</sup> influx (Linden et al 1994, Kano et al 1987). Homosynaptic LTD has been found in a number of

brain structures using one of two induction protocols: prolonged afferent stimulation at low frequency (1–5 Hz for 5–15 min) or stimulation at high frequency (50–100 Hz for 1–5 s). Low-frequency stimulation has been shown to induce homosynaptic LTD in the hippocampus but high-frequency stimulation has been effective at striatal synapses (Braham et al, 1987, Lovinger, et al 1993). By contrast, induction of heterosynaptic LTD requires a strong postsynaptic depolarization caused by synaptic activation. It should be noted that heterosynaptic depression in area CA1 has proved difficult to investigate, as several groups have failed to induce this type of LTD at all (Linden et al 1994).

A novel type of LTD induced by muscimol, a GABA<sub>A</sub> agonist, has recently been reported. It is reversed by the GABA<sub>A</sub> antagonist bicuculline, and potentiated by neurosteroids such as alfaxalone, benzodiazepines and barbiturates, which are positive modulators of GABA<sub>A</sub> receptors (Akhondzadeh et al 1995; 1996; 1998). Moreover, prenenolone sulphate, a negative modulator of GABA<sub>A</sub> receptors, can block the induction of muscimol-induced LTD (Akhondzadeh et al 1998). It has also been reported that this type of LTD can be prevented by application of brain-derived neurotrophic factor (BDNF) and this phenomenon may explain the mechanism of muscimol-induced LTD through a bilateral relation between GABA<sub>A</sub> activity and BDNF (Akhondzadeh et al., 1999). In addition, the NMDA, non-NMDA and

metabotropic glutamate receptors are not involved in the induction of this type of LTD (Akhondzadeh et al 1996). The activation of synapses is not necessary for the induction of this LTD, as the long-lasting depression could be induced when there was no stimulation during perfusion of muscimol (Akhondzadeh et al., 1995).

### **1.3.3 A $\beta$ and LTP**

There is now considerable evidence that A $\beta$ -induced dysfunction of synaptic plasticity contributes to early memory loss that precedes neuronal degeneration (Small, et al., 2001; Selkoe, 2002, Cullen et al, 1997; Lambert et al, 1998; Itoh et al, 1999; Chen et al, 2000; Stephan et al, 2001; Vitolo et al, 2002).

Several groups have reported that synthetic A $\beta$  inhibits LTP induction in vitro and in vivo. Synthetic A $\beta$  1–42, A $\beta$  1–40, and the truncated A $\beta$  fragment 25–35 were found to inhibit LTP induction of the medial perforant path in the dentate gyrus and CA1 slices. Both of the population spike (Lambert et al. 1998) and EPSPs (Wang et al. 2002), and both early- and late-phase LTP were strongly inhibited in these studies, whereas basal AMPA receptor mediated synaptic transmission was not altered, although there was a reduction in paired-pulse depression at a short (20 ms) inter-pulse interval (Wang et al. 2002). The N-terminal

sequence of A $\beta$  25–35 was found to be necessary for inhibition of LTP induction (Chen et al. 2000). In some studies, non-fibrillar A $\beta$  1–42 (Wang et al. 2002) and A $\beta$  variants that did not form fibrils in vitro (Chen et al. 2000) selectively inhibited both short-term and long-term synaptic plasticity, indicating a critical role for soluble peptide.

In contrast to these studies showing an inhibition of LTP induction, synthetic A $\beta$  1–40 (200 nM) enhanced LTP induction in the associational–commissural pathway of the dentate gyrus of 30–50-day-old rats (Wu et al. 1995). Basal AMPA receptor-mediated synaptic transmission was not affected in this study. Because there are no changes of baseline transmission in these studies, the inhibitory effects of A $\beta$  on LTP in vitro do not appear to be caused by a toxic action of the A $\beta$  resulting in rapid neurodegeneration.

Consistent with most in vitro studies, synthetic A $\beta$  also inhibits LTP in vivo. Thus late-phase LTP of field EPSPs in the CA1 area was strongly inhibited at doses that had no acute effect on baseline excitatory transmission in adult rats by intracerebroventricular (i.c.v.) injection of A $\beta$  1–40 (0.4 and 3.5 nmol, but not 0.1 nmol), A $\beta$  1–42 (0.01 nmol) and the A $\beta$ -containing C-terminal fragment CT105 (0.05 nmol). In these studies, LTP was only significantly inhibited at a time greater than 2 h post-HFS, and the LTP was completely blocked by A $\beta$  1–40 and A $\beta$  1–42 at 3 h post-HFS (Cullen et al, 1997), implicating late LTP. Somewhat similarly,

LTP of EPSPs in the CA1 area was inhibited by the truncated fragments A $\beta$  25–35 (10 nmol, 100 nmol) and A $\beta$  35–25, but not A $\beta$  15–25, at times greater than 30 min post HFS (Freir et al. 2001).

Other studies have examined the delayed neurophysiological effects of A $\beta$  in vivo. In contrast to the acute effect of A $\beta$  1–40 (3.5 nmol), there was a small reduction in baseline transmission in the CA1 area 24 h after a single i.c.v. injection. The reduction was present for at least 5 days, whereas LTP was not affected at this time (Cullen et al. 1996).

In another study, induction of LTP of field EPSPs in the dentate gyrus by strong HFS was inhibited after direct intrahippocampal injection of A $\beta$  1–43 or a combination of A $\beta$  1–40 and A $\beta$  1–43 in adult rats. Late-phase LTP of the EPSP was most sensitive to disruption, whereas EPSP-spike LTP was largely intact. The effect of the A $\beta$  was examined 7–16 weeks after the injections, a time when focal amyloid deposits and cell atrophy were detected. A reduction in baseline synaptic transmission and deficits in working memory were also present (Stephan et al. 2001).

Somewhat analogous to the in vitro studies on transgenic mice, two studies examined the effects of in vivo A $\beta$  exposure on synaptic function in the hippocampal slice of adult rats. Whereas acute single i.c.v. injection of synthetic A $\beta$  1–40 (0.4 or 3.5 but not 0.1 nmol) caused a reduction in baseline transmission and no change in LTP in the dentate gyrus 48 h later (Cullen et al. 1996), continuous i.c.v. infusion of A $\beta$  1–



40 (300 pmol day<sup>-1</sup>) for 10–11 days inhibited LTP of the population spike in the CA1 area (Itoh et al. 1999). In the latter study, there was a tendency to require a greater current to evoke equivalent-sized spikes.

In experiments with rat and mouse CNS tissue, ADDLs have been found to impair synaptic plasticity in the short-term and cause selective neuron death in the longer-term. In addition, indirect evidence suggests ADDLs may cause loss of synaptic terminals. In the short-term, ADDLs inhibit hippocampal LTP. Inhibition occurs within 45 min, and it is complete at submicromolar dose (Wang et al. 2002). ADDLs do not inhibit LTD, but interestingly, ADDLs do inhibit recovery from LTD (Wang et al., 2001). ADDLs thus shift synaptic plasticity in a negative direction, blocking LTP while reinforcing LTD. This negative shift ultimately may be related to a destabilization of synapses. The second neurological consequence of ADDLs appears to be synapse loss, suggested by the indirect evidence from transgenic-mice. ADDLs induce synaptosis, whereby synapses are destabilized and removed. ADDLs also inhibit synapse replacement. Such effects could be caused by localized action of ADDLs at synaptic terminals. The third neurological consequence of ADDLs is selective neuron death. Death occurs within several days and can occur at low ADDLs doses.

#### **1.3.4 A $\beta$ and LTD**

Raymond et al. reported (2003) a non-toxic concentration of A $\beta$  (200 nM) had no effect on LTD induced by 1200 pulses at 1 or 3 Hz. Similarly, Wang et al (2002) found LTD in the dentate gyrus of rat hippocampal slices was unaffected by ADDL - interestingly, their data suggested the reversal of LTD was strongly inhibited in ADDL-treated slices. Their results are in contrast to a previous report of LTD facilitation by A $\beta$  in vivo (Kim et al., 2001). This could reflect the use of a strong LTD induction paradigm in Raymond's experiments, occluding further response depression. Alternatively, the difference may reflect the delivery method or duration of A $\beta$  exposure. In the previous study (Kim et al., 2001), A $\beta$  was injected intraventricularly which may have caused effects on hippocampal afferents (not present in the slice) that modulate hippocampal LTD. Furthermore, LTD was induced 10 min after intraventricular injection compared with after a 20-min bath application in Raymond's study.

#### **1.4. A $\beta$ and MAPK**

Mitogen-activated protein kinases(MAP kinase, MAPK) comprise a group of serine/threonine kinases that are activated through multiple protein kinases in response to extracellular stimuli by dual

phosphorylation at conserved threonine and tyrosine residues (Robinson and Cobb, 1997). The MAPK module is composed of at least three kinases that established a sequential activation pathway. The top kinase of the three-kinase module is a MAPK kinase kinase (MKKK), which phosphorylates the next kinase (MKK) when activated. The MKK are kinases which recognize and phosphorylate a Thr-X-Tyr motif in the activation loop of MAPK. The majority substrate MAPK are transcription factor, it also phosphorylate many other substrates including protein kinases, phospholipases and cytoskeleton-associated protein such as  $\tau$  protein (Fig 1.2)(Kyriakis and Avruch, 2001).

Based on the sequence similarity, mechanisms of upstream regulation and, Akhondzadeh et al (1999) to a lesser extent, substrate specificity, MAPK pathways can be divided into several sub-groups amongst which extracellular signal-regulated kinases(ERK) 1 and 2, c-jun N-terminal kinase (JNK)/stress-activated protein kinase(SAPK) and p38 are the best characterized(Chang and Karin, 2001).

### **1.4.1 ERK pathway in nervous system**

ERK is activated by MEK1 and MEK2 (Crews et al., 1992). MEKs are regulated by phosphorylation on serine and threonine residues. (Hanks and Hunter, 1995). The kinases involved in MEK1/2 activation are Raf-

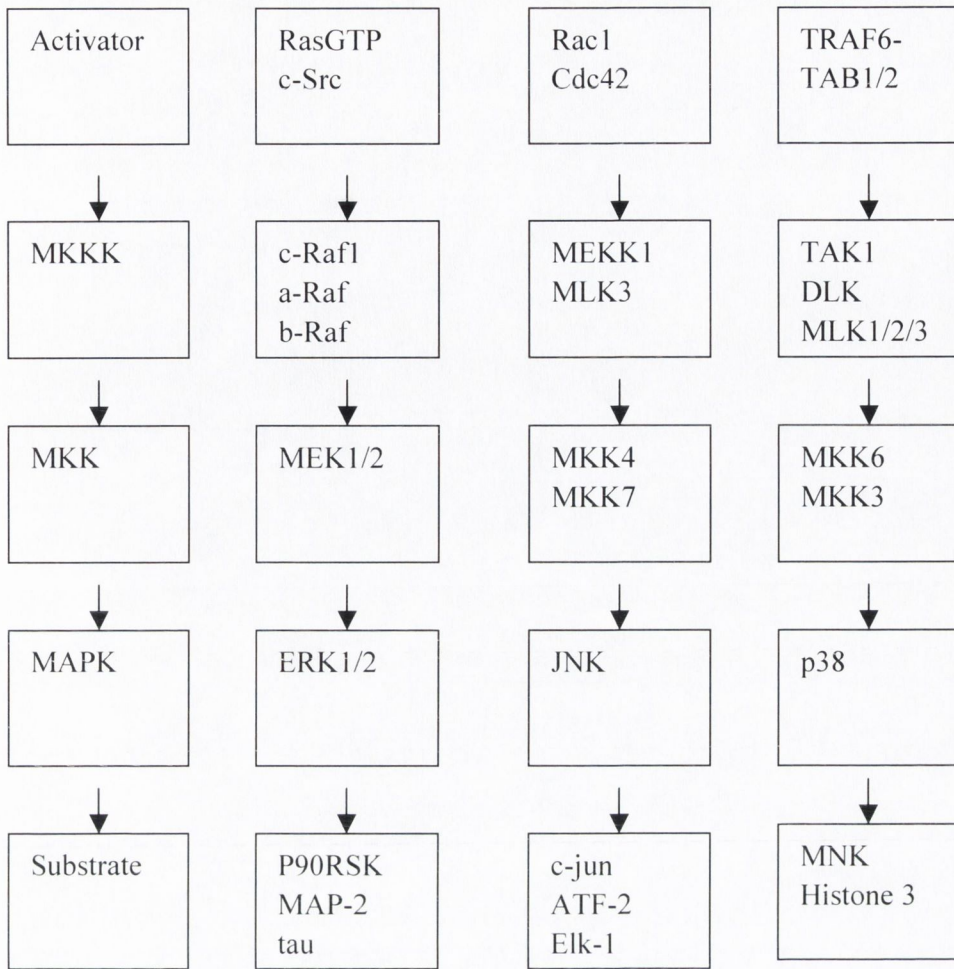


Fig 1.2 Schematic diagrams of the assembly of MAP kinase pathway.

proteins (proto-oncoprotein c-Raf, A-Raf, and B-Raf) which are phosphorylated by various kinases, including at least Ras. GTP and c-Src protein tyrosine kinase (PTK), and possibly protein kinase C (PKC) and 14-3-3 proteins as well (Sugden and Clerk, 1997).

Many neurotrophins and growth factors, including NGF, BDNF, NT-3, NT-4, NT-5, bFGF and EGF, modulate the activation of ERKs in neurons, astrocytes and oligodendrocytes (Derkinderen et al., 1999). Membrane depolarization mediated by calcium influx through L-type voltage-sensitive calcium channels also activates the ERK cascade in cortical and hippocampal neurons (Hoshi et al. 1988; Ahn and Krebs 1990; Miyasaka et al. 1990). ERK activation is also regulated by a wide variety of neurotransmitter receptors coupled to either PKA or PKC, including NMDA receptors, AMPA receptors, adrenergic receptors, DA receptors, muscarinic acetylcholine receptors and metabotropic glutamate receptors (Roberson et al., 1999; Winder et al. 1999; Perkinson et al. 1999). These findings indicate an unexpected richness of diversity in ERK regulation in the hippocampus, and suggest the possibility of a broad role for the ERK cascade in both short-term and long-term forms of hippocampal synaptic plasticity. The fact that ERK activation plays a critical role in LTP induction has become clear. Accumulating data have identified a prominent role for ERK in LTP. LTP-inducing stimuli specifically increase the expression of ERK2 and B-Raf in the

hippocampus, and ERKs are essential for hippocampus and dentate LTP induction (English and Sweatt, 1997; Rosenblum et al., 2002). The role of ERK in dentate gyrus LTP and LTD in cerebellar Purkinje neurons and hippocampus have also been reported, which may reflect a requirement for ERK-dependent, CREB- or Elk-mediated gene expression. Behavioral research in rodents provide more compelling and direct evidence for an ERK-dependent role in learning and memory (Berman et al., 1998; blum et al., 1999) since behavioral performance is associated with increased ERK activity and inhibition of ERK signaling specifically impairs learning. Initial studies in this area focused on NMDA receptor-dependent LTP in area CA1, using hippocampal slices in vitro (English and Sweatt 1996, 1997; Atkins et al. 1998; Impey et al. 1998; Winder et al. 1999; Wu et al. 1999). In addition, recent data have shown a necessity for ERK activation in the induction of NMDA receptor independent LTP (Coogan et al. 1999), LTP in the dentate gyrus in vitro (Coogan et al. 1999), LTP in vivo (McGahon et al. 1999; Davis et al. 2000; Rosenblum et al. 2000) and LTP in the amygdale (Jones et al. 1999). Strong evidence exists that ERK activation is necessary for L-LTP; three structurally distinct MEK inhibitors all block late LTP (English and Sweatt 1996, 1997; Impey et al. 1998; Atkins et al. 1998; Wu et al. 1999).

The downstream targets of activated p44/42 include cytoskeletal, nuclear and signaling proteins. For example, MAP-2, tau, neurofilaments, synapsin-1, phospholipase A2, stress-activated protein kinase (MSK), MAPK interacting kinases (MNKs) (Adams and Sweatt, 2002; Hsiao et al., 1994; Fukunaga and Hunter, 1997; Deak et al., 1998; Frodin and Gammeltoft, 1999; Smith et al., 1999; Waskiewicz et al., 1997, 1999; Kyriakis and Avruch, 2001).

The activation of ERKs can also lead to the activation of several transcription factors, including cAMP response element binding protein (CREB), Elk-1, and c-Myc. Elk1 leads to activation of serum response element on *fos* promoter, and thus *c-fos* induction (Marais et al., 1993; Whitmarsh et al., 1995; Kyriakis and Avruch, 2001). CREB activates transcription of genes when phosphorylated at Ser133; the ERK cascade is most likely coupled to CREB phosphorylation via activation of a member of the pp90rsk family of S6 kinases, RSK2. Phosphorylation of CREB recruits the CREB binding protein, CBP, to the initiator complex and thereby promotes transcription. Many genes are activated by CREB, including other transcription factors such as *c-fos* through which CREB signaling can indirectly activate an expanded range of genes.

At the cellular level, ERKs regulate a diverse array of functions including cell growth and proliferation, differentiation and survival or apoptosis. The most explored function of ERK is regulation of

proliferation gene expression. Gene expression is necessary for short term events into long term changes in synaptic strength.

### **1.4.2 JNK pathway in nervous system**

JNK is a 46/54 kDa kinase, characterised by its ability to activate the transcription factor c-Jun, a component of the transcriptional activator protein, AP-1 (Kyriakis et al., 1994). JNKs are encoded by three different gene jnk1, jnk2 and jnk3. The jnk1 and jnk2 gene are ubiquitously expressed while jnk3 is selectively expressed in the brain, heart and testis. Due to alternative splicing, there are ten isoforms which differ in their interaction and catalytic alternations of the substrates (Mielke and Herdegen, 2000). JNK contains the sequence Thr-Pro-Tyr in the activation loop and the activation requires the phosphorylation of threonine and tyrosine. JKK1/MKK4 and JKK2/MKK7 are the specific physiological activator of JNK (Yang et al., 1997). Further upstream from the MKKs lie small G proteins such as Cdc42, Rac1 and MKKKs such as MLK3 and MEKK1(Coso et al., 1995).

JNKs phosphorylate a variety of nuclear proteins and regulate gene expression. Its substrates include  $\tau$  protein and transcription factors such as c-Jun, ATF-2 and Elk-1(Mielke and Herdegen, 2000; Reynolds et al., 1997). Little is known about the function and activation of JNK under



physiological conditions, nonetheless, JNK appear to be involved in neuronal regeneration and neuroplasticity (Brechet et al., 1999) and a neuroprotective role for JNK is suggested in motor neurons (Migheli et al., 1997)

The activation of JNK is linked to apoptosis, and there is a numerous evidence in support of a role for JNK pathway in regulation cell death in neurons. The apoptosis of JNK in the brain were first demonstrated in JNK3 knockout mice whose hippocampus neurons were protect against excitotoxic death (Xia et al., 1995). JNK activation is implicated in the processes leading to neuronal death following nerve fiber lesions, ischemia, and seizure (Harper et al., 2001). Damage of dopaminergic neurons of substantia nigra compacta by axon transaction in the adult rat brain results in strong activation of JNKs and consequent c-jun phosphorylation; these events precede and parallel the nigral cell death (Oo et al., 1999). JNK1 is activated in the cortex and hippocampus of rats that have been treated with kanic acid to induce seizure (Mielke et al., 1999), CEP-1347, a specific inhibitor of JNK pathway, is neuroprotective in a number of in vivo model (DiCamillo et al., 1998). Therefore, taken together, these studies show that JNK is a potent effector of apoptosis and degeneration of neurons.

### **1.4.3 p38 pathway in nervous system**

p38, another important MAPK that respond to cellular and environment stress, is also termed as SAPK2. There are 4 isoforms of p38 that have been identified: p38 $\alpha$ , p38 $\beta$ , p38 $\gamma$  and p38 $\delta$ , which derived from different gene (Harper et al., 2001). The p38 $\alpha$  and p38 $\beta$  are widely expressed and have very high levels of expression in the brain (Jiang et al., 1996). The p38 $\gamma$  is expressed exclusively in skeletal muscle (Li et al., 1996), whereas p38 $\delta$  is found only in lung and kidney (Jiang et al., 1997).

The p38 family is activated by dual phosphorylation on threonine 180 and tyrosine 182. The phosphorylation is mediated by the dual-specificity kinases MKK3 and MKK6 (Derijard et al., 1995). The upstream pathways of MKK are further diversified, which account for various stimuli. Several MKKKs have been reported to cause p38 activation including MLK1, MLK2, MLK3, DLK, ASK1 AND TAK1 (Harper et al., 2001). The p38 pathway can be regulated by a variety of extracellular stimuli including growth factor such as GM-CSF, FGF, IGF, VEGF and PDGF, heat shock, cell stretching, proinflammatory cytokines and oxidative stress, which can lead to kinds of cellular Responses including cell growth, cell cycle, cell death, cell differentiation and inflammation (Harper et al., 2001). The action of p 38 seems to be cell type- and stimuli-specific.

The relatively high basal level of p38 activity in neurons suggests that p38 may play an important physiological roles such as in LTP and LTD (Coogan et al., 1999). Another critical role of p38 involves in neurodegeneration (Harper et al., 2001). Inhibition of p38 MAPK has been shown to inhibit LTP (Coogan et al., 1999), and be neuroprotective following permanent focal stroke in rat (Barone et al., 2000).

A novel function of p38 MAPK is phosphorylation and phosphoacetylation of histone H3 in response to inflammatory stimuli (Saccani et al., 2002). The p38 MAPK-dependent H3 phosphorylation modifies promoter regions of specific genes, such as interleukin-8 (IL-8) and monocyte chemoattractant protein 1 (MCP 1), resulting in opening of NF- $\alpha$ B binding sites and thereby promoting transcriptional activation. p38 MAPK activation through various pathways has been demonstrated to be essential for IL-1, IL-6, TNF- $\alpha$ , cyclooxygenase-2 (COX-2), and inducible nitric oxide synthase (iNOS) expression (Lee et al., 1994; Da Silva et al., 1997; Ridley et al., 1997; Bhat et al., 1998; Guan et al., 1998; Miyazawa et al., 2003). In some cell lines, the p38 MAPK pathway increases COX-2 and TNF- $\alpha$  expression by increasing mRNA stability and protein translation, but the mechanism of these actions are still unclear (Ridley et al., 1998; Lee et al., 2000).

#### **1.4.4 MAPK in A $\beta$ neurotoxicity**

Both activation of p38, JNK MAPK and p44/42 MAPK pathways occur in Alzheimer's disease. Immunohistochemical analysis of postmortem AD brains revealed increased levels of activated p38 MAPK compared with age-matched control brains (Hensley et al., 1999). p38 MAPK activity was associated with the hallmark lesions of AD, the neuritic plaques, neurofibrillary tangle-bearing neurons, and neuropil threads. As phosphorylation of p38 MAPK is a response to cellular stress, it is not likely that p38 MAPK activation is an initiating step in the disease cascade. However, activation of the p38 MAPK pathway in neurons and glial cells may contribute to the degeneration or further activation of these cells. Transgenic mice overexpressing human APP develop early AD-like changes, including diffuse, extracellular A $\beta$  deposits in brain parenchyma, as well as specific spatial learning and memory deficit (Quon et al., 1991; Higgins et al., 1994, 1995; Koistinaho et al., 2001). Interestingly, these mice showed approximately threefold elevation in the number of activated p38 MAPK-positive cells in the brain (Koistinaho et al., 2002).

Finding of increased p38 MAPK activation is seen in a mouse model of AD with more advanced amyloid pathology (Lappalainen et al., 2002). Altogether, the observation that p38 MAPK is activated in microglia of APP transgenic mice suggests that plaque-associated A $\beta$  is not necessary

for MAPK activation in microglia, and that secreted forms APP or soluble A $\beta$  may be sufficient. Numerous in vitro studies have demonstrated that while fibrillar A $\beta$  peptides induce rapid activation of both p38 and p44/42 MAPKs, resulting in increased TNF- $\alpha$  and NO release (McDonald et al., 1998; Pyo et al., 1998; Combs et al., 1999, 2001), fresh A $\beta$  peptides activate p44/42 MAPK in microglia only when CD45 receptor is inactivated with tyrosine phosphatase inhibitors (Tan et al., 2000). It should be noted that in the AD brain a complex inflammatory process, involving also neurons and astrocytes, is activated. It is possible that the interaction of activated astrocytes and microglia together with the neurons stressed by A $\beta$  peptides and neurofibrillary tangles sensitize microglia to extracellular stimuli, which then trigger MAPK pathway and cytokine release.

There are some contradictory results concerning the effects of A $\beta$  on ERK pathway. Whether A $\beta$  leads to ERK activation or ERK activation contributes to A $\beta$  cytotoxicity are both under debate. Major four results are: (1) A $\beta$  induces a sustained ERK activation and ERK activation contributes to A $\beta$ -mediated  $\tau$  phosphorylation and neurodegeneration (Rapoport and Ferreira, 2000; Kuperstein and Yavin, 2002); (2) A $\beta$  does not activate ERK pathway, but ERK mediates multiple aspect of A $\beta$ -induced neurotoxicity (Wei et al., 2002); (3) A $\beta$  activates ERK pathway, but ERK activation has no effect or even some protective effect on A $\beta$ -

induced neurotoxicity (Ekinici et al., 1999). (4) Both of them have no activation each other at all (Abe and Saito, 2000). It is also under debate whether A $\beta$  has an effect on the downstream target of ERK pathway, CREB. One group reported that A $\beta$  impairs CREB phosphorylation (Tong et al., 2001) while another one suggested that CREB phosphorylation is increased by A $\beta$  (Sato et al., 1997). The contradictions are likely due to the the relatively high basal level activity of ERK pathway in neuronal cultures and the relatively small effect that A $\beta$  have on the ERK pathway, specially in the presence of some additional factors.

Studies from several groups consistently show that A $\beta$  induced a 2-3 fold activation of JNK in different neuronal cell types and that this activation directly contributes to A $\beta$  -induced cell death (Wei et al., 2002; Troy et al., 2001; Morishima et al., 2001). In the latter, the toxic effects of A $\beta$  are suppressed by the specific JNK inhibitor, CEP-1347 (Troy et al., 2001), or the expression of dominant negative upstream activator, SEK1 (Wei et al., 2002 and Morishima et al., 2001). In fact, the upstream activator MEKK1 and downstream effector c-jun show high inducibility in response to A $\beta$  and c-jun also plays an important role in A $\beta$  cytotoxicity. Interestingly, JNK activation is localized to the A $\beta$  deposit within neurites containing phosphorylated  $\tau$  in mice double transgenic for  $\beta$  APP and PS. This not only suggests that JNK is activated by A $\beta$  in neurons but also suggests that activation of JNK contribute to A $\beta$ -induced

hyperphosphorylation of  $\tau$  in vivo. By intracerebroventricular injection of A $\beta$  1-40 in the hippocampus, Minogue et al. (2003) reported that A $\beta$  1-40 induced activation of JNK in CA1 and that this was coupled with expression of the pro-apoptotic protein, Bax, cytosolic cytochrome c, poly-(ADP-ribose) polymerase cleavage, and Fas ligand expression in the hippocampus. Their data indicate that A $\beta$ 1-40 inhibited expression of long term potentiation, and this effect was abrogated by administration of the JNK inhibitor peptide, D-JNKI1. Similarly, Derek et al (2004) also found that SP600125, a JNK specific JNK inhibitor attenuated the A $\beta$ 25-35 mediated impairment of PTP and LTP

### **1.5 Role of NMDARs in the effect of A $\beta$ on plasticity**

There are some contradictory results concerning the effects of A $\beta$  on the NMDA receptor. Wu reported that A $\beta$  1-40 (200 nM) can selectively elicit a rapid and persistent increase in NMDA-EPSC, but not AMPA-EPSC in the dentate gyrus in vitro (Wu et al. 1995). Moreover, the delayed reduction in baseline synaptic transmission in the CA1 area in vivo caused by A $\beta$  1-40 (3.5 nmol) can be prevented by treatment with the NMDA receptor antagonist CPP (7 mg kg<sup>-1</sup> x2, i.p.) (Cullen et al. 1996). Transgenic mice overexpressing hAPP (V717F) had a relative upregulation of NMDA receptor-mediated synaptic transmission at a time

when AMPA receptor-mediated transmission was reduced (Hsia et al. 1999). Consistent with an age-related increased potential for NMDA receptor-dependent excitotoxicity, Fitzjohn et al. (2001) reported that the non-selective glutamate receptor antagonist kynurenic acid (1 mM), when present at the anoxic period of slice preparation, prevented the reduction in baseline transmission at 12 months in hAPP K670N/M671L mice. However, this strategy was not effective at a later age (18 months) or at 8–9 months in V717F mice (Hsia et al. 1999; Chapman et al. 2001). In this context, it is interesting that glutamate can potentiate the inhibitory effect of A $\beta$  1–42 on LTP (Nakagami and Oda 2002). In addition, MK801, an NMDA receptor antagonist, inhibited A $\beta$  cytotoxicity when administered simultaneously with A $\beta$  (Shimohama and Kihara, 2001), the results suggest that A $\beta$  cytotoxicity is mediated via the NMDA receptor or via glutamate in cultured cortical neurons, although A $\beta$  can kill many types of cells without NMDA receptors (Gridley et al 1997; McLaurin et al 1999).

By contrast, Raymond CR et al. (2003) reported that A $\beta$  can cause a rapid, albeit modest, down-regulation of NMDAR function. A $\beta$  also inhibited LTP in an NMDAR-independent manner. These authors suggested that endogenous A $\beta$  may serve a normal regulatory function in opposing both NMDAR activation and LTP induction by different mechanisms. In other studies, A $\beta$  1–42 (200 nM and 1 mM) has been



reported to reduce NMDA receptor-mediated synaptic currents in the dentate gyrus (Chen et al., 2002). A $\beta$  1–42 and ADDLs at the sublethal concentrations of 5 mM and 100 nM, respectively, also strongly suppressed a NMDA-evoked/depolarization-induced increase in CREB phosphorylation in cultured cortical neurons, whereas A $\beta$  25–35 (10 mM) was inactive (Tong et al., 2001). CREB phosphorylation has been implicated in late LTP. In a recent study, rolipram and forskolin, agents that enhance the cAMP-signaling pathway, reversed the inhibition of LTP by A $\beta$  1–42. This reversal was blocked by H89, an inhibitor of protein kinase A (Vitolo et al., 2002).

An intriguing corollary to the block of LTP by A $\beta$  is the facilitation of LTD induction by low-frequency stimulation and time-dependent LTP reversal in the CA1 area by very low-dose A $\beta$  1–42 (1 pmol i.c.v.) and CT105 (1–2 pmol), respectively. Both effects were blocked by the NMDA receptor antagonist D-AP5 (100  $\mu$ mol), indicating their NMDA receptor dependence (Kim et al., 2001). Somewhat similarly, A $\beta$  1–42 applied in the first hour after HFS inhibited LTP, and inhibition of calcineurin activity with FK506 or cyclosporin A completely prevented this effect (Chen et al., 2002). By contrast, ADDLs (500 nM) failed to affect a large, apparently NMDA receptor-independent form of LTD in the dentate gyrus of young (14–19-day-old) rats (Wang et al., 2002).

## 1.6 A $\beta$ and oxidative stress

Several different studies have provided evidence implicating oxidative stress as a major pathogenic mechanism in AD (Mark et al., 1996; Good et al 1996 ). The concept of oxidative stress refers to a state in which oxidant production surpasses the endogenous antioxidant capabilities leading to oxidative molecular damage of the tissue. Such a state can be achieved either by increased production of cellular oxidants and/or decreased concentrations of cell antioxidants including glutathione, vitamin E, ascorbate, the glutathione peroxidase system, superoxide dismutase (SOD), and catalase. Overproduction of reactive oxygen and nitrogen species such as superoxide, hydrogen peroxide, nitric oxide, and peroxynitrite occurs in AD and is considered to mediate cellular damage and signal apoptosis.

Cultured rat and human hippocampal and cortical neurons are vulnerable to self-aggregated A $\beta$  fibrils and such toxicity may be prevented by antioxidants. A $\beta$  induces the formation of unusually high concentrations of oxygen and nitrogen-reactive species and a depletion of endogenous antioxidants that play a central role in damaging and killing neurons (Mark , et al., 1996). In brain tissue from AD patients, there are increased levels of markers of oxidative stress including oxidized proteins, membrane lipids, DNA, and nitrotyrosine immunoreactivity (Smith, et al., 1998). Additionally, antioxidants including vitamin E,

idebenone, uric acid, and glutathione are effective in preventing A $\beta$  neurotoxicity *in vitro*. Some of these compounds also showed beneficial effects in patients with AD, slowing the progression of the disease (Bruno, et al., 1994; Mayeux and Sano, 1999).

The biochemical pathways by which A $\beta$  initiates direct neurotoxicity in neurons involve the A $\beta$ -dependent generation of reactive oxygen species (Mattson, 1997), including the generation of hydrogen peroxide, peroxy radical, and superoxide that in turn may initiate a series of secondary reactions between radicals and other biomolecules. It is worth mentioning that it has been reported that free radicals induce massive calcium entry into neuronal cells (MacManus, 2000; Atwood et al., 1988). Hydrogen peroxide will produce the strong oxidant and cytotoxic hydroxyl radical. Recent studies have shown that free radicals can also be formed following activation of the receptor for advanced glycation end products or type 2-scavenger receptors, which respond to A $\beta$  binding by stimulating the activity of NADH oxidases (Yan et al., 1996). Although nitridergic species such as nitric oxide and peroxynitrite are overproduced and may contribute to the pathogenesis of AD, it is likely that their production is dependent on the activation of secondary inflammatory mechanisms involving activated glial cells, which may represent an important source of NO (Hu et al. 1998). Another relevant aspect to be considered is the involvement of oxidative stress in brain

cells derived from iron metabolism, which may be responsible for altering transduction mechanisms in neuronal cells as related to neurodegeneration (Smith, et al., 1997).

## **1.7 Microglia and A $\beta$**

Several groups have reported that activated microglia and pro-inflammatory molecules are present at the sites of extracellular lesions (McGeer and McGeer, 1999; Akiyama et al., 2000; Halliday et al., 2000). Further evidence for the involvement of inflammation in the pathogenesis of AD is offered by epidemiological findings showing delayed onset and slowed progression of AD among long-term nonsteroidal anti-inflammatory drug (NSAID) users (McGeer et al., 1996).

The presence of activated microglial cells represents the major and most characteristic feature of inflammation in AD brain. Fibrillar and other components of the neuritic plaques can activate microglia, which in turn have the potential ability to remove A $\beta$ . Although microglia cells constitute approximately 10–20% of the glia population, their numbers can rapidly increase. Activated microglia produce chemotactic factors that further maintain microglial activation and a number of complement proteins that exert direct cytotoxicity. A $\beta$  can bind and activate C1q complement factor and via this mechanism can activate the full cascade

of the complement pathway (Jiang et al., 1994). In addition, formation of the complement-dependent membrane attack complex may exert local toxicity in neurites, explaining the characteristic synapse loss in AD (McGeer et al., 1995). It is recognized that there is an increased expression of complement factors and markers of complement activations in AD (Yasonima et al., 1999). Microglia and astrocytes also produce a variety of cytokines and chemokines, including interleukin 1b, interleukin 6, and tumor necrosis factor-alpha, known to be associated with immunologic and inflammatory reactions and found up-regulated in AD-affected brains.

Activated microglia produce large amounts of NO and superoxide following expression of iNOS and activation of NADPH oxidase. In addition, microglia represent a potential source of low-molecular-weight excitotoxins that may further aggravate excitotoxicity (Liberatore et al., 1999). The phenomenon by which microglia exert neurotoxicity was described as autotoxicity by McGeer and McGeer (McGeer et al., 1995). Nitric oxide is a free radical with low reactivity and toxicity that in itself is particularly adapted to serve as an intra- and inter-cellular messenger in many biological systems. Nitric oxide and superoxide can combine by a diffusion-limited reaction to form the much stronger and more toxic oxidant peroxynitrite, which probably accounts for much of NO cytotoxicity *in vivo*. Peroxynitrite reacts with the majority of the

components in the cells, including thiols, thiol ethers, iron sulfur centers, and zinc fingers and initiates lipid peroxidation. In addition, it combines with free and protein-bound tyrosine to form nitrotyrosine (Beckman et al., 1996), a stable product that can be used as an indicator of peroxynitrite production. Evidence for peroxynitrite production in AD is obtained from reports describing increased levels of nitrotyrosine in the brain tissue of AD patients (Su et al. 1997; Smith et al., 1997 and Hensley et al., 1998 ).

In AD-affected brains, activated microglia surround A $\beta$  plaques. These activated glia contribute to neurotoxicity through the induction of inflammatory mediators such as IL-1 and tumor necrosis factor-alpha (TNF- $\alpha$ ). In addition, these cytokines mediate the expression of the inflammatory enzyme-inducible nitric-oxide synthase (iNOS) (Akama, et al 2000). Exposure of rat cortical astrocyte cultures to A $\beta$  induced activation, as assessed by reactive morphologic changes and up-regulation of interleukin-1 $\beta$ ; and iNOS expression (Hu et al., 1998), suggesting that A $\beta$  plays a role in the reactive glia.

Astrocytes represent the largest cell population in the CNS. They closely interact with neurons across the extracellular space to provide structural, metabolic, and trophic support and actively participate in modulating neuronal excitability and neurotransmission by controlling the extracellular levels of ions and neurotransmitters. Under normal

conditions, astrocytes are particularly adapted to respond to mild oxidative stress and to protect neurons from reactive oxygen species (ROS). However, oxidative stress may directly activate specific transcription factors, resulting in an up-regulation of inflammatory mediators and enzymes including inducible nitric oxide synthase .

Gap junctions between astrocytes are impaired after oxidative damage (Saez , et al., 1990), preventing calcium waves or buffering of high levels of ions and thus indirectly affecting neuronal excitability or neurotransmission. Peroxynitrite and the induction of iNOS in astrocyte astrocyte monolayers inhibit gap junction permeability (Bolaños et al., 1996), thus preventing astrocytes from functioning properly in the homeostasis of ions and neurotransmitters and promoting neuronal toxicity. A $\beta$  -induced oxidative stress in astrocytes may contribute to disrupting the function of glutamate transporters in AD (keller et al., 1997). Excitatory amino acid transmission is dependent upon rapid clearance of released glutamate from the extracellular space by high affinity glutamate transporters located in the plasma membrane of presynaptic terminals and astrocytes. Blockage of glutamate uptake results in receptor overstimulation with subsequent increased neuronal activity that may lead to neuronal death (Lipton et al., 1994). Evidence that ROS inhibit high affinity glutamate uptake in astrocytes and synaptosomes was provided by Volterra and co-workers (Volterra et al.,

1994). This seems to be due to direct oxidation of critical sulfhydryl groups in the transporter protein. Such damage may be reproduced by peroxynitrite or hydrogen peroxide. Importantly, glutamate uptake was also inhibited by A $\beta$  peptide in rat hippocampal astrocyte cultures (Parpura-Gill, et al., 1997), an effect prevented by the antioxidant trolox, suggesting that lipid peroxidation may also play a role in this model (Harris et al., 1998).

Reactive-astroglial phenotypes induced by A $\beta$  may contribute to neuronal damage and disease progression in AD by producing neurotoxic concentrations of nitric oxide. A $\beta$  provokes reactive morphologic changes in astrocytes and up-regulation of cytokines and iNOS through an NFkappaB-dependent mechanism (Hu et al 1998 and Akama et al., 1998). Astrocyte-mediated neurotoxicity has been associated with astrocytic iNOS expression in several *in vitro* and *in vivo* models. In addition, induction of astrocytic NOS in mixed cultures of cortical neurons and astrocytes potentiates NMDA-induced neuronal injury (Hewett SJ, et al 1994) or induces direct neuronal toxicity by a NO-dependent mechanism (Dawson et al., 1994 and Chao et al., 1995)

## **1.8 Acetylcholine receptor and A $\beta$**

Several lines of evidence indicate that A $\beta$  can inhibit various steps in the synthesis and release of ACh, thus suggesting a link between amyloid



burden and cholinergic impairment in AD (Kar et al., 1996, 1998; Hoshi et al., 1997; Wang et al., 1999; Lee et al., 2001; Křištofiková et al., 2001; Vaucher et al., 2001), and these effects are independent of any apparent neurotoxicity. The first evidence came using rat hippocampal and cortical slice preparations treated with various fragments of A $\beta$  (Kar et al., 1996). Kar and his colleague found that ACh release from hippocampal and cortical slices stimulated with high-K<sup>+</sup> or veratridine was rapidly inhibited by pM to nM concentrations of A $\beta$ . This effect was not modified by tetrodotoxin, implying that A $\beta$  acts at the level of the cholinergic nerve terminal (Kar et al., 1996). A $\beta$ 1–42,

A $\beta$ 1–40, A $\beta$ 25–35 and A $\beta$ 1–28 all reduce ACh release, thus implicating the sequence A $\beta$ 25–28 as being crucial for the effect. However, ACh release from striatal slice preparations was not sensitive to reduction by this peptide (Kar et al., 1996). Vaucher et al (2001) demonstrated that hippocampal ACh release from cognitively impaired aged rats which have higher levels of hippocampal A $\beta$  is more sensitive to A $\beta$ 1–40 than is ACh release from cognitively unimpaired animals. As opposed to direct A $\beta$  induction of cognitive dysfunction, these results imply that a priori cognitive status can predict the sensitivity of the cholinergic system to exogenously applied A $\beta$  peptides (Vaucher et al., 2001). These data also suggest that the particularly high sensitivity of

ACh release to endogenous A $\beta$  might contribute to naturally occurring cognitive impairments.

A $\beta$ 1–42 has also been shown to reduce ACh release from cortical synaptosomes (Wang et al., 1999). By using a pure population of cholinergic synaptosomes, Satoh et al (2001) clearly indicate that A $\beta$  acts on cholinergic terminals, rather than acting indirectly via another neuronal phenotype or glial cell. Reductions in ACh concentration, in the absence of concurrent neurotoxicity, have also been reported in primary septal cultures following a 12-h treatment with nM concentrations of solubilized A $\beta$ 1–42 (Hoshi et al., 1997). A $\beta$  exposure of these primary neurons did not reduce ChAT activity, but the activity of pyruvate dehydrogenase (PDH) was reduced (Hoshi et al., 1997).

PDH is only in cholinergic neurons that it is also important for ACh synthesis. Thus, neurotransmission in these neurons may be selectively impaired by the inhibition of PDH by A $\beta$ . Interestingly, reduced PDH activity has been observed in AD (Sorbi et al., 1983), stressing the potential importance of these findings.

In a hybrid cell line created from the fusion of mouse septal neurons and neuroblastoma cells (SN56), intracellular ACh concentration was reduced after a 48-h treatment with nM concentrations of A $\beta$ 25–35, A $\beta$ 1–28 or A $\beta$ 1–42 without indications of toxicity (Pedersen et al., 1996; Pedersen and Blusztajn, 1997). A reduction in ChAT activity was

associated with the reduction in ACh concentrations that accompanied prolonged A $\beta$  treatment (Pedersen et al., 1996). By contrast, acetylcholinesterase (AChE) activity was not reduced following A $\beta$  treatment.

A $\beta$  impairment of hippocampal LTP possibly involve nicotinic receptors (Cullen et al., 1997; Itoh et al., 1999; Ye and Qiao, 1999; Chen et al., 2000). For example, the inhibition was prevented by huperzine, an AChE antagonist expected to increase ACh concentrations in the synaptic cleft (Ye and Qiao, 1999).

Other evidence suggests that A $\beta$  disruption of LTP may limit the normal supply of NGF, and thus contribute to AD. Considering that retrograde transport of NGF is likely impaired in AD, resulting in normal or increase NGF levels in target areas, potential dysregulation of local neuromodulatory functions of NGF (Knipper et al., 1994; Sala et al., 1998; Auld et al., 2001) may be most sensitive to this disruption.

Treatment with either A $\beta$ 25–35 or A $\beta$ 1–40 (1 $\mu$ M) has been shown to decrease whole cell voltage-sensitive currents in cholinergic neurons identified by single cell RT-PCR (Jhamandas et al., 2001). This reduction is associated with changes in several K<sup>+</sup> currents, including the Ca<sup>2+</sup>-activated K<sup>+</sup> current, the delayed rectifier current and transient outward K<sup>+</sup> conductances. In contrast, A $\beta$  did not modulate either Ca<sup>2+</sup> or Na<sup>+</sup> currents. A $\beta$  modulation of K<sup>+</sup> currents at the level of the cholinergic cell

body increases excitability, resulting in a higher frequency of action potential generation (Jhamandas et al., 2001).

A 4-h exposure to A $\beta$  25–35 (nM to  $\mu$ M concentrations) reduces carbachol stimulated GTPase activity in primary cultures of rat cortical neurons (Kelly et al., 1996). At higher concentrations, similar treatment with A $\beta$  reduced the accumulation of intracellular messengers associated with M1-like receptor signaling, including reduced impaired Ca<sup>2+</sup> signaling and inositol second-messenger accumulation (i.e. Ins(1)P, Ins(1,4)P<sub>2</sub>, Ins(1,4,5)P<sub>3</sub> and Ins(1,3,4,5)P<sub>4</sub>) (Kelly et al., 1996). A $\beta$  effected these signaling alterations without modifying receptor-binding kinetics. Interestingly, the anti-oxidants Vitamin E and propyl gallate prevented the effect of high concentrations of A $\beta$  on GTPase activity (Kelly et al., 1996). Moreover, it was shown that a 24-h exposure to A $\beta$ 1–42 and A $\beta$  25–35 (100 nM) inhibited increases in intracellular Ca<sup>2+</sup> and Ins(1,4,5)P<sub>3</sub> induced by muscarine (Huang et al., 2000). this effect was selective for muscarinic receptors and was attenuated by the anti-oxidant Vitamin E (Huang et al., 2000). These studies indicate that disruption of muscarinic signaling, perhaps involving the generation of reactive oxygen species.

In AD, M1-like receptor levels are equivalent to those of age-matched controls (Araujo et al., 1988; Quirion, 1993). However, most studies report robust reductions in G-protein signaling (Smith et al., 1987;

Ferrari-DiLeo and Flynn, 1993; Warpman et al., 1993; Ferrari-DiLeo et al., 1995) and/or phosphoinositide generation (Jope et al., 1994, 1997; Greenwood et al., 1995) after muscarinic receptor stimulation in AD brain tissue. Considering the studies suggesting that A $\beta$  disrupts muscarinic signaling in vitro (Kelly et al., 1996; Huang et al., 2000), it is possible that A $\beta$  also makes contributions to the disruption of muscarinic signaling observed in the AD brain.

ACh also signals through nicotinic receptors (Aubert et al., 1992, 1996; Clarke, 1995). Shimohama and Kihara (2001) reported that simultaneous incubation of the cultures with nicotine and A $\beta$  significantly reduced the A $\beta$ -induced cytotoxicity. The protective effect of nicotine was reduced by both DH $\beta$ E and  $\alpha$ -BTX.  $\beta$ -amyloid cytotoxicity was significantly reduced when 10 mmol/L cytosine, a selective  $\alpha$ 4 $\beta$ 2 nicotinic receptor agonist, or 1 mmol/L DMXB, a selective  $\alpha$ 7 nicotinic receptor agonist, was co-administered. These findings suggest that both  $\alpha$ 4 $\beta$ 2 and  $\alpha$ 7 nicotinic receptor stimulation are protective against A $\beta$  cytotoxicity (Kihara et al 1997, 1998). Moreover, they also found that nicotinic receptor mediated neuroprotection against  $\beta$ -amyloid-enhanced glutamate toxicity. The  $\alpha$ 7 nicotinic receptors have high Ca<sup>2+</sup> permeability and are known to be involved in numerous processes, including neurotransmitter release (Alkondon et al., 1997), long-term

potentiation (Mansvelder and McGeher, 2000; Ji et al., 2001) and learning (Levin and Simon, 1998; Jones et al., 1999).

It has also been reported that there are alterations in nAChR expression levels in AD brain regions such as the hippocampus and cortex (Quirion, 1993; Court et al., 2000; Paterson and Nordberg, 2000; Nordberg, 2001). In terms of specific subunits,  $\alpha 7$ nAChR levels have been reported to be reduced in the hippocampus (Guan et al., 2000) but not in the cortex (Martin-Ruiz et al., 1999; Guan et al., 2000), of AD patients. In addition, expression levels of nAChRs with  $\alpha 4$  subunits have been demonstrated to be reduced in the hippocampus (Guan et al., 2000), and reduced (Guan et al., 2000) or unchanged (Martin-Ruiz et al., 1999) in the cortex of the AD brain. Similarly, the  $\alpha 3$  nAChR subunit has been shown to be reduced in the hippocampus (Guan et al., 2000) and either reduced (Guan et al., 2000) or unaltered in the cortex (Martin-Ruiz et al., 1999) in AD. Thus, although there are definite alterations in nAChR distribution and levels in AD, there is not yet a consensus concerning their exact nature. Given the disruption in nAChR levels in AD, it is notable that there are several different interactions between  $A\beta$  peptides and nAChRs—most notably with the  $\alpha 7$  subtype. These interactions are believed to have relevance to AD by means of their involvement in the disruption of normal cholinergic neurotransmission and the possible

enhancement of sensitivity to A $\beta$  neurotoxicity (Wang et al., 2000; Dineley et al., 2001; Liu et al., 2001; Pettit et al., 2001).

The first reported observation of an interaction between A $\beta$  and  $\alpha$ 7 nicotinic receptors showed that these proteins co-immunoprecipitated in human brain tissue, particularly in the AD brain (Wang et al., 2000). Notably, A $\beta$ 1–42 and  $\alpha$ 7nAChRs were co-localized on cortical neurons and neurotic plaques. In vitro, the formation of A $\beta$ 1–42/ $\alpha$ 7 nicotinic receptor complexes was inhibited by the A $\beta$ 12–28 fragment, suggesting that this sequence competes for the binding site and is therefore likely to contain the active site (Wang et al., 2000). A subsequent study indicated a high affinity interaction between A $\beta$ 1–42 and  $\alpha$ 7nAChRs, with a  $K_i$  of  $\sim$ 4–5pM (Wang et al., 2000). A $\beta$ 1–42 was also shown to interact with  $\alpha$ 4 $\beta$ 2nAChRs, albeit with lower affinity (a  $K_i$  of  $\sim$ 20–30 nM) (Wang et al., 2000). but several groups didn't find the capacity of A $\beta$  to displace nicotinic ligand binding(Guan et al., 2001; Liu et al., 2001).

In hippocampal slices, solublized A $\beta$ 1–42 rapidly reversibly, inhibited carbachol-induced whole-cell nicotinic currents (Pettit et al., 2001). At the level of single nicotinic channels, A $\beta$  reduced open probability within milliseconds. These data are consistent with a direct and specific binding of A $\beta$  to these receptors.

It has also been reported that nM concentrations of A $\beta$ 1–42 and A $\beta$ 1–40 rapidly (within 1 min) blocked up to 80% of the whole-cell

$\alpha 7$ nAChR current in cultured primary embryonic hippocampal neurons (Liu et al., 2001). In contrast to another study indicating that A $\beta$  also inhibits non- $\alpha 7$ nAChR currents (Pettit et al., 2001) and biochemical studies showing high affinity ( $K_i$  in the nM range) interactions between A $\beta$ 1–42 and  $\alpha 4\beta 2$  nAChRs (Wang et al., 2000a), Liu et al. (2001) found that A $\beta$  did not alter non- $\alpha 7$ nAChR current.

A $\beta$  inhibited non- $\alpha 7$  AChR currents in the hippocampal slice preparations taken from 13 to 18 days old rats in which interneurons were the focus (Pettit et al., 2001). By contrast, A $\beta$  did not affect the non- $\alpha 7$  AChR current component in hippocampal cultures taken from embryonic days 18–19 rats, which have a prominent pyramidal cell population (Liu et al., 2001).

A $\beta$ 's reduction of the  $\alpha 7$ nAChR current was reversible and was restored to control level within 5 min of its removal (Liu et al., 2001). The impairment of this current by A $\beta$  was not dependent on voltage, but was critically dependent upon the extracellular N-terminal length of the  $\alpha 7$  subunit (Liu et al., 2001). The fact that A $\beta$  did not alter glutamate- or GABA-induced currents argues in favour of a specific effect of A $\beta$  on  $\alpha 7$ nAChR currents (Liu et al., 2001). The capacity of A $\beta$  to reduce the  $\alpha 7$ nAChR current was not associated with competitive displacement of  $\alpha$ -BTx binding to this receptor site. Indeed, in contrast to previous reports using membrane homogenates (Wang et al., 2000), A $\beta$  did not alter  $\alpha$ BTx



binding in these cultures (Liu et al., 2001). In addition, it was reported in PC12 cells that A $\beta$  does not compete with either  $\alpha$ BTx or epibatidine binding sites (Guan et al., 2001).

Activation of pre-synaptic nAChRs is known to stimulate neurotransmitter release from cultured hippocampal neurons (Alkondon et al., 1997). Liu et al. (2001) observed that glutamate-dependent mEPSC frequency is increased by nicotine. In keeping with the capacity of A $\beta$  to block nAChR mediated currents, exposure to nM A $\beta$ 1–42 blocked the effect of nicotine to increase excitatory neurotransmission (Liu et al., 2001). The observations that A $\beta$  can disrupt  $\alpha$ 7 and non- $\alpha$ 7nAChR function, and that  $\alpha$ 7 (Gray et al., 1996) and non- $\alpha$ 7 receptors ( $\alpha$ 4 $\beta$ 2 nAChR; Quirion et al., 1994; Nordberg et al., 1989) can modulate hippocampal ACh release, lend support to the possibility that A $\beta$ -inhibition of nicotine-induced neurotransmitter release could have highly significant effects on activity in circuitry innervated by BFCNs. Interestingly, Itoh et al. (1996) observed that chronic exposure to A $\beta$  reduced nicotine-induced ACh release from the hippocampus, but that K<sup>+</sup>-stimulated ACh release was not affected. This raises the intriguing possibility that an interaction between A $\beta$  and nAChR may contribute to this effect.

In addition to direct A $\beta$  modulation of nAChR currents, there is evidence for a complex relationship between A $\beta$ ,  $\alpha$ 7nAChRs, and MAPK

phosphorylation (Dineley et al., 2001). Nicotine induces ERK2 MAPK phosphorylation in cultured rat hippocampal slices. A $\beta$ 1–42 treatment also results in ERK2 MAPK phosphorylation within minutes (Dineley et al., 2001). When hippocampal slices were treated with A $\beta$  in the presence of specific  $\alpha$ 7nAChR antagonists, ERK2 MAPK was not activated, suggesting that these receptors are involved in activation of ERK2 MAPK (Dineley et al., 2001). This data support that derangement of hippocampus signal transduction cascades in AD arises as a consequence of increased A $\beta$  burden and chronic activation of the ERK MAPK cascade in an  $\alpha$ 7 nAChR-dependent manner that eventually leads to the down-regulation of ERK2 MAPK and decreased phosphorylation of CREB protein.

Undoubtedly, these differences reflect the complexity of A $\beta$ 's interactions with multiple levels of the cholinergic system, as well as the mechanisms through which nicotine induces MAPK phosphorylation.

## **1.9 Tau Protein and A $\beta$**

In 1986, Brion and co-workers showed that antibodies against the cytoskeletal protein tau labeled neurofibrillary tangles; these studies were complemented by findings in several laboratories that tau is the main component of PHFs (Kosik et al., 1986). NFTs composed of arrays of PHFs are present mainly in the hippocampus, entorhinal cortex, and

amygdala. PHFs are anomalous structures generated by self-aggregation of hyperphosphorylated forms of tau protein that form a compact filamentous network (Maccioni et al., 1995; Mandelkow et al., 1995). Tau is a multifunctional microtubule-associated protein that plays major roles in the assembly of microtubules, the stabilization of microtubules against dynamic instability, and in bridging these polymers with other cytoskeletal filaments (Kosik et al., 1986; Maccioni et al., 1995; Mandelkow et al., 1995). In normal brain, the equilibrium between phosphorylations and dephosphorylations of tau modulates the stability of the cytoskeleton and consequently axonal morphology. The earliest modification found in Alzheimer brains consists of hyperphosphorylations on tau by the action of different protein kinase and phosphatase systems that appear to lead to structural and conformational changes in this protein, thus affecting its binding with tubulin and the capacity to promote microtubule assembly (Maccioni et al., 1995; Schweers et al., 1995). Among kinases involved in tau modifications leading to PHFs, two are the most relevant: tau protein kinase I (TPK I) also named glycogen synthase kinase 3 $\beta$  (GSK3 $\beta$ ) (Takashima et al., 1993; Imahori et al., 1997) and tau kinase II (TPK II) (Alvarez et al., 1999; Patrick et al., 1999). TPK II is a complex of two subunits: a catalytic component of 33 kDa (Cdk5) and the regulatory subunit of 23 kDa (p35) derived from proteolytic cleavage of a 34 kDa precursor

(Pigino et al.; 1997 Paglini et al., 1998). The change in Cdk5 regulatory patterns was concomitant with neuronal death of hippocampal neurons and tau hyperphosphorylation, pretreatment of cells with Cdk5 specific inhibitors such as butyrolactone I or by using anti-sense probes for Cdk5-protected cells against neuronal death, and tau phosphorylation. Neuroprotection of cells to the neurotoxic effects of fibrillary A $\beta$  strongly suggests that alterations in Cdk5 regulation play a key role in the sequence of molecular events that determine neurofibrillary degeneration in hippocampal cells. Present evidence supports the idea that in the neurodegenerative pathway, the initial anomalous tau phosphorylations by Cdk5 stimulate the modifications by GSK3 $\beta$ , thus preventing tau from incorporating into microtubules (Alvarez et al., 1999). In AD, some authors showed that the cleavage of p35 to p25 with the subsequent release of p25 activator seems to be responsible for the activation of this protein kinase during fibrillary neurodegeneration (Patrick et al., 1999; Ahlijanian et al., 2000; Lee et al., 2000). In the context of the preceding information, it appears reasonable to think that the reactions leading to neuronal death in this disease are part of an integrated process involving extracellular and intracellular changes in the normal neuronal machinery, in which A $\beta$  deposition appears to be one of the promoting factors. Studies showed that A $\beta$ -induced neurotoxicity in embryonic rat hippocampal cells and a neuroblastoma line (N2A) markedly diminished

with co-incubation of neuronal cells with A $\beta$  plus the Cdk5 inhibitor butyrolactone I (Alvarez et al., 2001). These studies indicate that the protein kinase Cdk5 plays a major role in the molecular pathway leading to the neurodegenerative process triggered by amyloid fibers in neuronal cells. Recent investigations strongly support the role of Cdk5 in neuronal differentiation (Muñoz et al., 2000), as well as in the apoptosis of human glial cells (Catania et al., 2001).

### **1.10 The aim of present study**

Although Thousands of papers on A $\beta$  have been published, little is known about the mechanisms involved in A $\beta$ -mediated inhibition of LTP. The aim of the present studies was two-fold. Firstly, we wished to determine whether naturally secreted A $\beta$  inhibited LTP induction in hippocampal slices, and to compare the potency of naturally secreted and synthetic A $\beta$ . Secondly, in order to understand further the mechanisms underlying the inhibition of LTP induction by A $\beta$ , we examined the involvement of certain kinases and transmitter receptors, namely JNK, p38 MAPK and Cdk5, and mGluRs. We also investigated the involvement of microglia, and reactive nitrogen and oxygen species, in the A $\beta$ -mediated inhibition of LTP induction.

## 2 Materials and Methods

### 2.1 Preparation of slices

All experiments were carried out on transverse slices of the rat hippocampus (males, age 3-4 weeks, weight 40-80g) or mice aged 3-4 months. Male wild-type and i-NOS knockout C57 black mice (18-28g) were obtained from Jackson Laboratories (Bar Harbor, ME, USA). The brains were rapidly removed after decapitation and placed in cold oxygenated (95% O<sub>2</sub>/ 5% CO<sub>2</sub>) media. Slices were cut at a thickness of 350 µm using a Campden vibroslice (Lafayette, IN) and placed in a storage container containing oxygenated medium at room temperature (20 - 22°C) for 1 hr. The slices were then transferred to a recording chamber for submerged slices and continuously superfused at a rate of 5-6ml/min at 30-32°C. The control media contained: (mM) NaCl, 120; KCl 2.5, NaH<sub>2</sub>P0<sub>4</sub>, 1.25; NaHC0<sub>3</sub> 26; MgS0<sub>4</sub>, 2.0; CaCl<sub>2</sub>, 2.0; D-glucose 10. For experiments on the dentate gyrus, all solutions contained 100 µM picrotoxin to block GABA<sub>A</sub>-mediated activity.

### 2.2 Agents

Drugs used were synthetic human Aβ<sub>1-42</sub> (Bachem), minocycline, aminoguanidine, superoxide dismutase, DPI, catalase, D (-)-2-amino-5-phosphonopentanoic acid (D-AP5), picrotoxin, methylcaconatine (MLA) and methyl-6-(phenylethynyl)pyridine (MPEP) (all from Sigma), butyrolactone (Affiniti Research Products Ltd, UK), LY341495, 1,4-diamino-2,3-dicyano-1,4-bis(2-aminophenylthio)butadiene (UO126), NS398 (Tocris Cookson), 4-(4-fluorophenyl)-2-(4-

methylsulfonylphenyl)-5-(4-pyridyl)-1H-imidazole (SB203580) and anthrax (1,9-cd)pyrazol-6(2H)-1,9; (1,9,pyrazoloanthrone) (SP600125) (Alexis Biochem), 1400W, JNKI and roscovitine (Calbiochem). LY341495, UO126, roscovitine SP600125, NS398, butyrolactone and SB203580 were dissolved in DMSO, with a maximum final concentration of 0.1% DMSO. The other agents were prepared in distilled water. Synthetic A $\beta$ <sub>1-42</sub> was prepared as a stock solution of 50 mM in ammonium hydroxide (0.1%), stored at -20°C, and then added to physiological medium immediately prior to each experiment. The actual concentration of A $\beta$ <sub>1-42</sub> from one batch of peptide was determined experimentally by quantitative amino acid analysis and found to be 33% lower than the nominal value.

### 2.3 Electrophysiological techniques

Standard electrophysiological techniques were used to record field potentials. All experiments investigating NMDAR-dependent LTP and LTD were carried out in the dentate gyrus, with presynaptic stimulation applied to the medial perforant pathway of the dentate gyrus using a bipolar insulated tungsten wire electrode, and field excitatory postsynaptic potentials (EPSPs) recorded at a control test frequency of 0.033 Hz from the middle one-third of the molecular layer of the dentate gyrus with a glass microelectrode. In each experiment, an input-output curve (afferent stimulus intensity versus EPSP amplitude) was plotted at the test frequency. For all experiments, the amplitude of the test EPSP was adjusted to one-third of maximum (~1.2 mV). LTP was evoked by high frequency stimulation (HFS) consisting of 8 trains, each of 8 stimuli at 200 Hz, intertrain interval 2s, with the stimulation voltage increased

during the HFS so as to elicit an initial EPSP of the train of double the normal test EPSP amplitude.

The experiments investigating NMDAR-independent LTP were carried out in the CA1 region, with NMDAR-independent LTP induced by 3 spaced HFS at 10 min interval, each HFS as above.

Measurements of resting potential and input resistance were carried out using whole cell patch clamp recordings from CA1 pyramidal cells using the Axopatch 1D amplifier (3 kHz low pass Bessel filter). Series resistance varied from 15-30 M $\Omega$ . Pipette solution contained: (mM) Potassium gluconate, 140; EGTA, 10; HEPES, 10; NaGTP 0.3 ; Mg<sub>2</sub>GTP, 2.0; QX-314, 5.

In experiments involving application of A $\beta$ , A $\beta$  was perfused for 30-40 min prior to HFS. In experiments involving additional other agents, the agents were perfused over the slices for 60 min prior to HFS. Control (vehicle alone) and experimental levels of LTP were measured on slices prepared from the same hippocampus. In experiments involving kinase inhibitors, experiments involving the effect of kinase inhibitor alone and the effects of the kinase inhibitor applied together with A $\beta$  were also carried out on slices from the same hippocampus.

Recordings were analysed using p-CLAMP (Axon Instruments, CA, USA). Values are the means  $\pm$  S.E.M. for n slices. Two-tailed Student's t-test and two-way ANOVA with repeated measures were used for statistical comparison.



## 2.4 Cell-derived A $\beta$

Naturally secreted cell-derived human A $\beta$  was obtained from cultures of Chinese hamster ovary (CHO) cells stably expressing human APP751, containing the Val717Phe familial AD mutation called 7PA2 cells. CHO and 7PA2 cells were cultured in DMEM with 10% fetal bovine serum, as described previously (Walsh et al., 2000). When confluent, the cells were washed with plain DMEM and then incubated in plain DMEM (4 ml/10 cm<sup>2</sup> dish) for 16 hr. At the end of this period, media were harvested and cleared of cells by centrifugation at 500 x g for 10 min. Aliquots of the media were then removed, and the presence of both monomeric and oligomeric A $\beta$  was assessed by immunoprecipitation–Western blotting (ip–wb) and ELISAs. ELISAs were performed as described previously (Walsh et al., 2000). Thus, ELISAs for A $\beta$  1-total (all A $\beta$  species beginning at Asp1) and A $\beta$ <sub>1–42</sub> were performed using 3D6 (which recognizes the extreme N terminus of A $\beta$ ) as the capture antibody and 6C6 (which binds to the mid-region of A $\beta$ ) for detection. In detail, nearly confluent (95–100%) 10 cm<sup>2</sup> dishes of 7PA2 cells and their corresponding untransfected parental CHO cell line were starved of methionine for 30 min and labeled with 750  $\mu$ Ci of [<sup>35</sup>S]methionine; their media were then harvested and immunoprecipitated. After electrophoresis on 16% tricine gels, bands were visualized by gel fluorography. For experiments examining the ability of A $\beta$  oligomers to form in conditioned medium (CM) in the absence of cells, 7PA2 cells were pulsed with 1 mCi of [<sup>35</sup>S]methionine for 2 hr. The labeled medium was harvested, cleared of cells, incubated at either 4 or 37°C for 15 hr in the presence or absence of CHO cells and then immunoprecipitated with

the polyclonal antibody R1282. As positive controls, 7PA2 cells were labeled for 17 hr, and their CM was immunoprecipitated as described above. To visualize steady-state levels of A $\beta$  in human CSF and in cultures that were not radiolabeled, we devised an ip-wb protocol that allowed the highly sensitive detection of unlabeled A $\beta$  species. Analysis of CM by ELISA and ip-wb revealed that our ip-wb protocol can readily detect as little as 200 pg of endogenously secreted A $\beta$ . Samples were immunoprecipitated to avoid reconstitution procedures that might alter the assembly form or recovery of A $\beta$ . After immunoprecipitation, samples were electrophoresed on 16% tricine gels and transferred onto 0.2  $\mu$ M nitrocellulose membranes at 400 mA for 2 hr. Filters were boiled for 10 min in PBS and blocked overnight at 4°C with 5% fat-free milk in 20 mM Tris-HCl, pH 7.4, containing 150 mM NaCl and 0.05% Tween 20 (TBS-T). After washing the membranes in TBS-T, monoclonal antibody 6E10 or a combination of monoclonals 4G8 and 6C6 (each at 1  $\mu$ g/ml) was used to probe the blots. Bound antibody was visualized using horse-radish peroxidase-conjugated anti-mouse Ig (at 1:40,000) (Jackson ImmunoResearch, West Grove, PA) and ECL Plus detection (Amersham Biosciences, Arlington Heights, IL).

## 3 Results

### 3.1 effect of A $\beta$ on membrane potential, input resistance

Perfusion of A $\beta$  (500 nM) did not alter the membrane potential or input resistance measured under whole cell current clamp conditions. The mean resting potential and input resistance was  $-71\pm 8$  mV and  $239\pm 14$  M $\Omega$ , in control and  $-69\pm 4$  and  $234\pm 8$  following perfusion of A $\beta$  for 60 min ( $p>0.05$ ,  $n=4$ ). Moreover, A $\beta$  (500 nM) had no effect on the base line input-output curve (stimulation voltage versus field EPSP) ( $P>0.05$ , Fig3.1).

### 3.2 Effect of A $\beta$ on basal synaptic transmission

Synthetic A $\beta$  (500 nM), did not affect baseline excitatory synaptic transmission, EPSP's measuring  $99\pm 3\%$  of control after 40 min perfusion ( $p>0.05$ ,  $n=10$ ) (Fig 3.2.). However a ten hours perfusion of A $\beta$  at 2  $\mu$ M at room temperature induced a small inhibition of baseline EPSP measuring  $82\pm 2\%$  (Fig.3.3). Previous studies on the effect of A $\beta$  on NMDAR is under debate. Wu et al (1995) reported that A $\beta$  can up-regulate NMDAR function in the dentate gyrus, but in another work (Raymond et al., 2003), fEPSP of NMDA was inhibited by A $\beta$ . To test whether the inhibition of LTP by A $\beta$  is due to the block of NMDAR, we determined the effect of A $\beta$  on NMDAR function by isolating NMDAR-mediated fEPSPs through perfusion by an ACSF without  $Mg^{2+}$ , plus 20  $\mu$ M CNQX to block AMPA receptors. In control slices, NMDA-mediated fEPSPs could be recorded for 120 min, and application of 50  $\mu$ M D-APV completely abolished the responses (data

not shown), confirming that they were mediated by NMDARs. Perfusion of A $\beta$  resulted in a small but significant inhibition of NMDAR potential (Fig. 3.4,  $P < 0.01$ ). The NMDA field EPSP measured  $79 \pm 5\%$  of baseline at 90min after A $\beta$  perfusion.

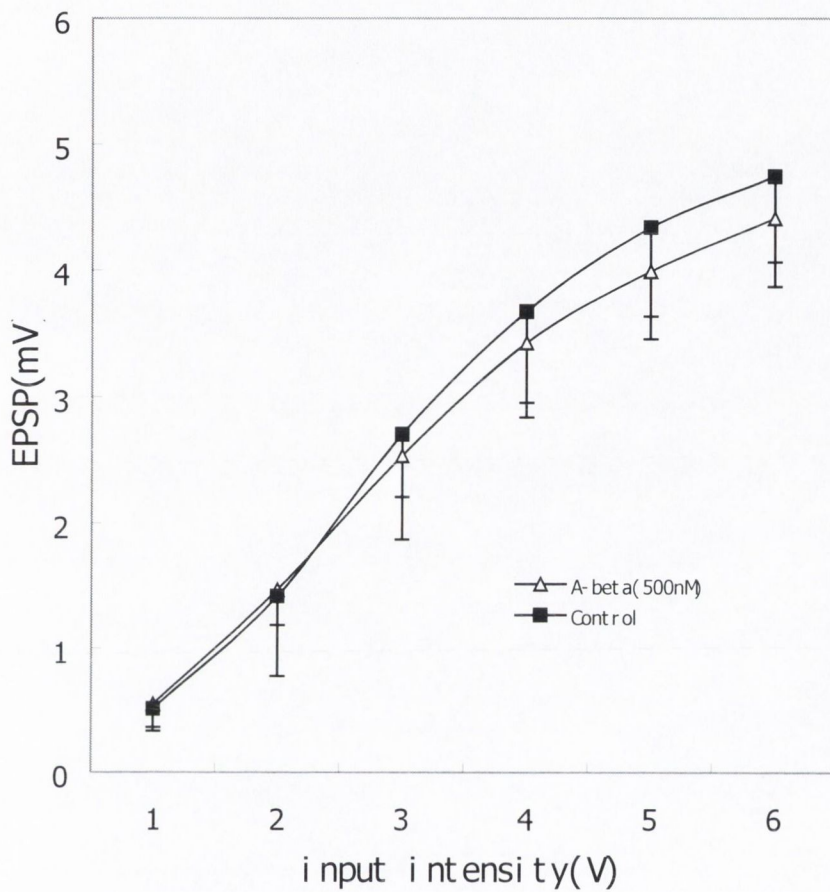


Fig 3.1 Effect of on input-output curve. Graphs show perfusion with synthetic ( open triangles, n=8) has no effect on the baseline input-output curve (filled circle, n=8).

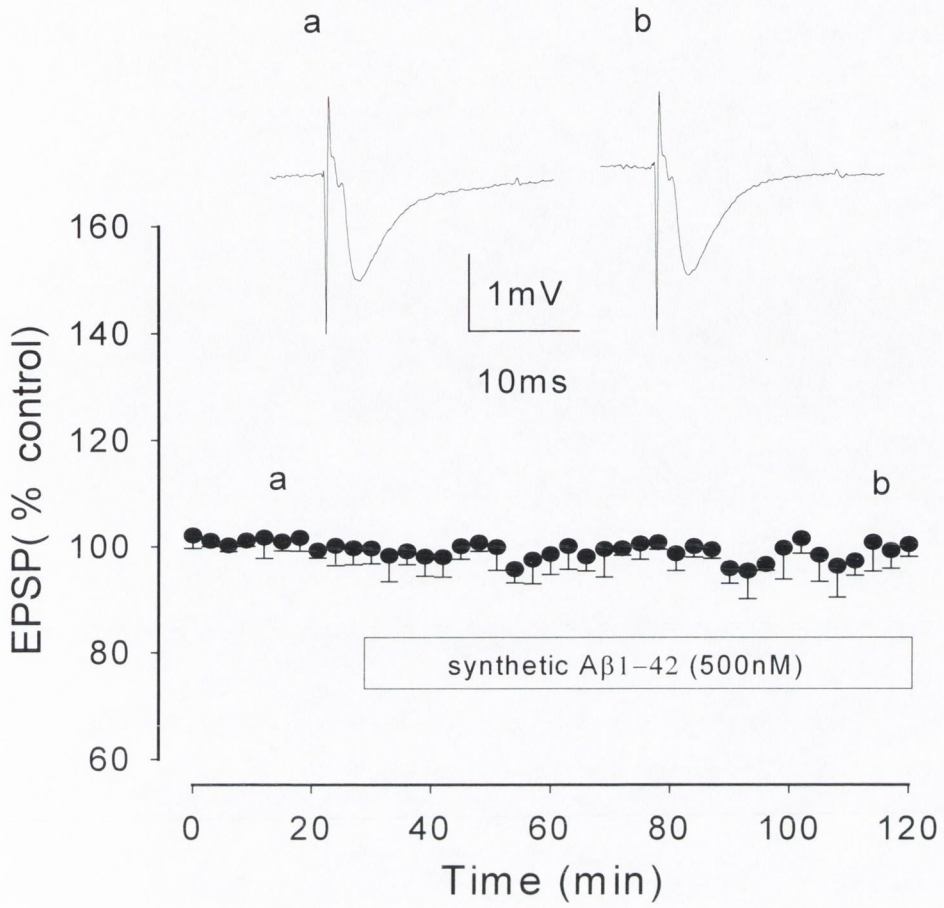


Fig 3.2 Administration of 500 nM synthetic Aβ has no effect on baseline EPSPs(n=5)

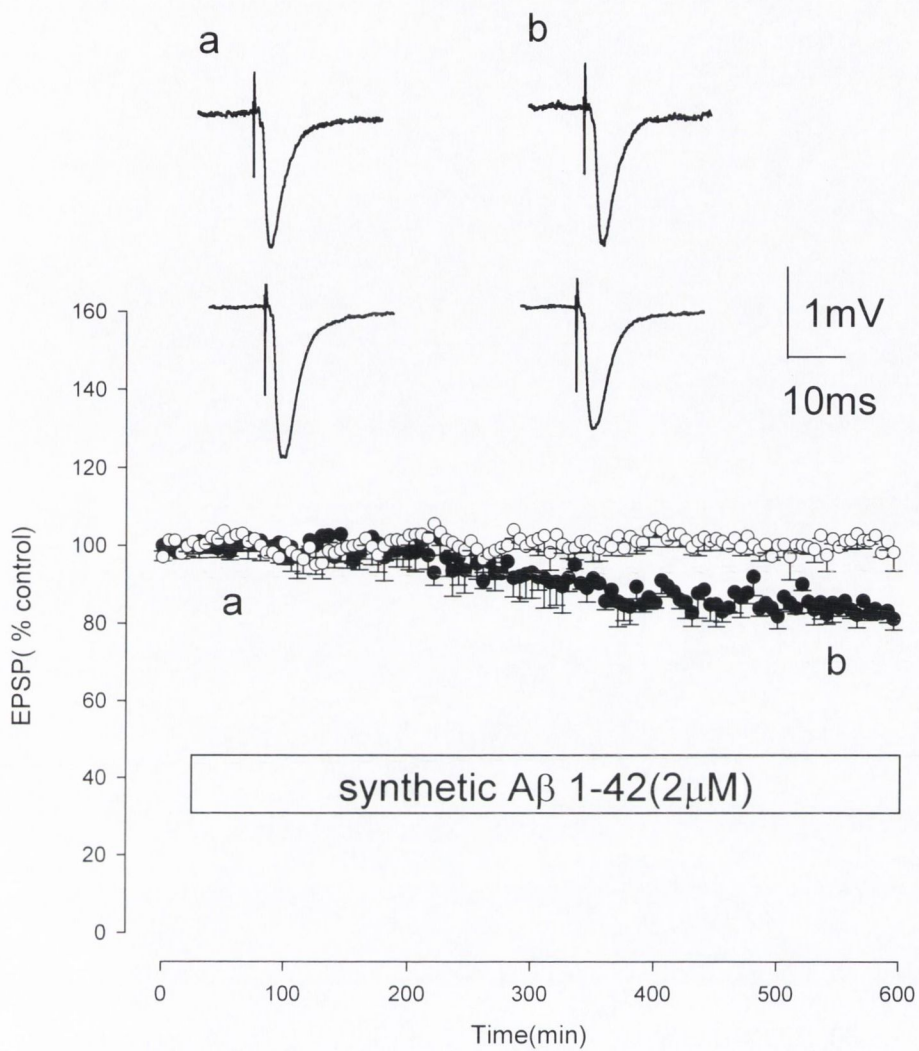


Fig 3.3 A longer time perfusion with higher concentration A $\beta$  inhibited the baseline transmission by 20 % (closed circles, n=4), significantly reduced from control. (open circles, n=3).

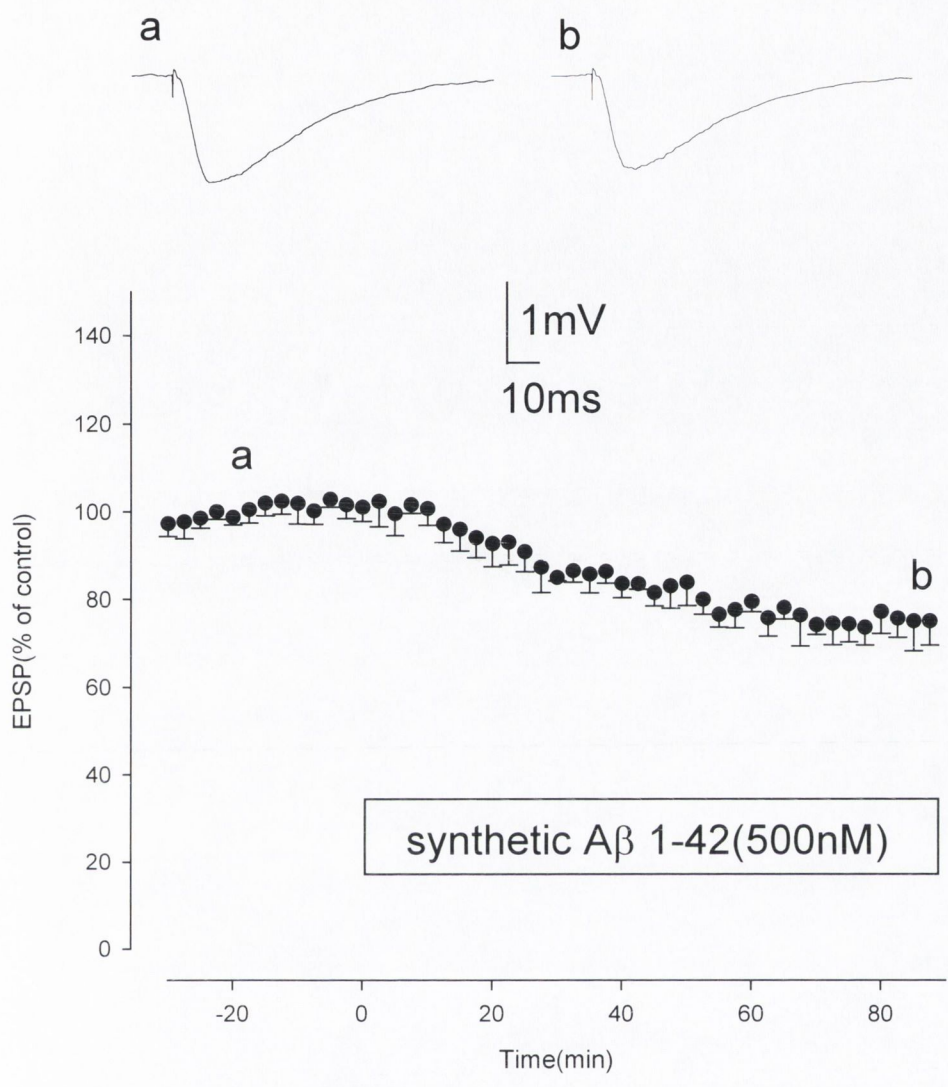


Fig.3.4 Aβ was applied for 90 min, causing a slight inhibition of NMDA potentials(n=5). Inset, representative NMDAR-mediated fEPSPs recorded prior to and 90 min after the administration of Aβ.



### 3.3 Effect of on A $\beta$ synaptic plasticity

#### 3.3.1 Synthetic A $\beta$ inhibits induction of NMDAR-dependent LTP

In rat hippocampal slices, HFS induced NMDAR-dependent LTP under control conditions that reached a peak amplitude of  $\sim 100\%$  above baseline immediately following HFS and then slowly declined over the next hour to 50-80% above baseline. The averaged LTP measured  $201 \pm 15\%$ ,  $166 \pm 12\%$  and  $157 \pm 5\%$  at peak, 20 and 60 min post-HFS respectively ( $p < 0.005$ ,  $n = 55$ , Fig 3.5).

Synthetic A $\beta$  inhibited the induction of LTP, including the early and late phases of LTP. In the presence of synthetic A $\beta_{1-42}$  (500 nM), perfused for 60 min prior to HFS, LTP measured  $151 \pm 13\%$ ,  $110 \pm 8\%$  and  $104 \pm 7\%$  at peak, 20 min and 60 min post-HFS respectively, all three values significantly less than control ( $p < 0.005$ ,  $n = 38$ ) (Fig 3.5). A two-way ANOVA comparing LTP in control and in A $\beta$  also showed significant inhibition ( $F = 48.2$ ,  $p < 0.001$ ).

200 nM synthetic A $\beta$  also inhibited LTP induction, which measured  $176 \pm 8\%$ ,  $131 \pm 6\%$  and  $115 \pm 7\%$  at peak, 20 min and 60 min post-HFS respectively ( $p < 0.05$ ,  $n = 5$ ) (Fig3.6). However, 100 nM A $\beta$  did not significantly inhibit LTP induction, LTP measuring  $192 \pm 23$ ,  $155 \pm 18$  and  $146 \pm 10$  at peak, 20 min and 60 min post-HFS respectively ( $p > 0.05$ ,  $n = 5$ ) (Fig3.6).

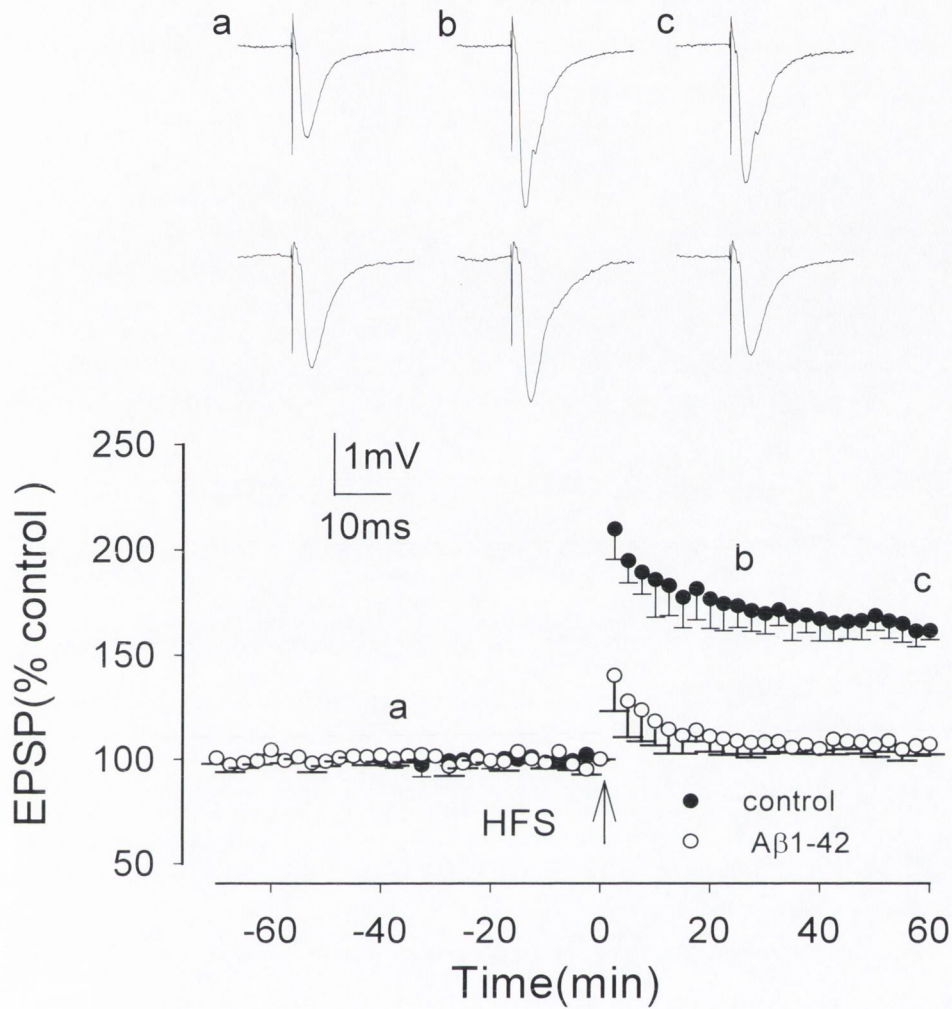


Fig.3.5 NMDAR-dependent LTP induced by a single brief HFS in the medial perforant path of the dentate gyrus in control (filled circles,  $n=10$ ) and in the presence of synthetic A $\beta$  (500 nM), applied 40 min prior to HFS (open circles,  $n=10$ ), significantly reduced from control. The traces a, b and c illustrate EPSPs prior to, and 20 and 60 min after HFS respectively.

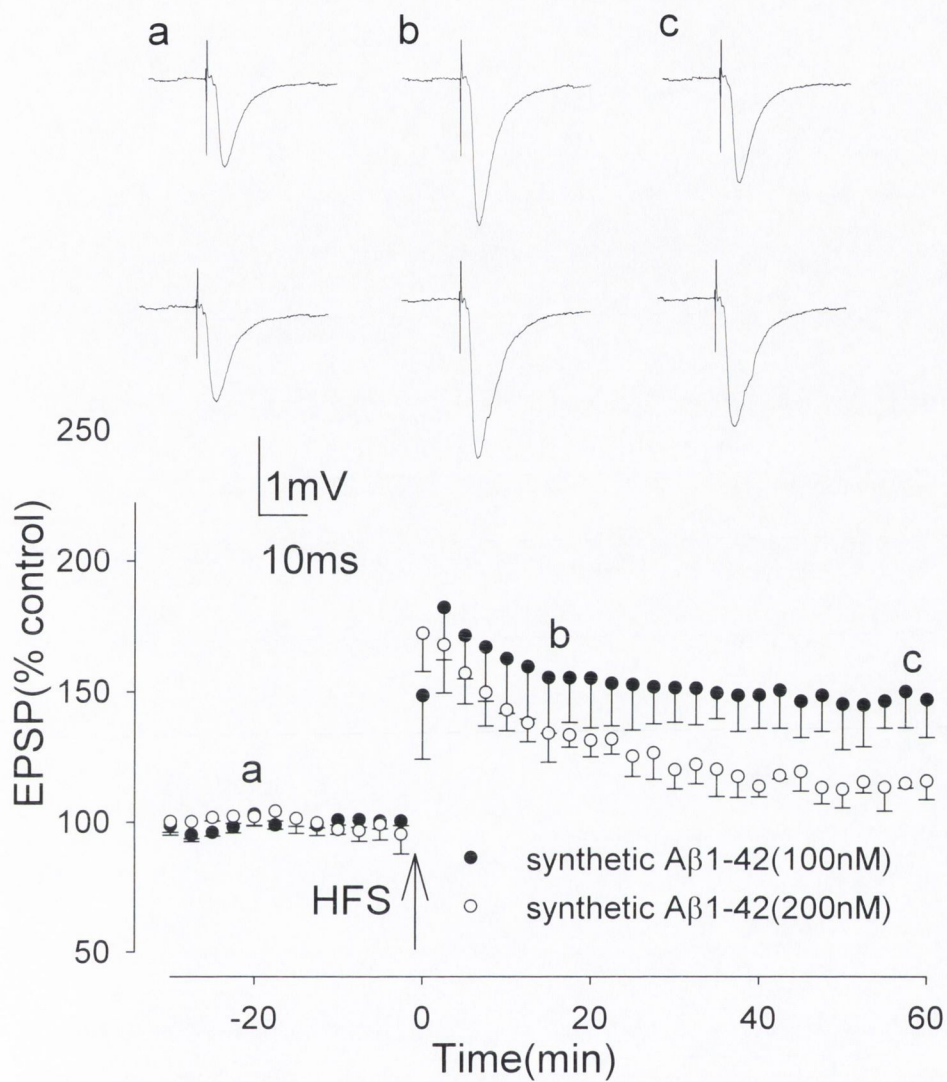


Fig 3.6 200nM(n=5) synthetic Aβ 1-42 but not 100 nM(n=5) inhibited the induction of LTP.

### **3.3.2 A $\beta$ does not inhibit the expression of NMDAR-dependent LTP**

In order to investigate the effect of A $\beta$  on the expression of LTP, synthetic A $\beta$  was perfused immediately following HFS. The expression of LTP following a single HFS was not inhibited by A $\beta$ , LTP measuring  $163 \pm 8\%$  at 60 min post-HFS ( $P > 0.05$ ,  $n = 4$ ) (Fig 3.7).

### **3.3.3 A $\beta$ does not inhibit induction of NMDAR-independent LTP or LTD**

In order to determine whether the inhibitory action of A $\beta$  was confined to NMDAR-dependent LTP or affected other types of plasticity, the effect of A $\beta$  was investigated on NMDAR-independent LTP and LTD. Although NMDAR-independent LTP can be induced by strong stimulation in the dentate gyrus (Wu et al, 2004), such stimulation commonly results in induction of a group I mGluR-dependent LTD (Wu et al, 2004). In the present study, we therefore choose to study NMDAR-independent LTP in CA1, a region in which NMDAR-independent LTP has been intensively studied and found to be dependent on activation of mGluR and voltage-gated Ca channels (Grover and Teyler, 1990; Cavus and Teyler, 1996; Grover, 1998; Wu et al, 2004). A $\beta$  has been previously shown to block induction of NMDAR-dependent LTP in CA1 in a manner identical to that in the dentate gyrus (Cullen et al, 1997; Walsh et al, 2002, Itoh et al, 1999; Chen et al, 2000; Vitolo et al, 2002).

A $\beta$  (1  $\mu$ M) did not inhibit NMDAR-independent LTP, recorded in the presence of 100  $\mu$ M D-AP5 to prevent NMDAR activation. In control, HFS induced NMDAR-independent LTP measuring 158 $\pm$ 16% and 136 $\pm$ 7% at peak and at 60 min post-HFS respectively, significant LTP ( $p$ <0.005,  $n$ =15, Fig 3.8). In the presence of A $\beta$ , perfused for 40 min prior to HFS, LTP measured 144 $\pm$ 15% and 129 $\pm$ 3% at peak and 60 min post-HFS respectively, values not significantly reduced from control ( $p$ >0.05,  $n$ =5). A two-way ANOVA also showed no significant inhibition ( $F$ =4.6,  $p$ =0.076).

We also investigated the effect of A $\beta$  on a further form of plasticity, that of LTD. Induction of LTD by LFS (900 stimuli at 1Hz) was not affected by A $\beta$ , with LTD at 60 min post-LFS measuring 23 $\pm$ 3% in control and 21 $\pm$ 2% after A $\beta$  perfusion for 40 min ( $p$ >0.05,  $n$ =5, Fig 3.9). A two-way ANOVA also showed no significant inhibition ( $F$ =4.3,  $p$ =0.071).

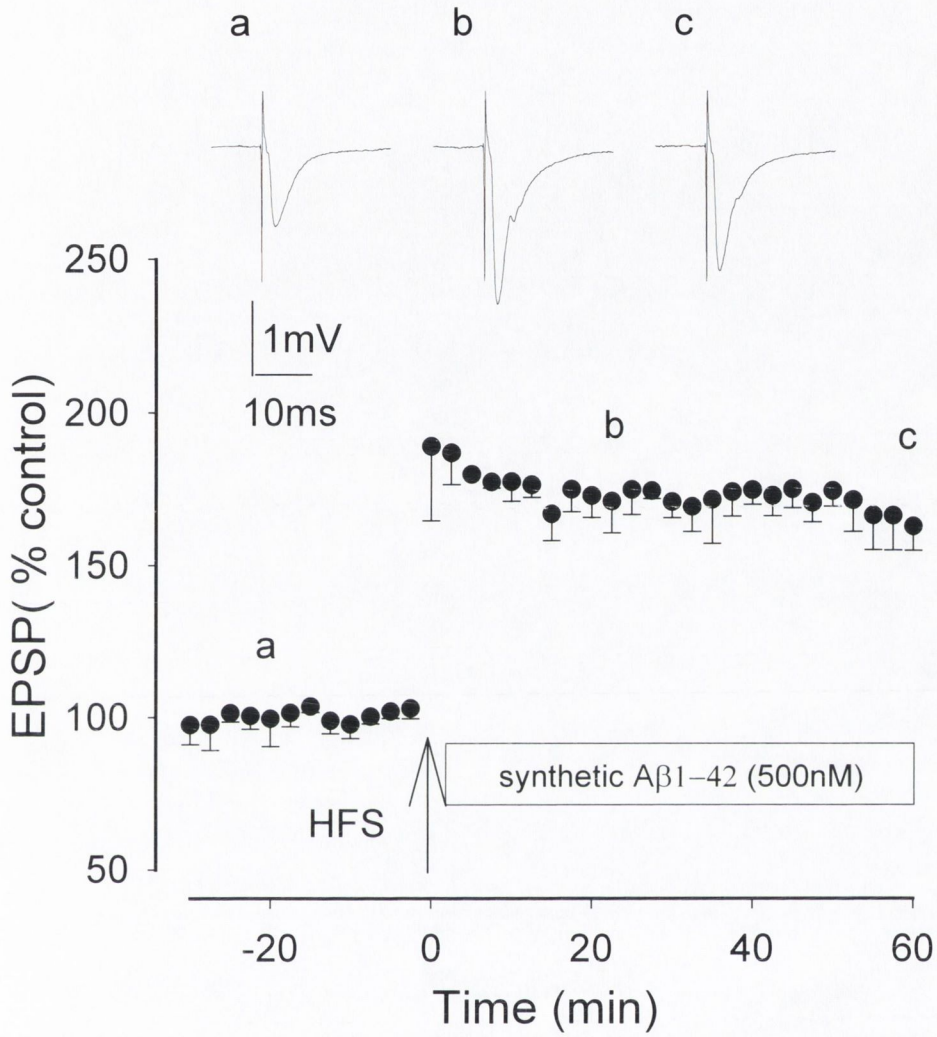


Fig 3.7 LTP in experiments in which synthetic Aβ was applied immediately following HFS, LTP expression not being significantly reduced from control(n=5).

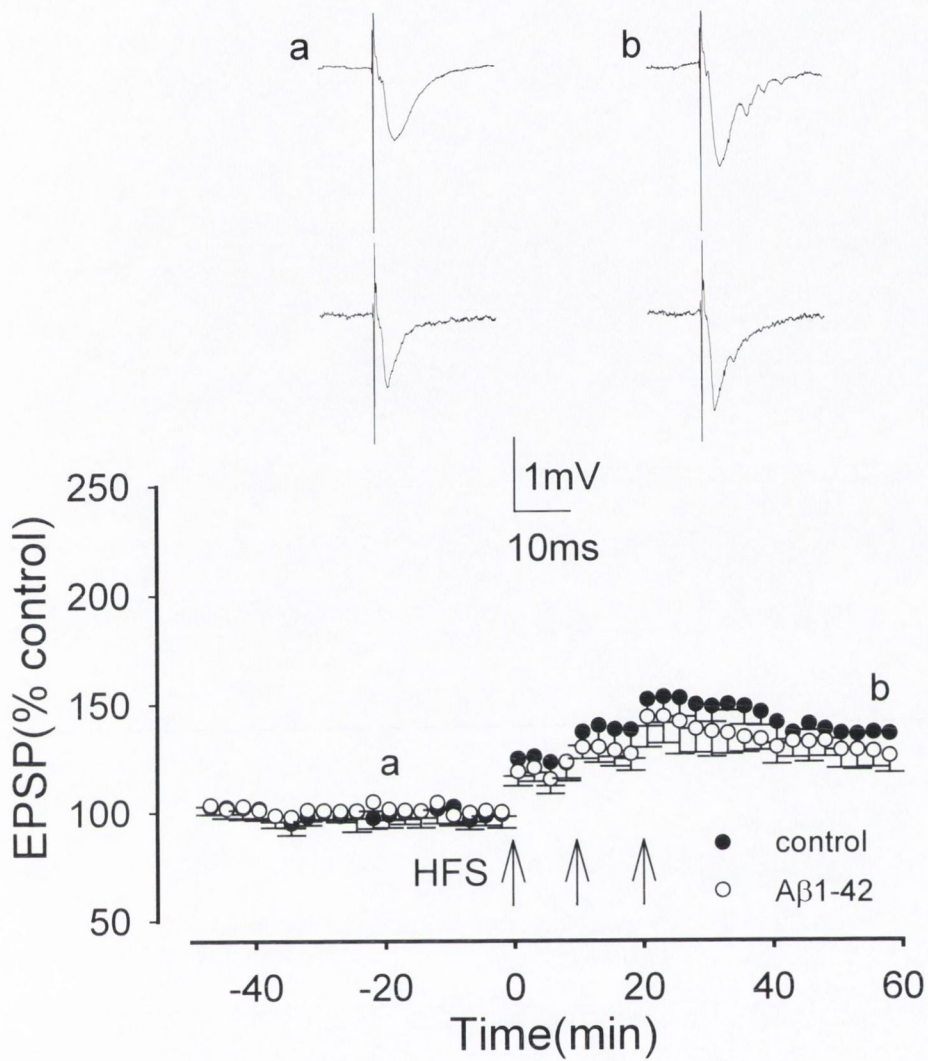


Fig.3.8 NMDAR-independent LTP induced by a single brief HFS in CA1 in control (filled circles, (n=5)) and in the presence of synthetic A $\beta$  (1 $\mu$ M), applied 40 min prior to HFS (open circles, (n=5)), not significantly reduced from control.

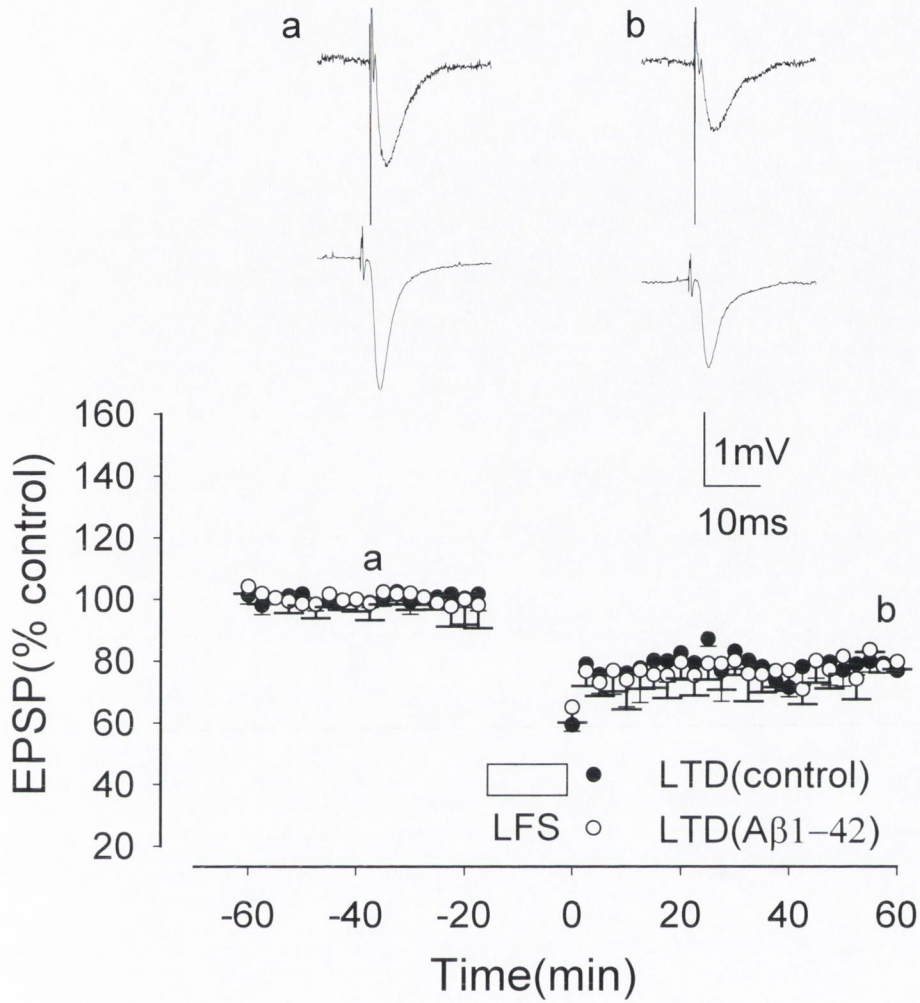


Fig.3.9 LTD induced by LFS (1Hz, 15 min) in the dentate gyrus in control (filled circles, n=5), and in the presence of Aβ (500 nM, n=5), not significantly reduced from control.



### **3.4 Effect of human cell-derived A $\beta$ on NMDAR-independent LTP**

Synthetic A $\beta$  1-42 assembles into a variety of structures in aqueous buffers, including low n-oligomers, ADDLs, protofibrils and fibrils (Walsh et al, 1997, Lambert et al, 1998; Bitan et al, 2002). The solutions of synthetic A $\beta$  used in this study contained a mixture of these assemblies. To determine if soluble forms of A $\beta$  contributed to the inhibition of LTP in vitro, we tested the effect of 7PA2 conditioned medium (CM) which contains only A $\beta$  monomer and low n-oligomers, and is free of fibrils and protofibrils (Walsh et al. 2002). Conditioned medium containing cell-derived A $\beta$  was collected from 7PA2 cells. CHO-CM, which does not contain human A $\beta$ , was used as a negative control (see Methods). The medium from the cell cultures was diluted with DMEM prior to perfusion onto the slices.

Control LTP in CHO-CM devoid of cell derived A $\beta$  was not significantly different from LTP in physiological medium, measuring  $223\pm 18\%$ ,  $192\pm 13\%$  and  $188\pm 10\%$  at peak, 20 min and 60 min post-HFS respectively (Fig 3.10, n=5). However, in the presence of cell-derived naturally secreted A $\beta$ , diluted three-fold in DMEM (measured A $\beta$  concentration was 1.1 nM) and perfused for 60 min prior to HFS, LTP induction was inhibited, measuring  $170\pm 10\%$ ,  $127\pm 6\%$  and  $110\pm 7\%$  at peak, 20 min and 60 min post-HFS respectively. All three values were significantly less than control LTP in normal bath media or CHO-CM ( $p < 0.005$ ) (Fig 3.10, n=5). Cell-derived A $\beta$  diluted five-fold also inhibited LTP induction, although to a lesser extent than the 3-fold

dilution, measuring  $192\pm 11\%$ ,  $153\pm 5\%$  and  $135\pm 7\%$  at peak, 20 min and 60 min post-HFS respectively, ( $n = 5$ ,  $p < 0.01$ ) (Fig3.11).

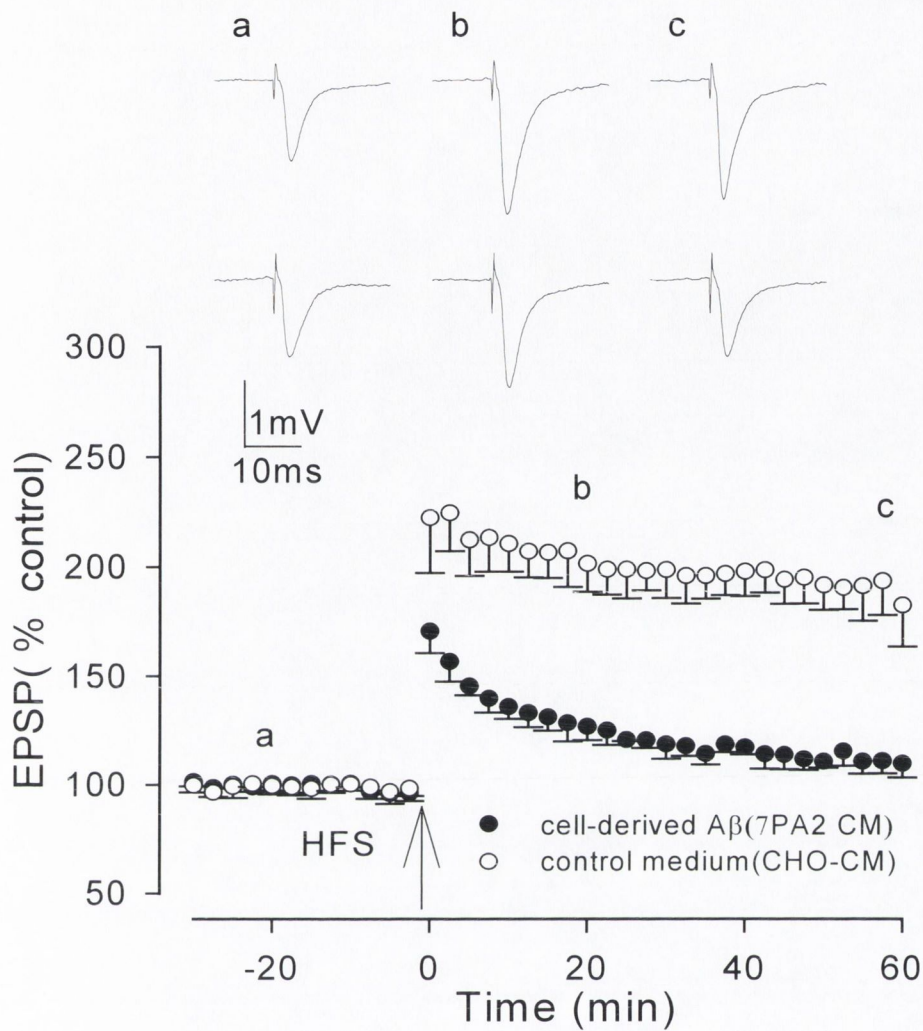


Fig 3.10 Control LTP induction in CHO-CM (open circles, n=5) and LTP induction in the presence of 7PA2-CM containing cell-derived  $A\beta$  (filled circles, n=5), applied 60 min prior to HFS, significantly reduced from control.

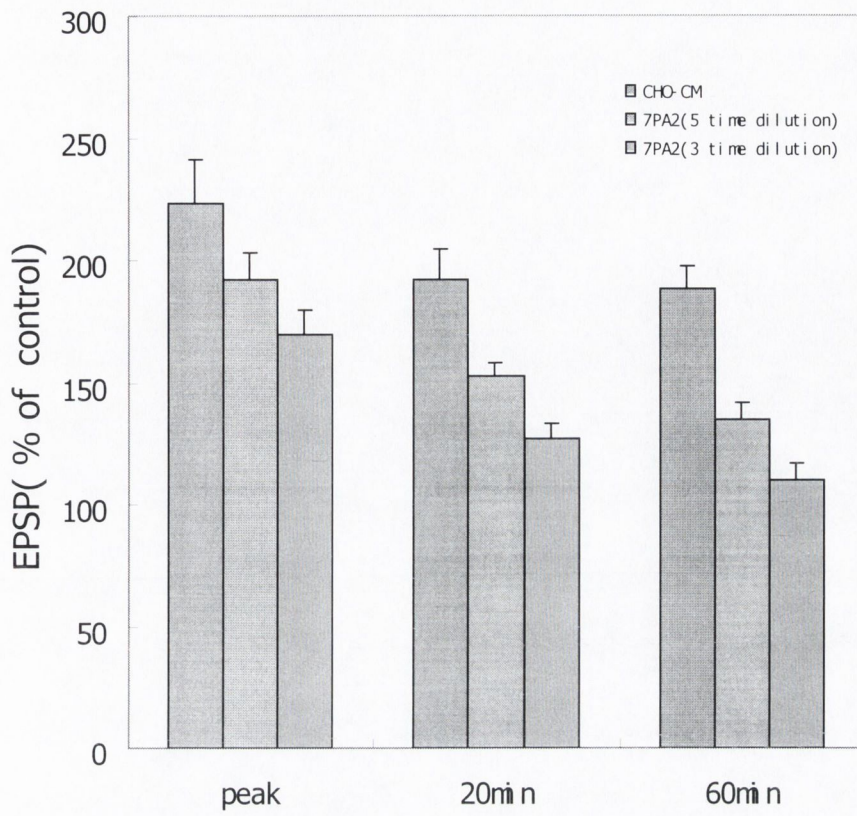


Fig 3.11 The inhibitory effect of different concentrations of cell-derived  $A\beta$  on the induction of LTP.

### **3.5 Effect of kinases inhibitors on A $\beta$ – induced impairment LTP**

#### **3.5.1 The inhibition of LTP by synthetic and cell-derived A $\beta$ is prevented by inhibitors of JNK**

The JNK group of protein kinases are a subgroup of the MAP kinase family which are known to be activated by cellular stresses, including synthetic A $\beta$  (Bozyzcko-Coyne et al, 2001; Morishima et al, 2001; Troy et al, 2001). Activation of JNK occurs in the AD brain (Shoji et al, 2000; Zhu et al, 2001a). In order to assess the involvement of JNK in the inhibitory effects of A $\beta$  on LTP induction, two JNK inhibitors, JNKI and SP600125, were studied. The inhibitor JNKI, based on amino acids 143-163 of the JNK-binding domain of the JNK scaffolding protein, JNK-interacting protein-1, has been shown to interact directly and inhibit JNK ( $IC_{50} = \sim 0.5 \mu M$ ), but does not inhibit the activities of the related ERK and p38 MAPKs (Bonny et al, 2001; Barr et al, 2002).

LTP induction was not altered by JNKI (2  $\mu M$ ) perfused alone, measuring  $198 \pm 11\%$ ,  $150 \pm 4\%$  and  $138 \pm 9\%$ , at peak, 20 min and 60 min post-HFS respectively ( $n=5$ ,  $p>0.05$ ) (Fig 3.12). These values of LTP in JNKI are not significantly different from those of control LTP in the normal physiological medium. However, JNKI prevented the inhibition of LTP by synthetic A $\beta$ , LTP measuring  $178 \pm 12\%$ ,  $147 \pm 7\%$  and  $136 \pm 5\%$ ,  $n=6$ , at peak, 20 min and 60 min post-HFS respectively, values significantly greater than the values of LTP induction in the presence of synthetic A $\beta$  alone ( $p<0.01$ ) and not significantly different from control

LTP ( $p > 0.05$ ) (Fig 3.12). JNKI also prevented the inhibition of LTP induction by cell-derived A $\beta$ , LTP measuring  $200 \pm 14\%$ ,  $154 \pm 7\%$  and  $140 \pm 7\%$ ,  $n=5$ , at peak, 20 min and 60 min post-HFS respectively in the presence of JNKI, values significantly increased from those in the presence of cell-derived A $\beta$  alone ( $p < 0.01$ ), and not significantly different from control LTP in CHO-CM ( $p > 0.05$ ) (Fig 3.13,  $n=5$ ).

To confirm these results, a second JNK inhibitor was examined. SP600125 is a potent ( $K_i = 0.19 \mu\text{M}$ ) ATP-competitive JNK inhibitor based on an anthrapyrazalone series with a  $>20$  fold selectivity over a range of other kinases, including ERK, p38, PKA and PKC (Bennett et al, 2001). SP600125 ( $20 \mu\text{M}$ ), perfused alone, did not significantly alter LTP induction, which measured  $215 \pm 17\%$ ,  $176 \pm 10\%$  and  $161 \pm 5\%$ , at peak, 20 min and 60 min post-HFS respectively ( $n=5$ ,  $p > 0.05$ ) (Fig 3.14). LTP induction was also not altered by 0.1% DMSO alone, the vehicle used for SP600125 and certain other compounds (see Methods), LTP measuring  $203 \pm 11\%$ ,  $164 \pm 17\%$  and  $152 \pm 13\%$  ( $n=5$ ,  $p > 0.05$ ) at peak, 20 min and 60 min post-HFS respectively (data not shown). Similar to JNKI, SP600125 prevented the inhibition of LTP by synthetic A $\beta$ , LTP measuring  $180 \pm 6\%$ ,  $137 \pm 2\%$  and  $133 \pm 2\%$ , at peak, 20 min and 60 min post-HFS respectively, values significantly increased from the values of LTP induction in the presence of synthetic A $\beta$  alone ( $n=5$ ,  $p < 0.05$ ) (Fig 3.14). However, at the concentration used ( $20 \mu\text{M}$ ), SP600125 did not completely reverse the inhibition of LTP by A $\beta$ , the values of LTP induction in SP600125 and A $\beta$  being significantly lower than in SP600125 alone ( $p < 0.05$ ).

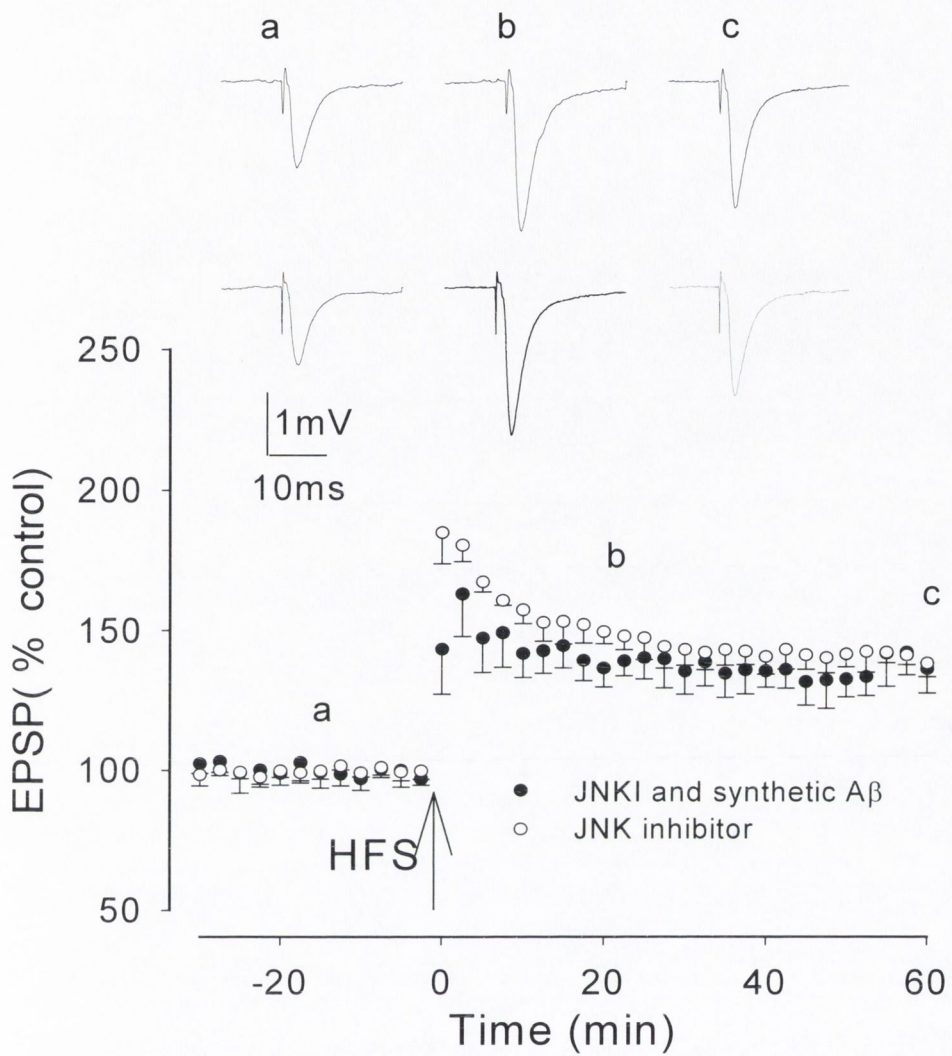


Fig 3.12 LTP induction in JNKI (open circles, n=5) and in 500 nM synthetic A $\beta$  plus JNKI (filled circles, n=5), not significantly inhibited.

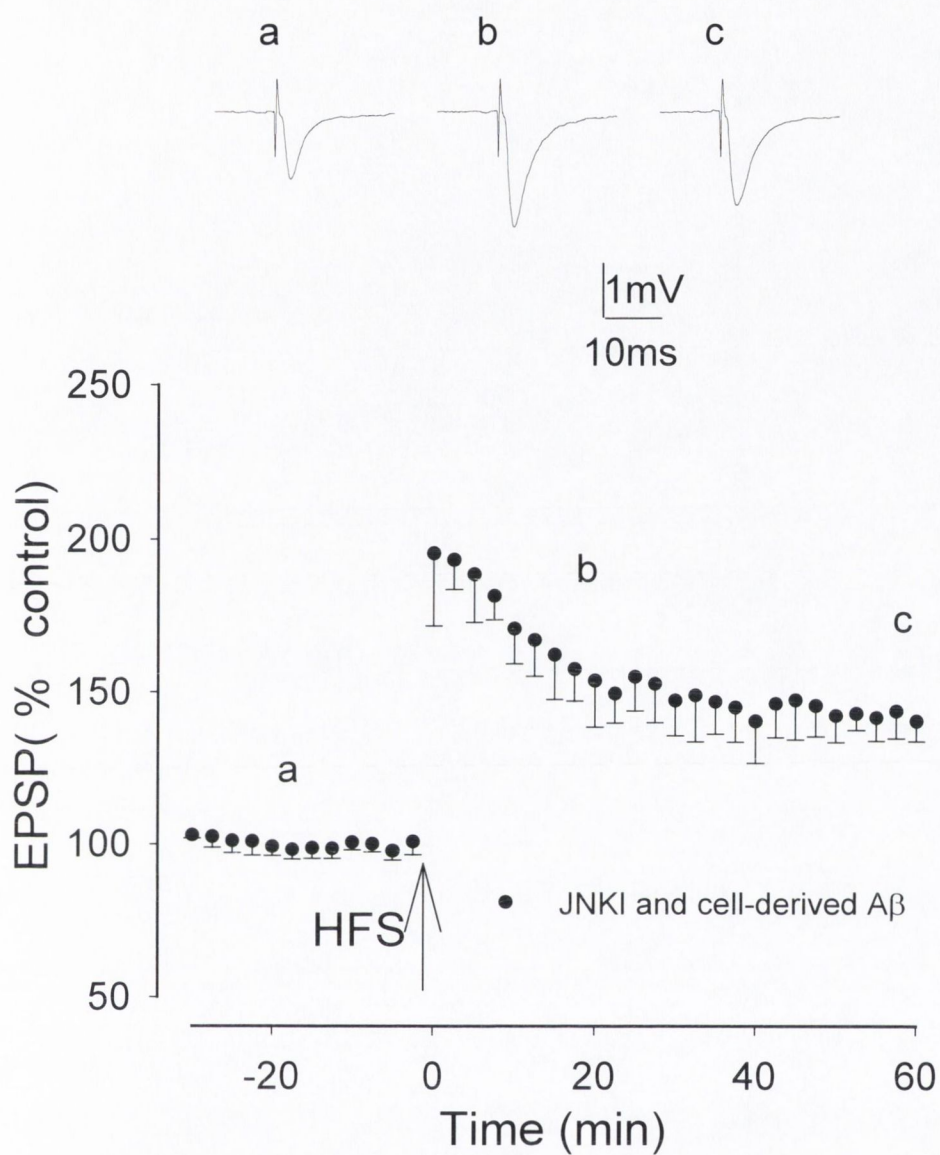


Fig 3.13 LTP induction in naturally secreted cell-derived human A $\beta$  plus JNKI, not significantly inhibited (n=5).



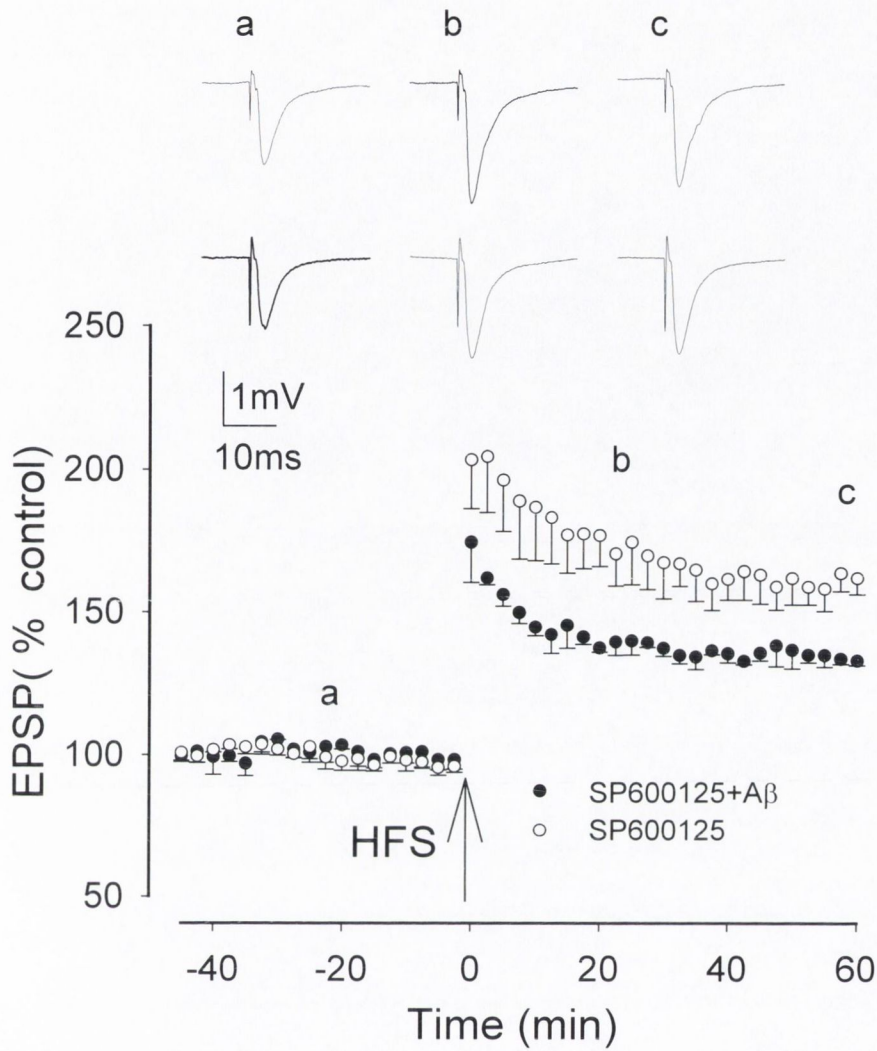


Fig 3.14 LTP induction in the JNK inhibitor SP600125 (open circles,  $n=5$ ) and in synthetic A $\beta$  plus SP600125 (filled circles,  $n=5$ ), significantly increased from the inhibited LTP induction in A $\beta$ .

### **3.5.2 The inhibition of LTP by synthetic A $\beta$ is prevented by inhibitors of Cdk5**

Cdk5 is a Ser-Thr kinase which has important general roles in phosphorylating cell cycle and cytoskeletal proteins. Activation of Cdk5 by binding to its regulatory subunit p35 to form the p35/Cdk5 complex is essential for neuronal development and plasticity (Dhavan and Tsai, 2001). There is compelling evidence that inhibition of the activity of Cdk is detrimental to survival of neurons (Nygen et al, 2002), and Cdk5 has been implicated in Alzheimer's pathology (Ahlijanian et al, 2000; Patrick et al, 1999). In order to determine the involvement of Cdk5 in the inhibitory effects of A $\beta$  on LTP induction, two inhibitors of Cdk5, butyrolactone and roscovitine, were studied. Butyrolactone and roscovitine are potent inhibitors of Cdk5, with an IC<sub>50</sub> of 0.49  $\mu$ M (Liu et al, 2001) and 0.16  $\mu$ M (Knockaert et al, 2002) respectively.

Both butyrolactone and roscovitine reversed the inhibitory effect of synthetic A $\beta$  on LTP induction. Butyrolactone alone, perfused 60 min prior to HFS, did not alter LTP induction, which measured 192 $\pm$ 9%, 160 $\pm$ 7% and 147 $\pm$ 9% at peak, 20 min and 60 min post-HFS respectively, values not significantly different from control LTP (n=6, p>0.01) (Fig3.15). However, butyrolactone prevented the inhibition of LTP induction by synthetic A $\beta$ . Thus LTP induction measured 184 $\pm$ 10%, 145 $\pm$ 6% and 136 $\pm$ 6% at peak, 20 min and 60 min post-HFS respectively in the presence of butyrolactone, values significantly increased from those in the presence of synthetic A $\beta$  alone (P<0.05), and not significantly different from control LTP (n=6, p>0.05)(Fig 3.15). Roscovitine alone, perfused from 60 min prior to HFS, did not alter LTP

induction, which measured  $194\pm 20\%$ ,  $159\pm 10\%$  and  $150\pm 5\%$  at peak, 20 min and 60 min post-HFS respectively, values not significantly different from control LTP ( $P>0.01$ ,  $n=6$ ) (Fig 3.16). However, roscovitine prevented the inhibition of LTP induction by synthetic A $\beta$ , LTP induction measuring  $176\pm 16\%$ ,  $142\pm 7\%$  and  $142\pm 4\%$ ,  $n=6$  at peak, 20 min and 60 min post-HFS respectively, values significantly increased from the values of LTP induction in the presence of synthetic A $\beta$  alone ( $P<0.05$ ), and not significantly different from LTP in roscovitine alone ( $P>0.05$ )(Fig 3.16).

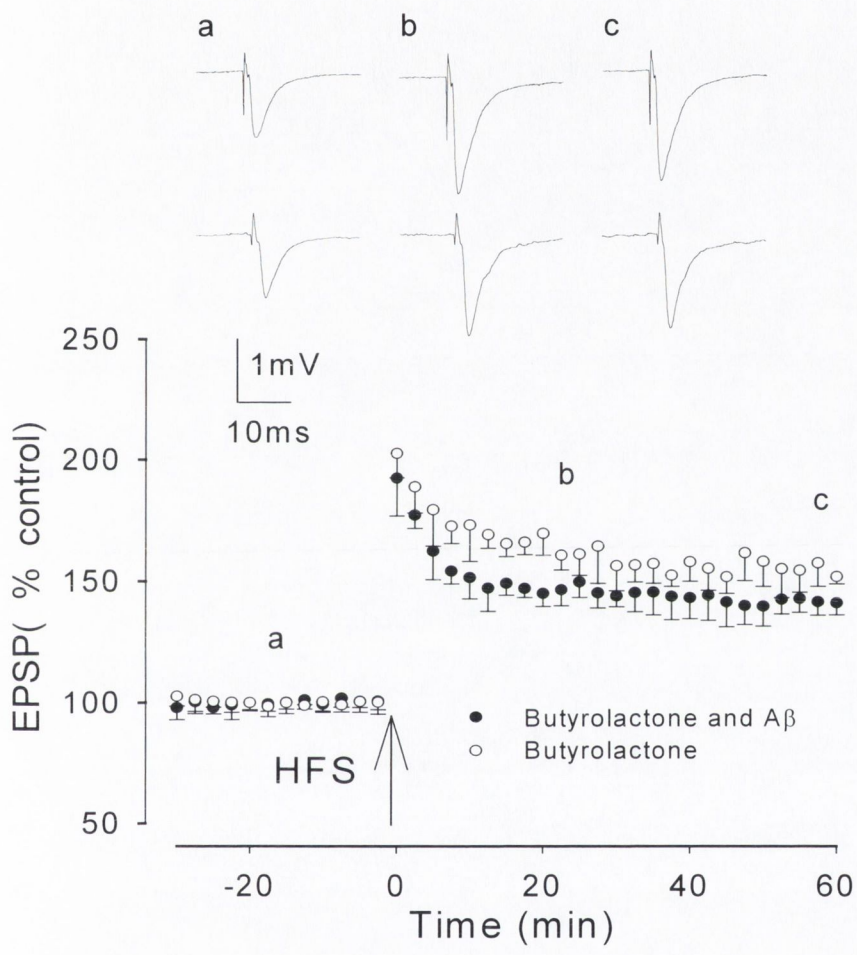


Fig 3.15 LTP induction in butyrolactone (open circles, n=5) and in the presence of butyrolactone plus 500 nM synthetic Aβ (filled circles, n=5), not significantly inhibited.

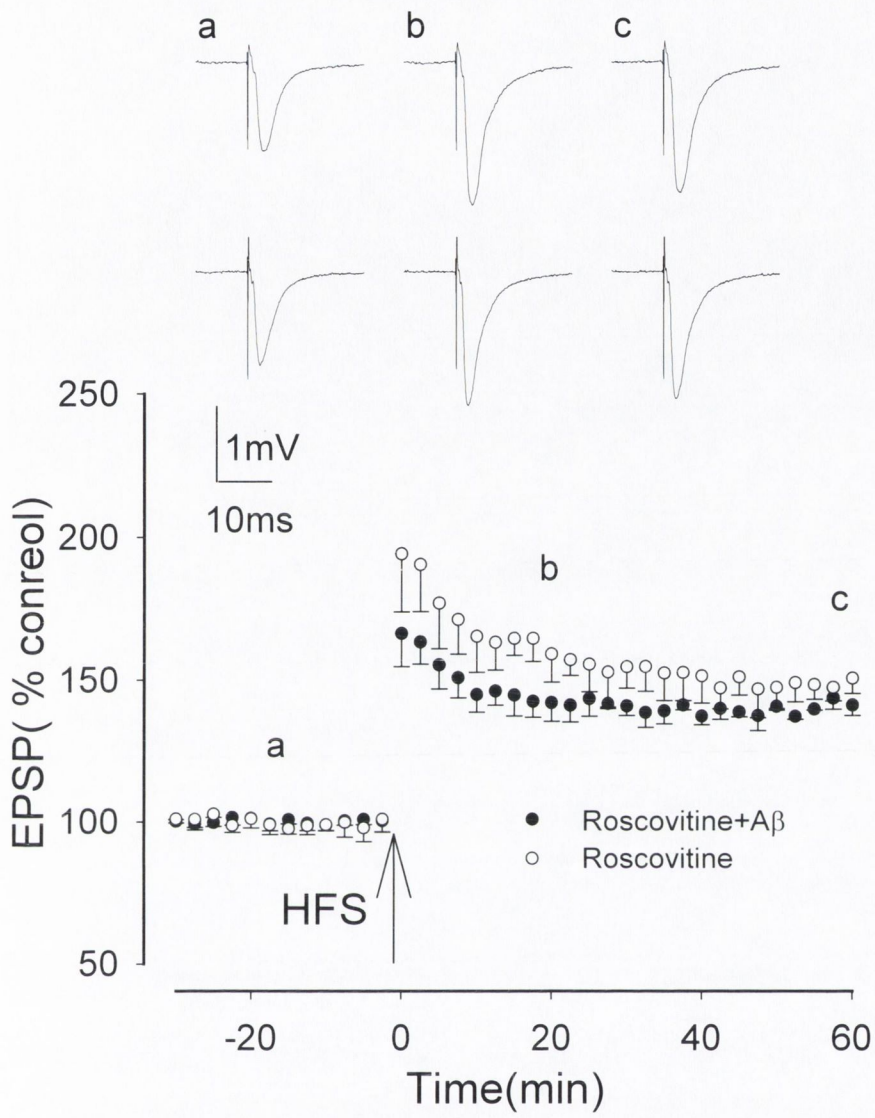


Fig 3.16 LTP induction in roscovitine (open circles, n=6) and in the presence of roscovitine plus 500 nM synthetic A $\beta$  (filled circles, n=5), not significantly reduced from control.

### **3.5.3 The inhibition of LTP by synthetic A $\beta$ is prevented by inhibition of p38 MAP kinase but not p42/44 MAP kinase**

P38 MAPK and p42/44 MAPK are distinct subgroups of the MAP kinase family. The p38 MAPK subgroup is well known to be involved in inflammation and cell death (Ono and Han, 2000), while p42/44 MAPKs have been extensively characterised as a central component of signal transduction pathways stimulated by growth-related stimuli. In order to determine if the inhibitory effects of A $\beta$  on LTP induction are mediated via activation of p38 and/or p42/44 MAPKs, the effect of applying synthetic A $\beta$  in the presence of inhibitors of these kinases was determined.

SB 203580 is a highly selective p38 MAP kinase inhibitor with an IC<sub>50</sub> of 34 nM (Lee et al, 1994). SB203580 (1  $\mu$ M) applied alone did not alter LTP induction, which measured 192 $\pm$ 9%, 160 $\pm$ 7% and 147 $\pm$ 9% at peak, 20 min and 60 min post-HFS respectively, values not significantly different from control LTP (n=6, p>0.005) (Fig 3.17). However, SB203580 prevented the inhibition of LTP induction by synthetic A $\beta$ . Thus LTP induction measured 184 $\pm$ 10%, 145 $\pm$ 6% and 136 $\pm$ 6%, at peak, 20 min and 60 min post-HFS respectively in the presence of SB203580, values significantly increased from the values of LTP induction in the presence of synthetic A $\beta$  alone (n=6, p<0.005), and not significantly different from control LTP (p>0.05)(Fig 3.17).

The effect of inhibition of p42/44 MAP kinase was investigated using the MAP kinase kinase (MEK) inhibitor UO126 (5  $\mu$ M). This concentration of UO126 is known to completely block both basal and stimulus-induced activation of p42/44 MAP kinase in hippocampal slices (Robertson et al, 1999). UO126 applied alone did not alter LTP induction,

which measured  $207\pm 12\%$ ,  $172\pm 13\%$  and  $146\pm 7\%$  at peak, 20 min and 60 min post-HFS, values not significantly different from those of control LTP induction ( $n=5$ ,  $p>0.05$ ) (Fig 3.18). UO126 did not prevent the inhibition of LTP by  $A\beta$ , LTP measuring  $152\pm 12\%$ ,  $106\pm 6\%$  and  $97\pm 3\%$  at peak, 20 min and 60 min post-HFS, values not significantly different from those in  $A\beta$  alone ( $p>0.05$ ) (Fig 3.18).

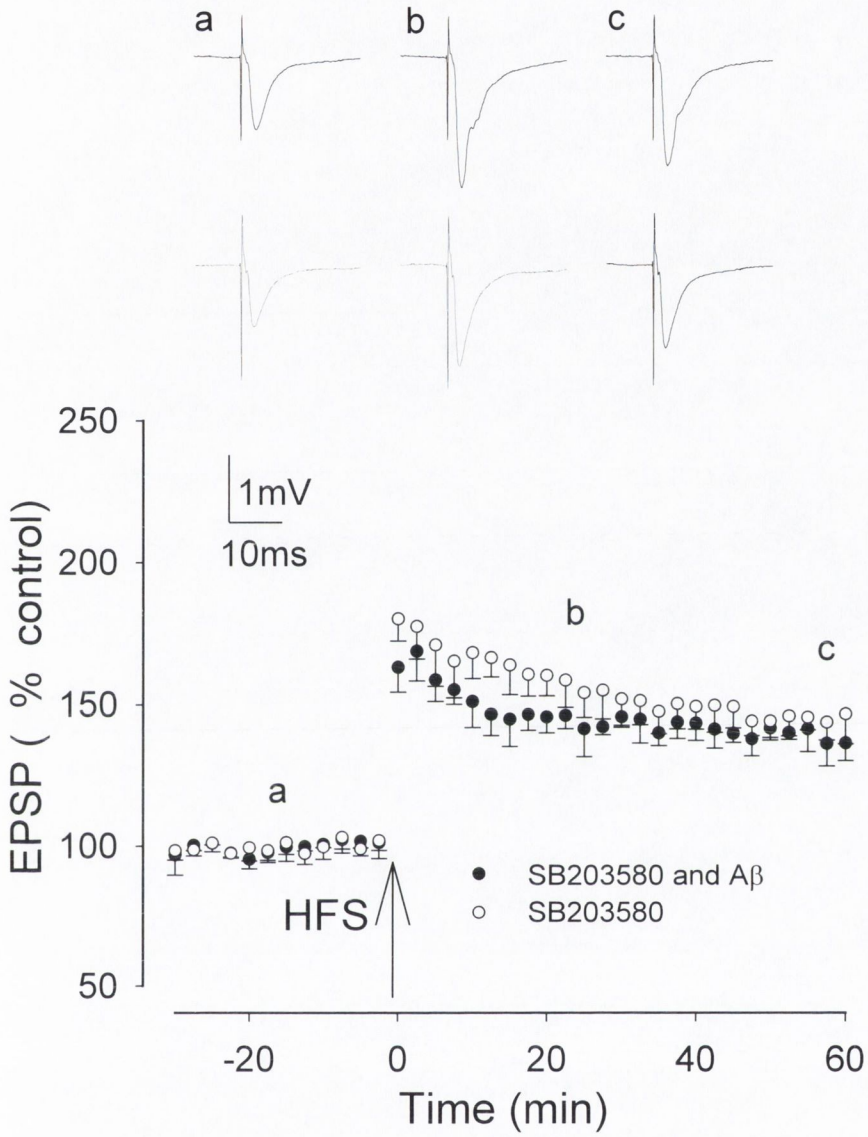


Fig 3.17 LTP induction in SB203580 (open circles, n=5), and in 500 nM synthetic A $\beta$  plus SB203580 (filled circles, n=5), not significantly reduced from control.



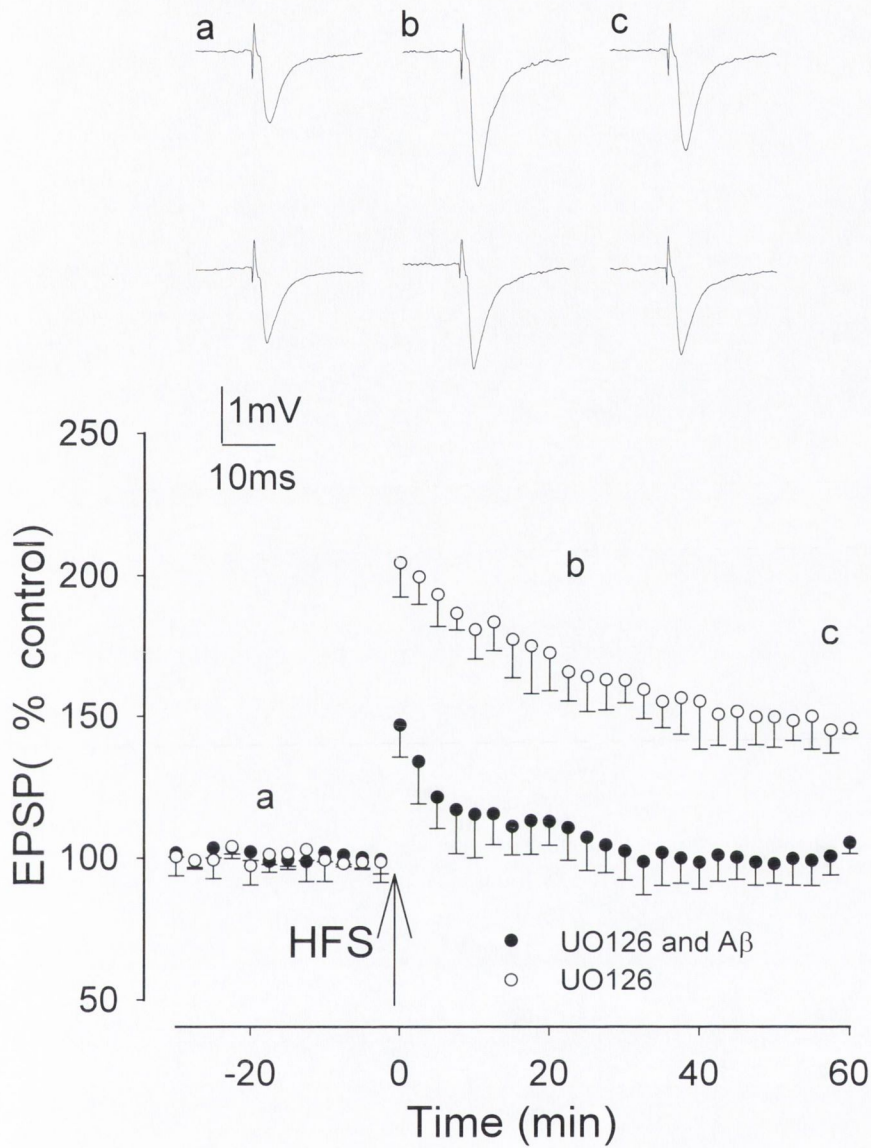


Fig 3.18 LTP induction in UO126 (open circles, n=5), and in 500 nM synthetic A $\beta$  plus UO126 (filled circles, n=5), significantly reduced from control.

### **3.6 Inhibition of microglia activation prevents A $\beta$ inhibition of LTP**

Several neurochemical studies have reported that the neurotoxic effects of A $\beta$  are mediated through activation of microglia (McDonald et al, 1997; Minghetti and Levi, 1998; Tan et al, 1999). Minocycline is a tetracycline derivative that has powerful anti-inflammatory effects that are not due to its antimicrobial action but rather due to inhibition of microglial activation (Yrjanheikki et al, 1998, Tikka et al, 2001; Zhu et al, 2002). In order to determine if the A $\beta$ -mediated inhibition of LTP induction involves activation of microglia, we have determined if minocycline prevents such A $\beta$ -mediated LTP inhibition.

Minocycline was perfused for 60 min prior to HFS. Minocycline (20  $\mu$ M) perfused alone, did not alter LTP induction, which measured  $204 \pm 19$  and  $149 \pm 11\%$  at peak and 60 min post-HFS respectively ( $p > 0.05$ ,  $n = 5$ , Fig 3.19). A two-way ANOVA showed no significant difference between LTP in control and in minocycline ( $F = 0.9$ ,  $p = 0.37$ ). However, minocycline reversed the A $\beta$  inhibition of LTP induction, LTP measuring  $186 \pm 23\%$  and  $145 \pm 1\%$  at peak and 60 min post-HFS respectively in minocycline plus A $\beta$ . These values were not significantly different from control values ( $p > 0.05$ ,  $n = 5$ , Fig 3.19). A two-way ANOVA comparing LTP in control and in A $\beta$  also showed no significant difference between LTP in minocycline and in minocycline plus A $\beta$  ( $F = 13.6$ ,  $p > 0.05$ ). A significant reversal of A $\beta$ -mediated block of LTP, was also obtained using a lower concentration of minocycline (10  $\mu$ M), LTP measuring  $177 \pm 5$ , and  $126 \pm 5\%$  at peak and 60 min post-HFS respectively in

minocycline plus  $A\beta$ , values significantly increased from those in  $A\beta$  alone ( $p < 0.005$ ,  $n = 5$ ) (data not shown).

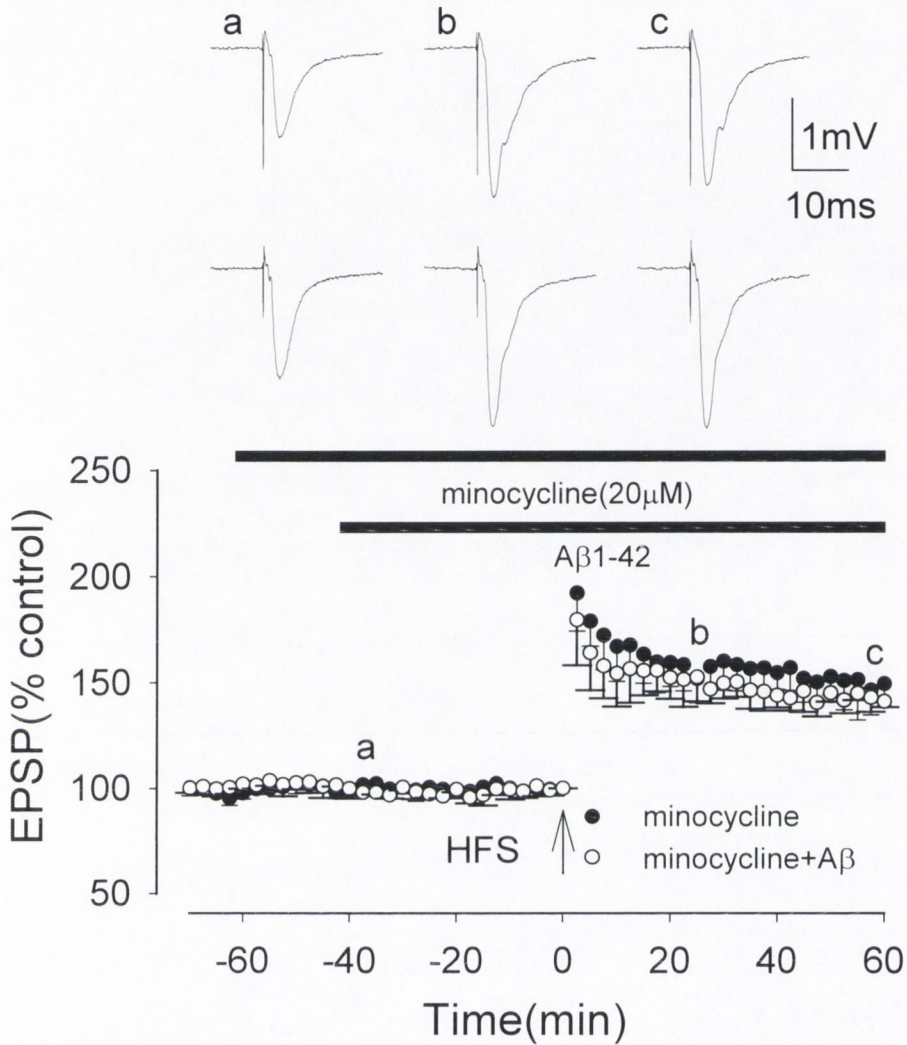


Fig.3.19 The graph shows the induction of LTP in the presence of minocycline (filled circles,  $n=5$ ), not significantly different from control LTP, and in the presence of minocycline plus A $\beta$  (open circles,  $n=5$ ). Minocycline prevented the A $\beta$ -mediated inhibition of LTP induction.

### **3.7 Effect of iNOS on A $\beta$ – induced LTP impairment**

#### **3.7.1 A $\beta$ does not inhibit LTP induction in iNOS knockout mice**

Microglia are known to produce NO during inflammation by activation of the enzyme inducible nitric oxide synthase (iNOS) (Akama and Van Eldick, 2000), and increased levels of iNOS occur in cells surrounding amyloid plaques in the AD brain (Smith et al, 1997). Moreover, A $\beta$  causes iNOS production in glia cells (Akama and Van Eldick, 2000). In the present study, we have investigated the role of iNOS in the A $\beta$ -mediated inhibition of LTP induction by examining the effects of A $\beta$  on LTP induction in iNOS mutant mice.

The effects of A $\beta$  on LTP induction was first investigated in wild type mice. Control LTP induction in wild type mice was similar to that in juvenile rats, measuring  $216 \pm 21\%$  and  $165 \pm 13\%$  at peak and 60 min post-HFS respectively (significant LTP,  $p < 0.005$ ,  $n=15$ , Fig 3.20). Moreover, A $\beta$ , perfused 45 min prior to HFS, inhibited LTP induction in a similar way to that observed in rats, with LTP measuring  $163 \pm 7\%$  and  $110 \pm 16\%$  at peak and 60 min post-HFS respectively ( $p < 0.005$ ,  $n=15$ , Fig 3.20). A two-way ANOVA comparing LTP in control and in A $\beta$  also showed significant inhibition of LTP by A $\beta$  ( $F= 43.1$ ,  $p < 0.001$ ). Control LTP in iNOS mutant mice was not significantly different from that in wild type mice, measuring  $222 \pm 13\%$  and  $171 \pm 9\%$  at peak and 60 min post-HFS respectively ( $p > 0.05$ ,  $n=5$ , Fig 3.21,  $F$  value = 1.5,  $P=0.26$ ). However, in contrast to wild type mice, LTP induction was not inhibited by A $\beta$  (500 nM), LTP measuring  $216 \pm 18\%$  and  $152 \pm 11\%$  at peak and 60 min post-

HFS respectively ( $p > 0.05$ ,  $n = 5$ , Fig 3.21). A two-way ANOVA comparing LTP in the presence of  $A\beta$  in wild-type mice and iNOS mutant mice showed significant difference ( $F = 40.7$ ,  $p < 0.001$ ).

These experiments demonstrate a role for iNOS in the  $A\beta$ -mediated inhibition of LTP induction.

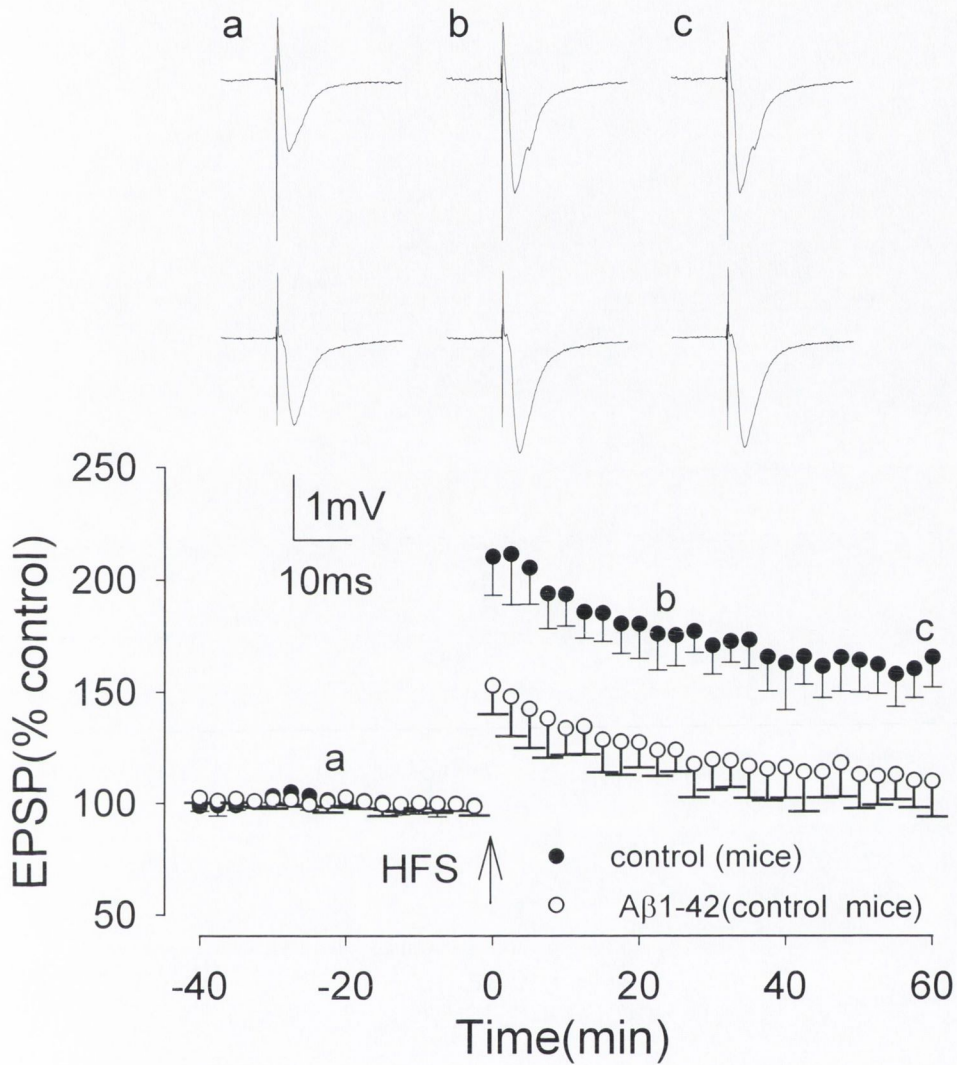


Fig.3.20 Induction of LTP in the medial perforant path of the dentate gyrus of wild type mice (filled circles, n=6) and in wild type mice plus A $\beta$  (open circles, n=5). A $\beta$  inhibited LTP induction in the mouse dentate gyrus to a similar extent to that in the rat dentate gyrus.

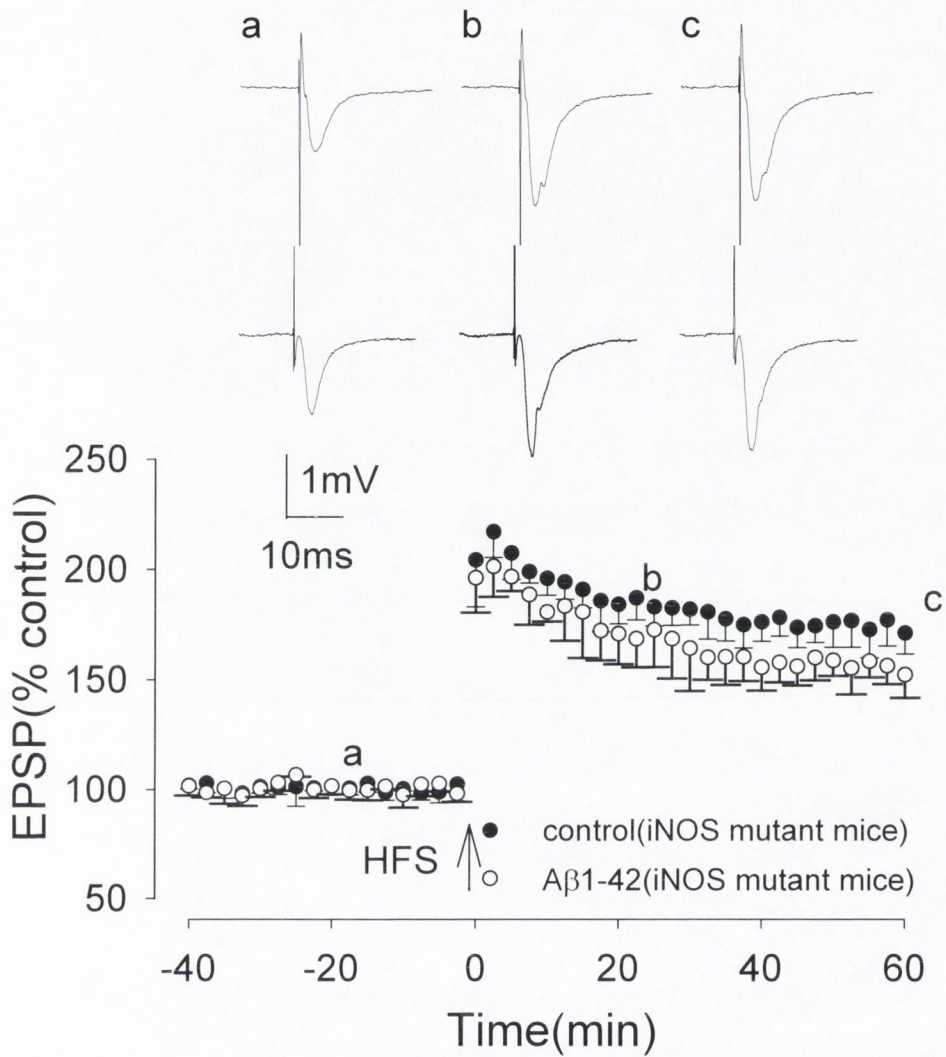


Fig.3.21 Induction of LTP in iNOS knockout mice (filled circles, n=5), not significantly different from wild type mice, and induction of LTP in the presence of A $\beta$  in iNOS knockout mice (open circles, n=5), not significantly different to control.



### **3.7.2 A $\beta$ -mediated inhibition of LTP induction is prevented by iNOS inhibitors**

In order to further investigate the role of iNOS in the A $\beta$ -mediated inhibition of LTP induction, the effect of NOS inhibitors were investigated on the A $\beta$ -mediated inhibition of LTP in rat dentate gyrus. We first investigated the effects of aminoguanidine, which is known to inhibit both constitutive and inducible nitric oxide synthase isoforms (Lazlo et al, 1995). In control slices, aminoguanidine (100  $\mu$ M) did not alter control LTP induction, which measured  $221\pm 14\%$  and  $170\pm 3\%$  at peak and 60 min post-HFS respectively ( $p < 0.05$ ,  $n=5$ , Fig 3.22, F value = 0.1,  $p=0.76$ ). However, the A $\beta$ -mediated inhibition of LTP induction was prevented by aminoguanidine, LTP measuring  $203\pm 12\%$  and  $143\pm 11\%$  at peak and 60 min post-HFS in the presence of A $\beta$  and aminoguanidine. These values were not significantly different from control values ( $n=5$ ,  $p > 0.05$ , Fig 3.22), but were significantly increased from the values in A $\beta$  alone ( $p < 0.005$ ,  $n=5$ , F value = 67.4,  $p < 0.001$ ).

We then investigated the effects of selective iNOS inhibitor, 1400W. 1400W is a selective iNOS inhibitor,  $K_d = 7$  nM, with a 5000- and 200-fold greater potency against iNOS relative to eNOS and nNOS (Garvey, 1997). In control slices, 1400W (2  $\mu$ M) did not alter control LTP induction, which measured  $223\pm 17\%$  and  $167\pm 5\%$ , at peak and 60 min post-HFS respectively (significant LTP,  $p < 0.001$ ,  $n=5$ , Fig 3.23). A two-way ANOVA showed no significant difference between LTP in control and in 1400W, F value = 1.4,  $p=0.246$ ). However, the A $\beta$ -mediated inhibition of LTP induction was prevented by 1400W, LTP measuring  $199\pm 8\%$  and  $150\pm 8\%$  at peak and 60 min post-HFS in the presence of A $\beta$

and 1400W. These values were not significantly different from control values ( $n=5$ ,  $p>0.05$ , Fig 3.23), but significantly increased from the values in  $A\beta$  alone ( $p<0.005$ ,  $n=5$ , F value =21.6,  $p<0.002$ ). The results of these experiments with aminoguanidine and 1400W further support a role for iNOS in  $A\beta$ -mediated inhibition of LTP induction.

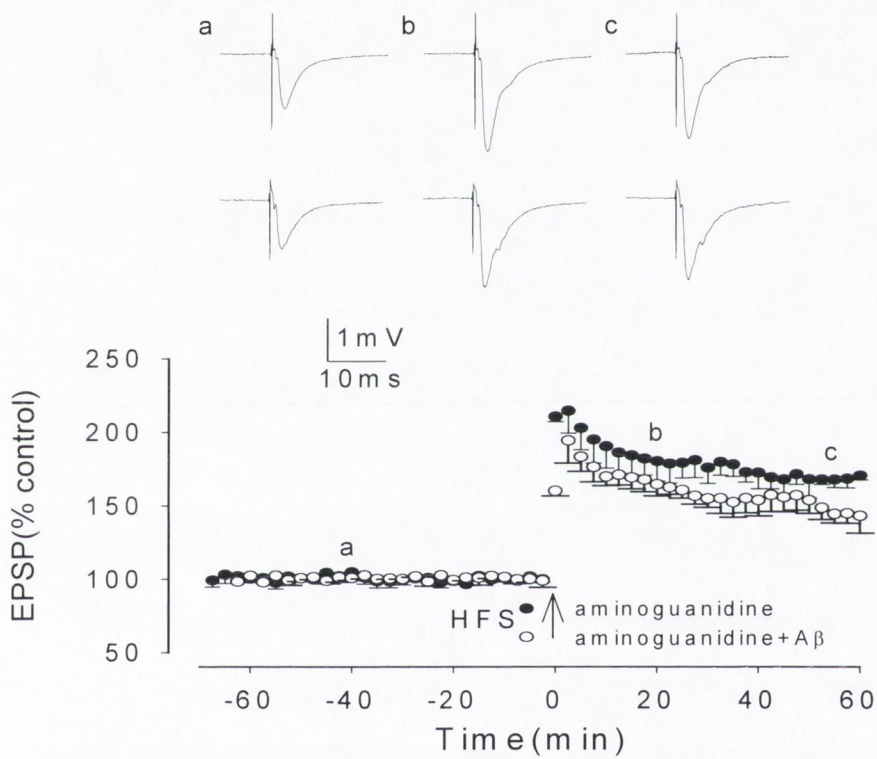


Fig.3.22 Induction of LTP in the presence of aminoguanidine (filled circles,  $n=5$ ), not significantly reduced from control, and in the presence of aminoguanidine plus  $A\beta$  (open circles,  $n=5$ ). Aminoguanidine prevented the  $A\beta$ -mediated inhibition of LTP

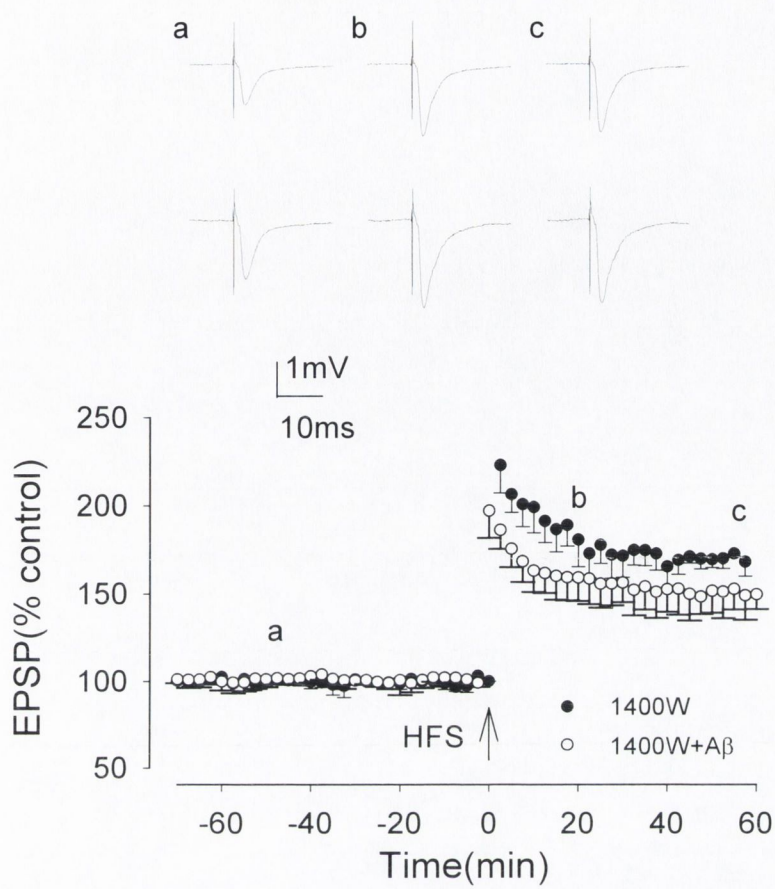


Fig.3.23 Induction of LTP in the presence of 1400W (filled circles, n=5), not significantly reduced from control, and in the presence of 1400W plus A $\beta$  (open circles, n=5). 1400W prevented the A $\beta$ -mediated inhibition of LTP induction.

### **3.8 Effect of superoxide on A $\beta$ – induced LTP impairment**

#### **3.8.1 A $\beta$ -mediated inhibition of LTP induction is prevented by a combination of superoxide dismutase and catalase.**

In order to investigate the role of the reactive oxygen species (ROS) superoxide, we examined the effect of the superoxide scavenger superoxide dismutase (SOD) on A $\beta$ -mediated inhibition of LTP induction. SOD is a specific enzyme that only catalyses the removal of superoxide (Klann et al, 1998). In confirmation of previous studies (Klann et al, 1998), SOD applied alone inhibited LTP induction. Thus in the presence of SOD (100 units/ml, LTP measured 160 $\pm$ 17% and 116 $\pm$ 5% at peak and 60 min post-HFS ( $p$ <0.005,  $n$ =5,  $F$ =80.6,  $p$ <0.001, Fig 3.24). Such inhibition of LTP induction by SOD is most likely to be caused by hydrogen peroxide production, as SOD converts superoxide to oxygen and hydrogen peroxide, and the latter species is known inhibit LTP induction (Kamsler and Segal 2003). In order to overcome these effects of hydrogen peroxide on LTP induction, the effects of A $\beta$  on LTP induction were examined in the presence of SOD plus catalase. Catalase is a scavenger of hydrogen peroxide, catalysing its conversion to oxygen and water. Catalase alone (260 units/ml) did not alter LTP induction, which measured 203 $\pm$ 11% and 169 $\pm$ 7% at peak and at 20 min and 60 min post-HFS ( $n$ =5,  $p$ >0.05, Fig 3.24). However, catalase prevented the inhibitory effects of SOD on LTP induction, LTP measuring 197 $\pm$ 12% and 142 $\pm$ 6% at peak and 60 min post-HFS in catalase plus SOD, values significantly increased from those in SOD alone ( $p$ <0.005,  $n$ =5), although lower than control ( $p$ <0.005,  $n$ =5).

The combination of SOD plus catalase was found to prevent the A $\beta$ -mediated inhibition of LTP induction, LTP measuring 194 $\pm$ 20% and

131±10% at peak and 60 min post-HFS respectively in the presence of A $\beta$  plus SOD plus catalase. These values were significantly increased from the values in A $\beta$  alone ( $p<0.005$ ,  $n=5$ ,  $F=59.4$ ,  $p<0.001$ , Fig 3.25), although lower than control values ( $p<0.005$ ,  $n=5$ ). These experiments demonstrate a role for superoxide in the A $\beta$ -mediated inhibition of LTP induction.

### **3.8.2 A $\beta$ -mediated inhibition of LTP induction is prevented by an inhibitor of NADPH oxidase**

NADPH oxidase is a common source of superoxide in cells, with activated NADPH catalysing the transfer of one electron from NADPH to oxygen, giving rise to superoxide. Diphenyleneiodonium (DPI) is an inhibitor that has been used in many studies to prevent the production of superoxide by NADPH oxidase (Qin et al, 2002). DPI (50  $\mu$ M), did not inhibit LTP induction, which measured 212±17% and 167±6% at peak and 60 min post-HFS respectively ( $n=5$ ,  $p>0.05$ ,  $F = 0.13$ ,  $p=0.73$ , Fig 3.26). However, DPI partially prevented the A $\beta$ -mediated block of LTP induction, LTP measuring 180±15% and 146±7% at peak and 60 min post-HFS respectively in the presence of DPI plus A $\beta$ . These values were not significantly different from control values ( $n=5$ ,  $p>0.05$ , Fig 3.26), but significantly increased from the values in A $\beta$  alone ( $p<0.005$ ,  $F=26.1$ ,  $p<0.001$ ).

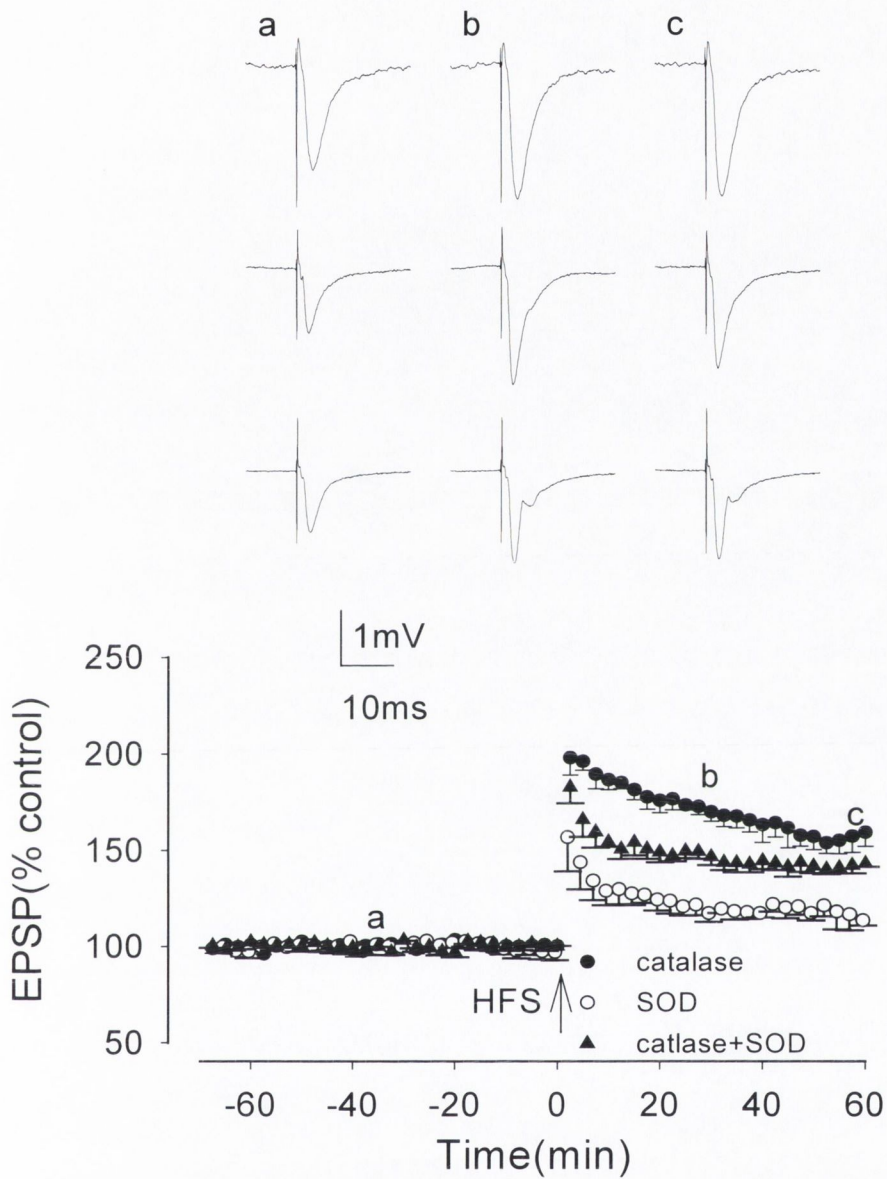


Fig.3.24 Induction of LTP in the presence of SOD (open circles, n=5), significantly reduced from control, in the presence of catalase (filled circles, n=5), not significantly reduced from control, and in the presence of SOD plus catalase(triangle, n=5), partially reduced from control.

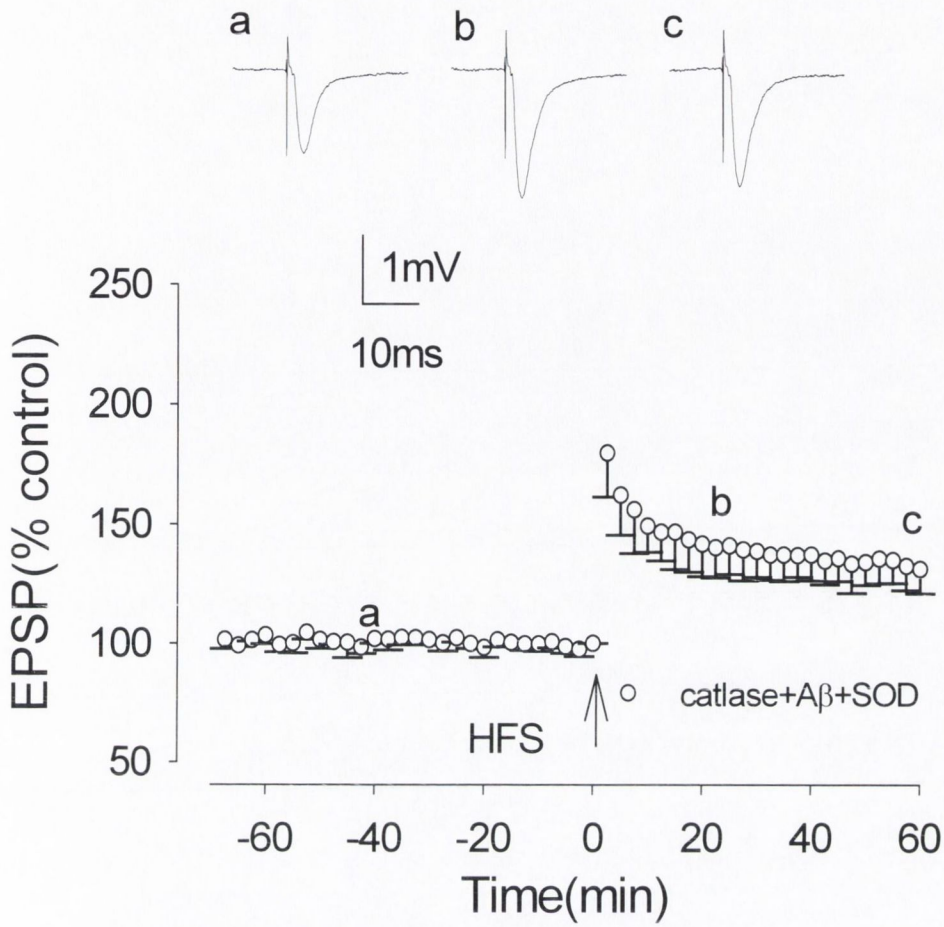


Fig.3.25 LTP induction in the presence of SOD plus catalase plus A $\beta$ .  
 The combination of SOD plus catalase prevented the A $\beta$ -mediated inhibition of LTP induction (n=5).



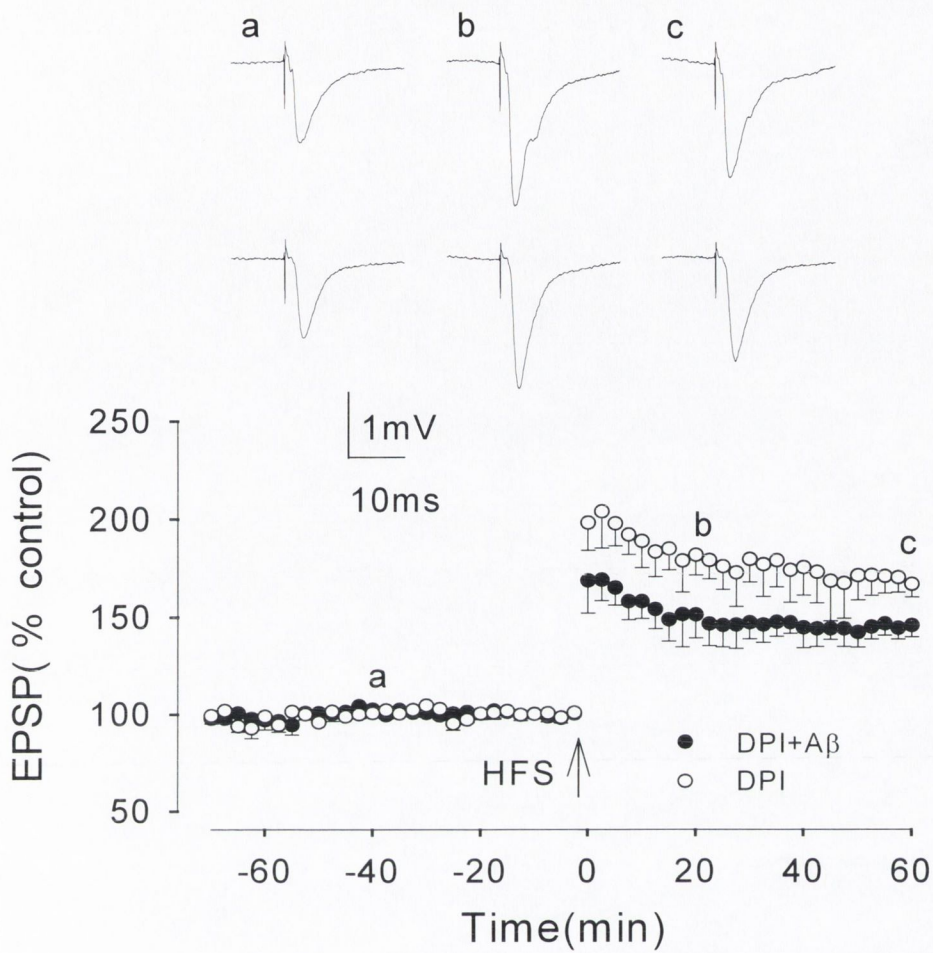


Fig.3.26 The A $\beta$ -evoked inhibition of LTP induction is prevented by the NADPH oxidase inhibitor, diphenyleneiodonium (DPI) in rat slices. The graph shows that DPI partially prevents the A $\beta$ -mediated inhibition of LTP induction (n=5).

### 3.9 Effects of COX inhibition on A $\beta$ -induced inhibition of LTP

Several groups reported the relationship between COX and A $\beta$ . For example, In AD, inflammatory cells expressing COX-1 surround A $\beta$  deposits (Hoozemans et al., 2001), while COX-2 accumulates in neurons (Ho et al., 2001; Hoozemans et al., 2001; Pasinetti and Aisen, 1998). The protective effects of NSAIDs have been ascribed to their anti-inflammatory properties, involving inhibition of either COX-1 or COX-2 (McGeer, 2000; van Gool et al., 2003). To address the possibility of synaptic COX in determining the beneficial effects of NSAIDs on memory, we examined the involvement of COX-2 in the induction of LTP in rat hippocampal slices exposed to soluble A $\beta$ . The selective COX-2 inhibitors MF tricyclic and NS398 prevented the inhibition of LTP by A $\beta$ , LTP measuring  $134 \pm 8\%$  ( $n=5$ ,  $P < 0.01$ ) and  $143 \pm 3\%$  ( $n=5$ ,  $P < 0.01$ ) at 60min after HFS in the presence of A $\beta$  plus MF tricyclic and NS-398 respectively (Fig 3.27 and Fig 3.28). In contrast, the selective COX-1 inhibitor piroxicam failed to restore LTP disrupted by A $\beta$ , LTP measuring  $105 \pm 7\%$  in the presence of A $\beta$  plus piroxicam ( $n=5$ ,  $P > 0.05$ ) (Fig 3.29). Neither the COX-2 inhibitors MF tricyclic and NS398 or the COX-1 inhibitor piroxicam altered LTP induction in the absence of A $\beta$ , LTP measuring  $152 \pm 5\%$ ,  $163 \pm 4\%$  and  $157 \pm 7\%$  in the presence of MF tricyclic, NS398 and piroxicam respectively ( $n=5$ ,  $P > 0.05$ ) (Fig 3.27-29). Thus the inhibition of synaptic COX-2 activity was sufficient to restore longlasting potentiation which had been disrupted by A $\beta$ .

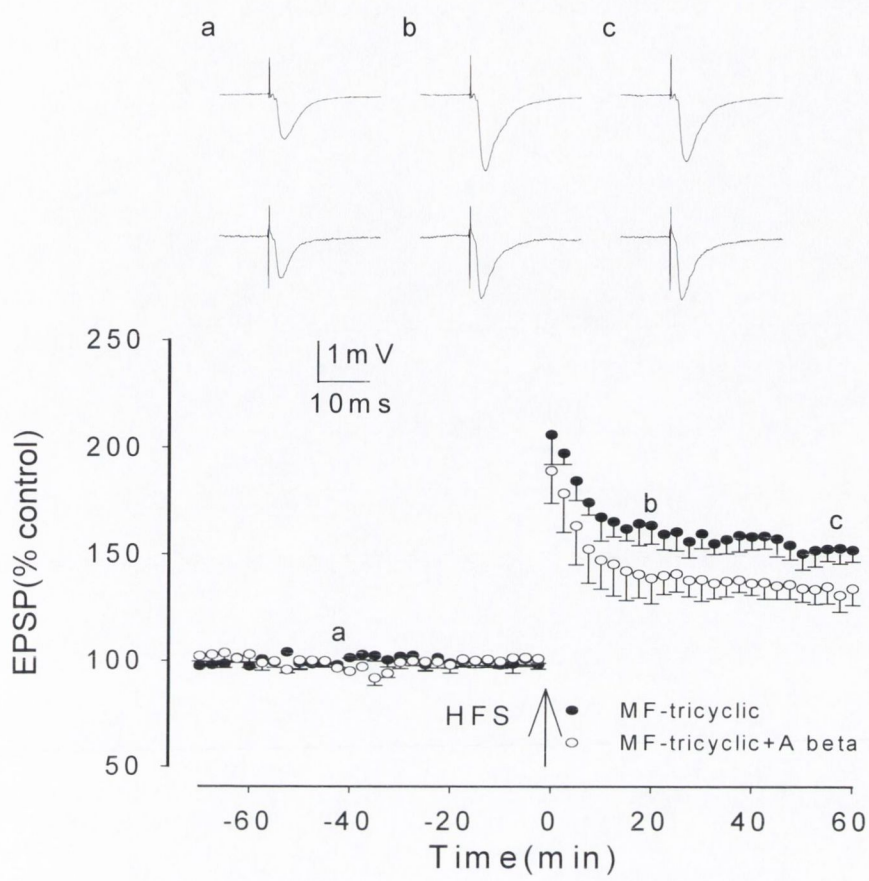


Fig.3.27 The COX-2 inhibitor MF tricyclic ( $3 \mu\text{M}$ ), applied 60 min prior to HFS, does not inhibit LTP induction (closed circles,  $n=5$ ) but prevents the  $A\beta$ -mediated inhibition of LTP induction (open circles,  $n=5$ ).

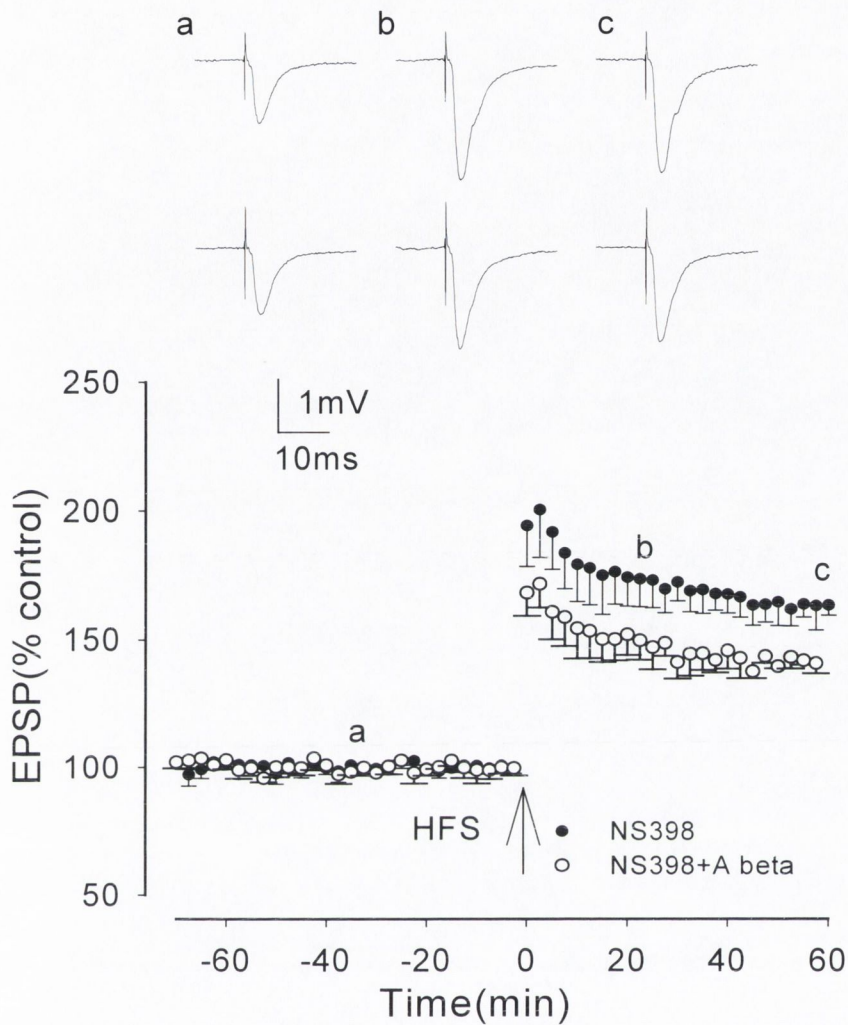


Fig.3.28 The COX-2 inhibitor NS-398 (2  $\mu$  M), applied 60 min prior to HFS, does not inhibit LTP induction (closed circles, n=5) but prevents the A $\beta$ -mediated inhibition of LTP induction (open circles, n=5).

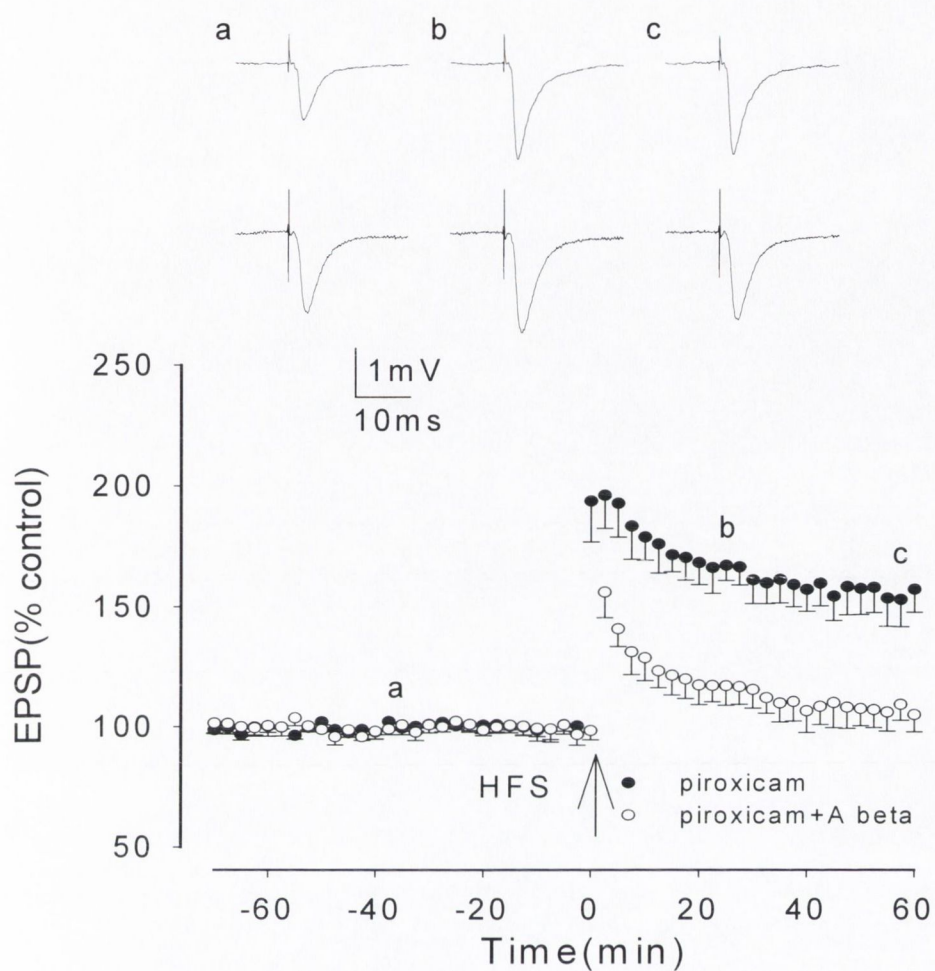


Fig.3.29 The COX-1 inhibitor piroxicam ( $10 \mu\text{M}$ ), applied 60 min prior to HFS, does not inhibit LTP induction (closed circles,  $n=5$ ) and also does not prevent the  $A\beta$  - mediated inhibition of LTP induction (open circles,  $n=5$ ).

### **3. 10 The inhibition of LTP by A $\beta$ involves activation of mGluR5, but not the $\alpha$ 7 nicotinic receptor.**

In order to identify whether the inhibitory action of A $\beta$  on LTP induction is mediated via activation of the specific transmitter receptors mGluR5 or  $\alpha$ 7 nAChR, synthetic A $\beta$  was applied in the presence of selective antagonists of these receptors. LY341495 has been shown to be a selective group I/group II mGluR antagonist (Fitzjohn et al, 1998; Kingston et al, 1998). This antagonist does not inhibit the induction of LTP in CA1 (Fitzjohn et al, 1998) or, in previous experiments from this laboratory, in the medial perforant path of the dentate gyrus (Rush et al, 2002). LY341495 was found to prevent the A $\beta$ -mediated inhibition of LTP induction. In the presence of LY341495 (10  $\mu$ M), and A $\beta$ , LTP measured  $192\pm 14\%$ ,  $149\pm 5\%$  and  $147\pm 3\%$ , at peak, 20 min and 60 min post-HFS, values significantly increased from the values in A $\beta$  alone ( $n=5$ ,  $p<0.05$ ) but not significantly different from control LTP ( $p>0.05$ ) (Fig 3.30 ). The selective mGluR5 antagonist MPEP (5  $\mu$ M) (Gasparini et al, 1999) also prevented the A $\beta$ -mediated inhibition of LTP induction. In the presence of MPEP, LTP measured  $192\pm 15\%$ ,  $155\pm 4\%$  and  $141\pm 9\%$ , at peak, 20 min and 60 min post-HFS, values significantly increased from LTP in A $\beta$  alone ( $n=5$ ,  $p>0.01$ ), but not significantly different from control LTP ( $p<0.05$ ) (Fig 3.31).

In view of reports that A $\beta$  has been found to bind to and activate  $\alpha$ 7 nAChR at pM concentrations (Dinerly et al, 2001; 2002), the action of the selective  $\alpha$ 7 nAChR antagonist methylcaconatine (MLA) was investigated on the ability of A $\beta$  to inhibit LTP induction. MLA (1  $\mu$ M)

did not prevent the A $\beta$ -mediated inhibition of LTP, LTP measuring 154 $\pm$ 11%, 113 $\pm$ 6% and 105 $\pm$ 5% at peak, 20 min and 60 min post-HFS, values not significantly different from those in A $\beta$  alone (n=5, p>0.05) (Fig 3.32). on the ability of A $\beta$  to inhibit LTP induction. MLA (1  $\mu$ M) did not prevent the A $\beta$ -mediated inhibition of LTP, LTP measuring 154 $\pm$ 11%, 113 $\pm$ 6% and 105 $\pm$ 5% at peak, 20 min and 60 min post-HFS, values not significantly different from those in A $\beta$  alone (n=5, p>0.05) (Fig 3.32).

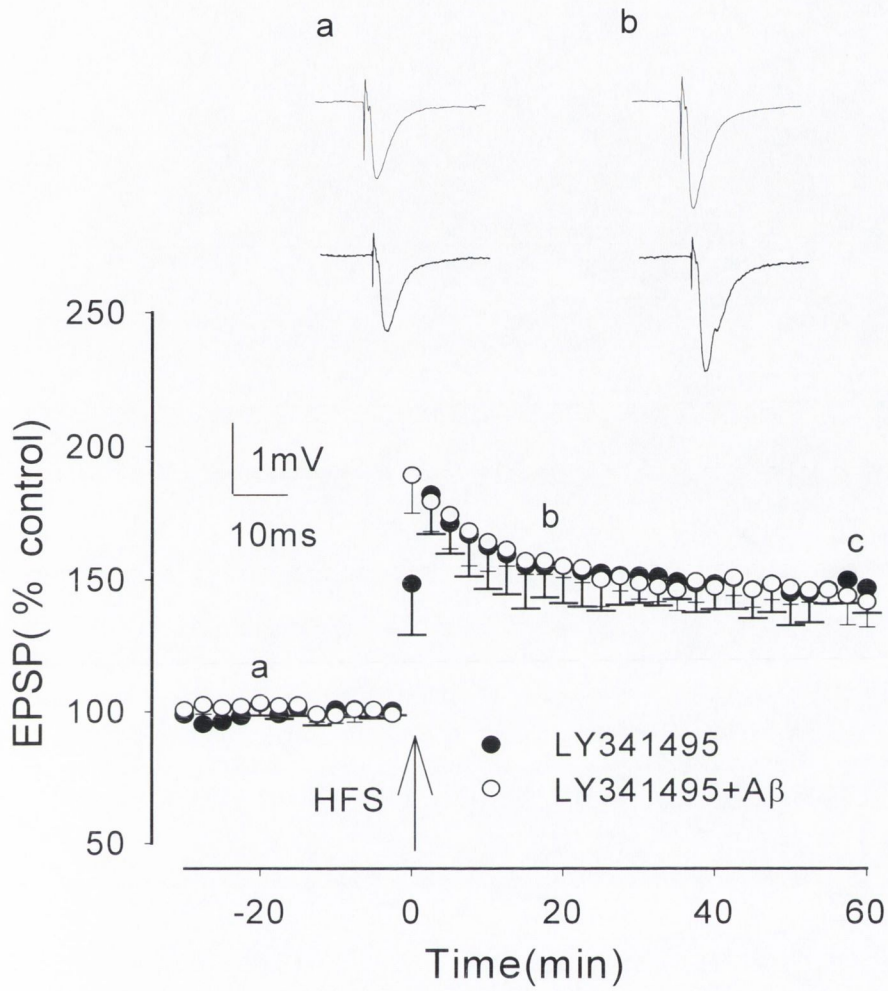


Fig 3.30 The induction of LTP in the presence of 500 nM synthetic A $\beta$  plus the group I/II antagonist LY341495 (open circles, n=5), not significantly reduced from control (closed circles, n=4).



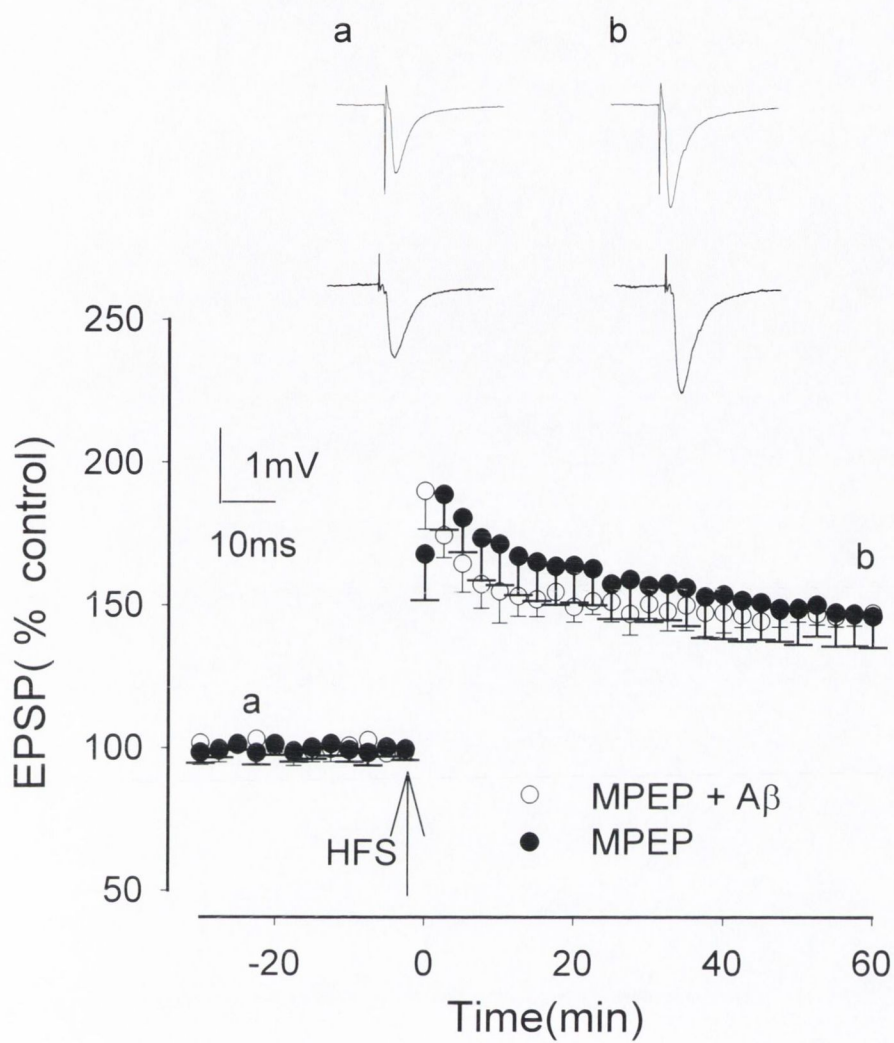


Fig 3.31 The induction of LTP in the presence of 500 nM synthetic A $\beta$  plus the mGluR5 antagonist MPEP (open circles, n=5), not significantly reduced from control (closed circles, n=5).

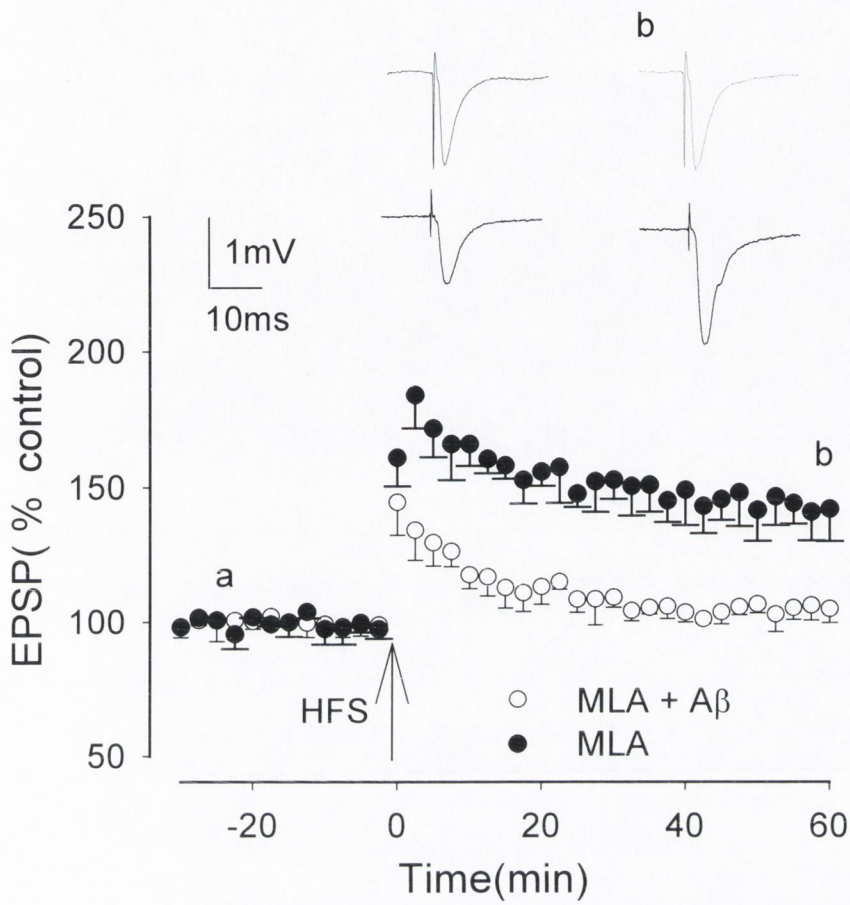


Fig 3.32 The induction of LTP in the presence of the  $\alpha 7$  nAChR antagonist, methylcaconatine (MLA) and 500 nM A $\beta$  (open circles, n=5), significantly reduced from control (closed circles, n=4).

## 4. Discussion

### 4.1 Effect of A $\beta$ on basal synaptic transmission and synaptic plasticity

The lack of effect of A $\beta$  on membrane potential, input resistance, and baseline EPSPs demonstrates that A $\beta$  does not cause an acute deleterious effect on cell viability or on inhibition of AMPA receptors contributing to baseline EPSPs. Although a longer perfusion with high concentrations of A $\beta$ 1–42 cause a long-lasting depression of baseline synaptic transmission in the hippocampus, consistent with the previous research (Cullen et al., 1997; Hartell and Suh, 2000). Cullen et al. reported (1996) a delayed (>5 hr) decline in synaptic transmission lasting at least 48 hr after a single intracerebroventricular injection of a low dose of Ab1–40, and the reduction is NMDA receptor dependent. In the case of CT, but not Ab1–42, the depression was blocked by a nitric oxide synthase inhibitor and was associated with an increase in intracellular Ca<sup>2+</sup> levels in cerebellar Purkinje cells (Hartell and Suh, 2000). This was proposed to be caused by the formation or opening of relatively nonselective cation channels in the plasma membrane. Such reductions in synaptic transmission are putative substrates for the reductions in cerebral activity of patients with preclinical Alzheimer's disease (Rapoport, 2000).

We demonstrate in present study that a low concentration of A $\beta$  inhibits NMDAR-dependent LTP induction, confirming previous studies in CA1 *in vivo* and dentate gyrus *in vitro* (Cullen et al., 1997) and several

other studies in CA1 and dentate gyrus *in vitro* (Lambert et al., 1998; Itoh et al., 1999; Chen et al., 2000; Stephan et al., 2001; Vitolo et al., 2002; Raymond et al., 2003). The inhibitory effect of A $\beta$  was found to be confined to a specific plasticity, that of the induction of NMDAR-dependent LTP. Thus A $\beta$  did not inhibit the induction of NMDAR-independent LTP or of LTD, the latter observations in agreement with Wang et al. (2002) and Raymond et al. (2003). Such a selective action of A $\beta$  on induction of plasticity suggests that A $\beta$  inhibits a specific process essential to induction of NMDAR-dependent LTP. It is unlikely that A $\beta$  results in inhibition of LTP via a block of activation of NMDAR, because A $\beta$  produces only a very small inhibition of NMDAR-mediated EPSPs in this study and Raymond's, which is insufficient to reduce the induction of LTP (Raymond et al., 2003). However, NMDAR-dependent LTP is well known to involve activation of calcium/calmodulin kinase II (CaMKII) (for review, see Lisman et al., 2002) in contrast to that of NMDAR-independent LTP, which is independent of the activation of CaMKII (Cavus and Teyler, 1996). This suggests the possibility that receptor binding of A $\beta$  may result in a block of the activation of CaMKII.

## **4.2 Effect of human cell-derived A $\beta$ on NMDAR-independent LTP**

In agreement with our previous report that of inhibition of LTP in CA1 *in vivo* (Walsh et al, 2002), we found that cell-derived, naturally secreted A $\beta$  inhibits LTP induction *in vitro*. When solubilized in aqueous buffers, A $\beta_{1-42}$  assembles into a variety of structures, including low n-oligomers, ADDLs, protofibrils and fibrils (Walsh et al, 1997, Lambert et al, 1998; Bitan et al, 2002). The solutions of synthetic A $\beta$

used in this study contain a mixture of these different assemblies. In contrast, the A $\beta$  present in the cell-derived 7PA2 CM are free of fibrils and protofibrils, and contained only A $\beta$  monomers and soluble low n-oligomers (Walsh et al. 2002). The finding that cell-derived A $\beta$  inhibits LTP *in vitro* confirms that soluble assemblies of A $\beta$  can inhibit LTP. Cell-derived naturally secreted A $\beta$  was much more potent than our synthetic A $\beta$  preparation at inhibiting LTP induction. Thus the threshold inhibitory concentration for cell-derived A $\beta$  was calculated to be  $\sim$ 0.7 nM, and that of synthetic A $\beta$  between 100 nM and 200 nM (the values of the synthetic A $\beta$  would be one-third lower than that stated if all batches of A $\beta$  were identical to that determined – see Methods). The large difference in potency between cell derived and synthetic A $\beta$  may be explained by only a very low concentration of biologically active oligomers of A $\beta$  being present in the synthetic A $\beta$  solution.

It is of interest that the very early phase LTP, including initial peak amplitude, was inhibited by cell-derived A $\beta$  in the present *in vitro* studies, as our previous studies *in vivo* had shown that cell-derived A $\beta$  only inhibited LTP beginning  $\sim$ 1 hr post HFS. This difference between the *in vitro* and *in vivo* studies may be due to the longer period of pre-exposure to A $\beta$  prior to HFS *in vitro* (60 min) compared with *in vivo* (10 min). Other possible explanations are a slower diffusion time of the A $\beta$  after *in vivo* cannula injection compared with *in vitro* perfusion of A $\beta$ , or a concentration difference since the A $\beta$  injected *in vivo* is diluted by the cerebro-spinal fluid.

### **4.3 Effect of kinases inhibitors on A $\beta$ – induced impairment LTP**

Few studies have explored the mechanisms underlying the A $\beta$ -mediated inhibition of LTP, although recently one study found that A $\beta$ -mediated inhibition of LTP was reversed by rolipram and forskolin, drugs that enhance cAMP signalling (Vitolo et al, 2002). In the current study, we provide novel evidence that the A $\beta$ -evoked inhibition of LTP is mediated via activation of the kinases JNK, Cdk5 and p38 MAPK. There is previous evidence for the involvement of JNK in the neuropathology of AD. JNK activation has been described around amyloid deposits in AD brains (Anderson et al, 1994; 1996) Shoji et al, 2000; Zhu et al, 2001a), and synthetic A $\beta$  activated the JNK pathway in various neuronal systems (Boyzcko-Coyne et al, 2001; Morishima et al, 2001; Troy et al, 2001). Although A $\beta$  increases expression of the stress-activated gene transcription factor c-Jun (Anderson et al, 1994; Estus et al, 1997), such action is likely to be too slow to account for the rapid inhibition of LTP by A $\beta$  observed in the present studies. Rather, a local synaptic action is more likely to be responsible for the effect of JNK inhibitors on the block of LTP. JNK activation is known to have a local cytoplasmic action leading to inhibition of dendritic growth (Coffey et al, 2000; Savage et al, 2002), and it is possible that inhibition of LTP by A $\beta$ -mediated activation of JNK is an initial stage preceding such inhibition of dendritic growth.

The present evidence for involvement of p38 MAP kinase in the A $\beta$ -mediated inhibition of LTP parallels previous studies showing an increase in p38 MAP kinase activity effected by A $\beta$  in cultured cells and also an increase in MKK6, an upstream activator of p38, in susceptible neurons in AD brains (McDonald et al, 1998; Pyo et al, 1998). Activation of JNK and p38 MAPK are likely to result in the inhibition of LTP via inflammatory pathways. A growing body of evidence suggests that A $\beta$ -

mediated neurotoxicity involves the production of inflammatory cytokines such as tumor necrosis factor (TNF), and also free radicals and reactive oxygen species (Akama et al, 2000). In this regard, activation of JNK and p38 MAPK are known to have a pivotal role in TNF signalling and cell death (Paul et al, 1997). The inhibition of LTP could be very early indicator of the activation of inflammatory mediators. The A $\beta$ -mediated block of LTP was not prevented by the p42/44 MAP kinase inhibitor UO126, demonstrating a lack of involvement of p42/44 MAP kinases. In fact, p42/44 MAP kinase is known to be required for the induction, rather than inhibition, of LTP, and to be involved in cell survival rather than cell death (Sweatt, 2001).

The present finding that the Cdk5 inhibitors butyrolactone and roscovitine prevent the A $\beta$ -mediated inhibition of LTP parallels recent studies showing that Cdk5 inhibitors prevent A $\beta$ -induced neurotoxicity (Alvarez et al, 1999; Milton et al, 2001). Cdk5 has been postulated to have a major role in AD and A $\beta$ -induced neurodegeneration (Ahlijanian et al, 2000; Patrick et al, 1999), with A $\beta$  causing mislocalization and deregulation of Cdk5 by increasing production of its pathogenic activator p25 (Patrick et al. 1999, Lee et al, 2000, Twon et al, 2002).

#### **4.4 Inhibition of microglia activation prevents A $\beta$ inhibition of LTP**

Accumulating experimental evidence suggests a causal link among A $\beta$ , oxidative stress, and AD. The present studies provide similar links among A $\beta$ , oxidative stress, and the inhibition of LTP. We provide evidence that the A $\beta$ -mediated inhibition of LTP induction involves activation of microglia, the principle immune effector cell in the brain.

This conclusion is based on the results of our studies with minocycline, a tetracycline inhibitor of microglial activation, which was found to prevent the action of A $\beta$  in blocking induction of LTP. Although minocycline has not been reported previously to prevent the microglial activation produced by A $\beta$ , it has marked *in vivo* neuroprotective properties in experimental models of neurodegeneration, including cerebral ischemia, traumatic brain injury, Huntington's disease, Parkinson's disease and amyotrophic lateral sclerosis (Yrjanheikki et al., 1998; Chen et al., 2000; Du et al., 2001; Sanchez Mejia et al., 2001; Zhu et al., 2002). Minocycline also has been found to be neuroprotective in a variety of *in vitro* models of cell death, with a rapid action similar to that observed in the present studies on LTP. For example, 30 min preapplication of minocycline to spinal cord cultures inhibited the rapid (10 min) excitotoxin-induced effects of excitatory amino acids (Tikka et al., 2001). Zhu et al. (2002) also showed a rapid protective effect of minocycline against NMDAR-mediated cell death in acute studies in primary cortical neurons. The mechanisms of action of minocycline underlying its neuroprotective effect include inhibition of cytochrome *c* release, caspases, and p38 MAPK (Yrjanheikki et al., 1998; Tikka et al., 2001; Zhu et al., 2002). Interestingly, in a recent study we showed that activation of p38 MAPK is required for A $\beta$ -mediated inhibition of LTP induction (Wang et al., 2004).

The finding of an involvement of microglia in A $\beta$ -mediated inhibition of LTP supports previous evidence for an involvement of microglia in AD. The pathology of AD has been well documented to involve a chronic inflammatory reaction driven by activated microglia (Griffin et al., 1998; Akiyama et al., 2000); abundant reactive microglia surround  $\beta$ -amyloid plaques in the AD brain (McGeer and McGeer, 1995;



Cotman and Su, 1996), and treatment with anti-inflammatory agents has been correlated with a large reduction in plaque-associated reactive microglia and a decrease in severity of AD (MacKenzie and Munoz, 1998). In addition, A  $\beta$  causes activation of microglia cells in culture (Tan et al., 1999; Akiyama et al., 2000; Combs et al., 2000; Bamberger et al., 2003), and activated microglial cells have been shown to be the link between A  $\beta$  deposition and neuronal death (Eikelenboom et al., 1994; McGeer and McGeer, 1995).

#### **4.5 Effect of NO and superoxide on A $\beta$ – induced LTP impairment**

Evidence for a requirement for activation of iNOS in the A  $\beta$ -mediated inhibition of LTP induction was found in the present study via the use of iNOS mutant mice and two selective inhibitors of iNOS, aminoguanidine and 1400W. Increased levels of iNOS have been found in cells surrounding amyloid plaques (Wallace et al., 1997), and A  $\beta$  can stimulate iNOS in microglia *in vitro* and *in vivo* (Akama et al., 1998; Akama and Van Eldik, 2000). Stimulation of iNOS catalyzes the oxidation of L-arginine to L-citrulline and nitric oxide. Although nitric oxide is a free radical, the main cytotoxic action of NO is most likely attributable to production of peroxynitrite.

Evidence was presented in the present study for the involvement of superoxide in the A  $\beta$ -mediated inhibition of LTP induction. Thus a combination of the superoxide scavenger SOD and the hydrogen peroxide scavenger catalase prevented the A $\beta$ -mediated inhibition of LTP induction. Moreover, inhibition of NADPH oxidase by DPI was found to prevent the A $\beta$ -mediated inhibition of LTP induction. Activation of NADPH oxidase

has been shown previously to be a major source of superoxide production involved in A $\beta$ -induced toxicity (Bianca et al., 1999), and the A $\beta$ -induced production of superoxide was blocked by the NADPH oxidase inhibitor DPI (Qin et al., 2002). We postulate that the active cytotoxic species responsible for the A $\beta$ -mediated block of LTP is most likely to be peroxynitrite, formed by the combination of NO and superoxide (Lipton et al., 1993). The reaction between superoxide and nitric oxide to produce peroxynitrite is very rapid and out-competes the major scavenging pathways for nitric oxide and superoxide. Peroxynitrite is a highly reactive strong oxidant and nitrating agent and is known to cause neuronal death in cultured cells (Lin et al., 1998).

How might an oxidative/inflammatory-like block of LTP by A $\beta$  help explain the pathophysiology and symptoms of AD? Several theories of AD have implicated A $\beta$ -triggered oxidative/inflammatory-like effects in the development of the disease (for review, see McGeer and McGeer, 2003). Moreover, previous studies have presented strong evidence that synapses are the initial target in AD (for review, see Selkoe, 2002). The hippocampus is especially vulnerable in AD, and early debilitating symptoms usually include significant deficits in the performance of hippocampus-dependent cognitive tasks. Given the evidence that LTP underlies hippocampus-dependent learning and memory (Martin and Morris, 2002), the present findings of a block of LTP by A $\beta$  provide a plausible mechanism for the impairment of cognitive functions in AD, especially early in the disease process. In addition, because plasticity at synapses is important for their survival (Toni et al., 1999; Hering and Sheng, 2001), any persistent disruption of LTP induction mechanisms may provide a very sensitive predictor of synaptic vulnerability to degeneration.

## 4.6 Effect of COX inhibition on A $\beta$ -induced inhibition of LTP

Results in present study indicate that the inhibition of LTP by A $\beta$  is dependent on the activation of COX-2, but not COX-1. In a recent study, we also showed COX-2 inhibition restored memory function without reducing either A $\beta$  or TNF $\alpha$ , IL-1 $\beta$  in a transgenic model of AD (Westerman et al., in press). Previous studies have shown that a role for COX-2 in synaptic plasticity since NS-398 was found to inhibit LTP in the dentate gyrus of 2-3 months male c-57 mice (Chen et al., 2002). This effect was reversed by PGE<sub>2</sub>, the major oxidation product of arachidonic acid (AA). AA has previously been implicated in LTP as a potential retrograde messenger (Williams et al 1989), and is thought to act by altering the binding of glutamate to the AMPA receptors (Massicotte et al., 1991). However we didn't find the inhibition of COX-2 inhibitor NS-398 or MF-tricyclic in present study. The difference may in part due to the exposure time and concentration since a recent study has shown that the COX-2 mediated inhibition of LTP that is time- and concentration-dependent (Murray et al., 2003) Murray et al. found that LTP was inhibited only after a longer 2 hours exposure to NS398.

How might COX-2 inhibition lead to improved synaptic plasticity and memory? Although mice with transgenes constitutively increasing neuronal COX-2 develop memory deficits (Andreasson et al., 2001), we recently found no increase in COX-2 in Tg2576 mice, despite observing beneficial effects of COX-2 inhibitors on memory (Westerman et al., in press). The lack of change in COX-2 is consistent with other reports in aged Tg2576 mice showing no increase in PGE<sub>2</sub>, and COX-2, and no increase in COX-2 mRNA in microarray analyses (Dickey et al., 2003;

Quinn et al., 2003). The COX-2 inhibitor inhibited COX-2 stimulated by A $\beta$  but spared basal COX-2, since non-transgenic mice were not significantly impaired. These observations suggest that abnormal stimulation of COX-2, independently of increased levels of expression, is sufficient to disrupt brain function, and therefore inhibiting COX-2 restores function.

There are several possible explanations for how A $\beta$  -mediated inhibition of plasticity might be dependent upon COX-2 in the absence of up-regulation of the enzyme or increased levels of PGE2. One possible explanation would involve a change in the cellular locus of COX-2 or its products in response to A $\beta$  without an overall increase in COX-2 activity. Another possible explanation would be an increase in COX-2 or PGE2 turnover, without a dramatic change in levels of COX-2 or PGE2. A third possibility would be that COX-2 plays a permissive role in the inhibition of plasticity and memory by A $\beta$  that does not need to be accompanied by over-activation of the enzyme once other pathways are altered by A $\beta$ .

#### **4.7 Effects of mGluR and $\alpha$ 7nAChR inhibition on A $\beta$ -induced inhibition of LTP**

The group I/II mGluR antagonist LY341495 and the mGluR5 antagonist MPEP were found to prevent the A $\beta$ -mediated inhibition of LTP, thus demonstrating the involvement of mGluR5 in the process. Selective antagonism of mGluR5 with MPEP has previously been shown to be neuroprotective against A $\beta$  toxicity in cortical cultures (Bruno et al, 2000), emphasising the parallels between A $\beta$ -mediated inhibition of LTP

and A $\beta$ -mediated neurotoxicity. In addition, the membrane depolarisation evoked by relatively high concentrations of synthetic A $\beta$ <sub>1-42</sub> was reported to involve activation of group I mGluRs (Blanchard et al, 2002). The involvement of group I mGluRs in the A $\beta$ -mediated inhibition of LTP found in the present study could be due to direct binding and activation of the mGluRs by A $\beta$ . However, in the absence of direct evidence for such binding, we speculate that it is more likely that the mGluR5 are activated by HFS. HFS will strongly activate mGluR5 as such receptors are located perisynaptically and will be particularly well stimulated by spillover of glutamate during HFS. A $\beta$  is likely to be activating one or more surface receptors, as it is not readily taken up into cells of the dentate gyrus in slices even after several days in culture (Bi et al, 2002). Thus it is most probable that A $\beta$  is stimulating JNK, Cdk5 and p38 MAPK via the activation of such surface receptors. The requirement for activation of group I mGluR in the A $\beta$ -mediated inhibition of LTP may be due to the necessity for additional stimulation of kinases. Thus the activation of group I mGluRs is likely to stimulate Cdk5 and p38 MAPK, as recent work has shown that a group I mGluR agonist stimulates Cdk5, an action blocked by butyrolactone (Liu et al, 2001) and p38 MAP kinase (Bolshakov et al, 2000; Rush et al, 2002).

Antagonism of  $\alpha$ 7 nAChR did not prevent the A $\beta$  block of LTP, demonstrating a lack of involvement of the  $\alpha$ 7 nAChR in A $\beta$ -mediated block of LTP in our paradigm. A $\beta$  has been found to bind to, and activate,  $\alpha$ 7 nAChR at pM concentrations (Dinerly et al, 2001a; 2001b). One possible reason for the lack of effect of blocking  $\alpha$ 7 nAChR on A $\beta$ -mediated inhibition of LTP is that  $\alpha$ 7 nAChRs have been found to be

located only at high density on interneurons in the dentate gyrus, and only at very low density on granule cells (Dobelis et al, 2002).

#### **4.8 Conclusion**

The data demonstrate that A  $\beta$  causes inhibition of LTP induction by a series of events. We suggest that A  $\beta$  initially activates a target on microglia (and probably other glial cells or neurons), which could be a scavenger receptor (El Khoury et al., 1996), a receptor for advanced glycation end products (Yan et al., 1996), a receptor complex including a scavenger and integrin proteins (Bamberger et al., 2003), or the tumor necrosis factor type I receptor (TNFRI) (Li et al., 2004). The latter possibility is particularly intriguing because soluble A  $\beta$ , the species known to be active in inhibiting LTP, has been found to bind potently to TNFRI (Li et al., 2004). A $\beta$  binding to rapidly initiates or promotes a stress cascade that eventually leads to disruption of neuronal NMDA receptor function/calcium homeostasis and inhibition of neuronal kinases that are essential for LTP induction. We show that microglial activation leads to production of NO and superoxide, which then react to form peroxynitrite. Peroxynitrite probably results in the inhibition of LTP via oxidation/tyrosine nitration of a particular protein necessary for LTP induction. We also demonstrated an essential role for p38 and JNK activation in the A  $\beta$ -mediated inhibition of LTP (Wang et al., 2004). Activated p38 MAPK and JNK have been immunolocalized to microglia associated with amyloid plaques in the AD brain (Hensley et al., 1999), and they are well known to be activated by oxidative stress (Cobb, 1999) and to be linked to production of iNOS and superoxide. Thus we propose that the presence of excess levels of A  $\beta$ , especially soluble oligomeric

A $\beta$ , activate p38 MAP kinase and JNK which in turn activate iNOS and NADPH to produce nitric oxide and superoxide free radicals, respectively. These radicals react to form the highly toxic peroxynitrite free radical which can overcome endogenous antioxidant defence mechanisms and cause dysregulation of LTP induction pathways at synapses, either at the level of the NMDA receptor or downstream signalling cascades(Fig 4.1).

The ability of A $\beta$ -triggered oxidative stress/pro-inflammatory processes to potently inhibit LTP, a neurobiological model of the type of synaptic plasticity required for learning and memory, provides a plausible mechanism for impairment of cognition very early in AD. In addition, since plasticity at synapses is important for their survival, any persistent disruption of LTP induction mechanisms may provide a very sensitive predictor of synaptic vulnerability to degeneration, leading to synaptic loss, one of the hallmarks of clinical AD pathology.

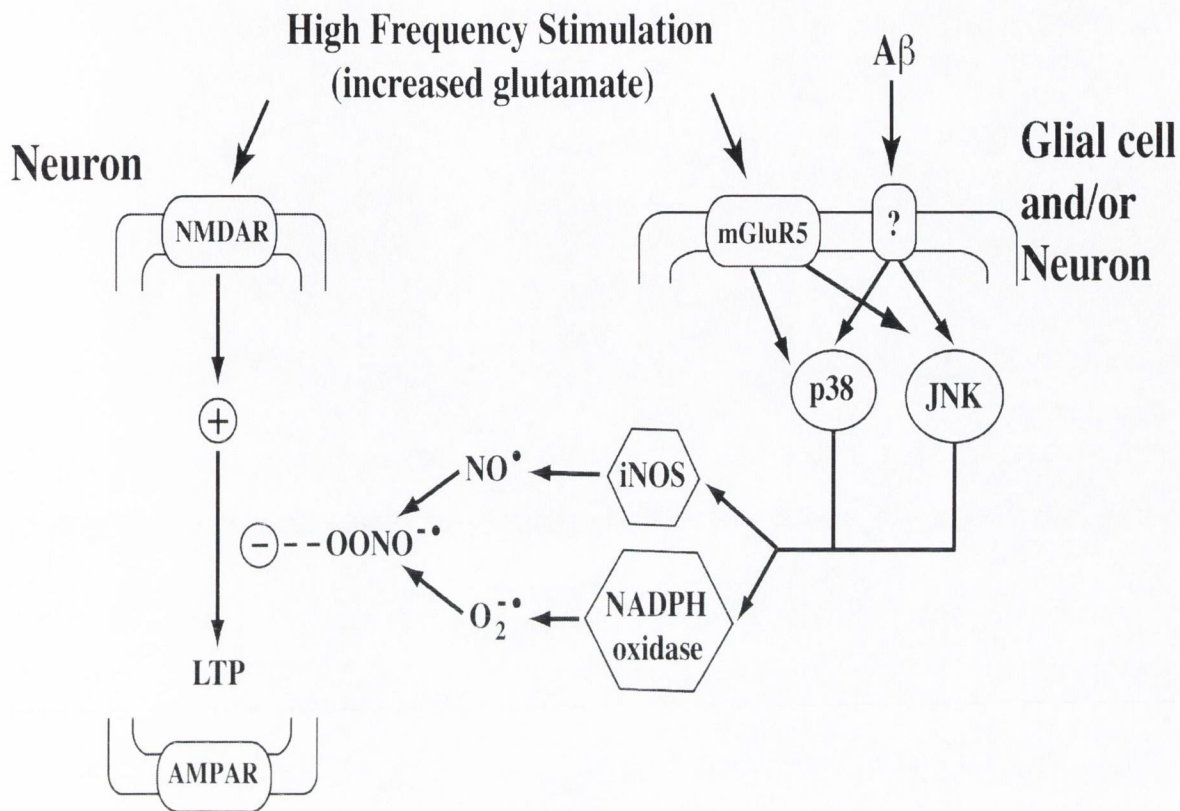


Fig. 4.1 Hypothetical schema of how oligomeric Aβ inhibits LTP induction.



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