Pathophysiological basis of synaptic dysfunction in Alzheimer's disease: A systematic review

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ABSTRACT

Background: Alzheimer's disease (AD) is a neurodegenerative condition that impairs cognition and functionality. The neuropathological hallmarks of AD are neuritic plaques of amyloid beta (AB) and neurofibrillary tangles of hyperphosphorylated tau protein (NFTs). Nevertheless, synaptic dysfunction (SD) has gained attention as an early pathophysiological event that triggers neuronal apoptosis and early cognitive dysfunction. In this study we aim to consolidate the current information regarding synaptic dysfunction in AD.

Methods: A systematic review of literature was carried out in which 875 articles were considered from PubMed, Embase, Cochrane and Bireme. 27 duplicates were excluded as well as 817 references due to wrong study design, wrong publication type, background article, wrong outcome, or wrong population.

Results: 31 references were included out of which 23 analyzed mechanisms related to amyloidosis, 6 to tauopathy and 2 inflammatory responses in AD. Regarding the study design, 18 (58%) were in vitro studies, 4 (13%) were in vivo studies and 9 (29%) in vivo/in vitro studies.

Conclusion: SD in AD is the result of impairment at different molecular and cellular levels. This phenomenon occurs early in the disease course and is mainly related with soluble forms of Aβ and tau protein.

Introduction

Alzheimer's disease (AD) is a neurodegenerative condition that impairs cognition and functionality. Given that there are no treatments to prevent or reverse AD, efforts have been focused on better understanding the causes of the disease (1). Traditionally, the neuropathological characteristics of AD are the presence of beta amyloid (Aβ) aggregation, Tau-induced neurofibrillary tangles, and neuronal loss. A key observation is that these pathological changes during AD begin many years prior to the onset of dementia (2).

Keeping in mind that AD is conceptualized as a clinical continuum, the initial pathological event in AD is amyloidosis and can be found many years before clinical manifestation. Nevertheless, Aβ accumulation is not enough to produce symptoms, thus additional factors contribute to neurodegeneration during the disease course (2). Synaptic dysfunction (SD) has gained attention as the major pathophysiological event and the trigger of both neuronal death and early cognitive dysfunction. Synapses and dendritic spines are dynamic structures, thus molecular changes may cause changes in synaptic connections and plasticity mechanisms (2).

SD in AD is thought to be caused by intermediate peptides, such as soluble AB oligomers (Aβo) and tau oligomers, and it is mainly characterized by impairment in synaptic plasticity mechanisms namely long-term potentiation (LTP) and long-term depression (LTD) in the hippocampus (4). Nevertheless, the pathophysiological pathways by which SD occurs in AD are not completely understood. In this study we consolidate the current information regarding synaptic dysfunction in AD.

Methods

1. Search strategy and selection criteria

An exhaustive search was carried out in the databases "Medline", "Embase", "Bireme Lilacs", Cochrane and Gray Literature. The main objective was to perform a systematic review of the literature on the mechanisms that trigger synaptic dysfunction from the pathophysiological process of Alzheimer's disease.

The inclusion and exclusion criteria were as follows:

Inclusion criteria:

- Methodological design involving the relationship of some pathophysiological processes (amyloidosis, tauopathy, inflammation, oxidative stress) of AD with synaptic dysfunction.

- In vitro or in vivo models.

Exclusion criteria:

- Narrative review type studies, systematic review, clinical trials.
- Studies involving pharmacological intervention
- Post-mortem studies

The search strategy was as follows in each database:

MEDLINE

((Alzheimer Disease[Mesh] OR Alzheimer Disease[tiab]) AND (synaptic dysfunction[tiab])) AND ((((((((((Amyloidosis[Mesh] OR Amyloidosis[tiab]) OR ("beta amyloid production"[tiab])) OR ("beta amyloid aggregation"[tiab])) OR (neurodegeneration[tiab])) OR ("neuronal death"[tiab])) OR (Inflammation[Mesh] OR Inflammation[tiab])) OR (neuroinflammation[tiab])) OR (Tauopathies[Mesh] OR Tauopathies[tiab])) OR ("Tau production"[tiab])) OR ("Tau aggregation"[tiab]))

EMBASE

(('alzheimer disease'/exp OR 'alzheimer disease') AND ('synaptic dysfunction'/exp OR 'synaptic dysfunction') AND (('amyloidosis'/exp OR amyloidosis) OR 'beta amyloid production' OR 'beta amyloid aggregation' OR ('neurodegeneration'/exp OR neurodegeneration) OR 'neuronal death' OR ('inflammation'/exp OR 'inflammation') OR ('neuroinflammation'/exp OR neuroinflammation) OR ('tauopathy'/exp OR 'tauopathy') OR 'tau production' OR 'tau aggregation')) AND [embase]/lim NOT ([embase]/lim AND [medline]/lim)

BIREME-LILACS

(English and Spanish):

("Alzheimer Disease") AND ("synaptic dysfunction") AND (amyloidosis OR "beta amyloid production" OR "beta amyloid aggregation" OR neurodegeneration OR "neuronal death" OR inflammation OR neuroinflammation OR tauopathies OR "Tau production" OR "Tau aggregation") AND (db:("IBECS" OR "LILACS"))

("Enfermedad de Alzheimer") AND ("Disfunción sináptica") AND (amiloidosis OR "Producción de beta amiloide" OR "Agregación de beta amiloide" OR neurodegeneración OR "muerte neuronal" OR inflamación OR neuroinflamación OR taupatía OR "Producción de tau" OR "Agregación de tau")

COCHRANE

("Alzheimer Disease" and "synaptic dysfunction" and (Amyloidosis or "beta amyloid production" or "beta amyloid aggregation" or neurodegeneration or "neuronal death" or Inflammation or neuroinflammation or Tauopathies or "Tau production" or "Tau aggregation")).

OPENGREY

(Alzheimer disease AND synaptic dysfunction).

No restrictions were placed by language or year of publication. Two independent reviewers (D-A and AGN) carried out the selection of articles; when there were discrepancies, a third reviewer was used.

A total of 875 articles were included. In the first screening, a careful reading of titles and abstracts was performed; 27 duplicate manuscripts were excluded. The criteria used to exclude were: wrong study design (those relating SD and other factors like physical activity, CNS infections), wrong publication type, background article, wrong outcome or wrong population. A total of 621 papers were excluded in this first phase. In the second part, the article was read to define its inclusion in the study. The same criteria were taken into account. Finally, 31 articles were selected. (Figure 1.)

Figure 1. Flow chart of eligibility criteria

*Articles excluded for wrong study design, wrong publication type, background article, wrong outcome or wrong

2. Data extraction

After the selection process of experiments, 31 papers were included. A detailed reading of the text was performed, and relevant information was collected in a comparative table. (Table 1).

Results

1. Study characteristics

Out of the 31 studies, 23 analyzed mechanisms related to amyloidosis, 6 to tauopathy and 2 inflammatory responses in AD. Regarding the study design, 18 (58%) were in vitro studies, 4 (13%) were in vivo studies and 9 (29%) in vivo/in vitro studies. Most of the experiments were developed in the United States (14 papers), England (3 papers), Italy (3 papers), France (2 papers), India (2 papers), Belgium (1 paper), China (1 paper), Germany (1 paper), Korea (1 paper), Mexico (1 paper), Portugal (1 paper).

Discussion

1. Amyloidosis and synaptic dysfunction

a. Specific molecules involved in synaptic transmission

AD is thought to be primarily a synaptopathy due to synapse loss and altered connectivity in early stages of the disease. The implication of SD in AD has been subject of investigation, mainly in animal models. Regarding neural structure, the major synaptic change reported is reduction of axons terminals without impairment in dendritic spines. Nevertheless, instability in both axons and dendrites can be found in transgenic mice models, and this is not related to proximity to Aβ plaques (5).

Several molecules have been involved between Aβ and SD. Synaptophysin has been proposed as a major molecule involved in the pathophysiology of synaptic impairment in AD. This molecule is an integral membrane protein localized in synaptic vesicles (SV) and is part of the pore complex, thus involved in neurotransmitter release. One study demonstrated that Aβ interacts with synaptophysin and interferes with the formation of the complex VAMP2/Synaptophysin, affecting the formation of the SNARE complex during the formation of the fusion pore complex (6).

Similarly, endophilin 1 is a molecule widely spread in the human brain and is a key regulator of SV endocytosis. A study performed with cultured hippocampal cells from rats demonstrated that endophilin 1 expression was higher in neurons exposed to Aβ oligomers (Aβo) prior neuronal death, in comparison with controls. In the same vein, silencing the expression of endophilin 1 in cells treated with Aβo, miniature excitatory postsynaptic currents (mEPSC) increased, suggesting a negative effect of endophilin 1 in neuronal plasticity (4). These findings are supported by a previous study in which increased levels of endophilin 1 in neurons exposed to Aβ was linked to an increase in the activation of the stress kinase c-Jun-N-terminal and subsequent neuronal death (7).

Scaffold proteins in dendritic spines have also been related with SD in AD. To analyze Shank and Homer protein involvement, an experiment with cultured hippocampal cells from rats that underwent exposure to synthetic Aβ1-40, showed that Aβo triggered reduction of Shank and Homer proteins in postsynaptic density by either impairment of protein synthesis or increased degradation. The latter was mediated by glutamate receptor activation (8).

As mentioned before, various molecules have been studied in Aβ-induced SD. In an experiment with cultured hippocampal cells from rats exposed to Aβo, impairment of dynamin 1 was found. They reported decrease in full length and increase in its proteolytic fragment. This results in lost ability to release neurotransmitters successively due to ineffective vesicle recycling, accumulation of synaptic vesicles at the cellular membrane and reduced synaptic vesicle pool (9).

Also, synapsin is a protein that links actin to SV and is critically involved in vesicular trafficking. This protein can be phosphorylated by protein kinase A (PKA) and Ca2+/calmodulin-dependent protein kinase IV (CaMKIV), resulting in disassociation of the actin-SV binding. We found a report that demonstrated in an animal model that soluble Aβ1-42 (sAβ1-42) promotes phosphorylation of synapsin and thus inhibits actin-SV coupling (10). This finding suggests that sAβ1–42 increases the Ca2+ dependent phosphorylation of Ser9 of synapsin through CaMKIV, disrupting SV reallocation and preventing neurons forming new synapses during plasticity.

b. Presynaptic regulation

There is increased evidence of deficits in presynaptic mechanisms and presynaptic forms of plasticity in AD. Disruption of the excitatory/inhibitory synaptic balance and network hyperactivity are greatly influenced by presynaptic dysregulation. Another aspect regarding presynaptic mechanisms is SV regulation and distribution.

We found two studies that aimed to explore how intersynaptic vesicular trafficking might be involved in synaptic dysfunction in AD. One of them, a live-cell imaging technique, was used to monitor SV in hippocampal cultured neurons from embryonic day 18 Sprague-Dawley rat embryos. They performed a chemically induced long term potentiation (LTP) with forskolin, and exposed some of the cultures to sAβ1-42. They found that sAβ1-42 blocked the stimulatory effect of forskolin in synaptogenesis and inhibited chemically induced LTP new synapse formation. Furthermore, the process of intersynaptic vesicular trafficking, that is critically involved in presynapse formation, was significantly reduced in cells exposed to sAβ-142 (10).

In the same vein, the second report found that sAβ1-42 strongly inhibited activitydependent synaptogenesis and intersynaptic vesicular trafficking. The latter is critically involved in new synapses formation and synaptic plasticity, and it is explained by the fact that direct recruitment of vesicles promotes synaptic strength, modulates SV pools in presynaptic terminals, without disrupting the integrity of neighboring synapses (10).

c. Mechanisms of neuronal plasticity

Hippocampus is a well-studied part of the vertebrae brain, and it has been recognized for its important role in memory storage. Long term potentiation (LTP) and long-term depression (LTD) serve as electrophysiological correlates of basic cellular mechanisms involved in learning and memory in mammals. Specifically, LTP has been related to conditioned fear memory, conversion of short-term memory into long-term memory, acquisition of information about novel space, among others (11,12).

The CA1 region is a hippocampal section of special interest for its neuronal distribution. A descriptive analysis aimed to evaluate LTP and LTD variations between apical and basal dendrites of the CA1 region, when exposed to Aβo. They found that LTP is impaired in both apical and basal dendrites, specifically homosynaptic LTP. Additionally, LTD was induced in the presence of Aβo in both apical and basal dendritic compartments. This Aβ-facilitated-LTD was completely blocked when a metabotropic glutamate receptor antagonist was added, thus glutamatergic signaling helps regulate synaptic depression (13).

Similarly, one study reported that LTP threshold was increased in pre-fibrillary stages of amyloidosis and this was accompanied by reductions in short-term potentiation, synaptic response to burst stimulation and NMDA receptor-mediated component of excitatory synaptic transmission (14). These findings suggest that synaptic dysfunction happens early in the disease course, before neuritic plaques are detected. Supporting these findings, a different report determined that Aβo produced a reduction of the amounts of potentiation in early and late-phase of LTP. When applying synthetic Aβ in fibrillary form, the reduction was only evident in late-phase LTP without affecting the early phase (15).

In the same vein, a report aimed to analyze how relative levels of pre-fibrillary Aβ in the hippocampus relate to synaptic and genomic changes. A mouse model of increasing Aβ (Transgenic for familial Alzheimer's disease genes APP/PSEN1) was used and electrophysiological measures were performed three times. In the third week of culture, Aβ was detectable just above the limit of detection and Aβ38:Aβ40:Aβ42 ratio was 3:6:2. By two months, the Aβ peptides were detected and the ratio among peptides subtypes was similar but the levels were approximately 50% higher. By 4 month-old, plaques were already detectable, levels of Aβ42 increased approximately 25-fold and Aβ40 by 7-fold, thus Aβ42 levels were similar to Aβ40. These findings suggest that the rate of deposition accelerates when Aβ40:Aβ42 ratio is 1:1, but synaptic changes are not dependent on this. Thus, regarding synaptic function, changes in spontaneous excitatory postsynaptic currents were similar as those seen in the 2nd month, a stage in which no plaques were reported and overall Aβ levels and

ratio Aβ40:Aβ42 was 3-fold lower. This demonstrated that synaptic impairment is an early event in the pathophysiology of AD (16).

Nevertheless, exposure to amyloid requires additional elements in order to become deleterious. It was demonstrated that short exposures to picomolar (pM) concentrations of Aβ facilitate synaptic potentiation both in hippocampal cultures and slices and enhance memory in mice. In contrast, longer exposures lasting for several hours lead to reduction of synaptic plasticity, memory formation and altered expression of molecules involved in synaptic transmission like synaptophysin and synapsin (17).

d. Glutamate neurotransmission

It is well known that neurotoxicity and neuronal cell death in AD might be mediated by augmented release of glutamate. In fact, glutamatergic neurotransmission has been closely involved with synaptic dysfunction. It has been proposed that Aβ1-42 induces N-methyl-D-aspartate receptor (NMDAr) endocytosis and impairs its transport to the cellular membrane (18). The underlying mechanism is thought to be activation of α-7 nicotinic receptor and protein phosphatase 2B (PP2B), resulting in dephosphorylation of tyrosine phosphatase STEP which in turn generates endocytosis of NMDAr (18).

Another study wanted to describe the natural course of synaptic dysfunction with cultured hippocampal cells from transgenic mice with Swedish-Indiana APP mutation. The evaluation was performed in the CA1 region and in the dentate gyrus (DG). They observed that in early stages of the disease there was absence of amyloid plaques in both CA1 and DG regions, but interestingly, the CA1 showed a decrease in the ratio NMDAr/AMPAr and reduction of LTP. Electrophysiological experiments exhibited a higher amount of peptides in the CA1 region in comparison to DG in early stages. Throughout the disease, the CA1 region showed reduction of the ratio NMDAr/AMPAr, in the DG this was only evident in late stages. Impairment of LTP and accumulation of Aβ was similar in both regions in the final phase (19).

In order to assess the contribution of AMPAr in LTP impairment, rectification indexes in CA1 and DG regions were performed. No differences in AMPAr currents were found between transgenic (TG) and wild type (WT) groups of neurons. This suggests that AMPAr do not seem to play a major role in LTP impairment. Finally, paired-pulse facilitation was not altered, supporting the view that impairment in LTP in this model is mediated through NMDAr dysfunction postsynaptically in both CA1 and DG regions (19) .

e. Cytoskeletal structure, amyloidosis, and synaptic dysfunction

Dendritic spines, among neurites, are the primary site for receiving information and cellular substrates for synaptic plasticity. They can undergo synaptic-activitydependent modifications such as enlargement or shrinkage during LTP or LTD respectively. F-actin is a protein involved in spine formation and synaptic-activitydependent structural changes in dendritic spines. One report found that alteration of F-actin equilibrium occurs during initial stages of AD pathogenesis and affects cytoskeletal architecture in postsynaptic neurites. This was due to Aβ1-42-induceddepolymerization of F-actin, affecting total dendritic spines, spine total extent, spine surface area, diameter of the spine head and spine cross-sectional area. The pathophysiological mechanism involved in F-actin conversion to G-actin is thought to be dephosphorylation of p-cofilin, which leads to decrease in the p-cofilin/cofilin ratio and in consequence F-actin loss (20).

These findings are supported by a report in which alpha-tubulin, another component of cytoskeletal architecture, got altered when exposing hippocampal neurons to Aβ. Additionally, beta-III tubulin was significantly correlated with reduced neurite length and neuronal DNA fragmentation. In the presence of memantine, Aβ-induced decline in beta-III tubulin was not significant, but it did not prevent the toxic effect completely. The latter gives insight into the involvement of NMDA signaling in microtubule disassembling associated with neurite retraction and DNA fragmentation (21).

2. Tau pathology and synaptic dysfunction

Tau is a microtubule binding protein that, in physiological conditions, serves to stabilize microtubules, mediates microtubule assembly, axonal transport and neurite outgrowth. Under pathological conditions, tau gets phosphorylated 3-4 times more than normal conditions, leading to its detachment from microtubules and further accumulation in the somatodendritic compartment (22).

In order to analyze the contribution of tau protein to synaptic dysfunction in AD, one of the studies described the role of synaptogyrin-3 in this process. They reported that tau binds to synaptogyrin-3, a transmembrane SV protein, affecting SV mobility and lowering neurotransmission. Given that synaptogyrin-3 is only present in SVs, these results give insight to the relationship between tau and SD in AD (23). The latter is supported by a previous study, which reported that low levels of tau protein were capable of induce cognitive decline, reduce synapses and proteins related to synaptic formation, neuronal death and inflammatory response mediated by astrocytic activation (24).

As reported in Aβo-induced synaptic dysfunction, it seems that pre-filaments forms of tau may be more cytotoxic than neurofibrillary tangles (NFTs). Indeed, it has been described that cellular death precedes formation of NFTs (25). An in vivo/in vitro experiment performed in mice gave evidence supporting this hypothesis. They found a higher neuronal damage in neurons treated with oligomeric tau versus NFTs. To assess synaptic function, biochemical and histochemical analysis was performed to evaluate synaptophysin, synapsin-1 and septin-11 levels. It was reported that synaptophysin and septin-11 levels decreased in tau oligomers-treated neurons of the CA1 region of the hippocampus (26).

Furthermore, calcium homeostasis has been related to tau pathology in AD. In fact, a study found that oligomeric tau accumulated in astrocytes and in consequence astrocytes exhibited a significant reduction in the amplitude of ATP-induced Ca2+ currents. Also, gliotransmitter release from astrocytes was impaired in neurons treated with oligomeric tau, especially glutamate and serine, through ATP signaling impairment (27). In the same vein, it was demonstrated that tau limited the depolarization-evoked glutamate release, likely acting on regulation of intracellular calcium dynamics. One hypothesis that helps explain this association is that tau might interact with cellular membrane, affecting its viscosity and in consequence partitioning the voltage-gated calcium-channels (28).

3. Inflammatory response, SD and AD

Even though amyloidosis and tauopathy are both related to local inflammatory response, there is not much evidence relating inflammation, SD and AD. The first study found that in mice with the APP/PSEN1 mutation there was a loss of protein translation caused by an increase in reactive oxygen species (ROS). The latter caused impairment in the signaling pathway of AKT1-mTOR (Mammalian target of rapamycin), critically involved in activity-dependent protein translation and in consequence in synaptic plasticity (29).

Previous reports have also described the involvement of prostaglandin E2 (PGE2) in AD. It is thought that PGE2 can stimulate AB production (30). One of the analyzed studies found that PGE2 impairs LTP through activation of the PGE2 receptor 3 (EP3), in the mossy fibers of the hippocampus CA3 region. The previous finding was reported in cultured hippocampal cells from male mice with the APP(Sweden)/PSEN1 mutation (31).

Conclusion

SD in AD is the result of impairment at different molecular and cellular levels. This phenomenon occurs early in the disease course and is mainly related with soluble forms of AB and tau protein.

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	Title	First author	Year of publication	Country	Study design	Population	Pathophysiol ogical pathway	Target	Methods	Results
	Endophilin 1 knockdown prevents synaptic dysfunction induced by oligomeric amyloid β	Yin, Y.	2019	China	In vitro	Hippocampal cell culture of rats and preparation of AB derived from human samples	Amyloidosis	Endophilin	Hippocampal cell cultures and transfection, Western blotting, fluorescence immunostaining, determination of neuronal survival rate, electrophysiology.	Oligomeric amyloid beta caused synaptic dysfunction and endophilin 1 was highly expressed prior to neuronal death of cultured hippocampal neurons.

Table 1. Description of analyzed articles

