

A Study of the Vascular Basis of Alzheimer's Disease: The Role of Beta Amyloid (A β) Proteins and Saturated Fatty Acids in Endothelial Dysfunction and Inflammation

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Abstract

Background: Studies have shown that Alzheimer's Disease (AD) is strongly associated with the presence of atherosclerosis risk factors. We tested the hypotheses that β -amyloid proteins (A β) or palmitic acid (PA), a saturated fatty acid and known atherosclerotic risk factor, cause impaired function and viability of human umbilical vein endothelial cells (HUVEC), and that together, they exert synergistic effects on HUVEC dysfunction.

Methods: HUVECs were exposed for 18-20 hours to vehicle, A β 42 (2 μ M) \pm PA (150 μ M) or PA (150 μ M) while some HUVEC were exposed to a 4-hour pre-treatment with PA (150mM) followed and treatment with vehicle \pm A β 42 (2 μ M) for 18-20 hours. Outcomes measured included: (1) nitric oxide (NO) and measures of oxidative stress and nitrosative stress, (2) inflammatory and associated markers.

Results: HUVECs exposed to either A β or PA showed impaired NO production and increased superoxide and peroxynitrite when compared to vehicle control. Co-treatment with A β and PA did not cause a statistically significant change compared to A β or PA alone. HUVECs demonstrated variable inflammatory responses following exposure to either A β or PA.

Conclusion: Independent exposure of HUVECs to A β and PA caused decreased nitric oxide production and increased oxidative and nitrosative stress. HUVECs did not demonstrate A β -induced endothelial cell inflammation. Co-treatment with A β and PA did not result in a synergistic or additive increase in endothelial cell inflammatory responses.

Introduction

Alzheimer's disease (AD) is a leading cause of cognitive impairment that is expected to afflict 80 million people by year 2040. Both AD and stroke have been implicated as a cause of cognitive decline in elderly patients and, recent evidence indicates vascular risk factors contribute to the pathogenesis of both AD and stroke. There exists overwhelming evidence that the risk of developing AD is directly related to vascular risk factors including hyperlipidemia, hypertension and diabetes. However, mechanisms linking these risk factors to AD are not well understood; and the mechanisms by which they modulate A β -induced vascular dysfunction are not well established.

Methods

- HUVEC cells were exposed to vehicle, A β 42 (2 μ M) \pm PA (150 μ M), PA (150 μ M) for 18-20 hours or HUVECs were exposed to a 4-hour pre-treatment with PA (150mM) followed by treatment \pm A β 42 (2 μ M) for 18-20 hours.
- To determine endothelial function, nitric oxide was measured by NO analyzer, oxidative stress (superoxide) and nitrosative stress (peroxynitrite) were measured by flow cytometry.
- To measure HUVEC cell viability, markers of inflammation and matrix degradation, we measured interleukins (IL)-6, IL-8, Reaction for Advanced Glycolytic End Products (RAGE) 1 and 2, and Matrix Metalloproteinases (MMP-9) by real-time PCR

Results

(a) HUVEC endothelial function

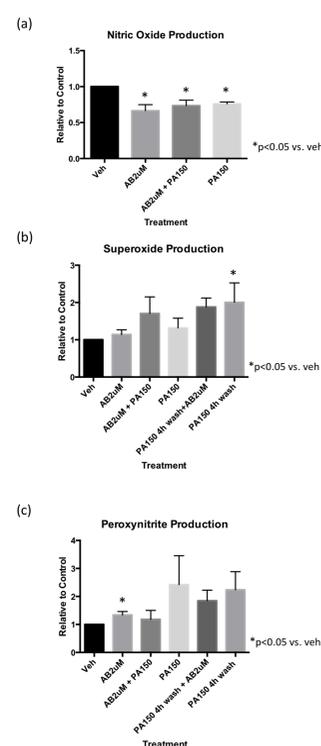


Figure 1. (a) HUVEC nitric oxide production. HUVECs exposed to A β 42, PA, and co-treatment with both A β 42 and PA demonstrated statistically significant decreases in nitric oxide production as compared to vehicle control ($p=0.01$, $p<0.001$, and $p=0.01$ respectively). The decrease in NO production for cells exposed to co-treatment did not result in a significant decrease when compared to the separate effects of A β 42 and PA.

(b) HUVEC superoxide production. Sequential treatment of endothelial cells with PA for a 4-hour pre-treatment interval and treated for 18-20h with A β 42 resulted in an 88% increase in superoxide production versus vehicle ($p=0.03$).

(c) Total peroxynitrite production as measured by flow cytometry. HUVECs exposed to treatment with A β 42 (2 μ M), peroxynitrite production increased by 34% as compared to vehicle ($p=0.03$).

Results

(b) HUVEC cell viability, markers of inflammation and matrix degradation

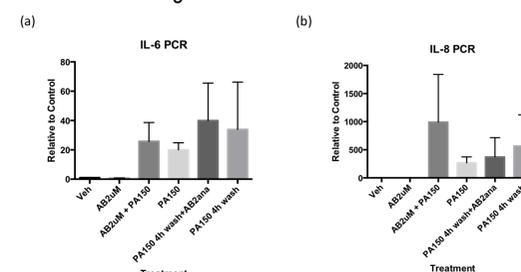


Figure 2. (a) HUVEC IL-6 gene expression as measured by rtPCR. Amplification of IL-6 gene expression was observed for all treatment modalities with the exception of A β 42 (2 μ M), which resulted in a modest decrease in gene expression (b) Endothelial cell IL-8 gene expression. Similar to the results observed for IL-6, there was a non-significant upregulation of IL-8 gene expression for all treatment groups except for the HUVECs exposed to the A β 42 treatment.

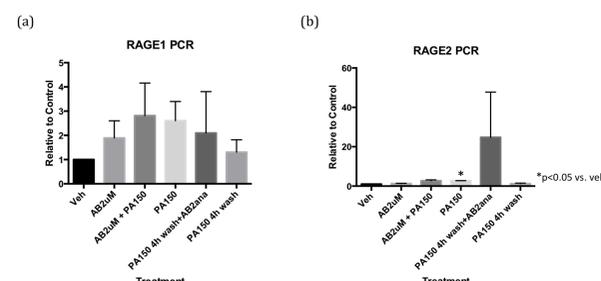


Figure 3. (a) HUVEC RAGE1 gene expression. In general, amplification of RAGE1 was upregulated by all treatment modalities. (b) RAGE2 gene expression. Endothelial cells exposed to treatment with PA resulted in a statistically significant increase in RAGE2 gene expression versus vehicle ($p<0.003$).

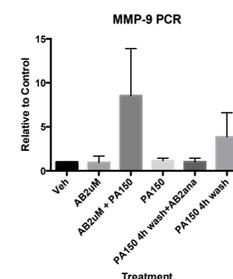


Figure 4. HUVEC MMP-9 gene expression as measured by rtPCR. HUVECs exposed to PA showed greater degree of amplification of MMP-9 from control which did not reach statistical significance.

Discussion

We present the following findings: 1) Exposure to A β 42 and palmitic acid leads to significant endothelial dysfunction that is associated with oxidative/nitrosative stress and reduced endothelial cell NO production. Contrary to our hypothesis, with the doses used, there appears to be no additive or synergistic effects when A β 42 or PA were co-treated. 2) While there is an observable trend in the upregulation of inflammatory pathways as measured by IL-6, IL-8, RAGE1, RAGE2 and MMP-9, the upregulation in gene expression did not reach statistical significance.

Conclusions

Atherosclerosis and Alzheimer's disease, independently, comprise two of the largest public health burdens in aging and elderly populations. Current evidence including clinical, epidemiological and experimental data indicates that together, they appear to act in an additive or potentially synergistic fashion in the progression of AD. Our study attempted to address the lack of understanding surrounding the interplay of atherosclerosis risk factors and amyloid beta protein deposition on the development and progression of AD.

The data presented are consistent with, but do not prove, the original hypothesis that A β and palmitic acid both independently induce endothelial dysfunction through reduced nitric oxide production and pro-inflammatory cytokine production.

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