



SOCIETÀ ITALIANA
DI GERONTOLOGIA
E GERIATRIA

60° CONGRESSO NAZIONALE

NAPOLI 25-28 Novembre 2015

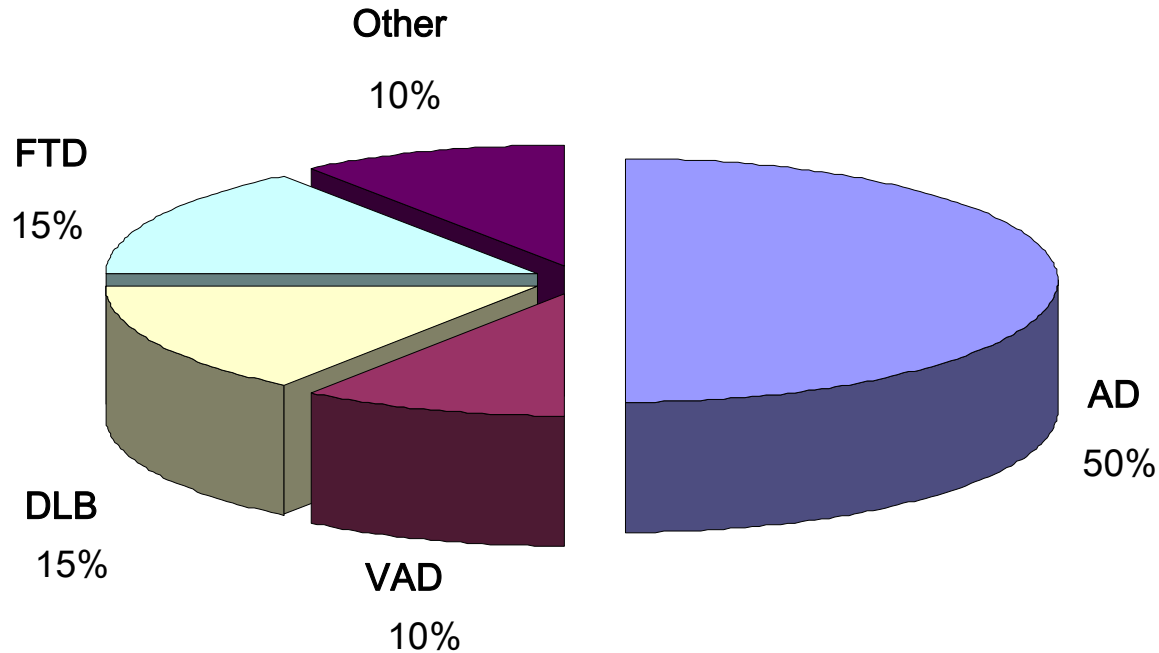
SIMPOSIO DI BIOGERONTOLOGIA
L'invecchiamento del sistema adrenergico

Disfunzione adrenergica e demenza

Dr Grazia Daniela Femminella, MD PhD
Imperial College London, UK



Prevalence of four major types of dementia



AD - Alzheimer's disease

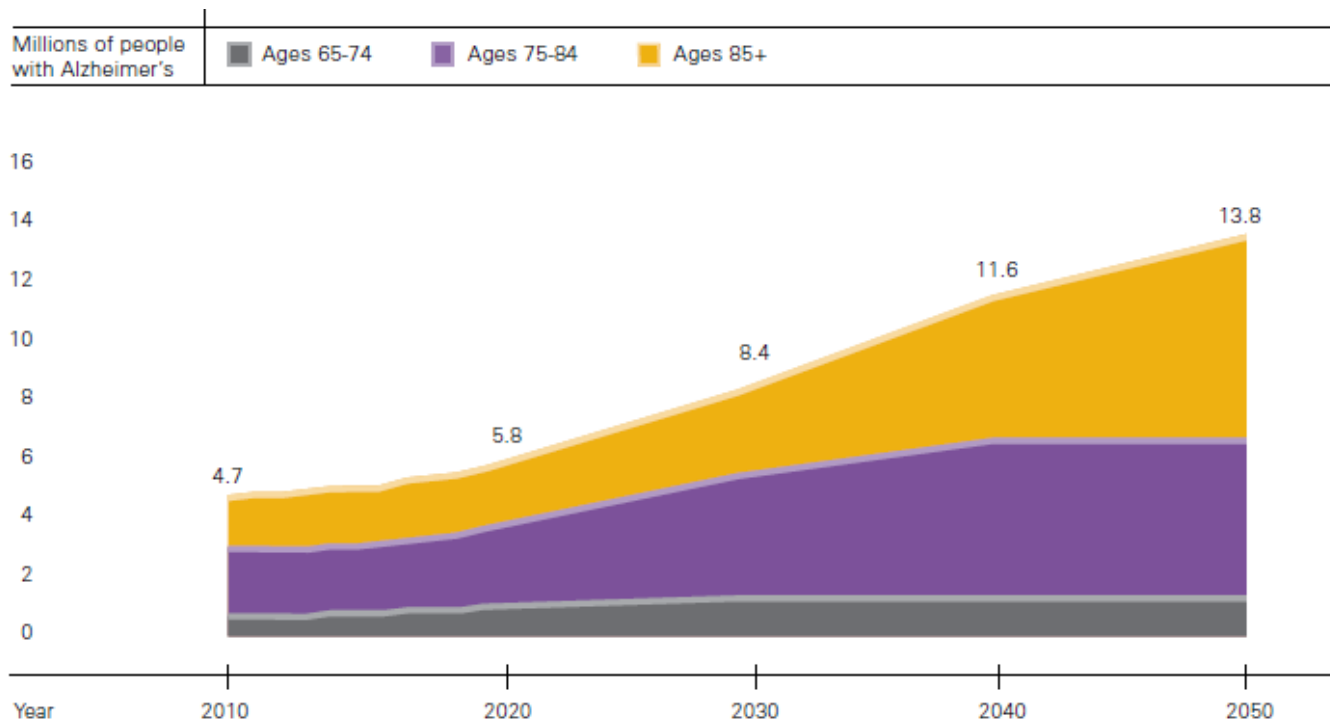
VAD - vascular dementia

FTD - frontotemporal dementia

DLB- dementia with Lewy bodies

Alzheimer's disease: figures

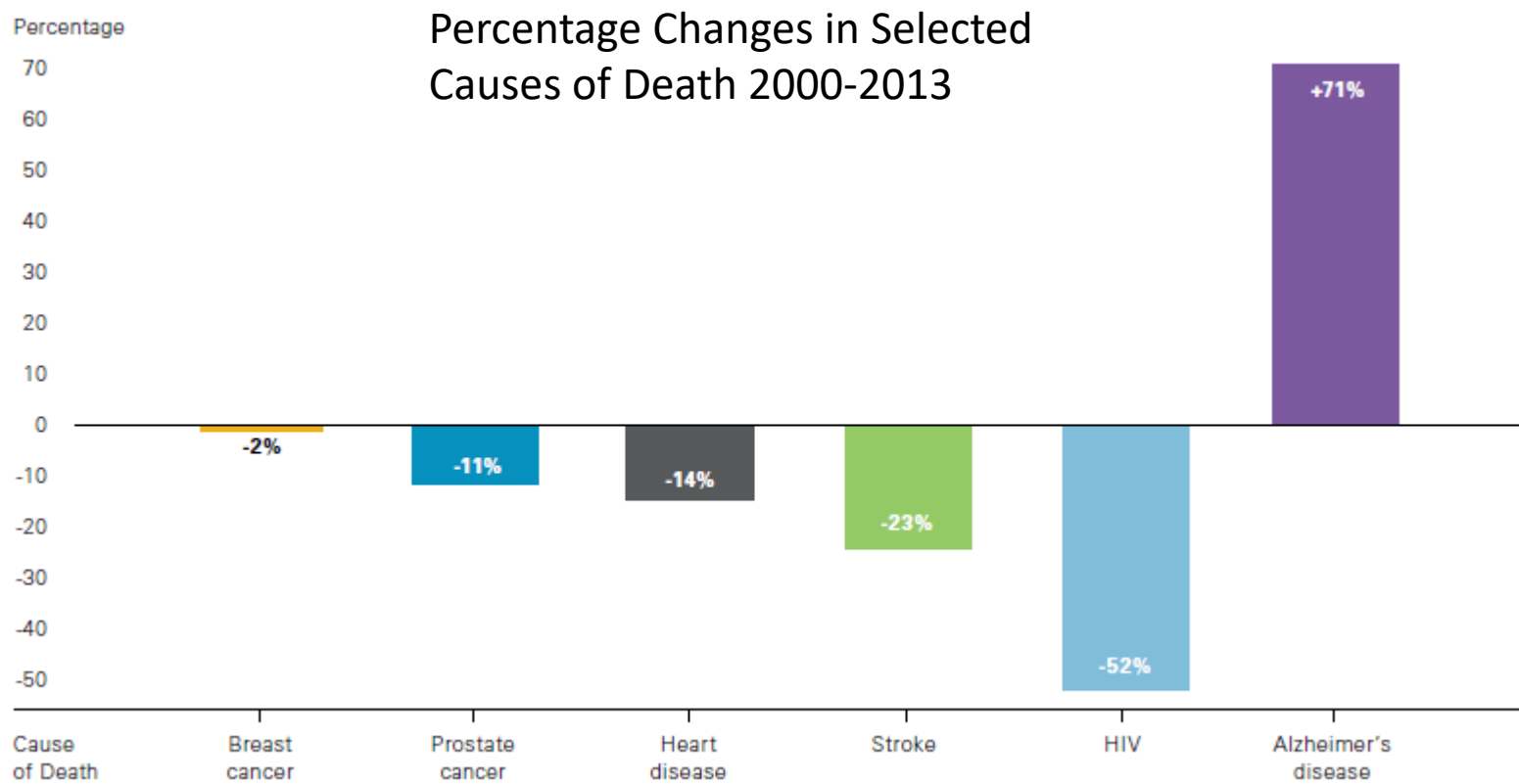
- 5.3 million Americans of all age have AD in 2015
- One in nine people age 65 and older (11%) has AD
- About one-third of people age 85 and older (32%) have AD
- Almost two-thirds of Americans with AD are women



Projected
Number of
People over 65 in
the US with AD

Alzheimer's disease: mortality

- AD is the sixth-leading cause of death across all ages in the US and the fifth-leading cause of death for those aged 65 and older
- AD-related mortality significantly increased between 2000 and 2013



Illness duration and health care costs

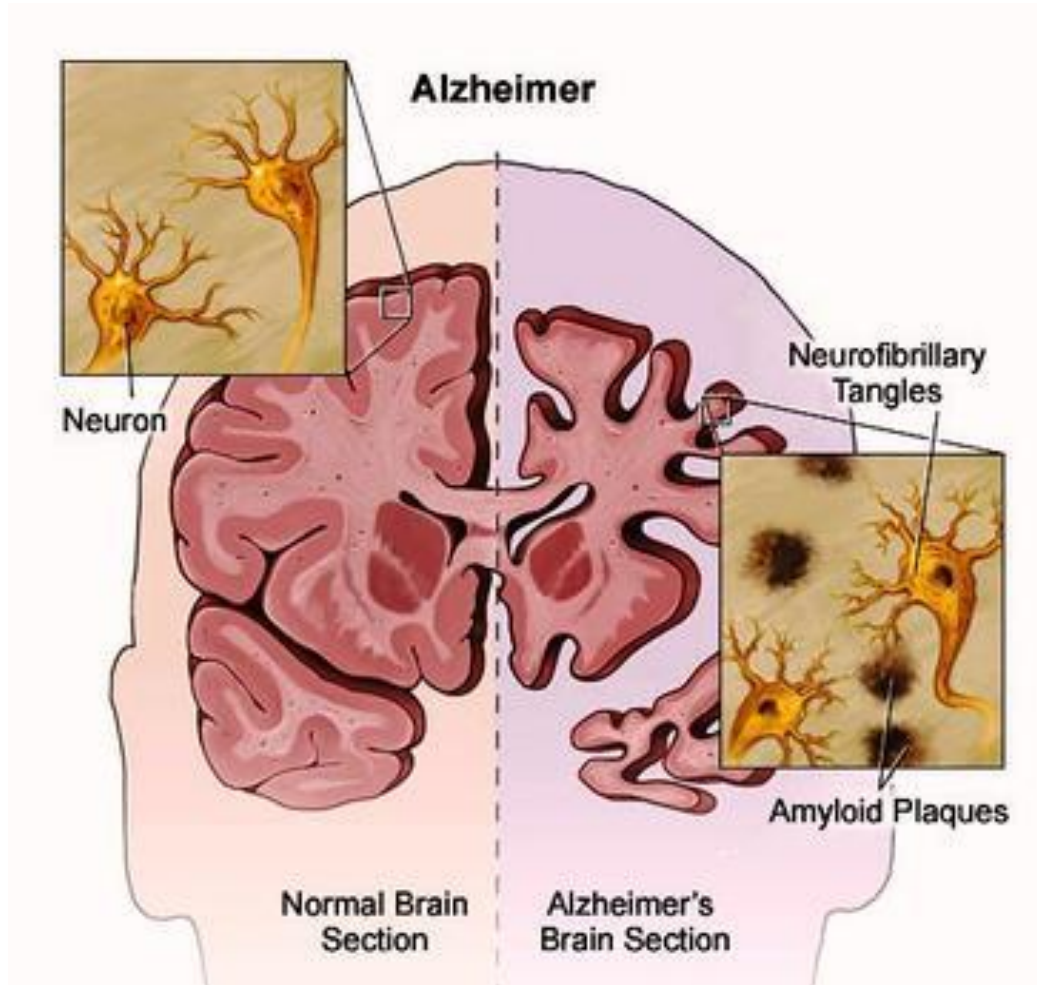
- Average survival for an AD patient aged over 65: 4-8 years after diagnosis
- 40 percent of the total number of years with AD is spent in the most severe stage of the disease
- Much of this time will be spent in a nursing home → nursing home admission by age 80 is 75% of people with AD, compared with 4% of the general population
- The long duration of illness contributes significantly to the public health impact of AD

	Beneficiaries with Alzheimer's Disease and Other Dementias	Beneficiaries without Alzheimer's Disease and Other Dementias
Inpatient hospital	\$10,293	\$4,138
Medical provider*	6,095	4,041
Skilled nursing facility	3,955	460
Nursing home	18,353	816
Hospice	1,821	178
Home health	1,460	471
Prescription medications**	2,787	2,840

Challenges in AD treatment

1. Early diagnosis → Development of new biomarkers
2. New therapeutic options → Interventional trials

AD pathogenesis



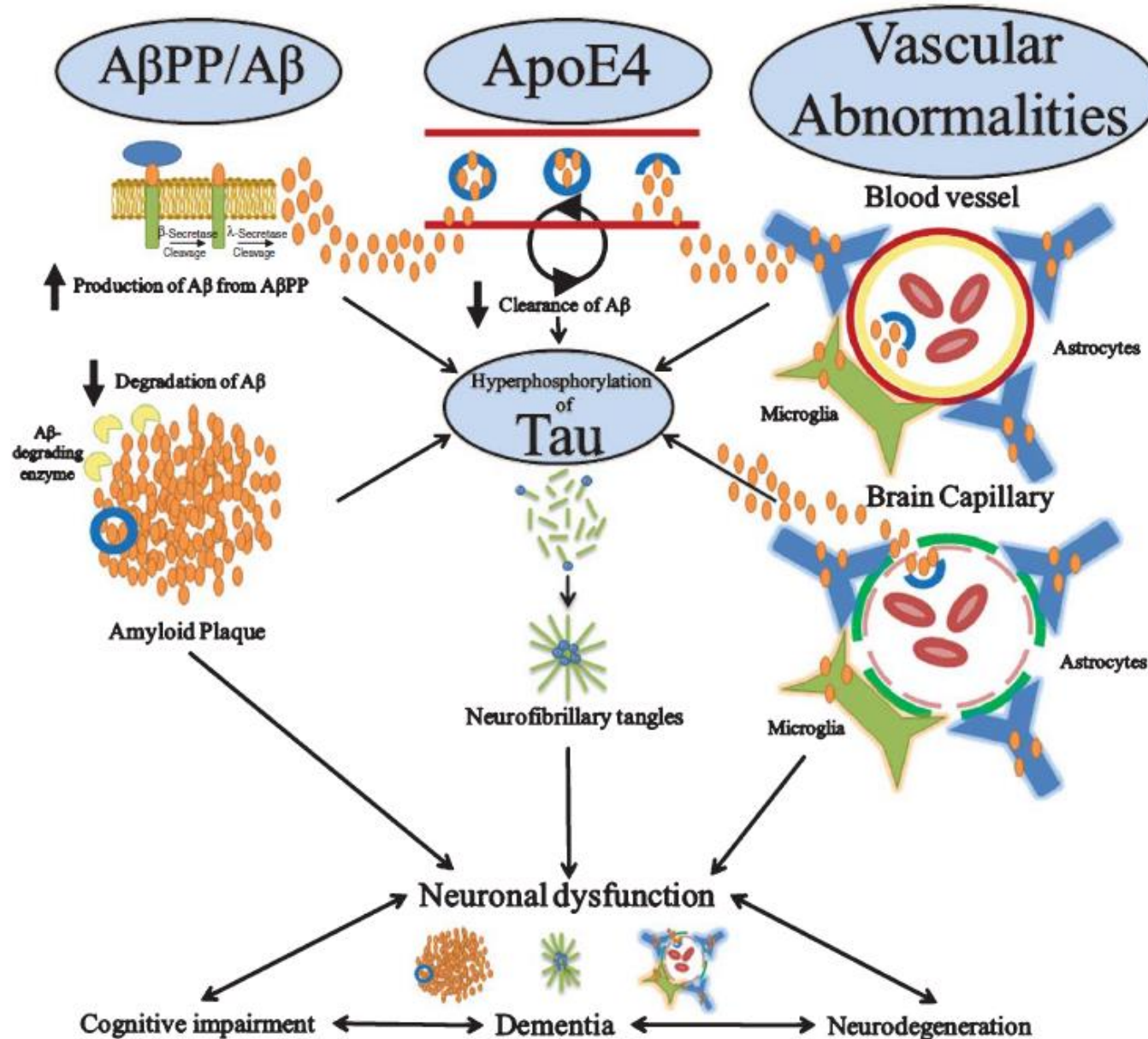
Two neuropathological hallmarks:

- Amyloid plaques
- Neurofibrillary tangles

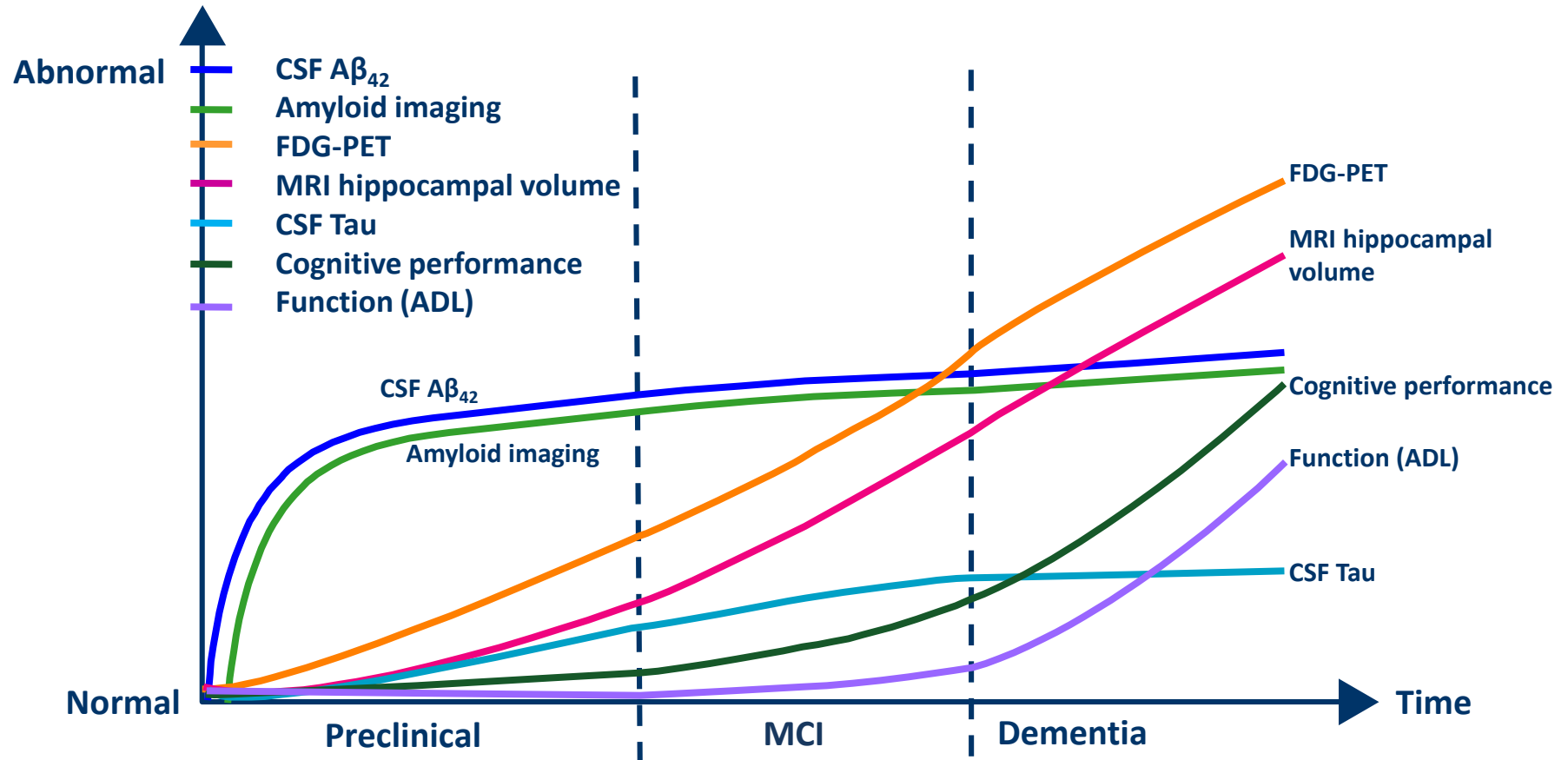
Diffuse **brain atrophy** affecting:

- entorhinal cortex, hippocampus, amygdala and parahippocampus;
- cholinergic neurons in basal nucleus of Meynert;
- temporal, parietal and frontal cortex;

Multifactorial AD pathogenesis

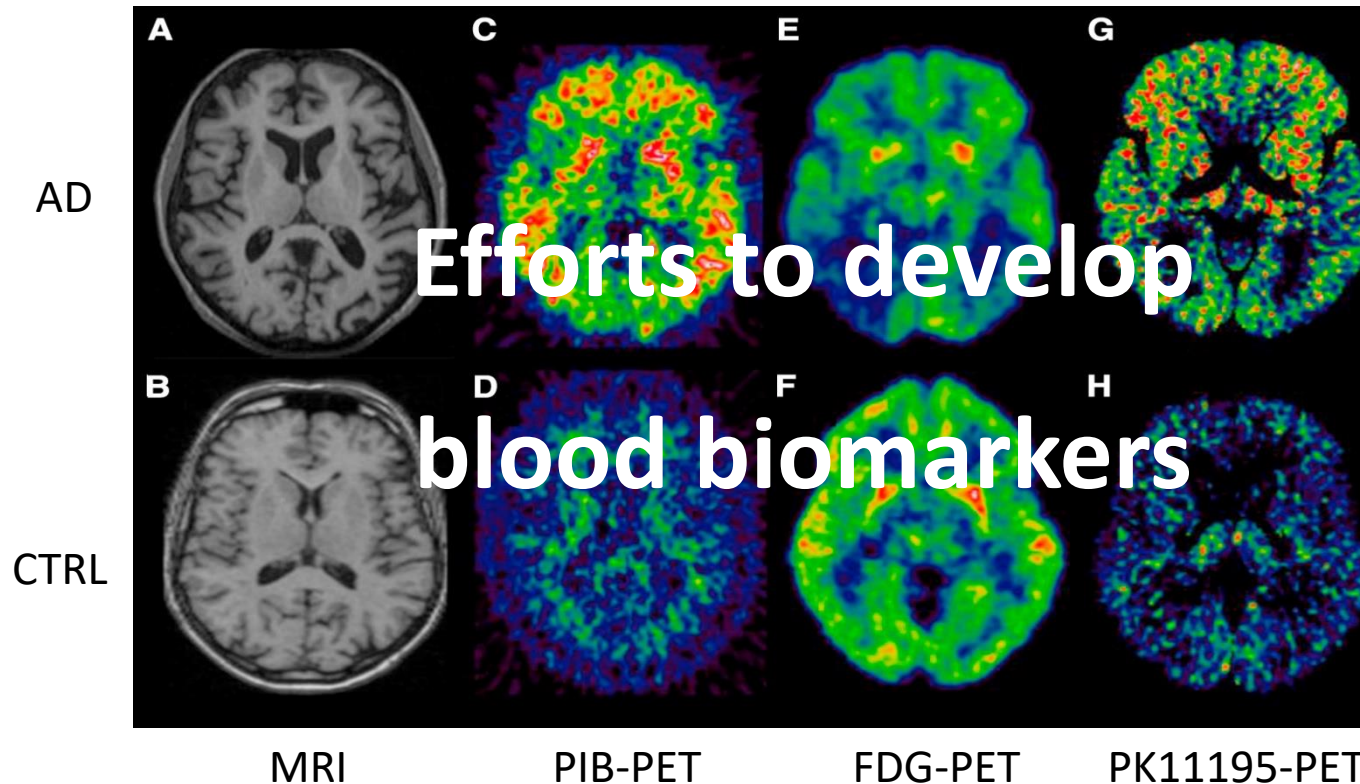


Biomarkers changes during AD progression



Neuroimaging: **strenghts** and **limitations**

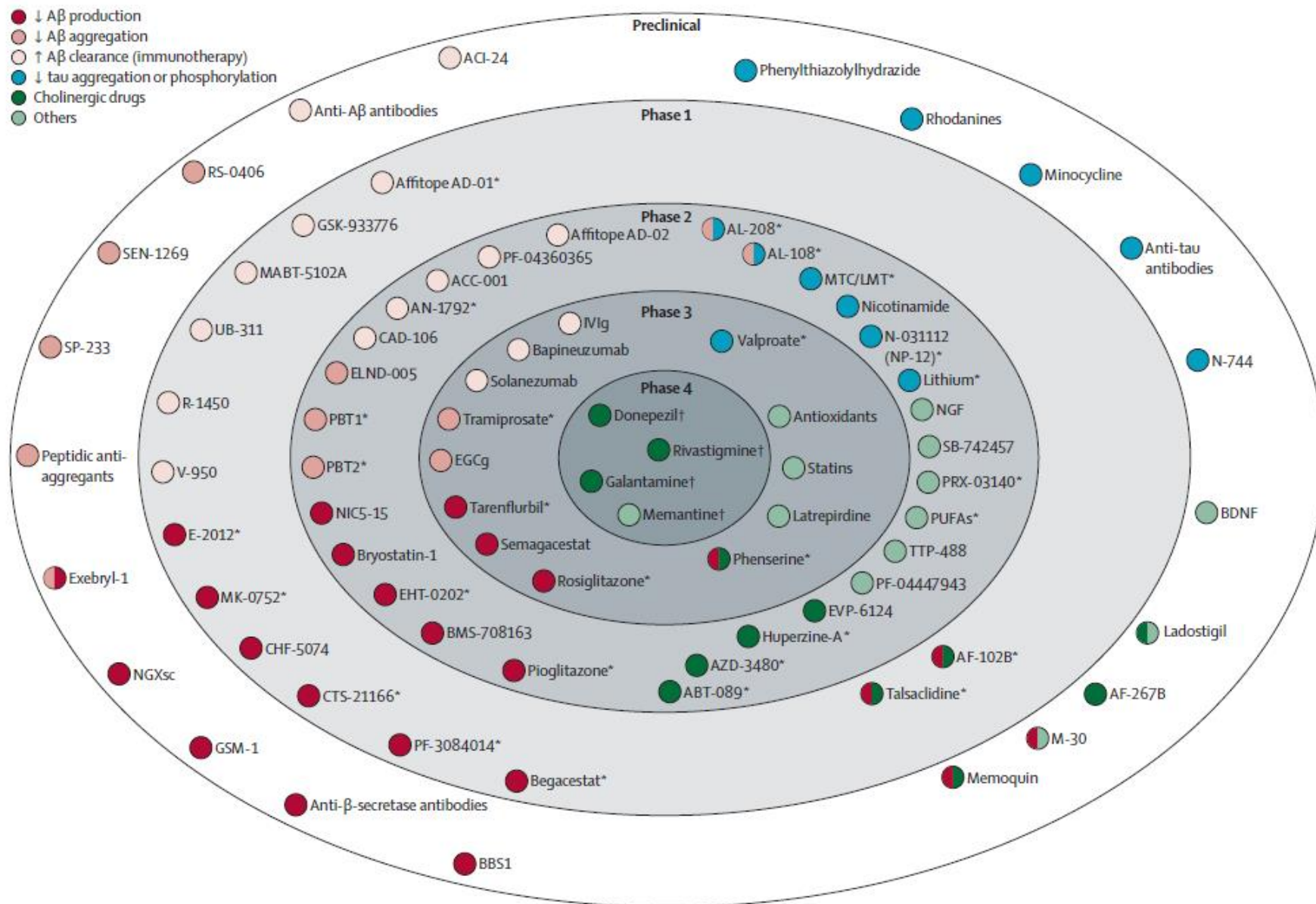
- In vivo evaluation of pathological processes
- Early detection of changes
- Quantification of AD pathology other than amyloid
- Availability & costs of PET/MRI scans
- Standardization of neuroimaging techniques
- Radioactivity (PET)



Challenges in AD treatment

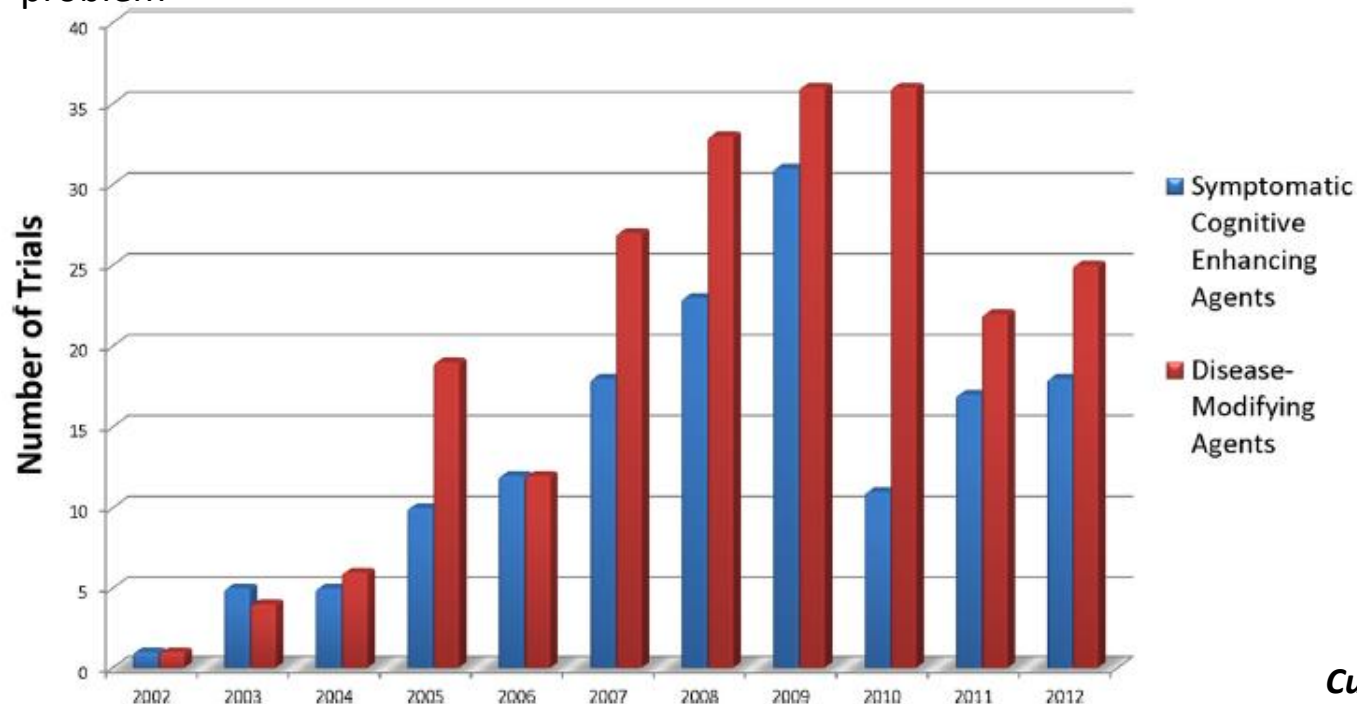
1. Early diagnosis → Development of new biomarkers
2. New therapeutic options → Interventional trials

Drug development in Alzheimer's disease



Drug development in Alzheimer's disease

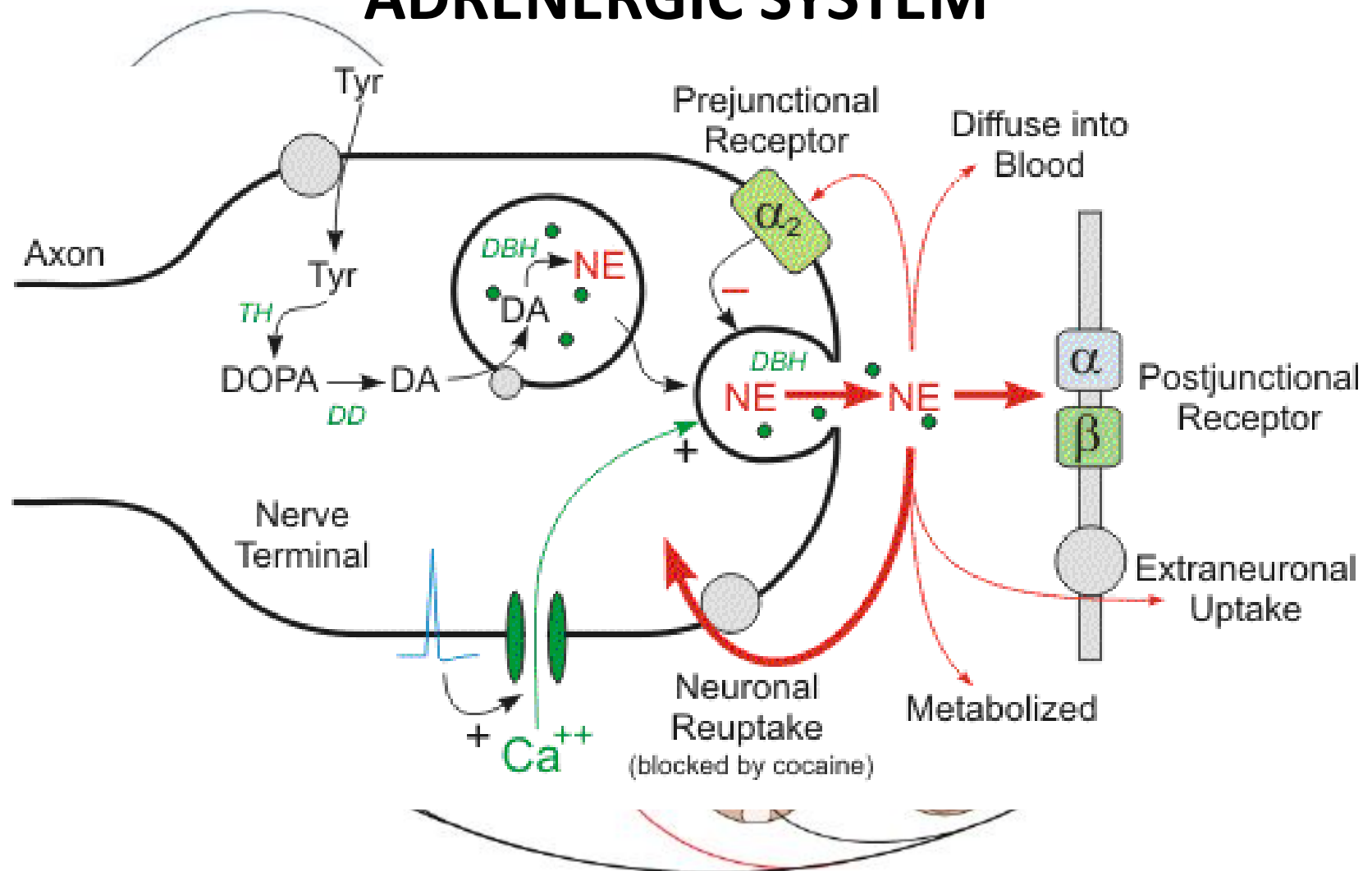
- In the decade 2002-2012, 413 AD trials were performed
- 78% were sponsored by pharmaceutical companies
- 36.6% of registered trials addressed symptomatic agents aimed at improving cognition, followed by trials of disease-modifying small molecules (35.1%) and trials of disease-modifying immunotherapies (18%)
- The overall success rate during the 2002 to 2012 period was 0.4% (99.6% failure)
- Relatively few clinical trials are undertaken for AD therapeutics, considering the magnitude of the problem



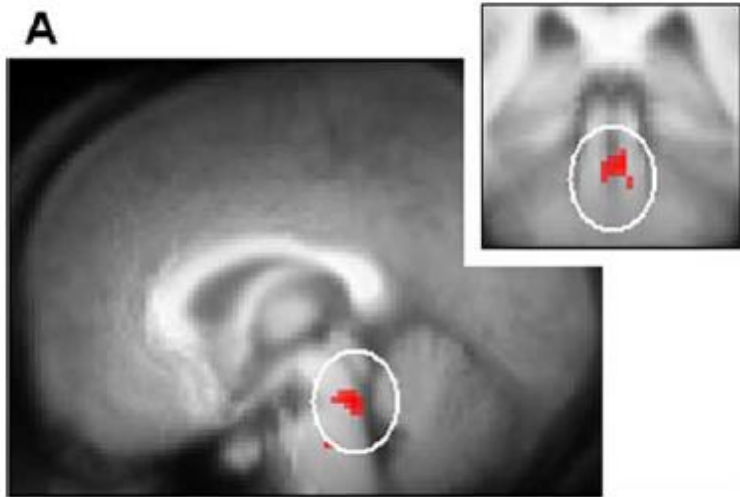
Search for biomarkers

New therapeutic targets

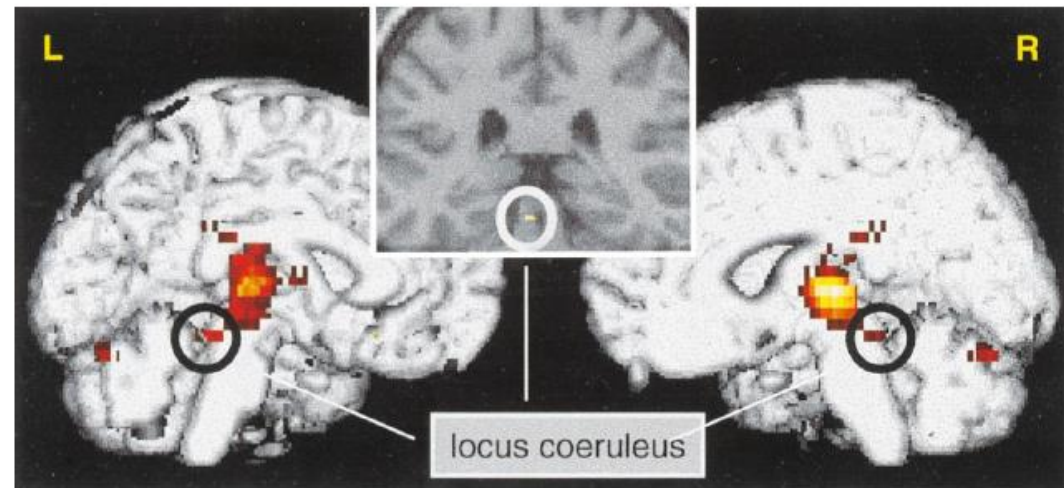
ADRENERGIC SYSTEM



The Locus Ceruleus is involved in the retrieval of memories in humans

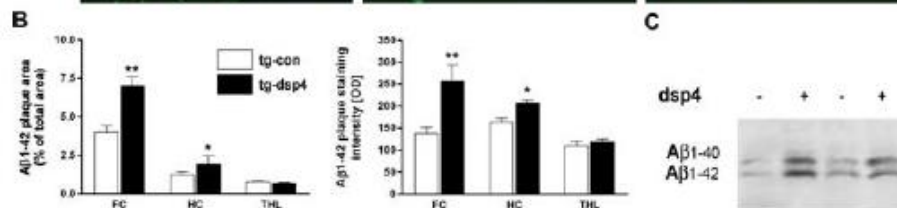
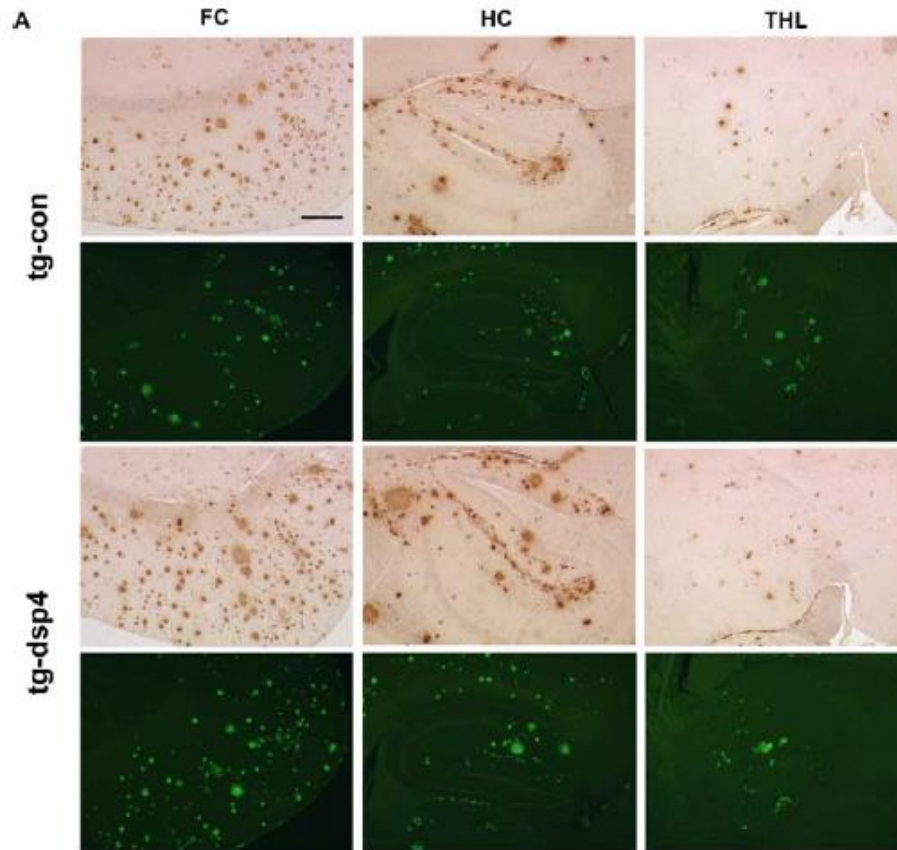


fMRI study: LC responds significantly during the recognition of events encoded in an emotional context. Retrieval of emotional memories not only involve the interaction between the amygdala and the hippocampal formation but also the interplay between the amygdala and the LC.

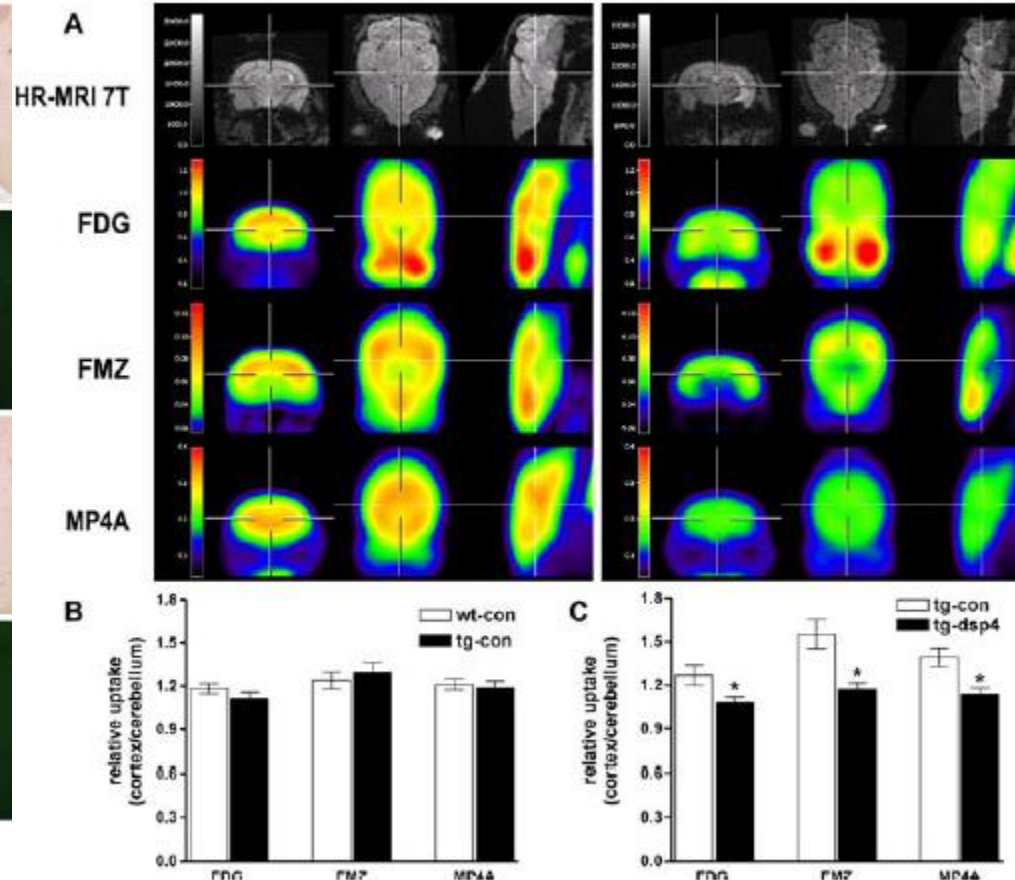


PET study: noradrenergic system mediates the functional integration of attentional brain systems.

LC degeneration promotes AD pathogenesis in APP23 transgenic mice

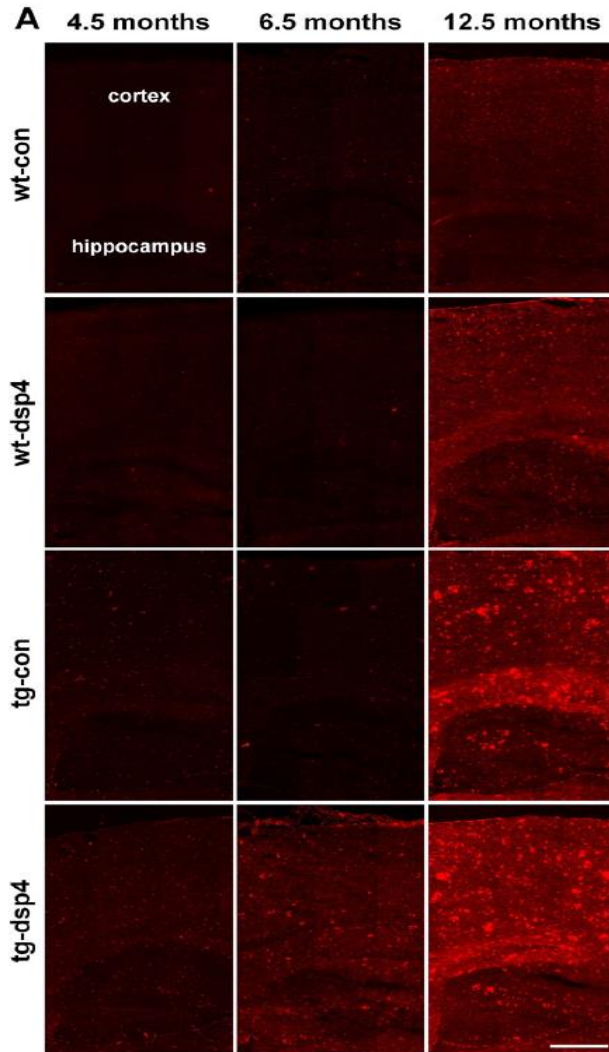


Increased deposition of amyloid peptides in
NA-depleted APP23 mice

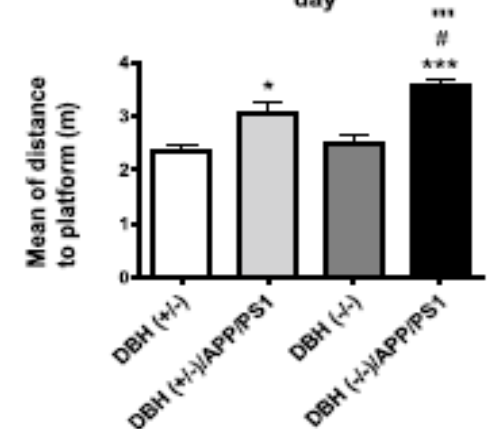
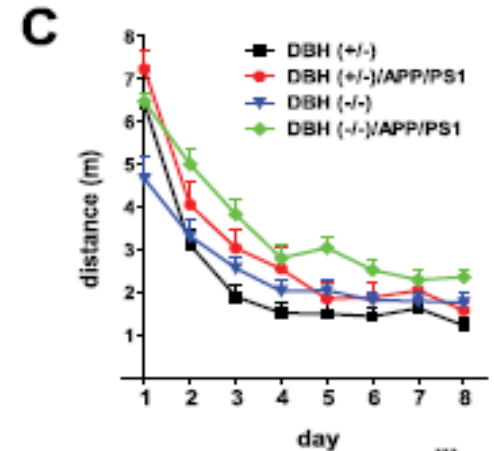
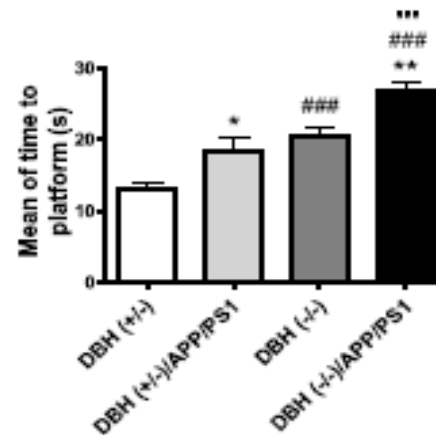
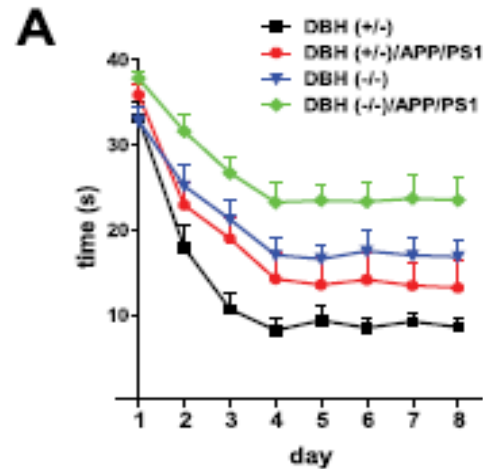


Altered cerebral glucose metabolism,
neuronal integrity, and cholinergic function
detected *in vivo* after noradrenergic
depletion of APP23 mice

LC degeneration induces increased neuroinflammation and cognitive impairment in AD

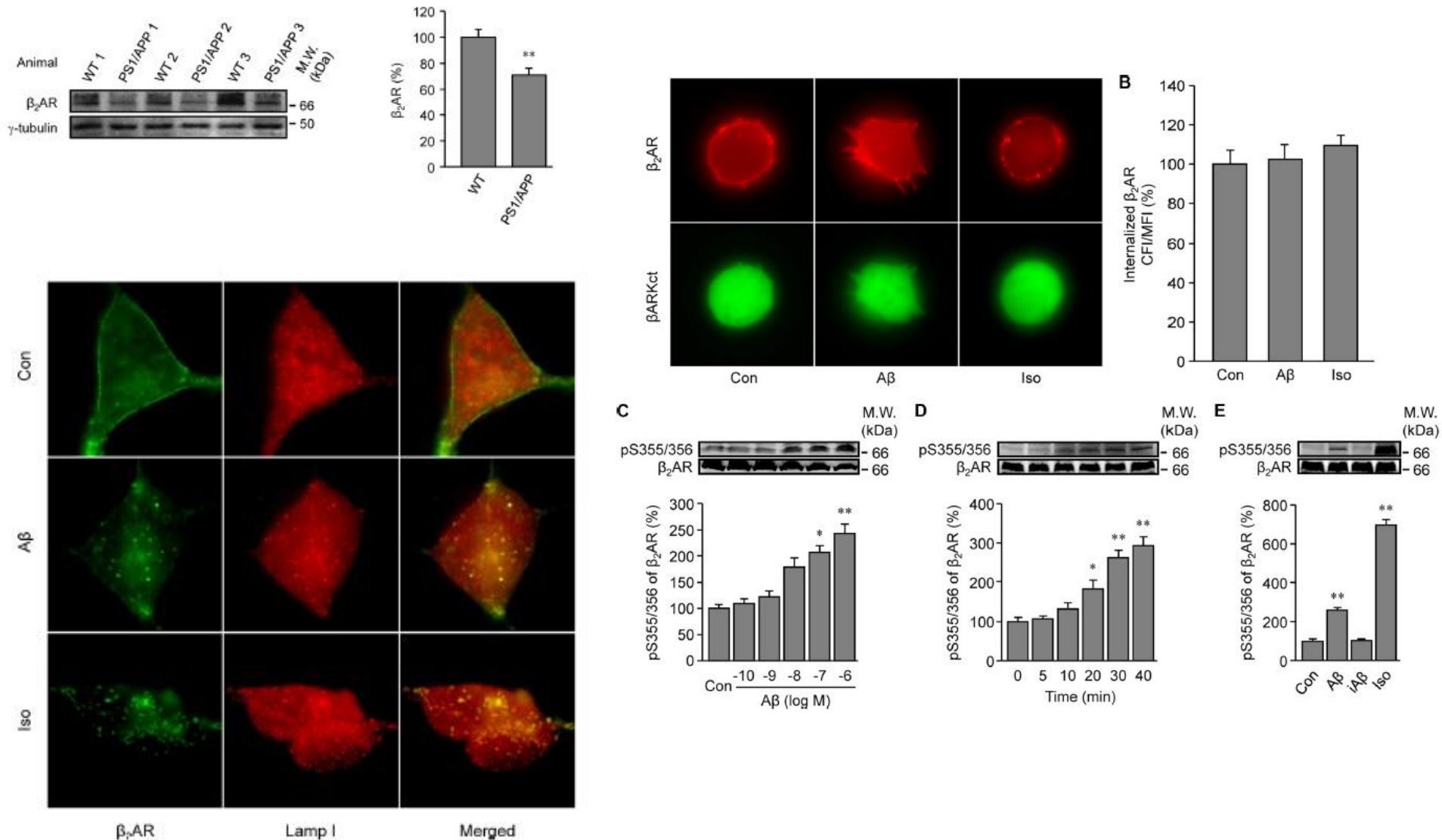


NE depletion influences
microglial activation in
APP/PS1 mice

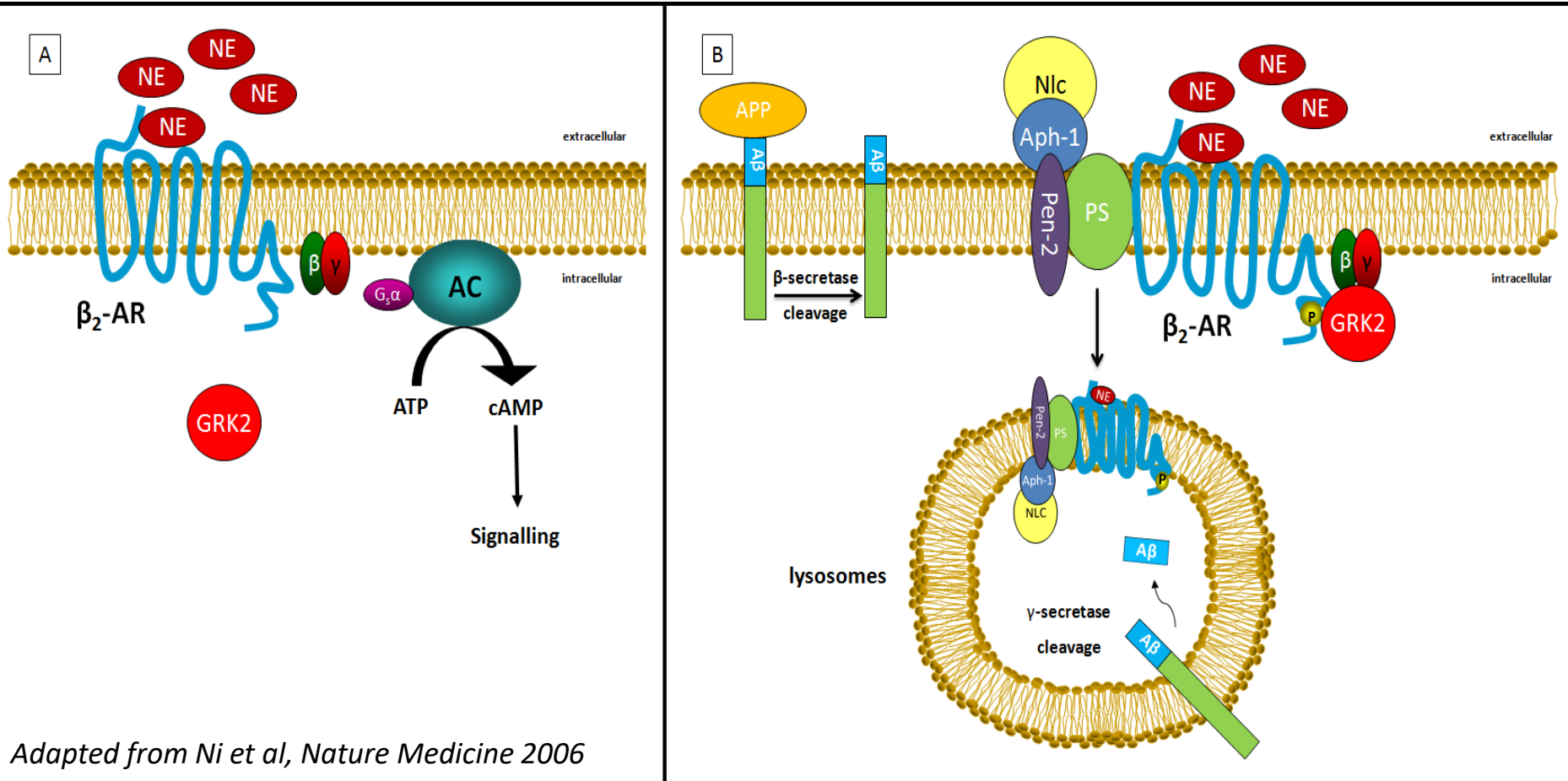


Morris water maze test: the combination of NA deficiency and the APP/PS transgene causes the most profound cognitive impairment.

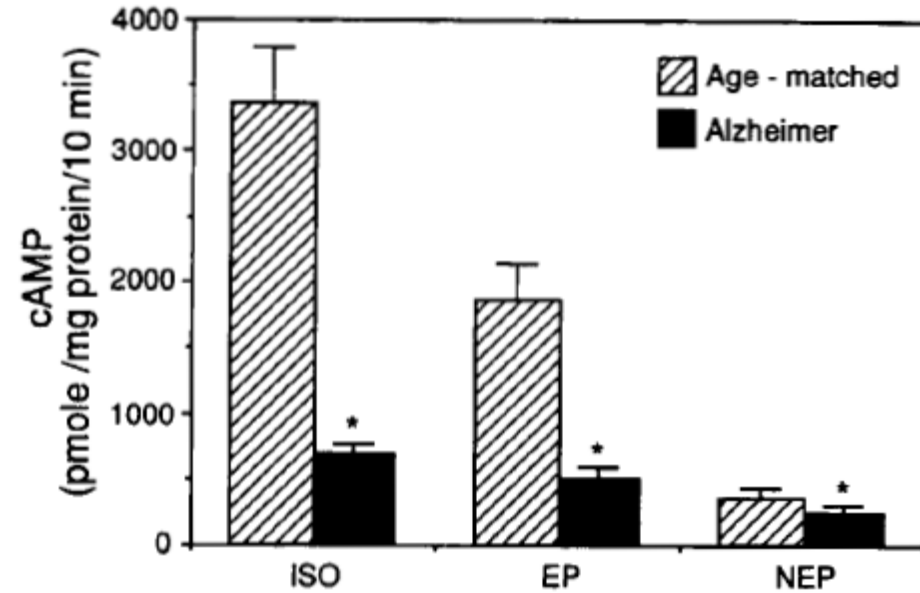
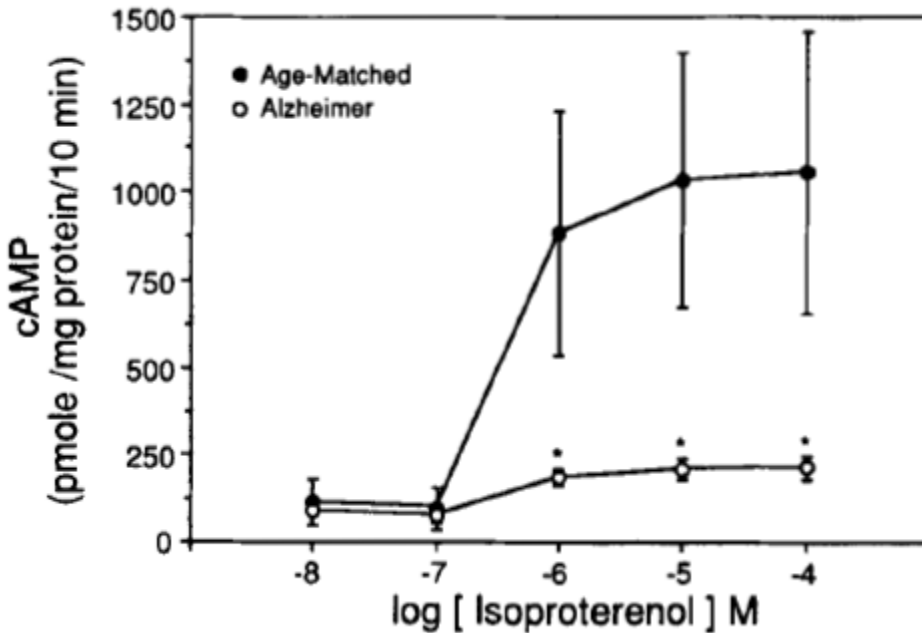
Amyloid β induces internalization and degradation of β_2 -AR in prefrontal cortical neurons



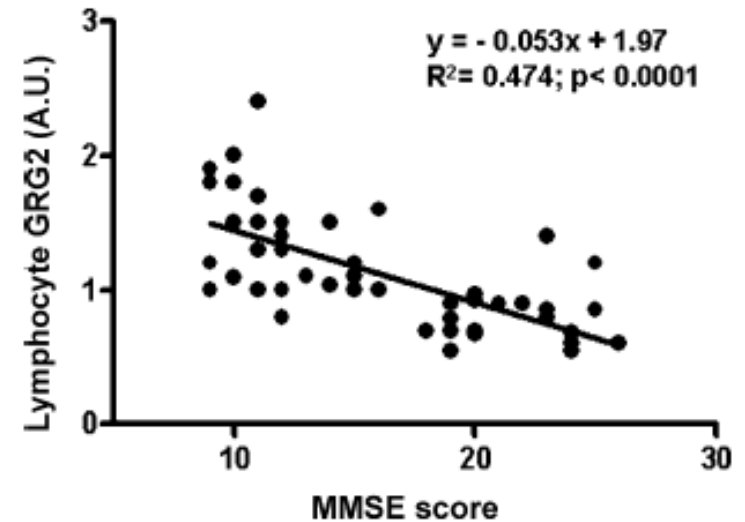
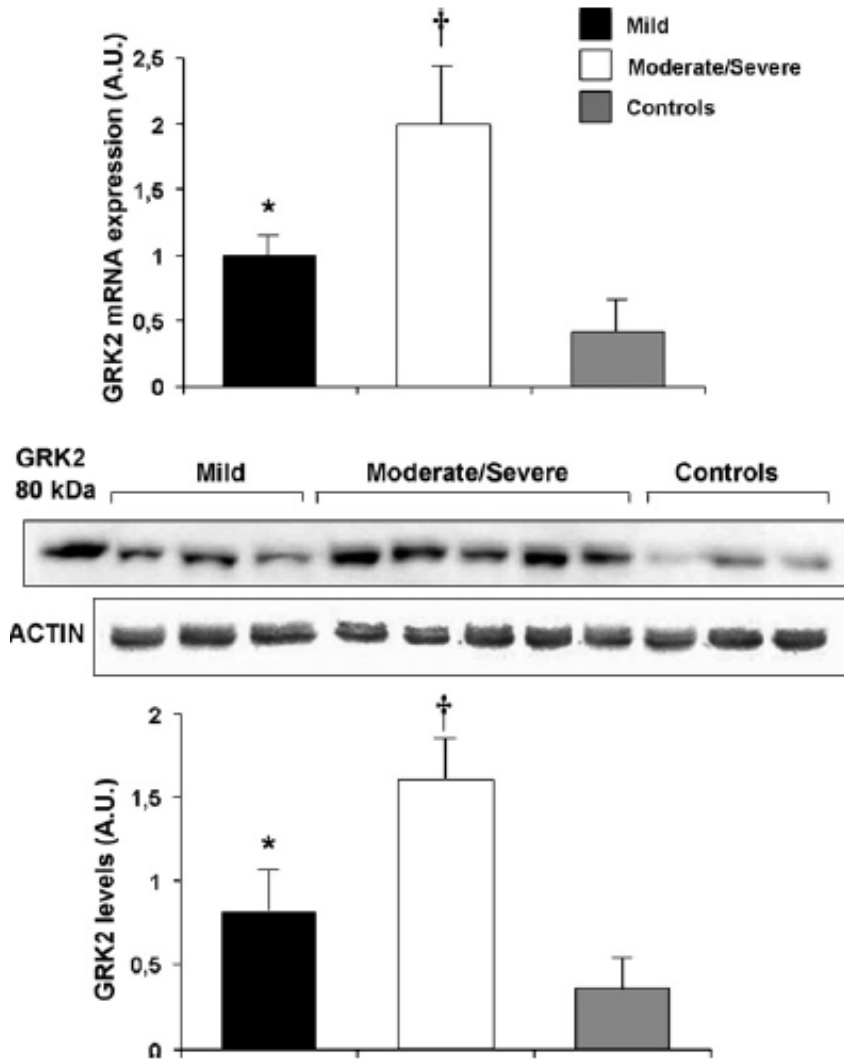
β_2 -adrenergic receptors and G protein-coupled receptor kinase 2 (GRK2) in amyloid production



β -Adrenergic Receptor-stimulated cAMP formation is altered in cultured skin fibroblasts from AD subjects

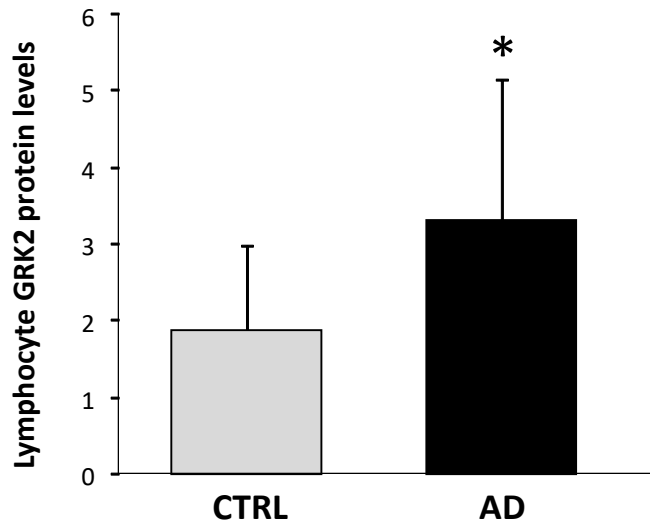


Lymphocyte G-protein-coupled receptor kinase-2 is upregulated in patients with AD



Our ongoing research

- 74 subjects enrolled (healthy controls, MCI and AD subjects)
- At diagnosis → naive from AD medications
- Clinical and neuropsychological assessment
- Evaluation of lymphocyte GRK2 protein and mRNA levels
- Evaluation of membrane β -AR levels in lymphocytes
- Evaluation of autonomic dysfunction (heart rate variability)
- 1 year follow up

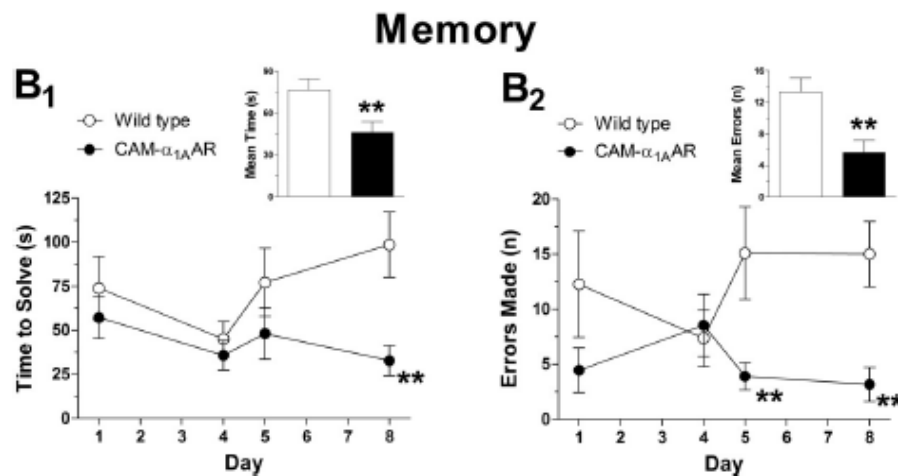
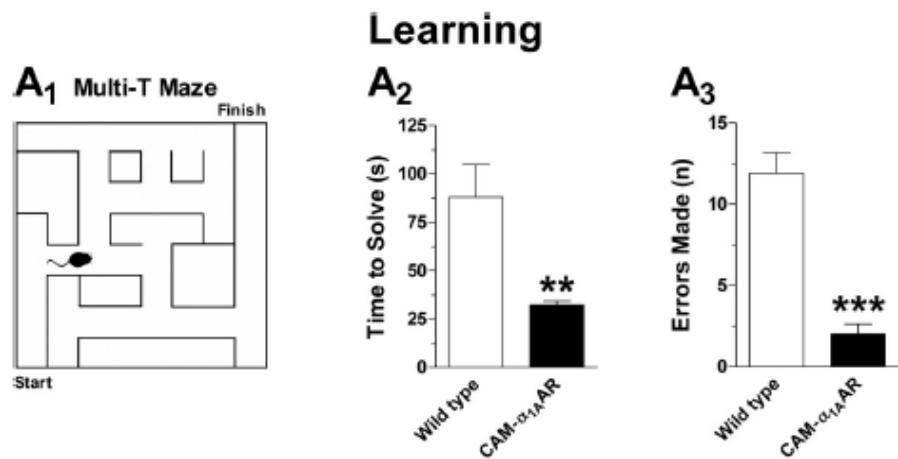


N=32

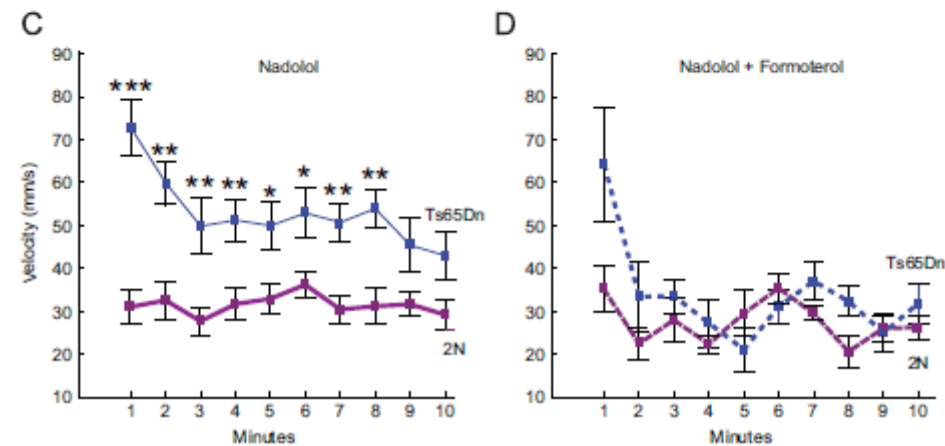
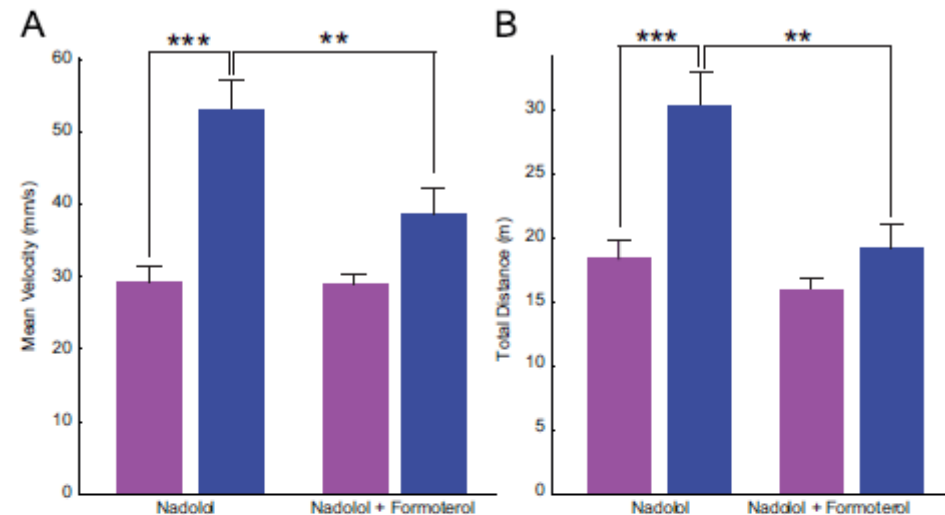
MMSE CTRL= 29.2 ± 0.97

MMSE AD= 20.4 ± 7.29

Therapeutic potential of AR modulation: agonists

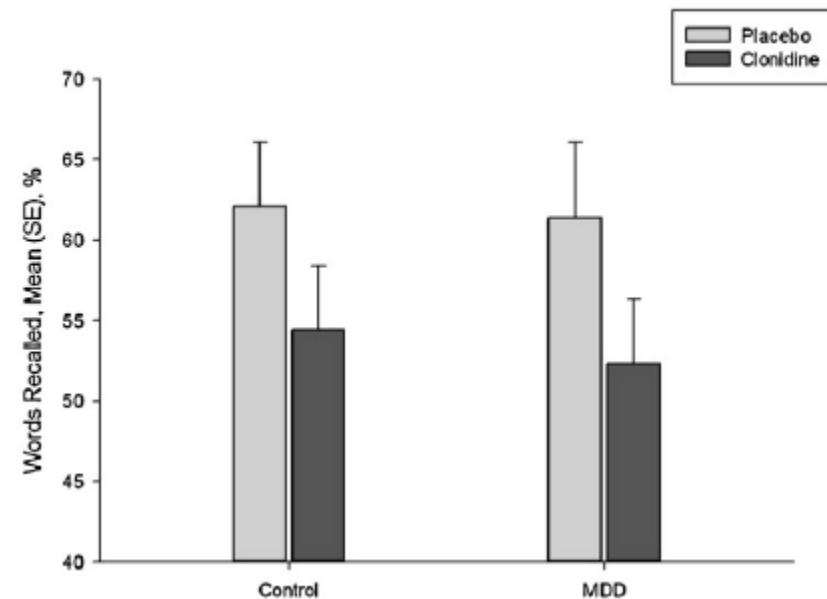


α_1 -agonism



β_2 -agonism

Therapeutic potential of AR modulation: agonists to the inhibitory α 2-AR and NE transporter inhibitors

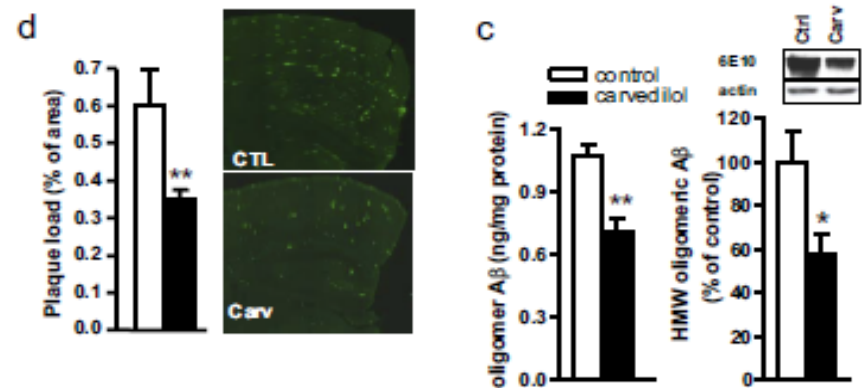
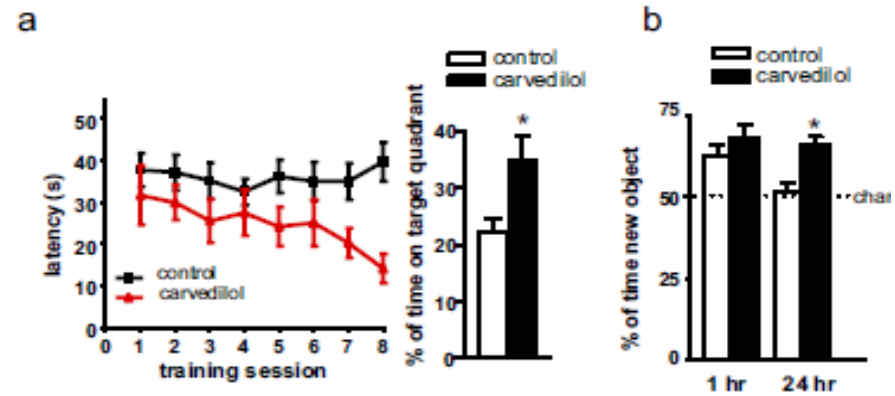
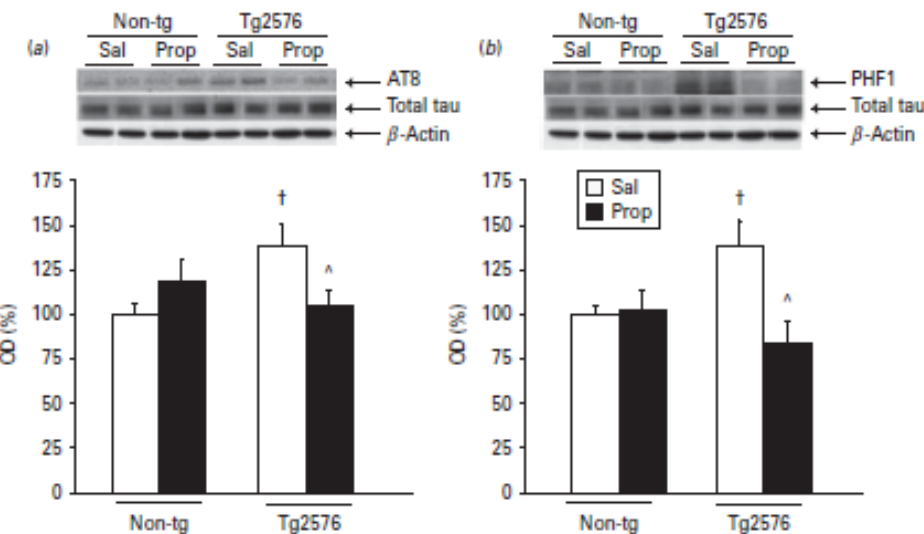
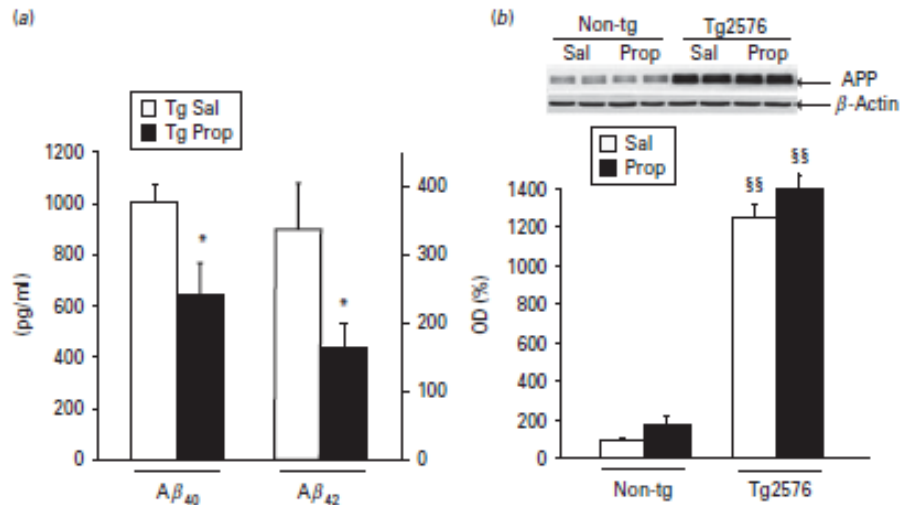


clonidine

Measure	n	Baseline: Mean (SD)	Change: LS Mean (SE)	Between-Group p
ADAS-Cog total				
ATX + CI	46	21.7 (10.7)	+0.6 (0.9)	—
PLA + CI	44	21.3 (10.4)	−0.8 (0.9)	—
MMSE total				
ATX + CI	46	20.3 (4.5)	+1.2 (0.5)	—
PLA + CI	45	20.3 (4.2)	+0.7 (0.5)	—
CGI-S				
ATX + CI	46	3.5 (0.7)	−0.0 (0.1)	—
PLA + CI	44	3.7 (0.6)	−0.1 (0.1)	—
NPI total				
ATX + CI	46	6.8 (14.1)	+4.6 (1.7)	—
PLA + CI	45	8.4 (8.7)	+3.4 (1.8)	—
ADCS-ADL				
ATX + CI	43	65.1 (6.8)	−0.6 (1.3)	—
PLA + CI	44	58.1 (14.2)	−3.0 (1.4)	—

atomoxetine

Therapeutic potential of AR modulation: β -AR antagonists



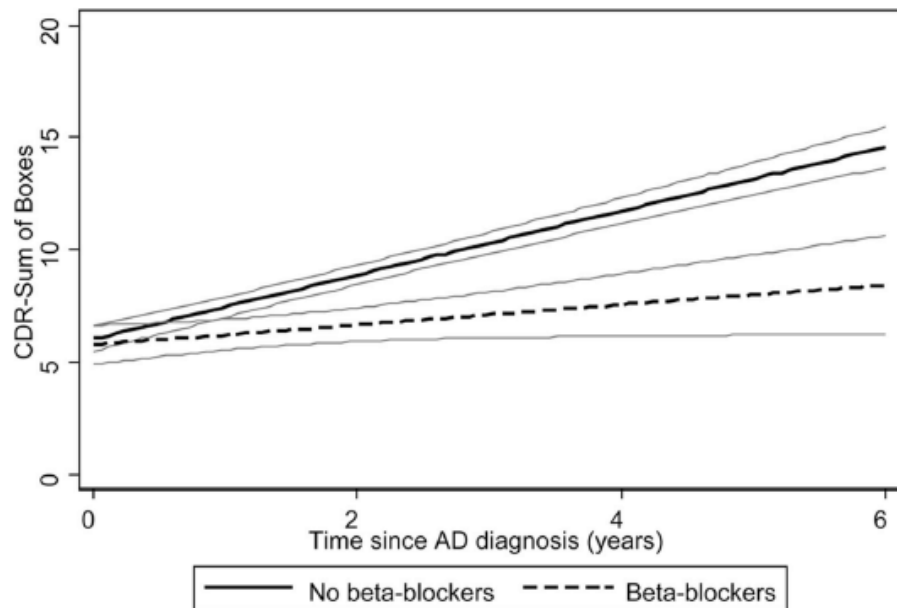
carvedilol

propranolol

Therapeutic potential of AR modulation: evidence from anti-hypertensive use of β -AR antagonists

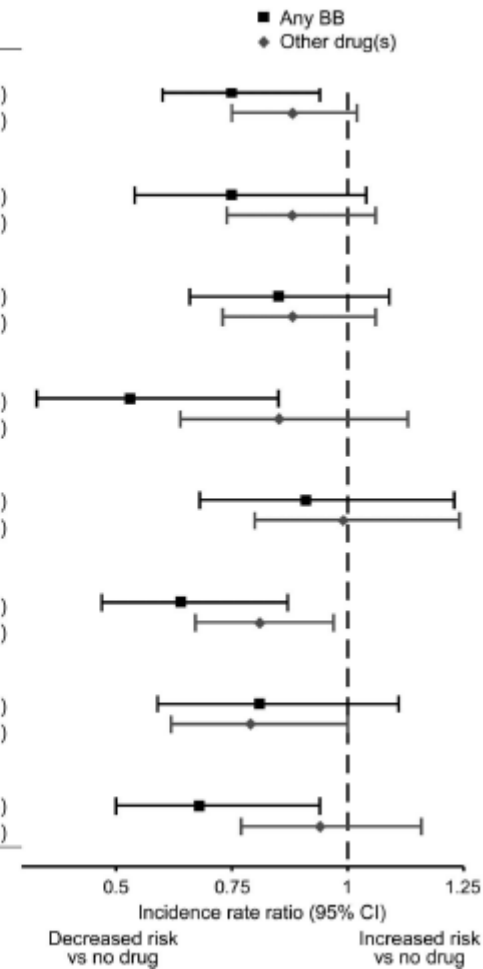
CDR Sum of Boxes vs. Medication Use

Variable	Univariate Models	
	Coeff (95% CI)	Coeff * Time (95% CI)
Statins	-.72 (-2.3, .85)	-1.10 (-1.78, -.42)
Beta-blockers	-.22 (-1.75, 1.32)	-.92 (-1.57, -.25)
Diuretics	.14 (-1.30, 1.58)	.53 (-.28, 1.34)
Time	1.49 (1.31, 1.66)	N/A



p=0.04 in adjusted generalized linear model

	No. cases/ men	IRR (95% CI)
<i>Use at baseline</i>		
Any BB	108/335	0.75 (0.60-0.94)
Other drug(s)	363/956	0.88 (0.75-1.02)
<i>Use at exams 4 and 6</i>		
Any BB	45/112	0.75 (0.54-1.04)
Other drug(s)	220/464	0.88 (0.74-1.06)
<i>No diabetes</i>		
Any BB	82/228	0.85 (0.66-1.09)
Other drug(s)	226/602	0.88 (0.73-1.06)
<i>With diabetes</i>		
Any BB	24/100	0.53 (0.33-0.85)
Other drug(s)	122/323	0.85 (0.64-1.13)
<i>Age ≤75 years</i>		
Any BB	56/166	0.91 (0.68-1.23)
Other drug(s)	143/415	0.99 (0.80-1.24)
<i>Age >75 years</i>		
Any BB	52/169	0.64 (0.47-0.87)
Other drug(s)	220/541	0.81 (0.67-0.97)
<i>PP <70 mmHg</i>		
Any BB	56/168	0.81 (0.59-1.11)
Other drug(s)	168/462	0.79 (0.62-1.00)
<i>PP ≥70 mmHg</i>		
Any BB	52/167	0.68 (0.50-0.94)
Other drug(s)	195/494	0.94 (0.77-1.16)



Currently ongoing trials of AR modulators in AD

ClinicalTrials.gov

A service of the U.S. National Institutes of Health

Example: "Heart attack" AND "Los Angeles"

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Status

Study

Recruiting

[Improving Beta-2 Adrenergic Signaling in Alzheimer's Disease](#)

Conditions: Alzheimer's Disease; Cognitive Dysfunction

Interventions: Drug: Formoterol A; Drug: Formoterol B

Recruiting

[Trial of Carvedilol in Alzheimer's Disease](#)

Condition: Alzheimer's Disease

Interventions: Drug: Carvedilol; Drug: Placebo

Recruiting

[Effects of Atomoxetine in Mild Cognitive Impairment](#)

Condition: Mild Cognitive Impairment

Interventions: Drug: Atomoxetine; Drug: Placebo

Conclusions

- ✓ The LC is the unique source of NE in brain and it plays an important role in the regulation of vigilance and sleep-wake cycles. LC is also involved in attention, synaptic plasticity, memory formation and retrieval, decision making and performance facilitation
- ✓ In AD, LC degeneration is observed early in the course of the disease
- ✓ LC degeneration contributes to AD development and leads to dysregulation of adrenergic receptors and exacerbation of A β -induced neuroinflammation
- ✓ The addition of LC lesion on top of mutant APP expression in mice seems to recapitulate more closely the neuropathological and cognitive features of clinical AD
- ✓ Whether AR stimulation or inhibition might be beneficial in AD therapeutics is still unclear. Evidence support both hypothesis, making the picture not easy to delineate
- ✓ Whatever is the prevalent role of AR system in AD, it is certain that further studies are needed, aiming at investigating both hypotheses comprehensively

Thank you!