Current concepts in immune-related CNS diseases

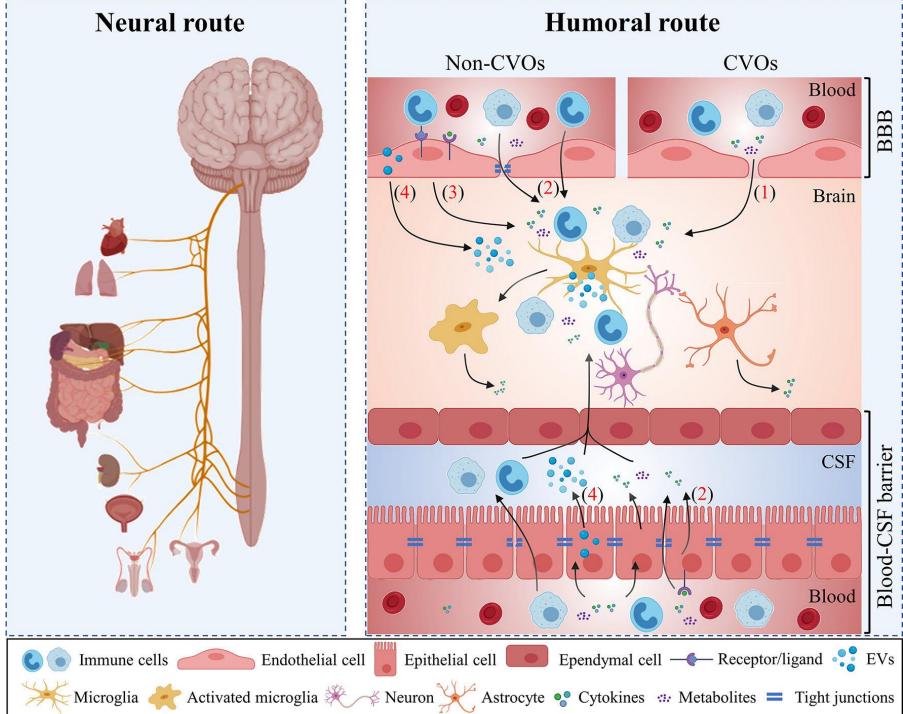
Degenerative CNS diseases

Konstantinos I. Tsamis

Neurologist, MD, PhD Assistant Professor of Physiology Faculty of Medicine, School of Health Sciences, University of Ioannina

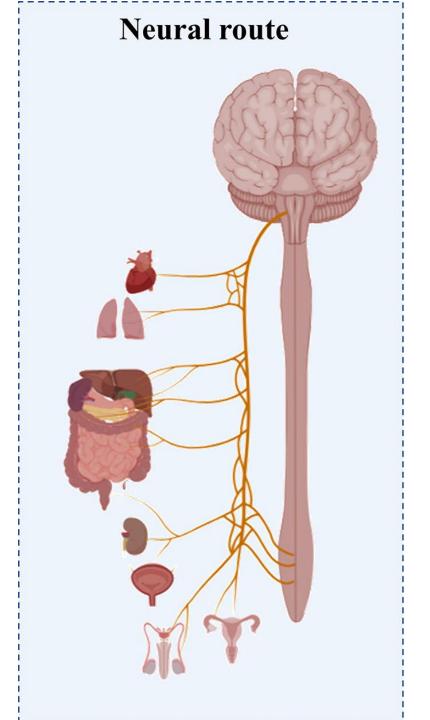
Lecture Outline

- ✓ Overview of the Periphery to Brain communication
- ✓ Background for Alzheimer's disease
- ✓ Alzheimer's disease & Systemic inflammation
- ✓ Background for Parkinson's disease
- ✓ Parkinson's disease & Systemic inflammation



Xie J et al (2022) Front. Immunol. 12:796867

- ✓ Vagus Nerve
- ✓ Gut-brain axis

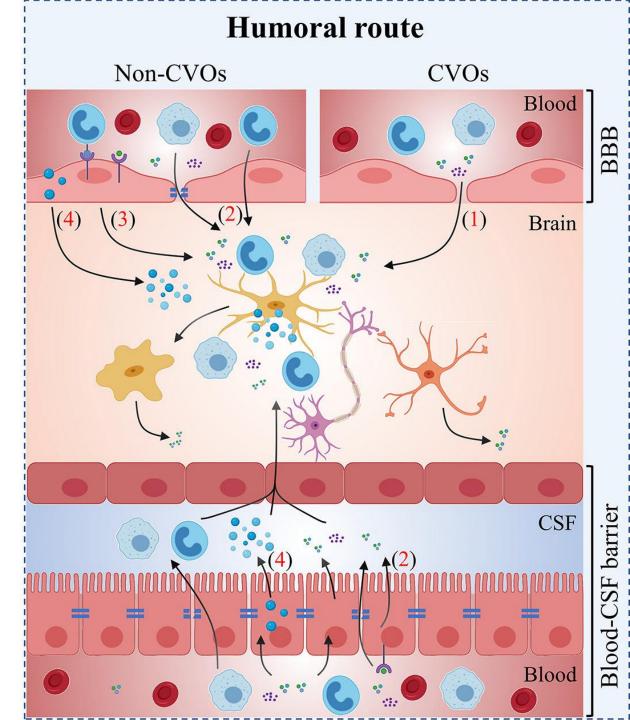


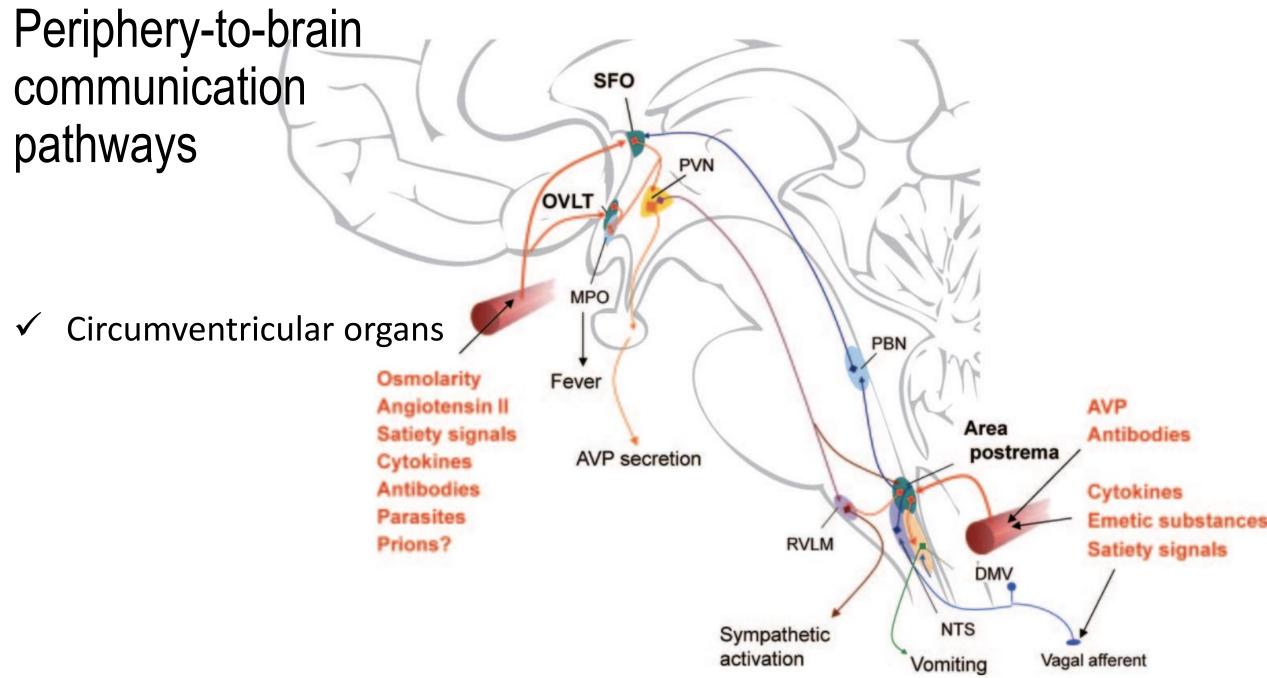
Xie J et al (2022) Front. Immunol. 12:796867

- ✓ Blood-Brain Barrier
- ✓ Circumventricular organs
- ✓ Choroid plexus epithelium

(blood-CSF barrier)

Xie J et al (2022) Front. Immunol. 12:796867

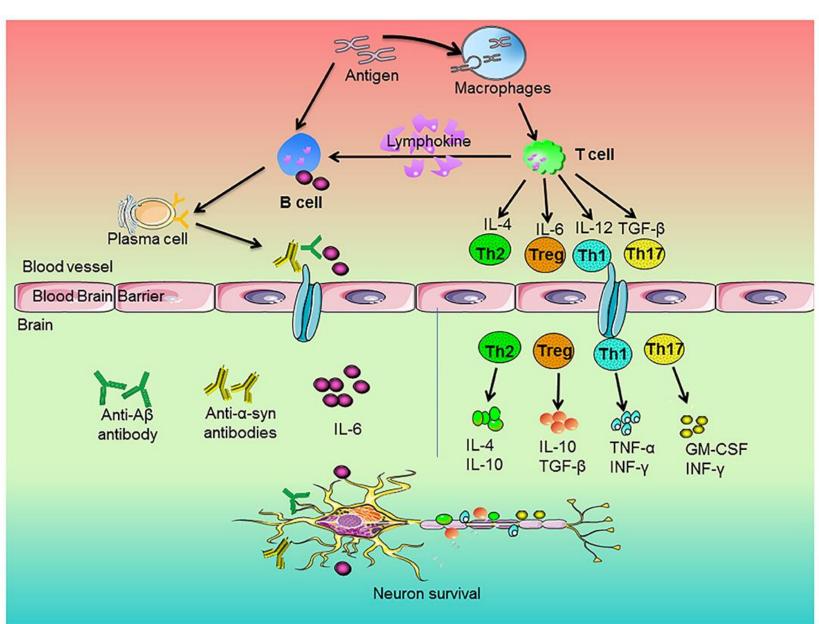




Benarroch EE. Neurology. 2011 Sep 20;77(12):1198-204

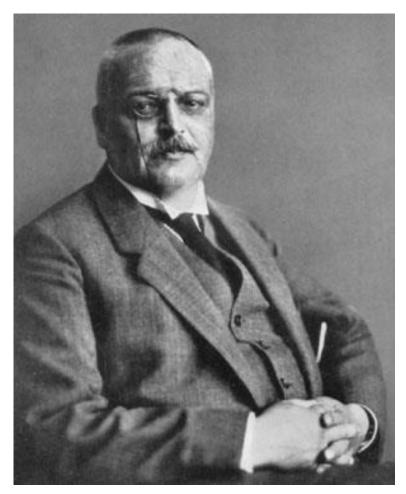
✓ Peripheral Immune Cells-

Mediated Inflammation

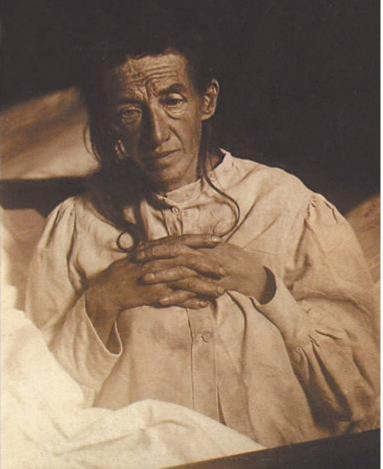


Qiuyu Yang et al Front. Immunol., 15 October 2020

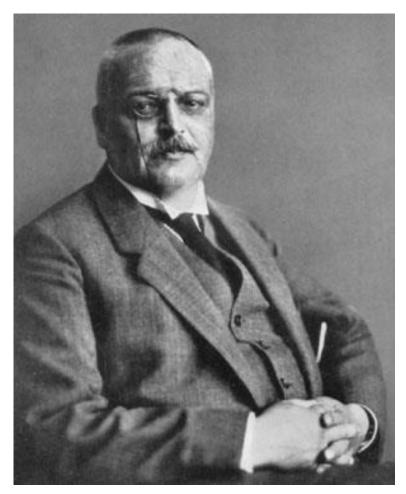
Alzheimer's Disease – Global facts



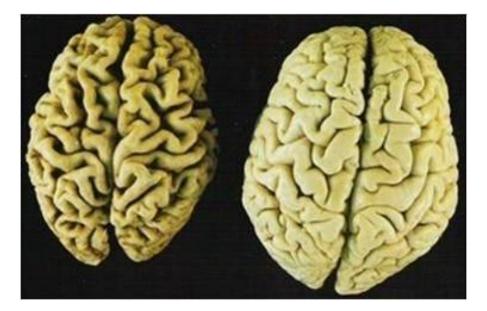
Dr. Alois Alzheimer 1864 - 1915 Auguste Deter 1849 - 1906



Alzheimer's Disease – Symptoms & Neuropathology

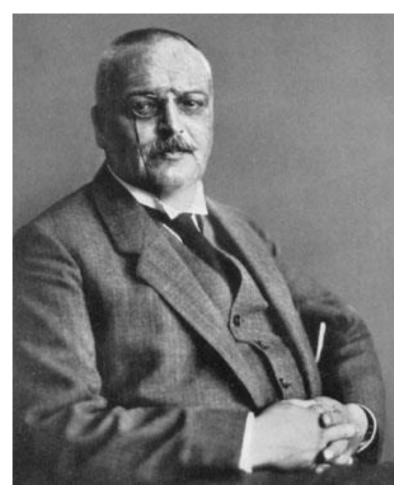


"presenile dementia" +



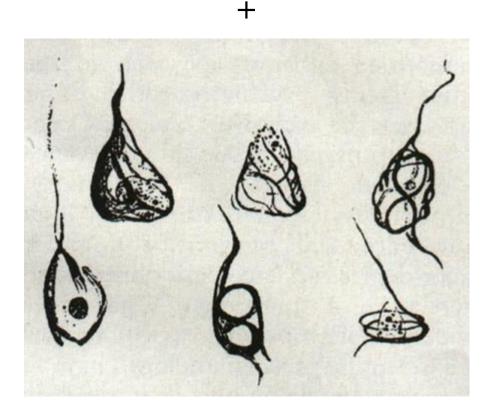
Dr. Alois Alzheimer 1864 - 1915

Alzheimer's Disease – Symptoms & Neuropathology

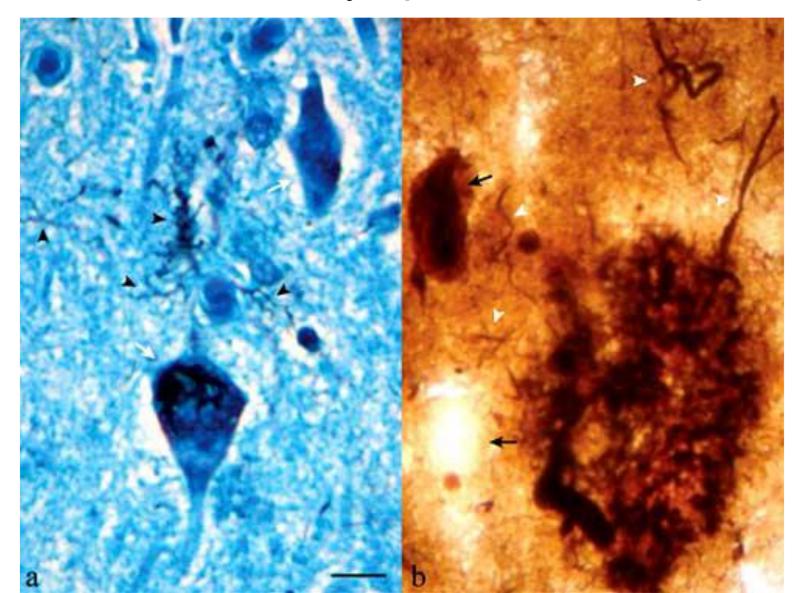


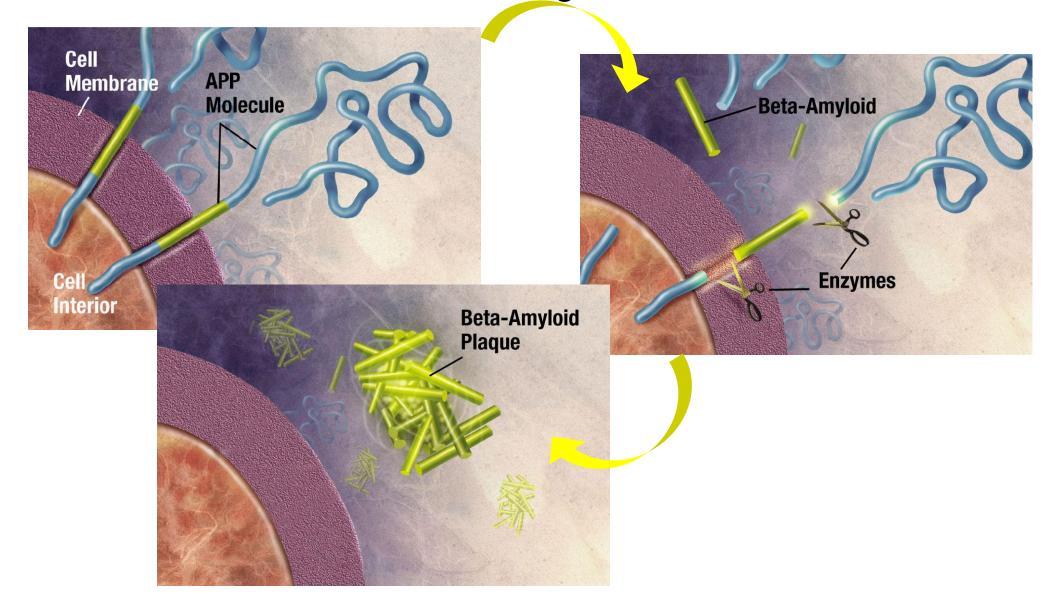
Dr. Alois Alzheimer 1864 - 1915

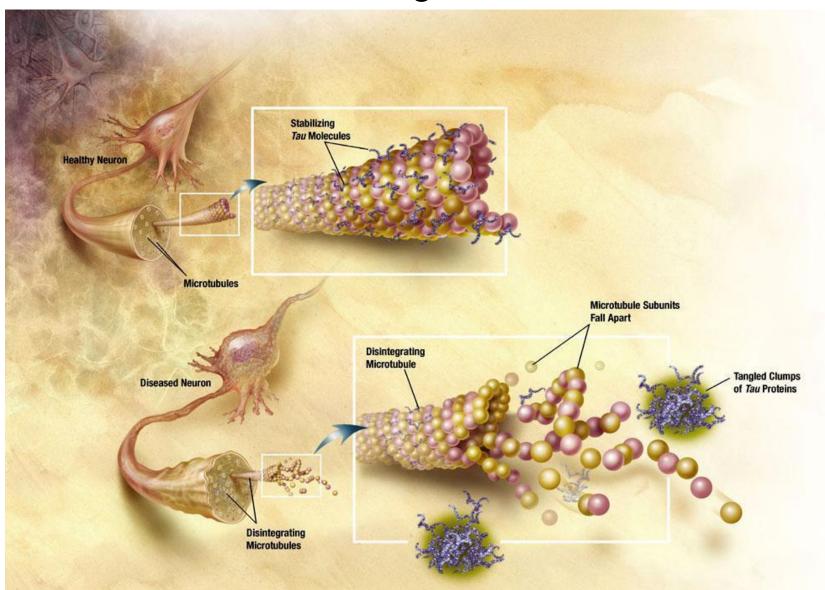
"presenile dementia"

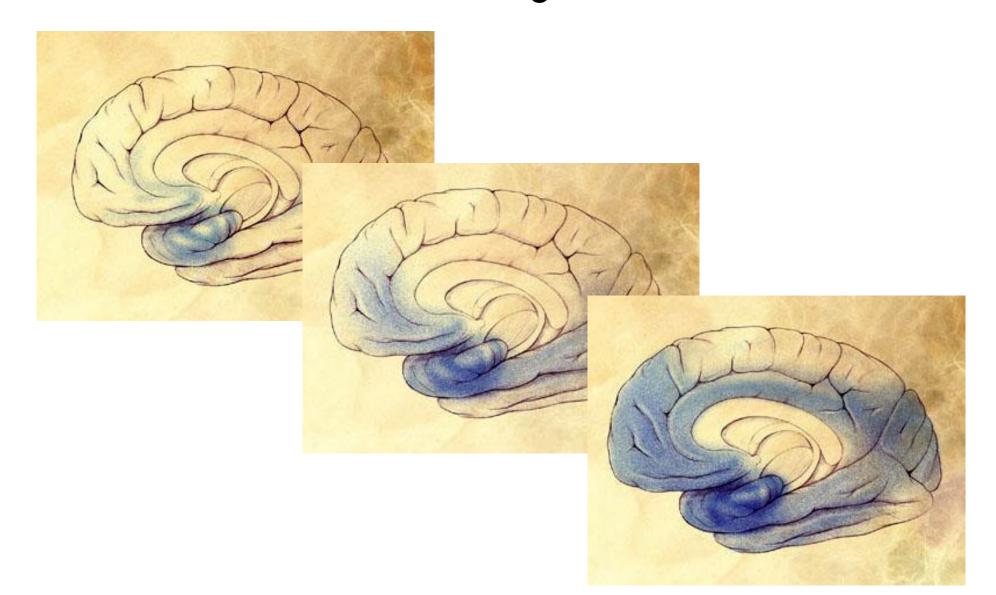


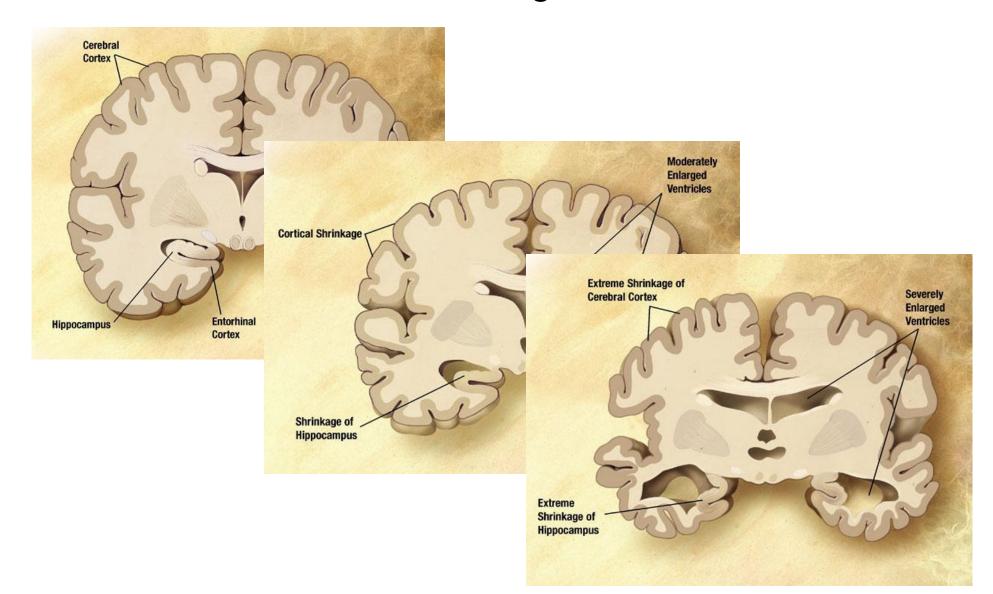
Alzheimer's Disease – Symptoms & Neuropathology

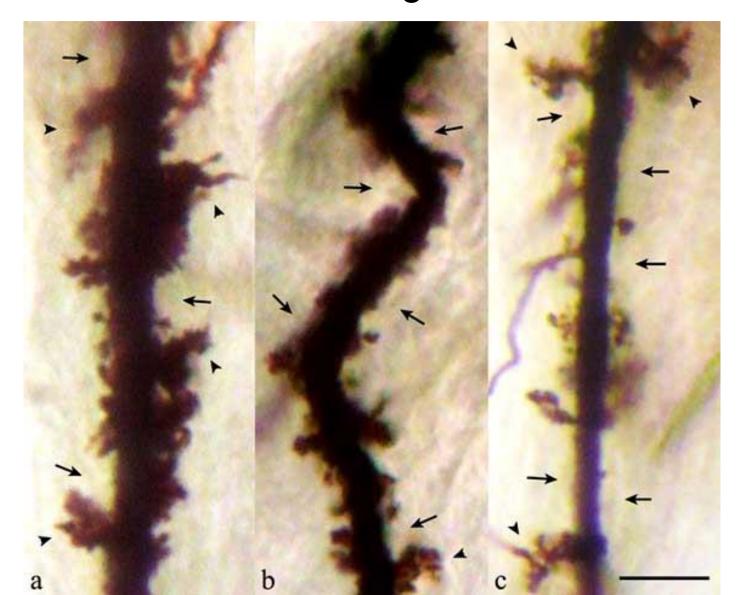








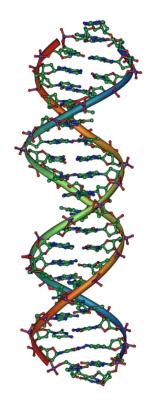




Alzheimer's Disease – Cause

Genetic Risk Factors

- Familial AD early onset APP, PS1, PS2 (5-10%)
- Familial clustering 20% of late-onset APOE E4, MAPT, ...
- Sporadic AD late onset >20 risk genes (GWAS)

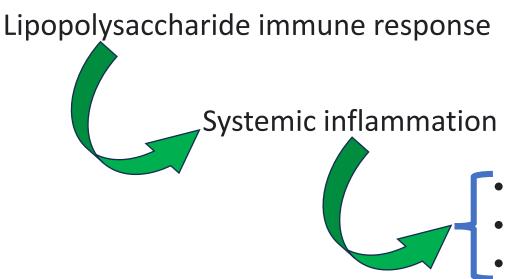


Alzheimer's Disease – Cause

Non-Genetic Risk Factors

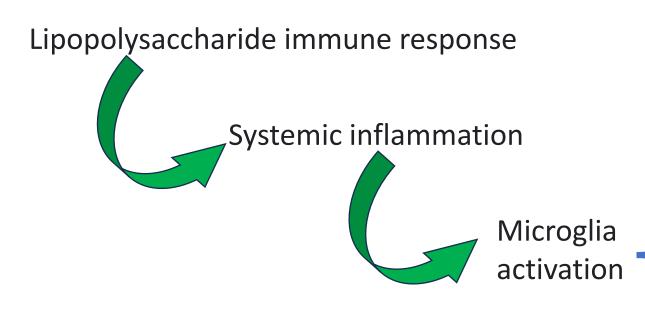
- Obesity Diabetes Mellites Insulin Resistance
- Cardiovascular disease Hyperlipidemia Hypertension
- Immune related factors
- Head trauma
- Oxidative stress

Animal Models



temporal induction of neuronal death
 increased deposition of Aβ
 increased phospho-Tau levels

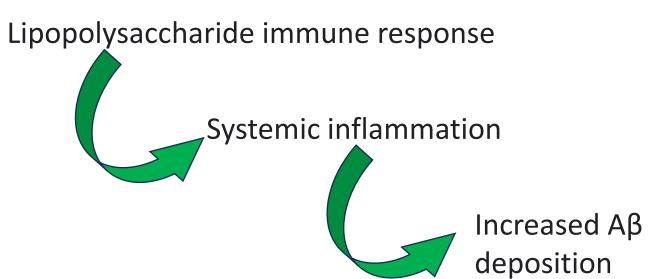
Animal Models



antimicrobial peptides anti-inflammatory cytokines (IL-10) transforming growth factor TGF-b prostaglandin E2 (PGE2) anti-nuclear factor-kappa B (NF-kB) mitogen-activated protein suppressor of cytokine signaling proteins

Animal Models

Transgenic AD Models

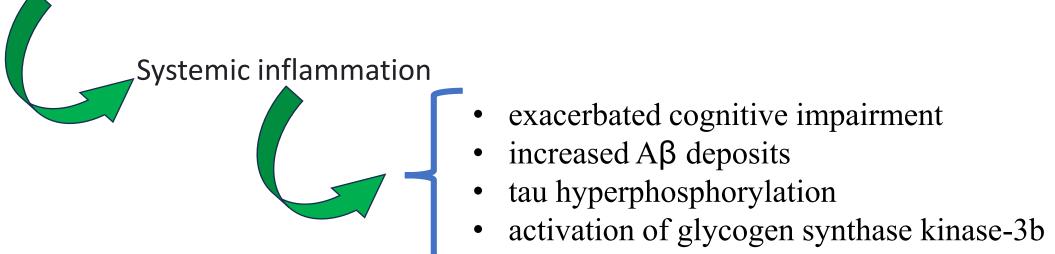


Controversial Results

Reduced A β burden upon systemic Lipopolysaccharide challenge !!!

Animal Models

Helicobacter pylori & Porphyromonas gingivalis infection



Animal Models

Viruses & parasites Surgical interventions & Head trauma Atherosclerosis, obesity, & diabetes

Systemic inflammation

- exacerbated cognitive impairment
 increased Ab deposits
 tau hyperphosphorylation
 activation of glycogen synthase kinase-3b

Clinical Studies General

- patients with cognitive impairment and increased Aβ exhibit an increased systemic inflammatory response and increased microglial activation compared to healthy subjects
- persons with high Aβ loads but without dementia have lower level of pro-inflammatory cytokines than AD patients
- AD patients show a significant correlation between cognition and microglial activation but not with Aβ loads

Clinical Studies Infections

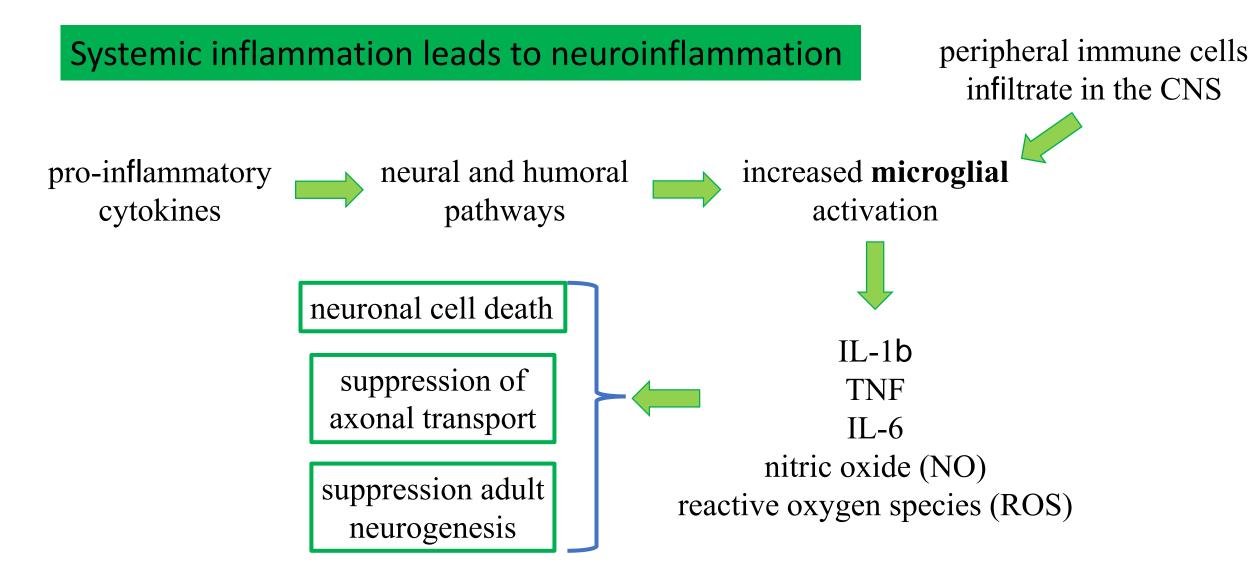
AD patients show elevated levels of antibodies against periodontal bacteria

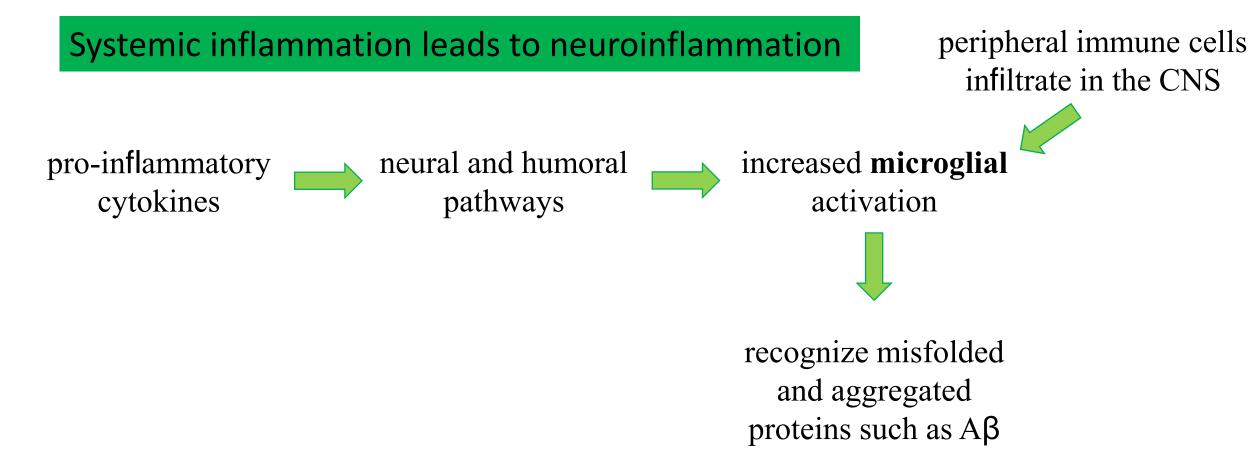
 AD and MCI patients have higher *anti-H. pylori* IgG titers in their blood and brain and indicate that AD patients have more gastric inflammation
 viral neurotropic pathogens such as HSV-1 have been repeatedly isolated from the brains of AD patients and HSV infection is associated with a higher risk for dementia in some studies

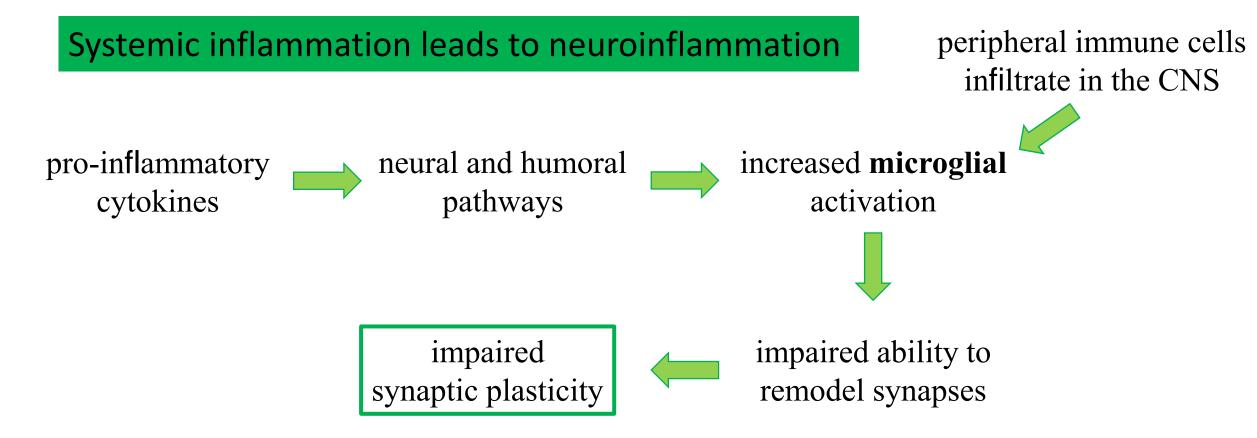
Clinical Studies Chronic Diseases

- o Obesity
- Diabetes Mellites & Insulin Resistance
- o Cardiovascular disease, Hyperlipidemia, & Hypertension

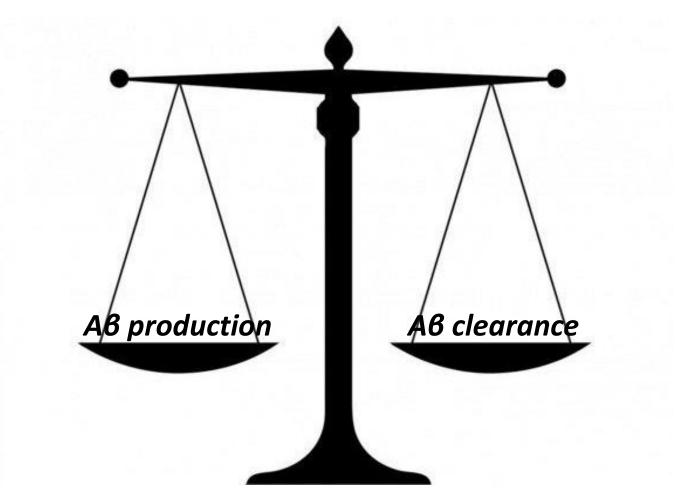








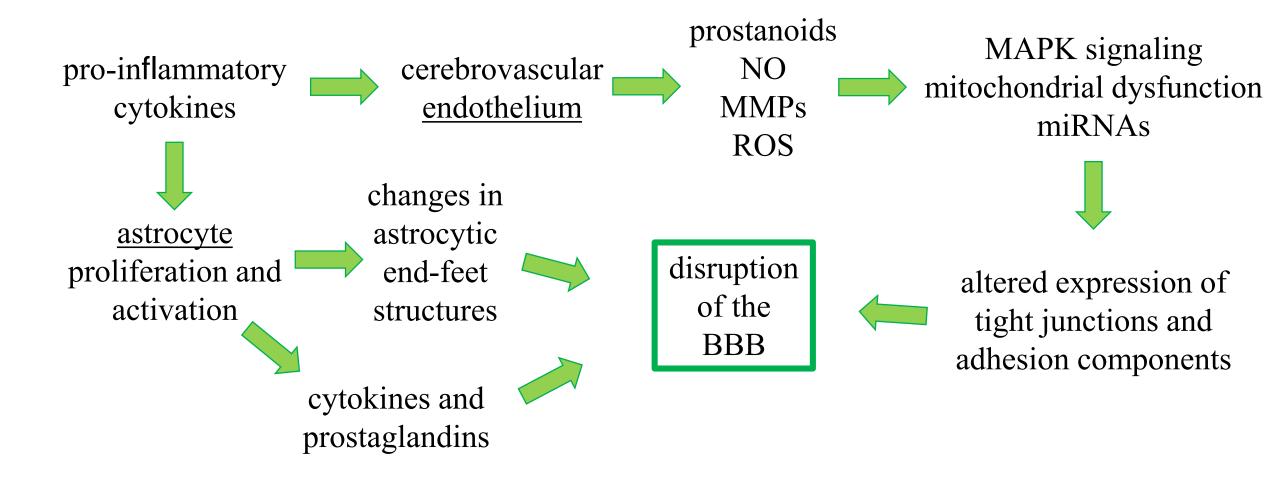
Systemic Inflammation Impairs A_β Clearance



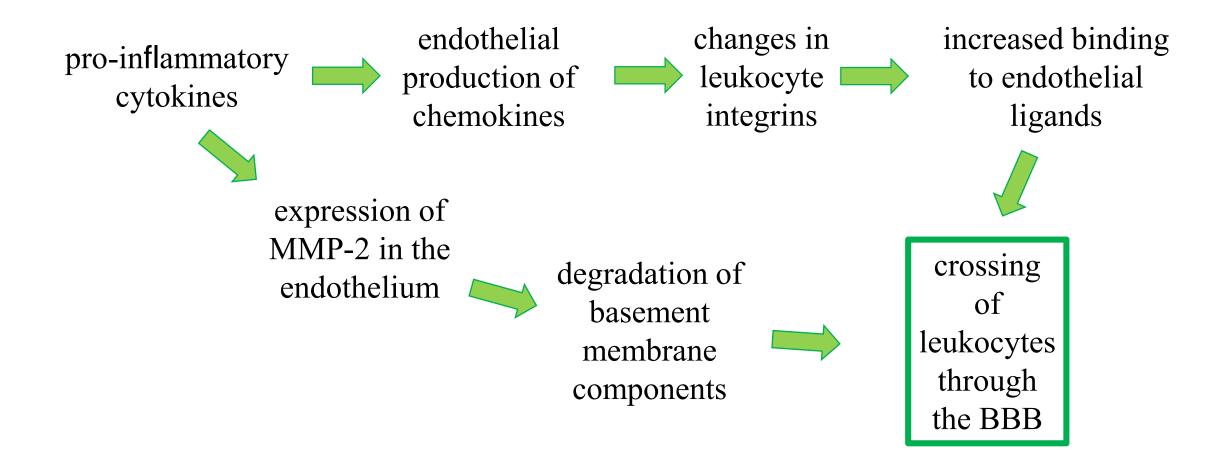
pro-inflammatory cytokines

impaired **microglial** phagocytosis of $A\beta$

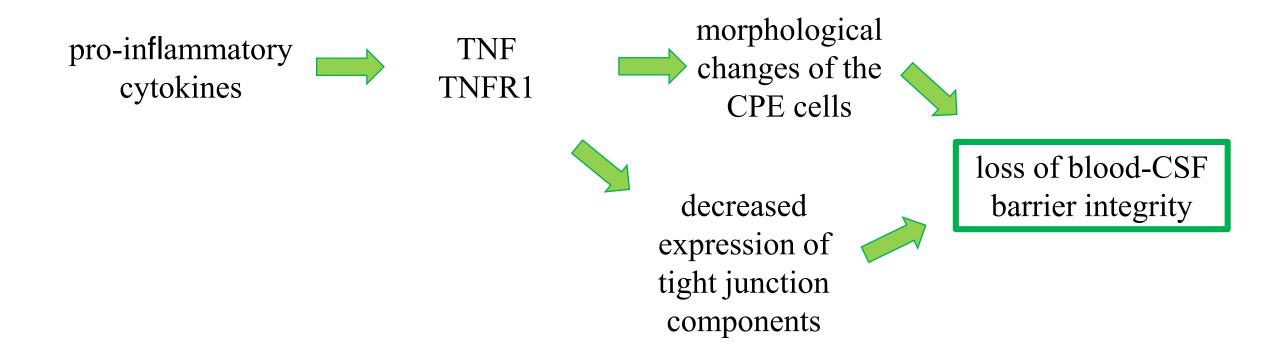
Systemic Inflammation induces changes at the Brain Barriers



Systemic Inflammation induces changes at the Brain Barriers



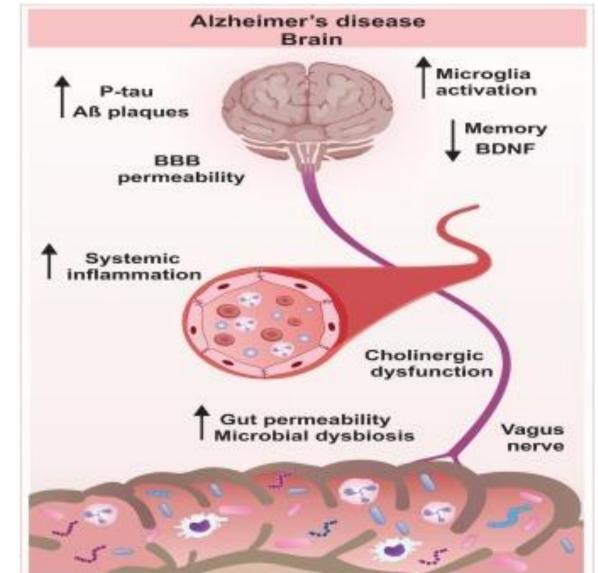
Systemic Inflammation induces changes at the Brain Barriers



Gut – Brain axis

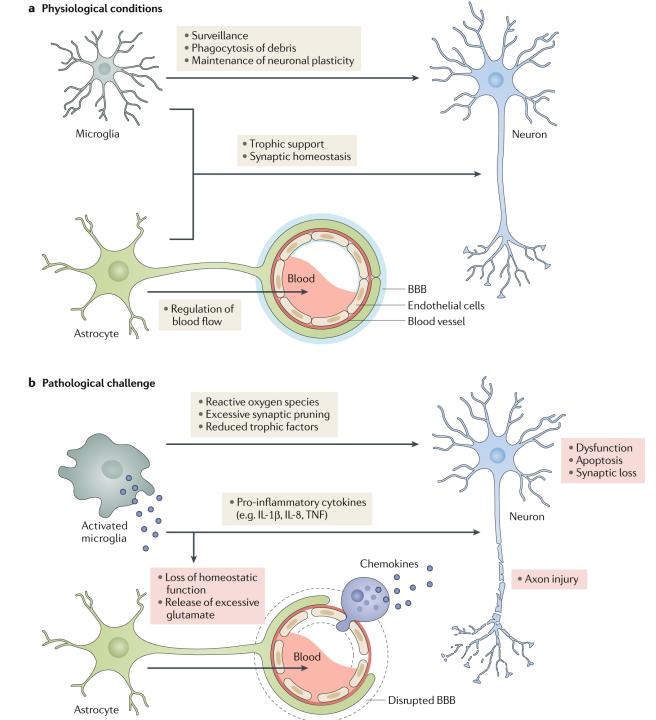
- vagal sensory inputs can modulate microglial state
- activated microglia produce proinflammatory molecules and cytokines
- influence on neuroinflammatory state
- vagal efferents sent an inhibitory feedback to the intestine to reduce further cytokine production





Activated microglia

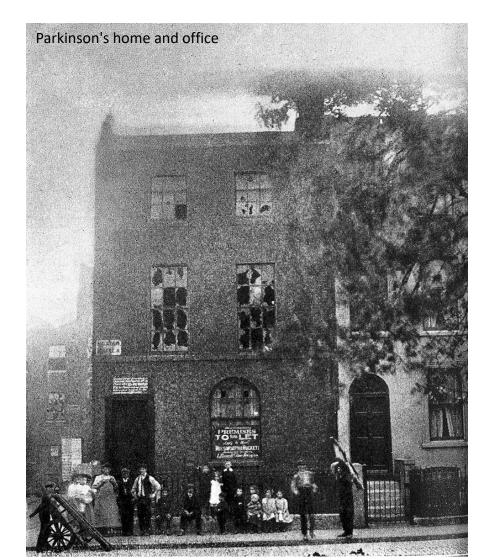
> Activated astrocytes



Leng, F., Edison, P. Nat Rev Neurol 17, 157–172 (2021)

Parkinson's Disease – Global facts

James Parkinson (1755 – 1824)



ESSAY on the SHAKING PALSY.

AN

CHAPTER I. DEFINITION-HISTORY-ILLUSTRATIVE CASES.

SHAKING PALSY. (Paralysis Agitans.)

Involuntary tremulous motion, with lessened muscular power, in parts not in action and even when supported; with a propensity to bend the trunk forwards, and to pass from a walking to a running pace: the senses and intellects being uninjured.

The term Shaking Palsy has been vaguely employed by medical writers in general. By some it has been used to designate or-

Parkinson's Disease – Global facts

- Parkinson's Disease is a Progressive Neurodegenerative Disease
 - ✓ Insidious onset of symptoms
 - ✓ Progressively deteriorating course
 - ✓ Unknown etiology (genetic risk factors and environmental factors)
 - ✓ Loss of structure and function of neuronal circuits

✓ Motor symptoms

✓ Non-motor symptoms



Motor symptoms

<u>Cardinal features</u> include:

- ✓ Bradykinesia (slowness of movements)
- ✓ Rigidity (increased muscle tone)
- ✓ Resting tremor
- ✓ Postural instability



Motor symptoms

<u>Secondary features</u> include:

- ✓ Hypomimia and glabellar reflexes
- ✓ Dysarthria, dysphagia, sialorrhea
- ✓ Micrographia
- ✓ Shuffling gait, festination, freezing



✓ Dystonia

- Non-motor symptoms include:
 - ✓ Autonomic dysfunction
 - ✓ Gastroenterology symptoms
 - ✓ Cognitive dysfunction
 - \checkmark Mood and behavioral abnormalities
 - ✓ Sleep disorders



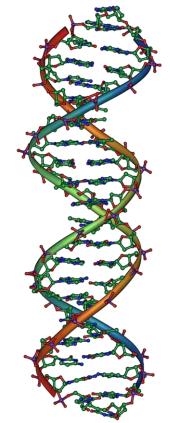
✓ Sensory abnormalities (anosmia, paresthesias, pain)

The exact cause of Parkinson's disease is currently unknown

✓ Environmental and behavioral factors

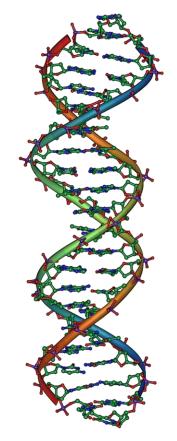
✓ Genetic factors





Genetic factors

Rare Familial Early Onset PD vs Common Sporadic Idiopathic PD



Monogenic Forms vs Complex Polygenic Forms

Genetic factors

Monogenic Forms

✓ Autosomal Dominant or Recessive

✓ Loci involved in monogenic forms of PD (Park 1~19)

✓ Genes SNCA, PRKN, DJ-1, PINK1, LRRK2, VPS35 and GBA

✓ All known monogenic forms of PD explain only 30% of familial cases

Genetic factors

Polygenic Forms

✓ Several susceptibility genes and numerous risk loci

✓ Genes SNCA, LRRK2, GBA and MAPT

✓ Small proportion of the phenotypic variability has been explained by genetics

✓ Combination of many genetic and environmental factors lead to PD

- Environmental and behavioral factors
 - ✓ Several environmental and behavioral factors <u>seem</u> to modify the

risk of developing PD (inconsistent data)

✓ Increased risk:



- Heavy Metals (e.g. Fe Cu Mn Hg Pb)
- <u>Pesticides</u> (e.g. MPTP, 2,4-D, paraquat, permethrin, dieldrin, diquat, maneb, mancozeb, rotenone)
- <u>Illicit Substances (e.g. Amphetamine, Methamphetamine,</u> Cocaine)

- Environmental and behavioral factors
 - ✓ Several environmental and behavioral factors <u>seem</u> to

modify the risk of developing PD (inconsistent data)

✓ Decreased risk:



- Coffee
- Smoking
- Physical activity



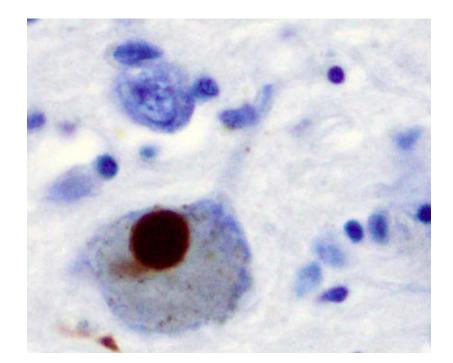
Gene-environment interactions seems to be the underlying

cause of idiopathic PD

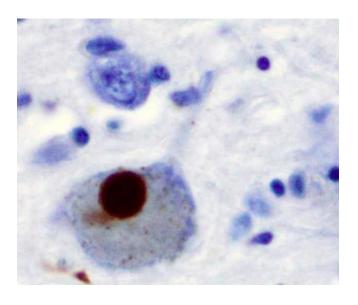
□ These interactions lead to the initiation and propagation of the

pathogenetic cascade

- Pathogenetic mechanisms include:
 - \checkmark <u>Alpha-synuclein</u> aggregation \rightarrow fibril formation
 - ✓ Dysfunctional autophagy/<u>lysosome</u> pathways
 - ✓ Defective intracellular *trafficking*
 - ✓ Dysregulation of <u>calcium</u> signaling
 - ✓ *Mitochondrial* dysfunction
 - ✓ Mitochondrial *oxidative* stress



- Pathogenetic mechanisms lead to:
 - ✓ Protein aggregation \rightarrow <u>Lewy Body</u> formation
 - ✓ Neuronal <u>degeneration</u> and cell death



Vulnerability of <u>Dopaminergic Neurons</u> in

Substantia Nigra pars compacta (SNc)

Pathology gradually spreads to the whole

brain

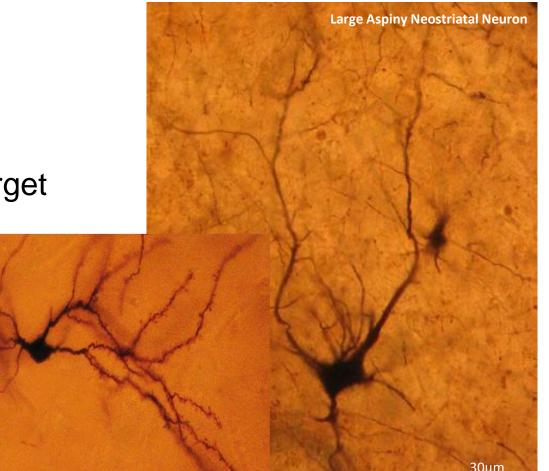
- Pathogenetic mechanisms lead to:
 - ✓ Basal Ganglia Neural Networks

Breakdown

• Dopaminergic fibers from SNc target

mainly Neostriatum

- ✓ Development of
 - symptoms



Parkinson's Disease – Systemic Inflammation

 \checkmark Association of PD with autoimmune diseases

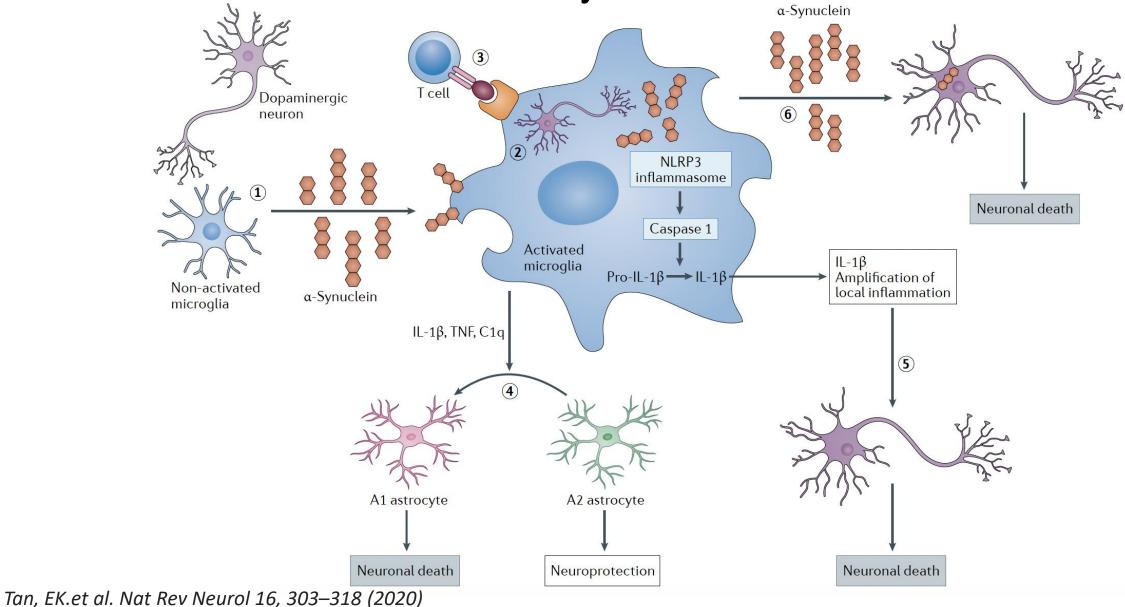


- ✓ Autoantibodies against α -synuclein are present in the serum and CSF of patients with PD
- Radiolabeled translocator protein (TSPO) as the PET tracer has indicated that microglial activation is higher in patients with PD than in healthy controls

Parkinson's Disease – Systemic Inflammation

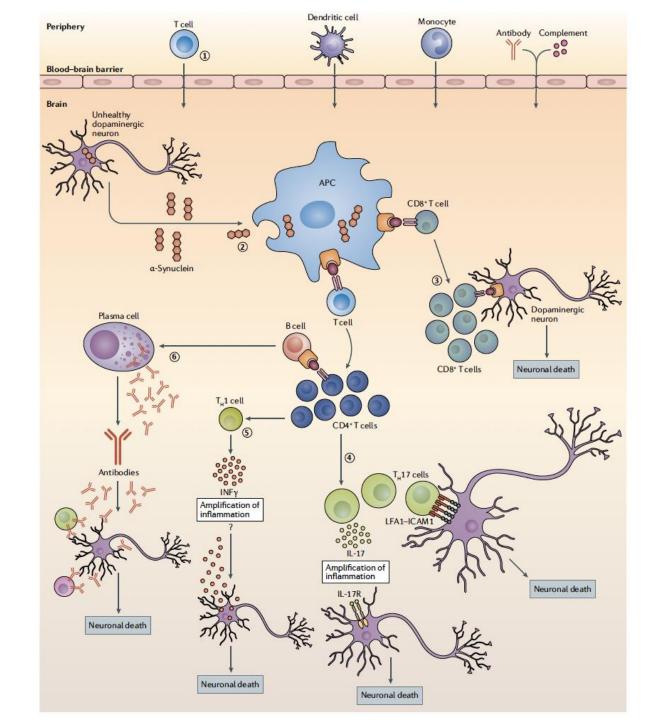
- α-synuclein can activate microglia via the Toll-like receptors 2 and 4 (TLR2 and TLR4)
- ✓ Activated microglia in turn exert toxic effects on dopaminergic neurons
- ✓ Activated microglia produce NO, TNF, and interferons
- ✓ Inflammasome → Caspase 1 → IL-1 → Amplification of Inflammation

Parkinson's Disease – Systemic Inflammation



Parkinson's Disease – Systemic Inflammation

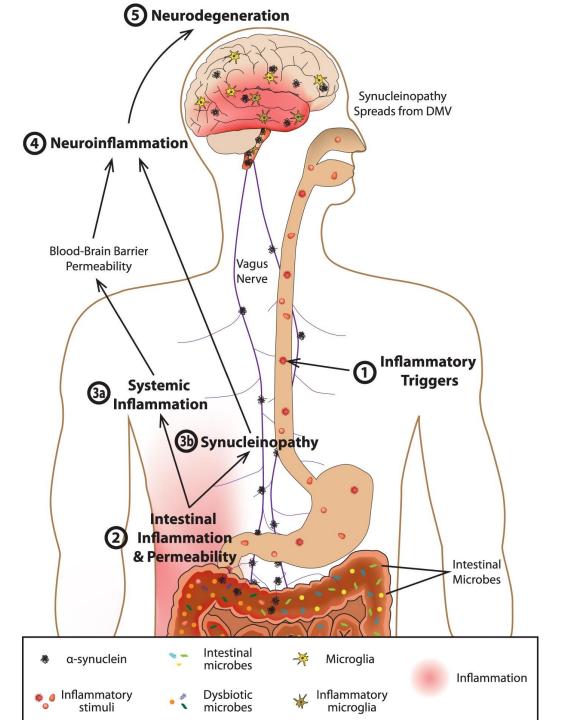
- Humoral immune responses
- Cellular immune responses



Tan, EK.et al. Nat Rev Neurol 16, 303–318 (2020)

Parkinson's Disease – Systemic Inflammation

✓ Gut – Brain axis



Houser, M.C., Tansey, M. npj Parkinson's Disease 3, 3 (2017)

Degenerative CNS diseases – Systemic Inflammation

- There is a clear link between systemic inflammation and neurodegenerative disorders
- □ The central role is attributed to microglia activation
- □ Key factors in these pathways have yet to be discovered
- Immunotherapeutic approaches have potential in neurodegenerative disorders

On going research Faculty of Medicine, University of Ioannina

- □ Laboratory of Physiology & Department of Neurology
- Prospective observational study of disease progression in PD
- □ 40 patients follow up for 2-3 years
- Comparison between digital biomarkers, genetic markers, imaging, clinical evaluation, and inflammatory markers
- Foivos Kanellos, PhD Candidate Eleni Kosmidi, PhD Candidate

Thank you !!!