Identifying perspective therapeutic targets in Alzheimer's disease: Understanding the cascading effects of cellular deterioration

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Acknowledgements

Société Alzheimer Society

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Cell signalling cascades that direct microglial activation outcome in AD

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Alzheimer's disease (AD)

Most common neurodegenerative disease with over 20 million cases worldwide

alarming facts



increasing prevalence with aging population



Alzheimer's disease (AD)

Most common neurodegenerative disease with over 20 million cases worldwide

alarming facts



- 1) increasing prevalence with aging population
- 2) no treatment is able to alter the course of disease

Drugs currently approved

NMDA receptor antagonist

- Ebixa (Memantine)

Cholinesterase Inhibitors

- Aricept (Donepezil)
- Exelon (Rivastigmine)
- Reminyl (Galantamine)

of modest benefit

Alzheimer's disease is a progressive degenerative disease



treatments able to delay symptom onset by as little as one year could reduce the global prevalence of disease by ~9 million cases over 40 years

Brookmeyer et al Alzheimer's & Dementia (2007)

<u>Research goal</u>: to identify molecular mechanisms that cause disease as potential targets for development of novel therapeutics

what do we know about Alzheimer's pathology?

Alzheimer's disease: pathology hallmarks

Alois Alzheimer (1907)



Amyloid-beta (AB) isolated from plaques (<u>1985</u>)





Alzheimer's disease: pathology hallmarks

Synap

isolated from plaques (<u>1985</u>)



Aβ is synaptotoxic (especially soluble oligomers)



Hippocampus and neuroplasticity

- important in humans for episodic memory (what-when-and-where) and in rodents for recognition memory
- one of the first areas to degenerate in Alzheimer's
- important area for studying neuroplasticity

Neuroplasticity: refers to the brains ability to adapt

- basis learning and memory
- due to increased strength of communication between neurons



rodent hippocampal brain slice preparation

Hippocampus and neuroplasticity



Hippocampus and neuroplasticity



AB targeted therapies in AD clinical trials





All approaches targeting A β production or clearance have failed clinical trials



Most common reason for Phase III failure is lack of efficacy and toxicity



Identifying new therapeutic targets is of paramount importance

Neuroinflammation theory of AD

- Reduced risk of AD in patients on long-term anti-inflammatory medication (NSAIDs)
- Genetics studies (GWAS) have identified gene variants in AD patients:
 1) linked to dysfunction of *microglia* the immune cells of the brain

and

2) associated with a major increased in the risk of developing lateonset AD (LOAD)

Neuroinflammation theory of AD



In AD: the beneficial roles of microglia are corrupted leading chronic neuroinflammation

How can we reduce chronic inflammation in AD?









Anti-inflammatory (GOOD)

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