

Intraneuronal β -Amyloid Is a Major Risk Factor – Novel Evidence from the APP/PS1KI Mouse Model

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Key Words

Intraneuronal β -amyloid · Transgenic mouse ·
Neuron loss · Working memory · Synaptic plasticity ·
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Abstract

Accumulating evidence points to an important role of intraneuronal β -amyloid ($A\beta$) in the development of Alzheimer's disease (AD), with its typical clinical symptoms like memory impairment and changes in personality. We have previously reported on the $A\beta$ precursor protein and presenilin-1 knock-out (APP/PS1KI) mouse model with abundant intraneuronal $A\beta_{42}$ accumulation and a 50% loss of CA1 neurons at 10 months of age. In addition, we observed reduced short- and long-term synaptic plasticity, hippocampal neuron loss, and reduced performance in a working memory task. These observations support a pivotal role of intraneuronal $A\beta$ accumulation as a principal pathological trigger in AD.

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The concept of the β -amyloid ($A\beta$) cascade in Alzheimer's disease (AD) [1] provided the basis for AD therapeutic strategies. However, this concept is also a matter of ongoing controversial discussions, since the plaque load in AD brains, in contrast to the load of tau neurofibrillary tangles [2], does not correlate with the disease state. The extracellular plaques mainly contain $A\beta$ peptides [3], which are derived from two proteolytic cleavages of the larger amyloid precursor protein (APP). In addition to the neuropil deposition of $A\beta$ peptides into amyloid plaques, there is increasing evidence that $A\beta$ accumulation occurs in neurons and that this represents an initial step in the disease process. A modified $A\beta$ hypothesis with intraneuronal accumulation of the $A\beta$ peptide as a first step of a fatal cascade has been formulated and reviewed in detail elsewhere [4].

Mice transgenic for APP have been proven to be a valuable model system for AD research. In several studies, early pathological changes, like deficits in synaptic transmission [5], behavioral alterations, differential glutamate responses and deficits in long-term potentiation have been reported [6]. In addition, learning deficits [7–11] were evident in different APP models. Intraneuronal $A\beta$ accumulation preceded plaque formation in different

Table 1. Chronology of pathological events in months (M)

	2 M	6 M	12 M
(1) Intraneuronal aggregation of different N-terminally modified A β ₄₂ peptides (including N3pE)	⇒		
(2) Axonal degeneration			
(3) Reduced short-term synaptic plasticity			
(4) Complete loss of long-term potentiation	⇒		
(5) CA1 neuron loss (approx. 30%)			
(6) Learning deficits			
(7) CA1 neuron loss (approx. 50%)			⇒
(8) Hippocampal atrophy (approx. 20%)			

transgenic mice expressing mutant human APP [12–15]. Interestingly, CA1 neuronal loss did not correlate with the amount of extracellularly deposited A β in 2 APP/PS1 mouse models [16], including the APP/PS1KI model processed in the present report [17]. In the APP/PS1KI mouse model, human mutant APP751 harboring the Swedish and London mutations is expressed under the control of the murine Thy-1 promoter, whereas murine PS1 with two familial AD-linked mutations (PS1M233T and PS1L235P) is expressed under the control of the endogenous mouse PS1 promoter. All mice named as PS1KI were homozygous for PS1 knock-in mutations, in comparison to the APP/PS1KI mice, which harbored one additional hemizygous APP751SL transgene.

We have previously reported on the APP/PS1KI mouse model with abundant intraneuronal A β ₄₂ accumulation [17]. These mice exhibit early and robust brain and spinal cord axonal degeneration, as shown by the occurrence of

axonal spheroids, together with a reduced ability to perform motor performance tasks, including balance beam, string suspension or the rotarod. Cognitive deficits, studied by the use of the Y-maze and the T-maze continuous alternation task, were also evident as early as at the age of 6 months. A phenotypical characterization revealed that APP/PS1KI mice were smaller and showed the development of a thoracolumbar kyphosis, together with an incremental loss of body weight. Finally, a 50% loss of hippocampal CA1 neurons was found at 10 months of age [17–19]. In addition, we observed that there was a significant CA1 neuron loss in the hippocampus already at 6 months of age, together with a complete loss of synaptic plasticity. Interestingly, hippocampal atrophy was observed later in 1-year-old APP/PS1KI mice, and can be regarded as a downstream event. Between 2 and 6 months of age, a significantly increased accumulation of intraneuronal A β peptides, including N-terminally modified species like pyrGlu-A β , was detected, which correlated well with hippocampal neuron loss, synaptic dysfunction and reduced performance in working memory tasks (table 1). In summary, these observations provide further evidence for a pivotal role of intraneuronal A β as a main pathological trigger in AD, and question the importance of hippocampal atrophy as a predictive hallmark of the development of AD.

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