



## RESEARCH ARTICLE

### COULD ALZHEIMER, AND RELATED DISEASES, BE DUE TO A CELLULAR REPAIR RESPONSE GONE ASTRAY?

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#### ABSTRACT

Dementia including Alzheimer is becoming a more significant problem in our society, which an increasing life expectancy; currently about 10% of the population develop some form of dementia during their lifetime. One form of dementia is Alzheimer that account for 50%-70% of the patients, which is characterized by the appearance of plaques and tangles in the brain that involves the aggregation of a protein named tau. Here, I propose that while tau indeed might be the underlying cause of Alzheimer, its initial aggregation could be a cellular repair-response to shearing of neuronal axons and that Alzheimer, and related tauopathies, are more likely due to inadequate removal of the aggregated protein.

#### INTRODUCTION

Neurons are very specialized cells with long thin appendages called axons protruding from them. The axons are protected by myelin-sheets formed within associated oligodendrocytes. These long axons, that act to replay information between nerve cells, are stabilized by both microtubule and actin fibers within them. These fibers also play an important role in the cellular transport back and forth between the end of the axon (the end of the neuronal axon interacts with another neuron's axon in what is called a synapse) and the central cellular cytoplasm and nucleus. However, the actin and microtubule fibers may potentially make the axons prone to shearing and prevent the shearing associated "axon repair". Such shearing is likely to be caused by trauma, infection, immune cell response and mobility due to infections or micro-vascular damage (the latter observed associated with diabetes), and could be the cause of some types of dementia including Alzheimer disease. Interestingly, the protein tau, which aggregation is thought to be the underlying cause of Alzheimer and related diseases (called tauopathies) (Baner et al., 1989; Lee et al., 2001); tau possesses several microtubule binding domains and has been shown to have a microtubule stabilizing role through its binding (Weingarten et al., 1975; Goedert et al., 2006). It is the hyper-phosphorylation of tau, followed by its disassociation and aggregation that is the cause of the neurological dysfunction observed for these diseases (Kopke et al., 1993; Alonso et al., 2016).

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However, while the underlying cause of these diseases indeed is likely to be Tau aggregation (Lee et al., 2001; Alonso et al., 2016), the initial cellular response involving Tau hyper-phosphorylation and aggregation, may be a cellular response needed to promote axon repair. When axons are sheared or damaged, the reorganization of microtubule must be crucial, to 1) allow realignment and association of the proteinous actin and microtubule bundles, as well as for, 2) the healing of the membranes and associated myelin sheets of the oligodendritic cells. The initial tau hyper-phosphorylation, mediated by inter-cellular kinases (Buee et al., 2010), could take place to ensure this occurs. The hyper-phosphorylation has been shown to cause the dissociation of Tau from microtubule, as it lowers Tau's affinity for microtubule (Alonso et al., 1994; Iqbal et al., 1994). The disassociation of Tau is likely to increase the instability of microtubule and allows the bundles to dissociate (involving depolymerization) and reform (involving polymerization) in a more dynamic manner (Alonso et al., 1997). Furthermore, the hyper-phosphorylation also causes Tau aggregation (Alonso et al., 2006), which could have several additional functions: 1) The aggregation could act to lower the concentration of free un-bound hyper-phosphorylated Tau, thus, further preventing its binding to and stabilization of microtubule (Alonso et al., 1996; Alonso et al., 1997; Lee et al., 2001) It could act to amplify the speed of the removal of Tau, as hyper-phosphorylated Tau also aggregates with Tau phosphorylated at normal levels (Alonso et al., 1996; Weingarten et al., 1975) Aggregation of Tau could have a gelatinous effect on the plasma present in the axon (similar to blood clotting), potentially preventing loss of factors due to

membrane damage/perforation. Furthermore, hyper-phosphorylated Tau has shown to be able to spread between neighboring cells (Saper et al., 1987; Su et al., 1997). This Tau transfer or spreading could act as intercellular signaling to allow neural cell and axon movement during cell divisions, immune response and cellular/axon repair. This potential function of tau, in a cellular repair response, could explain why so many different and diverse types of brain damage result in an increased long-term risk of developing Alzheimer and other tauopathies. If this model is correct, dementia associated with these tauopathies is not caused by the initial Tau aggregation per se, but an inability to reset the Tau-mediated response and remove/degrade the hyper-phosphorylated aggregated Tau. Indeed, there are several observations that seem to support this notion: 1) Two genes associated with increased susceptibility to Alzheimer, A2M (Blacker et al., 1998) and the familiar-early-onset-of-Alzheimer gene AD1 (Lawrence et al., 1992), encode proteins with proteinase inhibitory domains (Mantuano et al., 2008; Ponte et al., 1988; Tanzi et al., 1988; Kitaguchi et al., 1988). Also, a coding single-nucleotide polymorphism (SNP) in the AD1 gene has a protective effect against Alzheimer disease (Jonsson et al., 2012).

Other Alzheimer susceptibility genes include, but are not limited to, CR1 (Smith et al., 2002), PVRL2 (Bottino et al., 2003) and MPO (Goedken et al., 2007) involved in immune-responses, UPA involved in cell migration (Kiian et al., 2003), Bin1 involved in cell cycle regulation (Sakamuro et al., 1996), PICALM involved in cellular trafficking, regulation of endocytosis, and clathrin-mediated vesicle formation (Stern et al., 2014) and finally eNOS involved in NO synthesis (Nisoli et al., 2005; Lee et al., 2001). Mutations in presenilin, a leading genetic cause of Alzheimer, cause autophagy and lysosomal pathologies (affecting protein degradation), which can be reversed by cAMP-induced lysozyme re-acidification (Coffey et al., 2014; Lokireddy et al., 2015; Rahman et al., 2016; Myeku et al., 2016; Weingarten et al., 1975). During trauma Tau hyper-phosphorylation and aggregations was found predominantly with areas critical for cognitive function and associated with hypo-metabolic rates (Ossenkoppele et al., 2016). High cellular metabolic rates as well as starvation might increase the turnover of damaged and aggregated proteins by proteases, and could explain why cognitive usage and exercise reduces the risk of Alzheimer.

Interestingly, nerve cell regeneration is observed during low calorie intake (Plunet et al., 2008; Hornsby et al., 2016; Park et al., 2013; Kalsi, 2015; Maalouf et al., 2009; Lee, 2013; Mattson et al., 2001), and interestingly, eNOS, mentioned above as an Alzheimer susceptibility gene, is induced during such calorie restriction (Nisoli et al., 2005). Indeed, during evolution central nervous system damage/injury would have correlate with low-calorie intake and starvation, which promotes intra-cellular autophagy including protein degradation. Thus, potentially a low-calorie/protein diet could potentially help promote or induce the inter-cellular removal of hyper-phosphorylated Tau aggregates, and thus, help prevent tauopathies (Halagappa et al., 2007; Schroeder et al., 2010).

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