# **Neurodegenerative Diseases**

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### Overview

- Most drugs that affect the central nervous system (CNS) act by altering some step in the neurotransmission process.
- Drugs affecting the CNS may act presynaptically: influencing the production, storage, release, or termination of action of neurotransmitters.

### Overview

- Drugs affecting the CNS may act postsynaptically: may activate or block postsynaptic receptors.
- Common neurodegnerative disorders: Parkinson's and Alzheimer's disease occur as a result of neurodegenerative processes.

### Neurodegenerative Diseases

- Neurodegenerative diseases of the CNS include Alzheimer's disease and Parkinson's disease.
- These devastating illnesses are characterized by the progressive loss of selected neurons in discrete brain areas, resulting in characteristic disorders of movement, cognition, or both.

### Neurodegenerative Diseases

- Alzheimer's disease is characterized by the loss of cholinergic neurons in the nucleus basalis of Maynert, whereas Parkinson's disease is associated with a loss of dopaminergic neurons in the substantia nigra.
- The most prevalent of these disorders is Alzheimer's disease.

### Parkinson's Disease

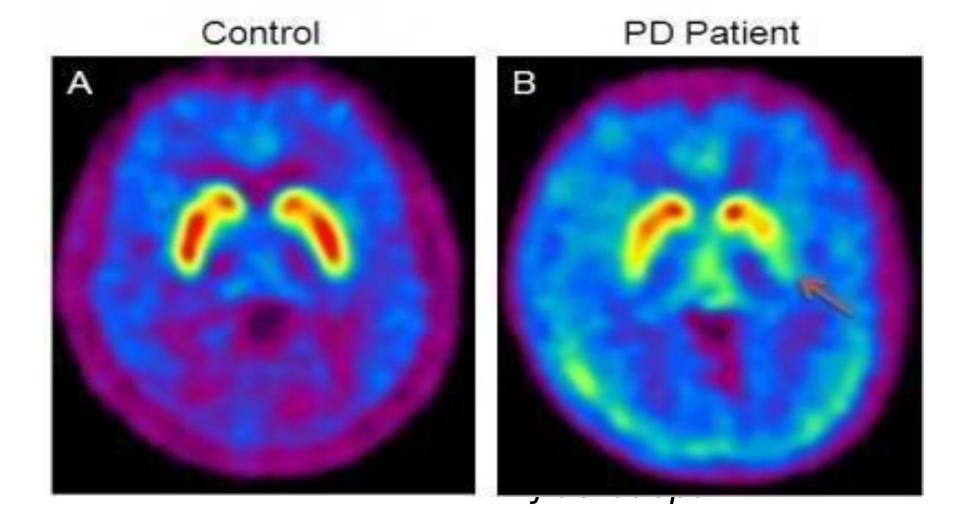
 Parkinsonism is a progressive neurological disorder of muscle movement, characterized by tremors, muscular rigidity, bradykinesia, and postural and gait abnormalities.

# Parkinson's disease

- Progressive neurological disorder caused by progressive loss of *dopamine* in the CNS causing
- tremor
- muscle rigidity
- bradykinesia (slowness in initiating and carrying out voluntary movements)
- postural gait abnormalities

# Etiology

 The disease is correlated with destruction of dopaminergic neurons in the substantia nigra with a consequent reduction of dopamine actions in the corpus striatum— parts of the brain's basal ganglia system that are involved in motor control.  The loss of dopamine neurons in the substantia nigra is evidenced by diminished overall uptake of dopamine precursors in this region



 Goal of pharmacotherapy for parkinson's disease is to increase the ability of the patient to perform normal activities of living (ADLs).

## Strategy of treatment

 In addition to an abundance of inhibitory dopaminergic neurons, the neostriatum is also rich in excitatory cholinergic neurons that oppose the action of dopamine.

# Strategy of treatment

 Many of the symptoms of parkinsonism reflect an imbalance between the excitatory cholinergic neurons and the greatly diminished number of inhibitory dopaminergic neurons.

# Strategy of treatment

 Therapy is aimed at restoring dopamine in the basal ganglia and antagonizing the excitatory effect of cholinergic neurons, thus reestablishing the correct dopamine/acetylcholine balance.

## Drugs Used in Parkinson's Disease

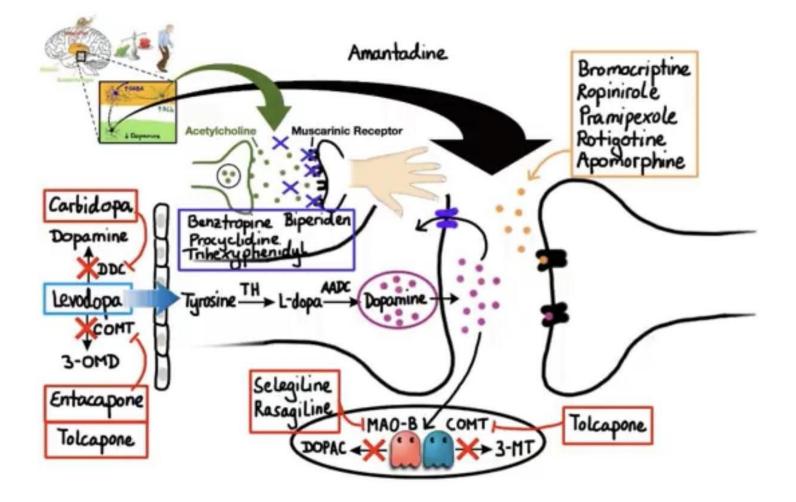
 Currently available drugs offer temporary relief from the symptoms of the disorder, but they do not arrest or reverse the neuronal degeneration caused by the disease.

### Parkinsonism Drugs/ Antiparkinsonism agents

 Given to restore balance of dopamine and acetylcholine in specific regions of the brain

### Dopaminergics

- Either
- restore dopamine function
- stimulate dopamine receptors located within the brain



### **Anti-cholinergics**

- Inhibit the action of acetylcholine in the brain
- Used early in the course of therapy for Parkinsonism disease

## Treating Parkinsonism with Anti-Cholinergics

- By blocking the effect of acetylcholine, anticholinergics inhibit the overactivity of this neurotransmitter in the corpus striatum of the brain
- Anticholinergics such as atropine were the first agents used to treat parkinsonism
- Although anticholline act on the CNS, autonomic effects such as *dry mouth, blurred vision, tachycardia, urine retention, and constipation* are still troublesome

## Treating Parkinsonism with Anti-Cholinergics

- The centrally acting anticholinergics are not as effective as levodopa at relieving severe symptoms of Parkinsonism.
- They are used early in the course of the disease when symptoms are less severe, in patients who cannot tolerate levodopa and in combination therapy with other parkinsonism drugs

# **Antimuscarinic agents**

- All of these drugs can induce mood changes and produce xerostomia (dryness of the mouth) and visual problems, as do all muscarinic blockers.
- They interfere with gastrointestinal peristalsis and are contraindicated in patients with glaucoma, prostatic hyperplasia, or pyloric stenosis.

# **Antimuscarinic agents**

- Blockage of cholinergic transmission produces effects similar to augmentation of dopaminergic transmission.
- Adverse effects are similar to those caused by high doses of *atropine*—for example, papillary dilation, confusion, hallucination, sinus tachycardia, urinary retention, constipation, and dry mouth.

#### Alzheimer's Disease

Causes, Effects, and Treatments

# Alzheimer's Disease

- Degenerative brain disorder
- 4 million Americans
- 10% of all people over 65
- 50% of all people over 85
- 19 million people are family members of an Alzheimer's patient
- 22 million people worldwide will be diagnosed by 2025

# The History of Alzheimer's

- Alois Alzheimer in 1906 performed an autopsy
- "Peculiar formations"
- "Dense bundles"

## **Functioning Brain**

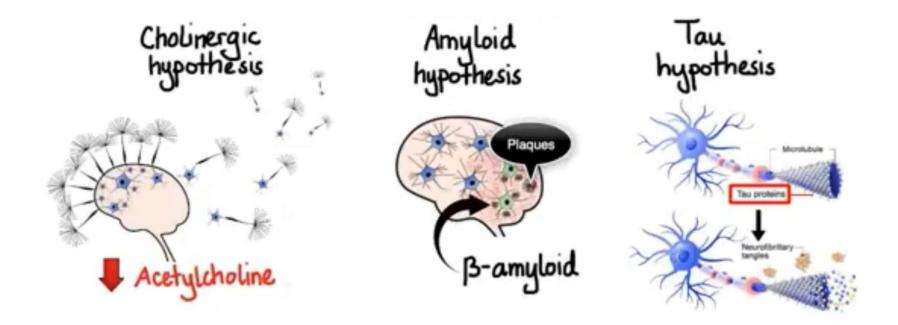
- Cerebrum- 2 hemispheres
  - Higher order functioning- reasoning, planning, analyzing, creating
  - Lobes
    - Frontal
    - Parietal
    - Temporal
    - Occipital

### **Functional Brain**

- Hippocampus
  - Part of limbic system
  - Role in memory formation
    - Sorts and sends new info to correct part of brain to be stored and recalled when necessary

### Neurons

- Basic unit of nervous system- nerve cells
- Stimulus causes neuron to send an electric impulse through the cell body to the tip of the axon where neurotransmitters carry the signal across the synapse to the next neuron



## What Alzheimer's does

- Neuron degeneration
  - First in hippocampus
  - Spreads to frontal, parietal, temporal lobes
  - Loss in basal nucleus of Meynert
  - Goes on to rest of brain
  - Brain mass shrinks

## What Alzheimer's Does

- Amyloid plaques
  - Abnormal build-up of a protein called betaamyloid
- Neurofibrillary tangles
  - Threads of protein tau begin to twist and structure of cell collapses
- Do plaques and tangles cause Alzheimer's or are they a result of the disease?

#### **BETA-AMYLOID PLAQUES**

# AMYLOID PLAQUES

• Plaques form when specific protein in the neuron cell membrane is processed differently

- When this fragments clamp together they become toxic and clamp to neuron
- As more fragments are added these oligomers increase in size and become insoluble eventually forming BETA-AMYLOID PLAQUES

#### TAU PROTEIN AND NEUROFIBRILLARY TANGLES

# NORMAL TAU PROTEIN

- Neurofibrillary tangles are made when a protein called tau is modified.
- In normal brain cells, tau stabilizes structures critical to the cell's internal transport system.
- Nutrients and other cellular cargo are carried up and down the structures called microtubules to all parts of the neuron.

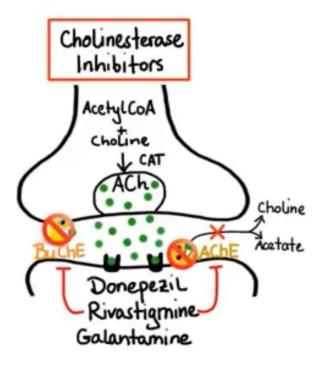
## In ALZHEIMER'S DISEASE

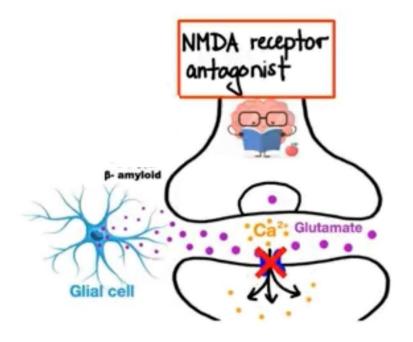
- abnormal tau separates from the microtubules, causing them to fall apart.
- Strands of this tau combine to form tangles inside the neuron, disabling the transport system and destroying the cell.

- Neurons in certain brain regions disconnect from each other and eventually die, causing memory loss.
- As these processes continue, the brain shrinks and loses function.

# Signs and Symptoms

- Severe memory loss
- Confusion
- Inability to formulate abstract thoughts
- Difficulty concentrating
- Difficulty carrying out routine or complex tasks
- Personality changes
- Paranoid or bizarre behavior





Memantine

# The future of Alzheimer's

- Currently, Alzheimer's disease is treatable, but incurable.
- Researchers are, however, feeling ever closer to pin-pointing the specific causes and biological basis of the disease, which will lead to a possible cure.

# **THANK YOU**

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