

The Effect of Nutrients on Alzheimer'S Disease Biomarkers: a Metabolomic Approach

Efstathia Kalli

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Abstract

A large number of plasma proteomic biomarkers have been discovered in the field of neurodegenerative diseases. Novel biomarker molecules in plasma and serum could significantly reduce the need for invasive methods in clinical practice such as the lumbar puncture for CSF collection and may be useful to specific patients. Furthermore, candidate biomarker proteins that have been identified and validated could be used to discriminate Alzheimer's disease patients from MCI and healthy controls in clinical trials, before the onset of clinical symptoms as well as to improve personalized therapies. The development of new blood based biomarkers via proteomic technology offer a deep knowledge in the pathophysiology of neurodegenerative diseases and involves in the development of new therapeutic targets. This current report presents numerous dietary compounds that either promote or suppress the expression of biomarkers mainly in the blood of AD or MCI subjects.

I.Introduction

Different dietary patterns have been proposed for the delay of cognitive decline and the prevention of Alzheimer's disease. In the majority of observational and clinical studies, the Mediterranean diet, the Dietary Approaches to Stop Hypertension (DASH) diet and the Mediterranean-DASH Intervention for Neurodegenerative Delay (MIND) diet was associated with reduced risk for AD (Cremonini et al., 2019). Other studies demonstrated a negative association between the ketogenic diet and the progress of neurodegerative diseases (Włodarek, 2019). However, there is little or insufficient evidence for the direct impact of nutrients and its metabolites upon the blood based biomarkers of Alzheimer's disease.

II.Advanced glycation end products (AGEs) in AD

Advanced glycation end products (AGEs) also known as glycotoxins are abundant in highly processed foods in western diet and are also formed during high heat cooking methods. Several studies reveal that AGEs have been implicated in various chronic diseases such as diabetes chronic kidney disease, memory decline with age, cardiovascular pathology, polycystic ovary syndrome, increased cellular inflammatory and oxidative conditions, cancer, schizophrenia, aging and Alzheimer's disease (Prasad et al., 2019). More precisely, advanced glycation end products that have been observed in intracellular neurofibrillary tangles (Sasaki et al., 1998), increase the ROS production, upregulate the expression of BACE, PS1M and SIRT1 and through these mechanisms they may contribute to the progression and neurotoxicity of AD (Ko et al., 2015).

Dietary intake of glucose and corn syrup with high concentration of fructose (HFCS) presented in processed foods (candy and cereal bars, confectionery products, specific brands of breakfast cereals, salad dressings, flavored yogurts, canned fruits, ice creams, ready to eat food) may lead to insulin resistance, type 2-diabetes and may induce the glycation process, presented by glycated Apo E (Han et al., 2014). Increased exposure of neurons and astrocytes to glucose and mainly to fructose may increase the risk of protein glycation leading to protein dysfunction and neuronal damage. On the other hand, studies have demonstrated a major protective role of n-3 fatty acids, a-lipoic acid, flavonoids such as quercetin and rutin (Li et al., 2014). Saffron (Samarghandian et al., 2014), green tea (Nakagawa et al., 2002) and garlic cloves and its constituent s-allylcysteine may all possess their neutraceutical effect by inhibiting the glycation process.

III.Apolipoproteins in AD

Apart from APOE ɛ4 allele that has been marked as a strongest genetic risk factor for AD, apolipoprotein B100 (Löffler et al., 2013), apolipoprotein J as well as apolipoprotein D (Bhatia et al., 2019) are associated with AD pathology. ApoJ, also known as clusterin could discriminate AD and MCI from healthy controls with an accuracy greater than 80% and greater than 75% respectively (Thambisetty et al., 2010; Gupta et al., 2016). Regular consumption of trans fatty acids upregulate the expression of ApoB-100 (Mitmesser & Carr., 2005).

IV.Amyloid precurson protein (APP) & BACE1 in AD

A type I transmembrane protein known as amyloid precurson protein (APP) with different isoforms is expressed in neurons and in astrocytes and has a crucial role in the pathogenesis of AD. Proteolysis of APP initially by the enzyme β -secretase or β -site APP cleaving enzyme 1 (BACE1) and consecutively by the enzyme γ - secretase gives rise to Abeta 1-40 and Abeta 1-42 peptides resulting in amyloidogenesis (Zhang et al., 2012). AD subjects have presented increased levels of BACE1 protein compared to age-matched non-demented subjects. Therefore peripheral APP and BACE1 can be used as both prognostic and therapeutic tool (Ashton et al., 2019; Decourt et al., 2011).

According to several studies, dietary intake of omega-3 fatty acids (Lukiw et al., 2005), selenium (Du et al., 2013), polyphenol-rich sesame lignans and cinnamon helps eliminate the APP activity (Katayama et al., 2016). Other dietary phenolic compounds such as (–)-Epicatechin, quercetin and myricetin found in tea, berries and herbs inhibit the activity of BACE1. Similar antiamyloidogenic properties are present in the flavonone nariturin found in citrus fruit and juices (Chakraborty, S., & Basu, S., 2017) and in the caffeic acid conjugated chitosan (Ouyang et al., 2017).

V.Sirtuins in AD

The family of sirtuin deacetylases has been extensively studied for their implication in the development neurodegenerative diseases. The protein biomarkers Sirt1 and Sirt3 with suitable cut off points have been proposed and evaluated in the early stages of AD diagnosis. Sirt1 is a well known neuroprotective enzyme against AD through the autophagy process.Kumar et al. (2013) showed significant decline in blood SIRT1 concentrations in AD and MCI patients when compared to healthy controls. A high fibre, low fat diet upregulate the sirt1 expression (Martins, I. J., & Fernando, W. M., 2014).Cinnamon polyphenolic compounds cinnamtannin D1, B1, cassiatannin A and extra virgin olive oil constitute potential sirt1 activators (Vassallo, 2015).

Sirt3 in mitochondria promotes protein homeostasis and regulates a series of molecular and metabolic procedures such as cell signaling, oxidative phosphorylation, ATP production and apoptosis (Szegő et al., 2018) as well as protein folding and degradation (Yang et al., 2018). Therefore depletion of sirt3 has been related to mitochondrial dysfunction and AD pathology. Considering the nutritional impact, a calorie restricted ketogenic diet not only reduces the blood glucose levels but also promotes the sirt3 activity (Hirschey et al., 2011; Shimazu et al., 2010).

VI.Biomarkers of neuroinflammation in AD with respect to diet

Peripheral inflammatory mediators which reflect neuroinflammation are proposed as biomarker candidates, since they are associated with the pathogenesis of AD. Both APP and amyloid beta increased the production of cytokines and chemokines from microglia, neurons and astrocytes which in turn activates the amyloid accumulation (Solfrizzi et al., 2006). One of the well studied proinflammatory cytokines, is the IL-1 has been associated with ptau and with deposition of AB through the MAPK-P38 activation (Sheng et al., 2001). IL-1B is released due to mitochondrial dysfunction causing the cell death (Ramesh et al 2018). Other key mediators of the inflammation process is the

tumor necrosis factor (TNF-a), IL-10, IL-12 (Baird et al., 2015; Leung et al., 2013) and the acute reactant protein c - CRP- (O'Bryant et al., 2011; Cheng et al., 2018; Kravitz et al., 2009; Ferrucci et al., 2006).

The n-3 fatty acids through the consumption of fatty fish (James et al., 2000) together with the polyphenols quercetin (Zhang et al., 2011), rutin, catechin, sesamol (Ren et al., 2018) and lycopene (Palozza et al., 2011) all have anti-inflammatory properties. In a practical manner, a diet rich in fruits and vegetables such as apple, red kidney bean, radish, onion, tomatoes, carrots and sesame oil might be considered as a novel anti-inflammatory therapy. Moreover, intake of both dietary fibres and probiotics through the consumption of fermented diary products, may suppress the CRP presentation (Akbari et al., 2016). Under other circumastances, dietary advanced glycation end products (d-AGEs), are key mediators of increased oxidant stress and inflammation by enhancing the activity of CRP.

VII.Other proteomic biomarkers for AD related to diet

Using a quantitative iTRAQ proteomics approach it has been discovered that the pancreatic peptide, known as amylin may cause reduction in mitochondrial respiration and mitochondrial complex IV activity, causing an overal mitochondrial dysfunction (Lim et al., 2010) and in addition, it has the capacity to misfold and aggregate under specific circumstances (Mietlicki-Baase, 2018). Therefore, the main target is to deactivate this peptide through diet in order to preserve mitochondrial function. Micronutrients such as folic acid and the polyphenols quercetin, rutin & oleuropein aglycon (in extra virgin olive oil) have the ability to inhibit the presentation of amylin (Aitken et al., 2017).

Other AD associated proteins, verified as biomarkers, included adiponectin (Teixeira et al., 2013), neuroprotectinD (NPD1) (Bazan et al., 2009), neurogenin2 (NGN2) (Ashton et al., 2019), peroxisome proliferator-activated receptor- γ coactivator (PGC-1 α) (Sweeney et al., 2016), choline acytyltransferase (CHAT) (Greco et al., 2012), nuclear factor E2-related factor 2 (Nrf2) transcription factor (Bahn & Jo, 2019), brain-derived neurotrophic factor (BDNF) (Cheng et al., 2018) and transthyretin (TTR) (Velayudhan et al., 2012) all showing lower or insufficient levels in AD compared to controls.

Other the other hand, overexpression of the plasma neurofilament light (NFL) (Ashton et al., 2019), peptidyl-prolyl cis-trans isomerase (pin1) (Pastorino et al., 2006), 3-nitrotyrosine (3-NT) (Swomley et al., 2014), glycogen synthase kinase-3 (GSK3B) (King et al., 2014), carcinoembryonic antigen (CEA) (Martins et al., 2018), brain natruiretic peptide (Llano et al., 2013), homocysteine (Doecke et al., 2012), are detectable in AD subjects.

A low calorie/low - carbohydrate diet may be involved in the regulation of adiponectin levels (Martins et al., 2014) and dietary intake of DHA (Heras-Sandoval et al., 2016) EPA and AA (Irizarry, 2004) increase the neuroprotectinD (NPD1) and the neurogenin2 presentation (Katakura et al., 2009). Furthermore, choosing food items rich in resveratrol such as grapes, berries, cocoa, peanuts (Kim et al., 2007), and foods rich in quercetin such as apples, onions, cherries, citrus fruits, broccoli, green tea (Davis et al., 2009) combined with and a daily consumption of olives & extra virgin olive oil rich in hydroxytyrosol may contribute to restore the plasma level of peroxisome proliferator-activated receptor- γ coactivator (PGC-1 α) and thus regulate mitochondrial biogenesis (Zhu et al., 2010). Dietary choline found abundant in whole eggs, meat, fish and whole grains (Marriott, 1994) together with medium chain triglyceride (MCT) and fatty acids considered as activators of choline acytyltransferase via the acetyl coenzyme activity (Reger et al., 2004).

The restoration of the Nrf2 transcription factor in the blood of AD subjects can be achieved through sufficient intake of specific nutrients and phenolic compounds such as carnosinic acid which is highly found in rosemary *(Rosmarinus officinalis)* (Satoh et al., 2008), cinnamon (Momtaz et al., 2018), hesperidin (a citus bioflavonoid), resveratrol, lycopene, glucosinolates (brassica vegetables) (Angeloni et al., 2016), n-3 fatty acids (fatty fish, flaxseeds) (Zhang et al., 2014), pterostilbene (blueberries) (Saw et al., 2014). Additionally, several studies

highlightened a beneficial role of olive oil via hydroxytyrosol oleuropein oleacein (Martinez-Huelamo et al., 2017), sesame oil (Ren et al., 2018) and butyrate (butter) coupled with β -hydroxybutyrate (Cavaleri et al., 2018).

Caloric restriction and intermittent fasting have been proposed as a lifestyle way to slow down the progression of Alzheimer's disease by increasing the circulating BDNF levels promoting neuronal survival, neurogenesis and synaptic plasticity (Baik et al., 2020). Dietary intake of lycopene and carotenoids-rich foods (Elango & Asmathulla, 2017), palmitoylethanolamide (PEA) in egg yolk, peanut oil, bovine milk, legumes, corn, tomatoes with luteolin found in celery, chamomile, olive oil, carrots, spinach, oregano, rosemary elevate the expression and the activity of BDNF (Paterniti et al., 2014). Vitamin D (Gezen-Ak et al., 2014), grape seed polyphenol extract (GSPE), and concord grape juice (CGJ) showed similar properties (Jiang et al., 2019). Blood concentration of TTR are declined by AGEs (Salahuddi et al., 2014), while curcumin modulates TTR abnormal aggregation (Ferreira et al., 2019).

A diet regimen supplemented with n-3 fatty acids and particularly with DHA, has the potential to downregulate the increased blood levels of plasma neurofilament light (NFL)(Oliver et al 2016).Moreover, tannic acid (herbal teas), caffeic acid (cereals, fruitsseeds, herbs, spices), epigallocatechin gallate (EGCG) are well-known neuroprotective compounds that inhibit the overexpression of peptidyl-prolyl cis–trans isomerase (pin1) in AD (Hidaka et al., 2018).

The excessive presentation of 3-nitrotyrosine (3-NT) is further increased by the presence of acrylamide in the foods, the alcohol (Szumska et al., 2012) and the iron consumption in the diet (Bian et al., 2003). Interestingly, the flavonoids rosmarinic acid (Paudel et al., 2018) and resveratrol (Simão et al., 2012) reduce the activity of the biomarker glycogen synthase kinase-3 (GSK3B). Regarding the hyperhomocysteinemia, vitamin B_{12} , B_6 and methyltetrahydrofolate can optimize the high blood levels (Tanaka et al., 2009). Finally, dietary salt intake(Lang et al., 1991) and alcohol consumption (Sun et al., 2016) further increase the activity of the brain natruiretic peptide and the carcinoembryonic antigen (CEA) biomarker respectively.

Conclusion

The effect of nutrients and dietary regimens on the blood based biomarkers using the proteomic data analysis technology generates promising results for the prevention and the treatment of AD. Personalised nutritional interventions could be a promising tool for the delay of the AD progression. A low carbohydrate diet with an optimal dietary intake of n-3 fatty acids, MCT, polyphenols (resveratol, quercetin, rosmarinic acid, carnosinic acid, epigallocatechin gallate) and extra virgin olive oil exert neuroprotective action through activation or inactivation of serum/plasma biomarkers of AD and MCI patients. However, further clinical studies are needed to be conducted taking into account the metabolomic area for the achievement of better outcomes in Alzheimer's disease tharapy.

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