

DEGENERATIVE **DISORDERS &** DEMENTIA

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Manifestation

- Increase in time required to retrieve information
- Less able to register and retain new information
- Decrease in attention and concentration
- Minimal memory impairment
- Little or no progression of impairment
- No functional consequences

- Subjective memory complaints
- Objective memory impairments
- No or minor functional impairment
- No diagnosis of AD





Reasons of demencia

- Neuro-degenerative diseases
- Infectious diseases
- Metabolic diseases
- Traumatic diseases
- Toxic diseases
- Cerebro-vascular diseases
- Other rare causes of dementia



Reasons of demencia

- 1. Neurodegenerative diseases
- Familial Alzheimer diasease
- Lewy Body Diseases

disease (PDD)

Primary Progressive

Semantic dementia (SD)

linked to chromosome 17

FTD with Parkinsonism

Pick's disease (PiD)

Aphasia (PPA)

(FTDP-17)

(FTD)

- (DLB) Dementia in Parkinson's
- Dementia with Lewy Bodies
 Corticobasal degeneration (CBD)

palsv (PSP)

Argyrophilic grain disease

Progressive supranuclear

- Multiple system atrophy
- Fronto-temporal degeneration Amyotrophic Lateral Fronto-temporal dementia Sclerosis (ALS)
 - Ataxias
 - Huntington's disease (HD)
 - Postencephalitic Parkinsonism
 - Down syndrome

Reasons of demencia 4. Traumatic diseases Repeated head trauma 5. Toxic diseases Warnicke-Korsakoff Syndrome 6. Cerebro-vascular diseases Binswanger disease

- Amyloid angiopathy
- 7. Other rare causes of dementia
- Multiple Sclerosis
- Normal Pressure Hydrocephalus



Reasons of demencia

2. Infections

- Human Prion Disease Sporadic, Iatrogenic CJD Variant CJD. Familial CJD GSS . FFI
- HIV
- Syphilis
- Postencephalitic parkinsonism
- Herpes Encephalitis

3. Metabolic diseases

- Thyroid disorders
- Hallervorden-Spatz
- Hepatic and renal failure ۲
- Chronic hypovitaminoses ۲
- Cerebral lipoidosis ۲
- Metachromatic leukodystrophy
- Adrenoleukodystrophy



Classifications of dementia

Alzheimer type 1.

- Vascular type 2.
- Mixed type 3.
- Uncategorized type





Causes of dementia





Degenerative diseases





Mild Cognitive Impairment (MCI)

- Subjective memory complaints
- Objective memory impairments
- No or minor functional impairment
- No diagnosis of AD



Accumulations diseases

- Amyloid-beta protein
- Alpha-synuclein protein
- Hyperphosphorylated tau protein
- Prion protein
- Superoxide dismutase
- Huntingtin
- Atrophin
- Ataxin
- Laforin
- Glial fibrillary acidic protein
- Proteolipid protein
- Polyglucosan
- Neuroserpin



Accumulation disorders

Principal Protein	Disease
Amyloid-beta protein	Alzheimer's disease Down's syndrome Dementia with Lewy bodies
Alpha-synuclein protein	Parkinson's disease Dementia with Lewy bodies Cortical Lewy body disease Multiple system atrophy Neurodegeneration with brain iron accumulation
Prion protein	Creutzfeldt-Jakob disease, Kuru Fatal familial insomnia Gerstmann-Straussler-Scheinker disease







tauopatie

Disease

Principal Protein

Hyperphosphorylated tau protein



Alzheimer's disease Down's syndrome Frontotemporal lobar degeneration, m.pick Frontotemporal demencia u pakinsonizmu s väzbou na ch 17 Progressive supranuclear palsy Sy. Guam (parkinson-dementia complex) Corticobasal degeneration Pallidopontonigral degeneration

Niemann-Pick Type C disease





- (A) Alzheimer's disease. neurofibrillary tangles + extracellular amyloid plaque(arr)
- (B) Pick's disease Fibrillar tau inclusions
- (c) Prion disease PrPSc amyloid deposition in
- (D) Parkinson's disease multiple Lewy bodies in a nigral neuron
- (E) Machado-Joseph's disease neuronal intranuclear inclusions ataxin-3 in.
- (F) Mutant ataxin-3, demonstrating that it is distinct from the nucleolus.



Parkinson's disease

- <u>Definition</u>: Progressive degenerative brain disease characterized by decline in cognitive functions sufficient to cause impairment in social and occupational performance
 - Increasing memory loss (declarative -> implicit)
 - Cognitive decline (reasoning,
 - Changes in behavior, personality, judgment
- Most common cause of dementia among people > 65y
 - Typical late onset 65+ yrs (< 10% of cases earlier, mostly caused by a specific gene mutation)
- Incidence: 4 millions in US; underdiagnosed elsewhere ?
 - Either sex affected women 2-3 x often; when diagnosed they are in more progressive state (? longer life span);
 - Women live longer with symptoms until diagnosis (they live alone lacking social and instrumental support triggering diagnosis)
- <u>Prognosis:</u> terminal illness with survival ~ 8 yrs post-diagnosis (women live longer)
- AD can't be diagnosed for certain until death
- Currently linked to several genes (transgenic mouse models)



Accumulation disorders

Principal Protein	Disease
Superoxide dismutase	Familial amyotrophic lateral sclerosis
Huntingtin	Huntington's disease
Atrophin	Dentatorubral-pallidoluysian atrophy
Ataxin	Spinocerebellar atrophies
Laforin	Lafora's progressive myoclonus epilepsy
Glial fibrillary acidic protein	Adult Alexander disease
Proteolipid protein	Pelizaeus-Merzbacher disease
Polyglucosan	Polyglucosan body disease



Huntington disease

- AD inherited neurodegenerative disorder
- <u>Etiology:</u> expanded polyglutamine (CAG) repetes at the amino terminus of the protein huntingtin
 <u>PA:</u>
- <u>FA.</u>
 - cortical, striatal degeneration;
 neuronal intranuclear inclusions of mutant huntingtin
 - specific aggregate-interacting proteins - huntingtin-associated proteins:
 ubiquitin
 - huntingtin interacting protein 2 (HIP2) - contributes to the ubiquitination of huntingtin
- <u>Manifestations:</u>
 Motor disorder –chorea
 Cognitive disorder





- Huntingtin gene (IT15) contains a polymorphic trinucleotide (CAG)n repeat longer than the normal - expanded and unstable. IThe severity of symptoms and early onset of the disease enhances with the increasing length of CAG repeats.
- HAP1, apopain and GAPD

Parkinson's disease

MPTP causes selective death of dopaminergic SN neurons in the brain. MPTP crosses the blood-brain barrier, it is converted into MPDP+, an intermediate product, by the enzyme MAO-B within brain astrocytes. MPDP+ can then spontaneously form MPP+ either within the astrocyte itself or after diffusion into the extracellular space. MPP+ is then specifically taken up into dopaminergic neurons via the dopamine transporter (DAT). Once inside the dopaminergic neuron, MPP+ is taken up into the mitochondria via an energy-dependent transport process, where it acts as a specific inhibitor of mitochondrial complex



Lewy body in the cytoplasm of a pigmented DA neuron in SN





Huntingtin





Parkinson's disease

- Dopaminergic defect
- Serotoninergic defect
- Noradrenergic defect
- Acetylcholibergic defect

substantia nigra pars compacta - DA - nigrostriatal pathway - striatum ventral tegmental area - DA entorhinal cortex, olfactory tubercle, cingulate gyrus, and frontal cortex.

- locus ceruleus NA spinal cord, cerebellum, central gray matter of the midbrain, amygdala, substantia innominata, thalamus, limbic cortex
- raphe nuclei SE spinal cord cerebellum, substantia nigra, amygdala, striatum, and cortex.
- substantia innominata nucleus basalis of Meynert - Ach
- intermediolateral column preganglionic sympathetic fibers

