

Review



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Data Availability Statement

The datasets generated during and/or analyzed during the current study are available

BDNF Signaling in Vascular Dementia and Its Effects on Cerebrovascular Dysfunction, Synaptic Plasticity, and Cholinergic System Abnormality

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ABSTRACT

Vascular dementia (VaD) is the second most common type of dementia and is characterized by memory impairment, blood–brain barrier disruption, neuronal cell loss, glia activation, impaired synaptic plasticity, and cholinergic system abnormalities. To effectively prevent and treat VaD a good understanding of the mechanisms underlying its neuropathology is needed. Brain-derived neurotrophic factor (BDNF) is an important neurotrophic factor with multiple functions in the systemic circulation and the central nervous system and is known to regulate neuronal cell survival, synaptic formation, glia activation, and cognitive decline. Recent studies indicate that when compared with normal subjects, patients with VaD have low serum BDNF levels and that BDNF deficiency in the serum and cerebrospinal fluid is an important indicator of VaD. Here, we review current knowledge on the role of BDNF signaling in the pathology of VaD, such as cerebrovascular dysfunction, synaptic dysfunction, and cholinergic system impairment.

Keywords: Vascular dementia; Brain-derived neurotrophic factor; Cerebrovascular disorders; Neuronal plasticity; Cholinergic neurons

INTRODUCTION

Dementia prevalence is quickly rising and globally, the number of patients with dementia is projected to reach 100 million by the year 2050.^{1,2} The cost of caring for those with dementia is gradually increasing and causing a high economic burden, worldwide.³ Alzheimer's disease (AD) and vascular dementia (VaD) are the most common types of dementia.⁴ Studies indicate that at least 50% of patients with dementia have neurovascular problems accompanied by neurodegenerative pathology.⁴ Cerebrovascular dysfunction is an important sign of dementia-associated cognitive decline and neuropsychiatric symptoms.⁵ VaD mainly results from hypoperfusion, hypertension, and stroke, and its pathological features include blood–brain barrier (BBB) disruption, cognitive decline, neuroinflammation, and cholinergic system impairment.^{6–8} Brain-derived neurotrophic factor (BDNF), a neurotrophic factor, is closely associated with various neuropathological and neuropsychiatric diseases, including VaD, ischemia, depression, anxiety, and AD.^{9,11} Several studies indicate that BDNF influences neuronal cell survival, vascular dysfunction, glia activation, neurite outgrowth, synaptic formation, neurotransmitter secretion, and neurogenesis.^{12,14} The role of BDNF signaling in

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the brain during VaD needs to be re-examined. Here, we review current knowledge about the role of BDNF signaling in VaD, which is characterized by neuropathological features, including cerebrovascular dysfunction, synaptic dysfunction, and cholinergic system abnormalities.

VaD

VaD is the second most common type of dementia^{15,16} and accounts for about 20% and 30% of all dementia cases in Western and Asia countries, respectively.^{17,19} A recent report estimates that VaD will increase by 40% over the next 30 years.⁸ VaD is characterized by a gradual decline in cognitive function because of reduced blood supply to the brain (hypoperfusion),⁸ sporadic cerebral small vessel disease, arterial hypertension, atherosclerosis, ischemic stroke, or hemorrhagic brain injury by cerebrovascular diseases.²⁰⁻²³ Approximately 15% of VaD cases are associated with extracranial artery occlusion²⁴ and cerebral microinfarction has been reported as an important cause of VaD and AD.²⁵ The atherosclerotic cerebrovascular mechanisms of primary VaD differ from those of neurodegeneration and age-related loss of neurofibril networks and synaptic dysfunction.²⁴

The main pathological features of VaD include BBB disruption, impaired neurovascular coupling, neurodegeneration, cognitive impairment accompanied by language disorder, impaired visuospatial skill, personality disorder, cerebral atrophy, motor dysfunction, inflammation, and cholinergic deficiency.^{6,7,26-28} In VaD, BBB disruption is associated with abnormal neurovascular coupling, micro-blood vessel infarction, neural vasculature, glia activation, neuroinflammation, and cerebral hypoperfusion.^{29,30} VaD-associated BBB disruption has been associated with chronic cerebral hypoxia, which leads to increased BBB permeability.³¹ Moreover, subcortical vascular impairments interfere with the frontostriatal brain circuit, attention ability, and information processing.^{15,32} Small vessel diseases, such as micro-infarcts and lacunar infarcts are reported to lead to the development of VaD.³³ In the central nervous system (CNS), the cholinergic system is vulnerable to vascular damage, and cholinergic deficiency is observed in patients with VaD,³⁴ suggesting that a lack of cholinergic neurotransmitters results in memory loss.³⁵ VaD has been strongly associated with several genetic polymorphisms, including in the genes, *APOE*, *ACT*, *ACE*, *MTHFR*, *PONI*, *APOE e4*, and *PSEN-1*.³⁶⁻³⁹

Based on the vascular impairment of cognition classification consensus study (VICCCS) guidelines, VaD can be classified into four subtypes: post-stroke dementia, multi-infarct dementia, subcortical ischemic VaD, and mixed dementia.^{40,41} Based on neuroimaging data, the VaD brain exhibits atrophy, abnormal ventricular size, white matter degeneration, small infarction, and hemorrhaging.^{40,42} In VaD, white matter degeneration is critical because of its relationship with cognitive decline.^{43,44} White matter degeneration includes myelin sheath loss and arteriolosclerosis caused by lacunar infarcts, microinfarcts, and axonal dysfunction.⁴⁵ Chronic cerebral hypoxia, which causes oligodendrocyte dysfunction and ultimately, impaired myelin sheath formation has been implicated in VaD-associated cognitive decline.⁴⁶⁻⁴⁹

Judging from its pathological features, including cerebrovascular and synaptic dysfunction, abnormal ventricular size, myelin sheath impairment, brain atrophy, memory loss, and cholinergic neuronal loss, VaD is common and complex. Here, we review the features of VaD with a focus on BBB disruption, increased neuroinflammation, poor synaptic plasticity, as well as the impairment of the neurovasculature, the cholinergic system, and neurogenesis.

BDNF IN VaD

1. BDNF signaling

BDNF is a neurotrophic factor that influences various cellular processes in the CNS, such as cell survival, neuronal differentiation, gene expression, neurite outgrowth, and synaptic plasticity.^{50,51} In rodents and humans, BDNF is differentially expressed in several brain regions, including the amygdala, cerebellum, hippocampus, dentate gyrus, and cerebral cortex.⁵² In the brain, it controls excitatory and inhibitory synaptic transmission and the synaptic plasticity of γ -aminobutyric acid-ergic (GABAergic) and glutamatergic neurons.⁵³ BDNF can cross the BBB⁵⁴ and its serum levels correlate positively with its levels in brain tissues.⁵⁵

During BDNF synthesis, its precursor, proBDNF, is cleaved into mature BDNF (mBDNF) by various proteases, including matrix metalloproteases before being released.^{56,57} By binding to the p75 neurotrophin receptor (NTR), ProBDNF can affect cell death and apoptotic response, whereas by binding to the tropomyosin-related kinase B (TrkB) receptor, its mature form can influence neuronal survival.⁵⁸

The levels of BDNF in the CNS are strongly associated with neuropathological and neuropsychiatric symptoms, including seizures, epilepsy, ischemic dementia, depression, anxiety, cognitive impairment, and hypoglycemia.^{9,10} When compared with the controls, decreased cerebrospinal fluid BDNF levels have been observed in cases of VaD, mild cognitive impairment, and AD.^{11,59-61} Reduced blood BDNF levels have been observed in patients with mild cognitive impairment⁶² or impaired episodic memory performance.⁶³ Several studies indicate that BDNF enhances presynaptic axon terminal activity and influences neurogenesis, dendritic outgrowth, and synaptic plasticity (including the induction of long-term potentiation [LTP] through intercellular signaling pathways like glycogen synthase kinase-3 β (GSK3 β) signaling), and the maintenance of noradrenergic innervations. ERK1/2 signaling and cAMP-response element-binding protein (CREB) signaling,^{64,71} leading to the enhancement of depressive symptoms⁷² and cognitive function.^{73,74} BDNF has been reported to regulate the control of synaptic strength, including by regulating N-methyl-D-aspartate (NMDA) receptor expression and trafficking⁷⁵ and dendritic spine complexity,⁷¹ thereby influencing synaptic consolidation and memory formation.¹⁴ **Fig. 1** shows BDNF/TrkB signaling pathway in vascular system (**Fig. 1**). Below, we summarize the critical roles of BDNF in VaD.

2. BDNF and cerebrovascular dysfunction VaD

Cerebrovascular dysfunction is a major neuropathology in patients with VaD.⁷⁶⁻⁷⁸ Because neurons are not in direct contact with blood vessels, they form a unique, stable structural network called the neurovascular unit with glia.⁷⁹ The neurovascular unit, which is made up of pericytes, astrocytes, brain endothelial cells, vascular smooth muscle cells, and neurons⁷⁹ promotes cerebral blood flow, which relies on a neuronal metabolic interaction called neurovascular coupling.⁸⁰ The neurovascular unit influences the homeostasis of the BBB,⁸¹ a physiological barrier composed of pericytes, astrocytes, and brain endothelial cells,⁸⁰ which protects the neurovascular system by preventing toxic agents and pathogens in blood circulation from entering the brain parenchyma.^{81,82} However, several factors, including hyperglycemia, insulin resistance, small vessel disease, and hypertension can disrupt the BBB.⁸³ Increased BBB permeability is common in patients with VaD.⁸⁴ BBB disruption causes neuroinflammation, glial activation, memory loss, and brain edema.^{85,86} Pathological remodeling of the vasculature and microvasculature following atherosclerosis and stroke disrupts blood vessel integrity and results in abnormal and impaired blood supply to the

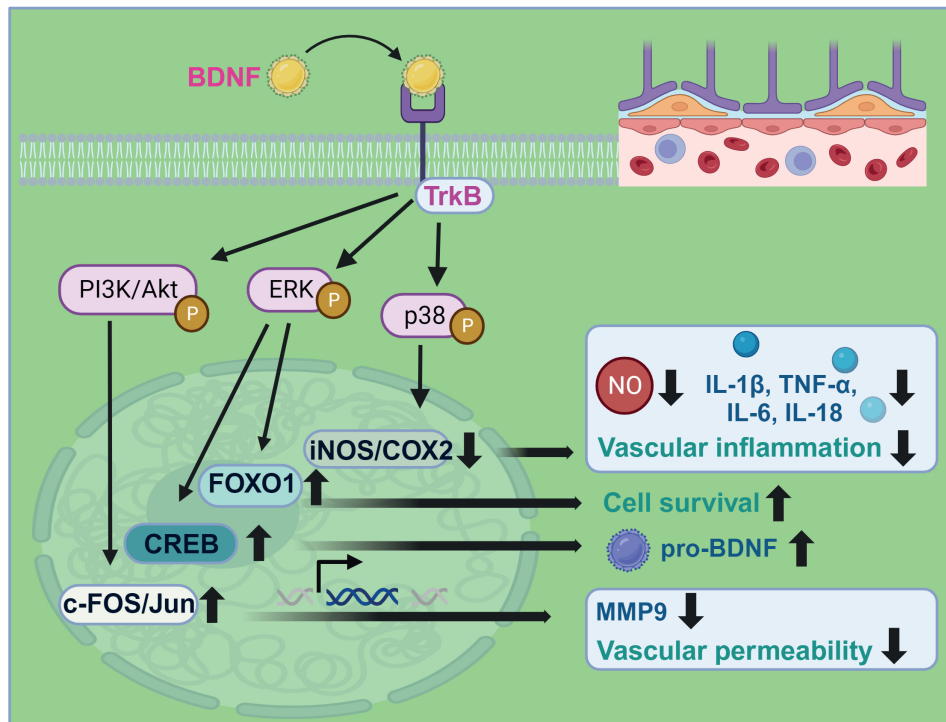


Fig. 1. BDNF/TrkB signaling in vascular system.

BDNF activates PI3K/Akt phosphorylation by binding TrkB receptor, and subsequently reduces MMP9 secretion through the regulation of c-FOS/Jun transcription, and ultimately suppresses vascular permeability. Also, BDNF increases ERK phosphorylation, and subsequently promotes FOXO1 and CREB transcription, and finally boosts cell survival and the production of pro-BDNF by binding TrkB receptor. BDNF/TrkB signaling inhibits p38 phosphorylation, iNOS, and COX2 transcription, finally contributes to the reduction of vascular inflammation by suppressing the secretion of NO, and pro-inflammatory cytokines such as IL-1 β , TNF- α , IL-6, and IL-18.

BDNF, brain-derived neurotrophic factor; TrkB, tropomyosin-related kinase B; PI3K, phosphoinositide 3-kinases; MMP9, matrix metalloproteinase 9; ERK, extracellular signal-regulated kinase; FOXO1, Forkhead box O1; CREB, cAMP-response element-binding protein; iNOS, inducible nitric oxide synthase; COX2, cyclooxygenase-2; NO, nitric oxide; IL, interleukin; TNF, tumor necrosis factor.

brain, leading to VaD.⁸⁷ Several studies have shown that VaD prevalence is significantly associated with cerebrovascular diseases, including stroke and small vessel disease,^{23,46,88} which may in turn, cause VaD-associated cognitive impairment.⁸⁹

Among the glial cells, astrocytes, which have terminal processes called astrocyte end-feet, surround blood vessels in the brain, thereby contributing to BBB integrity and promoting neurovascular coupling.⁹⁰ Astrocytes are in physical contact with endothelial cells and their end-feet cover the outer surface of the endothelium and surround the cerebrovasculature.⁹¹ The astrocyte end-feet, which cover up to 99% of the cerebrovascular surface, influence angiogenesis and mediate neurovascular coupling.⁹² Astrocytes communicate with neurons, oligodendrocytes, microglia, pericyte, and brain endothelial cells and their cellular processes surround synaptic terminals and modulate neuronal activity.⁹³ Based on their cell function, there are two types of reactive astrocytes, the A1 and A2 astrocytes.⁹⁴ Following brain injury, astrocyte activation mediates cerebrovascular recovery.⁹⁵ They also defend the brain against oxidative stress⁹⁶ and maintain ion homeostasis⁹⁷ and neurogenesis by modulating synapse formation.⁹⁸ Recent studies show that astrocytes contribute to the maintenance of BBB integrity by interacting with endothelial cells and pericytes⁹⁹ and by promoting the expression of tight junction proteins.¹⁰⁰

Astrocytes may modulate arteriolar tone via a constant low-level efflux of prostaglandin-E2 from astrocyte end-feet.¹⁰¹ Moreover, interneurons, such as GABAergic interneurons, are crucial for the maintenance of neurovascular coupling homeostasis in the brain cortex via the secretion of several neurotransmitters.^{102,103}

Microglia, a type of glial cells that modulate inflammatory cytokine secretion and contribute to neuronal loss, induce oligodendrocytogenesis, white matter integrity, and demyelination, which are involved in memory impairment.^{104,105} The loss of white matter integrity and the development of white matter hyperintensities (WMH) are strongly linked to microglia polarization and activity.¹⁰⁶ WMH is a marker of small vessel cerebrovascular disease and is associated with mild cognitive impairment, cognitive decline,^{107,108} and dementia development.¹⁰⁹ WMH is associated with demyelination, axonal loss, microglia activation, and cerebral amyloid angiopathy¹¹⁰ and it contributes to VaD-associated cognitive impairment.¹¹¹

BDNF is known to modulate cerebrovascular dysfunction, such as BBB abnormality, astrocyte reactivation, and microglia activation.^{112,113}

Following ischemic brain injury, BDNF promotes vascular remodeling and neovascularization by modulating the migration of neuronal precursors,^{114,115} and accelerates revascularization by modulating vascular endothelial growth factor expression.¹¹⁵ Recent findings indicate that after chronic cerebral hypoperfusion, ERK–CREB–BDNF signaling enhances memory function by improving cerebrovascular function (**Fig. 1**).¹¹⁶ BDNF release from endothelial cells also promotes neuronal migration via the activation of p75NTR and astrocyte function.¹¹⁷ It can also improve WMH-associated cognitive impairment by inhibiting hippocampal neuronal loss¹¹⁸ and preventing BBB permeability and leakage during brain injury.¹¹⁹

BDNF and TrkB are expressed in neurons and astrocytes and BDNF–TrkB signaling is a major mediator of astrocyte–neuron communication that influences astrocyte morphogenesis and maturation.¹²⁰ Astrocyte-secreted factors include metabolic substrates, neurotransmitters, and their precursors, and trophic factors, such as neurotrophins¹²¹ and BDNF.^{122,123}

Microglia are key CNS immune cells that make up 10%–15% of CNS cells.¹²⁴ After acute brain injury, reactive microglia modulate sustained inflammation, neuronal cell survival, and BBB disruption.¹²⁵ Reactive microglia and astrocytes are thought to release BBB permeability-associated molecules, including MMPs and nitric oxide, thereby inducing BBB leakage.^{100,125} BDNF can modulate microglial activation and polarization, which influences the secretion of anti-inflammatory cytokines.^{126,127} Collectively, these results indicate that BDNF signaling regulates astrocytes and glial cell function, neuronal function, cell–cell communication, and sustained BBB integrity, thereby improving cerebrovascular dysfunction (**Fig. 2**).

3. BDNF signaling in the cholinergic system and synaptic plasticity during VaD

Cholinergic neurons containing acetylcholine (ACh) are important for cognition because they enhance synapses and the maintenance of novel information.¹²⁸ Decreased ACh levels influence cholinergic synaptic clefts and subsequent cognitive decline.¹²⁹ Cholinergic innervation from the basal forebrain cholinergic neuron to the cortex and the hippocampus has been recently reported to significantly degenerate in AD-associated dementia.¹³⁰ Clinical studies have shown that patients with memory impairments, such as AD, exhibit abnormal acetylcholinesterase activity and reduced ACh levels in the brain.^{131,133} The loss of cholinergic neurons and reduced ACh levels have been observed in the hippocampi and cortexes of patients with VaD¹³⁴ and

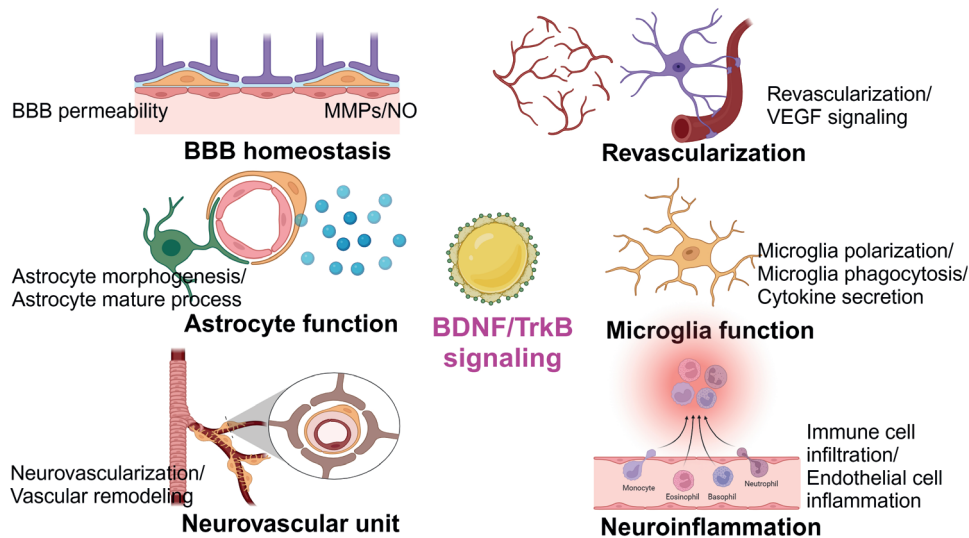


Fig. 2. BDNF/TrkB signaling and cerebrovascular function in vascular dementia.

BDNF/TrkB signaling maintains BBB homeostasis by modulating its permeability through MMPs and NO production, and by regulating revascularization through VEGF signaling. BDNF/TrkB signaling modulates astrocyte morphogenesis and maturation and enhances the neurovascular unit by regulating vascular remodeling. It also controls microglia polarization and function (e.g., phagocytosis and cytokine secretion) and attenuates neuroinflammation. BDNF, brain-derived neurotrophic factor; TrkB, tropomyosin-related kinase B; BBB, blood–brain barrier; MMP, matrix metalloproteinase; NO, nitric oxide; VEGF, vascular endothelial growth factor.

about 40% of patients with VaD show abnormal acetylcholinesterase activity and loss of cholinergic neurons in the hippocampus, striatum, and cortex.¹³⁵ Cholinergic deficiency is also reported to accelerate inflammation and cognitive decline during ischemic brain injury.¹³⁶ Acetylcholinesterase inhibitors can treat neuropathology during VaD by enhancing the cholinergic anti-inflammatory pathway.¹³⁷ In VaD, cholinergic system dysfunction aggravates cerebrovascular dysfunction, thereby accelerating memory loss.¹³⁸⁻¹⁴²

In addition, impaired synaptic plasticity, which causes memory loss, is a key feature of brains affected by VaD.^{143,144} Synaptic plasticity is determined by synaptic transmission and synaptic density proteins, such as postsynaptic density protein (PSD)-95.¹⁴⁵ Synaptic plasticity contributes to NMDA receptor signaling and LTP induction, thereby influencing learning and memory function.^{145,146} Recent studies have reported deficiencies in PSD-95 and related synaptic proteins in the hippocampi of a VaD model.^{147,148}

Some studies have reported that BDNF contributes to the improvement of memory function by activating NMDA receptor signaling^{149,150} and that BDNF accelerates synaptogenesis in various subtypes of neurons.¹⁵¹

Astrocytes contribute to synaptic plasticity^{152,153} by regulating the secretion of neurotransmitters and the extent of synaptic strengthening.¹⁵⁴ The proBDNF that is secreted during neuronal transmission is taken up and recycled, and the regulation of neurotrophin availability and proBDNF–p75NTR signaling influences the removal of some neurotransmitters from the synaptic cleft, which regulates synaptic availability in the brain cortex.¹⁵⁵ Astrocytes are also reported to release proBDNF during necrosis, which induces neuronal apoptosis.¹⁵⁶ BDNF release from astrocytes has been shown to enhance memory function, spine maturation and density, and synaptic plasticity in the 5xFAD mouse model of AD.¹⁵⁷ The recycling of BDNF between glia and neurons is also reported to be essential for LTP stabilization, neurite outgrowth, and memory formation.^{158,159} BDNF–TrkB signaling in

astrocytes has been recently found to influence neuronal synaptic activity in the temporal lobe of a mouse model of epilepsy.¹⁶⁰ Serum BDNF levels have been reported to be lower in patients with dementia and cognitive decline.⁶¹ By promoting glutamatergic neurons in the hippocampus and enhancing dendritic spine maturation, BDNF may influence the synaptic plasticity of short- and long-term memory.¹⁶¹ Numerous studies have strongly associated BDNF with synaptic formation, neuronal proliferation, and neuronal differentiation in the hippocampus, indicating that it is involved in learning and memory.^{159,162-164}

Additionally, BDNF activates cognition and neuronal survival-associated intracellular signaling pathways, such as the mitogen-activated protein kinase/extracellular signal-regulated kinase (MAPK/ERK)^{165,166} and CREB pathways.^{167,168} ERK signaling activation and CREB phosphorylation are essential for LTP induction in the hippocampus.¹⁶⁹ Furthermore, BDNF signaling controls the expression of synaptic density proteins, such as PSD-95 and the synaptic vesicle protein, synaptophysin, which are involved in synapse formation and maturation.^{170,171} Using a mouse model of cerebral ischemia, recent studies indicate that BDNF improves memory impairment and hippocampal neuronal synaptic plasticity through BDNF/CREB signaling.¹⁷² It is also reported to boost mitochondrial function in neurons via protein kinase A (PKA) signaling and to protect from neuronal damage¹⁷³. Another recent study found that BDNF contributes to neuronal synaptic plasticity by regulating microglia function.¹⁷⁴ BDNF ameliorates LTP, long-term depression (LTD), axonal sprouting, and dendritic outgrowth proliferation, which are associated with memory function.¹⁷⁵⁻¹⁷⁸ Reduced BDNF levels also influence hippocampal volume,¹⁷⁹ parietal lobe loss,⁶³ cognitive impairment, AD, and VaD.^{11,61-63,180,181} Some studies have found that in the hippocampus, proBDNF reduces synaptic plasticity, LTD impairment, memory dysfunction, and inhibition of dendritic outgrowth.¹⁸²⁻¹⁸⁴ BDNF decreases hippocampal neuronal loss in hypoxia-induced vascular cognitive impairment.¹⁸⁵ Microglia have been reported to promote spine formation and maturation in neurons by regulating BDNF secretion.¹⁸⁶ Other studies indicate that through BDNF signaling, microglia might accelerate synapse formation¹⁸⁶ and boost hippocampal neurogenesis via phagocytosis, thereby improving cognitive function.^{174,187} Furthermore, BDNF regulates cholinergic neurons and promotes acetylcholine secretion-associated memory processes.¹⁸⁸⁻¹⁹⁰ Alderson et al.¹⁹¹ suggested that BDNF increases cholinergic neuronal cell survival and differentiation. BDNF is also reported to boost cholinergic neuronal cell survival in the forebrain, which improves memory performance.¹⁹²⁻¹⁹⁴ AD is associated with increased acetylcholinesterase activity and decreased ACh expression in the brain cortex and hippocampus and these processes are affected by BDNF signaling.¹⁹⁵⁻¹⁹⁷ Moreover, a significant correlation has been observed between BDNF and cortical AChE levels.¹⁹⁶ Some studies have found that BDNF improves cholinergic neuronal maturation and cholinergic hippocampal innervation^{198,199} and that it may promote ACh release, which is associated with memory consolidation.^{200,201}

Taken together, available evidence indicates that BDNF signaling may enhance learning and memory function in VaD by improving synaptic plasticity and the cholinergic system (**Fig. 3**).

CONCLUSION

In this review, we have summarized the roles of BDNF signaling in VaD.

Current evidence suggests that during VaD, BDNF signaling improves cerebrovascular dysfunction by regulating astrocyte and microglial function, BBB permeability,

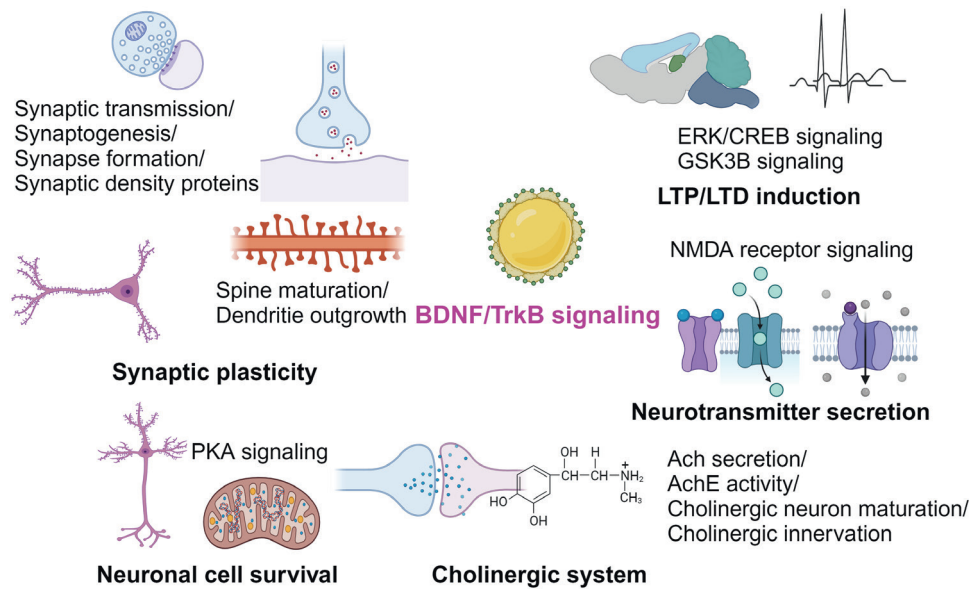


Fig. 3. BDNF/TrkB signaling and memory function in vascular dementia.

During vascular dementia, BDNF/TrkB signaling enhances synaptic plasticity by regulating synaptic transmission, synaptogenesis, synapse formation, synaptic density protein levels, spine maturation, and dendritic outgrowth. It also promotes neuronal cell survival by improving mitochondrial function via protein kinase cAMP-dependent (PKA) signaling and LTP/LTD through the ERK/CREB signaling and GSK3 β signaling pathways. Furthermore, BDNF/TrkB signaling regulates neurotransmitter secretion and neuronal cell function through NMDA receptor signaling and controls the cholinergic system via ACh secretion, AChE activity, cholinergic neuron maturation, and cholinergic innervation into the hippocampus.

BDNF, brain-derived neurotrophic factor; TrkB, tropomyosin-related kinase B; PKA, protein kinase A; LTP, long-term potentiation; LTD, long-term depression; ERK, extracellular signal-regulated kinase; CREB, cAMP-response element-binding protein; GSK3 β , glycogen synthase kinase-3 β ; NMDA, N-methyl-D-aspartate; ACh, acetylcholine; AChE, acetylcholinesterase.

revascularization, and glial–neuron connections (**Fig. 2**). Moreover, studies indicate that during VaD, BDNF signaling enhances memory function by ameliorating synaptic plasticity, synaptogenesis, spine maturation, LTP and LTD induction, and NMDA receptor signaling (**Fig. 3**). Based on current literature, we argue that BDNF signaling improves the cholinergic system by promoting ACh secretion, cholinergic neuronal maturation, and survival, and cholinergic hippocampal innervation, as well as by regulating acetylcholinesterase activity, thereby improving memory consolidation and performance during VaD (**Fig. 3**). Taken together, available evidence emphasizes the importance of BDNF signaling in the treatment of VaD neuropathology.

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