

# Simultaneous exposure to noise and carbon monoxide increases the risk of Alzheimer's disease: a literature review

Fereshteh Bagheri<sup>1</sup>, Vahid Rashedi<sup>2,\*</sup>

<sup>1</sup> Department of Audiology, School of Rehabilitation Sciences, Babol University of Medical Sciences, Mazandaran, Iran

<sup>2</sup> School of Behavioral Sciences and Mental Health (Tehran Institute of Psychiatry), Iran University of Medical Sciences, Tehran, Iran

\*Correspondence to: Vahid Rashedi, PhD, vahidrashedi@yahoo.com or rashedi.v@iums.ac.ir.  
orcid: 0000-0002-3972-3789 (Vahid Rashedi)

## Abstract

Dementia is a syndrome of cognitive and functional decline, commonly occurring in later life as a result of neurodegenerative and cerebrovascular processes beginning earlier in the life course. An excess of free radicals has an essential role in neurodegenerative diseases and aging. This paper aims to review the effects of noise and carbon monoxide as a risk factor in Alzheimer's disease as well as the role of free radicals in the progress of Alzheimer's disease. Articles included in this review were identified through a search of the databases PubMed, Scopus, and Google Scholar using the search terms Alzheimer's disease, dementia, noise, reactive oxygen species, and Carbon Monoxide. The literature search was restricted to the years 1982 to 2020 and articles published in the English language. The metabolism rate of the body is very high when exposed to noise and carbon monoxide; this leads to overproduction of reactive oxygen species and oxidative stress conditions. Oxidative stress has an essential role in the mechanisms concerned in Alzheimer's disease. In addition to the consequences of noise and a chemical substance on the auditory system, they also have non-auditory effects that affect the brain and induced neurodegenerative disease.

**Key words:** Alzheimer's disease; auditory system; carbon monoxide; dementia; free radicals; noise; older adults; oxidative stress; reactive oxygen species

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## INTRODUCTION

Epidemiologic studies show that 11% of the world's population is over 60 years of age; this is projected to increase, by 2050, to 22% of the population.<sup>1</sup> The most prevalence of aging is in the developing countries and the population of people living with Alzheimer's disease (AD) is predicted to reach 115 million by 2050.<sup>2</sup> AD is a prevalent age-related neurodegenerative disease; it is the main cause of a decrease in cognitive performance.<sup>3</sup> Environmental and lifestyle factors are the risk factors that contributing to this disease.<sup>4</sup> Stress can affect cognitive functions, and loud noise exposure is an important external source of stress.<sup>5</sup>

Noise is an auditory stimulus that adversely affects the health condition and has adverse effects on the activities and behaviors. Several studies have been shown that chronic exposure to noise involved several skills of auditory processing ability such as sustain attention, a short span of memory, and speech perception.<sup>6-8</sup>

Moreover, exposure to a high level of noise causes an enhancement of stress hormones that affect brain.<sup>9</sup> The adverse effects of noise on the auditory system depend on the level and duration of the exposure. Noise induce temporary threshold shift, which was suddenly created by exposure to excessive levels of sound and noise-induced permanent threshold shift that can be created by chronic exposure to high levels of sound.<sup>10</sup>

Carbon monoxide (CO) is generated as a part of exhaled air in the normal metabolite of healthy body and exposure to low

levels of CO has no neurotoxic effect, but chronic exposure to CO is considered as a factor related to the development of central nervous system impairments.<sup>11</sup>

In this review, the researchers aim to examine the evidence of whether exposure to noise and CO can increase the risk of AD.

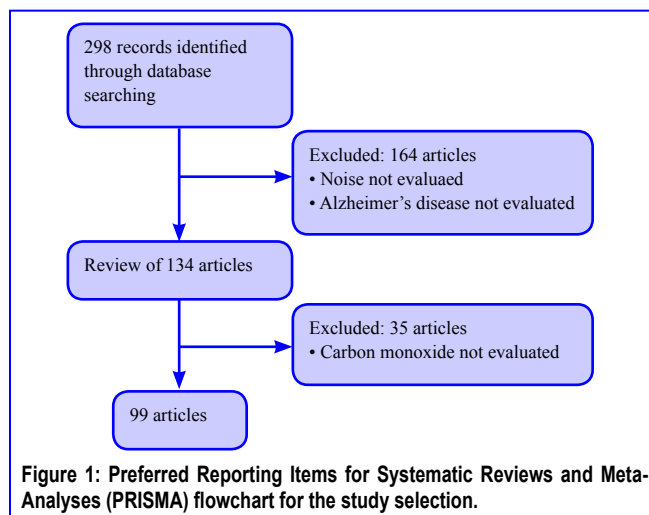
## SEARCH METHODS

Of 298 primary articles, 99 potentially eligible articles were reviewed. Articles included in this review were identified through searching the databases of PubMed, Medline, Scopus, Google Scholar and Scientific Information Database using the search terms of Alzheimer's disease, Noise, Carbon monoxide, Free radical, and hearing stress oxidative. We considered the factors related to AD, such as noise and CO. The literature search was restricted to the years 1982 to 2020 and the English language. **Figure 1** shows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flowchart of study selection.

## RESULTS

### Noise as a stressor and induced reactive oxygen species

The need for the industry in diverse societies has led to the creation of various factories and industries, and industrialization has also led the workforce to be in constant contact with machinery and equipment. The effects of widespread use of machinery and equipment make people more vulnerable to workplace hazards, including noise, which is the most commonly damaging physical hazard in the workplace.<sup>12</sup>



Noise-induced hearing loss (NIHL) is one of the most common occupational injuries. In developed and developing countries, it is estimated that over 600 million people are exposed to excessive noise, with a significant proportion of them suffering from hearing loss or hearing loss shortly.<sup>13</sup> NIHL after age-related hearing loss (or presbycusis) is the most common cause of hearing loss in older adults, and also NIHL is the most commonly reported occupational disease in the United States.<sup>14</sup>

NIHL not only causes mechanical damage but also leads to metabolic changes.<sup>15</sup> Several mechanical damages have been observed in the NIHL, such as the reduction of the number of synapse between hair cells and auditory nerve fibers in the cochlea, decrease of synaptic vesicles, and reduction of the size of the synapse body. Moreover, inflammation of the dendrites (accumulation of additional glomerular neurotransmitters due to glutamate in the inner hair cells synapse) and neuronal changes in the nucleus of the cochlea and to the superior olivary complex have been observed.<sup>16</sup>

Metabolic disturbance after exposure to noise can increase the free radicals in the mitochondria.<sup>17</sup> Free radicals are reactive substances that can be grown in our body by exposure to several risk factors such as smoking, air pollution, chronic exposure to noise, and chemical substances (e.g., CO).

Reducing the blood flow of the cochlea after the formation of free radicals due to exposure to noise causes a lack of oxygen in the cochlea, and all of these factors ultimately lead to apoptosis and cell death.<sup>18,19</sup> In addition to the mentioned effects, exposure to environmental noise can induce psychosocial responses such as stress, anxiety, sleep disturbances, behavioral, and performance variation. There is some evidence based on the effects of background noise on the event-related potential concerning attentive and cognitive alterations.<sup>20</sup>

Oxidative stress and also cytokine production increased after exposure to noise in the brain.<sup>21</sup> The prenatal noise stress and even chronic exposure to noise caused an excess of amyloid  $\beta$ -peptide (A $\beta$ ) plaques and also increased the size of plaque across a lifetime.<sup>22-24</sup> A $\beta$  plaques have been implicated in AD.<sup>25-31</sup>

Noise as a stressor factor has adverse effects on memory.

Stress disturbed neuroanatomical in the brain, particularly in the hippocampus and induced changes in the size and number of neurons.<sup>32,33</sup> The hippocampus has the leading role in memory.<sup>34</sup> The loss of synapse and neurons in the hippocampus are the clinical features of AD.<sup>35</sup> Also, neuroinflammation in the hippocampus and accumulation of reactive oxygen species (ROS) are the significant features of AD.<sup>36</sup> So the stress caused by exposure to noise could increase the risk of AD.

### Carbon monoxide exacerbates the effects of noise

CO is classified as an asphyxiant gas. The CO is a colorless, odorless, and tasteless, flammable gas produced by incomplete combustion of organic materials such as coal, wood, paper, and oil. Motor vehicles and industries are among the most critical sources of CO production in the environment. CO excessively produced where fuel engines are used in closed spaces with improper ventilation. Many workers simultaneously exposed to CO and noise in workplaces.<sup>37</sup>

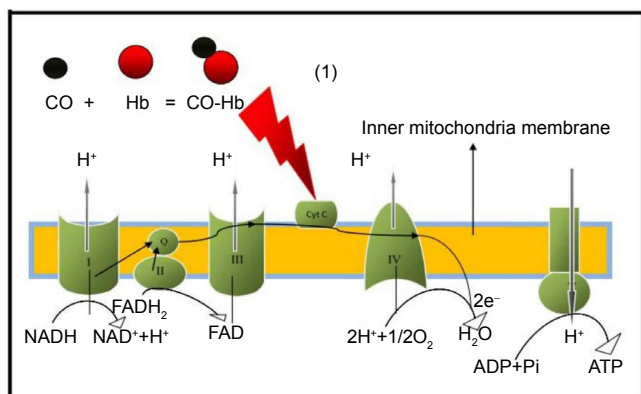
CO is considered as one of the most crucial air pollutants both in the environment and in industrial environments.<sup>38</sup> It has been estimated that in some areas such as enclosed environments, road tunnels, car parks, and underground subways, CO levels can exceed 100 per parts of million.<sup>39</sup> Vehicles in cities are the source of 60% of CO gas. CO level fluctuates depending on the season so that its amount is lower in the summer. Toxic gases in the air have adverse effects on the central nervous system. Animal studies have shown that chronic exposure to air pollution leads to a decrease in cognitive function and neuroinflammation, inflammation could contribute to AD-pathogenesis.<sup>40</sup>

The combination of CO with hemoglobin causes arterial carboxyl hemoglobin that reduces the amount of oxygen in the tissues and organs of the body especially has a direct toxic effect on mitochondria with the prevention of Cytochrome oxidase (**Figure 2**) and leads to hypoxic brain damage. Chronic exposure to CO can lead to anoxia, migraine, fatigue, decreased physical function, dizziness, nausea, vomiting, visual impairment, auditory abnormalities, Parkinson's disease, heart ischemia, heart disease, and atherosclerosis.<sup>41</sup> Loss of consciousness may appear when exposure to CO raises levels of carboxyl hemoglobin in the blood.<sup>42</sup> Studies have been shown that exposure to high-dose CO has adverse effects on the central nervous system and leads to abnormal white matter levels or neuronal degeneration.<sup>43-45</sup> All smokes contain CO that causes increased free radicals and damage to the cerebral cortex.<sup>46</sup>

The evidence demonstrated the relation between air pollution, noise, and cognitive decline and dementia risk.<sup>47,48</sup>

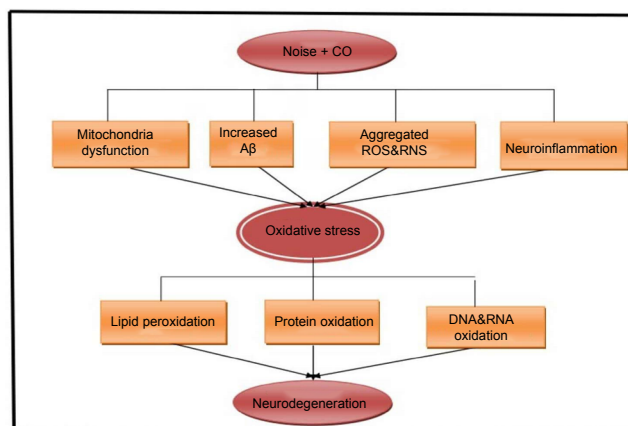
So the change of brain structure can cause earlier memory loss and onset of AD. The possible mechanisms of exposure to noise and CO in AD are shown in **Figure 3**.

Both human and animal studies have been shown the increasing impact of exposure to CO on NIHL.<sup>49,50</sup> Their results showed that the level of ROS in the animals simultaneously exposed to CO and noise was significantly higher than that exposed to noise only.<sup>51</sup> ROS is one of the most important free radicals. CO toxicity is also believed to result in tissue hypoxia and increased oxidative stress (due to the formation of free



**Figure 2: Schematic representation of toxic direct effect of COHb on mitochondria**

Note: ADP: Adenosine diphosphate; ATP: adenosine triphosphate; CO: carbon monoxide; COHb: carboxyl hemoglobin; cyt C: cytochrome c; e: electron; FADH<sub>2</sub>: reduced form of flavin adenine dinucleotide; Hb: hemoglobin; I-V: complex I-V; NAD: nicotinamide adenine dinucleotide; NADH: reduced form of nicotinamide adenine dinucleotide; Pi: phosphoric acid; Q: coenzyme Q.



**Figure 3: The possible mechanisms of exposed to noise and CO in Alzheimer's disease.**

Note: Aβ: Amyloid β-peptide; CO: carbon monoxide; RNS: reactive nitrogen species; ROS: reactive oxygen species.

radicals in the brain and the inner ear), as well as increased glutamate secretion.<sup>52</sup>

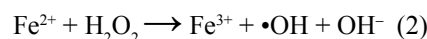
### The relation between reactive oxygen species and Alzheimer's disease

AD is a progressive age-related disorder that degenerates neurons of the central nervous system and is the most cause of memory loss.<sup>53,54</sup> The decline of synapses, especially in the hippocampus causes the atrophy of the brain in an individual with AD.<sup>55</sup>

Production of free radicals such as ROS and reactive nitrogen species and the reduction of defense mechanism antioxidants result in oxidative stress condition.<sup>56</sup> Antioxidants are molecules that eliminate the ROS when high levels of ROS are accumulated.<sup>53</sup>

Various studies have shown that there are several risk factors for the development of AD, such as smoking, alcohol, obesity, stress, cardiovascular disease, but all of these risk factors have the same root in that they increase oxidative stress.<sup>57</sup> Oxidative stress has an essential role in the mechanisms concerned

in AD.<sup>58-66</sup> Oxidative stress occurs in the initial stages of the progression of AD, and accumulation of oxidative stress along with a decrease of antioxidant defense levels accelerates the advance process of AD.<sup>67-71</sup> The brain sensitive to ROS more than other tissues because of the high consumption of oxygen in the brain, so oxidative stress contributes to brain injury.<sup>72-76</sup> Besides, iron (Fe<sup>2+</sup>) ions that necessary for proper functions of the human brain are with a high level in the brain, and when this ions reacting with hydrogen peroxide (H<sub>2</sub>O<sub>2</sub>) take part in the fenton reaction and produced highly reactive hydroxyl radical (•OH).<sup>77</sup>



AD is one of the pathological conditions of the brain in which oxidative stress causes neuronal cell injury.<sup>31,78-80</sup> Free radicals can impose damage to the mitochondrial electron transfer complex, thus limiting the production of adenosine triphosphate and increasing the production of free radicals.<sup>81,82</sup> Mitochondrial dysfunction has been shown in neurodegenerative disorders such as AD.<sup>83-86</sup> It is well demonstrated that mitochondria are the main source of adenosine adenosine triphosphate production; in normal condition, 98% of oxygen is used to produce adenosine triphosphate, and 1–2% of remaining oxygen produce ROS such as superoxide anion (O<sub>2</sub><sup>-</sup>). Under this normal condition, the antioxidative defense systems which contain intracellular enzymes (e.g., glutathione peroxidase, superoxide dismutase, and catalase) cope with ROS. But when the body is exposed to high levels of metabolism, this causes increased body oxygen consumption and then leads to OH and H<sub>2</sub>O<sub>2</sub> production with very high reactivity. Therefore ROS overcome to the antioxidative defense systems and cause damage to the body.<sup>87-89</sup> Noise and CO exposure is a condition capable of increasing the rate of metabolism of the body.

Insoluble Aβ plaques, neurofibrillary tangles, and synapse loss in the brain are an essential feature of AD.<sup>90</sup> ROS leads to an excess of Aβ peptides and Aβ increase during AD progression.<sup>91-93</sup> An increase in the markers of oxidative damage to proteins, DNA, RNA, and lipids peroxidation has been shown in the brain of Alzheimer's suffers.<sup>94-98</sup> Also, inflammation and oxidative stress are strongly related that chronic inflammation can be triggered by rising levels of oxidative stress in AD.<sup>59,99</sup> The antioxidative defense systems to cope with oxidative stress are very important. The brain is very vulnerable to free radical damage because of the low capacity of antioxidants, and the high content of polyunsaturated fatty acids.<sup>69</sup> So this is the possibility that chronic stress (exposure to noise and CO) changed the structure and function of the brain at one hand, and involved memory on the other side. Perhaps if people know the effects on health outcomes of such an exposure to noise and CO, they would pay more attention to determining noise and CO acceptable levels both in working and in a living environment.

### CONCLUSION

In addition to the consequences of noise and a chemical substance on the auditory system, they also have non-auditory effects that affect the brain and induced neurodegenerative



disease. In this review article, we conclude that noise plus CO exposure lead to oxidative stress condition, which has a vital role in causing the AD. Given that a large number of workers are simultaneously exposed to high levels of CO and noise. Current engineering and management controls are not effective in preventing the complications caused by these factors. So the new solutions such as biochemical methods should be used to prevent these effects.

#### Author contributions

Both authors contributed to the study design and writing.

#### Conflicts of interest

The authors declare no potential conflict of interest on publishing this paper.

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## REFERENCES

- Kanasi E, Ayilavarapu S, Jones J. The aging population: demographics and the biology of aging. *Periodontol* 2000. 2016;72:13-18.
- Sutherland GT, Chami B, Youssef P, Witting PK. Oxidative stress in Alzheimer's disease: primary villain or physiological by-product? *Redox Rep*. 2013;18:134-141.
- Bagheri F, Borhaninejad V, Rashedi V. Alzheimer's disease and hearing loss among older adults: a literature review. *Int J Psychol Behav Sci*. 2018;8:77-80.
- Sayre LM, Moreira PI, Smith MA, Perry G. Metal ions and oxidative protein modification in neurological disease. *Ann Ist Super Sanita*. 2005;41:143-164.
- Arnsten AF, Goldman-Rakic PS. Noise stress impairs prefrontal cortical cognitive function in monkeys: evidence for a hyperdopaminergic mechanism. *Arch Gen Psychiatry*. 1998;55:362-368.
- Sikandaran HE, Park SY, Kim MJ, Park SN, Yang DW. Neuroprotective effects of sildenafil against oxidative stress and memory dysfunction in mice exposed to noise stress. *Behav Brain Res*. 2017;319:37-47.
- Golmohammadi R, Darvishi E, Faradmal J, Poorolajal J, Aliabadi M. Attention and short-term memory during occupational noise exposure considering task difficulty. *Appl Acoust*. 2020;158:107065.
- Jafari Z, Kolb BE, Mohajerani MH. Chronic traffic noise stress accelerates brain impairment and cognitive decline in mice. *Exp Neurol*. 2018;308:1-12.
- Jafari Z, Kolb BE, Mohajerani MH. Noise exposure accelerates the risk of cognitive impairment and Alzheimer's disease: Adulthood, gestational, and prenatal mechanistic evidence from animal studies. *Neurosci Biobehav Rev*. 2019. doi: 10.1016/j.neubiorev.2019.04.001.
- Kurmis AP, Apps SA. Occupationally-acquired noise-induced hearing loss: a senseless workplace hazard. *Int J Occup Med Environ Health*. 2007;20:127-136.
- Queiroga CS, Vercelli A, Vieira HL. Carbon monoxide and the CNS: challenges and achievements. *Br J Pharmacol*. 2015;172:1533-1545.
- Fechter LD, Chen GD, Rao D. Chemical asphyxiants and noise. *Noise Health*. 2002;4:49-61.
- Alberti PW. Noise, the most ubiquitous pollutant. *Noise Health*. 1998;1:3-5.
- Nelson DI, Nelson RY, Concha-Barrientos M, Fingerhut M. The global burden of occupational noise-induced hearing loss. *Am J Ind Med*. 2005;48:446-458.
- Slepecky N, Chamberlain SC. Distribution and polarity of actin in the sensory hair cells of the chinchilla cochlea. *Cell Tissue Res*. 1982;224:15-24.
- Fridberger A, Flock A, Ulfendahl M, Flock B. Acoustic overstimulation increases outer hair cell Ca<sup>2+</sup> concentrations and causes dynamic contractions of the hearing organ. *Proc Natl Acad Sci U S A*. 1998;95:7127-7132.
- Le Prell CG, Yamashita D, Minami SB, Yamasoba T, Miller JM. Mechanisms of noise-induced hearing loss indicate multiple methods of prevention. *Hear Res*. 2007;226:22-43.
- Yamane H, Nakai Y, Takayama M, et al. The emergence of free radicals after acoustic trauma and strial blood flow. *Acta Otolaryngol Suppl*. 1995;519:87-92.
- Ohlemiller KK, Wright JS, Dugan LL. Early elevation of cochlear reactive oxygen species following noise exposure. *Audiol Neurootol*. 1999;4:229-236.
- Chioyenda P, Pasqualetti P, Zappasodi F, et al. Environmental noise-exposed workers: event-related potentials, neuropsychological and mood assessment. *Int J Psychophysiol*. 2007;65:228-237.
- Cui B, Li K, Gai Z, et al. Chronic noise exposure acts cumulatively to exacerbate Alzheimer's disease-like amyloid- $\beta$  pathology and neuroinflammation in the rat hippocampus. *Sci Rep*. 2015;5:12943.
- Jafari Z, Okuma M, Karem H, Mehla J, Kolb BE, Mohajerani MH. Prenatal noise stress aggravates cognitive decline and the onset and progression of beta amyloid pathology in a mouse model of Alzheimer's disease. *Neurobiol Aging*. 2019;77:66-86.
- Cui B, Li K. Chronic noise exposure and Alzheimer disease: is there an etiological association? *Med Hypotheses*. 2013;81:623-626.
- Cui B, Zhu L, She X, et al. Chronic noise exposure causes persistence of tau hyperphosphorylation and formation of NFT tau in the rat hippocampus and prefrontal cortex. *Exp Neurol*. 2012;238:122-129.
- Alessenko AV, Bugrova AE, Dudnik LB. Connection of lipid peroxide oxidation with the sphingomyelin pathway in the development of Alzheimer's disease. *Biochem Soc Trans*. 2004;32:144-146.
- Smith JV, Luo Y. Elevation of oxidative free radicals in Alzheimer's disease models can be attenuated by Ginkgo biloba extract EGb 761. *J Alzheimers Dis*. 2003;5:287-300.
- Sayre LM, Zagorski MG, Surewicz WK, Krafft GA, Perry G. Mechanisms of neurotoxicity associated with amyloid beta deposition and the role of free radicals in the pathogenesis of Alzheimer's disease: a critical appraisal. *Chem Res Toxicol*. 1997;10:518-526.
- Subramaniam R, Koppal T, Green M, et al. The free radical antioxidant vitamin E protects cortical synaptosomal membranes from amyloid beta-peptide(25-35) toxicity but not from hydroxynonenal toxicity: relevance to the free radical hypothesis of Alzheimer's disease. *Neurochem Res*. 1998;23:1403-1410.
- Bonet-Costa V, Pomatto LC, Davies KJ. The proteasome and oxidative stress in Alzheimer's disease. *Antioxid Redox Signal*. 2016;25:886-901.
- Janciauskiene S, Wright HT, Lindgren S. Fibrillar Alzheimer's amyloid peptide Abeta(1-42) stimulates low density lipoprotein binding and cell association, free radical production and cell cytotoxicity in PC12 cells. *Neuropeptides*. 1999;33(6):510-516.



31. Butterfield DA, Lauderback CM. Lipid peroxidation and protein oxidation in Alzheimer's disease brain: potential causes and consequences involving amyloid beta-peptide-associated free radical oxidative stress. *Free Radic Biol Med*. 2002;32:1050-1060.
32. Manikandan S, Padma MK, Srikumar R, Jeya Parthasarathy N, Muthuvel A, Sheela Devi R. Effects of chronic noise stress on spatial memory of rats in relation to neuronal dendritic alteration and free radical-imbalance in hippocampus and medial prefrontal cortex. *Neurosci Lett*. 2006;399:17-22.
33. Shukla M, Roy K, Kaur C, et al. Attenuation of adverse effects of noise induced hearing loss on adult neurogenesis and memory in rats by intervention with Adenosine A(2A) receptor agonist. *Brain Res Bull*. 2019;147:47-57.
34. Azman KF, Zakaria R, AbdAziz C, Othman Z, Al-Rahbi B. Tualang honey improves memory performance and decreases depressive-like behavior in rats exposed to loud noise stress. *Noise Health*. 2015;17:83-89.
35. Jafari Z, Mehla J, Kolb BE, Mohajerani MH. Gestational stress augments postpartum  $\beta$ -amyloid pathology and cognitive decline in a mouse model of Alzheimer's disease. *Cereb Cortex*. 2019;29:3712-3724.
36. Sonnen JA, Breitner JC, Lovell MA, Markesbery WR, Quinn JF, Montine TJ. Free radical-mediated damage to brain in Alzheimer's disease and its transgenic mouse models. *Free Radic Biol Med*. 2008;45:219-230.
37. Lacerda A, Leroux T, Morata T. Ototoxic effects of carbon monoxide exposure: a review. *Pro Fono*. 2005;17:403-412.
38. World Health Organization. Air quality guidelines for Europe. *WHO Reg Publ Eur Ser*. 2000;V-273.
39. Varon J, Marik PE, Fromm RE, Jr., Gueler A. Carbon monoxide poisoning: a review for clinicians. *J Emerg Med*. 1999;17:87-93.
40. Hullmann M, Albrecht C, van Berlo D, et al. Diesel engine exhaust accelerates plaque formation in a mouse model of Alzheimer's disease. *Part Fibre Toxicol*. 2017;14:35.
41. Prockop LD. Carbon monoxide brain toxicity: clinical, magnetic resonance imaging, magnetic resonance spectroscopy, and neuropsychological effects in 9 people. *J Neuroimaging*. 2005;15:144-149.
42. Kondziella D, Danielsen ER, Hansen K, Thomsen C, Jansen EC, Arlien-Soeborg P. 1H MR spectroscopy of gray and white matter in carbon monoxide poisoning. *J Neurol*. 2009;256:970-979.
43. Bilski B. Interaction between noise and ototoxic agents in the work environment. *Med Pr*. 2003;54:481-485.
44. Riego G, Redondo A, Leánez S, Pol O. Mechanism implicated in the anti-allodynic and anti-hyperalgesic effects induced by the activation of heme oxygenase 1/carbon monoxide signaling pathway in the central nervous system of mice with neuropathic pain. *Biochem Pharmacol*. 2018;148:52-63.
45. Sekiya K, Nishihara T, Abe N, et al. Carbon monoxide poisoning-induced delayed encephalopathy accompanies decreased microglial cell numbers: Distinctive pathophysiological features from hypoxemia-induced brain damage. *Brain Res*. 2019;1710:22-32.
46. Sonnen JA, Larson EB, Gray SL, et al. Free radical damage to cerebral cortex in Alzheimer's disease, microvascular brain injury, and smoking. *Ann Neurol*. 2009;65:226-229.
47. Paul KC, Haan M, Mayeda ER, Ritz BR. Ambient air pollution, noise, and late-life cognitive decline and dementia risk. *Annu Rev Public Health*. 2019;40:203-220.
48. Andersson J, Oudin A, Sundström A, Forsberg B, Adolfsson R, Nordin M. Road traffic noise, air pollution, and risk of dementia - results from the Betula project. *Environ Res*. 2018;166:334-339.
49. Chen GD, McWilliams ML, Fechter LD. Intermittent noise-induced hearing loss and the influence of carbon monoxide. *Hear Res*. 1999;138:181-191.
50. Sheikh MA, Williams W, Connolly R. Exposure to ototoxic agents and noise in workplace—a literature review. Proceedings of ACOUSTICS 2016; 2016; Brisbane, Australia.
51. Fechter LD, Young JS, Carlisle L. Potentiation of noise induced threshold shifts and hair cell loss by carbon monoxide. *Hear Res*. 1988;34:39-47.
52. Peña-Bautista C, Baquero M, Vento M, Cháfer-Pericás C. Free radicals in Alzheimer's disease: Lipid peroxidation biomarkers. *Clin Chim Acta*. 2019;491:85-90.
53. Cheignon C, Tomas M, Bonnefont-Rousselot D, Faller P, Hureau C, Collin F. Oxidative stress and the amyloid beta peptide in Alzheimer's disease. *Redox Biol*. 2018;14:450-464.
54. Bagheri F, Rezaei M, Rashedi V. Auditory training among older adults with Alzheimer disease and central auditory processing disorder. *Avicenna J Neuro Psycho Physiol*. 2018;5:147-150.
55. Dasuri K, Zhang L, Keller JN. Oxidative stress, neurodegeneration, and the balance of protein degradation and protein synthesis. *Free Radic Biol Med*. 2013;62:170-185.
56. Butterfield DA, Di Domenico F, Barone E. Elevated risk of type 2 diabetes for development of Alzheimer disease: a key role for oxidative stress in brain. *Biochim Biophys Acta*. 2014;1842:1693-1706.
57. Herman F, Westfall S, Brathwaite J, Pasinetti GM. Suppression of presymptomatic oxidative stress and inflammation in neurodegeneration by grape-derived polyphenols. *Front Pharmacol*. 2018;9:867.
58. Korolainen MA, Nyman TA, Nyysönen P, Hartikainen ES, Pirttilä T. Multiplexed proteomic analysis of oxidation and concentrations of cerebrospinal fluid proteins in Alzheimer disease. *Clin Chem*. 2007;53:657-665.
59. Mancuso C, Scapagini G, Currò D, et al. Mitochondrial dysfunction, free radical generation and cellular stress response in neurodegenerative disorders. *Front Biosci*. 2007;12:1107-1123.
60. Recuero M, Vicente MC, Martínez-García A, et al. A free radical-generating system induces the cholesterol biosynthesis pathway: a role in Alzheimer's disease. *Aging Cell*. 2009;8:128-139.
61. Butterfield DA, Howard BJ, LaFontaine MA. Brain oxidative stress in animal models of accelerated aging and the age-related neurodegenerative disorders, Alzheimer's disease and Huntington's disease. *Curr Med Chem*. 2001;8:815-828.
62. Sayre LM, Smith MA, Perry G. Chemistry and biochemistry of oxidative stress in neurodegenerative disease. *Curr Med Chem*. 2001;8:721-738.
63. Castellani RJ, Moreira PI, Liu G, et al. Iron: the Redox-active center of oxidative stress in Alzheimer disease. *Neurochem Res*. 2007;32:1640-1645.
64. Yaribeygi H, Panahi Y, Javadi B, Sahebkar A. The underlying role of oxidative stress in neurodegeneration: a mechanistic review. *CNS Neurol Disord Drug Targets*. 2018;17:207-215.
65. Guan ZZ. Cross-talk between oxidative stress and modifications of cholinergic and glutamatergic receptors in the pathogenesis of Alzheimer's disease. *Acta Pharmacol Sin*. 2008;29:773-780.
66. Axelsen PH, Komatsu H, Murray IV. Oxidative stress and cell membranes in the pathogenesis of Alzheimer's disease. *Physiology (Bethesda)*. 2011;26:54-69.
67. Moreira PI, Santos MS, Oliveira CR, et al. Alzheimer disease and the role of free radicals in the pathogenesis of the disease. *CNS Neurol Disord Drug Targets*. 2008;7:3-10.
68. Baldeiras I, Santana I, Proença MT, et al. Oxidative damage and progression to Alzheimer's disease in patients with mild cognitive impairment. *J Alzheimers Dis*. 2010;21:1165-1177.
69. Zafrilla P, Mulero J, Xandri JM, Santo E, Caravaca G, Morillas JM. Oxidative stress in Alzheimer patients in different stages of the disease. *Curr Med Chem*. 2006;13:1075-1083.
70. Cervellati C, Cremonini E, Bosi C, et al. Systemic oxidative stress in older patients with mild cognitive impairment or late onset Alzheimer's disease. *Curr Alzheimer Res*. 2013;10:365-372.
71. Gu F, Zhu M, Shi J, Hu Y, Zhao Z. Enhanced oxidative stress is an early event during development of Alzheimer-like pathologies in presenilin conditional knock-out mice. *Neurosci Lett*. 2008;440:44-48.



72. Pappolla MA, Chyan YJ, Omar RA, et al. Evidence of oxidative stress and in vivo neurotoxicity of beta-amyloid in a transgenic mouse model of Alzheimer's disease: a chronic oxidative paradigm for testing antioxidant therapies in vivo. *Am J Pathol.* 1998;152:871-877.
73. Altunoglu E, Guntas G, Erdenen F, et al. Ischemia-modified albumin and advanced oxidation protein products as potential biomarkers of protein oxidation in Alzheimer's disease. *Geriatr Gerontol Int.* 2015;15:872-880.
74. Goschorska M, Gutowska I, Baranowska-Bosiacka I, et al. Influence of acetylcholinesterase inhibitors used in Alzheimer's disease treatment on the activity of antioxidant enzymes and the concentration of glutathione in THP-1 macrophages under fluoride-induced oxidative stress. *Int J Environ Res Public Health.* 2018;16:10.
75. Moreira PI, Sayre LM, Zhu X, Nunomura A, Smith MA, Perry G. Detection and localization of markers of oxidative stress by in situ methods: application in the study of Alzheimer disease. *Methods Mol Biol.* 2010;610:419-434.
76. Skoumalova A, Rofina J, Schwippelova Z, Gruys E, Wilhelm J. The role of free radicals in canine counterpart of senile dementia of the Alzheimer type. *Exp Gerontol.* 2003;38:711-719.
77. Wojtunik-Kulesza KA, Oniszczyk A, Oniszczyk T, Waksmundzka-Hajnos M. The influence of common free radicals and antioxidants on development of Alzheimer's Disease. *Biomed Pharmacother.* 2016;78:39-49.
78. Smith MA, Hirai K, Hsiao K, et al. Amyloid-beta deposition in Alzheimer transgenic mice is associated with oxidative stress. *J Neurochem.* 1998;70:2212-2215.
79. Butterfield DA, Drake J, Pocernich C, Castegna A. Evidence of oxidative damage in Alzheimer's disease brain: central role for amyloid beta-peptide. *Trends Mol Med.* 2001;7:548-554.
80. Mattson MP. Pathways towards and away from Alzheimer's disease. *Nature.* 2004;430:631-639.
81. Khan SM, Cassarino DS, Abramova NN, et al. Alzheimer's disease cybrids replicate beta-amyloid abnormalities through cell death pathways. *Ann Neurol.* 2000;48:148-155.
82. Perry G, Taddeo MA, Petersen RB, et al. Adventitiously-bound redox active iron and copper are at the center of oxidative damage in Alzheimer disease. *BioMetals.* 2003;16:77-81.
83. Ansari MA, Joshi G, Huang Q, et al. In vivo administration of D609 leads to protection of subsequently isolated gerbil brain mitochondria subjected to in vitro oxidative stress induced by amyloid beta-peptide and other oxidative stressors: relevance to Alzheimer's disease and other oxidative stress-related neurodegenerative disorders. *Free Radic Biol Med.* 2006;41:1694-1703.
84. Santos RX, Correia SC, Zhu X, et al. Nuclear and mitochondrial DNA oxidation in Alzheimer's disease. *Free Radic Res.* 2012;46:565-576.
85. Schipper HM. Brain iron deposition and the free radical-mitochondrial theory of ageing. *Ageing Res Rev.* 2004;3:265-301.
86. Beal MF. Mitochondria, free radicals, and neurodegeneration. *Curr Opin Neurobiol.* 1996;6:661-666.
87. Hashim A, Wang L, Juneja K, Ye Y, Zhao Y, Ming LJ. Vitamin B6s inhibit oxidative stress caused by Alzheimer's disease-related Cu(II)- $\beta$ -amyloid complexes-cooperative action of phospho-moiety. *Bioorg Med Chem Lett.* 2011;21:6430-6432.
88. Lagouge M, Larsson NG. The role of mitochondrial DNA mutations and free radicals in disease and ageing. *J Intern Med.* 2013;273:529-543.
89. Naderi J, Lopez C, Pandey S. Chronically increased oxidative stress in fibroblasts from Alzheimer's disease patients causes early senescence and renders resistance to apoptosis by oxidative stress. *Mech Ageing Dev.* 2006;127:25-35.
90. Gamba P, Leonarduzzi G, Tamagno E, et al. Interaction between 24-hydroxycholesterol, oxidative stress, and amyloid- $\beta$  in amplifying neuronal damage in Alzheimer's disease: three partners in crime. *Ageing Cell.* 2011;10:403-417.
91. Atwood CS, Obrenovich ME, Liu T, et al. Amyloid-beta: a chameleon walking in two worlds: a review of the trophic and toxic properties of amyloid-beta. *Brain Res Brain Res Rev.* 2003;43:1-16.
92. Aldred S, Bennett S, Mecocci P. Increased low-density lipoprotein oxidation, but not total plasma protein oxidation, in Alzheimer's disease. *Clin Biochem.* 2010;43:267-271.
93. Turnbull S, Tabner BJ, El-Agnaf OM, Twyman LJ, Allsop D. New evidence that the Alzheimer beta-amyloid peptide does not spontaneously form free radicals: an ESR study using a series of spin-traps. *Free Radic Biol Med.* 2001;30:1154-1162.
94. Korolainen MA, Pirttilä T. Cerebrospinal fluid, serum and plasma protein oxidation in Alzheimer's disease. *Acta Neurol Scand.* 2009;119:32-38.
95. Miranda S, Opazo C, Larrondo LF, et al. The role of oxidative stress in the toxicity induced by amyloid beta-peptide in Alzheimer's disease. *Prog Neurobiol.* 2000;62:633-648.
96. Guidi I, Galimberti D, Lonati S, et al. Oxidative imbalance in patients with mild cognitive impairment and Alzheimer's disease. *Neurobiol Aging.* 2006;27:262-269.
97. Markesbery WR, Lovell MA. DNA oxidation in Alzheimer's disease. *Antioxid Redox Signal.* 2006;8:2039-2045.
98. Praticò D. Evidence of oxidative stress in Alzheimer's disease brain and antioxidant therapy: lights and shadows. *Ann N Y Acad Sci.* 2008;1147:70-78.
99. Praticò D, Zhukareva V, Yao Y, et al. 12/15-lipoxygenase is increased in Alzheimer's disease: possible involvement in brain oxidative stress. *Am J Pathol.* 2004;164:1655-1662.

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