

Supplementary Material

Advances in Alzheimer's disease's pharmacological treatment

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1 Supplementary Data

Most important targets nowadays to AD treatment are A β , tau, BACE-1, γ -secretase, cholinergic pathway, excitotoxicity, glutaminy cyclase and neuroinflammation. In the main text, we focused in good and bad outcomes of drug design pipelines. On the other hand, here were summarized the relation of these aimed targets to AD.

1.1 A β , tau, BACE-1 and γ -secretase

Senile plaques are A β proteins generated by amyloid precursor proteins (APP) cleavage by β -secretases (BACE1) or γ -secretases, in both cases the product has hydrophobic parts and tend to aggregate. These proteins accumulation lead to neuronal apoptosis and inflammation. All individuals form A β , though, as we age our immune system is less efficient in destroy it and we have more oxidative stress, leading to more misfolded proteins and inflammation. Physiological role of APP remains unknown, but it is usually cleaved by α -secretases and produces a hydrophilic product enable to form senile plaques (Lieblein et al., 2020; Madrasi et al., 2021; Prasanna and Jing, 2021; Han et al., 2022) (Supplementary Figure 1).

Tau deposition occurs in AD late stages due microtubule hyperphosphorylation, leading to tau aggregation into neurofibrillary tangles (NT) (Supplementary Figure 2). Microtubule is related to cell division, cell motility, intracellular transport and maintenance of cell shape. All these functions only work properly due to microtubule ability of polymerize and depolymerize, which is regulated by tau phosphorylation. NT also induce apoptosis and inflammation (Labus et al., 2021; Pereira et al., 2021; Zeng et al., 2021).

1.2 5-HT receptors

Recently 5-HT₇R and 5-HT₆R were highlighted in AD scenario due to its cognition, learning and memory roles, even though, their pathways are not entirely known (da Silva et al., 2021; Solas et al., 2021; Higa et al., 2022). Both receptor activates G α s proteins, increasing cAMP and it activates protein kinase A (PKA) leading to phosphorylation of cyclin-dependent kinase 5 (Cdk5) and mitogen-activated protein kinase extracellular signal-regulated kinases 1/2 (ERK 1/2). By this mechanism, it decreases synaptic plasticity and cholinergic and glutamatergic pathways while it increases GABAergic pathways and neuronal apoptosis. Those receptors also interact with G α 12, stimulating Rho GTPases

and leading to the same results and also inhibits the mammalian target of rapamycin (mTOR) signalling (Liu et al., 2019; Chaumont-Dubel et al., 2020; Kusek et al., 2021) (Supplementary Figure 3). Therefore, developing 5-HT7R and 5-HT6R antagonists may be a solution for AD.

1.3 Cholinergic pathways

AD classic marks are reduction of acetylcholine and hippocampal shrink, which led to cholinergic hypothesis. Although this hypothesis is old, it is still evolving. Choline acetyltransferase (ChAT) synthesizes acetylcholine (ACh) from Acetyl-S-CoA (Acetyl CoA) and choline (Ch). In neuronal cells, ACh is stored in vesicles and is exocytosed after a potential action, but other cells also can synthesize ACh, but it is released immediately. ACh binds to nicotinic acetylcholine receptors (nAChRs) or muscarinic acetylcholine receptors (mAChRs) on post-synaptic neurons or immune cells to induce its physiological roles. Membrane acetylcholinesterase (AChE) can degrade ACh into choline and acetic acid (A). Extracellular choline is transported into cells to be recycled (Recio-Barbero et al., 2021; Sabandal et al., 2022).

In particular, $\alpha 7$ nicotinic receptors are frequent in hippocampus and prefrontal cortex and are related to learning, memory and executive function. Moreover, these receptors in neurons and immune cells inhibit tumor necrosis factor α (TNF- α) and interleukins 6 and 1 β (IL 6 and IL1 β) activity, decreasing inflammation and A β development. Furthermore, A β production during AD progression also disrupts cholinergic pathway due to reduction of AChE activity and, thereafter, decrease of choline recycle. A β also triggers death of cholinergic neurons and boosts inflammation (Gamage et al., 2020; Siddiqui et al., 2021; Shen et al., 2021) (Supplementary Figure 4).

1.4 Glutamatergic pathways

N-methyl-d-aspartate (NMDA) is a type of calcium ionotropic glutamate receptor involved in learning, memory and synaptic plasticity present in cortex and hippocampus. Although, overactivation of glutamatergic pathways through NMDA triggers calcium cell death mediated, called excitotoxicity (Hardingham, 2020; Dore et al., 2021; Zhang et al., 2021) (Supplementary Figure 5).

1.5 Glutaminyl cyclase

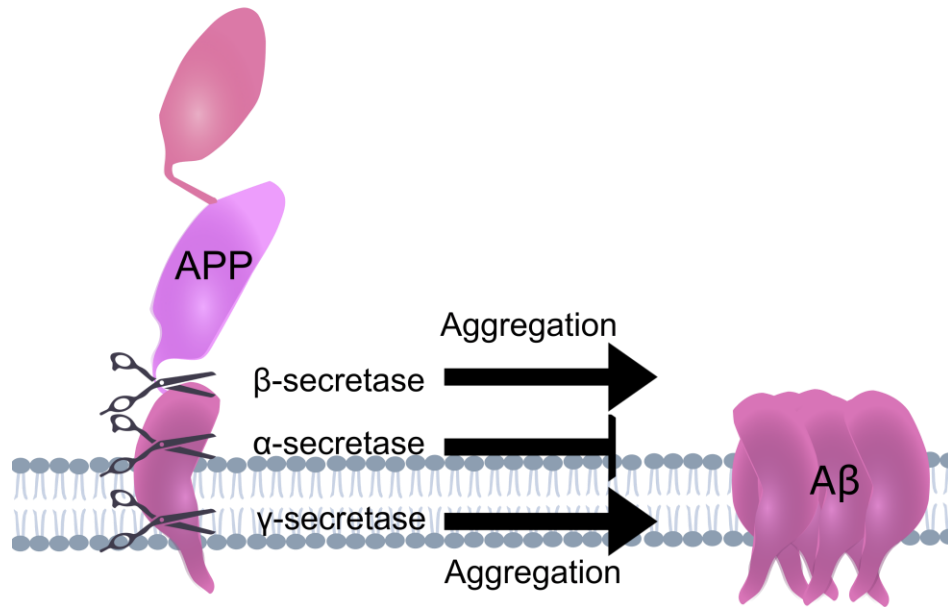
Glutaminyl cyclase (QC) is an enzyme present in humans in a soluble and a Golgi-resident form. It synthesizes one type A β oligomers from APP fragments, thus, it has a proinflammatory role and this scenario favours more misfolding proteins, such as A β and tau hyperphosphorylation (Coimbra et al., 2019; Bayer, 2022) (Supplementary Figure 6).

1.6 Neuroinflammation

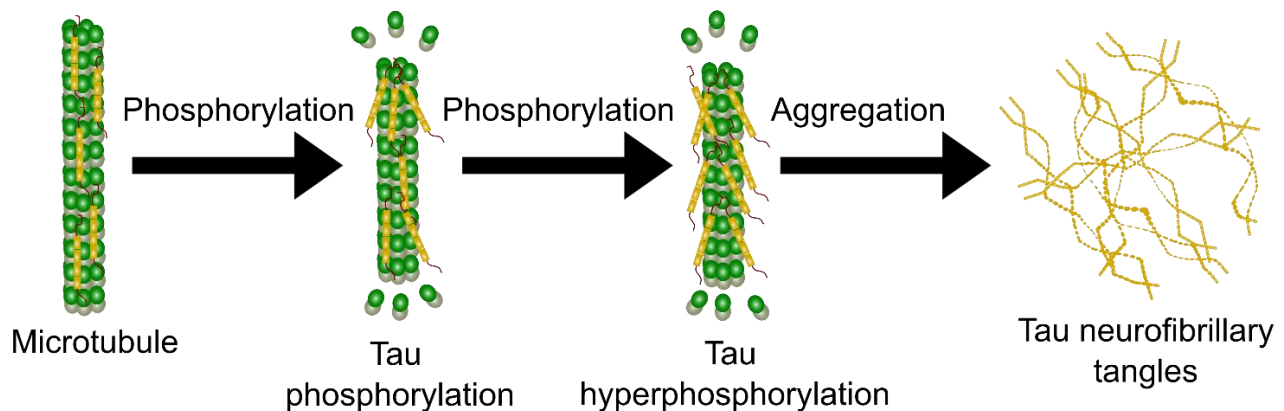
As previously described in this text, chronic brain inflammation is intimately related to AD pathogenesis and progression. Mitochondrial dysfunction and cellular energy deficits increase as we age and promote inflammation, misfolding proteins accumulation and cell death. Systemic inflammation or neuronal injury activates glial cells and TNF- α signaling plays a master role in this scenario exacerbating amyloidogenesis by BACE-1 upregulation and potencializing excitotoxicity (Song et al., 2021; Chen et al., 2022) (Supplementary Figure 7).

2 Supplementary Figures and Tables

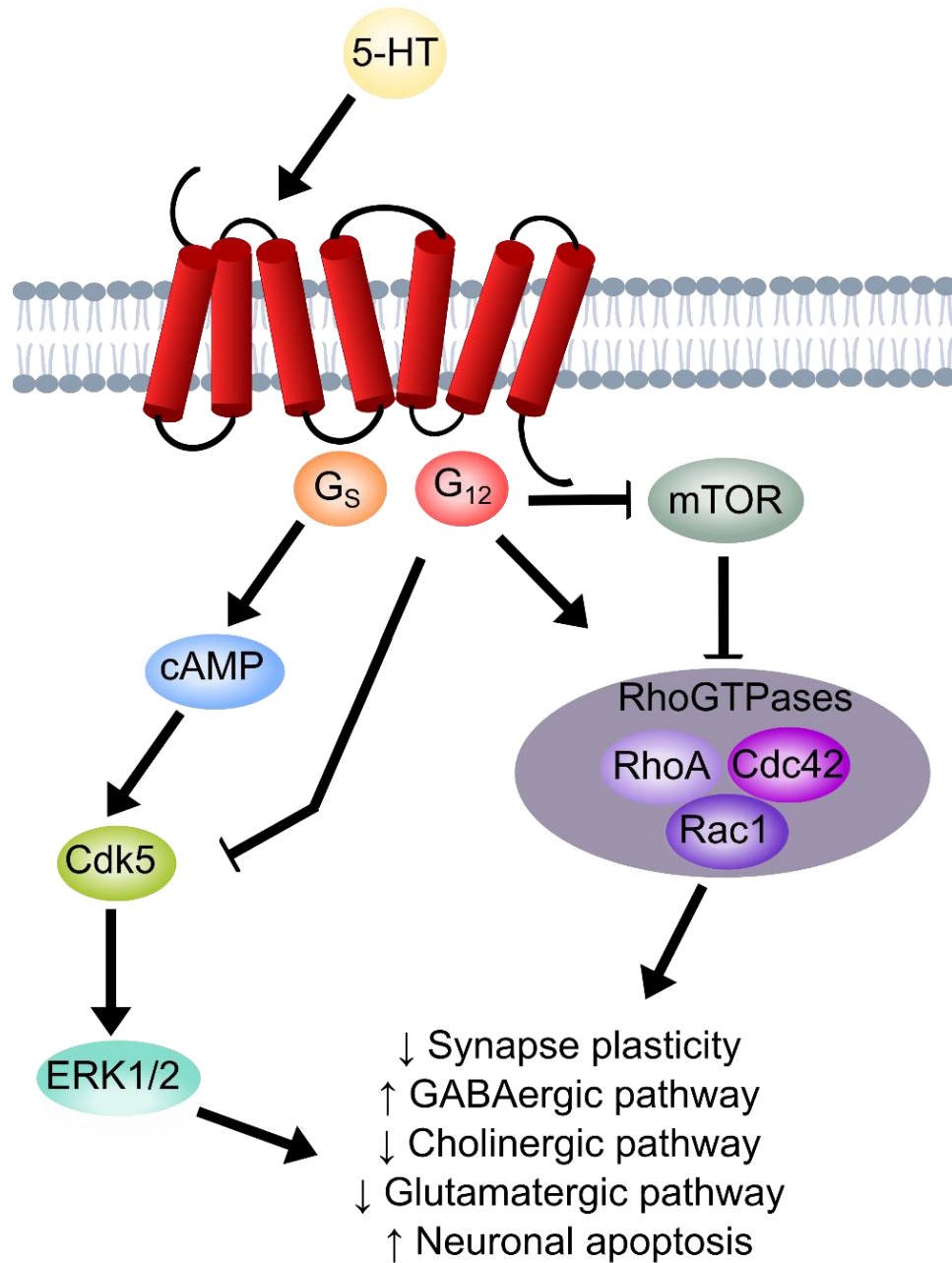
2.1 Supplementary Figures



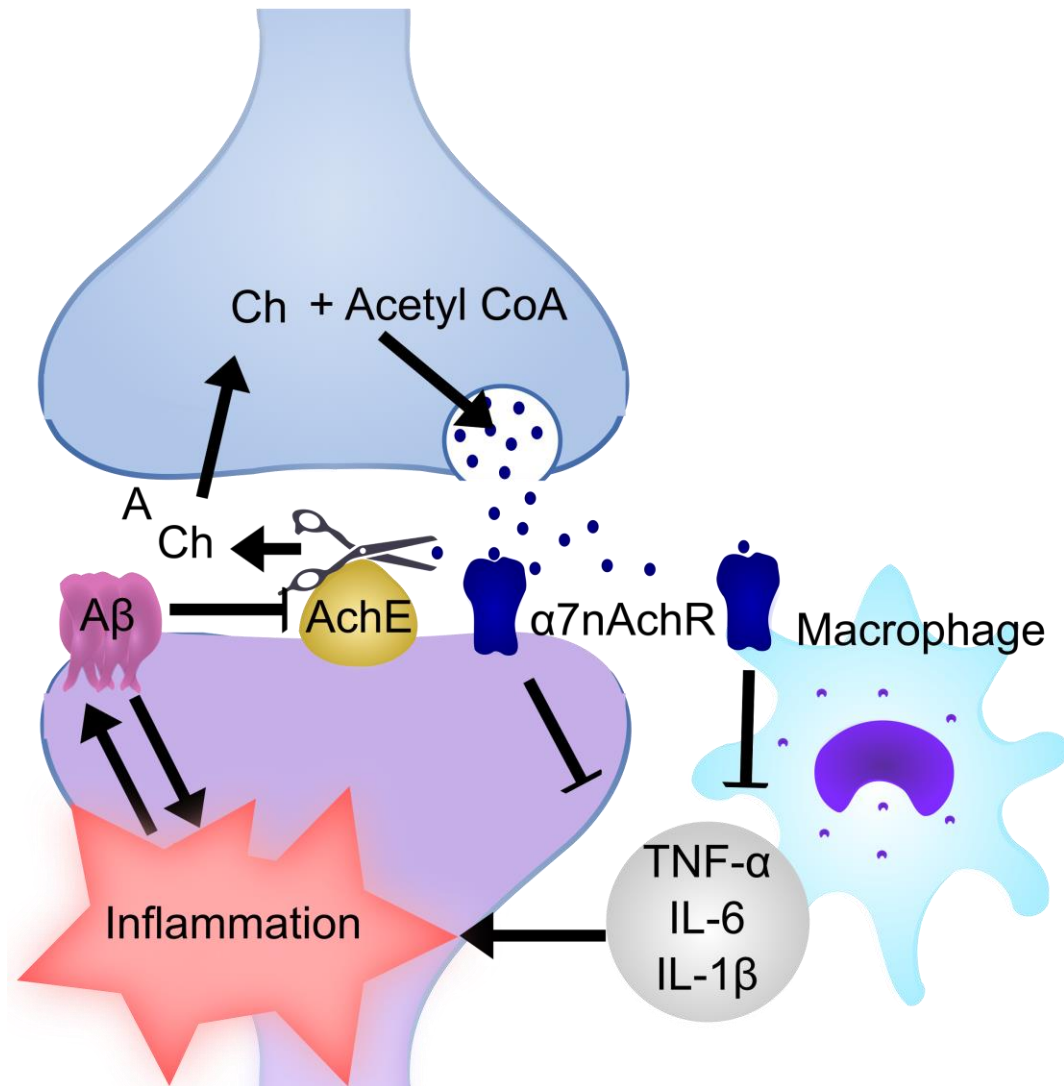
Supplementary Figure 1. Senile plaques formation pathway. Amyloid precursor proteins (APP) is a membrane protein that triggers $A\beta$ formation through APP's fragments aggregation after by β -secretases (BACE1) or γ -secretases cleavage. APP is also an α -secretase substrate, but this reaction prevents senile plates development.



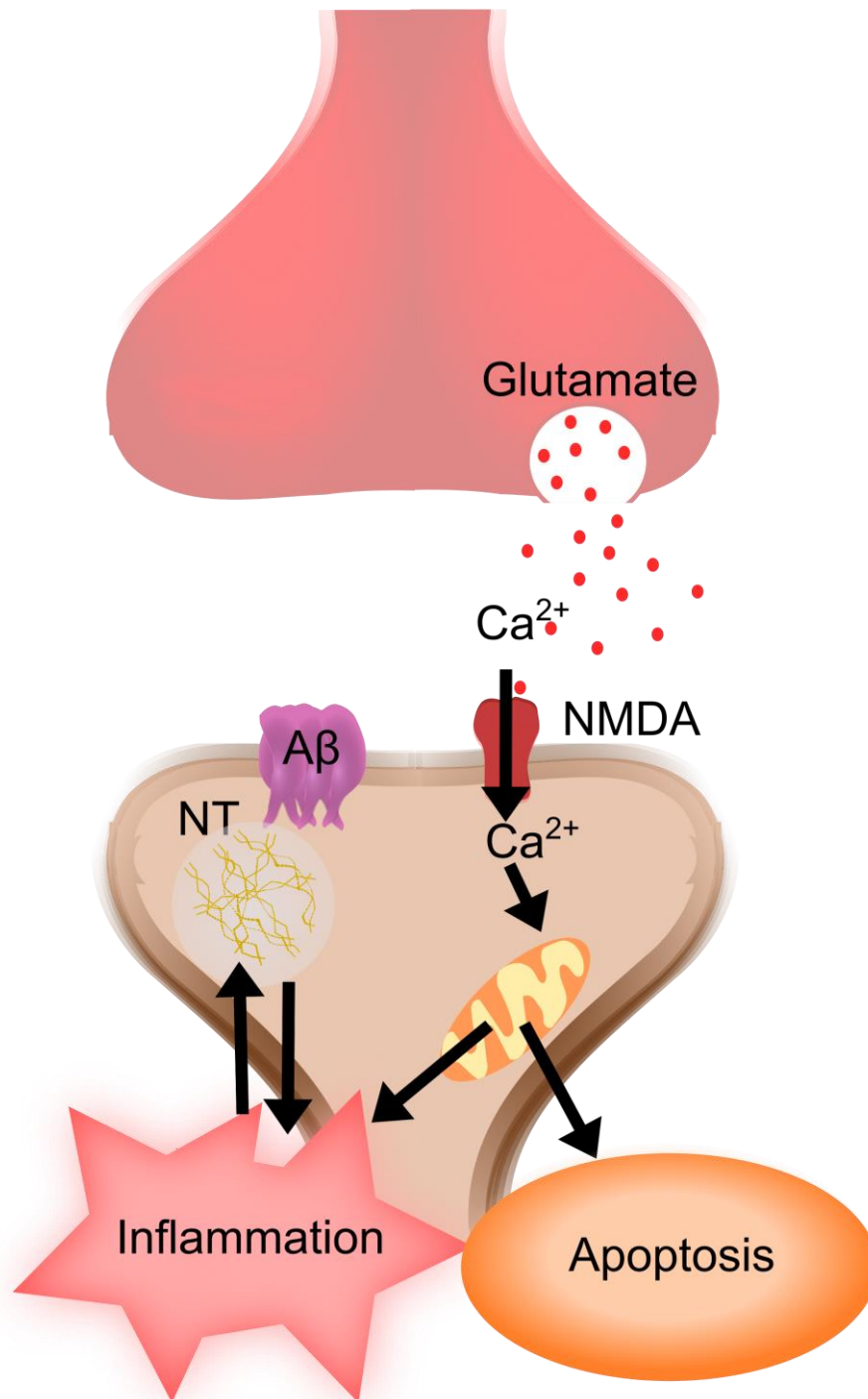
Supplementary Figure 2. Neurofibrillary tangles (NT) formation. NT are tau (in yellow) aggregates formatted by tau hyperphosphorylation.



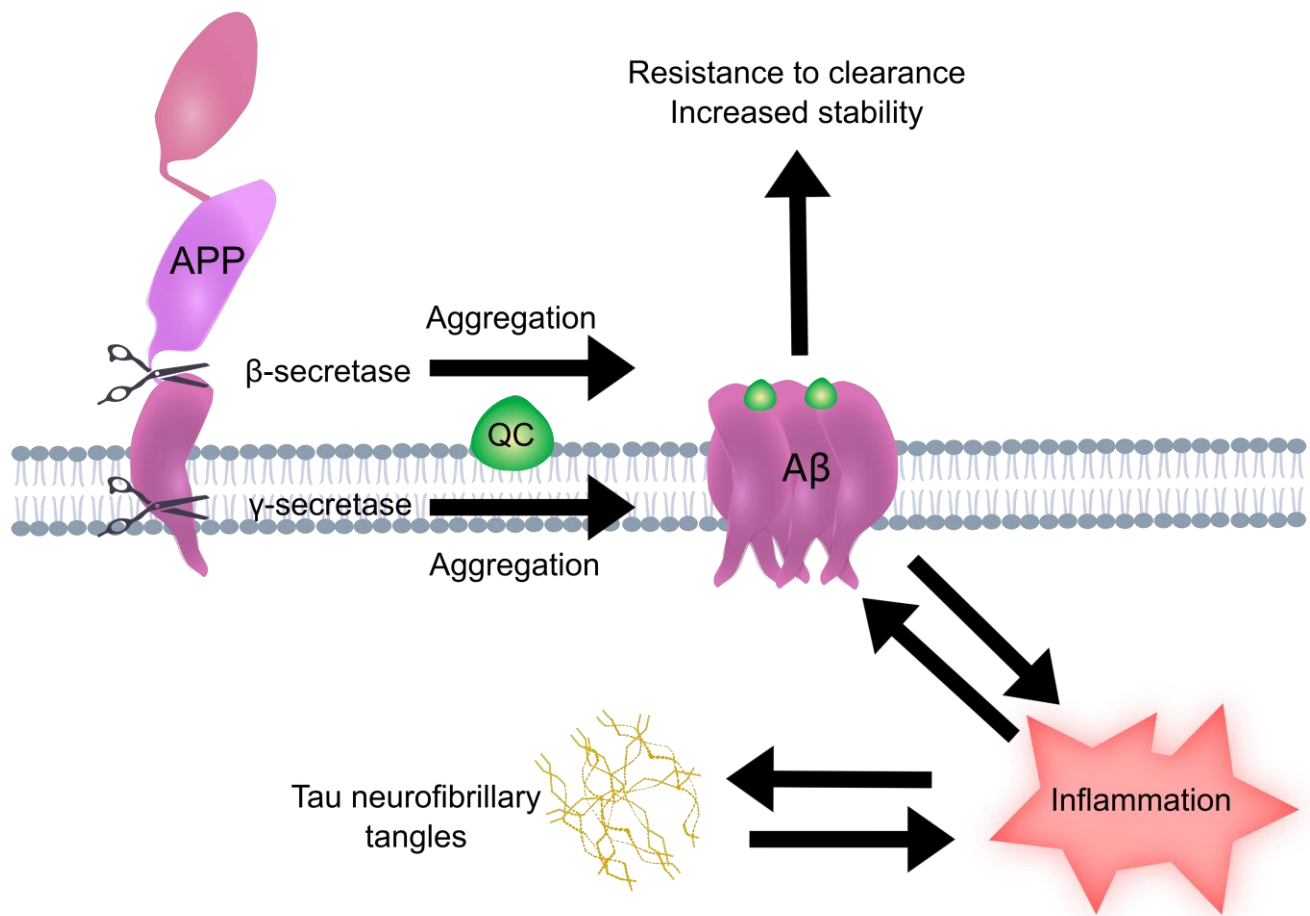
Supplementary Figure 3. Cognition decline driven by serotonin. Serotonin activates 5-HT₇R and 5-HT₆R, decreasing synapse plasticity, increasing neuronal apoptosis and disrupting neurotransmitters pathways through two different mechanisms. The first one involving G_s, cAMP, PKA, Cdk5 and ERK 1/2. The other one is triggered by G_{α12} and Rho GTPases.



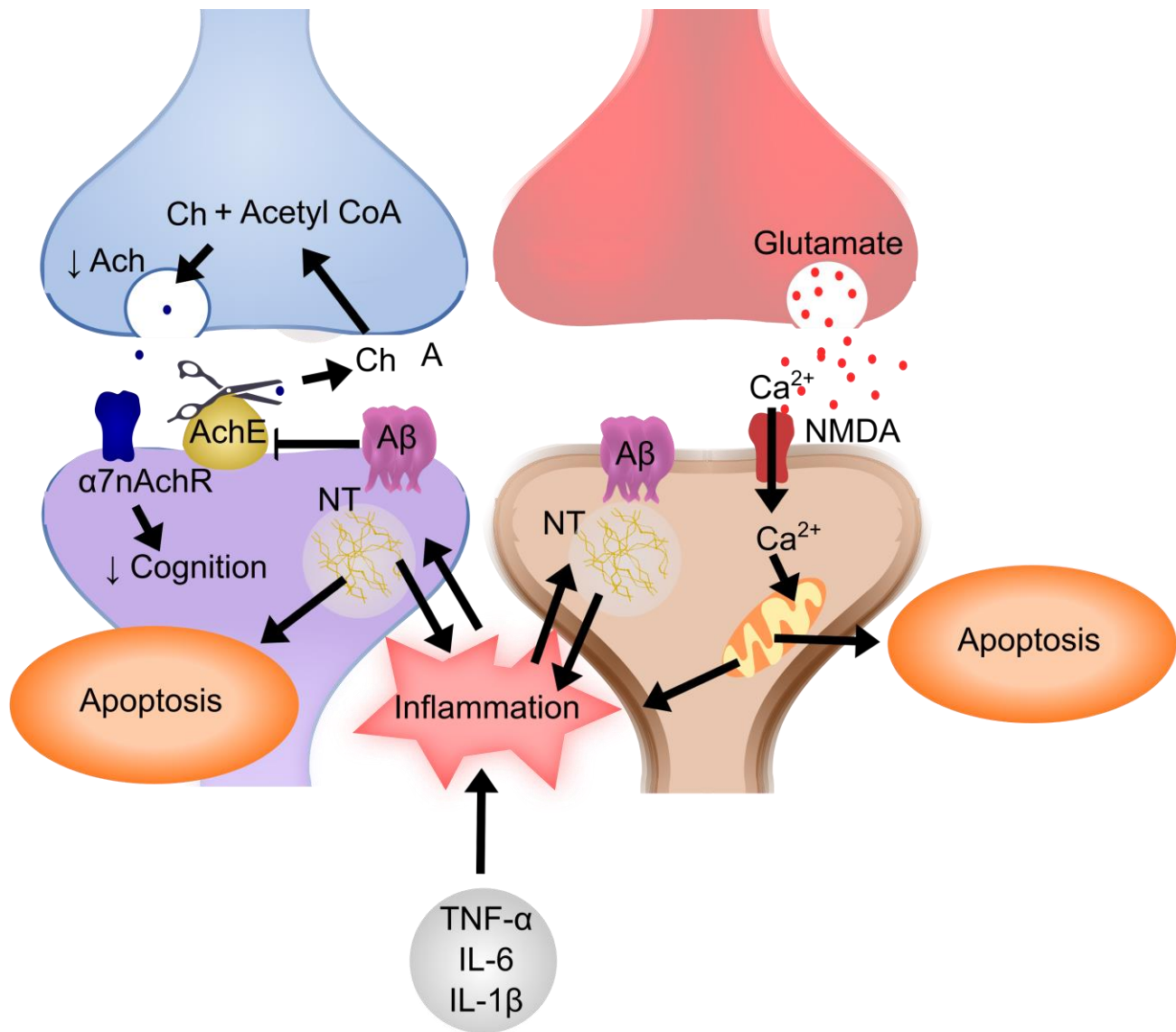
Supplementary Figure 4. Cholinergic hypothesis's mechanisms. Acetylcholine (ACh) is an important neurotransmitter to cognition and is synthesized acetyl-S-CoA (Acetyl CoA) and choline (Ch) by choline acetyltransferase (ChAT). ACh binds to $\alpha 7$ nicotinic acetylcholine receptors ($\alpha 7$ nAChRs) on post-synaptic neurons or immune cells to inhibit tumor necrosis factor α (TNF- α) and interleukins 6 and 1 β (IL 6 and IL1 β) activity, decreasing inflammation and A β development. Membrane acetylcholinesterase (AChE) can degrade ACh into choline and acetic acid (A). Extracellular choline is transported into cells to be recycled.



Supplementary Figure 5. AD relation to excitotoxicity. Excitotoxicity is triggered by N-methyl-d-aspartate (NMDA) glutamate receptor activation by excessive glutamate release. NMDA allows a calcium influx, which induces apoptosis and inflammation (increasing $\text{A}\beta$ and neurofibrillary tangles, NT, formation).



Supplementary Figure 6. Glutaminyl cyclase (QC) boots AD's pathogenesis. QC synthetizes one type A β oligomers more stable from APP fragments generating inflammation and more misfolding proteins.



Supplementary Figure 7. Inflammation as a key to relate all mechanisms related to AD.

Excitotoxicity, Aβ aggregation, neurofibrillary tangles (NT) formation, mitochondrial dysfunction and cellular energy deficits promote apoptosis and inflammation. Systemic inflammation or neuronal injury activates glial cells and tumor necrosis factor-α (TNF-α) signaling plays a master role in this scenario exacerbating amyloidogenesis and excitotoxicity.

2 References

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