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## Beta-amyloid and the amyloid hypothesis

In Alzheimer's disease, brain cells that process, store and retrieve information degenerate and die. Although scientists do not yet know the underlying cause of this destruction, they have identified several possible culprits.

One prime suspect is a microscopic brain protein fragment called beta-amyloid, a sticky compound that accumulates in the brain, disrupting communication between brain cells and eventually killing them. Some researchers believe that flaws in the processes governing production, accumulation or disposal of beta-amyloid are the primary cause of Alzheimer's. This theory is called "the amyloid hypothesis."

Although early studies suggested that amyloid plaques — large accumulations of beta-amyloid — were the cause of nerve cell toxicity in Alzheimer's, researchers now believe that small, soluble aggregates of beta-amyloid may be more toxic.

### What is beta-amyloid?

Beta-amyloid is a small piece of a larger protein called "amyloid precursor protein" (APP). Although scientists have not yet determined APP's normal function, they know a great deal about how it appears to work. In its complete form, APP extends from the inside of brain cells to the outside by passing through the fatty membrane around the cell. When APP is "activated" to do its normal job, it is cut by other proteins into separate, smaller sections that stay inside and outside cells. There are several different ways APP can be cut; under some circumstances, one of the pieces produced is beta-amyloid.

### Why is beta-amyloid a prime suspect in Alzheimer's disease?

Beta-amyloid is chemically "stickier" than other fragments produced when APP is cut. It accumulates in stages into microscopic amyloid plaques that are considered a hallmark of a brain affected by Alzheimer's. The pieces first form small clusters called oligomers, then chains of clusters called fibrils, then "mats" of fibrils called beta-sheets. The final stage is plaques, which contain clumps of beta-sheets and other substances.

According to the amyloid hypothesis, these stages of beta-amyloid aggregation disrupt cell-to-cell communication and activate immune cells. These immune cells trigger inflammation. Ultimately, the brain cells are destroyed.

### **What evidence implicates beta-amyloid?**

Supporters of the amyloid hypothesis cite three main lines of evidence:

- In a few hundred extended families worldwide, scientists have identified rare genetic mutations that virtually guarantee an individual will develop Alzheimer's. These mutations occur in any of three genes. Each of these genes is involved in biological processes associated with beta-amyloid production or accumulation. Only an estimated 1 percent of people with Alzheimer's disease have one of these mutations.
- Scientists have developed mice genetically engineered to carry some of these genetic mutations. The mice develop amyloid plaques, have difficulty remembering their way through mazes and develop other symptoms that mimic human Alzheimer's.
- Individuals with Down syndrome, who have three copies of the chromosome carrying the APP gene instead of the normal two, almost invariably develop amyloid plaques by age 40. Not all people with Down syndrome develop Alzheimer's disease, but studies suggest that about 75 percent of those older than age 65 have Alzheimer's.

Although several clinical trials of anti-beta-amyloid drugs had previously been unsuccessful, a trial published in September 2016 found evidence that an anti-amyloid antibody reduced beta-amyloid levels in the brain and slowed the rate of decline in cognitive function in people with mild or preclinical Alzheimer's disease. However, not all scientists are convinced that beta-amyloid is the primary cause of Alzheimer's. Researchers worldwide are investigating a variety of other possible triggers for the destructive series of events that eventually kill brain cells.

### **If beta-amyloid does play an important role, how could treatments block its effects?**

Scientists are testing a number of strategies to block the effects of beta-amyloid. Several drugs targeting beta-amyloid have reached human clinical trials. Until the successful aducanumab trial published in 2016, there was no clear indication that these drugs moderated Alzheimer's brain changes or protected brain cells. Aducanumab, an antibody that binds to both insoluble forms of beta amyloid (amyloid plaques) and soluble forms, reduced levels of beta-amyloid in the brain and slowed the rate of cognitive decline in a group of people who had mild or preclinical Alzheimer's disease.

Experimental strategies focusing on beta-amyloid aim to decrease the production of the protein, prevent its aggregation or increase the removal of it from the brain:

### **Decreasing beta-amyloid production**

To decrease beta-amyloid production, experimental drugs change the behavior of proteins that cut APP into beta-amyloid. Scientists have identified several of these proteins, called secretases, involved in cutting APP into beta-amyloid. Those that have received the most attention are beta-secretase (also known as BACE1) and gamma-secretase. Changing the behavior of these proteins could prevent or reduce beta-amyloid production. Drugs called “secretase inhibitors” block the clipping action of secretases.

Another approach reduces beta-amyloid by changing the way secretases work or encouraging secretases, such as alpha-secretase, to cut APP into fragments other than beta-amyloid.

### **Preventing beta-amyloid aggregation**

Because Alzheimer's is characterized by amyloid plaques, scientists have explored drugs that prevent beta-amyloid aggregation as a potential treatment for the disease. Some studies suggest that the toxic effects of beta-amyloid occur before the formation of plaques and oligomers, so researchers are looking for ways to prevent the initial interactions between beta-amyloid and nerve cells that lead to toxicity.

### **Increasing beta-amyloid removal**

Methods to increase removal of beta-amyloid from the brain include mobilizing the immune system to produce antibodies to attack beta-amyloid, administering laboratory-produced antibodies to beta-amyloid and administering natural agents with anti-amyloid effects.

### **Immune system-generated antibodies to beta-amyloid**

Experimental agents in this category are called “active vaccines.” These vaccines incorporate a beta-amyloid fragment that is attached to a carrier protein. When injected, the body should produce antibodies to attack beta-amyloid and reduce levels of beta-amyloid in the brain.

**Laboratory-produced antibodies to beta-amyloid**

Experimental drugs in this category are called “passive vaccines.” These vaccines may be safer because they can be given in predetermined doses and do not stay in the body after dosing ends.

**Natural agents with anti-amyloid effects**

Intravenous immunoglobulin (IVIg) contains a broad array of natural antibodies that may reduce beta-amyloid levels. IVIg is obtained from the plasma of human blood donors.

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