deÞned as the potential stage of AD in which the patient presents as a fully functional individual in cognitive exams such as MMSE, yet the growing pathology within the brain tissue is present, but likely unknown precluding early death from a non-neurodegenerative means (141,144,166). MCI has been described as being the transition stage between normal

genetics, and discoveries from cell biology (13,16,38,169). The increased hydrophobicity of A β 42 possibly allows this peptide to integrate within the lipid bilayer initiating the process of cell damage. Schmidt et al. using mass-per-length measurements and electron cryomicroscopy with 3-dimensional reconstruction on an $A\beta(1D42)$ amyloid Þbril morphology showed that the $A\beta(1D42)$ bbril morphology has only one protoÞlament, in contrast to A β (1Đ40) Þbril forms two protoÞlaments. Further, $A\beta$ (1Ð42) showed pairs of β -sheets at the cores of the two protoÞlaments making up a Þbril (135).

Once $A\beta$ is produced, individual amyloid peptides (A β 42 in particular) aggregate to form small assemblies of dimers, trimers, oligomers, protoÞbrils, and large insoluble Þbrils. Studies showed poor correlation between plaque load and cognitive function (113). Recently, the role of $A\beta$ has been amended to suggest that soluble $A\beta$ oligomers are the more toxic species. Further research has indicated that the soluble oligomers and not the plaques correlate well with cognitive decline $(44,53,54,117,165,168)$. Moreover, $/$ Alevels and temporal NFT density have been shown to be elevated to a higher degree in LAD when compared with MCI and EAD, which are likewise elevated compared with control (9,11,58,108,159). The relationship between $A\beta$ -containing SPs and NFT formation has been debated, but recently Jinet al.reported that with the addition of soluble A β dimers, tau became hyperphosphorylated before cytoarchitectural disruption was observed, followed by subsequent neuritic degeneration. Interestingly, this process was exacerbated with the overexpression of human tau and prevented with the knockdown of human tau (74). Soluble $A\beta$ has also been shown to modulate the pro-survival PI3K/AKT-GSK3 β pathway, inhibiting various neurotrophin effects including that of α -sAPP (73). These lines of evidence provide insight into the progression of AD and a potential causal relationship between two known pathological hallmarks of this disease.

Genetic Evidences for $A \beta$ Toxicity

The importance of APP and consequently $A\beta$ in AD pathogenesis has emanated from genetic evidence of patients with familial AD (FAD) and Down syndrome (DS). After the bloning of thebsinTJ /Ffouy Eviel4ut.4(beiel442antD71-218.193 0 (28ri0sc415 1 Tf .8599 0 TD [(has)F.6594 at)-has)F.423.(dise9.2(inFe)aut

which A $\beta_{1\text{D}42}$ inserts as oligomers into the bilayer and serves as a source of ROS, has been shown to initiate lipid peroxidation (Figs. 4 and 5) (16,17,93,94,101). For a comprehensive review on oxidative/nitrosative stress in the cell, the reader is referred to the following articles (28,29,151).

Oxidative Stress at Different Stages of AD

Oxidative stress and its effects have been found as early as MCI in the progression toward AD. Studies conducted in our laboratory and others have found that oxidative stress markers for protein oxidation/nitration, such as protein carbonyls and 3-nitro-tyrosine, are elevated in brains from subjects with aMCI (6Ð8,25,83). More recently, it has been shown that the phosphorylation proÞlt1.2([(sholtr2([(proteins)-392.8(such)

Increased protein-bound 4-hydroxy-nonenal (HNE) and free HNE, TBARS, and MDA were found, and a higher isoprostane $(F₂$

mechanism (145). Further, the presence of methionine sulf-

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