

Association of Elizabeth Head

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Down syndrome (DS) is the most common genetic cause of intellectual disability in children, and the number of adults with DS reaching old age is increasing. By the age of 40 years, virtually all people with DS have sufficient neuropathology for a postmortem diagnosis of Alzheimer disease (AD). Trisomy 21 in DS leads to increased levels of soluble and insoluble A β 40 and A β 42, as well as oligomers. Oxidative and nitrosative stress levels (protein carbonyls, 4-hydroxy-2-trans-nonenal (HNE)-bound proteins, and 3-nitrotyrosine) were measured by slot-blot. We found that soluble and insoluble amyloid beta peptide (A β) and oligomers increase as a function of age in DS frontal cortex. Of the oxidative stress markers, HNE-bound proteins were increased overall in DS. Protein carbonyls were correlated with A β 40 levels. These results suggest that oxidative damage, but not nitrosative stress, may contribute to the onset and progression of AD pathogenesis in DS. Conceivably, treatment with antioxidants may provide a point of intervention to slow pathological alterations in DS.

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1. Introduction

IgG secondary antibody (1:5000;

the age of 40 years had the highest levels of SDS-extracted A_β42 overall ($F(1,69)=8.23$ $p=0.006$; Fig. 2E).

The effect of age on FA-extracted A_β42 was similar to that of SDS-extracted A

3.4. Association between β and oxidative damage in DS

In all A₄₂ measures, the DS cases and particularly those over the age of 40 years showed significant individual variability. Thus, we hypothesized that individual A₄₂ measures may reflect differences in the level of oxidative damage. A partial correlation coefficient that controlled for PMI was calculated between A₄₂ measures and measures of oxidative damage. The amount of oligomeric A₄₂ was not

correlated with PCs ($r=0.17$ $p=0.16$), NT ($r=-0.07$ $p=0.55$) or HNE ($r=-0.097$ $p=0.43$). Similarly, there were no correlations between any measure of A₄₂ and the extent of PCs (PBS A₄₂ $r=-0.14$ $p=0.27$; SDS A₄₂ $r=0.02$ $p=0.89$; FA A₄₂ $r=0.13$

correlated with PCs, although the level of significance was marginal ($r=0.310$ $p=0.058$ $n=36$) (Fig. 4C). SDS- ($r=0.369$ $p=0.023$ $n=36$) and FA- ($r=0.39$ $p=0.016$ $n=36$) extracted A₄₀ were correlated with significantly higher PC accumulation, but were not correlated with either HNE or 3-NT levels (Fig. 4D, E).

4. Discussion

An imbalance between pro-oxidant stimuli and cellular antioxidant activity may lead to increased oxidative stress levels that may have an important role in the development of AD neuropathology in DS [9, 11, 37]. Involvement of oxidative and nitrosative stress-

induced neuronal damage is a well-established feature during the development of AD [14, 17, 74]. In the current study, we provided new evidence of higher levels of oxidative damage in brains from individuals with DS, although measures of oxidative damage were not increased further with AD pathology. The frontal cortex of DS subjects had significantly increased HNE-bound proteins levels, a sensitive marker of lipid peroxidation, compared to non-DS controls. Lipid peroxidation leads to various aldehydic products, with 4-hydroxy-2-nonenal (HNE) being one of the most abundant [76]. HNE is a highly reactive alkenal responsible for the damaging effects of oxidative stress and linked to neurodegenerative diseases such as AD [7, 14, 65].

This study extends earlier studies demonstrating that lipoperoxidation is enhanced in prenatal DS brains compared to non-DS controls [8, 59]. Pratico et al. also demonstrated that another marker of lipid peroxidation, 8,12-iso-iPF₂-VI, was significantly increased in the urine of young subjects with DS, as compared to age-matched controls [63]. Furthermore, cortical neurons cultured from prenatal DS cases exhibited the intracellular accumulation of ROS and increased lipofuscin lip,

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