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# Amyloid peptides mediate hypoxic increase of L-type Ca<sup>2+</sup> channels in central neurones

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#### Abstract

Prolonged hypoxia, encountered in individuals suffering from various cardiorespiratory diseases, enhances the likelihood of subsequently developing Alzheimer's disease (AD). However, the underlying mechanisms are unknown, as are the mechanisms of neurodegeneration of amyloid  $\beta$  peptides (A $\beta$ Ps), although the latter involves disruption of Ca<sup>2+</sup> homeostasis. Here, immunohistochemistry demonstrated that hypoxia increased production of A $\beta$ Ps, an effect which was prevented by inhibition of either  $\beta$  or  $\gamma$  secretase, the enzymes required for liberation of A $\beta$ P from its precursor protein. Whole-cell patch clamp recordings showed that hypoxia selectively increased functional expression of L-type Ca<sup>2+</sup> channels. This was prevented by inhibition of either  $\beta$  or  $\gamma$  secretase, indicating that hypoxic channel up-regulation is dependent upon A $\beta$ P formation. Our results indicate for the first time that hypoxia promotes A $\beta$ P formation in central neurons, and show that this leads to abnormally high selective expression of L-type Ca<sup>2+</sup> channels whose blockade has previously been shown to be neuroprotective in AD models. These findings provide a cellular basis for understanding the increased incidence of AD following prolonged hypoxia. © 2005 Elsevier Inc. All rights reserved.

Keywords: Hypoxia; Alzheimer's disease; Ca<sup>2+</sup> channels; Secretases; Patch clamp; Immunohistochemistry; Neurodegeneration

## 1. Introduction

One major defining feature of Alzheimer's disease (AD) is the presence of fibrillar deposits composed primarily of amyloid  $\beta$  peptides (A $\beta$ Ps), cleavage products derived from amyloid precursor protein (APP) via the sequential action of  $\beta$ - and  $\gamma$ -secretases [1,27]. Whilst our understanding of the mechanisms underlying the neurodegeneration of AD is incomplete, there is compelling evidence that A $\beta$ Ps are neurotoxic elements responsible for the progressive death of neurons [18,27]. The means by which A $\beta$ Ps exert their toxicity remains contentious, but a large consensus of opinion indicates that disruption of Ca<sup>2+</sup> homeostasis is central to the action of A $\beta$ Ps [17,19].

Cardiorespiratory diseases such as chronic obstructive pulmonary disease or arrhythmias can lead to a marked reduction in the  $O_2$  supply to the brain, and these conditions are all associated with a significant increase in the likelihood of developing dementias, particularly AD [11,14,15]. Even more striking is the increased incidence of AD in patients who have previously suffered prolonged hypoxic or ischemic episodes arising from a stroke [16,20,21,31].

APP is one of only a few gene products whose expression is increased following a period of cerebral hypoxia/ischemia [14,15]. Since APP (in non-AD patients) is preferentially cleaved by  $\alpha$  secretase to liberate the neuroprotective soluble sAPP $\alpha$ , this increased expression of APP might be considered a defence mechanism against ischemia. However, increased APP levels could also permit increased formation of A $\beta$ Ps via the actions of  $\beta$  and  $\gamma$  secretases and, indeed, A $\beta$ P production is increased following both mild and severe ischemia [12,37]. Thus, evidence for a clear link exists between hypoxic/ischemic insult and elevation of damaging A $\beta$ P levels. We have previously demonstrated that prolonged hypoxia enhances the exocytotic response of pheochromocytoma (PC12) cells to depolarising stimuli, by enhancing Ca<sup>2+</sup> influx, an effect which appeared dependent on

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hypoxia-induced increases of A $\beta$ P production [32,33]. Our results suggested that hypoxia led to the formation of Ca<sup>2+</sup>permeable membrane channels consisting of A $\beta$ Ps, as well as up-regulation of L-type Ca<sup>2+</sup> channels [6–8]. However, these studies were restricted to a clonal cell line, and effects observed in these cells cannot be extrapolated to account for effects of hypoxia in central neurones. The present study was, therefore, conducted to examine the effects of prolonged hypoxia on voltage-gated Ca<sup>2+</sup> channels in primary cultures of central neurones, and to investigate any potential role of A $\beta$ P formation.

### 2. Methods

### 2.1. Culturing of central neurones

All experiments were performed using primary cultures of rat cerebellar granule neurons. Cells were obtained by enzymatic and mechanical dissociation as previously described [9,25]. This preparation was selected because, although such neurones are resistant to hypoxic insult in vivo, any neurone is likely to alter protein expression during even short-term culture. These neurones, however, have the distinct advantage of expressing the widest variety of voltagegated channels known [22,26]. Briefly, cerebellar tissue was removed from 6 to 8 day old rat pups and triturated following a 15 min trypsin (EC 4.4.21.4,  $2.5 \text{ mg ml}^{-1}$  in phosphate buffered saline) digestion. Cells, plated at a density of  $0.25 \times 10^6$  cells per well on circular 10 mm diameter poly-L-lysine coated coverslips, were grown in a humidified atmosphere containing 5% CO2: 95% air at 37 °C. For cells exposed to hypoxia, the atmosphere was adjusted to 2.5% O<sub>2</sub>, 5% CO<sub>2</sub>, balance N<sub>2</sub> for 24 h prior to experimentation. The culture medium consisted of minimal essential medium supplemented with 10% horse serum, 2.5% chick embryo extract, 26 mM glucose, 19 mM KCl, 2 mM L-glutamine, penicillin/streptomycin (50 IU ml<sup>-1</sup>/50  $\mu$ g ml<sup>-1</sup>) and 80  $\mu$ M fluorodeoxyuridine to prevent proliferation of non-neuronal cells. Culture media were exchanged every 3 days and cells were grown in culture for up to 11 days. All recordings were made from cells between days 7 and 11.

# 2.2. Electrophysiological recording of $Ca^{2+}$ channel currents

For recording  $Ca^{2+}$  channel currents patch pipettes were filled with solution containing (in mM) Cs-HEPES 100, EGTA 30, CaCl<sub>2</sub> 3, MgCl<sub>2</sub> 2.5, K<sub>2</sub>ATP 3.25; osmolarity 320 mOsmol with sucrose; pH was adjusted to 7.2 with CsOH. Cells were bathed in a solution that comprised (in mM) tetraethylammonium acetate 70, *N*-methyl-D-glucamine 70, KOH 3, magnesium acetate 0.6, glucose 4, barium acetate 10, HEPES 10, and tetrodotoxin 0.0005; pH 7.4 with acetic acid; osmolarity 320 mOsmol with sucrose. To record Ca<sup>2+</sup> channel current–voltage relationships, cells were held at a potential of -90 mV and depolarised to potentials ranging from -50 to +50 mV. The steps were repeated every 10 s. Five leak subtraction steps were made prior to depolarisation to allow off-line removal of linear leak and residual capacity artefacts. Series resistance compensation of 80% was routinely employed.

Ca<sup>2+</sup> channel antagonists  $\omega$ -conotoxin GVIA ( $\omega$ -CgTx; Peninsula Laboratories, St. Helens, UK) and nimodipine (Tocris, Bristol, UK) were made up as stock solutions in deionised water or DMSO as appropriate and were then frozen at -20 °C before appropriate dilution in the recording medium. Experiments using nimodipine were conducted in the dark due to the light sensitivity of this compound. Ca<sup>2+</sup> channel blocking compounds were added to the recording chamber prior to recording and were present throughout electrophysiological measurement of channel activity. All culture reagents were obtained from Gibco BRL (UK), except chick embryo extract which was purchased from Imperial Laboratories (UK).

#### 2.3. Analysis of electrophysiological recordings

Current recordings were analysed using the Patch v6.0 program by Cambridge Electronic Design (Cambridge, UK) following leak subtraction using a P/5 subtraction protocol. Further analyses were performed using Microsoft Excel 2000 and Microcal Origin v6.0. All data are given as mean  $\pm$  standard error of the mean. Student's *t*-test (unpaired) was used to determine the significance of differences between the means, with *P* values <0.05 being considered significant. All current recordings were normalized to whole-cell capacitance to give current density. Peak current was measured as the maximal inward current observed during the depolarising step. Voltage errors due to series resistance were calculated and never came to more than -2 to 3 mV. Junction potential error was directly measured as +3 mV. No adjustments for these errors were therefore made.

#### 2.4. Immunocytochemistry

Immunofluorescent labelling with a monoclonal antibody raised against the extracellular N-terminal 5 residues of ABP (3D6 antibody [13]) was performed as previously described [32] with cells plated onto coverslips and subjected to normoxic or other conditions as described above. Cells were fixed by immersion in 4% paraformaldehyde in 0.1 M phosphate buffered saline (PBS; pH 7.4) for 20 min, and then rinsed thoroughly in several changes of 0.1 M PBS. The cells were then incubated for 20 min at room temperature in PBS containing 10% normal goat serum (NGS) to block non specific sites and 0.2% Triton X-100 to permeabilse the cells. Cells were then thoroughly washed again with PBS for several changes. The coverslips were then incubated with the 3D6 antibody (diluted to 0.5  $\mu$ g/ml in PBS) overnight at 4 °C. After two 10 min rinses in PBS, the cells were incubated for 2h in a 1/200 dilution of Cy2 conjugated anti-mouse IgG (Jackson ImmunoResearch). After two further 10 min rinses in PBS, the coverslips were mounted onto glass microscope slides with glycerol/PBS and the edges of the coverslips were sealed with clear nail polish. The cells were examined using a Zeiss Axioskop epifluorescence microscope using a No. 10 (fluorescein) filter set. Photographs were taken using a Kodak MDS120 digital camera system.

## 3. Results

# 3.1. Hypoxia increases L-type $Ca^{2+}$ current density in cerebellar granule neurones

Fig. 1A plots mean current density versus voltage relationships obtained from cerebellar granule neurones cultured under normoxic and chronically hypoxic (CH; 2.5% O<sub>2</sub>, 24 h) conditions. Clearly, the current densities observed in CH cells were enhanced as compared with controls, and this effect was statistically significant (P < 0.05) at test potentials of -10 and 0 mV. No marked change in current kinetics was observed



Fig. 1. Hypoxia augments voltage-gated Ca<sup>2+</sup> channels in cerebellar granule neurones. (A) Mean ( $\pm$ S.E.M. bars) current density vs. voltage relationships obtained from neurons cultured under normoxic ( $\blacksquare$ , n = 13 cells) and chronically hypoxic ( $\square$ , n = 17 cells) conditions. Inset shows superimposed traces of mean currents, taken from each group of cells at a test potential of 0 mV, as indicated. (B) Mean ( $\pm$ S.E.M. bars) current density vs. voltage relationships obtained from neurons cultured under normoxic ( $\blacksquare$ , n = 15 cells) and chronically hypoxic ( $\square$ , n = 15 cells) conditions in the presence throughout of 200 µM Cd<sup>2+</sup>. \*P < 0.05. Ensemble averaged currents, recorded at the 0 mV test potential for the same cells are shown on the right.

(Fig. 1A, inset). Previous studies have indicated that hypoxia can induce a Ca<sup>2+</sup> influx pathway which is insensitive to the non-selective inhibitor of voltage-gated Ca<sup>2+</sup> channels, Cd<sup>2+</sup> [7,32]. However, as illustrated in Fig. 1B, the residual current in the presence of Cd<sup>2+</sup> (200  $\mu$ M) was very small and not significantly different between normoxic and CH cells, indicating that the augmentation of total whole-cell Ca<sup>2+</sup> current was attributable to up-regulation of one or more endogenous voltage-gated Ca<sup>2+</sup> channel types.

Cerebellar granule neurones express multiple types of voltage-gated Ca<sup>2+</sup> channel [22,26]. Since previous studies had indicated a selective enhancement of L-type (Ca<sub>v</sub>1) Ca<sup>2+</sup> channels in PC12 cells by hypoxia [6,7], we explored this possibility in cerebellar granule neurons. Fig. 2A indicates that whole-cell Ca<sup>2+</sup> currents, recorded in the presence of 2  $\mu$ M nimodipine to block L-type channels, were unaffected by CH. By contrast, when cells were pretreated with  $\omega$ -CgTx (1  $\mu$ M) to block N-type (Ca<sub>v</sub>2.2) Ca<sup>2+</sup> channels, the effects of hypoxia were markedly enhanced. The fact that inhibition of non-L-type channels exaggerated the effects of hypoxia, whilst inhibition of L-type channels prevented effects



Fig. 2. Hypoxia selectively augments L-type Ca<sup>2+</sup> channels. (A) Mean ( $\pm$ S.E.M. bars) current density vs. voltage relationships obtained from neurons cultured under normoxic ( $\blacksquare$ , n = 12 cells) and chronically hypoxic ( $\square$ , n = 14 cells) conditions and recorded in the presence throughout of 2  $\mu$ M nimodipine. Inset shows superimposed traces of mean currents, taken from each group of cells at a test potential of 0 mV, as indicated. (B) As (A), except that cells were pre-treated with 1  $\mu$ M  $\omega$ -CgTx prior to recordings (normoxic; n = 16 cells and chronically hypoxic; n = 17 cells). \*\*P < 0.01. Inset shows superimposed traces of mean currents, taken from each group of cells at a test potential of 0 mV.

of hypoxia, indicates strongly that the augmented current density seen in CH cells is due to a selective enhancement of L-type channels. Therefore, subsequent electrophysiological recordings (Fig. 4) were made in cells pretreated with 1  $\mu$ M  $\omega$ -CgTx.

# 3.2. Amyloid peptides mediate hypoxic augmentation of $Ca^{2+}$ currents

As discussed earlier, previous evidence suggested that at least some of the effects of CH involve formation of ABPs. To investigate their involvement in hypoxic up-regulation of Ltype Ca<sup>2+</sup> channels in cerebellar granule neurons, we looked for immunohistochemical evidence of increased amyloid formation. Fig. 3 shows immunofluorescent images (together with the corresponding brightfield images) of cell body clusters cultured under normoxic and hypoxic conditions, as indicated. Clearly, as compared with normoxically cultured cells, those kept under hypoxic conditions showed a marked increase in ABP levels (top row of images). The middle row of images are taken from cells treated with the dipeptidealdehyde, 2-naphthoyl-VF-CHO ( $\gamma$ -IV; 3  $\mu$ M), a cell permeable inhibitor of  $\gamma$ -secretase activity.  $\gamma$ -IV reversibly inhibits production of both the 1-40 and 1-42 forms of ABP with ED<sub>50</sub> values of 2.6 and 2.7 µM respectively [29]. Incubation

of cerebellar granule neurones with 3  $\mu$ M  $\gamma$ -IV during 24 h of hypoxia completely suppressed the increased immunofluorescence observed in CH cells. Similarly, cells were exposed to 30 nM H-KTEEISEVN-stat-VAEF-OH ( $\beta$ SI), a potent inhibitor of  $\beta$ -secretase activity (IC<sub>50</sub> 30nM [28]). Again, the increased production of A $\beta$ Ps caused by hypoxia was fully prevented. These data indicate that hypoxia can stimulate production of A $\beta$ Ps in central neurons, and this is fully prevented by inhibition of either  $\beta$  or  $\gamma$  secretase.

We next investigated whether any association existed between hypoxia-induced increased in Ca<sup>2+</sup> current density and hypoxia-induced increases in ABP formation. Fig. 4A shows that culturing cells under normoxic conditions in the presence of 3  $\mu$ M  $\gamma$ -IV had no effect of Ca<sup>2+</sup> current density. However, this inhibitor fully prevented the augmentation of current densities attributable to chronic hypoxia (Fig. 4B). Similarly, the β secretase inhibitor, βSI (30 nM), was without effect on currents in normoxically cultured cells (Fig. 4C), yet fully prevented hypoxic augmentation of currents (Fig. 4D). These electrophysiological recordings were all made in cells pretreated with  $\omega$ -CgTx (1  $\mu$ M) to block N-type channels and hence highlight the hypoxic up-regulation of L-type channels (see Fig. 2). Our findings therefore indicate that the functional up-regulation of L-type Ca<sup>2+</sup> channels in cerebellar granule neurons requires ABP formation.



Fig. 3. Hypoxia augments A $\beta$ P immunoreactivity in cerebellar granule neurons. Immunofluorescent images of clusters of cerebellar granule cell bodies (together with bright field images, to the right of each) cultured either normoxically (left) or under chronically hypoxic conditions (right) in the absence of secretase inhibitors (top row) or in the presence of the  $\gamma$  secretase inhibitor  $\gamma$ -IV (3  $\mu$ M; middle row) or the  $\beta$  secretase inhibitor,  $\beta$ SI (30 nM; bottom row). Scale bar shown in the bottom right of the figure indicates 10  $\mu$ m and applies to all panels.



Fig. 4. Inhibition of amyloid formation prevents hypoxic augmentation of  $Ca^{2+}$  currents. (A) Mean (±S.E.M. bars) current density vs. voltage relationships obtained from neurons cultured under normoxic conditions in the absence ( $\square$ , n = 8 cells) and presence ( $\bigcirc$ , n = 9 cells) of the  $\gamma$  secretase inhibitor  $\gamma$ -IV (3  $\mu$ M). (B) Mean (±S.E.M. bars) current density vs. voltage relationships obtained from neurons cultured under normoxic ( $\square$ , n = 37 cells) and hypoxic conditions in the absence ( $\square$ , n = 28 cells) or presence ( $\bigcirc$ , n = 33 cells) of the  $\gamma$  secretase inhibitor  $\gamma$ -IV (3  $\mu$ M). (C) as (A), except that currents were recorded in the absence or presence of the  $\beta$  secretase inhibitor,  $\beta$ SI (30 nM, n = 14 cells for each condition). (D) as (B) except that currents were recorded in the absence of  $\beta$ SI (30 nM, normoxic; n = 33 cells, chronically hypoxic; n = 26 cells, and chronically hypoxic +  $\beta$ S1; n = 28 cells). \*P < 0.05, \*\*P < 0.01, \*\*\*P < 0.001.

#### 4. Discussion

We have previously shown that chronic hypoxia increases formation of A $\beta$ Ps in the clonal cell line, PC12 [32] and in primary cultures of astrocytes [30]. The present study demonstrates that hypoxia also increases formation of A $\beta$ Ps in primary cultures of central neurons, a finding of particular importance in attempting to understand the mechanisms underlying the increased incidence of neurodegenerative AD in individuals who have previously experienced prolonged hypoxia (see Section 1).

Our immunofluorescent studies (Fig. 2) clearly show an increased immunoreactivity for A $\beta$ Ps specifically in those cells cultured under hypoxic conditions. These studies were performed using the monoclonal antibody, 3D6, which was originally raised against the N' terminal 5 residues of A $\beta$ P [13]. This antibody is, therefore, capable of also recognizing the C99 peptide product yielded by the action of  $\beta$  secretase on APP. However, our results would indicate that, in our preparation, the antibody primarily recognises A $\beta$ Ps, since the increased immunoreactivity which was observed following chronic hypoxia was fully prevented by inhibition of  $\gamma$  secretase as well as  $\beta$  secretase (Fig. 3). Similarly, the functional consequence, i.e. increased functional expression

of L-type Ca<sup>2+</sup> channel (Fig. 4) was also prevented by either secretase inhibitor (Fig. 4). Importantly, the use of these inhibitors provides compelling evidence that formation of A $\beta$ Ps is a requisite step mediating the effects of hypoxia on L-type Ca<sup>2+</sup> channels. As such, these findings provide a direct mechanistic clue to account for the increased incidence of AD in individuals who have previously experienced prolonged hypoxia.

The effect of hypoxia to up-regulate L-type Ca<sup>2+</sup> channels in cerebellar granule neurons appeared selective, since blockade of L-type channels with nimodipine prevented any effects of hypoxia on whole-cell currents, and inhibition of N-type channels with  $\omega$ -CgTx, which increases the proportion of total current attributable to L-type channels, exaggerated the effects of hypoxia. We did not attempt to inhibit P/Q type channels with  $\omega$ -agatoxin GVIA, since in this preparation the toxin is not particularly selective [22]. Our evidence that the amyloid-mediated effect of hypoxia is selective in its action on L-type channels is also supported by a previous (albeit indirect) report suggesting that direct exposure to amyloid peptides up-regulates L-type channels in cortical neurons [4]. In contrast to PC12 cells, hypoxia did not induce a  $Cd^{2+}$  insensitive  $Ca^{2+}$  influx pathway in cerebellar granule neurones. This is consistent with our previous findings that

exogenous A $\beta$ Ps do not induce such a pathway in these or other central neurons [23,24].

In the CNS, L-type Ca<sup>2+</sup> channels play key roles in a diverse range of functions [10], including synaptic plasticity/long term potentiation [2,38], memory and mood [2,34], and "excitation-transcription coupling" [3]. Thus, alterations in their functional expression caused by hypoxia are likely to have important and far-reaching effects. Perhaps more importantly, it may be through modulation of L-type  $Ca^{2+}$  channel expression that ABPs exert a major neurodegenerative effect. There is a wealth of evidence to suggest that ABPs disrupt Ca<sup>2+</sup> homeostasis as part of their toxic effect and whilst disruption of Ca<sup>2+</sup> stores has received much attention as a target system for disruption in AD [17,19], there is compelling evidence that pharmacological blockade of L-type Ca2+ channels offers protection against the toxicity of A $\beta$ Ps [5,35,36] and that ABPs can up-regulate  $Ca^{2+}$  currents in central neurons [23,24].

In summary, our results demonstrate that prolonged hypoxia selectively up-regulates the functional expression of L-type  $Ca^{2+}$  channels in cerebellar granule neurones. This effect is dependent on the increased production of amyloid peptides of Alzheimer's disease. Given the central role of these channels in neuronal  $Ca^{2+}$  homeostasis and their involvement in at least some of the toxic effects of amyloid peptides, these results offer a cellular basis for understanding why prolonged hypoxia increases the likelihood of developing Alzheimer's disease.

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