ACS Chemical Neuroscience

Curcumin/Melatonin Hybrid 5-(4-Hydroxy-phenyl)-3-oxo-pentanoic Acid [2-(5-Methoxy-1*H*-indol-3-yl)-ethyl]-amide Ameliorates AD-Like Pathology in the APP/PS1 Mouse Model

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ABSTRACT: In our efforts to develop hybrid compounds of curcumin and melatonin as potential disease-modifying agents for Alzheimer's disease (AD), a potent lead hybrid compound, **Z-CM-I-1**, has been recently identified and biologically characterized *in vitro*. In this work, we report the *in vivo* effects of **Z-CM-I-1** on AD pathologies in an APP/PS1 transgenic AD model. Our studies demonstrated that **Z-CM-I-1** significantly decreased the accumulation of $A\beta$ in the hippocampus and cortex regions of the brain and reduced inflammatory responses and oxidative stress after treatment for 12 weeks at 50 mg/kg per dose via oral administration. Furthermore, **Z-CM-I-1** significantly improved synaptic dysfunction evidenced by the increased expression of synaptic marker proteins, PSD95 and synaptophy-



sin, indicating its protective effects on synaptic degeneration. Lastly, we demonstrated that Z-CM-I-1 significantly increased the expression level of complexes I, II, and IV of the mitochondria electron transport chain in the brain tissue of APP/PS1 mice. Collectively, these results clearly suggest that Z-CM-I-1 is orally available and exhibits multifunctional properties *in vivo* on AD pathologies, thus strongly encouraging further development of this lead compound as a potential disease-modifying agent for AD patients.

KEYWORDS: Hybrid compounds, neuroprotectants, curcumin, melatonin, Alzheimer's disease

A lzheimer's disease (AD) is a devastating neurodegenerative disorder affecting around 5.2 million Americans.¹ Multiple pathological factors have been extensively studied to understand the underlying mechanisms of AD.^{2–5} However, the exact etiology of AD still remains unknown. Addressing the issue of the paucity of effective therapeutics in the pipeline and taking the multifaceted nature of AD into account, drug development efforts have been devoted to multifunctional compounds that can target more than one potential risk factor simultaneously, thus increasing the success of disease-modifying agents for AD.^{6,7}

Recently, we have begun development of hybrid compounds from the structures of curcumin and melatonin, two natural products that have shown therapeutic potential in various AD models, with the intention of providing novel chemical scaffolds with potentially new or different mechanisms of action. Our results demonstrated that the hybrid strategy is a viable approach in providing chemotypes with novel pharmacology, and one lead compound, Z-CM-I-1, has been identified for further optimization and validation (Figure 1).⁸ Preliminary mechanistic studies revealed that this lead compound might interfere with the interactions between amyloid- β (A β) and mitochondria in order to exert its neuroprotective activities. More importantly, we have demonstrated that **Z-CM-I-1** can efficiently penetrate the blood–brain barrier after oral administration.⁸ Herein, we report that the treatment of **Z-CM-I-1** in the APP/PS1 transgenic mouse model⁹ significantly reduces multiple pathologies found in AD.

RESULTS AND DISCUSSION

Z-CM-I-1 Decreases $A\beta$ Burden in APP/PS1 Mice after Long-Term Treatment. $A\beta$ plaques have been recognized as one of the hallmarks of AD patients.^{2,10} It has also been

 Received:
 March 10, 2015

 Revised:
 April 10, 2015

 Published:
 April 20, 2015



Figure 1. Structure of hybrid compound Z-CM-I-1 and the natural products from which it is derived, curcumin and melatonin.

demonstrated that $A\beta$ plaque load is increased in the aging APP/PS1 mouse model.⁹ Therefore, we first examined the effects of **Z-CM-I-1** (50 mg/kg) on $A\beta$ accumulation in the brain after treatment. After quantification and data analysis (see Methods, $A\beta$ quantification), treatment with **Z-CM-I-1** was shown to significantly decrease the level of $A\beta$ plaques in the cerebral cortex and hippocampal areas (*p < 0.05) (Figure 2) compared to that in the nontreated group. From our previous *in vitro* studies, we demonstrated that **Z-CM-I-1** shows minimal inhibition of $A\beta$ aggregation, whereas it moderately inhibits the production of small $A\beta$ oligomers ($A\beta$ Os) in MC65 cells.⁸ This suggests that the reduction of $A\beta$ plaque load in APP/PS1 mice could be a main downstream outcome of the interference of **Z-CM-I-1** on other factors.

Z-CM-I-1 Reduces Activation of Microglia in APP/PS1 Mice. A growing body of evidence has implicated neuroinflammation as an essential player in the etiology of AD.^{3,11} This notion is supported by a number of epidemiological studies showing evidence that levels of inflammatory proteins, including C-reactive protein and inflammatory cytokines, are elevated long before the clinical symptoms of AD.^{12,13} Furthermore, clinical trials have provided evidence that longterm use of nonsteroidal anti-inflammatory drugs can prevent or delay the onset of AD, especially when applied during early and asymptomatic phases of the disease.^{14–16} Pathologically, activated microglia, along with elevated proinflammatory cytokines, have been observed in AD animal models and patients.^{17–19} Notably, curcumin and melatonin have been reported to exhibit anti-inflammatory effects in a variety of disease models.²⁰⁻²³ To explore whether Z-CM-I-1 preserves the anti-inflammatory properties of curcumin and melatonin, we next studied the status of neuroinflammation in APP/PS1 mice after long-term treatment with Z-CM-I-1. Since microglia are a main neuroinflammatory cell type, which has been widely used as a marker for neuroinflammation, we therefore checked the activation of microglial cells by immunocytochemistry with an anti-Iba1 antibody, shown in Figure 3. While no change was detected in total microglial cell number, when microglial cells were further classified morphologically (Figure 3), treatment with Z-CM-I-1 significantly decreased the population of type IV glial cells, which are the most activated glial cell type (Figure 3D). In the control group, type IV microglia cells were around 6% of total microglia, and the Z-CM-I-1 treatment was able to reduce this significantly to 3% (Figure 3G). These results suggest that even though there were no differences between treated and nontreated groups in the total number of cells (Figure 3E), the microglia present at higher activation states were reduced in the Z-CM-I-1-treated group, thus suggesting an anti-inflammatory effect in vivo.

Z-CM-I-1 Reduces Oxidative Stress in APP/PS1 Mice after Long-Term Treatment. Mounting evidence from pharmacological and genetic studies has confirmed a correlation between oxidative stress and $A\beta$ accumulation.^{5,24–26} For example, $A\beta$ can reduce redox-active metals to produce reactive oxygen species (ROS), which contribute to most types of oxidative damage noted in AD.^{27–29} Furthermore, the interaction of microglia with $A\beta$ results in increased ROS burden, further contributing to oxidative stress and neuroinflammation and eventually causing neurodegeneration.^{30–33} To determine whether **Z-CM-I-1** can modulate oxidative stress



Figure 2. $A\beta$ plaque load in treated versus control mice. Z-CM-I-1 (50 mg/kg) was administered by oral gavage in 4 month old APP/PS1 transgenic animals for 12 weeks. Immunohistochemistry was performed using the anti- $A\beta$ 82E1 antibody, and images of the cortex and hippocampus of control mice (A) and Z-CM-I-1 treated mice (B) were analyzed. (C) The amount of $A\beta$ plaque was quantified as percent area. Z-CM-I-1 significantly reduced the total amount of $A\beta$ plaques. Data are represented as mean \pm SEM; *P < 0.05. Scale bars represent 500 μ m.



Figure 3. Effect of **Z-CM-I-1** on microglial cells. Immunohistochemistry was performed using the anti-Iba-1 antibody, and images of the hippocampus from (A, C) control mice (n = 4) and (B, D) **Z-CM-I-1** (n = 7) treated mice were analyzed. (E) The total number of microglial cells was quantified as cell number per square millimeter. There was no significant difference between control and treated mice. Data are represented as mean \pm SEM. (C, D) Images show representative details of different microglial types (activation states). (F) Percentage of different microglial cell types were quantified by type classification (see Methods for a detailed explanation of this classification). (G) **Z-CM-I-1** significantly reduced the percentage of type IV microglial cells, the highest activation state. Data are represented as mean \pm SEM; *P < 0.05. (A, B) Scale bars represent 200 μ m. (C, D) Scale bars represent 50 μ m.

in APP/PS1 mice, two oxidative stress markers were measured. As shown in Figure 4, long-term treatment with Z-CM-I-1 resulted in a significant decrease of 8-hydroxyguanine (8OHG) (Figure 4A–C), a marker of oxidative damage on nucleic acids, in hippocampal neuronal nuclei. Notably, treatment of APP/PS1 mice with Z-CM-I-1 also significantly reduced the level of 4-hydroxy-2-nonenal (HNE) (Figure 4D,E), a marker of lipid peroxidation. These results are consistent with our previously published *in vitro* results from MC65 cells demonstrating that lipid peroxidation is highly involved in the oxidative stress and cell death of MC65 cells and that Z-CM-I-1 efficiently suppressed this oxidative stress.⁸ Taken together, the results clearly show that Z-CM-I-1 exhibits antioxidative effects in APP/PS1 mice after long-term treatment.

Treatment of APP/PS1 Mice with Z-CM-I-1 Improves the Level of Synaptic Markers. Synaptic dysfunction has been observed in AD patients and models and has been suggested to be an early event underlying AD progression.^{34–37} Furthermore, synaptic loss correlates well with the severity of cognitive impairment.^{38–40} Additionally, $A\beta$ species, especially the small $A\beta$ Os, have been shown to impair synaptic neurotransmission in various AD animal models.^{41–44} To evaluate whether Z-CM-I-1 has any effects on synapse pathology, we examined the expression levels of PSD95 and synaptophysin, postsynaptic and presynaptic markers, respectively. Notably, as shown in Figure 5, treatment of APP/PS1 mice with Z-CM-I-1 resulted in a significant increase of PSD95 and synaptophysin compared to the nontreated group. From our previous *in vitro* studies, we have demonstrated that Z-CM-



Figure 4. Effect of **Z-CM-I-1** on oxidative stress. (A, B) Immunohistochemistry was performed using the anti-8OHG antibody, an oxidative stress marker, and images of the hippocampus from (A) control mice (n = 4) and (B) **Z-CM-I-1** (n = 7) treated mice were analyzed. (C) Intensity of neuronal DNA damage in the CA1, CA2, and CA3 regions was measured and normalized to the control. **Z-CM-I-1** significantly reduced the extent of oxidative damage to neuronal nucleic acids. Data represent mean \pm SEM; ***P* < 0.01. Scale bars represent 20 μ m. (D) Tissue homogenates from the cortex and hippocampus of control mice (n = 4) and **Z-CM-I-1** (n = 7) treated mice were prepared and subjected to western blotting using the anti-HNE antibody, an oxidative stress marker. (E) Band intensity was normalized to actin and quantified relative to control. **Z-CM-I-1** was able to significantly reduce the amount of HNE-protein adducts. Data represent mean \pm SEM; ***P* < 0.01.



Figure 5. Effect of **Z-CM-I-1** on synaptic degeneration. (A, B) Tissue homogenates from the cortex and hippocampus of control mice (n = 4) and **Z-CM-I-1** (n = 7) treated mice were prepared and subjected to western blotting using anti-PSD95 and anti-synaptophysin antibodies. (C, D) Band intensity was normalized to actin and quantified relative to controls. **Z-CM-I-1** was able to significantly increase the amount of both PSD95 and synaptophysin in the cortex and hippocampus. Data represent mean \pm SEM; **P < 0.01.

I-1 moderately inhibits the formation of A β Os in MC65 cells and may interfere with the interactions of A β Os and their partner proteins.⁸ Furthermore, we demonstrated that Z-CM-I-I treatment significantly reduced A β burden in the brain of APP/PS1 mice. Taken together, these effects on A β could potentially contribute to the observed synaptoprotective effects. Further studies are warranted to understand the mechanisms of **Z-CM-I-1** on synaptic function. Collectively, the results of **Z-CM-I-1** in APP/PS1 mice strongly suggest that it can improve synaptic degenerative phenotypes, suggesting its potential protective effect on cognitive deficit in AD.

Treatment of APP/PS1 Mice with Z-CM-I-1 Increases the Expression of Mitochondrial Electron Transport Chain Proteins. Mitochondria play critical roles in cellular



Figure 6. Effect of **Z-CM-I-1** on mitochondrial complex protein expression. (A, B) Tissue homogenates from the cortex and hippocampus of control mice (n = 4) and **Z-CM-I-1** (n = 7) treated mice were prepared and subjected to western blotting using the OXPHOS antibody cocktail, which detects complexes I, II, III, and V, and anticomplex IV antibody. (C, D) Band intensity was normalized to actin and quantified relative to controls. **Z-CM-I-1** significantly increased the expression of complexes I, II, and IV, but it did not affect complexes III and V. Data represent mean \pm SEM; *P < 0.05.

functions, and various types of defects in mitochondria have been observed in AD patients and AD animal models.^{4,30,45} In fact, APP/PS1 mice have been shown to exhibit deregulation in OXPHOS signaling, indicative of functional impairment of mitochondria.^{46,47} Our previous results suggest that Z-CM-I-1 may exert its neuroprotective effect through mitochondria.8 Therefore, after long-term treatment, we further examined its effects on mitochondrial electron transport chain proteins by western blot analysis. As shown in Figure 6, treatment of APP/ PS1 mice with Z-CM-I-1 significantly increased the expression levels of complexes I, II, and IV. These results are consistent with our in vitro studies in MC65 cells suggesting that mitochondria might be the main organelle that Z-CM-I-1 is targeting.⁸ However, this does not rule out the possibility that the change in mitochondrial electron transport chain proteins could be a downstream outcome of the reduced $A\beta$ accumulation in APP/PS1 mice. This could be due to either the direct interaction of Z-CM-I-1 with the respiration chain proteins or the interference of Z-CM-I-1 between $A\beta$ species and the mitochondria. Further detailed mechanistic study is warranted to better understand the mechanisms of action of Z-CM-I-1 in mitochondria.

In summary, we characterized the in vivo effects of Z-CM-I-1 (50 mg/kg) on AD-related pathologies in APP/PS1 mice after long-term treatment via oral administration. The results revealed that Z-CM-I-1 effectively reduced the $A\beta$ burden, decreased the population of highly activated microglial cells, and ameliorated oxidative stress. Notably, Z-CM-I-1 significantly improved synaptic degenerative changes, thus suggesting its therapeutic potential on memory and cognitive deficits in AD. All of the observed effects on AD pathologies might be due to its interactions at the mitochondria, as evidenced by its effects on complexes I, II, and IV of the electron transport chain. Collectively, the results from Z-CM-I-1 treatment of APP/PS1 mice demonstrated that it exhibited multiple effects on $A\beta$ and inflammatory responses as well as on oxidative stress, consistent with our original design rationale to provide novel chemical scaffolds by hybridization. These results also strongly encourage further characterization of Z-CM-I-1 for its effects on cognition and behavioral function, as well as further optimization to develop more potent analogues.

METHODS

Animals and Z-CM-I-1 Treatment. Four month old doubletransgenic female APP/PS1 mice expressing chimeric mouse/human amyloid precursor protein (Mo/HuAPP695swe) and the PS1-dE9 mutant human presenilin 1 were obtained from the Jackson Laboratory (B6C3-Tg(APPswe,PSEN 1dE9)85Dbo/J) and were administered either vehicle (n = 4) or Z-CM-I-1 (50 mg/kg) (n = 7)⁸ by oral gavage. Animals were treated five times per week for 12 consecutive weeks. All mice were maintained under an approved protocol in accordance with guidelines established by the Case Western Reserve University IACUC.

Tissue Collection. At the end of the treatment, all mice were sacrificed, and brain tissues were collected. Half sagittal brain hemispheres of each animal were immediately frozen and stored at -80 °C for biochemical analyses, and the other halves were fixed in 4% paraformaldehyde for immunohistochemical studies. Following fixation, tissue was dehydrated through ascending concentrations of ethanol and embedded in paraffin, and 6 μ m sections were placed onto coated slides. For each animal, sections spanning the entire hippocampus were numbered and used for quantitative analysis.

Western Blot Assay. Brain tissue (cerebral cortex and hippocampus) was homogenized in cell lysis buffer (Cell Signaling Technology, Danvers, MA, USA) with added protease and phosphatase inhibitors (Roche). Homogenates were centrifuged at 14 000 g for 20 min at 4 °C. The supernatants were stored at -80 °C, and the proteins (20 μg per lane) were resolved by 10% SDS-PAGE. Proteins were transferred to Immobilon PVDF membranes (Millipore Corporation, Billerica, MA, USA) and blocked with 5% nonfat milk. The following primary antibodies were applied overnight at 4 °C: antisynaptophysin (1:5000) (Abcam, Cambridge, UK), anti-HNE (1:1000) (Alpha Diagnostics), anti-PSD95 (1:2000) (Abcam, Cambridge, UK), mitochondrial complex OXPHOS (1:5000) (Abcam, Cambridge, UK), and anti-Complex IV (1:2000) (Abcam, Cambridge, UK). Then, the blots were rinsed in Tris-buffered saline (TBS) with 0.1% Tween 20 (TBS-T), and HRP-labeled rabbit or mouse secondary antibodies were applied (Cell Signaling Technology, Danvers MA, USA). Finally, membranes were rinsed in TBS-T, briefly incubated with a luminol reagent (Santa Cruz Biotechnology, Santa Cruz, CA, USA), and developed on X-ray film. For quantitative analysis, blots were scanned and analyzed with Quantity One image analysis software (BioRad). Actin levels were used as a loading control.

Immunohistochemistry. Tissue sections were deparaffinized in xylene and hydrated through descending ethanol concentrations, and endogenous peroxidase activity was inactivated by 30 min incubation in 3% hydrogen peroxide in methanol. For some experiments, antigen retrieval through pressure cooking was performed using the manufacturer's recommendations (Biocare Medical, Concord, MA, USA). Subsequently, in all cases, nonspecific binding sites were blocked with 30 min incubation in 10% normal goat serum (NGS) in TBS, and then sections were incubated overnight at 4 °C with the following primary antibodies: anti-A β antibody 82E1 (1:500, Immunobiological Laboratories, Minneapolis, MN, USA), anti-Iba-1 (1:250, Wako, Osaka, Japan), and anti-80HG (1:1000, Thermo Scientific, Waltham, MA, USA). Species-specific secondary antibodies and PAP complexes were then added in sequence. Slides were

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developed with 3'-3'-diaminobenzidine (DAB, Dako), dehydrated through ascending ethanol to xylene, and then coverslipped. Images were obtained with a Zeiss Axiophot.

Microglial Cell Activation State Classification. Microglial cell morphological classification was manually measured by size, shape, and branch number^{48,49} and defined as follows: Type I: Nonactivated state cells; without arms and circular shape. Nonramified microglia. Type II: Low activation state cells; 2–3 arms per cell, a circular-star shape; ramified microglia. Type III: Moderate activation state cells; 4–5 arms or more per cell and star-shaped; hypertrophied microglia. Type IV: Heavy activation state cells; bigger cell body with 5 or more arms and strongly star-shaped. Two tissue sections per animal were used to measure total glial cells in the hippocampus regions, and quantification was performed by Axiovision image analysis software (Zeiss).

 $A\beta$ Plaque Quantification and Data Analysis. For quantification of the amyloid plaque load in cerebral cortex and hippocampal areas, five tissue sections from each animal approximately 140 μ m apart were immunostained with the 82E1 antibody. Each section contained a different population of plaques since the largest plaque measured was near 100 μ m in diameter. Staining and quantification were performed in a blind fashion. For image analysis, using a 2.5× objective, the entire hippocampus and cortex were imaged. The regions of interest were cropped out, carefully omitting large amyloid containing vessels near the ventricle and along the meningeal layer. Finally, the percent area immunostained was determined from the cropped images using Axiovision software, setting a minimum threshold size to mark only the smallest visible plaque deposition. All images were analyzed with the software under the same conditions and at the same time. The mean values for all five sections were determined for each animal. Finally, the mean \pm SEM was calculated for both groups.

Statistical Analysis. The Student's *t* test was used for all statistical analysis. Data are presented as mean \pm SEM. The level of significance for all analysis testing was set at **P* < 0.05.

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Author Contributions

[#]G.G. and K.L. contributed equally to this work. Chemical synthesis was completed by K.L. and J.M.S.; animal studies were completed by G.G. and H.-g.L.; data analysis was completed by G.G., K.L., J.E.C., P.M.-M., G.P., X.Z., H.-g.L., and S.Z.; experiment design was completed by G.G., K.L., J.E.C., M.-g.L., and S.Z.; writing and editing were completed by G.G., K.L., J.E.C., H.-g.L., and S.Z.

Funding

This work was supported in part by the Alzheimer's & Related Diseases Research Award Fund, Commonwealth of Virginia (S.Z.), the NIA of the NIH under award no. R01AG041161 (S.Z.), the Semmes Foundation and the National Institute on Minority Health and Health Disparities (G12MD007591) (G.P.), and a grant from Virginia and Buddy Spitz (H.-g.L.). G.G. is a recipient of the Mapfre-Reina Sofia postdoctoral award provided by the Mapfre-Reina Sofia-CïeN foundation.

Notes

The authors declare no competing financial interest.

ACKNOWLEDGMENTS

The authors are grateful to Sandra Siedlak and Sandy Torres for their technical assistance.

ABBREVIATIONS

 $A\beta$, amyloid- β ; $A\beta$ Os, amyloid- β oligomers; AD, Alzheimer's disease; HNE, 4-hydroxy-2-nonenal; NGS, normal goat serum; 8OHG, 8-hydroxyguanine; ROS, reactive oxygen species; TBS, Tris-buffered saline

REFERENCES

(1) Alzheimer's Association (2013) 2013 Alzheimer's Disease Facts and Figures. *Alzheimer's Dementia* 9, 208–245.

(2) Hardy, J. A., and Higgins, G. A. (1992) Alzheimer's disease: the amyloid cascade hypothesis. *Science* 256, 184–185.

(3) Akiyama, H., Barger, S., Barnum, S., Bradt, B., Bauer, J., Cole, G. M., Cooper, N. R., Eikelenboom, P., Emmerling, M., Fiebich, B. L., Finch, C. E., Frautschy, S., Griffin, W. S., Hampel, H., Hull, M., Landreth, G., Lue, L., Mrak, R., Mackenzie, I. R., McGeer, P. L., O'Banion, M. K., Pachter, J., Pasinetti, G., Plata-Salaman, C., Rogers, J., Rydel, R., Shen, Y., Streit, W., Strohmeyer, R., Tooyoma, I., Van Muiswinkel, F. L., Veerhuis, R., Walker, D., Webster, S., Wegrzyniak, B., Wenk, G., and Wyss-Coray, T. (2000) Inflammation and Alzheimer's disease. *Neurobiol. Aging 21*, 383–421.

(4) Castellani, R., Hirai, K., Aliev, G., Drew, K. L., Nunomura, A., Takeda, A., Cash, A. D., Obrenovich, M. E., Perry, G., and Smith, M. A. (2002) Role of mitochondrial dysfunction in Alzheimer's disease. *J. Neurosci. Res.* 70, 357–360.

(5) Zhu, X., Su, B., Wang, X., Smith, M. A., and Perry, G. (2007) Causes of oxidative stress in Alzheimer disease. *Cell. Mol. Life Sci.* 64, 2202–2210.

(6) Carreiras, M. C., Mendes, E., Perry, M. J., Francisco, A. P., and Marco-Contelles, J. (2013) The multifactorial nature of Alzheimer's disease for developing potential therapeutics. *Curr. Top. Med. Chem.* 13, 1745–1770.

(7) Frautschy, S. A., and Cole, G. M. (2010) Why pleiotropic interventions are needed for Alzheimer's disease. *Mol. Neurobiol.* 41, 392–409.

(8) Chojnacki, J. E., Liu, K., Yan, X., Toldo, S., Selden, T., Estrada, M., Rodriguez-Franco, M. I., Halquist, M. S., Ye, D., and Zhang, S. (2014) Discovery of 5-(4-hydroxyphenyl)-3-oxo-pentanoic acid [2-(5-methoxy-1H-indol-3-yl)-ethyl]-amide as a neuroprotectant for Alz-heimer's disease by hybridization of curcumin and melatonin. ACS Chem. Neurosci. 5, 690–699.

(9) Jankowsky, J. L., Slunt, H. H., Ratovitski, T., Jenkins, N. A., Copeland, N. G., and Borchelt, D. R. (2001) Co-expression of multiple transgenes in mouse CNS: a comparison of strategies. *Biomol. Eng.* 17, 157–165.

(10) Hardy, J., and Selkoe, D. J. (2002) The amyloid hypothesis of Alzheimer's disease: progress and problems on the road to therapeutics. *Science* 297, 353–356.

(11) Glass, C. K., Saijo, K., Winner, B., Marchetto, M. C., and Gage, F. H. (2010) Mechanisms underlying inflammation in neurodegeneration. *Cell 140*, 918–934.

(12) Swardfager, W., Lanctot, K., Rothenburg, L., Wong, A., Cappell, J., and Herrmann, N. (2010) A meta-analysis of cytokines in Alzheimer's disease. *Biol. Psychiatry* 68, 930–941.

(13) Engelhart, M. J., Geerlings, M. I., Meijer, J., Kiliaan, A., Ruitenberg, A., van Swieten, J. C., Stijnen, T., Hofman, A., Witteman, J. C., and Breteler, M. M. (2004) Inflammatory proteins in plasma and the risk of dementia: the rotterdam study. *Arch. Neurol.* 61, 668–672. (14) Leoutsakos, J. M., Muthen, B. O., Breitner, J. C., and Lyketsos, C. G. (2012) Effects of non-steroidal anti-inflammatory drug treatments on cognitive decline vary by phase of pre-clinical Alzheimer disease: findings from the randomized controlled Alzheimer's Disease Anti-inflammatory Prevention Trial. *Int. J. Geriatr. Psychiatry* 27, 364–

(15) McGeer, P. L., Schulzer, M., and McGeer, E. G. (1996) Arthritis and anti-inflammatory agents as possible protective factors for Alzheimer's disease: a review of 17 epidemiologic studies. *Neurology* 47, 425–432.

374.

(16) Vlad, S. C., Miller, D. R., Kowall, N. W., and Felson, D. T. (2008) Protective effects of NSAIDs on the development of Alzheimer disease. *Neurology 70*, 1672–1677.

(17) Shie, F. S., and Woltjer, R. L. (2007) Manipulation of microglial activation as a therapeutic strategy in Alzheimer's disease. *Curr. Med. Chem.* 14, 2865–2871.

(18) Yokokura, M., Mori, N., Yagi, S., Yoshikawa, E., Kikuchi, M., Yoshihara, Y., Wakuda, T., Sugihara, G., Takebayashi, K., Suda, S., Iwata, Y., Ueki, T., Tsuchiya, K. J., Suzuki, K., Nakamura, K., and Ouchi, Y. (2011) In vivo changes in microglial activation and amyloid deposits in brain regions with hypometabolism in Alzheimer's disease. *Eur. J. Nucl. Med. Mol. Imaging* 38, 343–351.

(19) Heneka, M. T., Kummer, M. P., and Latz, E. (2014) Innate immune activation in neurodegenerative disease. *Nat. Rev. Immunol.* 14, 463–477.

(20) Carpentieri, A., Diaz de Barboza, G., Areco, V., Peralta Lopez, M., and Tolosa de Talamoni, N. (2012) New perspectives in melatonin uses. *Pharmacol. Res.* 65, 437–444.

(21) Rosales-Corral, S. A., Acuna-Castroviejo, D., Coto-Montes, A., Boga, J. A., Manchester, L. C., Fuentes-Broto, L., Korkmaz, A., Ma, S., Tan, D. X., and Reiter, R. J. (2012) Alzheimer's disease: pathological mechanisms and the beneficial role of melatonin. *J. Pineal Res.* 52, 167–202.

(22) Hatcher, H., Planalp, R., Cho, J., Torti, F. M., and Torti, S. V. (2008) Curcumin: from ancient medicine to current clinical trials. *Cell. Mol. Life Sci.* 65, 1631–1652.

(23) Esatbeyoglu, T., Huebbe, P., Ernst, I. M., Chin, D., Wagner, A. E., and Rimbach, G. (2012) Curcumin—from molecule to biological function. *Angew. Chem., Int. Ed.* 51, 5308–5332.

(24) Butterfield, D. A., Griffin, S., Munch, G., and Pasinetti, G. M. (2002) Amyloid beta-peptide and amyloid pathology are central to the oxidative stress and inflammatory cascades under which Alzheimer's disease brain exists. *J. Alzheimer's Dis.* 4, 193–201.

(25) Lambert, J. C., Heath, S., Even, G., Campion, D., Sleegers, K., Hiltunen, M., Combarros, O., Zelenika, D., Bullido, M. J., Tavernier, B., Letenneur, L., Bettens, K., Berr, C., Pasquier, F., Fievet, N., Barberger-Gateau, P., Engelborghs, S., De Deyn, P., Mateo, I., Franck, A., Helisalmi, S., Porcellini, E., Hanon, O., de Pancorbo, M. M., Lendon, C., Dufouil, C., Jaillard, C., Leveillard, T., Alvarez, V., Bosco, P., Mancuso, M., Panza, F., Nacmias, B., Bossu, P., Piccardi, P., Annoni, G., Seripa, D., Galimberti, D., Hannequin, D., Licastro, F., Soininen, H., Ritchie, K., Blanche, H., Dartigues, J. F., Tzourio, C., Gut, I., Van Broeckhoven, C., Alperovitch, A., Lathrop, M., and Amouyel, P. (2009) Genome-wide association study identifies variants at CLU and CR1 associated with Alzheimer's disease. *Nat. Genet.* 41, 1094–1099.

(26) Karch, C. M., and Goate, A. M. (2015) Alzheimer's disease risk genes and mechanisms of disease pathogenesis. *Biol. Psychiatry* 77, 43–51.

(27) Greenough, M. A., Camakaris, J., and Bush, A. I. (2013) Metal dyshomeostasis and oxidative stress in Alzheimer's disease. *Neurochem. Int.* 62, 540–555.

(28) Smith, D. G., Cappai, R., and Barnham, K. J. (2007) The redox chemistry of the Alzheimer's disease amyloid beta peptide. *Biochim. Biophys. Acta* 1768, 1976–1990.

(29) Tabner, B. J., Turnbull, S., El-Agnaf, O. M., and Allsop, D. (2002) Formation of hydrogen peroxide and hydroxyl radicals from A(beta) and alpha-synuclein as a possible mechanism of cell death in Alzheimer's disease and Parkinson's disease. *Free Radical Biol. Med.* 32, 1076–1083.

(30) Wang, X., Wang, W., Li, L., Perry, G., Lee, H. G., and Zhu, X. (2014) Oxidative stress and mitochondrial dysfunction in Alzheimer's disease. *Biochim. Biophys. Acta* 1842, 1240–1247.

(31) Edison, P., Archer, H. A., Gerhard, A., Hinz, R., Pavese, N., Turkheimer, F. E., Hammers, A., Tai, Y. F., Fox, N., Kennedy, A., Rossor, M., and Brooks, D. J. (2008) Microglia, amyloid, and cognition in Alzheimer's disease: an [11C](R)PK11195-PET and [11C]PIB-PET study. *Neurobiol. Dis.* 32, 412–419.

(32) Narayan, P., Holmstrom, K. M., Kim, D. H., Whitcomb, D. J., Wilson, M. R., St. George-Hyslop, P., Wood, N. W., Dobson, C. M., Cho, K., Abramov, A. Y., and Klenerman, D. (2014) Rare individual amyloid-beta oligomers act on astrocytes to initiate neuronal damage. *Biochemistry* 53, 2442–2453.

(33) Angelova, P. R., and Abramov, A. Y. (2014) Interaction of neurons and astrocytes underlies the mechanism of Abeta-induced neurotoxicity. *Biochem. Soc. Trans.* 42, 1286–1290.

(34) Zempel, H., and Mandelkow, E. M. (2012) Linking amyloidbeta and tau: amyloid-beta induced synaptic dysfunction via local wreckage of the neuronal cytoskeleton. *Neurodegener. Dis.* 10, 64–72.

(35) Clare, R., King, V. G., Wirenfeldt, M., and Vinters, H. V. (2010) Synapse loss in dementias. J. Neurosci. Res. 88, 2083–2090.

(36) Dong, H., Martin, M. V., Chambers, S., and Csernansky, J. G. (2007) Spatial relationship between synapse loss and beta-amyloid deposition in Tg2576 mice. *J. Comp. Neurol.* 500, 311–321.

(37) Arendt, T. (2009) Synaptic degeneration in Alzheimer's disease. *Acta Neuropathol. 118*, 167–179.

(38) DeKosky, S. T., and Scheff, S. W. (1990) Synapse loss in frontal cortex biopsies in Alzheimer's disease: correlation with cognitive severity. *Ann. Neurol.* 27, 457–464.

(39) Sze, C. I., Troncoso, J. C., Kawas, C., Mouton, P., Price, D. L., and Martin, L. J. (1997) Loss of the presynaptic vesicle protein synaptophysin in hippocampus correlates with cognitive decline in Alzheimer disease. J. Neuropathol. Exp. Neurol. 56, 933–944.

(40) Bancher, C., Jellinger, K., Lassmann, H., Fischer, P., and Leblhuber, F. (1996) Correlations between mental state and quantitative neuropathology in the Vienna Longitudinal Study on Dementia. *Eur. Arch. Psychiatry Clin. Neurosci.* 246, 137–146.

(41) Klein, W. L. (2013) Synaptotoxic amyloid-beta oligomers: a molecular basis for the cause, diagnosis, and treatment of Alzheimer's disease? *J. Alzheimer's Dis.* 33, S49–65.

(42) Selkoe, D. J. (2008) Soluble oligomers of the amyloid betaprotein impair synaptic plasticity and behavior. *Behav. Brain Res. 192*, 106–113.

(43) Jin, M., Shepardson, N., Yang, T., Chen, G., Walsh, D., and Selkoe, D. J. (2011) Soluble amyloid beta-protein dimers isolated from Alzheimer cortex directly induce tau hyperphosphorylation and neuritic degeneration. *Proc. Natl. Acad. Sci. U.S.A.* 108, 5819–5824.

(44) Ondrejcak, T., Klyubin, I., Hu, N. W., Barry, A. E., Cullen, W. K., and Rowan, M. J. (2010) Alzheimer's disease amyloid beta-protein and synaptic function. *NeuroMol. Med.* 12, 13–26.

(45) Eckert, G. P., Renner, K., Eckert, S. H., Eckmann, J., Hagl, S., Abdel-Kader, R. M., Kurz, C., Leuner, K., and Muller, W. E. (2012) Mitochondrial dysfunction—a pharmacological target in Alzheimer's disease. *Mol. Neurobiol.* 46, 136–150.

(46) Pedros, I., Petrov, D., Allgaier, M., Sureda, F., Barroso, E., Beas-Zarate, C., Auladell, C., Pallas, M., Vazquez-Carrera, M., Casadesus, G., Folch, J., and Camins, A. (2014) Early alterations in energy metabolism in the hippocampus of APPswe/PS1dE9 mouse model of Alzheimer's disease. *Biochim. Biophys. Acta* 1842, 1556–1566.

(47) Hauptmann, S., Scherping, I., Drose, S., Brandt, U., Schulz, K. L., Jendrach, M., Leuner, K., Eckert, A., and Muller, W. E. (2009) Mitochondrial dysfunction: an early event in Alzheimer pathology accumulates with age in AD transgenic mice. *Neurobiol. Aging 30*, 1574–1586.

(48) Ayoub, A. E., and Salm, A. K. (2003) Increased morphological diversity of microglia in the activated hypothalamic supraoptic nucleus. *J. Neurosci.* 23, 7759–7766.

(49) Yamada, J., and Jinno, S. (2013) Novel objective classification of reactive microglia following hypoglossal axotomy using hierarchical cluster analysis. *J. Comp. Neurol.* 521, 1184–1201.