
MINI-REVIEW

Mechanisms of Neuroprotective Action of Vitamin D₃

A. V. Kalueff^{1,3*}, K. O. Eremin^{2,3}, and P. Tuohimaa³

¹Center of Physiology and Biochemical Research, ul. Cheshskaya 6-5, Kiev 01042, Ukraine; E-mail: cpbr@mail.ru

²Institute of Pharmacology, Russian Academy of Medical Sciences, ul. Baltiiskaya 8,
Moscow 125315, Russia; E-mail: nimerek@yandex.ru

³Department of Clinical Chemistry, Medical School, University of Tampere, Tampere 33014, Finland;
fax: (358) 3-215-6170; E-mail: avkalueff@inbox.ru

Received November 24, 2003

Abstract—This review considers modern data on the mechanisms underlying the neuroprotective effect of the neurosteroid vitamin D₃ and its receptors in the nervous system. Special attention is paid to Ca²⁺ regulation, stimulation of neurotrophin release, interaction with reactive oxygen and nitrogen species, and neuroimmunomodulatory effects of calcitriol, the main biologically active form of vitamin D₃, in the nervous system.

Key words: vitamin D₃, calcitriol, nervous system, neuroprotection

Vitamin D designates a group of calcitriols, fat-soluble hormones of secosteroid nature [1-3]. The calcitriols include vitamins D₂, D₃, D₄, D₅, and their derivatives [3]. Vitamin D₃ (cholecalciferol) synthesized in skin during photolysis of 7-dehydrocholesterol or ingested with food is the most important [1, 4]. Vitamin D₃ itself is biologically inert, and its bioactivation involves double hydroxylation in liver (yielding prohormone calcidiol) followed by subsequent formation of calcitriol (figure) [4-6].

Calcitriol is the main biologically active form of vitamin D₃. Together with calcidiol, vitamin D₃ circulates in blood as complexes with vitamin D-binding protein, albumin, α -fetoprotein, and lipoproteins [1, 3, 7, 8].

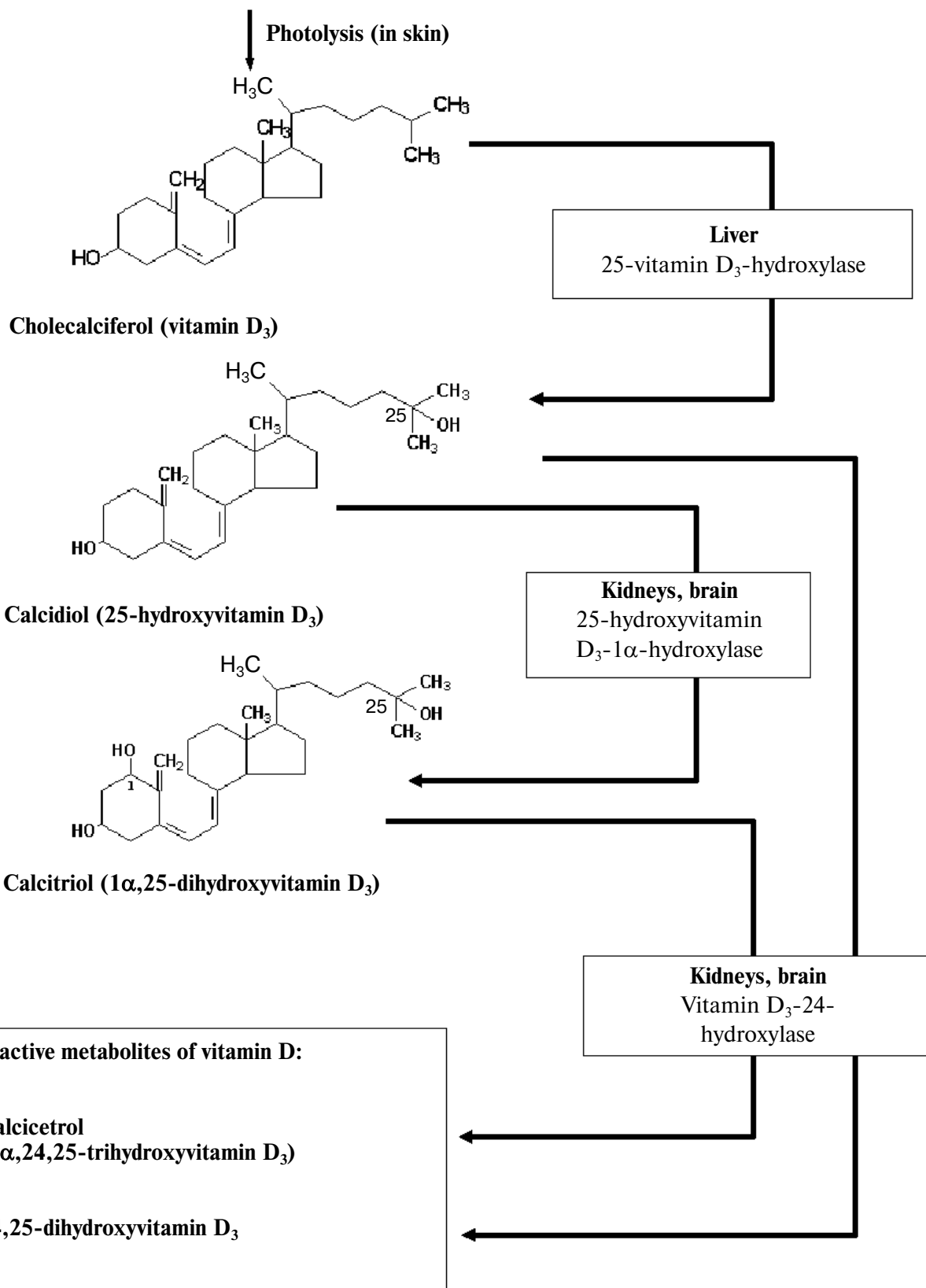
Physiological concentrations of calcitriol and calcidiol vary within 50-100 pM and 30-50 nM, respectively [8, 9]. In kidneys, calcidiol and calcitriol undergo subsequent hydroxylation followed by formation of the almost inactive metabolites 24,25-dihydroxy-D₃ and calcicetrol (figure) [4-6]. Biological effects of calcitriol are mediated by specific nuclear receptors [7, 10]. The nuclear vitamin D₃ receptors are ligand-activated transcription factors; they belong to a common family of steroid receptors, which also includes steroid, glucocorticoid, and retinoic acid receptors [5, 11, 12]. Nuclear vitamin D₃ receptor is a protein of ~51 kD that consists of four domains (A/B, C, D, and E) typical for all nuclear receptors of steroid hormones [1, 5]. The E-domain of vitamin D₃ nuclear receptor is responsible for ligand binding [1, 13]. It is

formed by 12 α -helical regions arranged into three β -sheets forming the ligand-binding pocket [13]. Calcitriol ($K_d \sim 0.5$ nM) is the main ligand of vitamin D₃ nuclear receptors [12]. Although affinity of these receptors to calcidiol is ~700 times less than to calcitriol, calcidiol concentrations in blood are much (700-1000-fold) higher than those of calcitriol [1]. The mechanism of the genome effect of vitamin D₃ is similar to that of steroid hormones (see for review [11, 14]).

Besides the genome effect, calcitriol exhibits non-genomic effects realized via membrane vitamin D₃ receptors [11, 15]. These proteins of 60 kD exhibit high affinity to calcitriol (K_d of 0.5 nM) [12]. However, they have not been cloned yet and their domain structure remains unknown [5, 16]. The non-genomic effects occur within a few seconds or minutes and their signal transduction involves formation of second messengers: cyclic nucleotides, diacylglycerol, inositol-trisphosphate, and arachidonic acid (for details see [5, 15-17]).

Traditionally, vitamin D₃ was considered as a hormone-regulator of Ca²⁺ and phosphate homeostasis [1, 3, 18]. However, results of recent studies provide convincing evidence on the role of vitamin D₃ in other biochemical processes in various tissues including the nervous system [2, 3]. Physiological concentrations of calcitriol in brain are around 10 pM; this vitamin can cross the blood-brain barrier and bind to nuclear vitamin D₃ receptors in the brain [19, 20]. Nuclear vitamin D₃ receptors have been found in brain neurons, glial cells, spinal cord, and the peripheral nervous system [20-24]. Membrane vitamin

* To whom correspondence should be addressed.

7-Dehydrocholesterol (provitamin D₃)

Synthesis and metabolism of vitamin D

D₃ receptors have also been identified in the brain [25], which also contains enzymes of biosynthesis and metabolism of active forms of vitamin D₃ (figure) [6, 26]. So, vitamin D₃ can be considered as para- and autocrine hormone neurosteroid playing an important role in the nervous system [3, 4, 23, 27, 28]. Here we consider modern data on the role and mechanisms underlying the neuroprotective effect of vitamin D₃.

The neuroprotective effect of vitamin D₃ is associated with reduction of Ca²⁺ level in the brain [3, 27, 29]. High level of this ion increases manifestations of neurotoxicity [8], which is attenuated by administration of calcitriol [27, 29]. Vitamin D₃-induced decrease in brain Ca²⁺ may involve two distinct mechanisms. Calcitriol stimulates expression of Ca²⁺ binding proteins—parvalbumin and calbindins D9k and D28k [11, 14, 22, 30, 31]; it also inhibits expression of L-type Ca²⁺ channels in hippocampus [11, 14]. Both effects protect neurons against toxic damage by reducing cell calcium [11, 22, 30].

The second mechanism of the neuroprotective action of vitamin D₃ is related to inhibition of brain γ -glutamyl transpeptidase, the key enzyme of glutathione metabolism [3, 19]. Increasing antioxidant defense by increasing brain glutathione, 1–100 pM calcitriol decreased hydrogen peroxide and exerted a neuroprotective effect during brain damage caused by iron and zinc ions [32, 33]. Neuroprotective effect of calcitriol was also demonstrated using experimental brain ischemia, administration of glutamate, 6-hydroxydopamine, and other neurotoxic agents [8, 27, 29, 34].

The interaction of vitamin D₃ with reactive oxygen and nitrogen species is also important for neuroprotection. Nanomolar concentrations of calcitriol (0.1–100 nM) protected neurons against direct effects of superoxide and hydrogen peroxide [29, 33, 35]. However, reactive oxygen and nitrogen species modulate effects of vitamin D₃: they inhibit association of nuclear vitamin D₃ receptors with DNA; singlet oxygen, superoxide, and peroxynitrite cause irreversible inhibition, whereas the effect of peroxide is partially reversible [36]. In contrast to these reactive species, nitric oxide causes reversible inhibition of receptor association with DNA. This suggests that nitric oxide (NO) might act as a natural modulator of genome effects of vitamin D₃ in the brain [36]. Calcitriol can reduce NO level by inhibiting expression of inducible nitric oxide synthase in the spinal cord and brain [3, 19]. Thus, one of the important mechanisms of neuroprotective action of vitamin D₃ involves inhibition of production of an oxidant (NO) molecule in the brain [3].

The neuroprotective role of vitamin D₃ is also associated with neurotrophin induction [32]. In brain neurons and glial and Schwann cells, calcitriol stimulates expression of nerve growth factor, NT3 neurotrophin, glial neurotrophic factor, and also neurotrophin receptor p75^{NTR} [4, 21, 22, 28, 34, 37, 38]. Calcitriol stimulates neuritogenesis and its deficit results in decreased expression of p75^{NTR}

and the neurotrophins [18, 27]. Neurotrophin induction underlies the neuroprotective effect of vitamin D₃ in brain ischemia [13] and the general anti-neurodegenerative properties of this vitamin [3]. For example, D₃ prevents death of dopaminergic neurons in experimental models of Parkinson's disease in animals [7, 29, 34]. The development of Alzheimer's disease is characterized by significant reduction in nuclear vitamin D₃ receptors [31]. Administration of vitamin D₃ (accompanied by induction of nerve growth factor) decreases the progression of Alzheimer's disease [12, 29]. Chronic administration of vitamin D₃ to rats decreases degenerative processes in hippocampus during aging [20]. This suggests the importance of anti-neurodegenerative activity of vitamin D₃ for manifestation of its neuroprotective effect.

Results of recent studies provide convincing evidence for involvement of vitamin D₃ in immunological processes protecting the nervous system [16, 39, 40]. In the central nervous system, calcitriol plays the role of an immunosuppressor. It acts as inducer of anti-inflammatory cytokine interleukin-4 and transforming growth factor; calcitriol also decreases expression of proinflammatory cytokines interleukin-6, tumor necrosis factor, and macrophage colony stimulating factor [19, 41–43]. Calcitriol decreases expression of proteins of major histocompatibility complex class II and cofactor CD4, which play important roles in autoimmune processes in the nervous system [3, 39]. In a model of experimental allergic encephalomyelitis (in mice or rats), calcitriol inhibited autoimmune damage of nervous system, whereas deficit of this vitamin increased the autoimmune damage [19, 39]. The neuroprotective effect of calcitriol was lower in interleukin-4 knockout mice [40]. This effect obviously involved nuclear vitamin D₃ receptor, because knockout of the gene encoding this receptor resulted in loss of calcitriol activity as neuroprotector-immunosuppressor [40]. Thus, the immunomodulating properties of vitamin D₃ represent another mechanism of neuroprotective effect of this vitamin.

Summarizing all the data considered in this review, we conclude that biological functions of vitamin D₃ in the body include potent neuroprotective effect that involves several independent mechanisms [3, 8, 44]. Since vitamin D₃ exhibits numerous effects in the nervous system, this neurosteroid hormone and its analogs can be considered as promising for development of new therapeutic neuroprotectors [8, 29, 34].

This work was supported by grants from CIMO, EVO, and the Finnish Academy of Sciences.

REFERENCES

1. Ahonen, M. (2002) *Acta Univers. Tamperens.*, **885**, 1–101.
2. Garcion, E., Nataf, S., Berod, A., Darcy, F., and Brachet, P. (1997) *Brain Res. Mol. Brain Res.*, **45**, 255–267.

3. Garcion, E., Wion-Barbot, N., Montero-Menei, C. N., Berger, F., and Wion, D. (2002) *Tr. Endocrinol. Metab.*, **13**, 100-105.
4. Eyles, D., Brown, J., Mackay-Sim, A., McGrath, J., and Feron, F. (2003) *Neurosci.*, **118**, 641-653.
5. Norman, A. W., Ishizuka, S., and Okamura, W. H. (2001) *J. Steroid Biochem. Mol. Biol.*, **76**, 49-59.
6. St-Arnaud, R. (1999) *Bone*, **25**, 127-129.
7. Sanchez, B., Lopez-Martin, E., Segura, C., Labandeira-Garcia, J. L., and Perez-Fernandez, R. (2002) *Brain Res. Mol. Brain Res.*, **108**, 143-146.
8. Shinpo, K., Kikuchi, S., Sasaki, H., Moriwaka, F., and Tashiro, K. (2000) *J. Neurosci. Res.*, **62**, 374-382.
9. McLeod, J. F., and Cooke, N. E. (1989) *J. Biol. Chem.*, **264**, 21760-21769.
10. Kamei, Y., Kawada, T., Fukuwatori, T., Ono, T., Kato, S., and Sugimoto, E. (1995) *Gene*, **152**, 281-282.
11. Losel, R., and Wehling, M. (2003) *Nature Rev. Mol. Cell Biol.*, **4**, 46-55.
12. Brown, A. J., Dusso, A., and Slatopolsky, E. (1999) *Am. J. Physiol.*, **277**, 157-175.
13. Wang, Y., Chiang, Y. H., Su, T. P., Hayashi, T., Morales, M., Hoffer, B. J., and Lin, S. Z. (2000) *NeuroPharmacol.*, **39**, 873-880.
14. Losel, R., and Wehling, M. (2003) *J. Steroid Biochem. Mol. Biol.*, **83**, 167-171.
15. Wali, R. K., Kong, J., Sitrin, M. D., Bisonette, M., and Li, Y. C. (2003) *J. Cell Biochem.*, **88**, 794-801.
16. Capiati, D., Benassati, S., and Boland, R. L. (2002) *J. Cell Biochem.*, **86**, 128-135.
17. Boyan, B. D., Bonewald, L. F., Sylvia, V. L., Nemere, I., Larsson, D., Norman, A. W., Rosser, J., Dean, D. D., and Schwartz, Z. (2002) *Steroids*, **67**, 421-427.
18. Erben, R. G., Soegiarto, D. W., Weber, K., Zeitz, U., Lieberherr, M., Gniadecki, R., Moller, G., Adamski, J., and Balling, R. (2002) *Mol. Endocrinol.*, **16**, 1524-1537.
19. Garcion, E., Sindji, L., Nataf, S., Brachet, P., Darcy, F., and Montero-Menei, C. N. (2003) *Acta Neuropathol.*, **105**, 438-448.
20. Langub, M. C., Herman, J. P., Malluche, H. H., and Koszewski, N. J. (2001) *Neurosci.*, **104**, 49-56.
21. Baas, D., Prüfer, K., Ittel, M. E., Kuchler-Bopp, S., Labourdette, G., Sarlieve, L. L., and Brachet, P. (2000) *Glia*, **31**, 59-68.
22. Cornet, A., Baudet, C., Neveu, I., Baron-Van Evercooren, A., Brachet, P., and Naveilhan, P. (1999) *J. Neurosci. Res.*, **53**, 742-746.
23. Prüfer, K., Veenstra, T. D., Jirikowski, G. F., and Kumar, R. (1999) *J. Chem. Neuroanat.*, **16**, 135-145.
24. Walbert, T., Jirikowski, G. F., and Prufer, K. (2001) *Horm. Metab. Res.*, **33**, 525-531.
25. Jia, Z., and Nimere, I. (1999) *Steroids*, **64**, 541-550.
26. Zehnder, D., Bland, R., Williams, M. C., McNinch, R. W., Howie, A. J., Stewart, P. M., and Hewison, M. (2001) *J. Clin. Endocrinol. Metab.*, **86**, 888-894.
27. Brewer, L. D., Thibault, V., Chen, K. C., Langub, M. C., Landfield, P. W., and Porter, N. M. (2001) *J. Neurosci.*, **21**, 98-108.
28. Brown, J., Bianco, J. I., McGrath, J. J., and Eyles, D. W. (2003) *Neurosci. Lett.*, **343**, 139-143.
29. Ibi, M., Sawada, H., Nakanishi, M., Kume, T., Katsuki, H., Kaneko, S., Shimohama, S., and Akaike, A. (2001) *Neuropharmacol.*, **40**, 761-771.
30. Li, Y. C., Pirro, A. E., and Demay, M. B. (1998) *Endocrinol.*, **139**, 847-851.
31. Sutherland, M. K., Somerville, M. J., Yoong, L. K., Bergeron, C., Haussler, M. R., and McLachlan, D. R. (1992) *Brain Res. Mol. Brain Res.*, **13**, 239-250.
32. Chen, K. B., Lin, A. M., and Chiu, T. H. (2003) *Ann. N. Y. Acad. Sci.*, **993**, 313-324.
33. Lin, A. M., Fan, S. F., Yang, D. M., Hsu, L. L., and Yang, C. H. (2003) *Free Rad. Biol. Med.*, **34**, 1416-1425.
34. Wang, J. Y., Wu, J. N., Cherng, T. L., Hoffer, B. J., Chen, H. H., Borlongan, C. V., and Wang, Y. (2001) *Brain Res.*, **904**, 67-75.
35. Chatterjee, M. (2001) *Mutat. Res.*, **475**, 69-88.
36. Kroncke, K. D., Klotz, L. O., Suschek, C. V., and Sies, H. (2002) *J. Biol. Chem.*, **277**, 13294-13301.
37. Neveu, I., Naveilhan, P., Jehan, F., Baudet, C., Wion, D., De Luca, H. F., and Brachet, P. (1994) *Brain Res. Mol. Brain Res.*, **24**, 70-76.
38. Neveu, I., Naveilhan, P., Menea, C., Wion, D., Brachet, P., and Garabedian, M. (1994) *J. Neurosci. Res.*, **38**, 214-220.
39. Bemiss, C. J., Mahon, B. D., Henry, A., Weaver, V., and Cantorna, M. T. (2002) *Arch. Biochem. Biophys.*, **402**, 249-254.
40. Meehan, T. F., and DeLuca, H. F. (2002) *Arch. Biochem. Biophys.*, **408**, 200-204.
41. Canthorna, M. T., Hayes, C. E., and DeLuca, H. F. (1996) *Proc. Natl. Acad. Sci. USA*, **93**, 7861-7864.
42. Canthorna, M. T., Woodward, W. D., Hayes, C. E., and DeLuca, H. F. (1998) *J. Immunol.*, **160**, 5314-5319.
43. D'Hellencourt, C. L., Montero-Menei, C. N., Bernard, R., and Couez, D. (2003) *J. Neurosci. Res.*, **71**, 575-582.
44. Rotkiewicz, P., Sicinska, W., Kolinski, A., and DeLuca, H. F. (2001) *Proteins*, **44**, 188-199.