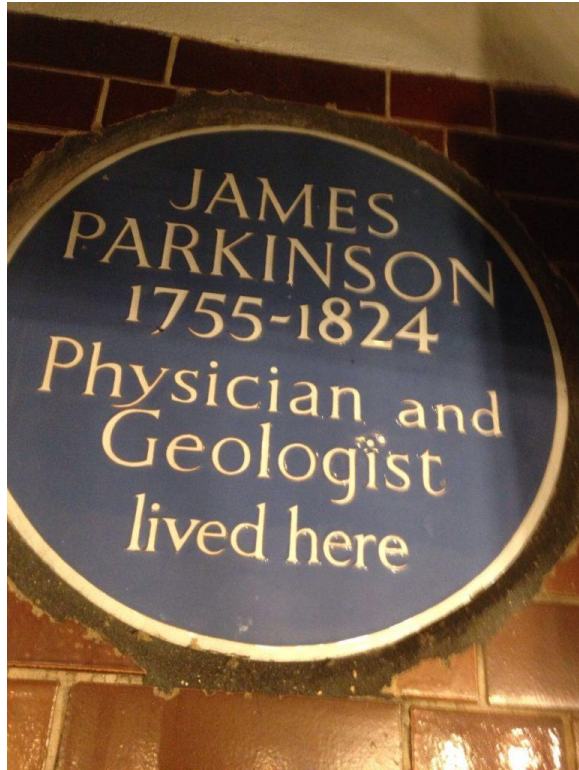


Parkinson Disease



AN
ESSAY
ON THE
SHAKING PALSY.

BY
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1817.

Tremore

**Postura
Inclinata**

**Mimica
facciale
a 'maschera'**

Rigidità

Tremori



Cardinal symptoms of PD:

bradykinesia, hypo- / akinesia, muscle stiffness, resting tremor (asymmetric onset), postural instability, speech and writing disorders, forward bent posture, small gait and freezing (sudden stops in gait)

Non-motor symptoms:

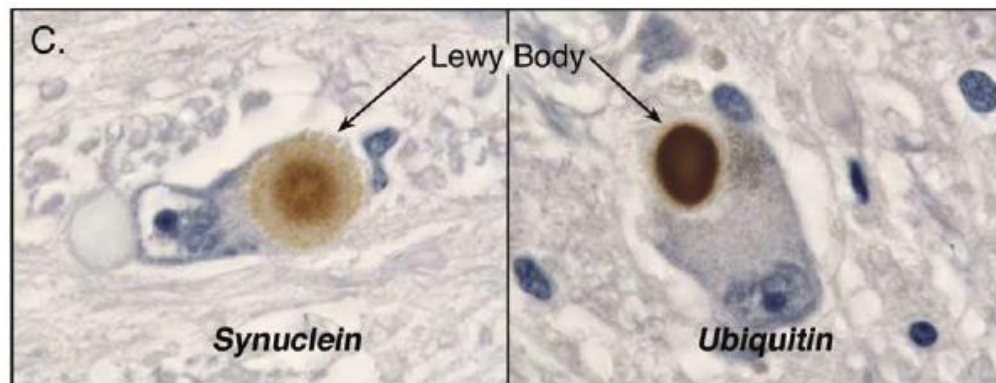
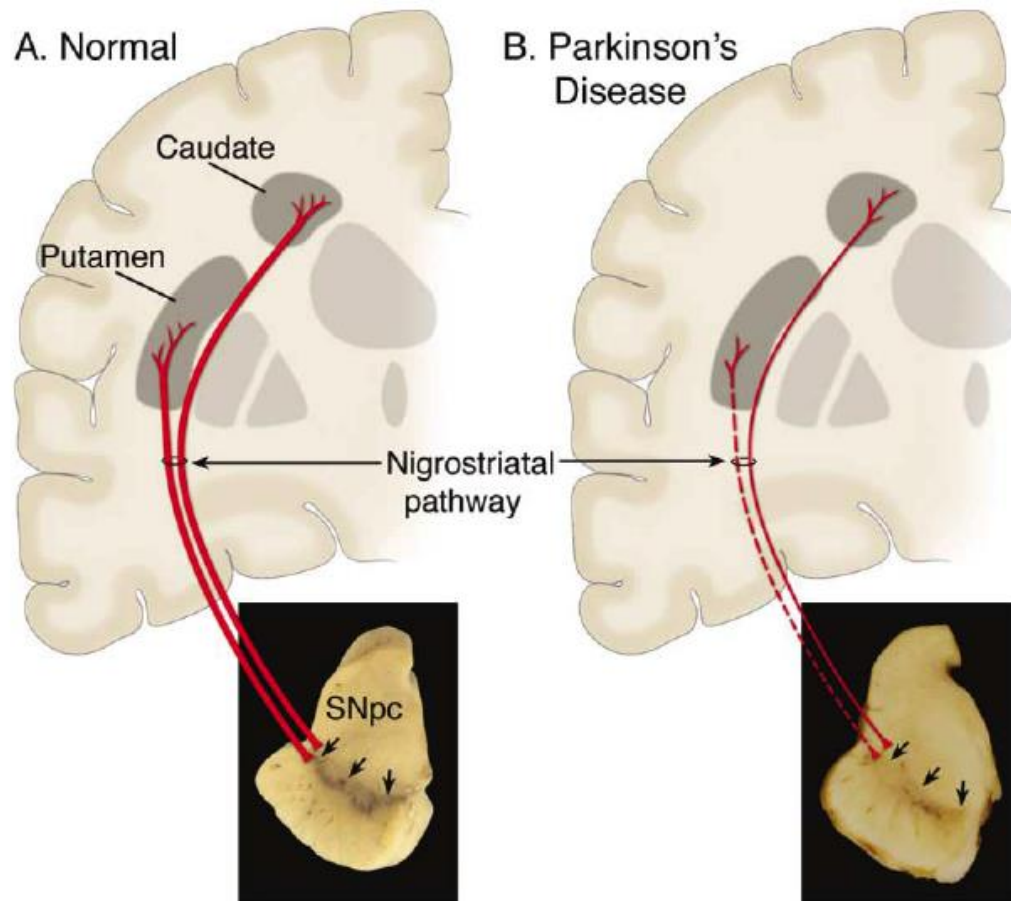
hypotension, constipation, bladder dysfunction and thermoregulation along with sleep disorders, fatigue and weight loss

Depression, anxiety, cognitive deficits

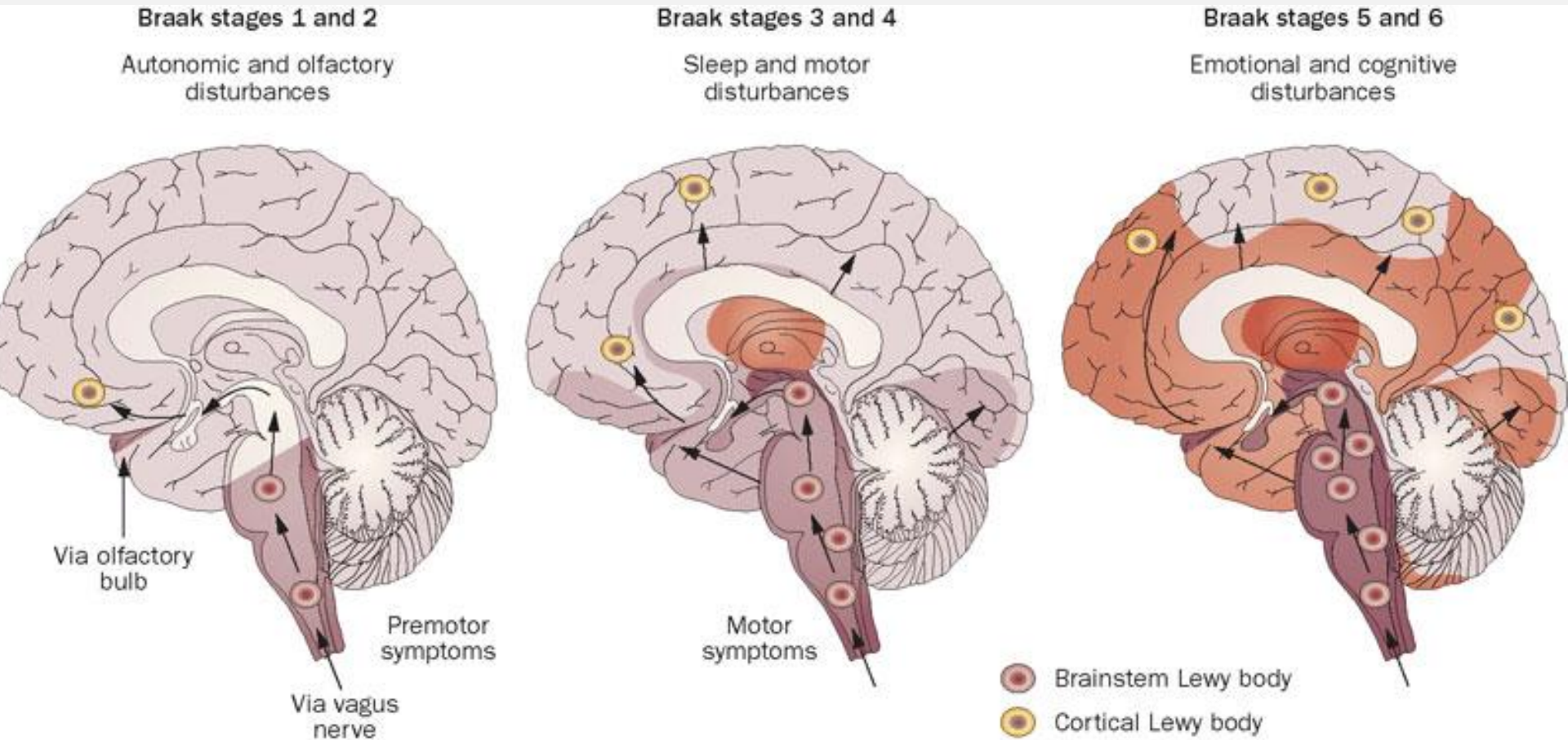
An iceberg floating in the ocean. The tip of the iceberg is above the water line and is labeled "Motor Symptoms". The much larger part of the iceberg is submerged below the water line and is labeled "Non-Motor Symptoms". The background shows a blue sky with clouds and a blue sea.

Motor Symptoms

Non-Motor Symptoms

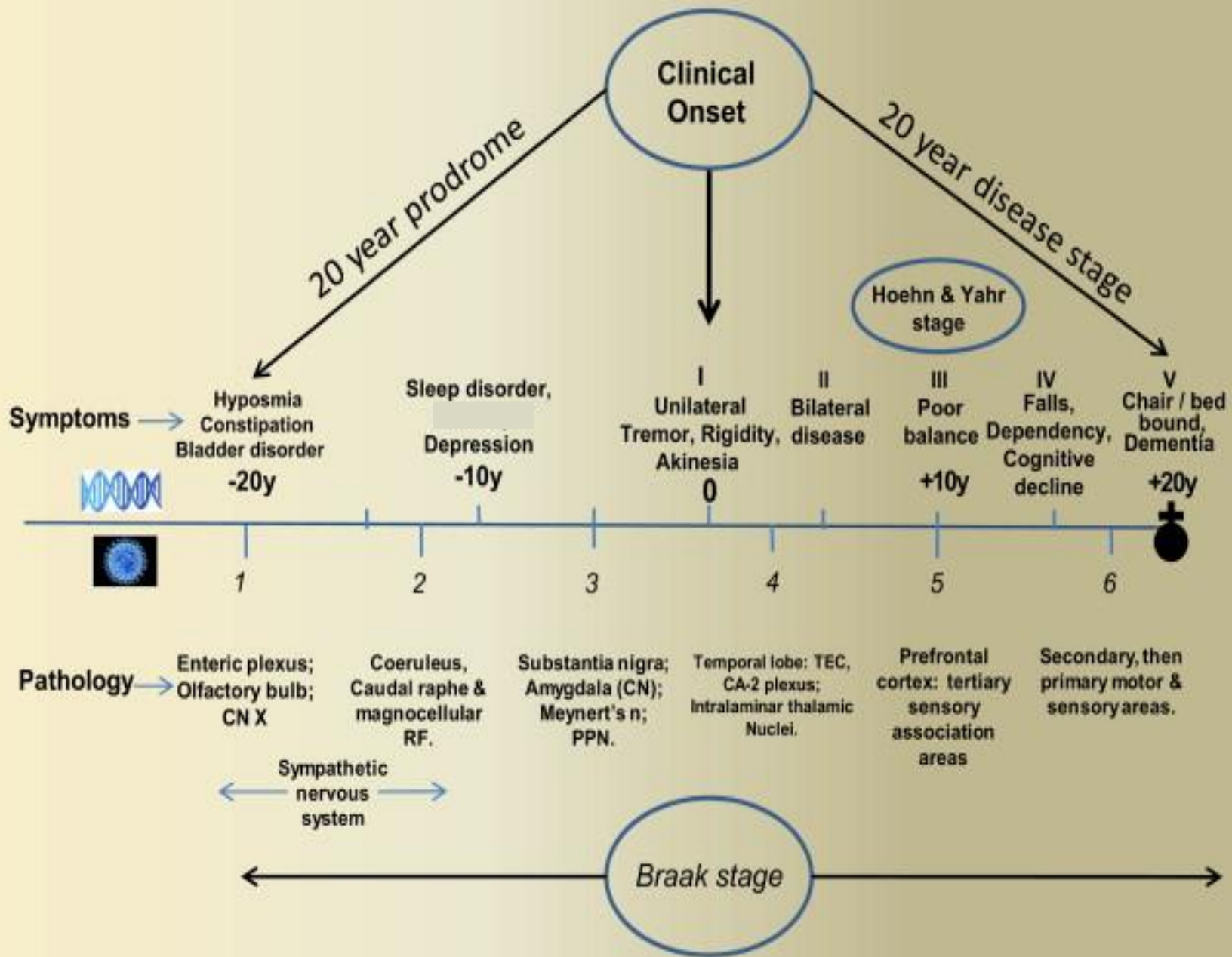


Parkinson's disease progression

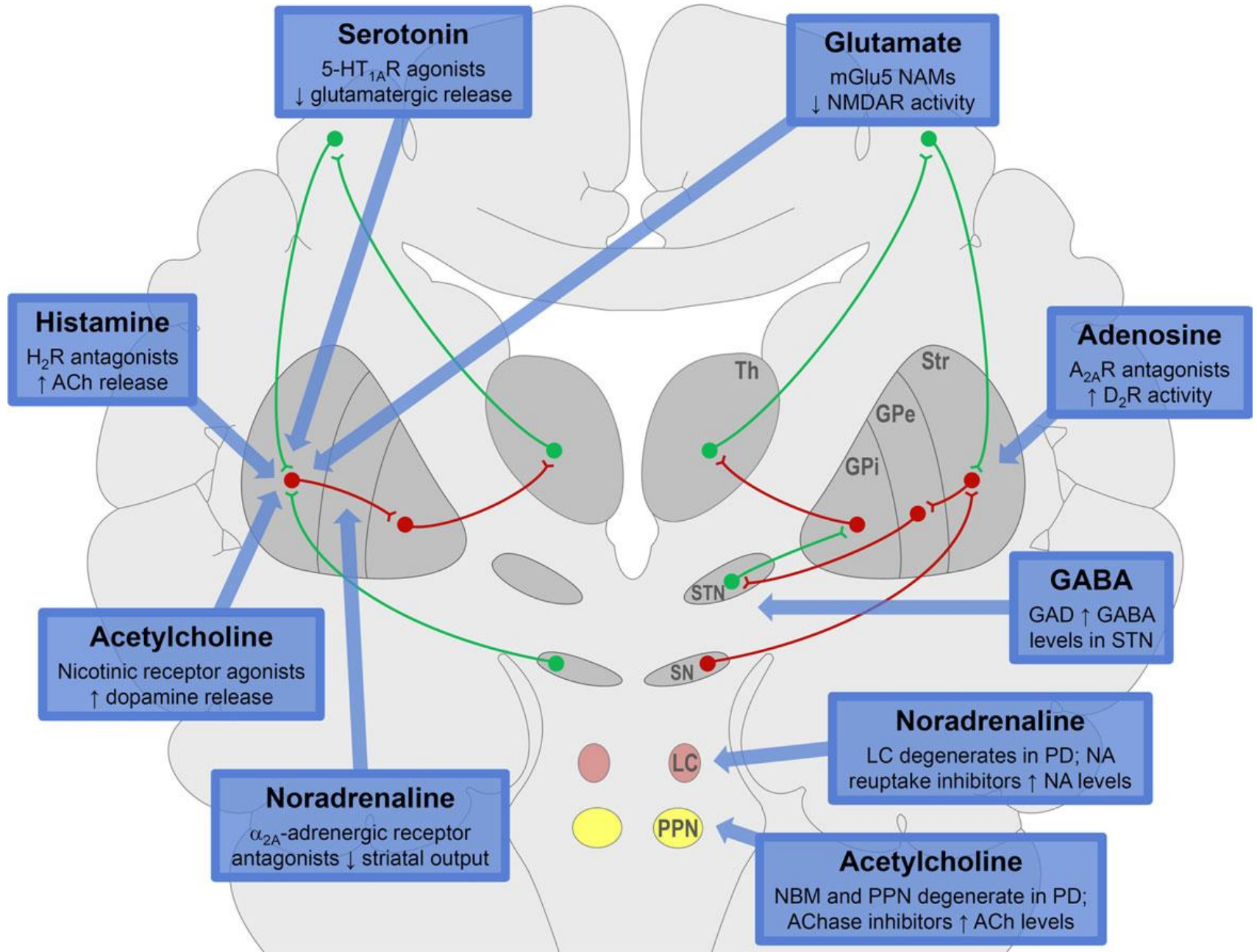


Alfa synuclein ad Lewy bodies

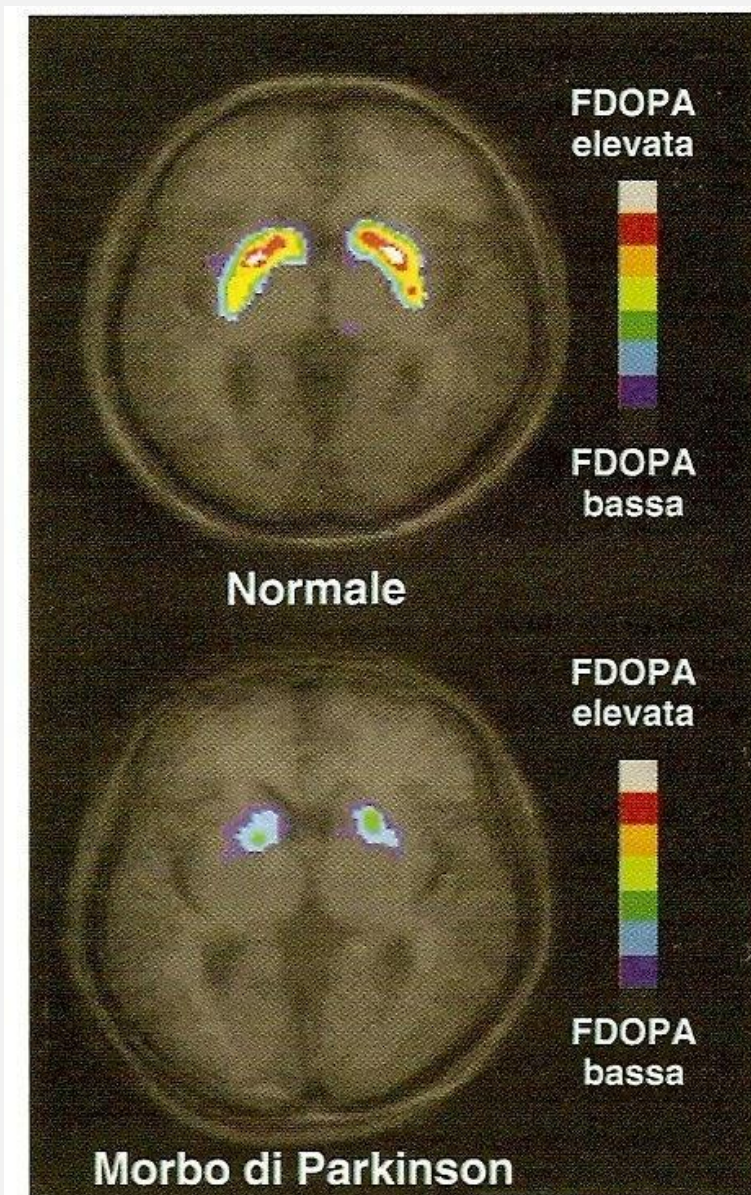
Parkinson's Disease Timeline

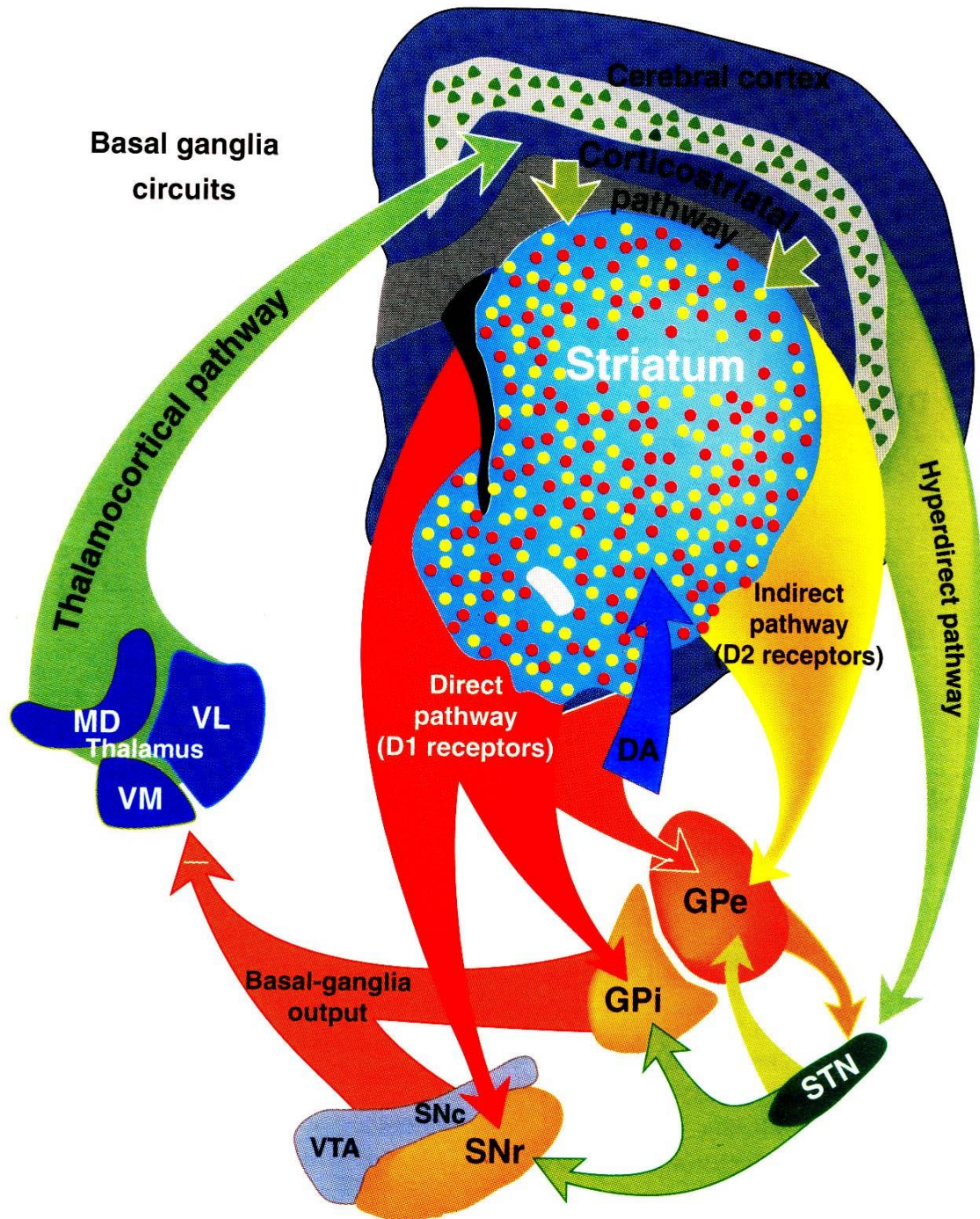


Involved Neurotransmitters a part from dopamine



Difference in fluoro-dopa levels between healthy subjects and parkinsonian subjects





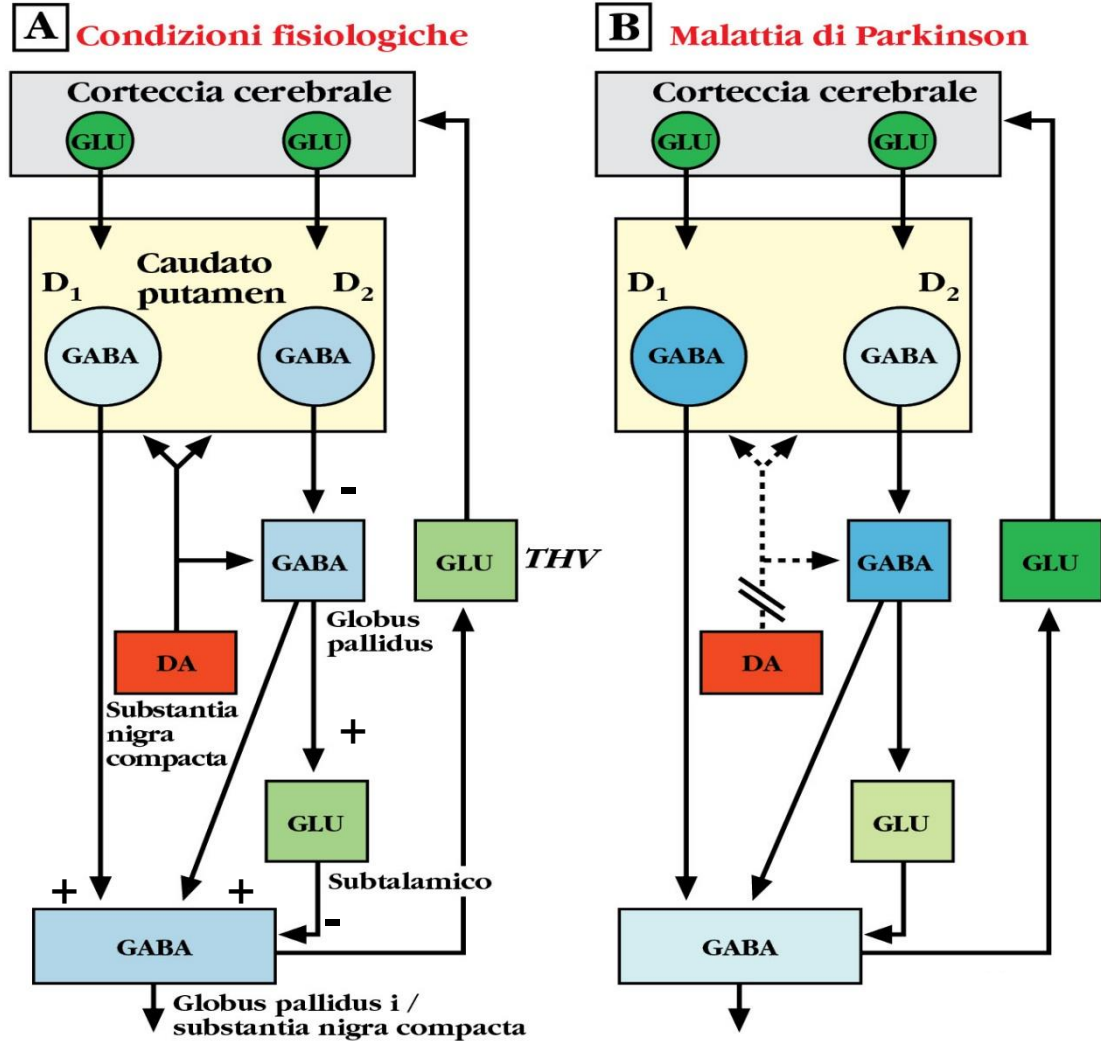
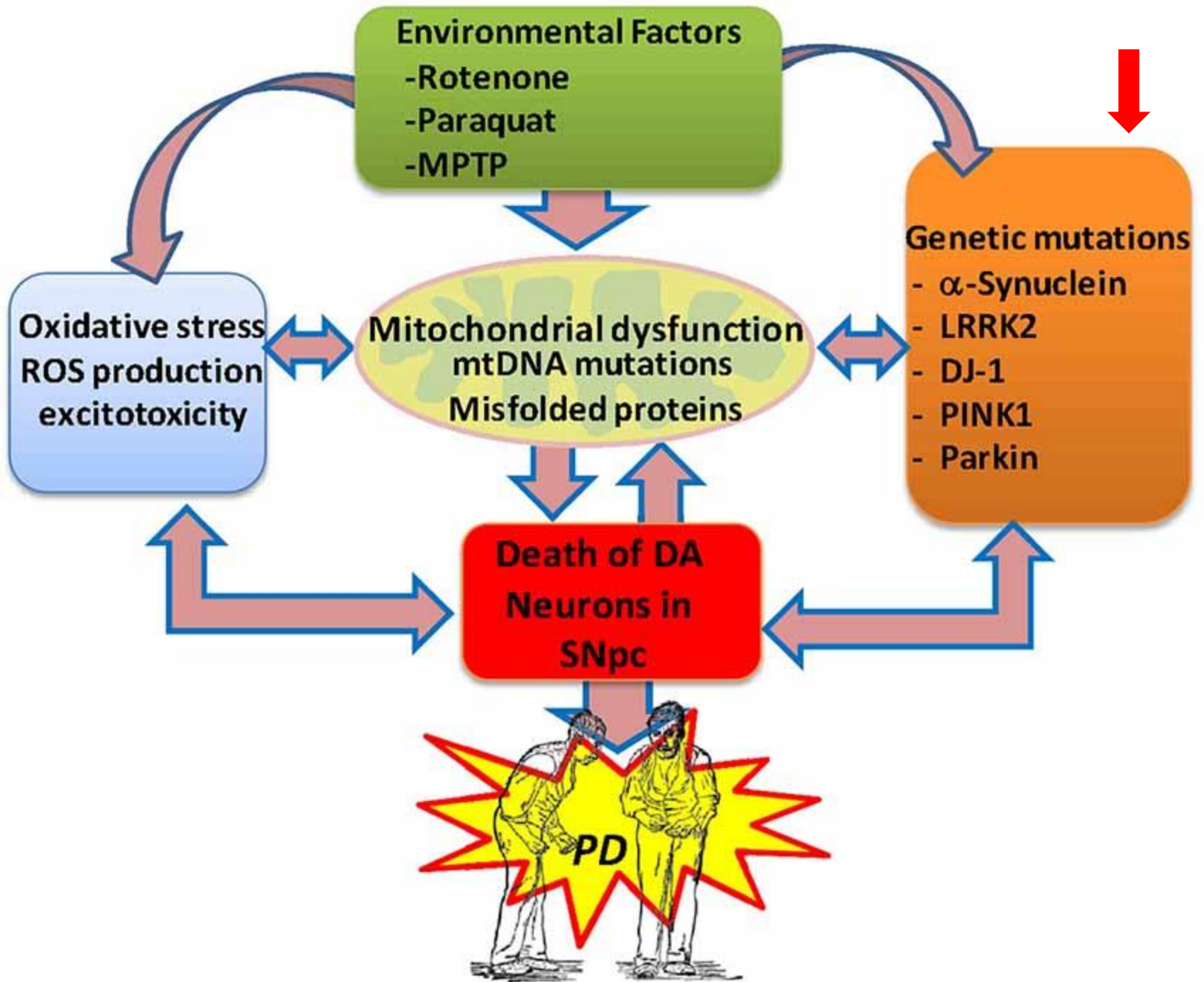


Figura 27.3. Rappresentazione classica dei nuclei della base in condizioni fisiologiche (A), e in presenza di disordini del movimento quali la malattia di Parkinson (B) e la malattia di Huntington (C). Per le abbreviazioni vedere il testo. La linea tratteggiata indica le popolazioni neuronali che vanno incontro a degenerazione nelle due patologie. Obeso et al., Pathophysiology of the basal ganglia in Parkinson's disease. Trends Neurosci, 23, S8, 2000.

Mechanisms



Genetic mechanisms involved in Parkinson's disease

α -synuclein in the locus 4q21-23, (onset around 45 years and with rapid symptoms)

DJ-1, in the 1p36 locus, causes modifications of *α -synuclein*

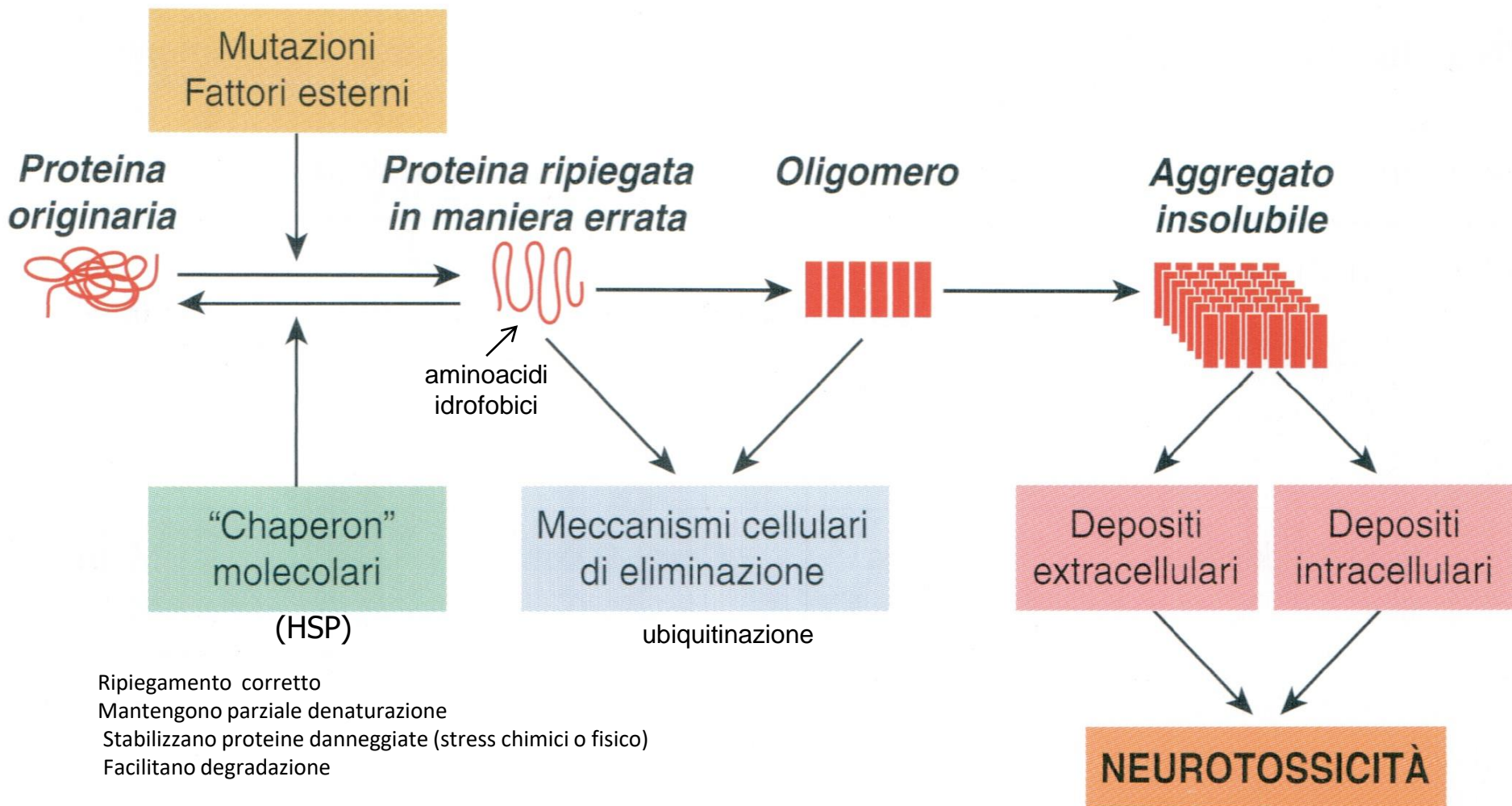
parkin, in the locus 6q25.2-27, (juvenile forms, with onset around the age of 32, characterized by the absence of Lewy bodies in the brain) is a *ubiquitin ligase*

leucine-rich repeat kinase 2 (LRRK2), (interacts with the terminal c of parkin), the mutated LRRK2 causes apoptosis. Present in cytoplasm and *mitochondria*

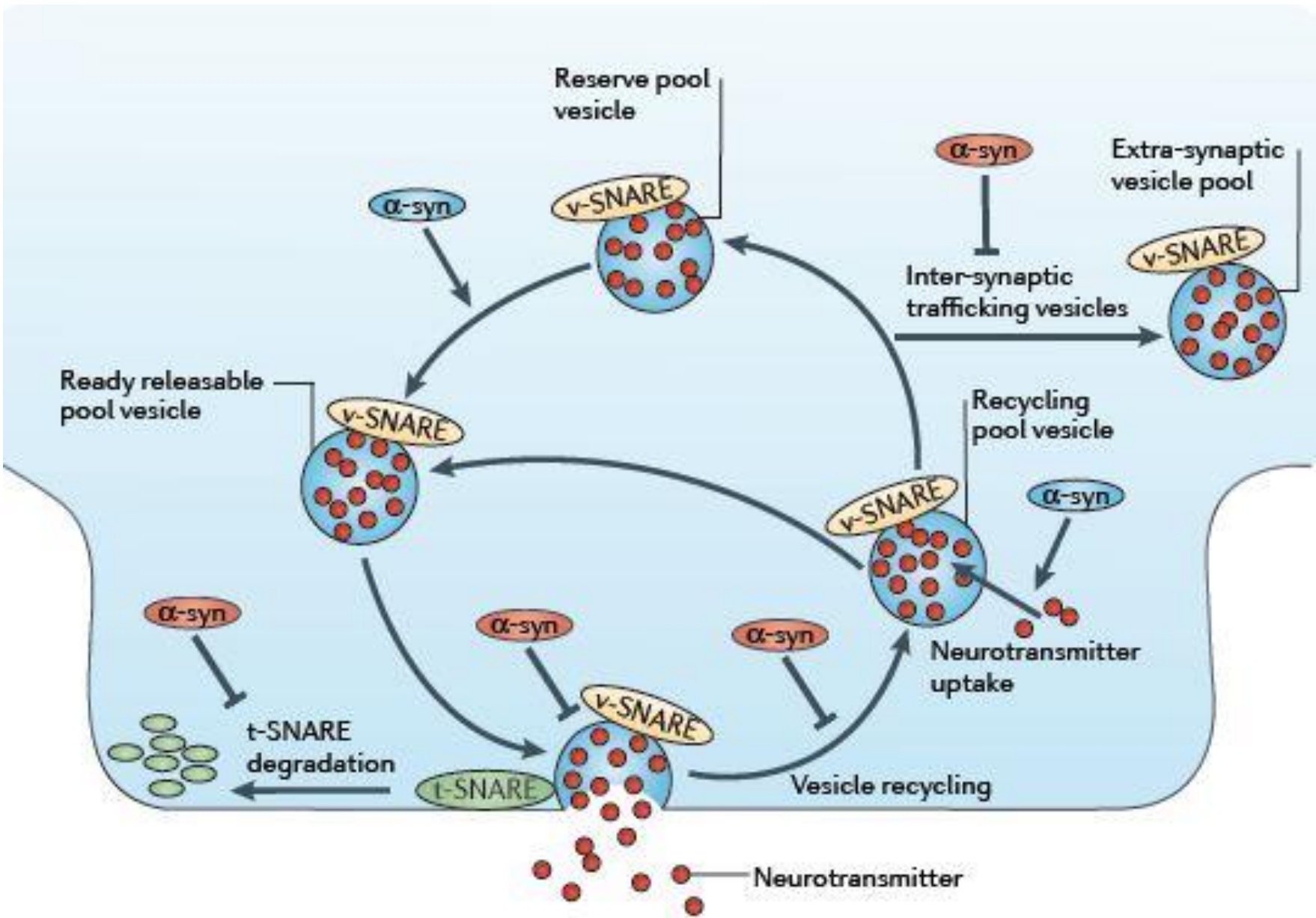
hydrolase of C-terminal ubiquitin L-1 (UHC-L1), in the 4p-14 locus (proteins destined to be degraded by the ubiquitin system are previously labeled with *poly-ubiquitin chains and subsequently degraded by the proteasome*)

PINK 1 (PTEN-induced kinase 1) located in the *mitochondria*

“Misfolding” proteine

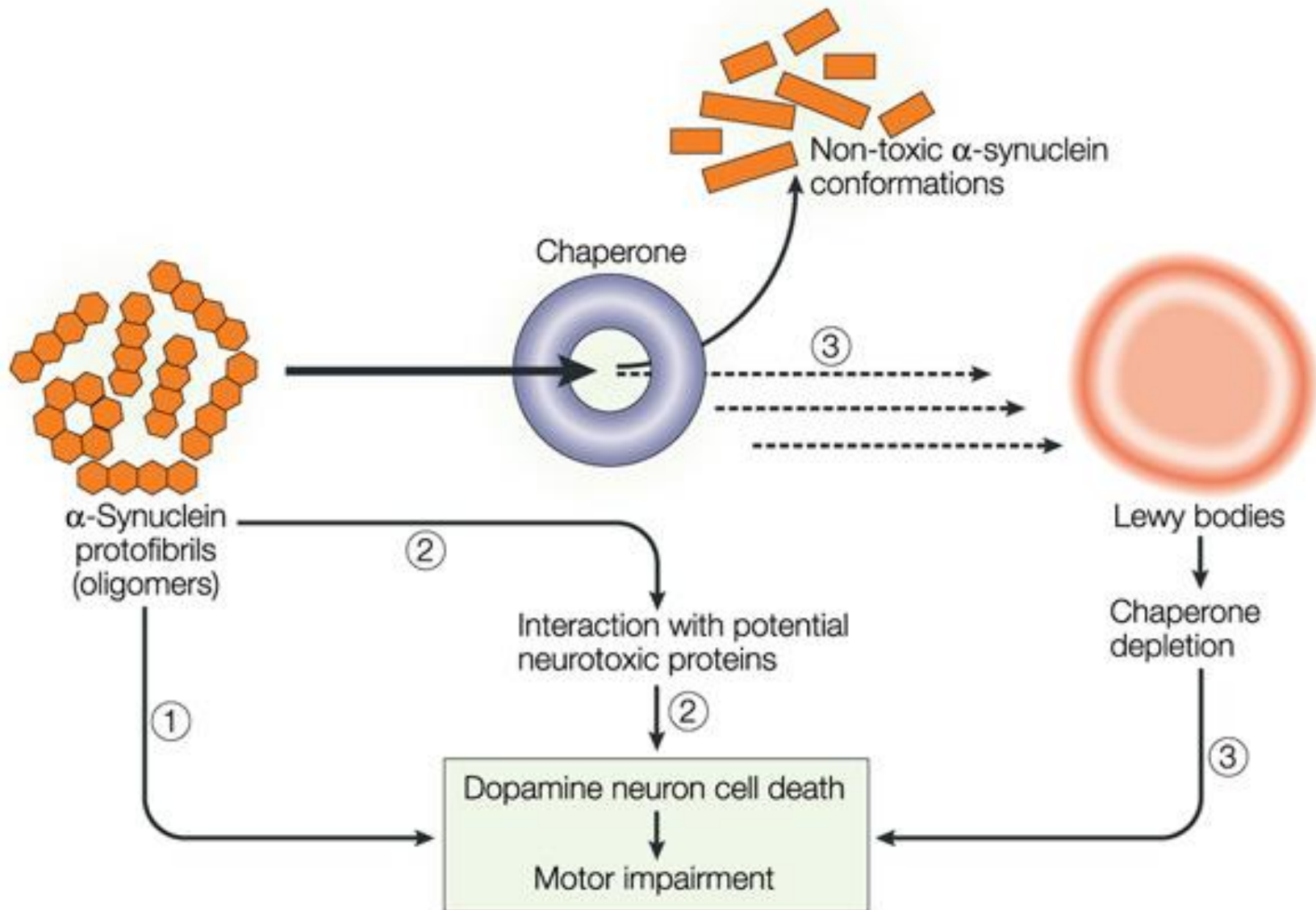


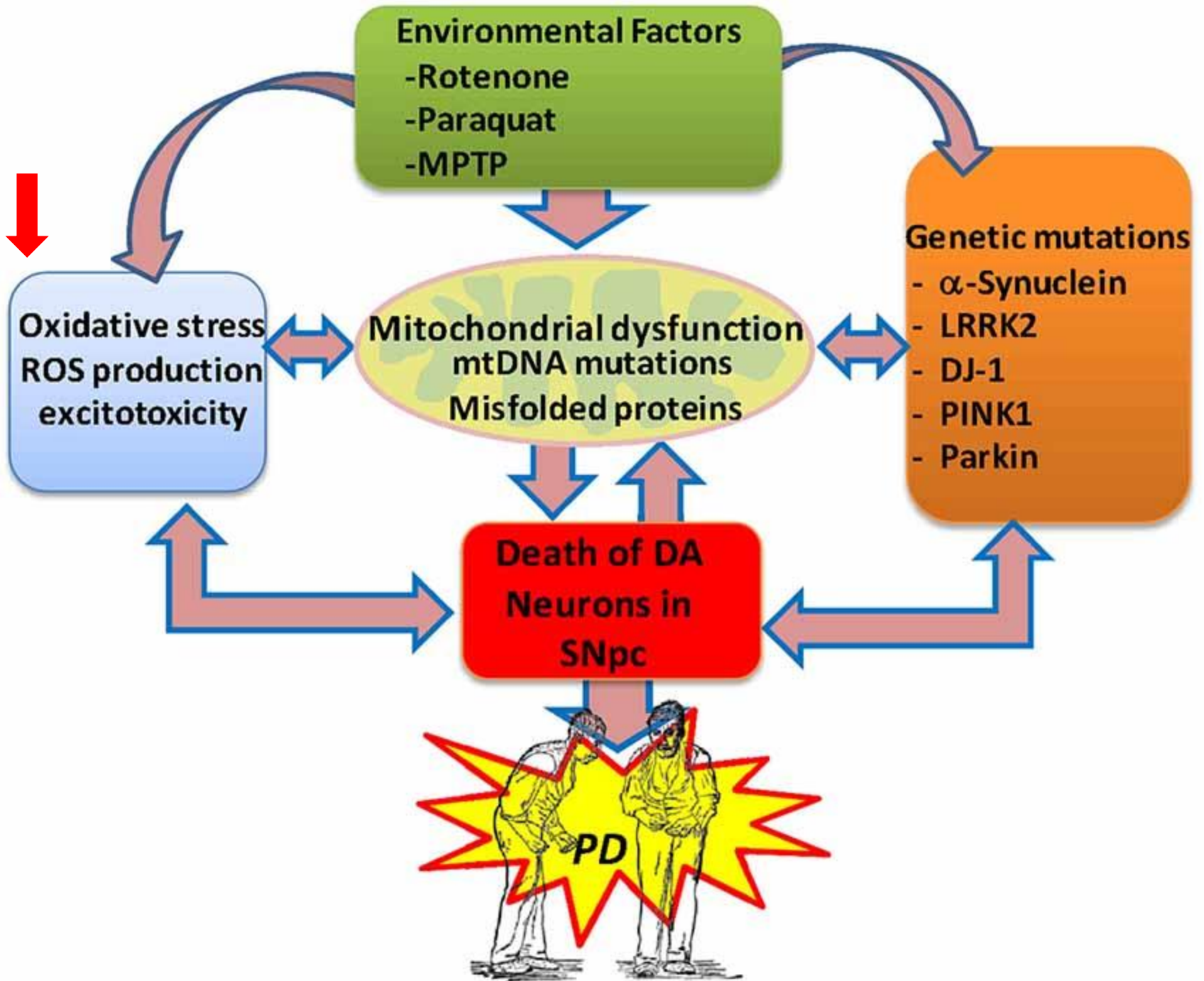
Alpha Synuclein



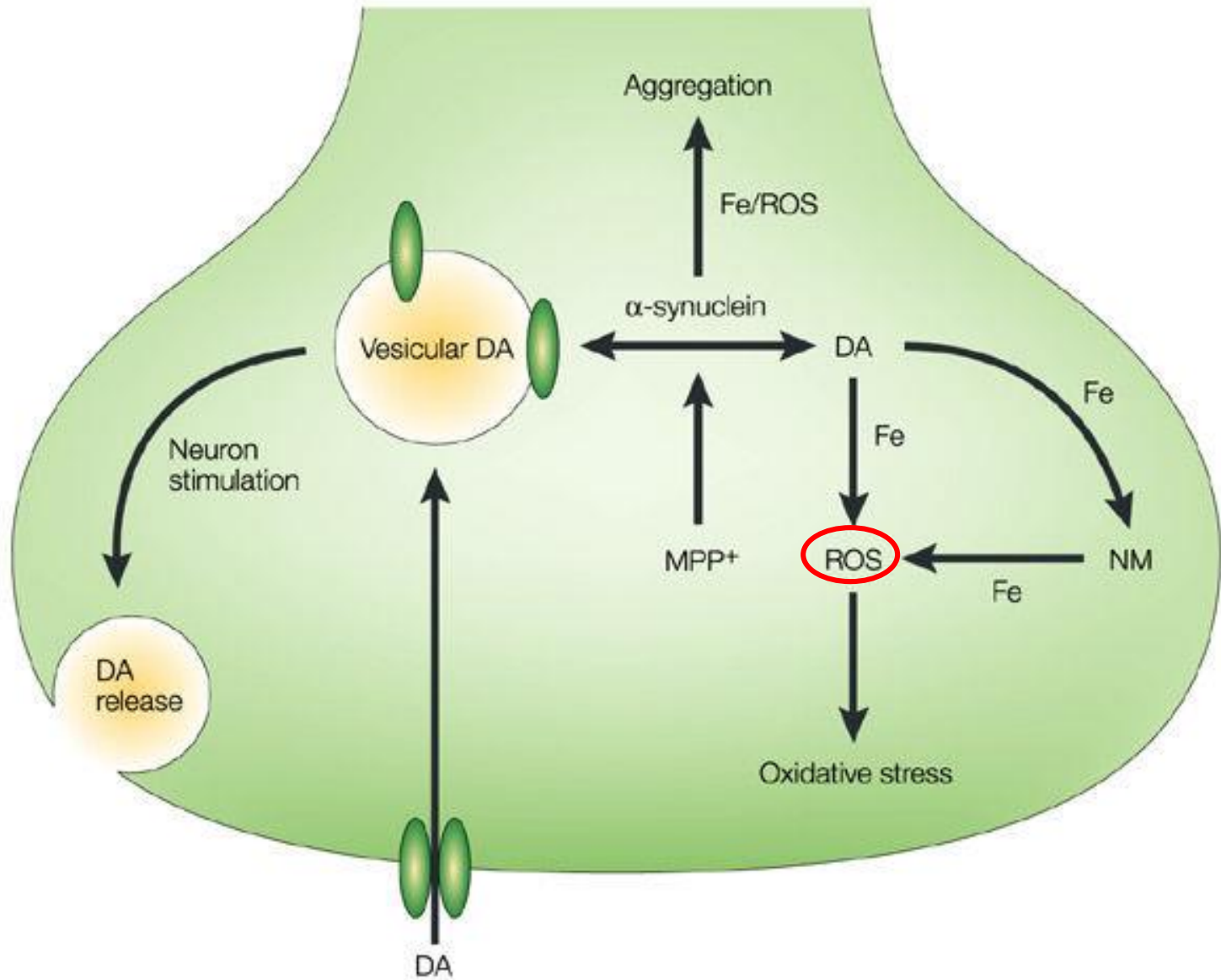
N-ethylmaleimide-sensitive factor attachment protein receptor (SNARE)-complex

Alfa-synuclein





Oxidative stress



Oxidative Stress

ROS



ATTACCANO GRUPPI SH (PROTEICI)
IMPEDISCONO GENERAZIONE ATP DA MITOCONDRI
GENERANO AGENTI OSSIDANTI H_2O_2
INATTIVANO ENZIMI
ATTACCANO DNA (SINTESI ERRATA)
ATTACCANO FOSFOLIPIDI

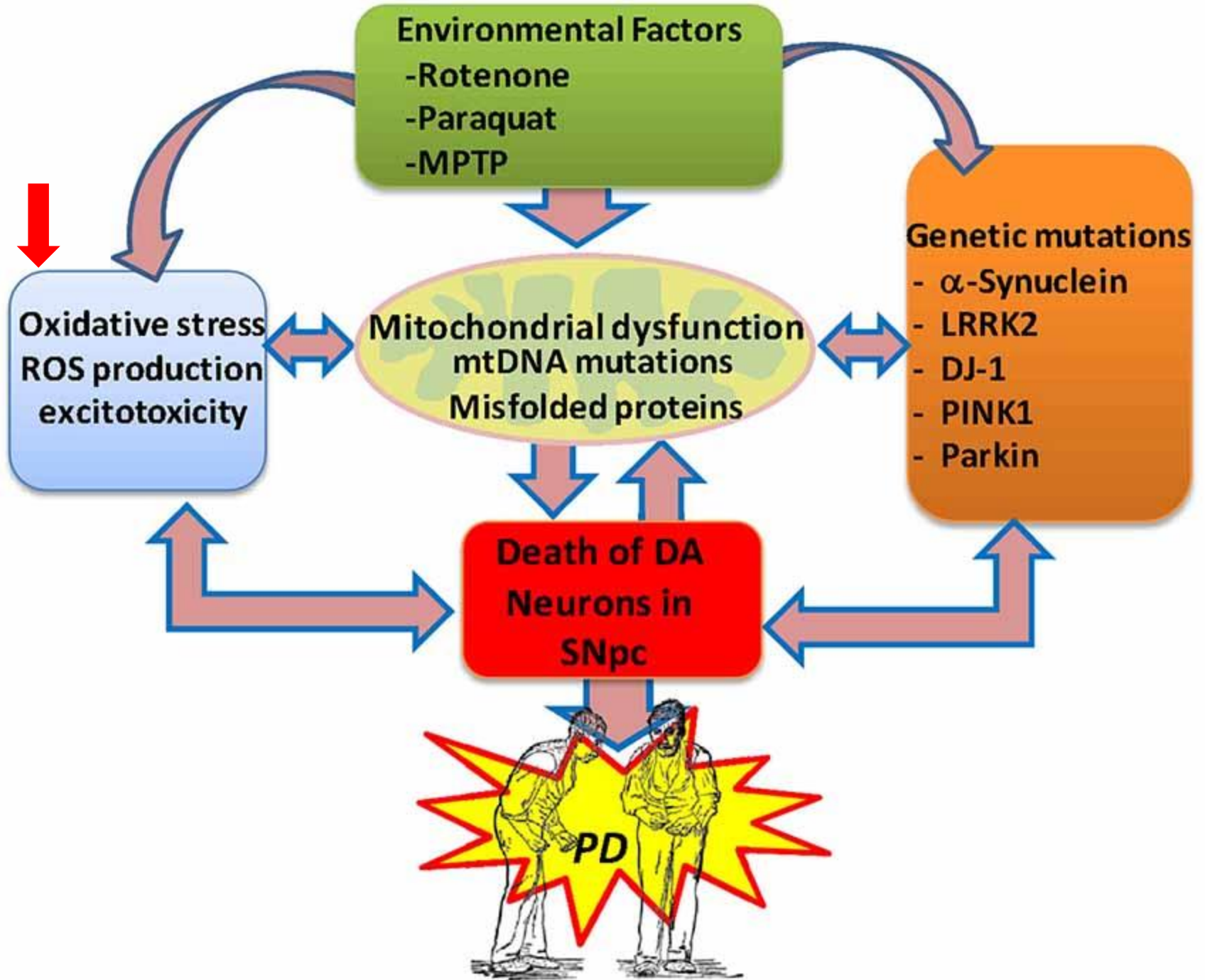
Le difese contro il danno ossidativo

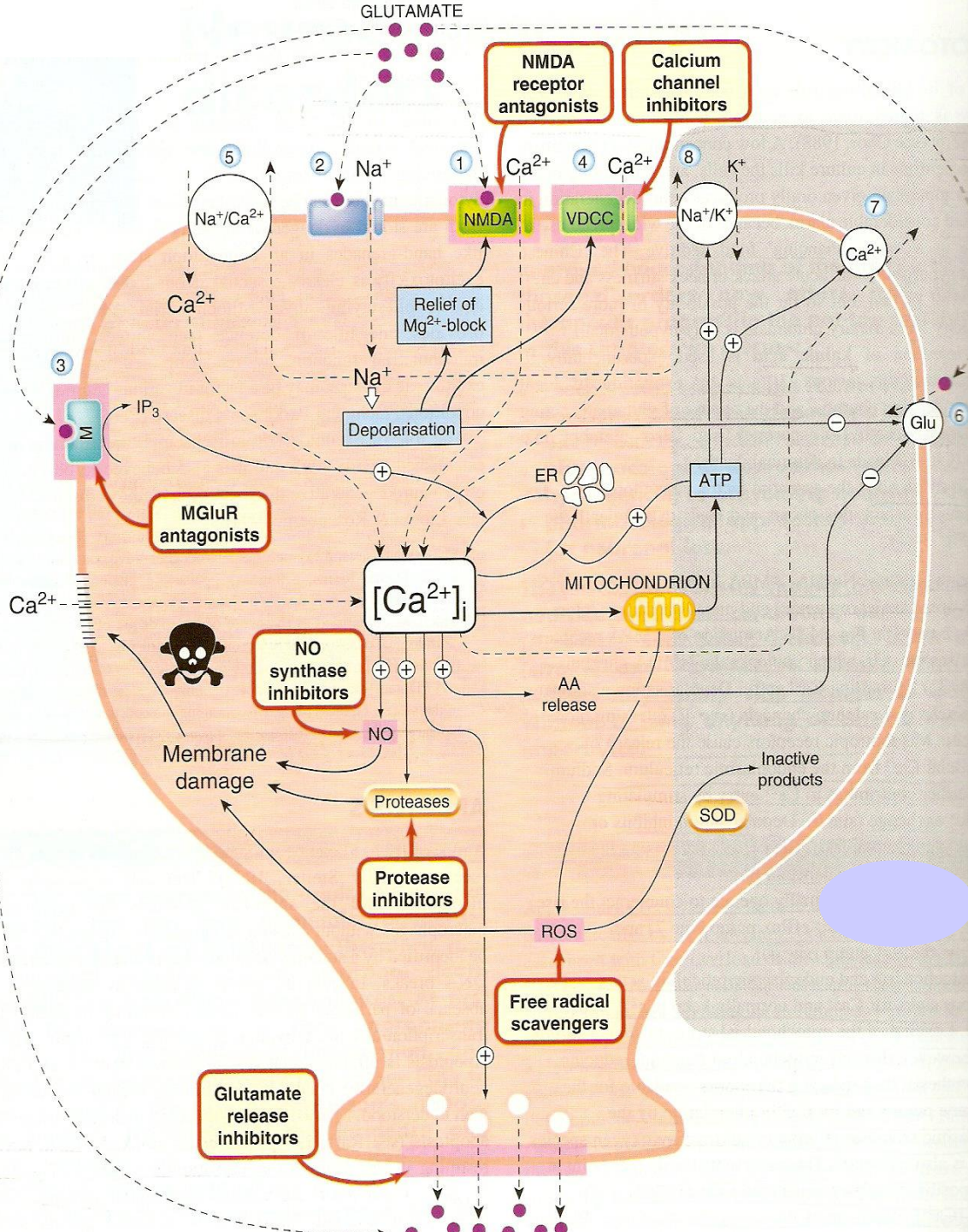
Una serie di difese previene o ripara il danno molecolare causato dai radicali liberi, ma la loro azione è nell'insieme imperfetta. Sembra che alcune di queste difese con il passare del tempo diventino meno efficaci.

	CLASSE	MOLECOLA	ATTIVITÀ
ANTIOSSIDANTI (neutralizzano o comunque limitano l'attività dei radicali liberi)	ENZIMI	Superossido-dismutasi	Trasformano il radicale superossido in perossido di idrogeno
		Glutazione, perossidasi e catalasi	Convertono il perossido di idrogeno in acqua e ossigeno molecolare
	ALTRE SOSTANZE	Vitamina E e beta carotene	Reagiscono con i radicali liberi, impedendo loro di attaccare le strutture cellulari; sono liposolubili e quindi riescono a proteggere le membrane
		Acido urico e vitamina C	Reagiscono con i radicali liberi del citoplasma
		Chelanti dei metalli	Impediscono al ferro, al rame e ad altri metalli di transizione di catalizzare le reazioni ossidative

Enzymes

- **SUPEROXIDE DISMUTASE** $O_2^- + O_2^- + 2H^+ \longrightarrow H_2O_2 + O_2$
- **CATALASE** $2H_2O_2 \longrightarrow 2H_2O + O_2$
- **PEROXIDASE** $H_2O_2 + R(OH)_2 \longrightarrow RO_2 + 2H_2O$
- **GLUTATHIONE PEROXIDASE**
 $2GSH + H_2O_2 \longrightarrow GS-SG + 2H_2O$
 $ROOH + 2GSH \longrightarrow ROH + GS-SG + H_2O$





Excitotoxicity and oxidative stress



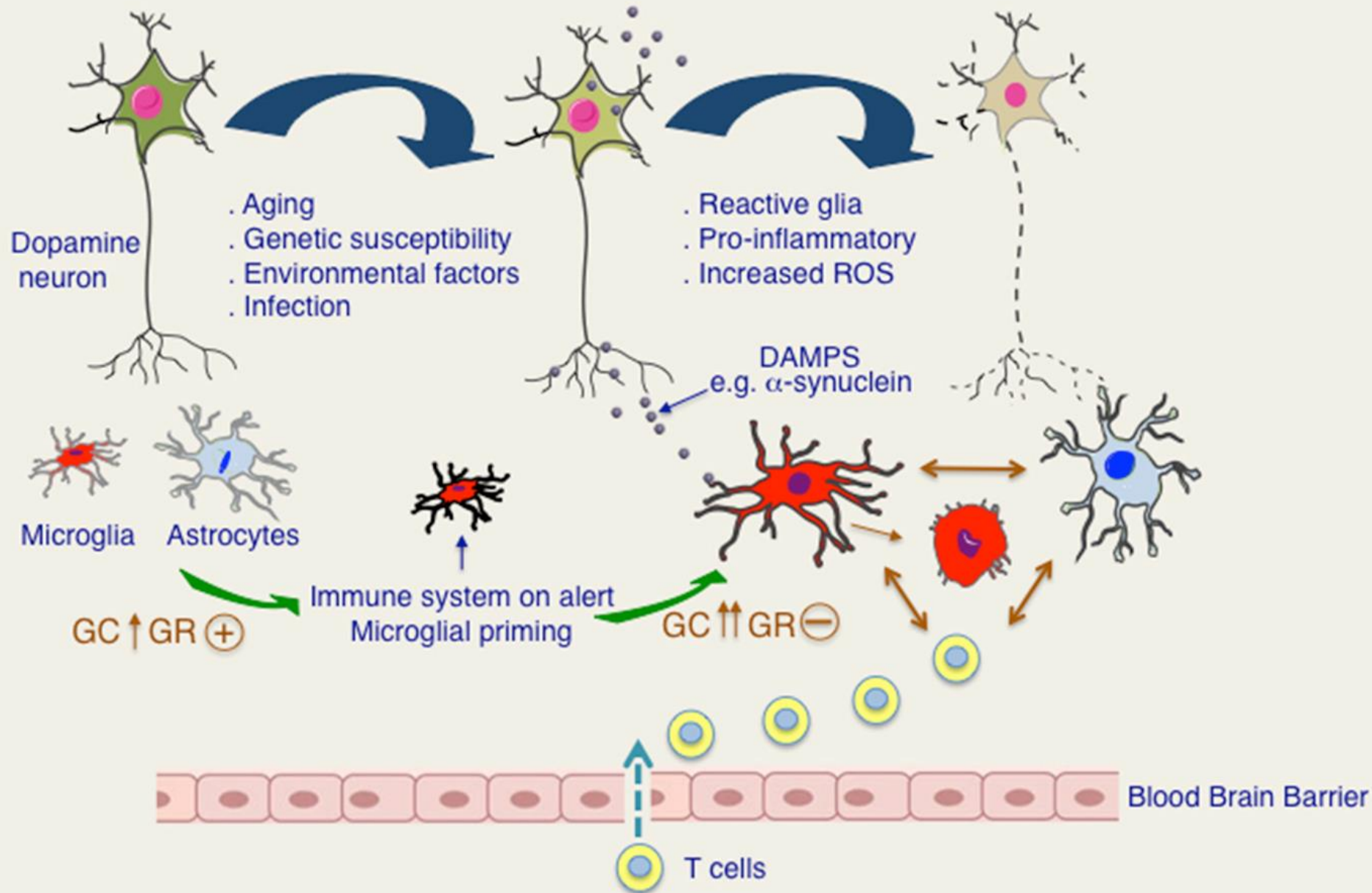
- Excitatory amino acids (EAA, e.g. glutamate) can cause neuronal death.
- Excitotoxicity is associated mainly with activation of NMDA-receptors, but other types of EAA receptors also contribute.
- Excitotoxicity results from a sustained rise in intracellular Ca^{2+} concentration (Ca^{2+} overload).
- Excitotoxicity can occur under pathological conditions (e.g. cerebral ischaemia, epilepsy) in which excessive glutamate release occurs. It can also occur when chemicals such as kainic acid are administered.
- Raised intracellular Ca^{2+} causes cell death by various mechanisms, including activation of proteases, formation of free radicals, and lipid peroxidation. Formation of nitric oxide and arachidonic acid are also involved.
- Various mechanisms act normally to protect neurons against excitotoxicity, the main ones being Ca^{2+} transport systems, mitochondrial function and the production of free radical scavengers.
- Oxidative stress refers to conditions (e.g. hypoxia) in which the protective mechanisms are compromised, reactive oxygen species (ROS) accumulate and neurons become more susceptible to excitotoxic damage.
- Excitotoxicity caused by environmental chemicals may contribute to some neurodegenerative disorders.
- Measures designed to reduce excitotoxicity include the use of glutamate antagonists, calcium channel blocking drugs (calcium antagonists) and free radical scavengers; none is yet proven for clinical use.

Neuroinflammation

Healthy Environment

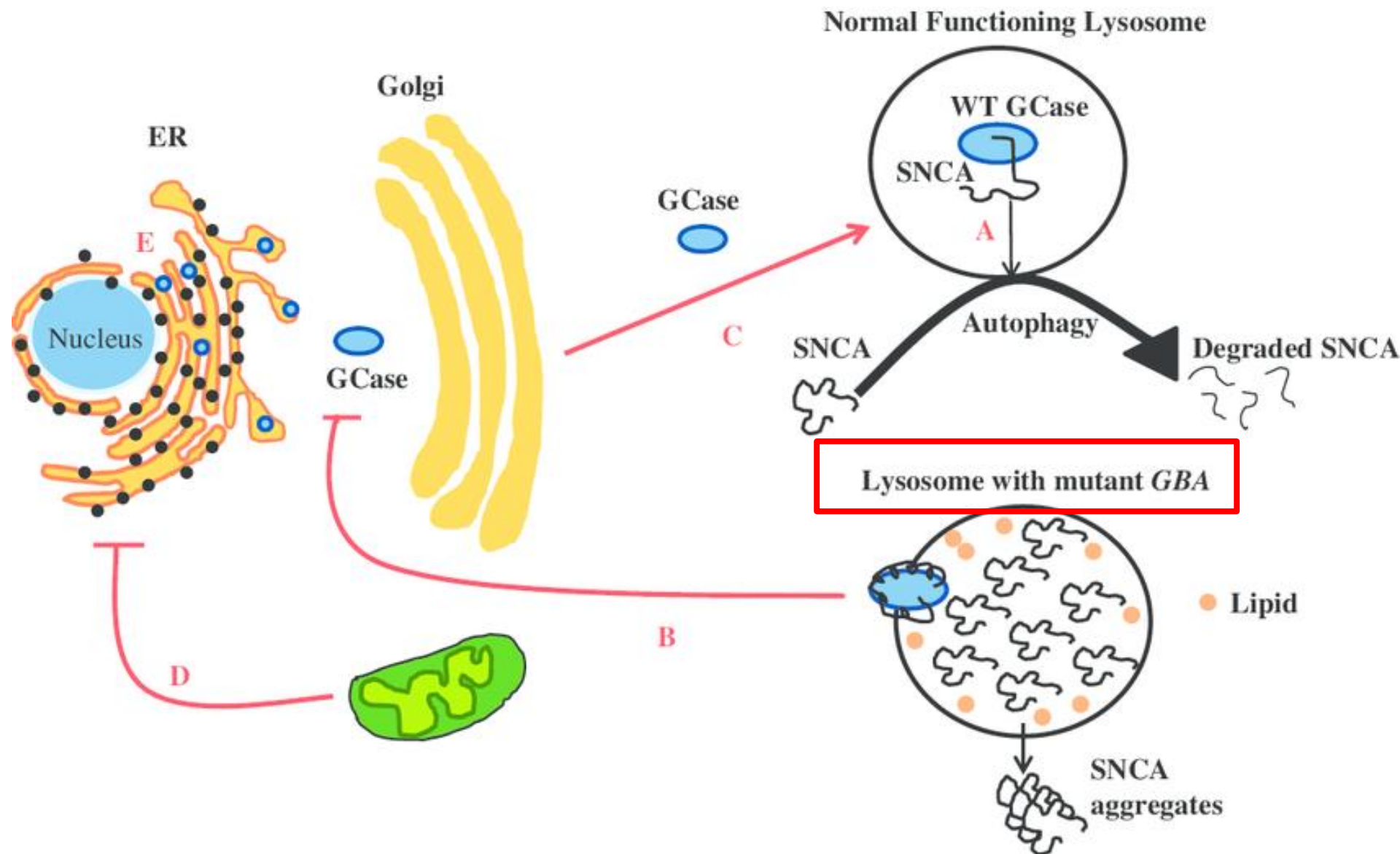
Initiation of pathology Preclinical Stage

Dopamine neurodegeneration Clinical Stage



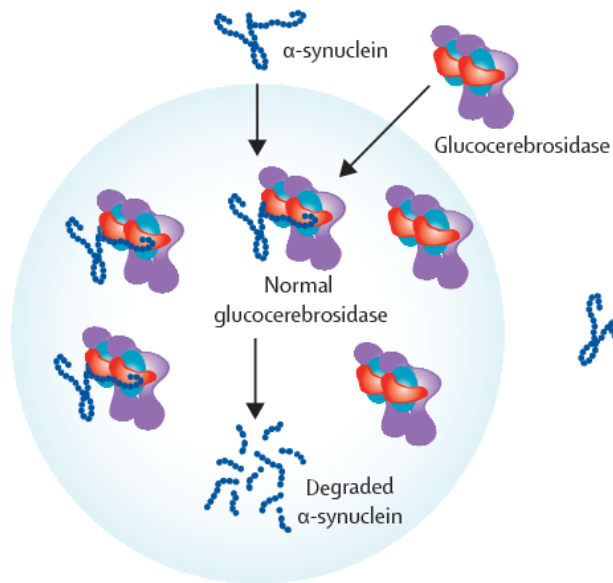
Glucocerebrosidase deficiency

- Mutations in the glucosylceramidase beta (GBA) gene are associated with neurodegenerative diseases marked by protein aggregation
- GBA encodes the lysosomal enzyme **glucocerebrosidase**, which breaks down glucosylceramide
- The link between GBA mutations and protein aggregation is that lysosomal accumulation of glucosylceramide causes impaired autophagy
- Changes in the turnover and abundance of proteins is associated with **extracellular vesicles** (EVs), which are vehicles for the spread of protein aggregates in neurodegenerative disease
- Gba1b mutants had six times as many EVs as controls
- EV abundance contributed to the accumulation of protein aggregates
- Glucocerebrosidase deficiency causes pathogenic changes in EV metabolism and may promote the spread of protein aggregates through extracellular vesicles

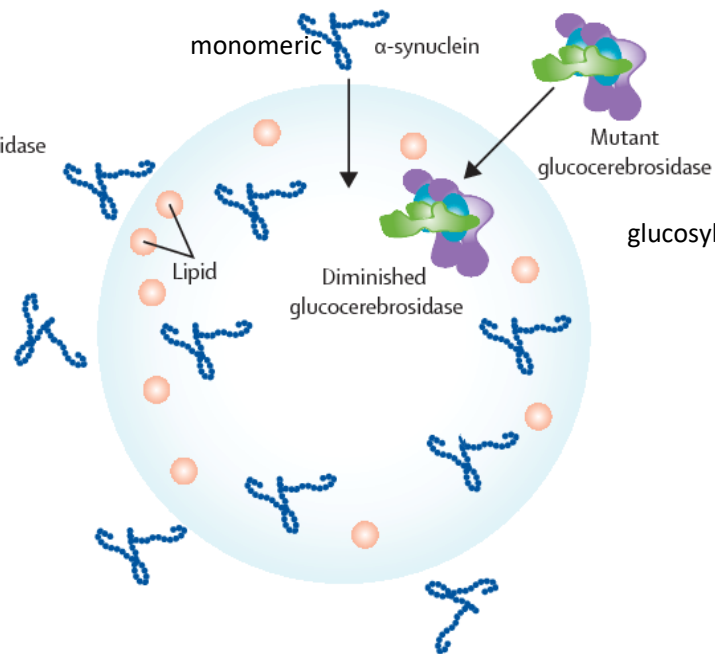


Mutation in glucocerebrosidase (GBA) gene and ASN aggregation

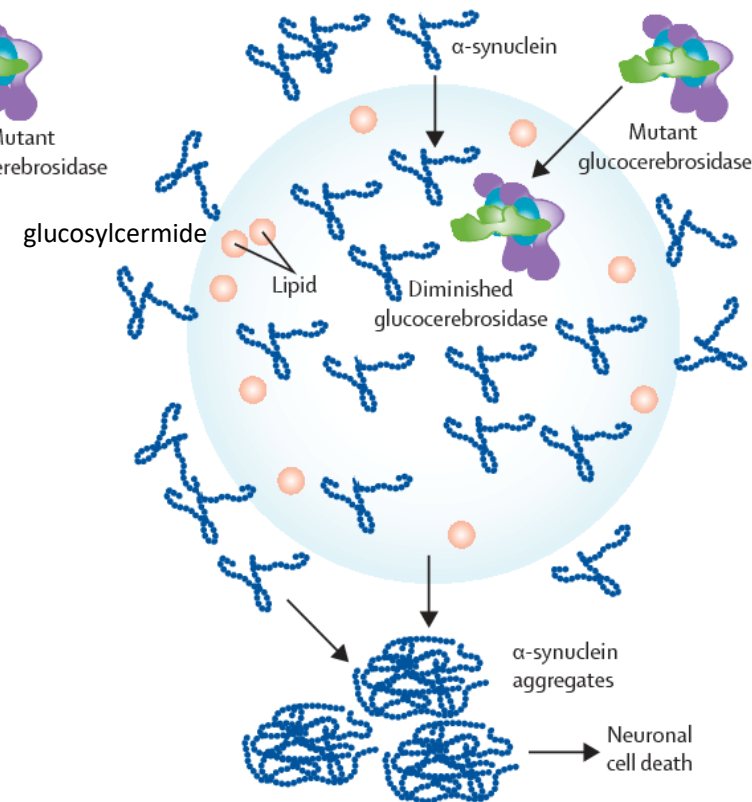
A Normally functioning lysosome



B Lysosome with mutant GBA



C Lysosome with mutant GBA



(A) normally functioning lysosome, wild-type glucocerebrosidase might interact with α -synuclein, facilitating the lysosomal component of α -synuclein degradation. **(B)** In most cases, when glucocerebrosidase is mutated, α -synuclein remains in the monomeric form and other processes are active in its degradation. **(C)** In some patients, glucocerebrosidase is mutated and the cell is unable to degrade α -synuclein. Lysosomal function is compromised and increased oligomeric forms of α -synuclein lead to neuronal cell death and the development of parkinsonism.