

Protective Roles of Probiotics against Alzheimer's Disease

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Abstract

One of the leading causes of disability, death, and morbidity worldwide, Alzheimer's disease (AD) is a neurological disorder that worsens over time. There is an immediate and critical need to seek out fresh viewpoints due to the decades-long failure in medication discovery. Due to its strong associations with amyloids, systemic and focal inflammation, impairment of vascular homeostasis and gut barrier, mitochondrial dysfunction, etc., the gut microbiome (GM) has recently garnered a lot of attention in AD-related studies. The GM can communicate with the brain in both directions through the microbiome-gut-brain axis. As a result, probiotic supplementation, which regulates the GM, is a promising candidate for the treatment of AD. The goal of this article is to summarize the most recent findings on the efficacy of probiotics in the treatment and prevention of Alzheimer's disease, as well as the possible roles of genetic modification in the development of the disease.

Keywords: Probiotics, Alzheimer's Disease

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Introduction

Cognitive impairment in one or more areas of cognition, such as learning, focus, memory, etc., typically coupled with behavioral and psychological abnormalities, is a hallmark of Alzheimer's disease (AD) [1]. From mild cognitive impairment (MCI) to dementia, there are various levels that can be categorized based on the severity of the condition [2]. As a result of its high rates of disability, mortality, and morbidity, AD has emerged as a major health concern and a major contributor to the worldwide financial burden [3]. Millions of older individuals are impacted by the increasing prevalence of AD, which reaches 23% in those over the age of 86 [4]. There is an immediate need for a more holistic view due to the fact that no medication has been able to significantly enhance the critical clinical outcomes of Alzheimer's disease (AD).

The gut microbiome (GM) is the collection of all the microbes and their DNA found in the gastrointestinal tract (GIT) [5]. Research has shown that GM is essential for maintaining homeostasis and regulating the activities of nearly every major bodily system, including the CNS [6]. Over the last several decades, there has been a meteoric rise in studies investigating the role of GM in the aetiology of AD. Researchers are more optimistic about GM modification as a possible strategy to prevent or treat AD after discovering the microbiota-gut-brain axis, a communication link between GM and the brain [7]. As a result, probiotics, which are live bacteria that, when consumed in adequate quantities, can positively modify the GM, are now being considered as possible candidates for the therapy of Alzheimer's disease. Our current understanding of the gut microbiota's potential effects on Alzheimer's disease (AD) development and progression, as well as the potential protective functions of probiotics in this regard, is summarized in this article.

Gut microbiota and microbiota–gut–brain axis

The human gastrointestinal tract (GIT) is home to millions of genes and more than a thousand different kinds of microbes, such as viruses, helminth parasites, yeasts, single-celled eukaryotes, and bacteria [9]. Factors that can impact the genetic makeup of a population include things like age, nutrition, antibiotic exposure, stress, and the way a person is born, all of which can have an impact on the development of Alzheimer's disease [10]. The impact of genetic modification on human development and health has been the subject of an increasing amount of study. In addition to interacting with the human immune system through toll-like receptors (TLRs), GM can also participate in the immune system's maturation process [12], serve as a biological barrier to inhibit the invasion of aberrant microbiota [11], and so on. GMs have been observed to influence microglia development and function [13,14]. Metabolic functions that GM may perform include modulating immune responses [16] and maintaining healthy levels of glucose and lipids [15]. Remarkably, the microbiota produces a number of significant metabolites, including neurotransmitters like dopamine, γ -aminobutyric acid (GABA), and serotonin (5-HT), as well as short-chain fatty acids (SCFAs), which have been linked to alterations in the host brain's activities [17,18].

The microbiome-gut-brain axis is a two-way street that connects the two systems via the vagus nerve, the enteric nervous system, the vascular system, and the immune system [19]. Abnormalities in behavior and emotion may result from changes in synaptic plasticity and transmission as well as changes in the concentration of different neurotransmitters (5-HT, dopamine, GABA, etc.) in germ-free (GF) mice that do not have GM [20]. Therefore, research on neurological illnesses, such as AD, has focused heavily on the axis.

Gut microbiota and AD

Pathological hallmarks of Alzheimer's disease (AD) include intracellular neurofibrillary tangles (NFTs) composed of hyperphosphorylated tau and extracellular amyloid- β ($A\beta$) plaques [21]. Furthermore, it has been discovered that chronic neuroinflammation characterized by an overabundance of

proinflammatory cytokines and chemokines, hyperreactivity of astrocytes, and excessive microglial activation is a critical component of AD pathophysiology [22,23,24]. It has been found that neuroinflammation can both precede and impact the aggregation of A β and tau [13]. On the other hand, A β complexes have the ability to bind to pattern recognition receptors found in microglia and astrocytes, which can lead to dysregulation of neuroinflammation and the generation of reactive oxygen species (ROS), which in turn can cause the death of neurons and glial cells [22]. Additional factors that can raise the likelihood of developing AD include vascular risk factors, diabetes, atherosclerosis, and hypertension. Important early stages in the pathogenesis of Alzheimer's disease now include vascular lesions and dysfunction [25,26]. Clinical trials with medications targeting generally recognized chemicals, particularly A β , have failed because the cause and development of Alzheimer's disease are still not completely comprehended. Age, cerebrovascular risk factors, psychogenic illnesses [27], genetic mutations, and other variables all play a role in the development of Alzheimer's disease (AD).

The correlation between GM and AD is becoming stronger by the day. Both transgenic AD mice [28,29] and fecal samples from AD patients [6] have shown GM alterations. Research into the processes underlying this enlightening correlation may shed light on the development and treatment of Alzheimer's disease from many angles.

Gut microbiota and amyloid-related pathogenesis

Many different types of human GM, including *Escherichia coli*, *Salmonella typhimurium*, *Bacillus subtilis*, *Staphylococcus aureus*, *Pseudomonas fluorescens*, and others, are capable of secreting amyloids [30]. There are intricate connections between the immune system and amyloids created from genetic modification (GM) and humans. Despite differing amino acid sequences, microbial amyloids like CsgA still contain similar pathogen-associated molecular patterns (PAMPs). This means they could interact with the same Toll-like receptor (TLR2), leading to the production of IL-17A and IL-22, which are powerful inflammatory mediators, and ultimately activating the NF- κ B signaling pathway and cyclooxygenase-2 (COX-2) [31,32,33]. Additionally, it has been discovered that bacterial amyloid proteins can cross-seed neuronal A β peptides, leading to their misfolding and aggregation [30,34,35]. A β has recently been shown to have antimicrobial properties and to be involved in the host immunological response to microorganisms via fibrillation, pathogen entrapment, and cell membrane disruption [36].

Gut microbiota dysbiosis and inflammation-driven pathogenesis

The role of GM in the development or worsening of AD may be explicable by the correlation between GM dysregulation and altered inflammatory states, according to mounting data. Changes in peripheral inflammation were associated with an upregulation of the proinflammatory taxon *Escherichia coli* and a downregulation of the anti-inflammatory taxon *Escherichia rectale*, according to research by Cattaneo et al. on GM taxa changes in patients with CI and brain amyloidosis [37]. Mice with

Alzheimer's disease (AD) and either the GF condition or prolonged antibiotic treatment show less insoluble amyloid plaques, less neuroinflammation, fewer microglia, and less astrocyte aggregation in the hippocampus [28,38,39].

An key mediator between GM dysbiosis and AD pathogenesis is lipopolysaccharide (LPS), which is found in the outer membrane of Gram-negative bacteria (Figure 1). By binding to CD14 and the TLR4-MD-2 complex on immune cells, it can set up powerful immunological responses. According to research [40-43], TLR4 has the ability to engage with TIRAP and MyD88, leading to the activation of NF- κ B. NF- κ B is a transcription factor that promotes inflammation and is recognized for initiating AD pathogenic pathways through the release of proinflammatory cytokines. An increase in blood monocyte/macrophage activation was positively associated with an increase in plasma LPS, according to research by Zhang et al. [44]. Additionally, AD patients had LPS found in their hippocampus and superior temporal lobe neocortex [45]. It was discovered that LPS and A β 1-40/42 colocalize in amyloid plaques and the areas around blood vessels [46]. Amyloid standardised uptake value ratio absorption was favorably correlated with blood LPS levels, proinflammatory cytokine concentrations, and endothelial dysfunction, according to a study by Marizzoni et al. [47].

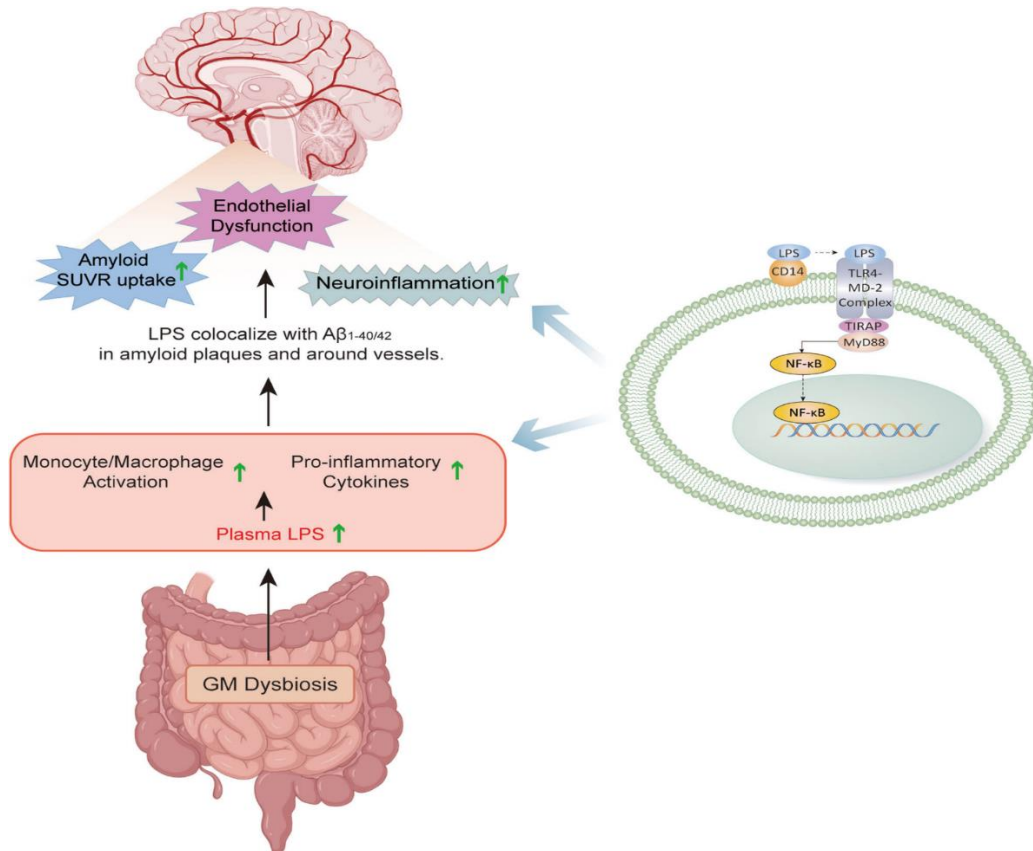


Figure 1: Proposed mechanism of LPS affecting the pathogenesis of AD. AD-related GM dysbiosis contributes to an increased level of plasma LPS, which promotes blood monocyte/macrophage activation and the secretion of pro-inflammatory cytokines mainly through NF- κ B pathway. LPS can also cross the BBB, promote neuroinflammation and

colocalize with A β 1-40/42 in amyloid plaques and around vessels in the brain, possibly affecting A β pathology and endothelial function.

Gut microbiota dysbiosis impairs vascular homeostasis and gut barrier

The importance of vascular homeostasis impairment in the etiology of Alzheimer's disease has long been recognized [25]. In addition, GM dysbiosis can impact the permeability of the gut epithelial barrier and the blood-brain barrier, both of which are critical for the invasion of GM and their metabolites into the brain [48]. Adult GF mice had their BBB permeability reduced and tight junction protein expression upregulated after receiving a transplant of fecal microbiota from pathogen-free mice [49]. There is a correlation between elevated proinflammatory GM and compromised gut barrier function, according to Engen et al. [50]. The BBB can be compromised by bacterial byproducts including amyloids and LPS, which cause long-term neuroinflammatory reactions [51]. Atherosclerosis, a prevalent risk factor for Alzheimer's disease, can develop as a result of GM dysbiosis because it affects levels of trimethylamine oxide, which control vascular microRNA [52].

Gut microbiota dysbiosis causes mitochondrial dysfunction

As a precursor to Alzheimer's disease, mitochondrial dysfunction can reduce energy metabolism and oxidative phosphorylation of important enzymes. Neuronal apoptosis and calcium homeostasis problems are also attributed to it [53]. A decline in PTEN-induced putative kinase 1 (PINK1) expression, aberrant brain metabolism, and diminished ATP production could be the outcome of an unbalanced mitochondrial/cellular antioxidant system [54,55]. The ability to supply energy to the host in aerobic and anaerobic environments is a result of the symbiotic interaction between mitochondrial metabolic diversity and primitive aerobic and anaerobic microorganisms. Mitochondrial failure, heightened oxidative stress, and an inflammatory response in the host may result from GM dysbiosis's altered bacterial composition and altered metabolite synthesis [56]. As a result, strategies that aim to avoid or lessen cognitive dysfunction by preventing mitochondrial failure and reducing oxidative stress have promise.

Other pathways

When it comes to learning and memory, glutamate is a big excitatory neurotransmitter [57]. Glutamate metabolism may be impacted by GM, according to recent research. GM includes *Campylobacter jejuni* and *Bacteroides vulgatus*. Additionally, GM-metabolized d-glutamate may affect cognitive function in AD patients through interactions with the glutamate N-methyl-D-aspartate receptor [58]. One important protective factor against neurodegeneration, especially in Alzheimer's disease, is brain-derived neurotrophic factor (BDNF) [59]. As the aberrant behavior and lowered BDNF level in GF mice may be normalized after colonization with probiotic treatment, it is claimed that GM can impact the amount of brain BDNF [60]. Acetate, butyrate, and propionate are saturated fatty acids (SCFAs) that can pass the blood-brain barrier (BBB) and influence the central nervous system (CNS). [61] In Since a microglia deficiency was observed in animals lacking the free fatty acid receptor 2 (FFAR2), one of the SCFA receptors, it follows that SCFAs can regulate microglia

homeostasis as well. There was a comparable shift in a GF setting [14]. Researchers found that AD mice whose sodium butyrate treatment began later in the disease showed improved memory function. This improvement may have occurred as a result of a restoration of histone acetylation and an increase in the expression of genes related to learning [62]. Intestinal cells rely on butyrate as an energy source, and it can increase the rate of mitochondrial respiration and ATP synthesis [63,64].

Probiotics as potential therapeutics for AD

There is mounting clinical evidence that suggests probiotics may have therapeutic potential in Alzheimer's disease (AD) through multiple pathways. Patients with mild cognitive impairment (MCI) or Alzheimer's disease (AD) may benefit from taking probiotics, according to a 2019 meta-analysis [65]. This could be because probiotics have anti-inflammatory and antioxidative properties. Cognitive function in Alzheimer's disease patients was found to be considerably improved after 12 weeks of probiotic milk comprising *Lactobacillus acidophilus*, *Lactobacillus casei*, *Bifidobacterium bifidum*, and *Lactobacillus fermentum*, according to a randomized, double-blind, controlled research. Although probiotics did not improve fasting plasma glucose, other lipid profiles, inflammation biomarkers, or oxidative stress biomarkers, they did have a positive effect on insulin resistance markers, plasma malondialdehyde levels, serum high-sensitivity C-reactive protein, triglyceride, and very low density lipoprotein levels (VLDL) [66]. Over more solid proof, we need randomized controlled trials that are large-scale and run over an extended length of time.

The effects of probiotics on the pathophysiology and pathology of Alzheimer's disease have been the subject of research. Multiple probiotics have shown promise in reducing inflammation and improving cognitive function, according to previous research [67–70]. According to Bonfili et al., SLAB51 mixture, which includes *Streptococcus thermophilus*, bifidobacteria, and lactobacilli, can have a positive effect on plasma inflammatory cytokine levels, restore autophagy and the impaired ubiquitin proteasome system, decrease A β load, and improve cortical atrophy in Alzheimer's disease mice [69]. Past research has also shown that *Lactobacillus johnsonii* and *Bifidobacterium infantis* have anti-inflammatory properties [71,72]. This is because they modulate the kynurenine route of tryptophan breakdown, respectively. The effects of A β on the hippocampus's inflammation and immune-reactive gene expression could be reversed by *Bifidobacterium breve* A1, according to research by Kobayashi et al. Acetate, which may help mitigate some of the behavioral problems seen in AD model mice, was also shown to be more prevalent in the plasma [68]. In the brains of 5xFAD transgenic mice, *Lactobacillus plantarum* C29 was found to control microglia activation, inhibit NF- κ B activation, and decrease A β deposition [70].

Additional research is necessary to establish a safe and effective probiotic formulation for the prevention or treatment of AD, even if there is existing evidence that supports the therapeutic potential of probiotics. Due to a lack of stronger evidence-based verification of their health-promoting abilities and detrimental effects, major medical regulatory bodies have not approved any probiotic composition as a treatment method [73]. Warning: probiotics can cause sepsis and other dangerous side effects,

especially in susceptible populations like the elderly, the very sick, and those with impaired immune systems [61,73]. Several studies have shown that using probiotics following antibiotic therapy might cause a long-term dysbiosis, which can raise the risk of communicable infections [73-77]. Serotonergic syndrome, another notable side effect of probiotics, is commonly associated with the use of selective serotonin reuptake inhibitors (SSRIs) for the treatment of depression. In most cases, tryptophan-metabolizing probiotics on their own will not cause the syndrome, but when taken with powerful SSRIs, the risk increases dramatically [61,78]. People who have AD or are at risk for it are often elderly and may also be depressed, so it's important to be extra cautious while giving them probiotics.

Conclusion

Research on the link between GM and AD may provide fresh insights into the disease's pathophysiology, which is currently a barrier to effective AD treatment. Since GM dysbiosis has been linked to multiple AD indicators, addressing it by taking probiotics could be a way to treat AD. Further elucidation of the underlying mechanisms and development of a safe and effective probiotic formulation for AD prevention and therapy necessitates multiple well-designed mechanistic and clinical trials. To lessen associated hazards and improve their therapeutic efficacy, researchers are studying and developing new probiotic medications. Even if there are still a lot of obstacles, scientists all over the globe should be hopeful about the growing field that connects gut microbiota to AD.

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