

## Review article

**Role of advanced glycation end products (AGEs) on the reactive oxygen species (ROS) generation in Alzheimer's disease amyloid plaque**

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**Abstract**

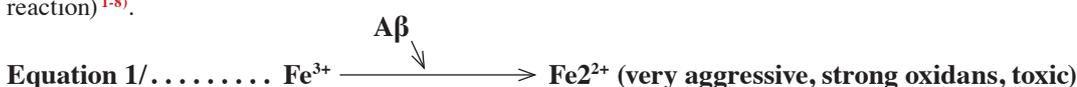
In conditions of intensified generation or decreased breakdown, amyloid beta (A $\beta$ ) accumulates in the intersticium in the vicinity of synapses and originates cascades of biochemical events which make the Alzheimer's disease (AD) fundament. This A $\beta$  accumulation connected with the expression of its precursor APP (amyloid precursor protein) on neuronal membranes in the synaptic region, and proteolysis of APP, induces the mentioned cascades which are intensively investigated. Marked APP proteolysis, connected with AD, induces A $\beta$  generation, its agglomeration and aggregation, with the occurrence of amyloid plaques. Analyses of the plaque's structure indicate the presence of A $\beta$ , metal ions and advanced glycation end products (AGEs). Near the plaques there are more cells, astrocytes and microglia. Passing through the monomer, dimer and trimer phase, A $\beta$  aggregates in fibrils, which by glycation and connection with the supervene, or *in situ* formed AGEs, generate cross- $\beta$  structures. During these events frequent contacts appear between Fe $^{3+}$  on one monomer and MetS35 on the other, increasing Fe $^{3+}$  reduction. According to recent investigations, this is the crucial component in the fundament of AD. MetS35 is a strong reducer. By the generation of redox-active Fe $^{2+}$  which *in situ*, by Fenton reaction, generates non-toxic Fe $^{3+}$ , hydroxyl radical and hydroxyl ion, the situation occurs in which hydroxyl radical attacks adjacent structures, especially lipid membranes. Lipid peroxidation occurs with consequent irreparable lesions. Fe $^{3+}$  enters the redox cycle, and after that by the effect of A $\beta$  again reduces into Fe $^{2+}$ . The question is if AGEs, generated in the plaque, or arrived in it from the cytosol, have a direct impact on Fe $^{3+}$  reduction, or if the effect is indirect through A $\beta$  aggregation. In this respect the presented review attempts to give some actual knowledge about this problem.

**KEY WORDS:** Alzheimer's disease, amyloid beta plaque, advanced glycation end products, ferric iron reduction

**Introduction**

A number of complex recent investigations about biochemical events during the evolution of amyloid plaque (SP, senile plaque) indicate a strong reductive amyloid beta (A $\beta$ ) capacity and its crucial role in the transformation (reduction) of non toxic redox-inactive Fe $^{3+}$  (ferric iron) into toxic redox-active (ferrous iron, Fe $^{2+}$ ) (equation 1/Fe $^{3+}$  reduction). The latter form (Fe $^{2+}$ ) loses its surplus of electrons (e $^{-}$ ), by oxidation (loss of electrons) through hydrogenii peroxydi in Fenton reaction, and transforms into redox-inactive Fe $^{3+}$ , accompanied with the appearance of \*OH (hydroxyl radical) and  $^{-}$ OH (hydroxyl ion). In its essence, this reaction is spontaneous, independent of catalysts, and depends exclusively on the quantity of indispensable substratum (equation 2/Fenton reaction) <sup>1-8</sup>.

Senile plaques (SP), *i.e.* amyloid plaques, are typical characteristics of Alzheimer's disease (AD). Their occurrence in this disease in relation to the healthy population (persons without signs of AD), develops in certain regions of the brain, primarily in the hippocampus, amygdala, and cortical sulci. They are located dominantly in the vicinity of the synapses and are surrounded by astrocytes and microglia. If the form of the disease is more serious, their prevalence and size are also greater. The molecular structure of these pathologies is actually under intensive investigations. By the help of the latest techniques of investigation, these structures, as well as the physical and biochemical nature of their generation, which are fundamental for AD, become more and more transparent.



The dominant material which builds the plaque is in fact the conglomerate of amyloid molecules in form of monomers, dimers, trimers, and fibrils. Among these units there are many advanced glycation end products (AGEs), metal ions (*i.e.*  $\text{Fe}^{2+}$ ,  $\text{Fe}^{3+}$ ,  $\text{Cu}^{2+}$ , Cu, Zn) and nanoparticles of iron oxides (ferrihydrite, magnetite, wüstite). The plaque is primarily a conglomerate of amyloid fibrils. Additionally arrived or *in situ* generated, AGEs make strong intertwined intermolecular cross-linking structures, which induce the amyloid beta molecular condensation by bringing them closer one to another, or by folding them with diminution of the spacing between N and C molecular end <sup>4,6,9</sup>.

AD is a polygenetic disease. The whole complex of genes induce its early (EOAD: early onset AD), or late more frequent form (LOAD: late onset AD). EOAD or autosomal dominant familial form of AD appears as a rule before the age of 65. The prevalence of this form is under 5% among all cases of AD. Primarily, this form is based on the mutations of these genes: *APP* chr.21q21, *PSENI* (presenilin 1) and *PSEN2* (presenilin 2). Presenilin is a component of gamma secretase, and mutations in this gene are a strong risk factor for AD. *BACE1*, chr.11 (beta secretase) cleaves  $\text{A}\beta$  segment in the APP (amyloid precursor protein). Gamma and beta secretases separate from APP the complete  $\text{A}\beta$  fragment and induce its significant growth in the local extracellular space. This growth is the crucial factor in the AD pathophysiology. The sporadic form of AD (late onset AD-LOAD) has a prevalence of about 95%. Here, the dominance of *APOEε4* allele is important, which leads to decreased binding of  $\text{A}\beta$ , to the decrease of its transport to astrocytes and its insufficient degradation <sup>9</sup>.

*ADAM 10* gene is responsible for the  $\alpha$ -secretase activity. Two mutations in this gene weaken the cleaving function of this enzyme, thus, the complete  $\text{A}\beta$  after this has its full effect. Also, there is no generation of the important protective fragment which protects and regenerates brain cells. The gene is located in the position 15q21.3. It is evident that the  $\text{A}\beta$  increased concentration in the brain tissues is dependent on its ( $\text{A}\beta$ ) elevated production or on its decreased desintegration and elimination <sup>9-13</sup>.

The importance of the elevated iron concentration in the amyloid plaque has been foreseen for decades. However, only the newest highly sophisticated methods, which enable the exact definition of iron forms and their concentrations, give answers to a series of questions, until now unanswerable. Recent investigations by these methods and techniques indicate that  $\text{A}\beta$  has a strong redox potential, and in the plaque range aggregates and binds iron ions, at the same time reducing non-toxic  $\text{Fe}^{3+}$  (mostly in the form of ferrihydrite) into toxic  $\text{Fe}^{2+}$  in the form of magnetite and wüstite. The aim of the presented review is to give the most recent knowledge about this problem area, especially about the possible role of AGEs compounds in the  $\text{Fe}^{3+}$  reduction <sup>1,6-8</sup>.

## AGEs compounds and amyloid plaque formation

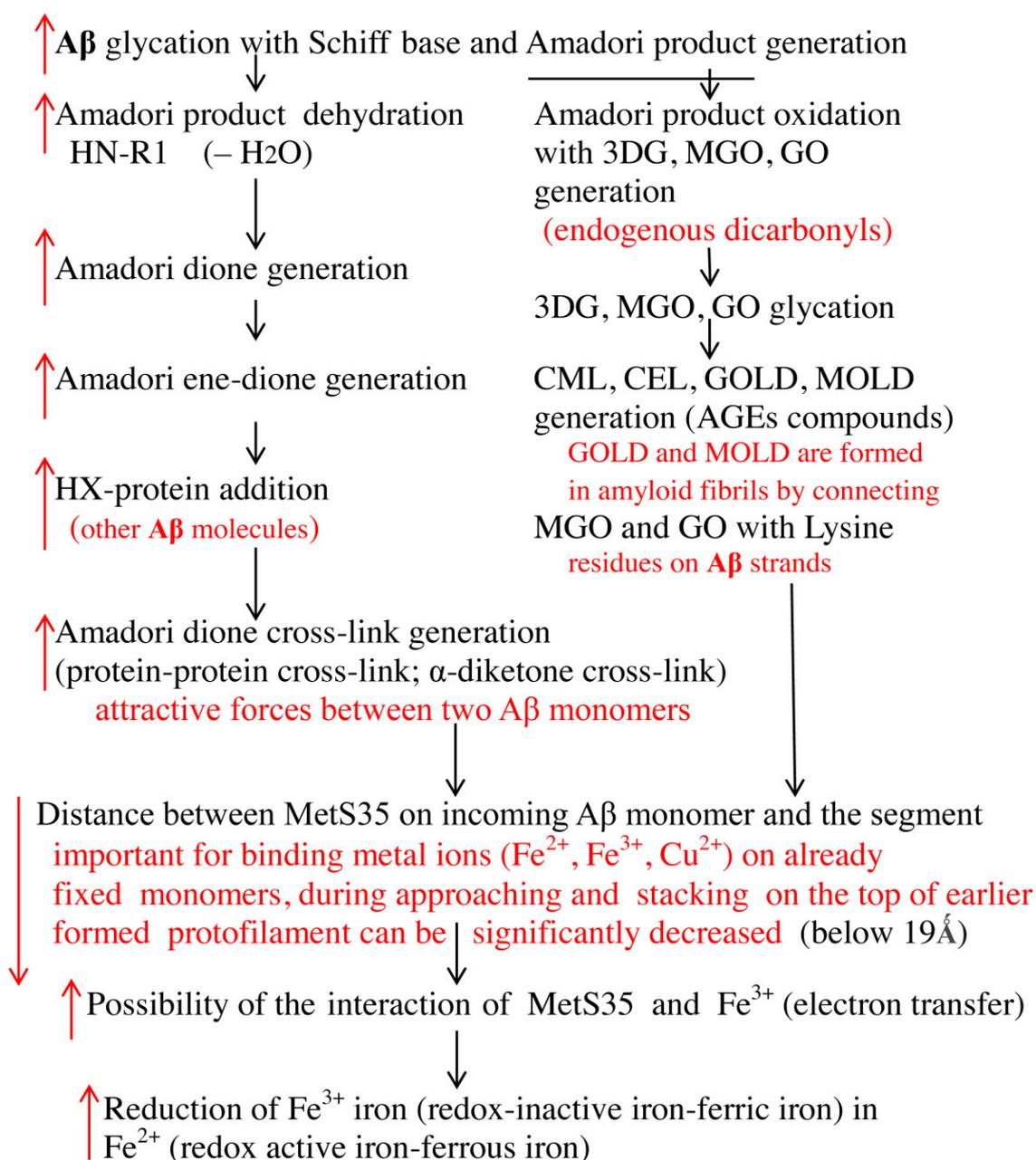
AGEs are a large heterogenous group of chemical compounds of endogenous and exogenous origin, fundamentally

generated by the nonenzymatic binding between the carbonyl groups (C=O) of the reducing sugar (*i.e.* glucose, fructose, ribose) and amino groups ( $\text{NH}_2$ ) of the protein residues side chains. This process is called glycation or nonenzymatic glycosylation, or browning reaction. It is ever more evident how important these compounds are in neurodegenerative diseases, especially in AD. These compounds are believed to lie in the fundamentals of aging. In fact they manifest their harmful effects in two ways. One way consists of their binding to the so called RAGE receptors (RAGE: receptor for AGEs) with the induction of events which lead to harmful damages of many vital structures. The other way is based on their ability to generate cross-links between protein molecules, inducing alterations in their function and irreparable, as a rule, fatal damages. The plaque is primarily composed of proteins. AGEs, with the presented possibility to bind to these molecules, induce characteristic structural changes in the complexity of these connections, and can in all cases influence their function with the appearance of pathological reactions. The question is whether these structural changes have an impact on the ability of  $\text{A}\beta$  to increase the intensity of  $\text{Fe}^{3+}$  reduction, or whether AGEs by themselves accelerate the reduction through direct influence. This question requires the answer (*Fig. 1,2*) <sup>14-18</sup>.

## Iron metabolism and $\text{Fe}^{3+}$ accumulation in the neuropil

Ingested by foods,  $\text{Fe}^{3+}$  passing through the stomach and duodenum, is absorbed on the intestine wall (intestine absorptive cells) where through the action of ferric reductase (duodenal cytochrome b) it is reduced into  $\text{Fe}^{2+}$ . After the absorption by enterocytes, the reduced form is transported by DMT1 (divalent metal transporter 1), and after binding to FPN1 (ferroportin 1), and through the action of hephaestin (membrane-bound ferroxidase), becomes oxidized in  $\text{Fe}^{3+}$ . FPN1 induces the exit of  $\text{Fe}^{3+}$  into the blood (duodenum and upper jejunum) where it promptly binds to the transport protein transferrin. One transferrin molecule binds and transports two  $\text{Fe}^{3+}$  ions. In the blood brain barrier (BBB) region, the loaded transferrin binds to the TfR receptor on the luminal side of the endothelial cells. Through the endocytotic mechanism, the complete TfR-Tf- $\text{Fe}^{3+}$  complex enters the cytosol of the endothelial cell. The ferric reductase enzyme, located on the endosome wall, reduces  $\text{Fe}^{3+}$  into  $\text{Fe}^{2+}$ . Liberated Tf returns to the blood, and  $\text{Fe}^{2+}$  bound to DVT1 receptor (divalent metal transporter1), exits from the endosome into the cytosol and after that through ferroportin (FPN1) exits into the neuropil (interstitium). Now, there are two possibilities:  $\text{Fe}^{2+}$  can directly enter the Fenton reaction generating  $\text{Fe}^{3+}$ ,  $\cdot\text{OH}$ , and  $\text{}^-\text{OH}$ ; or, after the contact with APP and CP (ceruloplasmin) on the adjacent astrocyte membrane,  $\text{Fe}^{2+}$  becomes oxidised in  $\text{Fe}^{3+}$  and enters the amyloid plaque complex. On the other hand, by binding with Tf,  $\text{Fe}^{3+}$  enters through TfR into the neuron. Not analysing all aspects of these events, the  $\text{Fe}^{3+}$  route to the plaque is presented, where attracted and subsequently bound to  $\text{A}\beta$  (metal binding domain) it is reduced into the toxic redox-active  $\text{Fe}^{2+}$ . As previously stressed,  $\text{Fe}^{2+}$  promptly enters the Fenton reaction. The iron redox cycle continues, and the accumulation of reactive oxygen species (ROS), especially  $\cdot\text{OH}$ , becomes a continuing cause of the tissue damage which is the substrate for AD <sup>1,2,4-6</sup>.





**Fig 2.** Schematic presentation of the possible interaction between MetS35 on the  $\beta$ 2-strand of the incoming monomer and  $\text{Fe}^{3+}$ ,  $\text{Cu}^{2+}$  on the  $\beta$ 1-strand of the tip monomer of already formed part of included protofilament

Glycation, non-enzymatic glycosylation, covalent bonding between protein or lipid molecule with sugar molecule without assistance of an enzyme; Schiff base, chemical compound that contains a functional group composed of C=N, where N is attached to an aryl or alkyl group, imine; Amadori product, intermediate in glycation and AGEs generation, relatively stable; 3DG, MGO, GO, endogenous dicarbonyls; CML, *N*<sup>ε</sup>-(carboxymethyl)lysine; CEL, *N*<sup>ε</sup>-(carboxyethyl)lysine; GOLD, glyoxal-lysine dimer; MOLD, methylglyoxal-lysine dimer; MetS35, methionine35;  $\text{Fe}^{3+}$ , ferric iron;  $\text{Fe}^{2+}$ , ferrous iron;  $\text{Cu}^{2+}$ , copper kation; The red arrow indicates the increase ( $\uparrow$ ) or decrease ( $\downarrow$ ) of the quantity or activity of the appropriate symbol next to the arrow.

## Fenton reaction chemical background

In the course of this reaction, the toxic redox-active ion  $\text{Fe}^{2+}$  (ferrous iron) by hydrogen peroxide ( $\text{H}_2\text{O}_2$ ) oxidises (loss of an electron) into the non-toxic redox-inactive  $\text{Fe}^{3+}$  ion (ferric iron), with the parallel formation of the very aggressive hydroxyl radical ( $\cdot\text{OH}$ ) and hydroxyl ion ( $^-\text{OH}$ ). This reaction was described for the first time more than 115 years ago by Dr. HJH Fenton, and although at first glance very simple, it is even today the object of discussions and analyses. As to its impact within the AD pathophysiology, it is increasingly becoming a generally recognised component of these compound events, thus the object of intensive investigations. The entrance of  $\text{Fe}^{2+}$  into the reaction is described in the previous chapter. The problem of the other reaction component,  $\text{H}_2\text{O}_2$ , has also been mostly solved. NADPH oxidase and mitochondrial electron transport chain (ETC) are the source of free electrons, which, reacting with oxygen molecule ( $\text{O}_2$ ), generate aggressive superoxide radical ( $\text{O}_2^{\cdot-}$ ). Binding with hydrogen ( $2\text{H}$ ), this radical generates  $\text{H}_2\text{O}_2$  and  $\text{O}_2$ . The reaction is catalysed by superoxide dismutase (SOD). Through the influence of catalase and glutathione peroxidase,  $\text{H}_2\text{O}_2$  is neutralised. If the  $\text{H}_2\text{O}_2$  production is increased, or its decomposition decreased, the result is an intensified influx of  $\text{H}_2\text{O}_2$  into Fenton reaction. This is followed by intensified  $\text{Fe}^{2+}$  oxidation with possible oxidative stress. The generated  $\text{Fe}^{3+}$ , attracted by  $\text{A}\beta$ , enters the close amyloid plaque, where it is subjected to the reduction process. The actual question is about the origin of the increased NADPH oxidase activity. Experiments show that the activation of RAGE receptors, either by free  $\text{A}\beta$  or  $\text{A}\beta$ -AGE, has a crucial role in this activity. The generated  $\cdot\text{OH}$  as a powerful oxidant attacks the neighbouring molecules, especially the lipid membrane components. This is followed by lipid peroxidation with all destructive consequences (Fig. 3)<sup>7,8</sup>.

The aim of this study is to present a review survey of the most recent knowledge about the role of amyloid beta peptides and AGEs compounds in the reductive transformation of non toxic redox-inactive  $\text{Fe}^{3+}$  into toxic redox-active  $\text{Fe}^{2+}$ . Following the above presented initial information, the author's attempt is to show some views and responses to this issue in the next chapter.

## Recent studies for MetS35

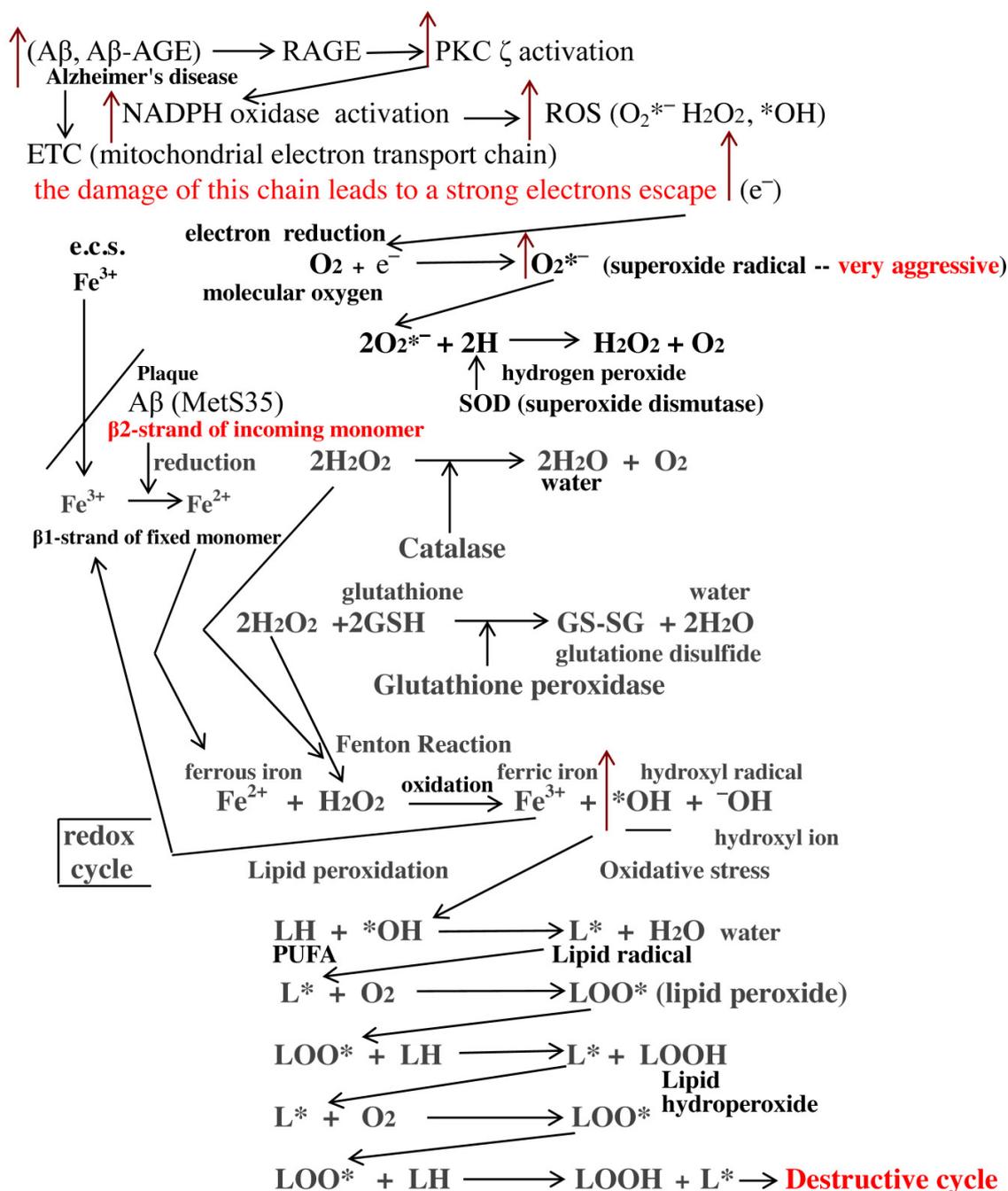
Smith *et al.*<sup>3</sup> in their excellent review emphasise the structure of  $\text{A}\beta$  molecule with the analysis of two crucial positions responsible for the the binding of metal ions and their reduction.  $\text{A}\beta$  is a peptide mainly composed of 42 amino acids. The part closer to the terminal molecular N end is the place where metal ions bind (metal binding domain). MetS35 (methionine 35) side chain residue on the C-terminal peptide end has a powerful reductive capacity. However, reduction (transfer of electrons onto acceptors) happens only in the case when the distance between MetS35 and metal atoms drops below 19 Å ( $10^{-10}\text{m}$ ). According to the authors, this happens either by  $\text{A}\beta$  folding in the form of capital U, or by agglomeration of two or more units in the fibrile. In the latter case, MetS35 of one monomer comes into a close contact with the region responsible for metal binding of the other monomer.  $\text{Fe}^{3+}$  previously bound on  $\text{A}\beta$ , in this way is reduced into redox-active neurotoxic  $\text{Fe}^{2+}$ . Accordingly, mechanical agglomeration, *i.e.*  $\text{A}\beta$  fibrils aggregation, induced by the increasing inflow of new  $\text{A}\beta$  molecules into the plaque, as well as by arrived or *in situ* generated AGEs by glycation, also induces, most likely

in an indirect way, an increased  $\text{A}\beta$  reductive capacity. The importance of MetS35 in AD pathogenesis is also emphasised by a number of other investigators (Fig. 4, 5, 6)<sup>4,19-27</sup>.

Vitek *et al.*<sup>28</sup> investigate in their analyses the influence of amyloid glycation on the generation of AGEs and so called  $\beta$ -cross structures. They both lead to increased  $\text{A}\beta$  fibril aggregation, to structural aggregate changes, and to possibly more expressed interreactions with  $\text{A}\beta$  bound metal ions and MetS35. The appearance of cross- $\beta$ -structure obviously increases the  $\text{A}\beta$  reductive capacity. AGEs are a heterogeneous group of covalently bound compounds, generated by additional restructuring, dehydration, oxidation, or by cleaving of early glycation products (Schiff base and Amadori product). Cross- $\beta$ -structures are present in a great number on long living aggregated proteins, which also include  $\text{A}\beta$ . The plaques in AD persons contain three-fold more AGEs than the tissue sample of the healthy investigated control subjects. AGEs are actually protein-protein crosslinked compounds. Their presence in the plaque elevates the resistance of proteins to proteolysis and accelerates aggregation<sup>16,17,29</sup>.

Bouma *et al.*<sup>30</sup>, using electronic transmission microscopy, prove that albumin glycation leads to its transformation into amyloid fibrils which contain cross- $\beta$ -structures. The forming of AGEs by itself causes protein aggregation. The authors of the presented study especially emphasise the dehydration process of the intermediar glycation components important for the forming of AGEs, in essence, the cross linking structures, *i.e.* accelerators of the aggregation process in the plaque. The aggregation of amyloid fibrils is essentially accompanied by their condensation. During this process, in the plaque occurs an increase of concentration of two essential reactants, *i.e.* amyloid bound metal ions and MetS35. The rise of reactant concentration elevates the rate of their chemical interreactions, *i.e.* the mentioned reduction. This is confirmed by the 19 Å spacing (mentioned in the study by Smith *et al.*<sup>3</sup>) which evidently decreases with the concentration rise.

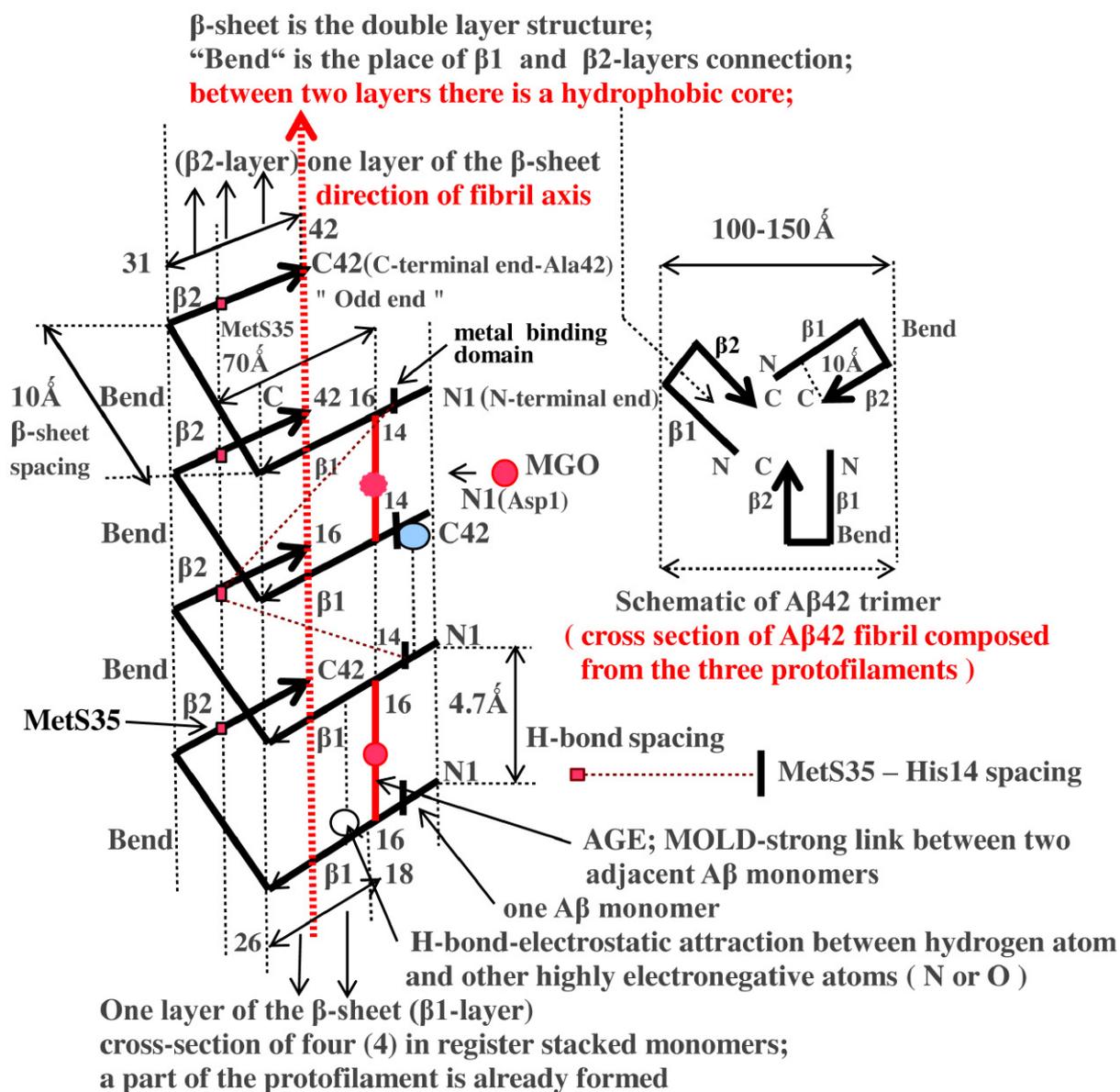
In its early phase, the  $\text{A}\beta$  protein glycation process leads through Schiff base oxidation, as well as Amadori product disintegration through its enol form, to the generation of reactive free  $\alpha$ -dicarbonyl compounds, *i.e.* glyoxal (GO) and methylglyoxal (MGO). The linking of these two compounds with protein ( $\text{A}\beta$ ) lysine generates AGEs compounds, *i.e.* glyoxal-lysine dimer (GOLD) and methylglyoxal-lysine dimer (MOLD). These compounds both belong to the imidazolysine group. Essentially, they evolve by the preliminary reaction of two lysine residues (on two  $\text{A}\beta$  monomers) and one dicarbonyl molecule (especially MGO). After the formation of the labile Schiff base (labile diimine cross-link), the second dicarbonyl molecule (especially MGO) becomes chemically linked to this complex. Subsequently, through the cyclization reaction, the cross-linking compounds (GOLD and MOLD) are generated. They are both strong cross-linking factors of amyloid protein molecules in the plaque. The final result of this process is a certain alteration of connected structures. These compact compounds undoubtedly elevate the plaque stiffness, and according to investigations, also increase the amyloid reductive capacity (the mutual approaching of MetS35 and metal binding domain). Amadori product dehydration through amadori dione and amadori ene-dione, and by binding with the adjacent protein ( $\text{A}\beta$ ) side chain (lysine), form the amadori dione cross-link, which strongly links two adjacent protein molecules. The aggregation process is also increased by the  $\text{A}\beta$  monomer intrinsic tendency to form dimers, trimers and fibrils, which is all additionally supported by ApoE $\epsilon$ 4 (LOAD) effects (Fig. 7)<sup>16,17,27-32</sup>.



**Fig 3. Schematic presentation of important biochemical processes related to destructive free radical effects on essential molecular structures**

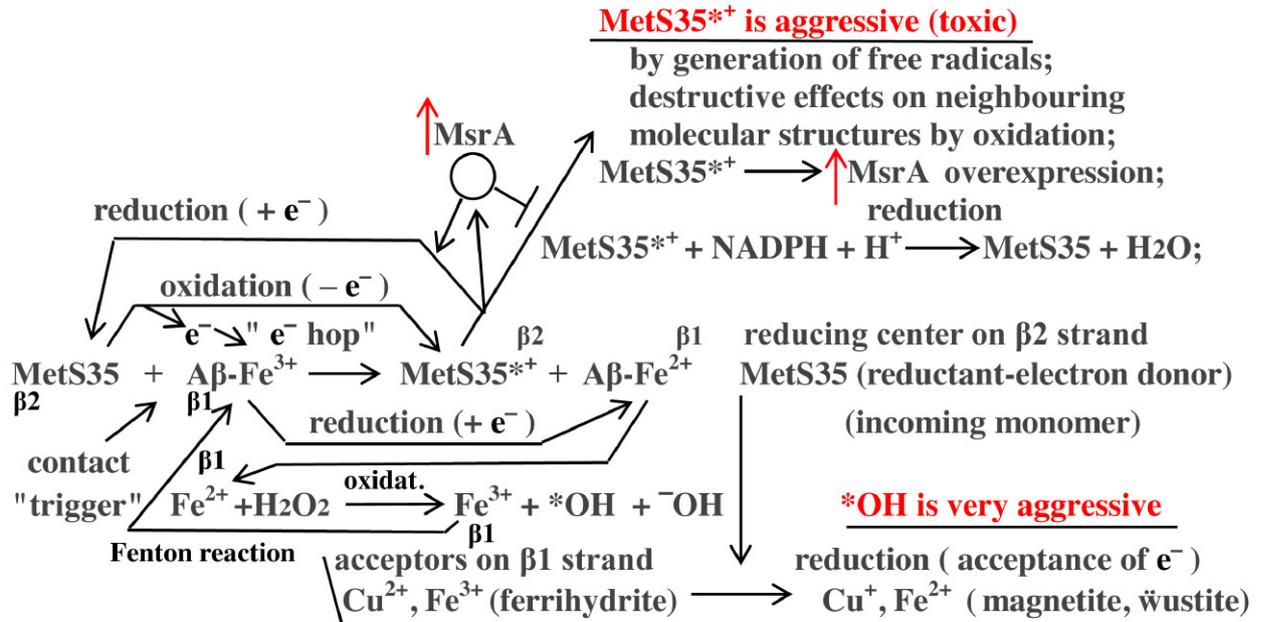
RAGE, receptor for advanced glycation end products; PKC, protein kinase C; NADPH oxidase, nicotinamide adenine dinucleotide phosphate-oxidase; ROS, reactive oxygen species; O<sub>2</sub>\*<sup>-</sup>, superoxide radical; H<sub>2</sub>O<sub>2</sub>, hydrogen peroxide; SOD, superoxide dismutase, strong antioxidant enzyme; catalase, enzyme, protects the cell from oxidative damage; GSH, glutathione peroxidase, enzyme, protection from oxidative damage; PUFA, polyunsaturated fatty acid; lipid peroxidation, oxidative degradation of lipids; Fe<sup>2+</sup>, Fe<sup>3+</sup>, iron ions; e.c.s., extracellular space.





**Fig 5. Schematic presentation of the 3D  $A\beta(1-42)$  protofilament essential structure**

$\beta 1, \beta 2$ , monomer's strands; the direction of the fibril axis is indicated by a red arrow; N1, N-terminal end, Asp1; C42, C-terminal end, Ala42; small red square on  $\beta 2$  strand, MetS35; short black line on  $\beta 1$  strand, metal binding domain; MOLD, methylglyoxal lysine dimer; AGE, advanced glycation end product; MGO, methylglyoxal;  $\beta$ -sheet, a flat molecular formation composed of parallel  $\beta$ -strands connected laterally by H-bonds;  $\beta 1$ -sheet is composed from residues 18-26 and  $\beta 2$ -sheet from residues 31-42.



**Fig 6. Two ways of Aβ-mediated generation of destructive compounds**

Metal ions reduction is possible, not before the distance between MetS35 and their location drops below 19 Å. Outer-sphere electron transfer; “electron hop”. β1, Aβ-Fe<sup>3+</sup> and β1, Aβ-Fe<sup>2+</sup> represent the metal binding domain on β1-strand. AβMetS35\*<sup>+</sup> in treated experimental cells induces increase in MsrA mRNA levels and MsrA activity.

MsrA, Methionine sulfoxide reductase type A, enzyme, physiological antioxidant-very useful function; MetS35, methionine 35, reduced form; MetSOx (MetS\*<sup>+</sup>), oxidized form, sulfide radical; MetS35 oxidation plays a very important role in AD; \*OH, hydroxyl radical; Fe<sup>2+</sup>, ferrous iron, redox-active iron; ferric iron-redox inactive iron; -OH, hydroxyl ion; H<sub>2</sub>O<sub>2</sub>, hydrogenii peroxydi; Cu, cuprum, copper; β1 strand, one part of amino beta monomer where metal binding domain is located; “e<sup>-</sup> hop”, electron crossing (without any mediator) through space from the reducing center to the acceptor; Aβ, amyloid beta peptide; oxidation, electron loss; reduction, electron gain; H<sup>+</sup>, hydrogen, proton; NADPH, nicotinamide adenine dinucleotide phosphate, reduced form of NADP<sup>+</sup>; MetS35 sulfur atom has a high tendency towards oxidation. Established interaction between MetS35 (β2-strand of the incoming monomer) and metal binding domain (β1-strand of already fixed monomer) is a trigger for Fe<sup>3+</sup> reduction. At the same time generated sulfide radical affects, by free radical formation, the neighbouring molecular structures. MsrA (strong reducer) blocks sulfide radical and reduces it in the MetS35. So, one cause of dangerous effects of Aβ is reduced. Ferrihydrite, oxidised form of ferum; magnetite and wüstite, reduced forms of ferum; Cu<sup>+</sup>, monovalent cooper; \*OH, hydroxyl radical.



## Recent studies for Fenton reaction

Collingwood *et al.*<sup>6)</sup>, analysing the material obtained from the plaque core rich in iron, indicate significant values of magnetite biomineral which contains  $\text{Fe}^{2+}$ . Chemical formula of magnetite is  $\text{Fe}_3\text{O}_4$ , and it is one of the three most frequent iron oxides. It has a strong reductive capacity. By use of high resolution transmission electronic microscopy (HR-TEM), redox-energetic-spectroscopy (EDX), and some other sophisticated methods, with the proved, already mentioned high values in the plaque, these authors also indicate the strong neurotoxic effects of magnetite through the participation in Fenton chemistry and through oxidative stress generation. The analysis of obtained results point to the mechanism by which the interaction of A $\beta$ 42 and iron can produce elevated concentrations of toxic  $\text{Fe}^{2+}$  in the plaque. This mechanism also explains the formation of magnetite *in vivo*<sup>5)</sup>.

Everett *et al.*<sup>7,8)</sup> in their recent investigations concerning the cause and consequences of the trivalent iron (ferric iron,  $\text{Fe}^{3+}$ ) accumulation in amyloid aggregates have found very interesting facts, important for understanding the AD background. Using highly sophisticated investigation methods, among them X-ray microspectroscopy, X-ray absorption spectroscopy, electron microscopy, and spectrophotometric iron (II) quantification technology, they have explored the interaction between A $\beta$  and synthetic  $\text{Fe}^{3+}$  identical to the one stocked in the brain. Experiments indicate the strong capability of A $\beta$  to attract, bind, and accumulate  $\text{Fe}^{3+}$  in amyloid aggregates, with subsequent reduction in  $\text{Fe}^{2+}$  redox-active phase. The presence of aluminium (Al) ions (III) elevates the A $\beta$  reductive capacity. Furthermore, experiments have given the explanation of earlier observed high iron values in amyloid plaques, especially of high values of redox-active iron and oxidative stress. Everett *et al.* prove the presence of ferrihydrite (a form of iron oxide) not only in ferritin intracellular stores, but also in amyloid plaques. Ferrihydrite is a form of redox-inactive  $\text{Fe}^{3+}$ . In the case of damaged ferritin oxidative function, especially in astrocyte degeneration, A $\beta$  attacks the unprotected ferrihydrite and reduces  $\text{Fe}^{3+}$  into redox-active aggressive  $\text{Fe}^{2+}$ . On the other hand, when  $\text{Fe}^{3+}$  enters the plaque in a nonbound form, it partially also transforms into ferrihydrite, but by A $\beta$  it is promptly reduced into  $\text{Fe}^{2+}$ . This indicates that in cases of damaged astrocyte function and high A $\beta$  levels, there is a generation of high  $\text{Fe}^{2+}$  values with all the earlier mentioned consequences (Fenton reaction ROS, oxidative stress). In the plaque structure, Everett<sup>7,8)</sup> detects high values of two valent iron minerals, magnetite and wüstite, but significantly low values of ferrihydrite, as ferrihydrite has earlier been also transformed into the previous two. The same also applies to damaged astrocytes and altered ferritin function. Everett believes that AGEs do not have a direct influence on the of  $\text{Fe}^{3+}$  and  $\text{Cu}^{2+}$  reduction, but AGEs indirectly influence the reduction by elevated aggregation of A $\beta$  and cross- $\beta$ -structures.

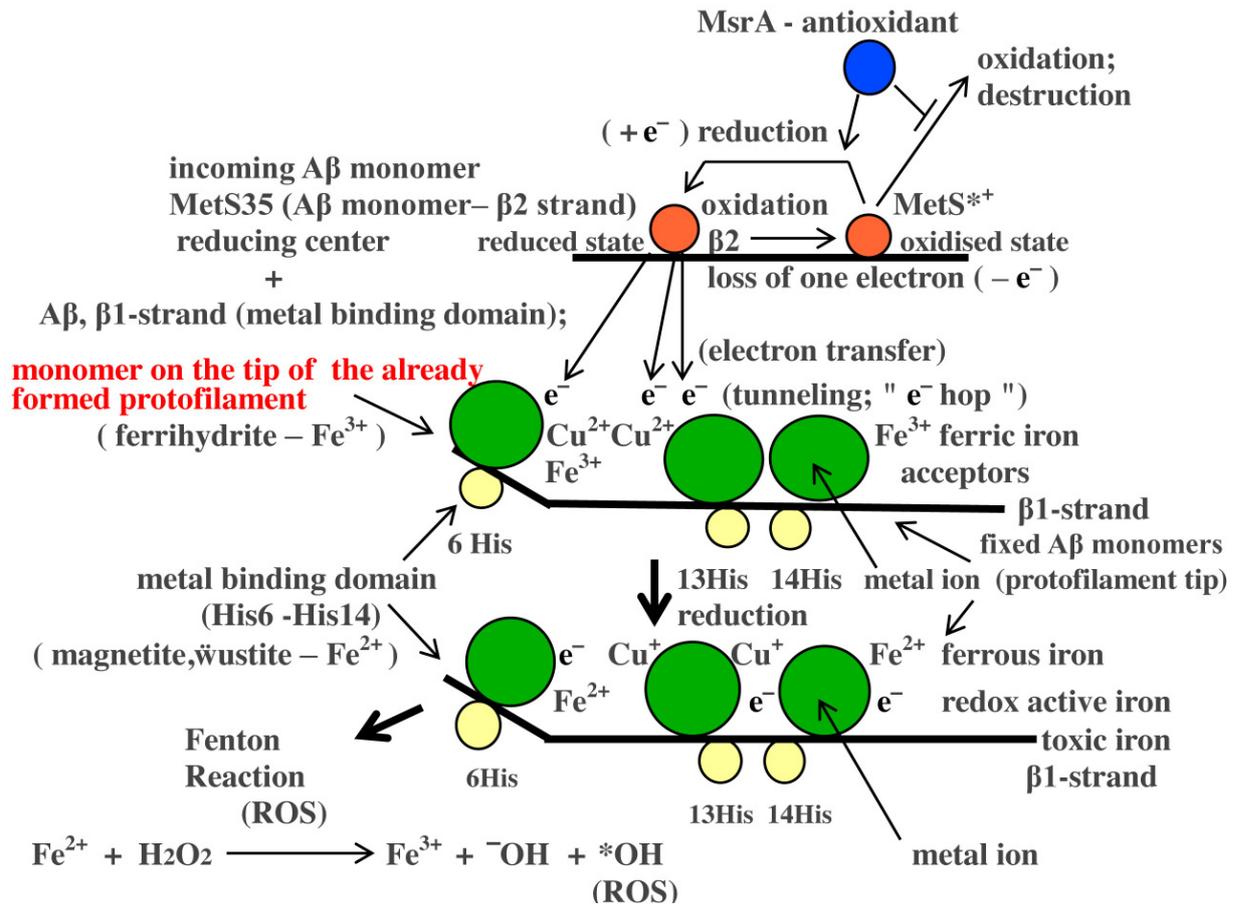
The linking of new A $\beta$  molecules to the existing, already formed cross- $\beta$ -structures, imperatively depends on the development of intermolecular hydrophobic interreactions, electrostatic interreactions (salt bridges), H-bonding, and concurrent cross-linking through AGEs compounds from the environment or formed from precursors *in situ* (primarily GOLD and MOLD). Through the mutual binding of A $\beta$ -molecular chains which form  $\beta$ -sheet (cross- $\beta$ -structure), the aggregation process develops, intermolecular spaces decrease, and the possibility rises of the interaction of MetS35 and iron ions fixed on the A $\beta$  chain section, responsible for

metal binding ( $\beta$ 1-chain). This interaction strongly depends on the interspace of reactants (the critical space is 19 Å). The analysis of the new A $\beta$ -monomer approach indicates that this monomer mainly does not approach perpendicularly to the existing sequence of the forming protofilament (perpendicular approach). In the perpendicular approach, it can be supposed that the reduction rate of  $\text{Fe}^{3+}$  is minimal. However, in reality this is not the case: actually, because of the dominant oblique approach, the rate is high. The new A $\beta$ -monomer can approach the tip at different angles and with the evident deviation from absolute symmetry (oblique approach). Attractive inter and intra molecular forces attempt to establish a balanced approach. During this adaptation of directions and angles, in the beginning there are often small distances between MetS35 ( $\beta$ 2-incoming monomer) and  $\text{Fe}^{3+}$  ( $\beta$ 1-tip monomer of already formed protofilament segment) of two approaching monomers. It has to be emphasised that the regular, perpendicular approach of the incoming monomer to the tip protofilament monomer does not ensure MetS35 and  $\text{Fe}^{3+}$  interaction. In the oblique approach the possible interaction leads to MetS35 oxidation and "electron hop" on  $\text{Fe}^{3+}$  (reduction). The situation is best explained by reactions in the outer-sphere electron transfer. MetS35 oxidation induced by contact with A $\beta$ 1,  $\beta$ 1- $\text{Fe}^{3+}$  induces MetS35<sup>\*+</sup> (sulphide radical) generation and reduced compound A $\beta$ ,  $\beta$ 1- $\text{Fe}^{2+}$ . The generated  $\text{Fe}^{2+}$  enters the Fenton reaction with already mentioned consequences.  $\text{Fe}^{3+}$  generated in the Fenton reaction is again reduced to  $\text{Fe}^{2+}$  (redox cycle). MetS35<sup>\*+</sup> reduced by methionine sulfoxide reductase type A (MsrA) transforms into the initial reduced form MetS35 (redox cycle). The arrival of the new monomer induces a better interaction of attractive forces between terminal monomers, so the outer sphere electron transfer ("electron hop") is discontinued. The reduction phenomenon can accompany the further protofilament increase (**Fig. 4-10**)<sup>1,3,4,16-19,33-40</sup>.

The amyloid fibril is composed on the cross- $\beta$ -sheet principle, built from  $\beta$ -chains (folded A $\beta$  molecules), positioned perpendicularly against the fibrillar axis. The edges of neighbouring strands are crosslinked by H-bonds. Residues 25-29 form the chain knee, *i.e.* the connection of two molecular parallel layers of one  $\beta$ -sheet (a single cross  $\beta$ -unit). Residues 1-24 belong to one layer and 30-40 to the other. In the hydrophilic space between the two mentioned molecular layers there is an electrostatic link of the residue Asp23 on one side and Lys28 on the other. Hydrophilic interactions through the mentioned space are also present between Phe19 with Val36, and Leu34 with Ile 32. The stated hydrophilic links, as well Asp23-Lys28 bridge, strengthen the existing structure (**Fig. 4,5**)<sup>38,45</sup>.

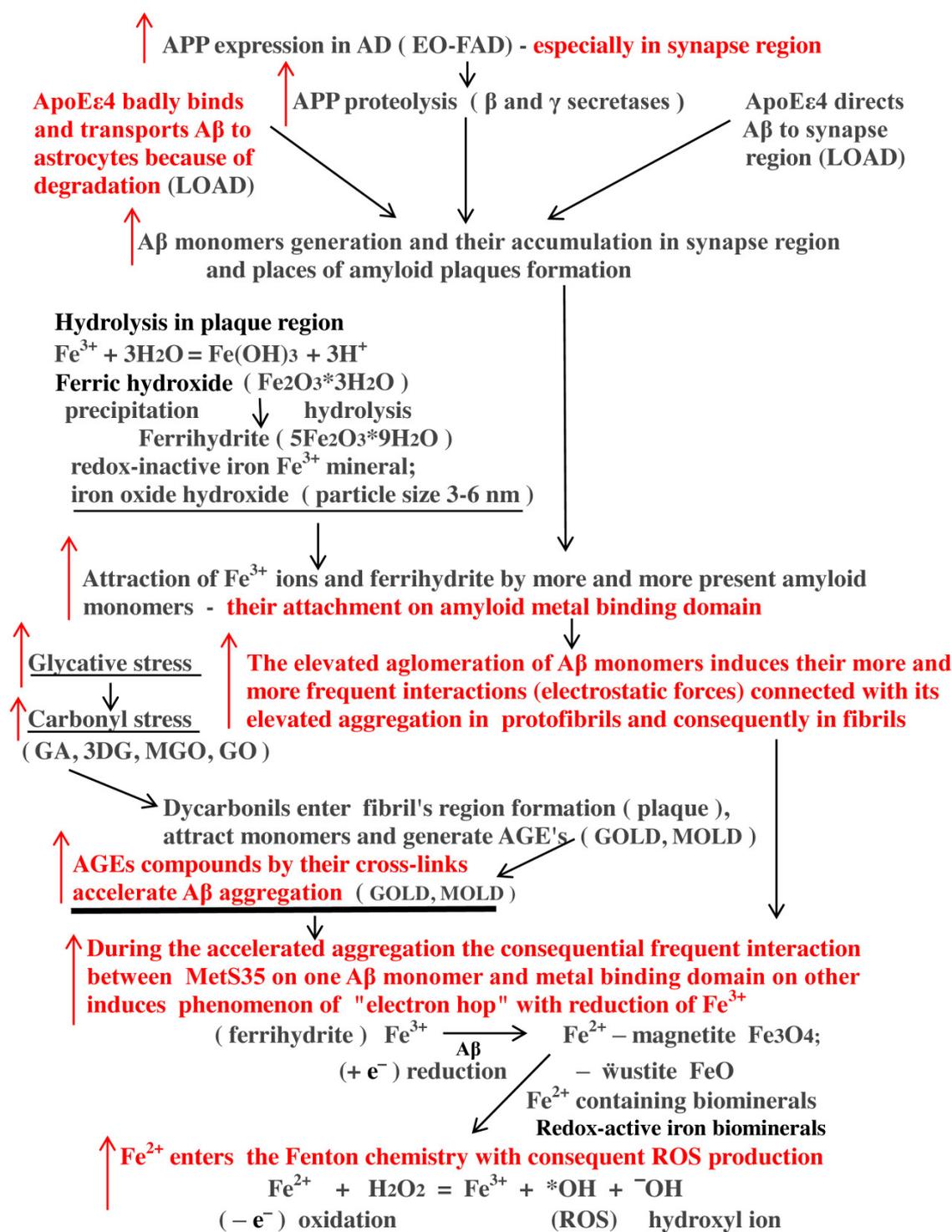
As mentioned above, a number of researchers point to the strong correlation of glycation intensity, especially glycation stress, with AGEs concentration in the plaque and amyloid aggregation dynamics. It is evident that AGEs compounds, either of exogenous or endogenous origin, influence the process of  $\text{Fe}^{3+}$  reduction and the consequent generation of the dangerous MetS35<sup>\*+</sup> and \*OH. Although there is yet no proof of their direct effect on the reduction process, there is probably an indirect effect through the agglomeration acceleration and amyloid fibril generation. The assumption of the oblique approach of the incoming monomer to the still forming protofilament tip, and the possible "electron hop" from one ( $\beta$ 2-MetS35) to the other reduction center ( $\beta$ 1-metal binding domain), should certainly be considered in detail and experimentally evaluated.





**Fig 9. Schematic presentation of the oxido-reductive process**

MsrA = methionine sulfoxide reductase type A; MetS35, reduced form of methionine; MetS35\*<sup>+</sup>, oxidised state of methionine, methionine sulfoxide, aggressive compound, oxidans; green spheres represent metal binding domain on the β1-strand; His, histidine; ROS, reactive oxygen species; <sup>-</sup>OH, hydroxyl radical, very aggressive compound; oxidation, adding oxygen or electron loss; reduction, loss of oxygen or gaining of electron; H<sub>2</sub>O<sub>2</sub>, hydrogenii peroxydi; ferrihydrite, hydrous ferric (Fe<sup>3+</sup>) oxyhydrite mineral, 5Fe<sub>2</sub>O<sub>3</sub>\*9H<sub>2</sub>O; magnetite, iron II oxide, Fe<sub>3</sub>O<sub>4</sub>; wüstite, iron II oxide, FeO.



**Fig 10. Schematic presentation of APP proteolysis, Aβ aggregation and Fenton chemistry**

Aβ, amiloid beta; AD, Alzheimer's disease; RCS = reactive carbonyl species (GA, 3DG, MGO, GO); GOLD, glyoxal-lysine dimer; MOLD, methylglyoxal-lysine dimer; AGEs, advanced glycation end products; ROS, reactive oxygen species; EO-FAD, early onset-familial AD; APP, amyloid precursor protein; ApoEε4, apolipoprotein Eε4; γ-secretase, multisubunit protease complex, proteolysis and APP fragmentation; β-secretase, BACE1, proteolysis and APP fragmentation; MetS35, methionine in reduced form; The red arrow indicates the increase ( ↑ ) or decrease ( ↓ ) of the quantity or activity of the appropriate symbol next to the arrow.

## Conclusion

The complex interaction between amyloid beta peptide and AGEs with its accompanying amplified aggregation in amyloid plaques makes up the important component, essential for the phenomenon of oxidative stress and the course of Alzheimer's disease. Amyloid plaque is in fact a composite complex formed primarily from amyloid fibrils mixed with several metals and proteins. Fibrils are composed of several protofibrils and the latter develop by stacking new incoming monomers on the odd end of already formed protofilaments. In the course of this stacking, where the role of electrostatic forces is crucial, the incoming monomer can approach the protofilament tip at different angles and directions. During this approach and the coordination of interrelated stacking, especially in the oblique approach, there is a great possibility of a close meeting of one monomer MetS35 with  $\text{Fe}^{3+}$  on the other monomer, but without direct contact. The proximity of these two redox centers induces the possibility of "electron hop" from MetS35 onto  $\text{Fe}^{3+}$  with concomitant reduction and generation of toxic redox-active ferrous iron  $\text{Fe}^{2+}$ . After entering the Fenton reaction,  $\text{Fe}^{2+}$  interacts with hydrogen peroxide and the result is the generation of  $\text{Fe}^{3+}$ , hydroxyl

radical ( $\cdot\text{OH}$ ) and hydroxyl ion ( $^-\text{OH}$ ).  $\cdot\text{OH}$  induces serious destruction of surrounding molecular structures, especially lipid membranes (lipid peroxidation). Without entering the analysis of other destructive mechanisms induced by amyloid beta in AD, this mechanism may be very important for future investigations of possible therapeutic approaches in the treatment of AD.

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## Conflict of Interest Statement

The authors state that performance of this study entailed no issues representing a conflict of interest.

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