

LINKAGE TO OTHER MAJOR THEORIES

Currently, there is no disease-modifying treatments available in spite of an enormous amount of research focused primarily on the role of A β plaques and neurofibrillary tangles in neurodegeneration in patients [156–158]. However, the underlying cause/causes of AD pathology remain at large, highlighting the critical urgency we must devote to researching new hypotheses such as the one presented in this article. The substantial amount of AD heterogeneity has led to the proposal of numerous theories with various focal points ranging from genetic predisposition, abnormal accumulation of pathogenic properties, dysregulation of the CNS, and environmental risk factors, implying a high probability of multiple pathways being involved in the clinical presentation and progression of AD. However, prior postulations have overlooked sex differences in AD heterogeneity. We put forth a hypothesis that we believe has pinpointed the LC-NA system as the hub of etiology in female AD, and furthermore distinguishes the decline in LC-NA and the production of estrogens as the initiating drivers that spur the primary concentration of the aforementioned hypotheses. Although our theory is not fully supported by experimental research, dissecting and analyzing formerly disseminated publications provided the evidence needed for this defining contribution that will now require others in the field to embrace and utilize to stimulate ideas for future studies. Conducting experiments aimed at maintaining estrogens and LC-NA production may prove to provide the pertinent evidence needed in order to find suitable therapeutic interventions.

CONCLUSION

To our knowledge, this is the first article that has provided a deeper insight into the interrelationship between the disruption of the female LC-NA system, the decline of estrogens, and AD vulnerability, seeing that no studies have been conducted considering their involvement to date. Accounting for sex as a biological variable in the LC as our hypothesis suggests, may propel AD research forward. These future studies will lay the groundwork for identifying sex differences and understanding their impact on AD etiology and progression. Furthermore, this will allow prevention trials to target the LC and enhance our ability to delay the onset or slow the progression of AD before it causes irrevocable neurodegeneration.

BOX 1. LOCUS COERULEUS

The LC contains 40,000–60,000 neurons that have a remarkably extensive axonal diffusion throughout the brain [159, 160], with its efferents consisting of two ascending fiber systems innervating 1) the cortex and 2) cerebellar forebrain, as well as, a descending pathway in the periventricular bundle projecting to the spinal cord [161–163]. The LC receives afferent projections from brainstem structures, in addition to inputs from the prefrontal cortex. These connections allow the LC to integrate low-level autonomic stimuli with high level cognitive information and to transfer this signal throughout the brain [164, 165].

Upon activation, NA is discharged from the LC and acts on both α - and β -adrenergic receptors present in neurons and glial cells, thus facilitating signal transduction and diverse functions within the central nervous system (CNS) [166], ranging from regulation of arousal and autonomic function to influencing episodic memory, attention, and working memory [6, 167–171]. NA also acts as a neuromodulator regulating synaptic connections and neuroplasticity, while also promoting neurogenesis and survival [70, 172]. NA additionally provides neuroprotection by suppressing neuroinflammation, and in under certain conditions, defending neurons from amyloid-induced toxicity, excitotoxicity, metabolic, and oxidative stress [12, 20, 52, 148, 149]. LC neuron terminals also possess and release co-transmitters, such as neuropeptide Y and galanin, concurrently with NA [173], both of which have been proven to contribute to neuronal plasticity and neuroprotection [174–177]

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