

**UNIVERSIDADE FEDERAL DO PAMPA  
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**COMPARAÇÃO DOS EFEITOS NEUROPROTETORES DO  
ENRIQUECIMENTO AMBIENTAL, DO EXERCÍCIO FÍSICO E DA  
SOCIALIZAÇÃO EM UM MODELO ANIMAL DE DOENÇA DE ALZHEIMER**

**DISSERTAÇÃO DE MESTRADO**

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**Uruguaiana, RS, Brasil**

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COMPARAÇÃO DOS EFEITOS NEUROPROTETORES DO  
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SOCIALIZAÇÃO EM UM MODELO ANIMAL DE DOENÇA DE ALZHEIMER

Por

Mariza Garcia Prado Lima

Dissertação apresentada ao Programa  
de Pós-Graduação em Bioquímica da  
Universidade Federal do Pampa  
(UNIPAMPA, RS), como requisito  
parcial para a obtenção do grau de  
**Mestre em Bioquímica**

Orientadora: Prof<sup>a</sup>. Dr<sup>a</sup>. Pâmela Billig Mello Carpes

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Elaborada por

Mariza Garcia Prado Lima

Como requisito parcial para a obtenção do grau de  
**Mestra em Bioquímica**

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Uruguaiana, RS, Brasil  
2017

“O que prevemos raramente  
ocorre; o que menos esperamos  
geralmente acontece.”

*Benjamin Disraeli*

DEDICO

*Dedico este trabalho à minha família  
que me apoiou incondicionalmente na  
conquista de meus objetivos.*

## **AGRADECIMENTOS**

A Deus, que todos os dias me deu forças para nunca desistir.

A minha orientadora Professora Dr<sup>a</sup>. Pamela Carpes pela sua ajuda, paciência, confiabilidade e dedicação.

E um agradecimento especial a minha família que sempre me incentivou e apoiou nesta jornada.

## RESUMO

Dissertação de Mestrado  
Programa de Pós-Graduação em Bioquímica  
Universidade Federal do Pampa

### **COMPARAÇÃO DOS EFEITOS NEUROPROTETORES DO ENRIQUECIMENTO AMBIENTAL, DO EXERCÍCIO FÍSICO E DA SOCIALIZAÇÃO EM UM MODELO ANIMAL DE DOENÇA DE ALZHEIMER**

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Local e data da defesa: Uruguaiana, 12 de julho de 2017

#### **Resumo**

A Doença de Alzheimer (DA) é uma enfermidade incurável que causa perda das funções cognitivas (memória, orientação, atenção e linguagem). As lesões cerebrais são características dessa doença, sendo as principais alterações: as placas senis decorrentes do depósito de proteína beta-amiloide ( $\beta$ a) anormalmente produzida, e os emaranhados neurofibrilares. Atualmente, muitas abordagens são propostas para tratar ou prevenir a DA, mas os estudos geralmente usam protocolos que dificilmente permitem o estabelecimento da relação causa-efeito, pois envolvem mais de uma variável que poderia ter benefícios no cérebro com DA. O objetivo deste trabalho foi avaliar e isolar os efeitos neuroprotetores do enriquecimento ambiental, do exercício físico anaeróbico, e do enriquecimento social, em déficits de memória relacionados à neurotoxicidade induzida pela beta-amiloide ( $\beta$ a) em um modelo animal. Para isto, foram utilizados ratos Wistar submetidos às intervenções propostas por 8 semanas, e, logo após, à cirurgia estereotáxica para a injeção de  $\beta$ a no hipocampo. A memória foi avaliada pelos testes de reconhecimento de objetos e reconhecimento social, considerando memória de curta e de longa duração. O estado de oxidativo do hipocampo (níveis de espécies reativas de oxigênio, peroxidação lipídica e capacidade antioxidante total - ROS, TBARS e FRAP) e a atividade da enzima acetilcolinesterase (AChE) também foram verificados. Os dados mostram que a injeção de  $\beta$ a resultou em déficits de memória e danos oxidativos no hipocampo. O enriquecimento ambiental e o exercício físico

evitaram todos os déficits de memória e a peroxidação lipídica (TBARS) hipocampal induzida por  $\beta$ a. O enriquecimento social evitou apenas o déficit de memória de reconhecimento social induzido pela beta-amiloide e aumentou a capacidade antioxidante total (FRAP).

**Palavras chave:** Alzheimer, Treinamento físico, Enriquecimento ambiental, Reconhecimento de objetos, Reconhecimento social, Estresse Oxidativo.



## **ABSTRACT**

Masters Dissertation  
Graduation Program in Biochemistry  
Federal University of Pampa

### **COMPARISON OF NEUROPROTECTIVE EFFECTS OF ENVIRONMENTAL ENRICHMENT, PHYSICAL EXERCISE AND SOCIALIZATION IN AN ALZHEIMER'S DISEASE ANIMAL MODEL**

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#### **Abstract**

Alzheimer's Disease (AD) is an incurable disease that causes loss of cognitive functions (memory, orientation, attention, and language). Brain lesions are characteristic of this disease, in which main alterations being: senile plaques arise from the deposition of abnormally produced beta-amyloid protein ( $\beta$ a) and neurofibrillary tangles. Many approaches have been proposed to treat or prevent AD, but studies generally use protocols that because difficult to attribute a cause-effect relationship because they involve more than one variable that could be beneficial in observed changes. The objective of this work was to evaluate and isolate the neuroprotective effects of environmental enrichment, anaerobic physical exercise, and social enrichment on memory deficits related to beta-amyloid neurotoxicity in an animal model. For this, Wistar rats were submitted to 8 weeks of intervention, and soon thereafter underwent stereotactic surgery for the injection of  $\beta$ a into the hippocampus. The memory was evaluated by object recognition and social recognition memory tests, considering short and long term memory. The oxidative state of the hippocampus (ROS, TBARS and FRAP) and acetylcholinesterase (AChE) activity are also verified. The data show that the injection of  $\beta$ a resulted in memory deficits and oxidative damage in the hippocampus. Environmental enrichment and exercise avoided all memory deficits and hippocampal lipid peroxidation (TBARS) induced by  $\beta$ a. Social enrichment avoided only the social

recognition memory deficit and avoided the total antioxidant capacity (FRAP) decrease induced by  $\beta$ a.

**Key-words:** Alzheimer, Physical training, Environmental enrichment, Object Recognition, Social Recognition, Oxidative stress.

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## LISTA DE ABREVIATURAS

APP – Proteína precursora da amiloide, do inglês *Amyloid Precursor Protein*

$\beta$ A – Beta-amiloide

CA1 – Região CA1 do hipocampo dorsal, do latim *Cornu ammonis* (Corno de Ammon)

Cu – Cobre

DA – Doença de Alzheimer

EA – Enriquecimento ambiental

EROs – Espécies reativas de oxigênio

Fe – Ferro

Nrf2 – Fator nuclear eritróide 2, do inglês *nuclear factor erythroid 2-related factor 2*

Zn – Zinco

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## **APRESENTAÇÃO**

A presente dissertação é organizada em três partes.

A primeira parte é composta pela introdução, na qual estão descritos os temas que fundamentam este estudo, bem como sua justificativa e os seus objetivos. A segunda parte é composta pelos métodos, resultados e discussão do estudo, apresentados na forma de um manuscrito científico, a ser submetido para publicação em um período internacional. A terceira parte é composta por uma discussão geral dos resultados, conclusões e perspectivas.

Ao final, encontram-se as referências bibliográficas citadas na primeira e na terceira parte da dissertação, já que as da segunda estão inclusas no manuscrito.

## **PARTE I**

### **1. INTRODUÇÃO**

#### **1.1. Doença de Alzheimer**

Durante o envelhecimento surgem diversas alterações macroscópicas e microscópicas no encéfalo, incluindo alterações no peso e volume do órgão, no volume dos ventrículos, no aspecto dos giros e sulcos, no tamanho e no número dos neurônios, no número de espinhos e de sinapses, na extensão das ramificações dendríticas, aparecimento de placas senis e enovelamentos ou emaranhados neurofibrilares (MARTIN, 2006; MATTSON, 2007; SCAHILL et al., 2003).

Diversas das modificações que ocorrem no cérebro durante o processo de envelhecimento são fisiológicas, mas é nesta fase que as demências têm maior probabilidade de se desenvolver. Dentre elas existem as demências degenerativas e as não degenerativas. As demências classificadas como não degenerativas são decorrentes de outras condições patológicas, como os processos infecciosos, deficiências nutricionais, tumores e traumatismos. Já as demências degenerativas têm sua origem predominantemente cortical, com início insidioso, caráter progressivo e comprometimento da memória episódica (FORNARI et al., 2010; ALLEGRI et al., 2001).

A neurodegeneração pode estar associada a diversos fatores e processos, que culminam em uma cascata de sinalização que resulta na morte celular (HARDY & HIGGINS, 1992). Estas perdas celulares no sistema nervoso central podem se manifestar como disfunções comportamentais, tais como déficits cognitivos. Há manifestações que levam a alterações celulares e fisiológicas ditas “normais”, que acompanham o processo de envelhecimento, mas podem ter seus efeitos pronunciados, dificultando o dia a dia do idoso (TROULINAKI & TAVERNARAKIS, 2005). Apesar do avanço científico, alguns

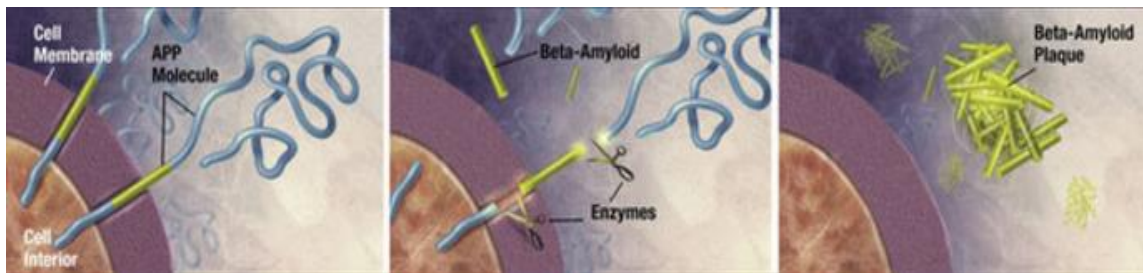


dos mecanismos celulares e moleculares que representam a interface entre envelhecimento e as patologias neurodegenerativas continuam confusos.

Dentre as doenças neurodegenerativas, a mais comum é a Doença de Alzheimer (DA), que foi descrita pelo neurologista alemão Alois Alzheimer em 1906 (HARMAN, 1996). Apesar de muitas pesquisas se debruçarem sobre esta doença, na tentativa de melhor entender seus mecanismos patológicos e encontrar tratamentos mais adequados, ela permanece até os dias atuais sem perspectiva de cura, juntamente com o aumento da expectativa de vida e da população idosa (FOX & ALDER, 2012).

Atualmente, o diagnóstico da DA é baseado na avaliação clínica, ou seja, nos sintomas clínicos apresentados pelos pacientes, o que resulta em baixa acurácia no diagnóstico da doença (NITRINI et. al., 2005; BERTOLLUCCI, 2000; WALDEMAR et. al., 2007). Além disso, com o diagnóstico dependente dos sintomas do paciente, o que dificulta sua exatidão, pois se trabalha com processo de eliminação e exclusão, este costuma ocorrer mais tardiamente; do mesmo modo, o progresso da doença varia muito entre os indivíduos (MOONEY, 2011). A progressão da doença ocorre em três estágios principais: o estágio pré-clínico (assintomático), o estágio pródromo (quando há manifestação de sintomas moderados como, por exemplo, alterações de memória episódica), e, por último, o estágio sintomático com presença de demência (DUBOIS et. al., 2007).

A DA está geralmente associada ao avanço da idade, e as manifestações cognitivas resultam em uma deficiência progressiva e uma eventual incapacitação, gerando perda de memória, diminuição do desempenho nas atividades diárias, seguida pela completa demência (ZHAO & TANG, 2002; JANUS & WESTAWAY, 2001). Ela é caracterizada pela presença de placas senis no cérebro, contendo deposição extracelular do peptídeo Beta-amilóide ( $\beta$ A) derivado da proteína precursora de amiloide (APP, do inglês *Amyloid Precursor Protein*, figura 1), e de emaranhados neurofibrilares intracelulares contendo proteína Tau hiperfosforilada (GÓMEZ et al., 1996; WANG et al., 2006; SCHUFF et al., 1997; CHANTAL et al., 2002).



**Figura 1. Processo de formação das placas senis.** No cérebro de indivíduos com a Doença de Alzheimer ocorre fragmentação da proteína precursora de amiloide (APP) por meio de enzimas. A produção excessiva destes fragmentos beta-amilóide culmina na formação das placas senis no espaço extracelular. Fonte: National Institute on Aging (2012).

A proteína precursora beta-amilóide, constituída de 40 a 42 aminoácidos, é uma glicoproteína localizada parcialmente no interior e parcialmente no exterior da membrana plasmática (figura 1). Os peptídeos beta-amilóides oriundos dela facilitam a produção de oxiradicais, podendo ser diretamente tóxicos para os neurônios e células da glia, por agirem na peroxidação lipídica da membrana celular, desregulando a homeostase do cálcio (KAWASUMI et al., 2002; CUMMINGS, 2003; CORRÊA, 1996; MATTSON & MATTSON, 2003). Ainda, as placas senis formadas pelos peptídeos beta-amilóides ativam as células da glia, como a micróglia e os astrócitos, que estão envolvidos na fagocitose na área em degeneração e em processos de inflamação (SELKOE et al., 1995; PALMER, 1996; NANN, 1996). Os emaranhados neurofibrilares também possuem propriedades neurotóxicas, e sua ação compromete a integridade das células neuronais (NANN, 1996; MACCIONI et al., 2001). A degeneração neurofibrilar é um processo rápido, e os neurônios expostos à proteína beta-amilóide têm mostrado aumento da vulnerabilidade a excitotoxicidade que leva à morte neuronal.

Todas estas alterações degenerativas geradas pela doença de Alzheimer ocorrem no giro dentado e na sub-região CA1 do hipocampo, no neocórtex de associação e no córtex entorrinal, em todos os estágios da doença (GÓMEZ et al., 1996; WANG et al., 2006; SCHUFF et al., 1997; CHANTAL et al., 2002). Estudos mais recentes sugerem que a DA poderia iniciar em regiões mais baixas do Sistema Nervoso Central, como *Locus Coeruleus* e Área Tegmentar Ventral, no entanto, nesta fase, o paciente não apresenta

sintomas, o que impede a identificação da doença (EHRENBERG et. al., 2017; ANDRÉS et. al., 2017; TRILLO et. al., 2013; NOBILI et. al., 2017).

O hipocampo, localizado no lobo temporal, tem um papel importante para o aprendizado e a consolidação inicial da memória e, lesões nesta região impedem a formação e consolidação de novas memórias; entretanto, outros tipos de memória permanecem intactas, ao menos nos primeiros estágios da doença (ENNACEUR et al., 1988; CLARK et al., 2000; BAKER & KIM, 2002). Assim, a deterioração das memórias de curto e longo prazo, pelo impedimento de sua adequada consolidação, é uma das principais características iniciais da doença, seguida da afasia<sup>1</sup>, agnosia<sup>2</sup> (depois de vários anos de acometimento pela doença) e apraxia<sup>3</sup> (FOX & ALDER, 2001).

### **1.1.1. Doença de Alzheimer e Estresse Oxidativo**

Para a função celular normal, é essencial que haja equilíbrio entre a produção de espécies reativas de oxigênio (ERO's) e a de defesas antioxidantes. No entanto, na doença de Alzheimer, em função de toda alteração patológica que ocorre, a atividade das enzimas antioxidantes está alterada, contribuindo para o acúmulo de dano oxidativo (KIM et al., 2006).

Quando ocorre desequilíbrio que gera uma superprodução de ERO's combinada com uma insuficiente defesa antioxidante ocorre o estresse oxidativo. Evidências demonstram que o dano mitocondrial que resulta em aumento da produção de ERO's contribui para os estágios iniciais da DA, antes mesmo do início dos sintomas clínicos e da presença patológica de  $\beta$ A (UTTARA et al., 2009). Ainda, marcadores de estresse oxidativo, incluindo altos níveis de proteínas oxidadas, produtos glicosilados, peroxidação lipídica extensa, formação de álcoois, aldeídos, carbonilas livres, cetonas, colesteno e modificações oxidativas no RNA e DNA nuclear e mitocondrial, foram

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<sup>1</sup> Perda da linguagem causada por lesão no sistema nervoso central.

<sup>2</sup> Incapacidade de reconhecer e/ou identificar objetos usuais, apesar de funcionamento sensorial intacto.

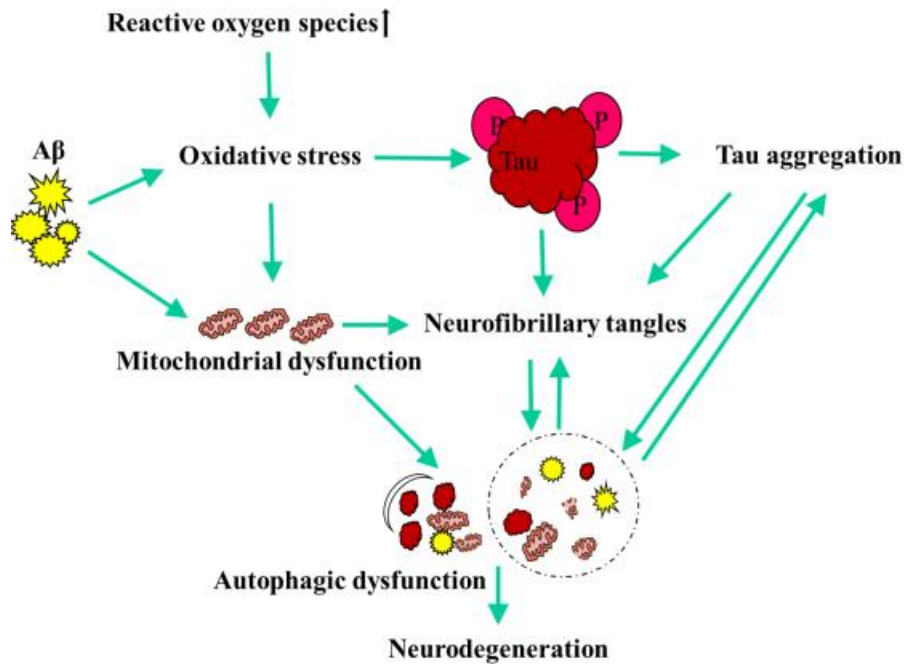
<sup>3</sup> Incapacidade de executar atividades motoras, apesar de um funcionamento sensorial intacto.

encontrados no tecido cerebral de pacientes com DA pós-morte, e em sistemas periféricos, incluindo células e mitocôndrias isoladas de pessoas em estágios pré-clínicos ou iniciais da DA (SULTANA et al., 2011; SMITH et al., 1995; MIGLIORE et al., 2005).

Além da produção de ERO's mitocondriais, a homeostase anormal de metais bioativos, como o Ferro (Fe), Cobre (Cu), Zinco (Zn), entre outros, pode estar envolvida na produção de radicais livres e no estresse oxidativo que influencia a agregação de  $\beta$ A (BEAL, 2005; GREENOUGH et al., 2013; LIU et al., 2006). Acredita-se que o acúmulo desses metais se origina da homeostase neuronal do metal afetada pelo envelhecimento e exacerbada pelas patologias amiloides, no caso da DA (BOOM et al., 2004; BARNHAM & BUSH, 2014).

Outra fonte de produção de ERO's diretamente mediada pela  $\beta$ A envolve a micróglia ativada no cérebro durante uma resposta inflamatória à deposição de placas amiloides extracelulares (NAKAJIMA & KOHSAKA, 2001). Além disso, níveis aumentados de  $\beta$ A podem acelerar a produção de ERO's ligando-se diretamente às membranas mitocondriais, alterando a dinâmica e a função mitocondrial, levando ao metabolismo energético anormal e à perda da função sináptica (LAFERLA et al., 2007). O estresse oxidativo induzido por peptídeos  $\beta$ A perturba o metabolismo do colesterol e da ceramida que, por sua vez, desencadeia uma cascata neurodegenerativa levando a um depósito de beta-amilóide adicional, fosforilação de TAU e à doença clínica (MATTSON et al., 2005; ICHIMURA et al., 2003).

A consequência deste desequilíbrio entre as ERO's e a capacidade antioxidante disponível no cérebro, bem como o acúmulo de proteínas oxidadas, leva à potencialização da neurodegeneração e à redução das funções cognitivas (HARDY and SELKOE, 2002; CHOI et al., 2012; ANNAHÁZI et al., 2007). Assim, a DA envolve estresse oxidativo e resposta inflamatória neuronal (Figura 2; CORBETTA et al., 2008; DEVORE et al., 2010; GLASS et al., 2010).



**Figura 2. Esquema representativo do processo de formação das placas beta-amilóides e emaranhados neurofibrilares.** Ambos geram respostas que envolvem estresse oxidativo e espécies reativas de oxigênio, culminando em neurodegeneração e morte neuronal. Fonte: Liu et. al., 2015.

### 1.1.2. Doença de Alzheimer, enriquecimento ambiental, exercício físico e socialização

Considerando a gravidade dos sintomas da DA, bem como a velocidade de sua progressão, muitos cientistas estão buscando estratégias para retardar ou impedir o seu desenvolvimento (SHAEFFER, 2009). Pesquisa realizada junto a idosos com déficit cognitivo relacionado ao envelhecimento identificou melhorias no quadro clínico utilizando intervenções que foram consideradas potencialmente promissoras (JEDRZIEWSKI et al., 2014). Os autores demonstraram que os indivíduos que se envolvem em atividades estimulantes podem ter, além de outras alterações cerebrais, aumento no número de neurônios cerebrais, proporcionando-lhes reserva suficiente para realizar tarefas cognitivas sem comprometimento (JEDRZIEWSKI et al., 2014).

É normal encontrarmos, em nossa sociedade, grupos de idosos que promovem atividades deste tipo a fim de manter ou melhorar sua saúde cognitiva. Entretanto, ainda não está claro qual o tipo de atividade que pode ser mais promissora no que diz respeito à intervenção na progressão da DA; isto porque, geralmente, as pesquisas nesta linha realizam propostas que associam um ou mais tipo de intervenção. De todo modo, intervenções como o enriquecimento ambiental, a atividade ou exercício físico, e a interação social, podem ser consideradas estimulantes, mas são bem diferentes entre si no que diz respeito a seus efeitos orgânicos, e, portanto, podem gerar respostas diferentes no cérebro com Alzheimer.

#### **1.1.2.1. Enriquecimento ambiental**

O enriquecimento ambiental (EA) envolve a exposição a um ambiente rico em estímulos sensoriais e cognitivos, e, muitas vezes, é combinada com o aumento da interação social e a prática de exercício físico (PEREIRA et al., 2007).

Em modelos animais verificou-se que ratos que experimentam um ambiente enriquecido melhoram o seu bem-estar e suas habilidades cognitivas, especialmente em testes de cognição espacial (LEGGIO et al., 2005). Assim, é uma técnica utilizada para proporcionar estímulos diversos e tentar reverter déficits cognitivos causados por diversos fatores, e, assim como outras estimulações cognitivas e físicas, é uma estratégia que tem sido empregada para melhorar a função cognitiva também na DA (SHAEFFER, 2009). Na DA o EA parece promover o aumento da neurogênese, a plasticidade neuronal hipocampal, a exposição à novidade e o aumento da atividade motora (KUMAR A. et al 2012), consequentemente melhorando o desempenho nas tarefas de memória, sendo capaz de reverter déficits de diversas origens nestas funções (VIVINETTO et al, 2013).

Além disso, Mainardi et al. (2014) demonstraram que a exposição ao EA reduz níveis corticais de oligômeros solúveis de beta-amilóide endógenos e aumenta a expressão de neprilissina, uma das principais enzimas que regulam o catabolismo da proteína amiloide. Estudo prévio também descreveu efeitos

do EA na melhora da resposta imune, como na infecção da influenza tipo A, de forma que animais submetidos ao EA recuperaram-se mais rapidamente do que os animais que viviam em ambiente padrão (JURGENS et al., 2012). Ainda, o EA induziu uma melhora da resposta sistêmica em um modelo de sepsis, provocando aumento do recrutamento de células imunes no local da inflamação (BROD et al., 2017)

Diversas áreas cerebrais podem sofrer modificações após exposição ao EA, como o hipocampo e o neocórtex, promovendo neuroproteção e reduzindo as deficiências de memória e aprendizado (LAMBERT et al., 2005). No entanto, alguns autores acreditam que o exercício ou atividade física frequentemente incluído/a nos protocolos de EA é responsável por estimular a memória e a capacidade cognitiva, principalmente em animais envelhecidos, questionando o fato de que somente o EA não provocaria tais efeitos (LAMBERT et. al., 2005). Ainda, além do aumento do nível de atividade física, em muitos protocolos de EA, especialmente em animais, a interação social também é aumentada significativamente. Isto porque no EA uma variedade de estímulos é disponibilizada ao animal, o que inclui, além de brinquedos e objetos-estímulo, túneis e rodas de atividades, que favorecem o aumento da atividade física (ARAC, 2004; LAMBERT et. al., 2005). Além disso, geralmente os animais são mantidos em caixas moradia maiores, com um número de animais maiores que o padrão, aumentando suas interações sociais.

#### **1.1.2.2. Exercício físico**

Estudos que utilizam modelos animais de DA também demonstraram que o exercício físico regular é capaz de alterar diversas características fenotípicas da DA, promovendo, entre outras respostas, o aumento da degradação amiloide, reduzindo assim seu acúmulo no tecido cerebral e, por consequência, a morte neuronal (ADLARD et al., 2005, OGONOVSKY et al., 2005, GARCIA-MESA et al., 2011, KIM et al., 2014). Ainda, o exercício é capaz de melhorar o desempenho em tarefas de aprendizagem e de memória espacial (DAO et al., 2014).

O exercício aeróbico é uma terapia alternativa de baixo custo e efetiva para distúrbios de ansiedade e transtornos do humor (SALMON, 2001), além disso, este tipo de exercício retarda a progressão do declínio cognitivo (LARSON, 2010), melhora o desempenho em testes de cognição e bem estar psicológico (VOGT et. al., 2010). Em estudo prévio que utilizou o exercício aeróbico, evidenciou-se redução significativa na deterioração induzida pela DA, melhora na capacidade de aprendizagem espacial e memória de curto prazo, através da supressão da apoptose (BAEK & KIM, 2016).

No entanto, a maioria dos protocolos utilizados em pesquisas nesta linha contempla apenas o exercício físico aeróbico, enquanto os efeitos do exercício anaeróbico sobre o sistema nervoso ainda são contraditórios (CASSILHAS et al., 2007). Colcombe e colegas (2006) demonstraram que idosos sem demência que realizam atividade aeróbica apresentaram maiores volumes de matéria cinza e branca. Já um estudo mais recente demonstrou que o treinamento de força promove a neurogênese no hipocampo (NOVAES et al., 2014). Por outro lado, Nokia et al. (2016) evidenciam que o exercício de força não afeta a proliferação, maturação ou a sobrevivência neuronal de novas células no hipocampo adulto, embora uma melhora da força muscular seja evidente.

Dessa forma, é importante discutir o papel das diferentes modalidades de exercício nos distúrbios cognitivos, especialmente o exercício de força, que é importante para os idosos garantirem a saúde e qualidade de vida em outros aspectos, além do cognitivo – evitando tropeços, déficits de equilíbrio, e quedas, por exemplo (HURLEY e HAGBERG, 1998; RUBENSTEIN et al., 2000). Assim, se o mesmo tipo de exercício (anaeróbico/de força) for capaz de gerar benefícios tanto cognitivos quanto motores, será mais fácil envolver os idosos nestas práticas.

### **1.1.2.3. Socialização**

A interação social é um componente importante para o homem e demais animais. Existem crescentes evidências de que as deficiências na interação social são importantes marcadores precoces para desordens do



desenvolvimento neurológico relacionados com fortes componentes genéticos (MOY et al., 2004).

Além disso, o enriquecimento social apresenta efeitos positivos sobre o comportamento social (BRENES et.al., 2016), já o isolamento social gera dano oxidativo, exacerbação aguda de processos inflamatórios crônicos, bem como déficits de cognição (SAPOLSKY et al., 2002; ELUVATHINGAL et al., 2006).

Considerando a DA, alguns estudos de coorte observacional têm demonstrado que uma maior participação social está associada a um menor risco de demência incidente (WANG et al., 2002; BENNETT et al., 2006), e, que se pode reduzir o risco de declínio cognitivo e o início da DA associada ao envelhecimento em sujeitos mentalmente ativos e com ricas conexões sociais (STERN, 2006; SZEKELY et al, 2007). No entanto, embora estas evidências tenham sido observadas, poucos são os trabalhos que se preocupam em entender os mecanismos envolvidos nos efeitos no enriquecimento social sobre o cérebro com DA, especialmente no que diz respeito aos mecanismos pelos quais esta intervenção pode trazer benefícios a estes pacientes.

## 2. JUSTIFICATIVA

A DA é uma patologia neurodegenerativa progressiva que deteriora funções cognitivas, incluindo a memória de curto e longo prazo (BRAAK et al., 1999; SELKOE, 2002). Muitos estudos têm analisado os efeitos das estimulações físicas, cognitivas e as interações sociais como método de proteção a doença. No entanto, apesar dos resultados promissores, a maioria dos estudos que utiliza estratégias deste tipo, especialmente em modelos animais, não costuma separar adequadamente os efeitos do enriquecimento ambiental, do exercício físico e/ou da socialização, uma vez que o protocolo normalmente utilizado envolvem estes três fatores (figura 3).



**Figura 3. Exemplo de um caixa de enriquecimento ambiental para ratos.** Na imagem, que representa um aparato semelhante ao utilizado na maioria dos estudos com enriquecimento ambiental, se pode observar que vários animais são mantidos em conjunto. Além disso, verifica-se a presença de uma roda de atividade física. Fonte: Goulart, (2014).

Estudos em modelo animal sugerem que o enriquecimento ambiental apresenta resultados promissores no tratamento da DA, promovendo melhora cognitiva associada à neuroplasticidade aumentada e diminuição da neuroinflamação (STUART et al., 2017; XU et al., 2016). No entanto, o protocolo proposto na maioria dos estudos acaba gerando, também, aumento da interação social, e, estudo prévio demonstra que a interação social, por si

só, pode proteger contra o declínio cognitivo (GREEN et al., 2008). O protocolo de enriquecimento ambiental para roedores também costuma envolver algum grau de atividade ou exercício físico. O exercício físico é uma intervenção que possui um potencial na diminuição do risco no comprometimento cognitivo relacionado com o envelhecimento (JEDRZIEWSKI et al., 2010).

Assim, a translação dos resultados de pesquisas com cobaias para a clínica é comprometida, pois, enquanto nos modelos animais normalmente estas intervenções são realizadas simultaneamente, para o ser humano as três intervenções são processos que podem ser considerados bem diferentes e não necessariamente associados. Um idoso pode estar realizando especificamente um treinamento físico, ou só participar de um grupo de convivência para idosos, o que aumenta sua interação social. Pode, ainda, estar rodeado por um ambiente rico em estímulos cognitivos. Acredita-se que todas estas intervenções possam ter efeitos benéficos sobre a saúde cognitiva, mas, quando se pensa em um idoso vulnerável, é importante termos claro qual delas é a mais indicada, se for o caso de termos que recomendar uma ou outra estratégia. Tal conhecimento é fundamental, também, para o adequado planejamento de estratégias de saúde pública.

Desta forma, é importante a avaliação dos efeitos neuroprotetores específicos do enriquecimento ambiental, do exercício físico e da socialização, bem como o entendimento dos mecanismos envolvidos nestes efeitos. Nesta pesquisa propomos fazer esta investigação, avaliando o envolvimento do estresse oxidativo nos efeitos observados a partir de cada intervenção, já que o estresse oxidativo é um dos mecanismos patológicos envolvidos na DA. Tais resultados ajudarão a identificar os reais benefícios de cada uma das propostas, auxiliando na escolha da melhor estratégia terapêutica junto a idosos (para prevenção da DA) ou a pacientes com DA (para o seu retardamento).

### **3. OBJETIVOS**

#### **3.1. Objetivo Geral**

O objetivo geral deste estudo foi verificar e comparar os efeitos neuroprotetores do enriquecimento ambiental, do exercício físico (anaeróbico) e da socialização sobre déficit de memória e o dano oxidativo hipocampal em um modelo animal de Doença de Alzheimer.

#### **3.2. Objetivos específicos**

Os objetivos específicos desta dissertação incluíram:

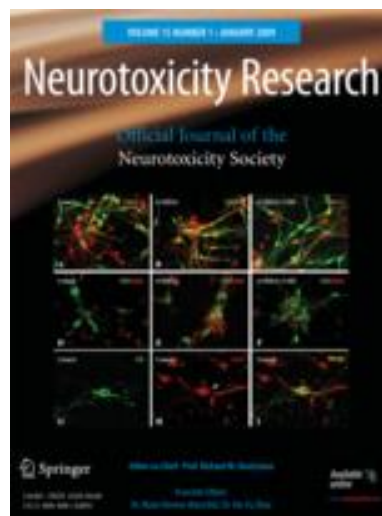
\*Avaliar a memória de RO e RS e comparar os efeitos neuroprotetores das diferentes intervenções (enriquecimento ambiental, exercício físico anaeróbico, e socialização) sobre o possível déficit nos diferentes tipos de memória em ratos submetidos a um modelo de DA;

\*Avaliar a capacidade antioxidante total, os níveis de espécies reativas de oxigênio, a peroxidação lipídica, e a atividade da enzima acetilcolinesterase e comparar os efeitos neuroprotetores das diferentes intervenções sobre estas no hipocampo de ratos submetidos a um modelo DA;

## PARTE II

### 4. MANUSCRITO

Manuscrito científico escrito nas normas da revista *Neurotoxicity Research* (normas em anexo – ANEXO I).



**ISOLATING THE NEUROPROTECTIVE EFFECTS OF ENVIRONMENTAL  
ENRICHMENT, SOCIAL ENRICHMENT AND PHYSICAL EXERCISE IN MEMORY  
DEFICITS RELATED TO AMYLOID BETA NEUROTOXICITY**

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**Abstract**

Alzheimer's Disease (AD) is an incurable disease that causes loss of cognitive functions such as memory, orientation, attention, and language. The AD's prevention and treatment are a challenge yet. A lot of non-pharmacological approaches are proposed to treat or prevent the AD, but the studies generally use protocols that difficult to attribute a cause-effect relationship, since they involve more than one variable that could have benefits on AD alterations. The purpose of this work was to evaluate and isolate the neuroprotective effects of environmental enrichment (EE), anaerobic physical exercise (AnPE) and social enrichment (SE) in memory deficits related to amyloid beta (Abeta) neurotoxicity in an animal model for AD. Wistar rats were submitted to EE, AnPE or SE for 8 weeks, and after were submitted to stereotaxic surgery to  $\beta$ a injection on hippocampus. Memory was evaluated by object (OR) and social recognition (SR) test, considering short (STM) and long-term memory (LTM). Hippocampal oxidative status (ROS, TBARS and FRAP) and acetylcholinesterase levels (AChE) are also checked. The data show that Abeta injection resulted in memory deficits and hippocampal oxidative damage. EE and AnPE avoided all memory deficits (OR and SR) and lipid peroxidation (TBARS) induced by Abeta. SE avoided only the SR memory deficits and antioxidant capacity (FRAP) decrease induced by Abeta.

**Keywords:** Alzheimer's disease. Anaerobic physical exercise. Object recognition. Social recognition. Oxidative stress.

## 1. Introduction

Alzheimer's disease (AD) is a progressive neurologic disease that affects about 24 million people (Chakrabarti et al., 2015) and results in the irreversible loss of neurons, particularly in the cortex and hippocampus. The pathological hallmarks, besides the neuronal loss, include extracellular senile plaques containing the peptide amyloid beta (A $\beta$ ) and neurofibrillary tangles (Mckhann et al., 1984; Clark et al. 1998; Nussbaum and Ellis 2003; Dong et al., 2012).

The A $\beta$  deposition results in neurotoxicity that includes oxidative damage, a central factor in the pathogenesis of AD (Butterfield et al., 2007; Butterfield et al., 2013; Polidori and Nelles 2014). In postmortem AD brains was verified significant lipid, protein and DNA oxidative damage, as well as impaired antioxidant defense (Butterfield et al., 2007; Polidori and Nelles 2014; Butterfield et al., 2013). Some mechanisms seem to be essential for initiating the oxidative damage in the AD brain, but, in particular, A $\beta$ -induced ROS generation has been well documented in a large number of experimental studies using cell culture, experimental animals and cell-free chemical systems (Kadowaki et al., 2005; Chakrabarti et al., 2013).

Some evidences suggest the involvement of enzyme acetylcholinesterase (AChE), indicating that oxidative stress and cholinergic dysfunction were important in the procession of causing AD. Also, a molecular modeling study showed that AChE interacts with the A $\beta$  peptide and promotes amyloid fibril formation (Mesulam, 1986; Racchi et. al., 2001; Ishrat et. al., 2009; De Ferrari et. al., 2001).

Environmental Enrichment (EE) has been studied in human and animal models as a neuroprotective strategy in different models of neurodegenerative diseases (Quattromani et al., 2014; Hase et al., 2017). Previous researches also demonstrated effects of this strategy ameliorating the pathological effects related to A $\beta$  protein oligomers (Xu et al., 2016; Stuart et al., 2017). However, the model of EE used in animal experiments usually includes other variables that can confuse the observed results. In experimental conditions, the animals submitted to EE protocol generally were maintained for a period of time in a large box with a higher number of animals than standard conditions (Vivinetto et al., 2013). In addition, often EE involves, in addition to the object-stimulus, activity wheels and tunnels for animals cross, also toys



that involve some type of physical activity which can be offered in a permanent or rotational way (Fiala et al., 1997; Newberry, 1995).

These models used to investigate EE difficult the correlation of the results with humans models, since in humans EE is very different from social enrichment (SE) or physical exercise practice. Furthermore, evidence demonstrates that enhancements in socialization per se have a positive impact in neurodegenerative conditions, such as Alzheimer's disease (Shea and Rogers, 2014; Quattromani et al., 2014). The effects of regular moderate physical exercise on cognition also improve neural function (Seo et al., 2013; Garland et al., 2011; Adlard et al., 2005). So, here we design a set of experiments looking for isolating the neuroprotective effects of EE, SE and anaerobic physical exercise (AnPE) in memory deficits related to Abeta neurotoxicity. We demonstrated that all these strategies promote neuroprotection, but in different levels and by different mechanisms related to oxidative status.

## **2. Material and methods**

### **2.1 Animals and experimental design**

Male Wistar rats (3-month-old, 350–380 g) were purchased from Central Vivarium of Federal University of Santa Maria (RS/Brazil). During all the experimental period, they were housed four per cage (except in SE groups) and maintained under controlled light and environmental conditions (12 h light/12 h dark cycle; temperature of  $23 \pm 2$  °C; humidity  $50 \pm 10\%$ ) with food and water ad libitum.

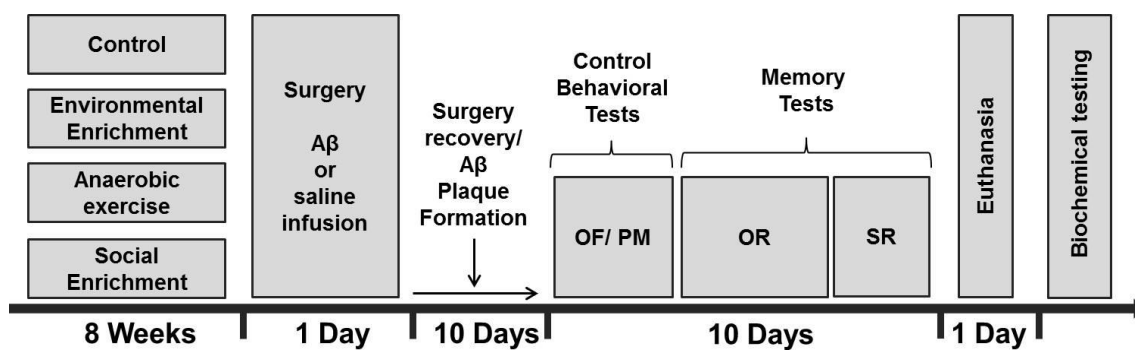
All experiments were conducted in accordance with the “Principles of laboratory animal care” (NIH publication n° 80–23, revised 1996) and in agreement with the guidelines established by the Institutional Animal Care and Use Committee of the Local Institution to ensure that number of rats and their suffering were kept to a minimum (protocol #032/2016).

At the age of three months, the animals were randomly assigned to one of the four experimental groups:

(i) Control (cont; n = 20): The rats from this group were maintained in standard lab conditions.

- (ii) Environmental Enrichment (EE; n = 20): The rats from this group were submitted to environmental enrichment for 8 weeks;
- (iii) Anaerobic Physical Exercise (AnPE; n = 20): The rats from this group were submitted to anaerobic physical exercise for 8 weeks;
- (iv) Social Enrichment (SE; n = 20): The rats from this group were submitted to social enrichment for 8 weeks.

After eight weeks of intervention, half of the animals in each group undergo stereotaxic surgery to induce amyloid-beta (A $\beta$ ) toxicity - an important characteristic of Alzheimer's disease; another half was submitted to surgery without A $\beta$  injection. After surgery recovery, all rats were submitted to behavioral tests. When behavioral tests were finished, rats were euthanized for posterior brain tissue preparation and biochemical analyses (Fig. 1).



**Fig 1. Experimental design.** Rats were maintained in standard conditions (control) or submitted to environmental enrichment, anaerobic exercise or social enrichment during 8 weeks. After, they were submitted to stereotaxic surgery with injection of A $\beta$  (A $\beta$ ) or saline. Behavioral testing started 10 days after surgery to ensure surgery recovery and A $\beta$  plaque formation. Euthanasia occurred 20 days after surgery; biochemical testing was the last step of the study. OF – open field; PM – plus maze; OR – object recognition memory test; SR – social recognition memory test.

## 2.2 Interventions

### 2.2.1 Environmental Enrichment (EE)

Rats submitted to EE were housed in large polycarbonate cages (80 × 60 × 60 cm), 4 rats per cage, provided with various objects of different shapes, sizes, colors, textures, and material (wood, plastic, and metal) as plastic tubes, little balls, sound objects and

wooden houses (Bouet et al. 2011; Leger, Bouet et al. 2012). During the 8 weeks of intervention, 3 times a week, 3 hours / day, the objects and their locations were renewed once a week to ensure novelty. No physical activity was used in this intervention.

### **2.2.2 Social Enrichment (SE)**

Rats submitted to SE were housed in large polycarbonate cages (80 × 60 × 60 cm), 10 rats per cage (adapted from Pascual et al., 2006). During the 8 weeks of intervention, 3 times a week, 3 hours / day.

### **2.2.3 Anaerobic Physical Exercise (AnPE)**

The AnPE proposed consisted in a resistance training using a one meter ladder with steps separated by 2 cm from one another, as described by Barone et al. (2009). Rats were familiarized with the exercise (climbing the ladder) for 3 days. In the first week after familiarization, the exercise was performed using the natural load. In order to increase the workload, from the second week upward, increasing weights were attached to the base of the rats' tail. The initial weight was 50% of the rat's body weight and gradually increased throughout the subsequent 8-week training period. The resistance training consisted of 1 set of 8 repetitions with a 1 min of rest interval among the repetitions. The training was conducted 3 days/week, for 8 weeks. When the rats reached the top of the ladder, they were allowed to recover in the resting area.

## **2.3 Preparation of Amyloid $\beta$ 25-35**

Amyloid beta (Abeta) peptide 25-35 (Sigma Aldrich, São Paulo, Brazil; Product Number: A4559) was dissolved in saline (vehicle) at a concentration of 100  $\mu$ M. Before intrahippocampal injection, the Abeta was incubated at 37°C during 4 days to induce Abeta 25-35 aggregation (Ghasemi et al., 2014).

## **2.4 Stereotaxic surgery**

The stereotaxic surgeries for intrahippocampal injection of 2  $\mu$ l Abeta 25-35 or vehicle (saline) were performed after initial interventions. Rats were anesthetized with ketamine and xylazine (i.p. 75 mg/kg and 10 mg/kg, respectively). When confirmed the anesthetic plan, the rats were mounted into a stereotaxic frame, and CA1 region of the dorsal hippocampus was located based in the Paxinos and Watson brain atlas (AP - 4.2, LL  $\pm$  3.0, VM - 3.0 mm) (Paxinos and Watson, 1986). Bilateral infusions were performed using a Hamilton syringe and an infusion bomb. After surgery, rats were

returned to their cages and monitored during 10 days, period required to surgery recovery and to induct the aggregation of Abeta protein in rats' hippocampi (Zussy et al., 2011).

## **2.5 Control behavioral tasks**

To analyze exploratory and locomotor activities and ensuring that any procedure impaired such behaviors, altering the memory tests results, 10 days after surgery rats were placed on the left quadrant of a 50 x 50 x 50 cm open field made with wooden painted white. Black lines were drawn on the floor to divide it into 12 equal quadrants. Crossing and rearing, as measures for locomotor activity and exploration, respectively, were measured over 5 min (Bonini et al., 2006). To evaluate anxiety state rats were exposed to an elevated plus maze (Pellow et al., 1985). The time spent and the number of entries into the open arms were recorded over a 5 min session.

## **2.6 Memory behavioral testing**

### **2.6.1 Object recognition memory test (OR)**

Training and testing in the object recognition (OR) task were carried out in an open-field arena (50 x 50 x 50 cm) built with wooden painted white (Ennaceur and Delacour, 1988). Rats were first habituated individually in the apparatus and left to freely explore it for 20 min during 4 consecutive days before the training. For training session, two different objects (A and B) were placed in the apparatus and rats were allowed to explore them freely during 5 min. The objects were made of metal, glass, or glazed ceramic. Exploration was defined as sniffing or touching the objects with the nose and/or forepaws. Sitting on or turning around the objects was not considered an exploratory behavior. After 3h and 24h, in the short-term memory (STM) and long-term memory (LTM) test session, one of the objects was randomly exchanged for a novel object (C and D, respectively) and the rats were reintroduced into the apparatus during 5 min. To avoid confounds by lingering olfactory stimuli and preferences, the object and the arena were cleaned after testing each animal with 70% ethanol. The time spent exploring the familiar and the novel object was recorded in video.

### **2.6.2 Social recognition memory test (SR)**

This task is one adaptation of the social interaction test proposed by Kaidanovich et al. (2011). The task was completed in three days. In the first day the rats were placed in an arena (the same size and characteristics previously described to OR) with two small

cages during 20 min for free exploration (habituation day). In the second day, training was performed with inclusion of one unfamiliar rat in the cages for 1 hour of free exploration. After 24 hours, testing was performed when the same rat of training (familiar rat) and a new rat were placed for exploration during 5 minutes. The time spent exploring the new and familiar rat were recorded. Exploration was defined as sniffing or touching the small cages with the nose and/or forepaws.

## **2.7 Biochemical testing**

### **2.7.1 Tissue preparation**

Rats were euthanized 24 h after the behavioral experiments. The brain was removed and bilateral hippocampus were quickly dissected out and homogenized in 50 mM Tris HCl, pH 7.4. Afterwards, samples were centrifuged at 2400g for 20 min, and supernatants (S1) were used for assay.

### **2.7.2 Reactive species (RS) levels**

RS content was assessed by a spectrofluorimetric method using 20,70-dichlorofluorescein diacetate (DCFH-DA) as a probe (Loetchutin et al., 2005). The sample (S1) was incubated in darkness with 5  $\mu$ L DCFH-DA (1 mM). The oxidation of DCFH-DA to fluorescent dichlorofluorescein (DCF) was measured for the detection of intracellular RS, specifically reactive oxygen species (ROS) were analyzed. The formation of the oxidized fluorescent derivative (DCF), measured by DCF fluorescence intensity, was recorded at 520 nm (480 nm excitation) 30min after the addition of DCFH-DA to the medium. Results were expressed as AU (arbitrary units).

### **2.7.3 Detection of lipid peroxidation (TBARS)**

Lipoperoxidation was evaluated by the thiobarbituric acid reactive substance (TBARS) test (Ohkawa et al., 1979). One aliquot of S1 was incubated with a 0.8% thiobarbituric acid solution, acetic acid buffer (pH 3.2) and sodium dodecyl sulfate solution (8%) at 95°C for 2 h, and the color reaction was measured at 532 nm. Results were expressed as nmol of malondialdehyde (MDA) per mg protein.

### **2.7.4 Ferric reducing/antioxidant power (FRAP) assay**

The working FRAP reagent was prepared by mixing 25 ml acetate buffer, 2.5 ml TPTZ solution, and 2.5 ml FeCl<sub>3</sub>.6H<sub>2</sub>O solution. 10  $\mu$ L of homogenate was added in the 300  $\mu$ L working FRAP reagent in microplate (Benzie and Strain, 1996). Additionally, also

was used a standard curve with 10  $\mu$ L Trolox concentrations of 15, 30, 60, 120 e 240 mM more 300  $\mu$ L working FRAP reagent. The microplate was incubated at 37°C for 15 min before reading in SpectraMax M5 Microplate Reader at 593 nm.

### **2.7.5 Acetylcholinesterase (AChE) activity**

AChE is a marker of the loss of cholinergic neurons in the forebrain. The AChE activity was assessed by the Ellman method (Ellman, 1961). The reaction mixture was composed of 100 mM phosphate buffer pH (7.4) and 1 mM 5,5'-dithio-bis- 2-nitrobenzoic acid (DTNB). The method is based on the formation of a yellow anion, 4,4'-dithio-bis-acid nitrobenzoic after adding 0.8 mM acetylthiocholine iodide. The change in absorbance was measured for 2 min at 30 s intervals at 412 nm (SpectraMax M5 Molecular Devices, CA, USA). Results were expressed as micromoles of acetylthiocholine iodide hydrolyzed/min/mg of protein. Proteins were measured according to Bradford (1976) using bovine serum albumin as a standard.

### **2.8 Statistical analysis**

Data are reported as mean  $\pm$  SEM. Normality of data distribution was checked using Shapiro-Wilk test. Objects' exploration time in OR and rats' exploration time in SR were converted to percent of total exploration time, and a one-sample t-test was used to compare the percent of total time of exploration spent in each object or rat considering a theoretical default mean of 50%. In OF and PM tests data of all groups were compared using ANOVA one-way. Biochemical results of all groups were compared using Kruskal-Wallis followed by specific t-tests. Significance level was set at 0.05.

## **3 Results**

### **3.1 Control behavioral results**

Locomotor and exploratory behaviors, as anxiety behavior, were not influenced by the procedures (Table1).

Behavioral tasks		Control				Abeta			
		Cont	EE	AnPE	SE	Abeta	EE	AnPE	SE
Exploration time in OR	Total exploration time in training (s)	43.73 (8.30)	38.91 (15.67)	42.16 (17.09)	32.36 (16.81)	41.33 (22.86)	36.05 (12.58)	41.21 (16.62)	39.71 (15.79)
	Total exploration time in STM test (s)	42.16 (17.09)	35.64 (18.05)	40.27 (25.46)	32.99 (12.85)	42.09 (13.68)	42.81 (23.84)	41.49 (14.02)	33.63 (11.70)
	Total exploration time in LTM test (s)	38.91 (15.67)	36.53 (14.24)	42.84 (15.61)	34.34 (11.99)	39.62 (10.55)	35.36 (8.82)	36.81 (12.31)	35.73 (5.78)
	Total exploration time in SR test (s)	96.21 (22.21)	93.73 (25.06)	81.90 (16.53)	86.94 (26.41)	83.10 (34.64)	85.03 (11.15)	84.86 (31.90)	98.93 (25.80)
Open field	Crossings (n)	45.00 (7.59)	45.00 (7.59)	35.21 (3.36)	34.75 (3.77)	32.88 (3.36)	45.43 (4.49)	36.79 (3.88)	49.22 (5.54)

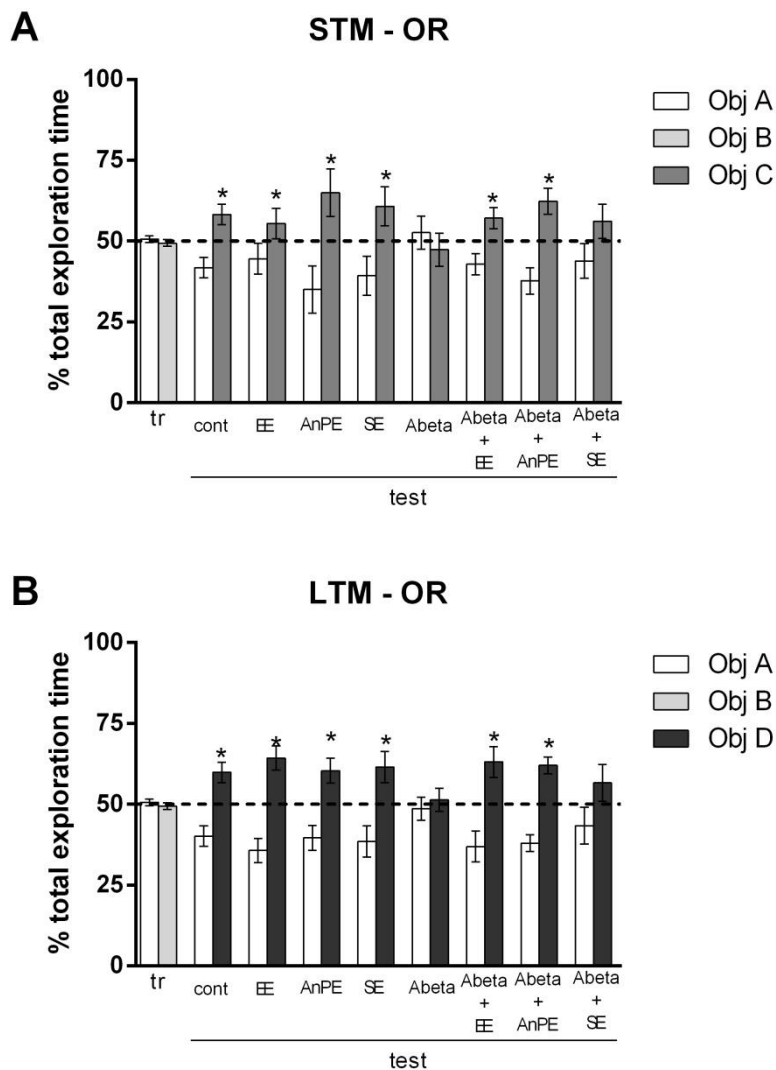
	Rearing (n)	15.50 (2.51)	15.50 (2.51)	15.57 (1.49)	12.33 (2.02)	15.53 (2.71)	17.80 (2.38)	14.64 (1.40)	15.78 (3.20)
		22.46 (8.10)	23.38 (7.14)	20.47 (9.18)	22.84 (9.05)	19.42 (11.12)	22.34 (9.14)	21.57 (8.17)	24.84 (12.08)
<b>Plus maze</b>									
	Time in open arms (s)	25.82 (22.05)	27.09 (18.37)	23.64 (22.01)	27.56 (26.35)	27.03 (21.78)	23.14 (19.18)	26.93 (23.93)	21.41 (11.31)

Table 1. Control behavioral tests results. Abeta, EE, AnPE and SE did not alter the total exploration time on OR and SR training and testing, locomotor and exploratory activities on Open Field, and anxiety behavior evaluated by Pluz Maze ( $P > 0.05$ ; One-way ANOVA; data expressed as mean  $\pm$  SEM;  $n = 10-20$  per group).



### 3.2 Object recognition memory

In training session all rats explored each object (A and B) for the a similar percentage of total exploration time (mean of all groups: object A =  $50.60 \pm 10.02\%$ ; B =  $49.40 \pm 10.02\%$ ;  $P = 0.55$ ;  $t_{(94)} = 0.58$ ; Fig. 2 tr). Control group did not show deficits in STM OR testing ( $P = 0.02$ ;  $t_{(13)} = 2.57$ ; Fig. 2A/Test/cont). Animals submitted to EE, AnPE and SE also did not show deficits in STM OR testing ( $P < 0.05$ , Fig. 2A/Test). Abeta rats presented deficits in short-term OR memory, since they spent a similar time exploring the familiar and the novel object ( $P = 0.60$ ;  $t_{(13)} = 0.52$ ; Fig. 2A/Test/Abeta). EE and AnPE avoided STM OR deficit in Abeta rats ( $P = 0.04$ ,  $t_{(13)} = 2.18$  for Abeta+EE;  $P = 0.009$ ,  $t_{(13)} = 3.05$  for Abeta+AnPE, Fig 2A/test). SE did not avoid STM deficit in Abeta rats ( $P = 0.28$ ,  $t_{(8)} = 1.14$ , Fig 2A/test/Abeta+SE).



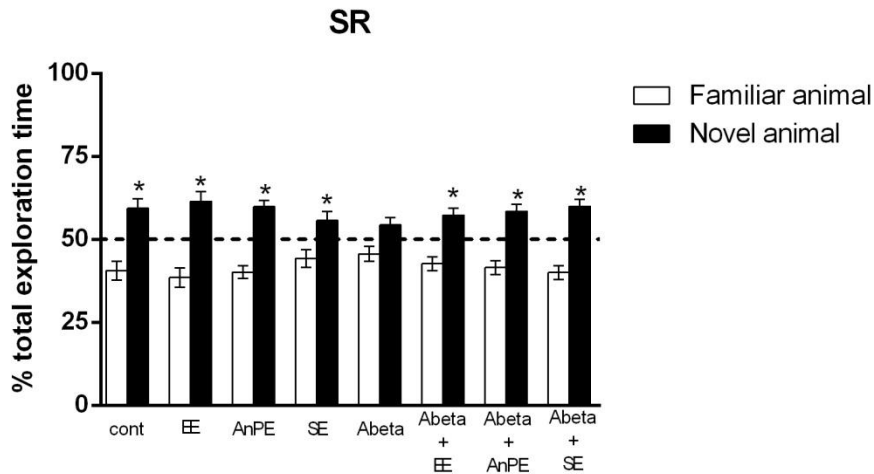
**Figure 2.** Amyloid beta impairs short (A) and long-term (B) object recognition memory. Environmental enrichment (EE) and anaerobic physical exercise (AnPE) for 8 weeks prevents OR memory deficits; social enrichment (SE) does not. Data as present as mean  $\pm$  SEM of the percent of the total exploration time. \* $P < 0.05$  in one-sample t-test, considering a theoretical mean of 50%;  $n = 8-14$  per group Tr: training; Cont: Control. EE: Environmental enrichment; AnPE: Anaerobic exercise; SE: Social enrichment; Abeta: Amyloid beta.

In LTM test, control group did not show deficits in OR testing ( $P = 0.009$ ;  $t_{(12)} = 3.09$ ; Fig. 2B/Test/cont). Animals submitted to EE, AnPE and SE also did not show deficits in STM OR testing ( $P < 0.05$ , Fig. 2B/Test). Abeta rats presented deficits in long-term OR memory, since they spent a similar time exploring the familiar and the novel object ( $P = 0.71$ ;  $t_{(13)} = 0.37$ ; Fig. 2B/Test/Abeta). EE and AnPE avoided LTM OR deficit in Abeta rats ( $P = 0.01$ ,  $t_{(13)} = 2.74$  for Abeta+EE;  $P = 0.0005$ ,  $t_{(13)} = 4.56$  for Abeta+AnPE, Fig 2B/test). SE did not avoid LTM deficit in Abeta rats ( $P = 0.27$ ,  $t_{(8)} = 1.16$ , Fig 2B/test/Abeta+SE).

There are no differences between groups in the total time of exploration on training and testing sessions (table 1).

### **3.3 Social recognition memory**

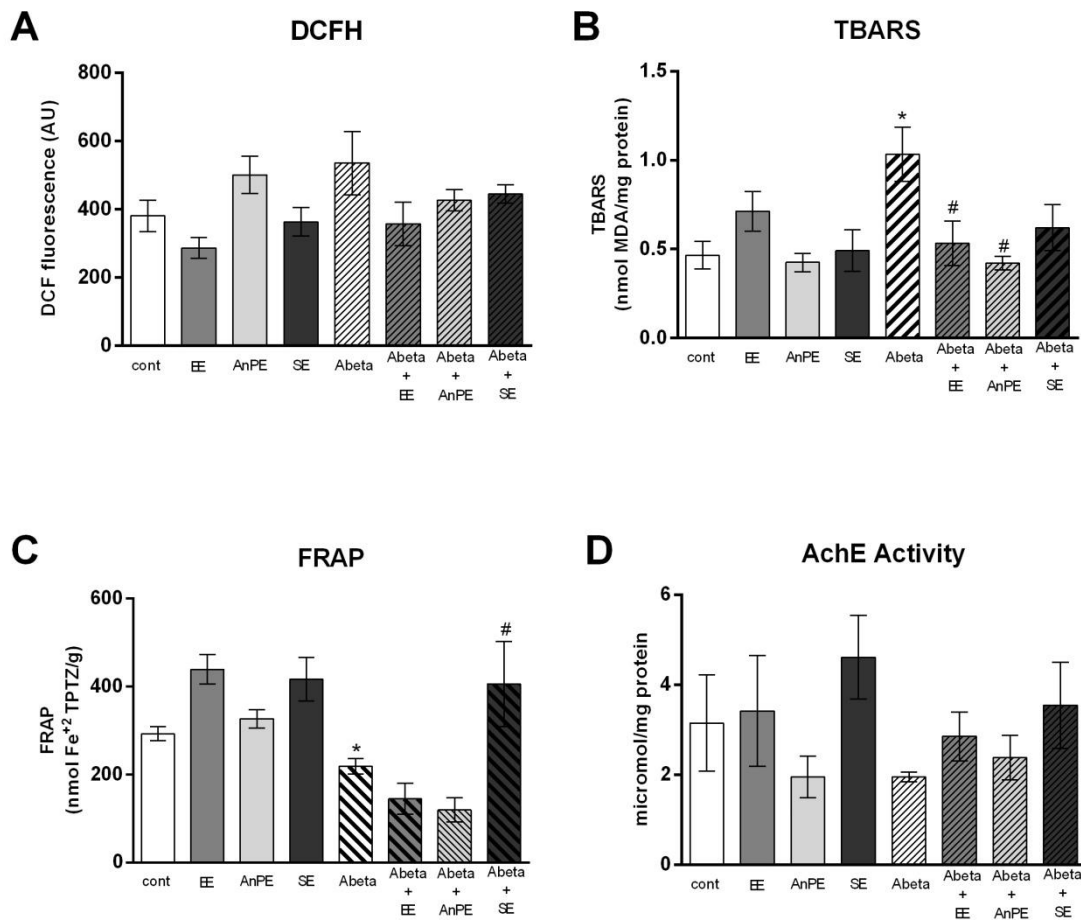
Control rats explored the new rat for a longer time than the familiar one ( $P < 0.001$ ;  $t_{(16)} = 10.23$ ; Fig. 3/Sham). Animals submitted to EE, AnPE and SE presented the same behavior ( $P < 0.05$ ; Fig. 3). Abeta rats showed impaired social recognition memory, exploring for a similar time the familiar and the new rat ( $P = 0.07$ ,  $t_{(11)} = 1.93$ , Fig. 3/Abeta). EE, AnPE and SE preserved social recognition memory in Abeta rats ( $P = 0.004$ ,  $t_{(12)} = 3.52$  for Abeta+EE;  $P = 0.003$ ,  $t_{(8)} = 4.00$  for Abeta+AnPE; and,  $P = 0.001$ ,  $t_{(7)} = 4.83$  for Abeta+SE; Fig. 3).



**Figure 3.** Amyloid beta impairs social recognition memory. Environmental enrichment (EE), anaerobic physical exercise (AnPE) and social enrichment (SE) for 8 weeks prevents SR memory deficits. Data as present as mean  $\pm$  SEM of the percent of the total exploration time. \* $P < 0.05$  in one-sample t-test, considering a theoretical mean of 50%;  $n = 8-13$  per group Tr: training; Cont: Control. EE: Environmental enrichment; AnPE: Anaerobic exercise; SE: Social enrichment; Abeta: Amyloid beta.

### 3.4 Hippocampal oxidative status

No significant differences in hippocampal ROS levels were observed between groups ( $P = 0.11$ ,  $H_{(8)} = 11.64$ ; Fig. 4A).



**Figure 4.** Effects of Abeta and interventions on hippocampal oxidative status and acetylcholinesterase activity. A. Reactive oxygen species (ROS) by DCFH. B. Lipid peroxidation by TBARS (Thiobarbituric Acid Reactive Substance). C. Total antioxidant capacity by FRAP (Ferric reducing/antioxidant power). D. Acetylcholinesterase (AChE) activity. Data as present as mean  $\pm$  SEM. \* $P < 0.05$ , control vs. Abeta; # $P < 0.05$  Abeta vs. Abeta + specific intervention; Kruskal-Wallis following by t-tests ( $n = 5-8/\text{group}$ ). Cont: Control. EE: Environmental enrichment; AnPE: Anaerobic exercise; SE: Social enrichment; Abeta: Amyloid beta.

A main effect for the treatment was observed in hippocampal lipid peroxidation (TBARS) ( $P = 0.03$ ,  $H_{(8)} = 15.20$ ; Fig. 4B). Abeta rats showed higher lipid peroxidation than control rats ( $P = 0.004$ ; Fig. 4B). Abeta rats submitted to EE and AnPE presented lower lipid peroxidation than Abeta not submitted to any intervention ( $P = 0.02$  for EE;  $P = 0.01$  for AnE; Fig. 4B).

A main effect for the treatment was observed in hippocampal total antioxidant capacity (FRAP) ( $P < 0.0001$ ,  $H_{(8)} = 36.42$ ; Fig. 4C). Abeta group showed lower total antioxidant

capacity than sham ( $P = 0.02$ ; Fig. 4C). Abeta rats submitted to SE presented higher antioxidant capacity than Abeta not submitted to any intervention ( $P = 0.02$ ; Fig. 4C).

### **3.5 AchE Activity**

No significant differences on AchE activity was observed between groups ( $P = 0.22$ ;  $H_{(8)} = 9.43$ ; Fig. 4D)

## **4. Discussion**

Here we investigated the effects of EE, AnPE and SE concerning their neuroprotective potential to prevent or minimize memory impairments and hippocampus oxidative stress related to Abeta neurotoxicity. Our results demonstrated that EE and AnPE avoid impairments in object recognition memory (STM and LTM), while social recognition memory deficits were prevented by all interventions, including SE. So, EE and AnPE seem to be more effective in memory protection than SE.

There is previous evidence showing that EE could enhance synaptic plasticity, attenuating cognitive deficits in rodents (Sakalem et al., 2017). Among the several changes caused by EE in the central nervous system, increasing in neurogenesis, neutrophins levels, neuronal survival, synaptogenesis, cellular proliferation, and dendritic arborization in different brain regions were between the benefits previously observed in the brain of animals exposed to EE (Van Praag et al., 2000; Rossi et al., 2006; Kempermann et al., 1997; Mohammed et al., 2002; Faherty et al., 2003). Additionally, a reduction of brain oxidative stress by EE was described in a mice genetic model of AD (Herring et al., 2010). However, how much of these effects observed using EE protocols are related to EE per se, and how much are related to physical exercise and increase of social interaction (social enrichment) associated to these protocols remains poor described.

Recently, investigating the effects of physical and social components of EE after brain ischemia-reperfusion, Chen and cols. (2017) showed that both physical and social enrichment reduce the brain lesion (infarct volume) and increase the astrocytes proliferation and BDNF expression, but their data suggest that physical activity component of EE is the most important factor, being related with positive results in functional, biochemical and histological evaluation. On the other hand, Birch e cols. (2013), demonstrated that EE, in absence of exercise, can increase synaptogenesis

and improve memory in normal rats, and indicated that probably there is a time-dependent cognitive-enhancing effect of EE that is independent of physical activity. We have not found studies that evaluated the effects of each compound of EE in recognition memory and brain oxidative status. Additionally, although there are significant amount of studies relating positive effects of EE on AD, we did not find studies isolating EE, SE and physical exercise effects on models of this disease.

In AD brain, the imbalance of homeostasis leads to the increase of ROS and lipid peroxidation, leading to oxidative stress and degeneration of cholinergic nervous system, which result in impairments of cognition and memory (Chauhan and Chauhan, 2006; Zhu et al., 2007; Melo et. al., 2003). The oxidative damages observed in the hippocampus support the interpretation that oxidative stress in the brain of patients with Alzheimer's disease are related to Abeta deposition and cognitive deficits observed (Butterfield and Lauderback, 2002; Lovell and Markesbery, 2001; Smith et al., 1997; Chauhan and Chauhan, 2006; Mariani et al., 2005; Migliore et al., 2005), so interventions that act avoiding or reducing oxidative stress or increasing antioxidant defenses are an interesting strategy to use in AD/Abeta neurotoxicity. Our results show that AnPE and EE (EE was performed without increasing in physical exercise or socialization levels) can avoid increase on lipid peroxidation observed in Abeta rats' hippocampus. Alterations in ROS were not observed in any group of animals, maybe because their half-life is short. In parallel, these interventions protected all memory parameters evaluated. Probably, this memory protection are related to other protective factors, since EE and AnPE can increase brain neuroplasticity (Neidi et al, 2016; Birch et al., 2013; During and Cao, 2006) but certainly, the avoiding of oxidative damage collaborate to the observed results.

Previous studies have clearly indicating that enhanced level of acetylcholine (ACh) leads to functional improvement of central cholinergic synapses and protection of neuronal degeneration (Wisniewski, 2014), yet elevation of ACh achieved by inhibiting AChE, could improve the cholinergic dysfunction of AD (Yang et. al., 2013). Furthermore, some factors can induce brain impairment by influencing the synthesis, release, and uptake of ACh (Liu et. al., 2013), which may be suggest of neuroprotection caused by the interventions.

One could argue that there are more evidences in the literature regarding aerobic physical exercise neuroprotection, and it is true. Although there is a lack of consensus

regarding physical activities associated with AD prevention or improvement, aerobic balanced training of moderate to severe intensities are considered optimal, and the regular practice of walking, for example, improves cognition in AD (Hill et al., 2009; Venturelli et al., 2011; Winchester et al., 2013; Suttanon et al., 2013; Hurley et al., 2011). On the other hand, strength training (an anaerobic physical exercise) seems to be particularly more effective improving postural and motor function (Granacher et al., 2006; Malling and Jensen, 2015). Here we choose to use anaerobic exercise because we consider that EE protocols used in animal models include more anaerobic exercise (animals climbing ramps and stairs, passing by tunnels, and others) than aerobic continuous training. Yet, instead anaerobic exercise effects on cognition were little investigated, it would be interesting if this type of exercise brings neuroprotective effects, since AD are more common in elderly, an age in which strength training is necessary to promote better muscular function, avoiding falls and ensuring better balance and posture (Hurley and Hagberg, 1998; Rubenstein et al., 2000).

Unlike EE and AnPE, in our experimental conditions SE was able only to prevent social recognition memory deficits, and not the object recognition deficits. In humans, an increase in social engagement with the surrounding environment can be correlated with angiogenesis, synaptogenesis, and neurogenesis increasing, important factors for delaying the development of AD and cognitive dysfunctions (Fratiglioni et al., 2004), but a recent study in rats demonstrates that SE had only minor effects on neuroplasticity and cognition (Brenes et al., 2016). On the prevention of AD, including animal research, there is a lack of researches on the effects of social engagement on AD prognosis. Our results indicated that SE memory protection was not so effective as EE and AnPE; it could be related to biochemical observations, considering that SE did not avoid oxidative damage. On the other hand, SE increases total antioxidant capacity, what, despite can be considered a good effect, seems to be not so effective, since the oxidative damage was already present in the hippocampus of these animals. Yet, it is important to observe that SE animals present neuroprotection on social recognition memory. It could be attributed to social training, since these animals were habituated to socialize with new rats and Brenes and cols. (2016) demonstrated that SE had positive effects on social behavior.

In conclusion, our results show that Abeta injection resulted in oxidative and memory damage. EE and AnPE avoided all memory deficits (OR and SR) and lipid peroxidation (TBARS) induced by Abeta. SE avoided only the SR memory deficits and antioxidant

capacity (FRAP) decrease induced by Abeta. So, we can resume that environmental and physical training components of EE protocols may be more important than social enrichment in neuroprotection of Abeta neurotoxicity.

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## PARTE III

### 5. Discussão

Os experimentos propostos nesta dissertação buscaram comparar diferentes intervenções utilizando o modelo animal de doença de Alzheimer (DA), investigando as suas capacidades neuroprotetoras e consequente redução dos danos causados na memória e estresse oxidativo devido à neurotoxicidade induzida pela  $\beta$ A.

Os resultados deste estudo demonstraram que o enriquecimento ambiental (EA) e o exercício físico anaeróbico foram capazes de evitar prejuízos na memória de reconhecimento de objetos (RO), tanto em memória de curta duração como na memória de longa duração, bem como na memória de reconhecimento social (RS), evitando o aumento da peroxidação lipídica hipocampal (TBARS). Por outro lado, o enriquecimento social (ou socialização) protegeu somente a memória de reconhecimento social, evitando a diminuição da capacidade antioxidante total no hipocampo.

Estudos prévios comprovaram que o ambiente enriquecido, é capaz de aumentar as taxas de neurogênese (GOULD et al., 1999; SHORS et al., 2001; TASHIRO et al., 2007; DUPRET et al., 2008), e promover um pronunciado efeito positivo tanto na sobrevivência de novas células (VAN PRAAG et al., 2000) quanto na sua proliferação (FABEL & KEMPERMANN, 2008; FABEL et al., 2009). Estudos também evidenciaram que o EA promove o aumento de fatores neurotróficos, colaborando assim na redução dos déficits de memória relacionados ao envelhecimento (KEMPERMANN et al., 2002; MORA, 2013), além de atenuar o estresse oxidativo (SNOW et. al., 2015).

No entanto, o protocolo de EA utilizado nos estudos com modelos animais geralmente abrange não somente o ambiente enriquecido, como também promove uma maior interação social, por incluir maior número de animais do que costuma ser incluído nas caixas moradias de ratos de laboratório, bem como um maior nível de atividade física, por incluir, frequentemente, a roda de

atividades, na qual o animal realiza corrida voluntária, além de túneis e estadas para o animal subir (VIVINETTO et. al., 2013; FIALA et. al., 1997; NEWBERRY, 1995).

Em nosso estudo procuramos isolar os efeitos da socialização, do EA e do exercício físico, de modo que não incluímos roda de atividades em nossas caixas de EA, e o número de animais por caixas era igual para os animais do grupo EA e do grupo controle, mantidos em caixas não enriquecidas. Esta preocupação foi tomada no intuito de tentar isolar os efeitos da cada intervenção, considerando que o EA, a socialização e o exercício físico são propostas diferentes, especialmente para os seres humanos, e é importante conhecer os potenciais terapêuticos de cada uma destas intervenções.

Birch et al. (2013) realizaram uma intervenção com EA sem exercício físico em ratos normais e verificaram melhora da memória e aumento da sinaptogenese. Já Chen e colaboradores (2017) investigaram os efeitos protetores dos componentes social e físico do EA em um modelo de isquemia-reperfusão. Os autores verificaram que ambos os componentes estavam relacionados à diminuição da área de lesão, e aumento de BDNF, no entanto, sugeriram que o componente atividade física é o componente mais importante para garantia dos resultados positivos do EA.

Embora haja muitas referências aos efeitos do exercício físico sobre a cognição, a maioria da literatura documentada evidencia os efeitos do exercício aeróbico, especialmente no tipo de demência estudada neste trabalho. De fato, pessoas que possuem baixos percentis de atividade física são mais propensas a desenvolver demência do que aqueles que praticam com mais frequência (BUCHMAN et al., 2012), informação que corrobora com outro estudo que demonstrou que pessoas que se exercitam três ou mais vezes durante a semana tem menor risco de desenvolver demência, quando comparado aquelas que não realizam a prática (LARSON et. al., 2006). Ainda, Lautenschlager et al. (2008) demonstraram que sujeitos que se exercitaram por seis meses ou mais apresentaram melhorias na cognição.

Por mais que a maioria dos estudos com idosos com e sem DA se detenha em estudar o exercício aeróbico, o exercício anaeróbico, como o treino de força e flexibilidade, mostra-se benéfico em pacientes com DA e idosos, melhorando a função postural e motora (ROACH et. al., 2011; ROLLAND et. al., 2007; GRANACHER et. al., 2006; MALLING, 2015), o que contribui para diminuição do risco de quedas e melhora no desempenho de atividades da vida diária. Assim, é importante reconhecer se o exercício anaeróbico também tem efeito sobre a cognição, pois este traria benefícios motores e cognitivos associados, qualificando o treinamento do idoso, com ou sem demência. Nós demonstramos que o exercício anaeróbico também tem potencial neuroprotetor, evitando o dano oxidativo induzido pela  $\beta$ a, o que corrobora com os achados de Cassilhas et al. (2007), que relatam que adultos cognitivamente normais que realizam exercícios anaeróbicos demonstram retardo no declínio cognitivo relacionado à idade, apresentando melhorias significativas nas medidas de memória em comparação com adultos sedentários.

Estudos futuros podem investigar quais os tipos específicos de exercícios ou combinações são mais adequados e produzam um maior benefício à população idosa, especificamente aos pacientes com DA. De toda forma, nossos resultados apontam para um efeito benéfico tanto do EA (sem inclusão do exercício), como do exercício físico anaeróbico/de força, promovendo neuroproteção à neurotoxicidade induzida pela proteína beta-amilóide.

Enquanto o EA e o exercício anaeróbico mostraram efeitos neuroprotetores amplos, o enriquecimento social/aumento da socialização proporcionado a um grupo de animais não teve tamanho efeito. Esta intervenção foi capaz apenas de proteger a memória de reconhecimento social, e, simultaneamente, evitar a diminuição da capacidade antioxidante total promovida pela  $\beta$ a. Em estudos com seres humanos a interação social gerou aumento da angiogênese, sinaptogênese e neurogênese, fatores estes importantes na prevenção das disfunções cognitivas e possível desenvolvimento da DA (FRATIGLIONI et. al., 2004). Contudo, em estudo recente realizado com animais apenas efeitos modestos foram comprovados sobre a neuroplasticidade e cognição (BRENES et. al., 2016). Brenes e cols.

(2016) demonstraram que o enriquecimento social tem efeitos positivos no comportamento social, o que poderia explicar o fato de que neste trabalho ele preservou justamente a memória de reconhecimento social, já que esses animais estavam habituados a se socializar com novos animais.

No cérebro de pacientes com DA, e também de modelos animais da DA, há um desequilíbrio da homeostase, ou seja, a formação de ERO's é maior que a capacidade antioxidante, além da presença da peroxidação lipídica, levando assim ao estresse oxidativo e consequente dano neuronal (CHAUHAN E CHAUHAN, 2006; ZHU ET. AL., 2007). Em nossos resultados demonstramos que o exercício físico anaeróbico e o EA foram capazes de evitar o aumento da peroxidação lipídica no hipocampo de ratos expostos à  $\beta$ a. Nós não observamos redução na formação de ERO's nos animais que receberam injeção de  $\beta$ a, o que poderia ser justificado se considerarmos que a meia vida destas espécies é limitada, portanto, muitas vezes se torna difícil de mensurar em um modelo crônico como este. No entanto, o dano oxidativo observado pelos níveis de TBARS evidencia que houve estresse oxidativo.

O dano oxidativo observado no hipocampo dos animais que receberam  $\beta$ a foi evitado pelo exercício anaeróbico e pelo EA. Alguns estudos destacam que o treinamento físico crônico pode levar a adaptações favoráveis ao sistema antioxidante (RADAK et. al., 2001; CLARKSON and HUBAL, 2002) e algumas enzimas antioxidantes como a glutathione-peroxidase e glutathione-reductase estão com sua atividade aumentada após seis semanas de treinamento (HELLSEN et. al., 1996), protegendo o tecido do dano oxidativo. Estudos prévios também relatam efeitos antioxidantes relacionados ao EA (SNOW et. al., 2015), incluindo aumento da expressão de genes antioxidantes (GRINAN-FERRE et al., 2016).

Em conclusão, nossos resultados mostram que a injeção da proteína  $\beta$ a no hipocampo de ratos resulta em danos oxidativo e de memória, e que o EA e o exercício físico previnem os déficits de memória e a peroxidação lipídica hipocampal. Já o enriquecimento social protegeu apenas o déficit de memória

de reconhecimento social e a capacidade antioxidante total do hipocampo, o que pode estar relacionado aos seus efeitos sobre o comportamento social.

## 6. CONCLUSÕES

Com base nos nossos resultados podemos concluir que:

1. A injeção hipocampal de proteína  $\beta$ amilóide promove déficits de curta e longa duração na memória de reconhecimento de objetos e de reconhecimento social;
2. O exercício físico anaeróbico e enriquecimento social são capazes de evitar déficits de memória de reconhecimento de objetos (tanto memória de curta duração quanto memória de longa duração) e de reconhecimento social, déficits estes relacionados à neurotoxicidade induzida pela  $\beta$ a;
3. O enriquecimento social é capaz de evitar apenas déficits na memória de reconhecimento social, déficits estes relacionados à neurotoxicidade induzida pela  $\beta$ a;
4. A injeção hipocampal de proteína  $\beta$ a promove aumento da peroxidação lipídica e diminuição da capacidade antioxidante total do hipocampo;
5. O exercício físico e o enriquecimento ambiental reduzem a peroxidação lipídica hipocampal, enquanto que o enriquecimento social aumenta a capacidade antioxidante total em um modelo de neurotoxicidade induzida pela  $\beta$ a.

Por fim, podemos concluir que o enriquecimento ambiental e o exercício físico têm efeitos neuroprotetores mais pronunciados que o enriquecimento social na prevenção dos danos causados pela neurotoxicidade induzida pela  $\beta$ a.

## 7. PERSPECTIVAS

Os resultados dessa dissertação permitiram confirmar algumas hipóteses previamente levantadas pela literatura. Entretanto, ainda há uma escassez de estudos que avaliam o exercício físico anaeróbico em modelos com doença de Alzheimer. Assim, minhas perspectivas futuras envolvem a continuidade de trabalhos de pesquisa em colaboração com o Grupo de Pesquisa em Fisiologia da Unipampa para que possam ser investigadas questões como:

1. Verificar os efeitos neuroprotetores do exercício físico anaeróbico como forma de prevenção e tratamento em outros modelos de doenças neurodegenerativas;
2. Verificar os efeitos das intervenções propostas sobre outros mecanismos que podem estar envolvidos na neuroproteção observada no modelo proposto, tais como níveis de neurotrofinas, a citar do fator neurotrófico derivado do cérebro (BDNF), e marcadores inflamatórios, como citocinas.

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## ANEXOS

**Anexo I** – Normas da Revista *Neurotoxicity Research*, disponíveis em:  
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Cite references in the text by name and year in parentheses. Some examples:

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- This result was later contradicted by Becker and Seligman (1996).
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**Anexo II – Certificado de aprovação do projeto pelo CEUA-UNIPAMPA**



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**CERTIFICADO DE APROVAÇÃO DE PROTOCOLO PARA USO  
DE ANIMAIS EM PESQUISA**

Número de protocolo da CEUA: **032/2016**

Título: **Comparação dos efeitos neuroprotetores do enriquecimento ambiental, do exercício físico e da socialização em um modelo animal de Doença de Alzheimer**

Data da aprovação: **02/12/2016**

Período de vigência do projeto: **02/03/2018**

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