

## Forum Editorial

### Oxidative Damage in Parkinson's Disease

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**P**ARKINSON'S DISEASE (PD) is a progressive neurodegenerative disease characterized by motor symptoms, as well a variety of nonmotor manifestations. The pathological hallmarks of PD are relatively selective degeneration of the nigrostriatal dopaminergic system and formation of cytoplasmic inclusions composed of protein aggregates that are known as Lewy bodies (20). The pathogenic process in PD is not understood completely, but almost certainly involves an interaction between genetic and environmental factors. Despite this etiological uncertainty, studies of both PD patients and model systems have suggested an important role for oxidative damage in PD. Oxidative damage may contribute to both nigrostriatal dopaminergic degeneration and the development of protein aggregates. As summarized in this issue by Shults (19), these recent advances have led to an investigation into the potential clinical use of antioxidant therapies in PD.

#### OXIDATIVE DAMAGE IN PD

There is substantial evidence for oxidative stress in brains of PD patients (8). Elevated oxidative damage to lipids, protein, and DNA has been observed in the PD substantia nigra. Additionally, there are reduced levels of antioxidant enzymes in PD brain. Przedborski and Ischiropoulos review data indicating an important role for oxidative damage in animal models of PD (15). For example, mice treated with 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine (MPTP) have elevated brain levels of reactive oxygen species (ROS), and antioxidants protect against MPTP toxicity (15). In another model of PD, rats exposed to rotenone show selective oxidative damage across brain regions (18). Taken together, these results strongly suggest an important role for oxidative damage in PD pathogenesis. However, both the source of this oxidative damage and the cellular consequences remain to be determined unambiguously.

#### POTENTIAL SOURCES OF OXIDATIVE DAMAGE IN PD

Mitochondrial oxidative metabolism is a major source of oxidative damage. Electrons that leak from sites along the electron transport chain (ETC) can react with molecular oxygen, leading to production of superoxide and hydrogen peroxide. Partial reductions in the activity of complex I of the ETC, which have been observed systemically in PD patients, can enhance ROS production (9, 11, 14, 16). Local ROS production can further damage complex I, resulting in a feed-forward cycle of complex I impairment and elevated ROS synthesis. Additionally, both MPP<sup>+</sup> (1-methyl-4-phenylpyridinium; the active metabolite of MPTP) and rotenone, two toxins used in PD models, act as inhibitors of mitochondrial complex I, and result in increased oxidative damage (6, 12). These results demonstrate that mitochondria may be an important source of oxidative damage in PD.

Oxidative damage may also be derived from activated microglia adjacent to affected neurons. PD is characterized by extensive microglial activation particularly in the nigrostriatal pathway. Microglia are the resident immune cells of the brain and, in response to injury, they produce potentially neurotoxic ROS through activation of the enzyme, NADPH oxidase. Hong and colleagues have shown in this issue and elsewhere that mixed neuronal-microglial cultures are more sensitive to MPTP, rotenone, and paraquat than neuronal enriched cultures that lack microglia (4, 22). This enhanced toxicity is attenuated by antioxidants and is reduced in mice lacking NADPH oxidase (15). Furthermore, inhibiting microglial activation may prevent MPTP toxicity (21). Thus, microglial activation in PD may contribute to the oxidative damage seen in the PD brain.

Dopamine itself may contribute to the oxidative damage and cell type-selective vulnerability in PD. The most affected neurons in PD use dopamine as their neurotransmitter. Dopaminergic neurons may be specifically sensitive

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to oxidative damage. Normal dopamine metabolism by monoamine oxidase produces hydrogen peroxide (10). Additionally, in the presence of iron (abundant in the substantia nigra), hydrogen peroxide is converted to the highly reactive hydroxyl radical. Dopamine may also be oxidized enzymatically and nonenzymatically to form reactive dopamine semi-quinones (5). For these reasons, it is probable that dopaminergic neurons exist in a constant state of oxidative stress and, as suggested in this issue by Hastings and colleagues, endogenous dopamine may render neurons more vulnerable to additional oxidative stressors (3).

Finally, oxidative damage may result from environmental factors that may contribute to PD. Increased occurrence of PD has been associated epidemiologically with rural living and pesticide exposure. Paraquat (PQ), an herbicide with chemical structure similar to MPTP, reproduces features of PD in mice. As pointed out by Di Monte *et al.* in this issue, the neurotoxicity resulting from PQ or diquat (another herbicide) may result from redox cycling of the compound itself, leading to oxidative stress (1).

## OXIDATIVE DAMAGE AND PROTEIN AGGREGATION

Lewy bodies, the pathological hallmark of PD, are cytoplasmic aggregates containing a number of proteins, including  $\alpha$ -synuclein, ubiquitin, and neurofilament. Norris and Giasson review the data indicating that oxidative damage may also contribute to the formation of Lewy bodies in PD (13). In PD brain,  $\alpha$ -synuclein becomes oxidatively damaged and insoluble, increasing aggregation. Furthermore, it has been determined that there is selective and specific nitration of  $\alpha$ -synuclein in PD.

The presence of these inclusions has focused attention on the role of the ubiquitin proteasome system (UPS) in PD. The case for involvement of the UPS in PD has been bolstered by studies of familial PD that are associated with mutations in specific components (parkin, UCHL-1) of the UPS. The mechanism accounting for reduced UPS function in PD brain is unknown. However, as shown by Zeevalk and Bernard in this issue, and by Shamoto-Nagai *et al.*, oxidative stress alters UPS activity, resulting in increased ubiquitination and protein aggregation (17, 23). Additionally, O'Malley and colleagues show that, following an oxidative challenge, expression of proteins involved in protein degradation is altered (7). It is also possible that decreased proteasome function may result in elevated oxidative stress through a yet unknown mechanism.

## FUTURE DIRECTIONS

Although there is clear evidence of a role for oxidative damage in PD, many questions remain. Novel two-dimensional gel analysis and mass spectrometry will allow the determination of which proteins are specifically targeted for oxidative damage in the disease. For example, recent studies have determined that specific components of the UPS may be oxidatively altered in PD (2). Are other families of proteins

affected? This analysis will provide a more detailed understanding of the role of oxidative damage in PD pathogenesis.

The involvement of oxidative stress in PD also leads to an investigation into the use of antioxidant therapy. Antioxidant and spin trap agents are protective in animal models of the disease. A more thorough understanding of the sources of ROS will allow for the design of better antioxidant compounds. Additionally, many antioxidant compounds, such as vitamin E, that have been proposed as therapy have poor brain bioavailability, and high doses or chronic treatment regimens may be required. However, a recent clinical trial showed the promise of antioxidant treatment. In this small, randomized, placebo-controlled, double-blind study conducted by Shults, the antioxidant coenzyme Q<sub>10</sub> may have shown the potential to slow PD progression (19). The examination of oxidative damage in PD may uncover more promising treatments for this devastating disorder.

## ABBREVIATIONS

ETC, electron transport chain; MPTP, 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine; PD, Parkinson's disease; PQ, paraquat; ROS, reactive oxygen species; UPS, ubiquitin proteasome system.

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