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Effects of Docosahexaenoic Acid and Its Peroxidation Product on Amyloid-β Peptide-Stimulated Microglia

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Abstract

Growing evidence suggests that docosahexaenoic acid (DHA) exerts neuroprotective effects, although the mechanism(s) underlying these beneficial effects are not fully understood. Here we demonstrate that DHA, but not arachidonic acid (ARA), suppressed oligomeric amyloid- β peptide (oA β)-induced reactive oxygen species (ROS) production in primary mouse microglia and immortalized mouse microglia (BV2). Similarly, DHA but not ARA suppressed oA β -induced increases in phosphorylated cytosolic phospholipase A₂ (p-cPLA₂), inducible nitric oxide synthase (iNOS), and tumor necrosis factor- α (TNF- α) in BV2 cells. LC-MS/MS assay indicated the ability for DHA to cause an increase in 4-hydroxyhexenal (4-HHE) and suppress oA β induced increase in 4-hydroxynonenal (4-HNE). Although oA β did not alter the nuclear factor erythroid 2-related factor 2 (Nrf2) pathway, exogenous DHA, ARA as well as low concentrations of 4-HHE and 4-HNE upregulated this pathway and increased production of heme oxygenase-1 (HO-1) in microglial cells. These results suggest that DHA modulates ARA metabolism in oA β -stimulated microglia through suppressing oxidative and inflammatory pathways and upregulating the antioxidative stress pathway involving Nrf2/HO-1. Understanding the mechanism(s) underlying the beneficial effects of DHA on microglia should shed light into nutraceutical therapy for the prevention and treatment of Alzheimer's disease (AD).

Keywords Alzheimer's disease · Fish oil · Omega-3 fatty acids · Phospholipase A₂ · Lipid peroxidation

Introduction

Docosahexaenoic acid (DHA) is one of the most abundant polyunsaturated fatty acids (PUFAs) in the central nervous system [1]. Reduction of DHA in brains and low dietary DHA intake have been found associated with Alzheimer's disease (AD) [1–5], whereas DHA-enriched diet is associated

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with a lower AD risk [2-4]. Thus, there is substantial interest to examine whether DHA exerts neuroprotective effects to alleviate the pathological events of AD. Studies with AD mouse models indicated a high-DHA diet to reduce amyloid- β plaque burden [5, 6], and cerebral amyloid angiopathy, including cerebrovascular amyloid-B (AB) deposition and microhemorrhages [7]. Given the evidence showing transport of plasma-derived DHA across the blood-brain barrier [8, 9], it is of interest to examine the beneficial and/or detrimental effects arising from the interactions of different neuronal cells with DHA and its peroxidation products. For example, oxidized DHA has been reported to increase amyloidogenic amyloid precursor protein (APP) processing in neurons [10]. DHA enhanced non-amyloidogenic APP processing in differentiated human neuroblastoma cells, possibly due to its ability to fluidize the plasma membranes [11, 12]. In addition, DHA was shown to enhance phagocytosis of AB and decrease inflammatory markers in microglia [13].

Besides DHA, arachidonic acid (ARA) is another abundant PUFA with similar concentrations to DHA in the brain. DHA and ARA in membrane phospholipids are released through hydrolytic reactions mediated by phospholipases A_2 (PLA₂). While the release of DHA has been attributed to the action of Ca²⁺-independent PLA₂ (iPLA₂) [14–17], the release of ARA is largely mediated by the Ca²⁺-dependent cytosolic phospholipase A_2 (cPLA₂) [18]. Unlike DHA, ARA is a lipid mediator for triggering a wide range of inflammatory responses through the synthesis of eicosanoids and prostanoids catalyzed by cyclooxygenases and lipoxygenases [18, 19]. In contrast, DHA is shown to impose pro-resolving and pro-homeostatic effects through synthesis of oxylipins such as resolvin D and neuroprotection D1 [20, 21].

PUFAs undergo lipid peroxidation due to a number of factors, and recent studies have focused on production of 4hydroxyhexenal (4-HHE) from DHA and 4-hydroxynonenal (4-HNE) from ARA [22]. Consistent with oxidative stressinduced cPLA₂ activation and release of ARA in AD patients [23], higher levels of protein-bound 4-HNE and free 4-HNE have been found in plasma, urine, and cerebrospinal fluid in AD and amnestic mild cognitive impairment patients [24–28]. Being reactive aldehydes and electrophiles, 4-HNE and 4-HHE can form adducts with macromolecules such as DNA, proteins, and enzymes to alter cell functions [29-31]. In fact, 4-HNE has been shown to covalently modify AB and accelerate the formation of more neurotoxic Aß protofibrils while inhibiting the production of the mature fibrils [32]. Aside from the detrimental effects, these α,β -unsaturated aldehydes can also elicit hormetic functions, in part, through promoting the nuclear factor erythroid 2-related factor 2 (Nrf2)/heme oxygenase-1 (HO-1) antioxidant pathway [33-40]. Our recent in vitro study demonstrated that low concentrations of 4-HNE and 4-HHE upregulated the Nrf2/HO-1 antioxidant pathway in microglial cells [41].

Microglia are resident macrophage cells in the brain and are responsible for scavenging cell debris, plaques, and damaged neurons and synapses [42]. A recent transcriptome study reported that microglial cell-enriched genes overlapped significantly with genes associated with neurodegenerative diseases and psychiatric disorders, and more than half of the genes associated with AD were preferentially expressed in microglia [43]. These findings suggest that microglia play crucial roles in neurodegenerative diseases, including AD. Therefore, investigating the mechanisms underlying microglial functions has been a major line of AD research. For example, the microglial cell-mediated clearance of AB has been shown to be governed by a range of receptors [44-57], and cPLA₂ in microglia can facilitate AB uptake through its action to regulate membrane-cytoskeleton connectivity [58]. Due to the relatively high expression of nicotinamide adenine dinucleotide phosphate (NADPH) oxidase in microglia, activation of microglial NADPH oxidase is the primary source of A β -induced ROS [59]. In addition, A β induced activation of microglia contributes to neuroinflammation by upregulating reactive nitrogen intermediates and TNF- α [60].

To further understand the effects of DHA on AD pathology, this study examined whether DHA and its peroxidation product, 4-HHE, modulate oxidative stress, cPLA₂ activation, the 4-HNE level, inflammatory responses, and the Nrf2/HO-1 pathway in oligomeric amyloid- β peptide (oA β)-stimulated microglia. Results from this study should help unveil mechanisms underlying the beneficial effects of DHA and shed light into nutraceutical therapy for the prevention and treatment of AD.

Materials and Methods

Materials

Dulbecco's modified Eagle's medium (DMEM), Fluo-4-AM, A23187, and penicillin/streptomycin (P/S, 10,000 units/ml) were obtained from Life Technologies (Grand Island, NY). Fetal bovine albumin (FBS), bovine serum albumin (BSA), and Ham's F-12 media were from GE Healthcare Life Sciences (Logan, UT). 4-HHE (1 mg in 0.1 ml of ethanol), 4-HNE (1 mg in 0.1 ml of ethanol), DHA (50 mg in 0.2 ml of ethanol), ARA (50 mg in 0.2 ml of ethanol), and lipopolysaccharide (LPS) were purchased from Cayman Chemical (Ann Arbor, MI). BSA (fatty acid free), cell proliferation reagent WST-1, 1,3-cyclohexanedione (CHD, 97%), ammonium acetate (HPLC grade), acetic acid (ACS grade) and formic acid (mass spectrometry grade), dimethyl sulfoxide (DMSO), 1,1,1,3,3,3-hexafluoro-2-propanol (HFIP), cOmplete[™] protease inhibitor cocktail, and PhosSTOPTM phosphatase inhibitor cocktail were purchased from Sigma-Aldrich (St. Louis, MO). Human A β_{1-42} was purchased from California Peptide (Salt Lake City, UT), and scramble human $A\beta_{1-42}$ was purchased from AnaSpec (Fremont, CA). Radioimmunoprecipitation assay (RIPA) buffer, the bicinchoninic acid (BCA) protein assay kit, SuperSignal[™] West Pico plus chemiluminescent substrate, Restore[™] PLUS Western blot stripping buffer, and TNF- α mouse uncoated ELISA kit were purchased from Thermo Scientific (Waltham, MA). CM-H₂DCFDA (DCF) was purchased from Invitrogen, Inc. (Eugene, OR). Primary antibodies against HO-1, phosphorylated cytosolic phospholipase A₂ (p-cPLA₂), and cPLA₂ were from Cell Signaling (Beverly, MA); monoclonal anti- β -actin peroxidase antibody was from Sigma-Aldrich (St. Louis, MO); anti-inducible nitric oxide synthase (iNOS) antibody was from Abcam (Cambridge, MA); and anti-Nrf2 antibody was from GeneTex (Irvine, CA). C18 Sep-Pak cartridges (1 ml, 100 mg) were obtained from Waters Corporation (Milford, MA). Phospholipid removal cartridges (PhreeTM, 1 ml) were purchased from Phenomenex, Inc. (Torrance, CA). All solvents (HPLC grade) used for LC and MS analysis were obtained

from Thermo Fisher Scientific, Inc. (Fair Lawn, NJ). Neural Tissue Dissociation kit (P), gentleMACS Dissociator, MACS buffer, and CD11b microbeads were from Miltenyi Biotec (Bergisch Gladbach, Germany).

Primary Mouse Microglial Isolation

Timed pregnant C57BL/6 mice were purchased from Charles River (Wilmington, MA). All animal care and experimental protocols were carried out with permission from the Institutional Animal Care and Use Committee (IACUC) at the University of Illinois at Chicago. Cerebral cortices and hippocampi were dissected from mouse pups (P1-P5). After removal of meninges, brain tissues were subjected to a magnetic cell sorting protocol [61]. Briefly, brain tissue was homogenized using the Neural Tissue Dissociation kit (P) and the gentleMACS Dissociator. Cells were pelleted at $300 \times g$ for 10 min at 4 °C, resuspended in ice-cold MACS buffer containing CD11b microbeads, and further incubated at 4 °C for 15 min. After incubation with microbeads, cells were washed, resuspended in ice-cold MACS buffer, and passed through the magnetized LS columns (Miltenyi Biotec) and microglia were collected according to the manufacturer's protocol. Experiments with primary mouse microglia were carried out immediately after microglial isolation.

BV2 Cell Culture

BV2 cells were provided by Dr. Grace Sun (University of Missouri, MO) who originally obtained from Dr. Rosario Donato (University of Perugia, Italy). BV2 cells were cultured in DMEM supplied with 5% FBS and 1% P/S. Morphology of BV2 cells was routinely examined under a Nikon Eclipse Ti microscope before experiment. For measuring ROS and calcium flux, BV2 cells were seeded into 96-well plates. For Western blot analysis, BV2 cells were seeded into 6-well plates. For LC-MS/MS analysis, BV2 cells were seeded into 60-mm dishes. Experiments were conducted when cells reached 80-90% confluency. BV2 cells were serum starved for 3 h followed by oAB treatment with different treatment times: 30 min for studying ROS production and calcium flux; 6 h for LC-MS/MS analysis of 4-HHE and 4-HNE; 6 h for Western blot analysis of p-cPLA₂/cPLA₂, iNOS, Nrf2, and HO-1; and 23 h for TNF-a ELISA assay. DHA and ARA were dissolved in 2% fatty acid-free BSA, and 4-HHE and 4-HNE were dissolved in DMSO.

Preparation of oAβ

oA β was prepared according to the protocol described by Dahlgren et al. (2002) cited in Ref. [58]. Briefly, 10 mg A β was dissolved in 2.2 ml HFIP and incubated for 60 min at room temperature. The A β -HFIP mixture was then aliquoted into 0.5-ml microcentrifuge tubes. The tube was then opened, set in fume hood overnight, and placed in a speed vacuum system (Thermo Scientific) for HFIP evaporation. A clear film of A β appeared at the bottom of each tube, and the tube was stored in a –80 °C freezer until use. For preparation of oA β , the peptide was first resuspended in DMSO, diluted in ice-cold phenol red–free Ham's F12 medium to a final concentration of 100 μ M, and aged at 4 °C for 24 h before use.

Measurement of ROS Production

For measuring ROS production in primary mouse microglia, freshly collected primary mouse microglia were suspended in 96-well plates and pretreated with 10 μ M DHA or ARA for 2 h, followed by 2.5 μ M oA β treatment for 30 min. For ROS production measurement in BV2 cells, cells were starved for 3 h prior to pretreatment with 10 μ M DHA or ARA for 24 h and incubated in fresh medium for 1 h before treating with 2.5 μ M oA β for 30 min; 5 μ M DCF was then added to each well and incubated with cells for 1 h. The fluorescent intensity of DCF was measured using a Synergy H1 Plate Reader (BioTek Instruments, Inc., St. Louis, MO) with an excitation wavelength of 490 nm and an emission wavelength of 520 nm.

Western Blot Analysis

BV2 cells were seeded into 6-well plates and serum starved for 3 h before incubation with DHA, ARA, 4-HHE, or 4-HNE for 1 h. This was followed by treating cells with 2.5 μ M oA β and further incubation for 6 h. Cells were then lysed in RIPA buffer with protease and phosphatase inhibitors. Cell lysates were collected and centrifuged at $14,000 \times g$ for 15 min at 4 °C, and supernatants were collected. Protein concentration was determined by BCA assay. Equal amount of samples was loaded onto SDS-PAGE for electrophoresis. Then, proteins were transferred to 0.2-µm PVDF membranes at 100 V for 1 h at 4 °C. Membranes were then blocked with 5% non-fat milk in Tris-buffered saline with 0.1% Tween 20 (TBS-T) for 1 h at room temperature. The blots were incubated with antibodies against HO-1 (1:1000 dilution), p-cPLA₂ (1:1000 dilution) or cPLA₂ (1:1000 dilution), iNOS (1:200 dilution), Nrf2 (1:800 dilution), and β -actin (1:50,000 dilution) overnight at 4 °C. After washing with TBS-T, blots were incubated with HRP-conjugated anti-rabbit IgG antibody (1:1000 dilution) for 1 h at room temperature. Signals were developed using SuperSignalTM West Pico plus chemiluminescent substrate and captured with a myECL imager (Thermo Scientific). The optical density of bands was measured with the Image Studio Lite 5.2 (LI-COR Biotechnology, Lincoln, NE).

TNF-α ELISA Assay

The concentration of TNF- α in medium was determined by sandwich ELISA. Briefly, cells were treated as described above, and medium was collected and centrifuged at 4000×g for 5 min. The levels of TNF- α were assessed using a TNF- α ELISA kit following the manufacturer's instruction. The remaining cells were lysed with RIPA buffer and used for total protein determination with BCA assay.

LC-MS/MS Analysis of 4-HHE and 4-HNE in BV2 Cells

LC-MS/MS analysis was carried out as described earlier [41, 62, 63]. Briefly, cells were subcultured in 60-mm dishes, and after different treatment conditions, the culture medium was removed and 0.5 ml of phosphate-buffered saline-methanol (1:1, v/v) was added. An aliquot of cell suspension was added to an equal volume of internal standard (4-HHE-d₃), and acetonitrile containing 1% formic acid was added to the mixture. Solid-phase extraction (SPE) was carried out using a Phree[™] cartridge. 4-HHE, 4-HNE, and 4-HHE-d₃ were derivatized by adding freshly prepared acidified 1,3-cyclohexanedione reagent at 60 °C for 1 h. After the tubes were cooled to room temperature, the derivatized 4-HHE and 4-HNE were desalted using a C18 SPE cartridge. The eluate from the C18 SPE cartridge was evaporated to dryness under a stream of nitrogen gas. An aliquot of the reconstituted solution was injected into a Waters Xevo TO-S triple quadrupole mass spectrometer (Proteomics Center, University of Missouri, Columbia, MO). The multiple reaction monitoring transitions m/z 326.3 > 216.1 Da, 284.2 > 216.1 Da, and 287.2 > 216.1 Da were chosen for simultaneous monitoring of 4-HNE, 4-HHE, and 4-HHE-d₃ derivatives, respectively. MassLynx software (v4.1, Waters) was used for all data acquisitions.

Calcium Measurement in BV2 Cells

BV2 cells were seeded into 96-well plates and starved for 3 h before the addition of 2 μ M Fluo-4-AM for 30 min. Cells were then pretreated with 50 μ M DHA or ARA for 1 h, followed by stimulation with 2.5 μ M oA β or treatment with 1 μ M A23187 as positive control for 30 min. Cells were read with an excitation wavelength of 492 nm and an emission wavelength of 520 nm using a BioTek Synergy H1 Plate Reader.

Statistical Analysis

Data are expressed as mean \pm standard deviation (SD) from at least three independent experiments with single lane. An unpaired two-tailed Student's *t* test was used for statistical analysis between two groups. Statistical analysis between multiple groups was carried out using

one-way ANOVA followed by Tukey's post hoc HSD test in GraphPad Prism (version 8.10). A p value < 0.05 was considered statistically significant.

Results

Effects of DHA on oA β -Induced ROS Production in Primary Mouse Microglia and BV2 Cells

To study mechanisms underlying the beneficial effects of DHA, we began to test if DHA can suppress ROS production induced by $oA\beta$ in freshly isolated primary mouse microglia (i.e., ex vivo condition) and in immortalized microglia (BV2). We found that pretreatment with 10 µM DHA for 2 h suppressed oAB (2.5 µM for 30 min)-induced ROS production in primary mouse microglia (Fig. 1a). In contrary, pretreatment with 10 µM ARA did not alter ROS induced by oAB (Fig. 1b). Similar results were obtained with BV2 cells upon pretreatment of cells with DHA or ARA for 24 h, followed by treatment with 2.5 µM oAB for 30 min (Fig. 1a, b). In this study with BV2 cells, we tested the specificity of $oA\beta$ to induce ROS production by using scrambled A β . As shown in Fig. 1 a, scrambled Aß did not induce ROS production under similar conditions. Our previous studies demonstrated ability for LPS to induce ROS in microglial cells [61]. Using LPS as a positive control, results from this study demonstrated ability for LPS to induce a large increase in ROS in BV2 cells (Fig. 1a). Since we obtained similar results on the effects of DHA on ROS production between BV2 cells and primary mouse microglia, we furthered our cell signaling studies using BV2 cells.

Modulations of 4-HHE and 4-HNE by DHA and ARA in Microglia

In addition to the ability of DHA to suppress $oA\beta$ induced ROS production in microglia, LC-MS/MS experiment was used to examine the effects of DHA and ARA on levels of their peroxidation products, 4-HHE and 4-HNE, respectively. Results showed that treatment with 2.5 µM $oA\beta$ for 6 h did not impose any effect on the 4-HHE level (Fig. 2a) but instead significantly increased the 4-HNE level (Fig. 2b, e). Treatment with 50 µM DHA for 7 h resulted in a significant increase in 4-HHE level, and this level was further increased when cells were treated with DHA for 1 h and followed by treatment with $oA\beta$ for 6 h (Fig. 2a). The addition of DHA alone appeared to lower (not significant) the 4-HNE level, and DHA suppressed the increase in 4-HNE induced by $oA\beta$ (Fig. 2b). Subsequently, $oA\beta$ increased



Fig. 1 Effects of DHA and ARA on oA β -induced reactive oxygen species (ROS) production in primary mouse microglia and BV2 cells. Primary microglia cells were pretreated with 10 μ M DHA (**a**) or ARA (**b**) for 2 h, followed by treatment with 2.5 μ M oA β for 30 min. BV2 cells were incubated with 10 μ M DHA (**a**) or ARA (**b**) for 2 h and with fresh medium for 1 h, followed by 2.5 μ M oA β stimulation for 30 min. BV2 cells were also treated with 2.5 μ M scramble A β_{1-42} for 30 min as a negative control or 100 ng/ml LPS for 11 h as a positive control. Data are represented as mean \pm SD from three independent experiments (n = 3). (*p < 0.05, **p < 0.01, ***p < 0.001, compared with the control group; #p < 0.05, ###p < 0.001, compared with the oA β treatment group.) From the left to the right bar (mean \pm SD): **a** 1 \pm 0.09, 1.59 \pm 0.07, 1.28 \pm 0.13, 1.25 \pm 0.09, 1 \pm 0.09, 1.46 \pm 0.12, 1.63 \pm 0.1, 1.31 \pm 0.09, 1 \pm 0.05, 1.44 \pm 0.08, 1.51 \pm 0.07, 1.2 \pm 0.05

the ratio of the 4-HNE to 4-HHE level (i.e., 4-HNE/4-HHE), which was dramatically decreased by the

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pretreatment of DHA (Fig. 2c). In contrast, $\alpha A\beta$, pretreatment with ARA prior to $\alpha A\beta$ treatment, and ARA alone did not impose any effect on the 4-HHE level (Fig. 2d). While $\alpha A\beta$ increased 4-HNE, pretreatment with ARA further increased 4-HNE (Fig. 2e). Subsequently, the increase in 4-HNE/4-HHE ratio induced by $\alpha A\beta$ was enhanced by the pretreatment with ARA (Fig. 2f). It is also interesting to note that DHA modulated the peroxidation product of ARA (Fig. 2b), but ARA did not modulate the peroxidation product of DHA (Fig. 2d).

Effects of DHA, ARA, 4-HHE, and 4-HNE on oAβ-Triggered cPLA₂ Activation

It has been reported that aggregated A β activated cPLA₂ in microglia [64]. Therefore, we examined if DHA, ARA, 4-HHE, and 4-HNE can alter oA β -triggered cPLA₂ activation, as indicated by phosphorylation of cPLA₂ (i.e., p-cPLA₂). Results showed that oA β triggered cPLA₂ activation and this activation were suppressed by DHA (Fig. 3a), 4-HHE, and 4-HNE (Fig. 3c), but not by ARA (Fig. 3b).

Effects of DHA, ARA, 4-HHE, and 4-HNE on oA β -Induced iNOS and TNF- α

We also explored the effects of DHA, ARA, and their peroxidation products on α A β -induced inflammatory responses in microglia. Results showed that α A β -induced iNOS and TNF- α were suppressed by pretreatments with DHA (Fig. 4a, d), 4-HHE, and 4-HNE (Fig. 4c, f). However, pretreatment with ARA enhanced iNOS expression as compared with control but did not alter iNOS further with α A β (Fig. 4b). Pretreatment with ARA did not alter the TNF- α level as compared with control, and α A β together with ARA did not alter TNF- α as compared with α A β alone (Fig. 4e). Interestingly, neither 4-HHE nor 4-HNE (at 5 μ M) enhanced expression of iNOS or TNF- α as compared with control, but both 4-HHE and 4-HNE suppressed the increase in iNOS and TNF- α due to α A β (Fig. 4c, f).

DHA, ARA, 4-HHE, and 4-HNE Upregulated the Nrf2/HO-1 Antioxidant Pathway in oAβ-Stimulated Microglia

Our previous study demonstrated that exogenously added DHA, 4-HHE, and 4-HNE upregulated the antioxidant Nrf2/ HO-1 pathway in microglia [41]. In this study, we examined whether DHA, ARA, 4-HHE, and 4-HNE also upregulated the Nrf2/HO-1 pathway in α A β -stimulated microglia. Results showed that stimulation of microglia with α A β alone



Fig. 2 DHA and ARA modulated the levels of 4-HHE and 4-HNE in BV2 cells. BV2 cells were treated with 50 μ M DHA (**a–c**) or 50 μ M ARA (**d–f**) for 1 h, followed by stimulation with 2.5 μ M oA β for 6 h. The levels of 4-HHE and 4-HNE were measured by LC-MS/MS. Data are represented as mean \pm SD from three or four independent experiments (n = 3 or 4). (**p < 0.01, ***p < 0.001, ***p < 0.001, compared with the control group; "p < 0.05, "#p < 0.01, "####p < 0.001, compared with the

oAβ treatment group.) From the left to the right bar (mean ± SD): **a** 465.65 ± 66.1, 447.48 ± 86.16, 1254.83 ± 217.46, 922.35 ± 102.17; **b** 768.43 ± 48.87, 1187.2 ± 141.11, 764.08 ± 194.69, 599.38 ± 109.52; **c** 1.67 ± 0.17, 2.7 ± 0.42, 0.61 ± 0.14, 0.65 ± 0.09; **d** 523.49 ± 17.31, 507.73 ± 4.18, 539.14 ± 21.63, 528.88 ± 12.45; **e** 723.6 ± 27.41, 1049.67 ± 124.69, 1409.5 ± 50.82, 1164.7 ± 86.51; **f** 1.38 ± 0.09, 2.07 ± 0.23, 2.62 ± 0.2, 2.2 ± 0.11



Fig. 3 Effects of DHA, ARA, 4-HHE, and 4-HNE on α A β -induced pcPLA₂ activation in BV2 cells. BV2 cells were pretreated with 50 μ M DHA (**a**), 50 μ M ARA (**b**), and 5 μ M 4-HHE or 5 μ M 4-HNE (**c**) for 1 h, followed by 2.5 μ M α A β treatment for 6 h. Data are represented as mean \pm SD from three independent experiments (*n* = 3). (**p* < 0.05, ***p* < 0.01,

***p < 0.001, compared with the control group; ^{##}p < 0.01, compared with the oA β treatment group.) From the left to the right bar (mean ± SD): **a** 1 ± 0, 1.36 ± 0.08, 0.92 ± 0.19, 0.9 ± 0.07; **b** 1 ± 0, 1.21 ± 0.04, 1.16 ± 0.04, 1.01 ± 0.03; **c** 1 ± 0, 1.39 ± 0.07, 1.12 ± 0.05, 1.09 ± 0.1, 1.05 ± 0.04, 0.94 ± 0.08



Fig. 4 Effects of DHA, ARA, 4-HHE, and 4-HNE on oAβ-induced iNOS and TNF-α in BV2 cells. **a–c** For measuring iNOS expression, BV2 cells were pretreated with 50 µM DHA (**a**), 50 µM ARA (**b**), and 5 µM 4-HHE or 5 µM 4-HNE (**c**) for 1 h, followed by treatment with 2.5 µM oAβ for 6 h. **d**, **e** For measuring TNF-α expression, BV2 cells were pretreated with 10 µM DHA (**d**), 10 µM ARA (**e**), and 5 µM 4-HNE or 5 µM 4-HNE (**f**) for 1 h, followed by 1 µM oAβ treatment for 23 h. Data are represented as mean ± SD from three independent experiments

did not impose any effect on Nrf2 and HO-1 expression levels (Fig. 5a–f), but both DHA and ARA (50 μ M) upregulated Nrf2 and HO-1 regardless of the presence or absence of oA β (Fig. 5a, b, d, e). Results also showed the ability for both 4-HHE and 4-HNE (5 μ M) to upregulate Nrf2 and HO-1 regardless of the presence or absence of oA β (Fig. 5c, f).

DHA and ARA Imposed No Significant Effect on Calcium Influx in oAβ-Stimulated BV2 Cells

Since cPLA₂ activity is calcium dependent, we examined the effects of DHA, ARA, and oA β on calcium influx in BV2 cells; 2.5 μ M oA β increased calcium in cells by ~20%, but the increase was not statistically significant (Fig. 6). Pretreatment of cells with 50 μ M DHA or ARA for 1 h did not impose any change in calcium in oA β -stimulated cells (Fig. 6). Treating cells with 1 μ M A23187, calcium ionophore, for 30 min increased calcium in cells by ~40%, as a

(*n* = 3). (**p* < 0.05, ***p* < 0.01, ****p* < 0.001, compared with the control group; "*p* < 0.05, ""*p* < 0.01, """, *p* < 0.001, compared with the oAβ treatment group.) From the left to the right bar (mean ± SD): **a** 1 ± 0, 2.49 ± 0.3, 1.07 ± 0.15, 1.08 ± 0.27; **b** 1 ± 0, 1.26 ± 0.04, 1.57 ± 0.06, 1.43 ± 0.19; **c** 1 ± 0, 1.61 ± 0.13, 1.22 ± 0.15, 1.23 ± 0.11, 1.03 ± 0.15, 0.97 ± 0.2; **d** 1 ± 0, 2.56 ± 0.41, 1.5 ± 0.23, 1.05 ± 0.11; **e** 1 ± 0, 2.08 ± 0.52, 2.44 ± 0.61, 1.27 ± 0.19; **f** 1 ± 0, 2.56 ± 0.41, 1.42 ± 0.35, 1.29 ± 0.37, 1.05 ± 0.06, 1.03 ± 0.09

positive control (Fig. 6). These results suggest that the changes in cPLA₂ activation driven by DHA, ARA, and oA β did not require changes in calcium influx.

Discussion

There is growing evidence that DHA exerts neuroprotective effects on AD brains through multiple mechanisms, such as anti-inflammatory, anti-amyloid, anti-tau, enhanced non-amyloidogenesis activity, and preventing A β fibrillogenesis [5, 11, 12, 65–69]. In addition, dietary supplementation of DHA can directly impact microglial lipid content [70]. However, only few studies have addressed mechanism(s) whereby DHA exerts neuroprotective effects in AD, in particular, through its ability to modulate microglial activity. DHA has been found to enhance phagocytosis of A β and decrease inflammatory markers in human microglia [13]. DHA



Fig. 5 Effects of DHA, ARA, 4-HHE, and 4-HNE on $\alpha\beta\beta$ -induced Nrf2 and HO-1 in BV2 cells. BV2 cells were pretreated with 50 μ M DHA (**a**, **d**), 50 μ M ARA (**b**, **e**), and 5 μ M 4-HHE or 5 μ M 4-HNE (**c**, **f**) for 1 h, followed by treatment with 2.5 μ M $\alpha\beta\beta$ for 6 h. Data are represented as mean \pm SD from four independent experiments (n = 4). (*p < 0.05, **p <0.01, ***p < 0.001, ****p < 0.001, compared with the control group.)

modulated microglial cell number and morphology in response to intracerebroventricular injection of $A\beta_{40}$ in mice [71]. As a major source of oxidative stress and neuroinflammation, microglia can be activated by aggregated $A\beta$ to produce superoxides through NADPH oxidase and trigger cPLA₂ activity [72].

Although the mechanisms have yet to be fully elucidated, DHA has been reported to reduce oxidative stress through suppressing NADPH oxidase activity in various cell types, including endothelial cells, pancreatic islets, hepatocytes, keratinocytes, and monocytes/macrophages [73–78]. Consistent with our previous report on the ability of DHA to suppress LPS-induced ROS production in microglial BV2 cells [41], our study here showed that pretreatment with DHA suppressed oA β -induced ROS production in both primary mouse microglia and microglial BV2 cells (Fig. 1a). It is important to note that dramatic downregulation of genes related to immune cell function and signaling as well as immune,

From the left to the right bar (mean \pm SD): **a** 1 \pm 0, 1.06 \pm 0.03, 2.41 \pm 0.54, 3.42 \pm 0.65; **b** 1 \pm 0, 1.06 \pm 0.03, 3.74 \pm 0.37, 3.08 \pm 0.97; **c** 1 \pm 0, 1.08 \pm 0.08, 1.84 \pm 0.31, 2.04 \pm 0.67, 2.07 \pm 0.53, 2.43 \pm 0.26; **d** 1 \pm 0, 1.16 \pm 0.16, 5.84 \pm 0.94, 7.53 \pm 1.43; **e** 1 \pm 0, 1.16 \pm 0.16, 7.88 \pm 0.98, 6.72 \pm 1.15; **f** 1 \pm 0, 1.16 \pm 0.27, 2.64 \pm 0.17, 2.75 \pm 0.65, 2.66 \pm 0.5, 3.72 \pm 0.88

blood vessel, and brain development have been observed at 6 h after plating primary microglia in cell culture [43]. Therefore, to minimize these dramatic alterations of gene expression levels and to maintain the expression levels of cells in the ex vivo condition, our experiments used primary mouse microglia immediately after cell isolation and purification. The freshly plated cells were pretreated with DHA or ARA for 2 h and then treatment with $oA\beta$ for 30 min prior to the addition of DCF for 1 h so that the total experimental time of cells in culture was between 3.5 and 6 h.

In this study, the effects of DHA on microglia were compared with ARA, another PUFA abundant in brain tissue. We found that pretreatment with ARA moderately enhanced oA β -induced ROS production in both primary mouse microglia and BV2 cells (Fig. 1b). In fact, activation of cPLA₂ is required for NADPH oxidase activity to produce ROS [64, 79], and NADPH oxidase activity can be restored by exogenous ARA in cPLA₂-deficient human myeloid cells [79]. Our



Fig. 6 No significant effect of DHA and ARA on calcium influx in oAβstimulated BV2 cells. BV2 cells were incubated with 2 μ M Fluo-4-AM for 30 min, followed by 50 μ M DHA or ARA for 1 h, and were stimulated with 2.5 μ M oAβ or 1 μ M A23187 (positive control) for 30 min. Data are represented as mean \pm SD from at least four independent experiments ($n \ge 4$). (*p < 0.05, compared with the control group.) From the left to the right bar (mean \pm SD): 1 \pm 0, 1.21 \pm 0.09, 1.21 \pm 0.14, 1.27 \pm 0.19, 1.16 \pm 0.26, 1.15 \pm 0.14, 1.41 \pm 0.19

observations of ARA-enhanced ROS production induced by $oA\beta$ in microglia are consistent with previous findings regarding the role of ARA in NADPH oxidase activity.

In addition to the effects of DHA on NADPH oxidase activity, there is evidence that ω -3 fatty acids exert antiinflammatory effects in various types of cells through stimulation of G protein-coupled receptor 120 (GPR120) [80-82]. w-3 fatty acid-enriched diets have also been reported to activate GRP120-Nrf2 cross-talk to maintain balanced energy metabolism in mice overexpressing catalase [83]. Most recently, GPR120 was found to play a role in DHA-mediated inhibition of oxygen-glucose deprivation (OGD)-induced inflammation in primary microglia and BV2 cells [84]. In addition, inflammation is intimately related to peroxisome proliferator-activated receptors (PPARs) (see review from [85]). DHA has been reported as a ligand for PPAR α , PPAR β/δ , and PPAR γ [86–88] and inhibits advanced glycation end product (AGE)-induced inflammation in retinal microglia via suppression of the PPAR γ /NF- κ B pathway [89]. In turn, PPAR γ regulates Nrf2 pathway and acts synergistically to suppress oxidative stress [90-93] and exert antiinflammatory effects by inhibition of the NF- κ B pathway [94, 95].

PUFAs are susceptible to free oxygen radical attacks and generate peroxidation products [1]. Our previous study demonstrated an increase in 4-HNE levels in LPS-stimulated microglial cells, an event known to link to cPLA₂ activation and ARA production [41]. In the present study, an α A β - induced increase in 4-HNE was similarly due to an increase in p-cPLA₂ and ARA. Therefore, treatment of cells with DHA resulted in an increase in 4-HHE (Fig. 2a), whereas treating cells with ARA caused the increase in 4-HNE instead (Fig. 2e). These results suggest the endogenous and exogenous pools of free DHA and ARA are subject to peroxidation [23]. An interesting finding here is that DHA suppressed 4-HNE generation induced by $oA\beta$ (Fig. 2b), whereas ARA imposed no effect on the 4-HHE level (Fig. 2d). These findings are consistent with data in Fig. 1 demonstrating that DHA suppressed oA\beta-induced ROS production and, in turn, suppressed downstream cellular processes, including cPLA₂ activation (Fig. 3a) and ARA metabolism, thereby lowering the oAβ-elevated 4-HNE level (Fig. 2b). Since cPLA₂ hydrolyses membrane phospholipids to produce lysophospholipids and ARA, the results showing that DHA suppressed oAβactivated cPLA2 in Fig. 3a also help interpret recent in vivo studies that dietary DHA increased the level of DHA but decreased that of ARA in mouse brains [34, 62]. Interestingly, in the study with maternal DHA supplement, an increase in 4-HHE level was observed in the cerebral cortex and hippocampus but not in the cerebellum [62]. Despite of the increase in 4-HHE, animals supplemented with the DHA diet did not show changes in the 4-HNE levels in different brain regions [62]. These results are consistent with our in vitro study with BV2 cells that treatment with DHA increased 4-HHE levels but not the 4-HNE level (Fig. 2b).

Many neurologic dysfunctions including AD have demonstrated the increase in 4-HNE, in agreement with the increase in inflammatory cPLA₂ and production of ARA [22]. Interestingly, a study by Bradley et al. [96] reported elevated levels of extractable and protein-bound HHE in multiple regions of AD brain. Recently, we have adopted a LC-MS/MS protocol to simultaneous determine levels of soluble 4-HHE and 4-HNE in cell and animal models [41, 62]. These studies indicated differences in metabolic pathways for production of 4-HHE and 4-HNE. In our previous study with BV2 microglial cells, exogenous 4-HHE and 4-HNE at 1-10 µM dose dependently suppressed LPS-induced inflammation and upregulated the antioxidant Nrf2/HO-1 [41]. While 5 µM of exogenous 4-HHE is reported to suppress Aβ-induced inflammation and upregulate the antioxidant Nrf2/HO-1 pathway in BV2 cells in this study, a dose greater than 25 µM significantly lowered the survival of rat cortical neurons and glucose uptake in primary cortical cultures [96], and 2.5 µM of 4-HHE impaired glutamate uptake in primary rat astrocytes [97].

Since DHA modulated the 4-HHE and 4-HNE levels in $oA\beta$ -stimulated microglia (Fig. 2), both 4-HHE and 4-HNE may also be involved in the effects of DHA on cell signaling. We found that not only DHA (Fig. 3a) but also both 4-HHE and 4-HNE suppressed $oA\beta$ -induced cPLA₂ activation in BV2 cells (Fig. 3c). In addition, DHA, 4-HHE, and 4-HNE

imposed anti-inflammatory activity to suppress $\alpha A\beta$ -induced iNOS (Fig. 4a, c) and TNF- α (Fig. 4d, f) and enhanced the Nrf2/HO-1 pathway in both unstimulated and $\alpha A\beta$ -stimulated microglial cells (Fig. 5a, c, d, f). However, pretreatment of DHA in a rat spinal cord injury (SCI) model has been found to activate pro-survival/anti-apoptotic pathways at least partly through AKt and cyclic AMP–responsive element binding protein (CREB) to protect NG2⁺, APC⁺, and NeuN⁺ cells, which may be independent of its anti-inflammatory effects on glial cells [98].

While exogenous ARA upregulated the Nrf2/HO-1 pathway (Fig. 5b, e), ARA did not suppress $\alpha\beta\beta$ -induced ROS production (Fig. 1), cPLA₂ activation (Fig. 3b), and iNOS (Fig. 4b) and TNF- α (Fig. 4e). In fact, the abilities of exogenous 4-HHE and 4-HNE to impose anti-oxidative and antiinflammatory responses have been demonstrated in other cell types, including smooth muscle and endothelial cells [36, 39, 99]. In addition, the electrophilic properties of 4-hydroxyalkenals to upregulate Nrf2, resulting in increases in synthesis of HO-1 and other phase II enzymes, have contributed to the neuroprotective effects observed in DHA metabolism [30, 34, 100–103].

In this study, we demonstrate that exogenous 4-HNE upregulates the Nrf2/HO-1 antioxidant pathway. Study by Pizzimenti et al. [104] showed that 4-HNE forms adduct with HO-1 which results in the structural and functional impairment of HO-1. In turn, such modification of HO-1 by 4-HNE may impair HO-1/biliverdin reductase-A system, leading to increased oxidative stress and Tau hyperphosphorylation in the brain [105-109]. In fact, the interactions of 4-HNE with various proteins to form 4-HNE-protein adducts have been found harmful in diseased brains and in body fluids of subjects affected by AD, Parkinson's disease, Huntington disease, and amyotrophic lateral sclerosis and of animal models of these diseases (see review from [110]). Particularly in the case of AD, HNE-modified $A\beta$ inhibits degradation of oxidized proteins by 20S proteasome [111]. HNE covalently modifies and induces cross-linking of neuronal cytoskeletal proteins [112] and upregulates BACE-1 expression and A β production in neurons [113].

In summary, this study demonstrated the effects of DHA on ROS production, $cPLA_2$ activation, inflammatory responses, and the neuroprotective Nrf2/HO-1 pathway in oA β -stimulated microglial cells, and the involvements of 4-HHE and 4-HNE in these effects, which should provide insights into the beneficial effects of DHA on AD.

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Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no competing interests.

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