

A β oligomers: role at the synapse

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For decades, the increase of Amyloid-beta (A β) levels has been considered the early event that triggers Alzheimer's disease (AD). Although several evidences continue supporting the main role of A β in AD, therapeutic approaches aimed at decreasing its levels have failed so far, raising several questions on AD pathophysiology and thus dividing the neuroscience community [1]. While many researchers assert that A β is definitely the *primum movens* of the disease and the anti-A β treatment needs to be started in the earlier phases, i.e. when cognitive impairment is not yet manifested, others argue that the increase of A β is not crucial in AD, suggesting that we need to focus on other targets, such as tau protein.

Within this context, it would be useful to take into account a different point of view based on several evidences suggesting that A β , prior to be the "AD protein", is a neuromodulator playing a crucial role at the synapse in physiological conditions [2]. As demonstrated by a number of *in vitro* and *in vivo* pre-clinical studies, A β : i) is released at hippocampal synapses where it modulates release probability [3]; ii) is produced during memory induction [4]; iii) is needed for formation of memory and its cellular correlate long-term potentiation (LTP) [4–6]. Furthermore, when administered at low picomolar doses, resembling the physiological content in the brain, A β induces a beneficial effect resulting in the enhancement of LTP and memory [7].

Although the A β dose-dependent opposite effect might merely confirm that "*sola dosis facit venenum*", several decades of research in this field make the plot even more intricate. Indeed, different A β isoforms with a different propensity to form aggregates are present in the brain. In particular, most of the works have focused on A β_{42} , known to have a higher tendency to form oligomers, whose increase tightly correlates with synaptic dysfunction. As a consequence, the physiological effect of the peptide has been ascribed to monomeric A β and, in the bench-to-bedside approach, this idea has been translated into the discovery of anti-A β drugs targeting oligomers but sparing monomers (Patel, 2015).

However, in previous studies from our laboratory and others both the positive and negative effects of the peptide were obtained by using a preparation containing

peptide were obtained by using a preparation containing a mixture of A β_{42} monomers and oligomers [4–6], suggesting that oligomeric A β_{42} is also involved in physiological synaptic function. This is not surprising considering that A β is present in the healthy brain in different species ranging from monomers to oligomers [7], and it is unlikely that the latter only represent a waste product aimed at inducing.

The physiological function of oligomeric A β_{42} has been confirmed by our recent work designed to clarify whether different A β concentrations, isoforms and aggregation status influence hippocampal LTP and spatial memory [8]. We found that oligomeric A β_{42} produced an opposite response on LTP and memory depending upon the concentration (200 nM vs. 200 pM). On the contrary, monomeric A β_{42} impaired LTP and memory when at 200 nM, but did not enhance them at pM concentrations. Furthermore, the depletion of endogenous murine A β resulted in a dramatic impairment of LTP and memory that was exclusively rescued by 200 pM oligomeric human A β_{42} . Interestingly, WB and electron microscopy analysis indicated that both monomers and oligomers were present in our 200 pM and 200 nM preparations, but with a different monomer/oligomer ratio, suggesting that the higher is A β_{42} concentration the higher is the formation of oligomers.

In conclusion, our findings suggest that the presence of A β_{42} oligomers is crucial either in physiological or pathological conditions. This should prompt the neuroscience community to answer at least two crucial questions: why and how a protein that exerts a physiological function in the healthy brain starts increasing in sporadic AD (where this increase is not genetically-driven)? Is it safe to remove A β oligomers from the brain considering their involvement in synaptic function? We believe that an in depth knowledge of the mechanisms underlying A β production and function in the healthy brain should be achieved to understand the causes leading to its increase and detrimental effect in the AD brain [2].

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