



## ESTROGEN, THE OVARY, AND NEUROTRANSMITTERS: FACTORS ASSOCIATED WITH AGING

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**ABSTRACT**—Our studies in the C57BL/6J mouse have been designed to examine the interactions of aging and the ovary, and their mutual effects on neuroendocrine function. In the pituitary, ovarian status and not age determines responsiveness to gonadotropin hormone releasing hormone (GnRH), but estrogen ( $E_2$ ) is an important mediator in CNS changes, and removal of the ovary (OVX) is deleterious to the neuroendocrine hypothalamus. OVX for just six days in young animals results in synaptic loss between noradrenergic terminals and gonadotropin hormone releasing hormone (GnRH) neurons. Long-term OVX, hypothesized to protect against neuroendocrine aging, fails to guard against any studied age-related changes. Some age-related changes occur as early as midlife. Although neuron number remains constant at middle age, opiate neurons undergo significant functional changes by producing opiate antagonist peptides. This change appears to be caused by alterations in the prohormone convertases, which cleave propeptide to peptide. Altered peptides may trigger the loss of reproductive capacity. The midlife shift in opiate peptide production is a component of natural developmental processes that begin in the neonate and continue through old age. In the cholinergic system,  $E_2$  mediates numbers of cholinergic receptors, cholinergic neurons, and cholinergic-modulated memory systems in both young and old animals. Regardless of age, ovarian steroids, if present at physiologic levels, are beneficial to the neuroendocrine CNS, and long-term deprivation from ovarian-produced factors is deleterious in the systems we have examined. Our studies have shown that deprivation from ovarian steroid hormones in the female appears to be a major factor in the health of the CNS and in events associated with aging. © 1998 Elsevier Science Inc.

**Key Words:** aging, estrogen, estrogen receptor, opiates, acetylcholine, norepinephrine, dopamine, female reproductive function, basal forebrain, hypothalamus, menopause, memory, hypothalamic-pituitary-ovarian axis

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## INTRODUCTION

AGING IS ACCOMPANIED by alterations in most physiological systems that include structural degeneration, loss of functional capacity, and impaired coordination within and between organ systems. The study of aging has many goals, one being development of strategies to prevent or minimize disability. Examination of this progression requires an understanding of the mechanisms of aging. CNS aging is critical because senescence produces both a primary effect on the brain itself and secondary effects on other organ systems. Brain maturation involves a number of different kinds of changes making it an ideal study system. At the cellular level, changes include alterations in neuron number as well as concomitant shifts in interactions of specific neurotransmitters and neuropeptidergic pathways as well as their receptors. Subcellular changes involve alterations in genetic, synthetic, and metabolic capabilities that lead to accumulation of altered products causing subsequent neuron damage.

Based upon the finding of hypothalamic and preoptic area (POA) estradiol ( $E_2$ ) concentrating neurons (Stumpf and Sar, 1975), our early studies hypothesized that gonadal steroids, in particular  $E_2$ , are important modulators of neurotransmitter function. Forebrain regions were believed to contain a number of neurotransmitters, but their full identities were then unknown. We now understand that  $E_2$  not only affects specific neurons, but also has broad central effects including those on neuronal growth and morphology, electrical activity, neurotransmitter turnover, enzyme regulation, neurosecretion, neurotransmitter uptake, and action on neurotransmitter receptors.  $E_2$  alters behavior, neuroendocrine function, and the CNS affective state (McEwen and Parsons, 1982; McEwen, 1997).  $E_2$  counteracts tardive dyskinesia (Bedard *et al.*, 1977), memory loss (Sherwin and Tulandi, 1996), has antidepressant effects in women (Klaiber *et al.*, 1979), and modulates emotional lability (Dalton, 1964).  $E_2$  also regulates transcription of a vast array of cellular genes including structural proteins, peptides, neurotransmitters, and their receptors (Sohrabji *et al.*, 1995). On one hand, studies in the human had suggested that  $E_2$  has a supportive role in sustaining the LH surge at midlife, while long term deprivation from  $E_2$  is deleterious (Tanaka *et al.*, 1982). On the other hand, early studies in animals suggested that long-term exposure to  $E_2$  was injurious (Brawer *et al.*, 1983) and that deprivation from  $E_2$  might protect the CNS from age related changes (Felicio *et al.*, 1986). Our studies were designed to gain definition of the mechanisms of aging and of the consequences of long-term deprivation from gonadal steroids. We showed strong evidence that removal of the influence of the ovary is deleterious to the neuroendocrine hypothalamus.

To inspect the aging process we have used the well-examined female C57BL/6J mouse whose ovarian cycles are long and irregular immediately after puberty (five weeks). Cycles progressively shorten during the time of greatest fecundity (five to seven months) until reaching regular four to five-day rhythms. At midreproductive life (12–14 months) cycle length can shorten (Finch *et al.*, 1984) and again lengthen; ovarian function then begins to decline and the capacity to have normal cycles is ultimately lost. These events parallel human female reproductive cycle changes, but occur within a two year time frame, making the murine reproductive system a good study model (Bronson and Vom Saal, 1979; Finch *et al.*, 1980, 1984; Nelson *et al.*, 1981, 1992; Gee *et al.*, 1983, 1984; Mobbs *et al.*, 1984; Felicio *et al.*, 1986; Vom Saal and Finch, 1988; Wise *et al.*, 1989).

## PITUITARY CHANGES ASSOCIATED WITH AGING

*The pituitary of the aged animal releases LH appropriately*

The E<sub>2</sub>-induced LH surge is markedly attenuated in old (24-month) female mice compared with young (6 month) females (Finch *et al.*, 1984). We wondered whether this was due to diminished pituitary capacity to respond to hypothalamic GnRH. We measured the pituitary response in young (five-to six-month) normally cycling and old (24-month) acyclic constant diestrous mice (OVX, seven days). (Figs. 1 and 2). OVX mice were given E<sub>2</sub> capsules producing physiologic levels of steroid to downregulate tonic LH release to baseline levels. Use of an indwelling cannula in freely mobile animals allowed frequent blood sampling and systematic introduction of pharmacologic agents. A GnRH bolus was given after baseline sampling. Significant LH release was obtained in both young and old mice, clearly demonstrating that the pituitary of old female mice is as capable of responding to GnRH as that of young mice. Alteration in pituitary response to GnRH is not a significant factor contributing to age-related alteration in LH secretion (Joshi *et al.*, 1993, 1995a).

*Ovarian status, and not animal age, determines GnRH responsiveness*

The excitatory amino acid *N*-methyl-D,L-aspartic acid (NMA) acts on GnRH neurons resulting in LH release. We tested the hypothalamic NMA response during the aging process indirectly by measuring LH. Short-term OVX (S-OVX) (one week) mice were either prepubertal (five weeks), postpubertal (10 weeks), young (five months), middle-aged (12 months), or old (24 months). Long-term OVX mice (L-OVX) were either young (five months), or old (24 months) and OVX at puberty. Middle-aged mice were OVX at eight months and examined at 12 months (Joshi *et al.*, 1995a). While LH levels in OVX (six days) mice were elevated, sustained (six days) physiologic E<sub>2</sub> levels suppressed circulating LH to levels found in intact mice. LH secretion was inhibited by E<sub>2</sub> in both S- and L-OVX mice, regardless of age (Fig. 3 and 4). NMA failed to overcome this inhibition in E<sub>2</sub>-primed S-OVX mice. However, NMA did overcome E<sub>2</sub>'s inhibition of LH secretion in L-OVX mice (Figs. 3 and 4). This occurred regardless of either animal maturity at the time of OVX or animal age. Although the ovaries of old mice failed to produce enough E<sub>2</sub> to result in estrogenized vaginal smears, ovarian modulation of E<sub>2</sub>'s inhibitory effect on NMA-induced LH secretion was still present. Therefore, the ability of E<sub>2</sub> to inhibit the NMA response is mediated by the length of time between OVX and the initiation of E<sub>2</sub> replacement, and not by animal age. This was the first study of its kind to clearly differentiate ovarian effects from age-related effects in alteration of neuroendocrine function (Joshi *et al.*, 1995a).

## NEUROENDOCRINE SYSTEM CHANGES ASSOCIATED WITH AGING

An accurate grasp of circumstances surrounding midlife disruption of cyclic gonadotropin function has helped our understanding of its normal function. Reproductive failure occurs long before death in most species. Factors that regulate reproductive aging may be separated from those that involve nonspecific age-related changes (Wise *et al.*, 1991). Age-related neuroendocrine alterations play a significant role in the reproductive capacity decline during midlife, which is characteristic of females of most species. Analysis of the "window" at middle age minimizes confounding influences of degenerative disease and focuses on earlier manifestations of aging.

During the estrous cycle of young mice, the hypothalamus and preoptic area (POA) are

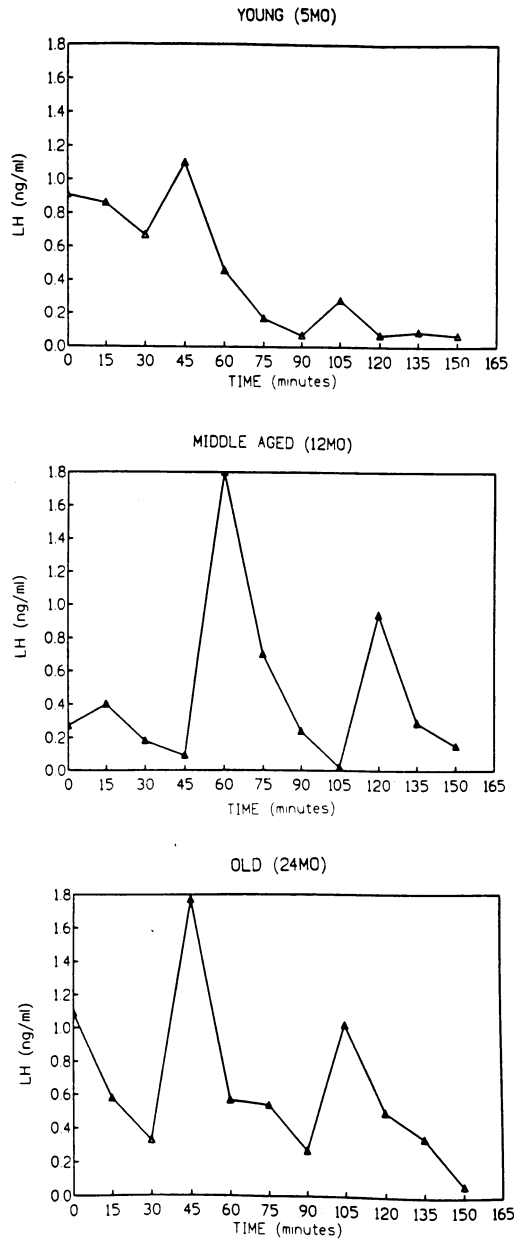


FIG. 1. Representative profile of LH secretion in young, middle aged, and old mice in studies testing the capacity of the pituitary of old animals to synthesize and release LH in response to exogenous stimulation. Animals were OVX for one week (S-OVX), and did not receive exogenous  $E_2$ . Blood samples were obtained as described in the text. Reproduced with permission from Joshi, et al. (1995a).

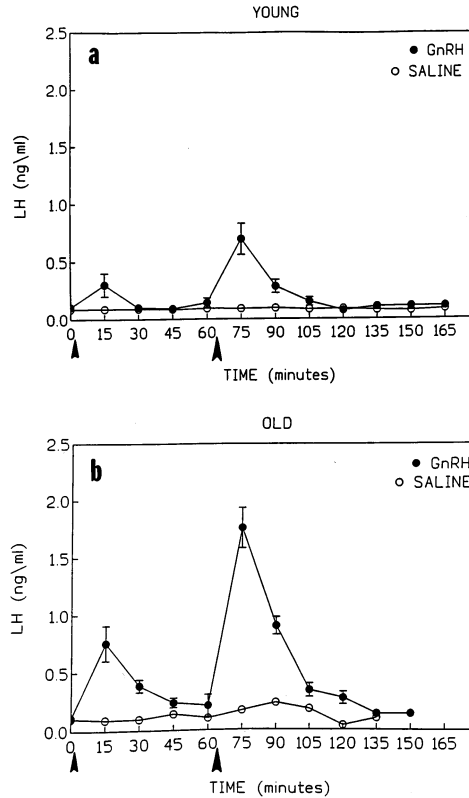


FIG. 2. Effect of GnRH and saline administration on LH secretion in (a) young (5–6 months), cycling and (b) old (24 months), acyclic mice. Animals were OVX and  $E_2$ -treated for six days, and serial blood samples were obtained. Animals were challenged with GnRH ( $5 \mu\text{g}/5 \mu\text{L}$  saline/kg body weight) immediately after the zero-minute sample followed by  $15 \mu\text{g}/15 \mu\text{L}$  saline/kg body weight one hour after the zero-minute sample or saline  $5 \mu\text{L}/\text{kg}$  body weight followed by  $15 \mu\text{L}/\text{kg}$  body weight. Each data point is mean  $\pm$  SE of  $n = 6$  for both young and old animals receiving GnRH and  $n = 3$  for the saline controls. Reproduced with permission from Joshi *et al.* (1993).

exposed to predictable four- to five-day day peaks and nadirs of circulating  $E_2$  and progesterone ( $P_4$ ). The POA contains the majority of GnRH [or luteotropin hormone releasing hormone (LHRH)] neurons; axons of POA GnRH neurons project caudally to the GnRH terminals in the hypothalamic arcuate (ARC) nucleus and median eminence (ME) (Hoffman and Wray, 1982; Miller *et al.*, 1992a). Negative  $E_2$  feedback effects prevail under the influence of relatively low concentrations of  $E_2$  until this steroid increases to a specific level for a specific duration. Just prior to the LH surge, stimulatory influences increase while inhibitory influences decrease, allowing release from GnRH neuron inhibition, and subsequent release of GnRH into the hypophyseal portal system (Yen, 1986). The consequence is pituitary stimulation of LH and subsequent ovulation.

Ovulatory failure is one of the earliest events of aging, occurring during midlife in many mammalian species (Harmen and Talbert, 1987). Contributions of the ovary and brain–pituitary complex to cyclicity cessation are species dependent, but neuroendocrine dysfunction occurs in

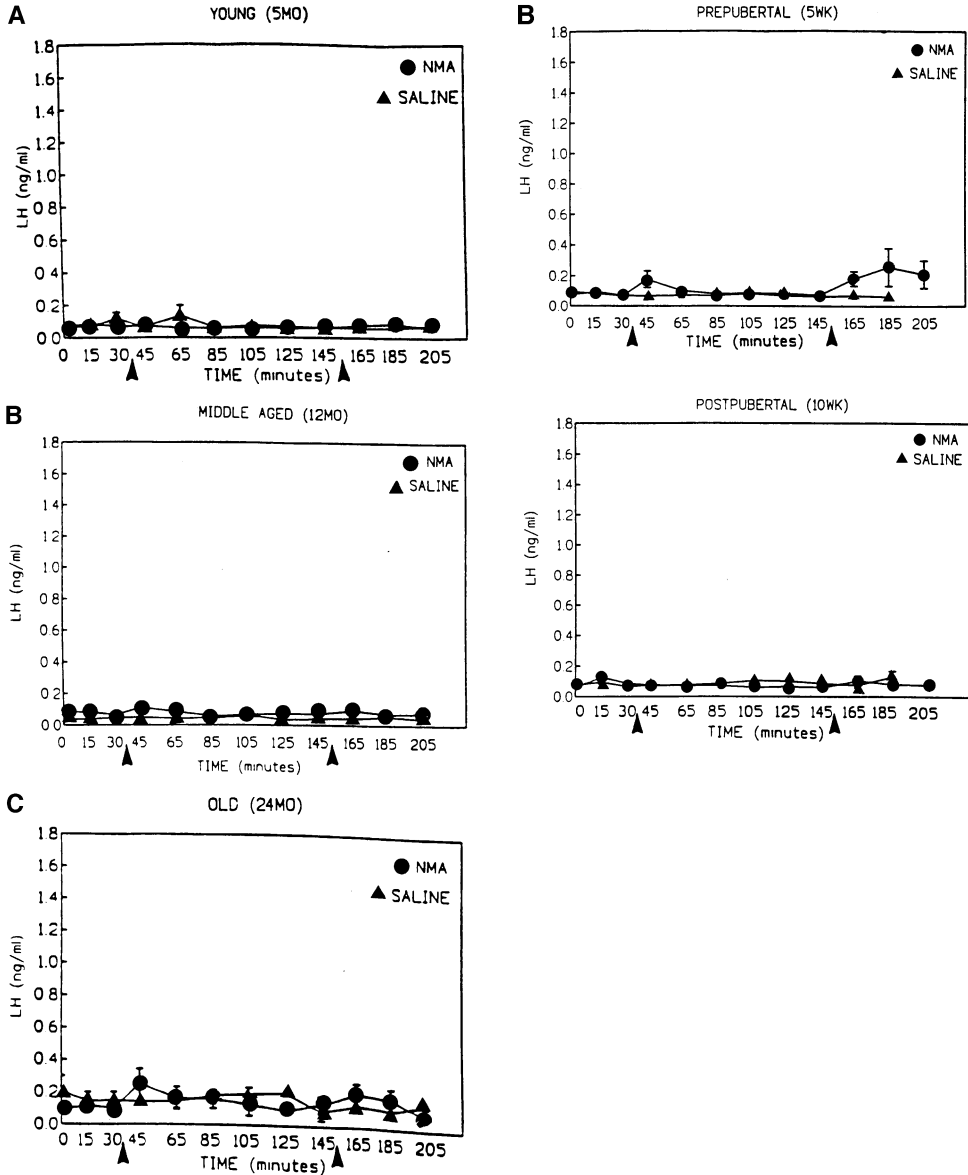


FIG. 3. (A) Effect of *N*-Methyl D,L-aspartic acid (NMA) on LH secretion in young, middle-aged, and old S-OVX mice. Animals were OVX and received E<sub>2</sub> for six days. After three baseline samples, animals were challenged with NMA (20 mg/4 mL saline/kg body weight) or saline 80 min after the last baseline sample. Each data point is a mean  $\pm$  SE of  $n = 6$  for young, middle-aged, and old animals receiving NMA, and  $n = 4$  for the saline controls. The number at the top of each figure indicates the age in months at which the NMA challenge was done. Reproduced with permission from Joshi *et al.* (1995a). (B) Comparison of the effect of NMA on LH secretion in mice ovariectomized (S-OVX) before or after puberty. See Fig. 3A for details of ovariectomy-estradiol treatment and the NMA challenge. Each data point is mean  $\pm$  SE of  $n = 8$  for both prepubertal and postpubertal animals receiving NMA, and  $n = 4$  for saline controls. Reproduced with permission from Joshi, *et al.* (1995a).

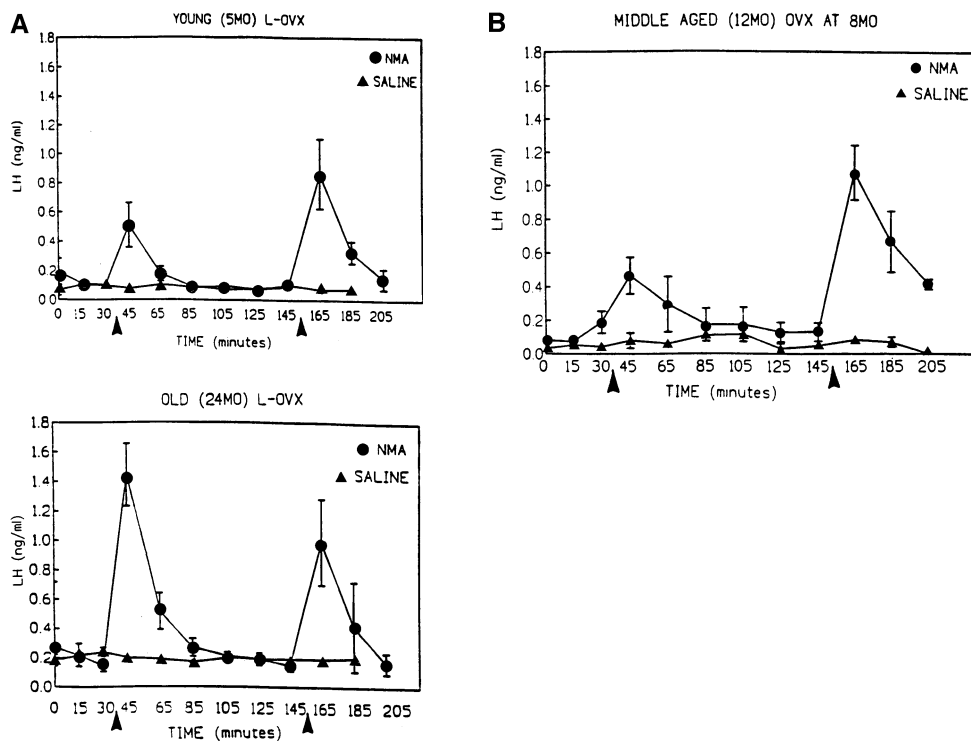


FIG. 4. (A) Effect of NMA on LH secretion in young and old mice ovariectomized (OVX) at puberty (L-OVX). Animals were OVX at seven to eight weeks of age and received  $E_2$  for six days before the NMA test. Each data point is mean  $\pm$  SE of  $n = 6$  for both young and old animals receiving NMA, and  $n = 4$  for the saline controls. Please compare these results with those of short-term ovariectomized, estrogen-treated animals in Fig. 3A. Reproduced with permission from Joshi *et al.* (1995a). (B) Effect of NMA on LH secretion in middle aged mice OVX at 8 months and studied at 12 months of age. Each data point is the mean  $\pm$  SE of  $n = 8$  for animals receiving NMA and  $n = 4$  for saline controls. Reproduced with permission from Joshi *et al.* (1995a).

all species that have been examined (Nelson and Felicio, 1985). A change in ovarian function occurs in aging female mice, resulting in altered ovarian secretions by middle age (Finch *et al.*, 1980, 1984; Nelson *et al.*, 1981; Felicio *et al.*, 1986; Vom Saal and Finch, 1988). "Altered ovarian secretions" could include changes in the type or pattern of release of ovarian steroids, and/or other ovarian secretions such as inhibin (Jih *et al.*, 1993). At about 18 months in the C57BL/6J mouse a state of reproductive incapacity is achieved, typified by alterations in cycle duration known as persistent diestrus (Nelson and Felicio, 1985). In both rats and mice, changes in CNS function are probably related to ovarian steroid background (Lapolt *et al.*, 1986, 1988; Wise *et al.*, 1991).

Progesterone ( $P_4$ ) has been hypothesized to protect against age-related reproductive impairments in rat (Lu *et al.*, 1980; La Polt *et al.*, 1986, 1988). However, hormonal correlates to prolonged cycles in mice differ from rats and the possibility of  $P_4$ 's contribution to extended cycles is weakened: first, because elevated  $P_4$  at midday of day 4 of the cycle of rats is not seen in mice (day 1 = proestrus); and second, because in older mice the midcycle elevation of  $P_4$  is not changed in amplitude (Finch *et al.*, 1980; Nelson *et al.*, 1981). Findings in mice correlate

with observations in perimenopausal women where decreased  $E_2$  levels are associated with irregular cycles.

There are specific endocrine landmarks indicating that the necessary positive feedback response is less efficient at middle age. Ability to produce an LH surge is attenuated, time of surge onset is advanced, and surge amplitude is diminished. With altered cycle length, the hypothalamus is subjected to altered ovarian secretions (Nelson *et al.*, 1981; Finch *et al.*, 1984; Vom Saal and Finch, 1988; Felicio *et al.*, 1986; Lapolt *et al.*, 1986). Altered  $E_2$  and  $P_4$  levels and lengthened cycles are, in turn, associated with the diminution in preovulatory elevations of LH (Nelson *et al.*, 1992), mobilizing an irretrievable cycle of functional loss.

In mice the LH surge begins to decline by 12 months and is undetectable by 18–20 months (Flurkey *et al.*, 1982; Gee *et al.*, 1984). Although cycles cease in this strain around 12 months because of even greater decrements in ovarian function, LH secretion is significantly impaired by 16–18 months (Flurkey *et al.*, 1982). As impairment in LH surge potential increases, it ultimately cannot support ovulation even in the presence of young ovarian grafts (Felicio *et al.*, 1983). Exposure of intact (Mobbs *et al.*, 1984, 1985) or OVX mice and rats (Brawer *et al.*, 1980) to exogenous  $E_2$  can advance the loss of the LH surge, while long-term withdrawal from ovarian secretions delays the onset of declining LH surge activity (Ascheim, 1964/65; Felicio *et al.*, 1983; Nelson and Felicio, 1985). Reduced release of LH can be delayed by L-OVX (Finch *et al.*, 1984; Nelson and Felicio, 1985). Older mice OVX at puberty are able to sustain normal cycles for much longer periods of time than are old females with normal cycling histories if they receive an ovary from young cycling donors (Felicio *et al.*, 1986). L-OVX failed to protect against any observed age-related changes either in neurons or neuropil (Miller *et al.*, 1989). Discerning whether aging, ovarian secretions, the ovary itself, or all of these factors underlie estrous cycle loss has remained problematic because the hypothalamic ultrastructure in L-OVX females remains unstudied.

In the aging rodent, the ovary limits reproductive capacity due to follicle loss. Hypothalamic impairments in the capacity to maintain regular cycles may cause changes in cycle length that precede the loss of cyclicity (Felicio *et al.*, 1983; Mobbs *et al.*, 1984, 1985; Nelson *et al.*, 1992). Middle aged mice undergoing the transition to acyclicity are able to continue to have normal four- to five-day estrous cycles well beyond the expected time of cycle cessation if they are OVX'd and receive donor ovaries from young regularly cycling females. Older mice are less able to do so. This suggests that hypothalamic changes occur during a specific "window of time" marking the transition to acyclicity before ovarian follicles are completely depleted (Felicio *et al.*, 1986).

Although cellular mechanisms mediating ovarian hormone influence over neuroendocrine aging are largely unknown, some neuroanatomical correlates have been found. Widespread neuronal loss is not a concomitant of normal aging, but selective alterations in neuron number and synaptic density do occur (Curcio, 1982). For example, a reduction of POA and ARC neurons is found in aged female rats (Hsu and Peng, 1978), but no loss is found in old female hamsters (Hoffman and Finch, 1986). Changes in neuron or synapse number in regions mediating LHRH activity could play a role in reproductive aging. We found surprisingly few alterations in neuroendocrine hypothalamic architecture in aged mice; changes observed were selective and region specific. In both the ARC and POA we found decreased numbers of all types of neurons in old mice. Unlike other species, there was no age-related increase of ARC glia, but the ARC was most susceptible to other effects of aging. It showed a marked increase in blood vessel density, and was the only region with decreased neuron cell surface area (Miller



*et al.*, 1989). The nature and consequences of changes in neural arrangement has not been determined, but morphological changes are consonant with functional loss.

### GnRH NEURONS AND AGING

We examined GnRH neuron distribution in young (five to six-month) and old (26–28 month) mice and reported that significant reductions of neurons have occurred in the neuroendocrine hypothalamus at ages after the LH surge has already diminished (Miller *et al.*, 1990). In middle-aged mice, GnRH neurons are present in numbers that correspond to those of young mice (Hoffman and Finch, 1986). Therefore, midlife loss of LH surge capacity cannot be accounted for by changes in GnRH neuron number. An increase in synaptic input to GnRH POA perikarya (Witkin, 1989) occurs in aging male rats, where a type of neural plasticity may be at work, but we did not observe such changes in female mice (Miller *et al.*, 1990).

### OVARIAN FACTORS AND THE FAILURE OF THE NORADRENERGIC NEURON TO ACCOMMODATE CHANGES ASSOCIATED WITH AGING

Many neurotransmitters modulate LH secretion (Barraclough *et al.*, 1984); several of these have been implicated in the age-related loss of positive feedback regulation (Wise, 1983; Nelson and Felicio, 1985). Pharmacological and neuroanatomical studies indicate that POA norepinephrine (NE) is important in LH surge induction (Weiland and Wise, 1986; Wise *et al.*, 1991). NE terminals are richly distributed in GnRH-containing POA (Miller and Billiar, 1990; Miller and Zhu, 1992, 1995b). In concert with the hypothesis that POA NE nerve terminals stimulate secretion of LH by interaction with GnRH neurons (Kalra and Kalra, 1983; Wise *et al.*, 1991), the POA is rich in  $\alpha$ -adrenergic (stimulatory) receptors (Weiland and Wise, 1986; Wise *et al.*, 1991) and NE terminals (Miller and Zhu, 1992b, 1995). The LH surge is associated with an increase in POA NE turnover and concentration, and noradrenergic (NA) stimulation is increased just prior to ovulation (Wise, 1986). POA NE levels and turnover increase in response to E<sub>2</sub> prior to LH surge induction in OVX steroid-treated animals (Kalra and Kalra, 1983). The LH surge can be blocked by inhibiting dopamine  $\beta$  hydroxylase (DBH), NE's enzyme of synthesis (Alder *et al.*, 1983; Kalra and Gallo, 1983), or by decreasing NA transmission via blocking  $\alpha$ -adrenergic receptors or ablating POA NA terminals (Alder *et al.*, 1983; Kalra and Gallo, 1983). Intracerebroventricularly administered NE will initiate an LH response under appropriate hormonal conditions.

Reproductive aging is associated with reductions in NE concentration and turnover, and  $\alpha_1$ -adrenergic receptors (Wise, 1983; Weiland *et al.*, 1989; Weiland and Wise, 1990; Wise *et al.*, 1991). We studied whether there are direct interactions between the NA system and GnRH neurons that could modulate GnRH release and aging effects. Using electron microscopy, we observed synaptic contacts between POA GnRH dendrites and DBH terminals in young mice with ovaries but there were *no* POA GnRH/DBH interactions in old (24-month) mice. This finding and the possibility that a decremental age-related decline occurs in terminal number may partly explain the age-related loss of LH surges (Miller and Zhu, 1995).

Remarkably, the neuroanatomy of the NA system of young S-OVX mice closely resembles that of old mice. Numbers of DBH terminals and their interactions with GnRH dendrites in young mice OVX for only six days decreased to levels of old mice in persistent diestrous or old L-OVX mice. It follows that NA neurotransmission would also diminish. Thus data emerged that even S-OVX is detrimental to neuronal architecture and that L-OVX fails to protect it. This was an important observation that strengthened our broad conclusion that OVX is generally

deleterious to the neuroendocrine hypothalamus. We concluded that it is the presence of the ovary and not the aging process that accounts for the loss of synaptic interactions in the NA system.

#### AGE-RELATED CHANGES IN THE OPIATERGIC SYSTEM

Functional interactions between endogenous opiates and the NA system are likely in regulation of LH secretion. For example, both  $\alpha$ -adrenergic blockers and inhibitors of NE synthesis prevent the naloxone-induced rise in plasma LH, suggesting that endogenous opiates suppress NE release (Kalra and Simpkins, 1981; Kalra, 1983, 1993; Kalra and Kalra, 1983). Endogenous opiates decrease turnover and presumably release of POA NE (Bicknell, 1985). Activation of hypothalamic adrenergic afferents by electrical ventral tegmental tract stimulation increases plasma LH levels, which can be potentiated by naloxone, an opiate inhibitor (Bicknell, 1985). Simultaneous losses of functional connections to stimulatory and inhibitory influences upon GnRH neurons may partly account for elevated basal LH levels and the decline of LH surge potential seen in aged female mice (Vom Saal and Finch, 1988).

$\beta$ -Endorphin ( $\beta$ -endo) is an opiate that is implicated as a major regulator of CNS aging changes. It is derived biosynthetically from pro-opiomelanocortin (POMC), is synthesized in a subpopulation of ARC neurons (Bloom *et al.*, 1978; Gee *et al.*, 1983), and is frequently reduced with age (Barden *et al.*, 1981a; Miller *et al.*, 1991; Miller, 1994). ARC  $\beta$ -Endo cell bodies project to the POA (Cuello, 1983; Khachaturian *et al.*, 1985). Changes in ARC neurons are likely to be reflected in their POA terminal activity fields.  $\beta$ -Endo mediates diverse functions including sexual (Hammer, 1990), eating (Cooper and Kirkman, 1993) and drinking behavior (Gianoulakis and Gupta, 1986), cardiovascular (Field and Kuhn, 1989) thermoregulatory (Adler and Geller, 1993), pain, and stress responses (Fields, 1993).  $\beta$ -Endo has also been implicated in modulation of pituitary hormones including prolactin release (Cella *et al.*, 1993). More specifically, age-related impairments in sexual (Larsson, 1962) and eating behavior (Lloyd *et al.*, 1993), thermoregulation (Finch *et al.*, 1984), hemodynamic (Kiristy-Roy *et al.*, 1992), and pain and stress responses (Hoskins *et al.*, 1986) have been identified in rodents and may be related to changes in  $\beta$ -endo synthesis and/or secretion. In this regard,  $\beta$ -endo pathways are of interest not only to the neuroendocrinologist, but to those generally interested in aging and the brain.

There is considerable evidence that the opiate system is a modulator of gonadotropin secretion. For example, morphine suppresses LH release (Kalra and Gallo, 1983; Barraclough, 1994; Barraclough *et al.*, 1984). Naloxone, an opiate antagonist, will prevent this blockade (Gabriel *et al.*, 1986), and opiate receptor antagonists will block opiates and opiate agonist effects (Mehmanesh *et al.*, 1988). Opiates given intracerebroventricularly will suppress LH release (Barraclough, 1994). Furthermore, POA-implanted naloxone elevates LH (Leadem *et al.*, 1985). Opiate fibers (Miller and Zhu, 1992a) and  $\mu$  opiate receptors, believed to modulate gonadotropin release are found in GnRH-rich regions (Joshi *et al.*, 1992, 1995b,c).

$\beta$ -Endo has tonic inhibitory influences over GnRH and LH secretion throughout the estrous cycle; appropriately timed release from tonic inhibition allows the proestrous GnRH surge to occur (Kalra and Kalra, 1983; Kalra, 1993). Furthermore,  $\beta$ -endo content varies throughout the estrous cycle (Barden *et al.*, 1981a; Knuth *et al.*, 1983). POA  $\mu$  opioid receptors in GnRH-rich regions are  $E_2$  modulated (Joshi *et al.*, 1993). Although published reports indicate that hypothalamic  $\beta$ -endo is also  $E_2$  modulated, the evidence is inconsistent.  $\beta$ -Endo content and POMC mRNA levels change with the estrous cycle and after  $E_2$  treatment (Karelus and Nelson, 1992). OVX results in increased POMC mRNA levels;  $E_2$  treatment reduces it (Karelus and Nelson,

1992; Weiland *et al.*, 1992). However, hypothalamic POMC mRNA levels are lower in rats OVX four weeks than in those OVX two weeks (Wilcox and Roberts, 1985).  $\beta$ -Endo content in (three-week) OVX rats is not different from sham-operated controls (Trieser and Wardlaw, 1992). Regardless of the variable evidence, it is clear that suppression of POMC mRNA by  $E_2$  probably accounts for reduction in  $\beta$ -endo levels after  $E_2$  treatment (Trieser and Wardlaw, 1992). In female C57BL/6J mice a midlife rise in basal LH occurs with lengthened and subsequent ovulatory cycle loss (Gee *et al.*, 1983). The opiate system is likely to be involved (Kalra and Kalra, 1983; Wise, 1983; Nelson and Felicio, 1985). There are age-related changes in  $\mu$  opiate receptors (Miller and Zhu, 1992a; Miller, 1994), and endogenous opiates have been linked to the decline in reproductive capacity. Altered opiate tone could affect disinhibition of GnRH secretion (Field and Kuhn, 1988, 1989). Thus, interactions of age, the ovary, and estrogens in endorphin regulation of gonadotropin secretion have been a focus of our investigations.

We examined the impact of aging on ARC opiate neuron number. There was a significant decline ( $\sim 30\%$ ) in arcuate  $\beta$ -endo perikarya in old (24-month) healthy animals, which is likely to have a major impact on opiate neuron function (Miller *et al.*, 1991). Opiate terminal fields were also lost. About 20% of rat ARC  $\beta$ -endo neurons (Mobbs *et al.*, 1984) and 30% in mice contain estrogen receptor alpha [ER] (Miller *et al.*, 1995). Because  $E_2$  modulates POMC mRNA levels, we tested whether age-related changes in  $\beta$ -endo neuron number are selective for those neurons that contain ER. We compared  $\beta$ -endo neuron number in S- and L-OVX mice, among three age groups [5 (young), 12 (middle-aged), or 23–24 months (old)] (Fig. 5A). L-OVX failed to prevent age-related changes in neuron number. There were no significant differences between young and middle aged S-OVX mice for  $\beta$ -endo, ER, or  $\beta$ -endo/ER neuron number. There were significant decreases when older animals were compared to young ones for all three. Age and ovarian status independently affected neuron number. Decreases in  $\beta$ -endo neuron number tended to be greater than those in ER-containing neurons, but subpopulations of  $\beta$ -endo neurons that contain the classical ER $\alpha$  were not affected to any greater degree by age or ovarian status than the  $\beta$ -endo neuron population as a whole. Thus, these observations also failed to support the hypothesis that L-OVX has a protective effect on hypothalamic neurons in older animals.

Tyrosine hydroxylase (TH) is the rate limiting enzyme for the dopamine catecholaminergic pathway (Levitt *et al.*, 1965).  $\beta$ -Endo and TH-containing neurons are similarly localized (Miller *et al.*, 1995), TH is  $E_2$  regulated (Pasqualini *et al.*, 1993), and there is a significant increase in neurotransmitter enzyme activity following OVX (Beattie *et al.*, 1972), while acute  $E_2$  treatment of OVX rats results in a decrease in ME TH activity (Pasqualini *et al.*, 1993). ARC DA neurons are major regulators of pituitary prolactin release, and DA neurons interact with POMC perikarya (Tong and Pelletier, 1992). In contrast to  $\beta$ -endo, we found no age-related decline in TH neurons, regardless of the presence of ER (Fig. 5B). These data demonstrate a selective effect of aging upon the opiate system.

#### POA OPIATERGIC TERMINALS FAIL WITH AGING

Because GnRH neurons comprise part of the neuronal population that is reduced in older mice (Miller *et al.*, 1990), neural pathways affecting GnRH neurons may also be altered with age.  $\beta$ -Endo neurons project to the GnRH neuron-containing POA (Cuello, 1983). While  $\beta$ -endo terminals impinge directly upon GnRH neurons in male rats (Chen *et al.*, 1989), the interposition of an interneuron between the GnRH cell and the opiate terminal is probable in mice (Miller, 1994). Because we had observed age-related losses of ARC  $\beta$ -endo neurons, we studied changes

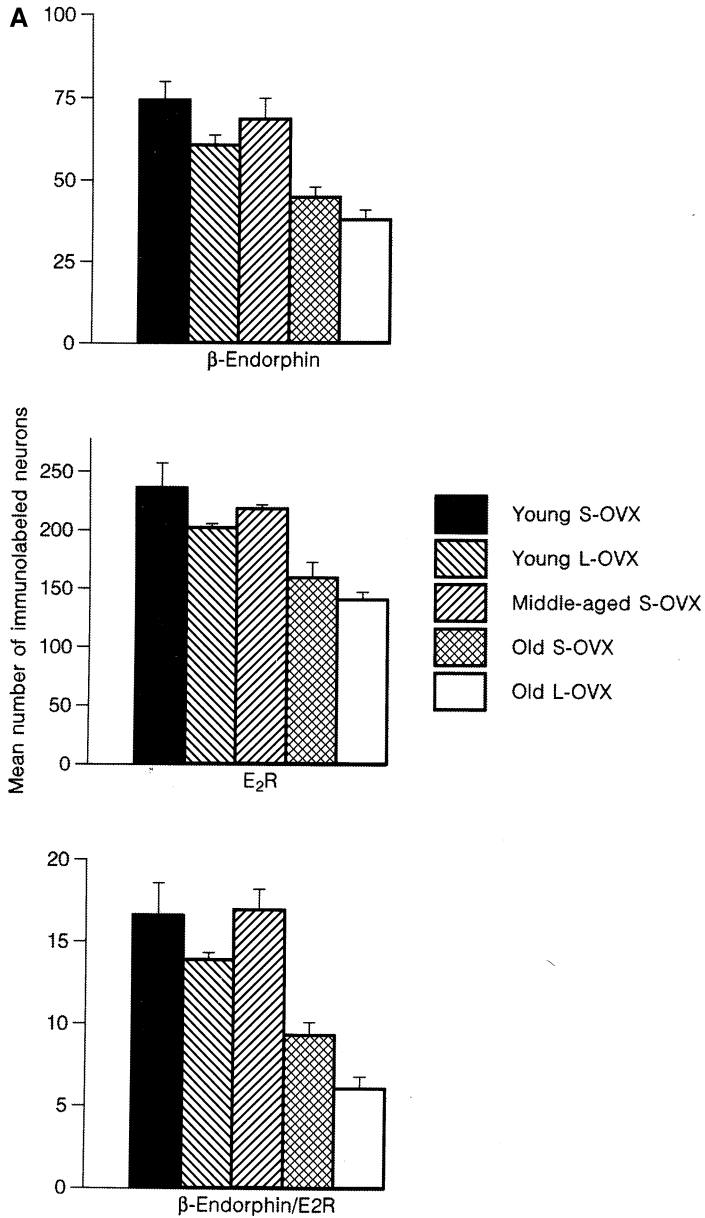


FIG. 5. (A) Histogram demonstrating the mean number of immunolabeled neurons per tissue section ( $\pm$ SE) for  $\beta$ -endorphin ( $\beta$ -endo), estrogen receptor alpha ( $E_2R$ ) and  $\beta$ -endo/ $E_2R$ -containing neurons. Significance levels are for one- and two-way ANOVAs. Reproduced with permission from Miller *et al.* (1995).

in POA terminal fields (Miller and Zhu, 1992a). Overall, the POA neuropil demonstrated a loss in total neuron number in older mice (Miller *et al.*, 1989). Surprisingly, there were few age-related ultrastructural changes in the neuropil. These changes included only a loss of recipient dendrites, and an increase in the number of axons *en passage*. Numbers of opiate-

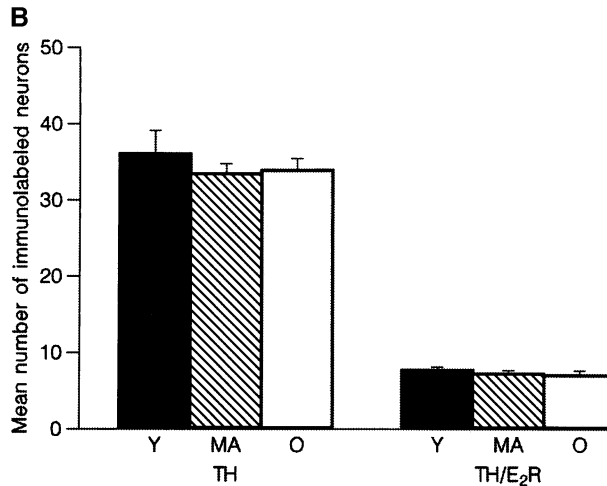


FIG. 5. (B) Mean number of TH, estrogen receptor, and TH/ER immunoreactive neurons per tissue section in the arcuate nucleus of the C57BL/6J mouse. There was no significant difference among the three age groups in the mean number of TH or TH/ER-immunoreactive cell types. There was no significant difference among age groups in the total number of TH-containing neurons/arcuate nucleus. Reproduced with permission from Miller *et al.* (1995).

containing terminals decreased, which was not surprising because their cell bodies of origin had been lost (Miller and Zhu, 1992a). Loss of POA  $\beta$ -endo terminals in old mice could not be accounted for by a general loss of axons of all types because these actually increased with age. This suggests a certain amount of plasticity of the aging neuroendocrine hypothalamus that did not extend to the opiate POA microenvironment.

#### PROHORMONE CONVERTASES AND THE OPIATERGIC SYSTEM

The opiate system is involved in the loss of the LH surge capacity (Kalra and Kalra, 1983; Wise, 1983; Nelson and Felicio, 1985; Wise *et al.*, 1991), which begins at middle age. Gonadal steroids may regulate opiate activity by influencing opiate receptor density (Joshi *et al.*, 1993; Lloyd *et al.*, 1993); regulating opiate neuron gene expression (Barden *et al.*, 1981a,b; Bronstein *et al.*, 1993; Knuth *et al.*, 1983; Karelus and Nelson, 1992); altering opiate concentration in tissues; or modulating terminal opiate release.

Altered function of neuropeptide neurons could be accounted for by altered gene expression and/or changes in prohormone processing. Pro-opiomelanocortin (POMC) is the precursor for the potent endogenous opiate  $\beta$ -endo. We had observed no change in  $\beta$ -endo neuron number at middle age (Miller *et al.*, 1995), despite identified changes in levels of peptide and steroid hormones. The fact that others had reported changes in opiate neuron  $E_2$  response at midlife (Nelson *et al.*, 1988) lead us to examine opiate neuron function. We wondered whether there are age-related changes in the way  $\beta$ -endo neurons process peptide.

Convertase enzymes, a family of subtilisin/kexin-like proteinases, are responsible for activation of proproteins and prohormones at pairs of basic amino acids (Seidah and Chretien, 1992). These include prohormone convertases (PC) 1, 2, 4, 5, PACE4, and furin. The ubiquitous



### *Opiatergic properties of $\beta$ -endorphin*

Each modified  $\beta$ -endo peptide form has unique pharmacological and/or physiological properties. The (1–27) form displaces  $\beta$ -endo (1–31) from rat brain membranes, is a competitive antagonist to  $\beta$ -endo (1–31) at axon terminals (Hammond *et al.*, 1984), inhibits  $\beta$ -endo (1–31) action, and is a likely source of brain opioid system regulation (Hammond *et al.*, 1984). Changes in relative concentrations of different  $\beta$ -endo peptides may cause significant changes in opioid information transmitted across synapses (Bronstein *et al.*, 1993).  $\beta$ -endo (1–27) alters opiate responses in analgesia reinforcement, Met-enkephalin release, and cardiovascular response. Although antagonist induced upregulation of  $\mu$  opiate receptors is one possible role for increased opiate sensitivity in animals chronically treated with opiate antagonists, changes in opioid peptide forms also contribute to this effect (Bronstein *et al.*, 1993). Shifts in peptide forms may represent a regulatory mechanism of POMC cell response: such shifts may be effected by cleavage of opioid agonist  $\beta$ -endo (1–31) to antagonist forms (Bronstein *et al.*, 1993). The ratio of these peptides provides an estimate of relative amounts of opioid agonists and antagonist/nonagonist in particular brain regions and may have significant impact on biological function (Bronstein *et al.*, 1993). Decreased levels of hypothalamic  $\beta$ -endo in older animals have been demonstrated within discrete nuclei (Barden *et al.*, 1981a).

Physiological shifts in peptide processing of POMC have been defined. With repeated pain stimulation, periaqueductal gray  $\beta$ -endo levels increase and POMC processing is modified in favor of (1–27/1–26) forms (Millan, 1993). In chronically stressed rats, two to three times as much  $\beta$ -endo (1–27)/(1–26) is produced as  $\beta$ -endo (1–31) (Young *et al.*, 1993). A shift toward accumulation of more processed peptides may be due to secretory granule age, longer times giving more time for “slower” cleavage events to take place. Thus, although overall  $\beta$ -endo peptide levels increase, there is a net decrease in opioid activity (Young *et al.*, 1993). This effect has been demonstrated in ARC POMC neurons, which are upregulated after chronic naltrexone treatment (Bronstein *et al.*, 1993). Reduced activation of opiate receptors at  $\beta$ -endo synapses may also contribute to deficits in opiate activity (Young *et al.*, 1993). Evidence in support of selective release of different peptide forms at the terminal is meager (Bronstein *et al.*, 1993). Regardless of the mechanism, alterations in the relative concentrations of differentially processed  $\beta$ -endo with age would have important functional consequences.

Age-related changes in POMC processing may be reflected in altered physiological function including motor and behavioral responses, temperature regulation, appetite control (Cuello, 1983), and diurnal function (Weiland *et al.*, 1992). Increases in the proportion of  $\beta$ -endo (1–26, or 1–27) and acetylated (i.e., inactive) forms, accompanied by a decrease nonacetylated  $\beta$ -endo forms, have been observed in aging male rats (Wilkinson and Dorsa, 1986). We tested whether age or alteration in ovarian secretions are associated with alterations in posttranslational peptide processing in female mice.

### INACTIVE OPIATE PEPTIDES IN MIDDLE-AGED MICE

Using high-pressure liquid chromatography we demonstrated that the predominant form of hypothalamic  $\beta$ -endo in young cycling females is  $\beta$ -endo (1–31). Significant age-related alterations in POMC posttranslational peptide processing occur at middle age where the proportion of  $\beta$ -endo (1–31)/(1–27) shifts in favor of the competitive antagonist  $\beta$ -endo (1–27) (Joshi *et al.*, 1995b) (Fig. 6). This occurs both in ARC cell bodies and POA terminal fields. In middle-aged females (12 months) undergoing the transition to infertility, numerous inactive opiate peptide forms appear. Because these same altered peptide forms are also present in POA,

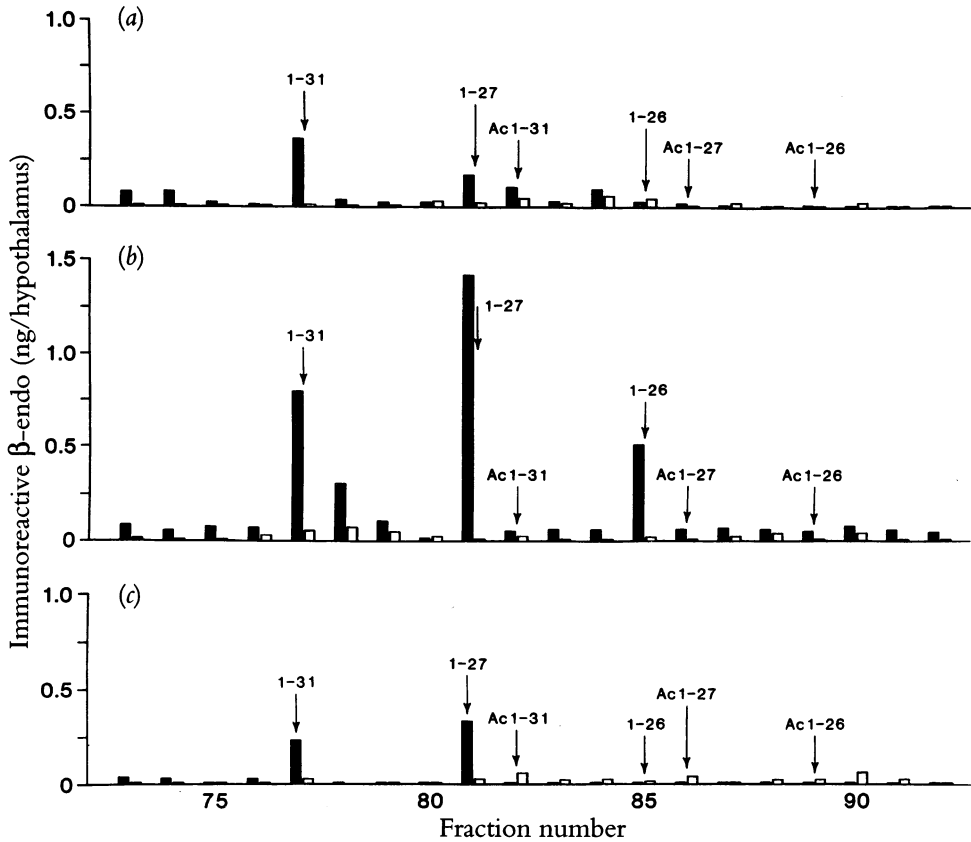


FIG. 6. Reversed-phase HPLC elution profiles of  $\beta$ -endo immunoreactivity in extracts of pooled ( $n = 3$ ) arcuate nucleus and preoptic area from young (3–4 month), (b) middle-aged (12–13 month), and (c) old (23–24 month) mice. The elution position of the known variants of  $\beta$ -endo were determined separately. Ac 1–31, Ac 1–27, and Ac 1–26 are the N-acetylated derivatives of the 1–31, 1–27, and 1–26 forms of  $\beta$ -endo, respectively. Reproduced with permission from Joshi, *et al.* (1995b).

both neurons and terminals modulating GnRH release are likely to be compromised at middle age (Joshi *et al.*, 1995b,c). This change appeared to precede or occur simultaneous with the loss of  $E_2$  responsiveness by POMC neurons (Karelus and Nelson, 1992).

There are significant changes in posttranslational processing of  $\beta$ -endo in favor of opiate antagonist forms in middle aged mice. At midlife, functional changes in  $\beta$ -endo neurons parallel alterations in neuroendocrine function (Joshi *et al.*, 1995b,c). By old age (24 months) there are only rare POA opiateergic terminals remaining (Miller and Zhu, 1992a). There can be little or no opiate response. The  $\beta$ -endo neurons are thus likely targets for changes resulting from age-related altered ovarian secretions.

#### LEVELS OF PC1 AND PC2 IN MIDDLE-AGED MICE

Pituitary POMC mRNA colocalizes with PC1 and PC2 mRNA. In intermediate lobe melanotropes both PC1 and PC2 are coexpressed with POMC mRNA, whereas essentially only PC1



mRNA is coexpressed with POMC in anterior lobe corticotrophs (Day *et al.*, 1992). Intermediate lobe PC1 and PC2 mRNA (but not furin) convertase gene expression are coregulated with POMC gene expression (Birch *et al.*, 1991; Day *et al.*, 1992). In developmental studies of mouse pituitary, the PC1/PC2 expression ratio had a major impact on POMC products. PC2 mRNA expression is highest on postnatal days 1–14, which correlates with the presence of anterior lobe  $\alpha$ -MSH-like peptide (Marcinkiewicz *et al.*, 1993).

As with the pituitary, the identification of specific combinations of hypothalamic convertase expression suggests that specific enzyme pathways are involved in neuropeptide precursor processing. These specific combinations are responsible for region specific differences in posttranslational processing (Seidah and Chretien, 1992). PC1 acts early in the cleavage of  $\beta$ -LPH to  $\gamma$ -lipotropin and  $\beta$ -endo (1–31). This reaction is enhanced strongly by PC2; it occurs more rapidly under PC2's influence.  $\beta$ -endo (1–31) cleavage is only done by PC2. We hypothesized that hypothalamic PC2 regulation, critical for the step between  $\beta$ -endo (1–31) and  $\beta$ -endo (1–27), may be the means by which the proportion of active (1–31) to antagonist/inactive (1–27, 1–26) forms is modulated in hypothalamic POMC neurons.

Significant increases in PC2, but not PC1, mRNA levels within hypothalamic POMC mRNA neurons correlate with increases in  $\beta$ -endo (1–27) opiate antagonist forms in middle-aged reproductively impaired female mice (Joshi *et al.*, 1995b,c). Using Northern blot analyses and single label in situ hybridization histochemistry (ISHH) we measured ARC furin, PC1 and PC2 mRNA in hypothalamic tissues. Paralleling increases in  $\beta$ -endo peptides (1–27), there was a significant elevation in PC2 levels at middle age. This PC2 increase would involve all neuropeptide/PC-containing neurons. Because furin is found in all cell types its age-related loss probably reflects a generalized aging change. Interestingly, there was no decrease in PC1 levels in old animals, suggesting an age-related upregulation of this enzyme as a compensatory event associated with neuron loss. Similarly, there was also no age-related loss of PC2. As predicted, in the middle-aged animal there was a significant increase in PC2, but not PC1 mRNA levels, but no change in POMC mRNA neurons vs. young mice (Fig. 7) (Joshi *et al.*, 1995b).

We then used double-label ISHH. Digoxigenin marked POMC mRNA-containing neurons and radioligand tagged PCs in young, middle-aged, or old animals. Furin levels were lower within POMC neurons in older mice, PC1 levels remained constant, but there was a significant increase of PC2 within POMC mRNA containing neurons in middle aged mice. These data confirmed developmentally regulated changes in PC enzyme levels (Day *et al.*, 1992), which may serve as an important mechanism by which the ARC can alter biologically active end points, one of which is reproductive capacity.

#### OVERVIEW OF AGE-RELATED CHANGES IN THE NEUROENDOCRINE HYPOTHALAMUS

We propose the following scenario. In the young animal, POMC neurons process opiate peptide normally. Active opiate is transported to the POA. Under  $E_2$ 's influence, POMC mRNA levels decrease as the LH surge approaches; less of the active opiate peptide  $\beta$ -endo (1–31) is available due to this downregulation. NA terminals impinge directly upon on POA GnRH neurons (Miller and Zhu, 1992b, 1995). In the presence of  $E_2$ , midbrain noradrenalin synthesis increases (Gitler and Barraclough, 1988). Just prior to the LH surge, opiate influences decrease, NA influences increase, and GnRH neurons are stimulated by NE and other neurotransmitters. GnRH peptide in the ARC/ME terminals is released into the hypophyseal portal system.

In middle-aged mice, the LH surge occurs earlier than in young mice. We propose that

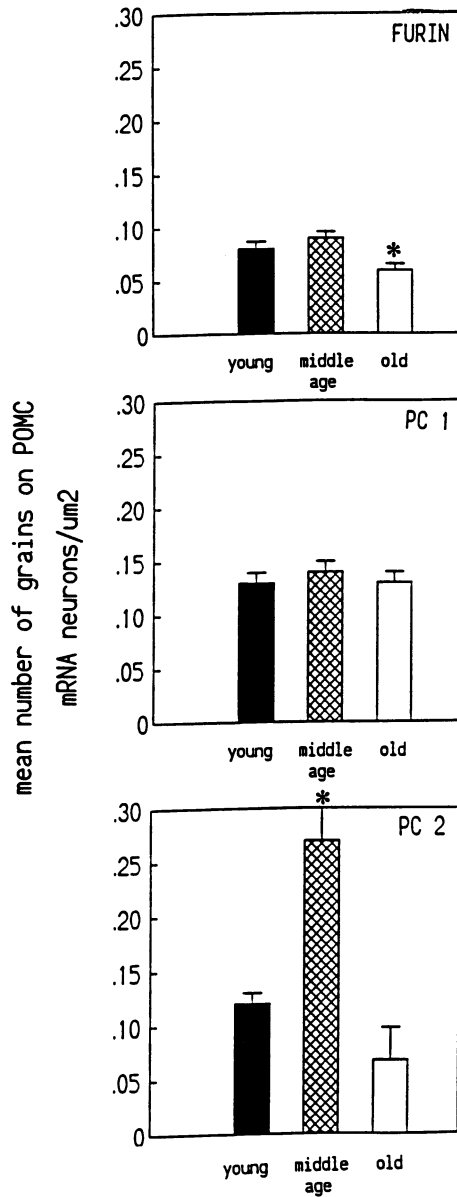


FIG. 7. Effect of age on furin, and the peptide processing enzymes prohormone convertase (PC) 1 and PC 2 mRNA expressed in POMC mRNA containing neurons in the arcuate nucleus of female C57BL/6J mice as measured by double label in situ hybridization histochemistry. Data are expressed as the mean  $\pm$  SE grain count per unit area ( $\mu\text{m}^2$ ) of the neurons for each probe in young, middle aged, and old animals. There was a significant decrease in the number of grains per  $\mu\text{m}^2$  surface area of neurons in furin mRNA-containing neurons in old animals ( $p \leq 0.05$  by ANOVA). There was no statistical difference among the age groups for PC1. However, for PC2, there was a significantly higher number of grains in the middle-aged group compared to the young (two- to threefold) or old (fourfold) animals, respectively ( $p \leq 0.05$ , ANOVA). Reproduced with permission from Joshi *et al.* (1995c).

because there is less of the active opiate,  $\beta$ -endo (1–31), and more of the inactive peptide,  $\beta$ -endo (1–27), in POA terminals, the NA (stimulatory) system can exert its influence earlier. Surge amplitude may be decreased because less time has been allotted for synthesis of appropriate levels of GnRH. Elevated midlife basal LH levels may reflect altered GnRH neuron sensitivity to both stimulatory and inhibitory influences when inactive peptide forms are predominant in the GnRH terminal-rich ARC and POA. Release from opiate inhibition (Joshi *et al.*, 1995a,b) along with alterations in the temporal relationships affecting the GnRH neuron (Wise *et al.*, 1994) could result in elevated basal LH levels. GnRH neurons could then tonically release incrementally increasing amounts of neuropeptide, which would result in altered pituitary LH stores at the expected time of the LH surge compared to young females. Alterations in  $E_2$  levels and uncoupling of other neurotransmitters (Miller and Zhu, 1992b, 1995; Miller, 1994; Miller *et al.*, 1995) may also be important. Although dopamine regulates POMC mRNA levels in the young female (Tong and Pelletier, 1992), there are no changes in TH mRNA levels or in TH neuron number at middle-age (Kohama *et al.*, 1992; Miller *et al.*, 1995), making alterations in dopamine a less likely candidate for midlife changes in gonadotropin secretion.

Data suggest potential toxic effects of  $E_2$  in the aging animal (Brawer *et al.*, 1980, 1983; Schipper *et al.*, 1981; McEwen, 1997). Tonic exposure of young animals to high doses of  $E_2$  results in hypothalamic ARC lesions (Brawer *et al.*, 1983). Ovarian steroid-dependent ARC cellular degeneration has been demonstrated (Schipper *et al.*, 1981; Brawer *et al.*, 1983), the region mediating negative feedback effects of gonadal steroids on gonadotropin secretion (Kalra and Kalra, 1983; Barraclough *et al.*, 1984). Chronic exposure of rats to estradiol valerate (EV) significantly increases numbers of ARC microglia and astrocytic granules (Brawer *et al.*, 1983). Similar changes have been observed in rats during normal aging (Schipper *et al.*, 1981). Because glial proliferation is a characteristic response to neuronal degeneration, these changes may be secondary to deleterious effects of  $E_2$  on neuronal elements. ARC synaptic densities are also altered in adult rats exposed to EV (Garcia-Segura *et al.*, 1986). Although selective neurotoxic effects of  $E_2$  on  $\beta$ -endo neurons may be one factor contributing to reproductive senescence (Desjardins *et al.*, 1993), we propose that midlife alteration in PC2 mRNA expression is a physiologically relevant event that leads to increased levels of an inactive opiate peptide, and which is linked to the midlife loss of reproductive function. We further propose that the change in PC2 levels is an aging biomarker in the murine model. Ultimately, in old animals a loss of opiateergic and NA terminals occurs, and the likelihood of either neurotransmitter influencing the GnRH neuron is markedly diminished.

#### OPIATES AND REPRODUCTIVE FUNCTION IN THE HUMAN FEMALE

Human data on  $\beta$ -endo peptide forms or PC levels are unavailable, but alterations in PC-mediated events may change opiate peptide function. Alterations in opiates have been implicated in depression (Zis and Garland, 1991). Cessation of repeated episodes of stress-induced eating is associated with manifestations of a withdrawal syndrome similar to that seen after opiate addiction. This suggests that human obesity may result from autoaddiction to endogenous opiates. Naloxone blockade of opiate receptors reduces food intake in obese humans, those with Prader Willi syndrome, and in traumatic hypothalamic hyperphagia. In anorexia nervosa patients, CSF  $\beta$ -endo levels are elevated and directly correlated with severity of clinical manifestations (Yen, 1986). Patients also show a lack of the naloxone-induced LH responses (Petraglia *et al.*, 1993). Central opioids are implicated in stress-related amenorrhea and associated elevated plasma prolactin, ACTH, and LH levels.  $\beta$ -Endo is known to affect release of

these hormones (Yen, 1986). Cyclical changes in peptide processing and endogenously increased hypothalamic  $\beta$ -endo activity may lead to hypogonadotropic amenorrhea in hyperprolactinemic patients (Petraglia *et al.*, 1993). In premenstrual syndrome (PMS) administration of naloxone to normal volunteers produces a constellation of PMS-identical symptoms (Reid and Yen, 1983). Abrupt withdrawal or excessive exposure to active opiates triggers psychoneuroendocrine manifestations of PMS (Cohen *et al.*, 1981). Midluteal phase opiate level alterations have been linked to binge eating, fatigue, and depression, symptoms that become more severe at midlife (Yen, 1986).

Active opiate peptide and PC levels are likely to be causally linked to pathophysiological responses. Naloxone induces increased frequency and amplitude of pulsatile GnRH secretion in young women but fails to modify gonadotropin secretion in postmenopausal women, who have lost ovarian steroid feedback control (Reid *et al.*, 1983). This suggests uncoupling of opiate influences on GnRH release after menopause (Yen, 1986). A constellation of symptoms including hot flashes are associated with physiological changes at menopause. Centrally acting  $\beta$ -endo, believed to mediate hypothalamic thermoregulation (Adler and Geller, 1993), has been suggested as an etiological agent of hot flashes. Naloxone treatment reduces flash number (Petraglia *et al.*, 1993). Serum  $\beta$ -endo levels increase in association with hot flashes (Jaffe, 1991). Therapeutic modulation of  $\beta$ -endo processing through PC2 enzyme activity could possibly remove or inhibit such changes. Our finding of altered PC levels associated with changes in opiate peptide processing may provide clinically relevant clues to the etiology or treatment of altered of pathological opiate states in humans.

#### ESTROGEN ( $E_2$ ) AND THE AGING BRAIN—THE CHOLINERGIC SYSTEM

The importance of  $E_2$  for maintaining the functional integrity of neural systems involved in reproductive behavior is obvious and well accepted. The possibility that  $E_2$  may act to maintain function in forebrain systems not directly related to reproduction is not obvious, and is only beginning to be seriously considered. One neural system in which  $E_2$  seems to promote function is the acetylcholine (ACh) system of the basal forebrain, which is the primary source of cholinergic innervation of the cortex and hippocampal formation (Mesulum *et al.*, 1983). These regions of cholinergic innervation are involved in the very general processes of memory, attention, and learning (Fibiger, 1991; Dunnett and Fibiger, 1993; Robbins *et al.*, 1997). Loss of ACh associated with aging and neurodegenerative diseases such as Alzheimer's disease (AD) and Down's syndrome contribute to disease-related cognitive decline (Gibbs, 1996).

AD is closely associated with changes in the cholinergic neurotransmitter system (Honjo *et al.*, 1989). The loss of memory for everyday events is one of the earliest appearing and most disruptive symptoms of AD. The memory deficit has been linked to the age-related loss of brain cholinergic neurons. To date, the only clinically approved therapies for the dementias associated with aging are cholinergic. Risk factors for AD include reduced cerebral blood flow, alcohol abuse, depression, head trauma, underactivity, being female, old age, sleep disturbance, impaired glucose utilization, Down's syndrome and Parkinson's disease (Crawford, 1996). The greatest risk reduction for patients with AD is among those who smoke (Brenner *et al.*, 1993). In patients with an established smoking history, hippocampal nicotinic receptor binding and levels of ChAT are increased *versus* non-smokers.

In animal experiments damage to these cholinergic projections produces major learning and memory deficits (Aigner and Mishkin, 1986; Dekker and McGaugh, 1991). For example, reductions in hippocampal ACh content produced by aging, septal lesions, or the cholinergic

neurotoxin AF64A are associated with working memory impairments (Olton and Marakowska, 1992; McAlonon *et al.*, 1995), which are reversed by treatments that restore cholinergic activity (Marakowska *et al.*, 1995).

### DOES E<sub>2</sub> MODULATE THE CHOLINERGIC SYSTEM?

Recently there has been growing interest in the possibility that E<sub>2</sub> treatment may slow the decline in cognitive function that often occurs with age. Postmenopausal women have a greater risk of showing symptoms of AD than males, and early surgically induced menopause may produce detectable impairment of cognitive function (Sherwin, 1994), which can be reversed with estrogen treatment (Sherwin and Tulandi, 1996). Moreover, women with AD treated with E<sub>2</sub> replacement therapy (ERT) show significant improvement in performance scores for cognitive function (Honjo *et al.*, 1989; Fibiger, 1991; Ohkura *et al.*, 1995a,b; Henderson *et al.*, 1994; Tang *et al.*, 1996). Because memory deficits resembling those produced by damage to acetylcholine (ACh) systems are an important feature of age-related cognitive deficits, and because brain ACh production appears to be E<sub>2</sub> modulated (Luine and McEwen, 1983; Gibbs 1996), it is an attractive hypothesis that E<sub>2</sub> might affect cognitive function via the ACh system (Sherwin, 1994). There is a small amount of evidence from animal studies that E<sub>2</sub> and ACh systems interact in memory. E<sub>2</sub> treatment can counteract the memory impairing effects of the cholinergic antimuscarinic drug, scopolamine (Dohanich *et al.*, 1994). Even in castrated male rats E<sub>2</sub> can improve spatial working memory (Luine and Rodrigues, 1994) possibly via hippocampal nicotinic cholinergic mechanisms (Packard *et al.*, 1996). Thus, both nicotinic and muscarinic cholinergic mechanisms may interact with E<sub>2</sub>.

$\alpha$ -Bungarotoxin ( $\alpha$ -BTX) is a cholinergic ligand specific to the nicotinic receptor. This ligand binds to specific cholinergic brain areas (Silver and Billiar, 1976; Hunt and Schmidt, 1978; Miller and Billiar, 1982; Miller *et al.*, 1984; Clarke, 1989). We examined the effects of ovariectomy (OVX) on radioligand binding to the hypothalamic suprachiasmatic nucleus. Using intracerebroventricular infusion of <sup>125</sup>I  $\alpha$ -BTX and autoradiography, OVX caused a marked diminution of nicotinic cholinergic binding sites vs. control animals with ovaries. ERT in OVX females restored binding site number to control levels (Miller and Billiar, 1982; Miller *et al.*, 1984). These were the first literature reports demonstrating that gonadal steroids modulate cholinergic receptors.

The idea that age-related memory deficits are specifically due to loss of cholinergic neurons remains unproven, but there is little doubt that cholinergic dysfunction could be deleterious to memory and cognition and preservation of cholinergic function would be beneficial (Fibiger, 1991; Honjo *et al.*, 1989; Dunnett and Fibiger, 1993; Robbins *et al.*, 1997). Given E<sub>2</sub>'s supporting effects on the cholinergic system (Luine *et al.*, 1980; Luine and McEwen, 1983) and our own early findings (Miller and Billiar, 1982; Miller *et al.*, 1984), we investigated the effects of E<sub>2</sub> on memory in young and old mice. There was a significant loss of working memory in old mice, with ovaries, compared to young ones. ERT (30 days) significantly improved working memory performance in both young and old OVX mice. There was no difference in working memory between young mice with ovaries and either young or old mice with ERT (Fig. 8). These data supported our early hypothesis that E<sub>2</sub> is an important factor in sustaining the health of the CNS (Miller *et al.*, 1998).

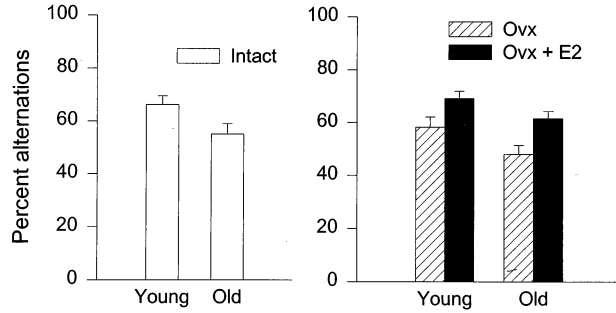


FIG. 8. Effect of age, ovariectomy, and estrogen on working memory in mice. Groups of mice were examined by using the standard "spontaneous alternation" test for working memory. In this test, a mouse is placed at the start of a T-maze with one arm blocked and allowed to explore it until it reached the end of an open arm. It was then removed and after a timed delay placed back at the start with both extensions open. This latter step is repeated nine times. Normal mice prefer to explore the region least recently visited, and tend to enter alternate arms on successive trials. If they do not remember where they were on the previous trial their choices are random. The dependent measure is the proportion of trials on which the mouse alternated. The test can be made more demanding by extending the delay between trials. There was a significant loss of working memory in old mice with ovaries compared to young intact mice ( $p < 0.03$ ). Estrogen replacement therapy (30 days) significantly improved working memory in both young or old OVX mice ( $p < 0.05$ ). There was no significant difference in working memory performance between young mice with ovaries and either young or old OVX mice with estrogen replacement therapy.

## SUMMARY

Age-related changes occur in the CNS, but not in a uniform fashion. Neuron loss is not necessarily accompanied by complete functional loss, as indicated by the capacity of the pituitary to respond to a GnRH challenge in the oldest mice. It is clear that other physiological changes also occur, such as those in the estrogen receptor (ER) itself. Continued hypothalamic exposure to ovarian secretions has been a hypothesized cause of neuroendocrine failure (Felicio *et al.*, 1983). After  $E_2$  exposure in the older animal, the steroid is less tightly bound to its receptor, and peak  $E_2$  binding to its receptor is achieved later; receptor loss is accelerated, and its replenishment diminished (Bergman *et al.*, 1992). Age-related changes in the recently discovered  $ER\beta$  are completely unexplored to date, but like  $ER\alpha$ ,  $ER\beta$  does not colocalize with the GnRH neuron (Laflamme *et al.*, 1998) making direct age-related affects of  $E_2$  on GnRH neurons unlikely. It is possible that repetitive steroid receptor occupancy by  $E_2$  may be deleterious to the neuroendocrine system. Cellular clocks or pacemakers may act as signals. This is exemplified by the PC gene, which is upregulated at midlife. These genes may "switch off" neuropeptide function at middle age to protect the female from pregnancy at an age when she may be less likely to successfully carry healthy young; likewise there may be pacemakers or cascades of changes in cell signalling events.

S-OVX is detrimental to  $E_2$ -regulated neural architecture, and L-OVX exerts no protective effect on any of the neurotransmitter systems we have examined. In at least some neurotransmitter systems, it is the presence of the ovary and not animal age that dictates the numbers of synaptic connections. If  $E_2$  is replaced following OVX, synapses increase in number in specific  $E_2$ -regulated brain areas; this hormone is a significant factor in synaptic remodeling (Nishizuka and Arai, 1981; McEwen, 1997). In our hands,  $E_2$  in physiologic amounts is essential for the

maintenance of specific neuron populations. There are likely to be as yet unidentified age-related genomic effects of E<sub>2</sub>. We believe that specific windows of time are components of continuous developmental processes that ultimately become deleterious to the female's reproductive capacity. One of the most important windows appears in the middle-aged female at the transition to loss of reproductive capacity.

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