

HUMAN NEUROPATHOLOGY

Plasma high-density lipoprotein levels is associated with preserved hippocampal volume in Alzheimer's disease individuals without vascular co-pathology

Matheus Scarpatto Rodrigues¹ | Markley Silva Oliveira Jr.¹ | Firoza Z Lussier¹ | Pamela C.L. Ferreira² | Guilherme Povala¹ | Guilherme Bauer-Negrini¹ | Cynthia Felix¹ | Sarah Abbas¹ | Hussein Zalzale¹ | Carolina Soares¹ | Pampa Saha¹ | Marina Scop Madeiros¹ | Madeleine Bloomquist¹ | Chang-Hyung Hong³ | Hyun Woong Roh⁴ | Helmet T. Karim¹ | Jade de Oliveira⁵ | Thomas K Karikari¹ | Dana Tudorascu¹ | Eduardo R. Zimmer⁶ | Bruna Bellaver¹ | Sang Joon Son⁴ | Tharick A. Pascoal¹

¹University of Pittsburgh, Pittsburgh, PA, USA

²Department of Psychiatry, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA

³Ajou University School of Medicine, Ajou University Hospital, Suwon, Suwon, Korea, Republic of (South)

⁴Ajou University School of Medicine, Suwon, Gyeonggido, Korea, Republic of (South)

⁵Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil

⁶Federal University of Rio Grande do Sul (UFRGS), Porto Alegre, RS, Brazil

Correspondence

Matheus Scarpatto Rodrigues, University of Pittsburgh, Pittsburgh, PA, USA.
Email: matheus_scarodrigues@hotmail.com

Abstract

Background: Dysregulation of cholesterol metabolism contributes to the increase of cerebral vascular diseases, favoring the development of dementia. In this sense, high levels of high-density lipoprotein (HDL) are considered protective against the outcomes associated with cardiovascular diseases. However, little is known about the effect of plasma HDL levels to alterations of cerebral volume in non-vascular AD and vascular AD individuals. Here we evaluated the association of plasma HDL levels with alterations in brain volume and with plasma neurofilament light chain (NFL) levels.

Method: We analyzed 135 AD individuals from the Biobank Innovations for Chronic Cerebrovascular Disease with Alzheimer's Disease Study [BICWALZS] cohort. Based on Fazekas scale for brain white matter lesions, we stratified AD individuals into two groups: non-vascular AD [Fazekas score = 1 and amyloid- β (A β) positive/n = 76], and vascular AD [Fazekas score = 2, 3 and A β positive/n = 59] (**Figure 1A**). Linear regression models accounting for vascular co-pathology APOE ϵ 4 carriership, age and sex were used to test associations of plasma HDL with the variables of interest.

Result: We observed a significant interaction between plasma HDL levels and presence of vascular pathology on total brain white matter ($b = 0.375$, $p = 0.019$, **Fig. 1B**; **Table 2**). Analyzing the hippocampal atrophy through the global Schelten's scale, we observed that high plasma HDL levels was negatively associated with hippocampal

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atrophy only in non-vascular AD individuals ($b = -0.405$, $p < 0.001$, **Fig. 1C**). However, no effect of plasma HDL levels on total gray matter and hippocampal volume was observed (**Table 1**). Non-vascular AD individuals with high hippocampal atrophy scores showed reduced plasma HDL levels compared to non-vascular AD individuals with low hippocampal atrophy scores ($p < 0.01$, **Fig. 1D**). Furthermore, no associations of plasma HDL with NfL levels were detected, regardless of the brain vascular status (**Fig. 1E**).

Conclusion: We showed that high plasma HDL levels is associated with less white matter pathology and reduced hippocampal atrophy scores, without changing plasma NfL levels. Together our findings indicate that high HDL levels seem to be associated with preserved brain volume only in AD individuals with no vascular co-pathology.

Table 1: LME coefficients

	β (95% CI)	Z-Score	P-value
Model A: Gray Matter Volume ~ Plasma HDL + Vascular status^A + Apoe4 carriership^B + covariates^C			
Non-vascular AD	0.103 (-0.146 to 0.352)	0.825	0.412
Vascular AD	0.092 (-0.216 to 0.401)	0.600	0.550
Model B: White Matter Volume ~ Plasma HDL + Vascular status + Apoe4 carriership + covariates			
Non-vascular AD	-0.160 (-0.341 to 0.020)	-1.771	0.081
Vascular AD	0.131 (-0.108 to 0.372)	1.104	0.275
Model C: Hippocampus Volume ~ Plasma HDL + Vascular status + Apoe4 carriership + covariates			
Non-vascular AD	-0.027 (-0.296 to 0.242)	-0.201	0.841
Vascular AD	0.142 (-0.147 to 0.432)	0.991	0.326
	β (SD)	T-value	P-value
Model D: Gray Matter Volume ~ Plasma HDL * Vascular status + Apoe4 carriership + covariates			
HDL * Vascular status	0.069 (0.209)	0.332	0.740
Model E: White Matter Volume ~ Plasma HDL * Vascular status + Apoe4 carriership + covariates			
HDL * Vascular status	0.375 (0.157)	2.379	0.019
Model F: Hippocampus Volume ~ Plasma HDL * Vascular status + Apoe4 carriership + covariates			
HDL * Vascular status	0.217 (0.191)	1.135	0.258

^A Vascular status was defined as the presence of high Fazekas scores (2 and 3).

^B ApoE e2/e4, e3/e4 and e4/e4 individuals were considered positive for Apolipoprotein 4 carriership.

^C Potential confounder included in the models as covariates are the following: age and sex.

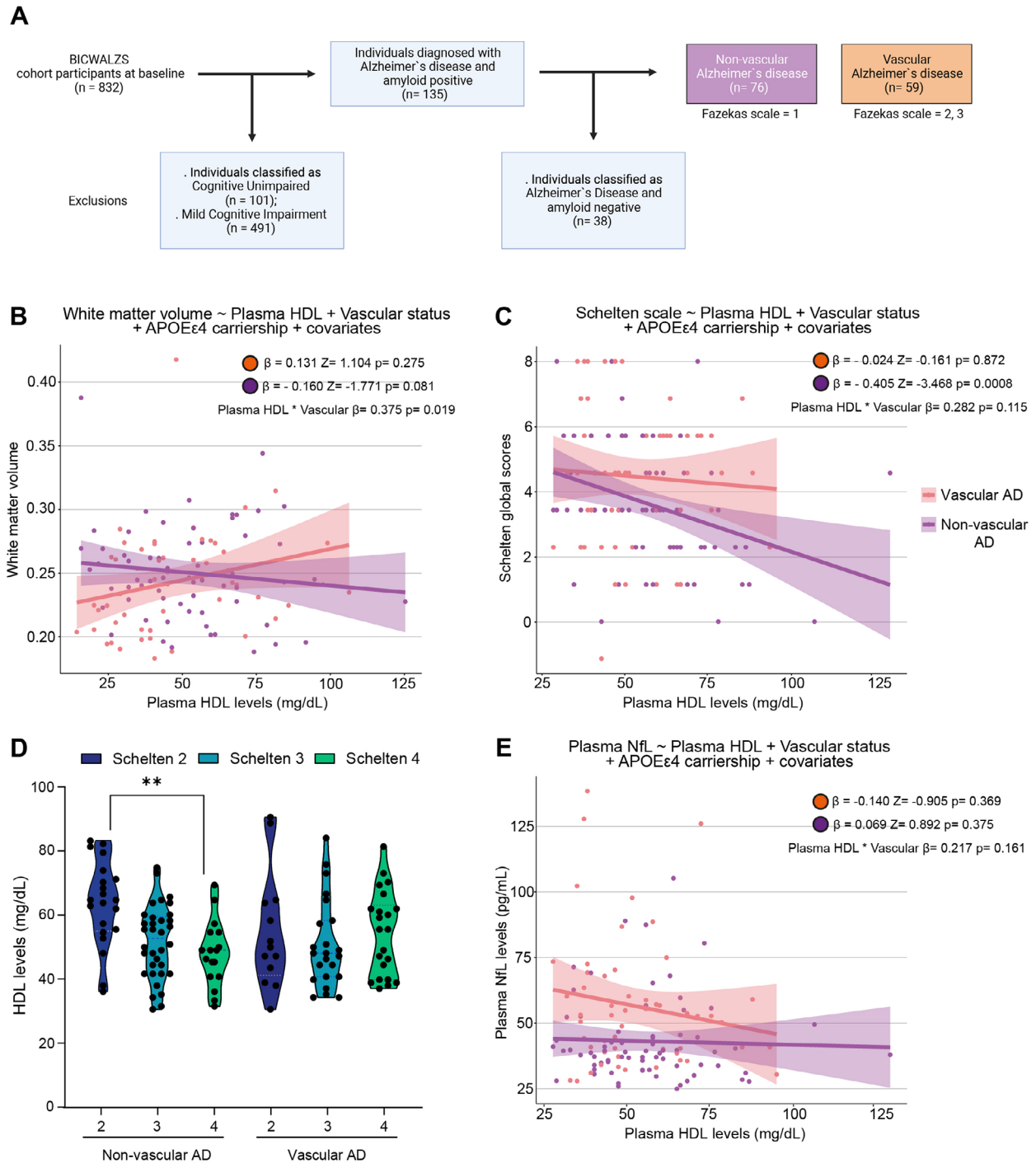


Figure 1: Plasma high-density lipoprotein (HDL) levels alter brain white matter volume and decreases hippocampal atrophy scores in non-vascular Alzheimer's Disease (AD) patients. (A) Flowchart of included patients. (B) Association of brain white matter volume with plasma HDL levels. (C) Association of Schelten scale scores with plasma HDL levels. (D) Association of plasma neurofilament light polypeptide (NfL) levels with plasma HDL levels. All the linear regression models were carried out accounting for brain vascular burden, APOE ϵ 4 carriership, age and sex (E) Plasma HDL levels according to Schelten category in non-vascular and vascular AD.